

Health & Long-Term Care Access Advisory Council  
Conference Call – Tuesday, January 15<sup>th</sup> 3:00 – 4:00 PM  
Public Attendance – Lucas State Office Building, Room 518

Facilitator: Michelle Holst

Members Attending: Francisco Olalde, Libby Coyte, Leah McWilliams, Sarah Dixon Gale, Wendy Gray

Others Attending: Laura Hudson (Iowa Board of Nursing)

Purpose of the call was to continue dialog to further develop the idea of establishing a health workforce commission. This was follow-up to a conference call held on January 8<sup>th</sup> and a fact sheet titled “The Facts on Iowa’s Health Sector Workforce”.

Brainstormed list of potential membership on a commission:

1. Summary of categories representing the list below. Clinicians, employers, insurers, recruiters, reformers. Two or three of each.
2. U of I College of Medicine, Office of Statewide Clinical Education Programs
3. Des Moines University
4. Medical Society
5. Osteopathic Society
6. Primary Care representatives
  - a. Physicians
  - b. Nurse Practitioners
  - c. Physician Assistants
7. Ancillary Care/Allied Health
  - a. Lab technicians
  - b. Physical therapist
  - c. Respiratory therapists
  - d. Speech pathologist
  - e. Occupational therapists
8. Pharmacists
9. Social workers
10. Mental health professionals
11. Nursing
12. Direct Care
13. Hospitals
14. Long-Term Care Facilities
15. Rural providers
16. Safety Net providers
17. Care coordination/Case management/Care management
18. Health Occupations Students of America (HOSA) – Iowa Department of Education

19. STEM – Science Technology Engineering & Math – Dr. Jeff Weld (Executive Director, Governor’s STEM Advisory Council)
20. Area Health Education Center (AHEC)
21. Iowa Workforce Development
22. Employers
  - a. Critical Access Hospitals
  - b. Long-term care
23. Health IT
  - a. Telligen
  - b. Individuals working on health IT in rural/small providers
24. Oral health
25. Association of Business & Industry – Health Division

In some cases, one individual may be able to represent multiple categories/needs.

Wendy shared updated definition of primary care from a grant application from the Health Resources & Services Administration (HRSA) – Bureau of Health Professions: “provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.” (It is the Institute of Medicine Definition and is available [here](#).) Will have to try to avoid getting too discipline specific.

Limit actual commission members to reasonable size and then have separate workgroups.

1. Would likely meet semi-annually, face-to-face or teleconference, for about 2 hours. Perhaps with conference calls and e-mails between if needed.
2. What tools would be available to this commission? What data?
3. A small commission and they meet and decide what’s needed and other subgroups are developed as needed and convened as needed and end once they’ve completed the task, they stop and no longer exist.
  - a. If funding is available to request data analysis and visual aids from OSCEP, this would be a potential resource.
  - b. Would be a primary care subgroup (physicians, PAs and NPs) and commission would ask specific questions of them. Reacting to data presented and recommendations. Would discuss and provide recommendations to the commission.
  - c. Other potential subgroups:
    - i. Major health systems
    - ii. Independent employers
    - iii. Allied health
    - iv. Mental health
    - v. Oral health
    - vi. Direct Care
    - vii. Specialty Care