



RESILIENT LOUISIANA COMMISSION

CO-CHAIR DON PIERSON

CO-CHAIR TERRIE STERLING

Healthcare and Human Services Task Force

June 9, 2020

Meeting called to order at 3:00 PM CDT

Task Force Members Present

- Lisa Bruhl
- Clay Countryman
- Greg Feirn
- Veneeth Iyengar
- Beverly Vonshea Lewis
- Renee McCuller
- Randy Morris
- Demetrious Porche
- Terrie Sterling
- Todd Stevens
- Warner Thomas
- Steven Udvarhelyi
- Richard Vath
- Scott Wester

Call to Order and Roll Call: Veneeth Iyengar

Mr. Iyengar called the meeting to order, stating that this is the last meeting of the task force. He noted that their action items surrounding payment reform, transforming healthcare, workforce development, and rural healthcare will be shared with the commission.

Integrating Health Equity into the Final Report: Terrie Sterling and Veneeth Iyengar

Ms. Sterling recognized the disproportionate impact of COVID-19 on people of color and recommended that the task force's recommendations be considered in the context of equity and resilience.

Mr. Udvarhelyi noted that the payor side is not systematically collecting the data necessary to determine demographic-based health outcomes. He shared there are challenges in the private

sector in requiring this data without an appropriate regulatory framework. Ms. Sterling asked if this should be a requirement of the Louisiana Department of Health for all data, and not just data related to COVID-19, and Mr. Udvarhelyi noted that may be helpful after deciding which attributes are most important, though there is not likely an existing infrastructure to collect and house that data. Ms. Sterling shared there is an Office of Health Equity at LDH that may be able to serve as a resource for housing these recommendations and where such a framework can be established.

Mr. Udvarhelyi noted that the state of Pennsylvania, to better coordinate chronic care, acted as a convener across the payer and provider communities to create a common reimbursement and infrastructure methodology across rural and urban areas of the state. Once initiated, the private sector was largely able to maintain this system. He shared it as a potential model for data collection, funding, collaboration with universities in the region, and other elements it included that may be applicable to Louisiana's needs.

Mr. Wester suggested utilizing HBCUs for healthcare workforce development. Ms. Sterling concurred, mentioning the Louisiana Action Coalition for the Future of Nursing has been working to achieve this and that Ochsner is partnering with Xavier University to support their nursing program.

Mr. Porche commented on the merit of a holistic admissions review. Ms. Sterling noted that was one of the recommendations submitted. There is no collected data on students who are not admitted, and analyzing that data to identify shortfalls is another proposal.

Mr. Thomas inquired about loan repayment or reduced tuition for healthcare students who commit to staying in Louisiana. Ms. Sterling state that these programs do not exist in that way but have seen success in other states, like New York. Mr. Morris noted that currently there is only a rural state tax credit to incentivize medical professionals to stay in the state. For rural providers, some form of legislative loan forgiveness program would be greatly beneficial. Mr. Iyengar mentioned a potential model could stem from the innovative ways universities are leveraging alumni connections and sponsorships toward backend loan repayments.

Mr. Morris noted that many rural hospitals are desperate for RNs, and that it should be a priority to find space for 1,400 applicants who applied for and qualified for RN schooling but were rejected because of capacity limitations.

Ms. Sterling asked the task force about the potential to pivot provider data in a way that addresses healthcare outcomes. Mr. Thomas shared Ochsner Health already has that data for ambulatory measures and would be happy to provide it. Mr. Stevens noted that there may be helpful national models, such as the SEER Registries, on collecting high-level data that could be leveraged toward these needs, particularly regarding data coordination and reporting.

Working Group Key Points

Payment Reform/Innovation

Mr. Udvarhelyi noted the biggest opportunities are in the Medicaid program by allowing for more innovation and freedom.

Dr. Marcus Bachhuber noted that some recommendations, specifically the proposal to increase flexibility or “change or eliminate policy that requires provision of services that are not more restrictive,” would require changes to federal regulations. Mr. Thomas asked if global payment structures would be limited given the federal regulations. Dr. Bachhuber stated there are not limitations for managed care to do so, and his office actively promotes those formats with the state’s MCOs.

Transforming our Healthcare

Mr. Stevens shared that the committee outlined a path forward for implementing medical home structures around chronic disease and payment reforms that were well identified in the payment reform subgroup. He noted that for more lasting systemic changes, there will have to be more educational, economic, and professional opportunities available that help to break the cycle of poverty. He also shared that any avenues through training programs that exist in the healthcare sector should be pursued given the material percentage of healthcare jobs in the state’s economy, combined with health equity programs for both payers and providers.

Long Term Resiliency in Rural Healthcare, Native American, Nursing Homes/VA

Mr. Morris shared the primary suggestions include supporting the Rural Hospital Preservation Act, offering financial assistance, implementing incentives to recruit physicians, boosting

transportation infrastructure, expanding telemedicine services, and expanding broadband amenities that help to avoid closures of rural hospitals. Further, he noted that duplication of similar services from freestanding walk-in clinics could lead to competition that could harm rural hospitals' financial viability.

Ms. Sterling mentioned the duplication of services point may be counter to the equity framework as it may disincentivize minority business owners who want to provide care to rural communities. Mr. Morris noted that the urgent care model may be appropriate in some areas but not others.

Workforce Development

Mr. Porche outlined that this group focused on clinical preceptors and faculty incentives, strengthening relationships between the healthcare institutions and nursing schools, expanding nurses' career opportunities, encouraging individuals to pursue nursing education, increasing funding for nursing faculties, incentivizing nursing schools to enroll more students, addressing why nurses leave, and ensuring that nurses can practice to the fullest extent of their education.

Ms. Sterling added that key stakeholders specifically endorsed their recommendations to create a twelve-month residency program, gather more data on those who are rejected from RN programs, and implement anti-bullying and mental health support as measures to help address nursing supply issues.

Closing Comments: Terrie Sterling, Commission Co-Chair

Ms. Sterling noted that full commission will review the task force's recommendations before their official approval. She then suggested that LDH provide technical feedback on any regulatory recommendations from this task force.

Mr. Thomas asked if insurance reform should be included in the plan. He also commented on potentially expanding an incentive program for doctors to stay in Louisiana, not just rural hospitals. Mr. Udvarhelyi noted that there were some provisions in the recent Medicaid re-procurement that addressed Mr. Thomas's insurance reform concerns.

Ms. Sterling encouraged the group to contact her with any further thoughts or recommendations. She invited all of the task force to attend the final presentations, which will be public events.

Closing Remarks and Adjournment: Veneeth Iyengar and Randy Morris

Mr. Iyengar thanked the task force. He asked that they remain engaged, noting that he may be reaching out in the future to ask for their advice and feedback as recommendations are adopted and implemented.

The meeting was adjourned at 3:53 by Mr. Morris, seconded by Mr. Thomas.