

# MAIN STREET MONTANA PROJECT

A BUSINESS PLAN *For Montana by Montanans*

## Health and Wellness KIN Meeting Minutes

February 11, 2015

10:00 AM – 3:00 PM

Helena, Montana

Prepared by Michaela Wolfinger, Mary Craigle, Amy Watson

### ***Co-Chairs***

Larry White, Retired, St Patrick Hospital and University of Montana

Rick Haraldson, CEO, Sidney Health Center

### ***KIN Members Present***

John Goodnow

Kevin Pitzer

Steve McNeece

David Forbes

Jim Edwards

Maria Clemons

Cindy Smith

Paul Teagle

Lenette Kosovich

Barbara Mettler

Jodi Daly

*(On phone)*

Cherie Taylor

Dan Keith

Bill Woody

### ***KIN Members Absent***

Nick Wolter

Jeff Fee

Bina Eggensperger

Kent Burgess

Randy Holom

John Felton

Chris Halko

Larry Noonan

### ***Staff/Public***

Mary Craigle, Montana Department of Commerce

Michaela Wolfinger, Montana Department of Commerce

Amy Watson, Montana Department of Labor and Industry

Dick Brown, President, MHA an Association of Montana Health Care Providers

Kay Norris, Project Director, Montana HealthCARE

Meeting started at 10:00 AM. Co-Chairs welcomed group and thanked them for agreeing to serve. Each KIN member introduced and indicated their organization.

10:15 AM: The Governor joined the group providing an overview of the Main Street project and thanking the KIN members for their willingness to participate. He asked KIN members for Joys and Concerns.

#### Joys in the Healthcare Industry

- State employee health clinics
  - New state employee health clinic established in Anaconda
  - Staffed with family practice doctors
  - Costs in these clinics have only risen by about 1.9% compared to double digit inflation with private sector providers
- Mental Health is a topic in the current legislature
- Supportive of Medicaid expansion efforts

#### Concerns in the Healthcare Industry

Jodi Daly- Western Montana Health Center

- Primary concern is workforce development.
  - Difficulty retaining employees in a competitive work environment.
  - Hard time competing with hospitals that have mental health offices. They have a hard time transferring and managing their funds.
  - Need workforce that is privy to policy development
  - Experiencing high turnover with employees (20-30%)
  - Don't have any wiggle room on budgets to pay competitive wages

Jim Edwards- Leavitt Great West Insurance Services

- Concern: in order to bring the cost of insurance down the out of pocket costs and cost shares are increasing. Ex: \$20,000 max out of pocket cost for a family plan for a Great Falls business.

Eastern Montana feedback (Havre)

- Difficulty hiring primary care doctors. Have to hire a lot of nurse practitioners.
- Have a hard time retaining employees in that region of the state. A lot of times employers end up stealing workers from one another.
- A qualified workforce from the university system will be critical
- Concern: Lack of workers who are good nurse case managers. Nurses who are trained to use the new technology.

Paul Teagle- Goodman Group

- Concern: workforce development.
  - Lack of occupational therapists and occupational therapy aides.
  - Need nurses with mental health training- residency opportunities for those areas.
  -

Bill Woody- Consumer Direct Personal Care

- Staffing and high turnover is the biggest concern

Cherie Taylor- Northern Rockies Medical Center

- Workforce retention is an issue. Would like to get to a point where Montana is exporting workers.
- Make sure universities receive funding.
- Mental health screening is a concern. Many end up in the ER, which is costly.

10:45: Jim Molloy provided an overview of the Main Street Montana Program highlighting the efforts done to date and an overview of the work ahead.

11:00 AM: The members of the KIN engaged in an exercise of the “One Big” Thing that would benefit the Health and Wellness Industry Sector

**One Big Thing for Health and Wellness:**

- Be in the top 10% for child immunization
- Prevent preventable diseases
- Wellness/holistic care versus disease/sickness focus
- Attend to potential needs while chronic not critical, address whole
- Change the incentives – reward health
- Reform service-based reimbursement for community healthcare
- Work on telemedicine reimbursement models
- Reimbursement models with technology and common sense.
- Cost (get the cost of care down), manage costs
- Mental health has no codes for preventative care, screening
- Inform consumers about care (chronic, critical, level of care) / price transparency. This is difficult to achieve in private sector
  - State government can facilitate that
  - Accurate and comparable transparency
- Not what consumer is getting charged but how much do they have to pay
  - Relationship: price vs. what patient pays
- Education of consumers on the cost (area public sector could assist)
- Consumer accountability
- Client driven responses, better for disease versus behavior side
- Directed care that provides community health not just everything for all
- Innovative care especially in rural areas
- Address workforce needs– the disciplines and right skills needed, retention, different needs in different areas of the state
- Need data on workforce opportunities providing to schools - PK-16

### **One Big Thing for Health and Wellness (continued)**

- Structure education programs and curriculum to meet demand
- More collaboration - with state agencies and among health care organizations
- Need a forum for providers to meet with big payers
- Agencies and health care organizations need to decrease silos
  - Sustainable partnerships
  - Care coordination that provides incentive to providers
- Need Medicaid expansion support from the healthcare community

11:45 AM: Joe Ramler from the Department of Commerce provided an overview of the Montana Economy with specific attention to Health and Wellness sector.

12:00 PM: Lunch

12:30 PM: The members of the KIN engaged in a SWOT analysis of the Health and Wellness Industry Sector.

### **SWOT Analysis**

#### **Strengths of MT Health and Wellness Sector**

- Good public/private relationship in mental health arena
- High quality care by Montana providers / among highest in the country
- MT people care and are willing to work together
- Engaged in their communities
- High quality workforce
- Cost efficiency in charge/care
- Dedication to service
- Healthcare community is agile –fosters access because of small amount of people involved

#### **Weaknesses of MT Health and Wellness Sector**

- Lack of Medicaid expansion
- Distance
- Small state with workforce challenges
- Isolated communities/rural
- Regulatory demands and barriers
- Lack of vision in mental health field (need an overall state health plan)
- Lack of mental health and primary care
- Lack of capital for needed infrastructure
- Lack of collaboration with the public sector
- Competition between organizations
- Lagging reimbursement system
- Lack of primary care access (29% have no encounter during the calendar year)
- Culture barriers to getting preventative care

### **Weaknesses of MT Health and Wellness Sector (continued)**

- Universities need to be more nimble and more responsive; current funding models work against being responsive
- Youth don't stay and elder population increasing – both are impacts on the need for health care services
- Difficult getting professionals to the state
- Licensing hurdles
- Barriers for entry for non-traditional practitioners (visas difficult to obtain)\
- Wages are low; difficult to get educators; starting positions wages are low and opportunities few so lack of incentive for healthcare workers to move to MT
- Capacity issues in the Montana University System
- Limited opportunities if healthcare practitioners chose to move to MT
- Some professions pay too low – e.g. primary care
- Lack of broadband access and bandwidth
- Lack of money to sustain healthcare after starting; reoccurring RFPs

### **Opportunities of MT Health and Wellness Sector**

- Increase collaboration
- University system could do more collaboration and funding model changes
- Federal increase reimbursement rates with certification
- State's "smallness" allows us to make change, educate our population
- Opportunities to reduce regulations – improve licensing boards effectiveness
- Change to make residents more high tech aware
- Gather more data for mental health decisions
- Lower student debt, ideas needed
- Medicaid expansion offers opportunities
- TAACT Grant
- Better match workforce with opportunities
- University Pathways Program offers careers path, mentorships
- Tech improvements continues to offer opportunities
- MT quality of life (QOL)/location;
- MT QOL is an incentive to attract those who enjoy the lifestyle; State's uniqueness is an appeal to target workforce
- Chance to reconfigure and reform payment /incentives; review how and why we pay for healthcare
- Potential Affordable Health Care reimbursement/incentives
  - Reducing re-hospitalization
  - Infrastructure developing to allow option for plans

## **Threats of MT Health and Wellness Sector**

- Workforce numbers and needed skills declining
- Aging population with increasing needs
- MT opportunities relative to other states
- Reimbursement model limit options to what might be practiced
- Deductible levels are maxed; health costs don't have room to go up without BIG sacrifice.

1:30 PM: KIN members reviewed each of the five Pillars and provided ideas as to what was important under each Pillar to the Health and Wellness Sector.

## **Pillar 1 Train and Educate Tomorrow's Workforce Today**

- Public/private collaboration needs improvement
- Change funding to allow programs to be changed
- Need expansion of apprentice and internships
  - Particularly in rural areas
- Have meetings/conversations between employers and educators
  - Summits
  - Meetings in all the state's regions, more uniformity
- Curriculum changes to develop more workforce overall and specifically in the needed disciplines

## **Pillar 2 Create a Climate that Attracts, Retains, and Grows Business**

- Regulatory boards need lots of scrutiny for improvement
- Communication across public sector needs to be improved
- Public sector health should not be providing certain services. Need to shift to private where a better option / better care
  - Explore this with agencies currently providing services
- Improve university student/patient/employer satisfaction
- Funding needed for broadband
- Work on contract consolidation; streamline paperwork and process

## **Pillar 3 Build Upon Montana's Economic Foundation**

- Need transportation for rural patients to providers
- Educate and promote Medicaid expansion
- Develop a communication hub to allow better rural coordination – e.g. ride share
- Need plan for hazardous waste disposal in all areas - now and forever
- Convene partnerships between private industry, local leadership the state, and across KINS; review incentive structure and look for ways to improve

#### **Pillar 4 Market Montana**

- Improve promotion of quality of life to attract workforce
- Promote affordable amenities
- Celebrate our success; educate residents
- Governor more visible as spokesman promoting working and living in Montana (the MT brand)
- Teach healthcare literacy, preventative and holistic care
- Look into marketing our services and expertise to other parts of the country, industry knowledge to grow internally but highlight our successes in this state.

#### **Pillar 5 Nurture Emerging Industries and Encourage Innovation**

- See pillar 1, grow experience and expertise within Montana University System
  - a. Participate in local trials to help develop research.
    - i. Provide the clinical environment for research and development
    - ii. Map a strategy for expertise development
- Work on investment attraction for Tier 1 care; other investment opportunities
- “Reach Program” expansion
- Increase Health Occupation Student Association (HOSA) chapters in high schools in the state - for students who are interested in health care fields.
  - iii. There are only 17 high schools that have HOSA chapters
- Increase STEM mentors
- Expand Tele-medicine

2:30 PM: The KIN discussed “Where Do We Go from Here?”

Send out notes to KIN members not able to attend and give them a chance to provide input and sign-up for break-out groups.

The plan is, one year from now, work should be wrapped up. Each member signed up for subtopic areas to have brief discussion on action steps and ideas. These would be brought back to full group at next quarterly meeting. Governor’s team will look at overlap among KINS’ action steps to foster collaboration.

Next steps are scheduling break out group phone conference calls; Next in-person meeting in mid-April.

Meeting adjourned at 3:00 PM

#### **Small Group Assignments**

Break-Out Group #1: *Regulation/License Activities (board review)*

Members: Barb Metter  
Larry White  
Cindy Smith  
Kevin Pitzer

## **Small Group Assignments (continued)**

### Break-Out Group #2: *Infrastructure*

Broadband, hazardous waste, transportation

Members:

### Break-Out Group #3: *Actions Related to Workforce/Montana University System/ OPI*

Members: Dave Forbes  
Larry White  
Lenette Kosovich  
Kevin Pitzer

### Break-Out Group #4: *Promote Montana Health Care Opportunities and Successes*

Members: Jodi Daly

### Break-Out Group #5: *Increase Collaboration between Private and Public Sectors*

Members: Jim Edwards  
Maria Clemens  
Lenette Kosovich  
Paul Teagle  
Cindy Smith

### Break-Out Group #6: *Incentives/Reimbursements Investments*

Members: Jodi Daly  
Rick Haraldson  
Kevin Pitzer  
Larry White  
Barb Mettler  
Jim Edwards