

Care Models Subcommittee of the Health Professional Workforce Workgroup
July 15, 2011
10:30 AM – 12:30 PM
SC Institute of Medicine and Public Health

In attendance: Stacey Day, Xavery Hopkins, Mark Jordan, Linda Lacey (Subcommittee Chair), and Judy Thompson

Staff: Megan Weis

Discussion Points:

- The subcommittee reviewed the initial discussion of the Health Professional Workforce workgroup that led to the establishment of this subcommittee. The broader discussion centered around the desire to establish a definition for primary care in South Carolina and expand the concept of care teams for practice methodology *and* sustainability. Suggested avenues or tasks included (as reflected in meeting minutes):
 - “Propose and/or identify best practices for varying populations and settings (rural vs. urban), including financial models.
For example, for a population of 30K people, what number of specific providers are needed to provide access to care for the population and sustain the providers? The providers considered in these models would include (but not be limited to) primary care providers, general surgeons, nurse practitioners, physician assistants, oral health providers, behavioral health providers, HIT professionals, EMTs, management and pharmacists.
Discussion included exploring the military model, the models used by members of SCPHCA and others. The key is to determine where the system may be maximized and “where flexibility exists.”
- The group agreed that this is an ambitious goal, and that many people nationally are studying the same questions and wrestling with the same uncertainties as the subcommittee. While universal definitions are not available, differing approaches are possible. Very little data on best practices are available. Numerous examples exist within SC of different models of care: federally qualified health centers, AccessHealth SC, Eau Claire, Medicaid, and private companies (both non-SC based and SC based companies). One approach would be to document what is happening in SC, including any information that might be available on how these practice models impact patient care, quality and/or cost.
- Team models of care may not address workforce shortage issues. Early research on staffing in team models/medical homes suggests such models may actually require a greater number of providers and other professionals (i.e. care coordinators) to care for the same number of patients.
- The Health Planning Committee created by the Governor may benefit from the expertise and insight of our group. The decisions made by the Health Planning Committee will have a direct impact on SC’s health professional workforce. Not only are issues of health outcomes, costs and

economic benefits important for SC, but also a need exists to look to the increases in the number of people engaged in the health care system. Any increase (or decrease) in insurance coverage will dramatically affect the demand for services from all aspects of the health professions workforce, especially primary care and will have a corresponding effect on the health of our communities. Also, decisions made regarding health insurance coverage have a direct relationship on jobs.

- *The Health Planning Committee's meeting schedule, presentations made to the Health Planning Committee and meeting minutes are publically available at www.healthplanning.sc.gov.*
- To start, a front and back one-pager will be developed with an overview of health and related workforce information. This will highlight the importance of workforce considerations. Ideally, the document will compare SC with similar states and show a cost perspective. Subcommittee members will be asked to review the information and add additional information that seems appropriate.
- The subcommittee will share this information as appropriate with the Health Planning Committee. Given the tight timeline of the Health Planning Committee, the one-pager will be completed and delivered within the month of August. We will offer to follow-up with more detailed information if requested.
- Stacey Day referenced a report developed by Dr. Amy Brock-Martin that will inform this work.
 - *That report is shared as an attachment.*
- Linda Lacey will also share the South Carolina Health Professions Data Book with Health Planning Committee Members.

Action Items

- Megan will pursue the most effective and available way for the subcommittee to communicate with and share information with the Health Planning Committee.
- Linda Lacey will send the South Carolina Health Professions Data Book to Health Planning Committee members.
- Linda Lacey will create a rough draft of the one-pager and share with the committee for input and assistance in editing.