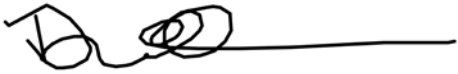


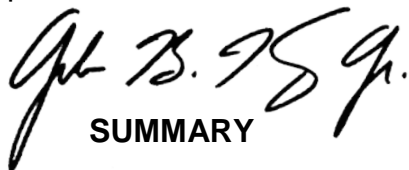


TO: The Professional Practice Committee

FROM: Douglas E. Lentivech


SUBJECT: Update on Regents Advisory Workgroup on Healthcare

DATE: September 4, 2012

AUTHORIZATION(S): 
SUMMARY

Issue for Discussion

This item will discuss the status of the Regents Advisory Workgroup on Healthcare.

Reason(s) for Consideration

Review of Policy.

Proposed Handling

This item will be submitted for discussion at the September 2012 meeting of the Professional Practice Committee.

Procedural History

At its meeting in January 2012, the Board of Regents established a Regents Advisory Workgroup on Healthcare to address a variety of emerging issues in healthcare that are having, or will have, a pronounced impact upon the licensed professions.

Background Information

In January 2012, the Board of Regents established a Regents Advisory Workgroup on Healthcare and designated the membership to include Regent Cottrell, Regent Norwood and Regent Tallon, as well as Executive Deputy Commissioner Grey and Deputy Commissioner Lentivech. The Workgroup has convened on a variety of occasions to discuss the process and substance of issues that will be considered and

has initially narrowed its focus to a number of issues that were considered by the Medicaid Redesign Team (MRT). It is expected that the Workgroup will also consult with other individuals for the purpose of gaining further expertise and guidance.

The central issues currently under consideration relate to the provision of certain services by unlicensed personnel that have historically fallen within the scope of licensed practitioners. Primarily, the tasks involve the administration of medication. Other considerations include the use of standing orders in certain settings and the ability of home care aides and nursing assistants to use some of their training when ultimately seeking a nursing credential.

At the direction of the Workgroup, Department staff have met with and have had continued discussions with staff from the New York State Department of Health (DOH). DOH had been similarly working on these issues and had already established a workgroup. There is consensus among the groups in two fundamental areas. First, there is a substantial concern with the capacity of New York's healthcare workforce to adequately meet growing demands. This demand may increase beyond current expectations given the progress of implementing healthcare reform measures on the federal level.

Secondly, there is agreement that additional data and study is necessary to fully evaluate the nature and scope of the issues. Data suggests that we are facing an unprecedented shortfall in the healthcare workforce. However, much of our data is based upon national trends and it fails to contain the level of detail that would be most helpful in formulating the ultimate solutions. In this regard, we have consulted with DOH in their efforts to engage in a data collection initiative.

We continue to work with DOH and others to gain further information in an effort to reach resolution on these issues. However, we will need to expand our use of experts and bring those additional resources to the Workgroup. We will be working with this Committee in that regard.

We will be scheduling a series of further meetings with both DOH and the Advisory Group this fall, and anticipate that we will be back before this committee with further data and suggestions in early 2013. In the meantime, I will continue to report back to this Committee regularly with respect to the progress of the Workgroup and evaluations as they occur.