

## **Georgia Healthcare Workforce Commission**

Meeting

December 12, 2022

### **Members Present**

Caylee Noggle, Chair  
Scott Bohlke  
Mary Chatman  
Debi Dalton  
Sherry Danello  
Janee Dock  
Shawn Little  
Sally Perry

Rick Roche  
Scott Steiner  
Tanya Sudia  
Courtney Terwilliger  
Pete Quinones  
Clark Hill  
Jean Sumner

### **Members Absent**

None

**The Georgia Healthcare Workforce Commission held its meeting via Zoom teleconference and in person at the State Capitol in Atlanta, Ga. The meeting was recorded. The agenda is attached and made an official part of these Minutes.**

Shawn Walker, Director of Project Management for the Georgia Department of Community Health, opened the meeting and welcomed attendees to the Healthcare Workforce Commission's third regular meeting which was primarily focused on reviewing revised draft recommendations based on feedback received during the second regular meeting and subsequent 1-1 interviews with the Commission members.

Shawn Walker took official roll of the Commission members in attendance and provided information on the format of the meeting.

### **Presentation and Discussion**

Chair Noggle led the Commission through a review of the revised recommendations.

#### **1. Maximizing existing workforce**

- Addressing Workplace Violence  
The Commission discussed the heavy toll that workplace violence takes on healthcare workers, which can lead to attrition. Commission members specifically expressed a desire to emphasize closer collaboration with police to ensure appropriate training to distinguish between violent acts driven by psychiatric conditions versus other criminal acts, with an emphasis on de-escalation.
- Loan forgiveness  
The Commission would like to emphasize structuring loan forgiveness to support in-state retention. Commission members noted that additional incentives (e.g., tax credits) could be considered for existing healthcare workers to retain more members of the workforce.

#### **2. Optimizing the education system**

- QuickStart for HealthCare

The commission was enthusiastic about the branding of "QuickStart for Healthcare". Commission members would like to emphasize partnerships with high schools, which could take on different forms (e.g., by region); and suggested emphasizing virtual programming elements as well (e.g., for EMT).

- **Earn-to-learn programs**

The Commission broadly agreed on the merit of allowing clinical students to earn pay for some portion of their clinical hours. They noted that such a system may require certification at various levels to ensure that healthcare facilities can appropriately seek reimbursement from insurance companies/government payers for the hours served.

### **3. Attracting new workers**

- **Marketing dual-enrollment and creating new scholarships**

Commission Members noted the need to attract healthcare workers as early as high school and further noted the need to implement hybrid education models to ensure instructors can reach as many students as possible.

### **4. Healthcare infrastructure reinforcements**

- **Centralized data clearinghouse**

The Commission agreed on the need for a centralized data repository. Various members noted specific data points they wished to have regarding education, workforce, compensation, and practicing vs. licensed workers. Before implementing such a repository, all these data points would need to be vetted and collected from each stakeholder.

- **Board of Nursing**

The Commission discussed matters related to the Board of Nursing and its regulations that could potentially be changed to increase Georgia's healthcare workforce. There was some consensus around modifying the faculty-to-student ratios in clinical settings to permit more students to work with extant faculty.

Commission Members independently discussed additional potential pathways to increasing the nursing workforce; topics included were the recent adjustment to the Consensus Model, the ability for BSN dropouts to test for LPN licensure, creating pathways for current BSN nursing students to test for their CNA licenses while in school, and creating pathways for military medics to enter the civilian healthcare workforce.

### **5. Occupation specific**

- **EMS:**

Group discussed EMT education and the competitive difference in the education market between private educators who can pay their students to sit through coursework vs. technical colleges who struggle to fill courses and pass students.

Commission Members noted that EMS providers compete for workers with non-medical professions such as warehouse stocking, distribution, and truck-driving, and that to see any marked increase in the number of people entering the EMS pipeline, they would need to address the current public education system that compels students to pay to train for entry into EMS fields and the industry pay scale once one enters the workforce.

- Behavioral Health:  
The Commission aligned on Behavioral Health (BH) with the Commission's BH experts supporting the proposed initiatives.

### **Closing Remarks**

Chair Noggle thanked the Commission members for their participation on the commission. Chair Noggle provided an overview of next steps which include providing the final slide deck and report for Commission members to review prior to submission on or before December 31, 2022.

## **AGENDA**

Georgia Healthcare Workforce Commission- Regular Meeting #3

Zoom Meeting

State Capitol

Room 450 CAP

Monday, December 12, 2022

1:00 p.m. – 3:00 p.m.

1. Opening Remarks
2. Recap Select Categories with Example Initiatives
3. Recap Healthcare Infrastructure Reinforcements
4. Closing Remarks