

## **Georgia Healthcare Workforce Commission**

Meeting

July 20, 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

### **Members Absent**

Pete Quinones  
Clark Hill  
Jean Sumner

**The Georgia Healthcare Workforce Commission held its meeting via Zoom teleconference. 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 by welcoming attendees to the Georgia Healthcare Workforce Commission (Commission) Kickoff Meeting. Shawn Walker indicated regular Commission meetings will be open to the public and recordings will be posted to the website.

### **Opening Remarks**

Chair Caylee Noggle thanked attendees for their presence and expressed her appreciation to Governor Kemp for establishing this commission comprised of experts who will tackle this critical issue facing our healthcare industry professions that has been exacerbated by the COVID-19 pandemic.

Noggle provided an overview of the Commission's mission in the Executive Order and recognized limiting factors that may impact the work while ensuring that a final report is produced by December 31, 2022 that captures pragmatic, deliberate recommendations that can be implemented for improvements in the short term and long term. Noggle explained that due to the magnitude of this task, she recommends framing the work into the following segments:

1. Where are we today with respect to our healthcare workforce?
2. What are the shortages and what fields have the most critical need right now?
3. Determining whether there are geographical differences.
4. Looking forward, where do we need to go to close that gap in order to provide the best access to quality healthcare taking into consideration the changing landscape of healthcare delivery, as well as our state's changing population trends?
5. When do we need to get there?
6. How do we classify recommendations (i.e., short term, mid-term and longer-term strategies)?

### **Commission Member Introductions**

The following Commission members introduced themselves and offered their priorities for the Commission's efforts:

Scott Bohlke, who stated his focus would be on the retention of providers already serving in the rural areas and enticing medical residents to serve in rural areas. Dr. Bohlke believes we have done well with expanding residency programs to keep providers in the state instead of training them for moves to other states.

Sherry Danello, who hopes the focus will be on developing sustainable, evidence-based change that will assist with recruitment, retention, and staffing with introductions into healthcare fields at early ages, work-life balance, and staff safety, among other tangential interests.

Shawn Little, who would like to see the Commission focus on equitable access to education through all delivery modalities of education including public and private. She sees challenges with obtaining quality faculty and the numbers that we need; student engagement and a sustainable pipeline; and, clinical availability.

Sally Perry, whose priority is to ensure mental health is part of the Commission's discussion such as how behavioral health affects all areas of healthcare, the unique challenges that working with the behavioral health population presents to healthcare and employees, and the challenges the behavioral health field has experienced with recruiting and retention.

Rick Roche, who would like the Commission to develop a roadmap to ensure the availability of the healthcare workforce (including clinical).

Mary Chatman, who agrees with feedback offered by the previous commenters and recommends bucketing the Commission's focus into four categories: People, Processes, Technology, and Policy as many of the challenges fall within these buckets at either a micro or macro level.

Jane Dock, who would like the Commission to focus on creating a solidified and sustainable pipeline for all healthcare organizations including EMT services, physicians and practices, nursing, and allied health; data around academia support; and, collaboration amongst the multiple disciplines to brainstorm and problem-solve for future healthcare workforce needs.

Scott Steiner, whose priorities for the Commission are to obtain good data so we can speak to our true needs, how to inspire more students to go into the healthcare fields including students in middle and high schools, show mid-career adults that healthcare can be an option for them, and continue partnering with academic colleagues.

Tanya Sudia, who would like the Commission to focus on additional innovation in terms of the clinical component of nursing education programs, determine how we can further partner to increase enrollment for the nursing pipeline, and look at models for retaining faculty.

Debi Dalton, who would like the Commission to focus on developing programs or processes that are going to encourage physicians to work, live, and stay in Georgia. She believes we can achieve this

through incentives, expansion of telemedicine, expanding hospital resources, and helping medical students and supporting them to make sure they are not burning out.

Courtney Terwilliger, who would like the Commission to achieve three goals: give people a better understanding of the challenges with the EMS profession, identify the opportunities the healthcare community misses by not utilizing EMS professionals up to their abilities, and determine a way to get people involved in the healthcare profession.

Shawn Walker provided background information and Commission priorities for Clark Hill and Jean Sumner who were not present during this meeting: Clark Hill would like the Commission to focus on staffing, access to health care, physician shortage in hospice and nursing home medicine, as well as the cost of medical school in Georgia.

Jean Sumner would like to see a commitment to remove educational licensure and insurance obstacles to physicians, nurses, and other health professionals entering the workforce and serving in an effective, safe manner; to recognize the severely unbalanced distribution of the healthcare workforce in Georgia and find ways to achieve an equitable distribution; and, prioritizing mental health workforce access by setting high expectations for deliverables and response.

#### **Georgia Board of Healthcare Workforce (GBHW) Introduction**

Chet Bhasin, Executive Director of the GBHW, shared a presentation that included GBHW's mission, vision, purpose and history. The presentation also provided information related to GBHW's programs and relevant data points. The full presentation can be found at: <https://dch.georgia.gov/healthcare-workforce-commission> under Wednesday, July 20, 2022 meeting information and titled "GBHW's 7.20.2022 Presentation".

Dr. Terri McFadden, Chair of the GBHW, shared additional information about GBHW's efforts around healthcare workforce issues, including its focus on family physicians, data and visualization tools to help identify gaps, the work being done through the Graduate Medical Education programs with additional slots, and interfacing with the medical institutions and academic partners to make sure that Georgia is growing the healthcare workforce needed.

#### **Office of Health Strategy and Coordination (OHSC) Introduction**

Grant Thomas, Director of OHSC, presented information about OHSC's history, project and initiatives. The full presentation can be found at: <https://dch.georgia.gov/healthcare-workforce-commission> under Wednesday, July 20, 2022 meeting information and titled "OHSC's 7.20.2022 Presentation".

#### **Overview of Workplan**

Chair Noggle shared the strategy for executing the Commission's work. McKinsey has been engaged to staff the initiative and support us through the effort. There will be five (5) additional in-person meetings, including two (2) public forums, but all meetings will have a virtual component.

Shawn Walker presented a brief overview of the workplan.

### **Calendar and Key Dates**

Chair Noggle reviewed the Commission's calendar and indicated we will continue refining direction as information is obtained and considered by the Commission. We will pull in our partners USG, Private and Post-Secondary institutions, Technical colleges, and K-12 institutions. We will look at opportunities that currently exist in college and career academies to determine how we make sure students that graduate from those programs are ready to deliver care on day 1.

Noggle reviewed the meeting dates and potential meeting locations for the upcoming meetings and forums.

### **Closing Remarks**

Chair Noggle mentioned there is a Commission inbox: [HCWF.Commission@dch.ga.gov](mailto:HCWF.Commission@dch.ga.gov) where Commission members, stakeholders, and the public can submit inquiries and comments for the Commission. In addition, the Commission has a subsite housed on the Department of Community Health's website (<https://dch.georgia.gov/healthcare-workforce-commission>) where we will post pertinent information related to the Commission such as meeting dates, agendas, meeting recordings, Minutes and presentations.

Chair Noggle thanked the Commission members for their attendance and closed the meeting.

# **ATTACHMENT**

## **GEORGIA HEALTHCARE WORKFORCE COMMISSION MEETING**

### **AGENDA**

Virtual Meeting

**Wednesday, July 20, 2022**

**3:00 p.m. to 4:30 p.m.**

- 1. Opening Remarks**
- 2. Commission Member Introductions**
- 3. Introduce Georgia Board of Healthcare Workforce**
- 4. Introduce Office of Health Strategy and Coordination**
- 5. Overview of Workplan**
- 6. Calendar and Key Dates**
- 7. Closing Remarks**