

Meeting Minutes: Health Care Workforce & Education Committee

DATE: SEPTEMBER 18, 2024

Attendance

Committee Members

- Brad Benson—M Health-Fairview
- Susan Culican –University of Minnesota
- David Dahlen – Mayo Clinic
- Miranda Gilmore – Fraser Integrated Healthcare
- Badrinath Konety—Allina
- Robert Miner – Allina Health/Abbott Northwestern
- Christine Mueller –University of Minnesota
- Peter Nalin – University of Minnesota Medical School, Duluth campus
- Michelle Noltimier—HealthPartners Institute
- Sheila Riggs – University of Minnesota
- Thomas Satre – Vice Chair – CentraCare Health
- Troy Taubenheim – Chair - Metro Minnesota Council on GME
- Linda Welage—University of Minnesota
- Members Not in Attendance:
 - Roger Dearth—Mayo Clinic
 - Kelly Frisch— HealthPartners
 - Kimberly Lakhan—College of St. Scholastica
 - Nate Mussell —Fairview
 - Meghan Walsh –Hennepin County Medical Center

State of Minnesota Staff

- Kelsey Besse, Robin Bly, Susan Castellano, Katie Hentges, Erik Larson, Ann Linde, Megan Loew, Joanne Madrid, Nitika Moibi, Zora Radosevich, Diane Reger, Melissa Stevens, Madison Weirick - MDH
- Patrick Hultman, Caprice Stark - DHS

Agenda

- Welcome: Troy Taubenheim, Chair
- Workforce Council Overview: Nitika Moibi, MDH
- Office of Rural Health & Primary Care (ORHPC) Programs/Grant: MDH Staff
 - Workforce Safety for Health Care Entities: Erik Larson
 - Health Professions Clinical Training Expansion: Joanne Madrid
 - Critical Access Dental Infrastructure: Katie Hentges
 - Clinical Dental Innovations: Katie Hentges
 - Rural Primary Care Residency Training: Erik Larson
 - Rural and Underserved Clinical Rotations: Erik Larson
 - Site-based Clinical Training (SBCT) – Zora Radosevich
 - Medical Education & Research Cost (MERC) – Diane Reger
- GME Funding Update: Patrick Hultman, DHS
- Next Meeting

Next meeting

Date: November 6, 2024

Time: 1 to 3 pm

Location: Web-based teleconference

Agenda items: Submit proposed agenda items to health.merc@state.mn.us or committee chair.

Meeting notes

Welcome and Introductions: Troy Taubenheim, Chair

The meeting was called to order and roll call taken.

Workforce Council Overview: Nitika Moibi, MDH

The [93rd Legislature](#), Article 66, Section 22, Subdiv. 1, directed the Commissioner of Health to develop recommendations to create a Health Professions Advisory Council in consultation with the University of Minnesota and the Minnesota State HealthForce Center of Excellence. The recommendations were to include:

1302.14 (1) membership of the advisory council;

1302.15 (2) funding sources and estimated costs for the advisory council;

1302.16 (3) existing sources of workforce data for the advisory council to perform its duties;

- 1302.17 (4) necessity for and options to obtain new data for the advisory council to perform its 1302.18 duties;
- 1302.19 (5) additional duties of the advisory council;
- 1302.20 (6) proposed legislation to establish the advisory council;
- 1302.21 (7) similar health workforce advisory councils in other states; and
- 1302.22 (8) advisory council reporting requirements.

MDH has begun the process of consultation with the partners on the Council. A brief progress update was shared, and members indicated an interest in ongoing updates on this work.

ORHPC Programs/Grants: MDH Staff

Workforce Safety for Health Care Entities: Erik Larson

- One-year grant
- Maximum award amount per site: \$50,000
- Goal:
 - Make long-term improvements in safety and stability for staff and patients in health care settings. Accomplish this by increasing safety measures in health care settings and establishing or expanding programs to train staff in health care settings on de-escalation and positive support services.
- Eligible Applicants:
 - Long-term care facilities, Acute care hospitals staffed for 49 beds or fewer and located in a rural area, Critical access hospitals, Medical clinics, Dental clinics, Community health clinics (providing both medical and mental & behavioral health services)
- Grantee Project Examples:
 - Training: Management of Aggressive Behavior (MOAB), Applied Suicide Intervention Skills Training (ASIST), Therapeutic Crisis Intervention Training (TCI).
 - Environmental Changes: Safe/calm rooms, card/badge readers, security doors, security cameras.
 - Positive Support Services for Staff and Patients: EAP support, mental health services for staff.
 - Data Tracking and Reporting: Implement incident tracking systems.
- Future rounds of funding:
 - 2025-26
 - 2026-27

Health Professions Clinical Training Expansion: Joanne Madrid

Joanne Madrid discussed the [Health Professional Clinical Training Expansion Grant Program](#) which is authorized by [Minnesota Statutes Sec 144.1505](#) and was established in 2017. Annual funding is \$500,000 and the grant program funds a variety of activities associated with planning and implementing new clinical training programs and expanding the number of professionals

trained through existing clinical training programs in rural and underserved areas of Minnesota.

Applicant eligibility, as well as the eligible clinical training programs were both discussed. Although most of the grant projects include clinical rotations as a primary focus, some examples of current grant projects that include other allowable activities were mentioned.

Critical Access Dental Infrastructure: Katie Hentges

The [Critical Access Dental Infrastructure Program](#) supports the capacity of critical access dental providers to maintain or expand the provider's capacity to serve enrollees in Minnesota health care programs. In 2024 this one time grant distributed \$2,375,000 to [16 recipient organizations](#).

Clinical Dental Innovations: Katie Hentges

This [annual program](#) awards grants to clinical training institutions and clinical dental training sites for projects that increase dental access for underserved populations and promote innovative clinical dental education or clinical training programs. In 2024 there were [8 grant recipient organizations](#).

Rural Primary Care Residency Training: Erik Larson

- Awards grants to eligible programs to plan, implement, and sustain rural primary care residency training programs. Grants support programs with costs such as planning and development, obtaining accreditation, recruiting, and training residents and faculty, and improving training sites.
- Goal: Strengthening the rural primary care physician workforce.
- Eligible Applicants: Programs, sponsors, and potential sponsors of rural primary care residency programs located in Minnesota who train, or propose to train, medical residents in either:
 - A new rural residency training program,
 - A new rural residency training track within an existing residency program, or
 - A community-based ambulatory care center that primarily serves the underserved and is proposing to add a rural residency training program or track.
 - The following primary care specialties: Family medicine, General internal medicine, General pediatrics, General surgery, Geriatrics, or Psychiatry.
- Are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or present a credible plan to obtain accreditation.
- Agree to document the baseline number of residents in the eligible specialty, use grant funds to establish new residency slots or sustain slots established in 2022 or more recently, and verify the number of residents each year to continue to receive funds.
- Agree to seek federal funding, when eligible, for planning and development and for sustaining the program, with an understanding that receipt of federal funding may result in the reduction or conclusion of a state grant award.
- Letter of Intent was due to MDH: September 20, 2024.

- Application due to MDH: November 8, 2024 (only those who submit a letter of intent will be eligible to apply).

Rural and Underserved Clinical Rotations: Erik Larson

- 2-year grant.
- Awards grants to health professional training sites to augment existing clinical training programs to add rural and underserved rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training.
- Grant outcomes will include:
 - Greater access to health care in rural and underserved Minnesota communities.
 - An increase in the number of clinical training opportunities in rural and underserved communities.
- \$1.58 million awarded.
- 7 grantees.

Site Based Clinical Training Grant: Zora Radosevich

The Site-Based Clinical Training Grant was authorized under [Minnesota Statute Sec. 144.1508](#) to support clinical health care training. Due to its close alignment with the MERC program, the application has been built into the MERC grant application portal. Sites can select to apply for the SBCT grant, MERC grant or both. The application is currently open and follows the same [deadlines](#) as the MERC program. Funding for this cycle includes \$5,550,000. For this grant cycle, priorities are: 1) rural primary care and 2) oral health, whether the training occurred in rural or urban sites. Rural was defined as counties outside the seven (7) metropolitan counties. Primary care status was determined by utilizing teaching institutions' program designation through the MERC application. Additional information can be found at: [Site-Based Clinical Training Grant Program](#)

Medical Education and Research Cost (MERC): Diane Reger

The MERC grant application cycle is open for clinical training that took place in FY2023. Minnesota Sponsoring Institutions and teaching programs have opened the application process to their clinical training sites whose applications are due September 30, 2024. Diane explained the criteria, deadlines, and provided the [website](#) where additional information can be accessed.

Three funding pools, each with different eligibility criteria fund the clinical training sites eligible for the MERC program: Tobacco Funds (\$7,575,500), General Funds & Health Care Access Funds (\$2M), and a Medical Education Component in Medicaid FFS Hospital Rates (\$49,552,000/training year). MDH distributes tobacco funds, general funds, and health care access funds through the sponsoring institutions each April. The sponsors then forward those funds to the designated clinical training site by June. The Minnesota Department of Human Services distributes the Medical Education Component in the Medicaid FFS Hospital Rates. Rates are set every two years. Diane explained the lag between application period and when DHS incorporates the payments into the rates.

Historical MERC reports can be located on the program's website under [Publications](#). Applicants can find detailed reports within their application [portal](#).

GME Funding Update: Patrick Hultman, DHS

DHS has been meeting with stakeholders to determine how to enact a teaching hospital surcharge that could be eligible for a federal match and distributed through a Medicaid supplemental payment. The timeline on submission to CMS is November.

Minnesota Department of Health
Office of Rural Health and Primary Care
Street address
PO Box 64882
St. Paul, MN 55164-0975
651-201-3566
health.merc@state.mn.us
www.health.state.mn.us

09/30/2024

To obtain this information in a different format, call: 651-201-3838.