



HLWI Advisory Group Meeting
Wednesday, September 13, 2017
10:00 am – 2:00 pm

CHA Board Room
 1215 K Street, #800
 Sacramento, CA 95814

For Those Participating Via Conference Call
 Call-In Number: 1-800-882-3610
 Passcode 6506506#

AGENDA

<u>ITEM</u>	<u>TIME</u>	<u>SUBJECT</u>	<u>REPORTING</u>	<u>PAGE</u>
I.	10:00-10:10 am	WELCOME AND INTRODUCTIONS	Co-Chairs	3
		A. Introductions and welcome.	Hamill/Foltz	
II.	10:10-10:15 am	APPROVAL OF THE MINUTES	Hamill/Foltz	7
		A. Approval of the minutes from the May 18, 2017 meeting.		
III.	10:15-11:00 am	LANDSCAPE UPDATES		
		A. All members: Emerging issues and trends	All	
		B. California’s Future Health Workforce Commission	Martin	
		C. New Senate Subcommittee on Professions and Licensure	Martin	
		D. LFS Updates	LFS	
IV.	11:00-11:30 am	MLT SCOPE OF PRACTICE UPDATE AND TRAINING STRATEGIZING SESSION	Martin	10
		A. Update on MLT study presentations and discussions	All	
		B. Discuss next steps, develop strategy to move forward		

V.	11:30-12:00 pm	THE STRATEGIC IMPERATIVE FOR TRAINING DOCUMENT DISCUSSION	Martin	11
		A. Review and discuss the draft internal advocacy document regarding the importance of providing clinical training opportunities	All	
VI.	12:00-12:45 pm	BREAK FOR LUNCH		
VII.	12:45-1:00 pm	LEGISLATIVE UPDATE	Martin	14
		A. Review lab and health care workforce bills		
VIII.	1:00-1:45 pm	2017 WORK PLAN REVIEW, 2018 WORK PLAN DEVELOPMENT	Martin	16
		A. Since this is the last in-person meeting of the year, we will take time to review the work plan and goals for 2018.		
IX.	1:45-2:00 pm	OTHER BUSINESS	Martin	18
		A. Next meeting via conference call on November 9, 2017 *PLEASE NOTE DATE CHANGE FROM NOV. 8*		
X.	2:00 pm	FINAL COMMENTS & ADJOURNMENT	Hamill/Foltz	



September 13, 2017

TO: HLWI Advisory Group

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Welcome and Introductions
HLWI Roster

I. ACTION REQUESTED

Review contact information and titles contained in the roster on the following pages.

II. SUMMARY AND BACKGROUND

Attached please find the most recent HLWI Advisory Council Committee Roster. Please review your contact information for accuracy. Forward all corrections to Michele Coughlin at mcoughlin@calhospital.org.

HLWI ADVISORY GROUP ROSTER

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September 13, 2017

TO: HLWI Advisory Group
FROM: Cathy Martin, Vice President, Workforce Policy
SUBJECT: Draft May 18 Meeting Minutes

I. ACTION REQUESTED

Review and approve the minutes of the May 18 meeting of the HLWI Advisory Group conference call.



HLWI Advisory Group Meeting

Thursday, May 18, 2017

10:00 – 11:00 am

Draft Minutes

Participants: Danny Arimboanga, Laurie Byrne, Shohreh Ershadi, John Ferguson, Sue Foltz, Tim Hamill, Carola Howe, Peggy Kollars, Amy Luong, Cindy Martin, Erica Padilla, Jason Pedro, Jennifer Schiffgens, Karla Theis, Sharon Wahl

CHA Staff: Cathy Martin

Regional Association Staff: Rebecca Rozen, Judith Yates

Welcome and Introductions

Sue Foltz and Dr. Hamill welcomed participants and the meeting began at 10:04 a.m. Individual member introductions followed.

Approval of Minutes from March 23, 2017

Co-chairs requested that participants bring forth any changes to the meeting minutes from the March meeting. No changes were requested.

- It was moved, and seconded and the minutes from the March 23, 2017 meeting were approved.

Landscape Update

Shohreh Ershadi provided an update on behalf of LFS. Her report was in part a follow up on the number of inactive licensees in California. Shohreh reported that 2,225 CLSs have inactive licenses, with one individual going inactive in 2005 at the age of 85. Shohreh reported that there are 31 in active directors, 181 inactive specialists, 92 inactive cytotechnologists, and 317 inactive trainee licenses.

Regarding application renewals, Shohreh reported that is currently no back log and the window of approval is approximately 60 days. CDPH has also launched their new website.

Shohreh also reported the status of the personnel regulation package stating that it should be completed and to OAL in August. It is anticipated to be released in four sections for public comment.



Jason Pedro reported on graduation from his program at Folsom Lake College stating that 10 students will graduate in June and five more in July. Jason also reported that the programs midterm accreditation was approved. \

Danny Arimboaga reported that John Muir will be training two CLSs beginning in June.

Cindy Martin of Henry Mayo Newhall reported that they will have a new cohort of trainees from Cal State LA that they will be training for the first time.

Carola Howe stated that KP will take seven interns from SFSU.

Legislative Update

Cathy Martin provided the group with an update on priority legislation relating to laboratory workforce and education. Her update included an overview of the following bills of interest for 2017:

- AB 387 (Thurmond) which would expand the definition of “employer”. CHA opposes this bill, it is currently on suspense awaiting a May 26 hearing. Members suggested calculating the cost of the bill to the state health department labs.
- AB 613 (Nazarian) relating to one-button advances in medical device technology. CHA is following this bill pending further review. It is doing well in the process.
- AB 658 (Walderon) which would temporarily suspend the annual renewal fee for clinical laboratory licenses until January 1, 2020. CHA is following this bill and it is doing well.

The Imperative for Training Draft Document

This document is under development and the full document will be completed once things are settled down relative to AB 387.

Other Business

Cathy Martin called attention to the next scheduled meeting, which will take place in person on September 13 in Sacramento.

Adjourn

The meeting adjourned at 10:49 am.

September 13, 2017

TO: HLWI Advisory Group
FROM: Cathy Martin, Vice President, Workforce Policy
SUBJECT: MLT Scope Study and Potential Next Steps

I. ACTION REQUESTED

Discussion item.

II. SUMMARY AND BACKGROUND

The MLT scope of practice study has been final for approximately one year. There have been several opportunities to share the work and findings. This segment will serve as an opportunity to update members on the venues where the findings were shared and discuss next steps for this important report and how to advance the issue among policy makers.

September 13, 2017

TO: HLWI Advisory Group

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Strategic Imperative for Training Laboratory Personnel
A Review of Internal Advocacy Document

I. ACTION REQUESTED

Provide feedback on internal advocacy document.

II. SUMMARY AND BACKGROUND

With the expectation that AB 387 may be coming back in January, the timing may still not be ideal for a widespread campaign focusing on the need to increase clinical training. However, members agree that clinical slots are an important bottleneck in the training continuum and must be addressed if we are to increase the number of CLSs in California. Therefore, the following pages are intended to be the centerpiece of continued dialogue and feedback relative to increasing clinical training opportunities in the laboratory. Once we know the final fate of AB 387 early next year, we should be ready to launch an internal advocacy campaign that will inform leaders about the importance of investments in expanding clinical training.

FRONT PAGE
Discussion Draft Only
Now is the Time!

The Imperative for Training Laboratory Personnel

Background: Why Training Matters

The shortage of Clinical Laboratory Scientists (CLS) is now at critical levels. Statewide, hospitals are experiencing vacancies that persist over the course of years. Making matters worse, the CLS workforce is aging dramatically, with over 40 percent of CLSs working in California hospitals now over the age of 55, with 10 percent of those over the age of 65. Looming retirements in this critical profession will further exacerbate a workforce shortage of laboratory personnel.

Shortages of these CLSs impacts timely access to laboratory results, drives up wages for all employers, and lengthens time to diagnosis.

The primary barrier to expanding the number of CLSs trained each year is the number of clinical placements needed for the hands-on training students must complete in order to take the licensure examination.

After completing a bachelor's of science degree in a specified area of study, a CLS candidate must then complete 50 weeks of hands-on training in a federally approved clinical laboratory. Providing this experience to trainees requires time, resources, and expertise. Hospitals and other training settings are already under significant budgetary and resource constraints due to a multitude of pressures; therefore, taking on trainees is an arduous and costly endeavor.

However, investments in clinical training remain crucial in this time of increased demand for health care services. Instead of reducing training opportunities in the laboratory, hospitals should consider the return on investment for *increasing* the number of trainees they take on in the lab. While this is certainly a long-term investment, the return on the investment, from reduced recruitment costs, improved retention, not to mention the improved efficiencies due to reduced vacancies, is well worth the investment.



Why It Is Worth It

- **Increasing the Applicant Pool Keeps Wages More Stable:**
- **Students are Loyal:**
- **The Pipeline Matters:** Investments in the future health care workforce will ensure an adequate supply of candidates to fill the large number of vacancies due to looming retirements.



*What is needed in order to train
Time:*



A FEW MYTHS ABOUT THE LABORATORY
WORKFORCE

Resources:

Expertise:



About the Healthcare Laboratory Workforce Initiative (HLWI): Originally spearheaded by the Hospital Council of Northern and Central California, the HLWI was created to develop innovative solutions to the laboratory workforce shortage. In addition to the statewide and regional hospital associations, major health care systems, laboratory manufacturers, independent laboratories, professional associations, government entities, the California Community Colleges and California State University training programs are members of this initiative.

In the past decade, the HLWI has had a significant impact on increasing the awareness and visibility of the laboratory personnel workforce crisis, particularly about the Clinical Laboratory Scientists (CLS) shortage. In addition to many reports and white papers on the CLS workforce shortage, the HLWI was also involved in crafting legislation enacted by the Governor that greatly improves the way in which hospitals can collaborate and share resources to train CLS students for licensure in this critical profession.

Laboratory science and technology is advancing at a rapid pace and in recent years the regulatory challenges facing hospital laboratories have been on the rise. Therefore, the committee also weighs in on clinical issues that will impact hospital laboratory efficiencies and practices, as well as patient care.

For more information, please contact:

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September 13, 2017

TO: HLWI members

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Legislative Update – Laboratory Workforce and Education Bills

I. ACTION REQUESTED

None needed. Discussion item.

II. SUMMARY AND BACKGROUND

A list of priority laboratory workforce and education bills tracked by CHA is contained on the following page.

Legislative Update: Laboratory Related Bills of Interest 2017

<p>AB 387 (Thurmond)</p>	<p>This bill would expand the definition of “employer” for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined. It would require persons obtaining clinical hours for certification or licensure in an allied health profession (as defined) to be paid a minimum wage in accordance with state minimum wage laws.</p> <p>CHA Position: Oppose</p>	<p>02/09/17: Introduced</p> <p>03/29/17: Passed Assm. Labor</p> <p>06/01/17 2-year bill, on inactive file in Asm</p>
<p>AB 613 (Nazarian)</p>	<p>It is the intent of the Legislature to enact legislation that recognizes 21st century technological advances in medical devices that are a direct outgrowth of high-technology research, development, and production capabilities in California and the United States. These advances have resulted in the creation of new, simple, one-button-operable versions of formerly complex, older equipment. It is the intent of the Legislature to enact legislation specifically relating to one such “one-button” advances in medical device technology to reflect the simplification of medical device operations by identifying the limited settings and circumstances in which closely supervised personnel, meeting federal CLIA-equivalent education and training standards, may use the device for non-diagnostic purposes. It is the intent of the Legislature to enact legislation to specify the qualifications of properly trained and supervised personnel and the limited circumstances in which those personnel may perform a total protein refractometer test using an automatic, button-operated total protein refractometer with a digital readout in a licensed plasma collection facility in this state.</p> <p>CHA Position: Follow, Pending Review</p>	<p>02/14/17: Introduced</p> <p>05/10/17: To Senate</p> <p>08/29/17: On Senate Floor</p>
<p>AB 658 (Walderon)</p>	<p>Existing law provides for the licensure and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Under existing law, the department inspects clinical laboratories and assesses a fee for licensure of those facilities. This bill would temporarily suspend the annual renewal fee for clinical laboratory licenses until January 1, 2020.</p> <p>CHA Position: Follow, Hot</p>	<p>02/14/17: Introduced</p> <p>09/01/17: Senate Floor</p>

September 13, 2017

TO: HLWI Advisory Group

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: 2017 Work Plan Review & 2018 Work Plan Development

I. ACTION REQUESTED

Review 2017 HLWI Work Plan, discuss goals for 2018.

II. SUMMARY AND BACKGROUND

With 2017 two-thirds over, it is now a good time to review the 2017 work plan and discuss plans for the 2018 priorities. The 2017 HLWI work plan can be found on the following page.

**Healthcare Laboratory Workforce Initiative (HLWI)
Final 2017 Work Plan**

Purpose: The HLWI’s top priority is to develop and implement solutions to address the laboratory personnel shortage in California, primarily the clinical lab scientist shortage. HLWI members also serve as CHA’s subject matter experts on other laboratory issues, both federal and state, as appropriate.

Goals	Activities to Achieve the Goal	Timeline/ Status
<p>Goal #1: Address clinical laboratory scientist workforce shortage through deliberate collaboration with all stakeholders, including hospitals, other employers, education, Lab Field Services, and professional associations, among others, for the purpose of developing solutions to address the shortage.</p>	<ul style="list-style-type: none"> • CHA to host regular in-person meetings and conference calls with the HLWI Advisory Group to discuss strategies and emerging issues. • Regular check-in with Lab Field Services on regulatory or other emerging issues, such as license renewals or training program approvals. • Support and act as a resource for regional efforts to address the issue. • Continue to collect vacancy and average age data through 4th quarter supplemental allied health survey. 	Ongoing
<p>Goal #2: Share and disseminate findings from the 2016 MLT scope of practice study in order to educate law makers, the public, stakeholders, hospitals, and others about the differences in California. Work with CHA Advocacy team on potential avenues for change.</p>	<ul style="list-style-type: none"> • Share and report findings in multiple venues. • Kris Himmerick to submit the report to the American Journal of Clinical Pathology for peer-review and publication consideration. • Define course of action relative to a potential legislative fix. 	Ongoing Presented at CLTAC and will Present at CAMLT
<p>Goal #3: Effective external advocacy that increases policy maker and public awareness of the laboratory workforce shortage in California and the need to develop solutions.</p>	<ul style="list-style-type: none"> • Support legislative proposals that address workforce shortages (formal positions on legislation, testify in committee, work with champions in the legislature). • Explore how to align California laws with more flexible national accreditation requirements that allow for simulation hours in microbiology, which is a bottleneck for clinical training. 	January – August 2017
<p>Goal #4: Effective internal advocacy across hospitals and other clinical training providers statewide about the need to expand training capacity in order to meet future demand. Support the creation and expansion of CLS programs in CA and increase clinical capacity through education.</p>	<ul style="list-style-type: none"> • Partner with CAMLT and others to create a “campaign” that communicates the value and ROI for investing in clinical training slots for CLS trainees. • Create one-page educational piece that helps labs think creatively about reducing barriers to investments in training (solve for time, money and expertise.) 	Fall 2017

Health Laboratory Workforce Initiative Advisory Group

Proposed 2018 Meeting Dates

THURSDAY, MARCH 15, 2018

10:00 AM – 2:00 PM

IN PERSON MEETING

California Hospital Association
1215 K Street, 8th Floor Board Room
Sacramento, CA 95814
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THURSDAY, MAY 24, 2018

10 am – 11 am

VIA CONFERENCE CALL

1-800-882-3610

Passcode: 6506506#

THURSDAY, SEPTEMBER 20, 2018

10 am – 2 pm

IN PERSON MEETING

California Hospital Association
1215 K Street, 8th Floor Board Room
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THURSDAY, NOVEMBER 8, 2018

10 am – 11 am

VIA CONFERENCE CALL

1-800-882-3610

Passcode: 6506506#