

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody Phinney,
MPH
Administrator

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Chief Medical
Officer

The Health Care Workforce Working Group (HCWWG)

Meeting Agenda

January 15, 2026

1:00 P.M. To Adjournment

This meeting is being held virtually. The public is invited to attend.

Meeting Locations

Physical Location

10375 Professional Circle
Reno, NV 89521
Third Floor / Walker Room

Virtual Information

Microsoft Teams [Need help?](#)

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Meeting ID: 291 860 171 107 4
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[**+1 775-321-6111,,945574337#**](tel:+17753216111) United States, Reno

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NOTICE:

1. The agenda items may be taken out of order.
2. Two or more items may be combined; and
3. Items may be removed from the agenda or delayed at any time.

1. Call to Order and roll call

2. Public Comment

Public comment may be presented in-person, by computer, phone, or written comment. No action may be taken upon a matter raised under public comment unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial [775-321-6111](tel:775-321-6111). When prompted to provide the Meeting ID, enter **945 574 337#**. Due to time considerations, each individual offering public comment will be limited to not more than five (5) minutes. A person making comment will be asked to begin by stating their name for the record and to spell their last name. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by emailing Mitch DeValliere at bdevalliere@health.nv.gov. You may also mail written documents to the Division of Public and Behavioral Health, 4150 Technology Way, 3rd. Floor, Carson City, NV 89706.

3. For Possible Action

Discussion and possible action for approval of November 13, 2025, Meeting Minutes

4. For Information Only

Presentation: REDCap as a Data Collection Tool

5. For Information Only

Discussion about proposal submitted by Veritas Health Solutions

6. For Information Only

Discussion to establish a health care provider database per NRS 439A.116

7. For Possible Action

Discussion and possible action to establish **meeting schedule** and **future agenda** items for February.

8. Public Comment

Public comment may be presented in-person, by computer, phone, or written comment. No action may be taken upon a matter raised under public comment unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial **775-321-6111**. When prompted to provide the Meeting ID, enter **945 574 337#**. Due to time considerations, each individual offering public comment will be limited to not more than five (5) minutes. A person making comment will be asked to begin by stating their name for the record and to spell their last name. A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by emailing Mitch DeValliere at bdevalliere@health.nv.gov. You may also mail written documents to the Division of Public and Behavioral Health, 4150 Technology Way, 3rd Floor, Carson City, NV 89706.

9. Adjournment

NOTICES OF PUBLIC MEETINGS HAVE BEEN POSTED AT THE FOLLOWING LOCATIONS:

Physical Posting Locations

- Division of Public and Behavioral Health – 4150 Technology Way, 1st Floor, Carson City

Internet Postings

- Division of Public and Behavioral Health website:
<https://dpbh.nv.gov/Boards/HCWWG/hcwwg-information/>

This body will provide at least two (2) public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting.

This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, pursuant to NRS 241. By Participating, you consent to recording of your participation in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform. Please understand the use of obscenities or other behavior which disrupts the meeting to the extent that its orderly conduct is made impractical may result in forfeiture of the opportunity to provide public comment or removal from the meeting.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements are necessary, please notify Mitch DeValliere in writing by email bdevalliere@health.nv.gov or by mail at 4150 Technology Way, 3d Floor, Carson City, NV 89706.

If at any time during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, including on the agenda is unable to participate because of technical difficulties, please notify Mitch DeValliere (775) 431-7144 or by email at bdevalliere@health.nv.gov and note at what time the difficulty started to that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from (Committee name here) please do not hesitate to contact Mitch DeValliere (775) 431-7144. Please refrain from commenting in the chat area of the meeting, unless requested to, because minutes are required to be taken of the meeting.

Supporting material for this meeting can be obtained at: Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706, or by calling Mitch DeValliere (775) 431-7144 or via email at bdevalliere@health.nv.gov.

Anyone who would like to be on the Health Care Workforce Working Group mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed below.

If you have difficulties with the hyperlink for the meeting provided above, please try copying and pasting the following address:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGEzMzE4YmMtOGIwZC00ZTlmLThiZTEtMDU0YWQ5YmYyZjM5%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%2274a090ee-3b27-47a6-b5b0-98c1cf1aea6%22%7d

HEALTH CARE WORKFORCE WORKING GROUP MINUTES

November 13, 2025

12:00 PM

The Health Care Workforce Working Group held a public meeting on November 13, 2025, beginning at 12:05 PM, held virtually.

Working Group Members Present

Chair John Packham, Associate Dean, University of Nevada, Reno School of Medicine
Krisann Alvarez, Licensed Psychologist, Division of Child and Family Services
Mitch DeValliere, Agency Manager, Division of Public and Behavioral Health
Cathy Dinauer, Executive Director, Nevada State Board of Nursing
Adam Higginbotham, Executive Director, Nevada State Dental Board
Joelle McNutt, Executive Director, State of Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors
Steve Messinger, Policy Director, Nevada Primary Care Association
David Wuest, Executive Secretary, Nevada State Board of Pharmacy

Working Group Members Not Present

Edward Cousineau, Executive Director, Nevada State Board of Medical Examiners
Tyree Davis, Chief Medical Officer for Ancillary Services, Nevada Health Center
Frank DiMaggio, Executive Director, Nevada State Board of Osteopathic Medicine
Victoria "Vikki" Erickson, Executive Director, State of Nevada Board of Examiners for Social Workers
Jose Melendrez, Executive Director, University of Nevada, Las Vegas, School of Public Health
Sarah Restori, Administrative Director, Nevada Board of Psychological Examiners

Others Present

Presenter: Hannah Maxey, Consultant
Yuhan Bi, University of Nevada, Las Vegas
Micki Golden, Division of Public and Behavioral Health
Tabor Griswold, University of Nevada, Reno
Charles Harvey, Executive Director, Nevada Physical Therapy Board
Aileen Y Lovitt, University of Nevada, Reno
Roberta Miranda-Alfonzo, BeHERE NV
Nicole K. Mwalili, University of Nevada, Reno

1. Call to Order and Roll Call

- Chair John Packham called the meeting to order at 12:05 PM and asked Mitch DeValliere to conduct roll call.
- Mitch DeValliere conducted roll call and determined that a quorum of the Health Care Workforce Working Group (HCWWG) was present.

2. Public Comment

- Chair John Packham read the public comment script.
- Chair Packham asked for public comment.
- None heard.

3. For Possible Action: Approval of Previous Meeting Minutes

- Motion was made to approve the October 16, 2025, meeting minutes.
- Motion: Krisann Alvarez
- Second: Steve Messinger
- Vote: All in favor; no opposition.
- Minutes approved.

4. For Information Only: A Roadmap for Enhancing State Health Workforce Data – Presentation by Dr. Hannah Maxey

Dr. Maxey's Background and Opening Remarks

- Dr. Maxey noted she speaks as a consultant, not representing Indiana University.
- Shared her background as a licensed dental hygienist and her pathway into workforce policy research.

Indiana Workforce Data Example

- Presented maps showing dentist shortages in Indiana in 2009 vs. 2019.
- Highlighted that lack of data—not lack of workforce—previously masked shortages.
- Early data collection started with dentists and expanded to all professions.
- Resulted in:
 - Improved identification of underserved areas.
 - Legislative action authorizing required data collection via license renewal (Senate Enrolled Act 223, 2018).
 - Increased dental school engagement in rural rotations.
 - Philanthropic investment targeting shortage areas.

Importance of Regulators in Data Collection

- Regulators are the only entities capable of gathering standardized, comprehensive workforce data.
- Integrated data collection reduces cost, increases response rates, and informs policy, appropriations, and workforce development.

Methods of Data Collection

- Best: Integrated directly into licensure renewal (Indiana model).
- Better: Automatic redirect to survey after renewal confirmation.
- Good: Separate email survey invitation.
- Integrated surveys have the highest compliance; voluntary surveys have low response rates.

Discussion With Nevada Boards

- Cathy Dinauer (Nursing Board):
 - Board is authorized to collect voluntary workforce questions.
 - Mandatory collection would improve data reliability.
- Adam Higginbotham (Dental Board):
 - Embedding questions requires system changes and vendor costs.
 - Redirect link after renewal is the fastest operational solution.
- Dr. Maxey confirmed Nevada statute places aggregation responsibility with the Department of Health and Human Services (or successor agency).
- Chair Packham asked whether Indiana allows skipping questions; Dr. Maxey clarified that required data cannot be skipped for boards covered under statute.

Other State Examples

- Utah, Rhode Island, Delaware, and Wisconsin are implementing the cross-profession minimum data set.
- Utah is a useful comparison due to similar size and workforce challenges.

5. For Information Only: Discussion to Establish a Health Care Provider Database per NRS 439A.116

- Mitch DeValliere emphasized the need to determine:
 - Which agency will clean and analyze the data (Office of Analytics now under Nevada Health Authority).
 - Whether Qualtrics is feasible and who would maintain it.
- External pressure exists from legislative and interagency stakeholders to begin data collection as soon as possible.
- Suggested:

- Continued coordination with boards on feasibility of linking a Qualtrics survey to renewal systems.
- A future special meeting focused solely on technical considerations.
- Adam Higginbotham reiterated that a redirect link is the fastest implementation method; embedding questions will require vendor development and additional time.

6. For Possible Action: Meeting Schedule and Future Agenda Items

- Next scheduled meeting: **January 15, 2026**.
- Chair Packham proposed:
 - Meeting with Dr. Maxey in the coming weeks.
 - Bringing forward a structured implementation plan for data collection at the January meeting.
- No additional agenda item suggestions were made.

7. Public Comment

- Chair Packham opened the second public comment period.
- Mitch DeValliere confirmed no public comment was received by phone or online.
- No public comment heard.

8. Adjournment

- Chair Packham thanked members and wished everyone a safe Thanksgiving, Christmas, and holiday season.
- Members were invited to reach out with questions between meetings.
- Meeting adjourned.

SCOPE OF WORK

Nevada Cross-Profession Minimum Data Set (CPMDS) Development and Implementation Project

Submitted to: Nevada Department of
Health and Human Services

December 12, 2025





Project Overview

The State of Nevada has taken significant steps to strengthen its health workforce data infrastructure through statutory direction outlined in [NRS 439A.111–439A.122](#). These statutes require the Nevada Department of Health and Human Services (DHHS) to establish and maintain a statewide database of information collected from providers of health care during licensure renewal. The law specifies data elements to be included in the database (including demographics, practice locations, specialties, working hours, settings, and anticipated practice changes, among other variables) and charges the Health Care Workforce Working Group with advising on database content, analyzing resulting data, and making strategic policy recommendations.

Despite this strong statutory foundation, Nevada's professional licensing boards currently vary in their readiness and technical capacity to collect the required data. Boards differ in platform capabilities, statutory interpretations, vendor constraints, and current approaches to data collection. As a result, Nevada faces an urgent and time-sensitive opportunity to design a coordinated, cross-profession data collection strategy that meets the state's planning needs while reducing administrative burden, increasing data quality, and ensuring long-term sustainability.

This project is designed to support the State in moving from statutory intent to operational implementation. Through structured engagement with licensing boards and state leaders, development of a Nevada-specific Cross-Profession Minimum Data Set (CPMDS), and targeted technical assistance, Nevada will be positioned to achieve consistent and meaningful health workforce data collection across priority boards.

Veritas Health Solutions, LLC (Veritas) is strategically positioned to support this work. Veritas brings deep national expertise in health workforce policy, licensing board engagement, minimum data set development, and state-based implementation strategies. Our team has supported multiple states in designing or modernizing their workforce data collection systems, developing Minimum Data Set (MDS) tools, and building board/profession consensus in complex regulatory environments. Veritas' experience integrating data into strategic decision-making, facilitating multi-stakeholder governance structures, and navigating professional regulation ensures we can guide Nevada through both design and practical implementation.

This Statement of Work reflects multiple prior conversations with Nevada DHHS and health workforce data leadership and aligns directly with the Department's statutory responsibilities and strategic priorities related to workforce planning, data-driven policy, and support for the Health Care Workforce Working Group. The project will leverage the existing statutory framework while building a practical pathway for boards to collect high-quality, standardized data that can be used to meet the state's reporting, planning, and policy needs.

Project Goal: Assist the State of Nevada with design and implementation of health professions licensing boards' data collection.

Vision: Prioritized Nevada licensing boards (as identified by the Nevada Department of Health and Human Services and project team) have developed and implemented a workforce data collection strategy aligned with statutory authority and informed by shared cross-profession priorities.



Who is Veritas Health Solutions, LLC?

About Veritas Health Solutions

Veritas Health Solutions, LLC (Veritas), founded by Dr. Hannah Maxey in 2019, is a consulting firm dedicated to addressing complex health workforce challenges through an integrity-based, data-driven approach. We provide a comprehensive suite of services, including:

- **Data Integration and Analysis:** We specialize in integrating diverse data sources, validating existing research, and synthesizing complex data into clear, actionable insights. Our data-driven approach ensures that our clients have a comprehensive understanding of workforce trends and can make informed decisions.
- **Expert Facilitation:** Our team excels in facilitating discussions and building consensus among stakeholders. We use data to inform and guide these conversations, ensuring that all decisions are backed by evidence and aligned with the latest workforce trends.
- **Policy Research and Design:** We conduct thorough policy research, utilizing extensive data sources to study and design evidence-based solutions for workforce issues. Our expertise in state-centric data analysis allows us to identify key trends and insights that drive impactful policy recommendations.
- **Strategic Planning:** We offer customized workforce strategies informed by state context, infrastructure, and priorities.
- **Technical Assistance:** We provide hands-on support for implementation of workforce initiatives, including data modernization, regulatory review, and operational planning.

VHS Staff

Dr. Hannah Maxey

A nationally recognized health workforce expert and founding director of a state health workforce research center at Indiana University, Dr. Maxey brings extensive expertise in developing state-centric strategies, facilitating multi-stakeholder groups, and designing solutions to complex workforce challenges. Dr. Maxey holds a PhD in Health Policy and Management and Master of Public Health.

Mrs. Courtney Medlock

A health workforce policy expert with 10 years of experience in state-based work. Mrs. Medlock holds a Master of Public Health in Health Policy and Management and has extensive experience in synthesizing complex research into clear, actionable insights that result in evidence-based, strategic recommendations. Mrs. Medlock has provided consulting services on health workforce policy matters since 2017.

Our Previous Related Work

Selected examples of previous consulting deliverables or outcomes are available below:



- Development and implementation of statewide minimum data sets across multiple professions ([Indiana CPMDS and all related surveys](#), Utah CPMDS and all related surveys)
- Workforce data modernization initiatives for state licensing boards ([Indiana](#), Utah, Wisconsin)
- Strategic planning and facilitation for state agencies focused on workforce access (California, Colorado, [Indiana](#), Missouri, Utah, [Wisconsin](#), Wyoming)
- Assessment and redesign of profession-specific workforce data collection tools (Health Care Regulatory Leadership Work Group for [CPMDS development](#), [Physical Therapy](#), [Social Work](#))

Proposed Scope of Services

Objective 1. Project Kickoff and Planning

Timeline: January-February 2026

Activities:

- Monthly Core Team meetings with Veritas staff, the project sponsor, and identified stakeholders (36 hours).
- Virtual key informant interviews with board directors and board chairs to understand value perceptions, hesitations, and current practices (20 hours).
 - **Share:**
 - Value of workforce data
 - Brief CPMDS overview and relevant profession/state examples
 - Project overview and timeline
 - Engagement expectations
 - **Learn:**
 - Perceptions of statutory authority
 - Current data capabilities or initiatives
 - Barriers, hesitations, or operational constraints
- Virtual key informant interviews with additional state leaders (e.g., Medicaid, HHS divisions, Primary Care Office, Workforce Development, legislators) (12 hours).
 - **Share:**
 - Information about the value of health workforce data
 - Statewide value of workforce data
 - CPMDS and national/state landscape
 - Project scope and timeline
 - **Learn:**
 - Minimum necessary key data elements needed to inform state initiatives and/or planning

Deliverable(s): Key informant interview tool, Matrix summarizing findings by board and/or state leader



Objective 2: Develop a consensus Nevada Cross-Profession Minimum Data Set (CPMDS).

Timeline: March-April 2026

Activities:

- Draft skeletal outline of Nevada CPMDS based on interview findings (10 hours).
- Hold virtual meetings with Health Care Workforce Working Group to review draft CPMDS questions (anticipate 2 meetings; 6 hours).
- Hold in-person convening with state leaders, key legislator(s), and Health Care Workforce Working Group members (60 hours) to:
 - Provide historical context on Nevada workforce data efforts
 - Review the proposed CPMDS
 - Demonstrate insights enabled by CPMDS
 - Adopt the final CPMDS
 - Initiate coordinated implementation planning

Deliverable(s): In-person meeting, Nevada CPMDS

Objective 3. Fast-track implementation of Nevada CPMDS.

Timeline: May–December 2026

Activities: (100 hours)

- Provide implementation support to boards individually and, where possible, coordinate across professions using similar systems.
- Technical assistance through one-on-one meetings with board staff, technical teams, and/or vendors to:
 - Learn:
 - Existing system functionality
 - System financing and procurement structures
 - Share:
 - State and national implementation models
- Support boards to develop implementation strategies, such as:
 - Profession-specific customization
 - Physical Therapy and Social Work tools already exist and can be leveraged
 - Identification of resource needs
 - Review of vendor feasibility
- We recognize variation likely exists across boards in terms of readiness and feasibility, resulting in variations of success across prioritized boards. For example, some boards may have the technical capability to implement the



CPMDS immediately. Other boards may require additional resources for implementation (such as fiscal impact, proposal, correspondence with software vendor, etc.). Success may include full implementation, readiness documentation, or resource requests depending on board capacity.

Deliverable(s): Dependent on profession/board feasibility

Project Timeline

A full project timeline will map monthly milestones to Objectives 1–3 and associated activities.

Activity	Timeline	Est. Hours
Objective 1: Project Kickoff and Planning		
Monthly Core Team meetings with Veritas staff, project sponsor, and identified stakeholders	Jan-Dec 2026	36 hours (allocated across project)
Key informant interviews with individual licensing boards (Directors, Chairs)	Jan-Feb 2026	20 hours
Key informant interviews with state leaders (Medicaid, HHS divisions, PCO, Workforce Development, legislators)	Jan-Feb 2026	12 hours
Objective 2: Develop Consensus Nevada Cross-Profession Minimum Data Set (CPMDS)		
Draft skeletal CPMDS outline based on interview findings	Mar 2026	10 hours
Virtual Working Group meetings to review and refine draft CPMDS (2 meetings)	Mar-Apr 2026	6 hours
In-person convening with state leaders, Working Group, key legislator(s), and boards to: finalize CPMDS, discuss needed statutory/regulatory language changes, review implementation feasibility	Apr 2026	60 hours
Objective 3: Fast-Track CPMDS Implementation		
Implementation support to individual boards, including one-on-one technical assistance	May-Dec 2026	100 hours
Assess system functionality, procurement considerations, and vendor capabilities for each participating board		



Fast-track implementation of existing profession-specific tools (e.g., Physical Therapy and Social Work)		
Develop new profession-specific survey tools aligned with the Nevada CPMDS		
Collaboratively refine board-specific implementation strategies (e.g., customization, resource needs, timelines)		
Total	Jan-Dec 2026	244 hours

Total Project Period: 12 months; January 1, 2026 - December 31, 2026

Project Cost

Total Estimated Hours: 244

Organizational Rate: \$350/hour

Project Cost: **\$85,400** (244 × \$350)

Travel Estimate

Travel to Nevada for the in-person convening will be billed separately unless the sponsor elects to cover travel costs directly. We estimate additional travel costs at \$2,850. A full breakdown of travel-related cost estimates is provided below.

Travel Item	Cost Estimate
Flight	\$1,000.00
Ground Transportation (Airport parking, Taxi, etc.)	\$250.00
Hotel (2 nights)	\$400.00
Per Diem	\$200.00
Total	\$2,850.00

Note: Total project cost also excludes any cost associated with logistics or food associated with the in-person meeting. These logistics would need to be covered and arranged by the project sponsor separately.



Closing

Veritas Health Solutions appreciates your consideration of this proposal and the opportunity to support Nevada in developing and implementing a modern, coordinated workforce data collection strategy. Should you have any questions or need additional information, we are more than happy to provide further details. We look forward to the possibility of partnering on this important initiative.

DRAFT