
Oregon Health Care Workforce Committee

Draft 2010 Recommendations

Oregon Health Policy Board Meeting
November 16, 2010



Committee Charter

Recruit Educate Retain

A quality health care workforce to meet the demand created by expansion in health insurance coverage, system transformation and an increasingly diverse population

- Coordinate efforts to meet demand
- Develop recommendations & action plans for OHPB

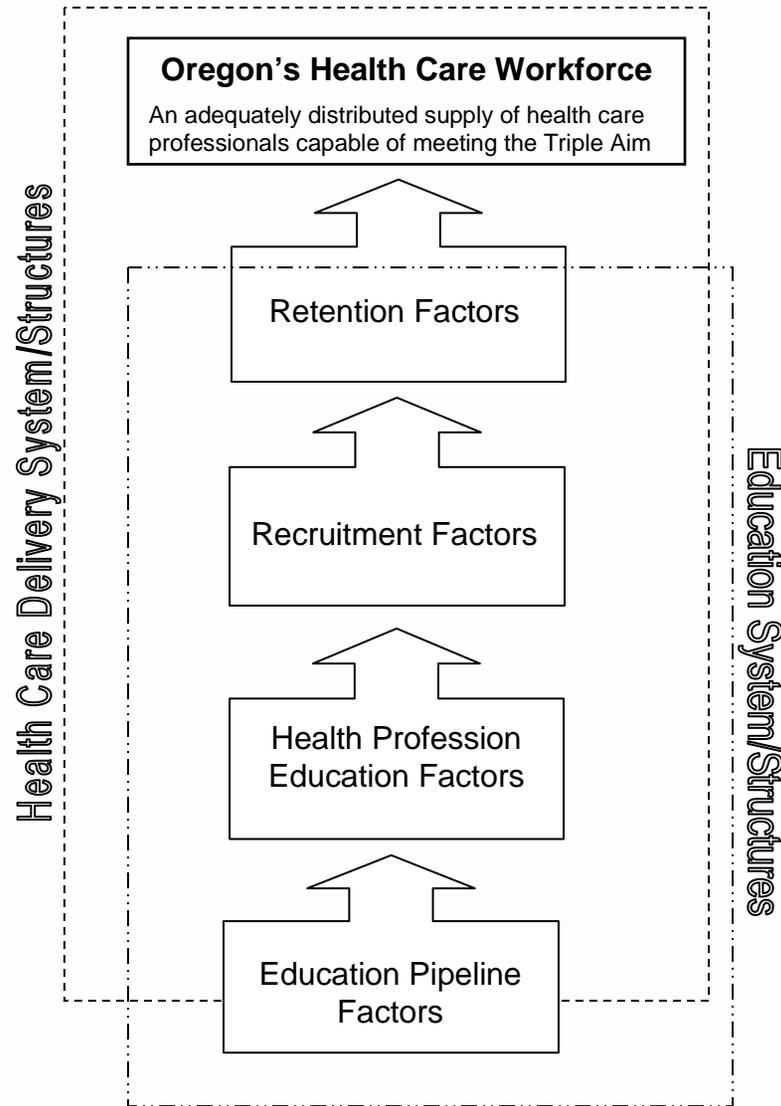
Process

- Reviewed supply and demand data
- Studied implications of reform
- Conducted SWOT analysis

Principles

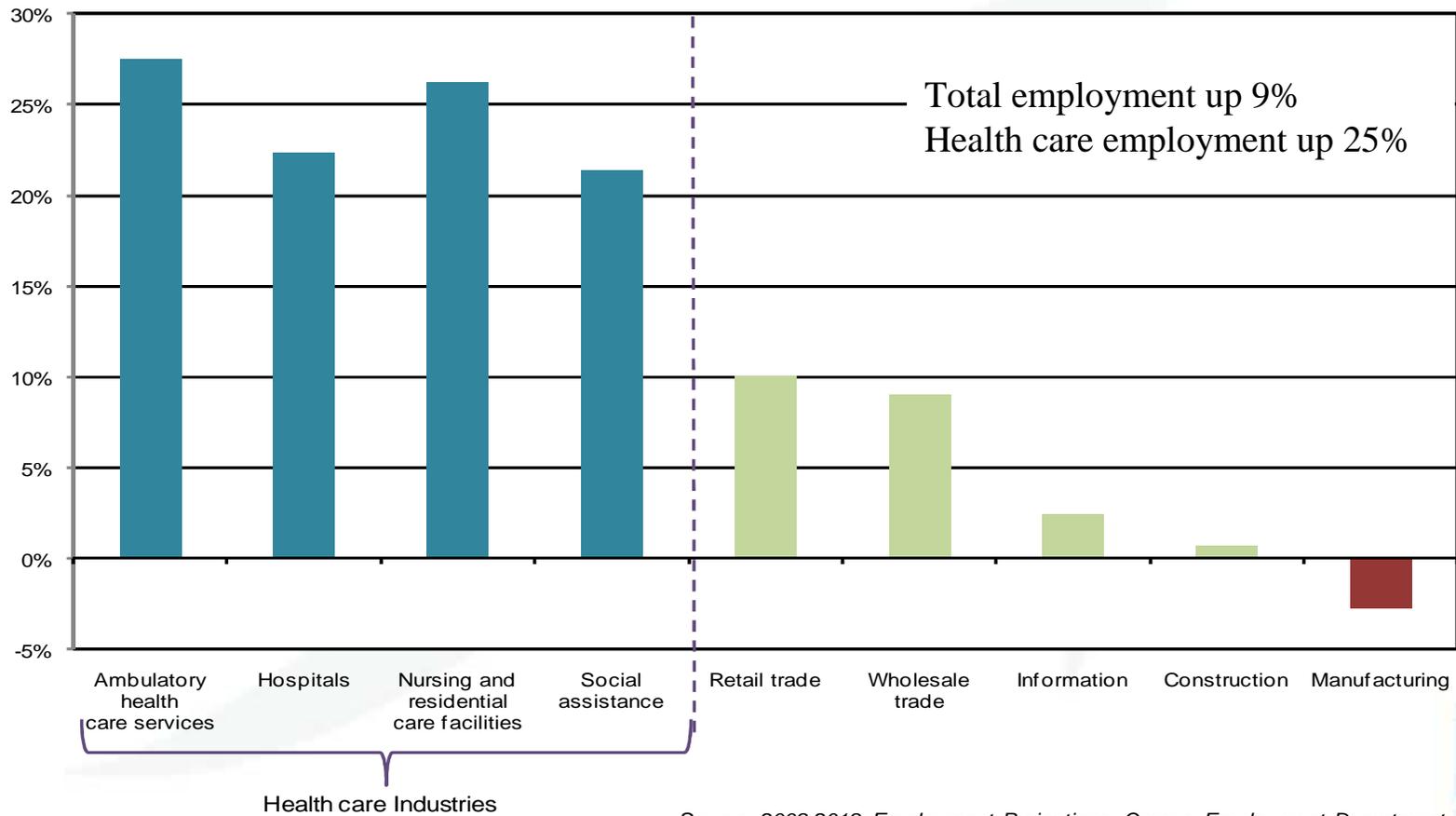
- Build on collaborative & innovative partnerships
- Diversity in students, faculty and workforce
- Maximize resources
- Expand education initiatives

Levels of Workforce Policy Interventions



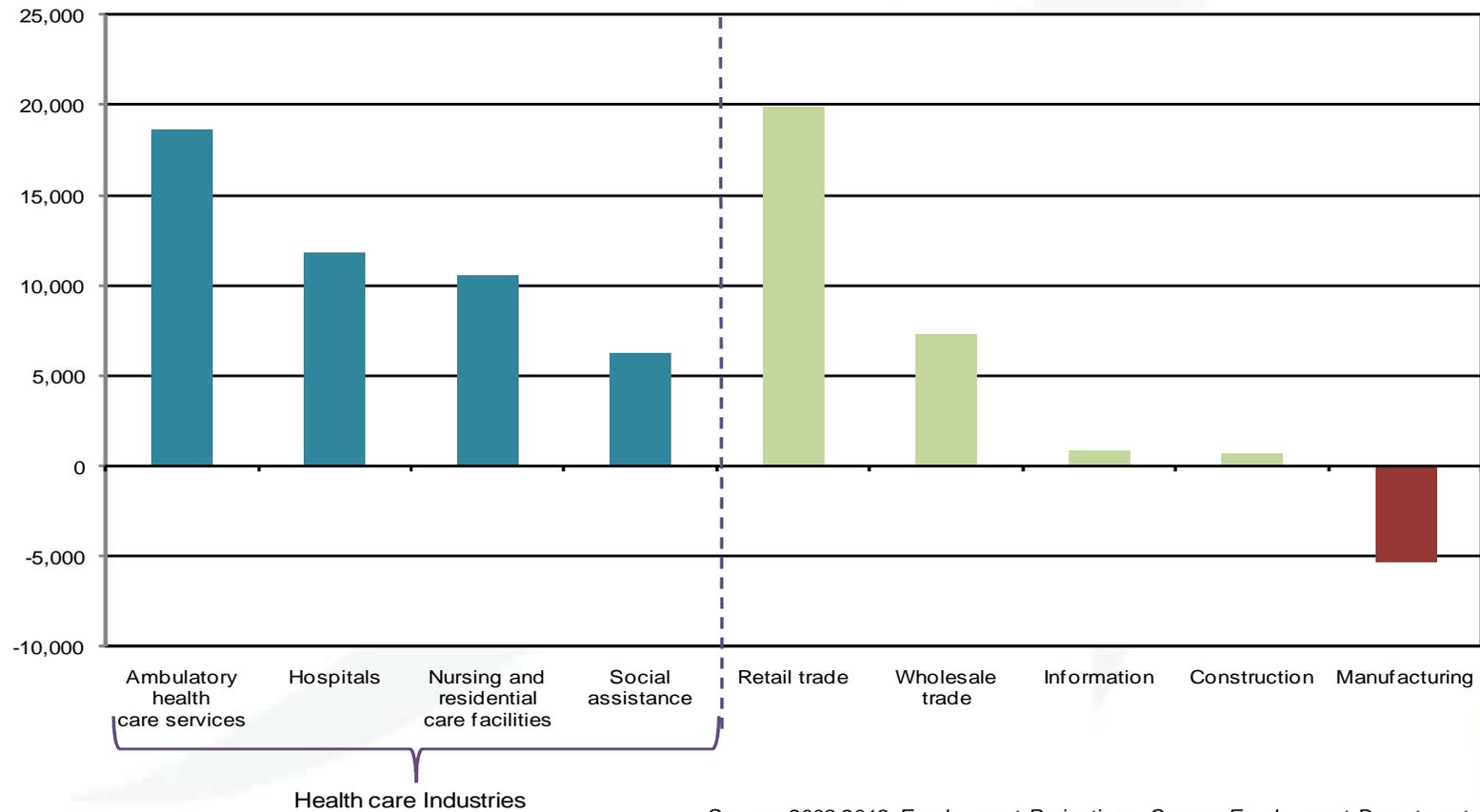
Strong growth projected in health care industries over next ten years.

Projected Employment Change, Select Industries
Oregon, 2008-2018



Many new job opportunities

Total Projected Employment Change, Select Industries
Oregon, 2008-2018



Source: 2008-2018 Employment Projections, Oregon Employment Department



Committee Priorities

- **Prepare the workforce for new models of care delivery.**
Work of health care will be done differently in the future.
- **Improve the capacity and distribution of the primary care workforce.** Urgent need to meet the anticipated demand in 2014 and beyond.
- **Expand through education, training and regulatory reform to meet the current projected demand of 58,000 additional health care workers.** Most effective way is to grow our own.

Short-Term Recommendations

1. Revitalize the state's primary care practitioner loan repayment program.
2. Standardize administrative aspects of student clinical training.
3. Enable educational institutions to respond quickly to health care workforce training needs.
4. Maintain resources for health profession education programs.
5. Expand health care workforce data collection for a more complete picture of Oregon's health care workforce.

Recommendation 1

Fund Oregon's Primary Care Services Loan Repayment Program to reduce 5% or more of projected need for covered professionals every biennium

Priority: Improve the capacity and distribution of the primary care workforce.

Rationale:

- Loan repayment works
- Program targets rural and underserved areas where need is greatest
- Potential for federal matching funds (up to 1:1)
- Loan repayment dollars are tax exempt

Recommendation 2

Standardize student requirements for clinical training via:

- **Common vendors**
- **Student “passports”**
- **Uniform standards for student clinical liability**

And by incentivizing employers to serve as clinical training sites

Priority: Expand the workforce through education, training, and regulatory reform.

Rationale:

- Current requirements are costly & inefficient for students and clinical sites
- Successful “passport” model exists for nursing
- Differing liability standards complicate contract negotiations between schools and clinical sites
- Streamlined process will encourage more providers and sites to participate

Recommendation 3

Revise the adverse impact policy

Priority: Expand the workforce through education, training, and regulatory reform.

Rationale:

- Private business can use hypothetical action to block new training programs or their locations.
- Training for high-demand occupations is not distributed optimally.
- Enable public educational institutions to respond to industry and community needs for health care professional training while remaining good stewards of public funds.

Recommendation 4

Maintain resources for health profession education programs

Priority: Expand the workforce through education, training, and regulatory reform.

Rationale:

- Success of reform efforts is dependent on the workforce that educational programs produce.
- Priority programs are ones that train students:
 - In key shortage occupations;
 - By leveraging technology to reach non-metro area students;
 - From racially and culturally diverse backgrounds;
 - To deliver patient-centered primary care as part of an inter-professional team.

Recommendation 5

Expand health care workforce data collection for a more complete picture of Oregon's health care workforce

Priority: All three (prepare workforce for new models; improve capacity & distribution; expand the workforce, through education, training, and regulatory reform)

Rationale:

- Complete & accurate information is crucial for workforce development strategies.
- Currently limited to seven professional licensing boards
- First priority for expansion: mental and behavioral health care professionals (psychologists, social workers and professional counselors and therapists).

Longer-Term Recommendations

1. Use delivery system and payment reform pilots to build evidence for new workforce models and to refine projections of demand.
2. Define or adopt standards for health care workforce competencies needed in new models of care delivery.
3. Adopt a payment system that encourages the most efficient use of the health care workforce.
4. Identify barriers that prevent health care professionals from practicing to the full scope of their licenses.
5. Stimulate regional creativity, accountability, and resource sharing for health care workforce development.
6. Enhance resources for health professions education programs.
7. Maintain and enhance resources for K-12 math, science, and health career exposure.

Workforce Committee Next Steps

Plans for 2011 include:

- Provide shared oversight for implementation of short-term recommendations approved by OHPB
- Continue development of longer-term strategies, specifically:
 - Examine workforce implications of delivery system reform pilots;
 - Convene stakeholders to define or adopt workforce competencies appropriate to new models of care;
 - Identify barriers preventing professionals from practicing at the full scope of their licenses;
 - Explore mechanisms for cooperative recruitment and retention across employers, regions, and communities;
 - Work with licensing boards to expedite licensing for qualified professionals from other states or countries;
 - Improve data availability for non-licensed health care professionals.
 - Improve workforce diversity and cultural competence.

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