

**Oregon Healthcare Workforce Committee  
Meeting Summary**

February 23, 2010  
1 – 4 p.m.

Committee Members in Attendance

John Moorhead (Chair)  
Ann Malosh (Co-Chair)  
Peter Angstadt (via phone)  
Bonnie Bender  
Kris Campbell  
June Chrisman  
Lita Colligan  
Lisa Dodson  
Sara Hopkins-Powell  
Dan Lange (via phone)  
Donna Larson  
Kelly Morgan  
David Pollack  
Mark Richardson  
Karen Sanders  
Daniel Saucy  
Kristin Simmons  
Kathleen Tomlin  
Jennifer Valentine  
Judith Woodruff (via phone)

OHPR and OWHI Staff in Attendance

Jo Isgrigg (OWHI)  
Jennifer Swendsen (OWHI)  
Sean Kolmer (OHPR)  
Lisa Angus (OHPR)

Committee Members not in Attendance

Terri Johanson (was represented by Larry Cheyne)  
Marcus Mundy (was represented by Stephen Herrera, via phone)  
David Nardone

Public Comment

Members of the general public who were present did not wish to offer comment.

Meeting Summary (**Committee actions or decisions in bold**)

Meeting convened at 1:05pm by Dr. Moorhead.

Tina Edlund, Deputy Director of Planning and Policy Implementation for the Oregon Health Authority, provided some opening remarks. She noted that the Committee, along with the Health Policy Board that created the Committee, is to be guided by the Institute for Healthcare Improvement's triple aim: improve the health of the population; enhance the patient experience of care (including quality, access, and reliability); and reduce, or at least control, the per capita cost of care.

As it was the Committee's first meeting, Committee Members and staff present introduced themselves.

Graham Slater of the Oregon Employment Department (OED) gave a presentation highlighting healthcare workforce data and analysis available from the Department. Key points included:

- OED has good data on employment demand. They have data by industry going back 30 or 40 years, coming primarily from quarterly tax reports submitted by employers, as well as surveys and supplemental studies.
- Healthcare occupations lead employment growth in Oregon and healthcare is the only occupational group where growth openings are higher than replacement openings (a 3:1 ratio). Growth projections are modeled on Oregon data; replacement projections are calculated by applying national replacement rates to Oregon numbers.
- In 2008, the Department published the results of a new, 10-factor analysis designed to help identify where limited public-sector workforce and training dollars could do the most good. An updated version of this report (Training Oregonians for the Right Jobs) is expected to be released in the next few weeks.
- Data on the supply of the healthcare workforce is less strong, although it's better than what it used to be.

Committee members and meeting attendees mentioned other data and relevant Oregon workforce resources, including a 2006 healthcare workforce needs assessment done by OED, past recommendations made to the Governor about the healthcare workforce in rural areas, and reports about healthcare occupations training from the Department of Community Colleges and Workforce Development.

**The group agreed to review the relevant publications (to be distributed by Committee staff) before the next meeting.**

Jo Isgrigg, Executive Director of the Oregon Healthcare Workforce Institute and staff to the Committee, provided an update on the Healthcare Workforce Database created from HB 2009. Key points included:

- The idea for the database came from a year-long workgroup and was eventually rolled into HB 2009. The seven health professional regulatory boards that agreed to

participate in the first iteration of the database represent key shortage occupations and/or were doing or planning online license renewals, which would make collection of the workforce data easier.

- Data elements to be collected include: demographics (gender, race, ethnicity, age); educational and training background, employment status, practice setting, and future practice plans.
- Data collection is timed with the boards' renewal cycles. The Medical Board, the Board of Nursing, and the Board of Licensed Dietitians will provide 2009 data and other boards will begin providing data from their 2010 renewals.

The Committee reviewed its charter as approved by the Health Policy Board. There was some discussion of how this Committee would relate to the Governor's Oregon Workforce Investment Board (OWIB) and the recommendations on healthcare workforce that may come from that group. It was noted that part of OHWI and OHPR's work as Committee staff is to help facilitate communication.

**Dr. Moorhead said that the Chairs and staff would seek clarification on this issue for the next meeting.**

There was also some discussion of how the Committee could stay informed about concurrent health system reform efforts, particularly in relation to its charge to "identify emerging trends and issues related to changing workforce needs in a new delivery system."

Sean Kolmer, Deputy Administrator of the Office for Health Policy & Research (OHPR), noted that OHPR is staffing most of the other Health Policy Board committees and can provide information on their activities. **It was agreed that a written update of other Health Policy Board committee activities would be supplied in advance of each meeting and that there would be a standing agenda item for questions about or discussion of the update.**

The Committee reviewed draft by-laws, with specific discussion of its decision-making processes under Article IV. **There was general agreement that the Committee would operate by consensus but would acknowledge that voting may be required on some points.** In those cases, notes will reflect that the decision was made by vote and those in the minority would have the opportunity to add a brief minority opinion.

The Committee discussed a draft workplan based on its Charter, with the goal of approving the document at the March meeting. Several members expressed concern at the number of early deliverables, particularly the "recommendations for state investment" that are supposed to accompany the inventory of state resources due to the Health Policy Board in May. Mr. Kolmer said that the timing of those deliverables likely relates to the comprehensive reform plan that is due to the Legislature by December 31, 2010 and preparations for the 2011 session. The group discussed the need to focus its efforts for the short term, knowing that priorities would continue to evolve over time.

**Dr. Moorhead proposed that Committee Members review the data presented by Mr. Slater and other data/background document distributed by Committee staff and come to the March meeting prepared to decide whether that information is enough to act on for now and, if not, what is missing or needed. The group agreed.**

There was additional discussion of the state of healthcare workforce pipeline before professional training (e.g. K-12 education) and afterwards (e.g. continuing education, re-training, and retention) and its effect on workforce supply and diversity. Educational structure and accreditation were also mentioned as factors influencing interest in healthcare careers.

**Lita Colligan proposed that Members generate short lists of what they see as barriers to workforce development efforts and send those lists to Committee staff for compilation. The group agreed.**

The group discussed its meeting schedule through May. The following meeting dates and times were chosen and it was agreed that meetings for the rest of 2010 would be set as soon as possible:

Meeting #2: **Wednesday March 31, 9am – noon** (location TBD)

Meeting #3: **Thursday April 29, 9am – noon** (location TBD)

Meeting #4: **Wednesday May 26, 9am – noon** (location TBD)

*Dr. Moorhead adjourned the meeting at 4 pm.*