

**Oregon Healthcare Workforce Committee
Meeting Summary**

March 30, 2011 WEB MEETING
10-11am

Committee Members in Attendance (all online)

John Moorhead (Chair)	Donna Larson
Ann Malosh (Vice-Chair)	David Nardone
Peter Angstadt	David Pollack
Bonnie Bender	Mark Richardson
Lita Colligan	Karen Sanders
Paula Crone	Daniel Saucy
Lisa Dodson	Kristin Simmons
Mary-Rita Hurley (for Kris Campbell)	Jennifer Valentine
Terri Johanson	

OHA and OWHI Staff in Attendance (online)

Jo Isgrigg (OWHI)	Gretchen Morley (OHPR)
Tina Edluand (OHA)	Lisa Angus (OHPR)

Committee Members not in Attendance

June Chrisman	Marcus Mundy
Sara Hopkins-Powell	Kathyleen Tomlin
Dan Lange	Judith Woodruff
Kelly Morgan	

Meeting Summary (Committee actions or decisions in bold)

****Note: a recording of the meeting, including slides and audio, will be available on the Committee's website shortly****

John Moorhead convened the meeting, welcomed participants, and gave an overview of the agenda. Ann Malosh oriented Committee members to the web meeting technology.

Presentation on the work of the Health Systems Transformation Team

Tina Edlund, Chief of Policy for OHA, described the formation and progress of a large advisory group convened to develop plans for a new, integrated health and services delivery system for Oregon's Medicaid programs. Key points included:

- Budget shortfalls create the imperative and necessitate a rapid timeline for this work. Rather than taking the traditional route to cutting health care programs costs (i.e.

cutting eligibility, benefits, or provider reimbursement), the Governor's Office and the Health Policy Board wanted to take the opportunity for delivery system redesign.

- The HST group envisions "Coordinated Care Organizations" (CCOs) which would integrate physical, behavioral, and oral healthcare under a global budget, and coordinate with the long-term care system.
- The idea is to start with the Medicaid program, and focus on those dually eligible for both Medicaid and Medicare, then see about expansion to PEBB, OEBC, and the commercial market.

Ms. Edlund gave a brief overview of the major topics covered in "CCO Strawperson Summary" document included with the meeting materials: definition; populations; governance; geography and size (noting that nothing precludes having more than one CCO in a defined region); integration and scope; provider networks; budget and payment; consumer protection and accountability; transparency; and implementation. She noted that there is a strong interest in having CCOs pilot the use of alternative workforce models and non-traditional providers (e.g. Community Health Workers).

The strawperson summary will receive further development in a new joint legislative committee that will begin meeting in April. The proposed implementation timeline is very aggressive: OHA would like to issue an RFP for CCOs by November, with contracts awarded in April and effective in July 2012.

Among the questions for the Workforce Committee to consider in relation to this transformation work, Ms. Edlund suggested:

- How do we make sure the health care workforce reflects the kind of integration we want to see happening?
- If we anticipate that a different mix of providers will be used, then:
 - What should that look like?
 - Do we have the right people now?
 - If not, do we have a path (education, certification, standards of performance) to get there?

Presentation on the work of the Health Systems Transformation Team

Nicole Merrithew with the Office for Health Policy and Research gave an update on OHA's work to implement patient-centered primary care homes (PCPCHs). Key points included:

- Implementation is building on past work by the PCPCH Standards Advisory Committee, the PCPCH Pediatric Standards Advisory Committee, and the Health Policy Board's Incentives and Outcomes Committee
- Clear goals and performance standards will be phased in over time to allow work processes and information infrastructure to shift from a visit-based to a health value-based financial model
- Three tiers of PCPCHs are envisioned, from basic to more robust, with payment models and reporting requirements suited to each tier

- Implementation will begin this year with the goal of working with private-sector partners to give 75% of Oregonians access to a PCPCH by 2015.
- OHA is working with the Northwest Health Foundation to develop strategies for provider support and education around patient-centered primary care and the kind of transformation it entails.

Committee members noted:

- Both OHWI and the AHECs are also thinking about how to prepare the workforce for new models of care, with a focus on identifying skills sets needed and related education and training opportunities.

Committee updates

- Lisa Angus gave an update on several workforce-related bills moving through the Legislature. Several of the bills are direct responses to the Committee's 2010 recommendations:
 - HB 2400 – funding for primary care practitioner loan repayment
 - SB 879 – creating a workgroup and timeline for developing standard administrative prerequisites for clinical rotations
 - SB 856 – creating a workgroup to review/recommend revisions to the adverse impact policy
 - SB 608 – extension of the rural medical liability subsidy
 - SB 96 – allowing expansion of the healthcare workforce database
 - HB 2366 – regarding plan for recruiting primary care physicians
 - SB 225 – would require OHA to assemble scope of practice review panels at the Legislature's request
- Jo Isgrigg described OHWI's new report on the economic impact of Oregon's healthcare workforce, which was developed with funding from Kelly Morgan and Mercy Medical in Roseburg. The Committee identified a need for this kind of analysis last year. OHWI has shared this report and the Committee's 2010 recommendations with the House Committee on Higher Education.
- The first report with data from the Oregon Healthcare Workforce Database should be available shortly, with thanks to OHWI and OCN for the analysis.

The meeting was adjourned at 11:05am.