

**Oregon Healthcare Workforce Committee  
Meeting Summary**

May 26, 2010  
9 a.m. – noon

Committee Members in Attendance

John Moorhead (Chair)  
Ann Malosh (Vice-Chair)  
Peter Angstadt  
Lita Colligan  
Lisa Dodson (phone)  
Sara Hopkins-Powell  
Terri Johanson  
Kelly Morgan (phone)  
Marcus Mundy  
David Nardone  
David Pollack  
Daniel Saucy  
Kristin Simmons  
Jennifer Valentine

OHPR and OWHI Staff in Attendance

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

Committee Members not in Attendance

Bonnie Bender  
June Chrisman  
Kris Campbell  
Paula Crone  
Dan Lange  
Donna Larson  
Mark Richardson  
Karen Sanders  
Kathyleen Tomlin  
Judith Woodruff

Public Comment

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

Meeting Summary (Committee actions or decisions in bold)

The meeting was convened at 9:05am by Dr. Moorhead.

Ann Malosh reported on that the House Business and Labor Subcommittee on Workforce Development had asked for an update on this Committee's activities and that she and Sean Kolmer had given a brief presentation on May 24<sup>th</sup>. Of note, members of the Subcommittee:

- Explained that the legislative motivation for creating the Workforce Committee was that the Committee would help implement the strategic goals of the Health Policy Board through transformation of the workforce. The Committee's work should address not only the size of the workforce but also what it might look like in 10 or 15 years.
- Stressed that the Workforce Committee should be looking at the federal reform bill for opportunities to bring workforce funding to Oregon and should let the legislative Subcommittee know if it might play a supportive role.
- Requested that they be kept informed of the Committee's priorities and activities as they develop, so that they can be prepared to move work forward as appropriate.

**Minutes from the April 29th meeting were approved.**

Sean Kolmer and Lisa Angus gave a brief update on activities of the Health Policy Board and its committees, as well as the Oregon Health Authority (OHA). The Health Policy Board is moving into a new phase of work where it is beginning to consider and adopt first-stage recommendations from committees and workgroups – the Administrative Simplification workgroup's recommendations will be on the agenda for the June Board meeting. Like other state agencies, OHA needs to cut 9% from its budget for the current biennium and will likely need to make reductions for the next biennium as well.

Committee members reviewed a draft process for responding to external requests for review and feedback. **Committee members approved the process**, with the suggestion that a set of standard information be collected from each entity requesting review/feedback, so the requests can be tracked. A few members volunteered to review a package of legislative proposals from the Oregon Academy of Family Practice.

John Moorhead shared several news items or comments on the Committee's work that he had received:

- An op-ed by Thomas Aschenbrenner titled *The Nurse in Your Health Care Future*, published in the May 24<sup>th</sup> Oregonian
- Some comments on the Committee's developmental strategic recommendations from Susan King, chair of the Oregon Board of Nursing, who attended the April 29 Committee meeting as a member of the public
- Comments on the Committee's developmental strategic recommendations from Joe Robertson, President of OHSU and the Committee's liaison on the Health Policy Board. Dr. Robertson's suggestions to the Committee included:

- Prioritize the strategic recommendations, perhaps by identifying which strategies require legislative funding, which legislative approval (but not funding), and which strategies can get started without legislative approval
- In terms of legislative funding priorities, two stand out: the primary care services loan program created—but not funded—in the short 2010 short legislative session and the GME Consortium to train medical graduates in the regional communities where they are needed.

Dr. Moorhead also mentioned that he had had a conversation with Senator Wyden in which the Senator wondered if there would be some way for employers in Oregon to collaborate on recruiting healthcare workers to the state, to make the most efficient use of resources. The Senator offered to have one of this staff work with the Committee on this idea.

The Committee turned to the task of prioritizing strategic recommendations. Suggestions and comments made during this discussion included:

- The Committee should identify the things it is trying to impact (e.g. care delivery model) and then make 1 or 2 key policy recommendations in each area.
- Although the Committee wants to concentrate on things it can accomplish now, it should include important longer-term recommendations in its strategic plan.
- The Committee should encourage training models that support diversity.
- The Committee may want to align its short-term objectives with the stated priorities of the National Healthcare Workforce Commission that will be created this fall, namely:
  - Integrated health care workforce planning that identifies health care professional skills needed and maximizes the skill sets of health care professionals across disciplines.
  - An analysis of the nature, scopes of practice, and demands for health care workers in the enhanced information technology and management workplace.
  - An analysis of how to align Medicare and Medicaid graduate medical education policies with national workforce goals.
  - An analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.
  - The education and training capacity, projected demands, and integration with the health care delivery system of each of the following workforces: nursing, oral health, mental & behavioral health, allied and public health, and EMS; and the geographic distribution of health care providers as compared to the identified health care workforce needs of States and regions.

Key themes that emerged from this discussion were:

- Integration of and collaboration on healthcare workforce development are essential – creating an environment that is coordinated, rather than competitive, will be necessary to achieve results.
- Healthcare workforce training, certification, recruitment, and retention (including practice support, reimbursement, etc.) should support professionals to work in emerging models of integrated, flexible, team-based care delivery.

Committee staff will provide a tentative summary of priorities for Committee to review before its next meeting. Dr. Moorhead also challenged Committee members to come up with one recommendation for action to be taken in the next year that will help prepare Oregon's workforce for the anticipated increase in demand for healthcare, while recognizing the Committee's commitment to the emerging models of integrated care delivery. Members were asked to send this recommendation to Committee staff by June 2.

Jennifer Swendsen and Jo Isgrigg gave an overview of an almost-final inventory of current grants, resources, and investments (beyond state appropriations) in Oregon's healthcare workforce. More than 50 educational institutions, healthcare providers, associations, foundations, and workforce organizations provided details about their current activities and investments. In addition, the inventory lists:

- all health professional educational programs at public, private and proprietary educational institutions in the state;
- all public high schools with health science career programs;
- workforce development funding opportunities contained in the Patient Protection and Affordable Care Act.

**Committee members approved the inventory**, with the request that any last updates or corrections be sent to OHWI as soon as possible, so the inventory could be forwarded to the Health Policy Board in a timely manner.

Discussion of recommended next steps for the workforce database created by HB 2009 was postponed until the June meeting. A few members volunteered to work with staff between meetings to identify the kinds of analyses that would be most useful to the Committee and make suggestions for future database expansions.

Dr. Moorhead adjourned the meeting at 12 noon.