

**Oregon Healthcare Workforce Committee
Meeting Summary**

July 21 2010
1 – 4 pm

Committee Members in Attendance

John Moorhead (Chair)
Ann Malosh (Vice-Chair)
Peter Angstadt (phone)
Bonnie Bender
Lita Colligan
Paula Crone
Lisa Dodson
Sara Hopkins-Powell
Donna Larson
Kelly Morgan (phone)
David Nardone
David Pollack
Karen Sanders
Daniel Saucy
Kristin Simmons
Jennifer Valentine
Judith Woodruff (phone)

OHPR and OWHI Staff in Attendance

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

Committee Members not in Attendance

Kris Campbell (Susan King attended in Kris Campbell's place)
June Chrisman
Terri Johanson
Dan Lange
Marcus Mundy
Mark Richardson
Kathyleen Tomlin
Karen Sanders

Meeting Summary (Committee actions or decisions in bold)

The meeting was convened at 1:05pm by Dr. Moorhead.

Minutes from the June 24th meeting were approved.

Jo Isgrigg and Lisa Angus gave an update on HRSA healthcare workforce planning funding. Grant funding for states to do comprehensive healthcare workforce planning was authorized in the Patient Protection and Affordable Care Act and HRSA released the funding announcement in mid-June, with applications due July 19. Available funding is for one year of planning activities, with a maximum of \$150,000. State Workforce Investment Boards with specified membership (or their designees) were eligible to apply. The Oregon Health Policy Board (OHPB) and the Oregon Workforce Investment Board (OWIB) agreed that the OWIB would designate the Healthcare Workforce Committee as the planning partnership for the grant and OWIB, OHPR, and OHWI staff collaborated to submit an application on the 19th. To meet the grant membership requirements, the Committee will need to add three new members representing the state Department of Education, the recognized state federation of labor, and a labor organization, respectively.

Sean Kolmer and Lisa Angus gave an update on activities of other Health Policy Board Committees and the Oregon Health Authority:

- The Health Policy Board's meeting schedule and topics for the rest of 2010 was distributed
- A presentation regarding a potential evidence-based benefit package design was received positively at the Board's July meeting. The package contains a list of 20 value-based services, i.e. services that are of such value that they should be offered widely and without consumer cost-sharing.
- The Oregon Health Authority's legislative concepts have all been submitted. There was one concept relevant to workforce: language to give OHA the ability to expand participation in the workforce licensing database beyond the 7 Boards currently named in statute, with the blessing of the Workforce Committee.

John Moorhead reported on a meeting of all OHPB Chairs and staff that had taken place earlier in the day. There is a need for close connection/collaboration between several groups but it's not clear how to do that most efficiently. It was suggested that a few Committee members could volunteer to attend the meetings of or otherwise track the activities of another group; interested volunteers should contact Committee staff. Staff will bring some more specific opportunities for collaboration to the Committee's attention at the next meeting.

The committee returned to a discussion of some ideas for increasing the cultural competency of the healthcare workforce introduced by the Office of Multicultural Health and Services at the June meeting. Key points from this discussion included:

- Requiring CEUs may not be the best way to really improve cultural competency – the skill to be learned is so behavioral and needs to be so tailored to circumstance that it's hard to teach didactically through an online course or something similar
- Resources for delivering culturally competent services are also important, e.g. reimbursement for certified interpreters

- It may be more relevant to emphasize standards around cultural competency than to require specific training; the state should push more toward the outcomes desired than the way to get there (although providing technical assistance would be appropriate)
- Staff will see whether the Office is interested in talking to some of the educators on the Committee regarding healthcare training programs' minority recruitment practices

The Committee reviewed an updated version of its 1 page statement of priorities and made some small edits:

- The recommendation related to the state's adverse impact policy needs some explanation for the general audience that is likely to look at this high-level document. Ann Malosh will suggest edits.
- The recommendation around removing unnecessary barriers to Oregon licensure for qualified professionals coming from other states should not say "reciprocity" since that is a very specific practice. Staff will make revisions. It may be useful for the Committee to look at a summary of how different Boards handle endorsement or expedited processing of applicants with valid licenses from other states.

Discussion of a second-level document with more details around strategic recommendations and action steps will take place at the August meeting.

Craig Hostetler, Executive Director of the Oregon Primary Care Association (OPCA) and Dr. Rachel Solotaroff, Medical Director at Central City Concern shared their observations about workforce needs and opportunities in the medical home model. OPCA and CareOregon are collaborating to support 15 safety net medical home pilots across the state, with support from Qualis and the Commonwealth Foundation. Key points from their presentation and subsequent discussion included:

- In traditional primary care delivery, the primary care practitioner can be a bottleneck and a rate limiting factor, since everything needs to be done by or go through that person. In a medical home model, the idea is to have multiple parallel pathways for delivering care.
- Need to look at scope of practice so that everyone can work to the top of his or her license, including new roles like panel manager (currently filled by a high functioning M.A. or an LPN), primary care behaviorist, community health worker, and care coordinator/case manager
- Training of both clinical and organizational staff is needed. Primary care docs need information and evidence about the capacities of other professionals to do primary care
- It's important to have a workforce that reflects the population being served but it can be difficult to find professional development opportunities or resources for staff
- Good connections to specialty care are still important
- There is some tension between being patient-centered, prioritizing patient access and being provider-centered to allow work-life balance.
- Providing incentives for hospitals to release their trainees into community settings may help with training providers for a medical home model of care delivery. This could be considered a form of community benefit?

The group is preparing a white paper on workforce issues that they will forward to the Committee when ready.

Jo Isgrigg gave a quick update on the healthcare workforce database: 3 boards have submitted data and two more will do so shortly. A small group of Committee member volunteers and staff will meet periodically to make suggestions for the database. Suggestions to date are largely related to standardization of items like race and ethnicity.

Public Comment

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

Dr. Moorhead adjourned the meeting at 3:50pm.