

# Oregon Healthcare Workforce Committee

## AGENDA

July 27, 2011

Wilsonville Training Center, Room 111-112  
29353 SW Town Center Loop E, Wilsonville, Oregon 97070  
1 – 4 pm

#	Time	Item and related material	Presenter(s)	Action Item
1	1:00	Welcome	Chairs	
2	1:05	Approval of March 30 and June 8 meeting summaries	Chairs	X
3	1:10	Updates <ul style="list-style-type: none"><li>▪ 2011 Legislative round-up</li><li>▪ New Health Policy Board Workgroups</li><li>▪ Other</li></ul>	Lisa Angus Jo Isgrigg	
4	1:30	Workplans for groups 1-4: presentation & feedback	David Nardone Terri Johanson Lisa Dodson Sara Hopkins-Powell	X
5	2:45	Break		
6	3:00	Local Workforce Investment Boards: roles and partnership opportunities	Agnes Balassa, Oregon Workforce Partnership	
7	3:30	Public Comment	Chairs	
8	3:40	Future full Committee meeting dates	Lisa Angus	
9	3:45	Adjourn full Committee; workgroup leads remain to meet with Chairs	Chairs	
10	4:00	Adjourn workgroup leads	Chairs	

### **Meeting materials:**

1. Draft agenda
2. Draft meeting summary March 30, 2011
3. Draft meeting summary June 8, 2011
4. 2011 Legislative Session Summary: healthcare workforce-related bills
5. Workforce Investment Board handout materials

**Next meeting: TBD**

**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 (OHWI)	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.

**Oregon Healthcare Workforce Committee  
Meeting Summary**

June 8, 2011 WEB MEETING  
10-11am

Note: full recording of the meeting is available at: [View the Elluminate Live! recording](#)

Committee Members in Attendance (all online)

John Moorhead (Chair)	Donna Larson
Ann Malosh (Vice-Chair)	Kelly Morgan
Peter Angstadt	David Nardone
Bonnie Bender	David Pollack
June Chrisman	Karen Sanders
Paula Crone	Daniel Saucy
Lisa Dodson	Jennifer Valentine
Mary-Rita Hurley	Judith Woodruff
Terri Johanson	

OHA and OWHI Staff in Attendance (online)

Jo Isgrigg (OHWI)	Lisa Angus (OHP)
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Committee Members not in Attendance

Lita Colligan	Mark Richardson
Sara Hopkins-Powell	Kristen Simmons
Marcus Mundy	Kathyleen Tomlin

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

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

Updates

Lisa Angus gave some legislative updates:

- The bill establishing an Oregon Health Insurance Exchange passed the House on June 7<sup>th</sup> and is on its way to the Governor for signature.
- The Health System Transformation bill (HB 3650) that would direct OHA to establish criteria and funding mechanisms for Coordinated Care Organizations and implement other recommendations of the Health Systems Transformation Team is currently in Ways & Means.

- SB 608, which would extend the rural medical liability subsidy through the 2011-13 biennium, is still active and will be heard in Ways & Means today.

Jo Isgrigg gave some updates on OHWI activities:

- Oregon's first comprehensive report on the healthcare workforce in 17 different occupations is now available in several places: the [Committee's webpage](#) and both [OWHI](#) and [OCN](#) websites. This is the first report using data from the Oregon Healthcare Workforce Database and Oregon is one of the few states collecting workforce data by imbedding workforce-related questions in licensing forms.
- OHWI's summit on *Tomorrow's Health Care Workforce* is coming up next week – June 15<sup>th</sup> at OHSU. The content is very relevant to the Committee and to the first of the four projects on the Committee's plate for this coming year.

### Committee Projects / Workplan

John gave a brief overview of the four projects before the Committee (please see the document "Workforce Committee 2011-12 projects" included in the meeting materials) and explained the proposal to divide up into project-specific workgroups, with periodic full Committee meetings. All of the groups are open—Committee members may participate in whichever group(s) they like—but a lead has been identified for each group.

- Group 1 (Recommend staffing models and professional competencies appropriate to new models for care delivery). Discussion of this project included these points:
  - Concern that the Committee is not taking a strong enough role in advocating for *more* health care professionals (as opposed to doing business differently) and recommendation to approach this issue from a jobs/economic development perspective.
  - Re-tooling the roles or functions of existing providers is one way to create additional capacity.
  - Health systems are already moving ahead on changes to care delivery, so need to learn from them. OHWI summit on June 15<sup>th</sup> will be a good starting point.
  - Recommendation to include consideration of the role and competencies of professionals in administrative/managerial roles.
- Group 2 (Develop standardized administrative prerequisites for clinical rotations – SB 879). Discussion of this project included these points:
  - The importance of carrying the project through to clear recommendations for implementation. Negotiating the actual standards may be less difficult than ensuring that they are widely implemented.
- Group 3 (Develop a strategic plan for primary care provider recruitment – HB 2366). Discussion of this project included these points:

- “Primary care provider” is the broad meaning of the term. As originally written, HB 2366 referred to physicians only but it was expanded as the bill moved through the Legislature.
- Group 4 (Review and recommend any revisions to adverse impact policy). Discussion of this project included these points:
- This is a straight follow-up on a 2010 Committee recommendation. There was a related bill introduced this session but it was not heard because the relevant legislative Committee didn’t see the need for legislation to authorize this work. However, if the outcome of the review includes recommendations for changes to statute, those recommendations can be returned to the Legislature.

Workgroup Membership

Committee members who were present indicated their interest in one or more particular workgroups.

<b>Group</b>	<b>Lead</b>	<b>Members</b>
1	David Nardone	Bonnie Bender, June Chrisman, Kelly Morgan, David Pollock, Dan Saucy, Jennifer Valentine, Judith Woodruff
2	Terri Johanson	Mary Rita Hurley, Donna Larson, Ann Malosh
3	Lisa Dodson	Paula Crone, John Moorhead, David Pollack
4	Sara Hopkins-Powell	Peter Angstadt, Donna Larson, Ann Malosh, Karen Sanders

Groups may also include individuals from outside the Workforce Committee as regular participants or occasional consultants. Committee members who have suggestions for external participants were asked to send those to the group lead and/or Lisa Angus.

Ann Malosh said she would be willing to reserve meeting times on Elluminate (the web technology being used for the Committee meeting) for workgroups who were interested. Learning to moderating Elluminate sessions is easy; a ½ hour tutorial would do it.

Next Steps

A full, in-person Committee meeting is planned for July (location TBD). Committee members were polled on a few possible dates and Lisa will send a scheduler for a few others. A date will be identified by the end of the week.

The meeting was adjourned at 11:55 A.M.

**2011 Oregon Legislative Session -- Summary of Health Care Workforce-Related Bills**  
Prepared for the Oregon Healthcare Workforce Committee  
July 27, 2011

**I. Health Care Workforce-Related Bills Enacted**

[HB 2366 – Primary Care Provider Recruitment](#)

This bill requires OHA, working through the Oregon Health Policy Board’s Health Care Workforce Committee, to collaborate with a variety of professional organizations, local officials, health care employers, and other partners to develop a strategic plan for recruitment of primary care providers in Oregon. The strategic plan must address: best recruitment practices and existing recruitment programs; development of materials and information promoting Oregon as a desirable place for primary care providers to live and work; development of a pilot program to promote coordinated visiting and recruitment opportunities for primary care providers; potential funding opportunities; and the best entities to implement the strategic plan.

[HB 2397 – Primary Care Loan Forgiveness](#)

This bill establishes a primary care loan forgiveness program in the Office of Rural Health and appropriates \$525,000 for the program for the 2011-13 biennium. Prospective physicians, physician assistants, and nurse practitioners who have completed the first year of their education in a program that emphasizes rural health would be eligible to apply for an annual loan of up to \$35,000. Loan recipients would be obligated to provide one year of primary care service in a rural part of Oregon for each annual amount received. Upon completion of a full year of service, however, one annual loan would be forgiven. If the recipient fails to complete the service requirement, the remaining loan must be repaid.

[HB 2401 – Family Medicine Residency Network](#)

Encourages the Oregon AHEC Program to create a family medicine residency network to support and assist hospital systems to work collaboratively with existing family medicine residency programs to develop new programs throughout this state and to share resources among the programs. The original bill proposed funding for the network but that funding did not survive to the final version.

[SB 608 – Rural medical liability insurance subsidy](#)

SB 608 removes the sunset from the existing rural provider malpractice subsidy program. It also moves the program to OHA (it was previously administered through a partnership between the State Accident Insurance Fund Corporation, the Department of Consumer and Business Services, and the Office of Rural Health) and requires that OHA contract and collaborate with the Office of Rural Health for administration of the program. The program will provide medical liability insurance premium subsidies to physicians and nurse practitioners in underserved rural communities. Subsidies cover a percentage of a provider’s actual insurance premium and are offered at varying rates based on the provider’s practice type. The highest subsidies are given to practitioners providing obstetric care.

### [SB 879 – Student passports](#)

This bill is a direct response to one of the Committee’s 2010 recommendations. It requires OHA to collaborate with the Oregon Workforce Investment Board (OWIB) to convene a stakeholder workgroup to make recommendations for standardizing the administrative requirements for clinical rotations (e.g. criminal background checks, drug screening, HIPAA orientation, and training in basic safety precautions). The bill specifies a partial list of workgroup members and directs the workgroup to develop standards for the following topics and health professions students, at a minimum: topics are drug screening; immunizations; criminal background checks; and HIPAA training and the applicable student types are nursing and allied health. The bill also requires OHA to: 1) deliver recommendations to the Oregon Health Policy Board; and 2) report to the Legislature or an interim Committee by June 30, 2012.

## **II. Significant Health Care System Bills Enacted**

### [SB 99 - Health Insurance Exchange](#)

SB 99 establishes the Health Insurance Exchange Corporation to design and build our Oregon's exchange. No later than February 1, 2012, a business plan for the exchange will be presented to lawmakers for review. The exchange will be run by a public corporation with a public board. The board will include two ex officio members and seven members who are appointed by the Governor and confirmed by the Senate. It will have at least two consumer representatives, but no more than two representatives from various health care sectors. After legislative approval, the exchange will begin providing coverage in January 2014; it's estimated that some 350,000 Oregonians will ultimately use it to gain access to their health insurance coverage.

### [HB 3650 – Health Systems Transformation](#)

The bill proposes to redesign the Oregon Health Plan with the goal of better coordinating care to improve access to primary and preventive care and to break down barriers between physical, mental, and other types of care. The vision of HB 3650 includes a plan for the creation of community-based coordinated care organizations (CCOs) that would focus on patient outcomes, would integrate physical health, mental health, and oral health, would be required to manage costs within a global budget, and would have local flexibility to allocate resources. Under HB 3650, with approval by the Legislature, the first CCO would launch in July of 2012, just about one year from now. Before that, there are key elements of House Bill 3650 that are to be fully developed and then reviewed by the Legislature at the February 2012 session: a methodology for developing a global budget; a set of criteria for CCOs; outcomes and quality metrics; recommendations to reduce costs attributable to defensive medicine; and a plan to integrate care for individuals who are eligible for both Medicare and Medicaid.

HB 3650 also includes a provision to expand Oregon’s Healthcare Workforce Database, a collaborative of seven healthcare professional licensing boards and the Office for Health Policy & Research (OHPR), to improve the quality of timeliness of workforce data. The bill expands the workforce database by instructing to OHPR work with “all health care professional licensing

boards, including but not limited to boards that license or certify chemical dependency and mental health treatment providers.”

### **III. Selected Scope of Practice or Medical Liability Bills Enacted**

#### [SB 95 – Apology law](#)

This bill ensures that an insurer cannot refuse to defend a physician being sued for malpractice because the provider disclosed an error to the patient or family and amends the apology law to clarify that health care employers are also protected.

#### [HB 2217 – Punitive damages](#)

HB 2217 adds licensed professional counselors or marriage and family therapists to the list of healthcare professionals exempt from punitive damage awards if they are engaged in conduct regulated by the appropriate governing body and they are acting without malice within the scope of practice for which they are licensed.

#### [HB 3138 – Pharmacist vaccinations](#)

HB 3138 authorizes Board of Pharmacy to adopt rules allowing pharmacists to prescribe and administer vaccines to persons who are at least 11 years of age. However, rules may only be as broad as necessary to enable pharmacists to enroll and participate in the Vaccines for Children Program administered by the Centers for Disease Control and Prevention.

#### [SB 224 – PA practice latitude](#)

SB 224 provides greater practice latitude for physician assistants: PAs may be supervised by any number of physicians (instead of a single designated supervisor); PAs may provide any services that are delegated by the supervising physician/physician organization that are within the scope of practice of the PA and the supervising physician/physician organization (rather than services which are rendered under the supervision and control of the supervising physician/physician organization).

#### [SB 738 – Dental hygienists and oral health](#)

This bill does several things. 1) It authorizes OHA to approve pilot projects for innovative oral health care delivery designed to impact underserved populations. 2) It changes the name of practitioners previously called limited access permit dental hygienists to Expanded Practice Dental Hygienists and gives them some additional scope of practice under agreement with a dentist. 3) It requires insurers to reimburse for services provided by a contracted Expanded Practice Dental Hygienist if they would reimburse for the same services provided by a dentist. The Board of Dentistry must report back to the Legislature on licensure and reimbursement of Expanded Practice Dental Hygienists.

#### **IV. Education Bills Enacted Relevant to Health Professions Education**

##### **[SB 242 – Higher Education Coordinating Commission](#)**

This bill creates the Higher Education Coordinating Commission responsible for setting goals, measures and a strategic plan, developing finance models and recommending appropriations for public post-secondary education programs. The bill abolishes the Office of Degree Authorization and transfers those duties, including the adverse impact process, to the Commission. The bill provides autonomy from state agency status for the Oregon University System, allowing the system to manage its own resources.

##### **[SB 909 – Oregon Education Investment Board](#)**

This bill creates the Oregon Education Investment Board charged with overseeing a unified public education system, developing a unified outcomes-based budget and recommending strategic investments and decision-making structures for education for early learning programs, K-12 and post-secondary education.

##### **[HB 3521 – Student Transfer Bill of Rights](#)**

Establishes rights for students to transfer credits between Oregon’s community colleges and the Oregon University System and directs the Joint Boards of Education to determine the details of a students’ transfer bill of rights and report back to the legislature.

#### **IV. Other Bills**

##### **[SB 234 – Emergency Medical Services Providers](#)**

Changes terminology in state law from “emergency medical technicians” to “emergency medical services providers” to be consistent with national standards.

##### **[HB 3311 – Birth Outcomes](#)**

This bill directs the OHA to explore options on how doulas and community health care workers can be used to help women who face a disproportionately greater risk of poor birth outcomes. The OHA is directed to report back to the legislature in February 2012.

##### **[HB 2380 – Direct-Entry Midwives](#)**

This bill directs the Center for Health Statistics within the OHA to collect and report data by attendant type on birth and fetal death outcomes occurring in this state, including intrapartum and neonatal transfers to hospital care from another birthing facility, hospital or other location. In addition, the bill prohibits lawsuits against physicians or hospitals for injuries as a result of care by a direct-entry midwife in a setting outside of the hospital.

#### **V. Bills That Did Not Pass**

**SB 96** – Would have amended ORS 676.410 to allow OHA to include additional health care regulatory board licensees in the Oregon Healthcare Workforce Database created by HB 2009.

HB 3650 encourages expanded workforce data collection by instructing OHA to work with all licensing boards but does not compel boards to participate.

**SB 97** – Would have required the Oregon Health Authority and specified regulatory boards to develop standards and list of opportunities for continuing education in cultural competence and to develop and implement such education for licensed health care providers.

**SB 225** – Would have created a process whereby a legislative committee considering proposed changes in licensed health care professionals' scope(s) of practice could request that OHA convene a panel to review the proposed changes and make recommendations. Although this bill did not pass, legislators did encourage OHA to investigate processes or structures used in other states use to address scope of practice issues and to report to the Legislature on potential options for Oregon.

**SB 952/HB 2386** – Would have permitted a supervising physician or supervising physician organization to apply to Oregon Medical Board for dispensing authority for physician assistants and removed a limitation allowing the Oregon State Board of Nursing to grant dispensing authority to nurse practitioners (NP) only when it can be demonstrated that the area in which the NP practices lacks readily available access to pharmacy services.

**HB 2391** – Would have appropriated funds to OHSU and the Oregon AHEC Office to: establish a primary care transformation research and training center; institutionalize the rural locum tenens program and allow the AHEC to adopt a fee schedule for the program; operate an interdisciplinary continuing medical education program focused on strategies to transform medical practices into patient centered primary care homes.

**HB 2400** – Would have appropriated funds for Oregon's existing but unfunded primary care practitioner loan repayment program (the Primary Care Services Program).

**HB 3523** – Would have authorized the Oregon Medical Board to issue certificates of prescriptive authority to licensed psychologists who meet specified requirements.



OREGON WORKFORCE  
PARTNERSHIP

*Better Skills • Better Jobs*

*Kim Parker  
Chair  
Workforce Investment  
Council of Clackamas  
County*

*Chuck Forster  
Vice Chair  
Lane Workforce  
Partnership*

*Steve Bekofsky  
Treasurer  
Linn/Benton/Lincoln  
Workforce Investment  
Board*

*Agnes Balassa  
Executive Director  
Oregon Workforce  
Partnership*

*Jim Fong  
Chair  
Rogue Valley  
Workforce  
Development  
Council/The Job  
Council*

*Pat Grose  
Job Growers,  
Incorporated*

*Kris Latimer  
The Oregon  
Consortium/Oregon  
Workforce Alliance*

*Andrew McGough  
Work Systems Inc.*

## **Local Workforce Investment Board A Sampling of Health Care Related Activities**

**Training Scholarships** – All Local Workforce Investment Boards (LWIBs) provide training scholarships for high demand industries. LWIBs typically focus their scholarships toward entry level and middle skill occupations. A recent survey of the two Portland area LWIBs shows a combined investment of over \$1,160,000 over the last two years.

**On the Job Training** – All LWIBs have received resources to support employer provided training for new hires via Governor Kitzhaber’s *Getting Oregon Back to Work* program. The program reimburses employers who hire qualified applicants through WorkSource Oregon and then provide additional on the job training to ensure job retention for the individual. This approach has been very successful in the manufacturing environment, and LWIBs are exploring whether it could work for to health care as well.

**Current Worker Training** – The Oregon Legislature passed SB 175 in the last session establishing the Oregon Employer Workforce Training program. Although the program has not yet been funded, it could provide a valuable resource for up-skilling workers in health care and other sectors in the future. A past version of the program, funded with federal resources was used in a number of health care settings to provide everything from supervisory training to lean enterprise training.

**Federal Grants** – The members of OWP frequently partner with Community Colleges, companies and other partners to develop or support federal grant applications to train workers for health care occupations. For example, Job Growers, Incorporated, operating in Marion, Polk and Yamhill counties, is currently administering a federal grant in partnership with Chemeketa Community College to train health care workers.

**Surveys and Reports** – Many LWIBs help conduct workforce surveys and publish reports on occupations and industries. For example, the Lane Workforce Partnership report on the health care workforce is available at <http://laneworkforce.org/media/HealthCareReport.pdf>.

In addition, LWIBs have a number of other projects in place or are partnering on projects in their communities to help meet the needs of the health care industry. Summaries of a few are included below.



## THE COMMUNITY HEALTH CARE EDUCATION NETWORK

 An initiative of the Lane Workforce Partnership

### *Addressing Workforce Challenges In The Health Care Industry*

Health care is one of the fastest growing sectors of Lane County's economy with a projected growth rate of 27% by the year 2018, and creating an additional 3,149 jobs in Lane County. With already critical shortages of an employment ready and skilled workforce in health care, this data raises concerns about the well-being of Lane County citizens.

Recognizing that no one organization has the knowledge or resources to address this issue, the **Lane Workforce Partnership**, as a convener and investor in workforce development, brought together leaders in the health care industry to begin to discuss the future workforce needs in health care for Lane County. As a result, the Lane Workforce Partnership established a coalition of health care stakeholders, known as the Community Health Care Education Network (CHEN). The Network is made up of health care organizations, education, and workforce development professionals.

With the collaborative efforts and partnerships among the members, the leadership and staff support from the Lane Workforce Partnership, the Community Health Care Education Network has successfully:

- Developed a strategic plan targeting workforce shortages
- Leveraged and distributed workforce scholarships targeting training in areas of shortage
- Developed an entry-level worker wage progression and career pathway program with McKenzie-Willamette Medical Center, Peace Health Laboratories, Peace Harbor Hospital, and Peace Health
- Developed integrated career pathways between McKenzie-Willamette Medical Center, Peace Health Laboratories, Peace Harbor Hospital, and Peace Health
- Leveraged state lay-off aversion funds to retrain individuals in the industry to move them from jobs in decline to jobs in demand

Over the last seven years, the Lane Workforce Partnership has invested federal, state, and local workforce and economic development funds to address the workforce challenges in the health care industry. Over 150 incumbent workers from entry-level health care jobs have successfully completed training and have moved up to higher paying jobs. Some of the most notable success stories include:

- ▶ **Amanda:** began as a Certified Nurse's Assistant making \$11.50 an hour and is now a Registered Nurse making \$26.32 an hour.
- ▶ **Scott:** began as a Specimen Processor making \$13.98 an hour and is now a Radiology Technician making \$20.85 an hour.
- ▶ **Jaime:** began as a Home Health Aide making \$8.50 an hour and is now a Medical Assistant at \$13.74 an hour.
- ▶ **Lisa:** began as a nurse's aide making \$8.22 an hour and is now a Licensed Practical Nurse making \$14.16 an hour.
- ▶ **Kristine:** began as a Medical Secretary making \$12.52 an hour and is now a Clinic Administrative Services Manager making \$28.00 an hour.

Today, Lane Workforce Partnership estimates that each year over 1 million dollars in Workforce Investment Act funds are invested in health care occupation training in Lane County (09 was double the amount due to stimulus funds). Last year, WIA funds were used to expand the nursing program at Lane Community College, which added an additional student cohort and added additional programs in Certified Nursing Assistant, Medical Office Assistant, Health Records Technology, and Physical Therapy Assistant. Currently 149 people are receiving WIA scholarships to support them in their pursuit of health care training. On average, 70% of the students pursuing training in health care complete training and become employed in the industry making average wages of \$14.64 – \$28.82.

## **Project HOPE Executive Summary**

**Grantee:** Portland Community College

**Funding Source:** U.S. Department of Labor

**Grant Program:** Community Based Jobs Training Grants (CBJT). The program aims to improve the ability of community colleges to train and prepare workers for employment in high growth and other emerging industries. CBJT focuses on providing services to workers who are unemployed, dislocated and incumbent workers.

**Project Title:** Healthcare Oregon Pathways to Employment (HOPE)

**Amount of Grant:** \$4,841,299

**Project Period:** July 1, 2010 to June 30, 2013

**Key Industry:** Healthcare

**Key Partners:** PCC along with six Oregon community colleges (Clackamas, Klamath, Lane, Mt. Hood, Oregon Coast, and Rogue community colleges), their respective Workforce Investment Boards, and 18 other partners are joining together to serve 875 Oregonians.

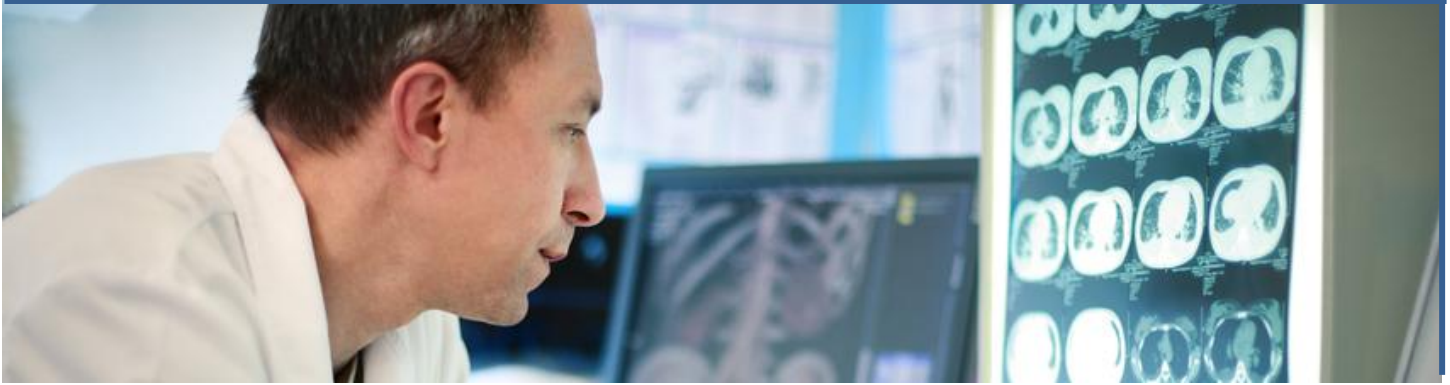
**Location of Grant Activities:** Benton, Clackamas, Jackson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Multnomah and Washington counties in Oregon

**Project Description:** Building on the solid foundation established by the Oregon Pathways Alliance (OPA), Portland Community College's HOPE project will prepare and train 875 job seekers for good jobs in middle skill healthcare jobs (jobs requiring more than a high-school degree, but less than a four-year degree). Given the urgent need for Oregonians to get jobs, project partners will focus on training people and getting them into the workforce while providing training that are gateways to other healthcare occupations. HOPE will use the Oregon Career Pathways Model to deliver training. Career Pathways is an integrated, continuum of programs and services designed to prepare high school students and adults for employment and advancement in targeted industry sectors, fields and occupations.

### **Project Outcomes:**

- Total participants served: 875
- Total number of participants beginning education/training activities: 875
- Total number of participants completing education/training activities: 795
- Total number of participants who complete education/training activities that receive a credential: 733
- Total number of participants who enter employment: 601
- Total number of participants who enter training-related employment: 530
- Total number of participants who retain employment: 498

## Portland/Vancouver Metro Area Healthcare Collaborative



### A BETTER WAY TO MEET YOUR WORKFORCE NEEDS

Over the past two years, the Local Workforce Investment Boards/Workforce Development Council on both sides of the Columbia River collectively invested over \$4 million to support healthcare education scholarships, current worker skills training, and program development at local community colleges. But, we, the Clackamas, Portland and Southwest Washington workforce boards believe there is a better way to build today's and tomorrow's healthcare workforce.

We believe a more coordinated approach throughout the region will bring greater benefits to employers and workers. We are deploying new tools so the health care industry can more effectively communicate its needs, and workforce providers can reduce duplication and better match supply with demand.

Our mission is to work together as local "labor market experts" to better invest, align and leverage regional resources to create a more highly skilled workforce for local companies. We want the best possible results for local industries, economies and residents.

### WHY HEALTHCARE?

- More than 110,000 jobs in the Portland/ Vancouver metro area (Clackamas County through Southwest Washington).
- Earnings of almost \$4.5 billion.
- Average pay of \$46,324.

180+ respondents to our recent health care survey confirmed that healthcare reform, an aging public, and consumers who demand more from their healthcare providers require healthcare workers to develop new skills. Steady industry job growth combined with an aging healthcare workforce will further frustrate the situation.

We cannot afford a fragmented approach to addressing health care workforce needs that results in potential shortages in some occupations, and oversupply in others. Industry experts are looking for better ways to find and grow the right mix of skills to meet the industry's needs today and tomorrow. We believe we can help.

### OUR HEALTHCARE INVESTMENTS (2008 TO PRESENT)

- Over \$3 million invested into scholarships to train 1,400+ healthcare workers in jobs from billing to medical assistants to technicians to nurses.
- Over \$1.3 million invested into joint projects with healthcare providers to skill up more than 800 current workers.
- Business partners include Peace Health, Southwest Washington Medical Center Providence, Willamette View, Mary's Woods, Marquis, Concepts in Community Living and Rose Villa

### OUR ASK

*Join us in an effort to work with you in new ways to achieve our common goals as efficiently and effectively as possible.*

### CONTACTS

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## Portland/Vancouver Metro Area Healthcare Collaborative



### OUR PROPOSAL FOR FURTHER FEEDBACK

**Providing a Quality Pipeline for Entry and Middle-Skilled Occupations** based on demand data, *supply data and industry feedback*. Examples include:

- *Bringing additional tools to the industry*, like the On-the-Job Training Program, to address training needs.
- Better *screening/counseling* potential candidates for healthcare career training. Possible activities include:
  - *Identifying the foundational skills* (computer, soft skills, etc.), temperament, work experience and other attributes critical for success in entry level and middle skill healthcare jobs in the various delivery environments, especially in light of the challenges created by healthcare reform.
  - *Translating these “criteria for fit” into screening and counseling processes.*
  - Helping recruit more *culturally diverse applicants* by utilizing extensive relationships with program providers.

**Aggregating and Assessing Regional Workforce Information** that drives workforce investments, building on the expertise of industry associations, education providers and other key players. Possible activities to do this in a more efficient and cost effective way include:

- *Creating a regional healthcare workforce information tool that gathers, analyzes, and publishes* baseline data for healthcare workforce initiatives, thus reducing the collection of separate, similar information.
- *Coordinate industry feedback and input* using a team approach so employers see fewer and more coordinated requests for information.
- *Facilitate on-line learning communities* to develop and share solutions, using web-based technologies similar to those effectively deployed by other industries.

**Getting Ahead of Industry-identified Healthcare Changes** by facilitating or brokering topic-specific issues such as:

- *The impact of coordinated/accountable care organizations, insurance exchanges and other reforms* on entry and middle skilled occupations, including the training required for current workers and new positions likely to result from reforms.
- *The need to “up-skill” in long-term care* as boomers retire and expectations for the level and options for long-term care increase. In addition to traditional entry-level occupations, long-term and home health care employers report a trend toward jobs with more advanced skills. Identifying and aggregating these needs will help education providers modify existing programs or develop new ones.



OREGON WORKFORCE  
PARTNERSHIP

*Better Skills • Better Jobs*

*Kim Parker  
Chair  
Workforce Investment  
Council of Clackamas  
County*

*Chuck Forster  
Vice Chair  
Lane Workforce  
Partnership*

*Steve Bekofsky  
Treasurer  
Linn/Benton/Lincoln  
Workforce Investment  
Board*

*Agnes Balassa  
Executive Director  
Oregon Workforce  
Partnership*

*Jim Fong  
Chair  
Rogue Valley  
Workforce  
Development  
Council/The Job  
Council*

*Pat Grose  
Job Growers,  
Incorporated*

*Kris Latimer  
The Oregon  
Consortium/Oregon  
Workforce Alliance*

*Andrew McGough  
Work Systems Inc.*

## **WHO WE ARE**

The Oregon Workforce Partnership (OWP) is a non-partisan, private/public, statewide association. Our mission is to build a more highly skilled workforce to support and expand the state's economy. OWP members, Oregon's seven Local Workforce Investment Boards, invest their resources to better align economic, education and training systems based on the needs of our businesses and communities.

OWP is driven by the leadership of 114 Oregon businesses. OWP's members convene those with expertise about local economies, labor markets, business needs and educational programs to identify trends, develop strategies, expand resources and invest to meet the needs of tomorrow's economy. OWP work community-by-community, so that education, training and job placement efforts are aligned with the unique needs of local industries and citizens.

## **OUR COMMITMENT**

- Oregonians will have the skills necessary to achieve individual prosperity.***
- Oregon businesses will have the skilled workforce they need to compete and prosper in the global market.***

## **OUR APPROACH**

Economies are transformed when workforce education and training work hand-in-hand with business and economic development to support innovation. We promote this innovation by:

- Convening public/private partnerships and making them more effective.
- Broking knowledge and finding solutions to meet industry and worker needs.
- Managing projects and initiatives to better align complex systems.
- Piloting new approaches.
- Evaluating and sharing what works and what does not.
- Investing the resources that come to us into workforce solutions.

## **FOR MORE INFORMATION CONTACT:**

Agnes Balassa, Executive Director, [contact@oregonwfpartnership.org](mailto:contact@oregonwfpartnership.org), 541.485.6956 or go to: <http://oregonwfpartnership.org/>



# Greater than the sum of our parts

**We are informed and supported by a powerful brain trust - the members of Oregon's seven Local Workforce Investment Boards. We represent the common voice of those who take time to improve Oregon's workforce. Our brain trust consists of...**

- 114 businesses and business associations
  - Represented by owners, CEOs, and human resources managers,
  - Working in healthcare, manufacturing (from food processing to wood products to biotech and solar), hospitality, utilities, financial services staffing services and other sectors.
- 16 representatives of labor unions and local labor councils.
- 15 community based and statewide non-profit organizations providing services to workers.
- 12 locally elected officials from county and city governments.
- 11 of Oregon's 17 community colleges.
- 9 superintendants and other representatives of school and educational service districts.
- 9 governmental agencies.
- 7 state and local economic development organizations.
- 3 tribal nations.
- 2 universities.

**Utilize us to align investments in skills development and develop policies that work. Partner with us to build tomorrow's workforce.**

**We are your solution.**

**A sampling of the companies serving on local workforce investment boards.**

ATI Wah Chang  
Bob's Red Mill Natural Foods  
Cascade Health Solutions  
Chambers Construction  
Climax Portable Machine Tools  
Columbia Helicopter  
Columbia Sportswear  
Dayton Natural Meat  
Express Personnel Services  
Fire Mountain Gems  
Ingram Book Company  
Klamath Basin Equipment  
Leathers Fuel  
LSI Corporation  
Miles Fiberglass & Composites  
North Bend Medical Center  
Oregon Community Credit Union  
Oregon Spine & Physical Therapy  
OSU Federal Credit Union  
Oregon Community Credit Union  
Pacifcorp  
PCC Structural, Inc.  
PeaceHealth Laboratories  
Portland General Electric  
Providence Health System  
Rogue Valley Manor  
Service Creek Lodge, LLC  
Sun Edison  
Target Corporation  
The Boeing Company  
Timber Products Company  
Umpqua Bank  
Weyerhaeuser  
Willamette Falls Hospital  
Yahoo!



OREGON WORKFORCE  
PARTNERSHIP

# Workforce Update

## Our Members

*Job Growers  
Incorporated*

*Lane Workforce  
Partnership*

*Linn/Benton/  
Lincoln  
Workforce  
Investment  
Board*

*Rogue Valley  
Workforce  
Development  
Council/The Job  
Council*

*The Oregon  
Consortium  
/Oregon  
Workforce  
Alliance*

*Workforce  
Investment  
Council of  
Clackamas  
County*

*Work Systems,  
Inc.*

July 1, 2011

## 2010-2011 In Review...

### At the state level

This has been a banner year for the [Oregon Workforce Partnership's](#) (OWP) efforts at the state level. The results include passage of a bill and a \$3.4 million investment into worker training. This is the first significant general fund investment into work force programs in recent memory.

#### **The Putting Oregon Back to Work Program**

In September, OWP published a white paper, [Putting Oregon Back to Work: Bold Ideas for Difficult Times](#). The paper caught the attention of both gubernatorial campaigns, and ultimately resulted in Governor Kitzhaber recommending a \$3.4 million investment of general fund resources into the [Putting Oregon Back to Work Program](#).

The program combines On-the-Job Training with the [National Career Readiness Certificate](#) to get Oregonians back to work more quickly. Companies that hire employees through this program are reimbursed for training costs based on a formal training contract.

Participants earn the National Career Readiness

Certificate, a portable credential that documents reading and math skills. Tamara Scott, a job seeker who used the program, was invited by the Governor to explain how it works at a recent [press conference](#).

Despite the most difficult fiscal environment Oregon has ever faced, funding for the program was approved on June 29<sup>th</sup>. OWP members will be working with the Department of Community Colleges and Workforce Development to implement the program as quickly as possible.

#### **Senate Bill 175**

Senator Majority Leader Diane Rosenbaum (D-Portland) introduced [Senate Bill 175](#) to put two important programs into Oregon statute: the Employer Workforce Training Fund and the Youth Employment Program.

Both programs were implemented by Local Workforce Investment Boards with federal funds, and showed strong results. The Employer Workforce Training Fund matches resources with companies to train current

employees.

The [Youth Employment Program](#) helps youth get the work experience they need to succeed in the work place. Youth also develop career and educational plans and frequently take credit recovery, GED classes, and college credits while enrolled in the program. A 2009 [return on investment](#) evaluation commissioned by The Oregon Consortium/Oregon Workforce Alliance showed a return of \$1.46 for every dollar youth earned in the program.

The bill also created funds for each program, but did not appropriate resources in this session. OWP will be working with volunteers from its member organizations and other community members to support efforts to fund these important programs.

***The Oregon Workforce Partnership wants to thank those who worked on both these initiatives to provide input and to inform Oregon legislators about the importance of these programs.***

## Oregon Workforce Partnership

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OREGON WORKFORCE  
PARTNERSHIP

Oregon Workforce Partnership is a non-partisan, private/public, statewide association. Our mission is to build a more highly skilled workforce to support and expand the state's economy.

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We're on the Web!

See us at:

<http://oregonwfpartnership.org/>

## What's Next

We will be implementing the *Putting Oregon Back to Work Program*, and gathering data and success stories to share with appropriators and the Governor's Office.

Unfortunately, federal funding is no longer available for the Employer

## Other Bills of interest

OWP is in examining other bills that passed in the last session that may have an impact on workforce development.

Examples include:

- [SB 909](#) creates a unified "zero-to-20" education investment board that will create a budgeting process based on outcomes.
- [HB 3362](#) encourages public and private partnerships to provide career technical educational services to make sure Oregon's workforce is prepared for the jobs of the future.
- [SB 817 Oregon Low Income Community Jobs Initiative](#) creates a tax credit against

income and corporate excise taxes equal to 39 percent of the cost of a qualified equity investment.

- *Department of Human Services Budget* took significant cuts to the JOBS program. The program is designed to help welfare recipients become employed.

## On the federal level

The last year has been mixed on the federal front.

### The Federal Budget

Earlier this year, the House of Representatives passed H.R. 1, a resolution that would have eliminated funding for much of our workforce system. With support from Oregon businesses, labor and partner advocates, the final bill included only a 10% cut to the Workforce Investment Act Title IB programs. Title IB funds support Local Workforce Investment Boards and many skill development programs in Oregon's WorkSource Centers.

However, based on the federal funding formula, Oregon took a much larger hit, close to 25%. Overall, Oregon is down 38% (without adjustment for inflation) in WIA Title IB

funding since 2000. OWP is quantifying the impacts of these funding cuts. The first of several [letters to Congress](#) shows the impact on Local Workforce Boards and the organizations that house them. Future fact sheets will analyze the impact on services to job seekers and businesses.

In addition, several programs that support worker training also took significant budget reductions in the last year. The Oregon Workforce Investment Board has begun an effort to better understand the impact of these cuts and to look for opportunities for greater collaboration to deal with these impacts.

### The Workforce Investment Act

The Senate HELP

Committee recently introduced a bill to reauthorize the Workforce Investment Act of 1998. The members of the OWP reviewed the draft bill, which improves upon the previous Act. The HELP Committee planned to "mark up" the bill after the Fourth of July recess, but Congress has cancelled the recess to deal with the federal debt ceiling.

A separate bill has been introduced in the House of Representatives. It is likely that still another bill will be forthcoming in the House. We have not seen either.

We will continue to track efforts to reauthorize WIA, and hope we can continue to count on your assistance in working with our federal delegation.

Workforce Training Fund or the Youth Employment Program. We will develop a strategy to better educate policy makers about the impact of past investment in these programs.

On the federal front, even while Workforce Investment Act

reauthorization moves forward, the federal budget will likely create new challenges for workforce programs. OWP developed a [fact sheet](#) to help local board members and others better understand the appropriation for federal workforce programs.

An updated version will be provided as soon as budget proposals surface.

Have a great summer, and many thanks to all those who wrote letters, called policy makers and provided advice to support workforce development in Oregon.