

**Oregon Healthcare Workforce Committee
Meeting Summary**

September 29 2010
1 – 4 pm

Committee Members in Attendance

Ann Malosh (Vice-Chair)	Kelly Morgan (by phone)
Lita Colligan	David Nardone
June Chrisman	David Pollack
Paula Crone	Mark Richardson (by phone)
Lisa Dodson	Karen Sanders
Terri Johanson	Daniel Saucy
Donna Larson	Kristin Simmons
Marcus Mundy	Jennifer Valentine

OHPR and OWHI Staff in Attendance

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

Committee Members not in Attendance

John Moorhead (Chair)	Dan Lange
Bonnie Bender	Kathyleen Tomlin
Kris Campbell	Judith Woodruff
Sara Hopkins-Powell	

Meeting Summary (Committee actions or decisions in bold)

Ann Malosh convened the meeting at 1:05pm.

Minutes from the August 18th meeting were approved.

Updates

Lisa Angus gave a few updates on Health Policy Board, Committee, and OHA activities:

- All Committees are working to finish at least draft recommendations for the Health Policy Board. The Board's October full-day meeting and its two November meetings will be busy with Committee presentations. All Committee recommendations will also be fed into the "Blueprint"/comprehensive plan document that the Board OHA must deliver to the Legislature by the end of the year.
- The Workforce Committee is scheduled to present draft recommendations to the Board on November 9th and return with final recommendations on December 16th.
- Two groups are currently reviewing Committees' draft recommendations or plans for their impact on particular groups: the Health Equities Policy Review Committee,

convened by the Office of Multicultural Health and Services, and the Safety Net Advisory Council, an existing state advisory body. Both groups will produce an official set of comments from their review processes but, in the meantime, staff notes from the groups' reviews of the Workforce Committee's draft recommendations are included in the meeting materials.

- The state was unfortunately not successful in its application for HRSA state healthcare workforce planning funding, which would have put some additional staff resources into analysis and strategic planning.

There was a brief discussion of Committee membership, since the HRSA grant would have added three new members (representing the state Department of Education, the recognized state federation of labor, and a labor organization, respectively). There are no immediate plans to change or expand Committee membership but the OHA Director's Office maintains a list of interested parties for various Committees.

Recommendation Development

Ann Malosh noted that the intent of today's meeting is for the group to come to agreement on a set of recommendations that reflect the Committee's priorities and respond to the requests outlined in the 9-13-10 memo from Bruce Goldberg. Committee discussion of the memo included the following key points:

- There was concern that the Committee's charge as given in the memo was much larger than they had understood – that the Committee was being asked to recommend an ideal healthcare delivery model rather than steps for staffing that model. However, it was also noted that the Committee's current working documents contain many background assumptions about the bigger picture of reform and where the delivery system should be heading that may need to be articulated more clearly.
- Some members saw the memo's request for boldness as disconnected from previous indications that the Committee should be reasonable about the availability of resources. Others felt the request was to be more aggressive, despite the lack of resources, or at least to give the Board some more and less aggressive options to consider. It was suggested that perhaps the Committee's concern about reasonableness had led it to prematurely limit the strategies proposed to the Board and that, if compromises were necessary, the Board might prefer to make those decisions themselves.
- Several members felt that the request to recommend scope of practice changes was inappropriate for the Committee but that the Committee might want to strengthen existing statements about supporting/removing barriers for professionals to work to the top of their licenses. A few felt there may be future possibilities for collaborative work in this area.
- The group agreed that there was a need to tie all their work back to the triple aim and to point out where its recommendations could be expected to move the dial.

The Committee broke into three small groups to continue development of its recommendations. Please note: audio recording of the small workgroup conversations is not available but each group's report to the full Committee was recorded.

Summaries of the breakout conversations are in a separate document, called "9-29 Breakout Summary DRAFT.doc."

Next steps

Staff will translate the August and September Committee small group and full Committee discussions into a first draft Committee report Committee members' consideration. Members asked that they receive this draft in about two weeks. Committee members will have a week or so to provide feedback and staff will bring a revised version to the October 28th Committee for another round of review. The result will be sent to the Board Planning Committee on November 1 as requested and will form the basis of the Committee's presentation to the Board on November 9th.

Committee members stated that the report should incorporate relevant input and feedback that the Committee had received from other groups including the Commonwealth/Quality safety net medical home group, the Health Equities Policy Committee, and others. They also made the following suggestions for report organization and content:

1. Describe where we are going - the vision of what the Committee thinks the workforce should look like.
2. Include some preamble material and/or assumptions that describe the larger context in which the Committee intends its recommendations to be considered and possibly implemented. Included in this should be a statement that the ultimate goal is more health, not more healthcare, since recommendations on workforce can feel like they are about building systems rather than health.
3. Tell the story – give an example of what each recommendation might look like when effective.

Public Comment

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

Ms. Malosh adjourned the meeting at 3:50pm.