

# Oregon Healthcare Workforce Committee

## AGENDA

June 8, 2011  
11 A.M. - Noon

Via web (no registration required):

<https://sas.illuminate.com/m.jnlp?sid=2008418&password=M.CCC8E05F2D995B04EE3F76CABFF4E8>

#	Time	Agenda Item	Presenter(s)/Facilitators	Action Item
1	11:00	Welcome	Chairs	
2	11:05	OHA, OHPB, and OHWI updates	Lisa Angus Jo Isgrigg	
3	11:10	Review & get feedback on projects and overall workplan: scope, timing, and approach	Chairs & staff All	X
4	11:40	Workgroup membership: leads, members, and suggestions for external participants	All	
5	11:50	Next steps	Chairs & staff	
6	12:00	Adjourn		

### Meeting materials:

1. Committee & workgroup draft workplan
2. Revised Committee charter

**Oregon Health Policy Board  
Health Care Workforce Committee**

Approved by OHPB on May 10, 2011

I. Authority

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The Health Care Workforce Committee is established by House Bill 2009, Section 7 (3)(a). This charter defines the objectives, responsibilities and scope of activities of the Health Care Workforce Committee. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008) outlines the following ways in which training a new health care workforce addresses the triple aim:

Improves population health by:

- Ensuring an adequate numbers of health care providers in all areas in Oregon
- Improving access to primary care services by increasing the number of primary care providers of all types (not limited to physicians)

Improves the individual's experience of care by:

- Ensuring individuals have access to the providers they need in their communities
- Ensuring the diversity of Oregon's population is reflected in its provider workforce
- Ensuring providers are prepared to provide culturally competent care

Reduces per capita costs over time by:

- Ensuring providers are working at the top of their licenses
- Expanding the use of community health workers to provide cost-effective care

This charter will be reviewed annually to ensure that the work of the Committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Deliverables

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The Health Care Workforce Committee is chartered to coordinate efforts in Oregon to recruit and educate health care professionals and retain a quality workforce to meet the demand created by the expansion in health care coverage, system transformation and an increasingly diverse population. The Workforce Committee will advise and develop recommendations and action plans to the OHPB for implementing the necessary changes to train, recruit and retain a changing health care work force that is scaled to meet the needs of new systems of care: recommendations for patient-centered primary care homes and the implicit role of primary care in chronic care management will depend on how effectively we are able to respond to the workforce supply challenge.

One important objective of the Health Care Workforce Committee is to become the most complete resource for information about the health care workforce in Oregon by improving data collection and assessment of Oregon's health care workforce through regular analysis and reporting of workforce supply and demand. Initial efforts will focus on the health care workforce database created through HB 2009, which will include detailed demographic and practice data for the following professions: occupational therapists and certified occupational therapy assistants; physicians and physician assistants; nurses and nursing assistants; dentists and dental hygienists; physical therapists and physical therapy assistants; pharmacists and pharmacy technicians; and licensed dietitians.

The Health Care Workforce Committee will focus its work on identifying resources, needs, and supply gaps, and ensuring a culturally competent workforce that is reflective of Oregon's increasing diversity. To the extent possible, the Committee will coordinate and align recommendations of other health care workforce initiatives in its biennial recommendations to the Oregon Health Policy Board.

The Committee shall deliver to the Board the following:

- A report describing promising staffing models and/or workforce roles for Coordinated Care Organizations, Person-Centered Health Homes, or similar integrated, coordinated health care service delivery organizations, anticipating the adoption of these models in both the public and private sectors.
  - The report should identify the health care workforce competencies required to implement promising models and recommend actions necessary to ensure those competencies within Oregon's health care workforce.
- Recommendations for standard administrative requirements for student placement in clinical training settings in Oregon (SB 879).
- A strategic plan for primary care practitioner recruitment in Oregon, developed in collaboration with interested parties (HB 2366).
- A brief report outlining alternatives to the current Office of Degree Administration processes for reviewing and approving new public educational programs or locations.
- Recommendations to OHA staff for metrics and/or analytical approaches to apply to the Oregon Health Care Workforce Database in order to identify emerging trends and issues related to changing workforce needs in a new delivery system.
- A biennial report to the Board of recommended strategies, actions and policy changes, including statutory changes if required, that support the recruitment, retention and distribution of Oregon's health care workforce, with an emphasis on primary care. The strategies and actions should include licensure strategies for a 21<sup>st</sup> century health care workforce.

### III. Timing

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- The report on staffing models for integrated and/or coordinated care will be completed by December 2011.
- Recommendations for standard administrative requirements for student placement in clinical training settings will be completed no later than June 2012.
- The strategic plan for primary care practitioner recruitment will be completed by September 2012.
- The Committee will provide a report outlining alternatives to the current adverse impact process for public institutions by November 2011.
- Recommendations to OHA staff regarding metrics and/or analytical approaches for the Oregon Healthcare Workforce Database shall be made on an ongoing basis.
- A report including recommendations for state policy changes that may be required to ensure an adequate health care workforce will be completed by December 31, 2012.

### IV. Dependencies

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The Health Care Workforce Committee will seek information from and collaborate with a wide range of partners including:

- a. The Oregon Workforce Investment Board and regional Workforce Investment Boards
- b. The Department of Community Colleges and Workforce Development, the Oregon University System, OHSU, and other educational groups
- c. Health care professional licensure and certification boards
- d. Health care employers and providers
- e. The Oregon Office of Rural Health, the Oregon Primary Care Office, and Oregon's Area Health Information Centers (AHECs)
- f. The Oregon Employment Department

The Health Care Workforce Committee will provide draft recommendations and action plans for input to:

- a. OHA senior staff
- b. Oregon Health Policy Board

### V. Staff Resources

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The Oregon Workforce Institute (OHWI) will provide expert consultation to Committee leadership and staff and OHWI's Executive and Associate Directors will participate in Committee meetings and other activities alongside Committee Members.

OHA policy analyst: Lisa Angus

## Oregon Healthcare Workforce Committee Workplan 2011-12

### Overview

The Committee has four primary projects for 2011-12 (see below) and will review and give input on other health care workforce related issues as necessary. To accomplish the assigned projects, the Committee will small workgroups focused on each task and each workgroup will involve external participants as needed. The full Committee will meet periodically to review and coordinate the work of each group, and to approve final products for delivery to the Health Policy Board and/or the Legislature. The full Committee will also help communicate the progress of each group to workforce and community partners, and help keep the workgroups informed of relevant partner and community activities.

### Project detail

Project	Key Questions or Request	Product & potential approach	Timing	Membership
Prepare workforce for CCOs and other new delivery models  <b>2010 Committee rec.</b>	<ul style="list-style-type: none"> <li>• What kinds of staffing or workforce models are best suited to new delivery systems?</li> <li>• Do we have the right people and skill sets now? If not, what paths (e.g. education, certification, standards of performance, changes in scope) are needed to get there?</li> <li>• How do we make sure the health care workforce reflects the kind of integration we want to see happening?</li> </ul>	<p><u>Product:</u> Report that:</p> <ul style="list-style-type: none"> <li>• Identifies promising models and related health care professional competencies</li> <li>• Recommends steps to encourage adoption of new models and development of related competencies in current and future workforce</li> </ul> <p><u>Potential approach:</u> 1<sup>st</sup> step is to identify &amp; share info about the kinds of models that produce acceptable outcomes (OHWI June 15 summit is relevant)</p> <ul style="list-style-type: none"> <li>• Lit review/ background paper on likely models</li> <li>• More importantly, since literature is reasonably scarce: input from OR and national entities implementing new models</li> </ul>	October 2011 – Draft report  December 2011 – Final report	Lead:  Committee members:  External participants:
Develop standard admin prereqs for clinical rotations  <b>SB 879 and 2010 Committee</b>	<ul style="list-style-type: none"> <li>• OHA / OWIB collaborate with the OWIB and a range of education and employer stakeholders to develop standards.</li> <li>• At a minimum, standards must:               <ul style="list-style-type: none"> <li>· Address drug screening; immunizations; criminal records checks; &amp; HIPAA orientation</li> <li>· Apply to nursing an allied</li> </ul> </li> </ul>	<p><u>Product:</u> Report with recommended standards and steps for implementation</p> <p><u>Potential approach:</u></p> <ul style="list-style-type: none"> <li>· Background research on current requirements of major players – work with OCN, OAHSS &amp; others</li> <li>· Convene broad group and communicate well from outset to support participation and buy-in for eventual product</li> <li>· Involve regional WIBs for connection to employers?</li> </ul>	Preliminary report to Comm. Nov 2011  March 2012 - Draft report to HPB  June 2012 – Report to	Lead:  Committee members:  External participants:

<p>rec.</p>	<p>health students training in hospital and ASC settings</p> <ul style="list-style-type: none"> <li>• Workgroup shall also make recommendations for implementation of the recommended standards</li> </ul>		<p>Legislature</p>	
<p>Strategic plan for primary care provider recruitment</p> <p><b>HB 2366-A; similar to 2010 Committee rec.</b></p>	<ul style="list-style-type: none"> <li>• Plan must address: <ul style="list-style-type: none"> <li>· Existing recruitment programs and best practices?</li> <li>· Role for promotional materials?</li> <li>· Role for a pilot visiting program?</li> <li>· Potential funding opportunities for coordinated recruitment?</li> <li>· Best entities to implement the plan?</li> </ul> </li> </ul>	<p><u>Product:</u> strategic plan</p> <p><u>Potential approach:</u></p> <ul style="list-style-type: none"> <li>· Start w discussion with Sen. Wyden’s up front office since this relates to his interest (<i>John?</i>)</li> <li>· Rural focus, since that’s where most of need is</li> <li>· PC focus means range of professions but also gen surgery</li> <li>· Could potentially get intern help over the summer, esp. with environmental scan part, project design.</li> </ul>	<p>Intern work over the summer</p> <p>Preliminary report to Comm. March 2012</p> <p>March 2012 - Draft report to HPB</p> <p>June 2012 – Report to Legislature</p>	<p>Lead:</p> <p>Committee members:</p> <p>External participants:</p>
<p>Clarify adverse impact policy</p> <p><b>2010 Committee rec.</b></p>	<ul style="list-style-type: none"> <li>• In the interest of ensuring an adequate health care workforce for Oregon, are there improvements to be made to the current system of reviewing and approving new educational programs or sites for community colleges?</li> </ul>	<p><u>Product:</u> Short report with recommended changes to statute, rule or practice</p> <p><u>Approach:</u></p> <ul style="list-style-type: none"> <li>· Informal reach out to OSAC, followed by more formal communication</li> <li>· Assemble WG – 4 or 5 mtgs total? <ul style="list-style-type: none"> <li>· 1 – Orientation to current process, what works &amp; what doesn’t</li> <li>· 2 – Other models or elements to consider</li> <li>· 3-5 – Discuss changes to statue, rules, and/or practice</li> </ul> </li> </ul>	<p>Report to Comm. Nov 2011</p>	<p>Lead:</p> <p>Committee members:</p> <p>External participants:</p>

**Proposed staging**

'X' represents a full Committee meeting

Project	2011								2012											
	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Staffing for new models of care delivery		X	X			X			X				X				X			
Standardized clinical rotation pre-requisites		X	X			X			X				X	Leg. rpt			X			
Strategic plan for PC (physician) recruitment		X	(Intern?)			X			X				X		X		X			
Adverse impact revisions		X	X			X			X				X				X			