Oregon Healthcare Workforce Committee

AGENDA

September 29, 2010
1 – 4 pm

Portland State Office Building, Room 1E
800 NE Oregon Street, Portland, 97232

#	Time	Item and related material	Presenter(s)	Action Item
1	1:00	Welcome	Chairs	
2	1:05	Approval of August 18 meeting summary	Chairs	X
3	1:10	Update on Health Policy Board & Committee activities	Sean Kolmer Lisa Angus	
4	1:20	Health Policy Board feedback on material from August 18	Chairs, staff	
5	1:30	Refine action steps and overall strategies for addressing Committee priorities *Group work: one group for each of the Committee's three priorities*	All	
6	2:30	Break		
7	2:45	Refine action steps and overall strategies for addressing Committee priorities *Full Committee discussion & prioritization*	All	
8	3:45	Public comment	Chairs	
9	4:00	Adjourn		

Meeting materials:
1. Draft agenda
2. Draft August 18 meeting summary
3. Notes on priorities and recommendations from August 18 breakout sessions
4. Feedback on initial recommendations from Health Policy Board and OHA leadership

Next meeting: Thursday October 28, 1 – 4 PM, Wilsonville Training Center

Oregon Healthcare Workforce Committee
Meeting Summary

August 18 2010
1 – 4 pm

Committee Members in Attendance
John Moorhead (Chair)
Bonnie Bender
Kris Campbell
Lita Colligan
Paula Crone (phone)
Lisa Dodson
Sara Hopkins-Powell
Terri Johanson
Kelly Morgan
David Pollack
Mark Richardson
Karen Sanders
Daniel Saucy
Kristin Simmons
Jennifer Valentine
Judith Woodruff

OHPR and OWHI Staff in Attendance
Jo Isgrigg (OHWI)
Jennifer Swendsen (OHWI)
Sean Kolmer (OHPR)
Lisa Angus (OHPR)

Committee Members not in Attendance
Ann Malosh (Vice-Chair)
June Chrisman
Dan Lange
Donna Larson
Marcus Mundy
David Nardone
Kathyleen Tomlin

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

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

Minutes from the July 21 meeting were approved.

DRAFT

Updates

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

- Three topics were covered at the last Health Policy Board meeting:
  - Workgroup recommendations on administrative simplification were adopted.
  - Preliminary proposals on recommendations for a statewide insurance Exchange were discussed. Discussions and planning on this topic will continue and will include public forums around the state in September and October. The Health Authority is required to deliver a proposed Exchange business plan to the Legislature in December.
  - Consultant Bill Kramer gave some background on the topic of a public insurance plan. The Health Authority is required to report to the Legislature in December on the feasibility of a public plan.
- Latest budget estimates (in advance of the August forecast) are that the state still has a shortfall of anywhere from $200 - $500M for this biennium.
  - Committee members observed that there was a need to create jobs in Oregon (in addition to reducing spending) and that the Workforce Committee has an opportunity to help do that. Probable return on investment must be clear.

Action Steps for strategic recommendations

John Moorhead gave an introduction to the next section of the agenda, which had Committee members breaking into three groups to propose concrete action steps, actors, and timelines for each of the Committee's initial recommendations in three priority areas. Members were encouraged to make recommendations specific, action-oriented (i.e. avoid recommending additional committees or further deliberation where possible), and feasible in light of the state's budget situation.

Summaries of the breakout conversations and subsequent reporting back to the whole Committee are in a separate document, called "8-18 Breakout Summary DRAFT.doc."

Action steps wrap-up

Staff will transcribe action steps generated by the breakout groups and suggest additional detail where needed. The result will be distributed to Committee members for review and revision before the next meeting.

Cross-committee coordination

The Committee reviewed a document outlining potential requests to or from other Health Policy Board and OHA committees/workgroups. One or two members volunteered to take the lead on connecting to those other groups, with support from OHPR staff.

Public Comment

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

Dr. Moorhead adjourned the meeting at 4:00pm.

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Priority 1: Prepare current and future health care professionals to support system transformation via emerging models of integrated, team-based primary care delivery (e.g. primary care homes).

Conduct workforce studies of primary care home pilot projects and similar models of care to identify the functions, roles, skills, expertise, and knowledge needed for inter-professional teams and care management/coordination.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Require OHA delivery reform pilots (primary care homes, behavioral health integration etc.) to include analysis of workforce functions, skills, expertise etc. and to share analysis results with the Healthcare Workforce Committee. ∗ Include assessment of workforce design implications for cost & quality.	2011 (*and ongoing?*)	OHA
Conduct meta-analysis of existing literature and reach out to experienced providers (e.g. Kaiser) for input on workforce needs, what works, and what doesn't.	2011	OHA
Ask Legislature to direct Boards to work with OHA in establishing flexibility within and/or safe harbor from scope of practice regulations within the context of delivery reform pilots.	*2011*	*Legislature → Licensing Boards*

Inform the development of curricula for inter-professional training and care management and use of technology.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Require all licensed and credentialed providers to demonstrate competency *or efforts to improve competency* in: (1) inter-professional care delivery; (2) culturally competent care; (3) health information technology; *(4) prevention, wellness, and public health (see HIP committee recs to Workforce) (5) other key topics TBD?* ∗ Set competency standard but allow flexibility in method of attaining it. ∗ Request information from healthcare professional educational programs on current training provided in each identified competency area.	2011-13	OHA

Create market conditions for the health system to respond to transformation through appropriate reimbursement strategies, in coordination with Health Incentives and Outcomes committee and the Payment Reform Subcommittee.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Link Health Authority data on workforce (Oregon Healthcare Workforce Database) with Employment Dept. data on compensation to enable analysis of salary and potential economic incentives.	2010	OHPR and Employment Dept.
Seek joint resolution with Incentives & Outcomes Committee to ensure that quality and payment reforms can include a wide range of current and future workforce roles and functions.	Ongoing	Workforce Committee Chairs

Priority 2: Build the size and capacity of the health care workforce, particularly primary care, to help meet the anticipated increase in demand for health care services.

Revitalize the state's primary care practitioner loan repayment program.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Require biennial review of occupations eligible for program participation biennially to allow adaptation for new care models and changing workforce shortages.	2011	Legislature → Office of Rural Health
Require consultation with Workforce Committee on initial priority occupations. ∗ Preliminary prioritization thoughts: fill federal gaps; target underserved populations both geographic and economic; incent care coordination roles.	Immediate, and 2011	Legislature → Office of Rural Health
Explore innovative program financing options	*Immediate, and 2011??*	*Office of Rural Health??*
ALTERNATIVE PROGRAM DESIGN OPTION: Provide funds to communities, rather than individuals, and require community match. Engage business and economic development sectors. Communities then provide funds (as loan repayment, salary adj. etc.) to the practitioners they need, with requirements for years of community service.	TBD	TBD

Explore interests in and barriers to cooperative (multi-community) health care professional recruitment efforts with Oregon's rural and underserved communities to make the best use of finite resources.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Establish a non-profit cooperative recruitment program to attract primary care providers to rural communities for less cost. ∗ Follow model of Oregon rural locum tenens program or national 3RNet (www.3RNet.org): voluntary participation, small fees for both job seekers and employers fund operation.	*2011-12?*	Oregon AHEC or Office of Rural Health

Increase Oregon's primary care training capacity for current and future health care workforce needs.

Action Step(s)	**Time Frame** (Specify unit of time, e.g. year, biennium, etc.)	**Actor** (Who should be doing the identified action steps?)
Provide endorsement and/or support for collaborative, multi-institution and/or multi-sector (education, industry, etc.) applications for federal funding to support primary care workforce training and expansion. *Enable expansion of Oregon Healthcare Workforce Database as needed to capture data on the full range of primary care professionals for planning purposes.*	*Ongoing* *2011*	*OHA and Healthcare Workforce Committee* *Legislature → OHA*

Priority 3: Strengthen the health care workforce pipeline to ensure that Oregon has enough health care workers with the right training in the right places.

Maintain ~~funding~~ resources for health professions education programs despite state budget cuts.

Action Step(s)	Time Frame (Specify unit of time, e.g. year, biennium, etc.)	Actor (Who should be doing the identified action steps?)
Build the business case for investment in healthcare workforce (e.g. current vs. required capacity, cost to maintain and expand workforce, ROI if shortages were filled – all by region).	90 days total	OHWI, Hosp. Assoc., Employment Department, Workforce Committee

Create a favorable policy and regulatory environment for the expansion of health care professional training and placement and the development new of new training models. This includes

- Removing or revising the state's adverse impact policy and detrimental duplication process to develop new health care education programs.
- Minimizing delays for qualified health professionals from other states applying for licensure in Oregon.
- Reducing liability risk for students' clinical training in the work environment.
- Aggregating student background check functions.
- Standardizing contractual relationships related to clinical placements between education and clinical training sites.

Action Step(s)	Time Frame (Specify unit of time, e.g. year, biennium, etc.)	Actor (Who should be doing the identified action steps?)
Revise the state's adverse impact policy and detrimental duplication process to develop new health care education programs. ∗ Need to develop specific recommendations for changes, and find a sponsor – do within 60 days	2011	Need to ID legislative sponsor
Reduce time for licensure approval for out-of-state applicants ∗ Survey Boards to identify areas for improvement ∗ Prepare recommendations to Health Authority & Boards	Nov 2010	OHWI → Workforce Committee → OHA and Licensing Boards
Ask Medical Liability taskforce to address issue of student clinical liability (*or to recommend another group to assist*) ∗ Frame problem statement first	2010	Workforce Committee
Standardize and centralize background tests for student clinical training		

placements ∗ Convene facilities, educators, and insurers to agree on what tests are required, by discipline ∗ Require students to use accepted vendor(s) (chosen by RFP or certified by OHA) for tests ∗ Require facilities to accept "passport" from vendors as proof of tests	2010-2011	CCWD, OHA

Memo

To: John Moorhead, Ann Malosh, Workforce Committee members and staff

From: Bruce Goldberg

CC: Tina Edlund, Eric Parsons, Lillian Shirley

Date: 11/3/2010

Re: Initial Draft of Workforce Committee Recommendations to the Oregon Health Policy Board

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Healthcare Workforce Committee and Staff,

This memo is to first thank you for all of the hard work you have done in managing the important work of the Oregon Health Policy Board's (OHPB's) Healthcare Workforce Committee. Secondly, we wanted to pass along some feedback from Board members and OHA leadership who reviewed an early draft of the Committee's strategies and action steps on August 31st.

As you know, the Board's focus for Oregon's reform efforts is the Triple Aim: improving health; increasing the quality, reliability and availability of care; and lowering or containing the cost of care.

Board members appreciated that the Committee's recommendations to date are clear, specific, and action-oriented. However, they would like to see the same clarity at the strategy level and have recommendations that reflect the transformation needed to deliver care in a Triple Aim-oriented system:

- What should Oregon's healthcare workforce look like in 10 years (how many providers are needed; what roles should they have; what's the ideal system for delivering care to achieve the Triple Aim)?
- What is the committee's strategy for achieving that vision?
- How far are the Committee's initial recommendations expected to move the state toward that vision? and
- What are the next steps after the initial activities currently proposed?

Secondly, the Board encourages the Committee to be bold and creative in the range of strategies considered for increasing the capacity and quality of Oregon's healthcare workforce around the goals of the Triple Aim. The majority of current recommendations seem to be about training – making clinical training more available, adjusting the content of training to reflect new models of care, etc. We suggest that the

Committee develop policies that include changes to payment policies and scope of practice.

Finally, a specific request regarding the recommendation to revitalize the state's primary care loan repayment program: if this item remains in the final set of recommendations, please suggest what level of investment is needed and provide the Committee's thoughts on reasonable options for generating the revenue for that investment.

The Workforce Committee is scheduled to present draft recommendations to the Board in November. It would be helpful to see the draft by November 1. That way the Board Planning Committee can be certain that this is moving in the right direction or further refinements can be made before the full Board meeting.

Please feel free to call with any questions.

Workforce Committee Relevant Dates for Remainder of 2010
9-29-10

September 29 - Committee meeting. Continue to develop strategic recommendations.

Early October - Start writing up Committee report based on August and September work.

3rd week October - Circulate draft report material to Committee.

October 28 - Committee meeting; get buy-off on draft recommendations

November 1 – Send preview of Committee's draft recommendations to Board Co-chairs

November 2 - Material for Board meetings typically goes out a week in advance. (We may have fulfilled that expectation with the Nov. 1 request.)

November 9 - Presentation of draft recommendations to the Board (meeting is in Eugene). On Draft blueprint/comprehensive plan, which will include our recommendations and those of other Committees, will also be presented on this date.

November 16 - Committee meeting. Review Board's comments on draft recommendations and discuss any changes needed.

December 14 – Presentation of final recommendations to the Board.

December 16 - Committee meeting scheduled.

Preliminary Feedback from Health Equity Policy Review Committee (HEPRC) and Safety Net Advisory Council (SNAC)

Notes for Workforce Committee Meeting 9-29-10

General Feedback

- Make disparities and equities language stronger and more specific throughout Committee materials. For example: "Ensure" vs. "value" diversity, and what does diversity mean or look like?
- Evaluate and take accountability for impact of strategies on health equity and healthcare disparities
- Prioritize production and analysis of data on workforce capacity, distribution, future plans, etc., as this information is a key strategic planning resource for SNAC and other groups.

Feedback for Priority 1 (prepare the workforce for new models of care)

- Utilize the expertise of the safety net, which already has skills and models for delivering care in new ways.
- There is a need for ongoing learning collaboratives to help organizations address workforce priorities and strengthen capacity for delivering care in new ways (SNAC)
- Cultural competency and working in diverse teams are key skills (HEPRC)

Feedback for Priority 2 (increase size and capacity of the [primary care] workforce to meet demand in 2014 and beyond)

- Reimburse for peer-delivered services and group visits as a way of extending workforce capacity and improving the quality of care. (SNAC)
- Reimburse for services of community health workers, healthcare interpreters (HEPRC)
- Make mental and behavioral healthcare providers eligible for primary care loan repayment (HEPRC)

Feedback for Priority 3 (strengthen the workforce pipeline)

- Expand strategy about minimizing licensure delays to include applicants from other countries, both immigrants and refugees, as an opportunity to diversify the workforce (HEPRC)
- Propose strategies to encourage children of color in K-12 to consider health care careers, e.g. use residents, nursing trainees, etc. as mentors

Suggestions for Healthcare Workforce Database

- Include mental health and eye care/vision providers
- Capture data on:
  - Cultural competency of providers (via patient experience survey, not workforce database)
  - Provision of telemedicine, as it relates to availability (do you provide telemedicine services and where?)
  - Preventative services being furnished by providers
- Analyze:
  - Homegrown Oregon providers vs. out of state/country
  - Provider turnover