

Oregon Healthcare Workforce Committee

AGENDA

July 21, 2010

**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 June 24 meeting summary	Chairs	X
3	1:10	Follow-up discussion of June multicultural workforce presentations	All Committee members	
4	1:25	HRSA workforce planning grant	Jo Isgrigg Lisa Angus	
5	1:45	Update on Health Policy Board & other Board Committee activities	Chairs Sean Kolmer Lisa Angus	X
6	2:15	Review revised 1-page priorities and strategic recommendations document	Chairs	X
7	2:30	Break		
8	2:45	OPCA/CareOregon primary care home pilots: workforce implications	Craig Hostetler, Oregon Primary Care Association (OPCA) and Rachel Solotaroff, Central City Concern	
9	3:20	Recommendations for Oregon healthcare workforce database	Jo Isgrigg Committee workgroup	
10	3:30	Public comment	Chairs	
11	3:45	Adjourn		

Meeting materials:

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. Draft agenda 2. Draft June 24 meeting summary 3. Workforce planning grant abstract 4. OHPB-OWIB letter for workforce planning grant 5. Health Policy Board 2010 schedule 6. Timeline for Health Policy Board Committee deliverables | <ul style="list-style-type: none"> 7. OMCHS Equity review tool 8. Revised 1-page summary of Committee priorities and short-term recommendations 9. Update on licensed professions database 10. Background material for OPCA / CareOregon presentation |
|---|---|

Next meeting: Wednesday August 18, 1 – 4 PM, **Portland State Office Building**

**Oregon Healthcare Workforce Committee
Meeting Summary**

June 24, 2010
1 – 4 pm

Committee Members in Attendance

John Moorhead (Chair)
Ann Malosh (Vice-Chair)
Bonnie Bender
Kris Campbell
June Chrisman
Lita Colligan
Lisa Dodson
Sara Hopkins-Powell
Terri Johanson
Kelly Morgan (phone)
Marcus Mundy
David Pollack
Mark Richardson
Karen Sanders
Daniel Saucy
Jennifer Valentine

OHPR and OWHI Staff in Attendance

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

Committee Members not in Attendance

Peter Angstadt
Paula Crone
Dan Lange
Donna Larson
David Nardone
Kristin Simmons
Kathyleen Tomlin
Judith Woodruff

Meeting Summary (Committee actions or decisions in bold)

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

Minutes from the May 26th meeting were approved.

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

- A medical liability taskforce has started to examine current state medical liability laws and policies, their impact on the cost and delivery of healthcare, and to develop a range of medical liability reform proposals for consideration by the Oregon Health Policy Board.
- The Office for Health Policy & Research, working with the Oregon Patient Safety Commission and the Center for Evidence-Based Policy at Oregon Health and Sciences University has also received one of 13 AHRQ grants nationwide to explore linking evidence-based medical practice and medical liability
- Various HPB Committees are starting to deliver preliminary recommendations to the Board – the administrative simplification group presented at the last Board meeting and the Health Improvement Plan Committee will present in July.
- Committee staff are helping to coordinate and integrate Committees' work and may have draft products or specific requests for feedback to bring to the Workforce Committee (e.g. would the Committee suggest any particular workforce capacity indicator as a measure of access to care for a statewide scorecard?).

The Committee reviewed a draft one-page summary of its priorities and short-term strategic recommendations, created by staff based on the Committee's discussion in May. Members approved of the summary in general, with some edits and additions to be incorporated and brought back to the Committee in July (see below for significant edits). It was agreed that this general summary would be very useful for overview and for a general audience, but that it should be accompanied by a second-level document with more detailed suggestions of how to implement the recommendations. (Members suggested embedding links in the one-pager to allow readers to jump to the detailed implementation ideas for each broad recommendation). Many of those second-level recommendations have already been articulated by the Committee, so staff will assemble those into a linked document and return the result to the Committee for review. Key changes to the draft one-pager of priorities and strategic recommendations included:

- Ensure that recommendations are pointed to both new and incumbent workforce wherever appropriate
- Add something to the principles section about actively pursuing resources to support the Committee's recommendations and remove the word "funding" from rest of the document unless it really is the primary or only recommendation. Instead, list funding among the all other implementation strategies outlined in the second-level document.
- Add a recommendation about developing appropriate compensation strategies for new roles in Priority 1
- Change the last recommendation under Priority 3 to a more general one, along the lines of eliminating barriers and creating a favorable regulatory environment for the expansion of training opportunities and the development of new training models.

Tricia Tillman, Director of the Oregon Health Authority's Office of Multicultural Health and Services (OMCHS), gave an overview of what the Office is looking into to improve the cultural competency and diversity of the health and healthcare workforce, including:

- Having institutions/employers share their recruitment and retention strategies for diversity
- Promoting the use and appropriate reimbursement of community health workers
- Requiring professionals to complete continuing education in cultural competency (CEU requirement for license renewal), with OMCHS to review and recommend existing curricula or tools.

Committee members gave some feedback on the last item, including:

- Coordinating with Oregon AHECs and OPCA, who have a grant to do some cultural competency training for community health centers
- Ensuring that providers can satisfy the requirement in a variety of ways, rather than through a single agency's training.

Ms. Tillman and Committee members agreed that it would be appropriate for OMCHS to act as an intermittent consult to the Committee on multicultural issues.

Claudia Garcia and Gerardo Ochoa of Linfield College gave a presentation about the success of Linfield's strategy to recruit and retain diverse students into their nursing program. The full presentation is available with the June 24 meeting materials on the Committee's website at: <http://www.oregon.gov/OHPPR/HPB/Workforce/HealthCareWorkforceCommittee.shtml>

Kirsten Wall of OHSU and Keith Walters of PSU gave a presentation about their collaboration to utilize master's linguistics students from PSU to provide training for English Language Learners within OHSU's workforce. The full presentation is available on the Committee's website at: <http://www.oregon.gov/OHPPR/HPB/Workforce/HealthCareWorkforceCommittee.shtml>

Jo Isgrigg announced that updates and potential recommendations for the Oregon Healthcare Workforce Database will be distributed via email for discussion at the next Committee meeting.

The Committee briefly discussed how to provide feedback on a 2011 proposed legislative package from the Oregon Academy for Family Practice (OAFP). Members who had reviewed the material commented that, while the Committee's perspective on the healthcare workforce is broader than just physicians, several of the OAFP proposals align with the Committee's developing priorities of building the primary care workforce and preparing professionals to work in new models of care delivery. The Committee instructed staff to prepare a response for OAFP that indicates alignment on concepts while not endorsing particular funding amounts and suggests to the OAFP that they prioritize among their requests. Members were supportive of building a relationship with OAFP and other stakeholders but agreed that it was not necessary to invite OAFP representatives to a future meeting to receive feedback on the legislative package; Committee member Lisa Dodson participated in the development of the OAFP proposals and can interface with the group as necessary.

Public Comment

Dr. Tom Eversole, Director of Strategic Development for OSU's College of Public Health and Human Sciences, commented that he hoped the Committee would consider development of the public health workforce within its scope. Dr. Eversole provided members with a summary of Oregon's public health workforce needs and a brief background on the value of prevention.

Available soon on the Committee's website?

Dr. Moorhead adjourned the meeting at 4:10pm.

DRAFT

ABSTRACT

Project Title: Oregon Health Care Workforce Planning Project

Applicant Name: The Office for Oregon Health Policy and Research (OHPR) on behalf of the Oregon Workforce Investment Board (OWIB).

Address: 1225 Ferry Street SE, 1st Floor, Salem, OR 97301

Contact Phone No.: Lisa Angus, MPH, 503.373.1632 (phone) 503.378.5511 (fax)

Email Address: lisa.angus@state.or.us

Web Site Address: <http://www.worksourceoregon.org/index.php/state-workforce-board> and <http://www.oregon.gov/OHPPR/index.shtml>

The Oregon Workforce Investment Board (OWIB), in partnership with the Oregon Health Policy Board and its Health Care Workforce Committee, proposes a planning project to develop a strategic and comprehensive health care workforce development strategy for the state. Leveraging and expanding on existing efforts, the project will maximize Oregon's ability meet its current and future health care workforce needs.

The OWIB has partnered with the Oregon Health Policy Board in naming the Oregon Health Care Workforce Committee (Committee) the designated statewide planning partnership for this grant opportunity. Created by the Oregon Legislature in 2009 to coordinate state efforts to educate, recruit, and retain a quality workforce that will meet the demand for health care created by expansion in health care coverage, system transformation and an increasingly aging and diverse population, the Committee is the ideal partnership to achieve the project goals. The Oregon Health Care Workforce Development Planning Project will expand and accelerate the Committee's work by adding a dedicated coordinator into the existing staff infrastructure, leveraging existing resources and partnerships, and providing resources for more in-depth and sophisticated health care workforce data collection and analyses. These efforts will inform the creation of a comprehensive strategic plan with a vision for the needs of a redesigned health care system.

Over the past few years, Oregon has intensified its efforts to increase the quality and quantity of its health care workforce as an essential element of its comprehensive health care reform strategy. This HRSA grant funding would address the coordination of multiple health care workforce efforts occurring in the state and would extend and enhance opportunities for addressing urgent workforce shortages within an abbreviated time period. The outcome of this project—a comprehensive statewide strategic plan with an emphasis on primary care—will provide Oregon with a clear direction and a set of concrete actions for building its health care workforce and will set the stage for Oregon to obtain and leverage additional financial resources to implement its workforce development strategies.



Oregon

Theodore R. Kulongoski, Governor

Oregon Health Authority

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July 13, 2010

Mr. Dave Williams
Chair, Oregon Workforce Investment Board
NW Natural
220 NW 2nd Avenue
Portland, OR 97209

Dear Mr. Williams,

On behalf of the Oregon Health Policy Board (OHPB), I am writing to express my appreciation of the Oregon Workforce Investment Board's willingness to partner with the OHPB on Oregon's application for State Health Care Workforce Development funding from the Health Resources and Services Administration (HRSA). The OHPB views this application as the first product of an ongoing collaboration between our two Boards to support the growth and development of Oregon's healthcare workforce.

As you know, the OHPB's Healthcare Workforce Committee (Committee) is charged with making recommendations to ensure that Oregon is prepared to meet the anticipated demand for health care created by expansions in health insurance coverage, system transformation and an increasingly diverse population. The Committee's initial priorities are still being refined but they reflect the OWIB's goals of creating an agile, innovative workforce and a flexible, demand-driven workforce preparation system. In addition to a common vision, the OWIB and the Committee already share key membership and advisors; the Oregon Center for Nursing is represented on our Workforce Committee and the Oregon Healthcare Workforce Institute provides lead staff support.

Given the complementary mission and membership of our Boards, we are happy to support the designation of the OHPB Healthcare Workforce Committee as an advisory committee to the OWIB. Beyond satisfying the eligibility requirements for the State Health Care Workforce Development program, this relationship will provide tangible evidence of our joint commitment to sharing information and expertise. The Committee includes healthcare professionals, educators, and employers who can offer the OWIB their deep knowledge of best practices in educating, recruiting, and retaining quality healthcare professionals. In turn, the Committee will benefit from the OWIB's broad membership and industry perspective.

Most importantly, coordination between the OHPB and the OWIB will ensure that our recommendations for workforce development are aligned. We look forward to working together to build a robust healthcare workforce for Oregon.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Parsons', with a long horizontal flourish extending to the right.

Eric Parsons
Chair, Oregon Health Policy Board

OHPB Agenda Schedule (June 2010 to January 2011)		
Month	Board Role	Webinar
June		
Administrative simplification [Dale Johnson, Laura Etherton]	Review & endorse or amend workgroup recommendations	Webinar: Administrative simplification background and survey results [Lynn Marie Crider]
Health Information Oversight Council [Carol Robinson, Steve Gordon]	Review summary of strategic plan and process for stakeholder engagement	
July		
Essential Benefit Package [Jeanene Smith, Lisa Dodson]	Review and comment on draft essential benefit package.	Building the benefit package. Data presentation on cost sharing and relationship to cost sharing. [Jeanene Smith, Darren Coffman]
Health Improvement Plan Committee [Tammy Bray, Lila Wickham]	Review and comment on draft recommendations. Review results of statewide listening sessions.	Oregon's Public Health System [Mel Kohn, Kathleen O'Leary]
Draft Comprehensive Plan [Gretchen Morley]	Review and amend comprehensive plan elements	
August		
DRAFT Business Plan for a Health Insurance Exchange including a public plan	Review/amend	Elements of a public plan: What makes a health plan a "public plan"? Results of modeling re: microeconomic analysis (e.g., expected patterns of take-up in the exchange, numbers potentially waived from individual mandate, etc)
Final recommendations from administrative simplification workgroup	Endorse/amend recommendations	

OHPB Agenda Schedule (June 2010 to January 2011)		
August		
Final recommendations for adoption of essential benefit package	Endorse/amend recommendations	
DRAFT Comprehensive Plan-update	Review	
Preview Legislative Concepts	Review	
September--PUBLIC FORUMS		
OFF	OFF	OFF
October [FULL DAY MEETING]		
Summary of public input from forums		
Final recommendations from Health Improvement Plan Committee	Review and endorse/amend HIP Committee recommendations	
Final business plan for a health insurance exchange and recommendaions for a public plan	Review and endorse/amend final business plan and public plan recommendations	
Public Employers Health Purchasing Committee recommendations	Review/amend PEHPC recommendations.	Background on public employers as purchasers (e.g., OEPP/PEPP)
DRAFT core quality and efficiency measures and payment reform methodologies from Ins and Outs Committee	Review/amend core measures and payment reform methodologies. Review Committee strategy and principles. Review/amend payment reform plan/methodologies.	
DRAFT Comprehensive Plan-update [Gretchen Morley]	Review	

OHPB Agenda Schedule (June 2010 to January 2011)		
November		
Final recommendations from PEHPC	Review and endorse/amend recommendations	
Final recommendations from Ins and Outs Committee	Review and endorse/amend recommendations	
Final business plan for a health insurance exchange and recommendations for a public plan	Review and endorse/amend recommendations	
Workforce Committee Recommendations	Review/amend recommendations.	
Medical Liability Recommendations	Review/amend recommendations.	
DRAFT Comprehensive Plan-update [Gretchen Morley]	Review	
December		
Final recommendations from Workforce Committee	Review/amend recommendations.	
Final recommendations from Medical Liability Task Force	Review/amend recommendations.	
Submit Final Business Plan for an Exchange including a public plan	Approve plan for submission to legislature.	
Final Comprehensive Plan	Approve plan for submission to legislature.	
Legislative Preview	Informational.	
January 2011 [FULL DAY]		
RETREAT		
Review 11-13 Revenue Forecast 2011-2013 Strategic Plan		

Timeline of Oregon Health Policy Board Deliverable Timeline

Committee	Deliverable	Initial Draft Available	Input on Draft Work	Board Presentation
Incentives and Outcomes <i>Payment Reform</i> <i>Quality and Efficiency</i>	Draft Payment Principles	July	September	October – Draft November – Final
	Payment reform recommendations	September		
	Initial set of core metrics (state scorecard)	August	September	October – Draft November – Final
	Initial metrics for use in payment reform	September		
	Recommendations on state role in quality improvement and application of quality measures.	September		
Workforce	Overview of workforce priorities	End of July	September/ October	November – Draft December – Final
	Draft report on workforce strategic plan	End of August		
Public Employer Health Purchasers	Initial report on voluntary common contracting guidelines	September (overall direction); October for draft doc	September	October – Draft November – Final
Health Improvement Plan	Health Improvement Plan	July	August/ September	July - Draft October – Final
Medical Liability	Recommendations	October	October	November - Draft December – Final
Administrative Simplification	Recommendations on initial administrative simplification steps	June		June - Draft August – Final
OHPR Staff work plans	Essential Benefit Package	July		July – Draft August – Final

Timeline of Oregon Health Policy Board Deliverable Timeline

	Health Insurance Exchange Business Plan & Public Option OHPB Blueprint Development	August Outline – July	September/ October August/ September	August – Draft November – Final Updates at every board meeting November – Draft December – Final
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DRAFT
Oregon Office of Multicultural Health and Services
Health Equity Assessment
2010

Health, economic, and social welfare policies in the United States and Oregon have historically intentionally or inadvertently disadvantaged communities of color and other diverse communities. These inequities, well documented by race and ethnicity, are avoidable and unjust. In 2010, the Oregon Health Authority and the Oregon Health Policy Board has acknowledged Health Equity as a fundamental value.

As such, all Oregon Health Policy Board members, committee members, and Oregon Health Authority staff will strive to avoid intentionally or unintentionally creating or maintaining health policies that perpetuate or increase avoidable and unjust health inequities. All members and staff acting on behalf of the Oregon Health Policy Board or the Oregon Health Authority will make every reasonable effort to proactively evaluate all recommended policy improvements throughout the policy making process to assure they fully promote the elimination of related inequities and promote health equity.

The following are questions intended to guide the thought processes of Oregon Health Policy Board members, committee members, Oregon Health Authority staff, community advocates, and legislators in the development of policies that promote health equity. These questions have emerged from numerous local, state, and national resources focused on the best approaches to eliminating racial and ethnic health inequities.

Not all of the questions will apply to all of the committees, but all of the questions should be considered throughout the deliberation process, and specifically, prior to the finalization of any recommendations, to guide the development of health policies intended to eliminate health inequities.

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007

⁵ Institute of Medicine, Unequal Treatment, 2003

⁶ National Partnership for Action to end Racial and Ethnic Health Disparities, 2009

⁷ McDonough, et al. A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities, The Commonwealth Fund, 2005.

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2010

Policy Content Area: _____ Review your policy to see if it touches on the below areas of content. If you answer yes, refer to the corresponding questions beginning on page 3 to conduct a more in depth equity analysis.	Check <input checked="" type="checkbox"/> below if Yes	Additional equity analysis
1. Do your policy recommendations address access to health insurance?		Page 3
2. Do your policy recommendations address access to health care?		Page 4-5
3. Do your policy recommendations address quality of health care services?		Pages 6-7
4. Do your policy recommendations address health information or public health data?		Pages 8
5. Do your policy recommendations address social determinants of health?		Page 9
6. Do your policy recommendations address disease prevention and health promotion?		Page 10

Sources

- ¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005
- ² Governor's Racial and Ethnic Health Disparity Task Force, 2000
- ³ Urban League of Portland, State of Black Oregon, 2009
- ⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007
- ⁵ Institute of Medicine, Unequal Treatment, 2003
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Health Equity Assessment
2010

1. How can policy recommendations eliminate disparities in access to health insurance?¹

- How can policy recommendations expand public health programs such as Medicaid and work toward a universal health care system guaranteeing basic access?^{4,6,7}
- How can policy recommendations measure need and expand services for new immigrants, documented and undocumented immigrants in Oregon, and migrant and seasonal farm workers?^{2,4}
- How can policy recommendations support community based organizations in delivering culturally-specific, targeted outreach and direct application assistance to members of racial, ethnic, and language minority communities, individuals living in geographic isolation, individuals experiencing homelessness, and individuals with mental health disorders, chemical dependencies or physical disabilities?^{2,4,6}
- How can policy recommendations assure equitable and fair sharing of health care costs so that low income individuals are not disadvantaged by high deductibles and out-of-pocket costs?^{4,5}

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

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Health Equity Assessment
2010

2. How can policy recommendations improve health care in medically underserved areas, which are often communities of color?^{1, 2, 4, 5}

- How can policy recommendations promote consistency and equity of care through the use of evidence based guidelines?⁵
- How can policy recommendations support community health clinics that provide high-quality care to underinsured and uninsured patients?¹
- How can policies reimburse for preventive services, chronic disease management, patient education programs, and after hours/walk-in primary care?^{4, 5}
- How can policies strengthen the stability of patient-provider relationships?⁵
- How can policy recommendations provide incentives for practices that enhance patient-provider communication and trust, and limit incentives that promote disparities?⁵

Continued on next page

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

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³ Urban League of Portland, State of Black Oregon, 2009

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Health Equity Assessment
2010

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| <ul style="list-style-type: none">• How can policies allow for integrated health homes that exist in the context of the social service or educational systems, as long as they include coordination of care by a licensed medical provider?⁴
• How can policy recommendations promote coverage of alternative and culturally appropriate health care?^{1,2}
• How can policy recommendations assure health care providers are provided training and access to research about alternative and non-Western medical practices?^{1,2,4,5} | |
|--|--|

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007

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Health Equity Assessment
2010

3. How can policy recommendations emphasize cultural and linguistic competence to assure health services that are welcoming and respectful to people of different races and ethnicities? ^{1, 2, 4, 5, 6, 7}

- How can policy recommendations improve training staff in culturally appropriate care? ^{1,2, 4, 5, 6, 7}
- How can policy recommendations support equitable representation of communities of color in health care, health policy, and public health workforce, as well as the educational pipeline? ^{1, 2, 4, 5, 6, 7}
- How can policy recommendations strengthen relationships between culturally specific health-focused community-based organizations and the health care delivery system? ^{4, 6}
- How can policy recommendations reimburse a broader range of health professionals, including, but not limited to, Community Health Workers? ^{4, 5, 7}
- How can policy recommendations assure that health care interpreters are qualified and certified? ^{4, 6}

Continued on next page

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

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Health Equity Assessment
2010

- | | |
|--|--|
| <ul style="list-style-type: none">• How can policy recommendations improve access to quality care for people of color by minimizing financial barriers to patient/doctor communication?^{1,2,5}• How can policy recommendations utilize and build on technologies for telemedicine and telehealth to assure linguistic access to health care services?⁴• How can policy recommendations assure state, and local governments, as well as insurers and physical and mental health care providers fund language services as a medical necessity?^{2,4,5,6,7} | |
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Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007

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Health Equity Assessment
2010

4. How can policy recommendations track racial disparities in health care provision and public health?^{1,4}

- How can policy recommendations assure the availability of sufficient data on racial and ethnic communities in order to allow the state determine a level of priority in decision-making processes and funding formulas?^{1,2,4,5,6,7}

- How can policy recommendations assure both qualitative, quantitative, and community based participatory research methodologies are funded to accurately track inequities in diverse communities?^{2,5,6}

- How can policy recommendations assure provider organizations and health plans are trained on respectful and effective protocols for collecting data on race, ethnicity, and primary language based on the highest national standards?^{4,5,6}

- How can policy recommendations assure alignment of resources and increased accountability for health care institutions to eliminate disparities identified in the data and meet high quality-of care standards for all patients?^{1,2,4,5}

- How can policy recommendations assure the development, use, and evaluation of promising interventions to reduce disparities?^{6,7}

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007

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⁷ McDonough, et al. A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities, The Commonwealth Fund, 2005.

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Health Equity Assessment
2010

<p>5. How can policy recommendations assure public health experts and community organizations are included in policy and planning processes related to the social determinants of health?^{1, 4, 7}</p> <ul style="list-style-type: none">• How can policy recommendations assure that health concerns are at the forefront in discussions about housing, transportation, and economic development?⁴• How can policy recommendations promote the use of health impact assessment and equity impact assessments to understand the impact on disparities of policies related to education, housing, economic development, land-use?⁴• How can policy recommendations promote school environments that highlight the connections between improved health outcomes and higher academic achievement?¹• How can policy recommendations promote public health and health care careers at all levels of educational attainment?^{2, 6}• How can policy recommendations support the adoption of worker protections and environmental standards necessary to address root causes of health inequality?	
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Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005
² Governor's Racial and Ethnic Health Disparity Task Force, 2000
³ Urban League of Portland, State of Black Oregon, 2009
⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007
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⁷ McDonough, et al. A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities, The Commonwealth Fund, 2005.

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6. How can policy recommendations support public health activities that prevent disease and promote health in a culturally specific manner?^{1,4,7}

- How can policy recommendations connect people to their cultural heritage as a strategy for promoting individual and community health?^{1,2}
- How can policy recommendations reimburse a broader range of services including, but not limited to, peer-led disease management support groups in culturally specific programs?^{4,7}
- How can policy recommendations assure reimbursement for high-value community-based health promotion and disease prevention, and chronic disease management services?⁴
- How can policy recommendations reward patients who actively participate in their own care, follow through with medical treatment plans, and seek early treatment of disease rather delaying until care is more extensive and expensive?⁴

Sources

¹ Applied Research Center, Closing the Gap: Solutions to Race-Based Health Disparities, 2005

² Governor's Racial and Ethnic Health Disparity Task Force, 2000

³ Urban League of Portland, State of Black Oregon, 2009

⁴ Oregon Health Fund Board, Health Equities Committee Final Report, 2007

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⁷ McDonough, et al. A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities, The Commonwealth Fund, 2005.

OREGON HEALTH CARE WORKFORCE COMMITTEE
DRAFT Priorities and Short-Term Strategic Recommendations
July 2010

Established by House Bill 2009, Section 7 (3)(a), the Health Care Workforce Committee is chartered to coordinate efforts in Oregon to meet the demand for health care created by the expansion in health care coverage, system transformation and an increasingly diverse population. The Health Care Workforce Committee's role is to advise and develop recommendations and action plans for the Oregon Health Policy Board to guide efforts to train, recruit and retain a changing health care workforce to meet the needs of new systems of care.

Guided by Oregon's Triple Aim, the Committee recognizes the following principles for its work:

1. Build on collaborative and innovative partnerships within and across sectors (education, industry, government);
2. Value diversity in students, faculty and the workforce;
3. Maximize the efficient use of existing and future resources and pursue federal and other non-state funding opportunities that align with the Committee's priorities;
4. Promote the continuation and expansion of successful health profession education initiatives.

The Committee has identified these short-term priorities to build and transform Oregon's health care workforce:

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

Recommendation: Support delivery system redesign to understand the workforce-related implications:

- Identify the functions, roles, skills, expertise, and knowledge needed for inter-professional teams and care management/coordination.
- Inform the development of curricula for inter-professional training and care management and use of technology.
- Create market conditions for the health system to respond to transformation through appropriate reimbursement strategies.

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.

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

Recommendation: Explore interests in and barriers to cooperative health care professional recruitment efforts for Oregon's rural and underserved communities to make the best use of finite resources

Recommendation: Increase primary care training capacity for current and future health care workforce.

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.

Recommendation: Maintain funding for health professions education programs despite state budget cuts.

Recommendation: Create a favorable policy and regulatory environment for the expansion of healthcare professional training and placement and the development new of new training models.

- Remove the state's adverse impact policy.
- Allow health profession licensing reciprocity with other states and countries.
- Reduce liability risk for students' clinical training in the work environment.
- Aggregate student background check functions.
- Standardize contractual relationships related to clinical placements between education and clinical training sites.

BRIEFING/UPDATE:

Health Workforce Data Analytics Subcommittee of the Oregon Health Care Workforce Committee

Subcommittee Members:

Kris Campbell, Lisa Dodson, Sara Hopkins-Powell

Additional Staff Participants: Lisa Angus (OHP), Sata Hackenbruck (OHP), Jennifer Swendsen (OH), Jo Isgrigg (OH)

Update:

The Health Care Workforce Committee assigned a subcommittee of members to inform the development of the Oregon health care workforce database. This subcommittee first met June 21, 2010, via conference call. The members were briefed on the data collection history, current efforts, data elements/fields collected, and reporting requirements.

The first tasks of the subcommittee are to:

- Identify the major research questions to guide analytics.
- Identify those issues to be addressed for revision of the workforce questions.

Recommendations, Decisions and Action Steps:

1. The subcommittee reviewed the data elements and identified basic research questions and analytics (frequencies and descriptives) related to the available data elements for subsequent reports.
2. The subcommittee recommended revising the required workforce-related question formats regarding race and ethnicity so that the categories are consistent across data collection efforts.
 - OHP, OCN and OH will work with the licensing boards (specifically those boards who adopted the workforce data collection prior to passage of HB 2009) to reformat questions for collection of race and ethnicity so that they are consistent with categories defined by the federal Office of Management and Budget.
3. The subcommittee will develop a protocol to protect the confidentiality of personal information (e.g. future practice plans) in reporting on counties with small numbers of health professionals.
 - OH and OHP will research similar procedures from other state health and workforce related agencies that report data for counties with small populations.
 - At next subcommittee meeting, review sample procedures and develop protocol for licensee database reporting.
4. In follow up to previous Committee discussions, the subcommittee discussed adding licensed mental and behavioral health care occupations to the state statute for licensee workforce data collection. This effort would encompass the following boards:
 - Board of Psychologist Examiners
 - Board of Licensed Social Workers
 - Board of Licensed Professional Counselors and Therapists

It is noted that not all professionals practicing in these roles are required to be licensed by the respective state board. For example, counselors or therapists who work for a public agency (e.g. county mental health department or Oregon Department of Human Services) are not required to be licensed by the Board of Licensed Professional Counselors and Therapists.
5. The subcommittee's next meeting is scheduled for August 18, 2010, immediately following the August meeting of the Health Care Workforce Committee (4:00 p.m.- 5:00 p.m.) at the Clackamas Community College Training Center in Wilsonville.

Background on the Patient Centered Primary Care Home and Our Experience in Oregon

What is a Patient-Centered Primary Care Home?

The patient-centered primary care home (PCPCH) is a model of primary care delivery where patients receive well-coordinated services and enhanced access to a clinical team. Clinicians practicing in PCPCH's use decision support tools, measure their performance, engage patients' in their own care and conduct quality improvement activities to address patients' needs. The PCPCH model has been shown to improve clinical quality and patient and provider satisfaction. It shows strong potential for reducing long-term health system costs. (See attached visual for more details.)

The Safety Net Medical Home Initiative

In 2008, the national "Commonwealth Fund," launched an initiative to help primary care safety net clinics become high-performing patient centered medical homes. The goal of the safety-net medical home initiative (SNMHI) is to develop a replicable and sustainable implementation model for medical home transformation. Building on its three years of experience in the medical home journey and CareOregon's five years of experience, the Oregon Primary Care Association (OPCA) led a joint application effort with CareOregon and the Oregon Rural Practice-based Research Network (ORPRN) to collectively reach for this national grant opportunity. In 2009, the collaborative was selected as one of five states to participate in this demonstration project.

Among the 15 clinics participating in this initiative to establish patient centered primary care homes, 12 are Community Health Centers and two are Rural Health Clinics:

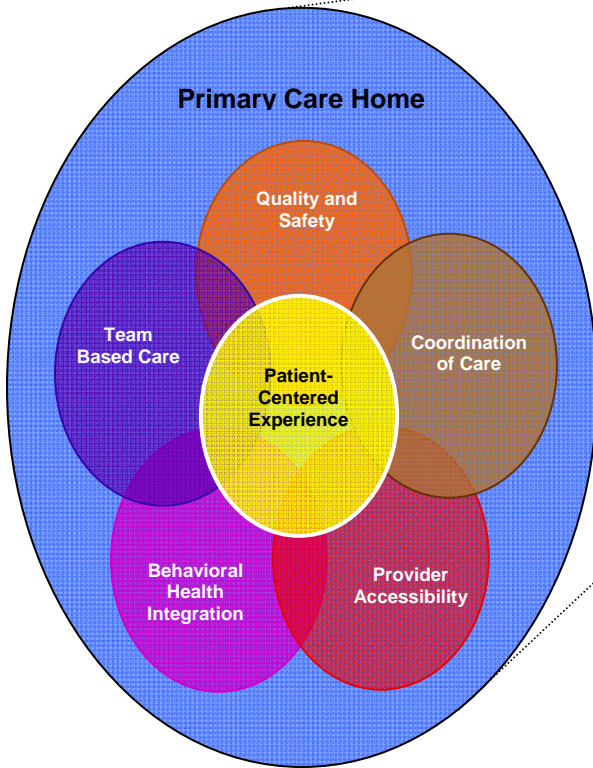
Community Health Centers

- Central City Concern, Portland, OR
- Community Health Centers of Benton and Linn Counties, Corvallis, OR
- Community Health Center, Inc., Medford, OR
- Community Health Centers of Lane County, Eugene, OR
- East and Mid County Health Centers, Portland, OR
- Klamath Health Partnership, Inc., Klamath Falls, OR
- La Clinica del Carino Family Health Care Center, Hood River, OR
- Legacy Clinic Emanuel, Internal Medicine, Portland, OR
- OHSU Family Medicine at Richmond, Portland, OR
- OHSU Family Medicine at Scappoose, Scappoose, OR
- Outside In, Portland, OR
- Virginia Garcia Memorial Health center, Portland, OR

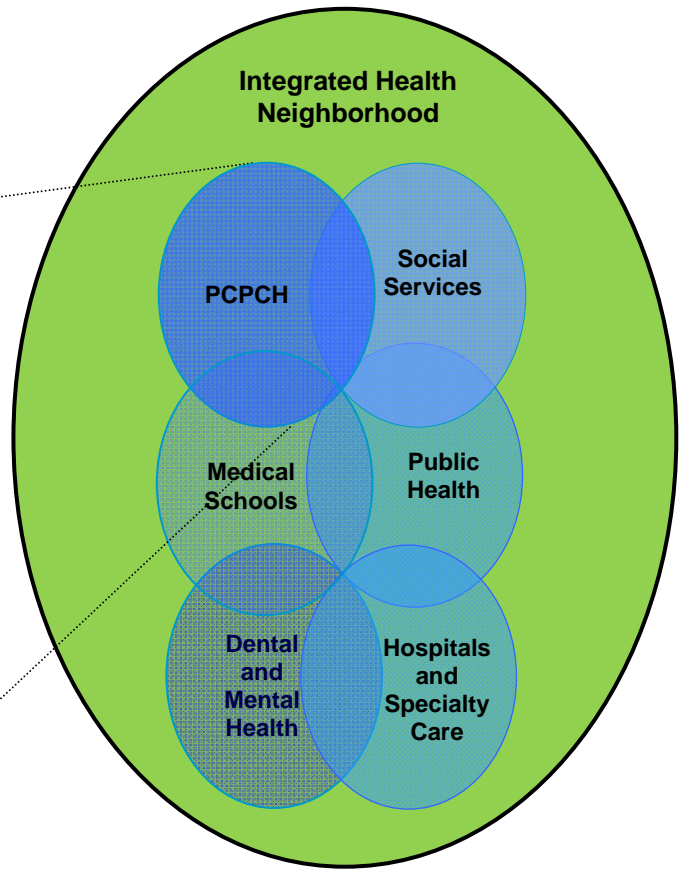
Rural Health Clinics

- Eastern Oregon Medical Associates, LLC, Baker City, OR
- Winding Waters Clinic, Enterprise, OR

What is a Patient Centered Primary Care Home (PCPCH)?



(Sustainability requires payment reform)



(Success requires a neutral convener)

Patient-Centered Experience

- Time for patient care.
- Sustained relationship with culturally and linguistically competent provider team.
- Patient-driven goals.

Quality and Safety

- Evidence-based practices used.
- Use data to measure and report on quality and safety performance.

Behavioral Health Integration

- Behavioral health, and sometimes mental, deeply integrated (Access 1 mental health needs are usually met through mental health clinics).

Provider Team Accessibility

- Removes barriers to health care, e.g., transportation, language, etc.
- Visits, phone, or email, etc.
- Timely.

Nested in Community Collaborations

- All health-related interests and community services are closely coordinated.
- Psycho-social services are strongly incorporated.
- Resources are leveraged & maximized.
- Assessments are conducted on health status, equities, & effectiveness of services.

Team-Based Care

- Prevention and chronic disease care management
- Proactive and planned care for all patients assigned to the provider team— not only those who make appointments.
- Culturally and linguistically competent team, each serving the client from his/her highest ability/license.
- Supports family with end of life decisions and navigating that system, if necessary.
- Maximizes services during each visit.

Coordination of Care

- In most cases, manages entire health care process.
- Links patient to community services, as needed, (e.g., housing, etc.) or coordinates with community agency that has on-going relationship with patient.