

Oregon Healthcare Workforce Committee
AGENDA – October 8th, 2014, 9:30 am – 12:30 pm
Wilsonville Training Center, Wilsonville, OR 97070
29353 SW Town Center Loop, E Room 111/112

Meeting Objectives: Review and discuss charter deliverables to OHPB, updates, reports

#	Time	Agenda Item	Presenter(s)	Action Item
1	9:30 – 9:45 (15')	Welcome and Introductions	Ann Buchele	
2	9:45 – 9:50 (5')	Approval: August 6th meeting summary	Ann Buchele	x
3	9:50 – 10:20 (30')	Workgroup D – Emerging Trends: Review draft report and recommendations	Ann Buchele, Cathryn Cushing	x
4	10:20 – 10:40 (20')	Other Workgroup Updates <ul style="list-style-type: none"> • Workgroup A – Clinical Tracking System: update on meeting held on 8/7 • Workgroup B – Expanding primary care residencies: ModaHealth announcement 	Ann Buchele, Cathryn Cushing	
5	10:40 – 10:50 (10')	Break		
6	10:50 – 11:00 (10')	General and OHA Updates		
7	11:00 – 11:30 (30')	Prior Recommendations – Walk-through: Determine if continued work will result in meaningful change	Ann Buchele	x
8	11:30 – 12:15 (45')	OCHIN: Alternative Payment Methodolgy – pilot program evaluation	Dr. Scott Fields, OHSU Erika Cottrell, OCHIN	
9	12:15 – 12:30 (15')	Public Comment	All	
10	12:30	Adjourn: Next meeting December 3rd, 2014		

Meeting Materials

1. Agenda
2. August 6th meeting summary
3. Emerging trends draft report
4. HCWF Committee recommendations compiled
5. OCHIN/OHSU presentation
6. Current Committee roster

Oregon Healthcare Workforce Committee
August 6, 2014 from 9:30-12:30
At Wilsonville Training Center
Meeting Summary

Committee Members in Attendance:	Sharmilla Bose Ann Buchele Jeff Clark Lita Colligan Theresa Mazzaro	David Nardone John Osbourn (ph) David Pollack Daniel Saucy (ph)
Committee Members Not in Attendance	Agnes Balassa	Jordana Barclay
OHA and OHWI Staff	Lisa Angus, OHA Cathryn Cushing, OHA	Jo Isgrigg, OHWI
Others	Joy Conklin (OMA -ph) Channa Newell (ph) Scott Zacks (ph – Mt Hood CC) Tafflyn Williams-Thomas– career services person at NCNM	

1	Welcome
2	Approval: June 4, 2014 meeting summary
	Meeting Summary was approved.
	<i>Action Steps:</i> <ul style="list-style-type: none"> • <i>Staff will finalize the summary</i>
3	Membership Update
	<p><u>Discussion:</u> Five new members were approved by the OHPB:</p> <ul style="list-style-type: none"> • John C Osbourn, Dean, Rogue Community College, Cascades East Area Health Education Center, Bend • Jeff Papke, Executive Director, Cascades East Area Health Education Center, Bend, OR • Dr. Jeff Clark, Naturopathic Physician, True Health Medicine, PC • Josie Henderson, Executive Director, Oregon Public Health Association • Michael Delgado, Director of Physician Clinics, St. Anthony’s Hospital, Pendleton, OR

4	Workgroup D: Review draft of Emerging Trends report
	<p><u>Objective:</u> To allow the HCWF Committee an opportunity to discuss the first draft of the Emerging Trends report</p> <p><u>Background:</u> The OHPB asked for the following deliverable to be submitted on September 1, 2014: <i>An analysis of health care industry trends in emerging employment categories and new workforce roles, accompanied by an audit of Oregon's training capacity for those jobs and roles.</i></p> <p>The Emerging Trends Workgroup has completed an extensive literature review and conducted key informant interviews in the development of the current draft.</p> <p><u>Discussion:</u> Cathryn briefly walked the committee through the draft report. The ET Workgroup struggled with the scope of the deliverable and with the fact that the changes in health care due to health reform are still very much in process. This makes predictions about the workforce difficult. The workgroup has tried to determine which roles are actually new roles and which are retooled existing roles.</p> <p>HCWF Committee comments:</p> <p>General:</p> <p>Are workers coming into jobs with the new skills and certificates wanted, or are they acquiring these on the job? In many places, the traditional roles are being hired (nurses, CNAs, etc.) and then their roles are augmented or they are being trained for coaching, coordinating or team building roles on the job. Employers want the traditional education and license plus the new skills. At OIT, instructors are trying to capture and teach the new skill sets. At some point, it may not be necessary to have a clinical degree, but for now, it is necessary. For example, in OIT's new Population Health Management program, everyone coming in is already an RN.</p> <p>At Kaiser, the team approach with centralized care is becoming more and more important. This leads into relationship-based care. All staff needs to be able to relate to the patients. However, this means asking people to come in at a higher level – for example, Kaiser is hiring nurses with Bachelor of Science in Nursing degrees (BSN), not nurses with an Associate Degree in Nursing (ADN) because those with a BSN have higher skill levels, especially in skills such as leadership.</p> <p>Focus on Functions:</p> <p>The report should focus more on functions than on skills such as:</p> <ul style="list-style-type: none"> • Patient education – how do we relate to the patient? • Organization of care – how do we put in place continuous quality improvement? • Decision support – how do we support providers in making decisions? We need strong IT infrastructure. • Organizational leadership – how do we supply clinic leadership?

This is a process of expanding scope of practice – using people to best advantage and having them expand their scope of practice. We need better leadership in health care management.

There is a Community College Workforce Development grant to do needs assessments by region to find out how Community Health Workers can be integrated into CCOs and PCPCHs. They will also find out how CHW skills can be included in other roles.

Behavioral Health:

An example of using people to the top of their licenses is a successful method for integrating behavioral health into Patient Centered Primary Care Homes. A clinic will have an MA level counselor or psychologist embedded in the clinic for day to day behavioral health issues. A psychiatric consultant then works with the embedded staff for consultation, prescription support etc. This person could be a Psychiatric Nurse Practitioner and he or she may work with several practices providing consultation.

Report Labels:

The major shifts discussed in the report are a good way to break up the material, however, the label “from more intensive to less intensive” care could be misleading. Intensive care has a specific medical meaning. A better label could be “from doctor-centric to patient-centric” care, or “having the most appropriate person deliver the most appropriate care”. Perhaps more of the “broad shifts” are needed in the report.

Faculty Development:

There is not enough emphasis on faculty development. In addition, current faculty members are aging out and there weren’t enough faculty for nursing or dentistry, for example, even before this demographic shift. Nor are there sufficient resources devoted to developing the faculty we currently have.

Teaching is changing. Professors and teachers are being asked to integrate content and application. This is a huge lift for faculty.

It is rare that a clinician has experience or expertise in teaching making it challenging to hire someone with all the right qualifications. OHSU is changing their curriculum – instead of 2 years of science and 2 years of clinical training, they are combining them and asking teachers to be more interactive and not as lecture-based. It is tough to hire the right faculty for these changes.

At Linn-Benton, there are resources for faculty development. They are experimenting with flipped classrooms, where students read or view the lectures outside of class and use class time for application.

In 2016 the Medical Assistant accrediting body will require a full time faculty member

overseeing the MA program. This will be a difficult standard for some schools to meet.

Charts:

The lists of professional training seem too comprehensive – they need to be specific to healthcare. For example, “Business Administration” may include all students, not just those in “Healthcare Business Administration”. Healthcare is so regulated that a general MBA may not be useful.

Recommendations:

There needs to be a recommendation around faculty development. Perhaps a task force could be created to determine what sort of faculty development is needed. We need to be careful about policy recommendations so that we avoid asking for new regulations. We could at least recommend that faculty members be invited to Transformation Center Institutes and training opportunities, such as the Patient Centered Primary Care Institute.

Perhaps a recommendation that programs training in similar areas come together and develop standard competencies. For quality education for our students, we also need to recommend that all teacher training is up to date and based on evidence of effectiveness.

We could recommend making our state more attractive to the very best healthcare clinicians and educators. The field is very competitive – we could recommend researching the incentives that would work to draw these experts to Oregon.

Oregon is developing an industry advisory council similar to the Engineering and Technology Industry Council (ETIC) for the healthcare industry. This council will advise education on the needs of the healthcare industry.

A recommendation around integrated care and payment reform is important. Care isn't just being coordinated, it is being integrated and the payment mechanisms are lagging behind. For example, a nurse practitioner can be considered a primary care provider, but insurance companies are resistant. If one part of this complex, adaptive healthcare system is behind on health reform, it can bring all reform efforts down. Because of integration of care, we need to promote more acceptance and understanding of other disciplines.

There seem to be four categories of recommendations:

- 1) Faculty and faculty development
- 2) Incentives
- 3) Establishment of healthcare industry council like ETIC
- 4) Payment model for integrated care

	<p>Some committee members would like more time to discuss the report, especially the recommendations.</p>
	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> • Committee members will send comments and suggestions to Cathryn by COB Tuesday, 8/12. • Cathryn will integrate comments into the report draft. • Cathryn will send out compiled recommendations back to the committee by Friday, 8/15. • Lisa will ask OHPB about an extension by Tuesday, 8/12.
6	Other Workgroup Updates
	<p><u>Objective:</u> Keep HCWF Committee apprised of work in other workgroups and progress toward charter deliverables.</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Workgroup A - Clinical Tracking System: There is a meeting on Thursday, 8/7 to discuss developing a tracking system for the new clinical administrative standards. There will be good representation by community colleges and health systems. HCWF Committee members agree that the further development of a centralized system should be taken on by some other organization. • Workgroup B – Expanding Primary Care residencies: Cathryn and Ann presented the policy options memo to the OHPB on Tuesday, 8/5. The Board was interested and engaged and voted to accept the memo and the recommendation to support the establishment of a Primary Care GME Consortium in Oregon. <p>Cathryn attended a stakeholders meeting to discuss a consortium on July 17th – this group will meet again after a contract is signed with OEBC/ModaHealth Grant Committee. The HCWF Committee agrees that this work should be handed off to another entity or stakeholder group, however, some members would like to remain involved and the Committee would like updates on progress with the consortium.</p> <ul style="list-style-type: none"> • Workgroup C – Financial Incentives: Marc and Ann presented the Financial Incentives report to OHPB. The Board voted to accept the report and appreciated the effort put into its development. The Board was also glad to hear that a legislative workgroup was already discussing some of the recommendations in the report. The last meeting of the legislative workgroup was July 15th and Marc

	presented the report submitted to OHPB to the group.
7	Other Updates
	<p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Clinical Placement Standards Implementation: The new rules were implemented on July 1st. There have been over 60 separate questions about implementation and 26 exemption requests – most from long-term care facilities asking to be exempt from vaccinations and screenings. Cathryn has begun a list of issues to address in the advisory committee after the first of the year. For the most part, implementation seems to be going well. Ann reports that many students are happy that they have just one set of standards to meet.
8	OHA and General Updates
	<p><u>Discussion:</u></p> <p>OHA Update</p> <ul style="list-style-type: none"> • CCOs: CCOs are improving on several measures according to a report filed in June. Two CCOs were closed to new enrollment, but one has since reopened. • Leadership: Suzanne Hoffman is the Interim Director and Leslie Clement is the Director of Policy. Tina Edlund is managing the transition of OHP clients from Cover Oregon back to OHA. Sean Kolmer is currently the Governor’s health care advisor. • Transformation Center: There will be a meeting, open to all, hosted by the Transformation Center on the Coordinated Care Model in December. The Clinical Innovation Fellows are all on board and have identified projects. They will be champions for clinical change. In general, the Committee would like regular updates on Transformation Center activities. • Dental issues: OHA is hiring a Dental Director and there is at least one dental project among the Clinical Innovation Fellows’ projects. Additionally, dental care is now included in the global budget. <p>General Updates</p> <ul style="list-style-type: none"> • Access to Care: Finding primary care providers continues to be an issue. The Insurance Division Advisory Committee is considering setting rules so that the Insurance Commission can regulate access to care. Insurance companies are wanting more flexibility to innovate around this issue. • OHWI: OHWI is working on the healthcare licensing data for the next biennial report – coming in January 2015. Other big projects include working with the former OUS to develop industry councils to advise education. The past year has focused on beginning conversations about what is needed.

	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> • Cathryn will send Committee a link to the CCO Quarterly report, the dates of the Coordinated Care Model Summit, a list of the Clinical Innovation Fellows and their projects and a link to the CHSE conference on payment innovation by 8/13.
9	<p>Meeting Focus and Schedule for 2015</p>
	<p><u>Objective:</u> To begin discussing our focus for 2015 and our future meeting schedule</p> <p><u>Background:</u> The Committee has been meeting every other month and is close to completing the latest round of deliverables due to the Health Policy Board.</p> <p><u>Discussion:</u></p> <p>Meeting Schedule: The meeting schedule has been working well; however, the schedule needs to be planned according to the amount of work that needs to be completed and how long that work will take. Meeting frequency and schedule need to follow the requirements of meeting the deliverables. At time, the meetings and deliverable submission seem out of sync with the Health Policy Board.</p> <p>Meeting focus: The Health Policy Board will be having a planning retreat in October. The Committee may receive clearer direction from the Board after that retreat.</p> <p>We need to pull out recommendations in previous reports and check on their status. We may find a focus from those recommendations, such as payment reform. A spreadsheet would be most helpful.</p> <p>What are other states doing around workforce? A scan may help inform us and give us a new direction.</p> <p>Three other things to discuss as a group:</p> <ol style="list-style-type: none"> 1) The addition of a member with expertise in Healthcare Administration. 2) Simulation technology and possibly matching resources to need around the state – there is the Simulation Alliance, but further exploration might be good. Perhaps we could bring in someone to present to the group. One questions is – are we saving any money by substituting simulation experience for clinical experience? 3) Pedagogical best practices for healthcare professional education. We need to be careful to research all the innovation happening now in this field. Scale and fidelity are important issues to take into account.

	<p><i>Action Step:</i></p> <ul style="list-style-type: none"> • Cathryn will develop a matrix or spreadsheet of all previous HCWF Committee recommendations and their status by 9/15.
10	Public Comment
	<p><u>Objective:</u> Give members of the public time to share with the Committee. <i>There was no public comment at this meeting.</i></p>

DRAFT

OREGON HEALTH POLICY BOARD
HEALTHCARE WORKFORCE COMMITTEE

Draft HealthCare Industry Trends:

Emerging Workforce Categories

11/1/2014

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Appendices:

- A. 2013-2014 Approved CTE Programs – Health-related Programs by High School
- B. List of OHA Office of Equity and Inclusion Approved Traditional Health Worker Training Programs
- C. List of OHA Addictions and Mental Health Services Approved Peer Support Specialists Training Programs
- D. Inventory of Health Care Industry-related Degrees at the Associate Level or Higher

I. Executive Summary

Oregon's health care workforce is influenced by many factors including Oregon's changing demographics, implementation of the Patient Protection and Affordable Care Act and national trends in provider education and accreditation. Oregon is becoming older and chronic diseases more prevalent. The ACA has brought insurance coverage to many Oregonians as well as greater integration of health technology such as electronic health records. Providers as a group are also becoming older and the looming retirement of many providers in the boomer generation is affecting the workforce. These changes, among others, made Oregon's health care workforce recession-proof. According to the Oregon Employment Department, the health care industry continued to grow throughout the recession.

It is a time of dynamic change and adjustment for the healthcare workforce. Many traditional roles are being retooled to add competencies in, for example, care coordination, team-based care and health information technology. Some roles new to clinical practice are being added to the provider mix such as "coach", "health navigator" and "scribe". Many of these roles are just now being tested in the clinical setting and are undergoing refinement as providers and patients adjust to the new demands of a reforming health system. This makes the task of defining industry trends and workforce categories challenging.

Oregon's educational system is responding to the new requirements of the healthcare workforce. Anecdotally, it appears that many existing programs are incorporating new competencies into their traditional training, although this is difficult to quantify. More quantifiable are efforts being made by government and community organizations to standardize training and certification requirements for many categories of workers including community health workers and peer support specialists, who fall under the definition of traditional health workers.

The Committee has developed a list of recommendations for the Health Policy Board to consider. The Committee believes these recommendations will help to improve Oregon's ability to develop the healthcare workforce Oregon needs to meet the triple aim of better health and better care at lower cost. Recommendations from the Committee include:

- Supporting healthcare workforce faculty development,
- Establishing a Healthcare Industry Council,
- Tasking the Healthcare Industry Council, when operational, with developing job descriptions, duties and hiring criteria to assist both industry and education in preparing the healthcare workforce, and,
- Continued advocacy for payment reform.

II. Oregon Trends

Oregon's health care industry will continue to grow due to the ageing of the population as well as to the drive to expand health insurance coverage to those who previously could not afford it. As of June 2014, the Oregon Health Plan was insuring almost one million people – up from 614,000 in December 2013.ⁱ This, along with an increase in those seeking private insurance has led to a dramatic decrease in Oregon's uninsured population to five percent.ⁱⁱ Additionally, more focus on patient engagement and empowerment, health promotion, disease prevention, population health, team-based care among providers, and coordinated care across health care organizations is changing how care is delivered, resulting in workforce fluctuation, but also in great opportunity.

One in twelve Oregon jobs is in the health care industry. These jobs include occupations in professional, management and technical services as well as traditional clinical services. Health care industry occupations are among the fastest growing in the state.ⁱⁱⁱ

These are just a few of the influences on Oregon's health care landscape. The passage of HB 2009 in 2009 put Oregon on the forefront of health reform and the state has been on a fast track to achieve the triple aim of better health and better care at lower cost.

Oregon's health care workforce is responding to these influences. More than 500 clinics have been recognized as Patient-Centered Primary Care Homes, bringing coordinated care to thousands. Community organizations and colleges have taken on the challenge of training community health workers and are over halfway to the goal of training 300 CHWs by the end of 2015.^{iv} Many of Oregon's health systems are implementing pilot programs to learn how to best reconfigure their workforce to respond to the changing healthcare environment.

The health care workforce is a large part of Oregon's economy and is growing due to increased demand for care and for workers. At the same time, change in how care is delivered is causing a major shift in health care and health care delivery.

Another major change to care delivery is the advent of telehealth. Marketing firm BCC Research predicts that the market for remote monitoring and telemedicine applications will double from \$11.6 billion in 2011 to about \$27.3 billion in 2016.^v

Advances in technology make telehealth an exciting option for those people with reduced access to care due to location or income. For example, in Oregon, Yamhill CCO is developing a pilot project utilizing advanced mobile and cloud-based medical technologies to provide dermatology services to members. Yamhill CCO members could have images of

dermatologic issues taken, uploaded to a secure server, then sent to a participating dermatology practice or research institution for diagnosis and advice. This would provide service to a rural area with only one dermatologist in regular practice.

A large, statewide Federally Qualified Health Center in Connecticut used advanced imaging technology and a partnership with the Yale School of Ophthalmology to screen low-income residents for Diabetic Retinopathy. Members would come to a primary care visit at the FQHC site, with no on-site ophthalmologist, and would have a high-resolution picture taken of their retina which was then sent to Yale for screening. This was in place of a standard referral to a specialist for diabetic patients (requiring another appointment, transportation and added cost) that may or may not have been necessary. Results included:

- More screenings among low-income, high minority populations
- More appropriate referrals to specialists
- Perceived (but not yet analyzed) cost savings for the FQHC and for the patients^{vi}

On April 26th, 2014, the Federation of State Medical Boards passed a model policy on telemedicine that is available for states to use when establishing a telemedicine platform. The policy provides guidance on the definition of telemedicine, licensure, security of patient information, prescribing and appropriate disclosures before treatment. ^{vii}

III. Background

To better understand the emerging workforce needs of Oregon's health care industry, the Oregon Health Policy Board requested the Health Care Workforce Committee deliver:

An analysis of health care industry trends in emerging employment categories and new workforce roles, accompanied by an audit of Oregon's training capacity for those jobs and roles.

In response to this request, the Healthcare Workforce Committee will present an analysis of industry trends in the healthcare workforce through the lens of three major shifts in care:

- 1) To care by non-clinician providers
- 2) To earlier intervention
- 3) To coordinated care

Each major shift has brought with it a restructuring of existing roles and competencies as well as potential new roles. The analysis will highlight some of these roles and will discuss the capability currently in place for providing training. Clearly there is significant overlap

among the shifts and their corresponding roles, however, for the purpose of this analysis, each new or restructured role will be highlighted in one category only.

In 2011, the Healthcare Workforce Committee produced a report on the changing competencies needed in the health care workforce. Key competencies associated with the change to coordinated care included individual skills with collaborative practice, health information technology (HIT), and communication, as well as organization- or system-level capacities such as flexible reimbursement, operational and managerial supports, and community engagement.^{viii} This report will attempt to take the next step, associating these competencies with developing roles in the workforce.

This report on industry trends and emerging workforce categories was a collaborative effort among Healthcare Workforce Committee members with experience and expertise in different aspects of the health care industry and education. Committee members reviewed current literature and developed a list of key informants. Key informant interviews were held in July 2014 and represented a cross-section of industry experts in both urban and rural Oregon. Key informants included people working at various levels in health systems, clinics, government agencies and health professional training programs. Italicized, de-identified quotes are from key informants.

Research conducted in the development of this report reveals a rapidly evolving workforce. Roles are fluid, with job descriptions, titles and duties changing in real time as needs in this new landscape of health care become clear. Many of the categories listed below overlap; for example, the duties of a peer wellness specialist can be very similar to a health coach, a medical assistant can function as a patient navigator, panel coordinator or scribe.

Roles highlighted within each section are representative of the emerging categories and trends. These roles appeared to be common to many of the clinics and health systems interviewed and were often mentioned in the literature. Although representative, this list of highlighted roles is not exhaustive and there are certainly roles not mentioned here.

IV. Educational Capacity

Also included in this report is an audit of Oregon's training capacity to fill these changing roles. Approved lists of training for traditional health workers and peer-delivered services as well as the programs offered for the more common health-related workers such as medical assistants, nurses, emergency medical technicians and dental hygienists, for example, can be found in the appendices. To highlight the commitment the state and school districts in Oregon are making to encourage students to consider health-related careers, a

list of health-related Career and Technical Education high school classes offered during the 2013-2014 school year is also attached.

Due to the growth in the health care industry, there has been growth in training and education in health-related fields. For example, in 1987, there were 72 pharmacy schools in the United States. In 2012, there were 129 pharmacy schools with some level of accreditation. Between 2005 and 2012, there was a 48 percent increase in the number of pharmacy schools in the United States, with most of the growth occurring at private institutions.^{ix}

There has also been growth in health professions education programs in Oregon. This includes the expansion of admissions capacity of current programs and the development of new programs. For example, in 2009 Portland State University expanded its capacity for students in the Master's in Social Work (MSW) program through distance education campuses in Ashland and Salem. The number of graduates from this program grew from 158 in 2008 to 183 in 2012. Further, Pacific University opened a new MSW program at its Eugene campus beginning fall term 2014, with an admissions capacity of up to 20 students per year.

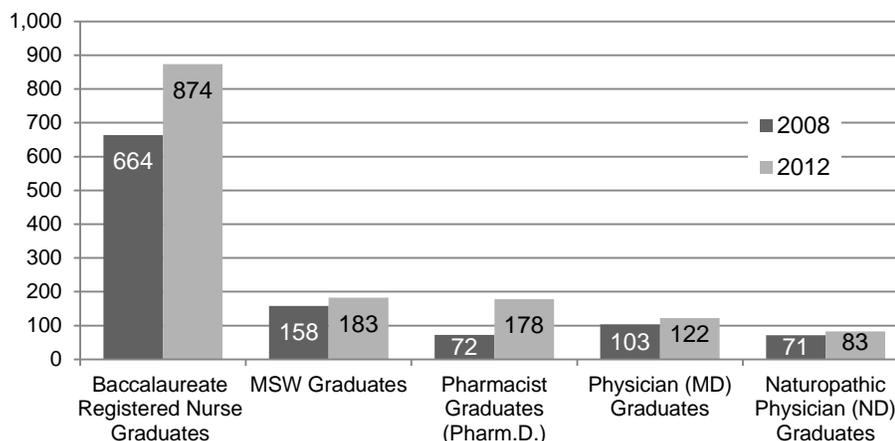
For example, according to a recent report from the Oregon Center for Nursing, 1,509 students graduated from nursing programs with an Associates (ADN) or Bachelors (BSN) degree in 2013 compared to 694 in 2001. Twenty-three schools offered nursing education programs in 2013 with 893 seats belonging to BSN programs and 819 to ADN programs. Six universities^x in Oregon offer baccalaureate nursing degrees. Since 2008, all six baccalaureate nursing programs have expanded student admissions capacity and the number graduates increased from 664 in 2008 to 874 in 2012.^{xi}

Physician education in Oregon has expanded through increased admissions capacity and the opening of a new osteopathic medical school. The number of medical students (MD) graduating from OHSU increased from 103 in 2008 to 122 in 2012. In 2014, there are 139 first-year medical students. Western University's College of Osteopathic Medicine of the Pacific Northwest (COMPNW) in Lebanon, Oregon admitted its first class of medical students in 2011 and will graduate this first class of 107 Doctors of Osteopathy (DO) in June 2015. In 2014, COMPNW admitted 105 medical students. The number of naturopathic physicians graduating from the National College of Natural Medicine in Portland increased from 71 in 2008 to 83 in 2012.

The number of students graduating from Oregon State University with Doctor of Pharmacy degrees increased from 72 in 2008 to 86 in 2012. Pacific University's pharmacy program began in 2006. Its first graduating class in 2009 included 65 students and in 2012, Pacific's pharmacy program graduated 92 students.

**Growth in Number of Graduates from Oregon Universities
for Selected Health Professions: 2008 to 2012**

Source: Integrated Postsecondary Education Data System, 2014



Rapid growth brings with it a need for excellent educators who are well-versed in the needs of the changing health care environment. Professional development, however, according to experts on the Committee, has lagged, leaving some educators stranded without the necessary tools to teach in this era of reform. In some cases, there simply aren't enough educators to teach the number of students now enrolled.^{xii} Students are left stranded as well, as they have difficulty acquiring needed skill sets or graduating on time.

In this time of faculty and classroom shortages, private institutions hold out the promise of increased access to education, especially for low-income and minority students. However, their graduation rate is often low, in some cases training is inadequate and students' debt burden is high. In *Subprime Opportunity; the Unfulfilled Promise of For-Profit Colleges and Universities*, the authors found that of first-time students receiving a Bachelors degree, only 22 percent graduated within six years, compared to 55 percent in public, non-profit institutions.^{xiii} On the other hand, the Conference of State Legislatures found that, when looking at two-year for profit colleges, 60 percent of students earn a certificate or Associates degree within three years compared to only 22 percent of students in public community colleges. This rate, however, comes with a higher debt burden and risk of default. Although the for-profit college sector represents only 24 percent of all federal student loan dollars, they account for 43 percent of defaults.^{xiv}

It is important to note that the inventory in Appendix B from the US Department of Education Integrated Post-Secondary Degree Education Data System shows programs offering degrees at the Associate's level or higher only. Many programs offer training in the careers represented on the list without offering a degree at the end of the training. For example, the website "MedicalAssistantSchools.com" shows 17 schools in Oregon offering

classes for medical assistant students.^{xv} However, according to 2012 data, only six schools are offering an Associate's degree for MA students. The national MA accreditation board, the American Association of Medical Assistants, offers certification for MA students and many jobs now require that certification. Unfortunately, it is not known how many of the schools that do not offer an Associate's degree actually prepare students for certification.

V. Industry Trends

A. Care by non-clinician providers

There is general consensus that health care expenditures in the United States are too high. A 2012 report from the Bipartisan Policy Center found that in 2010, the United States spent \$2.6 trillion on health care, or 18 percent of the gross national product. This far outpaces other similar countries such as the United Kingdom (9.6 percent of GDP), Germany (11.6) and Japan (9.5). The report identified twelve general cost drivers that included the advance of expensive medical technology, the high cost of medical services, fragmentation of care, difficulties in access to care and rising rates of chronic diseases.^{xvi}

Plans for health system transformation in Oregon take into account the need to encourage use of preventive care that reduces the need for intense and costly interventions. Metrics for the new Coordinated Care Organizations include measures such as emergency department utilization, outpatient utilization and all cause readmission to the hospital. Without a shift from hospital to ambulatory care, from expensive procedures to inexpensive screenings and behavior change, from the doctor's office to self-management of chronic diseases at home, the triple aim of better health and better care at lower cost will remain elusive.

Category: Coach

Many of the diseases driving costs and contributing to multiple morbidities are preventable or manageable conditions. Preventing or appropriately managing diabetes, for example, keeps patients out of the doctor's office and out of the hospital. Health coaches assist people with behavior change such as quitting tobacco use, eating better, moving more, checking blood sugar and adhering to a medicine regimen.

Health coaches may also be called health educators, community health workers or behaviorists, depending on the setting in which they work. According to the Bureau of

Labor Statistics, nationally, the field is projected to grow 21 percent between 2012 and 2022.^{xvii}

Clinics and health systems are using training dollars to develop health coaches. In addition, key informants verified that health coaches were in demand and being hired for a range of tasks. Coaches are becoming important members of patient-centered teams.

“We also added a dedicated health coach position & care coordinator (MA) to do population management as members of a care management team that includes an existing nurse case manager...”

The National Society of Health Coaches offers a certification program for health coaches that includes motivational interviewing and evidence-based practice interventions. Private, on-line trainings abound with little evidence as to efficacy. One program, the ACE Health Coach Program, claims to be the only health coaching certification approved by the National Commission for Certifying Agencies. However, in a search of the NCCA website, no health coaching programs surfaced.

Health coaching appears to be a largely unregulated training environment, although elements of health and wellness coaching are a part of other training protocols, such as motivational interviewing for medical assistants.

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** Yes, through National Society of Health Coaches
- **Training opportunities:** Online, in person, unregulated
- **Degrees offered:** None
- **New role or expanded existing role:** New role for health care

Category: Primary Care Technician

One potential developing role is that of the primary care technician. The PCT acts as a community extender of a practice. The PCT may go into patient’s homes and do safety assessments, conduct health promotion and chronic disease management and handle minor complaints. The PCT would work in association with a primary care physician practice and would be in contact via telemedicine with physicians, nurses and other professionals in the clinic. Protocols would be developed for determining when a patient’s issues warranted a virtual visit by the physician or needed a trip to the clinic.^{xviii}

PCTs can help to provide access to care to people in remote or rural areas

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** No, unless certified as a THW
- **Training opportunities:** None specific to PCTs, however, THW or MA training could be appropriate
- **Degrees offered:** None
- **New role or expanded existing role:** New role for health care

Category: Peer delivered services

Behavioral health has been moving toward incorporating peer-based models of care for several years. Occupations within the peer delivered services category can include peer support specialists, recovery mentors, family navigators and peer youth supporters among others. There is some overlap with community health workers and health coaches depending on whether a peer is working primarily in the physical health or the mental health arena.

Peer delivered service occupations require workers who have been through the experience themselves. Recovering alcoholics blazed the trail as addictions counselors, bringing with their training credibility as someone who understands what the client is experiencing. This model is expanding into the mental health field (peer support specialists) and youth behavioral support.

There are currently 20 OHA -approved peer delivered services trainings in Oregon that include 40 hours of training. Certificates are required for peer support specialists in addictions recovery, mental health recovery, family resiliency and for peer wellness specialists.

- **License in Oregon required:** No
- **Certification required:** Yes
- **Certification available:** Yes
- **Training opportunities:** In person, approved by OHA
- **Degrees offered:** None

- **New role or expanded existing role:** Expanded existing role

B. Earlier intervention

Early intervention has traditionally meant bringing clients into the office for preventive screenings. A new focus on community connections and the community conditions that contribute to ill health is changing the thrust of early intervention. Today's front-line troops of health reform may include public health, traditional or community health workers partnering with community members to restrict places where people can smoke or increase places where kids can access healthy foods and safely play outside. A better understanding of the social determinants of health make it imperative that health care move from the office or hospital into the community where issues like poverty, lack of affordable housing or the siting of tobacco, alcohol or fast food establishments can be addressed.

Category: Traditional Health Workers

Traditional health workers have a long history in Oregon, from promotoras delivering health coaching in migrant worker communities to doulas assisting mothers with pregnancy and after birth care. In Oregon, the importance of these workers, with their connections to their communities and their diverse backgrounds has been acknowledged with training and certification. The Traditional Health Workers Commission include as THWs community health workers, personal health navigators, peer wellness specialists, peer support specialists, doulas and other health care workers not previously regulated or certified by the state of Oregon.

The need for THWs is expanding as health reform in Oregon requires outreach to previously underserved groups of people. THWs, with their connections within a community, are often a trusted resource for people previously disengaged from the health care system.

“The community health worker role is also being transformed and moving from a more traditional lay social work type to a more health focused role where the CHW is expanding to include health promotion as well as connection to resources in the community. “

According to a report from Mosaic Medical Group to the 2012 OCHIN Learning Forum, Mosaic community health workers are also community outreach representatives, staffing health fairs and delivering health promotion education.^{xix}

“Health navigators, also THWs, are being relied upon more and more – they tend to be in the community, reaching out to potential clients, educating them about the services available to them. They may also be in the clinic.”

With the passage of House Bill 3407 which established the Traditional Health Worker Commission and the subsequent development of Oregon Administrative Rules 410-180-0300 through 0380, THWs have a pathway to certification and a list of approved training programs available to them. To date, nine programs located throughout the state have been approved. Programs can be found in central, southern and eastern Oregon as well as in the metro area.^{xx}

- **License in Oregon required:** No
- **Certification required:** Yes, to be eligible for Medicaid reimbursement
- **Certification available:** Yes
- **Training opportunities:** Statewide; in-person, many approved by OHA
- **Degrees offered:** None
- **New role or expanded existing role:** Expanded existing role

C. Coordinated care

Team-based care, especially the shift to Patient-Centered Primary Care Homes is driving extensive change in the health care workforce. In a presentation to the Oregon Health Policy Board in July, the Patient-Centered Primary Care Home Director reported that more than 500 clinics have been recognized by OHA as primary care homes, with PCPCHs in 33 of 36 counties.^{xxi}

In 2011, in a report to the Health Policy Board from the Healthcare Workforce Committee, the Committee projected that team-based care would require competencies in communication, team coordination, leadership, conflict resolution and other collaborative skills.^{xxii} Five years later, this has proven true. Coordinators, including roles such as care coordinators, patient coordinators, panel coordinators, dental coordinators and practice coordinators, are in great demand.

Leading staff through the changes brought about through a shift to team-based care has led to new competencies required of managers. Although the roles themselves may not be new, the expectations have changes.

“The need for strong, confident, decisive leaders with excellent communication skills is also extremely important at this time. We’ve noticed that many of our traditional managers do not have the skills to LEAD their clinics and staff through change. “

Category: Coordinator

Teams require coordination. An emphasis on team-based care has given rise to the need for better coordination among care providers, specialists, coaches and patients. Poor coordination of care is one of the five areas of health care that account for \$690 billion in waste, not counting fraud, in the U.S. annually. In fact, 34 percent of the total cost of health care is waste.^{xxiii}

Coordinators have various roles in the systems in which they work; however, creating a seamless patient experience is primary. A care coordinator might ensure that a patient is scheduled with a specialist in a timely manner and that the specialist has the full patient record and reason for the referral in hand. In Oregon, in Benton County, dental coordinators are assisting patients to find the services they need, when they need them.

In a 2012 health care workforce needs assessment by the Linn, Benton, Lincoln Workforce Investment Board, coordinators were cited as a new professional category that would be needed based on the transition to accountable care organizations, such as Oregon’s CCOs.^{xxiv}

“We have created: Per Diem RN Care Coordinator, Float RN Care Coordinator, Float Team Care Assistant, Patient Populations Specialist, Telehealth RN Care Coordinator....”

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** No
- **Training opportunities:** Online, in person, unregulated
- **Degrees offered:** None
- **New role or expanded existing role:** New role for health care

Category: Medical Assistant

Medical assistants have traditionally been responsible for clinical tasks such as taking vital signs, preparing patients for exams and collecting patient information as well as some chart maintenance, scheduling or other administrative duties. In the past decade, however, the duties of medical assistants have been expanding in order to capitalize on the limited time a provider has with a patient. Medical assistants are not licensed and work under the license of a physician, however, MAs may be certified by the American Association of Medical Assistants.

“MA roles are being expanded and changed – there is more reaching out to clients, scrubbing charts, quick screening and care planning.”

In a study sponsored by the Hitachi Foundation, University of California San Francisco researchers found that the clinics studied increased patient satisfaction and outcomes and reduced cost by integrating medical assistants into providers’ care teams. The expanded duties differed among the clinics from motivational interviewing and health coaching to electronic health record maintenance and after hours telephone banking. Some small “teamlets” included a one to one medical assistant to provider ratio, some were a two to one. All clinics reported greater satisfaction and retention among medical assistants who saw some increases in pay and greater increases in responsibility and authority. Many reported feeling a part of a team for the first time.^{xxv}

In qualitative, in-depth interviews with 140 providers, the American Academy of Family Physicians found that the seven primary strategies for transforming the roles of medical assistants were:

- Organizing MAs into provider teams
- Engaging MAs in population management
- Empowering MAs to own key quality measures
- Turning MAs into health coaches
- Developing MAs as outreach workers
- Using MAs to manage high-risk patients
- Cross-training MAs^{xxvi}

In Oregon, medical assistants are taking on tasks as applying fluoride varnish, managing specific clinic populations and motivational interviewing. In addition, their clinical duties in some cases have expanded to include phlebotomy, EKG, vision and hearing testing.

- **License in Oregon required:** No
- **Certification required:** In most cases, yes
- **Certification available:** Yes, through the American Association of Medical Assistants
- **Training opportunities:** Community and private colleges
- **Degrees offered:** Associates
- **New role or expanded existing role:** Expanded existing role

Category: Behaviorists

For care to be coordinated, behavioral health and physical health need to be integrated. Oregon's Patient Centered Primary Care Home program encourages complete integration including referrals, health records access and practice co-location.

Many clinics applying to become PCPCHs are bringing in a specialist to assist them in meeting these new standards. From the Technical Specifications and Reporting Guide of 2014:

“A behaviorist embedded in the primary care team is available for warm hand-offs, curbside consultation, and brief behavioral interventions. A behaviorist is a mental health professional who is competent in assessing and addressing psychosocial aspects of health conditions. This could be a licensed therapist or counselor, a social worker, a psychiatrist nurse practitioner, a psychologist, or a psychiatrist. ^{xxvii}

A behaviorist is attuned to the connection between physical health issues and behavioral health, or ill-health. As one county clinic manager put it:

“One of the new roles we have added is ‘behaviorist’..... someone with mental health background, i.e. licensed clinical social worker, but who works on the physical health side. Figuring out where behavior issues or mental health issues are having an impact on physical health. A part of the physical health care team.”

- **License in Oregon required:** Yes, for the underlying mental health professional category
- **Certification required:** NA
- **Certification available:** NA

- **Training opportunities:** Universities, public and private colleges
- **Degrees offered:** Bachelors through PhD
- **New role or expanded existing role:** Expanded existing role

Category: Team managers

In the new team-based environment, old management practices are no longer useful. Autocratic, top-down management does not lend itself to team building and fostering an environment in which people need to self-start and offer suggestions for process improvement. RN managers, physician managers and others are being retooled into team managers with an emphasis in LEAN management techniques including the Plan, Do, Study Act cycle, change management and conflict resolution. Communications skills are another priority for team managers.

“We all face a great deal of ambiguity currently and if the leaders are not able to effectively manage the change (including the emotional aspects) things can fall apart quickly. We had to create an internal leadership training program for managers to help address this deficit.”

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** Yes, in LEAN management, coaching
- **Training opportunities:** Online, in person, unregulated
- **Degrees offered:** None
- **New role or expanded existing role:** New role for health care

Category: Health Informaticists, Health Information Technologists

Absolutely essential to a coordinated health system is the technology that enables providers to virtually speak to each other, to review patient’s charts and visits with specialists. Electronic health records, required by the Affordable Care Act, are one of the important tools that make this health information exchange possible. EHRs not only improve communication and patient care, they generate a wealth of data about the health of the population being served.

Working with information technology, including setting up, coordinating and maintaining EHR systems, collecting, cleaning and de-identifying data and evaluating the information received, requires background in both technology and health care, a combined skill set much in demand.

“Job roles in the clinics have shifted with the need to utilize the electronic medical record.... New expectations for roles of our coding team and work flow for the transcription team have also been developed. I believe that the need to develop skills for the use of electronic media has touched every area of our system. This includes HR systems, scheduling and timekeeping that impact every employee.”

In 2012, Brenda Turner of the Oregon Employment Department wrote in a paper on Biomedical and Health Informaticians:

“Job titles are as varied as one could imagine. A sample of titles published on job announcements in 2011 include nursing informatics director, director of IT informatics, regional informatics manager, health information systems analyst, health information manager, clinical informatics, informatics outreach architect, and pharmacist informatics specialist.....Informaticians may be asked to analyze cancer research data, develop new software for checking for potential pharmaceutical drug interactions, set up an automatic prescription system to send prescriptions directly from the physician's laptop during a medical exam to the pharmacy, or assure that patient records are easy for physicians to access as they quickly move from one patient to the next throughout the day.”^{xxviii}

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** Yes
- **Training opportunities:** Universities, public and private colleges
- **Degrees offered:** Associates through Masters
- **New role or expanded existing role:** Expanded existing role

Category: Scribes

With the advent of electronic health records comes a need for a new type of record keeping. Filling out the patient’s record with visit details, prescriptions and referrals takes a doctor’s time and attention away from the patient in a way old pen and paper record keeping did not. In fact, a major source of provider and patient dissatisfaction is due to the computer time involved in keeping patient records up to date.^{xxix}

Medical scribes typically enter the room with a physician and enter detailed information into the patient's EHR while the physician interacts with the patient. After the visit, the scribe may stay in the room finishing up visit details. Although some physicians and patients are initially skeptical about bringing a scribe into the sensitive and confidential environment of the office visit, the majority are happy with the change.^{xxiii}

In a pilot project with a Northern California clinic system, the Shasta Community Health Center, scribes were paired with physicians at six clinics. At the end of the four month pilot, 36% of patients reported being more satisfied with their office visit and nine out of ten were not concerned about having another person in the room. Physicians were overwhelmingly supportive of adding scribes. They reported having more time with patients, better eye contact and communication as well as more time; typical ten to twelve hour days were finished in eight. One physician reported:

“Having a scribe is the difference between feeling hopeless and overwhelmed and feeling like it's a doable job and very satisfying.”^{xxx}

Scribes can significantly improve the physician burn-out associated with an adult primary care practice. According to a report in the *Annals of Family Medicine*, incorporating scribes into clinic visits was third on a list of five practice innovations that 23 high performing primary care practices used to increase professional satisfaction and team performance.^{xxxi}

- **License in Oregon required:** No
- **Certification required:** No
- **Certification available:** Yes, through American College of Medical Scribe Specialists
- **Training opportunities:** Online, in person, unregulated
- **Degrees offered:** None
- **New role or expanded existing role:** New role for health care

VI. Recommendations

Although not specifically requested from the Oregon Health Policy Board, the Healthcare Workforce Committee developed recommendations that the Board may want to consider. The recommendations focus primarily on supporting faculty development so that the increasing numbers of health profession students will be trained by superior educators using best practices in health profession education. Other recommendations would further

the collaboration between the health care industry and health profession education and would continue efforts toward adequate payment reform.

- Support healthcare workforce faculty development:
 - In order to assist educators as they respond to the needs of health system reform, provide the resources to involve health professions educators in high level reform efforts such as Transformation Center Learning Collaboratives and Institutes.
 - (Recommendation from the 2011 Competencies report) Provide opportunities for faculty—not just trainees—to gain experience with interprofessional practice and new models of care via experience sabbaticals that allow faculty to return to the field, utilizing staff from health care organizations that have adopted new models as adjunct faculty, or other means.
 - Convene stakeholder group of educators, employers and recent graduates of the healthcare professions to identify strategies for implementing healthcare faculty development opportunities based on best practices in the field.
 - Task Oregon’s colleges and universities with implementing healthcare faculty development opportunities identified by the above stakeholder group.
 - Task the Higher Education Coordinating Council with advocating for sufficient funding to support faculty development in the emerging healthcare workforce categories such as team building and coordination, coaching and continuous quality improvement.
 - Convene a task force to research, then advocate for, incentives that would work to attract expert healthcare profession educators to Oregon.
- Establish a Healthcare Industry Council similar to the Engineering and Technology Industry Council which will leverage and provide oversight for public and private funds to improve and expand educational capacity (faculty, programs, and facilities) to meet the needs of Oregon’s healthcare industry.
- Task the Healthcare Industry Council (when established) with developing template job descriptions, job duties, hiring criteria and other tools for new and retooled healthcare workforce roles to assist employers in hiring and integrating newly trained healthcare workers.

- To allow the healthcare system to take full advantage of the emerging roles and occupations highlighted in this report, continue to advocate for comprehensive payment reform.

VII. Conclusion

Oregon is on the forefront of health reform in the United States and driving aggressively toward the triple aim of better care, better health and lower cost. Because of this, Oregon's health system and healthcare workforce is in the process of rapid change. Many traditional roles in the healthcare workforce are adapting to reflect this change while other new roles are being developed. Hospitals and clinics are embracing coordinated, team-based care requiring competencies not previously needed such as team managers, coaches and coordinators. Providers are also adopting new technologies such as electronic health records and telemedicine to expand their reach and scope and finding they need information technology experts and scribes to make the best use of these technologies.

Oregon's educational system is working hard to provide the workforce with the competencies needed in our changing system. Although programs and classes have been added to serve students and the industry, more faculty development opportunities are needed to support the faculty teaching in this new and dynamic environment. Oregon leaders also need to ensure that protections are in place for students so that they can be confident that their program will provide them with the education they need for certification, licensure and, eventually, a job in the field.

This report is only a snapshot in time of Oregon's dynamic healthcare workforce. It will be important to continue to monitor and evaluate efforts to accommodate the needs of health reform as Oregon moves into a future of improved health and welfare.

Appendix A: 2013-2014 Approved CTE Programs - Health related Programs by High School

	HIGH SCHOOL	COUNTY	Health related programs
1	Astoria Senior High School	Clatsop	Health Occupations I Health Occupations I Health Occupations IIA Health Occupations IIB
2	Beaverton High School	Washington	Adv Health Careers Adv Health Careers Health Care Clinical Health Care Clinical Health Careers 1 Health Careers 1 Intro to Health Careers Intro to Health Careers
3	Benson Polytechnic High School	Multnomah	Communications and Personal Growth Communications and Personal Growth First Aid/CPR Health Sciences 3: Medical Professions Health Sciences 3: Pre-Dental Health Sciences 3: Pre-Nursing Health Sciences 4: Dental Assisting Health Sciences 4: Medical Professions Health Sciences 4: Nursing Assistant HOC2 Comm/personal growth 1 Introduction to Health Sciences
4	Bonanza Junior/Senior High School	Klamath	Intro to Health Occup Intro to Health Occup Health Occupation S1-S1 Health Occupation S1-S1 Health Occupation SII-SI Health Occupation SII-SI Intro to Health Occup
5	Century High School	Washington	Anatomy & Physiology Anatomy & Physiology Health Services I Health Services I Health Services II Health Services II
6	Chiloquin High School	Klamath	Intro to Health Occupations Intro to Health Occupations Health Occupation S1-S1

7	Churchill High School	Lane	Health Occupation S1-S2 Health Occupation SII-S1 Health Occupation SII-S2 Intro to Health Occupations Adv Health Occupations Anatomy & Physiology Anatomy & Physiology Health Services-Senior Seminar Medical Terminology A Medical Terminology B
8	Clatskanie Middle School	Columbia	Health Services I Health Services I Health Services II Health Services II
9	Condon High School	Gilliam	First Responder Health Services I Health Services II Medical Terminology
10	Cottage Grove High School	Lane	Anatomy & Medical Terminology Anatomy & Medical Terminology Anatomy & Medical Terminology Wellness Occupation Wellness Occupation Wellness Occupation
11	David Douglas High School	Multnomah	Anatomy & Physiology Anatomy & Physiology Chemistry Ethics First Aid/CPR Health Occupation Physics Psychology Sociology
12	Forest Grove High School	Washington	Anatomy & Physiology Anatomy & Physiology Health Occupations Medical Terminology Medical Terminology
13	Fossil Charter School	Wheeler	First Responder Health Services I Health Services II Medical Terminology
14	Gilchrist Junior/Senior High School	Klamath	Intro Health Occupation

15	Glencoe High School	Washington	<p>Intro Health Occupation Health Occupation SI-SI Health Occupation Si-S2</p> <p>Health Occupation SII Health Occupation SII Intro to Health Occupations Health Occupations Health Services I Health Services I Health Services 2 Health Services 2 Advanced Medical Skills</p>
16	Grants Pass High School	Three Rivers/Josephine	<p>Emergency Care Health Occ 1-Body Works Health Occ 2-Body Works Health Occ 3B Adv Rescue Technique Health Occ 4B Adv Cert Disaster Response Training</p>
17	Henley High School	Klamath	<p>Health Occupation SI-SI Health Occupation SI-S2 Health Occupation SII-SI Health Occupation SII-S2 Intro to Health Occupations</p>
18	Heppner Junior/Senior High School	Morrow	<p>Intro to Health Services Medical Terminology Medical Terminology Personal Health</p>
19	Hermiston High School	Umatilla	<p>Athletic Training 1 Athletic Training 2 Essential Concepts for Health Living Health Services I Health Services 2 Medical Terminology I Medical Terminology II</p>
20	Ione Community Charter School	Morrow	<p>Intro to Health Services Medical Terminology Medical Terminology Personal Health</p>
21	John F Kennedy High School	Marion	<p>Cooperative Work Experience Fire Service Rescue Practices Hazardous Materials Operations Intro to Emergency Services</p>

22	Knappa High School	Clatsop	Medical Terminology I Wildland Urban Interface Health Occupation I Health Occupation II Health Occupation II
23	Lebanon High School	Malheur	Anatomy & Physiology Biology of Disease:Health Health Occupations
24	Liberty High School	Washington	Health Services I Health Services I Health Services II Health Services II
25	Lost River High School	Klamath	Health Occupation SI-SI Health Occupation SI-S2 Health Occupation SII-SI Health Occupation SII-S2 Intro to Health Occupations Intro to Health Occupations
26	Madison High School	Multomah	Anatomy & Physiology 1 Anatomy & Physiology 2 Health Services I Health Services 2 Health Services 5 Health Services 6 Health Services 7 Health Services 8
27	Mazama High School	Klamath	Health Occupation S1 S1 Health Occupation S1 S2 Health Occupation SII S1 Health Occupation SII S2 Intro to Health Occupations
28	McKay High School	Marion	Advanced Sports Medicine Health Sciences I Intro to Health Services Medical Terminology I Medical Terminology II Nursing Fundamentals Science in Medical Terminology Sports Medicine
29	McMinnville High School	Yamhill	Health Occupations I Health Occupations II Human Anatomy Intro to Emergency Services

30	Mitchell High School	Wheeler	Medical Terminology Sport Medicine First Responder Health Services I Health Services II
31	Neah-kah-Nie High School	Tillamook	Medical Terminology Emergency Care Procedures Health Occupations I Health Occupations II
32	Nestucca High School	Tillamook	Medical Terminology Emergency Care Procedures Health Occupations I Health Occupations II
33	North Salem High School	Marion	Medical Terminology Health Services 1 Health Services 2 Intro to Health Services Medical Terminology 1 Medical Terminology II
34	Parkrose High School	Multnomah	Science in Medical Terminology Health Services I Health Services II Health Services III
35	Pendleton High School	Umatilla	Intro to Health Services Medical Terminology Medical Terminology Personal Health
36	Philomath High School	Benton	Anatomy and Physiology Health in Relationships Health Occupations I Health Occupations 2
37	Sabin-Schellenberg Professional Training Center	Clackamas	Health Care Trends Health Sciences I Health Sciences 2: Internships Health Sciences 2: Internships Health Sciences 2: Seminar Survey of Health Sciences
38	Sherman Junior/Senior High School	Sherman	First Responder Health Services I Health Services II
39	Silverton High School	Marion	Medical Terminology Anatomy & Physiology I&II

40	Sisters High School	Deschutes	Health Occupations Medical Terminology I Emergency Care EMS/Fire Internship Health Occupations Intern Health Work Medical Terminology I Medical Terminology II Nutrition and Fitness Sports Medicine Straight Talk
41	Siuslaw High School	Lane	Health Occupations I Health Occupations I Health Occupations II Health Occupations II Internship: Health Occupations III
42	Sprague High School	Marion	Advanced Sports Medicine Health Services I Health Services II Intro to Health Services Medical Terminology I Medical Terminology II Science Fundamentals in Sports Medicine Sports Medicine Sports Medicine Practicum
43	Spray School	Wheeler	First Responder Health Services I Health Services II Medical Terminology
44	Sweet Home High School	Linn	Anatomy & Physiology I Anatomy & Physiology II Health Occupations I Health Occupations 2
45	Tillamook High School	Tillamook	Emergency care Procedures Health Occupations I Health Occupations II Medical Terminology
46	Warrenton High School	Clatsop	Healthcare I Healthcare II
47	Wellness, Business and Sports School	Marion	Anatomy & Physiology Health I for Health Care Careers Healthcare Occupations Medical Terminology I

48 West Salem High School

Polk

Medical Terminology II
Emergency Medical Technician
Health Services Community Practicum
Health Services I
Health Services II
Intro to Health Services
Medical Terminology I
Medical Terminology II
Science in Medical Terminology

Appendix B:
List of OHA Office of Equity and Inclusion
Approved Traditional Health Worker Training Programs
(as of 7/21/2014)

Program Name	Location	Website
Cascadia Peer Wellness Program	Cascadia Behavioral Health 847 NE 19th St. Portland, OR 97232 503-963-7772	www.cascadiabhc.org
Community Health Worker Training	Central Oregon Community College, 2600 NW College Way, Bend, Oregon 97701 541-383-7273	http://www.cocc.edu/continuingeducation/community-health-worker/
Community Health Worker	Rogue Community College 7800 Pacific Ave. White City, OR 97503 541-245-7934	www.roguecc.edu
Community Health Worker Training Program	Institute for Professional Care Education 8740 SE Sunnybrook Blvd., Suite 300 Clackamas, OR 97105 503-650-1022	www.ipced.com
Community Health Worker Training Program	Lane/Clackamas Community Colleges 4000 E. 30th Ave. Eugene, OR 97404 541-463-5618 (Lane Community College) or 503-594-0699 (Clackamas Community College)	www.lanecc.edu ; www.clackamas.edu

ICTC Full Circle Doula	International Center for Traditional Childbearing 5257 NE Martin Luther King Jr. Blvd. Suite 202D Portland, OR 97211 503-460-9324	www.ictcmidwives.org
Personal Health Navigator Training Program	Institute for Professional Care Education, LLC 8740 SE Sunnyside Blvd., Suite 300 Clackamas, OR 97015 503-650-1022	www.ipced.com
NEON Community Health Worker Training Program	Northeast Oregon Network 1802 4th St., Suite A La Grande, OR 97850 541-398-1720	www.neonoregon.org
We Are Health: A Capacity Building Curriculum for Community Health Workers	Community Capacitation Center 10317 E Burnside St. Portland, OR 97216 503-988-6250 ext 26646	web.multco.us/health/community-capacitation-center

Source: Oregon Health Authority Office of Equity and Inclusion: <http://www.oregon.gov/oha/oei/Pages/approved-thw-training.aspx>

Appendix C:
List of OHA Addictions and Mental Health Services
Approved Peer Support Specialists Training Programs
(as of 7/21/2014)

Approved training	Agency	Program	Address
Addiction Peer Support Specialists, Recovery Mentors	Portland Community College	Addictions Peer Specialist	24205 N.E. Alvas Road Battleground, WA 98604 503-740-9478
Addiction Peer Support Specialists, Recovery Mentors	Relief Nursery	Accessing Success Peer Support Specialist	1720 West 25th Avenue Eugene, OR 97405 541-343-9706
Mental Health Peer Support Specialists	National Alliance on Mental Health	Lane County Peer Recovery Support Specialist	76 Centennial Loop, Suite A Eugene, OR 97401 541-343-7688
Addiction Peer Support Specialists, Mental Health Peer Support Specialists, Recovery Mentors	Willamette Family Treatment Services	Peer Support Service Model	149 West 12th Ave Eugene, OR 97401 541-344-0031
Mental Health Peer Support Specialists, Young Adults in Transition Peer Specialists	Oregon Behavioral Consultation and Training	Peer Support Specialist Training	4000 Cloverlawn Drive Grants Pass, OR 97527 541-891-8892
Mental Health Peer Support Specialists	Kathleen McNeill	Peer Support Specialist Training: Recovery and Beyond	3436 Blueblossom Dr Medford, OR 97504 541-324-9208
Mental Health Peer Support Specialists	Recovery and Beyond	Peer Support Specialist and Peer Delivered Services	205 Central Avenue Adams Room Medford, OR

Approved training	Agency	Program	Address
Mental Health Peer Support Specialists	Cultivating a New Life LLC	Cultivating a New Life through Community Connections	1521 N. Jantzen Ave. #203 Portland, OR 97214 503-310-8684
Addiction Peer Support Specialists, Recovery Mentors	The Miracles Club	Each One Teach One Certified Recovery Mentor (CRM) Training	4150 N.E. MLK Blvd. Portland, OR 97211 503-249-8559
Mental Health Peer Support Specialists	Empowerment Initiatives	Peer Support Specialist Training	3941 S.E. Hawthorne Blvd. Portland, OR 97214 503-249-1413
Addiction Peer Support Specialists, Recovery Mentors	Central City Concern	Pathways to Empowerment	232 NW 6th Ave. Portland, OR 97209 503-228-7134
Mental Health Peer Support Specialists	Mental Health America of Oregon	Peer Employment Specialist	10150 SE Ankeny Street Portland, OR 97216 503-922-2377
Addiction Peer Support Specialists, Recovery Mentors	Addiction Counselor Certification Board of Oregon	Walking the Talk	2054 N. Vancouver Ave. Portland, OR 97227 503-231-8164
Mental Health Peer Support Specialists, Young Adults in Transition Peer Specialists	Oregon Family Support Network	Oregon Family Support Network	1300 Broadway Street NE Salem, OR 97301 503-709-3327
Mental Health Peer Support Specialists, Young Adults in Transition Peer Specialists	Youth M.O.V.E. Oregon	Youth M.O.V.E. Oregon	1300 Broadway Street NE Salem, OR 97301 541-606-1514
Addiction Peer Support Specialists, Mental Health Peer Support Specialists, Recovery Mentors	Project A.B.L.E.	Project A.B.L.E. Peer Support Specialist	1599 State Street NE Salem, OR 97301 503-363-3260

Approved training	Agency	Program	Address
Addiction Peer Support Specialists, Mental Health Peer Support Specialists, Recovery Mentors, Young Adults in Transition Peer Specialists	Community Connections	Intentional Peer Support (IPS)	23955 S.W. Ladd Hill Rd. Sherwood, OR 97140 503-319-6671
Addiction Peer Support Specialists, Recovery Mentors	MindMap LLC	Recovery Mentoring 101	19871 View Drive West Linn, OR 97068 503-970-2522

Source: Oregon Health Authority Addictions and Mental Health Services:
<http://www.oregon.gov/oha/amh/pd/Pages/approved-training.aspx>

Appendix D:

Inventory of Health Care Industry-Related Degrees at the Associate Level or Higher from All Oregon

Public and Private Higher Education Institutions by Degree Program (2012)

Source: U.S. Department of Education, National Center for Education Statistics, Integrated Post-Secondary Education Data System, December 2013

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Oregon College of Oriental Medicine	Acupuncture & Oriental Medicine	Doctorate	9
National College of Natural Medicine	Acupuncture & Oriental Medicine	Master's	28
Oregon College of Oriental Medicine	Acupuncture & Oriental Medicine	Master's	61
American College of Healthcare Sciences	Alternative & Complementary Medicine & Medical Systems	Associate	8
American College of Healthcare Sciences	Alternative & Complementary Medicine & Medical Systems	Master's	1
American College of Healthcare Sciences	Alternative & Complementary Medicine & Medical Systems	Post baccalaureate	4
Marylhurst University	Art Therapy/Therapist	Master's	14
Marylhurst University	Art Therapy/Therapist	Post-master's	0
University of Oregon	Arts Management /Arts in Healthcare Management	Master's	
Southwestern Oregon Community College	Athletic Training/Trainer	Associate	0
Treasure Valley Community College	Athletic Training/Trainer	Associate	1
George Fox University	Athletic Training/Trainer	Bachelor's	8
Linfield College-McMinnville Campus	Athletic Training/Trainer	Bachelor's	6
Oregon State University	Athletic Training/Trainer	Bachelor's	14

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Portland State University	Audiology/Audiologist	Bachelor's	65
Portland State University	Audiology/Audiologist	Master's	31
Pacific University	Audiology	Doctorate	New Program
George Fox University	Behavioral Sciences	Bachelor's	31
Portland Community College	Bioengineering & Biomedical Engineering	Associate	23
Oregon State University	Bioengineering & Biomedical Engineering	Bachelor's	20
Oregon Health & Science University	Bioengineering & Biomedical Engineering	Doctorate	1
Oregon Health & Science University	Bioengineering & Biomedical Engineering	Master's	1
Oregon Health & Science University	Bioinformatics & Computational Biology	Doctorate	
Oregon Health & Science University	Bioinformatics & Computational Biology	Master's	
University of Portland	Biological & Biomedical Sciences, Other	Bachelor's	11
University of Western States	Biological & Biomedical Sciences, Other	Bachelor's	2
Pacific University	Biomathematics, Bioinformatics, & Computational Biology	Bachelor's	0
Oregon Health & Science University	Biomathematics, Bioinformatics, & Computational Biology	Doctorate	0
Oregon Health & Science University	Biomathematics, Bioinformatics, & Computational Biology	Master's	27
Oregon Health & Science University	Biomathematics, Bioinformatics, & Computational Biology	Postbaccalaureate	73
Portland Community College	Biotechnology	Associate	3
Oregon State University	Biotechnology	Bachelor's	13
Oregon State University	Biotechnology	Master's	3
Concordia University-Portland	Business Administration & Management	Bachelor's	87
Corban University	Business Administration & Management	Bachelor's	50
DeVry University-Oregon	Business Administration & Management	Bachelor's	8

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
George Fox University	Business Administration & Management	Bachelor's	124
Marylhurst University	Business Administration & Management	Bachelor's	62
Portland State University	Business Administration & Management	Bachelor's	205
University of Phoenix-Oregon Campus	Business Administration & Management	Bachelor's	62
Warner Pacific College	Business Administration & Management	Bachelor's	133
DeVry University Keller Grad School of Mgmt	Business Administration & Management	Postbaccalaureate	1
Oregon Health & Science University	Business Administration & Management	Postbaccalaureate	0
Concordia University-Portland	Business Administration & Management	Master's	30
Corban University	Business Administration & Management	Master's	31
DeVry University Keller Grad School of Mgmt	Business Administration & Management	Master's	16
Marylhurst University	Business Administration & Management	Master's	372
Oregon Health & Science University	Business Administration & Management	Master's	3
Portland State University	Business Administration & Management	Master's	101
University of Phoenix-Oregon Campus	Business Administration & Management	Master's	15
University of Western States	Chiropractic	Doctorate	125
Oregon Health & Science University	Clinical Informatics	Postbaccalaureate	
Oregon Health & Science University	Clinical Informatics	Master's	
Oregon Health & Science University	Clinical Informatics	Doctorate	
Oregon Institute of Technology	Clinical Laboratory Science/Medical Technology/Technologist	Bachelor's	35
University of Portland	Clinical Nurse Leader	Master's	13
University of Portland	Clinical Nurse Specialist	Master's	0
Oregon Health & Science University	Clinical Nutrition/Nutritionist	Master's	3

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Oregon Institute of Technology	Clinical, Counseling & Applied Psychology	Bachelor's	38
University of Oregon	Clinical, Counseling & Applied Psychology	Postbaccalaureate	4
Corban University	Clinical, Counseling & Applied Psychology	Master's	3
George Fox University	Clinical, Counseling & Applied Psychology	Master's	58
Lewis & Clark College	Clinical, Counseling & Applied Psychology	Master's	39
Multnomah University	Clinical, Counseling & Applied Psychology	Master's	16
Northwest Christian University	Clinical, Counseling & Applied Psychology	Master's	14
Pacific University	Clinical, Counseling & Applied Psychology	Master's	78
University of Oregon	Clinical, Counseling & Applied Psychology	Master's	3
George Fox University	Clinical, Counseling & Applied Psychology	Post-master's	0
Lewis & Clark College	Clinical, Counseling & Applied Psychology	Post-master's	1
George Fox University	Clinical, Counseling & Applied Psychology	Doctorate	21
Pacific University	Clinical, Counseling & Applied Psychology	Doctorate	46
Portland State University	Clinical, Counseling & Applied Psychology	Doctorate	8
University of Oregon	Clinical, Counseling & Applied Psychology	Doctorate	10
Portland Community College	Clinical/Medical Laboratory Technician	Associate	25
Pacific University	Communication Sciences & Disorders	Bachelor's	
University of Oregon	Communication Sciences & Disorders	Bachelor's	40
Pacific University	Communication Sciences & Disorders	Postbaccalaureate	
University of Oregon	Communication Sciences & Disorders	Postbaccalaureate	23
Pacific University	Communication Sciences & Disorders	Master's	
University of Oregon	Communication Sciences & Disorders	Master's	24
Portland State University	Community Health & Preventive Medicine	Bachelor's	145
Lane Community College	Dental Hygiene/Hygienist	Associate	30
Mt Hood Community College	Dental Hygiene/Hygienist	Associate	17

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Oregon Institute of Technology	Dental Hygiene/Hygienist	Associate	27
Portland Community College	Dental Hygiene/Hygienist	Associate	28
Treasure Valley Community College	Dental Hygiene/Hygienist	Associate	2
Oregon Institute of Technology	Dental Hygiene/Hygienist	Bachelor's	54
Pacific University	Dental Hygiene/Hygienist	Bachelor's	33
Portland Community College	Dental Laboratory Technology/Technician	Associate	11
Portland Community College	Dental Laboratory Technology/Technician	2 ≤ but < 4 years	5
Pacific University	Dental Services & Allied Professions, Other	Bachelor's	0
Oregon Health & Science University	Dentistry	Doctorate	68
Oregon Institute of Technology	Diagnostic Medical Sonography/Sonographer & Ultrasound Technician	Bachelor's	82
Oregon Health & Science University	Dietetics/Dietitian	Postbaccalaureate	21
Oregon Health & Science University	Dietetics/Dietitian	Master's	0
Birthingway College of Midwifery	Direct Entry Midwifery	2 ≤ but < 4 years	3
Birthingway College of Midwifery	Direct Entry Midwifery	Bachelor's	1
Oregon Institute of Technology	Echocardiography	Bachelor's	
Central Oregon Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	28
Chemeketa Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	40
Clackamas Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	0
Lane Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	13
Mt Hood Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	0
Oregon Institute of Technology	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	17

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Portland Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	21
Rogue Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	13
Southwestern Oregon Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	10
Treasure Valley Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	0
Umpqua Community College	Emergency Medical Technology/Technician (EMT Paramedic)	Associate	12
Portland Community College	Emergency Medical Technology/Technician (EMT Paramedic)	2 ≤ but < 4 years	3
Oregon Health & Science University	Endodontics/Endodontology	Post-master's	3
Oregon Health & Science University	Family Practice Nurse/Nursing	Master's	17
University of Portland	Family Practice Nurse/Nursing	Master's	0
Oregon Health & Science University	Family Practice Nurse/Nursing	Post-master's	0
Oregon Health & Science University	Family Practice Nurse/Nursing	Doctorate	4
University of Oregon	Finance	Doctorate	3
Oregon State University	Foods, Nutrition, & Related Services	Bachelor's	41
Portland State University	Foods, Nutrition, & Related Services	Postbaccalaureate	16
Oregon State University	Foods, Nutrition, & Related Services	Master's	3
Oregon Health & Science University	Geriatric Nurse/Nursing	Post-master's	0
Portland Community College	Gerontology	Associate	17
Marylhurst University	Gerontology	Postbaccalaureate	1
Oregon State University	Gerontology	Postbaccalaureate	2
Pacific University	Gerontology	Postbaccalaureate	7
Portland State University	Gerontology	Postbaccalaureate	10
Linfield College	Global Health (online)	Certificate	New

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
			program
Northwest Christian University	Health & Medical Administrative Services, Other	Postbaccalaureate	1
Northwest Christian University	Health & Medical Administrative Services, Other	Master's	2
Oregon Institute of Technology	Health Informatics	Bachelor's	4
Oregon Health & Science University	Health Information Management	Postbaccalaureate	
Oregon Health & Science University	Health Information Management	Master's	
Oregon Health & Science University	Health Information Management	Doctorate	
Klamath Community College	Health Information/Medical Records Administration/Administrator	Associate	6
Mt Hood Community College	Health Information/Medical Records Administration/Administrator	Associate	0
Central Oregon Community College	Health Information/Medical Records Technology/Technician	Associate	27
Portland Community College	Health Information/Medical Records Technology/Technician	Associate	32
Klamath Community College	Health Professions & Related Clinical Sciences, Other	Associate	0
Oregon Health & Science University	Health Professions & Related Clinical Sciences, Other	Postbaccalaureate	13
Oregon Health & Science University	Health Professions & Related Clinical Sciences, Other	Master's	20
Portland State University	Health Professions & Related Clinical Sciences, Other	Master's	1
Northwest Christian University	Health Services Administration	Bachelor's	2
Corban University	Health Services/Allied Health/Health Sciences	Bachelor's	16
Linfield College-Nursing & Health Sciences	Health Services/Allied Health/Health Sciences	Bachelor's	6
Linfield College	Health/Health Care Administration/Management (online)	Certificate	New program
Pioneer Pacific College	Health/Health Care Administration/Management	Associate	77
Concordia University-Portland	Health/Health Care Administration/Management	Bachelor's	26
George Fox University	Health/Health Care Administration/Management	Bachelor's	

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Oregon Institute of Technology	Health/Health Care Administration/Management	Bachelor's	4
Oregon State University	Health/Health Care Administration/Management	Bachelor's	28
Pioneer Pacific College	Health/Health Care Administration/Management	Bachelor's	5
Portland State University	Health/Health Care Administration/Management	Bachelor's	3
Concordia University-Portland	Health/Health Care Administration/Management	Postbaccalaureate	0
Oregon Health & Science University	Health/Health Care Administration/Management	Postbaccalaureate	14
Oregon Health & Science University	Health/Health Care Administration/Management	Master's	55
Pacific University	Health/Health Care Administration/Management	Master's	13
Portland State University	Health/Health Care Administration/Management	Master's	28
Oregon State University	Health/Medical Physics	Bachelor's	7
Oregon State University	Health/Medical Physics	Master's	21
Oregon State University	Health/Medical Physics	Doctorate	3
Northwest Christian University	Health/Medical Preparatory Programs, Other	Associate	1
Treasure Valley Community College	Health/Medical Preparatory Programs, Other	Associate	2
Oregon Institute of Technology	Health/Medical Preparatory Programs, Other	Bachelor's	6
University of Phoenix-Oregon Campus	Hospital & Health Care Facilities Administration/Management	Bachelor's	2
Birthingway College of Midwifery	Lactation Consultant	Associate	0
Portland Community College	Lactation Consultant	Certificate	New Program
Lewis & Clark College	Law	Doctorate	210
University of Oregon	Law	Doctorate	161
Willamette University	Law	Doctorate	124
Portland State University	Marriage & Family Therapy/Counseling	Postbaccalaureate	4
George Fox University	Marriage & Family Therapy/Counseling	Master's	22
Lewis & Clark College	Marriage & Family Therapy/Counseling	Master's	14

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
University of Oregon	Marriage & Family Therapy/Counseling	Master's	30
Western Seminary	Marriage & Family Therapy/Counseling	Master's	37
George Fox University	Marriage & Family Therapy/Counseling	Post-master's	0
Central Oregon Community College	Massage Therapy/Therapeutic Massage	Associate	6
Clackamas Community College	Medical Informatics	Associate	0
Mt Hood Community College	Medical Informatics	Associate	3
Portland Community College	Medical Informatics	Associate	3
Southwestern Oregon Community College	Medical Informatics	Associate	0
Heald College-Portland	Medical Insurance Specialist/Medical Biller	Associate	22
Rogue Community College	Medical Office Computer Specialist/Assistant	Associate	5
Chemeketa Community College	Medical Office Management/Administration	Associate	31
Portland Community College	Medical Radiologic Technology/Science - Radiation Therapist	Associate	31
Treasure Valley Community College	Medical Radiologic Technology/Science - Radiation Therapist	Associate	0
Oregon Health & Science University	Medical Radiologic Technology/Science - Radiation Therapist	Bachelor's	9
Chemeketa Community College	Medical Transcription/Transcriptionist	Associate	0
Mt Hood Community College	Medical Transcription/Transcriptionist	Associate	1
Treasure Valley Community College	Medical Transcription/Transcriptionist	Associate	0
Everest College-Portland	Medical/Clinical Assistant	Associate	46
Heald College-Portland	Medical/Clinical Assistant	Associate	75
Linn-Benton Community College	Medical/Clinical Assistant	Associate	21
Mt Hood Community College	Medical/Clinical Assistant	Associate	15
Pioneer Pacific College	Medical/Clinical Assistant	Associate	94
Southwestern Oregon Community	Medical/Clinical Assistant	Associate	5

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
College			
Oregon Health & Science University	Medicine (Allopathic)	Doctorate	122
College of Osteopathic Medicine of the Pacific Northwest (Western University of Health Sciences)	Medicine (Osteopathic)		
Mt Hood Community College	Mental Health Counseling/Counselor	Associate	22
Lewis & Clark College	Mental Health Counseling/Counselor	Master's	42
Southern Oregon University	Mental Health Counseling/Counselor	Master's	25
George Fox University	Mental Health Counseling/Counselor	Post-master's	0
Marylhurst University	Music Therapy/Therapist	Bachelor's	6
Willamette University	Music Therapy/Therapist	Bachelor's	0
National College of Natural Medicine	Naturopathic Medicine/Naturopathy	Doctorate	83
Willamette University	Neurobiology & Neurosciences	Bachelor's	0
Oregon Health & Science University	Neurobiology & Neurosciences	Master's	0
Oregon Health & Science University	Neurobiology & Neurosciences	Doctorate	18
Oregon Institute of Technology	Nuclear Medical Technology/Technologist	Bachelor's	16
Oregon Health & Science University	Nurse Anesthetist	Master's	12
Oregon Health & Science University	Nurse Midwife/Nursing Midwifery	Master's	9
Oregon Health & Science University	Nurse Midwife/Nursing Midwifery	Post-master's	0
University of Portland	Nursing Administration	Master's	0
Mt Hood Community College	Nursing Education	Associate	0
Oregon Health & Science University	Nursing Education	Master's	3
Oregon Health & Science University	Nursing Practice	Doctorate	6
University of Portland	Nursing Practice	Doctorate	3
Linn-Benton Community College	Occupational Therapist Assistant	Associate	22

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Pacific University	Occupational Therapy/Therapist	Master's	30
Pacific University	Ophthalmic & Optometric Support Services & Allied Professions	Bachelor's	5
Pacific University	Ophthalmic & Optometric Support Services & Allied Professions	Master's	4
Portland Community College	Ophthalmic Technician/Technologist	Associate	17
Pacific University	Optometry	Doctorate	89
Warner Pacific College Adult Degree Program	Organizational Behavior Studies	Associate	53
Warner Pacific College Adult Degree Program	Organizational Leadership	Master's	50
Oregon Health & Science University	Orthodontics/Orthodontology	Master's	4
Oregon Health & Science University	Orthodontics/Orthodontology	Post-master's	4
Oregon Health & Science University	Periodontics/Periodontology	Master's	2
Oregon Health & Science University	Periodontics/Periodontology	Post-master's	3
Oregon State University	Pharmacology & Toxicology	Master's	1
Oregon Health & Science University	Pharmacology & Toxicology	Doctorate	3
Oregon State University	Pharmacology & Toxicology	Doctorate	2
Oregon State University	Pharmacy	Doctorate	86
Pacific University	Pharmacy	Doctorate	92
Chemeketa Community College	Pharmacy Technician/Assistant	Associate	4
Everest College-Portland	Pharmacy Technician/Assistant	Associate	13
Heald College-Portland	Pharmacy Technician/Assistant	Associate	17
Oregon State University	Pharmacy, Pharmaceutical Sciences, & Administration, Other	Master's	1
Oregon State University	Pharmacy, Pharmaceutical Sciences, & Administration, Other	Doctorate	2
Lane Community College	Physical Therapy Assistant	Associate	25

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Mt Hood Community College	Physical Therapy Assistant	Associate	23
Treasure Valley Community College	Physical Therapy Technician/Assistant	Associate	3
George Fox University	Physical Therapy/Therapist	Doctorate	
Pacific University	Physical Therapy/Therapist	Doctorate	39
Pacific University	Physician Assistant	Bachelor's	2
Oregon Health & Science University	Physician Assistant	Master's	35
Pacific University	Physician Assistant	Master's	42
Oregon Institute of Technology	Polysomnography	Associate	4
Oregon Institute of Technology	Population Health Management	Bachelor's	
Treasure Valley Community College	Practical Nursing & Nursing Assistants, Other	Associate	14
Treasure Valley Community College	Pre-Dentistry Studies	Associate	1
Treasure Valley Community College	Pre-Medicine/Pre-Medical Studies	Associate	1
Southern Oregon University	Pre-Medicine/Pre-Medical Studies	Bachelor's	2
Treasure Valley Community College	Pre-Pharmacy Studies	Associate	2
Treasure Valley Community College	Pre-Physical Therapy Studies	Associate	0
ITT Technical Institute-Portland	Project Management	Bachelor's	0
ITT Technical Institute-Salem	Project Management	Bachelor's	0
Oregon Health & Science University	Psychiatric/Mental Health Nurse/Nursing	Master's	12
Oregon Health & Science University	Psychiatric/Mental Health Nurse/Nursing	Post-master's	1
Oregon Health & Science University	Psychiatric/Mental Health Nurse/Nursing	Doctorate	1
Portland Community College	Public Administration	Associate	3
Eastern Oregon University	Public Administration	Bachelor's	1
University of Oregon	Public Administration	Bachelor's	47
Portland State University	Public Administration	Postbaccalaureate	4
Willamette University	Public Administration	Postbaccalaureate	0

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Portland State University	Public Administration	Master's	92
University of Oregon	Public Administration	Master's	15
Oregon State University	Public Health	Bachelor's	93
Oregon Health & Science University	Public Health	Postbaccalaureate	7
Oregon Health & Science University	Public Health	Master's	40
Oregon State University	Public Health	Master's	51
Oregon State University	Public Health	Doctorate	7
Oregon State University	Public Health Education & Promotion	Bachelor's	3
Western Oregon University	Public Health Education & Promotion	Bachelor's	68
Portland State University	Public Health Education & Promotion	Master's	26
Portland State University	Public Health, Other	Bachelor's	98
Linn-Benton Community College	Radiologic Technology/Science - Radiographer	Associate	22
Oregon Institute of Technology	Radiologic Technology/Science - Radiographer	Bachelor's	50
Blue Mountain Community College	Registered Nursing/Registered Nurse	Associate	18
Central Oregon Community College	Registered Nursing/Registered Nurse	Associate	47
Chemeketa Community College	Registered Nursing/Registered Nurse	Associate	35
Clackamas Community College	Registered Nursing/Registered Nurse	Associate	35
Clatsop Community College	Registered Nursing/Registered Nurse	Associate	13
Columbia Gorge Community College	Registered Nursing/Registered Nurse	Associate	19
ITT Technical Institute-Portland	Registered Nursing/Registered Nurse	Associate	0
Lane Community College	Registered Nursing/Registered Nurse	Associate	80
Linn-Benton Community College	Registered Nursing/Registered Nurse	Associate	47
Mt Hood Community College	Registered Nursing/Registered Nurse	Associate	64
Oregon Coast Community College	Registered Nursing/Registered Nurse	Associate	18

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Portland Community College	Registered Nursing/Registered Nurse	Associate	34
Rogue Community College	Registered Nursing/Registered Nurse	Associate	31
Southwestern Oregon Community College	Registered Nursing/Registered Nurse	Associate	26
Treasure Valley Community College	Registered Nursing/Registered Nurse	Associate	19
Umpqua Community College	Registered Nursing/Registered Nurse	Associate	60
Concordia University-Portland	Registered Nursing/Registered Nurse	Bachelor's	29
George Fox University	Registered Nursing/Registered Nurse	Bachelor's	40
Linfield College-Adult Degree Program	Registered Nursing/Registered Nurse	Bachelor's	89
Linfield College-Nursing & Health Sciences	Registered Nursing/Registered Nurse	Bachelor's	172
Oregon Health & Science University	Registered Nursing/Registered Nurse	Bachelor's	296
University of Portland	Registered Nursing/Registered Nurse	Bachelor's	185
Oregon Health & Science University	Registered Nursing/Registered Nurse	Doctorate	4
Lane Community College	Respiratory Care Therapy/Therapist	Associate	32
Mt Hood Community College	Respiratory Care Therapy/Therapist	Associate	28
Concorde Career College-Portland	Respiratory Care Therapy/Therapist	2 ≤ but < 4 years	26
Oregon Institute of Technology	Respiratory Care Therapy/Therapist	Bachelor's	21
Chemeketa Community College	Social Work	Associate	5
Clackamas Community College	Social Work	Associate	18
Rogue Community College	Social Work	Associate	15
Southwestern Oregon Community College	Social Work	Associate	2
Treasure Valley Community College	Social Work	Associate	9
Concordia University-Portland	Social Work	Bachelor's	14
George Fox University	Social Work	Bachelor's	17

Institution Name	Degree/Program Title	2012 Award Level	Total Reported Graduates 2012
Pacific University	Social Work	Bachelor's	8
Portland State University	Social Work	Bachelor's	48
University of Portland	Social Work	Bachelor's	17
Warner Pacific College	Social Work	Bachelor's	11
Portland State University	Social Work	Master's	183
Pacific University	Social Work	Master's	
Portland State University	Social Work	Doctorate	5
Portland State University	Speech & Hearing Sciences	Bachelor's	
Portland State University	Speech & Hearing Sciences	Postbaccalaureate	
Portland State University	Speech & Hearing Sciences	Master's	
Pacific University	Speech Language Pathology	Doctorate	
Central Oregon Community College	Substance Abuse/Addiction Counseling	Associate	5
Chemeketa Community College	Substance Abuse/Addiction Counseling	Associate	10
Portland Community College	Substance Abuse/Addiction Counseling	Associate	25
Rogue Community College	Substance Abuse/Addiction Counseling	Associate	0
Southwestern Oregon Community College	Substance Abuse/Addiction Counseling	Associate	1
Tillamook Bay Community College	Substance Abuse/Addiction Counseling	Associate	0
Lewis & Clark College	Substance Abuse/Addiction Counseling	Master's	13
Mt Hood Community College	Surgical Technology/Technologist	Associate	20
Oregon Institute of Technology	Vascular Technology	Bachelor's	
Western Oregon University	Vocational Rehabilitation Counseling/Counselor	Master's	14

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- ^{xiv} National Conference of State Legislatures; For Profit Colleges and Universities; 2013 July; <http://www.ncsl.org/research/education/for-profit-colleges-and-universities.aspx>
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DRAFT

Workforce Committee – Status on recommendations

(Staff suggestions on whether or not to keep working on the recommendation or to revise it are highlighted in the “Keep? Revise?” column)

1. Short and long-term recommendations from 2010 report.

Recommendation	Current Status	Keep? Revise?
Short-term		
1. Revitalize the state’s primary care practitioner loan repayment program	<ul style="list-style-type: none"> • HB 2400 (2011) proposed \$3.1M for the program but did not pass. However, the Medicaid LRP did pass and is in implementation. 	No
2. Standardize administrative aspects of student clinical training	<ul style="list-style-type: none"> • In implementation as of July 1, 2014. 	Complete
3. Revise adverse impact regulations (Enable educational institutions to respond quickly to health care workforce training needs)	<ul style="list-style-type: none"> • Adverse impact law repealed in 2013. 	Complete
4. Maintain resources for health professions education programs	<ul style="list-style-type: none"> • Work not undertaken directly 	No
5. Expand health care workforce data collection for a more complete picture of Oregon’s health care workforce	<ul style="list-style-type: none"> • 3 boards (behavioral health) participating voluntarily but relatively low response rate • SB 96 (2011) proposed mandatory expansion to all licensing boards (not certification bodies) but did not pass • HB 3650 (2011) directed OHPR to work with all boards but did not require boards or licensees to participate • Legislative concept to expand number of boards required to collect is under consideration for the 2015 legislative session. 	Keep
Long-term		
6. Use delivery system and payment reform pilots to build evidence for new workforce models and to refine projections of future workforce demand	<ul style="list-style-type: none"> • Completed “Projected Demand for Physicians, Nurse Practitioners and Physician Assistants 2013 – 2020” – revised in early 2014. 	No
7. Define new standards for health care workforce competencies	<ul style="list-style-type: none"> • Developed competencies and training standards for Non-Traditional Health Workers • Identified workforce competencies needed to implement/work in new models 	No

Recommendation	Current Status	Keep? Revise?
	(Workgroup 1) <ul style="list-style-type: none"> Traditional Health worker Commission is working on defining and standardizing competencies for CHWs and THWs. 	
8. Adopt a payment system that encourages the most efficient use of the health care workforce	<ul style="list-style-type: none"> Within Medicaid, CCOs will have global budget based increasingly on outcomes. Recognized patient-centered primary care homes to receive an additional PMPM care management fee from Medicaid for qualified OHP patients; 75 practices to participate in multipayer primary care initiative (CPCI). Variety of projects in the private sector (e.g. OHLC High-Value Patient Centered Care model) 	Revise
9. Identify barriers (payment policies, credentialing standards, organizational structures, etc.) that prevent health care professionals from practicing to the full scope of their licenses	<ul style="list-style-type: none"> Work not undertaken directly, however, report on workforce competencies needed to implement/work in new models (Workgroup 1) identified some issues. 	Revise – Consider narrowing scope
10. Stimulate local creativity and resource sharing for health care workforce development	<ul style="list-style-type: none"> Workgroup 3 is developing a strategic plan for primary care provider recruitment (per HB 2366 from 2011) Residency expansion memo has led to the potential of a Graduate Medical Education Primary Care consortium with OEBC/Moda grant funding for start-up likely. The consortium will rely on local resource sharing to maintain the residency program(s) until Medicare funding begins. 	Revise – Consider narrowing scope
11. Enhance resources for health professions education programs	Work not undertaken directly	No
12. Maintain and enhance resources for K-12 math, science, and health career exposure	Work not undertaken directly	No

2. 2011 Competencies Report recommendations

Recommendation	Current Status	Keep? Revise?
Policy		
1. Establish and expand pilot programs to test alternative payment models such as global budgets for Coordinated Care Organizations, bundled payments for acute and post-acute care, and salaried providers.	<ul style="list-style-type: none"> Progress is slow, but ongoing. 	Revise – Consider narrowing scope
2. Develop job descriptions, scopes of work, competencies, and performance standards for new positions such as care coordinators, navigators, community health workers, etc.	<ul style="list-style-type: none"> Traditional Health Workers Commission was established in rule in 2013 and is charged with developing these competencies and standards. Their work is ongoing. 	Complete
3. Provide opportunities for multi-payer alignment around promising models of flexible, outcomes-focused reimbursement.	<ul style="list-style-type: none"> Progress is slow, but ongoing. 	Revise – Consider narrowing scope
Education		
Education recommendations are generally outside the scope of the HCWF Committee.		
4. Set expectations for ongoing and sustainable collaboration between academic/training/education communities and health care employers, so that educational experiences will be more connected and interdependently functioning in providing health care services.	<ul style="list-style-type: none"> Work not undertaken directly, however, the Committee could help to launch/host an industry/education/workforce council to encourage collaboration. This Council could work on recommendations 4 through 8. 	Revise – Consider narrowing scope
5. Collaborate across disciplinary boundaries to develop and implement the same set of interprofessional competencies.	<ul style="list-style-type: none"> See #4 	No
6. Develop shared methods for training and assessment of interprofessional competencies.	<ul style="list-style-type: none"> See #4 	No
7. Provide opportunities for faculty—not just trainees—to gain experience with interprofessional practice and new models of care via —experience sabbaticals that allow faculty to return to the field, utilizing staff from health care organizations that have adopted new models as adjunct faculty, or other means.	<ul style="list-style-type: none"> See #4 	No

Recommendation	Current Status	Keep? Revise?
8. Increase opportunities for interprofessional training, especially in clinical settings. Emerging patient-centered primary care homes, CCOs, and other innovative service delivery organizations would be ideal settings for interprofessional teams of health profession students to learn about and contribute to new models of care.	<ul style="list-style-type: none"> See #4 	No
<p>Practice</p> <p>9. Foster a collaborative, egalitarian workplace culture to assure the successful implementation of team-based care in existing practices. While culture change takes time, practices hosting students coming from interprofessional training programs can use those students as change agents to help accelerate the process.</p> <p>10. Identify successful early adopters of team-based care models to assist practices with technology implementation and guideline development during the transition process.</p> <p>11. Prioritize investment in the information technology infrastructure needed to support communication within and across teams and sites of care, and to enable providers to identify and proactively manage clusters of patients with particular needs.</p> <p>12. Revise hiring and human resources practices to enable recruitment, retention, and evaluation of professionals engaged in interprofessional and team-based care.</p>	<p>Many of the practice recommendations are being implemented by other agencies or organizations.</p> <ul style="list-style-type: none"> OHA's Transformation Center is hosting Learning Collaboratives and other opportunities promote the successful implementation of team-based care. OHA's Patient Centered Primary Care Office provides technical assistance to practices adopting the PCPCH team-based model. The state is investing heavily in Health Information and Exchange Technology. 	

3. 2012 – Non-Traditional Health Workers Report

Recommendation	Current Status	Keep? Revise?
<p>1. Certify training programs that include the required core competencies and core curriculum.</p> <p>2. Require statewide oversight of training programs through a yet to be determined mechanism, review and approve curriculum, review program educational methodologies to ensure inclusion of accepted adult learning strategies for high quality training, maintain registry and/or certification records, including potential ethics violations, advocate for and promote NTHW professions, including the provision of training for health care providers and</p>	<p>Most of the 2012 Non-Traditional Health Workers Report recommendations are being addressed by the Office of Equity and Inclusion and the THW Commission.</p>	

Recommendation	Current Status	Keep? Revise?
systems on the effective utilization of NTHWs.		
3. Develop statewide training advisory panel to provide guidance and support to statewide entity given responsibility for training oversight to ensure that appropriate technical assistance, guidance and feedback can be provided to ensure that uniform statewide standards for training programs produce trained individuals who can easily move between organizations and carry certification of standardized competencies, knowledge and skills to work in any CCO across the state. This training advisory panel should include experienced NTHWs in large enough numbers to ensure that the integrity of the model is retained and supported.		
4. Develop strategies for all training partners to assess the needs of NTHWs for continuing education, to design and develop programs to meet those needs, and to implement and evaluate programs on an ongoing basis.		
5. Provide individuals completing the approved training program with a certificate of completion. The certification is required to enroll as a provider for reimbursement.		
6. Limit the cost of enrolling in training programs for NTHWs.		
7. "Grandparent" NTHWs who also participate in an "incumbent worker" training. Specific "grandparenting" provisions for number of practice years in the field are to be determined, with the acknowledgment that there may need to be differences based on the worker type due to length of time that the job category has been in existence.		
8. Review and renew NTHW certificate programs every three years to assure quality, relevance and compliance in meeting curriculum requirements, teaching standards and performance outcomes.		
9. Provide incentives for Coordinated Care Organizations to develop internal agency plans for the supervision and support of NTHWs, including developing strategies within the global budget to support training development, career pathways, and retention of NTHWs on health care teams. Require supervision of NTHWs by licensed health care professionals, licensed behavioral health	<ul style="list-style-type: none"> Office of Equity and Inclusion may propose legislation to address integration of THWs into CCOs. 	

Recommendation	Current Status	Keep? Revise?
professionals, and Masters level public health workers.		

4. **2012 – Revised Recommendations to OHPB**

Recommendation	Current Status	Keep? Revise?
Short-term		
1. Implement flexible, functional, and outcomes-based reimbursement mechanisms, especially for primary care, widely and as soon as possible.	<ul style="list-style-type: none"> Progress is slow, but ongoing. 	Revise – Consider narrowing scope
2. Implement the new Medicaid loan repayment program for primary care providers.	<ul style="list-style-type: none"> Medicaid LRP passed in 2013 and is in implementation 	Complete
3. Forecast short and longer-term demand for primary care practitioners, accounting for likely effects of new models of care.	<ul style="list-style-type: none"> Completed “Projected Demand for Physicians, Nurse Practitioners and Physician Assistants 2013 – 2020” – revised in early 2014. 	Complete
4. Make better use of naturopaths as part of the primary care workforce by removing contracting, credentialing, coverage, and payment barriers.	<ul style="list-style-type: none"> Issues being addressed through the Integrative Medicine Advisory Group. 	No
Programmatic and administrative recommendations		
5. Re-fund the state’s Primary Care Loan Forgiveness Program.	<ul style="list-style-type: none"> Program is still being funded; however, other recommendations probably supersede this one. 	No
6. Develop occupational training programs to respond to emerging care models and industry demand.	Work not undertaken directly.	No
7. Ensure that CCOs’ required community health assessments include an assessment of workforce capacity in their service areas/regions and identify areas of anticipated shortage or excess.	<ul style="list-style-type: none"> OHA reviewing CCO’s Community Health Assessments and Community Health Improvement Plans to monitor this. 	Keep
8. Enact workforce data reporting mandate for all health profession licensing	<ul style="list-style-type: none"> Legislative concept to expand number of 	Keep

Recommendation	Current Status	Keep? Revise?
boards.	boards required to collect is under consideration for the 2015 legislative session.	
9. Develop integrated health careers pathways, with central coordination.	Work not undertaken directly.	No
10. Implement standardized administrative requirements for student clinical placements and create a centralized system/database to track information.	Standardized administrative requirements in implementation since July 1, 2014; centralized tracking system is being discussed among stakeholders.	Keep

Oregon Health Policy Board
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October 2014

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Albany

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Oregon's Alternative Payment Methodology

Early Practice Implications

*Presented by:
Erika Cottrell, PhD, MPP
Investigator*

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Medicaid Expansion in Oregon

Oregon's 1115 Waiver

- Established Coordinated Care Organizations (CCOs)
- Flexibility in use of federal funds
- Federal Investment of \$1.9 billion over 5 years
- State agrees to reduce per capita medical inflation trend by 2 percentage points by the end of the second year of the waiver. Significant penalties if not achieved.
- Quality (metrics, benchmarks and incentives)

July 2012 – CMS approves Oregon's 115 Medicaid Waiver

August 2012 – 1st Wave of CCOs

April 2013 – APM Pilot

Evaluating the Pilot

Purpose: To study real-time changes happening in Oregon Community Health Centers as a result of APM implementation

Setting: Three Community Health Centers, consisting of 9 clinics

- Serve nearly 25% of Oregon's Medicaid patients ,
>20% of Oregon's uninsured
- Mix of rural and urban locations
- Early adopters, innovators, motivated to make these changes

Methods: Site visits, qualitative interviews, practice-change surveys, observation of OPCA APM Learning Collaborative

Themes



Clinic

- Culture / readiness for change
- Physical Layout
- Workflows
- Schedule templates



Visit

- Who sees patient
- Alternative formats



Care Team

- New roles
- Expanded responsibilities
- Increased ancillary staffing

Clinic Findings



- Culture / readiness for change
- Physical Layout
- Workflows
- Schedule templates

- Pre-APM

- Traditional 15 minute visits with a physician
- Clinic layout that doesn't support team-based care

Currently

- Experimenting with visit templates
- Testing new workflows
- Establishing new patients
- Co-location
- Use of new tools: walk-in clinic; expanded access; Patient Activation Measure (PAM)

Future Plans

- Reconfigured space
- Value based care
- Stratification of patients based on complexity/risk

Visit Findings



- Who sees patient
- Alternative formats

Pre-APM

- Limited use of tools to support alternative modes of communication with patients
- Ancillary staff uncompensated for work
- Providers uncompensated for work outside the visit

Currently

- Diabetes “progressive visits”
- Dedicated time to huddle, scrub
- Scheduled time for telephone & E-visits
- Promoting patient portals for communication

Future Plans

- Home visits
- Telephone visits
- Group visits
- E-visits

Care Team Findings



- New roles
- Expanded responsibilities
- Increased ancillary staffing

Pre-APM

- MAs floated between providers
- Providers led the team

Currently

- Collaborative process of revisiting job descriptions
- Helping team members to work at top of licensure, supported by standing orders
- Hiring additional staff (e.g. behavioral health, CHWs)
- New roles (e.g. Patient Population Specialist)
- Schedule changes to support team activities and planning
- Consistent provider/MA dyad
- Warm Handoffs

Future Plans

- Behavioral Health Consultant with every team
- Improved panel management
- Improved data quality

Challenges & Barriers

- Documentation
 - Touches
 - Shadow Billing
 - Attribution
- Access post-ACA
- Conflicting provider compensation
- Change Fatigue
- Only about 60% of payment is via APM

More Information

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About

The FRONTIERS Blog is a collaboration between OCHIN and the Oregon Health & Science University Department of Family Medicine to share real-time findings from the Robert Wood Johnson Foundation funded study, "A Mixed-Methods Evaluation of Payment Reform in Oregon's Community Health Centers."

We will feature posts from individuals at the forefront of healthcare transformation efforts, specifically in the area of payment reform, along with relevant health transformation news. The content shared here will be timely to ongoing transformations happening in primary care settings across the country.

For even more information, [read our first post](#).

★ Like

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FRONTIERS reports on real-time findings from an evaluation of payment reform in Oregon's community health centers and the latest national health transformation news.

Thank you!

Erika Cottrell, PhD, MPP
Investigator
cottrelle@ochin.org



Alternative Payment Methodology Reporting

*Presented by:
OCHIN Data Team*

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Alternative Payment Methodology

- APM is a change in the payment structure.
- How does changing the payment structure impact the delivery system?
 - We are looking at this through the touches, and we are "normalizing" the data to touches/member, so that comparisons can be made.
- If APM leads to changes in the delivery system, how does quality change?
 - We are using the indicators that we are already measuring to look at this issue: CCO, UDS, Meaningful Use, etc. We also want/need to look at the impact on the social determinants of health. This will start with just seeing what we are documenting and then move into what is happening to outcome of these issues.
- What is the impact on patient satisfaction?
 - This is somewhat harder, because that information is not in the EHR, it is in patient satisfaction surveys.

Access

96.42%	6509	Have Some Touch at All		
3.58%	242	No Touch at All		
92.40%	6238	Have a UDS Visit		
81.99%	5535	Have a Telephone Encounter		
20.60%	1391	Have a Mychart Encounter		
92.28%	6230	Have an Other Encounter		

Obtain a true understanding of the quality of care, the cost of care, and most importantly the outcomes of care.



Questions???