

Oregon Healthcare Workforce Committee

AGENDA

October 9, 2013

Wilsonville Training Center, Wilsonville, OR 97070

29353 SW Town Center Loop, E Room 213

1 – 4 pm

Meeting Objectives:

- Approve summary of August meeting
- Inform Committee members on relevant activity
- Advance work on Health Policy Board Deliverables

#	Time	Agenda Item	Presenter(s)	Action Item
1	1:00	Welcome	Lisa Dodson	
2	1:05	Approval of August 14 Meeting Summary	Lisa Dodson	X
5	1:10	OHA Updates <ul style="list-style-type: none">• Loan Repayment• Other	Lisa Angus Marc Overbeck	
6	1:20	Other Updates—Members	All	
7	1:30	Orientation to Next Steps on Deliverables <ul style="list-style-type: none">• Charter Update• New Workgroups	Lisa Dodson Ann Malosh	
8	1:40	Break into Small Groups—Part 1 <ul style="list-style-type: none">• Workgroup A—Centralized Tracking System for Clinical Placement• Workgroup B—Residency Expansion	All	
9	2:30	Break into Small Groups—Part 2 <ul style="list-style-type: none">• Workgroup C—Coordination of Financial Incentive Programs• Workgroup D—Industry Trends	All	
9	3:20	Summary Review of Workgroup Activity	Workgroup Leaders	
10	3:30	Public Comment	Any	
11	3:45	Emerging Issues	All	
12	4:00	Adjourn/Next Steps/Next Meeting December 11, 2013	Lisa Dodson	

Meeting Materials

1. Agenda
2. August draft meeting summary
3. New HCWC Charter
4. Overview of revised workgroups
5. Proposed meeting dates for 2014

**Oregon Healthcare Workforce Committee
Meeting Summary**

August 14, 2013

12:00 – 4:00

Committee Members in Attendance

Lisa Dodson (Chair)
Lita Colligan
Mauro Hernandez
David Nardone
Michael Reyes
Terri Johanson

Sharmila Bose
Donna Larson
Theresa Mazzaro
David Pollack
Daniel Saucy

On the phone

Jennifer Valentine

Andrew Janssen

OHA and OWHI Staff in Attendance

Jo Isgrigg (OHWI)
Lisa Angus (OHPR)

Marc Overbeck (OHPR)
Margie Fernando (OHPR)

Committee Members not in Attendance

Agnes Balassa
Jordana Barclay
Michael Kirshner

Ann Malosh
Mary Rita Hurley
Robyn Dreibelbis

Public

Sarah Braessler, Oregon Nurses Association
Larry J Jackson Sr. Reviving Oregon's Amazing Roots
Scott Zaks, Medical Business Solutions (by phone)

(Note--This day was split into two sessions. The AM session from 10:00-12:00 was to orient new members to the Committee, and not part of the public record. Lisa Dodson, Lisa Angus, Marc Overbeck, David Nardone, Terri Johanson, Donna Larson and Jo Isgrigg gave short presentations about past work of the Healthcare Workforce Committee and current data regarding the healthcare workforce in Oregon. Questions and discussion followed.

The PM session began with the usual format of the committee.

Welcome and Introductions

Lisa Dodson welcomed members and guests. Introductions were made.

August Roster

The new Committee roster was distributed. Lisa Dodson noted that Sharon Vail has resigned from the committee.

Draft meeting summary of 6.18.13

The June 18, 2013 meeting summary notes were accepted with no changes.

Committee Charter

Tina Edlund joined the committee by phone to introduce the draft revised Committee Charter. Tina thanked the committee for the excellent work accomplished over the last two years. The Oregon Health Policy Board prepared a revised draft Charter to help provide clear direction to the Committee on the needs and expectations of the Board over the next two years.

There are no substantive changes to the objectives of the Healthcare Workforce Committee. However, the Board is asking for new, specific deliverables and is particularly interested in workforce needs in the context of new models of care, given all their work to implement these models statewide.

Specifically, the draft Charter identifies five new deliverables for the Health Care Workforce Committee:

1. Projections of primary care provider demand in Oregon after implementation of ACA coverage expansions, with adjustments for the likely impact of new models of care
2. A business plan, developed in consultation with OHA and all relevant stakeholders, for a centralized tracking system and document repository for student clinical placement prerequisites in Oregon.
3. A policy options memo, developed in consultation with representatives from major institutions, for increasing the number of family medicine and other primary care medical residencies in Oregon.
4. A demographic and geographic profile of Oregon overlaid with a similar profile of Oregon's current health care workforce.
5. An analysis of health care industry trends in emerging employment categories and new workforce roles, along with an audit of Oregon's training capacity for those jobs and roles.

Tina provided additional clarification in response to members' questions:

- Psychiatry should be included in the residency options deliverable (#3). Lisa Dodson noted that, while pediatrics and obstetrics are sometimes considered primary care, the possibility of establishing new residency programs outside Portland for these specialties is very small.
- Emerging employment categories (re: deliverable #5) may include traditional health workers—although there is a dedicated advisory group on that part of the workforce, so

Notes from 8.14.13 Workforce Meeting

collaboration is necessary—as well as technology-related positions, administrative and managerial roles, and any other emerging roles that employers identify. This deliverable has a jobs focus. Lita Colligan mentioned the new medical sociology program at Oregon Tech as an example of a new category.

- The timelines in the draft charter are not set in stone; the committee may propose alternate dates for the Board's consideration.

Lisa Dodson expressed concern about the sustainability of various financial incentives for provider recruitment that were now available through the Legislature and Federal sources. *Tina asked the Committee to propose a new deliverable to address this which could be considered by the Board.*

Some members expressed concern that additional staff and resources may be needed to carry out the expanded work identified in the revised Charter.

The committee was also interested in strengthening its connection with the Health Policy Board. Joe Robertson had previously served as a liaison but is unable to continue in that role. *Tina offered to take this question to the Board and respond to the committee.*

The committee also wanted to keep up to date with the SB604 and the credentialing work that will begin soon. *Lisa Angus will talk with the Credentialing workforce team to propose that a member of the Committee be included as part of their membership.*

Legislative updates

Lisa Angus and Marc Overbeck provided an update on healthcare workforce-related bills from the 2013 Legislative session.

Establishing New Workgroups

In the light of the revised charter that Tina presented, the workgroup grid that was attached to this agenda will be revised. New groupings were discussed and a revised grid will be sent to the Committee to focus on the work that the Health Policy Board is requesting from the Committee.

For the next portion of the meeting, Lisa Dodson divided the Committee into three smaller groups to discuss how the five deliverables plus the potential new deliverable could be organized and developed. A revised workgroup configuration will be prepared and emailed to committee members in advance of the next meeting in October.

Emerging Issues

There were none identified.

Notes from 8.14.13 Workforce Meeting

Public Testimony

There was no public testimony.

Meeting adjourned at 4:00pm.

Next Meeting dates are Wed Oct 9 from 1-4 and Wed Dec 11 from 1-4. Both these meetings will be at the same location, Wilsonville Training Center—Clackamas Community College.

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

Approved by OHPB on September 10, 2013

I. Authority

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

Improves population health by:

- Ensuring a sufficient number, an appropriate mix of skills and roles, and an adequate geographic distribution of health care providers in all areas in Oregon
- Improving access to primary care services by increasing the number of primary care providers of all types (not limited to physicians)

Improves the individual's experience of care by:

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

Reduces per capita costs over time by:

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

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

II. Deliverables

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

care in chronic care management will depend on how effectively we are able to respond to the workforce supply challenge.

One important objective of the Health Care Workforce Committee is to become the most complete resource for information about the health care workforce in Oregon by improving data collection and assessment of Oregon's health care workforce through regular analysis and reporting of workforce supply and demand. Initial efforts will focus on the health care workforce database created through HB 2009.

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

The Committee shall deliver to the Board the following:

- Projections of primary care provider demand in Oregon after implementation of ACA coverage expansions, with appropriate adjustments for the estimated impact of health systems transformation on primary care workforce roles and capacity. The projections report should include a discussion of current primary care workforce supply and identify any areas where future demand may outstrip the supply.
- A business plan, developed in consultation with OHA and all relevant stakeholders, for a centralized tracking system and document repository for student clinical placement prerequisites in Oregon. The system should support the standards recommended by the Committee and approved by the Board in 2012, and should support the ability of students, schools, and clinical sites to comply with the related administrative rules proposed by OHA for implementation in July 2014. The business plan should be developed with consideration of the statewide credentialing database to be created in response to SB 604 (2013).
- A policy options memo, developed in consultation with representatives from Oregon Health & Sciences University and the College of Osteopathic Medicine of the Pacific-Northwest, for increasing the number of family medicine and other primary care medical residencies in Oregon. The memo should consider options including but not limited to: the creation of new community-based primary care residency programs; a GME consortium approach to support regional primary care residencies; and strategies for increasing the proportion of primary care residences *within* the current GME residency cap for Oregon.

- A demographic and geographic profile of Oregon focused on race, ethnicity, and languages spoken, overlaid with a similar profile of Oregon’s current health care workforce.
- 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.
- A report on the range of incentive programs designed to encourage providers to practice in underserved areas or with underserved populations in Oregon. The report should: a) recommend criteria for monitoring the programs and evaluating their outcomes and effectiveness; and b) suggest strategies for sustaining, expanding, and/or re-targeting the programs as necessary.

III. Timing

- The projections of primary care provider demand in Oregon, with appropriate adjustments for the estimated impact of health systems transformation on primary care workforce roles and capacity, will be completed by December 31, 2013.
- The business plan for a centralized tracking system for student clinical placement prerequisites will be completed by [TBD – determine potential alignment with credentialing timeline].
- The policy options memo for increasing the number of family medicine and other primary care medical residences in Oregon will be completed by July 1, 2014.
- The demographic and geographic profile of Oregon’s population and its current healthcare workforce will be completed by April 30, 2014.
- The analysis of industry trends in new employment categories and roles and audit of relevant training capacity in Oregon will be completed by September 1, 2014.
- The report on provider incentive programs will be completed by July 1, 2014.

IV. Dependencies

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

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

f. The Oregon Employment Department

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

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

V. Staff Resources

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

OHA policy analyst: Oregon Office for Health Policy & Research staff

HEALTH CARE WORKFORCE COMMITTEE WORKGROUPS TO ADDRESS OHPB DELIVERABLES FOR 2013-14

	Workgroup A Centralized Tracking System for Student Clinical Placement	Workgroup B Residency Expansion	Workgroup C Coordination of Financial Incentive Programs	Workgroup D Industry Trends and Training Capacity
Deliverable	A business plan, developed in consultation with OHA and all relevant stakeholders, for a centralized tracking system and document repository for student clinical placement prerequisites in Oregon.	A policy options memo, developed in consultation with representatives from Oregon Health & Sciences University and the College of Osteopathic Medicine of the Pacific-Northwest, for increasing the number of family medicine and other primary care medical residencies in Oregon.	A report on the range of incentive programs designed to encourage providers to practice in underserved areas or with underserved populations in Oregon.	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.
Charter Notes	The system should support the standards recommended by the Committee and approved by the Board in 2012, and should support the ability of students, schools, and clinical sites to comply with the related administrative rules proposed by OHA for implementation in July 2014. The business plan should be developed with consideration of the statewide credentialing database to be created in response to SB 604 (2013).	The memo should consider options including but not limited to: the creation of new community-based primary care residency programs; a GME consortium approach to support regional primary care residencies; and strategies for increasing the proportion of primary care residences <i>within</i> the current GME residency cap for Oregon.	The report should: a) recommend criteria for monitoring the programs and evaluating their outcomes and effectiveness; and b) suggest strategies for sustaining, expanding, and/or re-targeting the programs as necessary.	(None)
Deadline	TBD	July 1, 2014	July 1, 2014	September 1, 2014
Leader	Leader: Terri	Leader: Robyn	Leader: Lisa	Leader: Ann
Members (Tentative)	Donna, Lita, Mary Rita, Sharmila	Andrew, Lisa, David P	Andrew, David N, Mauro, Michael R	Agnes, Dan, Jordana, Jennifer, Michael K, Teresa

* OHPB Deliverables of projections of primary care provider demand after ACA implementation (Deliverable #1 from the HCWC Charter, due December 31, 2013) and demographic profile of Oregon (Deliverable #4 from the HCWC Charter, due April 30, 2014) will not be addressed through individual workgroups but through whole committee direction and feedback to staff and consultants