

Oregon Healthcare Workforce Committee
April 2, 2014 from 9:30-12:30
At Wilsonville Training Center
Meeting Summary

Committee Members in Attendance:	Andrew Janssen (By Phone) Daniel Saucy David Pollack Lisa Dodson Lita Colligan	Mary Rita Hurley Sharmila Bose Theresa Mazzaro Carla McKelvey
Committee Members Not in Attendance	Agnes Balassa Ann Buchele David Nardone Jennifer Valentine	Jordana Barclay Mauro Hernandez Michael Reyes Robyn Drebelbis
OHA and OHWI Staff in Attendance	Lisa Angus, OHA Cathryn Cushing, OHA Marc Overbeck, OHA Margie Fernando, OHA	Jo Isgrigg, OHWI Chad Johnson, OHWI
Also in Attendance	Brenda Turner, Occupational Economist with the Oregon Employment Department	

1	Welcome
	Lisa Dodson welcomed everyone to the meeting.
2	Approval: February 5, 2014 meeting summary – Lisa Dodson
	Meeting Summary was approved with the following corrections by David Pollack: Item 12 (2): “David would like to invite either Jennifer Boyd or Judith Bowen, both of whom are directly involved with the planning and implementation of the Inter-Professional Training Initiative at OHSU, to come to the next meeting of Workforce meeting to share the changes happening.”
	<i>Action Steps: Correction made and meeting summary will be posted on website, with no other changes.</i>
3	Presentation: New projections from the Oregon Employment Department – Brenda Turner, Oregon Employment Department
	<u>Objective:</u> Give the committee new information on Oregon’s workforce projections for 2012 – 2022. <u>Background:</u> The Oregon Employment Department updates workforce projections every two years. The most recent update was published on March 12, 2014. Brenda Turner presented the new projections from the Oregon Employment Department on employment in Oregon through 2022. She showed data on employment growth across all industries vs the healthcare industry and gave further refinements for healthcare occupations. The trends show all sectors in healthcare continuing their upward trend.
	<u>Action Steps:</u> Brenda will send the Committee regional employment data.

4	Review : Demographic Profiles of Population and Health Care Workforce: Draft final report to Committee and discussion
	<p><u>Objective:</u> To review the latest draft of the Health Care Diversity Report</p> <p><u>Background:</u> Committee members saw a presentation about the report and the potential content at the last HCWF Committee meeting.</p> <p>Lisa Angus presented the final draft of the report due to the Health Policy Board in May. Lisa reviewed the key areas of the report which include data collection, provider cultural competence, utilizing traditional health workers, and increasing numbers of diverse health professionals. A significant number of professionals lack complete race and ethnicity data, making it difficult to compare between groups.</p> <p>Comments and suggestions from Committee:</p> <ul style="list-style-type: none"> • In the Primary Care Providers diversity scorecard, it was suggested that the 0.5% range of “below, within and above” state population was not very meaningful. • This report did not include gender statistics. Lisa will review the Committee charter to find out what the requirement was from the OHPB and ensure that this report reflects what was asked of the Committee. • Cathryn Cushing added a cover memo to include with this report to the Board that captures the summary and recommendations to the Board. She asked the Committee to review the memo.
	<p><i>Action Steps: Committee members will review the final draft of the report and the cover memo, and provide their feedback to Lisa and Cathryn on the final recommendations by April 23, 2014.</i></p>
6	Discussion: Changes in bylaws; member expectations
	<p><u>Objective:</u> Present draft bylaw changes and solidify expectations of group members</p> <p><u>Background:</u> With new members rotating on the committee, it is an opportune time to clear up any bylaw discrepancies and propose changes.</p> <p>Lisa Dodson reviewed the draft bylaws and highlighted the changes.</p> <p>Comments from Committee:</p> <ul style="list-style-type: none"> • A suggestion was to recruit a person with IT skills to serve on the committee to assist with work around tracking student clinical placement prerequisites. Other members commented that while it would be good to have an IT specialist on the membership, the purview of this committee is to make recommendations to the OHPB, not to do any implementation. • OHA will arrange participation by guest experts if needed.
	<p><i>Action Steps: The Committee voted to accept revised bylaws.</i></p>

7	Discussion: Workgroup B—Residency Expansion: Review and discuss work to date - Lisa Dodson, Robyn Dreibelbis
	<p><u>Objective:</u> Present Committee with options for increasing residencies and for ensuring that the residencies Oregon has are in the areas, both geographic and specialty-related, where they are needed. Receive Committee feedback on the policy options presented.</p> <p><u>Background:</u> Residencies are an important determinant of physician practice decisions. Primary funding for residencies comes from Medicare and, to a lesser extent, Medicaid. Since 1996, there has been a cap on the number of residencies Medicare will fund, resulting in inequities in distribution.</p> <p>Lisa Dodson reviewed the current residency programs in the state. She also reviewed the GME Summit held in Lebanon, Oregon in February and organized by Robyn Dreibelbis and Dr. Dodson. The meeting was successful and well attended with broad representation from across the state. Detailed notes are included in the meeting materials.</p> <p>The general consensus was that we need increased residencies in Oregon, and not just in Family Medicine. There is also a need for Pediatric Residencies, Internal Medicine and Psychiatry in Oregon. The group also recommended forming a Graduate Medical Education (GME) Consortium.</p> <p>Lisa also informed the Committee that she received a call from MODA Health. MODA has funding (around \$1.5m) that they could possibly use as seed money for a primary care residency consortium or to otherwise expand residency options in Oregon. Lisa and Robyn Dreibelbis will be meeting at MODA Health on Tuesday April 8, 2014.</p>
	<p><i>Action Steps:</i></p> <p><i>Lisa is asking the Committee to:</i></p> <ol style="list-style-type: none"> <i>1) consider if a GME consortium is the best way to move forward</i> <i>2) recommend how best to use the funding that may be available from MODA Health</i> <p><i>Lisa Angus will send out the notes from the Summit to the participants.</i></p>
8	Updates: Workgroups A ,C, D - Workgroup Leads and Staff

	<p>Objective: Make the committee aware of the progress of workgroups.</p> <p>Background: The committee determined that appointing workgroups was an efficient use of member time and energy to ensure that the committee meets the objectives set by the Oregon Health Policy Board.</p> <p>Workgroup D: Emerging trends in the health care work force Ann Buchele was not present, so Lisa Angus provided the update. They have identified data and reviewed articles presented at the last meeting. They will be drafting recommendations for the OHPB.</p> <p>Workgroup C: Provider Financial Incentive Programs Marc Overbeck created a grid of award programs, funded by the state and federal governments. The total amount of money involved is large, and it is broken into many different programs across the state. One charge for this workgroup is to suggest ways to evaluate the effectiveness of different programs. This could include assessing the state cost per program, the design of the program, the return on investment, degree to which the program brings resources to locations most in need, and the funding sustainability of the programs.</p> <p>Jack Dempsey is also chairing a separate legislative workgroup around incentive programs and they are waiting to hear this group’s findings to make their recommendations.</p> <p>Each program has different timeframes and goals, and it may not be possible to produce anything as straightforward as a program ranking. The Committee suggested that --given the variety and complexity of the programs-- there can be no one single recommendation that would fit all the programs. An alternative would be to establish a common pool of funding for provider incentive programs, with a flexible strategic plan for distribution.</p>
	<p><i>Action Steps: Workgroup C will send a final draft to the legislative workgroup to review and then bring their final draft to the June Healthcare Workforce Committee meeting before sending it to the OHPB in July 2014.</i></p>
<p>9</p>	<p>Updates: OHA and General – All</p>
	<p>Objective: Ensure that the Committee is up to date on workforce-related issues.</p> <ul style="list-style-type: none"> • Carla McKelvey announced that Bruce Goldberg had resigned as Director of OHA and of Cover Oregon but will stay on in the latter role until a replacement is found. There will be no changes to the work of the OHPB at the present time. • Lisa Angus presented the current Medicaid enrollment numbers: 240,000 Oregonians have been added as new Medicaid enrollees. This is ahead of expectations.

	<i>Action Steps: None</i>
10	Public Comment
	<u>Objective:</u> Give members of the public time to share with the Committee.
	<i>There was no public comment at this meeting.</i>
11	Emerging issues
	<u>Objective:</u> Provide an opportunity for Committee members and staff to give the committee a heads up on issues that are on the horizon.
	<i>Action Steps: Lisa Dodson asked the Committee to think about future assignments they would like to take on.</i>