

Oregon Healthcare Workforce Committee
May 6th, 2015 from 9:30-12:30
At Wilsonville Training Center
Meeting Summary

Committee Members in Attendance:	Pat Brunett David Nardone	Jeff Papke David Pollack Daniel Saucy
Committee Members Not in Attendance	Jordana Barclay Lita Colligan Michael Delgado Jeff Clark	Robyn Dreibelbis Josie Henderson John Osborne
OHA staff, OHWI, OCN	Cathryn Cushing, OHA Margie Fernando, OHA Marc Overbeck, OHA	Jo Isgrigg, OHWI Jana Bitton, OCN
Others	Carla McKelvey, Oregon Health Policy Board member liaison, Robin Moody, OR Assn. of Hospitals and Health Systems	

1	Welcome
2	Approval: March 4th meeting summary
	Meeting Summary was approved.
	<i>Action Steps:</i> <ul style="list-style-type: none"> • <i>Cathryn will edit, finalize and file the summary.</i>
3	Updates
	<p>Oregon Health Policy Board – Carla McKelvey reported on the May 5th OHPB meeting. The Board is interested in the Committee focusing on behavioral health workforce issues for the next year or so. They also want the Committee to continue providing general healthcare workforce monitoring and oversight and to coordinate with the workforce efforts that are part of the Public Health Modernization Act. Deliverables suggested for the Committee to focus on are:</p> <ul style="list-style-type: none"> • Providing a baseline look at Oregon’s behavioral health workforce through deeper analysis of the information available on the workforce database • Analyzing the behavioral health integration pilots around the state and making recommendations on which models to adopt more broadly and how to scale them up • Determining what sort of training or curriculum is needed to assist both physical

- health and behavioral health practitioners to work in a team-based environment
- Analyzing barriers behavioral health practitioners face and possible policy changes available to address them.

Graduate Medical Education Project – Consultants, TrippUmbach, facilitated a road trip to Roseburg, Eugene, Band and Pendleton. There is interest in developing a Consortium, although these communities are all in different states of readiness and there are many questions about how everyone’s various timelines and levels of interest can be accommodated. TU is planning another meeting for all interested parties in early June where the group will determine next steps.

Primary Care Office -

- New clinical practice sites may apply to become part of the National Health Service Corps, which provides access to federal loan repayment for working clinicians. Marc anticipates 25 sites will apply and 10-15 applications will be approved this year.
- The federal Health Resources and Services Administration has begun to implement a new computer system to process shortage designations which rely on National Provider Identifier (NPI) data, rather than state-derived data as the beginning point. States will have to correct any errors in the federal data manually for each provider. In Oregon, where the federal government has indicated there are over 24,000 medical, dental and mental health providers, this could mean as much as four months of staff time just for data entry. Many states are attempting to work with HRSA to develop different means of achieving the same goal that are not so work-heavy. Also, there are concerns that shortage designations may disappear inappropriately if the data are not accurate.
- The Medicaid Loan Repayment Program is nearly 18 months old; to date, more than \$2 million has been allocated to 26 providers serving high numbers of Medicaid patients to support their retention in clinics that see a high percentage of their patience through the Oregon Health Plan.

Clinical Standards for Health Profession Students – A Rules Advisory Committee convened in April and suggested revisions to the OARs 409-030. The group included representatives from health systems, universities and training programs and all were very engaged and helpful. The final of three meetings was held on May 1st. Cathryn will make final rule revisions and submit them to OHPR’s Rules Coordinator for filing with the Secretary of State. There will be an official 30-day comment period and one public hearing in late June. Final rules should be ready to post on July 1st.

HR 649 – Dan Saucy is working in D.C. with the Oregon Congressional delegation to pass this bill, which would allow students to take advantage of current interest rates when refinancing student loans.

	<p>Legislative update – Please see the update here.</p>
<p>4</p>	<p>Healthcare Workforce Mapping</p>
	<p><u>Objective:</u> Develop recommendations for the Oregon Health Policy Board for updated charter deliverables.</p> <p><u>Background:</u> The Healthcare Workforce Committee has had several discussions about the appropriate role for the Committee. Since the Committee’s last meeting, a small group of members met twice to discuss mapping and to provide Jo Isgrigg with direction in development of a tool for the Committee to discuss. (here)</p> <p><u>Discussion:</u> Jo explained the mapping tool to members and asked for the group to identify any gaps. Suggestions included Office of Rural Health (ORH), Public Health, Conference of Local Health Officials (CLHO), Associated Oregon Counties (AOC) and CCOs. As drivers of health reform, CCOs may be included implicitly in the health care payer box.</p> <p>The discussion centered on the need to figure out our relationship to each listed organization (and the ones not yet listed) and which relationships are important to our policy work. Which organizations have influence that we need to achieve our policy goals? Members brought up the question of the Committee’s function. One member said that the Committee is the fulcrum between education and industry supply and demand. Our Committee can mediate between supply and demand.</p> <p>One of the charges from the Oregon Health Policy Board was to connect with Public Health workforce efforts. Committee members emphasized that public health is undergoing transformation, that many counties have been providing primary care and behavioral health care under the umbrella of “county public health”. Now that those services are being provided by CCOs, county public health can go back to actually providing public health services, but some people fear being abandoned by this system change. Counties and county employees also fear loss of funding and jobs.</p> <p>Regarding the behavioral health deliverables, members wondered if we could incorporate telehealth into the deliverables somehow. Telehealth doesn’t have to focus only on physicians and nurse practitioners – it could be used to provide care or disease management of specific conditions like diabetes.</p> <p>Jo identified several action steps including: Identify outputs of the map boxes Identify relationships between organizations on the map and the Committee Identify competencies and training available</p> <p>Next steps:</p>

	<p>At our next meeting, the group decided to discuss how to tackle the new deliverables from the OHPB. There was general agreement that we need more input from the field somehow, and possibly need more Committee expertise in behavioral health.</p>
5	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>