

Oregon Healthcare Workforce Committee

AGENDA

June 18, 2013

Wilsonville Training Center, Wilsonville, OR 97070

29353 SW Town Center Loop, E Room 213

1 – 3 pm

Meeting Objectives:

- Approve summaries of prior meetings
- Inform Committee members on relevant activity
- Approve Plans for August Retreat and Orientation

#	Time	Agenda Item	Presenter(s)	Action Item
1	1:00	Welcome	Ann Malosh	
2	1:05	Approval of May 8 meeting summary	Ann Malosh	X
3	1:10	Legislative Update	Lisa Angus, Others	
4	1:30	Discussion with Transformation Center Director Cathy Kaufmann	Cathy Kaufmann	
5	2:15	Other Updates--Members	All	
7	2:30	Committee Activity <ul style="list-style-type: none">• Confirm Schedule of meetings for remainder of 2013• Update on New Members• Planning for August Meeting	Ann Malosh, Marc Overbeck, All	X
8	3:00	Adjourn	Ann Malosh	

Meeting Materials

1. Agenda
2. May draft meeting summary
3. Legislative Update
4. Proposed schedule of meetings for 2013

**Oregon Healthcare Workforce Committee
Meeting Summary**

May 8, 2013
1:00 – 4:00

Committee Members in Attendance

Ann Malosh (Vice-Chair)
Lita Colligan
David Pollack
Daniel Saucy
Michael Reyes

Jennifer Valentine (via phone)
Andrew Janssen (via phone)
Mauro Hernandez (via phone)
Sergio Vasquez (via phone)
Terri Johanson (via phone)

OHA and OWHI Staff in Attendance

Jo Isgrigg (OHWI)
Lisa Angus (OHPR)

Marc Overbeck
Margie Fernando

Committee Members not in Attendance

Lisa Dodson (Chair)
Mary Rita Hurley
June Chrisman

Donna Larson
David Nardone

Others in Attendance

Agnes Balassa (Governor's Office)

Meeting summary (Committee actions or decisions in bold)

Ann Malosh welcomed members to the meeting and thanked Lita Colligan for arranging the use of OIT's conference room for the workforce meeting.

The Feb 12, 2013 meeting summary was accepted with a correction, to reflect that Lita Colligan attended the meeting. There were no formal meeting notes for March 19, 2013.

2013 Legislative Update

Lisa Angus produced an update on the Healthcare Workforce Policy-Related Bills currently in 2013 session and the status of each bill (see meeting materials).

HB2611 was not noted in the handout; it allows health professional licensing boards to require continuing education on cultural competency for licensees and to collect documentation of this continuing ed. This bill appears to be heading toward passage. The Office of Equity and Inclusion is taking the lead on this bill for OHA.

Update and Discussion on SB 879

SB 879 directed OHA to convene a workgroup to develop standards for administrative requirements for student placement in clinical training settings in Oregon. Standards were recommended and approved by the Oregon Health Policy Board in 2012, and administrative rules are now being developed by the Oregon Health Authority, in consultation with a Rules Advisory Committee.

Terri Johanson told Committee members that there had been two Rule Advisory Committee meetings with stakeholders so far. By the next meeting of the Committee, the rules should be finalized and can be shared.

Other Updates

1. Membership and future dates for meeting
Ann Malosh reported on the status of current membership of the workforce committee. Letters have been sent out to members who have not been actively involved in the meetings during the past year to ask if they would like to resign from the committee. Concurrently, Committee leadership has identified potential individuals who could be invited to join the Committee. These names will be sent to OHA leadership and the Health Policy Board for consideration, since the OHPB makes appointments to the Workforce Committee. The hope is that by the committee's August meeting there will be a full complement of members.

The dates for the meetings for the rest of the year will also be circulated soon.

2. Orientation for new cohort of workforce committee members
Ann suggested that the addition of new members to the committee would be the best time to do an orientation and/or a full or half day retreat so that all members will be ready to tackle the committee's workplan together. The date for the retreat/orientation will be finalized soon. **All members were in favor of a retreat.**
3. Daniel Saucy shared an additional update from the American Dental Association. The ADA is working to overturn parts of the McCarran-Ferguson Act of 1945 and reverse the insurance industry's exemption from anti-trust regulations. He wants to know if there are any implications for the CCOs in Oregon if this happens. **Lisa Angus will try to find out more about this in relation to CCOs.**
4. David Pollack provided an update on SB 823. This bill directs OHA to create new and expand existing mental health programs, including improved training and access to tools for practitioners for better identification of those with mental illness, as well as access to sustained, long-term treatment for those living with mental illness. David tied this bill to the committee's idea around requiring "workforce impact statements" as this bill would have a dramatic impact on workforce.

5. Agnes Balassa shared with the committee a related project that was funded by a Medicaid grant called “Closing the Employment Gap” which looked specifically at how to get people with barriers into employment, especially those who are Medicaid eligible. One of their recommendations was about clients’ employability and their health care outcomes and how to use the CCO approach as systems get integrated. ***Agnes will send a copy of the report to Lisa to share with the committee.***

Committee Workplan Development

Lisa Angus outlined the feedback received from the Health Policy Board. The Board gave positive feedback on the revised recommendations from the Committee and asked OHA staff to consider which ought to be tackled first and what resources would be required.

Ann noted that Marc Overbeck took the revised recommendations and grouped them into three broad clusters of work areas for further review by the committee.

The Committee agreed to use this basic cluster structure as a map for the future work of the Committee. When the new members join, this cluster map can be presented as a kick-off and planning agenda for the workforce Committee for the coming year. The Committee can think about how to move these recommendations forward and what resources will be needed to get this done.

The members present at this meeting offered where they would most be willing to participate: within the clusters:

Cluster One	Cluster Two	Cluster Three
<p>INCREASE WORKFORCE SUPPLY</p> <ul style="list-style-type: none"> • Make better use of Naturopaths • Increase Family & Community Residencies • Develop Integrated Health Centers Pathways • Develop occupational training programs to respond to emerging care models 	<p>SUPPORT CLINICS AND COMMUNITIES</p> <ul style="list-style-type: none"> • Implement flexible, functional, outcomes-based reimbursement mechanisms • Implement Medicaid Loan Repayment Program • Re-fund Primary Care Loan Forgiveness Program • Strike Force for Recruiting (include some items from HB 2366 Plan) 	<p>ANALYZE AND PLAN FOR FUTURE NEEDS</p> <ul style="list-style-type: none"> • Forecast short and long-term demand for primary care • Ensure CCO Community health assessments include workforce capacity analysis • Enact workforce data reporting mandate for all health professional licensing boards
<p>Lita Colligan David Pollack Agnes Balassa Michael Reyes Terri Johanssen Jennifer Valentine</p>	<p>Daniel Saucy Mauro Hernandez Andrew Janssen</p>	<p>Daniel Saucy Agnes Balassa Lita Colligan Terri Johanssen Jennifer Valentine Sergio Vasquez</p>

Notes from 5.8.13 Workforce Meeting

Ann added that as the workgroups get started it would be useful to have a committee member take the lead with each group. In addition, it was agreed that committee members can invite experts in the field to assist in these workgroups.

Ann Malosh will send out an email to the committee with the cluster groups and volunteers in each group.

The committee would also like to invite Cathy Kaufmann, the Transformation Center Director, to the next workforce meeting so that they can get an overview of plans for the Transformation Center plan and discuss where healthcare workforce fits into the transformation agenda. ***Lisa Angus will ask Cathy if she can join the next meeting.***

Public Testimony

There was no public testimony at this meeting.

Meeting Adjourned at 3:30pm.

Next Meeting – will be confirmed once Lisa Dodson has given her dates.

2013 Oregon Legislative Session Update -- Health Care Workforce Policy-Related Bills
 Prepared for the Oregon Healthcare Workforce Committee
 June 18, 2013

Bill	Description	Status
HB 2037A	<p>Licensing reciprocity for spouses of military personnel posted to Oregon.</p> <p><i>Bill summary:</i> Requires, under specified circumstances, certain professional regulatory boards to issue authorization to practice profession to spouse or domestic partner of active member of Armed Forces who is subject of military transfer to Oregon. Requires Teacher Standards and Practices Commission to establish by rule expedited process by which military spouse or domestic partner who is licensed to teach in another state may apply for and obtain teaching license.</p>	Signed into law by Governor.
HB 2636A	<p>STEM Investment Council.</p> <p><i>Bill summary:</i> Establishes STEM Investment Grant Program for purpose of providing funding to school districts, community colleges and public universities and other entities to advance educational goals related to science, technology, engineering and mathematics. Establishes STEM Investment Grant Account. Appropriates moneys in account to council for purpose of awarding grants under grant program. Appropriates moneys from General Fund to council for purpose of awarding grants under grant program. Declares emergency, effective July 1, 2013.</p>	House Higher Ed & Workforce Development Committee recommended passage and referred to Ways & Means on 03/12/13. Assigned to Subcommittee on Education 6/13/13.
HB 2661	<p>Cultural Competency Continuing Ed Bill</p> <p><i>Bill summary:</i> Requires health professional regulatory boards to report their licensees' participation in continuing education opportunities relating to cultural competency. Boards <i>may</i> adopt rules requiring licensees to receive cultural competency continuing education. Requires Oregon Health Authority to develop list of approved continuing education opportunities and provide list to boards on or before January 1, 2015. Declares emergency, effective on passage.</p>	Signed into law by Governor.
HB 2858	<p>Funding for primary care provider loan <i>forgiveness</i> program</p> <p><i>Bill summary:</i> Appropriates money to Oregon Department of Administrative Services for deposit in Primary Health Care Loan Forgiveness Program Fund. Declares emergency, effective July 1, 2013.</p>	House Health Care recommended do pass and referred to Ways & Means by prior reference. Public Hearing held 6/6 in Ways & Means Subcommittee on Human Services.

HB 2902B	<p>Pay parity for NPs and PAs in independent practice.</p> <p><i>Bill summary:</i> Requires insurers to reimburse physician assistants and nurse practitioners in independent practice at same fee-for-service rate as physicians for primary care or mental health services. Sunsets January 1, 2018. Creates Task Force on Primary and Mental Health Care Reimbursement to study and make recommendations to 2014 and 2015 regular sessions of Legislative Assembly on payment structure for primary care and mental health care workforce in this state. Sunsets task force on convening of 2016 regular session of Legislative Assembly. Declares emergency, effective on passage.</p>	Signed by President and Speaker. Awaiting Governor's signature.
HB 2997A	<p>Licensure requirement for direct entry midwifery</p> <p><i>Bill summary:</i> Requires person to obtain license to practice direct entry midwifery and requires licensure as a condition of Medicaid reimbursement. "Traditional" birth attendants, who do not advertise themselves as midwives, do not use legend drugs or devices, and who make extensive disclosures to clients are not required to be licensed. Grants State Board of Direct Entry Midwifery certain powers related to rulemaking, investigations and discipline, including power to impose civil penalties. Declares emergency, effective on passage.</p>	In Ways & Means Subcommittee on Education. Public Hearing held 05/08/13. No action since then.
HB 2999	<p>Would have been coverage mandate for naturopathic services.</p> <p><i>Bill summary:</i> Requires health benefit plan to cover services of naturopath that are covered by plan if provided by physician. Requires coordinated care organization to ensure members have access to services of naturopath.</p>	Dead
HB 3341B	<p>Adverse Impact bill.</p> <p><i>Bill summary:</i> Repeals adverse impact requirement (ORS 348.611). Declares emergency, effective on passage.</p>	Signed into law by Governor.
HB 3407A	<p>Advisory committee on (non) traditional health workers</p> <p><i>Bill summary:</i> Establishes Traditional Health Workers Commission within Oregon Health Authority to advise authority on adoption of criteria and descriptions for coordinated care organizations to use with respect to certain health workers who are not licensed by this state and training and education requirements for those workers.</p>	Passed House Health Care Committee and was referred to Ways & Means by prior reference on 04/17/13. Public hearing scheduled 06/17/13 in Ways and Means Subcommittee on Human Services.
SB 2	<p>OHSU scholarships for health care providers who agree to practice in underserved locations.</p>	Passed Senate Health Care Committee on 3/29/13 and

	<p><i>Bill summary:</i> Establishes Scholars for a Healthy Oregon Initiative to provide free tuition and fees for certain students in health care disciplines in exchange for student commitment to work in underrepresented locations after graduation. Appropriates moneys to Oregon Department of Administrative Services for Oregon Health and Science University for purposes of initiative.</p>	<p>was referred to Ways and Means by prior reference. Passed out of Ways & Means with amendments on 06/17/13.</p>
SB 325A	<p>Extend rural practitioner tax credit.</p> <p><i>Bill summary:</i> Extends sunset for tax credit for practice of rural medicine. Provides that, to be eligible for credit, individual must be engaged in rural practice of medicine for at least 20 hours per week, averaged over month, and must remain willing to serve certain percentage of Medicare and medical assistance patients. Limits eligibility to individuals with adjusted gross income of \$250,000 or less for single return, or \$500,000 or less for joint return. Applies to tax years beginning on or after January 1, 2014. Takes effect on 91st day following adjournment sine die.</p>	<p>Passed Senate Health Care Committee on 4/24/13 and was referred to Senate Tax Credits Committee by prior reference. Public Hearing was scheduled for 05/30/13.</p>
SB 440B	<p>Medicaid primary care provider loan repayment program.</p> <p><i>Bill summary:</i> Creates primary care provider loan repayment program and establishes Primary Care Provider Loan Repayment Fund. Authorizes Oregon Health Authority to develop eligibility criteria and other program conditions by administrative rule.</p>	<p>Signed into law by Governor.</p>

The Transformation Center

Oregon Health Authority

Cathy Kaufmann
Director

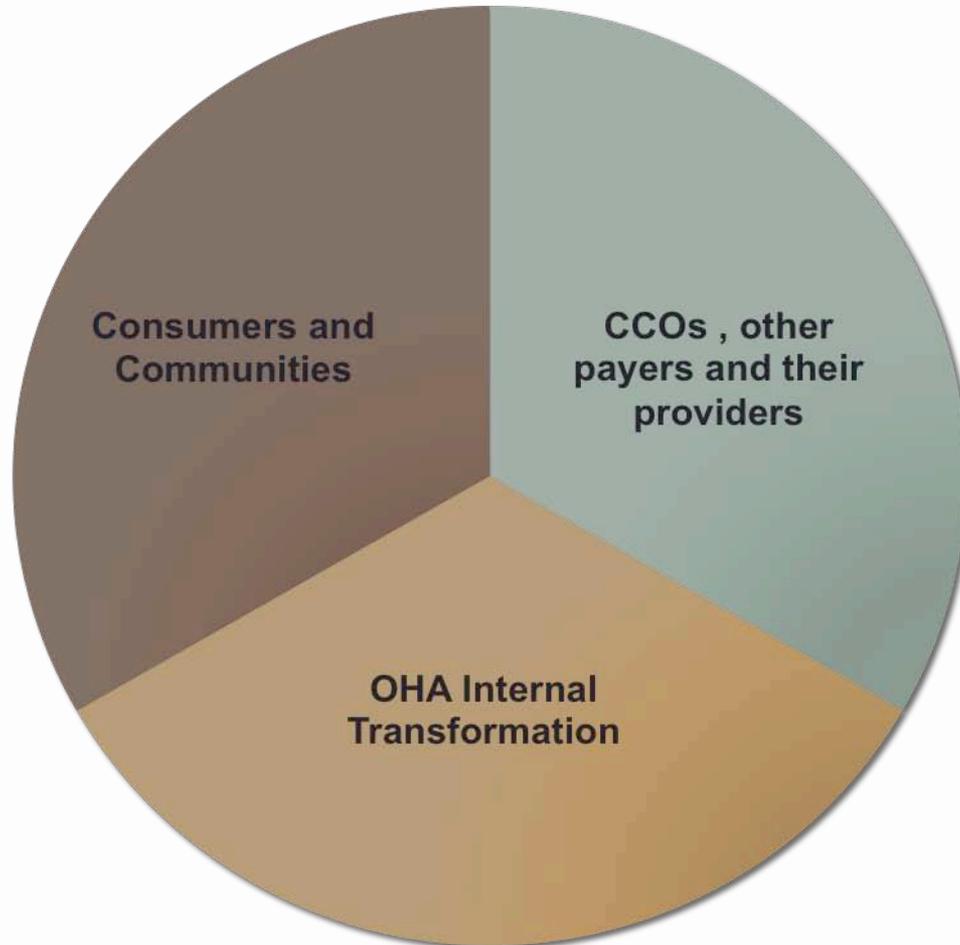
The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. A thin blue horizontal line is positioned below the word "Health".

Oregon
Health
Authority

Why a Transformation Center?

- To support Health System Transformation, OHA needs to transform itself, too.
 - Move beyond just regulating CCOs. Be a supportive partner in transformation and the spread of innovation.
 - Transformation Center will operate as OHA's hub for innovation and improvement.
 - Will also help the agency see where it needs to transform internally.
- Goal: Partner with CCOs to increase the rate and spread of innovation needed to achieve triple aim.
 - Our role is to help good ideas travel faster.
 - Will work collaboratively with partners.
- Spread elements of CCO model of care to other payers

Who the Transformation Center Serves



How we'll help good ideas travel faster

The Transformation Center will promote the conditions that lead to the spread of spread of innovation:

- **Relative Advantage:** Is the innovation seen as an improvement over current practice?
- **Compatibility:** Does it fit with values, past experiences, needs?
- **Simplicity:** Is it easy to understand or does it require new skills?
- **Trialability:** Can it be tried out first before fully adopting?
- **Observability:** Does it have observable results?
- **Reinvention:** Can the innovation continually improve and be adapted to meet the needs of potential adopters?

Diffusion of Innovation, continued

- These strategies also help innovations spread and will be part of the Transformation Center:
 - **Active Learning Network:** Peer-to-peer conversations and shared learning is critical.
 - **Champions of Change:** Opinion leaders and early adopters help spread the word effectively
 - **Rapid Cycle Improvement:** Proven technique for enhancing speed and quality of decision making

What will the Center do?

- **Transformation Center will house:**
 - Innovator Agents
 - Learning Collaboratives
 - Data & Analytics
 - Technical assistance and infrastructure support
 - Conferences and workshops, communications, outreach and networking
 - Council of Clinical Innovators; Clinical standards & supports
 - Regional Health Equity Coalitions
 - Promotion of patient-centered primary care homes, use of non-traditional health workers and elements of the CCO model

Learning Collaboratives

- The CCO learning collaborative will promote innovations and activities that will contribute to transformation goals.
- The CCO learning collaborative will enable CCOs to share best and emerging practices in areas such as:
 - alternative payment methods
 - care management
 - coordination and integration
 - use of flexible services
 - health equity
 - quality improvement
 - reducing administrative waste

Learning Collaboratives, continued

- Learning Collaborative members will work together to decide upon the area(s) of focus of the collaborative and work with OHA to develop appropriate performance measures.
- Intensified innovator/learning collaborative intervention will be provided to any CCO underperforming in metrics established by OHA Metrics and Scoring committee.
- OHA intends to facilitate other voluntary learning collaboratives through the innovation center.

Innovator Agent role

- Required by statute and in waiver.
- Serves as a single point of contact for the CCOs with the agency and helps bust bureaucracy within OHA
- Support CCO as it implements its transformation plan.
- Provide a link among the needs of OHA, the community and CCOs.

Data and Analytics

- OHA of Office of Health Analytics, as a statewide aggregator of health care data and statistics, will support the Transformation Center by providing timely and actionable data to:
 - improve targeting and delivery of services;
 - support accountability mechanisms based on objective performance measurement;
 - allow clear communication about performance, progress and opportunities for improvement.
- The Innovator Agents will work very closely with the Office of Health Analytics.

Council of Clinical Innovators

- The Center will develop a Council of Clinical Innovators:
 - 10-12 providers who can serve as advisors and champions for the implementation of key innovations in the delivery and coordination of care.
 - Will build upon strong partnerships created during the development of the coordinated model of care with Oregon's physician, specialty and other provider associations to spread transformation.

Disseminating Clinical Standards & Supports

- The Center will be responsible for the dissemination of clinical standards and supports. For example:
 - Working with the Health Evidence Review Commission to disseminate evidence-based decision tools to assist providers and CCO Clinical Advisory Panels in delivering effective and efficient care.
 - Working with specialty societies to maximize the impact and spread of the “Choosing Wisely” campaign

Other Activities

- Communications and outreach;
- Conferences and workshops;
- Bring in outside expertise to provide technical assistance; and
- Community and stakeholder engagement.

Questions?

More information at:

Health.Oregon.gov

HEALTH CARE WORKFORCE COMMITTEE DATES FOR REMAINDER OF 2013

DATE	TIME	LOCATION	INFORMATION
August 14, 2013	9 am - 11 am New Member Orientation 11 am - 4 pm Strategic Planning Retreat	Wilsonville Training Center	New Member Orientation - AND - Strategic Planning Retreat
October 9, 2013	1 pm - 4 pm	Wilsonville Training Center	Regular Business Meeting
December 11, 2013	1 pm - 4 pm	Wilsonville Training Center	Regular Business Meeting