

**Oregon Healthcare Workforce Committee
Meeting Summary**

June 6, 2012
1 – 4 p.m.

Committee Members in Attendance

Ann Malosh (Vice-Chair)	David Nardone
Peter Angstadt (via phone)	David Pollack
Lita Colligan	Michael Reyes
Lisa Dodson	Daniel Saucy
Saige Gracie	Kristen Simmons
Mauro Hernandez	Jennifer Valentine
Terri Johanson	Sergio Vasquez
Donna Larson	

OHA and OWHI Staff in Attendance

Jo Isgrigg (OHWI)	Lisa Angus (OHPR)
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Committee Members not in Attendance

John Moorhead (Chair)	Susan Kirchoff
June Chrisman	Kelly Morgan
Paula Crone	Mark Richardson
Sara Hopkins-Powell	Judith Woodruff
Mary-Rita Hurley	

Meeting Summary

(Committee actions or decisions in bold)

Ann Malosh convened the meeting.

The April 4, 2012 meeting summary was approved.

Updates

- Medicaid Transformation
 - The Governor has secured an agreement in principle from the federal government to make an investment in Oregon's Medicaid system transformation. Through the agreement, Oregon's Medicaid program will receive \$1.9 billion for health care transformation.

- The agreement is tied to approval of Oregon’s amended Medicaid waiver, which will allow Oregon to implement Coordinated Care Organizations (CCOs). Waiver details are still being negotiated with the Centers for Medicare and Medicaid (CMS).
- CCOs will begin operating in phases, depending on when the CCO applied for certification and when it is ready to begin serving people. 11 of the 14 organizations who applied for CCO certification to begin operations in August were provisionally certified in late May. Next steps include contract negotiations and a readiness review. Subsequent waves of CCOs will begin operations in September, October, and November. See: <https://cco.health.oregon.gov/Pages/CCO-Applicant-Names.aspx>
- The Oregon Health Authority has created several cross-agency workgroups to support different aspects of CCO development and implementation.
- The 2012 Physician Workforce Survey that they Committee saw a draft of in April will go into the field next week; postcard and email notifications went out on Monday the 4th. Unfortunately, the Worker’s Compensation Division will have a survey in the field at the same time but the group hopes to increase response rate by notifying practice managers via OMB and follow-up contacts.
- The University of California at San Francisco has developed, with HITACHI Foundation funding, some tools for practices to use to expand the role of Medical Assistants as part of practice transformation. They will be doing a workshop in Oregon to share their findings and get some feedback on their tools on JUNE &&&. OHWI helped to identify participants, including several Committee members.

Discussion of draft recommendations from Workgroup 2 (SB 879)

Terri Johanson gave an update on the development of the draft recommendations regarding prerequisites for student clinical placement. She explained that the process had included three large workgroup meetings, as well as requests for information via email or online survey, and that workgroup participants included a good range of big health systems and schools and smaller providers or programs. The draft recommendations have been distributed to all stakeholders with the request for feedback by June 8th.

Terri noted these highlights in the draft recommendations:

- There was a fair degree of consensus that the standards should be implemented via administrative rule. SB 879 gives the Oregon Health Authority to create administrative rules after approval by the Health Policy Board.
- There was a split regarding how to track students’ satisfaction of the requirements. A centralized database would have many benefits (it would reduce the exchange of paperwork between schools and clinical sites; facilitate access to the primary source documentation that clinical sites are increasingly demanding; and would allow students who transfer between schools or who continue on to a second degree to preserve their information) but would require up-front investment. A paper “passport” would improve consistency and reduce duplicative testing but would still require a fair degree of manual information exchange.
- The range of settings and professions to which the standards should apply is still an open question.

Committee members had received the draft recommendations in advance of the meeting and offered their feedback. Comments included:

- Need to change the word “before” in the timing column for requirements that are site-specific. If the student is doing a placement in another city, it’s not always possible for him or her to do a site orientation before the rotation officially starts.
- The list more than covers what employees and volunteers in long-term care service settings typically need.
- What happens if clinical sites start adding requirements on top of the recommended list? Terri replied that it would be part of the administrative rule process to clarify when and how the standards can be amended.
- One way to finance an electronic tracking system/a centralized database that would hold students’ prerequisite data and allow them to release it to clinical sites as needed would be to have schools and health care institutions help fund it. Many organizations stand to save a considerable amount in personnel and contracting costs if a centralized database were created.

Recommendations on this topic are due to the Health Policy Board by June 30th. Terri and Lisa Angus will draft a report after stakeholder feedback is received on June 8th and will circulate the draft to Committee members for review.

Presentations regarding Oregon provider recruitment

Four presenters gave Committee members an overview of some of the provider recruitment tools available in Oregon and current community recruitment projects. Copies of all the slide presentations are available online as part of the meeting materials at this link:

http://www.oregon.gov/OHA/OHPR/HPB/Workforce/Docs/Materials_6.6.12.pdf

Maria Garcia with the federal Bureau of Clinician Recruitment Services and Marc Overbeck with the Oregon Primary Care office described loan repayment and scholarship programs including the National Health Service Corps, faculty loan repayment, and nursing scholarship and educational loan repayment. Marc also described: the work that the Primary Care Office does to recognize various health professional shortage areas in the state; the J-1 visa program, which allows international physicians to practice in shortage areas in the U.S.; and a current grant to improve retention of National Health Service Corps clinicians in four counties. He also introduced a new website for connecting those interested in healthcare workforce issues:

<http://oregonhealthcareworkforcelinkage.ning.com/>

Linda Clark with the Oregon Office of Rural Health described three loan repayment or loan forgiveness programs administered by ORH:

- The State Loan Repayment Program, funded 50% by the federal Health Resources & Services Administration and 50% by local match. Recipients must be working at non-profit organizations in designated as health professional shortage areas.

- The new loan forgiveness program (HB 2397 from the 2011 legislative session) for medical, nursing, and physician assistant students who are focused on rural health and who commit to working in an underserved area after graduation or residency. The first round of awards has just been made to 5 students.
- The Primary Care Primary Care Services loan repayment program, which is currently unfunded.

Sharon Vail, Executive Director of the Rimrock Health Alliance, described coalition-building around healthcare provider recruitment in Crook County. The Health Alliance does not search for candidates but helps to coordinate the many entities with a stake in bringing new providers to the area and manages recruitment visits.

Planning for the Committee's 2012 report

By December 2012, the Committee must provide the Health Policy Board with a report of "recommended strategies, actions and policy changes, including statutory changes if required, that support the recruitment, retention and distribution of Oregon's health care workforce, with an emphasis on primary care." Committee members briefly reviewed their 2010 recommendations and discussed how to approach creating the 2012 report. Key points from the discussion included:

- The three overarching priorities from the 2010 report are still relevant, as are many of the recommendations. There may be a need to consider a fourth priority around supporting the current direct care workforce.
- The Committee's August meeting should focus on building the content of the report.
- In advance of the meeting, staff will circulate a table noting the current status of all the recommendations made in 2010. Committee members will add their comments about whether the recommendation should be kept, retired, or revised, relevant next steps and actors, and key issues or lessons learned. Members' comments will serve as the starting point for discussion in August.

Public Comment

No public comment was offered.

Ms. Malosh adjourned the meeting at 4:00pm.