

Oregon Healthcare Workforce Committee

AGENDA – July 6, 2016 9:00 am– 12:15 pm
Wilsonville Training Center, Wilsonville, OR 97070
29353 SW Town Center Loop, E Room 111/112

Meeting Objectives:

- Share updates relevant to the achievement of deliverables in the Committee Charter
- Take action on work related to implementation of HB 3396

#	Time	Agenda Item	Presenter(s)	Action Item
1	9:00 – 9:02	Convene HCWF Committee, Welcome	David Pollack	
2	9:02 – 9:05	Approval: May 4, 2016 Meeting Summary	David Pollack	X
3	9:05 – 9:15	OHPB and OHA Updates <ul style="list-style-type: none"> • OHPB update • OHA updates 	Carla McKelvey, OHPB Stephanie Jarem, OHA Marc Overbeck, OHA	
4	9:15 – 9:30	Informational Presentation: Health Care Professional Training Programs	Art Witkowski, Oregon Department of Education	
5	9:30 – 9:45	Behavioral Health Integration Update	Alisha Moreland Sheldon Levy Maria Lynn Kessler	
6	9:45 – 10:45	Presentation and Discussion: HB 3396/Provider Incentive Programs in Oregon <ul style="list-style-type: none"> ○ Evaluation of Programs ○ Recommendations ○ Feedback from Listening Sessions 	Oliver Droppers, OHA Marc Overbeck, OHA Lewin Group Project Team	
7	10:45 – 10:55	Break		
8	10:55– 11:15	Invited Comment on HB 3396	Scott Ekblad, Oregon Office of Rural Health Jana Bitton, Oregon Center for Nursing* Cathryn Cushing, Oregon GME Consortium Chad Johnson, Oregon Healthcare Workforce Institute	

#	Time	Agenda Item	Presenter(s)	Action Item
9	11:15 – 12:00	Further Discussion and Committee Action: HB 3396/ Provider Incentive Programs in Oregon	All	X
10	12:00– 12:15	Public Comment	Any	
11	12:15	Adjourn: Set/Confirm Next Meeting	David Pollack	

* will not attend but will submit written comments

Meeting Materials

1. Agenda
2. Department of Education Material
3. BHI Subcommittee Summary
4. Lewin Group Materials—Analysis of Provider Incentive Programs (*forthcoming*)
5. Summary of Listening Session Feedback (*forthcoming*)
6. Invited Comment Written Material on HB 3396
7. Discussion Document related to potential recommendations (*forthcoming*)

Oregon Healthcare Workforce Committee
May 4, 2016 9:00 – 11:45
at Wilsonville Training Center
DRAFT - Meeting Summary

Committee Members in Attendance:	Patrick Brunett Jeff Clark Jeff Papke Robyn Dreibelbis Janus Maybee Alisha Moreland Maria Lynn Kessler	David Pollack Annette Fletcher Kate Lee (By phone) Troy Larkin Shilena Battan (By phone) David Nardone
Committee Members not in Attendance:	Tawna Sanchez	Daniel Saucy
OHA staff, OHWI, OCN	Stephanie Jarem, OHA Marc Overbeck, OHA Margie Fernando, OHA Oliver Droppers, OHA	David Simnitt, OHA Chad Johnson, OHWI Jana Bitton, OCN
Others	Carla McKelvey, Oregon Health Policy Board liaison Paul Hogan, Lewin Group Sebastian Negrusa, Lewin Group Projesh Ghosh, Lewin Group (By phone) Lachlan Watkins Lewin Group (By phone)	

1	Welcome
	David welcomed everyone to the meeting.
2	Approval: Jan 6, 2016 Meeting Summary
	The meeting summary of Mar 2, 2016 was accepted without changes.
3	Updates
	<u>OHPB Updates</u> Carla McKelvey updated the committee on the Oregon Health Policy Board. The Board approved the appointment of Maria Lynn Kessler to Committee. Carla reported that the Board appreciates the work the Committee is doing and is looking forward to receiving their deliverables around HB3396 and the Behavioral Health Integration.
4	OHA update

	<p>Marc informed the Committee that the new National Health Service Corps site application cycle is open <i>through June 7</i>. For more information visit http://nhsc.hrsa.gov/sites/index.html. Any practice that is serving underserved populations are eligible to apply for this. NHSC-approved clinics improve access to primary care for people in communities with limited access to health care.</p>
5	<p>Update on HB3396: Provider Incentives Study</p>
	<p>Jeff Papke gave an overview of the work that has transpired around HB3396. A steering group which includes members of the Committee has been meeting regularly. Jeff also spoke about the idea of “listening sessions” that will allow the Committee to hear from people around the state on provider incentive programs.</p> <p>Paul Hogan and Sebastian Negrusa from The Lewin Group provided a detailed progress report on the first part of their work for Oregon, which is an analysis of the available data on provider incentive programs. This has included a comprehensive market analysis, an analysis and estimate of Oregon’s health care workforce and a scan of the incentive programs currently available.</p> <p>Members of the Committee asked a number of questions about the presentation and discussed a range of topics.</p> <ul style="list-style-type: none"> • Primary care and Nurse Practitioners are identified in the same chart; questions related to the division of labor between nurse practitioners, physician assistants, and primary care physicians. How did Lewin divide up the need between NP, PA and PC physicians? It was noted that “primary care” capacity must take into account all these three types of providers. • It was suggested that an alternate way of looking at capacity is to look at number of primary care physicians per 1,000 people. • Questions were raised on the limitations of the data—that the licensing board data speaks to where people are practicing, but usually just one address. • Members noted that the graph for Benton County and Multnomah seemed to indicate a much greater number of primary care physicians per 1,000 people and asked why this was. This was also true regarding behavioral health providers. • Members asked about the distribution of Oregonians living in rural versus urban areas, and also how are providers distributed among the state and rural versus urban?

	<ul style="list-style-type: none"> • The Lewin team was asked whether telemedicine was factored in; it was not and the reasons for this were explained. • Some discussion was held regarding the geographic areas of focus—largely county. • It was asked whether Lewin could provide a projected demand per specialty group. • Was the VA capacity and utilization included? It was noted that APAC does not include VA. • Discussion also included some other ways of using this information to support the Committee in its work to increase the capacity to provide primary care services. • The Lewin team noted that this project was not tasked to identify benchmarks or standards on how many providers would be in an area. Their task was just to report on the status. • There were also various comments made regarding which providers need the greatest incentives. <p>The Committee thanked the Lewin representatives for their work to date; they will return in July with a more completed analysis for the Committee.</p>
6	Behavioral Health Update
	<p>Alisha Moreland presented the results of the survey that was sent out in March 2016. The survey consisted of 15 questions, broken into three major sections:</p> <ol style="list-style-type: none"> 1) Demographics of the survey participant’s organization 2) Level of access to various types of providers within the organization (on-site, referral within the organization, external referral, or not available); and 3) Status of integration based on seven elements that are foundational to successful integration of care. <p>Of the 400 surveys that were sent out, 189 responses were received from physical and behavioral health care practitioners or administrators. Staff prepared an analysis of the survey questions. Dr. Moreland went through the answers to the survey questions. An analysis of the survey was prepared and included in the packet.</p>

	Comments from the Committee members on the survey included not being clear from the survey results the trend on co-location of services, and discussion of “curbside consultation” and the OPAL-K program. Members wondered whether it might be useful to send the survey again to those who did not respond.
7	Public Comment
	There was no public comment.
8.	Adjourn The meeting was adjourned at 11:45, to allow for the Behavioral Health Integration subcommittee to meet., The next meeting of the Committee will be held on July 6, 2016 in Wilsonville.

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Health Care Workforce Committee
Behavioral Health Integration Subcommittee

Update: July 6, 2016

General updates:

- OHA has welcomed Jackie Fabrick as the lead behavioral health policy analyst on Mike Morris' team. Jackie will be stepping in to provide additional content expertise on this work.
- In the midst of multiple other behavioral health workgroups, including this summer's Behavioral Health Collaborative, OHA is being careful to ensure that efforts are not duplicative or unnecessary.
- OHA staff would like to propose that the Behavioral Health subcommittee convene in August via webinar/conference call.

DELIVERABLE 1: Identification of activities and processes necessary to achieve a foundational level of behavioral health integration; highlighting of best practices seen in Oregon that are scalable.

Current status:

- Survey analysis is being updated to understand the difference in responses between primarily physical health care clinics and primarily behavioral health care clinics
- Follow-up interviews using a common script will be conducted via phone in late July/early August with a selection of clinics.

DELIVERABLE 2: Addressing any gaps in education and curriculum needed to train physical health and behavioral health providers to work in a team-based system

- OHA staff is compiling information provided by HCWF members on key competencies
- Expect further discussion via email in July with next steps for surveying training programs

DELIVERABLE: Policy changes needed to overcome barriers to behavioral and physical health integration faced by providers

- Initial list of barriers identified via survey #1
- Further discussion needed to identify recommended policy changes necessary to overcome barriers. OHA is currently tracking recommendations and policy activities from other behavioral health groups for comparison and alignment.



Written Comments on the HB 3396 Taskforce
Oregon State Health Care Workforce Committee
Jana R. Bitton, Executive Director
July 6, 2016

Thank you for this opportunity to submit feedback regarding the HB 3396 Taskforce and the involvement of the Oregon Center for Nursing (OCN). OCN was named in the language of HB 3396 as an organization the Oregon Health Policy Board may consult with to develop recommendations. I participated in the Steering Committee of the HB 3396 Taskforce by attending meetings, reviewing documents, and providing insight on the nursing workforce environment in Oregon to the Lewin Group, the organization contracted to perform the quantitative evaluation.

In my opinion, the process to evaluate the incentive programs under review in HB 3396 was handled as well as could be expected. The Lewin Group utilized many resources to understand the health care workforce in Oregon, and included data on nurses from the licensing data collected for the biennial *Oregon Health Professions: Occupational and County Profiles* report. Including those numbers, in addition to the information collected through their Provider 360 database, provided a more accurate picture of the nursing workforce in Oregon. In addition, feedback from individuals through the listening sessions added context to the data analyzed by the Lewin Group. Finally, the members of the HB 3396 steering committee represented a diverse group with varied perspectives on the federal and state incentive programs for health care providers.

HB 3396 asked the Oregon Health Authority to “evaluate the effectiveness of financial incentives offered by the state to recruit and retain qualified health care providers in rural and medically underserved areas.” The findings presented by the Lewin Group successfully show that interest in participating in provider incentive programs is high and the programs do show success in recruiting providers to rural and underserved communities. But there are some questions that remain unanswered.

For example, results by provider type are difficult to interpret. The study mainly grouped program participants in two categories: physician and non-physician. For primary care providers, this generally meant nurse practitioners (NPs) were grouped with physician assistants (PAs). Therefore, more detailed information on NPs is hard to determine from the data collected. Additionally, while data shows incentive programs favor recruitment, there is limited information on the effectiveness of the programs in retaining providers in rural communities.

Overall, I appreciated being a part of the process of evaluating the incentive programs, and I look forward to the recommendations offered by the Health Care Workforce Committee and the Oregon Health Policy Board.