

**Oregon Healthcare Workforce Committee
Meeting Summary**

August 8, 2012
9 a.m. - noon

Committee Members in Attendance

John Moorhead (Chair)	David Nardone
Peter Angstadt (via phone)	David Pollack
Lita Colligan	Michael Reyes
Lisa Dodson	Daniel Saucy
Sara Hopkins-Powell (via phone)	Kristen Simmons
Andrew Janssen (via phone)	Jennifer Valentine
Terri Johanson	Judith Woodruff
Donna Larson (via phone)	

OHA and OWHI Staff in Attendance

Jo Isgrigg (OHWI)	Lisa Angus (OHPR)
Tina Edlund (OHA)	

Committee Members not in Attendance

Ann Malosh (Vice-Chair)	Mary-Rita Hurley
June Chrisman	Susan Kirchoff
Paula Crone	Kelly Morgan
Saige Gracie	Mark Richardson
Mauro Hernandez	Sergio Vasquez

John Moorhead convened the meeting and introductions were made.

The June 6, 2012 meeting summary was approved.

Updates

Tina Edlund gave an update on the Medicaid waiver that was approved by CMS on July 5, 2012. Workforce-related elements in the waiver include:

- Requirement to establish a primary care loan repayment program, funded at \$2M annually, by July 2013.
- Interest in the non-traditional workforce and commitment to train 300 additional community health workers by 2015.

She noted that some specifics remained to be negotiated in the 120 days following the waiver approval, notably:

- Details for calculating the 2 percentage point Medicaid PMPM cost trend reduction that the state has committed to achieving by year 2 of the waiver.

Notes from 8.8.12 Workforce Meeting

- Design of a quality incentive pool intended to start moving CCO payments from volume to value. CMS expects that an increasing portion of CCO payments will be through that incentive pool, rather than in the traditional capitation rate.

In response to a question about next steps for Coordinated Care Organizations, Tina explained that the hope is to offer one or more CCOs as a coverage choice to PEBB members in the future. CCOs could also potentially be an option on the Health Insurance Exchange but there are many details that would have to be worked out. Some CCOs seem to be interested in that potential and others less so.

There was some discussion of the Community Health Worker (CHW) training commitment in the waiver and a related meeting convened by the Governor's Office on August 1st. Committee members made points about the importance of keeping training connected to the community, since it is a community-based model of care, and of ensuring that training is standardized and has clear articulation points with additional educational opportunities, to create career ladders. One member suggested using the model of OHWI's HIT brain trust—which engaged individuals from multiple sectors to create a strategic plan—to continue planning for CHW curriculum development and training. Questions that were raised at the Governor's Office August 1 meeting included: where will the jobs be? Do we have any data about employer demand for CHWs? How will CHWs get paid? How will CHWs be integrated into existing systems?

Committee Leadership

John Moorhead announced that he would be stepping down from the Committee to take on other responsibilities. Tina Edlund thanked him for leadership and commitment to the Committee and congratulated all members on their work to date.

The Committee's by-laws call for the Chair and Vice-Chair to be elected by the membership every 2 years.

Donna Larson nominated Ann Malosh to continue as Vice-Chair; Kristen Simmons seconded. The motion was approved.

David Nardone nominated Lisa Dodson to assume the Chair position; David Pollock seconded. The motion was approved.

Discussion of Current Projects

Adverse Impact. Sara Hopkins-Powell reminded members about the state's adverse impact law and the Committee's 2010 recommendation to revise it. She noted that the issue is politically charged and there are strong feelings on both sides but the Committee has had some productive meetings with stakeholders, in context of recent changes in higher education structure and leadership. The proposal is to send a letter to the Higher Education Coordinating Commission requesting the statutory and regulatory change; a draft letter is included in the meeting materials for the Committee's approval.

Notes from 8.8.12 Workforce Meeting

In discussion, it was noted that the request is to change the regulation for health professional training programs only, as our Committee has no position on other programs. The Higher Education Coordinating Commission may choose to address the issue more broadly.

Terri Johanson said that the group deserves a huge hand for finding a way to open this door in a positive manner and **moved to approve the letter. Dan Saucy seconded and the motion was approved.**

Strategic Plan for Primary Care Provider Recruitment (HB 2366). Lisa Dodson gave an overview of the work to date, which included a SWOT analysis and several meetings. The group is currently at the stage of proposing recommendations and steps and would appreciate the Committee's input. Points from the subsequent discussion included:

- Recruitment is a nationally competitive process. Neighboring states dedicate more to recruitment than Oregon does, so matching their resources may be an appropriate benchmark.
- It's important to make sure that the definition of primary care provider in the document is broad and includes mental health professionals, even if just those working in a patient-centered primary care home, for example.
- Several members noted the importance of health care as an economic driver in communities and suggested approaching the economic development community to find resources for the plan in different communities and statewide.
- Local WIBs (workforce investment boards) see the economic connection but tend—at least in Oregon—to focus on training that gives fairly immediate returns. Incumbent worker training might be one area to bridge the gap, as it can generate workforce capacity and higher wage job placements in a shorter time frame.
- The pipeline for training physicians and nurses and other professionals is long but motivating those already in training to take up primary care has a quicker return – expanding the rural health scholars program is one potential recommendation.
- The state Workforce Investment Board is another potential partner and/or resource. Perhaps, with some education about the economic benefit, the OWIB might be willing to provide resources for a kind of co-op marketing plan – something with a statewide strategy and goals but also templates and other tools for communities to use, since recruitment is very community-specific?
- There was some discussion of a recommendation to expand the number of primary care residency positions in Oregon but the issue of graduate medical education (GME) allocation is complex and controlled federally. The up-front investment is significant.
- One member suggested connecting the health care workforce capacity issue to the Governor's education agenda and the 40:40:20 goal.

Standards for student clinical placements (SB 879). Terri Johanson reported that the Committee's recommendations on SB 879 were presented to the Health Policy Board in July and that the Board was very receptive. They encouraged us to be more specific and prescriptive about centralizing the student passport, whether in paper or electronic format. That discussion will continue as part of administrative rule development in the fall.

Notes from 8.8.12 Workforce Meeting

Discussion of this topic included these points:

- The administrative rule process is good for definitional issues but not for working through operational questions. It may be better to make those decisions up front. The Committee could continue the centralization and automation discussion with stakeholders before beginning rule development.
- The Committee should solicit students' input on operational issues.
- One way to advance the discussion might be to explain the programmatic/operational need and invite a handful of businesses (e.g. StudentMax, others) to: 1) propose what kind of technology would best fit that need and; 2) suggest the business model for supporting the solution.
- The Committee has recommended a long phase-in period for the standards, to allow contractual changes to be made, but the degree of synergy/agreement around the list may mean that the standards get adopted sooner.

Public Testimony

No members of the public wished to offer testimony.

Inventory of Healthcare Professional Training Programs

Jo Isgrigg introduced the inventory, an update to one that OWHI prepared for the Committee in 2010. She noted that the data source was a national one, so not 100% up-to-date and that, since 2010, Oregon had a net loss of 12 high-school health professional preparation programs. She requested that Committee members check the inventory and send any updates or corrections. Subsequent discussion included:

- There is interest in inviting Western Governor's University (online programming, non-profit, started by NGA) to offer degrees in Oregon to meet the 40-40-20 goal. Their job and graduation success rates are not great and many of the programs are health professions but training is generally faster and cheaper than both public and private. Would this institution go through the same adverse impact process? Would need to add them to the inventory.
- Items to check: health administration, management line; medical informatics line.

Many members expressed interest in an inventory that would show current capacity, as well as past graduation numbers, to inform strategic action at the state level. It would be ideal to have an ongoing system, a parallel to what has been started for licensed professionals from some boards. It is no longer feasible to operate without an ability to centralize data and support analyses. Data points should include:

- Current capacity
- % filled
- Recent graduation numbers
- Future plans (how much could capacity change / what do you think need is)
- (It was noted that this is all still supply data, not demand)

OWHI and OCN are charged with this kind of work (in support of the OWIB) but time and funding are needed. It could be done with student labor on a one-time basis, but not ongoing.

Notes from 8.8.12 Workforce Meeting

Hawaii just received a Dept. of Labor grant for similar kind of database, but it's not limited to health professions. The suggestion was made to add this database and analysis idea as a short-term recommendation for the 2012 report.

2012 Report Building

Members discussed recommendations for the 2012 report to the Health Policy Board. Lisa Angus reviewed comments that had been received from Committee members about updates needed to the 2010 recommendations, as a starting place. Discussion included these points:

- Add in a short-term recommendation about tracking training capacity (see previous item)
- Add in specific enrollment or graduate targets and funding amounts for health education training programs, if that recommendation still stands
- For the new loan repayment program, consider options for scenario in which there are not enough interested candidates or eligible sites to fully expend the funds each year
- Keep emphasizing the importance of payment reform occurring and reinforcing the practice changes that the Committee wants to see.
- Take the opportunity to connect healthcare reform (workforce specifically) with education reform. E.g. STEM initiative for K-12 should include science and math as preparation for healthcare professional careers.

Dr. Moorhead adjourned the meeting at noon.