Health Policy and Analytics

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Oregon Health Authority

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MEMO

To: Interested Parties
Subject: HB 3396 RURAL LISTENING SESSIONS

Introduction

In July 2015, the Oregon Health Policy Board adopted a charter directing the Health Care Workforce Committee (HCWF) to deliver to the Health Policy Board a study and report on the efficacy of Oregon's provider incentives and recommendations on improvements to the current incentives—a direction born out of HB 3396, passed by the 2015 Legislative Assembly.

Oregon's Health Care Workforce Committee has served as the primary forum for stakeholder engagement for HB 3396. In relation to HB 3396, the committee's roles were to:

- Support selection of The Lewin Group and assist with stakeholder engagement;
- Provide key input in determining criteria for evaluating the effectiveness of incentive programs;
- Review progress over time and provide direction to the Lewin Group and OHA staff; and,
- Review incentive provider study and companion report to Health Policy Board.

Based on direction from the Health Care Workforce Committee in spring of 2016, in conjunction with guidance from the 3396 Steering Group, the Oregon Health Authority in collaboration with the Oregon Association of Health and Hospital Systems (OAHHS), Oregon Medical Association (OMA), and the Oregon of Office of Rural Health (ORH) facilitated a series of listening sessions around the state. The five sessions were held as follows:

- St. Charles – Prineville, Monday, June 20, 6-8pm
- St. Anthony Hospital – Pendleton, Tuesday, June 21, 6-8pm
- Mercy Medical Center- Roseburg, Monday, June 27, 6-8pm
- Good Samaritan Hospital – Lebanon, Tuesday, June 28, 6-8pm
- Columbia Memorial Hospital – Astoria, Wednesday, June 29, 6-8pm

Background

The purpose of the listening sessions was to hear from providers, community leaders, clinic administrators, public health officials and other stakeholders about the following:

- How do Oregon's current provider incentive programs impact rural communities with respect to recruiting health care professionals?
- What types of provider incentive programs help address workforce shortages in rural communities?
- How is the ability to recruit and retain providers by specialty (primary care, behavioral, and oral health providers) affected by different incentive programs in rural communities?
- What types of new incentives could Oregon develop to recruit providers to rural

communities or to retain providers who are already working rural communities?
- Receive feedback on what are the unmet needs among rural communities and what else should be explored in terms of ensuring an adequate primary care work force.

In June, more than 100 Oregonians participated either in-person or remotely through webinars that were hosted at each site location (See appendix A for list of organizations). OHA staff, members of the Health Care Workforce, and members of the 3396 Steering Group attended all five listening sessions. Summarized below is a breakdown of attendees by various categories, which ranged from 12 to more than 60 attendees per listening session:

- 24 out of Oregon's 36 counties were represented;
- 13 of the state's 16 coordinated care organizations (CCOs) participated;
- Organizations: local area school districts, rural health centers, federally qualified health centers, private clinics, local hospitals and health systems, county health departments, area universities, health care professionals, and a migrant health center; and
- Health care professionals: physicians, hospital executives, nurse practitioners, residents, behavioral health professionals, and other interested health allied professionals.

Key Findings from Rural Listening Sessions

Each listening session was scheduled for two hours in the evening at local, community hospitals and were open to area providers. Common themes were compiled, written up and are summarized below. Although the various communities varied in size, composition, available local resources, and needs, a number of thematic areas were identified as key to informing recommendations.

Interestingly, participants across the listening sessions identified the need for both short and long-term solutions to address workforce issues in rural communities. Participants recognized that developing and ensuring an adequate primary care workforce requires a multi-prong strategy that should include investing state resources in "grow your own" pipeline solutions, compared to a number of existing programs that target recruitment, retention, or both. Furthermore, it was apparent that communities would likely benefit from incentive programs, state or local, if combined with federally funded programs that could offer a "comprehensive" package. The underlying issue is rural communities being able to offer a competitive package that simultaneously addresses both recruitment and retention needs, together, rather than separately, on an *ad hoc* basis.

Recommendations from the sessions included:

A. Continue to fund and support existing incentive programs in Oregon for the immediate future, *and do not reduce the existing state funding level* for such support. Federal funding available through provider incentives is inadequate to address the existing needs among rural communities in terms of recruitment and retention, particularly with an aging primary care provider workforce in the state.
B. Consider modifying aspects of various current programs, such as service obligations for Oregon funded loan repayment programs (from 2-3 years to 5 years) and how providers and clinics are able to learn about programs and their availability.
C. Identify and fund programs that train local residents to increase the supply of health care professionals from rural areas. (Put an emphasis on a "grow your own"

strategy in Oregon.)

D. Support development of new programs including tax credits for preceptors[1] to help incentivize and offset costs incurred by health care providers willing to train new health care professionals (e.g. teaching health centers).
E. Address the reality that funding for existing programs does not necessarily reflect current economic realities for either providers in rural Oregon or rural communities in which they practice. Available funding for certain programs is limited and potentially does not provide sufficient amount (e.g. incentive) for rural communities to recruit and be competitive with their urban counterparts.
F. Support communities to move beyond competition for the same pool of local area providers (e.g. hospital vs. independent practice) and expand the opportunity for collaboration.
G. Simplify and streamline the application, administration and renewal processes for state and federal incentive programs. Consider moving to a single point-of-entry for provider incentives.

Key Themes from Individual Listening Sessions

As described above, a number of themes emerged across the listening sessions. Summarized below are key issues raised at the individual listening sessions.

Prineville

- We need to do a better job of "grow your own."
- Need more primary care residency programs and slots for residents in rural Oregon
- Retirement options needed, particularly for health provides not affiliated with or employed by a hospital or health system.
- Benefit from larger packages/solutions beyond "loan repayment."
- Compensation important; however, fit in the community important as well.
- Need to distinguish between short-term and long-term solutions; need both in rural Oregon.

> ***"If loan repayment is it, you will simply have a revolving door—no retention…and it's more than compensation. It's family, quality of life and having a rewarding career…"***
>
> ***Rural Provider***

Pendleton

- Pharmacists are missing from eligibility for many programs yet there's a need.
- Loan repayment amounts are too low; tax credits too low. Better than nothing but need larger amounts to provide a larger enticement for providers.
- Need for more training, rural rotations, and residency slots.
- Workforce is aging; there's a crisis that is almost here in rural Oregon.
- J-1 Visa Program is working; tax credit helpful (although low); need to expand Oregon's student loan repayment program (SLRP).

> ***"There is a very aging workforce among primary care docs, which is only going to exacerbate the shortage we're already facing…"***
>
> ***Hospital Executive***

[1] Preceptors refer to experienced nurses, physicians or other health care professional who guides and teaches others, often students or recent graduates of health professional programs.

Roseburg

- Resources available through federally funded incentive programs are not enough. We need an "Oregon solution to an Oregon problem; can't rely on the federal government."
- Preceptors and mentoring is costly for both providers and health care organizations that host placements.
- Too much uncertainty with whether the incentive programs will continue to provide awards over multiple year periods.
- Offer a new kind of scholarship program for people willing to go rural.
- Lots of burn-out in rural practices, particularly since working in rural communities often requires on call, treating a more extensive range of health conditions, and inadequate access to specialty services.
- Recruitment and retention a full-time job for employers.

> *"If we didn't have J-1 we wouldn't be in business…J-1 is a lifesaver!"*
> ***Rural Practitioner and Clinic Owner***

Lebanon

- Not enough residency slots—need to invest significantly more in Graduate Medical Education (GME) in Oregon.
- Rural tax credit very important to rural providers.
- Compensation a larger challenge in rural Oregon.
- Incentive programs should be available to all, regardless of institution (i.e. public vs. private).
- Within local communities, bidding wars for local health care providers is a real problem.
- Retirement an issue.

> *"The real question is what's the impact if we don't invest in these incentive programs…"*
> ***Rural Provider, 30+ Years in Medicine***

> *"Administrative simplification of the programs would be a huge value-add."*
> ***Rural Hospital Executive***

Astoria

- Inadequate housing in the community for training or locating doctors.
- Significant lack of behavioral health providers.
- Federal HPSA (Health Professional Shortage Areas) scores are too volatile.
- Allow individuals to request longer-term service commitments than the usual 2-3 year period.
- Provide paid continuing education for those in the incentive programs to deal with burnout and help inspire providers.

Summary of Listening Sessions

Based on the level of interest expressed by participants and the amount of feedback provided across the five listening sessions there continues to be an unmet need in rural communities across Oregon in terms of ensuring an adequate primary care workforce. Participants frequently mentioned the need for an "Oregon solution." Such a solution requires both short and long-term changes to the state's existing provider incentive programs. Each community was clear in the importance of being able to recruit and retain providers, both from the standpoint of ensuring quality access to health care, but also as an economic investment in their community. Concurrently, there is the growing need for primary care services in rural communities as a result of an aging population and existing providers' entering retirement in the coming years.

The overwhelming sentiment expressed by participants was that Oregon's existing programs have and continue to serve as vital and needed tools for rural communities to recruit and retain a vital primary care workforce.

Appendix A: List of Organizations represented by Attendees

Asante Health Sytem
Asher Community Health
Astoria School District
University of Oregon Community Education Program (CEP)
CHI Mercy Health, Mercy Medical Center
College of Osteopathic Medicine of Pacific Northwest
Coastal Family Health Care
Community Health Centers of Benton and Linn Counties
Columbia Memorial Hospital
Community Services NW
Deschutes Rim Clinic
Eastern Oregon IPA
Evergreen Family Medicine
Family Tree Medical Clinic
Grants Pacific Clinic
Good Shepherd Health System
Harney District Hospital
Jackson County
Lane County Board of Commissioners
Lifeways
Mosaic Medical
Murray Drug Inc
Northeast Oregon Network (NEON)
Northwest Regional Primary Care Association, North Bend Medical Center
Oregon Association of Hospital and Health Systems (OAHHS)
Osteopathic Association of Oregon
Oregon Health and Science University (OHSU)
Oregon Medical Association
Osteopathic Physicians and Surgeons of Oregon (OPSO)
Oregon Western University
Pacific University
Prime Med Medical Clinic
Providence Health Systems
Rinehart Clinic
Salem Health
Samaritan Health Services
Sky Lakes Medical Center
South River Community Health Center
St Alphonsus Medical Center
St. Anthony Hospital
St Charles Hospital
Trillium Community Health Plan
True Health Medicine
Umpqua Community Health
Western University - COMP Northwest
Weston Eye Center
Woodburn Pediatric Clinic