

>> Health Care Workforce Needs Assessment



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Executive summary

House Bill (HB) 3261, passed in 2017, required the Oregon Health Policy Board (board) to develop a Health Care Workforce Needs Assessment. The purpose of the assessment is to inform policymakers of the unique health care workforce needs across communities. In addition, it helps inform the distribution of resources from the Health Care Provider Incentive Program.

This progress report is an update of the 2018 Health Care Workforce Needs Assessment. The 2018 report was submitted to the Legislature Feb. 1, 2018. This report builds on the original analysis that examines Oregon's health care workforce needs through three different lenses:

- Lens 1 – Industry and economic demand for health care workforce
- Lens 2 – Access to care and service availability at the community level
- Lens 3 – County-level workforce capacity and demographics

The 2019 progress report shows modest gains in several areas, although Oregon's health care workforce overall did not change greatly in one year. New data shows that Oregon's health care workforce is growing. In addition, more effective recruitment and new clinics are helping increase the health care system's capacity to care for patients in some underserved communities. Although more providers cannot be expected to fill all system gaps in a short time, growth in capacity indicates some success of past and current programs targeted at growing Oregon's health care workforce.

The report also includes these findings:

- Health care workers continue to be in high demand across Oregon. This includes unlicensed occupations ineligible for state incentives.
- Between 2017 and 2018, there have been modest improvements in access to care and service availability at the community level.
- Provider capacity is increasing throughout Oregon. However, provider demographics lag patient diversity in much of state.

Given the short time from the initial report, this progress report does not recommend changes to the structure or goals of the Health Care Provider Incentive Program, also established in HB 3261. However, there is growing importance of unlicensed health care providers (in the behavioral health field

and for more traditional medical clinics). This is leading the Incentive Program to explore opportunities to provide incentives to these types of health professionals in the future.

The 2021 Health Care Workforce Needs Assessment will build on previous reports. The 2021 report will provide new information and analysis to examine the workforce needs facing Oregon. It will also examine the progress towards filling those needs.

Background of the Health Care Workforce Needs Assessment

In 2017, the Oregon Legislature passed House Bill 3261. This bill provides new guidance and requirements associated with Oregon’s incentive programs aimed at attracting and retaining health care providers to work in underserved areas of the state. Part of the bill directs the Oregon Health Policy Board and the Oregon Health Authority to produce an assessment of the health care workforce needed to meet needs of patients and communities throughout Oregon. The first report required was due, and submitted, at the start of the 2018 Oregon Legislature. In 2019, the report is to be produced every two years, in advance of the long session of the Oregon Legislature. Those sessions begin at the start of each odd-numbered year.

The report submitted in February 2018 presented a variety of data to help measure the capacity of the state’s health care workforce. Also, to highlight different ways policymakers and interested parties could consider the workforce “needs” of the state. The initial report highlights workforce needs in communities across Oregon along with provider types where needs are most significant. In doing so, the report seeks to inform both broad state policy efforts focused on health care workforce development and provide guidance for decision-making related to the Health Care Provider Incentive Program.

Neither the initial report nor the 2019 version is intended to serve as a quantification for the number or type of health care providers required in each Oregon community. The 2018 report highlighted many substantial variables that must be considered in producing such recommendations. In addition, it explained why holding every county in Oregon to the same target would be neither feasible nor appropriate, including:

- Clear, consensus recommendations for how many health care providers (and the types of providers) a community “needs” based on their population, demographics, or health status are limited if not nonexistent
- The evolution of team-based health care delivery, the increasing proliferation of tele-health services, and the ability of different types of practitioners to similarly serve patients complicates creating target ratios
- Population needs vary considerably, even within a county, and creating thoughtful and quantifiable target population-to-provider ratios that account for unique community characteristics would be challenging, imprecise, and likely very time consuming

In addition, limited data for many positions and personnel – such as medical assistants – critical to the delivery of health care services prevents thorough analysis of the entirety of the capacity of local and statewide health care service delivery.

The first report was intended to serve as an initial benchmark for understanding the complexity of the task of “identifying need.” This progress report provides updated data and analysis to build on the initial needs assessment. In addition, this report provides information about the first year of the Health Care Provider Incentive Program’s operation.

Ultimately, these assessments are designed to:

- Help direct these public resources in the most effective manner.
- Do the most good in expanding and stabilizing the health care workforce in underserved areas which would not be able to provide needed health services without such support.

Needs assessment 2019 update and progress report – key findings

Overall, the distribution and supply of Oregon’s health care workforce is has not greatly changed since the initial needs assessment was released in early 2018. Projections of demand for workers show that health care occupations will continue to be in high demand in communities across Oregon. Many communities that lagged the statewide population-to-provider ratio continue to do so. At the same time, new data show Oregon’s health care workforce is growing. More effective recruitment and new clinics are helping to increase the health care system’s capacity to care for patients in some underserved communities. Although more providers cannot be expected to fill all system gaps in a short time, growth in capacity indicates some success of past and current programs targeted at growing Oregon’s health care workforce.

OHA uses three “lenses” of analysis to examine the capacity of the system and to determine the need for additional health care professionals and providers. The goal of this approach is to examine Oregon’s workforce needs in a way that provides both distinct and overlapping views of the health care system. Specifically, these lenses consider:

- Health care workforce needs of the health care industry and the economic demand for health care practitioners and workers
- Patients’ access to care at a community level and how access to care affects the provision and utilization of health care services at a community level, and,
- Health care provider capacity of communities relative to their population and demographics.

Each lens provides useful information for policymakers who seek to ensure Oregon’s health care workforce can meet the health care needs of state’s population. Collectively, the lenses reaffirm that examining the state’s workforce needs through just one lens will provide an incomplete picture.

Lens 1 – Industry and economic demand for a health care workforce

Health care workers continue to be in high demand across Oregon. This includes unlicensed occupations ineligible for state incentives.

Data from the Oregon Employment Department (OED) highlights workforce needs of the health care industry and its employers. Recently updated data shows that key findings from the 2018 needs assessment hold true in 2019: health care occupations of many different types are in high demand across the state. Notably, many health care occupations not licensed by the state, such as medical assistants, are in high demand in all parts of the state. However, because they are unlicensed, there is limited data on demographics and number of people working in these positions across the state. Furthermore, there is not currently a mechanism to use provider incentives to help communities attract people into these positions.

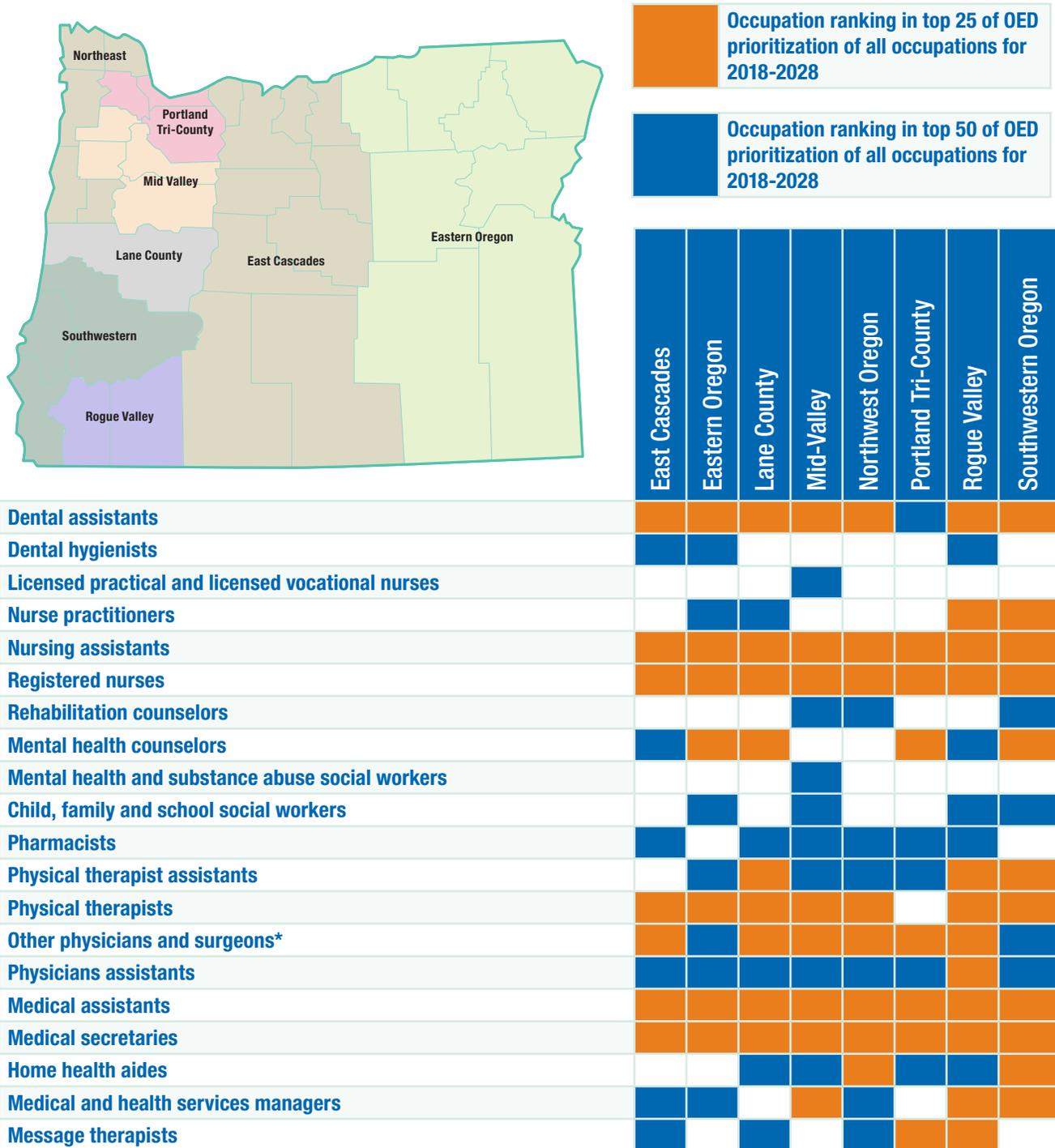
Beyond these unlicensed occupation types, the high demand for health care workers highlights the role of the health care sector as an economic driver in Oregon. At the same time, employer demand for workers may be connected to other dynamics beyond filling unmet demand for health care services and may not adequately consider diversity-related workforce needs at the community level.

The following, Figure 1, highlights health care occupations that rank near the top of OED prioritization rankings out of all occupations. * In the OED analysis, the state is divided into eight regions. The figure shows which health care occupations rank in the top 25 or top 50 of all occupations. The overall prioritization ranking crafted by OED considers:

- Recent demand for workers
- 10-year projections for the number of workers needed
- Number of projected job openings relative to the size of the occupation-specific workforce
- Wages paid for the specific occupation, and
- OED measure of demand for workers related to the supply of workers for a specific occupation.

* Oregon Employment Department. (2018). Data compiled from the Occupational Prioritization for Training tool available at: <https://www.qualityinfo.org/te-op4t/?at=1&t1=410100000~false~0~false~false~false~false~0~2>. Regional ranking highlights compiled by OHA and available upon request.

Figure 1: Health care occupations ranking near top of the OED prioritization rankings



* This (and all the categories in Figure 1) are specific occupation categories in the Employment Department's data.

Lens 2 – Access to care and service availability at the community level

There have been modest improvements in access to care between 2017 and 2018.

The annual Areas of Unmet Health Care Need report from Oregon’s Office of Rural Health – housed at Oregon Health & Science University – presents a community-level examination of access to care and health system capacity. * The report uses a variety of measures at the service area level (a sub-county geography) to measure “unmet health care needs” at the community level.

The 2018 Unmet Need report shows progress towards reducing the amount of “unmet need” in many communities across Oregon. Not only did the average score improve (from 41 in 2017 to 46 in 2018), but improvement was nearly as significant for communities scoring below average in 2017 as for those scoring above average. In total, 119 of 130 communities in Oregon scored better in this analysis in 2018 than in 2017.

Improvement in community level access to patient centered primary care home (PCPCH) provides one example of improved access to health care services driving improved scores from 2017 to 2018. In particular, the number of communities with travel time to a PCPCH of greater than 10 minutes fell from 24 service areas in Oregon in 2017 to 19 in 2018. Travel time declined in many of the communities not meeting the 10-minute threshold as well. In addition, the number of communities with travel times exceeding 40 minutes declined from three in 2017 to just one in 2018.

Lens 3 – County-level workforce capacity and demographics

Provider capacity is increasing throughout Oregon. However, provider demographics lag patient diversity in much of state.

OHA’s Health Care Workforce Reporting Program, authorized under Oregon Revised Statutes (ORS) 676, uses licensee data from Oregon’s health care licensing boards to develop counts of licensed providers. Because not all providers work full-time in patient care, these data are also used to estimate the full-time equivalent (FTE) measure of the direct patient care by these providers. These data are available at State and County. ZIP code data are available, but most of the numbers are so small that the data are not very reliable. Data include demographic information about providers not available through other sources.

* Oregon Office of Rural Health. (2018). Oregon Areas of Unmet Health Care Need Report, <https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/upload/2018-Area-of-Unmet-Health-Care-Need-Report.pdf>

Table 1: Total licensed health care providers by type (those with historical data)*

Occupation	Number licensed in Oregon						
	2009–10	2011–12	2013–14	2015–16	Jan. 2018	Trend*	Percentage change*
Certified nursing assistants (CNA)	18,331	18,872	18,414	18,025	18,101		-1.25%
Dentist (DDS, DMD)	3,697	3,655	3,528	3,852	3,864		4.25%
Physicians (MD, DO)*	14,646		14,710	15,607	16,124		10.09%
Dental hygienists (RDH)	3,777	3,467	3,980	4,254	4,304		13.95%
Clinical nurse specialists (CNS)	165	191	192	202	193		16.97%
Licensed practical nurses (LPN)	4,081	4,283	4,660	4,934	5,246		28.55%
Registered nurses (RN)	43,015	44,481	47,456	51,926	55,316		28.60%
Certified pharmacy technicians (CPHT)	5,005	5,185	5,774	5,924	6,683		66.53%
Certified registered nurse anesthetists (CRNA)	466	513	605	644	644		38.20%
Physical therapist assistants (PTA)	869	916	1,041	1,136	1,397		60.76%
Physical therapist (PT)	3,139	3,383	3,720	4,148	5,113		62.89%
Nurse practitioners (NP)	2,277	2,438	2,794	3,444	3,992		75.32%
Dietitians (LD)	510	605	684	825	895		75.49%
Occupational therapists (OT)	1,269	1,422	1,482	1,844	2,260		78.09%
Physician assistants (PA)*	1,036		1,308	1,578	1,921		85.42%
Occupational therapy assistants (OTA)**	228	257	314	454	563		146.93%
Podiatrists (DPM)*			182	190	205		12.64%
Pharmacists (RPH)		5,665	5,799	7,511	7,723		36.33%
Oregon population	3,837,300	3,883,735	3,962,710	4,076,350	4,141,100		7.92%

Overall, as shown above in Table 1, the total number of licensed health care providers in the state has increased steadily over the last decade for most provider types. Though not included in the table above, the pattern of increases in patient care FTEs was similar.

The 2018 needs assessment highlighted the fact that the distribution of many types of providers is concentrated in several of Oregon’s most populous counties. In many ways, this is not surprising because population centers are generally home to a greater concentration of a variety of services beyond medical care. Furthermore, some communities outside the Portland metro area are home to a greater concentration of health care providers than their population would indicate. This may be a positive sign for the distribution of resource-intensive services and availability beyond the most populous counties and the state’s flagship medical school. Still, many communities continue to face high demand for health care providers and have many fewer providers per resident than desired. Table 2 shows the statewide population-to-provider ratio for all provider types for which the workforce

* Oregon Health Authority. Data compiled by the Health Care Workforce Reporting program from licensing board data.

reporting program collects data. The table includes counts of the number of counties without any providers of each type. It also includes the number of counties with more residents per provider than the statewide ratio.

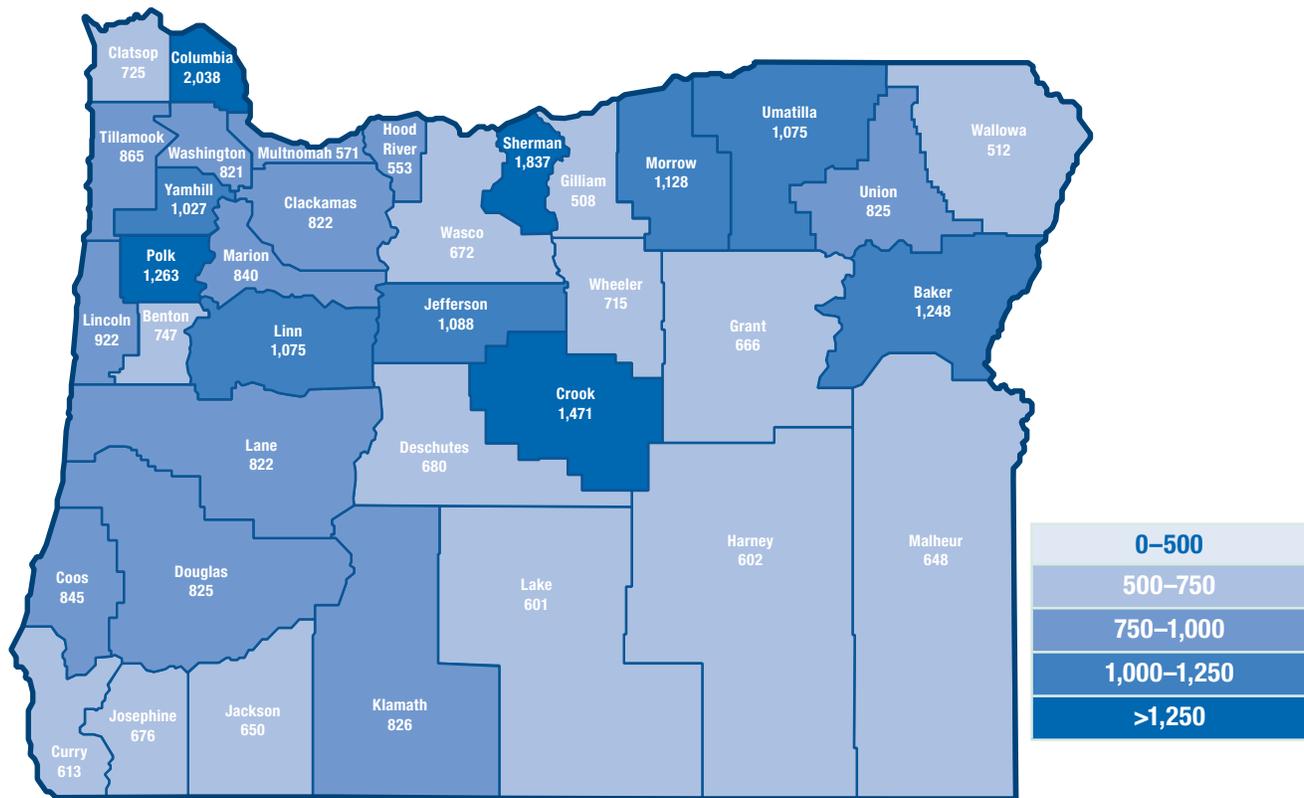
Table 2: Statewide residents per provider FTE

Provider type	Statewide residents per provider FTE	Counties with no providers (patient care)	Counties with ratio higher-than the statewide ratio
Primary care (MD, ND, PA and NP)	756	-	20
Dentist (DDS or DDM)	1,889	2	27
Dentist hygienist (HYG)	2,149	2	28
Dietitians	12,339	5	27
Occupational therapists	4,202	5	29
Occupational therapist Assistants	14,229	12	23
Physical therapists	1,539	2	24
Physical therapist assistants	5,991	4	23
Pharmacists	1,723	3	27
Pharmacy technicians	1,551	2	27
Nurse practitioners (NP)	1,842	1	20
Nurse anesthetists	11,099	7	21
Clinical nurse specialists	110,253	25	32
Registered nurses	176	-	29
Licensed practical nurses	1,567	2	25
Certified nursing assist.	357	1	23
Doctor of medicine (MD) or doctor of osteopathic medicine (DO)	396	2	29
Podiatrists	27,078	12	24
Physician assistants (PA)	2,760	2	26
Naturopathic doctors (ND)	9,790	13	19
Audiologists	28,716	15	14
Speech language pathologist	4,638	3	26
Speech language pathologist assistant	42,556	5	9
Professional counselors and Marriage or family therapist	2,752	3	25
Chiropractic physicians	4,792	3	25
Chiropractic assistant	8,122	11	19
Psychologists	5,242	10	21
Licensed clinical social workers	2,286	3	27
Certified social worker assistant	8,181	11	19
Non-clinical social worker	62,763	19	8
Respiratory therapist	4,040	5	15
Polysomnographic technologist	26,807	13	11

Figure 2 highlights the variation of the population to provider ratio across counties for primary care practitioners. Primary care practitioners include physicians, nurse practitioners, physician assistants and naturopathic doctors identifying with primary care specialties. Beginning with this report, data on the number of naturopathic doctors is included among licensing board data.

This helps provide a more complete picture of the number of primary care providers serving patients across Oregon. As previously discussed, many factors (including population density, demographics and health care needs of county residents) limit the value of creating target ratios that would apply similarly to each county in Oregon. Instead, county-by-county ratios are used to provide a picture as to where primary care capacity is strongest in Oregon and where additional capacity could be targeted.

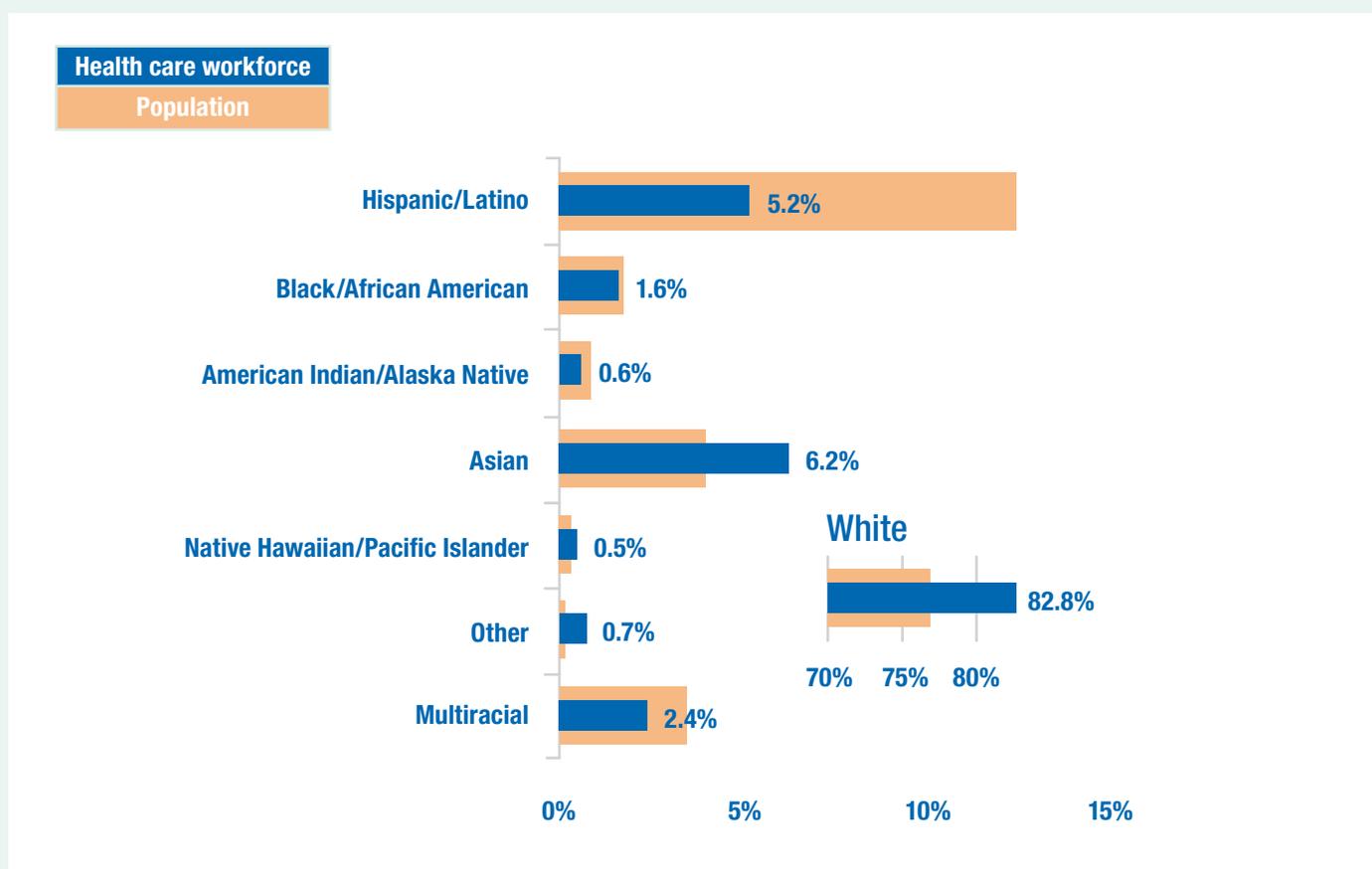
Figure 2: County residents per primary care practitioner*



* Oregon Health Authority. Data compiled by the Health Care Workforce Reporting program from licensing board data submitted in 2016 and 2017.

The racial and ethnic diversity of Oregon’s health care workforce lags behind the diversity of the state’s population (Figure 3).^{*} This pattern is true for most provider types and in most counties. There are also gaps between languages spoken by households and by providers. However, at a statewide level health care professionals licensed by Oregon’s health care licensing boards are more likely to speak a language other than English than Oregon’s population as a whole. Still, language gaps persist in many areas. In Umatilla and Morrow counties, this gap is especially pronounced where the percent of Spanish speaking providers is less than half of the population in general. A recent OHA report, *The Diversity of Oregon’s Licensed Health Care Workforce* explores these issues in greater detail.[†]

Figure 3: Health care workforce vs population



Note: Providers with missing data were excluded from the analysis. Racial categories exclude Hispanics.

^{*} Oregon Health Authority. (2018). *The diversity of Oregon’s licensed health care workforce: Based on data collected during 2016 and 2017.* Portland, OR: Oregon Health Authority.

[†] <https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-02-Workforce-Diversity-for-web.pdf>

2018 needs assessment informs operation of Health Care Provider Incentive Program

One of the most important uses of the needs assessment is to provide data and analysis to help inform the operation of the Health Care Provider Incentive Program. Over time, lessons learned from the operation of the incentive program will inform future versions of the needs assessment. This includes which data is gathered and how workforce needs and community health system capacity are assessed, analyzed and reported.

Conclusions and recommendations from the 2018 needs assessment are already being used to inform the operation of Oregon's Health Care Provider Incentive Program (HCPIP), now in its second year of operation. This program, housed by the legislature within OHA, encompasses multiple incentives for health care providers practicing in rural and underserved communities across Oregon. The 2018 report recommends increasing primary care provider capacity in underserved communities in Oregon, as well as improving the racial, ethnic, and language diversity of providers practicing across Oregon. Furthermore, the 2018 report recommended that state recruitment and retention efforts focus on communities (or service areas) that ranked in the bottom quartile of "unmet need" as measured by the Office of Rural Health's Unmet Needs Report.

As a result of site visits to local communities in underserved areas (including those in the bottom quartile of "unmet need"), OHA's Primary Care Office identified provider recruitment as a primary barrier to attain more or new staff. Many rural and underserved areas have difficulty competing with urban environments when attracting clinicians. While many of these areas have a lot to offer in terms of recreation and "quality of life," pay disparities often exist when compared to urban clinics and Portland in particular.

The lack of ability to provide supervision and guidance for new clinicians can make it more difficult for small clinics to hire providers who have recently completed residency or training. Many of these underserved communities cannot support preceptors financially. As a result, they cannot hire and develop clinicians who are new to the workforce. Therefore, the Health Care Provider Incentive Program is exploring ways to incentivize instructors in rural and underserved communities.

Delivery of mental and behavioral health care in many underserved communities has historically relied on unlicensed clinicians who have been unable to take part in provider incentive programs. To address this barrier, the Incentive Program made a program enhancement to include Qualified Mental Health Providers (QMHPs) such as social workers and counselors working toward licensure in loan repayment programs as of Jan. 1,

2019. Rural and underserved areas also have trouble retaining pharmacists; as a result, the loan repayment part of the incentive program expanded to include pharmacy providers in early 2018.

Many clinics in rural areas expressed need for medical assistants and registered nurses. They report difficulty hiring and retaining these clinicians, even though they might be easier to locate, since they require fewer years of training. The inability to attract physicians to these communities has made them more reliant on assistants, nurses and technicians. These clinicians' ineligibility to participate in the Health Care Provider Incentive Program under current administrative rules has been a challenge for many rural clinics. The Health Care Provider Incentive Program is exploring opportunities to provide incentives to these types of health professionals through proposals reviewed in early 2019.

Conclusion

Examining and measuring the health care workforce needs at the state, regional and local level is a complicated and iterative process. The 2018 needs assessment and this 2019 progress report provide data and analysis that examine where the health care workforce capacity is the strongest. The reports also examine where gaps are most evident. In particular, the progress report highlights areas of modest improvement from the initial 2018 report. The progress report also highlights how the Health Care Provider Incentive Program is being used to address capacity and distribution issues moving forward.

The Health Care Workforce Committee and OHA staff are planning to submit the next version of the needs assessment to the Legislature in January 2021. This next needs assessment will build on previous reports and provide new information and analysis to examine the workforce needs facing Oregon as well as the progress towards filling those needs.



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