

Oregon's Health Care Workforce Reporting Program

The Health Care Workforce Reporting Program (HWRP) was created in 2009 with the passage of HB 2009, which required Oregon Health Authority (OHA) to collaborate with seven health profession licensing boards to collect health care workforce data during the licensing renewal process. During the 2015 Oregon Legislative session, SB 230 added ten additional health licensing boards to the program. Future reports will include data from all 17 licensing boards.

These data are collected to:

- ◇ Understand Oregon's health care workforce;
- ◇ Inform public and private educational and workforce investments; and
- ◇ Provide data to inform policy recommendations for state agencies and the Legislative Assembly regarding Oregon's health care workforce.

Table 1. Participating boards, licensed professions, and renewal cycle information

Licensed professions	License renewal period	License renewal cycle	Data included in this report	Notes
OREGON BOARD OF DENTISTRY				
Dentists	Jan 1 - Mar 31	2-year	2015 and 2016 renewals	Those licensed in even-numbered years renew in even-numbered years and those licensed in odd-numbered years renew in odd-numbered years.
Registered dental hygienists	Jul 1 - Sep 30	2-year	2015 and 2016 renewals	
OREGON BOARD OF LICENSED DIETITIANS				
Licensed dietitians*	Ongoing	1-year	Aug 2015 - Aug 2016	Renew by the end of the birth month.
OREGON BOARD OF PHARMACY				
Pharmacists	Apr 1 - June 30	2-year	2015 renewals	
Certified pharmacy technicians	July 1 - Sep 30	2-year		
OREGON MEDICAL BOARD				
Physicians	Oct 1 - Dec 31	2-year	2015 renewals	Renewals occur in odd-numbered years. Workforce data are collected by the Oregon Medical Board with their own application.
Physician Assistants				
Podiatrists				
OREGON OCCUPATIONAL THERAPY LICENSING BOARD				
Occupational therapists	Mar 1 - May 31	2-year	2016 renewals	Renewals occur in even-numbered years.
Occupational therapist assistants				
OREGON PHYSICAL THERAPY LICENSING BOARD				
Physical therapists	Jan 1 - Mar 31	2-year	2016 renewals	
Physical therapist assistants				
OREGON BOARD OF PHARMACY				
Registered nurse	Ongoing	2-year	May 2014 - June 2016	Those born in even-numbered years must renew by their birthday in even-numbered years and those born in odd-numbered years must renew by their birthday in odd-numbered years.
Certified nursing assistants				
Licensed practical nurse				
Nurse practitioners				
Certified registered nurse anesthetists				
Clinical nurse specialists				

* Data for licensed dietitians are incomplete. Approximately 18 percent of licensees did not complete the survey at renewal.

Methods & Sources

All licensees must be licensed by a state health licensing board and renew their license according to each board's licensing cycle. At the time of license renewal, licensees complete the Health Care Workforce Survey. Data in these fact sheets were collected during license renewals in 2015 and 2016. The Oregon Medical Board administers the workforce survey using their own data system; all the other health professions' data were collected through a common format workforce survey that licensees must complete as part of their renewal process.

Data collected include provider demographics, education and languages spoken other than English, practice locations, number of hours worked and future practice plans at each location, and specialty information. For selected occupations (medical professions, naturopathic physicians, chiropractic physicians, dentists, and nurse practitioners) data regarding insurance plans accepted are also collected.

To see an example workforce survey, visit: <https://tinyurl.com/yacjs56v>

Data were analyzed and tabulated with SAS 9.4; graphics were produced in Excel. Charts in these sheets explore the relative distribution of selected measures for the subset of licensees who completed the Health Care Workforce Survey and reported a primary work location in Oregon. Missing data is not included, however, data in charts may not sum to 100 due to rounding.

Estimated number practicing in Oregon

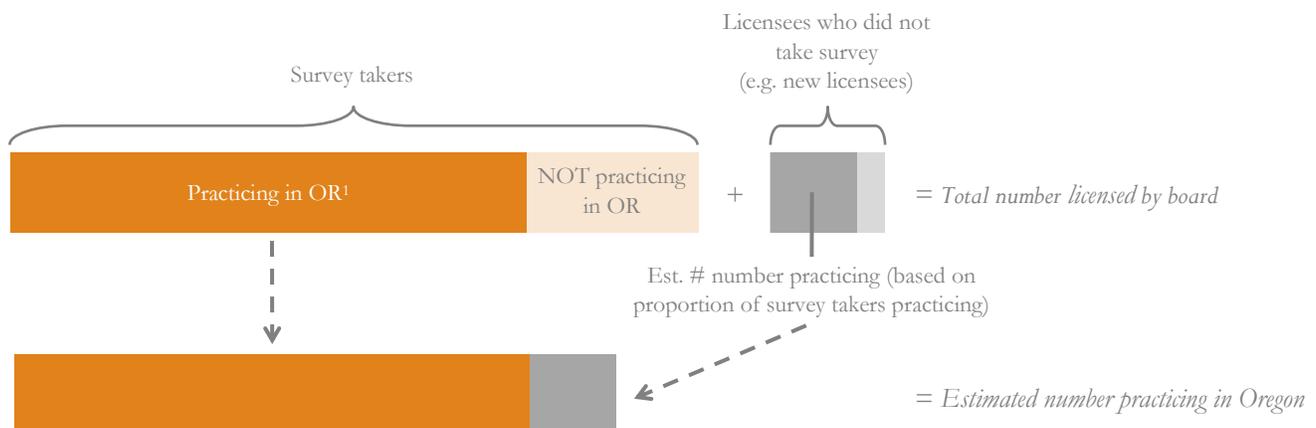
The number of providers licensed in the state is obtained directly from each of the licensing boards. Not all licensees who hold an active license in Oregon are actively working in the field in Oregon. Further, not all active licensees complete the workforce survey (e.g. new licensees). The estimate of all licensees (new and renewing) working in the state is derived from the percent of survey respondents who are actively practicing in the state.¹ Specifically:

Active practice rate = % survey takers who are active in OR (of those with known work location and practice status)

*Number practicing in OR (Estimated) = Total # licensed in OR * Active practice rate*

This estimation assumes that practice rates for those who do not complete the workforce survey (e.g. new licensees) is the same as those who have completed the survey.

Figure 1. Estimation of number practicing schematic



¹Practicing in Oregon means licensees who 1) identified their employment status as 'employed in the field', 'self-employed in the field', 'volunteer', or 'other'; and 2) reported a primary practice location in Oregon. Secondary practice locations were not included, and may increase the available number of providers.

FTE Calculations

Not all licensees who work in Oregon work full time and not all licensees spend time in direct patient care. In addition to the estimated number of providers in the state, these reports also look at the total number of FTEs and the number of FTEs in direct patient care.

At the licensee level, FTE is calculated based on total hours worked (capped at 40 hours, so no health care professional is counted as more than 1 FTE), as well as based on time spent in direct patient care (Direct Patient Care FTE; also capped at 40 hours). For dentists only, direct patient care FTE was weighted based on the number of auxiliaries reported (e.g., chairside assistants, hygienists, etc.) and age, according to HRSA Procedures for Shortage Designation.

$$FTE (Estimated) = \# \text{ practicing in OR (Estimated)} * \text{Average FTE for occupation}$$

$$\text{Direct patient care FTE (Estimated)} = \# \text{ practicing in OR (Estimated)} * \text{Average Patient Care FTE for occupation}$$

Where the average FTE and average Patient Care FTE for each occupation are calculated from the health care workforce survey data.

Population-to-Provider Ratio

State maps display the population-to-provider ratio based on the estimated number of direct patient care FTEs who are practicing in the county.

$$\text{County patient care FTE (Estimated)} =$$

$$\text{Direct patient care FTE (Estimated statewide)} * \% \text{ observed direct patient care FTE in county}$$

Statewide and county population estimates come from the Portland State University Population Research Center (<https://www.pdx.edu/prc/population-reports-estimates>).

Race & Ethnicity

Race and ethnicity population data comes from five-year ACS estimates (data collected over 60-month period, 2011–2015). These estimates are not as current as the one-year estimates, but the primary advantage of using multiyear estimates is the data's availability and increased statistical reliability for less populated areas and small population subgroups.

All race/ethnicity categories in the workforce data were coded as mutually exclusive to match the American Community Survey (ACS) race/ethnicity categories and allow comparisons. When a licensee selected Hispanic as his or her ethnicity, the licensee was coded as being Hispanic. If there were other races selected along with Hispanic ethnicity, such as "Black" or "Asian," the licensee was only counted in the Hispanic category and not in the other categories.

Of the 3,851 licensees coded as Hispanic, 56.9 percent identified with at least one racial category (White: 49.4%; Multi-racial: 3.2%; American Indian/Alaska Native: 1.9%, Black/AA: 1.1%; Asian: 0.8%; Native Hawaiian/Pacific Islander: 0.5%). The remaining 43.1 percent chose "Other" (15.9%), declined to report a race (13.9%) or were missing data (13.4%). When a licensee selected a non-Hispanic ethnicity and more than one race, the licensee was coded as "Multiracial" and was not included in the specific race categories. When a licensee selected "Other" as race and no other race was selected, the licensee was coded as "Other."

Language

Regarding languages, ACS coded 381 different languages nationwide. Standard tables separate out 39 languages and the four main language groups used here: Spanish, other Indo-European languages (most languages of Europe

and the Indic languages of India, as well as Iranian languages), Asian and Pacific Island languages (among them Chinese, Korean, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog and others) and all other languages (such as Uralic languages, languages of Africa, Native American languages, and more). Health professionals reporting speaking more than one language may be counted in more than one language group; 92 percent of the health professionals were coded in only one language group.

Patient-Payer Mix

Charts are based on whether licensees currently see patients of each payer type (not whether they are accepting new patients). If a licensee reports that they have patients of ‘unknown’ payer type, they are categorized as ‘unknown’. Therefore the number of providers who see Medicaid patients could be higher than the ones reported here. These charts only include data from the subset of licensees who report spending time in direct patient care.

Primary Care Providers

Primary care providers (PCPs), including nurse practitioners, physicians and physician assistants, comprise approximately 6.8 percent of the health care workforce described in the 2015-2016 Health Care Workforce Supply report. Primary care providers are defined as MD, PA, DO licensees whose practice specialties are in family medicine, family practice, family practice and osteopathic manipulative treatment, general practice, geriatric medicine, pediatrics, adolescent medicine, or internal medicine; and NP licensees who select ‘Primary Care’ for their primary practice setting or ‘Nurse Practitioner— Primary Care’ for their primary practice position.

About this fact sheet:

The Health Care Workforce Reporting Program (HWRP) collects workforce-related information directly from health care professionals via a questionnaire embedded in the license renewal process. Data reported in this fact sheet were collected during a two-year period (2015-2016).

For questions about this report, contact:

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For more information about methodology and results, visit:

<https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

Suggested Citation:

Oregon Health Authority. (2017). *Oregon's health care workforce reporting program*. Portland, OR: Oregon Health Authority.