

# OREGON'S HEALTH CARE WORKFORCE NEEDS ASSESSMENT 2023

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# Background

- It is critical that Oregon has the workforce needed to effectively deliver high-value care to patients across the state.
- Focus on equity must include the training, recruitment, and retention of a diverse workforce.
- House Bill 3261 (2017) requires assessment of the health care workforce needed to meet the needs of patients and communities throughout Oregon.
- The **2023 HCWFNA report** will be the fourth report published by OHA.

# Health Care Provider Incentive Program

- Established in 2017 under [House Bill 3261](#) to build health care workforce capacity in rural and medically underserved areas
- Continues to be an important tool for recruitment and retention especially with shortages exacerbated by COVID-19

Incentive	2019-2021 expenditure	2021-2023 allocation
Loan repayment to primary care, oral health, and behavioral health clinicians	\$6.5 million	\$8.7 million*
Loan forgiveness for primary care clinicians in training	\$1.0 million	\$1.5 million
Rural medical malpractice insurance subsidies	\$2.9 million	\$4.0 million
Scholars for a Healthy Oregon Initiative (SHOI) at OHSU	\$5.0 million	\$5.0 million
“SHOI-like” scholarships at non-OHSU education institutions	\$0.7 million	\$2.0 million
Administrative costs	\$1.1 million	\$1.3 million
<b>Totals</b>	<b>\$17.3 million</b>	<b>\$22.5 million</b>

Source: : [Health Care Provider Incentive Program: Allocation Request](#), 2022, Oregon Health Authority

\*\$3 million carried over from the previous biennium

# Other Health Care Workforce Investments

- [1,892 providers](#) received a Rural Medical Tax Credit in 2021.
- \$10.6 million has been allocated to the Healthy Oregon Workforce Training Opportunity (HOWTO) Grant Program.
- [OHSU's 30-30-30 plan](#) sets goals of increasing health care program graduate capacity and diversity by 30% by the year 2030.
- [\\$200 million has been invested in Future Ready Oregon](#) to support training in family-wage careers; Health care is 1 of 3 industry sectors of focus.

## Recommendations:

- Continue to fund and use financial incentives such as those of the Health Care Provider Incentive Program.
- Ensure accountability of incentive programs through evaluation of effectiveness. Ex. Cost-per-placement year for health professionals and retention effectiveness over time for communities experiencing inequities.
- Address other factors that influence recruitment and retention in rural areas. Ex. housing costs and supply, economic opportunities for partners/spouses, and quality of K-12 education.

# Workforce Resiliency

- **Nationwide:** over 60% of physicians reported burnout in 2021 vs 38% in 2020 ([Shanafelt et al., 2022](#))
- **Oregon**
  - [Larry Green Center survey of primary care:](#) over 70% of respondents reported mental stress/exhaustion in their practice at an all-time high.
  - [Oregon Center for Nursing:](#) 83% of nurses reported stress, and over 60% reported anxiety, exhaustion, burnout.
- [The U.S. Surgeon General's Advisory \(2022\):](#)  
***“Health worker burnout harms all of us”***

# Improve Workforce Resiliency

- **Nationwide:**

- In 2021, the U.S. Department of Health and Human Services allocated [\\$103 million](#) to promote mental health among the health workforce.
- In 2022, the passage of the [Dr. Lorna Breen Health Care Provider Protection Act \(HR 1667\)](#) established grants for training health professions students, residents, or health care professionals to reduce and prevent burnout.

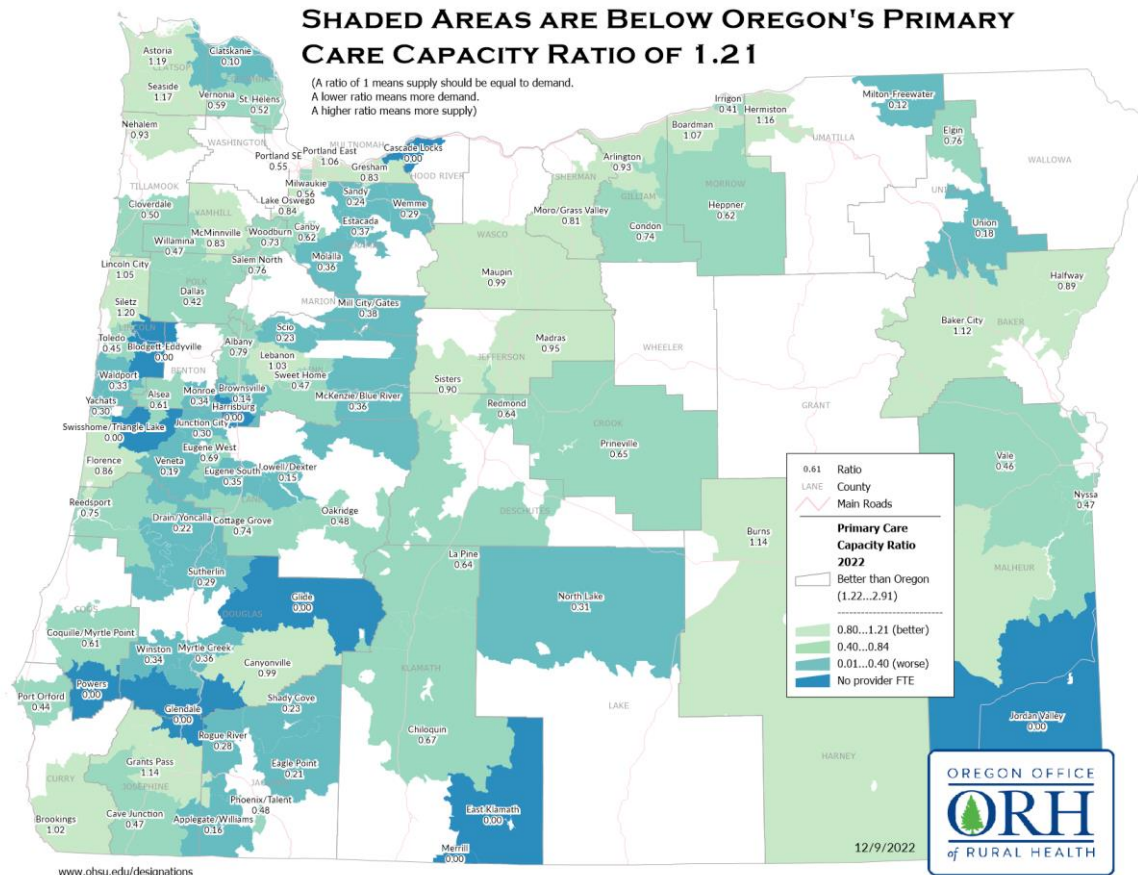
- **Oregon:**

- [Oregon Center for Nursing: RN Well-Being Project](#)
- [OHA's Supports](#) to behavioral health providers:
  - *Childcare for workers*
  - *Retention and hiring bonuses*
  - *Residential emergency staffing needs*
  - *Vacancy payments and rate increases*
  - *Reducing administrative burdens*

# Improve Workforce Resiliency

- **A range of socio-cultural and organizational factors can contribute to health care workforce burnout.**
- The [National Plan for Health Workforce Well-Being](#) calls on multiple actors to “*cultivate a health system to support care providers and optimize their well-being*”
- [The U.S. Surgeon General’s Advisory \(2022\)](#) called for actions from a variety of public and private stakeholders to tackle health care worker burnout
- Recommendations include:
  - Sustain a positive work environment and culture
  - Make workplaces more welcoming for diverse providers
  - Support health care workers’ seeking mental health care
  - Invest in research to inform evidence-based strategies

# Primary Care Capacity by Service Area

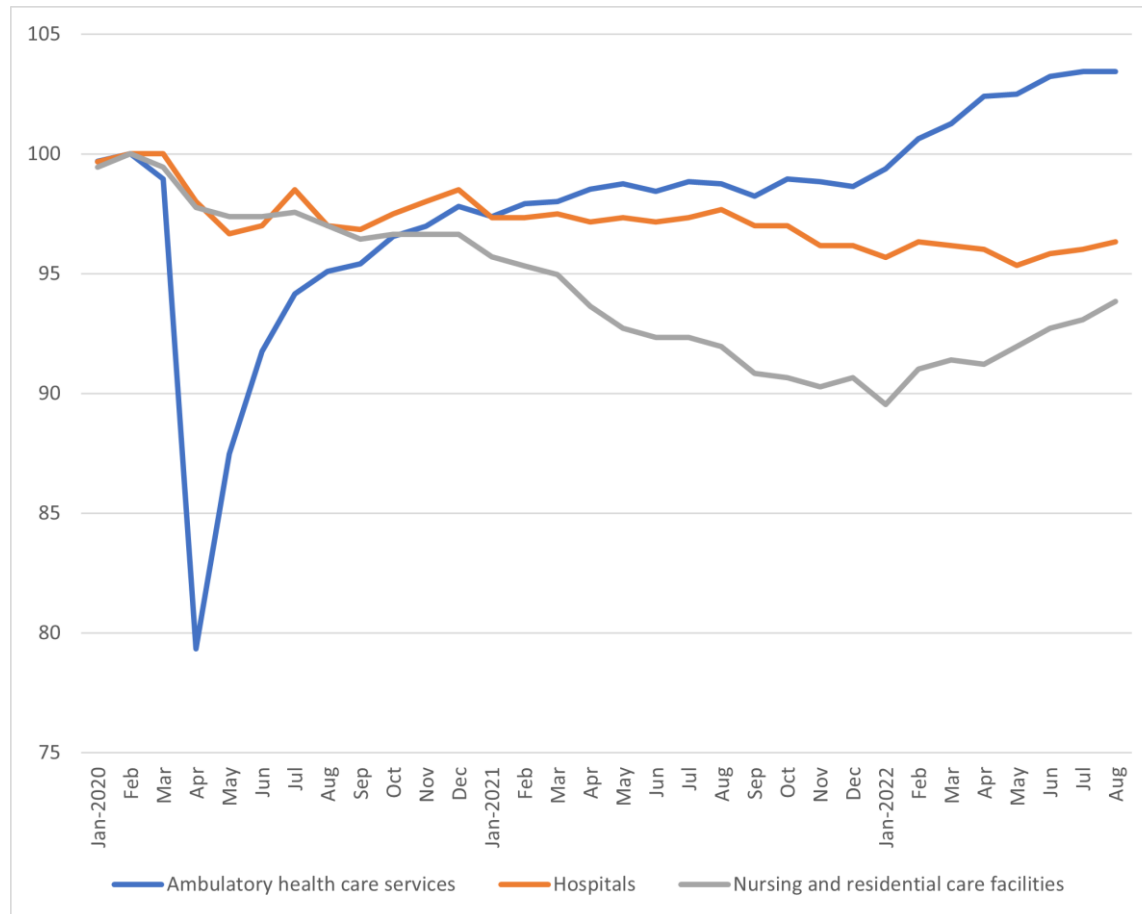


Source: The Oregon Office of Rural Health. [The Oregon Area of Unmet Health Care Need report.](#)

# Impacts of COVID-19 on the Health Care Workforce

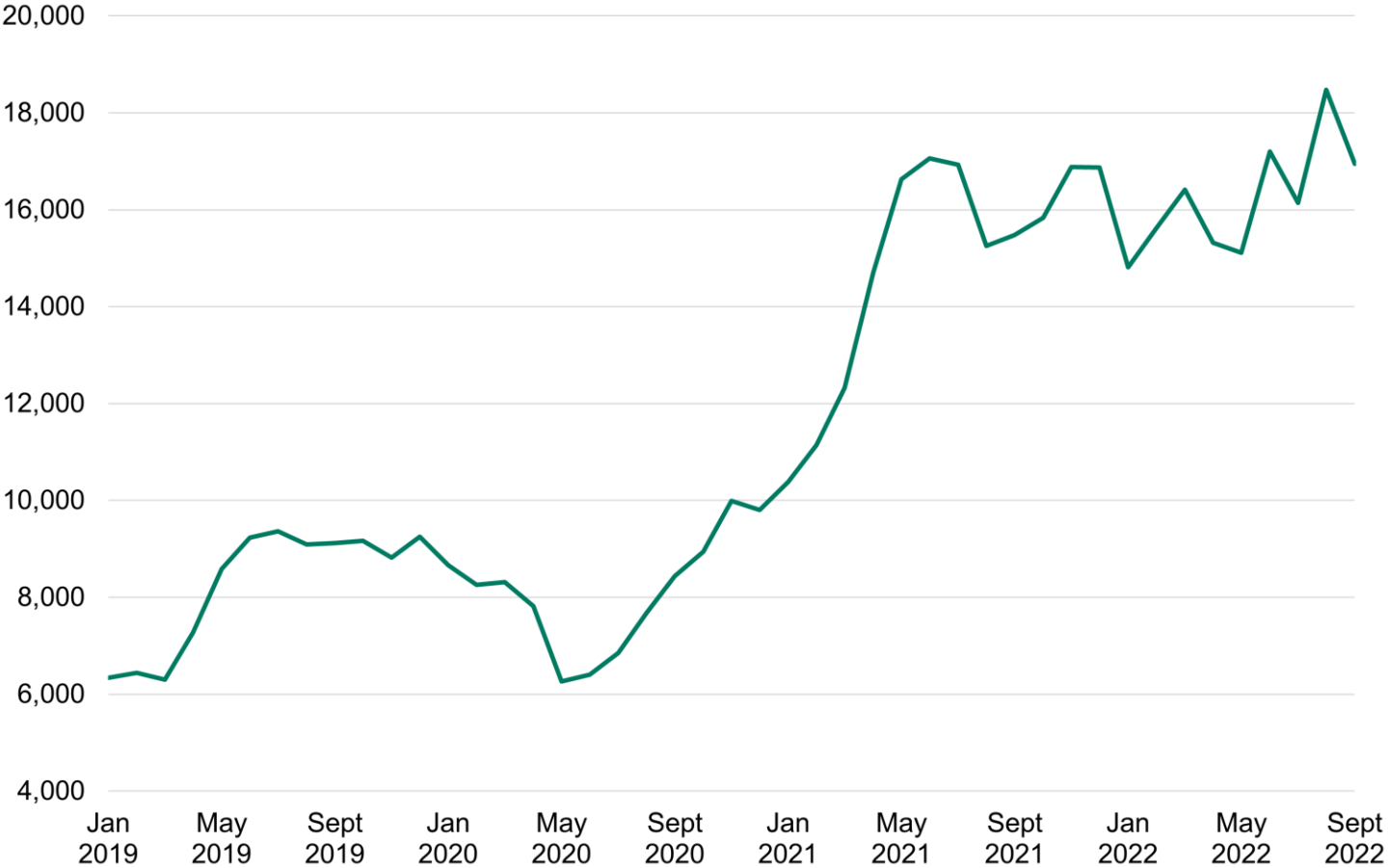
- Greatest impacts during the first months of the pandemic.
- Reductions in revenues and burnout led to workforce shortages.
- States took [a variety of actions](#) to address health care workforce needs
  - Modifying licensing requirements, shifting existing staff to areas of greater need, increasing use of temporary staff
- Between March 2020 and August 2021, Oregon's local public health authority FTE increased 67% for the COVID-19 response

# Employment Trends Varied, Jan.2020 – Aug.2022



Source: Oregon Employment Department, Current Employment Statistics. (February 2020=100)

# Online Health Care Job Postings, Jan.2019 – Sept. 2022



Source: The Conference Board [Help Wanted OnLine™](#) (HWOL), analysis by the Oregon Employment Department.

# Telehealth in Oregon

- OHP telehealth utilization jumped dramatically during COVID-19 pandemic
  - Predominantly for behavioral health and primary care
  - Ranged from 8 to 11% of ambulatory claims across major racial/ethnic groups
  - Was much lower for rural and frontier members
- Oregon has permanently relaxed restrictions on telehealth reimbursement, but federal restrictions may return when COVID Public Health Emergency expires
- Telehealth policy should aim to ensure:
  - Use of REALD data to promote telehealth access by all groups
  - Access to telehealth for rural and frontier residents
  - Access to telehealth in a wider range of provider specialties

# Nursing Workforce

- Oregon increasingly depends on other states for nurses
- Longstanding maldistribution leaves most of Oregon's rural and frontier areas with fewer nurses than urban areas
- COVID-19 pandemic increased burnout, limited training opportunities, and led to actual shortages
- Recent UCSF/OCN report made a range of recommendations, including:
  - Create healthier work environments to retain nurses
  - Strengthen Oregon's nurse training system at all stages
    - LPN & RN education, Clinical placements, Apprenticeships

# Long-Term Care Workforce

- Demand for in-home and facility-based long-term care expected to grow almost 30% by 2030 as Oregon's population ages
- Long term care workers
  - Are mostly female and low income, and often persons of color or immigrants
  - Have long faced high turnover, low pay, and limited advancement opportunities
- COVID-19 pandemic severely exacerbated existing problems
  - Unfilled positions and high levels of stress
  - Long-term care staffing shortages causing backups at hospitals
- Strategies recently recommended by PHI and others emphasize:
  - Increasing compensation
  - Strengthening training programs and career growth pathways
  - Providing higher quality work environments

# Traditional Health Workforce

- Traditional Health Workers are underpaid, underrepresented in certain regions of the state, & underrepresented in persons of color relative to Oregon's population.
- OHA launched a toolkit with information for health systems, providers, to facilitate integration of the traditional health worker into the health care workforce &
- The Oregon Office of Rural Health & OHA coordinate a CDC grant-funded program that will support the capacity of Oregon's rural public health agencies and Critical Access Hospitals by growing the Community Health Worker workforce in rural Oregon
- Recommendations for the Traditional Health Worker workforce include:
  - Increased compensation
  - Improved reach to all counties across the state
  - Strategies to recruit, train & employ providers of color & other underrepresented communities

# Health Care Interpreter Workforce

- In Oregon, health care providers who are reimbursed with public funds work must use a qualified or certified health care interpreter who is listed on the state registry.
- To increase the number of certified Health Care Interpreters, OHA has
  - removed all application fees
  - streamlined the application requirement.

Recommendations for the Health Care Interpreter workforce include:

- Policy options to improve compensation (e.g., paying for a two-hour minimum and for patient no-shows)
- Programs for training Qualified and Certified Interpreters, especially in rural communities experiencing growth in language access needs
- Technical assistance for providers and health care systems

# Oral Health Providers

- Limited access to dental care in some areas, especially in rural & frontier
- In 2022, OHA received an Oral Health Workforce Grant from the Health Resources & Services Administration to:
  - Expand teledentistry
  - Offer mobile dental vans for exams, x-rays, & preventive service
  - Expand and incentivize dental preceptors
- Recommendations for the oral health workforce include :
  - Identify pathways for dental hygienists to grow into dental therapists
  - Recruit professionals who identify as Hispanic/Latino/a/x, American Indian/Alaska Native, and Black/African American
  - Allow flexibility in state licensing for out of state or travelling providers
  - Reach underserved groups through provider incentives, mobile dentistry, & teledentistry

# Public Health Workforce

- Challenges to recruit, retain, and support a diverse and trained public health workforce especially epidemiologists and all staff in rural areas
- Public Health infrastructure has been underfunded before the pandemic.
  - In 2017, the Oregon Legislature began to invest in public health through the Public Health Modernization funding
  - OHA Public Health Division applied for a \$32 million CDC public health infrastructure grant, with some funding focused on workforce development
- Recommendations for the public health workforce include:
  - Increase the workforce of “home-grown” professionals from within communities
  - Identify online public health education, including certificates
  - Recruit and retain with salary adjustments, allow work experience or lived experience to be substituted for advanced degrees

# Primary Care Providers

- The COVID-19 pandemic has highlighted the long-standing problems like **underinvestment and workforce shortage in primary care.**
- Recommendations by [the National Academies of Sciences, Engineering, and Medicine](#) to achieve high-quality primary care:
  - Pay for primary care teams to care for people
  - Ensure that high-quality primary care is available to every individual and family in every community
  - Train primary care teams where people live and work
  - Design information technology that serves the patient, family, and the interprofessional care team
  - Ensure that high-quality primary care is implemented
- Oregon should improve Patient-Center Primary Care Home to emphasize health equity and support high-quality primary care system.

# Behavioral Health Workforce

- Behavioral health system has been faced with a **severe** workforce crisis.
- In the 2021-2023 biennium, the Oregon Legislature allocated more than \$1.35 billion in funding to [transform Oregon's behavioral health system](#).
- Investment and legislation on the behavioral health workforce:
  - [House Bill 2949](#) (2021) and subsequently [House Bill 4071](#) (2022): the [Behavioral Health Workforce Initiative](#) seeks to provide on culturally responsive care
  - [House Bill 4004](#) (2022): \$132.3 million General Fund investment to increase compensation to staff and pay hiring and retention bonuses.
- Recommendations:
  - Increase compensation
  - Reduce administrative burden
  - Sustain a positive work environment and culture
  - Increase the recruitment and retention of providers with a focus on equity

# Selected Recommendations

- Improve the **DIVERSITY** of health care providers
  - Increase investments in training, recruiting, and retaining health care workers who can provide culturally and linguistically responsive care
  - Reduce barriers to entry and advancement for people of color in the workforce
  
- Improve the **SUPPLY and DISTRIBUTION** of the health care workforce
  - Continue to fund financial incentives to increase opportunities for training and education
  - Address social and economic factors that influence workforce recruitment and retention
  
- Enhance the **RESILIENCY and WELL-BEING** of the health care workforce
  - Coordinate collective actions to cultivate a health system that supports health care workers
  - Invest in interventions to address burn out and well-being with focus on societal, cultural, structural, and organizational factors, and sustain a positive work environment and culture

# Selected Recommendations

- Expand **TRAINING/EDUCATION** and **CAREER PATHWAYS** for many segments of the health care workforce
  - Invest in Oregon's education pipeline for health care professionals.
- Expand use of **CARE DELIVERY MODELS** that improve patient access and promote workforce retention
  - Expand telehealth, coupled with health care interpreters, to ensure access for people needing culturally specific or linguistically appropriate services.
- Increase health care systems' **USE** of community-based health care providers
  - Find ways to increase compensation for many health professionals, in particular traditional health workers and health care interpreters.
- Improve **DATA COLLECTION** to promote evidence-informed strategies and diversify the health care workforce
  - Expand data collection to include more provider types
  - Invest in collecting data that improve the understanding of a range of social and economic factors that influence workforce recruitment and retention.

# Conclusions

- Workforce shortages and lack of diversity in many areas of health care are a national problem experienced in Oregon.
  
- In order to stabilize, expand, and diversify Oregon's health care workforce so that it can deliver culturally responsive, effective health care services to all:
  - **Some** professions need increased compensation to attract new individuals and increase retention
  - **Many** professions with unclear career pathways need better, focused paths for increasing skills, pay, and impact
  - **All** professions need more support around resiliency and well-being

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