

Oregon Healthcare Workforce Committee
AGENDA – March 4th, 2014, 9:30 am – 12:30 pm
Wilsonville Training Center, Wilsonville, OR 97070
29353 SW Town Center Loop, E Room 111/112

Meeting Objective: Understand Oregon’s healthcare workforce and develop recommendations on action that would effect meaningful and helpful change

#	Time	Agenda Item	Presenter(s)	Action Item
1	9:30 – 9:40 (10')	Welcome and Introductions	Ann Buchele	
2	9:40 – 9:45 (5')	Approval: January 7th meeting summary	Ann Buchele	x
3	9:45 – 10:30 (45')	Healthcare Workforce Data Report	Jo Isgrigg Jana Bitton	
4	10:30 – 10:50 (20')	Updates <ul style="list-style-type: none"> • Committee updates • OHA updates • Legislative updates 	Ann Buchele, Cathryn Cushing	
5	10:50 – 11:00 (10')	Break		
6	11:00 – 11:45 (45')	OIT’s Population Health Program	Sophia Lyn Nathenson, Ph.D. Assistant Professor, Medical Sociology OIT, Dept. of Humanities and Social Sciences	
7	11:45 – 12:15 (30')	Healthcare Workforce Mapping <ul style="list-style-type: none"> • What agencies, committees and individuals are involved? • What niches are filled and what niches overlap? • What is our niche? 	Jo Isgrigg	
8	12:15 – 12:30 (15')	Public Comment	All	
9	12:30	Adjourn: Next meeting		

Meeting Materials

1. Agenda
2. Jan. 7th meeting summary
3. Data report Executive Summary and Statewide Profile
4. Legislative summary
5. OIT’s Population Health Presentation
6. Oregon’s Healthcare Workforce Landscape

Oregon Healthcare Workforce Committee
January 7th 2015 from 9:30-12:30
At Wilsonville Training Center
Draft - Meeting Summary

Committee Members in Attendance:	Pat Brunett Ann Buchele Jeff Clark Lita Colligan Michael Delgado (ph) Carla McKelvey-OHPB	Josie Henderson David Nardone Jeff Papke (ph) David Pollack Daniel Saucy
Committee Members Not in Attendance	Agnes Balassa Jordana Barclay Sharmilla Bose	Robyn Dreibelbis John Osborne
OHA staff, OHWI, OCN	Lisa Angus, OHA Cathryn Cushing, OHA Margie Fernando, OHA Marc Overbeck, OHA	Jo Isgrigg, OHWI Jana Bitton, OCN
Others	Robert Duehmig, Office of Rural Health James Huntzicker, OHSU Laura McKinney, Strategic Industry Partnerships	

1	Welcome
2	Approval: October 8th 2014 meeting summary
	Meeting Summary was approved.
	<i>Action Steps:</i> <ul style="list-style-type: none"> • Staff will finalize and file the summary. • Cathryn will send out the revised August meeting summary to committee members.
3	Survey Results

Objective: Share and discuss survey results with committee members.

Background: The HCWF Committee has completed the deliverables called for by the last charter with OHPB. Committee members have been discussing what they see as the best future direction for committee work. Cathryn and Jo fielded a simple survey through SurveyMonkey and by phone to collect members' thoughts.

Discussion: David P wanted more detail in the summary about the importance of providing training in consultation for physicians in specialty areas because they will need this skill if they are to provide services to PCPCHs. The HCWF Committee could spend more time thinking about appropriate training programs, residencies or certifications for consultation skills.

The OHPB had their retreat on January 6th and heard the Governor's health transformation focus areas for 2015 – the integration of behavioral and physical health and the modernization of the public health system. Both areas of focus have workforce implications. Questions include, "Is there adequate workforce?" and "How will this workforce be paid?"

The Board recognized that some of the tasks assigned to the HCWF Committee were quite broad and that the Committee wasn't necessarily empowered to take action on recommendations. They discussed having a combined meeting at some point. In addition, Joe Robertson is still very interested in GME and in the part of the workforce that isn't highly licensed – we still don't know enough about that part of the workforce.

Committee members wanted more information about the "modernization" of public health. The word modernization essentially means "transformation" and entails creating standards for public health programs around the state for levels of service as well as a better understanding of the role of public health in the transformed health system. The public health structure is very strong in some parts of the state and weak in others. This work will spur a discussion in the legislature about public health funding. Currently, public health funding is fractured – much is grant based, there is some state and local funding, but it isn't consistent and it limits the services provided.

Committee members are happy that the Governor's focus includes public health and behavioral health. Transformation of the health care delivery system implies more emphasis on public health. There needs to be more public effort – to bring on community health workers, for example. Members wondered how the transformation of public health can take place – does it mean that we really don't need nurses to provide public health services but could have a less highly trained worker provide them?

Other issues raised by the Committee for possible consideration in 2015:

- How are we including rural communities? Maybe we need a rural lens or focus. Innovation that is happening for large systems or communities may not be

	<p>appropriate for rural clinics or providers.</p> <ul style="list-style-type: none"> • How are we ensuring that we have the right number and distribution of dental professionals? • Telemedicine could fill some gaps. There is a bill moving forward that will allow patients to be at home when communicating via telemedicine. Members have lots of questions about telemedicine such as does the bill require insurance to cover telemedicine? Do people need a face to face visit before using telemedicine?
	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> • <i>Cathryn will revise survey summary and send back out to the committee.</i>
4	<p>Coordinated Care Model Summit</p>
	<p><u>Objective:</u> Share experiences from the CCM Summit with committee members unable to attend.</p> <p><u>Background:</u> OHA’s Transformation Center hosted a Summit to share how the state’s transformation to coordinated care is going. Over 1,000 people attended including Governor Kitzhaber. The December HCWF Committee meeting was cancelled to give members and staff a chance to attend the Summit.</p> <p><u>Discussion:</u> Members shared their impressions of the Summit. Some of the main points were:</p> <ul style="list-style-type: none"> • Most attendees were not actual providers. Where were the providers? • Many people in the system are dysfunctional and we still need our safety net. • Don Berwick’s statement that each player needs to come to the table willing to let go of something was very motivational. This would help bring the current system out of entrenched silos. • The examples and pilots provided were inspirational, but it is unknown if they will be scalable. • Payment reform is still problematic. <p>Committee members wondered if CCOs are meeting their metrics and if they are the right metrics? Lisa shared that a new report is coming soon and that most CCOs are meeting almost all of the incentive measures, but not all. Discussion about measures is ongoing.</p>
	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> • <i>Cathryn will send a link to the new report when it is published.</i>

<p>5</p>	<p>Committee Work Updates</p> <p><u>Objective:</u> Update committee members about ongoing work of the former workgroups.</p> <p><u>Discussion:</u> <u>GME Primary Care Consortium:</u> GME Consortium planning group work is going well. The Executive Team of the planning group is interviewing for GME consultants and has narrowed the field to two. Both firms will be coming to Portland to present during the third week in January. Recruitment is also beginning for a project manager. The planning group has held two large meetings – one in Portland and the other in Corvallis and attendees came from across the state. The next meeting of the larger group will be after the consultant is hired. There is a general sense of excitement and enthusiasm for the project and plans for developing new funding streams is underway.</p> <p>Committee members asked if the group was tracking changes at the federal level. Pat shared that there were already changes at the VA with 1,500 new positions over the next five years with an emphasis on primary and mental health care. The planning group is aware of both state and federal action.</p> <p><u>Clinical Administrative Standards:</u> Implementation and tracking system: Implementation is going fairly smoothly – questions have subsided and applications for exemptions have slowed as well. There are currently 44 exemptions on file and they are either from long term care facilities or from behavioral health clinics. Cathryn is beginning the process of a simple, initial evaluation of early implementation in order to provide some data to the annual rules advisory committee.</p> <p>After discussing the issue with stakeholders from community colleges and with members of the Oregon Association of Hospitals and Health Systems, there is still no home for the standardized tracking system work. Cathryn and Ann will continue to look for support for this effort.</p>
<p>6</p>	<p>Healthcare Administration and Management – presentation by James Huntzicker</p> <p><u>Objective:</u> To better understand the importance of administrators and managers to the healthcare workforce and how they are being trained.</p> <p><u>Background:</u> Presentation slides can be found here: http://www.oregon.gov/oha/OHPR/HCW/MeetingDocs/1.7.2015%20Materials.pdf</p> <p><u>Discussion:</u> Professor Huntzicker’s presentation gave the Committee an idea of the type of training and education necessary to produce managers and administrative professionals who can reduce waste and medical errors – essential functions if the state is to meet the triple aim of better care and better health at lower cost. OHSU’s program has about twice as many applicants as there are spaces. This particular program is intended for people</p>

	<p>already working in the field. Professor Huntzicker sees a need for more diversity in this field, especially geographic diversity. There aren't enough students from rural or underserved areas.</p> <p>Committee members asked what this committee could do to encourage training of these professionals. Professor Huntzicker emphasized needing help, via incentives or other motivator, with recruitment of rural students for the program.</p> <p>Committee members shared that tuition reimbursements are not that robust and these programs remain too expensive for many rural professionals, especially those that received their initial training on the job and now simply need some certification of their expertise.</p>
7	Oregon Talent Council – presentation by Laura McKinney
	<p><u>Objective:</u> To learn about the progress of the Oregon Talent Council and how the Healthcare Workforce Committee could participate.</p> <p><u>Background:</u> Presentation slides can be found here: http://www.oregon.gov/oha/OHPR/HCW/MeetingDocs/1.7.2015%20Materials.pdf</p> <p><u>Discussion:</u> Ms. McKinney's presentation focused on the history of the Engineering and Technology Industry Council (ETIC) and the efforts underway to expand ETIC to include both the healthcare and manufacturing sectors. A bill has been introduced to continue funding under this broadened scope. Funding allocations are recommended by industry partners and are designed to spur education and training in fields, sometimes new fields, that they believe will be needed for growth in the future.</p> <p>Ms. McKinney thinks that there will be a place in the expanded Council for the HCWF Committee. Committee members responded very positively to this possibility and asked Cathryn to assist in developing a proposal for Committee involvement.</p>
	<p><i>Action Steps:</i></p> <ul style="list-style-type: none"> • <i>Cathryn will, with Jo's help, prepare a proposal and circulate it to the Committee.</i>
8	General and OHA Updates
	<p><u>Discussion:</u></p> <ul style="list-style-type: none"> • New OHA director, Lynne Saxton, starts on January 20th. • Legislative session begins on February 2nd. Bills we know of that have workforce implications include: <ul style="list-style-type: none"> ○ LC 481 – expands Boards required to submit workforce data to OHA ○ LC 918 – allows telehealth consultations to take place in patients' homes ○ LC 1091 – Oregon Talent Council – expansion of ETIC into manufacturing

	<p>and healthcare</p> <ul style="list-style-type: none"> ○ LC 1965 – industry response to Telehealth bill ○ LC 2044 – gives HCWF Committee authority to make recommendations on incentive programs to the legislature – based on evidence of effectiveness. Rolls several state funds into one. <ul style="list-style-type: none"> ● A legislative proposal sponsored by Rep. Nancy Nathanson - currently LC 2044 - would eliminate a number of individual funds that finance various health care provider incentives and bring them together for a single funding pool called the Provider Incentive Fund. Money from this fund would be allocated by the legislature to fund provider incentive programs. Under the proposal the Workforce Committee would be providing recommendations, with input from OHWI and the Oregon Center for Nursing, to the legislature on where to allocate the funds. ● The National Health Service Corps Loan Repayment Cycle will open later this month. The PCO is reaching out to providers and has set a target of 50% more providers in Oregon accessing these funds. One major impetus for this attempt at expansion is that after 2015 Oregon may be at a disadvantage, relative to others states, in having HPSA scores that are likely to warrant NHSC awards. Future funding for NHSC is uncertain, but Oregon's work to increase access will mean that states that have not done this work, for example, Idaho, Texas, and Alabama, will be ahead in the line of Oregon for these funds in the future.
9	Public Comment
	<p><u>Objective:</u> Give members of the public time to share with the Committee. <i>There was no public comment at this meeting.</i></p>

Executive summary

This report is the second update to *Oregon's Health Professions: Occupational and County Profiles*, which was first published in April 2011. For most professions, trends can be identified related to the supply, demographics, geographic distribution and employment of those professionals working in health care in Oregon. This report includes workforce-related data from 10 health profession licensing boards and the following 21 professions:

- Counselors and therapists
- Dentists
- Dental hygienists
- Dietitians
- Registered nurses
- Nurse practitioners
- Certified registered nurse anesthetists
- Clinical nurse specialists
- Licensed practical nurses
- Certified nursing assistants
- Occupational therapists
- Occupational therapy assistants
- Pharmacists
- Pharmacy technicians
- Physical therapists
- Physical therapist assistants
- Physicians
- Physician assistants
- Podiatrists
- Psychologists
- Social workers

Some workforce data have been collected on a voluntary basis since 2012 for licensees from the Board of Licensed Professionals Counselors and Therapists, the Board of Licensed Social Workers and the Board of Psychologist Examiners. Because of this, response rates to the workforce questionnaires are very low (less than 25%) among counselors, therapists, social workers and psychologists. These health care professionals are described only in the occupational profiles and are excluded from all other discussions in this report.

Supply of health care providers

Overall, the number of people working in the profiled health professions has increased since Oregon began collecting health care workforce data in 2009. The professions with the largest percentage increase in number of licensed workers in Oregon from 2009 to 2014 are physician assistants (27%, from 918 to 1,167), certified registered nurse anesthetists (about 25%, from 307 to 383), and nurse practitioners (23%, from 1,955 to 2,404). Only two professions, dental hygienists and certified nursing assistants, experienced a decrease (9% and about 3%, respectively) in the number of licensed health care workers from 2009 to 2014. The majority of health care professionals profiled in this report say they intend to keep their practice hours “as is” in the next two years.

More certified nursing assistants (16%), dietitians (14%) and licensed practical nurses (13%) intend to increase their practice hours in the future. Nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists (9% each) had the largest proportion of providers reporting plans to decrease their practice hours in the next two years. The largest group of health care professionals who intend to stop practicing in Oregon during the next two years, either by moving out of state, retiring or leaving their respective fields, are physical therapists (6%), pharmacists (5%), occupational therapists (5%) and occupational therapy assistants (5%).

Demographic information

Oregon's population is growing older, and so are Oregon's health care providers. More than one out of 10 dentists, physicians and clinical nurse specialists are 65 years of age or older, indicating that many of these professionals are working past the traditional retirement age of 65 years.

The majority of professionals reported their race as White/Caucasian only. Those professions with a higher percentage of workers reporting a race other than White/Caucasian only included certified nursing assistants (22%), pharmacists (19%) and physicians (16%). Missing racial and ethnic data for health care professionals has been a significant limitation to this dataset in past years. Continued efforts are being made to increase racial and ethnic

data collection, with marked improvements already being identified in the current dataset.

When looking at individual races, many professions do not represent the racial diversity of Oregon's population, including Black/African American, American Indian or Alaska Native, and Hispanic/Latino racial and ethnic groups. Certified nursing assistants (11%), however, closely mirrored Oregon's Hispanic/Latino population.

Similar to the population of Oregon, the majority of health care providers profiled in this report speak English only. The most language diverse occupations are dentists and physicians, with approximately 30% of each speaking a language other than English.

Geographic distribution

Except for the Metro region, where health care professionals are overrepresented, the professionals profiled in this report follow a similar distribution pattern as the state's general population: 51% work

in the Portland Metro region, 20% in Southwest Oregon, 17% in the Northwest region, 8% in Central Oregon and 4% in Eastern Oregon.

Employment trends

While employment in Oregon's health care industry stayed relatively strong overall during the recent economic recession, some health occupations experienced fluctuations in employment status. The majority of licensed health professionals are full-time employees. From 2012 to 2014, most occupations reported an increase in the number of those working full-time, which is perhaps a sign of a strengthened state economy and the impact of health reform efforts.

Although most licensed health professionals work full-time, not all of their time is spent in direct patient care. The amount of time spent in direct patient care varies from profession to profession.

While not all health professions in Oregon are profiled in this report, the information describing licensed health professionals presented provides a valuable overview of Oregon's health care workforce. The purpose of this work is to provide quality health care workforce data to inform efforts that target resources and increase access to health care services. This information can help understand the impacts of the aging workforce, identify gaps in geographic distribution, inform education and training programs, evaluate policies and programs, and address health disparities.

Statewide profile

PROFESSIONS	Providers practicing	People per provider (statewide)
COUNSELORS AND THERAPISTS		
Licensed Counselors and Therapists*	2,890	1,356
DENTISTRY		
Dentists	2,562	1,530
Dental Hygienists	2,153	1,820
DIETETICS		
Dietitians	469	8,356
MEDICINE		
Physicians (MD/DO)	11,099	353
Primary Care Physicians	3,861	1,015
Emergency Room Physicians	714	5,489
General Surgeons	314	12,481
Obstetricians and/or Gynecologists†	447	4,436
Psychiatrists	624	6,280
Podiatrists	154	25,448
Physician Assistants	1,167	3,358
NURSING		
Registered Nurses	38,832	101
Nurse Practitioners	2,404	1,630
Certified Registered Nurse Anesthetists	383	10,232
Clinical Nurse Specialists	165	23,752
Licensed Practical Nurses	3,737	1,049
Certified Nursing Assistants	16,233	241
OCCUPATIONAL THERAPY		
Occupational Therapists	1,080	3,629
Occupational Therapist Assistants	225	17,418
PHARMACY		
Pharmacists	3,016	1,299
Certified Pharmacy Technicians	4,677	838
PHYSICAL THERAPY		
Physical Therapists	2,769	1,415
Physical Therapist Assistants	682	5,746
PSYCHOLOGISTS		
Psychologists*	1,570	2,496
SOCIAL WORK		
Social Workers*	4,507	870

*† See next page for footnotes.

Statewide profile (continued)

OVERVIEW

Statewide	Oregon
State population	3,919,020
Total health care professionals practicing in Oregon ‡	106,734

HEALTH INDICATORS

County health rank	N/A
Adult smoking rate	16%
Adult obesity rate	26%

INSURANCE COVERAGE STATISTICS

Uninsured population (date)	Data not available
Current Medicaid beneficiaries (10/2014)	1,021,748

HEALTH CARE RESOURCES

Patient-Centered Primary Care Medical Homes	521
Acute care facilities (hospitals)	60
Staffed beds	6,692
Nursing facilities	153
Licensed beds	13,055

ECONOMIC AND SOCIAL CHARACTERISTICS

Per capita income	\$39,166
Unemployment rate	6.5%
High school graduation rate	69%

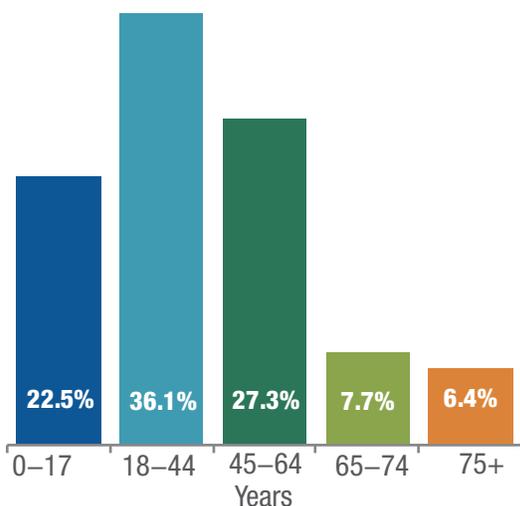
* These rows are the total counts of counselors and therapists, psychologists, and social workers licensed in Oregon. They are not necessarily working in Oregon.

† People to provider ratio of OB/GYN physicians is for female population.

‡ Total health care professionals are limited to the professions included in this report. See the reverse side of this page for the list of professions.

POPULATION STATISTICS

PERCENTAGE OF POPULATION BY AGE GROUP



RACE

White	85.3%
Black/African American	1.8%
American Indian/Alaska Native	1.4%
Asian	3.7%
Native Hawaiian/Pacific Islander	0.4%
Multiracial (two or more)	3.7%
Other race	3.8%

ETHNICITY

Hispanic	11.7%
Non-Hispanic	88.3%

See Resources section in appendix for data sources.

2015 Oregon Legislative Session Update -- Health Care Workforce Policy-Related Bills

Prepared for the Oregon Healthcare Workforce Committee

March 4, 2015

Bills introduced

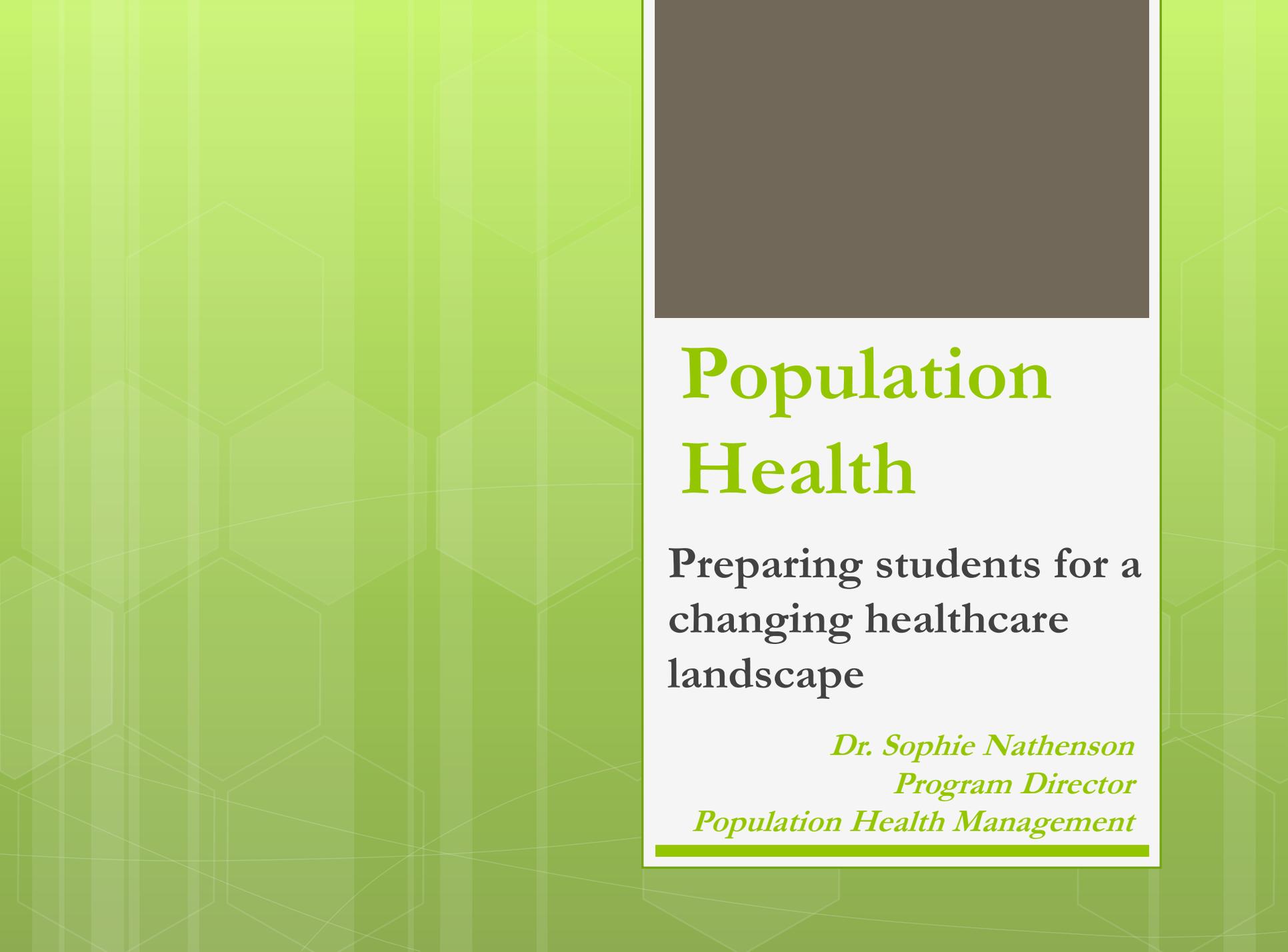
Bill number	Description	Background / Explanation	Status
HB2024	Allows certification of Traditional Health Workers to provide preventive dental services to children.	Broadens the scope of work of Traditional Health Workers (in this bill includes: community health workers, personal health navigators, peer wellness specialists, community dental health coordinators and doulas) and would create a payment stream from the OHA for service to medical assistance recipients.	Assigned to the House Health Care Committee. No hearing scheduled.
HB2048	Allows occupational therapists to participate in the Medicaid primary care provider loan repayment program.	Would change a program that has been operating for some time and was part of the negotiations for Oregon's waiver from CMS.	Assigned to Health Care Committee. Public hearing scheduled on 3/2.
HB2125	Extends sunset on rural provider tax credit.	Would extend the tax credit for six more years.	Assigned to Health Care Committee with subsequent referral to Tax Credits. Public hearing scheduled for 2/27.
HB2247	Extends eligibility for rural provider tax credit to pharmacists.	Bill is moot if HB2125 or SB37 do not pass.	Assigned to House Health Care with subsequent referral to Revenue Committee. Public hearing held on 2/27.
HB2468	Requires that health insurers provide a network of providers to ensure members receive reasonably adequate and timely access to care. The Department of Consumer and Business Services shall prescribe rules for evaluating whether or not an insurer meets network adequacy	Brings the state into compliance with the patient Protection and Affordable Care Act. Requires insurers to have a sufficient number and geographic distribution of essential community providers.	Assigned to House Health Care Committee. Public hearing held on 2/16.

2015 Oregon Legislative Session Update -- Health Care Workforce Policy-Related Bills

Prepared for the Oregon Healthcare Workforce Committee

March 4, 2015

	requirements.		
HB2728	Establishes the Oregon Talent Council.	Broadens the scope of the former Engineering and Technology Industry Council to include other industry sectors, to be determined by the Council. Appropriates \$15,000,000 for the biennium.	Assigned to the House Higher Education, Innovation, and Workforce Development Committee. Public hearing held on 2/27.
HB3301	Adds naturopath to definition of primary care provider.		Just introduced, not yet assigned
HB3396	Creates the Health Care Provider Incentive Fund. Streamlines provider incentive programs and collapses several funds into one.	Would require the Office of Rural Health, in consultation with OHWI and OCN and an advisory committee, to recommend distribution of the funds based on cost-efficiency and a program's ability to recruit and retain providers.	Just introduced, not yet assigned.
SB37	Extends sunset on rural provider tax credit.	Would extend the tax credit for six more years.	Referred to Senate Health care, then Tax Credits. Public hearing held on 2/18
SB144	Modifies requirements pertaining to reimbursable services provided via video conferencing.	Allows reimbursement for services provided to patients while patients are at home. This bill was the work of a legislatively mandated task force. One task force member, Cambia Health Solutions, would like to delay implementation until Jan. 1, 2017	Assigned to Senate Health Care Committee. Public hearing held on 2/4. Work session scheduled for 3/ 4.
SB230	Requires most health Boards to participate in the healthcare workforce database.	Only seven Boards are currently required to report workforce data. In addition, the behavioral health Boards report on a voluntary basis. SB230 would significantly increase the amount of data available on the healthcare workforce.	Passed out of the Senate, assigned to the House Health Care Committee.
SB757	Appropriates \$450,000 to OCN and OHWI to collect and analyze data on the effectiveness of provider incentive programs.	A legislative task force studied the array of provider incentive programs provided by the state, but found they needed data on performance and effectiveness.	Just introduced – not yet assigned.



Population Health

Preparing students for a
changing healthcare
landscape

*Dr. Sophie Nathenson
Program Director
Population Health Management*

What is Medical Sociology?



- Developed as a way to study society, by investigating the system of healthcare
- Sociology *in* medicine: applies research to solve problems within the system
- Sociology *of* medicine: critical look at the system and its problems
- Sociology *with* medicine: applying research to develop and assess new strategies in delivery of healthcare

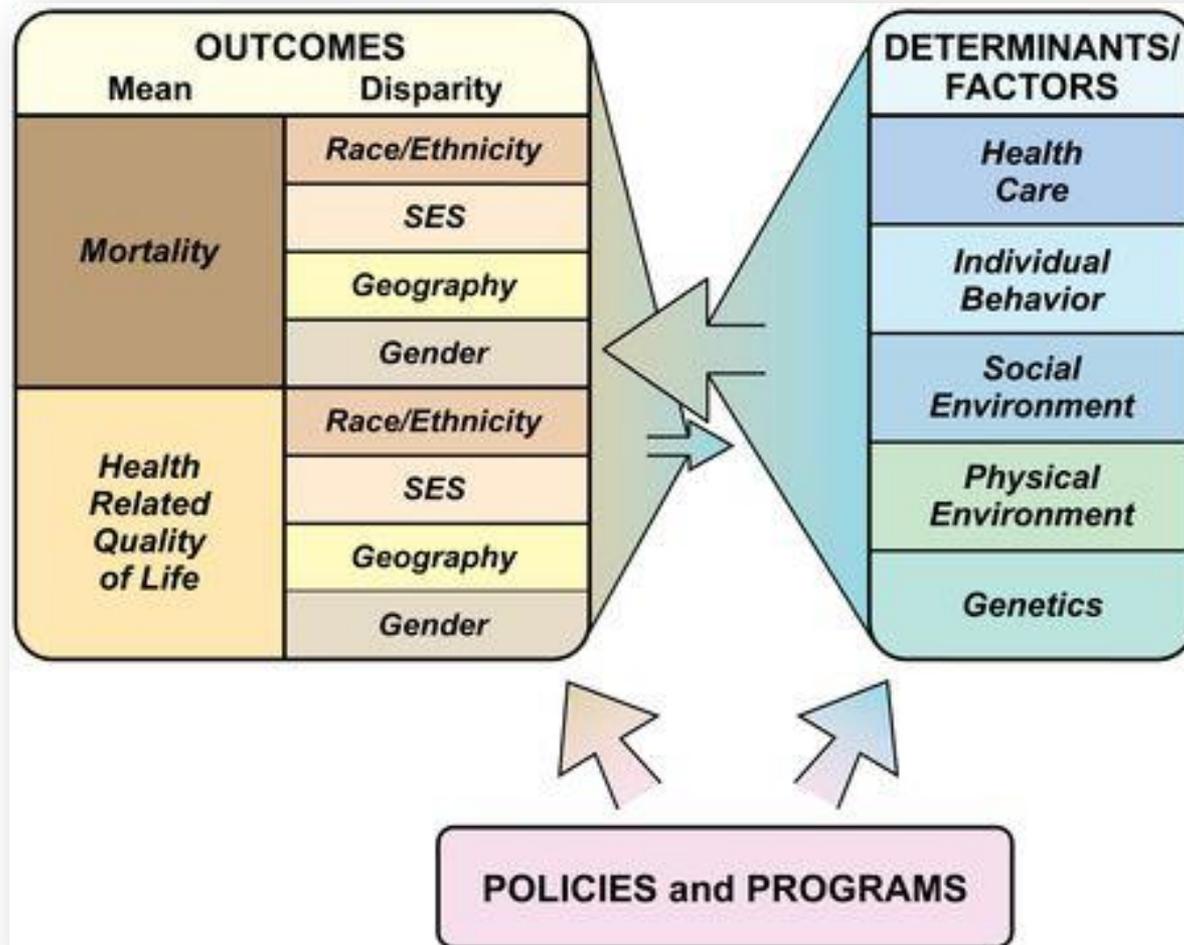
Dr. Sophie Nathenson, Director,
Population Health Management Program

Pathology/Sociology



Medicine	Medical Sociology
Investigates health at the individual level	Investigates health differences between groups and locations
Downstream causes	Upstream factors
Focuses on individual people and their medical history, health behaviors	Focuses on community characteristics that may be impacting the population

A Sociological Approach to *Patient Care: POPULATION HEALTH MANAGMENT*



Population Health Management: Responding to the healthcare workforce

Health Industry Need	Program Skill Sets
Data analysis and collection	Statistics, survey research
Patient education	Chronic disease management
Health/behavior coaching	Counseling skills, health behaviors
Identification of non-clinical barriers to health	Community-level analysis, structural inequalities, healthcare system and legislation
Coordination of outreach	Communication, community health
Cultural competency, integration of patient values	Health disparities, cultural background

PHM Skills: Evidence-Based Strategies

- **Using data** to identify key populations for interventions/discharge process
- Assessing patient knowledge/issues, providing **education**
- **Community supports-** connecting patients with resources, connecting with local organizations
Culturally competent practices can improve patient experience and outcomes



Dr. Sophie Nathenson, Director,
Population Health Management Program

Medical Sociology

Population health
Cultural competency
Health care organization
Health behavior

Applied Psychology

Counseling skills
Disorders and drugs
Behavior modification

Oregon TECH

*Interdisciplinary training for
multidimensional careers in health care*

For more information contact
Dr. Sophia Lyn Nathenson
at sophialyn.nathenson@oit.edu
or call 541-885-1532.

Health Sciences

Medical terminology
Emergency care
Lab work

Natural Sciences

Biology and chemistry
Medical genetics

Communication

Intercultural and nonverbal communication
Conflict resolution
Group and team communication

Management

Health informatics
TQM

Mathematics

Statistics
Epidemiology

Humanities

Medical ethics
Medical humanities

The Bachelor of Science in Population Health Management

Oregon Institute of Technology, Klamath Falls

TRACK 1

Health Counseling & Outreach

Objective: Graduates will utilize skills in counseling, case management and behavior change to work with diverse patients as health coaches, community health workers, project managers and behavioral health staff.

TRACK 2

Care Management & Coordination

Objective: Graduates will demonstrate competency in basic clinical, social, communication and computer skills, in addition to navigating healthcare systems, to coordinate care within medical homes, conduct home assessments, and provide health education.

TRACK 3

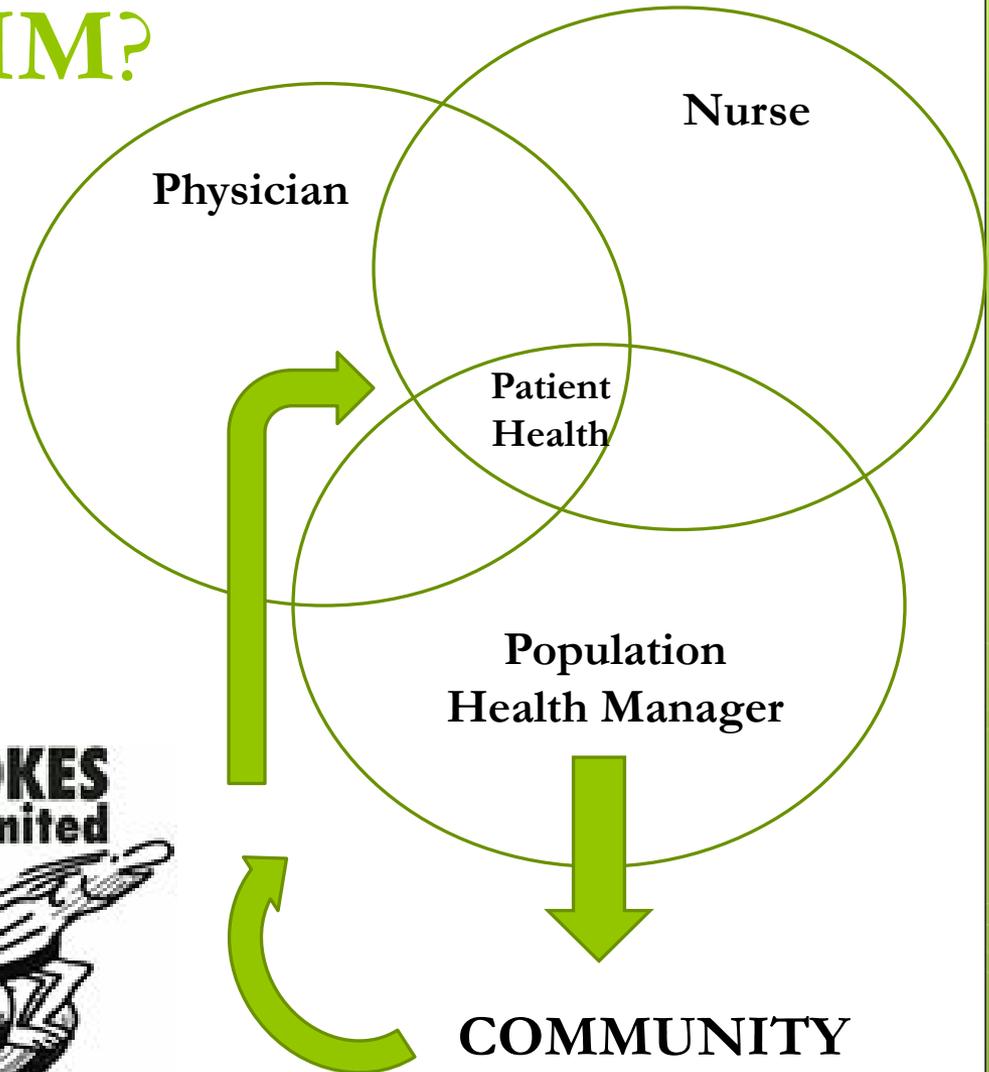
Applied Health Data Analytics

Objective: Graduates will apply sociological research and data analytic skills to institutional or population-level health data, working as health data analysts, statisticians and epidemiologists to enhance efficiency, compliance, and disease prevention.

Who's job is PHM?

PHM graduates can:

- collect data
- provide education
- follow up with patients
- assess what strategies work
- coordinate community resources



Thoughts?

- A new profession?
- A place for PHM graduates within the medical system?
- Jobs available or in development that require skills in technology, communication, patient advocacy, social determinants of health, community resource coordination?
- Contact me at sophialyn.nathenson@oit.edu for more program information, current student projects, extern-
available students, etc.

Dr. Sophie Nathenson, Director,
Population Health Management Program

DRAFT

Compilation of Organizations Involved in
Health Care Workforce Development and
Education in Oregon
March 2015



Created for review by the Oregon Health Care Workforce Committee at the March 4, 2015 meeting

DRAFT
**Compilation of Organizations Involved in
Oregon's Health Care Workforce Development**

Oregon's Health Care Industry/Employers

Includes but not limited to clinical training sites; GME sites; internships and student organizational experiences; continuing education; professional development; scholarships; tuition assistance programs

Governor-Appointed Boards

(Source of descriptions: Respective organizations website)

[Oregon Health Policy Board \(OHPB\)](#)

In 2009, the Oregon Legislature created the Oregon Health Policy Board and charged it with creating a comprehensive health reform plan for our state. Oregon's Action Plan for Health meets that charge by laying out strategies that reflect the urgency of the health care crisis and a timeline for actions that will lead Oregon to a more affordable, world-class health care system. There are six committees under the OHPB, one of which is the Health Care Workforce Committee.

[Health Care Workforce Committee](#) is chartered to coordinate efforts in Oregon to recruit and educate health care professionals and retain a quality workforce to meet the demand created by the expansion in health care coverage, system transformation and an increasingly diverse population. The Committee develops recommendations and action plans for the Oregon Health Policy Board to meet these goals.

[Oregon Education Investment Board](#)

The OEIB, chaired by the Governor, oversees an effort to create a seamless, unified system for investing in and delivering public education from early childhood through high school and college so that all Oregonians are well prepared for careers in our economy. The OEIB's goal is that by the year 2025, 100 percent of Oregonians will earn a high school diploma or its equivalent, 40 percent will earn a post-secondary credential, and 40 percent will obtain a bachelor's degree or higher. (Sunset)

[Higher Education Coordinating Commission](#)

The Higher Education Coordinating Commission (HECC) is a 14-member, volunteer board dedicated to fostering and sustaining the best, most rewarding pathways to opportunity and success for all Oregonians through an accessible, affordable and coordinated network for educational achievement beyond a high school diploma. The HECC is responsible for advising the Legislature, the Governor, and the Oregon Education Investment Board on higher education policy. Its statutory authorities include the development of biennial budget recommendations, making funding allocations to community colleges and public universities, approving new academic programs in the public system, allocating Oregon Opportunity Grants (state need-based student aid), authorizing degrees that are proposed by private and out-of-state (distance) providers, licensing private career and trade schools, and overseeing programs for veterans.

[Oregon Workforce Investment Board \(OWIB\)](#)

The OWIB is the advisory board to the Governor on Oregon's Workforce Education and Training System. The OWIB is made up of leaders representing private sector businesses, labor, state, local governments and government agencies. A majority of the 25 members represent the private sector. One of the chief duties of the OWIB is to assist the Governor by developing a five-year strategic plan for Oregon's comprehensive workforce system. The OWIB has supported a sector strategy to increase the healthcare workforce in Oregon.

[Links to Local Workforce Boards](#)

Education

Community Colleges

Blue Mountain Community College
Central Oregon Community College
Chemeketa Community College
Clackamas Community College
Clatsop Community College
Columbia Gorge Community College
Klamath Community College
Lane Community College
Linn-Benton Community College
Mt Hood Community College
Oregon Coast Community College
Portland Community College
Rogue Community College
Southwestern Oregon Community College
Tillamook Bay Community College
Treasure Valley Community College
Umpqua Community College

Public Universities

Oregon Health and Science University
Eastern Oregon University (La Grande)
Oregon Institute of Technology (Klamath Falls and OIT Metro Campus in Wilsonville)
Oregon State University (Corvallis and OSU Cascades Campus in Bend)
Portland State University (Portland)
Southern Oregon University (Ashland)
University of Oregon (Eugene)
Western Oregon University (Monmouth)

Private Universities Offering Health Profession Education Programs

American College of Healthcare Sciences
Birthingway College of Midwifery
College of Osteopathic Medicine of the Pacific Northwest (Western University of Health Sciences)
Concordia University-Portland
Corban University
Eastern Oregon University
George Fox University

Lewis & Clark College
Linfield College
Marylhurst University
Multnomah University
National College of Natural Medicine
Northwest Christian University
Oregon College of Oriental Medicine
Pacific University
Portland State University
Southern Oregon University
University of Oregon
University of Portland
University of Western States
Warner Pacific College
Western Seminary
Willamette University

Out-of-State Universities Offering Clinical Training in Oregon

A.T. Still University- Osteopathic Medicine (Arizona)
Pacific Northwest University of Health Sciences – Osteopathic Medicine (Washington)
Walla Walla University – Nursing (Washington)

Private Proprietary Schools offering Health Career Training and Degrees

[Note: List may be incomplete; source is Office of Degree Authorization]

Carrington College
Concorde Career College-Portland
DeVry University
Everest College-Portland
Heald College-Portland
ITT Technical Institute
Pioneer Pacific College
Sumner College
University of Phoenix-Oregon

High School Health Career Programs

See OHWI's report [Health Career Programs in Oregon's High Schools](#) for list of health care CTE and AHEC programs or visit the [Oregon Department of Education's CTE website](#) for approved CTE programs by school

State Agencies

[Community Colleges and Workforce Development \(CCWD\)](#)

CCWD provides leadership and resources to increase the skills, knowledge and career opportunities of Oregonians. The agency, with local education and workforce partners, manages resources from the State of Oregon supporting Oregon's 17 community colleges.

[Oregon Bureau of Labor and Industries \(BOLI\) Apprenticeship and Training Division](#)

BOLI's apprenticeship program is a partnership of employers, workers, the State of Oregon, and a variety of schools and community colleges, training students/workers to meet industry standards for the respective occupations.

[Oregon Health Authority's Oregon Primary Care Office \(PCO\)](#)

The PCO is a division of the Oregon Health Authority. Among its responsibilities, the Oregon PCO partners with the federal government to determine the state's health professional shortage areas, identifies underserved populations and areas, administers the Medicaid Primary Care Provider Loan Repayment Program, and supports and monitors the National Health Service Corps loan and scholarship sites and placements and the physician visa waiver program in Oregon.

[Oregon Office of Rural Health \(OORH\)](#)

The mission of OORH is to improve the quality and availability of health care for rural Oregonians. The Office coordinates efforts to improve rural health systems, provides technical assistance to rural communities, administers the state's health care professional loan repayment program, recruits health care providers, and serves as a clearinghouse for information on rural health issues.

State Health Profession Licensing Boards

Behavior Analysis Regulatory Board

Board of Licensed Dietitians

Board of Licensed Professional Counselors and Therapists

Board of Massage Therapists

Board of Medical Imaging

Board of Naturopathic Medicine

Board of Optometry

Chiropractic Examiners Board

Licensed Social Workers Board

Occupational Therapy Licensing Board

Oregon Board of Dentistry

Oregon Health Licensing Office - includes Licensing Boards for Athletic Training, Denture Technology, Direct Entry Midwifery, Nursing Home Administrator, Polysomnography, Respiratory Therapy

Oregon Medical Board

Oregon State Board of Nursing

Physical Therapist Licensing Board

Psychologists Examiners Board

State Board of Examiners for Speech-Language Pathology and Audiology

State Board of Pharmacy

Industry and Professional Associations Involved in Health Care Workforce Education and Professional Development

Includes but not limited to:

American Society of Addiction Medicine – Oregon Chapter

Leading Age (formerly the Oregon Alliance of Senior & Health Services)

Medical Society of Metropolitan Portland
National Association of Social Workers – Oregon Chapter
Northwest Society of Plastic Surgeons
Occupational Therapy Association of Oregon
Opticians Association of Oregon
Oregon Academy of Audiology
Oregon Academy of Family Physicians
Oregon Academy of General Dentistry
Oregon Academy of Nutrition and Dietetics
Oregon Academy of Ophthalmology
Oregon Academy of Otolaryngology
Oregon Academy of Pediatric Dentists
Oregon Association for Behavior Analysis
Oregon Association for Home Care
Oregon Association for Marriage and Family Therapy
Oregon Association Medical Staff Services
Oregon Association of Acupuncture and Oriental Medicine
Oregon Association of Hospitals and Health Systems
Oregon Association of Naturopathic Physicians
Oregon Association of Orthopaedic Executives
Oregon Association of Orthopaedic Surgeons
Oregon Association of Rehabilitation Professionals
Oregon Chiropractic Association
Oregon Counseling Association
Oregon Dental Association
Oregon Dental Executives
Oregon Dental Hygienists Association
Oregon Gerontological Association
Oregon Health Care Association
Oregon Health Care Interpreters Association
Oregon Medical Association
Oregon Medical Group Management Association
Oregon Nurses Association
Oregon Optometric Physicians Association
Oregon Pediatric Society
Oregon Physical Therapy Association
Oregon Primary Care Association
Oregon Psychiatric Association
Oregon Psychological Association
Oregon Public Health Association
Oregon Rehabilitation Association
Oregon Rural Health Association
Oregon School Nurses Association
Oregon School Psychologists Association
Oregon Society for Respiratory Care
Oregon Society of Anesthesiologists
Oregon Society of Dermatology
Oregon Society of Health System Pharmacists
Oregon Society of Healthcare Executives
Oregon Society of Medical Assistants

Oregon Society of Medical Oncology
Oregon Society of Oral & Maxillofacial Surgeons
Oregon Society of Periodontists
Oregon Society of Physician Assistants
Oregon Society of Radiologic Technologists
Oregon Speech-Language & Hearing Association
Oregon State Association of Occupational Health Nurses
Oregon State Association of Occupational Nurses
Oregon State Paramedic Association
Oregon State Pharmacy Association
Oregon State Society of Orthodontists
Oregon Student Nurses' Association
Oregon-CRNA
Osteopathic Physicians and Surgeons of Oregon

Health Care Workforce Development and Research Organizations

[Oregon Area Health Education Centers Program \(Oregon AHEC\)](#)

The Oregon AHEC is a partnership between the federal and state governments, OHSU and Oregon communities. Its purpose is to improve the education, training and distribution of health care professionals in Oregon. Regional AHECS are dedicated to working with local health care facilities and providers, community leaders, schools and citizens to identify and meet local health care workforce and education needs.

- [Northeast Oregon AHEC](#)
- [Cascades East AHEC](#)
- [Southwest Oregon AHEC](#)
- [Oregon Pacific AHEC](#)
- [Oregon Health Care Workforce Institute](#)

[Oregon Center for Nursing](#)

The OCN was established by the Oregon Nursing Leadership Council in 2001 as a strategy for addressing Oregon's nursing shortage. OCN serves as a clearinghouse for the state's nursing profession, including workforce information; industry data; recruitment and retention; model programs; resources and funding; education reform; scholarships and grants.

[Oregon Healthcare Workforce Institute](#)

OHWI is a public/private collective impact organization and research institute created out of an initiative from the Governor's Office and launched as an independent non-profit in 2006. OHWI collaborates with the health care industry, education, government and other organizations to convene stakeholders, develop strategic plans and implement solutions to Oregon's health care workforce needs to increase the quality and quantity of the health care workforce and its educational pipeline.

Federal Agency

[U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce](#) (Source of description: HRSA website)

The Bureau of Health Workforce administers scholarship, loan and loan repayment programs for health professionals, Health Professional Shortage Areas and Medically Underserved Areas/Populations designations, and conducts targeted health care workforce studies.

Oregon Foundations Involved in Health Care Workforce Education and Development

Includes but not limited to:

Foundation for Medical Excellence

Oregon Medical Education Foundation

Spirit Mountain Community Fund

The Ford Family Foundation

The Oregon Community Foundation

Oregon's Licensed Health Professionals

JO ISGRIGG, PH.D., OREGON HEALTHCARE WORKFORCE INSTITUTE

JANA BITTON, MPA, OREGON CENTER FOR NURSING

Highlights of the 2014 Data

There has been an overall increase in numbers of people working in Oregon's profiled health professions since 2009

Healthcare professionals are getting older with retirements looming

Workforce diversity remains an issue

The statewide geographic distribution of Oregon's healthcare professionals follow a similar distribution pattern as the general population

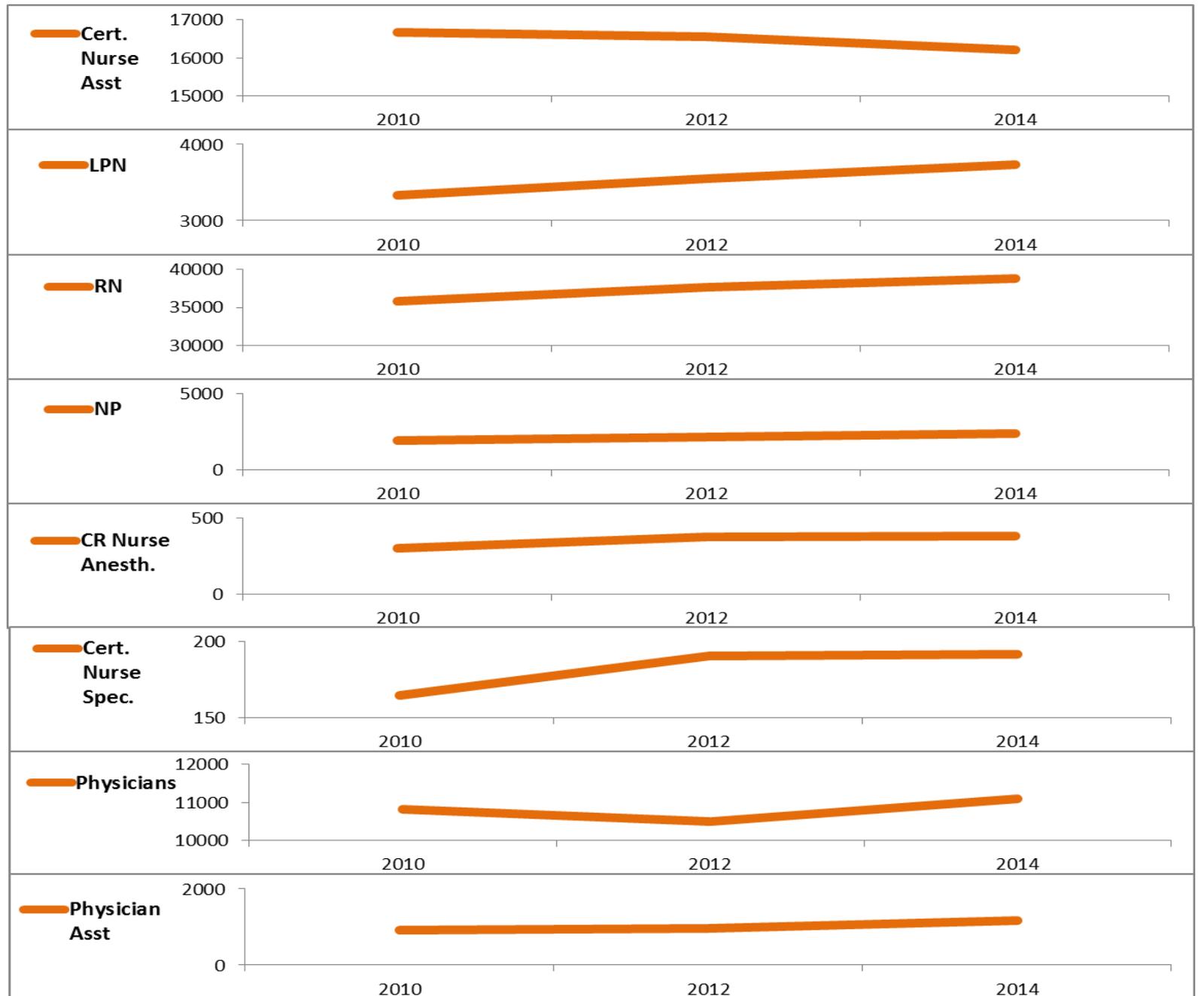
Most occupations reported an increase in the number of those working full-time

SUPPLY

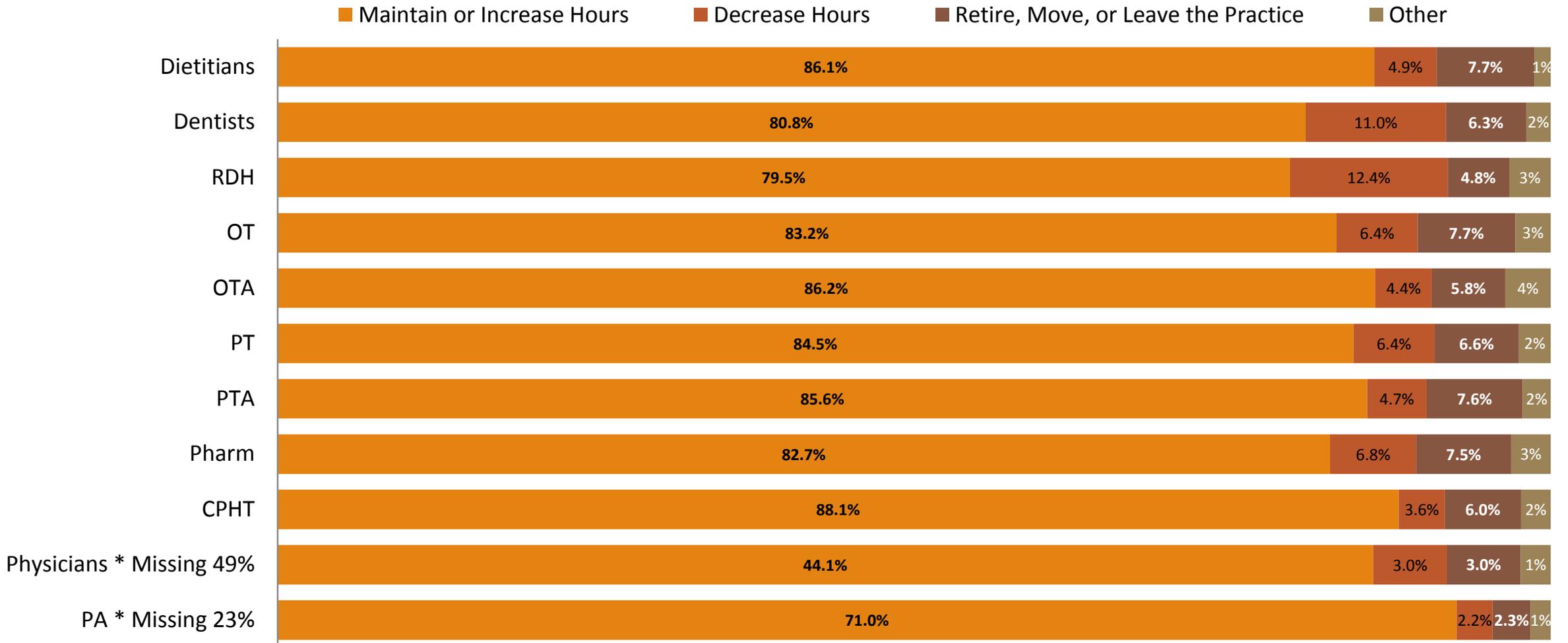
Continued Growth for Most Occupations Since 2009



Continued Growth for Most Occupations Since 2009 (continued)

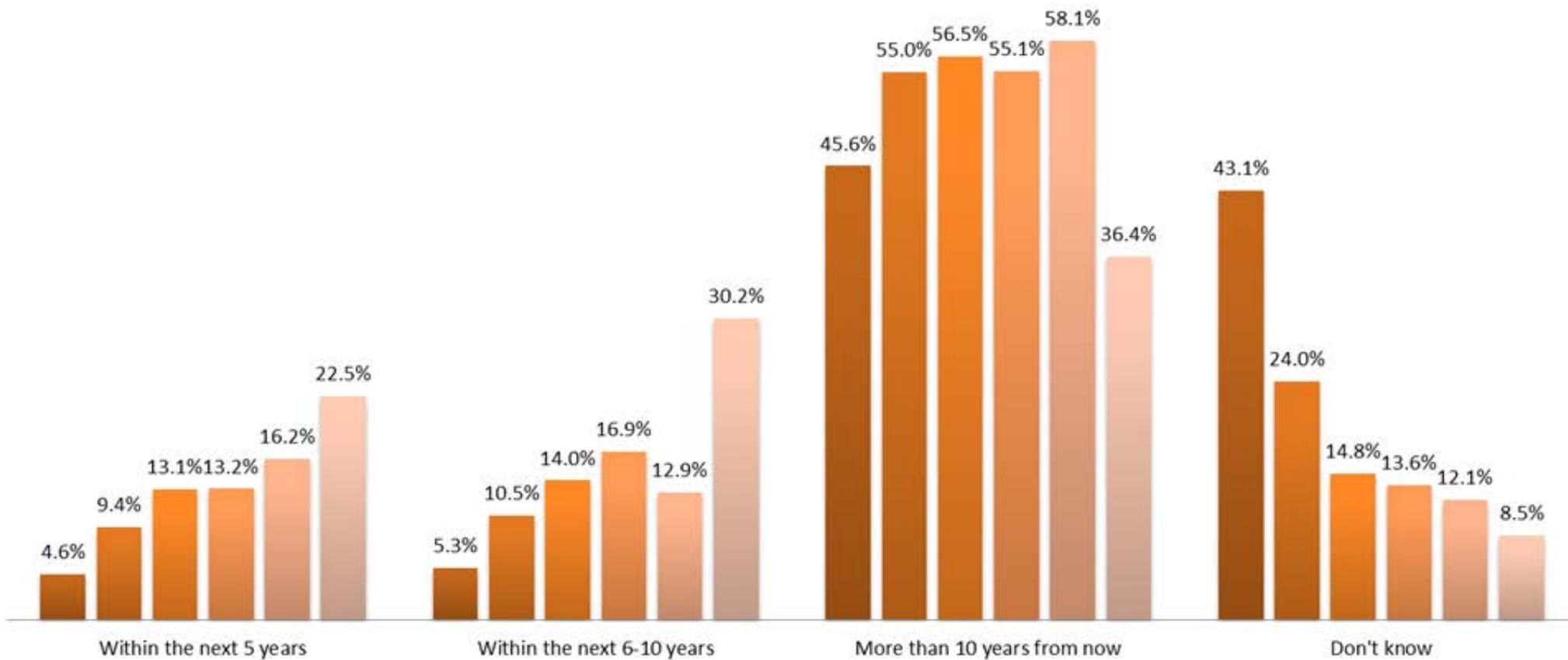


Future plans for Oregon's Profiled Health Care Professionals (Next Two Years): 2014



Retirement Plans (State Board of Nursing)

■ CNA ■ LPN ■ RN ■ NP ■ CRNA ■ CNS



Demographics

Age Comparisons

% OF WORKFORCE AGE 55 OR OLDER

CNS	66%
Nurse Practitioners	41%
CRNA	39%
Dentists	37%
Physicians	37%
RN	36%
LPN	33%
Pharmacists	29%

% OF WORKFORCE AGE 34 OR YOUNGER

CNA	41%
CPHT	40%
PA	29%
Dietitians	26%
Physical Therapists	26%
LPN	25%
Dental Hygienists	24%

Race and Ethnicity

Majority of professions identified their race as Caucasian/White

CNAs are the most racial and ethnically diverse workforce

Pharmacists and Physicians follow as second and third most racially diverse workforce

Missing race and ethnicity data continues to be a limitation

Gender

% OF WORKFORCE WHO ARE WOMEN

CNS	98%
Dental Hygienists	96%
Dietitians	96%

% OF WORKFORCE WHO ARE MEN

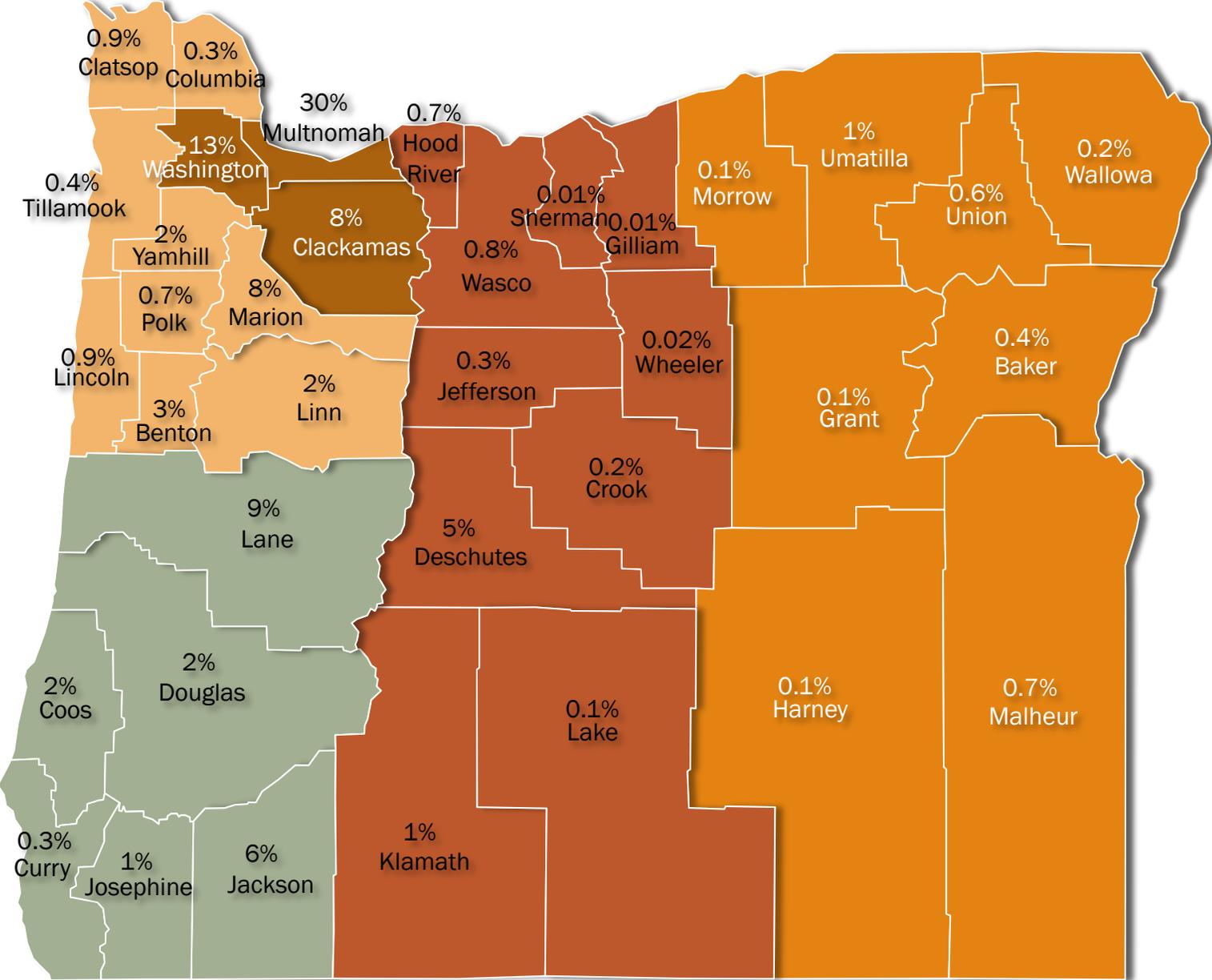
Podiatrists	80%
Dentists	76%
Physicians	65%

Pharmacists are the only workforce with nearly equal number of women and men.

Geographic Distribution

Regional Comparison of Select Health Professions in Dentistry, Medicine, Nursing, Pharmacy, and Rehabilitative Therapies

(Excludes those assistants who work under delegation of a health professional)



Employment

Employment

Majority of health professionals work full-time

Increase in full-time employees may be a sign of strengthened economy and impact of health reform

Health professionals spend their time in direct patient care, management, teaching, research, other activities

Next Steps

Inform Committee's work and recommendations

Dissemination of report

- Inform policy and program decisions
- Inform the research agenda

Quality improvement (data collection, analyses and reporting)

Continued collaboration with licensing boards

Special Thanks!

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Lisa Angus

Cathryn Cushing

Rebekah Gould

Suzanne Yusem

Oregon Center for Nursing

Kelley Ilic

Beth Morris

Oregon Healthcare Workforce Institute

Chad Johnson