

Oregon Healthcare Workforce Committee

AGENDA – Sept. 2, 2015, 9:30 am – 12:30 pm
Wilsonville Training Center, Wilsonville, OR 97070
29353 SW Town Center Loop, E Room 111/112

Meeting Objective: Be up-to-date on changes within OHA and begin planning the work of the Committee for the next two years, to facilitate meaningful and positive change for Oregon’s healthcare workforce.

#	Time	Agenda Item	Presenter(s)	Action Item
1	9:30 – 9:40 (10')	Welcome, Introductions	David Pollack	
2	9:40 – 9:45 (5')	Approval: July 22nd meeting summary	David Pollack	x
3	9:45 – 10:00 (15')	Updates <ul style="list-style-type: none"> • Committee updates • OHA updates • Other updates 	Stephanie Jarem, OHA/HPA Marc Overbeck, OHA/HPA Members	
4	10:00 – 11:00 (60')	Committee Charter, HCWC Deliverables <ul style="list-style-type: none"> • Ongoing deliverables • HB3396 (Provider Incentives) work and deliverables • Behavioral Health deliverables 	Stephanie Jarem, OHA/HPA Marc Overbeck, OHA/HPA	
5	11:00 – 11:15 (15')	Break	All	
6	11:15 – 12:15 (60')	Presentation and Discussion: Behavioral Health Pilots in Lane County	Lynnea Lindsey-Pengelly, PhD, MSCP Medical Services Director Trillium Behavioral Health	
7	12:15 – 12:30 (15')	Public Comment	Any	
8	12:30	Adjourn: Next meeting Nov. 4th, 2015	David Pollack	

Meeting Materials

1. Agenda
2. July 22nd meeting summary
3. OHA Organization Chart
4. Draft Committee Charter
5. HB 3396 Draft Timeline and One-Page Summary
6. Behavioral Health Pilot presentation

Oregon Healthcare Workforce Committee
July 22nd 2015 from 9:30-12:30
At Oregon Institute of Technology
DRAFT - Meeting Summary

Committee Members in Attendance:	Pat Brunett Jeff Clark Robyn Dreibelbis Annette Fletcher	David Nardone David Pollack Daniel Saucy
Committee Members Not in Attendance	Jordana Barclay Lita Colligan Michael Delgado	Josie Henderson John Osborne Jeff Papke
OHA staff, OHWI, OCN	Cathryn Cushing, OHA Margie Fernando, OHA Pam Martin, OHA	Jo Isgrigg, OHWI Jana Bitton, OCN
Others	Carla McKelvey, Oregon Health Policy Board member liaison, MariaLynne Kessler, OIT	

1	Welcome
2	Approval: May 6th meeting summary
	Meeting Summary was approved, with the correction that Jeff Clark was not in attendance on May 6th.
	<i>Action Steps:</i> <ul style="list-style-type: none"> • <i>Cathryn will edit, finalize and file the summary.</i>
3	Election of Chair
	The Committee elected David Pollack to take Ann Buchele's place as the Chair of the Committee. Although several suggestions were made for Vice-Chair, the group decided to wait on electing a Vice-Chair until the new members were on board.
4	Updates
	Graduate Medical Education Project – The project is moving forward with several hospitals from Eastern Oregon interested in signing Letters of Intent to participate in Consortium planning. The planning group has decided to hire an Executive Director and will continue working closely with consultants TrippUmbach.

Clinical Standards for Health Profession Students – A Rules Advisory Committee convened in April and suggested revisions to the OARs 409-030. Final rules were posted on July 1st. Committee members expressed concern that the rules may not be serving the intended purpose of making the process of fulfilling administrative requirements easier on students. Members would like the Committee to continue to monitor the rules and the possibility of unintended effects.

National Student Loan Refinancing Act, HR 649 – Dan Saucy let the Committee know that this bill is not moving forward.

Nurse Faculty Report – Jana Bitton from OCN provided the Committee with a brief description of the Nurse Faculty Report, which finds a shortage of nurse faculty in Oregon with the potential of becoming more acute as current faculty members approach retirement. Another issue is that there are few advanced programs available to train professors. Jana and Committee members are wondering if there are any meaningful incentives that the state could offer to reverse this trend. The report can be found [here](#).

Legislative update – There was a great deal of legislative activity this legislative session affecting the healthcare workforce. Of particular importance were **SB 144**, allowing reimbursement for telehealth services regardless of the patient’s location and **SB 230** which expanded the number of licensing Boards required to report workforce data to OHA from seven to seventeen. **HB3396** asks for a comprehensive study of the effectiveness of the state’s provider incentives and research into other ways to encourage providers to work in rural or underserved communities. The Healthcare Workforce Committee is named in HB3396 as a group with which the Oregon Health Policy Board might consult to develop recommendations on incentives.

Dan Saucy reported that **HB2972** passed. This bill requires that all children under seven years have a dental screening before entering school. **SB660**, requiring the availability of dental sealant for children who need it also passed.

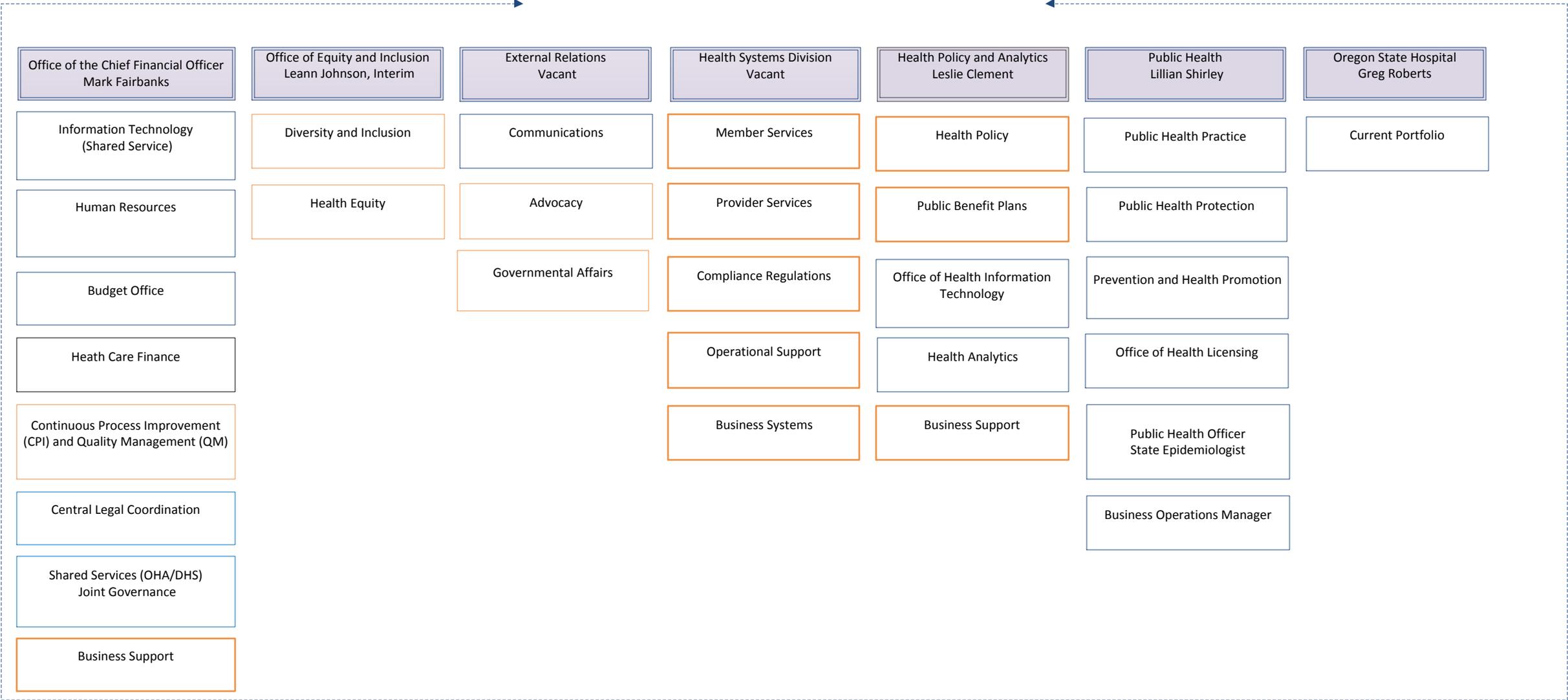
Jo Isgrigg reported on the Oregon Talent Council bill, **HB2728**. The bill passed, and allocated \$6,112,818 to create a yearly talent plan and provide funding to increasing training opportunities to fill any gaps. Although the Healthcare Workforce Committee had been suggested as a resource for the Talent Council members, the Committee was not explicitly called out in the enrolled version of the bill.

Two bills important for naturopaths passed, as reported by Jeff Clark. **HB2468** requiring adequate networks of care available to members if a system is going to offer a plan, also includes a non-discrimination clause, meaning that if a naturopath, or other provider, is working within the scope of his or her license, the plan may not discriminate against them. **HB3301** also passed, giving naturopaths a pathway to becoming primary care providers, rather than specialists.

	<p>SB832 passed, requiring that OHA set standards for achieving behavioral health integration. This bill will be important for upcoming Committee work on the behavioral health deliverables.</p> <p>Please see the written update here.</p>
5	<p>Oregon’s Licensed Behavioral/Mental Health Workforce</p> <p>Jo Isgrigg and Jana Bitton presented the results of an analysis OHWI and OCN completed using licensing data from the behavioral and mental health workforce. Although the data was limited since the three, main behavioral health licensing Boards were reporting voluntarily resulting in low response rates, this analysis provides a baseline for future analyses. The report divides the workforce into those with and without prescriptive authority.</p> <p>A copy of the report and the presentation can be found here.</p>
6	<p>Behavioral Health/Primary Care Integration – a Primer</p> <p>David Pollack shared a presentation on the progress of behavioral health and primary care integration. The presentation stressed the importance of integration due to the prevalence of behavioral health issues, the burden of behavioral health needs on primary care, the high cost of unmet behavioral health needs, and in meeting the triple aim of better health, and better care at lower cost. Using the chronic care model and understanding the importance of trauma-informed care will assist with this integration as will providing collaborative care that is appropriately staffed.</p> <p>A copy of the presentation can be found here.</p>
7	<p>Charter Revision</p> <p>The Committee agreed with the direction of the revised charter and asked Cathryn to revise it one more time by adding in the deliverable required by HB3396. Cathryn will then circulate it to members one more time before providing it to OHA leadership and to the OHPB.</p> <p><i>Cathryn will revise charter and send it out to the Committee.</i></p>
8	<p>Public Comment</p> <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>

Oregon Health Authority Director
Lynne Saxton

Tribes
Jason Yarmer



Oregon Health Policy Board
Health Care Workforce Committee
DRAFT 2015 Charter

I. Authority

The Health Care Workforce Committee was established by House Bill 2009, Section 7 (3)(a). This charter defines the objectives, responsibilities and scope of activities of the Health Care Workforce Committee. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs.

This charter will be reviewed periodically to ensure that the work of the Committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Deliverables

The Health Care Workforce Committee will develop recommendations and action plans for the Oregon Health Policy Board for implementing the necessary changes to train, recruit and retain a changing health care work force scaled to meet the needs of new systems of care.

One important objective of the Health Care Workforce Committee is to provide regular analysis and reporting of workforce supply and demand. Efforts will focus on data provided by the health care workforce database created through HB 2009 but will include other sources of data and information as appropriate.

The Health Care Workforce Committee will identify resources, needs, and supply gaps, and will work to ensure a culturally competent workforce reflective of Oregon's increasing diversity. To the extent possible, the Committee will coordinate and align recommendations of other health care workforce initiatives in its recommendations to the Oregon Health Policy Board.

The Committee shall deliver to the Board the following:

Ongoing deliverables:

- Biennial projection of primary care provider demand in Oregon after implementation of ACA coverage expansions, with appropriate adjustments for the estimated impact of health systems transformation on primary care workforce roles and capacity. The projections report should include a discussion of current primary care workforce supply and identify any areas where future demand may outstrip the supply. *Due in January prior to the start of the longer legislative session – currently in odd years. Subject to funding and staff capacity.*

- Biennial profile of Oregon’s current healthcare workforce including a demographic and geographic profile focused on race, ethnicity, and languages spoken. *Due in January prior to the start of the longer legislative session – currently in odd years.*

2015-2017 biennium:

- Study and report on the efficacy of Oregon’s provider incentives and recommendations on improvements to the current incentives. Recommendations should also include other types of incentives such as subsidies to hospitals for graduate medical education, bonus payments to providers, loans to hospitals, retirement plans and tax credits. *Due to the Oregon Legislature by September 30, 2016. Required by HB3396.*
- Baseline demographic and geographic profile of Oregon’s behavioral health workforce using current workforce licensing data. *Due: October 2015*
- Report and recommendations on:
 - Bringing successful behavioral health integration pilots statewide,
 - Addressing any gaps in education and curriculum needed to train physical health and behavioral health providers to work in a team-based system,
 - Policy changes needed to overcome barriers to behavioral and physical health integration faced by providers.*Due: July 2016*

III. Dependencies

The Health Care Workforce Committee will seek information from and collaborate with a wide range of partners including but not limited to:

- a. The Oregon Workforce Investment Board and regional Workforce Investment Boards
- b. The Department of Community Colleges and Workforce Development, the Oregon University System, OHSU, and other educational groups
- c. Health care professional licensure and certification boards
- d. Health care employers and providers
- e. The Oregon Office of Rural Health, the Oregon Primary Care Office, and Oregon’s Area Health Information Centers (AHECs), the Oregon Healthcare Workforce Institute, the Oregon Center for Nursing, Oregon’s Primary Care Graduate Medical Education Consortium
- f. The Oregon Employment Department

The Health Care Workforce Committee will provide draft recommendations and action plans for input to:

- a. OHA senior staff
- b. Oregon Health Policy Board

IV. Staff Resources

OHA Oregon Office for Health Policy & Research
OHA Behavioral Health Policy Unit
OHA Office of Health Analytics

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House Bill 3396
Health Care Provider Incentives

Description:

HB 3396 articulates and responds to the Legislature's intention to "initiate a close look at how tax dollars are spent [on provider incentives] to ensure that taxpayers enjoy the best possible value..." The bill extends the sunset on the existing rural health care provider tax credits for two years and makes minor adjustments to the law concerning who may receive the credits. Additionally, the bill establishes the Health Care Provider Incentives Fund, to fund an OHA-directed health care provider incentives program.

The bill also directs the Health Policy Board to study and evaluate the effectiveness of the financial incentives offered by the state to recruit and retain providers in "rural and medically underserved areas" and make recommendations to the Legislature regarding:

- Continuation, restructuring, consolidation or repeal of existing incentives
- Priority for directing the incentives offered by Health Care Provider Incentive Fund
- The establishment of new financial incentive programs

The Health Policy Board is directed to make a final report to the Legislature by September 1, 2016. Interim reports are also required in November 2015 and in April 2016 during the 2016 Session.

Financing:

The bill allocates \$180,000 of General Fund money to cover the costs of implementation. OHA is exploring whether federal matching funds may be used to execute this project.

Contractual Considerations:

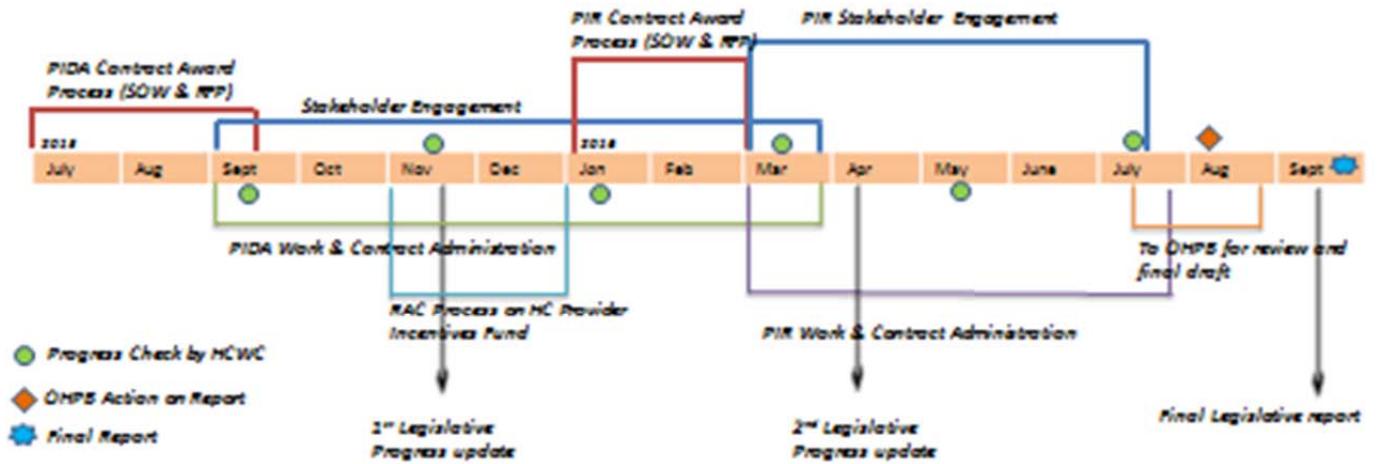
OHA plans to issue a competitive Request for Proposal (RFP) in the fall of 2015 for much of the work required by HB 3396. This scope of work will include the acquisition and analysis of program data needed for an evaluation of the effectiveness of existing programs, as well as focus groups and other methods by which the existing programs may be assessed. It is anticipated that the contract will be less than \$150,000, removing the need for Department of Justice approval. The remaining funds are anticipated for additional temporary staff capacity.

Staffing:

OHA staff will manage the vendor selection process and provide contract oversight. Working with the Health Care Workforce Committee, OHA staff will oversee all other aspects of the project. The Health Care Workforce Committee, staffed by OHA, has been assigned the execution of activities directed by HB 3396 as part of its charter by the Health Policy Board. The Committee will begin its activities around HB 3396 at its September 2 meeting.

Deliverable: A Final Report to the Legislature is required by September 1, 2016.

HB 3396 Timeline (Proposed)



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HB 3396 Project Plan (Proposed)

Task	Responsible Parties	Date	Jul. 2015	Aug.	Sept.	Oct.	Nov.	Dec.	Jan. 2016	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.
A. Provider Incentive Data Analysis (PIDA) Component (to be incorporated into B)																	
Write Statement of Work, Engage Office of Contracts and Procurement	OHPR & Health Analytics	July - Sept 15															
Develop, release Request For Proposal	OHPR & Health Analytics	July – Sept 15															
Review proposals, award contract	OHPR Staff & OC&P	July – Sept 15															
Engage stakeholders to help define study parameters	OHPR & HCWF Committee	Sept 15 – Mar 16															
Contract Administration	OHPR	Sept 15 – Mar 16															
Review period	OHPR	July – Aug 16															
Present study to Health Care Workforce Committee	OHPR & Contractor	June 16									◆						
Finalize study	OHPR	June 16															
B. Provider Incentives Report and Recommendations (PIR)																	
Engage partners on topics addressed in HB3396 through Healthcare Workforce Committee	HCWF Committee	Ongoing															
With partners, research top issues write interim progress reports, reviews	OHPR & partners	Ongoing															
Develop high-level short report on top issues/data on rural health (Profile) for OHA leadership	OHPR	Aug 28, 15															
Interim progress review by Legislature	OHPB designee	Nov 15, July 16		◆												◆	
Write report, integrating Rural Profile, PIDA and other topics addressed by Stakeholders	OHPR	Mar – June 16															
Review period	OHPR	June 16															
Present report and recommendations to Health Care Workforce Committee review	OHPR	Ongoing			●		●		●		●		●		●		
Finalize report	OHPR	August 2016															
Present report and recommendations to Oregon Health Policy Board	OHPR	July – Aug 16															◆
<i>Present report and recommendations to Legislature</i>	OHPB designee	Sept 2016															★

KEY

● Progress Check by HCWF

◆ Oregon Health Policy Board Review

◆ Milestone reporting

★ Final Report