

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action: Do Pass and Be Referred to the Committee on Ways and Means by prior reference

Vote: 7 - 1 - 0

Yeas: Cannon, Doherty, Hoyle, Kennemer, Parrish, Greenlick, Thompson

Nays: Weidner

Exc.: 0

Prepared By: Sandy Thiele-Cirka, Administrator

Meeting Dates: 2/9, 3/2

WHAT THE MEASURE DOES: Requires Oregon Health and Science University (OHSU) to establish primary care transformation research and training center to facilitate use of patient centered primary care home model of health care delivery. Establishes locum tenens program and interdisciplinary continuing medical education center in Area Health Education Center program to provide substitute services for rural physicians and assist physicians and clinics in implementing patient centered primary care home health care delivery model. Appropriates moneys from General Fund to OHSU to establish and operate primary care transformation research and training center, locum tenens program and interdisciplinary continuing medical education program. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Gap between urban and rural primary care practices and providers
- Locum tenens as health care “extension agents”
- Interdisciplinary Continuing Medical Education (CME) at local level
- Current reimbursement rates for providers in the system
- How the state values the importance of health care providers

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: Locum tenens (*relief workers*) provide relief for burdened rural physicians, physician-assistants, and nurse practitioners. The program, modeled after a program in New Mexico, allows rural physicians time off for Continuing Medical Education (CME) and vacation. In addition, the locum tenens act as Health Care Extension Agents bringing knowledge of best practices from other areas and helping clinics and providers transform their practices into primary care homes. Medical practices would pay part of the cost of program. The state allocation will pay for the administration of the program through the Area Health Education Center (AHEC), marketing and promotion, travel and housing, training, and any remaining cost for the additional time necessary to evaluate and support practice transformation.

Interdisciplinary CME at the community level:

Rather than travelling to a centralized location for CME, physicians could participate in interdisciplinary practice and community-level programs, aimed at implementing learning and transformation strategies more effectively.

Research and training on primary care homes:

The program would set up and facilitate community-based learning collaborations, and evaluate the effectiveness of implementing delivery system and practice changes in primary care home models. Additionally, it will provide ongoing training for locum tenens to optimize their effectiveness in initiating practice transformation throughout Oregon.

3/8/2011 10:42:00 AM

This summary has not been adopted or officially endorsed by action of the committee.