

Oregon Health Care Workforce Committee

Presentation to the House Higher Education Committee
Oregon State Legislature
March 18, 2013

Committee Charter

Coordinate efforts to recruit, educate and retain a quality health care workforce to meet the demand created by expansion in health insurance coverage, system transformation and an increasingly diverse population

- Identify needs, resources, and gaps
- Develop recommendations & action plans for OHPB

Context

Macro-level factors influencing healthcare workforce demand:

- Large increase in insured population coming in 2014
- Growing, aging and diversifying population
- Aging healthcare workforce
- Geographic maldistribution of providers
- Projected employment growth in health care industry
- Reimbursement changes lagging

Current Workforce Picture

Between 2010 and 2012, the majority of health professions experienced an increase in those practicing in Oregon:

- Occupational Therapists (+12%)
- Physical Therapists (+11%)
- Physician Assistants (+5.9%)
- Registered Nurses (+5.2%)

Three professions experienced a decrease in the number of licensees practicing in Oregon:

- Dentists (-8.8%; 224)
- Physicians (-2.9%; 313)
- Certified nursing assistants (-0.7%; 116)

Current Workforce Picture

There was a 2.9% net reduction in primary care practitioners (MDs/DOs, PAs, NPs) identifying an Oregon practice address.

- 7.8% (-320) reduction of primary care physicians (self-reported specialty)
- 2.1% (-8) decrease in primary care PAs (self-reported specialty)
- 19.3% (+189) increase in primary care NPs (certification in primary care specialty)

Twenty-two of Oregon's 36 counties experienced a reduction in primary care practitioners.

The aging of Oregon's health care workforce is still a concern: 20% of psychologists, 16% of dentists, 13% of physicians, and 12% of social workers are 65 years of age or older.

Current Efforts to Address Primary Care Provider Workforce Shortages

- As part of State's Medicaid waiver, committed to \$2 million loan repayment to encourage primary care professionals to serve Medicaid clients in rural and underserved areas (SB 440).
- Health Care Workforce Committee developed a primary care provider recruitment strategic plan.
- Changing the way care is delivered to extend the capacity of current providers.
- As part of the Affordable Care Act, Medicaid primary care providers are receiving increased reimbursement in 2013 and 2014.

Committee Priorities:

- **Prepare the workforce for new models of care delivery.**
Ensure that providers have the training and supports they need to deliver care differently.
- **Improve the capacity and distribution of the primary care workforce.** Grow our own, increase success rate for external recruitment, and empower community-level action for recruitment and retention.
- **Use education, training and regulatory reform to advance towards projected workforce need.**

Initial Recommendations for 2013

- Align resources for health care professional education with investments in K-12 and higher education.
- Continue to push for payment reforms that support practice change, build evidence for new workforce models, and refine projections of workforce demand.
- Expand health care workforce data collection for a more complete picture of Oregon's health care workforce.

Further Recommendations

Specific actions to increase the number of primary care providers to meet the immediate demand created by health coverage expansion.

The Committee is finalizing these recommendations, which are focused on maximizing Oregon's current primary care capacity, recruitment, retention and education.

Other Committee Activities

Strategic Plan for Primary Care Provider Recruitment: HB 2366 (2011)

- “Grow Our Own” strategy
- Increasing Oregon’s effectiveness at external recruitment
- Empower and support community recruitment efforts

Standardized Student Clinical Requirements: SB 879 (2011)

- Three large stakeholder meetings to develop standard requirements, options for implementing the standards and for tracking compliance.
- Group recommendations submitted to and approved by the Oregon Health Policy Board in June 2012; administrative rules currently in development with anticipated effective date of fall 2014.

Adverse Impact Policy

- Recommended leveling the playing field for new program proposals between private, proprietary, and public institutions
- Letter to Higher Education Coordinating Council in August 2012

Conclusion

Health professions education is fundamental to sustaining an adequate workforce. The message is not simply to produce more providers but to produce the right kinds of providers in the right places and to do it efficiently.

Better data and more sophisticated analysis will help identify which kinds of providers are needed and where in the context of health care transformation.

Important to continue pushing payment and delivery system reform. We cannot meet the health care workforce demand in the absence of transformation.