

February 27, 2015

**House Committee on Health Care**

Chair Mitch Greenlick

Vice-Chair Cedric Hayden

Vice-Chair Rob Nosse

Dear Committee Members,

The Oregon Health Policy Board's Healthcare Workforce Committee is pleased to submit some background information that may be helpful as you consider House Bills 2125 and HB 2247. In 2013, the Oregon Health Policy Board (OHPB) directed the Workforce Committee to examine the range of health care provider incentive programs in Oregon. The Committee was asked to recommend how to monitor the programs' effectiveness and to suggest strategies for sustaining, expanding, and/or re-targeting the programs as necessary. A copy of the report is attached for your reference.

Oregon currently has almost a dozen different state- and federally-funded programs that provide incentives for health care providers to practice in underserved areas. These range from loan repayment, to loan forgiveness, to tax credits. A full listing of the active programs in Oregon can be found Appendix A of the Committee's report. In the Committee's review of these programs and research into other states' offerings, we observed a number of things:

- The range of provider incentive programs in Oregon is more diverse than in other states;
- However, the various programs are not necessarily designed to complement one another;
- The programs use differing definitions of "need," which makes it hard to compare their effectiveness (this is especially true of federal vs. state programs); and
- There is no mechanism for a comprehensive / overarching review of the array of programs in Oregon, and there is a lack of systematized data collection and analysis to be able to provide a useful, comparative review of the programs.

We were not able to speak to the relative effectiveness of different programs, including the tax credit. Ultimately, the Committee's report to the Health Policy Board outlined several recommendations:

- 1) The Oregon Legislature should adopt a set of overarching principles to guide decisions about sustaining, expanding, and/or re-targeting provider incentive programs. A list of suggested principles is on pages 10 & 11 of the report and it includes:
  - Maximize the use of federal and other non-state resources
  - Use all available data to target programs to the greatest need, and to adjust the design as needs change
  - Complement rather than duplicate other incentive programs, contributing to a diverse portfolio of resources to attract, recruit and retain health care providers in areas that need them
- 2) Program funding should include support for system-wide data collection and analysis, using common performance measures wherever possible.
- 3) Program performance data should inform future funding allocations and policymakers / funders should re-allocate a portion of existing incentive program funds to a flexible pool that can be used to respond to current or emerging needs.
- 4) Entities who currently assess unmet healthcare needs (e.g. OHA-Primary Care Office, OHSU-Office of Rural Health, Oregon Healthcare Workforce Institute) should work together to increase the alignment for definitions of “need” and should collaborate more closely on program administration.

Workforce Committee representatives are unable to attend the February 27<sup>th</sup> hearings on HB 2125 and HB 2247 in person but would be happy to answer any questions about our report on health care provider incentive programs in Oregon.

Sincerely,



Ann Buchele, Ph.D.  
Chair, Oregon Healthcare Workforce Committee  
Dean, Workforce Development & Program Effectiveness, Linn-Benton Community College