

## Healthcare Workforce Subcommittee

December 7, 2016

Health Workforce Subcommittee Members Attending	
Shelly Dunham, Chair	Teresa Huggins, MBA
Jason Eliot, J.D.	Shelly Wells, Ph.D, RN
Randy Grellner, DO	David Wharton, MPH
Daniel Joyce, DO	Tandie Hastings
John Zubialde, MD	Randy Curry, D.Ph
William Pettit, DO	Ted Haynes, MBA
Deana Tharp, LPC	
Committee Staff	
Jana Castleberry, OSDH	

Shelly Dunham provided an introduction and overview of the goals for the Health Workforce Subcommittee with Oklahoma Works Metrics, which are structured around three priority areas:

- Wealth Generation
- Employment Growth
- Workforce Participation

### **Proposed Goals: Year 1**

- Produce a statewide “critical health occupations” report which includes a supply and demand forecast and identifies skills gaps.
- Develop recommendations for ensuring supply for critical health care professions
- Develop a state plan to support the establishment of inter-professional teaching health centers in rural and underserved areas of the state.

### **Proposed Goals: Year 3-5**

- Increase the availability and accessibility of health professions training programs in rural areas.
- Establish health professions career pathways from pre-baccalaureate health professions to more skilled healthcare labor force.
- Increase the number of primary care professionals practicing in health professional shortage areas.

These goals were presented to the Council at the October meeting. The Council requests that the Subcommittee develop metrics for each of these goals. The three existing workgroups are asked to develop goals and metrics to be used to evaluate their efforts in meeting goals and objectives. Each goal should have metrics that are aligned and lead to the achievement of Oklahoma Works Metrics, however, additional metrics may be developed as well. The Subcommittee held limited discussion of the goals. A discussion of the goals will be on the agenda for the next Subcommittee meeting.

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### Critical Health Occupations

Teresa Huggins discussed the activities of the Critical Health Occupations Workgroup. The workgroup members examined the original charge of the group, which was to review and approve a list of 30 Critical Health Occupations created by in 2015 by the former chair of the Oklahoma Health Improvement Plan Workforce Workgroup. Teresa discussed how upon closer look at the critical health occupations the workgroup agreed that some changes to their focus were important:

#### Review, revise and approve list of 25 Critical Occupations

The workgroup plans to examine a list of 25 critical occupations for relevancy and plans to collaborate with a Labor Analyst from the Oklahoma Office of Workforce Development (Sandi Wright) to guide the effort. Sandi is a content expert on workforce supply and demand and can guide the Workgroup in the supply and demand project, specifically with the creation of qualitative value statements which will be integrated into the methodology to determine supply and demand. After revision of the list of critical occupations, the Subcommittee will be asked to develop recommendations to close the supply gap for each identified occupation.

#### Research 5 Emerging Occupations

The group plans to consider occupations which currently exist in the health workforce, but could be used in an alternative capacity to meet innovative population health needs. These positions include community paramedics and clinical pharmacists. The group will work with OSDH to produce issue briefs that include assessment of state environment, national landscape, training and certification considerations, and regulatory and policy issues. The first two issue briefs will focus on Community Health Workers and Community Paramedics.

#### Categorize "Occupations" vs. "Functions"

The group discussed the concept of "occupations" vs. "functions" in the health workforce. While some emerging occupations will be a specific professional, other emerging occupations are additional functions of existing professions, i.e. Care Coordinators could be nurses, social workers, or other health professionals who choose to serve or train as a care coordinator. "Function-based" roles in the health workforce could be performed by several types of occupations, given the appropriate additional certification or continuing education. Possible strategies may be the establishment of state support or training for these functions. The group will examine the impact of these emerging health professions on the supply of existing professions, i.e. nurse or MSWs.

#### Health Care Industry Occupations Report

Teresa Huggins presented a summary of the workgroup's review of the 2006 Health Care Industry Workforce Report. The report, originally produced by the Oklahoma State Regents for Higher Education in collaboration with other associations and agencies provided information on the supply and demand of several professions within the various fields comprising the health workforce, including nursing, medicine

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and allied health. Members of the workgroup recommended that this report be reproduced with the following additions:

- Inclusion of mental health facilities and mental health providers
- Inclusion of oral health providers (dentists, dental hygienists)
- Inclusion of Safety Net Providers (e.g., Federally Qualified Health Centers)
- Inclusion of Tribally Operated Health Systems and Indian Health Service Systems
- Inclusion of Long Term Care Facilities

A suggestion was made to ensure the inclusion of free clinics in the report.

### Teaching Health Centers

Dr. William Pettit provided an overview of the work of the Teaching Health Center committee. The presentation explained the history, funding model and current involvement of teaching health centers within the State of Oklahoma. Teaching Health Centers are a type of graduate medical education which allows residents to train in community health centers and outpatient primary care settings, including in rural areas. For many disciplines of medicine, such as family medicine, training in a teaching health center gives residents valuable professional experience in a model of clinical practice which they may pursue later in their career. Teaching Health Centers were authorized by the Affordable Care Act, with current appropriated funding expiring in FY 2018, unless reauthorization occurs.

Dr. Pettit presented a possible funding stream for the THC program and described possible alternatives to federal funding, including community grants or contributions. Local governments, companies and philanthropic organizations could potentially provide funding to support access to health care by funding the training additional medical residents. Furthermore, the Choctaw Nation was mentioned as potentially having an interest in self-funding an effort to extend their Teaching Health Center, in the event that other funding sources are not available.

The Teaching Health Center workgroup recommends exploring strategies to establish state support for THCs in Oklahoma.

Slide deck will be provided at a later date.

### Graduate Medical Education

Dr. John Zubialde provided an overview of the work of the Graduate Medical Education workgroup. The GME Workgroup will produce an issue brief, develop a strategy that secures long term authority for Medicaid GME, identify policy levers, and produce policy recommendations. (See slide deck)

Presentation explained the current funding streams for University of Oklahoma's programs to train physicians in residencies and fellowships. (See attached slide deck) Funding sources were identified, including state appropriations, Medicaid supplemental funds and clinical revenue generated by faculty practices. The group presented several aspects related to the economic impact of training physicians and retaining them in the state.

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The importance of demonstrating a return on investment for the dollars invested in GME was highlighted in a second presentation. Several factors related to the economic value of training and retaining physicians were discussed, including the impact of wages, taxable income and new business formation associated with practicing physicians. The workgroup plans to coordinate with agencies (Physician Manpower Training Commission, Oklahoma State Health Department) and other partners in gathering data and evidence that can help demonstrate the value of Graduate Medical Education.

The following policy recommendations were made:

- 1) Funding of state health workforce enhancement efforts must be data driven with prioritization based on:**
  - Documented areas of need/shortage that also align with state economic development and workforce goals and efforts, and
  - Good evidence for long term project **sustainability** by both the educational entities that will produce the providers and the demand side entities/communities of practice that must effectively recruit and retain them.
- 2) Data collection & analysis should be performed by an independent entity that can provide supply side and demand side data, analysis, and recommendations.**
  - Support for this entity should be a collaborative team effort between the State Departments of Health and Commerce in order to weave together both health services and relevant economic data.
- 3) Policy should establish PMTC as the state agency that is both responsible and accountable for implementing of state efforts to address GME workforce solutions.**

Policy recommendations will be discussed in further detail at the February meeting.

### **National Governors' Association (NGA) GME Technical Assistance**

The OSDH was awarded the opportunity to participate in an NGA Technical Assistance Program, "Linking Medicaid to State Health Workforce". The core team includes representatives from OSDH, OHCA, PMTC, Choctaw Nation Health Services, and State Office of Rural Health. The Subcommittee and GME Workgroup will serve as stakeholders. Consultants from NGA will work with the core team to develop a map of state GME funding, create strategies to sustain current funding and explore strategies to expand funding opportunities to align with state workforce needs in underserved and rural geographic and specialty areas. The project will commence in January with an end date of April 30, 2017.

### **Next Steps:**

- Workgroups should schedule time to discuss and develop metrics for their efforts.
- A discussion of Subcommittee goals will be scheduled; Metrics will be discussed in detail
- Co-chairs will present an overview of the Health Workforce Subcommittee at the Governor's Council meeting on January 27, 2017.



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### Meeting Dates:

- New meeting dates will be planned for **February and April** rather than the previous date scheduled in March. (A poll will be sent to all members.)