Health Workforce Subcommittee

February 22, 2017

Governor's Council on Workforce and Economic Development

OKLAHOMA WORKS

Health Workforce Subcommittee

I. The Council shall form a subcommittee on health workforce whose purpose shall be to inform, coordinate, and facilitate statewide efforts to ensure that a well-trained, adequately distributed, and flexible health workforce is available *to meet the needs of an efficient and effective health care system in Oklahoma. Duties of the Health Workforce Subcommittee shall include, but not be limited to, the following:*

1. Conducting data analysis and preparing reports on health workforce supply and demand;

2. Research and analysis of state health professional education and training capacity;

3. Recommend recruitment and retention strategies for areas determined by the Oklahoma Primary Care Office or the Oklahoma Office of Rural Health to be areas of high need; and

4. Assessment of health workforce policy, evaluation of impact on Oklahoma's health system and health outcomes, and developing health workforce policy recommendations.

Health Workforce Plan Overview: Core Area Strategies

COORDINATION OF HEALTH WORKFORCE EFFORTS

- Integrate health workforce into workforce and economic development efforts
- Leverage efforts and scale successful demonstration projects

WORKFORCE DATA COLLECTION AND ANALYSIS

- Ensure availability of comprehensive, high quality health workforce data
- Establish centralized health workforce data center

WORKFORCE REDESIGN

- Achieve collaboration necessary to support team-based health care delivery
- Ensure training and education matches the needs of a redesigned health care system
- Support the utilization of telehealth

PIPELINE, RECRUITMENT AND RETENTION

- Facilitate collaboration and achieve consensus on statewide strategies for education, training, and development
- Align and integrate strategies with economic development priorities

Meeting Objectives

- *Achieve consensus on health care "value statements" for critical healthcare occupations methodology*
- *Identify potential role of Subcommittee in AHEC proposal from OSU-CHS*
- *Determine support for GME Workgroup metrics and recommendations*
- *Initiate discussion of creating a process to ensure data-informed and evidence-based recommendations*

Critical Occupations

Teresa Huggins, Workgroup Champion

- Develop methodology for "Critical Healthcare Occupations"
- Prioritize list of critical occupations
- Identify skills gaps
- Explore and recommend solutions to close gaps

Workgroup Progress

- Healthcare Industry Occupations Report
  - *CHIE Staff engaging state partners*
  - *Project plan will include addition of new facilities and a broader range of healthcare industry*
- Emerging Occupations White Papers
  - *Community Health Workers*
  - *Community Paramedics*
  - *Care Coordination*

Critical Healthcare Occupations

Current List based on Standard Occupation Codes and Current System Demands

(SOC)

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Incorporate "Value Statements" into Methodology

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Revised List Reflects Transition to Value-Based Care Models

Given new healthcare delivery models, what does an optimized, efficient and effective health workforce require?

Value Statements

- *Coordinated care delivered by health care teams*
  - *Increase number of primary care providers?*
  - *Increased number health professionals with focus on social determinants of health and community-based resources? (Social Workers, Community Health Workers, Others?)*
  - *Increase in health care administrators? Practice facilitators?*
- *Integrated health care*
  - *Increase in mental health professionals? Specific specialties?*
  - *Increase in dentists, dental assistants or ancillaries?*
- *Focus on improved population health*
  - *Increase in health IT professionals?*
  - *Increase in health analytics specialists?*
  - *Increase in home-based service providers?*
- *Primary care and preventive focus*
  - *Increase in primary care providers ?*
  - *Increase in health educators and/or health coaches?*

Value Statements: Other Considerations

- *New trends in career of providers, e.g. shorter work weeks, earlier retirement or exit from profession?*
- *Impact of telehealth capabilities?*
- *Others?*

Next Steps:

- *Incorporate value statements into methodology*
- *Review list and data considerations at April 19th meeting*

Graduate Medical Education (GME)

John Zubialde, MD, Workgroup Co-Champion

Strategy and Goals

GME Subcommittee

Strategy

- State will use robust healthcare service area data profiles to provide decision makers with critical needs specialties by service area.
- State will aggressively increase efforts to retain resident physicians exiting the Oklahoma GME pipeline by focusing state recruitment programs on critical needs specialties and service areas. This has the largest return on state and community investment.
- State will protect and preserve its GME pipeline by assuring stable CPI adjusted funding and selectively add capacity to address identified areas of critical need.
- State and community entities will work together to understand and address the economic underpinnings that most impact health systems and provider retention. This understanding will be used to inform solid, evidence-based, policy recommendations.

There is Precedent that Demonstrates That This Strategy Works

- Up to 46% of GME program graduates leave Oklahoma, many to surrounding states that have aggressive recruitment packages.
  - TX has aggressively pursued recruitment and retention programs that include highly effective strategies such as loan repayment and has retention rates at 65+%
  - Other states have developed even higher retention rates (20%+ higher than OK)
- Protecting and strategically enhancing the GME pipeline is critical to long term success.
  - Despite budget issues, TX has continued to selectively add capacity annually
    - On a population adjusted basis compared to OK, this equates to $7M annual increases for GME pipeline expansion
      - TX GME training capacity already exceeds OK on a population adjusted basis by 30%
- Policy Matters
  - Texas showed 25% annual increases in retained and recruited physicians after Tort reforms were enacted.

Governor's Council for Workforce and Economic Development: Healthcare Workforce GME Subcommittee

Goals	Subcommittee Metrics	OK Works Metrics	Statutory Purpose of Subcommittee
1) Assure a statewide annual "physician shortage" report is generated which includes both supply and demand forecasts and identifies critical shortage areas across all specialties. **2) PMTC will be:** **a. Afforded a budget that assures appropriate programmatic cost adjusted increases.** **b. Afforded authority and funding mechanisms to promote programs that:** a. Increase retention of UME and GME graduates through programs that provide community match and loan repayment strategies. b. Provide flexible strategies for recruitment and retention efforts that emphasize critical needs specialties c. Provide flexible strategies for recruitment and retention efforts that emphasize Medically Underserved Areas **c. Afforded funding to strategically target training growth in critical needs specialties.**	1) Production of a robust data driven report to identify areas of physician shortages and critical needs and inform efforts to target recruitment and retention strategies and GME training strategies **Target: Adequate Analytic System** 2) Annual PMTC analysis of GME budget that reflects resident salary and benefits using a cost adjusted per resident basis to assure stability and targeted growth in training programs **Target: AAMC regional median cost adjustment** 3) Annual report showing change in In-state retention rates for both GME and UME. **Target: 10% increase in GME & UME in state retention** 4) Annual report demonstrating targeted growth of recruitment and retention in critical needs specialties. **Target: Growth rate set by critical needs report** 5) Annual tracking of physicians actively practicing on a per population basis within the state as compared to national rates. **Target: AAMC national median** 6) Annual tracking of physicians actively practicing on a per population basis within medically underserved areas (MUA) as compared to national rates.	**Wealth Generation** • Per Capita Personal Income ○ ***Average physician generates 1.5-2 Million per year in taxable revenue*** ○ ***Average physician increases jobs by 15—25*** • Per Capita Disposable Income • Median Household Income ○ ***Median income will rise with good paying jobs that are generated.*** • Income Poverty Rate • Per capita income maintenance ○ ***Health systems provide job stability*** **Employment Growth** • Total Employment Annual Growth Rate ○ ***Average physician increases jobs by 15—25*** • Low wage Jobs (Decrease) ○ ***Health care provides high paying jobs*** • Average Annual Wage (Increase) ○ ***Health care provides high paying jobs*** • Unemployment Rate	• Conducting data analysis and preparing reports on health workforce supply and demand • Research and analysis of state health professional education and training capacity • Recommend recruitment and retention strategies for areas determined by the Oklahoma Primary Care Office or the Oklahoma Office of Rural Health to be areas of high need • Assessment of health workforce policy, evaluation of impact on Oklahoma's health system and health outcomes, and developing health workforce policy recommendations

3) Develop a state plan to establish and support an interdisciplinary body that will inform state policy on strategies that can promote the recruitment and retention of health professionals and associated high quality health systems in the state. **a. Examples could include areas such as:** **a. Tax incentives for providers and health systems.** **b. Reimbursement rates** **c. Tort reform,** **d. Etc.**	1) Tracking of the effect of policy changes on physician recruitment to and retention in the state and especially MUA areas. **Target: 10-20% increase from current levels comparable with California/ Texas** 2) Tracking physician per population as compared to national rates. **Target: National median or above**	**Wealth Generation** • Per Capita Personal Income ○ ***Average physician generates 1.5-2 Million per year in taxable revenue*** ○ ***Average physician increases jobs by 15—25*** • Per Capita Disposable Income • Median Household Income ○ ***Median income will rise with good paying jobs that are generated.*** • Income Poverty Rate • Per capita income maintenance ○ ***Health systems provide job stability*** **Employment Growth** • Total Employment Annual Growth Rate ○ ***Average physician increases jobs by 15—25*** • Low wage Jobs (Decrease) ○ ***Health care provides high paying jobs*** • Average Annual Wage (Increase) ○ ***Health care provides high paying jobs*** • Unemployment Rate	**Statutory Purpose:** • Conducting data analysis and preparing reports on health workforce supply and demand • Research and analysis of state health professional education and training capacity • Recommend recruitment and retention strategies for areas determined by the Oklahoma Primary Care Office or the Oklahoma Office of Rural Health to be areas of high need • Assessment of health workforce policy, evaluation of impact on Oklahoma's health system and health outcomes, and developing health workforce policy recommendations

National Governors' Association

"Linking Medicaid to State Health Workforce"

- Create a map of Medicaid GME funding streams
- Explore sample contract language that could be used to strengthen and ensure sustainability of funding
  - Strengthen the accountability for health outcome measures in order to ensure efficient use of funding
- Explore other states' strategies for ensuring data-driven GME investment
  - Support for teaching health centers
  - Securing additional federal funding
  - Identifying alternate policy and funding levers
- Strengthen state strategy to secure and sustain current funding levels and programs

Discussion: Subcommittee Processes

- *How does the Subcommittee assure data-informed, evidence-based policy recommendations?*
  - *Research and examination of strength of evidence*
  - *Health workforce data collection and analysis*
  - *Develop formal process for assessing impact of policies on health care system*

Process: Data-Informed

- *Examine and determine strength of evidence*
- *Engage broad range of stakeholders*
- *Assess impact on health and quality indicators*
- *Identify strategies to leverage or scale successful state initiatives*
- *Produce issue briefs, white papers, or concept papers to support policy recommendations*

Reliable Health Workforce Data

- Healthcare Industry Analysis Report
  - Collaborative effort with multiple contributors
- Graduate Medical Education Data
  - Will move forward data strategy from previous GME collaboration committee
- Association of American Medical Colleges (AAMC) Proposal
  - Produce community-level physician demand data
  - Provide physician specialty demand based on health indicators
  - Could model proposed interventions on data

Assessing Impact of Policies on Health Care System

- Will need to adopt formal system of analyzing impact of policies on health care system/workforce
- Must be comprehensive, thoughtful, and neutral
- Volunteers?

Next Steps

- Conference call to review revised list of critical occupations (Date TBD)
- Convene GME Workgroup to review and approve data strategy (Date TBD)
- **Next Subcommittee Meeting: April 19, 2:30-4:30**