



# I. Workforce Development Strategy

## INTRODUCTION

One of the hallmarks of Oklahoma Governor Mary Fallin’s tenure in office has been her innovative efforts to build a stronger workforce and more prosperous state. A goal outlined in the governor’s inaugural address is to increase educational attainment in order to produce a more educated workforce that is prepared to meet the needs of the 21<sup>st</sup> century. In pursuit of this goal, the “Oklahoma Works” initiative was created, which seeks to increase the wealth of all Oklahomans by aligning and elevating the state’s education and workforce training systems with the needs of the state economy. Oklahoma’s health workforce development strategy for the State Health System Innovation Plan (SHSIP) is aligned and integrated with the “Oklahoma Works” initiative.

Strong gubernatorial leadership in workforce development resulted in the 2015 passage of Senate Bill 612 by the Oklahoma State Legislature, which created a Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development. The Council on Workforce and Economic Development is one of the main state bodies charged with implementing Oklahoma Works. The establishment of the Subcommittee was the culmination of efforts of many stakeholders: the governor’s administration, a Core Leadership team appointed by the governor to participate in the National Governors Association (NGA) Health Workforce Policy Academy, the Oklahoma State Department of Health, the Oklahoma Health Care Authority, the Oklahoma Health Improvement Plan Coalition (OHIP), and members of the OHIP/Oklahoma State Innovation Model (SIM) Health Workforce Workgroup. Once seated, the Health Workforce Subcommittee will be the guiding entity for Oklahoma’s health workforce efforts.

Throughout 2014 and 2015, key stakeholders worked to move Oklahoma forward in the shared goals of a well-trained, flexible, and evenly distributed health workforce. Technical assistance and support from the OHIP Coalition, the NGA Policy Academy, and the SIM design grant enabled collaborative opportunities in which consensus was achieved around a statewide mission and vision for Oklahoma’s health workforce. These efforts culminated in the development of a Health Workforce Action Plan and the SIM Workforce Strategy, both designed to support a transformed system of care. The promotion by the governor of this Oklahoma Health Workforce Action Plan will launch the initiation and implementation of the four core areas of the health workforce strategy:

1. Health Workforce Data Collection and Analysis;
2. Statewide Coordination of Workforce Development Efforts;
3. Health Workforce Redesign; and
4. Pipeline, Recruitment, and Retention.

Table 47 details a summary of Oklahoma health workforce activities and outcomes.

**Table 47: Oklahoma Health Workforce Activities and Outcomes**

Participants	Outputs		Outcomes			
	Activities		Short-term	Medium-term	Long-term	
<b>OHIP Workforce Workgroup</b>	Establish Minimum Data Sets (MDS) That Align with HRSA Recommendations	➔	Licensure Renewal Incorporates MDS Elements	OHIP Workforce Workgroup Publishes MDS Enhanced Data	Improve Healthcare Workforce Data in Oklahoma	
	Centralize Healthcare Workforce Data Management and Analysis		Ensure CHNAS Assessment Responses Reflect Demographic Profile of Community	Standardized Key Workforce Questions Across Survey Instruments	Health Workforce Is Aligned with Community Needs	
<b>Licensure Boards</b>	Evaluate Health Workforce Composition Vis-À-Vis Community/ Health Needs Assessments					
<b>Professional Societies</b>	Evaluate Current Primary Care Provider Training Initiatives in The State	➔	Better Understanding of Program/Training Effectiveness	Adjustments to Training Initiatives	Increase Primary Care Workforce	
<b>Oklahoma Office of Rural Health</b>	Evaluate Primary Care Provider Recruitment and Retention Initiatives					
<b>Oklahoma Regents For Higher Education</b>	Evaluate The Roles of Physicians Assistants and Nurse Practitioners in The Delivery of Primary Care					
<b>Oklahoma Careertech</b>	Evaluate The Effects of State Sponsored Financial Incentive Programs on The Recruitment and Retention of Primary Care Providers to Rural and Underserved Areas	➔	More Primary Care Providers Are Recruited to Rural & Underserved Practice Locations	More Providers Practice in Rural & Underserved Areas	Reduce Maldistribution of Primary Care Workforce	
<b>Oklahoma State Department of Health</b>	Increase Primary Care Graduate Medical Education Positions in Rural and Underserved Areas		More Physicians Complete GME in Rural and Underserved Areas			
<b>Governor’s Office of Workforce Development</b>	Assess Alternative Models of Care Delivery That Incorporate Mental Health Professionals and Oral Health Professionals into Value-Based Reimbursement	➔	Better Comprehensive Health Care For Vulnerable Populations	Improved Health Outcomes and Cost Savings	Integrate Mental Health and Oral Health into Primary Care	
<b>Tribal Health/IHS</b>	Develop Registry of Providers Using Telehealth	➔	Telehealth Alliance of Oklahoma & Licensure Boards to Identify Relevant Survey Question	Surveys Questions Are Incorporated into Licensure Renewal Process	Comprehensive List of Providers Using Telehealth	
<b>Telehealth Alliance of Oklahoma</b>	Monitor Proposed and Newly Enacted Telehealth Regulations For Effects on Access to Care Through Clinician Participation					Regulation Updates Are Disseminated to Providers
<b>Oklahoma Hospital Association</b>	Evaluate The Demand For Distributed Clinical Consultations Among Rural-Based Providers					Communicate Rural Provider Clinical Consultation Needs to Academic Health Centers
<b>Oklahoma Health Care Authority</b>						

<b>Oklahoma Physician Manpower Training Commission</b>			Survey Instrument Development	Compile and Prioritize Clinical Consultation Needs	
<b>MyHealth Access Network</b>	Expand Health Information Technology Training	➤	Number of HIT Training Programs Increase	Better Integration of HIT Workforce into Care Delivery Teams	Develop Adequate Health Information Technology Workforce
<b>Coordinated Care Oklahoma</b>	Assess Alternative Models For Changing Scope of Practice Laws and Regulations		Improved Process For The Evaluation of SOP Changes	More Effective Use of Primary Care Workforce (Practicing At Top of Their License)	Optimize Workforce For Value-Based Healthcare Delivery
<b>Insurers</b>	Create Standardized Credentials For Community Health Workers		Develop Competency-Based CHW Training	Increased Number of Certified CHWs	
<b>Legislature</b>	Develop Community Paramedicine Pilot Projects in Rural Communities	➤	Identify Pilot Project Communities	Train Community Paramedics for Program Implementation	
	Assess How The Emerging Healthcare Workforce Is Currently Utilized in Care Delivery		Enhanced Workforce Data Provides Information on Emerging Workforce Roles	Align Workforce Development to Accommodate Emerging Workforce Roles	

## HEALTH WORKFORCE DATA COLLECTION AND ANALYSIS

During the Oklahoma SIM design planning process, the OSDH Office of Primary Care and Rural Health Development (OPC) and OHIP stakeholders worked in tandem to develop a comprehensive plan to improve the quality and availability of comprehensive health workforce data. As an initial step to establish the OPC as a centralized state health workforce data center, the OPC initiated outreach efforts with a broad range of stakeholders to collect and catalog reliable workforce data that will be used to inform health workforce policy and program decisions.

Additional revisions to the data collection and analysis process initiated in 2015 will significantly improve the quality and availability of state health workforce data. The OPC has secured agreements from the medical, nursing, behavioral health, social work, and drug and alcohol counselor licensing boards to share data on a consistent basis and to collaborate on the adoption of minimum data sets for the purpose of monitoring and research. Agreements with the dental licensure board and the Oklahoma Bureau of Narcotics and Dangerous Drugs are being pursued. In May 2015, the OPC produced its first statewide health workforce data book, and is in the process of pioneering a statewide report on Graduate Medical Education. In addition, in 2015 the OPC revised its health professional shortage designation process and updated the survey design and procedure to include Advanced Practice Registered Nurses and Physician Assistants. In January 2016, the OPC will work with OHIP partners to revise the state's healthcare service areas to reflect workforce investment areas and healthcare markets. This new process will provide the information necessary to best identify health professional shortage areas and in turn, develop targeted strategies that will meet the needs of Oklahoma's unique and diverse regions.

The Health Workforce Action Plan includes strategies to further enhance health workforce data analysis:

- The Oklahoma Office of Workforce Development is leading the development and implementation of an interoperable health workforce data system that will integrate data from the Oklahoma Department of Commerce, Oklahoma Employment Security Commission, and the Oklahoma State Regents for Higher Education. This data will be used to inform health workforce supply planning efforts.
- The OHIP Workforce Workgroup, chaired by the Oklahoma Deputy Secretary of Workforce Development, will produce a forecast of the state's 25 critical health occupations that reflect integration of the current workforce along with economic indicators and value statements based on the predicted demands of a transformed health system. New and emerging health professions required for care coordination, health informatics, and the integration of a focus on social determinant strategies into healthcare will be included. The Workforce Workgroup will use this forecast to identify existing gaps and recommend evidence-based strategies to ensure an adequate supply of traditional and emerging health professionals.
- The OSDH Office of the Tribal Liaison has initiated a collaborative effort for a Data Community of Practice that will ultimately enable the sharing of both health workforce and population health data of Oklahoma's Tribal health systems. This initiative aligns with the Health Workforce Action Plan and will allow the state to fully integrate health workforce data from private and public entities and Tribal nations.

## **STATEWIDE COORDINATION OF WORKFORCE DEVELOPMENT EFFORTS**

Health workforce data alone is not sufficient to inform statewide health workforce policy and planning. The engagement and input of state leaders from public, private, and academic sectors is needed to successfully pursue a statewide vision of health workforce. The OPC and the Workforce Workgroup will provide the newly-created Health Workforce Subcommittee with high quality health workforce research and recommendations. Specific coordination strategies include:

- The Health Workforce Subcommittee will ensure alignment of health workforce efforts with state and regional economic and workforce development initiatives. This alignment will include consideration of strategies to leverage and integrate health workforce initiatives into regional Workforce Investment Board priorities.
- The Workforce Workgroup will develop a comprehensive set of health workforce research questions that will be used to develop a policy agenda for the Health Workforce Subcommittee. The OPC and the Workforce Workgroup will identify research partners and establish memorandums of agreement for data sharing, collaborative research, and accountabilities of information dissemination.
- Housed in the OSDH Center for Health Innovation and Effectiveness, the OPC is well-suited to serve as a neutral coordinating entity. OSDH leadership has committed resources that augments federal health workforce funding and supports robust research capacity. Therefore, the Workforce Workgroup will submit a recommendation to the Health Workforce Subcommittee to officially designate the OPC as the state health workforce data resource center.

## **HEALTH WORKFORCE REDESIGN**

The Workforce Workgroup and the NGA Health Workforce Policy Academy created an avenue for genuine interdisciplinary dialogue on the health workforce needs of the state. Over the past 18 months, a broad range of health professional disciplines, program administrators, health informatics specialists, and other representatives of the health workforce offered their expertise and affirmed their commitment to refining their ability to work in teams focused on coordinated, patient-centered care. Stakeholders have evaluated and considered workforce implications of state efforts, to include, but not limited to, the Medicaid Primary Care Medical Home Model, Health Access Networks, the Comprehensive Primary Care Initiative, Community Health Improvement Organizations, and the Centers for Disease Control and Prevention's Million Hearts Initiative and the critical health occupations list developed by the Oklahoma Office of Workforce in 2015 (Appendix J).

In September 2015, over 40 stakeholders participated in a strategic planning session to develop recommendations for the transition to the practice of interdisciplinary care. Consensus was achieved as to the imperative of increasing care coordination efforts to manage healthcare costs and better respond to the social and environmental needs of patients but not to the optimal composition of healthcare teams. The dialogue highlighted the need for increased provider education and the development of robust technical assistance and support for healthcare organizations and providers as the state transitions to a value-based care delivery system.

Based on dialogue throughout this process, it is clear that “workforce redesign” is already occurring, particularly in Oklahoma’s rural areas. It is also apparent, however, that policy and programs to address health workforce redesign vary widely. Aligning and prioritizing state health workforce initiatives with OHIP health system transformation will support the transition of the existing healthcare workforce to one that functions in a value-based delivery system.

Similar to other states, in Oklahoma, attempts to address the issue of scope of practice remains a challenge. Recommended work redesign strategies reflect not only pathways for developing new health professionals but also incorporate scope of practice concerns and the need for increased support throughout the health system transformation process:

- Oklahoma will develop strategies for training and development for emerging health professions, including care coordinators, health informatics specialists, and practice facilitators. The Workforce Workgroup will define positions and propose standard descriptions for new health professionals. This effort will focus first on Community Health Workers, Care Coordinators, and Health Informatics Specialists. Working with the health profession associations, provider organizations, Oklahoma Foundation for Medical Quality, Oklahoma’s State Regents for Higher Education, and Career and Technical Training Centers, the Workforce Workgroup will recommend the adoption of certification standards for identified “emerging professions” as well as the establishment of training programs and career pathways for these health professions. These efforts will contribute to the goal of an optimized workforce for value-based healthcare delivery.
- In collaboration with Healthy Hearts for Oklahoma (H2O), the Workforce Workgroup will develop a standard definition of practice facilitators and will work with stakeholders to identify strategies to support and promote practice facilitation for health transformation.
- A subcommittee of the Workforce Workgroup will recommend a process to the Health Workforce Workgroup for thoughtful evaluation of scope of practice issues. The subcommittee will conduct research and develop a recommendation for a collaborative, informed process in which to address scope of practice and competencies for traditional, new, and emerging health professions. Priority will be placed on assessing barriers to health workforce flexibility and optimization, including those that prevent healthcare providers from fully utilizing their training and competencies. Suggested models under consideration include the establishment of an interdisciplinary board or ad hoc committee tasked with the development of a holistic, balanced approach to scope of practice considerations and decision-making. Research and work in this area will continue throughout 2016.
- The Workforce Workgroup will collaborate on current efforts to better incorporate behavioral health and substance use disorder prevention and treatment into primary care settings. Currently, 69 out of 77 counties are federally designated as Mental Health Professional Shortage Areas. The Workforce Workgroup will develop strategies that ensure an adequate supply of behavioral health professionals, such as pipeline, recruitment, and retention strategies as well as continuing education and support for the integration of existing behavioral health providers. Additional strategies will address policy and reimbursement barriers to integration.
- The Workforce Workgroup will collaborate with the Telehealth Alliance of Oklahoma to develop an evidenced-based plan for optimizing telehealth capabilities.
  - The plan will include the utilization of technology to increase statewide opportunities for training and professional development of health professionals on health transformation innovation, including practicing team-based and goal-directed care. The plan will seek to establish virtual communities of practice aimed at increasing support and the financial

viability of rural practice. The telehealth strategy will also incorporate “provider to provider” strategies that will connect rural primary care providers with academic medical centers and specialists to provide consult services through video and teleconferencing. Additional components of the plan will include using telehealth to deliver distance learning, Grand Rounds, and other educational content to clinical and residency training sites.

- The Workforce Workgroup will evaluate and recommend additional telehealth strategies that may include remote patient monitoring, direct to consumer telehealth services, emergency room triage, and telepsychiatry.

## **PIPELINE, RECRUITMENT, AND RETENTION**

The United Health Foundation ranks access to care in Oklahoma as the 45<sup>th</sup> worst in the nation, and the Commonwealth Fund ranks Oklahoma’s health system performance as the 50<sup>th</sup> worst in the nation. A shortage of primary care providers is expected to exacerbate this situation. Oklahoma will need to identify and overcome barriers to the creation of an effective health professional pipeline that aligns with a redesigned healthcare system, that pursues evidence-based strategies for recruitment and retention of healthcare professionals, and that develops new programs and secures adequate funding for health professional education and training. Ensuring an adequate supply of healthcare providers in Oklahoma will require a multi-pronged strategy that includes a high functioning, coordinated “K-20” pipeline, rural and community-based residency and clinical education opportunities, and coordinated recruitment and retention programs that not only include scholarship and loan repayment but also local economic and community development to ensure high quality, financially viable communities of practice.

In 2012, the Oklahoma State Legislature authorized the Oklahoma Hospital Residency Training Program (OHRTP). Initial plans were to fund the Oklahoma State University Foundation to establish rural residency programs in Oklahoma’s medium-sized hospitals that serve rural areas. Ultimately, no additional state funds were appropriated. The Oklahoma State University Center for Health Sciences, however, pursued private funding for start-up activities with hospitals and developed a plan to train rural providers in Oklahoma. Oklahoma’s challenge will be to facilitate cooperation between academic medical centers to ensure a sufficient supply of providers that can be trained and retained.

The Oklahoma SIM strategies for pipeline, recruitment, and retention reflect the consensus on the critical need for a coordinated state approach to health workforce training, recruitment, and retention that increases the supply of healthcare providers and assures the state achieves an even distribution of well-trained, flexible health professionals:

- Oklahoma has established a statewide Graduate Medical Education (GME) Committee to provide the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development with recommendations for strategies to address the supply and distribution of well-trained physicians and ancillary healthcare providers. The GME Committee has agreed to develop a state GME plan to address physician shortages, which includes the development of a statewide GME report, the sustainability of current state GME initiatives, and the identification of areas for statewide collaboration between academic medical centers, the Physician Manpower Training Commission, the State Chamber of Commerce, and other stakeholders. The plan will aim to leverage the OHRTP to increase the number of physicians trained and retained in Oklahoma by expanding the number of GME slots, increasing the number of teaching health center GME slots,

and providing additional community-based training opportunities. The plan will be submitted to the Health Workforce Subcommittee for consideration.

- The GME Committee will explore ways in which GME can be supported through innovative strategies to maximize Medicaid matching funds. It will also consider state plan amendments, demonstration project waivers, or other methods to increase state-supported GME.
- Oklahoma will examine existing state statutes that provide state resources for loan repayment and scholarship programs and will carefully construct business plans to leverage federal or private funds. Initial plans include conducting analysis and feasibility studies of several Health Resources and Services Administration programs, to include the National Health Service Corps State Loan Repayment.

## **CONCLUSION**

Health workforce redesign efforts are ongoing in Oklahoma. Through state leadership many initiatives have begun work to assess and address the current and emerging health workforce issues. The Oklahoma SIM process in conjunction with the NGA has led to four areas of focus to create an agile, well-distributed workforce capable of meeting the demands of a value-based healthcare environment.