



Oklahoma Health Improvement Plan (OHIP) Health Workforce Workgroup



Oklahoma State Department of Health
1000 NE 10th Street, Room 1102
Oklahoma City, Oklahoma 73117

Wednesday, January 21, 2015
10:00-12:00

Workgroup Chair: Deidre Myers, MA
Deputy Secretary of Commerce for Workforce
Development
Oklahoma Department of Commerce

Project Manager: Jana Castleberry
Health Planning Coordinator
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Oklahoma State Department of Health

Agenda

1. Welcome and Introductions
2. Oklahoma State Innovation Model
3. Review and Discussion of Proposed Workforce Assessment
4. Next Steps

Workgroup Member	Title/Organization
Buffy Heater, MPH	Director, Planning and Performance/ Oklahoma Health Care Authority
Cynthia Scheideman-Miller, MHSA	Executive Director/ Telehealth Alliance of Oklahoma
Mark Rogers, MAL	Executive Director/ Absentee Shawnee Tribe/Little Axe Health Center
Kim Chuculate, MHR, RRT	Chief Executive Officer (CEO)/ Northeastern Tribal Health System
LCDR Seneca Smith, MHA, BSRT, (R) (CT)	Secretary of Health/ Muscogee (Creek) Nation Department of Health
Alison Williams	Workforce Manager/Oklahoma Primary Care Association
Jane Nelson, MA, CAE	Executive Director/Oklahoma Nurses Association
Kautilya Mehta, MD	Past President/Oklahoma State Medical Association
Jackye Ward, MSN, RN	Deputy Director/Oklahoma Board of Nursing
Steven Buck	Deputy Commissioner/Oklahoma Department of Mental Health and Substance Abuse Services
Corie Kaiser, MS	Director/Oklahoma Office of Rural Health
Lara Skaggs	Program Manager, Health Careers Education Oklahoma Department of Career Tech Education
Janie Thompson, M.Ed	Manager, Physician Recruitment Programs Physician Manpower Training Commission
Julie Myers, MPH, CPHQ	Education Manager/Oklahoma Foundation for Medical Quality
Tina Johnson, RN, MPH	Director, Nursing Service/Oklahoma State Department of Health
Dwight Sublett, MD	General Pediatrician/Stillwater Medical Center Physician's Clinic
Andy Fosmire, MS	Vice President, Rural Health/Oklahoma Hospital Association
Monty Evans, MA, CEcD	Sr. Economist/Oklahoma Employment Security Commission
William Pettit, DO	Senior Associate Dean of Academic Affairs Associate Dean of Rural Health & Associate Professor of Family Medicine, College of Osteopathic Medicine Oklahoma State University Center for Health Sciences
Lynnette McClain	Executive Director/Oklahoma Osteopathic Association
Candace Shaw	Assistant Vice-Provost, OUHSC Heartland Center for Telehealth
Debbie Blanke, PhD	Assistant Vice Chancellor, Oklahoma Department of Regents



Five-Year Vision

Coordinated policies and programs are in place to support and ensure the development of a well-trained, flexible and appropriately distributed health care workforce that meets the needs of an efficient and effective health care system in Oklahoma.

Issue

The Commonwealth Fund ranks Oklahoma’s state health system as 49th out of 51 states. Oklahoma has several initiatives underway that aim to transform the health system into one that lowers health care costs, increases care effectiveness, and improves health outcomes. In order to accomplish this, Oklahoma will need to implement innovative, evidence-based strategies that will ensure a well-trained, flexible, and adequately distributed health workforce. Recent efforts to address Oklahoma’s health workforce have resulted in the identification of four core focus areas: 1) Coordination of workforce efforts, 2) Data collection and analysis, 3) Pipeline, recruitment and training, and 4) Implementing policies and programs that support an optimized health workforce.

GOALS

Goal 1: By October 2016, statewide health workforce efforts are being coordinated through a single, centralized entity.

Strategies	Indicators of Success
<ol style="list-style-type: none"> 1. Identify the comprehensive range of stakeholders, define roles, and develop functions and parameters for partnerships 2. Formalize collaboration by development of detailed, specific memorandums of agreement (MOAs) 3. Include an agreement to include consultation with partners in major state funding and/or program proposals in MOAs 4. Explore and recommend evidence-based practices to be included in State Health Workforce Action Plan 5. Coordinate and leverage health workforce initiatives with state workforce investment activities 	<ol style="list-style-type: none"> 1. By May 2015, stakeholder consensus is achieved for a common mission, vision, and goals 2. By March 2016, Memorandums of Agreement to coordinate health workforce efforts are in place with 75% of identified stakeholders 3. By October 2015, Oklahoma Health Workforce Action Plan is complete and signed by Governor 4. By July 15, 2015, recommended strategies in “Action Plan” are adopted and supported by Governor’s Council on Workforce 5. After May 2016, proposals for state funding for health systems and health workforce reflect strategies included in “NGA Action Plan”



Goal 2: By January 2016 labor demand and program supply for 20 critical health care occupations are identified and quantified through the development of a longitudinal, multi-sourced data set that is available for public use.

Strategies	Indicators of Success
<ol style="list-style-type: none"> Engage partners for research, data collection and analysis as needs are identified, i.e. work with licensing boards to adopt minimum data sets to be used in statewide data analysis Explore “best practices” in health workforce data collection and develop prioritized health workforce research agenda based on Oklahoma’s specific needs Develop detailed MOAs for data collection and analysis 	<ol style="list-style-type: none"> By October 2015, one core set of health workforce data elements needed to assess supply and demand are identified and a process to collect and analyze is established By October 2015, health workforce research agenda is established so that health workforce decisions are informed by data and analysis, i.e. community health and economic indicators, labor force considerations By March 2016, organizational roles and responsibilities are defined and information sharing agreements are in place with 50% of identified partners

Goal 3: By October 2019, strategies are in place to reduce identified supply gaps for 20 critical health occupations.

Strategies	Indicators of Success
<ol style="list-style-type: none"> Assess and evaluate current recruitment and incentive programs to make data-driven recommendations for NGA state action plan Research evidence-based retention strategies with specific focus on development of assets to support health care workforce Identify and recommend new strategies to train, recruit and retain traditional and emerging health professionals, including pre-baccalaureate health professionals i.e. community health workers, medical assistants Strengthen and expand existing health workforce training programs, including administrators, practice facilitators Increase opportunities for professional development for health professionals on health system transformation, i.e. telemedicine, EHR and population health, team-based, and patient-centered care 	<ol style="list-style-type: none"> By August 2015, data-driven, evidence-based recommendations are made to “recruit, train and retain” health care professionals By October 2016, recommendations for statewide retention efforts are developed By October 2017, job descriptions and new competencies have been developed for traditional and emerging health professions By October 2018 training institutions and organizations are developing and/or adopting curriculum and programs based on recommended strategies By October 2018, training and professional development is being delivered in high-priorities areas of the state



Goal 4: By November 2019, at least five recommended policies and programs that support and retain an optimized health workforce have been implemented.

Strategies	Indicators of Success
<ol style="list-style-type: none"> 1. Assess current barriers to health workforce flexibility and optimization, including those that prevent health care providers from practicing at “top of license” 2. Conduct stakeholder engagement process to determine appropriate, feasible models of health care for a range of Oklahoma communities 3. Explore evidence-based policies and programs for the support of medical homes and patient-centered care 4. Explore strategies to provide biopsychosocial support to health care professionals 	<ol style="list-style-type: none"> 1. By October 2015, recommendations for solutions to identified barriers are developed 2. By December 2016, a community engagement process has informed the development of proposed models for a redesigned health workforce 3. By October 2018, recommended reimbursement policies and mechanisms that encourage and support medical homes and patient-centered care have been piloted and/or adopted 4. By October 2019, evaluations of new support programs show that health care professionals are more satisfied in their positions.