

Healthcare Workforce Subcommittee

Health Workforce Subcommittee Members Attending	
Shelly Dunham, Co-Chair	Teresa Huggins, MBA
David Keith, Co-Chair	Shelly Wells, Ph.D., RN
Deana Tharp, LPC	David Wharton, MPH
Daniel Joyce, DO	Tandie Hastings
John Zubialde, MD	Randy Curry, D.Ph
William Pettit, DO	Jeremy Colby
Committee Staff	
Julie Cox-Kain, MPA, HHS	Jana Castleberry, OSDH
Subcommittee Members Not Present	
Jason Eliot, J.D.	Ted Haynes, MBA
Randy Grellner, DO	Katie Altshuler

Meeting Outcomes/Action Items

Workgroup Processes

- **Project Planning:** Members engaged in a discussion about the process of the workgroups and agreed that recommendations from the Subcommittee will be most effective if they are data-informed and evidence-based. Health Planning Coordinators and Research Specialists from OSDH Center for Health Innovation and Effectiveness (CHIE) are available to assist the Subcommittee and workgroups. A process will be developed for workgroups that will assist workgroups engage stakeholders and examine data, research and the evidence-base for strategic focus areas.
- **Recommendations:** Recommendations should be presented to Co-chairs of the Subcommittee prior to the Subcommittee meetings. Recommendations to the Governor’s Council for Workforce and Economic Development will be made by the Co-chairs and should be submitted to the Council at least two weeks’ in advance of Council meetings.
- **Considerations:**
 - The challenge of making funding recommendations will be the identification of a source of funding. In the current budget reality, there may be a need to examine which funds are going into a particularly strategic focus area and consider if a redirection of funding would increase effectiveness in that area.
 - How should the Subcommittee determine an appropriate level of strength of evidence?
 - A lack of data should not stop a recommendation from going forward. Identifying data gaps will assist in efforts to improve health workforce data collection and analysis.

Critical Health Occupations

- **Create Process Map:** the Critical Health Occupations workgroup and project planners at OSDH will work together to create a process map to be presented at the next workgroup meeting.
- **Development of “Value Statements” for List of Critical Health Occupations:** Examples of “value statements” needed to develop of critical health occupations were discussed. Value statements will be used to determine the impact of health system transformation on supply and demand forecasts.



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Members asked for clarification and definitions where possible. Members will receive data and more information via email and will discuss at the April meeting.

- **Research:** The work group will examine value-based health care teams and how they have an impact on health care quality and outcomes. Support for this effort will include the production of white papers on Community Health Workers, Community Paramedics, and Care Coordinators.

Teaching Health Centers

- **Subcommittee Approved Support for AHEC Proposal:** Dr. Petit will be contacting attendees for letters of support and discussion to finalize the AHEC Proposal.
- **OSU will share application for review:** Information and a copy of the application for the AHEC proposal will be shared.
- **Letter of Support Submission Deadline:** Deadline for submission to Dr. Petit: March 10th, with final application due March 24th.

Graduate Medical Education (See Presentation)

- **GME Data:** OSDH CHIE staff will work with GME Workgroup to develop data and explore ways in which recommendations can be supported by an evidence-base. OSU data may not be reflected accurately; OSDH CHIE staff will follow up with Dr. Pettit to discuss data needs.
- **Physician Workforce Data:** Proposal from Association of American Medical Colleges will be evaluated and considered. Questions to be answered include, "What will we do with the information?" and "How can we realistically implement recommendations that may come out of the model?" Funding for the project would likely need to involve multiple partners.
- **Considerations/Discussion Points:**
 - Examine the concept of developing a "Fragility Index" for rural areas
 - Consider the impact of tort reform on the ability to recruit and retain physicians.

Meeting Notes:

Intro: Purpose of the group is to propose recommendations which support alignment of efforts for optimizing the health workforce in Oklahoma. The group discussed the role of the group in recommending data-informed policy and the importance of establishing a clear process for evaluating and articulating recommendations.

Critical Health Occupations

List of Critical Health Occupations

The workgroup has begun work on revising a list of critical health occupations. The original list includes 25 existing and 5 emerging health professions. The revised list may incorporate new occupations based on changes in the most recent data. Sandi Wright (OK Office of Workforce Development) met with OSDH



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staff in January to discuss the methods involved in supply and demand projections used for workforce analysis. This included a description of standard occupation codes and statistical methods to inform a model which represents the supply/demand for the workforce over time. Workgroup members also discussed with Ms. Wright how value statements will support this effort. Value statements provide context for the characteristics of factors that contribute to an 'optimized' health workforce. The workgroup will revise the existing list by determining new value statements which form a picture of a coordinated, value-based health care system. The previous list of critical occupations only included 2 value statements focused on existing health care systems; the subcommittee will want to update this to reflect other aspects of a transformed health care system.

Workgroup members discussed the need to accurately define primary care providers, as the current health system relies upon PAs and NPs as well as primary care physicians. The dynamics of greater usage of PAs, NPs over time may have an impact on physician working hours, staffing and health care team models as well. Several large studies have assessed value-based teams and their impact on quality, which will need to be discussed.

White Papers on Emerging Occupations

The workgroup plans to produce white papers which analyze how the emerging occupations fit into the list of the existing critical health occupations. OSDH staff will write and research the papers within the next 1-2 months with input from the committee on three occupations: community health workers, community paramedics and care coordinators. The white papers will assist the workgroup with having research which defines a list of skills and potential skills gaps which exist for these occupations. The workgroup will include an assessment of supply/demand for these health occupations.

Stakeholder Engagement

The group discussed a stakeholder engagement matrix to categorize various occupations and the knowledgeable stakeholders that could help with research and data collection. For example, to better understand the required skills and supply of health IT professionals, the committee discussed the potential need for additional stakeholders to inform their priorities.

Health Care Industry Occupations Report

Committee members discussed the scope and process of producing an updated version of the 2006 Health Care Industry Report. This would be a longer-term effort of the committee (9 months-1 year) due the need for more extensive data collection to cover a wider range of health care settings than the original report. In the previous edition of the report, important health care settings were not included (FQHCs, mental health institutions) and the committee identified this as a concern. The production of this report will be a collaborative effort and will rely on the expertise of partner state agencies including the Department of Commerce, Oklahoma State Higher Regents, Oklahoma Employment Security Commission, and the Oklahoma Office of Workforce. Data from health professional licensure boards will also be included.

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Teaching Health Centers

Dr. William Petit (OSU Center for Health Sciences) presented on the efforts of the teaching health center workgroup. The Teaching Health Center group reached out to FQHC partners in Tulsa (Morton Health) and continues to plan meetings. Efforts to speak with federal lawmakers about the program were also conducted and explained to committee members. An update was given on current efforts to sustain funding for Teaching Health Centers for the upcoming fiscal year.

Area Health Education Center Proposal (AHEC) (See attached document)

OSU Center for Rural Health described a funding opportunity from HRSA to support AHECs, which they are currently pursuing. This effort will involve multiple workforce partners across the state. Priority areas established by HRSA for the program include integration of mental health, diversity, distribution, practice transformation and social determinants of health. A large portion of the funding must be used to support the AHEC scholars program. Applicants for this opportunity must be medical schools; contracts will be used to establish regional nonprofit AHEC Centers to coordinate health professional training efforts which prepare students to pursue careers in primary care in rural and underserved areas. The number of centers is to be determined by interest and funding. The first year of funding will support a planning period. A state match will be required for the program.

Committee members discussed features of the program intended to improve the sustainability of the program, in the event the application is awarded. A motion to support the AHEC application (via letters or statements of support, if needed) was raised by David Keith and was approved by the full committee.

Graduate Medical Education (See attached presentation)

Dr. John Zubialde (OU College of Medicine) presented information on the strategy discussed by the workgroup for sustaining and improving graduate medical education. The group has developed a strategy and goals that align with metrics for the Governor's Council for Workforce and Economic Development.

Strategy for GME

The workgroup discussed the importance of quality data to inform good policy, with particular attention to good data on the maldistribution, retention and return on investment aspects of GME. Rural specific analytic capabilities would be very beneficial. The idea of developing a 'rural practice fragility' index to understand the economic factors causing challenges for health systems and providers could fit with existing efforts such as OU's H2O program and the OK State Chamber.

Dr. Zubialde described a proposal to leverage the resources of the American Association of Medical Colleges to do a workforce study for Oklahoma. The analysis proposal would be up to the state and could be tailored to look at urban compared with rural, regional patterns and/or other options. They would help the state to build its own model in a 'train the trainer method.' (See attached model.) Alternative models by other organizations were noted.



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The group discussed the need for a stable budget for GME; GME is a long-term investment requiring multi-year planning and the funding necessary to support and protect investments in PMTC. The GME workgroup recommends exploring expanded authorization and funding for PMTC to effectively coordinate and execute physician training, recruitment and retention programs (loan repayment, community matching funds). A potential innovative strategy related to addressing the high cost of student debt that was raised was an option of loan buyback programs. Note: PMTC is seeking to expand programs to APRNs and PAs.

Some questions to consider around GME include: Why are physicians leaving Oklahoma? What are strategies that could be employed to retain current residents? What works best? (Community sponsorships were noted.) A discussion was also briefly held about TORT reform and its impact on the ability of a state to attract and retain physicians. The state of Texas was mentioned as a model that employed a successful strategy to increase retention. (Study attached.)

National Governors' Association (NGA) GME Technical Assistance

Adrienne Rollins (OSDH) gave an update on the current activities related to the NGA technical assistance opportunity awarded to Oklahoma. OSDH staffs have spoken with NGA TA providers in January, and will develop a project plan and outline goals. The goals currently include identifying a funding flow map GME, examining existing contract language and seeking ways to strengthen the language and tie the funding to health needs, and exploring other states' strategies to support teaching health centers and broader graduate medical education. The team will meet in March and will hold a strategy session with the NGA TA team in May. This will provide strategic planning opportunities for state agency partners (OHCA, PMTC) to investigate what efforts and mechanisms used by other states have potential for success in supporting GME in Oklahoma.

Committee Processes

The Subcommittee held a discussion about committee processes to ensure recommendations were data-informed and evidence-based.

OSDH CHIE Staff support for the Subcommittee and workgroups was discussed, with an explanation that each group should be supported by OSDH staff. CHIE Health planning coordinators are available to assist with developing timelines, building a charter, determining what is in and out of a committee's scope and the resources available for research. CHIE research specialists will provide assistance with data and research, including the creation of a bibliography for each recommendation. Staff expertise and resources can be reviewed and reported to the Subcommittee and workgroups so that members are aware of what can be accomplished using existing staff, other agencies (OK Works) and/or consultants and contractors. Workgroup members are encouraged to develop research questions, serve as subject matter experts, or suggest linkages to key expertise in their industry or regions.

Next Meeting Date: April 19th, 2017, 2:30-4:30PM (Location TBD)

