



OHIP/OSIM HEALTH WORKFORCE WORKGROUP MEETING MINUTES



Health Workforce Workgroup	
DATE	8-5-2015
TIME	10:00-12:00
LOCATION	Oklahoma Hospital Association
FACILITATORS	Project Manager, Health Workforce Workgroup: Jana Castleberry
MEMBER ATTENDEES	<p>William Pettit, D.O., OSU Center for Health Sciences; Chad Landgraf, OSU Center for Rural Health; Monty Evans, Oklahoma Employment Security Commission; Jackye Ward, OK Board of Nursing; J.T. Petherwick, Blue Cross and Blue Shield; Lisa Wynn, Oklahoma Foundation for Medical Quality; Debbie Blanke, Oklahoma Regents for Higher Education; Janie Thompson, Physician Manpower Training Commission; Joyce Lopez, OSDH Chronic Disease Service; Cynthia Scheideman-Miller, Telehealth Alliance of Oklahoma; Julene Carter, Choctaw Nation Health Services Authority; Todd Hallmark, Choctaw Nation Health Services Authority,</p> <p>Via Phone:</p> <p>Seneca Smith, Secretary of Health, Muscogee Creek Nation; Lyle Kelsey, Oklahoma Medical Licensure Board; Matt Harney, Oklahoma Osteopathic Association; Tina Johnson, Oklahoma State Department of Health; Buffy Heater, Oklahoma Health Care Authority; Dr. Pete Aran, St. Francis Health System</p>
GUESTS	Jane Garner, James Rose, Mollie Kimpel, Spencer Kusi, Valorie Owens, David Bodimer, Center for Health Innovation and Effectiveness

AGENDA

1. Welcome / Introductions

- Deidre Myers, Oklahoma Office of Workforce

2. Updates

Critical Health Occupations: Data and Methodology

- Deidre Myers presented a list of 25 critical health occupations and described methodology used to determine list. For the development of the “Top 100 Critical Occupations”, the Office of Workforce first identified driver systems and complimentary systems.
- Point to remember: Health care is a complimentary system and is also considered a “public good.”
- Policy issues drove the effort to develop the list of 100:
 - Limited resources and the need to prioritize occupations and industries; the focus was on identifying where the state would need incentives, and where incentives would yield the best return on investment.
 - Need to identify infrastructure issues, no longer in terms of roads, bridges, and railroads, but now in the “21 Century” infrastructure, i.e., broadband.
- List is not just a list of those occupations that are in most demand, or those that pay the most; there is no one indicator that places them on the list.

- The Office wanted to identify bottlenecks for those occupations that were critical; meaning those bottlenecks that could cause Oklahoma's industries to begin to deteriorate or no longer function. The overall point is the goal of -growing Oklahoma's economy.
- List of 100 critical occupations include complimentary occupations and focuses on how the economy is working; this was developed using multiple data sets.
- Ten health workforce occupations are found on the list of 100.
- The health workforce occupations list focuses instead on how "we would like the economy to work" and is developed on different data sets, some of which were quantitative, some qualitative; some data sets are public, others proprietary.
- To develop the list of critical health occupations, value statements had to be incorporated. Value statements were determined based on goals of health workforce initiative:
 - Number of physicians per population
 - Ideal distribution
 - Value statements can run counter-intuitive to economic status
- Deidre explained details of Excel spreadsheet; the results will give the workgroup a starting point for discussion. Details include:
 - Standard Occupations Codes (SOC)
 - Location quotient: How prevalent that job is compared to the national economy based on a ratio of 1:1; anything below 7 should be questioned
 - Openings
 - Median hourly earnings (use median, not average)
 - Expected change
 - Education required
 - Age groups (percentage of today's workforce that is in this occupation); can identify areas of stability but also flag supply threats due to retirement
 - Wage & skill level are compared to assess supply vs. demand
 - "Areas of Concern" are coded due to a variety of reasons (pipeline, retirement, etc.); these need more research
- Some projections have to take into account that demand may be skewed because there are simply not enough behavioral health providers
- Emerging health professions can be merged into the list; problem may be with data limitations with occupation coding; as a group, we can identify similar skill sets
- Resources are limited; some strategies may be needed to address limitations that inhibit change
- Workgroup (or subcommittee of workgroup) will meet to discuss in detail the data elements and value statements used (detailed discussion notes will be provided to workgroup)
 - Workgroup should cluster list into "like" groups
 - Categories that have a large number of current openings should be looked at first
 - Could perhaps prioritize by age, i.e. 45 and above
 - Identify areas where national quotient is higher than other areas; could be a recruitment tool
 - Look at rotations in occupations; could be solutions
 - May look at how long it takes to train someone to enter into an occupation (Time to Employment is actually a data set, as is Cost)
 - Will want to look at how each occupation is counted and make sure all are counted appropriately

3. Oklahoma State Innovation Model (OSIM) Gap Analysis & Environmental Scan

- The gap analysis and environmental scan are components of the larger assessment
- Data Catalogue is under revision; please continue to add comments (posted on website)
- Landscape still under revision as well-also posted on website
- Gap analysis is difficult without a list of health care professions and without knowing which to focus on; key questions and challenges include:
 - Focus was on primary care workforce
 - There are no targets for numbers of required professionals
 - What ratios are necessary? There is no directive in OSIM; will need to integrate more firm data so that a gap analysis can be conducted
 - Data is not available or consistent across disciplines
- Environmental Scan was more of literature review. It is looking at what factors affect the health workforce in Oklahoma.
 - Add “quadruple aim” to the “triple aim”. It is the critical missing piece to a workforce needed to move to value-based care; the fourth aim is that providers must be satisfied with working conditions, income, regulations, etc.
 - Scope of Practice issues that create “turf battles” must be avoided; it shuts down the ability to move forward with needed changes to the system
 - Disconnect between actual scope of practice and legal scope of practice; practitioners should be practicing what they are trained to do-to the fullest extent
 - Some states have implemented methods to review scope of practice changes; demonstration models and/or pilots, prior to changing scope of practice laws
 - Some states establish a formal board or department that requires study and public comment prior to a scope of practice change
 - First step in most of the states that formalized a process to examine scope of practice was to shore up practice so that professions can practice at “top of license”
 - One “surprise” from the scan was the number of scope of practice changes that have happened in Oklahoma over the last five years; it’s worth taking a look at the process and impact
 - Scan includes some incentives to increase health workforce; PMTC is a great program and could be more fully integrated into the workforce development initiative
- Questions included an analysis of import vs. export of trained providers; Office of Workforce includes that data element in the overall workforce data (the higher education level, the more likely we are to import; lower is less likely to import)
- Oklahoma actually has above-average retention rate of physicians; this is a result of policy intervention in the early 1990s
- Much of the work around the proposed models of care in OSIM will be used to refine the workforce assessments
- We are fortunate in Oklahoma to have three medical schools, two of which have a strong focus on community medicine that teach population health, patient-centered care, and accountable care

4. Next Steps

- Convene data group to discuss list of critical occupations
- Individual contacts will be made to further discuss gap analysis and environmental scan; comments should be submitted to Jana Castleberry at JanaC@health.ok.gov