



January 31, 2018

TO: Members of the House Health Care Committee,  
Senate Health Care Committee  
FROM: Oregon Health Policy Board  
SUBJECT: Health Care Workforce Needs Assessment

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Dear Co-Chairpersons:

The Oregon Health Policy Board (OHPB) is pleased to submit the attached Health Care Workforce Needs Assessment, required under HB 3261 (2017):

1. **The Oregon Health Policy Board, in consultation with the Oregon Health & Science University and the Office of Rural Health, shall conduct an assessment of the health care workforce needs in this state, including but not limited to the health care workforce needed to address:**
  - a. **The continuing expansion in commercial and publicly funded health care coverage;**
  - b. **Health disparities among medically underserved populations; and**
  - c. **The need for health care providers in rural communities.**
2. **The board shall report to the Legislative Assembly no later than February 1 in each odd-numbered year on the health care workforce needs in this state and proposals for addressing those needs with programs funded by the Health Care Provider Incentive Fund established under ORS 676.450.**

We note this is the first assessment provided under the direction of HB 3261, and appreciate your understanding that this is a work in progress.” While we were able to gather substantive data which paints a picture of the health care workforce capacity in Oregon, we also have many intentions for future versions of this report, which we will provide on a biennial basis beginning in February 2019.

### Methodology Used in the Report

The Board has used an approach of “three lenses” from which to view need:

- Employer demand for workers
- Patient access to care and services required in a community
- Workforce capacity at a county level

As directed in HB 3261, Oregon Health Authority (OHA) staff worked with Oregon Health and Science University, and in particular the Oregon Office of Rural Health, in gathering data used to form these initial conclusions. The Oregon Health Care Workforce Reporting Program, established in ORS 67.6410, was also instrumental in identifying workforce capacity, subject to the limitations identified in the report.

From the view of any of these lenses, Oregon’s health care workforce falls short in many areas of the state. It is the Board’s commitment to expand the capacity of the workforce overall, and in particular, in those areas of the state where the need is greatest.

## **Initial Conclusions of the Report**

- *There is an insufficient amount of primary care capacity across the spectrum.*
- *Our health care workforce continues to lack needed diversity in many areas.*
- *Additional dental care capacity is needed in much of the state.*
- *Behavioral health workforce needs are a critical focus.*
- *Data to determine both workforce supply and demand is improving, but further improvements are needed.*

## **Additional Considerations**

- This report does not speak to long-term care (including in-home care); we are considering whether this would be a useful expansion or detract from the mission you have given to us.
- Noted in the report is discussion of a strategy to both expand the primary care workforce overall, while targeting resources to areas most in need; the Board is not recommending a wholesale relocation of providers within Oregon from urban areas to rural areas.
- It is worthwhile to examine the effects of provider satisfaction and resilience on retention in underserved areas as part of the evaluation to be conducted every other year.
- The absence of a clear standard for workforce adequacy should not detract from doing the work to expand capacity where it is clearly lacking.

## **Next Steps for the Board, our Workforce Committee, and OHA Staff**

- For the 2017-19 biennium, the legislature has earmarked funds for specific types of incentives. We are asking our Workforce Committee to identify how funds from the Health Care Provider Incentive Fund can be targeted in the future at professions not historically eligible for financial incentives in Oregon, such as naturopathic doctors, medical assistants, therapists and others.
- We are seeking help from the Workforce Committee and other stakeholders to identify best practices for providers to employ to optimize health outcomes for patients. (This is one plan for following up on our recommendation in 2016 to establish a Collaborative around best practices concerning recruitment and retention of health care professionals.)
- We are asking our Workforce Committee to identify new professions where a small investment can make a large impact to expand capacity, to enable maximum productivity of the funds provided.
- We are also asking the Workforce Committee and OHA staff and stakeholders to help identify opportunities to engage in new collaboration with communities to better identify local workforce needs and help leverage other funding sources targeted toward local economic development, such as federal Workforce Investment Act (WIA) funds, community “seed money” and foundation dollars.
- We plan to use our Workforce Committee to take this Needs Assessment to inform the operation of new health care provider incentive programs and to identify workforce gaps not historically targeted by state or federal incentives.

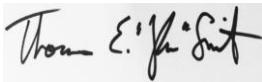
## Next Steps for the Further Development of this Report

It is our intention to use the Health Care Workforce Needs Assessment in future years to:

- Determine whether Oregon's current education and training programs are producing enough providers and whether additional education and training opportunities are needed to close current and/or future workforce gaps.
- Examine gaps in health care occupations not historically eligible for state or federal incentives and whether new state efforts are warranted.

It is our plan to use the upcoming evaluation of programs (scheduled for September 2018) to help address how we may create additional menus of offerings beyond traditional incentives. As noted in this report, job categories that do not require the same type of schooling and debt may be less amenable to multi-year programs requiring recipients to make a multi-year commitment to a community. Short term stipends, scholarships to training programs, or other tools could be more useful for other occupations.

We look forward to exploring additional policy options in the year ahead to expand our health care workforce capacity, to provide guidance to the Oregon Health Authority in its implementation of the new Health Care Provider Incentive Program, and to continue in partnership with you to expand our state's workforce capacity and realize the promise of good health for all people living in Oregon.



Zeke Smith, Chair  
Oregon Health Policy Board