

**Safety Net Advisory Council (SNAC)**  
**WORKFORCE RECOMMENDATIONS SUMMARY**

**Background**

Baby boomer retirements will have an especially strong impact on the safety net and rural areas in particular. Specific issues need to be addressed such as assuring an adequate provider “pipeline”, preventing burn-out of existing providers, addressing misdistribution of workforce, providing workforce tools that will help safety net clinics remain viable and supporting communities in their efforts to evolve models that work. Like the rest of the health care delivery system the safety net is dependent on its workforce. It is especially dependent on mid-levels and physicians who provide supervision, dentists and increasingly, behavioral/mental health professionals.

Health care extenders such as community health workers, locally or regionally developed practitioner models, and telemedicine strategies are likely to become increasingly important. SNAC’s recommendations seek to acknowledge and address workforce challenges across the safety net system, however SNAC recommends all incentives/programs be prioritized based on geographic locations, recognizing the magnitude of need in frontier and rural areas.

**Recommendations**

*Community Based Innovation*

**1. Initiate a rural ‘Locum Tenens’ Program**

- Provide temporary physician and dentist relief for vacation, continuing education etc.
- Develop a model that meets the needs of behavioral and mental health practitioners.
- Provide longer-term access solution for some rural communities.
- Utilize existing OHSU infrastructure – mutual benefits across program.
- Funding: Fees, grant funding, Legislative Appropriation \$1 Million start up, \$500,000 per biennium for on-going technical support and program maintenance.

**2. Promote flexible community workforce approaches**

- Expand the range of individuals able to provide emergency services, treat acute or chronic conditions, and provide preventive and health promotion services (e.g. combinations of existing health professionals, community paramedic)
- Create a four year, multi-county/multi-community pilot grant program
- Funding: Legislative Appropriation - \$ 5 Million over four years.

## *Mid-level Education and Deployment*

### **3. Increase the number of graduating mid-level professionals practicing in regional networks**

- Provides targeted investments in existing educational programs to recruit and train midlevels willing to work in rural communities and safety net clinics.
- Promotes Regional Network supervision of mid-level practitioners.
- Engage strategic partnerships between educational institutions, AHEC, Office of Rural Health, local health departments
- Incorporate/Coordinate with Oregon Health Service Corp, recruitment funds, technical assistance and other supportive programs
- Funding: Public-Private Partnership – state contribution through Legislative Appropriation to be tapered off over the course of 3-4 Biennium

### *Recruitment and Retention Tools*

#### **1. Establish Oregon Health Service Corps**

- Existing loan repayment program has not been updated since 1989 – funded at \$ 200,000 per year.
- Renames, updates, and integrates with other programs, adds loan forgiveness.
- Increase funding to cover more providers as a first priority
- Add additional health professions but not at cost of “thinning the soup.”
- Provides necessary staff support.
- Funding: Legislative 2009-2011 \$3, 000,000, and 2011-2013 \$ 5,000,000.

#### **2. Update the Provider Tax Credit**

- Oregon’s provider tax credit has not been updated since 1989
- Increases the tax credit from \$5000 to \$10,000
- Provides for the addition of other health professionals
- Funding: Legislative Appropriation

### **Anticipated Outcome**

The health care safety net can recruit, retain, and deploy physicians, mid-levels, and other trained and certified practitioners to meet its health workforce needs.