

# OKLAHOMA HEALTH WORKFORCE ACTION PLAN

Building a Transformed Health Workforce:  
Moving from Planning to Implementation



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## *Letter of Introduction*

Assuring that Oklahomans are able to increase their wealth and lead healthy, productive lives are the highest priorities of Oklahoma Governor Mary Fallin. Achieving health and prosperity for all citizens will require state agencies, educational institutions, public and private industry, and Tribal nations to work collaboratively to address a spectrum of economic and health improvement initiatives. In 2014, the Oklahoma Health Improvement Plan Coalition (OHIP), facilitated by the Oklahoma State Department of Health, convened a statewide collaborative planning effort to improve health outcomes in Oklahoma. Out of that effort and in association with the National Governors Association Policy Academy on Health Workforce, a core team of state thought leaders and decision makers developed “The Oklahoma Health Workforce Action Plan.”

Working with a broad group of stakeholders that comprise the OHIP Workforce Workgroup, this core team developed actionable strategies that aim to catalyze policy change and assure the state’s health workforce is well-prepared and able to achieve the OHIP 2020 goals for health system transformation.

A major tenet of the Oklahoma Health Workforce Action Plan is the creation of a Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development. Establishing this subcommittee solidifies Oklahoma’s ongoing focus on health workforce issues in Oklahoma and will ensure that health workforce is integrated and aligned with statewide workforce and economic development efforts. Central themes focus on implementing high-level policy decision-making processes, enhancing the state’s capacity to collect and analyze workforce data, achieving collaboration needed to leverage policy and programs to address physician shortages and support interdisciplinary care, and developing an innovative statewide telehealth plan.

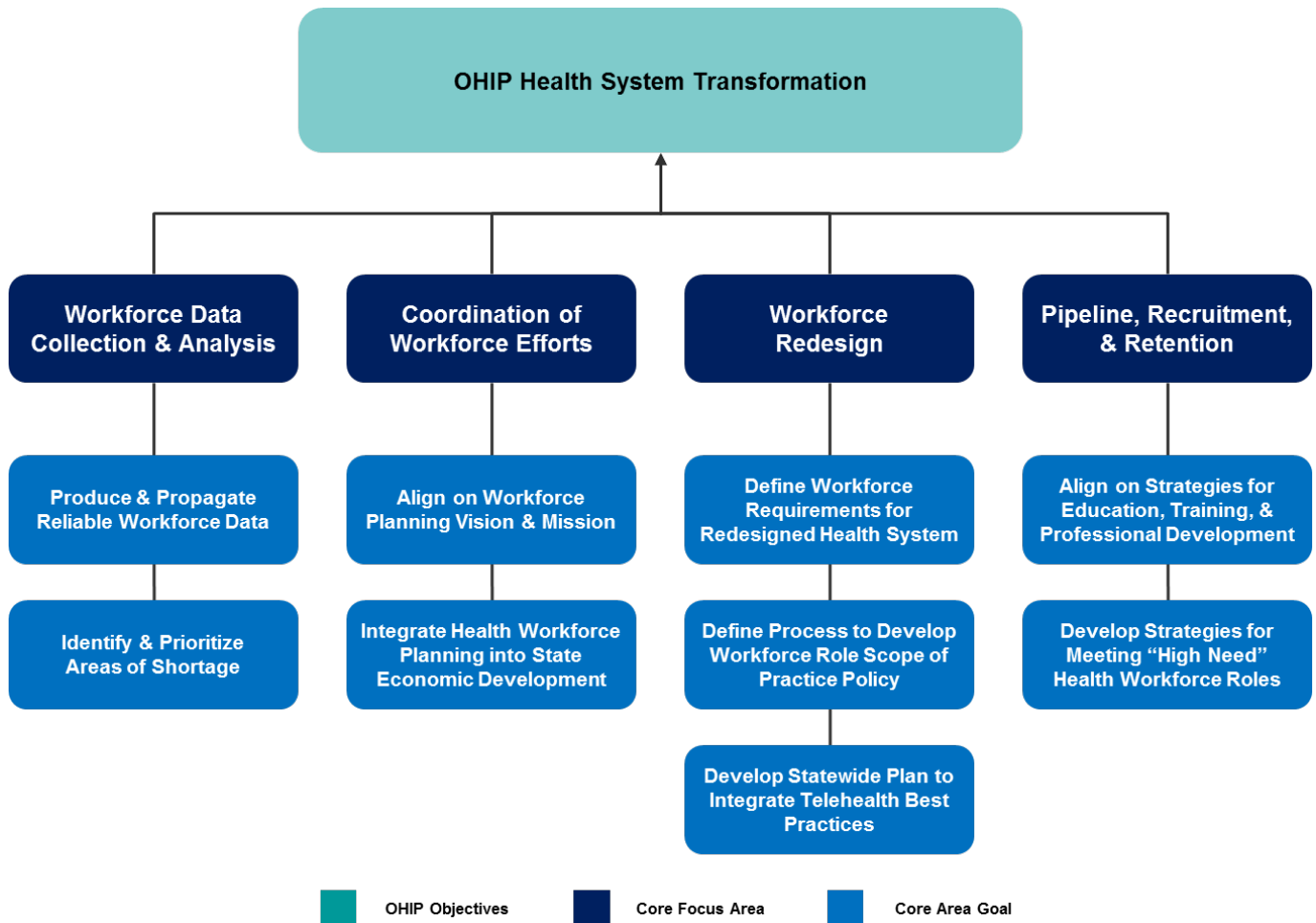
Over the course of the policy academy, the rapid pace of health system transformation required that components of this action plan be implemented while other components were still under development. The goals to align on a statewide mission and vision and to establish the Health Workforce Subcommittee have been achieved. Remaining action steps in the Oklahoma Health Workforce Action Plan will serve as the initial guide to coordinated, effective health workforce planning in Oklahoma. The implementation of the strategies and action steps contained within the plan will serve to support the state’s health reform efforts. The work achieved through this process will also set a precedent for future policy endeavors that aim to establish collaborative initiatives that integrate state priorities and develop cross-cutting approaches to improving the lives of all Oklahomans.

## Action Plan Core Area Summary

The Oklahoma Health Workforce Action Plan leverages the following structural tenets in its efforts to support health system transformation:

- Assess the current state of Oklahoma’s healthcare workforce
- Align on a future vision for the workforce
- Identify the gaps between the current status and the future vision
- Develop objectives and strategies that address these gaps to achieve the vision

A high-level, visual overview of the Action Plan’s objectives is below:



## **Core Area #1 Health Workforce Data Collection and Analysis**

*Vision: A sustainable system of health workforce data collection and analysis that assesses the economic status and viability of communities of practice, informs stakeholders on the development of policies and programs to manage a health workforce, and meets the diverse needs of the state.*

### **Goals:**

- 1) Reliable health workforce data is produced and provided to all major health workforce stakeholders, including the Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development, training institutions, and other state agencies.
- 2) Areas of imminent and long term health professional shortages are identified and prioritized according to state-specific criteria.

## **Core Area #2 Coordination of Workforce Efforts**

*Vision: A sustainable, neutral entity leads the coordination of state health workforce efforts to 1) integrate the collection and analysis of health workforce, economic growth, population health, and other relevant data, and 2) facilitate stakeholder collaboration to ensure that statewide health workforce policy and planning decisions are evidence-based.*

### **Goals:**

- 1) Stakeholders are aligned on a mission and vision for health workforce planning in Oklahoma.
- 2) An entity is established in statute to ensure that health workforce efforts are coordinated and integrated into state workforce and economic development initiatives.

## **Core Area #3 Workforce Redesign**

*Vision: A well-trained, flexible health care workforce that will meet the needs of a transformed health system and increase access to quality care, improve health outcomes, and lower health care costs.*

### **Goals:**

- 1) Workforce requirements are defined for a redesigned health system that can deliver high quality, patient-centered care and more effectively improve population health.
- 2) A process is in place to ensure that policy decisions regarding roles of existing and emerging health professionals reflect a balanced approach aimed at supporting a high performing, cost-effective health system.
- 3) An evidence-based plan is developed for optimizing telehealth and telemedicine capabilities.

## **Core Area #4 Pipeline, Recruitment, and Retention**

*Vision: A coordinated state approach to health workforce training, recruitment, and retention that increases the number of primary care providers and assures that the state has “the right professionals in the right places.”*

### **Goals:**

- 1) Achieve collaboration and agreement on education, training, and professional development strategies.
- 2) Develop evidence-based recommendations for recruitment and retention strategies in areas identified as geographical or specialty high need.

## **CORE AREA 1: HEALTH WORKFORCE DATA COLLECTION AND ANALYSIS**

### **Issue Overview:**

Numerous data sources related to the state's health workforce exist in Oklahoma:

- Health professional licensure boards collect demographic and practice information for newly licensed and renewing health professionals in Oklahoma
- The Oklahoma Department of Commerce collects and analyzes data on the economic activity of health care systems across the state
- The Oklahoma State Department of Health's Office of Primary Care and Rural Health Development collects and analyzes primary care workforce data to determine areas of health professional shortages

However, there is currently neither a centralized source of health workforce data for the state nor a mechanism to correlate or integrate health professions data with demographic and economic data. Data is collected and analyzed in "silos" and is currently only accessed and distributed according to individual organizational needs. This gap makes developing an accurate picture of the adequacy or viability of healthcare practices and systems in different regions of the state difficult.

**Data Goal 1:** Reliable health workforce data is produced and provided to all major health workforce stakeholders, including the Health Workforce Subcommittee of the Governor's Council for Workforce and Economic Development, training institutions, and other state agencies.

### **Strategy #1: Improve quality and availability of comprehensive workforce data**

#### **Action Steps**

- Develop and outline minimum data sets (MDS) and identify data sources and elements needed to develop comprehensive state health workforce analysis and monitoring
- Establish Memorandums of Agreement (MOA) with a comprehensive range of health professional licensure boards to collaborate on either the adoption of national MDS or the development and adoption of state-specific MDS according to national progress on the development of MDS
- Establish MOAs with relevant health workforce partners to share data, collaborate on research, and coordinate on publication and reporting
- Create, develop and implement business and functional requirements for a health workforce data system that is streamlined and interoperable with the state education and workforce data systems

### **Strategy #2: Identify and prioritize a list of thirty critical health occupations**

#### **Action Steps**

- Approve a list of twenty-five existing and five emerging critical health professions based on workforce and economic indicators, state and federal workforce data sources, and value statements based on new and emerging health care trends
- Convene subcommittee to analyze and collaboratively develop an appropriate methodology which integrates the Oklahoma State Innovation Model design proposal
- Create a supply and demand forecast for each occupation
- Develop strategies for closing identified supply gaps

**Data Goal 2:** Areas of imminent and long term health professional shortages in Oklahoma are identified and prioritized according to state-specific criteria.

**Strategy #1: Improve the quality of federal and state-specific health professional shortage designation processes**

**Action Steps**

- Revise current survey and assessment process to incorporate information captured at licensing re-registration and from Medicaid claims data
- Redefine rational health care service areas by analyzing commuter patterns, claims information, and hospital referral regions
- Incorporate Advance Practice Registered Nurses and Physician Assistants into statewide primary care survey and analysis

**Strategy #2: Develop state-specific ratios or other criteria to identify and/or predict emerging areas of health professional shortage areas based on new models of service delivery**

**Action Steps**

- Convene an ad-hoc committee to make recommendations for processes to determine shortage area designations based on integration, review and analysis of existing health professional shortage data analysis, population health assessments, and new models of care delivery
- Publish a long-range outlook for health professional shortage areas based on new models of care delivery

**Preliminary Results**

Substantial progress has been made in the effort to improve health workforce data collection and analysis. The OSDH devoted resources to this critical core area to support three new full time research analyst positions. The increased resources and expertise has enabled the OSDH Office of Primary Care and Rural Health Development to initiate partnerships with licensure boards to ensure adoption of national minimum data set and to conduct research to assess the accessibility and distribution of the Advanced Practice Registered Nurse and Physician Assistant workforce.

The Oklahoma Office of Workforce Development has initiated collaborative planning efforts with the Departments of Commerce and Education to develop business and functional requirements for a multi-sourced data set that will be available for public use.

Progress has also been made to develop a list of critical health occupations in the state. The former Oklahoma Deputy Secretary of Workforce Development developed and proposed the list to the OHIP Workforce Workgroup. Subcommittees will be asked to provide guidance and input to ensure the methodology and value statements ensure an accurate forecasted supply and demand. The emerging professions of health Informatics specialist, community paramedics, practice facilitators, community health workers and care coordinators will be analyzed as well. When agreement on the list is secured, stakeholders will begin exploring evidence-based strategies to close supply and demand gaps.

As implementation of this action plan begins, new partners are expressing interest in working with the Office of Primary Care to ensure that statewide health workforce data reflects the entirety of the state's health system. Importantly, the OSDH's Office of the Tribal Liaison has initiated a collaborative effort to provide health workforce and population health data of Oklahoma's Tribal health systems. This initiative aligns with the Health Workforce Action Plan and will allow the state to fully integrate health workforce data from private and public entities and Tribal nations.

## **CORE AREA 2: COORDINATION OF HEALTH WORKFORCE EFFORTS**

### **Issue Overview:**

Health workforce data alone will not be sufficient to inform statewide health workforce policy and planning. State leaders from public, private, and academic sectors will need to achieve consensus on a statewide vision and plan to move forward with an effective and coordinated health workforce strategy. In early 2014, the OHIP Workforce Workgroup made recommendations that a centralized health workforce entity be adequately resourced, represent a sufficiently broad group of stakeholders, and work diligently to become recognized as a viable authority for health workforce research and policy recommendations for the state of Oklahoma.

**Coordination Goal 1:** Stakeholders are aligned on a mission and vision for health workforce planning.

**Strategy #1: Convened a collaborative OHIP workforce workgroup to inform state health workforce planning efforts**

#### **Action Steps**

- Identify and maintain a comprehensive range of stakeholders; reach out to representatives as gaps in stakeholders are determined
- Establish an OHIP Workforce Workgroup goals and objectives that will enable the health workforce to achieve OHIP 2020 health transformation goals

**Coordination Goal 2:** Establish in state statute an entity to ensure the health workforce efforts are coordinated and integrated into state workforce and economic development initiatives.

**Strategy #1: Create a Health Workforce Subcommittee of the Oklahoma Governor's Council on Workforce and Economic Development**

#### **Action Steps**

- Define the purpose and identify goals for the Subcommittee
- Secure the establishment of the Health Workforce Subcommittee of the Governor's Council on Workforce and Economic Development in Oklahoma statute
- Submit recommendations for Health Workforce Subcommittee deliverables based on recommendations from the NGA Health Workforce Action Planning session to include the production of an annual strategic plan and policy briefs

**Strategy #2: Designate an entity to serve as the health workforce data center responsible for coordinating data collection and analysis and establishing a data and research clearinghouse**

#### **Action Steps**

- Develop and approve a comprehensive set of research questions to be approved by the Health Workforce Subcommittee
- Identify partners and establish accountabilities for research functions and information dissemination
- Develop and establish memorandums of agreement for data sharing and collaborative research

### **Preliminary Results**



In December 2014, with guidance and technical assistance from the NGA Health Workforce Policy Academy, the Core Team and the OHIP Workforce Workgroup achieved consensus for a statewide vision and mission for health workforce. The Workforce Workgroup adopted the four core areas of the Health Workforce Action Plan and achieved consensus on a five-year vision for health workforce in Oklahoma.

The major accomplishment in Core Area #2 was the statutory creation of the Health Workforce Subcommittee of the Governor's Council for Workforce and Economic Development. Passed and signed into law in May 2015, Oklahoma Senate Bill 612 directs the Council to form a Health Workforce Subcommittee and states that "the purpose shall be to inform, coordinate, and facilitate statewide efforts to ensure that a well-trained, adequately distributed and flexible health workforce is available to meet the needs of an efficient and effective health care system in Oklahoma." Duties of the Health Workforce Subcommittee will include, but are not limited to:

1) Conducting data analysis and preparing reports on health workforce supply and demand; 2) Research and analysis of state health professional education and training capacity; 3) Recommend recruitment and retention strategies for areas determined by the Oklahoma Primary Care Office or the Oklahoma Office of Rural Health to be areas of high need; and 4) Assessment of health workforce policy, evaluation of the impact on Oklahoma's health system and health outcomes, and developing health workforce policy recommendations.

Technical assistance from the NGA Health Workforce Policy Academy was instrumental in the decision to align health workforce activities with economic development activities. Next steps in this core area include additional research and development of ways in which health workforce planning can be embedded into state priorities of workforce and economic development. Members of the Subcommittee will be appointed prior to December 2016. Once seated, members of the Core Team and the OHIP Workforce Workgroup will provide a review of the Health Workforce Action Plan to the Health Workforce Subcommittee for consideration. The, OSDH Office of Primary Care and Rural Health Development (OPC), as the convener of the OHIP Workforce Workgroup, will serve as the coordinating entity for health workforce data and will facilitate the process of developing and proposing to the Subcommittee an agenda of research questions, a roster of research partners, and a proposed timeline for research and reporting.

### **CORE AREA 3: WORKFORCE REDESIGN**

#### **Overview of Issue**

Similar to other states, Oklahoma has several initiatives underway to transform the health care system into one that incorporates coordinated, goal directed care. These include the State Innovation Model (SIM) design grant, Medicaid Primary Care Medical Homes Model, a Comprehensive Primary Care Initiative, Health Access Networks, and an Agency for Healthcare Research and Quality "IMPACT" research project.

Oklahoma will need to carefully evaluate the results of current state efforts and consider other state's experiences to determine how workforce redesign, telemedicine, and team-based approaches will alter the health workforce and, in turn, how the health workforce will enable or impede implementation of new models of care delivery. Efforts could initially be targeted toward identifying areas of acute need and the short term measures urgently needed to address them. Then, based on the collection and analysis of data, long term approaches to assuring a steady supply of health care professionals must be developed.

**Redesign Goal 1:** Define workforce requirements for a redesigned health system that can deliver high quality, patient-centered care and more effectively improve population health.

**Strategy #1: Develop a health workforce plan for the OSIM design proposal which incorporates care coordination, encourages patient-centered care, and supports the needs of a value-based system of care**

**Action Steps**

- Conduct a comprehensive health workforce assessment that includes 1) an analysis of state health care providers and facilities, 2) a detailed report on available health workforce data and a gap analysis, and 3) an environmental scan with a health workforce policy prospectus
- Building on the strategic planning session and critical occupations list, define key competencies and roles for members of community health care teams in a redesigned health system
- Submit the health workforce plan to the Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development

**Redesign Goal 2:** By March 2016, develop a process to ensure that policy decisions regarding roles of existing and emerging health professionals reflect a balanced approach aimed at supporting a high performing and cost-effective health system.

**Strategy #1: Develop and recommend strategies to assess, evaluate, and thoughtfully address requirements for both physician and ancillary health providers to meet the demands of Oklahoma’s newer and developing models of care delivery**

**Action Steps**

- Convene an inter-professional subgroup to conduct SOP research and develop initial recommendations for a collaborative, informed process to address SOP and also competencies for new and emerging health professions
- Produce research and analysis of Oklahoma Scope of Practice (SOP) regulations
- Produce assessment of barriers to health workforce flexibility and optimization, including those that prevent health care providers from fully utilizing training and competencies
- Develop issue brief and recommendations for the development of a process to examine SOP regulatory issues.

**Strategy #2: Recommend career pathways for new and emerging health professionals**

**Action Steps**

- Review and analyze findings from the OSIM workforce assessment to identify and recommend “top priority” new health professions
- Define positions and propose standard descriptions for new health professionals, focusing first on Community Health Workers and Care Coordinators
- Establish and adopt certification standards for identified “new professions”
- Develop policy, training and reimbursement recommendations that support new and emerging health professionals

**Redesign Goal 3:** Develop an evidence-based plan for optimizing telehealth capabilities.

**Strategy #1: Develop a statewide telehealth plan for state health care innovation plan**

**Action Steps**

- Convene rural telehealth subcommittee to examine and identify potential telehealth innovations to provide robust support for rural hospitals and health care providers
- Assess the current policy environment and potential barriers
- Conduct a feasibility assessment for implementing pilot telehealth public/private health education

programs for tobacco cessation, diabetes education, and other chronic disease management initiatives

- Develop policy and program recommendations

**Strategy #2:** Develop plan to utilize technology to increase statewide opportunities for training and professional development for health professionals on health transformation innovation, including practicing team-based, goal directed care, using EHR to advance population health, and incorporation of telemedicine.

**Action Steps**

- Conduct a statewide workforce training assessment and gap analysis
- Develop a plan to leverage existing initiatives to create learning networks, virtual communities of practice, and other evidence-based practices
- Develop a business plan to secure resources and sustain effort

**Preliminary Results**

The NGA Health Workforce Policy Academy created an avenue for genuine, interdisciplinary dialogue on the health workforce needs of the state. Over the eighteen months, health professionals from a broad range of disciplines, program administrators, health informatics specialists and other representatives of the health workforce offered their expertise and affirmed their commitment to refining their ability to work in teams focused on patient-centered care.

In December 2014, Oklahoma was awarded a State Innovation Model Design (SIM) grant from the Centers for Medicare and Medicaid Services. The approved proposal required the development a health workforce plan which incorporates care coordination and supports the transition to a value-based system of care. OHIP workforce workgroup members provided input for the development of a contract for a health workforce assessment which was subsequently awarded to the Oklahoma State University, Center for Health Sciences, Office of Rural Health. The completed components of the assessment include an analysis of state healthcare providers and facilities, a baseline assessment of the health workforce landscape, a gap analysis of data sets, a health workforce environmental scan, and a report of new and emerging trends in the health workforce. Additional components of the assessment include a workforce policy prospectus and a combined assessment.

In September 2015, more than forty stakeholders participated in a strategic planning session to develop recommendations for the transition to team-based care. Consensus was not achieved on the optimal composition of health care teams; however, the dialogue highlighted the need for increased provider education and produced recommendations to develop a statewide support network to assist in the implementation of a value-based health system. Evidence-based strategies for this endeavor will be explored and recommendations will be submitted to the Health Workforce Subcommittee.

It is clear, based on dialogue throughout this process that “Workforce Redesign” is already occurring. Aligning workforce redesign efforts with OHIP health system transformation and Oklahoma’s workforce development initiatives has provided the opportunity to explore strategies to train and ensure an adequate supply of health professions that can more effectively work together. Similar to other states, the issue of scope of practice proved to be challenging. The policy academy core team determined the need for a formal process for careful, thoughtful evaluation of scope of practice issues. Additional work in this area will continue throughout 2016 and beyond.

Next steps in this core area will be to further develop and formalize a health workforce plan that contains strategies to identify demand and address supply gaps for new and emerging health professionals. This

plan will be submitted to the newly-created Health Workforce Subcommittee for consideration. Additionally, plans include facilitating partnerships with private and public sector health organizations and Tribal nations to develop and secure resources for an innovative, statewide telehealth plan.

**CORE AREA 4: PIPELINE, RECRUITMENT, AND RETENTION**

**Overview of Issue**

In 2014, the United Health Foundation ranked access to care in Oklahoma as 46<sup>th</sup> out of 51 states. Although improvements have been achieved, a national shortage of primary care physicians could reverse this new trend. Oklahoma will need to identify and overcome barriers to creating effective and adequate health professional pipelines aligned with a redesigned health care system, pursue evidence-based strategies for recruitment and retention of health care professionals, and develop new programs and secure adequate funding for health professional education and training.

Federal and state funding for Graduate Medical Education (GME) is under close scrutiny as changes in the health care system demand higher levels of transparency and accountability for meeting the needs of a transformed health system which places greater emphasis on primary and preventive care. Community-based residency programs are showing much promise, however no source of sustainable funding exists at this time. Oklahoma’s challenge will be to facilitate collaboration between the state’s two major academic medical centers so that the unique roles of each are leveraged to train, recruit and retain a supply of physicians that meets the diverse needs of Oklahoma’s health system.

**R&R Goal 1:** Achieve collaboration and consensus on education, training, and professional development strategies.

**Strategy #1: Establish a statewide Graduate Medical Education (GME) Committee to develop recommendations for strategies to address the supply and distribution of well-trained physicians**

- Action Steps**
- Formalize objectives, format, parameters, and membership recommendations for GME Committee
  - Develop a state GME plan to address physician shortages which includes the development of a statewide GME report, sustainability of current state GME initiatives, and identification of areas for statewide collaboration between academic medical centers, the Physician Manpower Training Commission, State Chamber of Commerce, and other stakeholders

**Strategy #2: Establish a subcommittee of the OHIP Workforce Workgroup to develop recommendations for strategies to address the training, recruitment and retention of nurses, physician assistants, and other ancillary health care providers.**

- Action Steps**
- Develop objectives, format, parameters, and recommendations for membership
  - Develop a state plan to address provider shortages and integrate inter-professional education, recruitment, and retention strategies

**R&R Goal 2:** Implement evidence-based initiatives for training, recruitment and retention strategies in areas identified as geographical or specialty “high need.”

**Strategy #1: Assess and improve the distribution and accessibility of training and professional development programs**

**Action Steps**

- Explore shared services for higher education that would increase the distribution and availability of health professions training and professional development programs
- Develop objectives to include conducting a needs assessment, identifying barriers to implementation, providing recommendations to overcome policy barriers, and securing a plan for developing resources for implementation
- Develop recommendations to be proposed to the Health Workforce Subcommittee for the Governor's Council on Workforce and Economic Development

**Strategy #2: Increase the number of physicians trained and retained in Oklahoma****Action Steps**

- Assess barriers to physician training and retention
- Develop evidence-based recommendations for options to expand community-based residencies or residency rotations
- Develop and recommend strategies to address community factors in recruitment and retention, e.g., economic viability, quality indicators, and community support

**Preliminary Results**

The NGA Health Workforce Policy Academy successfully mobilized a broad range of partners focused on pipeline, recruitment, and retention. In November 2014, at the strategic planning session convened by NGA Center for Best Practices and the core leadership team, stakeholders discussed the need to improve the distribution and accessibility of training and professional development programs for health care providers and organizations. The OHIP Workgroup adopted the strategies produced from the planning session and will provide recommendations to the Health Workforce Subcommittee on shared services for higher education and technical career training centers that will expand the availability of health professional training programs statewide.

An achievement in this core area was the convening of a GME Collaboration Committee. This committee brought together the state's two academic medical centers, the state's Physicians Manpower Training Commission (PMTC), and several residency program directors. An agreement was reached to adopt the goal to sustain and leverage current state funding for GME and recruitment and retention programs. Recommended next steps in this process are to reconvene the committee with a new charge to develop statewide research and information through the establishment of an annual reporting process. This information will be provided to the Health Workforce Subcommittee and will be accompanied with recommendations for additional areas of collaboration and for GME reform, based on national direction. Of particular importance will be the consideration of a strategy to establish and develop a state teaching health center program capable of producing a sufficient supply of primary care providers.

Next steps in this area will include working with a range of stakeholders to develop and recommend strategies to leverage existing infrastructure and funding. Subcommittees will begin working to assess and recommend integrated community, economic and workforce development strategies to strengthen and improve rural communities of practice. Additional recruitment and retention action steps will include developing a plan to modernize statutes that provide state resources through the PMTC for loan repayment and scholarship programs and to carefully construct business plans to leverage funding with federal or private funds.