

# Health Workforce Subcommittee

## Governor's Council on Workforce and Economic Development

April 19, 2017

2:30 p.m.-4:30 p.m.

OSDH

1000 NE 10<sup>th</sup> Street, Room 1102

Oklahoma City, OK 73117



Section	Time	Presenter
Welcome and Introductions	2:30 10 min	Shelly Dunham, Co-Chair David Keith, Co-Chair
Health Care Transformation and State Priorities	2:40 20 min	Julie Cox-Kain
Subcommittee Required Evaluation Metrics/Standards	3:00 15 min	Jennifer Kellbach
Health Workforce Action Plan Check In	3:15 10 min	Jana Castleberry
Workgroup Breakout	3:25 40 min	Group Discussion
Updates: Health Care Industry Report & GME	4:05 20 min	Jami Vrbenec Adrienne Rollins
Next Steps	4:25 5 min	David Keith



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# Meeting Objectives

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- Achieve agreement on evaluation process to ensure data-informed and evidence-based recommendations
- Identify priorities areas and update activities necessary to accomplish objectives in Health Workforce Action Plan



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# The Oklahoma Plan: Health and Human Services (HHS) Agency Alignment

## HHS joint initiatives to improve health in Oklahoma:

- OHIP 2020
- State Innovation Model (OHIP Road Map)
- Interagency Governance – DISCUSS/Operational Committee and Quality and Evaluation Committee

HB1386 also requires the HHS agencies to work together to submit new Innovation Waivers (1332 and DSRIP).

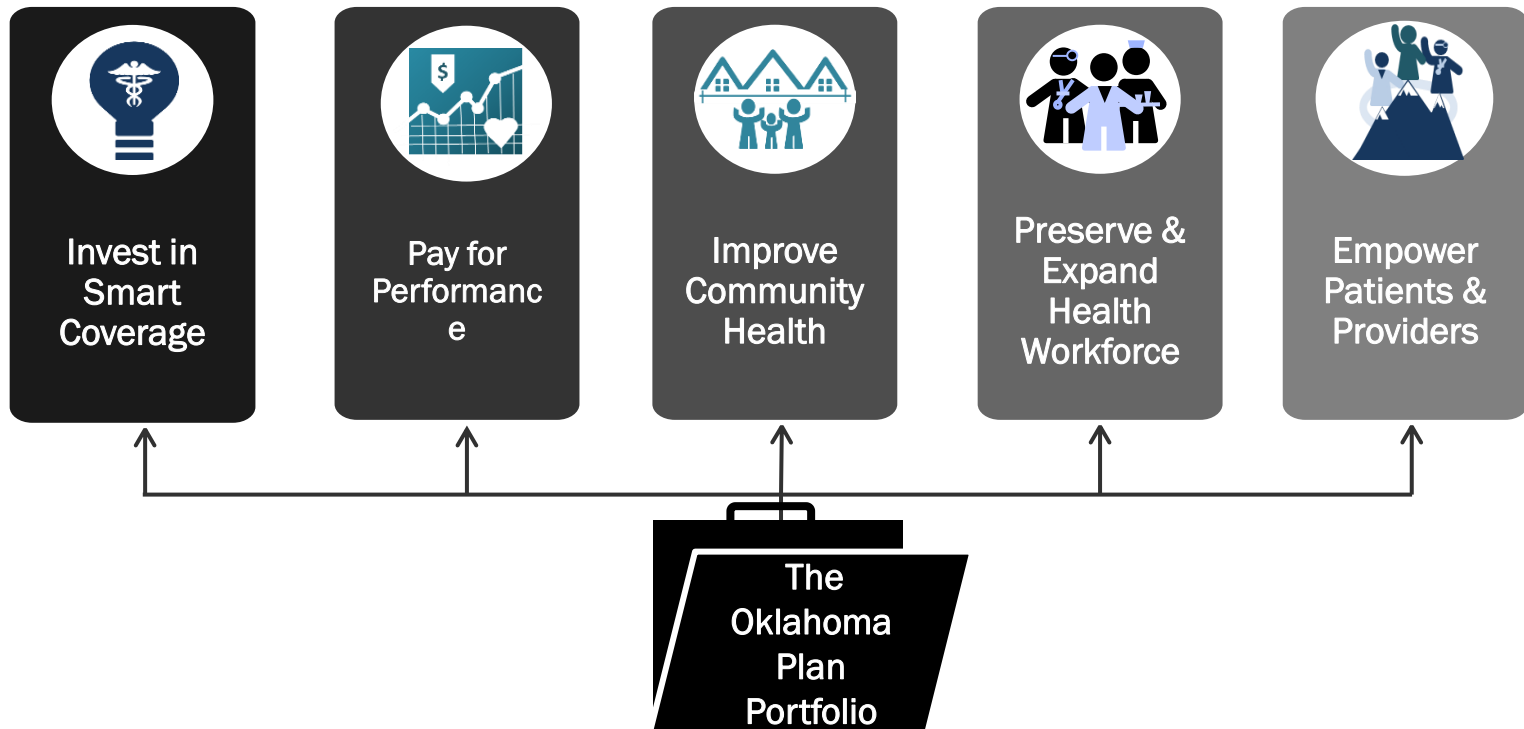
**The Oklahoma Plan** is the natural vehicle to help align, prioritize, and pursue these initiatives in a coherent fashion.



# The Oklahoma Plan: The Oklahoma Plan Portfolio

**The Oklahoma Plan Portfolio:** This portfolio is the collection of cross-agency programs, projects, and initiatives that will be managed collectively by the various HHS Agencies assigned to these projects.

The initiatives contained within the portfolio represent the most significant opportunities the state can pursue to achieve the goals of the Oklahoma Plan.



# Healthcare Innovation & Redesign

Pay for Success  
 Multi-Payer Initiatives  
 Health Access Networks

Value-Based Insurance Design  
 Integration of Public Health & Healthcare  
 Prioritization of Outcomes

Workforce	Healthcare Financing	Health IT	Efficiency & Effectiveness
<ul style="list-style-type: none"> <li>• Align State Workforce Efforts</li> <li>• Robust &amp; timely healthcare workforce data</li> <li>• Pipeline adequate to meet current and future healthcare demand</li> <li>• Delivery Redesign (Core Team)</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance Coverage</li> <li>• Uncompensated Care</li> <li>• State-Purchased Insurance</li> <li>• Pay for Success (Core Team)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased adoption of HER</li> <li>• Increased attainment of meaningful use</li> <li>• Interoperability</li> </ul>	<ul style="list-style-type: none"> <li>• Use of Clinical Preventive Services (prioritized)</li> <li>• Care Coordination/ Team Based Care</li> <li>• PCMH</li> <li>• Practice Facilitation</li> <li>• NQF goals – prioritized</li> <li>• Outcome Driven Care</li> </ul>



## HEALTH TRANSFORMATION CORE MEASURES:

**Improve Population Health** – Reduce heart disease deaths by 11% by 2020 (2018 data).

**Improve Quality of Care** – Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020 (2019 data).

**Bend the Healthcare Cost Curve** – By 2020, limit annual state-purchased healthcare cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (estimated baseline for annual state-purchased healthcare cost growth = 5.11%).



## Healthy Citizens and Strong Families

Oklahoma will strive to provide infrastructure for social stability, access to health care services, preventative care services, and promote overall wellness in order to support healthy people and strong families.

### Wellness

Maternal & Infant Health, Obesity, Rx Drug & Substance Abuse and Tobacco Use

### Prevention

Abuse & Injury, Chronic Disease, Food & Water Safety and Immunizations & Infectious Disease

### Access

Behavioral Health and Health Services

### Social Stability

Aging Services and Child Welfare Services

Source: <http://okstatestat.ok.gov/health>





# OKStateSTAT – Access to Care Goals

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**Health Care Cost Growth** - Limit state-purchased health care cost growth to 2% less than the projected national health expenditures average every year through 2019.

- Today: OK .72% National 5.5%
- Target: 2% Below National Average

**Uninsured Individuals** - Decrease the percentage of uninsured individuals from 17.7% in 2013 to 9.5% by 2019.

- Today: 13.9%
- Target: 9.5%

**Health Professional Shortage Areas** - Increase the percentage of health care access to citizens within designated Primary Care Health Professional Shortage Areas (HPSA) from 64% in 2014 to 74% by 2019.

- Today: 60%
- Target: 74%

**Medicare Preventable Hospitalizations** - Decrease the rate of preventable hospitalizations among Medicare beneficiaries from 76.9 per 1,000 in 2013 to 69.21 per 1,000 by 2019.

- Today: 62.6 per 1,000
- Target: 69.21 per 1,000



# Inter-Agency Governance Structure



# Proposed Oklahoma Quality Metrics - Phase 1

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## DRAFT – Quality Metrics

- 0018 - Controlling High Blood Pressure (CBP)
- 0024 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- 0028 - Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- 0034 - Colorectal Cancer Screening (COL)
- 0041 - Influenza Immunization
- 0059 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- 0418 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- 0421 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- 2372 - Breast Cancer Screening
- 1959 - HPV for Adolescents
- SBIRT-like measurement TBD



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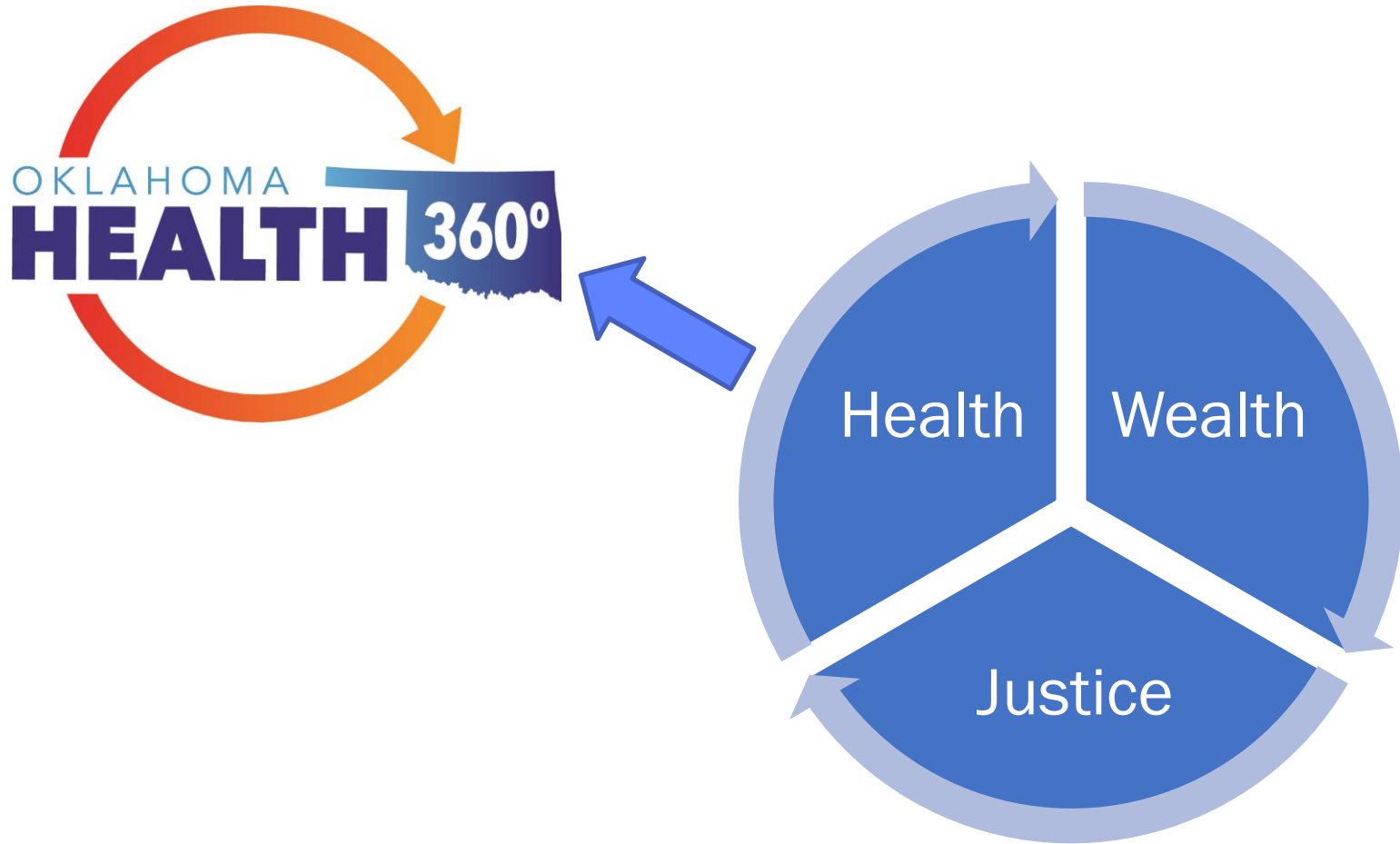


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# **Subcommittee Required Evaluation Metrics/Standards**



# Governor's Priority Areas



Program Title	SE Level	Recommendation	Evidence	Reach	CE	Score
Health/General Sector						
Screen Time Reduction Programs						96.2
Obesity Coaching/Counseling						90.0
Breastfeeding Promotion Programs						88.4
Weight Maintenance Coaching/Counseling						86.5
Gastric Bypass						80.2
Family-Based Physical Activity Support						65.0
Point-of-Decision Prompts						94.3
Worksite Programs						94.3
Physician Network						81.5
Prescriptions for Physical Activity						81.3
Point-of-Purchase Prompts for Healthy Eating						78.5



## Strength of Evidence

### Scientifically Supported

Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results

### Some Evidence

Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall

### Expert Opinion

Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects

### Insufficient Evidence

Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects

### Mixed Evidence

Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects

### Evidence of Ineffectiveness

Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results

Source: University of Wisconsin Population Health Institute. What Works for Health: Policies and Programs to Improve Wisconsin's Health. <http://whatworksforhealth.wisc.edu/rating-scales.php>





## Level of Recommendation

### High Recommendation Class I

There is evidence for and/or general agreement that the intervention is beneficial, useful, and effective. The intervention should be performed.

### Moderate Recommendation Class IIa

Weight of evidence/opinion is in favor of usefulness/efficacy. It is reasonable to perform the intervention.

### Low Recommendation Class IIb

Usefulness/efficacy is less well established by evidence/opinion. The intervention may be considered.

### Not Recommended Class III

There is evidence and/or general agreement that the intervention is not useful/effective and in some cases may be harmful

Source: Mozaffarian, D., et al. (2012). Population Approaches to Improve Diet, Physical Activity, and Smoking Habits: A Scientific Statement From the American Heart Association. *Circulation*, 126. doi: 10.1161?CIR.0b013e318260a20b.



# Sources of Evidence to be Considered



**Scientific Evidence:** findings from published research



**Organizational Evidence:** data, facts, and figures gathered from the organizations



**Experiential Evidence:** the professional experience and judgment of partners



**Stakeholder Evidence:** The values and concerns of people who may be affected by the decision (implications)



# Research to Recommendations

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Identify Topic Area

```
graph TD; A[Identify Topic Area] --> B[Research]; B --> C[Key Findings]; C --> D[Implications / Environment]; D --> E[Recommendations];
```

Research

Key Findings

Implications / Environment

Recommendations



## Subcommittee

- Determine priority areas
- Define problems
- Lead group dialogue
- Represent industry and region

## OSDH

- Develop Workgroup materials
- Gather and present research
- Facilitate communication
- Develop issue briefs

# Roles and Responsibilities

## SC Chairs

- Facilitate between workgroups and subcommittee
- Make formal recommendations for subcommittee

## Workgroups

- Guide research and planning
- Review group materials
- Present group-specific information to subcommittee



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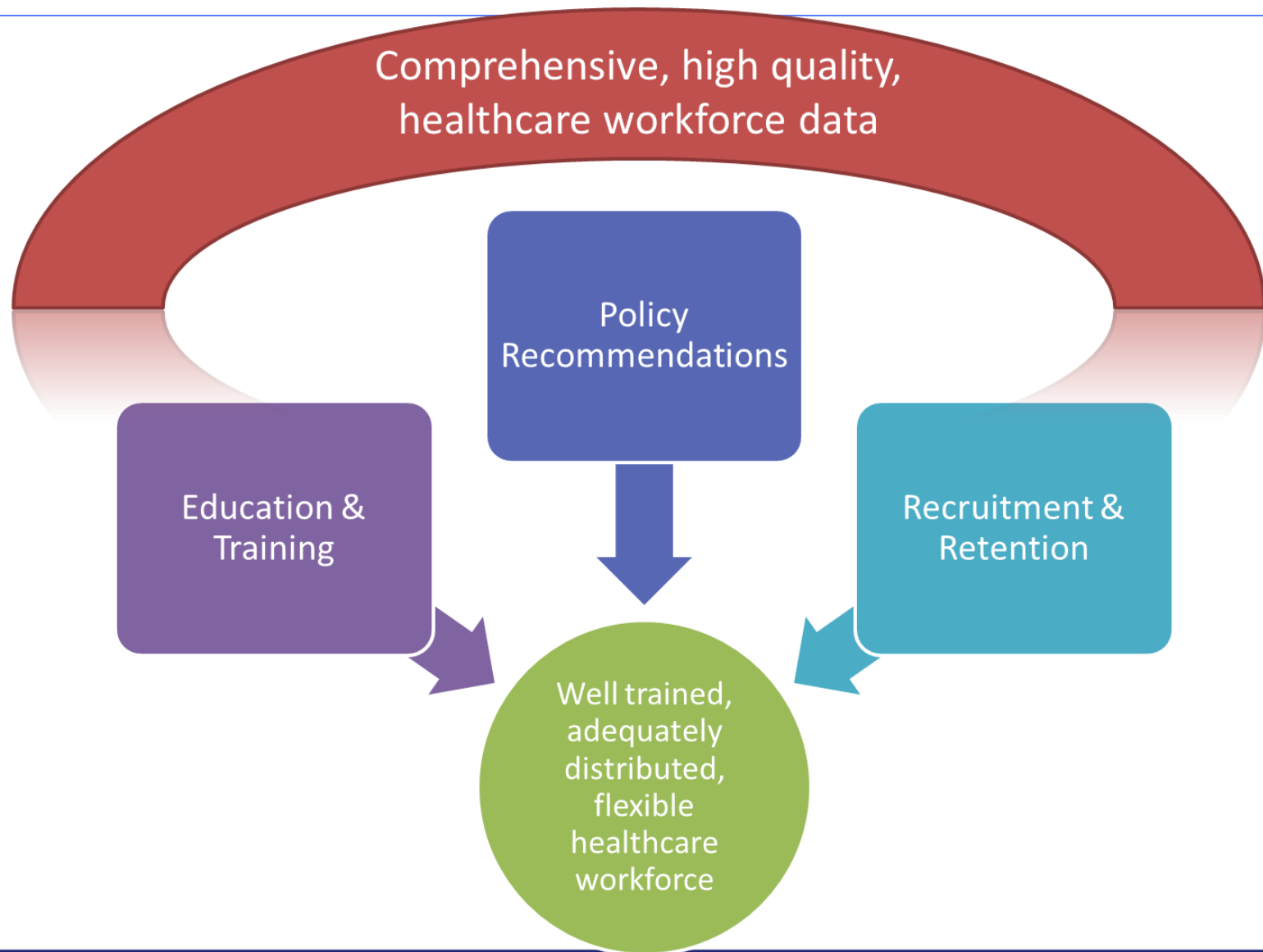


# Health Workforce Action Plan

Moving from Planning to Implementation



# Health Workforce Action Plan



# Health Workforce Plan Overview:

## Core Area Strategies

### Coordination of Workforce Efforts

- Integrate health workforce into workforce and economic development efforts
- Leverage efforts and scale successful demonstration projects

### Workforce Data Collection and Analysis

- Ensure availability of comprehensive, high quality health workforce data
- Establish centralized health workforce data center

### Workforce Redesign

- Achieve collaboration necessary to support team-based health care delivery
- Ensure training and education matches the needs of a redesigned health care system
- Support the utilization of telehealth

### Pipeline, Recruitment and Retention

- Facilitate collaboration and achieve consensus on statewide strategies for education, training, and development
- Align and integrate strategies with economic development priorities





# Coordination of Workforce Efforts



Identify and prioritize a list of critical health occupations

**IN PROGRESS**

Identify Critical Occupations

Create supply and demand forecast for each occupation

Identify supply and demand gaps



Develop state-specific criteria to identify existing and predict emerging shortages

Revise assessment process to link broader range of data

Redefine rational service areas based on health systems analysis

Incorporate APRNs and PAs into state primary care assessment



Publish long-range outlook based on new models of health care delivery

Identify geographic shortage areas

Identify occupational/specialty shortage areas

# Data Collection and Analysis



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Assess, evaluate, and thoughtfully address requirements for physician and ancillary health providers to meet the demands of innovative care delivery models

Convene interdisciplinary group to guide development of strategy to address regulatory and policy issues that affect health professions

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Assess barriers to health workforce flexibility and optimization

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Utilize findings from demonstration projects (e.g., H2O, Comprehensive Care Initiative, Health Access Networks)

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Develop policy and program recommendations that support health care transformation

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Recommend strategies to establish career pathways for new health professions

Review and analyze findings from current research and statewide initiatives **IN PROGRESS**

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Define positions and competencies required for emerging health professionals, focusing first on community health workers and care coordinators **IN PROGRESS**

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Develop training, policy and reimbursement recommendations that support new and emerging health professionals **PLANNED**

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# Workforce Redesign



## Increase statewide opportunities for training and professional development for health professionals

Develop statewide training and education plan for the health care transformation

In Progress: Will be included in processes Health Care Industry Report

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.

Create a plan to leverage existing initiatives to create learning networks, virtual communities of practice, and other evidence-based practices

Develop business plan to secure resources and sustain effort

## Develop a plan to optimize telehealth and telemedicine capabilities

Develop a statewide telehealth plan In Progress (ASTHO Technical Assistance)

Develop statewide policy recommendations. In Progress (Policy analysis complete)

Develop recommendations for public/private health education programs for tobacco cessation, diabetes, and other chronic disease management initiatives

Convene rural telehealth committee to examine and identify potential telehealth innovations to provide robust support to rural hospitals and health care providers

# Workforce Redesign (2)



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Increase the number of physicians trained and retained in Oklahoma

Sustain and leverage current state Graduate Medical Education (GME) resources **In Progress**

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Expand community-based residencies and rotations **In Progress**

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Maximize impact of pipeline, recruitment and retention efforts **In Progress**

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Address community factors (e.g., economic viability, community support and quality indicators) **In Progress**

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Develop and enhance pipeline, recruitment and retention programs for nurses, physician assistants, and other ancillary health care providers

Develop a state plan to address provider shortages and integrate inter-professional education, recruitment and retention strategies

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Increase number of community-based training sites for ancillary providers

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# Recruitment and Retention



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Assess and improve the distribution and accessibility of health professional 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

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Explore shared services for higher education that would increase the distribution and availability of health professions training and professional development programs

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Develop recommendations to be proposed to the Health Workforce Subcommittee for the Governor's Council on Workforce and Economic Development

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## Recruitment and Retention (2)



# Next Steps

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## Workgroup Progress

- GME Recommendations
- THC Plan and Recommendations
- Critical Occupations

## Revise and Prioritize

- Review goals, strategies and action steps
- Suggest revisions
- Prioritize



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# Workgroup Breakout

Critical  
Occupations  
Room 1106

- Jami Vrbenec
- Jennifer Kellbach

Teaching Health Center  
&  
Graduate Medical  
Education  
Room 1102

- Spencer Kusi
- Jana Castleberry



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### Goals for 1<sup>st</sup> Year:

1. Produce a statewide “critical health care occupations” report which includes a supply and demand forecast and identifies skills gaps
2. Develop recommendations for closing the supply and demand gap for health care occupations



# Report Purpose

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Identify  
Critical  
Occupations

Project  
Supply and  
Demand

Forecast  
Shortages /  
Surplus

Strategies to  
Close Supply  
Gap



# Health Care Industry Report: Updates

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## Past

- Met with Stakeholder group on March 31<sup>st</sup>
- Discussed the recommendation to revise the 2006 report

## Current

- Develop MOUs among agencies
- Gathering data from Stakeholders, creating data inventory
- Determining “Critical Occupations” list with guidance from Critical Occupations workgroup
- List will determine **what occupations will be included** in the report

## Next Steps

- With updated Critical Occupations list:
  - Project Supply and Demand
  - Forecast shortages/surplus
  - Develop strategies and recommendations to close supply/skills gaps



# Health Care Industry Report Plan Timeline

Task	2017									
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Ongoing: Stakeholder Engagement	Stakeholder Engagement									
<b>Phase 1: Define</b> <ul style="list-style-type: none"> <li>Finalize roles and responsibilities</li> <li>Identify goals and objectives of revised report</li> <li><b>Identify Critical Occupations</b></li> </ul>			[Green Bar]							
<b>Phase 2: Develop Report Design</b> <ul style="list-style-type: none"> <li>Project Supply and Demand</li> <li>Forecast shortages / surplus</li> </ul>			[Green Bar]							
<b>Phase 3: Refine Data and Develop Surveys if needed</b> <ul style="list-style-type: none"> <li>Analyze data</li> <li><b>Strategize and issue recommendations to close gaps</b></li> </ul>				[Green Bar]						
<b>Phase 4: Finalize Report</b> <ul style="list-style-type: none"> <li>Refine report based on data elements</li> </ul>							[Green Bar]			



# Current Stakeholders

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- Oklahoma State Regents for Higher Education
- Office of Workforce Development
- Oklahoma Employment Security Commission
- Oklahoma Department of Commerce
- Oklahoma Department of Career and Technical Education
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Hospital Association
- Oklahoma Primary Care Association
- Oklahoma Osteopathic Association
- Mental Health Association Oklahoma
- Oklahoma State Office of Rural Health
- Oklahoma Association of Health Care Providers
- Oklahoma Board of Nursing
- Oklahoma State Medical Association
- Licensure Boards



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