

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.

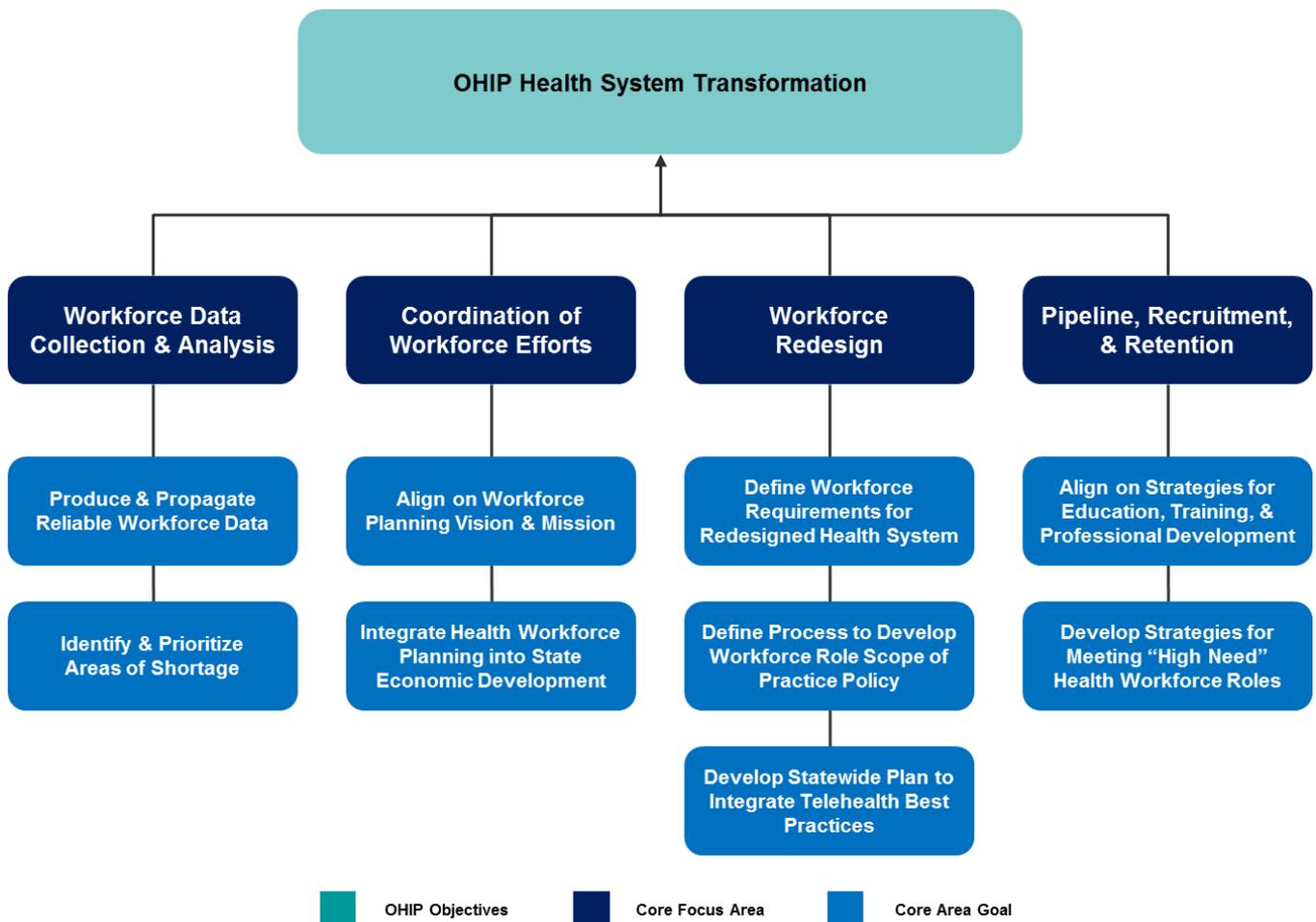
Over the course of the policy academy, the rapid pace of health system transformation required that components of this action plan be implemented while other components were still under development. The goals to align on a statewide mission and vision and to establish the Health Workforce Subcommittee have been achieved. Other achievements include the formalization of data sharing agreements with health professional licensure boards and the creation of a Graduate Medical Education Collaboration Committee. 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:



The subsequent sections of this document explain and elaborate on each aspect of the plan in greater detail.

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.

Goal 1

By March 2016, 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.

Goal 2

By April 2016, 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.

Goal 1

In January 2015, stakeholders aligned on a mission and vision for health workforce planning in Oklahoma.

Goal 2

In May 2015, the state established an entity 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: Implementation of a comprehensive plan for a well-trained, flexible health care workforce that will meet the needs of a transformed health system and increase access to quality health care, improve health outcomes, and lower health care costs.

Goal 1

By February 2016, define workforce requirements for a redesigned health system that can deliver high quality, patient-centered care and more effectively improve population health.

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, cost-effective health system.

Goal 3

By December 2016, develop an evidenced-based statewide plan 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.”

Goal 1

By October 2016, achieve collaboration and agreement on education, training, and professional development strategies.

Goal 2

By October 2016, submit evidence-based recommendations to the Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development to address recruitment and retention strategies in areas identified as geographical or specialty high need.

Core Area #1 Health Workforce Data Collection and Analysis

Overview of Issue

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.

Five-Year Vision

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

Goal 1

By March 2016, 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.

Indicators of Success

- Health workforce data is published and incorporated into policy and planning for health workforce initiatives including workforce research and investment activities, health professional shortage area designations, state-supported Graduate Medical Education, and state loan repayment and scholarship programs

Strategy #1:

Improve quality and availability of comprehensive health workforce data

Indicators of Success

- One core set of health workforce data elements needed to assess supply and demand is identified and integrated into a health workforce assessment plan
- A formal process and supporting memorandum of agreements to collect data, link sources, and perform analysis is established between relevant organizations and stakeholders

Action Steps	Timeline	Resources/Organizations
Develop and outline minimum data sets (MDS) and identify data sources and elements needed to develop comprehensive state health workforce analysis and monitoring	September 2015-January 2016	OSDH/Office of Primary Care Oklahoma Office of Workforce OHIP Workforce Workgroup
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	June 2015-December 2015	OSDH/Office of Primary Care Health profession licensure boards
Establish MOAs with relevant health workforce partners to share data, collaborate on research, and coordinate on publication and reporting	December 2015-March 2016	OSDH/Office of Primary Care Oklahoma Office of Workforce Oklahoma State University Center for Rural Health Oklahoma Office of Rural Health Physician Manpower Training Commission Oklahoma Hospital Association Health Professional Associations Oklahoma Primary Care Association
Create a multi-sourced dataset that can be used to develop a data system available for public use	June 2015-February 2016	OSDH/Office of Health Informatics Oklahoma Office of Workforce
Develop business and functional requirements for a health workforce data system that is streamlined and interoperable with the state education and workforce data systems	January 2016-June 2016	OSDH/Office of Primary Care OSDH/Office of Health Informatics Department of Education
Develop and implement an interoperable health workforce data system	Date dependent upon business and functional requirements and multi-system project timelines	OSDH/Office of Health Informatics Oklahoma Office of Workforce

Strategy #2: Identify and prioritize a state list of thirty critical health occupations		
Indicators of Success		
<ul style="list-style-type: none"> List of critical occupations is adopted by the Governor’s Council on Workforce and Economic Development 		
Action Steps	Timeline	Resources/Organizations
Propose a list of 25 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	January 2015- December 2015	OSDH/Office of Primary Care Oklahoma Office of Workforce
Convene OHIP Workforce Workgroup subcommittees to analyze and collaboratively develop an appropriate methodology which integrates the Oklahoma State Innovation Model design proposal	June 2015- January 2016	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care Oklahoma Office of Workforce OHIP Workforce Workgroup
Submit a proposed list of critical health occupations to the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development for approval and adoption	February 2016	OSDH/Office of Primary Care Oklahoma Office of Workforce OHIP Workforce Workgroup
Create a supply and demand forecast for each occupation	February 2016- March 2016	OSDH/Office of Primary Care Oklahoma Office of Workforce OHIP Workforce Workgroup
Develop strategies for closing identified supply gaps	March 2016- June 2016	OSDH/Office of Primary Care Oklahoma Office of Workforce OHIP Workforce Workgroup

Goal 2

By April 2016, areas of imminent and long term health professional shortages in Oklahoma are identified and prioritized according to state-specific criteria.

Indicators of Success

- By February 2016, revised state healthcare service areas are established and adopted by the OHIP Workforce Workgroup
- By March 2016, criteria and prioritization for state-determined health professional shortage areas are published by the OSDH/Office of Primary Care and adopted by OHIP

Strategy #1: Improve the quality of federal and state-specific health professional shortage designation processes		
Indicator of Success: <ul style="list-style-type: none"> By March 2016, reliable identification and prioritization of state health professional shortage areas is provided to the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development for use to guide planning efforts and recommend allocation of state resources 		
Action Steps	Timeline	Resources/Organizations
Revise current survey and assessment process to incorporate information captured at licensing re-registration and from Medicaid claims data	March 2015-December 2015	OSDH/Office of Primary Care Health Professional Licensure Boards Oklahoma Health Care Authority
Redefine rational health care service areas by analyzing commuter patterns, claims information, and hospital referral regions	October 2015-December 2015	OSDH/Office of Primary Care Oklahoma State University Center for Rural Health Oklahoma Hospital Association
Incorporate Advance Practice Registered Nurses and Physician Assistants into statewide primary care survey and analysis	June 2015-December 2015	OSDH/Office of Primary Care Oklahoma Board of Nursing Oklahoma Board of Medical Licensure

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		
Indicators of Success: <ul style="list-style-type: none"> By March 2016, current and emerging areas of shortage are identified and prioritized By October 2016, a plan is developed to increase the number of existing and emerging health professionals practicing in identified health professional shortage areas 		
Action Steps	Timeline	Resources/Organizations
Convene an ad-hoc committee to make recommendations for shortage area designations based on integration, review and analysis of health professional shortage data analysis, population health assessments, the OSDH Health Workforce Data Book, new models of care delivery, and the federal health professional shortage designation process	December 2016-March 2016	OSDH/Office of Primary Care Oklahoma State University Center for Rural Health Oklahoma Office of Rural Health Physician Manpower Training Commission Oklahoma Health Care Authority
Publish a long-range outlook for health professional shortage areas based on new models of care delivery	February 2016-May 2016	OSDH/Office of Primary Care Department of Commerce Oklahoma Employment Security Commission

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 1) partner with licensure boards to ensure adoption of national minimum data sets and secure commitments to enter into Memorandums of Agreement to share data on a consistent basis, 2) conduct research to assess the accessibility and distribution of the Advanced Practice Registered Nurse and Physician Assistant workforce, and 3) establish a contract with the Oklahoma State University Health Sciences Center to work in collaboration on a comprehensive statewide workforce assessment. Memorandums of agreement with health professional licensure boards have been drafted and will be in place by December 2015.

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 Oklahoma Deputy Secretary of Workforce Development has proposed the list to the OHIP Workforce Workgroup. Subcommittees of the Workgroup are being convened to provide expert guidance and input to ensure the methodology and value statements used for physician, nursing, and behavioral health workforce ensure an accurate forecasted supply and demand. The emerging professions of health Informatics specialist, health care administrators, practice facilitators, community health workers and care coordinators will be analyzed by the OHIP Workgroup as well. Next steps in the process will include proposing the adoption of this list to the Health Workforce Subcommittee of the Governor's Council for Workforce and Economic Development. When agreement on the list is secured, the workgroup will begin exploring evidence-based strategies to close the supply and demand gap for each occupation.

As implementation of this Action Plan begins, new partners are expressing interest in working with the OHIP Workforce Workgroup and 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 Workforce Efforts

Overview of Issue

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.

Five-Year 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 all statewide health workforce policy recommendations and decisions are evidence-based.

Goal 1

In January 2015, stakeholders aligned on a mission and vision for health workforce planning in Oklahoma.

Indicators of Success

- In October 2014, a comprehensive range of stakeholders agreed to collaborate, leverage resources, and work to ensure state efforts supported the development of a well-trained, flexible health workforce that meets the needs of a transformed system in Oklahoma

Strategy #1: Convened a collaborative OHIP workforce workgroup to inform state health planning efforts to transform the health care system		
Indicators: <ul style="list-style-type: none"> Goals and objectives of the OHIP Workforce Workgroup were developed to reflect health workforce priorities in the state 		
Action Steps	Timeline	Resources/Organizations
Identify a comprehensive range of stakeholders; reach out to representatives as gaps in stakeholders are determined	October 2014- January 2015	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care OHIP Stakeholders
Establish OHIP Workforce Workgroup goals and objectives that will enable the health workforce to meet OHIP 2020 health transformation goals	December 2014	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care OHIP Workforce Workgroup

Goal 2

In May 2015, the state established an entity in statute to ensure that health workforce efforts are coordinated and integrated into state workforce and economic development initiatives.

Indicators of Success

- The Governor’s Council on Workforce and Economic Development incorporates statewide health workforce goals and includes a performance measure for “Healthy Citizens and Strong Families”
- Memorandums of Agreement to collaborate on statewide health workforce development initiatives are in place between the coordinating entity, a health workforce data center, and a comprehensive range of stakeholders

Strategy #1: Create a Health Workforce Subcommittee of the Oklahoma Governor's Council on Workforce and Economic Development		
Measure/Indicators: <ul style="list-style-type: none"> The Health Workforce Subcommittee is formally designated by the Office of the Governor 		
Action Steps	Timeline	Resources/Organizations
Define the purpose and identify goals for the Subcommittee	November 2014	NGA Policy Academy Core Team Health Workforce Stakeholders
Secure the establishment of the Health Workforce Subcommittee of the Governor's Council on Workforce and Economic Development in Oklahoma statute	May 2015	NGA Policy Academy Core Team Health Workforce Stakeholders Deputy Secretary of Health and Human Services Deputy Secretary of Workforce Development Oklahoma Legislature
Develop and submit membership recommendations for the Health Workforce Subcommittee to the Governor	October 2016	NGA Policy Academy Core Team OHIP Workforce Workgroup
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	January 2016	OSDH/Center for Health Innovation and Effectiveness Deputy Secretary of Health and Human Services Deputy Secretary of Workforce Development
Develop and provide recommendations for health workforce data collection, analysis, and reporting to the Health Workforce Subcommittee	June 2015-February 2016	NGA Policy Academy Core Team OSDH/Office of Primary Care OHIP Workforce Workgroup

Strategy #2

Designate an entity to serve as the health workforce data center responsible for coordinating health workforce data collection and analysis and establishing a health workforce data and information clearinghouse

Measure/Indicators:

- Reliable and timely data is used by the Health Workforce Subcommittee for health workforce policy recommendations

Action Steps	Timeline	Resources/Organizations
Develop and approve a comprehensive set of research questions to be submitted to the Health Workforce Subcommittee	March 2016- May 2016	NGA Policy Academy Core Team OSDH/Office of Primary Care OHIP Workforce Workgroup
Identify partners and establish accountabilities for research functions and information dissemination	March 2016- July 2016	NGA Policy Academy Core Team OSDH/Office of Primary Care OHIP Workforce Workgroup
Develop and establish MOAs for data sharing and collaborative research	October 2015- May 2016	OSDH/Office of Primary Care OHIP Workforce Workgroup
Work to achieve stakeholder agreement on the proposed entity that will serve as the central health workforce data center	March 2016- May 2016	OHIP Workforce Workgroup
Submit reliable and timely data and recommendations to the Health Workforce Subcommittee	May 2016	OHIP Workforce Workgroup

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 January 2016. Once seated, members of the Core Team and the OHIP Workforce Workgroup will provide a comprehensive review of the Health Workforce Action Plan along with strategic action item recommendations to the Subcommittee for consideration. Recommendations will include the designation of the OSDH Office of Primary Care and Rural Health Development (OPC) as the state health workforce center. The OPC, as the convener of the OHIP Workforce Workgroup, will then lead 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.

Five-Year Vision

Implementation of a comprehensive plan for a well-trained, flexible health care workforce that will meet the needs of a transformed health system and increase access to quality health care, improve health outcomes, and lower health care costs.

Goal 1

By February 2016, define workforce requirements for a redesigned health system that can deliver high quality, patient-centered care and more effectively improve population health.

Indicators of Success

- The Oklahoma State Innovation Model (OSIM) Design includes recommendations for a redesigned health workforce
- The Governor’s Council on Workforce and Economic Development includes new and emerging health professionals as category in the 2016 Health Care Industry report

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		
Indicators of Success:		
<ul style="list-style-type: none"> • By January 2016, the health workforce plan is included in the OSIM Design proposal • By March 2016, the health workforce plan is provided to Health Workforce Subcommittee of the Governor's Council for Workforce and Economic Development 		
Action Steps	Timeline	Resources/Organizations
Develop the scope of work for the OSIM workforce assessment	February 2015	OSDH/Office of Primary Care
Procure contract	March 2015	OSDH/Office of Primary Care OSDH/OSIM Planning Team Oklahoma State University Center for Rural Health
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	March 2015- November 2015	OSDH/Office of Primary Care Oklahoma State University Center for Rural Health (OSIM Contractor)
Distribute results of each component of the assessment and solicit input and feedback	July 2015- December 2015	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care OHIP Workforce Workgroup Oklahoma State University Center for Rural Health
Convene a "Workforce Redesign" strategic planning session to develop recommendations for optimal team-based care delivery models	July 2015- August 2015	NGA Policy Academy Core Team OSDH/Center for Health Innovation and Effectiveness
Develop specific objectives for the strategy session that include achieving consensus on role of community health care teams in a redesigned health system	July 2015- August 2015	OHIP Stakeholders University of Oklahoma Oklahoma State University Professional Associations Licensing Boards Oklahoma Department of Career and Technology Education
Building on the strategic planning session, define key competencies and roles for members of community health care teams in a redesigned health system	August 2015- September 2016	OSDH/Office of Primary Care OHIP Workforce Workgroup OSDH/Chronic Disease Service
Incorporate recommendations to leverage efforts of current Oklahoma initiatives, including Healthy Hearts, Comprehensive Primary Care Initiative, Health Access Networks, Patient Centered Medical	September 2015- December 2015	OSDH/Office of Primary Care OHIP Workforce Workgroup OSDH/Chronic Disease Service

Homes, Community Health Improvement Organizations, and “Parent Pro”		
Incorporate strategic session outcomes and additional evidence-based strategies into the OSIM health workforce plan	September 2015-January 2016	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care
Submit the health workforce plan to the Health Workforce Subcommittee of the Governor’s Council for Workforce and Economic Development	February 2016	OSDH/Center for Health Innovation and Effectiveness OSDH/Office of Primary Care NGA Policy Academy Core Team OHIP Workforce Workgroup

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.

Indicators of Success

- Recommended strategies for health workforce development are adopted and supported by OHIP and the Governor’s Council on Workforce and Economic Development

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		
Indicators of Success		
<ul style="list-style-type: none"> • Recommendations reflect a team based, balanced approach which supports a transformed health system • The supply and distribution of health professionals needed for a new model of care delivery addresses identified regional gaps in supply and demand 		
Action Steps	Timeline	Resources/Organizations
Produce research and analysis of Oklahoma Scope of Practice (SOP) regulations	September 2015- December 2015	OSDH/Office of Primary Care Health Profession Licensure Boards
Convene an inter-professional subgroup within the OHIP Workforce Workgroup to conduct SOP research; develop initial recommendations for a collaborative, informed process to address SOP and competencies for new and emerging health professions	January 2016	OSDH/Office of Primary Care OHIP Workforce Workgroup Health Profession Licensure Boards Health Profession Associations
Assess barriers to health workforce flexibility and optimization, including those that prevent health care providers from fully utilizing training and competencies	February 2016- May 2016	OHIP Workforce Subcommittee
Achieve collaboration and commitment to integrate identified solutions into OHIP Workforce strategies	May 2016- August 2016	OSDH/Office of Primary Care OHIP Workforce Workgroup
Develop issue brief and recommendations for submission to the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development	May 2016- September 2016	OHIP Workforce Subcommittee

Strategy #2: Recommend career pathways for new and emerging health professionals		
Measure/Indicators:		
<ul style="list-style-type: none"> Professional training and education strategies are recommended Recommended career pathways are linked to a transformed system of care 		
Action Steps	Timeline	Resources/Organizations
Review and analyze findings from the OSIM workforce assessment to identify and recommend “top priority” new health professions	August 2015-September 2015	OSDH/Office of Primary Care OHIP Workforce Workgroup OSDH/OSIM Planning Team
Define positions and propose standard descriptions for new health professionals, focusing first on Community Health Workers and Care Coordinators	February 2015-September 2016	OSDH/ Office of Primary Care OHIP Workforce Workgroup OSDH/Chronic Disease Service Oklahoma Department of Career and Technology Education Oklahoma Oklahoma State Regents
Establish and adopt certification standards for identified “new professions”	September 2015-September 2016	OHIP Workforce Workgroup OSDH/Chronic Disease Service Oklahoma Office of Workforce Oklahoma Department of Career and Technology Education Oklahoma Oklahoma Foundation for Medical Quality
Develop policy and reimbursement recommendations that support new and emerging health professionals	July 2015-September 2016	OHIP Workforce Workgroup OHIP Health Efficiency and Effectiveness Workgroup

Goal 3

By December 2016, develop an evidenced-based statewide plan for optimizing telehealth and telemedicine capabilities.

Indicators of Success

- Recommended telehealth plan is adopted and supported by OHIP and the Governor’s Council on Workforce and Economic Development

Strategy #1: Develop a statewide comprehensive telehealth plan		
Indicators of Success		
<ul style="list-style-type: none"> • A broad range of private and public health providers commit to implement the proposed plan • Resources are secured for implementation of the telehealth plan 		
Action Steps	Timeline	Resources/Organizations
Assess the current policy environment and potential barriers	October 2015-February 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma Oklahoma State University Center for Rural Health
Develop comprehensive policy recommendations	March 2016-May 2016	OHIP Workforce Workgroup Telehealth Alliance Oklahoma State University Center for Rural Health
Conduct a feasibility assessment of implementing pilot telehealth public/private health education programs for tobacco cessation, diabetes education, and other chronic disease management initiatives	January 2016-May 2016	OHIP Workforce Workgroup Telehealth Alliance Oklahoma State University Center for Rural Health
Convene rural telehealth subcommittee to examine and identify potential telehealth innovations to provide robust support for rural hospitals and health care providers	October 2015-March 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma Oklahoma State University Center for Rural Health
Incorporate policy and program recommendations in a statewide telehealth plan	April 2016-June 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma

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.		
Measure/Indicators:		
<ul style="list-style-type: none"> • A statewide training and education strategy is proposed • Resources are secured to implement the strategy 		
Action Steps	Timeline	Resources/Organizations
Oklahoma Health Improvement Plan incorporates a strategy to increase professional development opportunities	September 2014-December 2014	OSDH Executive Planning Team OHIP Stakeholders
Conduct a statewide workforce assessment to identify training gaps and needs	January 2016-March 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma Oklahoma State University Center for Rural Health
Develop a plan to leverage existing initiatives to create learning networks, virtual communities of practice, and other evidence-based practices	April 2016 – September 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma Oklahoma State University Center for Rural Health
Develop a business plan to secure resources and sustain effort	October 2016 – December 2016	OSDH/Office of Primary Care Telehealth Alliance of Oklahoma

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 past 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. 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. To date, 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, which will be completed in November 2015.

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 core team determined the need to recommend a process to the Health Workforce Subcommittee 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 46th 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.

In 2012, the Oklahoma State Legislature authorized the Oklahoma Hospital Residency Training Program (OHRTP). Initially, plans were to fund Oklahoma State University (OSU) Medical Authority for support to start residency programs in Oklahoma's medium-sized hospitals serving rural areas. Ultimately, no additional funds were appropriated. The OSU Center for Health Sciences, however, pursued start-up activities with hospitals and developed a plan to train rural physicians in Oklahoma. In 2015, Oklahoma Tobacco Settlement Endowment Trust (TSET) awarded \$3.8 million to OSU Center for Health Sciences and the OSU Medical Authority to support the launch of medical residency programs to place doctors in rural and medically underserved areas. Oklahoma's challenge will be to facilitate collaboration between the 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.

Five-Year Vision

A coordinated state approach to health workforce training, recruitment, and retention that increases the number of health care providers and assures the state has "the right professionals in the right places."

Goal 1

By October 2016, achieve collaboration and consensus on education, training, and professional development strategies.

Indicators of Success

- Increase in training opportunities that target areas and specialties identified as "high need" or "top priority"

Strategy #1:

Establish a statewide Graduate Medical Education (GME) Committee to provide the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development with recommendations for strategies to address the supply and distribution of well-trained physicians and ancillary healthcare providers

Indicators of Success

- Adoption of GME strategies by the Health Workforce Subcommittee of the Governor’s Council on Workforce and Economic Development
- Increase in number of primary care providers training in rural and underserved areas
- Increase in training that focuses on team-based models of care delivery
- Incorporation of the use of quality metrics to measure impact of GME

Action Steps	Timeline	Resources/Organizations
Develop objectives, format, parameters, and recommendations for membership in the GME Committee	May 2015-July 2015	NGA Policy Academy Core Team University of Oklahoma Oklahoma State University Professional Associations
Commence GME meetings and establish a meeting schedule	July 2015	OSDH/Office of Primary Care
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	September 2015 – September 2016	OHIP Workforce Workgroup GME Committee

Goal 2

By October 2016, submit evidence-based recommendations to the Health Workforce Subcommittee of Governor’s Council for Workforce and Economic Development to address recruitment and retention strategies in areas identified as geographical or specialty “high need.”

Indicators of Success

- By December 2016, a GME plan to increase training opportunities available in rural and underserved areas of the state is adopted by the Governor’s Council for Workforce and Economic Development

Strategy #1: Improve the distribution and accessibility of training and professional development programs		
Measure/Indicators:		
<ul style="list-style-type: none"> Increase in number of health professionals participating in training programs in rural and underserved areas 		
Action Steps	Timeline	Resources/Organizations
Explore shared services for higher education that would increase the distribution and availability of health professions training and professional development programs	May 2015- October 2016	OSDH/Office of Primary Care OHIP Workforce Workgroup
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	October 2016- October 2017	OHIP Workforce Workgroup
Provide proposals to the Health Workforce Subcommittee for the Governor's Council on Workforce and Economic Development	October 2015- October 2018	Oklahoma State Regents Oklahoma Department of Career and Technology Education Academic Medical Centers

Strategy #2: Increase the number of physicians trained and retained in Oklahoma		
Indicators of Success:		
<ul style="list-style-type: none"> Increase in numbers of GME residency slots Increase in numbers of teaching health centers and other community-based training opportunities 		
Action Steps	Timeline	Resources/Organizations
Develop recommendations for options to expand community-based residencies or residency rotations	May 2015- December 2015	OSDH/Office of Primary Care GME Committee
Develop recommendations to sustain and leverage current state GME resources and federal resources to be submitted to the Health Workforce Subcommittee for the Governor's Council on Workforce and Economic Development	May 2015- December 2015	OSDH/Office of Primary Care GME Committee
Develop and recommend strategies to address community factors in recruitment and retention, e.g., economic viability, quality indicators, and community support	October 2015- March 2016	OSDH/Office of Primary Care GME Committee

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 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.

During this planning process, funding for the Oklahoma Hospital Residency Training Program (OHRTP) became a topic of debate and the issue of GME became a high priority. Accordingly, a major achievement in this core area was the establishment 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 to reach an agreement to share data and produce a statewide annual GME report. An agreement was also reached to adopt the goal to sustain and leverage current GME, recruitment and retention programs.

The GME committee will 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, when needed, with recommendations from the GME committee 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 the core area will include working with a broad range of stakeholders to develop and recommend strategies to leverage the OHRTP structure and begin working to assess and improve rural communities of practice as a strategy to improve rural retention. Additional 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. Initial plans include conducting analysis and feasibility studies for several Health Resources and Services Administration programs including the National Health Service Corps State Loan Repayment.