



# Oregon's Healthcare Workforce

State of Reform 2018



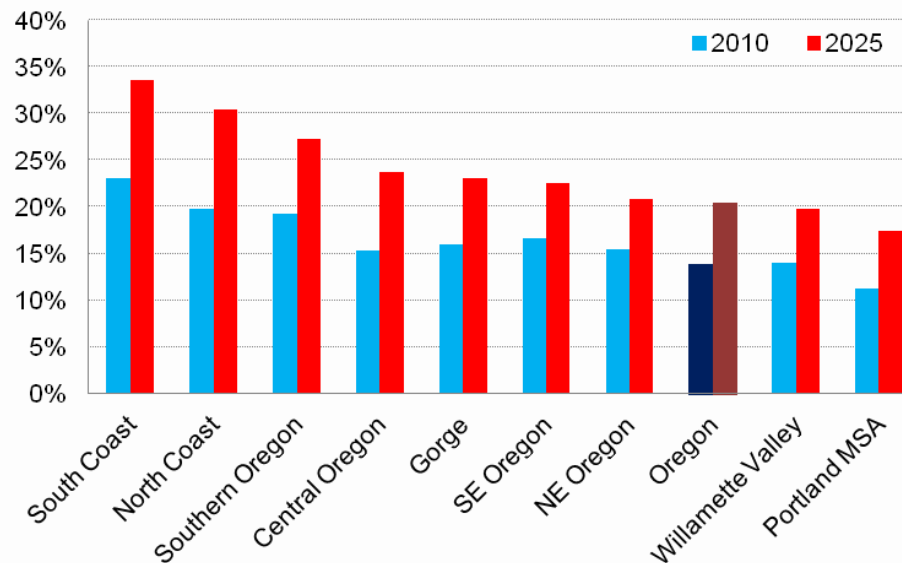
Oregon  
Health  
Authority



# The Current Landscape of Health Care

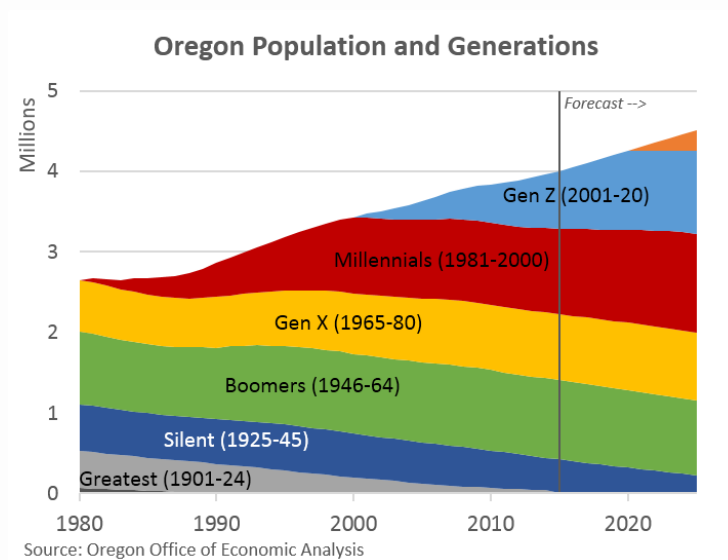
# An Aging Population

Percent of Population 65 Years and Older



## However, a Millennial Boom

- With more and more Millennials passing by traditional utilization of care for more convenience-oriented health services:
- Urgent Care
- Convenience Care
- Intermittent Visitation



# We're four years into Obamacare and Medicaid Expansion

- Coverage increasing generally—  
Oregon among the leaders in  
expanding coverage
- 94-95% coverage



# The costs of health care continuing to increase

- Much attention on controlling costs; however, people are really talking about controlling the RATE of cost increases





# A growing use of and reliance on technology

- Increased interest in and use of telehealth/telemedicine



# Factors influencing the healthcare workforce

- 1) The mainstreaming of coordinated care
- 2) Move away from physician-centric care models
- 3) The integration of behavioral health into primary care settings
- 4) Increasing costs of health professional training, resulting in staggering student debt
- 5) Economics of the health care industry—profit margins, buyouts, changing leadership, etc.
- 6) More complex health conditions for patients (specialty care, opioid epidemic, co-morbidity)



**What  
innovations may  
be on the  
horizon?**



## Greater Use of Technology/Telehealth



- Some examples of new efforts:
  - Telehealth Alliance of Oregon
  - ORH Telehealth Grants
  - HRSA Oral Health Workforce Grant



# Greater use of “Echo” model to spur innovation

5 Echo projects in Oregon currently; likely to expand

# Greater use of Incentives to attract and retain health professionals

- Loan repayment
- Loan Forgiveness/Scholarships
- Insurance Subsidies
- Stipends



## Background:

- Oregon Legislature provided \$16 million in 2017-19 to OHPB to promote recruitment and retention
- Currently, around 1,000 health professionals in Oregon receiving some type of financial incentive from state or federal sources to practice care in specific areas/for specific populations





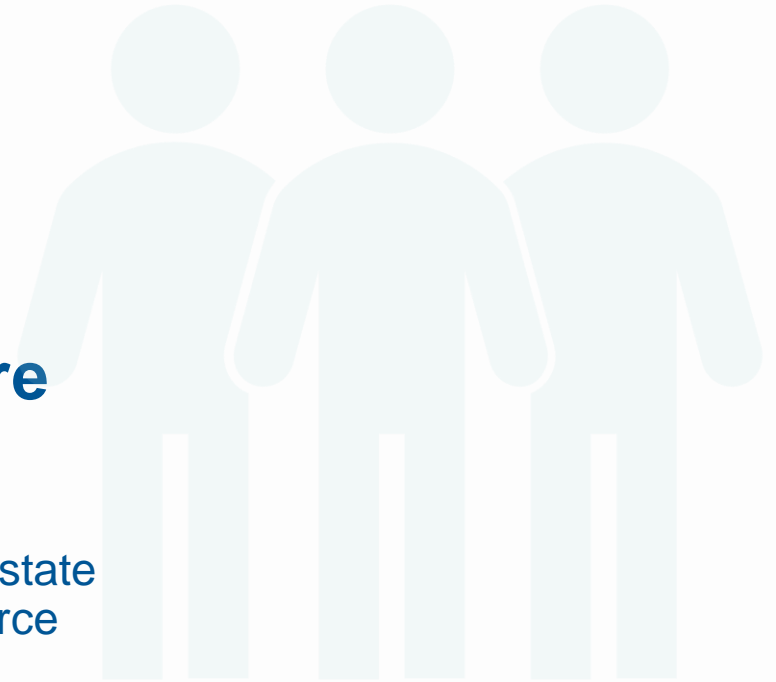
# CCO Reform

- Moving toward “Shared Responsibility” model between state and area for healthcare workforce adequacy
  - Revamping models for network adequacy
  - Reporting on workforce capacity and diversity likely to be part of new CCO requirements



## Greater collaboration between community leaders and health care employers

- Shared responsibility between state and area for healthcare workforce adequacy
- State policy direction/support for local conversations to bring all employers in an area together





## **Direct support/coaching to healthcare providers to promote resilience, best practices of care, thriving organizations**

- Greater interest in this, approaches, what form is still unclear





# Questions?

## Robyn Dreibelbis, DO Marc Overbeck

State of Reform 2018





# Oregon's Healthcare Workforce

State of Reform 2018

Oregon  
Health  
Authority