



Ohio Physician and Allied Health Care Workforce Preparation Task Force Report

March 1, 2020



Department of
Higher Education

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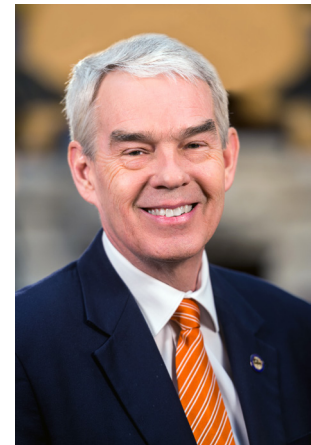
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Letter from the Chancellor

Workforce is a critical issue for the DeWine-Husted Administration, and for Ohio. And while our unemployment rate is low and trending downward, Ohio is still faced with the challenge of building a workforce that can meet the demands of the future. Statewide, that challenge is perhaps no more daunting than in the field of healthcare. Healthcare workforce shortages are not unique to Ohio, but we must be strategic in our approach to attracting, educating, and retaining Ohio's current and future healthcare workers.



With this in mind, the most recent state operating budget tasked me as Chancellor with establishing the Ohio Physician and Allied Health Care Workforce Preparation Task Force. The task force, composed of more than 30 experts from the healthcare industry, government agencies, and educational providers, was asked “to study, evaluate, and make recommendations with respect to health care workforce needs in Ohio” and issue a report to the Governor, the Speaker and Minority Leader of the House of Representatives, and the President and Minority Leader of the Senate no later than March 1, 2020.

This report—the result of numerous meetings and conversations between task force members—identifies core challenges of Ohio's healthcare workforce and recommendations for addressing them. However, it should be considered a first step in a larger process. It is my intention to continue convening members of the task force who wish to participate in an ongoing effort to seek further recommendations that can make an even greater difference.

I want to thank all of those who devoted their time and expertise to the task force process. We are making strides, but there is still much to do to make a better tomorrow for our state and its citizens.

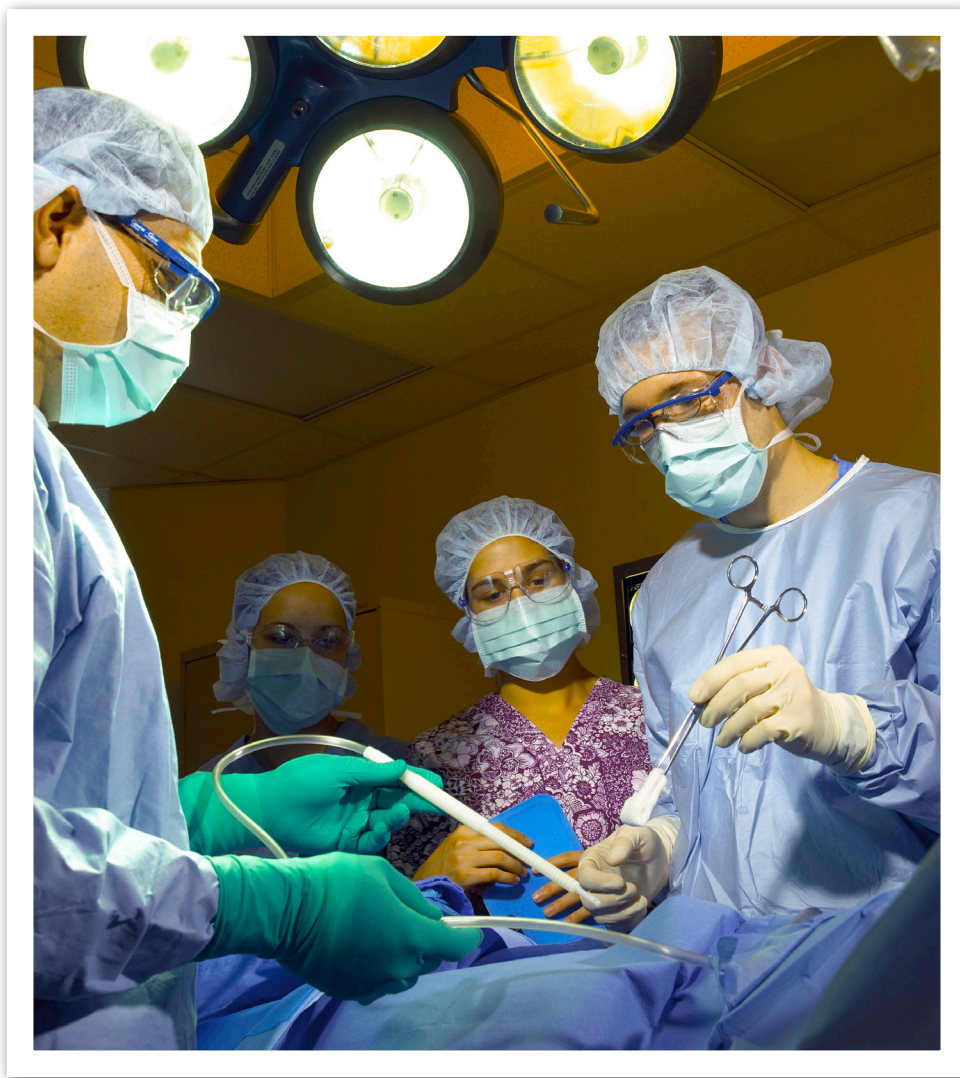
A handwritten signature in black ink that reads "Randy Gardner". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Randy Gardner
Chancellor

Executive Summary

Access to health care workforce continues to be an issue in Ohio, where rural-urban disparities are evident. These differences are reflected in the availability of both providers and educational opportunities.

Numerous health profession associations in Ohio have developed independent reports regarding health care shortages and gaps. Looking at these reports provides an interdisciplinary view of the access to health care workforce disparities. A task force was statutorily established, data was gathered through meetings with stakeholders, and benchmarking with national and regional data occurred, culminating in the Ohio Physician and Allied Health Care Workforce Preparation Task Force Report.



Statutory Obligation

Sec. 381.610 – House Bill 166 (133rd General Assembly):

“The Chancellor of the Ohio Department of Higher Education is tasked with establishing the Ohio Physician and Allied Health Care Workforce Preparation Task Force to study, evaluate, and make recommendations with respect to health care workforce needs in Ohio. Topics considered by the task force may include, but not be limited to, physician, nursing, and allied health care education programs and health care workforce shortages in Ohio. The Chancellor shall appoint task force members with representation from the State Medical Board, medical school deans, hospital administrators, physician and nursing organizations, federally qualified health centers, and other allied health personnel as the Chancellor may decide. The task force shall convene as soon as practicable and issue a report to the Governor, the Speaker and Minority Leader of the House of Representatives, and the President and Minority Leader of the Senate by March 1, 2020.”

Aligning the department with agencies and institutions directly impacted by health care workforce provided for a unique lens and a high-level perspective of the current workforce need, demand, and capacity in Ohio.



Benchmarking

In the 2018 State of the State addresses by United States governors where health care priorities were presented, 12 cited workforce shortages as a high priority (Purinton & Williams, 2018). The federal government has numerous initiatives in place addressing health care workforce shortages. While this is a common theme across the country, states have taken different approaches to address health care needs, including adding legislative language.

Three consistent messages can be gleaned regarding health care workforce in the United States:

- The labor pool is shrinking.
- The health care workforce cannot grow fast enough to keep up with the demand.
- There are geographic gaps in the distribution of health care providers.

SHRINKING LABOR POOL

Two primary reasons for the shrinking labor pool are the aging of health care providers and supply in the education pipeline.

Aging of Health Care Providers: Retirement of providers is impacting all health professions. Knowing the current aging of the workforce allows for succession planning. Wisconsin has identified a significant aging variation among professions. When reviewing data of health professionals age 55 and over for the last decade, four professions were identified: licensed practical nurses (LPNs), certified registered nurse anesthetists (CRNAs), lab technologists, and advanced practice nurses. These professions, and others, are now supported with legislation supporting career pathways by creating more training opportunities (Wisconsin, 2019). In 2016, the Minnesota Department of Health released results of a Physician Workforce Survey noting that 33% of rural physicians plan to leave the workforce within five years (Fritsma, n.d.). Many states forecasting a need in specific fields are looking creatively to fill future needs. Alaska created the Alaska Health Care Apprenticeship Consortium, opening career paths using the “earn and learn” model. Health careers included in the apprenticeship are behavioral health technician, certified nursing assistant, medical assistant, dental assistant, surgical technologist, and more (Alaska Health Care Apprenticeship, 2017).

Education Pipeline: Educational trends were studied along with racial and ethnic backgrounds. Knowing not only how many health career programs are available, but also the student demographics and graduates within those programs provided base information for the workforce supply. Data for foreign language proficiency, cultural background, age, area of residency (where they lived prior to entering professional program), area of intended practice (after graduation), and cost of educational program

provide insight to forecast possible areas of opportunity of improvement in recruitment of students into the educational pipeline, as well as placement after graduation.

Providing health profession education is costly. Those costs are commonly passed to the enrolled student, who then faces high debt upon graduation. Many states are creating unique learning opportunities and supporting students through incentivized initiatives. California created a new online community college, Calbright College, which includes health care programs as one of its focused areas. Calbright College is a less expensive alternative, resulting in less debt while offering short courses and certificate programs (Koseff, 2018). Nebraska has a “Grow Your Own” approach focusing educational awareness of health careers to students at a young age. Active recruitment is directed at those interested in health careers from rural, underserved, and disadvantaged backgrounds (Wilson, 2018). In Washington, the Washington Health Corps was enacted into law in May 2019, providing loan repayment and conditional scholarships to those entering the health profession in return for making a commitment to work in underserved areas of the state (State Policy, 2019).

HEALTH CARE WORKFORCE CANNOT GROW FAST ENOUGH TO KEEP UP WITH THE DEMAND

The changing environment in the health of the population in the United States places health care in a unique situation. The services provided by health care professionals are not standardized, nor is the mode of delivery for health care services. When combined with the ever-growing changes in medical conditions, the environment is ripe for multifaceted treatment needs. This changing environment places stress on two points in the health care field: personnel and access.

Personnel: An adequate number of qualified health care providers must be available to meet the demands of the population. According to *Modern Healthcare*, a weekly business magazine serving the healthcare industry, the number of nurse practitioners grew at an unprecedented rate from 2010 to 2017, with an increase of almost 100,000 professionals. A noted concern relates to the employment shift of up to 80,000 registered nurses leaving their practice upon receiving their nurse practitioner license, resulting in a workforce gap in health care settings (Kacik, 2020). Many states are gathering data about practice characteristics of health professionals, expanding the scope and accuracy of information available. Indiana exhibits health care data-driven initiatives reaching across agencies. Policy initiatives of the Governor’s Health Workforce Council are shaped by this type of data. Some of the data collected include:

- Specialty/fields of practice;
- Practice setting(s);
- Number of hours worked weekly;
- Availability of services to Medicaid recipients; and
- Use of telemedicine.

The Indiana Department of Workforce Development partnered with Indiana’s Commission for Higher Education and the Family and Social Services Administration to develop the Management Performance Hub, allowing data from state agencies to be integrated into one system. By including higher education in this initiative, the education-to-workforce pipeline can be better examined, potentially positively impacting the demand for health care professionals. Another alignment in Indiana addressing the need for a growth in the health care workforce was the implementation of Credential Engine. This open-source, online platform allows job seekers to search for licenses, certifications, and credentials offered in the state (Purington & Williams, 2018).

Providing data to stakeholders allows for opportunities and forward movement in the continued efforts to address the workforce needs.

Access: The U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion addressed access to health services as a goal in Healthy People 2020: “Improve access to comprehensive, quality health care services.” Insurance coverage, geographic availability of health care services, and personal relationship with the provider were identified as distinct steps to achieve the best health outcomes. Barriers to health services, including lack of availability of services and lack of culturally competent care, were specifically highlighted as leading causes to unmet health needs, delays in receiving the proper care, and the inability to receive preventive services (Access to Health Services, n.d.). This information is supported by the 2016 National Health care Quality and Disparities Report released by the Agency for Health care Research and Quality (AHRQ), which looked at quality and access as well as access and disparities in access to health care. One of the most notable findings has direct relation to access: “To obtain high-quality care, Americans must first gain entry into the health care system.” (2016 National Healthcare, n.d.)

One common finding in all of the health care reports shows that access to health care varies based on race, ethnicity, socioeconomic status, and residential location.

GEOGRAPHIC GAPS IN THE DISTRIBUTION OF HEALTH CARE PROVIDERS

Across the United States, there is evidence of the geographic gaps in the distribution of health care providers. Rural and smaller communities tend to have fewer health care providers while also facing higher rates of chronic diseases and other illnesses. The U.S. federal government has many active initiatives to recruit students from underserved areas into health care educational programs, as well as to work in underserved areas once licensed or registered for their respective profession.

The American Medical Association also has its radar focused on the shortage concern. 2009 data from the American Medical Association Physician Masterfile shows that over 50% of graduates from family medicine residency programs practice within 100 miles of their residency program; almost 60% of those graduates locate with 25 miles of their residency program (Fagan, Finnegan, Bazemore, Gibbons, & Petterson, 2013). In 2019, Alaska, California, Hawaii, Iowa, and Washington passed legislation aimed at the distribution of health care providers through recruitment, placement, and loan repayment efforts (State Policy, 2019).

From a national perspective, the shortage of health care workforce providers is evident. States are evaluating their respective needs and creating initiatives to address their specific findings all in an attempt to improve access to health care services for their citizens.

Efforts in Ohio Addressing the Health Care Workforce Shortage

Efforts focusing on the health care workforce in Ohio are evident through many public and private initiatives addressing the greatest health challenges facing residents of the state. State agencies, regional commissions, and professional organizations are only some of the entities addressing this concern through information and data gathering from constituents and assessing the demand for and availability of jobs. Colleges and universities where medical and/or health career programs are offered and medical facilities across the state are implementing programs focusing on seeking and retaining students in health care professions, reflecting the focus on the health care workforce shortage. Some medical facilities have created partnerships with local high schools and community colleges in efforts to support the pipeline of health care workers.

Akron Children’s Hospital and Stark State College: A different perspective on supporting the pipeline of health care workers is evidenced in the partnership between Akron Children’s Hospital and Stark State College. This partnership provides current employees of the hospital the opportunity to develop clinical skills and careers in selected medical fields. Participants in this program are supported with tuition assistance; paid fees for uniforms, books, supplies, and equipment; transportation assistance; child care assistance; and wrap-around services through Stark State’s staff. This “grow-your-own” type of approach is just one example of supporting the health professions in northeast Ohio (Career Launch, n.d.).

Cincinnati Children’s Hospital Medical Center: In southwest Ohio, Cincinnati Children’s Hospital Medical Center provides a science internship training opportunity in the area of biomedical research through the Biomedical Research Internship for Minority Students (BRIMS) program for students in the Cincinnati area who are graduating high school seniors and college freshmen. These interns work with a mentor on a basic science or clinical biomedical research project for nine weeks over the summer (Biomedical Research, 2020). The Medical Center also offers an eight-week paid internship program in which graduating high school seniors work 20 hours per week with a mentor in one of 10 pediatric clinical specialties. Simulated patient training sessions, weekly group meetings with peers and specialists, and a summary presentation of their internship experiences are components of this program (High School Senior, 2020).

Columbus State Community College: Built from a \$3+ million federal grant award, the Health Careers Opportunity Program (HCOP) at Columbus State Community College, in central Ohio, is attentive to increasing the number of students from diverse backgrounds in healthcare, with an emphasis on areas that have workforce/representation shortages (Columbus State, 2020).

Kent State College of Podiatric Medicine: Kent State College of Podiatric Medicine, located in Independence in northeast Ohio, is the only institution providing the education of podiatric physicians in Ohio and is one of only nine colleges of podiatric medicine in the United States. Graduating an average of 105 students yearly, the College has more than 1/3 of its graduates placed in podiatric residency programs in Ohio (Kent State University, 2020).

The Ohio State University, College of Medicine: Programs encouraging diversity in the medical school are designed to expand the number of underrepresented students and residents into the College's programs. The programs demonstrate a pipeline of outreach efforts involving high school and youth programs, undergraduate programs, post-baccalaureate programs, and programs for medical students. One such program is the MD Camp, an intensive three-week summer day camp providing participants an experience in the rigors of medical school. MD Camp is open to high school sophomores, juniors, and seniors with an interest in a health profession career, including biomedical research (MD Camp, 2020). Another program, MEDPATH, is a post-baccalaureate program where the focus is on encouraging greater diversity in the medical school and residency programs. Directed at students from educationally and/or socioeconomically disadvantaged backgrounds with an interest to provide medical care in underserved communities, this one-year program is offered to students prior to their entrance into medical school. Students must meet established criteria as well as be referred to the program by the OSU College of Medicine Admissions Committee to participate (MEDPATH, 2020).

Ohio University, Heritage College of Osteopathic Medicine: Focusing on serving Appalachian and underrepresented minority students, this one-academic-year, post-baccalaureate program provides an alternative entry pathway to the Heritage College. To be eligible, students must have applied to the College, completed the admissions interview, and been identified as a candidate for the post-baccalaureate program. An individualized course of study is created for each student admitted to the post-baccalaureate program, including a variety of biological sciences, study/learning skills, and an MCAT prep course (Post-Baccalaureate, 2020). After meeting set requirements, including maintaining a 3.2 GPA on prescribed course work, selected students are guaranteed admission to the Heritage College for the academic year after their post-baccalaureate program.

A three-year pipeline program targeting high school students from historically underrepresented backgrounds in the Cleveland area demonstrates outreach efforts of the Heritage College. The Heritage College's Aspiring DOctors Precollege Program involves partnerships with high schools and a community college exposing students, starting in 10th grade, to the medical profession. Heritage College, Cleveland faculty, staff, and medical students provide lectures, hands-on clinical activities, case-based learning lessons, and college/career readiness workshops to program participants. In 2018, *INSIGHT Into Diversity* magazine awarded Aspiring Doctors an Inspiring Programs in STEM Award, recognizing the college's focus on attracting students from underrepresented groups into a STEM field (Aspiring DOctors, 2020).

The University of Toledo, College of Medicine and Life Sciences: Recruitment and pipeline programs supported by the Office of Diversity at The University of Toledo (UT) focus efforts to identify underrepresented diversity students through various outreach endeavors. High school students can participate in a year-long, after-school enrichment program, ToledoStarz, where medical issues and various roles involved within the health care process are presented by faculty, staff, and students. Another program targets entering ninth-grade students interested in science and medicine as the audience for an intensive two-day summer educational experience, CampMed. Students get exposed to biomedical laboratory experiences, clinical problem solving, and an introduction to the field of clinical medicine. Of the 263 participants of the CampMed program since 2013:

- 208 were female;
- 236 were from identified underrepresented groups; and
- Between eight and 14 rural counties were represented yearly

UT is conducting a research study, CampMed Facebook Project, to see if CampMed enhanced student interest in science or medicine. While the data is self-reported, approximately 90% of the respondents said CampMed enhanced their interest in science or medicine, and 80% indicated majoring in nursing, science/biochemistry, pharmacy, or physical therapy. Of the CampMed alumni who have graduated from college, 65% said they are currently in science or health-related careers such as nursing, medical practice, veterinary practice, pharmacy, and physical therapy (The University of Toledo, 2020).

Ohio Primary Care Workforce Initiative: Now in its fifth year of existence, the Ohio Primary Care Workforce Initiative is unique to Ohio. This initiative is a way to place students majoring in health professions in an environment that addresses the needs of the underserved population with a comprehensive health care delivery model, the Patient-Centered Medical Home (PCMH). This model places students in 44 Federally Qualified Health Centers (FQHCs) that are recognized as PCMHs to work directly with health care professionals while providing the students with a comprehensive experience in addressing the needs of the whole person. Between July 1, 2015 and June 30, 2019, 4,150 student rotations in medical, advanced practice nursing, dental, behavioral health, and physician assisting have occurred, serving more than 800,000 patients each year (Ohio Association of Community Health Centers, 2019).

Private Sector: Evidence of the involvement of the private sector can be seen in northeast Ohio, where a pilot program to test and implement portable digital credentials across portions of a 650+ physician network was launched in January, 2020. Hyr Medical and Axuall, Inc. have combined efforts to reduce the costs and time it takes to place qualified physicians in needed areas (Axuall, 2020).

Ohio Board of Nursing: With more than 300,000 licensed and certified health professionals, the Ohio Board of Nursing (OBN) has a broad impact on workforce data across the state. Collecting data on the nursing workforce since 2013, the OBN has been able to provide data to assist with workforce planning initiatives by adding workforce data questions to renewal applications. The data reports are available on the Board’s website (<https://nursing.ohio.gov>). Along with capturing data from licensees, OBN supports growth of student enrollment as well as retention of nursing graduates through a grant and loan program, respectively. A small portion of nursing license renewal fees supports these programs (Ohio Board of Nursing, n.d.).

HIGHLIGHTS OF CURRENT INITIATIVES

Appalachian Regional Commission: In November, 2019 the Appalachian Regional Commission (ARC) discussed Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs)/Populations in an effort to address the shortage of health care workers in the Appalachian territory of the state. ARC policy changes, effective October 1, 2018, focus on the expansion of allowable physician specialties, broadening the authority for a state recommendation letter and administrative fees for processing applications.

Health Policy Institute of Ohio: In October 2018, the Health Policy Institute of Ohio (HPIO) released a Health Policy Brief recognizing that access to health care is a component of health equity. The Equity Advisory Group, convened by HPIO, developed a definition of health equity:

“Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” (Health Policy Institute, 2018)

The inclusion of access to health care in this holistic view of health equity is a powerful demonstration of the noted concerns of health care shortage.

Ohio Department of Health: The Primary Care Office in the Ohio Department of Health compiled data in a report to the Ohio Physician and Allied Health Care Workforce Preparation Task Force in September 2019, providing a statewide view on health professional shortage areas and health care workforce programs. The data show underserved areas, according to federal Health Professional Shortage Area (HPSA) criteria. These criteria were used to identify Ohio communities eligible to apply for assistance through various state and federal programs for recruitment and retention of health care providers.

Ohio Department of Job and Family Services: Of the 236 in-demand occupations across the state of Ohio, with data from October 2017, 31 – or 13% – are in health care disciplines, with 29 of them requiring a college degree at some level. Addressing health care worker shortages can be a multi-pronged approach through recruitment and education. Recruitment efforts can focus on students entering a professional health care educational program or on licensed health care professional from other states. Opportunities for education involving stackable credentials allow for progression from one health care occupation to the next in a methodical manner for those wanting to upskill (In-Demand Occupations, 2020).

Ohio Department of Mental Health and Addiction Services: Lack of an adequate behavioral health workforce, at all levels, continues to be a commonly reported barrier to access and provision of critical behavioral health care. Governor DeWine and the Ohio General Assembly partnered in HB 166 – the State Operating Budget – to invest in workforce development strategies aimed at attracting and retaining quality workforce to the behavioral health field. Many of these strategies are under way and include funding to assist Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified/licensed community based providers with hiring, developing, and retaining behavioral health professionals in their organizations; training opportunities focused on expanding substance use disorder treatment capacity in primary care and other non-traditional settings; and free online professional development and continuing education opportunities on a variety of topics ranging from Medication Assisted Treatment to American Society of Addiction Medicine multidimensional assessment and levels of care, among others.

In an effort to direct future investment and policy decisions, OhioMHAS, in partnership with Ohio’s Office of Workforce Transformation (OWT) and Innovate Ohio (IO), is engaging in a workforce modeling project. The project will allow policymakers to better understand the impact of specific discreet factors affecting the incoming, ongoing, and outgoing supply of behavioral health workforce in Ohio. The expected outcomes of this project include an understanding of the historical and current workforce supply as well as future demands of the State’s behavioral health workforce, and will assist with the identification of effective strategies to reduce the variance between the supply and demand of the behavioral health workforce.

Ohio Primary Care Physician Workforce Collaborative: In May 2019, the Ohio Primary Care Physician Workforce Collaborative released a report and recommendations to the Ohio Coalition of Primary Care Physicians containing: state-level projections of supply and demand for primary care practitioners from 2013 to 2025; a comparison of physician shortage by state, region, and nation; Ohio’s Health Care Workforce Programs; and final recommendations. One recommendation impacts all of the health professions in Ohio: “Complete the development and utilization of the Health Professions Data Warehouse for all health professionals licensed in Ohio.” The inclusion of all licensed health professionals in the data warehouse could have an immediate impactful effect on the comprehensive assessment of the workforce shortage in health care professions.

Ohio Society of Respiratory Care: The 2019 Report on the Current Demand and Future Needs for Respiratory Therapists in Ohio Hospitals was released in December 2019 by the Ohio Society of Respiratory Care (OSRC). The society conducted a survey in 2009 defining the current needs and projected future needs for clinical respiratory therapists in Ohio hospitals and replicated that study. The 2019 study showed a good representation by OSRC districts, as well as a mix of rural vs. metropolitan facilities. Data included in the report are specifically reflective of projected health care providers in the profession, causes for staffing shortages, and the demographics of Ohio respiratory therapy educational programs. A common thread among the reported findings is education. Professional educational programs need students, the youth need to be educated about the profession, and the current workforce needs to be educated about advanced degrees. Providing education about health care professions provides opportunities to fill the educational pipeline, resulting in an increase in health care providers.

Meetings Related to the Task Force

Since August 2019, the Ohio Physician and Allied Health Care Workforce Preparation Task Force has been the focus of many meetings with various stakeholders.

SUMMARY OF MEETINGS

Stakeholder Engagement Meeting

August 15, 2019

Discussion of different types of data the Ohio Department of Health manage that may be useful for the task force to discuss, including:

- Information/data on Health Professional Shortage Areas (HPSAs)/Medically Underserved Areas (MUAs)
- Information/data on J-1 Visa
- Information/data on physician loan repayment
- Information/data on nursing shortages
- Information/data on physician shortages
- Information/data on health equity and social determinants of health

Ohio Primary Care Physician Workforce Collaborative

September 4, 2019

Discussion of the report made by the Ohio Primary Care Physician Workforce Collaborative to the Coalition of Primary Care Physicians underscoring the need for a primary care health workforce. The Collaborative provided useful next steps to discuss the status of the Health Professions Data Warehouse (HPDW) in an effort to address the real areas of health workforce needed in Ohio. A list of recommended organizations/associations for the Ohio Physician and Allied Health Care Workforce Preparation Task Force was provided by the Collaborative.

Stakeholder Engagement Meeting

November 19, 2019

Discussion about the statute from HB 166 and the purpose of the language provided a foundational start. Topics raised during the open forum:

- Health Professions Data Warehouse
 - » Status
 - » What needs to be done to get the Data Warehouse to be a useful tool for health professions?
- The need for data
 - » Accurate and complete data from health care professionals
 - » Look at other states to see what is being done successfully
 - » Make data accessible for all
- Longevity of investigating data collection from various organizations
 - » Need for uniformity of data collection
- Licensing
 - » E-licensure
 - » Current process
 - » Reciprocity
 - » Fees
- Role of community colleges in the education of health care professionals
 - » Baccalaureate-level education
 - » Partnerships with health care facilities
 - » Recruitment and educational pipelines from the K-12 system
 - » Stackable credentials
 - » Registered apprenticeship model in health care programs
- Recruiting people into health care professions
 - » Cost of education/training
 - Student loan repayment programs
 - Pre-imburement model
 - » Low wage for entry-level for some professions
 - Can make more money in some jobs that do not require any education/training
 - » Expansion of STEM into health career fields
 - » Grow Your Own concept in medical facilities
 - » Role of College Credit Plus (CCP) in high schools
- Future of subgroups for the task force

Coalition of Primary Care Physicians

November 23, 2019

Invitation by the Coalition to ODHE to discuss the task force. Topics discussed:

- Health Professions Data Warehouse
- Longevity of the task force
 - » Use task force to address continuing needs across health care professional disciplines
- Successful models of recruiting students into health professions in underserved areas of the state
- Concern for primary care physician educational programs
 - » Some medical schools focus more on specialty care physician programs

Ohio Medical School Deans

January 14, 2020

Invitation to ODHE to discuss task force. Topics discussed:

- Task force
 - » Report due March 1, 2020 – How can medical school deans be helpful?
 - Willing to review data for report
 - » Long-term impact of task force
- Data is substantial issue in decision making
 - » Transparent translation of data
 - » Medicaid and Graduate Medical Education (GME) data
 - » Who’s reviewing, analyzing data?
 - » Where is data going?
- Telemedicine
 - » Delivery of cost-effective health care
 - » Support health care professional shortage areas
- Need for finding clinical sites
 - » Medical education placement in underserved areas?
- Recruitment and retention of students in medical school
- GME & funding model

Department of Administrative Services

February 7, 2020

ODHE requested to meet with the Department of Administrative Services (DAS) to learn more about the Health Professions Data Warehouse. Topics discussed:

- eLicense program
- Health Professions Data Warehouse
 - » Involvement of health professional licensing boards
 - » What needs to occur before update/expansion?
 - » MOUs – Refreshed and more narrowly scoped MOUs may be needed
- Platform to house data

Ohio Physician and Allied Health Care Workforce Preparation Task Force

February 20, 2020

First meeting of the appointed Task Force members. Primary points of discussion included:

- Health Professions Data Warehouse
 - » DAS staff provided a history and update on the project.
 - Current status of eLicense application system.
 - Refreshed MOUs or data-sharing agreements with respective boards utilizing the Warehouse and Ohio Colleges of Medicine Government Resource Center (GRC) may be needed.
 - There is interest from other health professions' licensing boards to capture and analyze workforce and demographic data.
 - Consider leveraging the InnovateOhio Platform (IOP) for data sharing and analytics.
 - Questions need to be reviewed before moving forward.
- Recommendations in Draft Task Force Report
 - » Open discussion on each recommendation, respectively, resulting in expansion of the recommendations to more clearly address needs.
- Timeline for completion of the report to ensure delivery of report to the Chancellor by the stated deadline.

Ohio Physician and Allied Health Care Workforce Preparation Task Force

CHARGE OF THE TASK FORCE

The Chancellor of the Ohio Department of Higher Education has charged the task force with identifying preliminary core challenge(s) facing the Ohio health care workforce.

COMPOSITION OF MEMBERSHIP

In accordance with the statutory language, the membership includes representation from the State Medical Board, medical school deans, hospital administrators, physician and nursing organizations, federally qualified health centers, and other allied health personnel. See Addendum A: Ohio Physician and Allied Health Care Workforce Preparation Task Force Members.

Recommendations

The continuance of data gathering and information sharing is needed in order to further explore the core challenges facing the Ohio health care workforce.

RECOMMENDATIONS PRESENTED TO THE CHANCELLOR

1. **Data Availability and Transparency:** The Health Professions Data Warehouse should be finalized with input from the Department of Administrative Services, InnovateOhio Platform, health professional licensing boards, and other stakeholders as deemed appropriate. To the greatest extent possible, the data should be publicly available to facilitate sharing and transparency.
2. **Recruitment, Placement, and Retention:** Recruitment, placement, and retention of health care learners should be a focus area to increase the volume and availability of qualified healthcare workers addressing the greatest health challenges throughout the state. Strategies should be targeted at rural and other underserved areas through innovation, clinical exposure to underserved settings, and educational costs/reimbursement. Placing a priority on identifying the types of providers needed in the different areas of the state will benefit these efforts.
3. **Educational Pipeline Opportunities:** The involvement of educational institutions and training providers at all levels of the educational spectrum should be enhanced to create affordable, accessible, and innovative opportunities for students, including underrepresented minorities, who want to enter or up-skill within the healthcare workforce.
4. **Serving All Ohioans:** Targeted strategies should be developed and enhanced to focus efforts on serving the people living in Health Professional Shortage Areas as well as other geographically underserved population areas of the state to ensure that all Ohioans are able to achieve their full health potential. Investigating practice methods, population health management, practice style, and payment methods should be included.

Conclusion

The efforts of many organizations and agencies focusing on the health care professional shortage in the state of Ohio has positioned the task force with a strong foundational base to begin addressing the recommendations. The energy and momentum used to capture the information can now gain traction. Ohio can benefit from reviewing processes used by other states and consulting with those personnel who have been involved in the transformation of their identified state health care workforce initiatives. The task force has a plethora of resources available within the state upon which to build, as well.

There is strong support from the agencies and organizations involved with the Health Professions Data Warehouse to make improvements to better serve the health professionals. Having the data for health care providers in a profession-specific usable format on an accessible platform has the ability to provide information to stakeholders resulting in changes in the current health care ecosystem.

The educational institutions realize their role in the education of Ohio's workforce, as evidenced through numerous active initiatives, including those previously highlighted, and others such as Choose Ohio First, College Credit Plus, and TechCred. Educational providers are aligned to work collaboratively within their regions with business partners to identify and address the workforce needs. Collaboration among education and business partners that supports student career pathways and the recruitment and retaining of health care professionals benefits the regional economy.

While there are a variety of other things that need to be done outside of the charge of the task force to fully address the health care workforce shortage, the Ohio Physician and Allied Health Care Workforce Preparation Task Force is committed to the charge given by the Chancellor addressing the continuance of data gathering and information sharing.

Addendum A: Ohio Physician and Allied Health Care Workforce Preparation Task Force Members

CHAIR: Randy Gardner, Chancellor, Ohio Department of Higher Education

NAME	ORGANIZATION REPRESENTING	TITLE/POSITION
Ms. Angie Bergefurd	Ohio Department of Mental Health & Addiction Services	Deputy Director of Behavioral Health Policy
Dr. Allan Boike	Kent State University	Dean of Kent State University's College of Podiatric Medicine
Dr. Nate Bradstater	AICUO	President, Kettering College
Dr. Dan Clinchot	Ohio State University College of Medicine	Vice Dean for Education
Dr. Kelly L. Colwell	Ohio Society for Respiratory Care (OSRC)	RT Program Director, Youngstown State University
Dr. Chris Cooper	University of Toledo	Executive Vice President Clinical Affairs and Dean, College of Medicine and Life Sciences
Ms. Rhonda Cooper	Miami University	Assistant Professor, Department of Nursing
Dr. Kirk Dickerson	Columbus State Community College	Dean of Health and Human Services
Mr. Tom Dilling	Ohio Board of Nursing	Public and Governmental Affairs Officer/Liaison
Dr. G Patrick Ecklar	Ohio Chapter of the American College of Physicians	PCMH Representative on the Ohio American College of Physicians Governor's Advisory Council, Chair of the Steering Committee (Educational Advisory Group) for HB 198
Dr. Andrew Filak, Jr.	Medical School Deans	Senior Vice President for Health Affairs; Dean, University of Cincinnati College of Medicine
Dr. Sanjay Gandhi	Ohio Chapter of the American College of Cardiology	President of Ohio Chapter of the American College of Cardiology
Ms. Joscelyn Greaves	Ohio Association of Advance Practice Nurse	President, OAAPN

NAME	ORGANIZATION REPRESENTING	TITLE/POSITION
Dr. Deborah L. Hardy	Lakeland Community College	Associate Provost, Teaching and Learning and Dean of Faculty, Dean for Health Technologies
Mr. Hank Harned	Office of Workforce Transformation	Workforce Project Management
Dr. Mark Hurst	Ohio Department of Health	Medical Director, Assistant Director for Health Programs
Dr. Ken Johnson	Medical School Deans	Executive Dean, Ohio University Heritage College of Osteopathic Medicine & Chief Medical Affairs Officer
Mr. Sean McGlone	Ohio Hospital Association	Senior Vice President and General Counsel
Dr. Anna McMaster	Ohio Academy of Family Physicians	Medical Doctor
Dr. Hope Moon	Lorain County Community College	Faculty Coordinator, Firelands-BGSU ADN Program
Mr. David Paragas	Barnes & Thornburg	Attorney
Ms. Heather Reed Robinson	OH Colleges of Medicine Government Resource Center	Associate Director
Dr. William (Bill) Resch	Ohio State Medical Association	OhioHealth Staff Psychiatrist and OhioHealth Psychiatry Residency Program Director
Ms. Amy Rohling McGee	Health Policy Institute of Ohio	President
Ms. Marisa Rohn	Stark State College	Vice President of Advancement, Human Resources and Partnerships
Ms. Sheena Shifko	Shawnee State University	Associate Professor, Program Director, Radiologic Technology
Mr. John Stilliana	NEOMED, IUC	Vice President for Government and External Affairs, Office of the President
Mr. Ryan Thompson	Ohio Department of Job and Family Services, Office of Workforce Development	Assistant Deputy Director
Dr. Kimberly Watson	Mercy College of Ohio	Dean, Division of Health Sciences
Dr. Brook Watts	Metrohealth	Chief Quality and Patient Experience Officer
Dr. Ted Wymyslo	Ohio Association of Community Health Centers	Senior Medical Advisor

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Vice Chancellor, Higher Education Workforce Alignment

Jeff Robinson
Director of Communications

Dr. Lauri White
Associate Vice Chancellor, Workforce Engagement

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