



Rural Medical Training Facilities Workgroup Established by 2017 Budget Note to HB 5006

DATE: September 15, 2018

TO: Oregon Legislative Assembly and the Legislative Administrator

FROM: Rural Medical Training Facilities Workgroup
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Legislative Report on Rural Medical Training Facilities Workgroup Budget Note to HB 5006 (2017)

Link to Executive Summary and this Legislative Report: <https://www.oregon.gov/odva/Connect/Pages/Reports.aspx>
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Overview and Purpose of the Workgroup

The Rural Medical Training Facilities Workgroup (Workgroup) was established in the 2017 Oregon State Legislative Session in a Budget Note to HB 5006 to the Oregon Department of Veterans' Affairs (ODVA) (*Attachment A*). ODVA convened and facilitated the Workgroup in collaboration with the Oregon Health Authority and the Oregon State Board of Nursing, to investigate issues related to alleviating shortages of skilled and experienced nurses, medical technicians, allied health professionals and behavioral health (mental health) professionals, particularly in the City of Roseburg and in Douglas County.

The Workgroup was directed to consider issues related to establishing a medical training facility in partnership with local academic programs. In addition, the Workgroup was asked to consider medical training programs for veterans transitioning from the military to the workforce. This report to the Legislature was prepared by ODVA and documents the results of the Workgroup as directed by the budget note.

Executive Summary

The Workgroup approached the legislative directive by first determining whether and to what extent healthcare workforce shortages exist and then consider alternative solutions to alleviating the shortages.

After careful examination and consideration of significant data available, the Workgroup came to consensus that significant current and projected workforce shortages exist in multiple allied health and behavioral health fields in Roseburg/Douglas County, throughout rural Oregon, and statewide.

The Workgroup then considered alternative solutions and came to consensus that they would not recommend or endorse any particular solution; instead, they would simply present all alternatives in the report to the legislature.

Participants in the Workgroup and Meetings

A diverse group of individuals participated in the Workgroup, including state Legislators and local elected officials. Participants included representatives from Oregon Department of Veterans' Affairs,

Oregon Health Authority, Oregon State Board of Nursing, Umpqua Community College, the Governor's Office, and local participants including local Oregon tribes, the City of Roseburg, Douglas County, local hospital or medical facilities, including the Roseburg VA Medical Center (Roseburg VAMC), and Mercy Medical Center. Local medical practitioners with experience in training nursing and medical technician students also participated. ODVA provided staffing and coordination. (*Attachment B*). The Workgroup met six times from September 2017 to August 2018. There were 15-20 regular participants of the Workgroup, and 8-15 additional individuals attended each meeting.

Two-Stage Approach

The Workgroup used a two-stage approach to investigate the issues. First, the Workgroup collected and reviewed the data and statistics on the actual shortage of allied and behavioral health professionals, including but not limited to nurses and medical technicians. Second, the Workgroup considered potential solutions to determine how to alleviate the shortage of medical professionals and fill the needs of the community and the region, including examining the capacity of existing medical training institutions in Oregon and establishing a medical training facility.

Part I: The Need for Skilled and Trained Medical Workforce

The Workgroup determined that significant current and projected workforce shortages exist in multiple allied health and behavioral health fields in Roseburg/Douglas County, throughout rural Oregon, and statewide. Additionally, the Workgroup found that existing educational program capacity for those fields/occupations in the state is insufficient to resolve workforce shortages, particularly in Roseburg/Douglas County and other rural areas.

Part II: Solutions for Alleviating Skilled and Trained Medical Workforce Shortage, Including a Medical Training Facility

The Workgroup considered a number of alternative solutions to resolve allied and behavioral health workforce shortages. The Workgroup determined that there is no single solution, and a better approach would be to have a multi-pronged approach and use a variety of solutions. Among the potential solutions considered are: the expansion and creation of incentive programs; recruitment bonuses for health care and behavioral health care providers; competitive salaries and incentives for health care professors and teachers; and the promotion of health careers at secondary schools. The most comprehensive approach considered was to build educational capacity through a regional medical college in Roseburg that offers advanced (Bachelors, Masters and PhD) degrees in multiple high-demand allied and mental health fields.

This legislative report provides key findings on allied and mental health workforce shortages, limitations of current educational program capacity in Oregon, and potential solutions, including the creation of a regional non-physician medical college. The main components of a preliminary business plan developed by Oregonians for Rural Health and its supporting partners that outlines an initial framework for degree offerings and programs is included in this report.

Part I: Determination of Need for Skilled and Trained Medical Workforce Evaluation of Healthcare Workforce Demand

Healthcare Demand in Oregon

The demand for healthcare in Oregon is growing steadily, including in rural communities. More Oregonians have health insurance today due in large part to the implementation of the Affordable Care Act in 2013. According to the Oregon Health Authority (OHA) 2017 Oregon Health Insurance Survey (*Attachment C*), about 94 percent of Oregonians have health insurance. In addition, the general population is aging, which further drives up demand for chronic care and other services. The number of elderly patients in counties throughout Southern Oregon is notably higher than in urban centers of the state by 4 to 16 percent (*Attachment D*).

Hospitals and providers have continued to expand services to keep up with demand. However, workforce shortages in multiple allied and behavioral health fields make maintaining healthcare services increasingly difficult despite aggressive and often costly recruiting efforts; expanding service to meet the future needs will be a significant challenge. Rural communities, in addition to veteran medical facilities, have reported acute allied and behavioral health workforce shortages that will pose substantial barriers to healthcare access. Understaffed hospitals and clinics decrease the quantity and quality of care provided. Longer wait times to see a doctor, in addition to less time spent per patient, are already making news headlines.

Review of Data on Healthcare Workforce

The Workgroup reviewed data and statistics from a number of sources that provided a comprehensive understanding of allied and behavioral health workforce shortages and needs in Oregon, Roseburg and Douglas County.

Data sources included:

- Current job openings among healthcare providers in the city of Roseburg/Douglas County, including:
 - CHI Mercy Health, July 2018 (*Attachment E*)
 - Roseburg VA Medical Center, July 2018 (*Attachment F*)
- Oregon Employment Department: Oregon's Future Workforce Needs: Job Growth to 2027 by Industry (*Attachment G*)
- Oregon State Board of Nursing Licensing Report, July 2018 (*Attachment H*)
Oregon Health Authority Office of Health Analytics:
 - Oregon's Medical Workforce (*Attachment I*)
 - Oregon's Nursing Workforce (*Attachment J*)
 - Oregon's Physical Therapy Workforce (*Attachment K*)
 - Examining the Health Care Workforce Needs for Communities and Patients in Oregon 2018 (*Attachment L*)
- Oregon Health Sciences University: Oregon Areas of Unmet Health Care Need Report August 2017. (*Attachment M*)
- Oregon State Board of Nursing Approved Nursing Education Program List (*Attachment N*)

Oregonians for Rural Health

Oregonians for Rural Health, based in Douglas County and founded in January 2016, is a coalition of community leaders, healthcare providers, economic development groups, educators and others dedicated to promoting the health and vitality of rural communities in Oregon.

In the spring of 2018, Oregonians for Rural Health and its supporting partners determined that college programs should be phased-in over time, starting with allied and mental health fields/occupations that are in high demand. The following were identified as prospective advanced-level phase one programs for the college based on input from regional hospitals, clinics and the Roseburg VAMC:

- Nursing
 - Registered Nurse (Bachelor and Master of Nursing Level)
 - Nurse Practitioner (Master of Nursing and Doctoral Level)
- Mental Health
 - Clinical Psychologist/Licensed Professional Counselor (Master Level)
 - Clinical Social Worker (Bachelor and Master Level)
- Physical Therapist (Doctoral Level)
- Radiological Technologist (Bachelor Level)
- Medical/Clinical Laboratory Technologist (Bachelor Level)

Oregon Center for Nursing Analysis

Oregonians for Rural Health contracted with the Oregon Center for Nursing (OCN) to evaluate the current and projected workforce demand for the selected allied and mental health fields/occupations both statewide and in rural counties, in addition to state-based educational program capacity. The following is a summary of key findings (*see Attachment N for the full OCN report*).

OCN's allied and mental health workforce analysis was primarily based on Oregon Employment Department (OED) 2017-2027 employment projections and job openings data. Data from the 2014 OED Jobs Opening Survey was also used, in addition to licensing data from state licensing boards. OCN was directed by Oregonians for Rural Health to focus its evaluation on those fields/occupations requiring baccalaureate and above level degrees given the planned focus of the college. However, data from the OED does not report nursing workforce by level of education. Therefore, supply and need information do not explore the differences in education level for nurses.

It should be noted that OED 2017 current employment data for registered nurses does not comport with nurse licensing figures provided by the Oregon State Board of Nursing (OSBN) (*Attachment H*). As indicated by OSBN in the attachment, this discrepancy is due in part to the fact that not all actively licensed nurses are part of the workforce in the state. A license is required to provide care to any Oregonian even if the nurse is not physically located in Oregon.

Table 1 below illustrates is number of healthcare workers for the selected fields/occupations in Oregon during 2017. The projected 2027 employment figures for each field/occupation are also provided, in addition to total openings with breakdowns of openings due to industry growth and attrition.

Table 1: Estimated and Projected Employment and Job Openings by Occupation (2017-2027)*

Program	2017 Employment	2027 Employment	Total Openings	Openings Due to Growth	Openings Due to Attrition
Registered Nurse	37,353	43,600	26,635	6,247	20,388
Nurse Practitioner	1,762	2,376	1,608	614	994
Physical Therapist	3,052	3,885	2,222	833	1,389
Radiologic Tech.	2,254	2,551	1,517	297	1,220
Med/Clinical Lab Tech	2,281	2,521	1,693	240	1,453
MH Counselor	3,158	3,715	4,068	557	3,511
MHSA Social Worker	2,304	2,684	2,861	380	2,481

*Source: Oregon Employment Department, July 2017

OCN also provided an analysis of occupational deficits for the selected fields/occupations by OED Region to gauge workforce demand in rural counties (see Tables 2 and 3 below).

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Table 2 – Oregon Employment Department Regions

OED Region	Counties
East Cascades	Crook, Deschutes, Gilliam, Hood River, Jefferson, Klamath, Lake, Sherman, Wasco, Wheeler
Eastern Oregon Lane	Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa Lane
Mid-Valley	Linn, Marion, Polk, Yamhill
Northwest Oregon	Benton, Clatsop, Columbia, Lincoln, Tillamook
Portland Tri-County	Clackamas, Multnomah, Washington
Rogue Valley	Jackson, Josephine
Southwestern Oregon	Coos, Curry, Douglas

Table 3 – Occupation Deficits by OED Region

Occupation	OED Regions with 20% Deficit
Registered Nurse	Eastern Oregon, Mid-Valley, Northwest Oregon, Southwestern Oregon
Nurse Practitioner	East Cascades, Mid-Valley
Physical Therapy	Mid-Valley
Radiologic Tech	Mid-Valley
Med Lab Tech	Eastern Oregon, Mid-Valley, Northwest Oregon, Southwestern Oregon
MH Counselors	Mid-Valley, Northwest Oregon, Rogue Valley
MHSA Social Worker	Eastern Oregon, Northwest Oregon

*Source: Oregon Employment Department, July 2017

Oregon Center for Nursing Analysis of Current Academic Capacity

Ample academic opportunities are critical to ensuring an adequate supply of qualified healthcare workers. OCN evaluated state-based educational program capacity for the selected fields/occupations based on three metrics. The first metric was the number of schools or programs in the state to meet the projected need. The second metric was the number of graduates from each program within the occupation. The third metric was the acceptance rate, which is the percent of applicants who were admitted into the school or program. Taken together and combined with other measures, such as the number of annual job openings, it is possible to assess whether adequate capacity exists in the current educational system to meet the need for allied healthcare occupations.

Table 4 below provides the number of schools for the selected fields/occupations, in addition to admissions, application and acceptance rates. As illustrated, applicants for many of the fields/occupations have few choices of where to study. Four of the seven fields of study have only one or two schools available in Oregon and many are extremely competitive for admission. Additionally, of the 46 academic programs listed, only nine are located outside of the Portland area and only four programs are located south of Eugene.

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Table 4 – Number of Schools, Admission, and Applicants (2016-2017 Academic Year)

Program	Number of Schools	Number Admitted	Number of Applicants	Acceptance Rates
Registered Nurse*	23	1,740	7,876	22%
Nurse Practitioner	2	29	81	36%
Physical Therapist	2	94	1,645	6%
Radiologic Tech.	1	48	100	48%
Med/Clinical Lab Tech	1	50	82	61%
MH Counselor	11	208	767	25%
MHSA Social Work	4	343	810	35%

*Source: Data collected in 2018 by the Oregon Center for Nursing

*Note: Data for 17 associate level degree programs are included

Table 5 below provides the number of annual graduates for selected fields/occupations compared to OED estimated annual job openings. For most occupations, there appear to not be enough graduates to fill all projected job openings. Based on these statewide figures, Oregon’s educational system is not matriculating enough graduates to meet projected need alone. This would indicate that many jobs will not be filled and that employers and the community must rely on other means to meet needs, either by migration from other states, or the use of non-permanent workers also known as “travelers.”

Table 5 – Number of Annual Graduates and Job Openings

Occupation	Annual Graduates (2016-2017)*	OED Estimated Annual Job Openings**
Registered Nurse***	1,570	2,664
Nurse Practitioner	89	161
Physical Therapist	92	222
Radiologic Technologist	45	152
Med/Clinical Laboratory Tech	47	169
MH Counselor	166	407
MHSA Social Worker	313	286

*Source: Oregon Employment Department, July 2017; does not include projections for the U.S. Dept. Veteran Affairs

**Source: Oregon Center for Nursing, August 2018

***Note: Data from the 17 associate degree nursing programs in Oregon are included.

Oregon Center for Nursing Key findings

Key findings from the research analysis by the Oregon Center for Nursing include:

- The current supply of healthcare workers in nursing fields (BSN, MSN and NP), physical therapy, medical/clinical and radiologic technology, mental health counseling and licensed social work is inadequate to provide critical access to healthcare in many of regions, including rural communities, across Oregon
- Projections of future industry growth and current job openings strongly suggest there is a need for more healthcare workers.
- A maldistribution of nursing, allied health and mental health professionals favoring metro areas exists leaving rural hospitals and healthcare organizations consistently experiencing workforce shortages in crucial areas
- Oregon's current educational capacity alone will not meet the need for healthcare workers regionally or across the state
- Education and trainings opportunities required for individuals to obtain advanced-level degrees (bachelor's, master's and doctorate level) are lacking in the state

Part II: Solutions for Alleviating Skilled and Trained Medical Workforce Shortage, Including a Medical Training Facility

The Workgroup considered a number of potential solutions to help alleviate allied and mental health workforce shortages. However, it was important to the participants to state that they did not come to consensus on one or more of these solution; instead, they wanted to simply present all the information they had considered to the Legislature.

Potential Solutions to Alleviating Workforce Shortage

The potential solutions to help alleviate allied and mental health workforce shortages the workgroup considered included:

- Expand and enhance existing incentive programs for allied and mental health professionals to practice in rural settings, such as the Health Care Provider Incentive Program loan repayment program, established by the Legislature in HB 3261 (2017). This is administered the OHSU Office of Rural health.
- Create specific new incentive programs for medical professionals in allied and mental health fields.
- Provide educational programs and incentives for veterans with active service medical training to pursue health careers in U.S. Department of Veterans Affairs and civilian medical centers.
- Forge strong, mutually beneficial partnerships with federal U.S. Department of Veterans Affairs Divisions related to community partnerships, workforce development and veteran student instruction.
- Develop new incentive programs to increase the number of teaching faculty at all degree levels (especially in nursing). It is very difficult to recruit and retain faculty due to low pay.
- Promote health careers in secondary schools.
- Create a pipeline of skilled healthcare professionals by building a medical college that offers advanced nursing, allied and mental health degrees.

Building a Regional Allied and Mental Health Medical College

Among the potential solutions considered, building a regional allied and mental health medical college in Southern Oregon was presented by Oregonians for Rural Health and its supporting partners (the coalition) as a long-lasting solution to providing reliable healthcare access, while serving as an economic driver for the local and regional economy. The coalition developed a preliminary business plan to demonstrate feasibility and to serve as an initial framework for degree offerings and programs to be confirmed and finalized by the academic institution/institutions secured to administer college.

The following is a summary of the preliminary business plan that outlines the college vision, selection of programs, footprint and estimated costs, partnerships for student recruitment and training, and location. The full preliminary college business plan is included in this report (*Attachment P*).

Overview:

Analysis of workforce demand in multiple allied and mental health fields demonstrates that the current and projected supply of health care workers is inadequate to meet healthcare demand, as outlined in Part I of this report (Determination of Need). In addition, educational programs in the state offering allied and mental health instruction are primarily located outside of Southern and rural Oregon in urban centers. Admission into a majority of the existing allied and mental health programs in the state is highly competitive, further limiting educational opportunities.

The coalition proposes that a regional college in Southern Oregon offer degree programs in allied and mental health fields with the highest workforce demand, while complementing and building upon existing educational programs offered by community colleges and other institutions. The college would therefore focus on advanced (Bachelor, Master and PhD level) degree programs in the high demand fields of nursing (BSN, MSN and DNP), physical therapy, radiology, medical/clinical lab technology, licensed clinical psychology and social work. Other allied and mental health degree programs may be phased in over time, depending on demand.

It is anticipated that the college will be public, private, or a public/private partnership, depending on the academic institution/institutions secured to manage administration. The city of Roseburg is the targeted site for the college given it is well-situated on the I-5 corridor, centrally located in Southern Oregon and strong local support exists from city and county governments. The location is also in close proximity to the U.S. Department of Veterans Affairs' largest regional medical facility where a new 150,000 square-foot hospital is being built.

College Vision

- Build a top-rated college providing advanced instruction in multiple high-demand allied and mental health fields/occupations.
- Serve as a reliable pipeline of skilled and specialized allied and mental health providers for both the private sector (particularly in Southern/rural Oregon) and U.S. Department of Veterans Affairs (VA).
- Offer advanced-level (Bachelor, Master and PhD level) degrees in multiple high-demand allied health fields, including mental health.
- Partner with state-of-the-art regional hospitals and clinics to provide scholarship opportunities and critical hands-on learning through clinical rotations.
- Collaborate with associate level health programs at multiple regional community colleges.
- Provide new accelerated program pathways, including priority placement for veterans with active service medical training to obtain allied and/or mental health degrees and practice at the VA or in the private sector.
- Integrate physical and behavioral instruction across degree programs.
- Ensure ongoing access to local quality healthcare for our communities and veterans.

Selection of Programs

An assessment of allied and mental health workforce needs among regional hospitals, clinics and VA medical facilities was conducted to determine which fields/occupations were among those with the highest demand to inform program selection for the college. The following were identified as phase one programs for the college:

- Nursing
 - Bachelor and Master of Science in Nursing (BSN and MSN)
 - Doctor of Nursing Practice (DNP)
- Mental Health
 - Master of Arts in Clinical Mental Health Counseling
 - Bachelor and Master of Arts in Social Work (BSW and MSW)
- Doctor of Physical Therapy (DPT)
- Bachelor of Science in Radiologic Technology (BSRT)
- Bachelor of Science in Medical Laboratory Science (BMLS)

Estimated enrollment and tuition figures for phase one programs can be found in the plan (*Attachment P*).

Future academic degree programs in allied health fields that the coalition explored for a second phase of the college are as follows:

- Master of Science Physician Assistant (MSPA)
- Doctor of Pharmacy (Pharm-D)
- Doctor of Clinical Psychology (Psy-D)
- Master of Science in Rehabilitation Counseling (MSRC)
- Doctor of Occupational Therapy (OTD)
- Master of Science Speech-Language Pathology
- Bachelor of Science Cardiology Technician (BSCT)
- Bachelor of Science Health Education
- Bachelor of Science Health Information Management (BSHIM)
- Master of Health Services Administration (MHSA)

Footprint and Estimated Costs

Initial estimates project the college footprint for phase one to be approximately 152,500 square feet. By academic year four, the college is expected to instruct nearly 900 students. The business plan also provided a preliminary assessment of costs to build, open, and operate the college. The Oregonians for Rural Health worked with industry experts and a local Roseburg engineering firm to provide the following projections (based on projected enrollment figures):

- Initial estimates for land and capital costs total approximately \$86 million
- Operating funds before the college becomes solvent in year three of student enrollment are approximately \$23 million
- Total start-up funding needed totals approximately \$109 million over five years

With the college as a stand-alone institution, the initial projections have the college breaking even in year three of being fully operational with students. The start-up costs include hard and soft costs for the construction of the college, along with land acquisition. A full budget projection summary that includes revenue and expenses can be found in (*Attachment P*).

Veteran Affairs and Regional Partnerships

A key component of the regional allied and mental health college will be establishing close partnerships with the Roseburg VAMC, rural Oregon hospitals and healthcare organizations, and existing educators that include community colleges.

The coalition presented numerous possibilities for VA-specific programming that would serve as mutually beneficial to veterans in rural Oregon and the VA VISN 20 region (which includes Alaska, Washington, Idaho, and Oregon):

- Create accelerated pathway programs for veterans who are leaving the service with medical training but have no professional certification to work as a healthcare professional in civilian settings
- Utilize existing VA programs – like the GI Bill and others (i.e. the 2014 Choice Act) – to develop a practical and affordable route for veterans to advance their education and go on to serve communities and other veterans
- Reserve up to 50 percent or more of more student seats for veterans who meet college application requirements

Key partnerships will also be developed with hospitals and healthcare organizations throughout Oregon – especially those in rural areas – to obtain commitments for student recruitment, scholarships, and clinical rotations. It is the coalition’s intent that participating hospitals and clinics would provide externships and clinical rotations for students at the college. This would provide enriching, hands-on educational experiences at top-rated medical facilities. Students would have the opportunity to be part of multi-disciplinary teams, working under highly-skilled and experienced medical professionals—many who are recognized leaders in their fields.

Clinical rotations would also give students first-hand exposure to leading industry practices and state-of-the-art medical technologies, plus serve as pathways into professional jobs. And, to further ensure students connect with jobs post-graduation, placement programs would be coordinated with healthcare providers and occupational organizations/associations.

It is also the intent of the coalition for the college to complement and collaborate with community colleges by establishing articulation agreements to provide pathways for students to advance their education upon receiving associate degrees and pre-requisite training in pre-health fields. Additional programming possibilities are also explored in the business plan to pursue joint instructional programs, dual-enrollment or degree partnership programs, and synergies across a range of different areas such as sharing faculty, support staff, and equipment.

Location

The city of Roseburg is the targeted site for the college given it is well-situated on the I-5 corridor and is centrally located in Southern Oregon where clinical rotations and job placement can be focused to address the region’s areas that rank high in unmet healthcare need by the Oregon Office of Rural Health. There are multiple build sites with suitable infrastructure available to accommodate a large college campus footprint. Locating the college in proximity to CHI Mercy Health and the Roseburg VA hospital will aid in facilitating educational and clinical rotation opportunities for students. Additionally, the initiative has the support of the City of Roseburg and surrounding communities, Douglas County, and local state legislators.

Attachments

Attachment	Description
A.	HB 5006 Budget Note
B.	Rural Medical Training Facilities Workgroup Participants
C.	Oregon Health Authority (OHA) 2017 Oregon Health Insurance Survey Link: https://www.oregon.gov/oha/HPA/ANALYTICS/InsuranceData/2017-OHIS-Early-Release-Results.pdf
D.	U.S. Census Bureau QuickFacts: Jackson County, Oregon; Josephine County, Oregon; Curry County, Oregon; Coos County, Oregon; Douglas County, Oregon; Oregon Link: https://www.census.gov/quickfacts/fact/table/jacksoncountyoregon,josephinecountyoregon,currycountyoregon,cooscountyoregon,douglascountyoregon,or/PST045217)
E.	CHI Mercy Allied Health Job Openings (July 23, 2018)
F.	Department of Veterans Affairs Roseburg Healthcare System Job Opening (July 2018)
G.	Oregon Employment Department: Oregon's Future Workforce Needs: Job Growth to 2027 by Industry Link: Oregon's Future Workforce Needs: Job Growth to 2027 by Industry
H.	Oregon State Board of Nursing Licensing Report, July 2018
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