

Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon

Executive Summary

February 2023

Note: The Full Report can be found at <https://www.oregon.gov/oha/HPA/HP-HCW/Documents/2023-Evaluation-of-Health-Care-Provider-Incentives-Report.pdf>

This report evaluates Oregon’s health care provider incentives and informs efforts to achieve health equity and increase access to culturally responsive care in urban and rural underserved areas, as required by House Bill 3261 (2017).

The report includes data for three Health Care Provider Incentive Fund (Fund) initiatives:

- **Health Care Provider Incentive Program (HCPIP)** created by House Bill 3261 in ORS 676.460
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)** created by House Bill 3261 in ORS 676.460
- **Behavioral Health Workforce Initiative** created by House Bill 2949 (2021) and House Bill 4071 (2022) in ORS 675.650

The report also includes data on two incentives separate from the Fund:

- **Rural Medical Practitioner Tax Credit Program** in ORS 315.613
- **Behavioral Health Workforce Stability Grants** from House Bill 4004 (2022)

OHA collected data on these incentives from January 1, 2018 to June 30, 2022, which had a positive impact on increasing access to care and workforce diversity.

At least **3,585** people supported by provider incentives continued their training or entered or remained in the health care workforce from 2018-2022 at practice sites serving Oregon’s communities experiencing inequities (Table 1).

Table 1. Oregon’s Health Care Program Financial Incentives Recipients, 2018-2022

Incentive	Unduplicated Number of Recipients
Primary care loan forgiveness for students in training	51
Loan repayment for practicing professionals in primary care, behavioral health, and oral health*	292
Scholars for a Healthy Oregon Program (SHOI) scholarships for OHSU students	55
SHOI-Like scholarships for non-OHSU students	16
Rural medical malpractice insurance subsidies for practicing primary care professionals in rural areas†	619
HOWTO Grant Program for community-based training initiatives‡	451
Behavioral Health Workforce incentives for practicing licensed and certified professionals	237
Rural Medical Practitioner Tax Credit for practicing professionals in rural areas‡	1,864
Total	3,585

*Does not include three recipients who also received primary care loan forgiveness prior to receiving loan repayment incentives.

†Does not include 21 recipients who also received primary care loan forgiveness or loan repayment incentives.

‡Does not include some people receiving skills-building trainings, because those counts included duplicated numbers.

‡Does not include 28 recipients who also received primary care loan forgiveness or loan repayment incentives.

For recipients for whom race and ethnicity data was collected, **34 percent of all students and practicing professionals who have received incentives identify as people of color or Tribal members.**

Overall, students and practicing professionals receiving HCPIP loan forgiveness, loan repayment, and scholarship incentives will provide **an estimated 1,119,560 hours of primary care and dental care to 439,750 patients.**

Highlights on each incentive program are summarized below.

HCPIP

- For loan forgiveness, less than 36 percent of students in the last two annual award cycles from 2021-2022 identify as people of color or from Tribal communities (exact number/percentage suppressed for confidentiality).
- For loan repayment, 34 percent of recipients in 17 quarterly award cycles from 2018-2022 identify as people of color or from Tribal communities and one-third speak a second language.
- For SHOI, 51 percent of recipients identify as people of color or from Tribal communities during three annual award cycles from 2019-2021.

Healthy Oregon Workforce Training Opportunity (HOWTO)

- HOWTO has made \$23.1 million in grants to 34 organizations across Oregon supporting at least 451 workers, which include many culturally specific and responsive organization. Most projects prepare critical workforces, such as Traditional Health Workers, behavioral health, and certified professionals.

Behavioral Health Workforce Initiative (BHWi)

- BHWi incentives have provided support for 237 practicing certified and/or licensed behavioral health professionals.
- For the BHWi loan repayment incentive, more than 50 percent of recipients identify as people of color or from Tribal communities. For clinical supervision, one-half of grant funds supported culturally specific and culturally responsive organizations.

Rural Medical Practitioner Tax Credit Program

- The credit had 1,892 medical professionals deemed eligible for this incentive in 2021. Over the past 10 years, 4,380 medical professionals have claimed the credit.

Behavioral Health Workforce Stability Grants

- OHA distributed grants in May 2022 to 162 behavioral health agencies totaling to \$132.66 million for staff compensation and workforce retention and recruitment.

Gains in primary care provider full-time equivalency (FTE) observed since 2018 saw some erosion in 2022, mirroring workforce losses registered nationally since the start of the pandemic.

This report identifies 16 service areas with an acute shortage of providers, with some lacking primary care or dental providers completely. Between 2020 and 2022, seven of these areas saw declines in primary care FTE, while five others saw no increase. Factors around the decline in these priority areas include a lack of health care system infrastructure and COVID-19 pandemic impacts. More data will be needed to determine whether these reductions are related to the pandemic or long-term system instability.

Flexibility with how incentives are applied to increase access to care and meet community-defined workforce needs will be important to ensure continued impact.

OHA has been working to determine more deliberate ways of reaching providers from populations experiencing inequities. Some lessons learned during this past reporting and considerations for improvements going forward include:

- High demand exists for loan repayment, loan forgiveness, and scholarships.
- The impacts of racism, bias, or microaggressions are significant
- Collecting uniform data that includes REALD and sexual orientation and gender identity information to better understand impact and to determine future direction
- Creating an antiracism approach and trauma-informed workplaces
- Adding incentives addressing high demand for wraparound services such as housing, creating new options for additional incentives, and investing in fields experiencing acute workforce shortages
- Conducting additional work around resiliency and well-being
- Creating more intentional career pathways and advancement opportunities to ensure upward mobility for those who want to remain in the field

More investment in Oregon's provider incentive programs is needed to make progress towards meeting OHA's 10-year goal of eliminating health inequities.

While incentive program investments have supported progress, there are still barriers to entry and advancement for people of color in the health care workforce, and for people who experience health inequities not receiving culturally and linguistically responsive care. In addition, more must be done to meet OHA's goals of diversifying and expanding the health care workforce to ensure culturally and linguistically appropriate care for all.

Regardless, the incentive programs are demonstrating a positive impact on increasing the diversity of Oregon's workforce and access to care. OHA and the other state agencies entrusted with operating these incentive programs should continue to look for ways to better focus incentives to do the greatest good; they must be nimble in their use of resources to share power with community partners and ensure redistribution of resources as conditions change over time within the health care system.