Health Workforce Planning

Health Workforce Policy Academy
Kentucky

December 2, 2014

Susan Skillman, Deputy Director
University of Washington
Center for Health Workforce Studies’
• Workforce challenges
• What works?
• Policy levers
• Key players
• State workforce planning: Steps
• State models – workforce planning
The health care landscape is changing...

ACA  PCMH  Exchange
ACOs: Accountable Care Organizations  Patient-Centered Interprofessional
HIT  Value vs. volume
Bundled Payment  EHR
Telehealth  Meaningful Use
Teams  “Quality not quantity”
Workforce Challenges Across the Nation

• Shortages
  • Primary care
  • Chronic and long term care
  • Certain specialties (generalist surgeons in rural, geriatrics…)
  • Behavioral/mental health
  • Oral health

• Maldistribution
  • Shortages of providers in rural areas, underserved populations

• Need for workforce diversity

• Need for effective teams
  • Inter-professional, inter-disciplinary and intra-professional
# What Works? Education

| Educating providers for rural/underserved practice | • “Grow your own” - Recruit students from rural or other underserved areas into health careers  
• Train in the right locations - Promote short and long term rural/underserved clinical training |
| Encourage continuing education | • Ensure opportunities throughout health care providers’ careers |
| Later entry to health careers | • Opportunities for veterans  
• Re-training of displaced workers |
What Works? Recruitment/Retention

Financial incentives for practice in rural and underserved areas

• Loan repayment programs (State and federal, for rural/underserved service)
  • e.g., National Health Service Corp (NHSC)
  • Scholarships in exchange for rural/underserved practice
What Works? Recruitment/Retention

- Professional support – for all levels of providers
  - Create/support professional communities, mentorship
  - Continuing education opportunities
  - Opportunities for career advancement: Career ladders/lattices

- Resources to build/support effective teams
  - Need staff with range of clinical skills, as well as good management and administrative resources

- Access to telemedicine and other technology
  - Need skilled team to use effectively
<table>
<thead>
<tr>
<th>Federal/National level</th>
<th>Medicare and Medicaid reimbursement/policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support for education and training</td>
</tr>
<tr>
<td></td>
<td>National scholarship and loan repayment programs</td>
</tr>
<tr>
<td></td>
<td>Accreditation and credentialing requirements</td>
</tr>
<tr>
<td></td>
<td>Good planning data (Identify gaps, areas of greatest needs)</td>
</tr>
<tr>
<td></td>
<td>Research and evaluation (to identify what works)</td>
</tr>
</tbody>
</table>
## Policy Levers

### Health Workforce Development

<table>
<thead>
<tr>
<th>State level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing and regulation of health professionals</td>
<td></td>
</tr>
<tr>
<td>Regulating health facilities</td>
<td></td>
</tr>
<tr>
<td>Regulating educational programs</td>
<td></td>
</tr>
<tr>
<td>Funding state colleges and universities</td>
<td></td>
</tr>
<tr>
<td>State funded scholarships and loan repayment</td>
<td></td>
</tr>
<tr>
<td>Medicaid reimbursement policies and regulation of private insurance</td>
<td></td>
</tr>
<tr>
<td>Good planning data (Identify gaps, areas of greatest needs)</td>
<td></td>
</tr>
<tr>
<td>Research and evaluation (to identify what works)</td>
<td></td>
</tr>
</tbody>
</table>
Health Workforce Planning: Key Players

- Employers, Industry
- Education
- Employee/Professional & Labor Org.s
- Policy, Regulatory Bodies
State Health Workforce Planning: Steps

1. Build collaboration through partnerships and coalitions
2. Identify health workforce needs (data, analysis)
3. Understand resources
4. Set priorities and outcome measures
5. Identify and deploy policy levers
6. Develop and execute workplans
State Models

Health workforce planning
Example States

Collaborative planning models and/or strong data systems to support health workforce planning

- Washington
- Nevada
- New Mexico
- New York
- Nebraska
- South Carolina
- North Carolina
Washington Health Workforce Council

- Created as a Task Force of the State Workforce Investment Board
- Council members represent business, labor, education, and government
  - Higher Education (4 year, community college), Dept of Health, Legislators, SEIU, Hospital Association, Rural Health Association, etc.
- Creates/updates annual plan with actions for the Legislature, Governor, state and local agencies, educators, labor, healthcare industry employers, and workers to resolve health workforce issues
- State statute (2003) requires that the Council report its progress annually to the Governor and Legislature.
Nevada Health Care Sector Council

- Created with six other sector councils in 2010 through legislation
- 25 volunteer members
  - Higher Education, Board of Nursing, Legislators, Hospital Association, etc.
- Reports to the Governor’s Workforce Investment Board
- Administrative support provided by the Department of Employment, Training and Rehabilitation, with some funding from private grants
New Mexico Health Workforce Committee

- Created through legislation (2012) that also created the Center for Health Workforce Analysis
- Membership determined by the legislation
  - 32 total
  - Consumers, providers, training institutions, professional associations, department of health, etc.
  - Members appointed by the Chancellor of the Health Sciences Center
  - No legislators
- Housed within the University of New Mexico’s Health Sciences Center, reports to the legislature and the governor
- Staffed by the University of New Mexico, annual budget requests ~ $300,000-$400,000 to state
- Short term and 5-year plans

http://www.nmlegis.gov/lcs/handouts/LHHS%20070113%20Item%202012%20NM%20Center%20for%20Health%20Workforce%20Analysis.pdf
New York Center for Health Workforce Studies

- Academic health workforce research center
  - Key partners/funders
    - State (Health, State University of New York, Education, Labor
    - Provider associations
    - Health labor unions
- Primarily responsible for monitoring New York’s health workforce
- Assists with the analysis of areas/populations qualifying for shortage designation
  - [http://chws.albany.edu/](http://chws.albany.edu/)

- Similar model: WWAMI Center for Health Workforce Studies
  - [http://depts.washington.edu/uwchws/](http://depts.washington.edu/uwchws/)
Nebraska Health Professions Tracking Service

- Operating since 1995
- Key partners/funders include
  - The University of Nebraska Medical Center (UNMC)
    - Center for Health Policy
    - College of Public Health
  - Nebraska Health and Human Services (PCO, ORH)
- Health workforce monitoring – annual surveys of physicians, dentists, NPs, PAs, pharmacists, OTs, PTs, behavioral health professions, et al
- Produce annual directory and reports

http://www.unmc.edu/publichealth/hpts/index.html
South Carolina Office for Healthcare Workforce Planning

- Seed funding provided by the Duke Endowment
- Collaborative partnership between
  - South Carolina Area Health Education Center
  - The University of South Carolina College of Nursing
  - South Carolina Office of Research and Statistics
- Monitors the state’s health workforce
- South Carolina Health Professions Data Book
North Carolina Data and Collaborative Planning

- Widely recognized leader in state workforce data collection and analysis – excellent longitudinal supply data system
  - Health Professions Tracking System
  - [http://www.shepscenter.unc.edu/hp/presentations.htm](http://www.shepscenter.unc.edu/hp/presentations.htm)
- State has long history of collaborative workforce planning:
  - Strong AHECs and Office of Rural Health
  - Strong public community college and university system
  - History of collaboration and trust
Contact Information

Sue Skillman
Deputy Director
University of Washington
Center for Health Workforce Studies

skillman@uw.edu