

Framework to Evaluate Policies to Increase Primary Health Workforce Capacity

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Nicholas C. Petris Center

- Formed in 1999 in the School of Public Health at UC Berkeley
- Focuses on doing research in health care markets and consumer welfare, particularly low-income populations
- Current research areas
 - Health reform
 - Health workforce
 - Health insurance markets and rate regulation
 - Social capital and health
 - Mental health
- WHO Collaborating Center on Health Workforce Economics Research (through our sister Global organization)

Sample of Petris Center Workforce Studies

- Scheffler, RM. *Is There a Doctor in the House? Market Signals and Tomorrow's Supply of Doctors*. Palo Alto, Calif.: Stanford University Press, 2008.
- Brown TT, Finlayson TL, Scheffler RM. How do we measure shortages of dental hygienists and dental assistants? Evidence from California: 1997-2005. *Journal of the American Dental Association* 138, 2007: 94-100.
- Brown TT, Liu, JX, Scheffler RM. Does the under- or overrepresentation of minority physicians across geographical areas affect the location decisions of minority physicians? *Health Services Research*. 2009 May 11 [Epub ahead of print].
- Scheffler RM, Bruckner TA, Fulton BD, Yoon J, Shen G, Chisholm D, Morris J, Dal Poz MR, Saxena S. Human resources for mental health: workforce shortages in low- and middle-income countries. *Human Resources for Health Observer # 8*. Geneva: World Health Organization, 2011.

Overview

- Expected primary care shortages under health reform
- Methods to estimate health workforce shortages
- Framework to evaluate policies to increase primary health workforce capacity
- Conclusions

Supply of Doctors in 20th Century to Present

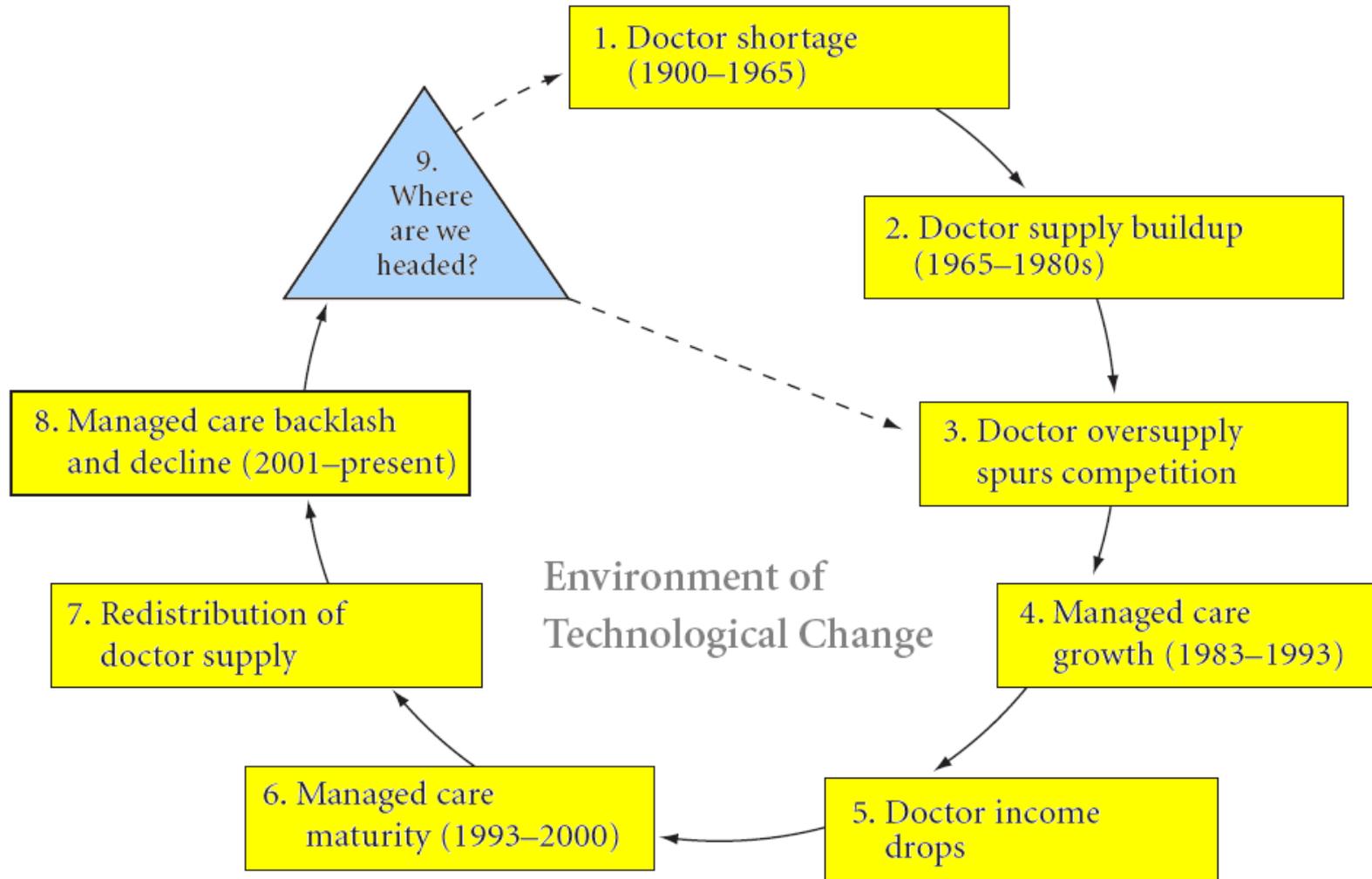


Figure 1.3. The supply cycle of doctors

Health Reform Will Increase Demand for Primary Care in California

- Almost 7 million newly insured
 - 2 million newly eligible for Medi-Cal
 - 4.7 million eligible for Exchange
- Demand for health care services expected to increase approximately 70% among newly insured
- HRSA grants call for increase in primary care health workforce by 10%-25% over next ten years

Primary approaches to estimate workforce requirements (summary)

- Needs-based
- Economic-based

Primary approaches to estimate workforce requirements

- Needs-based approach – estimate requirements based on epidemiological need and workforce productivity
 - Committee on the Costs of Medical Care (CCMC, 1933)
 - Graduate Medical Education National Advisory Committee (GMENAC), 1981 (adjusted needs to incorporate economic realities)
- Demand/utilization – extrapolates current utilization and adjusts for demographic/demand/income changes
 - Scheffler et al. (2011)
- Benchmarking – extrapolate certain standard of care to population (e.g., integrated workforce model such as HMO staffing)
 - Weiner (1994); Weiner (2004)
- Trends – uses time series data (e.g., economic growth, population growth, and hours worked) to forecast requirements
 - Cooper et al. (2002)

Sample of policy alternatives and strategies to increase the primary care health workforce

- Short term
 - Increase hours of trained workforce
 - Increase reimbursement in shortage areas
- Medium term
 - Increase productivity (e.g., accountable care organizations)
 - Change scope of practice laws
 - Reduce education/training requirements
 - Reform corporate practice of medicine law
 - Increase migration of workers into California
- Long term
 - Increase training slots

Sample of criteria to evaluate policy alternatives and strategies

- Workforce capacity
- Access/distribution
- Cost
- Quality/outcomes
- Timeliness
- Political feasibility

Framework to compare strategies and policy alternatives

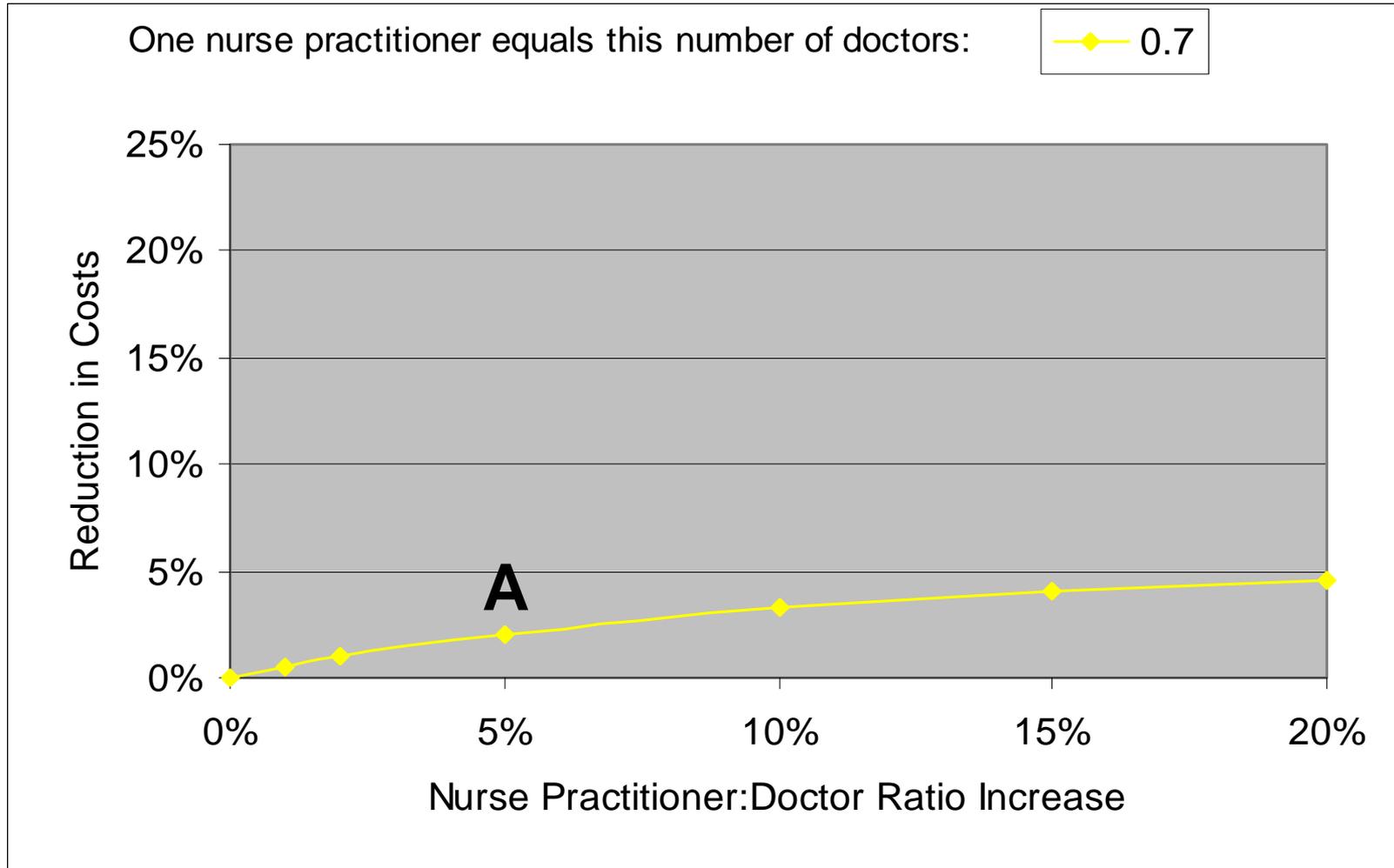
	Strategies and Policy Alternatives							
Criteria	Increase hours of trained workforce	Increase reimbursement in shortage areas	Increase productivity (e.g., ACOs)	Change scope of practice laws	Reduce education/training requirements	Reform corporate practice of medicine law	Increase migration of workers into California	Increase training slots
Workforce capacity								
Access/distribution								
Cost								
Quality/outcomes								
Timeliness								
Political feasibility								

One Example

- 23,000 primary care physicians in California
- 16,000 nurse practitioners in California
- 14 states allow NPs to practice independently of a physician (plenary authority)
- California requires general supervision/delegation by a physician

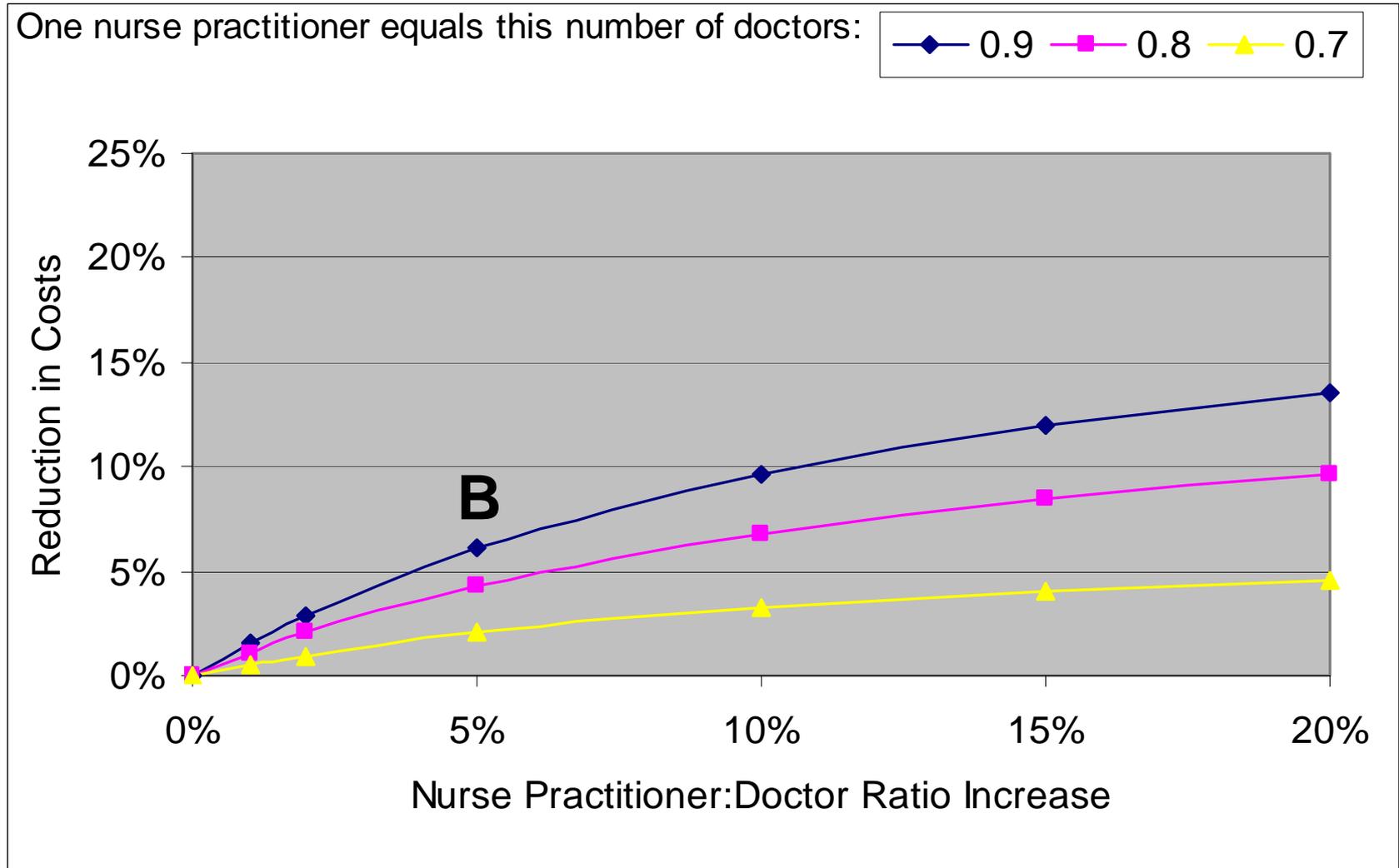
Illustrative simulation showing cost decreases for NP increases

(Results are illustrative, not actual. Simulation method based on Fulton & Scheffler, 2010.)



Illustrative simulation showing costs decreases for an increase in NPs

(Results are illustrative, not actual. Simulation method based on Fulton & Scheffler, 2010.)



Conclusions

- Primary care health worker shortages are likely under health reform
- Policy options to address shortages need to be evaluated, based on selected criteria
- Criteria could include health workforce capacity, cost, access, quality/outcomes, timeliness, and political feasibility

Petris Center Health Workforce Publications

- California and United States
 - Scheffler, RM. *Is There a Doctor in the House? Market Signals and Tomorrow's Supply of Doctors*. Palo Alto, Calif.: Stanford University Press, 2008.
 - Brown TT, Liu, JX, Scheffler RM. Does the under- or overrepresentation of minority physicians across geographical areas affect the location decisions of minority physicians? *Health Services Research*. 2009 May 11 [Epub ahead of print].
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 - Brown TT, Scheffler RM, Tom S, Schulman K. Does the market value racial and ethnic concordance in physician-patient relationships? *Health Services Research*, 2006 Sep 19 [Epub ahead of print]
- Methodological/international
 - Scheffler RM, Fulton BD. Needs-based estimates for the health workforce. In Soucat AS, Scheffler RM (eds.), *Human Resources in Health in Africa: A New Look at the Crisis*, Washington, D.C.: The World Bank (in press, 2011).
 - Scheffler RM, Bruckner TA, Fulton BD, Yoon J, Shen G, Chisholm D, Morris J, Dal Poz MR, Saxena S. Human resources for mental health: workforce shortages in low- and middle-income countries. *Human Resources for Health Observer # 8*. Geneva: World Health Organization, 2011.
 - Bruckner TA, Scheffler RM, Shen G, Yoon J, Chisholm D, Morris J, Fulton BD, Dal Poz MR, Saxena S. The mental health workforce gap in low- and middle-income countries: a needs-based approach. *Bulletin of the World Health Organization* 89; 2011: 184-194.
 - Fulton BD, Scheffler RM. Health care professional shortages and skill-mix options using community health workers: new estimates for 2015. In Moore JM, Dal Poz MR, Perfilieva G, Jaccard-Ruedin H, Doan BDH (eds.). *The Performance of a National Health Workforce*. Paris: Centre de Sociologie et de Demographie Medicales, 2010.
 - Scheffler RM, Mahoney CB, Fulton BD, Dal Poz MR, Preker AS. "Estimates of Sub-Saharan Africa health care professional shortages by 2015," *Health Affairs* 28, 2009: w849-w862.
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Other Workforce Publications Cited

- Bureau of Health Professions. *The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand*. Washington D.C., U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008.
- Coffman J. *Impact of National Health Care Reform on California's Health Workforce*. Berkeley, CA: California Program on Access to Care, 2010.
- Committee on the Costs of Medical Care (CCMC, 1933)
- Cooper RA, Getzen TE, McKee HJ, and Prakash L. Economic and demographic trends signal an impending physician shortage. *Health Affairs* 21(1); 2002: 140-153.
- Graduate Medical Education National Advisory Committee (GMENAC), Geographic Distribution Technical Panel, 3. DHHS Publication No. HRA-81-651. Washington D.C.: U.S. Government Printing Office, April 1981.
- Grumbach K, Chattopadhyay A, Bindman AB. *Fewer and More Specialized: A New Assessment of Physician Supply in California*. Oakland, CA: California HealthCare Foundation, 2009.
- Hadley J, Holahan J, Coughlin T, Miller D. Covering the uninsured in 2008: Current costs, sources of payment, and incremental costs. *Health Affairs*; 2008: w399-w415.
- Weiner JP. Forecasting the effects of health reform on the U.S. physician workforce requirements: evidence from HMO staffing patterns. *JAMA*. 272; 1994: 222-230.
- Weiner JP. Prepaid group practice staffing and U.S. physician supply: lessons for workforce policy. *Health Affairs* Web Exclusive, 2004.

Questions