

Addressing the Health Care Workforce Crisis 2022 Princeton Conference: October 19, 2022

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- Unprecedented disruption from COVID with uneven recovery (positive and negative)
- Demand for equitable, inclusive, respectful healing environments
- Working/Learning across professional silos
- Including patient/family in the team (and EHR)
- Emerging roles in the unlicensed workforce
- Local markets became national markets for labor: travelers, temps, floats
- We are not all in the same storm—but when it hits everywhere at once...are we ready?

Challenges and Opportunities

Humans First: Public Trust in Health Professionals

Wide majorities of Americans trust doctors, nurses and pharmacists

A new UChicago Harris/AP-NORC poll finds at least 7 in 10 Americans say they trust doctors, nurses and pharmacists to do what is right for them and their families, but only about 2 in 10 trust hospital executives.

How much of the time do you think you can trust _____ to do what is right for you or your family?

Almost all of the time/Most of the time

Almost none of the time/Some of the time



Results based on interviews with 1,071 U.S. adults conducted June 10–14. The margin of error is ± 4.2 percentage points for the full sample.

Source: AP-NORC Center for Public Affairs Research

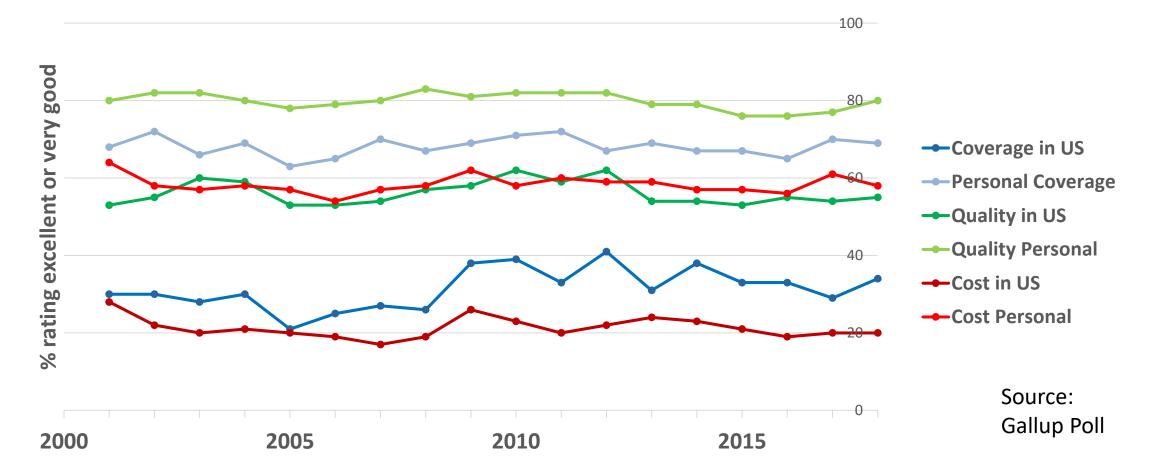
The primary public trust relationships in health care are with clinicians—doctors, nurses, pharmacists—

not insurers, hospital executives, employers, government

AP-NORC June 2021

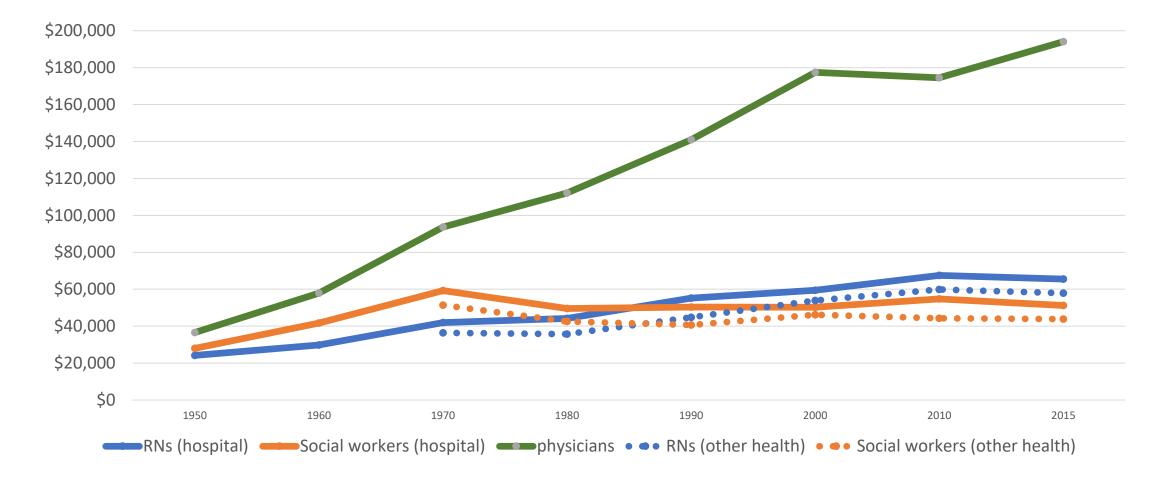
AP

Public Rates Their Personal Health Cost, Quality, Coverage Higher than National, 2000-2020



A Workforce Out of Proportion

Disproportionate Growth in Earnings by Profession (analysis of BLS data)



Growth in Physicians, Registered Nurses, Social Workers (American Community Survey analysis)

120.0 98.5 100.0 88.4 77.4 72.1 80.0 54.0 60.0 39.1 36.9 35.4 31.2 40.0 30.9 25.1 25.1 19.1 20.0 10.3 27.9 27.1 24.5 55 55 22.5 18.6 13.7 12.7 12.30.0 1950 1960 1970 1980 1990 2000 2010 2015 —social workers —RNs —Physicians

Number of workers per 10,000 US population

State Variation in Licensed MD and RN per capita

PHYSICIANS per 10,000

REGISTERED NURSES per 10,000

| Massachusetts | 46.6 |
|---------------|------|
| Maryland | 39.5 |
| New York | 38.9 |
| Vermont | 38.6 |
| Rhode Island | 38.3 |
| Arkansas | 21.5 |
| Wyoming | 21.1 |
| Oklahoma | 20.9 |
| Mississippi | 19.7 |
| Idaho | 19.6 |

| Vermont | 330 |
|---------------|-----|
| Rhode Island | 263 |
| Alaska | 252 |
| Connecticut | 232 |
| Massachusetts | 225 |
| Virginia | 131 |
| Oklahoma | 131 |
| Utah | 126 |
| Texas | 125 |
| California | 119 |

Source: AAMC

Rapid Growth of Advanced Practice Clinicians Relative to Physicians

| | 2001 | 2010 | 2016 | 2030 (Projected) | Ave growth rate 2016 to 2030 (Projected) |
|--------------------------|---------|---------|---------|---------------------|--|
| Physicians | 711,357 | 862,698 | 920,397 | 1,076,360 | 1.1% |
| NPs | 64,800 | 91,697 | 157,025 | 396,546 | 6.8% |
| PAs | 44,282 | 88,097 | 102,084 | 183,991 | 4.3% |
| NPs & PAs per 100 MDs | 15.3 | 20.8 | 28.2 | 53.9 | |

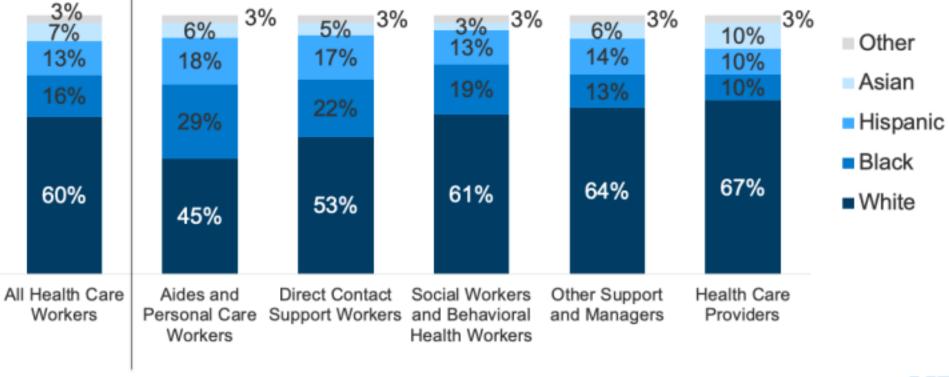
Auerbach, D., Staiger, D., Buerhaus, P. Growing ranks of advanced practice clinicians — Implications for the physician workforce. *The New England Journal of Medicine*. June 21, 2018. 378:25:2358-2360.

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Do Health Workers Reflect the US Population?

Figure 2

Racial/Ethnic Distribution of Health Care Workers by Occupation, 2019



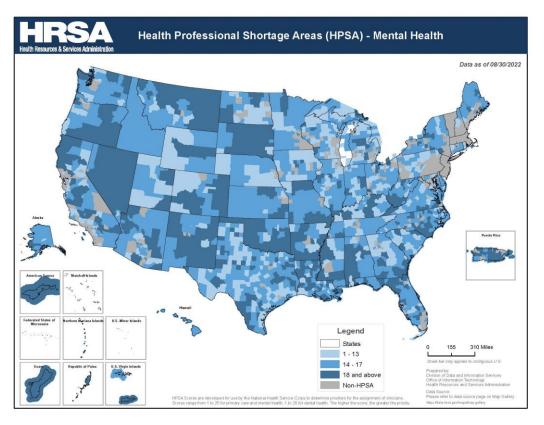
Notes: People of Hispanic origin may be of any race but are classified as Hispanic for this analysis; all other races are non-Hispanic. Other includes people who are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and multiple races SOURCE: KFF Analysis of 2019 American Community Survey Data. PERMISSION



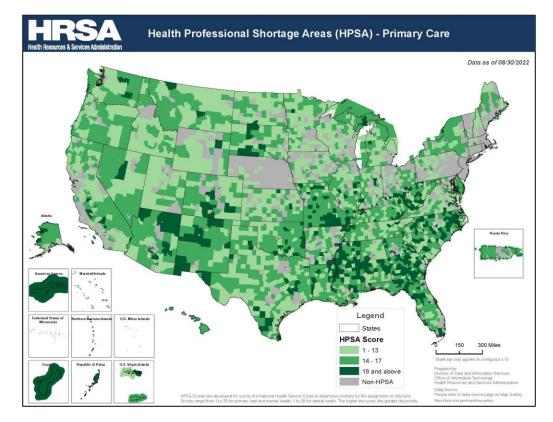
Primary Care at the Crossroads

Health Professional Shortage Areas: local variation is the rule

Mental Health



Primary Care

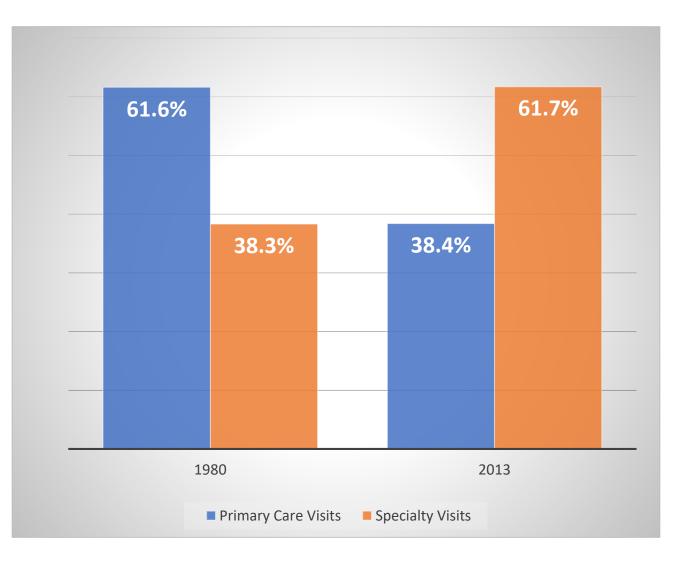


Physician Office Visits, Adults 65+

Office Visits doubled in number and flipped in complexity following DRG induced shorter LOS

30% of Older Adults see 5 or more Clinicians (Bonner, Barnett et al)

Care Management highly variable across ACOs and practices serving older adults (Donelan et al)



Impact of NP Expansion on Primary Care Access

- If all States were to allow NPs to practice to the full extent of their graduate education, advanced clinical training, and national certification:
 - The number of U.S. residents living in a county with a primary care shortage would decline from 44 million to fewer than 13 million – a 70 percent reduction
 - The number of rural residents living in a county with a primary care shortage would decline from 23 million to 8 million – a 65 percent reduction

* UnitedHealthGoup (2018). Addressing the Nation's Primary Care Shortage: Advanced Practice Clinicians and Innovative Care Delivery Models <u>https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2018/UHG-Primary-Care-Report</u> 2018.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top PERMISSION

Solutions and Staffing

Team Practices Can Save Labor Costs in Care of Frail Elders

AUERBACH DI, LEVY DE, MARAMALDI P, DITTUS RS, SPETZ J, BUERHAUS PI, DONELAN K. OPTIMAL STAFFING MODELS TO CARE FOR FRAIL OLDER ADULTS IN PRIMARY CARE AND GERIATRICS PRACTICES IN THE US. HEALTH AFF (MILLWOOD). 2021 SEP;40(9):1368-1376

| | High % MD | High % NP/PA | Team-based | All practices |
|--------------------------------|-------------|--------------|-------------|---------------|
| Practice structure | | | | |
| Proportion of revenue from | | | | |
| Medicare Fee-for-service | 19% | 24% | 25% | 23% |
| Medicare Advantage/ PACE | 16% | 15% | 13% | 15% |
| Private insurance | 49% | 31%* | 34%* | 38% |
| Medicaid | 9% | 23%* | 19%* | 17% |
| Other practice characteristics | | | | |
| Hospital owned practice | 30% | 24% | 11% | 21% |
| State with full NP SOP | 10% | 31%* | 17% | 18% |
| Rural practice | 6% | 22%* | 17% | 15% |
| Would hire more physicians | 20% | 45%* | 25% | 29% |
| Total clinical labor cost | \$1,222,639 | \$ 838,727* | \$ 731,885* | \$ 925,687 |
| Labor cost per clinician FTE | \$ 181,175 | \$ 130,667* | \$ 116,270* | \$ 141,979 |

- Home Palliative/Hospice, Rehab, Hospital, Urgent Care, Primary Care models gaining traction and investors
- Fewer than 5% of PCPs and Geriatricians provide home visits to patients 65+ now...how to scale?
- Visits are more common in practices w NP, PA
- Geography is a barrier
- Family acceptance and availability
- Nearly half of women 85+ live at home alone

Is Home-Based Care a Solution?

Family Caregivers as Frontline Workers

Declining Caregiver Support Ratio

Caregiver support ratio = # of potential caregivers age 45-64, for each person aged 80 and up

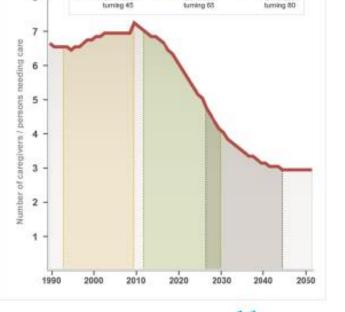
Sharp declines expected as boomers age

- From 2010-2030: declines . from 7.2:1 to 4.1:1
- From 2030 to 2050, as . boomers become high-risk (80+), declines to 2.9:1

Source: The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers by Donald Redfoot, Lynn Feinberg, Ari Houser, AARP Public Policy Institute, August 2013



Caregiver Support Ratio

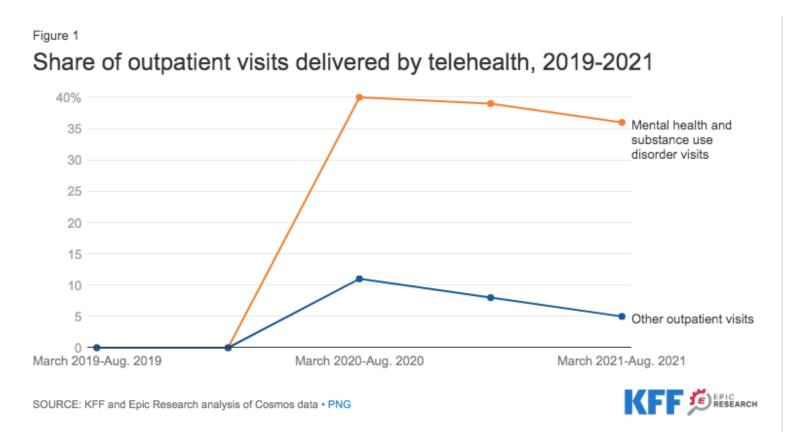


Boomer

Generation

United Hospital Fund

Is Telehealth a Long-Term Solution?



- Mental health and substance use services by telehealth has remained elevated whereas other outpatient care use by telehealth has declined
- Patient Satisfaction is high when pre-existing connection with patientprovider
- Value proposition clear for patient in time, travel
- Can clinicians really spend less time?

What's Next? 2022 Brandeis Frontline Health Worker Survey

- 1 in 4 US adults worked in health care in past 5 years: dynamics of workforce critical to our understanding of future needs
- 1 in 3 US adults worked as unpaid caregiver for more than one month for family due to age, disability, serious illness in past 2 years (COVID)
- Approximately half of health workers have experienced disrespectful treatment
- Growing number of workers in virtual only or hybrid direct patient care
- Health and Health care access barriers for both paid and unpaid caregivers

- Past research in times of shortage show that relationships are tense and conflict is common.
- How can we right-size supply, compensation to meet demands of vulnerable populations?
- Are we training for the future? Equity? Technology? Home-based care?
- Are we measuring optimal team care—including patients and families?
- Do we need a National Health Workforce Strategy for next time?
- To find the answers, return to the fundamental human relationships and build trust

Final Thoughts