



## Health Program

Health Project

# The Future of Our Health Professional Workforce:

## The Case for a Comprehensive National Strategy

---

### Introduction

The work of health care professionals is vital to the present and future of our health care delivery system. As the health care system transforms to achieve higher value and greater efficiencies, the health professional workforce must transform in tandem. Our nation's health care workforce is at the heart of a trillion dollar – and growing – industry, essential to the well-being of all Americans and the health of our economy. The health care sector is also a significant source of job growth. Total employment in health care is projected to increase from 16.4 million in 2010 to 22.0 million in 2020.<sup>1</sup>

State, local and national policymakers and health system stakeholders need accurate, reliable and comprehensive data about the health care workforce to effectively plan for a sustainable future. This information is necessary to make the best use of available resources. How many advanced practice nurses do we have now? How many will we need in 10 years? What are the characteristics of the patients they will treat, and what intensity of services will they demand? How will innovative new delivery systems – such as accountable care organizations or patient-centered medical homes – shift the skills and competencies required by our health professionals?

Unfortunately, many of these questions are unanswered. And they will remain that way unless we acknowledge the need for a more rigorous understanding of the underlying factors that drive workforce trends, and develop a comprehensive national workforce planning strategy. Recognizing this need, the Bipartisan Policy Center (BPC), in collaboration with the Deloitte Center for Health Solutions, has released two reports on health professional workforce supply and demand: *The Complexities of National Health Care Workforce Planning* and *Better Health Care Worker Demand Projections: A Twenty-First Century Approach*.





## Health Program

### Health Project

These reports begin the complicated task of developing a better framework for understanding the issues and potential solutions by:

- (1) Establishing a comprehensive understanding of the current landscape of supply and demand data and analysis; and
- (2) Identifying the attributes necessary for a useful, coherent model and strategy for national, state and local workforce planning.

## Supply

How many doctors are licensed in America? How many full-time equivalents practice today? How many personal and home care aides are employed? These sound like simple questions, but current data collection and analytical practices make them difficult to answer. Data collection is fragmented and inconsistent. Many calculations are done in silos, as professional groups collect and crunch their own numbers, using their own methodological assumptions and standards. These variations make it difficult to compare numbers across professions and states, and even more difficult to construct a complete picture of the full supply of health professionals.

For example, the 2008 National Sample Survey of Registered Nurses (NSSRN) found that there were approximately 3,063,162 licensed registered nurses living in the U.S. as of March 2008, and a total of 2,596,599 employed in nursing either part- or full-time.<sup>2</sup> In 2008, a Bureau of Labor Statistics (BLS) survey found there were approximately 2,542,760 registered nurses employed in the U.S.<sup>3</sup>

2008 OCCUPATIONAL ESTIMATES	TOTAL NUMBER		NUMERIC DIFFERENCE	PERCENTAGE DIFFERENCE
	NSSRN	BLS		
Registered Nurses	2,596,599	2,542,760	53,839	2.1%

Furthermore, current supply assumptions and methodologies are quickly becoming outdated and irrelevant for near- and long-term planning needs. Generating projections based on historical utilization patterns fails to help business, policy and academic leaders plan for the workforce of the future, changing professional roles and practice patterns, payment reform, or new models of coordinated, value-driven care delivery.



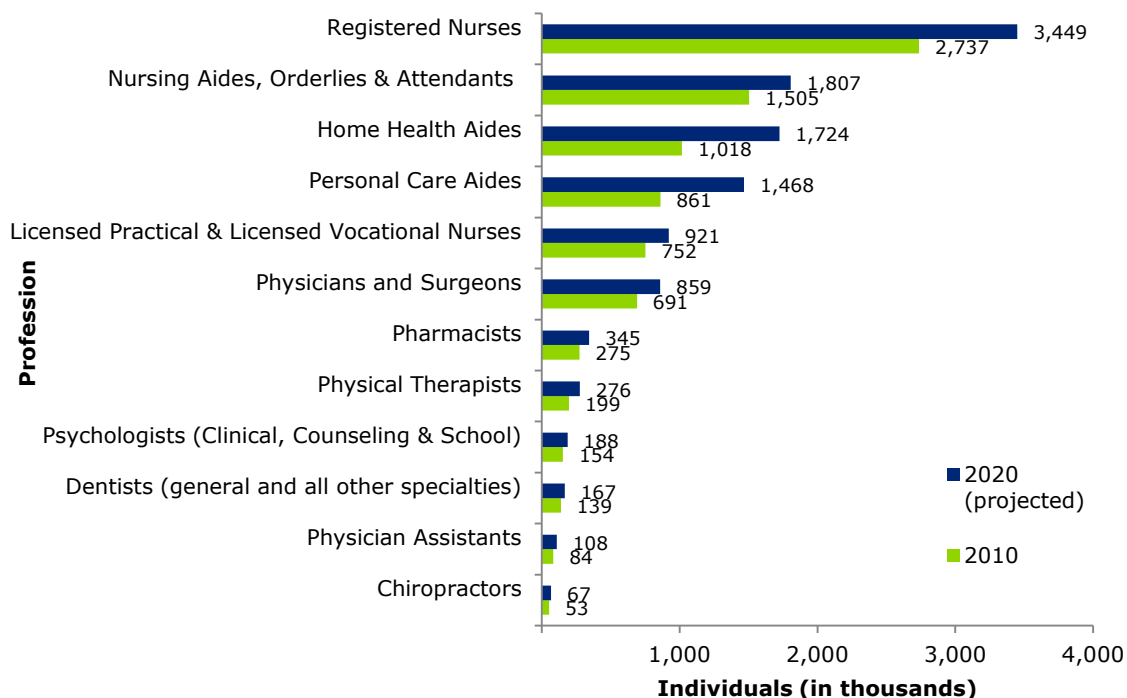


## Health Program

### Health Project

BLS employment projections covering 2010-2020 suggest a strong growth in health care and related occupations. These employment projections are based upon expectations of health care demand and utilization patterns including an aging population, new service innovations and technologies, growth in employment outside of traditional health care inpatient facilities, a preference for home-based care, in addition to other assumptions. BLS projections on future workforce supply are extensive and widely cited, however, these projections have significant limitations. The projections are only national in scope – not state- or regionally focused – and do not differentiate among various health professionals within broadly designated categories. As an example, while the BLS projects that there will be 168,300 new jobs for physicians and surgeons over the 2010-2020 timeframe, it does not specify what *types* of physicians or at which points within that timeframe new jobs will be available.

### Number of estimated employed (2010) and projected employment (2020): BLS National Employment Matrix (in thousands)





## Health Program

### Health Project

## Demand

Health workforce demand projections, which attempt to capture the number and type of health professionals needed by future populations, are historically inaccurate. Current projections often rely on expert consensus opinion, rather than objective sources of data. A more modern approach will integrate key analytical tools into a comprehensive national health professional workforce-planning model. This new demand model will be more dynamic and able to respond to changing, underlying factors that impact demand for health care services, such as the implementation of new models of care, changes in the payer environment, economic trends, policy changes, and the shifting composition of the workforce. The model should be able to assess the impact of different variables at the state and local level across all health care professions and offer insights into local, state and federal trends.

---

### Comparison of Existing and Future Demand Models

<b><u>OLD DEMAND MODELS</u></b>	<b><u>NEW DEMAND MODELS</u></b>
Static modeling	Dynamic modeling
Model specifications fixed-in-time	Self-learning and self-correcting
Usually health profession specific	Integrated for all health workers
Limited variables included	Inclusive of all complex variables
Limited feedback on projections	Continuous validation processes
No national database	National reference database
Analysis of lagging indicators	Real-time data integration
No minimum dataset	Minimum dataset for all workers
No core measure sets	National core measure sets
May ignore economic realities	Integrates economic realities
May be subject to expert bias	Does not rely on expert opinions
May perpetuate current inequalities	Relies on multiple perspectives
Sensitive to missing data	Manages missing data
Fixed purpose for given model	Flexible uses for model outputs





## Health Program

### Health Project

## Federal Policy

Improved health care workforce planning is also a key part of the future of Medicare and Medicaid. These programs are on an unsustainable fiscal path. More strategic utilization of health care professionals and a coherent understanding of future workforce trends, needs and resources would lead to a more effective health care system, increased savings, and more efficient use of constrained federal resources.

Given our current, serious fiscal constraints, investments to strengthen our health care workforce must be discreet and targeted. The 2009 American Recovery and Reinvestment Act (ARRA) allotted funds to address the nation's health workforce shortages, including \$300 million to expand the Health Resources and Services Administration (HRSA)'s National Health Service Corps, which provides scholarships and loan repayments to health providers who practice in underserved areas.

The Patient Protection and Affordable Care Act (PPACA) also called for investments, emphasizing the need for strategies to increase the health care workforce supply and capabilities, develop workforce diversity, and strengthen professional areas where supply is weak. Many workforce-related PPACA programs have not received any funding to date. A strategic investment in the future of the health care workforce is the National Health Care Workforce Commission, created by PPACA to assess and make recommendations about how to address the supply of and demand for the national health workforce. A small investment of approximately \$3 million in the Workforce Commission could lead to high quality and lower cost health care in the long-run.

## Conclusion

The resources and data available currently do not provide the whole picture of the health professional workforce. We cannot rely on these outdated and incomplete tools to make smart decisions about workforce strategy, budgeting, policy and education. A better understanding of health care professional workforce supply and demand will enable a more productive national conversation on how to successfully structure, educate, retain, license and regulate a health care workforce able to deliver patient-centered, team-based, high quality care.





## Health Program

Health Project

### Action Items

Based on our findings, we recommend a workforce planning strategy that:

- Advances a planning agenda that provides a complete picture of the health care workforce, as well as the drivers behind supply and demand;
- Recognizes the differing needs of geographic areas (local, state, regional and national);
- Adopts an inter-professional approach to workforce research and planning;
- Incorporates strategies to address gaps in workforce distribution and practices such as primary care and specialty areas (i.e., aged care);
- Considers the impact of information technologies that equip consumers and clinicians to better understand treatment options, and relate decisions to outcomes and costs;
- Establishes consistent collection and processing arrangements as well as a common definition set and minimum data set;
- Implements evidence-based scenario testing across several communities to identify the optimal mix of staffing and skill needed to achieve good health outcomes; and
- Develops a dynamic and iterative workforce demand projection methodology that captures underlying factors that drive changes in health professional requirements.
- Provides information needed to make strategic investments of federal resources, ultimately generating savings and reducing wasteful spending.

### Endnotes

<sup>1</sup> U.S. Department of Labor. "Employment Projections." Bureau of Labor Statistics. Cited May 2012. Available at [http://www.bls.gov/emp/ep\\_table\\_201.htm](http://www.bls.gov/emp/ep_table_201.htm)

<sup>2</sup> U.S. Department of Health and Human Services Health Resources and Services Administration. "The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses." Table 37. Sept. 2010. Available at <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>

<sup>3</sup> U.S. Department of Labor. Occupational Employment Statistics. Bureau of Labor Statistics.

