

Health Professional Workforce Workgroup

Draft Recommendations

May 27, 2011

Before We Get Started

- Background: The NCIOM health reform workgroups are developing recommendations for inclusion in the final report to the legislature. The recommendations must be related to North Carolina's implementation of the Affordable Care Act. The workgroup discussed many topics over the past seven meetings. We have tried to take the ideas raised in them and divide them into topic areas rather than by type of provider (which is how we often discussed them).

Before We Get Started

- As you think about potential recommendations for the final report, please keep in mind these questions:
 - What changes are needed to maximize North Carolina's ability to take advantage of federal funding opportunities for workforce development?
 - What changes are needed to ensure the most people have access to high quality primary care as eligibility increases in 2014? (Reminder: NC may expand coverage to more than 1 million people through the ACA.)
 - What changes are needed to get to the kind of patient-centered, team-based care (health home) that is envisioned in the ACA?
- Note: The charge to this group was to focus on short-term solutions (1-5 years) to issues raised by the ACA.

Topics to be Discussed

- 1) National Health Service
- 2) Planning for Future Workforce Needs
- 3) Medicaid Access
- 4) How to Restructure the Current System to Meet the Workforce Demands in 2014
- 5) Workforce size
- 6) Increasing Health Professionals in Underserved Areas
- 7) Changes to Residency Programs to Increase Exposure to Primary Care, Underserved Areas, and Safety Net Practices

Recruitment and Retention: National Health Service Corp (NHSC)

- How can we maximize our ability to recruit providers using new NHSC funding?
 - Are changes in current state budget going to compromise ORHCC's recruitment activities negatively?
 - How can we more effectively recruit providers that ORHCC does not historically recruit?

Recruitment and Retention: National Health Service Corp

- Are there ways to use NC state funds to help communities improve their ability to recruit health professionals?
- Are there ways that the NC Medical Society Foundation can expand their work in rural NC to encourage people to live and stay in these areas?
- Are there ways to address other recruitment/retention barriers including economic development, schools, and employment opportunities for spouses?

Recruitment and Retention: National Health Service Corp

- Retention bonuses: Do we want to recommend retention bonuses to keep health professionals in underserved areas?
 - Where would funding come from (assuming no new state funds are available?)
 - How could they be structured to keep health professionals more than an extra year or two?

Planning for the Future

- Do we need an enhanced state Health Workforce Planning Group (in addition to what the Health Professions Data system already provides)?

Planning for the Future (Potential Recommendation to discuss)

- In order to understand needs for different types of health professionals, we need data on workforce needs based on the increase in newly insured 2014-2019. Data should include:
 - Health status measures of newly insured.
 - Changes in health care delivery system (eg, team-based primary care)
 - Projection of areas of greatest need by type of provider, specialty, location, and race/ethnicity.

Billing and Reimbursement: Medicaid Access

- Recommendation to maintain or increase current Medicaid reimbursement rates for various professionals/services.
 - Currently reimbursement rates vary by provider type. Should this continue or should rates be tied to the service being provided?
 - If the new Medicaid NPRM goes into effect, will this sufficiently address Medicaid provider payment issues? Do providers/consumers need to be involved in helping shape access measures?

Billing and Reimbursement: Medicaid Access

- Adult Medicaid Dental Benefit
 - House and Senate budgets limit adult dental in FY 2012, Senate eliminates all but emergency dental in FY 2013
 - If it is cut,
 - Recommendation to reinstate for all? Or recommendation to retain for certain high-need/hard to reach populations (e.g. those in long-term care, with special healthcare needs, pregnant women)?

How to Restructure the Current Workforce to Better Meet the Demands in 2014

- Need to encourage changes so that NPs, PAs, mental health professionals and others who may currently not be able to bill for certain primary care/preventive services are able to. What keeps some medical professionals from being able to bill for certain primary care/preventive services?
 - Oversight rules (ie, state licensure or regulation)?
 - The workgroup talked specifically about the supervision requirements for nurse practitioners and dental hygienists, but there may be other health professionals affected by similar rules.
 - Impact of TX FTC ruling on supervision requirements?
 - Insurance companies' policies?
 - Who can be reimbursed at what rates for which services?

How to Restructure the Current Workforce to Better Meet the Demands in 2014

- Recommendations re: licensure, state regulations, insurance company policies?

How to Restructure the Current Workforce to Better Meet the Demands in 2014

- Need to identify ways to fund care coordination, patient navigators, and other new staff roles.
 - Per member per month payments are used in CCNC to support these services, how can this idea be expanded for non-CCNC patients?

Workforce Size

- Assuming we have data to show the need, how do we increase the number of primary care providers of all types.
 - Do any particular types of primary care providers need to be targeted (especially in 5-year short term)?
 - How should NC go about increasing the workforce in the event new federal funds are not available?

Workforce Size

- Do we need to increase the number/types of support staff or other types of health professionals?
 - What types of support staff/other professionals (eg, mental health, dentist, other) are needed in a health home model and what do we know about the numbers of those needed

Increasing Health Professionals in Underserved Areas

- Can we hold our public universities accountable for the health professionals they produce, based on the public funding they receive? (ie, Does NC want to tie funding to the types of professionals produced, where they practice, or who they serve?)
 - The workgroup could recommend changing health professional school admissions criteria at state schools.

Increasing Health Professionals in Underserved Areas

- Need to start a lot earlier (stem cell approach) to give students opportunities.
 - If students can meet certain benchmarks and meet requirements, then maybe schools can guarantee admission. Can do this across the range of programs and start with people across a broad range of communities and start earlier. “Provide opportunities to get on and off the train.”
- **NOTE: We are scheduled to discuss this topic in the fall**

Changes to Residency Programs to Increase Exposure to Primary Care, Underserved Areas, and Safety Net Practices

- More residency settings outside of the hospital setting using teaching health centers and the federal funding that is available to support THC's.
 - North Carolina did not get one of the THC grants, but are there other ways to pursue expanding residency programs to include more time in/options for training in community-based ambulatory patient care centers such as Federally Qualified Health Centers and Rural Health Clinics?

Changes to Residency Programs to Increase Exposure to Primary Care, Underserved Areas, and Safety Net Practices

- Should we invest as a state in changes in curriculum and clinical training, and train in interdisciplinary teams so that health professionals are prepared to practice in new models of care? If so, how?
- Should we increase information about public health and incorporate more service learning? If so, how?
- Should we train health professionals about other types of providers and how different providers can help one another provide services? If so, how?
- Should we incorporate more leadership and business training into the standard medical/dental school education. If so, how?