Health Care Workforce Shortages/Maldistribution: Why?

- Aging workforce and retiring practitioners
- Low number of graduating students want to practice in rural or underserved urban areas
- Declining interest in certain fields for some providers (i.e., primary care physicians)
- Comparatively low reimbursement rates for certain services (i.e., primary care), especially from public payers
- Lack of adequate training for certain issues and populations (i.e., children’s behavioral health)

Primary Care Workforce Shortage Areas

About 6,100 primary care HPSAs in US

$8 million Americans live in primary care HPSAs

Percent of Population Residing in Primary Care Health Professional Shortage Areas (HPSAs), 2014

Health Professional Shortage Areas (HPSAs) are “geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population.” (CMS, 2014)

- Primary Care, Oral Health, Behavioral Health
- Workforce shortages disproportionately impact rural areas
- More than three-quarters of the nation’s rural counties are HPSAs (Evenson, 2011)
Percentage of State Population Living in a Dental Health Professional Shortage Area (HPSA):

More than 45 million Americans live in the approximately 4,900 oral health HPSAs in the U.S.

Sources: The Pew Charitable Trusts, 2012; National Conference of State Legislatures, 2014

Oral Health Care Workforce Shortages/Maldistribution

- 6,000 additional dentists are needed to eliminate shortage areas
- Nearly one-third of adults have untreated tooth decay (CDC, 2013)
- In 2011, 49% of Medicaid-enrolled children received dental services, due in part to the shortage of dental providers
- In 2012, emergency room visits for preventable dental conditions cost $1.6 billion (HPI, 2015)
- Without access to routine, preventive dental care, simple dental issues can lead to more severe conditions and expensive treatments

Behavioral Health Workforce Shortages/Maldistribution

- 55 percent of U.S. counties do not have any practicing behavioral health care workers, and 77 percent report unmet behavioral health needs (SAMHSA, 2015)
- Maldistribution burden on rural counties and counties with low per-capita income
- There are currently approximately 4,000 mental health HSPAs (HRSA, 2014)

Increased Demand for Behavioral Health Care Services

- ACA includes mental health and substance use disorder services as an "Essential Health Benefit"
- These benefits must be on par with physical health care coverage
- Estimated to bring behavioral health care benefits and parity provisions to 62 million Americans (HHS)
- Most plans must also cover preventive services (i.e., depression screenings) for people who are identified as needing services
- Medicaid expansion and federal and state exchanges increase coverage
- Interest in integration of behavioral and physical health care for improved access and efficiency
Filling Gaps—Federal Programs for Loan Repayment and Scholarships

Brings primary health care providers to areas with little access to health care.

Awards scholarships and loan repayment to primary care providers who agree to serve for at least 2 years in a HPSA.

Includes students in medical, dental, nurse practitioner, certified nurse midwife, and physician assistant training programs.

Currently, 9,200 NHSC members provide care to more than 9.7 million people at 4,900 sites (HRSA, 2015).

ACA expanded funding to serve 16 million patients (HHS, 2015).

Filling Gaps—Training Providers: Federal Programs

Teaching Health Center Graduate Medical Education (THCGME) Program:

ACA invested $10 million in 2012 to support training for behavioral health providers (HRSA, 2015).

Rural Training Track Programs:

Challenge for states: GME residency slots determined by Federal government.

ACA redirections some previously unused residency slots to hospitals in areas with low resident population ratios, HPSAs, or rural areas.

Filling Gaps—Federal Programs for Loan Repayment and Scholarships

Loan repayment program for registered nurses, nurse midwives, and other nursing professionals who are employed full time (at least 32 hours per week) at an eligible rural health center facility for at least 2 years.

NURSE Corps members enjoy the same competitive pay and benefits negotiated with their employer as do non-members.

Nurse faculty participants are required to work as nurse faculty at an accredited public or private non-profit school of nursing.

Applicants must be a U.S. citizen (born or naturalized) or National and Lawful Permanent Resident and their education must be from an accredited school of nursing located in a U.S. State.

Rural Training Track Programs

As of August 2015

Active program

1-2 like RTTs
Filling Gaps—State Programs for Loan Forgiveness and Scholarship

Many states offer loan repayment and/or scholarship programs for health professions students:

- North Dakota Health Care Professional Student Loan Repayment Program:
  - Established by the state, with the aim of encouraging new medical graduates to practice in rural and underserved areas in North Dakota.
  - Eligible disciplines include physicians, advanced practice registered nurses, clinical psychologists, and behavioral health professionals.
  - Eligible medical professionals practice in an underserved area for up to 5 years, receive funds for loan repayment from the state, and matching funds from the community served.

- Missouri Health Professional State Loan Repayment Program:
  - Programs that introduce rural students to health careers.
  - Programs that provide opportunities for students to experience service in underserved areas.
  - Healthcare facility programs that help employees advance their education and careers.

- Locating training programs in shortage areas:
  - Nursing and allied health education at rural community colleges.
  - Rural rotations or curricula, including rural interprofessional education experiences.
  - Rural training track (RTT) residency programs specifically designed to train physicians for rural practice.

- Using technology to provide ongoing education and training for providers in rural areas.

Scope of Practice

Scope of practice: what a health professional can and cannot do to or for a patient

Defined by state boards of medicine, boards of nursing, etc., often with guidance or instruction (via statute) from the state legislature.
Policymakers balance increasing access through expanding providers’ scope of practice, with ensuring patient safety and quality of care.

Health Care Extenders: Community Health Workers

Community Health Worker (CHW): “a frontline public health worker who is a trusted member of and has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.” (APHA)

Health Care Extenders: Community Paramedics

Community Paramedic: go beyond their emergency response training to provide select health services, often in rural and isolated areas to underserved populations. Services may include: health assessments, monitoring of chronic diseases, ensuring patients take their medication correctly, administering vaccinations and following up after hospital discharges.
Health Care Extenders: Community Paramedics

States with Legislative Action on Community Paramedicine*

*Community paramedic programs may exist in states without legislation. Source: NCS

Health Care Extenders: Oral Health

Which of these is NOT a name of an oral health provider recognized by at least one state?

- Dental health aide therapist
- Dental therapist
- Community tooth examiner
- Community dental health coordinator

Extenders: Oral Health Care

- Dental Therapists
  - Mid-level dental health providers
  - ME, MN
  - Dental Health Aide Therapists (AK)
- Community Dental Health Coordinators (CDHCs)
  - Basic preventive services, education, service referrals
  - 8 states piloting CDHCs
    - AZ, CA, MT, MN, OK, PA, TX, WI

Extenders: Oral Health Care

- Alaska: Norton Sound Health Corp.
  - Employed dental health aide therapists since 2007 to deliver preventive and routine restorative care to residents of Western Alaska
  - Enabled dentists to address unmet need for higher-level procedures
  - Approximately $95,000 in savings for Medicaid outlays for travel
- Minnesota: People’s Center Health Services
  - First federally qualified health center to hire a dental therapist (1992)
  - Serves a low-income population with many immigrants
  - Proven cost-effective→ net surplus of over $30,000

Source: The PEW Charitable Trusts, 2014
Extenders: Peer Support Behavioral Health

- Services delivered by a person with similar life experiences and previous behavioral health challenges
  - Support groups, peer recovery education, and peer-run services such as mentoring and case management
  - May be able to better connect with patients and help them obtain treatment, social support and housing
  - Increasingly, Medicaid and public mental health systems will pay for peer support services

Source: NAMI

North Carolina: Peer Support Specialist Program
- Trains peer support specialists for work in the N.C. mental health and substance abuse disorder service system
- 1,838 certified peer support specialists as of Oct. 2015

Washington: Peer Support Program
- Trained and qualified mental health consumers as Certified Peer Counselors since 2005
- Work in settings such as community clinics and hospitals
- Reimbursed by Medicaid

Extenders: Peer Support Behavioral Health

Telehealth

- The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration” (HRSA)
  - Primary and specialty care
  - Acute care and chronic disease management
  - Home health and long-term care
  - Oral health care
  - Behavioral health care

Source: Center for Connected Health Policy
Telehealth: Benefits & Drivers

- Workforce extension and rural access
- Triple aim
- Consumer demand
  - 74 percent of consumers reported that they were likely to use online services

Sources: Center for Connected Health Policy; NCSL, 2015

Project ECHO

- Providers in rural areas consult with specialty care team through weekly clinics
- Builds primary care providers' knowledge and efficacy, reduces provider isolation, increases provider satisfaction, expands patient access
- Care shown to be comparable to specialty clinic care
- Began in NM, now operating 39 hubs in 22 states

Source: University of New Mexico School of Medicine, Project ECHO

What Do You Think About Telehealth?

- Share with your tablemates any experience you have had with telehealth:
  - As a patient or provider
  - As a legislator
  - Knowledge of telehealth programs in your community or state
- What do you see as the potential benefits of telehealth in your state?
- What concerns do you have about telehealth in your state?

Center for Telehealth at the University of Mississippi Medical Center

- Telehealth program with rural hospitals and clinics to increase access to health care and specialty services, especially in rural areas of the state
- Video technology to provide remote medical care, health education and public health services to 200 clinical sites
- Served more than 500,000 rural Mississippians since 2003
- Remote monitoring program for chronic disease projected savings to Medicaid >$189 million per year

Source: The Center for Telehealth at the University of Mississippi Medical Center
Key Telehealth Issues: Reimbursement

- Medicare limits on reimbursements
- State flexibility in Medicaid coverage and reimbursement
  - Definition and technologies/modalities
  - Services and providers
  - Where/how
- 48 states offer Medicaid reimbursement, with variability
- 32 states and D.C. have telehealth laws for private payers
  - Laws vary: coverage, reimbursement (full or partial parity)

Source: Center for Connected Health Policy, 2015

Key Telehealth Issues: Licensure

- Temporary or telehealth-specific licenses
- Reciprocity with neighboring states
- Interstate compacts
  - 11 states have passed Federation of State Medical Boards' Interstate Medical Licensure Compact
  - 25 states in Nurse Licensure Compact

Credit: Federation of State Medical Boards

Key Telehealth Issues: Patient Safety

- Defining the patient-provider relationship
  - At least 20 states allow it to be established via telehealth
  - Some states require a “face-to-face” visit or exam
  - Online prescribing
- Obtaining informed consent
  - 29 states have some type of informed consent policy
- Integration with patient medical record
- Data security and HIPAA compliance

Source: Center for Connected Health Policy, 2015
A rural hospital is any short-term, general acute, non-federal hospital that is not located in a metropolitan county; is located in a rural urban commuting area (RUCA) type 4 or higher; or is a Critical Access Hospital.

A critical access hospital is a rural hospital maintaining no more than 25 acute care beds and located at least 35 miles, or 15 miles by mountainous terrain or secondary roads, from the nearest hospital, generally. CAHs are reimbursed based on allowable costs; they receive 101% of the Medicare share of its allowed costs for outpatient, inpatient, laboratory, therapy services, and post-acute swing bed services.

Rural Hospital Closures Since 2010

Source: North Carolina Rural Health Research Program (NCRHRP)

There have been 57 rural hospital closures from January 2010 to present.

Rural Hospital Closures Report


KEY FINDINGS

- From 2010 through 2014, 47 rural hospitals ceased providing inpatient services (“closed”). Of the 47, 26 hospitals no longer provide any health care services (“abandoned”) while 21 continue to provide a mix of health services other than inpatient care (“converted”)
- In the year of closure, abandoned rural hospitals had lower profitability and liquidity than converted rural hospitals. A negative cash flow margin may have limited conversion as an option for abandoned rural hospitals
- Abandoned rural hospitals served markets with a higher proportion of non-Whites (26%), particularly Blacks (14%), compared to converted rural hospitals (11% and 2%, respectively) and were located farther away from other hospitals
- Survey respondents from the markets of closed hospitals perceived increased travel distances to health care as a stressor and a risk to the health of those communities
key questions and considerations

- Where are the disparities and needs in the state?
- Where are the workforce shortages? What types of providers?
- What state efforts are already underway to address workforce shortages and access to services? What are the costs and benefits of these efforts?
- What stakeholders (e.g., providers, patients, insurers, etc.) need to be at the table?

converted and abandoned rural hospitals, jan. 2010 to april 2015

strategies for rural hospitals

- Repurpose: urgent care, skilled nursing, outpatient care, emergency care, acute rehab, primary care
- ACOs and other partnerships
- Telehealth and electronic health records
- Mergers with larger health systems

NCSL resources

- Advanced Practice Registered Nurse Scope of Practice Postcard
- Community Health Worker Policy Brief
- Community Paramedicine Article
- Dental Health Professional Shortage Areas Info. Sheet
- Improving Rural Health Policy Brief
- Oral Health Workforce LegisBrief