



Health Care Workforce

Health and Human Services Chairs Meeting

June 6, 2023

Agenda – Health Workforce



Health Workforce Overview

Dr. Polly Pittman,
George Washington University



Behavioral Health Workforce

Dr. Clese Erikson,
George Washington University



Activity: Diving into the Data



State Legislative Policy Levers

Kelsie George,
NCSL



Reporting from the States

Dr. Polly Pittman



The State of the Health Workforce

Patricia Pittman, PhD

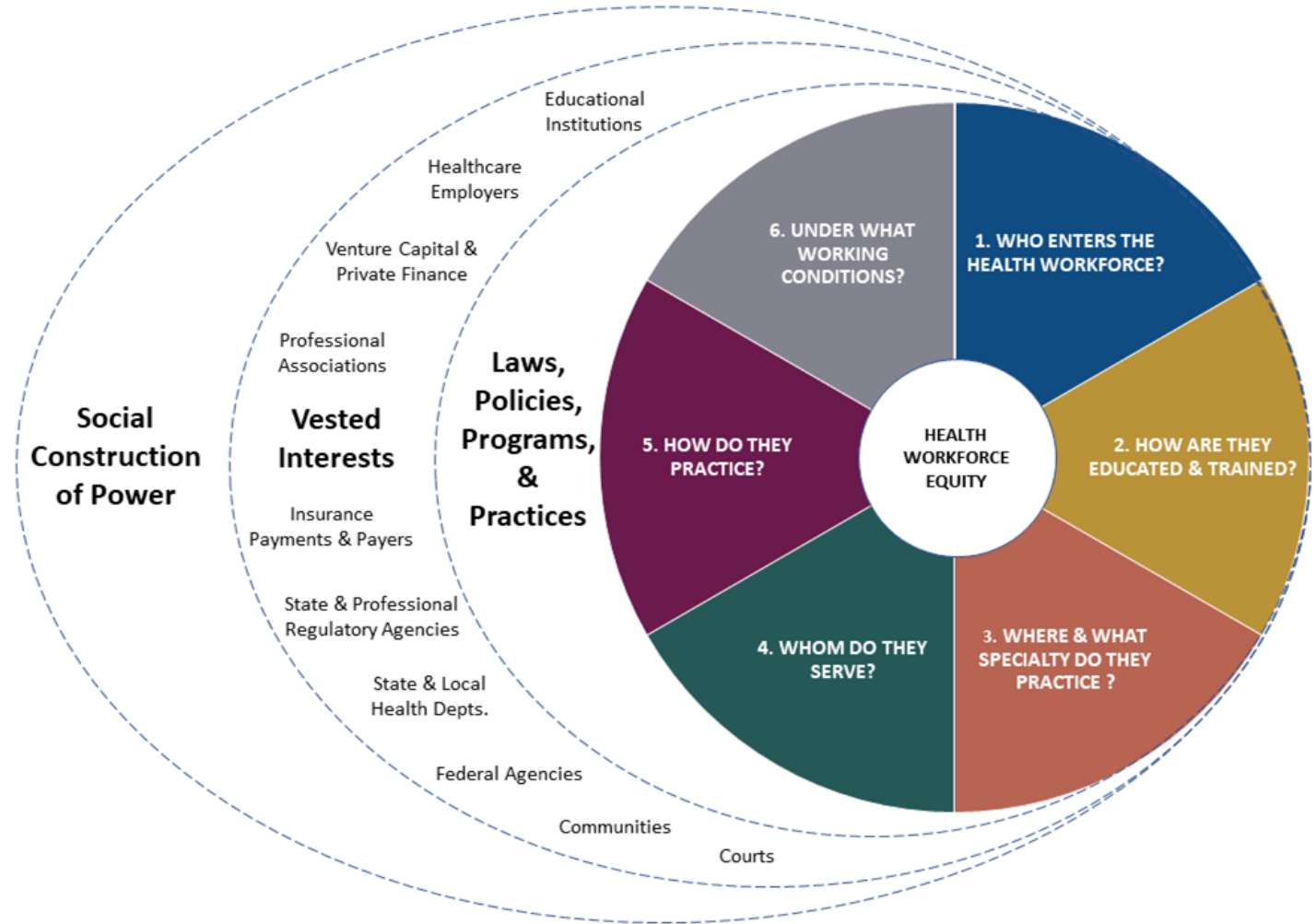
Director & Fitzhugh Mullan Professor of Health Workforce
Equity

Fitzhugh Mullan
Institute for Health
Workforce Equity

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Our vision is a diverse health workforce that has the competencies, opportunity & courage to ensure that all people attain their full health potential.

We call this Health Workforce Equity



Fitzhugh Mullan
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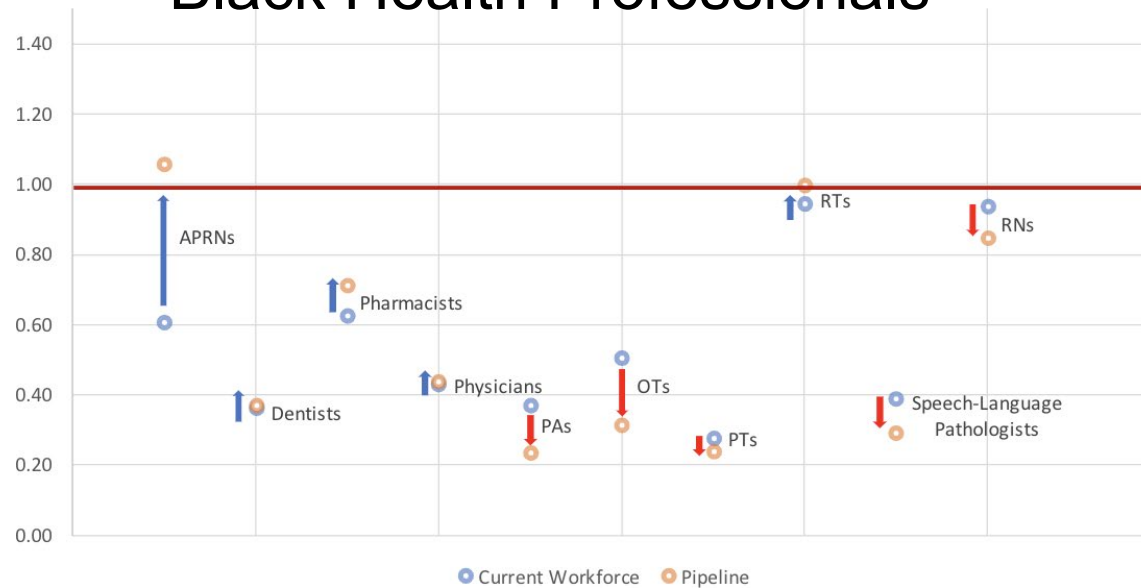
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Beyond
concordance,
workforce diversity
builds trust

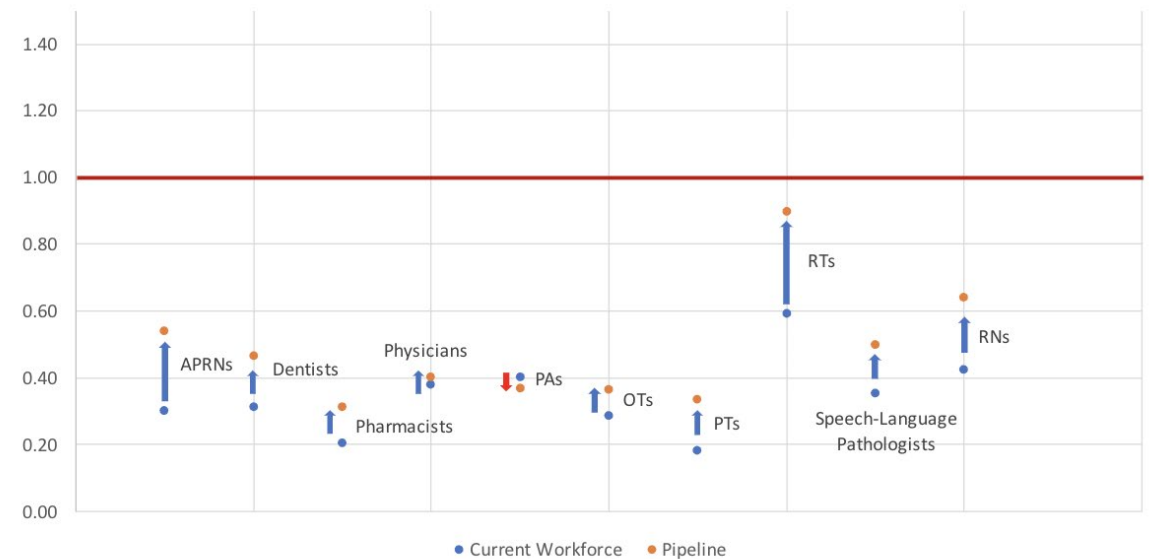


Health Professional Diversity by Population

Black Health Professionals



Latinx Health Professionals



➔ *Impact on vaccine mistrust*

Source: Fitzhugh Mullan Institute for Health Workforce Equity, Health Workforce Diversity Tracker (2021)

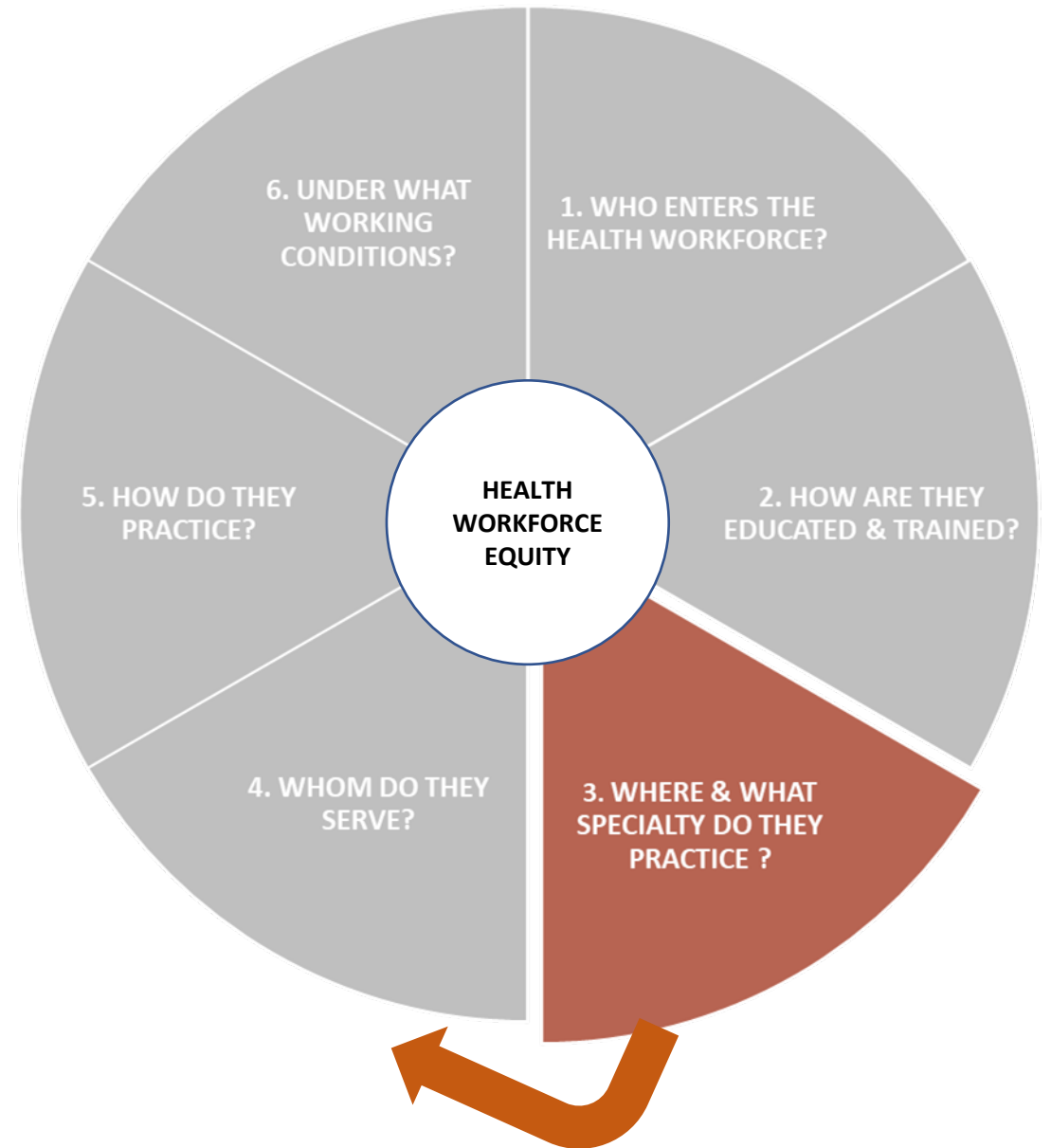
<https://www.gwhwi.org/diversitytracker.html>

Policy ideas

- Measurement & Accountability
- Pathway/Pipeline programs
- Community partnerships for recruitment
- Equal opportunity in admissions, supports & culture of schools and jobs

Is there actually a
physician shortage,

*or is it a primary care,
rural & Medicaid
provider shortage?*



NASEM Recommendation:

Ensure that high-quality primary care is available to every individual and family in every community

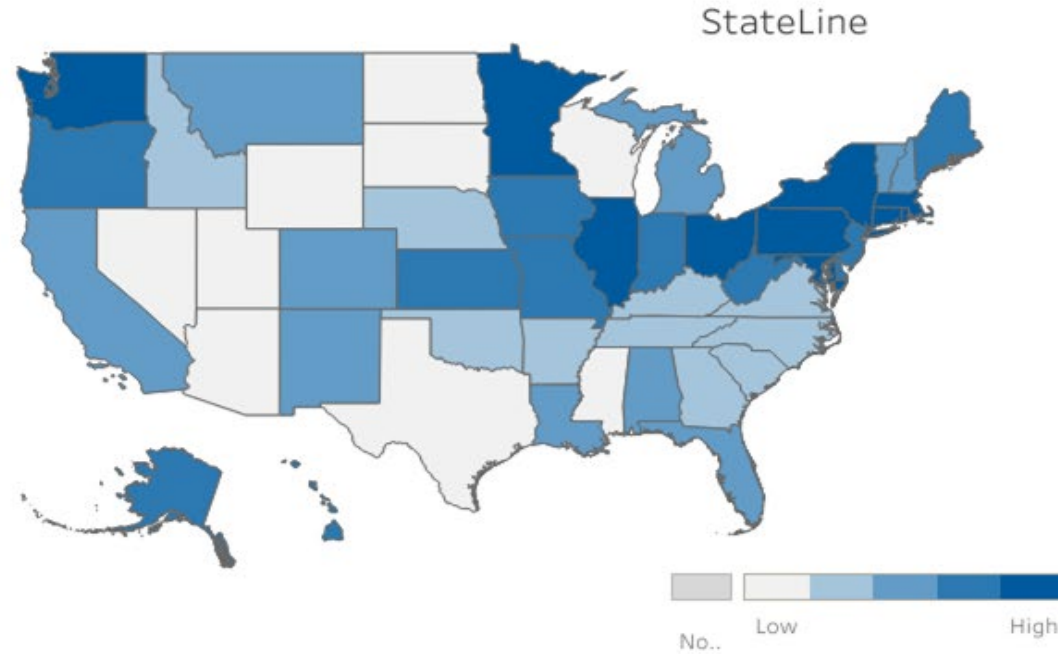
Primary care physicians per 100,000 people in medically underserved areas, 2020

55.6 Per 100,000



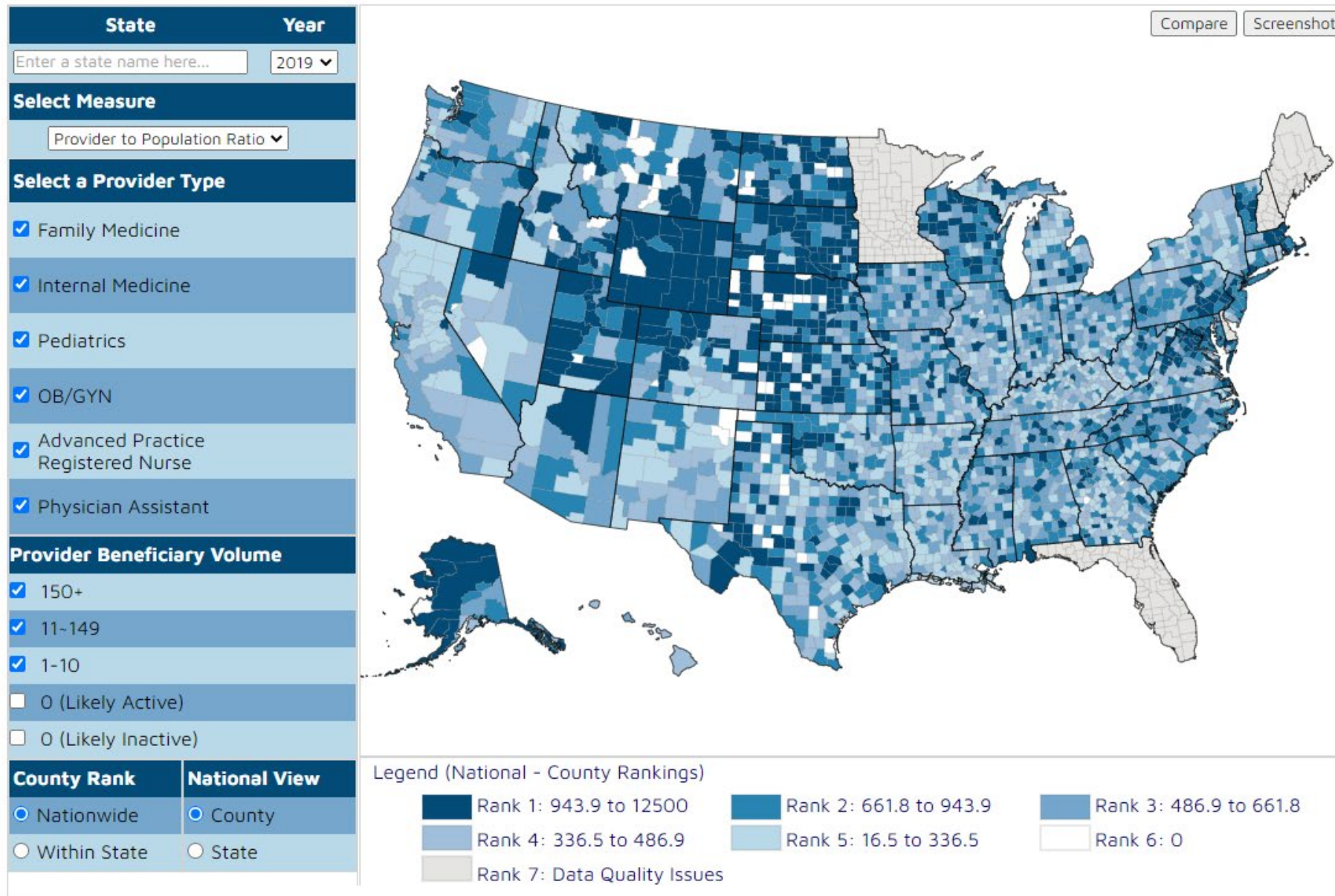
US Value

Health care organizations and government agencies need to expand and diversify the primary care workforce, particularly in areas that have a shortage of health professionals. This measure captures the number of primary care physicians per 100,000 people in medically underserved areas, which are geographic areas designated by the federal government as having a lack of access to primary care services.



Data Source(s): American Medical Association Masterfile (2020), data.hrsa.gov Medically Underserved Area Dataset (2020), Centers for Medicare and Medicaid Services Medicare Physician and Other Practitioners by Provider and Service Public-Use Files (2020)

U.S. Medicaid Primary Care Workforce Tracker



<https://www.gwhwi.org/medicaid-tracker-test.html>

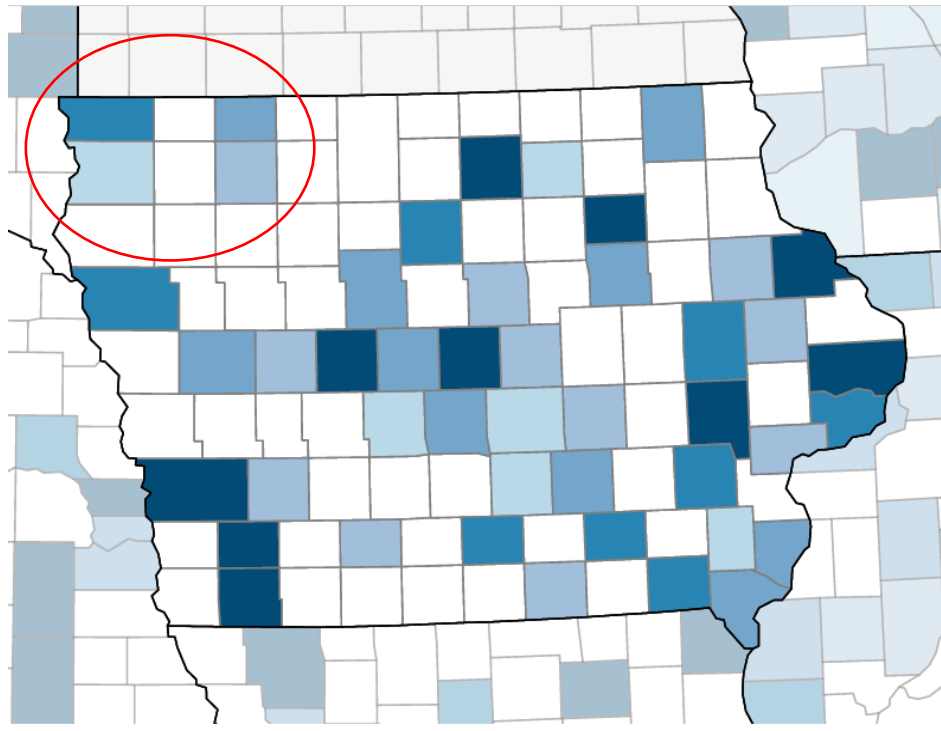
Iowa: Medicaid OB-GYN Workforce

2016

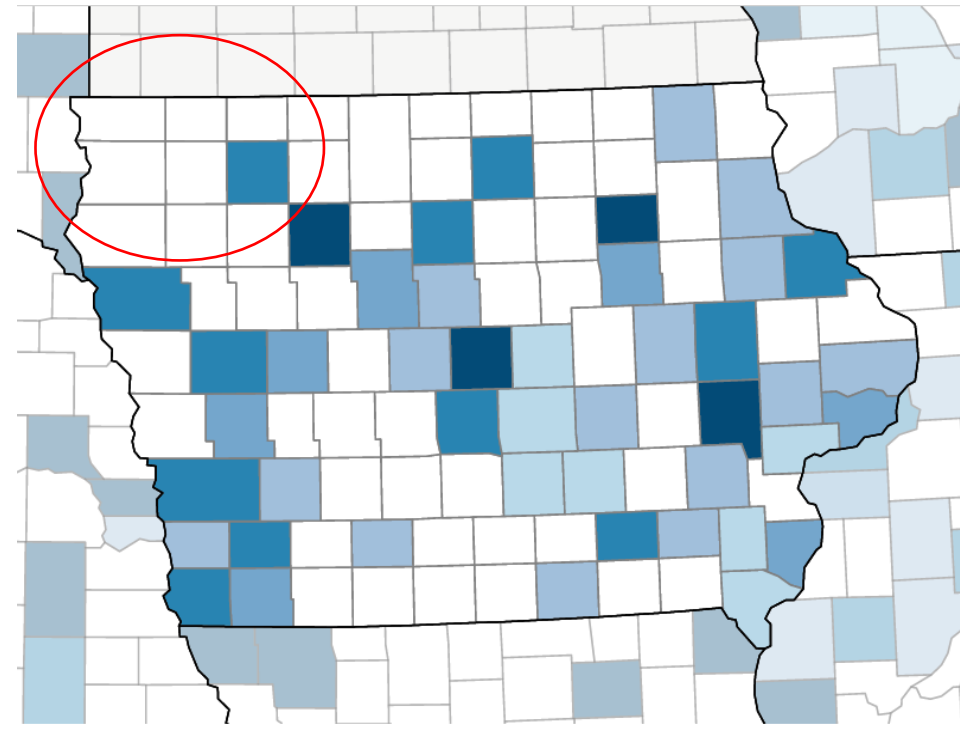
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2019

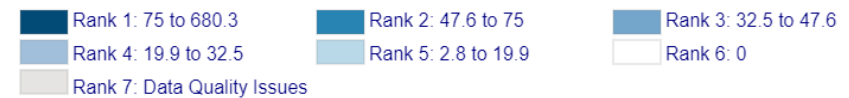
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Legend (National - County Rankings)



Legend (National - County Rankings)



Policy ideas

Health Workforce Development

- Graduate Medical Education Reform – Medicare, Medicaid, VA, Teaching Health Centers
- Targeted health workforce programs – scholarship, loan repayment, training tracks with social mission
- Community partnerships for training

Practice Side Incentives

- Pay for what matters (Primary Care, Mental Health, Rural, Underserved)
- Leverage NPs, PAs, RNs & CHWs w/ full SOP
- Targeted practice supports (Project ECHO/telehealth)

Data

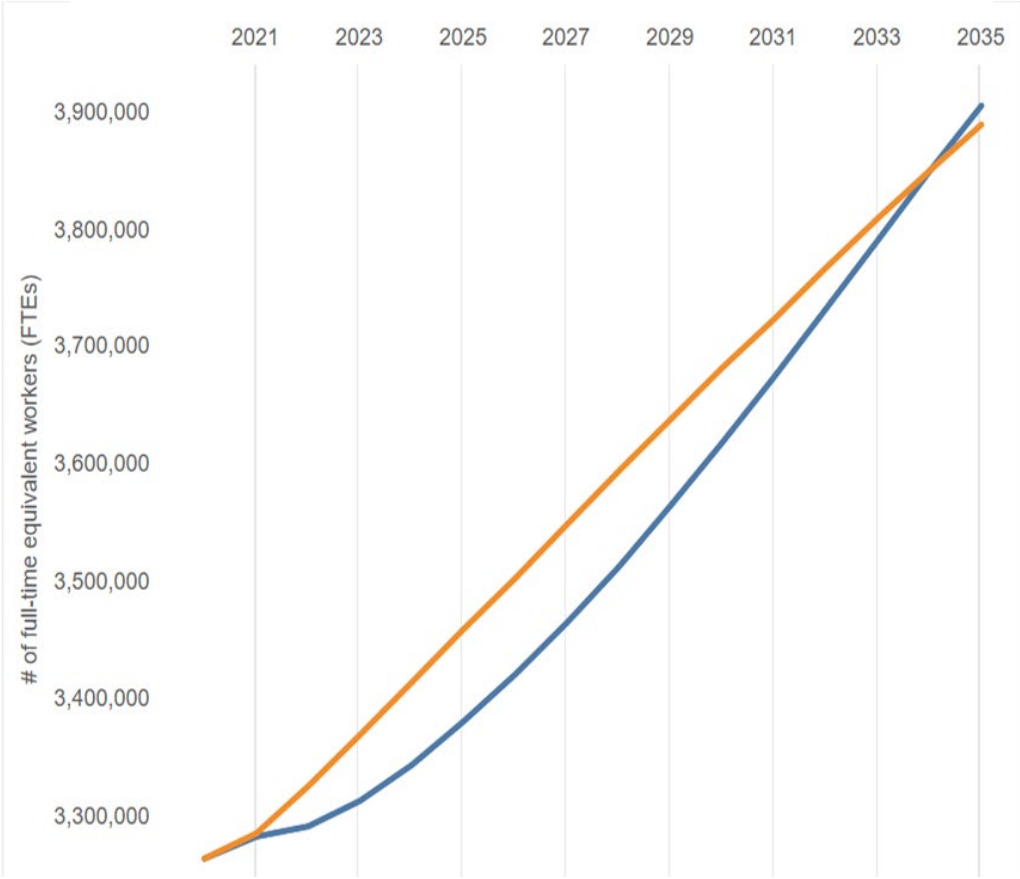
- Add NPs, PAs & Medicaid participation to HPSAs

Is there a nursing shortage?

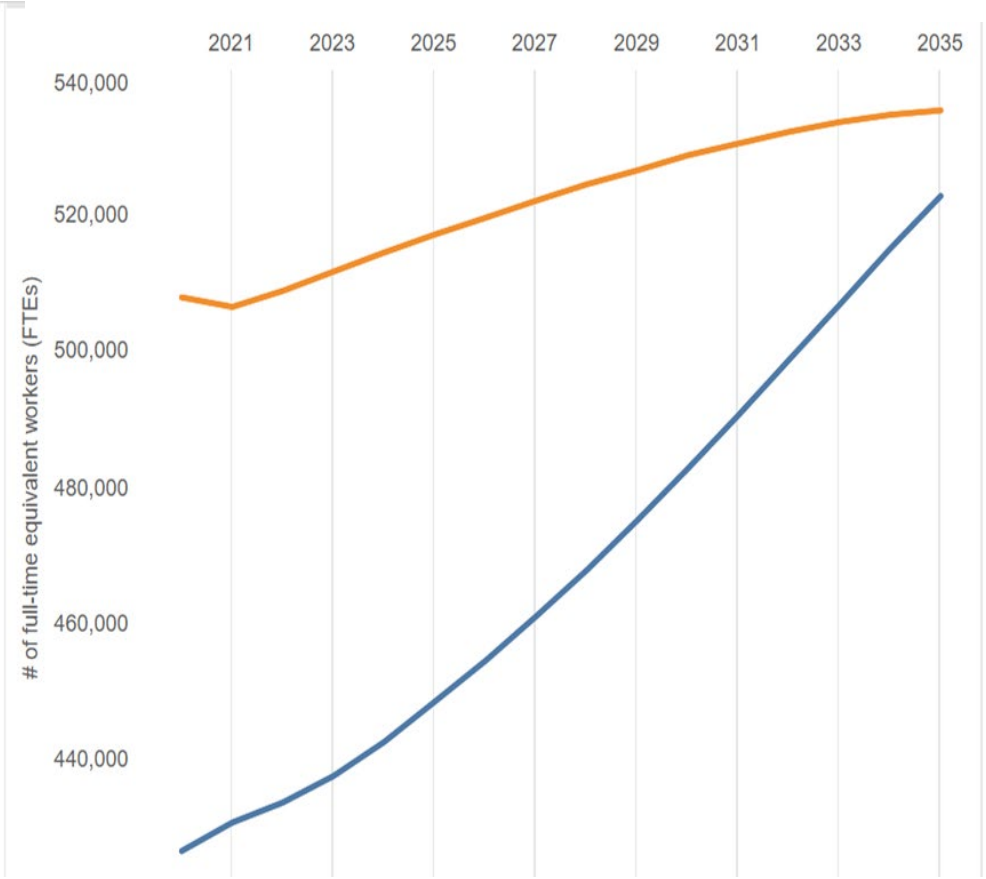


HRSA RN Projections : A tale of two countries

National Average RN Supply and Demand



Non Metro Supply and Demand



79K FTE in 2025, dropping to 64K in 2030, & 16K in 2035, assuming historical patterns

Nursing Workforce



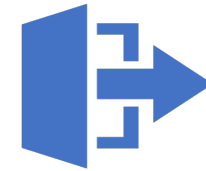
NATIONAL PIPELINE?

- Currently 185 k per year
- Need 195 per year



STATES

- Range from 26% shortfall in WA in 2035 to 48% oversupply in ND
- Most Challenged: WA, GA, CA, OR, MI, ID, LA, NC, NJ & SC



LEAKY BUCKET

- 2021: > 100,000 FTE left nursing - most are younger than 35! **
- Drop entirely in hospitals (3.9%), with 1.6 % increase in other settings.
- 2023 16% hospital vacancy, compared to 8% in 2019

* HRSA Projections, which assume historical patterns of attrition, graduation and participation.

** Auerbach et al Health Affairs 2022 using BLS



MI survey: 39% plan to leave in next year, & 28% plan to reduce hours.

Critical Care nurses: 2/3rds say they'll leave next year.

Inadequate staffing is top reason among those planning to leave (83%)

Those who reported “mandatory overtime used frequently”, were 72% more likely to have quit in last 2 years
While those who reported “favorable work environment” were 55% less likely to have quit.

Policy ideas

1. Measure Burnout & Moral Injury (thwarted in effort to serve patients by decision made by those in authority. Sense of betrayal leads to perceived transgression of professional ethics).
 - More C-Suite Accountability for turnover
 - Childcare
 - Training funds to advance careers
 - Mental health supports
 - Innovation grants on shared governance
 - Loan-repayment programs
2. Consider safe staffing ratios for hospitals (payers or legislation)
3. Consider pilots on new nurse payment component
4. Reduction of burdensome regulatory and accreditation processes.
5. Prohibition of mandatory overtime

The direct care workforce is a ticking bomb



Who cares for us?

4.7 million DCW assist older adults & people with disabilities with daily tasks (bathing, dressing, eating) in homes, residential care, nursing homes, and hospitals

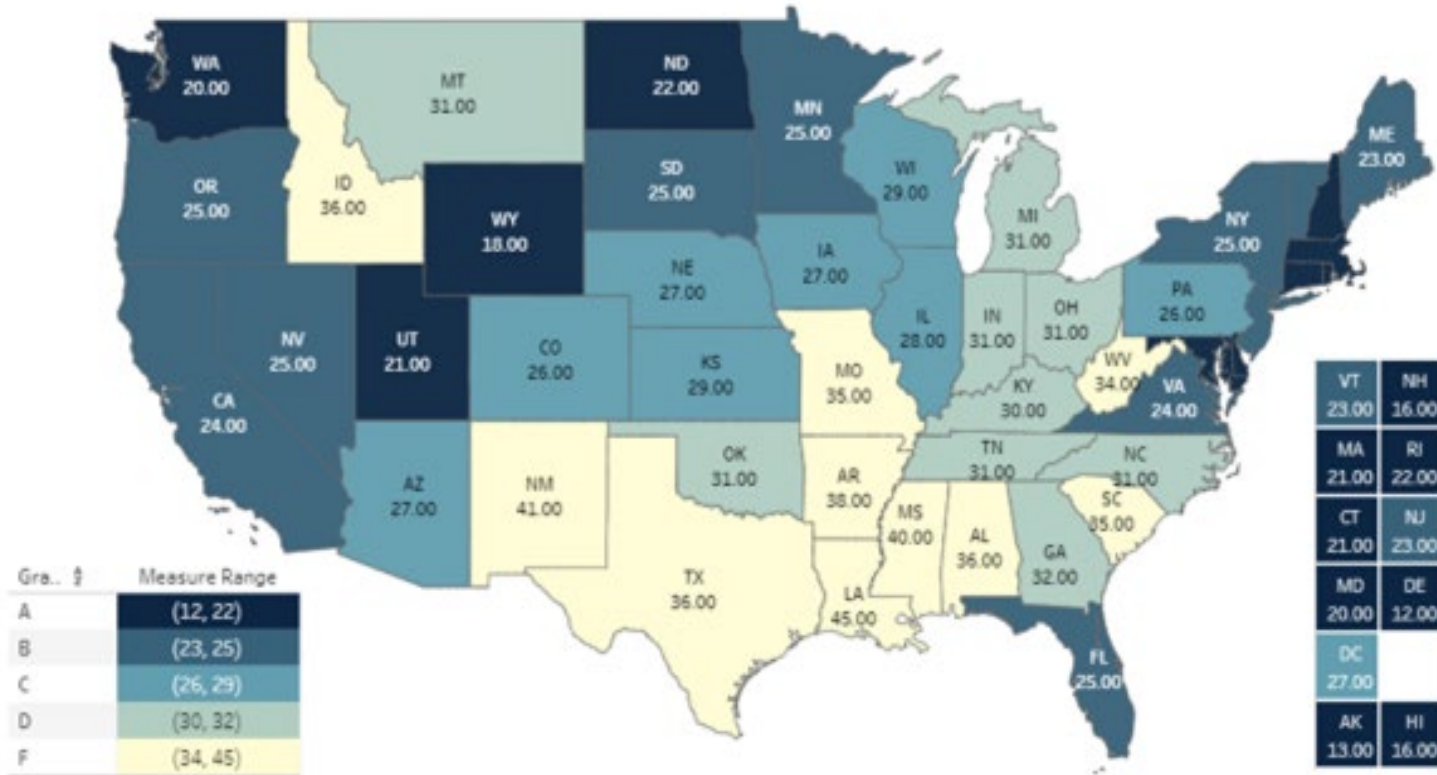
- Personal care aides also meal prep, housekeeping, errands
- Home health aides & nursing assistants some clinical (wound care, blood pressure) with supervision of licensed professional

Largest projected increase in demand of any job

- 2020-2030, >1.2 million new jobs (1 M in homes)
- 7.9 million *total* jobs

30% DCW live in poverty & 20% no sick leave

Measure 6.b.3: Percent of Direct Care Home Workers below 138% of the Federal Poverty Level, 2019



Healthcare Support Worker Benefits



Within each state, the percentage of direct care home care workers earning less than 138% of the federal poverty level.

Data Source: PHI analysis of American Community Survey

Policy ideas

- Compensation (minimum wage)
- Portion of payment linked to wages &/or retention
- Training for career advancement
- Integration with health care teams



Contact: Patricia Pittman (ppittman@gwu.edu)

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Clese Erikson





Behavioral Health Workforce

Clese Erikson, MPAff

June 6, 2023

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Disclosure

This work is supported by grant number H79FG000028 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed do not necessarily reflect those of SAMHSA or HHS and should not be construed as such.

Week

— Quotable quotes heard by *MedPage Today's* reporters

by MedPage Today Staff September 4, 2022



“It just hasn’t existed before.”

-- Clese Erikson, MPAff of George Washington University on a new database that mapped the U.S. behavioral health workforce

Behavioral Health Crisis

HealthAffairs

COVID-19

Topics

Journal

Forefront

Podcasts

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

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| PRIMARY CARE PROVIDERS | PHARMACEUTICALS | NONSUBSTANCE RELATED ADDICTIONS | ACCESS TO CARE
| PSYCHIATRISTS | PHYSICIANS

New Behavioral Health Workforce Database Paints A Stark Picture

[Clese Erikson](#), [Ellen Schenk](#), [Sara Westergaard](#), [Edward S. Salsberg](#)

AUGUST 30, 2022

10.1377/forefront.20220829.640971



Building the Database

- Prescription data (Any provider with 11+ Rx for psychotropics or MOUD):
 - Psychiatric and addiction specialists
 - Primary care physicians
 - Nurse practitioners and physician assistants
 - Other specialists
- Compiled state licensure data*:
 - Psychologists (PhD, PsyD, EdD)
 - Licensed clinical social workers (LCSW)
 - Licensed professional counselors (LPC)
 - Marriage & family therapists (LMFT)

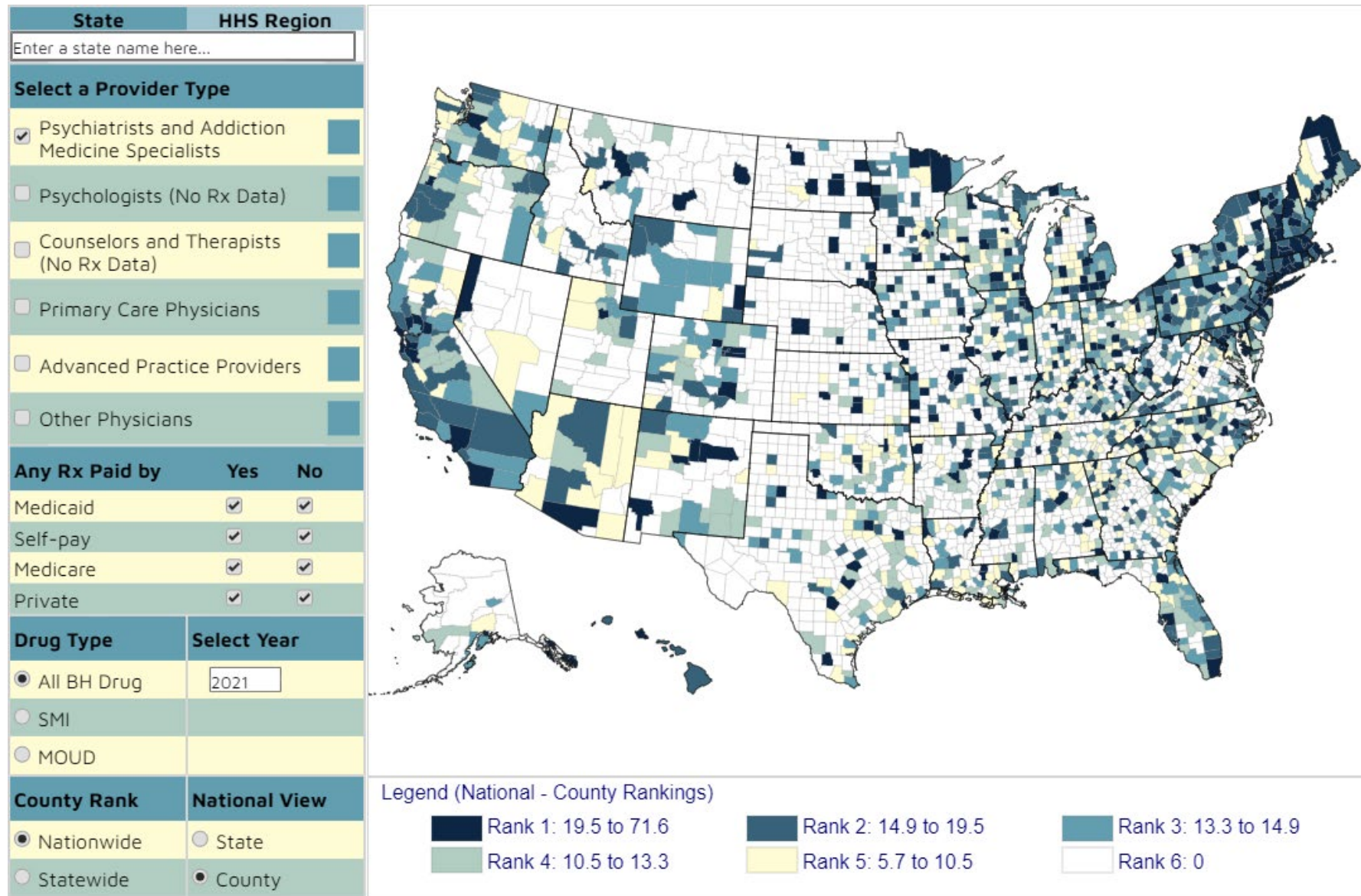
* In cases where licensure data unavailable or incomplete, we supplemented with National Plan and Provider Enumeration Data

Behavioral Health Workforce, 2021

Specialty	Number
Behavioral Health Specialists	699,220
Psychiatric and Addiction Specialists	52,969
Psychologists	106,537
Counselors and Therapists (LCSW, LPC, MFT)	539,714
Other Prescribers of Psychotropics and MOUD	617,796
Primary Care Physicians	219,126
Advanced Practice Providers	215,799
Other Specialists	182,871
Total	1,317,016

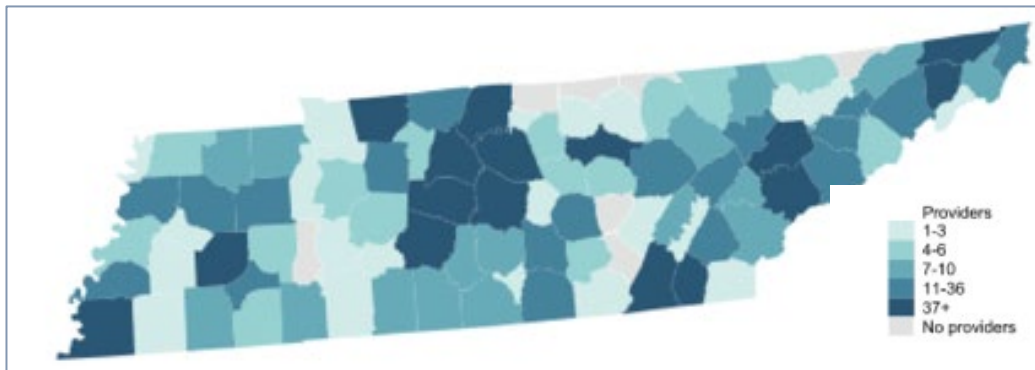
Due to data limitations, excludes peer support providers, community health workers and substance use counselors.

GW Behavioral Health Workforce Tracker

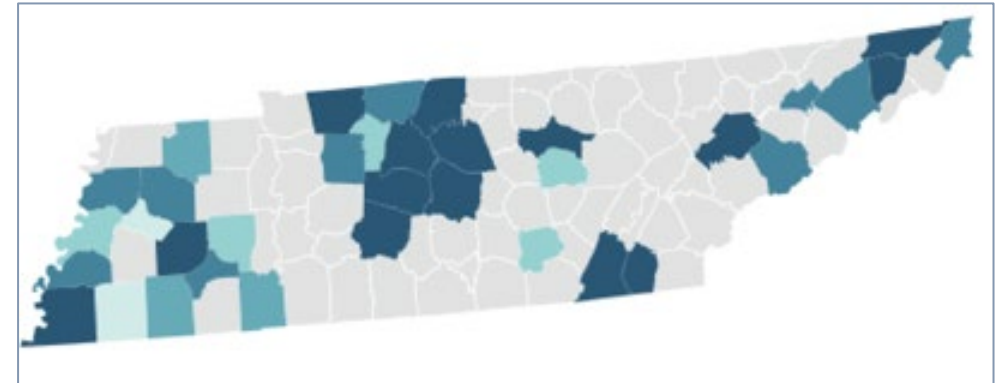


Consider Investing in and Sharing Data, Like Tennessee Does

Supply of
Counselors and Therapists, 2021



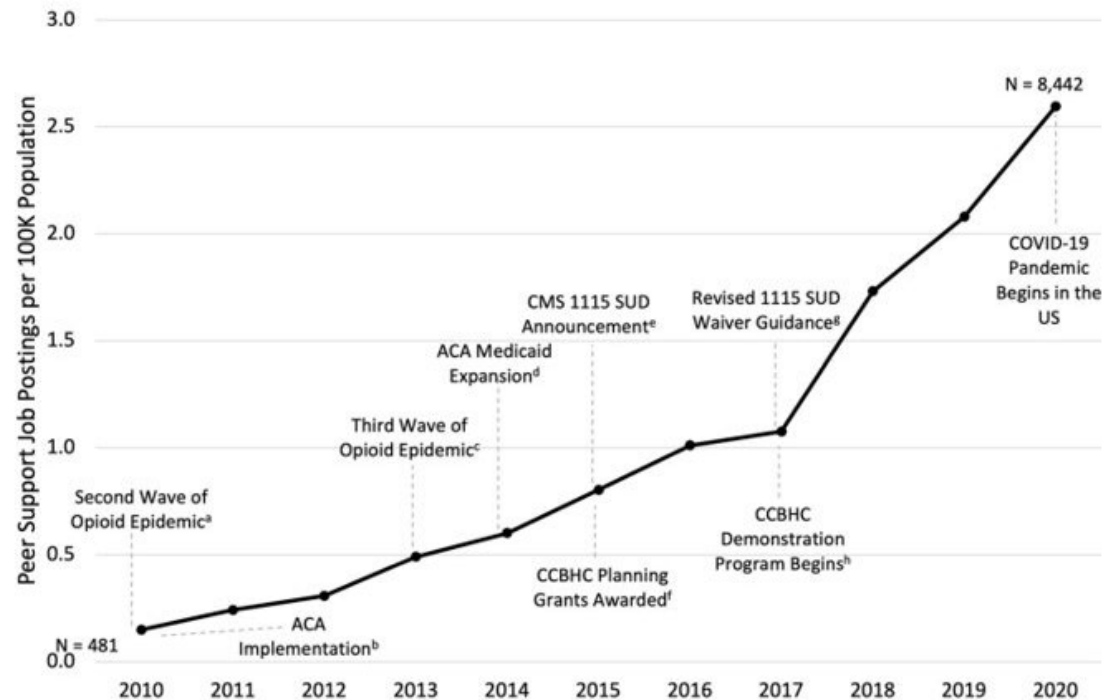
Counties with 1+ Black
Counselors and Therapists, 2021



Source: Authors analysis of Tennessee Licensure Data, <https://apps.health.tn.gov/licensureReports>

Need more data on peer support and CHWs

17-fold increase in demand for peer support providers



Documenting a Decade of Exponential Growth in Employer Demand for Peer Support Providers.

Ziemann MP¹, Dent RB¹, Schenk ED¹, Strod D², Luo Q³, Banawa RA⁴, Westergaard S⁵, Erikson CE¹

Author information

The Journal of Behavioral Health Services & Research, 10 Feb 2023.

DOI: 10.1007/s11414-023-09832-9 PMID: 36764978

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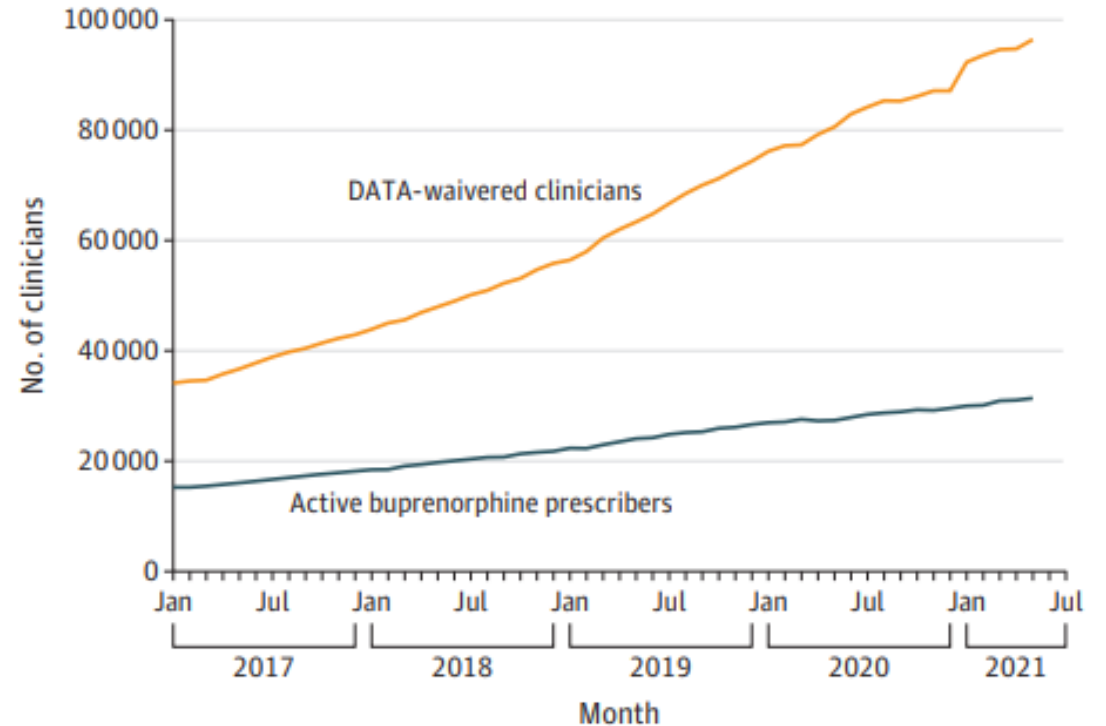
Abstract

The past decade has seen peer support providers increasingly incorporated as part of a recovery-oriented approach to behavioral health (BH) services for mental illness and substance use disorder. Despite this, there are few data sources to track this sector of the BH workforce, and understanding of peer support provider supply, demand, distribution, and associated factors is limited. In this retrospective, observational study, the authors analyzed job postings from 2010 to 2020 to assess employer demand for peer support providers and the factors associated with its growth, using a labor market data set from Emsi Burning Glass. The authors identified peer support job postings using a three-pronged, stepwise approach. Then, bivariate regression analyses using robust standard errors were conducted to examine state-level relationships between the number of peer support job postings per 100,000 population and Medicaid policies and indicators of states' BH infrastructure. The authors identified approximately 35,000 unique postings, finding the number increased 17-fold between 2010 and 2020. Bivariate analysis found significant state-level associations between peer support job postings and Medicaid expansion, as well as states' mean number of mental health facilities. This analysis represents the first to quantify employer demand for peer support providers, clearly demonstrating robust growth over time. Findings underscore the importance of continuing to develop data on this workforce to better understand factors driving its growth.

Few DATA-Waivered clinicians actually prescribe buprenorphine

- The proportion of DATA-waivered clinicians declined from 44.6% to 32.6%

Figure 1. Change in Number of DATA-Waivered Clinicians and Active Buprenorphine Prescribers, January 2017-May 2021



Active prescribers included any Drug Enforcement Administration Drug Addiction Treatment Act (DATA)-waivered clinician with 1 or more prescriptions for buprenorphine with an indication for opioid use disorder in a given month. Figure generated from authors' analysis of IQVIA Xponent data January 2017 to May 2021 and the DATA-waivered practitioner roster January 2017 to May 2021.



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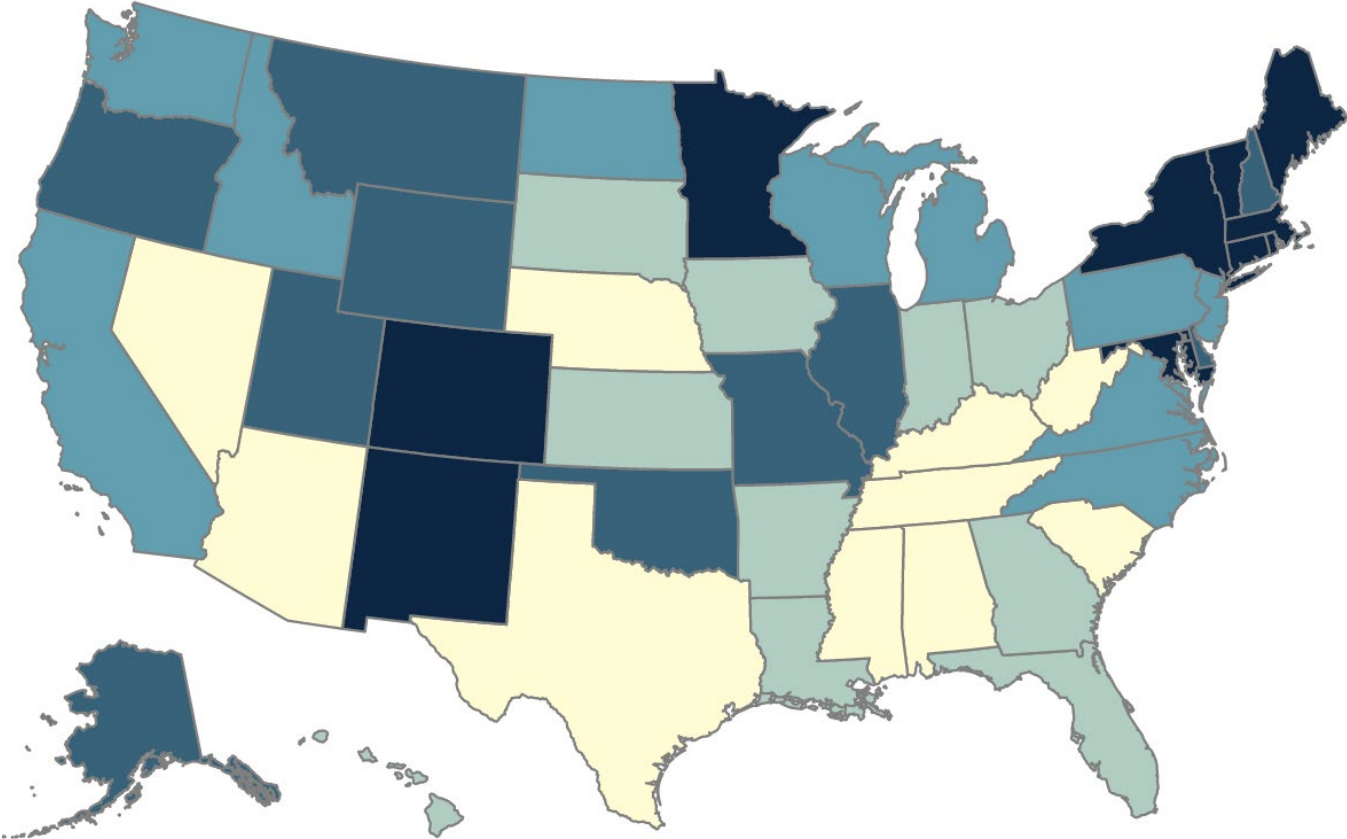


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Activity: Diving into the Data

Behavioral Health Specialists

(Psychiatric and Addiction Specialists, Psychologists, Therapists and Counselors)



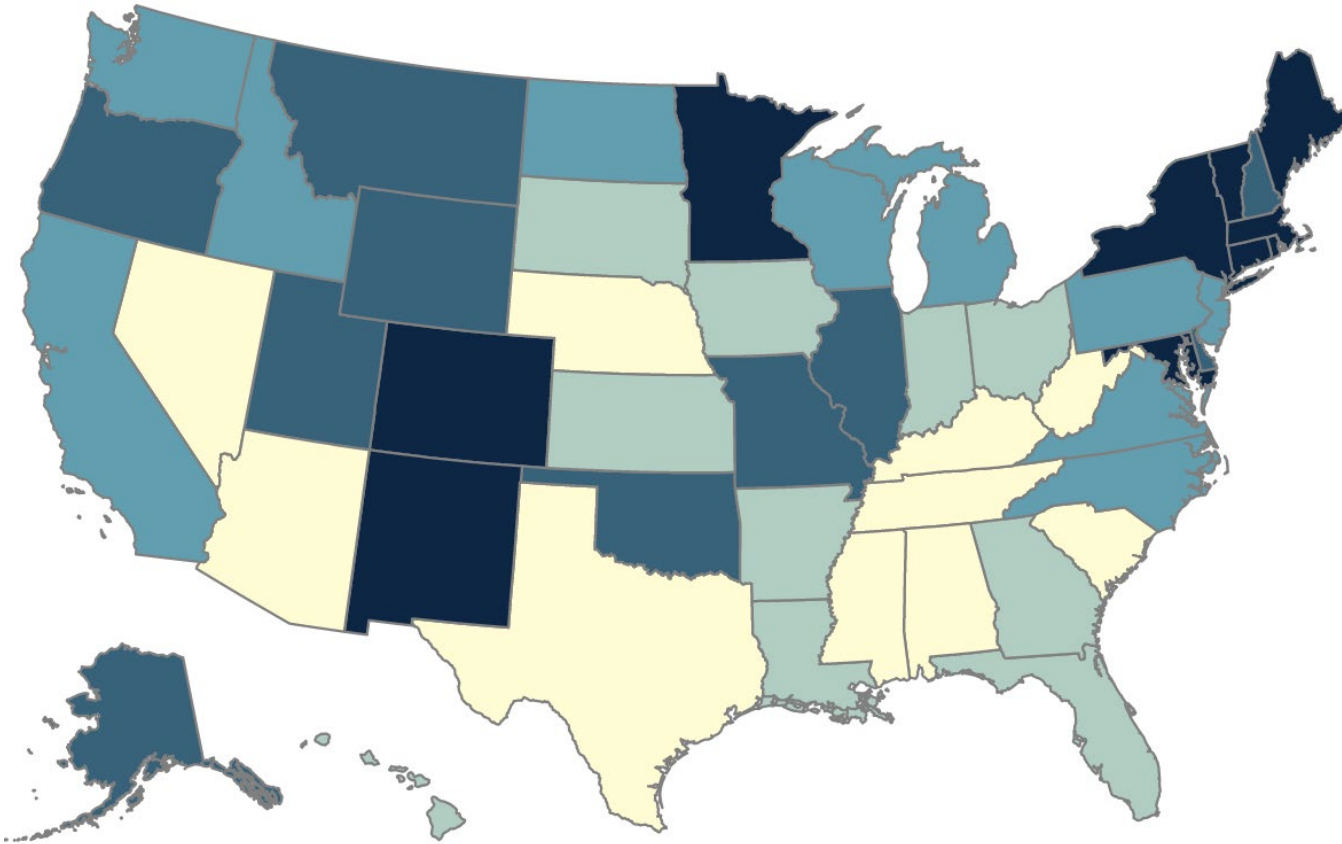
1. How does this data confirm or challenge what you know? Was there anything surprising or new?
2. What questions do the maps raise for you? What additional information do you need from NCSL, stakeholders or experts?
3. What policy levers has your state pursued to address the behavioral health workforce?

Behavioral Health Workforce Tracker, Fitzhugh Mullan Institute for Workforce Equity, 2021.

Activity: Pair & Share

Behavioral Health Specialists

(Psychiatric and Addiction Specialists, Psychologists, Therapists and Counselors)



Behavioral Health Workforce Tracker, Fitzhugh Mullan Institute for Workforce Equity, 2021.

1. How does this data confirm or challenge what you know? Was there anything surprising or new?
2. What questions do the maps raise for you? What additional information do you need from NCSL, stakeholders or experts?
3. What policy levers has your state pursued to address the behavioral health workforce?
4. How does the behavioral health workforce data captured in the Tracker differ across your states? What challenges are unique to your state? What challenges do you share?



Policy Levers to Address the Health Workforce

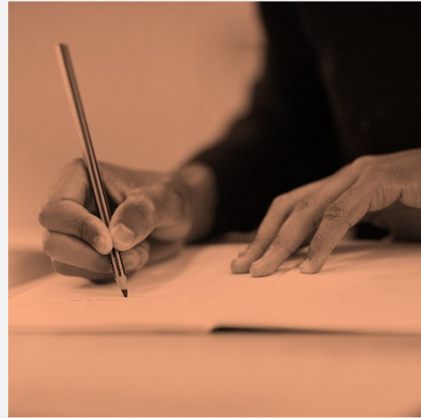
Kelsie George, NCSL

Health Workforce: Strategies



Training and Certification

- Education requirements
- Continuing education



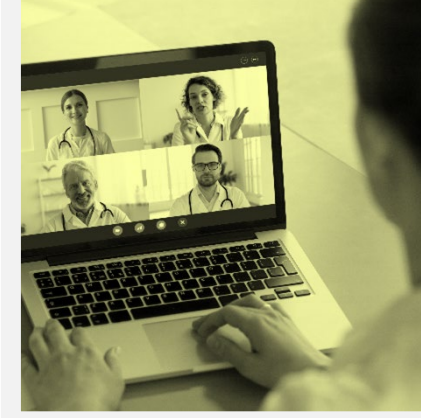
Licensure

- Professionalization
- Interstate compacts



Scope of Practice

- Practice authority
- Prescriptive authority



Telehealth

- Broadband access
- Reimbursement
- Telehealth Specific Licensing



Recruitment & Retention

- Loan repayment and forgiveness
- Tax incentives
- Career pathways

- What policy levers has your state pursued to address **challenges** in the health workforce?
- How did you measure if the **outcomes** from this intervention were successful?
- What **obstacles** did you anticipate and ultimately face within your state?



Reporting from your States



Kelsie George
Policy Specialist,
Health Program

Reach out anytime!

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