



Roundtable Discussion: Health Workforce

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Rural Health Roundtable – Western States

May 20, 2023

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Director, WWAMI Rural health Research Center

Director, Collaborative for Rural Primary Care
Research, Education and Practice (Rural PREP)



Rural Health Workforce Supply

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University of Washington School of Medicine

NCSL Rural Health Roundtable

Bozeman, MT

May 20, 2023



WWAMI Rural Health Research Center

- Mission: Improve and sustain rural health through research that engages policymakers, planners, and practitioners advancing equity in rural access to care.
- Funded since 1988 by Federal Office of Rural Health Policy, Health Resources & Services Administration (HRSA)



Rural PREP:

The Collaborative for Rural Primary care
Research, Education, and Practice

- Funded by HRSA 2016-2022 to conduct, promote, and disseminate research on rural primary care health professions education to build a community of practice



UW Center for Health Workforce Studies

- Conducts policy-relevant research since 1998 on the health workforce, with a focus on allied health and health equity.
- Funded by the National Center for Health Workforce Analysis, HRSA



Acknowledgments and Disclaimer

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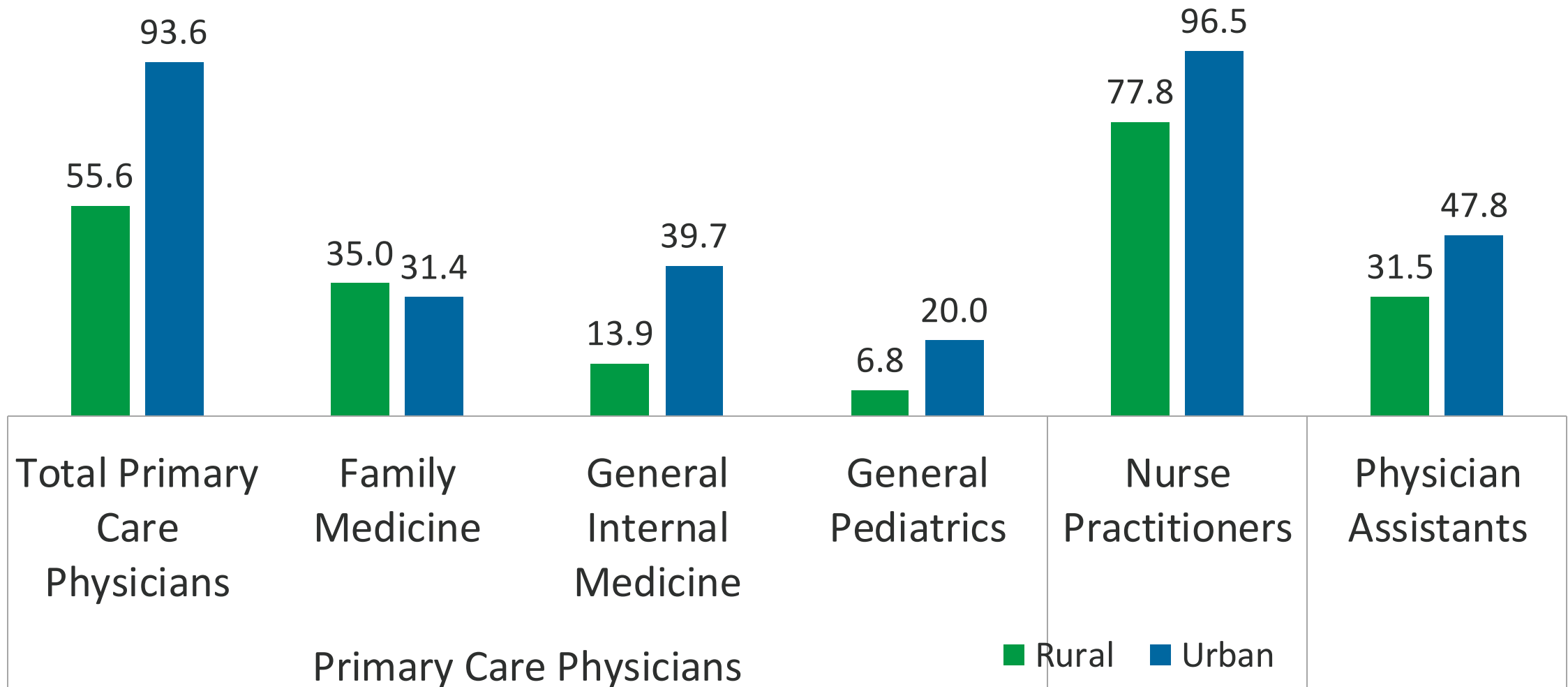
Rural health workforce supply*

Primary care
Behavioral health
General surgery
Obstetrics
Dentistry

*before and during COVID

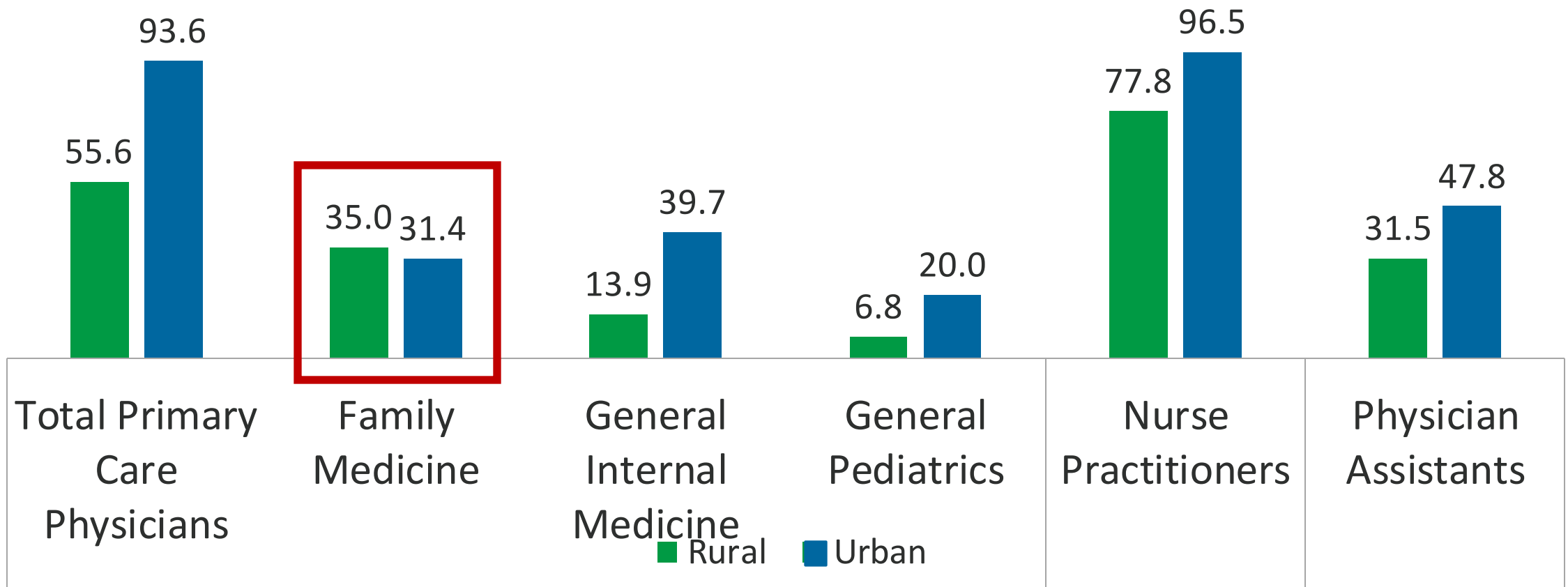
Primary care

Supply of primary care clinicians per 100,000 population in rural and urban U.S. counties, 2019/20



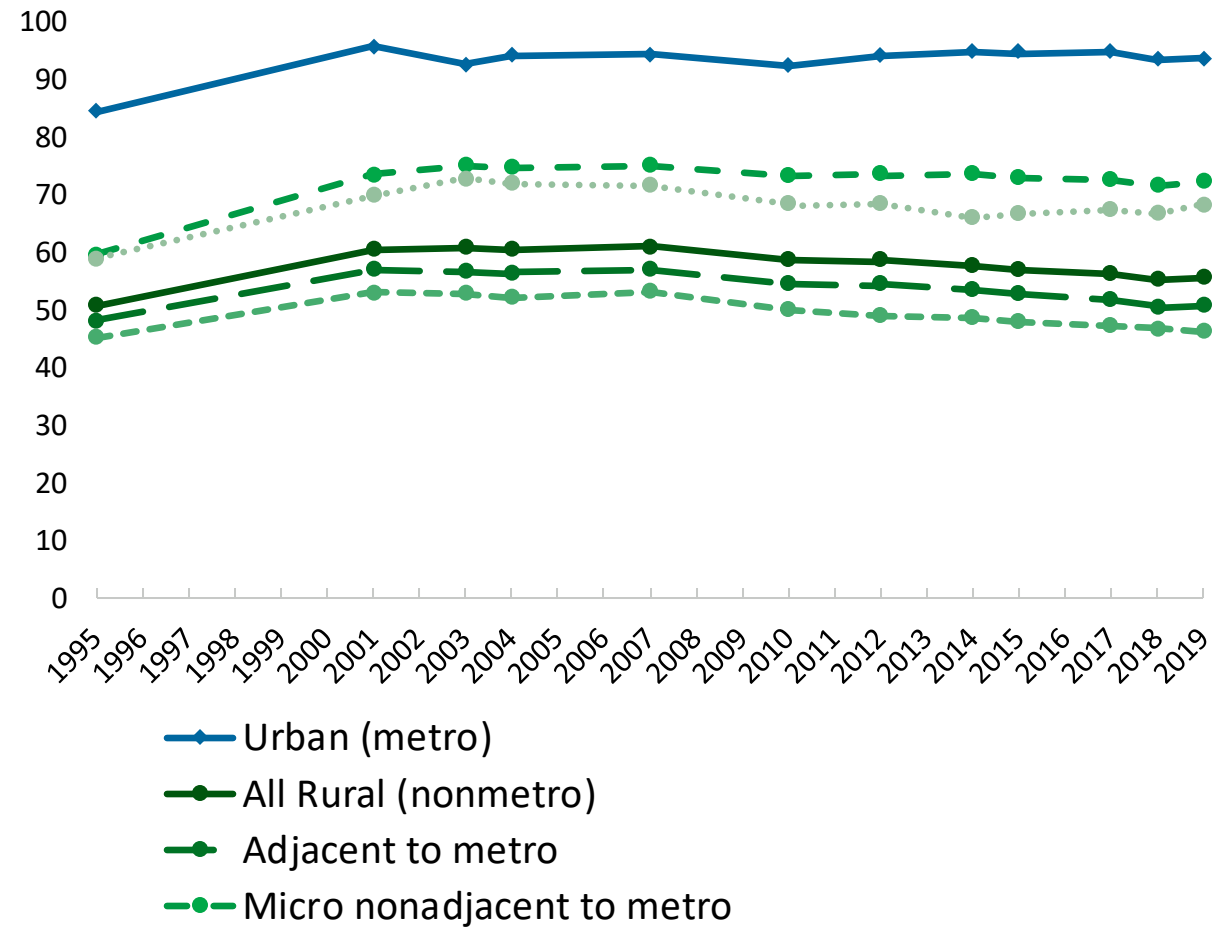
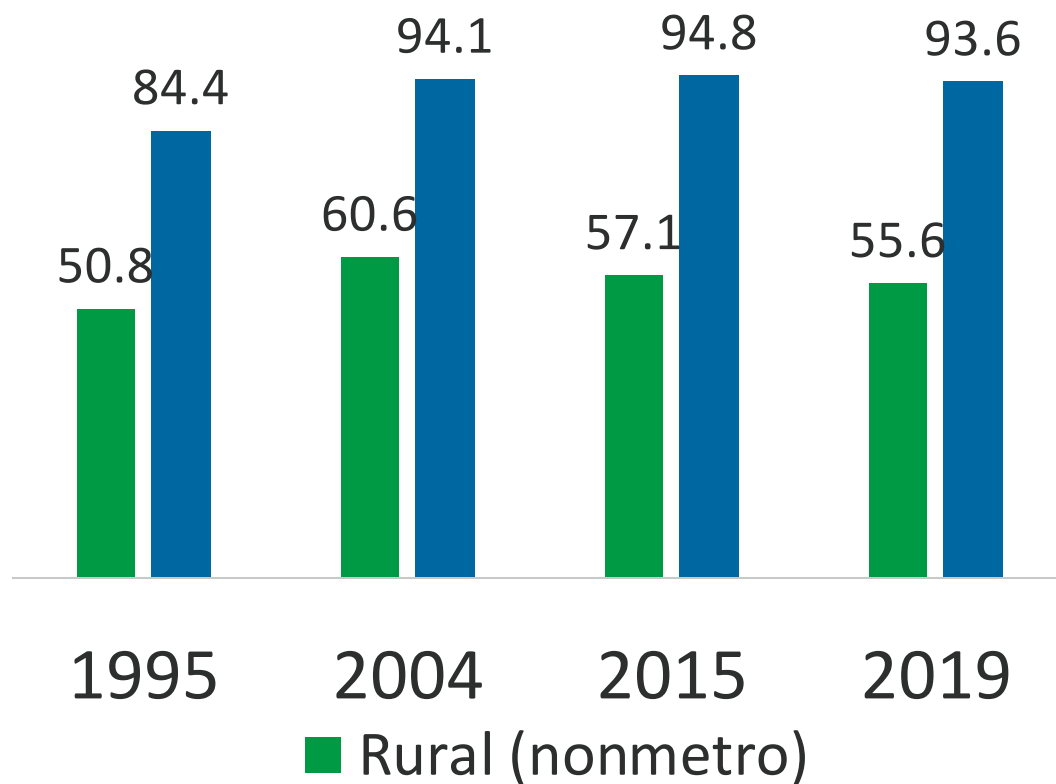
Data Sources: Area Health Resource Files (AHRF), 2019 for physician data, 2020 for nurse practitioners and physician assistants.

Family physicians are more concentrated with greater rurality



Data Sources: Area Health Resource Files (AHRF), 2019 for physician data, 2020 for nurse practitioners and physician assistants.

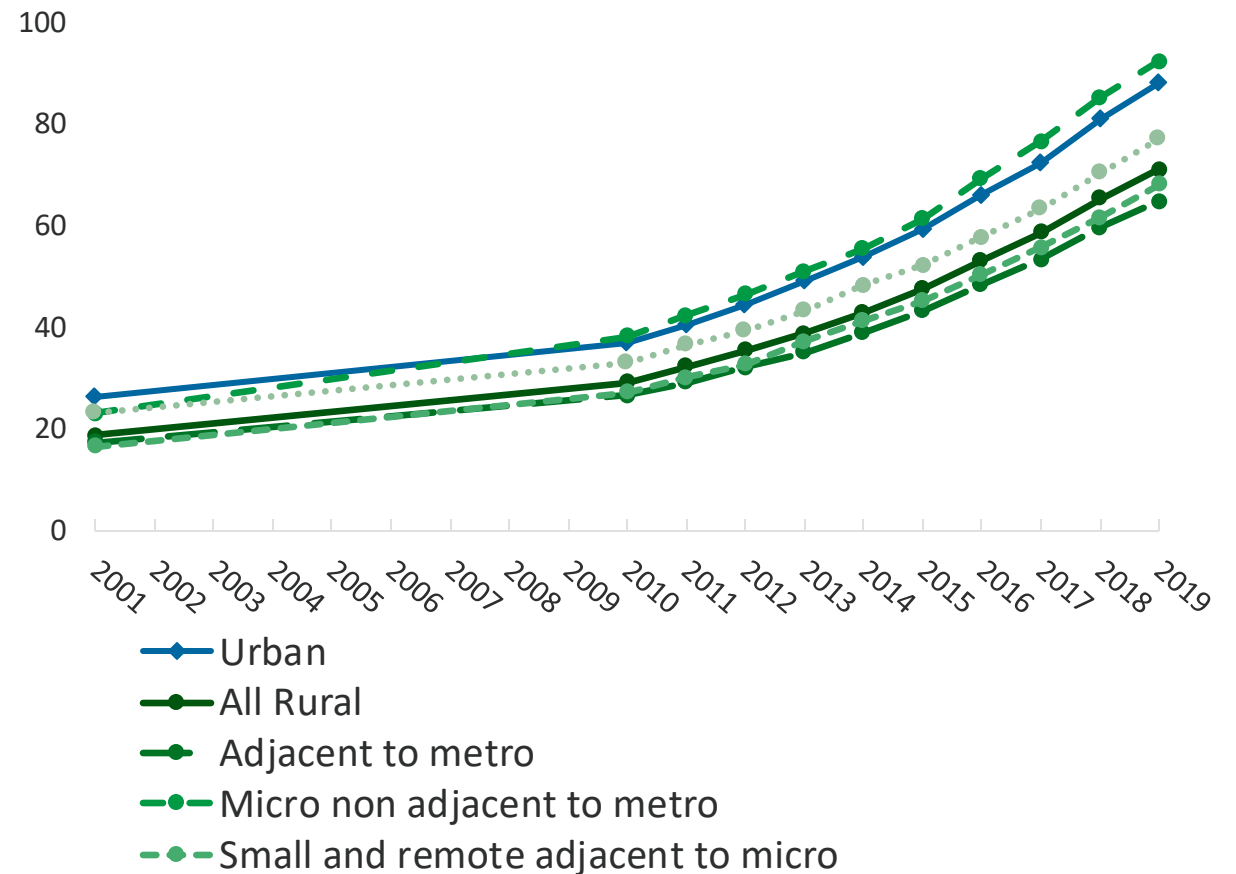
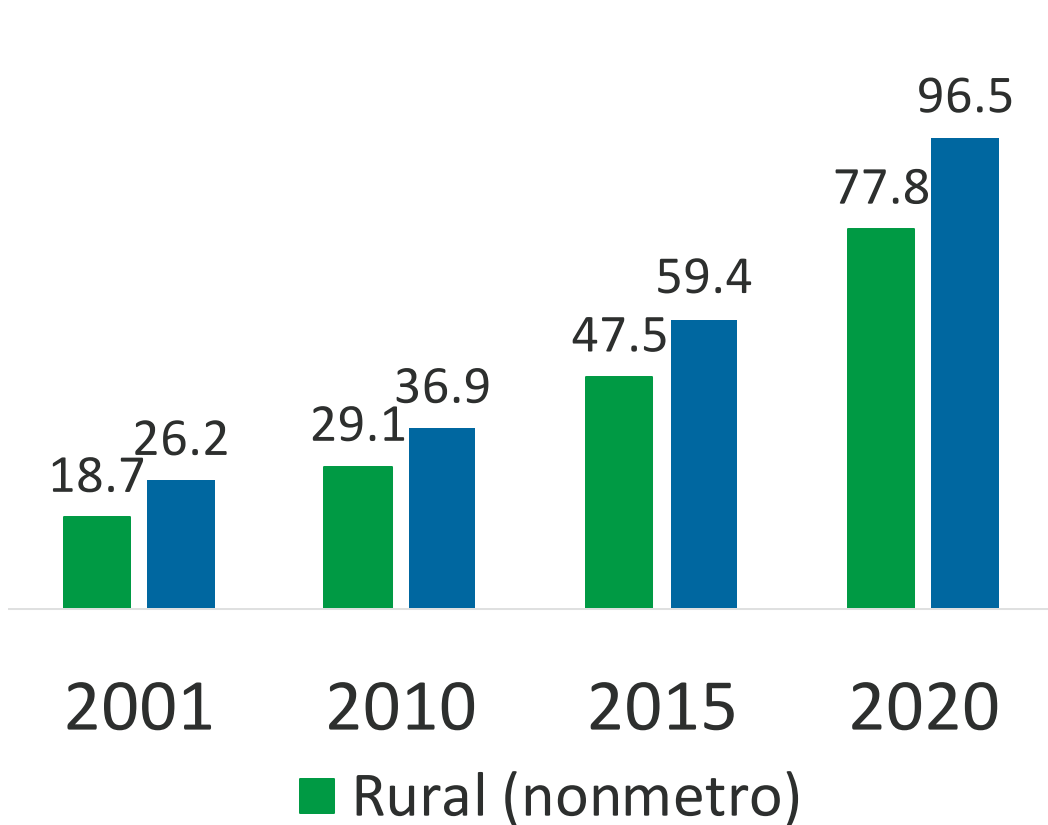
Trends in the supply of primary care physicians per 100,000 population in rural and urban U.S. counties, 1995-2019



Data source: Area Health Resource Files (AHRF), 2003, 2006-2007, 2009, 2019-2021.

Nurse practitioner supply is growing rapidly...

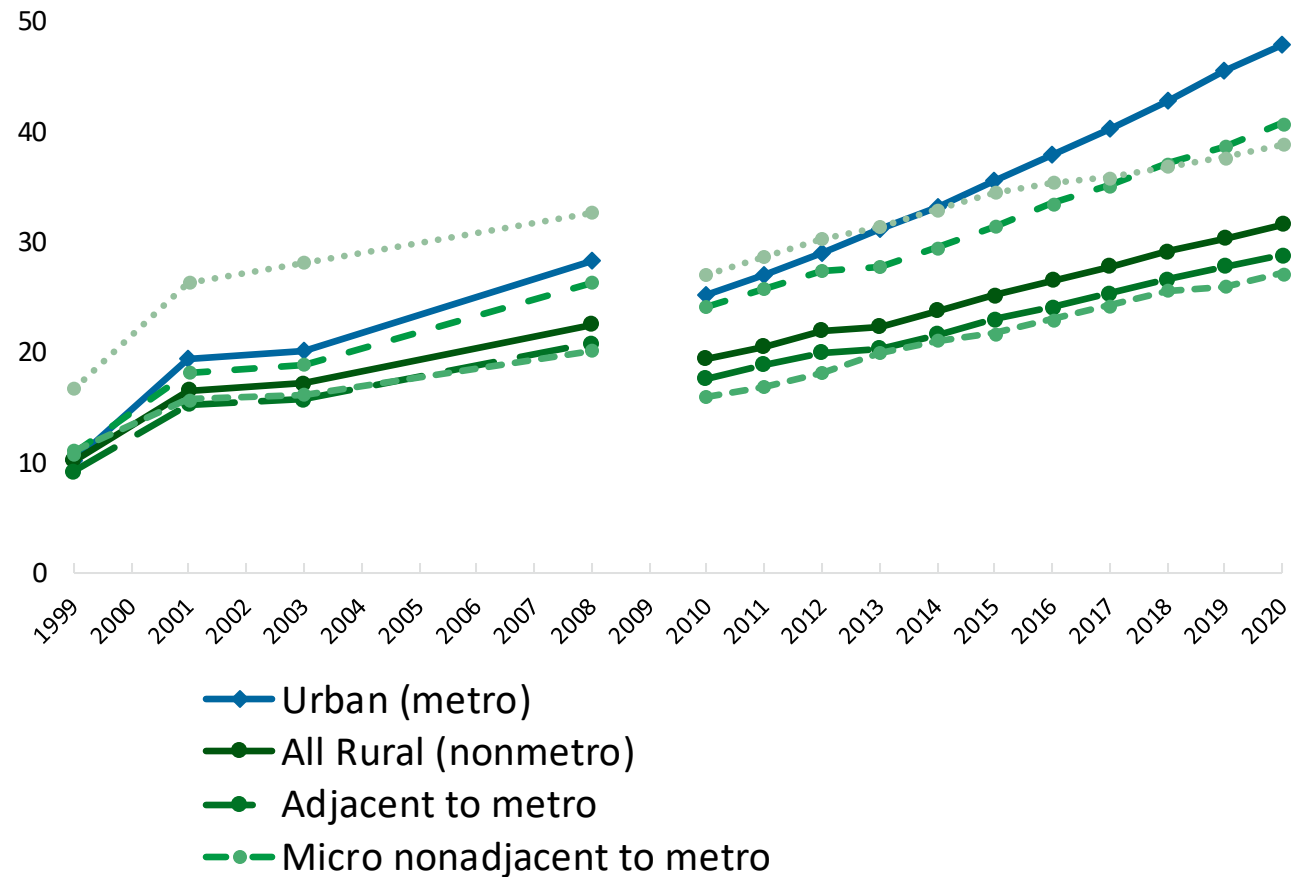
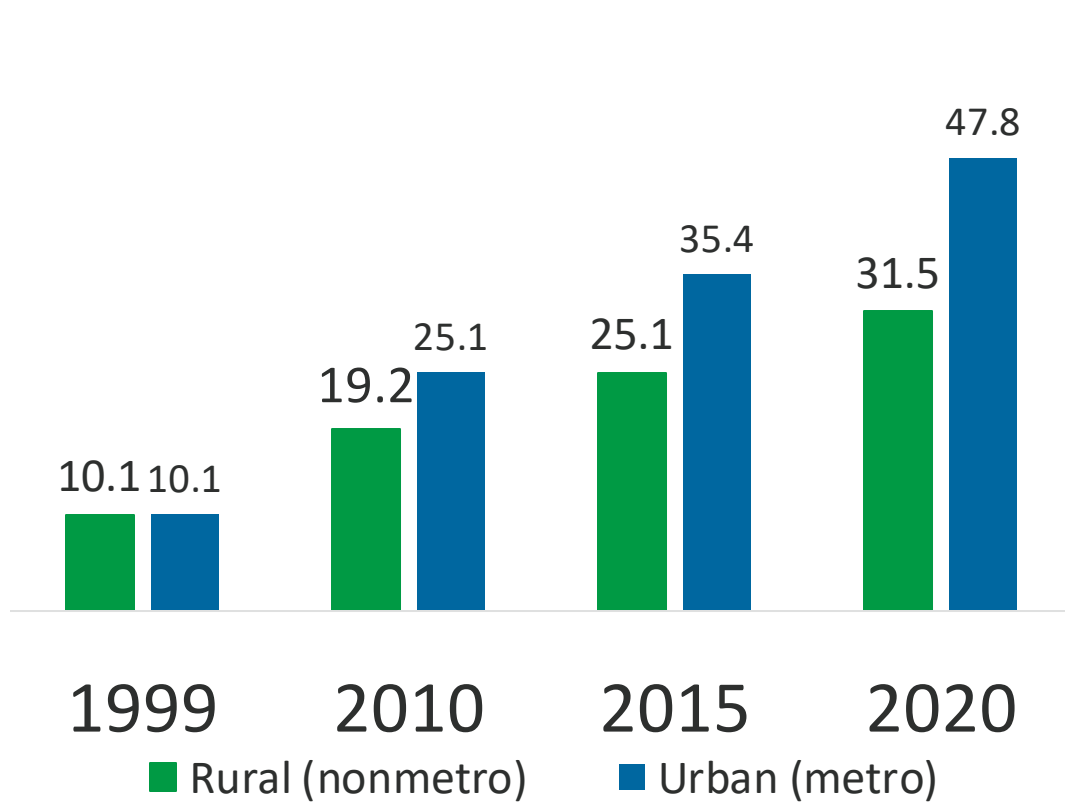
NPs per 100,000 Population in Rural and Urban U.S. Counties, 2001-2019



Data source: Area Health Resource Files (AHRF), 2009, 2019-2021. *AHRF 2001 data obtained from American Association of Nurse Practitioners (AANP) Survey. 2010-2020 data report NPs with a National Provider Identifier from the Centers for Medicare & Medicaid Services.

...as is physician assistant supply!

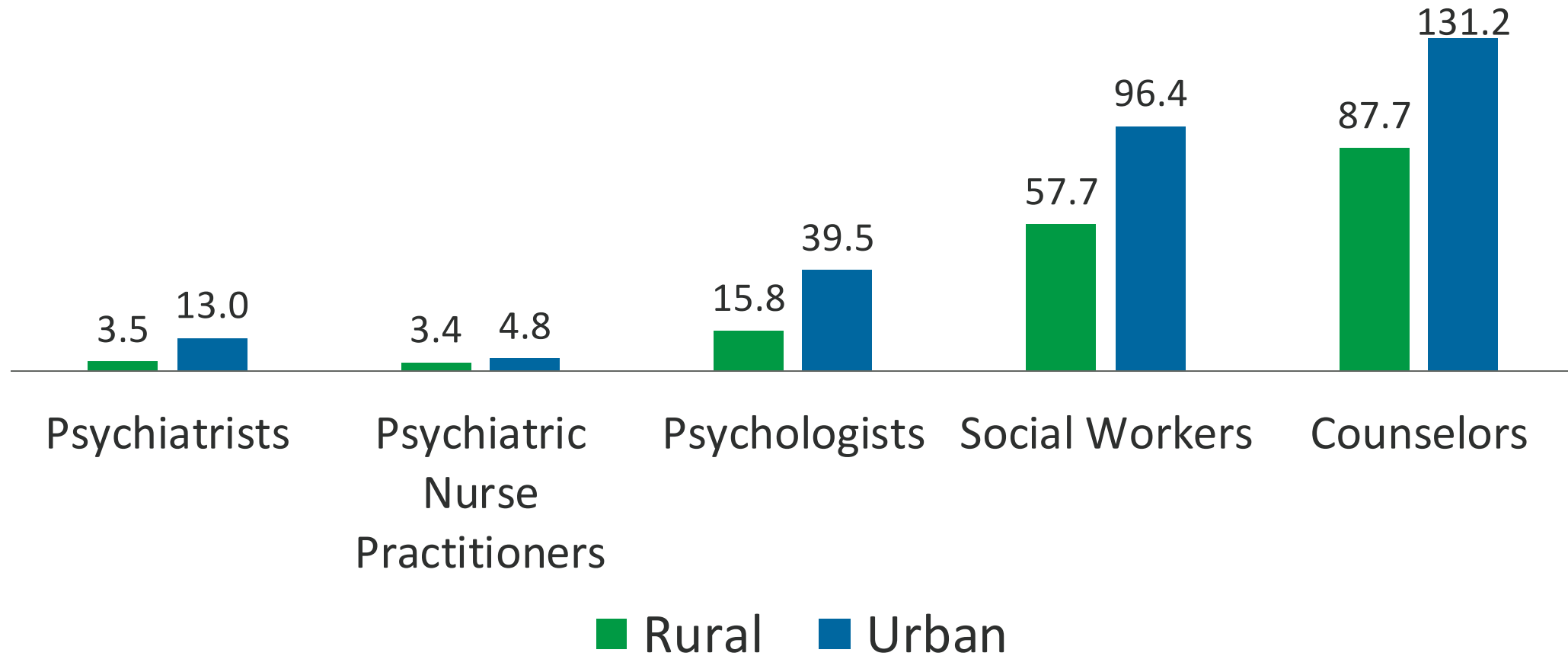
PA per 100,000 Population in Rural and Urban U.S. Counties, 1999-2020



Data source: Area Health Resources Files (AHRF), 2009, 2014, 2020-2021. AHRF 1999-2008 data are projections from the American Association of Physician Associates (AAPA) Census; AHRF 2010-2020 data report PAs with a National Provider Identifier from the Centers for Medicare & Medicaid Services.

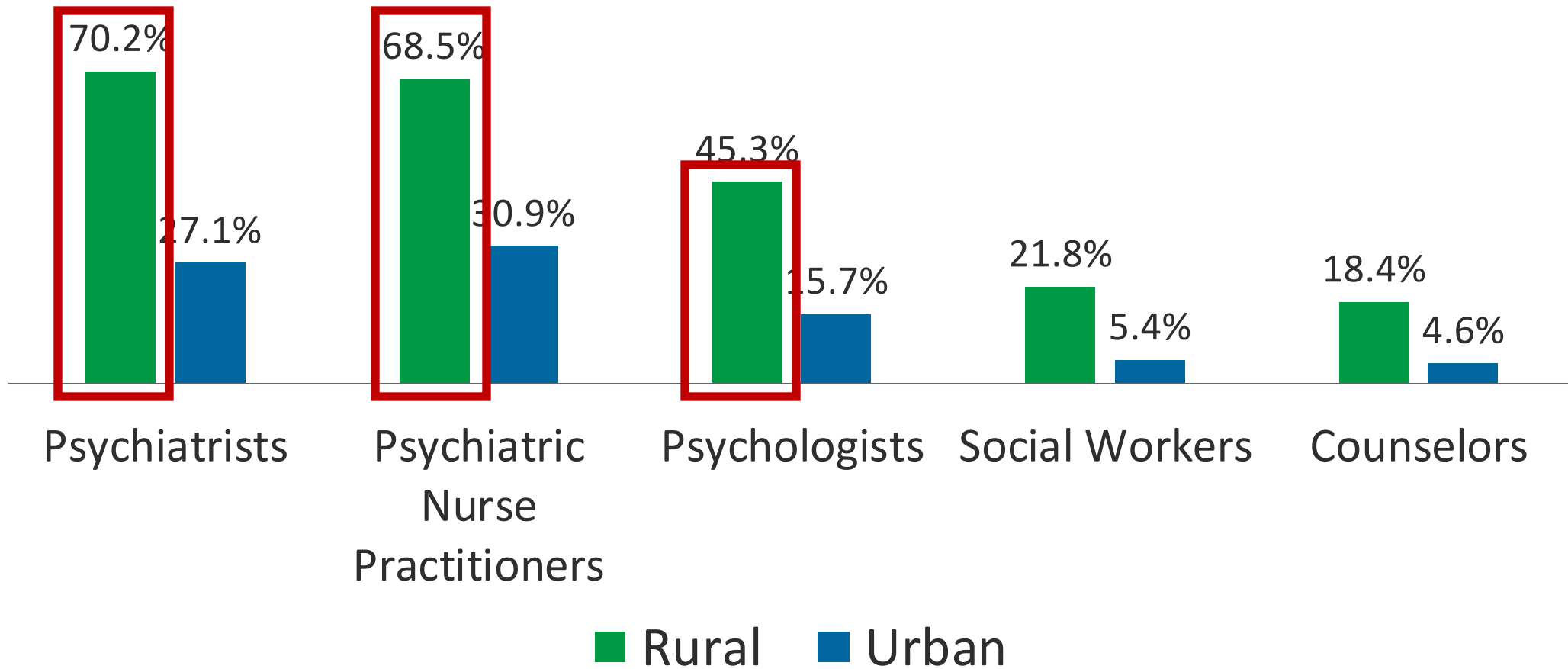
Behavioral health

Behavioral health providers per 100,000 population in rural and urban U.S. counties



Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2021. Area Health Resource Files (AHRF), 2019 for psychiatrists only.

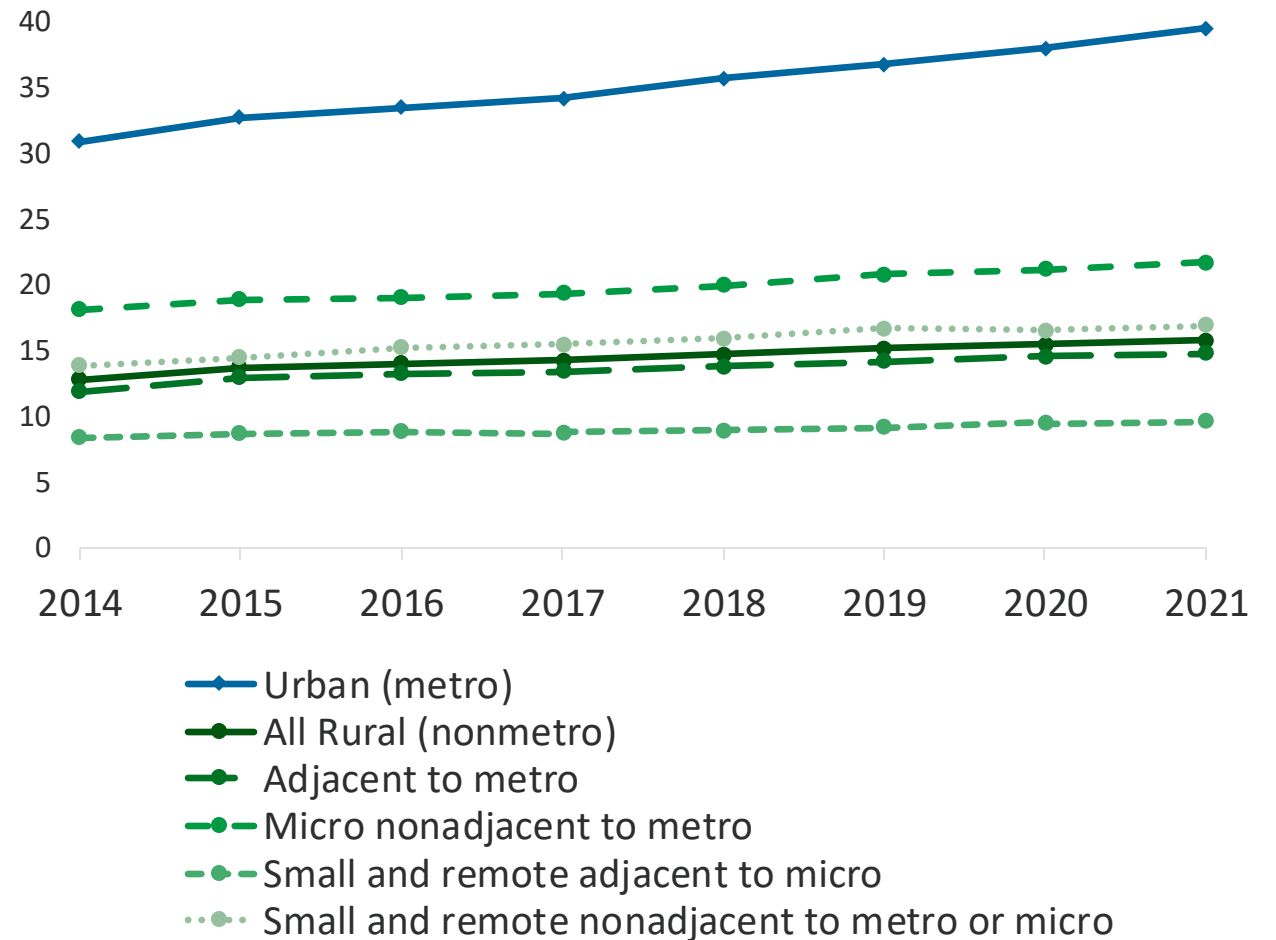
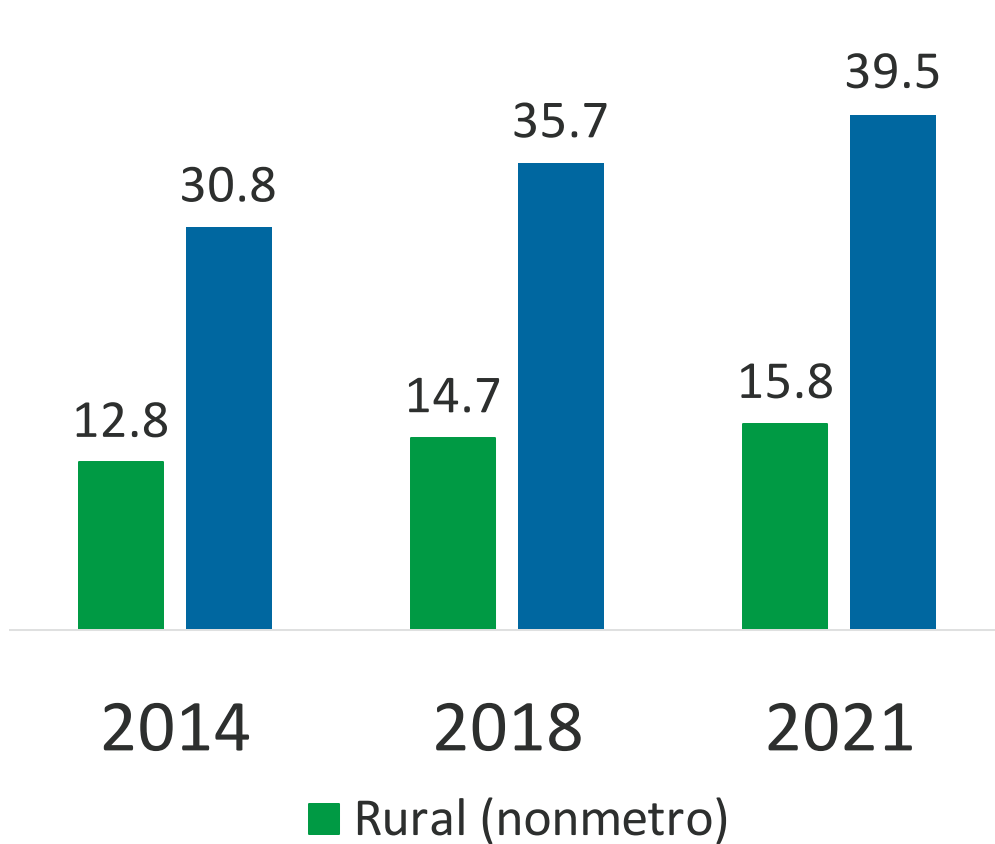
Counties without providers: rural psychiatrists, psych NPs, and psychologists are especially scarce



Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2021. Area Health Resource Files (AHRF), 2019 for psychiatrists only.

Psychologist supply increasing, but more in urban

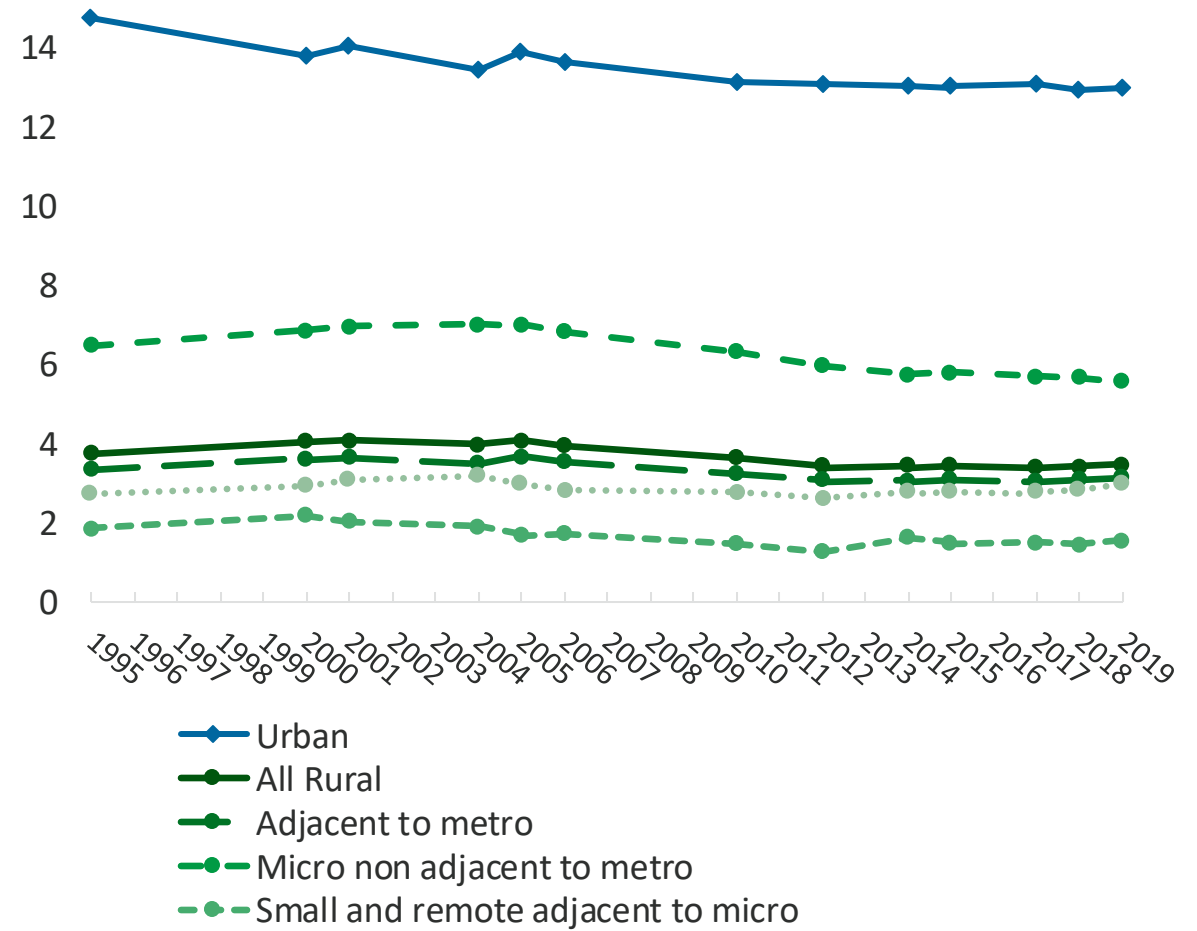
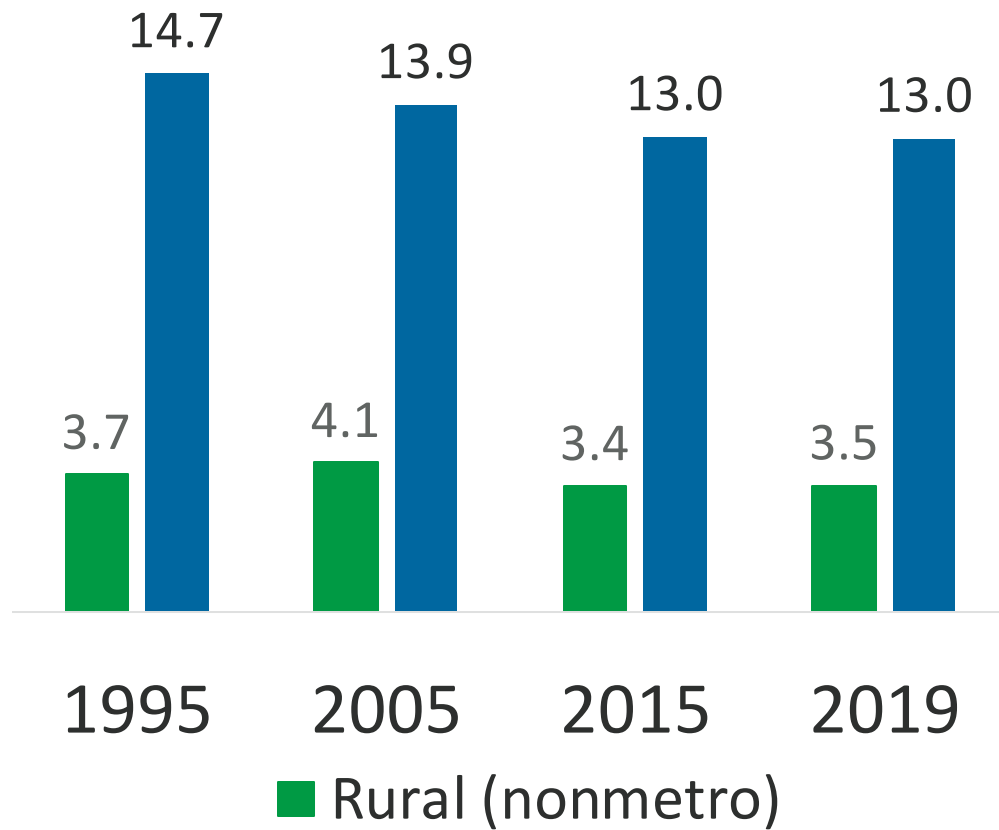
per 100,000 population in rural and urban U.S. counties, 2014-2021



Data Source: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2021.

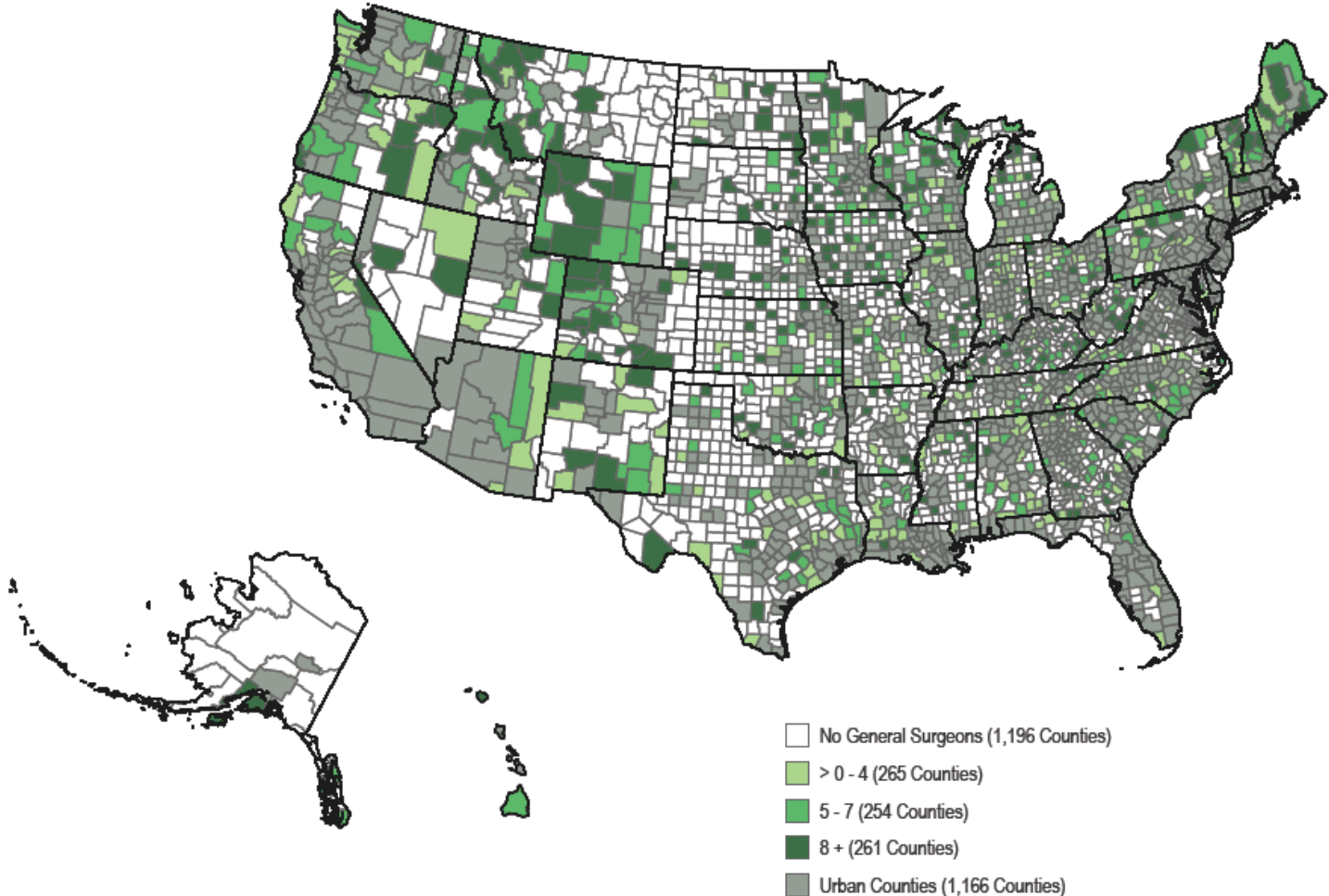
Psychiatrist supply is *decreasing*

per 100,000 Population in Rural and Urban U.S. Counties, 1995-2019



General surgery

60% of rural counties had no active general surgeon in 2019.

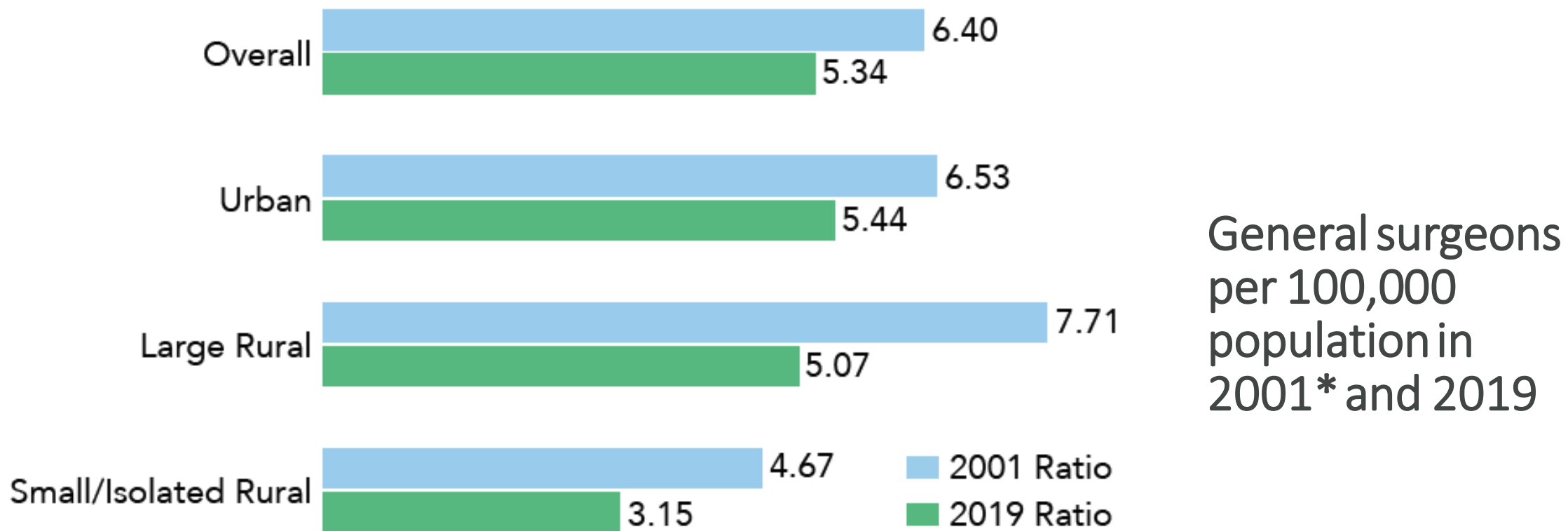


Active general surgeons per 100,000 population in rural U.S. counties, 2019

https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2021/03/RHRC_PB_MAR2021_LARSON.pdf

Data Source: American Medical Association (AMA) Physician Masterfile, 2019

Rural general surgeon supply is declining (29%, 2001-2019)

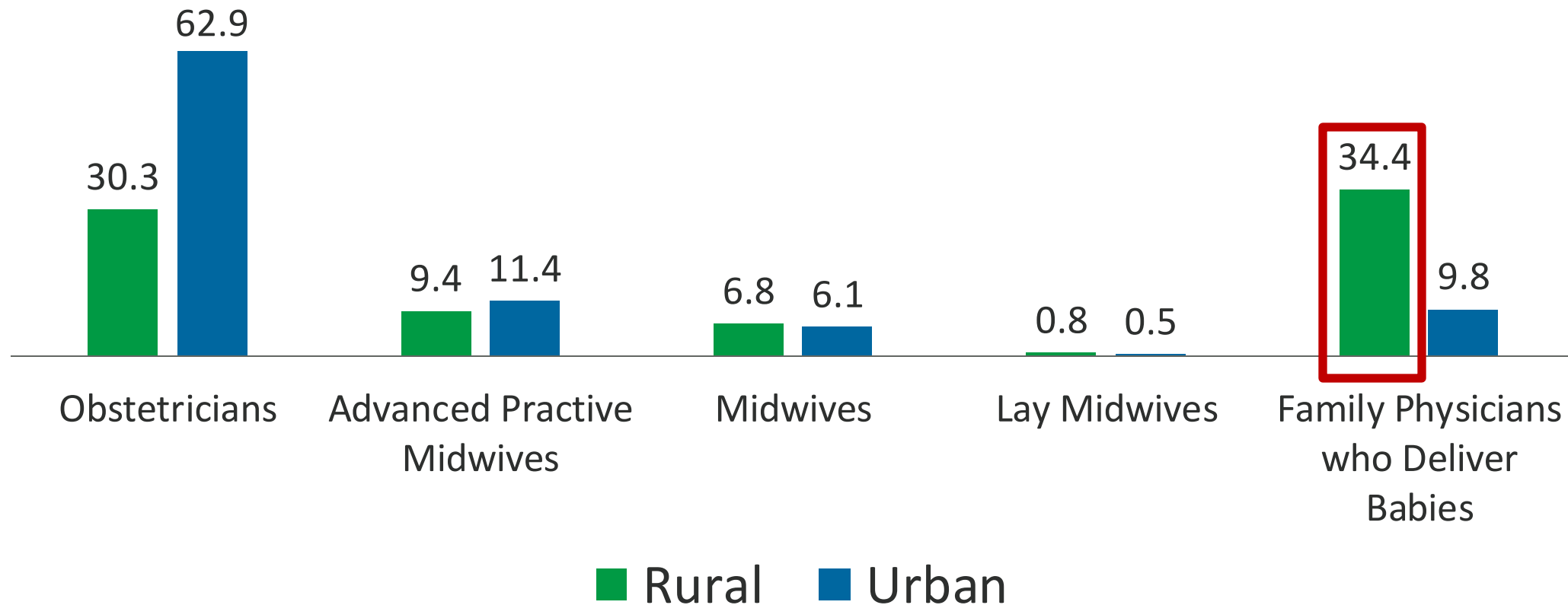


*2001 Ratios were sourced from Thompson et al. Characterizing the general surgery workforce in rural America. Arch Surg. 2005;140(1):74-79. doi:10.1001/archsurg.140.1.74

Obstetrics

Family physicians deliver babies more often than other OB providers in rural places

Obstetric providers per 100,000 women of childbearing age* in rural and urban counties



*Women ages 15-49

Data Sources: Area Health Resource Files (AHRF), 2020-2021 for obstetricians and advanced practice midwives; National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2021 for midwives and lay midwives; American Board of Family Medicine Certification Examination Registration Questionnaire (2014-2018) for family physicians who deliver babies.

<https://familymedicine.uw.edu/rhrc/studies/the-supply-and-rural-urban-distribution-of-the-obstetrical-care-workforce-in-the-u-s/>

But fewer and fewer family physicians are delivering babies

23% in 2000
7% in 2016

Barreto T, Peterson LE, Petterson S,
Bazemore AW.

**Family physicians practicing high volume
obstetric care has recently dropped by
half.** *American Family Physician.*
2017;95(12):762.

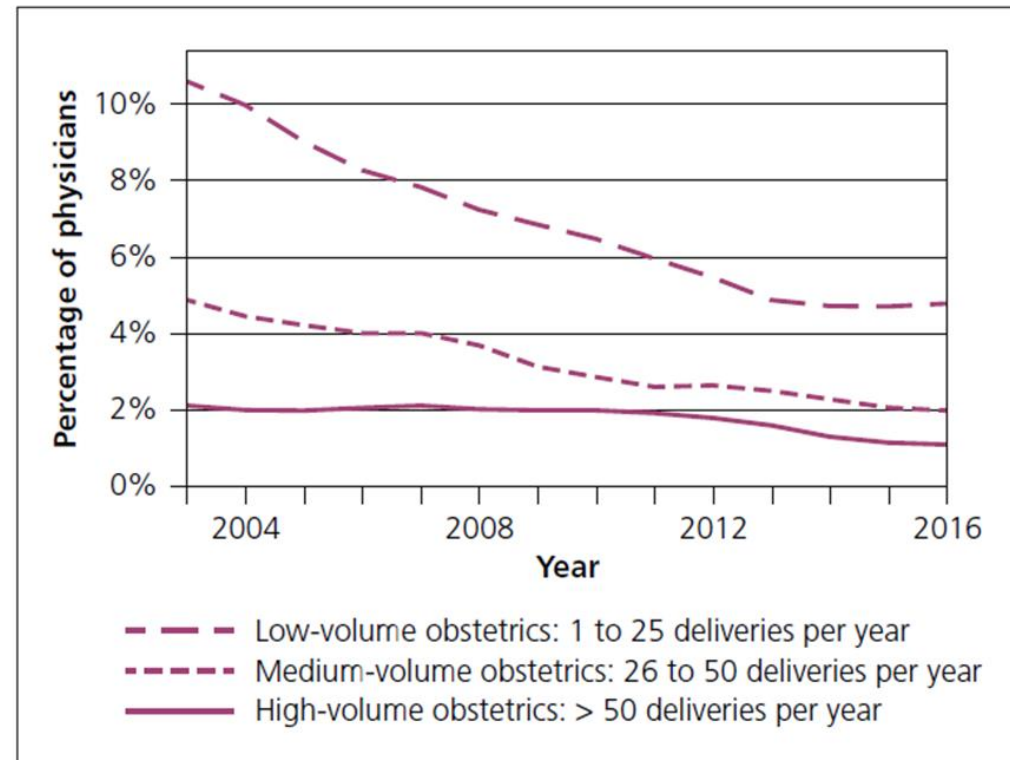
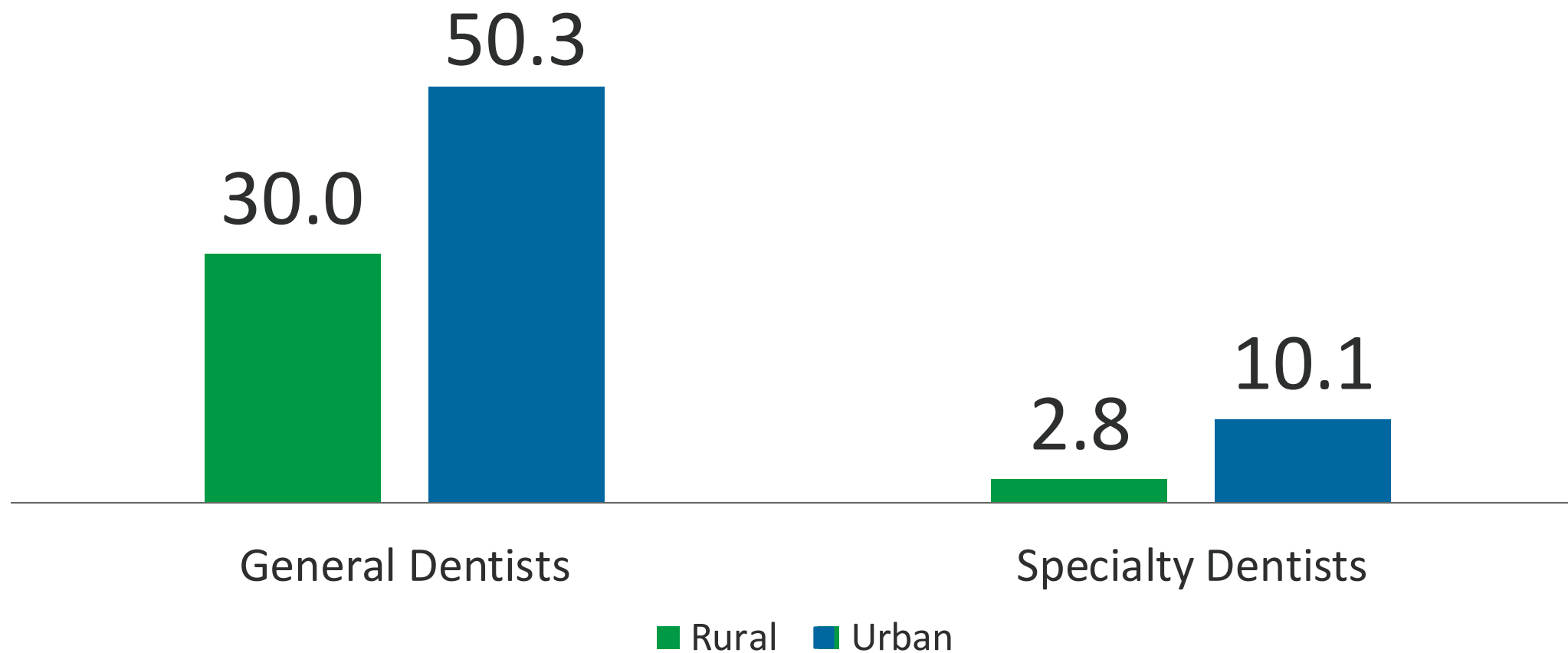


Figure 1. Estimated percentage of deliveries performed by family physicians who practice obstetrics, 2003 to 2016. Data from the American Board of Family Medicine's certification examination registration questionnaire (n = 95,750).

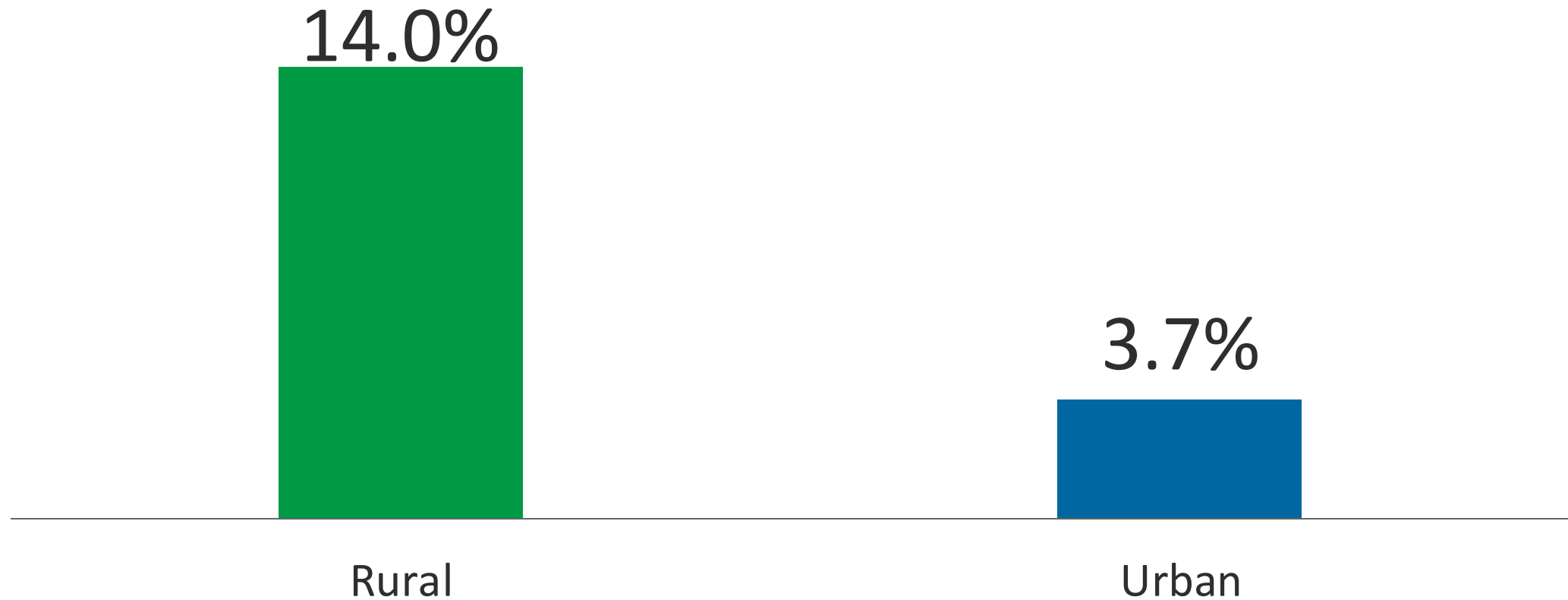
Dentists

Supply of General and Specialist Dentists per 100,000 Population in Rural and Urban U.S. Counties



Data sources: American Dental Association (ADA) Masterfile, 2022; U.S. Census Data, 2021.

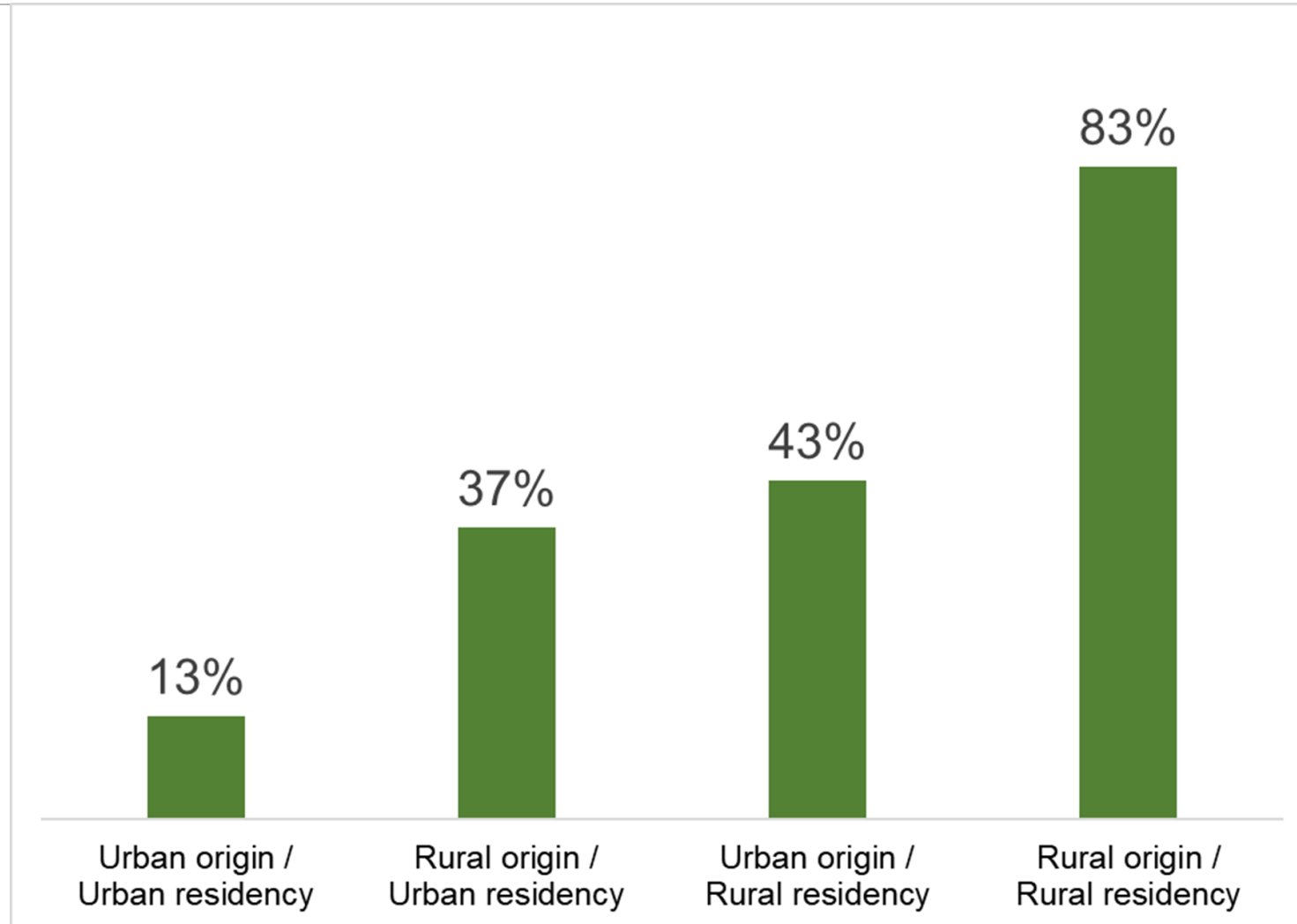
Percent of Counties Without a Dentist in Rural and Urban U.S. Counties



The value of rural training

Family physicians: how rural/urban origin vs. residency training location predict rural practice

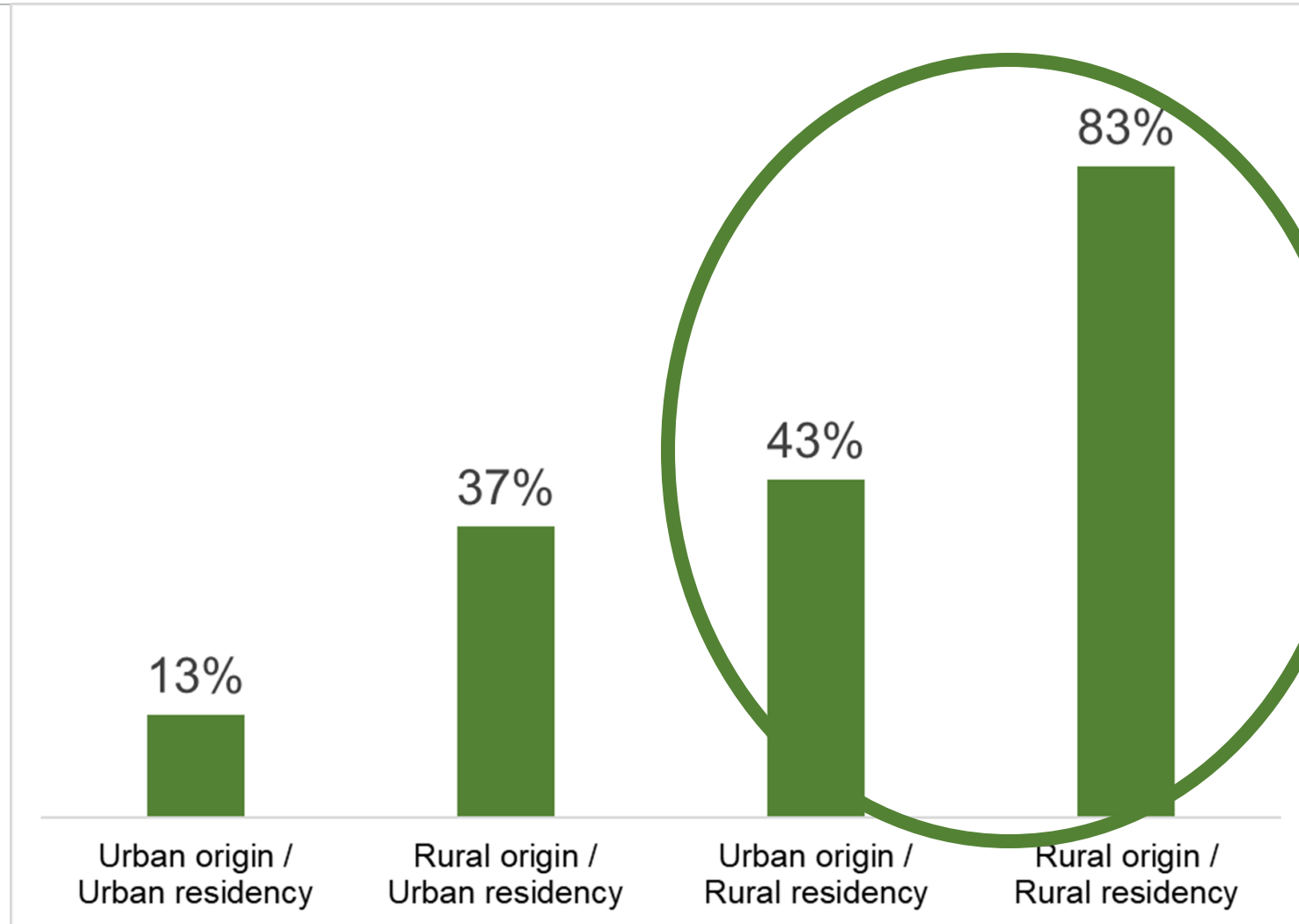
% in rural practice post-residency



Patterson DG, Shipman SA, Pollack SW, Andrilla CHA, Schmitz D, Evans D, Peterson LE, Longenecker R. Patterson DG, Shipman SA, Pollack SW, et al. Growing a rural family physician workforce: the contributions of rural background and rural place of residency training. Health Serv Res. 2023;1-7. doi:10.1111/1475-6773.14168

Family physicians: how rural/urban origin vs. residency training location predict rural practice

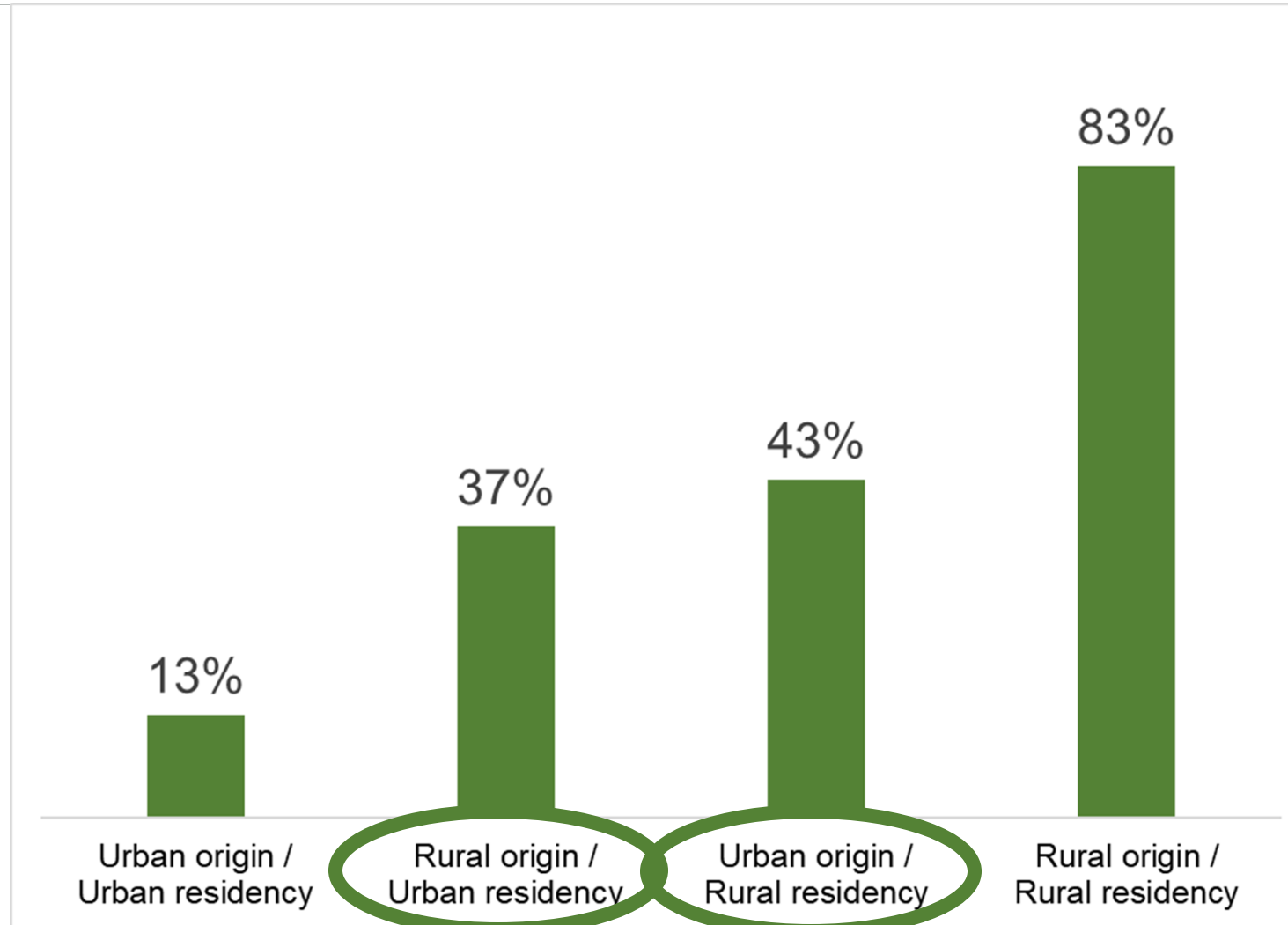
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Family physicians: how rural/urban origin vs. residency training location predict rural practice

% in rural practice post-residency



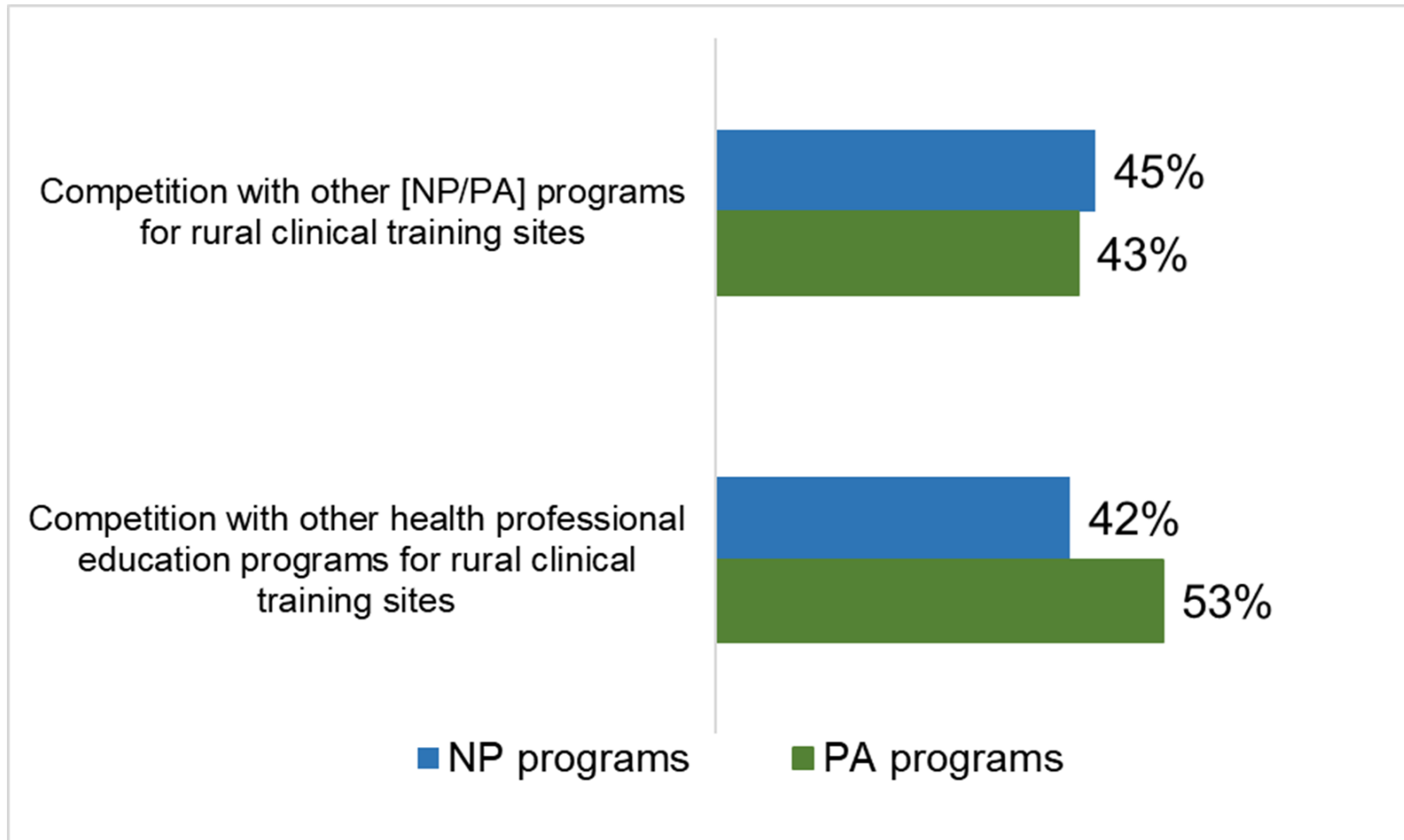
Patterson DG, Shipman SA, Pollack SW, Andrilla CHA, Schmitz D, Evans D, Peterson LE, Longenecker R. Patterson DG, Shipman SA, Pollack SW, et al. Growing a rural family physician workforce: the contributions of rural background and rural place of residency training. Health Serv Res. 2023;1-7. doi:10.1111/1475-6773.14168

How available is rural training?

Family medicine

Only **4%** of family medicine residency positions are in rural residencies

Top “major” barriers to rural clinical training reported by NP and PA programs with a rural mission




Kaplan L, Pollack S, Skillman S, Patterson D. NP programs' efforts to promote transition to primary care rural practice. *Nurse Pract.* 2020;45(10):48-55.

Larson EH, Oster N, Jopson A, Andrilla CHA, Pollack S, Patterson DG. Routes to rural readiness: enhancing clinical training experiences for physician assistants. *J Physician Assist Educ* (in press).

Rural-centric workforce policies and practices

Create educational pathways to prepare and recruit rural health professionals.

- Articulate career pathways (on the job, “nontraditional,” etc.).
- Provide equitable resources for rural place-based education.
- Promote collaborative, interprofessional educational models to maximize rural placements.



ABOUT ▾ RESEARCH & SCHOLARSHIP ▾ RESOURCE LIBRARY ▾ OUR TEAM

Increasing Capacity and Joy in Precepting

f t e p G+ in

Original Presentation Date: 6/25/2020


ABSTRACT

Preceptors in rural practice sometimes find it difficult to precept even one learner. Precepting more than one might seem impossible. But in fact some preceptors have found joy in just that! In this professional development webinar Dr. Schmidt shares her experience and lessons learned from precepting 3-6 learners in a teaching half-day in the office.

Following this webinar, participants will be able to:

1. Increase their own capacity for precepting more than one learner.
2. Promote the model of “super-precepting” through creatively constructing high capacity teaching half-days in their own practice or group
3. Increase joy in precepting
4. Join the Rural PREP community of practice in rural primary care health professions education and training

PRESENTER



TAMI SCHMIDT MD
WESTERN WAYNE PHYSICIANS

<https://ruralprep.org/research-scholarship/webinar/>

Promote development, scopes of practice, and expanded roles that use the workforce we have to maximum capability.

- Support newer types of health professionals who can increase capacity and effectiveness of the rural health care team. Examples:
 - community health workers
 - community paramedics
 - dental therapists

Welcome all learners

Students from racial and ethnic minority backgrounds may experience discrimination from preceptors, patients, and community members.

“I think it would also be helpful to have...an outright conversation of...the racism, sexism, and the many –isms you’re going to experience in the clinical environment and more likely outside of the clinical environment—especially if you’re not from these communities.”

DOI: 10.1111/jrh.12745

BRIEF REPORT

THE JOURNAL OF RURAL HEALTH



Positive yet problematic: Lived experiences of racial and ethnic minority medical students during rural and urban underserved clinical rotations

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Bopha Cheng M.Ed.³ | Davis G. Patterson PhD⁴ | Toby Keys MPH³

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²Department of Family Medicine, University of Washington School of Medicine, Seattle, Washington, USA

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Abstract

Purpose of Study: Medical students who identify as Black, Indigenous, and People of Color (BIPOC) regularly experience mistreatment and discrimination. This study sought to understand these student experiences during rotations in rural and urban underserved community teaching sites.

Methods: Self-identified BIPOC medical students who completed the University of Washington School of Medicine’s Rural Underserved Opportunities Program from 2019 through 2021 were invited to participate in a 60- to 90-minute focus group dis-

<https://doi.org/10.1111/jrh.12745>

Remember retention!

Forbes

Healthcare Worker Burnout Is Rampant- Here's What Should Be Done

Omer Awan Contributor
Dr. Omer Awan MD MPH CIIP is a practicing

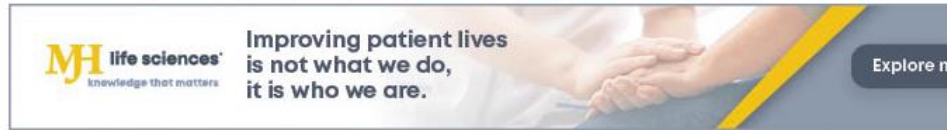
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Help health care staff shortages by reducing factors that contribute to burnout

Mar 21, 2023
Richard Payerchin



WEST HILLS, CALIFORNIA - JANUARY 12: Monique Hernandez, a nurse at Riverside Community Hospital in ... [+] GETTY IMAGES FOR SEIU



Modern Healthcare

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March 21, 2023 06:00 AM

Health systems bet on employee mental health initiatives

LAUREN BERRYMAN   

Contact

Davis Patterson, PhD
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<https://familymedicine.uw.edu/rhrc/>

Twitter and Facebook: @wwamirhrc

Additional resources

Behavioral health workforce trend briefs available

Data Brief • October 2022

WWAMI • ruralhealth researchcenter
UNIVERSITY of WASHINGTON

Changes in the Supply and Rural-Urban Distribution of Social Workers in the U.S., 2014-2021

KEY FINDINGS

- The number of social workers per 100,000 population in rural U.S. counties (57.7) was about 60% that of urban counties (96.4).
- The ratio of social workers to population increased by about two thirds in both rural (67.2%) and urban (65.6%) counties from 2014 to 2021.
- The 2021 supply of social workers per 100,000 population varied substantially across different types of rural places. Rural counties adjacent to metro counties had a ratio of 53.0, and small and remote counties adjacent to metro counties had a ratio of 36.1. These ratios were lower than those of nonadjacent micropolitan (80.2) and nonadjacent small and remote (68.3) counties.
- About one fifth (21.8%) of rural counties did not have a social worker in 2021 compared to 5.4% of urban counties.

This report describes the rural-urban distribution of social workers in U.S. counties from 2014 to 2021. The following behavioral health and social service providers were included: social workers, clinical social workers, and school social workers. Counties were categorized using the U.S. Department of Agriculture Urban Influence Codes (UIC). For detailed county designations, see page 4.

Figure 1. Social Workers per 100,000 Population in U.S. Rural and Urban Counties, 2014, 2018, and 2021

| Year | Rural (nonmetro) | Urban (metro) |
|------|------------------|---------------|
| 2014 | 34.5 | 58.2 |
| 2018 | 47.7 | 78.5 |
| 2021 | 57.7 | 96.4 |

Data source: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2014-2021.

Figure 2. Social Workers per 100,000 Population in U.S. Rural and Urban Counties, 2014-2021

| Year | Urban (metro) | All Rural (nonmetro) | Adjacent to metro | Micro non adjacent to metro | Small and remote adjacent to metro | Small and remote non adjacent to metro or micro |
|------|---------------|----------------------|-------------------|-----------------------------|------------------------------------|---|
| 2014 | 58.2 | 34.5 | 45.0 | 40.0 | 30.0 | 20.0 |
| 2015 | 60.0 | 36.0 | 42.0 | 45.0 | 35.0 | 25.0 |
| 2016 | 62.0 | 38.0 | 43.0 | 48.0 | 38.0 | 28.0 |
| 2017 | 65.0 | 40.0 | 45.0 | 50.0 | 40.0 | 30.0 |
| 2018 | 78.5 | 47.7 | 48.0 | 55.0 | 45.0 | 35.0 |
| 2019 | 80.0 | 50.0 | 50.0 | 60.0 | 48.0 | 38.0 |
| 2020 | 85.0 | 55.0 | 52.0 | 65.0 | 50.0 | 40.0 |
| 2021 | 96.4 | 57.7 | 55.0 | 70.0 | 55.0 | 42.0 |

Data source: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), 2014-2021.

- Psychiatrists
- Psychologists
- Psychiatric NPs
- Social workers
- Counselors

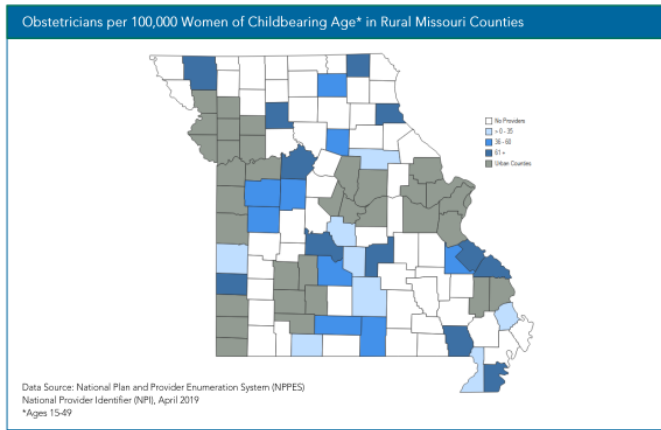


<https://familymedicine.uw.edu/rhrc/publications/>

State- and county-level workforce supply analyses available on our website

Missouri Obstetrical Workforce: 2019

The maps and tables show obstetrical professionals, including obstetricians, advanced practice midwives, midwives (see <https://npsidb.org/taxonomy/> for full definitions), and family physicians who deliver babies in Missouri as of April 2019. Counties were categorized using the U.S. Department of Agriculture Economic Research Service Urban Influence Codes (UICs). For detailed county category designations, see the following page



Obstetrical Service Clinicians per 100,000 Women of Childbearing Age* in Missouri Counties by Urban Influence Category

| | Obstetricians/100,000 Women of Childbearing Age (Count) | Advanced Practice Midwives/100,000 Women of Childbearing Age (Count) | Midwives/100,000 Women of Childbearing Age (Count) | Family Physicians Who Deliver Babies/100,000 Women of Childbearing Age (Count) |
|--------------|---|--|--|--|
| Missouri | 66.6 (906) | 5.1 (70) | 3.2 (44) | 17.7 (240) |
| Metropolitan | 77.0 (808) | 5.2 (55) | 3.4 (36) | 13.4 (140) |
| Non-Metro | 31.5 (98) | 4.8 (15) | 2.6 (8) | 32.1 (100) |
| Metropolitan | 45.7 (71) | 8.4 (13) | 1.9 (3) | 42.3 (66) |
| Non-core | 17.3 (27) | 1.3 (2) | 3.2 (5) | 22.0 (34) |

Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, April 2019, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013, the 2019 Claritas U.S. population data, and the American Board of Family Medicine (ABFM) Certification Examination Registration Questionnaire, 2014-2018.
*Ages 15-49

- Primary care
- Behavioral health
- General surgery
- Obstetrics



<https://familymedicine.uw.edu/rhrc/publications/>

Article just published on rural residency training

Patterson DG, Shipman SA, Pollack SW, Andrilla
CHA, Schmitz D, Evans D, Peterson LE, Longenecker
R. Patterson DG, Shipman SA, Pollack SW, et al.
**Growing a rural family physician workforce: the
contributions of rural background and rural place
of residency training.** *Health Serv Res.* 2023;1-7.
doi:10.1111/1475-6773.14168



Identifying Policy Levers to Bolster the Health Workforce

- What has your state done?
- What legislation is your legislature considering this session?
- What bills have you proposed or sponsored?
- What policy levers have you heard mentioned that you'd like to learn more about?

Identifying Policy Levers to Bolster the Health Workforce



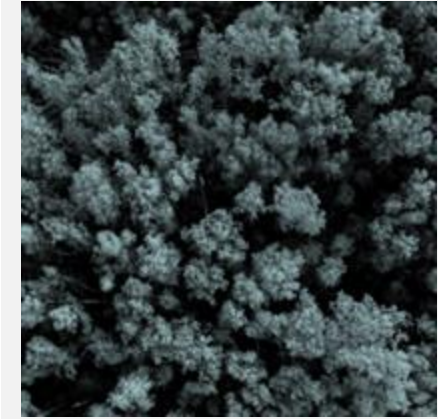
Understanding the
health workforce



Increasing the supply
of professionals



Expanding the reach
of existing
professionals



Retaining
professionals in the
health workforce

Understanding the health workforce

- Creating a health workforce council
- Removing continuing education requirements
- Conducting a legislative study of health care worker burnout
- Creating more direct correlation to services and tax exemptions
- Supporting the workforce with ancillary needs (e.g., housing)
- Creating incentives for providers
- Broadening telehealth availability and reimbursement
- Collecting data on provider diversity

Increasing the supply of professionals

- Addressing licensure, re-licensure and certification requirements for Dental Assistants, Dental Therapy, Midwives, Mental Health Therapist, Peer Support Specialists and Behavioral Health Specialist
- Joining interstate licensure compacts
- Appropriating funds for residencies
- Establishing loan forgiveness programs for rural professionals
- Establish more rural fellowship and residency sites (e.g., leveraging Medicaid GME or provider taxes)
- Increasing Medicaid access to dentistry
- Increasing funding for WWAMI
- Funding for graduating seniors to enter the professional shortages areas
- Expanding scope of practice for advanced providers
- Increasing salaries for nurse educators and nursing preceptors
- Addressing access for international students and foreign MDs to residency and licensure
- Creating certificate programs within community colleges
- Addressing pay and Medicaid rates
- Establishing health care training sites, like veterinary schools or teaching hospitals

Expanding the reach of existing professionals

- Giving more money to OHA for expanding Regional Health Equity Coalitions
- Creating community paramedicine programs by EMS providers
- Focusing on home grown talent
- Joining interstate licensure compacts
 - Studying the outcomes from interstate licensure compacts
- Expanding access to telehealth for mental and behavioral health care
- Enacting medical record access amendments (e.g., moving HIPPA records safely and fluidly)
- Establishing a rural nurse loan incentive offering loan repayment
- Removing telehealth virtual health barriers
- Expanding scope of practice (practice and prescriptive authority) for:
 - NPs
 - PAs
 - Psychologists
 - Pharmacists

Retaining professionals in the health workforce

- Creating standards and enforcement of standards for hospital staffing
- Joining interstate licensure compacts
- Expanding student loan repayment programs
- Establishing loan forgiveness for rural health care workers
 - Doctors
 - Nurses
- Establishing an assistance program for health care professionals with mental health or substance use disorders
- Ensuring compliance with staffing plans for nursing
- Addressing nursing staffing, ratios and workload
- Establishing a housing for relocation allowance for health workers
- Establishing provider incentives and assessments
- Increasing Medicaid reimbursement rates
- Improving provider rates

Large-Group Discussion

- What was one important takeaway from your group's discussion?
- Is there a policy lever that would address multiple provider shortages?
- What additional information or resources would be helpful moving forward?



NCSL Databases!



[Health Costs, Coverage and Delivery State Legislation](#)



[Scope of Practice Policy](#)



[Maternal and Child Health](#)



[Injury Prevention Legislation](#)



[Emergency Medical Services Legislative](#)



[Occupational Licensing](#)

Scope of Practice Policy Website

www.scopeofpracticepolicy.org

- Information on 22 policy areas across 9 professions
- Practice and prescriptive authority for:
 - Advanced Practice Registered Nurses
 - Physician Assistants



NCSL Publications

- Behavioral Health:
 - [State Actions to Recruit and Retain the Behavioral Health Workforce Policy Report](#)
 - [Behavioral Health Policy Series](#)
- Maternal Health:
 - [State Policies on Midwives and Doulas Webinar Recording](#)
- Direct Care:
 - [Strengthening the Direct Care Workforce Policy Brief](#)
 - [Supporting the Direct Care Workers: Recruitment and Retention Strategies Policy Brief](#)
- Primary Care:
 - Coming soon! *Our American States* Nursing Shortages Podcast
- Other Resources:
 - [Workforce Strategies to Improve Access to Oral Health Care](#)
 - [Understanding the Medicaid's Role in Graduate Medical Education Webinar](#)

Sign up for NCSL's Health and Human Services Link Newsletter for upcoming publications and resources!



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