

The Health Workforce and Health Reform: What Are the Issues?

AHECs and the ACA: Challenges and Opportunities *Legislative Event* *NYC AHEC Advisory Board Meeting*

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Health Reform Is Changing the Health Care Landscape

- Federal Reform: ACA
 - Expand access to basic health care services
 - Contain costs
 - Improve health care quality
- State Reform: Medicaid Redesign
 - Focus on expanded access, improved quality, lower costs, and better outcomes
- Private Insurers
 - Focus on quality, cost, and outcomes

What Changes With Health Reform?

- Shift in focus for the health care delivery system to primary and preventive care
- Emphasis on effective management of chronic diseases
- Payment reform, moving away from FFS and toward managed care arrangements
 - e.g., incentives for keeping people healthy and penalties for poor outcomes, e.g., inappropriate hospital readmissions

Health Care Delivery Under Health Reform: Guiding Principles

- Patient-centered care
- Coordinated care across different providers
- Active management of transitions across care settings
- Increased provider communication and collaboration
- Clear accountability for the total care of the patient

Health Reform Supports New Models of Service Delivery

- Accountable Care Organizations and Patient-Centered Medical Homes are increasing in number
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population
- Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

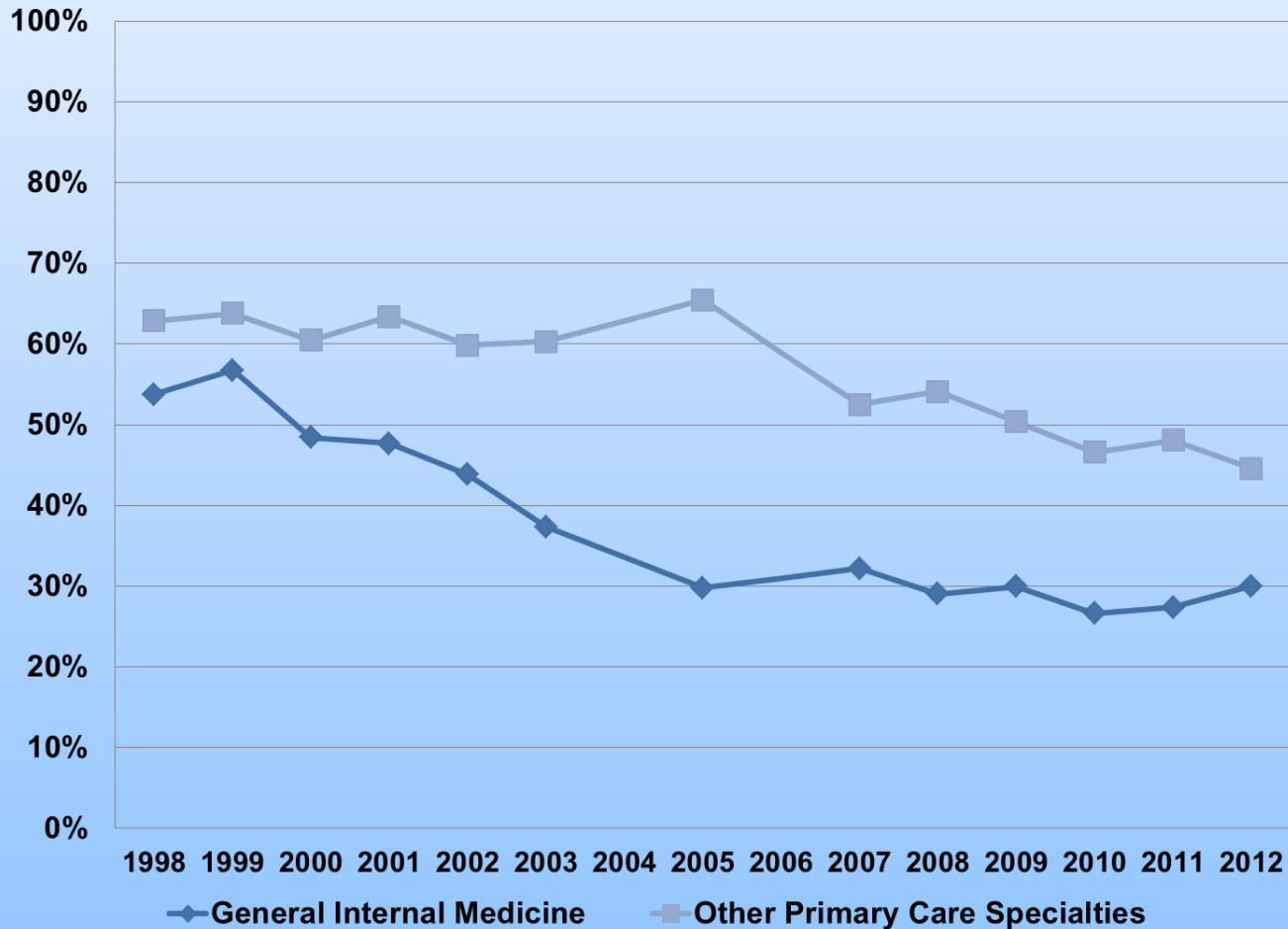
Multidisciplinary Teams Have Positive Impacts on Patient Outcomes

- “The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.”
- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
 - Higher levels of patient satisfaction
 - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of scope overlap – i.e., shared responsibilities

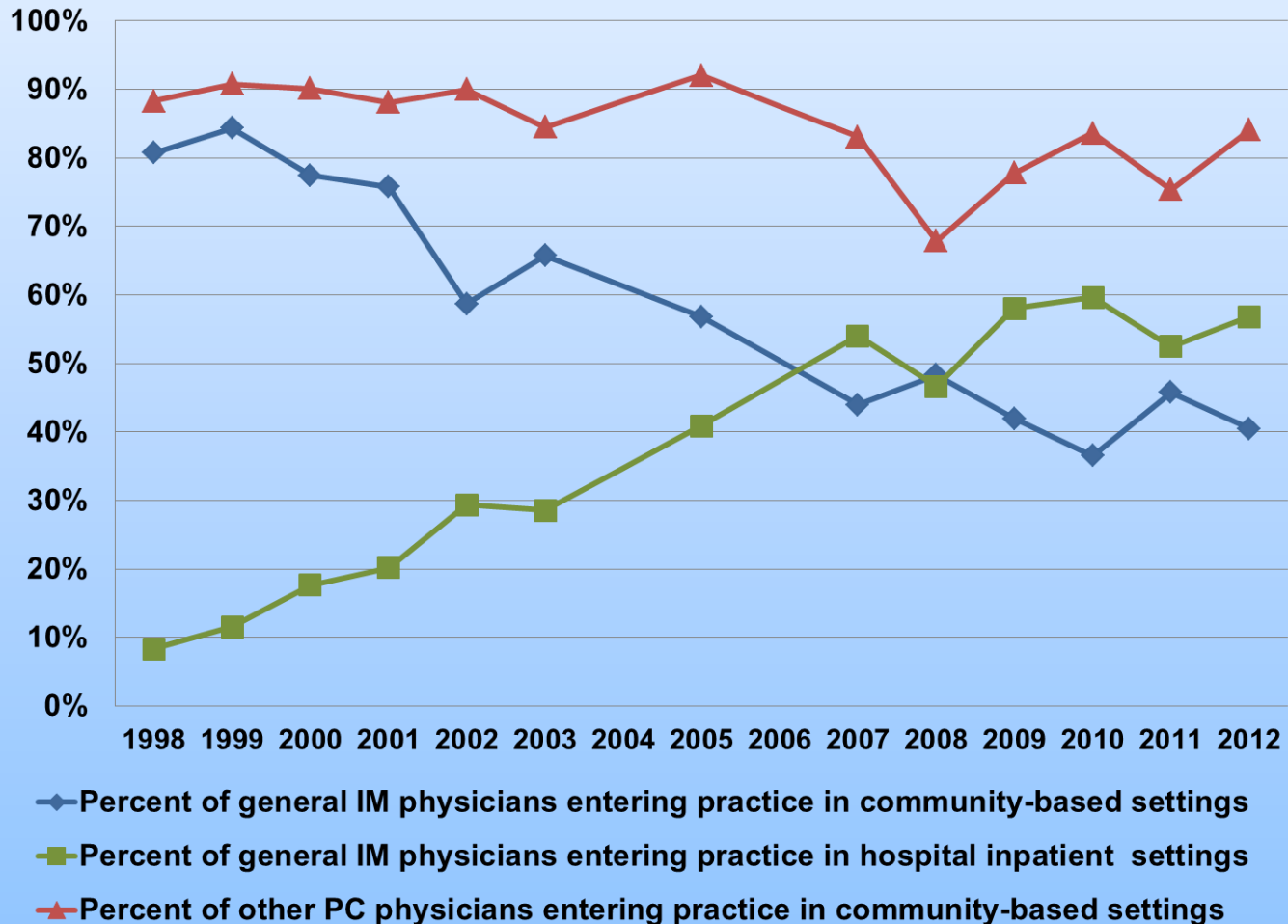
So What's the Problem?

- Primary care practitioner shortages
- Few health workforce education programs are preparing health professionals for team-based models of care
- Health professionals are often not allowed to practice to the full scope of their professional competence
- Scope overlap needed for team-based care is challenging to achieve

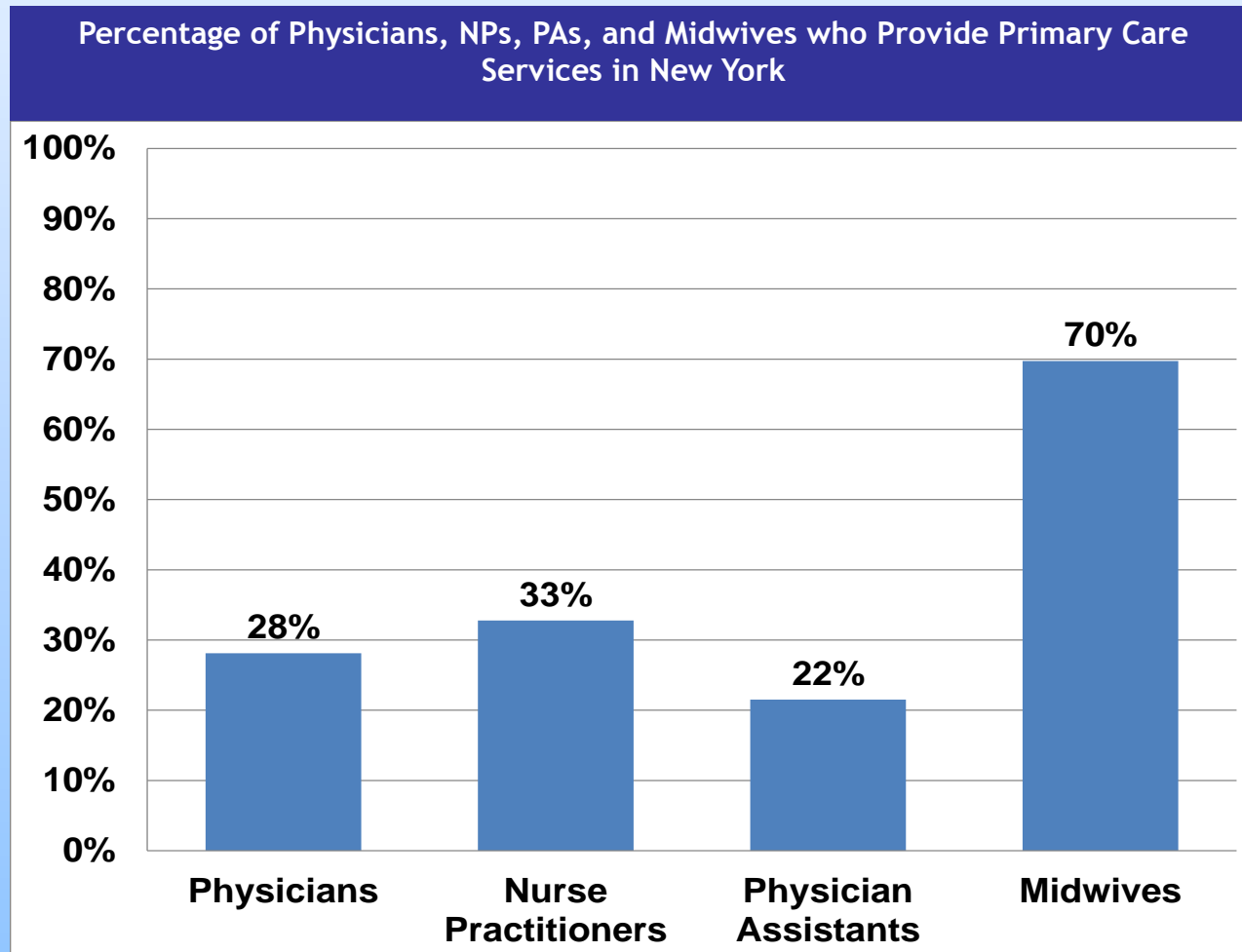
Steady Decline in the In-state Retention of New PC Physicians in New York



More New PC Physicians Plan to Work in Inpatient Settings in New York

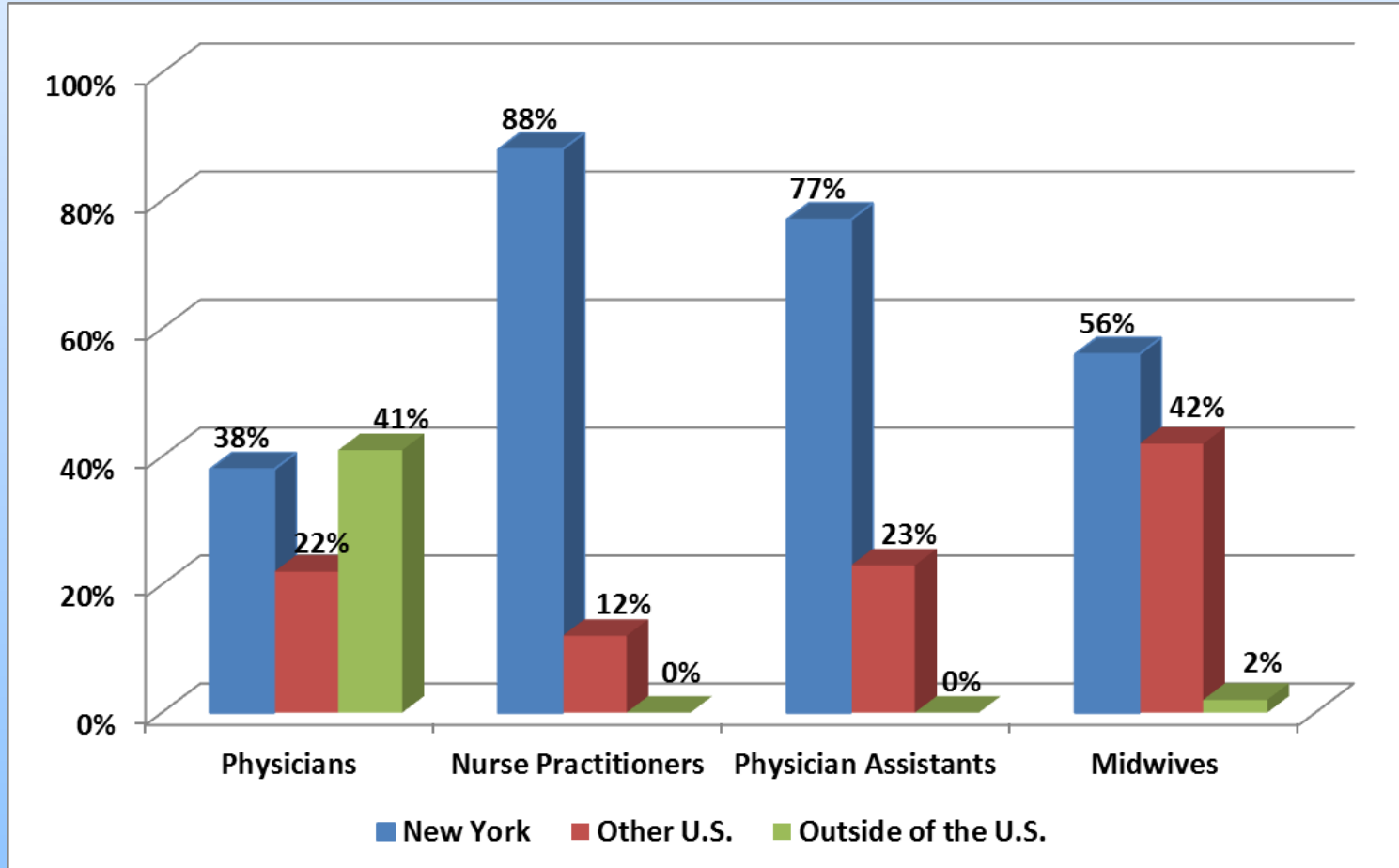


Who Are New York's Primary Care Practitioners?



Are We Growing Our Own Primary Care Practitioners?

Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY



Are We Training the Health Workforce for Team-based Practice?

- Health professions education and training typically occurs in **disciplinary siloes**
- The **focus on specialized clinical roles** can interfere with delegation and collaboration on teams
- Doctors, nurses, and others get **little guidance on how to interact effectively** with each other in support of team care
- There's **limited exposure to newer models of care** that demonstrate use of group-based decision making

Are We Training the Health Workforce for Emerging Functions?

- Care coordination
- Case management
- Outreach
- Patient education
- Health coaching

Health Professions Regulation: Barrier to Effective and Efficient Health Care

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- Limited ability to support scope of practice overlap across health professions
- The process for changing state-specific scope of practice is slow and adversarial

The MRT Worker Flexibility Workgroup

- Charge: To develop a multiyear strategy to redefine and develop a health workforce to meet the health care needs of New York's population
- Emerging themes
 - Remove statutory and regulatory barriers to full scope of practice
 - Allow assistive personnel with training and supervision to assume more responsibilities
 - Support the development of career ladders
 - Offer incentives to providers who agree to work in underserved areas
 - Establish an Advisory Committee to assess scope of practice proposals
 - To encourage meaningful dialogue
 - Share best available evidence

Next Steps: Support Primary Care Workforce Development

- Grow our own primary care workforce
- Create health careers pipelines that target underserved communities
- RP²
- Incentive programs:
 - DANYS
 - PCSC
- Workforce development programs:
 - HWRI

Next Steps: Support Multidisciplinary Education and Training

- Break down training siloes
- Focus on successful team functioning, including:
 - Effective communication
 - Role overlap
 - Conflict resolution
 - Delegation
 - Supervision
 - Collaboration
- Multidisciplinary education and training is still in its infancy in many places

Next Steps: Support Worker Flexibility

- Convening the Advisory Committee is a good starting point
- Increase the engagement of consumers in scope of practice decision making
- Use the best available evidence in scope of practice decision making – based on what is in the best interests of patients
- When evidence is not available, allow time-limited demonstration/pilot programs with comprehensive evaluations

Planning for the Health Workforce of the Future

- Use data and research to inform decisions
- Build strategic partnerships between providers, educators, AHECs, and other stakeholders
- Assure health professions training and education better reflect the health care needs of the population and the future health care delivery system
- Explore innovative approaches to training and service delivery
- Evaluate the impacts of these efforts on patient outcomes