Health Reform and the Health Care Landscape: What Do Educators Need to Know?

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CHWS
Center for Health Workforce Studies

The Center for Health Workforce Studies at the University at Albany, SUNY

- Established in 1996
- Based at the University at Albany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Broad array of funders in support of health workforce research

Today's Presentation

- Health care delivery transformation
- Workforce implications of health reform
- Workforce issues and concerns
- Education sector strategies
- Using data and research to inform decision-making

The Changing Health Care Landscape

Goals of health reform:

- To increase access to basic health care services
- To provide high quality, cost-effective care
- To improve population health

What Changes With Health Reform?

- Shift in focus away from acute care to primary and preventive care
- Service integration:
  - primary care
  - behavioral health
  - oral health
- Better coordination of care
- Payment reform, moving away from fee-for-service and toward value-based payment:
  - incentives for keeping people healthy and penalties for poor outcomes, eg, inappropriate hospital readmissions

Guiding Principles

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

New York's Health Reform Programs

	Delivery System Reform Incentive Payment (DSRIP) Program	State Health Innovation Plan (SHIP) State Improvement Model
Goals	• Large-scale reform of the delivery system accountable for safety net patients • 25% reduction in avoidable hospital use over 5 years	• Integrated, value-based care through population health-based care delivery models and payment innovation • 80% of New Yorkers impacted within 5 years
Scope	• All providers that qualify as Safety Net providers, along with coalitions (PPS) of other proximate providers • All Medicaid patients attributed to those coalitions	• All primary care practices • All payers • All New Yorkers
Units	• Provider Performing Systems (PPSs)	• Primary care practices (of any size or affiliation)
Payment models	• Provider incentive payments based on project milestones and outcomes; Value Based Payment	• Range of payment models, unique to payers but aligned across them, including P4P, shared savings, capitation, Value Based Payment

Group Exercise 1

All Tables

Identify three unmet needs (clinical or non-clinical) that contribute to inappropriate ED visits or hospitalizations for Medicaid patients

Social Determinants of Health

- "The conditions in which people are born, grow, live, work, and age."

WHO Commission on Social Determinants of Health. Geneva: WHO 2008. Closing the gap in a generation: health equity through action on the social determinants of health. CSDH final report.

- The influence of social and socio-economic factors on health status and health outcomes, including:
  - Demographics
  - Educational attainment
  - Income
  - Employment
  - Community
- Protective social factors: social support, self-esteem, self-efficacy

What Is Hot Spotting?

- From mapping crime to mapping the location of health care super utilizers
  - Between 2002 and 2008, 900 people in two buildings in Camden NJ accounted for over 4,000 hospital visits and $200 million in health care bills
  - 1% of 100,000 people using Camden's medical facilities accounted for 30% of its costs
- ED visits and hospital admissions are often failures of prevention and timely and effective care

Who Are the Super Utilizers?

- Multiple co-morbidities: diabetes, asthma, CHF
- Unhealthy lifestyle
  - Tobacco, alcohol, and substance abuse
- Unstable housing
- Limited income
- Non-compliance with treatment

Emerging Models of Care Move the System in the Right Direction

- New models of care are increasing in number (Patient Centered Medical Homes, Accountable Care Organizations, Preferred Provider Systems, Medical Villages)
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population and workforce availability
- Teams tend to be interdisciplinary including both professionals and paraprofessionals, including some in emerging titles

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."

  Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

- 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 shared responsibility (scope overlap)

Group Exercise 2

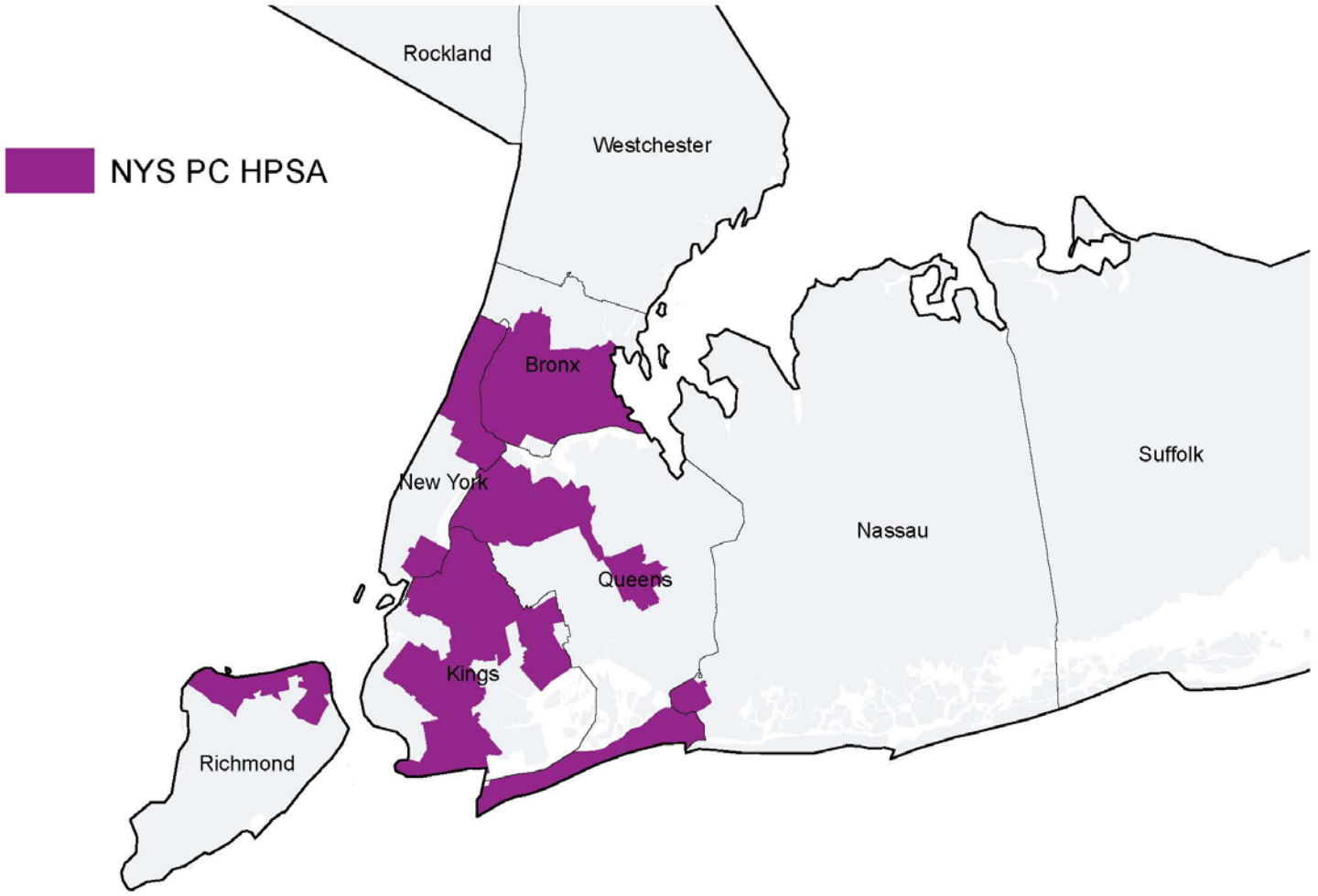
You are assigned to lead a health care delivery team at a health center. Name five members of the care delivery team you would assemble if the majority of your patients:

- **have diabetes (Tables 1, 2 and 3)**
- **are chronically mentally ill (Tables 4, 5 and 6)**
- **have asthma (Tables 7, 8 and 9)**
- **all of the above (Table 10)**

So What's the Problem?

- Inadequate primary care capacity
- Maldistribution of available workforce
- Health professions students are not consistently exposed to team-based models of care or trained in emerging functions
- Scope of practice restrictions
  - Health professionals not always allowed to do what they are trained and competent to do
  - Shared responsibility (scope overlap) needed for team-based care is challenging to achieve

Primary Care Health Professional Shortage Areas in New York City



Source: Center for Health Workforce Studies

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

- Health professions education typically occurs in **disciplinary siloes**
- The **focus on specialized clinical roles** can interfere with team delegation and collaboration
- 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 emerging models of care** that demonstrate use of group-based decision making

Are We Training the Health Workforce for Emerging Functions?

- Effective chronic disease management
- Patient engagement
  - Health coaching
  - Motivational interviewing
- Care coordination
- Population health
- Data analytics

Strategies: Education Sector

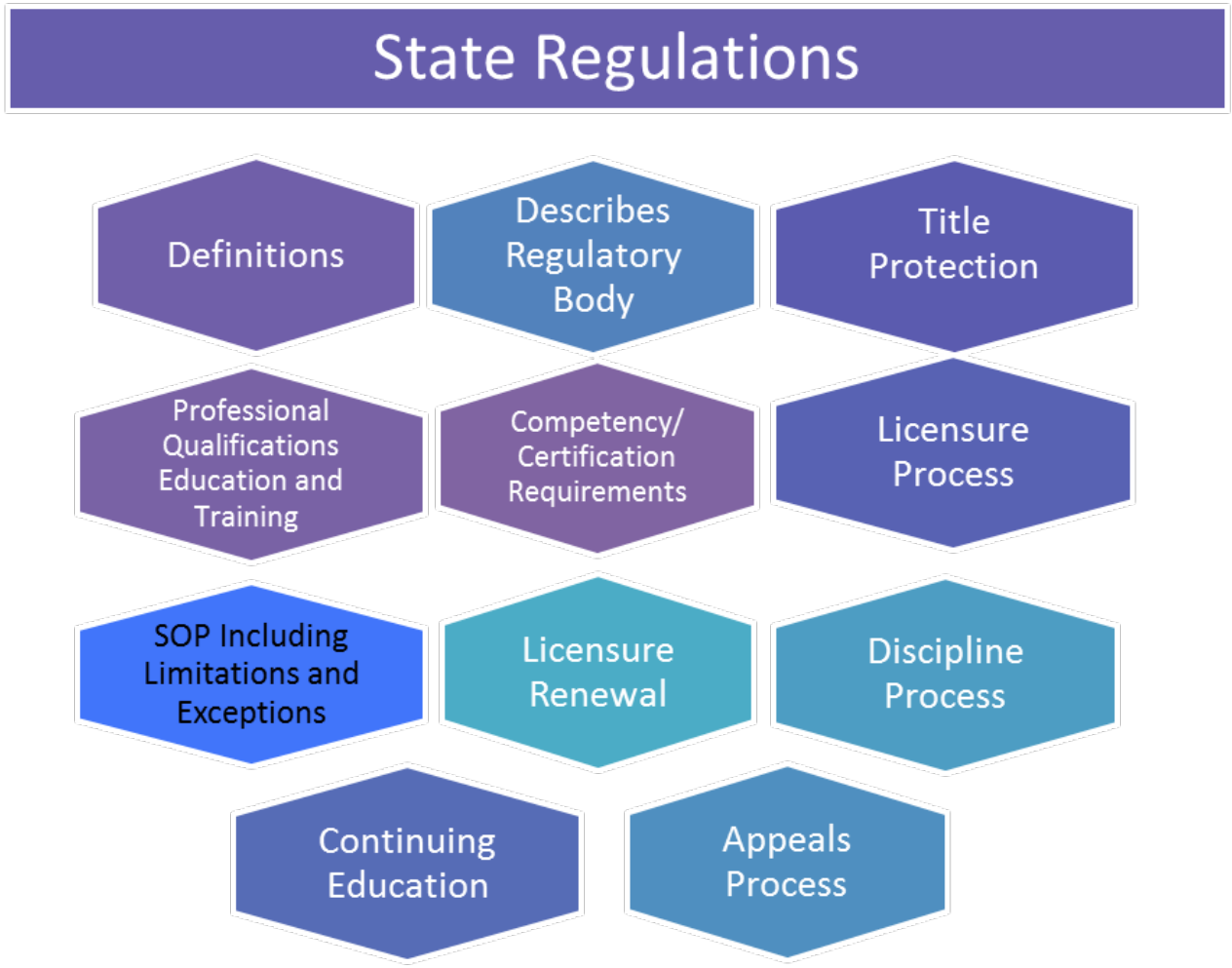
- Increased IPE in support of team based practice
- Modify health professions education and training to reflect current realities in health care delivery
  - New settings for clinical experiences
  - New roles and responsibilities

Group Exercise 3

Identify one strategy that educators could use to train students on:

- **Team-based models of care (Tables 1 and 2)**
- **Ambulatory care (Tables 3 and 4)**
- **Population health (Tables 5 and 6)**
- **Data analytics (Tables 7 and 8)**
- **Care coordination (Tables 9 and 10)**

States Are Primarily Responsible for Regulating Health Professions



What is Scope of Practice?

- Professional scope of practice, ie, professional competence, describes the services that a health professional is trained and competent to perform
- Legal scope of practice, based on state-specific practice acts, define what services a health professional can and cannot provide under what conditions
- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession

Issues With State Based Health Professions Regulation

- 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
- Lack of flexibility to support shared responsibility (scope overlap)
- The process for changing state-specific scope of practice is slow and adversarial

State to State SOP Variation: Nurse Practitioners

View the interactive version online:
www.bartonassociates.com/np-laws

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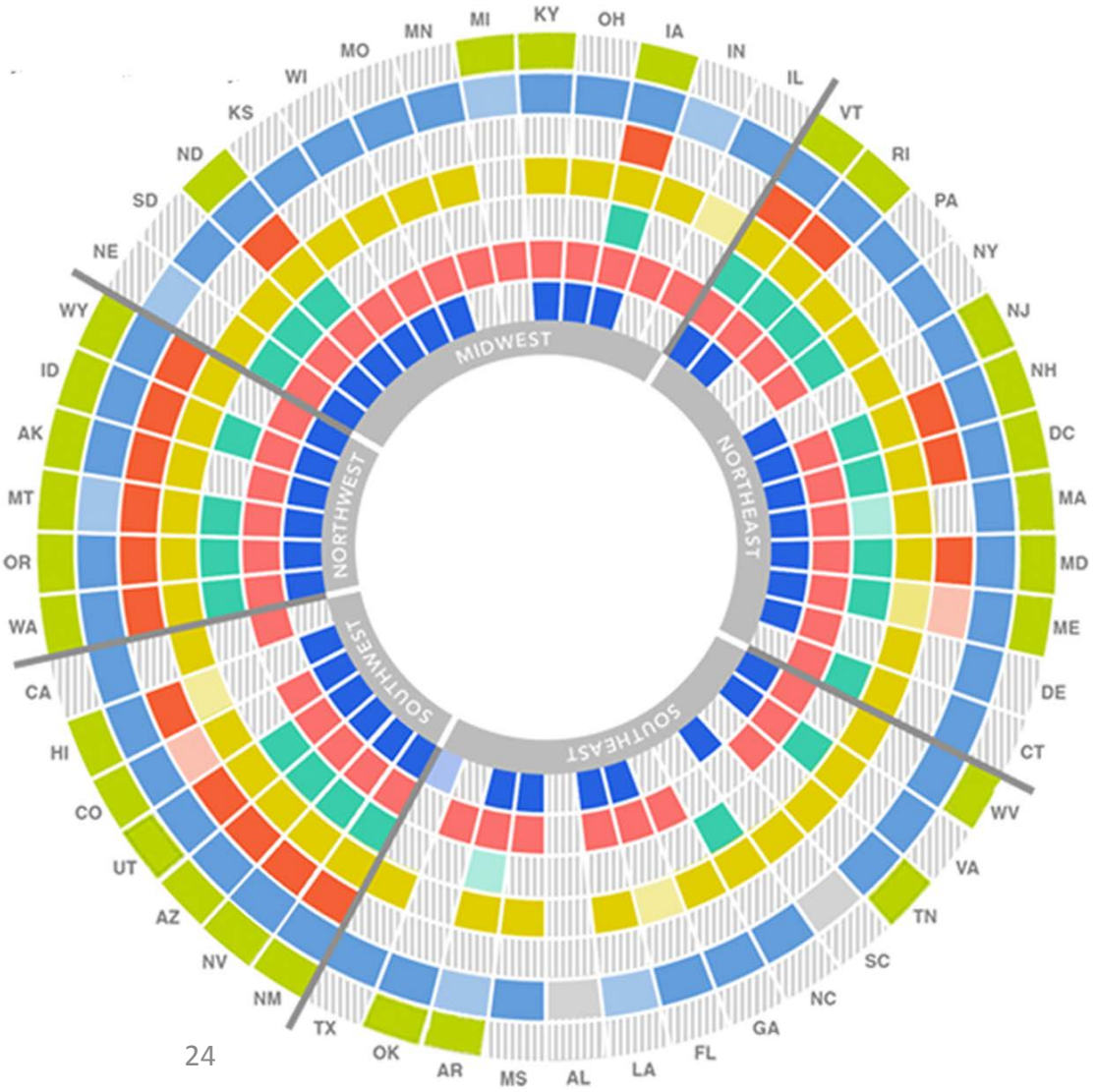
DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
The 2012 Pearson Report - www.webnponline.com
The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com



State to State SOP Variation: Creates Opportunities for Comparative Effectiveness Research

- Traczynski J, Udalova V. **Nurse practitioner independence, health care utilization, and health outcomes** [Internet]. Madison (WI): University of Wisconsin; 2013 Mar 15 [cited 2013 Oct 9].
  - Available from:

http://www.lafollette.wisc.edu/research/health_economics/Traczynski.pdf

- Spetz, Joanne, Stephen T. Parente, Robert J. Town, and Dawn Bazarko. **Scope-Of-Practice Laws For Nurse Practitioners Limit Cost Savings That Can Be Achieved In Retail Clinics**. *Health Affairs* 32, no. 11 (2013): 1977-1984.

SOP Restrictions Limit Shared Responsibility and Delegation

- Emerging titles
  - Dental therapists
  - Dental hygienist therapists
  - Community paramedics
- Shared responsibilities
  - Pharmacists administering flu shots
  - Home health aides administering prepackages medication

States Are Adopting Their Own Strategies to Expand Access to Needed Health Services

+ Designed to address local needs and considers factors unique to that state

- Continues to contribute to state-to-state variation in SOP, training, qualifications for similar titles

  - More convergence in these emerging models across states is likely over time

Group Exercise 4

All Tables

Identify one strategy states could use to strengthen scope of practice decision-making

State Strategies to Support Workforce Innovation

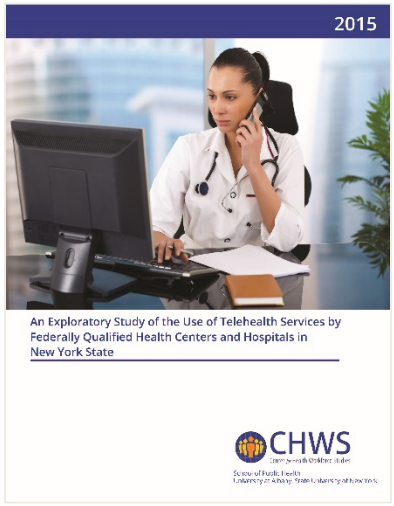
- Standardize scopes of practice for health professions across states based on professional competence
- Routinely update practice acts
- Increase consumer input into SOP decision-making
- Use best available evidence to inform SOP decisions
- Allow time limited workforce demonstrations
- Disseminate, disseminate, disseminate….

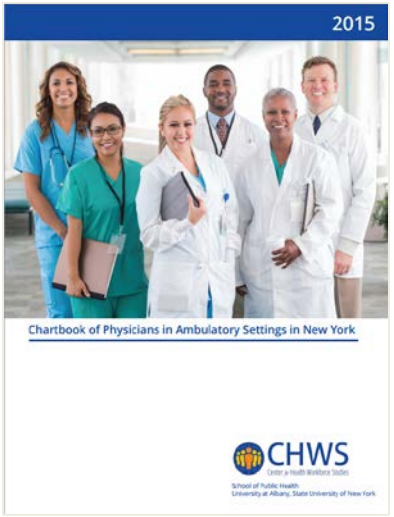
Health Workforce Research in New York

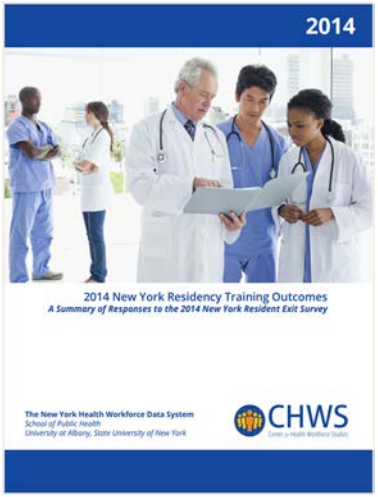
Health Workforce Research Questions of Interest

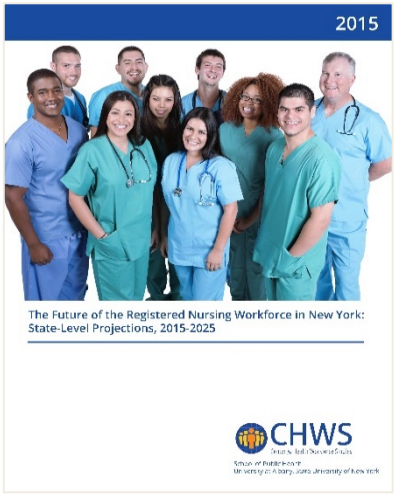
- Tended to be profession-specific research: how many? where? do we have enough?
- Health reform changed that
  - Shift the focus of the HCDS to primary care and prevention
  - Greater concern with cost, quality and access
- Now we ask broader questions: what do patients need; what are the best workforce strategies to deliver these services?
  - State-specific oral health access issues and potential workforce strategies
  - Use of telehealth services by providers in New York, barriers and facilitators
  - Medicaid claims analysis to better understand commuting patterns for care

Selected Center Reports on New York's Health Workforce









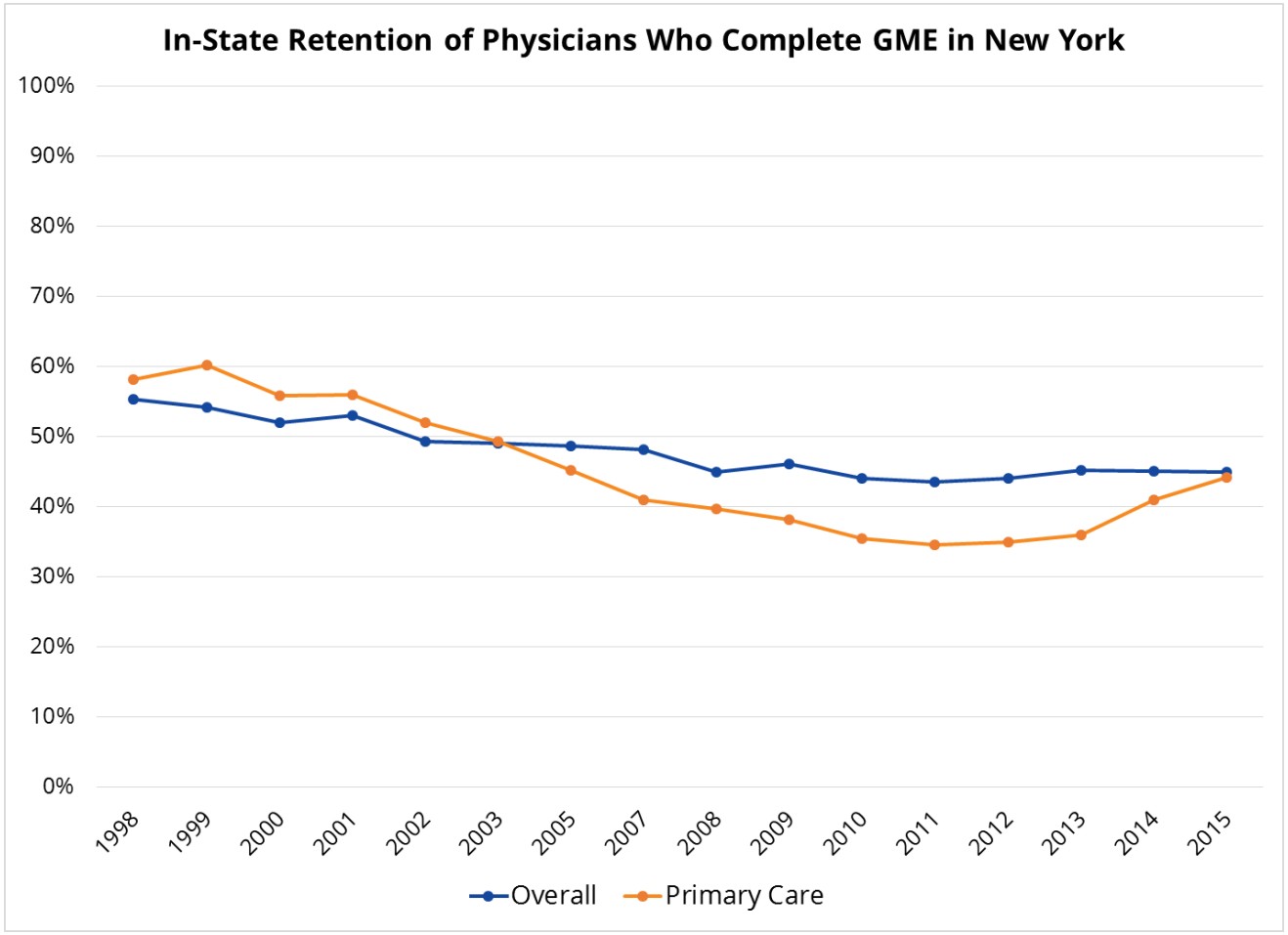
The New York Resident Exit Survey

- A survey of all residents and fellows completing training in New York (more than 5,000 annually)
- Conducted annually since 1998 (except 2004 and 2006)
- Substantial assistance from GME Directors and program directors
- Average annual response rate of 61%
- Cumulative number of responses: 47,905

Relative Demand by Individual Specialty

- Highest Relative Demand
  - Family Medicine
  - Emergency Medicine
  - Psychiatry
  - Dermatology
  - General Internal Medicine
- Lowest Relative Demand
  - Pathology
  - Radiology
  - Pediatric Subspecialties
  - Anesthesiology
  - Cardiology

In-State Retention of All Physicians and Primary Care Physicians Who Trained in New York



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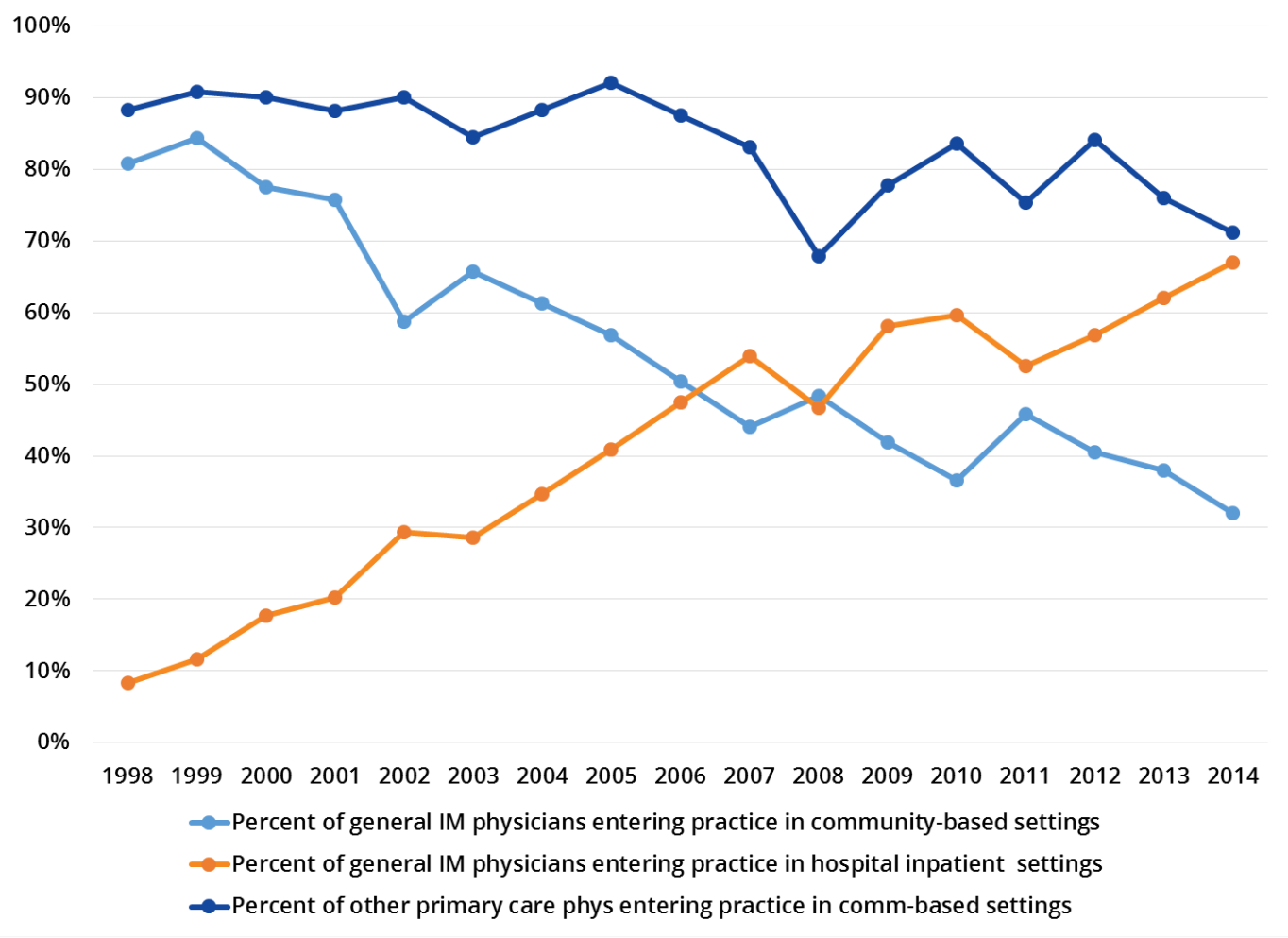
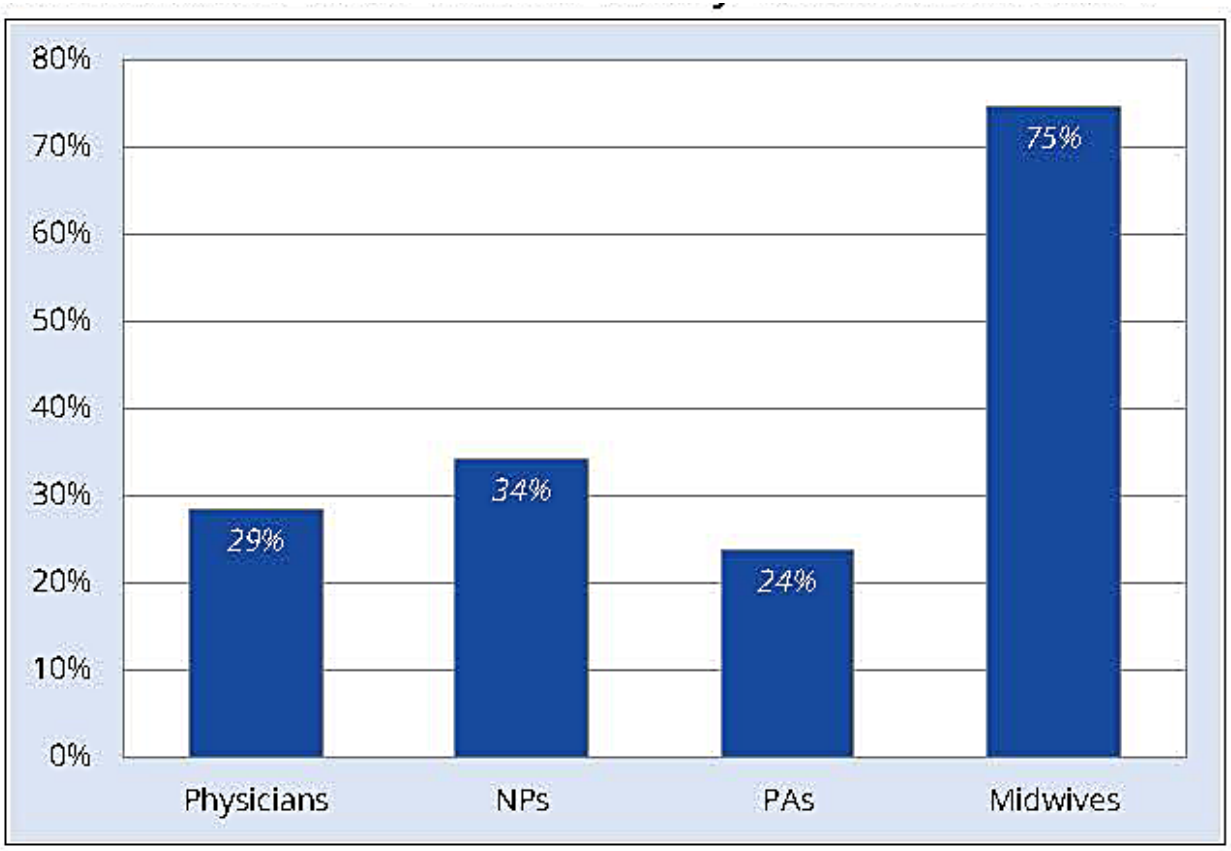
More New PC Physicians Plan to Work in Inpatient Settings in New York



Source: Center for Health Workforce Studies

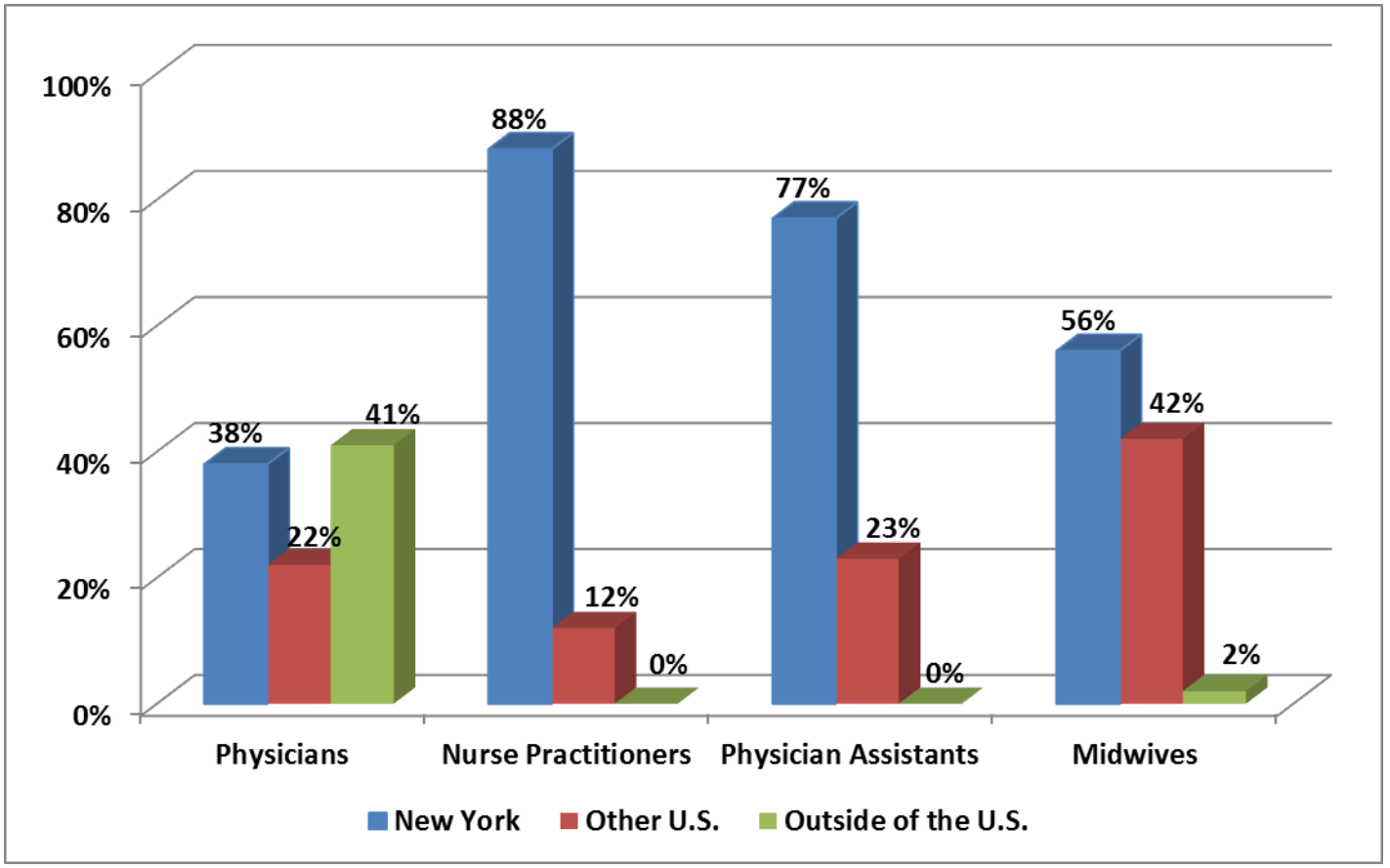
Who Are New York's Primary Care Practitioners?

Percentage of New York's Physicians, NPs, PAs, and Midwives Who Provide Primary Care Services, 2014



Are We Growing Our Own Primary Care Practitioners?

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



Source: Center for Health Workforce Studies

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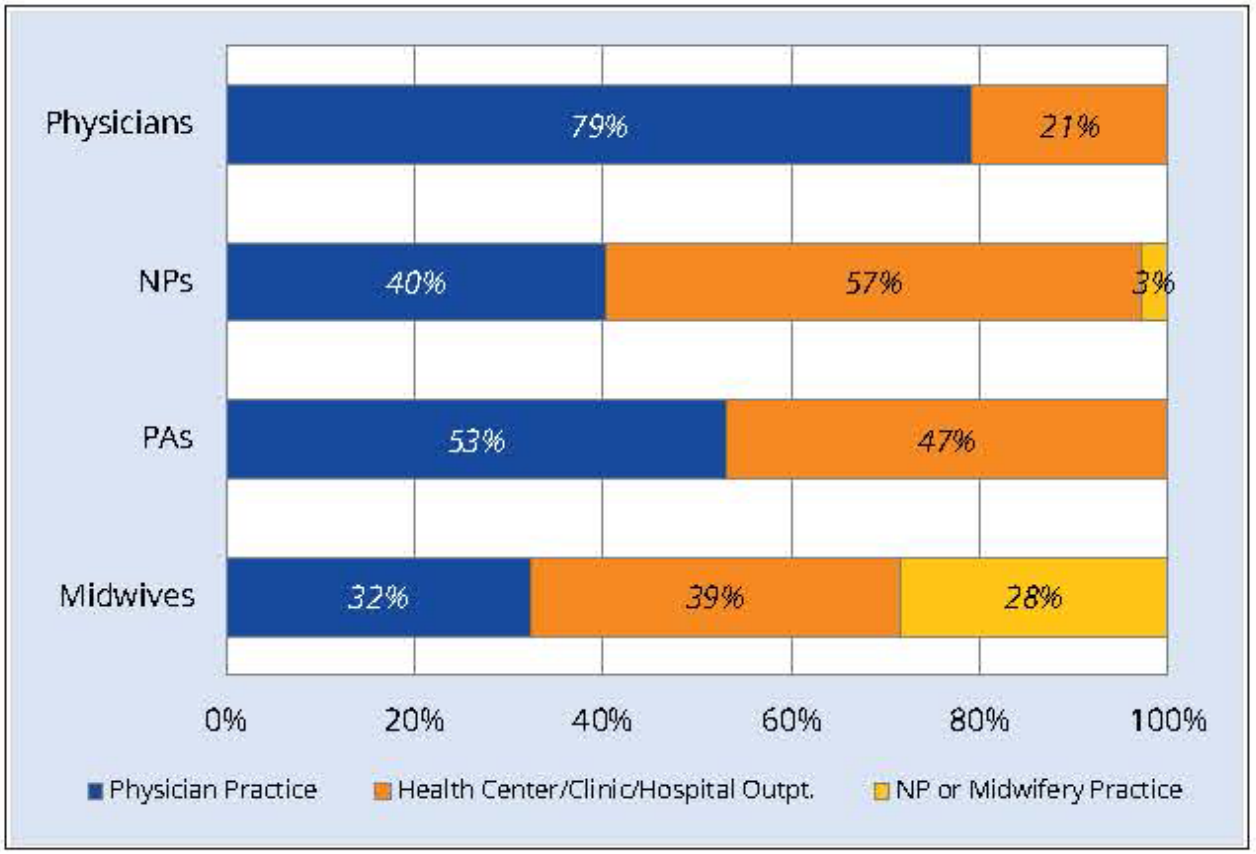
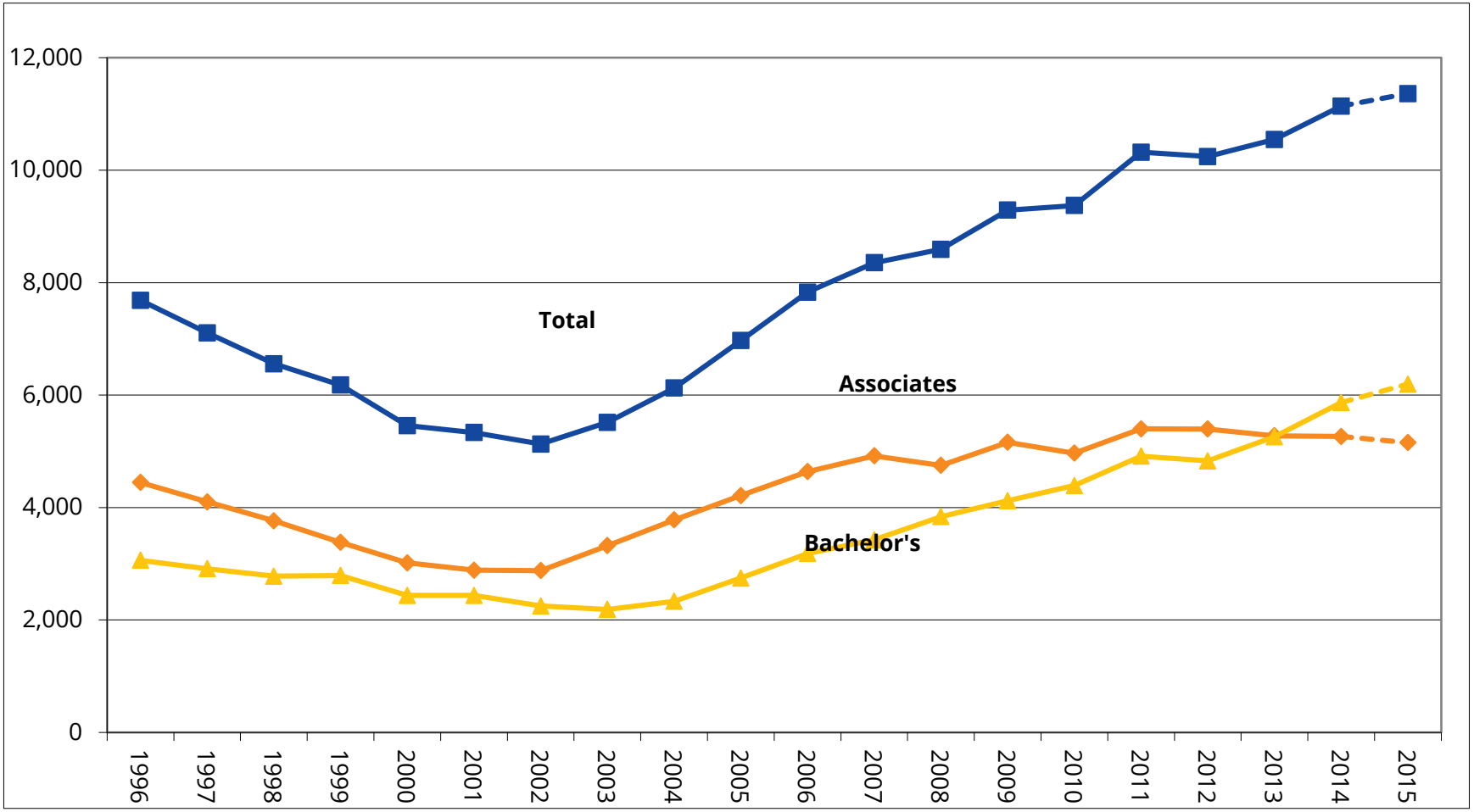
Profession-specific Variation in Practice Settings for NY's PC Providers

Practice Settings of New York's Primary Care Providers, 2014



Annual RN Education Program Survey Tracks Growing Number of RN Graduations in New York

New York RN Graduations, by Degree Type, 1996-2015



The Future of RN Workforce in NY

- Currently there is a relative balance between the supply of and demand for registered nurses (RNs) in New York State, with the supply of RNs being slightly greater than the demand
- Demand for RNs in New York is expected to grow between 2015 and 2025, especially in long-term care settings
- If current training and retirement patterns remain the same, the supply of RNs is expected to grow and continue to meet projected demand; however, changes in the estimated number of RN graduates or retirements could lead to future RN supply-and-demand imbalances
- The impact of health reform on future demand for RNs is less certain. It is not clear whether there will be declining demand for RNs in acute care that could be offset by an increase in demand for RNs in ambulatory care

Demand Surveys Provide Evidence of HWF Recruitment and Retention Issues

- Involves collaborations with provider associations
- In 2015, NY providers reported:
  - All providers: experienced RNs hard to recruit, but newly trained RNs are not
  - Hospitals: Hard to recruit and retain clinical laboratory technologists, HIT staff and medical coders
  - Nursing homes and home health: Hard to recruit occupational therapists, physical therapists, speech language pathologists, dieticians/nutritionists
  - Community health centers: Hard to recruit dentists, geriatric nurse practitioners and psychiatric nurse practitioners

Case Studies on the Use of Telehealth Services by NY Providers

- Providers use a variety of telehealth applications to expand access to needed services
  - Dentistry
  - Psychiatric evaluation
  - Home care monitoring
  - Diabetes self management
  - Pediatric primary care
  - Project ECHO
- Issues
  - Reimbursement challenges
  - Regulatory inconsistencies

Key Workforce Issues

- Develop strategies to better prepare the health workforce for emerging models of care
  - Inter-professional education and practice
  - New settings
  - New roles and functions – population health, data analytics, care coordination
- Expand primary care capacity
- Address workforce maldistribution
- Remove regulatory barriers to effective team-based care

Group Exercise 5

All Tables

Identify one strategy that could address health workforce maldistribution and increase access to needed health services

As We Plan for the Future

- Use data and evidence to inform decisions
- Build strategic partnerships
- Explore innovative approaches to training and service delivery
- Evaluate the impacts of these efforts on cost, quality and access to care
- Disseminate, disseminate, disseminate.....

Thank You

Questions?

- Visit us on: