



The Current and Future Supply and Demand For The Health Workforce in the US

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Overview

- The Framework for Health Workforce “Planning”
- National Health Employment Trends
- The Expected Shortage
- The Change Imperative
- Implications



Key National Health Workforce Questions

1. Will there be enough physicians, nurses and other health workers? If not:
 - What can we do to increase the supply?
 - What can we do to get these workers to the highest need areas?
 - What can we do to make better use of physicians and other health professionals?
2. What can we do to assure access?
3. What can be done to slow the increase in costs?



The New National Health Workforce Infrastructure

- ❖ National Health Care Workforce Commission
- ❖ National Center for Health Workforce Analysis
- ❖ State Health Care Workforce Development Grantees
- ❖ Health Care Workforce Assessment

The US Approach to Health Workforce “Planning”

- Focus on data collection, analysis, and research
- Widespread dissemination of data, analyses, and information
- Federal-state partnerships
- Increasing attention to evaluation and longitudinal tracking
- Inter-professional planning and strategies

National Center for Health Workforce Analysis: Approach and Activities

- Build on existing sources of data including from professional associations, states, and federal agencies
- Build national capacity for data collection and analysis including within professional associations and states
- Develop and promote a national uniform minimum data set
- Support research to better understand current and future workforce needs and dynamics

Workforce Challenges

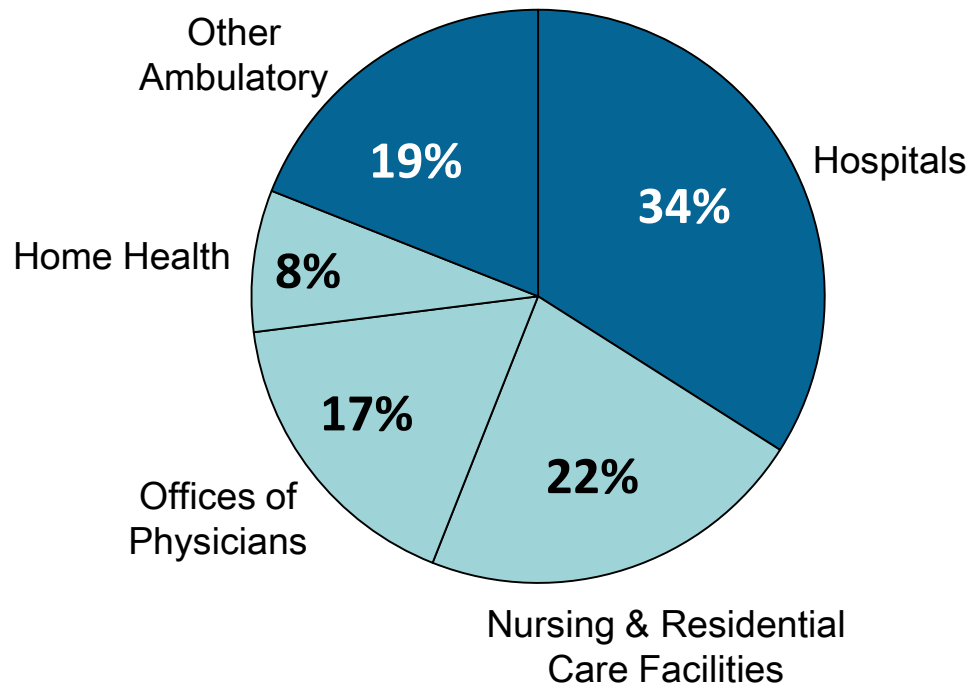
- General shortages health personnel including physicians and nurses; some specific concerns:
 - Primary Care; Chronic and Long Term Care; Behavioral Health
- Mal-distribution of existing workforce
- Barriers to health personnel working at the top of their competency
- Increasing need for workforce diversity
- Implementing inter-professional education and practice
- Planning for an uncertain future



National Health Employment Trends

Hospitals Employ More Than One-Third of Health Care Workers

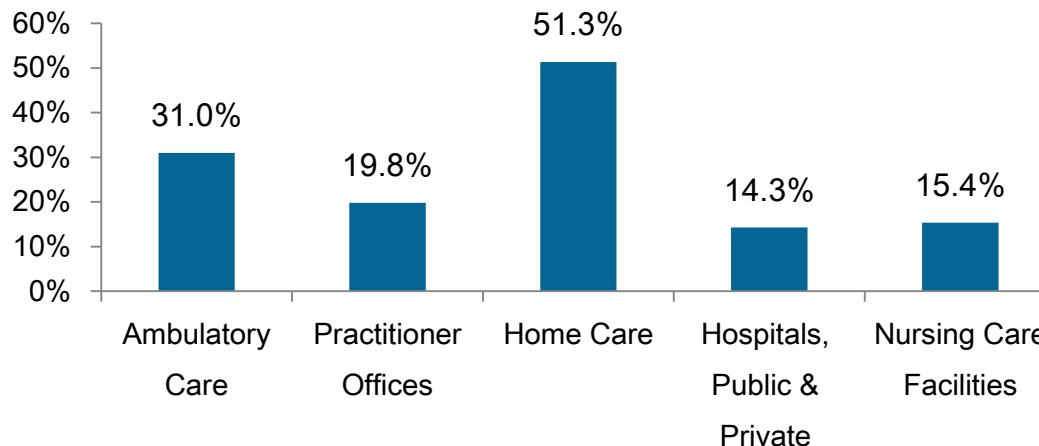
Health Care Employment by Setting



2000-2008: Health Care Jobs Far Outpace the Economy

- **Total U.S. employment grew by 3.7% across 2000–2008; health care employment grew 30.1%**
- Hospitals experienced slower employment growth than other healthcare settings

Employment Growth By Setting,
2000-2008

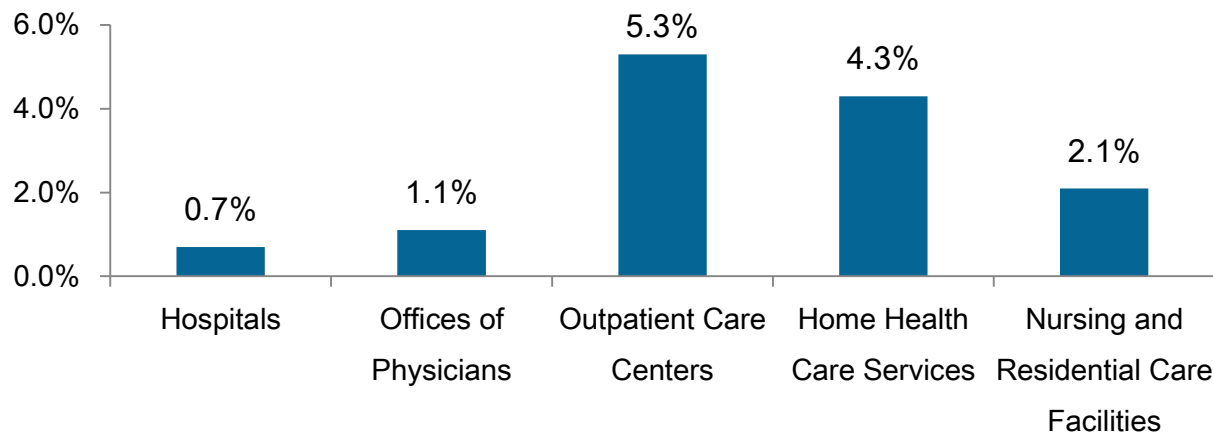


Source: Center for Workforce Studies, SUNY Albany Analysis of BLS data.

Even in Recession, Healthcare Jobs Grew

- Though hospitals added the largest absolute number of jobs, growth on a percent basis lagged behind
- **Hospitals added 33,600 jobs across the last year**; in contrast, physician offices added 26,000

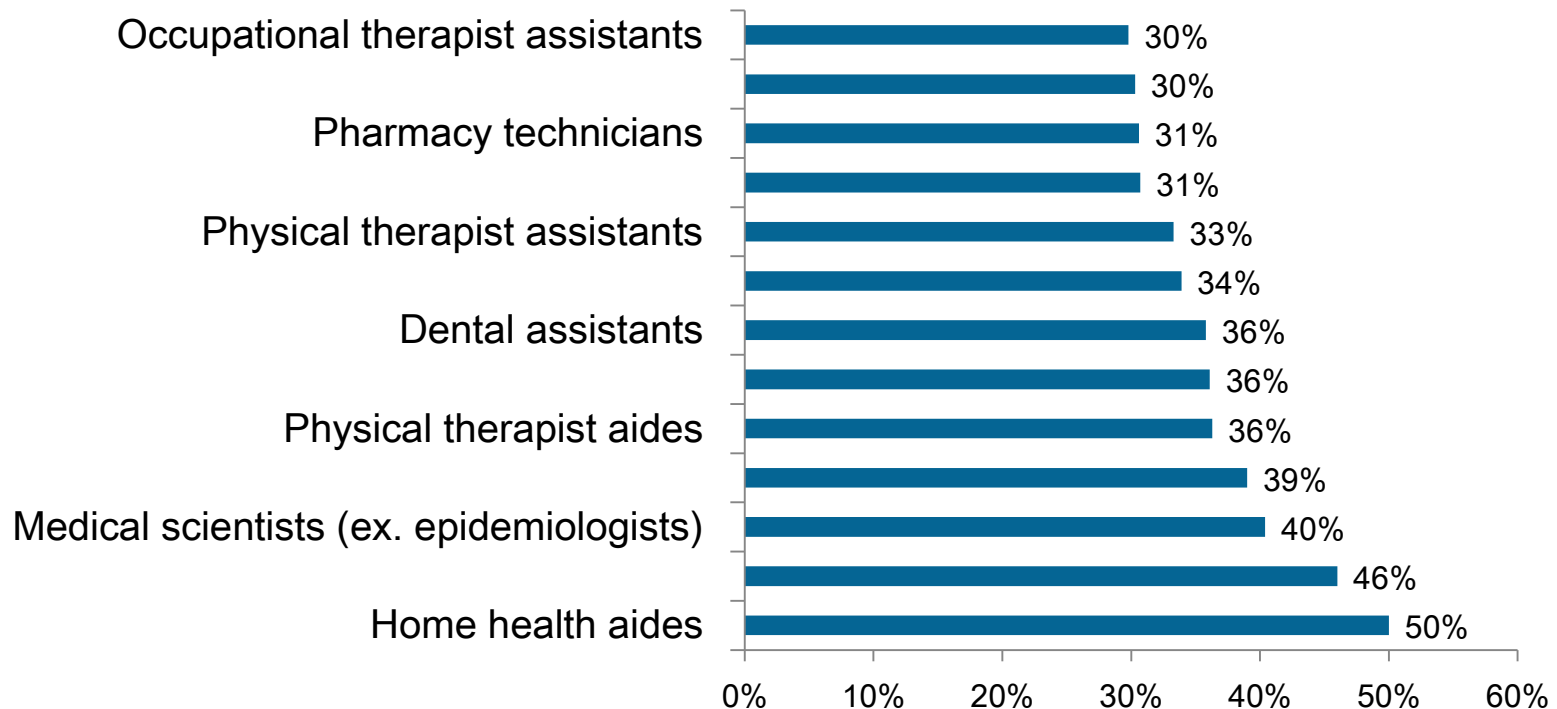
Growth in Healthcare Employment by Setting,
Jan. 2010 - Jan. 2011



Source: Altarum Institute, Health Market Insights from the BLS January 2011 Employment Data.

Demand for Health Care Occupations Will Continue to Grow

Projected Increase, 2008 - 2018



Source: Bureau of Labor Statistics Monthly Labor Review, November 2009.



The Expected Shortage

Drivers of Future Demands for Services

- Population growth
 - U.S. Population to grow by ~30 million in the next decade¹
- Aging of the Population; concomitant increase in major/chronic illness and subsequent demand²
 - Baby boom generation
- Medical advances and successes²
- Life Style factors³
 - Increase in chronic diseases
- Insurance coverage expansion⁴

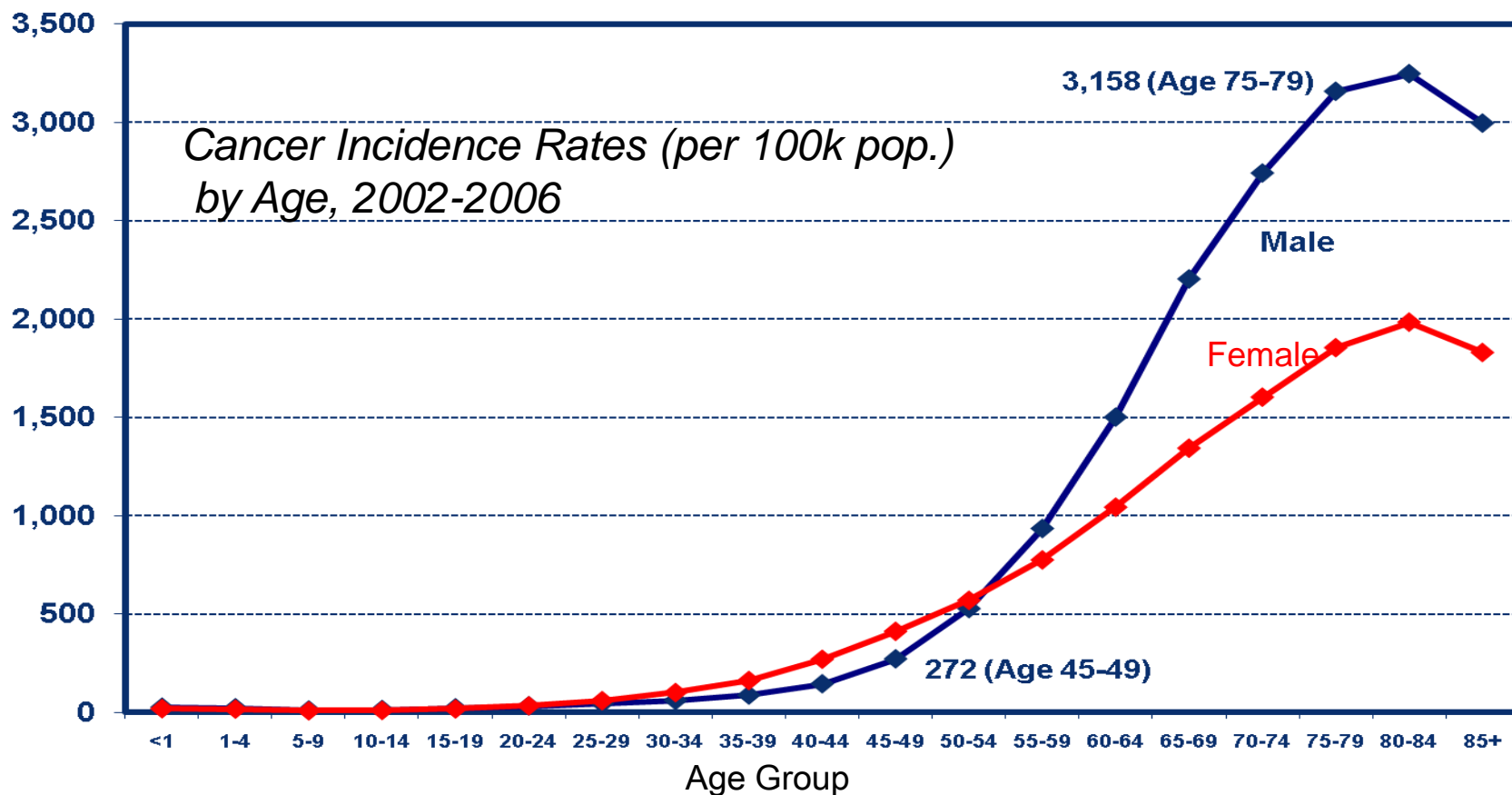
¹U.S. Census Bureau “Projections of the Population and Components of Change for the United States: 2010 to 2050”

²Bureau of Labor Statistics “Career Guide to Industries, 2010-2011: Healthcare”

³CDC “Chronic Diseases and Health Promotion”

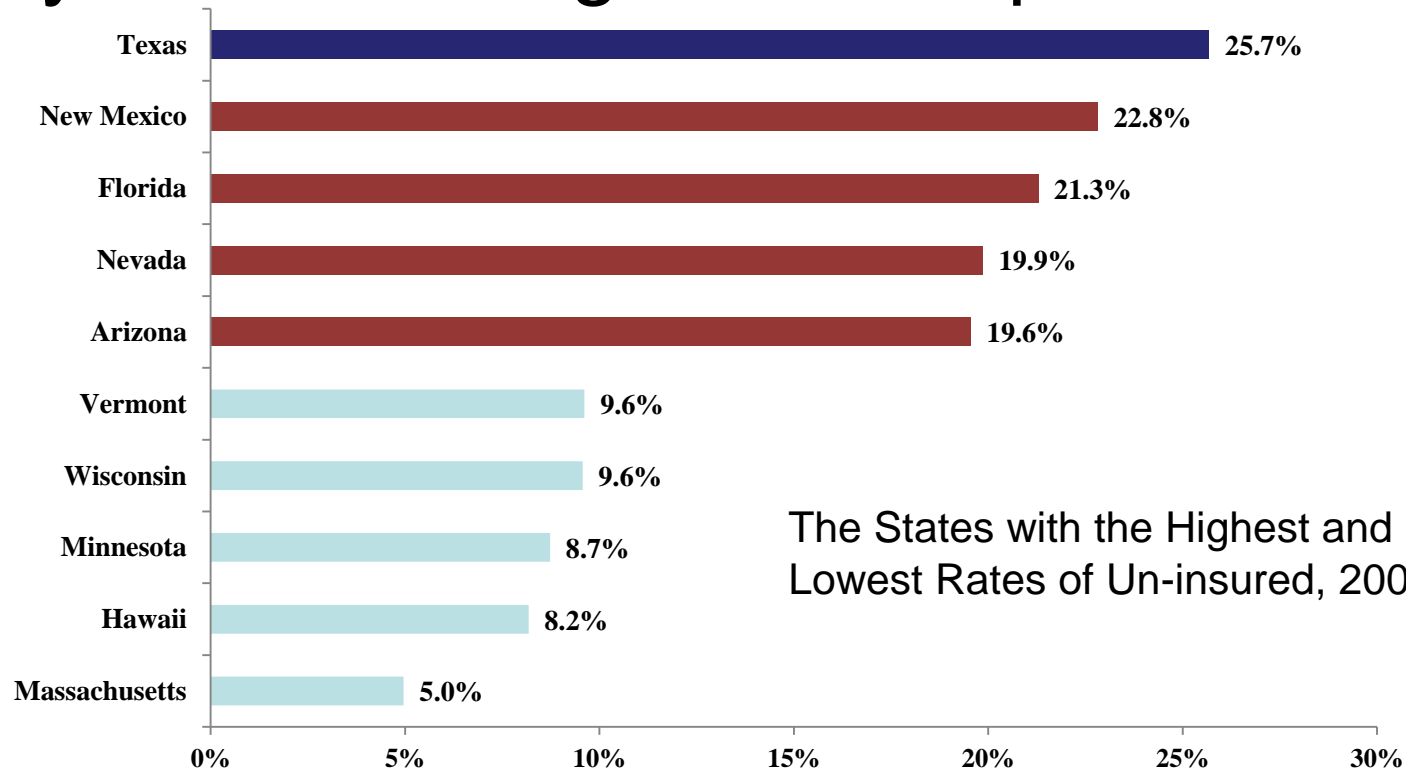
⁴Affordable Care Act

Most Major Illnesses Very Age Sensitive



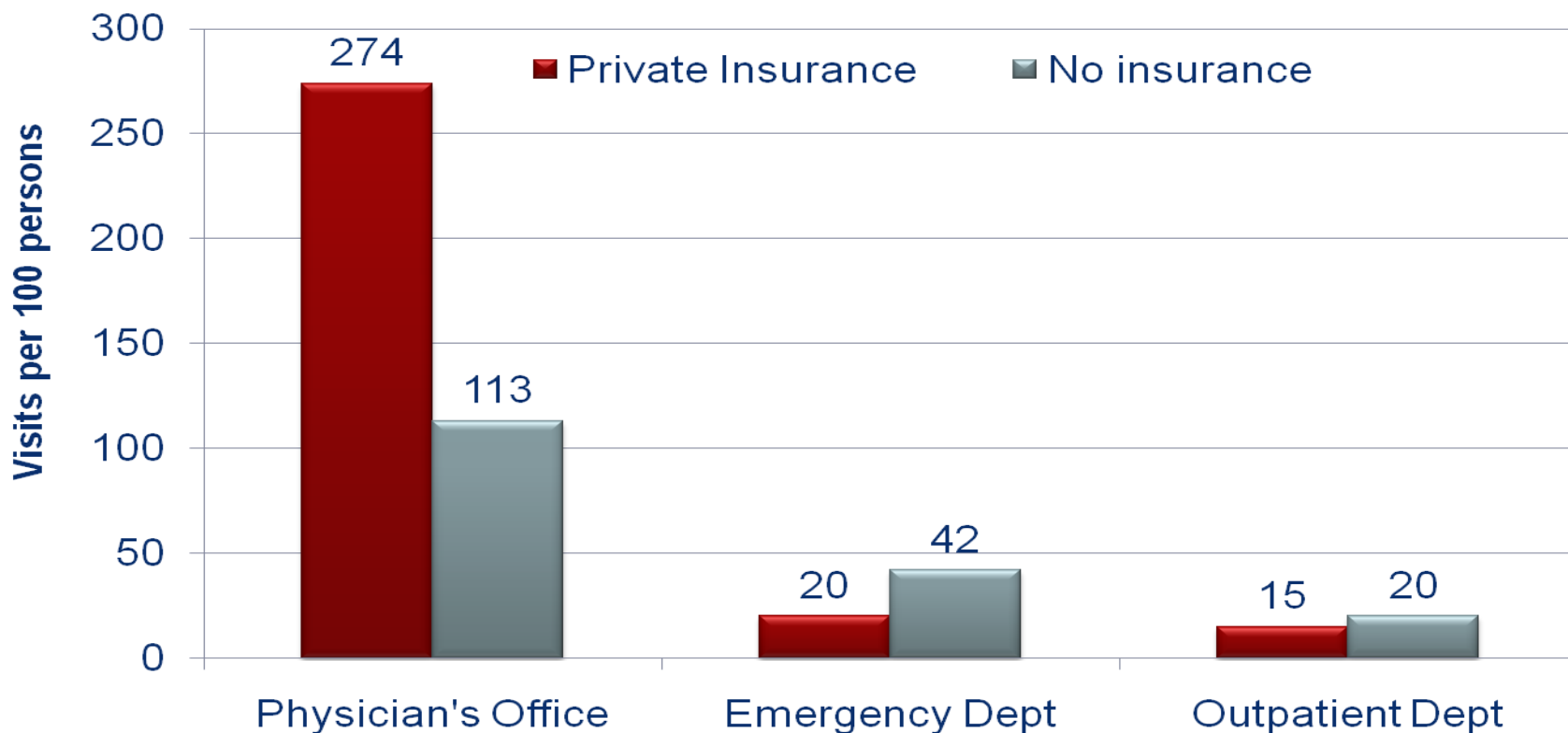
Data present age-specific invasive cancer incidence rates (new cases per 100,000 pop.) for the United States, 2002-2006.
 Source: AAMC Center for Workforce Studies analysis of National Cancer Institute, SEER Cancer Statistics Review, 1975-2006 (published 2009).

The Expansion of Insurance Coverage is Likely to Have a Significant Impact in Texas



Source: Current Population Survey (Prepared by NCHWA, February 2011)

Visit Rate By Insurance Type, 2007



Source: AAMC Center for Workforce Studies analysis of 2007 NAMCS and NHAMCS Public Use Data File (primary expected source of payment variable), *Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2007*.



Drivers of Future Physician Supply

- Slow increase in GME positions
- An aging physician workforce
- Life style and gender mix
- Productivity impacted by team structure (PAs, NPs), service delivery mechanisms, HIT/EMR

Source: Michael J. Dill & Edward S. Salsberg. *The Complexities of Physician Supply and Demand : Projections Through 2025* (AAMC November 2008).



The Change Imperative



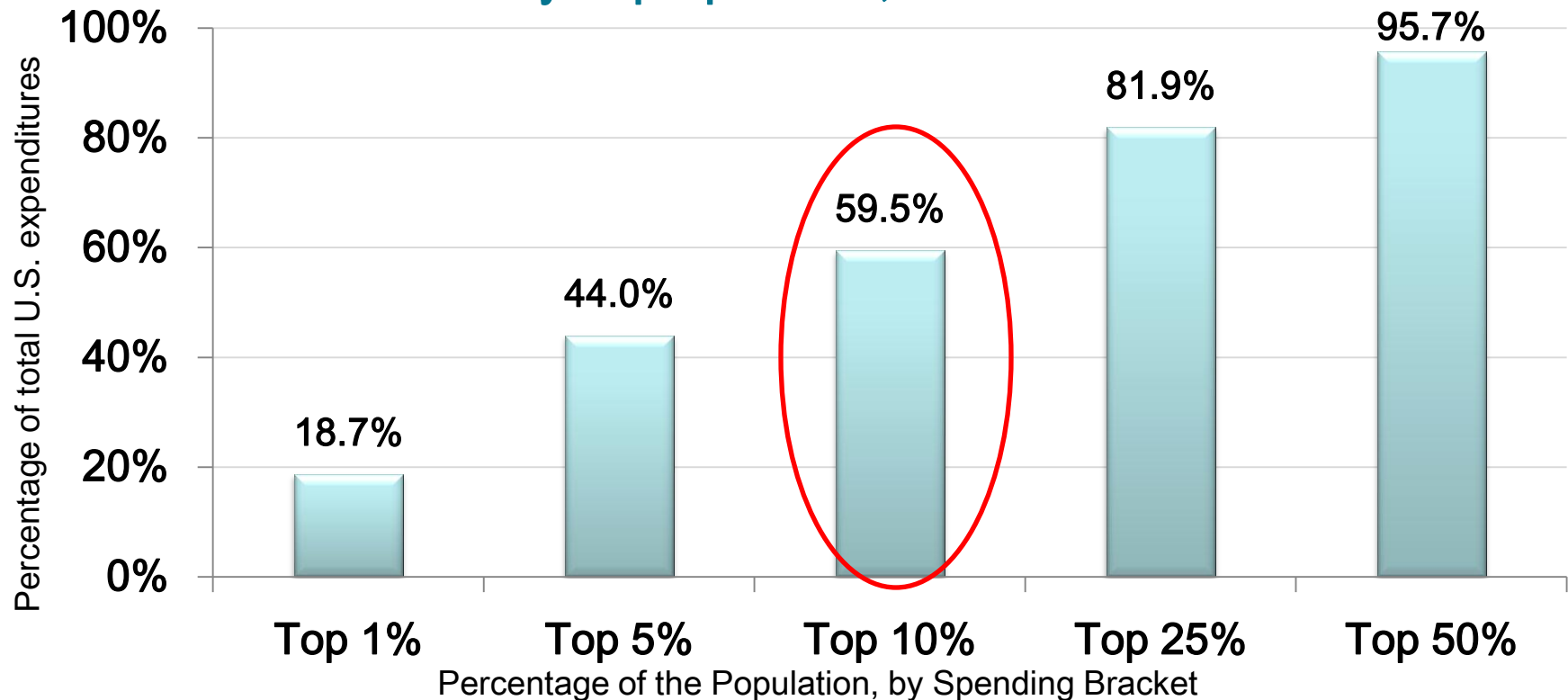
The Change Imperative

- Unsustainable cost increases
- Health workforce shortages
- New models of care: accountable care organizations (ACOs), patient-centered medical homes
- New approaches to financing including bundled payments
- Increasing consumer involvement
- Dynamic and expanding role of HIT

Source: National Center for Health Workforce Analysis

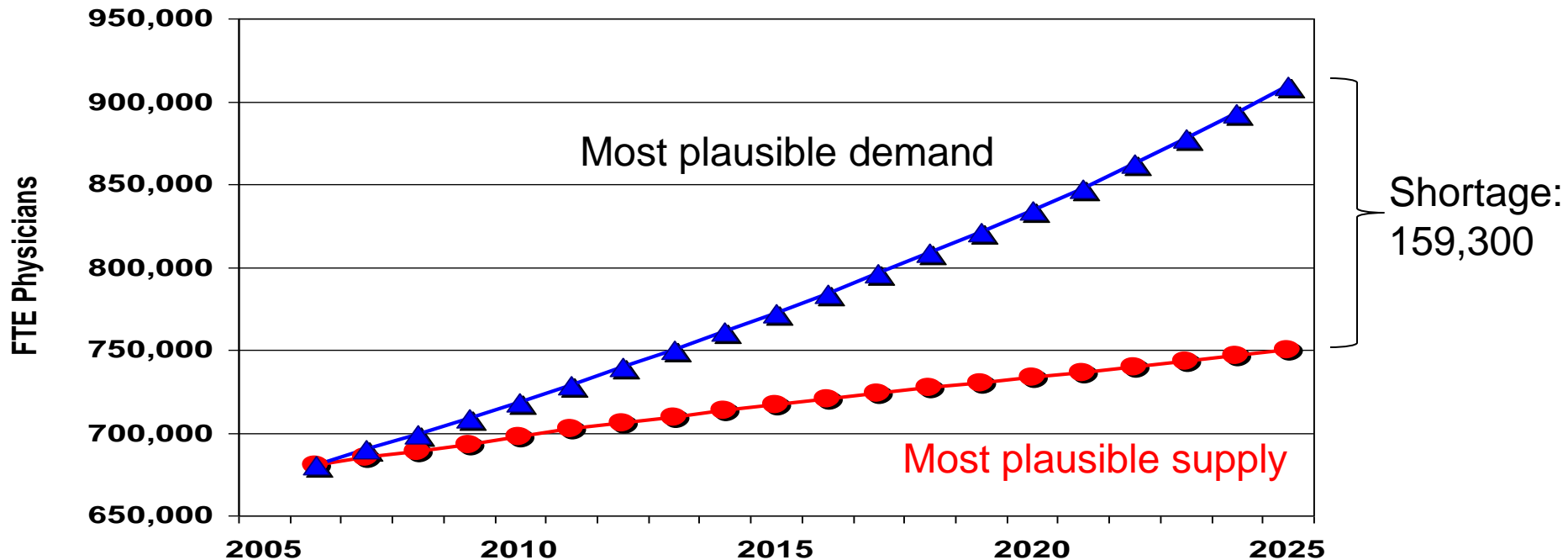
10% of the Pop Account for 60% of the Costs!

Percent of Health Care Expenditures Accounted for By Top Spenders, 2005 – 2006



Source: AAMC Center for Workforce Studies analysis of Cohen, S.B., Rohde, F. (2009) *The Concentration in Health Expenditures over a Two Year Time Interval, Estimates for the U.S. Population, 2005–2006*. MEPS Statistical Brief #244. Figure One. (U.S. civilian non-institutionalized population).

Most Plausible Scenario

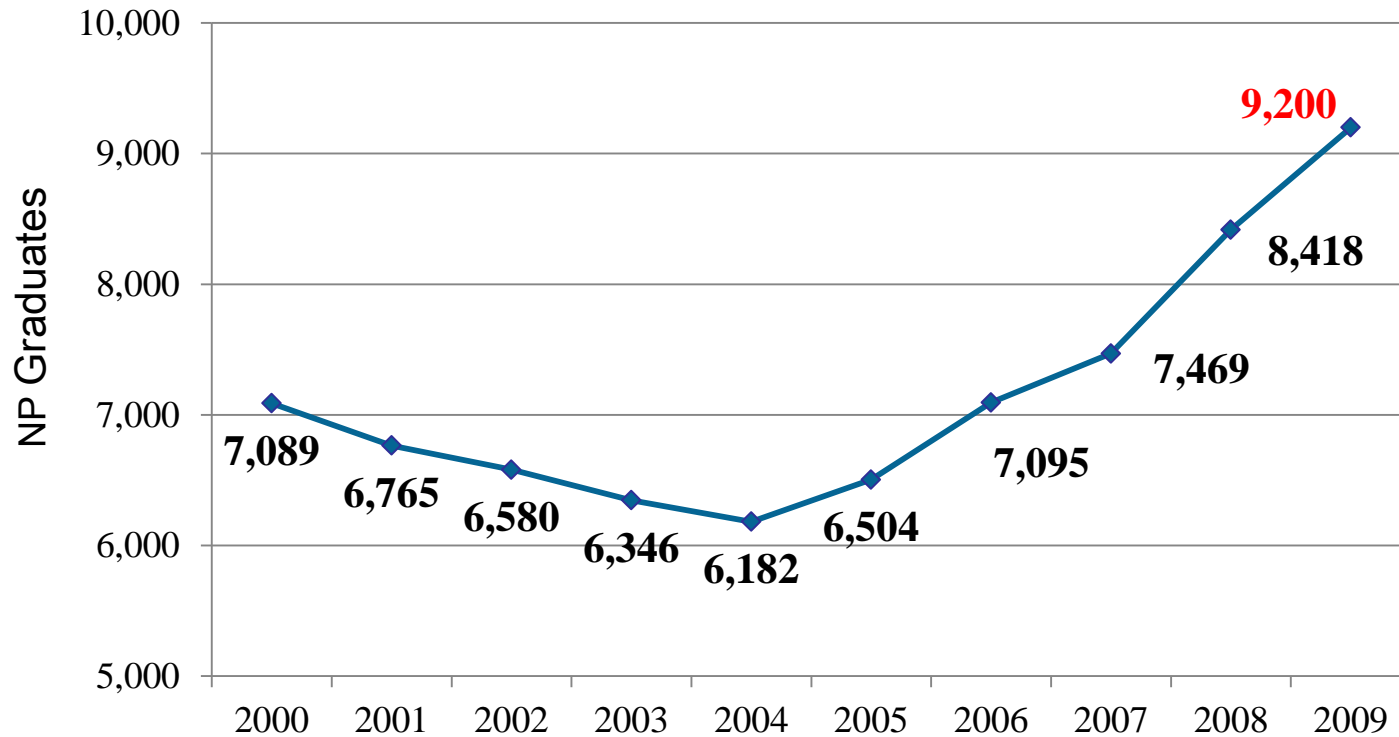


- **Projections do not take into account health reform**
- Assumes: a rise in utilization rates; shift in work schedules; an increase in productivity; moderate growth in GME (27,600 new residents/year)

Source: Michael J. Dill & Edward S. Salsberg. *The Complexities of Physician Supply and Demand: Projections Through 2025* (AAMC November 2008).

Number of NPs Growing Rapidly

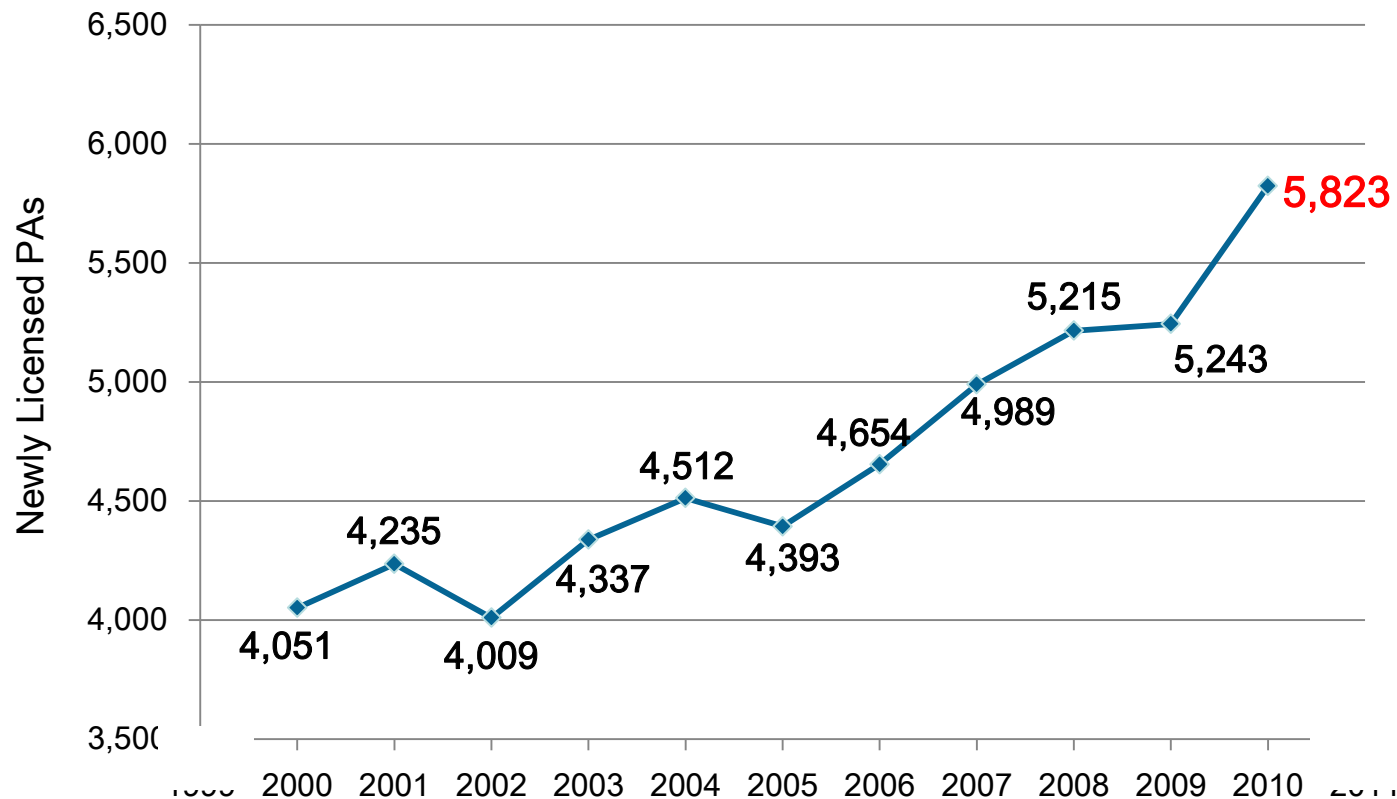
Growth in NP Graduates, 2000 - 2009



Source: American Association of Colleges of Nursing 2000-2009 Annual Surveys

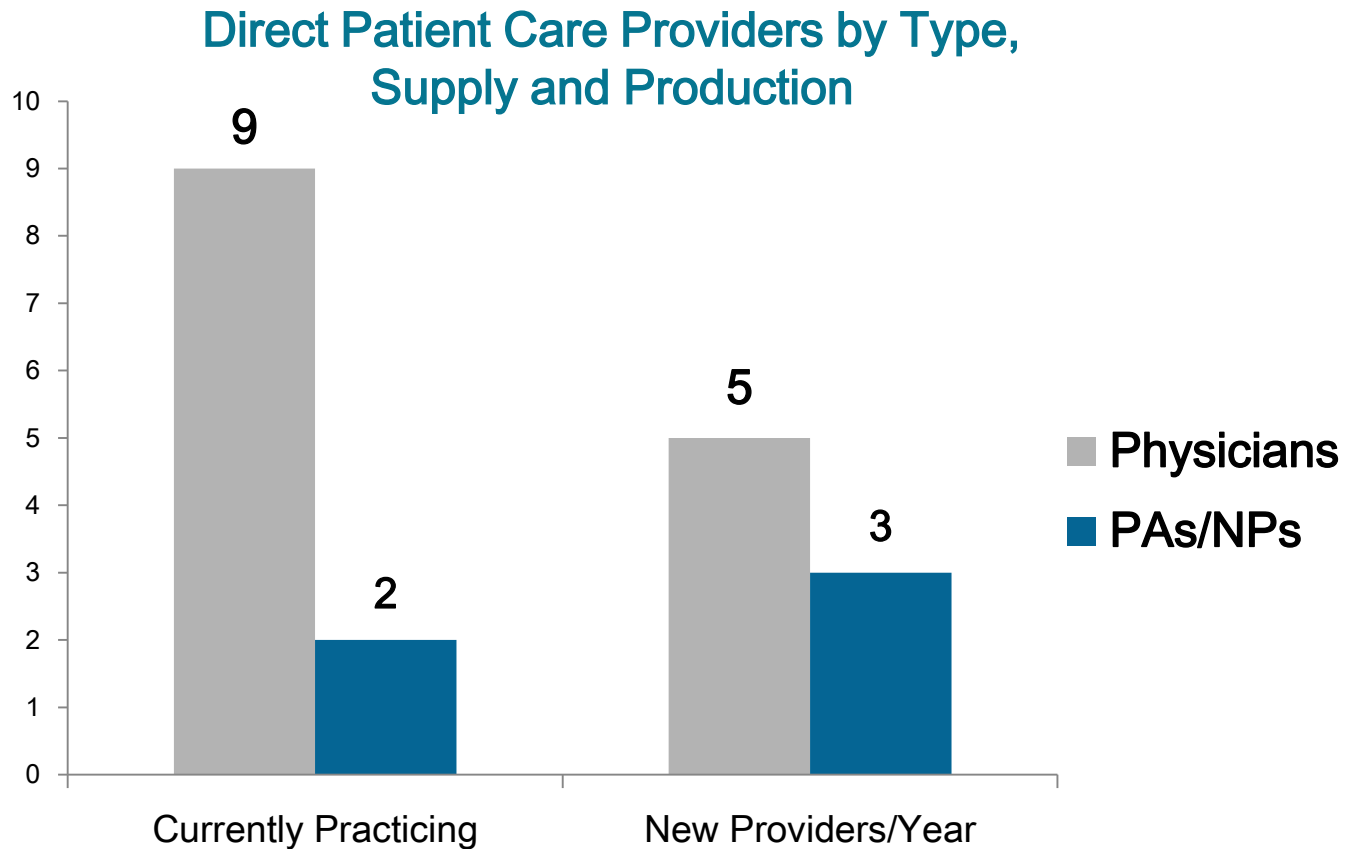
Number of PAs of Growing Rapidly

Newly Licensed PAs, 2000 - 2010



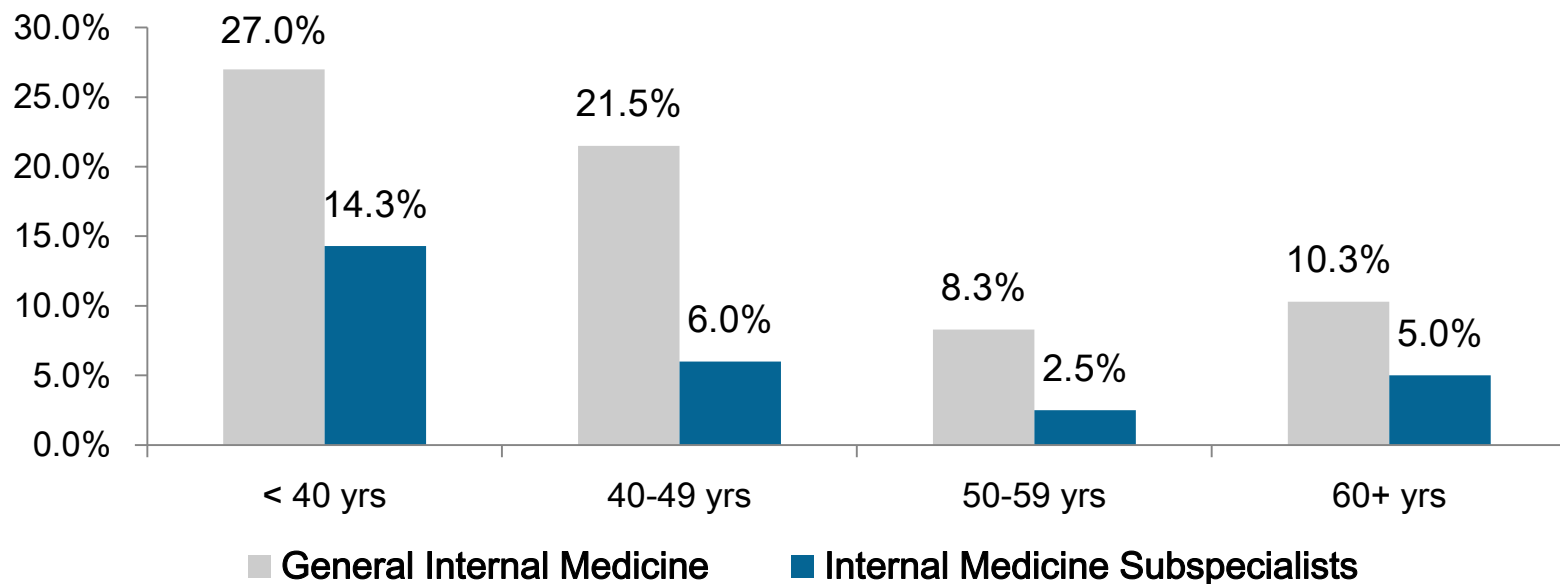
Source: National Commission on Certification of Physician Assistants
“Certified Physician Assistant Population Trends (PA-Cs)”

Workforce Composition: The Growth of Non-Physician Clinicians



Use of Hospitalists Is Increasing

Percent of Internal Medicine Physicians Who Are Hospitalists, by Age



Source: AAMC 2009 Physician Survey on Primary Care



Possible Members of the Health Care Team of the Future

Physicians

Nurse practitioners

Physician assistants

Psychologists

Optometrists

Registered Nurses

Pharmacists

Case Managers

Nutritionists/Dieticians

Physical Therapists

Community Health Workers

...And more

Implications

- Cost pressures and shortages will encourage innovation and systems redesign
- Strong incentives to make better use of existing workforce
- Shift to team-based care and inter-professional practice
- Shift care to lower cost settings



Implications (2)

- Increasing competition for practitioners
- Closer alignment of education and practice
- Pressure to reduce time and cost of education
- Need for better health workforce data and information



Relevant Federal Programs and Policies

- Increased funding for health professions education and training
- Expansion of National Health Service Corp and community health centers
- Support for service delivery innovations
- National Center for Health Workforce Analysis
- State Health Care Workforce Development Grantees
- Encouragement of inter-professional teams



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