

# Developing the Workforce to Provide Health Care for an Expanding Population of Insured Texans

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# Convergence for the Perfect Storm—or a Texas-Sized Tsunami



- Current shortage of healthcare professionals will continue to grow; number of insured Americans likely to increase
- Aging population; creates demands for more access
- Primary care physician shortages; shortage of specialists that deal with problems of the aging (Geriatrics, General Surgery, Oncology, Endocrinology)
- Family medicine predicts shortage of 40K by 2020
- Many as 340K physicians trained in the baby boomer era potentially could start retiring now!
- Even with healthcare reform, Texas will still have up to 3 times more undocumented people to care for than the rest of the county
- Payment reforms will assure fewer dollars to care for an increasing number of patients

# Convergence Requires Rethinking of Regulatory Environment for Scope of Practice

Need to examine scope of practice for the following healthcare providers to help fill the gap:

- Nurses
- Nurse Practitioners
- Physician Assistants
- CRNA's
- Pharmacists
- Physical Therapists
- And Others



# Convergence Requires Rethinking of Regulatory Environment for Scope of Practice (continued)

Scopes of practice enhancements may include primary care services, wellness services, diagnosis and management of uncomplicated conditions and management of certain chronic conditions, such as diabetes and asthma

- Studies have shown PA's and NP's can do this as effectively as physicians
- IOM recently advocated broadening nurses' scope of practice in primary care
- Macy Foundation and AARP both support broadened scope of practice for NP's
- Use of NP's in multidisciplinary teams have been shown to improve quality and patient satisfaction and reduce costs at the VA, Geisinger Health System, and Kaiser Permanente
- 3-12 NP's can be educated for the cost of educating one physician and the timeline to do so is shorter

# Convergence Requires Rethinking of Regulatory Environment for Scope of Practice (continued)

- Current Texas laws that support what we need to do
- Current barrier to doing this in Texas is state regulations which require a collaborative agreement signed by the NP and the physician that is required to diagnose, treat and prescribe
- Corporate practice of medicine laws in Texas also make it difficult for the alignment of health systems and physicians that we will need in a reform era



# Convergence Requires New Thinking Around the Education of Health Professionals

How can we incentivize future nurses to start their practice with a BSN?



- Allow community colleges to grant bachelor's degrees in nursing?
- Use more distance learning and simulation technologies to reach broader audiences?
- Increase partnerships between educational institutions and clinical organizations?
- Create more collaboration between community colleges and universities to facilitate attaining a BSN?
- Create compressed curricula of advancement from ADN to BSN (some schools already doing this, such as UTMB)?
- Incentivize nurses to seek a PhD and become faculty?



# Convergence Requires New Thinking Around the Education of Health Professionals (continued)

To achieve any of this will require the way public funding supports nursing schools and community colleges to incent them to produce more Bachelor's prepared nurses and more nursing faculty.



# What Can We Do This Year?

- Create coordinated effort to change regulations to allow for broader scopes of practice
- Fund some pilot programs at the UT System or State level which focus on:
  - Nurse-run clinics
  - Clinical Pharmacists as part of care team
  - Pilot new technology; minimize interruptions in patient care delivery
  - Fund pilots to demonstrate:
    - Reducing readmissions
    - Health homes
    - New models of primary / chronic care





# Discussion