

# **Making the Case for Workforce Assurance**

**- A Primary Care Example -**

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# State Health Department Assurance Activities

- **Improve Workforce Supply and Distribution:**
  - Assure competent Public Health and personal care workforce.
- **Support Health Care Safety Net Development:**
  - Assure provision of health care when otherwise unavailable.
- **Improve Health System Quality and Effectiveness:**
  - Enhance the effectiveness, quality and accessibility of personal and population health services.

# Basic Program Questions

- **Current operational level:**
  - **Description:** What are you currently doing?
  - **Impact:** What is the impact of what you are doing?
  - **Cost:** Is it cost-effective?
- **Next Steps:**
  - **Unmet Need:** What else is needed?
  - **Location of Gaps:** Where is it needed?
  - **Next Increment:** What is the next expansion and what will it cost?
- **Reductions:**
  - If we had to cut, what would be the impact?

# New Mexico Health Service Corps (NMHSC)

## -A Sample Case-

- **Program Operational Measurement:**

- In the current project year the NMHSC placed 30 primary care providers in underserved areas.
- Cumulatively, ***a total of 100 NMHSC obligated primary care providers***, all placed in the last 3 years, are working in underserved areas of the state.

- **Proportional Importance of Program:**

- Current NMHSC obligors represent approximately ***20% of all the obligated primary care providers*** currently working in underserved communities.

- **Cost Effectiveness:**

- The NMHSC Program is very cost effective, with annual costs of \$450,000.

# NMHSC – A Sample Case (con't)

- **Community Impact Measurement:**

- In the current year NMHSC providers are providing services to more than ***400 underserved communities*** statewide.

- **Population Impact Measurement:**

- In the current fiscal year ***150,000 residents of underserved areas are receiving services*** from NMHSC obligated providers [1500 patients per provider x 100 NMHSC obligors].

- **Economic Impact Measurement:**

- In the current fiscal year NMHSC obligated providers had an ***economic impact of over \$63,500,000*** [100 physicians x \$625,000 impact per practice].

# NMHSC – A Sample Case (con't)

- Unmet Need:

- It is estimated, based upon current recruitment center data, that there is an ***additional shortage of at least 400 primary care providers*** in the state.

- Next Steps:

- A ***\$100,000 expansion of the NMHSC*** in the next fiscal year would permit the placement of ***10 additional obligated primary care providers***, and allow services to be provided to ***an additional 15,000 people*** in underserved communities.
- This expansion could be targeted at rural shortage areas with fewer than half the necessary number of providers.

- Reduction Analysis:

- A ***\$100,000 reduction in the NMHSC Program*** would lead to a ***reduction of 10 obligated providers***. It would ***eliminate services to more than 15,000 people*** and have a ***negative economic impact of more than \$6 million*** in underserved communities.

# **Making the Case for Workforce**

## **- A General Approach -**

- **Describe current workforce levels**
- **Assess impact of current workforce**
  - Communities served
  - People served
  - Health impact
  - Economic impact
- **Identify target/gaps**
- **Identify strategic process for filling gaps**
  - Priorities
  - Steps
  - Cost
  - Impact
- **Identify impact of any reductions**

# **Making the Case for Public Health Workforce**

## **- Adapting the Approach -**

- **Assess Current Public Health Workforce:**
  - Quantify number and distribution of current public health professional workforce.
  - Estimate impact of current workforce.
- **Set Public Health Staffing Target:**
  - Establish model staffing for communities.
  - Calculate model staffing numbers for entire state.
- **Establish Critical Shortage Criteria**
- **Identify Shortage Priorities:**
  - Identify target areas with critical unmet need.
- **Set Strategic Targets for Public Health Workforce Growth**