



STATE CAPACITY BUILDING PROJECT TO ADDRESS
PRIMARY CARE WORKFORCE SHORTAGES



DISCUSSION OF THE ISSUE: EVIDENCE OF NEED

Various trends are likely to impact future demand for primary health care services in Ohio. These include the aging of the population, loss of existing health care providers, planned expansion of health insurance coverage and changing models of health care delivery. A 56 percent increase in the number of Ohio residents age 65 and older is projected between 2000 and 2030.ⁱ Because older residents are more likely to seek medical care, Ohio's aging population will place increasing demands on the health care workforce. At the same time, an increased number of health care providers will be retiring, leaving many patients seeking new sources of care. Provisions of the Affordable Care Act to expand health insurance coverage to millions of uninsured Americans are also likely to directly impact demand for health care services. Of Ohio's roughly 11.5 million residents, over 1.3 million are uninsured for medical care.ⁱⁱ Changing models of health care delivery will also affect the number and types of health care professionals needed in Ohio. In June 2010, Ohio House Bill 198 established the Patient-Centered Medical Home Education Pilot Project. This model of care utilizes teams to attend to the multifaceted needs of patients, providing whole person, comprehensive and coordinated patient-centered care. A strong primary care workforce is essential to successful implementation of the patient-centered medical home (PCMH) model.

These factors will place increasing demands on a health care system that is already experiencing provider shortages in certain locations, such as health professional shortage Areas (HPSAs). The Ohio Department of Health (ODH) Primary Care Office (PCO) coordinates the collection and analysis of primary care and demographic data for HPSA designations. According to primary care HPSA data, over 1.3 million Ohioans have limited or no access to primary care services.ⁱⁱⁱ These individuals reside in both rural and urban areas, and are disproportionately from poor or minority populations. Ohio's HPSAs indicate a need for over 300 primary care providers within designated areas.¹

Although projections vary and limited Ohio-specific data is available, a potential future shortage of primary care physicians has been forecasted nationwide. Fewer U.S. medical students are choosing careers in adult primary care than a decade ago.^{iv} At the same time, demand for primary care is likely to outpace supply faster than for any other specialty group.^v A 2008 report by the Association of American Medical Colleges projects a nationwide shortage of 46,000 full-time equivalent (FTE) primary care physicians by 2025, given similar patterns of physician supply, use, and demand.^{vi} Possible changes in physician and utilization practice, such as younger physicians working fewer hours than older physicians, could increase the projected shortage.

Advanced practice nurses and physician assistants provide patient care in primary care settings, helping meet demands for health care services. However, limited data is available related to the current practice and projected supply of primary care advanced practice nurses and physician assistants in Ohio. Physician assistants are expected to be one of the fastest growing health care occupations in Ohio in the near future, according to available Labor Market Information.^{vii} In addition, various trends are impacting nursing supply and demand, including a scarcity of nurse educators at nursing schools.^{viii} As a result, an

¹ Number of additional primary care physicians needed to practice within designated primary care HPSAs to reach a population-to-physician ratio of 2000:1.



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increasing shortage of nurses is projected at both the state and national levels. In Ohio, over 40 percent of nurses are eligible to retire in the next 10 years,^{ix} and Ohio is projected to have a potential shortfall of around 34,000 FTE registered nurses by 2020.^x Nationwide, projected shortages of nurses range between 300,000 and one million by 2020-2025.^{xi}

OVERVIEW OF PREVIOUS HEALTH WORKFORCE PLANNING

Previous health workforce planning efforts in Ohio have ranged from improving the quality of health care delivery systems to focusing on discipline-specific workforce issues. *The Ohio Health Quality Improvement Plan* was developed in 2009 to improve the state's health care system. One component of the plan was a PCMH initiative. The plan identified a need to expand and enhance the primary care workforce to support implementation of the PCMH model.

In 2006, the Ohio Board of Regents commissioned the *Physician Supply and Demand Consultation* by the Robert Graham Center of the American Academy of Family Physicians. The board convened a group of policymakers, medical school educators, hospital administrators, physicians and other interested parties to study the issue of an impending physician shortage. The consultation included a review of the existing physician workforce, recent findings from national and regional workforce analyses, description of demographic trends that could impact the Ohio physician workforce, projection of trends for current physician workforce production, and mapping of potential holes in the health care safety net. The PCO participated in the study meetings and subsequent discussions with the State Medical Board of Ohio regarding suggestions for data collection improvements.

The ODH Oral Health Section and the Ohio Department of Mental Health (ODMH) have also been involved in workforce planning for their disciplines. Throughout 2005, The Health Policy Institute of Ohio, in partnership with the ODH Oral Health Section, hosted a series of "roundtable" dialogues to consider how Ohio might be more effective in utilizing its oral health care workforce to address the oral health needs of the state's most vulnerable citizens. In 2008, the ODMH engaged the Annapolis Coalition on the Behavioral Health Workforce to provide a framework for workforce assessment and planning and to recommend high priority strategies for action to improve the quality of the behavioral health workforce in the state. A two-day meeting of Ohio stakeholders resulted in recommendations that included building a permanent behavioral health workforce collaborative to serve as a coordinating body for workforce planning and to act as an oversight entity to monitor progress.

In July 2009, Ohio was one of six states invited to participate in a seminar focused on strengthening the health care safety net workforce. Co-sponsored by ASTHO, the meeting's purpose was to share models to improve the primary care workforce pipeline and maximize the safety net's ability to meet the demand for primary care services for the uninsured. In addition to the PCO, Ohio team participants represented the Governor's Office, the State Senate, the Commission on Minority Health, the Ohio Association of Community Health Centers, the ODH Director and the State Office of Rural Health.

Following the six-state meeting, ASTHO made seed funds available to support preliminary efforts by individual state PCOs. The Ohio PCO applied for and received this funding with the vision of aligning the state's primary care workforce with the needs of its residents to achieve and maintain health and



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wellness. The project was designed to provide a current assessment of workforce data and resources, gather input from key stakeholders, and create a strategic workforce plan that benefits Ohioans. With an initial focus on primary medical care, including primary care physicians (family practice, pediatrics, obstetrics/gynecology, internal medicine, and geriatrics), advanced practice nurses, and physician assistants, this planning effort was designed to form the basis of a broader initiative to later assess and plan for the development of Ohio's health care workforce.

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

During an eight-month timeframe, the Ohio PCO conducted a comprehensive and coordinated planning process to address the primary care workforce needs in Ohio. During this process, the PCO developed a primary care workforce data compendium and reviewed other state workforce strategic plans to identify common themes. A statewide strategic planning meeting and four regional forums were then held around Ohio, and a *Draft Ohio Primary Care Workforce Plan* was developed for public comment. The end result is a statewide strategic plan to assist Ohio with building capacity and meeting identified primary care workforce needs.

Data Compendium and Workforce Planning Themes:

The initial step in the planning process included compiling a compendium of available data on the primary care workforce within Ohio. During the summer of 2010, the PCO performed a comprehensive inventory of available resources on the practice and training of primary care physicians, advanced practice nurses, and physician assistants within Ohio. Health professions data from the Area Resource File, produced annually for the HRSA Bureau of Health Professions, were analyzed at the state and county levels. Statewide licensure totals were also obtained, as well as available enrollment and completion data for Ohio's health professions training programs. This information and data on Ohio's primary care HPSAs were then summarized to produce the *Ohio Primary Care Workforce Data Compendium*.

The PCO also reviewed primary care workforce strategic plans from states similar to Ohio to determine common recommendations for enhancement of the primary care workforce. Five prevailing themes were identified:

1. Developing a Statewide Health Care Workforce Data System
2. Cultivating the Primary Care Workforce
3. Primary Care Workforce Distribution and Diversity
4. Recruitment and Retention of Primary Care Providers
5. PCMH Training for Students and Providers

The *Data Compendium* and five identified key workforce themes served as the basis for efforts to initiate a primary care workforce strategic plan for Ohio.

Statewide Strategic Planning Meeting:

Engagement of broader expertise began with the planning and convening of the one-day statewide strategic planning meeting "Building Capacity to Address Ohio's Primary Care Workforce Needs" held in



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Columbus in September 2010. Organized by the PCO, with financial assistance from the Region V HRSA Office of Regional Operations, this meeting gathered experts and key stakeholders to participate in the development of Ohio's primary care workforce plan. The meeting was attended by approximately 80 experts and key stakeholders, including state agencies, health professional organizations, health professions training programs, insurers, and consumer groups.

The meeting began with presentations of data available on Ohio's primary care workforce, as well as distribution of the *Data Compendium*. Subsequent presentations covered the role of the Affordable Care Act on increasing demand for primary care services, the federal resources available to help Ohio in addressing primary care needs, and Ohio initiatives to institute reforms to primary care practice through the PCMH model. Following the presentations, facilitators led break-out sessions to begin identifying recommendations and strategies to address Ohio's primary care workforce needs. Meeting participants divided into five work groups to focus on specific aspects of addressing primary care needs in Ohio, based on the themes listed above. Recommendations were then summarized in a closing session.

Following the statewide meeting, notes from the five work groups were composed into a single document, and duplicative or overlapping recommendations and ideas were identified. As a result, the original five themes/work groups were reduced to the following:

1. Developing a Statewide Health Care Workforce Data System
2. Development, Recruitment, Retention and Distribution of a Culturally Appropriate Workforce
 - A. Early Exposure for Grades K-12
 - B. College Education, Medical School and Residency Training
 - C. Career Pathways and Existing Practitioners
3. PCMH Training for Students and Providers

PCO staff further refined the initial recommendations and strategies from the statewide meeting into two levels under each of the three main themes. Level I recommendations were deemed to be broader recommendations, while Level II were more likely to be strategies or examples of existing programs or initiatives.

Regional Forums and Public Comment Period:

Following the statewide meeting, the PCO solicited wider participation in the plan development process through a series of half-day regional forums held in the four quadrants of the state. A group facilitator from the statewide meeting guided all of the regional forums, providing continuity for the overall process development. Each of the forums included brief overviews of the background information presented at the statewide meeting, then moved into a work session to review drafted recommendations and pose additional or revised recommendations. Only Level I recommendations gathered from the statewide meeting were provided to regional forum attendees as a basis for discussion.



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To assist with refining recommendations and identifying priorities, the PCO developed a *Recommendation Priorities and Rating* score sheet. After the discussion, regional forum attendees individually listed and ranked their three highest priority recommendations in each of the three main categories. Participants also assessed each of their priority recommendations according to three criteria: impact, feasibility, and sustainability. A total of 28 experts and stakeholders from around the state submitted ranked priority recommendations across all four forums.

PCO staff worked collectively to identify duplicate recommendations gathered from the regional forums. The completed score sheets were compiled and weighted priorities were scored and ranked for each listed recommendation. Data collected from the score sheets were compiled to identify the following:

- *Total number of entries for each recommendation* - used to identify specific recommendations cited by the largest number of participants as a priority, regardless of whether the recommendation was listed first, second, or third.
- *Total average score given for each criterion for each recommendation* - based on a 5-point scale (1 = very high/very likely and 5 = very low/very unlikely) and compiled per criteria (impact, feasibility, and sustainability).

After score sheet data analysis, the resulting highest priority recommendations were incorporated into a *Draft Ohio Primary Care Workforce Plan*.

The PCO posted the *Draft Ohio Primary Care Workforce Plan* on the ODH website and solicited a final round of comments, including suggested strategies and action steps for implementation of recommendations, as well as suggested model programs. Strategies, action steps, and models were incorporated into the final plan, with comments submitted by thirteen contributors.

DISCUSSION/IMPACT

The result of this planning project is the *Ohio Primary Care Workforce Plan*, a statewide strategic plan to build capacity and meet identified primary care workforce needs in Ohio. This plan incorporates recommendations in each of three key areas:

1. Developing a Statewide Health Care Workforce Data System
2. Ensuring Adequate Supply, Distribution and Diversity of Ohio's Primary Care Workforce
3. Promoting Widespread Adoption of the PCMH Practice Model in Ohio

The completed plan will be available on the ODH website, as will the *Data Compendium* and statewide strategic planning meeting presentations.

Throughout the planning process the PCO has had the opportunity to identify new resources and partners from around the state with an interest in Ohio's primary care workforce planning. For example, the project has led to a developing partnership with an Ohio foundation to address the workforce needs of the state's safety net providers. The wide base of contributors has enabled the Ohio PCO to develop



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a primary care workforce plan that is a reflection of the fundamental needs and concerns voiced collectively around the state, and as such will ensure more support from stakeholders. Consideration has been given for the plan to align with key initiatives occurring on the state-wide level to address primary care workforce needs, such as the PCMH movement, as well as impending health coverage expansion for Ohioans. The main goal for this strategic plan is to serve as a foundation for moving forward with Ohio's primary care workforce planning and capacity building.

As a result of securing the ASTHO funding for state capacity building to address primary care workforce shortages, the Ohio PCO was also well positioned to develop an application for the HRSA State Health Care Workforce Development Planning Grant for Fiscal Year 2010. With considerable groundwork already in place focused on primary care workforce planning, the PCO successfully coordinated an application for the development of a comprehensive ten-year statewide health care workforce plan, receiving the funding award from HRSA in September 2010. While the state primary care workforce plan developed as a result of this planning process has a focus on the primary medical care providers needed in Ohio, it is intended that this plan will be allied in the future with additional workforce planning efforts addressing other disciplines that function as team members in the PCMH model.

LESSONS LEARNED: CONSIDERATIONS FOR OTHER STATES

1. *Clarify the scope of the topic of interest.*

With a short timeframe to complete this workforce planning project, the PCO chose to focus its efforts on specific primary medical care disciplines. A more explicit explanation of this focus in the meeting invitation materials may have better targeted stakeholders who were prepared to discuss these specific disciplines, instead of a more comprehensive definition of the primary care workforce.

2. *Factor in the timeframe for planning and implementation.*

While the statewide meeting was oversubscribed, obtaining representation from the full scope of experts and stakeholders proved difficult to achieve as limited time was available for outreach to all key groups. Time was also a factor in arranging and promoting the regional forums. Limited time between announcement of the forums and the meeting dates impacted attendance. Staff work after the forums on the scoring analysis and recommendation priorities was also time-intensive, resulting in a delay in writing and posting of the draft plan.

3. *Score and prioritize recommendations earlier in the process.*

The *Recommendation Priorities and Rating* score sheet used during each of the regional forums helped provide a consistent basis for discussion across forums and also provided a quantitative measure for selecting and refining recommendations for inclusion in the *Ohio Primary Care Workforce Plan*. Using a similar score sheet tool during the statewide meeting would have been beneficial. Such a tool may have provided more consistency among the five work groups at the statewide meeting.

4. *Consider the economic and political landscape.*



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Implementation of the recommendations may be challenging given the current economic and political landscape. Changes in state and federal budgets and in state leadership that occurred during this planning process may result in new and different priorities. Implementation must be a very fluid process, with strategies adapting to the resources available and barriers encountered.

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^{vi} Ibid.

^{vii} Ohio Department of Job and Family Services. "Ohio Health Care Employment: Labor Market Trends and Challenges" 2008. Available at <http://ohiocenterfornursing.org/PDFS/nursingworkforce/Healthcare.pdf>. Accessed on 2-22-2011.

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