

“The National Center for Health Workforce Analysis”

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Abstract

The U.S. National Center for Health Workforce Analysis (NCHWA) is a new national center established by the Affordable Care Act in 2010¹. The NCHWA is charged with expanding and improving health workforce data and information to support more informed public and private sector decision making related to the health workforce. This work is intended to help to promote a supply and distribution of well-prepared health workers to assure access to high quality, efficient care for the nation.

NCHWA priorities include: data collection and analysis; information dissemination to a vast set of stakeholders, including policy makers; and collaboration with health workforce researchers, states, and professional organizations, among others.

The NCHWA is funded by the Federal government and resides within the Bureau of Health Professions in the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. The Center operates in an advisory capacity only, and has no legislative authority to implement recommendations.

The U.S. Health Care System

Recent years have brought increased attention to the health care delivery system in the United States. Health care expenditures have been on an upward trajectory for many years, reaching 18% of the gross domestic product by June 2009² and projected to grow to almost 20% by 2020³. The passage of the

¹ The Patient Protection and Affordable Care Act, Title V, Sec. 5103, “Health Care Workforce Assessment,” available at: <http://www.healthcare.gov/law/resources/authorities/title/v-healthcare-workforce.pdf>, accessed 10/11/11.

² Altarum Institute, August 2011 Health Sector Economic Indicators Report, available at: <http://www.altarum.org/research-initiatives-health-systems-health-care/altarum-center-for-studying-health-spending/health-indicator-reports>, accessed September 14, 2011.

³ Centers for Medicare and Medicaid National Health Expenditure Projections 2010-2020, accessed August 29, 2011. Available at: <https://www.cms.gov/nationalhealthexpenddata/downloads/proj2010.pdf>.

historic Affordable Care Act will extend coverage to over 30 million additional Americans beginning in 2014; this, in combination with the aging and growth of the population, is expected to continue the increase in demand for health services. The dual goals of ensuring access to care and containing cost growth have increased interest in identifying strategies to improve the efficiency and effectiveness of health care delivery, including strategies related to the health workforce.

According to the U.S. Bureau of Labor Statistics, the Health Care and Social Assistance sector represented over 17.1 million jobs⁴ and accounted for over 10% of the total U.S. employment in 2008.⁵ These figures rise to 18.5 million jobs and over 12% of total U.S. employment when health professionals working outside of the Health Care and Social Assistance sectors are included.⁶ Even in the recent recession, the health care industry grew, adding 261,000 jobs in the private sector between January 2010 and January 2011.⁷

In this environment of conflicting pressures to increase services but constrain costs, NCHWA plays a critical role in assessing future workforce supply and demand. The NCHWA is responsible for producing data and information across all health care professions to support more informed public and private sector decision making related to the health workforce. These data are widely disseminated to health care stakeholders to inform decisions regarding health workforce policies and programs, and education and training capacity.

The National Center for Health Workforce Analysis

The NCHWA was formally created in 2010 to develop information on the health care workforce and workforce-related issues.⁸ The NCHWA is located in the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services. HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care. The NCHWA's mission, in turn, supports HRSA's activities by providing much-needed data and information to make decisions regarding the supply of and demand for U.S. health care workers.

A core responsibility of the NCHWA is to produce and disseminate data and information to describe the U.S. health workforce. In order to accomplish its mission, the NCHWA relies on the expertise of its staff and collaborative efforts with other workforce planning entities and academicians across the United States. Key activities include:

- Improving data collection and analysis;
- Projecting future supply and demand for health occupations;

⁴ US Bureau of Labor Statistics, May 2010 National Industry-Specific Occupational Employment and Wage Estimates, Health Care and Social Assistances, accessed August 29, 2011. Available at: [http://www.bls.gov/oes/current/naics2_62.htm#\(1\)](http://www.bls.gov/oes/current/naics2_62.htm#(1)).

⁵ US Bureau of Labor Statistics, "Employment by Major Industry Sector," accessed August 29, 2011. Available at: http://www.bls.gov/emp/ep_table_201.htm.

⁶ Analysis of BLS data performed by The Albany Center for Health Workforce Studies and published in: "Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2008-2018."

⁷ Altarum Institute, "Health Care Market Insights from the BLS January 2011 Employment Data," accessed August 29, 2011. Available at: http://www.altarum.org/files/imce/CSHS-Labor-Brief_Feb%202011_updated%20052011.pdf.

⁸ The Patient Protection and Affordable Care Act, Title V, Sec. 5103, "Health Care Workforce Assessment," available at: <http://www.healthcare.gov/law/resources/authorities/title/v-healthcare-workforce.pdf>, accessed October 11, 2011.

- Identifying and monitoring key workforce trends;
- Providing guidance to inform Federal and state workforce policies; and
- Assisting state health workforce data collection and analysis efforts.

In addition, the NCHWA plays a central role in efforts to redesign the designation methodology for shortage areas, including Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/MUPs). These designations help direct Federal funds toward geographical areas and population groups across the country with poor access to health care.

Key skill sets held by NCHWA staff include data compilation, data analysis and interpretation, and modeling. NCHWA supplements these general skills with access to both formal (contracting, peer groups within HRSA) and informal networks to inform work on detailed analyses. The NCHWA has ten full-time employees who interface with U.S. Federal, state, and private organizations devoted to health workforce analysis and planning.

Direct NCHWA funding for fiscal year 2011 was \$2.83 million. The NCHWA budget is derived from the Federal budgeting process and is updated annually.

Framework for Health Workforce Analysis in the United States

The U.S. approach to health workforce analysis is a collaborative effort incorporating Federal government agencies, states, professional associations, and public and private institutions of higher education, among others.

The Federal government provides national leadership in the development, distribution and retention of a diverse, culturally competent health workforce. Federal health workforce enumeration and projection efforts define a national context and framework for state-level planning efforts.

The role for the Federal government in the current framework for health workforce includes:

- National data collection and analysis;
- Development of data collection guidelines;
- Identification of national trends and needs;
- Projections of national supply and demand;
- Development of comparative state data;
- Reimbursement and payment policies for the Federal Medicare (health insurance) program; and
- Development and administration of Federal programs designed to fill gaps in the identified health workforce (e.g., Title VII programs, the National Health Service Corps, etc).

While NCHWA holds primary responsibility for national efforts to analyze and describe the health workforce, other Federal agencies are key partners in this effort, particularly the Bureau of Labor Statistics (BLS). The BLS is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy.⁹ The BLS is charged with collecting, analyzing, and disseminating essential economic information to support public and private decision-making. In fulfillment of this mission, the BLS produces data and projections regarding the U.S. workforce overall. Though the missions of the BLS and NCHWA are similar, they are complementary rather than

⁹ The Bureau of Labor Statistics, available at: <http://www.bls.gov/bls/infhome.htm>, accessed September 22, 2011.

duplicative: the BLS produces information about jobs and employment in the United States across 800 professions – including the health professions. The BLS also projects future job growth with the focus very much on the demand side. The NCHWA provides in-depth analysis, commentary, and information on the health professions specifically including both supply and demand. NCHWA and BLS have established a partnership for producing health workforce data and information moving forward, and BLS data contribute to many NCHWA analysis efforts.

In addition to developing synergy among Federal government stakeholders for health workforce analysis efforts, the NCHWA also works closely with state-level organizations, which play a large role in building and supporting the health workforce. While national numbers can be of some assistance in estimating local need, state labor departments (including state labor market information directors) are in the best position to determine and project their own workforce needs. As such, sub-national workforce planning entities in the United States do the majority of planning activities for their states and regions.

State responsibilities for health workforce planning include:

- State-supported (public) education and training programs;
- Licensure and regulation of health practitioners;
- Regulation of service delivery;
- Provision of state and local public health services;
- Scholarship and loan repayment programs for health care professionals; and
- State Medicaid (health insurance) program policies and administration.

In addition, state Workforce Investment Boards dedicate substantial funds to support training for the workforce across all sectors, including health care.

Recognizing the critical need for collaboration in workforce analysis efforts, the NCHWA envisions a Federal-state partnership, with the NCHWA providing data, tools, and information on broad health workforce development and trends that states and regions can in turn use to identify their priority needs and the strength (or gaps) or their local resources. This partnership will provide an effective mechanism for health workforce analysis activities across the heterogenic regions of the United States.

NCHWA Approach

In its second year of operation, NCHWA is continuing to build networks of reputable health workforce researchers across the United States to contribute to its work. Substantial time and effort is also devoted to developing operations and infrastructure, particularly the infrastructure for data collection.

The NCHWA's efforts focus primarily on data analysis and compilation and dissemination of information. Though NCHWA will field occasional sample surveys, its primary strategy is to work with state licensure boards, professional associations, and other health workforce research institutes to develop data for analysis. This will not only improve the data available to NCHWA efforts but also to analysts and researchers. The NCHWA also relies heavily on data from several national surveys, such as the National Ambulatory Medical Care Survey (NAMCS) and the Medical Expenditure Panel Survey (MEPS), funded by other Federal agencies.

In general, the NCHWA divides the health workforce into two sets of occupations:

- A) Occupations targeted for in-depth analysis and original data collection efforts; and
- B) Occupations where NCHWA will develop some additional resources but where primary responsibility for data gathering will continue to lie with others, such as the BLS.

Current efforts focus on primary care practitioners, including physicians, physician assistants, nurse practitioners, and midwives. These data are collected by professional associations and shared with the NCHWA. The data are stored on secured, password protected, limited-access shared drives on the HRSA network.

The NCHWA uses these data for a core tenet of its mission: the production of publicly available and accessible information. In order to fulfill this responsibility, NCHWA is in the process of developing a diverse dissemination strategy to reach its stakeholders. At a minimum, reports will be delivered via the HRSA website as well as through a grant-funded electronic library source called the Health Workforce Information Center (HWIC). The NCHWA also intends to publish its work in peer reviewed journals. Beyond printed and electronic media, NCHWA continues to work with HRSA's broad network of grantees to establish a presence and a voice at various conferences across the country.

In addition to sharing results and reports derived from data analysis, the NCHWA also plans to develop public use files to enable health workforce researchers to perform their own original analyses on datasets created and maintained by NCHWA. Confidentiality is of critical importance; therefore, these data sets will exclude personal identifiers. A detailed strategy will be developed once data compilation efforts are more mature.

NCHWA's reports and data are used to inform the various health workforce efforts and programs around the United States, including Federal and non-Federal programs. NCHWA is a purely advisory body, with no authority to mandate changes or require agencies to follow recommendations.

NCHWA Work Plan and Priorities

Enumeration, projection, and modeling efforts for the health care workforce are targeted for the upcoming year. A key priority for NCHWA is the development of a Minimum Data Set to assure collection of standardized data on the health professional education and training pipeline, demographics of health practitioners, and employment and/or practice activity for priority professions. Substantial resources are also being devoted to redesigning the process for designating health professional shortage areas and medically underserved areas/populations across the United States; this is in keeping with HRSA's mission to increase the populations' access to a diverse, culturally competent health workforce.

NCHWA will also annually convene meetings with state and national organizations who collect and analyze health workforce data and researchers to promote improved practices and to foster collaboration.

Typically, enumeration of the primary care workforce and substitutability among primary care providers – including physicians, nurse practitioners, and physician assistants – are priority activities. A better understanding of the supply, demand and use of nurse practitioners in particular is critically needed. The NCHWA is planning a national sample survey to obtain better information on NPs who are playing an increasingly important role in the delivery of services.

NCHWA plans to use the traditional stock/flow model as the basis for much of its efforts in enumerating the U.S. health workforce; however, some work will move beyond this approach to more complicated modeling techniques. Examples include the incorporation of techniques under development in the

private sector, such as a micro-simulation approach to health workforce projections; and approaches that incorporate disease patterns as a basis for demand-based projections. NCHWA is keenly interested in alternatives to traditional modeling approaches – particularly those that address the issue of overlapping scopes of practice and are dynamic in nature to take into account the interaction of supply and demand.

Recognizing that health care demand, use and supply are largely a local phenomenon, NCHWA plans to develop models that build up to the national level from state estimates to the extent possible.

Challenges

A major challenge facing health workforce researchers in the United States is the future of the evolving U.S. health care delivery system. The landmark 2010 Affordable Care Act is a major force for change along with the growing concern over rising health care costs. Shifts will encompass not only health insurance and payment for health care services, but also the method of delivery of health care. The Federal government is piloting a number of innovative care models emphasizing team-based care, including patient-centered medical homes and Accountable Care Organizations (ACOs). These innovations, along with the great pressure to constrain growth in health care expenditures, could significantly impact the demand for and use of health professions and will increase the difficulty of making accurate projections. The NCHWA is investigating these and other issues with multiple partners, including the Agency for Healthcare Research and Quality, another agency of the U.S. Department of Health and Human Services.

Given the wealth of data sources from which the NCHWA pulls, data integrity is also a serious concern. To address these issues, the Center is in the process of developing a national Minimum Data Set that will focus on priority professions, including the primary care professions mentioned previously as well as professions within the fields of dentistry, pharmacy, and mental/behavioral health. This project is in the infrastructure development phase, and will incorporate data cleaning and data validation processes to ensure that the final product is a true and accurate representation of the U.S. health workforce.

Dissemination and Stakeholder Relationships

The audience for NCHWA reports includes national and state policy makers; the health education and training community, including the thousands of universities and colleges that educate health professionals; health providers; and the public, with a particular focus on state governments and planning bodies. Reports and analysis from NCHWA can be used by federal and state governments to inform health workforce programs and policies; by the general public to gauge health worker availability; by potential health professionals to gauge the viability of various career paths; and for many other applications.

Key partners for NCHWA efforts are states, health workforce researchers, and national organizations such as professional associations. NCHWA has reached out to professional associations, including those representing physicians, nurses, physician assistants, and others, to develop partnerships particularly related to data collection and to share insights.

At the state and local level, institutions of higher education will also be key partners. These organizations may use data and information developed by NCHWA or by state-level entities to make decisions regarding which programs to offer and where to build (or diminish) their capacity. Additional stakeholders include Area Health Education Centers (AHECs) and state Primary Care Offices (PCOs).