

# Q & A Session: Understanding HRSA's 2012-2025 Supply/Demand Nursing Projections

March 2015

**Q. When will the web-based model for states be available and where would states access this site?**

**A.** The web-based model for states will be available in the summer of 2015 and it will be accessible from the Health Resources and Services Administration (HRSA) website. We will send out a message with the link to the web-based tool once it has been established.

**Q. Will the web-based model be capable of showing which model factors have the most influence on both the supply and demand projections at the state level?**

**A.** The web-based model will allow states to generate supply projections using their own licensure data and their own assumptions and/or data regarding number of newly trained nurses entering the workforce each year. This will allow states to conduct their own sensitivity analysis of the supply projections. In this version of the web-based model the user does not have the ability to change the demand projections.

**Q. When you have the online software available, how do you plan to use the licensure or other state-based data that the states would be entering into the software to develop their own projections? Do you plan to utilize the data in future projections?**

**A.** When a person uses the online software with their own data (eg, licensure data) the data files are only stored on the user's local computer. The state data files are not stored in any online repository. The design of HRSA's Health Workforce Simulation Model took into consideration the data currently available to use in the model, as well as data that might become available at a later date (eg, extracts from state licensure files). Use of nursing data from state licensure files will provide more accurate state (and national) projections than supply data obtained from sources like the American Community Survey. HRSA is interested in using data from state licensure files in future updates of the nursing workforce projections, but future use of such data is independent of states using the online software.

**Q. In order to downplay the projection numbers, would it be helpful if HRSA would publish the various policy scenario assessments you have shared in this presentation?**

**A.** The policy scenarios shared in the presentation are on page 13 of the Nursing Report, and information is also included in the FY 2016 President's budget at <http://www.hhs.gov/budget/>.

**Q. Have you done similar forecasts for other health professions? If so, which ones?**

**A.** Yes, the following reports have been published:

- Projecting the Supply and Demand for Primary Care Practitioners through 2020 – November 2013
- Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025 – July 2014
- Factsheets were published on pharmacists, therapy occupations and vision occupations – December 2014
- National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025 – February 2015

All of these reports are available at <http://bhw.hrsa.gov/healthworkforce/index.html>.

**Q. It was mentioned that the model was integrated across occupations to avoid a silo approach. Can you elaborate further on this point?**

**A.** HRSA's Health Workforce Simulation Model was designed to simultaneously model multiple health occupations—physicians, advanced practice nurses, physician assistants, nurses, oral health providers, behavioral health providers, and therapists, technicians, and aides/assistants. One common link to modeling demand for these occupations is that provider demand is linked to demand for health care services. When modeling demand for inpatient cardiology services, for example, this affects demand for physicians, nurses, and other health providers who provide services to hospitalized patients. Ongoing research is exploring how changes in care delivery models might affect patient care utilization and staffing patterns. For example, if emerging care delivery models place greater emphasis on preventive care then this could increase provider demand in ambulatory settings while decreasing demand in inpatient settings—which will have different implications for the health occupations that work in different care delivery settings.

**Q. Do you anticipate bringing the work you have done on the RN/LPN projections together with projections for other healthcare professions?**

**A.** Yes. HRSA has been using a tiered approach to develop the Health Workforce Simulation Model. Initial work focused on the nursing workforce, oral health workforce, and numerous therapist/technician/aide occupations. Modeling work on physicians, advanced practice nurses, and physician assistants is currently being refined. The behavioral health component of the model is being refined with additional mental health and substance abuse occupations added. Ongoing research is exploring how emerging care delivery models could affect patterns of health care use and staffing. The goal is to develop and maintain an integrated model, to open the model to peer review, and to identify the research needs to inform model parameters and scenarios.