GW HEALTH WORKFORCE INSTITUTE

New Health Workforce Research and Reflections on Emerging Issues

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*What do we know about:

1. What job changes are occurring (in CHCs and in hospitals)?
2. What evidence is there that they are associated with payment policies such as PCMH, EHRs, ACOs, Medicaid Expansion?
3. What have we learned about the effect of these changes on expanded roles, productivity, job substitution and outcomes?

** GW studies unless alternative source cited*

Changes in CHCs 2007-2013: Growth and Diversification

Workforce Changes

- Overall ratio of staff-to-patients in CHCs increased by 10.4%
- Largest among allied: All Medical 12%, Other Health 30.4%, Enabling 6.9%, Administrative 3.6%
- Dramatic increases among mental health and dental staff , less among substance abuse and actually fell as percent of all "Other Health"
- In terms of PCPs, relative decline in Physicians. (34% growth for physicians, but NPs/PAs at 74%, Nurses 43%, MAs 60%)

Changes in Hospitals 2010-2014: Skill Mix Shifts

- Increased employment of PAs and NPs from 55% to 63%.
- Little knowledge of how to use them (privileging)
- RNs steady per patient/acuity.
- Overall slight decline in support staff.
- Very significant substitution of high and middle skilled clinical non-licensed personnel with lower skilled staff.

What are we Learning About Which Policies Are Driving Workforce Changes?

- PCMH: strong association with NP/PA hiring and productivity increase in CHCs, not w/ nurses other medical staff or enabling.
- EHR: adoption in CHCs reducing productivity for 3 years then rebounds. It is driving hiring of "other" (IT staff and MAs), and expansion of roles.
- ACO: Self-reported surveys and qualitative studies suggests ACOs driving changes (more nurses, care coordinators, outreach).
  - But ACOs report change is slow due to bandwidth. AHA and Premier data do not show changes; ACO hospitals use NP/PAs and care coordinators less.
- Medicaid Expansion: when isolated, only modest increase. Greater increases in APPs and nurses compared to non expansion states that have greater increases in OTHER (MAs)
- NP SOP Reforms: No evidence of increased NP staffing or productivity in CHCs, but reduces MDs and increases PAs.
  - No evidence of relationship with privileging in hospitals.

A few reflections based on our research…

- In hospitals, current down skilling strategies could increase nurse burnout and affect outcomes, eg patient satisfaction.
- Hospitals have much to learn about using NPs and PAs in hospitals.
- In primary care, shortages of physicians is driving demand for NPs. With growth of retail and urgent care, NP shortages may be looming.
- ACOs are part of a long term shift that requires long term workforce planning. Better change management processes needed.