Health Innovation Summit

UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

White Paper & Articles to Explore

What Are Utah's Health Workforce Needs for the Future?

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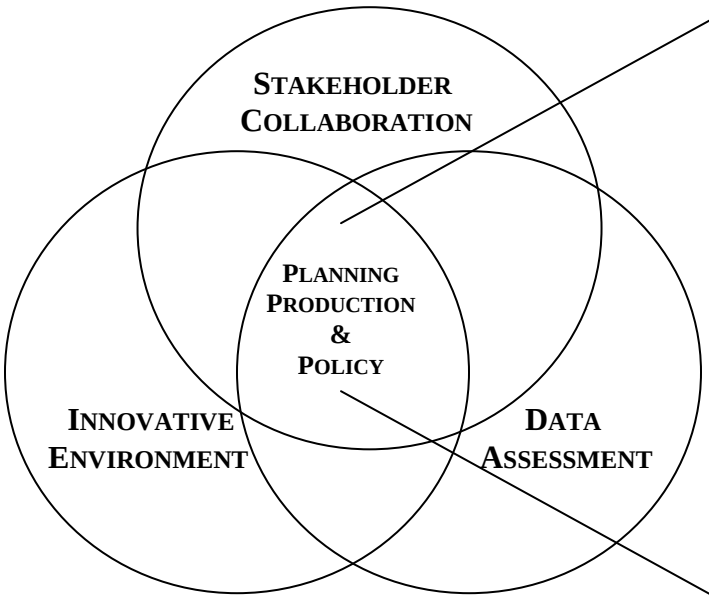
Across the United States, including the state of Utah, there is a shortage of healthcare professionals in acute care, primary care, long-term care, and public health care. Further complicating the shortage is an inequitable geographic distribution of healthcare workers. There are not enough healthcare professionals to provide every citizen access to affordable adequate quality healthcare.

Access to healthcare services is a function of availability of healthcare professionals, i.e. supply and demand. Several key factors affect access to healthcare professionals. Population growth overall is inevitable and will continue to exacerbate the healthcare shortage problem. However, the rapid growth in both elderly and minority populations are of particular concern, both nationally and locally. Other factors will continue to influence the level of healthcare access.

Technology development will continue to increase demand for healthcare but might also change the site in which healthcare is received. Costs associated with healthcare will continue to be a major factor influencing demand and location of services. Governmental policies, at all levels (federal, state, and local), will continue to play a larger role in healthcare workforce production as supply and demand varies over time.



Workforce production policies must include the following key factors:

1. Assessment
    a. Demand
    b. Supply
2. Production
    a. Students
    b. Faculty
    c. Institutional Accreditation
    d. Infrastructure
        i. Educational
        ii. Clinical
3. Financing
    a. Payer's (individuals or third party)
    b. Trainees
    c. Educators
    d. Providers
        i. Clinicians
        ii. Facilities
            1. Hospitals
            2. Clinics

In order to develop a rational healthcare workforce production policy plan, there needs to be an environment in which healthcare workforce assessment, collaboration, and innovation can thrive.

What is Utah's Health Workforce Need/Demand for the Future?

I. Assessment

How many health care providers are enough for Utah's population? How do we obtain good information to make decisions? It is difficult to make any workforce decisions if we do not know the current capacity, including both healthcare delivery and education. There is some collaboration between organizations concerning health workforce data, but it rarely crosses public-private boundaries.

Primary question: Does Utah have an appropriate/ adequate health care workforce now?

Issues to consider:

A. Availability of information and data
B. Data sharing (e.g., All-Payer Database, UMEC)

II. Demand

Utah has always had a healthy population compared to the rest of the nation (Utah's Health: An Annual Review 2010), but we need to invest resources to maintain and improve the health workforce. Utah has had one of the fastest growing populations in the U.S. for many years, and it is also aging. While the State's residents are healthier than the nation in some respects, there are still areas of concern (e.g. diabetes, long-term/hospice care, cardio-thoracic surgery, etc.). In relation to an aging population, many of the current health care workers will retire in the near future. In addition, changes in the economy have a direct influence on the demand for health care services.

Utah tends to have fewer health care professionals for its population than the national average. This could be both positive and negative. It is possible that Utah has a healthy population and the healthcare delivery methods utilized in the State are more efficient than in other areas of the country. However, it is also possible that some portion of the population is not receiving health care according to their needs.

Primary question: What is need and how do you define it?

Issues to consider:

A. Should the State assure a minimum level of care?
    1. Should workforce be based on ability to pay?
    2. Should access be based on urgency or preventative basis? Balance?
B. Do longer wait times improve/diminish efficiencies?
C. Number/mix of different professionals

III. Supply

Many sources are predicting an overall physician shortage with recommendations to increase both medical school slots and residencies. But, physician supply is just one component. Health care delivery is changing. It is increasingly a team environment, with advanced practice nurses and physician assistants taking on physician responsibilities. In addition, the role of pharmacists, podiatrists, dentists, and other professionals is expanding.

While each profession may have their own agendas, the reality is that health care is a complex system that involves many people and organizations, including hospitals, clinics, practices, educational institutions, insurance companies, etc. While physicians tend to be the main focus, providing the population with an adequate health workforce requires much more planning that simply training/recruiting more physicians.

It begins with education, where it may be important to look at what influences students to choose health care degree programs and explore whether they are prepared to successfully complete those programs. Perhaps most critical to workforce planning is the issue of financing the training. Students, educators, universities/colleges, health care providers, insurance companies, and the population all share the costs of training.

Primary question: What are the challenges of producing an adequate health workforce?

Issues to consider:

A. Education
   1. Are the current training models best?
   2. Does faculty have the time to teach students?
   3. Institutional accreditation (public and private schools)
   4. Educational and clinical infrastructure

B. Who will/ should pay for the training?

IV.Distribution

After training, health care providers do not all practice in the same location or treat the same type of patients. Utah has a significant rural population that often has limited access to primary care. But, there are many factors that go into where a health care provider practices, including their training, specialty, family needs, income, and personal preferences. In addition, there are urban areas whose residents may find it difficult to receive even basic health care.

Primary question: Do people have access to health care or not?

Issues to consider:

A. Should rural areas try to "grow their own" health care providers?
B. What influences students to choose a particular profession/ specialty?
C. How can we encourage providers to accept Medicaid patients?

Articles to Explore

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