Maryland Health Care Workforce Study

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MHCC | MARYLAND HEALTH CARE COMMISSION

Overview

- Maryland Professional Boards are often already collecting critical information needed for workforce analysis
- Most Boards are collecting data cited by the Health Resources and Services Administration's Workforce Minimum Data Set (MDS) initiative
- Maryland Boards collect more complete data than many states
- Considerable variation among Boards due to staff resources and prior involvement in workforce planning efforts

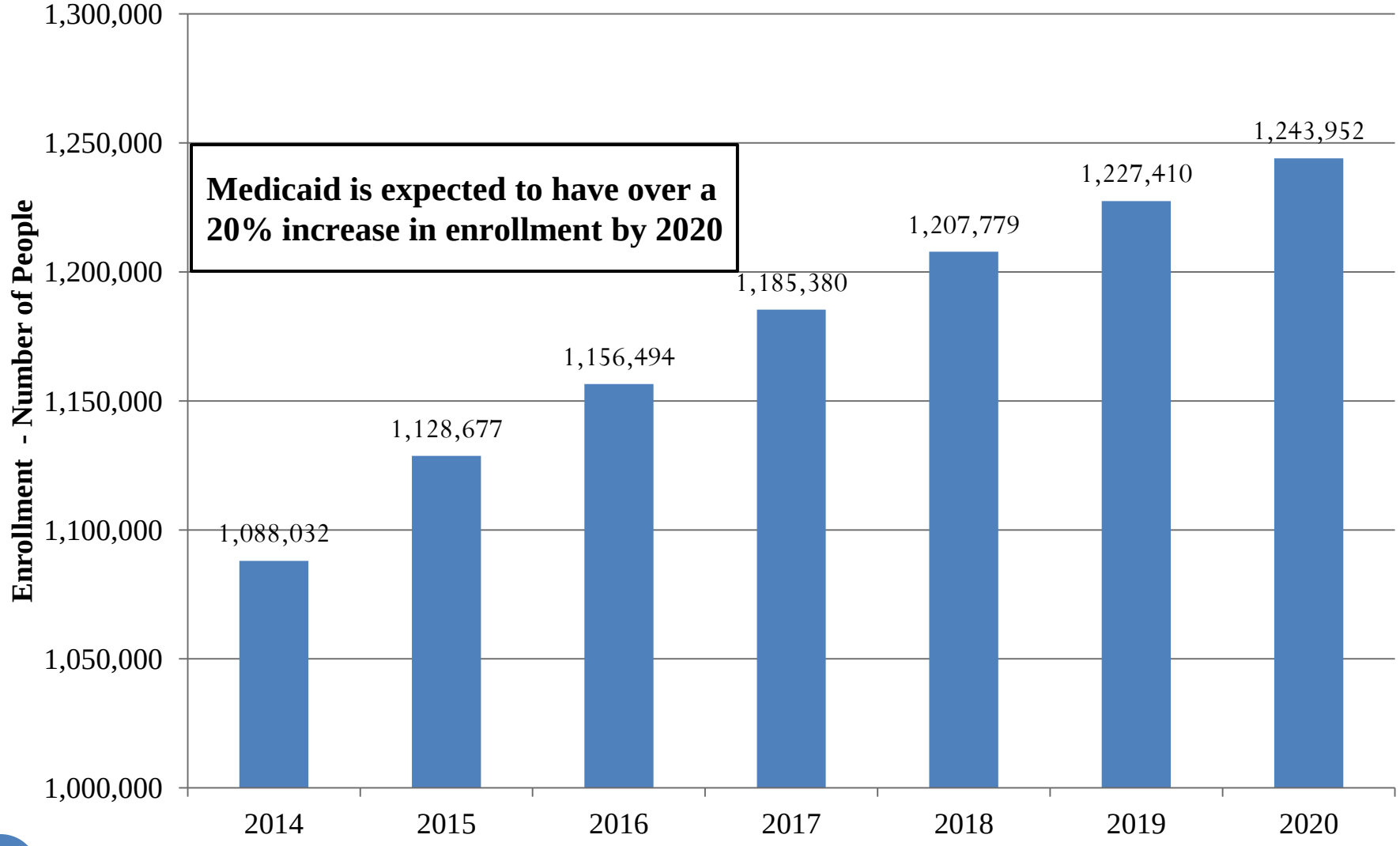
Benefits to Maryland

- Allows Maryland to be responsive to the changing health care delivery system and expanded insurance coverage due to the ACA
- Establishes a workforce data system that will allow Maryland policymakers to assess current supply and plan for future workforce needs relative to changing health care demands of population
- As an early innovator:
  - Moves workforce planning beyond single health occupations
  - Begins to align workforce planning with delivery system reforms
  - Aligns Maryland's efforts with evolving HRSA initiatives to model workforce needs

Overview

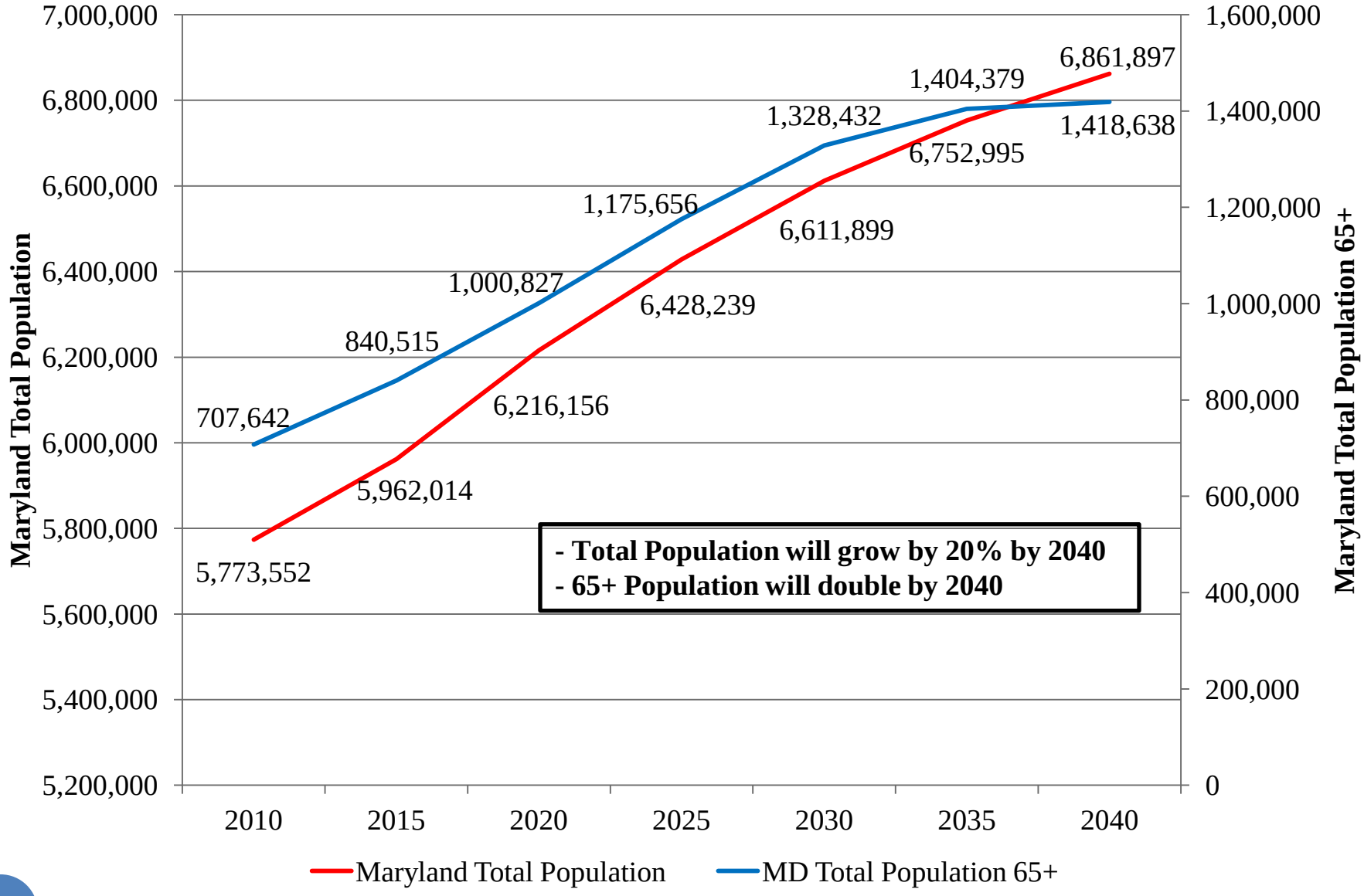
- Health Reform Implications for Workforce
- Maryland's Health Workforce Study
  - Study Goals and Approach
  - State Partners and Collaborators
- Phase 1 Findings
- Phase 2 Preview
- Next Steps

Medicaid Enrollment Projections with the Implementation of ACA



Source: Hilltop Institute, July 2012 – Maryland Health Care Reform Simulation Model

Maryland Population Growth 2010-2040



Source: Maryland Department of Planning Population Projections

Study Goals and Approach

PHASE 1

PHASE 2

PHASE 3

- Assess broadly the quality and utility of data available to study the Maryland health care work force
- Identify types of data needed to assess current and future adequacy of supply of health care services and providers
- Assess data availability, current gaps and possible solutions
  - Identify viable alternatives to currently available data where feasible
- Report on health care workforce characteristics and current and past distribution
  - Inform workforce transition to health reform
  - Identify disparities in access to care
  - Provide information to support stakeholder collaboration
- Make recommendations to Professional Licensure Boards to enhance collection of needed data
  - Support execution of changes to Licensure Board applications

Partners and Collaborators

- Governor's Workforce Investment Board (*Funding Support*)
- Governor's Office of Health Care Reform
- Maryland Health Care Commission

- Maryland Professional Licensure Boards

- Robert Wood Johnson Foundation (*Funding Support*)
  - IHS Global Inc

Providers to be Studied

- Initial emphasis on Primary Care, Oral Health, and Mental Health
- Boards that will be submitting licensure data
  - Counselors
  - Dentists
  - Nurses
  - Pharmacists
  - Physicians
  - Psychologists
  - Social Workers

Phase 1 Findings – Fields Required

- **Current Supply Analysis**
  - **Essential Fields**: Activity Status, Specialty, Work Location, Patient Care Hours, and Resident/Fellow.
  - **Useful Fields:** Work Location, Age, Gender, Race/Ethnicity, Total Hours, Education, and Future Plans.
- **Current Demand Analysis**
  - **Essential Fields:** Population Demographics, Current Utilization Patterns, and Current Patient-to-Provider Ratio
  - **Useful Fields:** Population Health Risk and Socioeconomic Characteristics.
- **Adequacy of Supply and Forecasting**

Phase 1 Findings – Data Strengths

- Many Boards collect essential fields for workforce supply analysis on their applications forms, including HRSA MDS fields
- Board of Physicians data is most comprehensive and requires few additional fields
- Several providers have data to support basic jurisdiction level supply analysis. Additional fields would be required for more sophisticated analyses.
  - Mental Health Providers – Psychiatrists, Psychologists, Social Workers, and Counselors
  - Physician Assistants
- MHCC role in supporting Board web applications

Phase 1 Findings – Data Weaknesses

- While there are many strengths for analysis of current supply, analysis and adequacy of future supply is not possible in most cases
- Getting more refined than county-level analysis is not possible in most cases
- License management software are useful for Boards in their primary charge, but are not built for extraction of data and analysis.
  - Nursing
  - Dental
  - Pharmacy

Phase 2 - Preview

- Variation in data availability across professions
- Supply Analysis
  - Deviations from past efforts
- Demand Analysis
  - Deviations from past efforts
  - Simulation models vs. national standards
- Geographic variation

Next Steps

- Finalize Phase 1 and 2 Reports
  - Release of reports expected in December
- Make recommendations to Boards on potential changes to applications
- Execution of changes to Board Applications (Phase 3)
- Report back to GWIB, GOHCR, RWJF, and MHCC