

Draft Ohio Primary Care Workforce Plan

INTRODUCTION

The Ohio Department of Health Primary Care Office and collaborators from across the state engaged in a four-month planning process to begin addressing Ohio's current and future primary care workforce needs. For purposes of this limited planning scope, primary care providers include certain physician specialties (family practice, general pediatrics, general internal medicine and obstetrics/gynecology), advanced practice nurses and physician assistants in similar specialties.

Maldistribution of primary care physicians in Ohio is documented by the designation of Health Professional Shortage Areas (HPSAs). An estimated 1.3 million Ohioans residing in HPSAs lack adequate access to primary care services,¹ including geographic access for entire communities, as well as financial access for low-income and uninsured populations. As future demand for primary care grows due to factors such as an aging population, increased insurance coverage and changing models of care, shortages of providers are likely to become even more pronounced.

Developing the State Primary Care Workforce Plan is a process of tapping the collective experience and knowledge of numerous organizations and individuals throughout Ohio. To date, the planning process has included an initial day-long meeting with representatives from a wide range of state agencies, health professional organizations, health professions training programs, insurers and consumer groups. The starting ideas from this meeting were then discussed and prioritized in a series of regional forums held around Ohio.

The following draft recommendations represent the input received to date on the highest priority focus areas for state level policy and recommended direction. Recommendations are categorized into three sections: (I) Developing a statewide primary health care workforce data system, (II) Ensuring adequate supply and distribution of Ohio's primary care workforce and (III) Promoting widespread adoption of the Patient-Centered Medical Home (PCMH) practice model in Ohio.

¹Health Resources and Services Administration (HRSA) Geospatial Data Warehouse, Designated HPSA Statistics, Total population residing within primary care HPSAs in Ohio, January 2011

RECOMMENDATIONS: SECTION ONE

I. Develop a Statewide Primary Health Care Workforce Data System

Background: Ohio does not have a single source for comprehensive data on health professionals in practice or in training. Institution of a statewide data system is essential to assessing current and future supply and distribution of the primary care workforce in order to identify and address key workforce issues and develop informed public policies.

Recommendation I A: Establish a centralized health care workforce data repository.

A centralized service would collect data from multiple sources including the health professional licensure boards, perform analyses and develop reports that present a clear picture of the current and projected workforce.

Possible Action Steps:

- Establish and fund a location with responsibility for maintaining the repository and analysis function.
- Identify the data sources and develop processes to channel information to the centralized repository, e.g. data from licensure boards, labor market information and payer sources.
- Develop collaborative relationships between the centralized repository and contributing data sources.
- Establish channels for using data analysis to inform public policy.

Recommendation I B: Establish a common core data set for health professional licensure.

A collaborative venture of licensure boards, key state agencies and statewide organizations would identify minimum data elements for adoption by all professions, with attention to data collection guidelines being developed at the national level for data coordination and comparison between states. The cost and regulatory requirements for changing and managing each profession's licensure system must be considered in adopting the minimum data elements.

Possible Action Steps:

- Establish a data collaborative of Ohio's health professional licensure boards and key workforce policy entities to identify desirable minimum data elements.
- Ensure adequate funding and necessary regulatory/legislative changes required to institute and maintain collection of minimum data elements.

Recommendation 1 C: Establish a system to track health professions students into practice.

A relatively small proportion of health care providers trained in Ohio enter into primary care practice; an even smaller proportion of those remain in Ohio to enter primary care practice. A system to track health professions students into practice could enable identification of more successful strategies for producing primary care practitioners and retaining new providers in the state.

Possible Action Steps:

- Establish a collaborative of Ohio's health professions training and licensure boards to design a longitudinal tracking system and identify the resources necessary to establish and maintain the system.
- Investigate tracking systems used by other states to determine feasibility of adoption or modification for use in Ohio.

RECOMMENDATIONS: SECTION TWO

II. Ensure Adequate Supply, Distribution and Diversity of Ohio's Primary Care Workforce

Background: Ohio lacks an adequate number and an appropriate distribution of primary care providers to meet current needs of the population and is likely producing and retaining an inadequate number of providers to meet future needs. Strategies are needed to increase the number of primary care providers being trained and the number choosing to serve underserved and diverse populations. Workforce development recommendations focus on three distinct groups: (A) school-age children, (B) health care professionals in training and (C) practicing health care professionals.

A. School-age children

Background: National research indicates that health care providers originating from population groups and communities that are historically underserved for health care are more likely to both choose primary care practice and to work in underserved areas.^{2,3} Identifying, motivating and mentoring youth from diverse backgrounds is fundamental to increasing the number of providers in training who ultimately choose primary care practice in settings that serve underserved populations, including rural, inner city, low income and minority communities.

Recommendation II A: Identify and expand existing programs for school-age exposure to health care careers.

Multiple existing programs provide early exposure to health careers. However, these programs are not available in all communities and a comprehensive listing of such programs does not exist. A centralized information clearinghouse that describes successful models would be helpful for communities wishing to develop locally-grown providers, as well as for informing state policy makers about which models are most effective and may warrant public support.

Possible Action Steps:

- Enlist providers to encourage health care interest among pediatric patients.
- Promote health care careers among youth and their families through school-based programs, including rural and minority youth.
- Expand youth volunteer opportunities in community health and social service settings.

² Phillips RL Jr et al. Specialty and geographic distribution of the physician workforce: what influences medical student & residency choices? Washington, DC: The Robert Graham Center, March 2009.

³ Hyer JL et al. Rural origins and choosing family medicine predict future rural practice. *American Family Physician*, 2007 Jul 15; 76(2):207

- Develop a centralized clearinghouse to promote and exchange models and programs for early exposure to health care careers.

B. Health care professionals in training

Recommendation II B 1: Institute additional financial incentives to recruit and retain students in primary care careers.

Ohio's health care educational institutions report that more students enter provider training programs with the stated intention of entering primary care than eventually choose primary care practice. Instituting additional financial incentives for primary care practice may encourage more students to choose and remain in primary care practice over more highly paid specialty fields.

Possible Action Steps:

- Increase Ohio loan repayment opportunities for primary care providers.
- Support the primary care component of the Choose Ohio First Scholarship Program.
- Discount tuition fees for students agreeing to pursue primary care careers in Ohio.
- Provide tax incentives for primary care practitioners, especially those serving underserved communities/populations.

Recommendation II B 2: Increase training experiences in community-based primary care settings.

Increasing educational, practicum and residency training exposure to underserved and diverse populations in community-based primary care settings is fundamental to better preparation for and increasing interest in primary care practice.

Possible Action Steps:

- Expand and promote student rotations in community health settings.
- Increase support for Rural Training Track residency programs.
- Develop residency programs in primary care settings, such as Teaching Health Centers.⁴

Recommendation II B 3: Simplify training advancement within and between health care professions.

⁴ Teaching Health Centers are defined by HRSA as primary care residency training programs located in health centers, which are community-based ambulatory patient care centers such as Federally Qualified Health Centers and Rural Health Clinics.

People in health care careers already working in Ohio are more established in and committed to their communities and Ohio. Facilitating the advancement of health care workers into provider professions should yield a higher proportion of providers who remain in Ohio.

Possible Action Steps:

- Structure course content so that academic credit for certain shorter-term training programs can be later applied to more advanced training.
- Explore standardization of certain core courses across multiple career and professional programs to facilitate transfer of foundational knowledge and skills.
- Restructure training curriculum and programs to accommodate working students.

C. Practicing health care professionals

Background: Ohio is a significant source of training for health care providers, including physicians, advanced practice nurses and physician assistants. However, many providers trained in Ohio leave the state to practice,⁵ including many native Ohioans.

Recommendation II C: Promote return of primary care providers originating from or trained in Ohio to practice opportunities in Ohio.

Ohio is a significant exporter of health care providers. Medical schools, advanced practice nursing programs and physician assistant programs in Ohio graduate far more providers than remain in the state. All of the state institution educational programs are subsidized by the State of Ohio. In some cases, students from other states never intend to practice in Ohio. Contributors to the planning process described many enticements to leave Ohio, including variations among states in licensure requirements and reimbursement policies. Contributors also suggested that providers from Ohio may be encouraged to return to the state.

Possible Action Steps:

- Identify and actively recruit native Ohioans practicing in other states to return to Ohio.
- Survey recently returned providers and those practicing elsewhere to determine what obstacles exist to practicing in Ohio.
- Examine licensure procedures and reimbursement policies to identify any barriers or delays specific to Ohio that could be remedied.
- Adequately fund state loan repayment programs for primary care providers, especially those practicing in underserved areas.

⁵ *Physician Supply and Demand Consultation to the Ohio Board of Regents*, The Robert Graham Center: Policy Studies in Family Medicine and Primary Care, Feb. 25, 2007.

RECOMMENDATIONS: SECTION THREE

III. Promote Widespread Adoption of Patient-Centered Medical Home Practice Model in Ohio

Background: The Patient-Centered Medical Home (PCMH) practice model⁶ is poised at both the state and national levels to revolutionize the provision of primary care. Promoted by federal policy, national health care quality authorities and a growing number of health care insurers, the PCMH specifies the extension of primary care to include a broad team of professionals and health care workers. Adoption of the model will require significant changes in the training of health care providers, the practice of primary care and the structure of reimbursement for primary care services.

Recommendation III A: Increase funding support for implementation of House Bill 198.

The Ohio General Assembly passed House Bill 198 (HB 198) in 2010 to institute model training programs for health care professionals. However, HB 198 did not include appropriation of funds to support the initiative.

Possible Action Steps:

- Explore financial support of HB 198 provisions through General Revenue, fees or other public sources.
- Solicit funding of selected HB 198 provisions and model development from insurers, foundations and other private sources.

Recommendation III B: Provide financial incentives for practitioners and facilities to adopt the PCMH model.

Adoption of the PCMH model is a major change in the way primary care practices operate. Change will involve significant efforts, cost and risk by providers, payers and other health care workers in each community.

Possible Action Steps:

- Establish and evaluate demonstrations in reimbursement policies that support the cost and process of PCMH practice.

⁶ The Ohio Medical Home definition adopted by the National Academy of State Health Policy and recommended by the Health Care Coverage and Quality Council Medical Homes Task Force: *A medical home is an enhanced model of primary care in which care teams attend to the multi-faceted needs of patients, providing whole person comprehensive and coordinated patient-centered care.*

- Provide financial incentives to help practitioners and facilities defray the costs of training and conversion to the model.
- Develop trainings to be offered for free or little cost for existing practitioners interested in adopting the PCMH model.

Recommendation III C: Promote interdisciplinary training and practice within all primary health care related professions.

Institution of the PCMH practice model will require restructuring professional training to emphasize team practice with a variety of health care professionals and allied health personnel. Expanding the professional training experience to include more collaborative coursework and interdisciplinary team problem-solving will be essential to prepare for this model of practice and to utilize the full scope of training for each health care professional within the interdisciplinary team.

Possible Action Steps:

- Develop collaborative courses that include providers and other health care workers.
- Include interdisciplinary team problem-solving in the training of providers and other health care professionals, such as nurses, pharmacists, psychologists, social workers and dentists.

RECOMMENDATIONS OUTLINE

SECTION I. Develop a Statewide Primary Health Care Workforce Data System

Recommendation I A: *Establish a centralized health care workforce data repository.*

Recommendation I B: *Establish a common core data set for health professional licensure.*

Recommendation I C: *Establish a system to track health professions students into practice.*

SECTION II. Ensure Adequate Supply and Distribution of Ohio's Primary Care Workforce

A. School-age children

Recommendation II A: *Identify and expand existing programs for early age exposure to health care careers.*

B. Health care professionals in training

Recommendation II B 1: *Institute additional financial incentives to recruit and retain students in primary care careers.*

Recommendation II B 2: *Increase training experiences in community-based primary care settings.*

Recommendation II B 3: *Simplify training advancement within and between health care professions.*

C. Practicing health care professionals

Recommendation II C: *Promote return of primary care providers originating from or trained in Ohio to practice opportunities in Ohio.*

SECTION III. Promote Widespread Adoption of Patient-Centered Medical Home (PCMH) Practice Model in Ohio

Recommendation III A: *Increase funding support for implementation of House Bill 198.*

Recommendation III B: *Provide financial incentives for practitioners and facilities to adopt the PCMH model.*

Recommendation III C: *Promote interdisciplinary training and practice within all primary health care related professions.*