# Maryland Health Care Workforce Study

Governor's Workforce Investment Board

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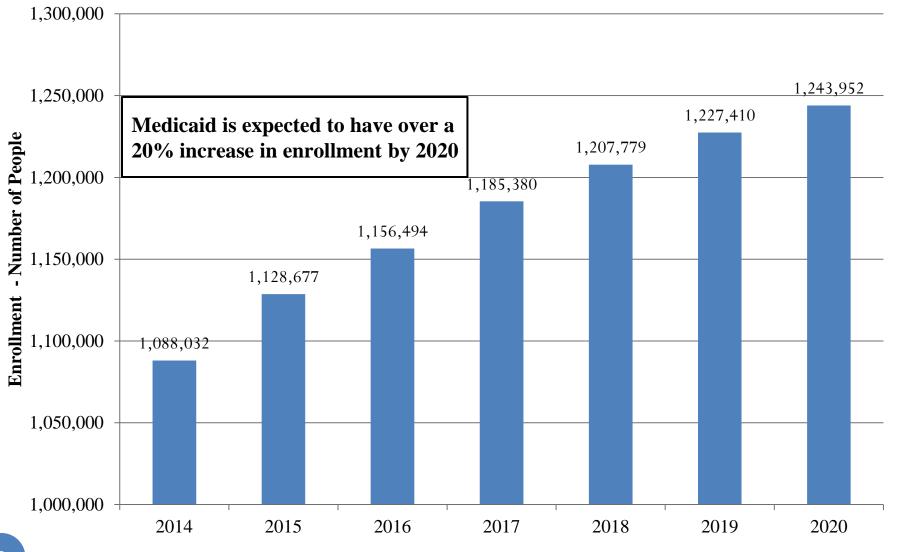
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#### Overview

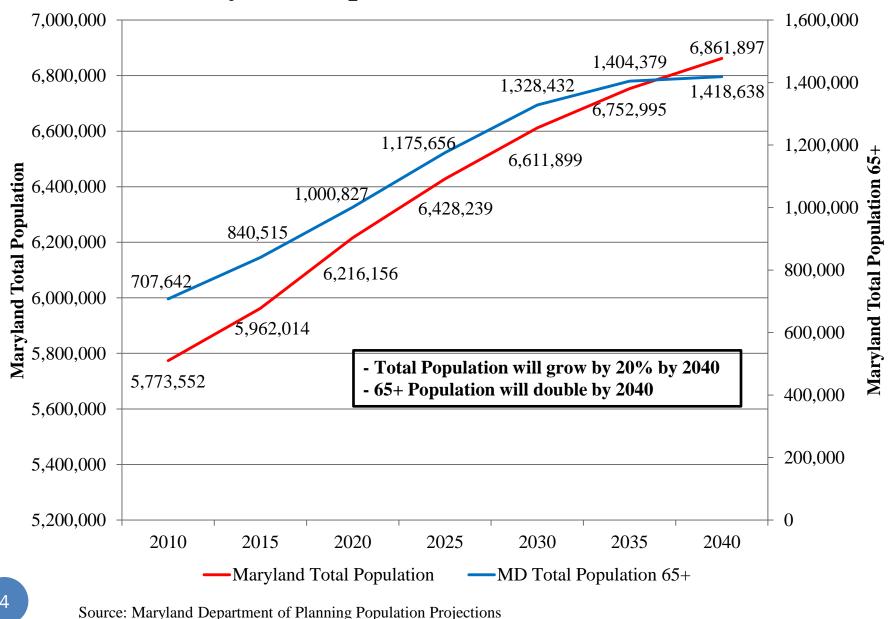
- Health Reform Implications for Workforce
- Past Efforts to Study Maryland's Health Care Workforce
- Maryland's Health Workforce Study
  - Study Goals and Approach
  - State Partners and Collaborators
  - Benefits of the Study to Maryland
- Initial Findings
- Next Steps

#### Medicaid Enrollment Projections with the Implementation of ACA



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

#### **Maryland Population Growth 2010-2040**

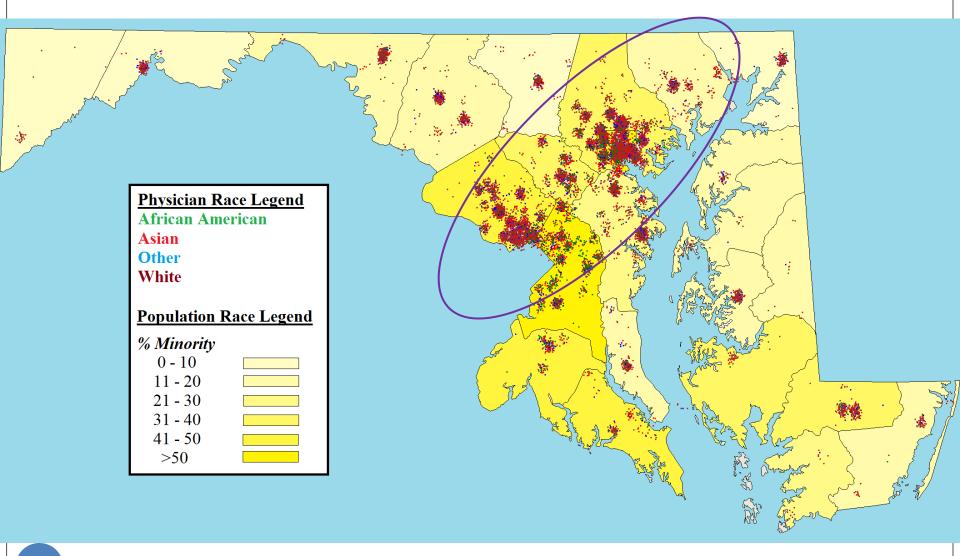


	Total	Primary Care	Medical Specialties	Surgical Specialties	All Other
Maryland (per 1,000 population)	2.44	0.77	0.42	0.52	0.74
HRSA Standard (per 1,000 population)	1.93	0.69	0.27	0.43	0.53
MD Percent Difference (above HRSA Standard)	27%	11%	54%	19%	39%

Maryland Physician Supply (2009-2010)

Source: MHCC 2011 - Maryland Physician Workforce Study

#### **Geographic Distribution of Physicians by Race**



Source: MHCC Maryland Physician Race and Ethnicity Report (2010-2011)

Maryland Physician Supply Versus HRSA Standard, All Adjustments*								
Region	Total	Primary Care	Medical Specialties	Surgical Specialties	All Other			
Entire State	27%	11%	54%	19%	39%			
Baltimore Metro	44%	21%	69%	40%	66%			
Eastern Shore	4%	0%	8%	-2%	13%			
National Capital	18%	4%	56%	8%	23%			
Western	20%	12%	48%	3%	29%			
Southern	-26%	-19%	-7%	-34%	-39%			
Key: Green = >10%, Yellow = -10% to 10%, Red = <-10%								

\* Positive percentage indicates supply in excess of HRSA Standard, and negative percent indicates a supply deficit compared to the HRSA Standard.

# Study Goals and Approach

- 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

## **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 and future workforce against changing needs of population
- Understanding the needs of the population and the supply of health professionals to respond allows for better planning
- 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

#### Initial Findings on Early Stages of Effort

- Review of Maryland License Applications shows that 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 (relative to federal MDS standards) than many states
- Considerable variation among Boards due to staff resources and prior involvement in workforce planning efforts

### **Next Steps**

- Analysis of the current demand for services
- Analysis of the current supply and distribution of health care professionals
- Recommendations to Boards on potential changes to applications
- Execution of changes to Board Applications
- Report back to GWIB, GOHCR, RWJF, and MHCC