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

Medicaid is expected to have over a 20% increase in enrollment by 2020

Source: Hilltop Institute, July 2012 – Maryland Health Care Reform Simulation Model
- Total Population will grow by 20% by 2040
- 65+ Population will double by 2040

Source: Maryland Department of Planning Population Projections
<table>
<thead>
<tr>
<th>Maryland Physician Supply (2009-2010)</th>
<th>Total</th>
<th>Primary Care</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>All Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maryland</strong> (per 1,000 population)</td>
<td>2.44</td>
<td>0.77</td>
<td>0.42</td>
<td>0.52</td>
<td>0.74</td>
</tr>
<tr>
<td><strong>HRSA Standard</strong> (per 1,000 population)</td>
<td>1.93</td>
<td>0.69</td>
<td>0.27</td>
<td>0.43</td>
<td>0.53</td>
</tr>
<tr>
<td><strong>MD Percent Difference</strong> (above HRSA Standard)</td>
<td>27%</td>
<td>11%</td>
<td>54%</td>
<td>19%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Source: MHCC 2011 - Maryland Physician Workforce Study
Geographic Distribution of Physicians by Race

Source: MHCC Maryland Physician Race and Ethnicity Report (2010-2011)
<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>Primary Care</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>All Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire State</td>
<td>27%</td>
<td>11%</td>
<td>54%</td>
<td>19%</td>
<td>39%</td>
</tr>
<tr>
<td>Baltimore Metro</td>
<td>44%</td>
<td>21%</td>
<td>69%</td>
<td>40%</td>
<td>66%</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>4%</td>
<td>0%</td>
<td>8%</td>
<td>-2%</td>
<td>13%</td>
</tr>
<tr>
<td>National Capital</td>
<td>18%</td>
<td>4%</td>
<td>56%</td>
<td>8%</td>
<td>23%</td>
</tr>
<tr>
<td>Western</td>
<td>20%</td>
<td>12%</td>
<td>48%</td>
<td>3%</td>
<td>29%</td>
</tr>
<tr>
<td>Southern</td>
<td>-26%</td>
<td>-19%</td>
<td>-7%</td>
<td>-34%</td>
<td>-39%</td>
</tr>
</tbody>
</table>

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