



The National Advisory Council on the National Health Service Corps

November 5, 2020

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Vision: Healthy Communities, Healthy People



Agenda

- ▶ BHW Priorities & Direction
- ▶ Bureau Initiatives & Data Resources
- ▶ COVID-19 Efforts
- ▶ CARES Act / Workforce Coordination—Plan and Report
- ▶ Open Discussion on Advancing the Definition of Need



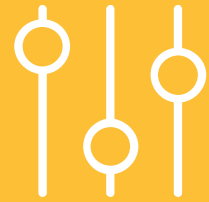
■ Priorities & Direction



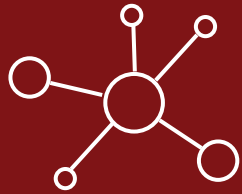
BHW Program Aims



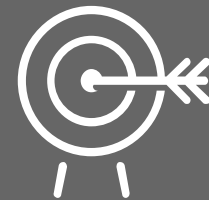
Enhance **access** to culturally-competent care



Achieve **supply** equilibrium in numbers of health workers

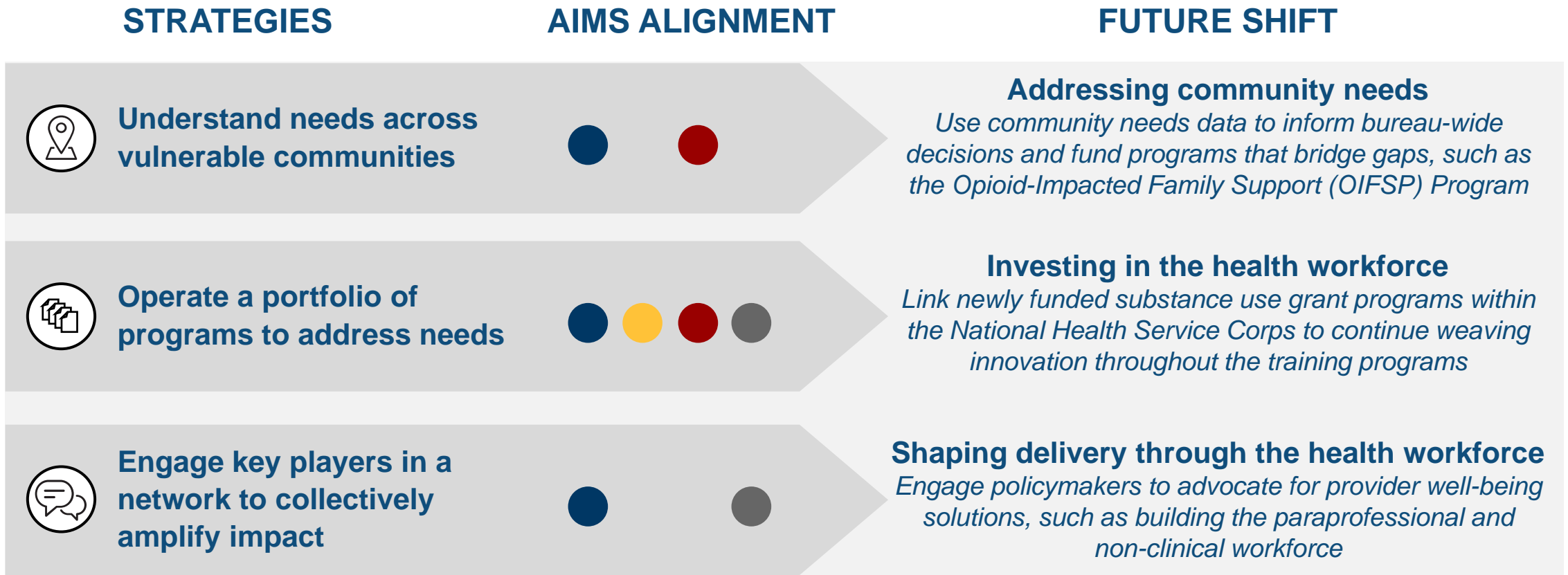


Improve **distribution** of the health workforce



Augment **quality** of the workforce and care provided

BHWise: Aligning Strategy around Community Need



Positioning the Bureau to Better Serve our Communities

National factors impacting the communities we serve make this moment critical for change.

EXTERNAL FORCES



The COVID-19 crisis is disproportionately affecting underserved communities.

Racial inequity is exacerbating growing disparities in community health.



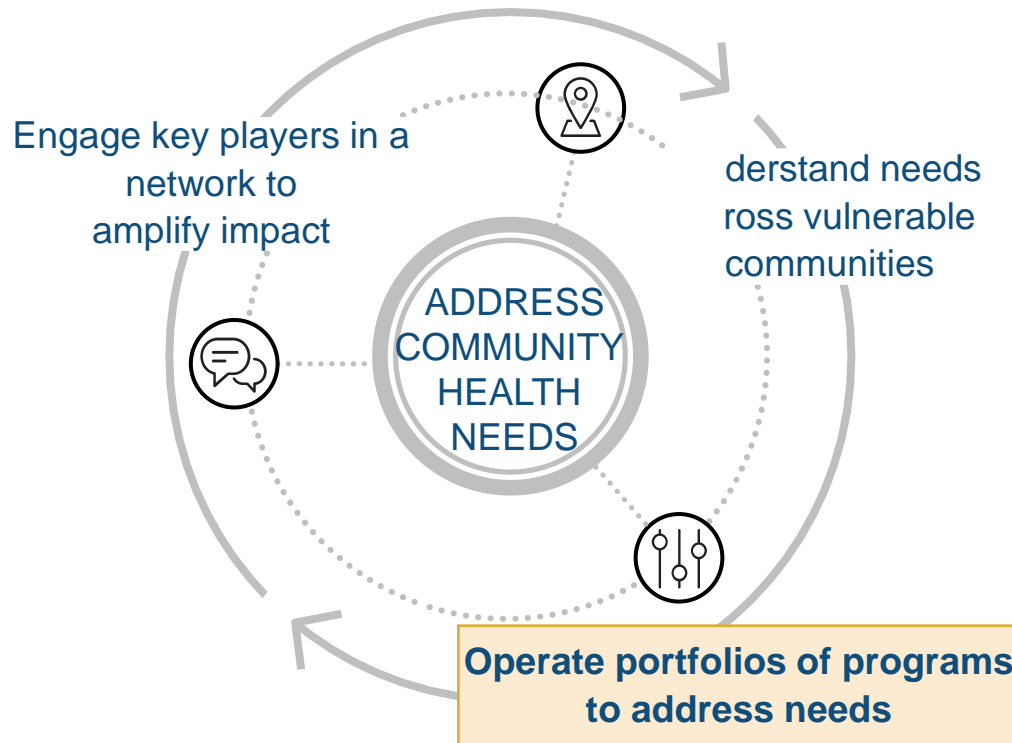
A shifting healthcare landscape is emphasizing consumer-driven delivery & value-based care models.

BHWise: HEALTH EQUITY AT THE CORE



Bringing Change to Life

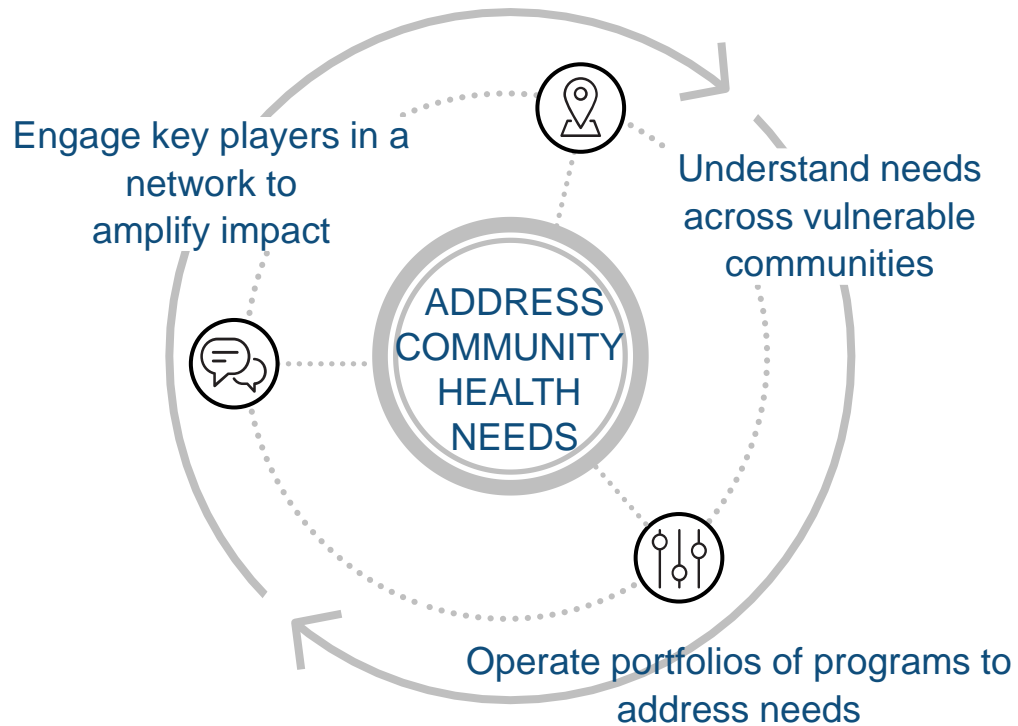
The Portfolio Planning Pilot is one way we have already started to bring BH*W*ise into our culture and operations.



During Pilot

- Form a **portfolio of six programs** to address behavioral health
- Program representatives work **together to achieve** a shared goal by:
 - Developing priorities and **tactical activities**
 - Determining the **resources and stakeholders** needed

BHWise: Sustaining Change



Looking Forward

BHW's next steps under BHWise will further integrate these shifts into our culture and operations. We will:

- Evolve how we apply need data to program planning and ongoing execution
- Refine Bureau-wide priorities based on top community needs, and plan for impact across programs and partners
- Design and institute a set of BHW program portfolios based on strategic priorities
- Roll out an integrated operating model, focusing on joint impact around need
- Evolve tools and data for use by programs and the health workforce

■ Initiatives & Data Resources



Health Professions Education & Training

\$5.8
million
supplement

› 52 state and regional
primary care associations

Provide training/technical assistance on:

- Readiness to Train Assessment Tool
- Strategic Workforce Plans

Readiness to Train Assessment Tool (RTAT)



Role of the PCAs

Year One



Assign a program manager for workforce development



Provide T/TA re: Readiness to Train Assessment Tool (RTAT)



Monitor RTAT completion rate

Year Two



Analyze RTAT results



Develop workforce action plans



Foster partnerships

Year Three



Implement workforce action plans



Disseminate evidence-based models and promising practices



Demonstrate sustainability and return on investment

Evolution of BHW Data Management & Resources

Past: Fragmented

- Minimal data sharing across BHW components
- Paper files
- Data for documentation and reporting purposes
- Limited ability to visualize trends
- No links between grants and service data

Present: Inflection Point

- Enhanced collaboration across BHW
- Data marts lay foundation for advanced analytics
- BHW Dashboards
 - Performance Data
 - Clinician Tracker
- New paradigms for information capture
- Data externalized

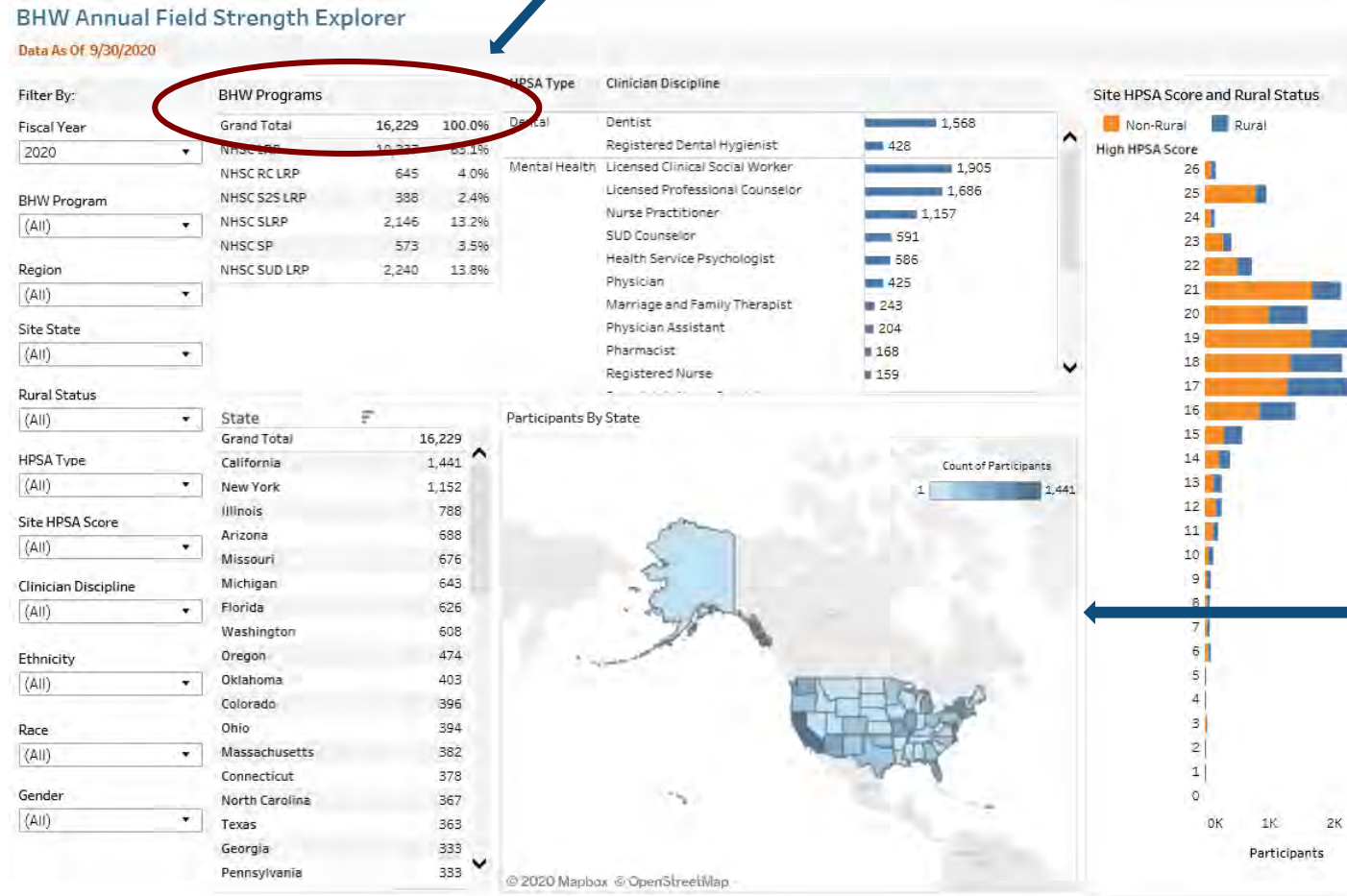
Future: Optimized

- Enhanced collaboration across HRSA and other entities
- Data drives decision-making
- Enhanced analytics:
 - Geocoded data
 - Predictive modeling
- New metrics for determining community-based need
- BHW data shows outputs and outcomes internally and externally

Field Strength Dashboard

Total Field Strength = 16,229

Filter results by program, state, demographics, HPSA score and more



Distribution by Rurality and HPSA

Analyze results on a map

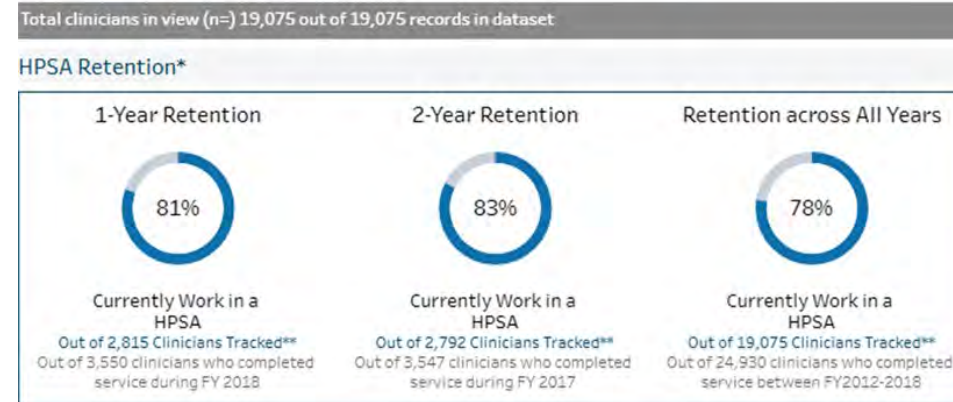


Clinician Dashboards

Across NHSC and Nurse Corps Alumni between FY 2012 and FY 2018

- 78% currently working in a HPSA
- Retention in a HPSA has **increased** from 71% to 81%

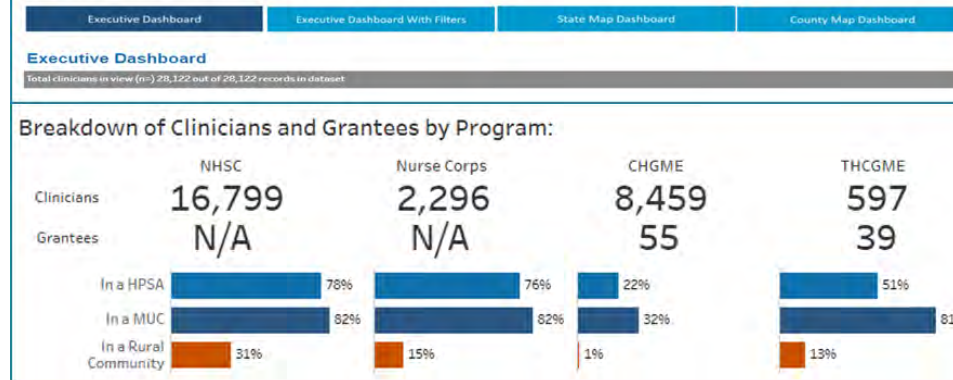
Post-Service Retention of NHSC and Nurse Corps Alumni who completed Service between FY2012 - FY2018



Across NHSC, Nurse Corps, CHGME and THCGME combined:

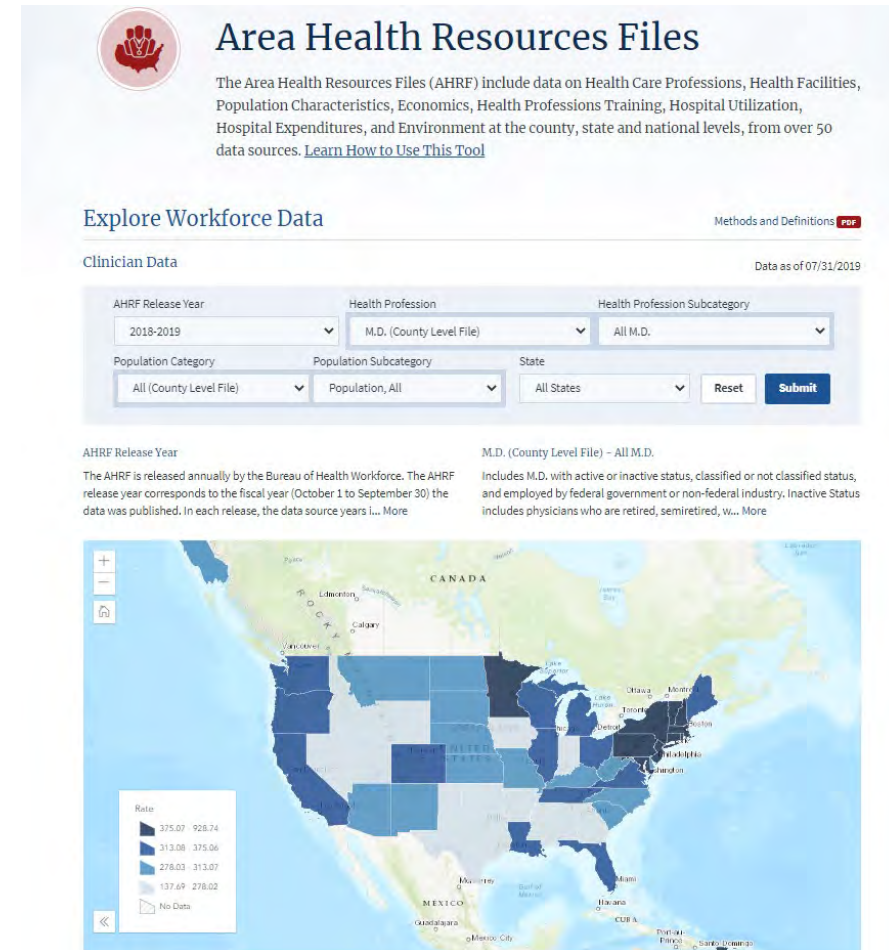
- 60% currently work in a HPSA
- 67% in a medically underserved community
- 21% in a rural community

Explore the Unified Clinician Dashboards

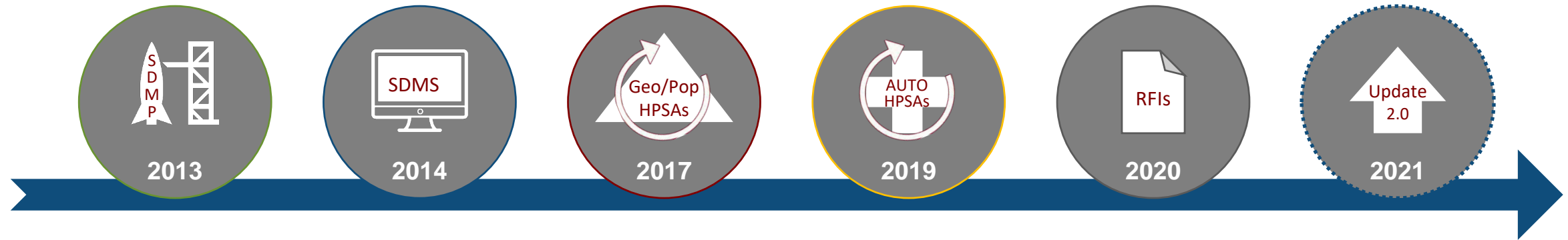


Area Health Resources Files – New Visualization Interface

- ▶ **Over 50 sources of data available at the county and state level**
- ▶ **New features:**
 - More subspecialties available (65 in total)
 - Ability to stratify population by sex, poverty, race/ethnicity
 - New data fields such a provider rates per population
 - Health Profession Stratification for 15 professions
 - Accessible information on sources of data and definitions
 - Dynamic Displays and more Advanced Visualization
- ▶ **Data can be downloaded (maps and raw data)**



Shortage Designation Modernization Project



The Shortage Designation Modernization Project uses the existing HPSA scoring criteria. No changes to the criteria have been made.

COVID-19 Efforts



BHW & COVID-19



MOBILIZE

Expand the available health workforce

- Supporting National Health Service Corps and Nurse Corps flexibilities[†]
- Waived National Practitioner Data Bank query fees March 1-September 30, 2020



TRANSFORM

Strengthen health workforce readiness

- Awarded \$15M to improve **telehealth** capabilities



SUPPORT

Sustain and protect the frontline health workforce

- Developed the workforce framework for the Federal Healthcare Resilience Task Force and the COVID-19 Workforce Virtual Toolkit
- Exploring ways to enhance workforce well-being



ANALYZE

Assess health workforce needs and capacity

- Assessing impacts of COVID-19 on workforce
- Funding 28 COVID-19 research projects by the Health Workforce Research Centers



[†] <https://nhsc.hrsa.gov/coronavirus/FAQs>

CARES Act / Workforce Coordination— Plan and Report



Health Workforce Coordination—Plan and Report

GOAL: Develop a strategic plan with respect to HHS health care workforce development programs, including education and training programs.

Requirements:

- Consultation with Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) and the Advisory Council on Graduate Medical Education (COGME).
- Coordination with heads of other Federal agencies and departments that fund or administer health care workforce development programs.
- Due: **March 27, 2021.**

Other deadline: **March 27, 2022:**

- Submit a Report to Congress (RTC) describing actions taken to implement plan.
- RTC to be sent to Senate HELP Committee and House Committee on Energy and Commerce.



Open Discussion: Advancing the Definition of Need



Understanding Community Need in Relation to the U.S. Health Care Workforce

HRSA Mission

To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

BHW Mission

Improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.

What is the challenge?

- **“Demand” versus “Need” for Health Care Workers**
 - Historically, there has always been a “push and pull” in the health services world between meeting consumer “demands” versus their “needs.”
- **Community Need is Diverse**
 - Health equity can be affected by both systemic needs (e.g., underserved communities, HPSAs) as well as emerging needs (e.g., COVID-19) that arrive suddenly. Current models are often inadequate to fully capture the needs of the community.
- **Availability of Quality, Detailed Data**
 - The data on which need is calculated must be sufficiently granular (e.g., county level), current, and well-managed to ensure decision-making is sound and repeatable.

Contact Us

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