



Council on Graduate Medical Education

December 8, 2020

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Vision: Healthy Communities, Healthy People



Agenda

- **BHW Priorities & Direction**
- ► Highlight Initiatives & Resources
- COVID-19 Efforts
- ► CARES Act / Workforce Coordination—Plan and Report
- **►** Advancing the Definition of Need
 - Open Discussion: COGME Briefings & Recommendations

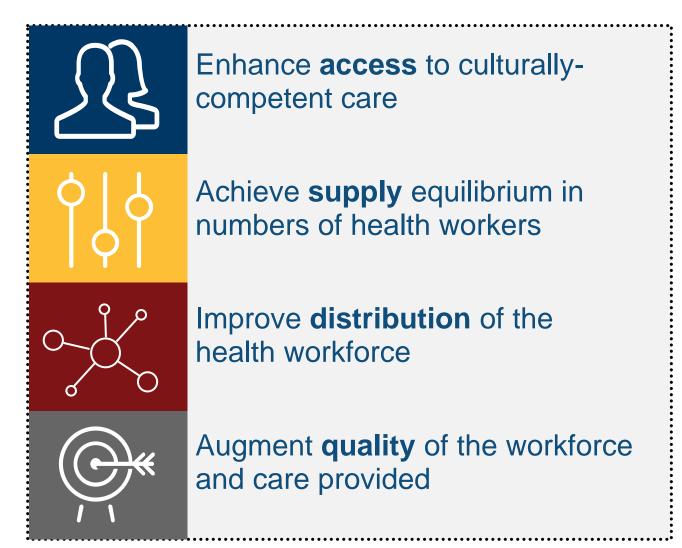


Priorities & Direction





BHW Program Aims







BHWise: Aligning Strategy around Community Need

STRATEGIES AIMS ALIGNMENT FUTURE SHIFT Addressing community needs **Understand needs across** Use community needs data to inform bureau-wide vulnerable communities decisions and fund programs that bridge gaps, such as the Opioid-Impacted Family Support (OIFSP) Program Investing in the health workforce Operate a portfolio of Link newly funded substance use grant programs within programs to address needs the National Health Service Corps to continue weaving innovation throughout the training programs Shaping delivery through the health workforce Engage key players in a Engage policymakers to advocate for provider well-being network to collectively solutions, such as building the paraprofessional and amplify impact non-clinical workforce







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 disproportionally 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



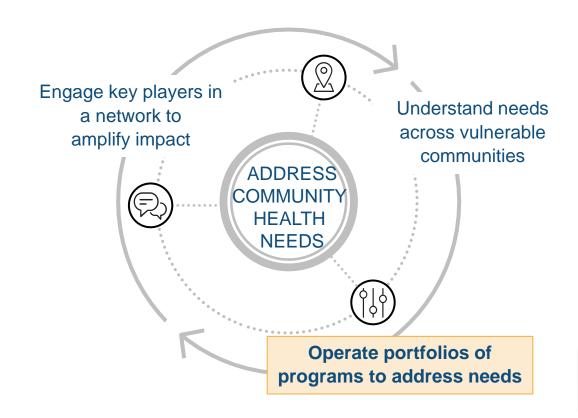






Bringing Change to Life

The Portfolio Planning Pilot is one way we have already started to bring BHW*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





Highlight Initiatives & Resources





Transitioning to Telehealth Training



- Adoption
- Preparedness
- Infrastructure
- Regulations
- Opportunities

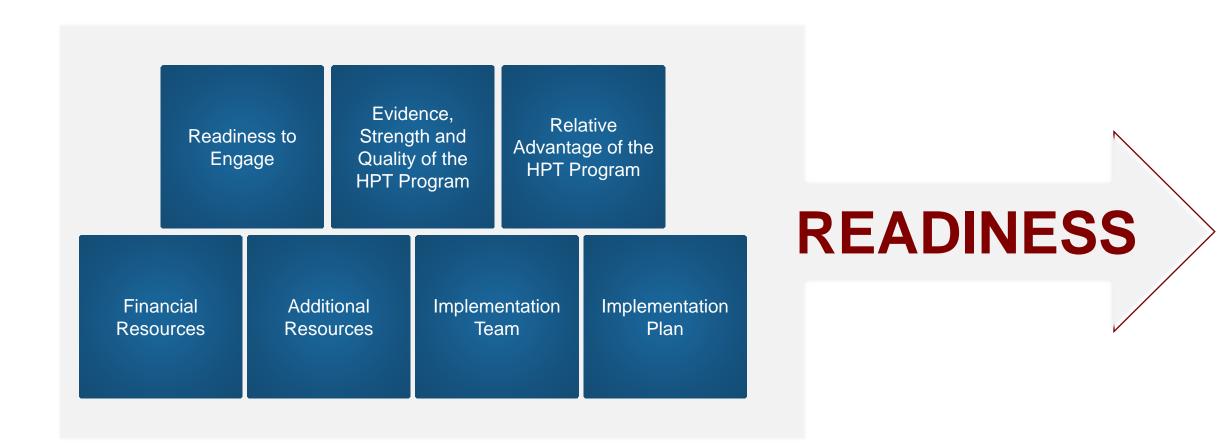


Health Professions Education & Training





Readiness to Train Assessment Tool (RTAT)







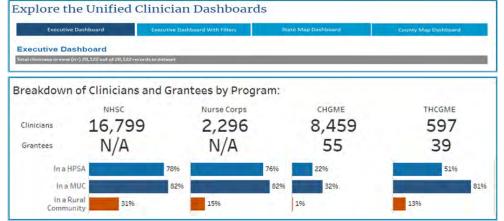
BHW Data Dashboards



https://data.hrsa.gov/topics/health-workforce/training-programs



https://data.hrsa.gov/topics/health-workforce/field-strength







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





ICOVID-19 Efforts





BHW & COVID-19



MOBILIZE Expand the available health workforce



TRANSFORM Strengthen health workforce readiness



- Waived National Practitioner Data Bank query fees March 1-September 30, 2020
- Awarded \$15M to improve telehealth capabilities



SUPPORT Sustain and protect the frontline health workforce



ANALYZE Assess health workforce needs and capacity

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





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.





Advancing the Definition of Need & COGME Recommendations





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.





COGME Briefings, Trends, & Recommendations

► COGME's Briefings

- 1. Special Needs in Rural America: Implications for Heath Workforce Education, Training, and Practice (July 2020)
- 2. Next Planned Issues:
 - 1. Rural Healthcare Workforce: Necessary Investments
 - 2. Training Needs to Prepare the Healthcare Workforce for Rural Practice
- **► 2020 MEDPAC Rural Report Findings**
- ► Feedback and Open Discussion



Questions







Contact Us

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