



# FINDINGS FROM RESEARCH ACTIVITIES OF THE NATIONAL CENTER FOR HEALTH WORKFORCE ANALYSIS' (NCHWA)

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# Overview of the Presentation

- ❑ National Center for Health Workforce Analysis
- ❑ NCHWA data collection and analysis and tools
- ❑ Findings from recent reports

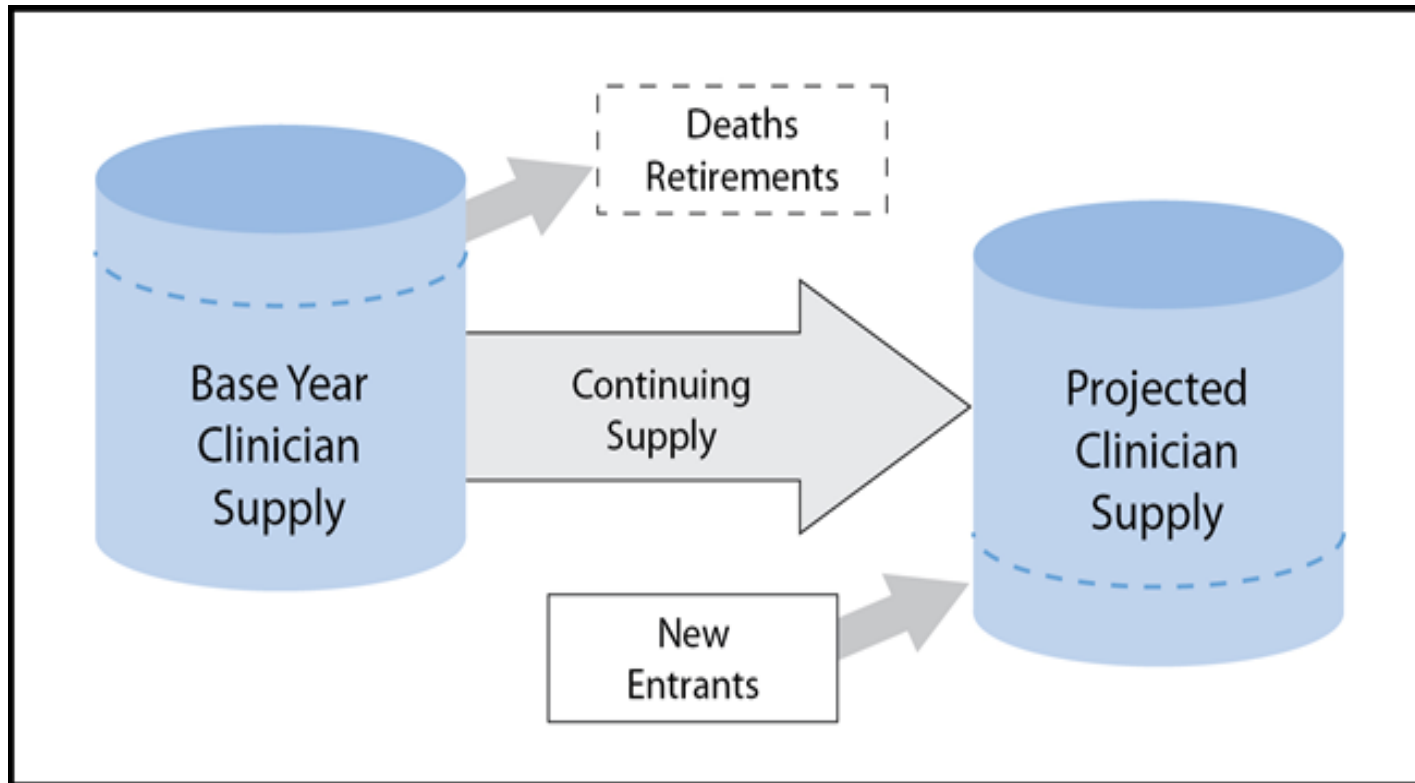
# National Center for Health Workforce Analysis

- ❑ To support more informed public and private sector decision making related to the health workforce through expanded and improved health workforce data, projections and information.
- ❑ To promote the supply and distribution of well-prepared health workers to ensure access to high quality, efficient care for the nation.
- ❑ Conduct performance evaluation of HRSA programs

# Data Collection, Analysis and Tools

- Data Collection
  - Build on existing sources of data - ACS, IPEDS, AMA-MF
  - NSSNP/NSSRN - Public use files & restricted data files
- Analysis of supply, & distribution of health workforce.
  - Projections for Primary Care & Specialist Providers
  - Allied Health & Health Care Support Workers
  - Rural Urban Distribution of U.S. Health Care Providers
- Tools
  - New and improved
    - Area Health Resource File
    - Projection models

# Projecting Workforce Supply

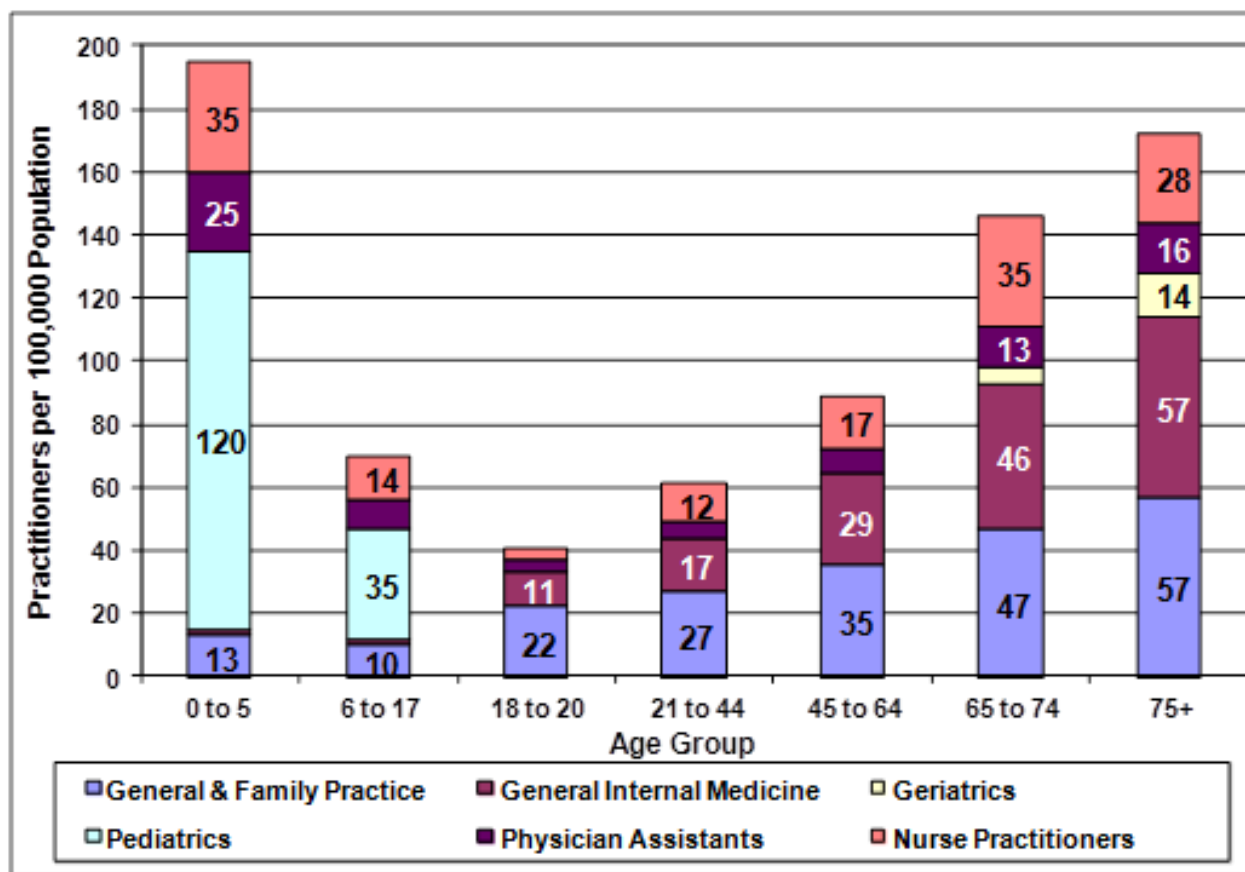


Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

# Projecting Provider Requirement

- **Utilization-based:** linking population characteristics and insurance status to demand for services
- A second step links demand for services to the number of providers
- **Changes in population** size, age, and insurance coverage drive changes in the demand for services
- **Changes in the staffing model** can drive additional changes in demand for providers

## Estimated Use of PCPs (FTEs) per 100K Persons in Each Age Group, 2010



Source: Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013. available at: <http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf>

## Demand and Supply of Primary Care Providers

<b>Physician</b>	<b>2010</b>	<b>2020</b>
Demand	212,500 <sup>a</sup>	241,200
General <sup>b</sup>	164,400	187,300
Pediatrics	44,800	49,600
Geriatrics	3,300	4,300
Supply	205,000	220,800
Adequacy	(7,500)	(20,400)
<b><i>Nurse Practitioner</i></b>		
Demand	55,400	64,700
Supply	55,400	72,100
Adequacy	*	7,400
<b><i>Physician Assistant</i></b>		
Demand	27,700	43,900
Supply	27,700	32,700
Adequacy	*	11,200

<sup>a</sup> National demand projections assume that 2010 the national supply of primary care physicians was adequate except for the approximately 7,500 FTEs needed to de-designate the primary care HPSAs.

<sup>b</sup> This category includes general and family practice, and general internal medicine.





## Key Findings

- Demand for primary care physicians is projected to grow more than physician supply
  - Projected shortage of 20,400 physicians in 2020
- The primary care NP & PA workforces are projected to grow far more rapidly than physicians
  - Increased use of NPs and PAs could somewhat alleviate the projected primary care physician shortage if they are effectively integrated
  - the proportion of care provided by NP/PA's would increase from 23% in 2010 to 28% in 2020

Source:

<http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf>

# Specialty & Subspecialty Physician Supply

Specialization	Supply		Change per 100K Population
	2010	2025	
Medical Specialty	271,700	336,800	3.3
Psychiatry	44,200	46,500	-1.7
Medical Subspecialty	109,900	132,700	0.4
Surgical Specialty	104,000	118,600	-1.5
Surgical Subspecialty	13,100	14,600	-0.3

Source: <http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/clinicalspecialties/clinicalspecialties.pdf>

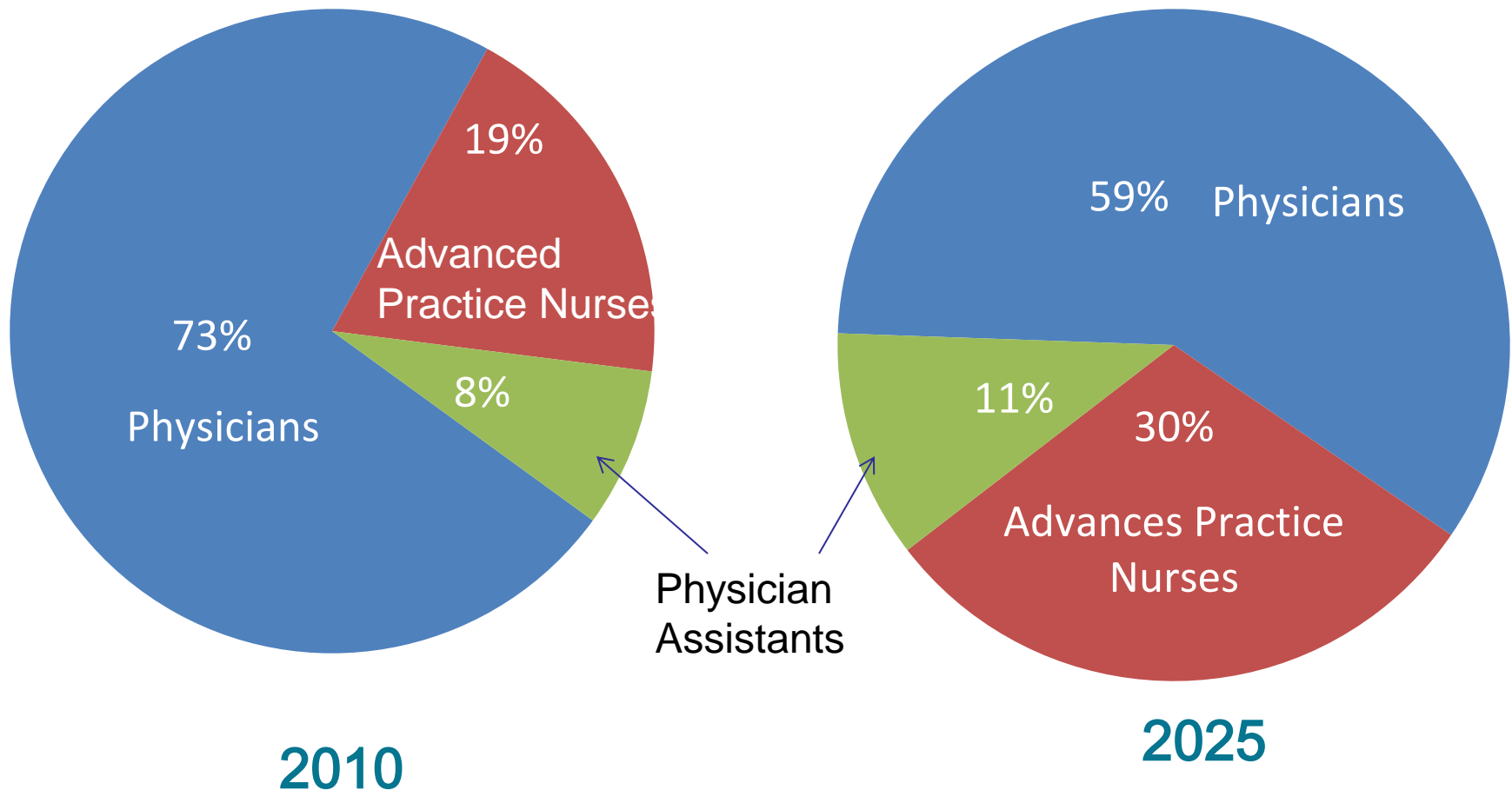


# Specialty & Subspecialty APN & PA Supply

Specialization	Supply		Change	Specialization	Supply		Change
	2010	2025			2010	2025	
Advanced Practice Nurse				Physician Assistant			
Medical Specialty	92,700	201,800	24.6	Medical Specialty	23,000	49,900	6.4
Medical Subspecialty	25,400	79,500	13.3	Medical Subspecialty	9,100	19,000	2.2
Surgical Specialty	5,100	15,000	2.4	Surgical Specialty	15,200	31,400	3.6
Surgical Subspecialty	3,700	9,700	1.4	Surgical Subspecialty	5,200	9,000	0.8

Source: <http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/clinicalspecialties/clinicalspecialties.pdf>

# Composition of Specialty & Subspecialty Workforce



## Key Findings

- Increased physician supply across non-primary care fields of practice projected for 2025; substantial variation across fields.
  - Per capita availability of physicians in psychiatry and Surgical specialties and subspecialties will decline
- The supply of non-primary care APNs & PAs are expected to grow more rapidly than physicians.
  - Per capita availability of APNs is projected to increase most for medical specialties and subspecialties
  - Per capita availability of PAs is projected to increase most for medical specialties and surgical specialties
- The supply of APN & PAs is projected to increase from 27% to 41% of the non-primary care workforce.



# Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas

- Supply & distribution of practitioners in 32 health occupation by rural/urban residence
- Analysis of 2008-2010 American Community Survey
- RUCC system to classify places as rural/urban

# Results

Occupations	Providers per 10K		Ratio <sup>1</sup>	Occupations	Providers per 10K		Ratio <sup>1</sup>
	Rural	Urban			Rural	Urban	
<b>Life, Physical &amp; Social Science</b>				<b>Health Care Practitioner &amp; Technical</b>			
Psychologist	3.0	6.8	0.44	Physical Therapist	4.4	6.5	0.67
				Respiratory Therapist	3.1	3.4	0.93
<b>Community and Social Service</b>				Registered Nurse	85.3	93.5	0.93
Counselor	8.4	9.9	0.86				
Social Worker	14.4	17.4	0.83	<b>Health Technologists &amp; Technician</b>			
Dentist	3.6	5.9	0.61	Dental Hygienist	4.5	5.0	0.90
Dietitians/Nutritionist	2.4	3.2	0.75	EMT/Paramedic	7.5	5.8	1.28
Physician Assistant	2.3	3.4	0.66	LPN/LVN	31.8	20.6	1.55
Occupation Therapist	2.0	3.0	0.66				
				<b>Health Care Support</b>			
				Nursing/Home Health Aide <sup>2</sup>	93.4	72.3	1.29
				Personal Care Aide	37.3	32.5	1.15

Source: <http://bhw.hrsa.gov/healthworkforce/supplydemand/nchwafactsheet.pdf>

1: Ratio of per capita rural to urban providers

2: Includes Psychiatric Aide

# Key Findings

- Among rural residents, there are proportionately more providers in occupations that require *fewer* years of education and training.
- Among urban residents, there are proportionately more providers in occupations that require *greater* years of education and training.
- Some sectors have proportionately fewer providers living in rural areas, regardless of amounts of education and training.





# Contact Information

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