

Health Professions Workforce

Part II - Recommendations

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Workforce Issues

- Data Needs Assessment and Planning
- Shortages and Maldistribution
- Diversity
- Aging
- Specific Shortages / Special Programs
- Technology
- Recruitment
- Professional Training
- Health Professions Education
- Nursing and Allied Health Education
- Border Health Issues
- Health Disparities / Chronic Diseases
- Scope of Practice

Data Needs Assessment and Planning

- Adoption and Implementation of the Minimal Data Set by ALL licensure boards for the health professions in Texas
- Adoption of electronic data capture for all licensure boards for the health professions in Texas
- Creation of a single agency for health professions licensure
- Enhance the scope and work of the Health Professions Resource Center to include workforce planning

Health Professions Shortages

- Create the “right climate” for the health professions in Texas to flourish:
 - Assure a timely licensure process for health professionals desiring to work in Texas
 - Maintain changes brought about through Tort Reform that enable medical practices to grow
 - Maintain a favorable tax climate
 - Provide low interest loan availability for practice start ups
 - Provide loan forgiveness programs for physicians, nurses, Pas, and other allied health professionals, especially those that choose to practice in Health Professions Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs)
 - Provide reimbursement incentives for those professionals in HPSAs or MUAs, such as Medicaid base plus XX percent

Workforce Maldistribution

- Establish economic incentives for health professionals to practice in rural, border, and other underserved areas
 - Sustain loan forgiveness programs
 - Establish preferential reimbursement to practitioners in these areas
 - Provide CME and other program support through ORCA, AHEC, and the local community
 - Provide educational incentive program for students who elect to practice in underserved areas
- Technology
 - Link all health care providers in HPSAs / MUAs to their academic health science center of choice for mentoring, consults, CME, etc
 - Provide practitioners with the tools necessary for e-commerce for business and medical practice
 - Telemedicine, electronic medical record
 - Insurance claims processing
 - After-hours call services (Hotline)
- Increase the number of Federally Qualified Health Centers (FQHCs) and “look-alike” clinics
 - Provide technical assistance through the Department of State Health Services for application for federal grants

Health Professions Diversity

- Require courses in cultural competency and language acquisition in all health professional schools
- Require conversational Spanish competency for all students entering medical, nursing, allied health, pharmacy and dental school by 2012
- Provide diverse populations including the economically disadvantaged opportunities to consider the health professions as a viable career option
- Provide health career lattice programs
- Provide affordable tuition, scholarships, loans, and loan repayment / forgiveness programs
- Provide undergraduate preparation for those students from disadvantaged backgrounds to achieve the success in college for successful entry into professional school
- Provide opportunities for “career change” through the adoption of common pre-medical course work and develop more “fast track” programs for those individuals desiring to change professions

Aging of Professionals

- Encourage health professionals to extend their work life productivity
 - Encourage opportunities for “job sharing”
 - Provide liability insurance and health insurance through state programs for individuals who are willing to practice, volunteer in community clinics and/or teach part time
 - Provide “second career” practice opportunities for retirees
 - Provide skill acquisition and certification programs for individuals to serve as teaching faculty at health professions schools
 - Provide discounted licensure renewals for practitioners over age 67 years
- Expand the training and state certification for individuals to become Community Health Workers / Promotoras in order to extend our ability to manage chronic illness

Specific Shortages and Special Programs

- **Mental Health Services**

- Increase public awareness of health professional career opportunities in the mental health area
- Review and adjust if necessary the reimbursement practices for mental health services
- Improve access to mental health services through technology (telemedicine)
- Achieve mental health parity
- Develop recruitment opportunities

- **Women and Children's Services**

- Develop career awareness programs to increase the number of health care professionals in:
 - Prenatal, perinatal, and obstetrical services
 - Nurse midwifery
 - Pediatrics and Pediatric Sub-specialties
 - PA and NP providers in pediatrics
 - Community Health Workers in pediatrics
 - School Health Nurses
- Assure that FREW initiatives are maintained in future initiatives

Technology

- Support expansion of statewide technology infrastructure
- Create a regulatory climate that supports telemedicine initiatives
 - Address reimbursement concerns for private and public initiatives
 - Assure minimal and/or discount connectivity charges
 - Publish realistic rules and regulations for the use of technology in medical practice
- EMR Adoption
 - Implement recommendation of the Health Information Technology Advisory Council (HITAC)
 - Require all Medicaid program participants to utilize electronic medical records by 2014
 - Incent medical practices that utilize EMRs in the delivery of patient care

Recruitment of Students and Professionals

- Undergird the health professions “pipeline”
 - Promote K-16 interests and preparation for careers in health
- Practice Environment
 - Maintain Texas’ favorable business practice climate
 - Maintain and enhance favorable tax status
 - Absence of income taxes
 - Exclusion from state business tax for individuals practicing in MUA / HPSA
 - Maintain current tort reform legislation
 - Provide state insurance for health professionals in volunteer service (community free clinics, FQHCs, etc)
 - Continue to monitor and address recent concerns about the length of time required for licensure for practice in Texas
 - Provide a state health professions recruitment office to match community needs and health care professional’s availability

Professional Training

- Expand the class size of existing institutions
 - Expand existing faculty and classroom space
 - Incentives for educational institutions with high graduation rates
- Require a business plan and impact study BEFORE the addition of any new medical or other professional schools so that the amount of investment and potential return to tax payers can be assessed
- Grow our own Texas practitioners:
 - Provide an adequate number of first class Graduate Medical Education programs in Texas for Texas graduates
 - Prevent the out-migration of Texas medical school graduates by providing both GME choices and financial incentives to remain in state
 - Fund GME to pre-2001 levels, plus inflation
 - Fund at least 300 new GME slots across the state, with an emphasis upon programs in rural, border, and other underserved areas
 - Focus funding of GME program on areas of excellence (do NOT fund programs to mediocrity, but to national excellence)
 - Optimize the recruitment of out-of-state and international medical graduates

Health Professions Education

- Adjust formula funding for all health professions schools to assure adequate support for the number of students in training
- Graduate Medical Education
 - Restore funding to pre-2001 levels (adjusted for inflation)
 - Add additional slots for trainees
 - Increase BOTH numbers and reimbursement at the Federal level
 - Maximize Federal “draw down” through use of academic medical center funds
- Require full disclosure of future costs as well as business plan PRIOR to authorization and/or construction of any new medical schools.
- Support health professions schools in their quest to be top tier nationally
- Create Graduate Medical Education programs of national ranking and excellence in order to keep Texas graduates in Texas
- Encourage curriculum development that focuses on interprofessional education utilizing shared faculty and other resources
- Continue to invest in public health education

Nursing and Allied Health Education

- Align educational requirements and scope of practice in nursing
- Expand programs designed to graduate nurses for faculty positions in nursing schools and other health professions schools
- Examine the proliferation of advanced degrees in all of the health professions
- Assess the potential value of “market competition” through proprietary schools of nursing and allied health sciences and provide evidence-based study of this practice to determine their value and impact on student educational costs

Texas - Mexico Border Issues

- Study the potential impact of restriction of travel along the border between Texas and Mexico
 - Impact on access to health care for individuals in Texas who receive health care services in Mexico
 - Primary care access
 - Dental services
 - Pharmaceuticals
 - Assess the impact upon Texas health care providers, both primary care and specialists, who have professional relationships with patients from Mexico
 - Assess the potential impact upon hospitals and hospital emergency departments
 - Assess the potential public health impact
- Study opportunities for collaboration between the northern states of Mexico and the state of Texas in development of a comprehensive health plan to address the public health, health delivery system, workforce, and disaster response requirements of the area for 125 miles on either side of the border
- Obtain a more realistic enumeration of the number of available health care practitioners along the border by assessing the number of practitioners available to the public located within a reasonable distance south of the border

Health Disparities / Chronic Diseases

- Continue the implementation of programs within the state's infrastructure to encourage the recognition of and the reduction of disparities in access as well as disease mortality and morbidity
- Incent those medical practices that actively practice prevention and education programs targeting recognized health disparities through preferential reimbursement programs
- Reduce health disparities through the implementation of evidence-based programs for the management of chronic diseases

Scope of Practice

- Texas has avoided issues related to “scope of practice” for several decades, depending on various actions of competing regulatory boards and/or the legislature itself to offer up definitions
- Almost all would like to see a process that is outside of the legislative arena and that is driven by objective evidence
- Scope of practice will require rigorous demonstration of desired outcomes contrasted with cost
- The creation of a state board charged with scope of practice delineation based upon clinical evidence, costs, and benefit to patients seems to be a practical solution