

# California's Health Care Workforce— Are We Ready for the ACA?

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## ABSTRACT

This research brief summarizes the report *California's Health Care Workforce: Readiness for the ACA Era*. The brief and corresponding report explore the current and future capacity of California's health care workforce to meet the expected increase in demand resulting from expanded insurance coverage under the Patient Protection and Affordable Care Act (ACA). Both documents present data, analyses, and policy recommendations for addressing the workforce challenges presented by the ACA.

The Patient Protection and Affordable Care Act (ACA) provides an unprecedented opportunity to address structural issues in the US health care system. Much of the work will reside at the state level, and California is taking a lead in improving financing and organizational structures. Meaningful decisions about expanding coverage and moving to new practice models require solid workforce data and analysis. *California's Health Care Workforce: Readiness for the ACA Era* uses key informant interviews, detailed analyses of the California Department of Consumer Affairs (DCA) Professional

License Masterfile, a literature review, and an environmental scan to highlight the challenges of comparing data across professions and identifying and analyzing the options for meeting workforce needs in the context of the current economic environment.

## What are the drivers that affect the quantity and quality of California's health care workforce?

Several forces are exerting pressure on the state's health workforce to expand and evolve. Demographic factors include a population that is projected to grow 15% in the next 20 years, an increasingly culturally diverse and aging population, and an increase in chronic disease burden.

Market forces are also bringing about change. Advances in health information technology both facilitate and demand workflow redesign, providing unprecedented opportunity and challenge. New models of care such as retail clinics and school- and work-based clinics are emerging to offer enhanced access to health care.

Perhaps most dramatically, the state is poised to implement the Patient Protection and Affordable Care Act, which will in part expand coverage to four to six million more Californians. Undocumented residents are not covered by the ACA, and this continues to provide special challenges to the state's safety net providers.

- There are over a million individuals in California's health care workforce.
- Geographic maldistribution of health care professionals has resulted in shortages in some areas of the state, and surpluses in others.
- Existing datasets are not standardized across the health professions and contain significant gaps.
- The health professions are overall not reflective of the state's ethnic and racial diversity.
- California has numerous health professions education programs, but many are oversubscribed.
- Practice models are changing in response to new pressures and opportunities.

## Can the current health care workforce meet the changes in demand?

Despite the economic recession, the number of workers in nearly all health care professions has continued to grow. While shortages exist, distribution poses a bigger challenge. California's health care workers are not distributed appropriately throughout the state, leading to access problems for primary and high demand specialty care in many areas.

Lack of cultural and linguistic concordance between patients and health care workers may limit access, even in areas without apparent shortages. Only 5 percent of California's MDs and 8 percent of its nurses are Latino (compared to 37 percent of the population). According to the California Pan-Ethnic Health Network, more than half those eligible for subsidies or Medi-Cal under the ACA in California are people of color, and 32-51% of the adults in these groups speak English less than well. Many health care organizations rely on support staff for language interpretation.

Workforce planning is complicated by incomplete or insufficient data, economic uncertainty, and changing workforce models. However, it is clear that primary care will be the area most impacted by demographic and policy changes as preventive care and chronic disease management become increasingly important under the ACA.

## Do we educate enough providers to meet the state's growing needs and are those provider's skills aligned with emerging needs?

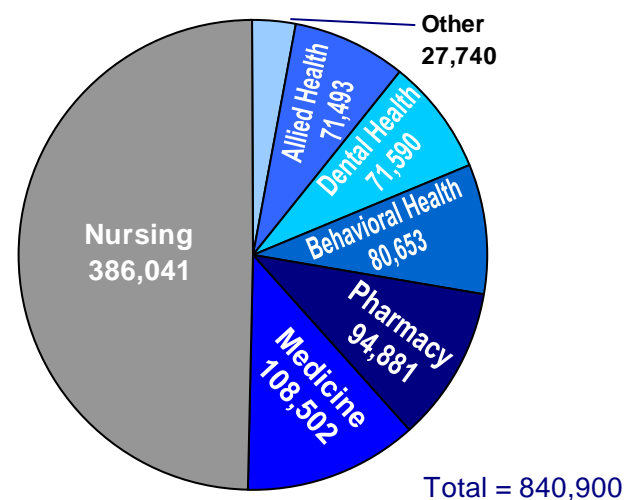
California has many health careers training programs, and some are full to capacity. California needs more primary care providers, and yet the state has fewer family medicine residency slots available today than it had ten years ago. At least some of this decrease has been offset by growth in NP, PA and DO programs and graduates of those programs choosing primary care. Recent efforts to expand nursing education in the state have helped to meet the demand for registered nurses and diversify the nursing workforce.

Health information technology has the potential to enhance educational opportunity, improve patient care, and redesign workflow to alleviate the burden on primary care providers. Additional investment could be

made in programs that train technicians and clinical staff to implement and maintain this technology.

Racial and cultural disparities between patients and the health care workforce continue. Low graduation rates for under-represented minority youth make it difficult to increase diversity at medical and nursing schools in particular. The community colleges that offer allied health programs attract a diverse student population that is more reflective of the state's population, but attrition rates are high and programs have difficulty finding the resources to expand to meet growing numbers of applicants.

### California's Licensed and Registered Health Care Workforce—February 2011



**Nursing:** Registered Nurses (including all Advanced Practice Nurses) and Licensed Vocational Nurses.

**Medicine:** Physicians and Surgeons, Osteopathic Physicians, Naturopathic Doctors, and Physician Assistants.

**Pharmacy:** Pharmacists and Pharmacy Technicians.

**Behavioral Health:** Licensed Clinical Social Workers, Associate Social Workers, Marriage and Family Therapists & Interns, Psychologists, Educational Psychologists, & Psychological Assistants.

**Dental Health:** Dentists, Dental Assistants (including Dental Assistants in Extended Function), and Dental Hygienists (including Dental Hygienists in Alternative Practice).

**Allied Health:** Audiologists, Speech Pathologists & Assistants, Occupational Therapists & Assistants, Physical Therapists & Assistants, Psychiatric Technicians, and Respiratory Therapists.

**Other:** Acupuncturists, Chiropractors, Optometrists, Podiatrists, and Licensed Professional Midwives.

Not included are professions that are not licensed by the state, including medical assistants and direct-care workers such as personal care assistants and certified nurse assistants, which would bring the total to well over one million.

**Source:** California DCA Professional License Masterfile

## What policy solutions can help California meet changing demands?

Starting with the workforce development opportunities offered in the ACA, the state can begin building California-specific strategies.

### Improving Supply, Distribution, and Workforce Practice Models

Because maldistribution is such a critical issue in California, adopting and expanding successful policies that address geographic practice choices will be key.

An underlying theme for policy making in the future is the potential to rethink *how* we question our supply of practitioners. Perhaps it is time to focus on the type of care – such as primary, oral, or vision – that needs to be provided rather than the type of provider in calculating supply. New practice and financing models, including patient-centered medical homes and accountable care organizations, look to teams of providers where doctors, nurses, medical assistants, and many others might all play key roles in providing care. These models will require changes in financing and reimbursement, as well as better implementation of health information technology and practice culture changes, to succeed.

Policy suggestions include the following:

- Because professionals tend to practice where they train, increasing **training and residency opportunities in under-represented fields and communities** is a good investment.
- Expand **loan repayment programs** for practicing in underserved areas and for high-need professions.
- **Enhance telehealth** to improve communications between clinicians and patients, and between clinicians, particularly in remote areas.
- Strengthen the capacity of **safety net providers** who serve under-represented patient populations.
- Expand the **legal scopes of practice** for select professions such as nurse practitioners and physician assistants.
- Invest in training and **health information technology** that would allow the safe delegation of tasks to clinical support staff in team-based models.
- Develop **financing models** that mitigate income differences between primary and specialist

providers and that reward patient outcomes-based services by teams of providers.

- Improve, standardize, and streamline **workforce data collection** and availability to enhance regional and statewide planning.
- Promote ongoing statewide and regional **partnerships for health workforce planning**. Adequate responses to changes in demand can only be met through coordinated planning efforts beyond the level of individual organizations or communities.

### Improving the Education Pipeline

Recent state-level programs intended to increase the supply of registered nurses suggest that focus on educational investments can make a difference, but these investments must be carefully targeted. This experience highlights the need for good educational and employment data for tailoring these efforts. California's Office of Statewide Health Planning and Development (OSHPD) has recently set up a website that offers maps of the educational programs offered in the state, which holds great promise for future students and policy makers alike.

Specific policy considerations include:

- **Increasing the number of primary care physicians** is an important, but long-term goal that cannot be achieved fast enough to meet the upcoming increase in demand. However, investing in strategies to **encourage medical students to practice in primary care** is an important step.
- **Refocus some education resources on professions such as nurse practitioner and physician assistant**, which require less training time than medical school and could help meet some of the more immediate demand for primary care providers.
- Promoting and supporting innovations in **California's community colleges to increase completion** of health professions programs and **enhance retention** of historically under-represented students would also help increase diversity and meet workforce demands.
- **Investing more equitably in primary and secondary (K-12) education programs** would help prepare a more diverse group of students to enter the health professions in the first place.

## Increasing Diversity

While research suggests that linguistic, racial and ethnic concordance between physicians and patients improves the quality of care, the state's mismatch between providers and patients can be mitigated by strategies to build bridges between the health care system and patients from various cultures. Possible solutions include:

- **Investing in interpretation**, including training existing providers to work better with interpreters and interpretation services; training existing bilingual clinical support staff such as medical assistants to serve as dual-role interpreters; and improving reimbursement and reward for practices utilizing interpretation services.
- Training for positions such as **community health worker, promotorá, and health educator** that can 1) facilitate links between clinical care delivery and population health and 2) reach out to California's diverse communities to assist them in navigating the system, inform them of opportunities under the ACA and support interest in health careers.
- **Building career ladders** that allow members of California's diverse allied health professions to move up will improve their careers, help their communities, and help diversify the health care workforce.
- **Evaluating and replicating models that work** to enroll members from under-represented communities in health professions programs.
- **Including communities of color in the policy and planning** processes for ACA implementation.

## How are things changing and where are the good ideas on education and practice?

Several groups in California are focusing on the health workforce across professions, sharing information available, and exploring promising directions. These efforts require good data and ongoing coordination to help the state plan for the ACA.

The data systems for California's health workforce are good but could be better as some basic questions cannot be answered. Some of the shortcomings of the current data sets are likely to be improved upon launch of OSHPD's planned Health Workforce Clearinghouse.

Additional improvements to the collection and availability of data could be encouraged through policy changes that would help those who are trying to determine whether and where to build new educational programs and how to administer incentive programs for practitioners serving hard-to-reach populations.

Perhaps more importantly, the state would be well-served by enhancing efforts to collect best practice ideas on education and health care services so training programs and delivery institutions throughout the state could benefit from innovators and early adapters of good ideas. Such efforts would be most helpful if they also formed bridges between employer needs and schools, would-be employees and communities seeking to prepare youth for job opportunities.

## Going Forward

The health care workforce is vital: it constitutes a significant portion of the state's labor market and is the source of care for Californians. The state makes major investments each year in the health care workforce through support for the University of California health professional schools and health systems, the State University and Community College training programs, Medi-Cal, grants to local health departments and community-based direct training and loan programs.

*California's Health Care Workforce: Readiness for the ACA Era* helps frame ways to understand the issues surrounding the health care workforce and how California can best realize a good return on its investment while helping ensure that the state's population has access to high quality providers. As California moves toward implementing the ACA and to meeting the evolving needs of the population, the role of the health care workforce is critical.

## Acknowledgements

This report was funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private, independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.

