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Health Care Reform Impact in Illinois

Healthcare Workforce

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To ensure the availability of quality care and services that meet America's health needs, we need an adequate and skilled health workforce. While there are seven million health professionals in the U.S.[1], a shortage of professionals, especially in primary care, is predicted. In 2008, the Association of American Medical Colleges (AAMC) projected a shortage of 124,000 FTE physicians by 2025, with a 37 percent shortage in primary care, 33 percent in surgery, 6 percent in medical specialties, and 23 percent in other specialties.[2] It is estimated that Illinois will face a shortage of 21,000 nurses by 2020.[3] There are 42,510 physicians[4], 185,557 nurses[5], and 9,863 dentists[6] practicing in IL, but 2.2 million residents (17% of the population) live in a health professional shortage area.[4] There are also shortages in ancillary and support staff as well as mid-level health professionals. While Hispanics, African-Americans, and Native Americans comprise 25% of the US population, only 6 % of physicians are from those groups, showing one example of the lack of diversity in the health workforce.[7]

With an additional 32 million people predicted to become insured nationally through the health reform legislation[8], we must ensure that the health workforce, especially in primary and preventive services, can meet the public's needs. Below is a summary of the key health reform provisions (from the Patient Protection and Affordable Care Act and the Reconciliation Act- PPACA) related to the health workforce and their potential impacts in IL.

National Health Care Workforce Commission: By September 30, 2010, a multi-stakeholder National Health Care Workforce Commission will be established to provide unbiased, comprehensive information to lawmakers on how to align resources with national need.[9]

- The legislation codifies existing National Center and establishes state and regional centers that will collect, analyze, and report on primary care workforce data.
- The legislation appropriates $7.5 million per fiscal year from 2010 through 2014 for the National Center and $4.5 million per fiscal year from 2010 through 2014 for state and regional centers.[10] Currently in Illinois, the Midwest Center for Health Workforce Studies at the University of IL at Chicago serves as the state's center for research, analysis, and training in health workforce data and needs and will likely see an increase in funding through 2014.[11]

Expansion of the National Health Service Corps (NHSC): $1.5 billion is included in the legislation for the National Health Service Corps over five years to place primary care providers (including medical, nursing, and dental providers) in provider-shortage community areas, which may include community health center locations.[12] The provision will help recruit 15,000 new providers to physician shortage areas, increase physician loan repayment amounts to $50,000, allow for teaching to count as an eligible service, allow for half-time clinical practice, and permanently authorizes the NHSC.[13]

- In IL, there are 439 National Health Service Corps approved service sites serving our residents.[14]
- Funding for the National Health Service Corps is not divided by state. However, we know there are 18 scholars and 251 loan re-payers funded by the National Health Service Corps in Illinois for 2010.[15]

Tax Relief for Health Professionals with State Loan Repayment: The legislation allows for the exclusion of payments made under any state loan repayment or loan forgiveness program that is intended to increase the number of providers in a health professional shortage area from gross income, effective for taxable years after December 31, 2008.[9]

Increased Primary Care Reimbursements- Medicare: The legislation provides primary care providers with a 10% Medicare payment increase for primary care services for 5 years, beginning in 2011. A 10% bonus will also be provided to general surgeons working in a designated health professional shortage area.[9]

- In IL, about 17,500 physicians practice primary care and would qualify for this 10% bonus for Medicare.[4] Increased reimbursements may help ensure greater availability of primary care physicians.

Increased Primary Care Reimbursements- Medicaid: The legislation requires that primary care physicians providing primary care services through Medicaid cannot be paid less than the Medicare payment rates in 2013 and 2014. The federal government will provide 100% of the cost to states to meet this requirement.[9]

Health Center Teaching Programs: The legislation provides funding for health center-based residency programs to help teach the next generation of primary care providers in community settings.[10]

- About 25-30% of community health centers in Illinois participate in residency programs and this funding will help to increase that number.[16]

Graduate Medical Education: The legislation redistributes currently unused Graduate Medical Education (GME) training positions to increase training opportunities in primary care and general surgery and in states that have a low resident physician-to-population ratio.[8]

- Since 1965, Medicare has helped pay for GME training slots, providing $8.4 billion in direct and indirect costs to training facilities in 2008. In 1997, the number of residency training slots was frozen in the "Balanced Budget Act" and has remained frozen since then.[17] With the increased demand for physicians (and an even greater demand for physicians post reform), there are not enough residency training programs to meet the needs of the population. While reform redistributes the training slots to areas of greater need, it does not increase the cap of positions paid for by Medicare.[18]
- Of the 6,202 residency training positions in IL, 441 are vacant. Primary care residencies (family medicine, internal medicine, pediatrics, and general surgery), make up 2,858 positions throughout Illinois, while specialty positions, such as neurology, plastic surgery, urology, obstetrics and gynecology, and anesthesiology, make up the remaining 3,344 positions.[19] As more people become insured, there will be an increased need for primary care providers. Illinois should consider carefully the balance of primary and specialty care training programs available in the State and ensure the 441 vacant positions are dedicated to primary care.

Long-Term Services and Supports Workforce: The long-term care workforce will be strengthened by using a core set of 10 competencies for training direct-care personal or home care aides. This core training will be funded in up to 6 states.[20]

- There were 20,114 personal and home care aides in 2006; this direct-care workforce is projected to grow to 27,448 by 2016, a 36.46% increase.[21]

Geriatric Education and Training:

- The legislation authorizes $10.8 million (FY2011-2014), with awards of $150,000, for up to 24 geriatric education centers (GEC) to provide short-term intensive training focusing on geriatrics, chronic care management, and long-term care. [PPACA]
    - Available to faculty in medical schools and health profession schools with programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health and other health disciplines approved by the Secretary of DHHS.
    - Additional requirements of funding under this provision include:
        - The GEC must offer at minimum 2 courses a year at no, or low- cost for family caregivers and direct care providers. These courses should provide practical training for care providers of the frail elderly and disabled individuals.
        - The GEC must develop and include material on depression and other mental disorders in training courses where appropriate.
- Illinois has one GEC: the Gateway Geriatric Education Center. Gateway GEC is located in St. Louis, Missouri, and serves both Missouri and Illinois.[22]
- The legislation authorizes $10 million (FY2011-2013) for career incentives to foster interest in the fields of geriatrics, long-term care, and chronic care management [PPACA]
    - Available to advanced practice nursing, clinical social work, pharmacy, and psychology students pursuing a doctorate, or other advanced degree, in geriatrics.
    - Individuals receiving an award must teach or practice in the field of geriatrics, long-term care, or chronic care management for at least 5 years.

Long-Term Care Employee Background Checks: Secretary of DHHS will establish a national and state background check program for long-term care facilities and service providers to screen and conduct background checks on employees with direct access to the recipients of care in long-term care settings. The legislation provides federal matching funds to states to support these checks at $160 million maximum for FY2010-FY2012. [PPACA][9, 20, 10]

- There are 106,303 direct-care workers in Illinois that would be affected by these background checks.[23]
- Currently in Illinois, per the Health Care Worker Background Check Act (225 ILCS 46), un-licensed service providers and employees who provide direct care, or who have access to residents receiving direct care, are required to pass a state criminal background check.[24]
- This PPACA provision is based upon a federal pilot project through the Centers for Medicare and Medicaid Services (CMS). [PPACA]
    - Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Section 307: “Pilot Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities and Providers.”[25]
    - Illinois was one of seven states participating in this Pilot Program, and ran an enhanced background check program in 10 counties in the northern part of the State.[26]
    - Illinois is eligible through this provision of PPACA to apply for additional federal matching funds of up to $3 million over 3 years to further improve and enhance background checks in health care settings. [PPACA][26]

Training Opportunities for Direct Care Workers: The legislation authorizes grants to provide advanced training opportunities for direct care workers employed in LTC settings ($10 million for FY2011-2013), including nursing facilities, assisted living facilities, intermediate care facilities, and HCBS. Individuals participating in grant assistance programs must work for at least 2 years following training in fields of: "geriatrics, disability services, long term services and supports, or chronic care management." [10]

- Direct-care workers fall into three categories tracked by the US Bureau of Labor Statistics: Nursing Assistants, Home Health Aides, and Personal and Home Care Aides. In Illinois, there are 106,303 direct-care workers in these three categories.[23]

Dementia and Abuse Prevention Training. Under reform, the Secretary of DHHS is permitted to require nurse aides employed by SNFs and NFs to go through dementia management and abuse prevention training prior to employment, and if deemed appropriate, on-going training may also be required (Effective March 23, 2011).[10]

Patient Navigator Program: The legislation reauthorizes demonstration projects for patient navigator programs within community settings. Patient navigators assist patients in accessing health care services, coordinate health care services and provider referrals, provide information on clinical trials, and conduct outreach to underserved populations. The legislation allocates $3.5 million for FY2010 and "funds as needed" for FY2011-2015. [10]

Dental Workforce: Legislation provides $30 million in FY 2010 for pediatric, general, and public health dentist training separate from medical training funds. The Title VII dental training program in the Public Health Service Act is expanded to include dental students, practicing dentists, and dental residents (rather than just residents), provide financial assistance to dental trainees, provide grants, loan-repayments and traineeships to build faculty capacity, and advance pre-doctoral training in primary care dentistry. The legislation also provides three-year $500,000 grants to establish primary care residency programs, including dental programs.[27]

- There are only two dental schools in the state of Illinois and 9,863 dentists practicing throughout IL.[6] The two dental schools graduate about 140 dentists each year.[28] A third dental school will soon be opening at Midwestern University in Downers Grove, IL.
- Approximately 13% of Illinoisans (or 1,685,419 residents) live in a dental professional shortage area.[6] While 87% of the population may have physical access to a dentist, there may not be sufficient access to primary care dentists, especially those who take Medicaid or uninsured patients.

Women's Health Workforce: Beginning in 2011, the legislation increases the reimbursement rate for nurse-midwife services from 65% of the rate of a physician to the full amount.[29]

Nursing Workforce: The legislation reinstates Title VIII of the Public Health Service Act for nursing workforce training programs to recruit new nurses, improve career advancement in nursing, improve patient care delivery, and direct nurses to the areas of greatest need and appropriates $338 million for these programs in FY 2010.[29] The legislation also provides $50 million in grants to Nurse-Managed Health Centers, expands the Nurse Loan-Repayment and Scholarship Programs for nurses who agree to be a faculty member at an accredited school of nursing for 2 years, expands the workforce diversity

grant program, establishes a Graduate Nurse Education demonstration program under Medicare to provide $50 million each year from FY 2012-2015 to up to 5 hospitals for nurse training.[29]

- It is estimated that Illinois will face a shortage of 21,000 nurses by 2020.[3] The legislation will help provide incentives for nursing training and faculty development to help reduce this projected shortage.

Community Health Workers: The legislation provides grants to support the Community Health Workforce, defined by the Department of Labor as "an individual who promotes health or nutrition within the community in which the individual resides." The legislation defines the ways in which Community Health Workers (CHWs) work in communities and provides "enough funding as is necessary" to support their work from 2010 to 2014. [PPACA, section 5313][30]

- There is much interest in Illinois to strengthen the CHW model, including efforts by the Chicago Community Health Worker Local Network, local Departments of Public Health, various clinics throughout the State who hire and/or train CHWs, academic institutions, and foundations. With an increase in Federal support for this model, efforts to expand the model and role of CHWs in health promotion will be improved.

Public Health Workforce: The legislation establishes the United States Public Health Sciences Track [PPACA, section 5315] and Authorizes Funding for Fellowship Training Programs [PPACA, Section 5314].

- Sites selected by the Secretary of Health and Human Services will have the authority to grant appropriate advanced degrees that emphasize team based service, public health, epidemiology, and emergency preparedness and response. Under this Track, not less than 150 medical students, 100 dental students, 250 nursing students, 100 public health students, 100 behavioral and mental health professional student, and 50 pharmacy students will graduate annually. Programs will be at existing and accredited health education training programs. While considering the recommendations of the National Health Care Workforce Commission (section 5101 PPACA) the Surgeon General will designate which educational programs will participate in this Track. Student selection, tuition rates, and service obligation will vary on type of education training program which will be pre-determined prior to entry in the specific public health education program.
- Authorizes funding for fellowship training in applied public health epidemiology, public health laboratory science, public health informatics, and expansion of the epidemic intelligence service in order to address documented workforce shortages in State and local health departments. Authorizes, for each of fiscal years 2010 through 2013, $5 million for epidemiology fellowship training programs, $5 million for laboratory fellowship training programs; $5 million for the Public Health Informatics Fellowship Program; and $24,500,000 for expanding the Epidemic Intelligence Service.

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