

Pointing the Way: A Series of Policy Papers to Transform the Health Safety Net

Part 1: Regional Safety Net Priority Issue Statements- Workforce

Developed in 2008

Health & Medicine Policy Research Group, in collaboration with 8 other organizations, began the Regional Health Care Safety Net Initiative in 2006 to build on the successes of the previous Chicago/Cook County Summit and to address the new and intensified problems of today. This collaborative effort, which uses the World Health Organization's framework for strengthening a health system, was designed to create a regional blueprint to more efficiently and effectively provide quality health services for uninsured, Medicaid, and other vulnerable populations across the seven county region of northeastern Illinois.

The Regional Health Safety Net Council was established, bringing together nearly 70 key stakeholders to explore the key issue areas of governance, personal health services, health equity, workforce, finance, and data & demographics. The Council collected and examined local data, including key informant interviews in each county, and developed problem statements for each of the 6 issue areas throughout 2008. The following are issue statements were developed related to workforce:

1) There is a lack of access to Primary Care Providers

There are 56 million Americans who lack access to a primary care provider, and nearly two of three counties are designated as health professional shortage areas. The availability of health insurance, in and of itself, simply cannot address the access problem. The need for more health professionals crosses most health professions and is at or beyond the crisis point for vulnerable populations.

There are few if any plans to either significantly increase the number of primary care physicians or change the nature of health professions training. Training programs are increasingly producing graduates who specialize and choose to locate in already served locations and in high tech healthcare settings. Unless the financial incentives for selecting specialties are changed, or ways to address the increasing burden of professional school indebtedness are addressed, the present situation is likely to persevere in the face of ever increasing needs

2) Workforce Attrition/Erosion

The healthcare workforce needs in Northeastern Illinois are expected to increase significantly over the next several decades due to aging of the population, general population growth, and advances in treatment and technology. Concurrent with this projected increase in demand, there may be significant declines in the number of available healthcare workers due to impending retirements of many current workers and decreases in the number of new workers seeking training and education in health fields. The larger healthcare professions with projected shortages include nursing, medicine, and most of the allied health professions. An increase in demand is expected for both highly educated and skilled healthcare professionals who can practice independently within an advanced scope of practice and workers with basic skills and lower levels of training and education, such as health aids and assistive personnel. To further compound the problem, there is a worsening shortage of faculty needed to train and educate the next generation of healthcare workers and this faculty shortage will be greatly exacerbated by

anticipated retirements. Failure to address current and projected health workforce shortages through pipeline and retention strategies may threaten the quality and availability of healthcare in the region and state, as well as the healthcare safety net.

3) Coordination of Area-wide Health Professional Education and Planning

The healthcare provider community of Northeastern Illinois is experiencing a workforce shortage of the very kinds of health professionals that have the greatest potential to address the common problems associated with aging, chronic illness, and ailments linked to socioeconomic dislocations. In addition to needing more family practice physicians, nurses, physical therapists, and mental health professionals, also lacking are new practice models based on inter-professional collaboration for patient centered care – whether that patient is an individual, a family or a whole community.

A well-coordinated approach to area-wide health professional education and planning could yield a workforce that is used to working in teams of health professionals in a mutually respectful manner and engaged in health management (as distinct from disease management) to resolve access, safety and quality issues. Fundamentally, the solution to a stable well educated professional workforce lies not simply in increasing the volume of graduates but rather on how to configure and deploy health profession teams in a highly efficient and effective manner to assure an effective regional safety net.

4) There are Impediments to Restructuring Work

Many health professions and occupations are severely restricted by regulations which vary from state to state. In our current, highly mobile society, professionals moving from state to state are faced with the predicament of countless state-specific board certification requirements. In addition, the rigorous requirements of accreditation programs on healthcare systems serve to slow and often limit efforts at work restructuring. Too often, scarce resources that could be applied towards a more robust safety net are diverted toward achieving accreditation. Even when resources are available, the economic and opportunity costs of achieving accreditation frustrate healthcare organizations who often consider gains as a result of accreditation marginal.

Streamlining regulatory, professional and statutory practices will help assure a system that is more amenable to restructuring the important work to be done and thus facilitate a stronger healthcare safety net.

5) Family Supporting Wages Are Not Currently Being Provided for Entire Workforce

The pressure of increasing costs for institutional care, the growing population that needs care and the wide variety of assistance that people with disabilities and seniors require encourages the utilization of low wage workers providing domestic and supportive services for populations at need. However, given the social pricing of caring work, which too often does not have a high market value, low-wage workers (including mainly women and people of color) are left without the resources or training to seek other employment in the healthcare field. Many caregivers begin their service and skill development by caring for family members and then seek to provide care for others. If the needs of these workers are not addressed as part of a comprehensive healthcare safety net, we may see a continuing polarization and exploitation of low wage and low skill workers who become increasingly differentiated from high skilled healthcare providers. Career

ladders and other skill development initiatives along with family supporting wages and healthcare for low wage healthcare workers must be considered an integral part of the healthcare safety net.