



## **NAP POLICY STATEMENT ON THE HEALTHCARE WORKFORCE**

### **January, 2008**

#### **BACKGROUND**

The National Academies of Practice is a nonprofit professional organization of distinguished practitioners and scholars elected by their peers from ten different health professions. Dedicated to promoting improvements in the nation's health system, NAP provides a unique service to public policy makers: health care policy advice from an *interdisciplinary* perspective. NAP does not advocate for individual professions, but rather advocates for those policies that will promote better healthcare for all.

At the 2007 annual NAP Forum, national speakers from the federal government, academic medicine, health professional associations, and practitioners from each of the health professions represented by the NAP spoke of the healthcare workforce issues in medicine, osteopathy, nursing, pharmacy, podiatry, psychology, social work, dentistry, optometry, and in the public-health serving aspects of veterinary medicine.\* Some of the health professions reported on their struggles to make progress in meeting shortages on their own. Some of these attempts were successful. Others, like primary care physicians were not. While increased federal and private funding might solve some of the problems particularly in developing new schools and reimbursing tuitions, it would not solve the underlying problems of reimbursement and therefore income, problems of maldistribution of resources or the lack of diversity in the workforce. The speakers stressed that there was no comprehensive federal policy regarding healthcare professional workforce issues nor was there a comprehensive federal oversight group.

#### **CONCLUSIONS**

Based on the speaker presentations and discussion of the NAP membership, the following consensus was reached:

1. There are critical professional workforce shortages in some of the occupations represented by the NAP, and important considerations in all. The most critical current shortages are in

primary care medicine and nursing. Presidential candidates speak of the need to increase healthcare access at a time when there are insufficient primary care physicians to meet current and projected population needs. This shortage will be exacerbated by increased access. It is therefore important that candidates address workforce shortages in addition to providing the uninsured with funding for greater care access.

\*Copies of the program and speaker presentations can be found on the NAP website at [www.napnet.us](http://www.napnet.us).

2. Fragments of policy do exist in a variety of programs; however, a coherent national professional workforce healthcare program is needed. The policies include some financing of health professional education, and some positions for graduate medical education, and others. However, no national body is charged with developing estimates of need, and translating these into policies to support—or not support—development of healthcare professionals. For the nursing shortage, a key issue is faculty and access to clinical sites in managed care settings. States are not required to support health professions' schools or faculty, although some do. States will be challenged to address the issue of maldistribution of health professionals. Maldistribution is a national problem. For primary care, low reimbursement/income levels are a key issue. Reimbursement and other issues such as reimbursement are national in scope, meaning that only national action can address the problem. Healthcare workforce issues are not a national priority. Presidential candidates are also not discussing the need for a national policy or a federal office addressing healthcare workforce issues. The “free market” approach is not working in this key area and patients, families and communities in the United States will suffer.

3. Current health care practices cannot meet future healthcare needs. Simply replicating today's practices in health professional training programs will not meet the needs of a successful healthcare system. The current separation of physical and mental health care, the separate training of students in the different health care professions, the failure to appreciate the importance of the central role of the generalist as provider and manager of care, the failure to educate new professionals to work in interdisciplinary teams, and in collaborative practice models.....all these issues must be addressed and corrected if we are to improve health care and especially in the care of individuals with chronic illness.

4. Healthcare issues must include the non-human world. We must broaden our concept of health to include the “one world-one health” paradigm advocated by the American Veterinary Medicine Association and recently endorsed by the American Medical Association and the Centers for Disease Control and Prevention. The practice of public health must expand to include issues of food-borne illness and animal-human illness transmission as mainstream issues. Veterinarians can no longer be considered outsiders; their work is essential to the human health, and their numbers must match their capabilities and responsibilities, supported just as much as others in the health professions.

5. Diversity in the health care workforce is an issue that has been long neglected. While the present healthcare professional workforce is more diverse than that of the past, it still does not properly reflect our minority populations. All demographic estimates about the composition of our population by 2030 stress the emergence of the Hispanic-American population. National plans to increase health care professionals from that ethno-racial group do not exist. Afro-American health professionals currently do not proportionally represent their group. Again, no

national plans exist to improve that ratio. In matters of cultural understanding, linguistic concordance and trust building, it is clear that health professionals who are connected ethnically and racially with their patients are more successful in improving health outcomes, particularly in chronic disease management.

6. Replacing our current professional health workforce is matter of great concern. Low high school graduation rates seriously threaten the future supply of professional healthcare workers by eroding the numbers of potential applicants to health care training. National policies and financial support is needed to help educational institutions and licensure boards to address these realities. Starting before high school, programs are needed to interest potential health professional students, offering them more linguistic options, more training in cultural sensitivity, and more opportunities in cross-state training and licensure options. Also, practice models must fit the needs of the increasingly female workforce, and the needs of those who prematurely leave the health professions if working conditions are unattractive.

7. Novel approaches to increasing care delivery should be considered. Cross-training between health disciplines has not been fully developed. With the current and projected shortages in the healthcare professions, cross-training can be an innovative part of the solution. Expanding certain professional roles, such as utilizing nurse practitioners and pharmacists to fill clinical service gaps is extremely important. Plans to increase health care delivery should address the potential contributions of those wishing to make mid-career changes and those retirees who might wish to return to help fill practice needs.

## **RECOMMENDATIONS**

1. Reform the Overall Healthcare System:
  - a. Universal access to primary care service
  - b. Governmental mandate for health care for the uninsured.
  - c. Improved health system access for regions and populations that are underserved and carrying a heavier disease burden
  - d. Address the projected health problems of rapidly changing population demographics (diseases of an aging population, of increasing chronic diseases and of increasing Hispanic-American and other minority populations)
2. Establish a National Professional Healthcare Workforce Planning Office
  - a. Develop ongoing health professional workforce databases to help educational institutions plan for specific workforce imbalances
  - b. Develop plans for strategic deployment of a healthcare workforce to provide service to underserved populations
  - c. Develop discipline-specific incentives related to placement in underserved areas
  - d. Develop aggressive public relations/marketing to support recruitment of students, particularly minority students
  - e. Provide incentives to retain practitioners who are leaving practice or retiring from practice.
  - f. Provide incentives to address the interrelationships among food/public health and veterinary medicine.

3. Develop State and Federal Plans to Expand the Professional Healthcare Workforce
  - a. Develop programs for repayment of debt load through service
  - b. Develop loan forgiveness programs
  - c. Support retraining opportunities
  - d. Reestablish training grants for all health professional disciplines
  - e. Fund pipeline programs for underrepresented minorities
  - f. Support sabbaticals for practitioners serving in underserved areas
4. Develop Federal Plans for the Expansion of the Professional Healthcare Educational Infrastructure
  - a. Promote faculty development to teach the new healthcare models
  - b. Increase faculty to accommodate increased student enrollment
  - c. Increase the number of underrepresented minority faculty
  - d. Provide competitive grants to enable veterinary medicine colleges to expand infrastructure to graduate larger classes with emphasis on public practice, public health and biomedical research careers.
  - e. Provide grants to support community training opportunities of healthcare professional students
  - f. Provide incentives for collaborative health professional education
  - g. Increase and retain health care educators to address expansion of institutional class sizes
  - h. Provide funds to support new models of Primary Care that incorporate physical and mental health care
  - i. Facilitate cross professional collaborations in training and practice
  - j. Study requirements related to increasing access to primary care services
3. Amend current Federal payment policies to support the needed healthcare workforce and new models of care
  - a. Revise the current Medicare payment system to reduce and eventually eliminate the imbalance between specialists and primary care providers. Increase payment levels to primary care providers including geriatricians and encourage private insurers to do the same to increase the likelihood that medical students will choose to train in these needed occupations.
  - b. Address the issue of mental health parity to recognize the inextricable relationship between physical and mental health
  - c. Revise the Medicare payment system to support chronic care management, not just acute care.
  - d. Consider Medicare payment policies to increase compensation levels of other health care workers required by the burgeoning elderly population
  - e. Fund demonstration projects that promote integrated interdisciplinary training and healthcare delivery.

**More about the NAP, including previous policy papers,  
can be found on the NAP website at  
[www.napractice.org](http://www.napractice.org)**