

The James A. Baker III Institute for Public Policy report "Health Reform and the Health Care Workforce" is authored by Joanne Spetz, Ph.D., a professor at the Philip R. Lee Institute for Health Policy Research at the University of California, San Francisco (UCSF). Spetz also has faculty appointments in the university's Department of Family and Community Medicine and School of Nursing, and is a faculty researcher at the UCSF Center for the Health Professions. The Sid W. Richardson Foundation endowment and the Health Policy Forum at the James A. Baker III Institute for Public Policy supported this report.



HEALTH POLICY research

James A. Baker III Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Is the health care workforce large enough to handle full implementation of health care reform in 2014?

Not likely, says Joanne Spetz, Ph.D. The central focus of the *Affordable Care Act* is extending access to health insurance for all Americans, with the main expansions starting in 2014. Spetz reports that an estimated 35.2 million Americans will be newly insured. Research has consistently found that people with health insurance use more health care services than those who are uninsured, suggesting that the U.S. health care system has insufficient manpower to handle the approaching increase in service demand.

The 2006 enactment of comprehensive health insurance reform in Massachusetts provides some guidance on the possible impact of the ACA on demand for health services. With about 340,000 people gaining health insurance in one year, widespread shortages of primary care providers were reported. One study found that one of five nonelderly adults had difficulty receiving care. The surge in demand for health care services in 2014 will be even greater in areas that now have high rates of uninsurance, many of which also have low physician supply. States such as Texas, Louisiana, Mississippi, Alabama, Nevada, Utah and Idaho are projected to have a greater shortfall of primary care providers.

The ACA intentionally emphasizes preventive care as a strategy to both improve the health status of Americans and control costs. The focus on preventive care should increase demand for primary care providers; research indicates that primary care physicians spend about half of their time on preventive care and screenings, although much of this care can be offered by nurse practitioners (NP), physician assistants (PA) and registered nurses.

The ACA recognizes the likely need for more health care providers to care for the newly insured, and also the increased efficiency that could come from increased use of primary care and non-physician health professionals. A large number

of health workforce development programs are authorized by the ACA. The law provides increased grants to health professions education institutions for the training of primary care physicians, physician assistants and dental professionals. The grants can cover the cost of operating education programs as well as provide financial assistance to students. Funds are allocated to educate people as licensed practical nurses, nursing assistants, direct care workers and in other assistive fields.

It is important to note that the authorizations in the ACA do not guarantee funds for these programs. Congress may fully or partially fund the programs, or not fund them at all. In order to address potential shortages that might be driven by the ACA, and take full advantage of the ACA's focus on preventive care and integrated care delivery, Spetz recommends that policymakers and health care leaders act in three areas: expand the health workforce, support collaboration and evaluate outcomes.

The primary care physician, physician assistant and nurse practitioner workforce needs to be expanded. The ACA includes a number of provisions toward this aim, which should be fully funded. Payment systems need to be reformed both to provide an incentive to deliver primary care, and to bring more physicians, PAs and NPs to select primary care as their field of work.

In addition, shortages of allied health professionals who support primary care need to be addressed. This includes laboratory workers, pharmacists and pharmacy staff, health educators and imaging technicians. Health professional education is often more expensive than other fields of study due to the need for supplies, clinical placements and low student-to-faculty ratios. Educational programs need sufficient funds to maintain and expand these programs.

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics at the James A. Baker III Institute for Public Policy, in collaboration with **Laura Petersen, M.D., M.P.H.**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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