21st Century Health Care Workforce

NAM Vital Directions for Health and Health Care Symposium: The North Carolina Experience

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http://healthworkforcestudies.com
Three points in 6 minutes (or less)

1. Unrealistic to think physician workforce, alone, can provide the care needed by millions of Americans, particularly vulnerable populations in rural areas of NC and throughout the southeast.

2. It is imperative to use the current (and future) health workforce wisely.

3. Lifting restrictions on nurse practitioners in NC would be a significant step to increase access.
   • Would demonstrate North Carolina’s leadership which other states in the region could emulate.
1. The physician workforce, alone, is unable to address the primary care needs of the nation, particularly for vulnerable populations living in rural areas

- In 2019, 78 million people have inadequate access to primary care, 7,181 health professional shortage areas in the US\(^1\)

- 66\% of HPSAs for primary care (62\% mental health) located in rural or partially rural areas\(^1\)

- By 2032, shortages of up to 55,200 primary care physicians and 66,800 non-primary care physicians\(^2\)

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\(^1\) Health Resources and Services Administration. Designated health professional shortage areas. 2019. [https://data.hrsa.gov/topics/health-workforce/shortage-areas](https://data.hrsa.gov/topics/health-workforce/shortage-areas)

Number of physicians per 10,000 population in rural areas is projected to decrease 23% through 2030

2. Imperative to use the current (and future) health workforce wisely: Projections of MDs, NPs and PAs through 2030

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2010</th>
<th>2016</th>
<th>2030  (Projected)</th>
<th>Ave growth rate 2016 to 2030 (Projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>711,357</td>
<td>862,698</td>
<td>920,397</td>
<td>1,076,360</td>
<td>1.1%</td>
</tr>
<tr>
<td>NPs</td>
<td>64,800</td>
<td>91,697</td>
<td>157,025</td>
<td>396,546</td>
<td>6.8%</td>
</tr>
<tr>
<td>PAs</td>
<td>44,282</td>
<td>88,097</td>
<td>102,084</td>
<td>183,991</td>
<td>4.3%</td>
</tr>
<tr>
<td>NPs &amp; PAs per 100 MDs</td>
<td>15.3</td>
<td>20.8</td>
<td>28.2</td>
<td>53.9</td>
<td></td>
</tr>
</tbody>
</table>

Using resources wisely: Growing evidence shows

- Primary care nurse practitioners (PCNPs) are more likely than physicians to practice in rural areas – precisely where there are more uninsured and increasingly fewer physicians

- PCNPs are more likely than physicians to take care of vulnerable populations – women, non-whites, American Indians, poor, disabled, and dual eligibles

- PCNPs cost Medicare less than PCMDss, yet quality of care is comparable or better, including vulnerable populations

- State-level scope of practice restrictions placed on NPs do not protect people from low quality clinicians, but *decreases access to care*
3. Lifting restrictions on NP scope of practice would be a significant step to increase access to care in NC

People living in restricted and reduced practice states have significantly less geographic access to primary care.

Graves, J., Mishra, P., Dittus, R., Parikh, R., Perloff, J., Buerhaus, P. Role of geography and nurse practitioner scope of practice in efforts to expand primary care system capacity. Medical Care. 54(1): 81-89. 2015.
In Sum

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