Addressing “Stress” in the Health Care Workforce
(Human Resources for Health)

Thomas C. Ricketts
The University of North Carolina
Workforce Problems and Solutions

- The problems are usually defined as **National** (e.g. a national shortage of nurses).
- The impacts are very **Local** (a facility cannot operate effectively, care is not available).
- **States and Institutions** are often left to find the solutions.
Current Research in HRH

- To verify the national situation and interpret it. Stress = Shortage
  - Shortage of numbers
  - Shortage of prestige
  - Shortage of organization

- “Inconvenient Truths” from Economics
  - The same work can be done by different professions
  - There are less expensive ways to prepare professionals
Uncomfortable truths conflict with...

- Practice Acts for Healing Arts
  - (a.k.a. “Fighting Words”)
- Professional Identities
  - Commitment, compassion
- Awkward occupational impulses
  - Hypercredentialism
  - Growing fluidity in labor markets
Old line of Research Products

- Shortage of Numbers and organization (EngagedResearch®)
- Shortage of Prestige (AdvocacyResearch©)
- Inconvenient (and frankly ugly) Truths (PureResearch™)
New, Needed Product Line

Evidence-Based
Context-Sensitive
Policy-Relevant
Workforce

RESEARCH
The missing data

- Regularly collected inventories that yield timely projections of supply and need

Graph:
- Rhetoric of Shortage
- Reliability of Data
The missing policy

- Support for independent, ongoing, longitudinal research capacity in health workforce.

- Yes, money.
Questions we need to get (and sometimes do)

- What is the proper mix of ______ necessary to provide ______?
  - Practitioners .... Access;
  - Services ..... Cost-effective Care
  - Providers .... Capacity to Meet Demand

- How will directly paying ______ affect ______?
  - Nurses .... Overall Costs
  - Other professionals .... Access to Care
Questions we always get

- What will a _________ cost?
  - Medical School
  - Dental School
  - Expanded Ph.D. Nursing Program

Part of our SiloResearch™ Product Line
Questions that are emerging

- Is there a “BIG TENT” for health workforce policy making
  - And, by extension, research.

Example *TITLE VII* support to health workforce

- **NOW**: a mix of related programs with little ability to show impact.
- **FUTURE**: Coordinated policy with measurable outputs and impacts.
The Political Economy of Underservice in the Safety Net

- Current system depends on rigid definition of local underservice
- Underservice is in demand....!
- RESEARCH Question: How can we optimally allocate resources?
  - Safety net
  - System and organization
Questions I wish we would ask...

- Can we train for efficiency as well as we train for proficiency
- What makes an interdisciplinary team work well?
- How can we evaluate programs like Title VII and VIII in a Fair and Balanced™ way.
And the kickers...

- Who actually takes care of sick people?
- Who actually keeps people well?
First steps to wisdom

- How many practitioners are there?
- When do they enter and leave practice?
- Where do they practice?
- What do they practice?
fin
Components of Change, Physicians, 2001-2005

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<thead>
<tr>
<th>Year</th>
<th>Supply</th>
<th>New to file</th>
<th>Left File</th>
<th>Total</th>
<th>Net gain</th>
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<td>2001</td>
<td>16,392</td>
<td>1,681</td>
<td>1,304</td>
<td>16,769</td>
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<td>(status change 480 newly licensed 1,201)</td>
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<td>2002</td>
<td>16,769</td>
<td>1,563</td>
<td>1,242</td>
<td>17,090</td>
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<td>2004</td>
<td>17,349</td>
<td>1,550</td>
<td>1,004</td>
<td>17,895</td>
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Source: NC Health Professions Data System, with data provided by the North Carolina Medical Board.
Note: Newly licensed physicians are those who are new to file with a license date in the current or previous year. Status change physicians are those who were licensed in NC in an earlier year but were either inactive or active out of state in the previous year.
Projections: Physicians

Baseline, not age-adj
Baseline
Medical Grads + 30%
Recruitment + 15%
Projections: All Practitioners

Baseline (High)  Baseline (Low)  NPC Educ + 15%
Birth States of NC Physicians, 2003
n=17,315*

Source: AMA Masterfile, December 31, 2003. Note: Birthplace was unknown for 476 physicians. Percentages are based on 16,839 physicians for whom birthplace data were available. 2,668 physicians practicing in NC were born outside of the U.S. (16% of total).
Where NC Physicians went to Medical School, 2003
n = 17,315

Source: AMA Masterfile, December 31, 2003. Note: 2,303 physicians practicing in NC went to medical schools outside the U.S. (13% of total).
Where NC Physicians Received Residency Training, 2003

n=17,315* Licensed North Carolina physicians

Source: AMA Masterfile, December 31, 2003. Note: Residency information was missing for 606 physicians. Percentages are based on 16,709 physicians for whom data were available.
39% of NC Medical Students and 49% of NC Post-graduate Trainees Remain in the State