

# The Carolina Center for Health Workforce Innovation, Research and Policy

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**UNC**

THE CECIL G. SHEPS CENTER  
FOR HEALTH SERVICES RESEARCH

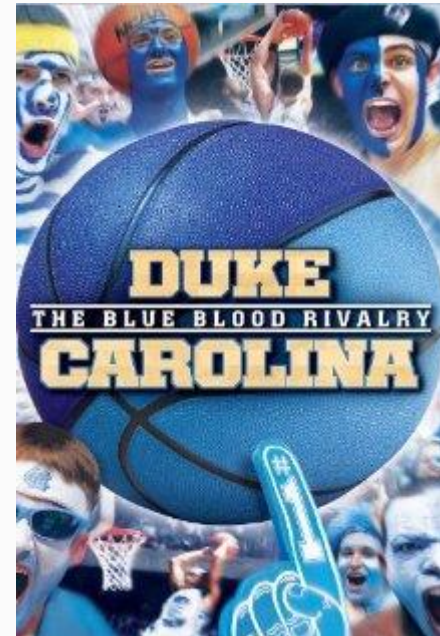
# Presentation overview

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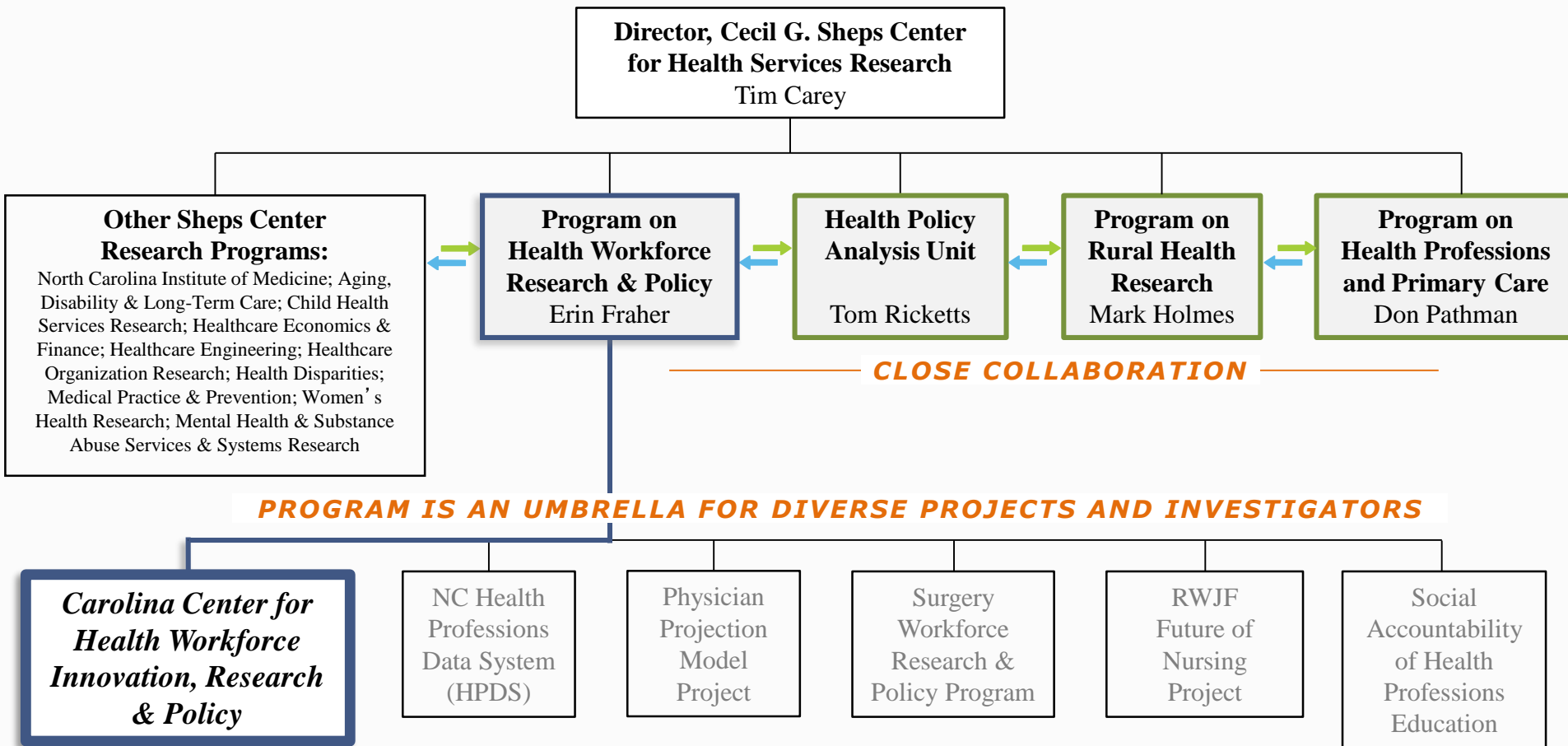
- Organizational structure
- Year 1 Projects
- Related work

# Organizational Structure: HRWC is housed at Cecil G. Sheps Center for Health Services Research

- Sheps Center is interdisciplinary research institution at University of North Carolina at Chapel Hill
- Benefit of housing HWRC at Sheps is access to:
  - Infrastructure support: data, programmers, cartographers, librarians, business office
  - Diverse faculty and staff: Health Policy Medicine, Nursing, Allied Health, Public Health, Sociology
- We even collaborate with our basketball arch rivals from Duke!



# Organizational Structure within Sheps



# HWRC benefits from active, long-standing, productive workforce research program

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**Program on Health Workforce Research and Policy Mission:**  
to provide timely, objective data and analysis to inform health workforce policy

## **Three main service lines:**

1. Provide data and research
2. Conduct policy analyses
3. “Engaged scholarship” that serves state and nation

*But we also teach and mentor*

# Our approach to research is “engaged scholarship” and rapid response

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**In last 5 years, program has translated findings into policy through :**

- 29 fact sheets and reports
- 90 presentations to local, state, national and international audiences
- 830 rapid responses for information—data, maps, information, quick turn-around analyses—from national and state policymakers, researchers, educators, others
- 34 states requesting info & technical assistance (since 2003) about building better health workforce planning systems



# Project 1: Understanding flexible deployment of workforce in new models of care

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- **Title:** A Review of Efforts to Understand How the Widespread Adoption of New Models of Care Will Change US Health Care Workforce Needs
- **Investigators:** Erin Fraher, PhD MPP and Jacquie Halladay, MD MPH

# Project 1: Research Aims (a bit like trying to study a moving target)

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## **The “numbers” questions:**

- How might adoption of new models of care affect number of primary care physicians needed?
- How have patient panel sizes changed pre- and post-implementation of new models of care?

## **The more interesting questions:**

- What skill mix configurations are being used to serve different patient populations seeking primary care in different geographies and settings?
- What new roles and health professional titles are emerging?



# Project 1: Methods and Products

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## **Methods**

- Synthesis of peer reviewed and grey literature
- Convene expert panel to review lit search findings and discuss work underway but not yet published

## **Products and policy relevance**

- Policy brief identifying education implications for students in pipeline and (more importantly!) need to retool 18 million health workers already in the system
- May suggest payment and regulatory policy changes needed

## Project 2: Understanding flexibility in physicians' scope of services

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- **Title:** Scope and balance of services provided by primary care physicians in rural and rural shortage areas: Variations with specialist physician to population ratios
- **Investigators:** Don Pathman, MD MPH and Mark Holmes, PhD

# Project 2: Research Aims

## Primary Care Physician Plasticity

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- **How do primary care physicians alter their scope and mix of services based on:**
  - the health needs of the community?
  - the presence of other primary care or specialist physicians?
- **Hypothesis: local primary care physicians in rural areas will provide a greater number and variety of services if no local specialists**
  - ex. IM physician provides cardiology tests if no cardiologists in area



# Project 2: Methods and Products

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## **Methods**

- Medicare encounter and NPI (AMA MF?) data
- Focus on outpatient visits for rural populations
- Identify 3 specialist types and examine shifts in 4 specific diagnoses and procedures

## **Products and policy relevance**

- Findings brief and possible manuscript to inform
  - Workforce models
    - What specialties/ services do rural communities need?
  - Education policies
    - What training do rural primary care physicians need?



# Project 3: Understanding career flexibility

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- **Title:** Identifying the magnitude of, and factors associated with, nurse practitioner (NP) and physician assistant (PA) specialty switches between primary and specialty care
- **Investigator:** Perri Morgan, PhD PA-C



# Project 3: Research Aims

- **Better understand factors that predict NP & PA specialty switches between primary and specialty care over career trajectory**
- **When do switches occur?**  
**What are factors associated with specialty switch?**
  - Age
  - Sex
  - Birth cohort
  - Graduation cohort
  - Time since graduation
  - Rural/urban practice location
  - Specialty practiced before the switch



# Project 3: Methods and Products

## **Methods**

- Concatenate data files from 1990-2010 from NC Health Professions Data System to create career trajectory

## **Products and policy relevance**

- Findings brief and possible manuscript that:
  - Identifies characteristics of NPs and PAs who move to primary care and “shortage” specialties (e.g., psych, general surgery etc.)
  - Discusses ways to incorporate NP and PA career flexibility into estimates of primary care capacity



# Related work that may (or may not!) be of interest

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- Open source physician projection model
- Measuring return on investment of GME, UME and health professions education programs
- RWJ work on estimating number of NPs in primary care and role of nurses in care management
- Surgical workforce analysis
- Pharmacy workforce report





# Contact info

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