

Strengthening the Health Care Workforce Through Policy and Planning

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This Presentation

- Federal health workforce policy: BHP's perspective
 - Current policy levers
 - Limitations
- Opportunities

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In General:

Federal Health Workforce Goals

- An adequate number of health providers
- Appropriately trained
- Appropriately distributed
- Diverse and culturally competent
- Additional considerations
 - cost containment
 - quality and patient safety

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Federal Health Workforce Policy Levers

- What is Federal "health workforce policy and planning" from BHP's perspective?
 - Statute (authorization creates programs, appropriation provides resources)
 - Grant guidance
 - Drives focus
 - Determines criteria for successful applicants
 - Regulation (shortage designation)
 - Research and analysis; publications
 - Advisory Committee reports

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Federal Health Workforce Policy – Current Limitations

- Administration's funding priorities limited public discussion of Federal role in health workforce policy
- Reliance on market forces
- Diminished Federal resources for health workforce research and analytic work
- Focus on "baccalaureate education and above" when many providers have two-year or technical training

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Federal Health Workforce Policy – Current Limitations

- Limited coordination between HHS, VA, DoD, Labor, Education – all with important roles to play in health workforce development
- Much of the health workforce investment and policy is determined at the State level

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Solutions?

- Increased resources for health professions training
- Additional support for national level health workforce policy research and analysis
- Broader, more flexible health workforce education authorities
- Increased resources to States for health workforce planning
- “Super” health workforce policy board
- Refining shortage designation
- Stimulus?

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Opportunities

- Reauthorization of Titles VII and VIII for the first time in more than 10 years
 - Increased flexibility
 - Increased accountability
 - Reflecting changing educational and practice patterns
- FY 2009 appropriations and the Stimulus Package

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Creation of a “National Health Workforce Council”

- Several earlier proposals
- Variables
 - Appointments by GAO or Secretary?
 - Number of members and constituencies represented
 - Chairperson (elected, selected)
 - Charge to the Committee
 - Reporting – to the Congress, to the Secretary?
 - Health workforce and analysis capacity
 - Relationship to MedPAC, other 188 Secretarial Advisory Committees

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Additional Considerations: National Health Workforce Council?

- Cost (travel, staff, support)
- Original research and commissioned studies, vs. working with current literature?
- Writing annual reports or topical reports
- Individual members - representing a constituency or addressing health workforce challenges generally?
- Writing relevant recommendations
- Broad charge –everything is germane
- Long-term care, lay care givers and other “non-professional” care givers

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Of Interest to Health Workforce Policy Makers

- “All Advisory Committee” Meeting – April 19, 2009
 - Focus on interdisciplinary education and practice
 - National Advisory Council on Nursing Education and Practice
 - Council on Graduate Medical Education
 - Advisory Committee on Interdisciplinary, Community Based Linkages
 - Advisory Committee on Training in Primary Care Medicine and Dentistry

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Of Interest to Health Workforce Policy Makers

- Health Workforce Information Center
 - <http://www.healthworkforceinfo.org/>
- Workforce for Underserved and Rural Populations Summit

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Questions and Comments?

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