

# Role of the States in Primary Care Health Workforce— Collaborating to Solve State Workforce Challenges

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National Conference of State Legislatures

Aug. 11, 2009

# Strengthening the Health Care Safety Net Workforce through Interagency Cooperation, Planning and Policy July 19-20, 2009—Philadelphia, Pennsylvania

**With Support:**  
**HRSA (BPHC, ORHP) and OMH**

**Partners:**



NATIONAL ACADEMY  
*for* STATE HEALTH POLICY



# Overview

- Meeting Model and Goals
- Agenda and State Selection
- Benefits of "state team" Meeting
- Lessons Learned
- Common Challenges
- Common Goals
- Follow-up

# Meeting Model and Goals

- **Purpose:** This collaborative meeting will address the current state of the primary care workforce and share best practices to improve the workforce pipeline and maximize the safety net's ability to meet the demand for primary care services for the uninsured. The meeting will also bring together state leaders to learn about models that work to improve the primary care workforce pipeline.

# Agenda and State Team Selection

## ■ Criteria For States

- Demonstrated political will to address the health care safety-net workforce issue (s)
  - Saturation of HPSAs in the state
  - HRSA regions (representative of the nation)
  - Legislative session and existence of a travel ban
  - CO, ID, ME, MO, MS, and OH
  - Faculty from (NM, WV, TN, CA, MA, and MN)
- ## ■ No one "owned" the agenda

# Benefits of "state team" model

- "Interaction with our state legislators and our health policy cabinet member" ORHP
- "The diversity of attendees--It forced us to meet and discuss with support of good facilitators." NCSL
- "Being made aware of the different initiatives and the best models within the states." OMH
- The state conversations...created proposal that require no funding just engagement." NACHC
- "A good team to jump-start on workforce issue" ASTHO
- "Meeting with my state and learning from other states together" NASHP

# Lesson's Learned

- Personal interaction between state teams and faculty highly beneficial
- Education representative as part of the group
- Requires on-going support after meeting
- State-specific information
- Takes time

# Common Challenges

- Short-term needs and long-term solutions
- J-1 visa program
- Fragmented statewide planning and lack of clearly articulated comprehensive plan to grow the primary care workforce
- Uneven geographic distribution of doctors
- Under representation of minorities going into health professions
- Lack of incentives to join primary care workforce

# Common Challenges, Cont...

- Fragmented "pipeline"
- Retention
- Health care career ladder
- Disconnect between goals of universities and goal to strengthen the primary care workforce
- K-12 education (exposure and basic skill sets)

# Common Goals

- Compile an inventory of current activities in the state or engage other stakeholders
- Create a "state-wide / strategic / 10-yr" plan to address the safety-net workforce issue
- Increase diversity of the workforce (rural, minorities)
- Create incentives for primary care
- Data collection

# Common Goals: Pipeline

- Create new or link current pipeline programs
  - Recruitment:
    - Focus on improved math and science education in the state
    - Alignment of goals for medical training and the needs of the uninsured
  - Mobility:
    - Career ladders
    - HIT infrastructure
  - Retention
    - Improve primary care working conditions
    - Locum tenens
    - Civic engagement

# Follow-up

- On-going contact with state teams
- Partners offer team state's technical assistance as needed
- Follow-up calls to team members
- Offers to facilitate meetings in their state with additional stakeholders

Questions?

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