Health Care Cost Transparency Board's

Advisory Committee on Primary Care meeting

January 23, 2024

Washington State Health Care Authority

Goals for today's meeting

Charge to the Primary Care Committee: **make recommendations as to how best to achieve a 12% primary care expenditure target.**

Objectives

Review the top seven recommended actions

Discuss proposals, prioritize, and advise what further information is needed.

Review workforce development recommendations

Tab 1

Washington State Health Care Authority

Washington State Health Care Authority

HEALTH CARE COST TRANSPARENCY BOARD'S
Advisory Committee on Primary Care

January 23, 2024
2 – 4 p.m.
Hybrid Meeting

Meeting Agenda

Committee Members:					
☐	Judy Zerzan-Thul, Chair	☐	Chandra Hicks	☐	Linda Van Hoff
☐	Kristal Albrecht	☐	Meg Jones	☐	Shawn West
☐	Sharon Brown	☐	Gregory Marchand	☐	Staici West
☐	Tony Butruille	☐	Sheryl Morelli	☐	Ginny Weir
☐	Michele Causley	☐	Lan H. Nguyen	☐	Maddy Wiley
☐	Tracy Corgiat	☐	Katina Rue		
☐	David DiGiuseppe	☐	Mandy Stahre		
☐	DC Dugdale	☐	Jonathan Staloff		
☐	Sharon Eloranta	☐	Sarah Stokes		

Time	Agenda Items	Tab	Lead
2:00 - 2:05 (5 min)	Welcome, roll call, and agenda review	1	Dr. Judy Zerzan-Thul, Committee Chair, Medical Director, Health Care Authority
2:05 - 2:10 (5 min)	Approval of November 2023 meeting summary	2	Stacey Whiteman, Facilitator, Health Care Authority
2:10 - 2:15 (5 min)	Public Comment	3	Stacey Whiteman, Facilitator, Health Care Authority
2:15 - 2:30 (15 min)	Making Care Primary update: Next steps and implications	4	Kahlie Dufresne, Spec Asst for Health Policy and Programs, Health Care Authority
2:30 – 3:00 (30 min)	Policies and strategies to reach the 12% primary care expenditure target	5	Dr. Judy Zerzan-Thul, Chair, Medical Director Health Care Authority
3:00 – 3:40 (40 min)	Presentation: Workforce Development	6	Dr. Bianca Frogner, Professor, Director of the University of Washington Center for Health Workforce Studies
3:40 – 4:00 (20 min)	Presentation: Workforce Development	7	Renee Fullerton, staff to the Health Workforce Council, Workforce Training and Education Coordinating Board
4:00	Wrap-up and adjournment		Dr. Judy Zerzan-Thul, Committee Chair, Medical Director, Health Care Authority

Tab 2

Washington State Health Care Authority

Health Care Cost Transparency Board's

Advisory Committee on Primary Care meeting summary

November 28, 2023

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2:00 –3:10 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the **Advisory Committee on Primary Care's webpage**.

Members present

Judy Zerzan-Thul, Chair
Kristal Albrecht
Sharon Brown
Michele Causley
Tracy Corgiat
David DiGiuseppe
Chandra Hicks
Meg Jones
Lan Nguyen
Mandy Stahre
Jonathan Staloff
Ginny Weir
Maddy Wiley

Members absent

Tony Butruille
D.C. Dugdale
Sharon Eloranta
Gregory Marchand
Sheryl Morelli
Katina Rue
Sarah Stokes
Linda Van Hoff
Shawn West
Staici West

Call to order

Dr. Judy Zerzan-Thul, Committee Chair, called the meeting to order at 2:05 p.m.

Washington State Health Care Authority

Agenda items

Welcoming remarks

Chair Dr. Judy Zerzan-Thul welcomed committee members and provided an overview of the meeting agenda.

Meeting summary review from the previous meeting

The Members present voted by consensus to adopt the October 2023 meeting summary.

Public comment

Stacey Whiteman, committee facilitator, called for comments from the public. There were no public comments.

Primary Care Expenditures and Non-Claims-Based Spending

Kahlie Dufresne and Hana Hartman, Policy Division, Health Care Authority

The Legislature set a goal of spending 12% of total health care dollars on primary care. To achieve this, a shared definition of primary care and primary care spending is needed. The committee is in the process of recommending a definition of primary care and standards for reporting and measuring claims- and non-claims-based spending. Using the narrow definition for claims- and non-claims-based spending, self-reported information from HCA's contracted plans in 2022 indicated primary care spending for the Medicaid market was about 9.51 percent of total spending, the commercial market for HCA-contracted plans was about 6.71 percent, and the combined weighted average was 8.81 percent. Altogether, HCA-contracted plans accounted for about 25 percent of the Washington health insurance market in 2022. The share of expenditures in primary care has been decreasing over time. Non-claims spending includes expenditures that happen outside of the claims system, such as capitated payments, workforce investments, incentives for quality performance, and shared savings payments. About half of Medicaid spending is claims-based compared to 96-100 percent for HCA-contracted commercial plans. It is suspected that the higher rate of non-claims-based spending in Medicaid is due to the high proportion of patients that are attributed to Federally Qualified Health Centers (FQHC). The committee heard an overview of the definitions of non-claims-based spending that HCA-contracted plans use to self-report non-claims-based spending. A committee member expressed interest in using standardized age bands when measuring primary care expenditures. The Office of Financial Management (OFM) report on primary care included a breakdown by age. Currently, data from the All-Payer Claims Database (APCD) is being run to measure primary care expenditures using the old definition. A committee member remarked that many community behavioral health payments are under capitated models and asked if this data has been filtered out. Under the narrow definition of services and provider types, this spending was excluded.

Broad vs. Narrow Definitions

Shane Mofford, Consultant, Center for Evidence-based Policy

The committee heard a recap on the differences between the narrow and broad definitions of primary care, including provider types included or excluded. The narrow definition is more closely aligned with the definitions used in other states. The narrow definition will require greater primary care investment to meet the 12 percent target. The broad definition may be more direct in supporting team-based care, but the narrow definition can still be used to support team-based care due to the increased investment in primary care more broadly. A committee member commented that if spending does not decrease in non-primary care, but there is legislation to increase spending in primary care, this could lead to an increase in the total cost of care. In a commercial setting, this could increase premium rates for consumers. A committee member commented that the OFM report did not evaluate the difference between the narrow and broad primary care spending percentages and asked how much of the difference is attributed to obstetrician-gynecologists (OB-GYN). If OB-GYN is not included, there will be an age effect as it can be surmised that a substantial portion of primary care visits for younger adults are likely OBGYN visits. Compared to the broad definition, the narrow definition could have a stronger impact due to needing greater investment in primary care to reach 12 percent. A committee member

commented that the narrow definition more closely aligns with what the 12 percent target was set on and if they had used a different definition other than the narrow, the goal could have been higher at 14 or 15 percent. It is important to make the appropriate level of investment. Another committee member noted the benefit of having one narrow definition that is fairly aligned with other states. Most states only have one definition of primary care – the narrow definition. Sufficient members were present to allow a quorum. **By consensus, the committee voted to adopt the narrow definition of primary care**.

Adjournment

Meeting adjourned at 2:58 p.m.

Tab 3

Washington State Health Care Authority

Public Comment

Washington State Health Care Authority

Tab 4

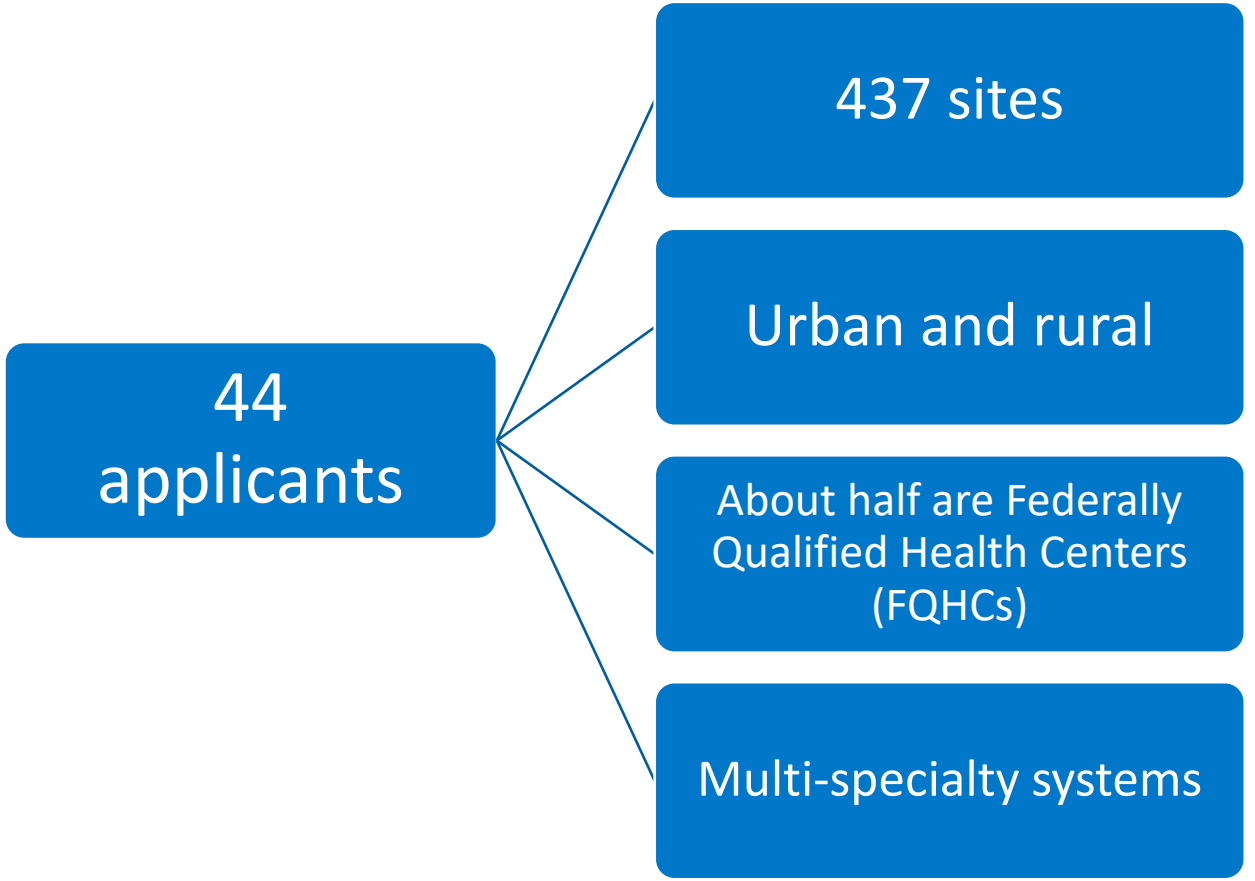
Washington State Health Care Authority

Making Care Primary

Washington State Health Care Authority

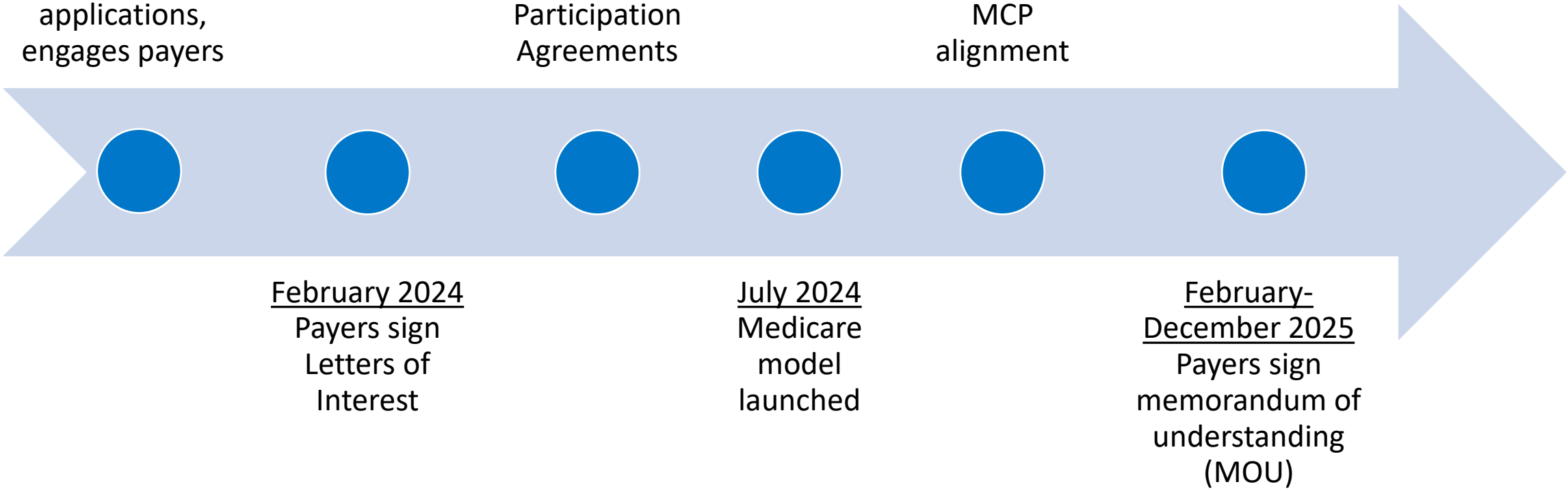
Making Care Primary

- Applications to the Center for Medicare and Medicaid Innovation (CMMI) for the Medicare model Making Care Primary (MCP) were due December 2023
- The Centers for Medicare & Medicaid Services (CMS) and the Washington State Health Care Authority (HCA) are continuing discussions with payers about meaningful alignment of the models
- HCA continuing discussions with providers about readiness and multi-payer support



Washington State Health Care Authority

Making Care Primary Timeline



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Tab 5

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Strategies to Increase and Sustain Primary Care

Washington State Health Care Authority

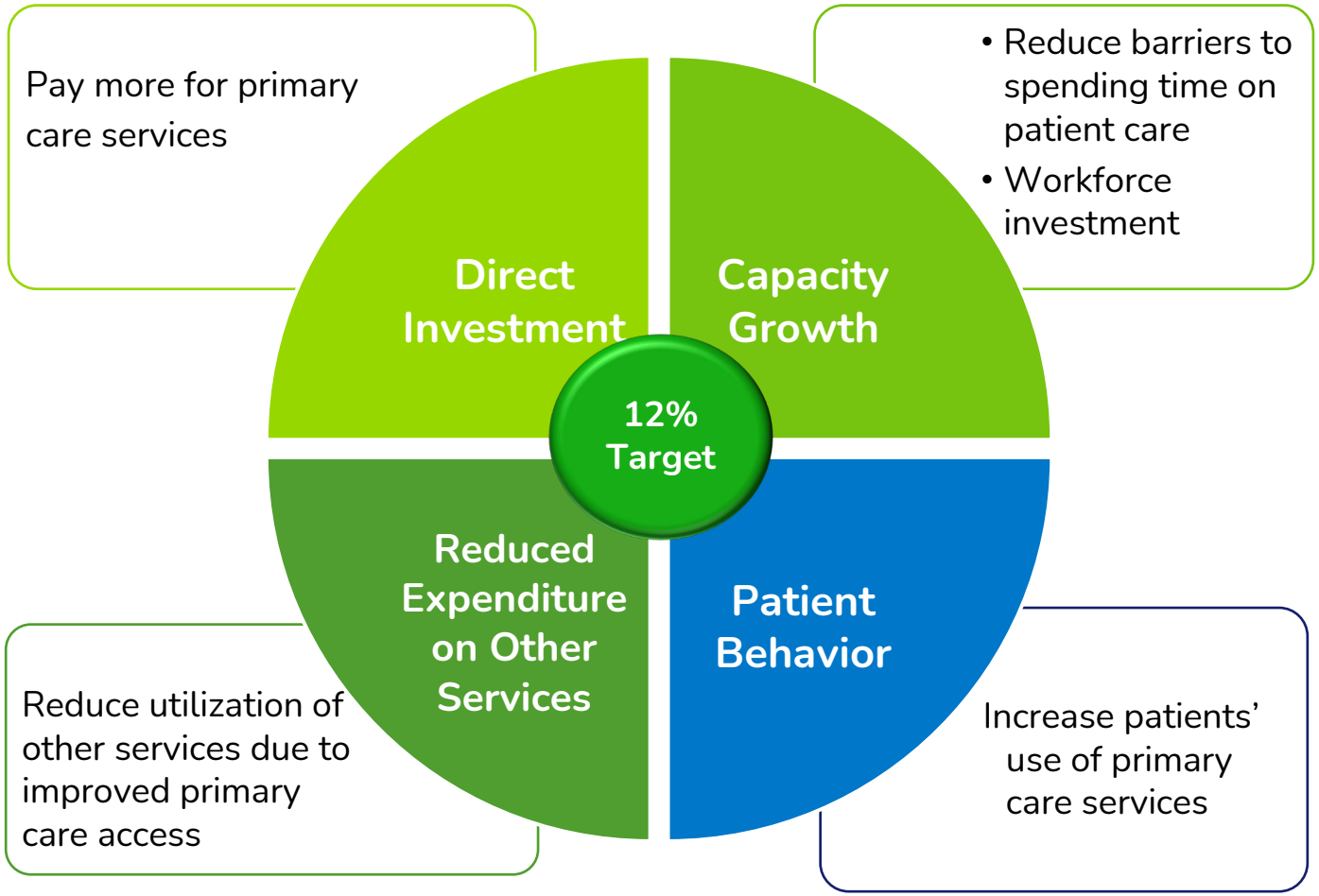
Advisory Committee on Primary Care charges

- Primary Care Definition
  - Recommend a definition of primary care
  - Recommend measurement methodologies to assess claims-based spending
  - Recommend measurement methodologies to assess non-claims-based spending

- Data Focused to Support Primary Care
  - Report on barriers to access and use of primary care data and how to overcome them
  - Report annual progress needed for primary care expenditures to reach 12 percent of total health care expenditures
  - Track accountability for annual primary care expenditure targets

- Policies to Increase and Sustain Primary Care
  - Recommend methods to incentivize achievement of the 12 percent target
  - Recommend specific practices and methods of reimbursement to achieve and sustain primary care expenditure targets

Four key domains that influence primary care expenditures



Washington State Health Care Authority

Policy development principles

- Policy recommendations should adhere to the following principles:
  - Unambiguous linkage between policy and achieving 12% primary care expenditure target
  - Clearly defined action and actors
  - Policies are financially, operationally, and politically feasible
  - Policies result in improved access and quality, not just expenditure

Increase primary care expenditure as a percentage of total health care spending

Recommendation #1:

- Legislation can be passed to mandate that commercial and public payers increase annual primary care expenditure as a percentage of total expenditures by one percentage point annually until a primary care expenditure ratio of 12% is achieved.

- The Office of the Insurance Commissioner (OIC) is evaluating ways to leverage existing authority to require carriers to report primary care spending.

Increased Medicaid reimbursement for primary care

Recommendation #2:

- Determine the amount of funding needed to increase reimbursement for primary care practices and services covered by Medicaid with a goal of achieving a reimbursement level of no less than 100% of Medicare. The policy implementation may be incremental based on available funding at the state level but should target achieving primary care reimbursement rates at 100% of Medicare.

Multi-payer alignment policy

Recommendation #3:

Committee support for:

- The Multi-payer Collaborative's work in aligning standards, quality metrics, practice supports, and payment models.
- The Collaborative's efforts to align the Primary Care Transformation Model with the federal Making Care Primary program.
- Legislature to advance multi-payer primary care alignment efforts, particularly for state-funded plans to participate in a Making Care Primary aligned transformation model.

Patient engagement policy

Recommendation #4:

- Committee statement of support for payer and purchaser (employer) education and incentives to promote creating a relationship with primary care and accessing preventive services (e.g., health fairs, employee wellness initiatives, educational resources, and employee incentives) and support for public health agencies' specific efforts to include primary care engagement in public education.

Workforce development

Recommendation #5:

- Prioritize funding for state primary care workforce initiatives as collaboratively identified through the Health Workforce Council.

Staff recommendations based on policies adopted by other states

Recommendation #6:

Following the 2024 reporting of primary care expenditures by the Health Care Payment Learning & Action Network (HCP-LAN) category, the committee may make recommendations to the Cost Board for the portion of primary care expenditure that should be tied to alternative payment methodologies for expenditures to count towards the expenditure growth target.

Recommendation #7:

The Cost Board should identify primary care expenditure targets that are based on per capita expenditures instead of an aggregate expenditure ratio of 12%.

Recommendations to increase and sustain investment in primary care

1. **Increase primary care expenditures** as a percentage of total health care spending by one percentage point annually until a primary care expenditure ratio of 12% is achieved.
2. **Increase Medicaid reimbursement** for primary care to no less than 100% of Medicare no later than 2028.
3. **Multi-payer alignment policy** - support for the Multi-payer Collaborative's alignment efforts.
4. **Patient engagement policy** – payer and purchaser education and incentives to promote utilization of primary care and preventive services.
5. **Workforce development** – prioritize funding for state primary care workforce initiatives as collaboratively identified through the Health Workforce Council.
6. Following the 2024 reporting of primary care expenditures by HCP-LAN category, the **committee may make recommendations to the Cost Board for the portion of primary care expenditures that must be tied to alternative payment methodologies** for spending to count towards the expenditure growth target.
7. The Cost Board should **identify primary care expenditure targets that are based on per capita expenditures** instead of an aggregate ratio of 12% of total health expenditures.

Tab 6

Washington State Health Care Authority

Workforce Development and the Primary Care Spending Benchmark

Washington State Advisory Committee on Primary Care
Health Care Cost Transparency Board
January 23, 2024

Bianca K. Frogner, PhD
Professor, Department of Family Medicine
Director, Center for Health Workforce Studies
University of Washington

center for health workforce studies
UNIVERSITY of WASHINGTON

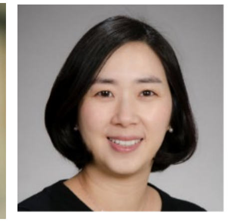
Twitter: @uwchws, @biancafrogner

Disclosures

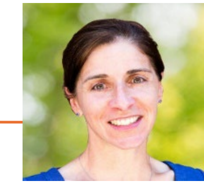
- Current appointed member of the Washington state Health Care Cost Transparency Board
- Employed as a faculty member in the Department of Family Medicine at the University of Washington
- Recent funders to myself and CHWS include Washington state legislature, state contracts from the Washington state Workforce Training and Education Coordinating Board, Delta Dental of Washington, and federal grants including the Health Resources & Services Administration and the National Institutes of Health





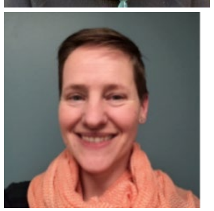
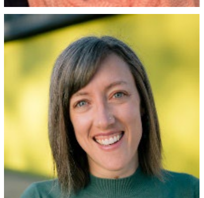







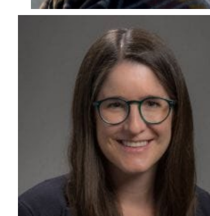
UW Center for Health Workforce Studies



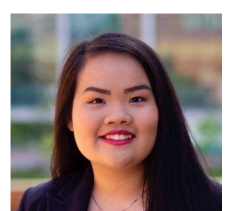




- Celebrating over 25 years of research excellence
- Conducts health workforce research to inform health workforce planners and policy makers
- With the support of federal grants, state contracts, and other funders, we examine:
    1) Career pathway development
    2) Policies & programs to support a diverse workforce
    3) Effective recruitment & retention efforts

Visit our website at: https://familymedicine.uw.edu/chws/





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Other US Federally-Funded HWRCs

- UCSF Health Workforce Research Center on Long-Term Care
- GW Fitzhugh Mullan Institute for Health Workforce Equity
- Carolina Health Workforce Research Center
- Behavioral Health Workforce Research Center at University of North Carolina
- Oral Health Workforce Research Center at University at Albany, SUNY
- Consortium for Workforce Research in Public Health at University of Minnesota
- Health Workforce Technical Assistance Center

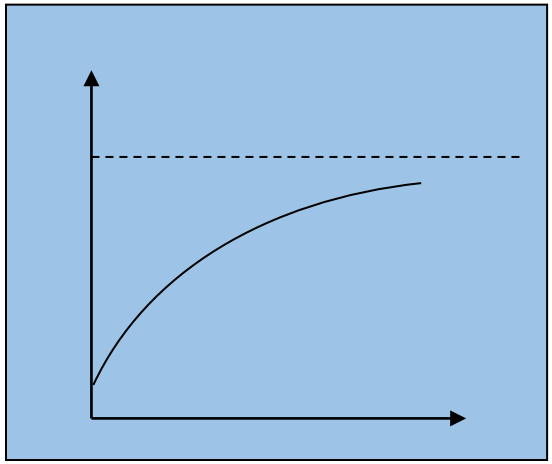
Funded under the National Center for Health Workforce Analysis in the Bureau of Health Workforce at the Health Resources and Services Administration of the U.S. Department of Health and Human Services

Agenda for Today

- Framework connecting health workforce to health spending
- Brief overview of WA primary care workforce
- Challenges facing primary care workforce and direction for future primary care workforce development

Reducing Health Spending has Implications for Labor Growth

Health Spending Growth



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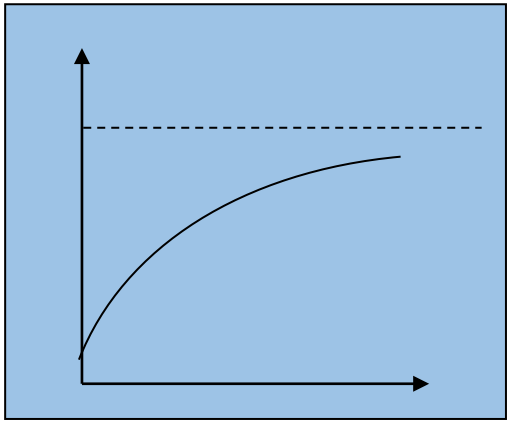
Health Care Labor Force



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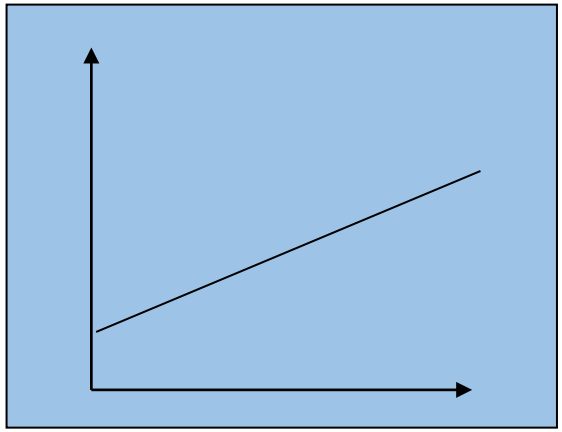
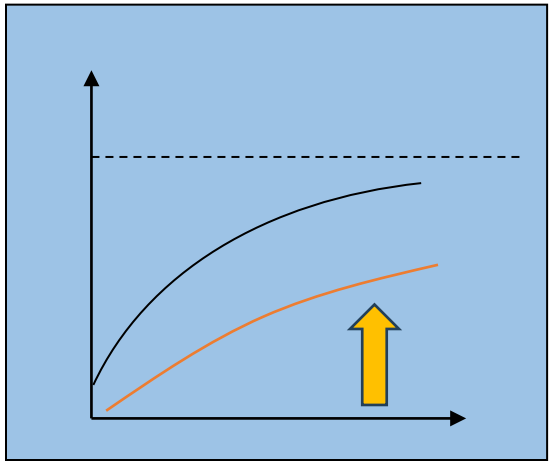
Health Care Wage Rate



Increasing Primary Care Spending: More Labor and/or Higher Pay?

Health Spending Growth



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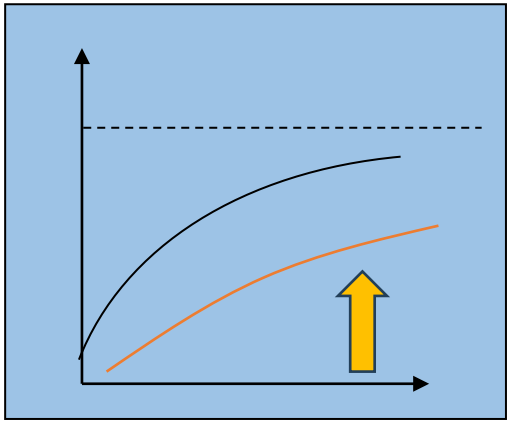
Health Care Labor Force



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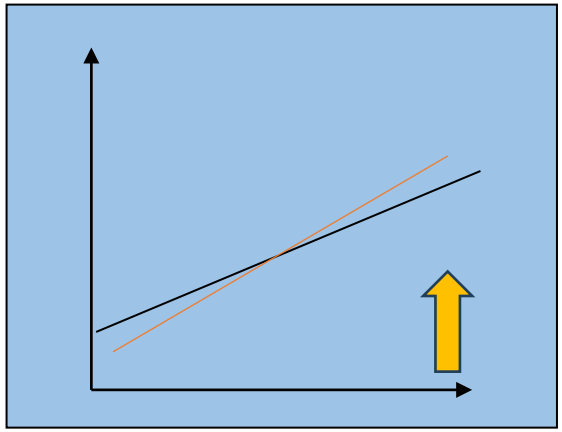
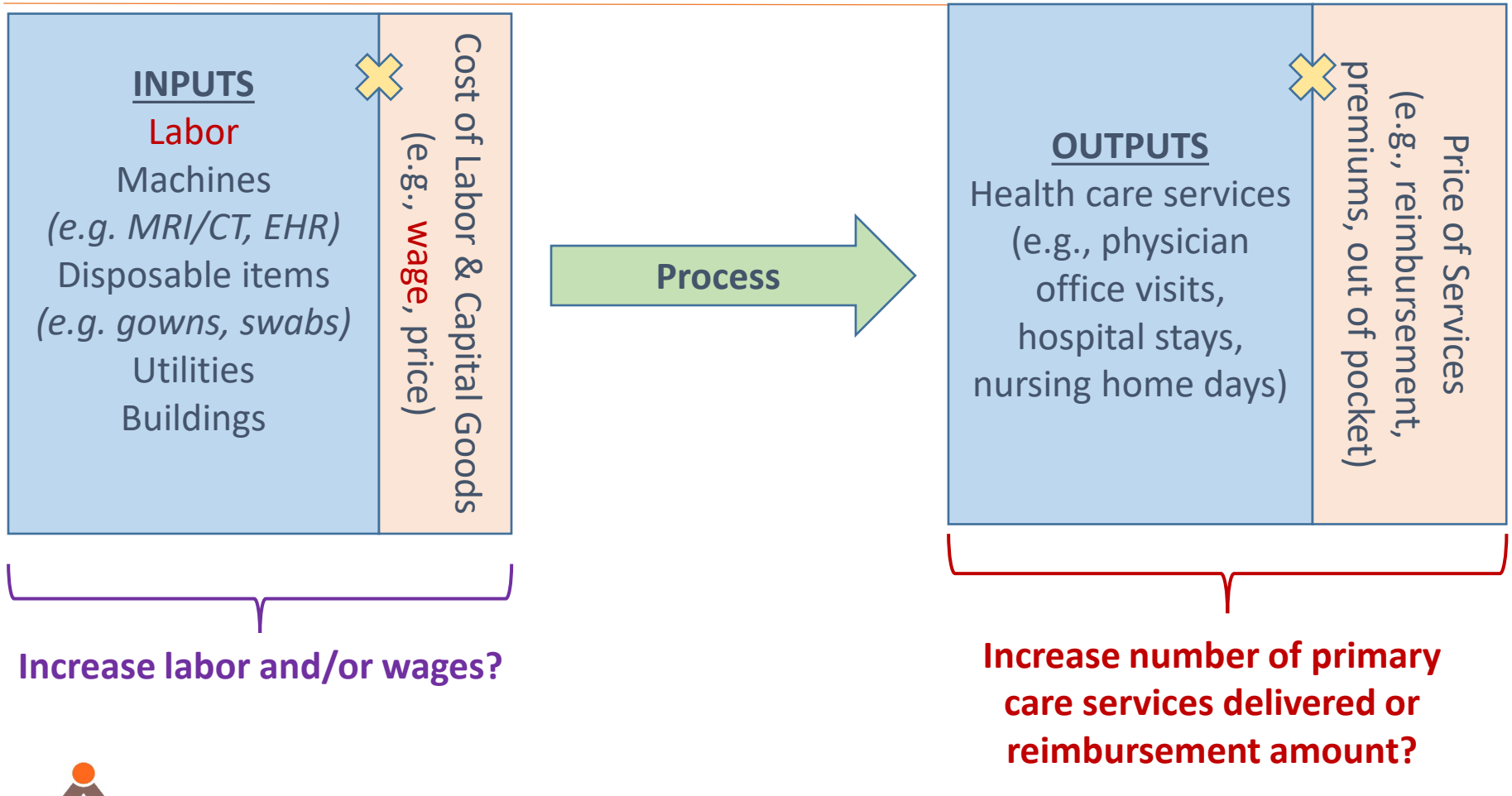
Health Care Wage Rate



More Labor or Higher Pay Equates to More Services or Higher Prices/Reimbursement



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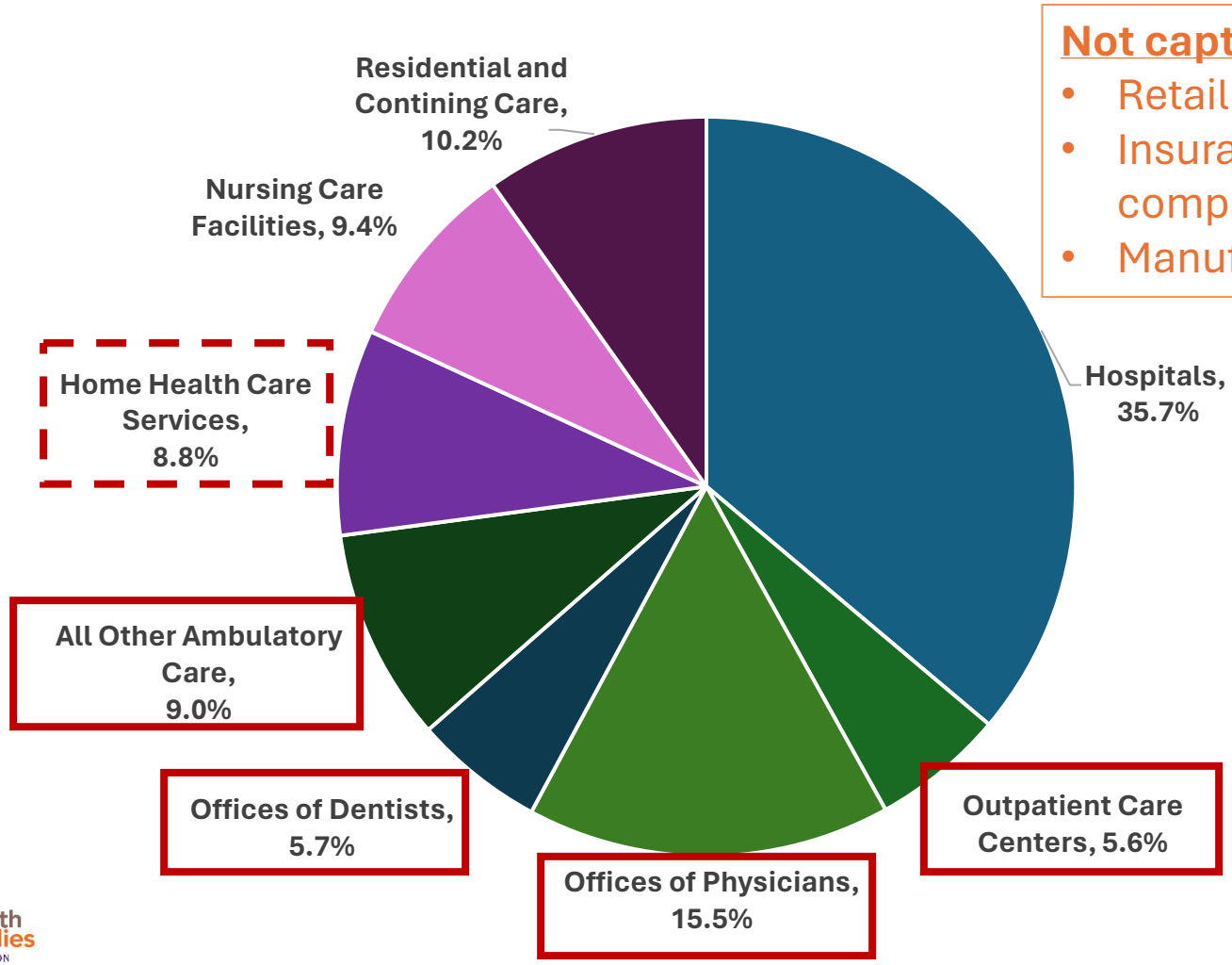
Ambulatory Care Employs 35-45% of ~17M US Healthcare Workers – WA is 53%



Not captured in graph:

- Retail pharmacies
- Insurance companies
- Manufacturing

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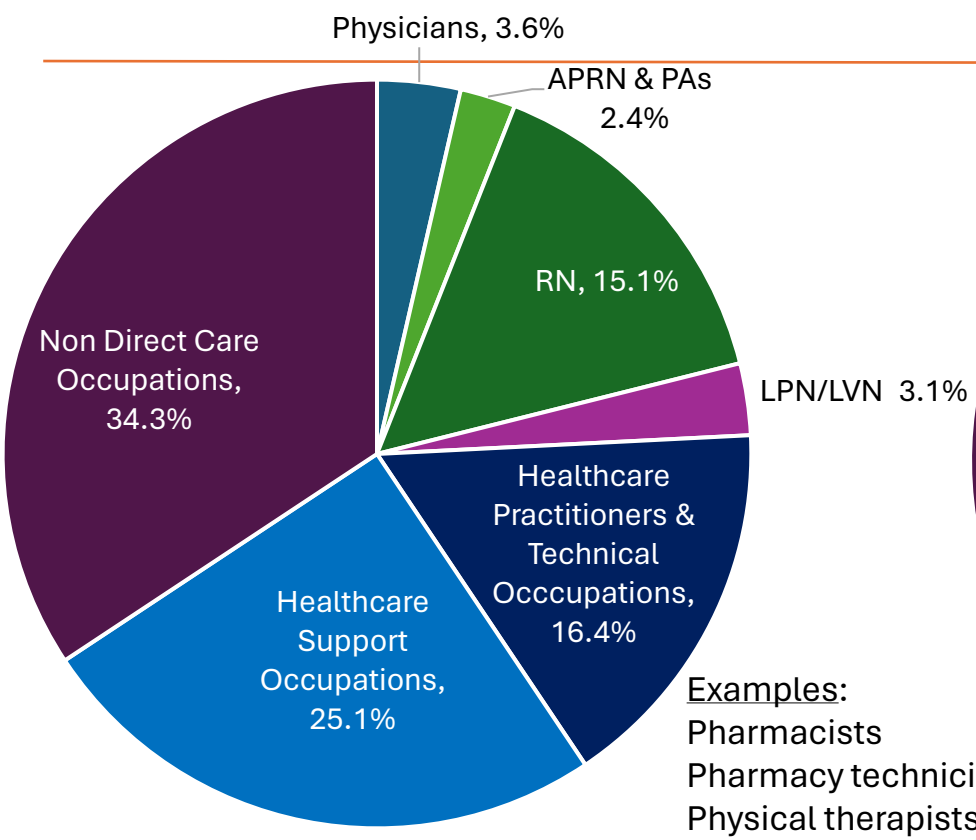
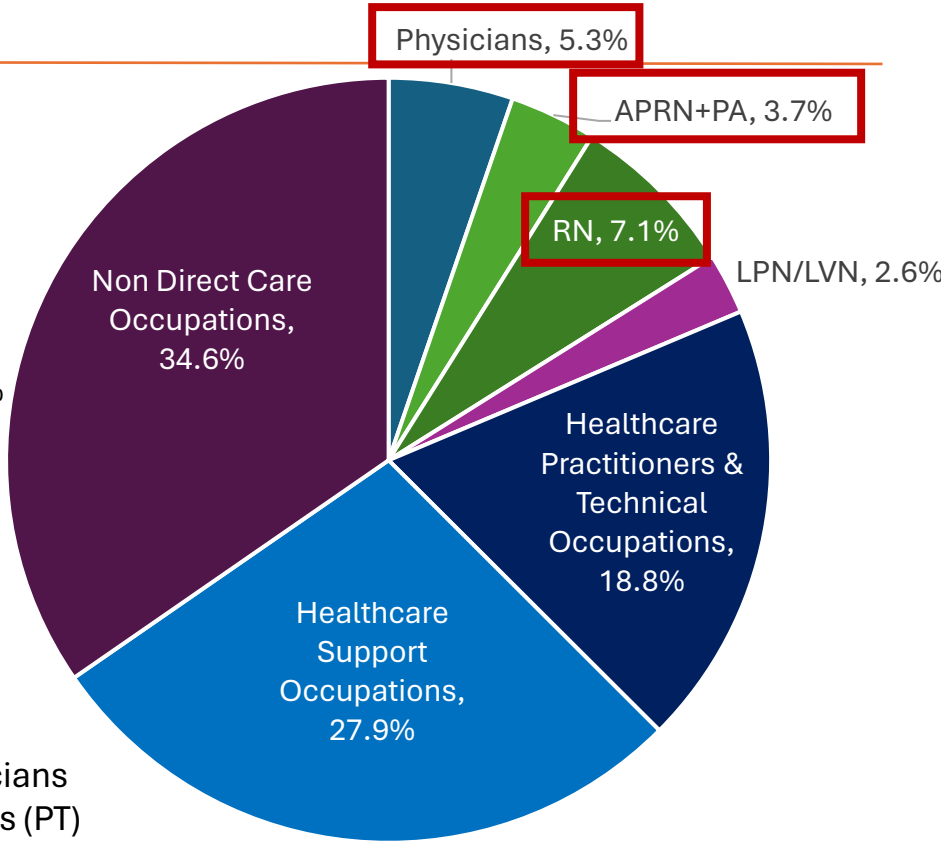
Source: Frogner calculation of Bureau of Labor Statistics, Occupational Employment & Wage Statistics, 2022

Occupations across US Healthcare Settings



Examples:
Pharmacists
Pharmacy technicians
Physical therapists (PT)
Occupational therapists (OT)
Clinical lab professionals

Occupations within US Ambulatory Care



Examples:
Nursing Assistants
Home Health Aides
Home/Personal Care Aides
Medical Assistants
Pharmacy Aides
Dental Assistants
OT/PT Assistants

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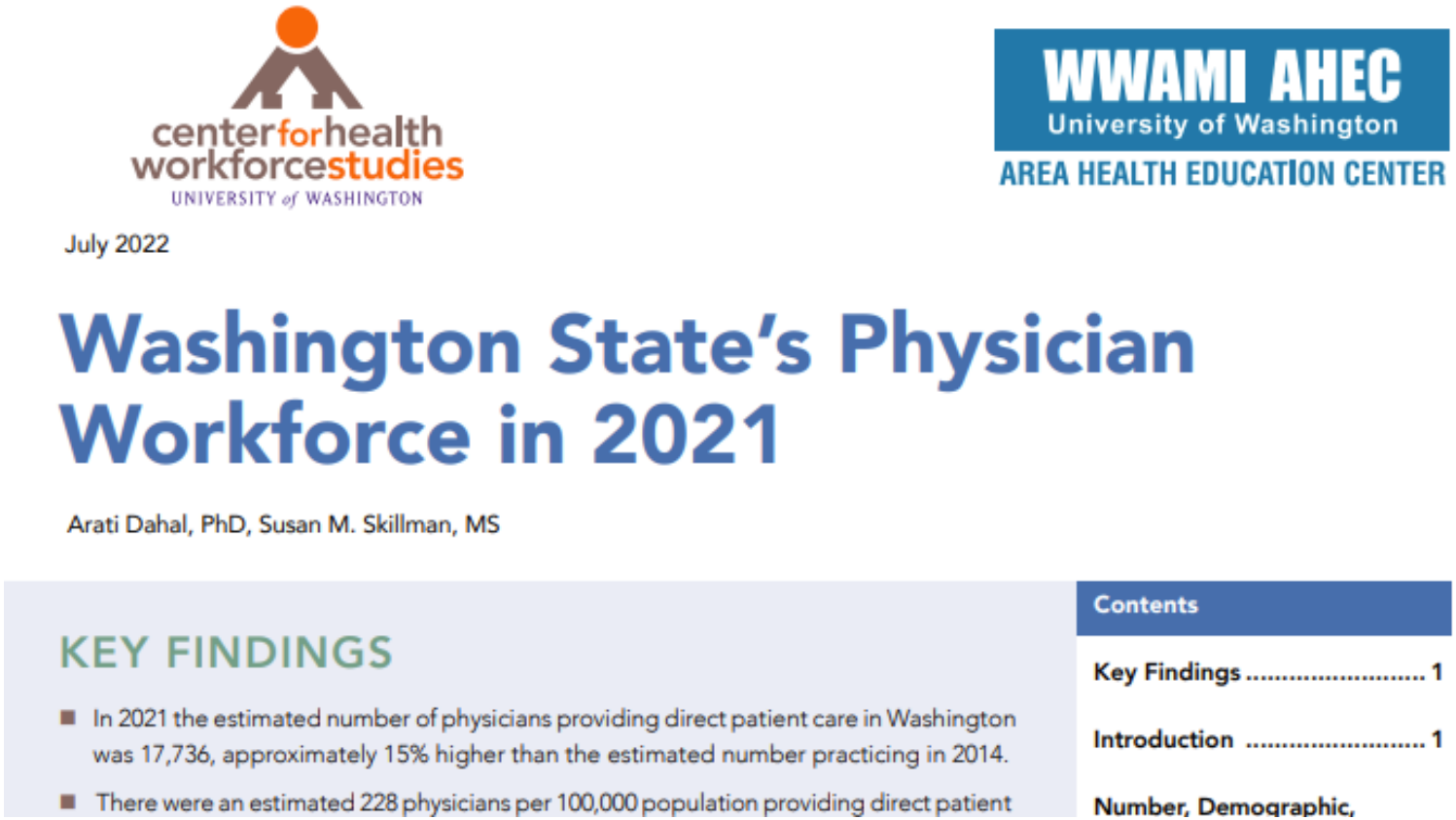
Source: Frogner calculation of Bureau of Labor Statistics, Occupational Employment & Wage Statistics, 2022

Snapshot of Physicians in WA State



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July 2022

Washington State's Physician Workforce in 2021

Arati Dahal, PhD, Susan M. Skillman, MS

KEY FINDINGS

- In 2021 the estimated number of physicians providing direct patient care in Washington was 17,736, approximately 15% higher than the estimated number practicing in 2014.
- There were an estimated 228 physicians per 100,000 population providing direct patient

Contents

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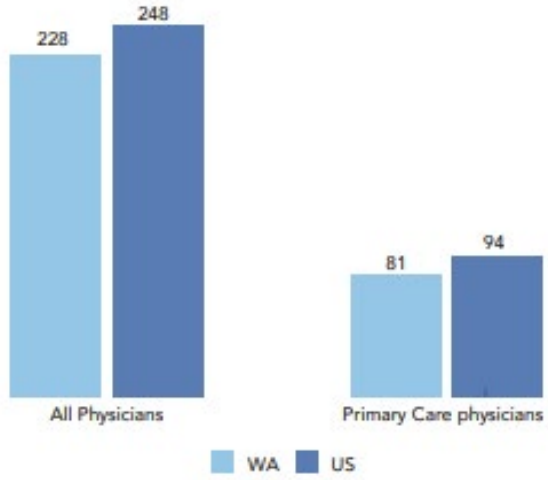
Figure 1. Washington Compared with National Estimates† of Physicians* per 100,000 Population in 2021



†National estimates obtained from the American Association of Medical Colleges' 2021 Physician Workforce Data Book
*Providing direct patient care, not federally employed, age <75 years, and in Washington

WA has fewer physicians per capita, including primary care physicians, compared to US

35.3% WA physicians work in primary care

Table 1: Number, Gender and Age of Washington Physicians* in 2021

	#	#/100,000 Population
Total	17,736	228.4
Primary care	6,254	80.5
Family medicine	3,228	41.6
General internal medicine	1,982	25.5
General pediatrics	1,044	13.4
Surgeons	1,855	23.9
General surgery	425	5.5
Obstetrics-gynecology	849	10.9
Other surgery	581	7.5
Psychiatrists	747	9.6
Other specialists	8,880	114.4

*Providing direct patient care, not federally employed, age <75 years, and in Washington

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Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2022/08/Washington_Physicians_FR_2022-JULY.pdf

Snapshot of Advanced Registered Nurse Practitioners in WA State

Washington State's 2019 Advanced Registered Nurse Practitioner Workforce

March 2020

Benjamin A. Stubbs, MPH, Susan M. Skillman, MS

Center for Health Workforce Studies, University of Washington

KEY FINDINGS

Information about the demographic, education, and practice characteristics of the advanced registered nurse practitioner (ARNP) workforce is needed to support health workforce planning in the state. ARNPs can be certified as nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs) or clinical nurse specialists (CNSs). In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data at initial licensure and renewal through the Nursys e-Notify survey conducted by the National Council of State Boards of Nursing. This report, funded by the Washington Center for Nursing, presents

CONTENTS:

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Table NP.1: Employment status of Washington's NPs, May 2019

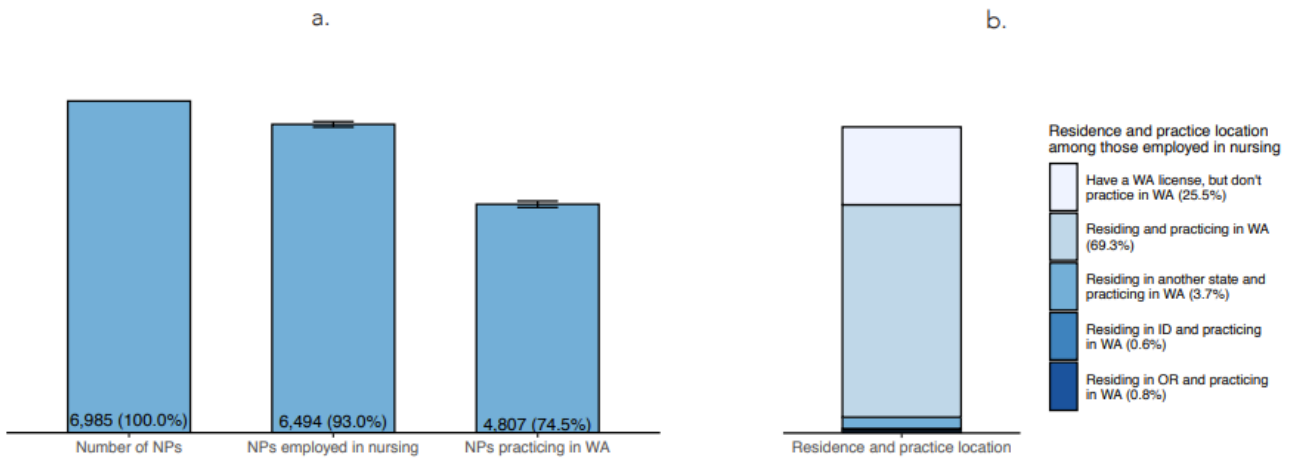
	Estimated Statewide NP Totals	
	Number (95% CI)	Column Percent (95% CI)
Total with active WA license	6,985	100%
Employed in nursing	6,494 (6,435 - 6,552)	93.0% (92.5% - 93.4%)
Unemployed	326 (300 - 352)	4.7% (4.3% - 5.0%)
Retired, volunteer or working in a field other than nursing	165 (148 - 183)	2.4% (2.1% - 2.6%)

Notes: 1) 95% CI = 95% Confidence Interval.
2) ARNPs could be employed in Washington or any other state. The number of active licenses is a complete count from state licensing records so confidence intervals do not apply. All other numbers in the table are weighted estimates based on Nursys survey responses. Percent calculations do not include missing data.
3) Missing data: No NPs with an active license were missing data on employment status.

93% of 6,985 NPs Employed in Nursing

74% of 6,985 NPs Practicing in WA

Figure NP.1a: NPs with active Washington licenses, May 2019
Figure NP.1b: Residence and practice location among NPs employed in nursing, May 2019



Notes: 1) Residence was attributed to the state associated with the mailing ZIP Code for the NP's Washington State license. Practice location was based on survey responses for actively employed nurses indicating the ZIP Code of their primary employer.
2) Percent calculations do not include missing data. For figure NP.1a, percentages are out of the total licensed in WA. For figure NP.1b, percentages are out of the number employed in nursing.
3) Missing data: Among NPs employed as a nurse, 0.7% did not fill out practice location and 0.07% were missing residence location.

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Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/04/WA_ARNP_Survey_2019.pdf

Table NP.4: Work setting for Washington's NPs, May 2019

Work Setting	Estimated Statewide NP Totals	
	Number (95% CI)	Column Percent (95% CI)
Hospital	989 (945 - 1,032)	20.6% (19.7% - 21.4%)
Long Term Care	204 (184 - 225)	4.3% (3.8% - 4.7%)
Assisted Living Facility	18 (12 - 25)	0.4% (0.3% - 0.5%)
Home Health	45 (35 - 55)	0.9% (0.7% - 1.1%)
Hospice	12 (7 - 17)	0.3% (0.1% - 0.4%)
Nursing Home/Extended Care	114 (99 - 130)	2.4% (2.1% - 2.7%)
Other Long Term Care	15 (9 - 20)	0.3% (0.2% - 0.4%)
Ambulatory Care	1,392 (1,342 - 1,441)	29.0% (28.0% - 29.9%)
Community Health	622 (587 - 657)	12.9% (12.2% - 13.7%)
Community Health Setting	454 (424 - 485)	9.5% (8.8% - 10.1%)
Occupational Health	60 (49 - 71)	1.2% (1.0% - 1.5%)
Public Health	53 (42 - 63)	1.1% (0.9% - 1.3%)
School Health Service	55 (44 - 66)	1.1% (0.9% - 1.4%)
Settings Not Included Above	1,590 (1,538 - 1,642)	33.1% (32.1% - 34.1%)
Correctional Facility	60 (49 - 72)	1.3% (1.0% - 1.5%)
Insurance Claims/Benefits	< 10	NC
Policy/Planning/Regulatory/ Licensing Agency	< 10	NC
School of Nursing	139 (123 - 156)	2.9% (2.6% - 3.2%)
Other	1,375 (1,326 - 1,424)	28.6% (27.7% - 29.6%)

Notes: 1) 95% CI = 95% Confidence Interval. Percent calculations do not include missing data.
2) The table shows NPs working as a nurse and practicing in Washington.
3) NC = Not calculated. Estimates of less than 10 NPs were suppressed to protect the identity of nurses and to indicate that these estimates may be unreliable due to the small number of survey responses.
4) Missing data: 0.06% did not answer the work setting question.

42% of NPs Employed in Ambulatory Care or Community Health

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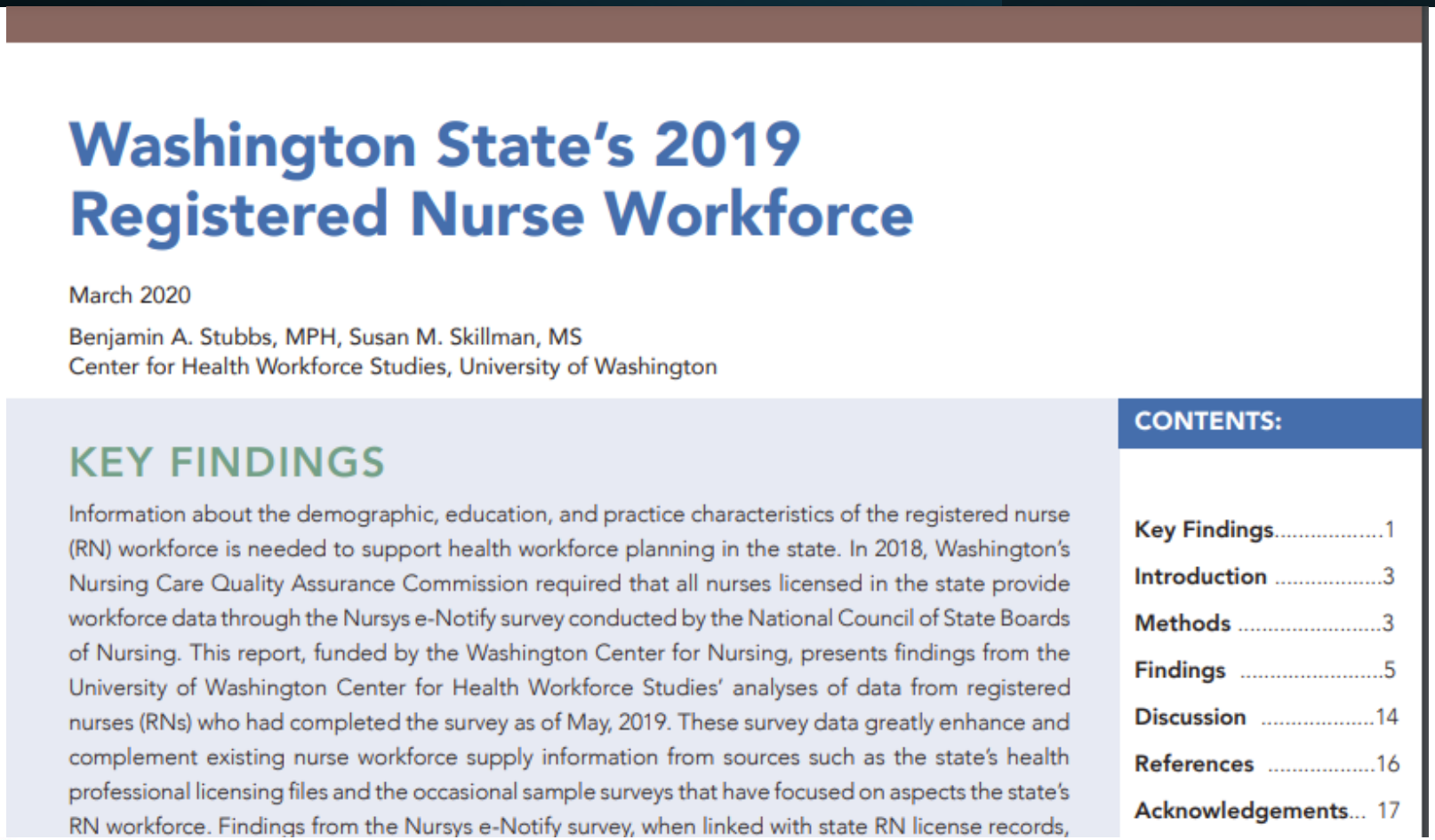
Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/04/WA_ARNP_Survey_2019.pdf

Snapshot of Registered Nurses in WA State



Washington State's 2019 Registered Nurse Workforce

March 2020

Benjamin A. Stubbs, MPH, Susan M. Skillman, MS
Center for Health Workforce Studies, University of Washington

KEY FINDINGS

Information about the demographic, education, and practice characteristics of the registered nurse (RN) workforce is needed to support health workforce planning in the state. In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data through the Nursys e-Notify survey conducted by the National Council of State Boards of Nursing. This report, funded by the Washington Center for Nursing, presents findings from the University of Washington Center for Health Workforce Studies' analyses of data from registered nurses (RNs) who had completed the survey as of May, 2019. These survey data greatly enhance and complement existing nurse workforce supply information from sources such as the state's health professional licensing files and the occasional sample surveys that have focused on aspects the state's RN workforce. Findings from the Nursys e-Notify survey, when linked with state RN license records,

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Table 1: Employment Status of RNs with Active Washington Licenses, May 2019

	Percent (95% Confidence Interval)		Number of RNs (95% Confidence Interval)	
RNs with an active WA license	100%		90,975	
Employed in nursing	91.5%	(91.3 - 91.6 %)	83,191	(82,974 - 83,409)
Employed in a field other than nursing	1.0%	(0.9 - 1.0%)	876	(831 - 921)
Unemployed	4.3%	(4.2 - 4.4%)	3,893	(3,799 - 3,988)
Retired	1.5%	(1.4 - 1.6%)	1,367	(1,312 - 1,422)
Working in nursing only as a volunteer	1.8%	(1.7 - 1.9%)	1,637	(1,576 - 1,697)

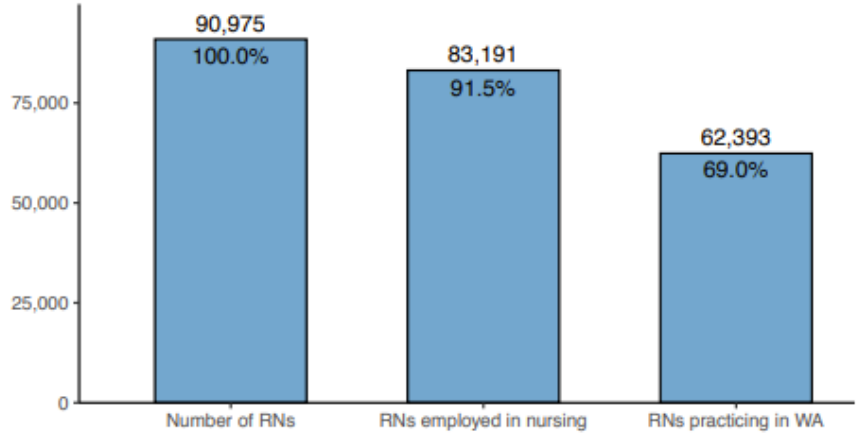
Notes: 1) RNs could be employed in Washington or any other state. The number of active licenses is a complete count from state licensing records so confidence intervals do not apply. All other numbers in the table are weighted estimates, including 95% confidence intervals, based on survey responses. Percent calculations do not include missing data.

91.5% of 90,975 RNs Employed in Nursing

69% of 6,985 RNs Practicing in WA

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/03/WA_RN_Survey_2019.pdf

Figure 1: RNs with Active Washington Licenses, May 2019



Notes:
1) The number of active RN licenses is a complete count from state licensing records. All other numbers in the figure are weighted estimates based on survey responses. Percent calculations do not include missing data.
2) Missing data: 0.01% of survey respondents did not fill out the employment status question and 0.7% of respondents who indicated they were working as a nurse did not fill out the practice location question.

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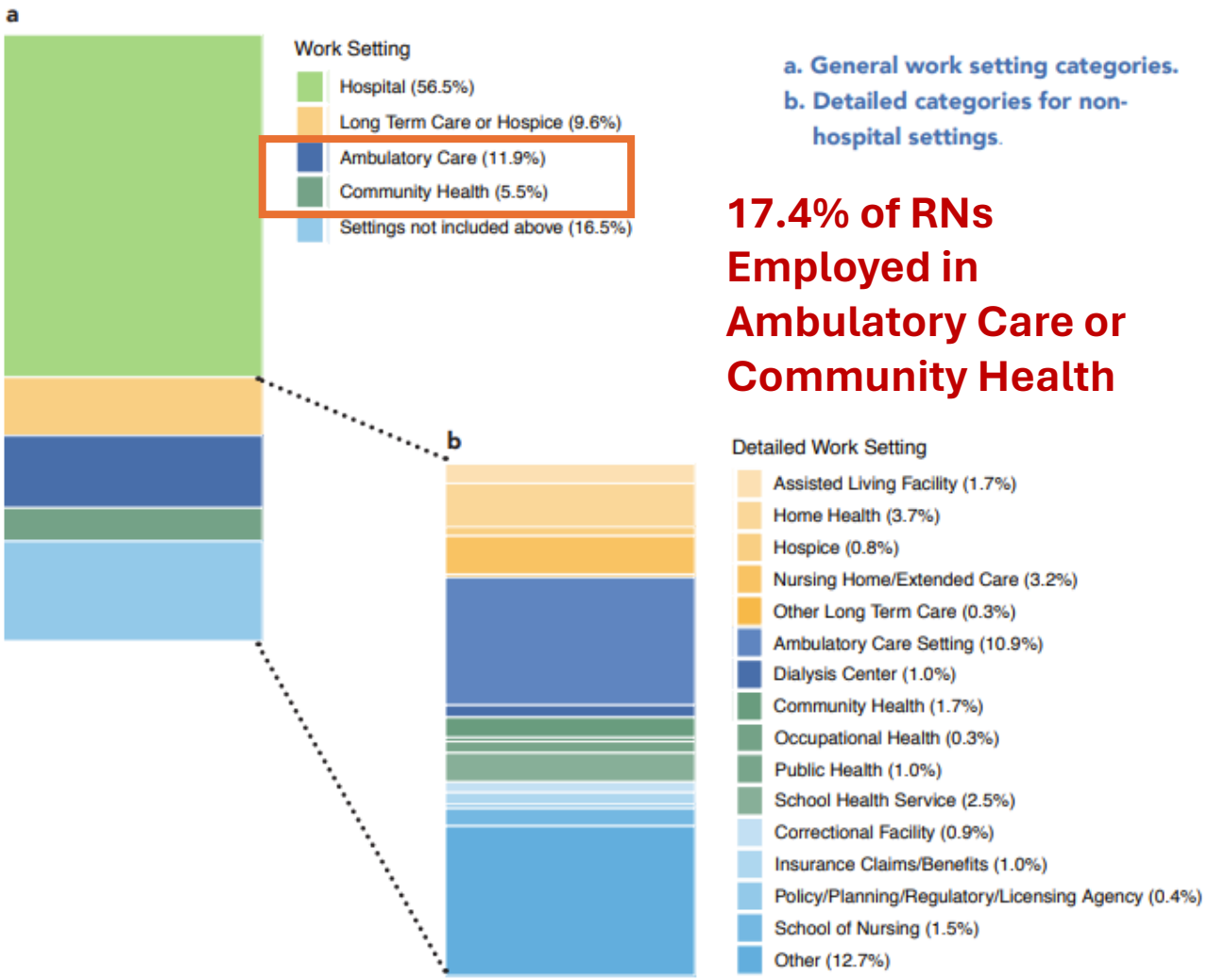
Figure 8: Work Setting of RNs Practicing in Washington, 2019



a. General work setting categories.
b. Detailed categories for non-hospital settings.

17.4% of RNs Employed in Ambulatory Care or Community Health

Notes: 1) Percent calculations do not include missing data.
2) Missing data: 0.2% missing work setting

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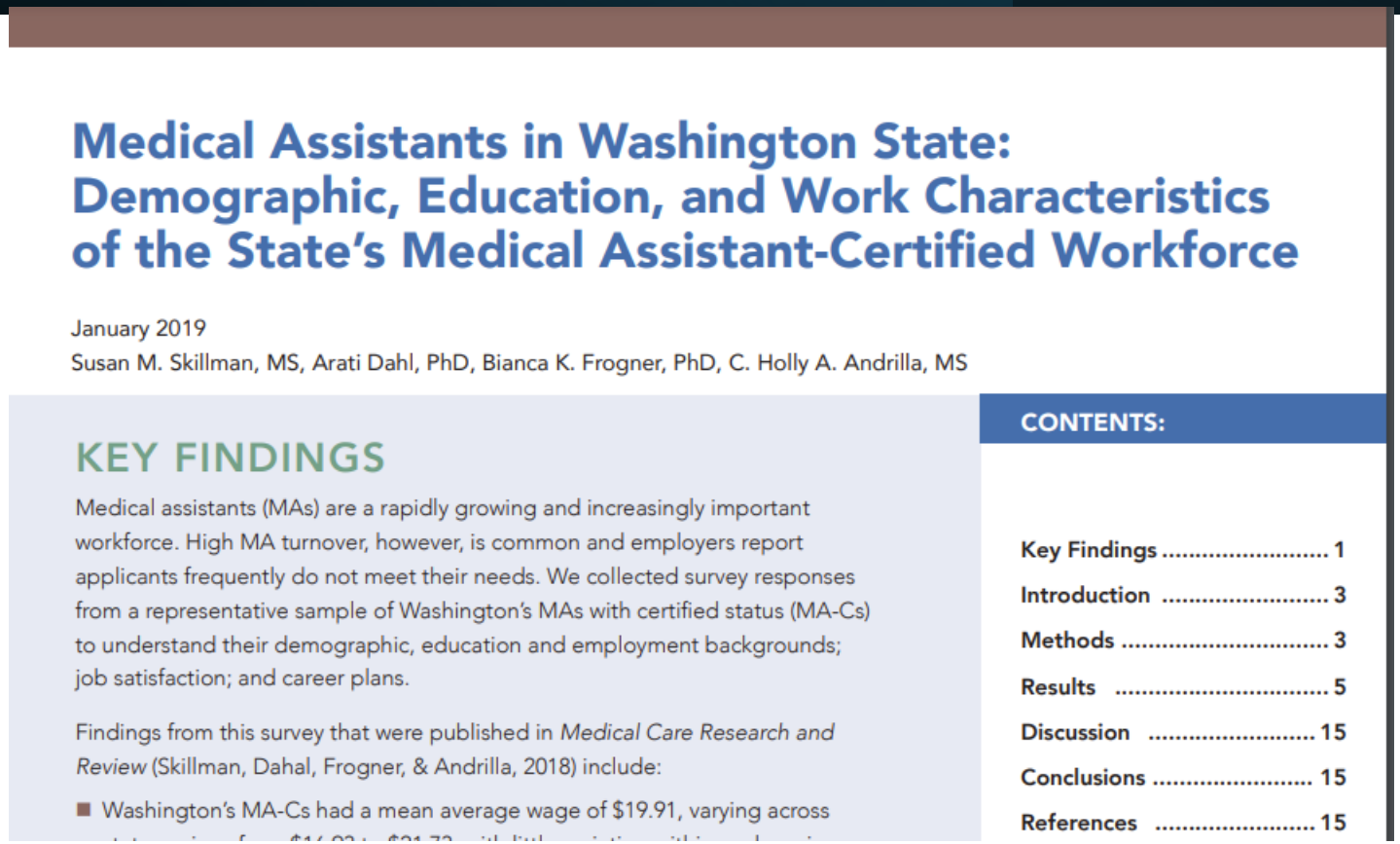
Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2020/03/WA_RN_Survey_2019.pdf

Snapshot of Medical Assistants in WA State



Medical Assistants in Washington State: Demographic, Education, and Work Characteristics of the State's Medical Assistant-Certified Workforce

January 2019

Susan M. Skillman, MS, Arati Dahl, PhD, Bianca K. Frogner, PhD, C. Holly A. Andrilla, MS

KEY FINDINGS

Medical assistants (MAs) are a rapidly growing and increasingly important workforce. High MA turnover, however, is common and employers report applicants frequently do not meet their needs. We collected survey responses from a representative sample of Washington's MAs with certified status (MA-Cs) to understand their demographic, education and employment backgrounds; job satisfaction; and career plans.

Findings from this survey that were published in *Medical Care Research and Review* (Skillman, Dahal, Frogner, & Andrilla, 2018) include:

- Washington's MA-Cs had a mean average wage of $19.91, varying across

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84.7% of survey respondents were MA-Cs & Employed in WA

88.8% of MA-Cs Employed in Clinical Office or Community Health

Figure 1: Practice Status of MA-Cs Credentialed in Washington State

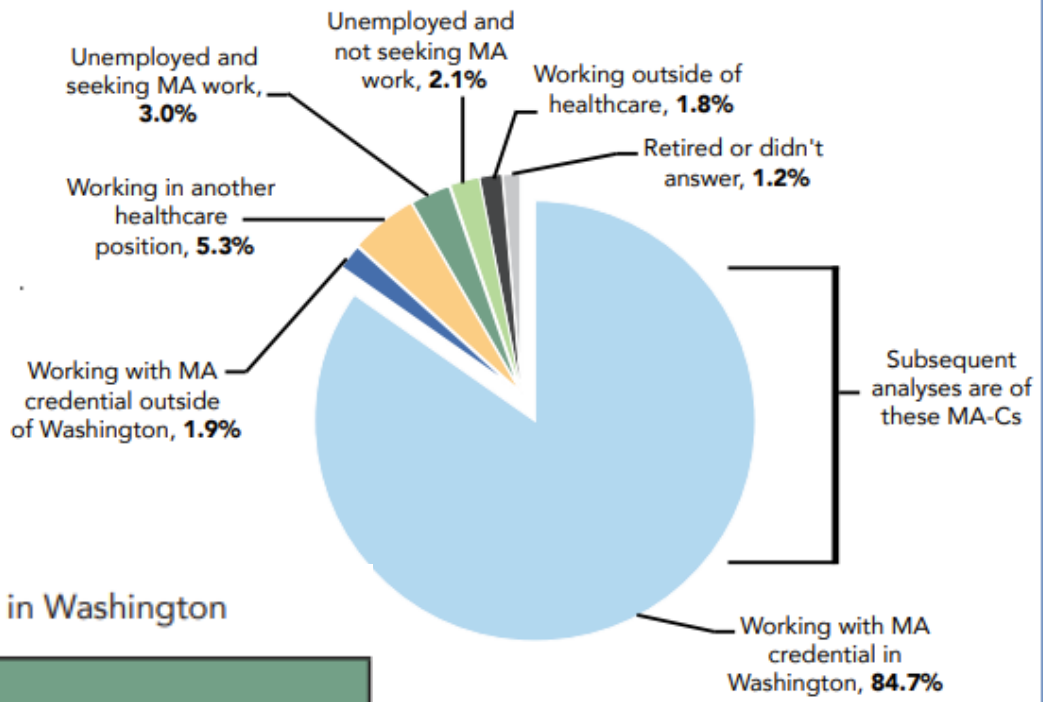


Table 5: Primary Work Location of MA-Cs in Washington

Primary work location	
Office associated with a hospital or health system	53.0%
Private office/clinic (solo provider or group practice, not part of hospital or health system)	25.3%
Community health center (i.e., Federally Qualified Health Center or clinic providing care free or sliding scale)	10.5%
Urgent care center	4.7%
Behavioral-mental health clinic/outpatient mental health or substance abuse clinic	1.1%
Clinical laboratory	0.4%
Correctional institution/facility (e.g., prison, jail)	0.4%
Other	4.8%

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2019/02/WA_MA_SURVEY_2019.pdf

WA Wages are Generally Higher than US Median

2022	Median Hourly Wage			
	US: Office of Physicians	US: Outpatient Care Centers	US: All Settings	WA: All Settings
Family Medicine Physicians	$108.27[1]	$116.47[1]	$121.15[1]	$127.98[1]
Physician Assistant	$59.34	$64.51	$60.58	$62.68
Nurse Practitioner	$55.09	$61.99	$58.47	$62.01
Registered Nurse	$37.29	$39.75	$39.05	$46.63
Medical Assistant	$18.26	$20.59	$18.40	$22.82

1. Average presented for family medicine as median not available in WA

Source: https://www.bls.gov/oes/current/oessrci.htm#62; https://media.esd.wa.gov/esdwa/Default/ESDWAGOV/labor-market-info/Libraries/Occupational-reports/OES/Occ-employment-and-wage-estimates-2022.pdf

Solving challenges to meeting workforce demand

Requires a combination of:

- **Increase "production"**

  More education and training

- **Improve retention and reduce turnover**

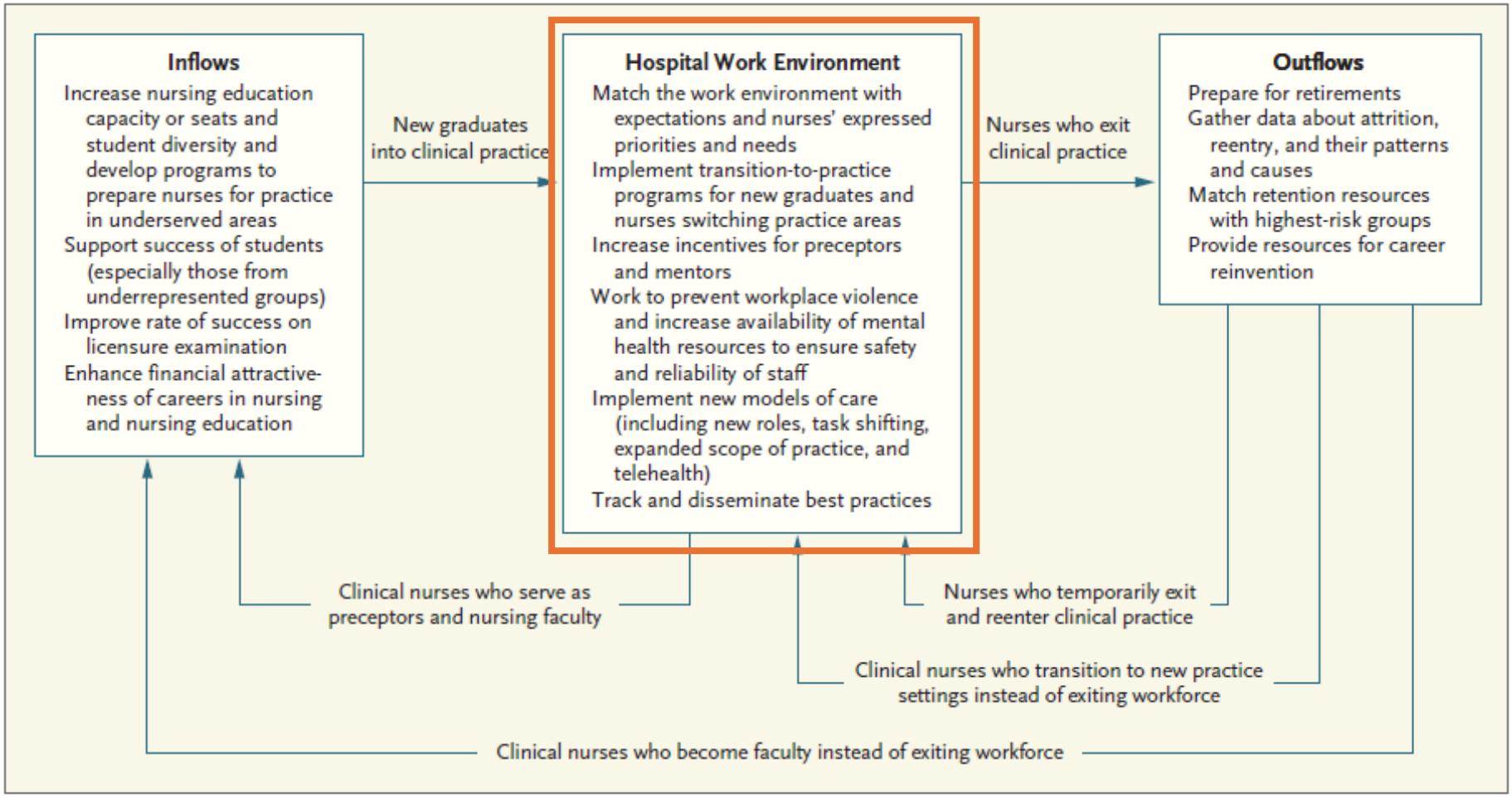
  Keep experienced workers in jobs longer

- **Engage and expand workers in new roles**
- **Overcome community/societal barriers**

Toward a Stronger Post-Pandemic Nursing Workforce

Peter Buerhaus, Ph.D., R.N., Erin Fraher, Ph.D., M.P.P., Bianca Frogner, Ph.D., Melinda Buntin, Ph.D., Monica O'Reilly-Jacob, Ph.D., F.N.P.-B.C., and Sean Clarke, Ph.D., R.N.

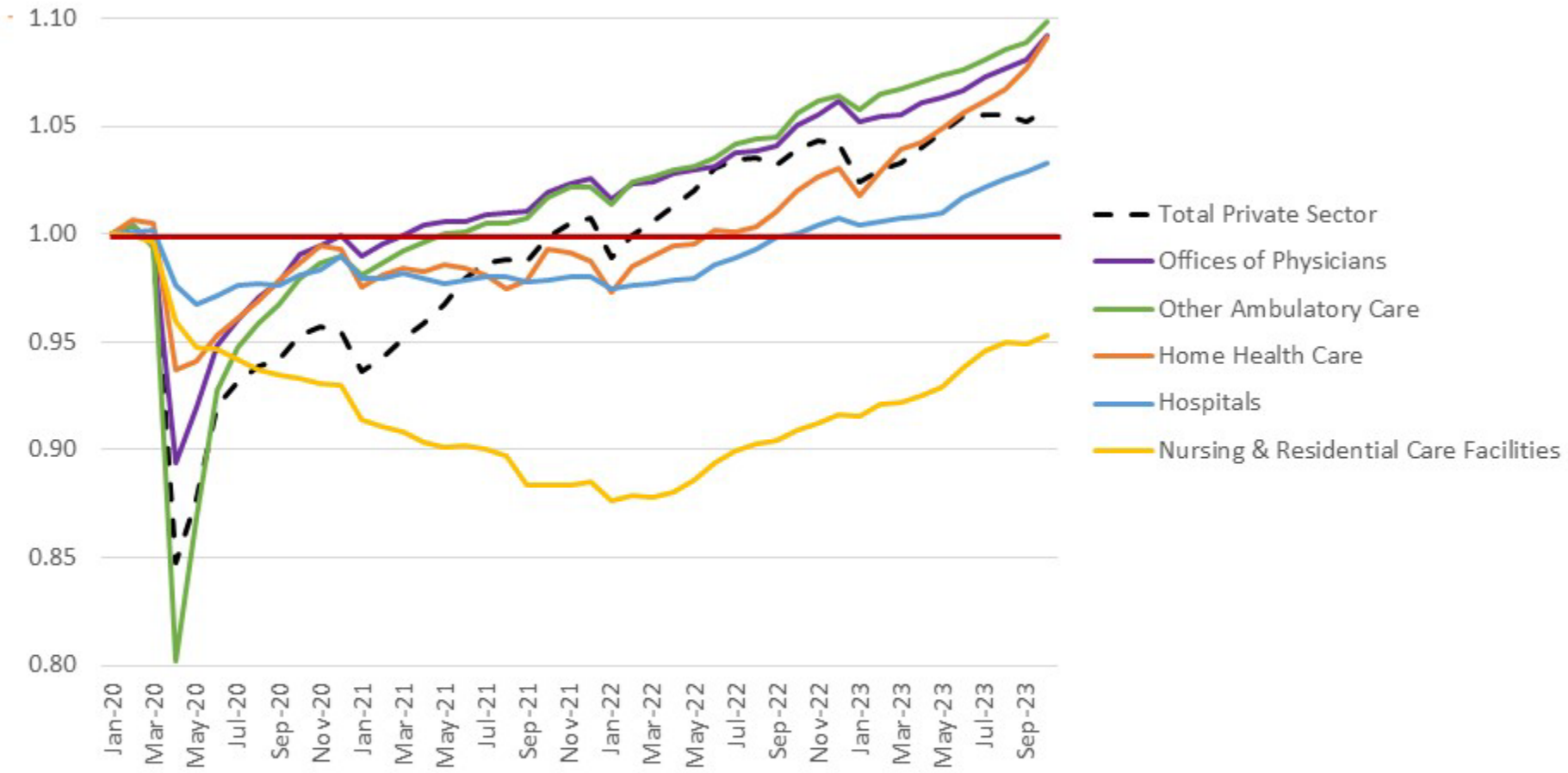
N ENGL J MED 389;3 NEJM.ORG JULY 20, 2023



An Integrated Approach to Developing and Sustaining the U.S. Nursing Workforce.

The framework was designed with the hospital workplace in mind, but it is applicable to other health care delivery settings.

Ambulatory Care Settings Have Fastest Growth



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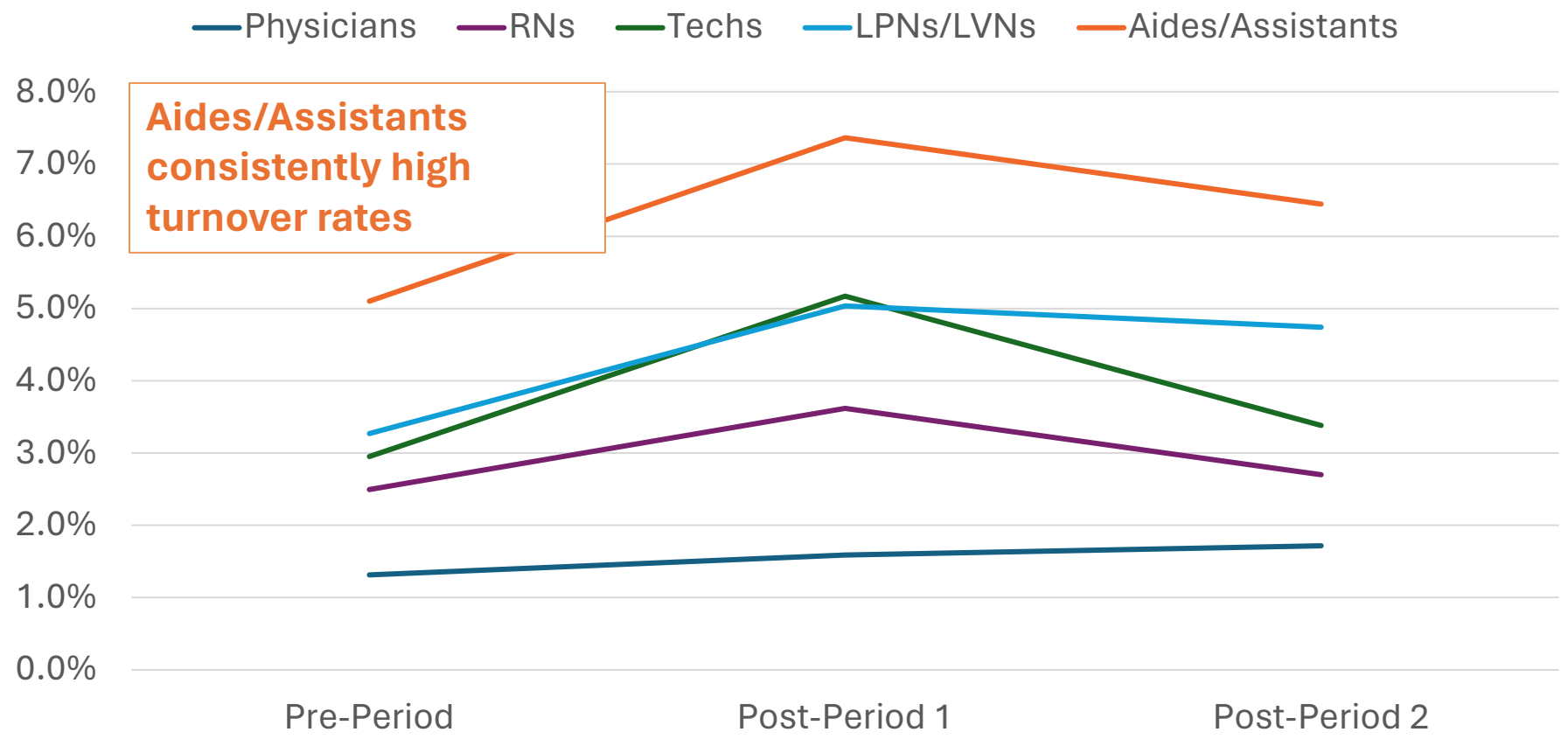
Source: Author calculation of Table B-1 Employees on nonfarm payrolls by industry sector and selected industry detail, Bureau of Labor Statistics, https://www.bls.gov/news.release/empsit.t17.htm

JAMA Health Forum™

Original Investigation

Tracking Turnover Among Health Care Workers During the COVID-19 Pandemic
A Cross-sectional Study

Bianca K. Frogner, PhD; Janette S. Dill, PhD, MPH, MA



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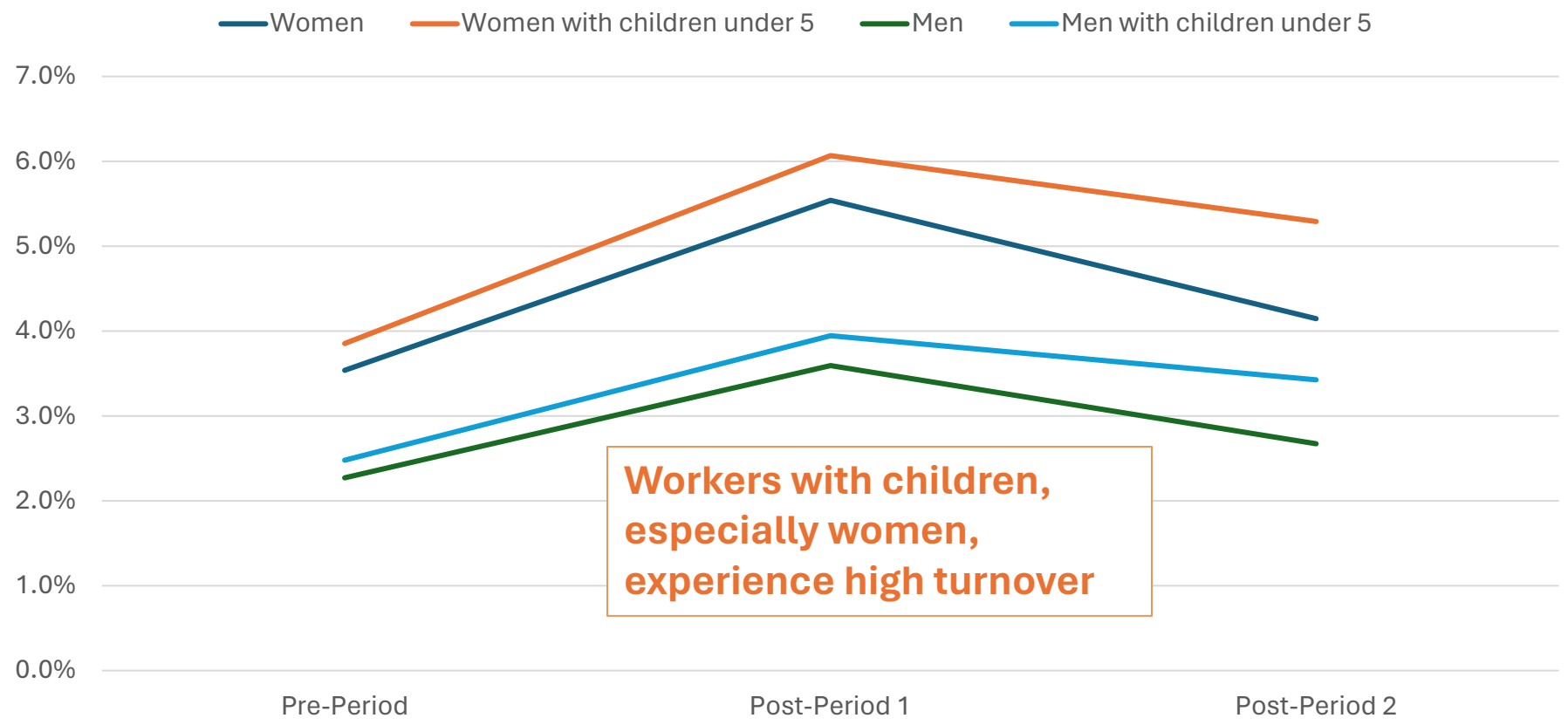

wa.sentinelnetwork.org

What is the Health Workforce Sentinel Network?

How is the Health Workforce Sentinel Network used?

The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

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Workforce Training & Education Coordinating Board

WA Primary Care Medical Clinics

Top occupations with exceptionally long vacancies*						
Rank	2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022 & Spring 2023	Fall 2023
1	Medical assistant	Medical assistant	Medical assistant	Medical assistant	There were not enough responses during these time periods to rank occupations	Medical assistant
2	Physician/surgeon	Registered nurse	Physician/surgeon	Registered nurse Office Staff / Front desk staff / Scheduler		Physician/surgeon
3	Mental health counselor	Licensed practical nurse	Registered nurse	Physician/surgeon		Registered nurse
4	Registered nurse Nurse practitioner	Multiple occupations cited at same frequency	Mental health counselor Nurse practitioner Licensed practical nurse Nursing assistant	Nurse practitioner Licensed practical nurse Healthcare social worker		Licensed practical nurse
5	Licensed practical nurse Physician assistant		Multiple occupations cited at same frequency	Community health worker, Mental health worker, Child family & school social worker		Multiple occupations cited at same frequency

← Most cited

*Does not include FQHCs and community clinics. Responses shown are from data collection dates with sufficiently large numbers of responses to support meaningful findings. Occupations cited by the same number of responses share the same rank number.

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Source: https://wa.sentinelnetwork.org/wp-content/uploads/sites/2/2024/01/WASentNet_Primary_Care_Brief_2023Fall.pdf

Workforce Training & Education Coordinating Board

WA Rural Health Clinics

Top occupations with exceptionally long vacancies*				
Rank	**Spring 2022**	**Fall 2022**	**Spring 2023**	**Fall 2023**
1	Medical assistant	Medical assistant	Medical Assistant	Medical Assistant
		Registered nurse		Physician/Surgeon
		Physician/Surgeon		
2	Registered nurse	Mental health counselor	Office staff/ Front desk staff/ Scheduler	Nurse practitioner
	Physician/Surgeon	Office staff/ Front desk staff/ Scheduler		Registered nurse
				Office staff/ Front desk staff/ Scheduler
3	Licensed practical nurse	Marriage & family therapist	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency
		Nurse practitioner		
4	Office staff/ Front desk staff/ Scheduler	Multiple occupations cited at the same frequency		

← Most cited

*Rural health clinics were added as a standalone reporting category in Spring 2022. Before that, RHCs were included with primary care clinics. Occupations cited by the same number of responses share the same rank number.

Source: https://wa.sentinelnetwork.org/wp-content/uploads/sites/2/2024/01/WASentinelNet_Rural_Health_RHC_Brief_2023Fall.pdf

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Workforce Training & Education Coordinating Board

WA Community Health Centers

Top occupations with exceptionally long vacancies*										
Rank	Spring 2019	Fall 2019	*	Fall 2020	Spring 2021	Fall 2021	Spring 2022	*	*	Fall 2023
1	Medical assistant	Physician/ Surgeon		Registered nurse	Medical assistant	Registered nurse Medical assistant	Registered nurse Medical assistant			Registered nurse
2	Physician/ Surgeon Dental assistant Registered nurse	Dental assistant Medical assistant Nurse practitioner		Mental health counselor	Registered nurse Physician/ Surgeon	Physician/ Surgeon Mental health counselor	Physician/ Surgeon			Physician/ Surgeon
3	Mental health counselor	Mental health counselor Physician Assistant		Physician/ Surgeon		Dental assistant Dental hygienist Nurse practitioner	Dental assistant Office staff / front desk / scheduler			Medical assistant

*Note: Includes Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale. Occupations cited by the same number of responses share the same rank number. Findings prior to Fall 2017 not shown due to space constraints and may be seen at wa.sentinelnetwork.org. Spring 2020, Fall 2022 and Spring 2023 findings not shown due to low response.

Source: https://wa.sentinelnetwork.org/wp-content/uploads/sites/2/2024/01/WASentNet_CommunityHlthCenter_Brief_2023Fall.pdf

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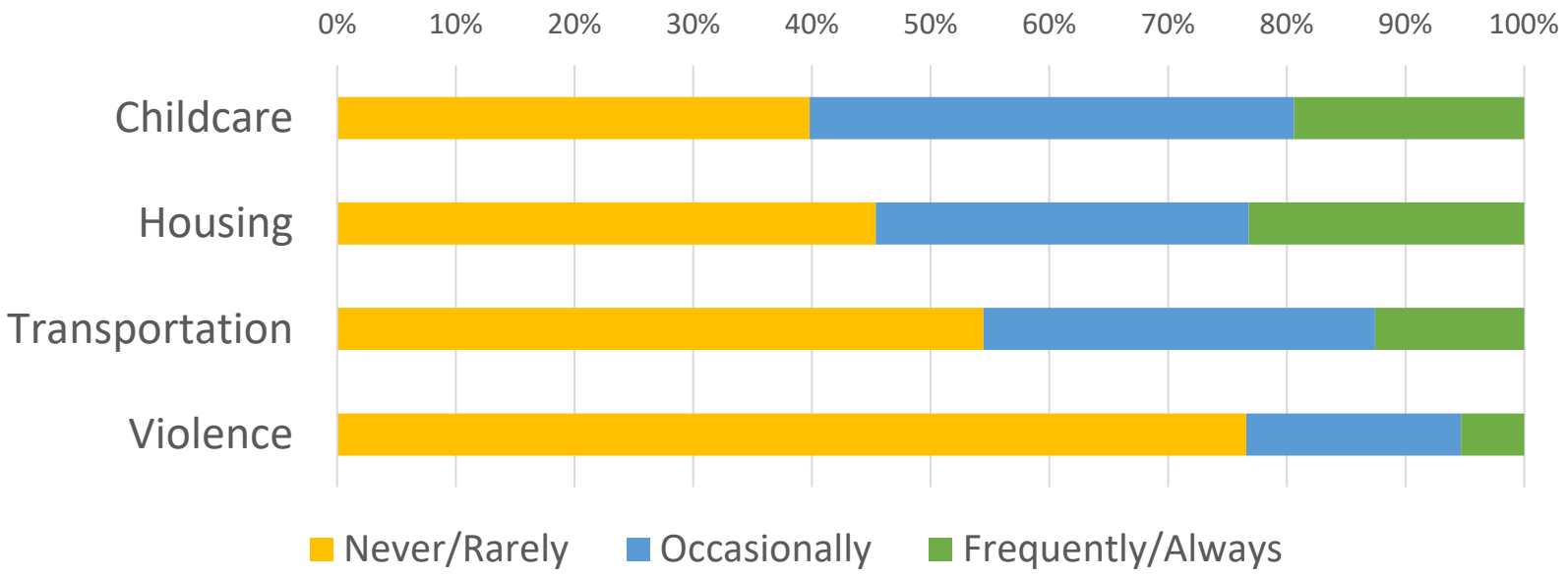
Workforce Training & Education Coordinating Board

Across all facility types

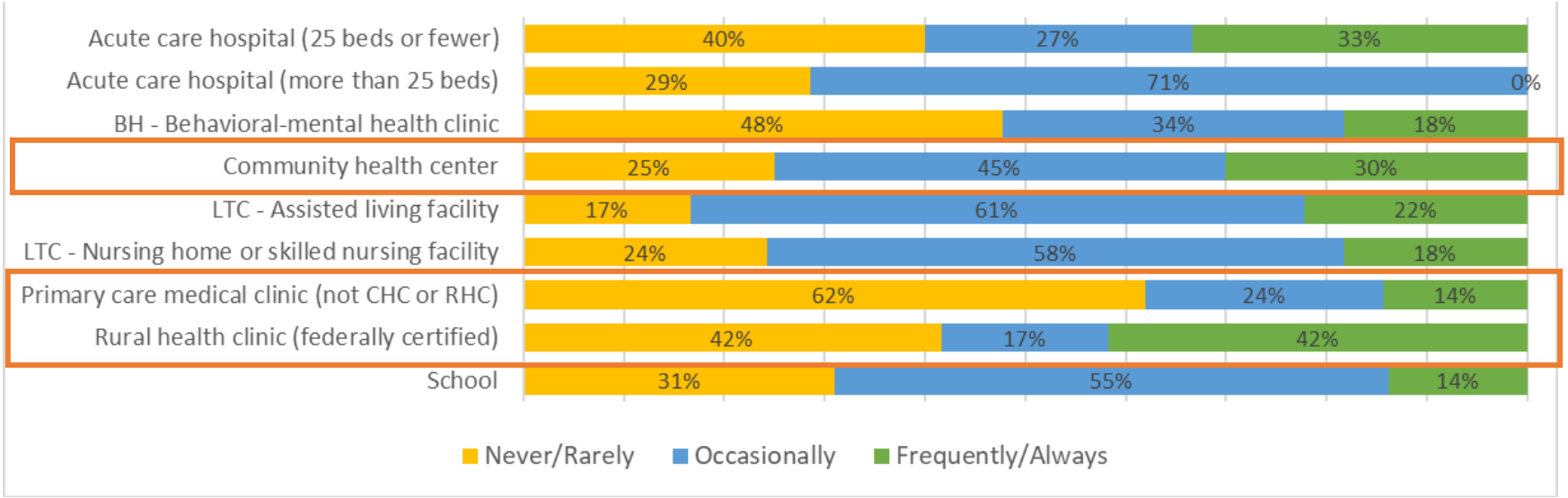
To what extent have the following affected your ability to recruit and retain staff in the past year?



Source: https://wtb.wa.gov/wp-content/uploads/2024/01/Health-Workforce-Council-Annual-Report-2023.pdf

Childcare

To what extent has childcare availability affected your ability to recruit and retain staff in the past year?



Childcare is important for recruitment and retention of workers in community health and rural health clinics though less so in other primary care medical clinics.

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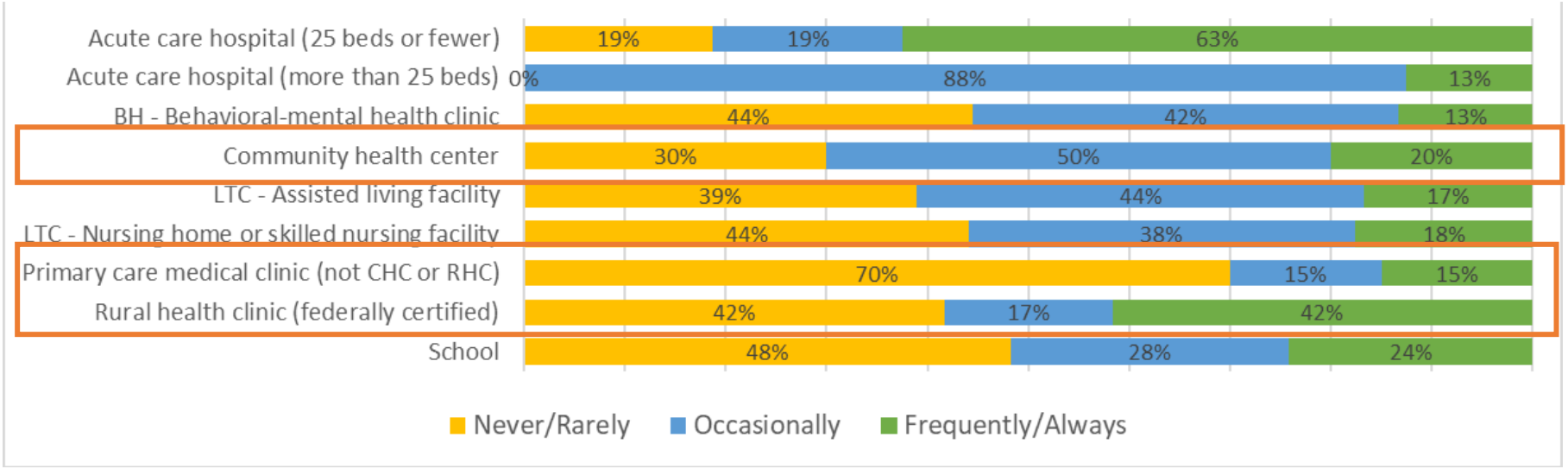
Source: https://wtb.wa.gov/wp-content/uploads/2024/01/Health-Workforce-Council-Annual-Report-2023.pdf

Housing

To what extent has housing availability affected your ability to recruit and retain staff in the past year?



Housing is important for recruitment and retention of workers in community health and rural health clinics though less so in other primary care medical clinics.

Source: https://wtb.wa.gov/wp-content/uploads/2024/01/Health-Workforce-Council-Annual-Report-2023.pdf

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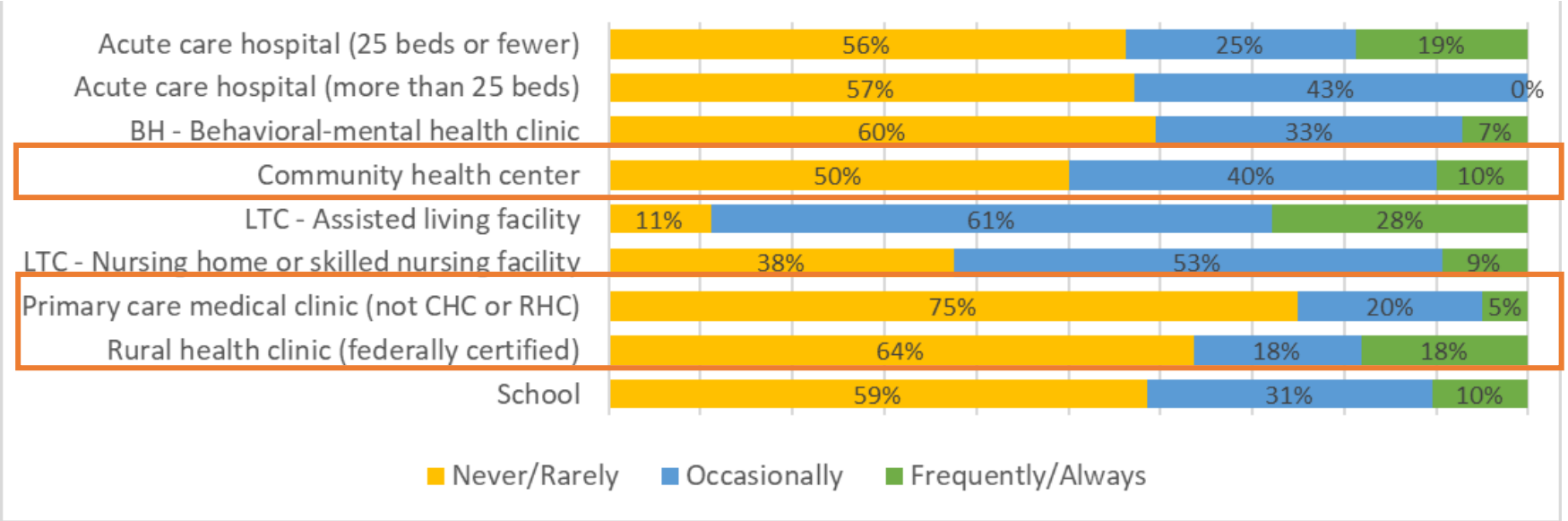
Transportation

To what extent has transportation availability affected your ability to recruit and retain staff in the past year?



Transportation is occasionally a challenge for recruitment and retention of workers in community health clinics.

Source: https://wtb.wa.gov/wp-content/uploads/2024/01/Health-Workforce-Council-Annual-Report-2023.pdf

What strategies have you used to address these challenges?

Community Health Centers

We offer a contribution to a **dependent care flexible spending account** for those who have dependents who utilize childcare facilities. We are also looking at different options we can help support to **increase childcare workforce** and/or facilities within our service area.

Ongoing staff training in **de-escalation, trauma, harm reduction**.

Primary Care Medical Clinics

[Our facility] offers to reimburse employees who **carpool** or use ride-share apps.

Implementing competitive **wage** plans.

Rural Health Clinics

We have rented several **houses** in the community to house new providers for 6 months until they can secure permanent **housing**.

We also provided funding for a local **childcare** facility who gave [our] employees "priority" when placing their kids.

Limitations to Tracking Primary Care Workforce

- Inconsistent data collection, if any, for primary care workforce
- Challenges in connecting data between primary care workforce and their wages/benefits with primary care spending
  - Increasing spending may not increase number of services given an already task saturated workforce
- Primary care delivered in many environments that may not be preferred such as retail clinics, urgent care, and emergency departments
- Primary care requires integration of services with behavioral health and oral health, and increasingly public health, making boundaries of primary care workforce difficult to define
- Sociodemographic trends of the health workforce, as well as population, need attention to understand changing preferences

Recommended Direction for Future Focus for Primary Care Workforce Development

- Invest in better data collection and analysis to track changes in the primary care workforce
  - Data should go beyond MDs, NPs, PAs, RNs, and MAs to include other team members such as pharmacists, behavioral health providers, etc.
  - Data should focus beyond "billable" providers to understand full team
- Prioritize retention efforts with aim of reducing loss of workers to either other industries, other occupations, or exiting labor force
  - If focus on recruitment, increase on-the-job training opportunities such as apprenticeships
  - Given the lengthy career pathway for some occupations requiring higher education, explore opportunities to increase capacity and/or scope of current workforce
- Need to identify opportunities to improve childcare, housing, and transportation opportunities if seeking to expand community and rural health centers to fill primary care workforce gaps

Thank You!

Contact Info:
Bianca Frogner, PhD

Email: bfrogner@uw.edu

Social media: @biancafrogner @uwchws

Tab 7

Washington State Health Care Authority

Health Workforce Council
Primary Care Workforce

Presentation to Advisory Committee on Primary Care
January 23, 2024

Washington Workforce Training & Education Coordinating Board

Renee Fullerton
Staff to the Health Workforce Council

Health Workforce Council

- Health Workforce Council (staffed by the Workforce Board) has convened for more than 20 years, bringing together representatives from government, labor, professional groups, educational institutions, and facilities/employers.
- Policy development and advisory group
  - Four meetings scheduled for 2024, March 28, June 27, Sept. 19, Nov. 19
  - Recommendation development/annual report to policymakers
  - Recent focus areas have included behavioral health, long-term care, and dental workforces
  - Washington Health Workforce Sentinel Network is joint project with UW CHWS

Healthcare facilities are interdependent

- Specific occupation needs vary, but the interconnected nature of the healthcare system means a problem in one area quickly spills over into another
  - Patients unable to access timely primary care appointments may go to the emergency department, increasing costs, wait times, and burden on hospital workforce
  - Behavioral health workforce challenges leave primary care clinics trying to serve patients with complex behavioral health needs, further burdening primary care providers
  - Long-term care facilities lack staff required to function at full capacity. As a result, hospitals can't discharge patients in a timely manner, leading to hospitals being over capacity, diverting ambulances, and not taking transfers

Policy levers for primary care workforce

State level	Licensing and regulation of health professionals
	Regulating health facilities
	Regulating educational programs
	Funding K-12 career education, state colleges and universities
	State-funded provider incentive programs
	Medicaid reimbursement policies and regulation of private insurance
	Good planning data (identify gaps, areas of greatest needs)
	Research and evaluation (to identify what works)

Policy levers for primary care workforce

State level	Licensing and regulation of health professionals
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	Funding K-12 career education, state colleges and universities
	State-funded provider incentive programs
	Medicaid reimbursement policies and regulation of private insurance
	Good planning data (identify gaps, areas of greatest needs)
	Research and evaluation (to identify what works)

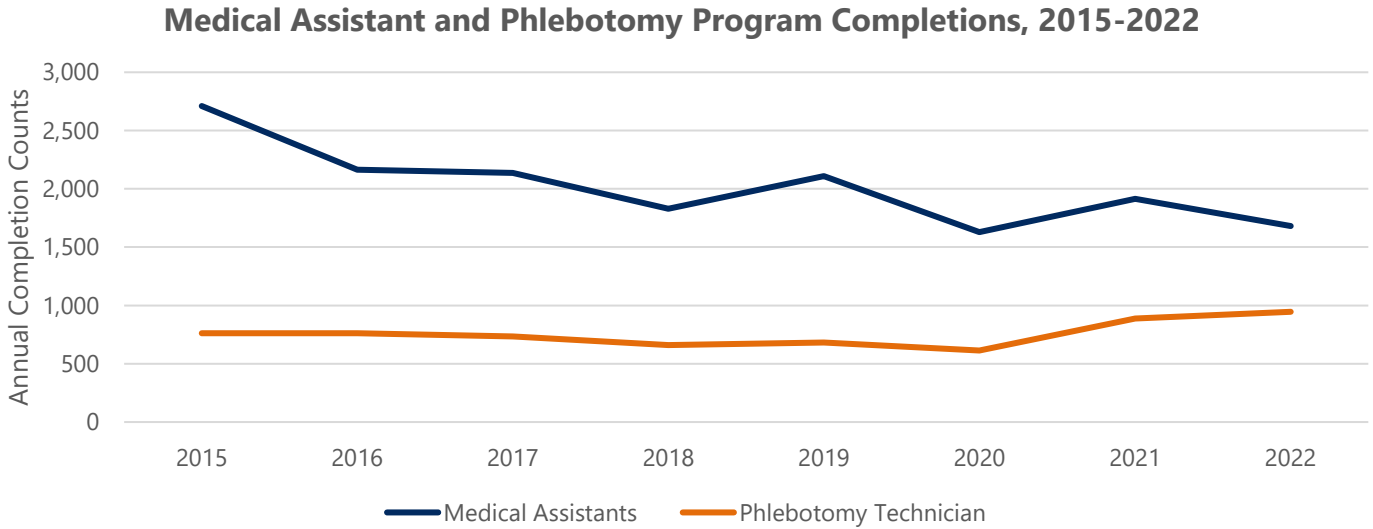
We're trying to affect an ecosystem

Coordinated action is needed by government, employers, labor, and the education system

1. Improve the current system
2. Train for our future needs
3. Adopt new approaches

Improving efficiency in existing system

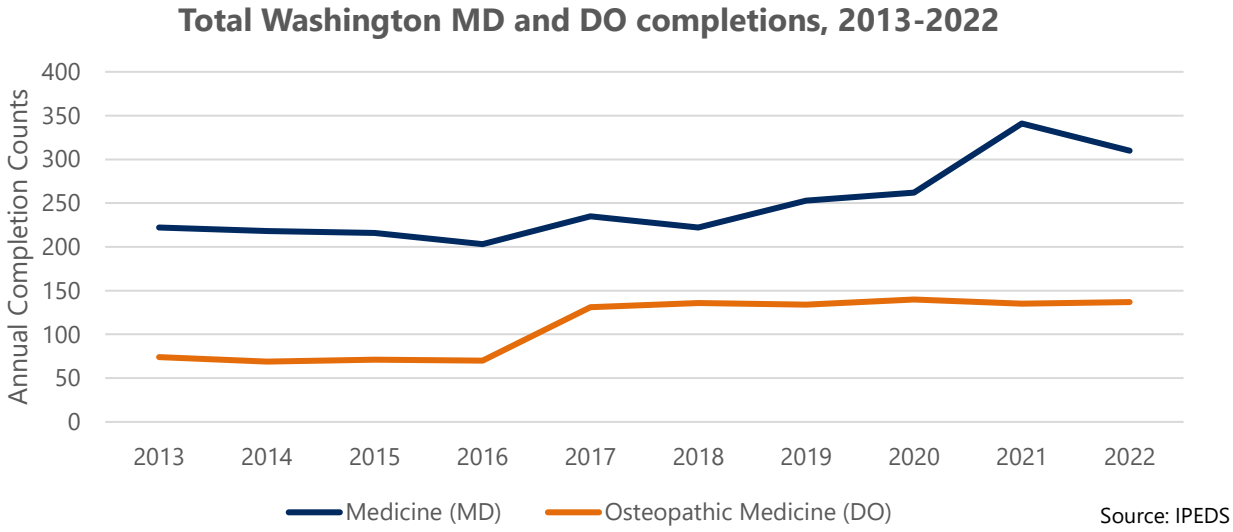
- Certified medical assistant (MA-C) is a key role to assist provider teams manage primary care tasks efficiently
  - Over the past 10 years, MA program completions have been declining, we must find ways to make this role more attractive



Sources: IPEDS, Workforce Board Data Reporting System, ARTS

Training for our future needs

- Family medicine physicians are a key part of primary care workforce
- Washington graduating more physicians from in-state medical schools, but percentages of graduates entering family medicine remain stable



Source: IPEDS

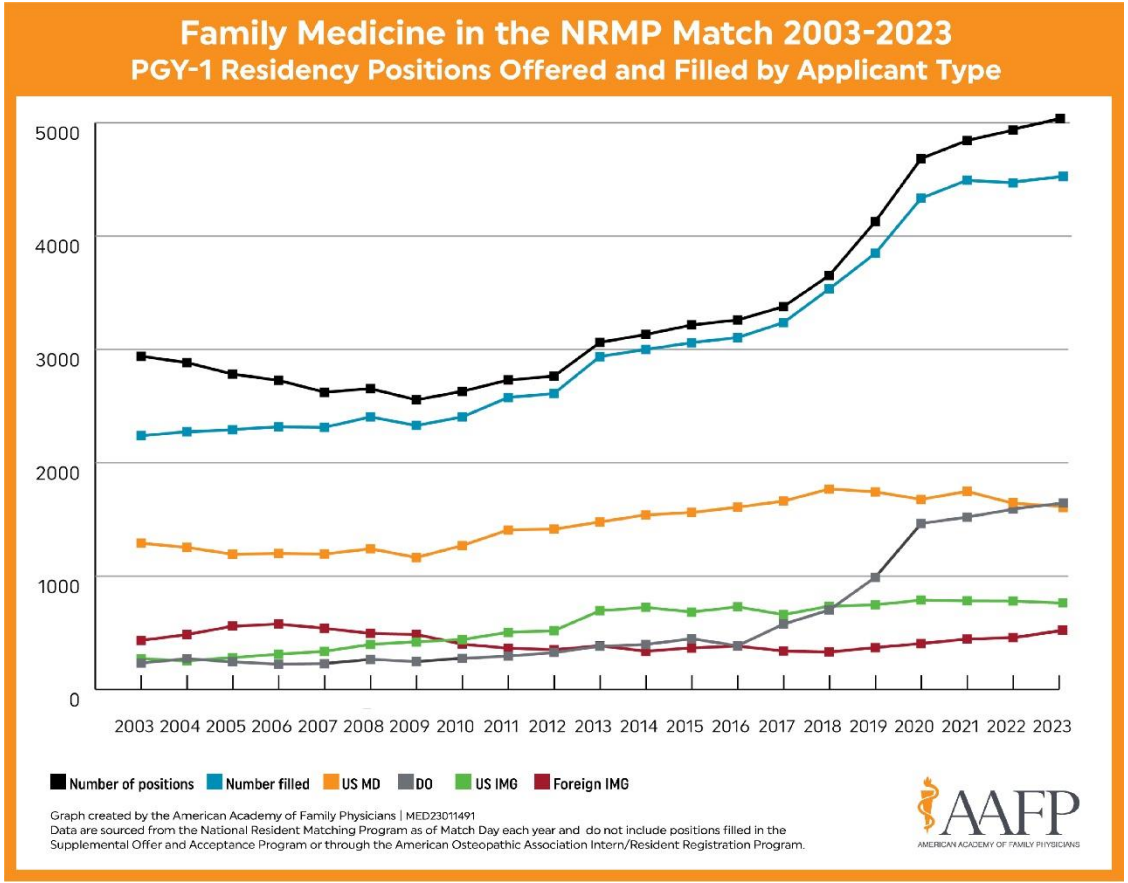
	2019	2020	2021	2022	2023
Number WA MD/DO matching	387	401	481	467	473
Number matching into FM	90	86	105	111	98
Percent matching into FM	23.2%	21.4%	21.8%	23.8%	20.7%

Source: Family Medicine Residency Network

Training for our future needs

- Nationally there is tremendous growth among DOs in the family medicine workforce
  - In 2023, DO graduates outnumbered US MD seniors in the FM match

Must also consider who is being trained and our projected population. Further reading from Latino Center for Health



Adopt new approaches and models

- To greatly expand primary care, we likely can't train/recruit/retain our way out of this challenge; **Washington must consider expanding the roles and settings where primary care is provided and ensure payment models are aligned**

Council focus areas and recommendations

2024 Strategic Priority Area

Health workforce data for planning and policy: Increase collection, ensure reasonable access, and fund ongoing analysis of health workforce data across multiple data sources.

- Building on success in 2023 with passage of HB 1503, requiring all healthcare professionals licensed by the Department of Health to provide information about practice, location and race/ethnicity at time of application and renewal
- Key work remains to develop questions, ensure appropriate data access, and provide funding for ongoing analysis

Council focus areas and recommendations

2024 Strategic Priority Area

Rural strategies: Generate rural-specific health workforce strategies that account for unique needs in those communities and support the adoption of those strategies.

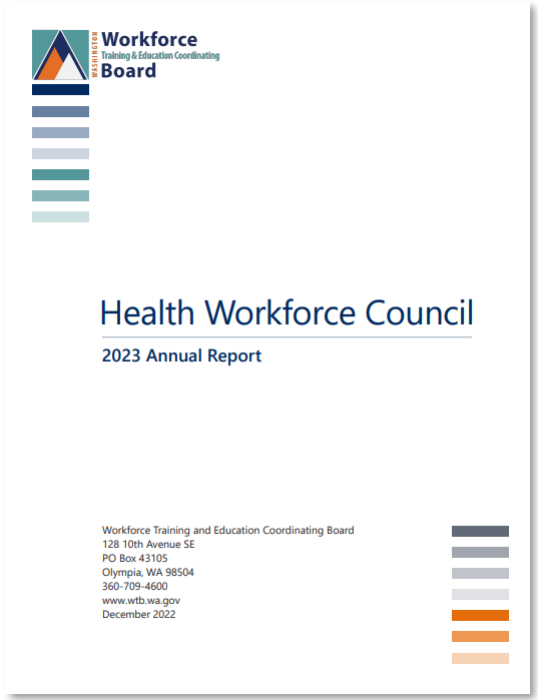
- Several rural focused efforts are underway, initial steps are to landscape map and understand where efforts are not connecting
- Elevate rural voices in the conversation, those in the field who best understand barriers and potential solutions

Annual Council report to policymakers

2023 Council Recommendations

- Address health workforce educational debt via multiple methods
  - Additional loan repayment funds
  - Evaluation of loan repayment program
  - Increase information availability and assistance for those eligible for Public Service Loan Forgiveness
- State and employer action to address access to childcare, affordable housing, and transportation

Full recommendations & data available in Health Workforce Council Report **(Available now)**



Questions?

Renee Fullerton
Staff to the Health Workforce Council
Renee.Fullerton@wtb.wa.gov

Washington Workforce Training & Education Coordinating Board

Thank you for attending the Advisory Committee on Primary Care meeting!

Washington State Health Care Authority