Health Policy 201 – health care professions

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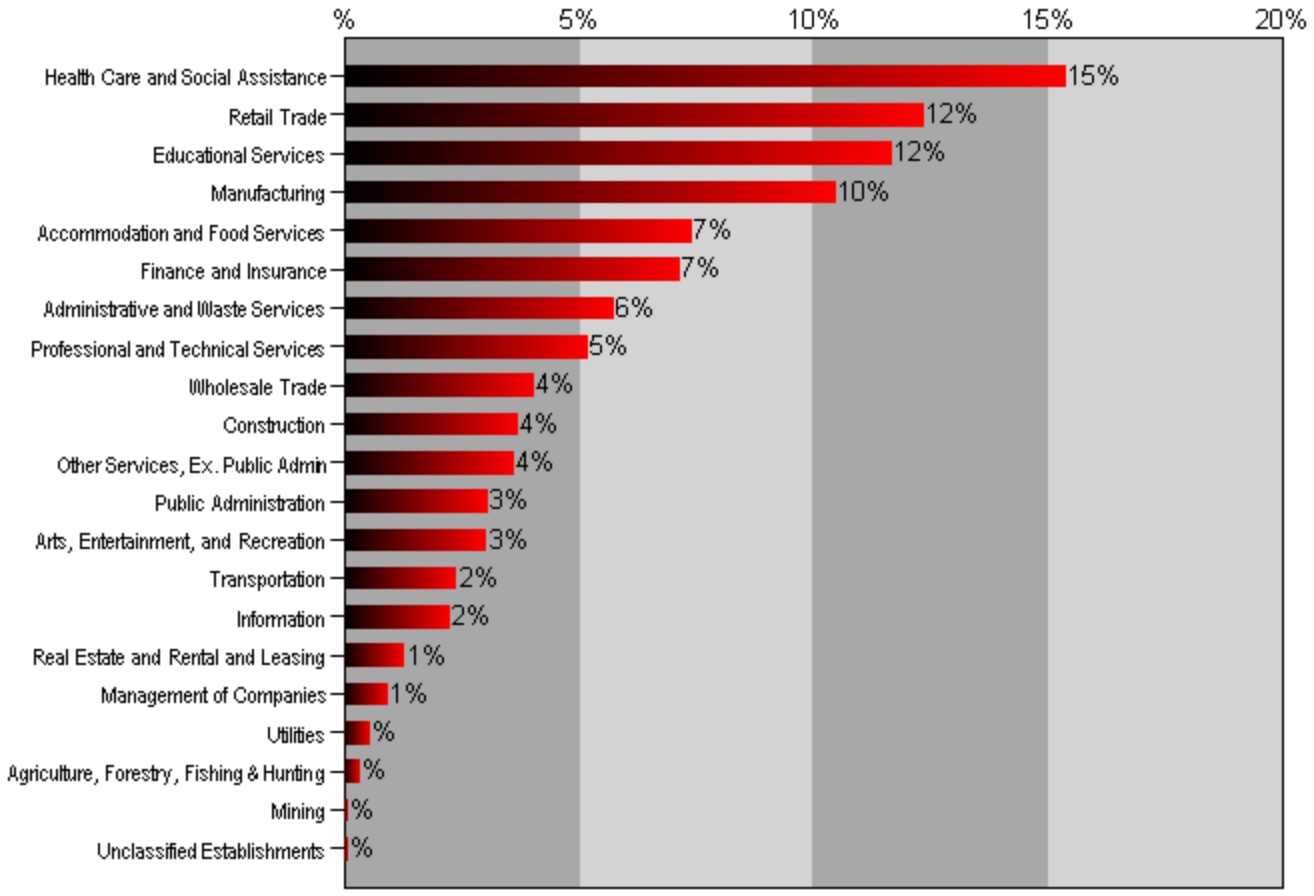
Let us not suppose that the words doctor and patient can disguise from the parties the fact that they are employer and employee.

– Bernard Shaw

Health care professions in CT

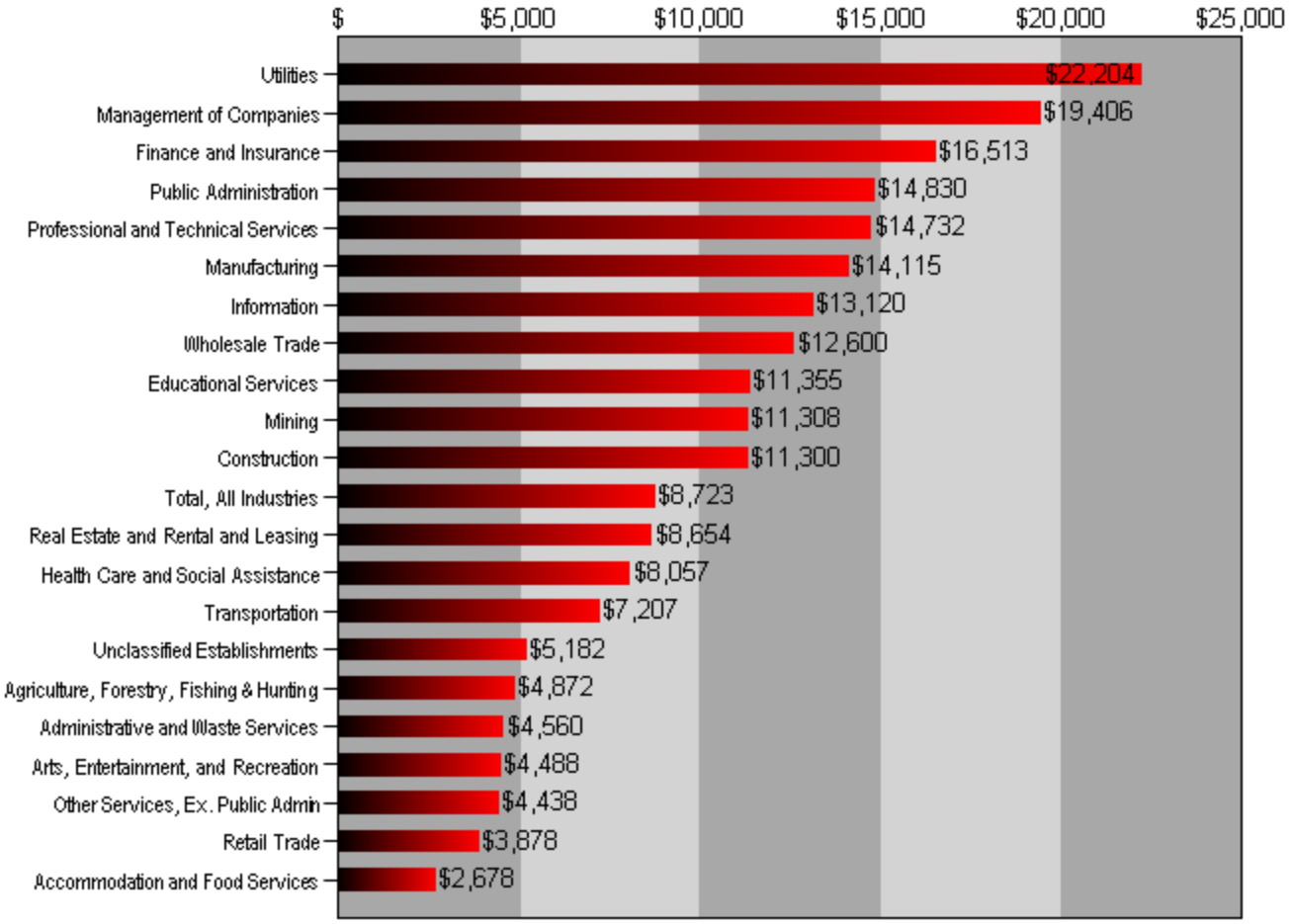
- Largest sector of economy
- One in eight CT workers is employed in direct health care delivery or support
- Total CT employment rose 0.3% Aug 2010 to Aug 2011 while health care employment was up 2.5%
- Two world class medical schools, another planned for 2013-2014
- 19 schools of nursing
- Hundreds of other health care training programs
- Between 2000 and 2016, health care will create 39,540 new jobs in CT

Health care in CT:
Largest employment sector in numbers



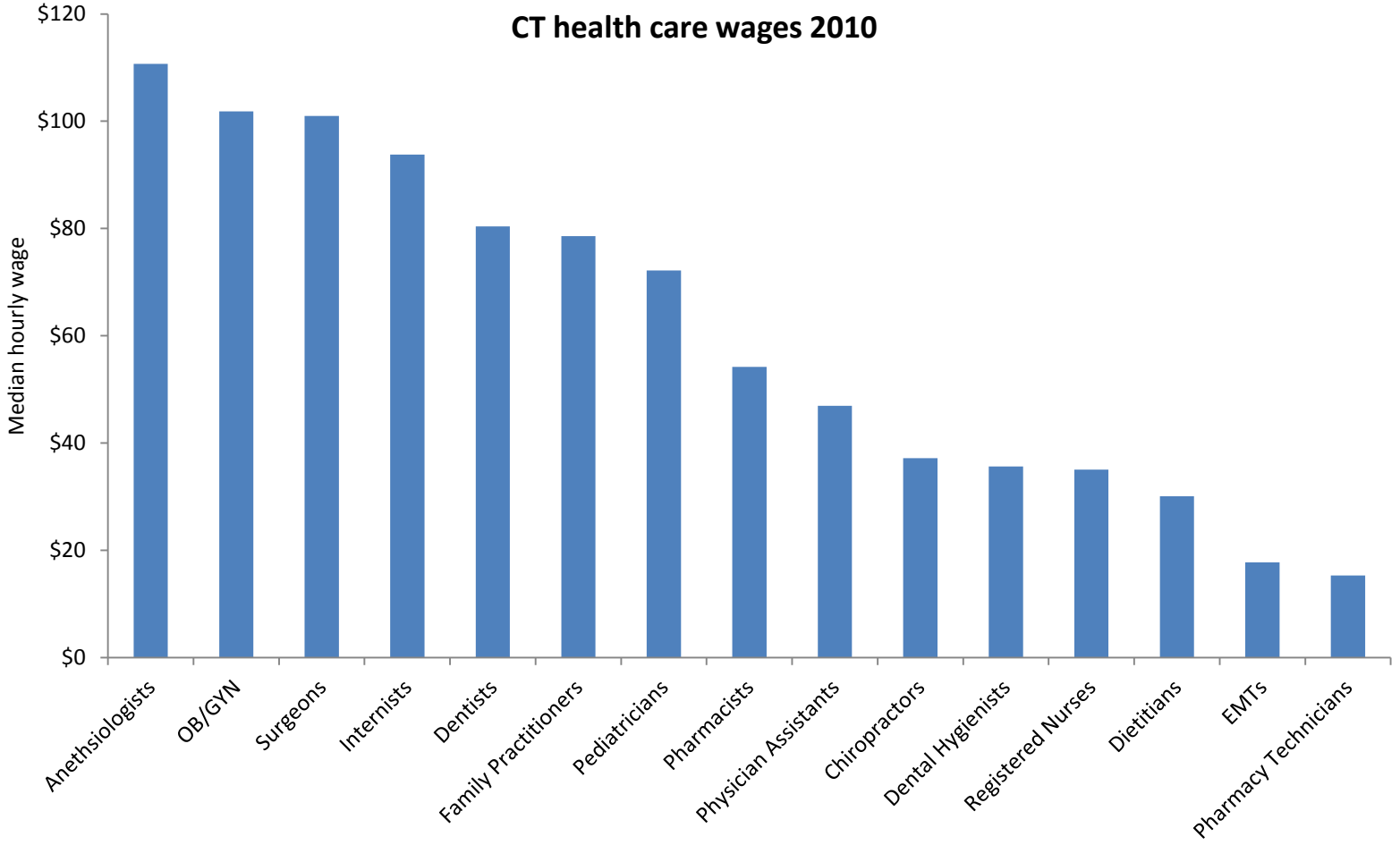
Source: CT Dept. of Labor

But one of lowest paid



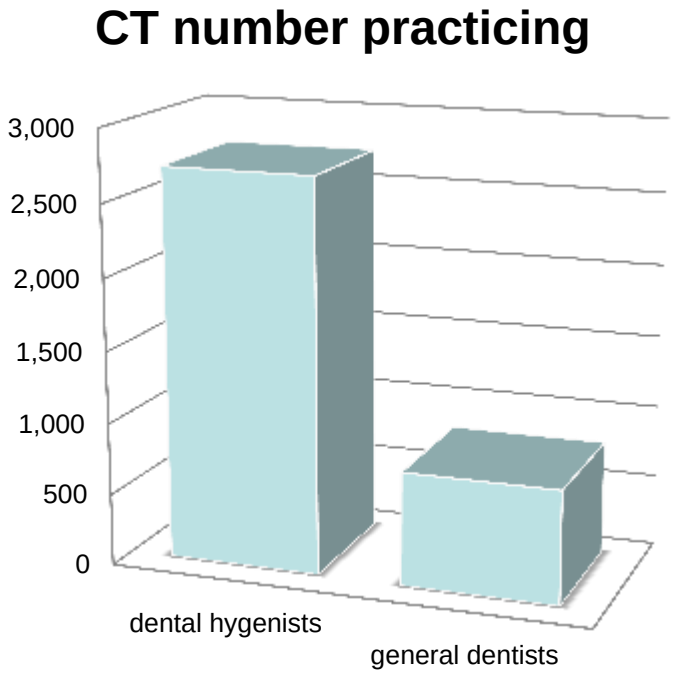
Source: CT Dept. of Labor

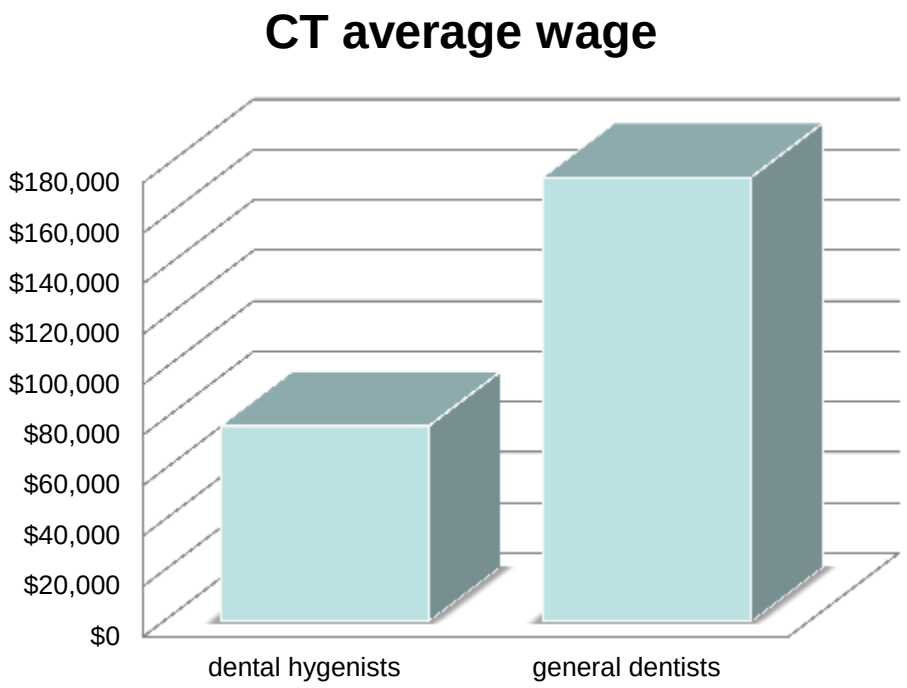
Wages



Source: CT Dept. of Labor

numbers vs. wages





Source: CT Dept. of Labor

Scope of practice

- Traditions, training, turf
- Very contentious, highly lobbied
- State level, private certification organizations
- Certification to licensure to expand scope
- Supervision
- Prescribing
- Ability to bill payers
- PCMH – who can lead a team? Who gets paid for it? Who directs care?

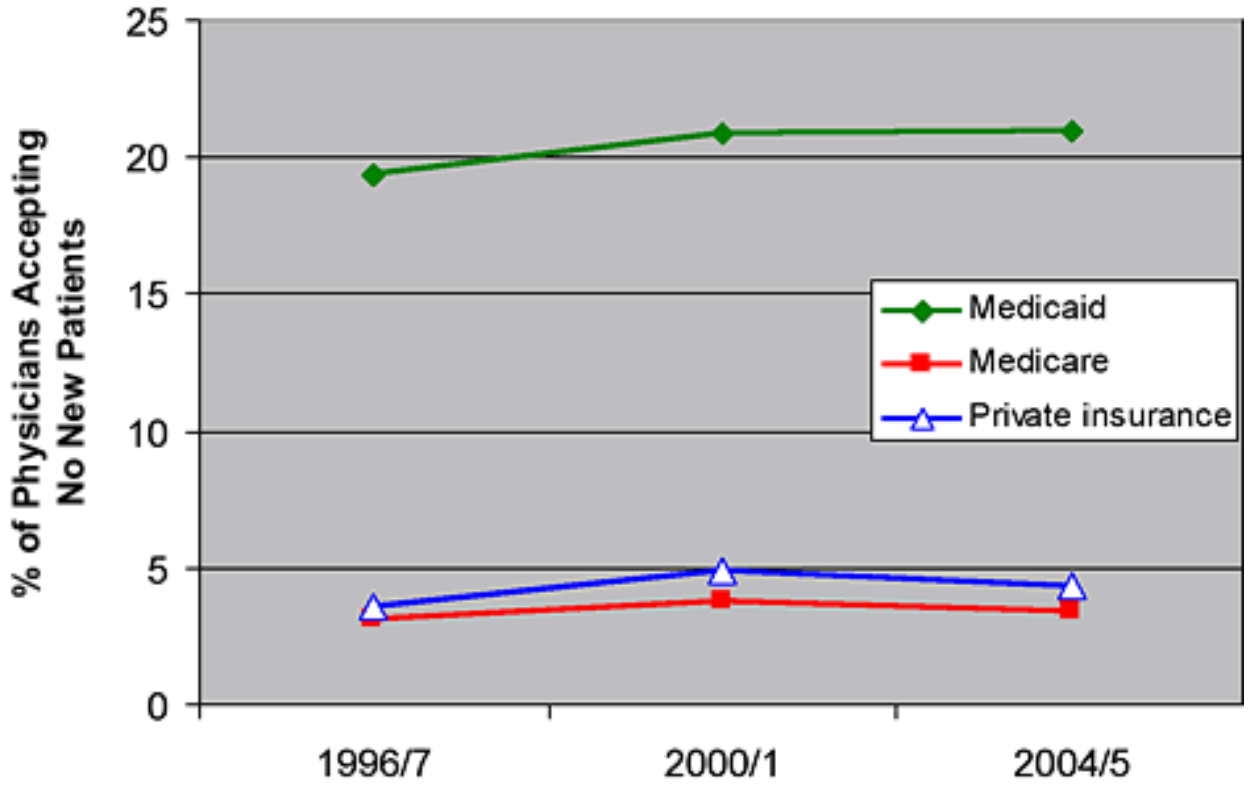
Medicine is the most distinguished of the arts.

– Hippocrates

doctors

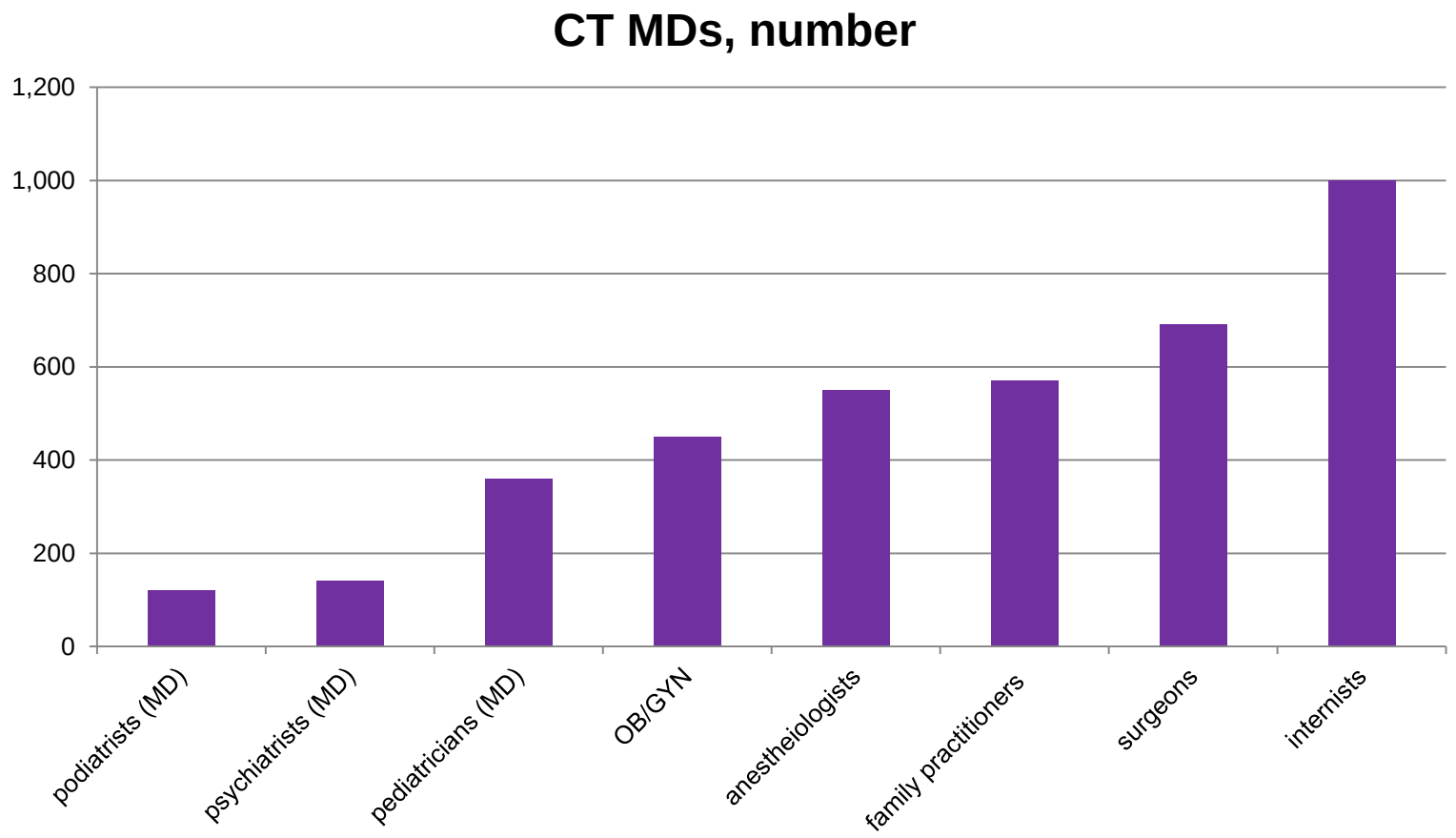
- Only 24% of CT health spending, but direct 70 to 80% of all spending
- 921,900 in US (2006)
  - 460 counties > 20 physicians/10,000 pop
  - 672 counties <5 per 10,000 pop
- 1 in 3 US docs in primary care vs. 1 in 2 Europe
- Changing practice, growing use of hospitalists

access to physician care



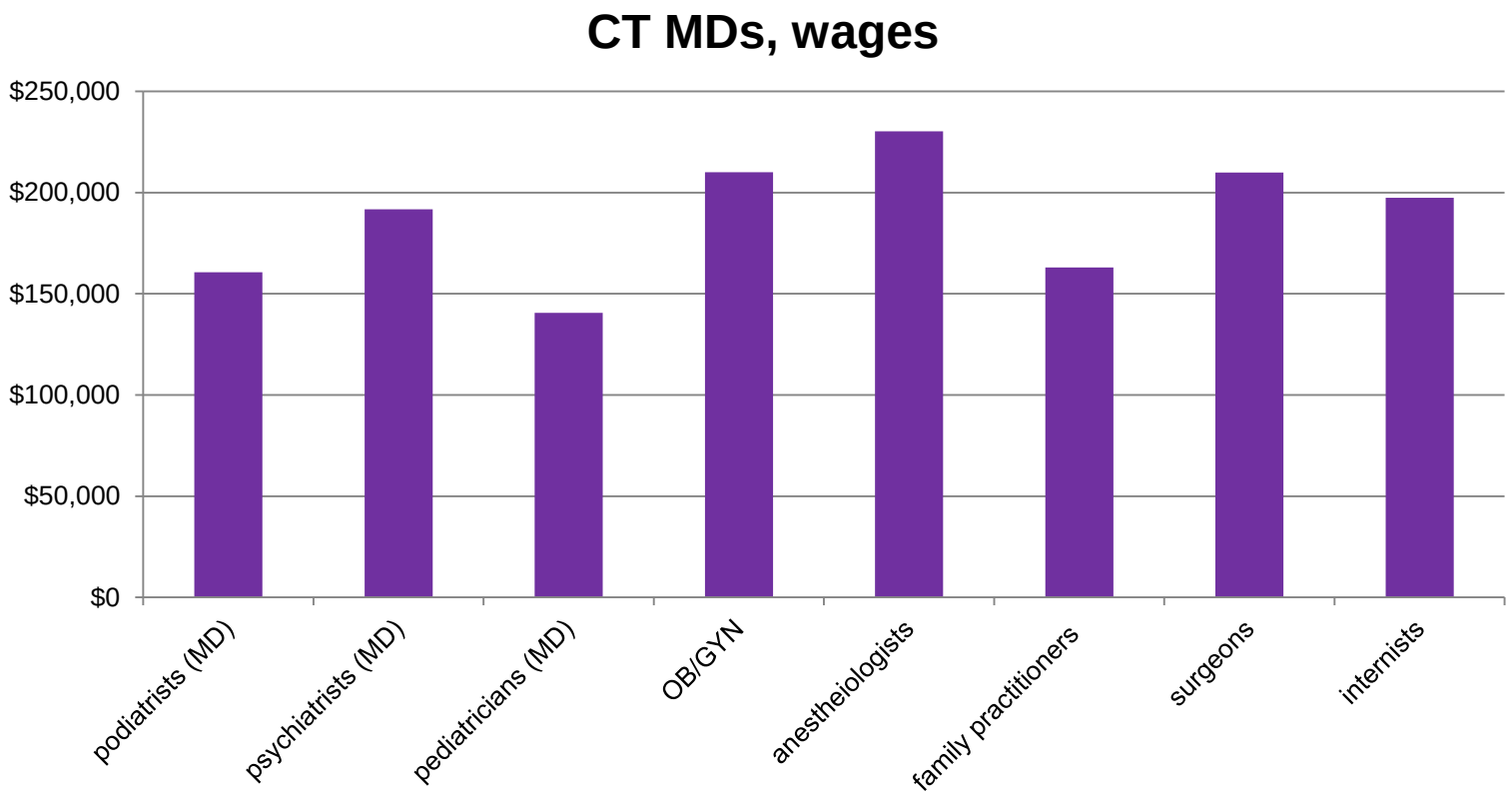
Source: RAND analysis of Cunningham P., Cen Study Health Systems Change, August 2006

CT physician numbers



Source: CT Dept. of Labor

CT physician wages



Source: CT Dept. of Labor

medical education

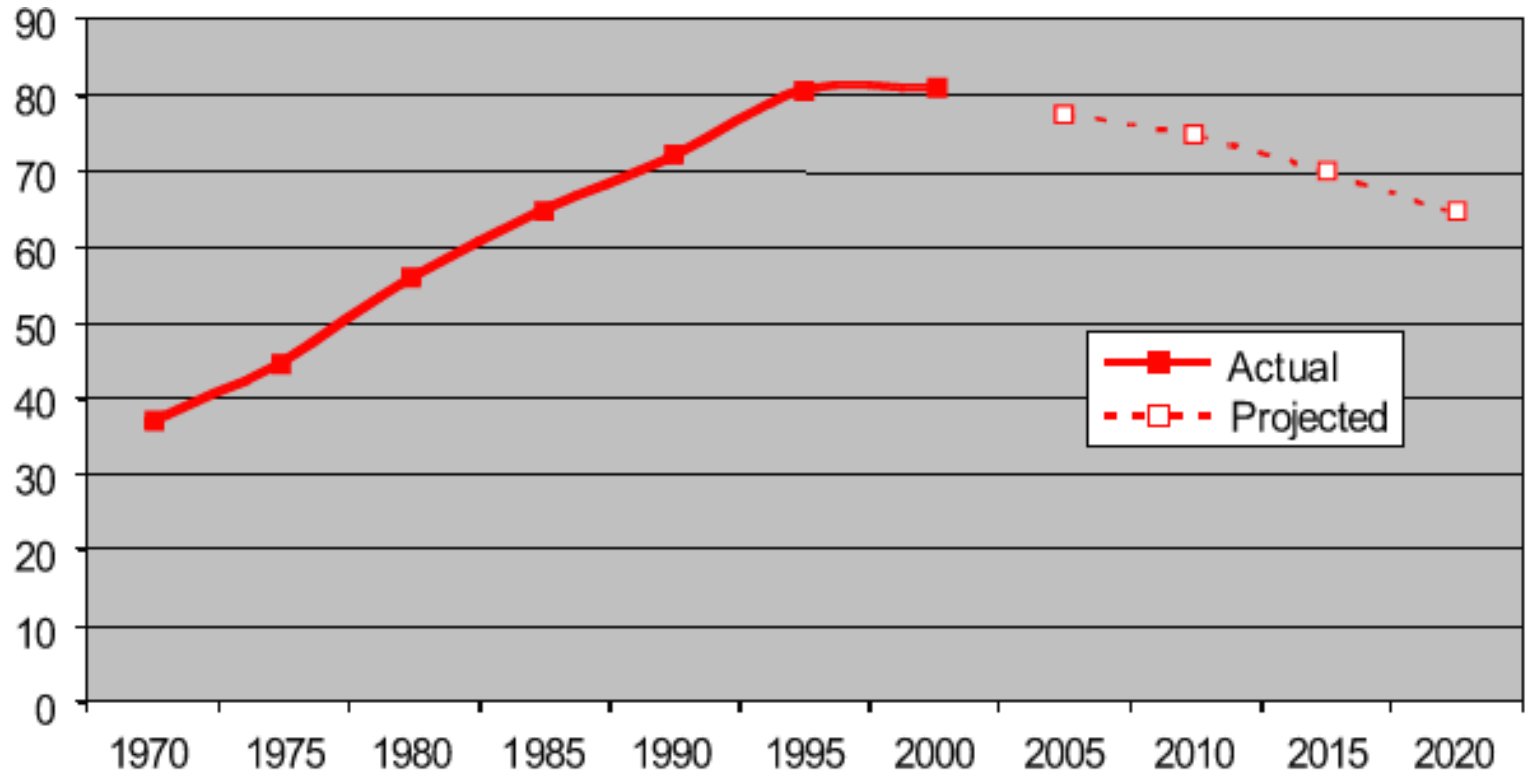
- Med school for 4 years past college
- Residencies – length varies by specialty
  - Primary care slots fewer and even those don't fill
  - High paying, high clout specialty slots competitive
- Board certification
- Graduate Medical Education (GME)

nurses

- Largest health care profession
  - 2.9 million in US (2006)
- Expected to increase 14% in CT from 2008 to 2018
- Hospitals primary site, but dropping
- Diplomas, 2 and 3 year programs, BSN
- Foreign educated nurses
- Predominantly female
- Median wage in CT last year $73,445

nursing shortage

US nurses per 100,000 population



Source: RAND

nursing shortage

- Fairly wide agreement that we are facing a nursing shortage
- Causes
  - aging population
  - aging nurses
  - work stress growing
  - increasing acuity of hospital patients
  - few faculty, clinical training spots
- Data on nurse: patient ratio affect quality of care

nursing shortage

- CT 49th among states in producing nurses
- 23% of CT nursing faculty expect to retire in next five years
- Not lack of demand but lack of training slots
  - Over 1,200 qualified applicants turned away from CT schools in 2006 due to lack of space
- Nurses graduating from CT schools last year avg debt loads $10,000 to $30,000, up to $130,000

nurse practitioners

- 8% of RNs in US
- Clinical nurse specialists, nurse anesthetists, clinical nurse midwives
- Usually 2 year master's degree
- Emphasizes primary care, prevention, health promotion
- Perform 80% same tasks as MDs
- Quality of care equal to physicians
- Motives -- physician replacement/extender, less expensive
- Independent practice, prescribing authority
- Doctorate of Nursing Practice (DrNP)

physician assistants

- 50,000 in US (2004)
- Expected to increase 23.2% from 2008 to 2018 in CT
- Annual median wage CT last year $98,634
- Closely linked to physicians, work only with supervision
- More often male
- Grew from well trained medical corpsmen coming back from Vietnam
- Can perform 80% of the same tasks as physicians
- Work in physician offices, clinics, HMOs, hospitals
- Many hospitalists are PAs

pharmacists

- Third largest health care profession
  - 267,860 in US (2009)
  - 2,670 (CT)
- Expected to grow 17% from 2008 to 2018 in CT
- Median CT income $117,624 (2010)
- Moved from BS to postgraduate
- Doctor of Pharmacy
- 65% work in retail pharmacies
- Shortage led to pharmacy technicians, automation

workforce supply

- Rising age of population –
  - Between 2000 and 2009 CT residents >65 increased 69%
- In 2008 MA increased coverage to almost everyone, wait times for physician visits went up to a year in some places
- 41% of growth in hospital costs 2001 to 2006 due to wages and salaries driven by workforce shortages
- All health professions have shown strong growth over years
- Shortage designation varies at times
- Depends on how you define need – markets and vacancy rates vs. needs assessment research
- Scope of practice issues, how define capacity
- Measurement imprecise
- Physician shortage vs. oversupply
- Uneven distribution

physician supply and quality

- Once over a threshold of physicians/population, no increase in quality
- Increases in neonatologists not associated with reduced infant mortality
- Medicare patients in areas with high supply do not report better access to physicians, higher satisfaction with care, or better quality
- Exception is primary care – higher levels of primary care physicians associated with better quality

women

- Efforts to increase % women among physicians and pharmacists largely unsuccessful
- Nursing predominantly female, no change over years
- Women physicians attract more female patients
- Women physicians spend more time with patients
- Deliver more preventive care
- Communicate differently with patients than men, more likely to discuss lifestyles and social concerns
- Give more information and explanations during a visit
- More likely to involve patients in decision making

minorities

- Under represented in health professions
- Minority communities at higher risk for poor health and difficulty accessing care
- Minority patients respond better to providers from the same culture
- Minority providers more likely to practice in underserved areas
- For non-English speaking patients, providers that speak their language improve quality, outcomes, patient experiences, e.g. Fewer medication errors, more preventive care