

PROCEEDINGS FROM RE-IMAGINING MICHIGAN'S PRIMARY CARE WORKFORCE

A Michigan Health Council Event



Michigan Health Council

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Preface

Michigan's primary care workforce is at a crossroads. On one hand, we have both a rapidly aging population and more than 600,000 newly insured individuals through health care reform efforts, putting more demands on our primary care system to treat chronic and complex health care conditions.

On the other, our existing primary care workforce is rapidly approaching retirement and new physicians, physician assistants, and nurse practitioners have different practice and lifestyle preferences, which may limit existing health care capacity.

The Michigan Health Council convened a group of 120 health care leaders throughout the state for a discussion on six recommendations addressing the potential primary care workforce shortage. This report reflects participants' insights, both written and spoken.

After reviewing these responses, we identified three critical steps necessary to expand the capacity of Michigan's primary care workforce.

In order to establish the groundwork for a new care delivery model that delivers the right care, at the right place, and at the right time, the Michigan Health Council will:

Develop and deliver data-driven professional development content exploring the full range of knowledge, skills, and abilities of all health care team members to fully expand capacity of primary care teams

Michigan's health leaders need to develop a common set of desired outcomes from "payment reform" in order to finance a re-imagined primary care system. Since there are demonstrations and state innovations in process, we will:

Create a report outlining specific aspects of "payment reform" that expand primary care capacity in Michigan

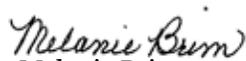
Currently, there is a lack of primary source health care workforce data in Michigan. In order to strengthen workforce policy and planning in anticipation of increased demand, we will:

Begin building a statewide data resource by convening a group of experts to identify essential elements of a statewide health care workforce data system

Neither Michigan Health Council nor any other single group can be successful on its own. Michigan needs a coalition of groups invested in the future of the primary care workforce to work on building a workforce and delivery system to meet the needs of all Michigan families and communities.

There is little time to wait and we are beginning work on these goals now. If your organization would like to join us, we welcome your support.

Sincerely,



Melanie Brim
President and CEO
Michigan Health Council

Introduction

Michigan's primary care workforce is at a crossroads. The aging population - which is growing older faster than other states¹ - is putting two demands on Michigan's health care workforce. The first is a growing demand for care from a population with greater health care needs. The second is the rapidly approaching retirements of health professionals in the Baby Boom generation.

As more than 500,000 (at the time of this writing) new individuals insured through Michigan's Healthy Michigan program, and more than 275,000 who have purchased insurance on the HealthCare.gov exchange are added into the mix, the gap between supply and demand for primary care services is rapidly approaching.

Over the past several years, countless reports, commissions, and task forces have identified the future supply of primary care providers as one of the key issues facing Michigan's health care workforce.²

Unfortunately, little action has been taken on these recommendations. To better understand these barriers and identify new opportunities to build Michigan's primary care capacity, the Michigan Health Council convened health care leaders to examine six recommendations gleaned from the reports and identify the potential value, partners, and critical next steps needed to make measurable change.³

Attendees included individuals with an interest in Michigan's primary care system. Leaders from professional societies, trade associations, health care providers, and hospital and health systems, participated, along with representatives from state government, universities, insurers, and employers.

What did we learn and, more importantly, what are the steps we will take to build Michigan's primary care workforce capacity?

An Overview of Challenges Facing Michigan's Primary Care Workforce

Why are health care leaders so concerned about the future of Michigan's primary care capacity?

Michigan is facing a looming imbalance between the supply of and demand for primary health care services. With current demographic trends, a significant shortage of primary care services in Michigan is a very real possibility.

Demand for primary care services is growing as the result of two significant trends. First, Michigan's population is aging rapidly. The share of population older than 65 will double by 2040 and one in four Michigan residents will be older than 65 by 2020.⁴ This older group of individuals will require more care, particularly time-intensive chronic disease management for conditions such as diabetes, congestive heart failure, and dementia and stroke-related neurological disorders.

For a complete list of references, see Appendix A

- 1 Grimes and Fulton, Institute on Labor Employment and the Economy.
- 2 See Appendix A for a bibliography of reports.
- 3 See Appendix B for the list of recommendations.
- 4 Grimes and Fulton, Institute on Labor Employment and the Economy.

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Additionally, the more than 700,000 newly-insured families through the Healthy Michigan plan and insurance exchange customers have often gone without regular primary care visits and a recent report indicates only 36% have scheduled an outpatient visit within the first 100 days of purchasing insurance.⁵

Compounding this trend is the pending retirement of many health care providers and shrinking total working population. This can be best seen in survey and demographic data of Michigan health care providers. More than 30% of physicians in Michigan are 50 years or older,⁶ and 40% of nurses plan on retiring in the next 10 years, with 20% planning on retiring in the next five.⁷

Without significant demographic changes, Gad Levonson predicts by 2030, America will have a permanently smaller labor force.⁸

The imbalance between a declining supply of providers and a growing number of families needing care will likely result in reduced access to care.

Summary of Findings

In order to learn more about potential solutions to increase primary capacity in Michigan, the Michigan Health Council convened this meeting of health care leaders to highlight these pressing issues and learn from their experience and insight.

Groups of four to eight people were given a recommendation and additional contextual information to consider,⁹ and four prompts about how best to implement each recommendation. The four questions were:

- What foundation exists today to build upon? What current initiatives are underway or have been attempted from which we can learn?
- What value does this add to primary care in Michigan? What is the potential impact toward re-imagining the primary care workforce?
- What are the first steps needed to implement this recommendation?
- What individuals or organizations need to be at the table to advance this recommendation? Is there a champion to facilitate conversation?

There were six recommendations, with one at each table. At least three tables considered each of those recommendations. The three recommendations that elicited the greatest response are:

- Identify strategies for “task shifting” in order to improve health care quality and efficiency by enabling health professionals to focus their time and effort on treating patients requiring their specific level of specialization

5 Ayanian, John, MD, et al, “Launching the Healthy Michigan Plan - The First 100 Days.” *New England Journal of Medicine*, October 23, 2014.

6 Michigan Department of Community Health 2012 Survey of Physicians

7 Michigan Center for Nursing 2014 Survey of Nurses

8 Levonson, Gad. “Will the Retirement of Baby Boomers Cause Skill Shortages?” *The Conference Board*.

9 For a full list of the recommendations, see Appendix B.

- Develop a model for enhancing primary care capacity through systems that ensure the right health professional provides the right care, at the right place, and at the right time
- Establish a system for collecting and archiving data for easy access by stakeholders when developing effective workforce policy and planning capacity in anticipation of increased need

These three recommendations are discussed in more detail with additional context and quotes from event participants.

Task Shifting

The authors of the Milbank Memorial Fund’s report, “Health Worker Shortages and Global Justice,” describes “task shifting” as a strategy to expand the capacity of care in communities with health care professional shortages through maximizing each provider’s knowledge, skills, and abilities (KSA).¹⁰

In responding to this recommendation, participants highlight requirements by educational accreditation bodies to teach interprofessional collaboration in health professions as a key foundation to help incorporate task shifting into today’s primary care workforce, pointing out “teams are focusing on more efficient means of providing care.”

Responses point out Federally Qualified Health Center and Patient-Centered Medical Home models of care provide an example of expanding capacity by creating care teams comprising professionals with complementary expertise.

Additionally, attendees find allowing health profession to practice at the top of their training and experience increases the capacity of the health care system. Each team member is able to spend time providing care that most appropriately aligns with their knowledge, skills, and abilities making for much more efficient and effective use of primary care resources.

To advance a broader discussion on task shifting, attendees recommend developing standardized protocols for patient care, expanding access to, and interoperability of electronic medical records, as well as providing better education for both patients and providers to “triage their care” to ensure the right types of professionals are delivering the right care.

Providing the Right Care, at the Right Place, at the Right Time

In order to meet the demand for primary care services in the future, the health care workforce may have to look different, both in terms of the types of professionals delivering care and types of care provided to patients.

The recommendation of “providing the right care, at the right, place, at the right time,” is based on a 2013 Health Affairs report that found 24% of a primary care physician’s time could be saved through delegation of tasks to other team members.

When asked to identify initiatives currently in place to advance new models of care, attendees cite efforts to develop Community Health Workers as an organized profession and expanding access to primary care services beyond the “doctor’s office” through the use of telemedicine and alternative practice sites such as “retail clinics.” Building these new models of care and venues for care delivery could expand care to

10 O’Brien, Paula, Gostin, Lawrence, “Health Worker Shortages and Global Justice.” The Milbank Memorial Fund, 2012.

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communities that cannot support a traditional primary care practice, providing benefits to many rural and low-income communities.

Ensuring the success of this shift in care delivery requires new models of payment and data-collection systems to more clearly assess outcomes of new care delivery models.

Defining Payment Reform

The priority most frequently cited by participants was the need to build primary care capacity through “payment reform.” Attendees identified issues like “reforming pay, moving from fee for service to outcomes,” “aligning payment models to a continuum of care,” “addressing payment systems,” and “reforming regulatory environment and payment models.”

Current payment systems limit the ability of the health care system to change the way care is delivered in order to increase effectiveness and efficiencies. Reforming the primary care reimbursement system is critical to successful implementation of strategies such as “task shifting” that help to assure that each health professional is able to provide the right care, at the right place, at the right time.

Projects like the State Innovation Model Blueprint for Health Innovation and the statewide multi-payer patient-centered medical home demonstration (MiPCT) are just two examples of approaches to “payment reform” currently underway.

In light of the significant number of comments regarding “payment reform,” the Michigan Health Council will produce a report with a consensus definition of what reimbursement reforms are needed to expand Michigan’s primary care capacity.

Establish a System for Collecting and Archiving Data

When asked about what resources currently exist for developing a comprehensive data library, attendees produced an extensive list, including regional clinical placement systems, health systems’ ICD10-based collaborations, and the Workforce Intelligence Network.

The larger challenge is identifying the critical pieces of data needed by health systems, educators, and policy makers to make informed decisions on the primary care workforce to ensure adequate capacity for care in the future.

The benefit of moving forward on this recommendation is clear: policy can be made with accurate, reliable, and recent data, which is essential to inform investments in education and regulatory reform.

In order to build this capability in Michigan, independent leadership is needed to convene stakeholders in colleges and universities, state government, health systems, and professional societies to establish common goals, outcomes, and expectations for data needs.

Convening these stakeholders is an essential step, according to attendee responses. With many partners at the table, maintaining a focus on common goals is essential. One participant recommended focusing the group around “what (data) do we need to do for population health?”

Conclusion

Health care leaders attending this meeting identified three critical steps needed to address the looming primary care workforce shortage:

- Define a consensus understanding of what payment reforms are needed to align workforce capacity-building efforts

- Educate all health care providers about the knowledge, skills, and abilities of professions currently under-utilized in primary care
- Identify the essential elements of a statewide workforce data collection system

Overcoming the challenges facing Michigan's primary care workforce will be essential to providing the right types and settings for care necessary to achieve better health, better care, and lower costs.

There are multiple paths to implementation of these recommendations; however, what cannot be lost is the critical momentum propelling us forward. While there has been little progress on these recommendations to date, now is the time to start.

Appendix A - Annotated Bibliography

A digital copy of this document is available at mhc.org/bibliography.

American Academy of Family Physicians. (2014). Aligning Resources, Increasing Accountability, and Delivering a Primary Care Physician Workforce for America. Retrieved from <http://goo.gl/Xcw3sD>

This document provides an introduction to primary care as a health care delivery focus provided by physicians. The authors offer definitions of primary care, family medicine, and primary care services, along with a short synopsis of how primary care physicians are trained. Additionally, the authors address whether or not there is a shortage of primary care physicians in the United States, and how Graduate Medical Education can be leveraged to help meet the needs of patient populations.

Alliance for Health Reform. (2011). Health Care Workforce: Future Supply vs. Demand. Retrieved from goo.gl/riSoSw

This brief offers projections of the national supply of health professionals, through the lens of meeting future demand. The authors argue that the insured population will continue to increase, due to provisions in the Patient Protection and Affordable Care Act (PPACA). Throughout the article, the authors examine key provisions in the PPACA that impact health care workforce issues, including programs that encourage training for primary care, expansion of National Health Service Corps, and innovations in chronic care management. In their conclusion, the authors believe that increasing supply and correcting health care workforce maldistribution will be critical to meet the access needs of patients going forward.

American Hospital Association. (2010). Workforce 2015: Strategy Trumps Shortage. Retrieved from <http://goo.gl/RoHepj>

The American Hospital Association (AHA) asked its 2009 Long-Range Policy Committee to examine likely health care workforce issues that may occur over the course of the next ten years, and provide findings and recommendations that hospitals may adopt in order to address these issues. This report focuses on recommendations in the following areas: identifying emerging workforce challenges; redesigning work for health care employees across all services; retaining existing workers; and attracting the new generation of workers.

American Hospital Association. (2013). Workforce Roles in a Redesigned Primary Care Model. Retrieved from <http://goo.gl/jHKhD0>

This report summarizes a 2011 roundtable of health care stakeholders, convened by the American Hospital Association (AHA) to examine future primary care workforce needs, patient demand, and how hospitals and health care systems can help in effectively delivering primary care. The results of these roundtable discussions include recommendations in the following areas: training and strengthening the current and future health care workforce to deliver interdisciplinary, team-based care; strengthening the primary care delivery model through patient-centered approaches; changes to hospitals and health systems by providing comprehensive, integrated care; and making significant changes to reimbursement models.

Association of Academic Health Centers. (2008). Out of Order, Out of Time: The State of the Nation's Health Workforce. Retrieved from <http://goo.gl/j9ULvX>

In this report, the Association of Academic Health Centers (AAHC) presents findings, conclusions, and recommendations regarding health care workforce planning and policy. The report relies on the position that historically disjointed, decentralized policymaking has impeded stakeholders from implementing meaningful, harmonic reforms to address health care workforce needs. Additionally, recruitment,

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retention, and health care pipeline issues are touched upon. The AAHC identifies four key focus areas, and calls for a collaborative, integrated strategic approach to health care policymaking and implementing measures to address health care workforce issues.

Association of American Medical Colleges-Center for Workforce Studies. (2013). State Physician Workforce Data Book. Retrieved from <http://goo.gl/VSulEw>

This biennial report examines physician supply, enrollment in medical schools, and graduate medical education in the United States. The resource is divided into four sections: physician supply, which includes data on active physicians in each state; undergraduate medical education, which includes information on medical and osteopathic schools; graduate medical education, which presents data on physicians in residency and fellowship positions in each state; and in-state retention, which includes data on states' retention of the physicians they educate in medical or osteopathic schools.

Bingaman, D., Wilk, R., Laslo, S., Huang, A., Lee, P. (2009). Solving the Primary Care Workforce Crisis: Report for State of Michigan Strategic Partnership Session.

This report represents the outcome of a strategic partnership session, led by the Health Resources and Services Administration (HRSA) Office of Regional Operations alongside the Michigan Department of Community Health (MDCH) and the Michigan Primary Care Consortium (MPCC) on September 29-30, 2009. Groups and stakeholders that participated in this session identified over 20 strategies to solve Michigan's primary care workforce crisis. These 20 strategies are explored in depth in this report, along with stakeholders who volunteered to lead some of these efforts.

Bipartisan Policy Center. (2011). The Complexities of National Health Care Workforce Planning. Retrieved from <http://goo.gl/HfVua5>

This report examines the current health care workforce landscape, and captures and analyzes key supply-side workforce issues. The report covers health industry employment and projections of employment trends, strategies for addressing health care workforce needs, and current gaps

in health care workforce data collection and knowledge. The authors identify key workforce innovations at the federal level that are being implemented related to addressing health care workforce issues. Finally, the authors provide recommendations for next steps in addressing future health care workforce needs.

Carrier, E.R., Yee, T., & Stark, L. (2011). Matching supply to demand: addressing the U.S. primary care workforce shortage. National Institute for Health Care Reform. Retrieved from <http://goo.gl/oQS3GI>

Carrier, Yee, and Stark present information about issues regarding access to primary care services, and strategies to address the primary care workforce shortage and access issues. Specifically, the authors present provisions in the Patient Protection and Affordable Care Act that are meant to address these access and workforce issues, and identify other policy options that may help in addressing these issues. Other suggestions include expanding scopes of practice for advanced practice nurses, and reforming payment and reimbursement methods.

Center for Healthcare Research & Transformation. (2013). Primary Care Capacity and Health Reform: Is Michigan Ready? Retrieved from <http://goo.gl/OzJkIZ>

This policy brief describes the findings from a statewide survey of primary care physicians, conducted in collaboration with the Child Health Evaluation & Research Unit (CHEAR) at the University of Michigan. The goal of this policy brief is to inform policy makers on the key challenges that primary care physicians are facing in their practices. At the time of this survey, lawmakers and governmental leaders were debating whether or not to expand Medicaid coverage to nearly 300,000 Michigan residents, in accordance with provisions in the Patient Protection and Affordable Care Act. The bottom-line finding in this report is that primary care physicians in Michigan, on the whole, anticipate having the capacity to see more patients with all forms of health coverage, including Medicaid.

Centers for Disease Control and Prevention.

(2013). Modernizing the Workforce for the Public's Health: Shifting the Balance. Retrieved from <http://goo.gl/68oOE5>

This report summarizes a summit held on December 13-14, 2012 by the Centers for Disease Control and Prevention (CDC). Forty organizations from governmental agencies, public health practice organizations, health care disciplines, foundations, and nonprofit organizations convened to focus on two key areas: strategize and prioritize the crucial actions needed for strengthening the nation's health care workforce, and develop components of a coordinated public health workforce strategic framework that leverages contributions from multiple partners. Initial conversations focused on how public health is changing, how changes affect the country's health care workforce, and what role the CDC can play in facilitating this shift.

Council on Graduate Medical Education. (2013). Improving Value in Graduate Medical Education. Retrieved from <http://goo.gl/VGMZpg>

The twenty-first report of the Council on Graduate Medical Education proposes a list of recommendations with respect to the United States' graduate medical education (GME) programs, that may help future physicians more effectively meet the health needs of patients and populations moving forward. These recommendations are based on the assumptions that the country needs better value in GME programs, and that the increased value can be achieved by improved targeting of public GME money and more effective models of physician training.

Deloitte. (2014). The Quest for Value in Health Care: A Place for Consumers. Retrieved from <http://goo.gl/41c9DP>

The purpose of this report is to examine health care organizations, and the role of consumers in the health care marketplace. This report examines three disruptors that are driving health care providers, health plans, and life sciences companies to provide better quality and value to customers. Based on these three realities, Deloitte identifies key takeaways and offers suggestions on how health care organizations can devise strategies to more effectively meet health care consumer needs.

Dreyer, T. (2014). Best practices in care

management for senior populations. Center for Healthcare Research & Transformation. Retrieved from <http://goo.gl/7nXYex>

This document reports research findings pertaining to the impact and effect of care management programs, specifically for elderly populations. A comprehensive literature review was conducted to identify key research projects that evaluate care management programs, and their impact on the cost of health care services and the quality of the health services provided to elderly populations. Best practices in care management programs that reduce health care costs and improve quality of care to senior populations are identified by the authors.

Forte, G. & Roehrig, C. (2004). Summary of Findings from the Study of Michigan Physician Supply. Commissioned by the Blue Ribbon Physician Workforce Committee.

This document provides an overview of the findings from a comprehensive, multi-faceted study on the supply of physicians in Michigan. The methodology included assessing Michigan's historical and future capacity to supply physicians through both osteopathic and medical schools, and projecting the demand for physicians based on population characteristics, economic forecasts, and advancements in medical technology. According to the study, Michigan is projected to be 4,400 physicians short by 2020, and that primary care physician supply will be adequate until 2018. Over 40 stakeholders were involved in this study, including the then three medical schools in Michigan, several state agencies, the Michigan Health Council, Michigan State Medical Society, and the Michigan Health and Hospital Association, among others.

Hochman, M. (2013). Stimulating primary care transformation. Robert Wood Johnson Foundation. Retrieved from <http://goo.gl/TfbWfv>

Dr. Hochman argues that primary care professionals are taking a lead in addressing the disjointed nature of the US health care system, as well as rising costs. This blog entry describes the current trend of primary care providers who have adopted the key principles outlined by patient centered medical home (PCMH) initiatives. He describes some of the successes of the PCMH model, and identifies reimbursement models as

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a significant barrier to widespread health care delivery transformation.

Institute for Alternative Futures. (2012). Primary Care 2025: A Scenario Exploration. Retrieved from <http://goo.gl/mFGSK6>

Primary Care 2025: A Scenario Exploration is a project that considers the range of forces, challenges, and opportunities shaping primary care in the United States. The project was developed by the Institute for Alternative Futures (IAF), who describe four scenarios, and enable health care leaders to make decisions in anticipation of future economic, social, and technological advancements. In addition to these scenarios, the authors have included a set of recommendations in health education from a workshop convened by IAF in September of 2011.

Josiah Macy Jr. Foundation. (2011). Ensuring an effective physician workforce for the United States: Recommendations for graduate medical education to meet the needs of the public. Paper presented at the Josiah Macy Jr Foundation Conference. Retrieved from <http://goo.gl/Rt3byU>

This paper, providing an overview of the Josiah Macy Jr. Foundation Conference, examines strategies for how graduate medical education can prepare future physicians to more effectively meet the needs of patients going forward. A history of the calls for GME reform, an overview of the theory and practice in the design of GME, and an overview of the resident's experience are described in full-detail in this report. Throughout the document, suggestions for improvement and recommendations for program design going forward are noted.

Michigan Health Council. (2013). Growing Michigan's Physician Workforce. Retrieved from <http://goo.gl/TKv9RH>

This infographic provides a chart-based illustration of Michigan college and university capacity to supply physicians to meet the demand of patients. Items in this infographic include: the number of students enrolled in Michigan's medical schools (also broken down by school), per capita medical

school enrollment, per capita GME positions, and retention of physicians trained at colleges and universities in Michigan.

Michigan Health Council. (2013). Projecting the Demand for Health Care Professionals. Retrieved from <http://goo.gl/fcgrf5>

This brief report presents US Department of Labor-Bureau of Labor Statistics national health workforce employment projections from 2010 through 2020 for fourteen different health professions. Additionally, the authors describe some of the factors that influence future health care demand, and elements that contribute to uncertainty in the projections. Finally, the authors describe some of the consequences of the current shortages in health professions, and what this means going forward.

Michigan Primary Care Association (2012). Improve Michigan's Primary Care Workforce Policies.

This briefing outlines policy recommendations that are endorsed by the Michigan Primary Care Association in order to alleviate potential primary care provider shortages. The brief begins with the problem statement that new health insurance enrollees, along with an aging and retiring primary care workforce will create a crisis in primary care. Their recommended actions include investing in graduate medical education (GME), altering scope of practice laws, expanding links and partnerships between GME programs and safety net organizations, and emphasizing GME programs that adopt evidence-based best practices, among others.

Michigan Primary Care Association. (2014). Enhance Michigan's Primary Care Workforce Policies. Retrieved from <http://goo.gl/UPgrhO>

This policy brief outlines the actions that are recommended and endorsed by the Michigan Primary Care Association (MPCA), in order to address Michigan's current and future primary care workforce shortage. MPCA describes many of the environmental and historical factors that contribute to the ongoing shortage, as well as recent developments that will exacerbate this shortage. In this brief, the MPCA endorses promoting the Patient Centered Medical Home

model, Senate Bill 2, exploration of team-based care for dentistry, and leveraging graduate medical education to address health professional shortage areas, among other actions.

Moskowitz, M.C. (2007). State actions and the health workforce crisis. Association of Academic Health Centers. Retrieved from <http://goo.gl/IzmlzF>

The author provides an overview of eight selected states, and what actions each state is taking to address their health care workforce needs. This article describes each state's governmental infrastructure (departments of health and their initiatives), higher education authorities, state labor and workforce bodies, and support from elected officials. Furthermore, the author describes each state's focus areas, as well as current initiatives and strategies adopted by key stakeholders in each state. The article concludes with recommendations for health care stakeholders going forward.

National Governors Association. (2014). The Role of Physician Assistants in Health Care Delivery. Retrieved from <http://goo.gl/n6oMCS>

This report describes the role that physician assistants currently play in the United States health care workforce, as well as challenges of integrating these professionals into health care delivery systems. The authors consider the duties that physician assistants currently undertake, areas where these professionals practice, and the current scopes of practice as defined by the public health code in various states. Finally, the authors describe the current demand for physician assistants, and project future demand for these professionals.

Ormond, B.A. & Bovbjerg, R.R. (2011). Assuring Access to Care under Health Reform: The Key Role of Workforce Policy. Retrieved from <http://goo.gl/Vbr2FI>

Ormond and Bovbjerg present four strategies that can be adopted to meet the health care demands of newly insured patient populations, in response to key provisions in the Patient Protection and Affordable Care Act. The authors identify key reform recommendations outlined in the PPACA, and provides a thorough overview of each recommendation. The recommendations that were chosen acknowledge that training more

health professionals to meet demand is an obvious answer to addressing health care workforce shortages, while the time involved in training new professionals to do so does not meet current and short-term needs of populations.

Petterson, S.M., Liaw, W.R., Phillips, Jr., R.L., Rabin, D.L., Meyers, D.S., & Bazemore, A.W. (2012). Projecting US primary care physician workforce needs: 2010-2025. *Annals of Family Medicine*, 10, 503-509. doi: 10.1370/afm.1431. Retrieved from <http://goo.gl/7BcAsW>

The authors of this article set forth to project the number of primary care physicians that will be needed to meet population health needs through 2025, focusing on the Patient Protection and Affordable Care Act, the aging of the United States' population, and population growth as the key catalysts that will increase primary care utilization rates. Their model projects future utilization rates, through the lens of current utilization rates and the United States' current ability to meet population demand. Their conclusion is that population growth poses the greatest challenge to meeting health demands through 2025.

Pohl, J., Barksdale, D., Werner, K. (2014). Revisiting primary care workforce data: a future without barriers for nurse practitioners and physicians. *Health Affairs: Blog*. Retrieved from <http://goo.gl/rMygBA>

The authors of this article advocate for an increased role for primary care-trained nurse practitioners in meeting current and future patient demand. They argue that the Patient Protection and Affordable Care Act has exacerbated the primary care health professional shortage, and that these needs should be filled by allowing nurse practitioners to practice to the fullest extent of their training, without unnecessary physician supervision. According to the authors, unnecessary barriers that prevent nurse practitioners from practicing to the fullest extent of their training should be reconsidered in states where reform has not yet been introduced, or is pending.

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Raymond, R.M., Madden, M.M., Ferretti, S.M., Ferretti, J.M., & Ortoski, R.A. (2014). Preliminary outcomes of the Lake Erie College of Osteopathic Medicine's 3-year primary care scholar pathway in osteopathic predoctoral education. *The Journal of the American Osteopathic Association*, 114(4), 238-241. doi: 10.7556/jaoa.2014.048. Retrieved from <http://goo.gl/gpNZOL>

The authors assess the outcomes resulting from the implementation of the Primary Care Scholar Pathway (PCSP) three-year pre-doctoral curriculum at the Lake Erie College of Osteopathic Medicine (LECOM). Scores for the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) were examined, and compared with national mean scores. Among the nineteen PCSP graduates who took the COMLEX-USA exam, the students were similar to national mean scores. This suggests that three-year osteopathic medical students may attain the same level of education as four-year students.

Robert Graham Center. (2012). State Workforce Projections--An Introduction. Retrieved from <http://goo.gl/f71CgQ>

The Robert Graham Center provides two-page physician workforce projections for each state. Each of these two-page documents provides the current number of primary care physicians practicing in the state, along with a projection of the number of primary care physicians that will be needed in 2030 to keep pace with population health needs.

Robert Wood Johnson Foundation. (2014). Building the Optimal Primary Care Team. Retrieved from <http://goo.gl/PJGF5I>

This blog entry describes the third webinar in a series of six webinars, that focus on sharing best practices in building and strengthening our country's primary care workforce. The focus of this webinar was on building an effective primary care team. Examples of high-performing health care teams were presented by speakers from Martin's Point Health Care, Union Health Center, and West County Health Centers. These speakers emphasized the importance of communication, and the patient experience with the health care team.

Salmem, C. (2014). The four pillars for primary care physician workforce reform: a blueprint for future activity. *Annals of Family Medicine*, 12(1), 83-87. Retrieved from <http://goo.gl/7EK3Wb>

In this article, Mr. Salmen, a fourth year medical student, offers a blueprint for recruiting students to pursue their academic studies as primary care physicians. His blueprint rests upon four pillars to build and strengthen the United States primary care physician workforce: pipeline, process of medical education, practice transformation, and payment reform. Additionally, he identifies next steps in how important stakeholders in the United States health care system can coordinate and align to achieve each of these pillars.

Streamline Dataworks. (2014). Alternative Models of Care & the Primary Care Workforce. Retrieved from <http://goo.gl/Tdqbk0>

This interactive infographic allows users to explore how different future models of health care could affect the demand for physicians, nurse practitioners, and physician assistants in 2020. Users are able to view estimates of predicted provider supply minus demand in 2020 for the aforementioned professions, by testing them against the prevalence of patient centered medical homes and nurse managed health centers by 2020.

Transforming the Health Workforce for a New New York. (2012). Report of the Healthcare Workforce Development Subcommittee to the New York State Workforce Investment Board. Retrieved from <http://goo.gl/4ICxdu>

The New York State Workforce Investment Board formed the Healthcare Workforce Development Subcommittee (HWDS) to gain a better understanding of the state's health care delivery system, workforce development needs, and effects from the implementation of the Affordable Care Act (ACA). As a result of a planning grant, the HWDS identified and formed five workgroups, to develop recommendations to address health care workforce supply and demand, identify geographic areas, occupations, and types of health service delivery that have trouble meeting the demand for health services, and design and develop uniform data collection on health professionals across the state. This report summarizes the key findings, and includes a comprehensive list of recommendations to address the aforementioned areas of need.

United States Department of Health and Human Services-Health Resources and Services Administration. (2013). Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Bureau of Health Professions-National Center for Health Workforce Analysis. Retrieved from <http://goo.gl/NgBfu7>

This report investigates current and future supply of primary care health professionals to meet health care demands for primary care services by the year 2020. Current projections and models are based on estimating the number of physicians, nurse practitioners, and physician assistants needed to meet future demand. The authors note aging and population growth as two major contributors to the increased need for primary care services by 2020. HRSA notes that the supply of NPs and PAs is expected to grow at a rapid pace, and could mitigate the projected shortage of physicians, should NPs and PAs be used to their fullest abilities and are successfully integrated into the primary care delivery system.

Appendix B - List of Recommendations

Identify strategies for “task shifting” in order to improve health care quality and efficiency by enabling health professionals to focus their time and effort on treating patients requiring their specific level of specialization

The authors of the report “Health Worker Shortages and Global Justice,” published by the Milbank Memorial Fund, emphasize the importance of assuring that all health care professionals are performing tasks consistent with their knowledge, skills and abilities (KSAs). Identifying tasks currently provided by one type of health professional that could potentially be performed by a health worker whose training may be less specialized but has the requisite KSAs to perform the tasks being delegated is also an important step in increasing the capacity of Michigan’s primary care workforce. As noted in the Milbank report, “task shifting” has been shown to contribute to a more efficient and effective health care system and can lead to increased access to care and improved health outcomes.

Develop a model for enhancing primary care capacity through systems that ensure the right health professional provides the right care, at the right place, and at the right time

Having a sufficient number and the right mix of providers is critical to ensuring that there is sufficient primary care capacity to meet the needs of Michigan’s population. While educating and training more health care providers builds workforce capacity, it does not ensure that the right person is providing the right care, at the right place, and at the right time. Adopting care delivery models that support person-centered care and interprofessional collaborative practice provides opportunities to more effectively and efficiently use each health professional’s clinical skills and expertise. Bodenheimer and Smith in the November 2013 issue of Health Affairs find that 24% of a primary care physician’s time could be saved by delegating to other team members, which suggests that the way health professionals are currently utilized is less than optimal. Other strategies that lead to more effective use of resources include: expanded use of providers such as community health workers, primary care technicians, and community paramedics; increased use of technology for care delivery, remote training and supervision, clinical innovation, and patient self-management; and reimbursement policies that align with and support value-based outcomes.

Accelerate cultural change in health care organizations to support readiness for transformation towards interprofessional collaborative practice

Aging populations and patient populations with complex health care needs require the attention of more than one type of health professional to deliver comprehensive care that meets their goals and needs. Additionally, the ability to positively affect the overall health of populations, improve the patient experience, and reduce health care costs requires a comprehensive, interdisciplinary approach. The Patient Protection and Affordable Care Act (ACA) includes many provisions that promote the adoption of new health care delivery models that rely heavily upon interprofessional teams of health providers to deliver patient-centered and population-based care. Furthermore, other government-based initiatives exploring transformations in health care delivery advocate for the adoption of these care models.

Develop a statewide plan to increase Michigan’s clinical education capacity in order to maximize the state’s ability to train future providers

Right now, student placements are driven by relationships between higher education administrators, faculty members, and clinical site decision-makers. Michigan’s statewide clinical education capacity and current usage is unknown. As a result, there is insufficient information regarding the availability of clinical training sites, and specifically primary care rotations. In order to quantify this important element of health professional supply, a statewide plan to increase clinical education capacity should be developed.

Michigan Health Council, 2015

Establish a system for collecting and archiving data for easy access by stakeholders when developing effective workforce policy and planning capacity in anticipation of increased need.

Due to aging demographics, complexities of the health of populations, advancements in medical technology, emerging models of health care delivery, and shifts in the roles of health professionals, anticipating health professional need is becoming increasingly important and complex. Most assume that Michigan will face a shortage of various types of health professionals; however, the lack of recent and reliable data makes it difficult to test these assumptions. Models of forecasting the numbers and types of health professionals that will be needed in coming years would be beneficial to policymakers, human resources professionals, and leaders in higher education to make data-based decisions about health care workforce supply and demand.

