

# Addressing the Health Care Workforce Shortage

*As the nation prepares to dramatically increase the number of Americans with health insurance coverage through the implementation of the Affordable Care Act (ACA), the current shortage of health care providers could substantially impede access to health care, especially in underserved areas. Three factors are converging to create the troubling provider shortage: the provider population is aging; too few new providers are being trained; and the recession is impacting the types and locations of available jobs. In order for health care reform to be a true success, the provider shortage must be addressed, enabling both existing and newly covered patients to be able to access high quality care from the provider that best meets their needs.*

## Background

Health care providers are rapidly reaching retirement age. According to the Center for Workforce Studies of the Association of American Medical Colleges, nearly 40 percent of physicians are 55 or older. Similarly, about a third of the nursing workforce (which is much larger than the physician workforce) is 50 or older, and more than half of the nursing workforce has expressed an intention to retire in the next ten years—right in the midst of full implementation of the ACA. The economic recession is complicating matters by delaying the retirement of older health care professionals who might retire in advance of ACA implementation, and slowing down the creation of the new jobs needed to handle the forthcoming influx of new patients.

Recognizing an ongoing need to address medical workforce shortages in underserved areas, the federal government created a program in 1972 to provide incentives for health professionals to work in areas where health care is scarce. Over 38 years, the National Health Service Corps (NHSC), administered through the federal Health Resources and Services Administration (HRSA), has been providing scholarships and loan repayment for clinicians providing preventive and primary care in designated Health Professional Shortage Areas (HPSAs).

A number of states have also attempted to encourage health professionals to work in traditionally underserved areas, with varying degrees of success. New Hampshire, for example, successfully implemented an incentive program to provide some loan forgiveness in exchange for four years of service in a rural part of the state. Ohio and Louisiana both unsuccessfully attempted rural incentive programs, but focused on offering down payment assistance for houses upon graduation instead of loan forgiveness. Those programs failed largely because they offered health professionals houses that they ultimately could not afford in underserved areas.



## Challenges

As the provider population ages and anticipates retirement, fewer young people are entering the profession to take their place. For the administrators of publicly funded family planning centers, finding clinicians willing and able to fill open positions is an uphill battle. According to Chris Knutson, MSN, Nursing Consultant for the Washington Department of Health, Family Planning and Reproductive Health Section, “Nurse practitioners are hard to find, because many family planning clinics can’t afford or are simply too small to employ them full-time, and in many communities there aren’t many other jobs for them either.”

To help address the needs of underserved communities, some states have regulations that specifically allow public health nurses to perform some functions that would normally be outside of their license. In South Carolina, Licensed Registered Nurses who work in public health centers participate in a Board of Nursing-approved training course, after which their scope of practice is expanded to include the provision of pelvic exams and the dispensation of contraceptives, under the supervision of an Advanced Practice Registered Nurse. This training program allows health centers to be more flexible with the clinicians they are able to hire and reserves the time of more advanced clinicians for patients with more complex needs.

Other states have also expanded or considered expanding the role of advanced practice nurses to meet their workforce needs, allowing clinicians to take on new responsibilities. While this provides greater flexibility for health systems in what type of professionals they hire, it also requires higher levels of education, training and licensing, which can create additional financial burdens on students. The high cost of a nursing education, the lack of open positions (often despite high patient demand) in “desirable” areas to live and often comparatively lower salaries for public health professionals can make pursuing a public health care career a daunting choice.

Those students who do choose to take on the training and added financial burden of advanced practice nursing face fewer openings in the nation’s nursing programs. According to a study by the American Association of Critical-Care Nurses, a shortage of nursing school faculty is restricting enrollment in nursing programs, making it difficult to adequately train new nurses at the rate at which they are needed. The few providers who do make it through training are having difficulty finding work in the areas of practice in which they have trained, due in part to the recession. The recession is also limiting the mobility of the medical workforce, making it more difficult to “go where the jobs are.”

Accessing successful incentive programs to encourage providers to work in underserved communities is an important tool for making sure that health care access is available for all those who have health care insurance coverage. However, the federal NHSC program has sometimes been narrowly administered, preventing family planning providers from accessing this

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important resource. Billions of dollars are being invested in workforce training and recruitment, but these investments are primarily focused upon “primary care physicians” – failing to recognize the important role of all safety net providers, which includes publicly funded family planning providers.

## Looking Ahead

While the ACA promises to provide health care coverage for approximately 94 percent of U.S. citizens by 2020, the reality is that coverage without access means little for patients seeking care. One of the keys to ensuring access is to make sure that not only are there enough providers, but that there are enough *systems* in place to employ those providers and enough incentives available to encourage providers to work where they are needed most.

NFPRHA believes that in order to ensure access to quality health care, especially for the poor and low-income individuals that make up the majority of NFPRHA-members’ patients, federal and state governments must address the workforce shortage in ways that fully incorporate the nation’s family planning providers. Education and training programs must be expanded to accommodate a new generation of family planning providers. Investments must be made in safety net systems to ensure that newly trained health care professionals are employed in the communities where they are most needed. Finally, government incentives must be implemented and broadened to make working in underserved areas and public health—including family planning centers—a more attractive option for financially burdened graduates. ■

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