

AN ENVIRONMENTAL SCAN: DELAWARE'S HEALTHCARE WORKFORCE

Current and Projected

DE's Healthcare Workforce

2

- Acknowledgements
 - DE agencies, institutions and associations
 - DHSS
 - DOL
 - University of DE
 - DE Population Consortium
 - DE Healthcare Association
 - US agencies and institutions
 - HHS/ HRSA; CMS; CDC; AHRQ
 - US Census Bureau
 - National Institutes of Health
 - Foundations, Journals, etc.
 - Kaiser Family Foundation
 - NEJM, JAMA, Health Affairs
 - The Commonwealth Fund

DE's Healthcare Workforce

3

It's all about us: Delaware's:

- Population
 - ▣ Demographics
 - ▣ Health status
- Healthcare delivery
 - ▣ Current
 - ▣ Evolving
- Healthcare workforce
 - ▣ Current
 - ▣ Future

What we learned: Now

4

- Delaware's population grew by a larger percentage than did the U.S. population over the last two decades
 - 1990 to 2000
 - US: 13.2%
 - DE: **18.5%**
 - 2000 to 2010
 - US: 9.7%
 - DE: **14.6%**

What we learned: Now

5

- Delaware's population grew by differing percentages across its counties
 - 1990 to 2000
 - Kent County: 14.1%
 - New Castle County: 13.2%
 - Sussex County: **38.3%**
 - 2000 to 2010
 - Kent County: **28.1%**
 - New Castle County: 7.6%
 - Sussex County: 25.9%

What we learned: Now

6

- Delaware's 2010 population differed from that of the U.S. in its racial and ethnic distribution
 - Persons reporting 1 race
 - US White: 72.4%
 - DE White: 68.9%
 - US Black: 12.6%
 - DE Black: 21.4%
 - Persons reporting 2+ races
 - US: 2.9%
 - DE: 2.7%
 - Hispanic / Latino origin
 - US: 16.3%
 - DE: 8.2%

Source: US Census Bureau

What we learned: Now

7

- Delaware's 2006-2010 median household income exceeded that of the U.S.
 - US: \$51,914
 - DE: **\$57,599**

- This difference is largely due to New Castle County's median household income
 - Kent County: \$53,183
 - New Castle County: **\$62,474**
 - Sussex County: \$51,046

Source: US Census Bureau, American Community Survey

What we learned: Now

8

- The percentage of Delaware's population living below poverty level, 2006-2010, was less than that of the U.S.
 - ▣ US: 13.8%
 - ▣ DE: 11.0%

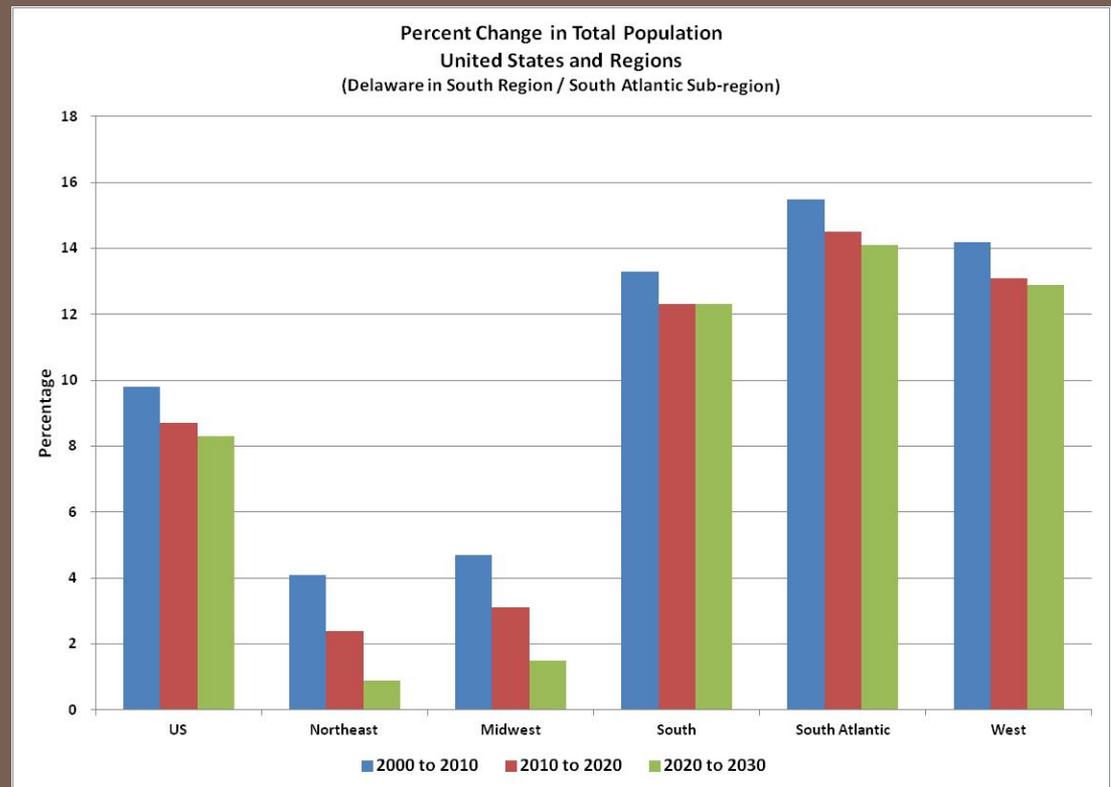
- The percentage of each county's population living below poverty level was also below that of the U.S.
 - ▣ Kent County: 12.5%
 - ▣ New Castle County: 10.3%
 - ▣ Sussex County: 11.7%

Source: US Census Bureau, American Community Survey

What we learned: Future

9

- The percent change in total population will be greater in Delaware's region than in the US, and greater in its sub-region than in other regions



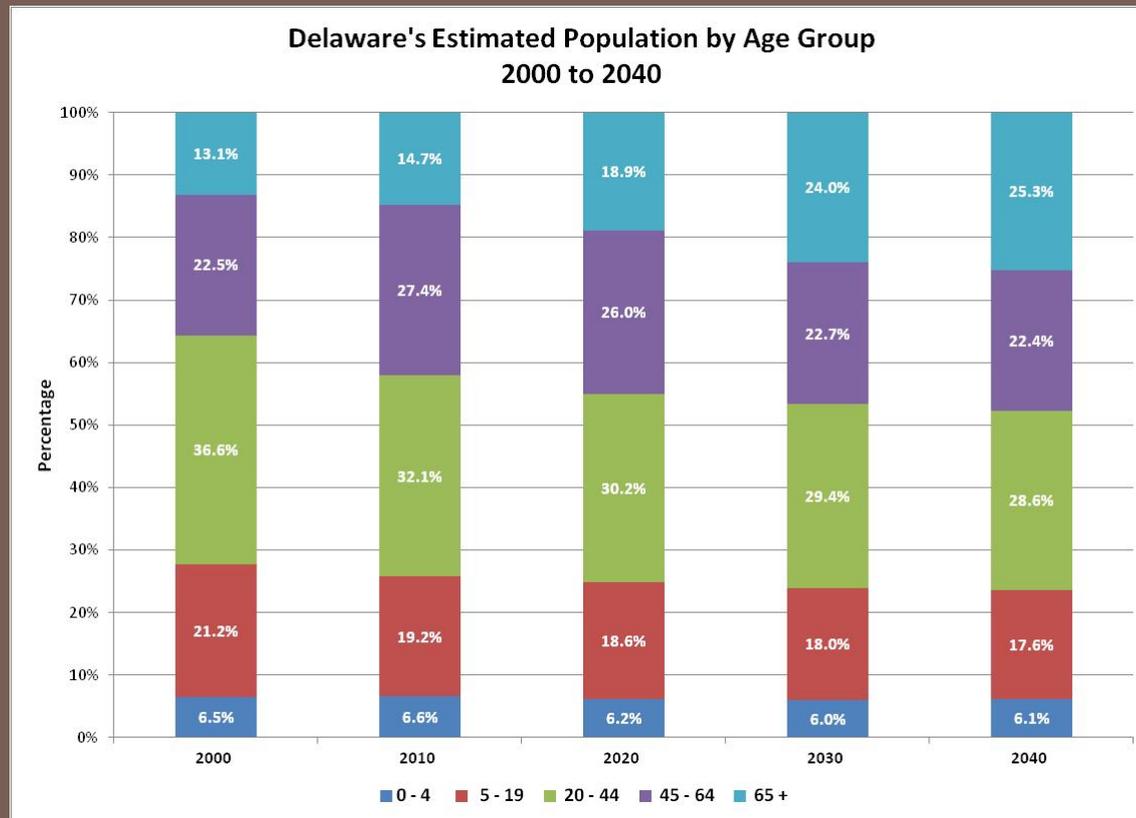
Source: US Census Bureau

Delaware Health Care Commission

What we learned: Future

10

- DE's growth will not be uniform across age groups



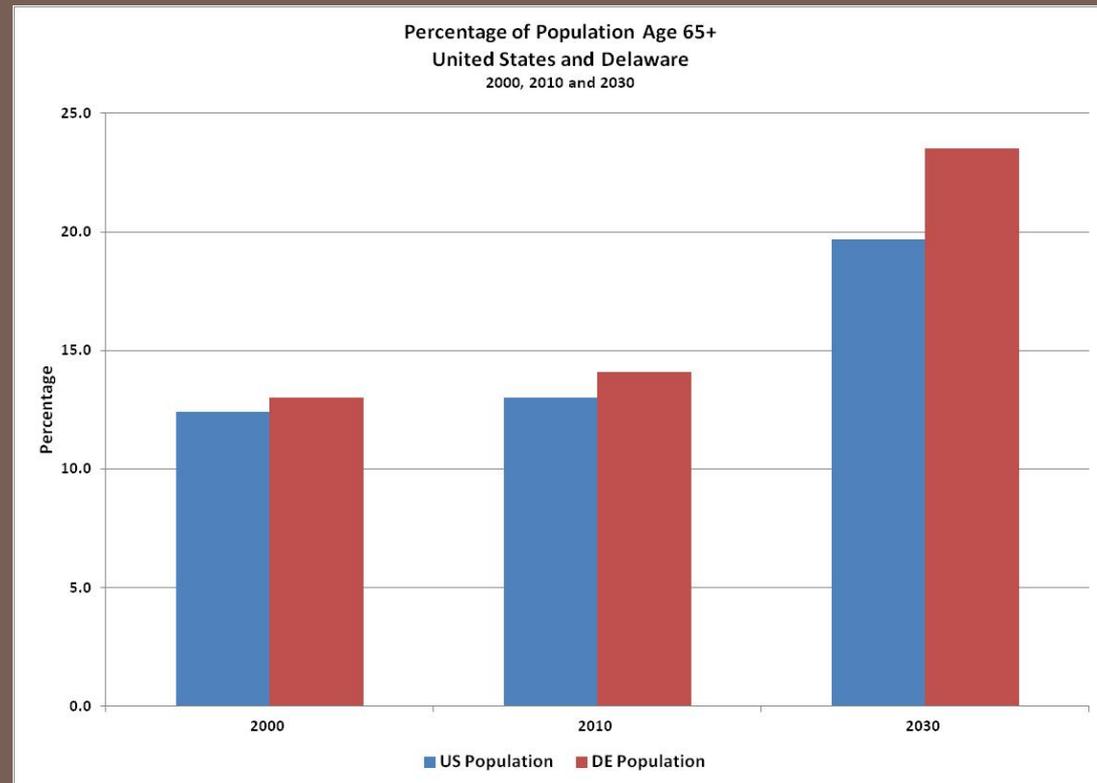
Source: DE Population Consortium

Delaware Health Care Commission

What we learned: Future

11

- The percentage of DE's population which is age 65+ will be larger than that of the US in coming decades



Source: US Census Bureau

Delaware Health Care Commission

What we learned: Future

12

- Delaware's state ranking – based on percentage of population age 65+ - will move up over the years

State	2000 Rank	2010 Rank	2030 Rank
DE	23	13	9
MD	41	43	45
NJ	18	24	29
PA	2	4	11
FL	1	1	1

Source: US Census Bureau

Implications of an Older Population

13

- ~25% of Americans of any age have two or more chronic conditions
- 80% of adults 65+ have at least 1 chronic condition
- 50% of adults 65+ have 2+ chronic conditions
- Our increasingly older population will result in increasingly complex health care needs which will make care coordination increasingly critical.

Implications of an Older Population

14

- Using diabetes as an example, based on current rates of disease and population projections, Delaware can expect:
 - An increase of **26.6%** in the number of diabetics of any age, between 2009 and 2040 (from 71,696 in 2009 to 90,762 in 2040)
 - An increase of **221%** in the number of diabetics age 65+, between 2009 and 2040 (from 21,045 in 2009 to 46,512 in 2040)

Implications of an Older Population

15

- Challenges
 - Sheer number of older Delawareans
 - Number of those with complex health conditions
 - Historic, disease-centric healthcare delivery system
- How to address?
 - Older population: Continuing fact of life
 - Prevention of complex health conditions
 - Good strategy for population overall
 - Less impact on older age group with those conditions already in place
 - Delivery system: Healthcare delivery system must change to accommodate

Healthcare Delivery System

16

- Change is already underway
 - ▣ Patient-centered medical homes
 - ▣ Accountable care organizations
 - ▣ Community health teams
 - ▣ Primary care / behavioral health integration
 - ▣ Home- and community-based care delivery
- Themes:
 - ▣ Emphasis on teams / coordination / smooth transitions
 - ▣ Need for robust health information exchange

Healthcare Delivery System

17

- Emphasis on teams / coordination / smooth transitions
 - ▣ Who will lead those teams?
 - ▣ Who are the team members?
- Need for robust health information exchange
 - ▣ Coordination relies on shared knowledge
 - ▣ Smooth transitions require point of care knowledge sharing
- Implications for workforce
 - ▣ Types of providers
 - ▣ Skill sets

Healthcare Workforce: PCPs

18

- Primary care providers (PCPs) key to success: Serve as care leaders / coordinators
- Primary care providers include:
 - ▣ Physicians
 - Family / general practitioners
 - Internists
 - OB/Gyns
 - Pediatricians
 - ▣ Non-physicians
 - Nurse Practitioners (varying disciplines/specialties)
 - Physician Assistants (under physician oversight)

Healthcare Workforce: Physicians

19

- How is Delaware doing on the primary care front?
 - ▣ Across multiple sources, Delaware found to exceed national median of primary care physicians (combined) per 100,000 population

Type of PCP	Nat'l Median	DE
All PCPs (combined)	54.6	78.3 - 84.0
Family / General Practitioners	33.8	31.6 – 34.5
Internists	11.1	25.7
OB/Gyns	3.4	9.5 – 10.5
Pediatricians	4.3	17.3 – 18.0

Sources: HRSA; UD; DE Population Consortium

Healthcare Workforce: Physicians

20

- There are differences in the number of primary care physicians per 100,000 population across Delaware's counties
 - All primary care physicians
 - Nat'l Median: 54.6
 - Kent County: **50.6 – 57.2**
 - New Castle County: 94.9 – 95.4
 - Sussex County: 66.2 – 75.4
 - Family / General Practitioners
 - Nat'l Median: 33.8
 - Kent County: **19.7 – 24.4**
 - New Castle County: 35.2 – 41.5
 - Sussex County: **27.4 – 33.1**

Sources: HRSA; UD; DE Population Consortium

Healthcare Workforce: Physicians

21

□ Internists

- Nat'l Median: 11.1
- Kent County: 15.4 – 17.7
- New Castle County: 26.9 – 30.7
- Sussex County: 22.8 – 30.6

□ OB/Gyns

- Nat'l Median: 3.4
- Kent County: 5.9 – 7.7
- New Castle County: 10.0 – 13.1
- Sussex County: 8.7 – 9.5

Healthcare Workforce: Physicians

22

▣ Pediatricians

- Nat'l Median: 4.3
- Kent County: 10.3 – 13.1
- New Castle County: 22.8 – 23.3
- Sussex County: 7.9 – 10.3

Healthcare Workforce: Non-physicians

23

- The number of Delaware non-physician primary care providers per 100,000 exceeded that of the U.S.
 - Nurse practitioners
 - US: 57.8
 - DE: 79.4
 - Physician assistants
 - US: 27.0
 - DE: 32.9

Source: Kaiser Family Foundation, State Health Facts; 2010 and 2011 data

Implications of PCP Workforce

24

- Some areas in DE – and some types of PCPs - already lag behind U.S. medians.
- Contributing factor to multiple areas in DE being designated as:
 - ▣ Health professional shortage areas (HPSAs) or
 - ▣ Medically-underserved areas (MUAs) or
 - ▣ Medically-underserved populations (MUPs)
- Designation is complex; additional factors include:
 - ▣ An area's need for primary care services – e.g., does need exceed capacity of existing providers (even if it appears there are “enough”)?
 - ▣ Are primary care providers in contiguous areas over-utilized, located at some distance, or otherwise inaccessible to population under consideration?

Implications of PCP Workforce

25

- Designations are important; e.g., play a role in:
 - ▣ Establishment / expansion of FQHCs
 - ▣ Attracting physicians under visa and scholarship / loan repayment programs
 - ▣ Qualifying physicians for supplemental reimbursement
- However, even with these compensatory efforts:
 - ▣ Low PCP supply likely diminishes DE's ability to:
 - Adequately manage existing healthcare needs and
 - Position itself to ideally manage future healthcare needs

Healthcare Workforce: Non-PCPs

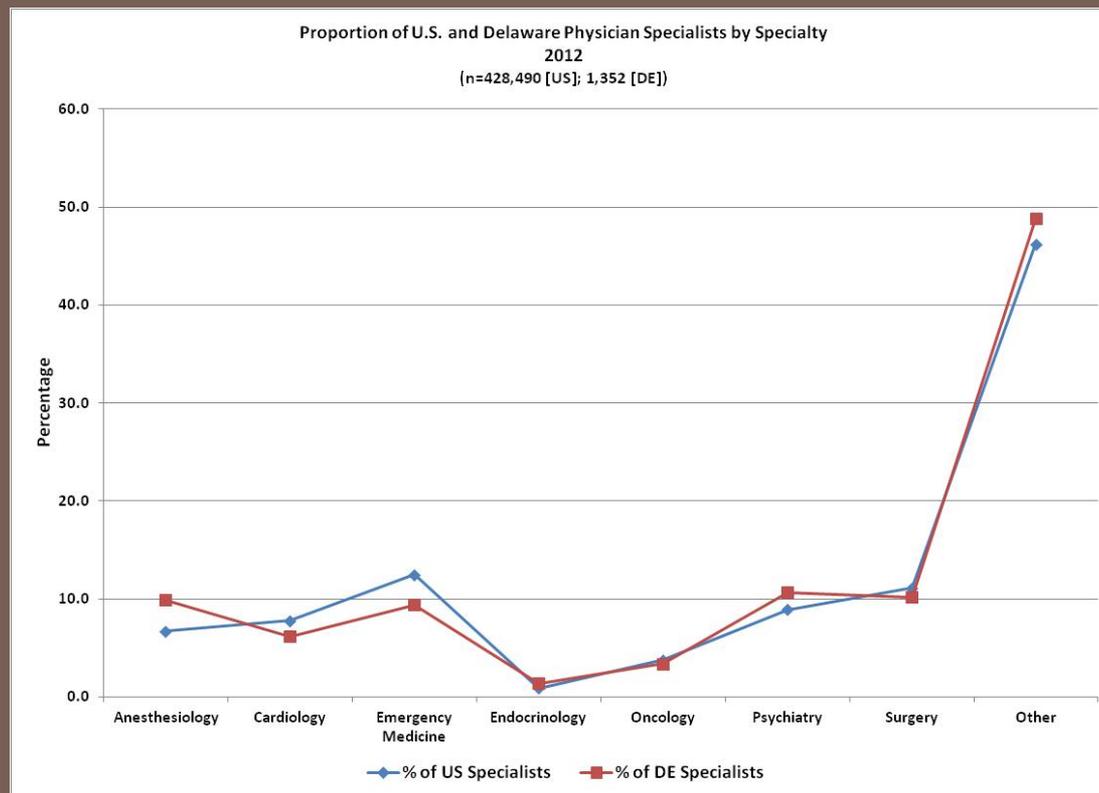
26

- PCPs are not the only healthcare providers Delawareans do – and will – need
- Others include:
 - ▣ Physician specialists (e.g., cardiology, endocrinology, psychiatry)
 - ▣ Nurses (registered nurses, licensed practical nurses, certified nursing assistants)
 - ▣ Therapists (physical therapy, occupational therapy, speech-language pathology, respiratory therapy)
 - ▣ Pharmacists (clinical pharmacists, pharmacy technicians)
 - ▣ Others (dietitians, social workers, laboratory technologists, radiology technicians)

Healthcare Workforce: Non-PCPs

27

□ Distribution of DE physician specialists across specialties mirrors that of the US:



Source: Kaiser Family Foundation: State Health Facts. "Other" includes allergy/immunology, dermatology, geriatrics, etc.

Healthcare Workforce: Non-PCPs

28

- Non-physicians:
 - Per DDOL, occupational group with highest projected job growth by 2018: Health Care and Social Assistance: 13,500 additional jobs
 - Within that group, two occupations with greatest projected growth:
 - Registered nurses: 266 jobs per year
 - Aides/orderlies/attendants: 135 jobs per year

Healthcare Workforce: Non-PCPs

29

- Other healthcare occupations with “excellent” projected growth (i.e., >14 jobs per year, 2008 - 2018) per DDOL:
 - Licensed Practical / Vocational Nurse (500+ jobs)
 - Certified Nursing Assistant (1300+ jobs)
 - Dental Hygienists (140+ jobs)
 - Dental Assistants (200+ jobs)
 - Home Health Aides (300+ jobs)
 - Medical / Health Services / Practice Manager (200+ jobs)
 - Medical Assistants (350+ jobs)
 - Pharmacy Technician (400+ jobs)
 - Physical Therapist (150+ jobs)
 - Radiological Technologist / Technician (190+ jobs)

Healthcare Workforce: Overall

30

- Questions which arise:
 - In the context of a changing healthcare delivery system, are the DDOL (or other) projections still on-target?
 - Where will we find the people to fill available jobs, whatever the projected number is?
 - How will we assure the healthcare workforce is ready to engage in effective health information exchange?

Healthcare Workforce: Overall

31

- Next steps
 - Develop workforce initiatives around:
 - Patient-centered medical home model
 - Community-based long-term care model
 - Determine:
 - How many of what kinds of healthcare workers can serve what number of people?
 - How will practices / teams need to be configured to appropriately serve different communities?
 - How can existing (and developing) technologies be leveraged to assure care is coordinated and transitions are seamless?
 - How do the existing workforce need projections change under these delivery models?
 - How do we go about training, educating, recruiting and retaining an adequate healthcare workforce?

Healthcare Workforce: Overall

32

- It will “take a village”: A committed, collaborative village
- Ideas, input, questions and comments are welcome