

UPDATES:

Health Workforce Subcommittee

Nick Moriello, DHCC Commissioner

HEALTH CARE WORKFORCE INITIATIVE

WORKFORCE COMMITTEE RECOMMENDATION

Approved at the May 19, 2021 Meeting

Committee Charge

Under the leadership of Subcommittee Co-Chairs Nicholas Moriello and Rick Geisenberger, the workforce subcommittee provides the following recommendation to the Delaware Health Care Commission. This recommendation is based on a series of surveys of the subcommittee members, meeting conversations, and individual dialogues with committee members and other experts who have not been a member of the committee.

Background

Background: Even before the COVID-19 pandemic, healthcare and public health policy makers understood two things:

- Population demographic changes - such as an aging population - translate into needing a different health care workforce composition, and
- Existing retrospective analysis and testimony highlight deficiencies of our health care workforce, including but not limited to primary care, geriatric medicine, behavioral health, oral health, and pediatric healthcare professionals.
- These specialist shortages exist at all levels and are not solely limited to physicians.

Since the COVID-19 pandemic was declared, tectonic changes and stressors have occurred in our public health and healthcare infrastructure. These changes and stressors are both complex and rapidly evolving. They are understudied and unmanaged and lack current data to support policy and decision-making. They may ultimately result in poor outcomes; expensive investments that miss their intended goals; and poor health outcomes and associated burdens to individuals, communities, and fiscal considerations.

Utilizing existing DHCC Partner Work and Expertise

A partnership between the Delaware Academy of Medicine / Delaware Public Health Association (Academy/DPHA) and the Delaware Health Sciences Alliance (DHSA) initially created to investigate the numbers and types of physicians in Delaware who attended either the Sidney Kimmel Medical College at Thomas Jefferson University or the Philadelphia College of Osteopathic Medicine was expanded to include all types of healthcare providers regardless of their terminal degree or where they attended school.

The original body of work was conducted for Delaware Institute of Medical Education and Research (DIMER), a program of the Delaware Health Care Commission. After assessing these findings, the Academy/DPHA and DHSA made the strategic decision to internally fund the continuation and expansion of this investigation.

Need

As a Social Determinant of Health (SDoH), the **health care system and the access to it** are tracked and modifiable components*, given appropriate resources and solid data for decision-making. In addition, changes in population demographics, scope of practice, telehealth, and the recent COVID-19 pandemic have accelerated the need to take a fresh and ongoing look at the nature of health care delivery in Delaware.

Figure 1

Social Determinants of Health

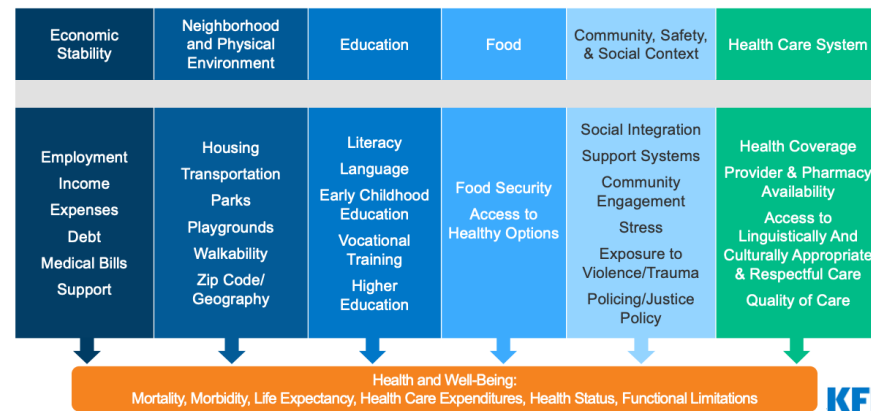


Figure from the Kaiser Family Foundation

* <https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools> and <https://www.cdc.gov/socialdeterminants/tools/index.htm>

Platform and consultants

This work will be completed in [SalesForce](#), using [Tableau](#) for GIS mapping software and data visualization ability. SalesForce is also the backbone of the DelPROS system used by the Delaware Division of Professional Regulation. This initiative is not designed to be a one-and-done solution, rather it is an ongoing project which can grow and adapt over time. Salesforce certified partner, [Lovelytics](#) will provide backend assistance in standing the system up and data integration.



Scope and Areas of Focus

- **Supplement data** - With the DelPROS licensing database serving as the “source of truth*” for those licensed to practice a range of healthcare services in the State, the Academy/DPHA and DHSA partnership will conduct substantial additional research to further refine DelPROS data for each licensee. For instance, DelPROS records allopathic (MD) and osteopathic (DO) physicians licensed in Delaware – but not their area of practice. This data will be mined and added to each record. Basic demographic and educational information for each licensee (to the extent it is publicly available) will also be collected and added to the record, along with NPI number, types of insurance accepted, and so on.
- **Analyze data** - Delaware’s health care work force will be analyzed against national data, and, over time, annually against its own data.

**The Division of Professional Regulation houses DelPROS, and their database is continually updated. Current plans have us transferring data from their system to ours on a monthly basis.*

Scope and Areas of Focus, continued

- **Explore relationships** – Population demographics, and therefore health care needs, are constantly changing and evolving. Mapping these changes at the zip code or census tract level, and then looking at the complexion of the health care workforce within those levels, can empower policy makers and resource managers to make data informed decisions to recruit new personnel or redirect resources.
- **Project and manage impacts** – Just as the general population is aging, so too is the health care workforce. Losing just one primary care provider can displace thousands of patients, with a potential negative impact on population health.

Scope and Areas of Focus, continued

- **Track potential economic development** – Health care is simultaneously a significant expense and an economic engine for the State's economy. As health care moves towards value-based models focused on quality, experience, and outcomes (and away from traditional fee-for-service based models) the economic impact will expand to include the value of healthy patients who are contributing members of society. Health care also creates secondary and tertiary industry and jobs*. Adding economic data into the system can aid in better understanding these complex relationships.
- **Consider Delaware's safety nets** – From hospital systems to federally qualified health centers (FQHCs) and urgent care centers, does the State have the coverage needed to address affordable, convenient access to routine health care services for all its citizens? What more can be done to bolster the capacity of Health Care Connection and the Voluntary Initiative Program (VIP), and Screening for Life program
- **Monitor changes in scope of practice** – The evolution of advanced practice nurses, nurse managed health centers, and changes in scope of practice are already having an impact on the ecology of health care delivery. These impacts can and should be tracked.

* <https://www.bls.gov/ooh/healthcare/home.htm>

Dependencies

In order to operationalize this initiative, we request facilitation of back-end access to the DelPROS database.* The Academy/DPHA and DHSA has discussed this with the Division of Professional Regulation, and they are amenable to this arrangement. The Academy/DPHA and DHSA also plan to work closely with the Division of Public Health around their existing primary care and dentistry surveys, and with the Departments of Finance and Labor, as appropriate, to aggregate and analyze data and trends.

**This approval has been granted, but not yet technically implemented as of May 28, 2021*

Potential Partnerships

- CompassRed
- Delaware Academy of Physician Assistants
- Delaware Data Innovation Lab
- Delaware Division of Public Health
- Delaware Healthcare Facilities Association
- Delaware Hospital Association
- Delaware Nurses Association
- Delaware State Dental Society
- Delaware State University
- Delaware Technical Community College
- Medical Society of Delaware
- State Departments of Labor and Finance
- University of Delaware College of Health Sciences
- University of Delaware's Center for Applied Demography
- University of Delaware Biden School of Public Policy
- and others to be identified

Funding

- The Delaware Academy of Medicine / Delaware Public Health Association and the Delaware Health Sciences Alliance have already invested significant funds in the foundational work for this initiative
- American Rescue Plan Act of 2021
- Coronavirus Relief Fund established by the CARES Act
- Delaware Health Care Commission
- Payor investment

3-Year Project expenses

- Year 1 \$220,000
- Year 2 \$191,100
- Year 3 \$194,600

Recommendation

The Health Workforce Subcommittee recommends the Delaware Health Care Commission embark on consideration and approval of the proposed scope of work as presented by the Delaware Academy of Medicine & Delaware Public Health Association, contingent on the Subcommittee co-Chairs providing updates to the Commissioners.