

HPAA 563

*Health Care Workforce Policy
Advanced Health Policy Analysis*

Spring 2012

V 4.0

Faculty:

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Class Meetings: Mondays 4:30 – 7:00 pm (Eastern US Time) McG 1304

Office Hours: By appointment

Course URL: UNC Sakai site HPM 563

Course Overview:

This 3.0 credit course intended to teach the student applied health policy analysis. The content area will be workforce policy with a concentration of the United States but examples and applications in other countries and international systems will be included. The class will meet as a seminar, we are assigned McGavran-Greenberg 1304 but we may meet in the Sheps Center from time to time—subject to input from students. The sessions will include discussion of general readings as well as a review of a specific policy analysis that is related to that general topic area. Outside experts will join the class from time to time to assist in the discussions and the seminar will also conduct conference calls with current health policy leaders. The summary assignment will be either the development of a supply or needs model for a specific health profession, an analysis of workforce policy actors using socio-metrics or an in-depth discussion of a major topic relevant to health workforce policy.

“Real World” Connections:

In the fall of 2010 Prof, Ricketts was appointed as one of 15 members of the National Health Care Workforce Advisory Commission, created by the Patient Protection and Affordable Care Act of 2010 (HR 3590, P.L. 111-148). That Commission has yet to meet or become active due to the

politics of health reform. However, I feel that there should be work done that supports the goals and mission of that Commission and I am inviting the class to join in that effort. You will become involved in the day-to-day discussion of health workforce policy via my involvement with that Commission and various other groups that I work with including the American College of Surgeons, AcademyHealth, HRSA, the US Institute of Medicine and the NC Institute of Medicine.

Prof. Fraher is the Director of the NC Health Professions Data System and serves on multiple roles in health workforce policy in the US. Most recently she was part of a US IOM committee to develop work plans for Allied Health policy development. She is an adviser to multiple boards and commissions and was the chair of the AcademyHealth Healthcare Workforce Policy Interest Group

Course Objectives:

The intent of the course is to have students engage in depth with a specific policy issue: health care workforce to help them understand how policy issues and questions arise, how policy is made and how stakeholders act and interact.

By the end of this course, learners will be able to:

1. Become familiar with the field of health workforce policy, the specific issues related to health workforce policy, the major actors and processes whereby health workforce policy is made;
2. Understand key sociological theories of how professions are situated in American society, law and politics and how health care professions are viewed in other nations;
3. Understand and be capable of using key metrics and methodologies that support health care workforce policy making.

Grading and Assignments:

<u>Assignment</u>	<u>% of Grade</u>
Response Papers	25%
Minor assignment	15%
Major assignment	40%
Participation and quality of contribution to discussions	20%
Total	100%

Grading Scale: I will use a 0 to 5 numerical grading scale for all written items. 5 is a top mark and indicates work that is close to publishable or acceptable in a professional situation; 4 is very good work; 3 is good enough, 2 is “you could do better” 1 is failing but shows effort.

Response Papers: You will be asked to respond to the assigned readings with your reactions and questions. These are short papers (no more than one single spaced page) that describe what you have learned, what you agreed with and disagreed with in the readings and how you might apply the information. For each day’s readings, “free-write” a page of musings, conclusions, observations, questions, amusing responses or analysis of what you read. These are due on the Sunday prior to class at 5:00 pm Eastern US time. You should write one for each week’s readings.

Minor Assignment You will be asked to produce a policy brief for the Commission on a real-time workforce policy issue. Your discussion paper will give the National Health Care Workforce Commission some brief background on the issue, identify what the key issues are, what your policy

analysis adds to the discussion and what recommendations you'd make to the Commission to further its work.

Major Assignment This can come in one of several forms: a workforce modeling exercise; an analysis of stakeholders in workforce policy, a traditional policy analysis of a single issue, or some other substantial analysis that may be used outside of class. You will begin to think about what you will do for this major paper from the start of class and I will contract individually with each student on the specific task and topic. I do not like "group" work, except in class as a way to energize discussion, however, some tasks or projects may require more than one person but we will still negotiate your particular piece of the work and you will be graded on that separately. (Due Friday April 20, 2012 5:52 pm)

Workforce Modeling

For students who choose to develop a workforce model working knowledge of Excel is required although other modeling software may be used. The models will relate to specific professional groups (professions or disciplines) and will relate to national or a single state supply/needs. The goal is to identify the parameters that will affect future supply and how to estimate their effects over time. The mathematical modeling will be a small part of the effort, the greater portion will be the justification for the parameters for change in supply and need. The models will be expected to be able to inform current policy issues and may be used to support ongoing policy studies including assessments of the need for nurses in the state or the region; the need for and supply of allied health workers; and the reactions of the workforce to malpractice costs.

Analysis of Policy Space in Workforce

This is intended to be a study of the health care workforce policy "arena" and will cover all relevant organizations and actors at the US or other national level (UK, France, Germany, Global)

Topical Analysis in Workforce Policy

This will be an analysis of a major and significant current policy issue in workforce policy and will require substantial interaction with the professor and policy makes. It is intended to be of publishable quality.

Class Attendance/Participation. Learners are expected to participate in class in discussions with the professor, guests and classmates. This is highly qualitative and is not based on quantity but on the quality of your contributions. How do I measure quality: 1. Relevance; 2. Clarity; 3. Originality; 4. The degree it stimulates others in the discussions.

Readings

The readings for each session are included in the week-by-week schedule below. They will be posted in the RESOURCES section of the Sakai web site.

I am asking you to read two books to give you a sense of how people in healing professions think of themselves and others think of them.

Baby Catcher by Peggy Vincent Paperback: 336 pages Touchstone Books; (April 2003) ISBN: 074321934. Available on Amazon.

Better: A Surgeon's Notes on Performance by Atul Gawande 288 pages. Picador USA; (2007) ISBN: 031242765-4. Around \$8-10 paper from Amazon

The following two somewhat lengthy works are more traditional policy discussions of healthcare workforce policy. Please read them as well. I will ask you about them.

Retooling for an Aging America: Building the Health Care Workforce. Institute of Medicine. This can be read on-line at http://www.nap.edu/catalog.php?record_id=12089

The Health Care Workforce in Europe Learning from experience
http://www.euro.who.int/__data/assets/pdf_file/0008/91475/E89156.pdf

I would also like for you to subscribe to the Newsletter of the Center for the Health Professions at The University of California San Francisco. It covers more than just workforce policy but Ed O'Neil's commentary each month is usually well worth reading. <http://futurehealth.ucsf.edu>.

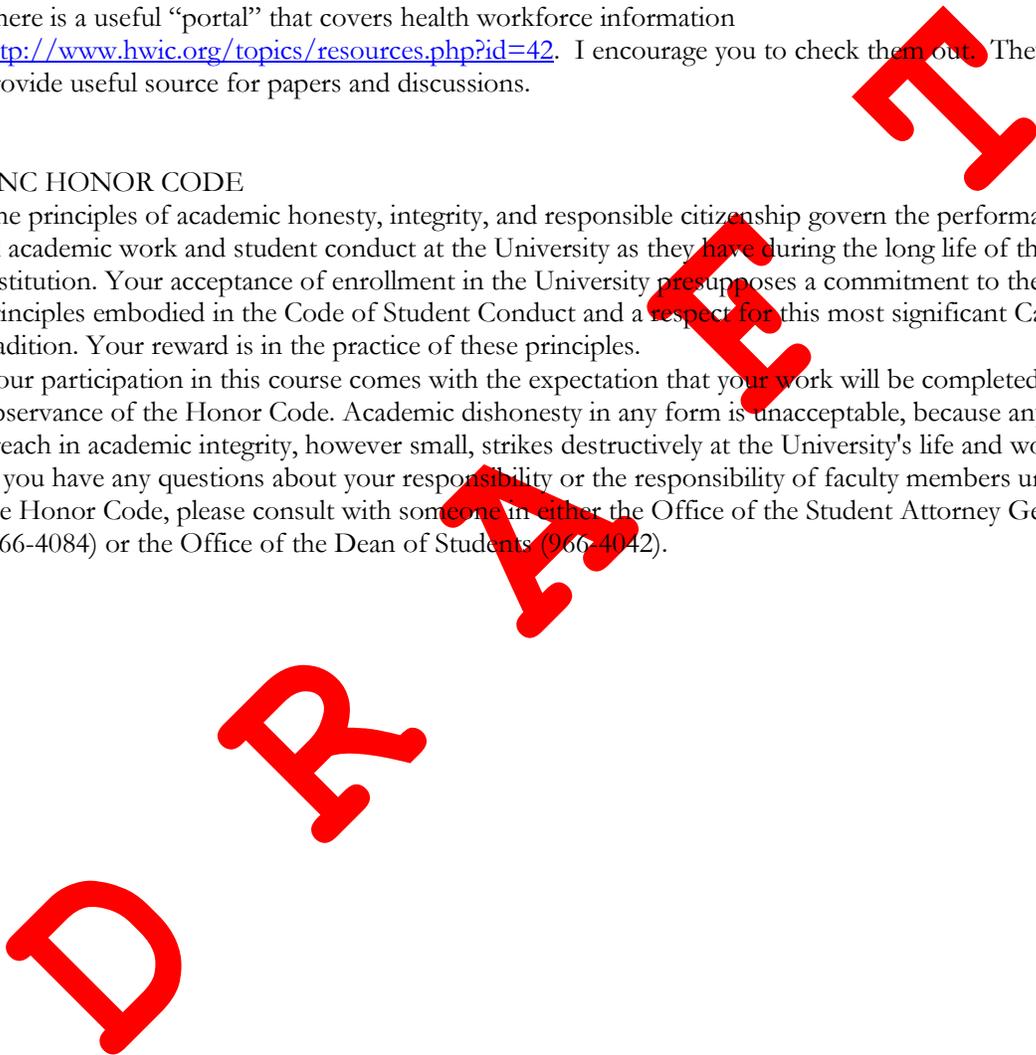
There is a useful "portal" that covers health workforce information <http://www.hwic.org/topics/resources.php?id=42>. I encourage you to check them out. They can provide useful source for papers and discussions.

UNC HONOR CODE

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042).



Class Schedule:

Session 1: January 9, 2012

We will introduce you to the current policy problems and issues that we are involved with. In summary these are:

National Health Care Workforce Commission: How to get the Congress to provide an appropriation for the Commission? How to develop a working agenda for the Commission? What are the priorities for the Commission?

American College of Surgeons: What are the trends in specialization in surgery and how will they affect training programs? Will the US have enough surgeons in 10-20-30 years to meet needs? How can surgery relate to the emphasis on primary care in health policy?

US Institute of Medicine, Committee on Geographic Adjustment Factors in Medicare Payment: Do payment differentials affect choice of specialty and location of practice for physicians and primary care professionals and access to care for Medicare beneficiaries.

North Carolina Institute of Medicine: How will health reform and system transformation affect the health care workforce in North Carolina.

Physicians Foundation: How can we better anticipate trends in physician workforce supply and needs. How can a dynamic model help decision making in health policy?

Reading: Recent Health Policy Making in Health Care Workforce

Iglehart, J. 2011 Despite tight budgets, boosting US health workforce policy that is 'just right'. *Health Affairs* 30(2): 191-2.

Grumbach, K. (2002). "Fighting hand to hand over physician workforce policy." *Health Aff (Millwood)* 21(5): 13-27.

PPACA: Workforce Provisions especially Section 5101. You will read the bill and a NCSL summary of workforce provisions

Fox, D. M. 1996. From piety to platitudes to pork: the changing politics of health workforce policy. *Journal of Health Politics, Policy and Law* 21(4):825-44.

Light, D. W. 1991. Professionalism as a countervailing power. *Journal of Health Politics, Policy and Law* 16 (3):499-506.

Session 2: January 16, 2012 is M.L. King, Jr. Day, we will, by consensus shift to another timer/day

New "Models" of health care organization and how they affect professionals

NCMJ. New Models of Health Care. May-June 2011. A series of article on new ways to organize care delivery. Download this from NCMJ site:

<http://www.ncmedicaljournal.com/archives/?new-models-of-care> Read the Issue Brief and the Introduction and at least two of the commentaries. Report on the commentaries in your weekly reflections.

<http://www.futurehealth.ucsf.edu/Public/Center-Research/Home.aspx?pid=539>

The anticipated impact of the PPACA on workforce

Readings: Abrams M, Nuzum R, Mika S, Lawlor G. 2011. Realizing health reform's potential. How the Affordable Care Act will strengthen primary care and benefit patients, providers and payers. Report from the Commonwealth Fund, January 2011.
Heisler EJ, Sarata AK. 2011. Physician supply and the Patient Protection and Affordable care Act. Washington, DC. Congressional Research Service, September 26, 2011.

Session 3: January 23, 2012

Payment policy: The economics of workforce.

How you pay practitioners has a lot to do with how many there are of what kind. Payment policy is high on the agenda of health workforce policy making.

RWJF. Independent Payment Advisory Board. 2011

ICHNRN. Incentive Systems for Health Care Professionals

MEDPAC. SGR Policy Letter, 2011.

Dormont B, Samson AL. Medical demography and intergenerational inequalities in general practitioners' earnings. *Health Econ.* Sep 2008;17(9):1037-1055.

Sideshow: Controversies in health care workforce policies: Buz Cooper versus the world

- Readings:
- Goodman, D. C. and K. Grumbach (2008). "Does having more physicians lead to better health system performance?" *JAMA* 299(3): 335-337.
 - Chang, C. H., T. A. Stukel, et al. (2011). "Primary care physician workforce and Medicare beneficiaries' health outcomes." *JAMA : the journal of the American Medical Association* 305(20): 2096-2104.
 - Goodman, D. C. and E. S. Fisher (2008). "Physician workforce crisis? Wrong diagnosis, wrong prescription." *N Engl J Med* 358(16): 1658-1661.
 - Cooper, R. A. (2009). "States with more health care spending have better-quality health care: lessons about Medicare." *Health Aff (Millwood)* 28(1): w103-115.
 - Cooper, R. A. (2009). "More is more and less is less: the case of Mississippi." *Health Aff (Millwood)* 28(1): w124.
 - Cooper, R. A. (2009). "Myth and Reality Underlying the Needed Expansion of Graduate Medical Education." *Gastroenterology*.

Session 4 January 30, 2012

The special case of primary care. Primary care has emerged as a key element in health care delivery.

As such, it is not necessarily a profession nor a discipline, but something a bit more. The special position of primary care was stated in 1978 by a conference organized by the WHO. Thirty years later a follow-on conference attempted to revive the spirit of that original declaration (http://www.who.int/topics/primary_health_care/en/index.html). In the US primary care is also a special case and several disciplines and professions struggle to control the symbolic meaning of primary care.

- Readings:
- International Conference on Primary Health Care (1978). Declaration of Alma-Ata. Alma-Ata, Uzbek SSR, World Health Organization.
 - IOM: Primary Care
 - Starfield, B., L. Shi, et al. (2005). "Contribution of primary care to health systems and health." *Milbank Quarterly* 83(3): 457-502.
 - Friedberg, M. W., P. S. Hussey, et al. (2010). "Primary care: a critical review of the evidence on quality and costs of health care." *Health Aff (Millwood)* 29(5): 766-772.
 - Robert Graham Center for background <http://www.graham-center.org/online/graham/home.html>

Session 5 February 6, 2012

The Interdiscipline (Multi-, Pluri-, Inter-, Task Shifting, Delegation, Teams, Homes). There are many terms for how to mix the various disciplines, specialties, professions and roles that caregivers take on when they actually care for patients. While we cry out for "patient-centeredness" it almost always ends up as a battle over boundaries.

- Readings:
- Baldwin, D. Some historical notes on interdisciplinary and interprofessional education and practice in health care in the USA.

Weinberg, D. B., D. Cooney-Miller, et al. (2011). "Building collaborative capacity promoting interdisciplinary teamwork in the absence of formal teams." Medical care 49(8): 716-723.

Interprofessional Education Collaborative Expert Panel. 2011. Core Competencies for interprofessional Collaborative Practice, Report of an Expert Panel. Washington, DC., Interprofessional Education Collaborative

Sideshow: The political economy of underservice. How HPSAs and MUAs became the thing to be

Readings: Report of the Negotiated Rulemaking Committee
Ricketts, et al. HPSAs MUAs. *Journal of Health Care for the Poor and Underserved*.

Session 6: February 13, 2012 (Many of us will be at the AcademyHealth Policy Conference. No class on Monday but readings and response paper are due).

Graduate Medical (and other professional) Education

Readings: Macy Report on GME
GAO, MEDPAC reports

Session 7 February 20, 2012

Law and Professionals. Licensing, Regulation and Malpractice

Readings: Cato Policy analysis, 2008 Licensing as Restricting
Mello, Health Courts <http://www.milbank.org/quarterly/8403feat.html>
Mello & Gallagher
Encinosa
http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande

Session 8 February 27, 2012

Introduction to Modeling and metrics in workforce policy

Readings: The Lewin Group. 2010 The Status of Data Sources to Inform Health Workforce Policy and Supply Adequacy. Final report for ASPE, May 6, 2010.
Goodman, D. CMS-AMA Physician Data Enhancement Study: Improved Ascertainment of Physician Location and Specialty Characteristics. Report for HRSA, March 22, 2006. Hanover, NH, Dartmouth University
Staiger, D. O., D. I. Auerbach, et al. (2009). "Comparison of physician workforce estimates and supply projections." *JAMA* 302(15): 1674-1680.

Spring Break March 5, 2012

No Class

Session 9 March 12, 2012

Introduction to Nursing workforce Policy

Readings: IOM. 2010. The Future of Nursing: Leading Change, Advancing Health. Washington, National Academies Press,
Auerbach, Buerhaus, Staiger 2011 Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Aged 23-26. *Health Affairs*, No. 12 (2011):2286-2292
NY Bill would require 4-year registered nursing degrees, raising concern amid nurse shortage. *Washington Post* Dec 30, 2011.

Session 10 March 19, 2012

Nursing Part II

Readings: Christine T. Kovner, Sean P. Corcoran and Carol S. Brewer The Relative Geographic

Immobility Of New Registered Nurses Calls For New Strategies To Augment That Workforce Health Affairs, 30, no.12 (2011):2293-2300
NC Future of Nursing program materials.

Session 11 March 26, 2012

NPs and Pas. The “New Health Professions”

Readings: Coplan B, Meyer JE. 2011. Physician assistants—One less doctor(ate) in the house. JAMA 305(24):2571-2.
Laurant, M., M. Harmsen, et al. (2009). "The impact of nonphysician clinicians: do they improve the quality and cost-effectiveness of health care services?" Medical care research and review : MCRR 66(6 Suppl): 36S-89S.

Session 12 April 2, 2012

The rest of the health professions world

Readings: Allied Health
The Hidden Health Care Workforce. Frontline health workers
Institute of Medicine (2011). Allied Health Workforce and Services, Workshop Summary. Washington, DC: National Academies Press.

Session 13 April 9, 2012

Session topic to be announced.

Session 14 April 16, 2012

Stealing from the rest of the world

Readings: Aiken, L. H., J. Buchan, et al. (2004). "Trends in international nurse migration." Health Affairs 23(3): 69-77.
O'Brien, P. and L. O. Gostin (2011). Health Worker Shortages and Global Justice. New York, Milbank Memorial Fund.
Taylor, A. L., L. Hwenda, et al. (2011). "Stemming the brain drain--a WHO global code of practice on international recruitment of health personnel." The New England journal of medicine 365(25): 2348-2351.

Session 15 April 23, 2012

Presentation of major papers/ assignments.

Potential student tasks:

1. Identify “new” medical schools and compare characteristics of their graduates with those from other schools: % primary care, % female, %rural. Using AMA Masterfile.
2. Unpack a HPSA. Take a specific HPSA and determine who really is doing what. This should be a “complex” HPSA with more than just a few docs.
3. How do you measure “satisfaction” with the new employment structures that are emerging.

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