

Weitzman Institute Symposium: Reimagining Primary Care Through a Health Justice Lens

Laying the Groundwork for Understanding the Primary Care Workforce

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Defining the Primary Care Workforce

Primary Care Report and Recommendations

Recommendation Framework

The workgroup's goal is to foster a common understanding of primary care to increase primary care accessibility and availability.

Focus Area	Definition
Defining Primary Care	Team-based care led by an accountable provider that serves as a person's source of first contact with the larger healthcare system and coordinator of services that the person receives. Primary care includes a comprehensive array of appropriate, evidence-informed services to foster a continuous relationship over time. This array of services is coordinated by the accountable primary care provider but may exist in multiple care settings or be delivered in a variety of modes.
Components of Primary Care with Large Impact	<ul style="list-style-type: none"> • Care coordination • Integrated behavioral health • Disease prevention and screening • Chronic condition management • Medication management • Health promotion • Person-centered care that considers physical, emotional, and social needs
Measuring Primary Care	Based in claims, care delivered in an ambulatory setting by a predefined group of providers and team members as a proportion of total cost of care

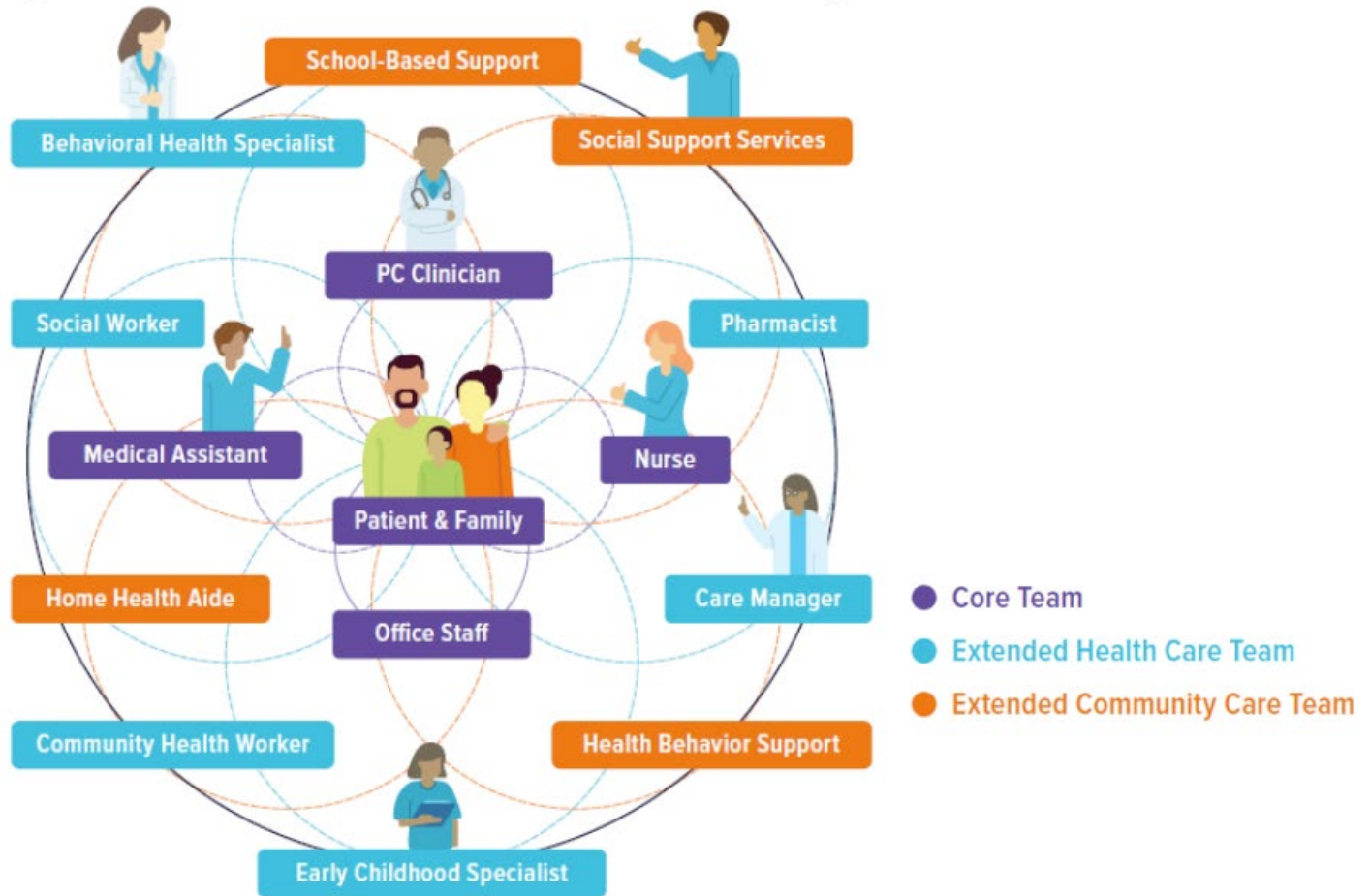
Source: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2021/01/Recommendations-Primary-Care-FINAL-2021.pdf>

Challenges Defining Primary Care Workforce

- Single source of primary care workforce data non-existent so we rely on multiple sources to identify workforce:
 - Claims data does not have field or value that indicates primary care as a setting of care
 - Surveys tend to focus on specific occupations
- Providers who list primary care as their specialty may work in a variety of places:
 - Not widely considered as a traditional primary care setting (e.g., hospitalists in inpatient settings or nurse practitioners working in a specialist's office), or
 - Not delivering nonprimary care services
- Specialists or others who would not be defined as a primary care provider (e.g., a cardiologist ordering a basic lab test)

Source: Washington Office of Financial Management, Report to the Legislature: Primary Care Expenditures, 2019.
<https://www.ofm.wa.gov/sites/default/files/public/publications/PrimaryCareExpendituresReport.pdf>

The Interprofessional Primary Care Team



Source: National Academies of Sciences, Engineering, and Medicine 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>

Distribution of Occupations across Federally Qualified Health Centers

Personnel Category	% Total FTE
Physicians	5.6
Advance Practice Nurses	17.3
Nurses	7.8
Lab Personnel	1.0
Oral Health Professions	6.9
Behavioral Health (including Substance Use Disorders) Professions	6.6
Pharmacy Professions	2.5
Enabling Services	
Case Managers	4.1
Patient/Community Education Specialists, Outreach Workers, Community Health Workers	3.6
Eligibility Assistance Workers	1.7

Note: Occupations excluded. Full data available from Table 5 of 2020 UDS, <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2020>

Distribution of Occupations across Primary Care-Oriented Settings

	Offices of Physicians (n=2,696,070)	Outpatient Centers (n=986,930)
Family Medicine Physicians	2.6%	0.7%
General Internal Medicine	1.3%	0.3%
Ob/Gyn	0.6%	0.1%
Physician Assistants	2.6%	1.4%
Advanced Practice Nurses	5.1%	2.6%
Registered Nurses	7.4%	15.0%
LPN/LVN	3.0%	3.4%
Pharmacists	0.2%	0.7%
Other health care providers	21.3%	17.3%
Medical Assistants	15.7%	6.6%
Other healthcare support	3.0%	4.8%
Community/Social Service	1.2%	17.0%
Management, Business, Finance	5.1%	8.8%
All other occupations	31.0%	21.5%

Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2021.

<https://www.bls.gov/oes/current/oesrci.htm#62>

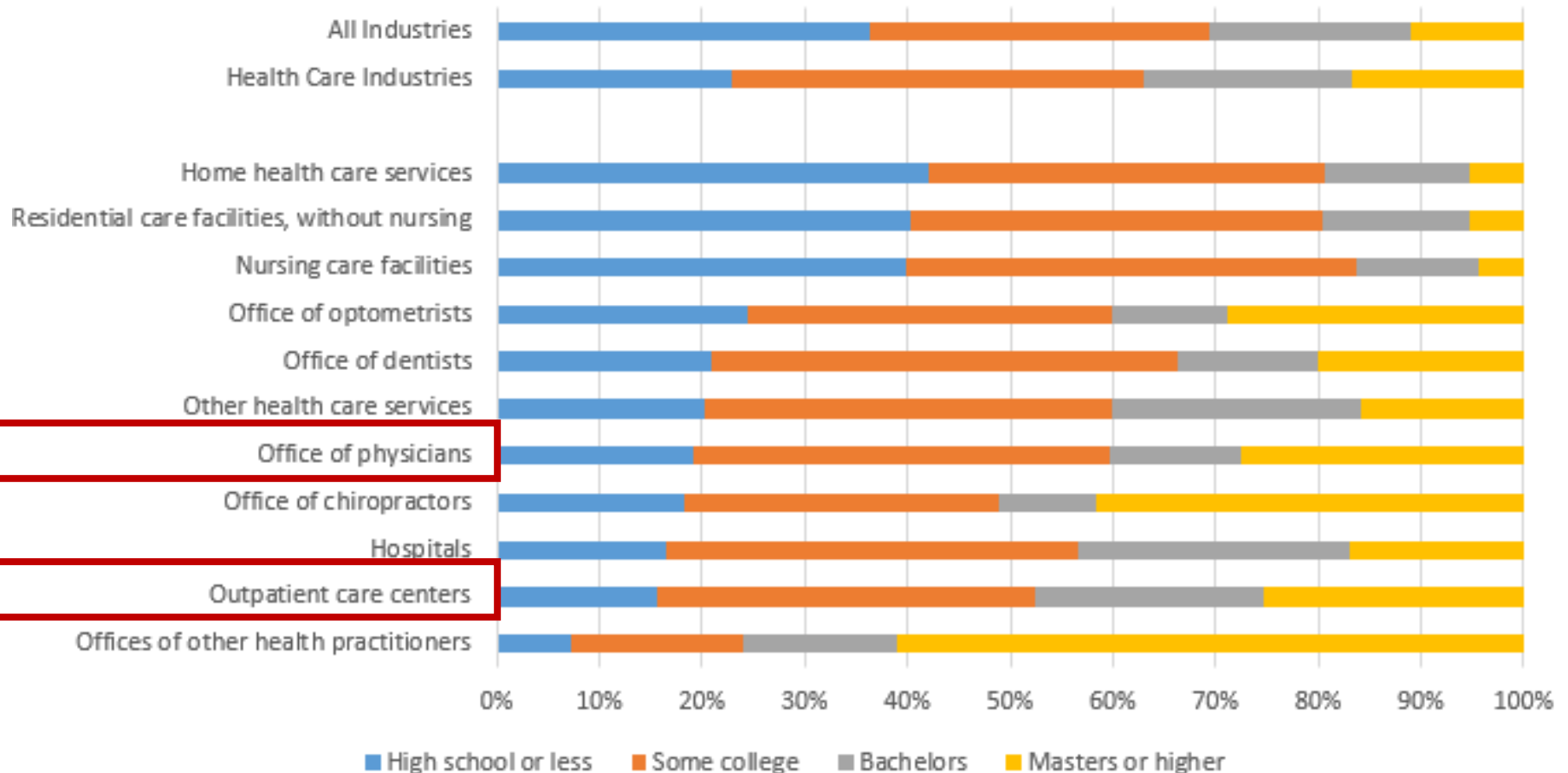
Sociodemographic Characteristics

FIGURE 3 Selected Demographic and Socioeconomic Profile of Health Care Workers by Sector

	Female	Not Born as US Citizen	Unemployed	At or below the 100% poverty threshold
All Industries	47.2%	17.3%	9.3%	9.9%
Health Care Industries	77.4%	16.0%	4.8%	6.8%
Office of physicians	78.1%	14.6%	4.7%	4.2%
Office of dentists	82.0%	15.7%	4.4%	4.4%
Office of chiropractors	66.3%	11.4%	5.7%	6.8%
Office of optometrists	76.2%	8.6%	4.3%	4.6%
Offices of other health practitioners	73.2%	10.8%	3.5%	4.7%
Outpatient care centers	77.1%	13.1%	4.2%	5.5%
Home health care services	88.4%	23.3%	9.2%	20.3%
Other health care services	69.5%	16.3%	5.3%	5.8%
Hospitals	75.7%	16.8%	2.8%	3.5%
Nursing care facilities	85.3%	15.3%	7.2%	12.8%
Residential care facilities, without nursing	73.1%	16.6%	7.2%	12.6%

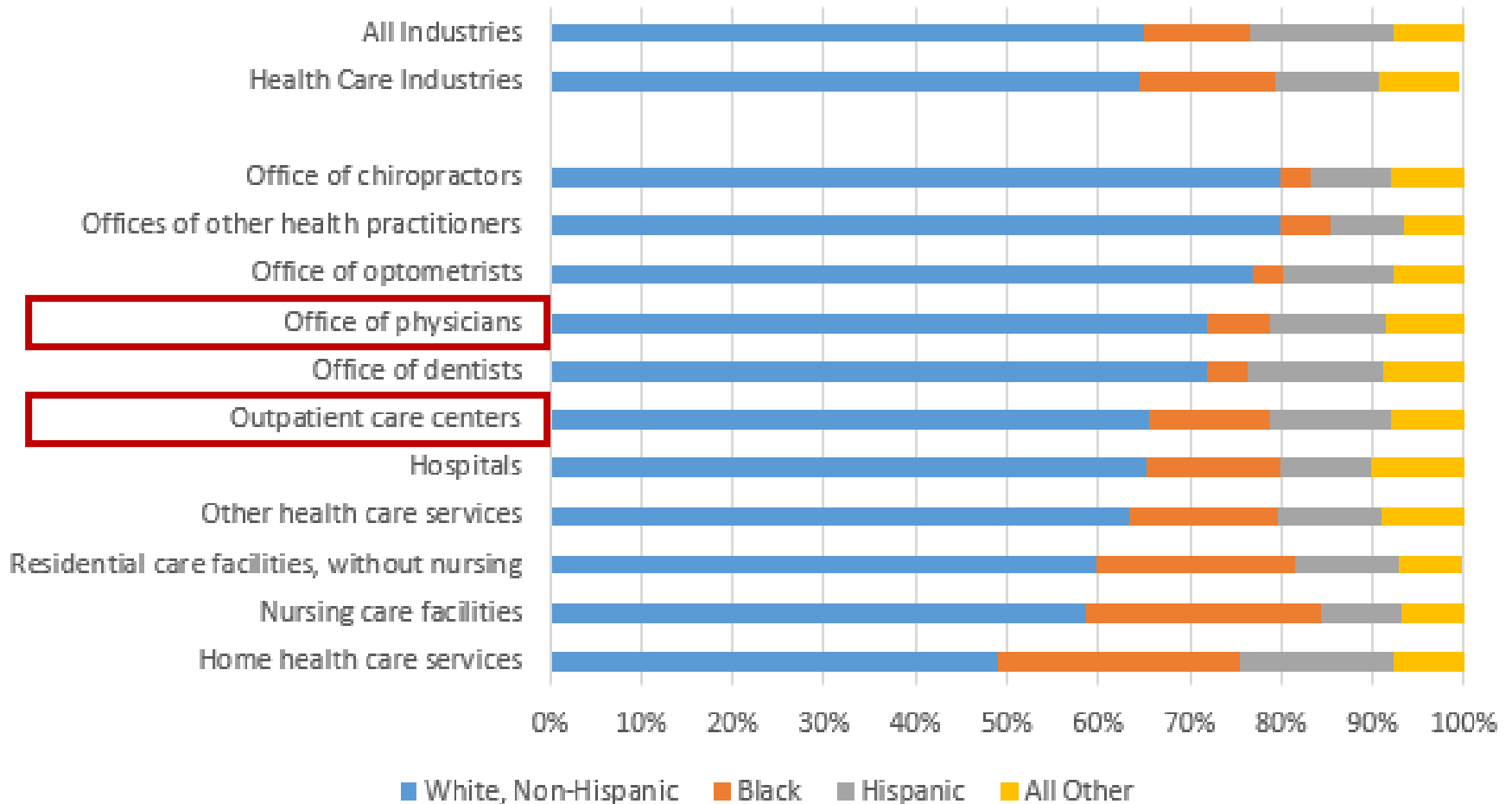
Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.

Average Education by Health Care Sector



Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.

Racial/Ethnic Distribution by Health Care Sector



Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.

Workforce Barriers to Primary Care Access

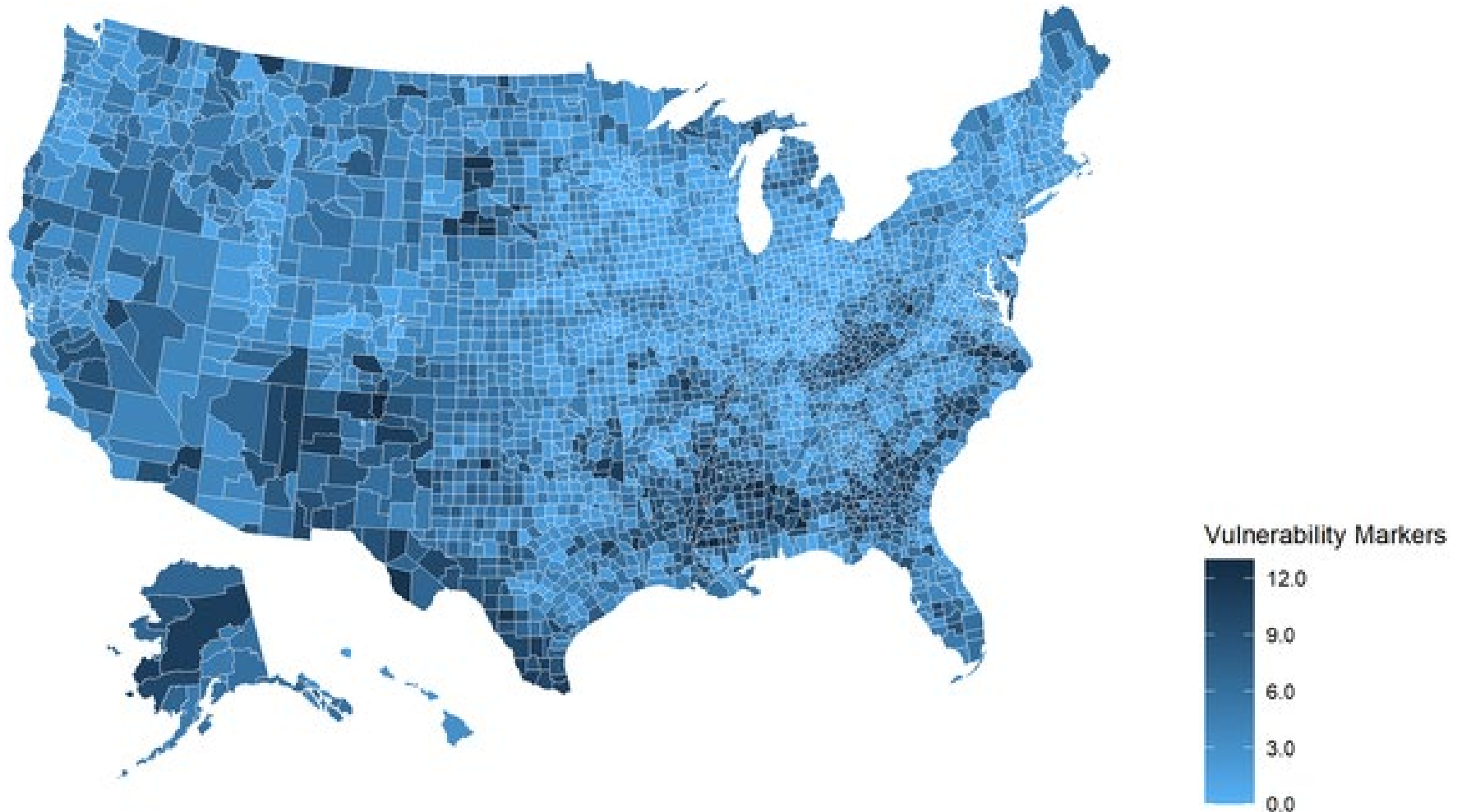
2022 Nurse Practitioner State Practice Environment



Source: American Association of Nurse Practitioners. State Practice Environment.

<https://www.aanp.org/advocacy/state/state-practice-environment>

Aligning of Primary Care Health Professional Shortage Areas with Markers of Medical, Economic, and Geographic Vulnerability in the United States



Source: Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. (2020) The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 15(4): e0231443.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231443>

Predominant Social Determinant of Health Marker in Primary Care Health Professional Shortage Area counties, by HHS Region.

HHS Region	US States + DC	Most Frequent Marker	Second Most Frequent Marker	Third Most Frequent Marker
1	CT, ME, MA, NH, RI, VT	pcHPSA count (73%)	Older population (32%)	Rurality (26%)
2	NJ, NY	pcHPSA count (51%)	Unemployment (41%)	Race/ethnicity (26%)
3	DC, DE, MD, PA, VA, WV	Unemployment (38%)	Older population (37%)	pcHPSA count (33%)
4	AL, FL, GA, KY, MS, NC, SC, TN	Low income (55%)	Education (54%)	Poverty (53%)
5	IL, IN, MI, MN, OH, WI	pcHPSA count (37%)	Rural county (28%)	Unemployment (25%)
6	AR, LA, NM, OK, TX	Insurance (64%)	Race/ethnicity (54%)	Education (48%)
7	IA, KS, MO, NE	Rural county (52%)	Sparse population (43%)	Older population (37%)
8	CO, MT, ND, SD, UT, WY	Sparse population (80%)	Rural county (71%)	Older population (40%)
9	AZ, CA, HI, NV	pcHPSA count (83%)	Race/ethnicity (59%)	Unemployment (42%)
10	AK, ID, OR, WA	Sparse population (52%)	pcHPSA count (50%)	Unemployment (41%)
All Regions	50 US States + DC	Rurality (36%)	pcHPSA count (30%)	See notes (27%)

Percentages indicate the proportion of pcHPSA counties in each HHS Region or in All Regions that have the particular marker.

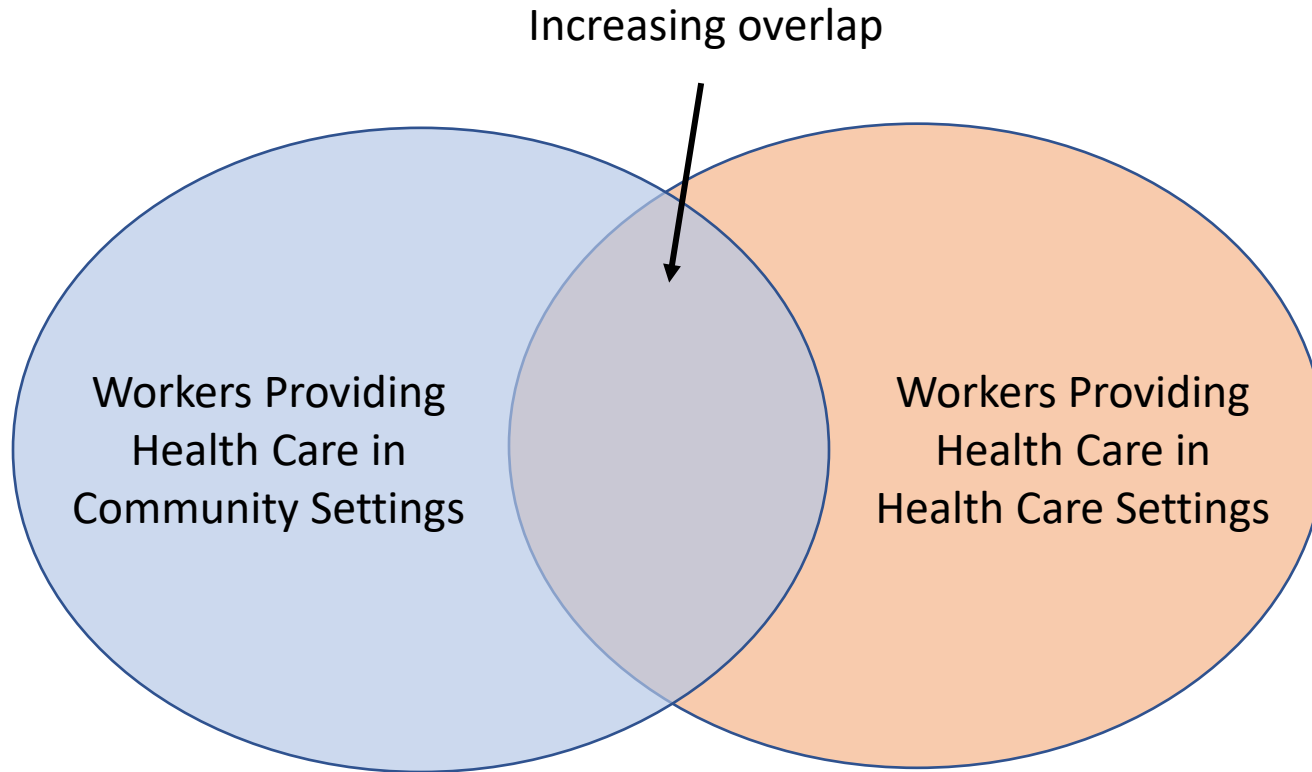
Across all 50 U.S. states and the District of Columbia (DC), 27 percent of pcHPSA counties had markers for education, low income, poverty, and sparse population.

<https://doi.org/10.1371/journal.pone.0231443.t003>

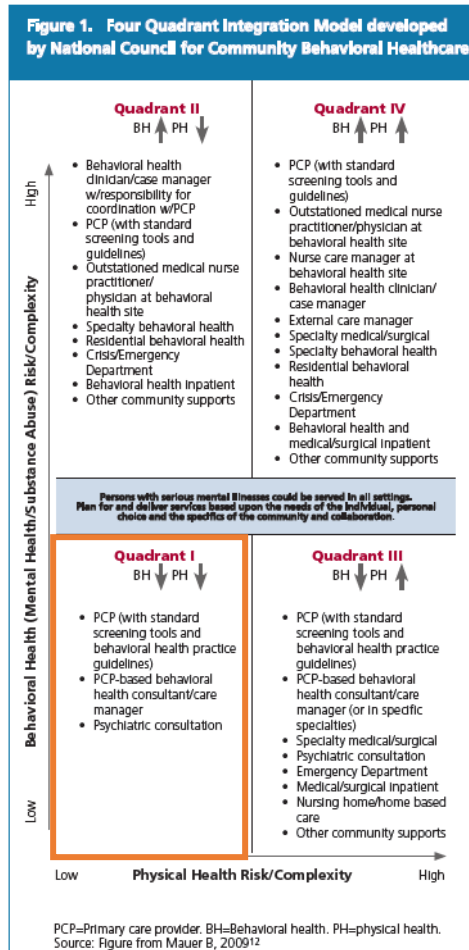
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Primary Care Connection to the Community



Workforce to Integrate Primary Care and Behavioral Health



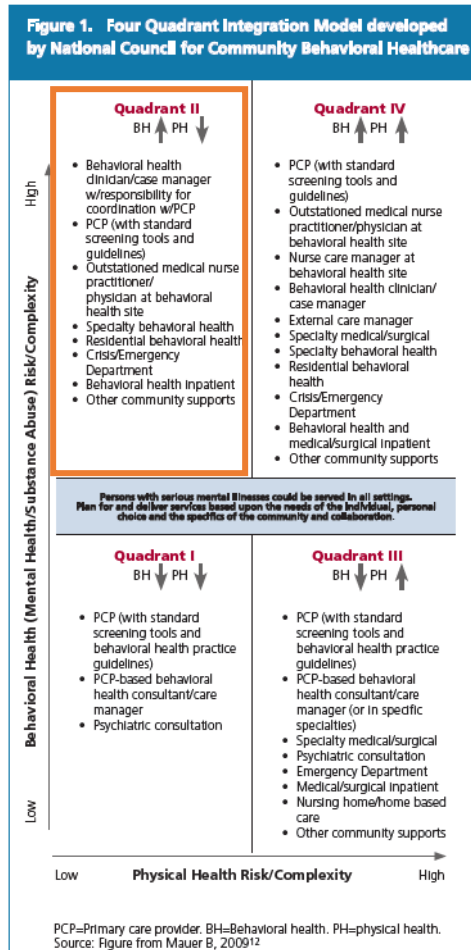
Quadrant I

BH ↓ PH ↓

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- Psychiatric consultation

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2016/04/Integrated_behavioral_health_workforce_FR_2016_Apr_Skillman.pdf

Workforce to Integrate Primary Care and Behavioral Health



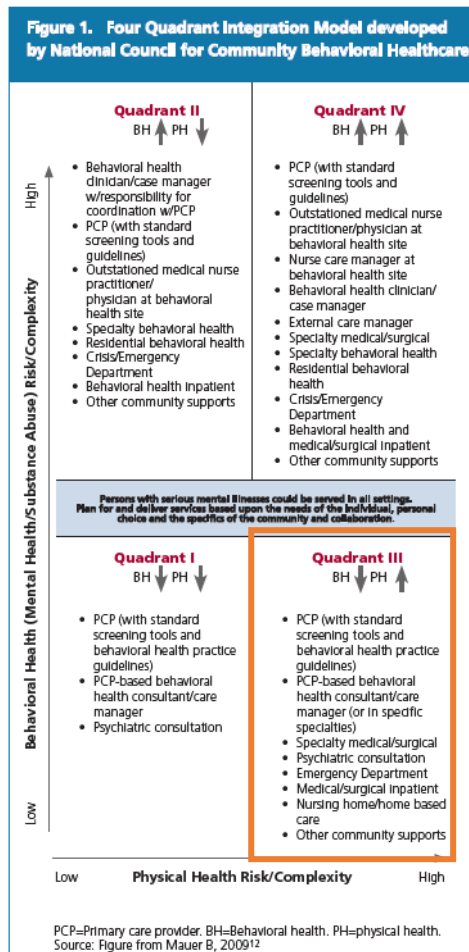
Quadrant II

BH ↑ PH ↓

- Behavioral health clinician/case manager w/responsibility for coordination w/PCP
- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Specialty behavioral health
- Residential behavioral health
- Crisis/Emergency Department
- Behavioral health inpatient
- Other community supports

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2016/04/Integrated_behavioral_health_workforce_FR_2016_Apr_Skillman.pdf

Workforce to Integrate Primary Care and Behavioral Health



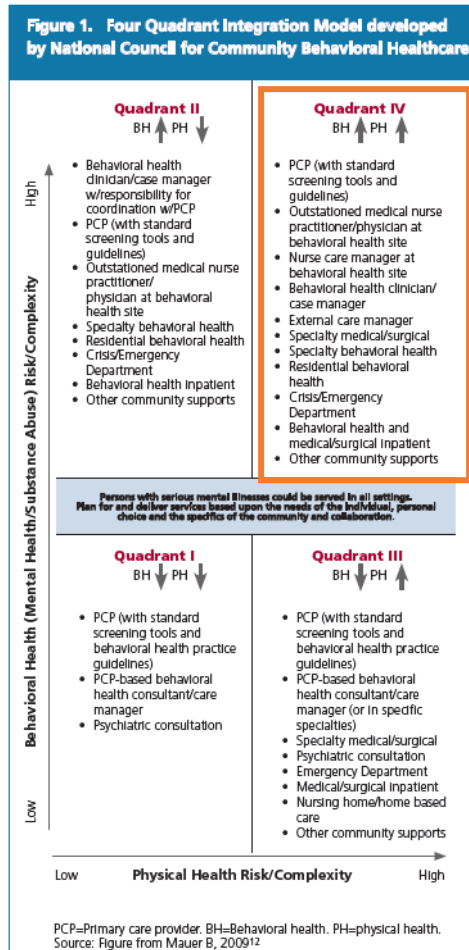
Quadrant III

BH ↓ PH ↑

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- Psychiatric consultation
- Emergency Department
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2016/04/Integrated_behavioral_health_workforce_FR_2016_Apr_Skillman.pdf

Workforce to Integrate Primary Care and Behavioral Health



Quadrant IV

BH ↑ PH ↑

- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Nurse care manager at behavioral health site
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/Emergency Department
- Behavioral health and medical/surgical inpatient
- Other community supports

Source: https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2016/04/Integrated_behavioral_health_workforce_FR_2016_Apr_Skillman.pdf



More details and information:

<https://familymedicine.uw.edu/chws/>

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