

# MINNESOTA'S HEALTH CARE WORKFORCE: AN OVERVIEW

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February 2015

# Agenda

- Renewed Focus on Healthcare Workforce
- Healthcare Workforce Shortages & Regional (Un)Availability
  - Primary
  - Mental
  - Dental
- Workforce Development Tools/Policies/Investments
- Recent workforce efforts
- Emerging Professions
  - Scope/role/need
  - Dental Therapists
- Other emerging professions/MDH-SIM work (Kay)

# The Roadmap to a Healthier Minnesota

The road to improved population health begins with increased access to care and a focus on preventing disease and promoting healthy choices. By expanding access to coverage, reorganizing our payment systems to promote better coordination of care, and creating environments that help reinforce healthy daily choices, we will pave the way to a healthier state.

More Health for the Dollar  
2013-2018

Destination

Aims 3

Better health care  
Lower costs  
Healthier communities

Strategies 8

Pay for value  
Center care around patients  
**Strengthen provider workforce**  
Target at-risk populations  
Engage communities  
Measure performance  
Empower individuals  
Increase access

Challenges 4

Affordability/spending  
Population health  
Health disparities  
Variation in quality of care

Today: Rising Costs and Complexity

Departing

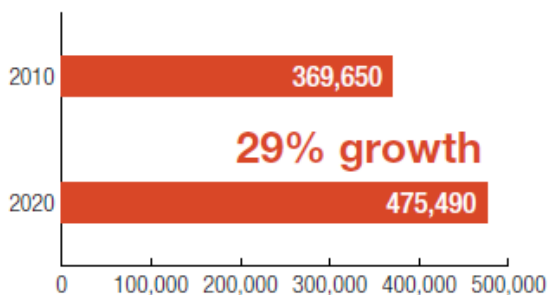
Renewed  
Focus on  
the Health  
Care  
Workforce?

# Current Health Care Employment; Projected Growth in MN

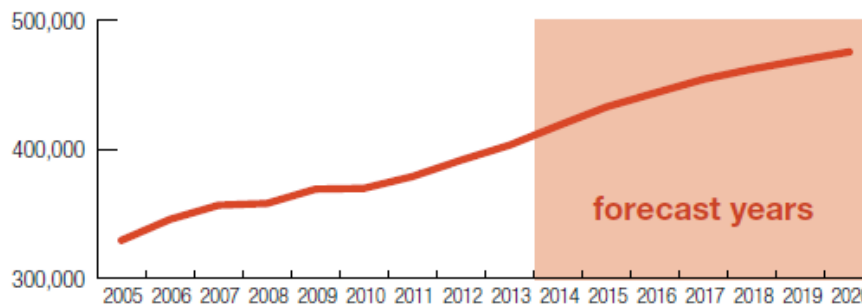
## Minnesota



**Fig 1: Healthcare and Social Assistance Industry Jobs**



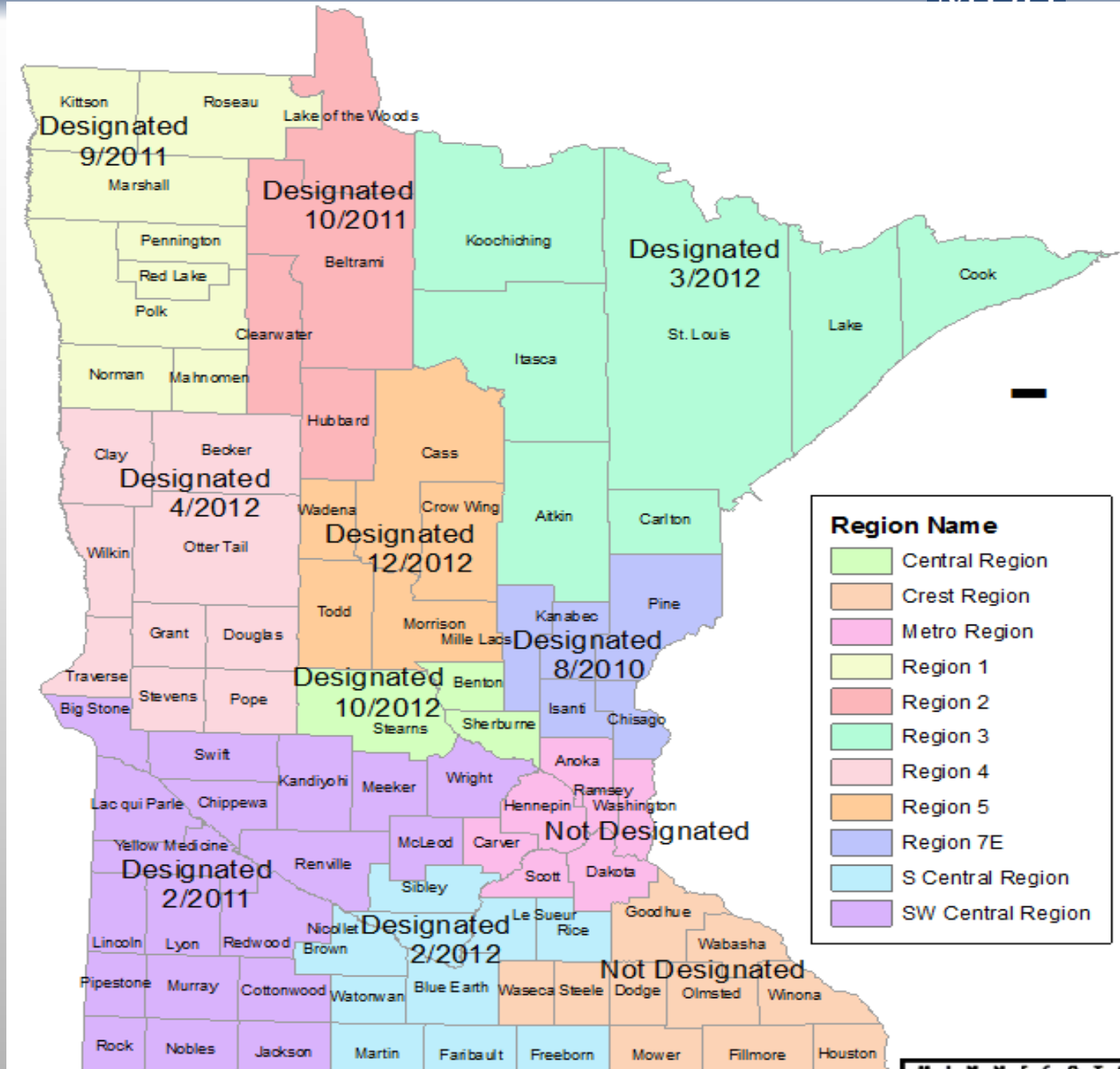
**Fig 2: Health Care and Social Assistance Employment**



**Healthcare**

- Is 13% of state employment
- Will grow at 29% compared to 15% for all other state jobs

Health  
Professional  
Shortage Area  
– Mental  
(Geographic)  
June 2014



# Minnesota's Mental Health Providers

Table 1d: Number of Psychiatrists who are Licensed , by Region and Statewide (March 2012)

Minnesota Region	Number of Minnesota Licenses*
Central	30
Northeast	16
Northwest	17
Minneapolis/St. Paul	337
Southeast	75
Southwest	22
Statewide	497

Table 2a: Number of Clinical, Counseling, and School Psychologists who are Licensed, by Region and Statewide (2014)

Minnesota Region	Number of Minnesota Licenses*	Number Employed**
Central	265	200
Northeast	182	240
Northwest	182	130
Minneapolis/St. Paul	2,495	1,500
Southeast	250	240
Southwest	144	160
Statewide	3,518	2,420

Table 3d: Number of Social Workers who are Licensed by Region and Statewide (2014)

Minnesota Region	Total Number of Minnesota Licenses*
Central	451
Northeast	349
Northwest	306
Minneapolis/St. Paul	4,563
Southeast	471
Southwest	255
Statewide	6,395

Table 4d: Number of Marriage & Family therapists Licensed , by Region and Statewide (June 2013)

Minnesota Region	Number of Minnesota Licenses*
Central	146
Northeast	50
Northwest	57
Minneapolis/St. Paul	1,112
Southeast	59
Southwest	65
Statewide	1,489

Table 5c: Number of Mental Health Counselors who are Licensed and Employed, by Region and Statewide (2014)

Minnesota Region	Number of Minnesota Licenses (LPCs and LPCCs)*
Central	120
Northeast	59
Northwest	60
Minneapolis/St. Paul	666
Southeast	99
Southwest	62
Statewide	1,066

Table 6d: Number of Licensed Advanced Practice Psychiatric Nurses (2011-2012)

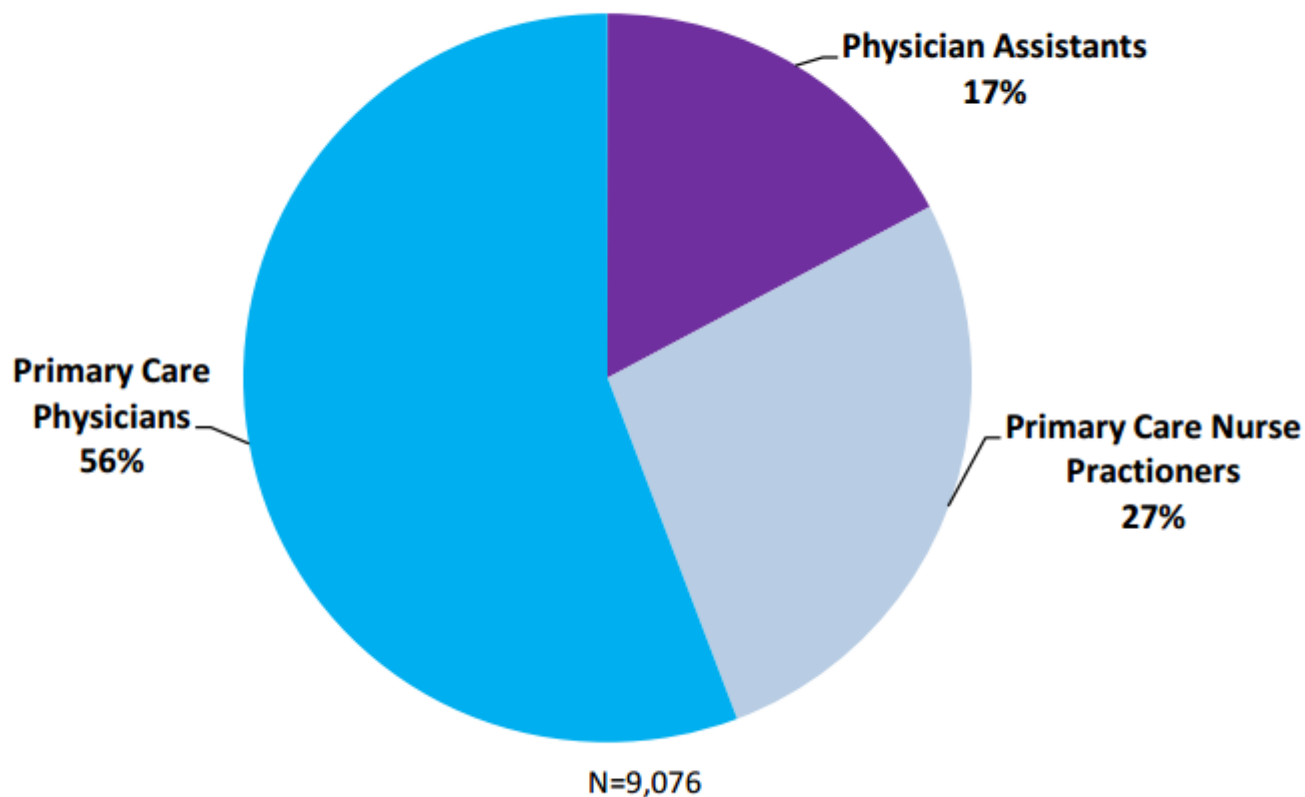
Minnesota Region	Number of Minnesota APRNs
Central	32
Northeast	33
Northwest	34
Minneapolis/St. Paul	153
Southeast	35
Southwest	16
Statewide	303





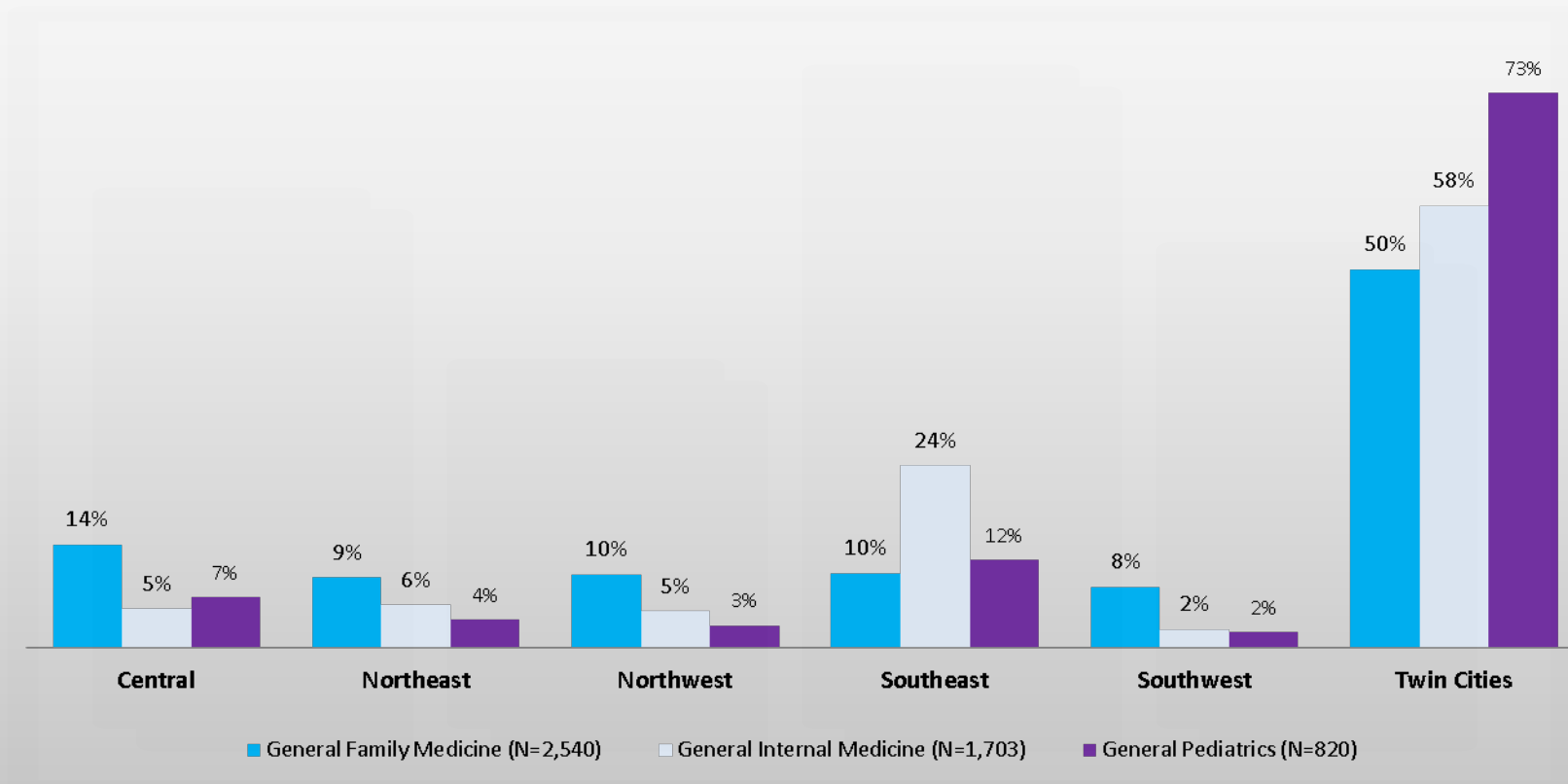
# Minnesota's Primary Care Providers

Primary Care Providers in Minnesota by Type, 2011-2012



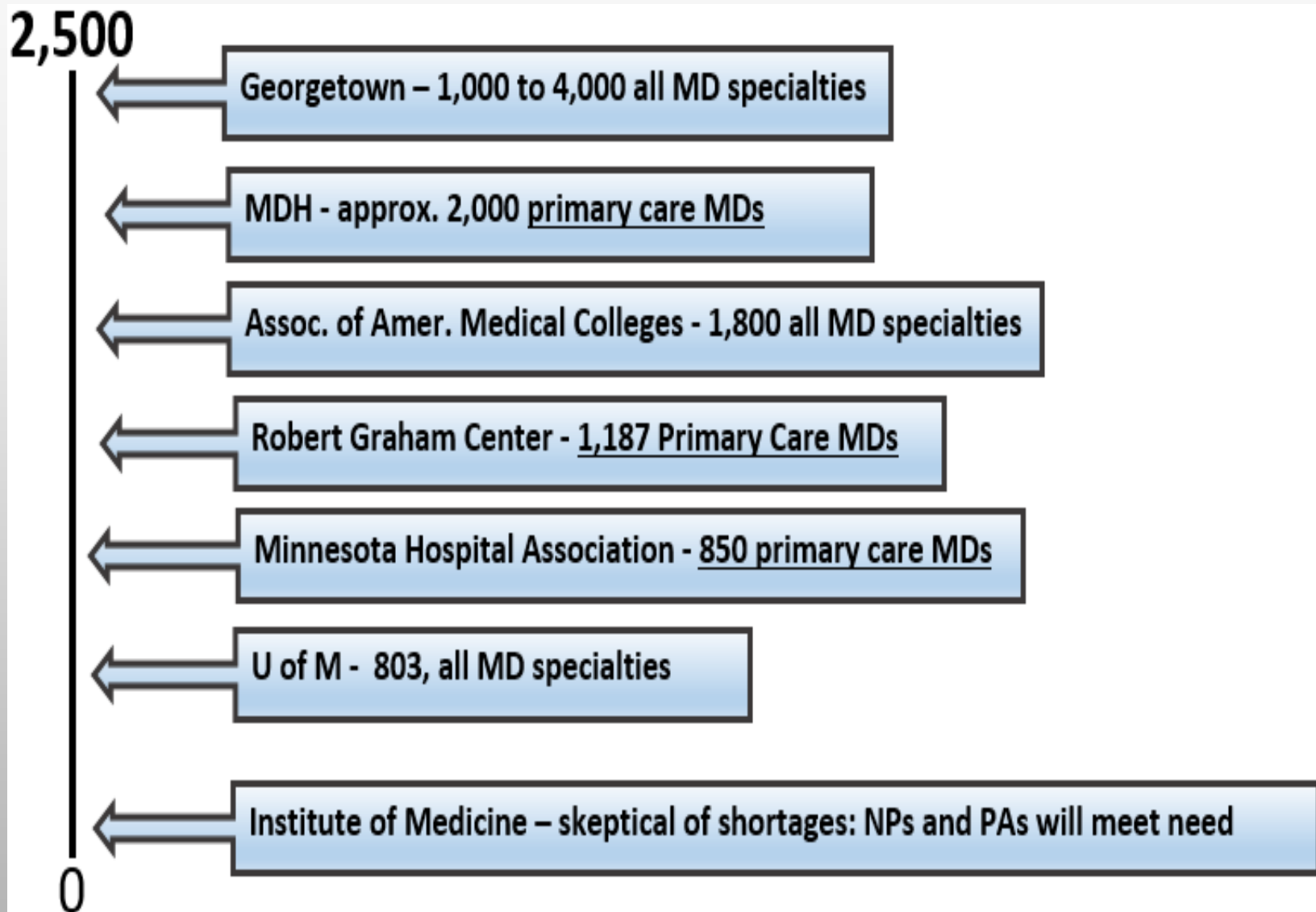
Source: Minnesota Board of Medical Practice (BMP), Minnesota Board of Nursing (BON) and Minnesota Department of Health (MDH)

Figure 2-9. Regional Distribution of Minnesota's Primary Care Physicians

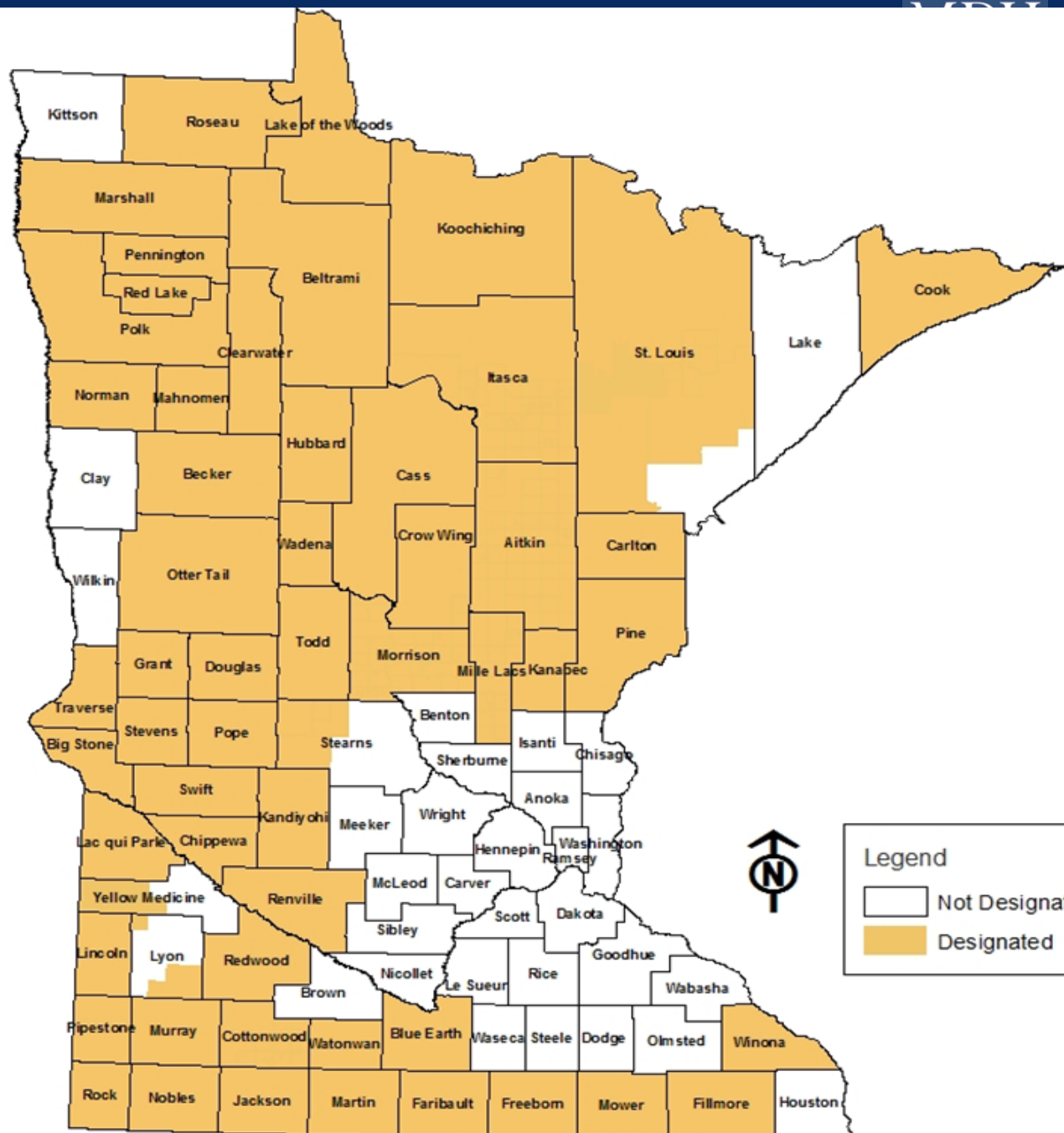


Source: Minnesota's Primary Care Workforce Report, 2011-2012  
Data: MDH & BMP

# How big a shortage in MN?

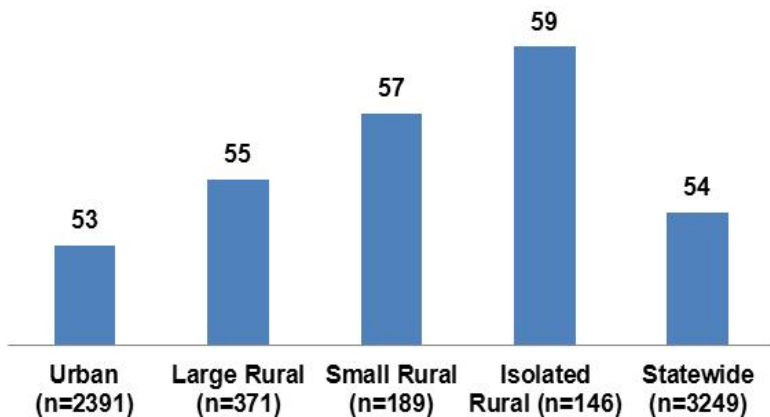


# Health Professional Shortage Area – Low Income Dental (Nov 2014)



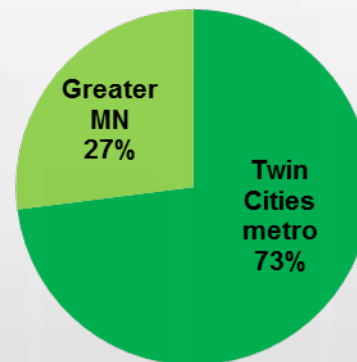
# Minnesota's Oral Health Providers

**Graph D**  
Median Age of Dentists by Rural-Urban  
Commuting Areas, Minnesota 2009-2010

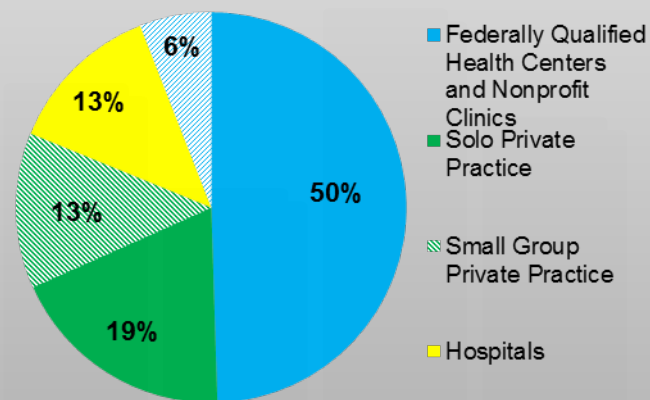


Source: MDH Health Care Workforce Survey

**Figure 2. Distribution of dental therapists (N=22)**

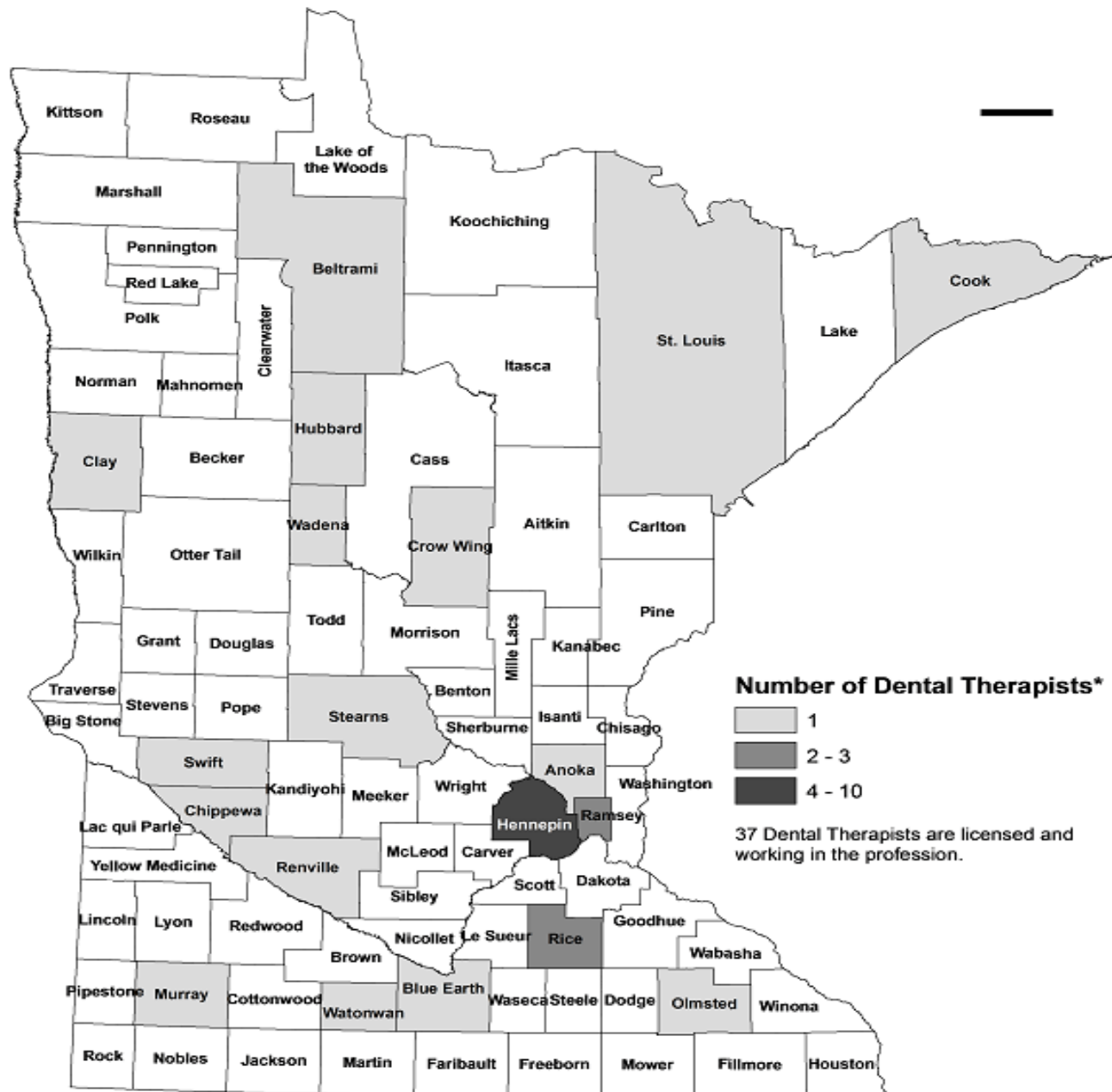


**Figure 3. Primary work settings for MN dental therapists (N=22)**



# Location of Dental Therapists by County

Jan 2015



\*Dental Therapists listing no county of employment are not included.

# Workforce Development Tools

	Prepare students in math/science & expose to health careers	Recruit traditional & non-traditional students		Provide education and clinical training programs in high-need settings	Encourage grads to seek employment in high-need settings	Redesign health care system, delivery & health care jobs	Retain the health care workforce
<b>Select Current Healthcare Workforce Strategies</b>	K – 12 Career & Technical Education, STEM, etc. (MN Dept. of Ed)	Summer Health Careers Intern Program (MDH)	Foreign-trained health worker test preparation pilot (DEED)	Clinical training subsidy (\$58 million) (MDH)	Minnesota Health Professional Loan Forgiveness Program (MDH)	Team care approaches: Health Care Homes Program, Medicaid ACO demonstration	Community retention strategies (MDH rural health programs)
	Summer Health Careers Intern Program (MDH)	Future Doctors Program (U of M)	FasTRAC (DEED)	Greater MN Family Medicine Grant Program (MDH)	National Health Service Corps (MDH)	Emerging professions support (MDH, licensing boards, Medicaid)	Long-term care wage issues (DHS, Legislature)
	Scrubs camps – MN St. Colleges/ Universities (MNSCU)	U of M Duluth Med School Campus – rural focus	Nursing facility scholarship program (MN Dept. of Human Services – DHS)	Clinical Dental Education Grants (MDH)	Visa waivers for foreign medical grads (“J1”) (MDH)	Telehealth (rural providers and systems, DHS, MDH)	Safe Work Environment/ Safe Patient Handling (MN Dept. of Labor and Industry)
	H1B and similar workforce development (MN Dept. of Employment and Economic Dev - DEED)	Center of American Indian & Minority Health (U of M Duluth Med School)		Rural Physician Associate Program (RPAP) (U of M)	Rural Recruiting & Retention Network (3RNet) (MDH & Rural Health Resource Center)	State Innovation Model (SIM) grant (MDH/DHS)	Telehealth (rural providers and systems, DHS, MDH)
				Direct appropriations to medical schools and other health professions education programs (MN Legislature)	Itasca Project	Scope of Practice changes (Health Licensing Boards)	

# 2014 State Healthcare Workforce Initiatives

		Origin	Charge/Goals	Timeframe
1	<b>Blue Ribbon Commission on the University of Minnesota Medical School</b>	Executive Order 14-13  Led by Minnesota Office of Higher Education	Advise the Governor and Legislature on future strategies, investments, and actions to strengthen the position of the University's Medical School	Recommendations and findings to the Governor's Office, the Legislature and the public by 12/15/2014
2	<b>Foreign-trained Physician Task Force</b>	2014 DHS Licensing bill  Led by Minnesota Department of Health (MDH)	Develop strategies to integrate refugee and asylee physicians into the Minnesota health care delivery system	Recommendations to legislature by 12/31/2014
3	<b>Legislative Health Care Workforce Commission</b>	2014 Omnibus appropriations bill, HHS article	Study and make recommendations to the legislature on how to achieve the goal of strengthening the workforce in health care. Includes charge to identify causes and solutions to barriers related to the primary care workforce.	Preliminary report making recommendations to the legislature by 12/31/2014
4	<b>Mental Health Workforce Summit</b>	2013 Higher Ed bill  Led by Minnesota State Colleges & Universities system	Develop a comprehensive plan to increase the number of qualified people working at all levels of our mental health system, ensure appropriate coursework and training and create a more culturally diverse mental health workforce.	Recommendations due to legislature by 1/15/2015
5	<b>National Governors' Association Health Workforce Policy Academy</b>	Governor's Office submitted successful proposal to NGA.  Led by interagency and stakeholder core team, coordinated by MDH	Establish infrastructure for coordinated health workforce data, planning, and development and develop strategies for immediate action to address health workforce challenges, such as primary care, dental, and mental health shortages.	18-month planning and implementation period ending October 2015



# Emerging Health Professions in MN

Licensed or certified by the state  
Reimbursed by Medicaid

- Community Health Workers (2007)
- Dental Therapists (2008 - 09)
- Community Paramedics (2011 -12)
- Doulas (2013)



# Scope of Practice & Emerging Professions: Change factors



1. Body of Knowledge, Curriculum, Education Programs
2. Acceptance by related professions
3. Scope of Practice & Regulatory:
  - Legislature, licensing boards
4. Practice redesign/integration models: Health care homes/  
 disease management, ER diversion, EHRs, etc.
5. Reimbursement
6. Help for prospective employers: implementation guides,  
 templates, best practices for hiring and integration, start-  
 up funds
7. Acceptance by patients



# Oral Health Need

- ~70% MN counties – full or partial dental HPSAs = 656,184 MN residents live in dental HPSAs
- MN dentists aging – 45% of licensed DDS are 55years+ (as of 2012)
- 75% of dentists enrolled as state public program providers but 26% see 3-20 MA patients/yr.; 10% see 1-2 MA/yr.
- 1/3<sup>rd</sup> of all dentists surveyed do not treat any MA

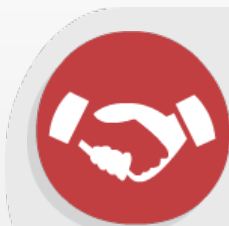
# Oral Health Need

- Enter – Dental Therapists/Advanced Dental Therapists (2009)
  - 54 countries worldwide
  - US - Alaska Native Tribal Health Consortium (2005 tribal authority)
  - MN - Serve low-income, underserved/uninsured/HPSA regions
    - 1<sup>st</sup> licensed DT – July 2011; ADT – Feb 2013
    - DHS enrolls DTs as public program providers – Sept 2011
    - DHS established DT reimbursed at same rate as dentists
    - Preliminary results show overall increase in oral health access
      - Reduced patient travel times, wait times
      - DT clinics see more patients
      - Increased productivity of oral health team as all working at top of license (DDS open to perform complex procedures)
      - Potential to reduce ER usage for non-emergency procedures
  - Incentives in place for employers to integrate this provider (Kay)

# Workforce Analysis – How/What?

- A lens to look at the incumbent workforce
- Statutory authority (MS 144.051) to collect info on number, distribution & characteristics of licensed health professionals
- MDH surveys at license renewal time
- Currently approx. ~10 different occupations surveyed
- Information on
  - Licensed headcounts
  - Gender/Age/Race/Ethnicity
  - Geographic distribution
  - Primary work settings
  - Future practice plans

# About Us



## Our Mission

To promote access to quality health care for rural and underserved urban Minnesotans. From our unique position within state government, we work as partners with communities, providers, policymakers and other organizations. Together, we develop innovative approaches and tailor our tools and resources to the diverse populations we serve.

## How do we do it?



## Workforce Analysis/Supply

Collect & analyze the data on Minnesota's licensed health care workforce in partnership with state health licensing boards



## Financial & Technical Assistance

Support existing and emerging workforce through grants, loans, and technical assistance to rural providers and facilities



## Shortage Designation

Identify current resource and service gaps