

# The Demand for Physicians, NPs, and PAs in Oregon: 2013-2020

Presented to Oregon Health Policy Board  
February 4, 2014



Oregon Healthcare  
Workforce Institute



# How Many Providers Will We Need?

- Concern about access to care providers for the newly insured, as well as an aging, diversifying, and growing population
- Changes in how care is delivered and financed will likely impact demand for different professionals and skill sets, but how?
- Request from OHPB to project future demand while adjusting for potential changes related to health care transformation.

# Existing Projections

Recently published projections and opinions vary:

- AAMC says 91,000 additional physicians needed nationwide by 2020 (evenly split PC and non-PC)
- Scott Gottlieb & Ezekiel Emanuel disagree (“No, there won’t be a doctor shortage” NYT opinion piece, Dec. 4)
- Robert Graham Center (AAFP) says 1,174 additional primary care physicians needed in Oregon by 2030 (or 38% increase)
- Green et al. argue that operational and technological innovations could eliminate primary care physician shortages

# Existing Projections

- Empirical models, expert opinion, and everything in between
- Many projection studies focus solely on physicians or primary care
- Nationally, the AMA Masterfile is most common source for data on physicians; MEPS used frequently as basis for estimating utilization
- State-specific figures often obtained by applying national models to state-level data

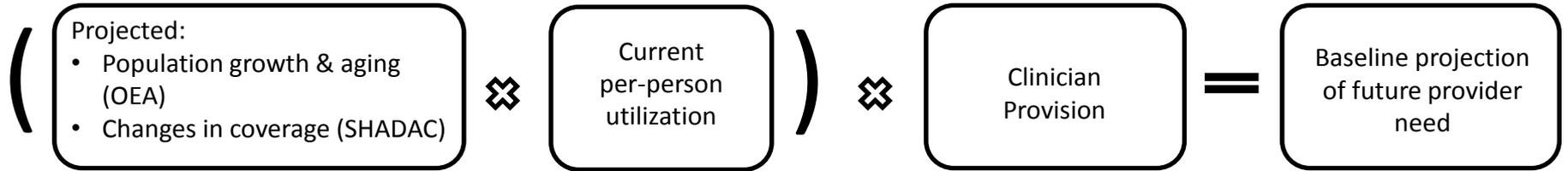
# Current Project

- Takes advantage of robust, state-level data resources:
  - Utilization from Oregon's All-Payer, All-Claims (APAC) data system
  - Provider data from the Oregon Healthcare Workforce Licensing Database (OR HCWF), including location and hours worked
  - Detailed projections of changes in insurance coverage through 2020 from State Health Access Data Assistance Center (SHADAC, University of Minnesota)
  - Demographic forecasts from State Office of Economic Analysis (SOEA)
- Incorporates findings from the Oregon Health Insurance Experiment
- Produces state and county projections
- Incorporates scenarios for changes in care delivery and health systems transformation

# Projection Model Components

- Current Utilization: Claims per person (APAC)
  - With assumptions for uninsured, Medicare FFS
- Current Provision: Claims per clinician hour, measured as full-time equivalents (FTE) (APAC and OR HCWF)
- Population and insurance coverage projections (SHADAC & OEA)

# Projection Model



# Alternate Scenarios

## A. Medicaid transformation

- 2% off growth rate for Medicaid utilization for 2013 & 2014

## B. Team care/greater use of non-physician providers

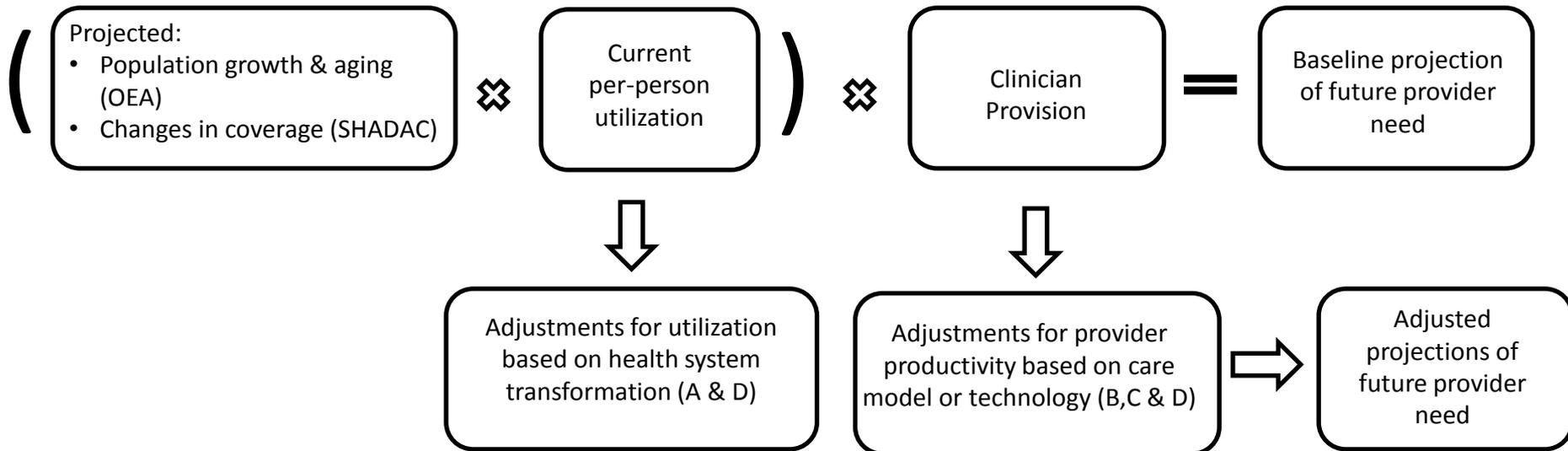
- The ratio of nurse-practitioners and physician assistants to physicians is increased by 12% over eight years

## C. Health information technology

- Increased adoption of full range of health IT/EHRs; increases provider productivity by 10%; phased in for 62% of clinicians evenly over 7 years

## D. Scenarios B & C combined

# Projection Model

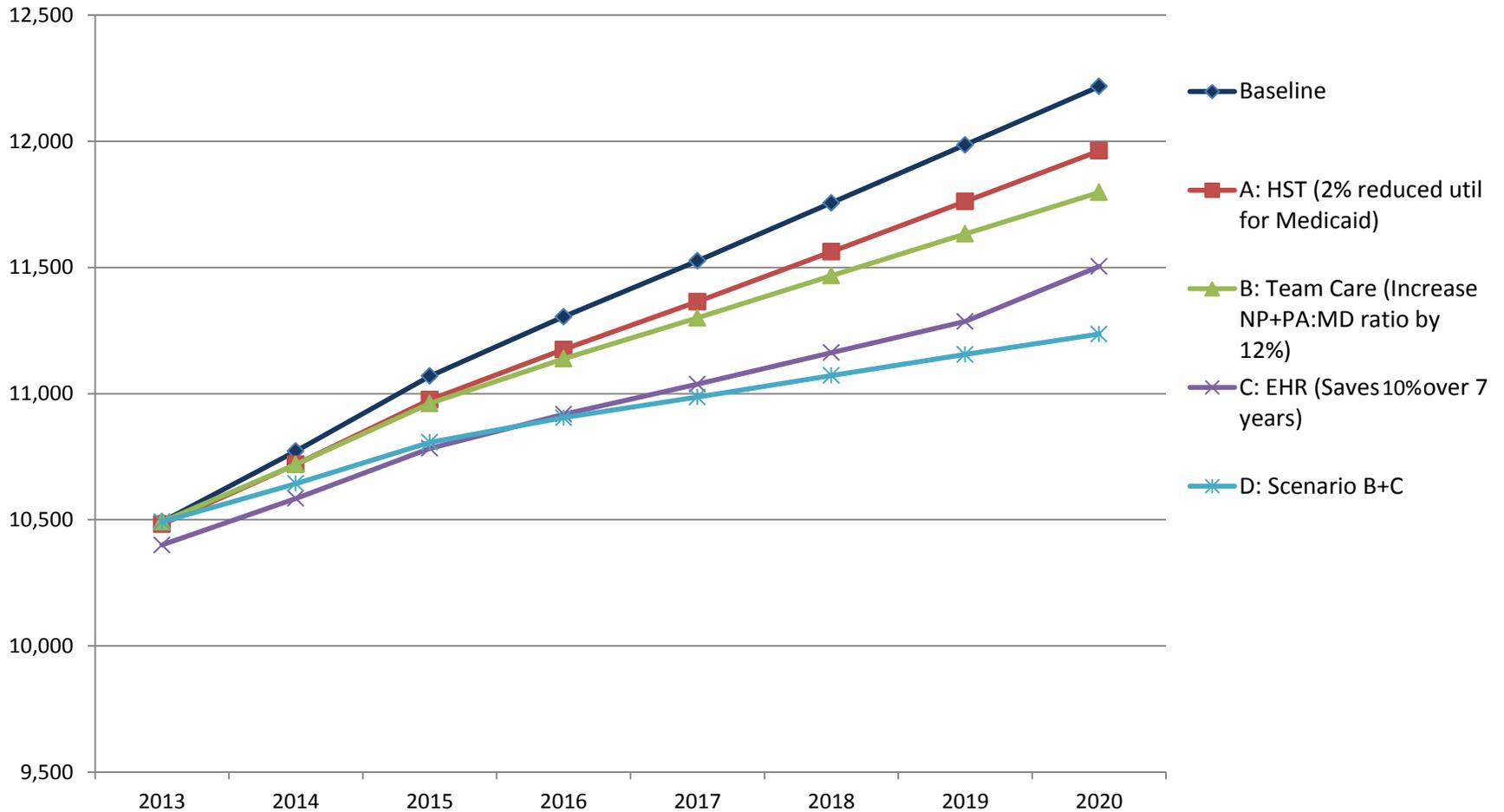


- Components (projections, utilization, provisions) can be disaggregated by county (and other factors)

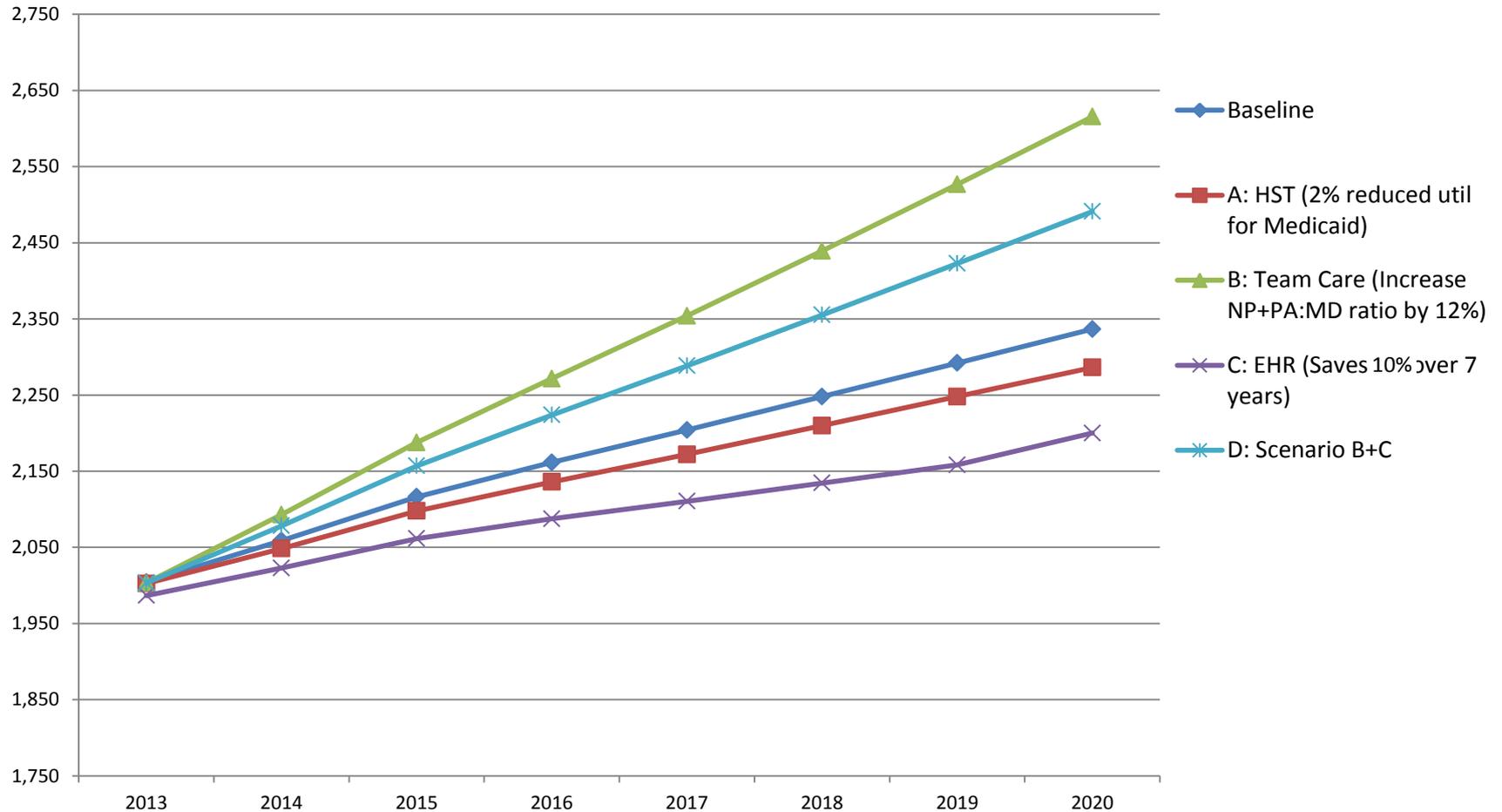
# Additional Methodology Notes

- Focused on physicians, NPs, and PAs
  - These professions typically serve as point of entry to care and practice relatively independently in Oregon
  - Lacking evidence and workforce data on other licensed professions
- Imputed most significant utilization not currently captured in APAC
  - Uninsured at 75% of Medicaid (Oregon Health Study)
  - Medicare FFS at rate of Medicare Advantage for specific area

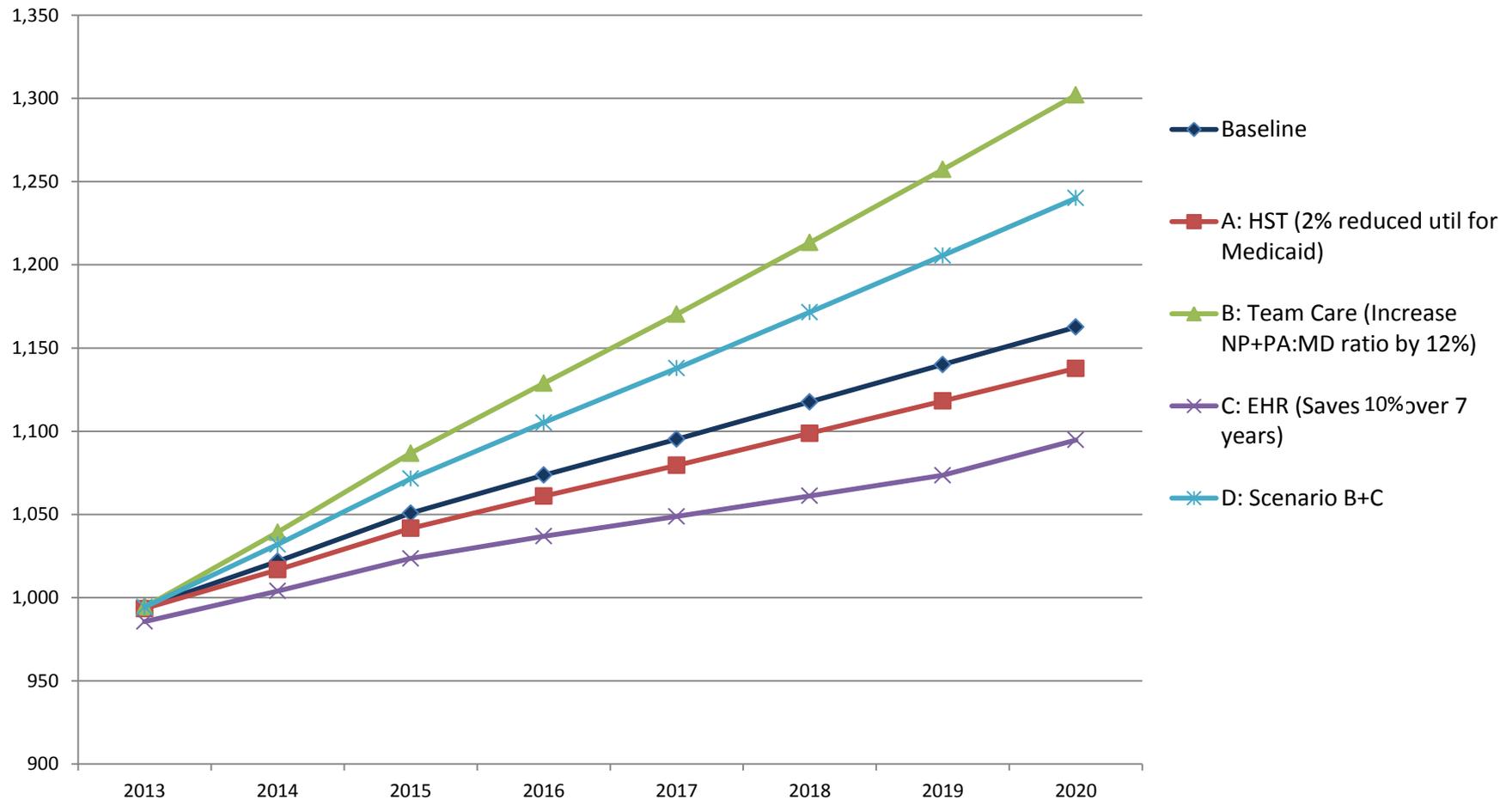
# Projected FTE Demand for Oregon's Physicians by Scenario: 2013-2020



# Projected FTE Demand for Oregon's Nurse Practitioners by Scenario: 2013-2020



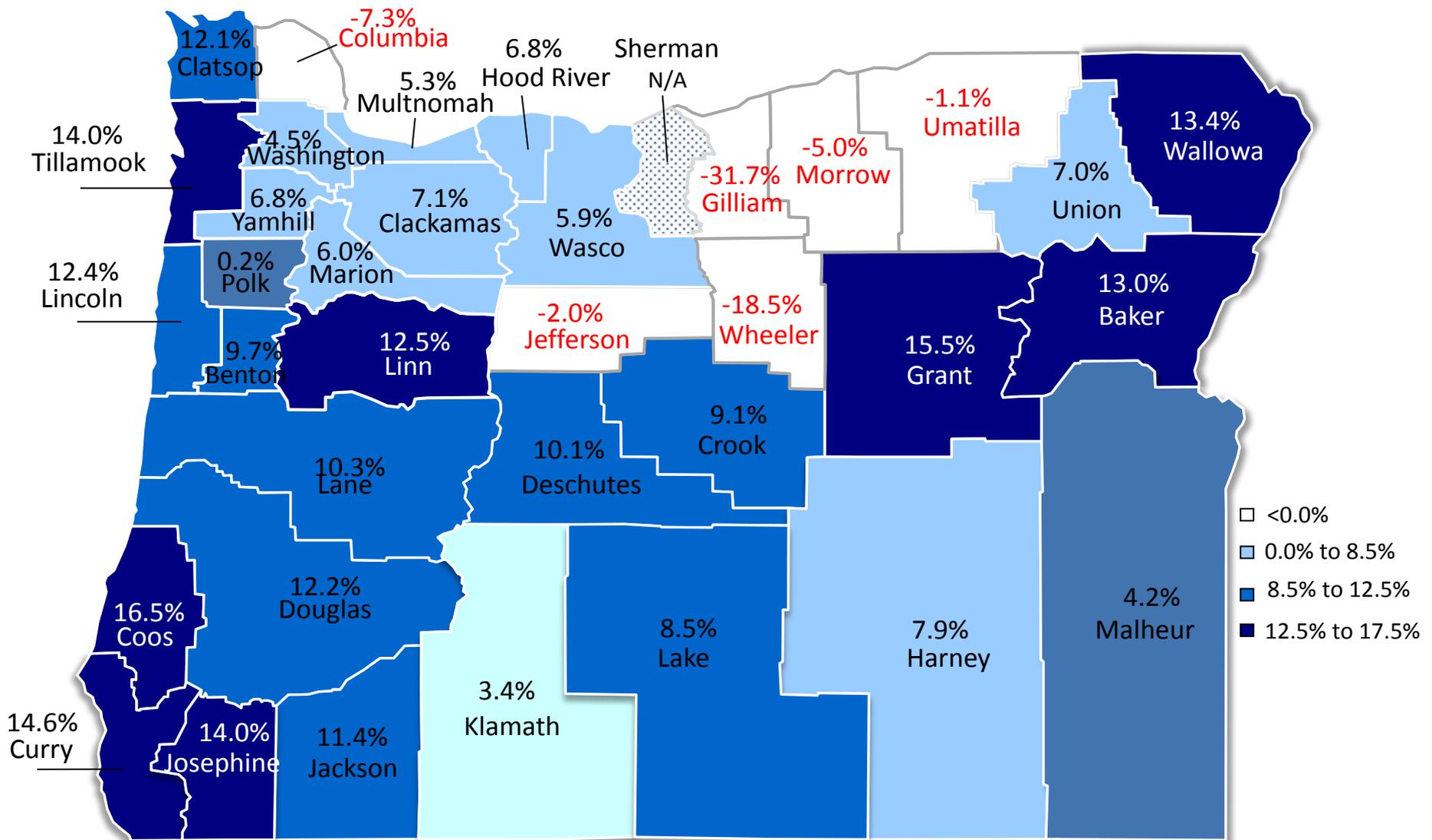
# Projected FTE Demand for Oregon's Physician Assistants by Scenario: 2013-2020



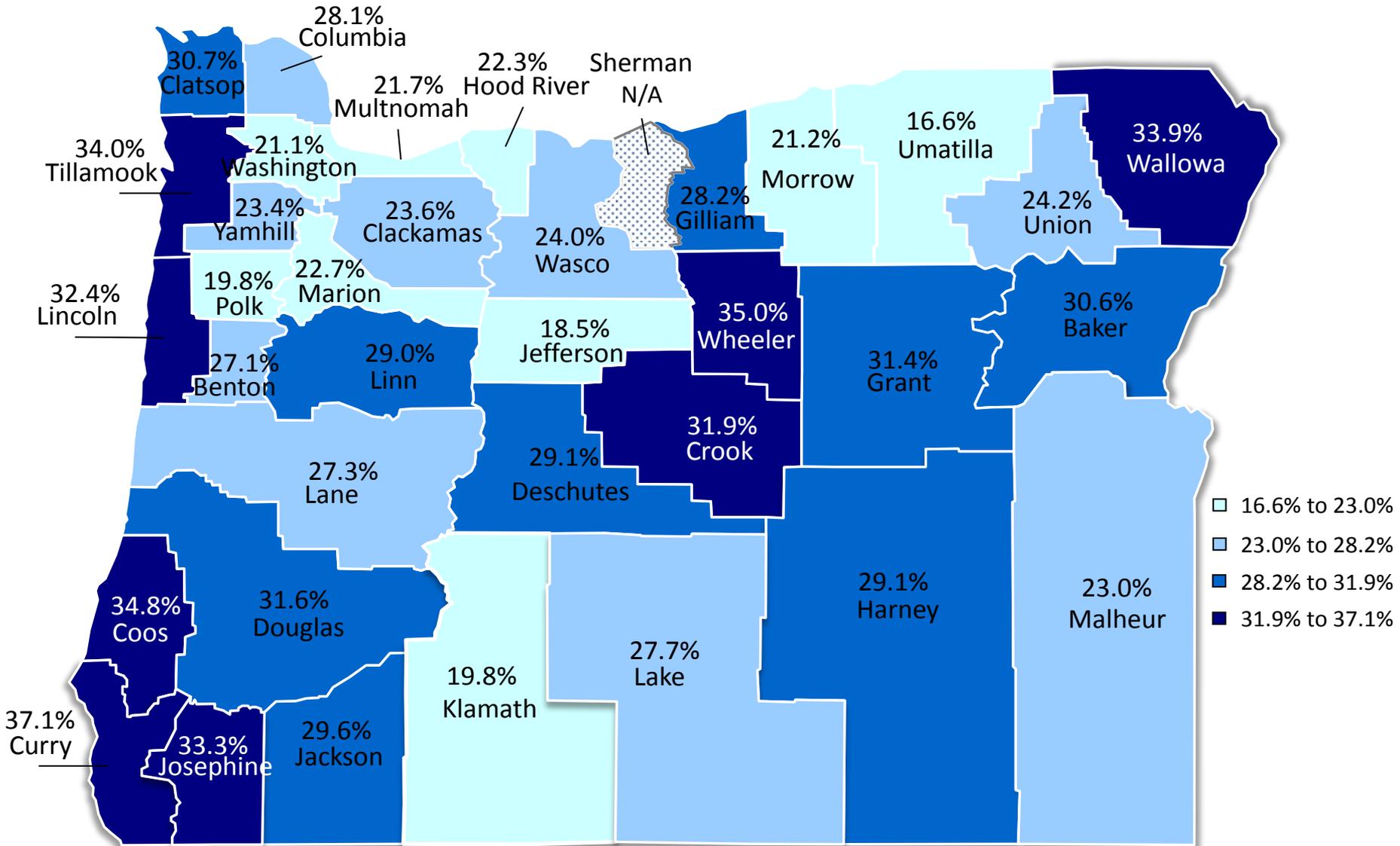


# Projected FTE Demand for Physicians Under Scenario D: 2013-2020

(Team Care + Health IT/EHR)



# Projected FTE Demand for NPs and PAs Under Scenario D: 2013-2020 (Team Care + Health IT/EHR)



# Findings Summary

- Baseline projections suggest a 16% growth in demand for the three clinician types.
- Alternate scenarios change projections significantly:
  - Est. physician demand varies from low of 7% growth under combined scenario (D) to high of 16% under baseline
  - Est. NP and PA demand varies from low of 11% growth under HIT scenario (C) to high of 24% under combined scenario (D)
- Coverage expansion accounts for a little less than half of additional projected demand in 2013 and 2014 but population growth & aging are most significant factors thereafter

# Caveats & Limitations

- Uncertainty around some model elements
- Many factors unaccounted for, for example:
  - Other health professionals who are likely to play an increasing role in new models
  - Developments in medical knowledge and technology
  - Social forces
- Using 2012 provider count as a baseline incorporates current issues with mal-distribution
- Represents projected demand for clinicians. Supply issues (e.g., attrition) will be a factor.

# Policy Implications

- Projected demand varies considerably under different, plausible scenarios but all produce estimates that outpace supply growth in recent years
- No one strategy will be enough to meet demand.
- Target finite resources to areas of greatest need.

# Policy Implications

- Use proactive diversified approach to increase workforce capacity
  - Investments in workforce education & training, including new roles such as Traditional Health Workers
  - Financial support and technical assistance for practice redesign (e.g. PCPCH Institute & multi-payer agreement; EHR incentives)
  - Recruitment incentive programs such as the recent Medicaid primary care provider loan repayment program

**Thoughts, comments, and questions?**