

Health Workforce Supply and Demand: Implications for Rural Health Workforce Development

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Health Workforce Demand in Nevada

Primary Factors

- Population growth, aging, and diversification
- Reform-related insurance coverage expansions
- Economic growth and related job growth, e.g., Tesla effects



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Health Workforce Demand in Nevada

Secondary Factors

- Population health (demand \neq need), e.g., mental health care
- Health care system change, e.g., team-based models of care
- Technological change, e.g., telehealth



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Health Workforce Supply in Nevada

- Steady growth in the number of licensed health professionals across most professions
- “Treading water” in the number of licensed health professionals per capita for many occupations



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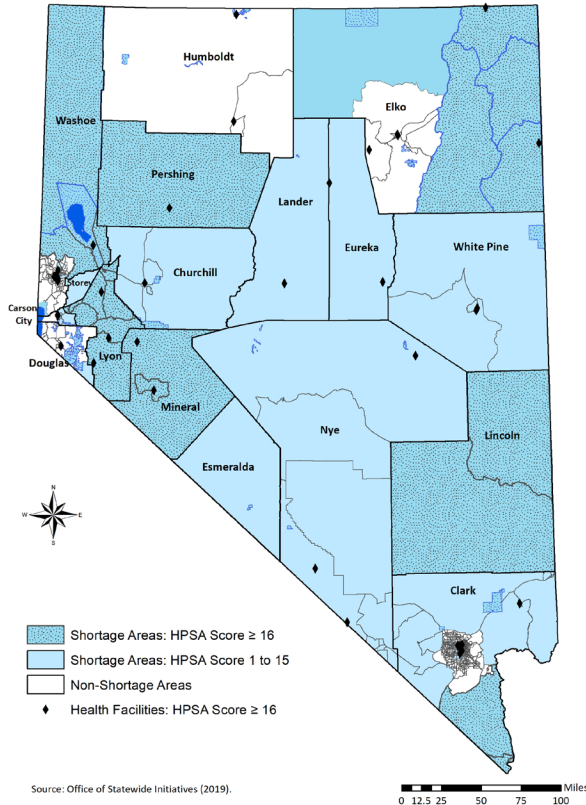
Health Workforce Supply in Nevada

- Severe health workforce shortages compounded by an aging health workforce and ACA-related demand
- Persistent specialty and allied health shortages
- Geographic maldistribution of physicians and most health professionals



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Primary Medical Care Health Professional
Shortage Areas (HPSAs) in Nevada



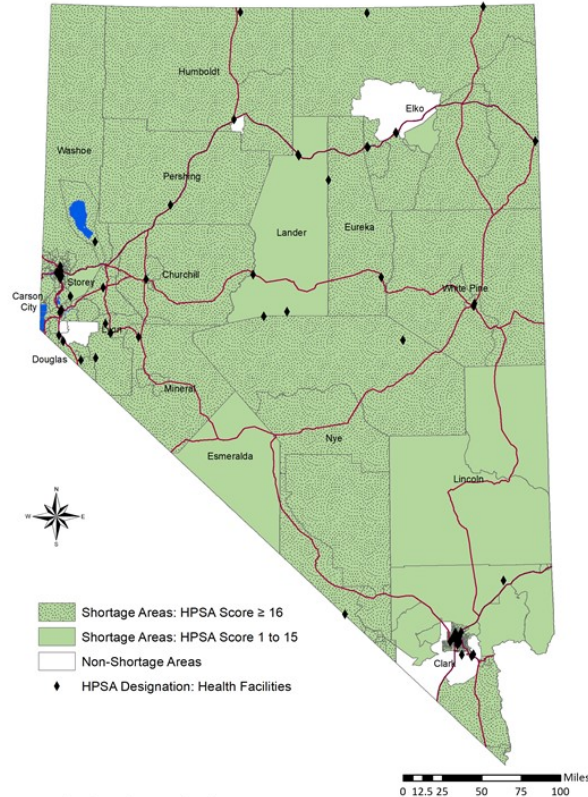
Primary Care Workforce Shortages

- 2.0 million Nevadans reside in a primary care health professional shortage area or “HPSA” or 67.3% of the state’s population
- Majority of Clark and Washoe County residents live in a primary care HPSA
- 11 single-county HPSAs in rural and frontier areas of Nevada



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Dental Health Professional Shortage Areas (HPSAs) in Nevada



Source: Office of Statewide Initiatives (2019)

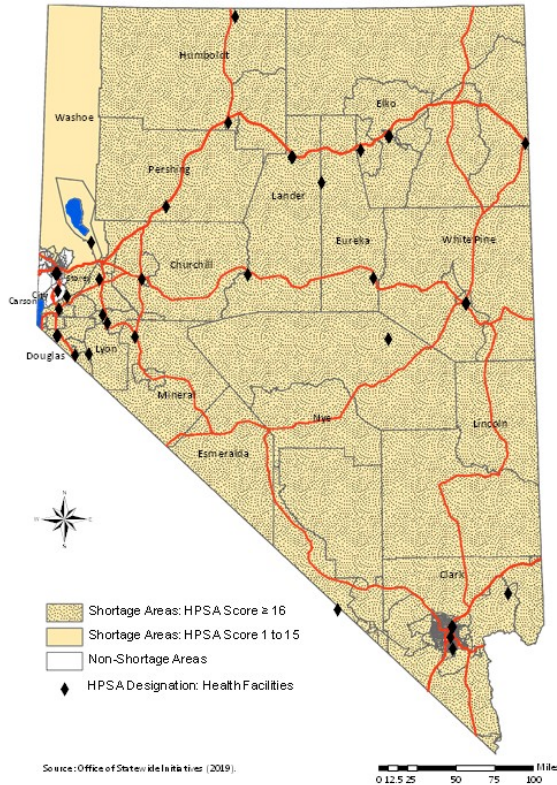
Dental Health Workforce Shortages

- 2.2 million Nevadans reside in a dental HPSA or 72.0% of the state's population, including 100% of Washoe County and Carson City
- 12 single-county dental HPSAs in rural and frontier counties of Nevada



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Mental Health Professional Shortage Areas (HPSAs) in Nevada



Mental Health Workforce Shortages

- 2.8 million Nevadans reside in a mental care HPSA or 94.3% of the state's population, including 100% of Clark County residents
- 16 single-county mental care HPSAs, including all 14 rural and frontier counties of Nevada



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What it Takes to be Average – Medicine and Nursing

Profession	Number per 100,000 Population			Number Needed to be Average	
	US	Nevada	Clark	Nevada	Clark
Physicians (MD and DOs)	299.4	206.0	197.9	2,801	2,233
Primary Care Physicians (MD and DOs)	93.8	67.1	68.6	725	554
Physician Assistants	38.5	33.2	31.4	159	156
Advanced Practice Registered Nurses	46.2	42.5	39.4	111	150
Registered Nurses	955.4	724.4	704.4	6,930	5,523
Certified RN Anesthetists	8.3	2.5	2.7	174	123

Source: OSI analysis of unpublished licensure data (2018).



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Current Policy Developments to Improve Health Workforce Supply in Nevada

- Recognized need to expand higher education programs, diversity, capacity, and budget, esp., NSHE
- Promotion of K-12 health-careers pipeline programs (e.g., AHECs) and career ladders by health care employers
- Growing state, federal, and private support for targeted residency and fellowship program development for physicians (GME) and advanced practice clinicians



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Current Policy Developments to Improve Health Workforce Supply in Nevada

- Changing health professions licensing and regulation – esp., licensure barriers, reciprocity, scope of practice
- Expanding state and federal scholarship and student loan repayment programs, e.g., Nevada Health Service Corps
- Addressing provider reimbursement, work environment, and pay and benefits of all licensed health workers
- Technological and health delivery innovation, e.g., telemedicine, Project ECHO Nevada



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GME and the Physician Workforce Supply in Nevada – 2008 to 2018

N = 1,041	Begin Clinical Practice	Continue Training	Total
Remaining in Nevada	467 (44.9%)	35 (3.4%)	502 (48.2%)
Leaving Nevada	358 (34.4%)	181 (17.4%)	539 (51.8%)
Total	825 (79.3%)	216 (20.8%)	1,041 (100.0%)

Source: OSI analysis of Graduate Medical Education survey data (2018).



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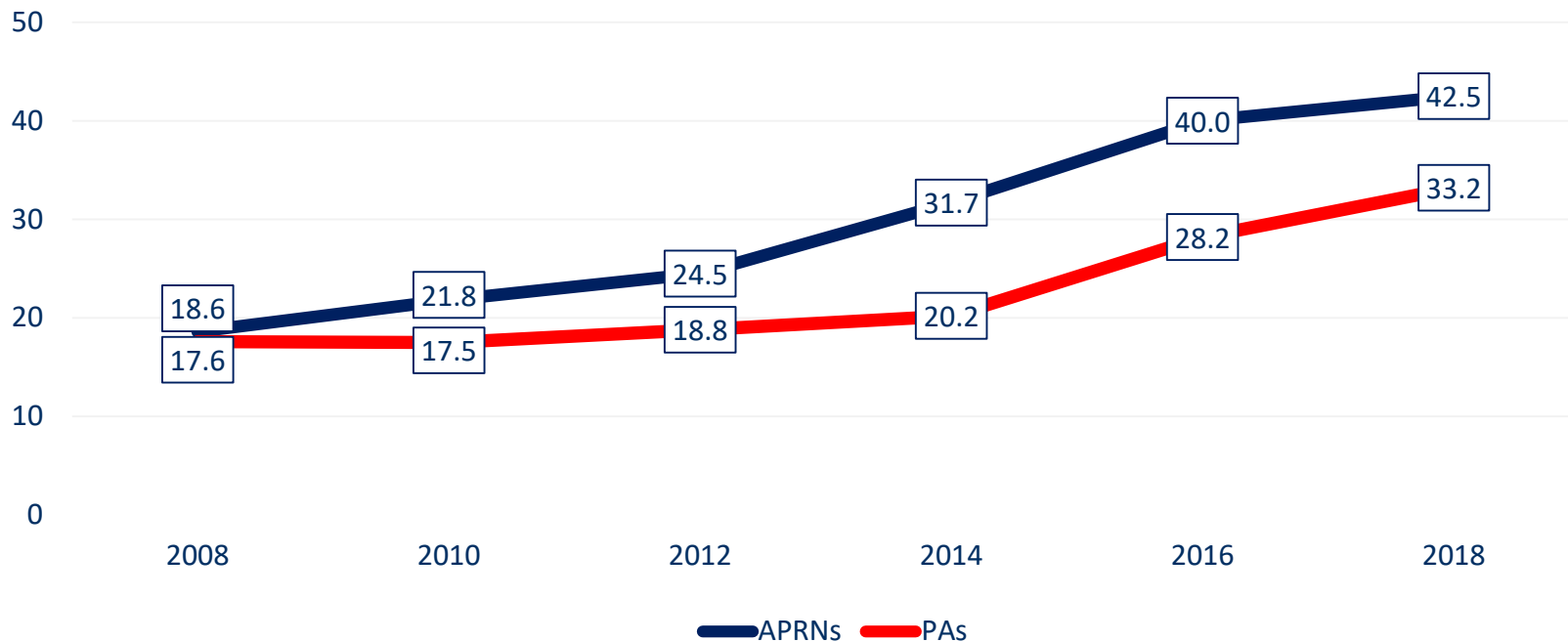
Nevada Health Service Corps

- Since 1989, 143 physicians and practitioners have been supported in every Nevada county
- 27 NHSC recipients are currently practicing in ten Nevada counties
- Since 2016, 70.4% of NHSC-supported health professionals have remained in Nevada
- SB 289 will provide \$500,000 in additional state match to \$500,000 in federal support



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Licensed APRNs and PAs per 100,000 Population in Nevada – 2008 to 2018



Source: Office of Statewide Initiatives, University of Nevada, Reno School of Medicine. *Nevada Instant Atlas*
<https://med.unr.edu/statewide/instant-atlas>.



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Implications for Rural Health Workforce Development

- Steady demand from employers – hospitals, clinics, and practices – for a wide-range of health professionals, including rural areas of the state
- Abundant unmet, statewide need for primary care, oral health services, and behavioral health services
- Health care sector remains a source of recession-resistant, if not recession-proof jobs for Nevada students and graduates



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Additional Information

Office of Statewide Initiatives

Nevada State Office of Rural Health

Project ECHO Nevada

Nevada Health Workforce Research Center

<https://med.unr.edu/statewide>



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