Health Workforce Trends and Policy in Nevada

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MEDICINE

NEVADA HEALTH WORKFORCE RESEARCH CENTER

Office of Statewide Initiatives

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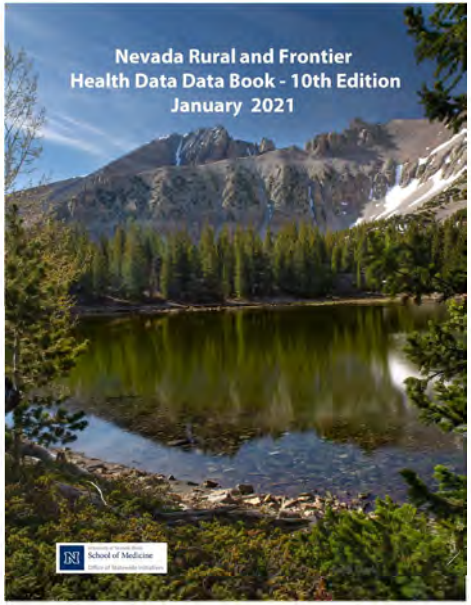

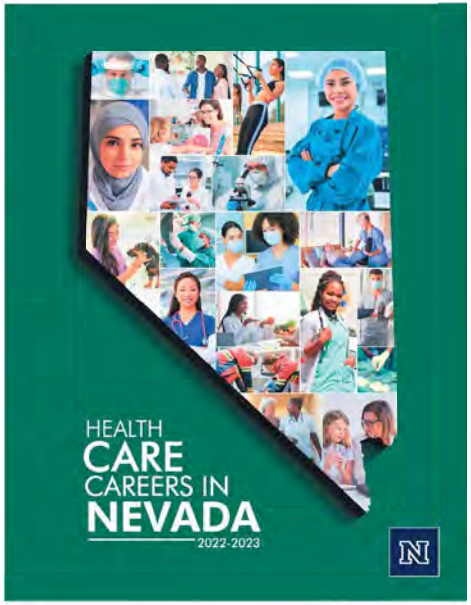

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Health Workforce Demand in Nevada

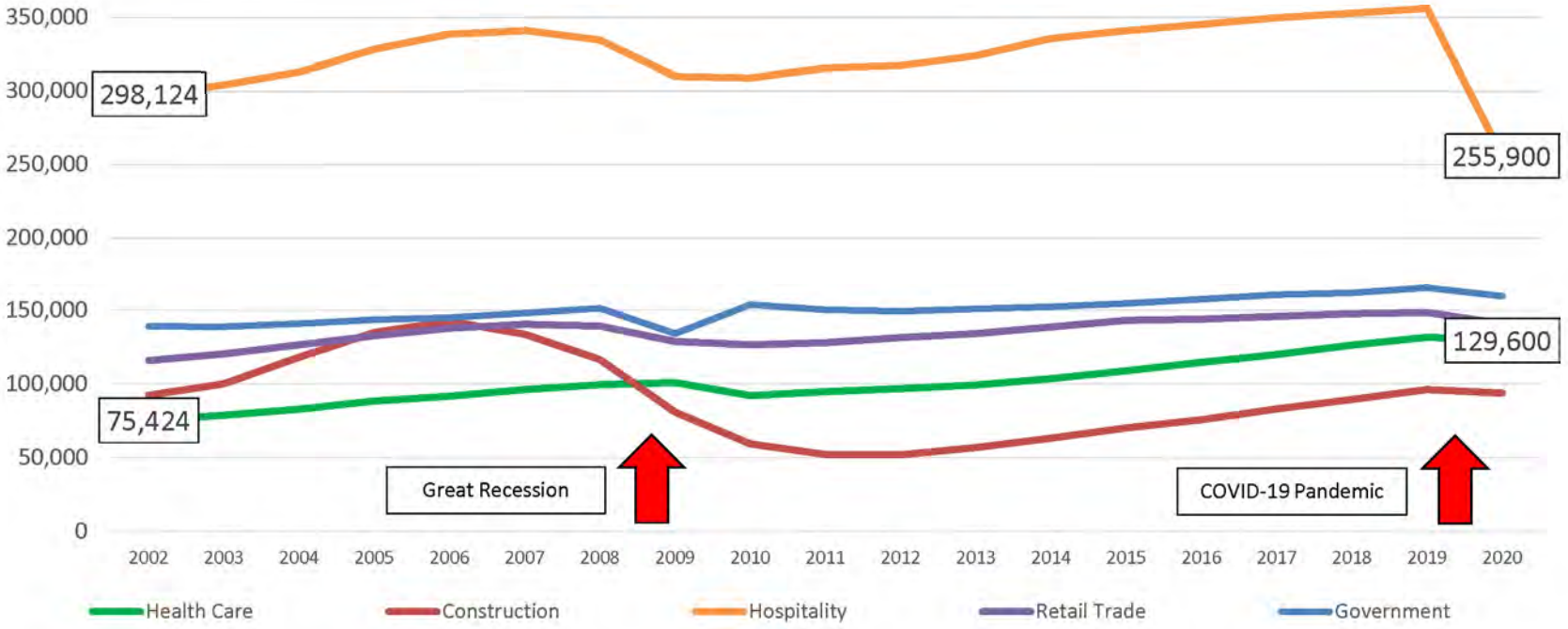
- Population growth, aging, and diversification
- Gains in public and private insurance coverage
- Economic growth and diversification
- Current and emerging population health needs
- Health system and technological change

Current Strains and Shocks (and Wild Cards)

"You can't list your iPhone as your primary-care physician."

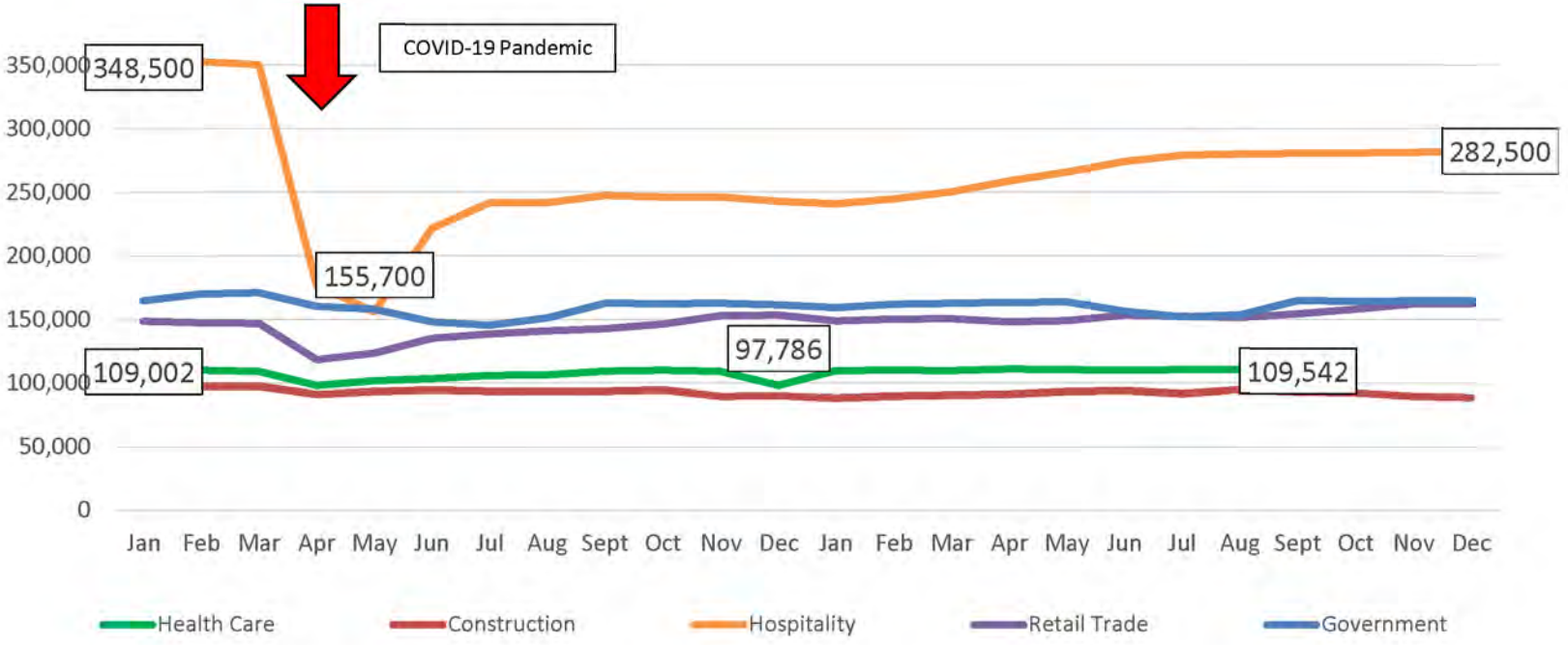
- Pre-pandemic demand: Demographic and economic drivers, ACA insurance coverage and Medicaid expansion
- Pandemic demand and the Great Resignation: Changing jobs vs changing professions?
- Post-pandemic demand: V-shaped recovery? Return to pre-pandemic demand for health care services? Extension of temporary coverage expansions and subsidies?

Employment in Major Industries in Nevada – 2002 to 2020



Note: Employment in health care includes social assistance occupations.
Source: Nevada Department of Employment, Training and Rehabilitation, Research and Analysis Bureau (2022).

Employment in Major Industries in Nevada – 2020 to 2021



Note: Employment data in health care is current through September 2021. Health care does not include social assistance occupations.
Source: Nevada Department of Employment, Training and Rehabilitation, Research and Analysis Bureau (2022).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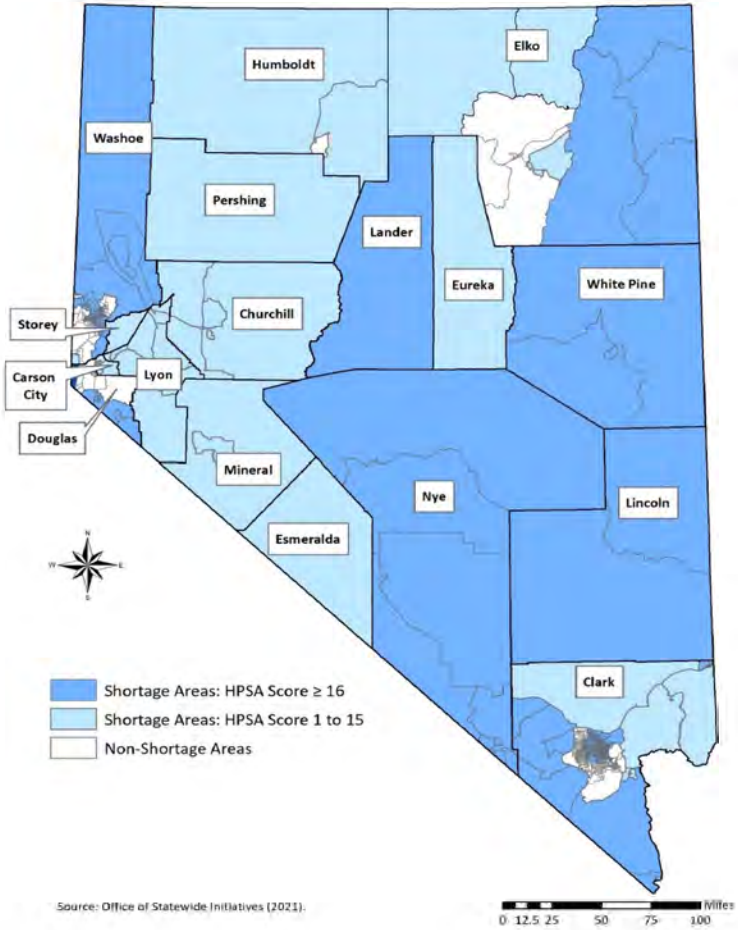
Health Workforce Supply in Nevada

- Persistent workforce shortages in medicine, nursing, behavioral health, and many other health professions
- Steady growth of licensed health professionals, yet "treading water" in per capita growth of licensees
- Aging health workforce serving an aging population
- Geographic maldistribution of health professionals
- Diversity mismatch between providers and populations served

Health Workforce Shortages

Demand > Supply

Need > Demand > Supply

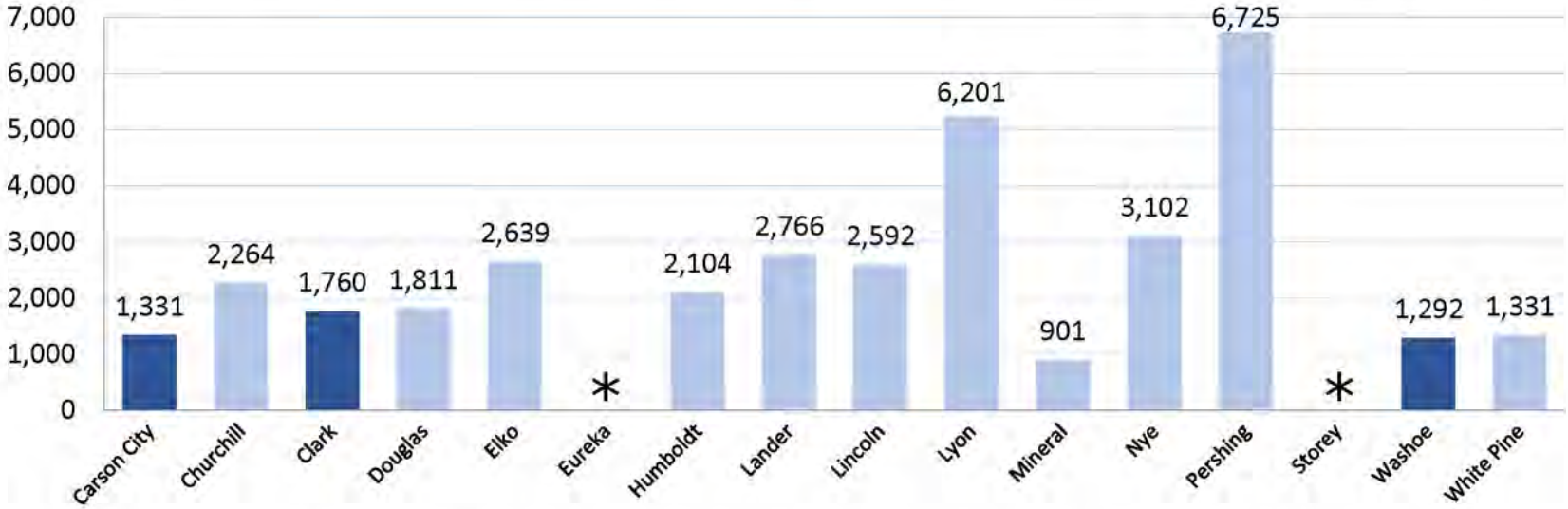


Primary Care Workforce Shortages

- 1.9 million Nevadans reside in a primary care health professional shortage area (HPSA) or 67.3% of the state's population
- 10 of 14 rural and frontier areas of Nevada are single-county primary care HPSAs

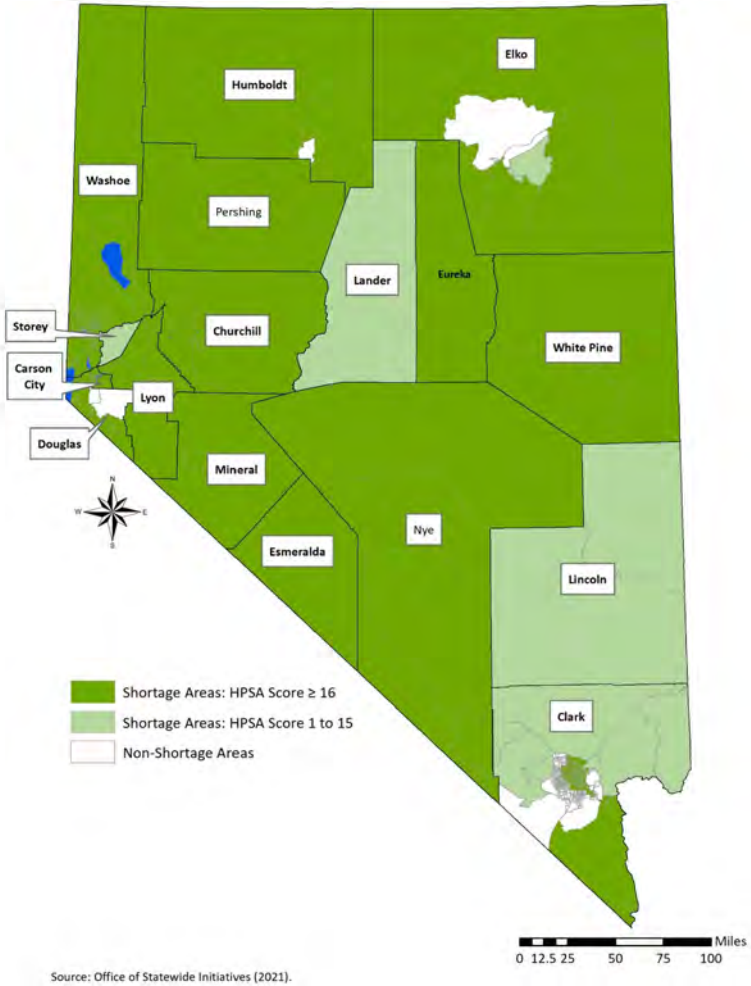
Ratio of Population to Primary Care Physicians in Nevada

US Average = 1,310:1 **Nevada Average = 1,706:1** **Nevada Range = 901:1 to 6,725:1**



Source: Area Health Resource File/American Medical Association (2019) from the *2022 County Health Rankings and Roadmaps.*

* = No primary care physicians in 2019



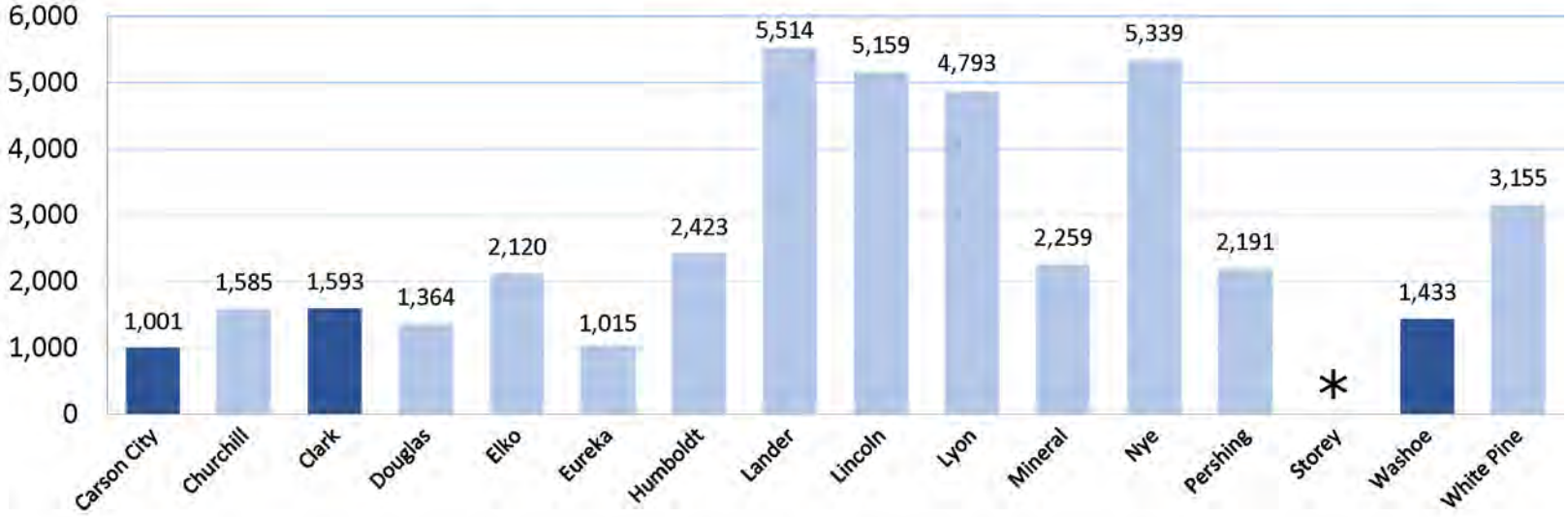
Source: Office of Statewide Initiatives (2021).

Dental Workforce Shortages

- 2.3 million Nevadans reside in a dental HPSA or 71.2% of the state's population
- 12 single-county dental HPSAs in Nevada, including 11 of 14 rural and frontier counties of Nevada

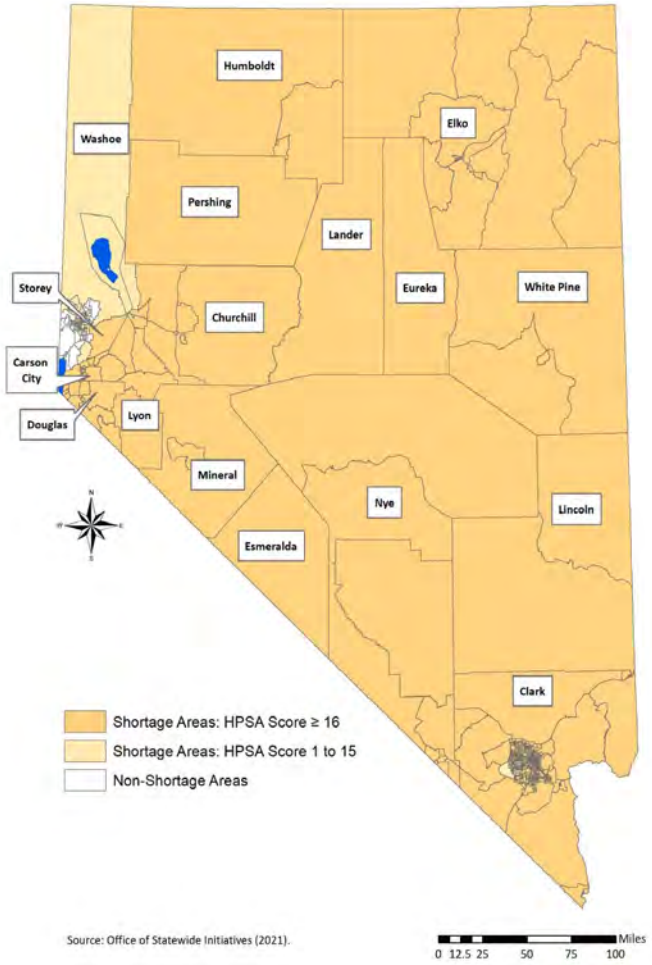
Ratio of Population to Dentists in Nevada

US Average = 1,400:1 **Nevada Average = 1,601:1** **Nevada Range = 1,001:1 to 5,514:1**



Source: Area Health Resource File/National Provider Identification File (2020) from the *2022 County Health Rankings and Roadmaps*.

* = No dentists in 2020

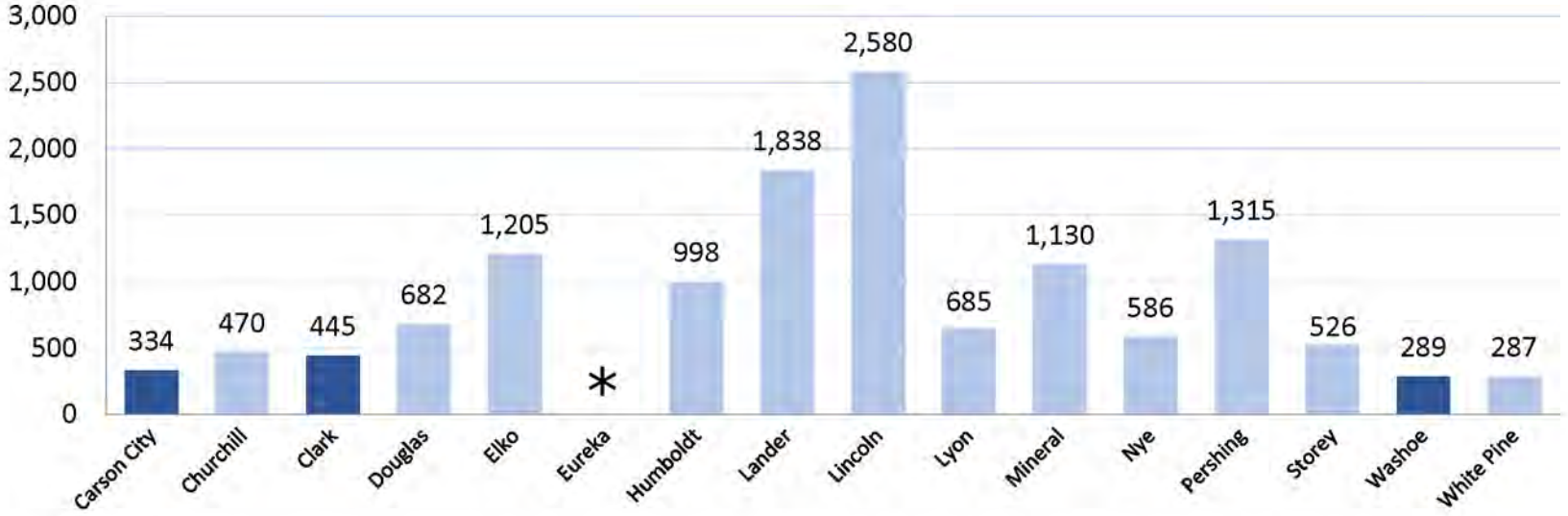


Mental Health Workforce Shortages

- 3 million Nevadans reside in a mental HPSA or 94.5% of the state's population
- 16 single-county mental HPSAs in Nevada, including all 14 rural and frontier counties of Nevada

Ratio of Population to Mental Health Providers in Nevada

US Average = 380:1 **Nevada Average = 422:1** **Nevada Range = 287:1 to 2,580:1**



Source: Centers for Medicare and Medicaid Services/National Provider Identification File (2021) from the *2022 County Health Rankings and Roadmaps.*

* = No mental health providers in 2020

What it Takes to be Average

To meet the national population-to-provider average, Nevada would need an additional:

- 2,148 physicians
- 220 family medicine physicians
- 214 pediatricians
- 4,359 registered nurses
- 395 pharmacists
- 919 psychologists and clinical professional counselors

Source: Nevada Health Workforce Research Center analysis of unpublished employment data from the Nevada Department of Employment, Training, and Rehabilitation (2021).

Addressing Health Workforce Shortages

1. "Grow your own" – Increase the number and diversity of health care education graduates
2. Stretch the existing health care workforce
3. Beg, steal, borrow, or barter health care workers from other states (and countries)

1. Grow Your Own (and Keep those You Grow)

- Expand publicly supported health care education programs
- Create new publicly supported health care education programs
- Support innovative industry-higher education partnerships and programs
- Apprenticeships and new paths to licensure
- Broaden and expand GME programs for physicians
- Create residency and fellowship programs for advanced practice clinicians
- Scholarship programs for current health care students
- Loan repayment and forgiveness programs for health care graduates
- Maximize use of federal health workforce development programs
- Support and expand health care career pipeline programs and STEM

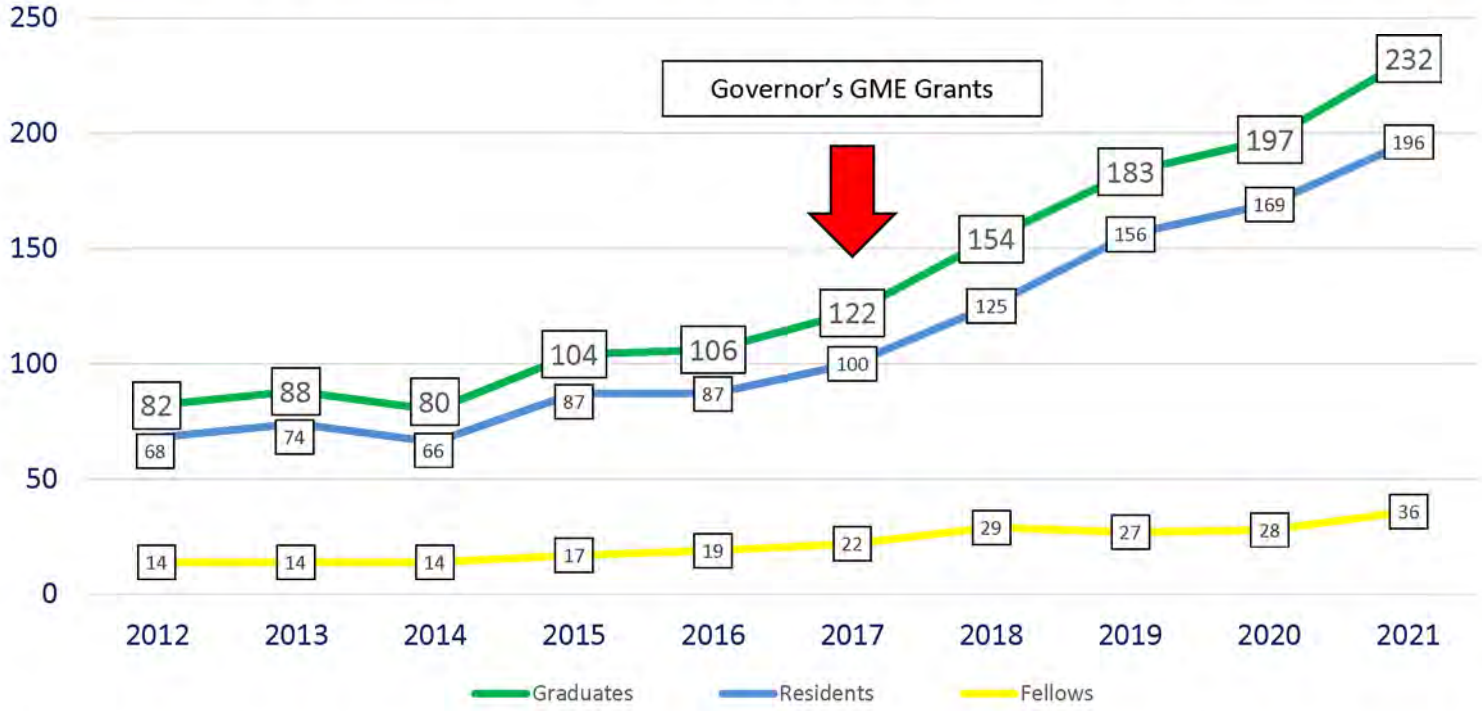
2. Stretch the Existing Health Care Workforce

- Expand team-based models of care across a range of health care settings
- Increase utilization of non-physician clinicians practicing at the top of their scope of practice to improve the efficiency and effectiveness of care
- Explore expanding the scope of practice of current health professionals
- Preserve and expand what worked during the public health emergency
- Support and reimburse traditional telemedicine consultations
- Support and reimburse ECHO telehealth applications
- Address a wide range of work environment issues, including salary, benefits, childcare, internal career ladders, hybrid work options, CE/CME

3. Beg, Steal, Borrow or Barter

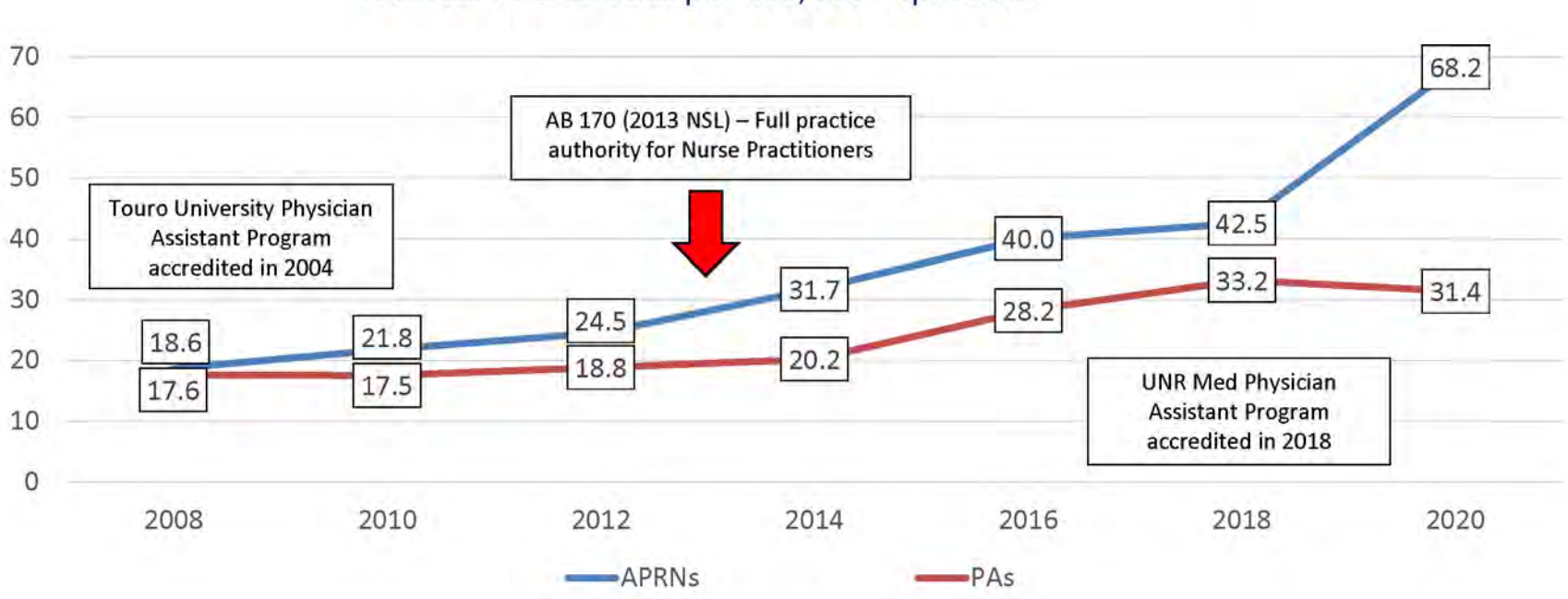
- Licensure compacts and reciprocity
- State and County Medical Reserve Corps (SERV-NV)
- Battle Born Medical Corps (Directive 11)
- Re-engage inactive licensees and recent retirees
- Underemployed immigrants and resettle refugees
- Traveling nurses and agencies
- Signing bonuses and other financial incentives
- Poaching from other health facilities

GME Graduation in Nevada – 2012 to 2021



Source: Griswold, T. and J. Packham. 2021 (forthcoming). *GME Trends in Nevada – 2021*. Nevada Health Workforce Research Center.

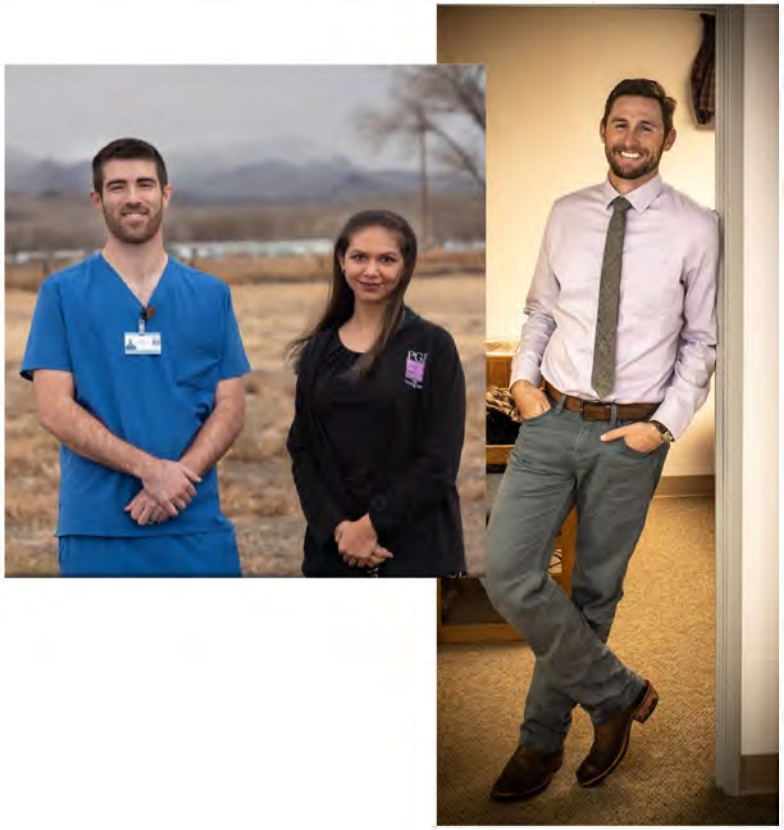
Scope of Practice and New Programs for Advanced Practice Clinicians



Source: Nevada Health Workforce Research Center, *Health Workforce in Nevada: A Chartbook* (2021).

Loan Repayment for Health Professionals

- Since 1989, Nevada Health Service Corps (NHSC) has supported over 200 practitioners in every Nevada county
- Over the past five years, 70.4% of NHSC-supported health professionals have remained in Nevada
- Currently, 46 NHSC-supported physicians and other health professionals are practicing in 11 Nevada counties, including Clark and Washoe
- SB233 appropriated $500,000 in state match to $500,000 in federal support for NHSC during the current biennium



Nevada Health Workforce Research Center

- *Primary Care Practice Patterns of UNR Med Grads* (April 2022)
- *Physician Workforce in Nevada* (January 2022)
- *GME Trends in Nevada* (October 2021)
- *Health Workforce in Nevada* (June 2021)

- *Health Care Careers in Nevada* (6th Edition)
- *Nevada Rural and Frontier Health Data Book* (10th Edition)
- *Nevada Instant Atlas* website

https://med.unr.edu/statewide/reports-and-publications

Questions?

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