

Public Sector Health Workforce

- Usual Suspects
 - MDs, RNs, APRNs, DMDs,
- Some less than usual suspects
 - Laboratory personnel
 - Therapy professions
- Unusual settings
 - Greater legal and budget constraints
 - Public expectations
 - Heavier Behavioral Health Focus
 - More difficult “patients”

Change in Hospital, Nursing Home and Home Health Staffing 2000 – 2010

	FY 2000	FY 2010	Change
Profession	Budgeted Positions	Budgeted Positions	FY 2000 - 2010
MD	1,157	1,196	39
RN	30,527	39,755	9,228
LPN	10,555	11,306	751
Pharmacy	1,397	1,581	184
Other*	43,175	46,583	3,408
Total	86,811	100,422	13,611
* Includes nurse aides and allied health			

Ranking of per capita number of Behavioral Health Professionals in Georgia

Counselors	28 th
Marriage & Family Therapists	31 st
Psychiatric APRNs	28 th
Psychiatrists	30 th
Psychologists	42 nd
RNs	40 th
Physicians	40 th
Social Workers	41 st

Context: Extensive Shortages

Georgia struggles with health workforce

- **Growth in demand:**
- Rapid growth in Population
- Aging of population
- Increases in capabilities of workforce
- **Supply concerns:**
- Aging workforce
- Historic short supply of key professions
- Declines in production from academic pipeline (under correction)
- **Shortages exist at national level**

Context:

Public vs. Private Sector

- Public Sector competes with private settings for trained health Workforce personnel
 - Shortages of Personnel mean **Seller's market**
 - Salary, benefits, scheduling.... Issues at work
 - Challenges of work in public sector contribute to difficulties
 - Challenges of work in public sector at work
 - Public sector agencies also compete with each other

Aspects of Public Sector can inhibit growth

- Unique aspects
 - Service oriented
 - Personnel heavy
 - Budget disconnect
 - Size of budget not reflective of service demands
 - Budgeting driven by external considerations
 - Inelastic expectations
 - Provide services as demanded regardless of budget.....
- Perverse Response
 - Cut staffing
 - Downgrade credentials
 - Staff-up on lower skilled personnel
 - Push duties down the professional network
 - Pray nothing goes wrong

Unique aspects of the Health Workforce

- Elements of health profession legal, academic and practice constructs can restrict access to these professionals
 - Licensure requirements
 - Practice constraints
 - Education
- However, these can also provide unique ways to connect

Results in Workforce Problems

- General shortages of personnel and challenges of public sector employment have produces major shortages in public sector
 - Corrections:
 - Worsening Staffing Ratios in key behavioral Health Professions - Psychology
 - Mental Health:
 - Heavy reliance on low skilled workforce
 - Public Health
 - Oral health and laboratory personnel shortages
 - K-12 Education
 - High impact of early health interventions difficult to access (DOE not necessarily employer)
 - Therapy personnel
 - Pediatric subspecialties
 - Vision and oral healthcare
 - Nurses in short supply across the public sector



Goal for Public Sector

- The right professionals
- Doing the right job
- For the right people
- With the right needs

Solutions: How to get there

- This is **not** simply an HR problem
- Many issues at work
 - Employer concerns exist – benefits, salary
 - Sector problems Exist – Constraints of public sector and personnel shortages
 - Pipeline Problems exist
 - Peculiarities of healthcare personnel exist
 - Scope of Practice problems exist

Solutions

- Build internal DBHDD workforce knowledge
- Strengthen the education pipeline:
 - Create more education programs as needed (or enlarge existing ones)
 - Establish high quality clinical education experiences for students
 - Establish residency/internship/post doctoral programs/experiences for medicine, nursing, psychology and others
- Develop existing workers into needed professionals
 - Establish career pathways
 - Enhance supports (salary, stipend and supervisory) for students engaged in supervised clinical practice prior to full licensure

Solutions

- Increase appeal of work in the public sector
 - Appropriately reduce work burden placed on clinical professionals
 - Maximize appropriate substitutions of work/professionals across the system. Apply training and workforce education efforts to this endeavor as needed.
 - Establish systems that attract needed clinicians to public sector
- Improve the efficacy of the workforce
 - Properly align state law/rules governing workforce to align with public sector needs
 - Modernize knowledge and skills of existing clinical professionals through continuing education systems
 - Establish/enhance training pathways that target newer skills/professions that align with state of the art practices