



# Dimensions of Health Workforce Equity

Presentation to AAPA and PAEA Fellows  
September 30, 2022

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Institute for Health  
Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

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WASHINGTON  
UNIVERSITY

WASHINGTON, DC

# What is health workforce equity?

**Our vision is a world in which there is a diverse health workforce that has the competencies, opportunities, and courage to ensure everyone has a fair opportunity to attain their full health potential.**

**We call this Health Workforce Equity.**

# Mullan Institute Activities

RESEARCH

ACTION

EDUCATION

## UPCOMING DATES

Fall 2022: September 19 - October 7

Spring 2023: March 20 - April 7

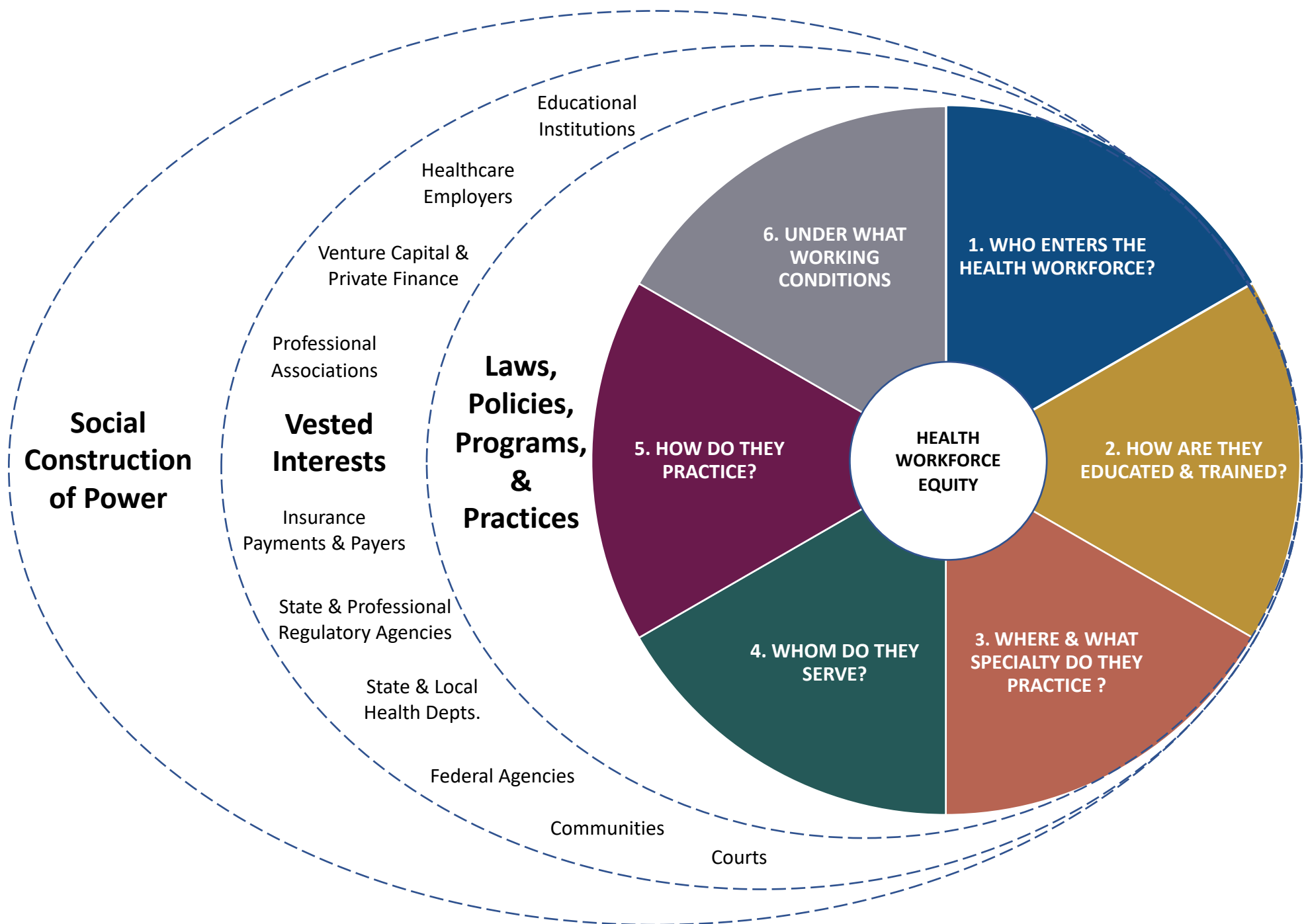


Meet the 2023  
Atlantic Fellows for Health Equity

Atlantic Fellows | FOR HEALTH EQUITY

# Dimensions of Health Workforce Equity

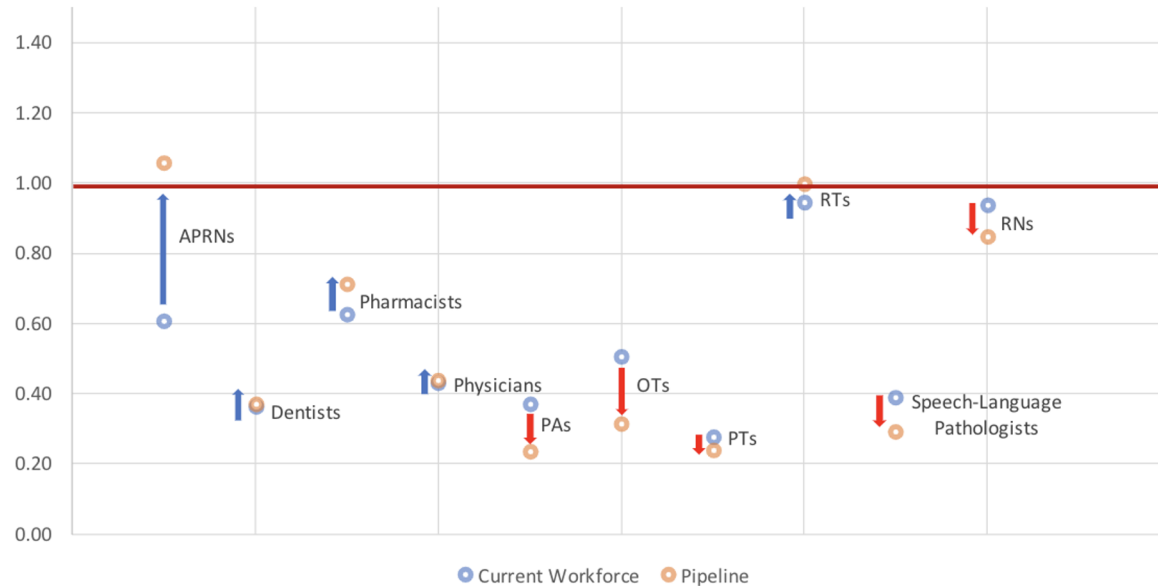




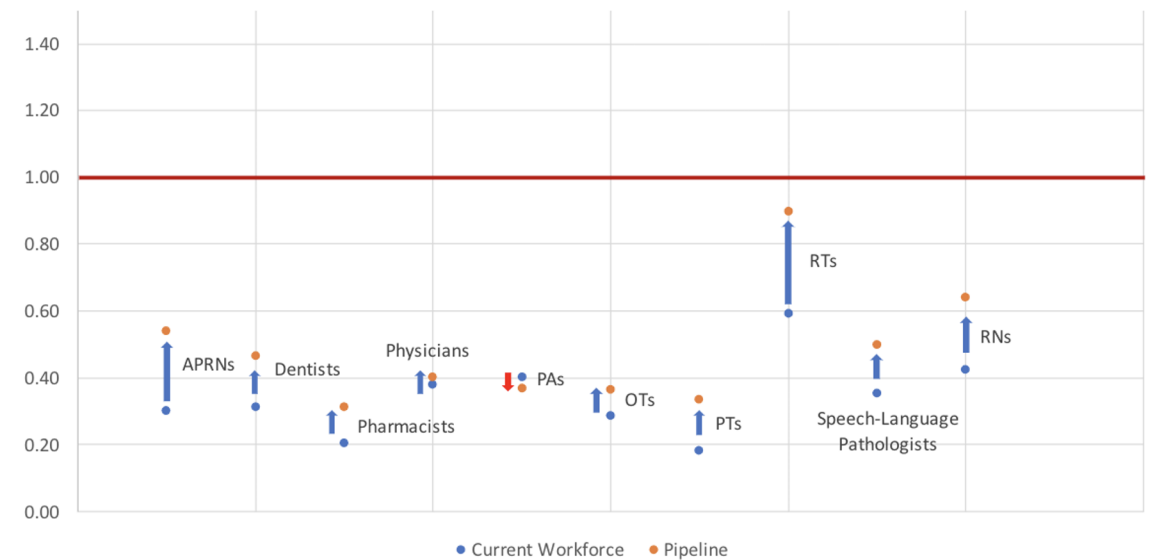


# The Nature and Magnitude of the Problem

*Black, Hispanic and Native American individuals are underrepresented in health professions requiring higher education compared to their representation in the population.*



Black/African American Diversity Index

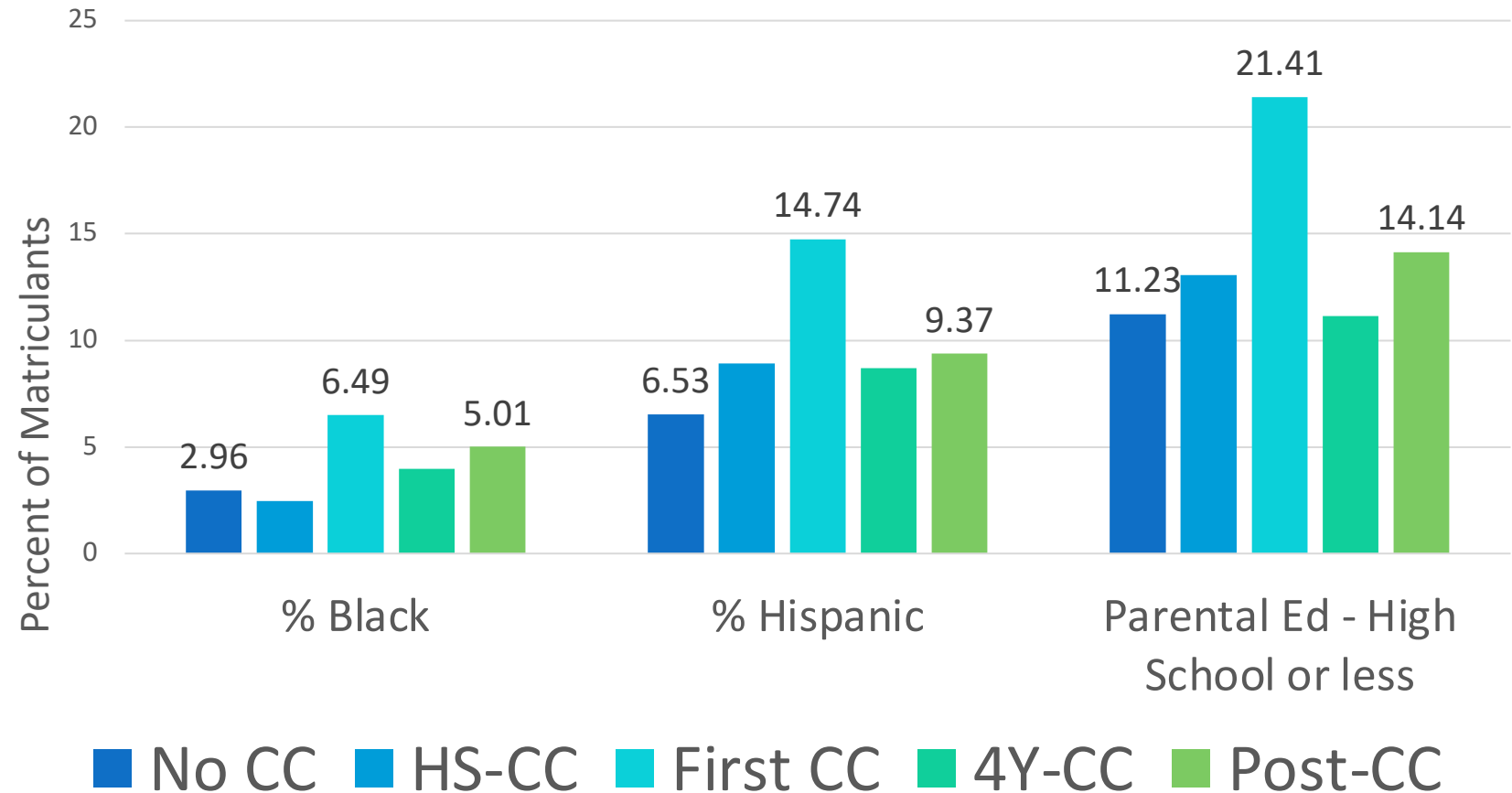


Hispanic/Latinx Diversity Index

- Three out of four PA matriculants attended CC

Contribute to Diversity

Diversity Metrics by CC Pathway

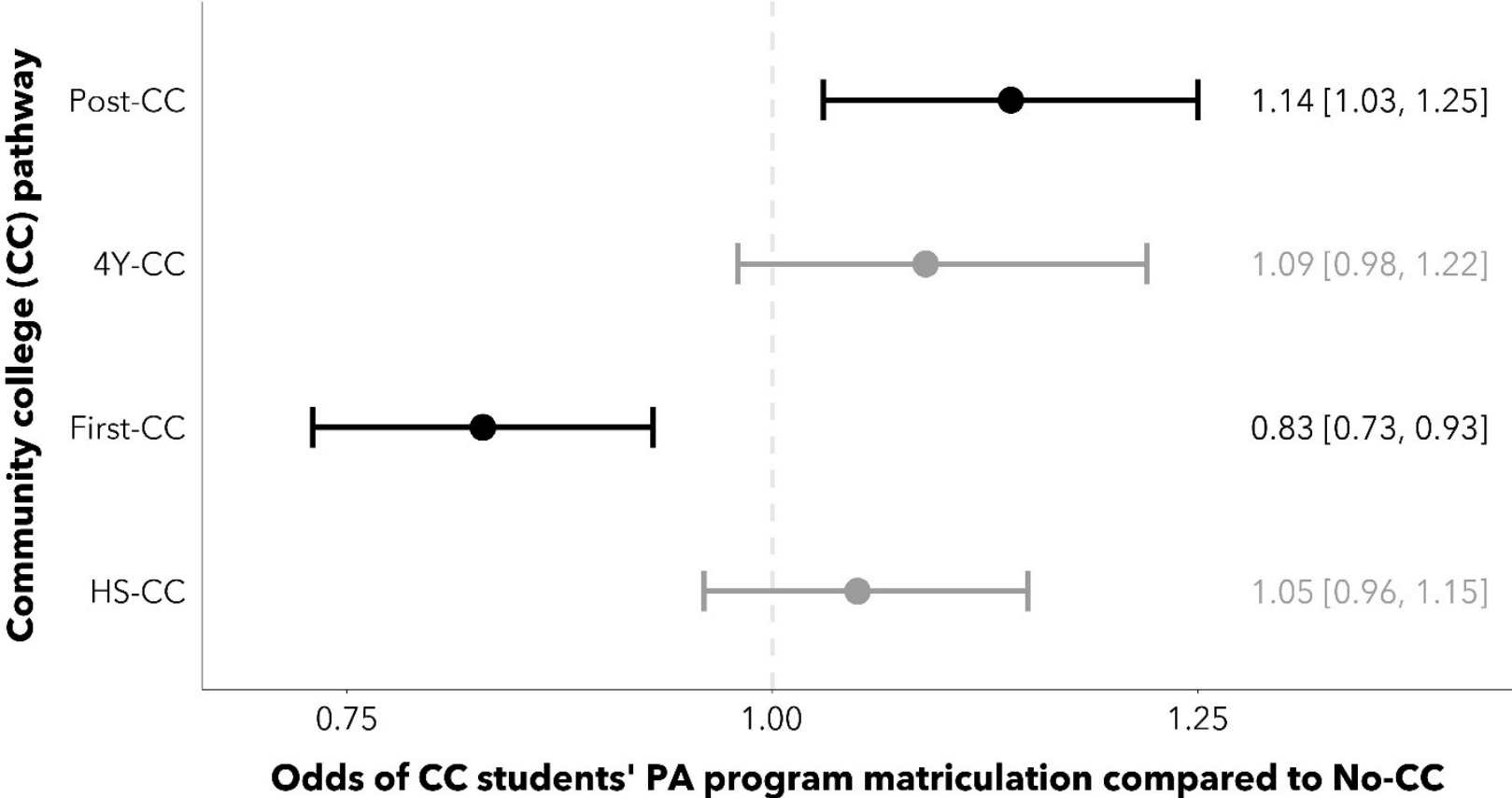




# STRATEGY - Review application process for unintended barriers

- holistic review process
- consistent requirements across programs
- lower application fees

Lower odds of matriculating





# Problem: Health professions education (HPE) perpetuates problems endemic in the US healthcare system that create barriers to the promotion of health equity.

## The Social Mission of Medical Education: Ranking the Schools

Fitzhugh Mullan, MD; Candice Chen, MD, MPH; Stephen Petterson, PhD; Gretchen Kolsky, MPH, CHES; and Michael Spagnola, BA

Rank	School	State	Social Mission Score†	Primary Care Physicians		Physicians Practicing in HPSAs		School–State (Nation) Ratio of Underrepresented Minorities	
				Total, %	Standardized Score‡	Total, %	Standardized Score‡	Ratio	Standardized Score‡
<b>Highest 20</b>									
1	Morehouse School of Medicine	GA	13.98	43.7	1.20	39.1	1.40	3.15	11.38
2	Meharry Medical College	TN	12.92	49.3	2.00	28.1	0.14	2.99	10.78
3	Howard University	DC	10.66	36.5	0.19	33.7	0.78	2.71	9.68
4	Wright State University Boonshoft School of Medicine	OH	5.34	49.2	1.98	28	0.12	1.31	3.23
5	University of Kansas	KS	4.49	45.2	1.42	43.9	1.96	0.77	1.12
6	Michigan State University College of Human Medicine	MI	4.13	43.6	1.20	26.5	-0.05	1.24	2.99
7	East Carolina University Brody School of Medicine	NC	3.72	51.9	2.36	34.2	0.84	0.62	0.52
8	University of South Alabama	AL	3.15	42	0.97	52.7	2.97	0.29	-0.78
9	Ponce School of Medicine	PR	3.02	33	-0.31	43.8	1.94	0.84	1.38
10	University of Iowa Carver College of Medicine	IA	2.97	37.1	0.28	21	-0.69	1.35	3.38
<b>Lowest 20§</b>									
1	Vanderbilt University	TN	-3.95	21.9	-1.86	20.8	-0.70	0.13	-1.38
2	University of Texas Southwestern Medical Center	TX	-3.64	26.8	-1.18	15.1	-1.36	0.21	-1.09
3	Northwestern University Feinberg School of Medicine	IL	-3.11	24.4	1.51	19.5	-0.86	0.30	-0.74
4	University of California, Irvine	CA	-3.02	32.9	-0.32	14.2	-1.47	0.17	-1.24
5	New York University	NY	-2.65	24.3	-1.53	22.1	-0.55	0.34	-0.57
6	University of Medicine and Dentistry of New Jersey—NJ	NJ	-2.46	23.7	-1.61	17.8	-1.05	0.54	0.20
7	Uniformed Services University of the Health Sciences	MD	-2.36	29.6	-0.78	21.4	-0.64	0.24	-0.95
8	Thomas Jefferson University	PA	-2.34	32.1	-0.42	20.6	-0.72	0.18	-1.19
9	Stony Brook University	NY	-2.21	29.1	-0.85	20.4	-0.76	0.33	-0.60
10	Albert Einstein College of Medicine of Yeshiva University	NY	-2.13	26.1	-1.28	24.8	-0.25	0.33	-0.60

Top ranked medical schools create physicians who do not meet the priority healthcare needs of the nation<sup>1</sup>



# Behavioral Health Workforce Tracker

- Using IQVIA Xponent retail prescription data, we can identify not only behavioral health specialists but **primary care providers (including NPs/PAs)** role in behavioral health, including:
  - Serious Mental Illness
  - Medication Assisted Treatment

<https://www.healthaffairs.org/content/forefront/new-behavioral-health-workforce-database-paints-stark-picture>



# MH/SUD Database, 2020

Provider Type	Count of Providers
<b>Behavioral Health Specialists</b>	<b>612,447</b>
<b>Psychiatrists and Addiction Medicine Specialists<sup>1</sup></b>	<b>51,614</b>
<i>Addiction Medicine</i>	3,847
<i>Addiction Psychiatry</i>	918
<i>Psychiatry</i>	39,017
<i>Child and Adolescent Psychiatry</i>	7,832
<b>Psychologists (PhD, PsyD, EdD)<sup>2</sup></b>	<b>102,004</b>
<b>Counselors and Therapists<sup>3</sup></b>	<b>458,829</b>
<i>Licensed Marriage and Family Therapists</i>	64,592
<i>Licensed Professional Counselors</i>	172,446
<i>Licensed Clinical Social Workers</i>	221,791
<b>Other Providers Prescribing BH Medications</b>	<b>574,745</b>
<b>Primary Care Physicians<sup>1</sup></b>	<b>207,833</b>
<i>Family Medicine/General Practice</i>	105,003
<i>Internal Medicine</i>	68,686
<i>Pediatrics</i>	34,144
<b>Advanced Practice Providers<sup>1</sup></b>	<b>193,356</b>
<i>Nurse Practitioners</i>	142,112
<i>Physician Assistant</i>	51,244
<b>Other Physicians<sup>1</sup></b>	<b>173,556</b>
<b>Total Behavioral Health Workforce</b>	<b>1,187,192</b>

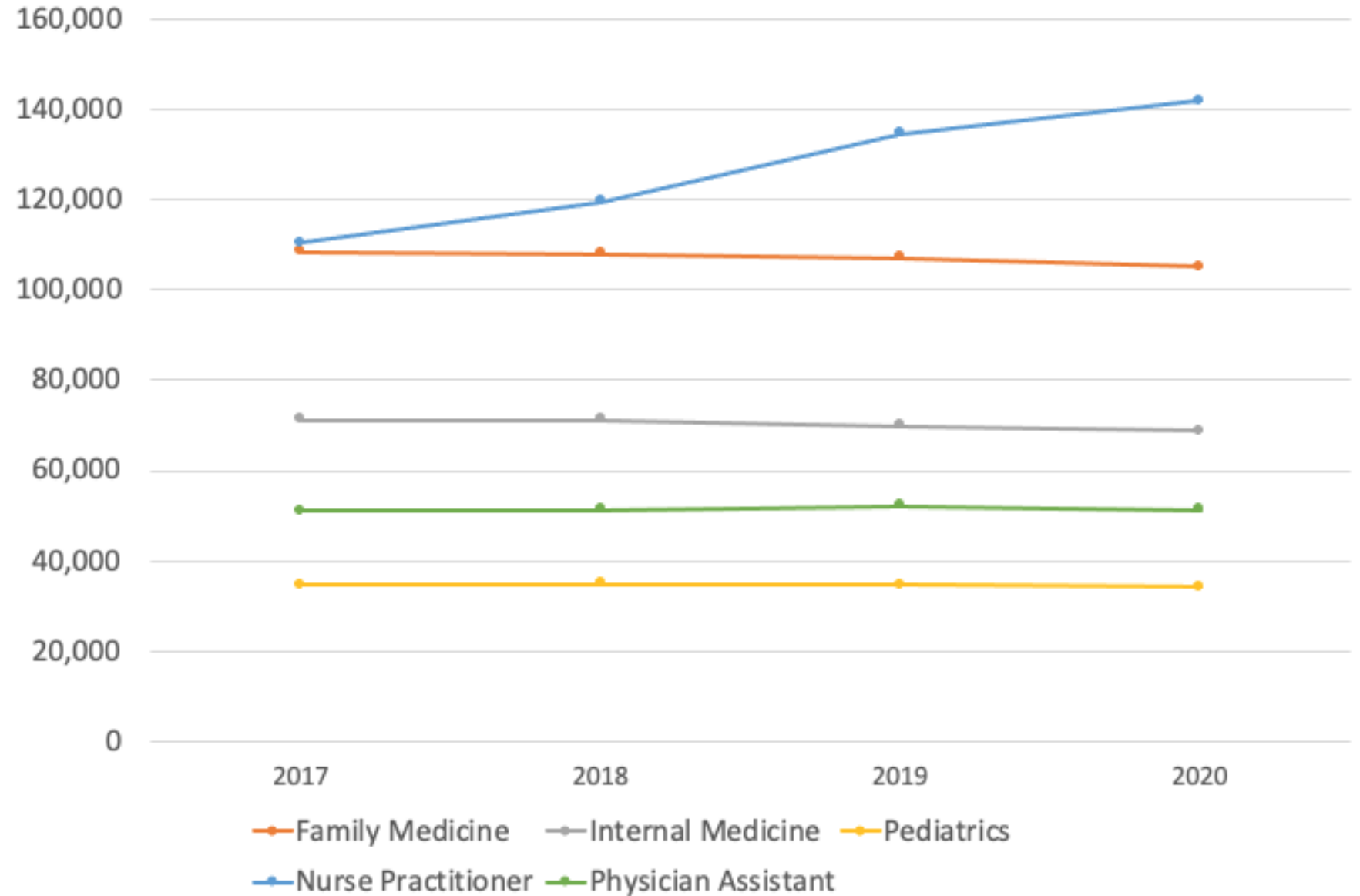
<sup>1</sup> Source: IQVIA Xponent, 2020. Extracted March 2021.

<sup>2</sup> Source: State licensure files and NPPES. Does not include 17,698 psychologists who had a practice address in a different state than they were licensed or could not be geocoded.

<sup>3</sup> Source: State licensure files and NPPES. Does not include 71,027 counselors and therapists who had a practice address in a different state than they were licensed or could not be geocoded.

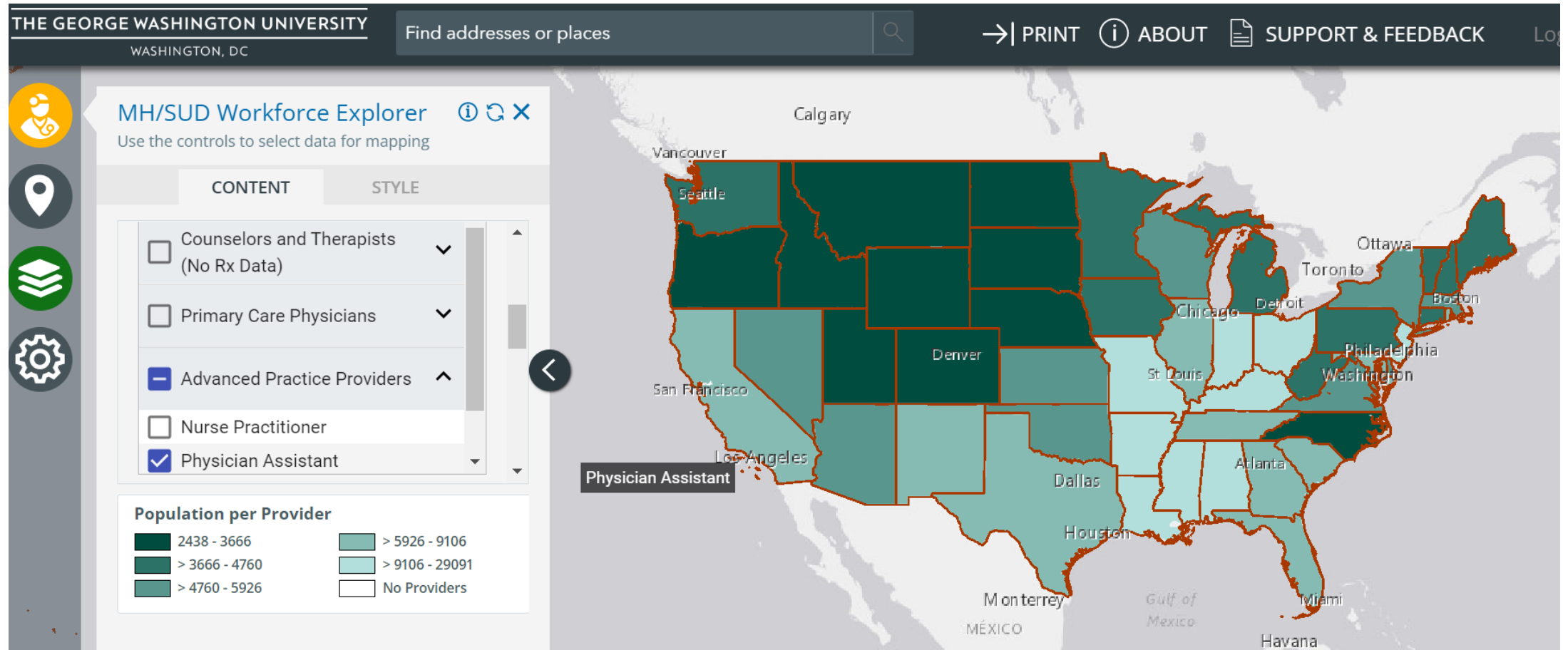
Primary Care Providers by Year

NPs only  
BH prescriber  
type increasing



Source: IQVIA Xponent, March 2021

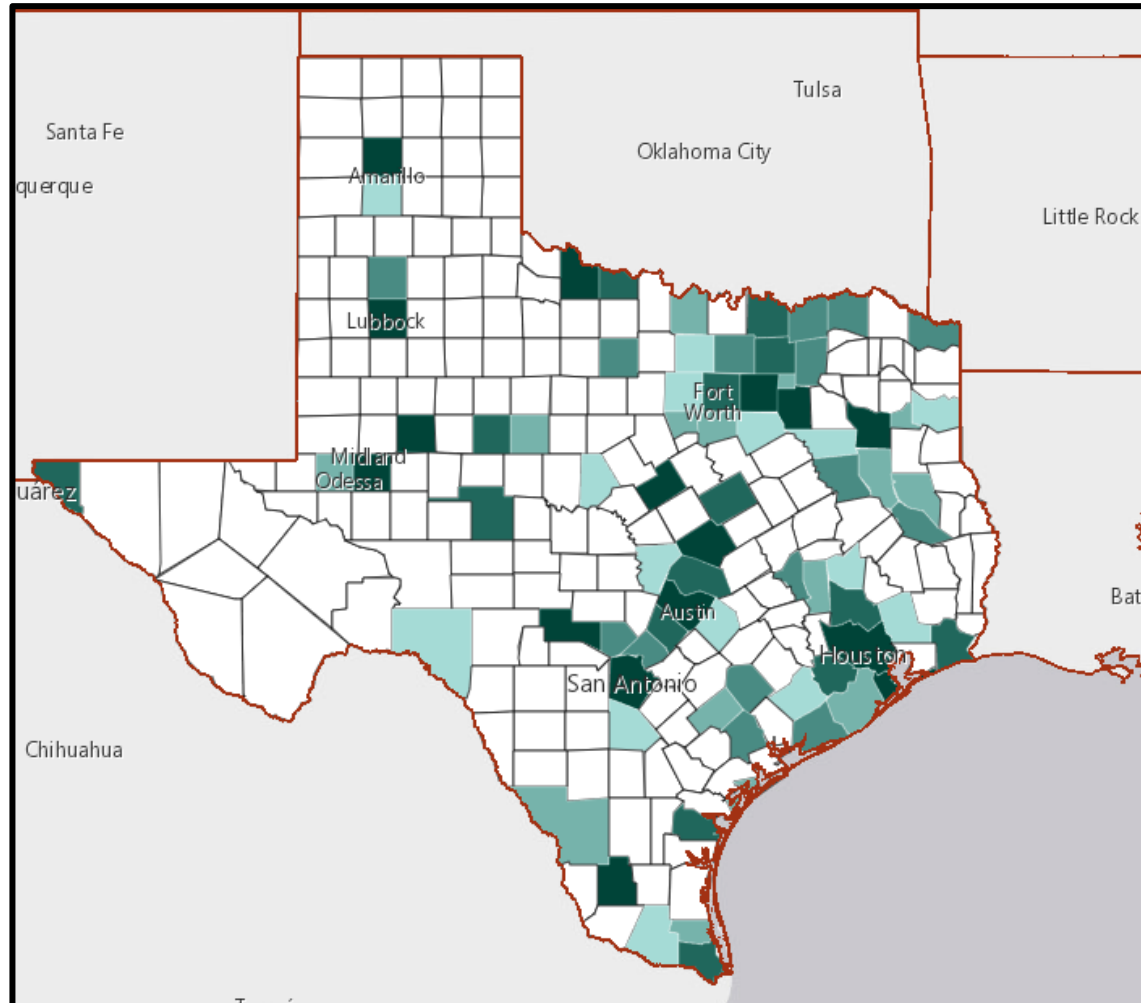
# PAs prescribing Behavioral Health medications



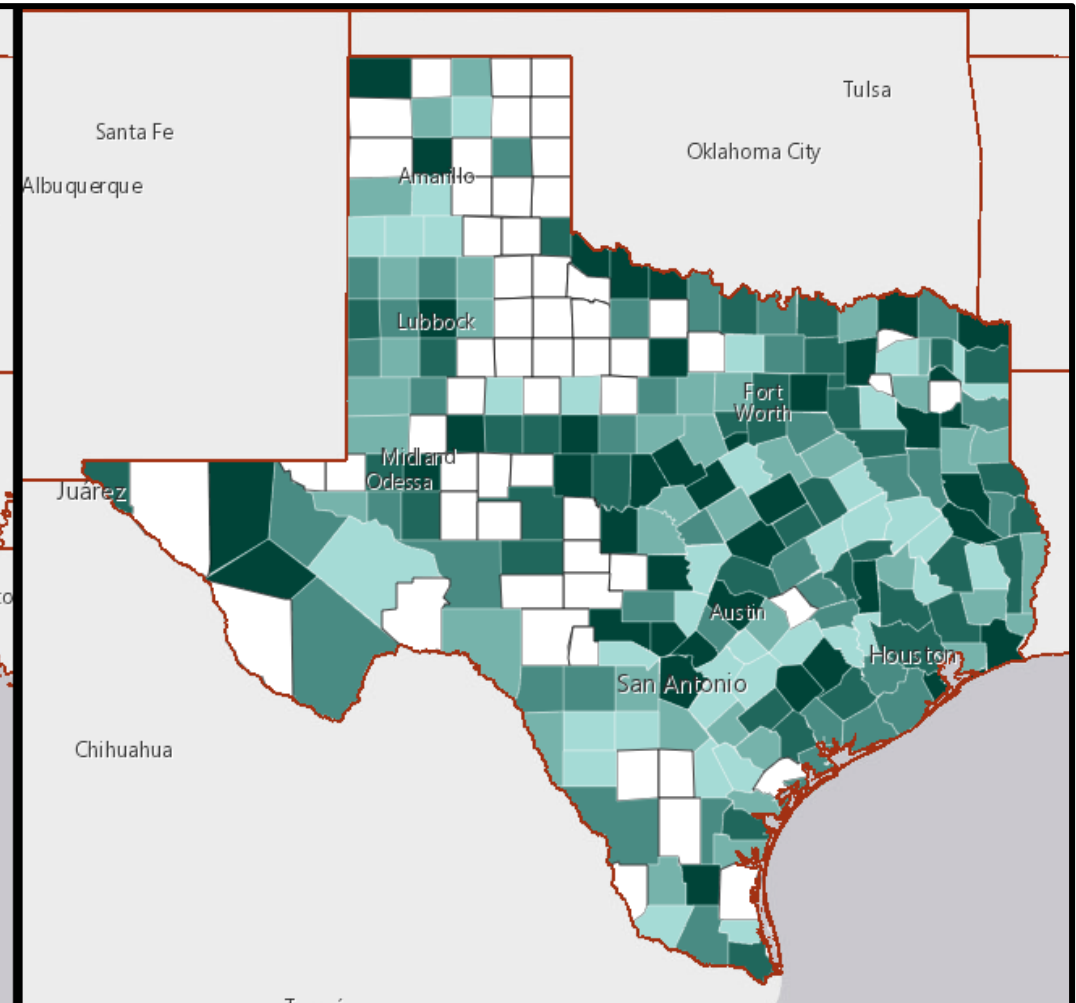


# Role of Primary Care in Addressing Gaps in SMI Care

## Psychiatric and Addiction Specialists Only



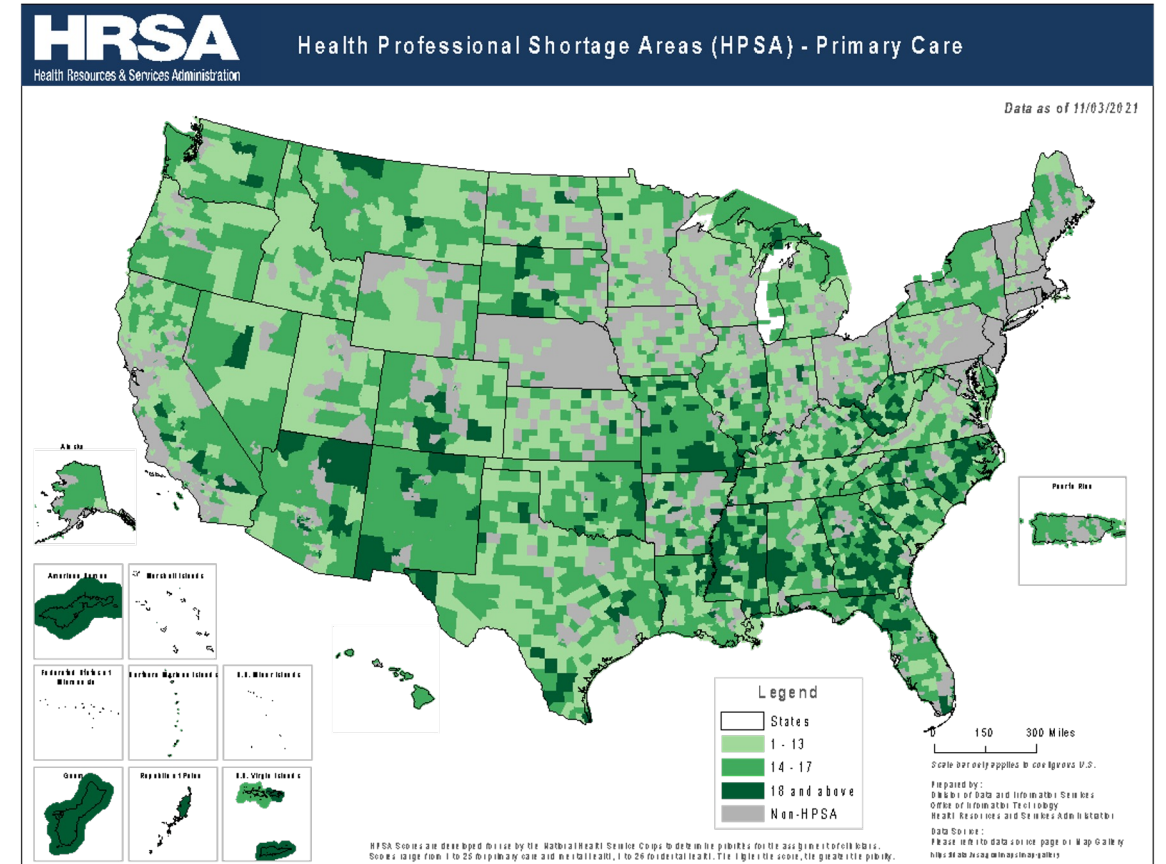
## Psychiatric and Addiction Specialists and Primary Care Providers



# Policies and Programs That Address the Problem

## Health Professionals Shortage Areas (HPSAs)

- As of 2021, 84 million people live in primary care HPSAs, 62 million in dental HPSAs, and 129 million in mental health HPSAs<sup>58</sup>
- 30+ federal programs rely on HPSA designation to allocate public resources, including incentive payments<sup>59,60,84</sup>
- But some challenges with the methods used to determine formula (e.g., doesn't consider the supply of NPs and PAs in an area)





# Expanding Health Insurance Coverage



**READ MORE HERE:** <https://www.politico.com/agenda/story/2016/07/history-of-medicare-obamacare-000153/>

# The Nature and Magnitude of the Problem

80 Million  
Covered by Medicaid

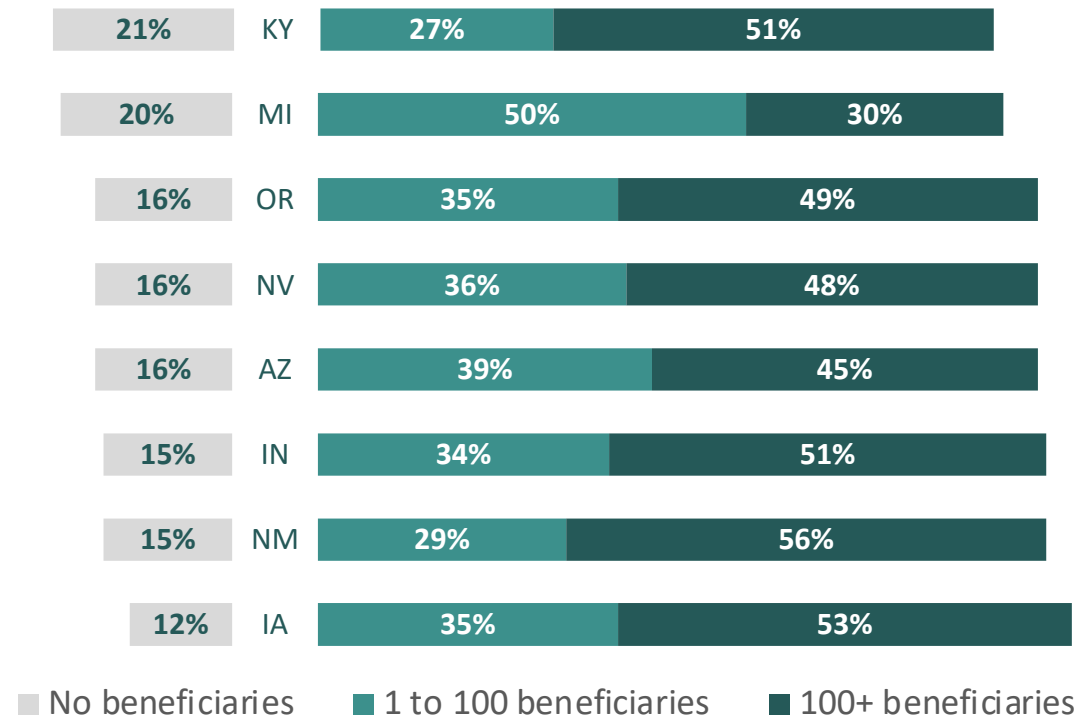


12% to 21% of PCPs  
Do Not Serve Medicaid Patients  
Across States



Health Services Utilization  
Quality of Care

Proportion Of Primary Care Providers By Number Of Medicaid Patients, T-MSIS 2016



# Redlining and BH Supply

JAMA Network

JAMA Network Open

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Research Letter | Diversity, Equity, and Inclusion

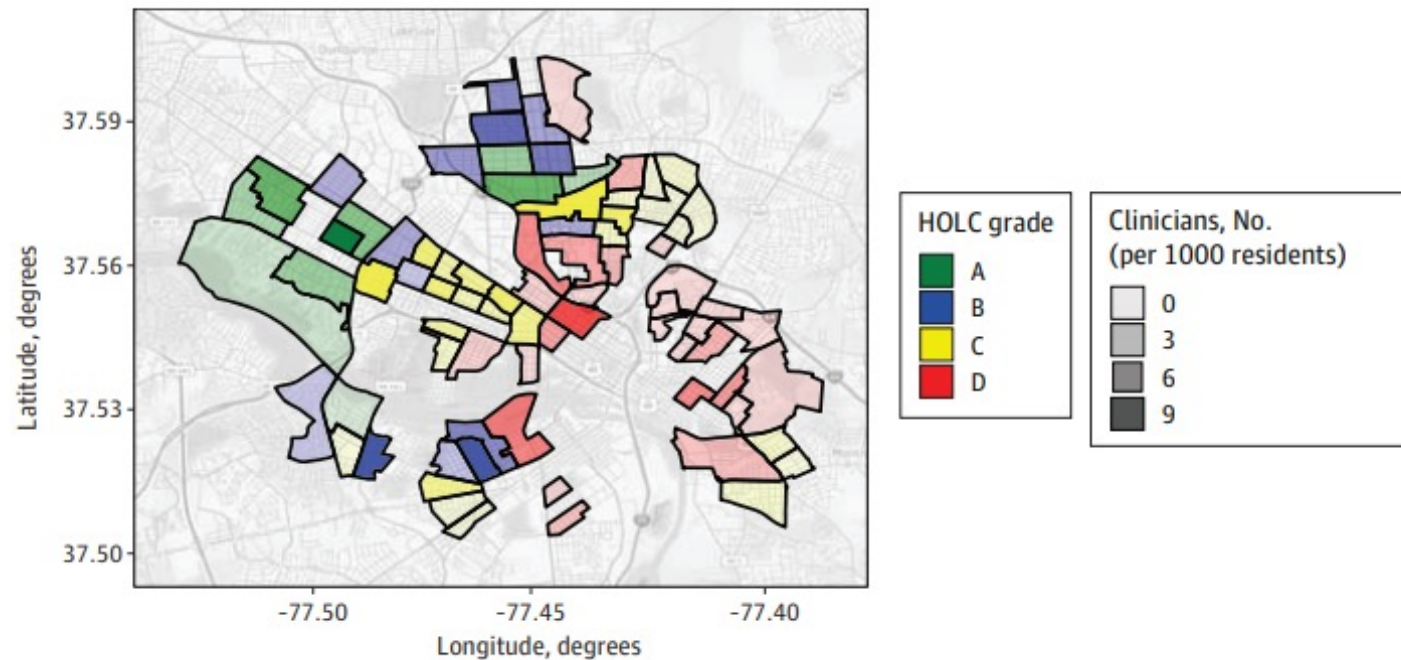
April 28, 2022

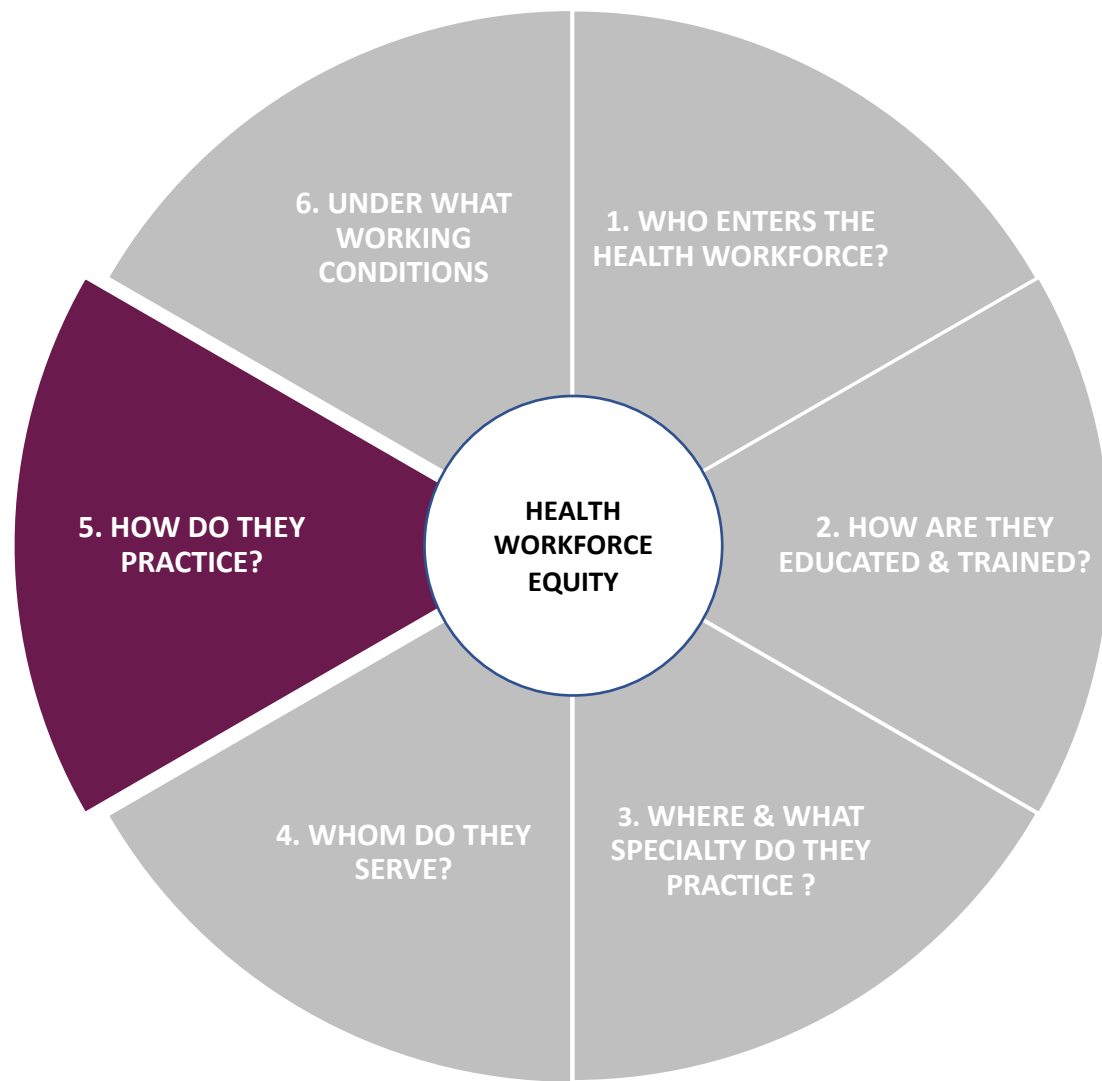
## Historic Redlining and Contemporary Behavioral Health Workforce Disparities

Clea E. Erikson, MPAff<sup>1</sup>; Randi B. Dent, PhD<sup>1</sup>; Yoon Hoon Park, MPP<sup>1</sup>, et al

Figure. Clinicians per Capita by Home Owners' Loan Corporation (HOLC) Grade

A Richmond, Virginia





# New Focus on SDoH



MEDICAL REPORT JANUARY 24, 2011 ISSUE

## THE HOT SPOTTERS

*Can we lower medical costs by giving the neediest patients better care?*

### TRIPLE (Quadruple) AIM:

1. Lowering cost of care
2. Improving population health
3. Improving patient experience
4. Improving provider satisfaction



*to Jersey, one per  
account for a  
medical*

*costs.* Photograph by Phillip



### The CMS Innovation

The Center for Medicare & Medicaid Services (CMS) with CMS supports the development of innovative health care payment and

[Learn More >](#)

Center patients



# Key Workforce Priorities for addressing SDOH in Value Based Care

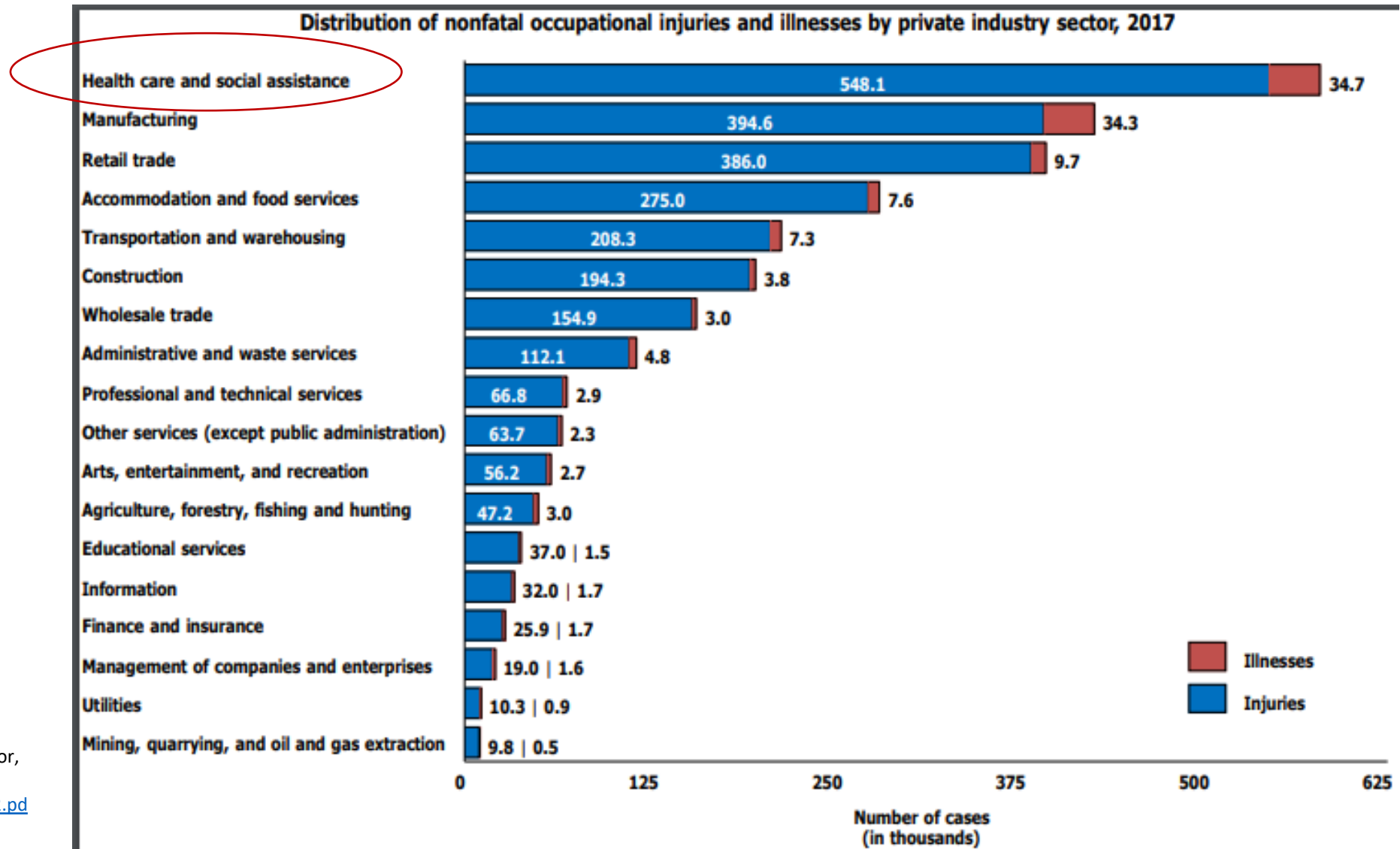
- 1) **Transitioning to team based care** – now have staff that can do visit planning, address gaps
- 2) **Better supporting high risk patients** – help patients engage in care, improve coordination between providers and during transitions of care, address barriers

# SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM





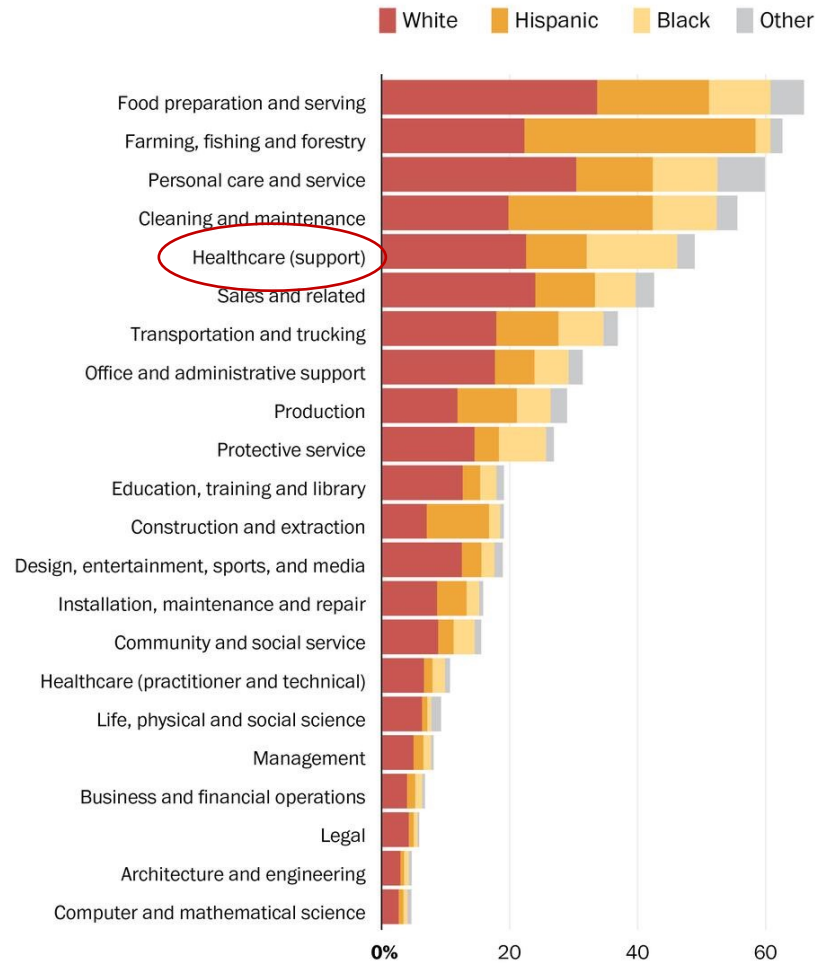
# Occupational harms highest in healthcare



Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2018.  
<https://www.bls.gov/iif/osch0062.pdf>  
f. Accessed November 21, 2021.

# Most healthcare support workers do not earn a living wage and many lack sufficient benefits

## Share earning less than \$15 an hour in 2019



## Demographic profile of workers in the health care and social assistance industry, 2019

Occupation	Number of workers	Median hourly wage	% Women	% African American	% Latino or Hispanic
<b>All health care support, direct care, and service workers</b>	<b>6,964,410</b>	<b>\$13.48</b>	<b>81%</b>	<b>25%</b>	<b>21%</b>
Registered nurses	2,604,000	\$35.17	89%	12%	7%
Physicians and surgeons	562,440	>\$100	41%	8%	8%

Source: Brookings analysis of U.S. Bureau of Labor Statistics' Occupational Employment Statistics and the U.S. Census Bureau's Current Population Survey.

## Healthcare Support Worker Benefits



Note: Includes tips, commissions and overtime.

Source: Bureau of Labor Statistics Current Population Survey harmonized by Economic Policy Institute  
THE WASHINGTON POST

# Practice Conditions and Burnout among Hematologists/Oncologists

- Severe burnout rates are similar for hematology/oncology physicians in academic & community practice settings
- RVU-based compensation is consistently associated with severe burnout
  - Revised compensation models may help reduce burnout and support health & longevity in practice of hematology/oncology physicians
- Collaboration with advanced practice providers may mitigate severe burnout, especially in community practice settings

*“Health workforce policy is increasingly a health equity battlefield.” – Fitzhugh Mullan*

Fitzhugh Mullan  
Institute for Health  
Workforce Equity

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