

## **PRINCIPLE 4: ADDRESSING CAPACITY ISSUES**

### **CHALLENGES**

**There is a well-documented shortage of primary care providers, physicians, nurses and other health care workers in the Massachusetts health care system. Implementation of the new Health Care Reform Law will only intensify this dilemma.**

Several factors contribute to growing vacancies for primary care physicians including providers in family practice, general internal medicine, and general pediatrics. Shortages across the Massachusetts' health care system reveal a range of workforce issues that include, but are not limited to: (1) insufficient training programs and career ladders for low-wage, low-skill workers; (2) financial barriers for individuals seeking career-advancement; (3) need for greater linguistic and cultural capacity to meet the needs of a diverse patient population; (4) lack of effective recruitment and retention strategies for health care faculty particularly in nursing where clinical practice salaries are significantly higher than nursing instructor salaries; and (5) few adequate scholar and loan repayment programs and the need for stronger public-private partnerships.

Importantly, the lack of diversity among health care professionals must be addressed to ensure that cultural competency - a major indicator of quality - is institutionalized within our health care system.

**Inadequate facilities, obsolete technology and insufficient reimbursement hinder the ability of community-based providers in expanding their primary care services to more underserved patients.**

Primary care capacity -- which is essential to health care quality and cost containment -- has been seriously weakened in Massachusetts over the last several years. An additional concern is building capacity for specialty care in our communities. A lack of investment in provider facilities, health information technology and the costs of providing community-based services have contributed to this decline. The implementation of Chapter 58 will place considerable pressure on this increasingly fragile system. Capital investments to these vital organizations will help to improve efficiency, quality and capacity in the delivery of community-based health care services.

### **OPPORTUNITIES**

**Building upon and expanding workforce development programs can help ensure a health care workforce able to support and sustain a high quality system of care.**

Workforce development is the "next frontier" in health care. Balancing the supply of qualified and trained individuals with the demand for positions within the health care

workforce and creating “pipelines” of skilled workers to support providers will require investments and expansion in existing workforce development programs. Approaches could include, but are not limited to: (1) maximizing initiatives with medical schools in the state to increase the number of graduates choosing primary care (family practice, general internal medicine, and general pediatrics); (2) enhancing initiatives with dental schools in the state to maximize the number of dentists practicing in community-based settings; (3) capitalizing on existing Massachusetts state and community college workforce programs and creating new workforce development programs; (4) designing programs to recruit culturally competent physicians and other health care workers to help reduce health disparities; (5) examining barriers and designing incentives to attract and retain health care faculty; (6) developing career-advancement incentives such as tuition reimbursement, loan forgiveness and scholarships; (7) streamlining licensing requirements and credentialing to support broader deployment of Allied Health Professionals; (8) creating a state-based Workforce Development Task Force that brings stakeholders together to manage and apply targeted resources across the state’s health care system; and (9) using forecasting tools to assess future workforce needs before critical shortages occur.

**With investments in facilities, health care technology and reimbursement, community-based providers can expand their care to increasing numbers of state residents who will be seeking care as a result of the Chapter 58 implementation.**

Invigorating the community-based primary care system through targeted investments aimed at quality, cost-effectiveness and capacity will be critical to ensuring the success of health care reform at the local level. Investments could include, but are not limited to: (1) creation of a capital fund for facility renovation and expansion to better accommodate increased demand for services; (2) increased funding for the purchase, implementation and application of electronic medical records to better track patient care and health outcomes; (3) enhanced provider reimbursement that recognizes the costs of providing care to a disproportionate number of medically underserved patients who require a range of care, including the integration of substance abuse services and mental health care; and (4) restoration of a former state program that helped to identify and connect community-based providers to non-governmental funding sources.