



Medicaid Levers to Address Concerns about the Primary and Specialty Care Workforce

Medicaid and CHIP Payment and Access Commission

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Overview

- Background
- Medicaid approaches for addressing workforce
 - HRSA Grants to States to Support Oral Health Workforce Program
 - Medicaid demonstrations
 - Medicaid graduate medical education
- Next steps

Background

- Workforce supply, distribution, and diversity issues exist across specialties and regions; they are not unique to Medicaid
- Supply: shortages of certain providers (e.g., primary care physicians, OB/GYNs, behavioral health providers), but oversupply of others (e.g., NPs and CNMs)
- Distribution: health professional shortage areas (HPSA) by specialty (primary care/dental/behavioral health), geography, populations, and facilities
- Diversity: certain communities are underrepresented in the health workforce

Background: State and federal roles

- State: provider and facility licensure, scope of practice rules, data collection on workforce adequacy, recruitment and retention activities (e.g., loan repayment, scholarship), Medicaid approaches
- Federal: examining workforce supply and demand, recruitment and retention program administration, funding for provider training and education

Medicaid approaches: HRSA opportunity to target Medicaid workforce

- HRSA Grants to States to Support Oral Health Workforce Program
 - Support to dentists participating in Medicaid to establish or expand practices in dental HPSAs, for example:
 - Washington: grants for equipment and program coordinator for establishing a dental clinic serving Medicaid beneficiaries in rural dental HPSAs
 - Wisconsin: grants to dental clinics serving Medicaid beneficiaries to increase utilization

Medicaid approaches: Demonstrations

- Delivery system reform initiative payment (DSRIP) program demonstrations
 - Massachusetts: student loan repayment, community based training and recruitment, workforce professional development grants
 - New Hampshire: recruitment, hiring, training, and retention of professionals to expand behavioral health and SUD workforce capacity

Medicaid approaches: GME

- Graduate medical education (GME)
 - In 2018, 43 states and the District of Columbia made Medicaid GME payments to advance state policy goals and support training for physicians who will serve Medicaid beneficiaries (AAMC survey)
 - States have flexibility to design Medicaid GME policies
 - There is little reporting on Medicaid GME, and little is known about the effects on workforce policy goals

Next steps

- Continued examination of state approaches to leverage Medicaid policy levers to address workforce
- Develop brief



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