

The Utah Solution: A Health Care Workforce for Utah's People

Researchers from the University of Utah School of Medicine's Department of Family and Preventive Medicine, with the assistance and support of the Utah Medical Education Council, seek a legislative appropriation to fund the costs of preparing and submitting a grant to support a study of Utah's future need for primary health care workforce.

Premise of our study:

- We have fundamental challenges in healthcare – cost and quality are not what they should be. Improving value leads to progress in how we organize and deliver care.
- Health care needs are changing: chronic diseases cause most morbidity and mortality, prevention is more powerful than ever, yet acute illnesses still cause suffering.
- Primary health care is the foundation of cost-effective care leading to best outcomes, but primary care is no longer a soloist's work – we need highly functional teams with primary care physicians, care managers, patient educators, nurse practitioners, physician assistants, nurses, clinical pharmacists, patient educators, nutritionists, medical assistants, etc., in order to improve the care of individuals and populations
- We don't know the ideal mix of professionals that will maximize health and minimize cost in the new team based care paradigm. We need to look at different scenarios and models of team based care, include health professionals to address the existing and anticipated needs of our population, not just repeat outdated patterns from the past.
- We need better mechanisms to ascertain the true needs of each population of patients. This is different in every community in every state, and teams must be built to address those needs.

Goals of our study:

- We will know what our patient population looks like so that we can build healthcare teams that provide better care, to more people, at lower cost.
- Design a healthcare workforce based on the needs and morbidity of the population, and that adjusts to changing health and financing in the future.
- Example: We know that in the right setting, a qualified patient educator can better facilitate patient self-care than a physician. The care is thus more efficient and lower cost.

Getting the Grant:

- Partnering with the Utah Legislature:
 - A partnership between researchers at the University of Utah, the Utah Medical Education Council and the Utah Legislature makes this an appealing grant application
- This is a novel study idea and is likely to be well-received by reviewers
- Anticipate award of between \$250,000 and \$500,000 to be used for study over two to three years, funded through the Agency for Healthcare Research and Quality
- Mission of AHRQ: The Agency for Healthcare Research and Quality's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable and affordable, and to work with in the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

Funding to cover costs of preparing and submitting a grant application to address the following:

CHALLENGES:

- Healthcare is too expensive and health outcomes need to be better
- There is no definitive model for creating healthcare teams that keep patients healthy at lower cost

NEEDS:

- We must create a workforce that addresses future needs, not one that responds to the needs of the past or that simply projects need based on physician to population ratios
- Our healthcare workforce must be responsive to the healthcare needs of the community in which it operates and its specific healthcare concerns, and to ongoing change within that community

PLAN:

- Coalition of stakeholders interested in improving primary care, consisting of researchers at the University of Utah, the Utah Medical Education Council, and the Utah Legislature, demonstrate support for the goals of achieving better outcomes, at lower cost, with higher efficiency.
- Obtain federal grant through AHRQ to conduct robust research addressing the challenges and needs listed above

PERFORMANCE MEASURES:

- Conduct 4 – 6 month grant writing process, with award in place to begin research in mid-2018
- Complete research findings with definition and instruction on implementation of maximized team-based healthcare delivery system, published and disseminated for utilization by healthcare providers
- Report to legislature as to application completion and submission, announcement of award (anticipated: \$250,000 - \$500,000), utilization of funds, preliminary research findings, final research report, methods of publication, and others as appropriate