

Health Workforce Supply and Demand in Nevada: Implications for Network Adequacy

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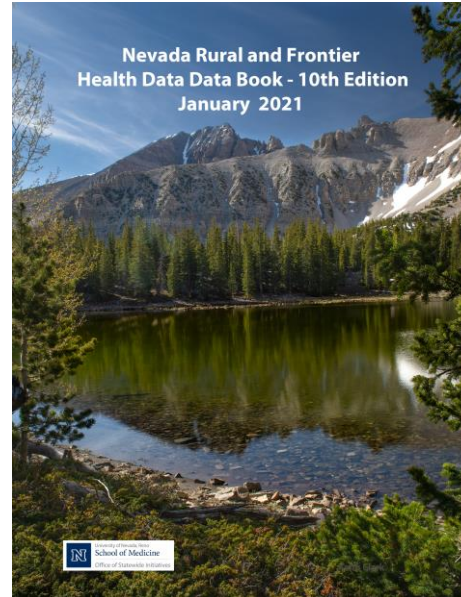
Current data from the Nevada Health Workforce Research Center and Office of Statewide Initiatives

NEVADA INSTANT ATLAS

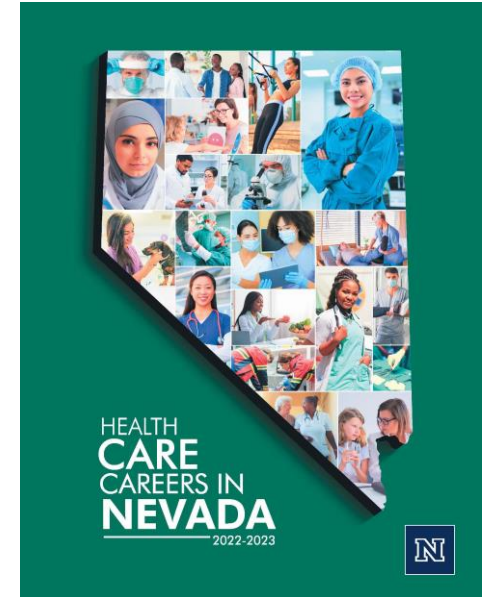
Nevada's County-Level Health Database



<https://med.unr.edu/statewide/nevada-instant-atlas>



<https://med.unr.edu/statewide/reports-and-publications>



Health Workforce Demand in Nevada

- Population growth, aging, and diversification
- Gains in public and private insurance coverage
- Economic growth and diversification
- Current and emerging population health needs
- Health system and technological change

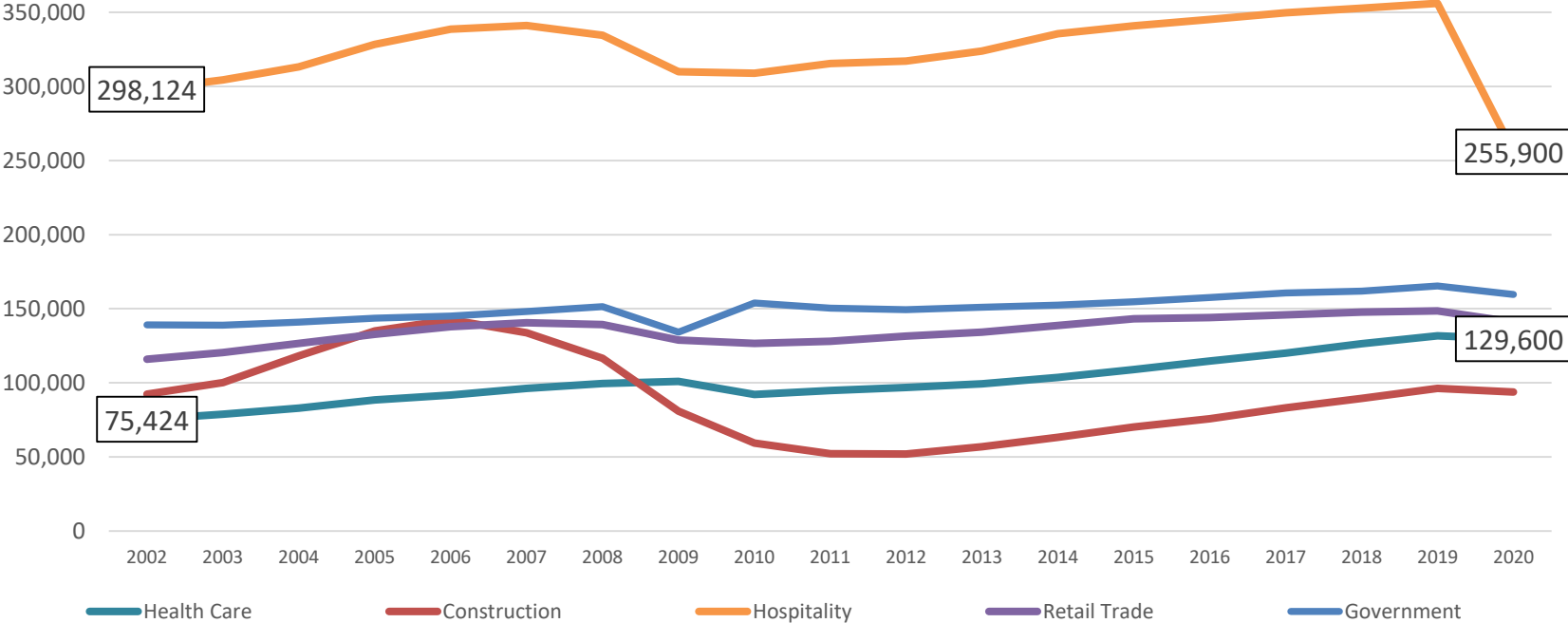
Health Workforce Supply in Nevada

- Persistent workforce shortages in medicine, nursing, behavioral health, and many other health professions
- Steady growth of licensed health professionals, yet “treading water” in per capita growth of licensees
- Aging health workforce serving an aging population
- Geographic maldistribution of health professionals
- Diversity mismatch between providers and populations served

Current Strains and Shocks

- Pre-pandemic: Demographic and ACA-induced demand
- Pandemic: Strained capacity and the Great Resignation ...
Great Retirement?
- Post-pandemic: V-shaped recovery and return to pre-pandemic demand for health care services?

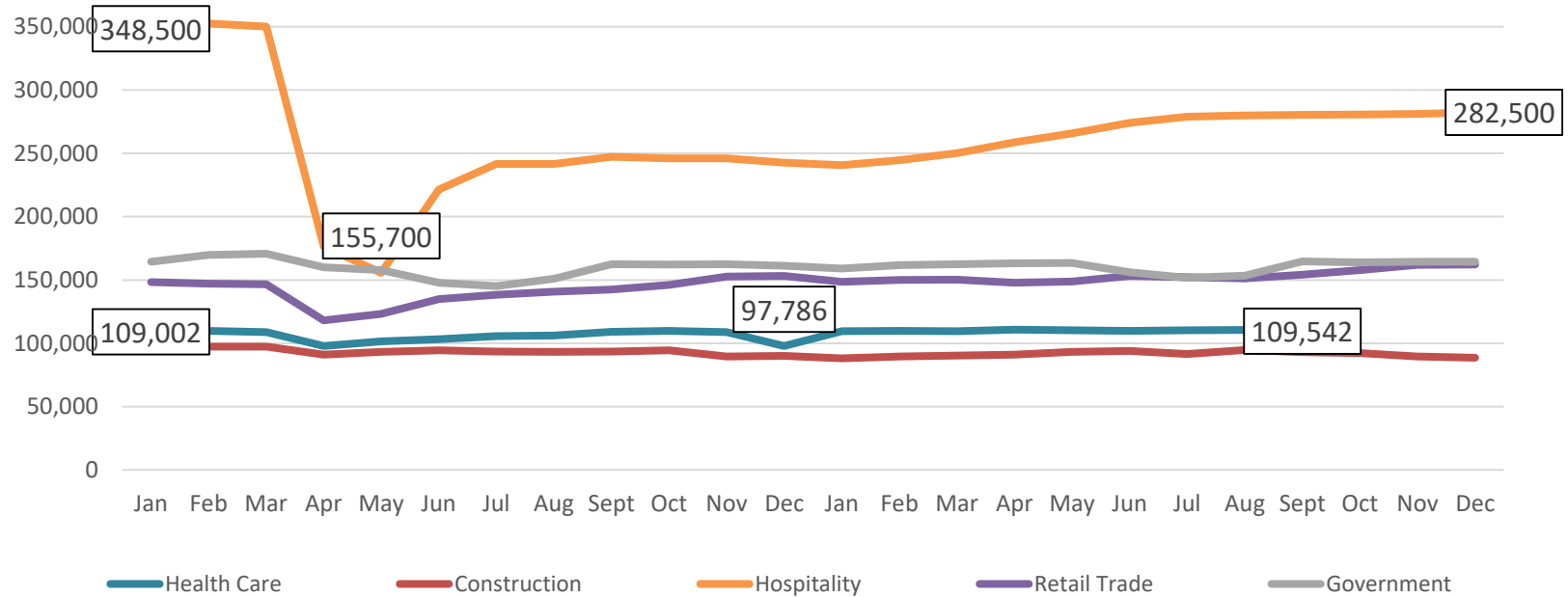
Employment in Major Industries in Nevada – 2002 to 2020



Note: Health Care includes Social Assistance

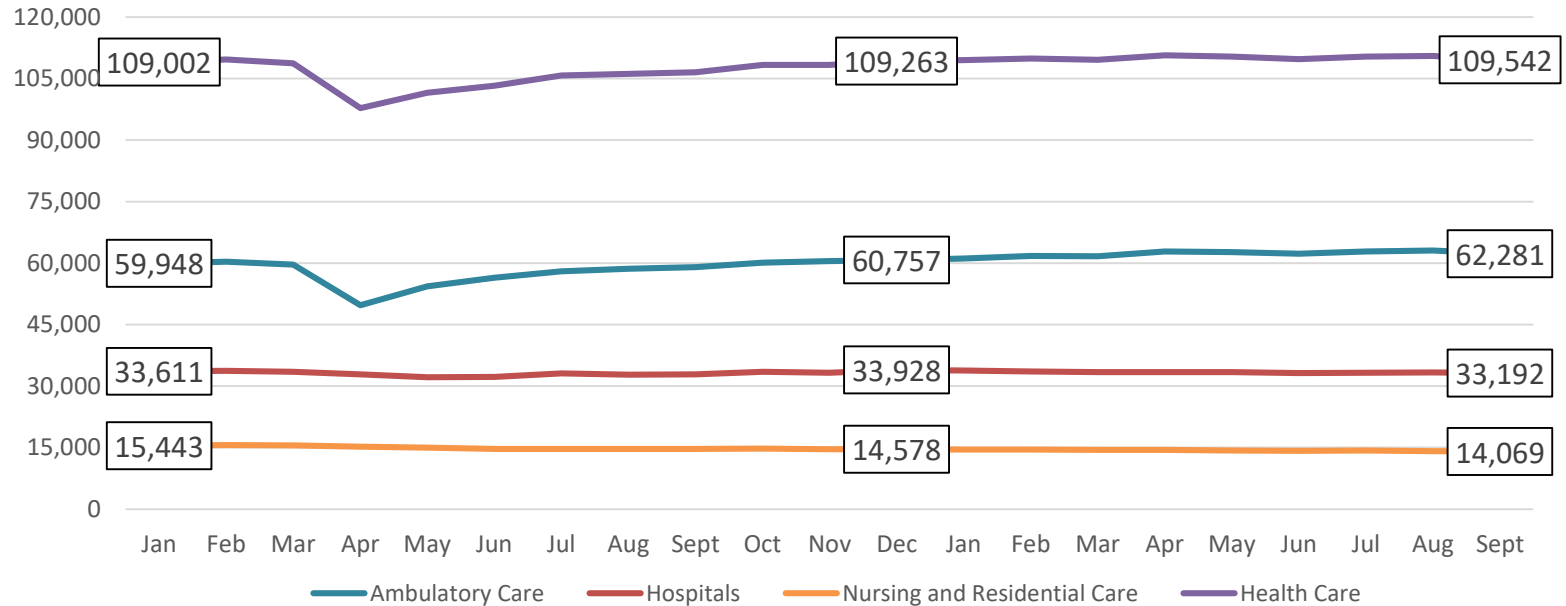
Source: Nevada Department of Employment, Training and Rehabilitation, Research and Analysis Bureau (2022).

Employment in Major Industries in Nevada – 2020 to 2021



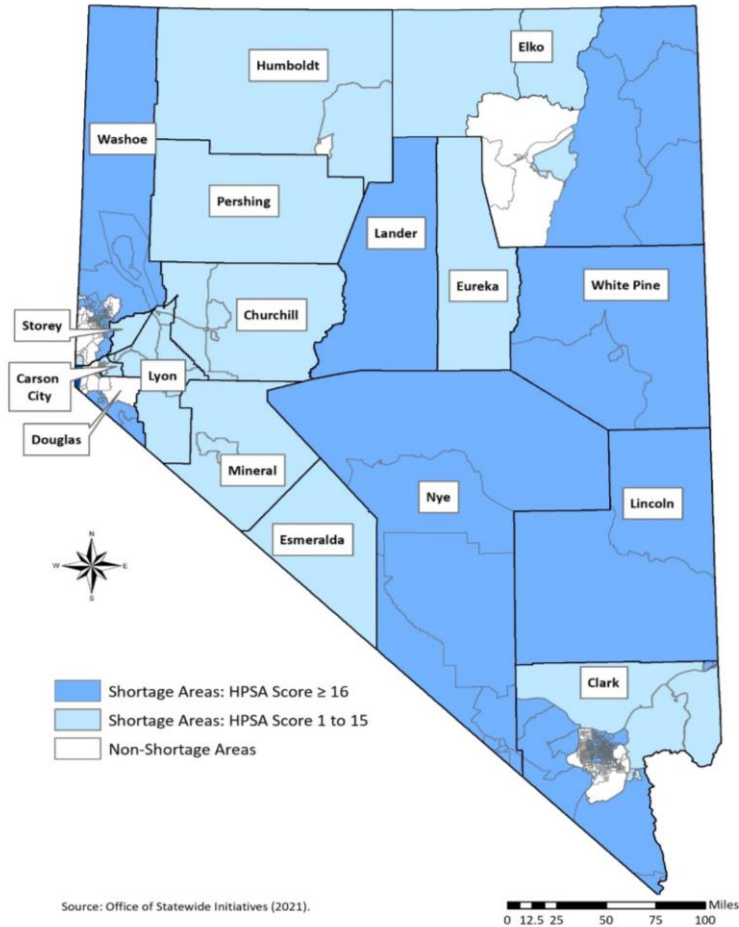
Note: Employment data in Health Care is current through September 2021. Health Care does not include Social Assistance.
Source: Nevada Department of Employment, Training and Rehabilitation, Research and Analysis Bureau (2022).

Employment in Health Care Industries in Nevada – 2020 to 2021



Note: Employment data in Health Care is current through September 2021.

Source: Nevada Department of Employment, Training and Rehabilitation, Research and Analysis Bureau (2022).

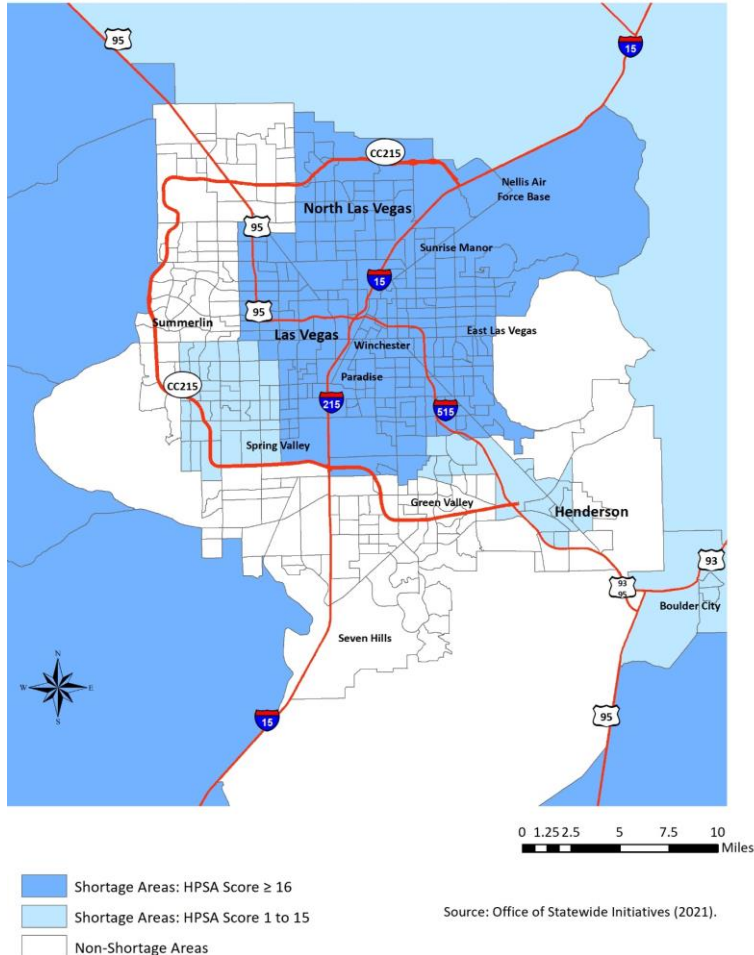


Primary Care Workforce Shortages

- 1.9 million Nevadans reside in a primary care health professional shortage area (HPSA) or 67.3% of the state's population
- 10 of 14 rural and frontier areas of Nevada are single-county primary care HPSAs

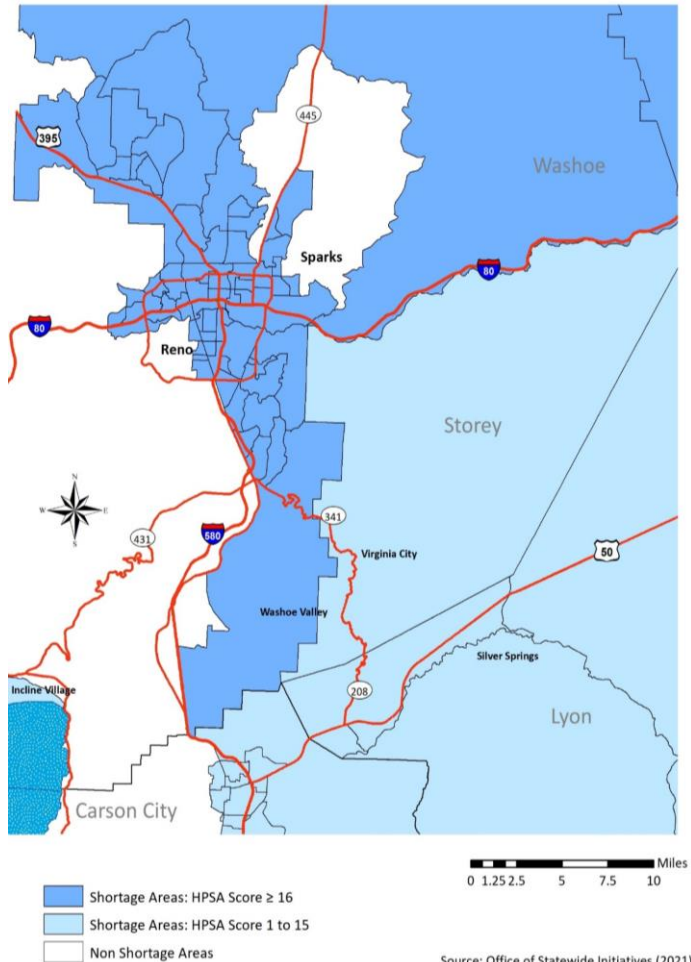
Shortages in Clark County

- Currently, 1.51 million Clark County residents live in primary care shortage area (64.2 percent of the county population)
- Primary care access and shortages are particularly severe in northern and eastern Las Vegas, and along the Las Vegas strip

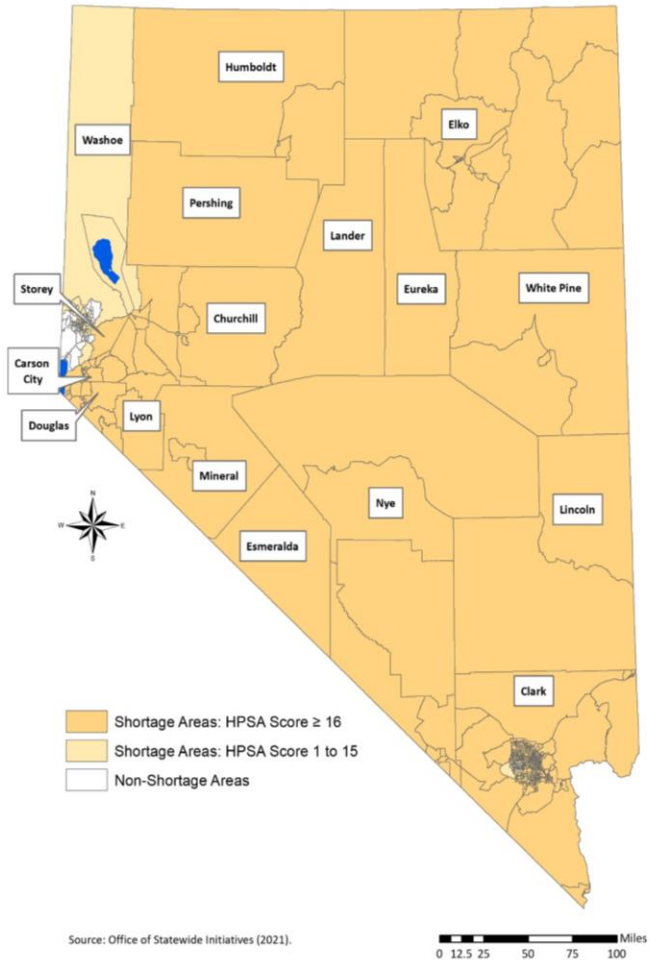


Shortages in Northern Nevada

- 335,222 Washoe County residents live in a primary care HPSA (70.9%)
- 51,049 Carson City residents live in a primary care HPSA (92.9%)
- 33,319 Douglas County residents live in a primary care HPSA (66.4%)
- Lyon and Storey Counties are single-county primary care HPSAs



Mental Health Workforce Shortages



- 3 million Nevadans reside in a mental HPSA or 94.5% of the state's population
- 16 single-county mental HPSAs in Nevada, including all 14 rural and frontier counties of Nevada

Shortages in Clark County

- Currently, 100% of the Clark County population of 2.4 million residents live in a mental health shortage area
- Severe shortage designations are county-wide



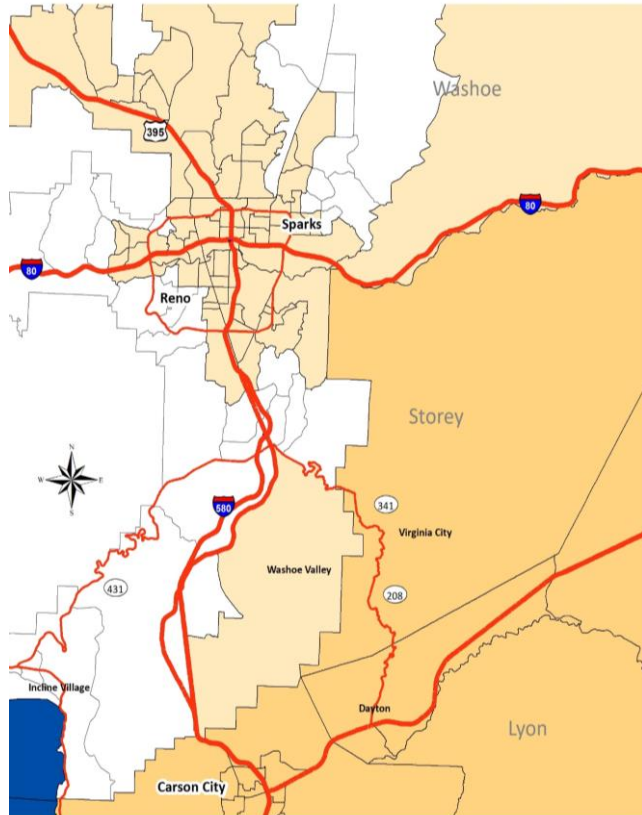
Shortage Areas: HPSA Score \geq 16
Shortage Areas: HPSA Score 1 to 15
Non-Shortage Areas

0 1.25 2.5 5 7.5 10
Miles

Source: Office of Statewide Initiatives (2021).

Shortages in Northern Nevada

- 297,118 Washoe County residents live in a mental HPSA (62.9%)
- 100% of Carson City, Douglas County, Lyon County, and Storey County residents live in a mental HPSA



Source: Office of Statewide Initiatives (2021).

What it Takes to be Average

Physician Specialty (MD + DO)	Number of Physicians per 100,000 Population				Additional Number of Physicians Needed to Meet the U.S. Average			
	Clark	Washoe	Nevada	U.S.	Clark	Washoe	Balance of State	Nevada
All Physicians	217.3	315.5	222.1	298.6	2,330	(8)	96	2,418
Primary Care Physicians	94.3	123.1	94.0	109.3	466	(7)	24	483
Family Medicine	27.4	48.4	30.4	32.7	128	(75)	48	74
Pediatrics	12.8	11.7	11.9	18.7	137	34	33	214
Psychiatrists	8.7	16.3	9.0	12.2	81	(27)	8	100
Orthopedic Surgery	6.7	11.7	7.6	8.8	49	(14)	2	37
General Surgery	9.5	10.0	9.3	12.9	79	27	2	108

Source: Nevada Health Workforce Research Center analysis of unpublished state and national licensure data (2021).

Providers by Type of Network Adequacy Geographic Designation

Profession	Number of Providers				
	Metro	Micro	Rural	CEAC	Nevada
Family Medicine	974	69	0	56	1,099
Internal Medicine	1,418	67	1	19	1,505
Pediatrics	477	26	0	10	513
Endocrinology	33	0	0	1	34
Infectious Diseases	31	0	0	0	31
Oncology	90	3	0	1	94
Rheumatology	22	1	0	0	23

Metropolitan Counties = Clark and Washoe

Micropolitan Counties = Carson City, Douglas and Lyon

Rural County = Storey

Counties with Extreme Access Considerations = Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, and White Pine

Source: OSI analysis of unpublished licensure data (2022).

Population per Provider by Type of Network Adequacy Geographic Designation

Profession	Population per Provider					
	Metro	Micro	Rural	CEAC	Nevada	US
Family Medicine	2,898	2,378	-	3,312	2,569	3,022
Internal Medicine	1,991	2,448	4,331	9,762	1,876	1,655
Pediatrics	1,407	1,185	-	3,708	1,309	1,176
Endocrinology	85,547	-	-	185,476	83,031	61,276
Infectious Diseases	91,066	-	-	-	91,066	58,933
Oncology	31,367	54,683	-	185,476	30,032	27,885
Rheumatology	128,320	164,049	-	-	122,741	73,719

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Lincoln, Mineral, Nye, Pershing, and White Pine

Source: OSI analysis of unpublished licensure data (2022).

Providers by Geographic Rating Area

Profession	Number of Providers					Nevada
	1	2	3	4		
Family Medicine	722	258	69	50	1,099	
Internal Medicine	1,149	273	67	19	1,505	
Pediatrics	391	87	26	9	513	
Endocrinology	24	9	0	1	34	
Infectious Diseases	22	9	0	0	31	
Oncology	69	22	3	0	94	
Rheumatology	18	4	1	0	23	

Region 1 Counties = Clark and Nye

Region 2 County = Washoe

Region 3 Counties = Carson City, Douglas and Lyon

Region 4 Counties = Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey and White Pine

Source: OSI analysis of unpublished licensure data (2022).

Population per Provider by Geographic Rating Area

Profession	Population per Provider					
	1	2	3	4	Nevada	US
Family Medicine	3,313	1,860	2,378	2,817	2,891	3,022
Internal Medicine	2,082	1,758	2,448	8,805	2,111	1,655
Pediatrics	1,463	1,235	1,185	3,271	1,442	1,176
Endocrinology	99,670	53,320	-	140,873	93,438	61,276
Infectious Diseases	108,731	53,320	-	-	102,480	58,933
Oncology	34,668	21,813	54,683	-	33,797	27,885
Rheumatology	132,894	119,971	164,049	-	138,126	73,719

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Nye, Pershing, Storey and White Pine

Source: OSI analysis of unpublished licensure data (2022).

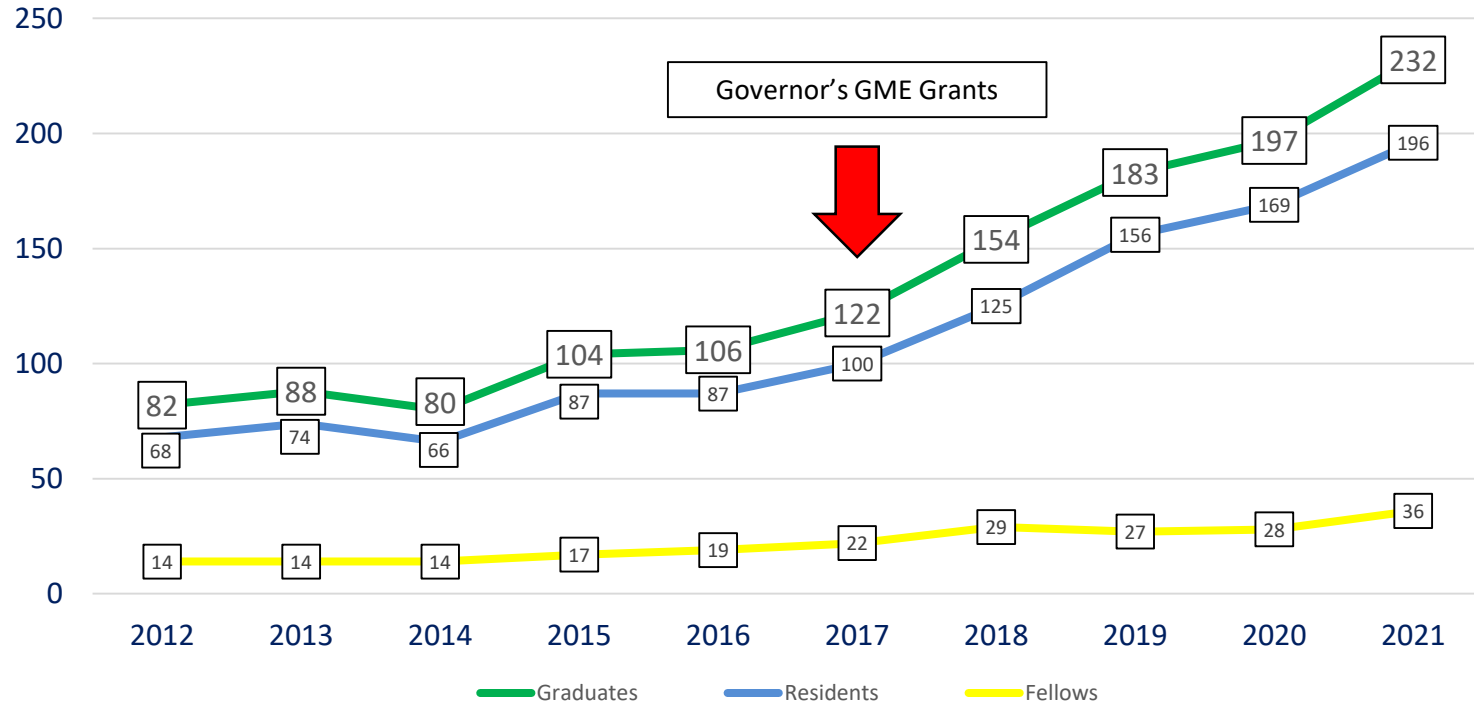
Policy Strategies to Address Shortages

- Expand public higher education health programs and budgets
- Residency and fellowship program development (GME), including rural residency programs and subspecialty training
- State and federal loan repayment and scholarship programs
- Licensing reciprocity and health care professions compacts

Policy Strategies to Address Shortages

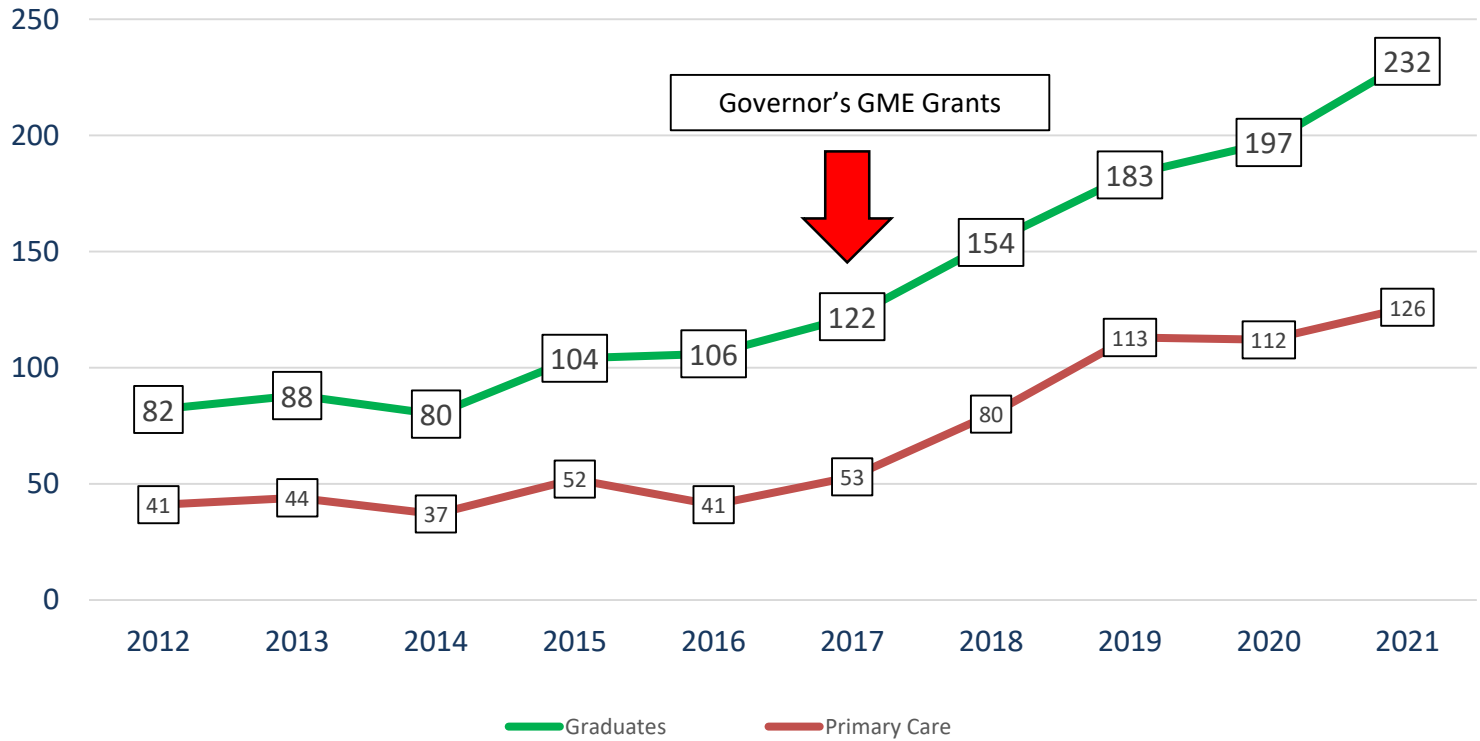
- Scope of practice and supervision requirements for advanced practice clinicians and the non-physician workforce
- Expanding telemedicine capacity, payment and reimbursement, and other telehealth innovations, including Project ECHO Nevada
- Promoting health care careers and associated pipeline programs in K-12 and colleges (recruitment)
- Provider reimbursement, work environment, and pay and benefits in the health care sector (retention)

GME Graduation in Nevada – 2012 to 2021



Source: Griswold, T. and J. Packham. 2021 (forthcoming). *GME Trends in Nevada – 2021*. Nevada Health Workforce Research Center.


Primary Care GME Graduation in Nevada – 2012 to 2021



Source: Griswold, T. and J. Packham. 2021 (forthcoming). *GME Trends in Nevada – 2021*. Nevada Health Workforce Research Center.

Increase Targeted Investments in GME

GME Graduates in Nevada – 2012 to 2021

	Beginning Clinical Practice	Continuing Training	Total
Remaining in Nevada	483 (35.8%)	70 (5.2%)	553 (41.0%)
Leaving Nevada	496 (36.8%)	 299 (22.2%)	795 (59.0%)
Total	979 (72.6%)	369 (27.4%)	1,348 (100.0%)

Source: Griswold, T. and J. Packham. 2021 (forthcoming). *GME Trends in Nevada – 2021*. Nevada Health Workforce Research Center.

Nevada Health Workforce Research Center

- *Physician Workforce in Nevada* (January 2022)
- *GME Trends in Nevada* (October 2021)
- *Health Workforce in Nevada* (June 2021)

- *Health Care Careers in Nevada* (Forthcoming March 2022)
- *Nevada Rural and Frontier Health Data Book* (10th Edition)
- *Nevada Instant Atlas* website

<https://med.unr.edu/statewide/reports-and-publications>

Additional Information

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