Mental and Behavioral Health Workforce in Nevada

John Packham, PhD
Director of Health Policy Research
Office of Statewide Initiatives
University of Nevada School of Medicine

February 21, 2014
Information and Updates from the *Health Workforce in Nevada* Report

• Forces influencing health workforce supply and demand
• Current and projected demand for health care workers by industry and occupation
• Supply of licensed health care professionals and state health workforce rankings
• Conclusions and recommendations
Forces Driving Health Workforce Demand
(Table 1 from the Handout)

• Demographic change
• The economy
• ACA, health insurance coverage expansions
• Population health
• Health care system change
• Science and technological change
• State and federal policy
Forces Affecting Health Workforce Supply (Table 1)

- Higher education programs and capacity
- K-12 education pipeline
- Health professions licensing and regulation
- State policy and budget
- Federal policy
Demand ≠ Need, Particularly in Mental Health (Table 2)

• Nevada currently ranks 37th among US states in overall population health

• Poor rankings on 16 of the 27 indicators, including drug deaths (47th), uninsured (49th), primary care physicians (47th), poor mental health days (35th)

• Overall ranking on health determinants is 39th, and the overall ranking on health outcomes is 31st

Source: United Health Foundation (2013)
Demand ≠ Need, Particularly in Mental Health (Tables 3 and 4)

• Eleven “high demand” health care occupations are ranked among the top 100 occupations in Nevada with the largest projected employment growth through 2020

• Only four mental or behavioral health occupations make the top 35 “high demand” list

• Projected demand is relatively modest for the nine mental and behavioral health occupations tracked by Nevada DETR
Health Workforce Supply in Nevada (Table 5)

• Steady growth in the number of licensed health professionals

• “Treading water” in the number of licensed health professionals per capita

• Severe health workforce shortages compounded by an aging health workforce and ensuing ACA-related demand

• Persistent specialty shortages and geographic maldistribution of physicians and most other health professionals
Mental Health
(Table 6)

- Psychiatrists – 50th
- Psychologists – 47th
Physician Workforce Rankings (Table 6)

- Physicians, MDs – 45th among US states
- Physicians, DOs – 18th
- Physicians, MD & DO – 45th
- Patient Care Physicians – 44th
- Primary Care Physicians – 46th
- Patient Care Primary Care Physicians – 46th
- Residents & Fellows – 46th
- Residents & Fellows in Primary Care – 46th
Physician Workforce by Medical Specialty (Table 6)

- General and Family Practitioners – 46th
- Pediatricians – 46rd
- Obstetricians and Gynecologists – 40th
- Ophthalmologists – 48nd
- Orthopedic Surgeons – 51st
- General Surgeons – 51st
- Specialty Surgeons – 51st
Nursing Workforce Rankings (Table 6)

- Registered Nurses – 50th
- Nurse Practitioners – 41st
- Clinical Nurse Specialists – 26th
- Certified Nurse Midwives – 44th
- Certified Nurse Anesthetists – 51st
- Licensed Practical Nurses – 49th
Primary Care
Number of MDs per 100,000 Population – 2010

Medical and Surgical Specialties
Number of MDs per 100,000 Population – 2010

## Mental and Behavioral Health Workforce – 2012 (Table 7)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural &amp; Frontier</td>
</tr>
<tr>
<td>Alcohol, Drug, &amp; Gambling Counselors</td>
<td>63.6</td>
</tr>
<tr>
<td>Clinical Professional Counselors</td>
<td>2.8</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapists</td>
<td>17.3</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0.7</td>
</tr>
<tr>
<td>Psychologists</td>
<td>6.4</td>
</tr>
<tr>
<td>Social Workers – Licensed Clinical</td>
<td>14.9</td>
</tr>
<tr>
<td>Social Workers – All Types</td>
<td>46.2</td>
</tr>
</tbody>
</table>

Source: Nevada Rural and Frontier Health Data Book (2013).
Primary Care Workforce Shortages (Maps 1-3 in Handout)

- Most regions of rural and frontier Nevada are primary care HPSAs
- 141,810 rural residents (52%) live in a primary care HPSA
- 782,000 urban residents (32%) live in a primary care HPSA, including 576,000 residents of Clark County
Mental Health Workforce Shortages (Maps 4-6)

- Most of the state is a mental health HPSA

- 272,000 rural residents (100%) live in a mental health HPSA

- 1.2 million urban residents (48%) live in a mental health HPSA, including nearly 700,000 residents of Clark County
Recent and Upcoming Publications and Reports from the Office of Statewide Initiatives in 2014

- UNSOM Resident Exit Survey – 2004 to 2013
- Physician Workforce in Nevada (supply)
- Nursing Workforce in Nevada (supply)
- Health Workforce Recruitment and Retention in Nevada (demand)
- Contribution of Hospitals and the Health Sector to the Nevada Economy
“Is there a doctor who accepts Medicaid in the house?”
Additional Information

John Packham, PhD
Director of Health Policy Research
Office of Statewide Initiatives
University of Nevada School of Medicine
(775) 784-1235 / Mobile: (775) 232-3614
jpackham@medicine.nevada.edu
http://www.medicine.nevada.edu/ohprp/reports.html