



# Mobility of Health Professionals



**Public Health Institute**  
**Oakland, CA USA**

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# Current Workforce in U.S.A

- U.S. Health care workforce
  - Approximately 14M jobs
  - International Medical Graduates = 26%
  - Foreign Nurses = 17%
  - Average age of RNs in 2004=46.8 yrs
  - Projected Shortage of 100,000 physicians, 1 million nurses, and 250,000 health professionals by 2020



# Current Workforce in Canada

- Physician density below OECD averages
- IMGs remain steady for 30 years at 25% of physician workforce
- British and Irish- trained MDs remain
- Many other IMGs very mobile and relocate to U.S. and UK
- Internationally trained nurses = 7% overall but 43% of home care nurses
- 1/3 of graduate nurses migrate out of country or leave the profession in 5 years –concern for upcoming shortages



# Patient Protection and Affordability Care Act 2010 ( U.S. Health Reform)

- The major changes to public health insurance coverage outlined in the law can be viewed in three categories:
  - **expanded and coordinated eligibility**
  - **expanded services offered**
  - **changes to payment and insurance mechanisms.**



# Eligibility

- Beginning in 2014, extends Medicaid coverage beyond qualified children, their caretakers, pregnant women, the disabled, and certain other groups to ***cover all individuals under the age of 65 who are at or below 133% of the federal poverty level.***
- Continues the Children's Health Insurance Program and allows states to expand eligibility.
- Improves coordination for individuals eligible for both Medicaid and Medicare.
- Up to **32 million more** people will have coverage.



# Services Offered

- Offers new and expanded services and funding options for special populations including American Indians and Alaska Natives, maternal and child populations, and long-term and elder care:
  - Gives states the option of extending Medicaid coverage to family planning services.
  - **Covers evidence-based prevention programs** through Medicare and Medicaid for pregnant women.
  - **Creates a national, voluntary long-term care insurance program.** Premiums will be deducted from every worker's paycheck unless they choose to opt-out.



# Changes to Private Health Insurance

- Health insurance companies will be able to contract with a government agency or non-profit organization to participate in a health insurance exchange.
- **All plans must offer coverage for essential benefits**, including: emergency services, hospitalization, maternity and newborn care, mental health and substance use disorders, prescription drugs, preventive/wellness services and chronic disease management, and pediatric services (including pediatric oral and vision care).
- Insurance companies will be prohibited from dropping people from coverage when they get sick.
- Lifetime coverage limits will be eliminated.
- Insurers will be prohibited from excluding children due to a pre-existing condition.





# Payment Mechanisms & Insurance: Incentive programs

- An incentive program is established in Medicare for acute care hospitals to improve quality outcomes.
- CMS will begin tracking hospital readmission rates and puts in place financial incentives to reduce preventable readmissions.
- Medicare provides 10 percent bonus payments to primary care physicians and general surgeons.



# Implications for Health Care Workforce

- **Increased demand** for primary care providers as newly insured have options
- **Expanded National Health Service Corps** and Community Clinic Funding will help some underserved areas
- **Uncertain** how technology and new scope of practice may factor into demand
- **Increases the need for health workforce planning**



# Pull factors: US

- Exceedingly diverse population
- US democratic government structure.
- Generally high quality of life: US ranks 13<sup>th</sup>; 14<sup>th</sup>.
- Women in the United States are proven to take an active role in economic and political life
- The US has the largest and most technologically powerful economy in the world
- US business firms enjoy greater flexibility to expand capital, lay off surplus workers, and to develop new products
- Advanced technology to diagnose and treat diseases
- Immigrants make up a significant proportion of healthcare occupations



# Pull factors: US

- Foreign-born healthcare workers more likely to be physicians and surgeons as well as nursing and home-care aids
- More opportunities for women; women accounted for the majority of the foreign born in healthcare occupations
- Status: Foreign-born healthcare workers were more likely to have a college education than their native-born counterparts
- Desirable/accessible/multicultural US cities: three-quarters of the foreign born in healthcare occupations worked in city centers.
- The US is destination of choice for migrating nurses from both developed and lower income countries: high wages, opportunities to pursue additional education, and a high standard of living
- India is the major source country for US foreign educated physicians due to large labor pool that is English speaking
- Temporary IMGs can benefit donor countries by upgrading of skills, technological and financial benefits
- Overall shortages of health professionals across the industry has created an urgent need for professionals, especially nurses and physicians



# Pull factors: US

- Personal/professional recognition; Internship/research opportunities; active recruitment due to shortages
- Need for a more diverse workforce to meet the needs of a more diverse population, especially in Health Professional Shortage Areas (HPSAs)
- US attempting to improve payment systems for doctors (fee-for-service, capitation, and pay-for-performance)
- Higher projected wages: Wage and salary projected to increase 22% through 2016 (11% for all industries)
- Favorable working environment: flexible, part-time hours in some cases; low occupational hazards
- 1 of every 5 new jobs will be in health care; largest industry in the US



# Pull factors: Canada

- Low natural population increase rate creates incentive to recruit or open borders to more international migration
- More women entering workforce, having fewer children, receiving increased levels of education
- Geographic diversity attractive for persons seeking both rural and urban employment
- Decrease in health workforce capacity occurs due to practitioners age. Internationally trained health care professionals may be recruited/encouraged to fill
- Increased need for chronic care management and end-of-life services (aging population) increases demand; internationally trained health care professionals recruited/encouraged to fill
- Life expectancy is high and increasing
- Multiculturalism welcoming, existing cultural enclaves



# Pull factors: Canada

- Close proximity to the US is attractive for internationally trained health professionals who use Canada as a stopping point
- Very high political stability (2nd highest globally)
- High education attainment potential for themselves and family
- High quality of life (in top 3 percent of nations globally)
- Canada has a strong, highly diversified economy, historically robust to economic downturn, suffered less from the global recession
- Overall unemployment is low; unemployment in the health sector is very low (below 2 percent in 2006)
- Cost of living is generally lower than EU states
- Health outcomes in Canada are generally very strong



# Pull factors: Canada

- Very low risk of infection by communicable disease (like HIV) or pandemic
- Adult mortality, infant, and maternal mortality rates are low and decreasing
- Publicly financed and administered health system
- Perceived shortages of healthcare professionals
- Team-driven culture of care, particularly in rural areas
- Less litigious culture, lower malpractice insurance
- Residency seats (esp. rural/remote) are preserved for internationally trained health professionals
- Reforms to immigration policy make it easier for foreign trained health care professionals to enter Canada
- Reforms to internal migration policies make it easier to migrate within
- Financial incentives for internationally trained health care professionals (rural/remote areas)



# Impact on EU healthcare professional migration

**Increased  
Demand**

