

GAO Highlights

Highlights of [GAO-16-17](#), a report to congressional requesters

Why GAO Did This Study

An adequate, well-trained, and diverse health care workforce is essential for providing access to quality health care services. The federal government—largely through HHS—funds programs to help ensure a sufficient supply and distribution of health care professionals. Some experts suggest that maintaining access to care could require an increase in the supply of providers, while others suggest access can be maintained by, among other things, greater use of technology.

GAO was asked to review HHS's workforce efforts. In this report, GAO examines (1) HHS's planning efforts for ensuring an adequate supply and distribution of the nation's health care workforce and (2) the extent to which individual HHS health care workforce programs contribute to meeting national needs. GAO reviewed strategic planning documents, workforce projection reports, and other related documents obtained from HHS agencies; interviewed HHS officials; and analyzed performance measures for the largest health care workforce programs operated by HHS.

What GAO Recommends

GAO recommends that HHS develop a comprehensive and coordinated planning approach that includes performance measures, identifies any gaps between its workforce programs and national needs, and identifies actions to close these gaps. HHS concurred with GAO's recommendations and provided technical comments, which GAO incorporated as appropriate.

View [GAO-16-17](#). For more information, contact Kathleen M. King at (202) 512-7114 or kingk@gao.gov.

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HEALTH CARE WORKFORCE

Comprehensive Planning by HHS Needed to Meet National Needs

What GAO Found

The Department of Health and Human Services (HHS) engages in some planning for the 72 health care workforce programs administered by its agencies, but lacks comprehensive planning and oversight to ensure that these efforts meet national health care workforce needs. HHS's current strategic plan includes broad strategies—such as improving access to comprehensive primary and preventive medical services in historically underserved areas and supporting federally funded health centers—to which department officials said the health care workforce programs relate. However, these strategies do not explicitly reference workforce issues or specify how these programs contribute towards HHS's current strategic goals and performance targets. The health care workforce performance measures tracked by HHS and its agencies are specific to individual workforce programs and do not fully assess the overall adequacy of the department's workforce efforts. The Office of the Secretary leads workforce planning efforts, but it does not have an ongoing formal effort to ensure that the workforce programs distributed across its different agencies are aligned with national needs. Multiple external stakeholders, such as the Institute of Medicine and the Council on Graduate Medical Education, have reported that graduate medical education (GME) funding lacks the oversight and infrastructure to track outcomes, reward performance, and respond to emerging workforce challenges and that a more coordinated effort could help to ensure an adequate supply and distribution of the health care workforce. Consistent with leading practices, a coordinated department-wide planning effort is important to ensure that these efforts are aligned and managed effectively to meet workforce needs.

While HHS's workforce programs support education and training for multiple health professions, its largest programs do not specifically target areas of workforce need, such as for primary care and rural providers. For example, its two Medicare GME programs accounted for about three-quarters of HHS's fiscal year 2014 obligations for health care workforce development. However, HHS cannot target existing Medicare GME program funds to projected workforce shortage areas because the programs were established by statute and funds are disbursed based on a statutory formula that is unrelated to projected workforce needs. HHS has limited legal authority to target certain existing programs to areas of emerging needs and has taken steps to do so within its existing authorities, such as the approval of certain demonstration projects to test new payment models for Medicaid GME funds. Further, the President's budget has proposed additional authorities that would allow HHS to implement new education and training programs and payment reforms intended to support primary care providers, but these authorities have not been enacted and officials did not know the extent to which they would be sufficient to address identified needs. External stakeholders have recommended additional reforms that would allow these programs to better target areas of need. Without a comprehensive and coordinated planning approach, HHS cannot fully identify gaps and actions to address those gaps, including determining whether additional legislative proposals are needed to ensure that its programs fully meet workforce needs.