Health Workforce Council
Thursday, September 24 | 12 pm to 3 pm

Welcome and Announcements
Dr. Suzy Ames, Ed.D., President of Peninsula College, Council Chair, opened the meeting and welcomed members, guests, and new participants. She introduced Vice Chair Dr. Leo Morales. Ames reviewed feedback from the Council's June strategic planning session, highlighting a shift toward shorter, more frequent meetings focused on key workforce topics and supported by policy briefs. She noted the Council's interest in a deeper examination of primary care workforce issues and welcomed several new members and guests. Fullerton shared upcoming meeting dates and updates on the Council's revised meeting schedule and 2027 calendar invitations.

Primary Care Findings from the Health Workforce Sentinel Network
Ben Stubbs, MPH, Research Scientist with the University of Washington Center for Health Workforce Studies, presented findings from the 2026 Health Workforce Sentinel Network survey, which gathered input from 45 organizations providing primary care services across Washington. Survey results indicated that nurse practitioners, family medicine physicians, and physician assistants are the most commonly employed primary care providers among respondents. Recruitment remains a significant challenge, particularly for physicians, due to limited supply and strong competition for candidates, while retention was generally viewed as less difficult. Common retention challenges included compensation, burnout, career advancement opportunities, and personal factors. Organizations reporting successful retention efforts cited flexible scheduling, work-life balance, professional development, autonomy, and competitive compensation. Staffing shortages have contributed to longer wait times, reduced patient access, and service limitations for some organizations, although others reported stable operations or improved access. During the discussion, members noted the ongoing shift toward greater reliance on advanced practice providers and suggested future exploration of team-based care models and recruitment practices to better understand workforce challenges and potential solutions.

Primary Care Workforce Trends
Renee Fullerton, Workforce Board, provided an overview of primary care workforce trends in Washington, emphasizing that primary care relies on multidisciplinary, team-based models that extend beyond physicians, nurse practitioners, and physician assistants. She highlighted ongoing concerns about the physician pipeline, noting that while family medicine residency positions have expanded nationally and in Washington, student interest in family medicine has not kept pace. Internal medicine and pediatric residency programs continue to contribute to the workforce, but many graduates pursue subspecialties rather than primary care. Fullerton also reviewed workforce supply data showing continued growth in licensed nurse practitioners and physician assistants in Washington, although only a portion practice primary care. She noted that international medical graduates remain an important component of physician training programs and that immigration-related factors may affect future workforce supply. Overall, the presentation highlighted persistent challenges in building and sustaining an adequate primary care workforce despite increases in training capacity and licensure counts.

Family Medicine Training Trends in Washington
Amanda Weidner, MPH, Associate Director of Strategic Planning for the UW Family Medicine Residency Network, and Dr. Carri Jo Timmer, Program Director for the Community Health Care Family Medicine Residency, presented on the status of family medicine training in Washington.

Weidner provided an overview of the UW Family Medicine Residency Network and its role in supporting family medicine residency programs across the WWAMI region through program development, accreditation support, faculty development, resident recruitment, and collaboration. She highlighted Washington's investments in family medicine residency training since 2015, which have expanded training capacity and contributed to retaining physicians in Washington, including in rural and health professional shortage areas.

Presenters emphasized the value of family medicine physicians in providing comprehensive, community-based primary care, including pediatric care, maternity care, behavioral health services, and substance use disorder treatment. Data showed Washington-trained family physicians are more likely than national averages to provide broad-spectrum primary care services.

Timmer discussed emerging challenges facing family medicine training programs, including difficulties recruiting residents in rural communities, reduced access to maternity care training opportunities, accreditation requirements, increasing competition for clinical training sites, and ongoing hospital financial pressures. She highlighted the closure of the Community Health Care Family Medicine Residency Program following the loss of hospital training access and noted additional residency program reductions occurring elsewhere in the state. Presenters expressed concern that reductions in residency training capacity could worsen future primary care physician shortages, limit patient access to care, and have long-term impacts on Washington's healthcare workforce.

Questions & Discussion
Council members discussed factors contributing to residency program instability, including reimbursement structures, graduate medical education (GME) funding mechanisms, hospital financial constraints, and workforce planning challenges. Presenters identified potential policy considerations, including greater transparency and accountability for GME funding, protecting state investments in residency programs, and exploring community-benefit expectations tied to nonprofit hospital status. Discussion also highlighted the importance of primary care training programs in physician recruitment and retention, the long-term value of primary care in reducing healthcare costs, and opportunities for improved collaboration among healthcare systems, policymakers, and workforce stakeholders to sustain Washington's primary care pipeline.

Health Care Cost Transparency Board Projects and Primary Care Workforce Recommendations

Ross Valore and Rachelle Bogue, Health Care Cost Transparency Board, Health Care Authority, presented provided an overview of the Health Care Cost Transparency Board (Cost Board), established in 2020 to monitor healthcare spending trends and develop policy recommendations to improve healthcare affordability in Washington. Presenters reported that healthcare spending continues to outpace inflation, with 2023 spending growth reaching 6.3% compared to the state's 3.2% cost growth benchmark. Preliminary 2024 data indicate spending growth may exceed 10%.

The Board highlighted healthcare affordability challenges facing Washington residents, including increased out-of-pocket costs, financial hardship, and delays in seeking care due to cost. For 2026, the Cost Board focused on three priority areas: healthcare consolidation, strategies to slow healthcare spending growth, and strengthening primary care. Presenters emphasized the connection between healthcare costs and workforce issues, noting that workforce capacity is essential to achieving the state's goal of increasing primary care spending to 12% of total healthcare expenditures.

The presentation reviewed concerns related to healthcare market consolidation, including impacts on cost, access, quality, and workforce stability. Washington currently requires advance notification of healthcare transactions but has limited authority to review or impose conditions on mergers and acquisitions. The Board discussed approaches used in other states that provide greater oversight of healthcare transactions.

The Board also shared findings from its Primary Care Advisory Committee, noting that primary care spending currently represents approximately 6% of total medical expenditures in Washington, about half of the state's 12% target.

Recommendations Discussed

The Cost Board highlighted several recommendations under consideration for inclusion in its legislative report:

- Encourage carriers and large provider organizations to increase primary care spending by 1% annually to help achieve the state's 12% primary care spending goal.
- Establish a healthcare transaction review program that would provide greater oversight of healthcare mergers, acquisitions, and consolidations.
- Strengthen the primary care workforce pipeline through stable, ongoing funding for community-based primary care residency programs and incentives to expand training opportunities in workforce shortage areas.
- Continue exploring comprehensive primary care benefit models intended to improve access to primary care services for Washington residents.

Questions & Discussion
Due to time constraints, formal discussion was limited. Council members were encouraged to consider the alignment between Cost Board recommendations and Health Workforce Council priorities, particularly regarding primary care workforce development, healthcare affordability, and preserving access to primary care services through future policy recommendations.

Discussion of Potential Council Recommendations
Dr. Ames facilitated a discussion on potential policy recommendations and future areas of focus for the Health Workforce Council. Members considered using shorter, issue-specific policy briefs to address emerging workforce challenges rather than relying solely on annual recommendations.

Fullerton presented several potential policy areas for consideration, including improving working conditions and reducing administrative burdens in primary care, expanding pathways for internationally trained physicians to enter practice, strengthening hospital and community partnerships that support family medicine residency programs, and exploring accelerated medical education pathways linked to primary care practice. Additional topics included improving workforce data collection and tracking beyond family medicine, evaluating strategies to support clinician re-entry into practice, and examining the potential impacts of generative artificial intelligence (AI) on the healthcare workforce and care delivery.

Council members discussed the importance of maintaining primary care training capacity, supporting workforce development through multiple pathways, and continuing to monitor innovations that could affect workforce supply, recruitment, retention, and patient access to care. Members also expressed interest in exploring additional primary care workforce topics during future meetings.

Questions & Discussion
Discussion centered on several emerging workforce strategies. Members highlighted opportunities to expand pathways for internationally trained physicians already residing in Washington and to support clinicians seeking to re-enter practice after time away from the workforce. Micah Mathews from the Washington Medical Commission shared updates on the state's international medical graduate pilot program and existing licensure reactivation pathways.

Council members also discussed the growing role of AI in healthcare, including its potential to reduce administrative burden, improve provider efficiency, and affect future workforce demands. Members emphasized the importance of maintaining appropriate oversight, transparency, patient protections, and clinician involvement as AI tools become more widely adopted.

Additional discussion explored the relationship between primary care investment, healthcare costs, and residency training sustainability. Members noted the need for further conversations with healthcare systems and other stakeholders to better understand barriers to maintaining

residency programs and to identify potential policy solutions that do not rely solely on additional funding. No formal recommendations were adopted during the discussion, and staff were encouraged to continue exploring these topics for future Council consideration.

Closing Comments
Fullerton provided closing updates on recent efforts to modernize the Health Workforce Council's operations following discussions held at the June meeting. She noted a shift away from the Council's traditional model of lengthy meetings and annual reports toward shorter, more timely policy briefs that can respond to emerging workforce issues and better align with legislative timelines. Fullerton also highlighted ongoing efforts to review Council membership to ensure diverse representation and to strengthen communication and outreach strategies, including new approaches to sharing Sentinel Network findings.

She reviewed the Council's current priority areas, including healthcare training capacity, educational pathways, gaps between education and clinical practice, workforce affordability challenges, and the impacts of state and federal funding changes. Fullerton also emphasized continued interest in improving career pathways and credential portability for entry-level healthcare workers, including home care aides, nursing assistants, and medical assistants.

Adjourned at 2:04