

Meeting the Challenge of Providing Doctors & Health Professionals for Rural, Frontier and Urban Underserved America



- I. LT Program
- II. New Mexico
- III. Policy Issues

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Programs on Campus & in New Mexico



- AHEC Area Health Education Center
- Center for Native American Health
- Cultural & Ethnic Programs
- FCM - Undergraduate, Clerkship
- Health Advice Line
- Health Commons
- Health Extension Rural Office (HERO)
- International Health
- Institute for Public Health
- Office of Diversity
- Locum Tenens Program (Primary Care Practice Relief)
- Preceptorship Office
- Public Health, Masters in Public Health
- Project ECHO Extension Community Health Outcomes
- Research in Outpatient Settings
- RWJ Center for Health Policy at UNM
- School Based Health Centers
- Specialty Extension Services
- Transdisciplinary Evaluation & Support Clinic (TEASC)
- Vice President for Community Health



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

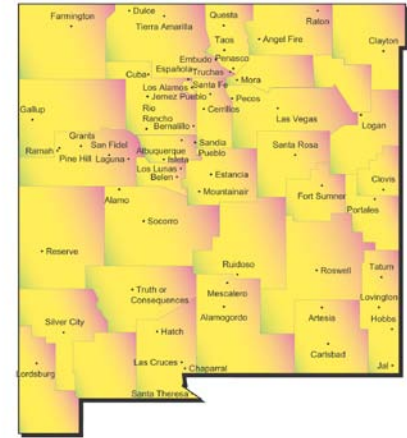
University of New Mexico School of Medicine -
Mission Based Outreach in New Mexico



National & International
Recognition for Rural
Medicine - # 2 Ranking by
U.S. News & World Report

Recruitment & Retention UNM Locum Tenens Program

New Mexico Communities Served by the UNM Locum Tenens Program



Begun in October 1993. Now in its 16th year of operations.

Objective: To provide primary care practice relief to rural and medically underserved practices and physicians

- **Provided an average of 300 placement days/mo in FY'07 - 60% in rural or medically underserved areas**
- **Provided 35,198 placement days in all 33 NM counties since 1993.**
- **Utilized 570 UNM faculty, residents and staff physicians to provide services. Of those, 465 (82%) trained at UNM, and 212 (45.6%) of those graduates still practice in New Mexico.**
- **Placed 250 UNM physicians into practices or communities where they provided coverage.**

Pricing - Charges and Pay - Example: Family Medicine

Benchmarks: MGMA, AAMC

Median Income: \$155 to \$185,000

Add Fringe (24%) + Overhead (10%)

Divide by FTE Hours (1800 hrs/yr)

Hourly Charge Rate \$75 - 100/hr

Pay Rate (\$50-\$75/hr) = Charges-34%

Site and Provider Sign Contracts

Differential for Nights, Wknd, Holiday

Recruitment & Retention UNM Specialty Extension Services



Begun in 1998. Now in its 12th year of operations.

Objectives: improve access to specialty care for New Mexicans; respond to requests for specialist services; expand the scope of practice of existing health professionals in local communities.

- Provided 490 days per month of coverage in FY'07.
- Provided 24,433 placement days since its inception in 1998 in 25 of NM's 33 counties
- Expanded participating specialties - neurology, dental, ENT, pediatric specialties (neurology, orthopedics, cardiology, genetics, pulmonary, ophthalmology), radiology, anesthesiology, endocrinology, general surgery, pathology, pulmonary, rheumatology, ob/gyn, dermatology.

United States - Physician & Health Professions Supply in Rural & Urban Underserved Areas

- ✓ 21% of the U.S. population live in a rural area
- ✓ 50 million live in Health Professions Shortage Areas
- ✓ Only 10% of physicians practice in rural areas
- ✓ 58% of rural physicians are family physicians
- ✓ U.S. population will increase 25 million/decade
- ✓ >65 y.o. will double between 2000 and 2030
- ✓ >65 y.o. generate double the doctor visits <65 y.o.
- ✓ Increasing rates of diabetes, morbid obesity, chronic dz

Barriers to Improving the Health Professions Supply in Rural, Frontier & Urban Medically Underserved Areas

- ✓ CMS penalizes hospitals training residents in community health centers & community based settings
- ✓ Accreditation - ACGME, RRCs create barriers to interdisciplinary training in hospital & non-hospital venues
- ✓ \$25 billion federal dollars spent on DSH, IME, GME for urban teaching hospitals utilizing opaque formulas
- ✓ Health professions training incentives are not aligned with the types of health professionals needed, or to where they are most needed (rural, frontier and urban underserved)

Who Are Locum Tenens Providers?

- Emergency Medicine
- Family Medicine
- Nurse Practitioners
- General Internal Medicine
- Hospitalist Services
- Physician Assistants
- Urgent Care

WE DON'T DISCRIMINATE, EVERYONE ELSE IS SES!

Snapshot UNM Locum Tenens

- Over 250 resident graduates and LT MD's have settled in areas they covered
- Fosters collaborative relations with rural MD's (hospital referral benefits)
- Expands capacity to provide CME
- Strengthens rural component of primary care residencies
- Coverage is across all 33 New Mexico Counties

Think Not-For Profit Business

- Challenges in that you are operating out of an academic medical center
- Organization needs to be competitive
 - Customer friendly
 - Efficient
 - Adapt to changing conditions
- Contracts, regulations and legal issues

Program Components

- Administration
- Providers
- Practice Sites
- Establishing Rates

Administrative Structure

- Dependent upon where you house the services
- Cutting through the red tape
- Using systems to your advantage
- Need to build in cost structure
- PDF of business flow
- Look at the web-based administration

Program Providers

- Faculty Physicians, Midlevels
- Resident Physicians
- On-Call Staff Physicians, Midlevels
 - Locums “employees”
 - Don’t allow other health system providers to be on-call staff
- Issues surrounding permanent placement

To Become a Provider

- NM State License
- Credentialed through UNM Hospitals & Sites
- Acknowledgment of pay rate
- Request to moonlight approval form
- DEA, State Board of Pharmacy etc...

Resident Physicians

- Special consideration for work hours
 - Must stay in the 80 hour GME regulation
 - Reporting is critical, linked to pay
 - Every placement needs residency director approval, provided with monthly report

Practice Sites

- Business decision on whether you want to become a full service LT agency
- For licensing purposes stick to OR
- Define rural vs. urban
- Contract terms
- Practice standards assessment

Pitfalls of Full-Service/For Profit

- Keep up with demands
- Permanent placement of LT providers
- Pricing must be competitive
- Competing medical center or hospital?

Cost Shifting on Rates

- Encourage and reward rural site selection through:
 - Increased provider reimbursement
 - Decreased site charges
 - Full reimbursement for travel and hourly pay for travel time
 - Travel planning through program staff

What do you need?

- HSC wide support
- Legislative recognition of a problem
- Buy-in to Locum Tenens as a contributory solution to care access
- Stick with it and grow

II. New Mexico

Population: 2 million
Income: \$38,000 (43/50)
Pop Density 6th Lowest
30/33 Counties HPSA/MUA
Uninsured 23% (49/50)
Hispanic 44%
Native Am 10%



New Mexico Vs. United States Payers

	N.M. #	U.S.#
Medicaid ^{1,2}	528,100	58,929,900
Medicare	287,395	42,395,000
Uninsured	420,000	46,994,627
Other Public	31,684	2,986,514
Individual	77,510	14,515,865
Employer	835,514	158,515,473
Ttl Public	1,267,179	151,306,041
Total Pop.	2,100,000	296,000,000

<<http://www.statehealthfacts.org>> ¹

<http://www.hsd.state.nm.us/mad/pdf_files/Reports/AllClientDistributionbyCo.pdf> ²

New Mexico

	New Mexico	United States
Population Density (persons/sq.mi.)	15.3	81.5
Per Capita Income	\$23,941	\$29,469
% People Living in Poverty	18%	12%
% Children (<18 y.o.) Living in Poverty	31%	22%
% Population Without Health Insurance	24%	15%
Physicians Per 100,000 Populatio	159	250
Rank - Provision of Prenatal Care	50/50 states	
Rank - Per Capita Dentists	49/50 states	

New Mexico

- “Minority-Majority” State with 42.7% of its Population Hispanic, 9.9% Native American
- 12th Fastest Growth Rate, Grew 20% in Last 10 Years, Anticipated to Grow 30% over Next 30 Yrs
- 30 of 33 NM Counties are Federally Designated as Health Professions Shortage Areas or Medically Underserved Areas

Physician Supply in New Mexico - NM's Physician Shortage

(NM Health Policy Commission - 2006: Physician Supply & Distribution in New Mexico)

NM FTE Physicians per 100,000 Population - Non-trainee (Total)	159 (224)
US Physicians per 100,000 Population Non-trainee (Total)	250 (275)
Physicians 100,000 Estimated as "Adequate"	178

Model of physicians per 100,000 in JAMA 1994, Weiner



Physician Supply in New Mexico - NM's Physician Shortage

NM Health Policy Commission - 2006: Physician Supply & Distribution in New Mexico

AAMC: 2007 State Physician Workforce Data Book

	New Mexico ¹	United States ^{2,3}
Population	1,954,599	29,939,848,422
Clin Active Phys Incl Trainees ⁴	4,370	7,475,813
Phys/100k Incl Trainees	224	275
Clin Active Phys Exc Trainees	3,858	
Phys/100k Excl Trainees	197	
Physician Clinical FTE ⁵	3,100	
Phys Clin FTE per 100k pop	159	
Minimally Adequate/100 k ^{6,7}	178	
1° Care Phys Incl Trainees	1,743	263,815
1° Care Phys Incl Trainees/100k	89	88
Active Phys < 40 y.o. (%)	17%	19%
Active Phys >60 y.o. (%)	24%	23%
Med Students Enrolled/100k	16.5	29.2
Med Stud/100k State Rank	41	

¹NM Health Policy Commission 2006: Physician Supply & Distribution in New Mexico

²US Census Bureau 2006

³AAMC: 2007 State Physician Workforce Data Book, AMA Physician Masterfile January 2007

⁴Clinically Active = active patient care > 20 hours per week

⁵FTE = Clinical Full Time Equivalent (40 hrs/wk), excluding residents; Clin - Clinically; Incl = Including; Exc = Excluding;

The New Mexico Physician Pipeline - Physician Shortage

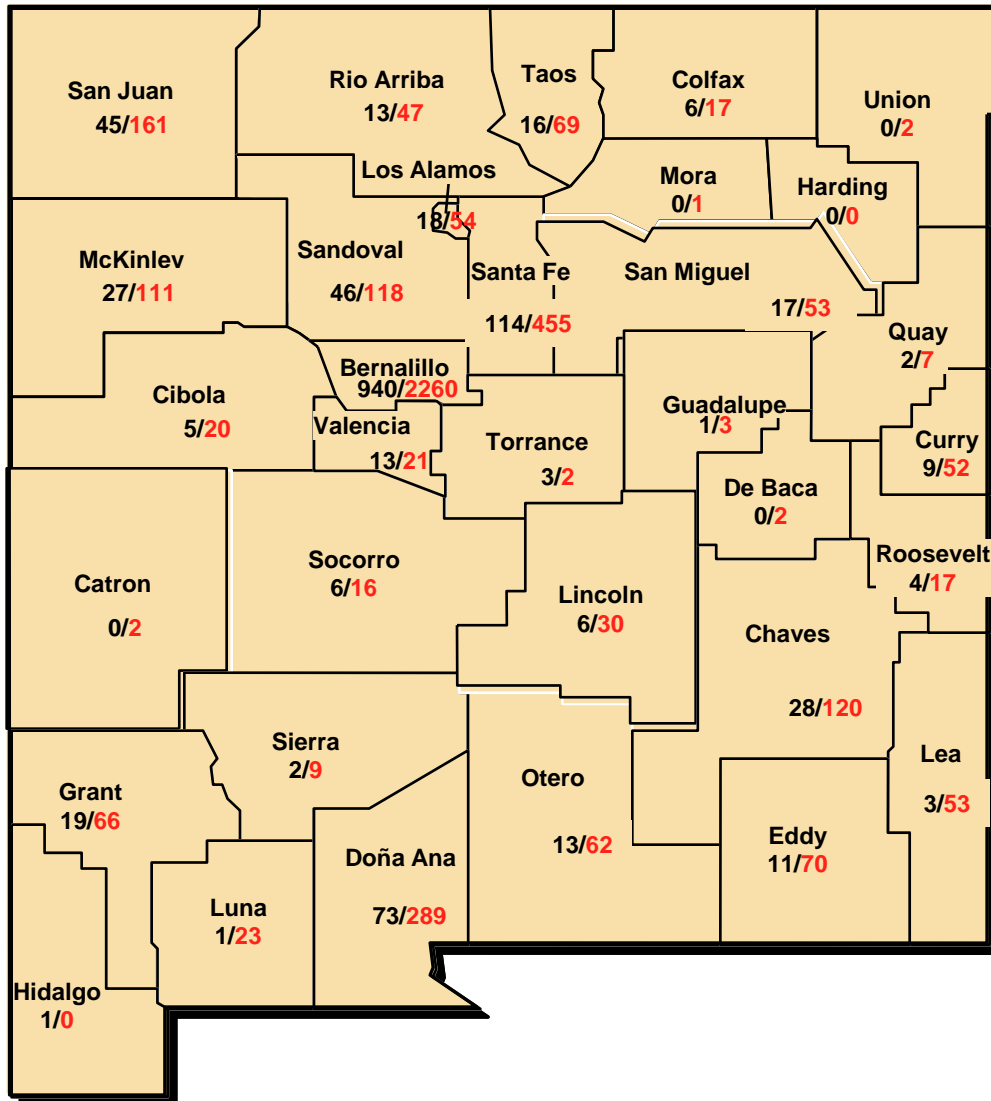
NM Health Policy Commission - 2006: Physician Supply & Distribution in New Mexico

AAMC: 2007 State Physician Workforce Data Book

	New Mexico	United States	NM Rank
Medical Students	322	87,300	
Med Stud per 100 k pop	16.5	29.2	41
Resident Trainees	512	106,464	
Res Trainees per 100 k pop	26.2	35.6	27
Med Student Graduates	2,020	553,602	
Med Stud Grad Active in State	703	214,916	31
MS Grad Active in State %	35%	39%	
Residency Graduates	2,701	708,403	
Res Grad Clin Active in State	1,043	334,640	37
Res Grad Active in State %	39%	47%	
UME+GME Graduates	518	218,429	
UME+GME, Clin Active in State	309	144,209	33
UME+GME, Clin Act in State%	60%	66%	

UNM SOM Medical School and/or Residency Graduates by NM County - 2007
and **NM Physicians with Active Licenses**

37% (**N=1,442**) of
NM's *actively licensed
and practicing MD* are
grads of UNM SOM's
medical school/
residency programs



1,442 - from UNM SOM
Graduate Location Report 2007

Total NM = 3,858 physicians
actively licensed in NM (NM Health
Policy Commission 2006: Physician Supply &
Distribution in New Mexico)

	Total UNM Resident and Medical School Graduates	UNM Graduates with a License to Practice in NM	% Total UNM Grads in NM	Growth in % Graduates in NM
2006	5,868	1,442	25%	7%
2000	4,665	1,222	25%	
2005	5,713	1,355	25%	'00-'05 11%↑
1994		819		'94--99 40%↑
1999		1,190		

From 1994-1999, the # UNM grads practicing in NM increased by an average of 60 per year.

From 2000-2005, the # UNM grads practicing in NM increased by an average of 27 per year.

Those graduating in the first UNM SOM classes (1968, 1969, 1970) are now \geq age 65

Resident graduates are not keeping up with pop growth, retirement of physicians > 65 y.o.

Predictors of Retention:

Data suggest that medical students and resident trainees that are more likely to remain in that state to practice in rural and underserved areas have the following characteristics:

- Receive some training in rural or underserved NM
- Are underrepresented minorities
- Graduate from primary care training programs, (50 to 75% of UNM's Family Medicine graduates remain in the state to practice)
- Grew up in a rural area
- Attended high school, college, medical school & residency in NM

Predictors of Retention:

Family Medicine Residency Graduates:

	FM Grads	UNM All Residents	FM Grads Minority	FM Grads Non-Minority	FM Grads 1+2 Tracks
Practice in NM	55.6%	23%	80%	57.5%	
NM Rural	25.9%	10%	35.4%	27.6%	65.1%
NM Urban	29.7%	13%	44.6%	29.9%	

Source - Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, and Kaufman A: The impact on rural New Mexico of a Family Medicine residency. *Academic Medicine*, Vol. 80, No. 8/ Aug 2005 739-744

Recruitment of medical students likely to stay in New Mexico - UNM SOM

2004	Anglo	Hispanic	Am Indian
New Mexico Population	50%	40%	10%
Medical School (2004)	62%	31%	5%

“Health disparities are best addressed by a diverse health professions workforce...”

Interventions to Improve the Recruitment & Retention of Physicians in NM

- Expose health professions students to NM physicians and practices early in their training (ex. Practical Immersion Experience, Preceptorship Program, Rural Health Interdisciplinary Program, Area Health Education Centers)
- Intensify resident trainee exposure to NM practices (ex. Family Med 1+2 programs in Roswell, Santa Fe)
- Support physicians and grads in practice - UNM Locum Tenens Program (primary care), Specialty Extension Services, UNM PALS, 24/7 HAL, HERO
- Reduce professional isolation (CME Office, Preceptorship Program, UNM PALS)

Interventions to Improve the Recruitment & Retention of Physicians in NM

Make the NM practice environment more appealing for our graduates and practicing physicians - successful NM legislative interventions:

- reduced the GRT on health services (2004)
- reduced the personal income tax (2003)
- Created rural tax credit for health professionals ('08)
- protected NM's model medical practice act - cap for non medical damages

Recommendations of the New Mexico Medical Society and GAMA Physician Recruitment & Retention Task Force

Daniel Derksen, MD updated 08/12/07

- Strengthen & expand NM's physician loan programs - loan for service, loan repayment, NM Health Service Corps
- Increase the size of UNM SOM's medical school and residencies (BA/MD)
- Develop & implement a community physician mentoring program for upper level residents and fellows to encourage them to stay in NM - pay for license after HO II year, credential so that at graduation can participate in all insurance programs
- Encourage broader participation by community physicians in UNM SOM resident clinical rotations; expand resident rotations in community hospitals and practices - allow all residents the opportunity to do a month rotation in community based site
- Create easy access to UNM SOM CME offerings and courses
- Address low Medicare, CHAMPUS and Medicaid physician reimbursement rates

What Worked in New Mexico...

In the 5 years between 2001 and 2006, the NM physician clinical fte's increased 22%, many in underserved areas:

- Enhanced rural Medicare payment to doctors (federal)
- Eliminated the Gross Receipts Tax on medical svcs (state)
- Reduced the Personal Income Tax (state)
- Created a Rural Tax Credit (state)
- Protected NM's model medical liability process
- Expanded the number of medical students from rural areas via the BA/MD program - 25/yr (BA/DDS next?)
- Piloted Health Extension Rural Office (HERO) based on the agricultural extension concept, rural infrastructure

What Worked in New Mexico...

In the 5 years between 2001 and 2006, the NM physician clinical fte's increased 22%, many in underserved areas:

- ❑ Provided practice relief to NM providers (locum tenens)
- ❑ Created a statewide health advice line to help with after hours calls for NM clinicians
- ❑ Started a dental residency program (federal, state), will expand to 7 residents per year in July 2008
- ❑ Created programs for a more diverse health professions workforce in Hispanic and Native American populations, health policy institute supported by RWJ

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Shortage of Doctors Proves Obstacle to Obama Goals

By Robert Pear

April 27, 2009

WASHINGTON Obama administration officials, alarmed at doctor shortages, are looking for ways to increase the supply of physicians to meet the needs of an aging population and millions of uninsured people who would gain coverage under legislation championed by the president.

Barriers to Improving the Health Professions Supply in Rural, Frontier & Urban Medically Underserved Areas

- ❑ Title VII (Primary Care, Dental) and Title VIII (Nursing) are subject to yearly appropriations battles that undermine a consistent pipeline of needed health professions
- ❑ Title VII and Title VIII (millions) are subject to yearly scrutiny and cuts, while IME/GME/DSH (billions) receive little scrutiny and oversight as to whether the public dollars spent are producing the types of doctors most needed, in the areas they are most needed
- ❑ Billions of federal dollars spent on IME, GME, DSH utilizing opaque, complicated formulas unrelated to incentivizing the types of doctors needed, and without priority to the needs of rural, frontier and urban underserved communities

Barriers to Improving the Health Professions Supply in Rural, Frontier & Urban Medically Underserved Areas

- ❑ CMS penalizes hospitals training residents in community health centers & community based settings
- ❑ Accreditation - ACGME, RRCs create barriers to interdisciplinary training in hospital & non-hospital venues
- ❑ Expanding the medical student class size and relaxing the cap on GME slots paid for by CMS - in the absence of a more transparent DSH,IME, GME funding process with clear outcomes will result in more of the same....

Endangered Species Test

Can you name this endangered species?



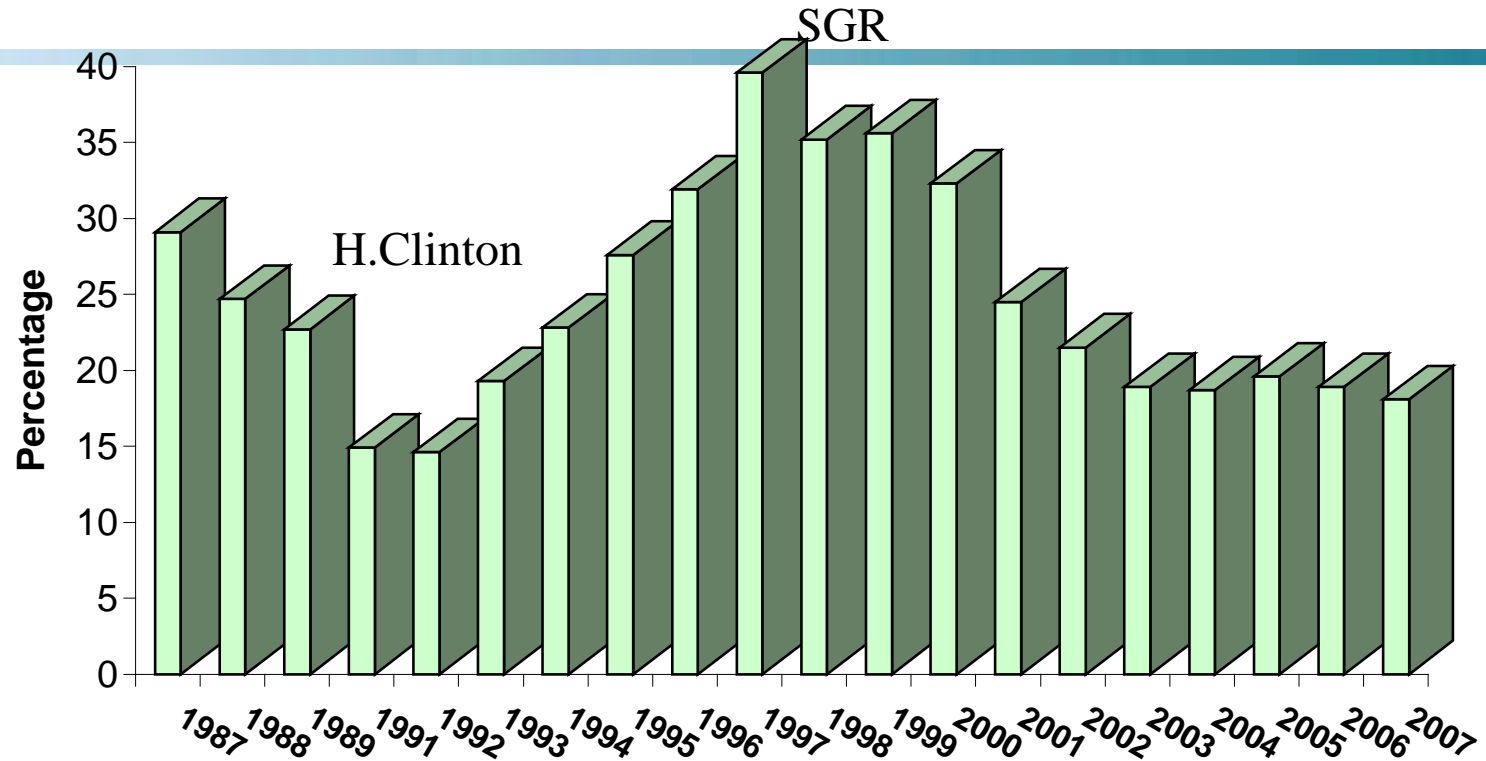
Rio Grande Silvery Minnow

2% of Med Students - General IMED

Of 1177 fourth -year medical school respondents (82% response rate), only 24 (2.0%) planned careers in general IM.

Hauer, et al. JAMA 9/10/08

Graduates Intention to Pursue a Generalist Career

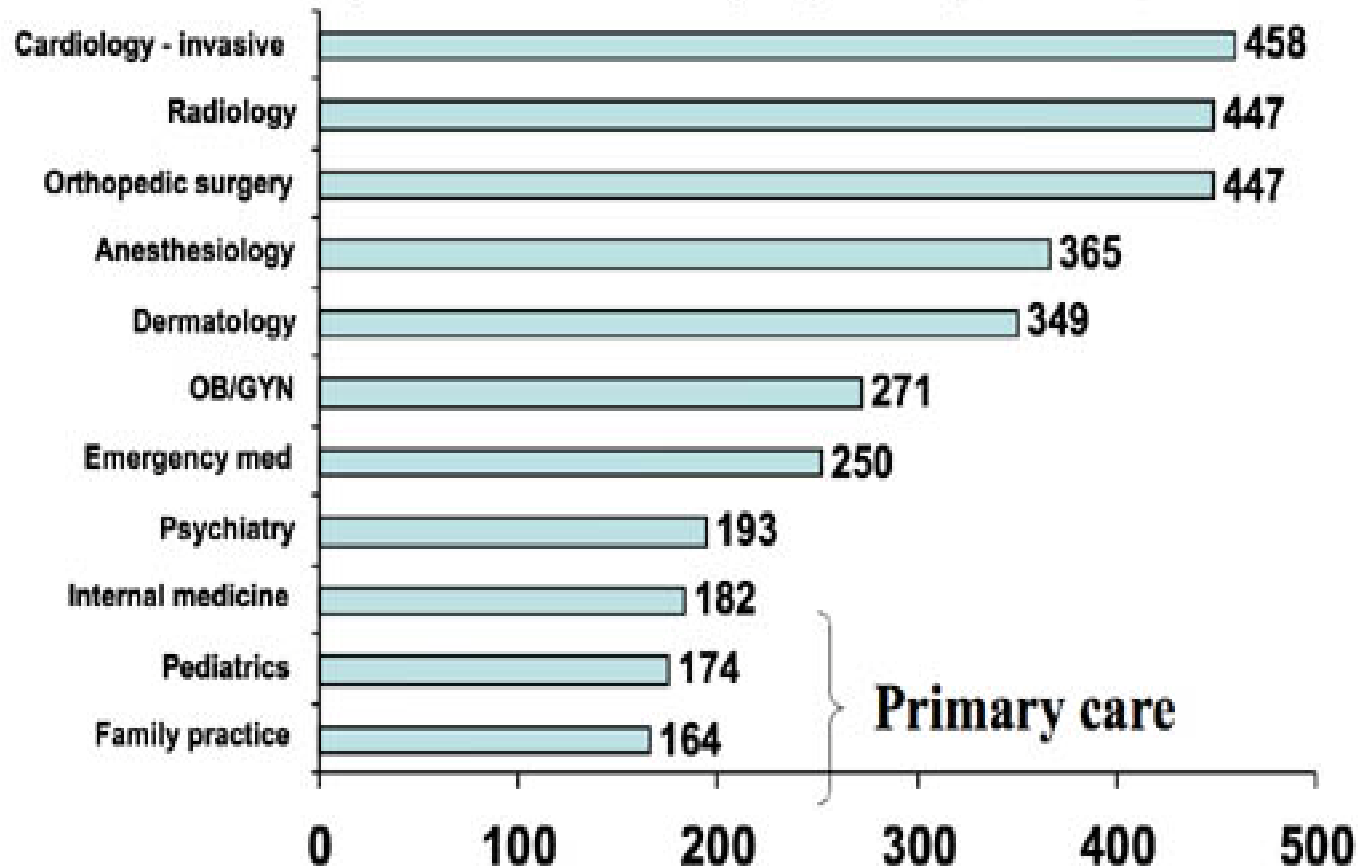


Source: AAMC Graduation Questionnaire

In 10 years, US Grads Entering
FM Declined >50%

High-Income Specialties Are Difficult to Enter

Median Physician Income by Specialty, 2006 (\$000)



ENT: \$325,000; General surgery: \$306,000

Source: Medical Group Management Association.

United States - Physician Shortage Recommendations for Medical Student Class Size over the Next 10 Years

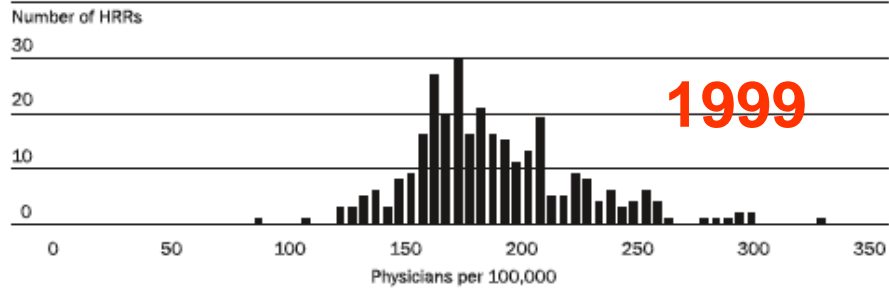
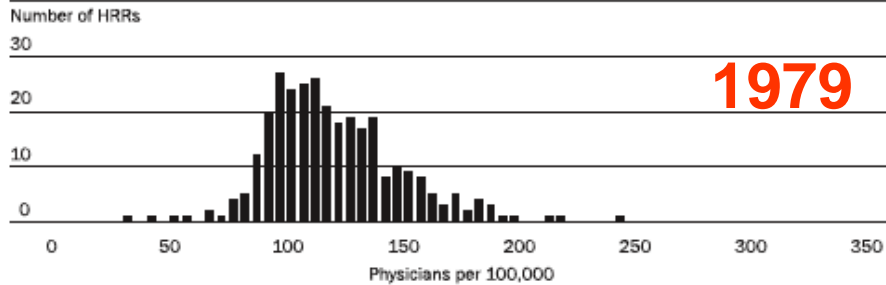
☐ AAMC: ↑ 30%

☐ COGME: ↑ 15%

☐ 25 new schools planned in 14 states

Where do more physicians go?

EXHIBIT 2
Physicians Per 100,000 People Across Hospital Referral Regions (HRRs), 1979



SOURCES: American Medical Association and American Osteopathic Association Masterfiles.

NOTES: The median HRR had 180 physicians per 100,000. The interquartile ratio was 1.26; extrema ratio, 3.60; coefficient of variation, 18.9.

For every 1 physician that settled in a low supply region, 4 physicians settled in a high supply region.

Fitzhugh Mullan, MD

Federal Funding of Teaching Hospitals

	\$ in Billions	% Total
DSH	\$12.6	51%
IME	\$8.2	33%
DGME	\$3.8	16%
TOTAL	\$24.6	100%

DSH - Disproportionate Share

IME - Indirect Medical Education

DGME - Direct Graduate Medical Education

Federal Funding Public Health Service Act

	FY'09
	In Millions
Title III	\$135
Title VII	\$222
Title VIII	\$171
Total	\$528

Title III - National Health Service Corps

Title VII -Primary Care, Dentistry

Title VIII Nursing Workforce

For every \$1 PHSA,

\$45 SSA go to teaching
hospitals...

To improve access to health care services in rural, frontier, and urban underserved areas in the United States by addressing the supply of health professionals and the distribution of health professionals to areas of need.

IN THE SENATE OF THE UNITED STATES

APRIL 2, 2009

Mr. BINGAMAN (for himself, Mr. CASEY, Mr. KOHL, and Mr. UDALL of New Mexico) introduced the following bill; which was read twice and referred to the Committee on Committee

S.790 HAHPSA 2009

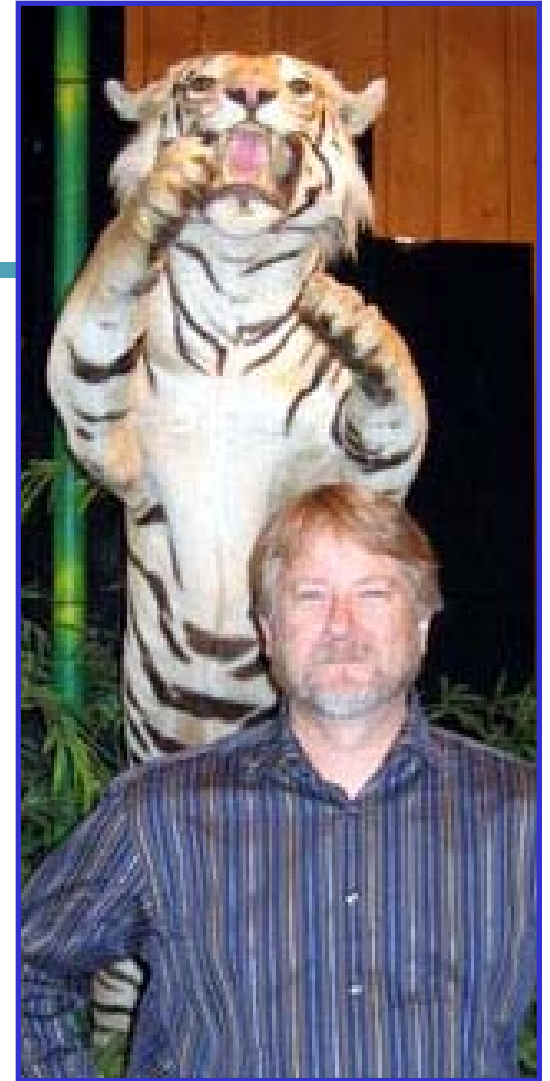
TITLE I. AMENDMENTS TO THE SOCIAL SECURITY ACT

Sec. 1 Create a Permanent National Health Workforce Commission.

Sec. 2 Align Direct and Indirect Medical Education (D-GME, IME) payments with desired health workforce outcomes.

Sec. 3 Allow training in Federal Medical Facilities with support paid directly to the sponsoring institution.

“Few are willing to brave the disapproval of their fellows, the censure of their colleagues, the wrath of their society...”



“Moral courage is a rarer commodity than bravery in battle or great intelligence.

Yet it is the one essential, vital quality for those who seek to change a world that yields most painfully to change...

