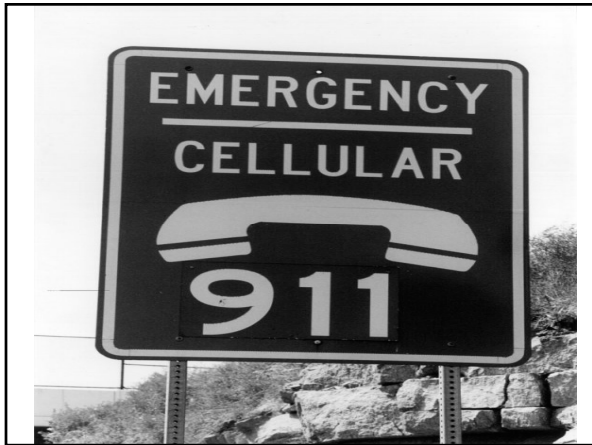


NOSORH Workforce Issues



1



Workforce Issues

- Rural primary care is highly dependent on family practice providers
- Relative paucity of more specialized internists, pediatricians and obstetrician/gynecologists
- Dental and mental health access was clearly problematic in rural areas, based on the much higher proportion of residents living in federal shortage areas for these services

New England Rural Health Roundtable



3

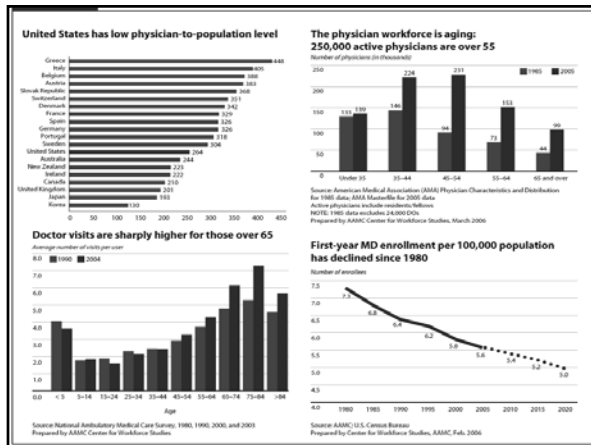
Response to Issues

- Addressing these issues will likely require the collaborative efforts of providers, community-based organizations, businesses, and policy makers
- Stakeholders in rural health care systems must be as vigilant in protecting and building upon the resources currently available as in addressing the challenges that remain

New England Rural Health Roundtable



4



Physician Shortage?

"We're looking at a deficit of approximately 200,000 physicians by 2020... we will still not catch up [to the demand] in the lifetime of anyone in this room or that of our children."

Health Economist Richard Cooper of the University of Pennsylvania at the 14th annual Princeton Conference sponsored by the Robert Wood Johnson Foundation (Health Matters, Congress Daily, July 8, 2007)



6

Primary Care

- In 2004, there were a total of 884,974 physicians. Primary care physicians comprise one third (33.5 percent) of the total number of physicians
- this percentage has been slowly declining and was 40.2 percent in 1970 and 36.5 percent in 1980.

Source: AMA Healthcare Trends 2006



7

Remember General Internists?

- 1998 Residents select GIM 54%, 42% chose subspecialty, 3% other
- 1998 - what's a hospitalist?
- 2007 Residents select GIM 23%, 58% chose a subspecialty, 3% other
- 2007 – 10% want to be hospitalists

Source: Internal Medicine In-Training Examination Survey



8

A Bit of Good News

National Resident Matching Program 2008

- 1,172 U.S. seniors – 65 more than in 2007 chose Family Medicine
- Family Medicine residency programs had a 91% fill rate - the best in more than a decade
- 2020 - the nation will need 139,531 family physicians, according to the AAFP's 2006 Physician Workforce Report
- Need to graduate 4,400 new family physicians – half way there today

Source: American Academy of Family Physicians



9

Medical School Debt

- **\$139,517** – AAMC, the average educational debt of indebted graduates of the class of 2007
- The average debt of graduating medical students increased in 2007 by 6.9 percent over the previous year.
- **75.5 percent** of graduates have debt of at least \$100,000
- **87.6 percent** of graduating medical students carry outstanding loans



10

Is Debt an Opportunity?

- Do you compete with each other or cooperate regionally or work with neighboring states?
- Loan Forgiveness – what are states doing?
<http://medschool.slu.edu/sfp/housestaff/index.phtml?page=fiftyrepayments>
<http://www.libsci.sc.edu/bob/class/clis734/webguides/Ursinlrp.htm>
- Residency stipend? Medical school stipend?
- Compensation and Benefits?
 Signing bonus?
 Retention bonus?
- Do you compete as individual states or combine efforts regionally?



11

Other Incentives

- Alabama, New Mexico and Oregon - Tax incentives
- New Mexico waives the \$400 licensure application fee **for applicants who choose New Mexico as their first state of licensure**
- Black River Falls



12

Medical School of the Future - Today

- AT Still University Campus – 1 year



13

AT Still Medical Hometown Applicants

Hometown Endorsed Applicants:

Locate a Community Health Center (CHC) to stay involved with

Develop relationships with CHC staff and leadership

Learn about the working environment of a CHC

Gain valuable volunteer or work experience

Gain SOMA application endorsement from a CHC leader

Obtain instruction from CHC leaders in seeking employment pathways

<http://www.atsu.edu/>



14

IMG - RESULTS AND DATA 2007 MAIN RESIDENCY MATCH

PG-1	Family Medicine	Internal Medicine	Pediatrics	OB/Gyn
Offered	2603	4798	2328	1155
U.S. Seniors	1096	2680	1694	837
IMG*	538	1303	282	120
All Applicants Matched	2299	4720	2265	1149
# Unfilled Programs	122 of 457	30 of 369	27 of 199	2 of 242

*International Medical Graduates definition does not include U.S. citizen graduates of international medical schools or Canadians.

IMGs account for one-fourth of the nation's practicing physicians.



15

Recruitment of "Obligated" Physicians

Things to consider when a physician comes from out of country:

- Fit applies to US citizens and foreign physicians
- Family is not just out of state but out of country
- Are there ethnic groceries or restaurants and places of worship
- English skills – now tested.



16

J-1 Visa Physician Retention Or "just" Retention

- WHERE do they stay?
 - ❖ Where they feel welcomed into the practice and the community
 - ❖ Where the Family can settle (schools, etc.)
- WHY do they go?
 - ❖ Family reasons
 - ❖ Did not feel welcomed
 - ❖ Better deal elsewhere....



17

The Supply and Demand of Physician Assistants and Nurse Practitioners in the US May 2007

14th Princeton Conference - *Healthcare Workforce Issues of the 21st Century*

Roderick S. Hooker, Department of Veterans Affairs,
University of Texas Southwestern Medical Center



18

NPs & PAs - Associate Staff

Physician workforce supply and demand

- Feeble attempts to add the PA/NP supply & demand to medical workforce projections
- Largely a hidden workforce in studies – NEW HPSA/MUP regulations?
- PAs & NPs reduce shortages (Grumbach, others)

Reasons to include PA/NPs in the equation:

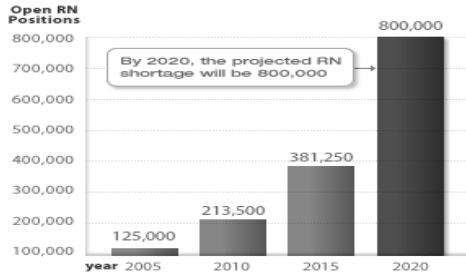
- Education time: 24-30 months
- Education costs: ~\$1,000/month per student
- Task transfer >87% of all primary care safely (expertly)
- 4th most satisfying career in America (>10 studies)
- Career trajectory >30 years



19

Number of Projected Open RN Positions

United States 2005-2020



20

Nursing Workforce

- Nursing Student Mentoring Program
- Student Nurse Externship Program
- General Orientation
- Nursing Orientation
- Job-Specific Competency-Based Orientation
- Nursing Internship
- New Graduate Nurse Mentoring Program
- RN Refresher
- FACULTY SHORTAGE!



21

Dentists

- Rural areas average 30 dentists per 100K
- Urban areas average 60 dentists per 100K

Source: NRHA Issue paper, February 2006



22

Dental Hygienists

- 158,000 hygienists in 2004
- Expected to grow (>27%) by 2014
- Hygienists leave profession
- ADHA says that, due to supervision requirements in many states, hygienists must locate where dentists are, so they are “maldistributed” as well



23

Can Medical Professionals Provide Dental Care?

- Oral health evaluation (visual screening)
- Fluoride varnish
- Patient and parent education
- Dispensing oral health supplies
 - Toothbrushes, toothpaste, xylitol gum
- Limited prophylaxis, antimicrobials
- Case management, referral



24

Can Hygienists Work In Medical Practices?

- Dental hygienists may...
 - be supervised for appropriate services by physicians
 - perform procedures without the physical presence of the supervising dentist in CHCs, RHCs, clinics, schools, nursing homes and practices that serve large numbers of low income patients



25

Pharmacist Shortage to Worsen in 2020

- 420,000 pharmacists will be needed in 2020
- In 2020, there will be a need for fewer dispensing pharmacists, but there will be a huge demand for pharmacists to assess, counsel, select and adjust therapy, and monitor patients

US Pharmacist Somnath Pal, B.S. (Pharm), M.B.A., Ph.D. 12/15/02



26

Tri-State Health Professional Workforce Analysis

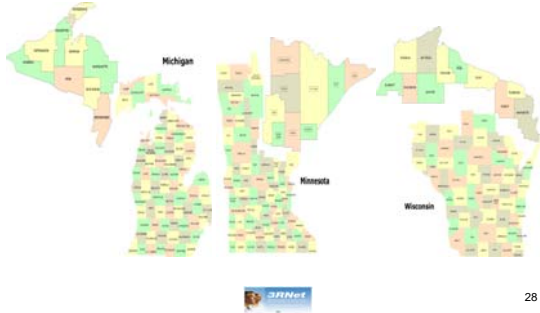
Western Upper Peninsula of Michigan,
Northeastern Minnesota and Northern Wisconsin
October 2007

Funded by grant from the National Organization of State Offices of Rural Health



27

Tri-State Region – MN, WI, MI



28

Tri-State Summary

Family Medicine physician opportunities are the most prevalent in the tri-state region

Gaps exist between health professional supply and demand: Especially in Dentistry and Internal Medicine

Demand for health care services will increase as a result of the aging population



29

South Dakota HOTT

(Health Occupations for Today & Tomorrow)

Who:

- Governor and Cabinet
- State Agencies – Dept. of Health is lead
- All school districts, 2 and 4 year colleges
- Hospitals and health care systems, employers – all stakeholders

What:

- On-line curricula, lesson plans
- Health academies, resource fairs
- Shadowing in health care facilities

Halley Lee, Manager
South Dakota Healthcare Workforce Center
600 E. Capitol
Pierre, SD 57501
Halley.lee@state.sd.us
605.773.6320



30

Partners and Stakeholders – who are they?

Who are the most likely best partners at the local, state federal level?

- SORH, PCO and state PCA, CAH, RHC, CHC, AHEC
- Licensure Review Boards
- State and Federal Departments of Education
- NACHC, NARHC, NAO, NRHA, USDA
- State and Federal Departments of Health
- Hospital Associations (include rural hospital organizations)
- Medical Societies, Professional organizations (state, regional, national)
- Departments of Labor (federal and state)
- Economic development and analysis (Rural Health Works, Rocky Coast Consulting)
- Educators (institutions, students)
- State Legislatures
- Rural Health Clinics
- Businesses with employees, businesses that obtain health care revenue
- Geriatric interest groups including foundations



31

Ideas for Groundwork

- State and local policy communities focus consensus, not national groups
- Communicate solutions, don't assume people understand
- Seek investments from foundations, governments
- Study impact of midlevels on private dental practice, safety net clinics
- Target new associate staff to safety net settings
- Data collection to monitor supply, demand
- Establish regional training collaborative



32

3 Requirements for Policy Change

1. Shared perception of the problem
 - Public agreement; communication frames issue, raises priority
2. Political support
 - Broad-based support, all powerful groups or actors involved
3. Viable policy solution
 - Workable, timely, affordable, proven



33

NOSORH, RHW, 3RNet Workforce Conference March, 2008

Opportunities to improve health care workforce development across all professions?

- Over age 50 – recruit, Over 65 – creatively retain
- Educational programs in technical and vocational colleges
- Distance education - expand capacity
- Identify core educational requirements (breakdown silos) between professions, interdisciplinary education of allied health with other professions
- Utilize on the job training



34

Recruit Workers Over Age 55

- 18,437,000 in 2000
- 31,851,000 in 2015
- Over 33,346,000 by 2025

Source: US Census Bureau



35

AARP - Older Workers

- Boomers will work longer than their parents
- 50+ worker have less turnover – 3.3 times retention rate of 25-30 year olds
- Strong work ethic
- 18% of your workforce is probably retirement eligible now
- Bottom line: Talent loss will hurt innovation, patient care and customer service. Keep them happy



36

Check Generational Diversity



37

NOSORH, RHW, 3RNet Workforce Recommendations – All Professions, March 2008

- Legislative – understand the issues and funding for education
- Reimbursement
- Education – fewer silos, coop, distance, OJT
- Incentives – SLRP, RLRP, Stipends, Tax Incentives
- State policies that impede moving sharing staff across state lines
- Stop the turf battles – that's easy, huh?
- Certification, Credentialing, Licensing
- K – 12 programs, AHECs
- Rural Training programs, rotations, internships, clinicals



38

HIT Opportunities

- Define incentives of working in rural/underserved HIT
- Military (40% of military is from rural US)
- Cooperative connection (network of facilities under a PCA, SORH, etc.)
- Coordinate ongoing IT CE through AHEC, informal networks, bulletin board
- Share information officer – regional opportunity



39

Mental Health Opportunities

- Less than full-time mental health needs can be addressed by part-time providers – coop?
- Telemedicine/Telepsychiatry new technologies – greater utilization
- Impact/feasibility assessment of ability to support mental health providers/services across state lines
- Use of psychiatric medical residents
- Interest of employers to reduce and deal with mental illness, wellness programs that include mental health
- 3rd Party payers



40

Oral Health Opportunities

What are the opportunities?

- Increase supply of all dentists, expand schools – coop with other states
- Work with foreign dentists during 2 year re-training programs and the public health licensing of these professionals while they are in programs
- We (PCOs, PCAs, rural leaders, etc.) go to the legislature to tell them what we need relative to dentists—hold state funded schools accountable for training dentists from and for rural and small communities
- Mentoring programs for new grads going to rural areas
- Increase communication between dentist leaders, policy makers and those already in public health with groups like AHECs, PCOs, PCAs, and SORHs
- Explore expansion of scope of practice for dental hygienists and consider programs like Alaska-dental tech



41

Not Another Committee on the Health Workforce

New Zealand, Tony Ryall MP – March 26, 2008, National Party Health Spokesman

“With its army of bureaucrats, Labour has produced at least 43 reports on the health workforce since 2000. No one seriously believes this will all be fixed by yet another report!”



42

**THANK YOU FOR THE WORK
YOU DO!**



43

**The 3R Net – For more
information:**

Toll Free: 800.787.2512
Email: info@3rnet.org
Web site: www.3rnet.org

Tim Skinner, Executive Director
National Rural Recruitment and Retention Network
2004 King St.
La Crosse, WI 54601
608.782.0660
skinner@3rnet.org
© Copywrited May, 2007



44
