

Health Care Workforce in New Mexico

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
19 AUGUST 2021

RICHARD LARSON, MD, PHD
EXECUTIVE VICE CHANCELLOR
VICE CHANCELLOR FOR RESEARCH

Background

In 2012 HB19 – the Health Care Work Force Data Collection, Analysis and Policy Act – became law and the following occurred:

- Licensure boards are required to develop surveys on practice characteristics.
- Licensure data was directed to UNM HSC for stewardship and storage.
- The establishment of the New Mexico Health Workforce Committee, to include state-wide constituents.
- The Committee is required to evaluate workforce needs and make recommendations.

Source: Health Care Work Force Data Collection, Analysis and Policy Act. Vol NM Stat, 24-145C-1.; 2011

Highlights and Successes In Last Year

- RLD successfully implemented updated physician survey and corrected data issues
- Continued in-depth guest sections by:
 - NM Department of Workforce Solutions
 - NM Human Services Department
- Change over time added for Physical Therapists and Occupational Therapists
- Added average age for Licensed Midwives

Health Care Impact of COVID-19

Workforce

Furloughs and layoffs

Reduced clinic hours

Hiring freezes

As Compared to 2019	2020	2021
Usual patient in-person volume reported by NM Primary Care Assn ¹	<70%	Continues
NMMS members see ≤ 100 patients per week (39% pre-COVID) ²	75%	Not Known
NM dental practices seeing <10% of typical patient volume ³	95%	0%
NM dental practices seeing greater than 50% of typical patient volume ³	7%	100%
Number of internal medicine physicians, psychiatrists, dentists and pharmacists seeking job opportunities via New Mexico Health Resources ⁴	>100%	Continues

Health Care Impact of COVID-19

Telehealth & Fiscal

Rapid expansion of telehealth capability by NM health care practices

Reduced Revenue

Temporary or permanent practice closures

As Compared to 2019	2020	2021
Increase in telehealth at UNM HSC ¹	>100% ~60k	>194% ~176k
NMMS members using telemedicine (13% pre-COVID) ³	92%	Not Known
NM Psychological Assn members using telemedicine (21% pre-COVID) ⁴	90%	Not Known
NMMS members reported reduction of revenue \geq 41% ³	66%	Not Known
NM dental practices temporarily closed practices ²	88%	7%

1. UNM Health Sciences, 2021

2. ADA Survey of New Mexico Dental Practices, 2021

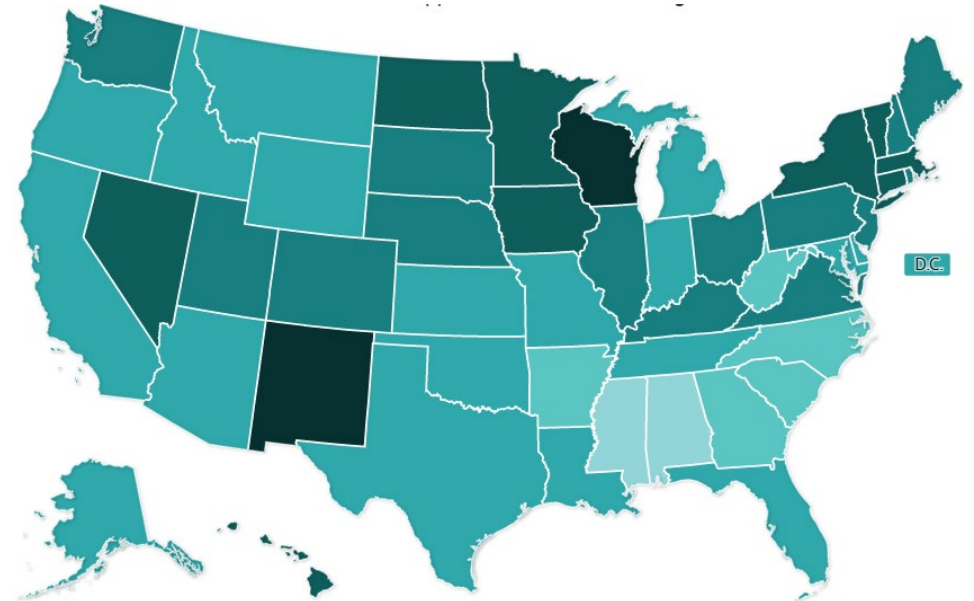
3. NM Medical Society Survey of

Members, 2020

4. NM Psychological Society Survey of Members, 2020

Health Care Impact of COVID-19

1. Gap between revenue and expenses caused by COVID in NM is \$193 Million¹ (per NM Hospital Association)
2. NM is the most efficient vaccine distributor in the country²



Two Types of Analysis

1. The ***NM Department of Workforce Solutions***' contributed analysis of the current and projected hiring demand for selected health professions which comes from the Occupational Employment Statistics and Projections Program Workforce Connection Online System.
2. The New Mexico Healthcare Workforce Analysis Center's contributed supply analysis comes from the results of surveys collected at the time of licensure renewal.

Demand Analysis Health Care Workforce

The *NM Department of Workforce Solutions* contributed analysis of the current and projected hiring demand for selected health professions.

Profession	Employed in NM		Monthly Job Postings		Projected Growth
	2020	2021	2020	2021	2028
Registered Nurses	17,350	17,100	4,507	6,306	2,080
Nurse Practitioners	1,110	1,080	268	258	90
Pharmacists	1,500	1,700	108	154	1,580
PCPs: Family Medicine	710	560	166	151	50
PCPs: General Internal Medicine*	130*	120*	46	46	< 5*
PCPs: General Pediatrics*	140*	140*	41	32	< 5*

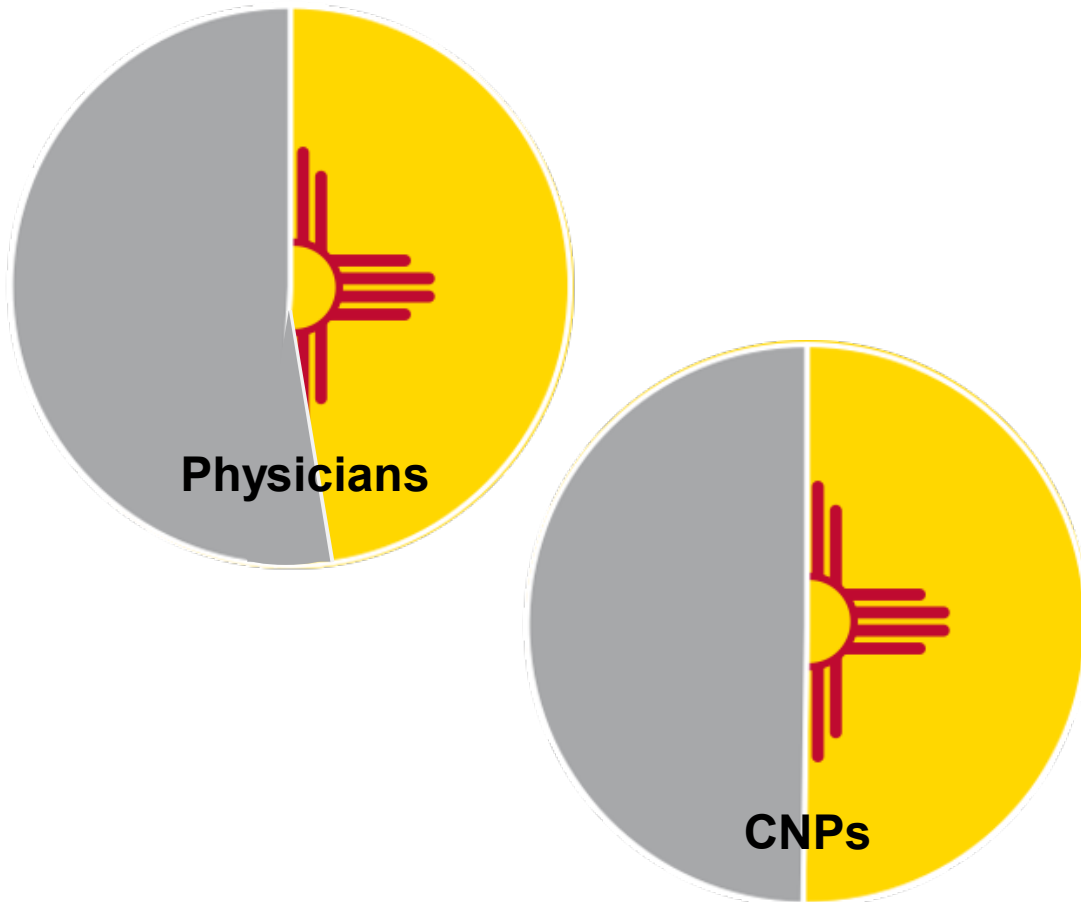
* Bureau of Labor Statistics data are suppressed for some physicians to maintain confidentiality

Sources: Occupational Employment Statistics and Projections Program Workforce Connection Online System

Supply Analysis: Updates & Improvements

- **Multiple year data:** Physical Therapists, Occupational Therapists, Pharmacists
- **NEW Benchmarks:** Psychiatrists, CNPs, CNMs, Dentists, Pharmacists, and LMs.
- **Excluded non-practicing providers**
 - Retired, resident, inactive in NM, unemployed in health care
 - Zero weeks per year
 - Zero hours per week (for PCPs, < 20 hours per week)
 - Zero percent of time spent in direct patient care (for PCPs, < 50%)
 - Counts reduced compared to prior years due to these more stringent criteria

Benchmark Analysis of Supply Data



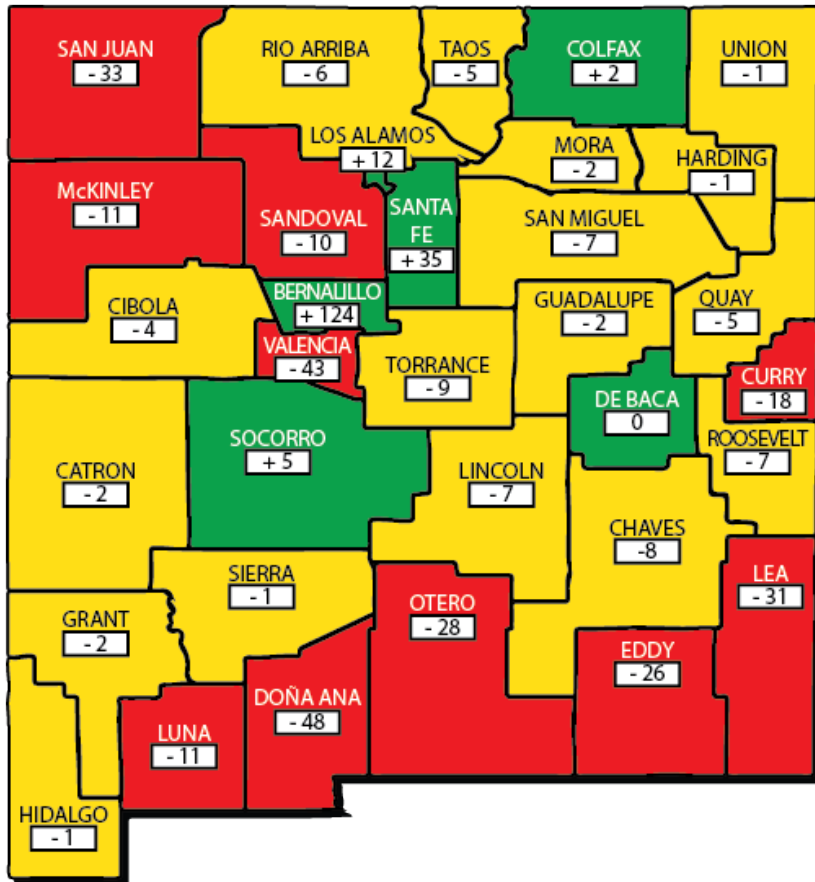
As of 31 December 2020, New Mexico has:

- 10,156 Licensed Physicians
- 4,739 Practice in New Mexico (46.7%)
- 1,607 Primary Care Physicians
- 229 Obstetrician/Gynecologists
- 154 General Surgeons
- 305 Psychiatrists
- 3,386 Certified Nurse Practitioners
- 1,732 Practice in New Mexico (50.5%)

Source: New Mexico Health Care Workforce Committee. *2021 Pending Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2021

Primary Care Physicians

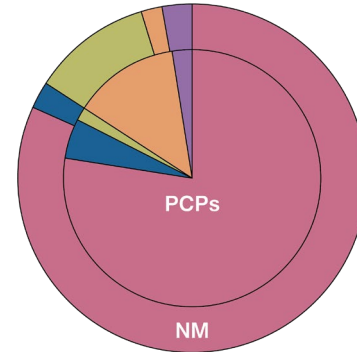
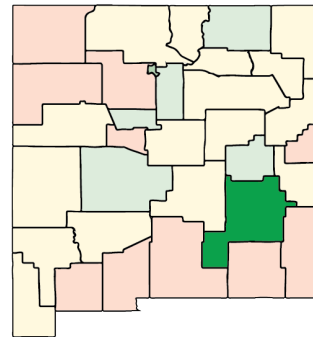
Primary Care Physicians Compared to Benchmark, 2020



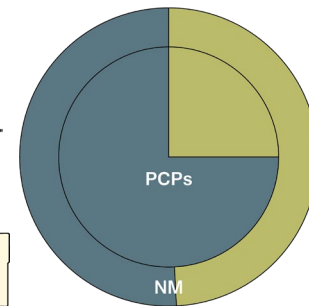
Comparison to Benchmark (8.3 per 10,000 Population)

- At or Above Benchmark
- 1 - 10 Providers Below Benchmark
- > 10 Providers Below Benchmark
- Number Above (+) or Below (-) Benchmark

2019



- White or Caucasian
- Black or African American
- Native American and Alaska Native
- Asian, Native Hawaiian and Other Pacific Islander
- Two or More Races

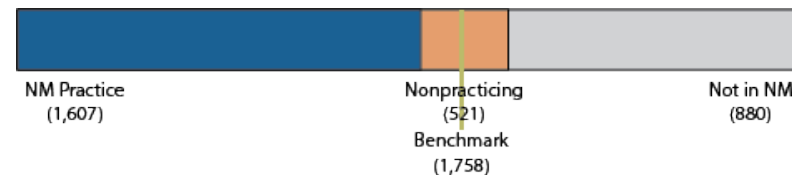
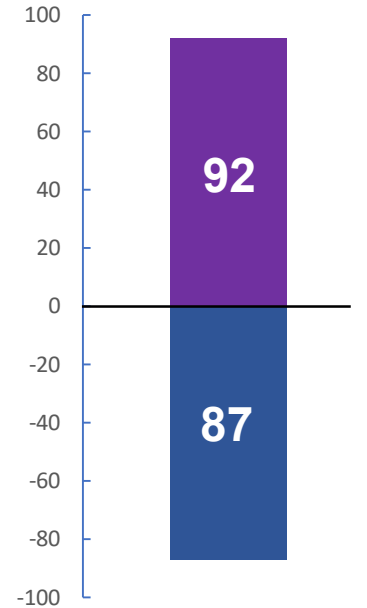


- Hispanic
- Non-Hispanic



45.6% Female

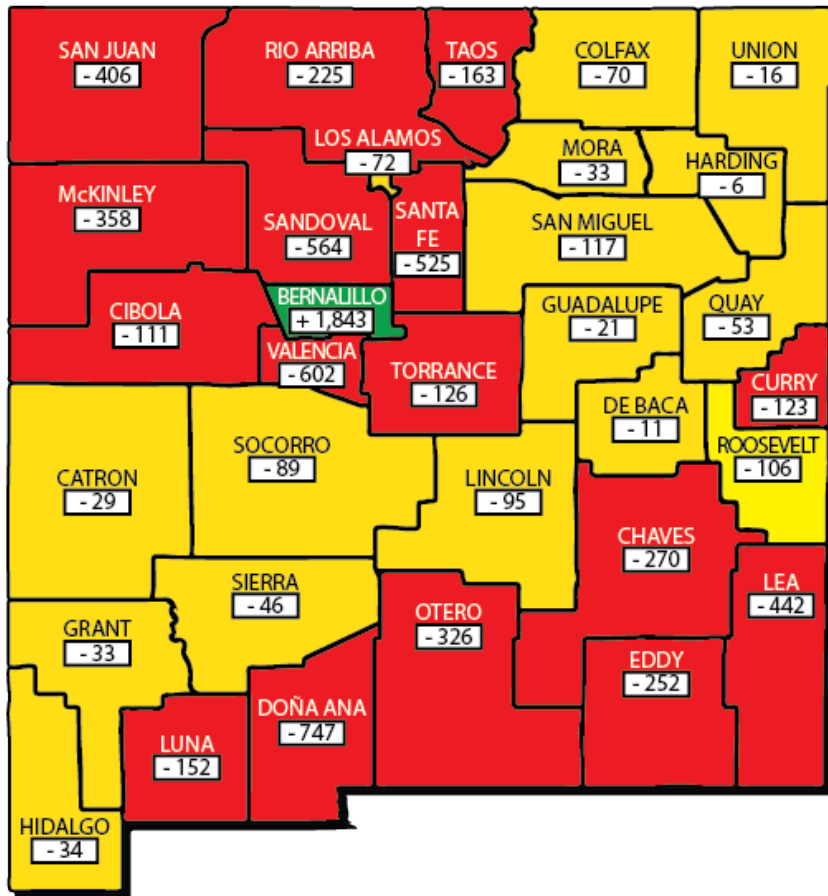
Average Age 52.8



- New to NM practice
- Left NM Practice

Registered Nurses & CNSs

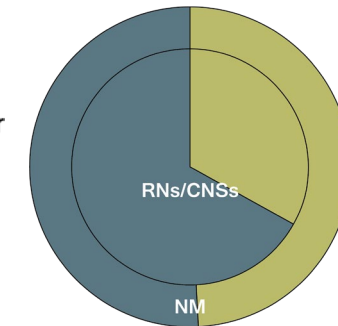
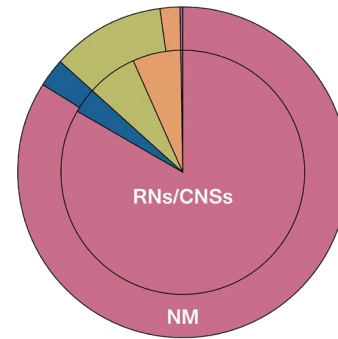
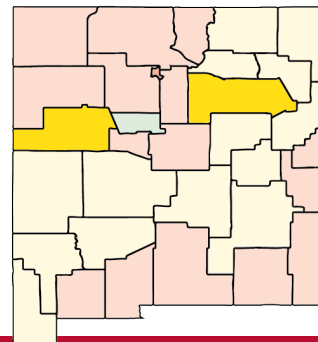
RNs and CNSs Compared to Benchmark, 2020



Comparison to Benchmark (94.3 per 10,000 Population)

- At or Above Benchmark
 - 1 - 100 Providers Below Benchmark
 - > 100 Providers Below Benchmark
- Number Above (+) or Below (-) Benchmark

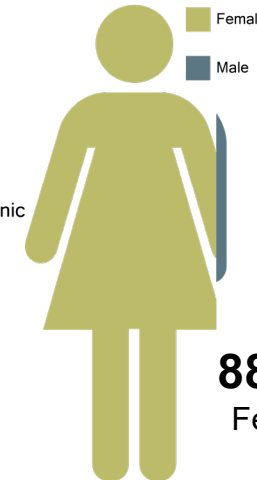
2019



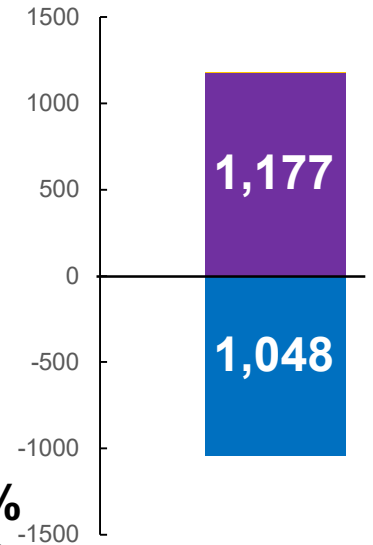
Average Age 47.8

- White or Caucasian
- Black or African American
- Native American and Alaska Native
- Asian, Native Hawaiian and Other Pacific Islander

- Hispanic
- Non-Hispanic



88.0% Female



Shortages

As of 31 December 2020¹:

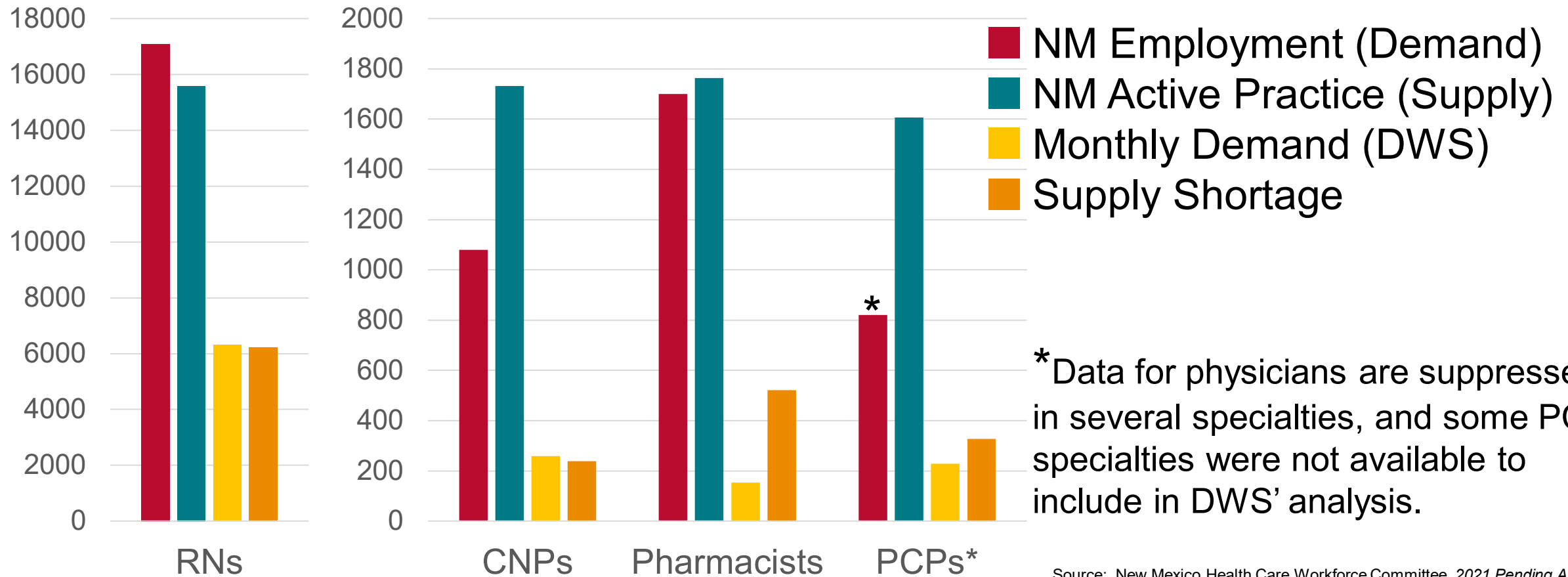
- Shortages are most severe in less-populated counties
- *Without redistributing* the current workforce, New Mexico needs:
 - 328 Primary Care Physicians
 - 56 Obstetrics and Gynecology Physicians
 - 10 General Surgeons
 - 117 Psychiatrists
 - 6,223 RNs/CNSs
 - 238 CNPs
 - 13 CNMs
 - 249 PAs
 - 87 Dentists
 - 521 Pharmacists
 - 5 Licensed Midwives
 - 2,510 EMTs
 - 524 PTs
 - 108 OTs
- Average age is 52.8 years (national average: 52.3 years²)
- Highest percentage of physicians 60 years or older (32.3% versus 31.4% nationwide)³

1. New Mexico Health Care Workforce Committee. *2021 Pending Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2021

2. Physicians Foundation. *2018 Survey of America's Physicians: Practice Patterns and Perspectives*. Physicians Foundation; 2018..

3. Association of American Medical Colleges. *2019 State Physician Workforce Data Report*. Association of American Medical Colleges; 2019.

Shortages Compared to Hiring Demand



*Data for physicians are suppressed in several specialties, and some PCP specialties were not available to include in DWS' analysis.

Source: New Mexico Health Care Workforce Committee. 2021 Pending Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center; 2021.

Recommendations

1. Increase funding by \$831,000 without reallocation per year to accommodate up to 30 medical, 66 nursing, and 10 allied health practitioner loan-for-service programs and increase \$12,000 of recurring funds per award to mental health practitioners.

Or

1. Increase funding with new sources of revenue by \$1 million to accommodate additional funding for the State Loan Repayment Program. Currently the programs allow for employed health professionals in a variety of disciplines to compete:
 - a. Allied Health: Audiologists, Emergency Medical Technicians, Laboratory Technicians, Nutritionists, Occupational Therapists, Pharmacists, Physical Therapists, Radiology Technicians, Respiratory Care Providers, Speech and Language Pathologists.
 - b. Dentistry: Dentists.
 - c. Medical and Nursing: DO, MD, Osteopathic Physician Assistant, Nurse Practitioner/Advanced Practice Nurse.
 - d. Mental Health Fields: CP, LADAC, LCSW, LMHC, LMSW, LPC, LPCC, MD/Psychiatry, MFT, PsyD and “Other.

Recommendations

2. Maintain gross receipts tax deduction for Medicare and managed care payments.
3. Using the 2020 Small Business Recovery Loan Act as a model for specific lending terms, establish a loan program (up to \$150,000 per approved loan) through the New Mexico Finance Authority to be used by physicians, nurse midwives, certified nurse practitioners, behavioral health providers, and physician assistants setting up or expanding full-time medical practice in rural areas of the state (anywhere other than ABQ/Rio Rancho area, Santa Fe, Las Cruces).
4. Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery, such as by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings.

Recommendations

5. Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.
6. Increase staffing and provide additional appropriations above the current baseline for an additional 30 FTEs through the New Mexico Department of Health – Establishing at least one per county – for public health nurses at a midpoint annual salary of \$65,000 each.
7. Increase funding to \$3.5 million per year (\$15,000 per 10 schools, approx. 1000 schools are in need) for the expansion of School-Based Health Centers (SBHC) and the SBHC services through a hub and spoke telehealth model and mobile unit for medical, dental and behavioral health services in New Mexico through the NM DOH Office of School and Adolescent Health.

Recommendations

8. Fund the New Mexico Health Care Workforce staff to complete annual analysis and expand recommendations. Total cost is \$250,000 per year.
9. Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office

Questions?

Richard S Larson, MD, PhD
Executive Vice Chancellor
Vice Chancellor for Research
<http://hsc.unm.edu/research/>

FTE Estimation

- The ***NM Human Services Department*** contributed estimation of 2020 FTEs for:
 - PCPs
 - Psychiatrists
 - Core mental health professions (psychologists, licensed social workers, licensed professional clinical counselors)
- Average county PCP Count: FTE ratio 5.71
- The New Mexico Primary Care Council is researching the national benchmark as it may not be suitable for New Mexico given the state's older, more rural, lower-income, and sicker population.

