

# Primary Care Physician Workforce Development in the Land of Enchantment



**Friday, November 17, 2017**

**Legislative Health and Human Services Committee  
Santa Fe, New Mexico**

**Presenters:**

**Charlie Alfero**, Director at New Mexico Primary Care Training Consortium

**Dan Otero**, CEO, Hidalgo Medical Services, LLC

**Darrick Nelson**, MD, CMO and Residency Program Director at Hidalgo Medical Services

**John Andazola**, MD, Residency Program Director at Southern NM FMRP

# Primary Care Physician Shortages: National and State Levels

- **By 2025, the Association of American Medical Colleges estimates a shortfall of between 14,900 and 35,600 primary care physicians.**<sup>1</sup>
- **New Mexico has the oldest physician workforce in the nation.**
  - Nationally, the percentage of physicians over 65 years of age:
    - 2008 = 23.4% compared to 2012 = 26.5% (12% increase)
- Healthcare drives yearly job growth. Healthcare created more jobs than any other sector in 2016, helping to drive total annual job growth to 2.2 million, according to data from the Bureau of Labor Statistics. In 2016, the healthcare industry grew by 35,000 jobs per month on average.<sup>2</sup>
- **New Mexico various demand / recruitment perspectives**
  - **Doña Ana County:** recruiting 80 PCPs<sup>3</sup>
  - **New Mexico Health Resources:** recruiting 235 PCPs (may be partial count, based on NMHR focus)<sup>4</sup>
  - **New Mexico Human Services Department:** “Assuming no redistribution of the current workforce, an additional 139 PCPs would enable New Mexico to meet the national benchmark (0.79 per 1,000 population) in all counties.”<sup>5</sup> (We believe this is understated)
  - **Presbyterian Health Care Services:** recruiting 35-40 PCPs in 2017<sup>6</sup>

1 [https://www.aamc.org/newsroom/newsreleases/458074/2016\\_workforce\\_projections\\_04052016.html](https://www.aamc.org/newsroom/newsreleases/458074/2016_workforce_projections_04052016.html)

2 [www.modernhealthcare.com/article/20170106/NEWS/170109951](http://www.modernhealthcare.com/article/20170106/NEWS/170109951)

3 Presentation to LHHS in summer 2017

4 Fall 2017 NM Rural Health Plan Development Meeting

5 [http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/NMHCWF\\_2017Report\\_eDist\\_LoRes.pdf](http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/NMHCWF_2017Report_eDist_LoRes.pdf)

6 Per the University of New Mexico

# Supply and Demand Projections

**We need more doctors. And nurses. And a lot of other providers ...**  
 In order to keep up with changing demographics, the United States is going to need to create millions of new health care jobs — from home health care aides to specialty physicians — in the decades to come. In fact, by 2024, health care is expected to have the fastest rate of job growth of any sector of the economy.

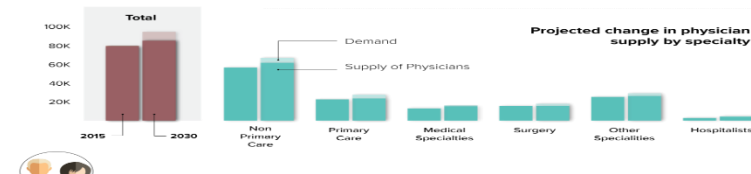
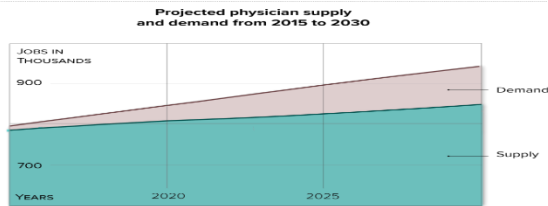
It's not so much that the number of Americans is growing so fast; it's more that with baby boomers hitting retirement, the entire population will skew older, and older people need more health care. By 2030, the population over age 65 will increase by 50 percent and the population over age 80 will double. What's more, advances in medicine mean more Americans are living longer with chronic diseases like heart disease, diabetes and even cancer, which also increases the demand for health care services.



## Physicians

As it happens, a large share of today's doctors are baby boomers who will hit retirement soon, reducing the supply of physicians just when they'll be most needed. That's one reason demand is increasing for non-physician providers like physician assistants and nurse practitioners, who can take on some of the tasks that doctors used to do and help stretch the physician workforce.

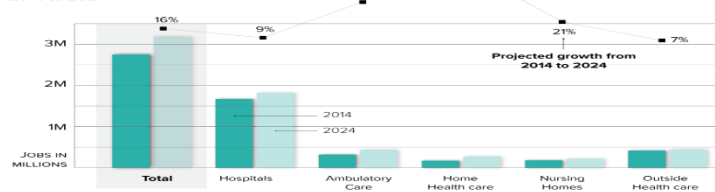
Source: Association of American Medical Colleges



## Registered nurses

Nursing is projected to have some of the highest demand in the next decade, according to estimates from the U.S. Bureau of Labor Statistics. While hospitals employ the largest number, job growth will be the fastest in home health care, with a 61 percent increase by 2024.

### Registered nurse job growth by setting, 2014 to 2024

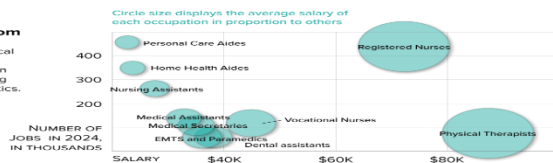


Sources: U.S. Department of Labor, Bureau of Labor Statistics



## Health care jobs a boom

Health care jobs, including home health aides and medical assistants, will become the largest sector of the American workforce by 2024, according to the Bureau of Labor Statistics. Some of the fastest growing health professions are in support roles.



Sources: U.S. Department of Labor, Bureau of Labor Statistics; Getty Images | Graphic by Christina Animeshaun

POLITICO

We need as many Primary Care (PC) Physicians as sub-specialists in the future but we are training **4 times as many sub-specialists as PC physicians.**

UNM ratio is 8:2

**Distribution is a problem.** Urban Tertiary-based training will likely yield Urban sub-specialists:

- Percentage choosing Primary Care
  - **52%** Certified Nurse Practitioners
  - **30-42%** Physician Assistants

Training also typically affiliated with Urban Academic Medical Centers.

Graphic: <https://www.politico.com/agenda/story/2017/10/25/healthcare-workforce-graphic-000559>

# Southwest Center for Health Innovation (SWCHI) Overview

- **SWCHI**
  - 501 C3 not-for-profit
  - Based in rural Silver City, NM
- **Programs**
  - **FORWARD NM (Southwest NM Area Health Education Center)**
  - **New Mexico Public Health Institute**
  - **New Mexico Primary Care Training Consortium**
    - 501 c3 not-for-profit
    - Statewide



# SWCHI – FORWARD NM (Southwest NM AHEC)

## Services

- Summer Careers Academies – **Reduced Program in 2017 due to elimination of funding (NM-DOH)**
  - SMASH – Math and Sciences Support
  - Summer Health Careers Academy – Includes ACT preparation
  - PCAT/DAT/MCAT preparation
- Dream-makers – school outreach
  - Reduced funding – Reduced outreach by 50%, as a result
  - School-Based Health Careers – **May be eliminated spring 2018**

## Goals

- Enhance access to health services by increasing supply and distribution of healthcare workforce, especially in primary care.
- Contribute to socio-economic growth by assisting local students with completing college and professional programs in order to serve our communities.
- Has served as a model for healthcare careers development since 2012.
- Create and Enhance partnerships with academic institutions, healthcare agencies and other community to strengthen the regional pipeline.



# New Mexico Primary Care Training Consortium (NMPCTC)

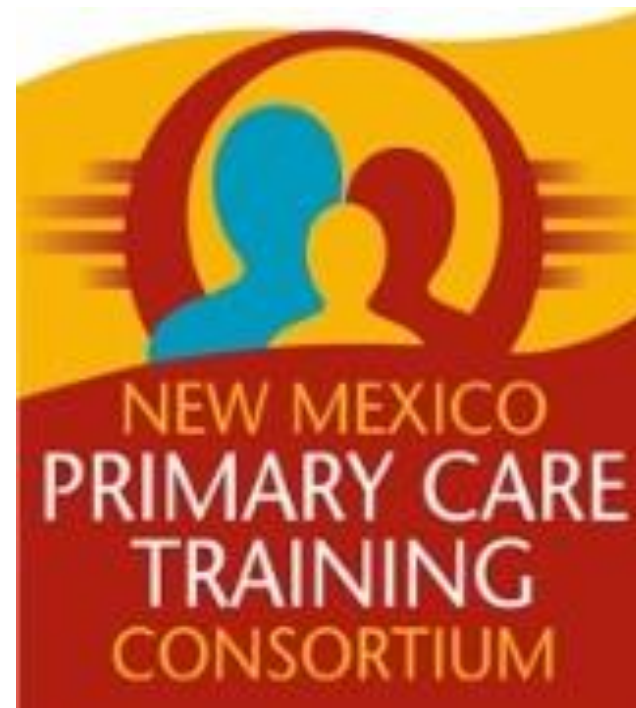
## Mission

“The New Mexico Primary Care Training Consortium improves the quality of essential health services by supporting existing and developing new training opportunities to increase primary care workforce in New Mexico.” Adopted Nov. 2014.

## Vision

For New Mexico to be an innovative leader in training family medicine physicians and other primary care providers working in the most underserved populations in high quality, integrated primary care health systems.

## History



# NMPCTC CONSORTIUM MEMBERS



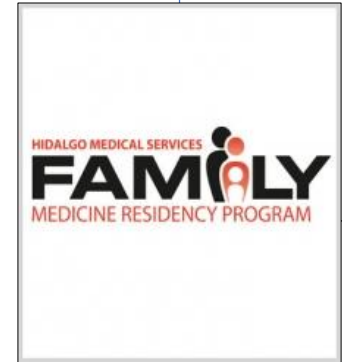
CHRISTUS St. Vincent  
FMRP - Santa Fe



UNM FMRP- Albuquerque



Southern NM FMRP –  
Las Cruces



Hidalgo Medical Services  
FMRP - Silver City

**ALBUQUERQUE:** UNM Office of Community Health  
**LAS CRUCES:** Burrell College of Osteopathic Medicine (BCOM)  
**ROSWELL:** Former – Eastern NM Family Medicine Program

# NMPCTC Funding Structure

## FORHP Network Grant

- To expand access to, coordinate and improve the quality of health care services, and enhance the delivery of health care in rural areas.
- Funded on a 3-year cycle
- \$150,000
- **Ends August 2018**

## Development Contracts

- Alamogordo
- Las Cruces
- Other
  
- Sponsoring Institution
  - Residency Operations

## Dues and Fees

- Under Development

## State Funding through NM-HSD

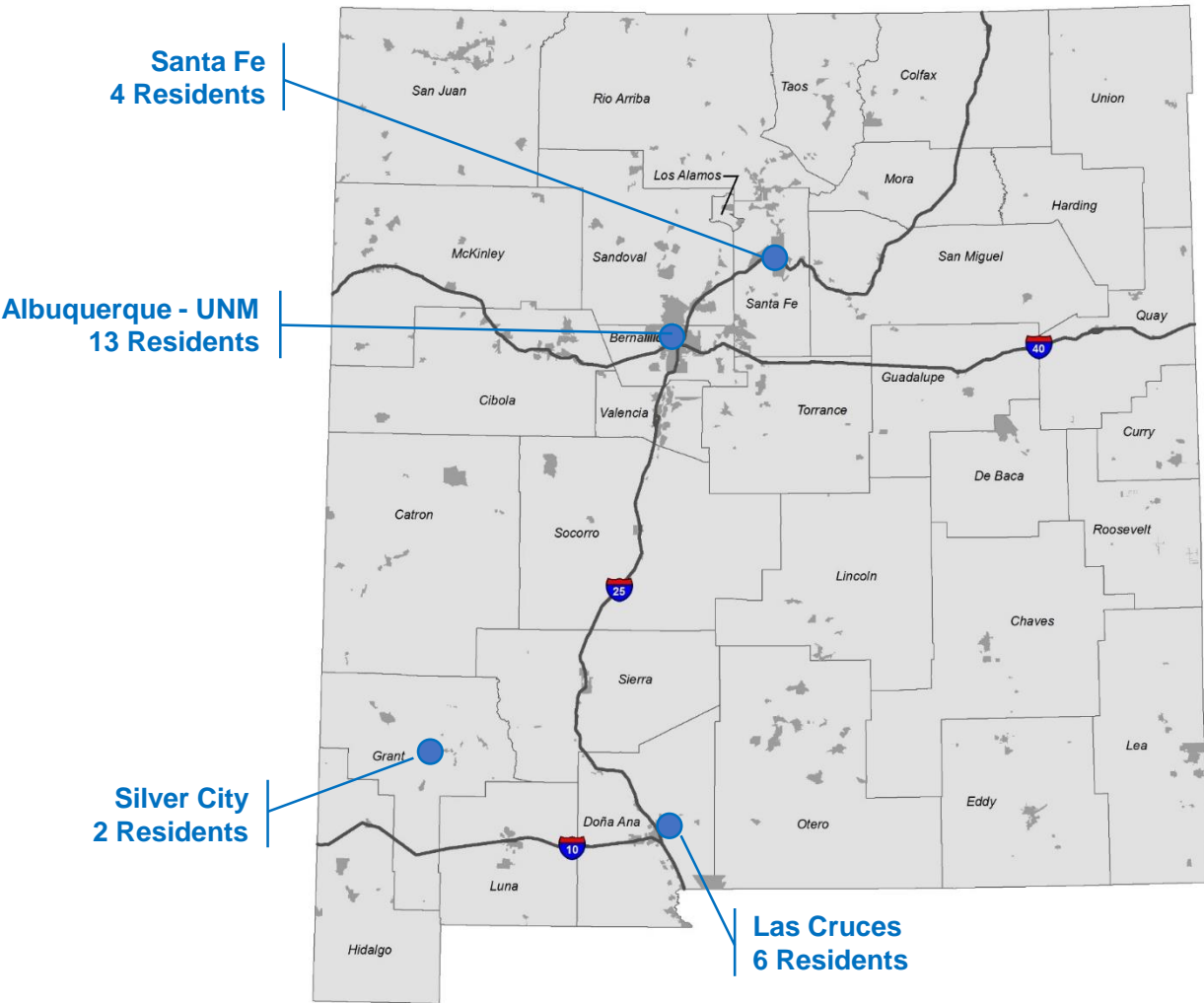
- Eliminated 2015
- \$100,000



# Why Do We Need Primary Care Physicians?

- Sustaining Rural Health Infrastructure
  - Comprehensive Primary Care Services includes hospital coverage in many rural areas
  - Minimizing Rural Dependency on Urban-Based Subspecialty Care by developing local capacity
- Ensure access to Family Medicine including: OB (C-Sections), Pediatrics, Internal Medicine and Psychiatry
- Support of PAs and NPs
- Part of Core Integrated Primary Care Services Concept
  - Medical, Dental, **Behavioral Health** and Community Health
- Supports other rural health care: Pharmacy, LTC, DD, complex community-based senior care, etc.
- Urban Support Systems and Affiliations are critical but not lower Standards of Care
  - Closed Hospitals, Tele-Med dependency for PC or Psychiatry

# Current Family Medicine Residencies



## Family Medicine Residency Development *Per Year Number of Residents*

Current Residents:	25
Phase II (2018 – 2020):	25 Residents
Phase III (2021 – 2022):	11 Residents
<b>Total Residents:</b>	<b>61</b>

## **Additional Medicaid Costs**

Phase II (2018 – 2020):	\$937,500
Phase III (2021 – 2022):	\$412,500
<b>Total:</b>	<b>\$1,350,000</b>

# Efficacy of Locally Based Training

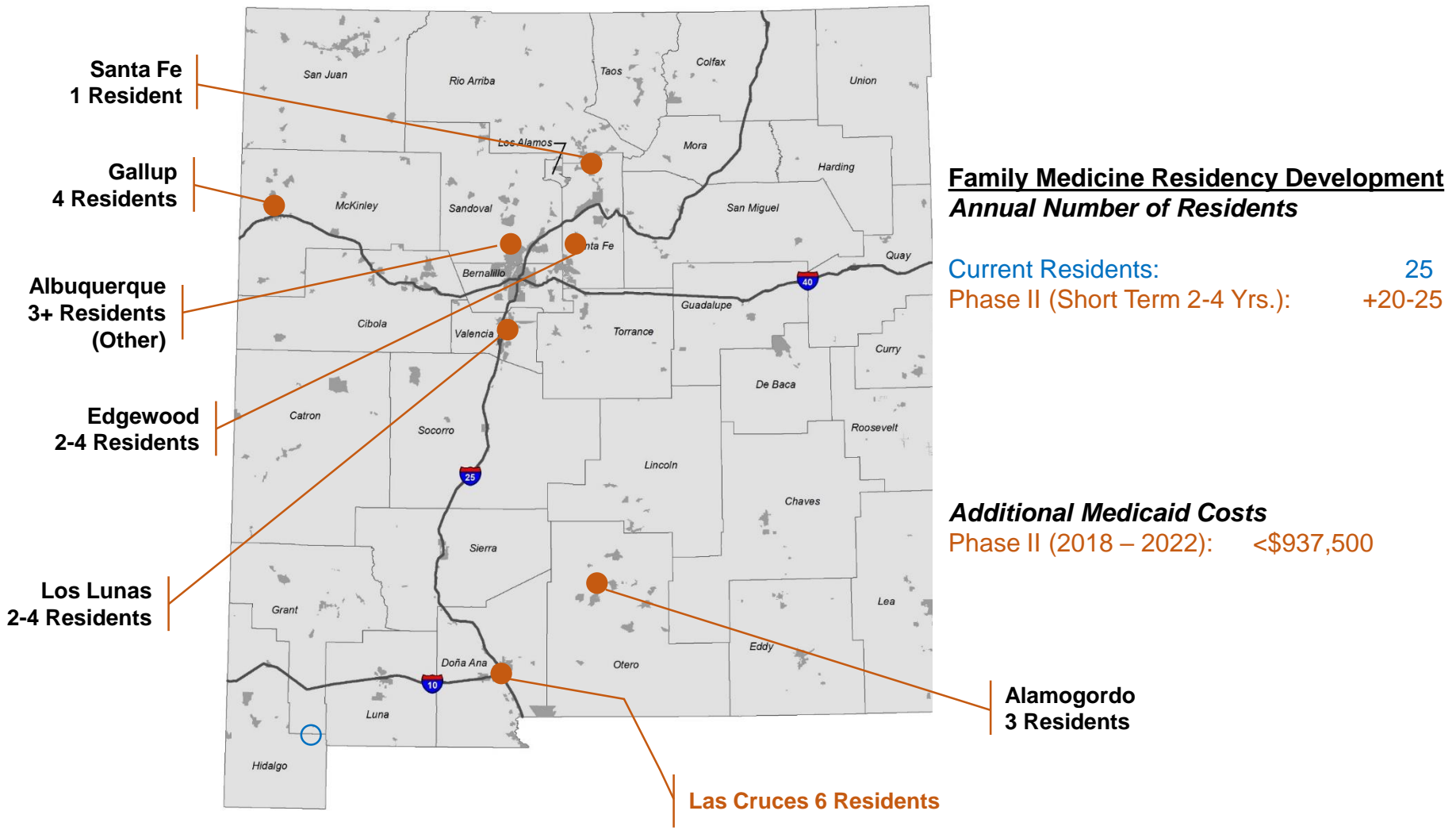
*Where you train is how and where you work*

NM FM Residencies	ABQ	Non-ABQ – Small Urban	Non-ABQ – Small Urban	Rural / Frontier	
2016-2017	UNM	CSV	MMC	HMS	Total
Total - 2 Years	26	7	11	3	47
Local	14	3	5	1	23
Other New Mexico	3	2	3	0	8
Total NM	17	5	8	1	31
<b>% in NM</b>	<b>0.65</b>	<b>0.71</b>	<b>0.73</b>	<b>0.33</b>	<b>0.66</b>
Total All Rural	5	2	3	3	13
<b>% Rural Practice</b>	<b>0.19</b>	<b>0.29</b>	<b>0.27</b>	<b>1.00</b>	<b>0.28</b>

**AAMC 2016:** 2/3 of Physicians who Completed both undergraduate and Graduate Medical Education in the same state remained in the state to practice.

**Distribution:** The table to the right shows that location of the training, also impacts practice choice.

**2017 - Less than 1% of all NM Medicaid GME Funding is currently disbursed outside of Albuquerque.**



# Potential Shorter-term Family Medicine Development

With possible Psychiatry Development in Las Cruces

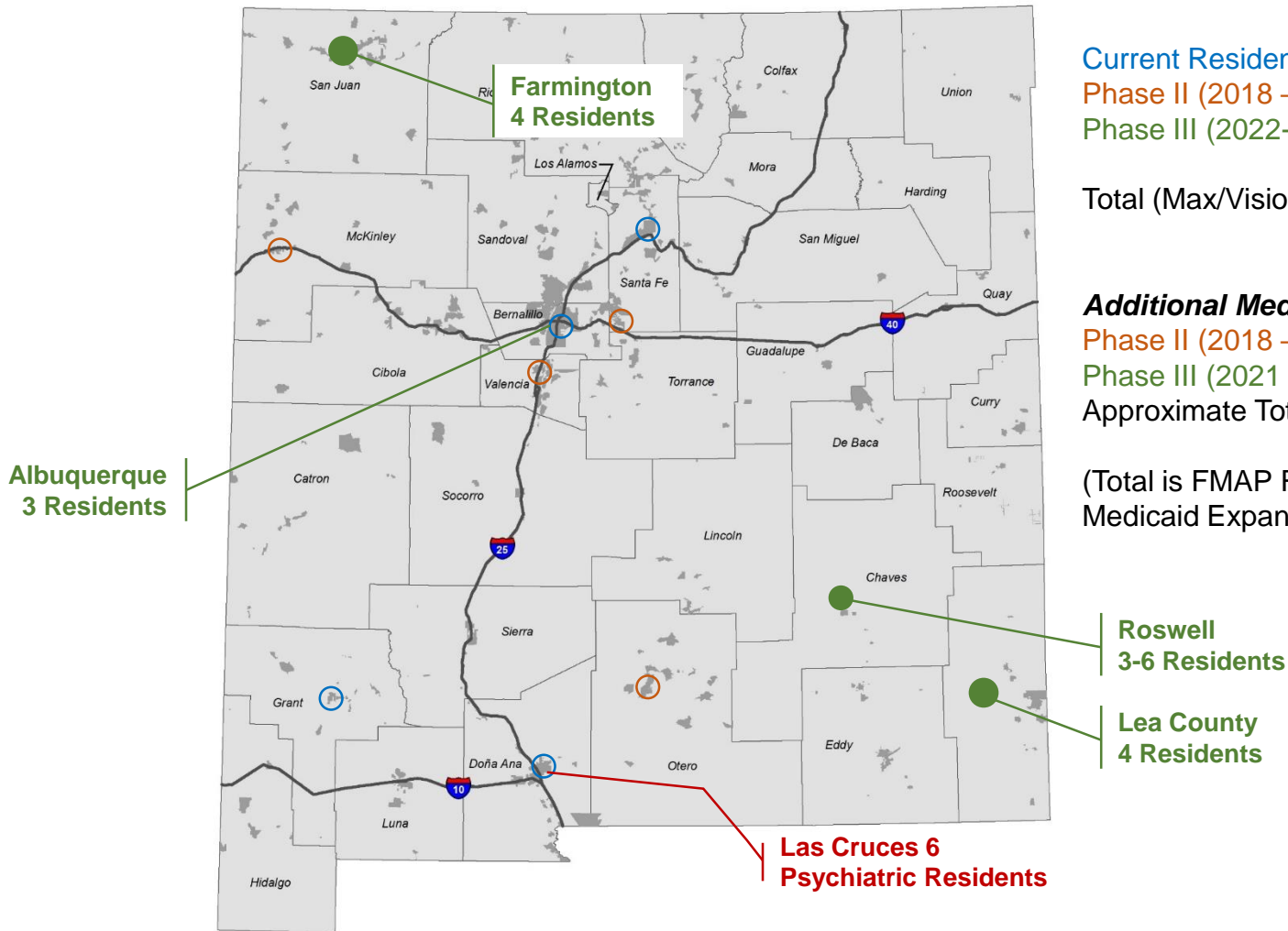
**Family Medicine Residency Development  
Annual Number of Residents X 3**

Current Residents:	25 Residents
Phase II (2018 – 2020):	20-25
Phase III (2022+):	10-15 Residents
Total (Max/Vision):	55-65 Residents

**Additional Medicaid Costs**

Phase II (2018 – 2020):	<\$937,500
Phase III (2021 – 2022):	<\$412,500
Approximate Total:	<\$1,350,000

(Total is FMAP Related. Does not include Medicaid Expansion at 90%)



**Potential Longer-term Residency Development**

# Residency Program Models

## “Urban-Residency Development and Rural Capacity Building”

- **Community capacity building vs. academic medical center-centric development**
- **Models:**
  - Independent 3-year program (Minimum 4 Residents/Year)
    - Urban
    - Large Rural
  - Rural Training Track - 1-2 format (Minimum 2 Residents/Year)
    - Large Rural
    - Small Rural

# Contact

**Southwest Center for Health Innovation  
New Mexico Primary Care Training Consortium (NMPCTC)  
New Mexico Public Health Institute  
FORWARD NM AHEC  
301 West College Ave; Suite 16  
Silver City, NM 88061**

**Charlie Alfero, Executive Director**  
Email: [calfero@swchi.org](mailto:calfero@swchi.org)  
Office: (575) 534-0101  
Cell: **(575) 538-1618**



**YOUR TOTAL HEALTH.  
OUR TOTAL COMMITMENT.**



# **HIDALGO MEDICAL SERVICES**

**Dan Otero, CEO and Dr. Darrick Nelson, CMO, FMRP Director**





# HMS Mission, Vision and Values

## Our Mission:

Hidalgo Medical Services positively impacts the health, well-being and quality of life for those we serve providing comprehensive, integrated, affordable healthcare and education of patients and healthcare professionals.

## Our Vision:

Hidalgo Medical Services will become the recognized leader in providing medical, dental, mental health and family support services for everyone in Hidalgo County and the Southwest, as well as a national model for sustainable frontier health services and community development.

## Our Values:

Hidalgo Medical Services believes in and demonstrates, both internally and externally, the following organizational values:

### **SERVICE**

*To respectfully serve others through high-quality and compassionate healthcare delivery and community health.*

### **CULTURE**

*To support the establishment, and sustainment, of an organizational culture conducive to quality healthcare delivery.*

### **EDUCATION**

*To provide quality health education to those we serve.*

### **COMMUNITY**

*To demonstrate our responsibility to serve our communities in ways that align with our mission, vision and values.*

### **EXCELLENCE**

*To support and actively engage in the pursuit of excellence in all we do.*



# An Innovative Healthcare Delivery System

- Two ways to deliver healthcare:
  - Traditional delivery system
  - Innovative, comprehensive and effective
    - People First
    - High Quality
    - High Service
    - Delivered Safely
    - Timely access and care delivery
    - Fiscally Responsible
    - Growth that addresses the true needs of the community



## HMS – At A Glance

- HMS was created in 1995 in Lordsburg, New Mexico
- Federally Qualified Health Center (FQHC) serving Hidalgo and Grant counties
- Current locations include 13 clinical sites and 7 non-clinical sites
- Proud National Health Service Corps (NHSC) approved site member  
**(overall HPSA score of 17)**
- Progressive healthcare organization providing comprehensive primary care, mental health, dental and family support services to over 16,000 people each year
- State-of-the-art facilities include a 30,000 square foot fully-integrated and patient-centered Silver City Community Health Center and a 20,000 square foot fully-integrated and patient-centered Lordsburg Clinic.

# Service Area Population and Data

## HIDALGO COUNTY

Population – 4,894  
*(Per 2010 U.S. Census)*

HMS Patients – 3,170  
*(HMS Population by Hidalgo County)*

## GRANT COUNTY

Population – 29,514  
*(Per 2010 U.S. Census)*

HMS Patients – 12,095  
*(HMS Population by Grant County)*

## OTHER COUNTIES

HMS Patients – 833

## TOTAL HMS PATIENTS

**16,098**

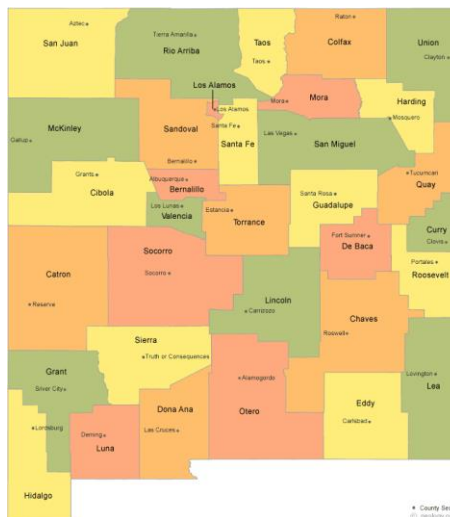
## Total Patient Encounters

FY2017 – 79,503

FY2016 – 73,439

FY2015 – 71,759

FY2014 – 71,437



*(Image from www.geology.com)*

## UNIQUE VETERAN PATIENTS

Dental – 220  
 Medical – 531  
 Mental Health – 61  
**TOTAL – 701**

## TOTAL VETERAN VISITS

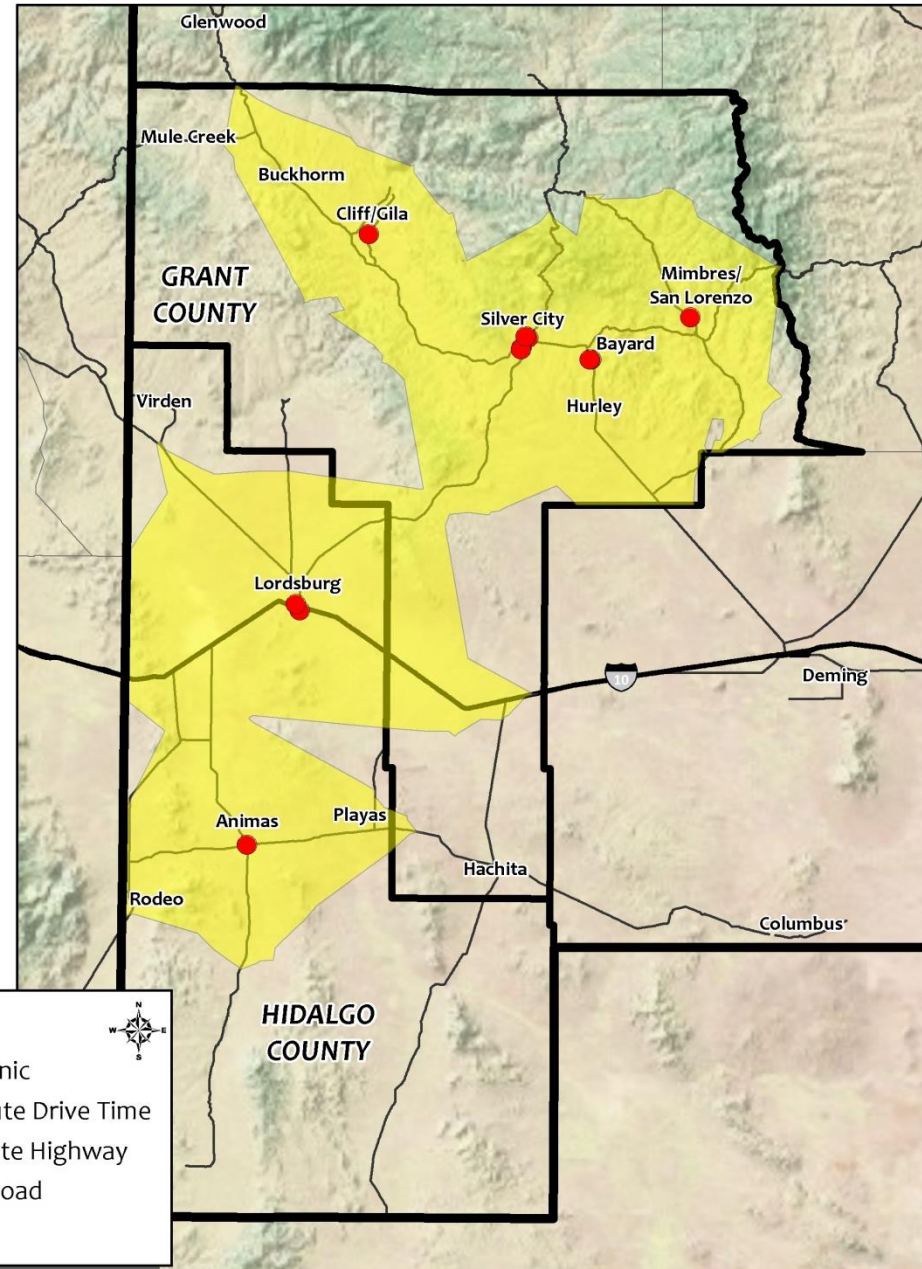
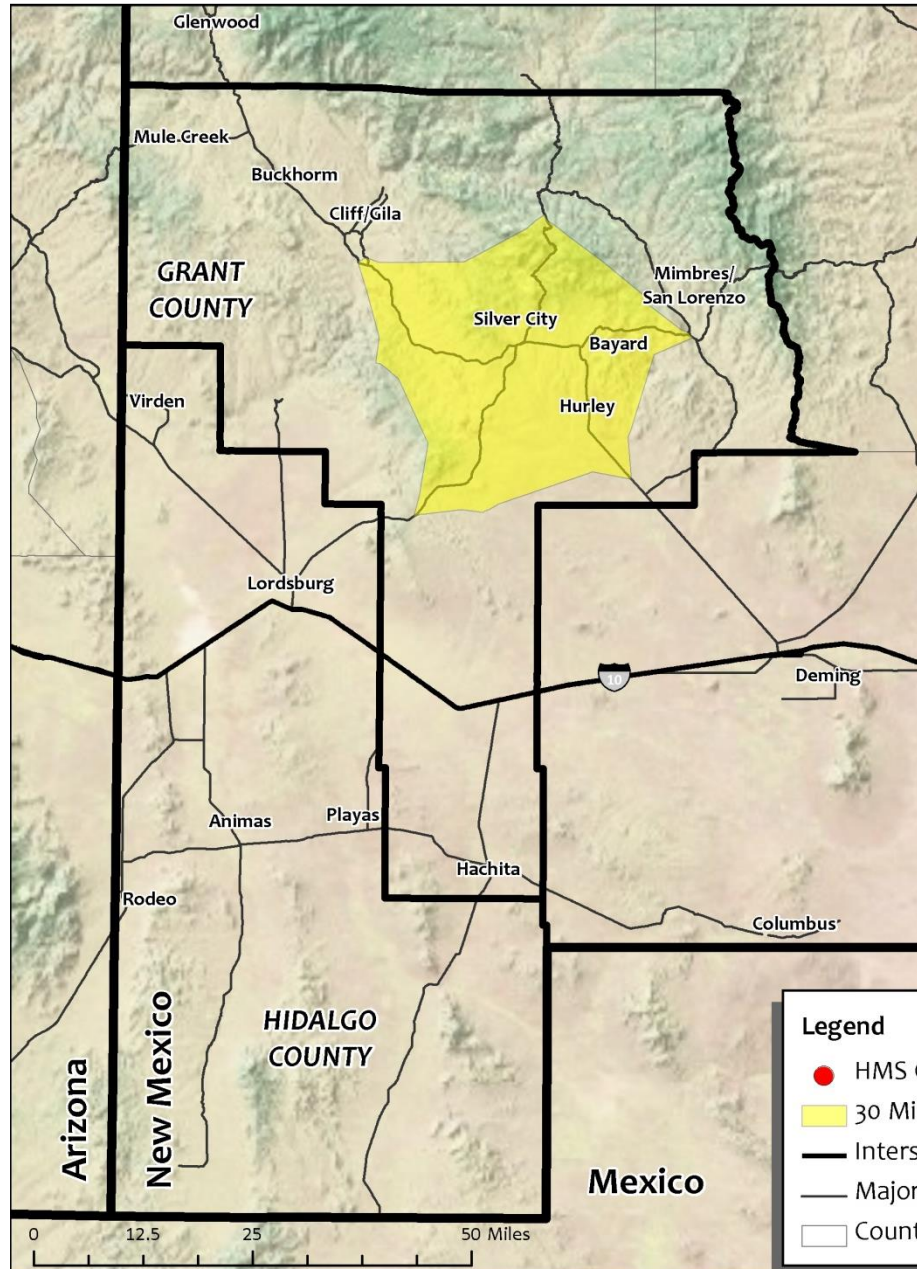
Dental – 599  
 Medical – 1,865  
 Mental Health – 445  
**TOTAL – 2,909**

**Proudly Serving  
 Our Veterans**



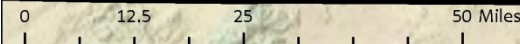

# Before HMS

# After HMS



**Legend**

- HMS Clinic
- 30 Minute Drive Time
- Interstate Highway
- Major Road
- County



## Quality and Service

### HMS Out Performs State and National 10 of 15 Measures

Clinical Measure	New Mexico	National
Early entry into prenatal care	✓	✓
Weight assessment for children	✓	✓
Body mass index screening	✓	✓
Tobacco use screening	✓	✓
Medications for asthma	✓	✓
Ischemia vascular disease	✓	✓
Colorectal cancer screening	✓	✓
Screening for clinical depression	✓	✓
Deliveries and Birth Weight	✓	✓
Controlling high blood pressure	✓	✓

Five (5) clinical measures not met for state or national targets



97% of HMS Patients and Clients are extremely satisfied

# HMS FY2017 Facts & Closing Comments

**HMS has recruited 19 healthcare providers to the community since March of 2016:**

- 11 Medical Providers (MD-7, NP-3 & PA-1)
- 5 Mental Health Providers (PhD-2, Therapist-3)
- 3 Dental Providers (DDS-1, RDH-2)

**HMS provides 215 professional healthcare jobs in Hidalgo and Grant County**

**HMS has an operating budget just short of \$20M**

**HMS contributed over \$50K in community sponsorships in FY2017**

**HMS is taking a strong leadership role in the community healthcare system to:**

- **Improve Quality**
- **Improve Access**
- **Improve Consumer Experience**



## CEO Perspective

- Recruitment
- Retention
- Quality & Service
- Quality New Mexico
- Malcolm Baldrige National Quality Award
- Best Practice Health System
  - Family Medicine Residency Program
  - State Mental Health Leader
  - Family and Community Health Leader





# Hidalgo Medical Services Family Medicine Residency Program

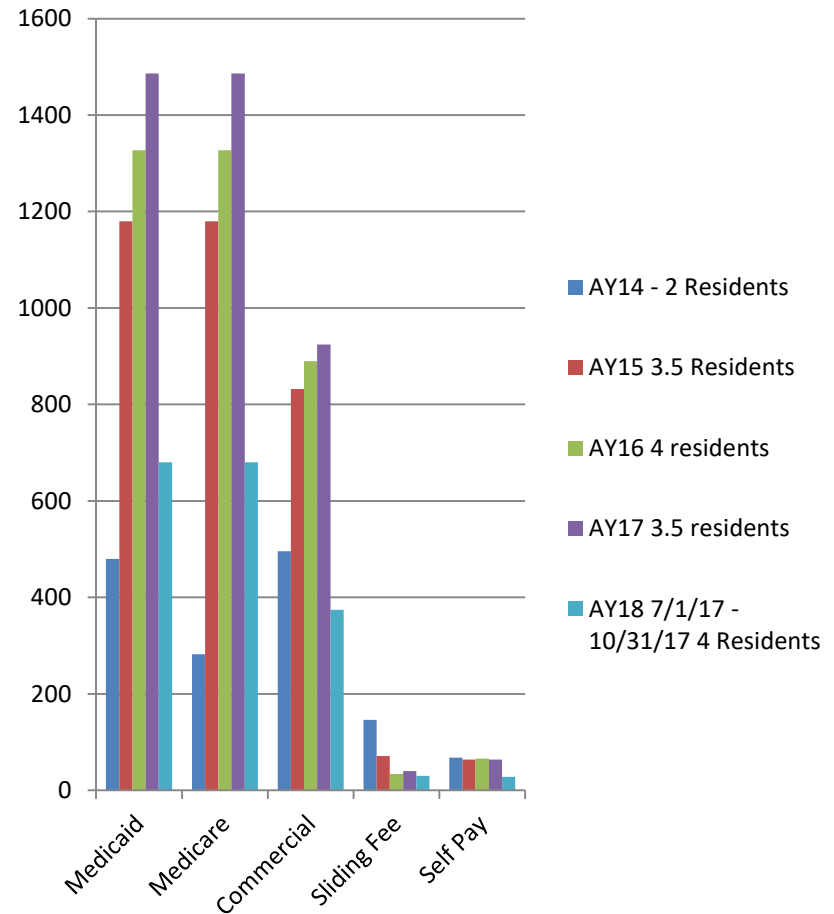


# Hidalgo Medical Services Family Medicine Residency Program

- New Mexico's first and only Teaching Health Center
- Initial accreditation in July 2013
- Continued accreditation earned in 2017
- A rural 1 + 2 Family Medicine residency program
  - First year in Las Cruces, NM in affiliation with southern New Mexico Family Medicine Residency Program
  - Years 2 and 3 in Silver City and surrounding clinics
- 2 residents per year, 6 residents funded
- Solely funded through Health Resources Services Administration.
- No Medicare or Medicaid funding
- 100% American Board of Family Medicine certification examination passage rate on the first examination

# Resident Encounters Since Program Inception by Insurance Type

- AY 14 = 480 Medicaid
- AY 15 = 1,180 Medicaid
- AY 16 = 1,327 Medicaid
- AY 17 = 1,486 Medicaid



# Grand Total of Resident - Patient Encounters Since Inception of HMSFMRP

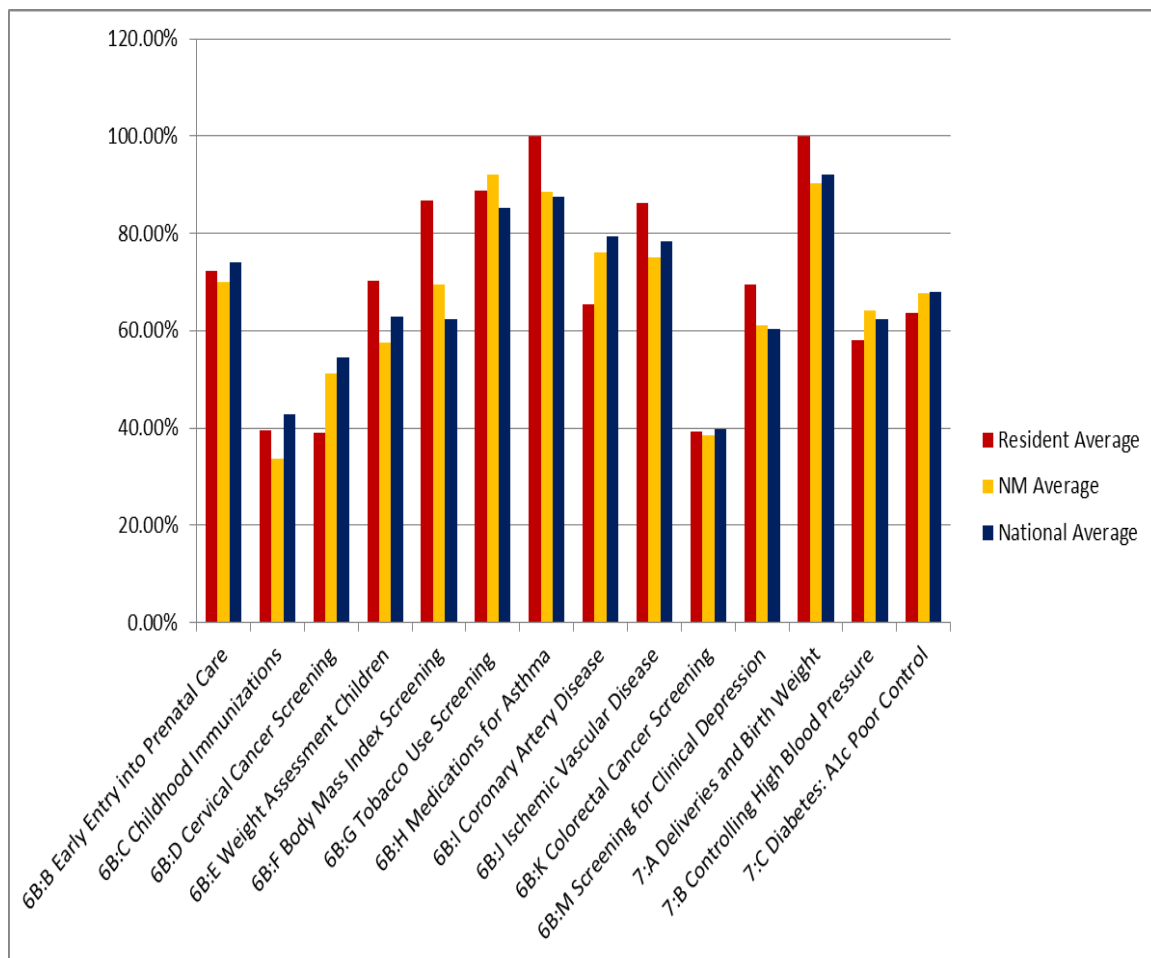
# 15,390

Medical Resident Encounters since July 1, 2013

# HMS Family Medicine FQHC Resident Quality Data vs. NM and National Averages

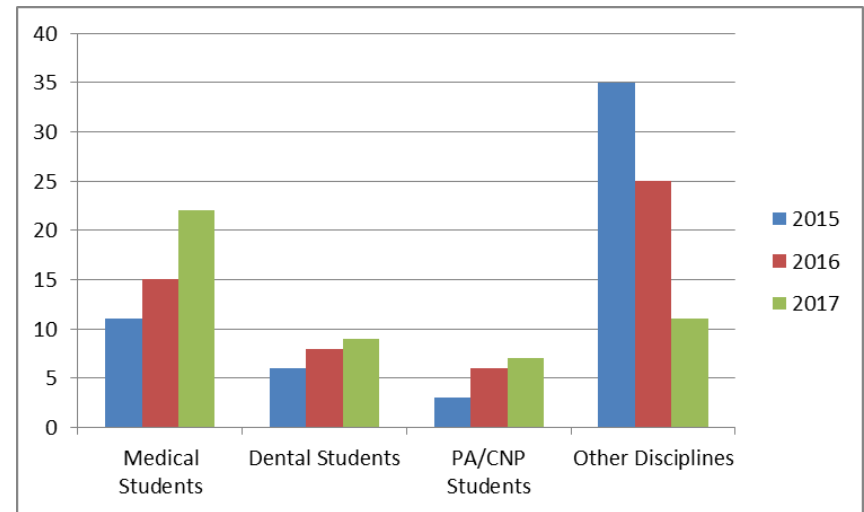
Data from CY-2016 HRSA Uniform Data System

- HMS residents are scoring higher than New Mexico FQHCs on 9 of 14 quality measures
- HMS residents are scoring higher than National average on 6 of 14 quality measures



# HMS Learner Rotations, Not HMS Residents

<u>Rotations Summary</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Medical Students	11	15	22
Dental Students	6	8	9
PA/CNP Students	3	6	7
Other Disciplines	35	25	11
<b>TOTALS per FY</b>	<b>55</b>	<b>54</b>	<b>49</b>



# Feedback From Learner's Evaluations

## Rotating at HMS

- “HMS provided a clinical experience beyond anything I could have hoped. My patient interaction was as high as possible and we saw a wide variety of patient population and pathology. The fact it is already a teaching facility definitely helped as well. While rural, we stuck to the standard academic team type setting.”
- “This is a wonderful site -and I'm so glad I listened to the advice! The attendings and residents were all fantastic teachers. I wish I had more opportunities to see/do some procedures, especially since this is a rural site.”
- “HMS at Silver City is a fantastic site for a family medicine clerkship. All of the faculty were excited about teaching. I was given a great deal of autonomy.”
- “Great site. I had a blast.”

# Feedback From Learners Rotating at HMS

- A.J. , Med Student, U of A 1/16/17-2/24/16

*“This rotation is excellent for experiencing rural family medicine. I got to see a variety of patients, there was clear continuity of care, and I was able to be involved in community outreach during the rotation. I would highly recommend this site to anyone hoping to have a rural primary care experience.”*

- J. B. , Dental Student, ASDOH 11/28/16-12/22/16

*“I am very thankful that I had the opportunity to rotate through HMS! Everyone was incredibly welcoming and truly made it a great experience. I learned so much and the team there made me realize how much more I was capable of. It was also great to hear how much HMS does for the community!”*

- M.S., PA Student, NAU 11/21/16-12/16/16

*“This rotation was an excellent introduction to rural medicine and an invaluable learning opportunity for someone like me, who has lived in a large city all my life, to get a glimpse of what it is like to provide health care in a rural setting.”*

- F. F. , Med Student U of A 8/22/16-/9/30/16

*“My rotation at Silver City was an unforgettable experience. As a medical student, this experience provided a rare opportunity to learn medicine while traveling away from home and meeting new people. The attendings and residents who I worked with were extremely welcoming to students, excited to teach, and readily integrated medical students into patient care. I had the opportunity to rotate at multiple clinics and work with different providers during this time. Regardless if you're interested in rural medicine or not, I highly recommend this site for everyone!”*

- S. J. , Shadowing Experience, 12/19/16-1/13/17

*“As a student in a rural clinic, I was able to see a wider variety of cases than I would in an urban setting. This type of exposure is essential to my education as a future medical practitioner.”*

- M. E., PA Student NAU 9/26/16-10/19/16

*“I felt extremely welcomed into HMS and the community of Silver City. Truly enjoyed my experiences during this rotation and feel as though I am leaving with a better understanding of patient care and rural medicine.”*



# A Note of Success

Darrick,

I don't know if you remember but the first year La Plata did the "Dream Maker" program with HMS you came and talked to my students. During your talk you mentioned that in High School you had a GPA of 0.8, you went into the military, and then continued on with your education. One of the students you talked to mentioned to me one day that if you [Darrick] could go to college with a 0.8 he could do it with a 1.6 GPA. His Freshman through Senior years he competed in Science Olympiad and won Regionals twice and placed in the top 10 in State as well.

Andrew came by to see me a couple of weeks ago to let me know that Dream Makers opened his eyes to the Medical Field but that you inspired him to go to UNM where he is in the Pre-Med program and hopes to become a surgeon. And he has a 3.7 GPA now, he is a Junior this year.

We all need a smile some days and I hope this brings one to you.

Hope you have a wonderful week.

--

S.R. , MSN RN

La Plata Middle School

# 2017 NM Health Data Summary

*(Intentional or coincidental?)*

## Highlights for New Mexico Licensed Health Professionals

- Over 40% of the state's population is estimated to live in a Primary Care Health Professional Shortage Area.
- There are a total of 3,229 licensed primary care practitioners in the state, but only an estimated 2,075 PCPs are currently practicing.
- Current practice location distribution reveals most counties are experiencing severe provider shortages.
- Bernalillo, Chavez, Los Alamos and Santa Fe counties continue to have more primary care physicians than the national average, **and in 2015 Grant County joined this count.** In Bernalillo County alone, 45% of all NM primary care physicians practice in this county.
- Eight of the 33 NM counties have no surgical facility for labor and delivery. There are only 253 Ob-Gyn physicians in the state.
- Even though NM has 20,971 registered nurses and 1,293 Advanced Practice registered nurses, there is a significant shortage of registered nurses in rural areas.
- 1131 Dentists were reported in 2015, with the most dentists located in Bernalillo, Santa Fe, San Juan, Doña Ana and Curry counties.

# Summary

- HMSFMRP is the only Primary care training program in New Mexico not on the I-25 Corridor
- Rural programs can train primary care physicians in rural environments
- HMSFMRP trains competent rurally oriented Family Physicians
- HMSFMRP residents deliver on value and quality
- Rural training is an important State-wide asset in helping reverse our primary care physician shortage and mal-distribution issues



**Visit us  
online at  
[www.hmsnm.org](http://www.hmsnm.org)**



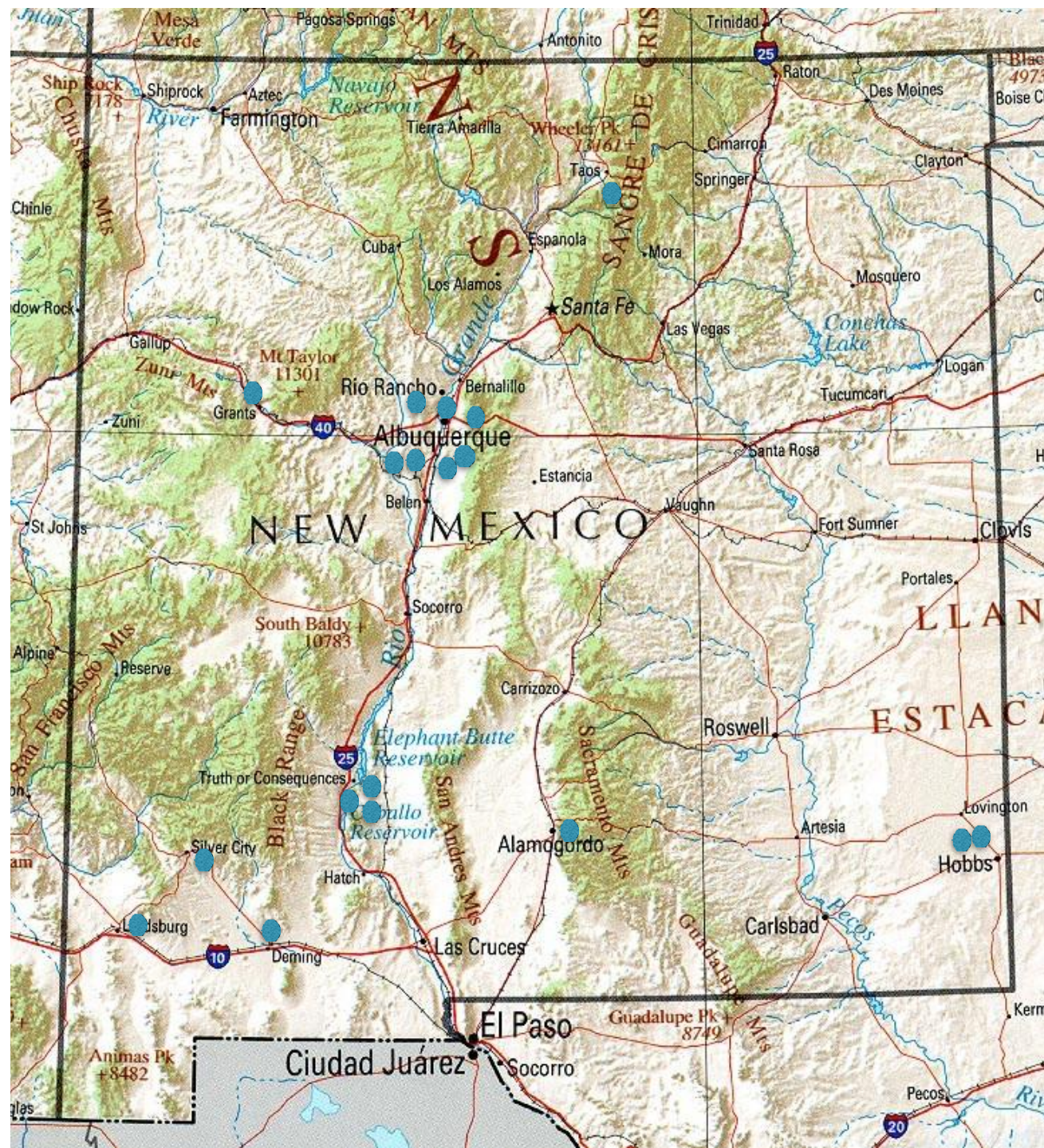


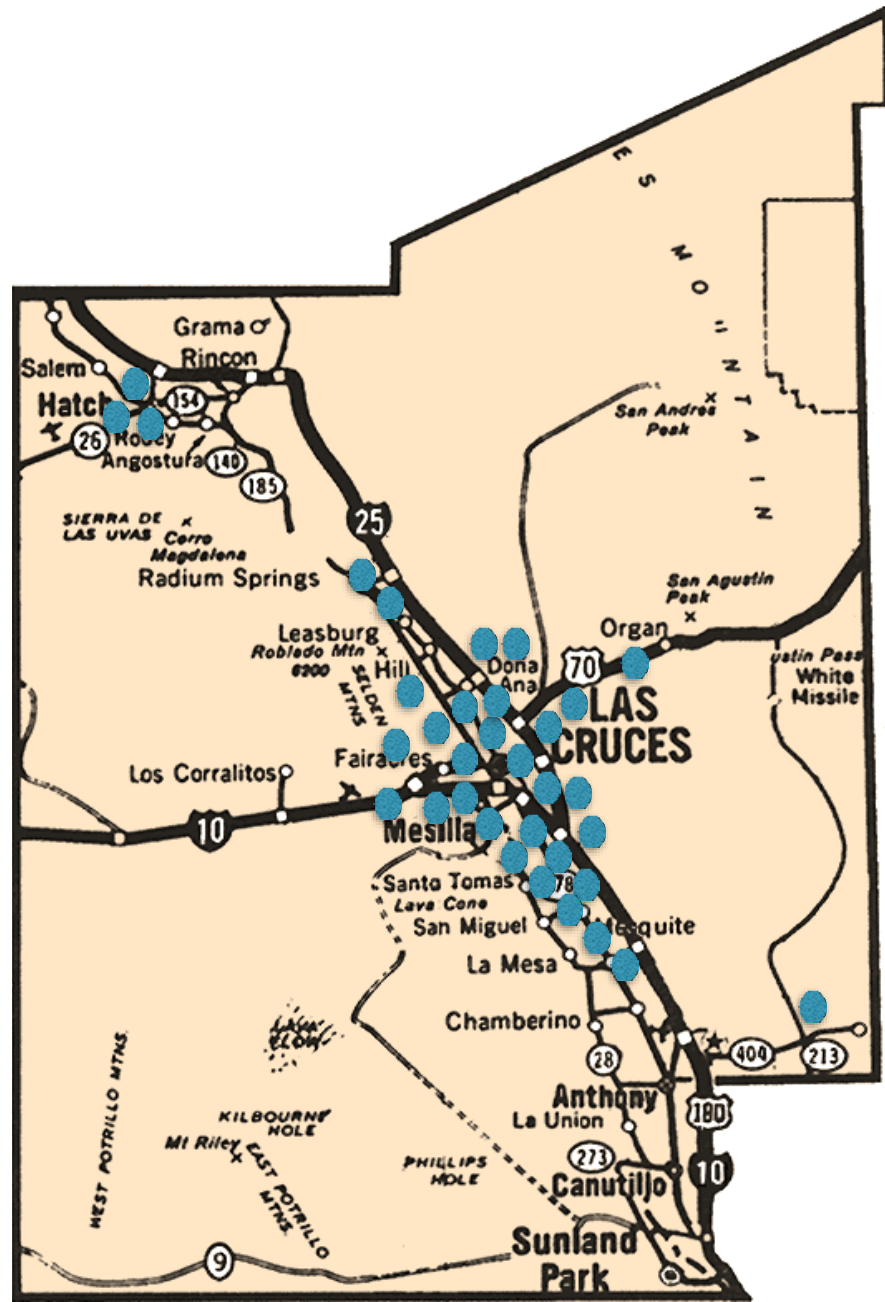
**Southern New Mexico  
Family Medicine  
Residency Program  
Established in 1996**

John Andazola, MD FAAFP

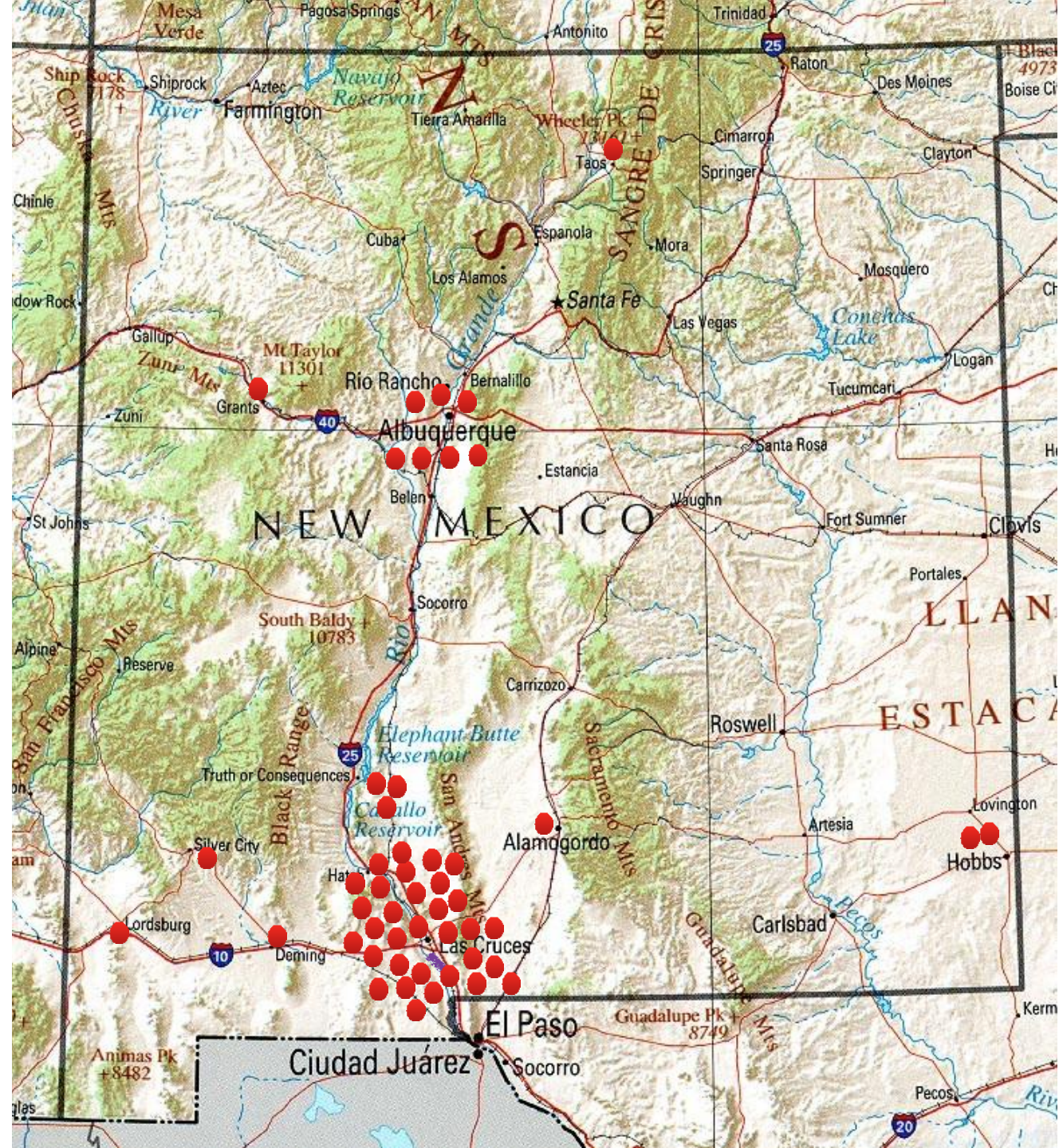
# History of Primary Care Medical Education in New Mexico

- 1964 UNM School of Medicine Founded
- 1973 UNM Family Medicine Residency founded
- 1996 Las Cruces, Santa Fe and Roswell programs founded
- 2014 Hidalgo Medical Services Family Medicine Residency founded









# AAMC Data 2016

- 38.5% of physicians were active in the same state where they completed medical school.
- 47.5% of physicians were active in the same state where they completed residency.
- 67.1% of the physicians who completed medical school and residency in the same state remained in the state to practice.

# Las Cruces Data

- 98 total graduates
- 63% retention in the state over all
- 74% retention in the state since 2009
- 100% board certification in last 2 years
- 10 year ACGME accreditation with no citations

# Potential for growth

- Starting 1+2 program in Alamogordo
- Ability to expand training in FQHCs in Dona Ana county
- Fellowship development in
  - Emergency Medicine
  - Hospital Medicine
  - Psychiatry
- Psychiatry residency
- Statewide Networking through Primary Care Training Consortium

# Benefits to Community

- Community
  - Increased access to primary care physicians
    - Shorter Waiting Times
    - Reduced ER Use
    - Better Patient Management
  - Jobs
  - Economic development
- Hospital
  - Economic Stability and Better Cost Structure
  - Leadership
  - Quality and Patient safety

# Need for Changes in How Medicaid Regulations Support Residency Development and Operations

- Leveling the Playing Field Financially
  - Allow other Hospitals Access to Indirect Medical Education payments in the Future
    - Focus on Family Medicine and Psychiatric Development
    - 60 or more percent of growth
- Providing Incentives to Meet Needs
  - Create a Better Payment model for Direct GME Cost
  - Allow administrative costs for hospitals and FQHCs not eligible for IME
  - Allow FQHCs the same access to Direct GME payments as hospitals
- Focus on National Accreditation as the standard for payment eligibility