



Health Care Workforce in New Mexico

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

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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

Committee Highlights and Successes

- Updated physician survey
 - Informed by discussion of best practices with other states
 - Will correct missing data problems
 - RLD currently working to implement
- Added depth to annual report with guest sections by:
 - NM Department of Workforce Solutions
 - NM Human Services Department
- Included two new professions: Physical therapists and occupational therapists

Health Care Impact of COVID-19

Fiscal

Reduced revenue

Temporary or permanent practice closures

66%

of NMMS members reported reduction of revenue $\geq 41\%$ ¹

45%

of NM Psychological Assn members reported revenue losses $\geq \$10k$ ²

17%

of NMMS members temporarily closed practices¹

16%

of NM Psychological Assn members temporarily (12%) or permanently (4%) closed practices²

Health Care Impact of COVID-19

Workforce

Furloughs and layoffs

Reduced clinic hours

Hiring freezes

< 70%

of usual patient volume reported by NM Primary Care Assn¹

75%

of NMMS members now see \leq 100 patients per week (39% pre-COVID)²

95%

of NM dental practices seeing < 10% of typical patient volume³

> 100%

increase in internal medicine physicians, psychiatrists, dentists and pharmacists seeking job opportunities via NMHR⁴

Health Care Impact of COVID-19

Training

Clinical rotations for medical students delayed to summer, supplemented with virtual experiences¹

Greatly reduced case volumes for residents in some specialties due to hiatus in elective care¹

Nursing clinical rotations appear sufficient through 2020; may be impacted by physical distancing and PPE requirements²

Health Care Impact of COVID-19

Telehealth

Rapid expansion of telehealth capability by NM health care practices

> 100%

increase (nearly 20,000 more encounters) in telehealth at UNM HSC¹

> 300%

increase (over 60,000 more encounters) in telehealth claims for NM Medicaid²

92%

of NMMS members using telemedicine (13% pre-COVID)³

90%

of NM Psychological Assn members using telemedicine (21% pre-COVID)⁴

Health Care Impact of COVID-19

Opportunities for NM

Continue to support telehealth as an alternative to in-person health care

Support recruitment or retention of health care professionals seeking new employment

Hiring Demand for 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
Registered Nurses	17,350	4,507	2,080
Nurse Practitioners	1,110	268	290
Pharmacists	1,500	108	40
PCPs: Family Medicine	710	166	50
PCPs: General Internal Medicine*	130*	46	< 5*
PCPs: General Pediatrics*	140*	41	< 5*

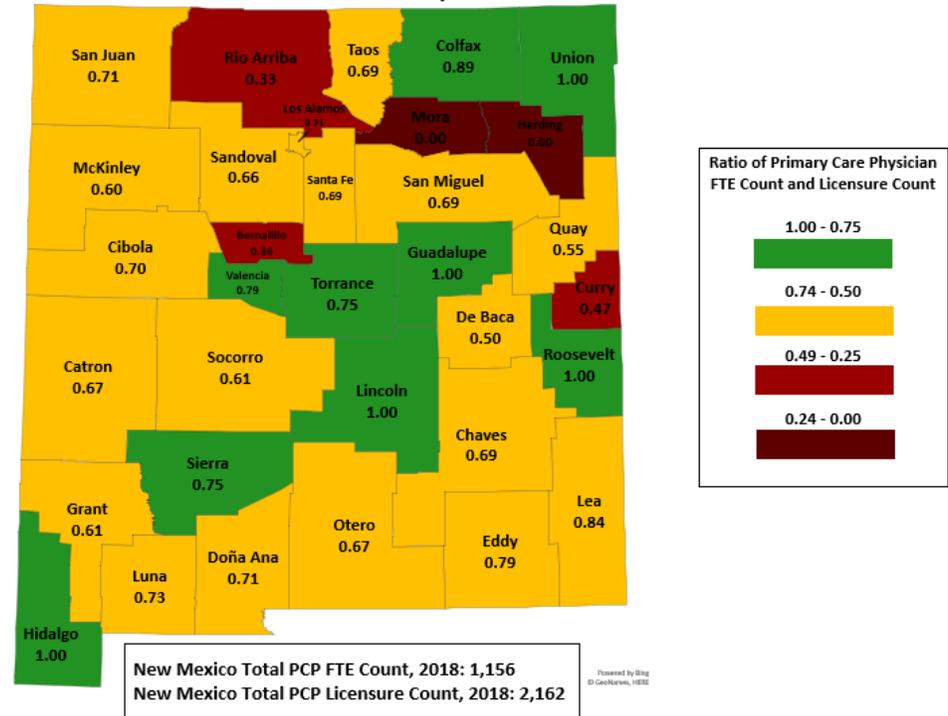
* Bureau of Labor Statistics data are suppressed for some physicians to maintain confidentiality

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

FTE Estimation

- The *NM Human Services Department* contributed estimation of 2018 FTEs for:
 - PCPs
 - Psychiatrists
 - Core mental health professions (psychologists, licensed social workers, licensed professional clinical counselors)
- Average county PCP Count:FTE ratio 0.67 (27 patient care hours per week)
 - NB: Calculation includes 0 FTE for > 50% inpatient care, in addition to retired, resident or inactive in state

Primary Care Physicians FTE Count and Licensure Count Ratio, 2018

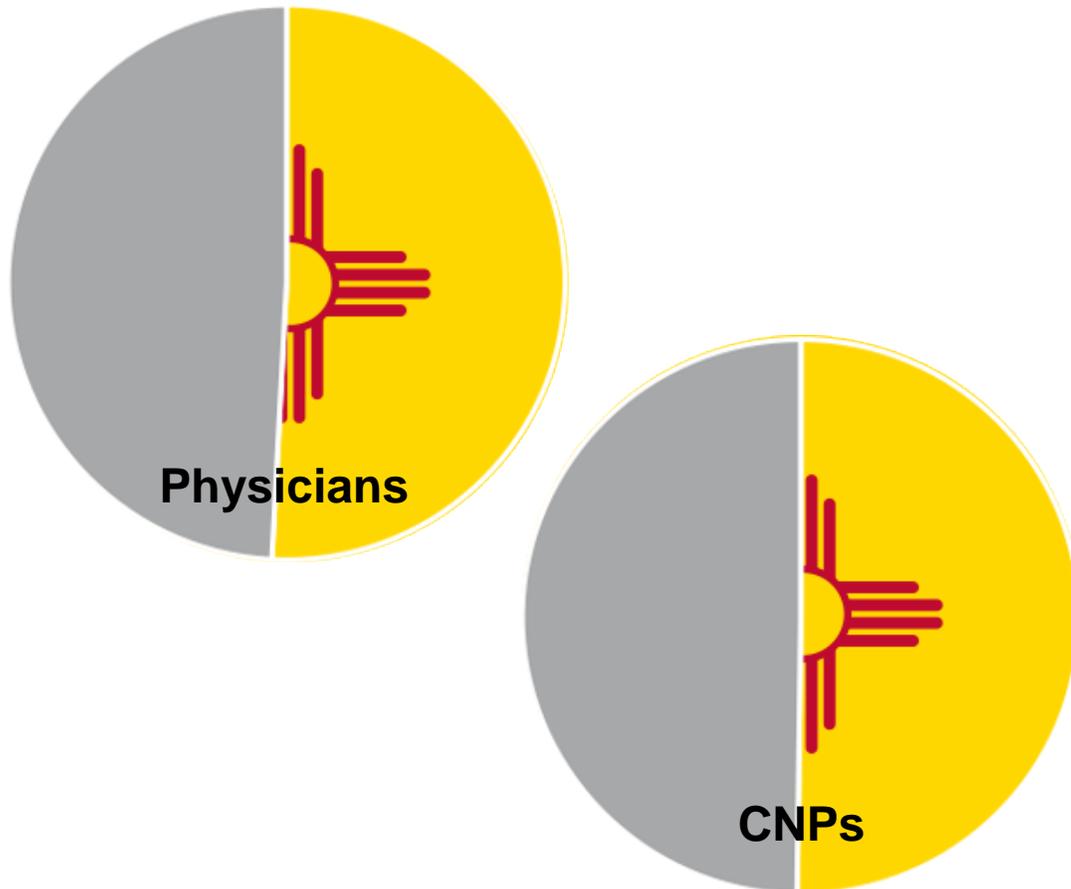


Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at <https://gps.unm.edu/prj/projections>. NM Healthcare Workforce Report, 2019: <https://www.nmms.org/2019-nm-healthcare-workforce-report-released/>

Benchmark Analysis: Updates & Improvements

- Added physical therapists, occupational therapists; re-inclusion of pharmacists (could not analyze in 2019 due to survey platform transition)
- Updated benchmarks to reflect national trends for PCPs, OB-GYNs, RNs, CNPs, PAs, EMTs
- 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



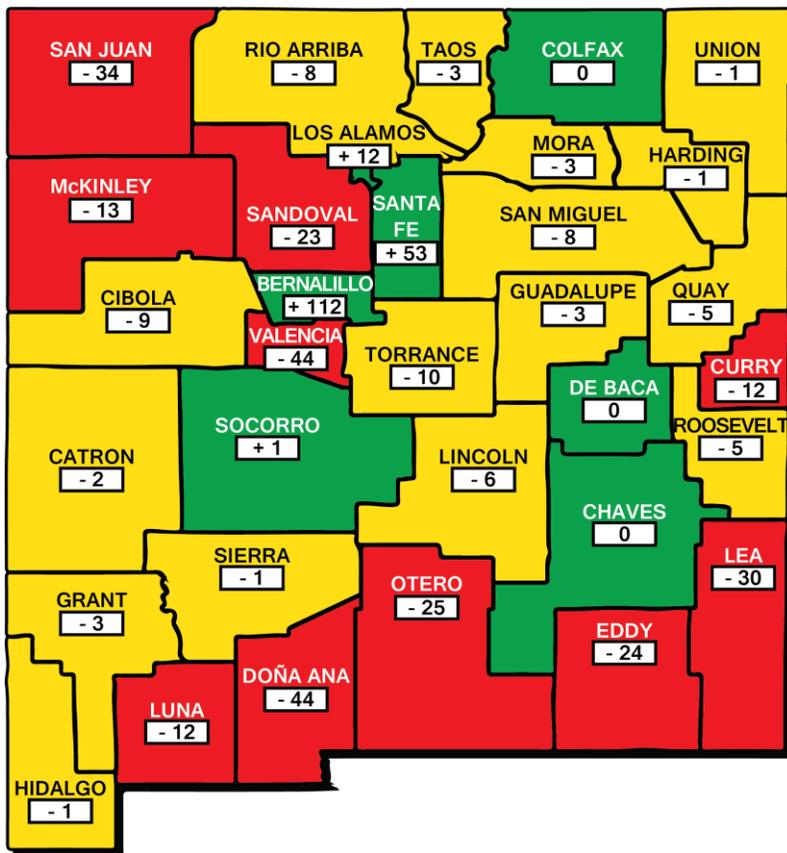
As of 31 December 2019, New Mexico has:

- 9,895 Licensed Physicians
 - 5,031 Practice in New Mexico (51%)
 - 1,581 Primary Care Physicians
 - 230 Obstetrician/Gynecologists
 - 155 General Surgeons
 - 296 Psychiatrists
- 2,856 Certified Nurse Practitioners
 - 1,434 Practice in New Mexico (50%)

Source: New Mexico Health Care Workforce Committee. *2020 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2020

Primary Care Physicians

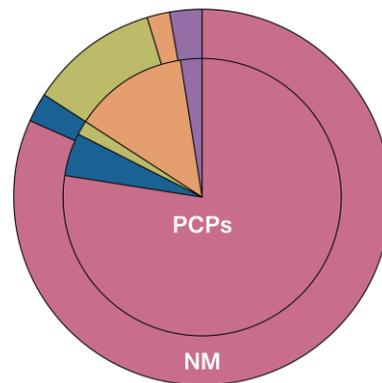
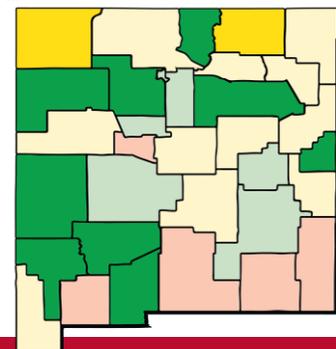
Primary Care Physicians Compared to Benchmark, 2019



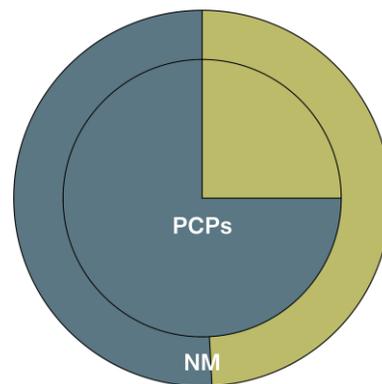
Comparison to Benchmark (8.29 per 10,000 Population)

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

2018



- 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

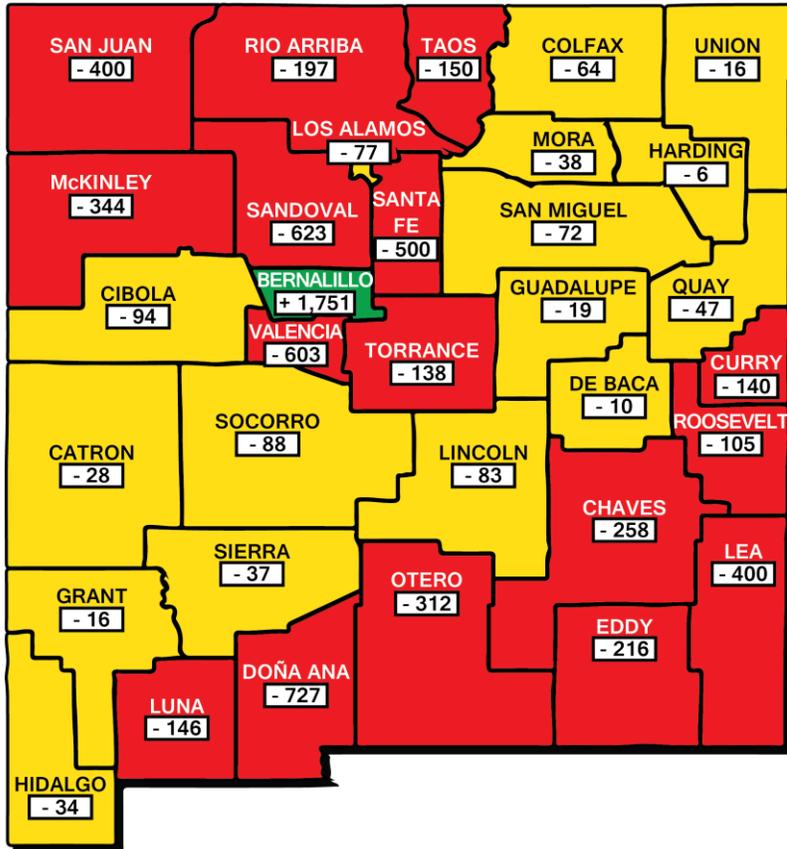
Average Age
53.3



44.2%
Female

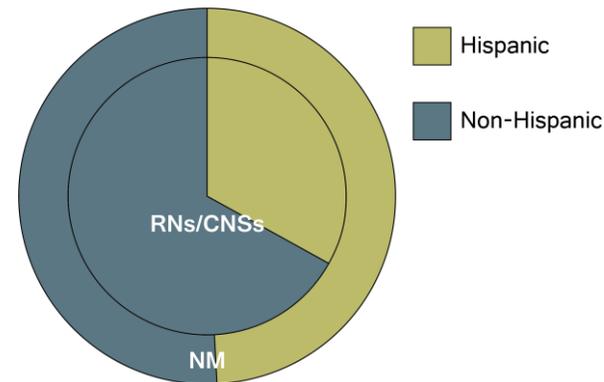
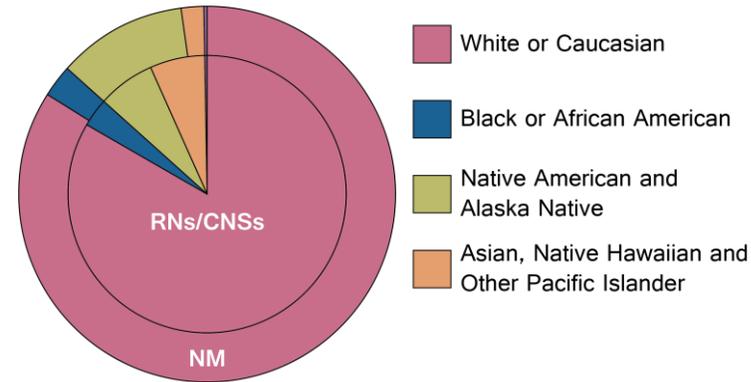
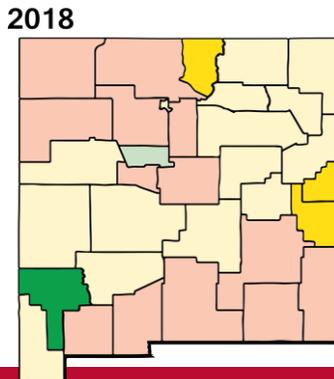
Registered Nurses & CNSs

RNs and CNSs Compared to Benchmark, 2019

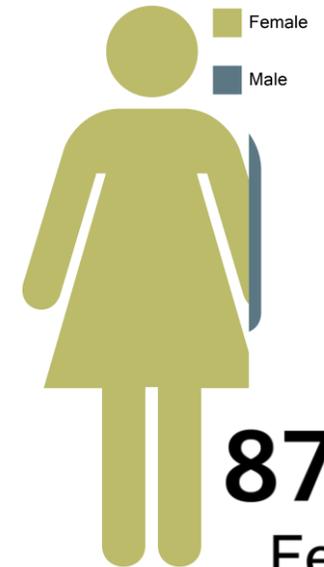


Comparison to Benchmark (94.3 per 10,000 Population)

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



Average Age
46.6



87.7%
Female

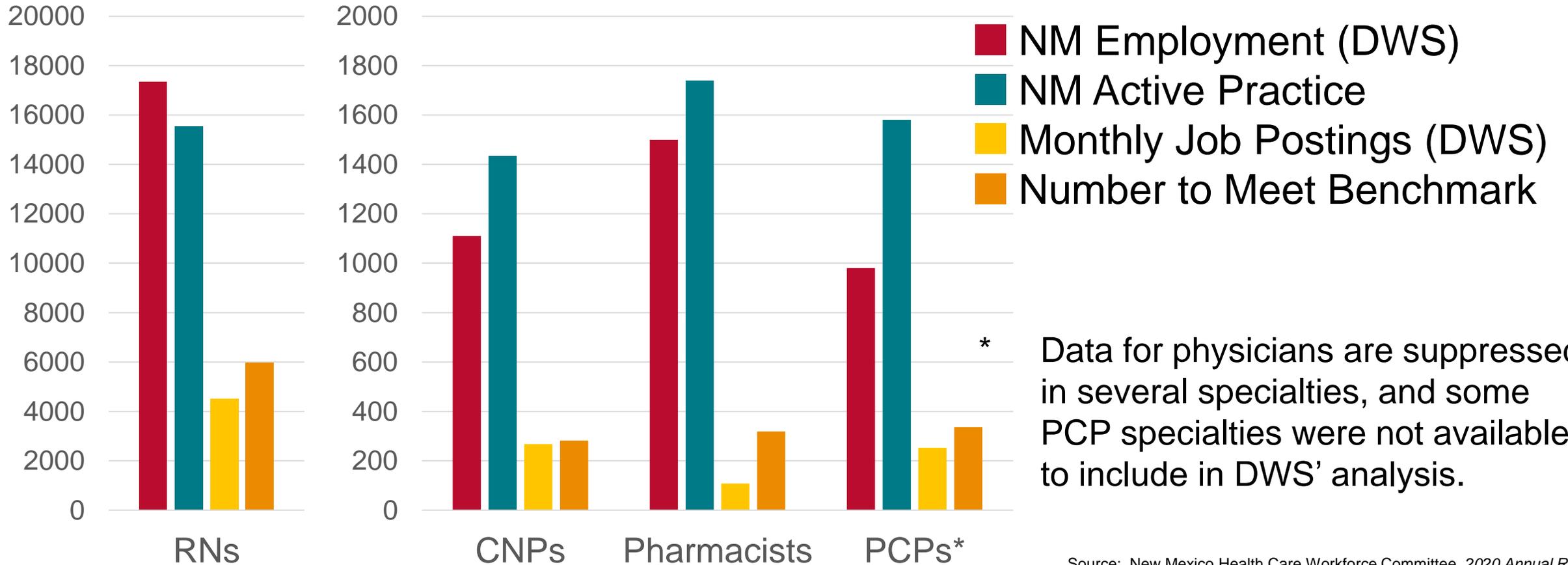
Shortages

As of 31 December 2019¹:

- Shortages are most severe in less-populated counties
- *Without redistributing* the current workforce, New Mexico needs:
 - 336 Primary Care Physicians
 - 59 Obstetrics and Gynecology Physicians
 - 11 General Surgeons
 - 106 Psychiatrists
 - 5,985 RNs/CNSs
 - 282 CNPs
 - 13 CNMs
 - 234 PAs
 - 40 Dentists
 - 319 Pharmacists
 - 5 Licensed Midwives
 - 2,446 EMTs
 - 559 PTs
 - 114 OTs
- Average age is 52.9 years (national average: 52.3 years²)
- Highest percentage of physicians 60 years or older (38.5% versus 31.4% nationwide)³

1. New Mexico Health Care Workforce Committee. *2020 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2020
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

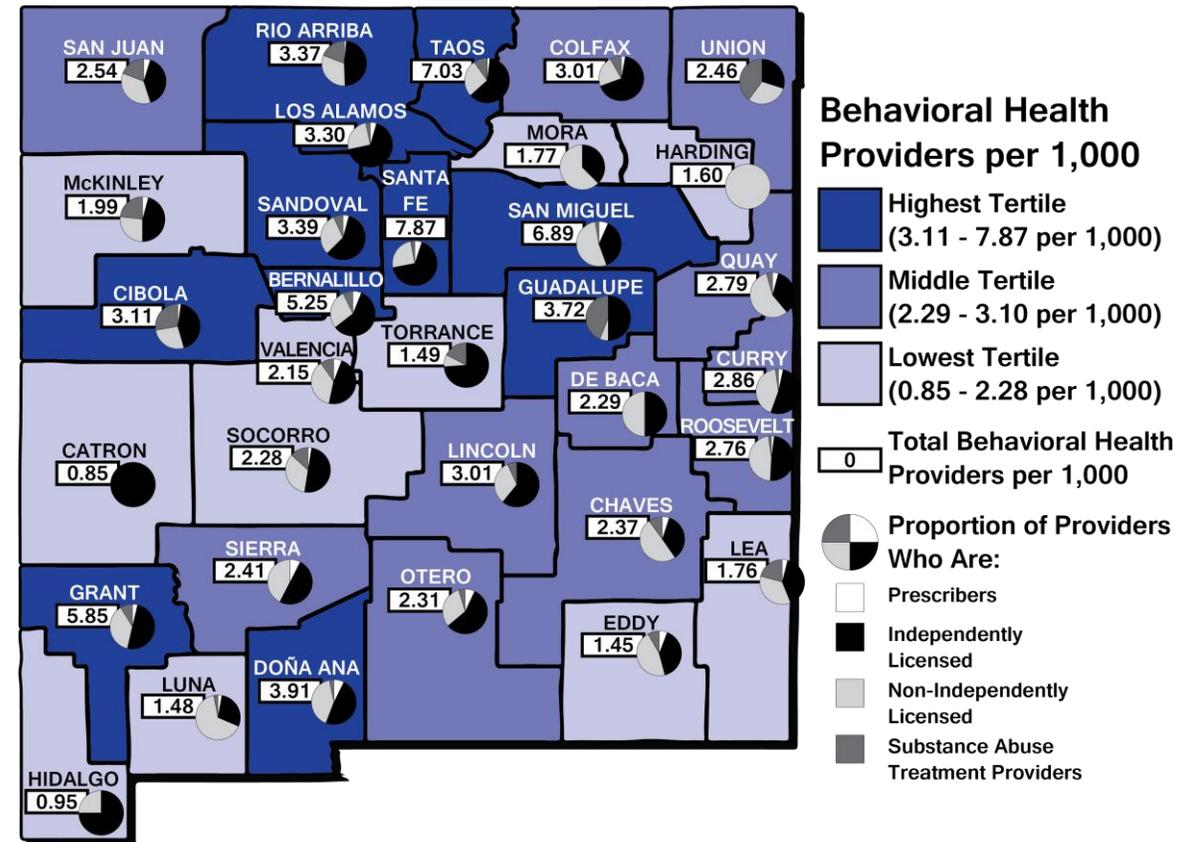


Source: New Mexico Health Care Workforce Committee. 2020 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center; 2020.

NM's Behavioral Health Workforce

- The Behavioral Health Subcommittee analyzed 11 categories of behavioral health practitioners, including psychiatrists, psychologists, psychiatric CNPs/CNSs, counselors, and social workers
- Counties ranged from 0.85 (Catron) to 7.87 (Santa Fe) BH providers per 1,000 population
 - 9 counties have no BH prescribers
 - More than 1 in 4 BH providers reported that none of their patients have Medicaid as a primary payer
 - More than 1 in 3 prescribers and 1 in 4 independently licensed BH providers are 65 or older

Composition of Behavioral Health Care Workforce, 2019



Recommendations

1. Direct the Office of the Superintendent of Insurance to streamline the credentialing process in New Mexico through (1) adoption of one universal electronic credentialing application, (2) adoption of a uniform transfer of credentialing form, and (3) requiring insurers to comply with the reimbursement requirements set forth in NMSA 1978, Sec. 59A-22-54(G).
2. Increase N.M. Medicaid payments to 105% of Medicare plus gross receipts tax.
3. Maintain gross receipts tax deduction for Medicare and managed care payments.
4. Maintain New Mexico's Rural Health Care Practitioner Tax Credit program.

Recommendations

5. Establish a tax credit of \$1,000 each for up to 250 rural primary care provider and pharmacist preceptors who provide at least 80 student hours of precepting service for public institutions.
6. Increase staffing by an additional 30 FTEs – establishing at least one per county – for public health nurses at a midpoint annual salary of \$65,000 each.
7. Increase the number of school nurses to ensure at least one school nurse in each school district statewide: there are approximately 15 districts without a school nurse.
8. Incentivize community health centers, FQHCs and other established primary health care centers to hire 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.
9. Double funding for the state medical, nursing and allied health loan-for-service programs.

Recommendations

10. Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.
11. Maintain current parity in reimbursement of both telephone and telemedicine with in-person visits.
12. Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office.
13. Expand capacity of certified peer support specialists within the state behavioral health workforce using such strategies as (1) recommending that the OSI add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico, (2) working with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports, including certified peer support specialists and certified family support specialists; (3) expanding the scope of services reimbursed by N.M. Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings, such as food banks and senior centers, and (4) use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings.

Questions?

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