SENATE MEMORIAL 28

Response

October 2016

INTRODUCTION

Senate Memorial 28 was introduced by Senator Lisa A. Torraco during the 52nd Legislature, Second Session, 2016. The Memorial requested that the Board of Regents of the University of New Mexico commission a feasibility study for implementing an accelerated curriculum for Physician Assistants to earn Doctorates in Medicine at the University of New Mexico School of Medicine.

Memorial 28 identified rural primary care areas of concern. Our statistics regarding this include:

- Some counties in New Mexico have a ratio of 16,021 patients to every 1 primary care physician; according to the Kaiser Foundation there should be 0.79 primary care providers for every 1,000 persons.
- The average age of physicians in New Mexico is 52 years and 11 months old. 35.9% of New Mexican physicians are over 60 years of age, meaning that a significant number of New Mexican physicians will be at age of retirement within the next 10 – 15 years, potentially creating ever greater gaps in care;
- New Mexico currently has a shortage of 139 physicians;
- New Mexico suffers from a severe maldistribution of physicians that favors urban areas over the vast rural areas of the state; and,
- The maldistribution of physicians is expected to continue.

Memorial 28 also made the following observations:

- Physician Assistants are trained to practice medicine and those who practice around the state are helping to address the provider shortage;
- Some Physician Assistants wish to change their careers to become physicians;
- The training and experience of Physician Assistants in the practice of medicine should be applicable to their pursuit of a doctorate in medicine; and,
- There are academic institutions that currently offer physician assistants curricula designed to offer an accelerated path to a doctorate in osteopathic medicine.

Memorial 28 proposes that offering Physician Assistants an opportunity to pursue an accelerated path to receive a doctorate in medicine is a potential means of increasing the supply of physicians in the state. Additionally, Memorial 28 posits that if the University of New Mexico School of Medicine offered an accelerated curriculum to Physician Assistants to pursue their doctorates in medicine, more Physician Assistants could be attracted to practice in New Mexico, thereby reducing the provider shortage.

FEASIBILITY STUDY MEMBERS

John Leggott, MD	Program Director, UNM Physician Assistant Program
Tina Hoff, PhD	Program Operations Director, UNM Physician Assistant Program
Craig Timm, MD	Senior Associate Dean for Education, UNM School of Medicine
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Vanessa Hawker, PhD	Finance & Administration, UNM Health Sciences Center
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Timeline:

UNM Board of Regents report findings of its study to the Legislative Health and Human Services Committee	11/1/2016
Paul Roth, MD, MS, Chancellor of Health Sciences Center & Dean School of Medicine	10/31/2016

BACKGROUND

Physician Assistants (PAs) are health professionals licensed to practice medicine with physician supervision. Upon graduation from an accredited PA education program, PAs are certified by the National Commission on Certification of Physician Assistants (NCCPA). Within the physician/PA relationship, PAs exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings in rural and urban areas. PAs practice primarily in patient care but also work in educational, research and administrative activities.

The shortage of healthcare providers in rural America is well publicized[1] [2]. Like many other primarily rural states, New Mexico suffers from primary care provider shortages in rural areas[3]. Thirty (30) of 33 counties in New Mexico are designated as Health Professions Shortage Areas (HPSAs) for Primary Care[4]. Two (2) of the remaining counties are partially designated as HPSAs. Only Los Alamos County does not have a shortage of Primary Care Providers[5].

New Mexico has some of the most flexible and supportive laws in the country regarding PA practice as delineated in the National Governor's report in Appendix B[6]. New Mexico laws may actually be one of the incentives that draw PAs to stay in NM or relocate to NM.

The UNM PA Program

For over 40 years, PAs have been integral members of the health care team responding to the rural health care needs of the state. In 1994, the legislature funded the development of a Physician Assistant Program at the University of New Mexico School of Medicine. Currently this 27-month program admits 17 students per year. The PA curriculum combines lectures and labs held in conjunction with the doctorate in medicine students as well as small group learning and PA-specific classes. The PA Program is administered within the Department of Family & Community Medicine. A Master of Science in PA Studies degree is awarded upon successful completion of the program and its requirements.

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[1] National Rural Health Association, "What's Different About Rural Healthcare?" 14 Jun 2016 http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care.

[2] Rural Health Reform Policy Research Center, "The 2014 Update of the Rural - Urban Chartbook." Oct. 2014, 14 Jun. 2016 https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf.

[3] New Mexico Health Care Workforce Committee, "New Mexico Health Care Workforce Committee: 2016 Annual Report," 1 Oct 2016.

[4] HRSA Data Warehouse, "Map Tool" 14 Jun. 2016 https://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=HPSA&gt=State&cd=35&dp=PC.

[5] HRSA Data Warehouse, "HPSA Find" 14 Jun. 2016 https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx.

[6] National Governors Association, "The Role of Physician Assistants in Health Care Delivery", 17 Jun 2016, http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1409TheRoleOfPhysicianAssistants.pdf.

In keeping with the program's mission, much of the curriculum is devoted to preparing the student for eventual service in the underserved and rural areas of New Mexico. For example, some clinical clerkships are in New Mexico's rural communities, allowing the student to be away from the Albuquerque area for up to half of their clinical time.

The UNM Physician Assistant Program graduated its first class in 1999 and has consistently been addressing New Mexico provider shortages as evidenced by the following:

UNM Physician Assistant Graduates 1st Location Statistics*

Actual	Percent	Key Indicator
237		Total # of graduates
187	79%	Practicing in New Mexico (all fields)
102	55%	Practicing primary care in New Mexico (incl. Family Medicine, General Pediatrics & General Internal Medicine)
76	41%	Practicing other specialties in New Mexico
59	**32%**	**Practicing in New Mexico in a fully or partially designated HPSA, MUA or government MUP areas**
40	17%	Practicing out of state
10	4%	Working in non-PA field (MD, Health Education, etc.) not certified and/or unemployed

Current as of June 2016

*Information reflects the first location of practice after graduation

PHYSICIAN ASSISTANT STATISTICS FOR NEW MEXICO

According to the American Academy of Physician Assistants (AAPA), there are approximately 700 PAs in New Mexico[7].

Additional information from the AAPA is presented below and gives a snapshot of PA practice in New Mexico.

Percent of Physician Assistants by Specialty in New Mexico

Percent	Specialty
34.0%	Family Medicine
10.7%	General Pediatrics, General Internal Medicine
14.9%	Surgical Subspecialties
6.4%	Internal Medicine Subspecialties
6.4%	Emergency Medicine
27.7%	All Other Specialties

[7] American Academy of Physician Assistants, "New Mexico PA Practice Profile", AAPA 2015 National Survey 2015 https://www.aapa.org/workarea/downloadasset.aspx?id=1633.

- **44.7% of PAs specialize in Primary Care** (Primary Care includes Family Medicine [with and without urgent care], General Internal Medicine, and General Pediatrics)

Percent of PAs by Setting in New Mexico

Percent	Specialty
50.9%	Physician Office or Clinic
30.9%	Hospital Setting
10.9%	Urgent Care Center
7.3%	Other Settings

- **67.9% of PAs are employed by a Physician Group or Solo Practice.**
- **19.6% of PAs serve in rural areas.**
- **A typical PA completes 56 patient visits per week.**

UNM PHYSICIAN ASSISTANT PROGRAM ADMISSIONS

Admission to the UNM PA Program is based on evaluation of applicant qualities and experiences which advance the program's mission to ***educate Physician Assistant students to be competent providers of primary care medicine with a special focus on the medically underserved and rural populations of New Mexico.***

Highest consideration is given to those applicants who:

- Are residents of New Mexico;
- Have an excellent academic record;
- Demonstrate leadership qualities;
- Have prior health care experience; and,
- Demonstrate a desire to serve New Mexico after graduation.

The UNM PA Program is a highly competitive program with the following application criteria:

- BA or BS degree completed by August 1st of the application cycle;
- Overall GPA of 3.0 on a 4.0 scale (calculated from the most recent 60 credits);
- A science GPA of 3.0 on a 4.0 scale (calculated from the pre-requisite science and math courses);
- Grade of C or better on all prerequisite courses;
- A minimum of 500 hours of clinical experience;
- Applicants must have three letters of recommendation in. The letters should be from clinicians (preferably a Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner); and,
- Clinical experience.

The Class of 2018 matriculants (entering class June 2016) to the PA program had an average GPA of 3.68, and average of 667 hours of community experience and an average of 7,199 hours of direct patient care.

UNM SOM ADMISSION for MDs

The Committee on Admissions is responsible for the selection of medical students and is guided in the selection process by the Admissions Policy Statement that has been approved by the School of Medicine faculty. In general, the selection of students is based on:

- Academic achievement;
- Motivation for the study of medicine;
- Problem-solving ability;
- Self-appraisal;
- Ability to relate to people
- Maturity;
- Breadth of interests and achievements;
- Professional goals; and,
- Likelihood of serving the health care needs of the state following postgraduate training.

The MD Admissions Committee reviews the American Medical College Application Service (AMCAS) application, secondary application, letters of recommendation, and, Admissions Committee interviews to select an incoming class.

UNM SOM MD Program Applicant Requirements for New Mexico Residency

Strong ties to New Mexico or being a New Mexico resident are highly valued by the selection committee. Strong ties include either graduating from a New Mexico high school which the applicant attended for at least one year or being financially dependent on a New Mexico resident. Consideration is also given to enrolled members of federally recognized American Indian Tribes and Alaska Natives and Villages (AI/AN).

The university is also a member of the Western Interstate Commission for Higher Education (WICHE). Therefore, consideration is given to residents of participating WICHE states that at present do not have a medical school (Montana and Wyoming to name a couple). WICHE applicants must apply through the Early Decision Program and must also have at least the average MCAT/GPA as the last year's entering class in order to receive consideration. The 2014 entering class average MCAT composite score was 28 and the average cumulative GPA was 3.6.

DISCUSSION

Discussion #1. **The impact of taking PAs out of the workforce in New Mexico to pursue an MD degree**

The UNM School of Medicine admissions committee adheres to the mission of the School of Medicine, and as such, prefers applicants that have "ties to New Mexico". If UNM developed a PA to MD bridge program, it is likely that preference would be given to PAs with ties to New Mexico. The majority of PAs who could gain admission would likely be PAs who are currently practicing in New Mexico. This would result in them leaving their clinical practice for the additional years of training.

Additionally, a PA leaving rural New Mexico to attend a bridge to MD program may have the following consequences:

- Could potentially encourage existing physicians to leave due to work overload when their PA leaves to go to medical school;
- The area would likely end up, or continue to be, a PA shortage area because the community may not be able to replace that position easily.
- There is no guarantee given the current salaries for primary care physicians vs. specialists and the debt load incurred while in medical school, that a graduate of the program would eventually return to a shortage area or practice in primary care. An argument can be made that the debt incurred would influence a graduate to consider a higher paying specialty in medicine rather than a lower paying job in primary care.

For an on-campus PA to MD bridge program other key issues must be considered:

- **Loss of income** – current PAs would lose the income during the additional years of training.
- **Accrual of additional debt** – PAs would accrue additional debt upwards of $150,000[8]
- **Resource Limitations** - The current size of medical school class cannot be increased due to limitations on the number and expertise of faculty and educational space without significant additional infrastructure. Therefore, a PA to MD program would not result in an increase in PAs for the state.

Recommendation #1: **We do not recommend an accelerated PA program for the UNM School of Medicine that would attract NM PAs to the UNM Medical School in its current structure. The primary reason is that we do not believe that a PA to MD bridge program would increase patient access to primary care providers in rural New Mexico.**

Discussion #2. Consider current barriers and possible solutions to the barriers that prevent providers from practicing in rural New Mexico.

[8] UNM SOM Financial Aid Office, *UNM School of Medicine Cost of Attendance*, 17 Jun 2016, http://financialaid.unm.edu/coa/15-16/med.pdf

A. The National Governors Association identifies several barriers that prevent PAs from practicing in rural and underserved communities of America. Although New Mexico does have supportive practice laws, some of the concerns identified include:

- Overly strict statutes that may interfere with physicians' ability to delegate tasks to PAs;
- Lack of clinical training sites for PAs limits the program's ability to train new PAs; and,
- Existing economic incentives (or lack thereof) that are driving PAs away from underserved communities and populations[9].

B. Factors that have been shown to influence rural practice.

- Other studies[10,11] completed regarding attracting medical providers to rural practice and retaining them indicate that many factors determine whether individuals choose to practice in rural communities or not. They include, but are not limited to:
    - Those that complete rural clerkships are more likely to return to rural areas;
    - Desire to serve the needs of the community;
    - Broad scope of practice;
    - Collaborating physician characteristics;
    - Support of and for one's significant other;
    - Confidence in the ability to provide adequate healthcare;
    - Desire for small town life;
    - Residing in the community;
    - Being involved with the community; and,
    - Greater independence, freedom, flexibility and control[12]

C. Need for building community capacity to attract and retain medical professionals;

Medical providers of all specialties are more likely to go back to the communities from which they came[13]. Attracting and retaining providers who are not originally from that community will remain difficult as long as appropriate infrastructure in rural communities is lacking. For example:

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[9] National Governors Association, "The Role of Physician Assistants in Health Care Delivery", 17 Jun 2016, http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1409TheRoleOfPhysicianAssistants.pdf.

[10] Henry, Hooker and Yate, "Physician Assistants in Rural America", Multibriefs, 17 Jun 2016, http://www.multibriefs.com/briefs/exclusive/pas_rural_america.html#.V2QOeaJn3Og

[11] Robert Graham Center: AAFP Center for Policy Studies, "What Influences Medical Student & Resident Choices?" Josiah Macy, Jr. Foundation, 2 Mar 2009, http://www.graham-center.org/dam/rgc/documents/publications-reports/monographs-books/Specialty-geography-compressed.pdf.

[12] Hart, Gary, "Why NP's and PA's choose to work in rural settings", 10 May 2012, http://www.staffcare.com/why-nps-and-pas-choose-to-work-in-rural-settings/.

[13] Pacheco, Mario, et. al., "The Impact of Rural New Mexico of a Family Medicine Residency" *Academic Medicine*, 2005; 80(8): 739-744.

- Providers in frontier/remote communities need coverage so that they can have time off from their practice and avoid burnout[14].
- Providers desire quality education for their children and unfortunately, many schools in New Mexico are substandard[15], leading medical providers to seek other communities and/or states with additional educational opportunities.
- Many provider's spouses have professional degrees and/or professional aspirations which cannot be fully realized in communities with limited job opportunities[16].
- Providers and their families would like things like movies, cultural events, multiple food options, and/or safe outdoor recreational opportunities, many of which, are difficult to find in small communities[17]. Even if large-scale changes to rural communities cannot be put into place, the addition of things like high-speed internet will allow providers and their families to connect to the outside world where they may be able to satisfy some of their wants and needs[18].
- Continue support, on a Federal level, for Health Resources and Services Administration (HRSA) grantee programs[19] such as:
    - Physician Assistant Training in Primary Care (currently 1 program funded that benefits all of New Mexico, as students are trained in Primary Care and then placed around the state in rural and underserved populations during clinical rotations);
    - Area Health Education Centers Program (currently 1 program funded that distributes money to an additional 3 centers in Las Vegas, Silver City and Las Cruces for outreach throughout the state);
    - Rural Health Infrastructure and Development Program (currently 1 grantee in Hidalgo County); and,
    - The Medicare Rural Hospital Flexibility Program (currently 1 program funded in Santa Fe County).

All of these programs, plus many more, target primary care, recruitment of future providers (all fields), rural access to healthcare and increasing community infrastructure.

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[14] Jenn Lukens, Rural Health Information Hub, "Counteracting the Darkness of Physician Burnout," *The Rural Monitor*, 16 Mar 2016, https://www.ruralhealthinfo.org/rural-monitor/physician-burnout/

[15] Olivier Uyttebrouck, "Education quality report ranks NM 49th in the nation," *Albuquerque Journal,* 21 Jul 2016, http://www.abqjournal.com/702674/nm-49th-in-report-on-education-quality.html

[16] Douglas O. Staiger, PhD; Samuel M. Marshall, BA; David C. Goodman, MD; David I. Auerbach, PhD; Peter I. Buerhaus, PhD, RN, "Association Between Having a Highly Educated Spouse and Physician Practice in Rural Underserved Areas," *JAMA*, 2016; 315(9): 939-941.

[17] Olga Khazan, "Why Are There So Few Doctors in Rural America?" *The Atlantic*, 28 Aug 2014, http://www.theatlantic.com/health/archive/2014/08/why-wont-doctors-move-to-rural-america/379291/

[18] Center for Rural Affairs, "#5 Making Rural Communities Desirable Places to Live," 30 Aug 2016, http://www.cfra.org/renewrural/s/desirable-communities.

[19] U.S. Department of Health & Human Services, Health Resources & Services Administration, Federal Office of Rural Health Policy, "Rural Health Funding Opportunities," 20 July 2016, http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx

In addition, the importance of building community capacity cannot be overlooked. Given that there are national trends that indicate that both PA[20] and MD[21] providers are opting for more lucrative careers outside of primary care, it is important to address the barriers to care in myriad ways.

D. Possible solutions to support rural health policies and programs in New Mexico;

- Increase/continue support for NM PA autonomy by supporting proposed state practice laws, rules and regulations that do not burden PAs in rural and underserved NM when a supervising physician leaves the area.
- Support upcoming NM PA legislation that better defines the MD/PA relationship as "collaborative" rather than "supervised". One of the biggest obstacles occurs when a rural MD is lost. The PA, because of the word "supervised", cannot be credentialed with insurers until a new MD is in place and credentialed. As a result, a PA cannot see patients (on that particular health plan) for 6 months or more.
    - In 2015, the New Mexico Academy of Physician Assistants (NMAPA) introduced legislation that would dramatically impact PAs, in particular, those practicing in rural and/or frontier areas of the state. The legislation, "'...amends the Medical Practices Act which governs the relationship between physicians and physician assistants. SB 615 removes the requirement that physician assistants have a direct "supervising" physician and instead requires "collaboration" between physician assistants and physicians. "Collaboration" is defined as the process by which physicians and physician assistants jointly contribute to the health care and medical treatment of patients within their respective scopes of practice and that does not require the physical presence of the physician while services are being rendered. The bill allows physician assistants to prescribe, administer, and distribute drugs other than Schedule 1 controlled substances in collaboration with a licensed physician. Current statute allows physician assistants to prescribe, administer, and distribute drugs under the direction of a supervising licensed physician.

      The bill strikes the subsection of the Medical Practices Act requiring physician assistants to ensure that their supervising licensed physician is registered with the Medical Board. Also, the bill strikes the requirement

[20] Moriarity, Megan, "Heavy Education Debt May Discourage Physician Assistants From Practicing in Primary Care or Underserved Settings," *American Academy of Family Physicians*, 30 August 2016, http://www.graham-center.org/rgc/press-events/press/all-releases/08182014-debt-underserved.html

[21] Bodenheimer, Thomas and Pham, Hoangmai H., "Primary Care: Current Problems and Proposed Solutions," *Health Affairs* 29, no.5 (2010): 799-805, doi:10.1377/hlthaff.2010.0026.

that physician assistants renew their registration of supervision biennially."[22] This bill was not passed in 2015 due to issues identified in the next piece of legislation. The bill will be reintroduced this coming year (2017).

Another bill was introduced and passed during the 2015 legislative session that will address the issues surrounding insurance company credentialing of PAs and eventual reimbursement.

Continued support for bills such as those mentioned above, will have the biggest and most lasting of impacts on PAs' ability to provide care for individuals around the state. In addition to continued support as mentioned above, the following proposals may have the biggest impact:

- Sponsor a consortium at UNM of relevant state agencies to discuss recruitment and retention of primary care providers to NM;
- Continue educational assistance (the New Mexico Health Service Corps [NMHSC]) for primary care medical, dental students, and physician assistant students;
- Explore additional financial support and incentives for PAs to practice in rural and underserved areas of NM;
- Continue the Rural Health Care Practitioner Tax Credit Program for all medical providers and consider increasing the credit to $5,000/year for licensed dental hygienists, physician assistants, certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners and clinical nurse specialists (it is currently $3,000 for non-physicians, $5,000 for physicians);
- Continue the J-1 Visa program that allows foreign physicians to extend their residency and practice in underserved areas of the state; and,
- Explore UNM Project ECHO or telehealth as further support for providers working in rural and underserved areas of NM.

Recommendation #2: **Addressing the shortage of healthcare providers in rural New Mexico should include advocacy and legislation that help support rural communities and their ability to attract and maintain providers.**

3. Consider innovative programs which allow PAs to earn an advanced degree while remaining in rural locations.

[22] Horan, Larry. "NMAPA Report: 2015 Legislative Session," 30 August 2016, http://media.wix.com/ugd/f17336_4057e5152ebb4206b2245cb0816bdc2d.pdf

Lincoln Memorial University DeBusk College of Osteopathic Medicine (LMU-DCOM) [23]

A new professional Doctor of Medical Science Degree (DMS) has been approved at Lincoln Memorial University DeBusk College of Osteopathic Medicine (LMU-DCOM). This new program, while a "bridge-like" program, is actually a new degree that was developed by their medical school with the input of PA faculty. The new program is completely separate from the existing PA program and unique from the medical school curriculum as well. These graduates will not be medical doctors because this is a *new profession*. As such, new legislation must be enacted in Tennessee to create a scope of practice for the DMS. The program has received accreditation through the University's regional accrediting body. The program did not attempt to gain accreditation through the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or the Liaison Committee on Medical Education (LCME) because it is a new degree.

The goal of this program is to provide advanced medical education to PAs and to address underserved provider shortages[24]. The first cohort of students began the program in the fall of 2016. The program is a 50-credit advanced clinical doctoral degree designed for PAs with at least 3 years of experience and designed to keep the PAs in their practice setting. The first year of the program is comprised of online didactics taught by medical sub-specialists and PhD faculty. The second year includes online didactics specific to the student's chosen track (the curriculum consists of a pre-clinical phase and a clinical medicine or education phase) and are taught by clinical experts in that field. Throughout the two years of the program, students achieve defined clinical competencies in their clinical practice. Those who choose the education track will replace the clinical competencies with courses taught by the LMU Carter and Moyers Doctor of Education Program.

Upon completion, the PA will have an additional set of advanced clinical and/or educational skills to bring to the healthcare team.

The benefits of this program include:

* The program does not take the PA out of clinical work. All courses are online except for a few 3-day residency components;
* The program relies on the supervising Physician/PA relationship;
* The program is using "Zoom" to connect medical specialists in all of the medical specialties for face-to-face training (this technology is similar to and based on, the technology used by UNM SOM's Project ECHO program);
* The program has been accredited by their regional body; and,

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[23] Lincoln Memorial University, "DMS Curriculum", 12 Jul 2016, http://www.lmunet.edu/academics/schools/debusk-college-of-osteopathic-medicine/dms/curriculum

[24] Moran, Mark. "Re: DMS." Message to: Lindsay Fox, PA-C. 12 Jul 2016. Email.

With regard to admissions, LMU does not have a specific preference for students from Tennessee. Because the program is just starting, no data are available regarding where graduates of this new program end up in practice[25].

While the program is innovative, there are several issues about which the committee has concerns:

- No scope of practice has been delineated for the new DMS degree.
- It is unclear how the new DMS graduates going to be credentialed for providing medical services to patients.

  It is unclear how the new DMS graduates are going to bill for services.

The first cohort began this fall (2016) and yet communication with one of the founders of the program, Mark Moran, indicates that the program has not had a scope of practice approved by the Tennessee State Legislature[26]. Until a scope of practice is approved, the other two issues mentioned above, will not be adequately addressed.

Lake Eerie College of Osteopathic Medicine (LECOM) Accelerated Physician Assistant Pathway[27]

Dr. Mark Kauffman of the LECOM Accelerated Physician Assistant Pathway (PA to DO) indicated that LECOM's three-year PA-DO program (not including residency) is now about to graduate its third cohort. LECOM requires 6 of their 12 positions to declare primary care as their specialty, while the other 6 are undeclared. The residency placements from the first two cohorts (24 graduates) indicate that 3 graduates chose Family Medicine, 4 chose Internal Medicine and 1 chose Pediatrics (8 graduates total/~33%). The rest (16 of 24 or 67%) are in non-primary care residencies. LECOM currently does not have any information about early outcomes regarding where their graduates chose to practice (rural vs. urban) as the program is too new. LECOM plans to begin this data collection on the first cohort which will finish residency in the near future[28].

> ***Recommendation #3:*** **The newly developed Doctor of Medical Science Degree (DMS) is intriguing but it remains unclear if this degree a) could be developed in New Mexico such that degree recipients are licensable and, b) if the development of this degree would attract new providers to the state thereby improving patient access to providers in rural New Mexico. It is our recommendation that an extensive study**

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[25] Lincoln Memorial University, "Admissions", 12 Jul 2016, http://www.lmunet.edu/academics/schools/debusk-college-of-osteopathic-medicine/dms/admissions

[26] Moran, Mark. "Re: DMS." Message to: Lindsay Fox, PA-C. 12 Jul 2016. Email.

[27] LECOM, "Accelerated Physician Assistant Pathway", *LECOM*, 17 Jun 2016, http://lecom.edu/academics/the-college-of-medicine/accelerated-physician-assistant-pathway/

[28] Kauffman, Mark. Personal Interview, 16 Jun 2016.

would need to be performed before UNM could recommend for or against the development of this DMS degree program.

CONCLUSION:

Senate Memorial 28 asked for a feasibility study for UNM to create a PA to MD accelerated program to help address the shortage of physicians in rural New Mexico. The primary reason that the assembled committee is recommending against beginning a PA to MD bridge program, is that it might have the unintended consequence of removing rural New Mexico PAs from the workforce, thus decreasing access to care in rural New Mexico. Currently rural PAs and their supervising physicians work collaboratively to play a vital role in the health and welfare of rural New Mexico communities. The committee further recommends that leaders in the state consider the recommendations set forth in this document to help address current existing barriers to PAs and physicians locating, practicing and remaining in rural communities. A new and innovative program is being developed in Tennessee that allow PAs to remain in their rural practice sites while earning a newly developed DMS degree. The committee would need considerable time to study this concept and program prior to being able to further recommend for or against such a program. In addition, a program like this would require new legislation defining the scope of practice and the creation of a licensing body.

Also of critical importance, is the understanding that this proposed program would not increase the number of graduates from either program, medicine or physician assistant, due to the limitations of the school of medicine to increase the size of each cohort. Replacing a medical student with a PA student, not only displaces a medical student, resulting in the loss of a future physician, but also decreases the number of working PAs in rural and underserved areas of the state, when they leave to attend school. The net result is the loss of two additional practitioners in a state that cannot bear the loss. There is also no guarantee that a newly trained PA to MD graduate would return to a rural and/or underserved area of the state, where they would likely not make enough money to repay the addition debt accrued while attending medical school.