

# New Mexico Health Care Workforce Committee

## 2015 Annual Report



October 1, 2015



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**FROM THE CHAIR OF THE  
NEW MEXICO HEALTH CARE WORKFORCE COMMITTEE**

Each year, the New Mexico Health Care Workforce Committee studies the supply and distribution of health care providers in order to provide a report to the Legislature by October 1. The committee also makes recommendations for improving recruitment and retention of providers in New Mexico's rural and underserved areas.

Committee staff members collate and analyze data that has been gathered by the licensing boards of the various health professions in the state. Over time, this data has grown more detailed, so that New Mexico has become a national leader in its ability to identify provider shortages.

This year's report, which for the first time includes detailed data for physician assistants, dentists and pharmacists, also includes a close analysis of the state's behavioral health provider needs.

Last year, the Committee recommended improvements in four areas: education and training, financial incentives for addressing shortages, recruitment for retention in New Mexico's communities and support for the Health Care Workforce Committee. This year, we provide an update on legislative and Governor actions to improve the health care workforce situation in New Mexico.

We hope this study will inform and help guide policymakers and legislators as New Mexico takes steps to meet the ongoing challenges in providing high-quality health care in our state.

Sincerely,

A handwritten signature in blue ink, reading "Richard S. Larson". The signature is fluid and cursive, with a large loop at the end.

Richard S. Larson, MD, PhD

Chair, New Mexico Health Care Workforce Committee

Executive Vice Chancellor, University of New Mexico Health Sciences Center

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## SECTION I

### NEW MEXICO HEALTH CARE WORKFORCE DATA BY PROFESSION

#### A. Background

New Mexico is becoming a data-rich environment for conducting health workforce analysis and planning. The New Mexico Health Care Work Force Data Collection, Analysis and Policy Act of 2011 established mandatory practices for collecting “a core essential data set” across all licensure boards at the time of new licensure and renewal, as well as the formation of a broad stakeholder committee tasked with analyzing data and making recommendations.<sup>1</sup>

In 2012 the Legislature amended the statute to designate the University of New Mexico Health Sciences Center as the steward for data storage and committee governance. This provided a centralized infrastructure and opportunity to leverage the unique resources of an academic health center to develop a statewide planning effort.

Each year, we gain access to more data (as more professionals come up for license renewal, for example) and better refine our collection and analysis methods. This year the committee is pleased to include physician assistants, dentists and pharmacists in the report’s primary analysis. The growing trove of available data will enable the committee to more broadly examine medical professional shortages, as well as trends in recruitment and retention, and plan for future need and changes in the health care system.

#### B. Methodology

This year’s report represents four full years of data collection and committee activities. Surveys are collected from all health care professions that require licensure through the state, including medical, dental, nursing, behavioral health and allied professions. The surveys, which are administered by the licensing boards, are tailored to each profession and include applicable questions on demographics, practice status, education and training, practice activities, hours and weeks worked, Medicare/Medicaid, near-future practice plans and the effects of professional liability insurance on practice change.

This year’s report contains estimates of the number of professionals practicing in New Mexico during calendar year 2014 in the following professions:

- 1) **Primary Care Physicians** include doctors of medicine (MDs) and doctors of osteopathy (DOs) who are specialists in family practice, family medicine, general practice, general pediatrics or general internal medicine.
- 2) **Certified Nurse Practitioners (CNPs) and Clinical Nurse Specialists (CNSs)** include nurse anesthetists, community health NPs, psychiatric/mental health NPs, medical/surgical NPs, geriatric NPs and those working on special care units.

- 3) **Physician Assistants** include all providers licensed as a physician assistant with the boards of medicine or osteopathy.
- 4) **Obstetrics and Gynecology Physicians** include physicians who self-identify obstetrics or gynecology, together or separately, as their specialty.
- 5) **General Surgeons** include all physicians who list general surgery as their primary specialty.
- 6) **Psychiatrists** include all physicians who list psychiatry as their primary specialty.
- 7) **Dentists** include all licensed dentists
- 8) **Pharmacists** include all licensed registered pharmacists.

## 1. Practitioner Estimates

Estimates of the number of professionals in select fields working in each county were generated by linking traditional licensure data with new license renewal survey data. This enables us to remedy many of the data concerns and limitations of relying on licensure data alone, providing a more accurate and complete picture of New Mexico's health care workforce. Using licensure data alone would result in over-counting providers for several reasons. Professionals often use a residential address to obtain licensure rather than a practice address. There are 9,301 physicians with active New Mexico licenses, for example, but only 4,926 (53.3 percent) practice in New Mexico, according to the practice addresses provided in the survey (Table 1.1). Providers with out-of-state and unknown zip codes for practice location are excluded from the data counts.

*Table 1.1. Number of Health Professionals with NM Licenses Practicing in the State, 2014*

Profession	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM
<b>All MDs/DOs</b>	9,301	4,926	53.3%
<b>Primary Care Physicians</b>	3,102	1,908	61.5%
<b>CNPs/CNSs</b>	1,849	1,228	66.4%
<b>Physician Assistants*</b>	902	694	76.9%
<b>Ob/Gyn Physicians</b>	397	236	59.4%
<b>General Surgeons</b>	288	162	56.3%
<b>Psychiatrists</b>	481	289	60.1%
<b>Dentists</b>	1,556	1,081	69.5%
<b>Pharmacists**</b>	3,059	1,928	63.0%

\* Data for physician assistants does not represent a full licensure cycle. As a result, the estimated total practicing in NM is based only on licensure address and not practice location from the survey.

\*\* Surveyed directly from Board of Pharmacy

We also avoid systematic double counting by using survey data. Professionals with more than one license, such as a certified nurse practitioner who is also a registered nurse, are counted only once at their highest level of licensure. For the primary care physician total, double counting is corrected by the survey's parameters for distinguishing among specialties and subspecialties. For

example, general internal medicine physicians often subspecialize in areas such as cardiology and endocrinology and so are not included in the total number of primary care physicians.

Our estimates correct for a time lag between initial licensure and survey. Physicians are not surveyed when they first obtain their license, for example, but are required to complete a survey upon license renewal. After the initial renewal, they are required to renew their licenses and complete the survey every three years. As a result, it takes three full years to collect surveys across all physicians. As of December 2014, 83.5 percent of physicians (MDs and DOs) in New Mexico had completed a survey, with the remaining 16.5 percent primarily consisting of physicians who have not yet renewed their New Mexico license, and thus had not yet had an opportunity to complete the survey.

The estimate of physicians practicing in New Mexico is adjusted to account for physicians who have not been surveyed. Where providers have not completed a license renewal survey, a practice address was imputed from license mailing address. For most health professions, there is a high correlation between mailing address and practice counties, particularly in rural areas. See individual subsections by profession in *D. State Workforce Distribution and Shortages* for more detailed explanations of the methodology. See also Appendix C for a table of progress in obtaining survey data for all licensed health professionals.

## 2. Shortage and Surplus Measures

After estimating the number of health care workers practicing in each county, the New Mexico Health Care Workforce Committee compares these numbers with benchmarks based on national averages and recommendations per population. U.S. Census Bureau 2014 population estimates are used to calculate the number of professionals per population in each county.<sup>2</sup>

This analysis enables an assessment of the numbers of providers that may be needed and their distribution across the state at the county level in order to assess severe shortages and develop benchmarks for planning, including the need for recruitment and retention activities. Shortage maps are provided for each profession to give a visual representation of how New Mexico's counties compare to the national benchmarks, and to compare health care workforce levels between counties.

The national benchmarks used to calculate health care professional needs by county are shown in Table 1.2.

***A shortage or surplus relative to any given benchmark is not a direct measure of health care accessibility, or whether the workforce is adequate to meet the health care needs of the population.*** A provider-to-population ratio assumes homogeneity of provider practice and population need and so does not account for differences in practice work hours, patient utilization, patients' severity of illness, distance to the nearest provider and other factors.

In summary, the provider-to-population ratio, selected as the best metric available that allows national workforce comparisons, should be regarded as an indicator of counties and regions that may require additional resources, not a direct measure of workforce adequacy.

*Table 1.2. Provider-to-Population Benchmarks Used to Assess the New Mexico Health Care Workforce*

Profession	National Benchmark	Benchmark per 10,000 Population
<b>Primary Care Physicians</b>	0.79 per 1,000 population <sup>3</sup>	7.9 per 10,000 population
<b>Certified Nurse Practitioners and Clinical Nurse Specialists</b>	0.59 per 1,000 population <sup>4</sup>	5.9 per 10,000 population
<b>Physician Assistants</b>	0.303 per 1,000 population <sup>5</sup>	3.03 per 10,000 population
<b>Obstetrics and Gynecology Physicians</b>	2.1 per 10,000 female population <sup>6</sup>	2.1 per 10,000 female population
<b>General Surgeons</b>		
<b>Critical Need</b>	3.0 per 100,000 population <sup>7</sup>	0.3 per 10,000 population
<b>Minimum Need</b>	6.0 per 100,000 population	0.6 per 10,000 population
<b>Optimal Ratio</b>	9.2 per 100,000 population	0.92 per 10,000 population
<b>Psychiatrists</b>	1 per 6,500 population <sup>8</sup>	1.54 per 10,000 population
<b>Dentists</b>	1 per 2,500 population <sup>9</sup>	4 per 10,000 population
<b>Pharmacists</b>	0.78 per 1,000 population <sup>10</sup>	7.8 per 10,000 population

### 3. Impact of Federally Employed Providers

Licensed health professionals employed through the Indian Health Service (IHS), Department of Veterans Affairs (VA) and the Department of Defense (DoD) have to be licensed in a state but not necessarily in the state in which they practice. This phenomenon would likely affect physicians, dentists, nurses and physician assistants in our estimates, although many of these providers in New Mexico are licensed in the state, as indicated by the selection of “Indian Health Service Clinic” or “Military/VA Health Facility” as their practice type. For example, the VA reports 313 MDs and DOs working for the New Mexico VA system: in license renewal survey data, 134 MDs/DOs list “Military/VA Health Facility” as their practice location, indicating that 42.8 percent of New Mexico Military/VA physicians are licensed in-state.

It is also important to note that the populations served by federally employed physicians may seek care outside of their county of residency, for example at an IHS clinic in a neighboring county or the VA Hospital in Albuquerque.

### 4. County-Level Population Changes

Year-to-year variation in New Mexico county populations affects counties’ needs for health care practitioners. Particularly when counties experience population growth, growth in health care workforce and infrastructure may not keep pace with population growth, causing shortages to increase. U.S. census data indicate several New Mexico counties with significant population growth or reduction between 2010 and 2014. Rapid population changes affect the number of

health professionals needed, as well as health care workforce planning efforts. The committee uses U.S. Census 2014 population estimates to calculate professional-to-population ratios in each county.<sup>2</sup>

Lea County was the fastest-growing county, with an 8.1 percent population increase between 2010 and 2014, and a 26.1 percent increase between 2000 and 2014. (Lea ranked 74<sup>th</sup> among the fastest-growing counties in the nation between 2013 and 2014<sup>12</sup>). It is predicted that Lea County will exceed 110,000 residents by 2040, a 40 percent population increase over 40 years.<sup>13</sup> Population growth was also seen in Curry County (5.4 percent) and Eddy County (4.8 percent).<sup>14</sup>

Growth in Lea and Eddy Counties can be attributed to oil and gas industry activities in the Permian Basin. The New Mexico Department of Workforce Solutions reported employment growth in these areas that is well above the state average.<sup>15</sup> Curry County's growth can be attributed to the expansion of Cannon Air Force Base. It is unknown whether industry and related population growth in these areas will remain stable. There is also a need to better understand the use of local health care services by oil and gas industry workers, who may be in the area on a temporary basis and reside elsewhere, and by those residing at Cannon.

Several counties experienced measurable losses during the same 2010-2014 period, including De Baca (-9.7 percent), Colfax (-7.8 percent), Hidalgo (-6.8 percent), Quay (-6.0 percent), Mora (-5.9 percent) and Union (-5.6 percent).<sup>14</sup> New Mexico's population as a whole increased by 26,380 between 2010 and 2014 (although it decreased between 2013 and 2014 by 1,323).<sup>16</sup>

Because our provider shortage calculations are based upon provider-to-population ratios using U.S. Census 2014 population estimates, these county-level population changes are taken into account in comparing New Mexico's health care workforce to national benchmarks.

### **C. Summary of New Mexico's Health Care Workforce**

The New Mexico Health Care Workforce Committee estimates that there are 1,908 primary care physicians (PCPs), 1,228 certified nurse practitioners and certified nurse specialists (CNP/CNSs), 694 physician assistants (PAs), 236 obstetrics and gynecology physicians (Ob/Gyn), 162 general surgeons, 289 psychiatrists, 1,081 dentists and 1,928 pharmacists (Table 1.3). Practice location distribution reveals significant shortages in most areas of the state. Our analyses indicates that without redistributing the current workforce, New Mexico is below national benchmarks by 145 PCPs, 197 CNPs/CNSs, 136 PAs, 43 Ob/Gyn, 18 general surgeons, 109 psychiatrists, 73 dentists and 299 pharmacists.

The CNPs and CNSs saw the greatest increase in estimated number of providers, with 139 more CNPs/CNSs in 2014 than 2013. The PCP workforce decreased by 49 providers, though the relative shortage without redistribution actually decreased as well (by eight PCPs). This can be explained in part by noting that most of the provider loss is from Bernalillo County, which as a whole has greater than the average number of PCPs nationally.

The number of Ob/Gyn and general surgeons remained relatively stable. The estimated number of psychiatrists decreased by 32 practitioners, an alarming decline given the serious shortages of behavioral health professionals across the state (which we discuss in more detail in Section II).

This year, we were able to expand our analysis by three more professions: PAs, dentists and pharmacists.

*Table 1.3. Summary of Statewide Health Care Professional Shortages, 2013 and 2014*

Profession	2013				2014			
	# in NM	State Surplus/Shortage	Total County Shortages*	Counties with Shortages	# in NM	State Surplus/Shortage	Total County Shortages*	Counties with Shortages
PCP	1957	306	-153	23	1908	259	-145	22
CNP/CNS	1089	-121	-271	25	1228	18	-197	20
PA	ND**				694	63	-136	21
Ob/Gyn	256	36	-40	14	236	16	-43	14
General Surgeons	179	43	-21	12	162	38	-18	8
Psychiatrists	321	-1	-104	25	289	-33	-109	26
Dentists	ND**				1081	247	-73	18
Pharmacists	ND**				1928	299	-293	26

\* Total county shortages reflect the number of providers needed to meet national metrics by summing all county shortages. This calculation assumes that providers in areas above benchmarks would not be readily available to relocate to other areas of the state.

\*\* ND indicates no data due to these professions' boards not yet instituting a survey requirement.

The committee continued to focus its analyses on the shortages in rural areas and to discuss the disparities in coverage, even within counties that as a whole appear to have an adequate supply based on the national metrics. We also consider county-level population changes and the continuing impact of the Patient Protection and Affordable Care Act.

## 1. Uneven Distribution of Providers

New Mexico faces special health care access challenges due to its large rural population. Thirty-four percent of the state's 2.1 million residents live in rural and frontier areas, which are much more affected by health care workforce shortages (Figure 1.1).

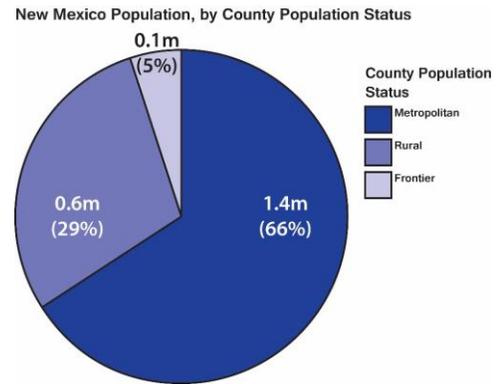
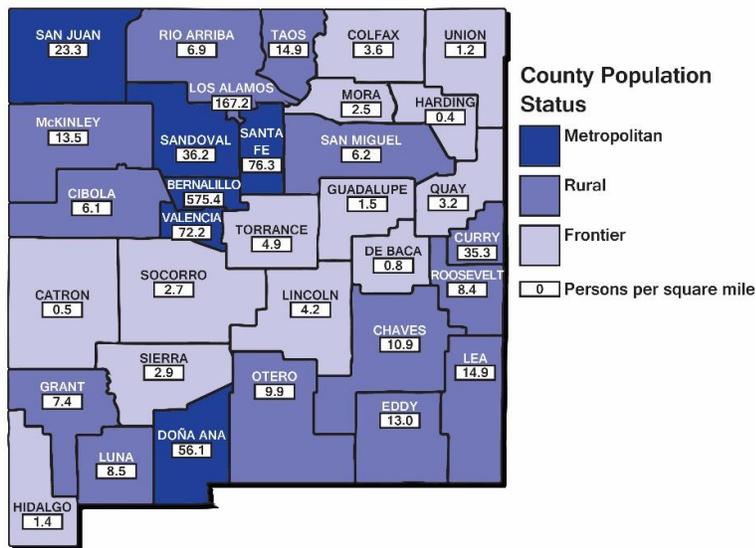
Most of New Mexico's counties continue to include areas or populations designated by the Health Resources and Services Administration as Health Professional Shortage Areas (HPSAs). A primary care, dental, or mental health HPSA may be a geographic area or population facing a shortage of that type of provider as determined by provider-to-population ratios, or a facility that serves a HSPA service area or population, such as a federally qualified health center.

For all three classes of provider – primary care, dental, and mental health – 32 of New Mexico's 33 counties are designated as geographic HPSAs or contain smaller service areas and/or populations designated as HPSAs.<sup>17, 18, 19</sup> Twenty New Mexico counties (60.6 percent) are

designated as single-county primary medical care HPSAs.<sup>20</sup> (See Section III of this year’s report for an expanded discussion of HPSA status.)

While many counties have severe shortages, a few have adequate or more providers than benchmarks would suggest as adequate. This uneven distribution – or maldistribution – of practitioners across the state underscores the need for evaluating workforce distribution. Counties that meet or exceed benchmarks tend to be those with urban areas and close proximity to training and service facilities. Since we do not anticipate the providers in these areas will relocate, we also state the number of practitioners that would allow New Mexico counties to meet national benchmarks *assuming no redistribution of practitioners from counties with above-average numbers to counties with less.*

**Metropolitan, Rural, and Frontier Status of New Mexico Counties**



*Figure 1.1. New Mexico Population Density by County, and Proportion of Population Residing in Metropolitan, Rural and Frontier Counties*

New Mexico also faces significant health disparities related to income inequality and other social determinants of health. Counties with more professionals than the national averages still contain HPSA shortage designations associated with individual census tracts, populations and institutions.

## 2. Impact of the Affordable Care Act

The demand for health care services in New Mexico will likely grow in coming years due to the increasing number of people who are gaining health insurance under the Patient Protection and Affordable Care Act (PPACA). New Mexico experienced one of the largest increases in health insurance coverage rates due to implementation in 2014 of the health insurance coverage requirements and expansion of Medicaid. Twenty-six of New Mexico’s 33 counties showed a 10

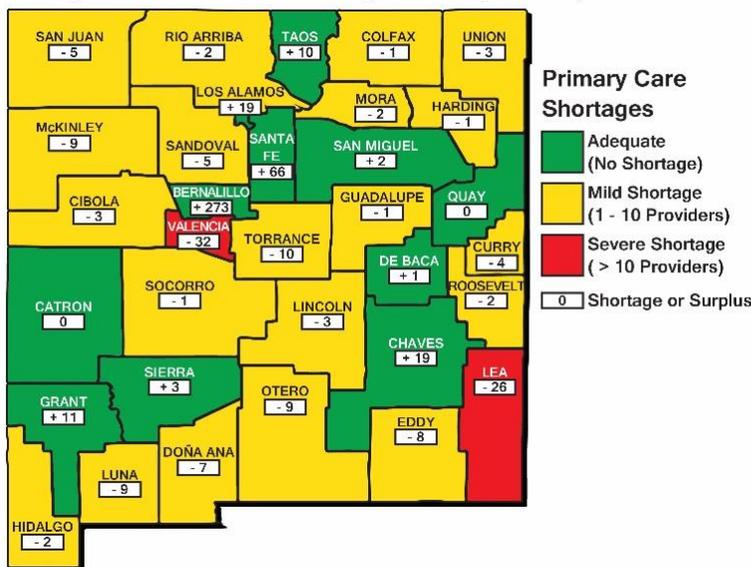
percent or more increase in health insurance coverage between 2013 and 2014.<sup>21</sup> As of June 2015, 44,307 people were enrolled in the state’s insurance marketplace.<sup>22</sup> The monthly average of persons in New Mexico enrolled in Medicaid or the Child Health Insurance Program is 711,541, representing a 56 percent increase over pre-PPACA levels (compared to a 23 percent increase nationally).<sup>23</sup> The New Mexico Legislative Finance Committee (LFC) projected in 2012 that 172,000 New Mexico residents would gain coverage. LFC reports that since then approximately 264,000 enrolled through Medicaid expansion and the health exchange.<sup>24</sup>

## D. State Workforce Distribution and Shortages by Profession

### 1. Primary Care Physicians

The New Mexico primary care physician (PCP) estimates include medical doctors (MDs) and doctors of osteopathy (DOs) who specialize in family medicine, general practice, general internal medicine and general pediatrics. General internal medicine providers who subspecialize (e.g. cardiology, immunology, etc.) and pediatric subspecialists are not counted as primary care physicians.

Shortage of New Mexico Primary Care Physicians, 2014



The estimated counts of PCPs are based on the 7,443 MDs who completed the license renewal survey, 1,211 MDs who have an active license but no survey and 635 DOs with an active license in New Mexico. For DOs, 525 (81%) have completed a license renewal survey. For the licensed MDs, primary care specialty was indicated by the MD (family practice, general practice, general pediatrics or general internal medicine). For the non-surveyed MDs with an active license, primary care specialty was identified by the specialty indicated through licensure and/or board certification. For the DOs, it is assumed based on the literature that 70% practice in the primary care specialty fields. For both the non-surveyed MDs and DOs, adjustments were made, based on the surveyed MDs, that 5.5% of the workforce have a NM address but practice in another state and 0.6% are licensed but do not have an active practice. For the surveyed MDs, the county of practice was identified using the address of their primary practice; for the non-surveyed MDs and DOs, the county was identified by county of licensure (often the home address or PO box).

Figure 1.2. Primary Care Physician Shortages by County

We report obstetrics and gynecology (Ob/Gyn) as a separate health workforce category, although several state and national organizations include Ob/Gyn in their primary care estimates (such as the Health Resources and Services Administration when designating primary care HPSAs). We analyze Ob/Gyn independently in order to examine

features unique to this specialty, including their serving a specific segment of the population and their need for specialized facilities (optimally, access to a surgical suite to perform caesarean sections if necessary). Our metric for assessing adequacy, from the Kaiser Family Foundation, also excludes Ob/Gyn from the national PCP-per-population ratio (0.79 per 1,000 population).

There were an estimated **1,908 PCPs** in New Mexico in 2014, 306 more than the benchmark based on national averages to indicate adequate levels. Approximately 42.3 percent of the total are concentrated in Bernalillo County, which has 273 more PCPs than the national average. Other counties with above-average provider-to-patient ratios include Santa Fe (+66), Los Alamos (+19), Chaves (+19), Taos (+10) and San Miguel (+2).

PCPs who are employed strictly in acute care (i.e., hospital emergency department and inpatient services) are included in our primary care estimate, which aligns with the Kaiser Family Foundation methodology used to establish our PCP benchmark. A national study suggests that approximately 30 percent of general internal medicine physicians work as hospitalists and 7 percent of family medicine physicians work in emergency departments.<sup>25</sup> According to New Mexico’s license renewal survey data, 14.3 percent of New Mexico’s primary care physician workforce practices in hospital emergency departments and inpatient services. Of physicians specializing in general internal medicine, 26.5 percent practice in hospital emergency departments and inpatient services.

The committee investigated whether the surplus in Bernalillo and Chaves Counties could be explained by the inclusion of PCPs who practice in hospitals and emergency departments. If we subtract the number of PCPs working as hospitalists and in emergency departments, Bernalillo still has 115 PCPs more than the national average, and Chaves has 1 PCP more than the national average.

*Table 1.4. Hospitalists and Emergency Room PCP Counts in Bernalillo and Chaves Counties*

County	Estimated PCP Count	Average Hours per Week	Percent > 40 Hours per Week	Estimated Hospitalists	Estimated Emergency Department (ED) PCPs	Surplus Minus Hospitalist and ED PCPs
<b>Bernalillo</b>	807	39.7	63.6%	108	10	<b>+115</b>
<b>Chaves</b>	71	43.2	77.2%	14	4	<b>+1</b>

Similarly, it does not appear that adjusting for the hours per week PCPs spend in direct patient care only – as opposed to administrative and other tasks – would significantly alter our estimates. On license renewal surveys, New Mexico PCPs report working an average of 40.2 hours per week, spending the bulk of their time (an average of 72.6 percent) in direct patient care.

An independent analysis by Chaves County hospital representatives confirmed this impression. Patient wait times for appointments more likely relate to systemic issues such as patient throughput times than to the number of providers.

Beyond these details, it is important to note that counties are not homogenous regarding the distribution of health care providers. A surplus in a given county does not indicate that there is

no need or capacity for additional providers in specific areas of that county. For example, a county’s providers may be concentrated within metropolitan areas, leaving large rural areas short of providers. It is also very likely that residents in rural counties travel to receive medical care in more urban adjacent counties, potentially inflating the number of patients actually served by health professionals in a given county. This is particularly true in counties such as Bernalillo and Chaves, which contain large medical systems and hospital complexes.

Overall, the 2014 estimate represents a decrease from the 2013 estimate of 1,957 PCPs in the state, primarily attributable to declines in Bernalillo County. Where most counties remained relatively stable with respect to PCP count, Bernalillo County PCP estimates dropped from 855 in 2013 to 807 in 2014.

*Assuming no redistribution of the current workforce, an additional 145 PCPs would enable New Mexico to meet national metrics (0.79 per 1,000 population) in all counties.*

Table 1.5. Counties with the Greatest PCP Shortages

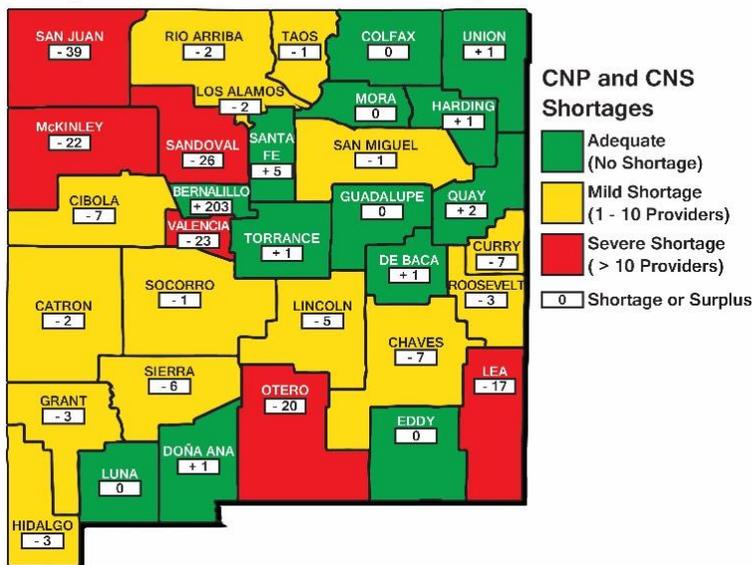
County	PCPs Needed
Valencia	32
Lea	26
Torrance	10
Luna	9
McKinley	9
Otero	9

## 2. Certified Nurse Practitioners and Clinical Nurse Specialists

Certified nurse practitioners (CNP) and clinical nurse specialists (CNS) are advanced practice registered nurses with independent authority to diagnose and prescribe within their scope of practice. New Mexico had an estimated 1,228 CNPs/CNSs in 2014, which is an increase from 1,089 in 2013. Approximately 42.3 percent of the 2014 total practice in Bernalillo County.

Practice areas for the estimated 1,228 CNPs/CNSs include family practice, general practice, pediatrics, community health, medical/surgical, geriatrics and those working on special care units. It should be noted that of that total, only 606 self-reported primary care as an area of specialty in the survey. Eighty seven indicated a specialty in obstetrics or gynecology and 114 indicated a specialty in psychiatric or mental health nursing. These specialties are not reflected in our count because the national metric (0.59 providers per 1,000 population) that we are using to estimate adequacy does not differentiate by specialty. We also exclude mental health CNPs and advanced practice nurses who are certified nurse midwives but not also CNPs in order to align with the national metric.

### Shortage of New Mexico CNPs and CNSs, 2014



New Mexico has 1,849 actively licensed CNPs/CNSs, of whom 1,228 identified a New Mexico practice location in the survey. By self-reported areas of specialty, there are 606 CNP/CNS practicing in primary care, 87 practicing in obstetrics or gynecology (this excludes those advanced practice nurses who are certified nurse midwives but not CNP/CNM) and 114 practicing in psychiatric or mental health nursing.

Figure 1.3. CNP and CNS Shortages by County

*Assuming no redistribution of the current workforce, an additional 197 CNPs/CNSs would enable New Mexico to meet national metrics (0.59 per 1,000 population) in all counties.*

Table 1.6. Counties with the Greatest CNP/CNS Shortages

County	CNPs/CNSs Needed
San Juan	39
Sandoval	26
Valencia	23
McKinley	22
Otero	20

The New Mexico Health Care Workforce Committee’s CNP/CNS count differs slightly from that of the New Mexico Board of Nursing, which reported in its FY 2014 Annual Report that there were 1,250 CNPs/CNSs (1,118 CNPs and 132 CNSs) licensed and residing in the state (compared to the committee’s count of 1,228).<sup>26</sup> The 22-practitioner difference may be attributed to differences in methodology. The Board of Nursing uses fiscal year (July 1 through June 30), whereas the New Mexico Health Care Workforce Committee calculates totals based on calendar year. Also, the Nursing Board’s counts are based on licensure numbers, whereas the committee counts individuals only once at their highest level of licensure.

### 3. Physician Assistants

New Mexico had an estimated 694 physician assistants (PA) licensed and practicing in the state in 2014. An estimated 351 PAs are employed in Bernalillo County (50.6 percent of the state total).

We do not yet have comprehensive survey data on New Mexico’s PA workforce. Of the 902 physician assistants with active licenses, only 64.9 percent had completed a survey as of May 2015, and 496 indicated a practice location in the state. Since only a portion of the total have been surveyed, we elected to use the number of licensed practitioners with New Mexico mailing addresses on their licensure (694) to evaluate shortages (rather than the number with practice addresses in the state). We anticipate that with the next year’s license renewal cycle our data for this profession will be much more complete.

As with CNP/CNS counts, PA specialties are not reflected in the estimate because the national metric we are using does not differentiate among specialties. According to the National Commission on Certification of Physician Assistants, approximately 40 percent of PAs work in primary care fields (in the practice areas of family medicine/general practice, emergency medicine, internal medicine general practice and pediatrics). This indicates that there could be 278 PAs in New Mexico working in primary care practice areas.

Shortage of New Mexico Physician Assistants, 2014

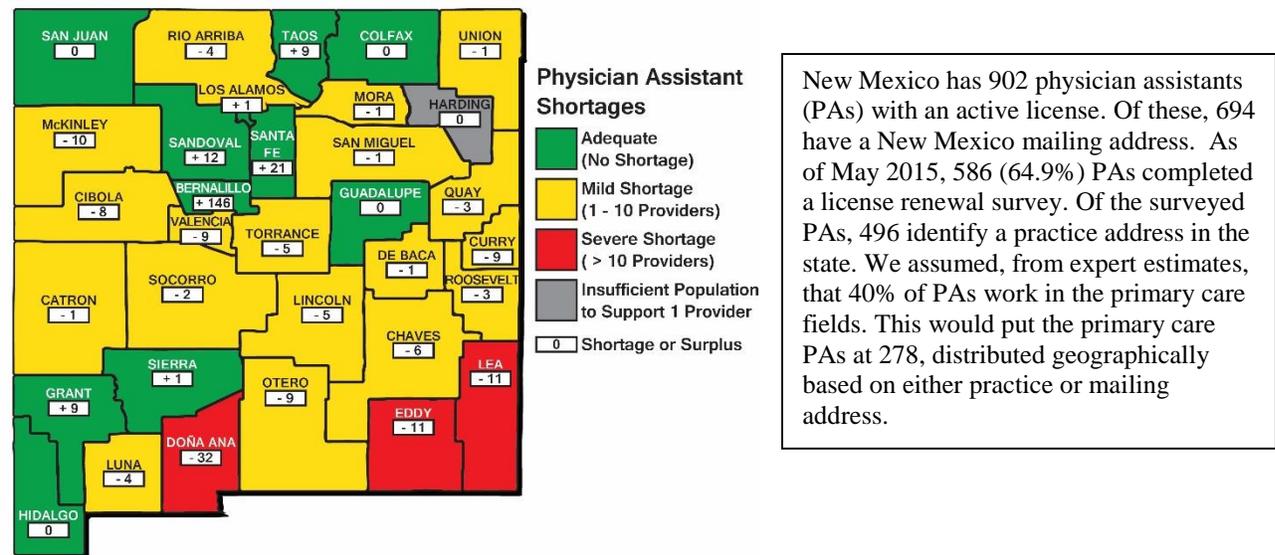


Figure 1.4. Physician Assistant Shortages by County

*Assuming no redistribution of the current workforce, an additional 136 PAs would enable New Mexico to meet national metrics (0.303 per 1,000 population) in all counties.*

Table 1.7. Counties with the Greatest PA Shortages

County	PAs Needed
Doña Ana	32
Lea	11
Eddy	11
McKinley	10
Valencia	9
Otero	9
Curry	9

#### 4. Estimating the Primary Care Workforce

An adequate primary care workforce is essential for ensuring access to comprehensive, high-quality health care services, promoting overall health and preventing disease and disability.<sup>27</sup>

To analyze primary care adequacy, the committee identified the number of primary care physicians, certified nurse practitioners, certified nurse specialists and physician assistants. Based on these numbers, there are 3,830 primary care practitioners in the state.

Adequacy in each profession was estimated separately by using our standard metrics for the number of practitioners per population: Primary Care Physicians (0.79 per 1,000 population), Certified Nurse Practitioners and Clinical Nurse Specialists (0.59 per 1,000 population) and Physician Assistants (0.303 per 1,000 population).

Shortage of New Mexico Primary Care Workforce

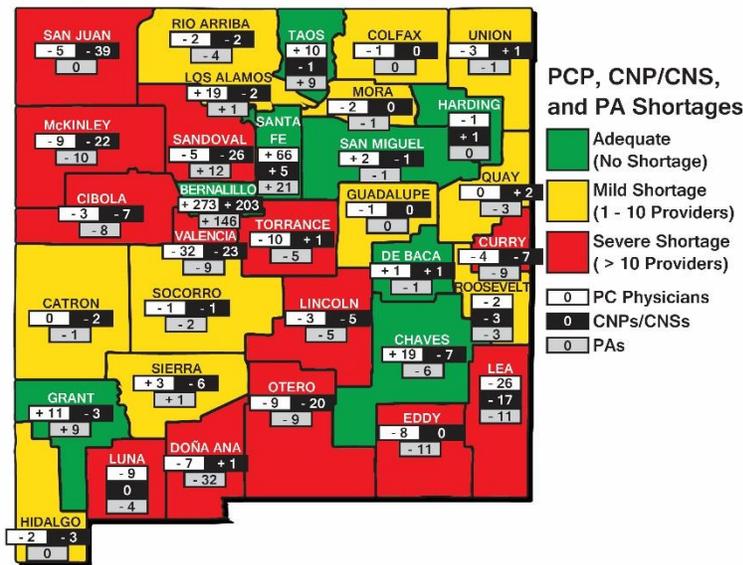


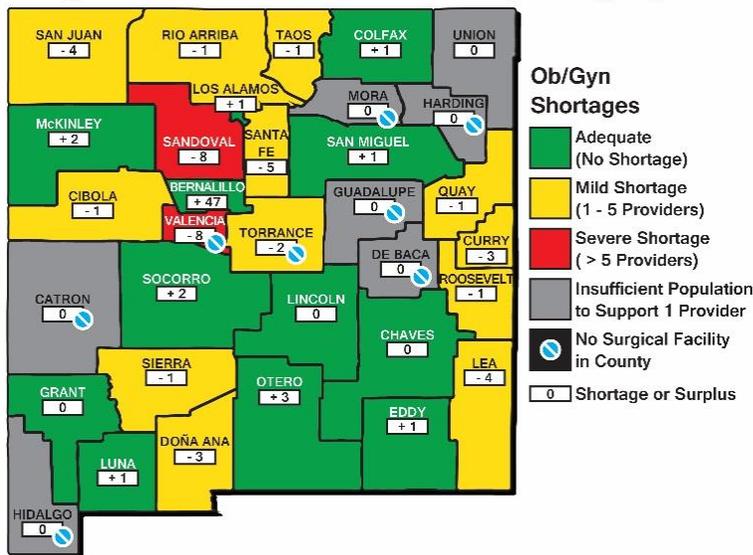
Figure 1.5. Primary Care Workforce Shortages by County

The counts below or above the standard metric in each county were combined to provide a summary of primary care adequacy. The map above provides a snapshot of the distribution of professionals associated with primary care across the state and where there may be shortages, indicated by yellow and red in the map. It is important to note that the estimates do not account for the number of professionals who are working in settings besides primary care, such as hospitalists. See subsections 1-3 above for a discussion of the individual professions and how counts are determined.

## 5. Obstetrics and Gynecology Physicians

There were an estimated 236 obstetrics and gynecology (Ob/Gyn) physicians in New Mexico in 2014, down from the 2013 estimate of 256. Of the Ob/Gyn workforce, 119 identify a practice location in Bernalillo County (50.4 percent of the state total).

Shortage of New Mexico Obstetricians and Gynecologists, 2014



The estimated counts of Ob/Gyns were based on the 7,443 MDs who completed the license renewal survey and the 1,211 MDs who have an active license but no survey. For the licensed MDs, Ob/Gyns specialty was indicated by the MD. For the non-surveyed MDs with an active license, Ob/Gyns specialty was identified by the specialty indicated through licensure and/or board certification as obstetrics and gynecology, obstetrics only, or gynecology only. For the surveyed MDs, the county of practice was identified by the address of their primary practice and for the non-surveyed MDs, the county was identified by county of licensure. A total of 229 Ob/Gyns were identified through the survey and 7 were identified by license only.

Figure 1.6. Obstetrician and Gynecologist Shortages by County

*Assuming no redistribution of the current workforce, an additional 43 Ob/Gyn physicians would enable New Mexico to meet national metrics (0.21 per 1,000 female population) in all counties.*

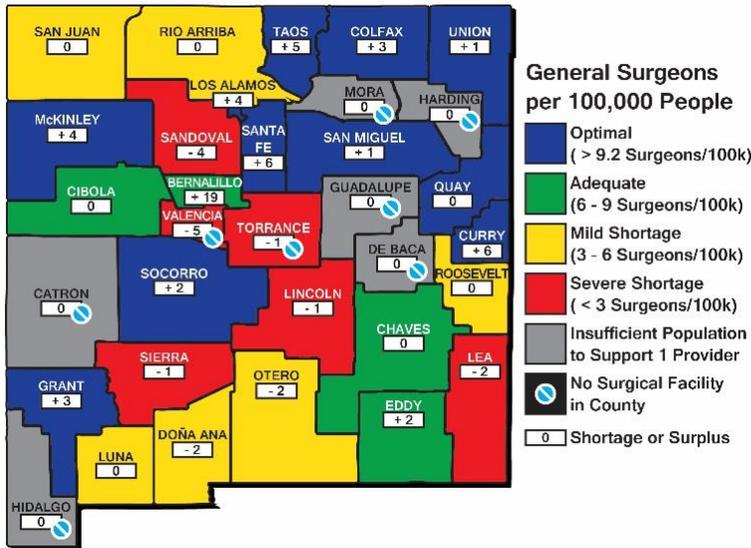
Table 1.8. Counties with the Greatest Ob/Gyn Shortages

County	Ob/Gyns Needed
Valencia	8
Sandoval	8
Santa Fe	5
Lea	4
San Juan	4

## 6. General Surgeons

New Mexico in 2014 had an estimated 162 licensed general surgeons with a practice address in the state, down from the 2013 estimate of 179. Bernalillo County had an estimated 60 general surgeons (37.0% of the state total).

Shortage of New Mexico General Surgeons, 2014



The estimated counts of general surgeons were based on the 7,443 MDs who completed the license renewal survey and the 1,211 MDs who have an active license but no survey. For the surveyed MDs, general surgeon was indicated by the MD. For the non-surveyed MDs with an active license, general surgery specialty was identified by the specialty indicated through licensure and/or board certification. For the surveyed MDs, the county of practice was identified by the address of their primary practice; for the non-surveyed MDs, the county was identified by county of licensure. 148 general surgeons were identified through the survey and 14 were identified by license only.

Figure 1.7. General Surgeon Shortages by County

The optimal level of general surgeons is considered to be more than 9.2 surgeons per 100,000 population. An adequate population ratio is considered to be more than six general surgeons per 100,000 population and a mild shortage is when the ratio is between three to six surgeons per 100,000 population, while a severe shortage is considered less than three per 100,000 population.

***Assuming no redistribution of the current workforce, an additional 18 general surgeons would enable New Mexico to meet national metrics (6 per 100,000 population) in all counties.***

Table 1.9. Counties with the Greatest General Surgeon Shortages

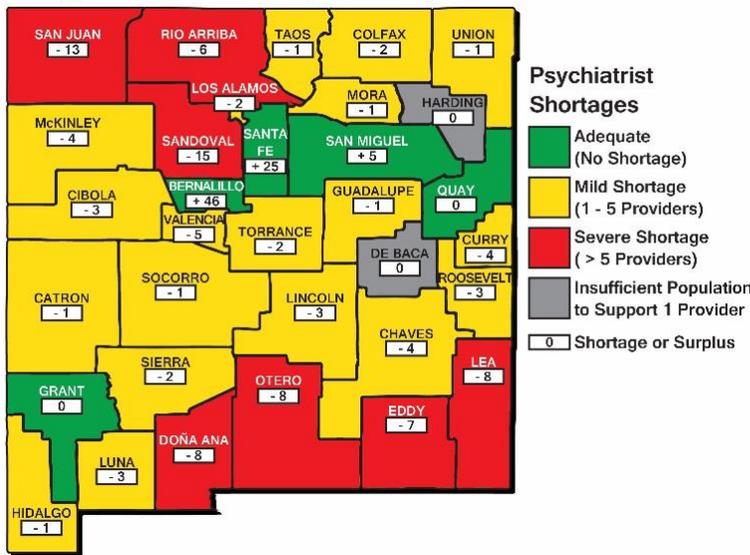
County	General Surgeons Needed
Valencia	5
Sandoval	4
Lea	2
Doña Ana	2
Otero	2

De Baca, Catron and Hidalgo Counties do not have large enough populations to support a general surgeon. These three, together with Torrance, Valencia, Guadalupe, Mora and Harding Counties, lack facilities to support a surgical practice. Each of the low-population counties border a county with an optimal ratio (> 9.2 per 100,000), suggesting a regionalization of general surgery services.

### 7. Psychiatrists

New Mexico had an estimated 289 licensed psychiatrists with a practice address in the state in 2014, which is lower than the 2013 estimate of 321 psychiatrists practicing in the state. Bernalillo County had an estimated 150 psychiatrists (51.9 percent of the total). The data indicate 24 of the 32-count statewide decrease between 2013 and 2014 can be attributed to Bernalillo County.

Shortage of New Mexico Psychiatrists, 2014



The estimated counts of psychiatrists were based on the 7,443 MDs who completed the license renewal survey and 1,211 MDs who have an active license but no survey. For the licensed MDs, psychiatry was specialty indicated by the MD. For the non-surveyed MDs with an active license, psychiatry specialty was identified by the specialty indicated through licensure and/or board certification. For the surveyed MDs, the county of practice was determined is their primary practice address; for the non-surveyed MDs, the county was determined by the county of licensure. 277 psychiatrists were identified through the survey and 12 were identified by license only.

Figure 1.8. Psychiatrist Shortages by County

Of those who indicated a specialty in the survey, only 22.8 percent (55 MDs) specialize in child and adolescent mental health.

*Assuming no redistribution of the current workforce, an additional 109 psychiatrists would enable New Mexico to meet national metrics (1 per 6,500 population) in all counties.*

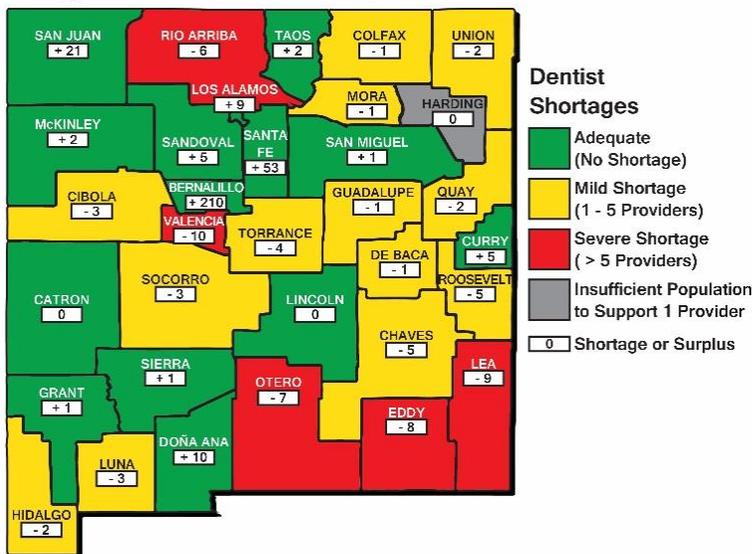
Table 1.10. Counties with the Greatest Psychiatrist Shortages

County	Psychiatrists Needed
Sandoval	15
San Juan	13
Lea	8
Doña Ana	8
Otero	8

## 8. Dentists

New Mexico had in 2014 an estimated 1,081 licensed dentists with a practice address in the state. An estimated 480 dentists (44.4 percent of the total) practice in Bernalillo County. Between 2010 and 2014, New Mexico experienced a net increase of 125 licensed dentists with a mailing address within the state, a growth of 12.6 percent.

Shortage of New Mexico Dentists, 2014



New Mexico has 1,556 actively licensed dentists. Of these, 1,118 have a New Mexico mailing address. Of the dentists who have completed a license renewal survey, 617 reported a New Mexico practice address and there are an additional 464 that are expected to be practicing in the state based on mailing address.

Figure 1.9. Dentist Shortages by County

The benchmark for estimating dentist adequacy is 1 dentist per 2,500 population, twice the 1-per-5,000 minimum threshold for HPSA designation,<sup>9</sup> which defines a severe shortage.

*Assuming no redistribution of the current workforce, an additional 73 dentists would enable New Mexico to meet national metrics (1 per 2,500 population) in all counties.*

Table 1.11. Counties with the Greatest Dentist Shortages

County	Dentists Needed
Valencia	10
Lea	9
Eddy	8
Otero	7
Rio Arriba	6

## 9. Pharmacists

New Mexico in 2014 had 1,928 registered pharmacists with a practice address in the state. Bernalillo County had 1,079 pharmacists (56 percent of the state total).

Shortage of New Mexico Pharmacists, 2014

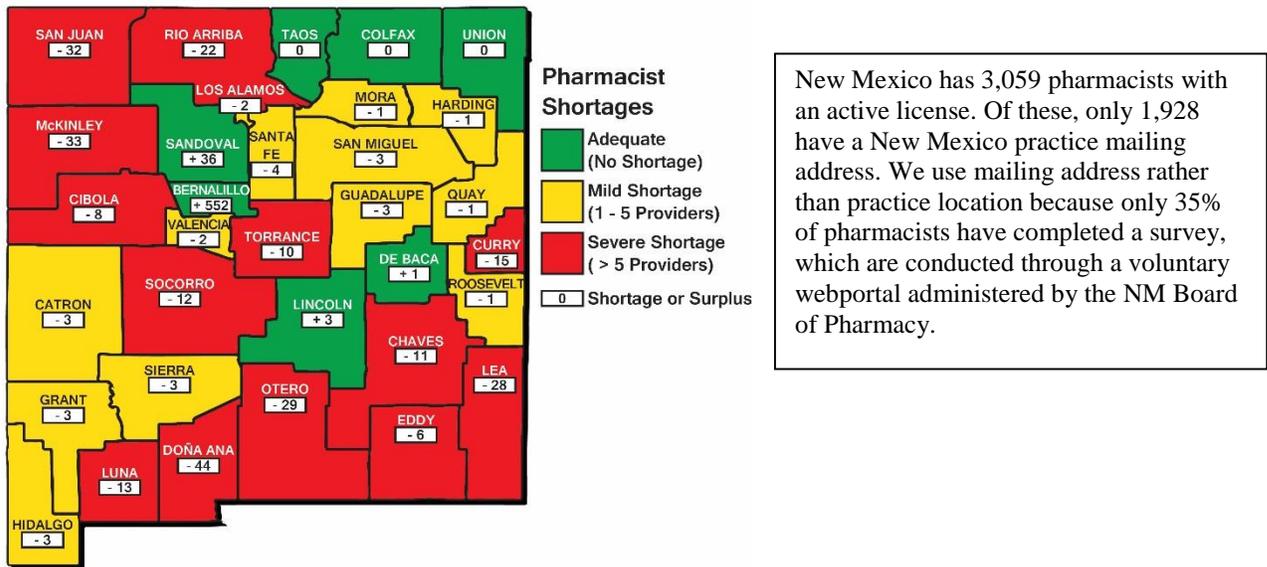


Figure 1.10. Pharmacist Shortages by County

*Assuming no redistribution of the current workforce, an additional 293 pharmacists would enable New Mexico to meet national metrics (0.78 per 1,000 population) in all counties.*

Table 1.12. Counties with the Greatest Pharmacist Shortages

County	Pharmacists Needed
Doña Ana	44
McKinley	33
San Juan	32
Otero	29
Lea	28

**a. Demand-based analysis.** The New Mexico Pharmacists Association complemented our results by conducting a preliminary demand-based analysis of New Mexico's need for more pharmacists, *which indicates that New Mexico needs an additional 154 pharmacists to meet adequacy in all counties* (See Table 1.13)<sup>28</sup>.

The analysis used annual per capita retail prescription rates from the Kaiser Family Foundation and national rates of the number of prescriptions filled per hour. New Mexico in 2014 had an annual per capita retail prescription rate of 9.9 prescriptions, which is below the national average of 12.7 per capita and the fourth-lowest rate nationally. The analysis accounted for other prescription channels by using data from the IMS Institute for Healthcare Informatics that shows that 53 percent of all prescriptions filled are retail, 19 percent are by mail and 28 percent are non-retail (i.e. in hospitals, clinics, long-term facilities and home-based care).<sup>29</sup> This data was correlated with the population count to estimate the total number of prescriptions filled in each county. The analyst then applied the rate of 15 prescriptions per hour (based on national studies) and used a standard 40 hours per week FTE to calculate the number of pharmacists needed.

The demand model's shortage of 154 pharmacists is not as pronounced as the need estimated by the New Mexico Health Care Workforce Committee (293 pharmacists). Nevertheless, the demand model still shows significant shortage in most areas of the state and indicates extreme maldistribution, with 226 more pharmacists practicing in Bernalillo County than needed. The College of Pharmacy is the state's only accredited college of pharmacy, with 83 students enrolled in the class of 2016.

**b. New Mexico pharmacists' role in health care.** It is important to note that the benchmark of 0.78 pharmacists per 1,000 population may be low for New Mexico, as pharmacists are increasingly playing more active roles in managing patient care, in part due to the state's practice regulations.<sup>30</sup>

In 2014, New Mexico became the first state to authorize pharmacists to prescribe naloxone, a drug that can reverse the effects of opioid overdose.<sup>31</sup> Per a new section to 6.19.26 NMAC, all pharmacists registered and practicing within New Mexico may prescribe naloxone upon successfully completing training in naloxone use and opioid overdose drug therapy, with an additional requirement to complete continuing education units every two years. The drug is covered by Medicaid/Centennial Care. Currently, 168 pharmacists have been trained and certified to prescribe naloxone, and 28 community pharmacies (out of approximately 290) employ pharmacists who are certified to prescribe naloxone.<sup>32</sup>

Pharmacists can also administer immunizations and TB testing and provide smoking cessation medications and emergency contraceptives. Per the Pharmacist Prescriptive Authority Act of 1993, New Mexico pharmacists can, with advanced training, become recognized as pharmacist clinicians who have expanded prescriptive authority in collaboration with a physician.

Table 1.13. County-Level Pharmacist Shortages Calculated According to Annual Prescriptions per Capita Rate (Demand Model)

County	Population	Number of Pharmacists Needed	Current Workforce	Surplus/Shortage
Bernalillo	677,805	400	626	+226
Catron	3,714	2	0	-2
Chaves	65,986	39	22	-17
Cibola	27,474	16	13	-3
Colfax	13,136	8	5	-3
Curry	50,827	30	7	-23
De Baca	1,941	1	3	+2
Dona Ana	216,041	128	55	-73
Eddy	56,503	33	28	-5
Grant	29,485	17	11	-6
Guadalupe	4,543	3	1	-2
Harding	688	0	0	0
Hidalgo	4,613	3	0	-3
Lea	69,011	41	13	-28
Lincoln	20,247	12	4	-8
Los Alamos	17,851	11	8	-3
Luna	24,706	15	8	-7
McKinley	74,243	44	11	-33
Mora	4,920	3	0	-3
Otero	66,244	39	12	-27
Quay	8,618	5	4	-1
Rio Arriba	39,831	24	14	-10
Roosevelt	19,859	12	6	-6
Sandoval	138,218	82	47	-35
San Juan	126,646	75	12	-63
San Miguel	28,458	17	47	30
Santa Fe	147,515	87	80	-7
Sierra	11,456	7	4	-3
Socorro	17,584	10	5	-5
Taos	33,532	20	14	-6
Torrance	15,742	9	3	-6
Union	4,441	3	1	-2
Valencia	76,503	45	21	-24
<b>Total</b>	<b>2,098,380</b>	<b>1,239</b>	<b>1,085</b>	<b>-154</b>

\* The annual per capita retail prescription rate in New Mexico is 9.9 prescriptions. Source: Henry J. Kaiser Family Foundation, State Health Facts, 2014.

As pharmacists shift into a more direct patient care role, pharmacy technicians are being trained to step into the areas of pharmacy practice that do not require professional judgment, such as

data entry, dispensing and labeling. However, pharmacists continue to verify the prescriptions dispensed and counsel patients regarding medication therapy concerns. These continued duties in addition to their newly expanded roles described above may increase New Mexico’s need for pharmacists above the national average used as benchmark in this analysis.

## E. Other Features of the Health Care Workforce

New Mexico’s health professional survey data is a tremendous resource for workforce analyses and planning. The Work Force Data Collection, Analysis and Policy Act includes very specific requirements for minimum data collection related to demographic characteristics, education and training, practice hours and practice characteristics. The Health Care Workforce Committee also collects additional data on practitioners’ views related to future practice plans.

In this section, we present three demographic categories that are important for state workforce planning efforts: gender, race and ethnicity, and age. In all tables, the total practitioner counts indicate the number of practitioners who completed a survey. In comparison to New Mexico’s population, the physician workforce is disproportionately male and non-Hispanic or Latino (see subsections 1 and 2); in addition, New Mexico’s physician workforce, already older in comparison to national averages, has aged since 2012 (see subsection 3). See Appendix B for additional physician survey data.

### 1. Gender

Survey data show that 36.8 percent of New Mexico’s medical doctors are female, and 63.2 percent are male (compared to 31.9 percent of all physicians being female and 68.1 percent male nationally). Female physicians represent 45.9 percent of primary care physicians, 58.1 percent of obstetrics and gynecology physicians, 40.7 percent of psychiatrists and 21.0 percent of general surgeons. The relative proportions of female and male medical doctors in the state have remained stable since 2012, when 35.1 percent of all doctors were female and 64.8 percent male.

*Table 1.14. Gender of Surveyed New Mexico Medical Doctors, 2014*

Gender	NM Pop.	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	%	Count	%	Count	%	Count	%	Count	%	Count	%
<b>Female</b>	50.4%	1,482	36.8%	664	45.9%	118	58.1%	98	40.7%	29	21.0%
<b>Male</b>	49.6%	2,550	63.2%	784	54.1%	85	41.9%	143	59.3%	109	79.0%
<b>Total</b>		<b>4,032</b>	<b>100%</b>	<b>1,448</b>	<b>100%</b>	<b>203</b>	<b>100%</b>	<b>241</b>	<b>100%</b>	<b>138</b>	<b>100%</b>

### 2. Race and Ethnicity

Health care workforce diversity directly affects patient access to care and is important for meeting the health care needs of New Mexico’s racially and ethnically diverse population, especially in rural and underserved communities.

For survey questions regarding race, physicians were asked to choose all categories that applied. Those who chose two or more races are indicated by the group “Two or More” in Table 1.15. Nearly three-quarters (69.2 percent) self-describe as White or Caucasian, followed by 13.0 percent Other, 10.9 percent Asian, 3.2 percent Black or African American, 1.1 percent American Indian or Alaska native and 0.2 percent Native Hawaiian or Pacific Islander. One-fifth of the primary care physician workforce self-describes as Hispanic or Latino.

*Table 1.15. Race of Surveyed New Mexico Medical Doctors Compared to New Mexico’s Population, 2014*

	Total Count	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Other	Two or more	Not Answered
<b>NM Population*</b>	<b>2,085,572</b>	<b>198,450 (9.5%)</b>	<b>31,566 (1.5%)</b>	<b>41,277 (2.0%)</b>	<b>592 (0.0%)</b>	<b>1,525,459 (73.1%)</b>	<b>224,820 (10.8%)</b>	<b>63,408 (3.0%)</b>	<b>NA</b>
<b>All Medical Doctors**</b>	<b>4,013</b>	45 (1.1%)	436 (10.9%)	130 (3.2%)	7 (0.2%)	2779 (69.2%)	521 (13.0%)	95 (2.4%)	19 (0.5%)
<b>Primary Care</b>	<b>1,443</b>	22 (1.5%)	190 (13.2%)	51 (3.5%)	3 (0.2%)	901 (62.4%)	242 (16.8%)	34 (2.4%)	5 (0.3%)
<b>Ob/Gyn</b>	<b>202</b>	3 (1.5%)	17 (8.4%)	15 (7.4%)	0	137 (67.8%)	21 (10.4%)	9 (4.5%)	1 (0.5%)
<b>Psychiatrists</b>	<b>240</b>	4 (1.7%)	17 (7.1%)	5 (2.1%)	0	175 (72.9%)	31 (12.9%)	8 (3.3%)	1 (0.4%)
<b>General Surgeons</b>	<b>138</b>	2 (1.4%)	16 (11.6%)	5 (3.6%)	0	94 (68.1%)	17 (12.3%)	4 (2.9%)	0

\* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, [http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14\\_1YR/DP05/0400000US35](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35).

\*\* The total count of medical doctors excludes those (19) who did not answer the survey question.

*Table 1.16. Ethnicity of Surveyed New Mexico Medical Doctors Compared to New Mexico’s Population, 2014*

	Total Count	Hispanic or Latino
<b>NM Population*</b>	<b>2,085,572</b>	<b>994,154 (47.7%)</b>
<b>All Medical Doctors</b>	4,032	605 (15.0%)
<b>Primary Care</b>	1,448	292 (20.2%)
<b>Ob/Gyn</b>	203	27 (13.3%)
<b>Psychiatrists</b>	241	36 (14.9%)
<b>General Surgeons</b>	138	21 (15.2%)

\* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, [http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14\\_1YR/DP05/0400000US35](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35).

The primary care CNP/CNS workforce identified race/ethnicity as follows: 73.4 percent White non-Hispanic, 16.7 percent as Hispanic, 4.4 percent as Other, 1.1 percent as Black or African American and 1.4 percent as unknown or unreported.

Table 1.17. Race of Surveyed New Mexico CNPs and CNSs Compared to New Mexico's Population, 2014

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White, Non-Hispanic	Other Race	Unknown or Unreported
<b>NM Population*</b>	<b>2,085,572</b>	<b>198,450 (9.5%)</b>	<b>32,158 (1.5%)</b>	<b>41,277 (2.0%)</b>	<b>994,154 (47.7%)</b>	<b>807,748 (38.7%)</b>	<b>224,820 (10.8%)</b>	<b>63,408 (3.0%)</b>
<b>All CNP/CNS</b>	<b>1,1228</b>	11 (0.9%)	27 (2.2%)	13 (1.1%)	205 (16.7%)	901 (73.4%)	54 (4.4%)	17 (1.4%)
<b>Primary Care</b>	<b>606</b>	5 (0.8%)	11 (1.8%)	7 (1.2%)	105 (17.3%)	445 (73.4%)	23 (3.8%)	10 (1.7%)
<b>Ob/Gyn</b>	<b>87</b>	2 (2.3%)	2 (2.3%)	0 (0.0%)	10 (11.5%)	71 (81.6%)	2 (2.3%)	0 (0.0%)
<b>Mental Health</b>	<b>114</b>	1 (0.9%)	2 (1.8%)	0 (0.0%)	15 (13.2%)	89 (78.1%)	5 (4.4%)	2 (1.8%)

\* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, [http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14\\_1YR/DP05/0400000US35](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35).

### 3. Age Distribution

The average age of New Mexico physicians was 52.9 in 2014. More than 43 percent were 55 or older. Nationally, New Mexico has the highest percentage of physicians age 60 or older (33.3 percent, compared to 27.6 percent nationally). New Mexico's physician workforce continues to age: the median age for medical doctors practicing in New Mexico increased from 53.4 years in 2012 to 55.0 in 2014.

Table 1.18. Age of Surveyed New Mexico Medical Doctors, 2014

Age	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<25	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-34	188	4.7%	103	7.1%	13	6.4%	3	1.2%	3	2.2%
35-44	1,078	26.7%	407	28.1%	62	30.5%	44	18.3%	28	20.3%
45-54	978	24.3%	359	24.8%	43	21.2%	59	24.5%	33	23.9%
55-64	1,071	26.6%	361	24.9%	55	27.1%	82	34.0%	41	29.7%
65+	693	17.2%	208	14.4%	29	14.3%	53	22.0%	32	23.2%
Unknown	24	0.6%	10	0.7%	1	0.5%	0	0.0%	1	0.7%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>
<b>Average Age</b>	<b>52.86</b>		<b>51.39</b>		<b>51.58</b>		<b>56.15</b>		<b>55.59</b>	

Why does New Mexico have the oldest physician workforce? To better understand this phenomenon, New Mexico Health Care Workforce analysts reviewed data from all physicians with active New Mexico Medical Board licenses in 2013, screening for select demographic information and practice characteristics and linking primary practice location to rural-urban commuting area codes. The average age of initial licensure in the state is 38.5; however, analysts found that 11.9 percent of actively practicing physicians were age 50 or older at their *initial* New

Mexico licensure and that since 1980 physicians aged 55 years or older have made up an increasing proportion of those initiating practice in the state.

Five percent of New Mexico physicians indicate they are retired but maintain an active license. Eight-five percent of physicians under age 35 provide patient care on a full-time basis, whereas by 65 years of age only 55 percent report doing so. Analysts also observed correlations between age and practice location. On average, physicians practicing in small towns are 3.78 years older and 4.95 years older in rural areas than those practicing in metropolitan areas. Physicians with medical school or residency training are on average 2.88 years younger than those trained elsewhere.

The data suggest two hypotheses with implications for recruitment and retention efforts: physicians come to New Mexico to retire while maintain active licensure, and physicians in New Mexico’s large rural and frontier areas delay retirement because there is no suitable replacement. That older physicians are concentrated in small town and rural settings may indicate that already underserved areas may face even more severe shortages as physicians retire or leave practice.

It may also be the case that physicians who are older and newly licensed in New Mexico represent a potentially advantageous group from which to recruit to rural and underserved areas. On the other hand, because older physicians practice at a reduced FTE compared to younger physicians, more of them may be required to fulfill the medical needs in these areas and may exacerbate workforce turnover problems as they retire.

The average age of all advanced practice registered nurses (APRNs) practicing in New Mexico is 51.8. More than 43 percent of New Mexico’s APRNs are 55 or older.

*Table 1.19. Age of Surveyed New Mexico CNPs and CNSs, 2014*

Age	All CNP/CNP		Primary Care		Ob/Gyn		Mental Health	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<25	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-34	119	9.7%	66	10.9%	6	6.9%	3	2.6%
35-44	196	16.0%	92	15.2%	15	17.2%	11	9.6%
45-54	331	27.0%	159	26.2%	20	23.0%	32	28.1%
55-64	420	34.2%	215	35.5%	35	40.2%	44	38.6%
65+	162	13.2%	74	12.2%	11	12.6%	24	21.1%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>1,228</b>	<b>100.0%</b>	<b>606</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>	<b>114</b>	<b>100.0%</b>
<b>Average Age</b>	<b>52.90</b>		<b>52.76</b>		<b>53.65</b>		<b>57.17</b>	

## F. Discussion

Health workforce planning entails trying to ensure that the right professionals (and combination of professionals) are available when and where they are needed to meet a population’s health care needs.<sup>33</sup> This year’s report represents the most complete picture of New Mexico’s health care workforce to date. We are capturing more data from the surveys each year as more health

workforce fields require the survey be taken at licensure and as more professionals renew their licenses. We are also able to refine data collection and add more professions to the analysis. This year, the inclusion of physician assistants provides a more nuanced look at New Mexico's primary care workforce. We also added analyses for dentistry and pharmacy. Next year, the committee is planning to conduct a full review of emergency medical technicians.

In addition to the professions analyzed above, there are 31 licensed health professions in New Mexico that have instituted survey requirements upon licensure and renewal. See Appendix C for more information about the status of survey collection in all licensed health professions. As more professions meet their survey goals, we anticipate the opportunity to conduct more nuanced analysis of specific professions and develop recommendations for training, recruitment and system-wide innovations.

Knowing the number of professionals and where they are practicing is only the first step – though a very important one – in being able to plan for current and future health care workforce needs. The national averages and standard ratios that we are using in this report to examine shortages are meant to be tools for comparison and for representing the distribution of professionals across the state. The analyses based on these metrics do not represent access to care, i.e., whether New Mexico's residents are able to access the care that they need.

Many factors influence access to care and the capacity of the workforce to meet the population's needs. People living in a “surplus” area may nevertheless lack access to care for a number of reasons. They may be unable to afford care, for example. Even with affordable health care, they may find that it takes a month or more to get an appointment with a new primary care physician or to see a specialist. Health system issues also greatly affect sufficiency in all areas of the state. These may include preauthorization activities to process billing and other scheduling-related issues.

The benchmarks themselves are also inadequate for examining the dynamic nature of the health care workforce under national health care reform and new team-based care models. These new variables underscore the need to know not just the number of professionals but also what capabilities exist in the workforce, the interconnections between professional roles and potential reconfigurations to enhance quality and capacity.

The report serves as a snapshot of how many health care professionals are practicing in New Mexico and where they are concentrated or lacking – and as a launching point for asking more specific questions about the state's health care workforce and what actions should be taken to enhance access to care for all residents.

## **1. Update on 2014 Recommendations**

Last year's report focused on existing activities and opportunities for enhancing health care workforce recruitment and retention. The committee's recommendations encompassed four categories: education and training; financial incentives for addressing shortages; recruitment for

retention in New Mexico's communities and support for New Mexico's Health Care Workforce Committee.

The New Mexico Legislative Finance Committee (LFC) released a report in August 2015 on the state's progress in meeting demand for health care services (*Progress Report: Adequacy of New Mexico's Healthcare Workforce Systems, 2015*), based on recommendations that the LFC made in an earlier examination of New Mexico's health systems workforce (*Adequacy of New Mexico's Healthcare Workforce Systems, 2013*). The 2015 report discusses legislative investments in the health care workforce made since 2013 and state financial aid programs for health professional training. The New Mexico Legislature appropriated more than \$36 million in FY 2015 and FY 2016 for health care workforce initiatives.<sup>24</sup>

In this section we discuss progress made on the committee's 2014 recommendations and related state investments that are noted in the LFC's report.

**a. Education and training.** The New Mexico Health Care Workforce Committee's 2014 recommendations included the following:

- A1.** Career interest-building programs in New Mexico that recruit students into the health care professions before or during high school and as undergraduates should be carefully monitored and best practices adopted. Both short-term and long-term outcome measures should be required for state funding of these programs.
- A2.** Training programs should be further enhanced to extend opportunities for training health professionals, including strong support for the UNM School of Medicine, Advanced Practice Registered Nurse programs at UNM and NMSU, New Mexico Nursing Education Consortium programs to increase the BSN-prepared workforce and development of a BA-DDS program. As the state invests in these programs, the New Mexico Health Care Workforce Committee will need to expand and implement tracking to analyze how many graduates practice in New Mexico and where they practice.
- A3.** The state should fully support Graduate Medical Education (GME) by continuing funding for nine current GME positions and explore options for increasing the number of funded positions, particularly for practice in rural areas and underserved areas. This would entail developing additional primary care training locations throughout New Mexico.
- A4.** The Community Health Worker certificate should be fully implemented.

State academic institutions continue to support programs that recruit students into the health professions, with an emphasis on recruiting students from New Mexico and from rural and underserved communities. We continue to encourage analysis of outcome measures to enhance these programs and promote funding in areas that demonstrate results, such as admittance rates into college and health professional training programs.

The LFC report noted several state investments to increase the number of primary care providers in the state:

- 1) Between FY 2004 and FY 2013 (\$28.7 million in total appropriations) the number of nurses graduating in New Mexico did not increase, leading the LFC to recommend more substantial appropriations for building the nursing workforce. As a result, supplemental

appropriations to institutions for nursing program expansion increased significantly between FY 2014-FY 2016 – from \$1.81 million in FY 2014 to \$8.39 million in FY 2016, including appropriations to expand training programs for advanced practice nurses. The LFC reports that the number of nursing degrees awarded has increased from 932 in 2011 to 1,062 in 2014, concluding that “additional evaluation work is needed in 2016 to fully assess whether investments in expanding nurse education is working as intended.”<sup>24</sup>

- 2) The Legislature continued to support the UNM Health Sciences Center in adding nine residency slots per year with state general funds appropriations until there are 31 new slots (FY 2015-FY 2018), with an emphasis on internal medicine/family medicine, general surgery and psychiatry. Additionally, the Legislature appropriated in FY 2015 and FY 2016 \$399,500 to support primary care residencies at Hidalgo Medical Services, a federally qualified health center in southwestern New Mexico. Appropriations for these newly created slots totaled approximately \$3.11 million for FY 2015 and FY 2016.

The 2014 Legislature provided nearly \$1.7 million in recurring appropriations to expand UNM’s pediatric nurse practitioner, family nurse practitioner and certified nurse midwife programs, from 24 to 40 slots per year. The first expanded classes started in Summer 2015, with an anticipated graduation in 2017. Once these graduates enter the workforce, we will be able to better measure the impact of training program expansion on the state’s need for advanced practice registered nurses.

The 2014 Legislature also advanced the creation of primary care residency slots through an innovative program that leverages state Medicaid funds, as well as federal scope of practice regulations for community health centers, which allows graduate medical education to be considered as an expanded scope of practice.<sup>34</sup> Through this program, primary care residency development will be supported through the base Medicaid funding budget for residency slots at Federally Qualified Health Centers in New Mexico primary care shortage areas.

**b. Financial incentives for addressing shortages.** The New Mexico Health Care Workforce Committee’s 2014 recommendations included the following:

- B1.** Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy. The New Mexico Health Care Workforce committee should be funded to develop appropriate outcome measures of these programs in order to collect data and conduct analyses.
- B2.** The state tax incentive program should be evaluated for its impact on recruiting and retaining New Mexico’s rural health care workforce.

In its 2014 Annual Report, the New Mexico Health Care Workforce Committee recommended that financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy.

The LFC report noted several state investments in health care workforce financial aid:

- 1) The Legislature appropriated \$5.2 million for health professional financial aid programs in FY 2016, a 55 percent increase over FY 2014 levels. However, as the LFC notes,

\$200,000 is being used to cover funds previously received from a U.S. Department of Health and Human Services matching grant that had supported New Mexico's loan repayment program for many years and was not renewed for FY 2014-2015. The funds, administered by the Higher Education Department, support financial aid programs for nurses, physicians, dentists, veterinarians, allied health professionals and primary care physicians.

- 2) Since FY 2014, the Legislature has prioritized investments in loan repayment programs, as opposed to loan-for-service programs.
- 3) The state expanded funding, from \$1.15 million in FY 2015 to \$2.27 million in FY 2016, for Western Interstate Commission for Higher Education positions, which enable students from New Mexico to pay in-state tuition at affiliated dental and veterinary schools in exchange for three years of service in New Mexico. The Legislature provided funding for 41 slots in FY 2014 and 45 slots in FY 2015.

New Mexico's primary care workforce continues to be supported by the National Health Service Corps (NHSC), which provides scholarships and loan repayment programs for licensed primary care medical, dental and mental and behavioral health providers who work in designated health professional shortage areas. There are currently 251 approved NHSC sites in New Mexico and 182.79 providers (as calculated by FTE).<sup>35</sup>

**c. Recruitment for retention.** The New Mexico Health Care Workforce Committee's 2014 recommendations included the following:

- C1.** Community leaders should be included in the selection process to strengthen local investment in health workforce development and provide candidates with a more realistic view of the community and its values and vision.
- C2.** Recruitment efforts should address social and environmental barriers to successful recruitment.
- C3.** Explore strategies to help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas.
- C4.** Enhance linkages between rural practitioners and the UNM Health Sciences Center to improve health care workforce retention.

In the 2014 report, the New Mexico Health Care Workforce Committee explored "more localized strategies" that address communities' needs for effective health care and optimize the practice environment in rural and underserved areas.

We reported on several successful New Mexico programs that foster health professions career development in rural areas, help manage workloads and create professional support networks, including Hidalgo Medical Services, UNM Locum Tenens, NurseAdvice New Mexico, the UNM Physician Access Line and the Health Extension Rural Offices. We discussed how linkages between rural practitioners and UNM HSC improve workforce retention by providing needed support and increasing professional skill and satisfaction. Telehealth technologies and virtual

clinic platforms, such as those implemented across the state by Project ECHO, enhance primary care practice in rural areas.

In addition, the non-profit New Mexico Health Resources has continued to support recruitment of health professionals to underserved areas. New Mexico Health Resources contracts with the New Mexico Department of Health to recruit at no charge for organizations funded under the New Mexico Rural Primary Health Care Act, Critical Access Hospitals, and Rural Health Centers. In addition, New Mexico Health Resources recruits for other medical centers, private practices, and clinics throughout the state outside of the New Mexico Department of Health contract. In 2014-2015, New Mexico Health Resources identified hundreds of funded employment opportunities for physicians, nurse practitioners, physician assistants, dentists, dental assistants, pharmacists and others. Of the referrals made during the year, 83 placements were made. 33 physicians accepted employment in the state, in addition to 11 nurse practitioners, nine physician assistants, 26 dentists, and three others. New Mexico Health Resources also assisted New Mexico Department of Health staff in the recruitment and placement of 30 Conrad J-1 Visa Waiver physicians. Of these, 20 accepted positions in rural areas and 10 accepted positions in urban facilities serving predominately patients from health professional shortage areas, medically underserved areas, or were members of medically underserved populations.

This year's section on behavioral health explores team-based care models in more depth and the potential for expanding telehealth for consultation and professional training purposes.

**d. Support for New Mexico's Health Care Workforce Committee.** The New Mexico Health Care Workforce Committee's 2014 recommendations included the following:

**D1.** The New Mexico Health Care Workforce Committee should be funded in order to conduct its analyses. Funding for this committee will allow it to assess the efficacy of health care workforce programs and study in depth the mental health service environment, as well as expand tracking of health care workforce recruitment and retention.

The LFC in its 2013 report recommended supporting the committee's workforce analysis initiatives: "The Legislature should work with UNM Health Sciences Center to ensure adequate base funding for the New Mexico Center for Health Workforce Analysis at UNM." In this year's report, LFC noted that no action had been taken on this recommendation.

While federal health care reform has changed the health care landscape on many levels, most health care workforce planning continues to happen at the state level.<sup>29</sup> The committee continues to serve the state as a resource for health care workforce data collection and planning. The committee focused this year on assessing New Mexico's behavioral health workforce and potential solutions for addressing severe professional shortages, especially for rural areas (*See Section II*).

With state appropriations, the committee would be able to conduct more analyses on the efficacy of health care workforce training and recruitment programs.

## **2. Policy Recommendations**

We recommend the following policy changes to continue to build health care workforce in New Mexico, particularly in shortage counties:

- 1) We strongly recommend that the Higher Education Department to position itself to take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.
- 2) We strongly recommend that the Legislative Health and Human Services and Legislative Finance Committees examine the funding for loan-for-service and loan repayment programs and consider increasing funding levels to enhance rural health care practice.
- 3) We recommend that loan-for-service and loan repayment programs be structured to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.
- 4) We recommend that telehealth services be encouraged and funded to assist rural physicians in managing workload and treating complex cases.
- 5) We recommend the cooperation of the Department of Health and Taxation and Revenue Department in order for the New Mexico Health Care Workforce Committee to analyze the impact on retention of the Rural Health Care Tax Credit.
- 6) We recommend that the Legislature support funding the New Mexico Health Care Workforce Committee to survey communities on whether residents are experiencing adequate access to the various types of providers.
- 7) We recommend that the following professions be added to the list of health care practitioners eligible for the Rural Health Care Tax Credit:
  - a) Pharmacists,
  - b) Counselors, and
  - c) Social Workers.

## **3. Future Plans**

In future work, the New Mexico Health Care Workforce Committee plans to examine the following:

- 1) New Mexico's emergency medical technician workforce and whether it is adequate to meet the state's needs for emergency medical services.
- 2) The degree to which Medicaid is being utilized by New Mexico health professionals following Medicaid expansion through the PPACA.
- 3) Modeling future New Mexico health care workforce needs based on current health care delivery models, as well as proposed collaborative and team-based delivery models.

## SECTION II

### NEW MEXICO'S BEHAVIORAL HEALTH WORKFORCE

#### A. Background

The Behavioral Health Workforce Workgroup was formed in 2014 as an ad hoc subgroup of the New Mexico Health Care Workforce Committee in order to better understand the landscape regarding behavioral health workforce in our state. This group includes representatives from social work, counseling, psychiatry, psychology, primary care and nursing.

Workgroup members traveled to Clovis, Portales, Santa Rosa, Hobbs, Socorro and Silver City to meet with clinicians and administrators from federally qualified health centers, school-based health centers and community mental health centers. The subgroup also met with representatives from Western New Mexico University School of Social Work, New Mexico State University School of Social Work and Counseling, New Mexico Highlands University, Eastern New Mexico University, Southwestern College and the UNM nursing, psychiatry and psychology programs.

We also received input from the Area Health Education Center in Las Cruces, the New Mexico Behavioral Health Provider Alliance, the New Mexico Behavioral Health Independent Practice Association, the New Mexico National Association of Social Work, the Gila Independent Provider's Association and the New Mexico Behavioral Health Purchasing Collaborative (which includes the Human Services Department, the Adult Mental Health Division and the Children Youth and Families Department).

Members attended the 2015 Annual Convention for the New Mexico National Association of Social Work and the 2015 Annual Convention of the New Mexico Counseling Association and administered a survey to 64 practicing social workers and counselors to better understand their needs and priorities.

Behavioral health workforce issues, particularly in rural areas, are not new and have been on the national agenda since the 1970s. But proposed solutions have not been comprehensive enough to effectively tackle the complexity of the problem, in part due to lack of sustained leadership and extensive collaboration.<sup>36</sup> The behavioral health workforce, nationally and in New Mexico, is in crisis for a number of reasons. These include limited capacity (resulting from limited resources), little quality clinical supervision, poor initial and ongoing training around evidence-based therapies and recovery and resiliency, a lack of targeted workforce recruitment and failure to retain clinical professionals.<sup>37</sup>

National efforts to build behavioral health capacity across systems such as the Department of Veterans Affairs and federally qualified health centers have also contributed to further strain on a limited pool of behavioral health clinicians.

The New Mexico Behavioral Health Collaborative was created by Gov. Bill Richardson and the New Mexico Legislature during the 2004 session. It brought together several state agencies and

resources involved in behavioral health prevention, treatment and recovery to work as one to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the governor's office. It is key that the Behavioral Health Collaborative be involved in strategic planning regarding the state behavioral health workforce.

## **1. Statistics Related to Behavioral and Mental Health in New Mexico**

New Mexico and the United States as a whole have similar rates of mental illness for youth and adults. Among New Mexico adults age 18 or older, approximately 63,000 (4.2 percent) had a serious mental illness within the past year, which is equivalent to the national prevalence of 4.2 percent.<sup>38</sup>

Among New Mexico youth ages 12 to 17, approximately 17,000 (10.6 percent) had at least one major depressive episode within the year prior to being surveyed, which is similar to the national average of 10.7 percent. Rates of substance use disorders are slightly higher in New Mexico compared to the national prevalence rates. About 132,000 New Mexicans age 12 or older (7.9 percent) reported alcohol use disorders, which is slightly higher than the national average of 6.6 percent. About 59,000 individuals age 12 or older (3.5 percent) reported illicit use, which is higher than the national average of 2.6 percent.

The consequences of these disorders are more severe among New Mexicans, however. For example, New Mexico's suicide rate is 59 percent higher than for the U.S. as a whole (N.M. Department of Health, 2015). Rates of alcohol related deaths are much higher in New Mexico compared to the U.S. at 53.4 per 100,000 compared to 28.5 per 100,000. Similarly, drug overdose deaths rates are among the highest in the nation at 25.9 per 100,000 compared to the U.S. rate of 13.2 per 100,000.

Geographic disparities in access to behavioral health care are particularly significant in New Mexico, where 25 percent of the population (vs. 21 percent nationally) live in rural or frontier areas, 45 percent live in urban areas (vs. 65 percent nationally), and 54 percent of Native Americans live on rural tribal lands (vs. 34 percent nationally).

New Mexico has 17 frontier counties and, according to the National Center for Frontier Communities, the 7 percent of the states' population lives in frontier areas, the third highest rate in the country. The U.S. Census (2007) defines a "rural" population as a core census block group that has a population of less than 1,000 people per square mile, while the New Mexico Legislature (2001) defines a "frontier" area as having fewer than seven people per square mile.

While New Mexico's overall population density is 15.4 persons per square mile, density varies considerably across the state, ranging from 498.7 per square mile in urban areas to 0.35 in rural settings. The behavioral health needs of New Mexico's rural population are significantly more pronounced than the needs of the population in urban areas.<sup>34</sup> However, the availability of behavioral health providers in rural New Mexico is among the lowest in the country.

## 2. Definition and Composition of the Behavioral Health Workforce

There are no systematically collected and uniform data on the U.S. mental health and addiction workforce.<sup>40</sup> Overlapping roles between clinicians who provide behavioral health interventions (such as therapies delivered by psychologists, counselors and social workers) make it difficult to precisely count the workforce and, therefore, assess unmet need.

There also tends to be high annual turnover among clinicians in public behavioral health settings, with rates of up to 30 percent compared to average turnover rates of between 7 to 12 percent in primary care settings.<sup>41</sup> There is also overlap between behavioral health services that are delivered in primary care versus specialty behavioral health settings.

Nationally, primary care providers deliver nearly half of mental health services, prescribing about 70 percent of all psychotropic medications and 80 percent of antidepressants.<sup>42</sup>

The Health Resources and Services Administration (HRSA) identifies the “core mental health professionals” as clinical social workers, clinical psychologists, marriage and family therapists, psychiatrists and advanced practice psychiatric nurses.<sup>43</sup> HRSA uses this definition in determining mental health professional shortage areas. More broadly defined, the behavioral health workforce also includes primary care physicians, nurses, physician assistants, psychosocial rehabilitation specialists, school psychologists, substance abuse counselors, pastoral counselors, certified peer support specialists and family caregivers.<sup>44</sup>

Another way to define the behavioral health workforce is to consider the scope of practice designated by state licensure, which regulates what services a health professional can and cannot perform. In New Mexico, professionals who can prescribe psychotropic medication include psychiatrists, advanced practice psychiatric nurses, prescribing psychologists, primary care providers and physician assistants. New Mexico professionals who are licensed and credentialed to deliver psychosocial interventions, including psychotherapy, include psychologists, mental health counselors, substance use counselors, social workers, nurses, community support workers and certified peer support specialists.

Implementation of the Health Care Work Force Data Collection, Analysis and Policy Act, and the 2012 amendment to transfer data to the UNM Health Sciences Center, has significantly improved our capacity to obtain data on the full spectrum of behavioral health professionals working in New Mexico. These numbers do not fully represent the current workforce, because professionals move and hours of service provision vary greatly, but this data provides a valuable snapshot of the behavioral health workforce.

High staff turnover rates have a negative impact on the quality and availability of services in rural communities. Forty-five percent of youth served by the state behavioral health system in New Mexico’s rural counties receive services outside of their home region, as compared to 20 percent of children and youth served in more urban settings.<sup>39</sup> Compounding the problem is limited infrastructure, with public funding inadequate to meet mental health needs. These factors help account for a dramatic shortage of behavioral health providers in New Mexico.

**a. Prescribers.** New Mexico has 289 psychiatrists. Of these, only 69 (21.5 percent) specialize in child and adolescent psychiatry. Additional prescribing professionals in New Mexico include 114 psychiatric advanced practice nurses (nurse practitioners and clinical nurse specialists) and approximately 25 prescribing psychologists. According to the latest licensure survey data, eight New Mexican counties lack access to prescribers who specialize in behavioral health (Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Sierra and Union).

**b. Behavioral health clinicians delivering psychosocial interventions.** New Mexico has 610 psychologists who are doctoral-level practitioners. Clinicians at the master’s level include 2,969 clinical mental health counselors and 3,243 clinical social workers. Additionally, at the certificate or bachelor’s level, there are 597 substance use counselors, 635 bachelor’s level social workers and 17 associate’s level marriage and family therapists.

**c. Limited access to independently licensed master’s level clinicians.** In order to obtain full independent licensure upon graduation, social workers must pass a standardized exam, accumulate clinical practice hours and obtain supervision hours. In New Mexico, social workers need to fulfill 3,600 hours of practice and document 90 supervision hours from an independently licensed social worker within five years. Thirty hours of that may consist of interdisciplinary supervision “upon a written request and a showing of extraordinary circumstances” from other licensed clinical professionals, including clinical psychologists, psychiatrists and professional clinical counselors.<sup>45</sup> Telehealth supervision is allowable for social workers in New Mexico.

Counselors need to fulfill 3,000 clinical practice hours and 100 supervision hours. These supervision hours can be obtained from a variety of behavioral health specialists, including clinical mental health counselors, art therapists, marriage and family therapists, psychologists, psychiatrists and independent social workers. All of these supervision hours must be obtained face-to-face, and telehealth supervision is not allowed.

Many of New Mexico’s master’s level social workers and counselors have not completed this process towards full independent licensure. According to the latest licensure survey data, only 51 percent of New Mexico’s social workers and 68 percent of New Mexico’s counselors have been able to obtain full independent licensure.

Overall, New Mexico has fewer psychiatrists per 100,000 population than the national average (13.8 vs. 14.2 nationwide) and fewer psychologists (32.4 vs. 33.9). There is also significant maldistribution, with 80 percent of psychiatrists, 69 percent of psychologists, 60 percent of social workers, and 68 percent of mental health counselors having practice addresses in the state’s three largest metropolitan counties.

## **B. Important Factors in Building our Behavioral Health Workforce**

New Mexico does not have enough behavioral health professionals to meet current needs, nor are there enough trainees in the educational pipeline to meet future needs. With the Mental Health Parity and Addiction Equity Act of 2008 and the Patient Protection and Affordable Care Act of

2010, the need for trained behavioral health workforce will likely continue to grow as more people gain insurance for behavioral health services.

As of May 2015, 705,730 children and adults were enrolled in Medicaid and the Children's Health Insurance Program, a 54 percent increase from the pre-ACA average monthly enrollment of 457,678 (Kaiser State Health Facts).

Developing New Mexico's behavioral health workforce will require more effective professional recruitment and retention, as well as policy reforms to enhance the training environment and reduce unnecessary barriers to practice. Some of the state's health systems and providers are implementing new care innovations to build more capacity. These initiatives, discussed in more detail below, include telehealth technologies and enhanced coordination with primary care practice to improve access to behavioral health care, including emergency services.

## **1. Education**

There is some access to graduate-level behavioral health education in all areas of the state, with graduate programs in social work and counseling across the four quadrants. Psychology training programs are focused in Bernalillo and Doña Ana Counties, psychiatry training is solely available in Bernalillo County at the UNM School of Medicine, and advanced training for psychiatric nurse practitioners and prescribing psychologists is located in Doña Ana County.

Unfortunately, many of these training programs do not prepare trainees to work in rural and underserved communities. In addition, there is limited access to continuing education for those who do practice in these isolated communities.

Pipeline programs are important in attracting potential students to behavioral health training programs. Nationally, the evidence suggests that expanding the diversity of the behavioral health workforce contributes to reduced health disparities by expanding access to culturally acceptable care in underserved communities.<sup>41</sup> Therefore, it is important to actively reach out to a range of students at the high school and undergraduate levels to provide information about behavioral health careers and recruit them into the workforce.

New Mexico needs behavioral health training opportunities for students and practitioners. Developing post-licensure programs is an efficient way to rapidly develop a specialty behavioral health workforce, however, these programs often draw providers from elsewhere in the workforce. For example, advanced practice nurse programs and prescribing psychologist programs tend to draw from the current population of nurses and psychologists, rather than recruiting new providers into the workforce.

Because providers tend to remain where they train, it is important to develop internships, electives, postdoctoral training and practice sites in rural communities to encourage trainees to practice in these settings, while also recruiting students into specialty programs from across the country. We also need to expand our training in the use of telemedicine.

Trainee placement and reimbursement policies for services rendered by trainees also need to be evaluated. Students compete with one another across disciplines for clinical placements because of a lack of licensed professionals to supervise trainees. There is also no mechanism for reimbursing behavioral health services delivered by trainees. It can therefore be prohibitively expensive for smaller community agencies to host trainees. This limits the opportunity for learners to be trained in rural areas and makes it less likely that we will have providers in places where they are needed most.

Finally, it will be important to ensure that our graduate programs adequately prepare their graduates to pass licensure and board examinations. There is no consistent data available regarding examination pass rates by New Mexico graduates. However, according to our survey of 64 New Mexico social workers and counselors, 31 percent reported that their inability to pass the licensing exam was a barrier in becoming independently licensed.

## **2. Recruitment and Retention**

There is high demand nationally for behavioral health professionals, so it is extremely important to take a multifaceted approach to recruitment and retention. Recruitment efforts should target clinicians who are likely to stay in New Mexico. When recruiting providers to smaller rural communities, it is important to explore whether the practice is a good fit for everyone involved. A personalized approach to recruiting can be helpful in understanding the clinician's priorities regarding access to school systems, housing, job opportunities for partners and leisure time interests.

These are the factors that often contribute to successfully retaining clinicians in communities. According to feedback from community clinics, agencies that have been able to dedicate resources to these active recruitment efforts report increased success in retention. Practitioners are more likely to practice in the place where they were trained.

New Mexico has some of the most restrictive reciprocity requirements in the country for licensed clinicians coming from other states – a significant barrier to attracting behavioral health professionals. New Mexico's social work and counseling boards require applicants from out of state to have held an independent license for at least five years to be eligible for reciprocity when applying for licenses to practice here.

Loan repayment and the rural tax credit program can be effective tools for recruitment and retention. However, most local and national loan repayment programs focus on those with the highest education debt, such as physicians and psychologists, as opposed to social workers and counselors.

New Mexico's Rural Healthcare Practitioner program does not currently include social workers and counselors among eligible professionals. Loan repayment programs also need to be designed to address long-term retention goals. According to New Mexico Health Resources, loan repayment programs that require work commitments for three to five years appear to be more successful in retention compared to programs with two-year work commitments.

Collaborations with universities in Mexico and other Latin American countries may be a way to attract well-trained bilingual license-eligible behavioral health care providers.

With regards to retention, important issues include pay, quality of life, commitment to the community and presence of colleagues. New efforts to develop behavioral health team models in primary care are likely to increase work satisfaction and retention.

### **3. Access to Supervision for Non-Independently Licensed Social Workers and Counselors**

In order to quickly increase the proportion of fully licensed independent professionals in our workforce, we will need to increase access to supervision, with a particular focus on clinicians working in rural and underserved communities. Coordinated efforts to provide supervision accomplished in groups through telehealth can help accomplish this, if licensing boards agree to accept this technology rather than requiring face-to-face supervision.

In addition, developing models of supervision from a variety of advanced behavioral health professionals can increase access to supervision while also successfully preparing clinicians to work in interdisciplinary settings. This approach is consistent with the World Health Organization Framework for Interprofessional Education and Collaborative Practice,<sup>42</sup> which encourages learning and practicing from a range of disciplines and different professional backgrounds in order to reduce fragmentation across disciplines, share skills and knowledge and improve health outcomes.

As we build access to supervision, it will be important to ensure that we are supporting multicultural models to develop a workforce that meets the needs of New Mexico's diverse population.<sup>43</sup> Multicultural supervision ensures that trainees understand their own cultural beliefs and values about health, as well as the beliefs and values of the people they are working with. Multicultural supervision also ensures that supervisors are open and supportive of addressing cultural issues in session and are aware of cultural difference between themselves and trainees. This helps trainees develop confidence in actively addressing culture as an important aspect of health.<sup>49</sup>

### **4. Availability of Behavioral Health Services in Primary Care Settings**

Recent efforts to integrate behavioral health into primary care are part of a movement to increase access to behavioral health. These evidence-based models shift the responsibility to primary care and provide behavioral health services through teams, with an emphasis on care management, patient and family education and consultation, and brief treatment as needed from behavioral health specialists.

Evidence-based models such as Screening, Brief Intervention and Referral to Treatment (SBIRT)<sup>50</sup> and Improving Mood – Providing Access to Collaborative Treatment (IMPACT)<sup>51</sup> and collaborative care for depression and anxiety<sup>52</sup> have been successfully implemented in several agencies across the state and help to increase integration with primary care services and

access to behavioral health services. These models have the potential to improve patient outcomes and to generate cost savings. As New Mexico moves towards integrating behavioral health and primary care, there will be further need for behavioral workforce to participate in these interdisciplinary teams.

## **5. Telehealth for Direct Service, Consultation and Emergency Assessments**

It will be important to continue to develop telehealth capacity in order to increase access to behavioral health specialists throughout the state. Telehealth is rapidly expanding in New Mexico. There is true parity under New Mexico Medicaid for fee-for-service and managed care plans. All services are covered via telemedicine, including school-based, dental, home health, hospice and rehabilitation. New Mexico is one of nine states that permits telehealth services to be provided by both social workers and counselors. Tele-behavioral health is currently being used throughout New Mexico to expand access to health care through five distinct models:

- 1) Direct outpatient clinical services,
- 2) Telehealth case consultations between providers,
- 3) Emergency behavioral health assessments of patients presenting to emergency departments,
- 4) Continuing education presentations, and
- 5) Telehealth supervision of non-independently licensed professionals, leading toward licensure.

There is no centralized system to track the use of telehealth in New Mexico across agencies and systems, even as new programs are being developed. The majority of telehealth case consultation programs are currently scheduled at specific times of the week. Many clinicians in rural communities have requested increased access to tele-consultation so that when they encounter patients with complex behavioral health needs, they can immediately contact a behavioral health specialist for further advice and guidance. Expansion of telehealth consultation models for outpatient and emergency assessments would help address this need.

## **6. Other Approaches to Broadening the Behavioral Health Workforce**

Other efforts to broaden the behavioral health workforce include developing peer support specialists – people with lived experience of mental health and substance use issues who are in recovery and who have received specialized training in wellness and care coordination. Peer support specialists are important members of interdisciplinary behavioral health teams. The services they provide are associated with improved outcomes, including increased engagement in treatment, increased hope, reduced inpatient hospitalizations, improved relationships with providers, higher levels of empowerment, higher levels of activation and higher levels of recovery.<sup>48</sup>

The family support specialist is another role that could be developed in New Mexico. Based on the model of certified peer support workers, these individuals draw upon their own experience in caring for youth with emotional, behavioral and mental disturbances. Family support specialists can help others navigate education, treatment and social services, as well as foster recovery and resiliency in children and families with behavioral health needs.

## **7. Fiscal sustainability**

There is a new national focus on aligning payment incentives with improved health outcomes, which requires sustainable behavioral health services provision in rural and underserved communities. The New Mexico Behavioral Health Collaborative is engaged in a strategic planning process to explore new payment reform mechanisms that will promote integration, evidence-based service delivery, sustainability and access.

Payment reform strategies to promote workforce sustainability may include reviewing reimbursement mechanisms for services provided by trainees and non-independently licensed clinicians, establishing payment mechanisms that promote team-based care with a focus on population health and providing incentives for behavioral health clinicians to be accessible during weekday evenings and Saturdays.

## **C. Policy Recommendations**

Given New Mexico's extreme shortage of behavioral health providers, we recommend the following policy changes to expand the capacity of independently licensed behavioral health providers:

### **1. Short-Term Recommendations**

- 1) With additional funding, UNM HSC can expand statewide access to telehealth consultation with behavioral health clinicians.
- 2) Request that the New Mexico Counseling and Therapy Practice Board and the Board of Psychologist Examiners re-examine their requirements for face-to-face mentoring (to be replaced by tele-mentoring) in order to minimize the barriers to rural practice.
- 3) Request that the New Mexico Board of Social Work Examiners encourage interdisciplinary and group models of supervision by allowing a percentage of supervision hours to be delivered in group formats by a range of qualified independently licensed behavioral health providers. These could include psychiatric nurse practitioners, clinical nurse specialists, independently licensed social workers, independently licensed counselors, psychiatrists and psychologists.
- 4) Request that the New Mexico Counseling and Therapy Practice Board, the Board of Social Work Examiners and the Board of Psychologist Examiners eliminate barriers in

reciprocity (e.g., eliminate time requirements practiced in a particular state) to make New Mexico more competitive in recruiting new practitioners.

- 5) Request that the New Mexico Behavioral Health Collaborative develop reimbursement mechanisms for services delivered by psychology interns, social work interns and counseling interns when participating in electives in the public behavioral health system. This will facilitate the development of internship sites in underserved communities, which will enhance recruitment and bring the public behavioral health system in alignment with the federally qualified health centers, which already have similar reimbursement mechanisms for primary care residents.
- 6) Request that all schools of higher education that receive public funding release their licensure board pass rates to the New Mexico Behavioral Health Collaborative and the respective professional licensing boards so that the state can identify areas of continuous quality improvement to ensure that graduates are adequately prepared for licensing board examinations.

## **2. Medium- and Long-Range Recommendations**

- 1) Ensure that education curricula across professions match New Mexico's culturally diverse population and clinical needs, with an emphasis on learning evidence-based and culturally relevant practices and working in interdisciplinary teams.
- 2) The New Mexico Behavioral Health Collaborative should establish financing systems that promote sustainability and employee retention. Request that the Behavioral Health Collaborative disseminates a strategic plan on this topic by the end of FY 2016.
- 3) Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.
- 4) Support recruitment mechanisms for behavioral health by expanding the Rural Primary Health Care Act to include behavioral health and contracting with a non-profit entity for recruitment services.

## SECTION III

### RECONCILIATION WITH PRIMARY CARE HPSA PROVIDER COUNTS

#### A. Background

Health Professional Shortage Area (HPSA) is a federal designation of provider shortage maintained by the Health Resources and Services Administration. HPSA designations, and their associated scores indicating the severity of shortage, serve to determine eligibility of facilities or providers to participate in a number of state and federal incentive programs. These include the National Health Service Corps, the Conrad J-1 Visa physician waiver process and the New Mexico Department of Health (NM DOH) rural health care provider income tax credit.

HPSAs may be a geographic area or population group with a shortage of health professionals in primary care, dentistry or mental health, or a facility that serves such an area or group. Primary care HPSAs, examined here, are defined as having less than one non-federal MD or DO specializing in general or family practice, general internal medicine, pediatrics and/or obstetrics and gynecology per 3,500 population.<sup>54</sup> For the purposes of HPSA designation, the population may include all the inhabitants of a defined geographic area, such as a county or census tract (geographic HPSA designation), or only those inhabitants who are medically underserved due to demographic characteristics, such as having low income (population HPSA designation).

In general, the counties with primary care physician shortages reported in the Annual Reports of the New Mexico Health Care Workforce Committee accord well with the counties designated as primary care and geographic high needs HPSAs (“HPSA counties”). Of the 20 HPSA counties, 16 were also found by the New Mexico Health Care Workforce Committee to have shortages of primary care plus obstetrics/gynecology physicians (“shortage status”), according to the 2014 licensure data reported in Section I. However, four HPSA counties did not show shortage status: Chaves, Colfax, Sierra and Socorro (Figure 3.1).

Geographic HPSA designations and New Mexico Health Care Workforce Committee shortage status are determined by different methods, and thus are not expected to match exactly. Nonetheless, analysis was undertaken to identify the source(s) of discrepancy for these four counties in order to clarify the relationship between provider counts conducted for geographic HPSA designation and those for shortage status. After accounting for variation in the types of providers included in HPSA and New Mexico Health Care Workforce Committee provider counts, the primary difference between these counts was in weekly patient care hours that physicians reported to the NM DOH and the New Mexico Medical Board.

#### B. Calculating the Primary Care Workforce

HPSA single-county geographic designations use physician full-time equivalents (FTEs) calculated from patient care hours that are reported by physicians, who are identified within the county via addresses associated with National Provider Identifier numbers in the Centers for Medicare and Medicaid Services database. Excluded providers include federal practitioners, such as IHS, military, VA and Health Service Corps physicians. J-1 Visa recipients are also excluded.

Physicians' patient care hours spent in hospital inpatient and emergency room shifts are not included in the HPSA provider calculation. In addition, resident physicians are discounted to 0.1 FTE under HPSA guidelines. For the remaining (included) physicians, NM DOH conducts a mail and telephone survey to obtain each physician's weekly office hours, which are used to calculate direct patient care FTEs as fractions of a standard 40-hour workweek.

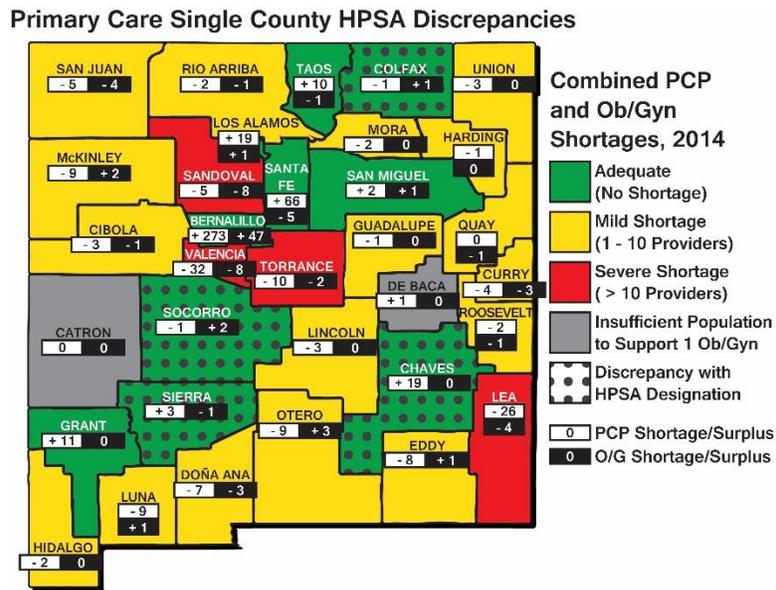


Figure 3.1. Counties with Discrepancy Between HPSA Designation and New Mexico Health Care Workforce Committee Shortage Status, as Indicated by Dotted Pattern

Thus, different methodologies, including the types of providers counted and adjustment for FTE, partially account for the differences between HPSA and New Mexico Health Care Workforce Committee PCP calculations. These differences are summarized in Table 3.1.

Table 3.1. Differences Between HPSA and New Mexico Health Care Workforce Committee Calculations Adjusted for to Determine the Reasons for Discrepancy in Four Counties

Provider Type	HPSA Methodology	NM Health Care Workforce Committee Methodology
<b>Federal Practitioners (IHS, military, VA, NHSC)</b>	Excluded	Included
<b>J-1 Visa Recipients</b>	Excluded	Included
<b>Hospital Practice</b>	Excluded	Included
<b>Residents</b>	Discounted to 0.1 FTE	Excluded
<b>FTE Adjustment</b>	Adjusted	Not adjusted

### **C. Discussion**

In four counties – Chaves, Colfax, Sierra and Socorro – lower numbers of PCPs are reported to HRSA for HPSA designation than are identified by the New Mexico Medical Board license renewal survey. This difference is due to two primary factors:

- 1) PCPs reported, on average, 0.13 FTE less direct patient care to the NM DOH for HPSA calculation and to the Medical Board license renewal surveys, and
- 2) Time differences between NM DOH and Medical Board surveys, with NM DOH HPSA survey data collected in 2012-2013 and Medical Board license renewal survey data collected through 2015. This could also explain, in part, the reporting difference in (1) above.

In short, we cannot compare HPSA and New Mexico Medical Board licensure data over identical time frames at this point. A more precise comparison will have to wait until the next HPSA update in order to be accurate. Furthermore, it is important to note that HRSA updated its HPSA calculation guidelines in 2015. We will repeat this sort of comparative analysis in 2016 using the new HPSA methodology.

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## APPENDIX A

### GAP ANALYSES FOR NEW MEXICO HEALTH CARE PROFESSIONS

*Table A.1. Surplus and Shortage Analysis of New Mexico PCPs*

County	Population	PCP Survey Count	Estimated (Non-Surveyed) MD PCPs	Estimated Primary Care DOs	Estimated PCP Count	Surplus (+) / Shortage (-)
<b>Bernalillo</b>	675,551	684	28	95	807	273
<b>Catron</b>	3,556	2	1	0	3	0
<b>Chaves</b>	65,878	62	1	8	71	19
<b>Cibola</b>	27,349	18	0	1	19	-3
<b>Colfax</b>	12,680	7	0	2	9	-1
<b>Curry</b>	50,969	28	0	8	36	-4
<b>De Baca</b>	1,825	1	1	0	2	1
<b>Doña Ana</b>	213,676	139	5	18	162	-7
<b>Eddy</b>	56,395	26	0	11	37	-8
<b>Grant</b>	29,096	31	1	2	34	11
<b>Guadalupe</b>	4,468	2	0	1	3	-1
<b>Harding</b>	683	0	0	0	0	-1
<b>Hidalgo</b>	4,560	1	0	1	2	-2
<b>Lea</b>	69,999	23	0	6	29	-26
<b>Lincoln</b>	19,706	9	0	4	13	-3
<b>Los Alamos</b>	17,682	31	1	1	33	19
<b>Luna</b>	24,673	8	0	2	10	-9
<b>McKinley</b>	74,098	46	0	4	50	-9
<b>Mora</b>	4,592	2	0	0	2	-2
<b>Otero</b>	65,082	33	3	6	42	-9
<b>Quay</b>	8,501	6	0	1	7	0
<b>Rio Arriba</b>	39,777	25	1	3	29	-2
<b>Roosevelt</b>	19,536	12	0	1	13	-2
<b>San Juan</b>	123,785	75	1	17	93	-5
<b>San Miguel</b>	28,239	21	0	3	24	2
<b>Sandoval</b>	137,608	91	4	9	104	-5
<b>Santa Fe</b>	148,164	157	10	16	183	66
<b>Sierra</b>	11,325	7	0	5	12	3
<b>Socorro</b>	17,310	10	1	2	13	-1
<b>Taos</b>	33,084	32	1	3	36	10
<b>Torrance</b>	15,611	1	0	1	2	-10
<b>Union</b>	4,297	0	0	0	0	-3
<b>Valencia</b>	75,817	21	3	4	28	-32
<b>State Total</b>	<b>2,085,572</b>	<b>1,611</b>	<b>62</b>	<b>235</b>	<b>1,908</b>	<b>259</b>

Table A.2. Surplus and Shortage Analysis of New Mexico CNP/CNSs

County	Population	Licensed by Practice Address Count	Surplus (+) / Shortage (-)
Bernalillo	675,551	595	203
Catron	3,556	0	-2
Chaves	65,878	31	-7
Cibola	27,349	9	-7
Colfax	12,680	7	0
Curry	50,969	23	-7
De Baca	1,825	2	1
Doña Ana	213,676	125	1
Eddy	56,395	33	0
Grant	29,096	14	-3
Guadalupe	4,468	3	0
Harding	683	1	1
Hidalgo	4,560	0	-3
Lea	69,999	24	-17
Lincoln	19,706	6	-5
Los Alamos	17,682	8	-2
Luna	24,673	14	0
McKinley	74,098	21	-22
Mora	4,592	3	0
Otero	65,082	18	-20
Quay	8,501	7	2
Rio Arriba	39,777	21	-2
Roosevelt	19,536	8	-3
San Juan	123,785	33	-39
San Miguel	28,239	15	-1
Sandoval	137,608	54	-26
Santa Fe	148,164	91	5
Sierra	11,325	1	-6
Socorro	17,310	9	-1
Taos	33,084	18	-1
Torrance	15,611	10	1
Union	4,297	3	1
Valencia	75,817	21	-23
<b>State Total</b>	<b>2,085,572</b>	<b>1,228</b>	<b>63</b>

Table A.3. Surplus and Shortage Analysis of New Mexico PAs

County	Population	Licensed by Mailing Address Count	Surplus (+) / Shortage (-)
Bernalillo	675,551	351	146
Catron	3,556	0	-1
Chaves	65,878	14	-6
Cibola	27,349	0	-8
Colfax	12,680	4	0
Curry	50,969	6	-9
De Baca	1,825	0	-1
Doña Ana	213,676	33	-32
Eddy	56,395	6	-11
Grant	29,096	18	9
Guadalupe	4,468	1	0
Harding	683	0	0
Hidalgo	4,560	1	0
Lea	69,999	10	-11
Lincoln	19,706	1	-5
Los Alamos	17,682	6	1
Luna	24,673	3	-4
McKinley	74,098	12	-10
Mora	4,592	0	-1
Otero	65,082	11	-9
Quay	8,501	0	-3
Rio Arriba	39,777	8	-4
Roosevelt	19,536	3	-3
San Juan	123,785	38	0
San Miguel	28,239	8	-1
Sandoval	137,608	54	12
Santa Fe	148,164	66	21
Sierra	11,325	4	1
Socorro	17,310	3	-2
Taos	33,084	19	9
Torrance	15,611	0	-5
Union	4,297	0	-1
Valencia	75,817	14	-9
<b>State Total</b>	<b>2,085,572</b>	<b>694</b>	<b>63</b>

Table A.4. Surplus and Shortage Analysis of New Mexico Ob/Gyn Physicians

County	Population	% Female	Female Pop	Estimated Ob/Gyn	Surplus (+) / Shortage (-)
Bernalillo	675,551	50.9%	343,855	119	47
Catron	3,556	48.0%	1,707	0	0
Chaves	65,878	50.2%	33,071	7	0
Cibola	27,349	49.0%	13,401	2	-1
Colfax	12,680	49.0%	6,213	2	1
Curry	50,969	48.4%	24,669	2	-3
De Baca	1,825	50.2%	916	0	0
Doña Ana	213,676	50.7%	108,334	20	-3
Eddy	56,395	49.6%	27,972	7	1
Grant	29,096	50.4%	14,664	3	0
Guadalupe	4,468	42.8%	1,912	0	0
Harding	683	47.8%	326	0	0
Hidalgo	4,560	49.2%	2,244	0	0
Lea	69,999	48.5%	33,950	3	-4
Lincoln	19,706	50.6%	9,971	2	0
Los Alamos	17,682	49.6%	8,770	3	1
Luna	24,673	49.8%	12,287	4	1
McKinley	74,098	51.8%	38,383	10	2
Mora	4,592	48.5%	2,227	0	0
Otero	65,082	49.1%	31,955	10	3
Quay	8,501	51.4%	4,370	0	-1
Rio Arriba	39,777	50.7%	20,167	3	-1
Roosevelt	19,536	49.7%	9,709	1	-1
Sandoval	137,608	50.4%	69,354	9	-6
San Juan	123,785	50.6%	62,635	4	-9
San Miguel	28,239	51.0%	14,402	7	4
Santa Fe	148,164	51.2%	75,860	11	-5
Sierra	11,325	49.9%	5,651	0	-1
Socorro	17,310	48.9%	8,465	4	2
Taos	33,084	50.8%	16,807	3	-1
Torrance	15,611	47.9%	7,478	0	-2
Union	4,297	42.3%	1,818	0	0
Valencia	75,817	49.7%	37,681	0	-8
<b>State Total</b>	<b>2,085,572</b>	<b>50.4%</b>	<b>1,051,128</b>	<b>236</b>	<b>15</b>

Table A.5. Surplus and Shortage Analysis of New Mexico General Surgeons

County	Population	Estimated General Surgeon Count	Surplus (+) / Shortage (-)
Bernalillo	675,551	60	19
Catron	3,556	0	0
Chaves	65,878	4	0
Cibola	27,349	2	0
Colfax	12,680	4	3
Curry	50,969	9	6
De Baca	1,825	0	0
Doña Ana	213,676	11	-2
Eddy	56,395	5	2
Grant	29,096	5	3
Guadalupe	4,468	0	0
Harding	683	0	0
Hidalgo	4,560	0	0
Lea	69,999	2	-2
Lincoln	19,706	0	-1
Los Alamos	17,682	5	4
Luna	24,673	1	0
McKinley	74,098	8	4
Mora	4,592	0	0
Otero	65,082	2	-2
Quay	8,501	1	0
Rio Arriba	39,777	2	0
Roosevelt	19,536	1	0
Sandoval	137,608	7	-1
San Juan	123,785	3	-4
San Miguel	28,239	4	2
Santa Fe	148,164	15	6
Sierra	11,325	0	-1
Socorro	17,310	3	2
Taos	33,084	7	5
Torrance	15,611	0	-1
Union	4,297	1	1
Valencia	75,817	0	-5
<b>State Total</b>	<b>2,085,572</b>	<b>162</b>	<b>37</b>

Table A.6. Surplus and Shortage Analysis of New Mexico Psychiatrists

County	Population	Psychiatry - Survey Count	Psychiatry - Non-Survey Count	Estimated Psychiatrists	Surplus (+) / Shortage (-)
Bernalillo	675,551	140	10	150	46
Catron	3,556	0	0	0	-1
Chaves	65,878	6	0	6	-4
Cibola	27,349	1	0	1	-3
Colfax	12,680	0	0	0	-2
Curry	50,969	4	0	4	-4
De Baca	1,825	0	0	0	0
Doña Ana	213,676	24	1	25	-8
Eddy	56,395	2	0	2	-7
Grant	29,096	4	0	4	0
Guadalupe	4,468	0	0	0	-1
Harding	683	0	0	0	0
Hidalgo	4,560	0	0	0	-1
Lea	69,999	3	0	3	-8
Lincoln	19,706	0	0	0	-3
Los Alamos	17,682	1	0	1	-2
Luna	24,673	1	0	1	-3
McKinley	74,098	7	0	7	-4
Mora	4,592	0	0	0	-1
Otero	65,082	2	0	2	-8
Quay	8,501	1	0	1	0
Rio Arriba	39,777	0	0	0	-6
Roosevelt	19,536	0	0	0	-3
San Juan	123,785	6	0	6	-13
San Miguel	28,239	9	0	9	5
Sandoval	137,608	6	0	6	-15
Santa Fe	148,164	47	1	48	25
Sierra	11,325	0	0	0	-2
Socorro	17,310	2	0	2	-1
Taos	33,084	4	0	4	-1
Torrance	15,611	0	0	0	-2
Union	4,297	0	0	0	-1
Valencia	75,817	7	0	7	-5
<b>State Total</b>	<b>2,085,572</b>	<b>277</b>	<b>12</b>	<b>289</b>	<b>-33</b>

Table A.7. Surplus and Shortage Analysis of New Mexico Dentists

County	Population	Practice County	Mailing County	Estimated Total	Surplus (+) / Shortage (-)
Bernalillo	675,551	269	211	480	210
Catron	3,556	1	0	1	0
Chaves	65,878	12	9	21	-5
Cibola	27,349	4	4	8	-3
Colfax	12,680	2	2	4	-1
Curry	50,969	13	12	25	5
De Baca	1,825	0	0	0	-1
Doña Ana	213,676	58	37	95	10
Eddy	56,395	10	5	15	-8
Grant	29,096	7	6	13	1
Guadalupe	4,468	0	1	1	-1
Harding	683	0	0	0	0
Hidalgo	4,560	0	0	0	-2
Lea	69,999	11	8	19	-9
Lincoln	19,706	5	3	8	0
Los Alamos	17,682	9	7	16	9
Luna	24,673	2	5	7	-3
McKinley	74,098	21	11	32	2
Mora	4,592	1	0	1	-1
Otero	65,082	8	11	19	-7
Quay	8,501	0	1	1	-2
Rio Arriba	39,777	9	1	10	-6
Roosevelt	19,536	3	0	3	-5
Sandoval	137,608	31	29	60	5
San Juan	123,785	46	25	71	21
San Miguel	28,239	6	6	12	1
Santa Fe	148,164	59	53	112	53
Sierra	11,325	4	2	6	1
Socorro	17,310	3	1	4	-3
Taos	33,084	11	4	15	2
Torrance	15,611	2	0	2	-4
Union	4,297	0	0	0	-2
Valencia	75,817	10	10	20	-10
<b>State Total</b>	<b>2,085,572</b>	<b>617</b>	<b>464</b>	<b>1,081</b>	<b>247</b>

Table A.8. Surplus and Shortage Analysis of New Mexico Pharmacists

County	Population	Estimated Pharmacist Count	Surplus (+) / Shortage (-)
Bernalillo	675,551	1,079	552
Catron	3,556	0	-3
Chaves	65,878	40	-11
Cibola	27,349	13	-8
Colfax	12,680	10	0
Curry	50,969	25	-15
De Baca	1,825	2	1
Doña Ana	213,676	123	-44
Eddy	56,395	38	-6
Grant	29,096	20	-3
Guadalupe	4,468	0	-3
Harding	683	0	-1
Hidalgo	4,560	1	-3
Lea	69,999	27	-28
Lincoln	19,706	18	3
Los Alamos	17,682	12	-2
Luna	24,673	6	-13
McKinley	74,098	25	-33
Mora	4,592	3	-1
Otero	65,082	22	-29
Quay	8,501	6	-1
Rio Arriba	39,777	9	-22
Roosevelt	19,536	14	-1
Sandoval	137,608	65	36
San Juan	123,785	19	-32
San Miguel	28,239	143	-3
Santa Fe	148,164	112	-4
Sierra	11,325	6	-3
Socorro	17,310	2	-12
Taos	33,084	26	0
Torrance	15,611	2	-10
Union	4,297	3	0
Valencia	75,817	57	-2
<b>State Total</b>	<b>2,085,572</b>	<b>1,928</b>	<b>299</b>

## APPENDIX B

### OTHER FEATURES OF THE NEW MEXICO HEALTH CARE WORKFORCE

#### A. Practice

The following tables depict the answers to a number of additional survey questions related to physician practice characteristics.

*Table B.1. Practice Location of New Mexico Medical Doctors, 2014*

Location	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>Practice in New Mexico</b>	3,697	91.7%	1,354	93.5%	191	94.1%	222	92.1%	116	84.1%
<b>Practice in Texas</b>	87	2.2%	24	1.7%	3	1.5%	5	2.1%	6	4.3%
<b>Practice in Colorado</b>	55	1.4%	14	1.0%	2	1.0%	2	0.8%	6	4.3%
<b>Practice in Arizona</b>	37	0.9%	10	0.7%	1	0.5%	2	0.8%	2	1.4%
<b>Practice in Other</b>	199	4.9%	55	3.8%	8	3.9%	19	7.9%	15	10.9%
<b>Inactive in New Mexico</b>	52	1.3%	16	1.1%	1	0.5%	5	2.1%	6	4.3%
<b>Retired</b>	170	4.2%	41	2.8%	4	2.0%	13	5.4%	8	5.8%
<b>Fellowship or Training</b>	95	2.4%	28	1.9%	2	1.0%	4	1.7%	5	3.6%
<b>Not Answered</b>	39	1.0%	11	0.8%	1	0.5%	1	0.4%	1	0.7%
<b>Count*</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

\* Physicians can choose more than one category.

*Table B.2. Practice Setting of New Mexico Medical Doctors, 2014*

Practice Setting	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>Solo Physician</b>	530	13.1%	179	12.4%	17	8.4%	54	22.4%	29	21.0%
<b>Solo Physician + Intermediate(s)</b>	174	4.3%	65	4.5%	9	4.4%	15	6.2%	4	2.9%
<b>Two Physicians</b>	312	7.7%	127	8.8%	23	11.3%	18	7.5%	11	8.0%
<b>Three or Four Physicians</b>	607	15.1%	233	16.1%	50	24.6%	43	17.8%	23	16.7%
<b>Five to Nine Physicians</b>	677	16.8%	292	20.2%	40	19.7%	29	12.0%	15	10.9%
<b>10 + Physicians</b>	1,269	31.5%	406	28.0%	55	27.1%	50	20.7%	36	26.1%
<b>Not Answered or Not Applicable</b>	463	11.5%	146	10.1%	9	4.4%	32	13.3%	20	14.5%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

Table B.3. Practice Setting of New Mexico PCPs, 2014

Practice Setting	Family Practice		General Practice		General Internal Medicine		General Pediatrics	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>Solo Physician</b>	80	13.8%	26	46.4%	50	9.5%	23	8.2%
<b>Solo Physician + Intermediate(s)</b>	39	6.7%	7	12.5%	13	2.5%	6	2.1%
<b>Two Physicians</b>	69	11.9%	3	5.4%	37	7.0%	18	6.4%
<b>Three or Four Physicians</b>	113	19.4%	5	8.9%	64	12.1%	51	18.1%
<b>Five to Nine Physicians</b>	104	17.9%	4	7.1%	90	17.0%	94	33.3%
<b>10 + Physicians</b>	128	22.0%	4	7.1%	210	39.7%	64	22.7%
<b>Not Answered or Not Applicable</b>	48	8.3%	7	12.5%	65	12.3%	26	9.2%
<b>Total</b>	<b>581</b>	<b>100%</b>	<b>56</b>	<b>100%</b>	<b>529</b>	<b>100%</b>	<b>282</b>	<b>100%</b>

Table B.4. Practice Type of New Mexico Medical Doctors, 2014

Practice Type	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>Independent Practice: Owner/Operator</b>	763	18.9%	227	15.7%	45	22.2%	51	21.2%	20	14.5%
<b>Independent Practice: Employee/Staff</b>	321	8.0%	128	8.8%	11	5.4%	10	4.1%	6	4.3%
<b>Free-Standing Health Center/Clinic</b>	64	1.6%	24	1.7%	1	0.5%	3	1.2%	2	1.4%
<b>Public/Non-profit Community Health Center</b>	182	4.5%	126	8.7%	7	3.4%	29	12.0%	2	1.4%
<b>Other Licensed Community Clinic</b>	14	0.3%	8	0.6%	2	1.0%	3	1.2%	0	0.0%
<b>Military/VA Health Facility</b>	128	3.2%	44	3.0%	0	0.0%	19	7.9%	3	2.2%
<b>Indian Health Services Clinic</b>	77	1.9%	58	4.0%	3	1.5%	1	0.4%	1	0.7%
<b>Nursing Home/Home Health Agency</b>	7	0.2%	4	0.3%	0	0.0%	1	0.4%	0	0.0%
<b>Organizationally Affiliated Employed Physician</b>	952	23.6%	339	23.4%	78	38.4%	34	14.1%	48	34.8%
<b>Hospital: Emergency Room</b>	217	5.4%	14	1.0%	15	7.4%	1	0.4%	0	0.0%
<b>Hospital: Inpatient</b>	473	11.7%	192	13.3%	0	0.0%	27	11.2%	18	13.0%
<b>Hospital: Outpatient dept./Satellite Clinic</b>	277	6.9%	113	7.8%	22	10.8%	14	5.8%	7	5.1%
<b>Other</b>	109	2.7%	37	2.6%	2	1.0%	17	7.1%	3	2.2%
<b>Locum Tenens</b>	113	2.8%	36	2.5%	9	4.4%	6	2.5%	13	9.4%
<b>Not Answered or Not Applicable</b>	335	8.3%	98	6.8%	8	3.9%	25	10.4%	15	10.9%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

Table B.5. Practice Type of New Mexico PCPs, 2014

Practice Type	Family Practice		General Practice		General Internal Medicine		General Pediatrics	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>Independent Practice: Owner/Operator</b>	99	17.0%	22	39.3%	63	11.9%	43	15.2%
<b>Independent Practice: Employee/Staff</b>	48	8.3%	6	10.7%	48	9.1%	26	9.2%
<b>Free-Standing Health Center/Clinic</b>	12	2.1%	1	1.8%	8	1.5%	3	1.1%
<b>Public/Non-profit Community Health Center</b>	92	15.8%	5	8.9%	13	2.5%	16	5.7%
<b>Other Licensed Community Clinic</b>	5	0.9%	0	0.0%	1	0.2%	2	0.7%
<b>Military/VA Health Facility</b>	10	1.7%	0	0.0%	33	6.2%	1	0.4%
<b>Indian Health Services Clinic</b>	30	5.2%	4	7.1%	14	2.6%	10	3.5%
<b>Nursing Home/Home Health Agency</b>	2	0.3%	0	0.0%	2	0.4%	0	0.0%
<b>Organizationally Affiliated Employed Physician</b>	141	24.3%	6	10.7%	110	20.8%	82	29.1%
<b>Hospital: Emergency Room</b>	9	1.5%	1	1.8%	1	0.2%	3	1.1%
<b>Hospital: Inpatient</b>	23	4.0%	0	0.0%	139	26.3%	30	10.6%
<b>Hospital: Outpatient dept./Satellite Clinic</b>	42	7.2%	1	1.8%	31	5.9%	39	13.8%
<b>Other</b>	18	3.1%	2	3.6%	13	2.5%	4	1.4%
<b>Locum Tenens</b>	16	2.8%	0	0.0%	14	2.6%	6	2.1%
<b>Not Answered or Not Applicable</b>	34	5.9%	8	14.3%	39	7.4%	17	6.0%
<b>Total</b>	<b>581</b>	<b>100.0%</b>	<b>56</b>	<b>100.0%</b>	<b>529</b>	<b>100.0%</b>	<b>282</b>	<b>100.0%</b>

## B. Practice Activity and Hours

*Table B.6. Direct Patient Care and Other Activities of New Mexico Medical Doctors, 2014*

Effort	Direct Patient Care		Research		Teaching and Precepting		Healthcare Administration		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 10	54	1.3%	395	9.8%	872	21.6%	855	21.2%	119	3.0%
11 - 20	51	1.3%	97	2.4%	256	6.3%	257	6.4%	47	1.2%
21 - 30	59	1.5%	36	0.9%	97	2.4%	92	2.3%	16	0.4%
31 - 40	57	1.4%	16	0.4%	28	0.7%	43	1.1%	9	0.2%
41 - 50	142	3.5%	17	0.4%	32	0.8%	30	0.7%	19	0.5%
51 - 60	158	3.9%	9	0.2%	6	0.1%	17	0.4%	8	0.2%
61 - 70	241	6.0%	8	0.2%	8	0.2%	13	0.3%	5	0.1%
71 - 80	512	12.7%	2	0.0%	5	0.1%	18	0.4%	3	0.1%
81 - 90	717	17.8%	4	0.1%	5	0.1%	13	0.3%	9	0.2%
91 - 100	1,668	41.4%	14	0.3%	13	0.3%	32	0.8%	26	0.6%
None	116	2.9%	2,582	64.0%	1,909	47.3%	1,866	46.3%	2,025	50.2%
Not Applicable / Not Answered	257	6.4%	852	21.1%	801	19.9%	796	19.7%	1,746	43.3%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>4,032</b>	<b>100.0%</b>	<b>4,032</b>	<b>100.0%</b>	<b>4,032</b>	<b>100.0%</b>	<b>4,032</b>	<b>100.0%</b>

*Table B.7. Direct Patient Care and Other Activities of New Mexico PCPs, 2014*

Effort	Direct Patient Care		Research		Teaching and Precepting		Healthcare Administration		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 10	12	0.3%	97	2.4%	301	7.5%	299	7.4%	50	1.2%
11 - 20	19	0.5%	21	0.5%	76	1.9%	84	2.1%	18	0.4%
21 - 30	19	0.5%	7	0.2%	29	0.7%	40	1.0%	2	0.0%
31 - 40	23	0.6%	4	0.1%	12	0.3%	19	0.5%	3	0.1%
41 - 50	42	1.0%	5	0.1%	6	0.1%	10	0.2%	6	0.1%
51 - 60	51	1.3%	1	0.0%	2	0.0%	10	0.2%	0	0.0%
61 - 70	73	1.8%	2	0.0%	3	0.1%	6	0.1%	3	0.1%
71 - 80	197	4.9%	0	0.0%	1	0.0%	6	0.1%	1	0.0%
81 - 90	264	6.5%	1	0.0%	3	0.1%	7	0.2%	0	0.0%
91 - 100	650	16.1%	4	0.1%	5	0.1%	14	0.3%	6	0.1%
None	32	0.8%	1,015	25.2%	746	18.5%	713	17.7%	747	18.5%
Not Applicable / Not Answered	66	1.6%	291	7.2%	264	6.5%	240	6.0%	612	15.2%
<b>Total</b>	<b>1,448</b>	<b>35.9%</b>	<b>1,448</b>	<b>35.9%</b>	<b>1,448</b>	<b>35.9%</b>	<b>1,448</b>	<b>35.9%</b>	<b>1,448</b>	<b>35.9%</b>

Table B.8. Direct Patient Care and Other Activities of New Mexico Ob/Gyn Physicians, 2014

Effort	Direct Patient Care		Research		Teaching and Precepting		Healthcare Administration		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 10	0	0.0%	18	0.4%	49	1.2%	45	1.1%	3	0.1%
11 - 20	0	0.0%	6	0.1%	9	0.2%	11	0.3%	3	0.1%
21 - 30	4	0.1%	3	0.1%	4	0.1%	2	0.0%	0	0.0%
31 - 40	3	0.1%	1	0.0%	0	0.0%	1	0.0%	0	0.0%
41 - 50	10	0.2%	0	0.0%	3	0.1%	2	0.0%	0	0.0%
51 - 60	8	0.2%	0	0.0%	1	0.0%	0	0.0%	0	0.0%
61 - 70	9	0.2%	1	0.0%	0	0.0%	0	0.0%	0	0.0%
71 - 80	24	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
81 - 90	37	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
91 - 100	98	2.4%	1	0.0%	1	0.0%	0	0.0%	0	0.0%
None	4	0.1%	142	3.5%	108	2.7%	110	2.7%	104	2.6%
Not Applicable / Not Answered	6	0.1%	31	0.8%	28	0.7%	32	0.8%	93	2.3%
<b>Total</b>	<b>203</b>	<b>5.0%</b>	<b>203</b>	<b>5.0%</b>	<b>203</b>	<b>5.0%</b>	<b>203</b>	<b>5.0%</b>	<b>203</b>	<b>5.0%</b>

Table B.9. Direct Patient Care and Other Activities of New Mexico Psychiatrists, 2014

Effort	Direct Patient Care		Research		Teaching and Precepting		Healthcare Administration		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 10	6	0.1%	20	0.5%	51	1.3%	44	1.1%	14	0.3%
11 - 20	3	0.1%	8	0.2%	16	0.4%	19	0.5%	5	0.1%
21 - 30	3	0.1%	1	0.0%	9	0.2%	6	0.1%	1	0.0%
31 - 40	3	0.1%	0	0.0%	0	0.0%	2	0.0%	1	0.0%
41 - 50	8	0.2%	0	0.0%	2	0.0%	0	0.0%	1	0.0%
51 - 60	11	0.3%	0	0.0%	0	0.0%	1	0.0%	1	0.0%
61 - 70	12	0.3%	1	0.0%	1	0.0%	2	0.0%	0	0.0%
71 - 80	32	0.8%	1	0.0%	1	0.0%	0	0.0%	0	0.0%
81 - 90	54	1.3%	0	0.0%	0	0.0%	2	0.0%	0	0.0%
91 - 100	82	2.0%	0	0.0%	1	0.0%	3	0.1%	4	0.1%
None	11	0.3%	170	4.2%	120	3.0%	122	3.0%	127	3.1%
Not Applicable / Not Answered	16	0.4%	40	1.0%	40	1.0%	40	1.0%	87	2.2%
<b>Total</b>	<b>241</b>	<b>6.0%</b>	<b>241</b>	<b>6.0%</b>	<b>241</b>	<b>6.0%</b>	<b>241</b>	<b>6.0%</b>	<b>241</b>	<b>6.0%</b>

Table B.10. Direct Patient Care and Other Activities of New Mexico General Surgeons, 2014

Effort	Direct Patient Care		Research		Teaching and Precepting		Healthcare Administration		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 10	5	0.1%	7	0.2%	27	0.7%	23	0.6%	2	0.0%
11 - 20	0	0.0%	2	0.0%	5	0.1%	8	0.2%	4	0.1%
21 - 30	0	0.0%	0	0.0%	3	0.1%	1	0.0%	1	0.0%
31 - 40	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%
41 - 50	7	0.2%	0	0.0%	2	0.0%	0	0.0%	1	0.0%
51 - 60	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61 - 70	9	0.2%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
71 - 80	14	0.3%	0	0.0%	0	0.0%	1	0.0%	0	0.0%
81 - 90	21	0.5%	0	0.0%	0	0.0%	1	0.0%	0	0.0%
91 - 100	63	1.6%	0	0.0%	2	0.0%	1	0.0%	2	0.0%
None	5	0.1%	94	2.3%	65	1.6%	69	1.7%	56	1.4%
Not Applicable / Not Answered	12	0.3%	35	0.9%	32	0.8%	33	0.8%	71	1.8%
<b>Total</b>	<b>138</b>	<b>3.4%</b>	<b>138</b>	<b>3.4%</b>	<b>138</b>	<b>3.4%</b>	<b>138</b>	<b>3.4%</b>	<b>138</b>	<b>3.4%</b>

Table B.11. Weeks per Year Worked by New Mexico Medical Doctors, 2014

Weeks per Year	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
None	283	7.0%	74	5.1%	9	4.4%	18	7.5%	15	10.9%
1 - 9	166	4.1%	51	3.5%	4	2.0%	8	3.3%	15	10.9%
10 - 19	113	2.8%	33	2.3%	11	5.4%	3	1.2%	7	5.1%
20 - 29	133	3.3%	60	4.1%	2	1.0%	4	1.7%	2	1.4%
30 - 39	121	3.0%	49	3.4%	7	3.4%	7	2.9%	6	4.3%
40 - 49	965	23.9%	348	24.0%	36	17.7%	65	27.0%	22	15.9%
50 - 52	2,251	55.8%	833	57.5%	134	66.0%	136	56.4%	71	51.4%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

Table B.12. Hours per Week Worked by New Mexico Medical Doctors, 2014

Hours per Week	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
1 - 9	127	3.1%	42	2.9%	8	3.9%	11	4.6%	5	3.6%
10 - 19	140	3.5%	45	3.1%	5	2.5%	18	7.5%	3	2.2%
20 - 29	298	7.4%	135	9.3%	14	6.9%	26	10.8%	3	2.2%
30 - 39	443	11.0%	166	11.5%	13	6.4%	39	16.2%	2	1.4%
40 - 49	1,356	33.6%	561	38.7%	54	26.6%	94	39.0%	28	20.3%
50 or More	1,371	34.0%	417	28.8%	100	49.3%	34	14.1%	81	58.7%
None	297	7.4%	82	5.7%	9	4.4%	19	7.9%	16	11.6%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

Table B.13. Current Practice Capacity of New Mexico Medical Doctors, 2014

Practice Capacity	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
My practice is FAR FROM FULL: I can accept new/additional patients	827	20.5%	292	20.2%	64	31.5%	27	11.2%	35	25.4%
My practice IS NEARLY FULL: I can accept a few new/additional patients	1,247	30.9%	475	32.8%	89	43.8%	105	43.6%	33	23.9%
My practice IS FULL: I cannot accept any new/additional patients	327	8.1%	167	11.5%	8	3.9%	32	13.3%	6	4.3%
Not Answered / Not Applicable	1,631	40.5%	514	35.5%	42	20.7%	77	32.0%	64	46.4%
<b>Total</b>	<b>4,032</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>203</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>

### C. Future Practice Planning

Table B.14. Near Future Practice Plans for New Mexico Medical Doctors, 2014

Near Future Practice Plans*	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	#	%	#	%	#	%	#	%	#	%
Retire from patient care	160	4.0%	51	3.5%	6	3.0%	12	5.0%	4	2.9%
Significantly reduce patient care hours	251	6.2%	80	5.5%	10	4.9%	11	4.6%	8	5.8%
Move my practice to another geographic location in New Mexico	116	2.9%	53	3.7%	7	3.4%	8	3.3%	6	4.3%
Move my practice out of New Mexico	217	5.4%	81	5.6%	12	5.9%	14	5.8%	10	7.2%
None of the above	3,366	83.5%	1,208	83.4%	171	84.2%	201	83.4%	113	81.9%
<b>Total</b>		<b>4,032</b>		<b>1,448</b>		<b>203</b>		<b>241</b>		<b>138</b>

\* Physicians can choose more than one category.

Table B.15. Reasons for Practice Change for New Mexico Medical Doctors, 2014

Change Factors*	All Medical Doctors		Primary Care		Ob/Gyn		Psychiatrists		General Surgeons	
	#	%	#	%	#	%	#	%	#	%
Age	206	30.9%	63	26.3%	12	37.5%	10	25.0%	6	24.0%
General lack of job satisfaction	185	27.8%	67	27.9%	9	28.1%	11	27.5%	10	40.0%
Geographic preference	105	15.8%	45	18.8%	7	21.9%	7	17.5%	3	12.0%
Gross Receipts Tax	103	15.5%	23	9.6%	5	15.6%	6	15.0%	4	16.0%
Health	31	4.7%	9	3.8%	1	3.1%	3	7.5%	0	0.0%
Increasing administrative/Regulatory burden	230	34.5%	81	33.8%	11	34.4%	12	30.0%	11	44.0%
Practice environment	204	30.6%	73	30.4%	13	40.6%	10	25.0%	9	36.0%
Reimbursement issues	175	26.3%	51	21.3%	11	34.4%	9	22.5%	5	20.0%
Other	120	18.0%	58	24.2%	7	21.9%	9	22.5%	4	16.0%
<b>Total**</b>		<b>666</b>		<b>240</b>		<b>32</b>		<b>40</b>		<b>25</b>

\* Physicians can choose more than one category.

\*\* Total based on physicians who reported planning at least one near-future practice change.

### D. Liability Insurance

Table B.16. New Mexico Medical Doctor’s Answers to the Question, “At what percentage increase in your annual professional liability insurance premium above your current level would you consider ...”

Professional Liability Insurance Threshold	Retiring from patient care		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent*	Count	Percent*	Count	Percent*
0%	305	20.9%	286	21.4%	270	22.7%
0 - 10%	309	42.1%	300	43.9%	213	40.7%
0 - 20%	307	63.1%	309	67.0%	230	60.1%
0 - 30%	176	75.2%	149	78.1%	152	72.9%
0 - 40%	64	79.6%	62	82.8%	54	77.4%
0 - 50%	185	92.3%	152	94.2%	154	90.4%
0 - 60%	7	92.7%	12	95.1%	19	92.0%
0 - 70%	18	94.0%	11	95.9%	14	93.2%
0 - 80%	3	94.2%	7	96.4%	9	93.9%
0 - 90%	4	94.4%	4	96.7%	5	94.4%
0 - 100%	78	99.8%	43	99.9%	64	99.7%
0 - >100%	3	100.0%	1	100.0%	3	100.0%
<b>Total</b>	<b>1,459</b>	<b>100.0%</b>	<b>1,336</b>	<b>100.0%</b>	<b>1,187</b>	<b>100.0%</b>
Not Answered / Not Applicable	2,573	63.8%	2,693	66.8%	2,843	70.5%

*Table B.17. New Mexico PCPs’ Answers to the Question, “At what percentage increase in your annual professional liability insurance premium above your current level would you consider ...”*

Professional Liability Insurance Threshold	Retiring from patient care		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent*	Count	Percent*	Count	Percent*
<b>0%</b>	102	23.1%	101	24.9%	97	27.4%
<b>0 - 10%</b>	102	46.3%	94	48.0%	18	32.5%
<b>0 - 20%</b>	86	65.8%	90	70.2%	47	45.8%
<b>0 - 30%</b>	58	78.9%	41	80.3%	12	49.2%
<b>0 - 40%</b>	21	83.7%	13	83.5%	34	58.8%
<b>0 - 50%</b>	46	94.1%	42	93.8%	9	61.3%
<b>0 - 60%</b>	2	94.6%	5	95.1%	7	63.3%
<b>0 - 70%</b>	6	95.9%	3	95.8%	2	63.8%
<b>0 - 80%</b>	1	96.1%	2	96.3%	1	64.1%
<b>0 - 90%</b>	0	96.1%	0	96.3%	0	64.1%
<b>0 - 100%</b>	16	99.8%	15	100.0%	70	83.9%
<b>0 - &gt;100%</b>	1	100.0%	0	100.0%	57	100.0%
<b>Total</b>	<b>441</b>	<b>100.0%</b>	<b>406</b>	<b>100.0%</b>	<b>354</b>	<b>100.0%</b>
<b>Not Answered / Not Applicable</b>	<b>1,007</b>	<b>69.5%</b>	<b>1,042</b>	<b>72.0%</b>	<b>1,093</b>	<b>75.5%</b>

*Table B.18. New Mexico Ob/Gyn Physicians’ Answers to the Question, “At what percentage increase in your annual professional liability insurance premium above your current level would you consider ...”*

Professional Liability Insurance Threshold	Retiring from patient care		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent*	Count	Percent*	Count	Percent*
<b>0%</b>	16	16.7%	21	22.6%	19	21.6%
<b>0 - 10%</b>	21	38.5%	23	47.3%	19	43.2%
<b>0 - 20%</b>	33	72.9%	27	76.3%	26	72.7%
<b>0 - 30%</b>	12	85.4%	6	82.8%	10	84.1%
<b>0 - 40%</b>	2	87.5%	4	87.1%	2	86.4%
<b>0 - 50%</b>	4	91.7%	8	95.7%	6	93.2%
<b>0 - 60%</b>	1	92.7%	1	96.8%	0	93.2%
<b>0 - 70%</b>	2	94.8%	0	96.8%	0	93.2%
<b>0 - 80%</b>	1	95.8%	1	97.8%	1	94.3%
<b>0 - 90%</b>	0	95.8%	0	97.8%	0	94.3%
<b>0 - 100%</b>	4	100.0%	2	100.0%	5	100.0%
<b>0 - &gt;100%</b>	0	100.0%	0	100.0%	0	100.0%
<b>Total</b>	<b>96</b>	<b>100.0%</b>	<b>93</b>	<b>100.0%</b>	<b>88</b>	<b>100.0%</b>
<b>Not Answered / Not Applicable</b>	<b>107</b>	<b>52.7%</b>	<b>110</b>	<b>54.2%</b>	<b>115</b>	<b>56.7%</b>

*Table B.19.* New Mexico Psychiatrists’ Answers to the Question, “At what percentage increase in your annual professional liability insurance premium above your current level would you consider ...”

Professional Liability Insurance Threshold	Retiring from patient care		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent*	Count	Percent*	Count	Percent*
0%	25	24.3%	15	17.2%	15	19.0%
0 - 10%	14	37.9%	13	32.2%	12	34.2%
0 - 20%	19	56.3%	23	58.6%	14	51.9%
0 - 30%	10	66.0%	9	69.0%	8	62.0%
0 - 40%	4	69.9%	6	75.9%	5	68.4%
0 - 50%	17	86.4%	15	93.1%	17	89.9%
0 - 60%	2	88.3%	1	94.3%	1	91.1%
0 - 70%	3	91.3%	1	95.4%	2	93.7%
0 - 80%	0	91.3%	0	95.4%	0	93.7%
0 - 90%	0	91.3%	0	95.4%	0	93.7%
0 - 100%	7	98.1%	3	98.9%	3	97.5%
0 - >100%	2	100.0%	1	100.0%	2	100.0%
Total	103	100.0%	87	100.0%	79	100.0%
Not Answered / Not Applicable	138	57.3%	154	63.9%	162	67.2%

*Table B.20.* New Mexico General Surgeons’ Answers to the Question, “At what percentage increase in your annual professional liability insurance premium above your current level would you consider ...”

Professional Liability Insurance Threshold	Retiring from patient care		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent*	Count	Percent*	Count	Percent*
0%	9	18.4%	11	24.4%	6	12.8%
0 - 10%	13	44.9%	13	53.3%	10	34.0%
0 - 20%	9	63.3%	12	80.0%	10	55.3%
0 - 30%	8	79.6%	6	93.3%	8	72.3%
0 - 40%	4	87.8%	0	93.3%	1	74.5%
0 - 50%	5	98.0%	3	100.0%	5	85.1%
0 - 60%	0	98.0%	0	100.0%	1	87.2%
0 - 70%	0	98.0%	0	100.0%	1	89.4%
0 - 80%	0	98.0%	0	100.0%	0	89.4%
0 - 90%	0	98.0%	0	100.0%	0	89.4%
0 - 100%	1	100.0%	0	100.0%	5	100.0%
0 - >100%	0	100.0%	0	100.0%	0	100.0%
Total	49	100.0%	45	100.0%	47	100.0%
Not Answered / Not Applicable	89	64.5%	93	67.4%	91	65.9%

## E. Medicare Payment

*Table B.21. New Mexico Medical Doctors' Responses to the Question, "At what percentage decrease in your Medicare payment would you consider ..."*

Threshold	Retiring from patient care		Closing my practice to new Medicare patients		Closing my practice to all Medicare patients		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>0%</b>	296	22.7%	269	21.3%	270	21.5%	282	23.8%	272	26.9%
<b>0 - 10%</b>	388	52.5%	481	59.4%	370	51.0%	380	55.9%	239	50.5%
<b>0 - 20%</b>	264	72.7%	234	77.9%	254	71.3%	225	74.9%	189	69.2%
<b>0 - 30%</b>	173	86.0%	147	89.5%	168	84.7%	143	87.0%	121	81.2%
<b>0 - 40%</b>	35	88.7%	27	91.7%	58	89.3%	33	89.8%	48	86.0%
<b>0 - 50%</b>	106	96.8%	47	95.4%	63	94.3%	66	95.4%	70	92.9%
<b>0 - 60%</b>	4	97.1%	9	96.1%	12	95.3%	7	95.9%	8	93.7%
<b>0 - 70%</b>	10	97.9%	6	96.6%	12	96.3%	9	96.7%	11	94.8%
<b>0 - 80%</b>	7	98.4%	4	96.9%	11	97.1%	7	97.3%	12	95.9%
<b>0 - 90%</b>	7	98.9%	10	97.7%	10	97.9%	4	97.6%	3	96.2%
<b>0 - 100%</b>	14	100.0%	29	100.0%	26	100.0%	28	100.0%	38	100.0%
<b>Total</b>	<b>1,304</b>	<b>100.0%</b>	<b>1,263</b>	<b>100.0%</b>	<b>1,254</b>	<b>100.0%</b>	<b>1,184</b>	<b>100.0%</b>	<b>1,011</b>	<b>100.0%</b>
<b>Not Answered / Not Applicable</b>	<b>2,720</b>	<b>67.6%</b>	<b>2,761</b>	<b>68.6%</b>	<b>2,775</b>	<b>68.9%</b>	<b>2,840</b>	<b>70.6%</b>	<b>3,020</b>	<b>74.9%</b>

Table B.22. New Mexico PCPs' Responses to the Question, "At what percentage decrease in your Medicare payment would you consider ...?"

Threshold	Retiring from patient care		Closing my practice to new Medicare patients		Closing my practice to all Medicare patients		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	97	26.6%	91	24.4%	87	23.5%	92	27.5%	90	31.6%
0 - 10%	109	56.6%	144	63.0%	110	53.1%	107	59.6%	61	53.0%
0 - 20%	70	75.8%	66	80.7%	69	71.7%	56	76.3%	45	68.8%
0 - 30%	45	88.2%	35	90.1%	44	83.6%	36	87.1%	34	80.7%
0 - 40%	7	90.1%	8	92.2%	19	88.7%	7	89.2%	10	84.2%
0 - 50%	27	97.5%	11	95.2%	18	93.5%	16	94.0%	18	90.5%
0 - 60%	0	97.5%	4	96.2%	5	94.9%	2	94.6%	3	91.6%
0 - 70%	3	98.4%	1	96.5%	4	96.0%	5	96.1%	4	93.0%
0 - 80%	1	98.6%	0	96.5%	3	96.8%	2	96.7%	7	95.4%
0 - 90%	1	98.9%	3	97.3%	2	97.3%	1	97.0%	0	95.4%
0 - 100%	4	100.0%	10	100.0%	10	100.0%	10	100.0%	13	100.0%
Total	364	100.0%	373	100.0%	371	100.0%	334	100.0%	285	100.0%
Not Answered / Not Applicable	1,082	74.8%	1,071	74.2%	1,076	74.4%	1,112	76.9%	1,162	80.3%

Table B.23. New Mexico Ob/Gyn Physicians' Responses to the Question, "At what percentage decrease in your Medicare payment would you consider ...?"

Threshold	Retiring from patient care		Closing my practice to new Medicare patients		Closing my practice to all Medicare patients		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	27	31.8%	22	24.4%	22	24.2%	27	32.1%	21	30.9%
0 - 10%	27	63.5%	37	65.6%	29	56.0%	26	63.1%	18	57.4%
0 - 20%	13	78.8%	8	74.4%	14	71.4%	9	73.8%	9	70.6%
0 - 30%	6	85.9%	10	85.6%	9	81.3%	7	82.1%	9	83.8%
0 - 40%	3	89.4%	2	87.8%	1	82.4%	1	83.3%	2	86.8%
0 - 50%	3	92.9%	2	90.0%	6	89.0%	5	89.3%	3	91.2%
0 - 60%	1	94.1%	2	92.2%	1	90.1%	1	90.5%	1	92.6%
0 - 70%	1	95.3%	1	93.3%	0	90.1%	0	90.5%	1	94.1%
0 - 80%	2	97.6%	1	94.4%	3	93.4%	2	92.9%	0	94.1%
0 - 90%	1	98.8%	2	96.7%	2	95.6%	1	94.0%	1	95.6%
0 - 100%	1	100.0%	3	100.0%	4	100.0%	5	100.0%	3	100.0%
Total	85	100.0%	90	100.0%	91	100.0%	84	100.0%	68	100.0%
Not Answered / Not Applicable	118	58.1%	113	55.7%	112	55.2%	119	58.6%	135	66.5%

*Table B.24. New Mexico Psychiatrists’ Responses to the Question, “At what percentage decrease in your Medicare payment would you consider ...”*

Threshold	Retiring from patient care		Closing my practice to new Medicare patients		Closing my practice to all Medicare patients		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	16	25.0%	15	21.7%	14	19.7%	14	23.3%	18	30.5%
0 - 10%	17	51.6%	27	60.9%	18	45.1%	16	50.0%	12	50.8%
0 - 20%	14	73.4%	13	79.7%	17	69.0%	14	73.3%	8	64.4%
0 - 30%	5	81.3%	7	89.9%	9	81.7%	6	83.3%	8	78.0%
0 - 40%	0	81.3%	2	92.8%	6	90.1%	3	88.3%	3	83.1%
0 - 50%	10	96.9%	4	98.6%	3	94.4%	6	98.3%	7	94.9%
0 - 60%	0	96.9%	1	100.0%	0	94.4%	0	98.3%	0	94.9%
0 - 70%	0	96.9%	0	100.0%	2	97.2%	0	98.3%	1	96.6%
0 - 80%	0	96.9%	0	100.0%	0	97.2%	0	98.3%	1	98.3%
0 - 90%	0	96.9%	0	100.0%	1	98.6%	0	98.3%	0	98.3%
0 - 100%	2	100.0%	0	100.0%	1	100.0%	1	100.0%	1	100.0%
Total	64	100.0%	69	100.0%	71	100.0%	60	100.0%	59	100.0%
Not Answered / Not Applicable	177	73.4%	171	71.3%	169	70.4%	181	75.1%	182	75.5%

*Table B.25. New Mexico General Surgeons’ Responses to the Question, “At what percentage decrease in your Medicare payment would you consider ...”*

Threshold	Retiring from patient care		Closing my practice to new Medicare patients		Closing my practice to all Medicare patients		Significantly reducing patient care hours		Moving practice out of state	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	5	10.4%	5	9.6%	7	13.5%	11	23.4%	7	15.2%
0 - 10%	18	47.9%	26	59.6%	18	48.1%	18	61.7%	12	41.3%
0 - 20%	12	72.9%	14	86.5%	16	78.8%	13	89.4%	13	69.6%
0 - 30%	7	87.5%	5	96.2%	4	86.5%	4	97.9%	3	76.1%
0 - 40%	2	91.7%	0	96.2%	2	90.4%	0	97.9%	3	82.6%
0 - 50%	2	95.8%	1	98.1%	1	92.3%	1	100.0%	1	84.8%
0 - 60%	1	97.9%	0	98.1%	1	94.2%	0	100.0%	2	89.1%
0 - 70%	0	97.9%	1	100.0%	1	96.2%	0	100.0%	0	89.1%
0 - 80%	0	97.9%	0	100.0%	0	96.2%	0	100.0%	0	89.1%
0 - 90%	1	100.0%	0	100.0%	0	96.2%	0	100.0%	0	89.1%
0 - 100%	0	100.0%	0	100.0%	2	100.0%	0	100.0%	5	100.0%
Total	48	100.0%	52	100.0%	52	100.0%	47	100.0%	46	100.0%
Not Answered / Not Applicable	90	65.2%	86	62.3%	86	62.3%	91	65.9%	92	66.7%

## APPENDIX C

### SURVEY COLLECTION PROGRESS, 2010 – 2014

Table C.1 depicts the state's progress in obtaining survey data for licensed health professionals. Survey data for physicians is not collected up to a year after they obtain their license. The New Mexico Medical Board requires physicians to renew their license in the following renewal cycle after a license is issued, at which time they are required to submit a survey. After the initial renewal, they are required to renew every three years.

The New Mexico Nursing Board was the first board to implement survey collection upon licensure, and the board requires completion of a survey at the time of initial licensure in order to collect demographic data. As a result, all licensed nursing professionals in the state have completed a licensure survey and are not included in Table C1.

Table C.1. Percentage of Health Care Professionals' License Renewal Surveys Obtained, 2010-2014

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	3	0	0.0%
Alcohol and Drug Counselor	625	293	46.9%
Anesthesiologist Assistant	32	0	0.0%
Art Therapist	105	62	59.0%
Associate Marriage & Family Therapist	20	0	0.0%
Audiologist	58	38	65.5%
Audiologist w/ Endorsement to Dispense	106	92	86.8%
Clinical Mental Health Counselor (LPCC)	1,939	1,173	60.5%
Dental Assistant	2,617	954	36.5%
Dental Hygienist	1,314	571	43.5%
Dentist	1,551	708	45.6%
Doctor of Chiropractic	646	573	88.7%
Doctor of Chiropractic APC	137	111	81.0%
Doctor of Medicine	8,653	7,443	86.0%
Doctor of Naprapathy	20	0	0.0%
Doctor of Osteopathy	648	525	81.0%
Licensed Baccalaureate Social Worker	656	342	52.1%
Licensed Clinical Social Worker	54	--	--
Licensed Independent Social Worker	1,833	1,219	66.5%
Licensed Masters Social Worker	1,664	849	51.0%
Licensed Mental Health Counselor	1,029	438	42.6%
Marriage and Family Therapist	305	202	66.2%
Nurses (all licensed)	2,483	2,483	100%
Occupational Therapist	887	778	87.7%
Occupational Therapy Assistant	396	215	54.3%
Physical Therapist	1,795	1,205	67.1%
Physical Therapist Assistant	585	344	58.8%
Physician Assistant	33	24	72.7%
Physician Assistant Medical	868	297	34.2%
Podiatrist	136	112	82.4%
Professional Mental Health Counselor	267	143	53.6%
Psychologist	789	524	66.4%
Psychologist Associate	10	5	50.0%
Registered Pharmacist	3,095	1,097*	35.4%
Speech-Language Pathologist	1,591	1,314	82.6%
Substance Abuse Associate	350	69	19.7%
Substance Abuse Intern	--	46	--
Telemedicine	616	0	0.0%
<b>Total</b>	<b>35,433</b>	<b>21,766</b>	<b>61.4%</b>

\* Surveyed directly from Board of Pharmacy