



# New Mexico Health Care Workforce Shortages and Possible Solutions

Legislative Health & Human Services Committee  
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# Overview

- Background
- Education and Training
- Financial incentives for addressing shortages
- Recruitment and retention

# Background

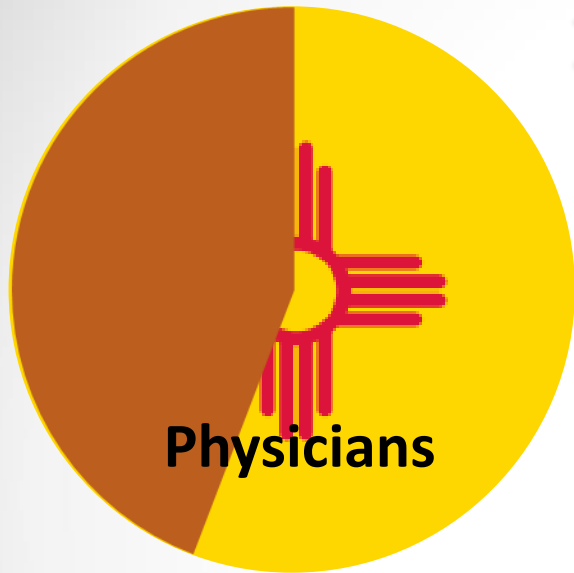
**In 2012 HB19 – the Health Care Work Force Data Collection, Analysis and Policy Act – became law and the following occurred:**

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

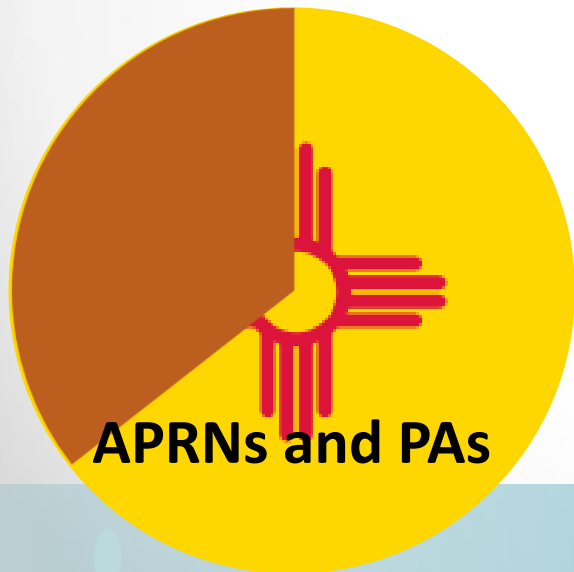
# 2013 Accomplishments

- Formed a broad-based, state-wide advisory committee.
- Produced first shortage report with a focus on nursing, dentistry, primary care physicians and psychiatry.
- Instrumental in enhancing funding for:
  - Dental education through WICHE
  - Health professionals loan repayment program
  - Nursing education expansion
  - Allied Health Loan for Service expansion
  - State-funded residency positions
- Other impacts
  - Telehealth services (Project ECHO)
  - Community Health Worker training

# Health Care Workforce in New Mexico



- 8,405 Licensed Physicians
  - 4,692 Practice in New Mexico (56%)
    - 1,957 Primary Care Physicians
    - 256 Obstetrician/Gynecologists
    - 179 General Surgeons
    - 321 Psychiatrists

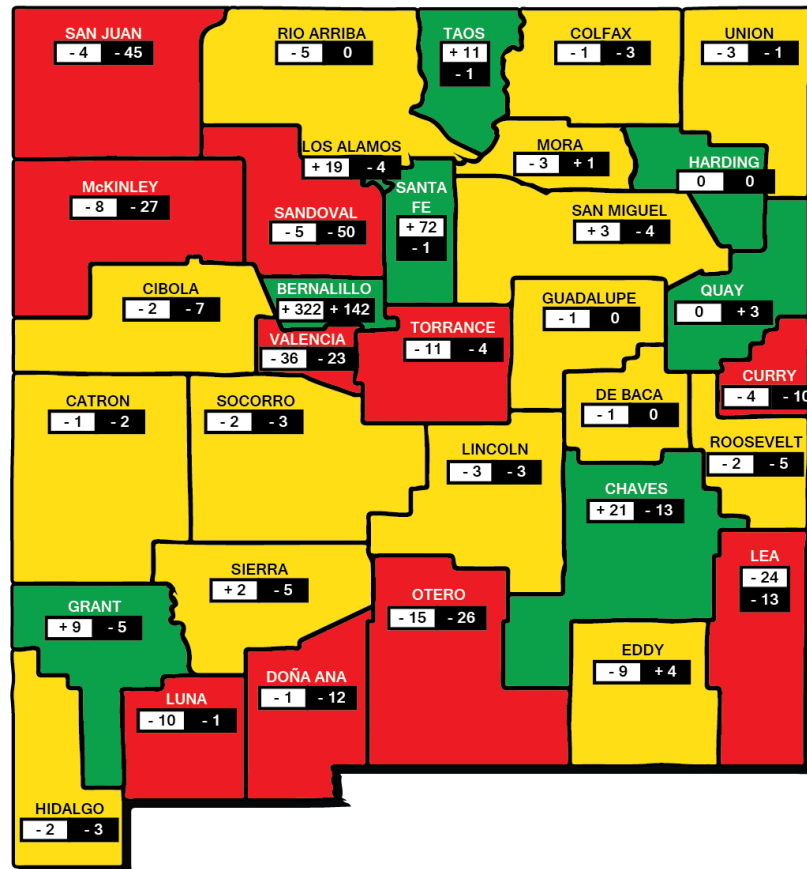


- 1,690 Certified Nurse Practitioners and Clinical Nurse Specialists
  - 1,089 Practice in New Mexico (64%)

# Distribution of New Mexico Primary Care Providers

## Shortage of New Mexico Primary Care Physicians and Certified Nurse Practitioners/Clinical Nurse Specialists

= Primary Care Physicians   
  = Certified Nurse Practitioners and Clinical Nurse Specialists



Total PCP and CNP/CNS Shortages per 1,000 Population

- No shortage/surplus
- Mild shortage (Lacking 1 - 10 providers)
- Severe shortage (Lacking > 10 providers)

Shortage or Surplus Values:

- 0 PC Physicians
- 0 CNP/CNS

PCP shortage based on national average of 0.79 per 1,000 population.

APRN shortage based on national average of 0.58 per 1,000 population.

# Shortages

- Most severe in less-populated counties
- Without redistributing the current workforce, New Mexico needs:
  - 153 Primary Care Physicians
  - 271 Certified Nurse Practitioners/Clinical Nurse Specialists
  - 40 Obstetrics and Gynecology Physicians
  - 21 General Surgeons
  - 104 Psychiatrists
- Average age is 53.6 years (national average: 49.2 years)
- Highest percentage of physicians over 60 years (33.3% versus 27.6% nationwide)

# Caveats

- Best estimates based on national averages (may not be applicable to rural areas)
- Challenges remain
  - Federal workers, Indian Health Services
  - Estimate: Do not have all 3 years of data (until this year)
- Future needs may not be the same as in present
- Validated by AAMC data

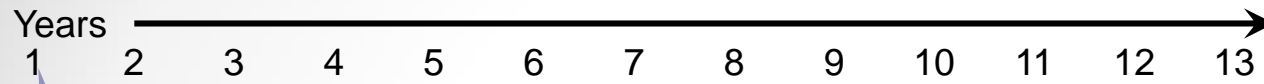


# Training Expansion

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# Programs to Increase the Number of Physicians and Dentists in Underserved Areas of New Mexico

Number of years required for programs to produce results



## 2014 Legislative Action

**Loan for Service/  
Loan Repayment  
Programs**

▶ *Begins immediately*

Increased allied health loan for service

**WICHE Dental**  
4 years in length

▶ (\$24,400 per year, per student)

Increased 6 slots

**BA/DDS Program**  
9 years in length

▶ (\$8.2M to implement; \$440,000 requested to begin implementation, 2016)

No action

**Physician Residency  
Programs**

3 – 5 years in length

▶ (\$905,000 to fund 9 positions for 1 year)

9 positions funded

**Combined BA/MD Program**

11 – 13 years from acceptance into program to completion of residency

▶ (\$4,354,600 per year, years 1 – 8 funded; residencies not funded)

Ongoing

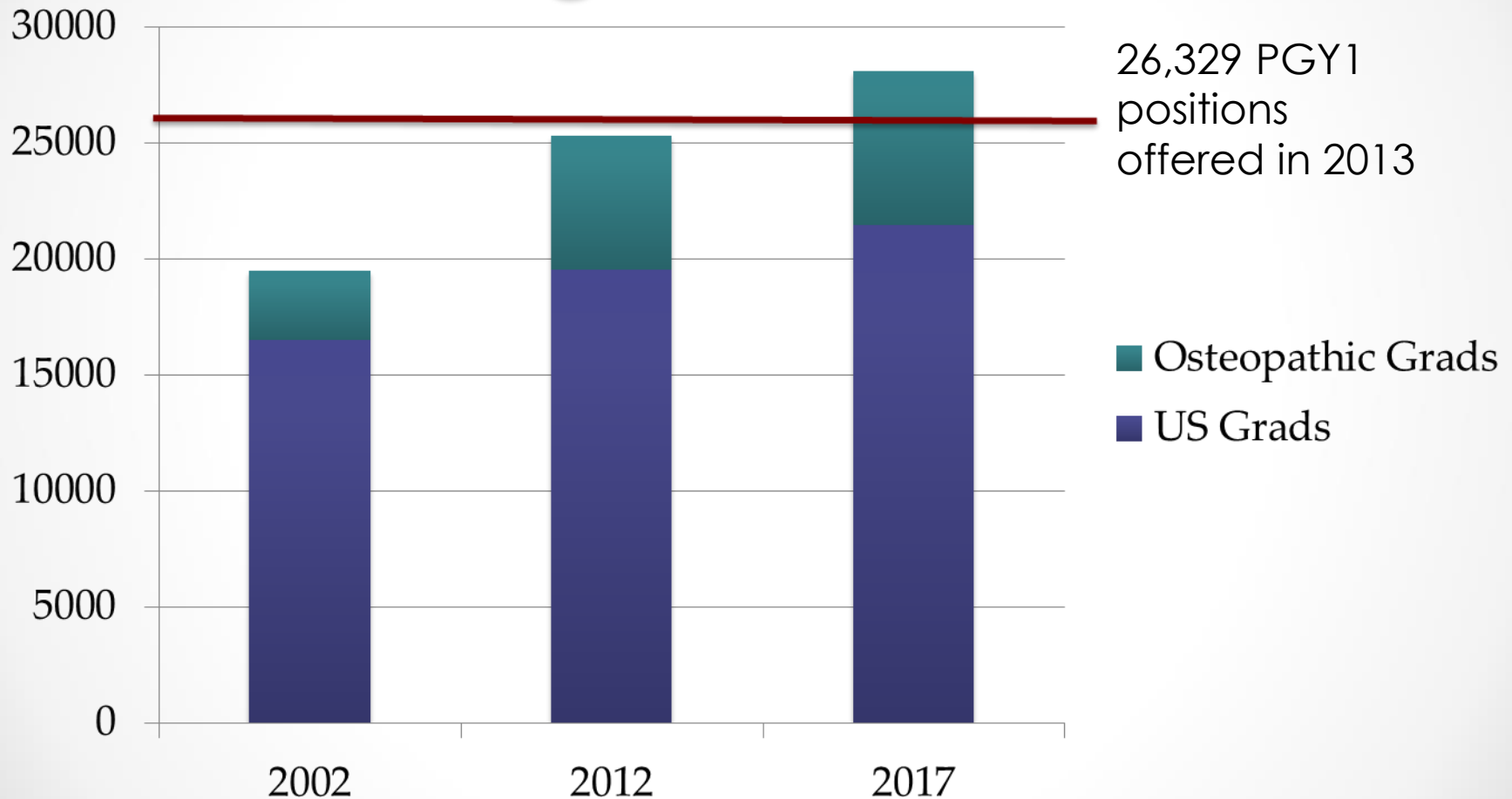
**BA/Nursing**  
4 years in length

**APRN**  
2 years in length

▶ (\$1.7M to double class sizes)

Increased to 40 per year

# Increasing Number of Graduating Medical Students



AAMC 2012 Medical School Enrollment Survey

# State-Funded Residency Expansion (2014)

Nine state-funded residency positions

- 5 Internal medicine
- 2 Psychiatry
- 2 General Surgery/Family and Community Medicine (1 + 2 residencies)

# State-Funded Residency Expansion: Case Studies

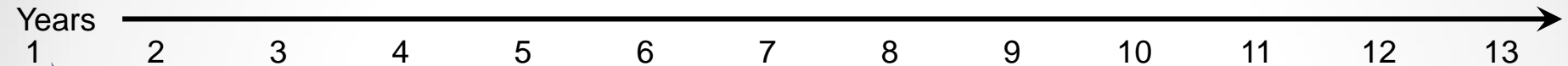
## Texas Graduate Medical Education Expansion

- General revenue fund appropriations of \$31.8M for multidirectional expansion of GME (residencies):
  - Planning grants to establish new residency programs
  - Funding for 50 additional positions at existing residency programs
  - Support for up to 100 new residency positions overall
  - Grant program awarding incentive payments to medical schools demonstrating improved numbers of primary care physicians practicing in-state following completion of residency training

# Education and Training

## Strategies to Address Practitioner Shortages

Number of years required for programs to produce results



**Loan for Service/  
Loan Repayment  
Programs/Scholarship**

**WICHE Dental**  
4 years in length

**BA/DDS Program**  
9 years in length

**Physician Residency  
Programs**  
3 – 5 years in length

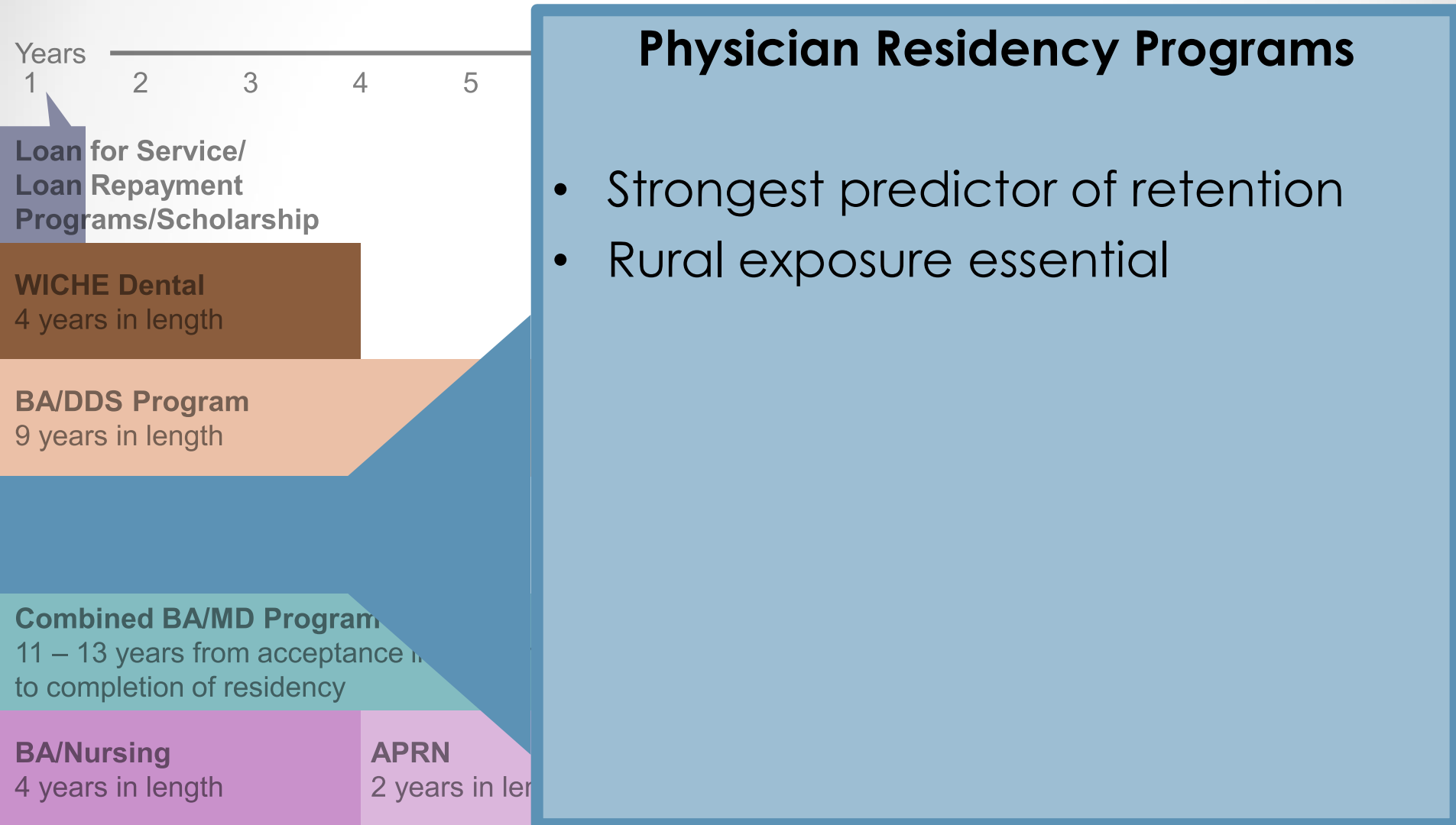
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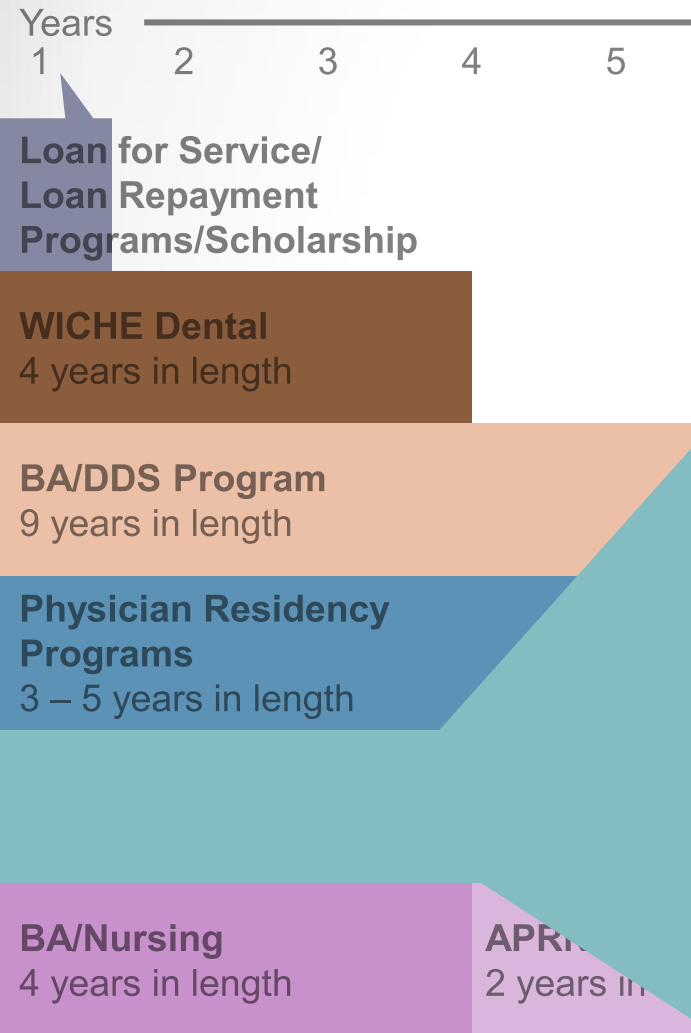
# Education and Training

## Strategies to Address Practitioner Shortages



# Education and Training

## Strategies to Address Practitioner Shortages



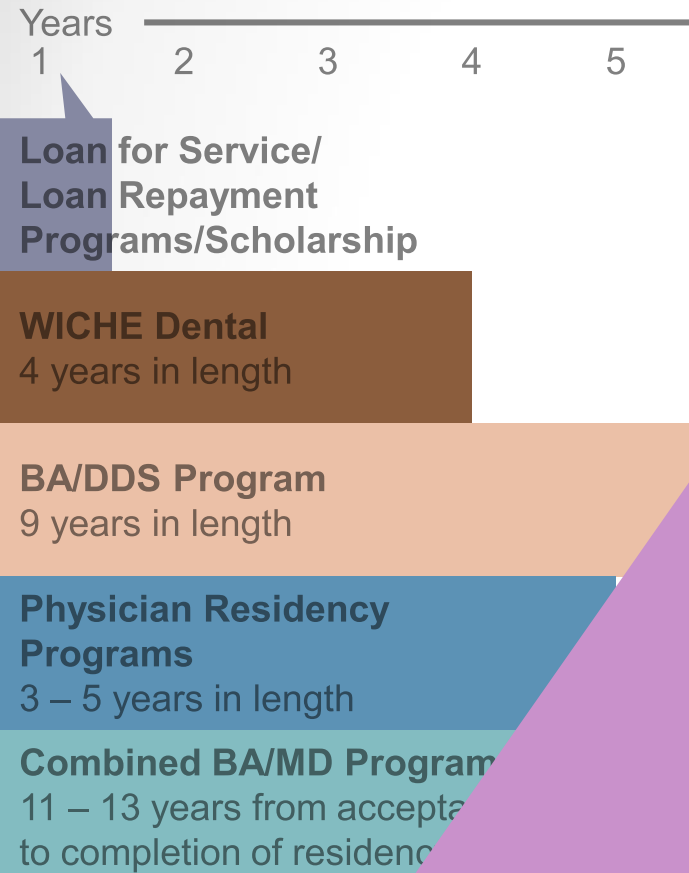
### Combined BA/MD Program

- Identify promising students
- Rural background
- Interest in primary care



# Education and Training

## Strategies to Address Practitioner Shortages

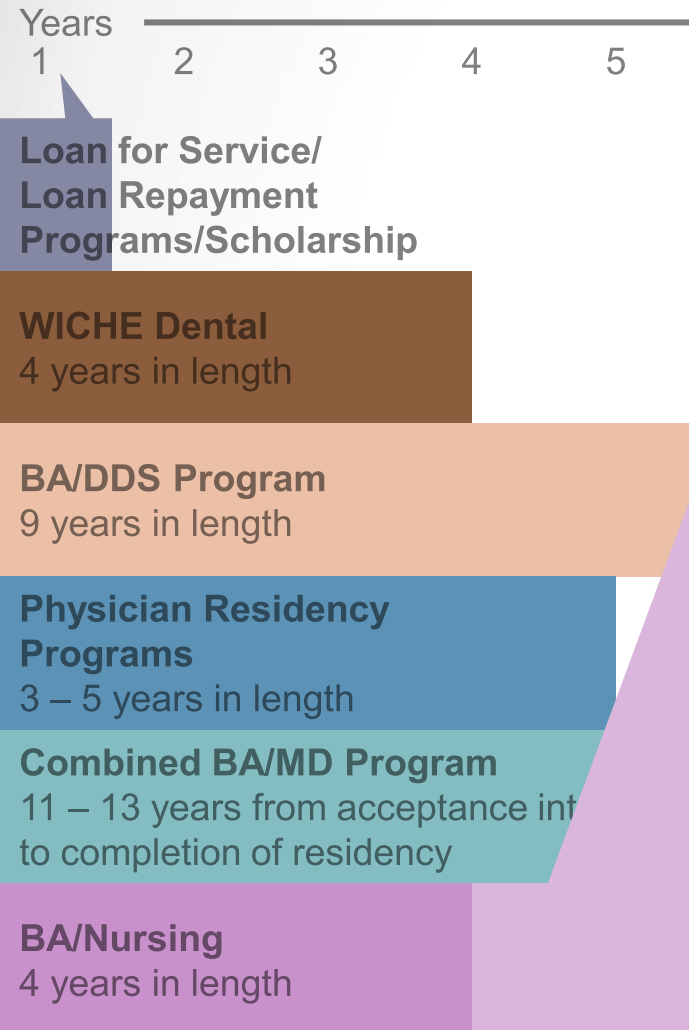


### **Combined BA/Nursing Program (NMNEC)**

- Affordable Care Act requires a greater number of BS nurses
- Unique consortium of nursing programs in NM to allow efficient conversion of ADRN to BSN:
  - Statewide curriculum adopted by all nursing programs
  - Partnerships with community colleges:
    - UNM with CNM, NM Junior College, San Juan College
    - NMSU with Santa Fe Community College

# Education and Training

## Strategies to Address Practitioner Shortages

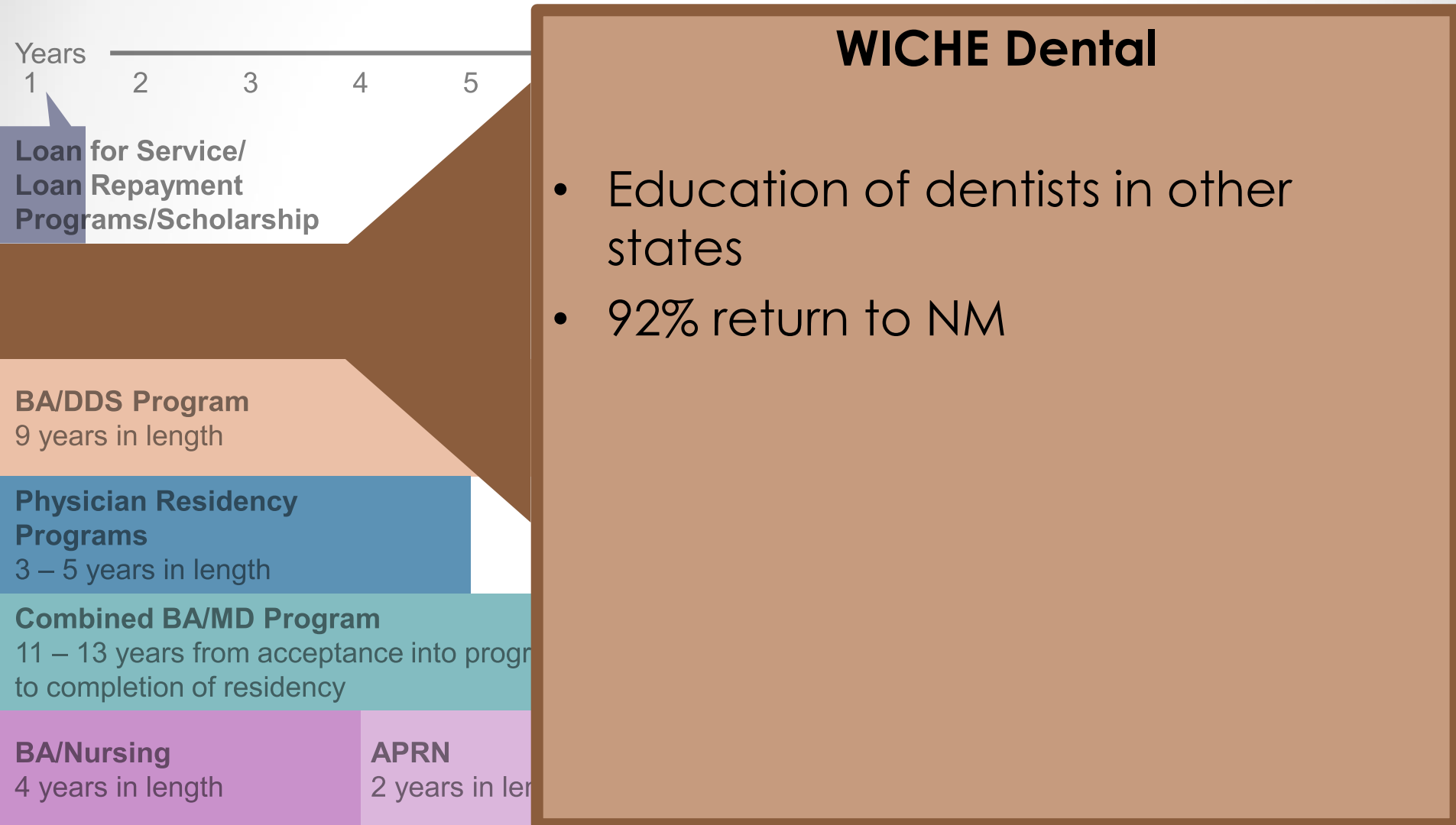


### Advanced Practice Registered Nurses

- Nurse practitioners (APRN) can perform many primary care functions
- Doubling students to 48

# Education and Training

## Strategies to Address Practitioner Shortages



# Education and Training Community Health Workers

- Provide key functions in underserved and marginalized communities:
  - Facilitate access to health care and social services
  - Provide informal counseling, health education, care coordination, and health screenings
  - Leads to cost-effective coordination of health care
- Certificate program beginning Spring 2015
  - 100 instructional hours and 100 practicum hours
  - Offered at **UNM – Gallup, Western NM University, NM Junior College, Santa Fe Community College**, and **CNM**, with plans in development to also deliver the curriculum remotely for ease of access

# Financial Incentives

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# Financial Incentives

Average debt \$169,901 (2013)

Of graduating MDs,

86% had debt

79% had debt > \$100k

40% had debt > \$200k

# Financial Incentives

- Debt and income potential play little role in specialty choice or practice location
- However, tuition assistance and debt repayment do figure prominently in choosing initial practice location
- General approach:
  - Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy.

# Financial Incentives

## NM Personal Income Tax Credit

Practitioners providing services in underserved rural areas are eligible for:

- \$5,000 Credit per year
  - Physicians (673)
  - Osteopathic physicians (55)
  - Dentists (235)
  - Clinical psychologists (60)
  - Podiatrists (18)
  - Optometrists (54)
- \$3,000 Credit per year
  - Dental hygienists (166)
  - Physician assistants (117)
  - Nurse practitioners (220)
  - Certified nurse midwives (29)
  - Certified registered nurse anesthetists (42)
  - Advanced practice nurses (21)

### Recommendation:

- The New Mexico Health Care Workforce Committee recommends that it be funded and tasked, not exclusively, with deriving and compiling information and data as well as evaluating the impact of the Rural Health Practitioners Tax Credit on recruiting and retaining health care professionals in rural New Mexico. The committee also recommends analyses of the potential impact of including other health care professionals in the list of those eligible to apply for the Rural Health Practitioners Tax Credit.



# Recruitment for Retention

## Recommendations C1 – C4:

- **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.
- Recruitment efforts should address **social and environmental barriers** to successful recruitment.
- **Explore strategies** to help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas.
- **Enhance linkages** between rural practitioners and the UNM Health Sciences Center to improve health care workforce retention.

# Recruitment for Retention

## Community Strengthening

### Case Studies: West Virginia RCP

- Joint effort: WV Division of Rural Health and Recruitment, community development agencies, and others
- Improves communities' recruitment abilities:
  - Education in recruitment strategies
  - Assistance in formulating recruitment plans
- As of 2008, 80% of participants have remained at site of practice after completion of program obligations

# Recruitment for Retention

## Social and Environmental Barriers

- Enhance recruitment through individual consultation:
  - Spouse employment opportunities
  - Housing options
  - Access to education and training for spouse and family
- Additional support for practitioners, spouses, and families to integrate with community in the long term

# Recruitment for Retention

## Professional Support Networks

- Help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas
  - May be virtual
  - May be locum tenens or other medicine
- Enhance formal education/informal consultation (ECHO-like) programs
- Extend UNM Physician Access Line Service (PALS) to provide community-driven consultation services to local practitioners



# Questions?

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