

Growing Our Own Primary Care Workforce: The Graduate Level



Legislative Health and Human Services Committee
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Arthur Kaufman, MD
Vice Chancellor for Community Health
Distinguished Professor of Family and Community Medicine
University of New Mexico
akaufman@salud.unm.edu



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NM's Family Medicine Residency – a high return on Investment

- 75 residents in 4 training sites (half urban, half rural)
- 25 grads/year: 13 from ABQ, 6 from Las Cruces, 4 from Santa Fe, 2 from Silver City
- ABQ grads: 25-50% work in rural NM
- Rural grads: 60-70% work in rural NM
- High retention in rural, underserved areas partly due to resident funding from State



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Environment

- GME residency slots from Medicare nationally are frozen
- Teaching hospitals don't fund resident rotations in community or rural areas
- Little or no growth in Family Medicine Training in New Mexico since 1997
 - Caps
 - Funds
 - Capacity
- Family Medicine most sought after physician specialty for employers
- Some community health centers and community hospitals share funding of residents' community rotations



Role of HEROs/Hubs: A “Grow Your Own” Success Strategy

- **Silver City:**
 - Largest rural training site
 - Major research grants/CHW service innovation
- **Hobbs:**
 - Training Destination for all health science student
 - Service innovation re: asthma
- **Taos Health Sciences Campus**
 - RN to BSN program model
 - Cradle of “Mental Health First Aid”
- **Santa Rosa:**
 - All 4 physicians from UNM Family Medicine residency
- **South Valley Health Commons:**
 - > 63% of physicians from UNM Family Medicine; model of Telehealth
 - Model integration of primary care/behavioral health/oral health/public health



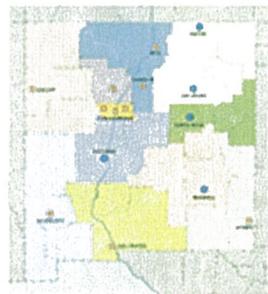
Opportunity

- While most Graduate Medical Education Funding comes from Medicare, Medicaid also funds Graduate Medical Education
- Some states have utilized Training Consortia, rather than Teaching Hospitals, to finance the development of Graduate Medical education positions
- In 2013-2014, the Legislature helped develop the NM Primary Care Training Consortium to improve and enhance Primary Care training in NM



Proposal Request

- Expand HEROs and their associated Hubs by 50% (from current 10 sites to 15 sites)
- Utilize General Funds to supplement GME and community funds for Expanding Rural Family Medicine and Rural Psychiatry Residencies
- Develop Proposal to HSD to Allocate Medicaid Funds for Primary Care
- Disconnect expanded training resources from Hospital payments



Proposal Request (cont.)

- Increase Base Funding for NM Primary Care Training Consortium to \$200,000
 - Coordinate Resident Recruitment, Retention
 - Assist in Program Development and Expansion
- Add 50% more Family Med Positions over time
- Provide Additional General Funds for Residency Expansion beginning FY 16
- Support expansion of other critical workforce needs
ex. Psychiatry, General Surgery, Dentists,
Physician Assistants, Nurse Practitioners

