



# **NC IOM Task Force on Primary Care and Specialty Supply**

**Strategies to recruit/retain providers  
into health professional shortage areas**



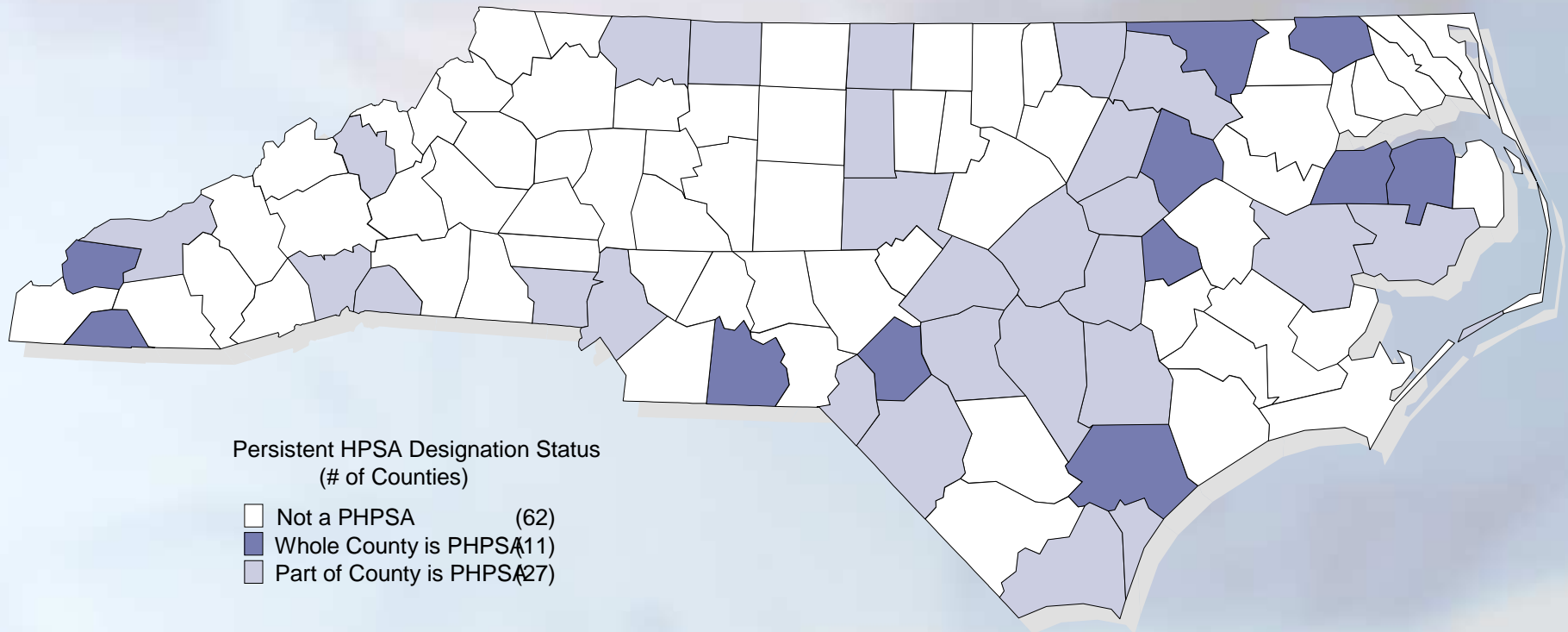
# Many areas of North Carolina face a shortage of physicians

- As mentioned earlier, the federal Health Resources and Services Administration denotes some areas / facilities / populations as being Health Professional Shortage Areas (HPSAs)
- Persistent HPSAs are those that have been denoted for 6 of the last 7 years



# Persistent HPSAs

## Persistent Health Professional Shortage Areas\* (PHPSAs) North Carolina, 2005



\*Persistent HPSAs are those designated as HPSA by the Health Resources and Services Administration (HRSA) from 1999 to 2005, or in 6 of the last 7 releases of HPSA definition.



# Possible policy levers/mechanisms

- Sandpile hypothesis: as the overall supply increases, the supply in underserved areas will increase
- Providers often stay near their education/training site
- Financial incentives can increase supply in underserved areas
- Some potential providers are more likely to treat underserved populations
- Exposure to underserved populations may be effective



# Preliminary Recommendations

- **NC General Assembly should appropriate \$170,000 to support and expand the health professional workforce research center and create an ongoing Health Workforce Policy Board (A1: Priority)**
- **NC Medical Schools should increase enrollment by 30% (A4: Priority)**



# Preliminary Recommendations

- If A4 cannot be done, NC General Assembly should consider the creation of a new medical school (A5)
- **NC PA and NP programs and ECU's CNM program should increase enrollment by 30% (A7: Priority)**



# Preliminary Recommendations

- **NC General Assembly should financially encourage health professional schools that address the unmet health needs of the state's population and should require reporting to ensure accountability (A8: Priority)**
- **NC General Assembly should appropriate \$13 million to AHEC to support expanded clinical rotations and primary care residency programs (A9: Priority)**



# Preliminary Recommendations

- Institutes of higher education and AHEC should offer courses that would increase the supply of practice managers and improve the skills of existing practice managers (A13)
- NC Department of Public Instruction, institutes of higher education, and AHEC should collaborate to create, coordinate, and expand health professional pipeline programs for underrepresented students (B1)



# Preliminary Recommendations

- Medical schools should create targeted programs and modify their admission policies to increase the number of students with an expressed interest in serving underserved populations (B2)
- **NC General Assembly should incentivize providers to practice in underserved areas (B3: Priority)**



# Preliminary Recommendations

- **NC foundations should fund regional, multi-county demonstrations to test new models of care to serve patients in rural and urban underserved areas, and if effective payers should support these efforts (B4: Priority)**
- **NC General Assembly should appropriate \$1,615,600 to the Office of Rural Health and Community Care to recruit and provide financial incentives for practitioners in underserved areas (B5: Priority)**



# Preliminary Recommendations

- **NC General Assembly should appropriate \$2 million to provide malpractice premium subsidies for delivery services in medically underserved areas (D5: Priority)**
- **NC General Assembly and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should provide funding to targeted rural communities to establish new models of care to serve public patients in rural and underserved communities (D7: Priority)**



# Preliminary Recommendations

- **NC General Assembly, public and private insurers and payers, NC Division of Medical Assistance, and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should pay for psychiatric consultations for primary care providers and psychiatric services provided by primary care providers, and ensure the adequacy of reimbursement levels for mental and behavioral health services (D8: Priority)**