



NC IOM Task Force on Primary Care and Specialty Supply

**Increasing Education and Residency Training
Programs and Recruitment Strategies**



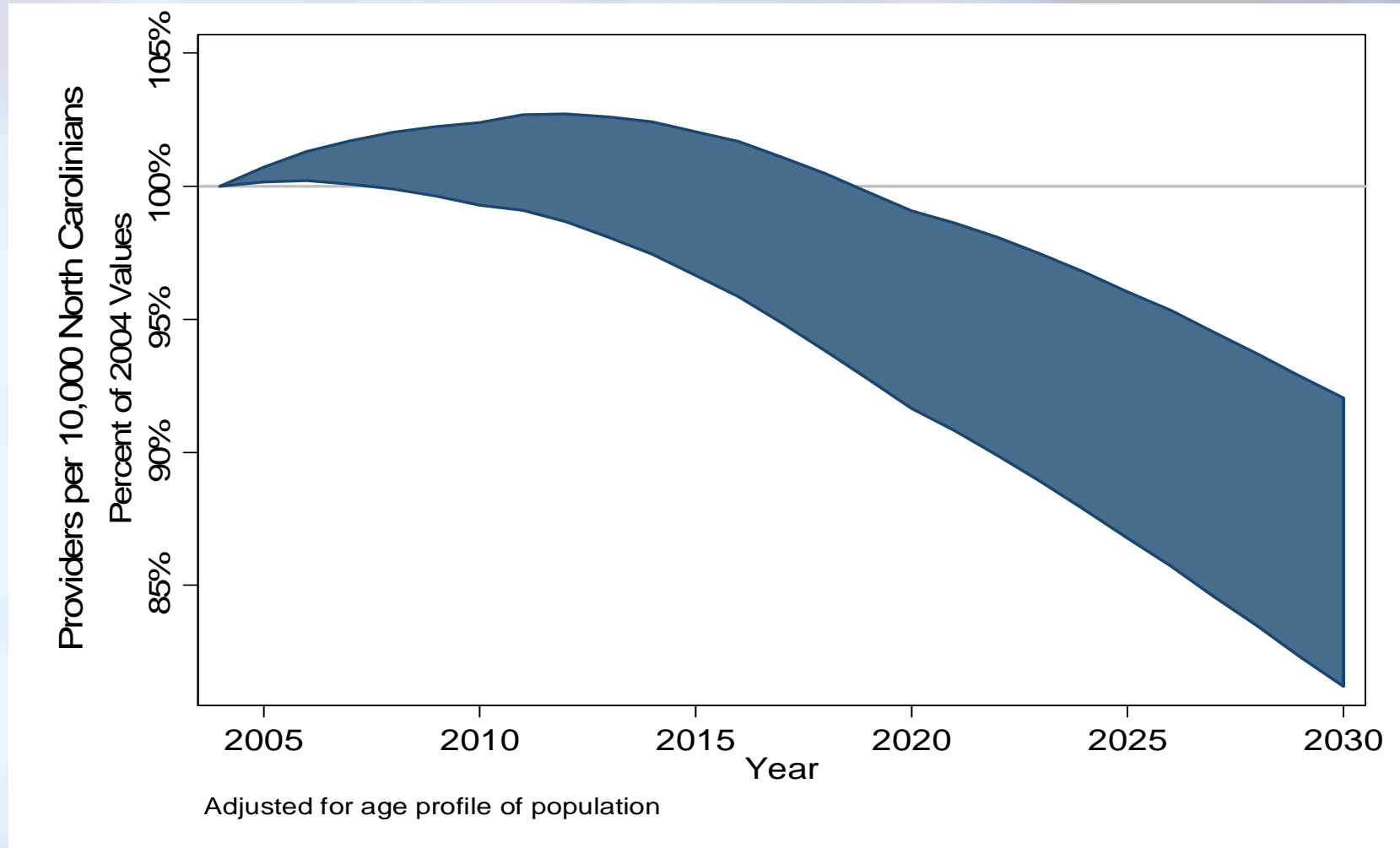
Projected Change in Provider to Population Ratios

	Projected Change in Provider-to-Population Ratios		Projected Change in Provider-to- <i>Adjusted</i> Population Ratios	
	2020	2030	2020	2030
Physicians only	-8%	-21%	-12%	-26%
All providers				
Best Case	4%	-2%	-1%	-8%
Worst Case	-4%	-13%	-8%	-19%



Provider-to-Population Projections

Range of Values





Projected Change in Provider to Population Ratios

- Adjusted population estimates account for likely increase in demand for health services as the population ages
- Adjusted population estimates do *not* adjust for likely increase in chronic illness, which could also increase demand for services

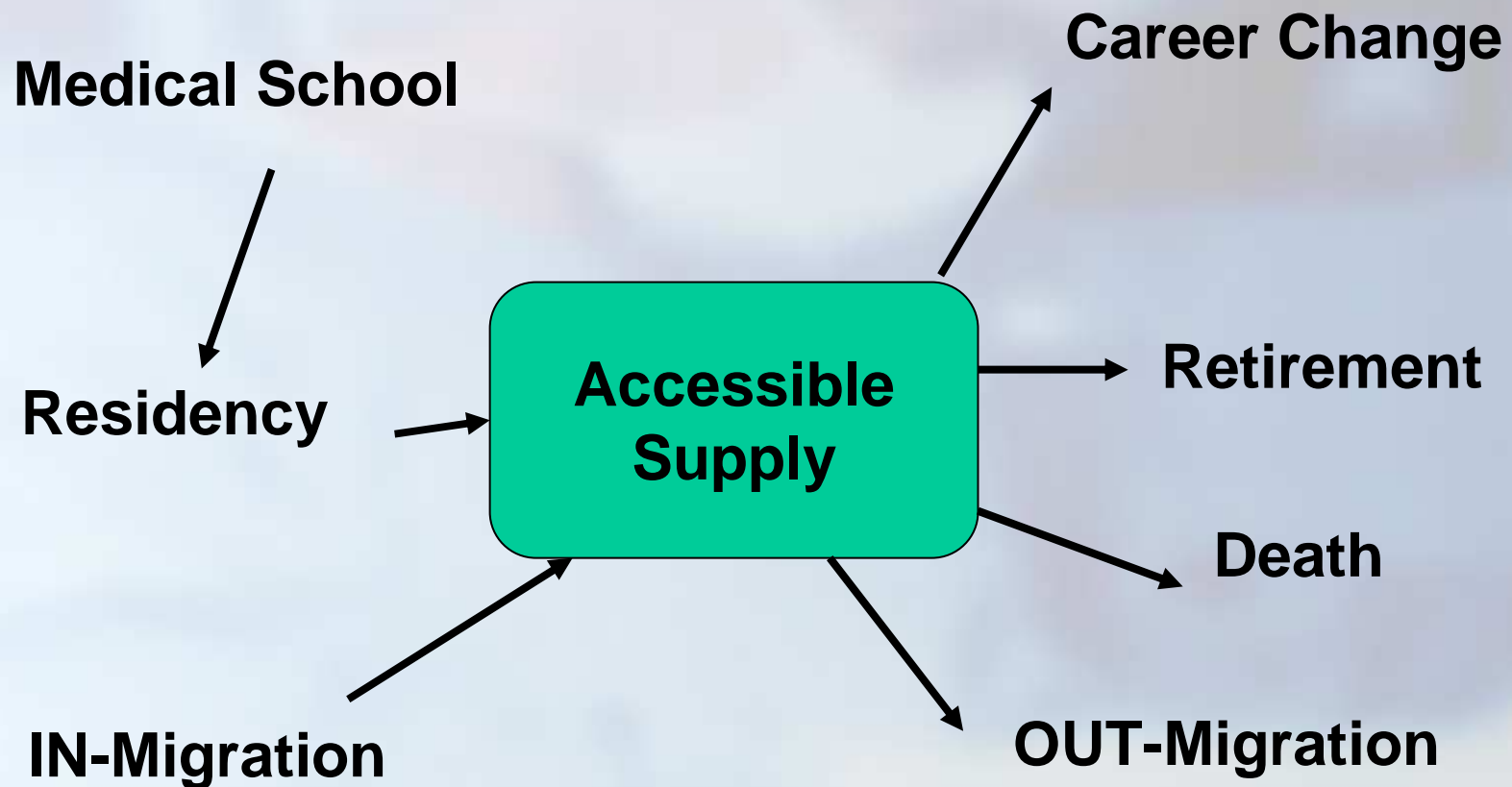


Maintaining Current Provider-to-Population Supply

- North Carolina could maintain its current provider-to-population ratio (adjusted for demand changes) over the next 25 years by:
 - **Increasing the yearly educational production of physicians by 20% *or***
 - **Increasing the production of non-physician clinicians by over 30% *or***
 - **Increasing the in-migration of physicians by 15% *or***
 - Increasing the productivity of healthcare providers by 15%
- The options are not mutually exclusive



Factors in Physician Supply





Supply Levers

- Increase number of MD, PA, NP, CNM students trained in NC
- Increase number of physicians who complete residency in NC
- Increase recruitment of health professionals into NC
- Increase satisfaction with profession to retain more health professionals in practice



Increasing Undergraduate Medical Education

- North Carolina medical schools do not produce enough physicians to meet the state's need for additional physicians
 - NC schools graduate approximately 440 students annually
 - Approximately 27% of NC practicing physicians attended medical school in NC
 - Approximately 40% of students trained in NC end up practicing in NC
 - Varies across medical schools: ECU (59%), Duke (24%), UNC-CH (49%), WFU (39%)



Increasing Graduate Medical Education: Residencies

- North Carolina residency programs train approximately 2,650 residents in 12 post-graduate programs
 - 16% in internal medicine, 10% in family medicine, 7% in pediatrics, 6% in OB/GYN, 7% in general surgery, and 47% in other specialty areas
 - Approximately 35% of NC practicing physicians completed residency in state, but
 - Almost half (49%) of those who completed residency in NC stayed in state



Increasing Supply of Non-Physician Clinicians

- Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs) can help meet the state's growing healthcare needs
 - Can provide many—but not all—of the healthcare services provided by physicians
 - Training programs generally shorter:
 - 2-3 years post-graduate for NPs, PAs, CNMs
 - Typically 7+ years for physicians



Other Strategies to Increase Supply

- North Carolina can recruit more practitioners into the state and encourage more practitioners to stay in the profession
 - Increase funding for recruitment
 - Ensure adequate reimbursement levels
 - Ensure positive regulatory environment
 - Support practices through information technology, trained office staff



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 General Assembly should appropriate \$2.5 million to the Carolinas Center for Medical Excellence and \$4.8 million to the NC Medical Society Foundation to support information technology for practices (A3: PRIORITY)**
- **NC medical schools should increase enrollment by 30% (A4: PRIORITY)**



Preliminary Recommendations

- If medical school enrollment cannot be increased sufficiently, NC General Assembly should consider the creation of a new medical school (A5)
- NC General Assembly should appropriate funds to pay for allocated seats for NC students in osteopathic schools in other states (A6)
- **NC physician assistant and nurse practitioner programs and ECU's Nurse Midwifery program should increase student 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)**
 - **Increasing number of practitioners who practice in underserved areas**
 - **Increasing supply of underrepresented minorities**
 - **Increasing supply in specialty shortage areas**
 - **Increasing interdisciplinary training**



Preliminary Recommendations

- **NC General Assembly should appropriate \$13 million to AHEC to support expanded clinical rotations and primary care residency programs (A9: PRIORITY)**
- NC residency programs should consider seeking joint accreditation by the American Osteopathic Association (A10)



Preliminary Recommendations

- NC Office of Rural Health and Community Care, in collaboration with other groups, should conduct marketing and outreach campaigns to emphasize the positive practice environment in NC (A11)
- NC General Assembly should help maintain and improve the positive regulatory environment for physicians, NPs, PAs, CNMs (A12)



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 General Assembly should recruit providers into NC and incentivize providers to practice in underserved areas (B3 PRIORITY)**



Preliminary Recommendations

- **State Employees' Health Plan and Division of Medical Assistance should enhance payments to primary care providers to value diagnostic and cognitive skills and to encourage medical home and chronic disease case management (D1 PRIORITY)**