



NC IOM Task Force on Primary Care and Specialty Supply

Priority Recommendations



Overview of Task Force Work

- NC IOM Task Force in collaboration with:
 - NC Health Professions Data System and the Southeast Regional Center for Health Workforce Studies at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill
 - NC Area Health Education Centers Program
- Chaired by E. Harvey Estes, MD, Emeritus Distinguished Service Professor, Department of Community & Family Medicine, Duke University
 - Included 30 other members including representatives of five academic health centers, different professional associations, hospital representatives, and other interested individuals



Task Force Work

- Task Force met over the course of approximately 12 months to study the problem and identify possible solutions
 - 17 priority recommendations
 - 33 recommendations
- Funded by a grant from the Kate B. Reynolds Charitable Trust



Priority Recommendations

- Recommendations aimed at ensuring that the ***overall supply*** of providers is sufficient to meet the growing healthcare needs of the state:
 - Encouraging the development of new models of care that improve quality and productivity
 - Increasing the number of physicians, nurse practitioners, physician assistants, and certified nurse midwives trained in the state
 - Increasing recruitment and retention efforts



Priority Recommendations

- Recommendations aimed at addressing the ***maldistribution*** of healthcare providers
- Recommendations aimed at increasing the supply of ***underrepresented minorities*** in the profession
- Recommendations aimed at increasing the ***types of providers (specialties)*** needed to address the state's growing healthcare needs



Workforce Center & Policy Board

A1. The NC General Assembly should appropriate \$170,000 to support and expand the NC Health Professional Data System (HPDS) and create an ongoing Health Workforce Policy Board. The HPDS will:

- Estimate the state's future need for healthcare services
- Identify new models of care that will increase productivity and quality
- Examine the distribution of healthcare providers across the state
- Examine trends in the supply of minority health professionals, and in the types of health professionals needed to meet the state's growing healthcare needs



Workforce Center & Policy Board

A1 (cont'd). The General Assembly should create a Health Workforce Policy Board which will consider the data from the HPDS and develop strategies to address the impending professional shortages



New Models of Care

- A2. NC foundations should help fund new models of care for improving the quality and efficiency of primary and specialty care, and if effective payers should support these efforts (A2)
- A3. 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



Increasing Supply of Providers Trained in NC

A4. NC medical schools should increase enrollment by 30%

A7. NC physician assistant and nurse practitioner programs and ECU's Nurse Midwifery program should increase student enrollment by 30%



Increasing Supply of Providers Trained in NC

A8. 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. Schools should be incentivized to:

- Increase the number of practitioners practicing in underserved areas or with underserved populations
- Increase the number of underrepresented minorities in the profession
- Increase the number of practitioners practicing in specialty shortage areas
- Encourage interdisciplinary team training



Increasing Supply of Providers Trained in NC

A9. NC General Assembly should appropriate \$13 million to AHEC to support expanded clinical rotations and primary care residency programs



Maldistribution

- B3. NC General Assembly should provide incentives to encourage providers to practice in underserved areas
- B4. 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
- B5. 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



Underrepresented Minorities

- C1. NC and its medical and health professional schools should consider and implement strategies to expand the number of underrepresented minority healthcare providers
- C2. NC medical and health professional schools should recruit and admit more bilingual and bicultural students, offer Spanish medical language courses, and build cultural sensitivity training into their curricula



Underrepresented Minorities

C6. AHEC should evaluate existing minority health professional pipeline programs and expand the most successful programs, develop a statewide student tracking system across the educational pipeline, and provide practice support to underrepresented minority health professionals who practice in underserved areas



Types of Providers by Specialization

- D1. State Employees' Health Plan and Division of Medical Assistance should enhance payments to primary care providers to recognize the value of diagnostic and cognitive skills and to encourage medical home and chronic disease case management
- D5. NC General Assembly should appropriate \$2 million to provide malpractice premium subsidies for delivery services in medically underserved areas



Types of Providers by Specialization

D7. 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 publicly funded patients in rural and underserved communities



Types of Providers by Specialization

D8. 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



We Value Your Input

- We are seeking *your* input on what should be priority recommendations to address the impending provider shortage
- Break out sessions in the afternoon:
 - Expanding supply through increasing the number of medical students and/or residents
 - New models of care to increase quality and productivity
 - Strategies to recruit/retain providers in underserved areas
 - Strategies to increase supply of underrepresented minorities in the professions



We Value Your Input

- We want your feedback on recommendations in break out sessions
- We welcome your comments on the report chapters and/or other workforce issues
 - You can write comments and submit them at the end of the summit
 - You can email us your comments at [*provider_summit@nciom.org*](mailto:provider_summit@nciom.org)
 - Please send us your comments by January 19, 2007