



Workforce Development



A New Mexico
Strategy for Mobilizing for
Access and Shortage Problems



Health care is a fundamental part of Rural Infrastructure

- Health Care represents around 17% of the national economy
- The Impact of health care revenues on rural economies is greater than urban often representing the major non-governmental employer and resource in some places
- Economic development potential does not work well in the absence of a community health care system
- Access to a broad range of integrated primary services saves health care resources and increases workforce allowing rural children the opportunity to live and serve in their own communities

Mission:

To enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community and academic partnerships.



Economic Impact

- 80 Primary Care Physicians
- Generates \$48,000,000 in Patient Revenues +/-
- Creates 300-400 jobs Directly
- \$72,000,000 economic Boost
- +/- 50% is federally paid Medicare and Medicaid
- Currently training 6 Family Medicine Physicians a year in Dona Ana County

Dona Ana County Physician Supply Needs –

DAC Medical Society Presentation to DAC Commissioners – Spring 2017

Specialty	Dona Ana County Deficit	Percent of Total
Primary Care	80	0.611
Psychiatry	16	0.122
OBGYN	12	0.092
General Surgery	07	0.053 / Total Basic Health Care Providers -- 88%
Neurology	06	0.046
All Other Specialties	10	0.076
Total	131	

AAFP Journal June 12, 2017

- The [report from the Congressional Budget Office \(CBO\), \(www.cbo.gov\)](http://www.cbo.gov) titled *Projecting Demand for the Services of Primary Care Doctors*, examines the demand for and value of primary care for the period from 2013 to 2023.
- In 2023, demand for services provided by primary care physicians is expected to be 18 percent higher than 2013 levels, largely because of population growth but also due to population aging and gains in insurance coverage. The dollar value of these services is projected to rise from \$70.4 billion in 2013 to \$83.1 billion in 2023. As a benchmark, the report noted that demand rose 15.5 percent from 2003 to 2013.
- The report defined primary care as office services provided by physicians in family medicine, general internal medicine and pediatrics, and the authors noted that their projections are conservative.

FORWARD NM OUTREACH	FY 11-14	FY 15
Stage 1 Students	7,380	1,214
Stage 2 Students	391	138
Stage 3 Students	240	55

AHEC-Supported Activities

Studies show that *rural, poor and minority students are more likely* to enter into Primary Care practice and more likely to serve in communities and populations *similar to their own*. Training experience in Primary Care settings and the location of a Primary Care residency program also impacts a person’s decision to practice in those places. From these studies, we developed the FORWARD NM model for communities to “*Grow Their Own*.”

Stage 1:

- Middle and High School health careers curriculum
- Programs to enhance Math, Science, and ACT preparation skills
 - Dream makers (UNM Office of Diversity)
 - Health Careers Academy (UNM)
 - SMASH Academy
- BA/MD, PIE, and other college application support and scholarships
- Mentoring and intern experiences
- 1 on 1 sessions





Health Careers Academy



Expand Your Horizons



Dream Makers Club

Stage 2:

- Support of college students in successful entry to graduate programs.
- Clinical exposure coordination and support
- Mentoring Programs with School-Aged Children
- BA/MD summer practicum
- DAT and MCAT+ Academy: preparation for Medical School or other Graduate Entrance Exams
- Mock Interviews for Program Applicants
- Support of University health career clubs



Stage 3:

- Facilitate rural and community-based internships and rotations
 - 55-70 per year
- Provide Housing
- Coordinate Scheduling with providers
- Develop Affiliation Agreements with Universities and Training Programs
 - Over 40 Affiliation Agreements over the last 5 years
 - Israel to New Zealand to Nova Scotia and In Between
- Expand Number of Health Professionals Trained in various disciplines
- Develop More Local Training Programs



A federally-funded Area Health Education Center

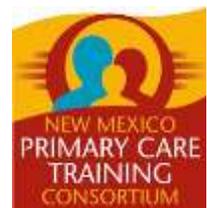
CHI – FORWARD NEW MEXICO
(Frontier and Rural Workforce Development)

Stage 4:

- Recruit and Retain Health Professionals (NM Health Resources)
- Improve Recruitment and Retention including Residency Development
- Align State training programs with State Needs
- NMPCTC: Improve Local Student Recruitment Capacity, Training Quality/Faculty Development and Placement Oriented Rotations

New Mexico Primary Care Training Consortium (NMPCTC)

Primary Care in the Land of Enchantment



Mission and Vision

Mission

“The New Mexico Primary Care Training Consortium improves the quality of essential health services by supporting existing and developing new training opportunities to increase primary care workforce in New Mexico.”

Adopted Nov. 2014.

Vision

For New Mexico to be an innovative leader in training family medicine physicians and other primary care providers working in the most underserved populations in high quality, integrated primary care health systems.



CONSORTIUM Board MEMBERS



LAS CRUCES:

ALBUQUERQUE:

ROSWELL:

Burrell College of Osteopathic Medicine

UNM Office of Community Health

Former – Eastern NM Family Medicine Program

Why a New Mexico Consortium?

There is a historical relationship between the NM Family Medicine Residency Programs. Formalizing, strategizing and building that relationship serves to increase **quality** of primary care training in New Mexico by:

- Providing statewide advocacy, administration and financing of residency program development and operations
- Developing joint marketing and resident/faculty recruitment activities
- Developing and implementing Quality Improvement (QI)
- Shared professional development opportunities
- Expansion of existing and development of new residency and rural rotation programs
- Improve faculty and resident recruitment and training
- Building formal support



Family Medicine Residency Support and Expansion

Existing and Potential Locations



Conceptual Reach of Residency Training Hub / Spoke Model



Stage 5:

- Support improvements in Health Professional Policy and Programs.
- **Ultimate goal:** To increase the number of health care professionals working in Health Professional Shortage Areas (HPSAs), rural and frontier communities in New Mexico.



Policy Recommendations - National

- **Advancing Medical Resident Training in Community Hospitals Act reintroduced in the Senate**
- The Senate reintroduced a bill designed to help hospitals that accidentally established Medicare GME caps and/or per resident amounts based on small numbers of resident rotators.
- The legislation addresses three problems:
 - Accidental establishment of a hospital's resident limit, or "cap"
 - Accidental establishment of a hospital's per-resident amount (PRA)
 - Extremely low base-year cap
- **Presidential budget proposal**
- Although widely publicized for its significant proposed health care-related budget cuts, the [FY 2018 Budget Proposal](#) contained no specific recommendations for cuts to Medicare GME funding. Interestingly, the proposal included \$60 million in each of 2018 and 2019 to extend Teaching Health Centers Graduate Medical Education (THCGME) program grants.
- **Resident Physician Shortage Act reintroduced**
- The bipartisan legislation would increase the total number of Medicare-funded allopathic and osteopathic residency training positions nationwide by 3,000 slots per year for the years 2019 through 2023, for an aggregate increase of 15,000 slots over the 5-year period.

NM Policy Improvement Recommendations

- Support Health Careers Education programming – AHECs
- Expand support and development of rural / community-based training opportunities including residencies
- Use existing state general funds for rural rotations to expand residency training through CMS matching funds
- Target existing state Medicaid Hospital Direct GME funds to address:
 - Priorities in health services statewide – Family Medicine / Psychiatry
 - Include general pediatrics and Internal Medicine based on % resident graduates practicing primary care and working in NM
 - Include General Surgery and OB-GYN based on % working in NM
 - Overall - provide 70-80% of funds for above
 - Provide 20-25% payment differential for above to incentivize hospitals in these areas



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