Primary Care Health Care Workforce Gap

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Will there be a workforce shortage?

• No
  • Problem with distribution of providers
  • Technology decreases need for providers
  • Preventative care will decrease need

• Yes
  • Aging workforce
  • Aging provider base
  • Increased insured base
  • Technology will increase care
Gap Variables

- Depends who you ask
- Both shortage and surplus can occur
- Geographic distribution
- Access to care issue
- Utilization rates

![Graph showing relationship between primary care physicians per 100,000 residents and % with at least one ambulatory visit to a primary care clinician. The graph has a correlation coefficient of R² = 0.07.]
Physician constraints

• Aging workforce
• Hours worked
• Productivity
• Loss of residency slots
• Primary care providers unable to pay back Loans
What Increases Healthcare Demand?

- Population Growth
- Aging Population
- ACA
- Economic growth
- Medical advances
- Public expectations
Projected shortages of patient care physicians, 2008 to 2020

Projections prepared by the Lewin Group for the AAMC
Predictions of Need

• 50k new primary care providers needed
  • Based on increased population
  • Based on increase in insured

• No way to meet this need even if we built schools overnight
  • Rationing healthcare
  • Need to think out of the box
    • Pharmacists, RN’s full capacity, social workers...
  • NPs, PAs
    • Full practice authority
    • Trade barriers
Cost to train

• Medical school
• Foreign medical schools
• Residency programs
Challenges in workforce development

- More medical students on the way

- Uncertain times for GME financing: recent growth has been mostly in “profitable” programs

- Workforce changing:
  - Less interest by U.S. grads in primary care
  - More women in medicine - all fields
  - More focus on life outside of work

- Changing delivery systems, payment models & incentives = changing roles for physicians, teams

- Opportunity for non-physicians to expand their role?
Resistance to solutions

• Giving up control
  • No healthcare profession owns healthcare
  • All are interdependent
  • Not physician substitute
    • Trained for specific set of skills
  • Not trained vs
    • Trained differently
  • Not enough patients - Enough patients to go around
• Not enough time
  • Time ≠ competency
Team Approach

• Surgery
  • anesthesia

• Emergency room
  • MI (Physician, NP or PA, RN, EMT, Pharm D, Cardiologist, Cath Lab)

• Primary Care
  • The opportunity!
69% increase in NP Graduates since 2001

Growth in Annual NP\textsuperscript{1} Graduates, 2001-2011

Source: HRSA, National Center for Health Workforce Analysis
41% increase in number PAs certified since 2001

Annual Newly Certified PAs, 2001 - 2011

Source: HRSA, National Center for Health Workforce Analysis
Reality and Resistance to change

• Train has left the station
• Barriers to trade
• Research based evidence
• Shortages in healthcare delivery
• Costs too much for quality delivered
Change focus

• Not illness focus
• Outcome focus
Different is OK!

• Not mid-levels
• Not physician extenders
• Not physicians
• Not non Anything
• You are what you have been clinically trained to do
Opportunity

• Realize this is not a threat but better team based approach and an opportunity to lead
• Osteopathic leadership
  • Was in primary care
• Treat-the-whole-patient opportunities
  • Redefine role
  • Non ACGME FP residencies
  • 5 year programs
Recommendations

Shortage – Solutions

• Team-based approach
• Lift restrictive practice
• Work to full practice authority
• Decrease barriers for payment