Addressing Primary Care Workforce Challenges

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Senior Vice President for Education
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Outline

• Teaching Health Center GME
• Family Physician Burnout
Challenge: Primary Care Shortage

Both and overall shortage AND maldistribution

Primary Care Physician Workforce
Implements all cause mortality:

An increase of one primary care physician per 10,000 people is associated with an average mortality reduction of 5.3%, or 49 fewer deaths per 100,000 per year.
<table>
<thead>
<tr>
<th>Type of HPSA</th>
<th>Number of Designations&lt;sup&gt;(1)&lt;/sup&gt;</th>
<th>Population of Designated HPSAs&lt;sup&gt;(2)&lt;/sup&gt;</th>
<th>Percent of Need Met&lt;sup&gt;(3)&lt;/sup&gt;</th>
<th>Practitioners Needed to Remove Designations&lt;sup&gt;(7)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Medical HPSA Totals</strong></td>
<td>6,708</td>
<td>67,510,391</td>
<td>54.47 %&lt;sup&gt;(4)&lt;/sup&gt;</td>
<td>10,201&lt;sup&gt;(7)&lt;/sup&gt;</td>
</tr>
<tr>
<td>Geographic Area</td>
<td>1,380</td>
<td>31,981,318</td>
<td>64.11 %</td>
<td>3,529</td>
</tr>
<tr>
<td>Population Group</td>
<td>1,521</td>
<td>34,285,230</td>
<td>48.52 %</td>
<td>5,849</td>
</tr>
<tr>
<td>Facility</td>
<td>3,807</td>
<td>1,243,843</td>
<td>32.24 %</td>
<td>823</td>
</tr>
<tr>
<td><strong>Dental HPSA Totals</strong></td>
<td>5,568</td>
<td>52,210,740</td>
<td>37.89 %&lt;sup&gt;(5)&lt;/sup&gt;</td>
<td>8,312&lt;sup&gt;(8)&lt;/sup&gt;</td>
</tr>
<tr>
<td>Geographic Area</td>
<td>687</td>
<td>14,626,848</td>
<td>57.05 %</td>
<td>1,442</td>
</tr>
<tr>
<td>Population Group</td>
<td>1,621</td>
<td>35,905,297</td>
<td>32.00 %</td>
<td>6,056</td>
</tr>
<tr>
<td>Facility</td>
<td>3,260</td>
<td>1,678,595</td>
<td>26.80 %</td>
<td>814</td>
</tr>
<tr>
<td><strong>Mental Health HPSA Totals</strong></td>
<td>4,701</td>
<td>106,333,967</td>
<td>43.39 %&lt;sup&gt;(6)&lt;/sup&gt;</td>
<td>3,474&lt;sup&gt;(6)&lt;/sup&gt;</td>
</tr>
<tr>
<td>Geographic Area</td>
<td>1,013</td>
<td>83,559,541</td>
<td>52.56 %</td>
<td>1,783</td>
</tr>
<tr>
<td>Population Group</td>
<td>265</td>
<td>20,586,703</td>
<td>39.92 %</td>
<td>560</td>
</tr>
<tr>
<td>Facility</td>
<td>3,423</td>
<td>2,187,723</td>
<td>21.22 %</td>
<td>1,131</td>
</tr>
</tbody>
</table>
From 2005 through 2015, 99 percent of residents in GME programs trained in urban areas.

Overall, during this period, the number of residents grew by 22 percent—from 104,330 to 127,578.

Urban areas added a greater number of residents—almost 23,000 (from 103,526 to 126,355), compared with 419 for rural areas (from 804 to 1,223).
Increase in Demand for Primary Care Services:

• Based on Population growth and aging
• From 2013 – 2023 demand for primary care services will *increase by 18%*
Solution:
Teaching Health Center GME

- Embedded in the community during training
- Focused on meeting underserved needs
- Emphasis on population health
- Addresses social determinants of health
- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-Pediatrics
- Obstetrics and Gynecology

- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics
Teaching Health Center Graduate Medical Education Awardees

Select a state, or use the drop-down menu to view Teaching Health Centers (THCs). States shaded in dark blue show current THCGME grantees.

Massachusetts
THC Name: Greater Lawrence Family Health Center, Inc.
City: Lawrence
Program Discipline(s): Family Medicine
Teaching Health Center GME Data

• 27 states
• Over 700 residents currently in training
TEACHING HEALTH CENTER SUCCESSES

Analysis of THCGME programs shows promising results that signal this innovative education model is working:

- Residents who train in THC are more likely to:
  - Practice primary care: 82% vs. 23%
  - Remain in underserved areas: 55% vs. 26%
  - Practice in rural areas: 20% vs 5%
  - Practice in CHC: 36% vs. 2%
Training the Next Generation of Primary Care Doctors Act of 2017 (HR 3394 / S 1754)

- Sponsored Rep. Cathy McMorris Rodgers and Senator Susan Collins
- Supported by bipartisan members
- The bill reauthorizes and funds the THCGME program for three years with the ability to expand
- HRSA funded study data amount $157,000 per trainee ($116.5M)
- Unless Congress acts, the efficient and highly successful THCGME program will expire on September 30, 2017.
Workforce Challenge: Physician Burnout
FIGURE 1. Personal and professional repercussions of physician burnout.
Impact on Physician Workforce

• Decreased clinical time
  – Equivalent to a net decrease of 1067 physicians

• Estimated 400 physician suicides annually
  – 3 to 4 medical school graduating classes

• Quality, safety, and service erosion

Tait D. Shanafelt, MD, Omar Hasan, MBBS, MPH, Lotte N. Dyrbey, MD, MHPE, Christine Sinsky, MD, Daniel Satele, MS, Jeff Sloan, PhD, Colin P. West, MD, PhD

Mayo Clinic Proceedings
Volume 90, Issue 12, Pages 1600-1613 (December 2015)
DOI: 10.1016/j.mayocp.2015.08.023
n = 6880
FM = 540

63%
(Increased 12%)
The Gap Between the General Population and Physicians is Widening

**FIGURE 2.** Changes in burnout and satisfaction with WLB in physicians and population year are shown on the x-axis. Burnout (A) and satisfaction with WLB (B) are shown on the y-axis. WLB = work-life balance.
Physician Ecosystem

Health System
Organization
Practice
Individual
Physician Culture
<table>
<thead>
<tr>
<th>Cause</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many bureaucratic tasks</td>
<td>5.3</td>
</tr>
<tr>
<td>Spending too many hours at work</td>
<td>4.7</td>
</tr>
<tr>
<td>Feeling like just a cog in a wheel</td>
<td>4.6</td>
</tr>
<tr>
<td>Increasing computerization of practice (EHRs)</td>
<td>4.5</td>
</tr>
<tr>
<td>Income not high enough</td>
<td>4.1</td>
</tr>
<tr>
<td>Too many difficult patients</td>
<td>4.0</td>
</tr>
<tr>
<td>Insurance issues</td>
<td>4.0</td>
</tr>
<tr>
<td>Maintenance of certification requirements</td>
<td>4.0</td>
</tr>
<tr>
<td>Lack of professional fulfillment</td>
<td>3.9</td>
</tr>
<tr>
<td>Threat of malpractice</td>
<td>3.9</td>
</tr>
<tr>
<td>Too many patient appointments in a day</td>
<td>3.9</td>
</tr>
<tr>
<td>Difficult employer, colleagues, or staff</td>
<td>3.7</td>
</tr>
<tr>
<td>The impact of the Affordable Care Act</td>
<td>3.7</td>
</tr>
<tr>
<td>Inability to provide patients with the quality care that they need</td>
<td>3.7</td>
</tr>
<tr>
<td>Compassion fatigue (overexposure to death, violence, and/or other loss in patients)</td>
<td>3.5</td>
</tr>
<tr>
<td>Family stress</td>
<td>3.1</td>
</tr>
<tr>
<td>Inability to keep up with current research and recommendations</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Average wait time for prior authorization responses

**Question:** In the last week, how long on average did your practice need to wait for a PA decision from health plans?

- Less than 1 hour: 7%
- A few hours: 15%
- More than a few hours, less than 1 business day: 11%
- 1–2 business days: 33%
- 3–5 business days: 20%
- More than 5 business days: 6%
- Don’t know: 7%

Nearly 60% report waiting at least 1 business day. 26% report waiting at least 3 business days.
What is the root cause of increased family physician burnout?

administrative, administrative, administrative, admin
autonomy, autonomy, boundaries, being, boundaries
burden, burden, burdeon, control, corporate
demands, demands, documentation, ehr
employment, employment, endless, excessive
exhaustion, expectations, government, hassles
inequity, inequity, inferior, insurers
lack, lack, medicine, overload, paper
payment, practice, priorauth, regulations, required
requirements, respect, schedule, sense
specialists, somehow, specialists, support, unrealistic
viewed
“This Isn’t What I Signed Up For!”
“Steals My Time from Patients”

A time motion / work flow study revealed that for every

**ONE hour of clinical time**

focused on patient care there are **TWO hours** spent on
documentation and other administrative tasks
Solution: Fix the Broken System

• Regulatory Relief:
  – Cut the Red Tape
  – Ease documentation requirements (E&M Coding, etc.)
  – Improve EHR functionality
  – Simplify quality reporting
  – Decrease prior approvals
  – Focus on quality not quantity