Arizona’s Health Workforce and Graduate Medical Education (GME)

Arizona Rural Health Meeting
Kim VanPelt
St. Luke’s Health Initiatives
January 14, 2015
Health Workforce Needs Likely to Grow

Aging population

Increases in health coverage

Population will continue to increase for our state
Health Workforce Shortages

Arizona has health professional shortages across the state, including urban areas.

According to ADHS, Arizona needs a total of 442 primary care professionals, 441 dentists and 204 psychiatrists to eliminate Health Professional Shortage areas.
Health Workforce Shortages

Health worker shortages are particularly acute in rural areas. For example, Greenlee County had no practicing pharmacists from 2007 through 2010.

Some types of professions represent particularly significant need. For example, the entire state of Arizona has a shortage of health professionals practicing in behavioral and mental health.

Opportunities exist to grow high-paying jobs in a wide variety of professions.
Physician Shortages

Arizona had a ratio of 230.9 active physicians per 100,000 population in 2013, ranking the state 32\textsuperscript{nd} nationally. The overall ratio for the US is 260.5 per 100,000.

Of particular concern is the lack of homegrown physicians. This represents a lost economic opportunity for creating high paying jobs for Arizona residents.
Urban v. Rural

ACTIVE, LICENSED PHYSICIANS PER 100,000
BY GEOGRAPHIC LOCATION (2010)

- Urban: 250.3
- Large Rural Town: 151.4
- Small Rural Town: 119.8
- Isolated Small Rural Town: 69.9
Primary Care Physician Shortage

The national rate of primary care doctors in active patient care per 100,000 is 80.7. Arizona’s rate is 72.1, ranking us 37th nationally.

In contrast, Arizona’s ratio of non-primary care doctors to 100,000 population was 151.8 per 100,000; markedly higher than the 2010 primary care physician ratio of 79.6.
Primary Care Need in Rural Areas

Primary care coverage is of particular concern for rural areas. In 2010, 89 percent of primary care doctors served in urban areas.

Disparities between counties exist, with Coconino County having the highest ratio at 99.5 primary care doctors per 100,000; and Apache County the lowest at 27.9.
Graduate Medical Education

Undergraduate Education (Four Years)

Medical School (Four Years)

Residency (3-7) Years

Workforce
Residencies Help Retain Medical School Graduates

Arizona has had strong growth in medical school graduates. We rank 2\textsuperscript{nd} in the country in producing medical school graduates (2010).

However, many complete their residencies in other states, staying there to practice.
3,583 Practicing Arizona Medical Graduates

1,222 Competed Residencies in Arizona
75% Currently Practicing in Arizona

2,361 Completed Residencies Outside of Arizona
28% Currently Practicing in Arizona
Residencies Needed

Arizona needs 848-885 residency slots (2012)

Approximately 300 need to be in the area of primary care
Funding for Residencies

Residencies are funded by a combination of public and private dollars.

Medicare and Medicaid nationally are the largest sources of funding.

Arizona is disadvantaged in the number of Medicare dollars it receives.
Funding for Residencies

Funding GME through Medicaid yields a $2 match for every state dollar contributed.

Forty-two states fund GME through their General Fund; Arizona has not since 2010.

Intergovernmental transfers are being used increasingly to leverage Medicaid.
Intergovernmental Transfers

According to AHCCCS, intergovernmental transfers supported 1,503 residents at 11 teaching hospitals across the state in 2014.

Local governments contributed $54.7 million, drawing down $106.7 million in federal funds.
## Residency Slots by Hospital and Funding Source

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Medicare</th>
<th>Medicaid/IGT</th>
<th>Hospital</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Banner Good Samaritan Medical Center**</td>
<td>33%</td>
<td>9%</td>
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<td>58%</td>
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<tr>
<td>John C. Lincoln</td>
<td>100%</td>
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</tr>
<tr>
<td>Kingman Regional Medical Center</td>
<td>69%</td>
<td>31%</td>
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<tr>
<td>Maricopa Medical Center</td>
<td>12%</td>
<td>35%</td>
<td>43%</td>
<td>10%</td>
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<tr>
<td>Mayo Clinic</td>
<td>16%</td>
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<td>84%</td>
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<td>Midwestern University</td>
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<tr>
<td>Mountain Vista Medical Center</td>
<td>75%</td>
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<td>25%</td>
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<tr>
<td>Phoenix Baptist Hospital and Medical Center / Vanguard Health System</td>
<td>75%</td>
<td>25%</td>
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<tr>
<td>Phoenix Children’s Hospital**</td>
<td>--</td>
<td>86%</td>
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<td>14%</td>
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<tr>
<td>Scottsdale Healthcare Osborn**</td>
<td>67%</td>
<td>24%</td>
<td>9%</td>
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<tr>
<td>Sierra Vista Regional Health</td>
<td>40%</td>
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<td>60%</td>
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<th>Other</th>
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</thead>
<tbody>
<tr>
<td>University of Arizona College of Medicine University Campus**</td>
<td>33%</td>
<td>55%</td>
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<td>12%</td>
</tr>
<tr>
<td>University of Arizona College of Medicine South Campus**</td>
<td>51%</td>
<td>49%</td>
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<td>1%</td>
</tr>
<tr>
<td>Yuma Regional Medical Center**</td>
<td>--</td>
<td>10%</td>
<td>90%</td>
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Questions

Are intergovernmental transfers sufficiently filling the gap that General Fund dollars used to play in funding residencies?

Could federal policy be changed so Medicare could pay for more residencies in AZ?

What is our current shortfall in number of residencies? Do residencies exist (geographically, primary care) where they are most needed?
Questions

How can we better entice physicians to serve in medically underserved areas?

Can we better leverage other health professionals to fill the need for physicians?

How can we encourage more young Arizonans to prepare for careers in the health professions?