

Developing an Arizona Primary Care Workforce to Meet the Challenge of the ACA

AZ Active Physicians/100,000 Pop. (PCP) 220 (91)

US Physicians/100,000 Population (PCP) 259 (77)

AAMC State Physician Workforce Maps
Accessed 1/22/13 at: <https://www.aamc.org/data/workforce/>

AZ Needs 750 FTE Primary Care Physicians

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 The University of Arizona
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 Arizona Rural & Public Health Policy Forum: 1/24/13 10:45 am
 AZ Capitol Museum 1700 W. Washington

Access to Health Care

75% Pop. Lives in Phoenix, Tucson
 86% Physicians in Phoenix, Tucson
 Public Land (55%)
 Reservation (28%)

And Arizona needs to distribute physicians to areas of need

Arizona
 Primary Care Health Professional Shortage Areas
 September 2012

BUREAU OF HEALTH SYSTEMS DEVELOPMENT
Arizona Department of Health Services

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The Nation's Physician Shortage

By 2020, the U.S. will be short over 90,000 physicians
 The largest shortage – 45,000 primary care physicians

Figure 2. Projected FTE Physicians, Most Plausible Scenario, 2006-2025

Dill MJ, Salsberg ES, 2008. "The Complexities of Physician Supply and Demand: Projections through 2025." Association of American Medical Colleges.
 AAMC Center for Workforce Studies: Physician Shortage June 2010. Accessed 10/5/10 at: <http://www.aamc.org/newsroom/presskits/mdShortage1.pdf>

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United States - Physician & Health Professions Supply in Rural & Urban Underserved Areas

- ✓ 21% of the U.S. population live in a rural area
- ✓ 50 million live in Health Professions Shortage Areas
- ✓ Only 10% of physicians practice in rural areas
- ✓ 58% of rural physicians are family physicians

- ✓ U.S. population will increase 25 million/decade
- ✓ >65 y.o. will double between 2000 and 2030
- ✓ >65 y.o. generate double the doctor visits <65 y.o.
- ✓ Increasing rates of diabetes, obesity, chronic disease

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Current AZ Health Coverage / Insurance

Payer Source	# Arizonans
Medicaid	1,200,000
Uninsured	1,200,000
Medicare	800,000
Private Insurance	3,300,000
Total Pop. AZ	6,500,000

Accessed 12/29/12 at:
www.statehealthfacts.org
<http://quickfacts.census.gov>
<http://www.azgovernor.gov/hix/documents/Grants/UpdatedBackgroundResearchReport.pdf>

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3 Year Comparison Uninsured (2007-10)

STATE	Percent
1. Texas	24.8%
2. New Mexico	21.8%
3. Florida	20.7%
4. Nevada	20.0%
5. Arizona	19.1%

US Census Bureau 2012

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AZ Uninsured by Race/Ethnicity

	Percent Uninsured
American Indian	31%
Hispanic/Latino	31%
White	12%

3.1 million Hispanics covered by Medicaid expansion, 1.4m by health insurance exchanges

Accessed 12/29/12 at:
<http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/CMSHealthCareReforms202011.pdf>
<http://www.arizonahealthsurvey.org/wp-content/uploads/2011/07/abs-2010-Access-to-Care-July11.pdf>
<http://www.kff.org/medicaid/upload/8189.pdf>
<http://www.statehealthfacts.org/data/dnload.asp?cat=3&subcat=40&report=4>
http://www.ncsl.org/images/uploads/publications/Profile_Latino_Insurance_Gains_June2012.pdf

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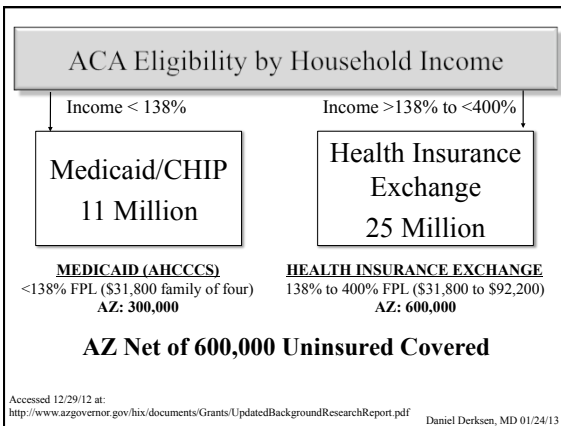
Arizona Health Rankings

Arizona Health Status: Critical

1. Coverage: Ranked 47th uninsured
2. Access: Ranked 47th in prevention, treatment, % of children insured
3. Freeze in Childless Adult Medicaid July 2011: 140,000 lost Medicaid and became uninsured

State Scorecard on Health System Performance. The Commonwealth Fund 2009. <http://www.commonwealthfund.org/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx>

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ACA Coverage: Arizona by 2016


Expands Medicaid (<138% FPL)	300,000
Federal HIX (138- 400% FPL)	600,000
Employer Sponsored Insurance	<u>(300,000)</u>
Net Increase in Insured	600,000
Residual Uninsured	650,000

This will increase demand on the health system by 10%

Accessed 12/29/12 at:
<http://www.azgovernor.gov/hix/documents/Grants/UpdatedBackgroundResearchReport.pdf>
 HIX = Health Insurance Exchange

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Does Having Medicaid Mean Better Health Outcomes than Being Uninsured?



Mortality and Access to Care among Adults after State Medicaid Expansions

ABSTRACT

We compared three states that substantially expanded adult Medicaid eligibility since 2000 (New York, Maine, and Arizona) with neighboring states without expansions.
State Medicaid expansions to cover low-income adults were significantly associated with reduced mortality

Sommers et al: NEJM 7/25/12

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Predictors of Retention:

Data suggest that medical students and resident trainees that are more likely to remain in that state to practice in rural and underserved areas have the following characteristics:

- Receive some training in rural or underserved area
- Are underrepresented minorities
- Graduate from primary care training programs (50 to 75% of NM's Family Medicine grads remain in the state to practice)
- Grew up in a rural area
- Attended high school, college, med school, residency in state

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Recommendations GME Primary Care

- Benchmark US physician workforce at 40% primary care
- Hold teaching hospitals accountable
- Increase GME cap PCP residency slots
- Create “all payers” PCP GME support
- Establish fixed floor Direct GME PCP residency funding at \$100,000 per resident
- Reallocate some Medicare IME to fund community-based PCP training (Teaching Health Centers)

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Affordable Care Act Titles

TITLE V – HEALTH CARE WORKFORCE
 Subtitle B – Innovations in the Health Care Workforce
 Sec. 5508. Increasing Teaching Capacity-Teaching Health Centers

H. R. 3590

One Hundred Eleventh Congress
 of the
 United States of America
 AT THE SECOND SESSION
 Begun and held at the City of Washington on Tuesday,
 the 9th day of January, two thousand and ten.

An Act
 To Establish The Patient Protection and Affordable Care Act.

As amended by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
 (a) SHORT TITLE.—This Act may be cited as the “Patient Protection and Affordable Care Act.”
 (b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Health Commons –Medical Home
 Medical + Behavioral + Oral Health + Services to
 Address Social Determinants

**“1+2” Community-Based
 Family Med Residency: 75%
 Remain in New Mexico**

**Overall: UNM Resident
 Graduates: 75% Leave NM**

GAO 11-219
 The Health Commons and Care of
 New Mexico's Uninsured

ABSTRACT
 The Health Commons is a community-based medical and behavioral health center in Albuquerque, N.M., that provides care to uninsured patients. It is a partnership between the University of New Mexico (UNM) and the state of New Mexico. The Health Commons provides care to uninsured patients through a network of community-based health centers. The Health Commons is a model of care that addresses the social determinants of health. The Health Commons provides care to uninsured patients through a network of community-based health centers. The Health Commons is a model of care that addresses the social determinants of health.

INTRODUCTION
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