What Primary Care Opportunities Does the Patient Protection and Affordable Care Act (P.L. 111-148) Hold for Washington State?

Mark Doescher, MD, MSPH
Director, WWAMI Rural Health Research and
UW Center Center for Health Workforce Studies
University of Washington School of Medicine

Joint Select Committee on Health Care Reform
Senate Health and Long Term Care Committee

Olympia, WA
July 30, 2010

Goals and Objectives

1. Briefly summarize key trends affecting the primary care workforce in WA
2. Examine how health care reform will affect primary care workforce
3. Discuss some of the ways in which the state could capitalize on the primary care workforce provisions of the HCR legislation

Primary Care is Beneficial

GAO report Feb 2008:

"Ample research concludes that the nation's over reliance on specialty care services at the expense of primary care leads to a health system that is less efficient."

"Research shows that preventive care, care coordination for the chronically ill, and continuity of care—all hallmarks of primary care medicine—can achieve better health outcomes and cost savings."

So, what's the problem?

Primary Care Workforce Under Threat

Issues

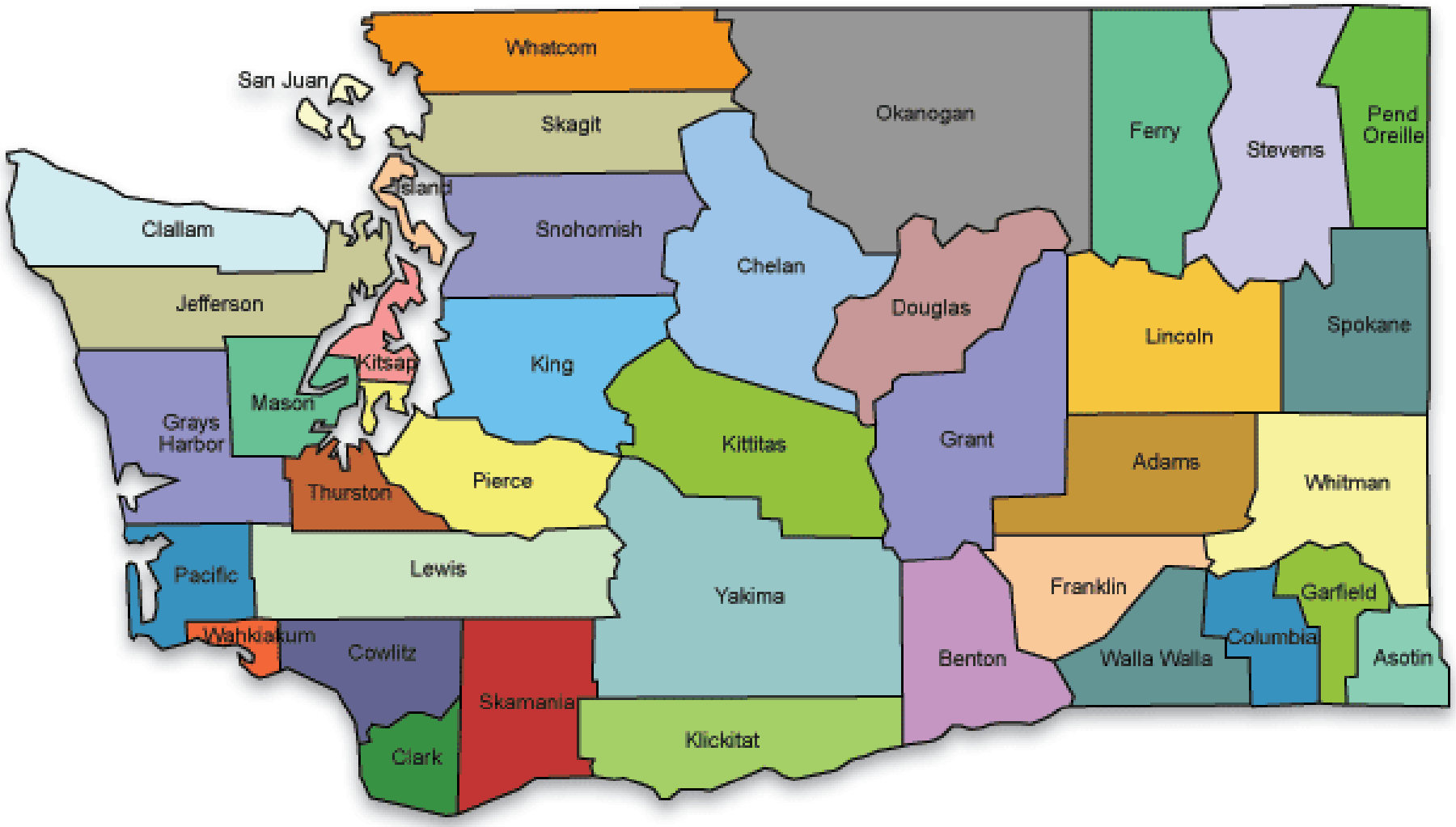
- Over the past 15 years, the number of U.S. health care students choosing primary care careers has declined dramatically.
- Factors discouraging recruitment and retention:
  - Lack of respect (in academic medical centers and among peers)
  - Low compensation (in relative terms)
  - Rising malpractice premiums (in many states)
  - Professional isolation (in many settings)
  - Limited time off (in many settings)
  - Difficulty finding jobs for spouses (in rural settings)

>750 vacancies for PCPs at Community Health Centers (2004)

Population Trends + Health Care Reform = Worsening Shortages

- 30% or greater increase in primary care workload by 2025.
- 7% increase in primary care supply, at best.
- Translates to a shortfall of 35,000 to 44,000 primary care providers nationally who treat adults (if the “business as usual” approach to primary care continues).

Washington


Whatcom
San Juan
Skagit
Okanogan
Ferry
Stevens
Pend Oreille
Island
Snohomish
Clallam
Chelan
Douglas
Lincoln
Spokane
Jefferson
King
Kitsap
Mason
Grays Harbor
Kittitas
Grant
Adams
Whitman
Thurston
Pierce
Pacific
Lewis
Yakima
Franklin
Garfield
Wahkiakum
Cowlitz
Benton
Walla Walla
Columbia
Asotin
Skamania
Klickitat
Clark

The Need for Primary Care is Substantial

Washington: Estimated Underserved Population Living in Primary Care HPSAs
September, 2008

Underserved Population	623,112	9.5%

Source: Kaiser Family Foundation, available at http://www.statehealthfacts.org/profileind.jsp?sub=156&rgn=27&cat=8

Population Growth: All Ages

	2009	2025	Change (n)	Change (%)
Washington	6,469,126	7,996,400	1,527,274	24%
United States	306,272,395	349,439,199	43,166804	14%

Population: >=65

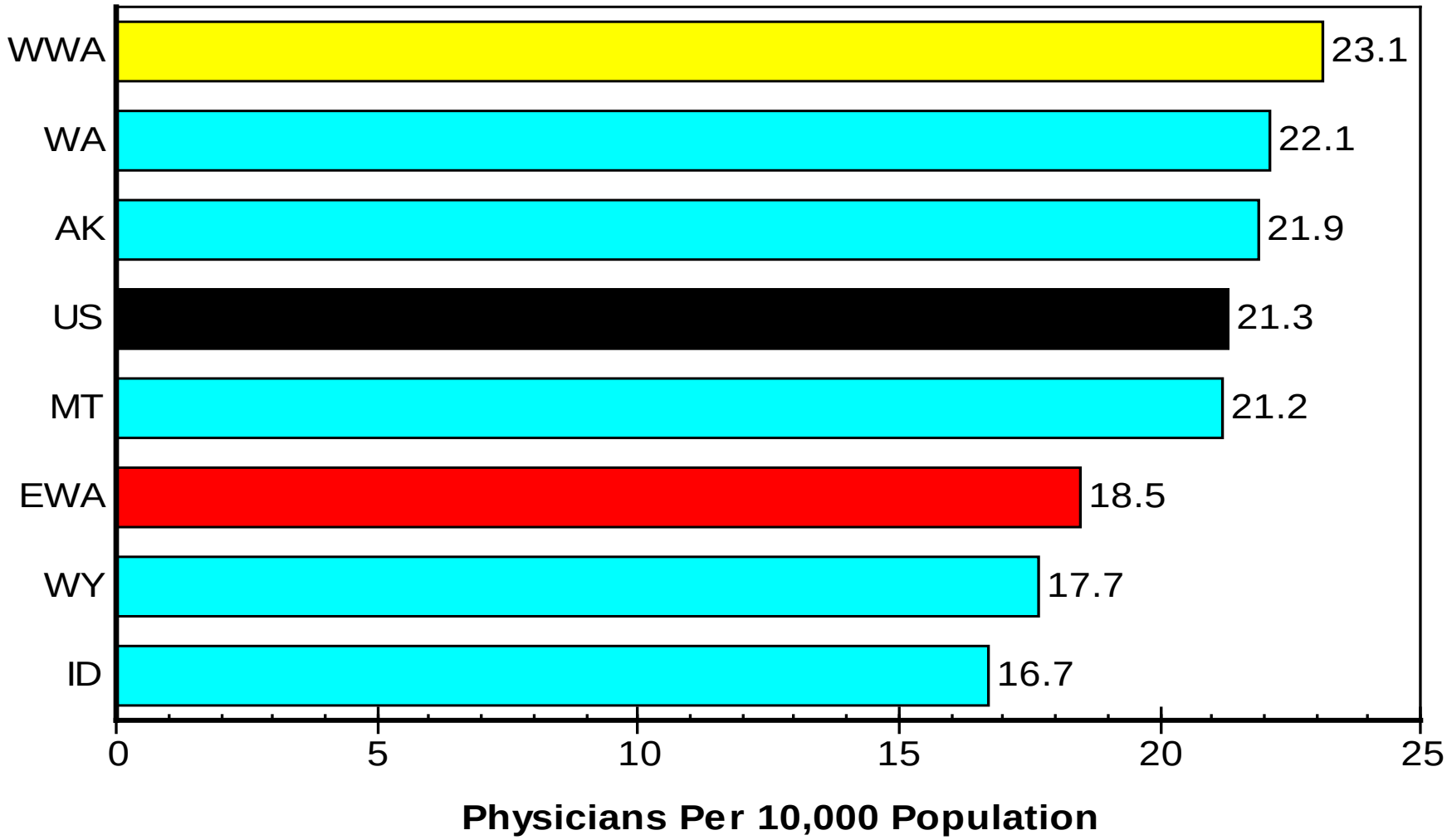
	2009	2025	Change (n)	Change (%)
Washington	774,388	1,380,872	606,484	78%
United States	39,481,666	63,523,732	24,042066	61%

WA Health Professionals per 100,000 Pop.

- **Primary Care Physicians, including Ob-Gyns (2009)**
  - **WA: 130/100k**
  - **US: 120/100k**
- **Physician Assistants (2008)**
  - **WA: 30/100k**
  - **US: 24/100k**
- **Nurse Practitioners (2009)**
  - **WA: 54/100k**
  - **US: 53/100k**

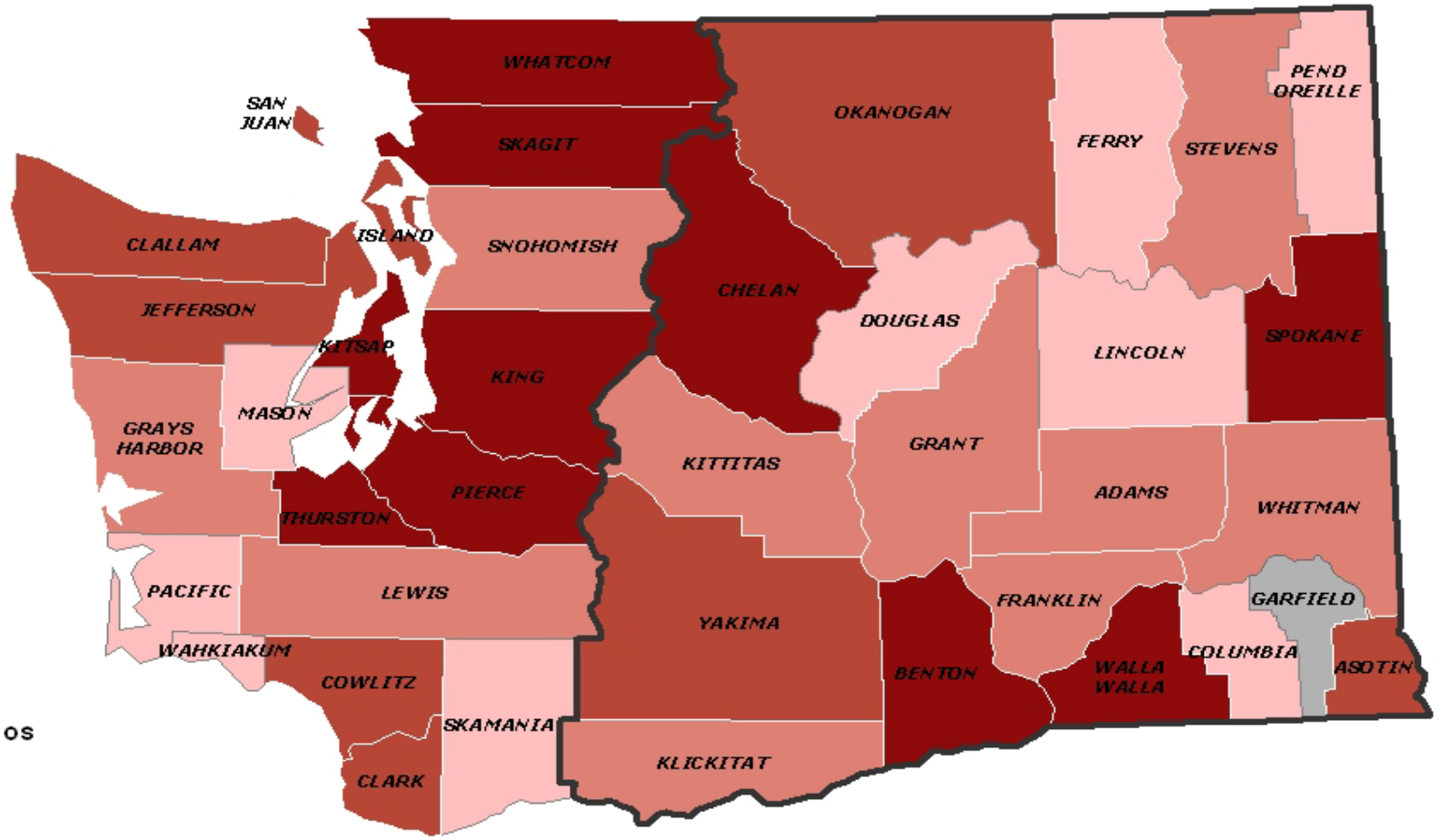
Source: Henry J. Kaiser Family Foundation, statehealthfacts.org

Physicians Per 10,000 Population, 2009



University of Washington
Center for Health
Workforce Studies

Physician population ratios per 10,000 by county, 2009



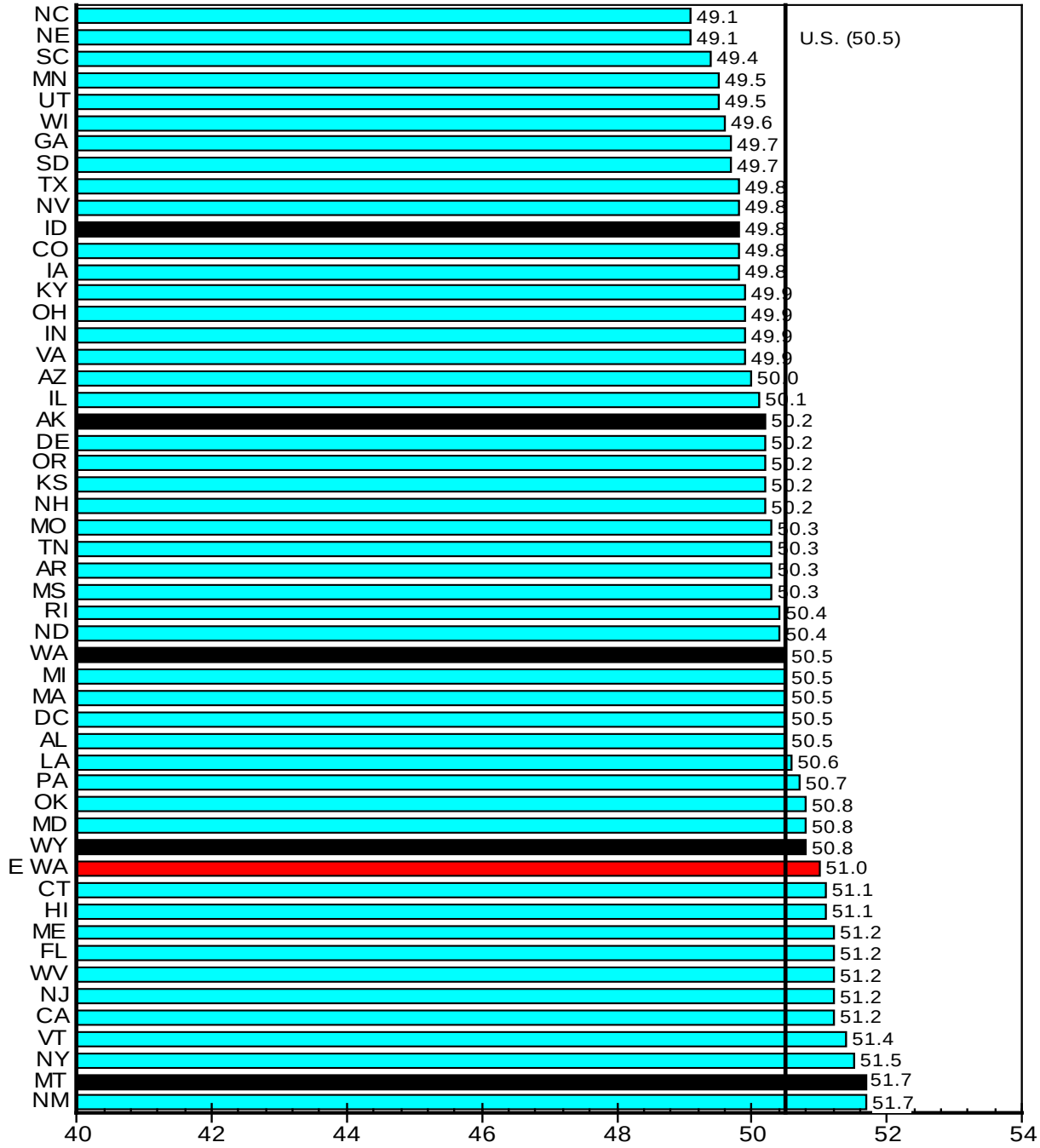
Physician Population Ratios Per 10,000 By Quartiles

- No physicians
- 4.0 - 8.05
- 8.06 - 13.6
- 13.7 - 20.5
- 20.6 - 32.7
- Eastern Washington Counties

Washington State Physician Ratio: 21.1 / 10,000 People

Sources: AMA Master File, ESRI
Map Date: May 2010

Physician Mean Age by State, 2009



University of Washington
Center for Health Workforce Studies

Washington Physicians, 2009	
	Washington
Total UWSOM graduates	**2,207**
Total physicians	**14,735**
Percentage who did not attend UWSOM	
Family medicine	**79%**
General internal medicine	**84%**
General pediatrics	**85%**
Obstetrics-gynecology	**86%**
General surgery	**90%**
Psychiatry	**84%**
Other specialties	**93%**
Total physicians	**85%**

Family Physicians in Washington, 2009	
	WA
Did not attend UW SOM	79%
Did not attend UW SOM or a WWAMI Family Medicine Residency Program	56%

Patient Protection and Affordable Care Act (P.L. 111-148) "ACA"

The ACA Has Strong Workforce Provisions

- The health care workforce components of the ACA "flew under the radar" as the HCR debate unfolded.
- Almost every one of the workforce provisions in the reform bill will have very strong effects in our state.
- The federal government and other states will undoubtedly look to Washington State for guidance on how to carry out the provisions of the health reform legislation effectively.

National Health Workforce Commission

Workforce planning will become a reality.

- The ACA establishes a 15-member National Health Workforce Commission charged with:
  - reviewing health workforce supply and demand,
  - evaluating existing programs,
  - making recommendations on policies and priorities.
- The commission will provide recommendations to Congress and the Administration on national health workforce priorities, goals, and policies via annual reports.
- Also, national and state/regional workforce centers will be reestablished.

Health Reform & Workforce Data Collection

Workforce planning will become a reality.

- Requires collection and reporting of data for underserved rural and frontier populations.
- Requires the Secretary to analyze the data to monitor trends in disparities.
- Establishes a process of “negotiated rulemaking” between HHS and stakeholders to determine new criteria and methodology for defining HPSA and MUA measurements.

The Primary Care Pipeline: Loan Repayment

Doubling of National Health Service Corps Field Strength

- $1.5 billion over five years, which will place an estimated 15,000 primary care providers in provider shortage communities.
- Allow for part-time service to satisfy obligations and teaching to count for obligated clinical service.

- Bottom Line: This expansion will benefit state recruitment programs that seek to bring health care professionals into their communities.

Major FQHC Investment

- Increases funding for federally-qualified health centers (FQHCs) by $11 billion over 5 years with a goal of serving 20 million more patients
- Establishes new programs to support school-based health centers (effective fiscal year 2010)
- Establishes new nurse-managed health clinics (effective fiscal year 2010)
- This new funding will affect the health workforce because it will provide many more opportunities for community-based, team-oriented primary care practice in more than 8,000 sites across the nation.

Teaching Health Centers

- The law creates “teaching health centers” under Title VII to train primary care medical and dental residents in FQHCs and a few other settings.
- This is a very important departure from how physicians have been paid previously for their graduate training through the Medicare Graduation Medical Education (GME) system.
- Teaching health centers will help balance the current hospital-focused GME training with the realities of ambulatory primary care practice.

Teaching Health Centers

- WA has a very active network of eligible FQHCs.
- Also, the Western and Eastern WA AHECs could have a key role in helping develop these programs, as AHECs are specifically “eligible entities” for grants under the legislation (§749A(f)).
- Full involvement of academic schools and departments, particularly family medicine, will be required.
- The eventual structure of teaching health centers will require inter-organizational coordination to meet bill requirements.
- Collaboration among academic programs and the primary care community may help WA respond.

Redistribution of Unused Residency Training Slots

- Redistributes unused physician residency training slots to other institutions that apply for those positions; priority given to primary care and general surgery, states with the lowest resident-to-population ratios, and rural areas (effective 2011).
- Counts resident training time in all training sites as long as the hospital pays the resident stipends and benefits (effective 2010).
- Bottom line: helps ensure availability of residency programs in rural and underserved areas.

Rural Training Expansion

- Section 10501 (subpart I) creates a special grant program for medical schools to “establish, improve, or expand rural focused education and training”, including helping recruit students most likely to practice in underserved rural communities, providing rural training experiences, and increasing the number of graduates who ultimately practice in rural communities.

Advanced Practice Nurse Training

- The ACA includes landmark legislation expanding nurse training.
- E.g., an amendment to Medicare law provides for a demonstration project under which hospitals may receive payment to cover costs of providing training to APNs - an innovative approach that builds on Medicare GME for physicians.
- However, it is limited to five hospitals across the nation.
- Half of the training must occur in community-based setting.
- Bottom line: WA has long been supportive of independent nurse practitioner practice and, combined with its very strong nurse training programs, will be a likely place for these programs to emerge.

Oral Health

- The ACA creates opportunities for expanding primary care dentistry training via expansion in existing Title VII programs (§5303).
- Also, the law creates a new grant program to support training or employment of “alternative dental providers in rural underserved areas.”

Primary Care Extension Program

- A novel primary care extension program (§5405 of the bill adding §399w to Part P of Title III of the Public Health Service Act) is being established under AHRQ to "…provide support and assistance to primary care providers to educate providers about:
  - preventive medicine and health promotion,
  - chronic disease management,
  - mental and behavioral health services
  - evidence-based therapies and techniques…".
- Creates "state hubs" that include the state health department and Medicaid agency and at least one health professions training program department.

Primary Care Extension Program

- Authorized, but needs follow-on appropriations.
- Has a six-year development timeline after which states are to support these activities.
- In some states, the AHEC system functions in much the same way as the proposed extension program (but not in Washington).

Area Health Education Centers (AHECS)

- Section 5403 of the new law extends the authorization for AHECs through 2014.
- The bill authorizes grants for extending and improving the work of the AHECs.
- Specific language calls for innovative primary care training programs and community-based participatory research provides opportunities for the many creative thinkers in health care and medical education in the state to try out groundbreaking strategies.

New Models of Care Emphasized

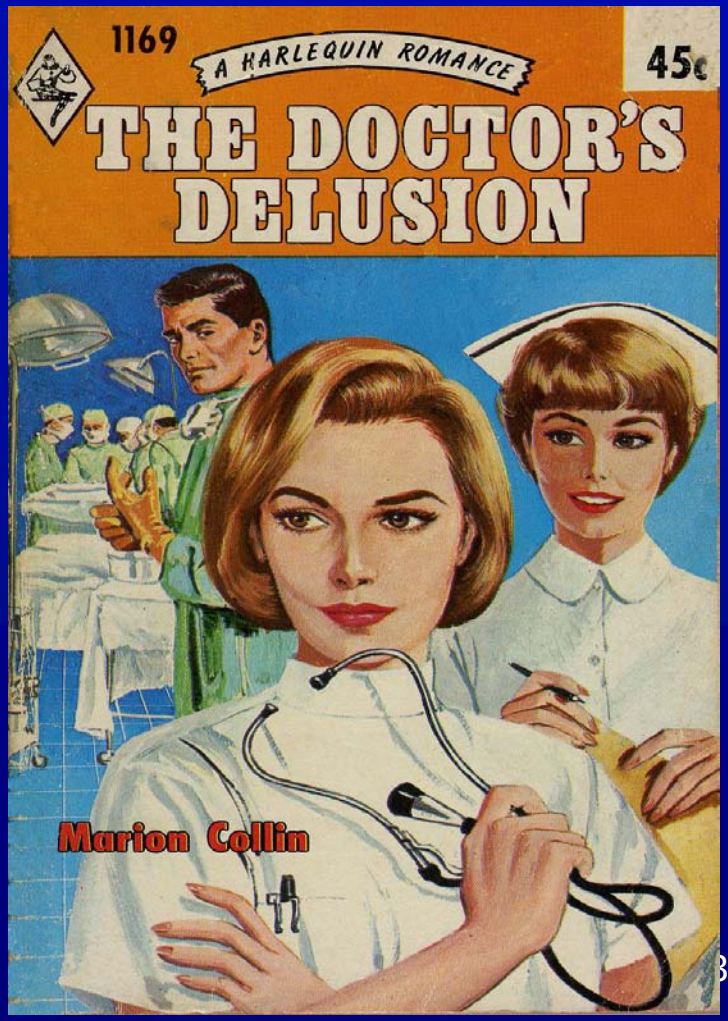
- Establishes the Community-based Collaborative Care Network Program to support consortiums of health care providers to coordinate and integrate health care services, for low-income uninsured and underinsured populations.
- Allows insurance exchanges to include qualified primary care medical homes.
- Pilots: bundled payments and Accountable Care Organizations.

New Models of Care Emphasized

- Grants under Title VII are modified and expanded and include grants for demonstration projects providing training to physicians and physician assistants focusing on these new models of care, such as medical homes, team management of chronic disease, and those that integrate physical and mental health services (effective 2010-2014).

ACA Requires State-level Action

The health care workforce of the 20th Century will not meet the needs of the new health care environment.



ACA Requires State Action

- The bill includes many provisions that will require action at the **state** level, e.g.,:
  - reauthorization of state and regional workforce centers to collect and analyze data
  - grants for states to assess and expand their health care labor markets
  - grants for primary care extension program “state hubs” to coordinate outreach efforts to primary care providers

ACA Requires State Action

- Washington State needs to make sure it has programs in place that can make immediate use of ACA funds.
- For example, the law calls for priority in awarding grants to programs that have formal relationships with FQHCs, AHECs, and rural health clinics.
- Does the state have these networks in place?
- Is the state ready?

Questions?

Mark Doescher
mdoesche@u.washington.edu
206-616-9207

University of Washington

WWAMI Rural Health Research Center
http://depts.washington.edu/uwrhrc/index.php

Center for Health Workforce Studies
http://depts.washington.edu/uwchws/