

KENTUCKY RURAL MEDICAL EDUCATORS CONFERENCE

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Physician Shortages in Kentucky: What Can be Done?

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Objectives

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- ◆ Estimate magnitude of Kentucky physician shortage
- ◆ Take into account rate of physician "production" in Kentucky
- ◆ Focus on primary care provider shortages as important example
- ◆ Alarm you!
- ◆ Suggest possible solutions

A few numbers to take home

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- ◆ **426** : number of physicians we must add per year in Ky to catch up to mean USA workforce
- ◆ **309** : maximum number of new physicians ready for practice that we can now produce per year in Ky
- ◆ **1500** : number of people that one full-time family physician should take care of
- ◆ **163** : number of family physicians that we need to add in Kentucky each yr to meet 1500:1 by 2025
- ◆ **57** : max number of family physicians that could be produced per year in Ky now

Key Physician Shortages in Kentucky

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Kentucky Physician Shortages 2012 *

Category	US pop per doc	KY Shortfall (docs needed to meet USA mean)
ALL	453 : 1	1,655
Primary Care Physicians	1287 : 1	557
Psychiatrists	10,310 : 1	169
OBs/GYNs	9,804 : 1	183
General Surgeons	12,048 : 1	264

* Figures do NOT take into account ACA effects, aging population, or chronic illness burdens.

Kentucky Physician Workforce and Retirement

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Kentucky Active Physicians by Age 2012 (N = 9,273)

Age Group	Percent	Number
28-49	47.4	4,395
50-60	31.4	2,912
61-65	10.4	964
66+	10.8	1,002
Total	100%	9,273

Kentucky Physician Shortage

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So...we are short 1,655 physicians now; and we must also replace at least 1,900 who will retire in the coming decade.

Can we add 3,555 physicians to Kentucky in the coming 10 years?

What about effects of pop growth and aging; expanded insurance? (add ~20%)

Total: 426 'new' docs per yr needed in Ky to meet USA average

Kentucky Physicians in Training Sample 2012

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◆ Medical student class size

- ▶ UK 136 in 2014
- ▶ U of L 160
- ▶ UPike 135
- ▶ **Total grads per year by 2018: 431**

◆ Rural track med student classes

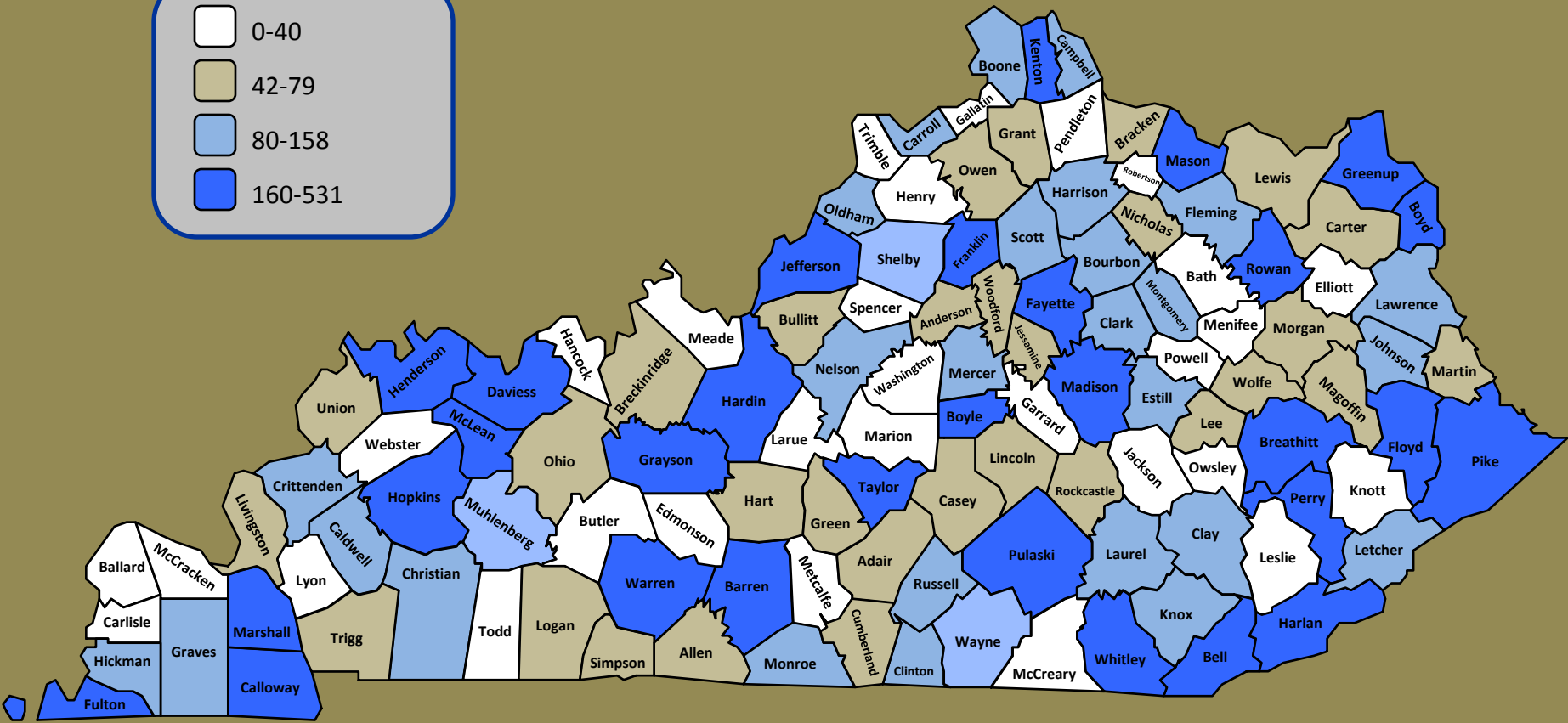
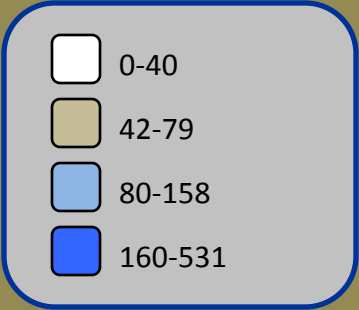
- ▶ UL Trover up to 10 per year
- ▶ UK RPLP Morehead up to 10 per year

◆ Resident MD/DO grads in KY = 309

Allopathic 288 grads in 2012

AOA Max 21 grads/ yr

Active Physicians per 100K Population, 2012





American Medical News

www.amednews.com

Primary care access is a key to disparities among counties

An annual ranking of counties based on health status found that gaps between the healthiest and unhealthiest regions of states are wide — and getting wider.

JENNIFER LUBELL
AMNEWS STAFF

Washington If you're a resident of Howard County, Md., chances are fairly high that you have insurance, enjoy good health and have relatively easy access to a primary care physician. Take a short car ride to Baltimore

Maryland's healthiest in the most recent *County Health Rankings and Roadmaps* survey, only 9% of residents are uninsured, and just 8% are considered in poor health. There's one primary care physician for every 577 patients. In Baltimore City, the unhealthiest county in the state, the uninsured rate is nearly twice as high, and there's only one primary care doctor for every 985 patients — a combination that means a significant access-to-care problem.

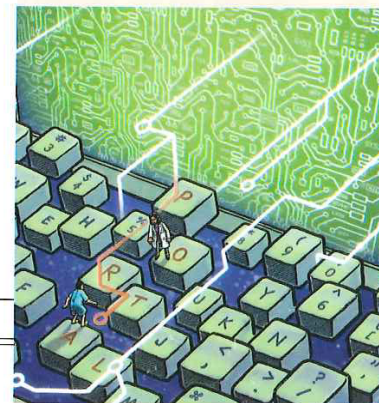
The comparison underscores a key finding in the 2013 survey: Gaps between the healthiest and unhealthiest

the healthiest counties are 1.4 times more likely to have access to a primary care physician than those in the least healthy counties. Unhealthy areas also had higher rates of child poverty, teen pregnancy and premature death.

This is the fourth year that the Robert Wood Johnson Foundation and the University of Wisconsin School of Medicine and Public Health have surveyed the health of every county in the U.S., ranking them on a state-by-state basis to gauge the factors determining the health of residents. All survey measures use figures on

April 8, 2013

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Health IT: Doctors are the easy part

Speakers at the annual HIMSS conference offer tips on the hard part — getting patients to use the technology.

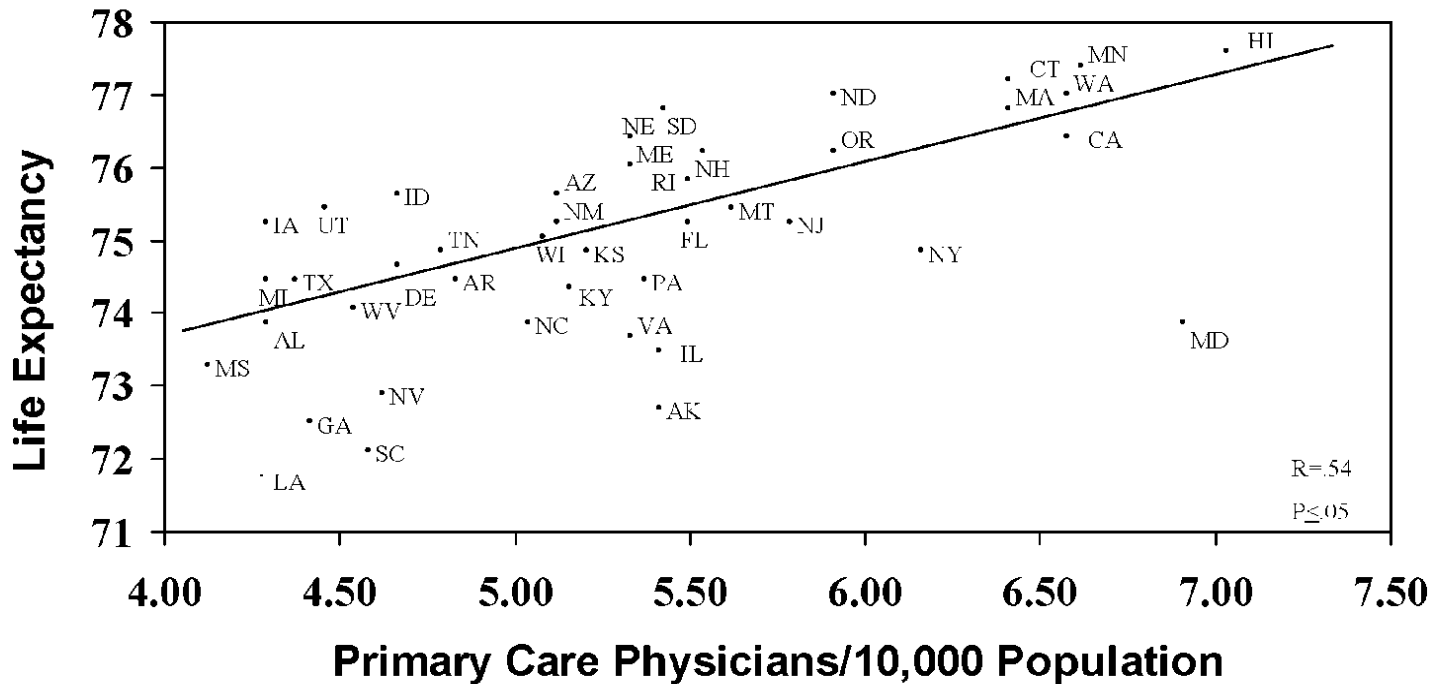
Business, page 26

Is your EHR ready for the ADA?

Make electronic resources accessible to disabled patients or risk a lawsuit.

Professional Issues, page 10

State Level Analysis: Primary Care and Life Expectancy



Pressures on primary care physician workforce

20% growth in US need for primary care docs by 2025.

Of that:

- 64% due to population growth
- 20% due to aging of the population
- 16% due to ACA insurance expansion

This translates to 680 more primary care docs needed in Kentucky in addition to the 557 needed to get out of current shortage...(presuming no physicians retire)

Source: Peterson SM, et al. An Fam Med 2012; 10: 503-509

Kentucky Primary Care Doc Workforce slip-sliding away...

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◆ Primary care doc shortfall = 1,917

▶ Baseline: 557

▶ Effects of retirement: 680

▶ Effects of pop. changes and
expansion of insurance: 680

◆ Family Med docs produced / yr = 38 (allopathic / combined)

AOA capacity 19

◆ All other primary care docs / yr = 50

Grand Total 107 new PC docs per yr

◆ **Need 160 per year just to catch up w/ USA by 2025**

Physician Assistants in Kentucky

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Medical Specialties In Which PAs Are Employed		
Specialty	Percent	Number
Primary Care	37.6	444
Surgery	18.3	216
Emergency Medicine	22.4	264
Other	21.7	256
Total	100	1,180

APRNs in Kentucky

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APRNs by Medical Specialty of Employment

Primary Care	1,281	33.5%
Surgery	209	5.5%
Other Medical	1,412	36.9%
Other Non-Medical	925	24.2%
Total	3,827	100.0%

Geographic Distribution of PAs

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Rural/Urban Distribution of PAs in Practice

Area	Number	Percent
Rural	230	23.9
Urban	950	76.1
Total	1,180	100

Geographic Distribution APRNs

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Area	Number	Percent
Rural	1,304	34.1
Urban	2,553	65.9
Total	3,857	100.0

Focus on Kentucky Family Medicine Physicians

- ◆ The desired pop : Fam Phys ratio is 1500:1
- ◆ Ky now at 2932:1 with 1,432 FPs
- ◆ To hit target, we need 1,400 more FPs now
- ◆ Accounting for retirement, ACA and population changes, need to add ~ 560 more than that by 2025
- ◆ So need to add 1,960 FPs in 12 yrs = 163/yr
 - ▶ Our max capacity now could add 57 per yr

Healthcare Workforce: the Challenges We Share

◆ Training

- ▶ Pipeline into health professions schools
 - ▶ What do we hope 'comes out the other end?'
- ▶ Curricula, teachers and training sites that prepare *the workforce we need*, to be effective *where needed*, in teams
- ▶ Optimizing capacities of training programs
 - ▶ Funding
 - ▶ Applicant pools (see pipeline)
 - ▶ Faculty pools, capacity, ability; set to win-win

Healthcare Workforce: the Challenges We Share

◆ Recruitment and the Affinity Model

- ▶ Its not just the professional opportunity
- ▶ “It’s the spouse, stupid”
- ▶ Lifestyle, schools, proximity to _____
- ▶ Debt relief, local economy
- ▶ Community “feel” compared with origin
- ▶ It takes strong family magnet or real teamwork

Factors Influencing Medical Student Specialty Choice

- ◆ Lifestyle
- ◆ Prestige
- ◆ Debt
- ◆ Compensation
- ◆ Institutional Culture
- ◆ Personal Values
- ◆ Age
- ◆ Gender
- ◆ Community of Origin
- ◆ Parental Socioeconomic Status

Healthcare Workforce: the Challenges We Share

◆ Retention

- ▶ Truth-in-advertising at recruitment
- ▶ Avoid trading realism to force a match
- ▶ Professional support; back-up; colleagues
- ▶ Foster realistic expectations up front
- ▶ Schools working out for kids
- ▶ “It’s the spouse, stupid”

But...Lets get real

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We can mitigate physician shortages, but we will not succeed unless we fundamentally change:

- ◆ healthcare needs across populations
- ◆ healthcare financing and delivery
- ◆ workforce composition

(This might require coordinated health systems.... we have healthcare industries)

Revolutionizing Healthcare:

Needs, financing, delivery and workforce composition

UK

- ◆ **Shift money and effort up-stream to prevent illness and disability**
 - ▶ Who invests and who gets the ROI?
- ◆ **Incentivize effective healthcare teams, defined by having leaders responsible to the patient....and having the right persons doing the right jobs at the right places and times**
- ◆ **Pay for modes of healthcare suited to the 21st century**
 - ▶ Electronic and telephonic pt-provider interactions
 - ▶ Data-informed, customized approaches



Questions?

Thank you.