

Idaho Health Professions Education Council

December 15, 2009 - Boise, ID

Executive Summary – Idaho Physician Workforce Presentation

“Physician Supply in Idaho: The Future is Now”, presented by Mark Doescher, MD, MSPH, Director, Center for Health Workforce Studies and WWAMI Rural Health Research Center, University of Washington School of Medicine.

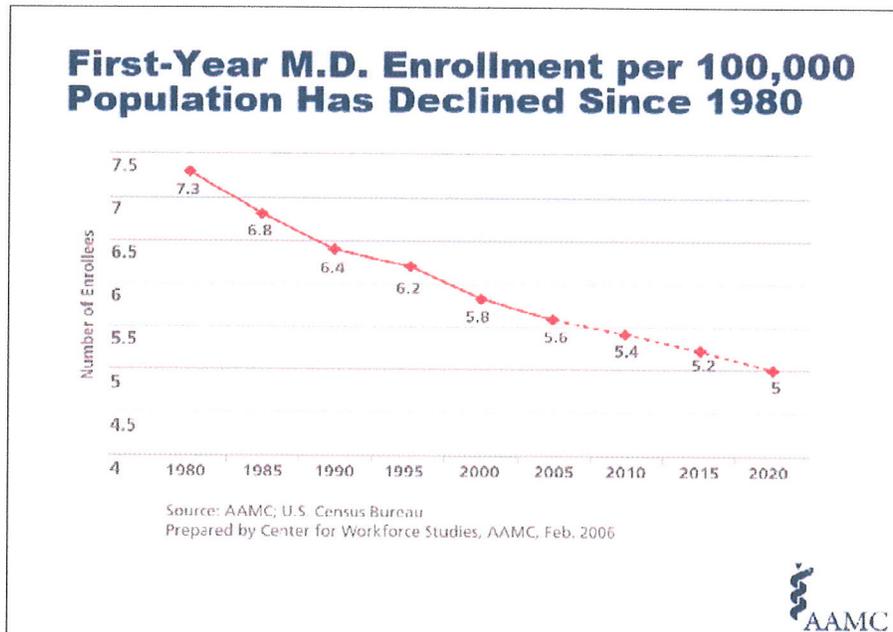
The Governor’s Idaho Health Professions Education Council (IHPEC) arranged for a current study of Idaho physician workforce status and needs, in order to more accurately assess and make recommendations regarding the future of medical education in Idaho. Such a study is also in keeping with the current recommendations of the Idaho State Board of Education’s subcommittee on medical education. While a report on medical education resources and options was completed recently for the Board of Education (MGT, 2007), accurate projections of Idaho physician workforce were lacking. The IHPEC secured the services of Center for Health Workforce Studies, in Seattle, to complete this study and present their findings to the Council. The following is an Executive Summary of the key points of that presentation, presented to the IHPEC on 12/15/09, which included more than 60 slides and graphics.

Idaho Physician Workforce Study Objectives:

- Present the current supply of physicians in Idaho.
- Determine if the State has enough physicians in the right specialties, locations, and practice configurations.
- Explore non-physician options for increasing supply
- Examine the future supply of physicians

What are the problems with the U.S. physician supply?

- Total physician supply (per capita) is becoming too low, especially in light of the rapidly aging population.
- Physician supply is persistently subject to specialty and geographic maldistribution.
- There has been a national decline in the number of medical students being educated compared to the U.S. population growth.



Over the past ten years, the number of physicians entering primary care residencies in the U.S. has also declined:

- Both the number of available Family residency openings and the number filled by graduating medical students has declined by nearly 15% since 1998;
- The number of graduating medical students entering general internal medicine has declined by over 30% since 1998, with more graduates selecting specialties and hospitalist positions in internal medicine.

30 million people in the U.S. live in federally designated **Health Professional Shortage Areas (HPSA)**. In Idaho, all but three counties are designated primary care HPSA's.

What is the role of states and medical schools in fixing the medical education pipeline? States have an obligation to meet the health care needs of their populations. Yet U.S. per capita physician supply is declining and shortages of primary care providers and general surgeons threaten to exacerbate the rural healthcare workforce crisis.

- Enrolling more students who are from rural, underserved, or high need locations is a highly effective way to train new physicians who are more likely to return to these high need areas.
- When a community or county is short on physicians, local hospitals and medical centers struggle or close, decreasing local access to healthcare.
- Employers have trouble recruiting workforce to communities with low healthcare access, and families are often disrupted by having to seek care at a distance for both young and elderly family members.
- Decreased access to healthcare leads to less early treatment of disease and increased development of chronic and critical health conditions.

What is the current Idaho physician supply and the medical student pipeline?

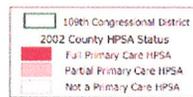
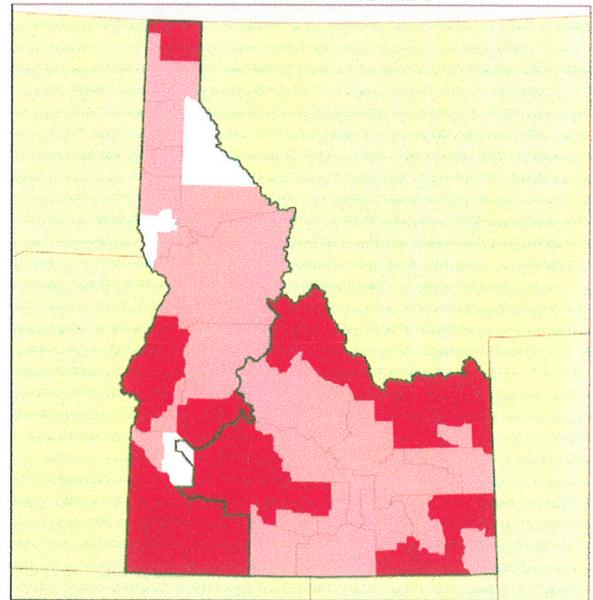
- Idaho has one of the lowest medical student enrollments in the nation (2009: 28/year – Utah and WWAMI)
- This number is less than one-third of the per capita national average.
- And yet Idaho has one of the most qualified medical school entering classes in the nation (based upon grades and medical school admission scores)

Idaho's population is predicted to increase 24% by 2025, much faster than the national projection of 14%. At the same time, Idaho's aging population (over 65) is predicted to grow 82%, compared with a national growth rate of 61%.

What are the best estimates of Idaho's medical and mid-level professionals workforce per 100,000 population, and how does that compare with national estimates?

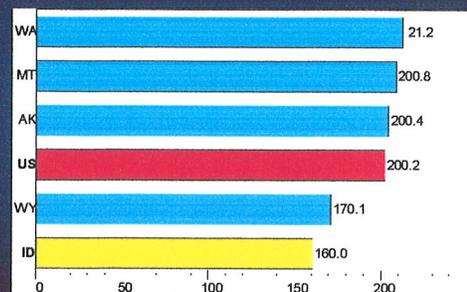
- **Physicians (Idaho has one of lowest numbers):**
Idaho: 160/100k
US: 202/100k
- **Physician Assistants (Idaho is above other states):**
Idaho: 33/100k
US: 24/100k
- **Nurse Practitioners (Idaho is below other states):**
Idaho: 40/100k
US: 48/100k

IDAHO: PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS



Prepared by the Robert Graham Center: Policy Studies in Family Medicine and Primary Care
Data Source: 2003 Area Resource File (U.S. Department of Health and Human Services)

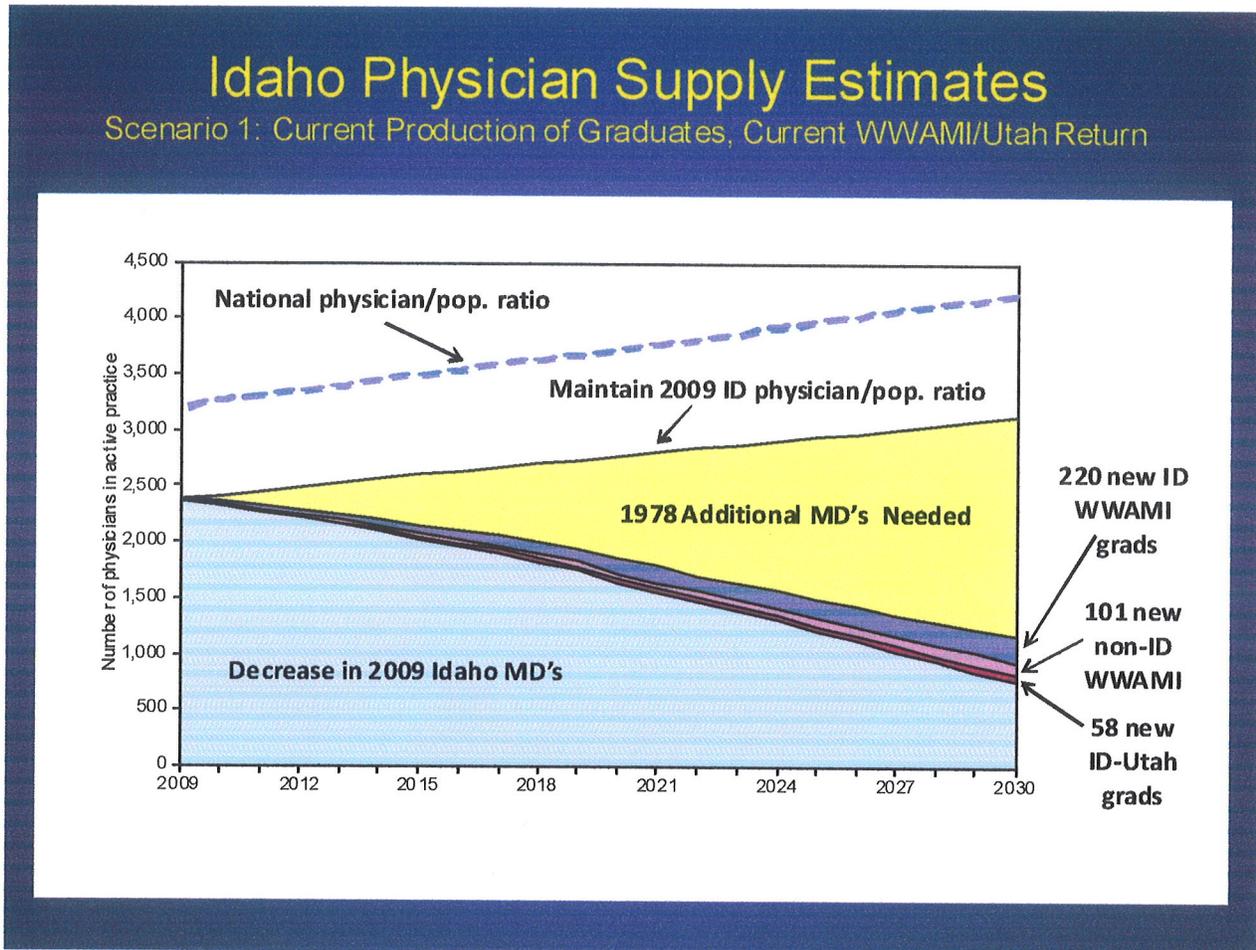
Physicians Per 100,000 Population, 2005



What are our current estimates of physician vacancies in Idaho and what specialties and regions are they located in.

- Currently 30 Idaho physician vacancies posted on the 3RNet website (National Rural Recruitment & Retention Network - www.3rnet.org) 25 of these Idaho vacancies are identified as primary care openings.
- Of these 25, ten vacancies are also listed in Idaho Primary Care Health Professional Shortage Areas

Given Idaho's population growth predictions and projected healthcare needs, if there is no change in the present levels of support for medical education, Idaho will continue to fall even further behind in its shortage of physicians to care for its citizens. The following slide depicts the continuing decline in Idaho physicians per population, due to retirements of current workforce and increased patient demand, over the next twenty years. At current levels of support, Idaho's reliance on out-of-state physician recruitment grows to more than half of the expected overall need. In addition, under current levels of support, Idaho continues to lag substantially behind the national level of physicians to population ratios.

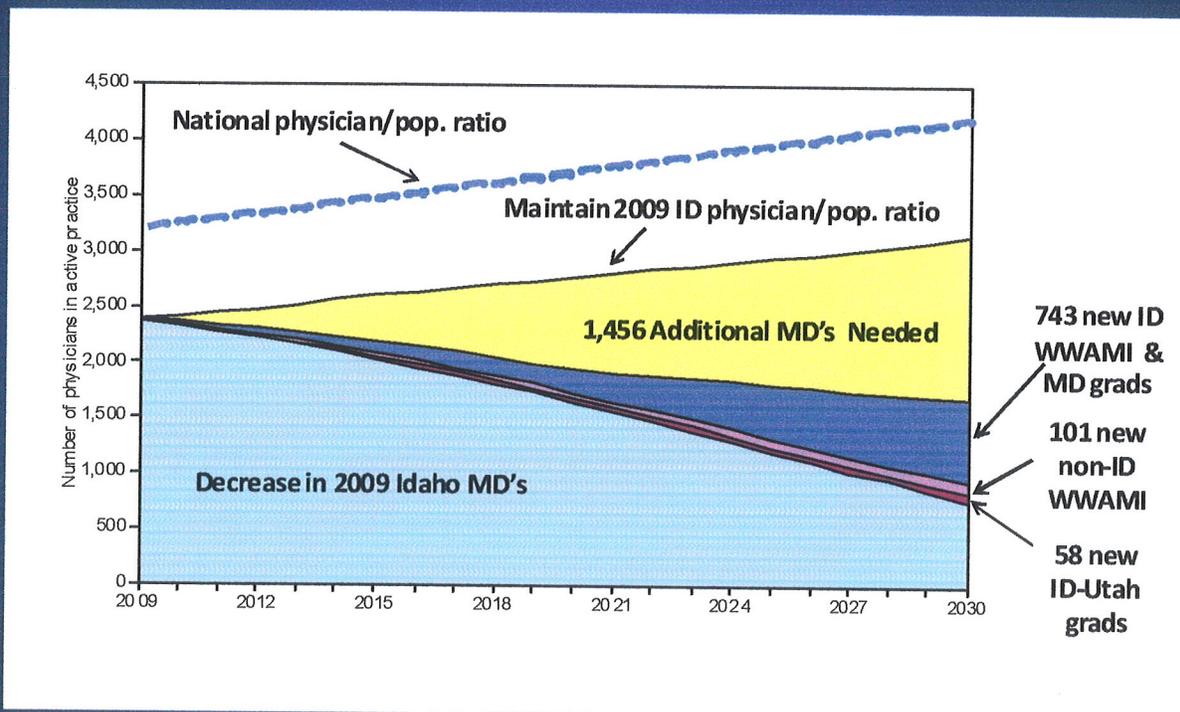


What difference can Idaho make in the state's physician supply by increasing its support of medical education?

Currently, the Idaho State Board of Education has recommended doubling the size of the WWAMI medical student entering class each year, from the current 20 to 40, over a two year period (currently, further increases in Idaho students in the Utah class are not available). In addition, the State Board has recommended additional expansion of total medical student admissions to 60 or 90, when resources are available for such an additional expansion. **The following slide depicts the impact of state support in expanding the number of Idaho medical students by 50, while at the same time increasing the overall return rate of medical graduates to 75%, through increased incentives such as the Idaho Rural Physician Incentive Program.** These two actions alone would decrease Idaho's reliance on recruiting out-of-state doctors to meet its physician supply needs by over 25%.

Idaho Physician Supply Estimates

Scenario 2: Idaho Graduates Expanded by 50,
75% Idaho Return Rate, Maintain Other WWAMI/Utah Return



Summary Points:

- Compared to other states, Idaho produces very few physicians.
- The State has no shortage of qualified applicants for medical school.
- Expanding the medical education program in Idaho by 50 physicians per year would reduce the reliance on out-of-state physicians to meet the state's physician workforce needs
- Expanding graduate medical education (residencies) would produce the quickest return on investment
- Efforts to retain more graduates in Idaho would further help reduce the need to import physicians.
- Like most states, including Washington, Idaho will continue to be an importer of physician workforce.

What can the State of Idaho and its regional medical school partners do to improve the medical education pipeline?

- Consider funding new post-baccalaureate medical science programs to prepare underrepresented rural and minority Idaho students to be more competitive medical school applicants
- Increase the annual medical student class size supported by the state, through contract expansions
- Create medical admissions recommendations that identify and recruit rural and underserved applicants
- Increase longitudinal rural training experiences in the medical education curriculum
- Foster a positive culture around medical education in Idaho, engaging Idaho's three main universities (UI, ISU, and BSU) in planning and educating medical professionals to meet the workforce needs of the state
- Provide increased debt relief for medical graduates who want to return to rural or underserved areas of Idaho
- Support the creation of new models of care in Idaho, such as the Patient-Centered Medical Home
- Explore ways to boost physician and mid-level provider pay in Health Professional Shortage Areas of Idaho

Note: Many of these recommendations support the April, 2009, recommendations for medical education approved by the Idaho State Board of Education. The Board's Subcommittee on Medical Education continues its work in implementing those recommendations.