

**Idaho Health Professions Education Council
Annual Report to
Governor C. L. “Butch” Otter
June 2010**

I. Introduction

Background. Following the August, 2007, Idaho Health Care Summit, convened in, Governor Otter established the Governor's Select Committee on Health Care. This committee was charged to assess the recommendations of the Summit, gather more information, and provide additional recommendations on making health care more affordable and accessible to Idahoans. In October 2008, the Governor's Select Committee on Health Care submitted its recommendations to the Governor. One of the committee's recommendations was to create an Idaho health professions education council similar to the Utah Medical Education Council and other state models. During his January, 2009, State of the State address, Governor Otter announced that he would establish the Idaho Health Professions Education Council (IHPEC) and on February 26, 2009, he did so through the release of Executive Order 2009-07. Makeup of the council is representative of healthcare organizations, Idaho colleges and universities, and the public at large. There are currently nine members on the council (Appendix I). The charge to this group is to:

- Conduct health workforce analyses;
- Assess Idaho's capacity for training healthcare professionals;
- Advise the Governor and legislators on healthcare workforce issues;
- Develop healthcare workforce objectives for the State of Idaho and provide policy recommendations for achieving the objectives;
- Recommend strategies to address healthcare provider shortages in rural locations;
- Develop strategies to increase public/private partnerships to increase the healthcare providers for Idaho.

Since March, 2009, the Idaho Health Professions Education Council has met quarterly (5 meetings and 1 conference call) and has considered healthcare information reported to the Council concerning the education and workforce status of Idaho dentists, nurses, physician assistants, and physicians. In doing so, IHPEC has arranged meetings with the Governor's Select Committee on Health Care, the Executive Director of the Utah Medical Education Council, the Medical Education Subcommittee of the Idaho State Board of Education, representatives from the University of Washington School of Medicine, the Idaho Department of Labor, representatives from the Idaho Nursing Workforce Advisory Council, and others. What follows is a summary of the IHPEC's activities, findings, and recommendations.

Utah Medical Education Council. The Select Committee on Health Care cited the Utah Medical Education Council (UMEC) as a model for the Idaho Healthcare Professions Education Council. In June, 2009, Mr. David F. Squire, Executive Director, UMEC, briefed the IHPEC on the makeup and functions of the UMEC.

UMEC is a quasi-state agency that began its operations in 1997 and is presided over by an eight member board appointed by the Governor. UMEC is charged with bridging the gap between the public/private health care workforce and education interests. It is staffed with 5 FTE employees reporting to the Executive Director. Its core responsibilities are to:

- Assess – supply and demand of healthcare professionals
- Advise/develop policy
- Seek and disburse Graduate Medical Education (GME) funds
- Facilitate training in rural locations
- Manage Utah’s Graduate Medical Education demonstration project awarded by the Center for Medicare & Medicaid Services (CMS)

The UMEC develops:

- Partnerships – public/private
- Reports - health care workforce
- Models – workforce and financial
- Program(s) expansion – rural and urban

UMEC is charged to monitor and address the professional healthcare workforce needs in Utah in four specific professions: medicine, dentistry, pharmacy, and midlevel providers (physician assistants/ nurse practitioners). Other groups may be studied by contract. Data is collected from state licensing offices databases and through surveys of licensed providers in Utah. UMEC facilitates rural physician training through a special allocation of fees and supplements to programs (GME), through a \$300K special allocation for rural training rotations for residents in Utah. UMEC is funded through State appropriations, MOU’s with training hospitals, a GME Medicare waiver demonstration project and other grants.

II. Workforce Reports

Dental Workforce

Quinn Dufurrena, DDS, JD, Executive Director of the Idaho Dental Association provided IHPEC with an update on the Idaho dental workforce.

There are 984 active licensed dentists in Idaho of which 196 are specialists. This number should be sufficient to serve the 1.5 million Idaho residents, but geographic mal-distribution is a problem as there is a more than adequate supply of dentists in urban areas and a sparse supply in rural areas.

One-third of Idaho dentists are over age 55 and a significant number of these older dentists practice in rural areas, so the scarcity of dentists in rural areas will increase as these dentists retire. Compounding this is the fact that new dentists realize an average of \$250,000 in debt after graduation and the average cost of buying an existing dental practice is \$400,000. Such heavy debt loads will nearly always dictate that new dentists practice in more lucrative urban areas.

A changing workforce structure will occur within the next 10-15 years as aging dentists retire. New dentists may be utilized to supervise mid-level providers in rural areas using tele-dentistry techniques. However, low Medicaid reimbursement rates and the average 50% no-show rate of Medicaid patients may limit such a system.

The incidence of dental decay in Idaho is extremely high and is due to a widespread lack of good dental hygiene habits. A program to promote better dental health is needed, especially in the State's primary and secondary schools.

A new workforce model should encourage collaboration with other healthcare providers in rural community centers that offer bundled care.

Nursing

The Idaho Nursing Workforce Advisory Council was formed in 2007. The Council was charged with gathering data and advising policy makers on the adequacy of the nursing workforce now and in the future. The Council had a sunset date of June 30, 2009, but Idaho Department of Labor and the Idaho Alliance for Nursing Leaders continue to collect nursing workforce data. The goals developed by the council included increasing nursing faculty, expand nursing seats by 400, incorporating innovative educational practices and encourage nursing workforce retention. On two occasions IHPEC received updates from the Advisory Council and the Idaho Department of Labor IHPEC on the findings and recommendations of the council and also an update on Idaho's economy and workforce trends.

In 2007 Idaho had one of the fastest growing economies in the nation. That significantly changed in 2008. Idaho peaked at 670,000 jobs in June 2007. In January 2010, the number of jobs had declined to 589,000. The fourth quarter of 2008 was the worst period for jobs in the history of the State. However, healthcare remains a solid industry sector with abundant jobs, fast growth and high salaries. While the demand for nursing may have declined somewhat, the future demand will remain very high. Jobs requiring professional-technical training grow much faster than unskilled jobs.

Idaho's population aged 55 and older will increase by 50% by 2016. Currently, Idaho's nurse to citizen ratio is 20% below the national average and 40% of all nurses are over the age of 50. According to the Advisory Council, these factors indicate a looming crisis unless action is taken now to increase the supply of nurses to care for a rapidly aging population. Nursing in Idaho is a fast growing, highly paid and abundant job

opportunity. There are approximately 450 job openings annually for registered nurses. There are about 2.3 applicants for every nursing student seat in Idaho educational institutions. The Advisory Council maintains that enrollment is limited because of state funding shortfalls for facilities, equipment and nursing faculty; the latter due to the low pay of nursing faculty compared to private industry. The Advisory Council estimated that over the next ten years, 7,500 more nurses will be needed.

IHPEC analyzed nurse practitioners and advanced practice nurses by Idaho counties. The study indicates a higher concentration of nurse practitioners and advanced practice nurses in the urban counties with fewer numbers in the rural counties. It was reported that there is a move to require the doctorate degree for nurse practitioners by 2015. This requirement will result in fewer providers.

Physician Assistants

A report on the physician assistant workforce was provided by John Schroeder, former Director of the Physician Assistant Program at Idaho State University. The ISU program began with 14 students in 1995 and has grown to 120 students today. Approximately half of the students are Idaho residents with the other half are from Utah, Montana and Wyoming. It started as a baccalaureate program and converted to a master's degree program in 2003. The program has graduated a total of 338 physician assistants. Nationally, about 90,000 students have graduated from PA programs, but the workforce is estimated to be about 75,000. In Idaho, there are 545 practicing PA's, less than 1% of all PA's in the nation. The program started as a predominately male profession, but has shifted and is now predominately female by 60% to 40%. Of all Idaho graduates, 63% have remained in Idaho. The mission of the program is to seek Idaho students who want to work and meet the healthcare needs of Idahoans. As with other healthcare workers, data shows that students tend to establish residence in the areas where they are trained. Nationally, about 15% of PA's work in rural areas. In Idaho, 33% of graduates work in health profession shortage areas. Nationally and in Idaho, the average PA graduate salary starts at about \$78,000. The mean salary for all PA's nationally is \$93,000. PA's in Idaho work an average of 34 hours per week. About 30% of Idaho PA's take calls and approximately 60% of Idaho graduates work in primary care, compared to 30% nationally. Nationally, about 10% of PA's are in solo practice offices with one physician, compared to 24% in Idaho. Nationally, 32% and in Idaho 44% of PA's work in group physician offices. The average age of PA's is 42 years old nationally. The average age of PA students entering the ISU program is 27.

The ISU PA program does not receive State funding. The program is principally funded by student professional fees that are approximately \$6,000 per semester. With 120 students, the program budget is over \$2,150,000 annually. The student debt load at graduation is about \$60,000. The program had 519 applicants for 60 seats this year and the applicant pool has increased 15-20% annually over the last five years. Because of the sizeable applicant pool placement is very selective and the average PA student's GPA is 3.77. ISU has a class of 30 students in Pocatello and 30 students in

the ISU Meridian facility. There are 60 clinical students located statewide. About 75% of students have job offers before graduation.

Idaho State University is submitting a notice of intent to the State Board of Education to start a post graduate residency in emergency medicine. ISU is also in the preliminary stages of starting a program in mental health psychiatry and geriatrics. These are certificate programs, not degree granting programs, and are one to two years in length.

There is always a fear of there being too many PA's. However, the program has continued expanding year after year and all PA's who want to work are employed within two months after graduation. Physicians have become very accepting of PA's when they see how well they function during clinical rotations. ISU is on an eight year plan to establish a PA program in Coeur d'Alene.

The challenge in Idaho has been to find enough suitable clinical sites to handle 60 students for eight six-week rotations. Some students have been sent out of state; for example, to emergency rooms in Seattle, Las Vegas and Utah. Another challenge is that as the PA salaries continue to rise and PA instructor salaries do not rise as fast, the instructors can leave the classroom and make substantially more money as practicing PA's. As the student's debt load increases, there becomes a disincentive for the PA to practice in rural areas because they can make a higher salaries in specialty areas. Idaho licensure requires a bachelor's degree. Only two states, Indiana and Mississippi, require master's degrees for licensure. Almost 80% of PA programs have converted over to master's degree offerings.

Physicians

Mark Doescher, MD, MSPH, Director, Center for Health Workforce Studies and WWAMI Rural Health Research Center, University of Washington School of Medicine, presented a study of the physician workforce in Idaho to IHPEC. What follows is a summary of the presentation and is available as a PDF file separate from this document.

***THE ATTACHED EXECUTIVE SUMMARY OF MARK DOESCHER'S
PRESENTATION WILL BE INSERTED HERE.***

III. Recommendations

1. Expand support for Graduate Medical Education/Residency Programs, including Rural Training Tracks in existing residencies and the creation of additional Idaho medical residency programs;
2. Support planned, steady growth in medical student education, utilizing Idaho's academic and health care resources, regional medical education partners, and private business interests, to meet the future physician workforce needs of Idaho.
3. Continue to regionalize Physician Assistants training programs (smaller class distributed across state, rather than single site large program) and review the funding model for PA training to increase support for PA faculty across regional program sites;
4. (focus on just nursing faculty development support here; use wording from Nursing report)
5. Improve current state data tracking on all healthcare and medical graduates in Idaho programs, through collaboration with the Idaho Department of Labor.
6. (Dental – Quinn to developing wording for this one) (Admit Dental Students from Rural Areas, support Rural Training Programs, Support Loan Repayment Program development for rural dentists.)
7. Explore expanding the Idaho Rural Physician Incentive Program (IRPIP) to allow licensed physician residents in Idaho's residency programs to participate in debt repayment through IRPIP; this would provide increased incentives in the recruitment of new physicians to begin their residency training in Idaho.
8. Recommend expanding the funding sources for the IRPIP endowment and program to include private and professional groups who have a vested interest in Idaho physician recruitment and retention.

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