Primary Care Workforce and Training of Future Leaders in Underserved Populations

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Unity Healthcare, Family Medicine
Primary Care Shortage

- Demand for primary care services projected to increase through 2020
- Demand is projected to increase more rapidly than supply
## Projected Demand for Primary Care Physicians

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total primary care physician demand (FTE)</td>
<td>212,500(^a)</td>
<td>241,200</td>
</tr>
<tr>
<td>General(^b)</td>
<td>164,400</td>
<td>187,300</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>44,800</td>
<td>49,600</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>3,300</td>
<td>4,300</td>
</tr>
<tr>
<td>Primary care physician supply</td>
<td>205,000</td>
<td>220,800</td>
</tr>
<tr>
<td>Supply and demand</td>
<td>(7,500)</td>
<td>(20,400)</td>
</tr>
</tbody>
</table>

\(^a\) National demand projections presented in this report assume that in 2010 the national supply of primary care physicians was adequate except for the approximately 7,500 FTEs needed to de-designate the primary care HPSAs.

\(^b\) This category includes general and family practice, and general internal medicine.
## Projected Supply and Demand for Primary Care NPs and PAs

<table>
<thead>
<tr>
<th>Provider Type/Specialty</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supply</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>55,400</td>
<td>72,100</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>27,700</td>
<td>43,900</td>
</tr>
<tr>
<td><strong>Demand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>55,400</td>
<td>64,700</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>27,700</td>
<td>32,700</td>
</tr>
<tr>
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<td></td>
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<td>11,200</td>
</tr>
</tbody>
</table>

*There were no data available for estimating if there were base year shortages of NPs and PAs.

Note: Counts of NPs and PAs are not adjusted for productivity.

Projecting the Supply and Demand for Primary Care Practitioners Through 2020. HRSA. Nov 2013.
Potential Solutions

- Rapidly growing NP and PA supply could reduce the shortage
- PCMH and team-based care
- Residency/fellowship training, medical school curriculum, faculty training in nursing schools
- ACA: increased funding for expansion of CHCs, NHSC, primary care residency training, Medicaid expansion
IF YOU'RE REALLY DISCIPLINED YOU CAN GET THROUGH ALL THE PAPERWORK IN A 50 HOUR WEEK... OF COURSE YOU'LL STILL NEED TIME TO SEE SOME PATIENTS
Barriers in recruitment and retention

- Financial
- High burn-out rates, increased patient demands
- Lack of team based care
- Lack of supportive environment
- Lack of time given for research and interests
- Lack of community involvement and engagement
- Inefficient system
- Inadequate staffing
Recruitment/Retention Survey

- Administered survey via survey monkey to clinicians of Unity healthcare – 65 responses

**Years of employment**

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
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<td>3</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>&gt;5</td>
<td>10</td>
</tr>
</tbody>
</table>

**Degree**

- MD
- DO
- PA
- NP
Survey results

- 70% trained at a previous underserved site
- 90% plan to continue to work with underserved populations
- 60% were happy working at their current site
- 88% felt they had adequate training and knowledge in community and/or population health to take care of their patient population
- 50% felt they were practicing a team-based model of care in their everyday practice
Why work at FQHC?

- Loan repayment
- NHSC scholar
- Commitment to underserved
- Location
Reasons for clinician dissatisfaction

- None
- Financial reimbursement
- Lack of time for research
- Lack of supportive environment
- Lack of team based care
- Increased patient demand
Approaches to improve job satisfaction

- Employee well-being
- Community involvement
- Longer time spent with patients
- Adequate training of staff
- Time for research
- Training in health literacy, cultural competency
- Training in community/population health
Strategies to Improve Retention and Recruitment

- **Recruitment**
  - loan forgiveness programs
  - increased funding to NHSC
  - utilizing NPs and PAs
  - expansion of CHCs

- **Retention**
  - Adequate staffing and training
  - Supportive environment
  - Team-based care
  - More time with patients
  - Financial reimbursement: quality vs quantity
Georgetown University
Community Health Leadership
Development Fellowship

- Faculty development, community oriented primary care at medically underserved community, community health research and advocacy
- Unity Healthcare
- Fort Lincoln Family Medicine Residency
- Georgetown University School of Medicine
- Providence Hospital
- Association of Clinicians for the Underserved (ACU)
- National Association of Community Health Centers (NACHC)
Previous fellows

- Tobie-Lynn Smith, MD MPH (2012)
  - Medical director for healthcare for the homeless in Baltimore, MD

- Sarah Kureshi, MD MPH (2011)
  - Exposure to different leadership roles, networking, patient advocacy, Clinician at Unity

- Erica Mcclaskey, MD (2008)
  - Value of community based research and working at different levels within a CHC, Student teaching
Michelle Roett, MD (2007)
- Program director, Georgetown University Family Medicine Residency

Elise Georgi, MD (2006)
- Exposure to FQHC, faculty development; Neighborhood health center->integrated model of behavioral health; Medical director at Unity

Paula Hayes, MD (2005)
- Clinician at Neighborhood health center, Indian health services, Program manager at Catholic charities
Moving Health Care Upstream: Developing a workforce to address the root cause of illness
Health Care for the Homeless - Baltimore County
Social Determinants of Health

- Poor health is closely tied to inadequate housing, food insecurity, and un/under-employment.

- Individuals with inadequate housing are more likely to experience lead poisoning, asthma, and other respiratory conditions.

- Food insecurity is linked to higher risk of chronic conditions and overall poor mental and physical health status.

- Food-insecure individuals are 20% more likely to report that they have hypertension, and 30% more likely to report they have hyperlipidemia, than their food-secure counterparts.
Health Inequities

- Premature death rates 30% higher than national average, 60% higher than surrounding areas

- DC General shelter - 600 children

- 30% DC children live in poverty

- Over 50% houses in DC built before 1940 - lead exposure
Disparities that are the result of systemic, avoidable, and unjust social and economic policies that create barriers to opportunity

“We need a movement, a social justice movement”

Jacqueline D. Bowens
Why treat people...

...without changing what makes them sick?
EXHIBIT 1

Proportional Contributions of Contributing Factors to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%


“Health Policy Brief: Community Development and Health,” Health Affairs, November 10, 2011
http://www.healthaffairs.org/healthpolicybriefs/
Factors that Affect Health

- **Socioeconomic Factors**
  - Poverty, education, housing, inequality

- **Changing the Context**
  - To make individuals’ default decisions healthy

- **Long-lasting Protective Interventions**
  - Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

- **Clinical Interventions**
  - Immunizations, brief intervention, cessation treatment, colonoscopy

- **Counseling & Education**
  - Rx for high blood pressure, high cholesterol, diabetes

- **Examples**
  - Eat healthy, be physically active

Largest Impact

Smallest Impact
Upstream

Policy and Programs
- Corporations and other businesses
- Government agencies
- Schools

Midstream

Physical environment
- Housing
- Land use
- Transportation
- Residential Segregation

Social inequities
- Class
- Race/ethnicity
- Gender
- Immigration status
- Sexual orientation

Behavior
- Smoking
- Nutrition
- Physical activities
- Violence

Downstream

Disease and Injury
- Infectious disease
- Chronic disease
- Injury

Mortality
- Infant mortality
- Life expectancy

Health care and services

Government, Schools, CBOs → Parks & Housing → Hospitals & Clinics
THE OVERLOOKED CONNECTION BETWEEN SOCIAL NEEDS AND GOOD HEALTH

Physicians wish they could write prescriptions to help patients with social needs.

- Fitness Program: 75%
- Nutritional Food: 64%
- Transportation Assistance: 47%

Physicians whose patients are mostly urban and low-income wish they could write prescriptions for:

- Employment Assistance: 52%
- Adult Education: 49%
- Housing Assistance: 43%

4 IN 5 PHYSICIANS SURVEYED

Say patients' social needs are as important to address as their medical conditions.
Say unmet social needs are directly leading to worse health.
Are not confident in their capacity to address their patients' social needs.

3 IN 4 PHYSICIANS SURVEYED

Wish the health care system would pay for the costs associated with connecting patients to services that address their social needs.
“We need a movement, a social justice movement”

Jacqueline D. Bowens
Community Health Centers as a Social Justice Movement

“The last time I looked in my textbooks, the specific therapy for malnutrition was food.”

Jack Geiger
Figure 2: U.S. National Health Expenditures as a Share of GDP, 1960-2021

Source: Centers for Medicare and Medicaid Services.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>France</td>
</tr>
<tr>
<td>2</td>
<td>Italy</td>
</tr>
<tr>
<td>4</td>
<td>Andorra</td>
</tr>
<tr>
<td>7</td>
<td>Spain</td>
</tr>
<tr>
<td>18</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>30</td>
<td>Canada</td>
</tr>
<tr>
<td>37</td>
<td>United States</td>
</tr>
<tr>
<td>39</td>
<td>Cuba</td>
</tr>
<tr>
<td>130</td>
<td>Russian Federation</td>
</tr>
<tr>
<td>187</td>
<td>Nigeria</td>
</tr>
</tbody>
</table>


A WHO survey ranked the health care systems of 191 countries, based on factors such as the health of the general population, patient satisfaction and equality of access. France ranked first overall, the United States placed 37th, and Nigeria was near the end of the list at 187.
Can you spare a little social change?
ADDRESSING PATIENTS’ SOCIAL NEEDS
An Emerging Business Case for Provider Investment
Deborah Bachrach, Helen Pfister, Kier Wallis, and Mindy Lipson
Manatt Health Solutions
MAY 2014
Health Reform

- Affordable Care Act (ACA)- Increased access to care for low and middle income
- “Triple Aim”- focus on better care, healthy people and communities, and reduced costs
- Value-based purchasing and other outcomes-based payment models
- Increased business case to invest in interventions that address patients’ social needs.

“What was once a path pursued by a handful of mission-driven providers and grant-funded social services organizations may soon become the standard of care demanded by payers, policymakers, and consumers alike”
Economic Rationale

Unmet social needs associated with higher rates of:

- emergency room use
- hospital admissions
- readmissions

- A recent study in California found that in the fourth week of the month, low-income individuals had a 27 percent greater risk of hospital admission for hypoglycemia than in the first week of the month, suggesting that their monthly food budget was insufficient.
Economic Rationale

- **Patient satisfaction** rises when providers address patients’ social needs, engendering loyalty. This can also affect the amount of shared savings a provider receives from payers.

- Providers that include social supports in their clinical models also report improved **employee satisfaction**.

- Interventions that address social factors allow clinicians to devote more time to their patients, allowing them to see more patients and **improving satisfaction** among both patients and clinicians.

- Eighty percent of physicians do not feel adequately equipped to address their patients’ social needs, and as a result do not believe they are providing high-quality care. **Physicians who believe that they are providing high-quality care are more than twice as likely to report that they are satisfied.**
“Whoa—way too much information.”
Factors that Influence Health

- Economic & Social Opportunities & Resources
  - Policies to promote economic development, reduce poverty, and reduce racial segregation
  - Policies to promote child and youth development and education, infancy through college

- Living & Working Conditions in Homes & Communities

- Medical Care

- Personal Behavior

- Health

Source: Robert Wood Johnson Foundation Commission to Build a Healthier America
Evidenced based medicine

“EBM does not venture upstream. We are praised for following the evidence-based guidelines, but those guidelines do not tackle the sickness at its source. As a result, people with health problems that have upstream sources often suffer unnecessarily for months, even years.”

Rishi Manchanda
Public Housing Residents

- Place matters with respect to health
- Health education: access to healthy foods, safety
- Integration of social determinants of health into practice
- Risk assessment
- Identifying unique barriers for special patient populations
Upstream Clinicians

“The Upstreamist considers it her duty not only to prescribe a chemical remedy but also to tackle the sickness at its source.”
Moving Health Care Upstream

- Challenge assumptions about root cause of illness
- Thinks in terms of settings and conditions rather than behavior
- Asks about social and economic conditions and the built environment in patient’s neighborhoods
- Rather than asking “how can I get more of these women to breast feed?”, looks for community characteristics that influence women’s ability to breast feed and work with the community to address those circumstances
- Watches for and addresses lifestyle drift- start off recognizing the need for action on the upstream social determinants... only to drift downstream to focus largely on individual lifestyle factors
Addressing Root Cause of Illness

- Clinic level
  - Screening Tools
  - Cultural Competency
  - Data Collection

- Community level
  - Collaboration
  - Mapping Tools
  - Data Analysis

- Policy level
  - Clinicians as Advocates
END HOMELESSNESS WITH HOUSING
Training Upstreamists

- Training and Tools
- Resources and Time
- Administrative Support
- Incentives
- Actionable data
- Networks
- Advocacy Skills
- A cultural shift
Cultural Shift

“We are still standing on the bank of a river rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in. This is the 21st century task.”  Gloria Steinem
References

- Projecting the Supply and Demand for Primary Care Practitioners Through 2020. HRSA. Nov 2013.


- AAMC’s Center for Workforce Studies. www.aamc.org


Contact

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- Hanna Yoon: hy287@georgetown.edu

“Wherever the art of Medicine is loved, there is also a love of Humanity.”

Hippocrates