

Primary Care Workforce and Training of Future Leaders in Underserved Populations

Tobie-Lynn Smith MD, MPH

Medical Director, Health Care for the Homeless Baltimore County

Faculty, MedStar Franklin Square Family Medicine Residency

Assistant Professor of Family Medicine, Georgetown University SOM

Hanna Yoon MD

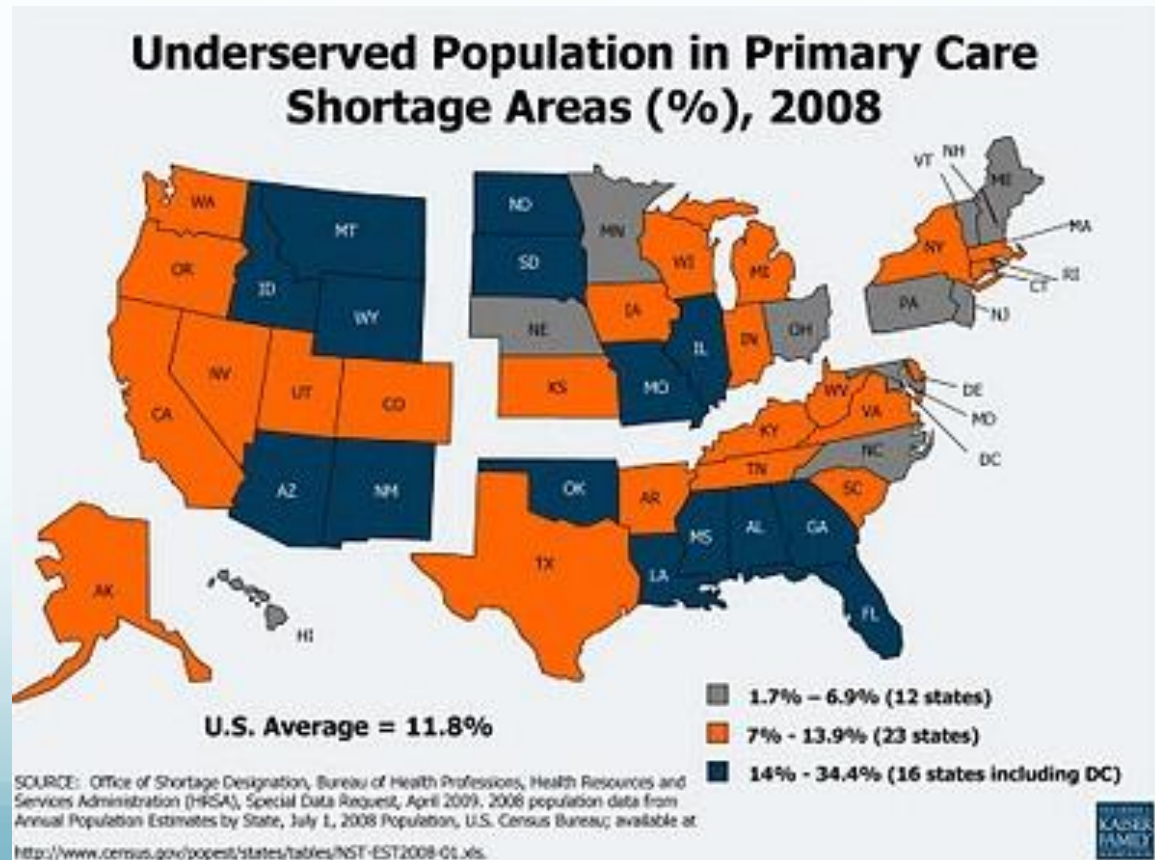
Association of Clinicians for the Underserved

Community Health Leadership Development Fellow, Georgetown University SOM

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

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

^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

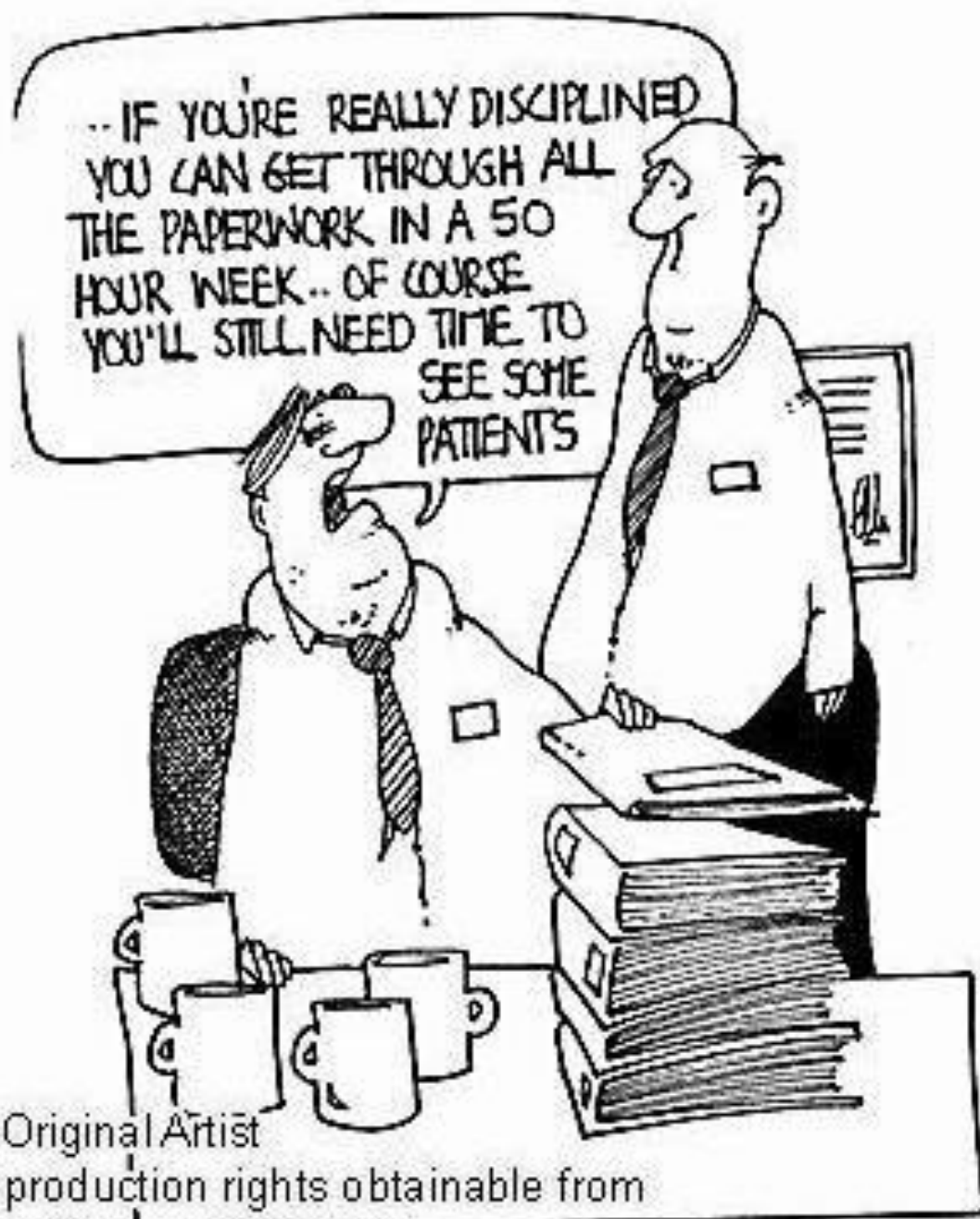
Provider Type/Specialty	2010	2020
<i>Supply</i>		
Nurse Practitioners	55,400	72,100
Physician Assistants	27,700	43,900
<i>Demand</i>		
Nurse Practitioners	55,400	64,700
Physician Assistants	27,700	32,700
<i>Supply and Demand</i>		
Nurse Practitioners	*	7,400
Physician Assistants	*	11,200

*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.

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



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Barriers in recruitment and retention

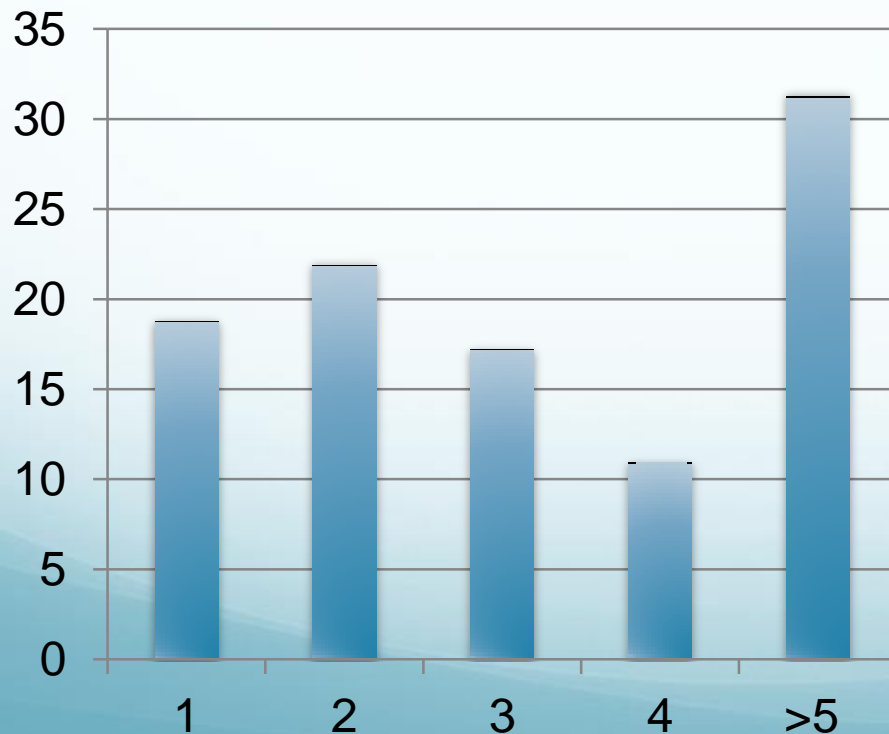
- Financial
- High burn-out rates, increased patient demands
- Lack of team based care
- Lack of supportive environment
- Lack of time given for research and interests
- Lack of community involvement and engagement
- Inefficient system
- Inadequate staffing

Recruitment/Retention Survey

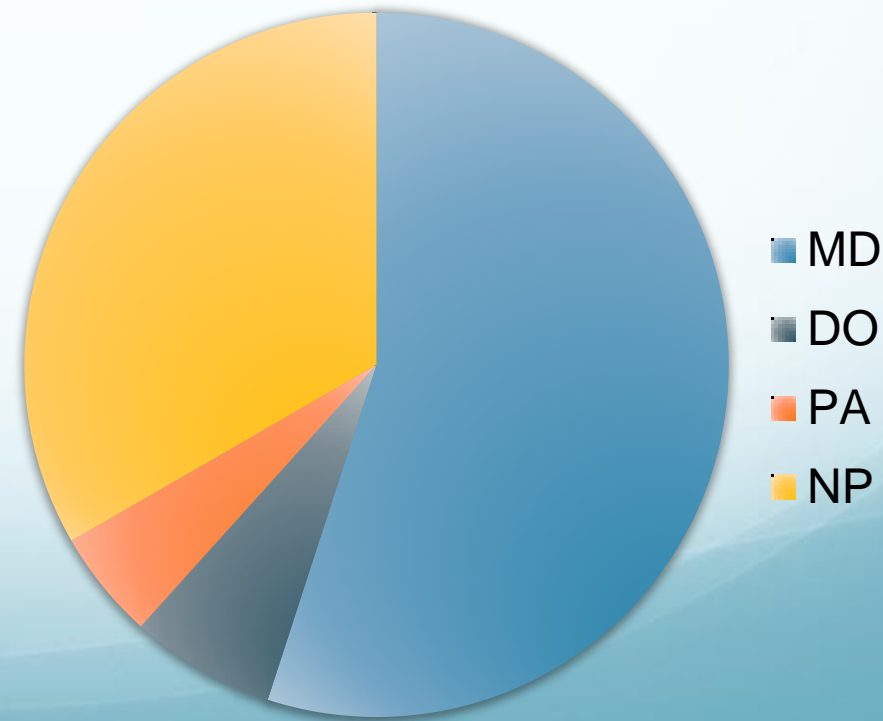


- Administered survey via survey monkey to clinicians of Unity healthcare – 65 responses

Years of employment



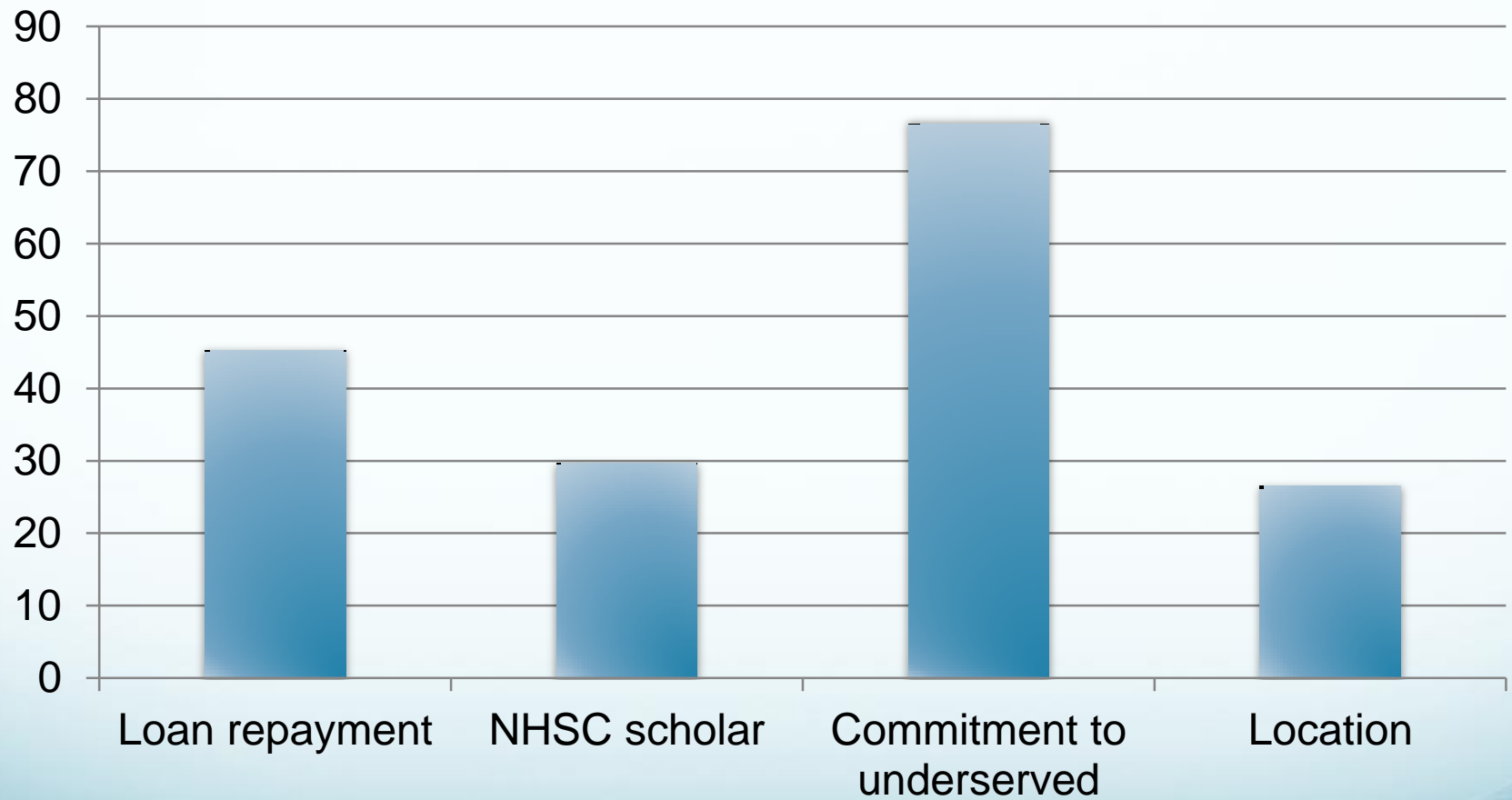
Degree



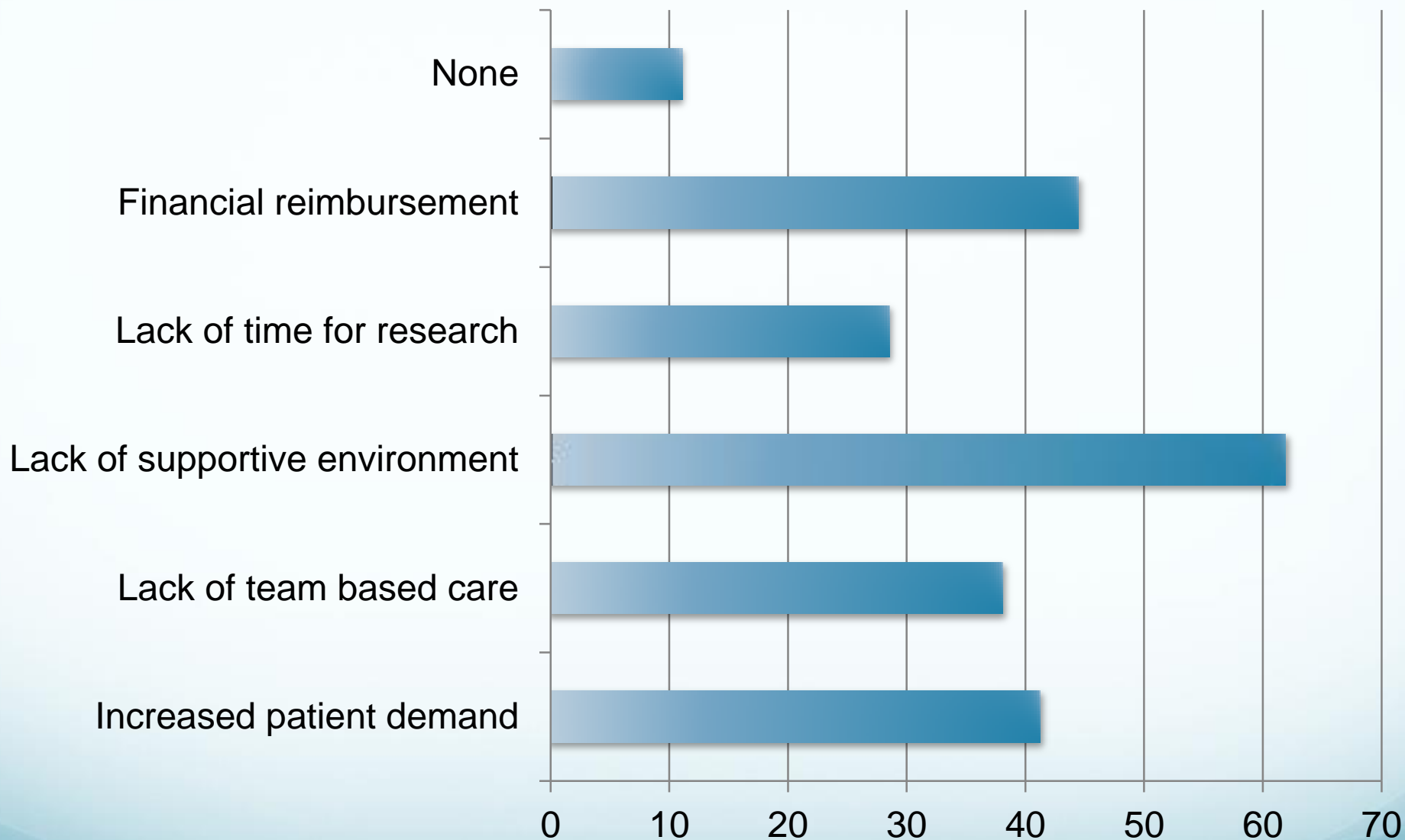
Survey results

- 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?



Reasons for clinician dissatisfaction



Approaches to improve job satisfaction



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

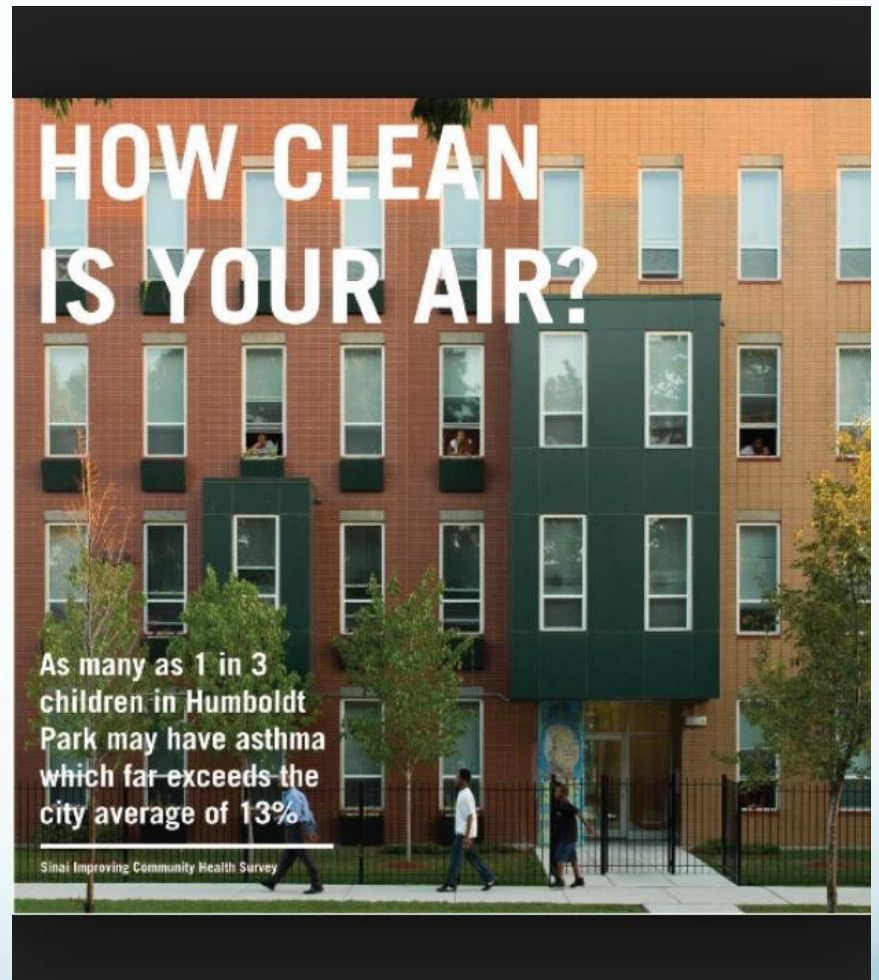
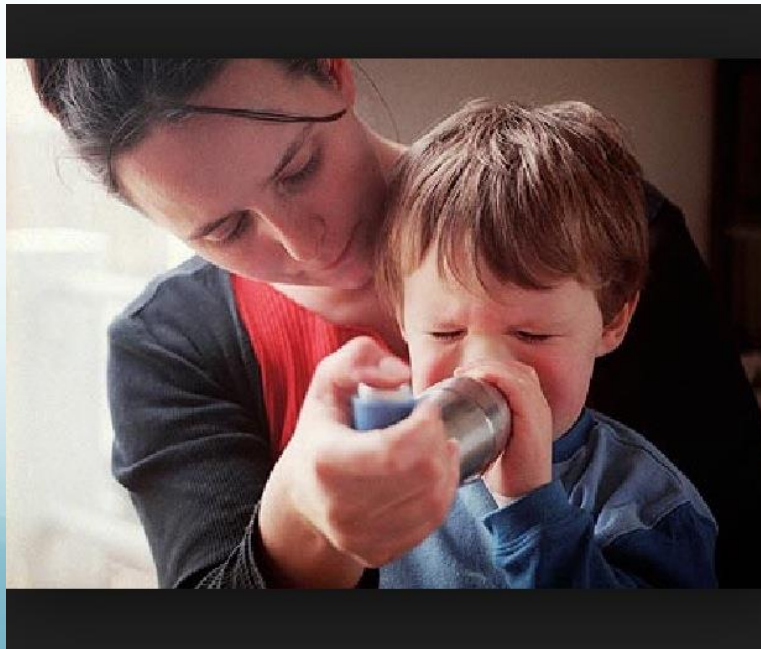
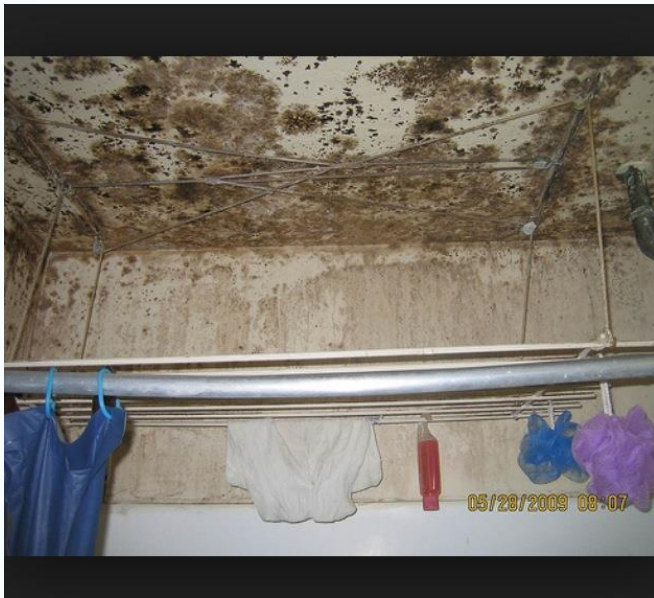


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MedStar Health



BALTIMORE COUNTY
MARYLAND



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

Health Inequity

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

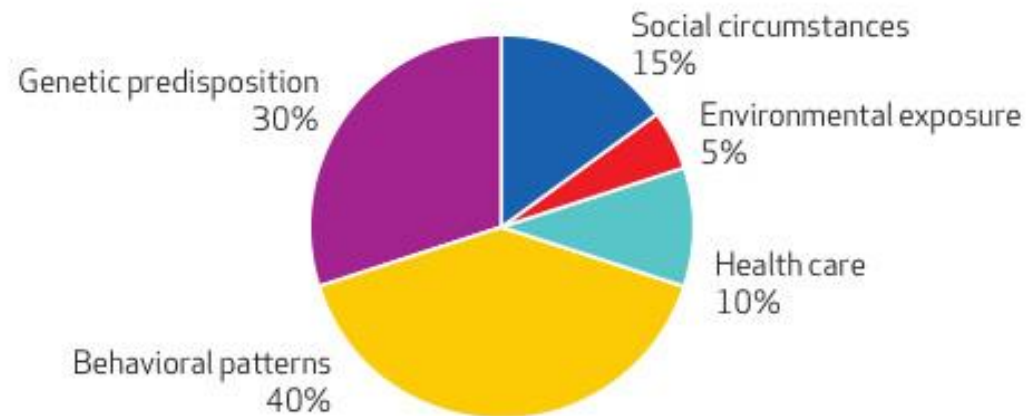
Why treat people...



...without changing what makes them sick?

EXHIBIT 1

Proportional Contributions of Contributing Factors to Premature Death



SOURCE J. Michael McGinnis, Pamela Williams-Russo, and James R. Knickman, "The Case for More Active Policy Attention to Health Promotion," *Health Affairs* 21, no. 2 (2002): 78–93.

Factors that Affect Health



Upstream

Policy and Programs

- Corporations and other businesses
- Government agencies
- Schools

Social inequities

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

Midstream

Physical environment

- Housing
- Land use
- Transportation
- Residential Segregation

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



Rx

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

FITNESS PROGRAM

75%



NUTRITIONAL FOOD

64%



TRANSPORTATION ASSISTANCE

47%



Rx

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”

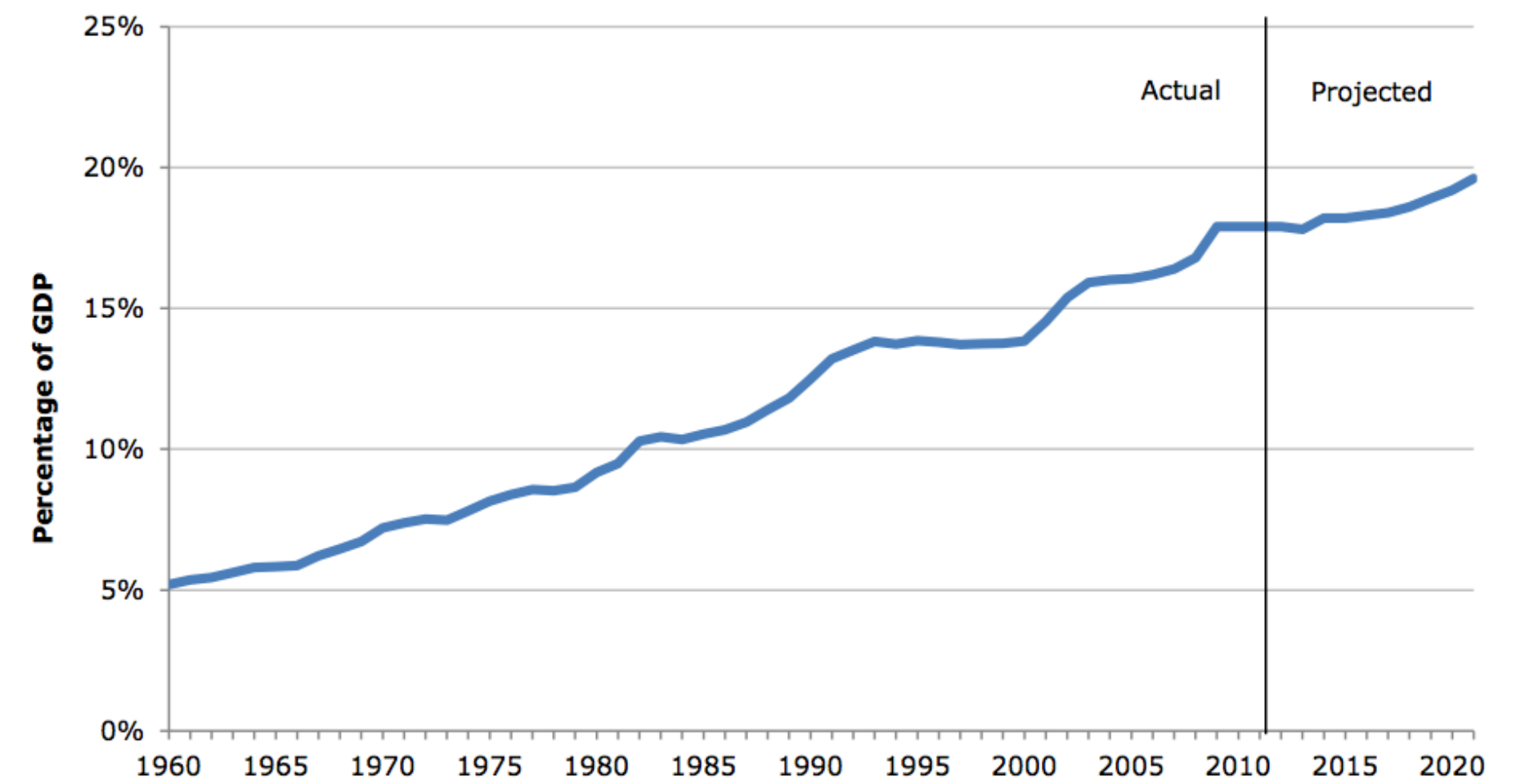
Jacqueline D. Bowens

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.

Rankings of Countries by Health Care System

1. France

2. Italy

4. Andorra

7. Spain

18. United Kingdom

30. Canada

37. United States

39. Cuba

130. Russian Federation

187. Nigeria

SOURCE: WHO World Health Report 2000

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.



ADDRESSING PATIENTS' SOCIAL NEEDS

An Emerging Business Case for Provider Investment

Deborah Bachrach, Helen Pfister, Kier Wallis, and Mindy Lipson
Manatt Health Solutions

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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”

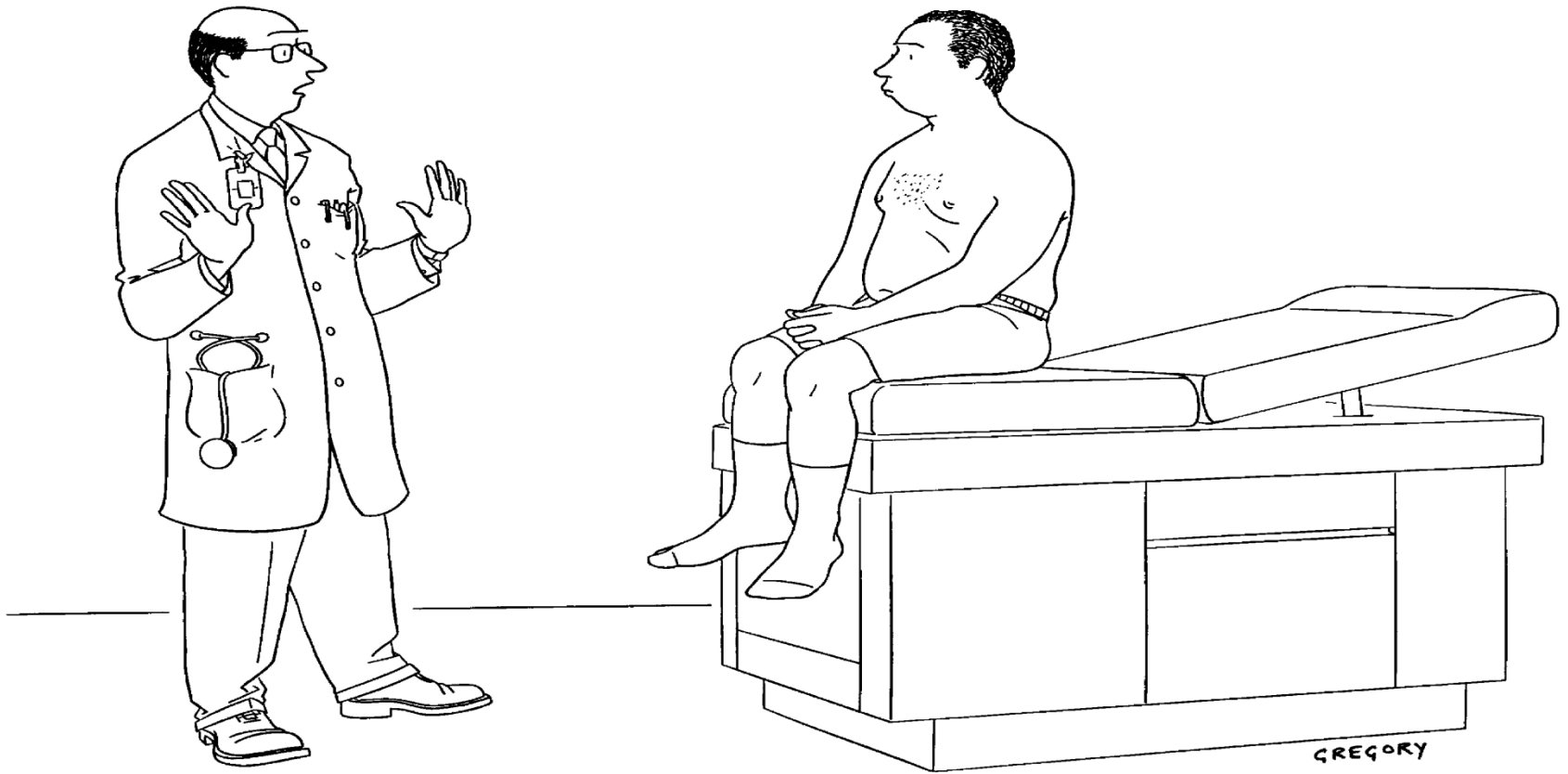
Economic Rationale

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.

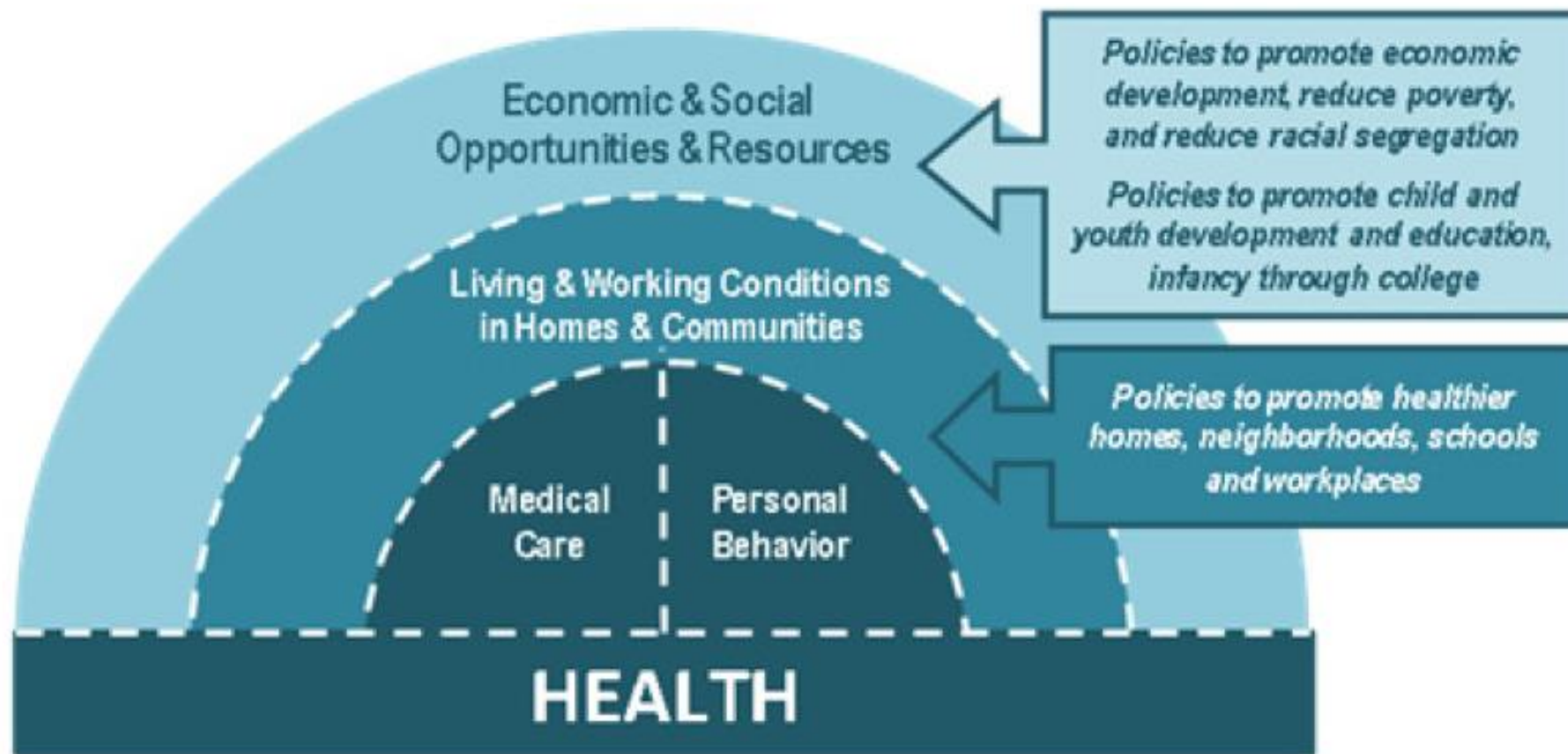
Economic Rationale

- **Patient satisfaction** rises when providers address patients' social needs, engendering loyalty. 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



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



Add Data

Map Gallery

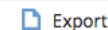
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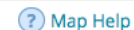
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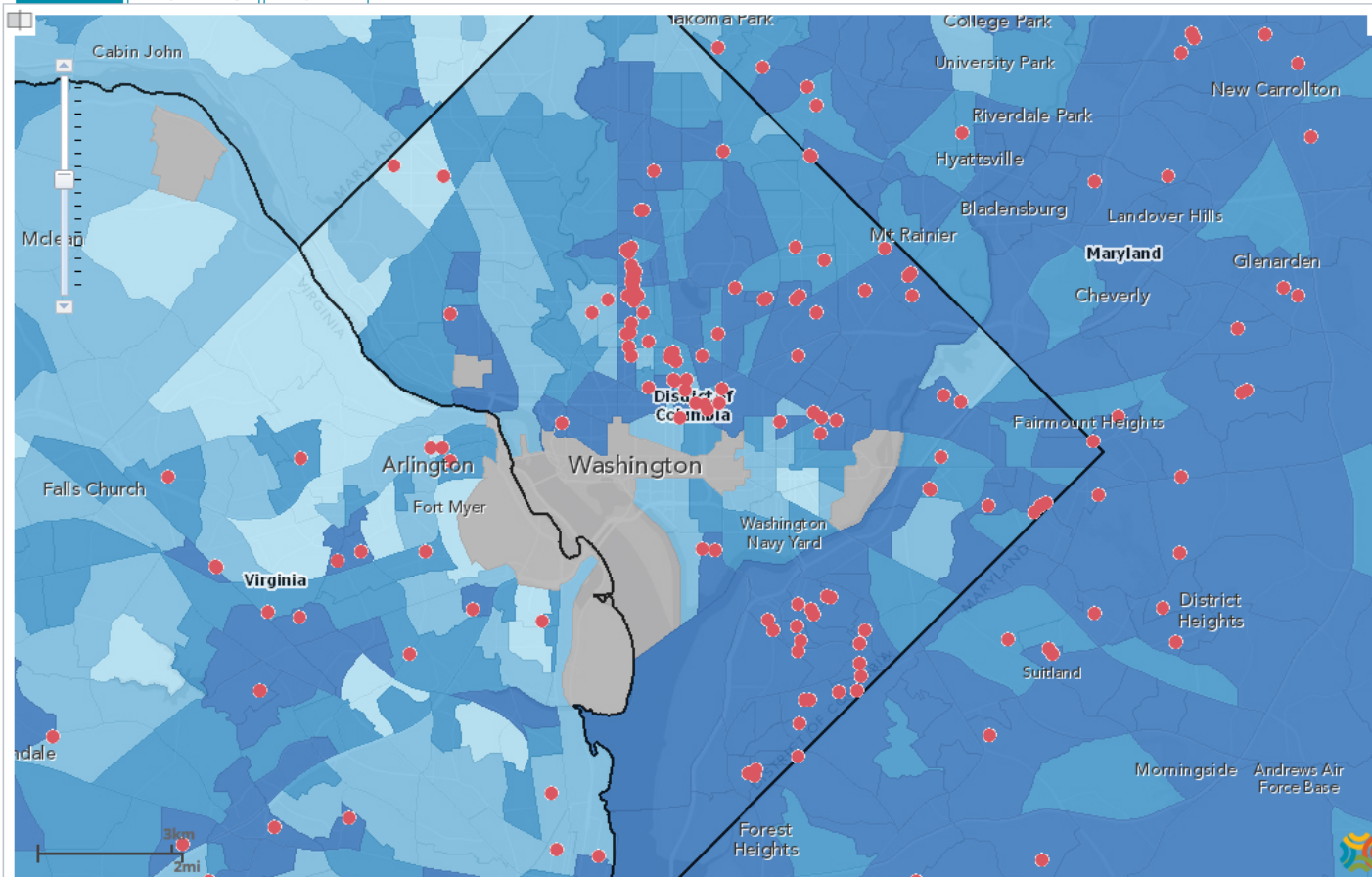
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Map Help



Enter a location



Map Layers



Label

Info

Remove

Multi-family Assisted Housing, All by Location, HUD 2013

Label

Info

Remove

Households with Housing Costs Over 30% of Household Budget, Percent by Tract, ACS 2008-12☒ Over 42.0%☐ 32.1 - 42.0%☐ 22.1 - 32.0%☐ Under 22.1%☐ No Data or Data SuppressedData Geog: Data Types: Transparency:

Reference Maps



Place Names



Highways



State Boundaries



County Boundaries



Place Boundaries



Tract Boundaries

Tools



**Healthcare
can be better.**

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Powered by a community of innovators

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BLOG POSTS



A powerful prescription for better public health: raise the minimum wage

Posted by Rishi Manchanda on June 9, 2014 at 11:09pm

0 Comments 0 Likes



New Report! The Business Case for Addressing SDH in Clinical Settings

Posted by Laura Gottlieb on June 6, 2014 at 11:30am

0 Comments 1 Like



Civic Capacity

Posted by Lauri Andress, Ph.D. on June 1, 2014 at 1:28pm

1 Comment 3 Likes



super educational resource on vuln. pops.

Posted by John Henning Schumann on June 1, 2014 at 1:28pm

1 Comment 2 Likes



THE HEALTHBEGINS NEWSLETTER, JUNE 1ST, 2014

Posted by Linda Sharp on June 1, 2014 at 12:56pm

0 Comments 0 Likes

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Training Upstreamists

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- 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

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Contact

- Tobie-Lynn Smith: Smithtobie2@gmail.com
- Hanna Yoon: hy287@georgetown.edu

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

Hippocrates