

# The Challenges of Modeling Future Workforce Needs in an Era of Transformation

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Tomorrow's Doctors, Tomorrow's Cures

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Learn

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Serve

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Lead

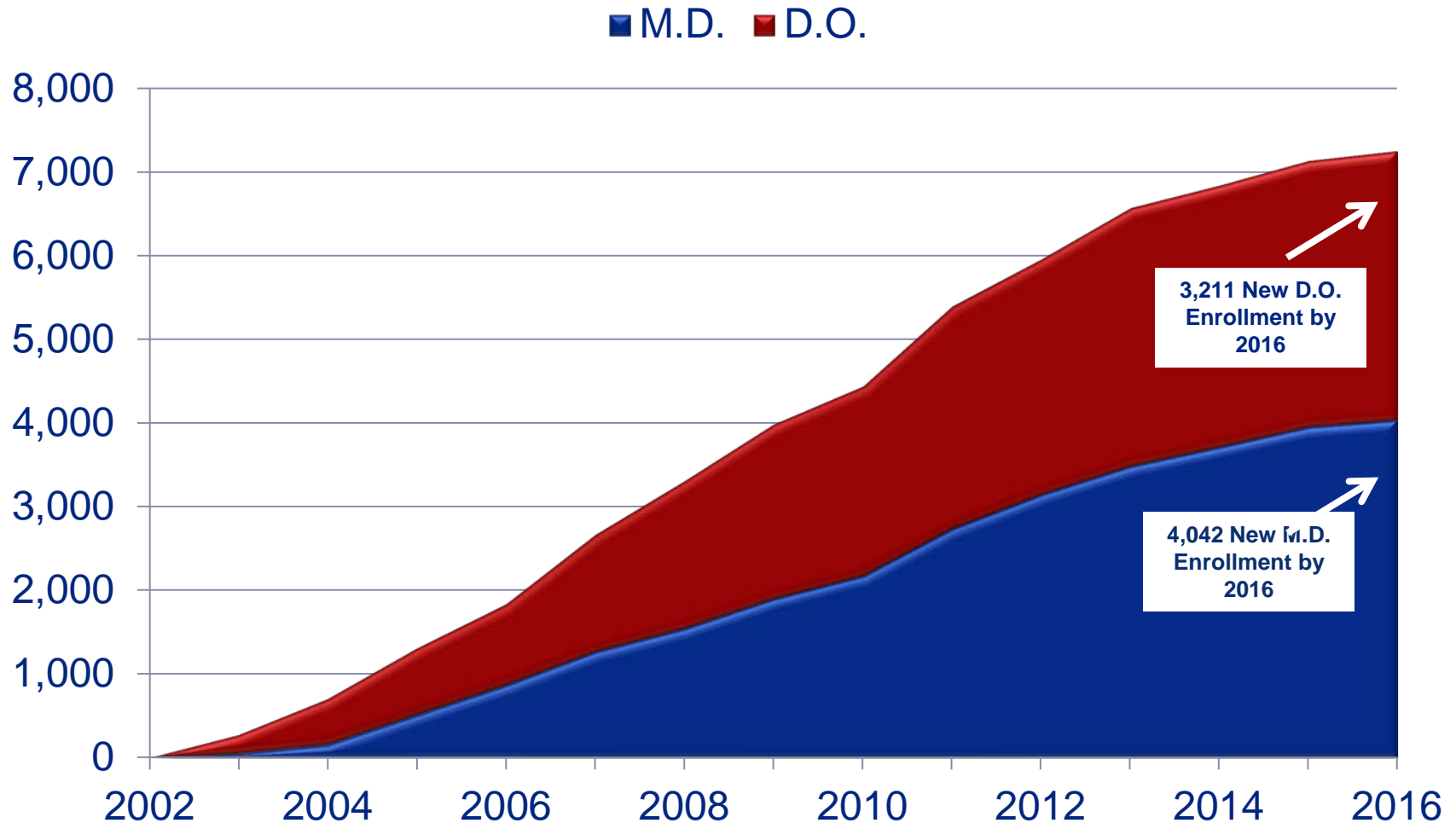


Association of  
American Medical Colleges

# Transformation

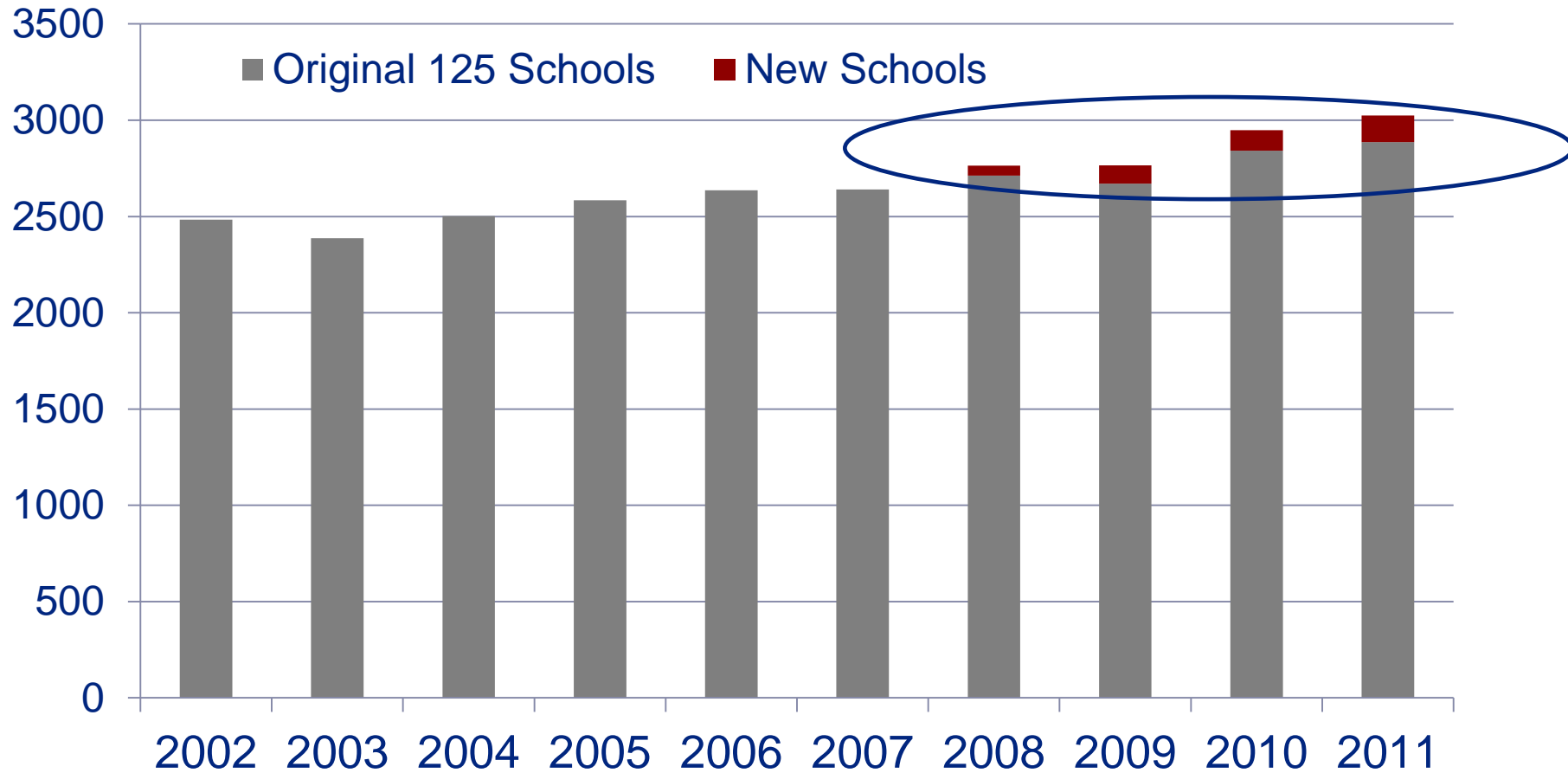
- Pipeline
- Payment and Care Redesign
- Expanding Workforce
- Expanding Definition of Health Care
- Economy

# M.D. and D.O. growth since 2002 for current schools



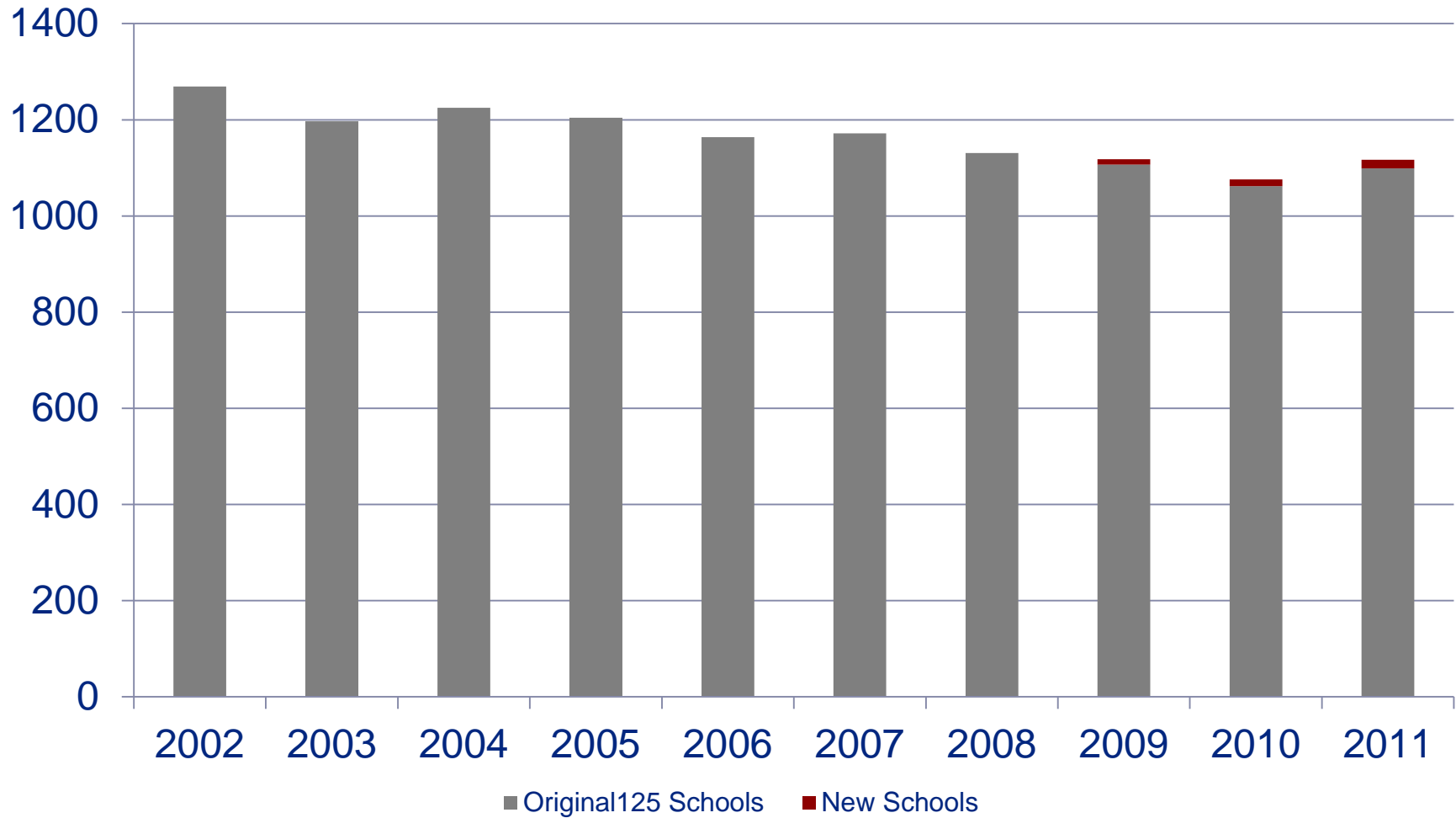
# 500 more Blacks, Hispanics and Native Americans matriculating compared to 2002

Black, Native American and Hispanic Matriculants, 2002 - 2011



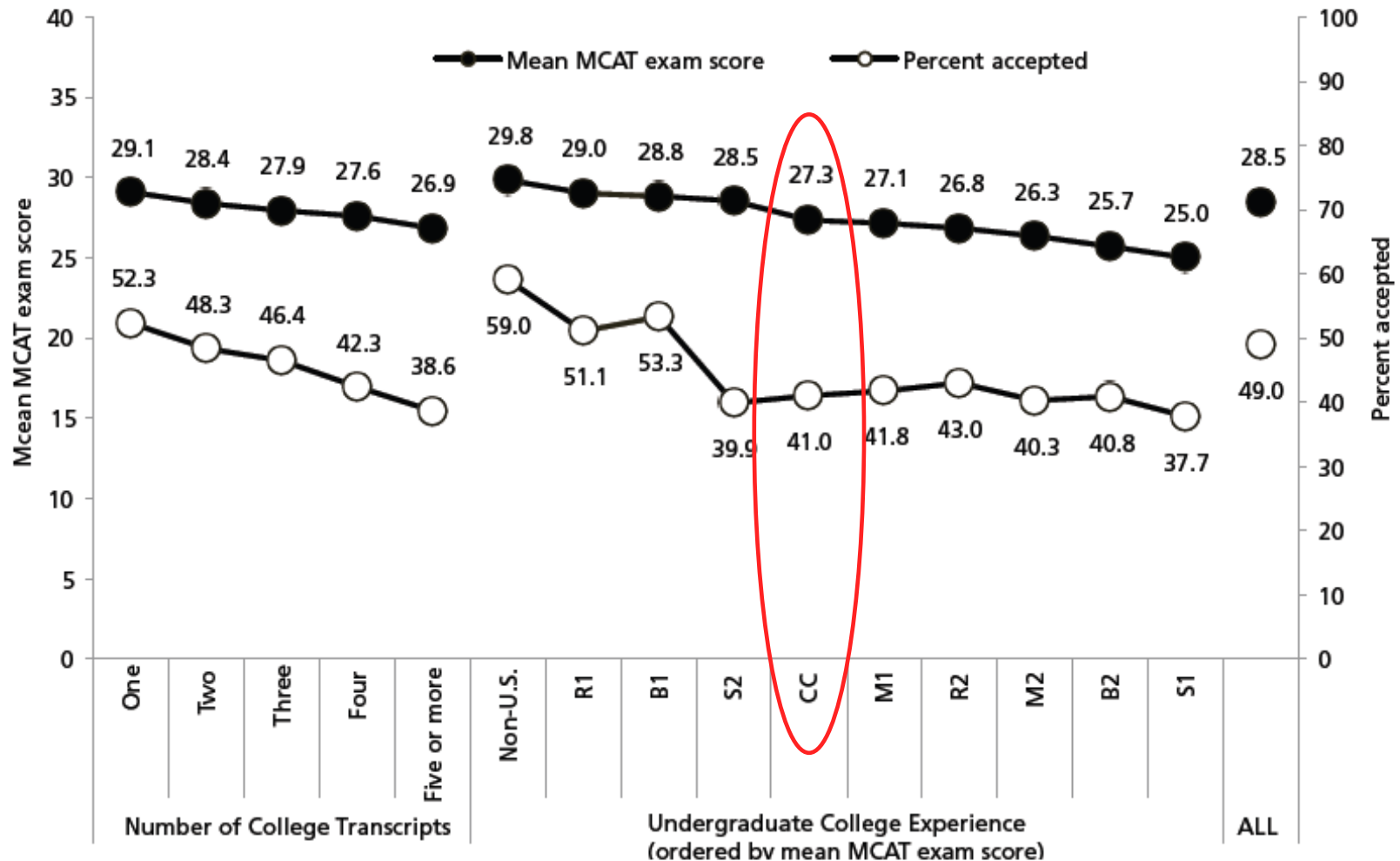
# However, no increase in rural matriculants

Rural Matriculants, 2002 - 2011

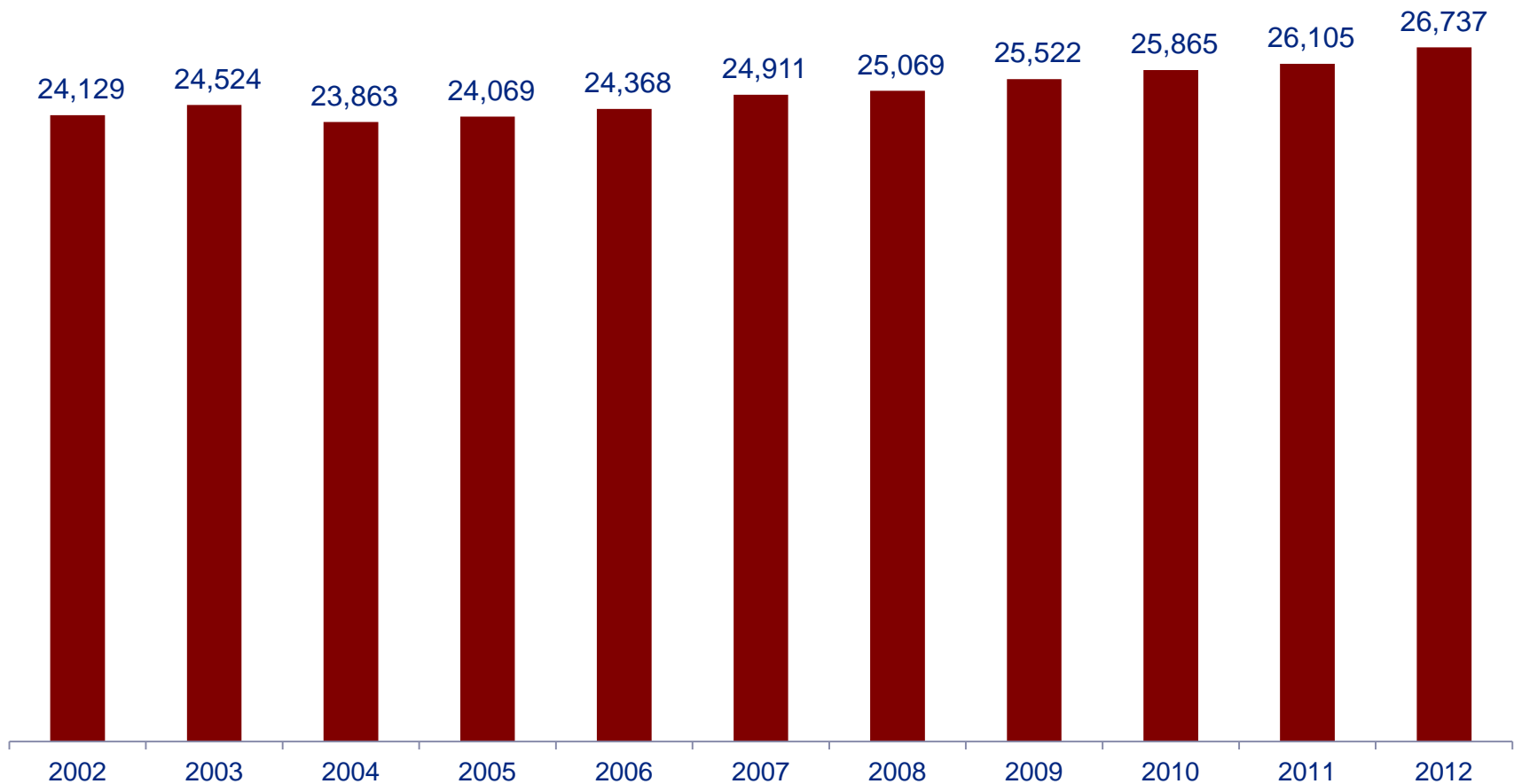


# Tapping into Community Colleges More Holds Potential for Diversification

Figure 1: Mean MCAT® Exam Scores and Acceptance Rates by Number of College Transcripts and Type of Institution Attended among 2011 U.S. Medical School Applicants



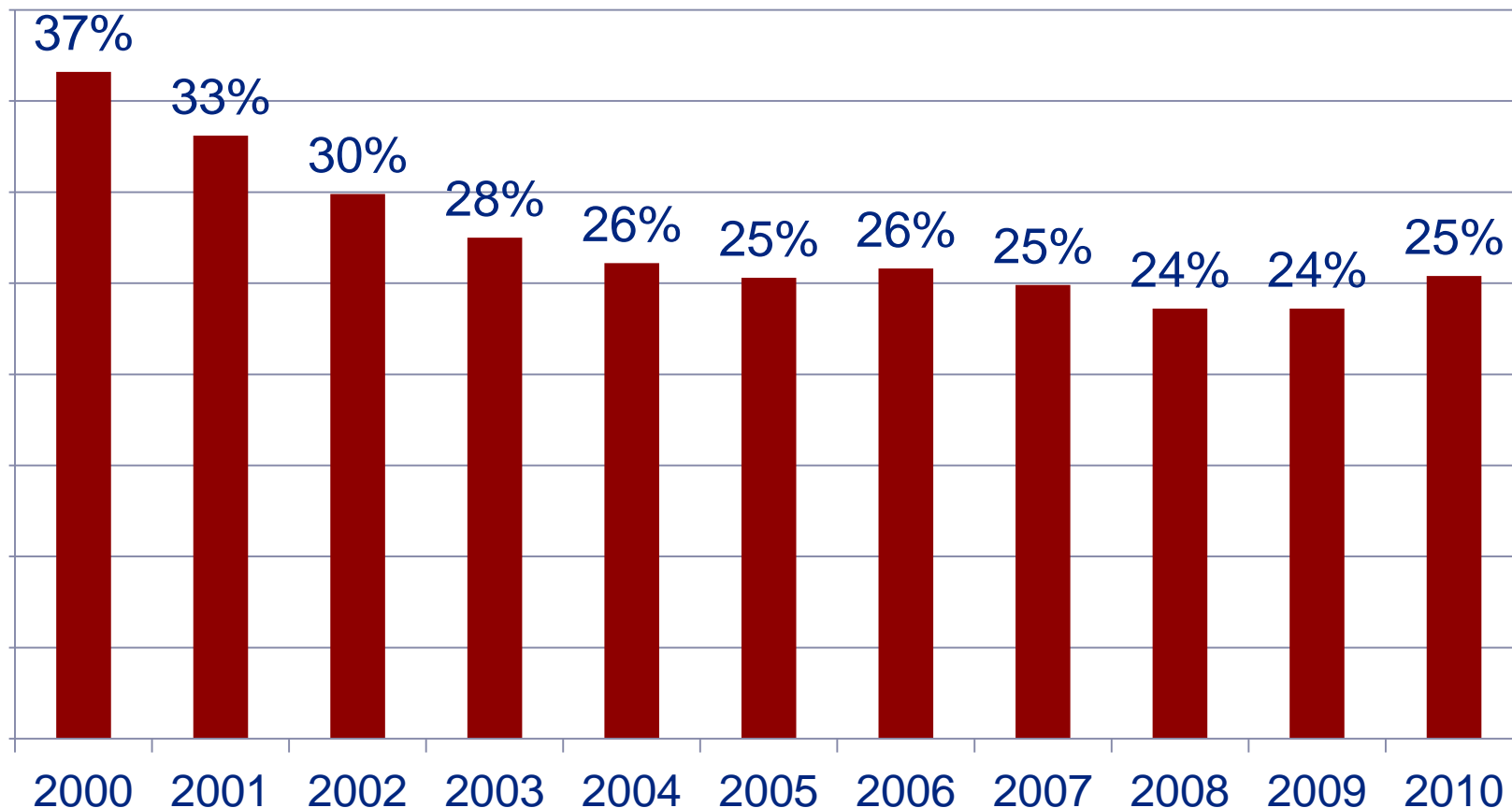
# Growth in PY1 residents in ACGME programs, 2002-2012



Source: GME Track

# Rate of USMDs likely to become PCPs stabilizing?

Percent USMD PGY-1 Residents Likely to Become PCPs



Source: GME Track (Paul Jolly)

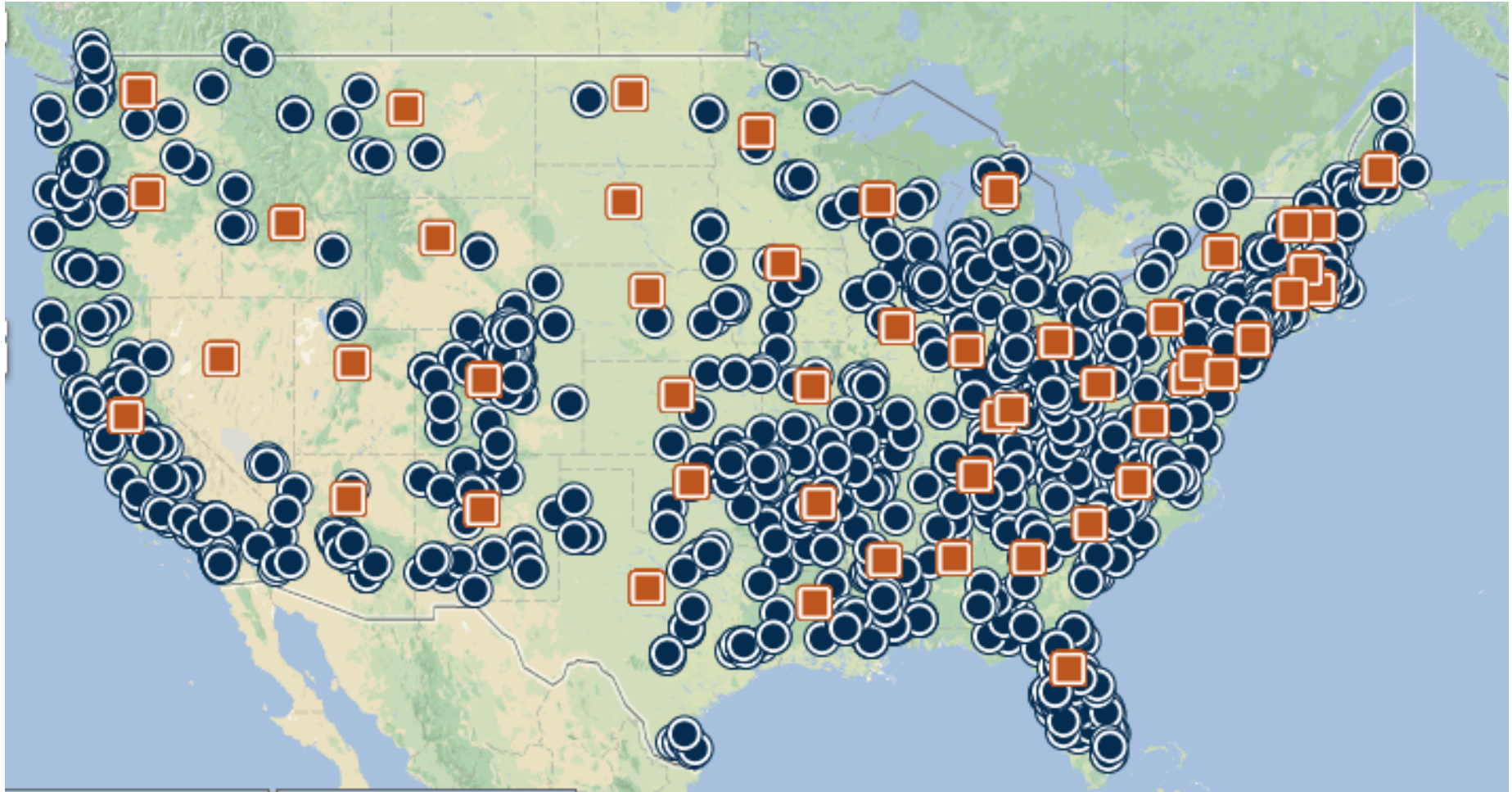
Notes: Percent equals 1) number USMDs entering IM, FM, or Peds minus number entering IM Subspecialties or Ped Subspecialties that same year 2) divided by number of PGY1 entrants.



# Workforce of Tomorrow will Likely Look Very Different if New Care Delivery Models Take Hold



# CMMI: Where Innovation is Happening

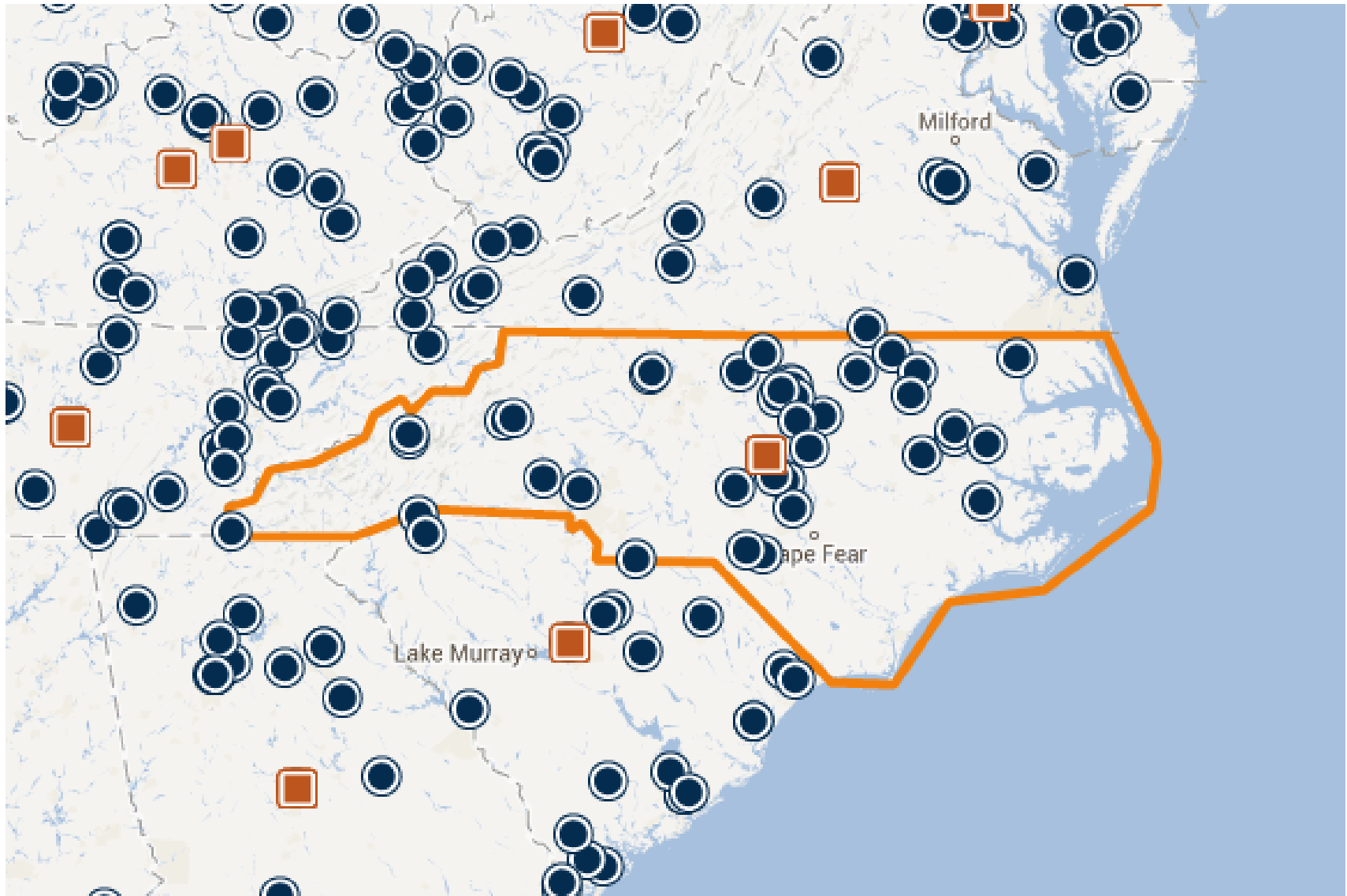


**Statewide**



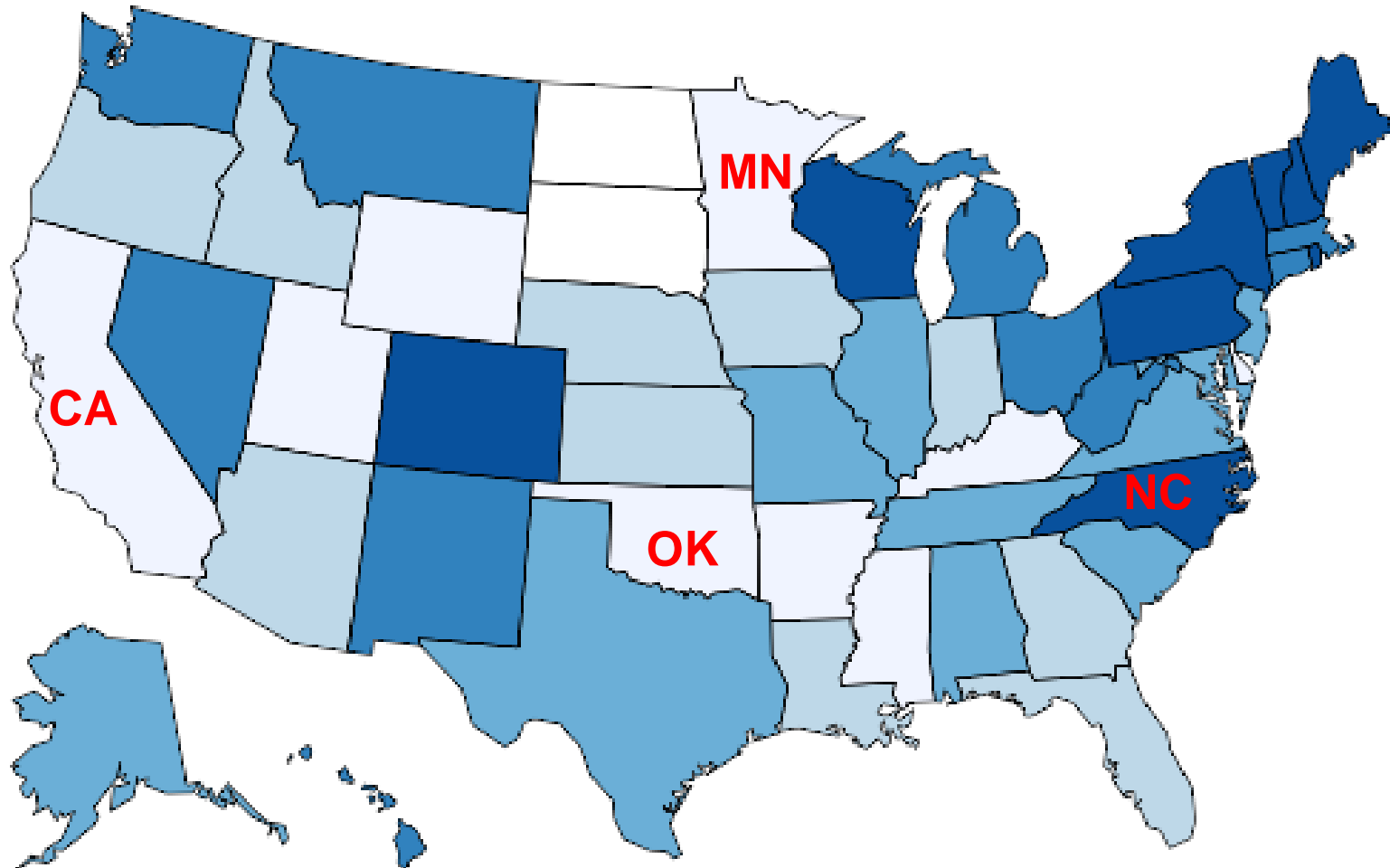
**Local**

# Where Innovation is Happening in NC



# Wide variation in NCQA recognition rates by state – overall 7%

## Percent of Primary Care Physicians NCQA Certified, 2011



0.0 to 1.4   1.5 to 3.4   3.5 to 5.4   5.5 to 12.4   12.5 to 36.9

# New and Expanded Workforce Emerging

Patient Navigators

Nurse Case Managers

Care Coordinators

Community Health Workers

Care Transition Specialists

Living Skills Specialists

Patient and Family Activators

Grand-Aides

Peer and Family Mentors

Health Coaches

Medical Assistants

Dental Hygienists

Behavioral Health

Social Workers

Occupational Therapists

Physical Therapists

Paramedics

Home Health Aids

Pharmacists

# Other strategic partners

Community Health Centers

Skilled Nursing Facilities

Public Health Workforce

Safety Net Providers

Lawyers

Informatics specialists

# Triple Aim

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care



# Bending the Workforce Curve?



## Healthcare

Volume 1, Issues 1–2, June 2013, Pages 8–11



Perspectives Paper

### **Will new care delivery solve the primary care physician shortage?: A call for more rigorous evaluation**

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#### Abstract

Transformations in care delivery and payment models that make care more efficient are leading some to question whether there will really be a shortage of primary care physicians. While it is encouraging to see numerous federal and state policy levers in place to support greater accountability and coordination of care, it is too early to know whether these efforts will change current and future primary care physician workforce needs. More research is needed to inform whether efforts to reduce cost and improve quality of care and population health will help alleviate or further exacerbate expected primary care physician shortages.



# Site Visits to Pioneers in Team Based Care

- 6 sites identified in the literature
- Featured innovations in:
  - Role of team members (eg, medical assistants as scribes)
  - Place/method of delivery of care (eg, email visits, Virtuwel, employer based)
  - Use of technology (eg, Problem Knowledge Coupler)
  - Physical space (eg, colocating team to facilitate communication)

# Implications for Efficiency

- Less staff overtime
- Charting done early
- In FFS: seeing more patients/day; able to grow panels
- In global payments practices: primary care more expensive, but reduced ER, hospital, imaging, referrals lead to savings
- Reduced employee absences (on site care, non traditional settings)

# Patient Panel Size – What do we know

- Typical panels are 2300-2500
- Health Affairs study - shortages could be eliminated with panels of 3,400
- Annals of Family Medicine study shows panels of 1,400-1,900 depending on level of delegation – also say current workforce enough
- Group Health famously decreased from 2,700-1,800
- Some high-risk panels as low as 600 with health coaches, social workers, etc.
- Many have goal of panels of 3,000 and Geisinger is looking to grow to 5,000
- No one over 3,000 with new delivery models – yet

# Improving Primary Care Specialty Care Interface

## Technology Enhanced

- Ereferrals
- Econsults
- Project ECHO

## Co-location

- Embedded PCP in specialist practice
- Embedded specialist in PCP practice

# Benefits

- Reduced wait time
- Reduction in backlog
- Improved coordination – less duplication of tests, test results ready/accessible at referral appointment
- Fewer referrals
- In some cases, reduction in specialty FTEs needed

# Expanding definition of healthcare

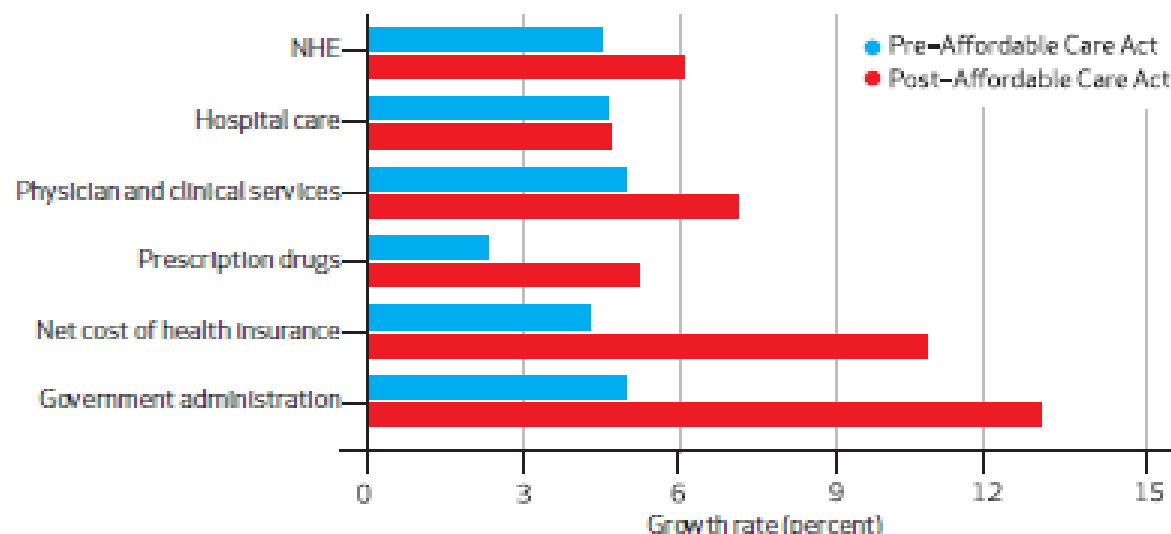
- Iora Health
- VA Program in San Francisco
- Hennepin County safety net ACO
- Bundling hip fractures

By Gigi A. Cuckler, Andrea M. Sisko, Sean P. Keehan, Sheila D. Smith, Andrew J. Madison, John A. Poisal, Christian J. Wolfe, Joseph M. Lizonitz, and Devin A. Stone

# National Health Expenditure Projections, 2012–22: Slow Growth Until Coverage Expands And Economy Improves

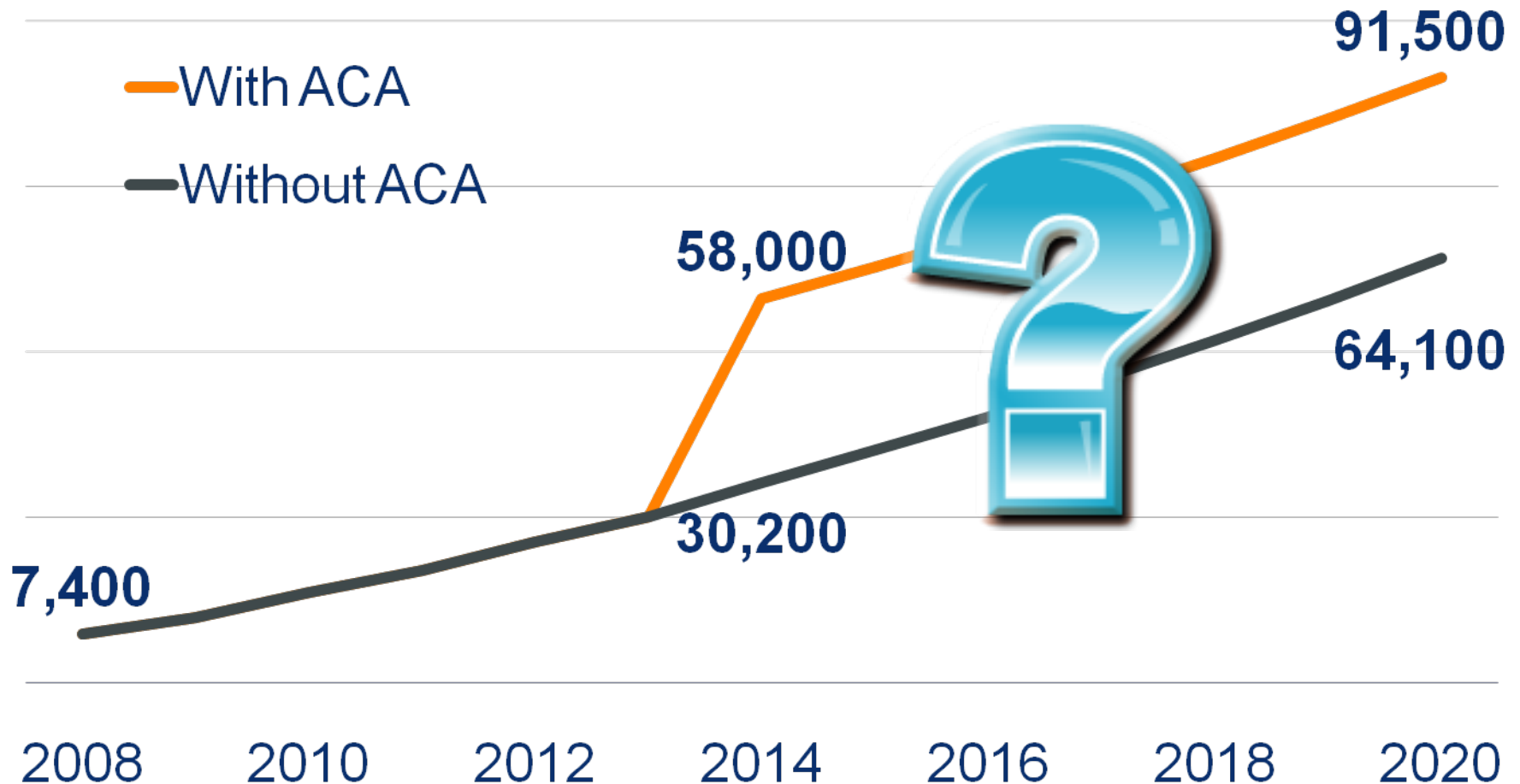
## EXHIBIT 4

2014 Growth Rates By Selected Sector, Before And After The Impact Of The Affordable Care Act



**SOURCE** Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.

# Projected shortages of physicians, 2008 to 2020



Projections prepared by the Lewin Group for the AAMC.





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