

Senate Finance Committee: Health and Human Resources Subcommittee

Virginia Healthcare Workforce and Recent Policy Changes

October 24, 2013

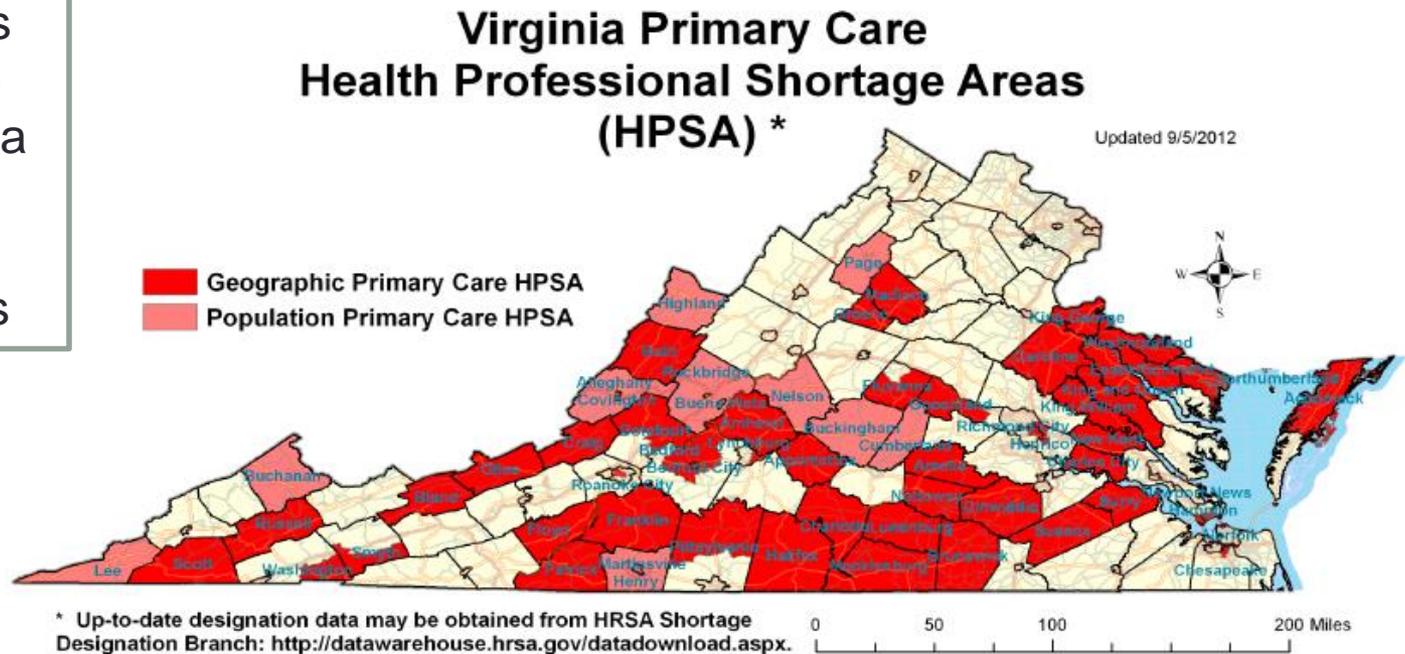
Stephen W. Bowman
Joint Commission on Health Care
Senior Staff Attorney/Methodologist

Agenda

- Provider Shortages, Physician Education and Practice Patterns
- Recent Impacts and State Policies
- Upcoming JLARC Report
- Questions?

Primary Care Shortage Areas

126 Primary Care Physician FTEs are required to eliminate Virginia Health Professional Shortage Areas



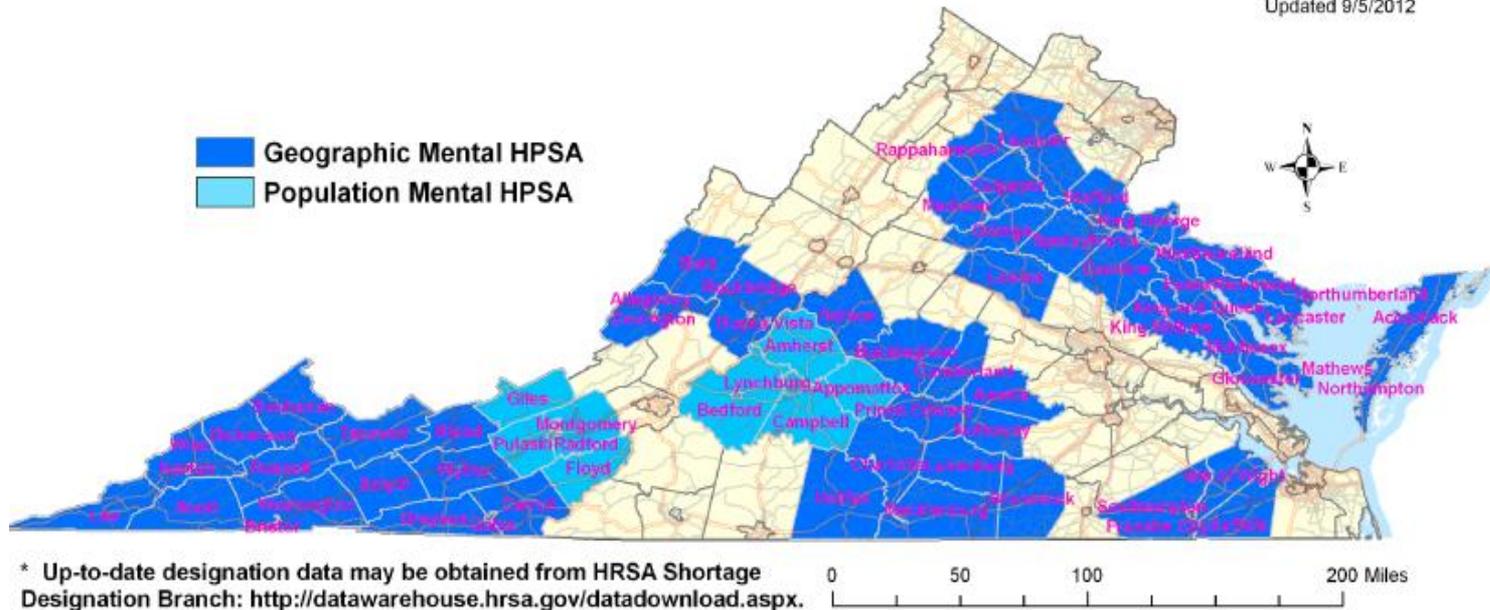
Note: Health Resources & Services Adm. (HRSA) Primary Care Health Professional Shortage designation uses full-time equivalent primary care physician to population ratios

Sources: Virginia Department of Health website at <http://www.vdh.virginia.gov/OMHHE/primarycare/shortagedesignations> and U.S. Department of Health and Human Services, Health Resources and Services Administration website at <http://bhpr.hrsa.gov/shortage/index.html>.

Mental Health Professional Shortage Areas

Virginia Mental Health Professional Shortage Areas (HPSA) *

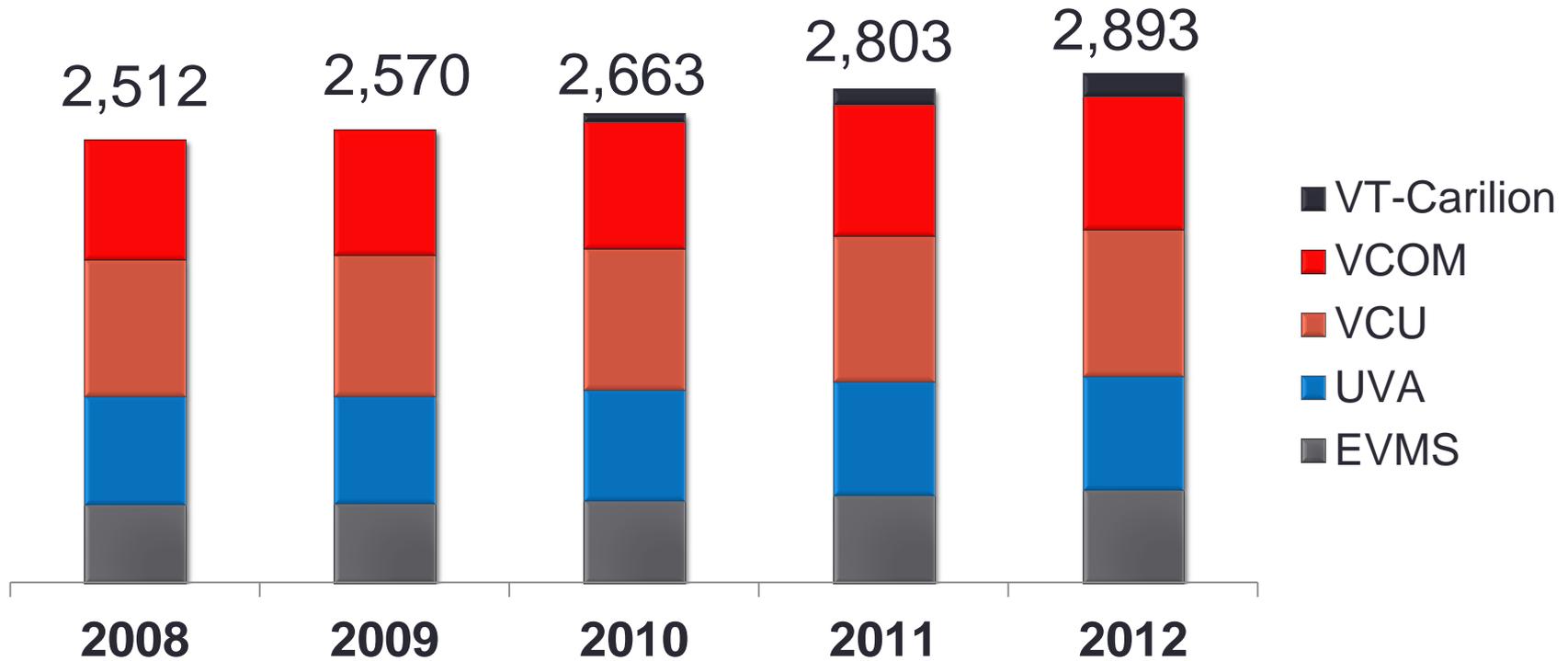
Updated 9/5/2012



Note: HPSA Mental Health Professional Shortage Area designation uses different provider to population ratios depending on whether a psychiatrist or core mental health professional (psychiatrist, clinical psychologist, clinical social worker, psychiatric nurse specialist, family and marriage therapist).

Sources: Virginia Department of Health website at <http://www.vdh.virginia.gov/OMHHE/primarycare/shortagedesignations> and U.S. Department of Health and Human Services, Health Resources and Services Administration website at <http://bhpr.hrsa.gov/shortage/index.html>.

Medical School Enrollment in Virginia Has Increased 15% since 2008



Note: Liberty College of Osteopathic Medicine inaugural class is expected to begin fall 2014 and enroll 150 students each year.

Sources: American Association of Medical Colleges, Table 26: Total Enrollment by U.S. Medical School and Sex, 2008-2012 at <https://www.aamc.org/download/321526/data/2012factstable26-2.pdf>; American Association of Colleges of Osteopathic Medicine, Applications, First-Year Enrollment, Total Enrollment and Graduates by Osteopathic Medical School at http://www.aacom.org/data/studentenrollment/Documents/2008-2013_AppEnrollGrad.pdf; Liberty Journal, New dean lays groundwork for Liberty's medical school at <http://www.liberty.edu/libertyjournal/?PID=24995&MID=56751>; and College of Osteopathic Medicine receives provisional accreditation, at <http://www.liberty.edu/lucom/index.cfm?PID=28248&MID=96875>.

Resident Position Increases Are Not Expected to Keep Pace with Medical School Graduates

U.S. Medical School Enrollment

(%) increase of 2002 enrollment

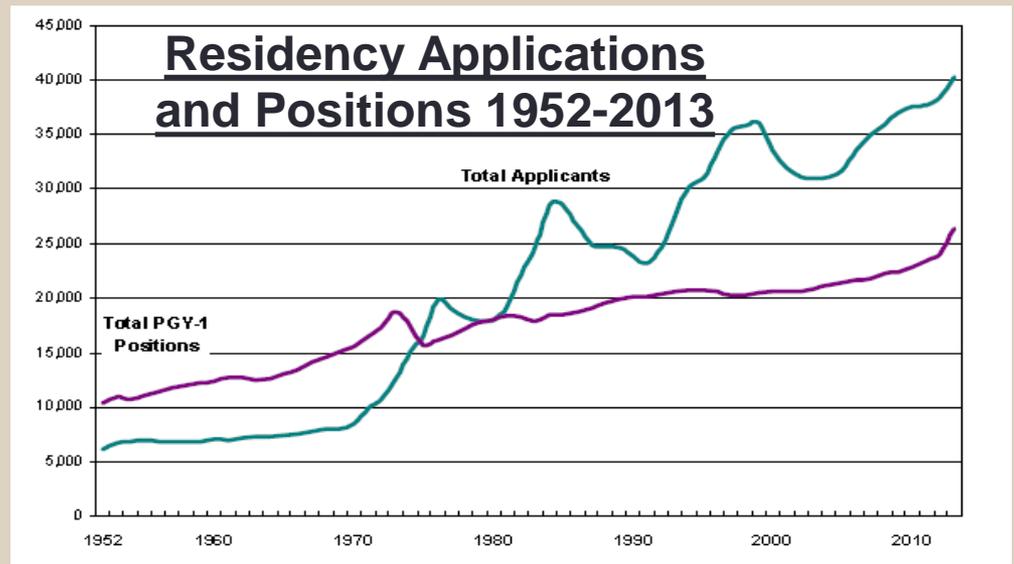
	2002 Enrollment	2012 Enrollment	2017 Projected Enrollment
M.D.	16,488	19,517 (18%)	21,434 (30%)
D.O.	2,968	5,804 (96%)	6,675 (125%)
Total	19,456	25,321 (30%)	28,109 (44%)

U.S. RESIDENCIES (2013): 26,392 positions (PGY-1)

Applicant type matches

- 16,390 U.S. seniors
- 2,706 U.S. IMGs
- 3,601 Non-U.S. IMGs

International medical school graduates (IMGs) and students who are U.S. citizens and non-U.S. citizens apply to U.S. residencies



Sources: Inglehart, John, *The Residency Mismatch*, New England Journal of Medicine, July 25, 2013 and National Resident Matching Program, Results and Data: 2013 Main Residency Match®, National Resident Matching Program, Washington, DC. 2013.

Medicare Residency Funding Remains at 1996 Levels

Traditional Funding

1. U.S. Federal government
 - Largest supporter of graduate medical education
 - Program examples:
 - \$9.5 billion in Medicare funds
 - Funding remains at 1996 levels
 - \$2 billion in Medicaid funds
 - Department of Veterans Affairs
 - Department of Defense
2. Individual States
 - 40 states paid \$3.8 billion through Medicaid programs in 2009
3. Private insurers
 - Insurer payments to teaching hospitals are typically higher than what they pay other hospitals

Virginia Funding

- Medicaid provides funding to residencies
 - FY09 - \$36 million in Direct and Indirect Medical Education funding to private hospitals
- Virginia provides general funds for family practice residencies and medical student programs
 - 2013 allotments:
 - EVMS \$ 722,146
 - UVA \$1,349,795
 - VCU \$4,217,317

64% of physicians that completed VCU's Family Practice Residency programs will practice in Virginia

Current and Future Geriatrician Shortages Mean Other Providers Will Fill the Gap

- Between 2005 and 2030, the number of adults aged 65 and older in the United States will almost double (37 million to 70 million)
- Older adults use a disproportionate amount of medical services. By population, individuals over 65 years of age make up only about 12% of the U.S. population, they account for:
 - 26% of all physician office visits,
 - 47% of all hospital outpatient visits with nurse practitioners,
 - 35% of all hospital stays,
 - 34% of all prescriptions,
 - 38% of all emergency medical service responses, and
 - 90% of all nursing-home use.
- 7,356 certified geriatricians were practicing in the U.S. in 2012 and 30,000 will be needed by 2030 (American Geriatrics Society)
- Fewer than 3 percent of students in medical schools choose to take geriatric electives.

Team-Based Health Care Is More Accepted and Can Be Used to Address Shortages

Health Affairs

WORKFORCE

By Michael J. Dill, Stacie Pankow, Clese Erikson, and Scott Shipman

Survey Shows Consumers Open To A Greater Role For Physician Assistants And Nurse Practitioners

June
2013

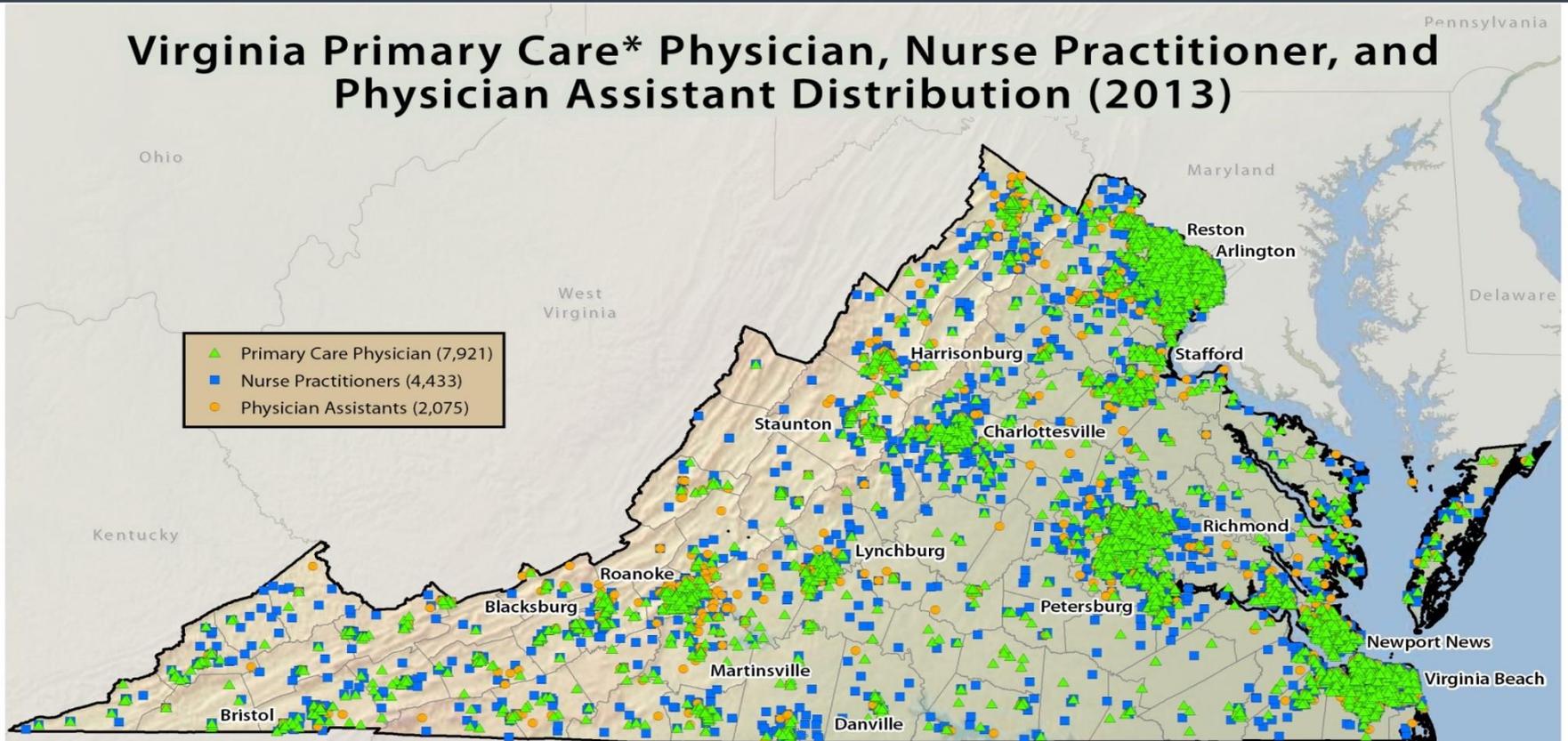
CARE TRANSFORMATION

By Linda V. Green, Sergei Savin, and Yina Lu

Primary Care Physician Shortages Could Be Eliminated Through Use Of Teams, Nonphysicians, And Electronic Communication

January
2013

Virginia Primary Care* Physician, Nurse Practitioner, and Physician Assistant Distribution (2013)



▲ Primary Care Physician (7,921)
■ Nurse Practitioners (4,433)
● Physician Assistants (2,075)

	Total	Family Medicine	General Practice	Internal Medicine	Obstetrics and Gynecology	Pediatrics	Total Primary Care	%	PC in Rural	%	PC in MUA	%	PC in PC-HPSA	%
Osteopathic Physicians	1,201	296	38	123	46	50	553	46%	118	21%	69	12%	27	5%
Allopathic Physicians	21,176	2,506	335	1,051	2,087	1,389	7,368	35%	904	12%	644	9%	210	3%
Totals	22,377	2,802	373	1,174	2,133	1,439	7,921	35%	1,022	13%	713	9%	237	3%
% Change from 2008	4%	16%	6%	41%	117%	14%	13%		3%		56%		67%	

Data Sources: NCAHD's Enhanced State Licensure Data (2013); Rural based on OMB Metro/Non-Metro definition (06/2010); PC-HPSA and MUA from HHS/HRSA (08/2013)

*Primary Care Physicians include the following specialties: Family Medicine, General Practice, Internal Medicine, Obstetrics & Gynecology, and Pediatrics



Map created by the National Center for the Analysis of Healthcare Data August, 2013

Note: Workforce-provider counts vary depending on source data and methodology. As a result, data trends are more informative than specific provider counts.

RECENT IMPACTS AND STATE POLICIES

Health Care Workforce Regulation, Coordination, and Information Efforts

- Department of Health Professions
 - Workforce Data Center
 - Surveys of many DHP professions including physicians, nurse practitioners, physician assistants, and pharmacists.
 - HB 1535 (2011): Allow Boards of Medicine and Nursing to consider and accept relevant military training in lieu of education requirements
 - Military Credentials Review
- Virginia Health Workforce Development Authority
 - HB 1304 (2010): Facilitates “the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, geographically distributed and culturally competent quality workforce.”
 - In 2010, received a federal Health Resources and Services Administration (HRSA) grant of \$1.9 million

Telemedicine

- Telemedicine coverage is mandated for reimbursement in state-regulated private market
 - Senate Bill 675 (Wampler-2010): Requires insurers to reimburse for the cost of such health care services provided through telemedicine services.
- Virginia's Medicaid program reimburses statewide for telemedicine services since 2003.
- Certified Telemedicine Technologist training is being developed at New College Institute
 - Program begins in early 2014
 - 250 initial enrollment (*estimate*)
 - Training geared toward medical professionals, including doctors, nurses, emergency medical technicians, and home health aides
 - Partially grant-funded by Virginia Workforce Health Development Authority.

Federal-State Provider Placement Programs

Federal Virginia State Loan Repayment Program (SLRP)

- HRSA provides 1:1 match rate from state or community up to \$400,000
- Repayment provided to certain health care practitioners to serve in HPSA
- No currently dedicated State General Funds

Conrad 30 J-1 Waiver Program

- VDH can request a J-1 visa waiver for non-U.S. citizen IMG physicians who have completed their residency that agree to practice in an underserved area
 - Maximum of 30 per year
 - *Note:* VDH also participates in the Appalachian Regional Commission (ARC) J-1 Visa Waiver Program, which can request additional J-1 visas waivers in a health care professional shortage areas.

Federal Fiscal Year	2008	2009	2010	2011	2012	2013
Loan Repayment (SLRP)	16	7	0	6	1	5
Conrad J-1 Waiver	21	13	20	24	30	30

Source: Document provided to JCHC staff by representatives of the Virginia Department of Health's Office of Minority Health and Health Equity.

Legislative Changes on Collaborative Practice Allow for More Team-Based Care

	Nurse Practitioner	Physician Assistant	Pharmacist
# Practicing in Virginia	6,056	1,891	5,554
Legislation	HB 346 (O'Bannon-2012)	SB 106 (Edwards-2013)	HB 1501 (O'Bannon-2013)
Legislative Impact*	<ul style="list-style-type: none"> Physician to NP ratio changed from 1:4 to 1:6 No in-person requirement 	Physician to PA ratio changed from 1:2 to 1:6	Pharmacist may collaborate with NP or PA

* See appendix for additional elements of legislation

Sources: Virginia Department of Health Professions, Healthcare Workforce Data Center Publications: *Virginia's Physician Assistant Workforce: 2010-2011*; March 2013: *Virginia's Pharmacist Workforce: 2011*, June 2011; and *Virginia's Nurse Practitioner Workforce: 2011-2013*, August 2013.

UPCOMING JLARC REPORT

JLARC Study: Impact of Medicaid Payment Policies on Access to Health Care Services for Virginians

This study will:

1. Identify services for which access to care is more inadequate for Medicaid enrollees than for the general population,
2. Review the extent to which Medicaid reimbursement rates have historically enabled hospitals, nursing homes, and physicians to recover their costs;
3. Analyze the effect of reimbursement rates on access to services; and
4. Develop a measure of access to care to track changes in access to services over time.

JLARC will report its finding November 12th at 10am in Senate Room A

Report Will Also Include Information Regarding Medicaid Provider Availability

JLARC's report on the *Impact of Medicaid Payment Policies on Access to Health Care Services for Virginians* will also include:

- Statewide and regional provider availability
- Measures of provider availability other than participation rates
- Examine availability for a broad array of providers beyond just physicians, such as dentists, mental health practitioners, etc.

Estimate of the Medicaid Participating Providers: Source Billed Claims

FY12	Medicaid Participation Rate
Primary Care	75%
Specialists	47%
All Physicians	62%

Notes: Medicaid Participating means 10 or more patients in the fiscal year.

Specialist counts exclude anesthesiologists and radiologists.

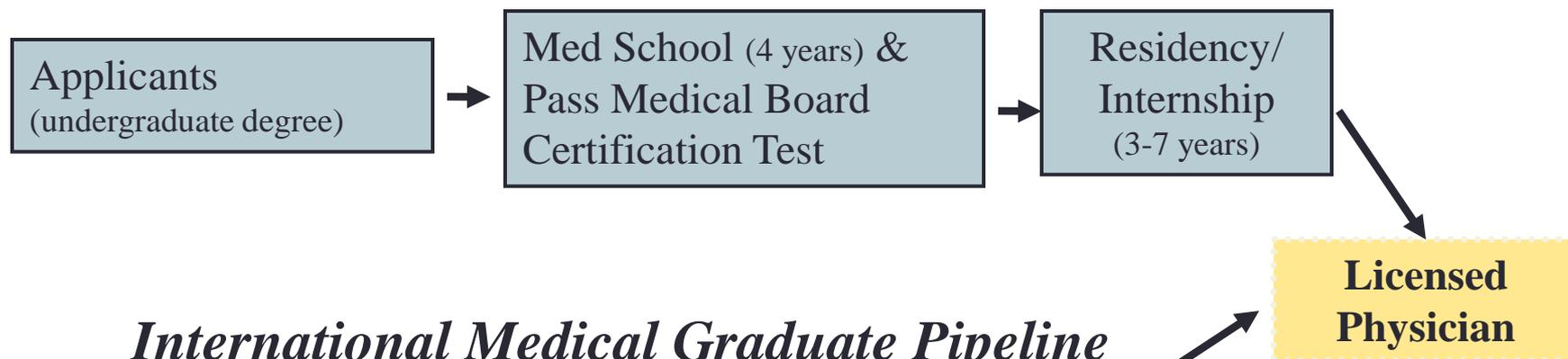
All physicians count from DHP annual survey of Virginia Physicians

QUESTIONS?

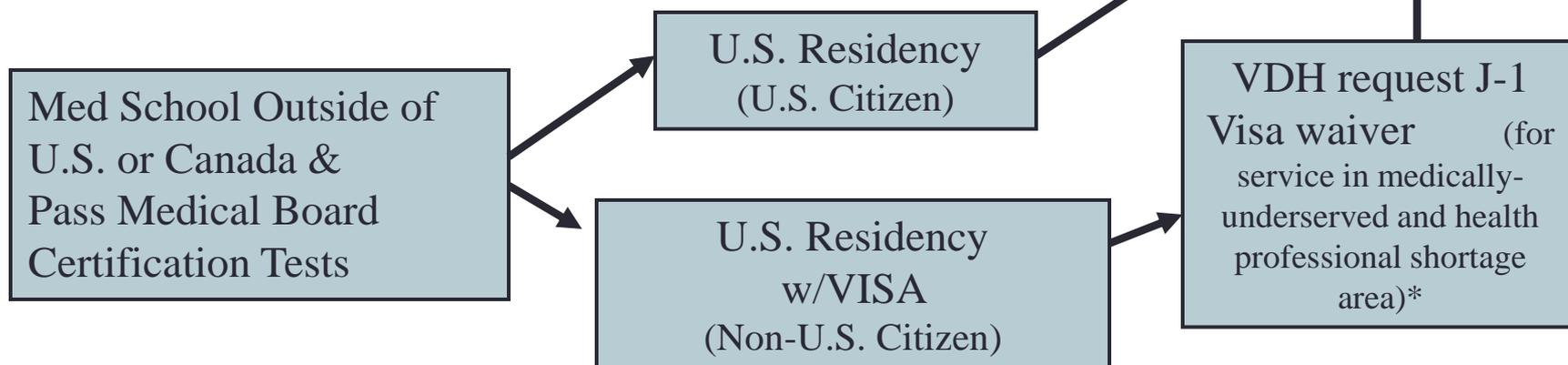
Appendix: Training to Become a Physician

Virginia's Two Physician Pipelines

Traditional Pipeline

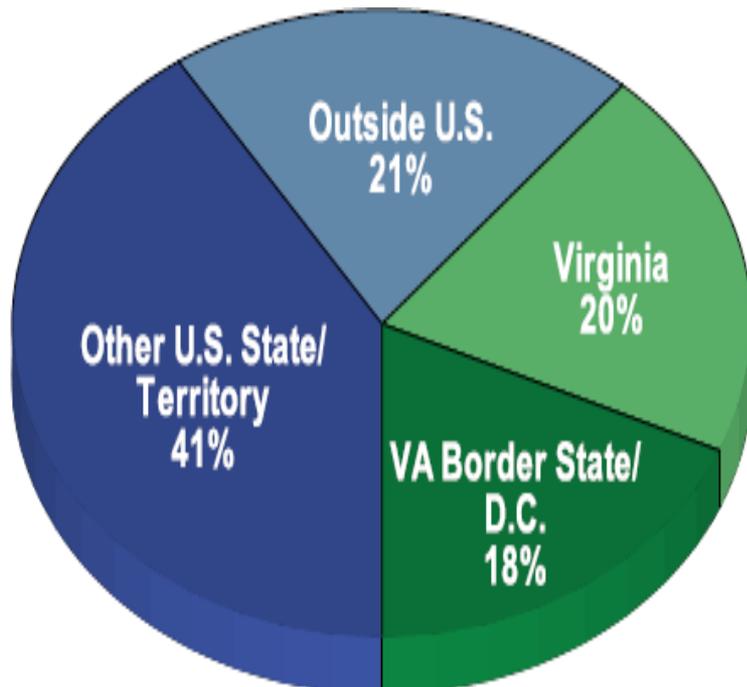


International Medical Graduate Pipeline



Appendix: Training to Become a Physician

20% of Virginia's Physicians Attended a Medical School In Virginia



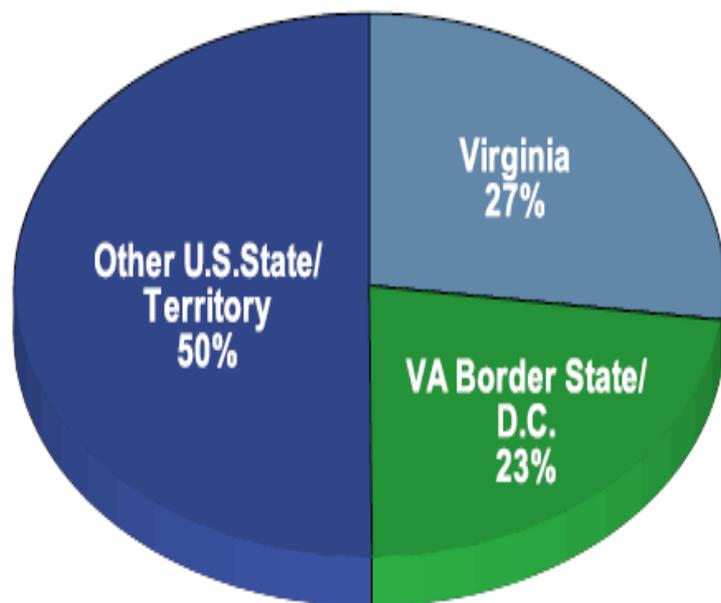
35% of Virginia's medical school graduates locate in Virginia
 – American Association of Medical Colleges

State	Weighted Estimate	%
Virginia	3,915	20%
Outside U.S./Canada	3,842	21%
Pennsylvania	1,309	7%
Washington, D.C.	1,220	6%
New York	1,170	6%
Maryland	781	4%
North Carolina	655	3%
All Other Locations	6,369	33%
Total	19,260	100%

Institution	Weighted Estimate	%
Virginia Commonwealth University	1,879	10%
University of Virginia	1,275	7%
Eastern Virginia Medical School	779	4%

Appendix: Training to Become a Physician

50% of Virginia's Physicians First Residency Location Was in Virginia or a Bordering State

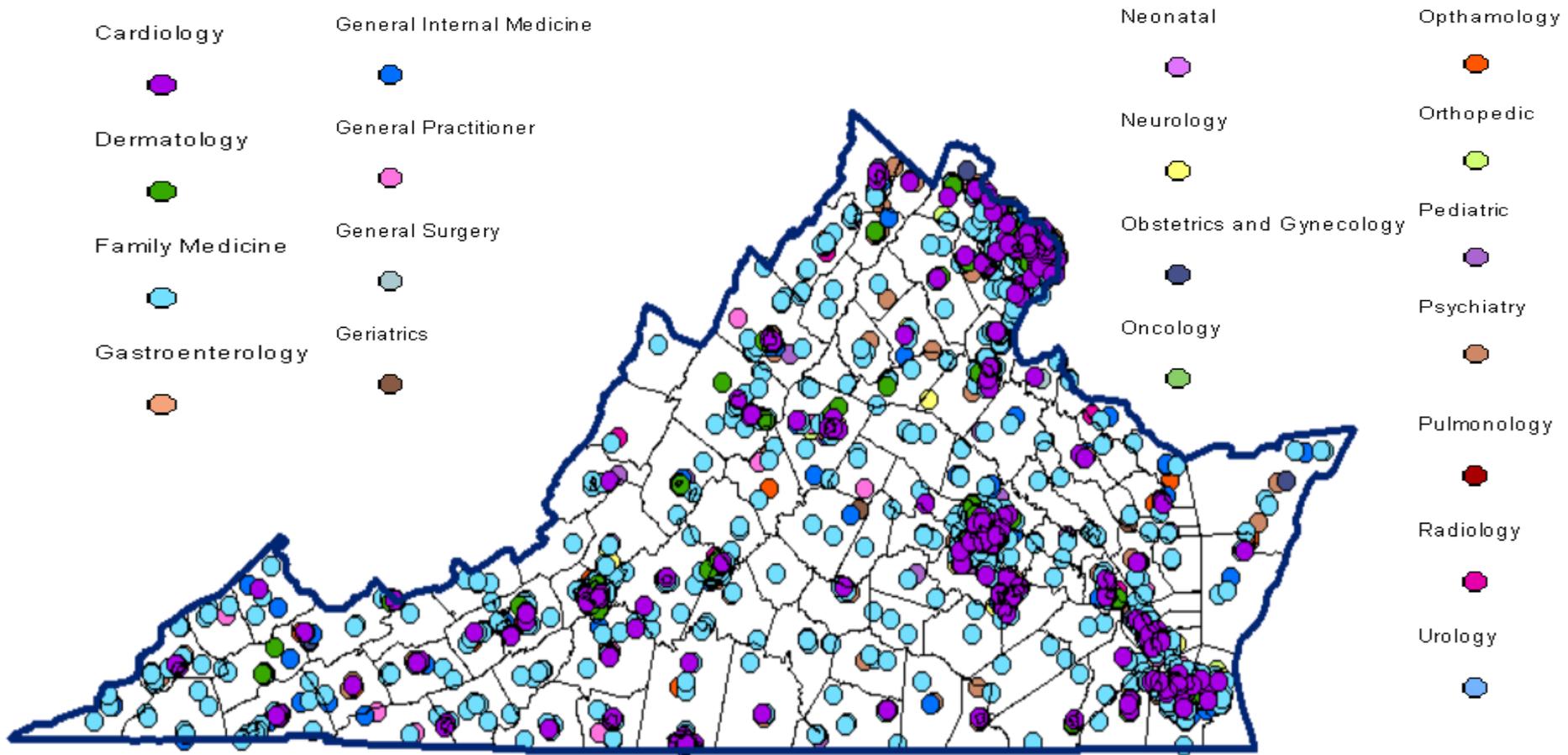


39% of Virginia's residency graduates locate in Virginia

– American Association of Medical Colleges

State	Weighted Estimate	%
Virginia	5,057	27%
Washington, D.C.	1,817	10%
New York	1,790	10%
Pennsylvania	1,292	7%
Maryland	1,068	6%
North Carolina	795	4%
Ohio	653	4%
California	629	3%
All Other Locations	5,450	29%
Total	18,552	100%

Appendix: Health Care Practitioner Supply



Virginia Physician Specialty Supply Map

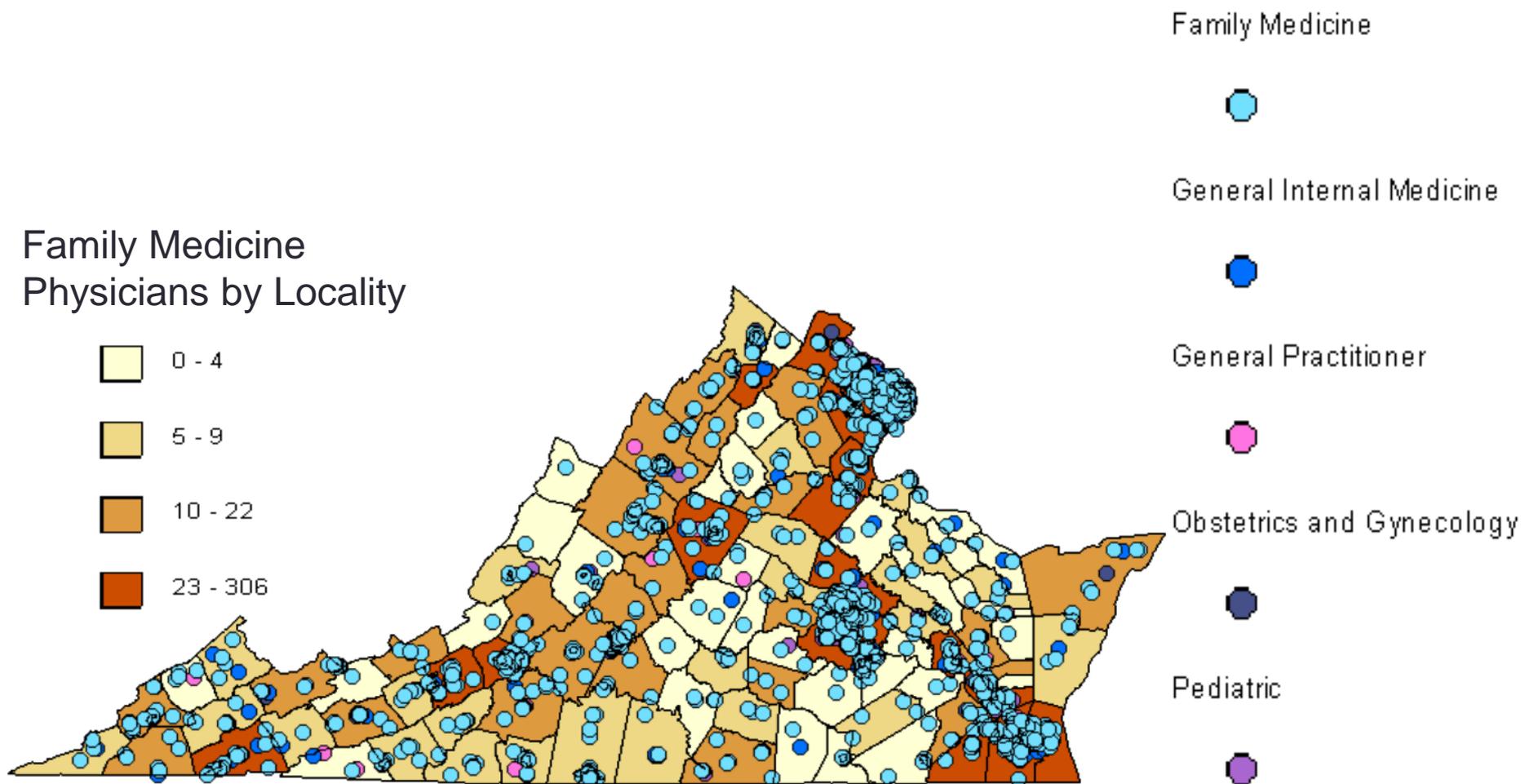
Appendix: Health Care Practitioner Supply

Virginia Physician Supply Counts By Specialty

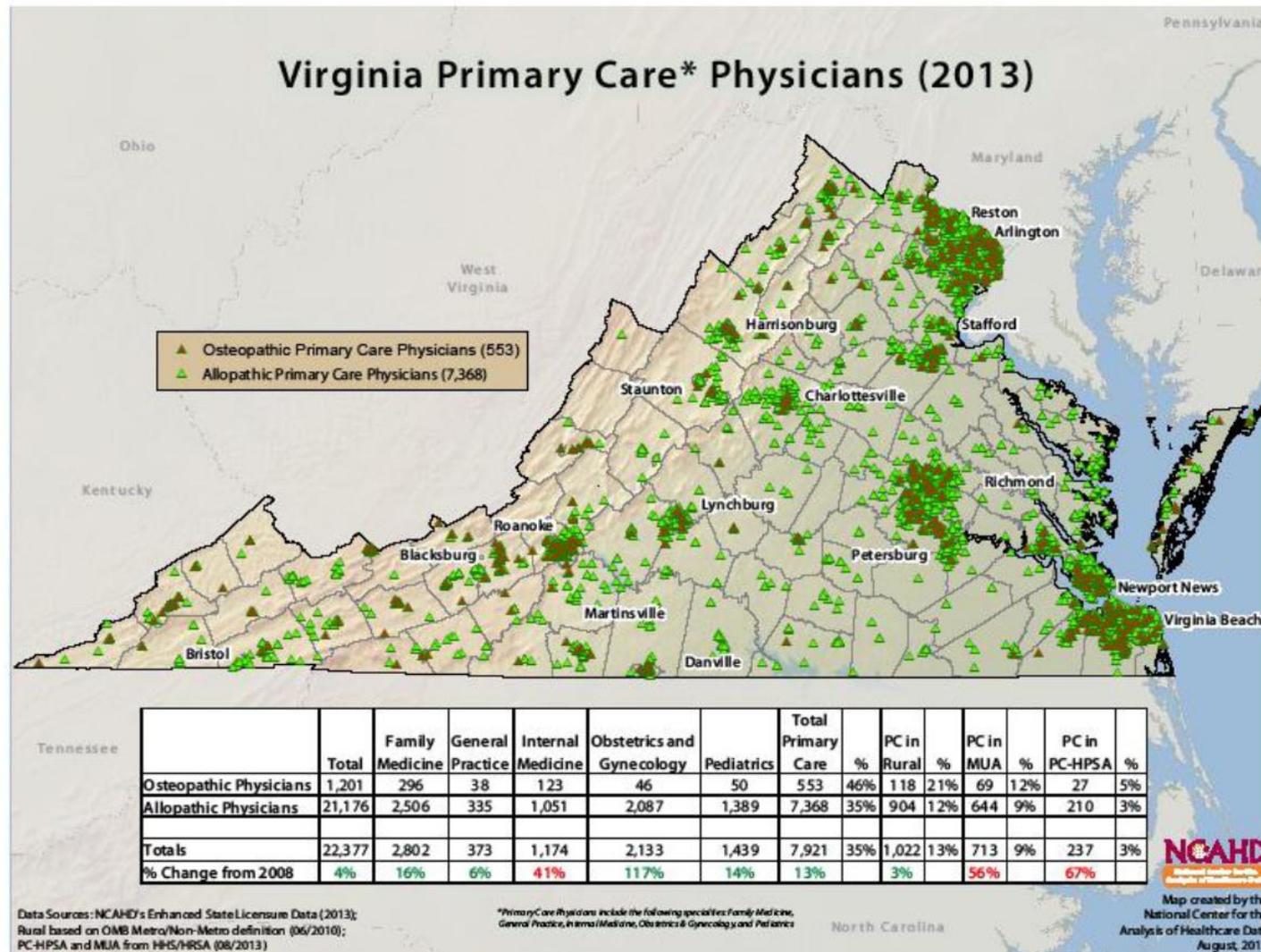
Specialty	Physician Count	Percent
Family Medicine	2782	17%
General Internal Medicine	2008	12%
Pediatric	1744	11%
Radiology	1255	8%
Obstetrics and Gynecology	1236	8%
Psychiatry	1209	7%
Cardiology	1011	6%
General Surgery	790	5%
Orthopedic	760	5%
Ophthalmology	707	4%
Neurology	630	4%
Gastroenterology	534	3%
Dermatology	374	2%
Pulmonology	335	2%
Urology	335	2%
Oncology	286	2%
Neonatal	140	1%
General Practitioner	135	1%
Geriatrics	99	1%
Oral Surgery	15	0%
Total	16385	100%

Appendix: Health Care Practitioner Supply

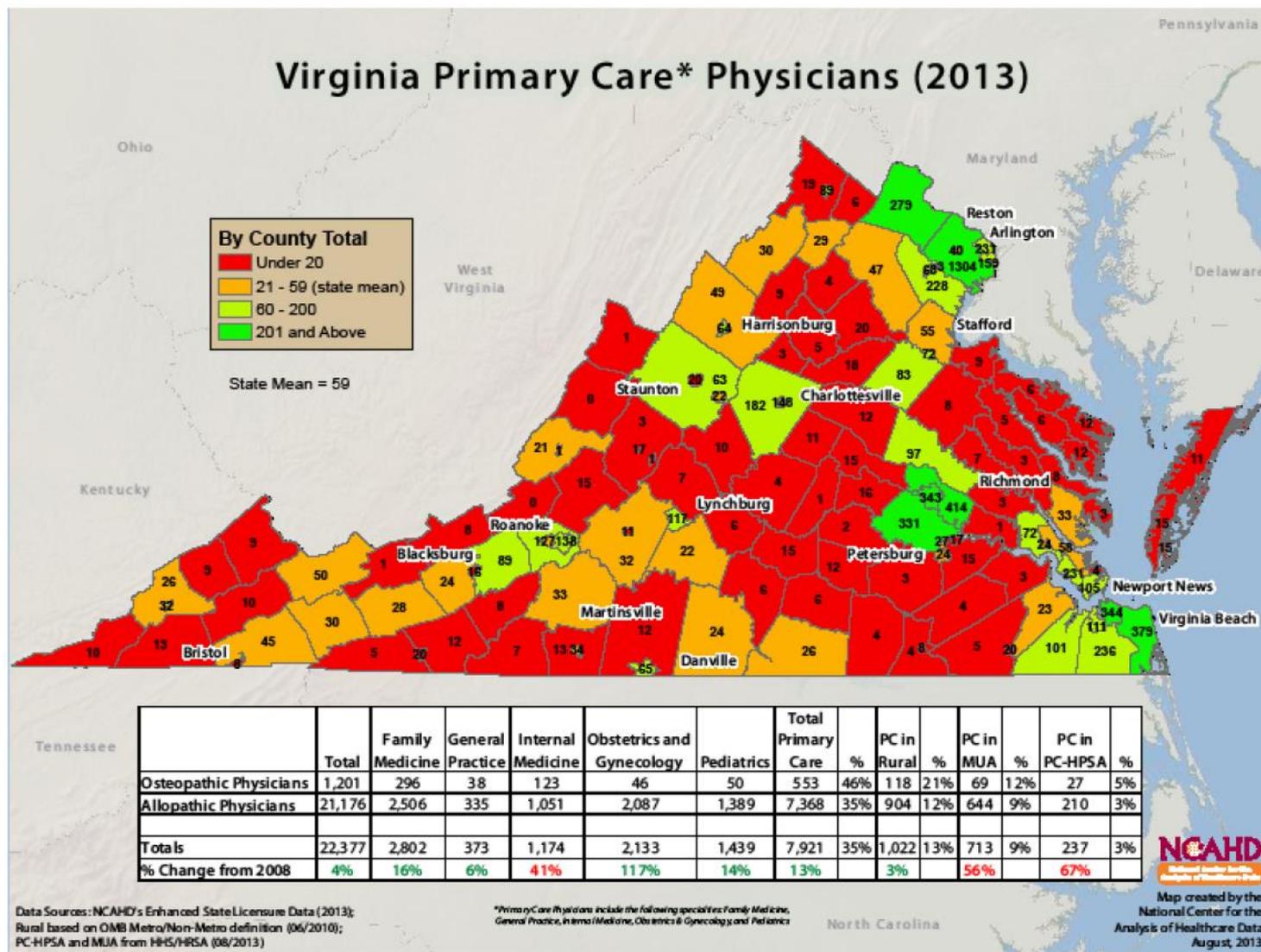
Virginia Primary Care Physician Supply



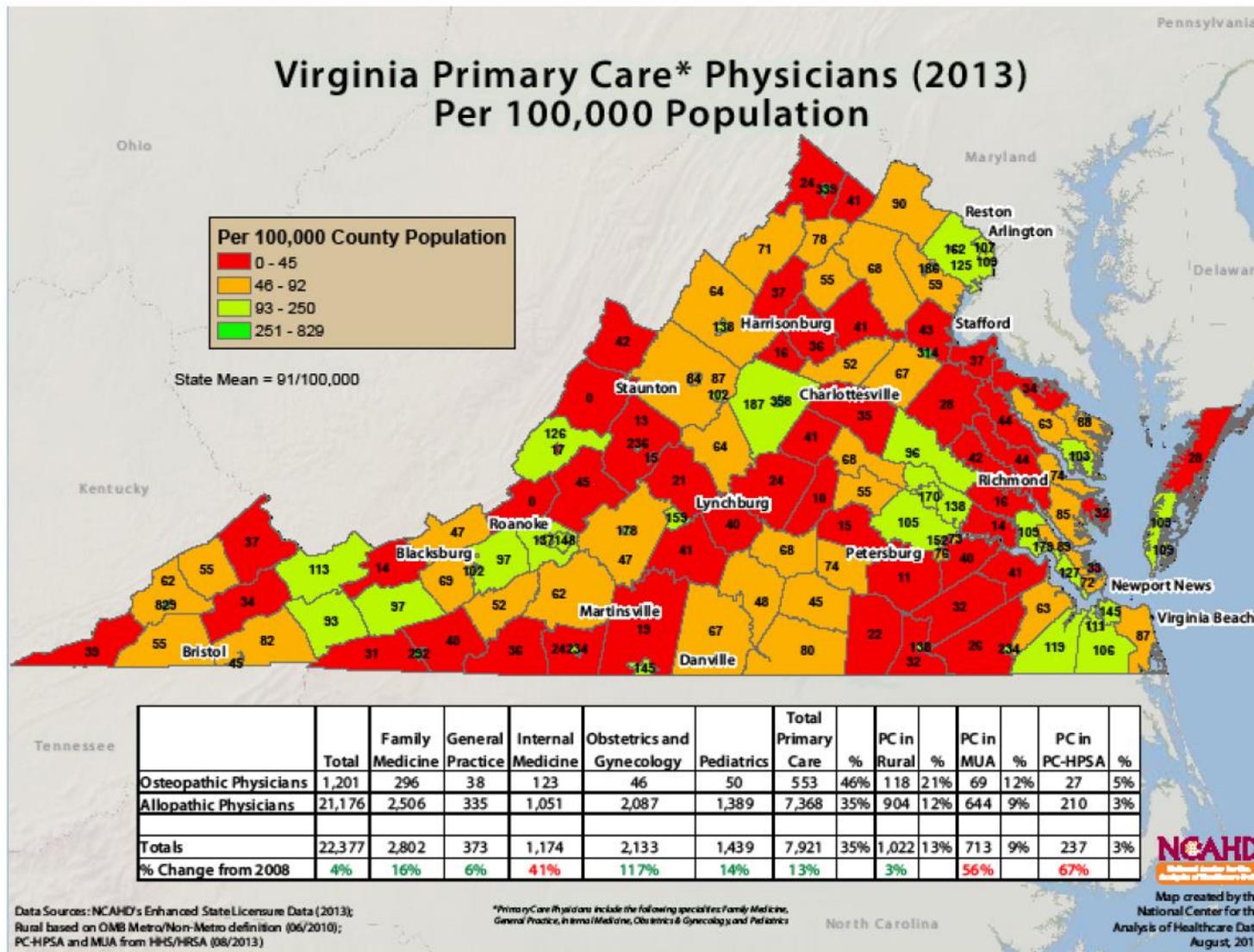
Appendix: Health Care Practitioner Supply



Appendix: Health Care Practitioner Supply

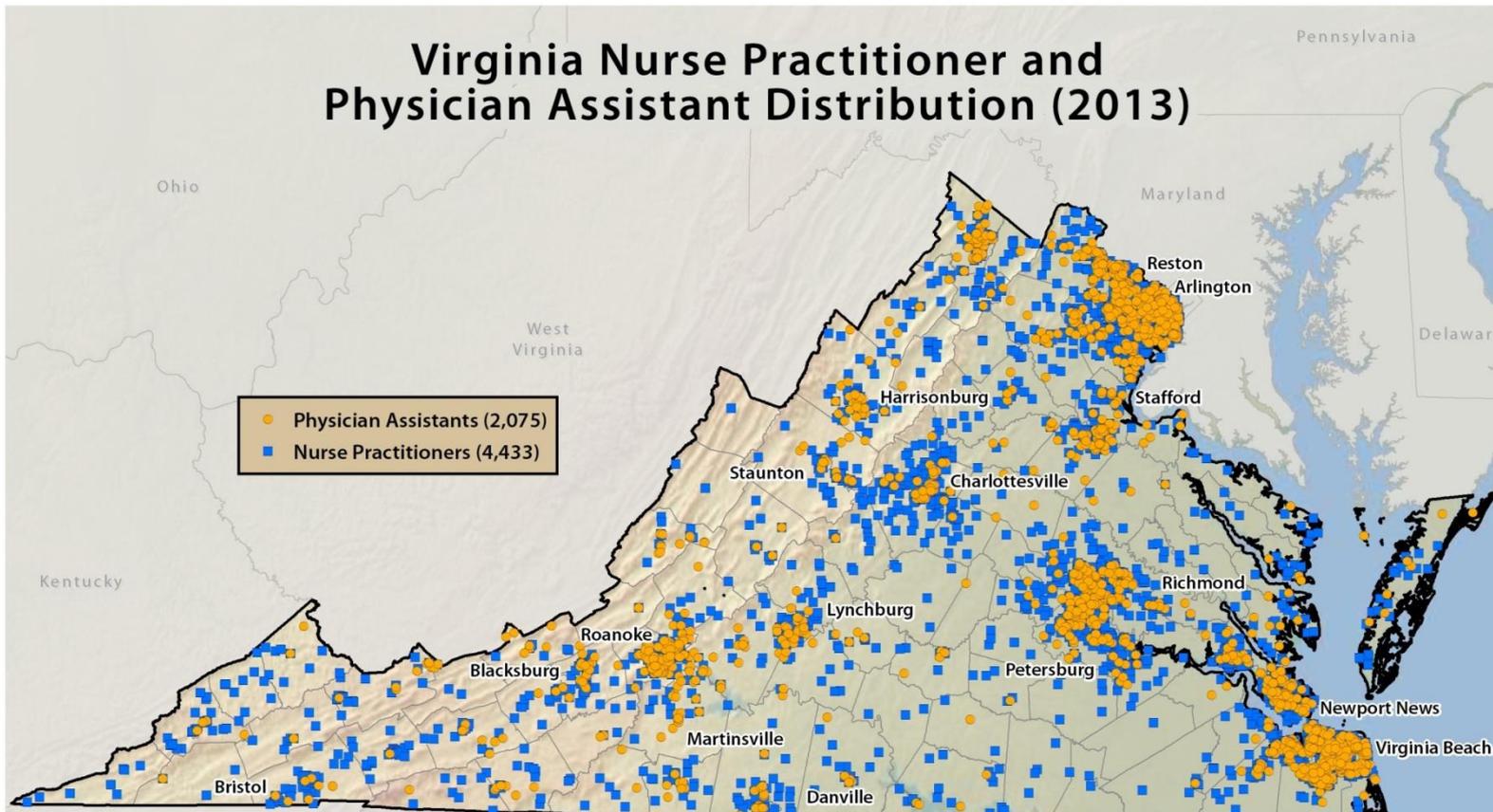


Appendix: Health Care Practitioner Supply



Appendix: Health Care Practitioner Supply

Virginia Nurse Practitioner and Physician Assistant Distribution (2013)



	Totals	% Change in Total from 2008	Rural	%	% Change in Rural from 2008	MUA	%	% Change in MUA from 2008	PC-HPSA	%	% Change in PC-HPSA from 2008
Physician Assistants	2,075	50%	207	10%	1%	234	11%	27%	77	4%	47%
Nurse Practitioners	4,433	1%	673	15%	0%	403	9%	67%	152	3%	71%
Totals	6,508	12%	880	14%	0%	637	10%	58%	229	4%	66%

Data Sources: NCAHD's Enhanced State Licensure Data (2013);
Rural based on OMB Metro/Non-Metro definition (06/2010);
PC-HPSA and MUA from HHS/HRSA (08/2013)

North Carolina

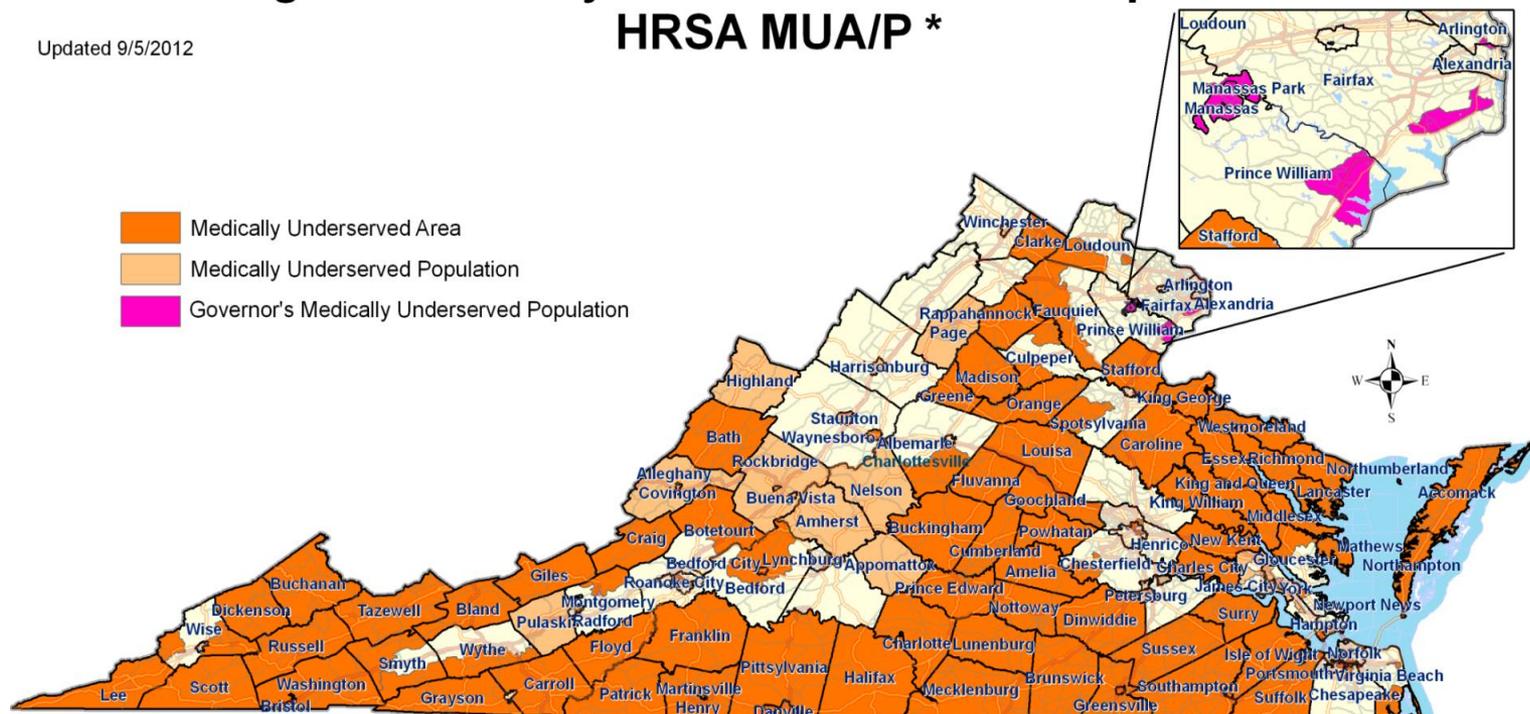
NCAHD
National Center for the
Analysis of Healthcare Data

Map created by the
National Center for the
Analysis of Healthcare Data
August, 2013

Appendix: Health Care Practitioner Shortages

Virginia Medically Underserved Areas/Populations HRSA MUA/P *

Updated 9/5/2012



* Up-to-date designation data may be obtained from HRSA Shortage Designation Branch: <http://datawarehouse.hrsa.gov/datadownload.aspx>.

Note: HPSA's Medically Underserved Area/Population designation uses four variables: 1) ratio of primary medical care physicians per 1,000 population, 2) infant mortality rate, 3) percent of the population with incomes below the poverty level, and 4) percent of population age 65 or over.

Appendix: Health Care Workforce Resources

- Virginia Atlas
<http://www.atlasva.com/>
- Virginia Chartbook
<http://www.vahealthchartbook.org/>
- Department of Health Professions: Health Workforce Data Center
<http://www.dhp.virginia.gov/hwdc/default.htm>
- Virginia Rural Health Resource Center
<http://www.vrhrc.org/>
- National Center for the Analysis of Healthcare Data
<http://www.ncahd.org/>