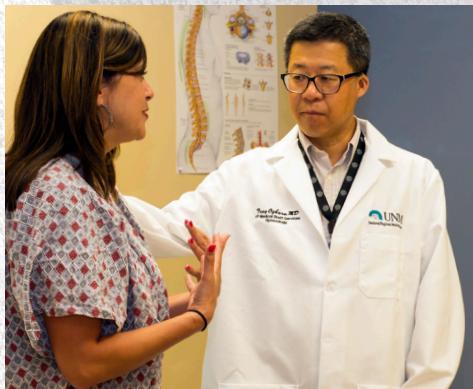


MEETING NEW MEXICO'S HEALTH CARE WORKFORCE NEEDS, 2016

Executive Summary of the New Mexico Health
Care Workforce Committee 2016 Annual Report



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Background

Since 2012, the New Mexico Health Care Workforce Committee has been tasked by the New Mexico Legislature with assessing the extent of the state's provider shortage and conducting analyses to help guide efforts to remediate these challenges. The state is making steady progress, but shortages persist.

Shortages

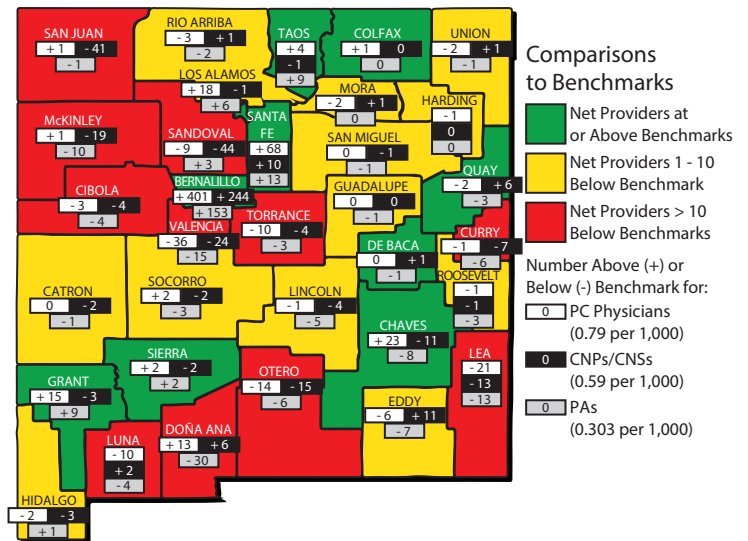
In its October 1, 2016, report to the Legislature, the Committee estimated that 2,075 primary care physicians, 1,293 certified nurse practitioners and clinical nurse specialists, 698 physician assistants, 253 obstetricians and gynecologists, 177 general surgeons, 309 psychiatrists, 1,131 dentists and 1,911 pharmacists were practicing in the state. As in previous years, New Mexico's rural and frontier counties were found to be furthest below national benchmarks for health care workforce supply. The state's metropolitan areas are also affected, however.

Compared with data reported in 2015, New Mexico had a net gain of primary care physicians, certified nurse practitioners and clinical nurse specialists, physician assistants, obstetricians and gynecologists, general surgeons, psychiatrists and dentists. The state had a net loss of pharmacists.

Still, substantial health care provider shortages of all types persist statewide, particularly in rural and frontier areas. New Mexico would need an estimated 124 primary care physicians, 201 certified nurse practitioners and clinical nurse specialists, 128 physician assistants, 36 obstetricians and gynecologists, 16 general surgeons, 109 psychiatrists, 67 dentists and 292 pharmacists to enable all counties to meet national benchmarks for these providers.

The state map shown here illustrates New Mexico's primary care workforce – primary care physicians, certified nurse practitioners and clinical nurse specialists and physician assistants – compared to national benchmarks for these practitioners. Maps for other practitioners are shown on the following pages. Both the adequacy of behavioral health workforce statewide and New Mexico's ability to “grow its own” primary care practitioners through

Primary Care Workforce Compared to Benchmarks,^{1,2,3} 2015



residencies continue to be areas of concern. The Committee's recommendations address these concerns, as well as its own ability to conduct future research (see “Potential Solutions”).

Update On The Committee's Previous Recommendations

The New Mexico Legislature and health profession boards have acted upon many of the Committee's recommendations in recent years. As a result, state funding has increased for nursing program expansion, residencies, health professional financial aid programs, telehealth, and dental and veterinary training through the Western Interstate Commission for Higher Education. The New Mexico Counseling and Therapy Practice Board, the Board of Psychologist Examiners and the Board of Social Work Examiners have agreed to expand or examine expanding the definition of supervised practice toward independent licensure to include tele-mentoring.

Looking Forward

The New Mexico Health Care Workforce Committee outlined plans for its 2017 report to expand its analysis to include certified nurse midwives, psychologists, counselors, social workers, emergency medical technicians, physical therapists and occupational therapists. As in the 2016 report, the behavioral health workforce will be examined in-depth.

The Committee also anticipates analyzing the registered nurse workforce, with an emphasis on the distribution of bachelor of science in nursing-trained nurses, internist MDs' subspecialties and the state's Suboxone and naloxone prescribers and providers.

Potential Solutions

The Committee recommends measures to enhance the quantity and quality of New Mexico health care providers, improve access to behavioral health care and increase incentives for rural practice. These are described in detail in the Committee's 2016 Annual Report. They include:

For all health professions:

- Enhance the physician assistants' survey with an added practice specialty item.
- Maintain funding for the loan-for-service and loan repayment programs at their current levels.
- Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas.
- Continue funding for expanded primary and secondary care residencies in New Mexico.
- Obtain federal matching funds for loan repayment.
- Provide funding for the New Mexico Health Care Workforce Committee.

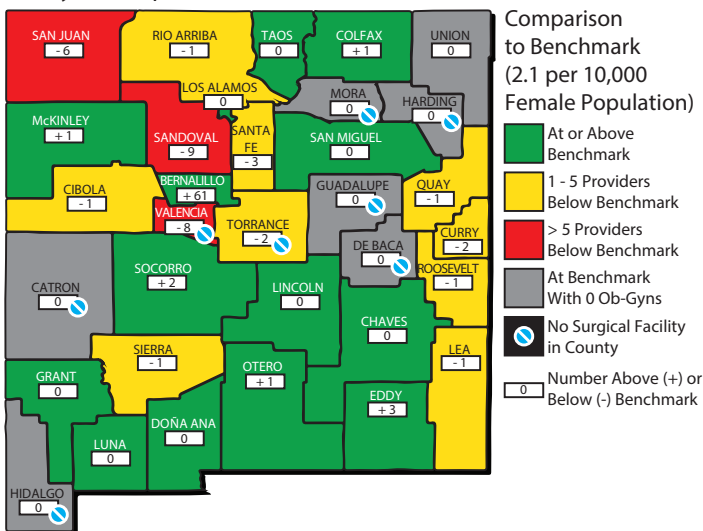
For all behavioral health professions:

- Expedite professional licensure by endorsement for social workers, counselors and therapists.
- Explore opportunities to leverage federal funding for the Health Information Exchange and adoption of electronic health records for behavioral health providers.
- Convene a planning group to develop statewide telehealth infrastructure to deliver behavioral health services via telehealth to rural communities.
- Add social workers and counselors to professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.
- Identify funding for efforts to support and prepare candidates from diverse backgrounds to complete graduate degrees in behavioral health fields.
- Support Medicaid funding for community-based psychiatry residency programs in federally qualified health centers.

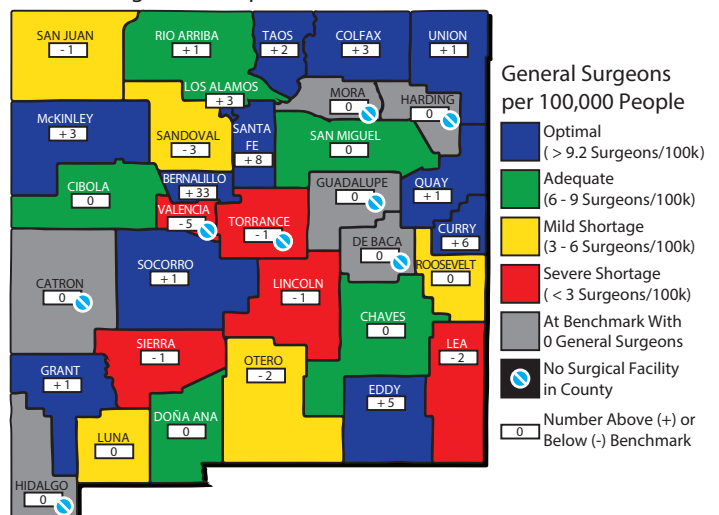
One 2016 recommendation, to correct the omission of practice specialty from the physicians' online license renewal survey, has already been addressed by the Regulation and Licensing Department.

We look forward to action on the remaining recommendations in order to close the gap between rural and urban counties and allow all New Mexicans access to the care necessary for improved physical and behavioral health.

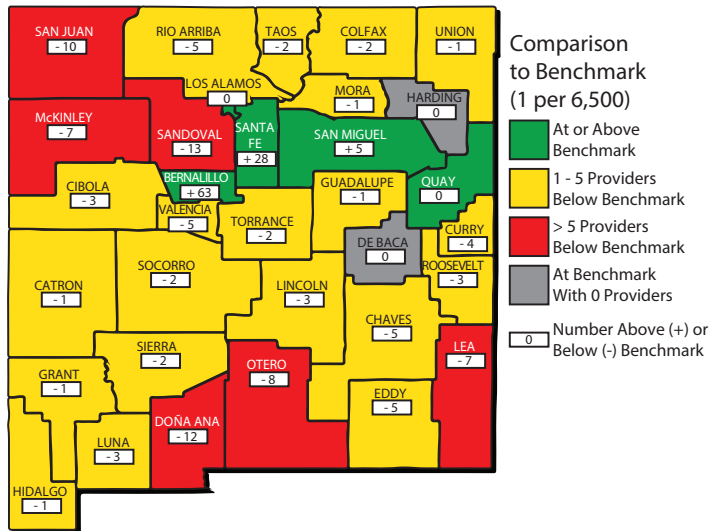
Ob-Gyns Compared to Benchmark,⁴ 2015



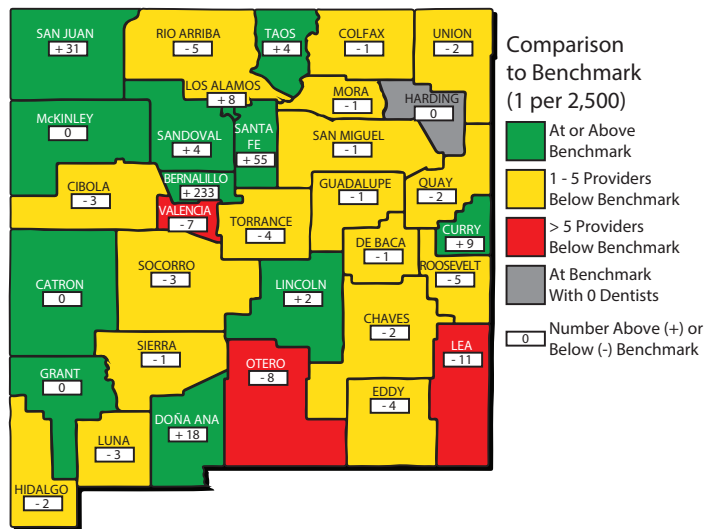
General Surgeons Compared to Benchmark,⁵ 2015



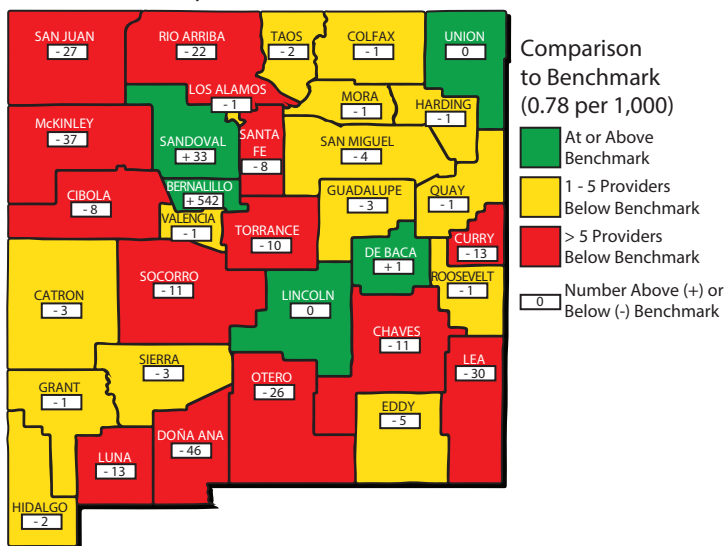
Psychiatrists Compared to Benchmark, ⁶ 2015



Dentists Compared to Benchmark, ⁷ 2015



Pharmacists Compared to Benchmark, ⁸ 2015



Notes

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