

Calculating New Mexico's Health Care Needs



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Background

The task of augmenting New Mexico's health care workforce is a complex process that starts with accurately gauging how many health providers the state has – and how many it needs.

This year, the New Mexico Health Care Workforce Committee was able to delve deeper than ever into professional licensing board data to provide a fine-grained analysis of who is practicing in the state, and where.

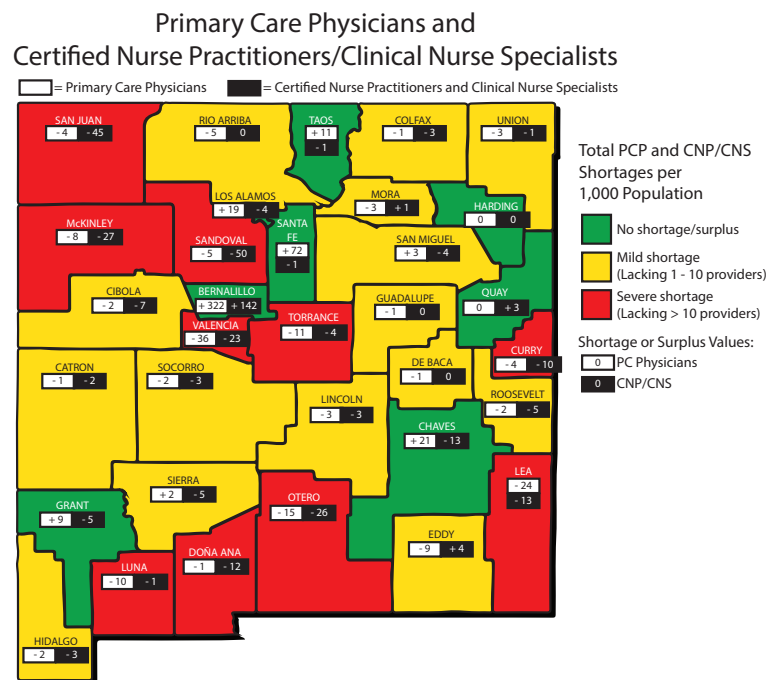
In its October 1, 2014, report to the New Mexico Legislature, the Committee estimated that 1,957 primary care physicians, 1,089 certified nurse practitioners and certified clinical nurse specialists, 256 obstetrics and gynecology physicians, 179 general surgeons and 321 psychiatrists were practicing in the state.

As in its 2013 report, the Committee found above-average concentrations of some providers in urban areas, along with a severe shortfall – or even absence of providers – in rural regions. With population growth and expanded health insurance coverage driving increased demand for health services, the provider deficiency will only worsen, underscoring the urgent need to solve this problem.

Shortages

The Committee found that without redistributing the current workforce, New Mexico would need an estimated 153 primary care physicians, 271 nurse practitioners and clinical nurse specialists, 40 obstetrics and gynecology physicians, 21 general surgeons and 104 psychiatrists to close the practice gap. These totals may not include some providers who are licensed in other states but practice at federally operated health facilities in New Mexico.

Although the number of medical students being educated both in New Mexico and the nation has grown in the past decade, the number of graduate medical education positions has not increased substantially, creating a bottleneck that will limit the number of practicing physicians.



*In 2014 APRNs included Certified Nurse Practitioners and Certified Nurse Specialists in order to align with national comparators.

Potential Solutions

The Committee has made a variety of recommendations for enhancing the production of new providers that focus on recruitment and financial incentives.

These solutions included targeted recruitment and loan repayment programs to induce providers to practice in rural and underserved communities. Alternative care delivery systems that rest on a foundation of inter-professional teamwork also hold the potential to help leverage resources.

The Committee's recommendations include:

- *State funding for increased production of health care providers should continue.*
- Pipeline programs to attract New Mexico high school and college students to pursue health care careers should be evaluated and best practices adopted.
- Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy.

■ The state tax incentive program should be evaluated for its impact on recruiting and retaining New Mexico's rural health care workforce.

■ Social and environmental barriers to successful recruitment should be addressed.

The state needs to continue its support for workforce training in the UNM School of Medicine and the advanced practice registered nurse programs at UNM and New Mexico State University, as well as the New Mexico Nursing Education Consortium.

The University of New Mexico Health Sciences Center seeks to fulfill its mission of increasing the supply of health care workers and facilitating their location in rural areas. Its FY 2016 request to not only continue funding the residencies funded in FY 2015 but to also fund additional graduate medical education residencies in general surgery, family medicine, general internal medicine and psychiatry will help to achieve this goal.

Longer-term measures, such as UNM's Combined BA/MD program and proposed BA/DDS track, will take more than a decade for their effects to be felt, but have the virtue of educating native New Mexicans, who are more likely to remain in state and practice in the communities where they grew up, as well as add to workforce diversity.

Other UNM strategies include expanded rural rotations for residents, enhancing community recruitment efforts and making better use of telemedicine programs like Project ECHO.

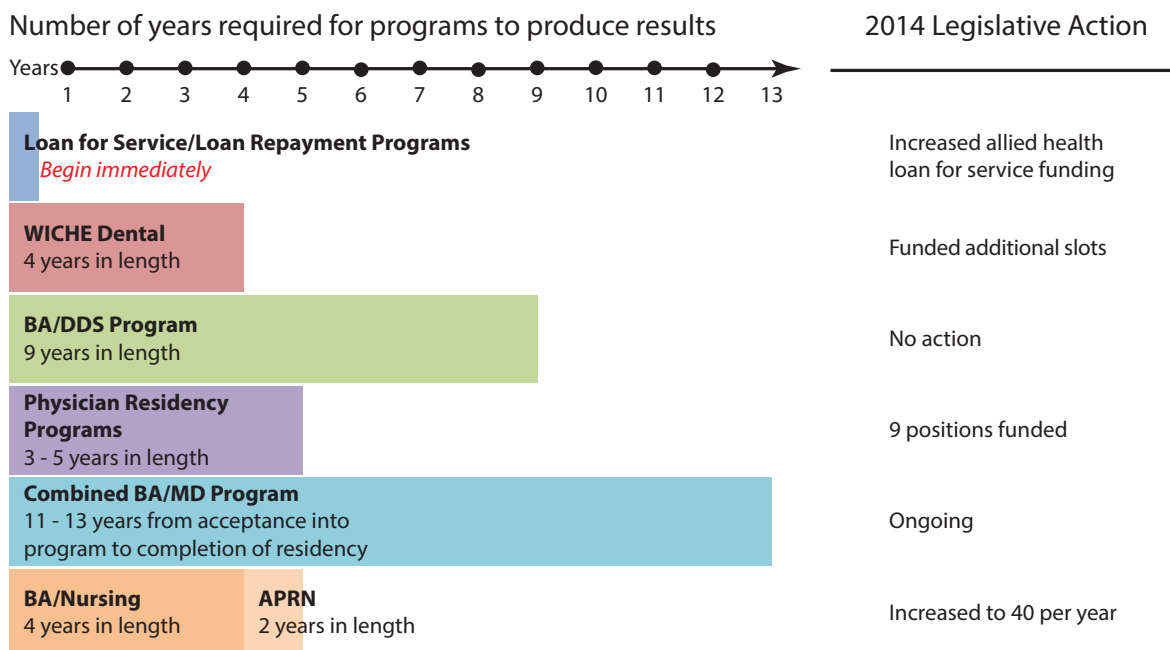
Looking Forward

The first phase of the Committee's analysis focused on collecting data from advanced practice registered nurses, primary care physicians, psychiatrists, general surgeons, OB-GYN practitioners and dentists, accompanied by suggestions for recruitment and retention strategies for those specialties.

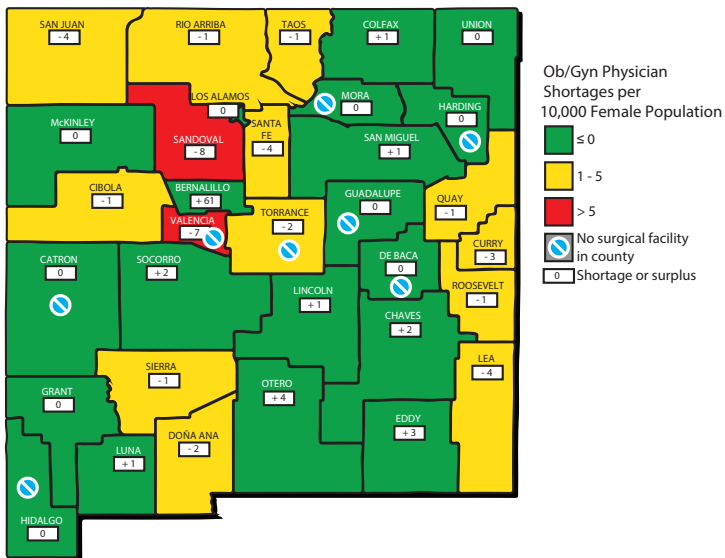
The second phase will be to enhance the Committee's projections over the next 5 to 15 years. The scope will also be expanded to include pharmacists, emergency medical services personnel and other professions as data collection requirements are incorporated into their licensure procedures and the data are submitted for analysis. Mental health professionals will be a focus for FY 2016.

Per the Health Science Center's FY 2016 legislative funding request, the New Mexico Health Care Workforce Committee should be permanently funded so it can both delineate the state's needs and offer grounded, evidence-based recommendations for the best path toward meeting them.

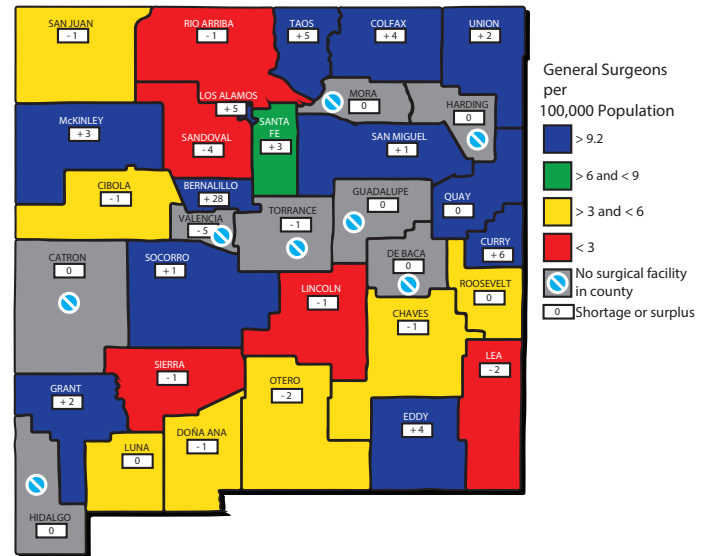
Programs to Increase the Number of Physicians and Dentists in Underserved Areas of New Mexico



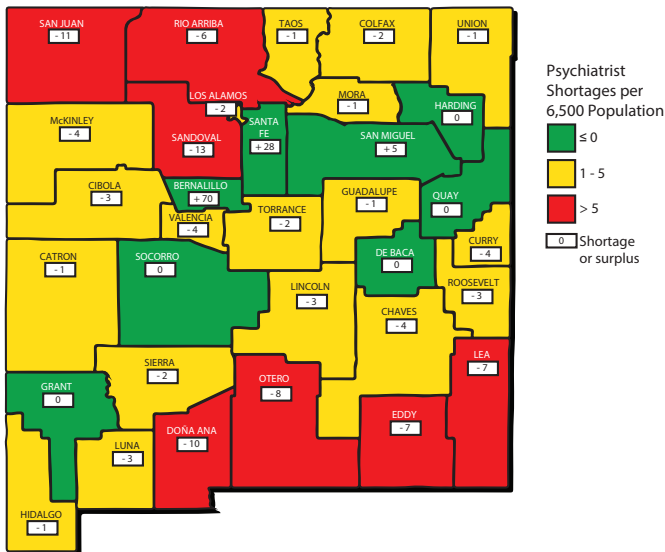
OB/GYN Physicians



General Surgeons



Psychiatrists



National Standards:

Primary Care Physicians¹: 0.79 PCPs per 1,000 population

Nurse Practitioners²: 0.58 per 1,000 population

Psychiatrists³: 1 per 6,500 population

OB/GYN⁴: 2.1 per 10,000 female population

General Surgery⁵:

Critical need = 3.0 per 100,000 population

Minimum need = 6.0 per 100,000

Optimal ratio = 9.2 per 100,000



¹ **Primary Care Physicians:** "2011 State Physician Workforce Data Book," Washington, D.C., Center for Workforce Studies, Association of American Medical Colleges, November 2011 <https://www.aamc.org/download/263512/data>

² **Nurse Practitioners:** Henry J. Kaiser Family Foundation State Health Facts <http://kff.org/other/state-indicator/nurse-practitioners-per-100000-pop/>

³ **Psychiatrists:** "Looking Beyond the 1:10,000 Ratio of Psychiatrists to Population," *Australian and New Zealand Journal of Psychology*, 1992, Vol. 26, No. 2, Pages 265-269, P. W. Burvill, Department of Psychiatry and Behavioural Science, The University of Western Australia, Nedlands, Western Australia 6009, Australia <http://informahealthcare.com/doi/abs/10.3109/00048679209072037>

⁴ **OB-GYN:** "The obstetrician/gynecologist workforce in the United States: facts, figures, and implications 2011," Rayburn WF, Washington, D.C., American Congress of Obstetricians and Gynecologists, 2011. https://openlibrary.org/works/OL16010945W/The_obstetrician_gynecologist_workforce_in_the_United_States

⁵ **General Surgery:** "HPRI data tracks: Developing an index of surgical underservice," Ricketts TC, Thompson K, Neuwahl S, McGee V, Chapel Hill, North Carolina. American College of Surgeons Health Policy Research Institute, July 2011. <http://www.facs.org/ahp/hpri/developing-index-surgical-underservice.pdf>

