

# Physician Supply and Demand in an Era of Health Reform

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## Symposium on Physician Workforce

Greater New York Hospital Association  
Associated Medical Schools of New York

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**CHWS**  
Center for Health Workforce Studies

# The Center for Health Workforce Studies at the University at Albany, SUNY

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- Established in 1996
- A center of the UAlbany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Monitors the state's health workforce, including physicians and GME outcomes

# Today's Presentation

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- Health care delivery transformation
- Impacts of health reform on health workforce
- Workforce issues and challenges
- Data and information on the state's physicians
- Looking ahead
  - Roles of UME/GME educators

# The Changing Health Care Landscape

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## Goals of health reform

- To increase access to basic health care services
- To provide high quality, cost-effective care
- To improve population health

# What Changes With Health Reform?

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- Shift in focus away from acute care to primary and preventive care
- Service integration: primary care, behavioral health and oral health
- Better coordinated care
- Payment reform, moving away from fee-for-service and toward value-based payment
  - incentives for keeping people healthy and penalties for poor outcomes, eg, inappropriate hospital readmissions

# New York's Health Reform Programs

	Delivery System Reform Incentive Payment (DSRIP) Program	State Health Innovation Plan (SHIP) State Improvement Model
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Large-scale reform of the delivery system accountable for safety net patients</li> <li>• 25% reduction in avoidable hospital use over 5 years</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated, value-based care through population health-based care delivery models and payment innovation</li> <li>• 80% of New Yorkers impacted within 5 years</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>• All providers that qualify as Safety Net providers, along with coalitions (PPS) of other proximate providers</li> <li>• All Medicaid patients attributed to those coalitions</li> </ul>	<ul style="list-style-type: none"> <li>• All primary care practices</li> <li>• All payers</li> <li>• All New Yorkers</li> </ul>
<b>Units</b>	<ul style="list-style-type: none"> <li>• Provider Performing Systems (PPSs)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care practices (of any size or affiliation)</li> </ul>
<b>Payment models</b>	<ul style="list-style-type: none"> <li>• Provider incentive payments based on project milestones and outcomes; Value Based Payment</li> </ul>	<ul style="list-style-type: none"> <li>• Range of payment models, unique to payers but aligned across them, including P4P, shared savings, capitation, etc.</li> </ul>

# Workforce Implications of Health Reform

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- New models of care are increasing in number (Patient Centered Medical Homes, Accountable Care Organizations, Preferred Provider Systems)
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population
- Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

# Multidisciplinary Teams Shown to Have Positive Impacts on Patient Outcomes

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- “The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.”

Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
  - Higher levels of patient satisfaction
  - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of shared responsibility (scope overlap)

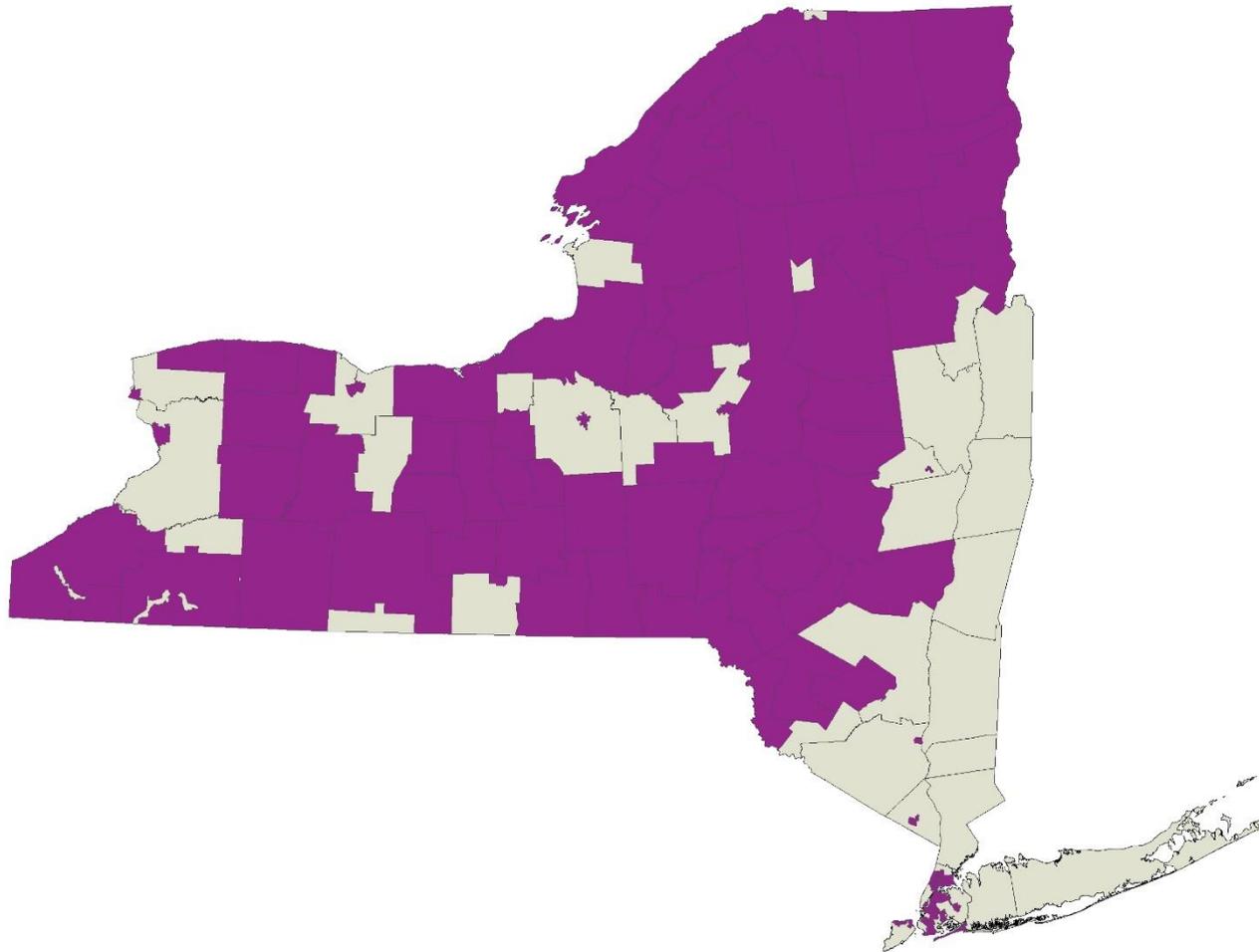
# So What's the Problem?

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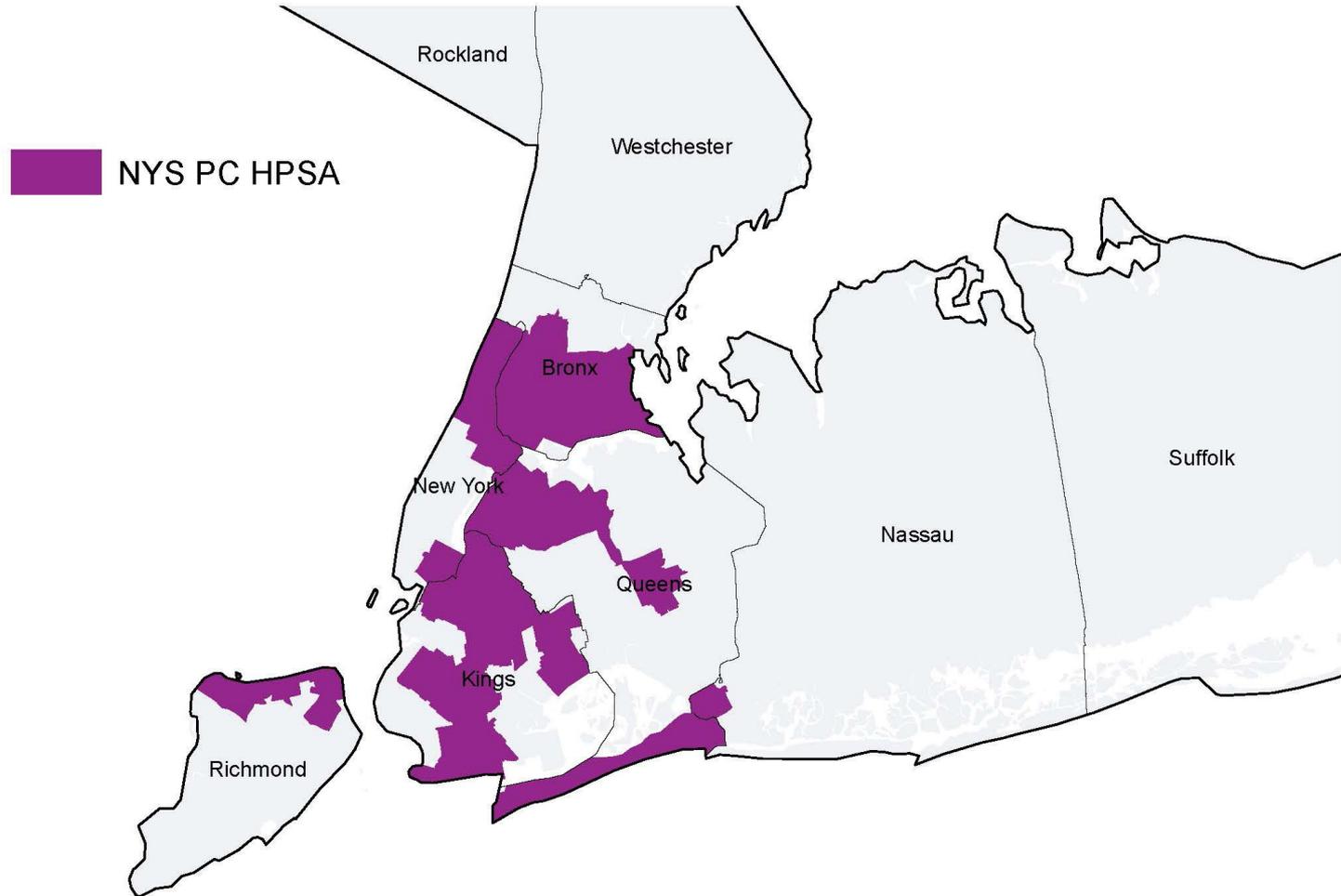
- Maldistribution of available health workforce capacity
- Health professions education students are not consistently exposing students to team-based models of care or trained in emerging functions
- Scope of practice restrictions
  - Health professionals not always allowed to do what they are trained and competent to do
  - Shared responsibility (scope overlap) needed for team-based care is challenging to achieve

# Primary Care HPSAs in New York State

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# Primary Care Health Professional Shortage Areas in New York City



# Are We Training the Future Health Workforce for Team-based Practice?

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- Health professions education typically occurs in **disciplinary siloes**
- The **focus on specialized clinical roles** can interfere with team delegation and collaboration
- Doctors, nurses, and others get **little guidance on how to interact effectively** with each other in support of team care
- There's **limited exposure to emerging models of care** that demonstrate use of group-based decision making

# Are We Training the Health Workforce for Emerging Functions?

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- Effective chronic disease management
- Patient engagement
  - Health coaching
  - Motivational interviewing
- Care coordination
- Population health
- Data analytics

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# Data and Information on the State's GME Outcomes

# GME in the U.S. and New York

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- In the U.S., nearly 9,700 programs with more than 118,000 residents
  - 37 physicians in training per 100,000 population
- In New York, over 1,100 programs with more than 16,000 physicians in training
  - 81 physicians in training per 100,000 population

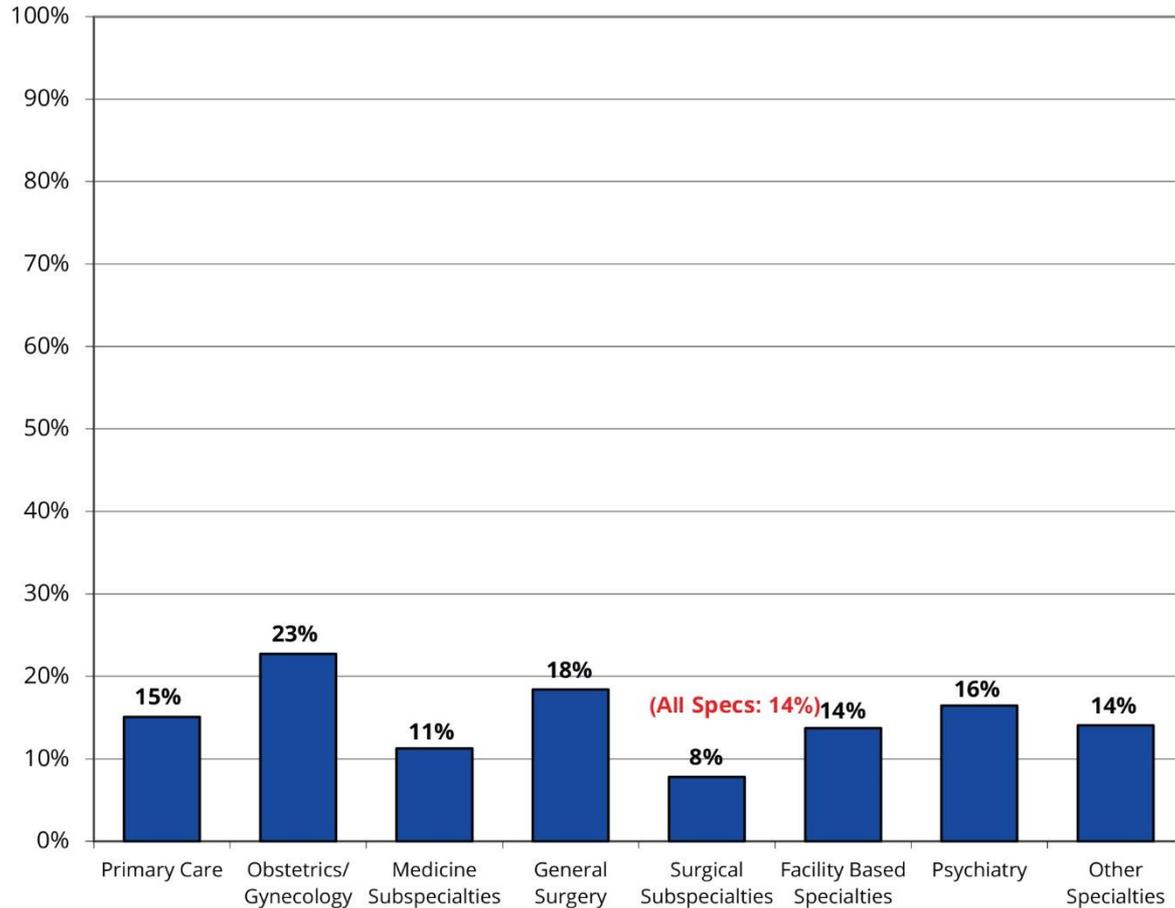
# The New York Resident Exit Survey

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- A survey of all residents and fellows completing training in New York (more than 5,000 annually)
- Conducted annually since 1998 (except 2004 and 2006)
- Substantial assistance from GME program directors
- Average annual response rate of 61%
- Cumulative number of responses: 47,905

# 14% of Survey Respondents Were Under-represented Minorities

Percentage of Underrepresented Minorities by Specialty Group



2015 Resident Exit Survey, CHWS

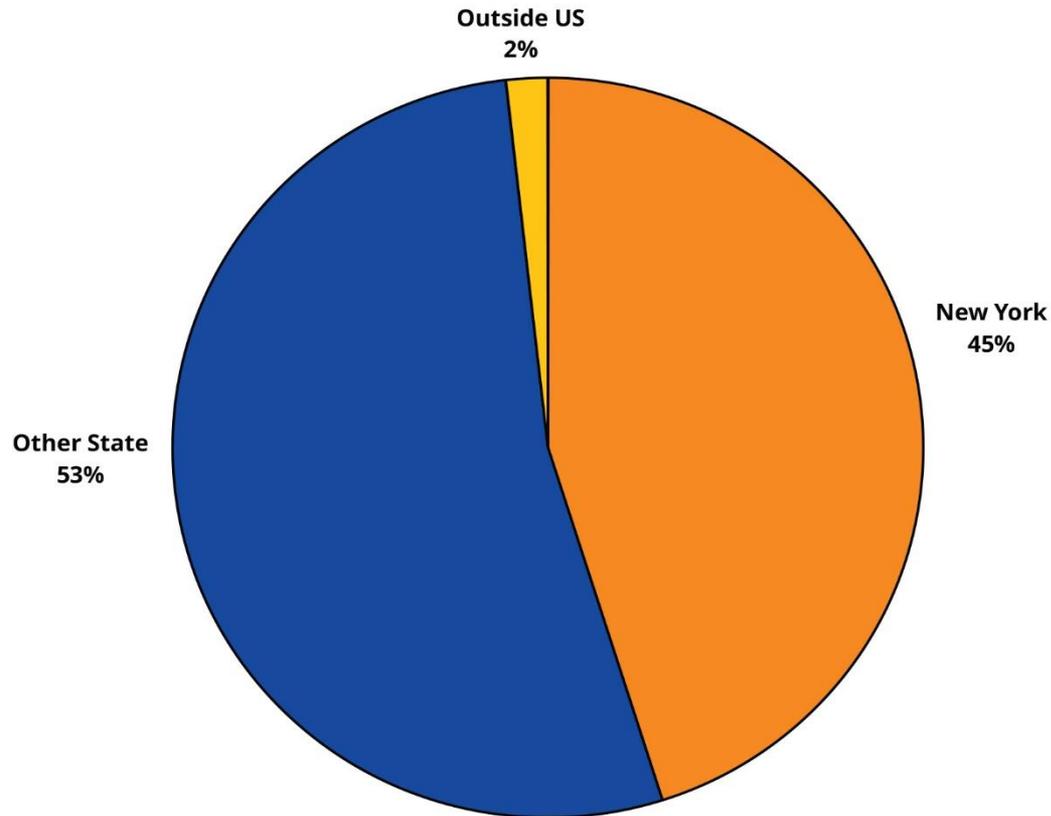
# Relative Demand by Individual Specialty

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- Highest Relative Demand
  - Family Medicine
  - Emergency Medicine
  - Psychiatry
  - Dermatology
  - General Internal Medicine
- Lowest Relative Demand
  - Pathology
  - Radiology
  - Pediatric Subspecialties
  - Anesthesiology
  - Cardiology

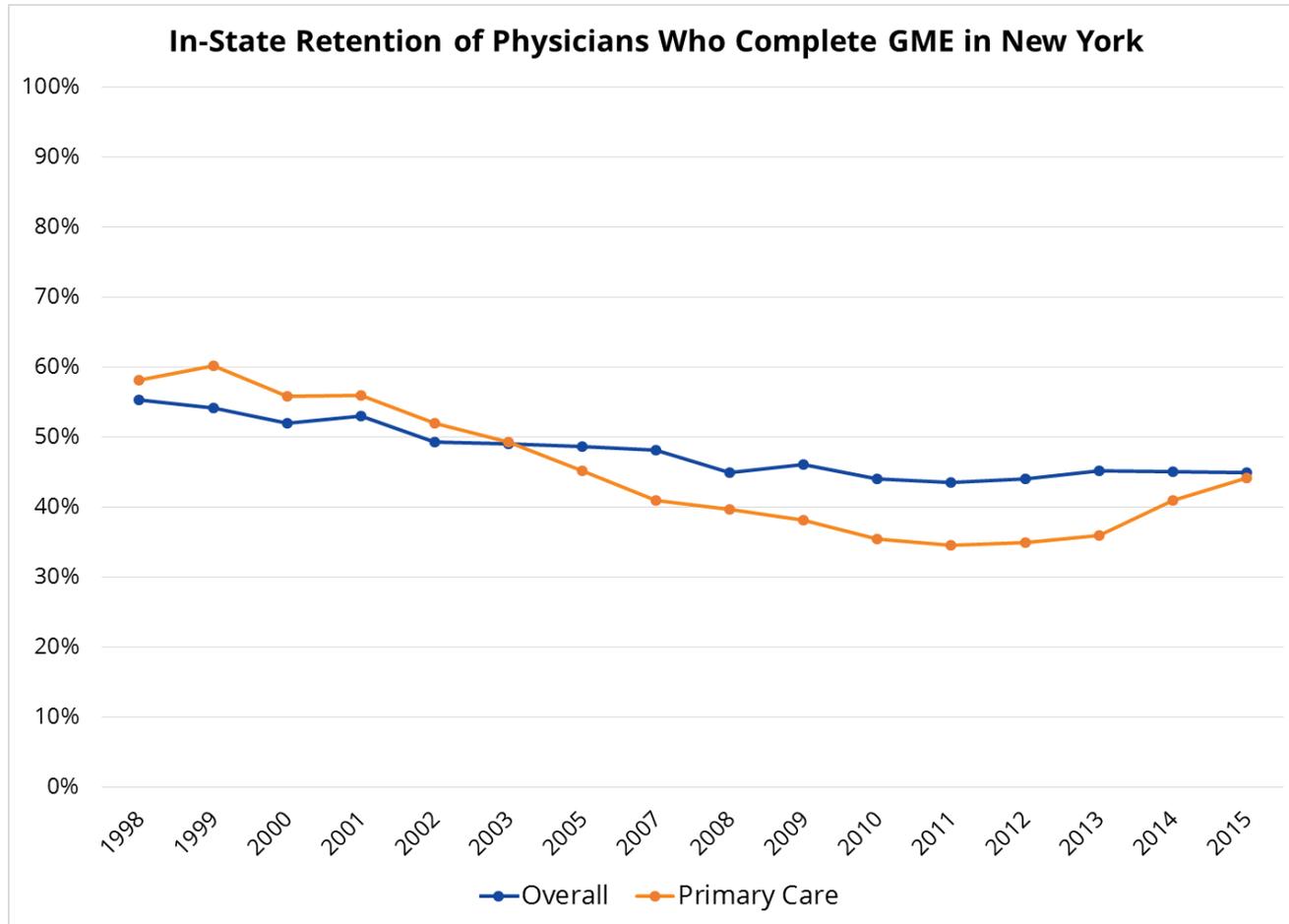
# Less Than Half of Newly Trained Physicians Plan to Stay in New York to Practice

In-State Retention of Physicians Completing GME Training in New York



2015 Resident Exit Survey, CHWS

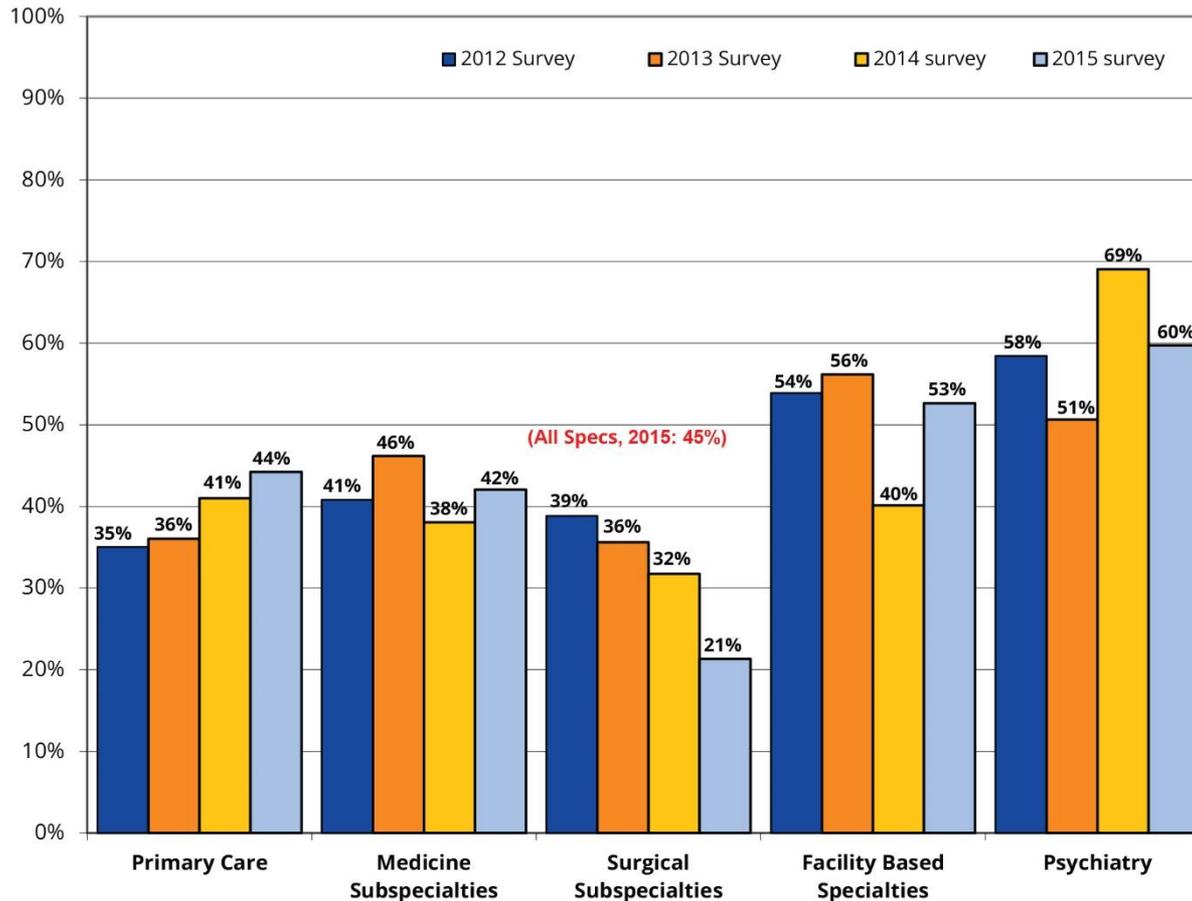
# In-State Retention of All Physicians and Primary Care Physicians Who Trained in New York



2015 Resident Exit Survey, CHWS

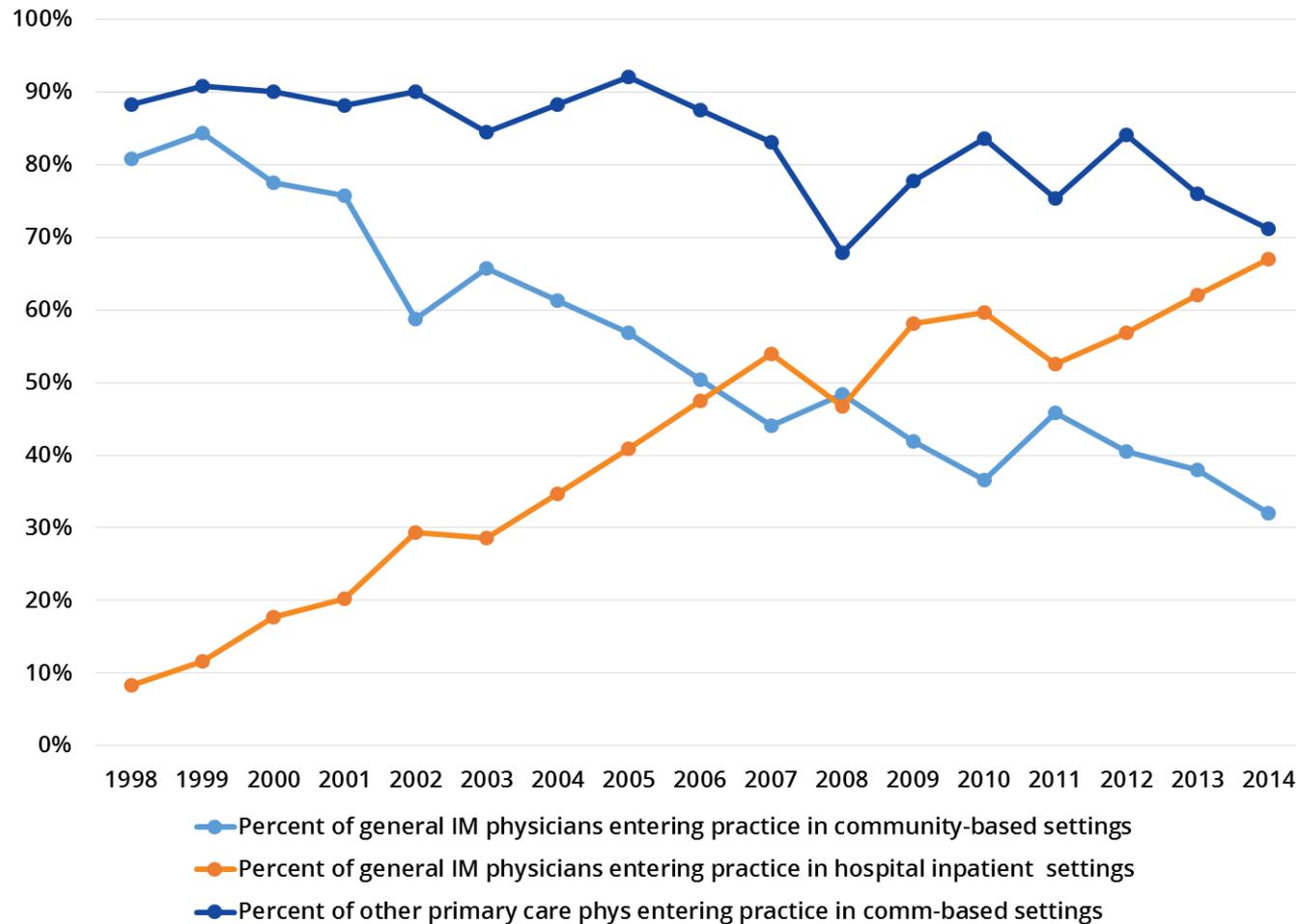
# Increasing Percentage New Primary Care Physicians Entering Practice in New York

Percentage Of New Physicians Entering Practice in New York by Specialty Group



2015 Resident Exit Survey, CHWS

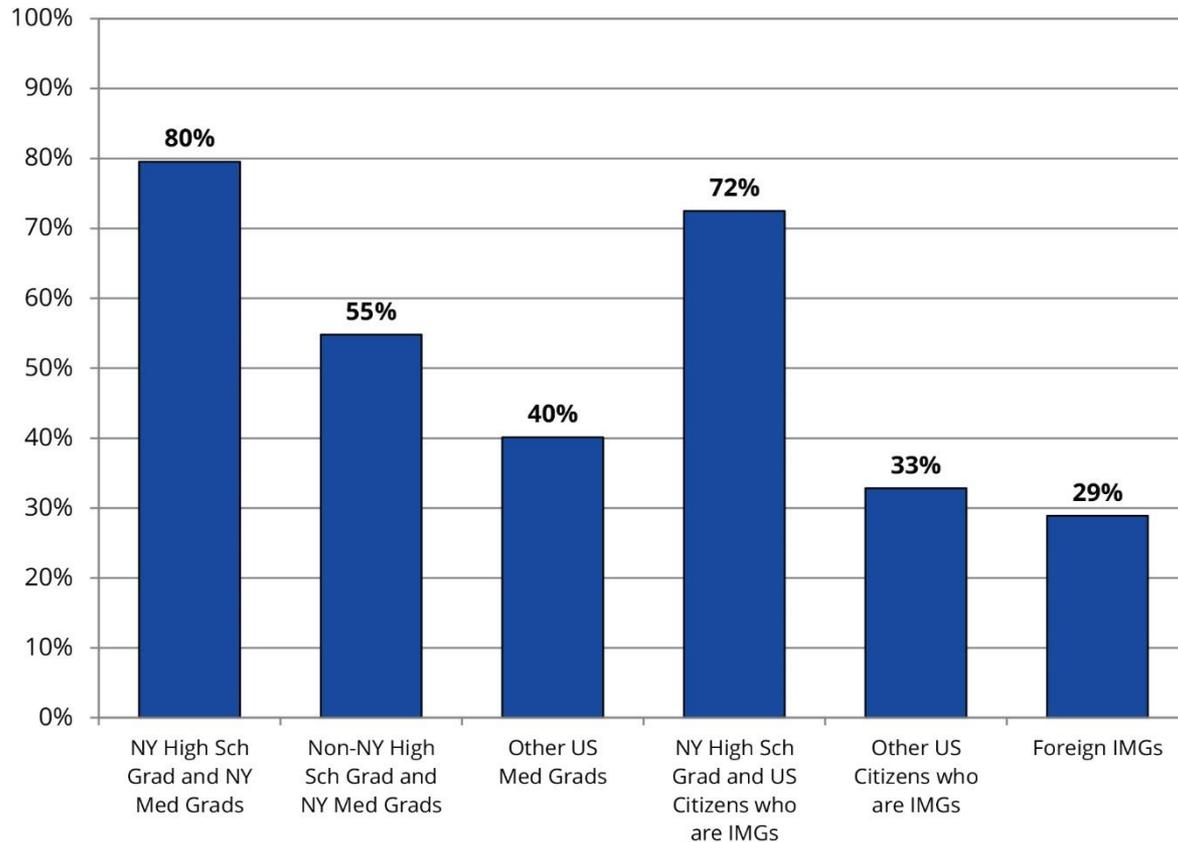
# More New PC Physicians Plan to Work in Inpatient Settings in New York



Source: Center for Health Workforce Studies

# In-state Retention Higher for New Physicians From New York

Percentage with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status



2015 Resident Exit Survey, CHWS

# Over 25% of New Physicians Leaving New York City 'Proximity to Family' as a Key Reason

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- When respondents who were planning to practice outside of NY were asked their main reason for leaving,
  - 28 % - proximity to family
  - 14% - better salary outside New York
  - 13% - better jobs in desired *location* outside New York
  - 7% - better jobs in desired *setting* outside New York
  - 7% - better jobs outside New York that meet visa requirements
  - 6%- never intended to practice in New York

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# The Changing Focus of Health Workforce Research

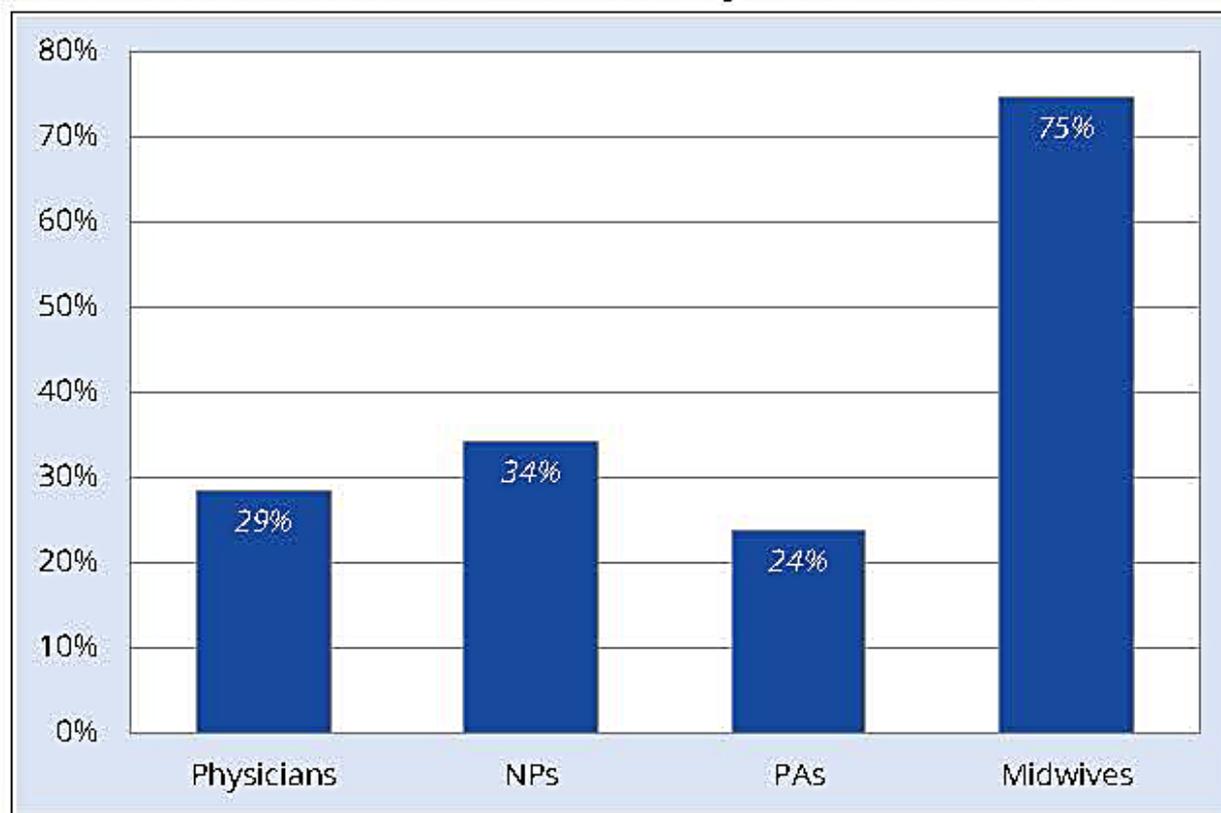
# Health Workforce Research Questions of Interest Are Changing

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- Tended to be profession-specific research: how many? where? do we have enough?
- Health reform changed that
  - Shift the focus of the HCDS to primary care and prevention
  - Greater concern with cost, quality, and access
- Now we ask broader questions: what do patients need; what are the best workforce strategies to deliver these services?
  - State-specific oral health access issues and potential workforce strategies
  - Use of telehealth services by providers in New York, barriers and facilitators
  - Medicaid claims analysis to better understand commuting patterns for care

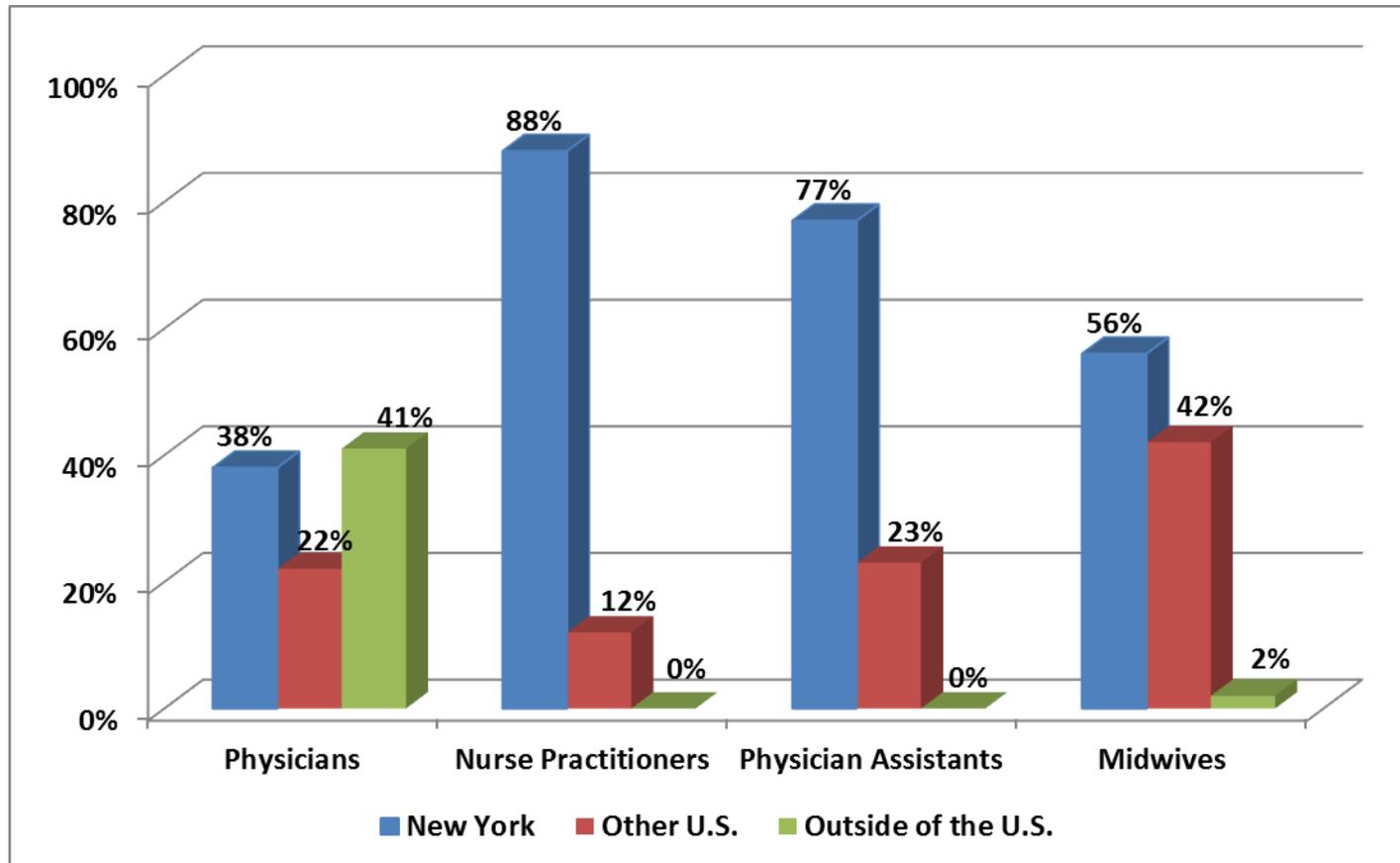
# Who Are New York's Primary Care Practitioners?

Percentage of New York's Physicians, NPs, PAs, and Midwives Who Provide Primary Care Services, 2014



# Are We Growing Our Own Primary Care Practitioners?

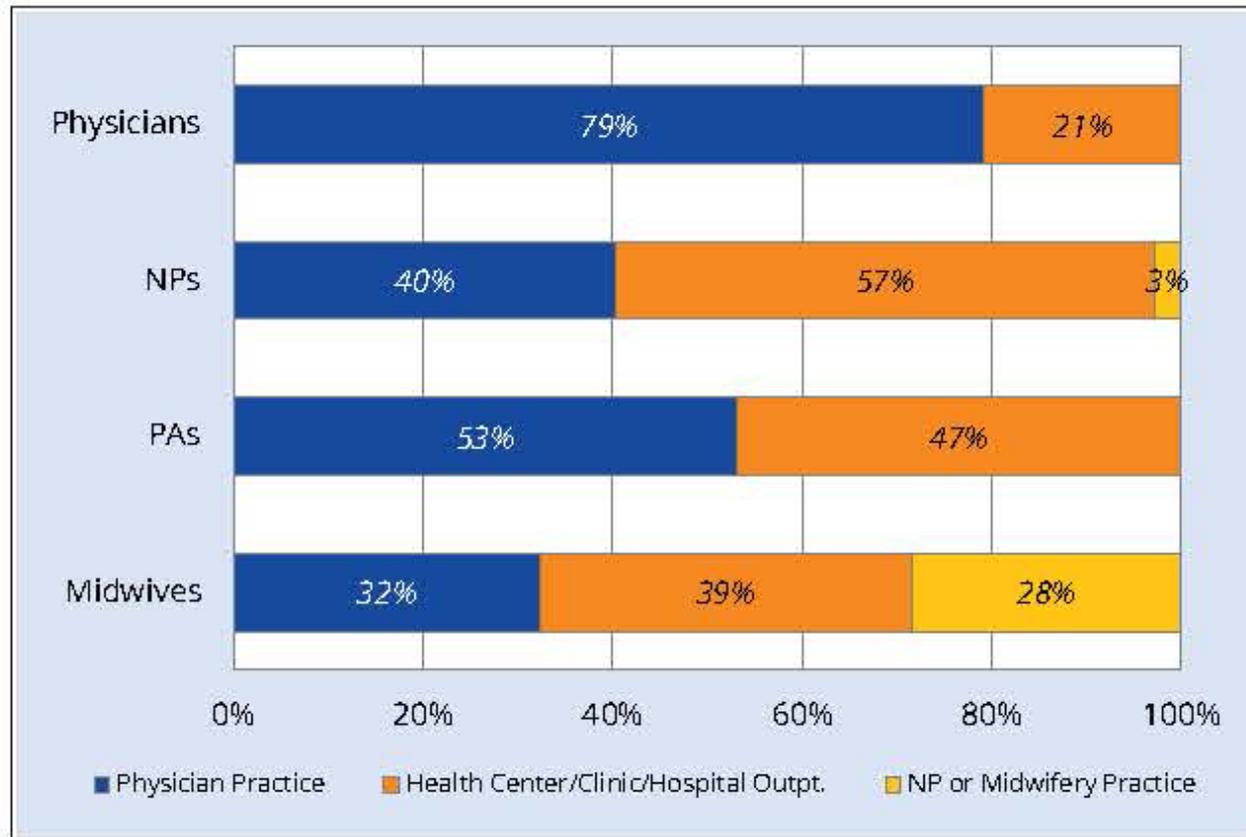
## Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY



Source: Center for Health Workforce Studies

# Wide Variation in Practice Settings for Primary Care Practitioners

Practice Settings of New York's Primary Care Providers, 2014



# Key Workforce Issues

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- Develop strategies to increase the number of primary care practitioners in the state
- Better prepare the health workforce for new roles in emerging models of care
  - Working on teams
  - Ambulatory care, primary care
  - New roles and functions – population health, data analytics, care coordination
- Address statutory and regulatory barriers to effective team-based care
- Develop strategies to increase access by addressing workforce maldistribution

# As We Plan for the Future

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- Use data and evidence to inform decisions
- Build strategic partnerships – providers, educators, consumers
- Explore innovative approaches to training and service delivery
- Evaluate the impacts of these efforts on cost, quality and access to care
- Disseminate what we learn...

# Thank You

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Questions?

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