

THE EMERGING HEALTH CENTER WORKFORCE ENVIRONMENT



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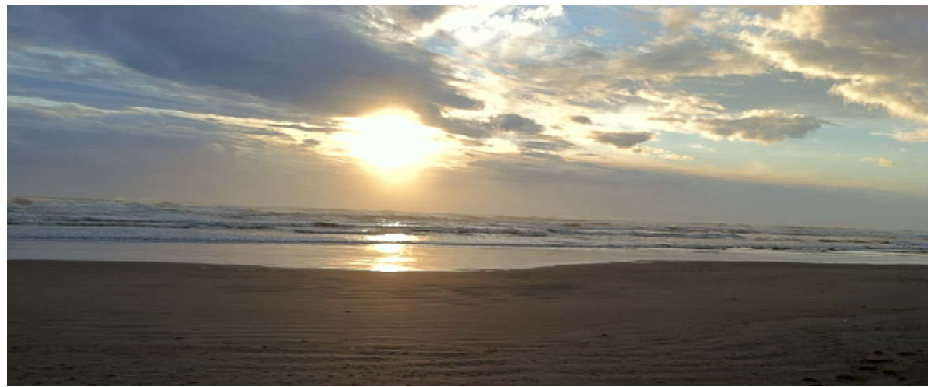


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The Emerging Health Center Workforce Environment: Part 1

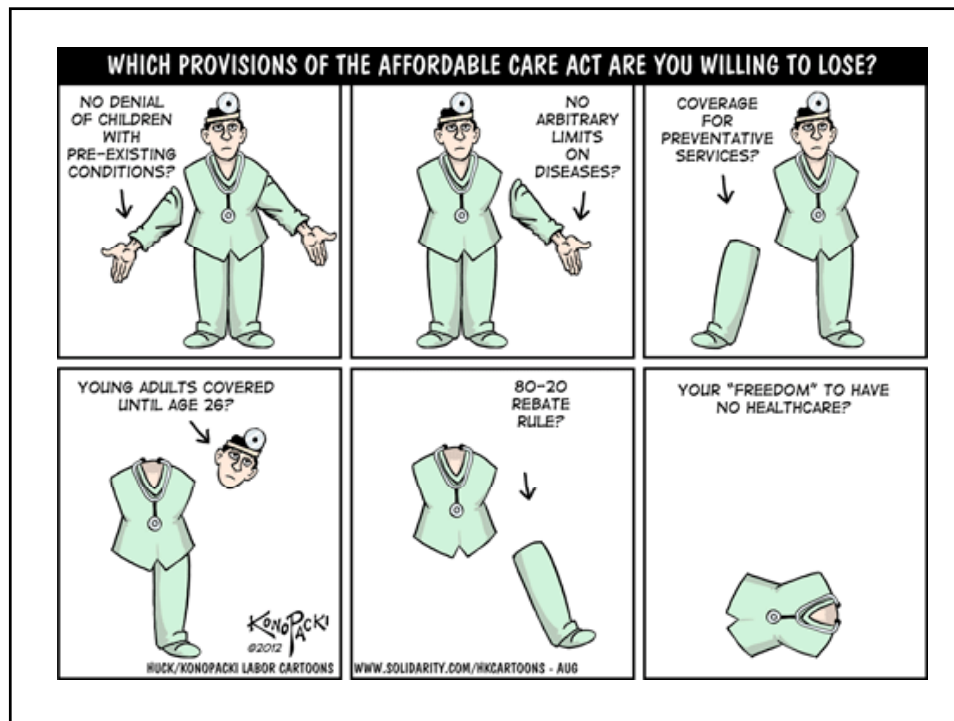
July 17

Russell Maier, MD



Learning Objectives

- Identify key workforce components of the Affordable Care Act (ACA), including implementation timelines, current status, and potential impacts on Health Center workforce needs.
- Understand how, and why, the ACA changes the Graduate Medical Education (GME) system.
- Understand the future of Teaching Health Centers (THCs) and their impact on the health center workforce pipeline.
- Maximize National Health Service Corps (NHSC) resources to improve workforce recruitment efforts.



So will it happen?

- 38 House Votes
- Supreme Court Case
- Flagrant Misinformation
- Public does NOT understand
- Why all this confusion



Editorial Comments

- Change Happens
- We are last
- There is more than enough money
- Inequity and Determinants of Health
- Economic Competiveness
- What's a revolution?
- CHC's provide quality, improve outcomes, and save money



Even though Churchill didn't say it:

**Americans Will Always Do the Right
Thing —
After Exhausting All the Alternatives**



Future Workforce: Background

- Growing Population
- Aging Population
- Health Center Demographics



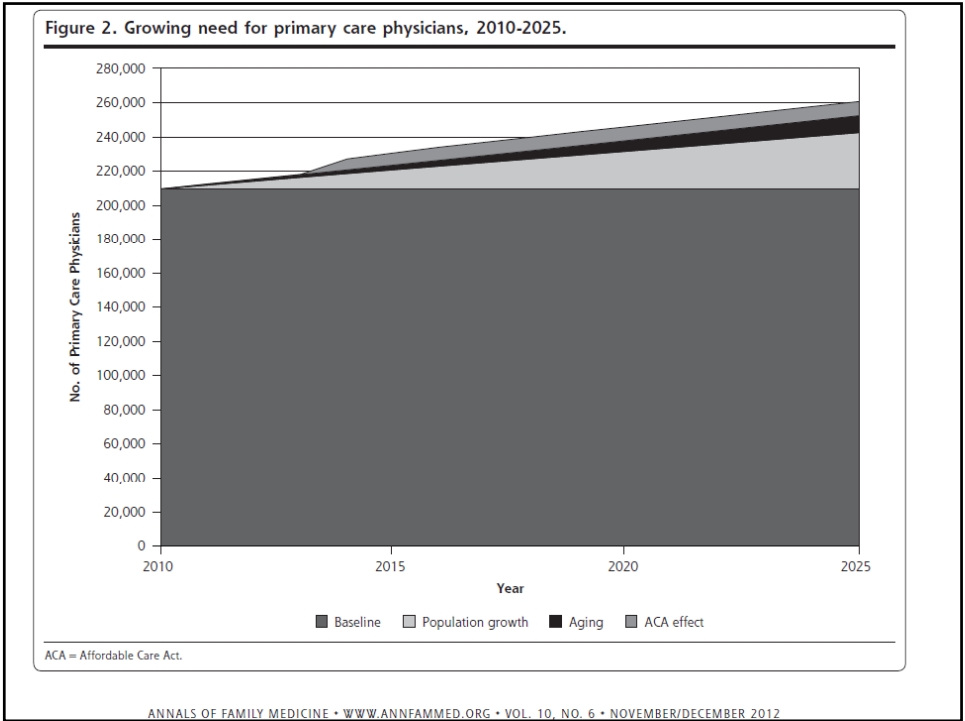


Table 2. Projected Primary Care Physician Need Under Various Conditions by Year

Condition	2010	2015	2020	2025
Baseline	209,662	209,662	209,662	209,662
Aging of population	–	2,693	6,264	9,894
Population growth	–	11,201	21,952	32,852
ACA coverage	–	7,104	8,097	8,279
Total	209,662	230,660	245,975	260,687

ACA = Affordable Care Act.

Ann Fam Med 2012;10:503-509.

Future Workforce: CHC's and ACA

- New Access Points
- DONE
- Expansion of Existing CHC's
- DONE
- Newly Insured
 - Medicaid
 - Exchange
- DONE
- NHSC Expansion
 - Increased Scholarships
 - THC Allowances
- DONE



Key Workforce Components of the Affordable Care Act

- Physician Training
 - THC
 - PCR
 - Peds Specialty
- Nursing Loans
- PA Programs
- NHSC Loan

Past Predicting Future

- WE HOPE NOT
- Primary Care Percentage
- Redistribution of Residency Slots

Medical Provider

- Primary Care
 - Family Medicine
 - Internal Medicine
 - Pediatrics
 - Others count Psychiatry, General Surgery, ER, and OB/Gyn
- Physicians
 - Minimum 7 years training, at least two years clinical and then a minimum of three years residency
- Nurse Practitioner and Physician Assistant
 - PA 2 yr
 - ARNP three semesters (with BSN) or around 1400 hours

GME Education Funding

- Medicare - Hospitals
- Direct and Indirect
- UCR or CBR
- Balanced Budget Act of 1997
- Residency Growth
- ACA
- PCR Grants and THC Grants

Teaching Health Center

- Physician Workforce program
- FM, Peds, IM, Psychiatry, OB/Gyn
- General Dental Residency
- Up to 150K per resident
- Funding must go to an accredited residency
- Funding must go to a Community Entity
- Why the THC program?
 - They work where you Train them

Residency Start Up

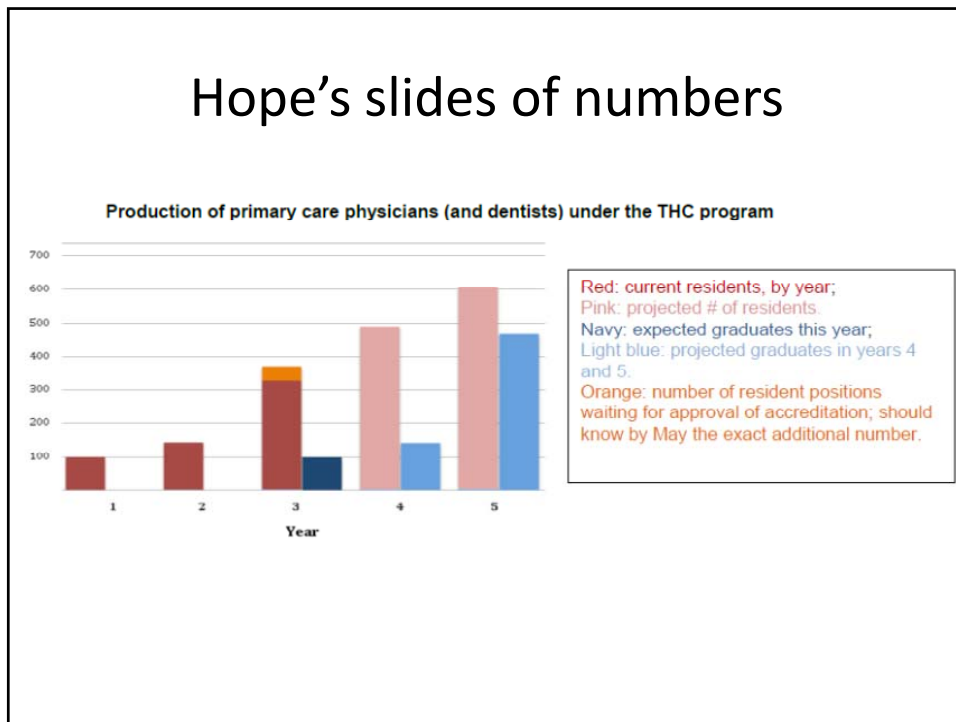
- Adequate Patient volume and age/gender mix
- Hospital Rotations
- Buy in from Administration
 - Residency Director has control of the residency educational setting (clinic)
- Medical Community Support
- Funding – GME or THC
- Accreditation – ACGME or AOA
- Faculty, Staff

THC Production

- 11 initial programs
- 10 Medicine Programs, 1 Dental
- 9 FM
- 1 IM – Wright Center
- First Group Graduates 2014!
- Second and Third Round



Hope's slides of numbers



THC and NHSC

- Recruitment Providers
- Recruitment of Teachers
- Retention
- Flexibility – allows up to ½ time teaching



Questions

