The Promise of Community-Based Primary Care Education: Local Involvement, Growing our Own

NM Primary Care Training Consortium, 2015

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New Institutional Vision Statement

“The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.”
Quality Care is Not Enough

ex. Diabetes in Native Americans

• Recommended Preventive Services:
  - Native Americans have best rates

• Deaths from Diabetes:
  - Native Americans have highest rates

New Mexico Dept of Health 2010 Report on Ethnic Disparities in Health
Health Workforce: A Social Determinant with a Public Health and Economic Impact

• PCPs/100,000 population

• 1 Physician in Rural Community
  a) hires ~18 people directly, indirectly
  b) generates ~ $1 million in business annually
Access and Ethnicity

• Population is becoming more ethnically diverse
• But U.S. medical students from more upper income families
• Impact of ethnicity on access:

![Graph showing likelihood of African-American or Hispanic Physicians to Treat Patients of the Same Race or Ethnicity]
Factors Favoring NM Rural Practice

• Likelihood of practicing prim care in NM
  - come from NM
  - come from rural area
  - underrepresented minority
  - med school in NM
  - residency in FM in NM

How We’re Changing Education:
Curriculum Relevant to Community Health
Public Health Certificate
(17 credits) for all UNM medical students matriculating in 2010
Percent Going Into Primary Care?

- IM: ~20% (include hospitalists, so 5-10%?)
- Pediatrics: ~35-45%
- PA’s: ~40%
- NPs: ~50%
- FM: ~90-95%
FM resident Outcomes, Plans

• 76 Residents, half in ABQ, half in rural NM
• 25% of ABQ grads work in rural NM
• 70% of rural NM grads for in rural NM
Rural Retention from Resident Rotations
State Medicaid GME $ to Train Prim Care Res in FQHCs

• NMPCTC proposed and NM Legis + State Medicaid agreed to fund primary care residency expansion

• Inc $ to FQHC per visit for added service scope- new prim care res or new rotations

• Amt of $ to FQHC approx. $150,000/res/yr

10 YEARS:
Focus on GME and Family Medicine’s Contribution

GOALS & STRATEGIES:

NEED: 200 more PCPs in NM in next 10 years

GOAL: 100 more (net) “Family Physicians” supplied by NM Fam Med Residencies (Other 100- NP, PA, IM, Peds)

Increase production by 14 per year. Examples:
- 4 La Clinica Las Cruces
- 4 PMS Farmington
- 2 La Familia Santa Fe
- 2 UNM (done)
- 2 FCCH
## Health Professional Shortages in Lea County

<table>
<thead>
<tr>
<th>Health Profession</th>
<th>Estimated # Needed</th>
<th># Licensed, Residing in County</th>
<th>Provider Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>108</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>54</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>54</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>22</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Dentists</td>
<td>39</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>466</td>
<td>379</td>
<td>87</td>
</tr>
</tbody>
</table>

Source: New Mexico Center for Health Workforce Analysis, 2012
4 in 5 Physicians Surveyed (RWJ)

- Social needs as important as medical ones
- Physicians not confident in their capacity to address those needs
- Unmet social needs leads to worse health outcomes for everyone, not just those in low income communities
New Health Workforce Members Help with Social Determinants

• Health Extension (HEROs)
• Community Health Workers

a) Social determinants are their priority
b) Community is their base
Map of HEROs and their regions

Components of HERO Hub

- Local Higher Education Institutions
- Community Hospitals & Health Centers
- Civic Organizations
- UNM HSC Programs & Resources
- Area Health Education Centers
- County Health Councils
Social Determinants

Name ________________________________________   Age _______

Address ______________________________________   Date _______

Referral to Community Health Worker for:

☐ Food Assistance
☐ Housing Assistance
☐ Utilities Assistance
☐ Transportation Assistance
☐ Daycare Assistance
☐ Legal Assistance

☐ Employment Assistance
☐ Education Assistance
☐ Substance Abuse Assistance
☐ Safety Assistance
☐ Domestic Violence Assistance
☐ Other

___________________________________________________________________

Provider Signature
Well Rx Survey Responses (N = 3,048)
CHWs and Health System

- Health insurers contract with Univ to hire, train CHWs

- CHWs help “manage” high users in community; Health insurers ROI ~4:1

- Program all over New Mexico, FQHCs hire locally, spread to 10 states
Maintain current contractions for Level 3 members, through MCO referral process: $321 PMPM

Population management for Level 2 & 1 members: ~$5.75 PMPM (base population of 5,000 members)

5% of population
10% of population
85% of population
“Health Commons:” A future SDOH service/learning Model

- One Stop Shop: primary care, oral health, behavioral health, case management
- Community-Clinic links via CHW's
- Clinic programs determined by community health priorities
- Clinic links with other sectors
States Developing Health Extension or Community Health Worker Programs

- HEROs - 16 states
- CHW - 10 states