Towards a Health Professional Pipeline: Recommendations from Precepting Work Group and A Broader Strategy for Primary Care

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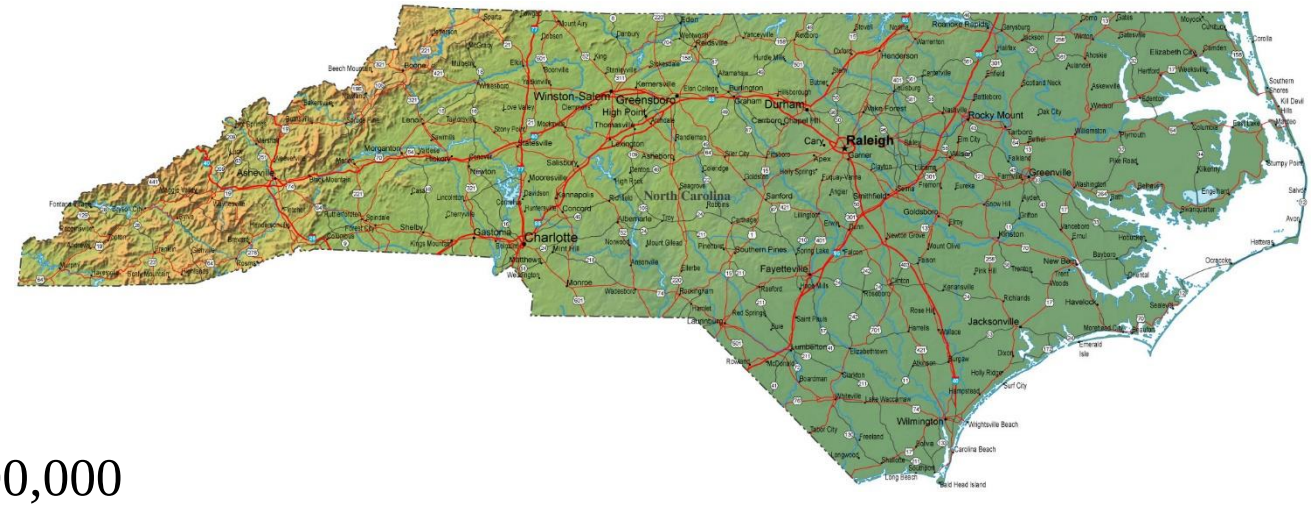
Goals for Today

- Context: Ongoing Changes in Healthcare
- Work Group on Community Precepting
  - Rationale
  - Recommendations
- Policy priorities for primary care and community based professionals

North Carolina

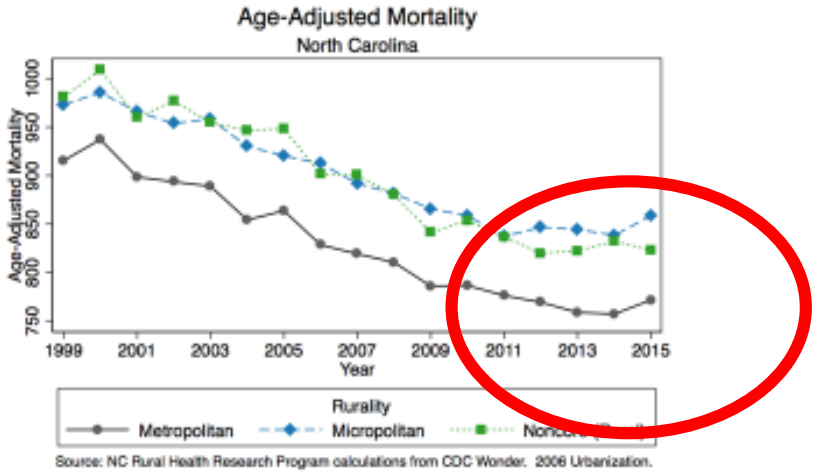


~10,000,000
About 32% minorities
25% rural
36th health outcomes,
with great disparities

Rural Mortality Has Started to Increase

Rural Health at a Glance

- Rural areas poorer health on almost every measure
  - Older, poorer, more isolated
  - **Persistently higher mortality**
- Less healthcare infrastructure
  - Fewer docs, smaller hospitals
  - Half of rural hospitals lose money
- 120 rural hospital closures since 2005



Source: NC Rural Health Research Program calculations from CDC Wonder. 2006 Urbanization.

Transformation in Health Care

- Hospital consolidation is continuing…
- Cost has re-accelerated
- Insurance changing dramatically; Medicaid reform is soon.
- Growth in MD, DO, NP/DNP, PA programs, but <1/2 going into primary care
- Modest expansion GME (Cape Fear, Carolinas, Cone, ECU, New Hanover, MAHEC/Mission, UNC)

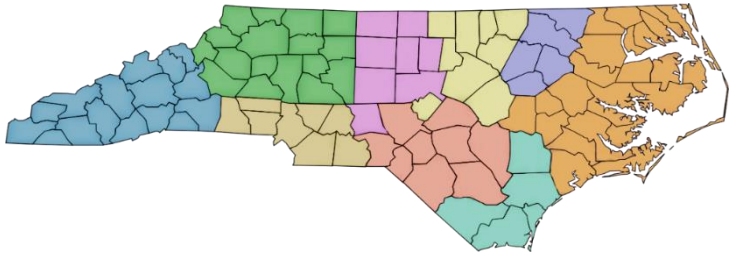
The Problem

- Primary Care and related disciplines needed to:
  - move care out of hospitals
  - improve quality and cost-effectiveness
- What we are getting is not what we need
- We need both quantity and especially distribution

Why Now?

- This is a time of *transformation*, not *usual* change
- A key part of the puzzle will be the people we train: the right educational experience can change our students' lives and the communities they live in.
- We can make a difference!

Why AHEC?



MISSION

To meet North Carolina's health and health workforce needs by providing educational programs and services that bridge academic institutions and communities with a focus on underserved populations.

VISION

To help lead the transformation of health care education and services in North Carolina.

BY THE NUMBERS

9 Regions, 20 Residencies, 1400 Practices, 2500 Preceptors and 200,000 Hours of CE, work with all medical schools, nursing programs, and almost all community colleges

Work Group on Community Health Precepting

Survey Results and Recommendations

2016 Survey of NC Health Professional Schools

- What is demand for precepting?
- What is supply of community preceptors?
- What is impact of shortage on the educational programs and students?

Methods

- Focused on community precepting—primary and ambulatory care.
- 2015-16: meetings with educational leaders across all disciplines.
- Survey of all 29 health profession schools with 100% response.
- Exploration of what other states are doing.

Results—Demand

- **27%** increase of enrollment since 2011 with a further **11%** estimated over next 2 years.

This is likely an underestimate: Changing curricula are driving more community time.

- **93%** of schools report increased need, in all clinical specialties, particularly OBGYN and PEDS.
- **SARA** will likely increase the demand.
- Happening all across the country.

Results—Supply

- AHEC provides modest stipends for 1,300-1,500 sites for many but not all schools; number is stable with 70% same year to year.
- Most schools provide a variety of non-financial incentives; stipends are spreading…
- Preceptor surveys in 2005 and 2011 show stable commitment; 2016 is similar but slight increases in concerns about impact of students on compensation
- Most practices take students from one school and limited number in year.

Result—Impact of Shortage

- A **major** issue for the schools!
- Most report satisfaction with current preceptors, but 2/3 report drop out in the last year.
- Preceptor faculty development activities are modest.
- Anecdotal reports of problematic preceptors fired by one school then hired by other schools.

Summary

- Community based education is a strategic issue for the state and for all health professions education—both in **numbers** and in **quality**.
- Demand has exploded in NC; supply stable to slightly declining, with many practices not teaching full-time.
- Health professions schools are beginning to see a significant impact on education.
- Trends are accelerating rapidly.

Community Precepting Work Group
Participating Leaders from Diverse Professions and Institutions

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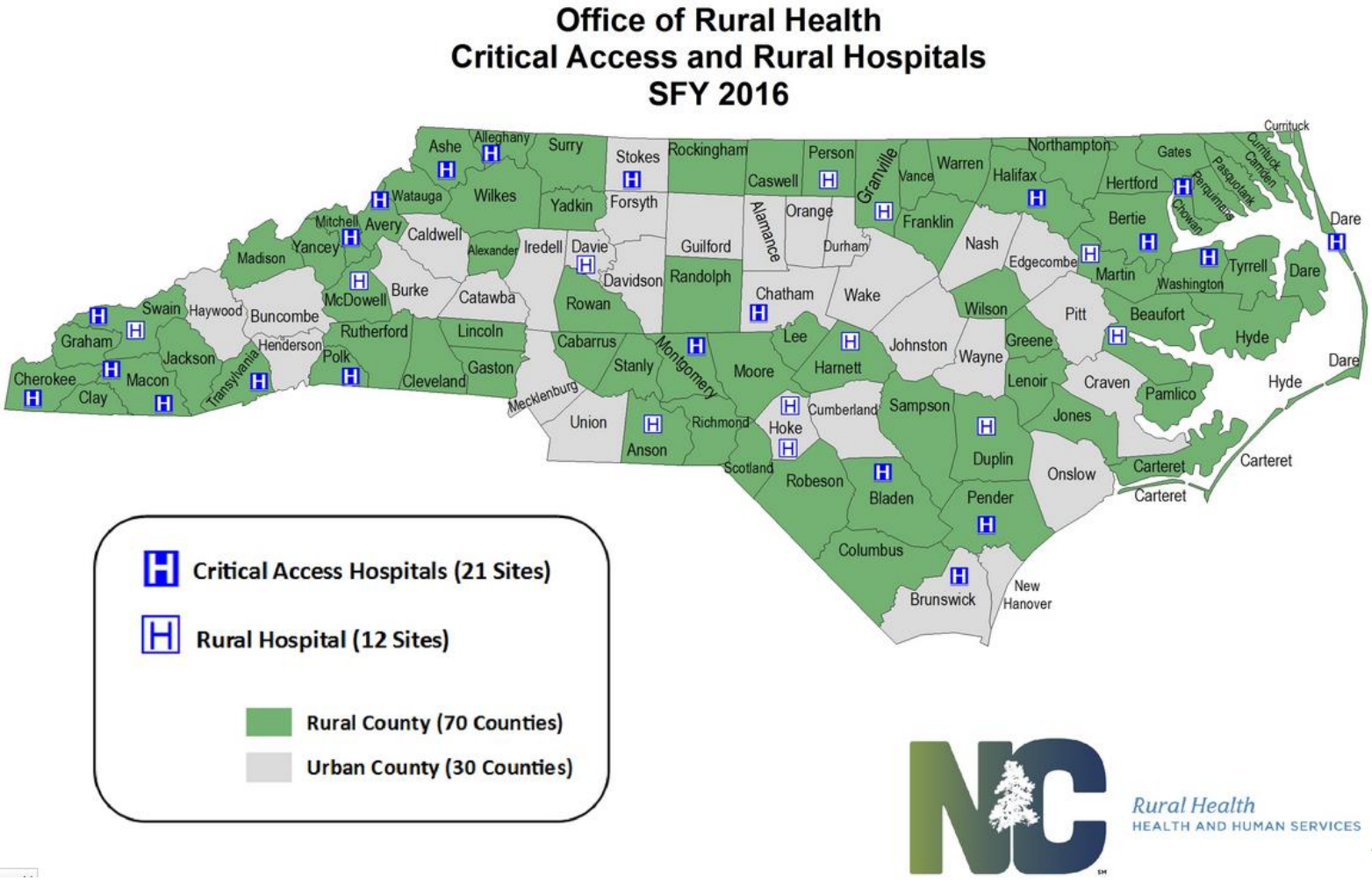
Work Group Recommendations

- Focus was community based precepting, in which clinicians have students in practice settings away from academic centers
- Include all North Carolina public and private health profession education programs, to the extent they contribute to clinicians practicing in North Carolina and to clinician diversity
- Prioritize clinicians working in rural and underserved settings
- Track outcomes and adjust as needed

Focus on Rural Communities



Rural Health
HEALTH AND HUMAN SERVICES

Recommendation I

- 3 year pilot of a preceptor tax credit for community based precepting in rural or underserved communities
- For MD/DOs, PAs, NPs/DNPs, CNMs who precept students from any of those professions and who do not receive funding personally from any other source
- $1000 for each student-month, up to 10 months in a year.
- Faculty must get annual faculty development
- Verified for state by NC AHEC

Recommendation II
A Passport for Health Professional Education

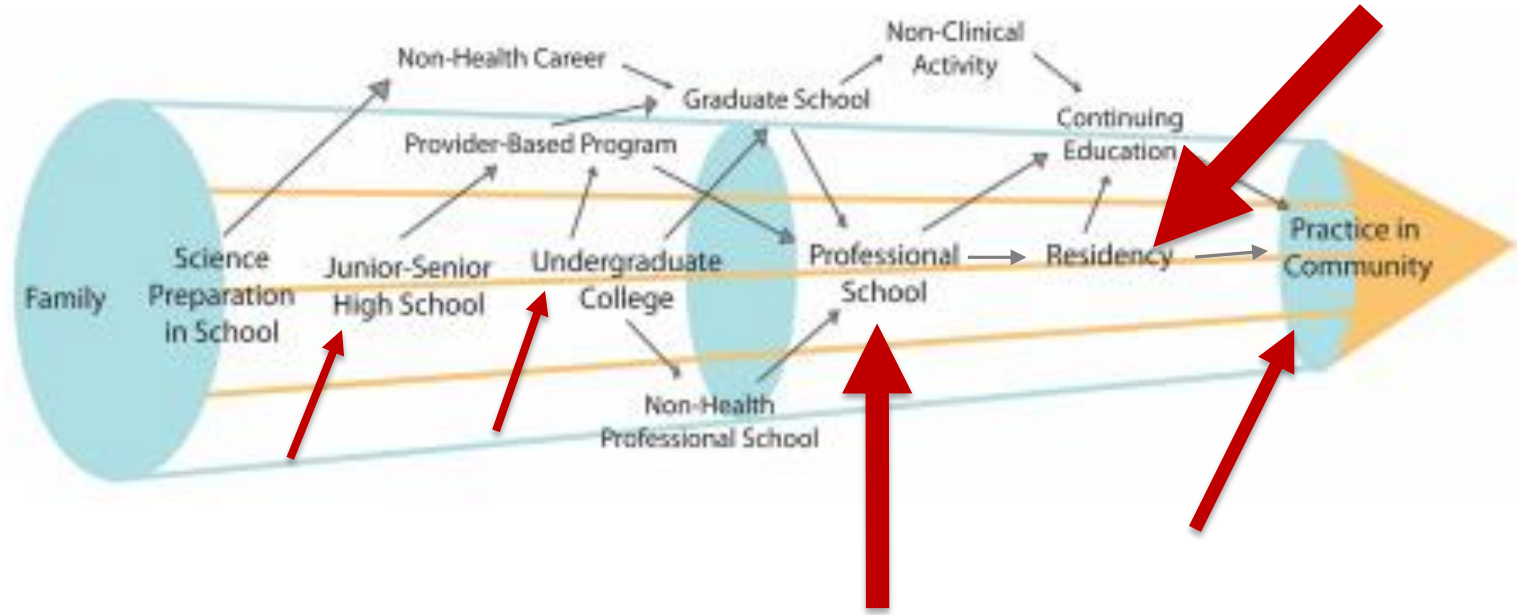
- All NC health professions students, schools, health care institutions
- Passport—Common required immunizations, criminal background check, drug testing
- Common training—HIPPA, Patient Safety—with opportunities for professions and institutions to add what they need uniquely

Recommendation III
Innovation in Community Education

- Shared Faculty Development for Community Educators
- Academy of Community Health Educators
- Certified Teaching Practices with high quality and access of care, teach most of the year, with students from >1 profession.
- Share best practices in adding clinical value and compensation plans that support teaching.

An Overall UNC Strategy for Primary Care and other Community Based Health Professions

Changing Educational Outcomes: Intervening Across the Pipeline

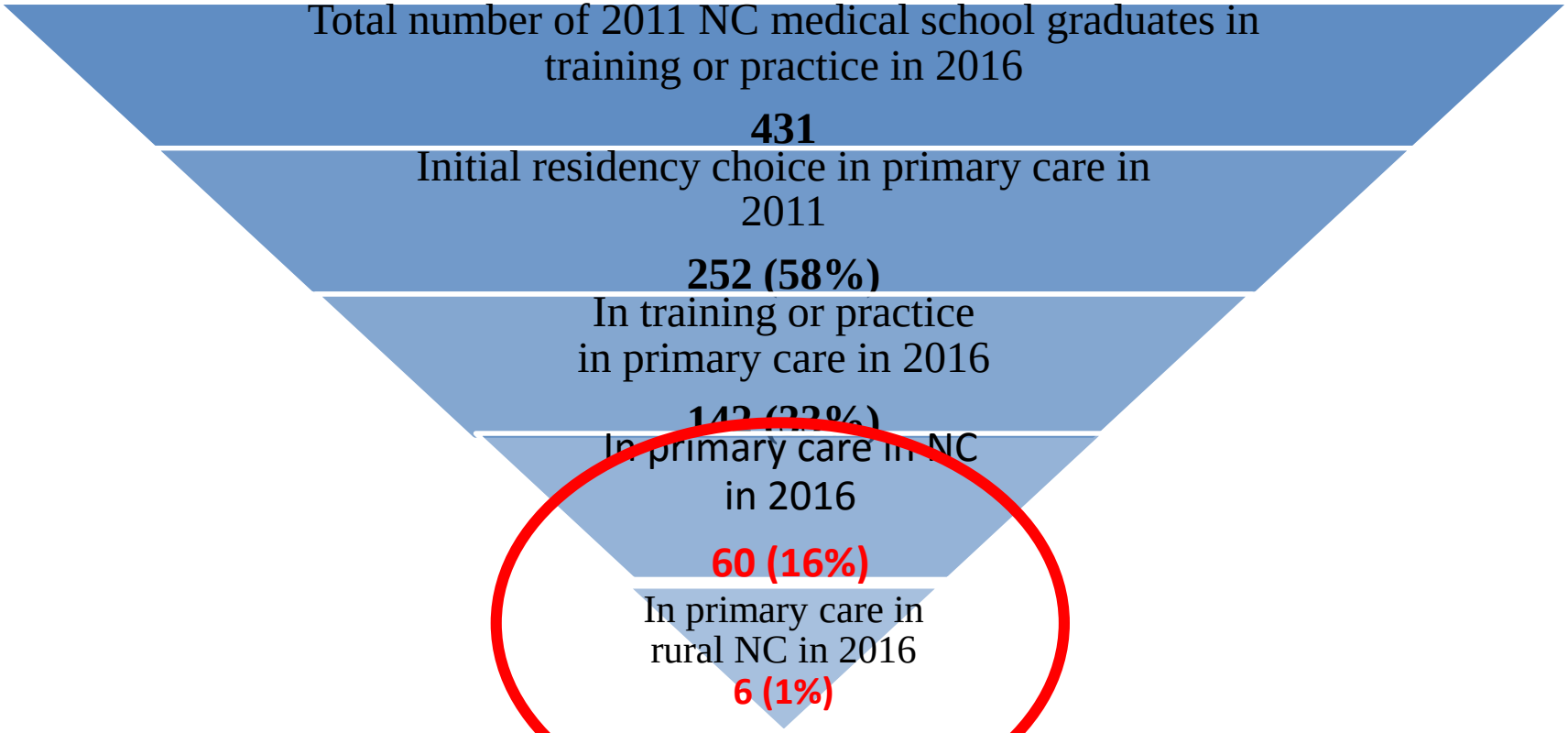


Priorities for Primary Care and Community Health

- Expand Rural Graduate Medical Education, working with DHHS and legislature
- Support rural community preceptors with tax credit, health education passport and support for shared services and innovation
- Track and Report Outcomes Annually
- Adjust as necessary to new professions and settings

ACCOUNTABILITY

Primary Care in NC Rural Areas in 5 Years



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2016.

Rural source: US Census Bureau and Office of Management and Budget, July 2015. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.