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New Health Care Reform Law Targets New Mexico's Health Workforce Shortage

By Senator Dede Feldman and Dr. Daniel Derksen

A little over a month ago, President Obama signed H.R. 3590 the "Patient Protection and Affordable Health Care Act" and H.R. 4872 the "Health Care and Education Reconciliation Act" into law. By 2014, it is estimated that 240,000 New Mexicans will be eligible for private insurance through insurance exchanges and another 125,000 through Medicaid expansion in our state. That's the good news.

But will we have enough health providers to care for an additional 365,000 (out of our estimated total of 450,000) uninsured that will have health insurance? By 2025, there will be a shortage of 40,000 primary care physicians in the United States and up to a million nurses. New Mexico's current primary care physician shortage is 400 and will grow to 950 in 10 years. A recent study by the Commonwealth Foundation ranked

New Mexico last in access to health care of all states, and last in access to preventive services. That's the bad news.

While opponents of the bill have said that this shortage dooms health care reform, they overlook some important elements of the new law that have not received the media attention they deserve.

Provisions in the federal legislation that begin *this year* will help states build the health professional workforce over the next four years to prepare for insurance coverage provisions that begin in 2014.

Many of these provisions were inserted by our own Senator Jeff Bingaman who is familiar with our shortages—and successful pilot projects-- here.

First, the bills allocate \$125 million over 3 years in grants, and another \$230 million over 5 years in direct and indirect graduate medical education funding for “teaching health centers” based on models pioneered in New Mexico (La Familia and St. Vincent’s in Santa Fe, Roswell, Albuquerque’s South Valley Health Commons, and in Hidalgo County) in partnership with UNM. Training in these community-based centers increases the retention of UNM medical school graduates who practice in New Mexico two-

to threefold. Retention of UNM graduates has been a problem in the past-- currently approximately 25 percent remain in the state. This new funding could help start new primary care residency programs in community health centers and rural hospitals in places like Silver City and Farmington.

Second, the bill creates a National Health Workforce Commission to design funding and incentives, and to evaluate the implementation and revision of federally funded programs, grants, and regulations related to the nation's health workforce including nursing, dental, and medical professionals. We need it. What we are doing now is not enough.

Another very important provision will increase Medicare, Medicaid and Children's Health Insurance Program payments for primary care services by 10%. Commercial insurance payers follow Medicare's lead in paying for primary care so this is an important change and it will actually save money in the long run, since regular, routine care through a family physician, nurse practitioner or other primary care provider prevents illness, manages

chronic disease and curtails costly health catastrophes.

The new payment schedule will also encourage medical students to go into primary care, instead of more lucrative specialties to which many are drawn to pay off medical school debt.

Other provisions of the law will spur models that reward coordination of care – such as the Patient Centered Medical Home. These more-coordinated, multi-disciplinary “homes” are beginning to spring up in New Mexico after the passage of state legislation sponsored by Rep. Danice Picraux and supported by the NM Medical Society in 2009. They are popular with patients who get more wrap-around, appropriate care that fits their lifestyle and pocketbook. Although these homes are sprouting in other states, New Mexico is very well positioned to take advantage of the new law’s provisions.

Another provision creates a Primary Care Extension Program, links with academic institutions, creates hubs in communities, and uses health extension agents, to expand primary care training and services.

Professional health training is expensive for the New Mexicans who wish to become nurses, physicians, dentists, physician

assistants, dental assistants, or pursue other health professions careers. The new law expands loans, scholarships and grants to encourage health professionals to practice in health professions shortage areas.

At the state level, we currently have a law on the books which subsidizes tuition for medical students who commit to working in primary care in New Mexico's rural areas. But, with the current budget crisis, there is no state funding. The federal law could fund this and other student programs and help fill the pipeline with much needed health providers.

As an added bonus, the National Center for Rural Health Works estimates that one primary care physician generates about \$1.5 million in revenue, \$0.9 million in payroll, and creates 23 jobs. Thus adding the 400 primary care physicians needed in New Mexico would create over 9,200 jobs and generate much needed tax revenue for the state. Four hundred by 2014 - that's a goal worth shooting for - and now within reach if we act quickly to take advantage of health workforce provisions in the health reform legislation.

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