

Resources for Primary Care Workforce Development

January 2024

Primary Care Crisis and Causes

“AAMC Report Reinforces Mounting Physician Shortage”, AAMC, 6/11/21

<https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>

“Finding a primary care doctor in Rhode Island is getting more difficult. Here's why”, Providence Journal, 2/8/23

<https://www.providencejournal.com/story/news/healthcare/2023/02/08/primary-care-doctor-shortage-in-ri/69843973007/>

“How to cure shortage of primary care docs?” Providence Business News, 12/23/22

<https://pbn.com/how-to-cure-shortage-of-primary-care-docs/>

“Local doctors, patients feeling strain of national physician shortage” WPRI, 1/24/23

<https://www.wpri.com/health/local-doctors-patients-feeling-strain-of-national-physician-shortage/>

“Why you can't get in to see your primary care doctor. 'It's almost frightening.” Boston Globe, 2/5/23

[https://www.bostonglobe.com/2023/02/05/metro/why-you-cant-get-see-your-primary-care-doctor-its-almost-frightening/?p1=BGSearch_Advanced_Results_\[bostonglobe.com\]](https://www.bostonglobe.com/2023/02/05/metro/why-you-cant-get-see-your-primary-care-doctor-its-almost-frightening/?p1=BGSearch_Advanced_Results_[bostonglobe.com])

“Months-long waits accessing care leave patients sicker and in anguish.” Boston Globe, 3/16/23

<https://www.msn.com/en-us/health/other/months-long-waits-accessing-care-leave-patients-sicker-and-in-anguish/ar-AA18HdGZ>

“Doctors Aren't Burned Out from Overwork. We're Demoralized by Our Health System”, The New York Times, 2/5/23 <https://portside.org/2023-02-06/doctors-arent-burned-out-overwork-were-demoralized-our-health-system>

“National Academy of Medicine's National Plan to address health worker well-being”, National Academy of Medicine. <https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>

[Study: Primary Care Doctors Increase Life Expectancy, But Does Anyone Care? \(forbes.com\)](#)
[Dr. Michael Fine: What's Crazy about Primary Care in Rhode Island - What's Up Newp \(whatsupnewp.com\)](#)

Why students don't pursue primary care

<https://www.mdlinx.com/article/why-us-medical-students-are-shunning-primary-care/2JDUr3eZh4MlcLex1XomEE>

- A shortage of 48,000 primary care physicians is expected by 2034
- Many medical students turn away from the primary care specialty due to inadequate compensation, student loan debt, and administrative burden
- Lack of residency programs
- Low pay
- Student loan burden
- Inadequate reimbursement
- High workload

Primary care saves money, improves quality, promotes equity

<https://theppcc.org/resource/spending-primary-care-fact-sheet?language=en>

- Greater use of primary care is associated with lower costs, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality
- primary care is imperative to achieving a stronger, higher-performing healthcare system
- Healthcare spending allocated to primary care ranges between 5.8% and 7.7%
- Underinvestment in primary care gives rise to patient access and workforce issues
- While the number of primary care physician jobs grew by approximately 8% between 2005 and 2015, the number of jobs for specialists grew by approximately 48% during the same period, which is due in part to medical students opting for higher paying specialty practices

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9793026/#:~:text=Moreover%2C%20a%20recent%20study%20found,than%20those%20without%20a%20PCP.&text=Finally%2C%20in%20recent%20years%2C%20PCMHs,is%20due%20to%20primary%20care.>

- Published literature has shown effective PC (continuity, comprehensiveness, and regularity) is associated with reduced emergency department (ED) visits, hospitalizations, and health expenditures
- Studies examining regional PC variations indicated that more PC services may be associated with lower total healthcare expenditures
- A recent study found the average annual total cost of the patients having a PC provider (PCP) was 27.4% lower than those without a PCP

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care#:~:text=Research%20shows%20that%20access%20to,associated%20with%20positive%20health%20outcomes.&text=Primary%20care%20providers%20offer%20a,disease%20management%2C%20and%20preventive%20care.>

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care#:~:text=Research%20shows%20that%20access%20to,associated%20with%20positive%20health%20outcomes.&text=Primary%20care%20providers%20offer%20a,disease%20management%2C%20and%20preventive%20care.>

- Research shows that access to primary care is associated with positive health outcomes
- Primary care providers offer a usual source of care,³ early detection and treatment of disease, chronic disease management, and preventive care.
- Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410329/#:~:text=A%20recent%20study%20estimated%20annual,in%20the%20intervention%20\(15\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410329/#:~:text=A%20recent%20study%20estimated%20annual,in%20the%20intervention%20(15).)

- A recent study estimated annual net cost savings of \$364 per CDSMP participant, which would amount to a national savings of \$3.3 billion assuming 5% of adults with one or more chronic conditions participated in the intervention

Primary Care's Essential Role in Advancing Health Equity for California

<https://public.3.basecamp.com/p/nLP6B7cULit1UwmRZ3HqpeRV>

Why Not Just Trust the Market to Respond?

"Corporate Investors in PC, Profits, Progress and Pitfalls", New England Journal of Medicine. 1/13/23

<https://public.3.basecamp.com/p/txmkQ2NmqYvfUXUcfDCcZyAs>

"Private equity firms are gnawing away at U.S. health care"

American health care already has a cost and quality problem. Private equity is making it worse - "It can significantly increase costs, reduce access and even threaten patient safety" Editorial by Ashish K. Jha, Washington Post, 1/10/24

<https://www.washingtonpost.com/opinions/2024/01/10/private-equity-health-care-costs-acquisitions/>

Best practices for medical education

Overview of Graduate Medical Education for Physicians

<https://www.gao.gov/assets/gao-20-162.pdf>

- The federal government funds many education programs for health care providers, but the vast majority of this funding—more than \$10.3 billion in 2015— supports physician residency training through the Department of Health and Human Services' (HHS) Medicare graduate medical education (GME) program
- This program does not fund graduate training for nurse practitioners (NP) and physician assistants (PA) who deliver many of the same services as physicians, such as diagnosing patients and performing certain procedures
- Approximately \$136 million in fiscal year 2019 is available to train them
- \$47,000 per NP student and \$45,000 per PA student


Strategic planning to increase primary care in medical education

<https://www.adfm.org/media/1798/draft-best-practice-guide.pdf>


Roett MA, Diller P, Piggott C, Weidner A, Fetter G, Bentley A, Bredemeyer M, Latta S, Mitchell K; Association of Departments of Family Medicine Education Transformation Committee. *The best practice guide for strategic planning to increase student choice of family medicine*. American Academy of Family Physicians; 2022.

University of California Programs in Medical Education (PRIME) - UC PRIME is a specialty track program within each of the six UC medical schools developed to meet the needs of California's medically underserved population and increase the diversity of medical school classes. <https://www.mathematica.org/publications/university-of-california-programs-in-medical-education>

University of California Programs in Medical Education (UC PRIME) works to recruit and train physicians to meet the needs of California’s underserved populations by offering focused recruitment pathways into medical school, specialized coursework, structured clinical experiences, and leadership development and mentoring.

<p>California is experiencing a physician shortage.</p>	<p>UC PRIME accounts for 40 percent of the growth in UC medical school enrollment since 2004.</p>	
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<p>The racial and ethnic composition of California’s physician workforce is not aligned with the state’s overall population.</p>	<p>Of 366 UC PRIME students enrolled in 2021, 68 percent are from groups that are underrepresented in medicine.</p>	
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<p>California’s physician supply is not distributed equitably throughout the state.</p>	<p>UC PRIME recruits students from underserved areas and provides tailored clinical experiences in underserved communities.</p>	
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Texas Tech University Health Sciences Center - Family Medicine Accelerated Track waives one year of tuition for medical students committing to family medicine. **3+3 program**
<https://www.ttuhscc.edu/medicine/admissions/fmat.aspx>

Healthcare Workforce Policy Overview

<https://www.milbank.org/publications/the-effectiveness-of-policies-to-improve-primary-care-access-for-underserved-populations/>

Conceptual Categories for Healthcare Workforce Policies

Availability - workforce and training, debt

Accessibility and Accommodation – geography, distribution of clinical capacity, cultural

Affordability – remove financial barriers to practice in primary care

Acceptability – outreach, education, community-centering, CHWs, trust

State Legislative Actions to Address the Primary Care Crisis

Recommendations for State Legislators (Georgetown / Milbank)

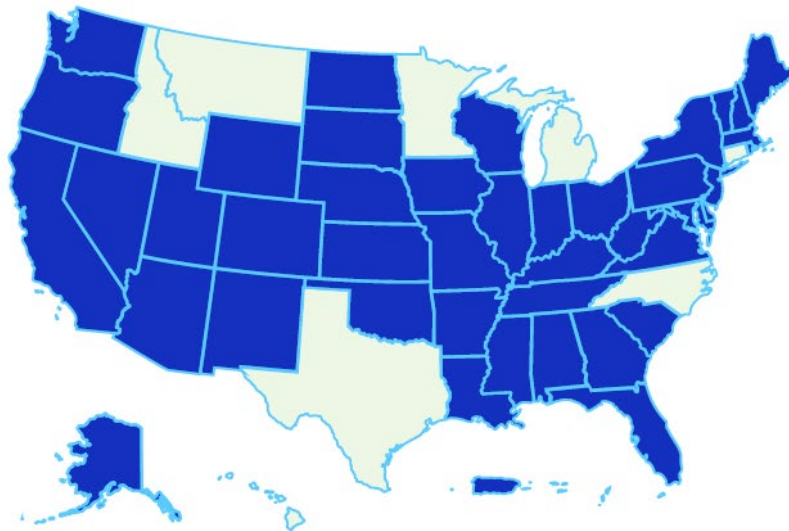
<https://www.milbank.org/publications/improving-access-to-primary-care-for-underserved-populations-a-review-of-findings-from-five-case-studies-and-recommendations/>

1. Leverage federal Medicaid dollars to fund expansion of primary care residency spots in underserved areas of the state
2. Fund AHECs in the state to help them maintain and expand their reach within local communities. Additionally, fund and emphasize the importance of comprehensive program evaluation.
3. Provide incentives to universities and hospitals operating residency training programs to collaborate with urban and rural FQHCs and other community health centers to nurture resident interest in providing primary care for underserved populations.
4. For states that have not already eased scope-of-practice restrictions on advance practice providers consider doing so.
5. Establish collaborations between the state, local colleges, and local safety net employers to hire entry-level staff and pay them to train in support staff roles. Ensure that the pay scale for these roles reflect the critical role they play in improving patient care and mitigating provider burnout.

Synopsis of state legislative initiatives as of 2023 (PCDC)

Includes loan repayment, teaching stipends, enhanced training routes, and more. We are not alone. <https://www.pcdc.org/resource/2023-primary-care-legislative-trends/>

This year, at least eight states (Hawaii, Michigan, Idaho, North Carolina, Connecticut, Minnesota, Montana, and Texas) moved forward recruitment and retention policies, with the hope of stabilizing their critical primary care workforce.



PCDC has identified four areas for investment:

1

Improving the way we pay for care so that providers are paid for delivering the right care to the right patient at the right time

2

Increasing reimbursement for primary care in general

3

Investing in primary care infrastructure

4

Investing in both the existing primary care workforce and the pipeline

“We Told Congress How to Strengthen the Health Care Workforce”, AAFP, 2/28/23

<https://www.aafp.org/news/blogs/inthetrenches/entry/help-committee-strengthen-workforce.html>

- Fund more training (traditional GME and Teaching Health Centers)
- Increase diversity (enhanced NHSC and more Conrad J-1 visas)
- Lower student debt
- End non-compete grants
- Enhance Medicare and Medicaid rates
- Promote team care and telehealth

State-funded programs to reduce student tuition, debt

- **Arizona** - Legislature provided additional funds to the University of Arizona to offer tuition waivers or scholarships that would encourage medical students to choose careers in primary care in HPSAs (rural/urban underserved), with an obligation to practice in an HPSA for years equivalent to the amount of time the student receives support.
 - <https://financial-aid.medicine.arizona.edu/pcp-scholarship>
 - And enhanced the state loan repayment for PCPs to exceed the NHSC <https://www.azdhs.gov/documents/prevention/health-systems-development/workforce-programs/loan-repayment/arizona-loan-repayment.pdf>
- **Michigan** - Newly graduated physicians from four Michigan medical schools in the MIDOCs consortium (Central Michigan University College of Medicine, Michigan State University College of Human Medicine, Wayne State University School of Medicine, and Western Michigan University Homer Stryker M.D. School of Medicine) have an opportunity to reduce their medical school loans in exchange for working in underserved areas, thanks to an innovative program supported by a \$5 million appropriation by the state legislature in fiscal year 2019. The program offers up to \$75,000 in loan repayment to each MIDOCs physician in exchange for a two-year, post-residency commitment to practice in a rural or urban underserved setting in Michigan. MIDOCs will add select GME residency slots in medically underserved areas of Michigan. As of 2021, the MIDOCs program has three cohorts of primary care residents enrolled for a total of 52

residents across seven specialties.

https://www.michigandocs.org/files/ugd/f8c8aa_48d213ce423e4eef92ba5b1512ad20ff.pdf

- **Texas** - At Texas Tech University Health Sciences Center, a Family Medicine Accelerated Track waives one year of tuition for medical students committing to family medicine. 3+3 program <https://www.ttuhsu.edu/medicine/admissions/fmat.aspx>

State-funded initiatives to create more training capacity

- **Florida's GME Statewide Medicaid Residency Program** includes a state-funded startup bonus program providing \$100,000 to qualifying training sites that create new resident positions for specialties experiencing shortages <https://www.ncsl.org/state-legislatures-news/details/expanded-medical-training-could-help-hospitals-in-rural-underserved-areas>
- **The New Mexico GME Expansion Grant Program** was established in 2019 to fund new and expand existing GME programs across the state, focusing on primary care and psychiatry positions https://www.hsd.state.nm.us/wp-content/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/PR_2_4_20_GME_Announcement.pdf
- **The Iowa Medical Residency Training State Matching Grants Program** plans to distribute \$5.5 million in funding over three years to establish, expand or support clinical training programs. <https://www.iowagrants.gov/viewStorefrontOpportunity.do?OIDString=1678306720901%7COpportunity>

Loan Repayment Programs and Scholarships

RI state health professions loan repayment program

https://health.ri.gov/programs/detail.php?pgm_id=179

- o Be a United States citizen or national (U.S. born or naturalized).
- o Have completed health educational training in an accredited graduate training program and possess a valid and unrestricted license to practice their profession in Rhode Island.
- o Be employed at or have accepted employment at a [RI HPLPR Approve Site](#).
- o Not have any other existing service obligations with other entities.
- o Not be in breach of any other health professional service obligation.
- o Be free from judgments arising from federal debt.
- o Be willing to commit to a 2-year service obligation.
- o ~25k per year, taxable income. Indirectly and sporadically funded by hospitals, matched by feds. No current state appropriation

National Health Service Corps (NHSC) Loan Repayment Program

<https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>

- o Be a U.S. citizen (either U.S. born or naturalized) or U.S. national.
- o Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration in the discipline in which they are applying to serve.

- Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate.
- National Health Service Corps Loan Repayment Program participants should expect to serve their obligations as salaried, non-federal employees of a public or private entity approved by the National Health Service Corps. However, an applicant must be eligible to hold an appointment as a Commissioned Officer of the Public Health Service or as a federal civil servant.
- Be employed by, or have accepted a position at, a National Health Service Corps approved site
- 25k per year, non-taxable income

Brown

<https://diversity.biomed.brown.edu/student-belonging/diversity-visiting-student-scholarship>

- Eligibility: Applicants must be a fourth-year medical student in good academic standing at an U.S.-accredited medical school
- Students must have completed all core clerkships at their home institution
- Scholarship award: \$1,000-\$2,000 for travel, housing and/or personal expenses depending on the program

Other resources

Primary Care Development Corporation, “State Trends, Primary Care Policy Update” (January 2024) <https://3.basecamp.com/3848947/p/DVH8XtD14EuVhy4jFvTHemsp/vault/6056579032>

Mass Legislation on Primary Care, “An Act Relative to Primary Care, SD2233” (January 2023) <https://public.3.basecamp.com/p/AXLFbGBu5iuXD27QfpAveFDw>
<https://public.3.basecamp.com/p/6bCSuf88ggK1YsfvJEaaD3DC>

Analyzing DEI Efforts and Curricula in Collegiate Nursing Programs
https://www.acadiate.com/ee/RIPHA/Poster_Session?view=std&showcase=994544591&show=port&item=1of2&page=1&acadtoken=60e746bf

Federal Response

[The U.S. Department of Health and Human Services Is Taking Action to Strengthen Primary Care - National Academy of Medicine \(nam.edu\)](#)

[New U.S. Health and Human Services Brief on Primary Care Offers Commitments but Leaves Questions Unanswered | Milbank Memorial Fund](#)

Race/ethnicity composition of the Rhode Island population

<https://mchb.tvisdata.hrsa.gov/Narratives/Overview/80473301-e7a7-4b23-944b-6f47bdb5424f#:~:text=The%20racial%20distribution%20in%20Rhode,Island%20Residents%20are%20immigrants.>

- The 2020 U.S census data indicate that residents are 71.3% White, not Hispanic; and 18.7% Hispanic or Latinx
- The racial distribution in Rhode Island is White 71.3%, 5.7% Black or African American, 3.6% Asian, 9.3% Multiracial, and 0.7% Native American, and Alaskan Native
- It is estimated that 13% of Rhode Island Residents are immigrants

Thanks to Jordan Brewster (PC '24) for starting this compendium!
Additions and edits by Andrew Saal