

HM2 STATE FUNDED PRIMARY CARE RESIDENCY SLOTS

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EXECUTIVE SUMMARY

The Forty-Eighth session of the New Mexico Legislature adopted House Memorial 2 (HM 2) – State Funded Primary Care Residency Slots. The memorial requests the New Mexico Health Policy Commission (HPC) convene a task force to develop recommendations and initial planning documentation for new or expanded state-funded, nationally accredited primary care residency programs. This plan includes rotations of residents in communities where there is a documented shortage of these health services in clinics and hospitals. Furthermore, the task force was charged with examining factors that affect primary care provider training, recruitment and retention decisions.

To address the memorial's charge, the HM 2 Task Force set a goal to optimize the use of local community-generated funds in collaboration with state-appropriated funds to:

- expand primary care training opportunities in the state,
- expand the availability of primary care services in all areas, and
- expand the primary care workforce throughout New Mexico.

The HM 2 Task Force created a framework for a 3-year primary health care expansion plan for New Mexico. By the third year of the plan, the total annual ongoing costs will be \$13,300,000 of which \$3,325,000 (25%) will be requested from recurring state general funds. **The first fiscal year (FY10) state general fund request is \$1,825,000.** Additional positions will be added as part of a technical assistance program to develop new residency program slots through the Division of Health Workforce Development (DHWD). It is anticipated that there will not be an increase in specific state funding requests as new programs can be supported through federal resident training payment methodologies, local investment and grants.

TASK FORCE RECOMMENDATIONS

Primary Care Professional Training Enhancements

1. **Expand rural and community-based training sites to foster a 50% or greater expansion of Family Medicine training slots in New Mexico within the next three years.**
2. **Foster further development of primary care training in New Mexico to increase medical school residents' exposure to rural and underserved populations including pediatrics, internal medicine and psychiatry.**

Pipeline Education Programs for Health Professionals in New Mexico

- **Enhance pipeline strategies and admissions policies in health professional**

education programs in New Mexico's higher education institutions which favor graduates who will stay in-state and seek careers in underserved communities (e.g. access University of New Mexico's Office for Community Health Extension Regional Offices (HERO) program, Office of Diversity and Center for Native American Health).

Community Roles to Support Primary Health Care Training

- **Facilitate the development of community investments to create local primary care and rural health professional training programs including:**
 - **residency program start up costs,**
 - **housing support,**
 - **teaching roles for existing providers and local, retired health professionals,**
 - **investments by local hospitals and health clinics,**
 - **development of Graduate Medical Education and other financing of residency positions, and**
 - **collaborations to increase sites available and willing to precept primary care students.**

Proposed New Mexico Legislation

1. **Appropriate \$400,000 on a recurring basis to the New Mexico Department of Health (NMDOH) pursuant to the NM Rural Primary Health Care Act, Sections 24-1A-1 to 24-1A-4 NMSA 1978. The purpose of the appropriation will be to contract with the Board of Regents of the University of New Mexico (UNM) for the Health Science Center's (HSC) Office of Community Health to create a Division of Health Workforce Development.**
2. **Appropriate \$600,000 on a recurring basis in FY10; \$600,000 recurring appropriation in FY11; \$600,000 recurring appropriation in FY12 to the UNM Board of Regents for the HSC's Department of Family and Community Medicine to expand the number of rural community rotations and the number of residents in the existing 3-Year UNM Family Medicine Residency Program.**
3. **Appropriate \$300,000 on a recurring basis in FY10; \$150,000 recurring appropriation in FY11; \$150,000 recurring appropriation in FY12 to the NMDOH pursuant to the NM Rural Primary Health Care Act to support rurally-based faculty (3 FTEs) who teach primary health care professional students and residents in their practices.**
4. **Appropriate \$300,000 on a recurring basis to the UNM Board of Regents to**

expand the number of Physician Assistants and Family Nurse Practitioners trained at the UNM HSC by 50%.

- 5. Appropriate \$225,000 on a recurring basis to the UNM Board of Regents for the HSC to increase rural rotations and experiences for Pediatric, Internal Medicine and Psychiatry residents at UNM (\$75K for each program).**

Memorials

- 1. Request New Mexico's congressional delegation to support the removal of Graduate Medical Education funding caps for expanding existing rural family medicine programs with the goal to increase the number of primary care practitioners in rural New Mexico.**
- 2. Request New Mexico's congressional delegation to work collaboratively with identified state entities to restore full federal funding for Title VII and Title VIII programs to support residency education opportunities for primary care physician and nurse practitioner training.**

INTRODUCTION

New Mexico is currently facing a critical shortage of primary care health professionals. Additionally, the need for expanded access to primary care providers is large and continues to grow. Access to primary care providers and primary care services plays a crucial role in meeting patients' needs for preventative health services, acute and chronic illness care, expert coordination, and navigation through an increasingly complex health care system.

During the 2008 Legislative session, the New Mexico House of Representatives enacted House Memorial 2 (HM 2) – State Funded Primary Care Residency Slots. A copy of the memorial is provided in Appendix A of this report. The memorial requests that the New Mexico Health Policy Commission (HPC) convene a task force to develop recommendations and initial planning documentation for new or expanded state-funded, nationally accredited primary care residency programs. This plan includes rotations of residents in communities where there is a documented shortage of these health services in clinics and hospitals. Furthermore, the task force was charged with examining factors that affect primary care provider training, recruitment and retention decisions.

The memorial requests the HPC to create and coordinate a task force that includes representatives from academic medical centers providing primary care training programs, community-based health services, rural primary care residency training programs, statewide associations representing primary care providers and hospitals, hospital-based medical services, and state agencies focused on rural and primary care services. Established in April 2008, the task force conducted a series of three meetings to identify the specific information and recommendations contained in this report.

To address the HM 2 charge, the task force set a goal to optimize the use of local community-generated funds in collaboration with the use of state-appropriated funds to:

- expand primary care training opportunities in the state,
- expand the availability of primary care services in all areas, and
- expand the primary care workforce throughout New Mexico.

While this report addresses the role of primary care providers in New Mexico, it is notable that dentists as key primary care providers are not included in this report. The HM 2 Task Force defers discussion and recommendations focused on the role of dental providers in New Mexico to the upcoming report developed by the Governor's Oral Health Council (GOHC). The GOHC was established by Governor Bill Richardson in 2004 through Executive Order 2004-047.

BACKGROUND

The primary care provider is central to the delivery of positive, effective healthcare. A primary care provider serves as the patient's first point of entry into the health care system and as the continuing focal point for all needed health care services. Primary care practices are generally located in the community of the patients, thereby facilitating access to health care while maintaining a wide variety of specialty and referral relationships for specific care needs. The domain of primary care includes the primary care physician, other physicians who include some primary care services in their practices, and some non-physician providers (e.g. physician assistants and nurse practitioners).¹

In New Mexico, 60% of its 1.8 million residents live in rural counties, where only 40% of the state's health workforce practices. While enriched by its cultural diversity (a little over half of its population are members of ethnic minorities – 40% Latino, 10% Native American and 2% African American), this diversity challenges the health care system to address the linguistic and cultural factors that can create barriers to adequate services. The state has a high rate of medically uninsured citizens (25.6% under 65 years of age). According to the New Mexico Department of Health (NMDOH), there are substantial disparities in health by ethnicity, with Latinos, Native Americans and African Americans having lower immunization rates, more instances of delayed prenatal care, and higher rates of teen pregnancy, hepatitis C and violent death.²

64% of the state's physicians practice in the urban areas of Albuquerque, Los Alamos or Santa Fe. All New Mexico's counties except Los Alamos have some type of designation by the Federal government as Health Professional Shortage Areas (HPSAs). This HPSA designation indicates that throughout New Mexico, there are shortages of all levels and specialties of health care providers including medical assistants, registered nurses, physician assistants, nurse practitioners, dentists, dental hygienists, pharmacists, mental health professionals, physicians and surgeons.³

An accessible primary health care system decreases the adverse influence of economic disparities on the health of the poor, especially in communities where economic disparities are great. This finding is especially relevant in New Mexico, a state with wide health and economic disparities. An inadequate supply of rural primary care providers in the state exacerbates inequities in health status among its diverse populations. The ability to attract and retain physicians is economically critical to these communities, allowing them to keep their hospitals open, create health-related jobs, and thereby attract businesses and new residents to settle there.⁴

1 American Academy of Family Physicians Website, Accessed May 2008. <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

2 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80; 739-44.

3 New Mexico First. *Health Care Needs in New Mexico – Can New Mexicans Get the Healthcare They Need?* 2008 Pipeline Forum Background Report, May 2008.

4 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80; 739-44.

It is important to point out that over the last 25 years both the New Mexico Legislature and the United States Congress have passed critical legislation that today provides over 140 primary care locations across New Mexico.⁵ Training programs for nurse practitioners and physician assistants have been established in the state. Rurally-oriented family physician residencies have been established in Santa Fe, Roswell and Las Cruces. As New Mexico expands the availability of primary care locations, it must also ensure that these locations are staffed with high quality, community-appropriated health professionals. The diagram provided in Appendix B provides the task force's perspective on a systemic process to improve the supply and distribution of primary care physicians and other health professionals in New Mexico.

RESEARCH

Primary Care Provider Supply and Demand

Primary Care Provider Supply in the U.S.

According to a May 2008 New Mexico First report, a challenge facing New Mexico and the Nation is striking a balance between the number of primary care and specialty care providers. Primary care physicians often earn less than their specialist colleagues, prompting more medical students to pursue specialties. This trend is unfortunate because preventive care, care coordination for the chronically ill, and continuity of care, all hallmarks of primary medicine, can achieve better health outcomes and cost savings. Many people believe that the nation's over-reliance on specialists costs the nation more and is less efficient.⁶

Based on available data, 38% of the Nation's physicians are primary care providers and 62% are specialists. This greater number for specialty medicine providers is born out by surveys of new physicians completing residency training in the U.S.⁷ With one-third of actively practicing physicians in the U.S. at age 55 years or older, and with the increasing demand for health care services by an aging population, a crisis in access to primary care services is looming nationally. It is projected that this shortage of primary care providers will have its greatest impact on underserved and poorer communities and populations.⁸

National trends confirm that there has been a significant decline over the past decade in physicians choosing primary care as their specialty. Over the past eight years, the number of U.S. medical school graduates entering family practice has decreased by 50%; general internal medicine has decreased by 18%; and general pediatrics by 8%. In 2006, only 20% of those physicians graduating from internal medicine residencies chose primary care,

5 Primary Care Training and Development Summit Report. Silver City, NM, November 2007.

6 New Mexico First. *Health Care Needs in New Mexico – Can New Mexicans Get the Healthcare They Need?* 2008 Pipeline Forum Background Report, May 2008.

7 Council on Graduate Medical Education. *Physician Workforce Policy Guidelines for the United States, 2000-2020*. Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration; 2005.

8 Council on Graduate Medical Education. *Physician Workforce Policy Guidelines for the United States, 2000-2020*. Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration; 2005.

compared to 80% proceeding to specialty care. The number of family practice residency positions in the U.S. has decreased by 17%, and, of those positions, only 40.5% were filled in 2006 by U.S. medical graduates.⁹

Jim Skee, MD, and CEO of Silver City Health Care in Silver City, NM developed the chart below as supporting data for an October 22, 2007 article in the Wall Street Journal documenting a dramatic shift in residency graduates just between 1998 and 2006.¹⁰

Specialty	Percent Change 1998-2006 in Residency Growth	Starting Annual Compensation
Anesthesia	+150%	\$295,000
Pathology	+122%	N/A
Diagnostic Radiology	+34%	\$429,000
Emergency Medicine*	+18%	\$253,000
Dermatology	+7%	N/A
General Surgery*	-4%	N/A
Pediatrics*	-4%	\$161,000
Ob/Gyn*	-16%	\$255,000
Internal Medicine*	-18%	\$174,000
Family Medicine*	-51%	\$157,000

*These medical services are the mainstays of rural practice as both community and hospital-based services, and of these only emergency medicine shows an increase in residency growth.¹¹

According to a 2008 Academic Medicine journal article, the persistent shortage of physicians in rural areas across the U.S. continues to have a major impact on access to care for those living in small communities. In general, people living in rural areas have a greater need for medical care, being older, sicker, and poorer than their non-rural peers. Of greater concern, the future rural physician workforce is likely to decline even further, with only three percent of recent medical students planning to practice in small towns and rural areas. Factors associated with this decline include the decreasing number of physicians entering family medicine and primary care, the increasing number of women in medicine, the changing lifestyle preferences of younger physicians, and the increasing level of medical student debt.¹²

To assure reasonable access to care for Americans in the coming years, the Council on Graduate Medical Education (COGME) recommended that the total U.S. allopathic and osteopathic medical school enrollment be increased by 15% by 2015. The Association of American Medical Colleges (AAMC) recommended in 2006 that medical school enrollment

9 Schoen D, Osborn R, Huynh t, Doty M, Peugh J, Zapert K. *On the Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries*. Health Affairs. 2006; 25(6): 555-71.

10 Primary Care Training and Development Summit Report. Silver City, NM, November 2007.

11 Primary Care Training and Development Summit Report. Silver City, NM, November 2007.

12 Rabinowitz HK, Diamond JJ, Markham FW, Wortman JR. *Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication*. Academic Medicine. 2008; 83: 235-43.

should be increased by 30% from the 2002 level over the next decade. These calls for action will require a combination of increased enrollment at existing medical schools and, potentially, the establishment of a number of new medical schools. A modest increase in medical school enrollment over the next decade will have only a limited impact on the total supply of physicians in 2020 but would provide a base for responding to future needs. Decisions on medical school capacity need to be made now if the Nation is going to be able to produce more U.S. medical school graduates in 2015 and beyond.¹³

COGME reports that over the past 30 years, Non-Physician Clinicians have become increasingly prominent in the health care field. This group includes nurse practitioners (NPs) and physician assistants (PAs). Nationally, the supply of NPs, PAs, and midwives tripled between 1990 and 2000 and is likely to nearly double between 2000 and 2020. In addition to their expanding number, the scope of practice and ability of these Non-Physician Clinicians to receive insurance reimbursement have been increasing slowly but steadily over the years.¹⁴

COGME further reports that given their growing numbers and their scope of practice, NPs and PAs are of particular importance in calculating the supply and demand for physicians. Since all PAs work under the supervision of physicians and almost all NPs work in collaboration with physicians, the existing supply of physicians is able to serve additional patients. However, data are not currently available on the magnitude of the enhancement of physician supply afforded by NPs and PAs.¹⁵

The Council on Graduate Medical Education provides an ongoing assessment of physician workforce trends, training issues and financing policies, and recommends appropriate federal and private sector efforts on these issues. COGME advised and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and to the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Commerce.

Physician Supply in New Mexico

New Mexico has a history of being a state with a physician shortage as noted in the HPC *Physician Supply in New Mexico 2006* report. A notable finding of the 2006 report indicates that there were 672 more physicians practicing in the state in 2006 than in 2001, an increase of 21%. The increase in the number of practicing physicians must be measured in terms of a New Mexico population that is simultaneously increasing in overall numbers and the number of lifetime years. The percentage of New Mexico's population age 65 or over was 11.7% in 2000, but will be 20.1% of the total in 2020 and 26.4% in 2030.¹⁶ As the

¹³ Rabinowitz HK, Diamond JJ, Markham FW, Wortman JR. *Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication*. *Academic Medicine*. 2008; 83: 235-43.

¹⁴ Council on Graduate Medical Education. *Physician Workforce Policy Guidelines for the United States, 2000-2020*. January 2005.

¹⁵ Council on Graduate Medical Education. *Physician Workforce Policy Guidelines for the United States, 2000-2020*. January 2005.

¹⁶ New Mexico Health Policy Commission. *Physician Supply in NM 2006*, December 2007. <http://www.hpc.state.nm.us/documents/Physician%20Supply%20in%20NM%202006.pdf>

state's population ages, the health needs, expectations and wealth of "boomers" will result in the need for more health care services if they are available.

Another notable finding as noted in the HPC's *Physician Supply in NM 2006* report was that:

- NM Physicians By Gender:
 - 69.7% are male, and
 - 30.3% are female.

- NM Physicians By Ethnicity:
 - 77.2% are White,
 - 10.7% are Hispanic,
 - 6.3% are Asian or Pacific Islander,
 - 1.4% are African American,
 - 0.7% are Native American or Alaska Native, and
 - 3.7% are multiple or other.

- NM Physicians By Gender/Age:
 - Female physicians were significantly younger than male counterparts in 2006 with a median age of 49 years compared to 55 years among males.
 - The median age of active patient care physicians practicing in New Mexico was 53 years.

- NM Physicians By Primary Practice Location:
 - 50.3 % are in Bernalillo County,
 - 8.8% in Santa Fe County,
 - 7.5% in Dona Ana County,
 - 4.1% in San Juan County, and
 - 29.3% % in the balance of the state.

- NM Physicians By Practice Description and Distribution:
 - 39% are Primary Care Physicians, and
 - 61% are Specialty and Surgical Care Physicians.

In the same HPC 2006 report, 1,518 physicians (39% of total physicians in New Mexico) self-identified as primary care physicians. This group reported:

- 63.2% were males and 32.8% were females,
- 778 were in Family Medicine,
- 436 were in General Internal Medicine, and
- 304 were in General Pediatrics.¹⁷

Primary Care Training Programs in New Mexico

University of New Mexico Health Sciences Center

According to the University of New Mexico Health Sciences Center (UNMHSC) website, the center was established in 1994 and is the largest academic health complex in the state. The UNMHSC complex is located in Albuquerque and combines its four mission areas - education, research, patient care and partnership - to provide New Mexicans with health care.

The UNMHSC is made up of the following academic and clinical programs:

- College of Nursing
- College of Pharmacy
- School of Medicine
- Health Sciences Library and Informatics Center
- UNM Hospitals
- UNM Cancer Research and Treatment Center

UNM School of Medicine

Established in 1961, the UNM School of Medicine (SOM) is publicly supported and currently admits seventy five first year students. The SOM has an implied obligation to train students who are likely to serve the State's expanding medical needs. For this reason, residents of New Mexico are given primary consideration for admission to the school. The University is also a member of the Western Interstate Commission for Higher Education (WICHE). Therefore, secondary consideration is given to residents of participating states that at present have no medical schools (i.e., Montana and Wyoming). The medical school feels that it has an obligation to help meet the physician workforce needs of the state by selection of students who are likely to train in specialty areas of current need and to remain in or return to the areas in New Mexico needing physicians, especially medically

¹⁷ New Mexico Health Policy Commission. Physician Supply in NM, 2006, December 2007. <http://www.hpc.state.nm.us/documents/Physician%20Supply%20in%20NM%202006.pdf>

underserved areas of the state.¹⁸

Department of Family and Community Medicine

New Mexico has only one medical school and all family medicine training programs in the state are affiliated with it. The UNM SOM's Department of Family and Community Medicine faculty, staff and resident trainees play vital roles in the health of New Mexico's diverse and medically underserved populations. The Department's educational mission is to improve the health of the people and communities of New Mexico through the education of medical students, residents, physician assistants, public health students, community physicians and faculty.¹⁹

Since 1974, the Department of Family and Community Medicine has attempted to address rural health care access by implementing community-based educational strategies for medical students. In parallel, the department has been working with legislative and community partners to fashion a family medicine residency that addresses the health needs of rural New Mexicans. The residency has implemented four strategies to address these needs:

- Established recruiting preferences for rural and ethnic minority applicants.
- Obtained state funding for 15 family medicine resident positions to place Albuquerque-based residents into rural and frontier communities or Indian reservations for one or two months in each of their three years with technical, travel, and housing support from New Mexico's three Area Health Education Centers.
- Obtained state and community hospital funding to grow beyond the Albuquerque site by creating three rural family medicine sites in which one year is spent in Albuquerque followed by two years in either Santa Fe and the northern counties, Roswell and the eastern plains counties, or Las Cruces and the U.S.-Mexican border counties (the "rural 1 + 2 sites").
- Created a state-subsidized locum tenens program. This type of program provides a doctor who works in place of the regular doctor when that regular doctor must be absent from the workplace. In this case, family medicine residents temporarily fulfill the duties of rural practitioners.²⁰

The UNMHSC reports that the residency program has experienced considerable growth. In the 1970s, there was only one residency site located on the Albuquerque campus and only four residents were admitted each year. Today the program admits 12 residents per year at its Albuquerque site, six per year at its Las Cruces site (which eventually became a full, three-year program), four per year at its Roswell site, and three per year at its Santa Fe site

18 UNM HSC School of Medicine, Department of Family and Community Medicine Website, Accessed June 2008. <http://hsc.unm.edu/som/admissions/admissions.shtml>

19 UNM HSC School of Medicine, Department of Family and Community Medicine Website, Accessed June 2008. <http://hsc.unm.edu/som/fcm/undergrad.shtml>

20 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. *Academic Medicine*. 2005; 80: 739-44.

for a total of 25 admitted each year.²¹

Medical students in New Mexico's four residency programs all begin their first year of residency training in Albuquerque based facilities. The first year of the UNM Family Practice Residency Program is very structured and hospital-based. In the second and third years of the residency, the training sites based in Las Cruces, Roswell and Santa Fe are specifically designed as rurally-oriented experiences. The phrase "rural 1 + 2 training program" is used to denote that all medical students begin their first year of training in Albuquerque then transition for the remaining two years of their residency training in a rurally-oriented site.

Residents in the 1 + 2 training programs often develop strong links with rural communities throughout New Mexico. This program outcome provides vital benefits to the state's population. The identification with community provides the basis for future rural practice in a community where professional, social and philosophical bonds have been formed. Additionally, activities such as community projects and required rural practice experiences reinforce the sense of connection to communities throughout New Mexico that critically need more primary care providers.

Ongoing innovations in distance learning technology and Internet consultations have further equipped residents with the tools to meet the challenges of rural health care. Furthermore, the positive impacts that rural 1 + 2 program participants have on the local economies is one of the strongest arguments for sustaining and expanding rural residency training. Appendix C includes information on each of the medical school's residency programs as provided on the UNMHSC website.

UNM Department of Family and Community Medicine - Physicians Assistants Program

Physician assistants (PAs) are health professionals licensed to practice medicine with physician supervision. These health care providers are qualified to provide primary care services through graduation from an accredited physician assistant educational program and certification by the National Commission on Certification of Physician Assistants. Within the physician/PA relationship, physician assistants provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas.

The UNM Department of Family and Community Medicine supports student enrollment by offering a Physician Assistant Program. Student instruction is provided by the physician assistant faculty as well as by integrative instruction with the School of Medicine. In keeping with the Program's mission, much of the curriculum is devoted to preparing the student for eventual service in the under-served and rural areas of New Mexico. Many of the clinical clerkships take place in rural communities and require the student to be away from the metropolitan areas for as much as half their clinical time. Over the ten year history of the

²¹ Pacheco M, Weiss D, Vaillant K, Bachefor S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80: 739-44.

program the class size has increased from the initial eight students to the current fifteen students.²²

UNM HSC – College of Nursing – Advanced Practice Nursing Program

The UNM Advanced Practice Nursing Program is comprised of the following three professional programs: Family Nurse Practitioner; Nurse-Midwife; and Acute Care Nurse Practitioner. The focus of the Family Nurse Practitioner (FNP) concentration at the UNM College of Nursing is on primary care, especially for rural and underserved populations. The program recruits individuals from New Mexico and rural areas. This year round, full-time program begins during the summer semester and runs for six consecutive semesters.

Since graduate education in nursing builds on the baccalaureate curriculum, students are expected to enter the program with prerequisite coursework and clinical nursing competence. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Over 800 hours of clinical experience are included in the program.²³

Other New Mexico Higher Education Institutions Offering Primary Care Training Programs

New Mexico State University – School of Nursing – Psychiatric/Mental Health Nurse Practitioner

According to New Mexico State University's School of Nursing website, the school offers Bachelor of Science in Nursing (BSN) and Masters of Science in Nursing (MSN) programs. The university's geographical location is along the United States and Mexico border and its diverse student population provides students with outstanding clinical experiences - acute care and community based. Many faculty and students are involved in community service in support of local communities.

The field of psychiatric nursing is in great demand in New Mexico. New Mexico State University's Mental Health Improvement via Nursing Distance Education (MIND) combines psychiatric mental health and addictions studies with core graduate nursing courses. With the MIND option, students come to Las Cruces for 2-3 days each semester and complete other coursework via WebCT and with a practitioner in their local areas. Graduates are eligible to sit for the American Nurses Credentialing Center's Adult Psychiatric/Mental Health (PMH) Nurse Practitioner or the Clinical Specialist in Adult PMH Nursing certification exams and obtain advanced nurse practitioner status with prescriptive authority in New Mexico and Texas. Graduates are also eligible for recognition by the New Mexico Board of

²² UNM HSC School of Medicine, Department of Family and Community Medicine Website, Accessed June 2008.

²³ UNM HSC School of Medicine, Department of Family and Community Medicine Website, Accessed June 2008. <http://hsc.unm.edu/consg/future/fnp.shtml>

Nursing as a clinical nurse specialist and/or a nurse practitioner with prescriptive authority.²⁴

New Mexico's Health Professional Pipeline

New Mexico Communities and Health Professional Careers

New Mexico can address part of its healthcare shortage by retaining more of the state's "home grown" practitioners. This goal can be difficult as neighboring states pay more and many times offer better benefits for their healthcare professionals. According to UNMSOM, the ability to retain and increase the number of physicians practicing in the state is linked to whether graduates of the medical school also do their residency work here in New Mexico.

The UNMHSC annually publishes its *Location Report* providing information about the UNM School of Medicine's (SOM) graduates and residents. According to the *Location Report, 2008*:

- 707 MD recipients of the UNM SOM have completed their residency training, are licensed to practice in New Mexico, and have a New Mexico address.
- 1,466 physicians who received their MD and/or completed their residencies at the UNM SOM are licensed to practice in New Mexico. This represents 24% of the school's total number of MD recipients and former residents (N=6,040).
- MD recipients who are also former UNM SOM residents are twice as likely to remain in New Mexico (50%) as MD recipients who train elsewhere (22%) or former UNM SOM residents who graduated from another institution (20%).
- Of the 4,312 physicians licensed to practice and in New Mexico, 34% are MD recipients and/or former residents of the UNM SOM.
- MD recipients and former residents of the UNM SOM are located in 27 of New Mexico's 33 counties.
- Of the 1,466 MD recipients and former residents licensed to practice in New Mexico, 717 (or 49%) are in primary care specialties.²⁵

While there is a lack of data identifying the practice locations of health professionals in New Mexico, it is generally accepted that New Mexico's healthcare environment is not as hospitable as in other states. One significant and primary challenge for New Mexico is that on average, other states tend to pay healthcare providers one-third to one-half more than New Mexico does. Also, healthcare providers' day-to-day workload is more labor intensive than in other states due to the managed care model used throughout the state.²⁶

24 New Mexico State University, School of Nursing Website. Accessed June 2008. <http://www.nmsu.edu/~nursing/mind.html>

25 UNM School of Medicine Website. Accessed in June 2008. <http://hsc.unm.edu/som/Documents/LocationRpt08.pdf>

26 New Mexico First. *Health Care Needs in New Mexico – Can New Mexicans Get the Healthcare They Need?* 2008 Pipeline Forum Background Report, May 2008.

New Mexico Health Professional Pipeline Challenges

Advances in medicine can improve the lives of New Mexicans, but only if there are a sufficient number of healthcare providers accessible to all communities throughout the state. A significant number of New Mexicans, especially those living in rural and tribal areas, will experience gaps in healthcare services throughout all stages of life because of the state's shortage in healthcare providers. It is recognized and agreed upon that the citizens of our state encounter substantial shortages in primary care, specialty care, dental, prenatal, immunization, behavioral health, and wellness services.

A key strategy to address the shortage of healthcare providers in New Mexico is to develop and maintain strong healthcare provider pipeline programs. In general, health career pipeline programs are designed to provide educational, financial and mentoring support to students interested in becoming a healthcare professional. The Office of Diversity at the UNM SOM serves New Mexico's students interested in pursuing professional healthcare careers. According to the Office of Diversity's website, its mission is to promote ethnic, racial, socio-economic, and geographic diversity in the UNMHSC, and to develop a variety of opportunities addressing key issues in diversity.

The Office of Diversity provides the following functions:

- recruit students to the UNMHSC,
- enhance student academic performance,
- lead in the development and implementation of a culturally competent curriculum,
- encourage culturally relevant research,
- provide a forum for discussing issues concerning historically underrepresented and disadvantaged populations,
- collaborate with UNMHSC and New Mexico communities to promote awareness of health disparities, cultural diversity and educational pipelines, and
- lead in the outreach, recruitment and admissions for the Combined BA/MD Degree Program.²⁷

According to the 2008 Pipeline Forum Background Report developed by New Mexico First, some health professional careers pipeline challenges in New Mexico include:

- some students are not interested in the math and science courses that prepare them for health careers or may not plan to go to college,
- students may aspire to a health career but cannot find a placement in a New Mexico higher education program,
- healthcare practitioners may want to teach in the state's health professions education program but do not want to take a pay cut,

²⁷ UNM School of Medicine, Office of Diversity Website, Accessed June 2008. <http://hsc.unm.edu/som/diversity/>

- health professional graduates may prefer to stay in an urban community rather than moving to a small town, and
- health professionals may choose to leave a rural community if the quality of life does not meet their family's expectations.²⁸

New Mexico Health Professional Pipeline Opportunities

The health careers pipeline dynamics mentioned in the previous section are just a few examples of the factors that have an impact on those who might choose a health career and then where they decide to practice. There are many barriers but more importantly there are many solutions. Based on the initial discussion in their first meeting, members of the HM 2 Task Force produced a collective list of recommended recruitment and retention strategies for health professionals for discussion at their second meeting. The recommendations are listed below in general categories as follows:

- **Enhance processes for students' preparation and admission to health professional education programs.**
 - Increase admissions favoring New Mexico residents.
 - Generate interest in physician assistant and medical careers early in middle school or high school.
 - Direct the UNMHSC to produce data relevant to location of practice (outcome) of students with higher MCATs but less experience in New Mexico vs. students from underserved areas of New Mexico but with lower MCATs.
 - Consider a New Mexico Lottery Scholarship process for medical education expenses.
- **Improve the role of communities in recruiting and retaining primary care providers.**
 - Enhance the support role of communities, community hospitals and/or foundation grants to enhance resident salaries, housing, tax breaks or expenses in the community.
 - Work with local Chambers of Commerce to offer rural-bound medical residents and physicians incentives such as house rental discounts, car repair account, restaurant discounts, work for spouse, reduced state tuition for children, etc
 - Increase rural community rotations for health professions students.
 - Identify factors that encourage and/or discourage providers from practicing in New Mexico, especially in rural areas.
 - Increase state funding for the Rural Primary Health Care Act to Community

²⁸ New Mexico First. *Health Care Needs in New Mexico – Can New Mexicans Get the Healthcare They Need?* 2008 Pipeline Forum Background Report, May 2008.

Health Centers to increase by 10% per encounter reimbursement if serving as training site for students and residents.

- **Increase participation in health professional education programs.**
 - Increase the Medical Loan for Service student participation at UNM Medical School through the financial aid office. Students who borrow, obligate themselves to practice in New Mexico in a designated shortage area for a period up to three years.
 - Increase participation in the Health Professional Loan Repayment Program. The annual awards have just increased to \$25,000 for state funded awards and \$35,000 for those practicing in federally designated Health Professional Shortage Areas. Participants sign two year contracts that may be renewable.
 - Increase participation in the Nurse Educator Loan for Service program. This is a program designed to enhance the ability of college- and university-employed nursing educators to obtain Bachelor of Science, Master of Science and Doctor of Philosophy degrees. Borrowers obligate themselves to teach in a New Mexico public college or university for up to three years.

Refer to Appendix D for a listing entitled, “Efforts to Improve Supply and Distribution of Primary Care Providers” and Appendix E for information focused best practice health professional pipeline programs.

Primary Care Expansion Opportunities in New Mexico

Rural Residency Training Slots

New Mexico’s communities are currently trying to recruit a substantial number of primary care providers. This need will increase with the aging population, changing demographics and earlier retirement of the health workforce. Small, incremental changes in primary care training programs in the state will have minimal impact. If New Mexico sets as a goal a 50% increase in primary care professional training positions, recommending an investment especially in those programs whose graduates have a track record of 1) high in-state retention and 2) high percentage practicing in rural/underserved areas of the state, the impact will be palpable. See Appendix F for a chart entitled, “*Incremental Costs of Expanding New Mexico’s Primary Care Training Programs by 50% Over a 3-Year Period.*”

The rural residency training programs offered through the UNM SOM’s family medicine residencies have provided significant payback for the State’s investments in the program. From 1974 to 2004, a total of 317 UNM family medicine residents had graduated from the program out of a total of 4,031 residents for the whole institution. The percentage of family medicine graduates, including those trained in Albuquerque and the three rural-oriented sites (Las Cruces, Roswell and Santa Fe), who stayed in-state and practiced in rural

areas (55.5% and 25.9%, respectively) was significantly higher than that of all other UNM specialty graduates combined (23% and 10%, respectively).²⁹

Graduates from the UNM SOM who represent an ethnic minority and complete their residency in one of the rural 1 + 2 programs are most likely to establish their professional practices in the rural communities of New Mexico. There was a significantly greater percentage of ethnic minority UNM family medicine residency graduates in rural (35.4%) and urban (44.6%) New Mexico practices compared with non-minority graduates – 26.6% rural and 29.9% urban. Also, graduates from the 1+2 family medicine residency programs were significantly more likely to remain in New Mexico and practice in rural areas (65.1%) than were graduates of the Albuquerque-based residency program (25.8%).³⁰

To increase the likelihood of achieving a goal of improved access to primary care services by New Mexico residents, the potential of achieving a 50% increase in training slots will be enhanced by: 1) pipeline and admissions policies favoring graduates most likely to stay in-state and seek careers in underserved communities; and 2) selection of rural and community-based training sites and curriculum approaches most likely to foster the goals of this expansion. See Appendix G for a map of existing and potential, expanded training locations for family medicine residents in New Mexico.

Faculty Development and Expansion

The HPC included the following statement in a 2007 report entitled, *HM17/SM18 – Nurse Recruitment and Retention in New Mexico*, “According to members of the HM17 work group, most of New Mexico’s nursing higher education programs have a waiting list of qualified applicants and a shortage of faculty. According to the New Mexico Center for Nursing Excellence (NMCNE), nursing faculty salaries continue to be a constraint in recruiting and retaining faculty.”³¹

The academic and financial success of nursing education programs and medical schools depends upon the faculty, how well they teach, the quality of their clinical care and service, and their contributions to scholarship and discovery. Career satisfaction and success, especially for clinician-educators, are threatened by the lack of time for teaching, scholarship and personal and professional self-renewal. Whatever the root causes of faculty discontent, the consequences are real. Medical students and residents are influenced in their career choices by the attitudes of their faculty preceptors.³²

According to a 2007 University of Colorado School of Medicine report, the percentage of medical school and residency graduates seeking academic medical careers is currently

29 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80: 739-44.

30 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80: 739-44.

31 New Mexico Health Policy Commission. *HM17/SM18 – Nurse Recruitment and Retention*, December 2007.

32 Lowenstein SR, Fernandez G, Crane LA, University of Colorado School of Medicine. *Medical school faculty discontent: prevalence and predictors of intent to leave academic careers*. BMC Medical Education. 2007 October 14; 7:37. <http://www.biomedcentral.com/1472-6920/7/37>

declining. Medical school faculty turnover is high, now averaging 8 to 10% per year; attrition is especially high among women and minority faculty members and among clinicians. In one study of fellowship-trained primary care physicians who had left their academic positions, 71% said it was “unlikely” or “very unlikely” that they would ever return to academic medicine. The costs of faculty turnover and replacement are a significant burden to medical schools, averaging \$110,000 to more than \$900,000 per faculty replacement, according to various estimates. In the clinical arena, job satisfaction is positively correlated with patient satisfaction and quality of care.³³

Faculty development programs, which emphasize mentoring, career planning, performance feedback, establishing colleague networks and connectedness and acculturation to one’s school and university, are effective interventions that improve faculty satisfaction, productivity, institutional loyalty and retention. These are less expensive options than the costs of faculty turnover. Unfortunately, faculty development offices and programs are under-developed or under-utilized in many medical schools.

Of significant note, UNM family residency graduates have made important contributions to the rural education of UNM SOM medical students through their role as volunteer faculty preceptors. Approximately 20% of medical student curriculum time is spent in the community under the supervision of volunteer preceptors, so preceptors make an important contribution to the UNM SOM financially and pedagogically. Of the 413 active preceptors who taught in 2004, 167 (40%) were family physicians; 39 of these (23%) graduated from UNM residency, and 25 (64%) of these practiced in rural areas.³⁴

Policy Development and Rural Health Care

Medical schools and the students they select have a major impact on whether or not graduates choose primary care and/or rural practice. According to the 2007 Silver City Primary Care and Development Summit’s keynote speaker, Robert Bowman, MD, from the University of Nebraska School of Medicine, “medical schools that rank medical school applicants by (MCAT) scores for selection for interviews or acceptance are ranking those highest who are least likely to end up in family medicine, primary care, rural/underserved areas and in-state practice locations.”³⁵

Dr. Bowman’s nationwide studies show that medical schools increasingly rely on high scores in undergraduate math and science as demonstrated in the MCAT rather than choosing students who are otherwise perfectly capable but are also more likely to train to meet the growing need for primary care. There is a need for a policy shift to align medical school admissions standards and graduate goals with the documented need for primary care professionals based on the state’s demographics, community access needs and

33 Lowenstein SR, Fernandez G, Crane LA, University of Colorado School of Medicine. *Medical school faculty discontent: prevalence and predictors of intent to leave academic careers*. BMC Medical Education. 2007. October 14; 7:37. <http://www.biomedcentral.com/1472-6920/7/37>

34 Pacheco M, Weiss D, Vaillant K, Bachofer S, Garrett B, Dodson WH, Urbina C, Umland B, Derksen D, Heffron W, Kaufman A. *The Impact on Rural New Mexico of a Family Medicine Residency*. Academic Medicine. 2005; 80: 739-44.

35 Primary Care Training and Development Summit Report. Silver City, NM, November 2007.

health care priorities.

State level policy decisions have a major impact on the quality of health care availability and delivery for the state's residents. For example, given the presence of four medical schools in the state of Massachusetts and Boston's dense medical infrastructure, it would seem difficult to argue that the state has too few doctors. In fact, Massachusetts has seen its supply of physicians per capita more than double since 1976, and it now has the highest physician-to-population ratio of any state, in primary care as well as overall. Yet the Massachusetts Medical Society has issued several annual reports asserting that there is a severe physician shortage, and patients report that the availability of primary care continues to decline.³⁶

In Massachusetts, legislative leaders have proposed bills to forgive medical school debt for those willing to practice primary care in underserved areas of the state. A similar law, worth \$15.6 million, was passed in New York in April 2008.³⁷ A related but different strategy was recently enacted by New Mexico's Legislature. Beginning July 1, 2008, the New Mexico Medical Board is waiving the \$400 licensure fee for applicants who choose New Mexico as their first state of licensure.

There are also national policy environments and decisions that impact the viability of primary and rural health care. Certainly the ongoing developments in federal Medicare and Medicaid programs since the mid-1960's have had a profound effect on access to health care. The payment and policy decisions of these two programs are the key determinants of access to health care for millions of Americans. Medicare and Medicaid payment systems for hospital and physician services have steadily and incrementally supported more expensive health care. Current hospital payment systems encourage testing and procedure-based medicine. The Graduate Medical Education payment system encourages high cost and specialized medical training that subsidizes tertiary hospital staff through low cost resident salaries in high reimbursement medical specialties.³⁸

As the health care system becomes more complex and expensive, it will be more difficult to ensure comprehensive access to basic preventive and chronic disease management health services which are the foundations of a rational and affordable health care delivery system. Simply put, institutional, state and national level policies focused on improvements to the primary health care system must be implemented to assure that we are able to secure a healthy and viable future for our society.

Rural Community Investments

The health care sector at the rural community level is important for many different reasons. Living in a rural area is appealing to many people, primarily for the quiet lifestyle and strong community relationships. However, for a rural community to survive, the local economy

³⁶ Goodman DC, Fisher ES. *Physician Workforce Crisis? Wrong Diagnosis, Wrong Prescription*. New England Journal of Medicine. 2008; 358;16: 1658-1661.

³⁷ New York Times. *In Massachusetts, Universal Coverage Strains Care*. April 5, 2008.

³⁸ Primary Care Training and Development Summit Report. Silver City, NM, November 2007.

must be sustainable which will allow for the provision of important local services such as primary health care.

In most rural communities, primary health care providers such as family practice physicians are the principal provider of local health care services. Availability of adequate primary care services is essential for a strong health care system and can account for significant health expenditures in the form of revenue generated by a local physician practice. A large portion of the revenues generated by a primary care physician will be returned to the local community. Local primary care dollars will create employment opportunities for medical staff and will provide incomes that in turn will also be spent locally.

Most rural doctor's offices purchase goods and services from other local businesses and makes significant contributions to the economic well-being in other parts of the local rural economy. As the dollars continue to be spent in the community, the multiplier effect generated by the local primary care physician's practice becomes evident. Much of the economic activity also generates additional tax revenue that can be used by the local government to fund important community services. A January 2007 study entitled, "The Economic Impact of a Rural Primary Care Physician and the Potential Health Dollars Lost to Out-Migrating Health Services" states that a local physician practice can annually generate approximately \$1.5 million in revenue, \$0.9 million in payroll and has the potential to create 23 jobs.³⁹

It should be noted that the economic contributions of a local physician's practice are significant to a rural community. A physician's practice creates revenue, jobs, services and leadership within the local community. The call for action within New Mexico's rural communities is evident: What are the local residents willing to invest to attract primary health care practices into their communities?

New Mexico's rural communities may use the following "list of advantages to practicing rural medicine" as a starting point to develop their specific local community initiatives.

1. Better Lifestyle

- Slower pace of life
- Greater feeling of safety for self and family
- Less traffic and pollution
- Shorter commutes
- Equivalent or higher net income
- Lower housing costs
- Less competitive ("keep up with the Joneses") lifestyle

³⁹ Oklahoma State University, Eilrich FC, Doeksen GA, St. Clair, CF. *The Economic Impact of a Rural Primary Care Physician and the Potential Health Dollars Lost to Out-Migrating Health Services*, January 2007.

- Closer proximity to outdoor recreational opportunities
- Elevated status in community

2. More Collegial Professional Environment

- Greater autonomy in practice
- Slower pace of practice
- Better relationships with patients and support staff
- Less “cut-throat” competition among colleagues
- Greater interdependence with other providers/facilities in the area
- Easier to set up solo practice (lower cost) and build a patient base (word travels faster)
- Less financial pressure—lower business costs (e.g., rent)
- Generally, lower managed-care penetration
- Lower threat of litigation

3. Greater opportunities for professional development.

- Broader range of clinical cases--specialists in shorter supply
- Specialists augmented by fewer sub-specialists (for example, orthopedic surgeon does extremity surgery, total joint work)
- Broader opportunity to ‘learn by doing,’ rather than referring cases to others (Rural family physicians sometimes perform surgery, deliver babies, take X-rays, set broken bones, etc.)⁴⁰

The ability of a community to attract physicians is closely related to the ability of that community to identify opportunities, confront challenges and take necessary actions. The two most important predictors of community success are the quality of community leadership and the breadth of involvement of community “stake holders” in health care. Given the appropriate tools and necessary technical assistance, rural communities can and must develop initiatives to strengthen their primary health care delivery systems.

CONCLUSION AND RECOMMENDATIONS

Strengthening the primary health care system and workforce in New Mexico requires collaboration and innovation from a number of stakeholders. The task begins at home and in the community where the values for a healthy life style are learned and reinforced. This task continues as students progress from primary through secondary education and choose to excel in the classes they need to prepare them for careers in healthcare.

⁴⁰ White Paper – *Practicing Medicine in Rural America: the Physician’s Perspective* accessed on LocumTenens.com website, May 2008.

Students making the transition from secondary education to colleges and universities need to be encouraged, mentored and supported. Those who finish their academic studies and enter the primary care workforce, either as an employee in a healthcare institution or in private practice, have a need to meet financial and lifestyle goals that enhance their quality of life. Although the journey for those who choose a primary health care career is a long one requiring considerable expense and hard work, it is rewarding in numerous and varied ways.⁴¹

The HM 2 Task Force created a framework for a 3-year primary health care expansion plan for New Mexico. By the third year of the plan, the total annual ongoing costs will be \$13,300,000 of which \$3,325,000 (25%) will be requested from recurring state general funds. **The first year (FY10) state general fund request is \$1,825,000.** Additional positions will be added as part of a technical assistance program to develop new residency program slots through the Division of Health Workforce Development. It is anticipated that there will not be an increase in specific state funding requests as new programs can be supported through federal resident training payment methodologies, local investment and grants. Specific recommendations developed by the HM 2 Task Force are provided below.

Primary Care Professional Training Enhancements

- 1. Expand rural and community-based training sites to foster a 50% or greater expansion of Family Medicine training slots in New Mexico within the next three years.**
- 2. Foster further development of primary care training in New Mexico to increase medical school residents' exposure to rural and underserved populations including pediatrics, internal medicine and psychiatry.**

Pipeline Education Programs for Health Professionals in New Mexico

- Enhance pipeline strategies and admissions policies in health professional education programs in New Mexico's higher education institutions which favor graduates who will stay in-state and seek careers in underserved communities (e.g. access University of New Mexico's Office for Community Health Extension Regional Offices (HERO) program, Office of Diversity and Center for Native American Health).**

Community Roles to Support Primary Health Care Training

- Facilitate the development of community investments to create local primary care and rural health professional training programs including:**
 - residency program start up costs,**

⁴¹ New Mexico First. *Health Care Needs in New Mexico – Can New Mexicans Get the Healthcare They Need?* 2008 Pipeline Forum Background Report, May 2008.

- housing support,
- teaching roles for existing providers and local, retired health professionals,
- investments by local hospitals and health clinics,
- development of Graduate Medical Education and other financing of residency positions, and
- collaborations to increase sites available and willing to precept primary care students.

Proposed New Mexico Legislation

1. **A recurring appropriation of \$400,000 to the New Mexico (NM) Department of Health (DOH) pursuant to the NM Rural Primary Health Care Act. The purpose will be to contract with the Board of Regents of the University of New Mexico (UNM) for the Health Science Center's (HSC) Office of Community Health to create a Division of Health Workforce Development (DHWD).**

The DHWD will work with existing workforce development agencies to infuse health care issues into pre-existing programs and improving health outcomes with a focus on underserved populations. DHWD will also provide technical assistance, faculty training, standardized curriculum development and quality indicators and reviews of PC residency programs to Farmington, Las Vegas, Silver City and other interested communities in the development of new training sites that will ultimately be funded by federal Graduate Medical Education payment and local resources. See Appendix H for a plan proposal matrix.

2. **A recurring appropriation of \$600,000 in FY10; \$600,000 recurring appropriation in FY11; \$600,000 recurring appropriation in FY12 to the UNM Board of Regents for the Health Science Center's Department of Family and Community Medicine to expand the number of rural community rotations and the number of residents in the existing 3-Year UNM Family Medicine Residency Program.**

The appropriation will be used to fund 25% of the total 3-year program expansion costs while the other 75% of program funds will be generated through patient revenues and local hospital and community investment of funds. See Appendix I for a plan proposal matrix.

3. **A recurring appropriation of \$300,000 in FY10; \$150,000 recurring appropriation in FY11; \$150,000 recurring appropriation in FY12 to the NM DOH pursuant to the NM Rural Primary Health Care Act to provide rurally-based faculty (3 FTEs) to educate primary health care professional students and residents in their practices. There will be a 100% match of funding by the local communities served by the faculty.**

4. **A recurring appropriation of \$300,000 to the UNM Board of Regents to expand the number of Physician Assistants and Family Nurse Practitioners trained at the UNM HSC by 50%.**
5. **A recurring appropriation of \$225,000 to the UNM Board of Regents for the Health Science Center to increase rural rotations and experiences for Pediatric, Internal Medicine and Psychiatry residents at UNM (\$75K for each program).**

Memorials

1. **Request New Mexico's congressional delegation to support the removal of Graduate Medical Education funding caps for expanding existing rural family medicine programs with the goal to increase the number of primary care practitioners in rural New Mexico.**
2. **Request New Mexico's congressional delegation to work collaboratively with identified state entities to restore full federal funding for Title VII and Title VIII programs to support residency education opportunities for primary care physician and nurse practitioner training.**

Appendix A

A MEMORIAL
REQUESTING THE NEW MEXICO HEALTH POLICY COMMISSION TO CONVENE
A GROUP OF EXPERTS TO PLAN FOR STATE-FUNDED, NATIONALLY
ACCREDITED PRIMARY CARE RESIDENCY SLOTS AND ROTATIONS.

WHEREAS, primary care providers form the backbone of necessary basic and preventive health services in New Mexico; and

WHEREAS, during the past five decades, there has been a drastic decrease in the supply of primary care physicians due to the increase in numbers of specialist physicians trained in high-cost, high-technology health care at the expense of health care designed to prevent illness and maintain the health of individuals and communities; and

WHEREAS, while there are diminishing numbers of primary care dentists being trained in the United States, there is an increased demand for dentistry in New Mexico; and

WHEREAS, access to preventive and primary health care services is crucial to providing affordable health care and health care accessible to more individuals; and

WHEREAS, in most countries where there are universal or national health care systems, there is a recognition of the necessity of keeping health care affordable by maintaining a one-to-one ratio of primary care physicians to specialists; and

WHEREAS, in the United States, health care costs are increasing dramatically year by year, in part because the ratio of primary care physicians to specialists is closer to twenty primary care physicians to eighty specialists; and

WHEREAS, there is a need in New Mexico for over one hundred fifty primary care physicians, but only around twenty four primary care physicians are trained in the state every year; and

WHEREAS, the New Mexico legislature and the United States congress have recognized the importance of primary care by passing legislation to provide over one hundred forty primary care locations across New Mexico; and

WHEREAS, the New Mexico legislature and the United States congress have funded policy improvements, such as training programs for nurse practitioners, physician assistants and family physician residencies, in order to improve access to primary care; and

WHEREAS, primary care centers such as those funded by the New Mexico legislature and by the United States congress should be staffed whenever possible with high-quality health professionals from the communities they serve; and

WHEREAS, more medical students may choose primary care if reimbursement formulas and medical education programs were to be changed to reward and produce more primary care physicians;

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF NEW MEXICO that the New Mexico health policy commission be requested to convene a task force of experts by June 1, 2008 for the purpose of planning for new or expanded state-funded, nationally accredited primary medical, dental and other residency programs, including rotations in communities where there is a documented underservice and shortage of these services in clinics and hospitals; and

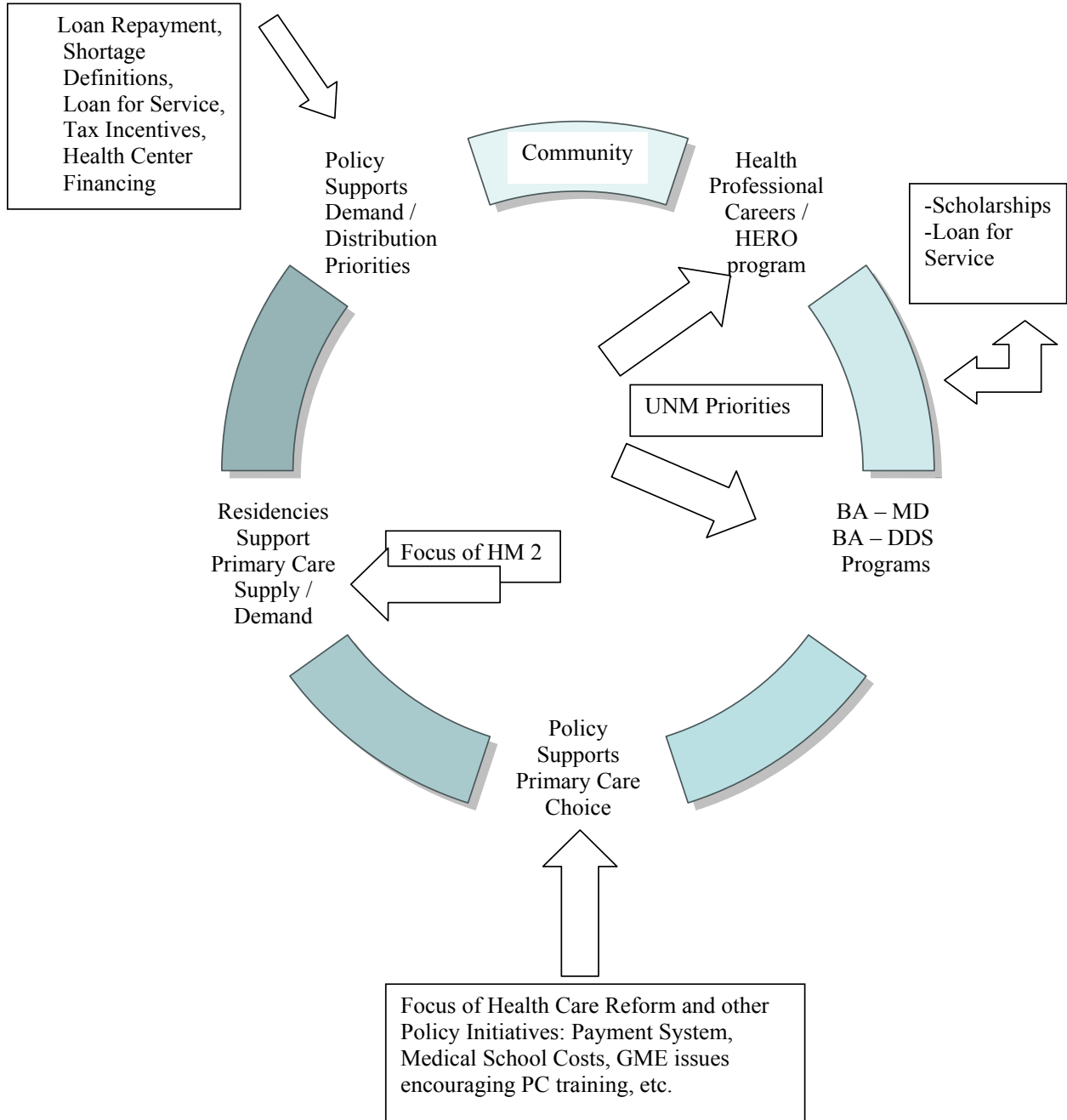
BE IT FURTHER RESOLVED that the task force be requested to examine other conditions impacting provider training decisions and retention factors and then report its recommendation on how these conditions may improve access to primary medical and dental services; and

BE IT FURTHER RESOLVED that the task force report its findings and recommendations to the legislative health and human services committee by September 1, 2008; and

BE IT FURTHER RESOLVED that a copy of this memorial be transmitted to the chair of the New Mexico health policy commission.

Appendix B

Components of a Pipeline to Improve Supply and Distribution of Primary Care Physicians and Other Health Professionals



Appendix C

UNIVERSITY OF NEW MEXICO
FAMILY MEDICINE RESIDENCY PROGRAMS
(Accessed on UNMHSC Website in June 2008)

UNM Department of Family and Community Medicine – Albuquerque-Based Residency Program

The Albuquerque-based residency program balances urban, tertiary care training with a broad range of experiences in surrounding communities. The first year of the University of New Mexico (UNM) Family Practice Residency Program is very structured and hospital-based. The resident follows a set course of clinical rotations in 13 four-week blocks. During Program Years 2 and 3, the Albuquerque-based program includes residency training in the following sites.

- **Family Practice Center**
The Family Medicine Center is a busy multi-disciplinary primary care clinic located several hundred yards from University Hospital. With twenty-one exam rooms, x-ray and laboratory, providers log over 23,000 visits a year. Approximately 19 Family Medicine faculty, 8 upper-level residents, 5-6 interns and 4-5 mid-level providers are joined by psychiatrists, clinical pharmacists, RN case managers, social workers, a behavioral psychologist, and dedicated nurses and staff members to provide a broad spectrum of primary care services. The patient population is diverse and includes all ages.
- **UNM Family Health – 1209**
The 1209 clinic is located on University Boulevard adjacent to Martineztown and UNM's main campus, not far from downtown Albuquerque. This is a multidisciplinary clinic with participation from Family Medicine and Internal Medicine. The clinic's patient population is mixed, with many of its clients coming from Albuquerque's lowest income neighborhoods. However, the clinic also attracts a diverse range of patients including UNM students and employees, professionals, and insured patients from all income levels.
- **UNM Family Medicine – SE Heights**
The Southeast Heights Center for Family Health is located in a multicultural, multi-ethnic, low-income area of the Southeast Heights. The family health clinic is part of a "Health Care Commons," which serves the community and includes the Young Children's Health Center, the Maternity and Infants Program, as well as a multi-use center which houses other public health services. Three faculty Family Physicians, a Physician Assistant, a Nurse Practitioner, a Clinical Psychologist and a Psychiatrist work with the clinic's residents and staff to provide care to our varied patient population, which is largely immigrant; the majority are from Vietnam, Cuba and Mexico. Fluency in Spanish or Vietnamese is essential.

- **First Choice Community Healthcare North Valley Clinic**
The First Choice Community Healthcare clinics were first funded through a Public Health Service grant in 1972 and have grown into a network of six medical clinics from Edgewood to Belen. The clinics offer primary care to all patients, regardless of age, socioeconomic status, or immigration status. There is a sliding fee scale for services. The provider staff includes core Family Practice practitioners with several part-time Family Practice and Internal Medicine providers, a nurse practitioner, and a full-time Pediatrician.
- **First Choice South Valley**
The First Choice Community Healthcare clinics were first funded through a PHS grant in 1972 and have grown into a network of eight medical clinics from Edgewood to Belen. The clinics offer primary care to all patients, regardless of age, socioeconomic status, or immigration status. There is a sliding fee scale for services. This training site has 23 exam rooms and 2 procedure rooms in addition a dental clinic and community meeting space. All staff members are bilingual and the site managers recommend that the residents also speak Spanish, since about one half of our patient encounters are with Spanish speakers.

Southern New Mexico Family Medicine Residency Program – Memorial Medical Center Family Medicine Residency Program, Las Cruces

The residency offers a strong and varied experience in border-related morbidity, obstetrics, and rural medicine. The Family Medicine Service also covers the Hospitalist Service, and rounds are done with the Hospitalist and one of the Family Medicine faculty. Residents should expect to cover 5 to 10 inpatients daily each block on the Family Medicine Service. On the obstetrics floor, residents follow patients from the Ben Archer Health Centers with the Family Medicine faculty, and drop-ins with the Certified Nurse Midwives of the First Step Women's Health Center.

The Family Medicine Clinic has 14 exam rooms and 2 procedure rooms to provide comprehensive health care to all members of the community. Each resident will be assigned to a coverage team but will have his or her own patient panel during the entire three years of residency. Lab and X-ray facilities are available on-campus at Memorial Medical Center. Plans for the immediate future include an Electronic Health Record system.

Eastern New Mexico Family Residency Program – Roswell 1+2 Rural Residency Program

The Eastern New Mexico Family Residency Program located in Roswell is in the heart of the southeast quadrant of New Mexico in Chaves County. The entire county is designated rural, medically underserved, and experiencing a healthcare provider shortage. Chaves County has a large bilingual English-Spanish population. Approximately 40 percent of the county's population is Hispanic with a high number of children living in poverty.

Residents in the Roswell 1+2 Program receive their first year of training in Albuquerque at the University of New Mexico Family Practice Residency Program. The intensive first year provides a sound beginning base for the resident training experience. Residents spend a one-month surgery rotation in Roswell in their first year. The experience initiates a tie to the Roswell community and begins the development of a patient base from which to work during the next two years.

All residents are trained to provide inpatient and outpatient care for a group of patients in all life cycles, including obstetrics, with an understanding that physicians-in-training have different needs and expectations. The residency program endeavors to fulfill its mission to train family practice physicians to provide high quality community-oriented primary care while helping to meet the needs of the underserved population of Roswell and the outlying rural areas of southeast New Mexico where the second and third year of training occurs.

A wide range of clinical and educational experiences are available in Roswell. The curriculum is designed as longitudinal and block-based experiences similar to those of practicing family physicians. Longitudinal rotations provide residents with hands-on experience; block rotations permit the resident an intensive one-month experience with the specialists.

Northern New Mexico Family Practice Residency Program – Santa Fe 1+2 Rural Residency Program

The Northern New Mexico Family Practice Residency Program (NNMFPRP) is located in Santa Fe, New Mexico. The NNMFPRP graduated its first class of residents in June 1998. The Santa Fe-based 1+2 Residency Program combines the best components of a one-year, university-based internship in Albuquerque with a two-year community-based residency in Santa Fe. St. Vincent Regional Medical Center, a not-for-profit community hospital, and La Familia Medical Center, a federally qualified community health center, provide the core clinical settings for this non-traditional program in Santa Fe during the second and third years of training. Additional training occurs at St. Vincent Regional Medical Center, the Santa Fe Indian Hospital, the offices of local physicians, and in rural settings.

The following characteristics distinguish the NNMFPRP from many other training programs:

- Over 80% of NNMFPRP graduates choose to remain in New Mexico after graduation. Of those who have left New Mexico, all have worked in under-served settings.
- The NNMFPRP is dedicated to improving primary care access for uninsured, rural and immigrant patient populations. The program's continuity clinic is at a well-established community health center that delivers approximately 30% of the babies born in Santa Fe's only community hospital.
- The curriculum is flexible, allowing ample opportunity for individual residents to tailor their educational experience to their special needs, interests and talents. It is a training environment that values the precepts of individualized adult-learning.

- Program's residency training utilizes one-on-one teaching, especially in the hospital when one resident is on call with one attending.
- Program's residency training provides protected time for residents to engage in a community project of their choice. The community medicine experience includes specific training in health policy advocacy at the New Mexico State Legislature, as well as extensive involvement with the New Mexico Department of Health.

First-year training occurs at the University of New Mexico facilities. The transfer to the NNMFPRP site takes place at the end of Year 1. The second and third years in training are spent in community settings in Santa Fe and outlying areas. The curriculum is predominantly rotational in nature, combined with some longitudinal educational experiences. The continuity clinic provides a longitudinal patient base for each resident. The intention is to immerse the resident into a successful community clinic setting, which reflects a holistic approach to health care.

Appendix D

Efforts to Improve Supply and Distribution of Primary Care Providers

Federal Programs

National Health Service Corps

The National Health Service Corps (NHSC) is committed to improving the health of the Nation's underserved populations. For more than 35 years, the NHSC has been recruiting caring health professionals to serve in communities where the needs are the greatest - in rural areas where the closest clinic could be miles away, and in inner-city neighborhoods where economic and cultural barriers prevent people from seeking and receiving the health care they deserve. The NHSC is a part of the federal Health Resources and Services Administration (HRSA) and works closely with other HRSA bureaus and programs to recruit primary care clinicians for communities in need. Through a combination of programs, including an educational loan repayment program and a scholarship program, NHSC is able to build a cadre of primary care clinicians who are motivated by an extraordinary desire to serve, along with a commitment to improve the health of underserved communities.

Community Health Centers

A federally qualified health center (FQHC) is a type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC look-alikes. An FQHC Look-Alike is an organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding. Section 330 of the Public Health Service Act defines federal grant funding opportunities for organizations to provide care to underserved populations. Types of organizations that may receive 330 grants include: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs. Community Health Centers must serve a Medically Underserved Area (MUA) or Medically Underserved Population (MUP). Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care Programs do not need to meet the MUA/MUP restriction. FQHCs may be located in rural and urban areas.

Public Health Services Act Title VII and Title VIII Programs

In the past three years, the Public Health Services Act Title VII and Title VIII programs have experienced stagnant or significantly reduced funding for many of its vital public health programs. These programs help to achieve the objectives of Title VII and VIII to rebuild, strengthen, and diversify our public health system. The decrease in Title VII and Title VIII funding has resulted in the reduction or elimination of vital education and training opportunities for health practitioners.

Title VII programs include:

- **Centers of Excellence**

The Centers of Excellence (COE) Program provides support for designated health professions schools. Designated health professions schools, under Section 736

of the Public Health Service Act, include such schools that meet the required general conditions regarding: a) certain Historically Black Colleges and Universities, b) Hispanic individuals, c) Native American individuals, and d) enrollment of underrepresented minorities above the national average for such enrollments of health professions schools. The COE grants and contracts may also be used for other public and nonprofit health or educational entities to assist such designated schools for programs of excellence in health professions education.

- **Health Careers Opportunity Program**

The Health Careers Opportunity Program (HCOP) provides grants to eligible accredited schools and public and private non-profit health educational entities. The goal of the HCOP Program is to increase the number of individuals from disadvantaged backgrounds entering and graduating from health and allied health professions programs in order to increase diversity in the health professions workforce affecting improved access to health care. To accomplish this goal, HCOP focuses on intervening at the earliest level, and throughout the educational pipeline to develop a sufficient applicant pool of academically prepared and competitive students thus, enhancing their abilities to enter and graduate from health and allied health professions programs.

- **Scholarships for Disadvantaged Students**

The Scholarships for Disadvantaged Students (SDS) Program increases diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to financially needy students from disadvantaged backgrounds, many of whom are underrepresented minorities. The health disciplines funded by the SDS Program include allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, chiropractic, behavioral and mental health, public health, nursing, allied health, and physician assistants.

- **Training in Primary Care Medicine and Dentistry**

The Training in Primary Care Medicine and Dentistry Program is comprised of four components: 1) Family Medicine; 2) General Internal Medicine and General Pediatrics; 3) Physician Assistant; and 4) General and Pediatric Dentistry. The Primary Care Medicine, and Dentistry Programs provide grants to public or nonprofit private hospitals, schools of medicine, osteopathic medicine, dentistry, physician assistants and other public or private nonprofit entities that prepare primary care physicians through predoctoral education, residency training, faculty development, and establishment or substantial expansion of academic administrative units; by providing grants to public and private nonprofit schools to plan, develop, and operate or maintain programs for the training of PAs or for individuals who teach in programs of such training; and by providing grants to dental schools, approved residency and advanced education programs in general or pediatric practice of dentistry for planning, developing or operating programs, and to provide financial assistance to residents in such programs. Funds are also provided for cooperative agreements and contracts to develop, implement and disseminate innovative curriculum.

- **Area Health Education Centers**
 The Area Health Education Centers (AHEC) Program provides cooperative agreements to medical and nursing schools to encourage the establishment and maintenance of community based training programs in off-campus rural and underserved areas. Interdisciplinary teams of students, faculty and practitioners are trained in community-based settings such as Federally Qualified Health Centers (FQHCs) i.e., Community/Migrant Health Centers, Rural Health Clinics, National Health Service Corps sites, local health departments and other underserved area sites. Emphasis is placed also on enhancing the diversity of the health personnel workforce and improving the practice environment and the quality of care available in underserved areas.
- **Allied Health and Other Disciplines**
 Under Allied Health and Other Disciplines, funds support the Allied Health Projects Grant Program which makes grants to eligible entities to assist them in meeting the costs associated with expanding or establishing an allied health professions program. Funds support the Chiropractic Demonstration Project grants, and Grants to Support Graduate Psychology Education. Chiropractic Demonstration Project grants support research in which chiropractors and physicians collaborate to identify and provide effective treatments for spinal and/or lower back conditions. Graduate psychology education grants support post-baccalaureate education within accredited psychology training programs, in collaboration with two or more medical or behavioral health disciplines. Eligible entities include accredited health profession schools, universities, and other public or private nonprofit entities, including faith-based and community-based organizations.
- **Public Health Workforce Development**
 The Public Health, Preventive Medicine, and Dental Public Health Programs award grants to eligible entities to support the education and training of the public health workforce to deal with anticipated and new problems, with emphasis on placing public health professionals, preventive medicine specialists, and public health dentists in medically underserved areas, and improving the racial and ethnic diversity in the workforce.
- **Faculty Loan Repayment Program/Minority Faculty Fellowship Program**
 The Faculty Loan Repayment Program is a loan repayment program for health profession graduates from disadvantaged backgrounds who serve as faculty at an eligible health professions college or university for a minimum of two years. In return, the Federal Government agrees to pay up to \$20,000 of the outstanding principal and interest on the individual's health professions education loans for each year of service. The employing institution must also make payments to the faculty member equal to the principal and interest amount made by the federal Department of Health and Human Services Secretary for each year in which the recipient serves as a faculty member. The Secretary may waive the institution's matching requirements if the Secretary determines it will impose an undue financial hardship.

Title VIII programs include:

- Advanced Education Nursing**

Approximately 13% of the nursing workforce is prepared at the master's or doctoral level. The goal of the Advanced Education Nursing authority is to provide support for: (1) projects that support advanced nursing education and practice; and (2) traineeships for individuals in advanced education programs. This program awards grants and enters into contracts with eligible entities to meet the costs of projects and traineeships that support the preparation of registered nurses as nurse faculty, nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse administrators, public health nurses and other nurse specialties requiring advanced degrees.
- Nursing Workforce Diversity**

The goal of the Nursing Workforce Diversity Program is to improve the diversity of the nursing workforce to meet the increasing need for culturally sensitive and quality health care. This goal is accomplished by awarding grants and entering into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities. In addition to contributing to the preparation of a racially and ethnically diverse nursing workforce, this program also contributes to the basic preparation of disadvantaged and minority nurses for leadership positions within the nursing profession and the health care community.
- Comprehensive Geriatric Education**

The Comprehensive Geriatric Education grants program prepares nursing personnel to care for the aging population, the fastest growing group in today's society. The program supports grants to develop and implement, in coordination with programs under Section 753 (Geriatric Education Programs), programs and initiatives to train and educate individuals providing care for the elderly. Funds are to be used for: (1) providing training to individuals who will provide geriatric care for the elderly; (2) develop and disseminate curricula relating to the treatment of the health care problems of elderly individuals; (3) train faculty members in geriatrics; or (4) provide continuing education to individuals who provide geriatric care. These grants will prepare nurse's aides, licensed practical nurses and registered nurses as well as faculty with expertise in the care of the elderly.
- Nurse Education, Practice and Retention Grants**

The Nurse Education, Practice and Retention Program awards grants and enters into contracts with eligible entities for projects to strengthen capacity for nurse education and practice under three priority areas: education, practice and retention. Nine separate purposes are clustered under these three areas. The purposes identified under the education priority area include: (1) expanding enrollment in baccalaureate nursing programs; (2) developing and implementing internships and residency programs; and (3) providing education in new technologies. The purposes identified under the practice priority area include: (1) establishing or expanding nursing practice arrangements; (2) providing care for underserved populations and

other high risk groups; (3) continuing education to practice in the emerging health care system; and (4) developing cultural competencies for nurses. The purposes identified under the retention priority area include: (1) promoting advancement for nursing personnel through career ladder programs; and (2) improving the retention of nurses and enhancing patient care directly related to nursing activities.

- **Nurse Faculty Loan Program**

The Nurse Faculty Loan Program works to increase the number of nursing faculty by supporting the development of a student loan fund in schools of nursing to increase the number of qualified nursing faculty. The Department of Health and Human Services enters into an agreement with schools of nursing to establish and operate revolving student loan funds. The student loan fund includes the Federal Capital Contribution (FCC) and an Institutional Capital Contribution (ICC). The ICC is equal to not less than one-ninth of the FCC contributed by the school. Students may receive loans up to \$30,000 per year for a maximum of 5 years. The program has a cancellation provision for up to 85 percent of loans for recipients working full-time as nursing faculty for a period of 4 years. Twenty percent of the principal and interest may be canceled for each of the first, second and third years, and 25 percent may be canceled for the fourth year of full-time employment as a nursing faculty.

- **Loan Repayment and Scholarships Program**

Nursing Education Loan Repayment Program (NELRP) is a financial incentive program under which individual registered nurses (RNs) enter into an agreement with the NELRP to work full-time in a health care facility with a critical shortage of nurses in return for repayment of qualifying nursing educational loans. NELRP repays 60 percent of the principal and interest on nursing education loans of RNs with the greatest financial need in exchange for two years of full-time service at a health care facility with a critical shortage of nurses. Participants may be eligible to receive an additional 25 percent of the original loan balance for an additional year of full-time service in a critical shortage facility. A funding preference is given to RNs with the greatest financial need as demonstrated by their salary to educational loan debt ratio.

State Administered Programs

Medical Loan-for-Service Program – NM Higher Education Department

The purpose of the Medical Loan-for-Service is to increase the number of physicians in areas of the state which have experienced shortages of health professionals by making educational loans to students entering medical school. As a condition of each loan, the student shall declare his/her intent to practice as a health professional in a designated shortage area. For every year of service, a portion of the loan will be forgiven. If the entire service agreement is fulfilled, 100% of the loan is eligible for forgiveness. Penalties may be assessed if the service agreement is not satisfied. The award is based upon the financial need of the student and may not exceed \$12,000 per year. The award may be renewable for up to four years if an application is submitted each year. New Mexico residents are eligible if they are accepted into the UNM School of Medicine and are enrolled at least half-time.

WICHE Loan-for-Service Program – NM Higher Education Department

The purpose of the Western Interstate Commission on Higher Education (WICHE) Loan-for-Service Program is to allow New Mexico students to enroll at selected out-of-state graduate or professional programs which are not offered at New Mexico public universities. These exchange students receive preference in admission. They pay reduced levels of tuition. For most students, resident tuition in public institutions or reduced standard tuition at private schools. New Mexico pays a support fee to the admitting school to help cover the cost of students' education. The fields supported by New Mexico are dentistry, graduate library studies, optometry, veterinary medicine, and osteopathic medicine.

As a condition of each loan, the student shall declare his/her intent to return to New Mexico to practice as a professional in their field of study. WICHE considers the entire state of New Mexico a shortage area. For every year of service, a portion of the loan will be forgiven. If the entire service agreement is fulfilled, 100% of the loan is eligible for forgiveness. Penalties may be assessed if the service agreement is not satisfied. The award will equal the support fees designated for each program as determined by WICHE with the award renewable for up to four years.

Health Professional Loan Repayment Program – NM Higher Education Department

The purpose of the Health Professional Loan Repayment Program is to provide for repayment of outstanding student loans of practicing health professionals. As a condition of the program, a health professional must make a two year service commitment to practice full-time in a designated medical shortage area in New Mexico.

The program is federally and state funded. Health Professionals practicing in a federal Health Professional Shortage Areas are offered federal funding first and will receive the highest priority. Eligible health occupations are osteopathic physician and physician assistants, advanced practice nurses, allied health care providers, podiatrists, optometrists, and dentists. The maximum award is \$12,500 per year and may be renewed. Applicants must be a U.S. Citizen that is licensed or certified in the state of New Mexico with preference given to graduates of New Mexico public post-secondary institutions and New Mexico residents.

Rural Primary Health Care Act – NM Department of Health

The purpose of the Rural Primary Health Care Act (RPHCA) is to assist in the provision of primary health care services in underserved areas of the state in order to better serve the health care needs of the public. The intent of the RPHCA as administered by the NM Department of Health's Primary Care and Rural Health Office is implemented through, but not limited to, the following activities:

- assist communities in the recruitment, placement, and retention of health care personnel in underserved areas of the state which includes the coordination of such effort with health professional education programs at post-secondary schools and other institutions involved in the training of health professional personnel;
- develop plans and encourage coordination between publicly supported programs, and between public and private sector providers;

- provide technical assistance;
- distribute financial assistance to eligible programs in order to sustain or provide a minimum level of primary health care services; and which assist in the provision of primary health care services in underserved areas in order to better serve the health needs of the public; and
- provide a program for enabling the development of new primary health care services and facilities.

J-1 Visa Waiver Program – NM Department of Health

The State of New Mexico, under federal legislation of 1994, recommends waivers of the two-year foreign resident requirements on behalf of foreign medical graduates holding a J-1 Visa. In return, those medical graduates provide services in Health Professional Shortage or Medically Underserved Areas. The New Mexico Health Policy Commission reported in 2006, that according to the NM DOH's Office of Primary Care and Rural Health, there were one hundred and fourteen J-1 Visa Waiver physicians practicing in 20 New Mexico counties.

Non-Profit Organizations

New Mexico Health Resources, Inc.

The Rural Primary Health Care Act provides annual funding to the New Mexico Health Resources, Inc (NMHR). The NMHR is a private, non-profit agency organized to support efforts to recruit and retain healthcare personnel in New Mexico. The mission of the NMHR is to assist healthcare providers in recruiting, placing and retaining qualified professionals, and to advise the state regarding health personnel in New Mexico communities, particularly those which are underserved. Founded in 1981, as a result of priorities established during the First Governor's Conference on Rural Health Services, NMHR is governed by a statewide Board of Directors representing a wide range of different healthcare professions, healthcare training programs, healthcare organizations, and healthcare consumers.

The NMHR provides:

- a clearinghouse for healthcare practice opportunities;
- a clearinghouse for healthcare professionals; and
- training assistance to agencies seeking to improve their recruitment and retention of healthcare professionals.

Appendix E

Best Practices - Health Professional Pipeline Programs

University of New Mexico - Office of Diversity

The UNMHSC School of Medicine's Office of Diversity coordinates the flagship educational pipeline for the University of New Mexico for the state's students interested in medical professions. These programs are funded through a federal grant from the Department of Health Resources and Services Administration (HRSA), Health Careers Opportunity Programs as well as the UNM School of Medicine and the State of New Mexico. The educational pipeline begins at the middle school level and continues to medical school and includes:

- **Dream Makers Health Career Clubs**

Dream Makers Health Careers Clubs are after-school clubs established at four Albuquerque area middle schools. The purpose of Dream Makers is to introduce students to health professions, stimulate their interest in science and math, and increase their imaginations in the areas of medicine and health. Dream Makers wants to give students a realistic sense of their abilities, opportunities, and potential for success in the health sciences fields. Students will receive valuable information about health-related careers and how science and math pertain to these areas. The Dream Makers Program wishes to stimulate interest in medical and other health professions, especially among New Mexico's financially or educationally disadvantaged populations and to increase awareness for the need for health care workers in the state.

- **Health Careers Academy**

The Health Careers Academy (HCA) is a six-week non-residential summer program for high school freshmen, sophomores, and juniors. HCA is designed to help strengthen ACT scores. The program is also designed to provide information on, and exposure to, various professions in the healthcare field. Health Careers Academy will enhance student performance in math, science, and English. Participants will increase their preparation for a premedical or allied health curriculum and strengthen their academic competitiveness.

- **Undergraduate Health Sciences Enrichment Program (Summer College Bridge Program)**

The Undergraduate Health Sciences Enrichment Program (UHSEP) is a six-week summer program designed to enhance academic preparation and facilitate entry into medical or allied health profession schools. Through UHSEP, students will better prepared to compete for careers in hospitals, community health clinics, laboratories, public schools, pharmacies, rehabilitation centers, and various public health organizations and agencies. UHSEP occurs the summer before the freshman year at college. Students will attend math, science, English, study skills, and humanities in medicine sessions in addition to various health professions seminars. Students will also attend educational and cultural field trips. Students are required to complete a volunteer experience at First Choice Community Healthcare in Albuquerque.

- **New Mexico Clinical Education Program**

The New Mexico Clinical Education Program is a summer program for pre-professional students who wish to apply to the UNM School of Medicine. The program provides experiences in rural, clinical settings by placing students in primary care facilities and community health centers throughout New Mexico. Students shadow physicians and participate in all aspects that the clinic and the community offer. The program is offered every summer to students that are serious about pursuing a career in medicine.

- **MCAT + Program**

MCAT + is a six-week summer program for New Mexico residents preparing to take the MCAT and apply to medical school. MCAT + students will attend a Kaplan MCAT prep course, comprehensive science review lectures, problem-based learning sessions, and interview, resume, personal statement and study skills sessions. Students receive a stipend.

University of New Mexico – BA/MD Program

The University of New Mexico School of Medicine and College of Arts and Sciences developed its combined BA/MD degree program, which will increase the medical school class from 75 students to 100 in the fall of 2010, to address the critical issue of physician shortages in underserved New Mexico. The program, which began operation at the undergraduate (i.e., college) level in 2006, expands opportunities in medical education for New Mexico students, especially those from rural and underserved minority communities, and prepares them to practice in underserved areas of New Mexico. In the BA/MD program, students will earn a bachelor of arts, a medical degree, and a proposed certificate in public health. A challenging liberal arts curriculum introduces the principles of public health. Students have unique rural medicine and public health preceptorship opportunities that begin in the undergraduate years and continue throughout medical school. Students work with a community physician mentor in summer service-learning projects during the undergraduate years, then they return for required rural medicine rotations in the first, third, and fourth years of medical school. Simultaneously, the classroom curriculum for these rural medicine experiences emphasizes the public health perspective. High priority has been placed on supporting students with academic advising and counseling, tutoring, supplemental instruction, on-campus housing, and scholarships. The program has received strong support from communities, the New Mexico state legislature, the New Mexico Medical Society, and the faculties of arts and sciences and the school of medicine. Early results on the undergraduate level demonstrate strong interest from applicants, retention of participants, and enthusiasm of students and faculty alike.

University of Alabama School of Medicine – Rural Health Scholars Program

The Alabama Rural Health Scholars Program began in 1993 at the University of Alabama School of Medicine, Tuscaloosa, and has been expanded in 2007 to include Auburn University, Auburn, Alabama. The program works with high-school students, and thus far, 364 young people have been part of the program. In addition, the universities have

accepted 111 medical students from among those students.

In 2006, the first class of scholars in the program completed residency. The yield: Of the four classes that have completed the program to date, 60 percent chose to enter primary care, and of that percentage, 40 percent chose family medicine. Fifty percent entered rural practice in Alabama.

By comparison, only 6 percent overall of University of Alabama School of Medicine graduates choose family medicine, and only 3 percent of recent medical school graduates nationwide have opted for rural practice, according to John Wheat, M.D., director of Rural Health Programs at the University of Alabama's College of Community Health Sciences.

University of Missouri – Bryant Scholars Pre-Admissions Program

A rural health pipeline program offered by the University of Missouri – the Bryant Scholars Pre-Admissions Program - admits qualified college sophomores to the University of Missouri-Columbia (MU), School of Medicine. The Bryant Scholars program, which is a part of MU's rural track program, has graduated 27 students through undergraduate preparation and medical school. Early data indicate 70 percent of these Bryant scholars chose primary care, and 38 percent opted for family medicine or pediatrics, according to Kevin Kane, M.D., M.S.P.H., associate professor of family and community medicine at MU and faculty advisor for the Bryant Scholars program. Data are not yet available that indicate what percentage of the scholars entered rural practice.

However, Kane noted that of the 120 participants in Missouri's Third Year Rural Clerkship Experience, 66 percent entered a primary care residency and 37 percent chose family medicine. Comparatively, only 53 percent of participants on a nonrural track entered a primary care specialty and only 14 percent chose family medicine.

Appendix F

Incremental Costs for Expanding New Mexico's Primary Care Training Programs by 50% Over a 3-Year Period

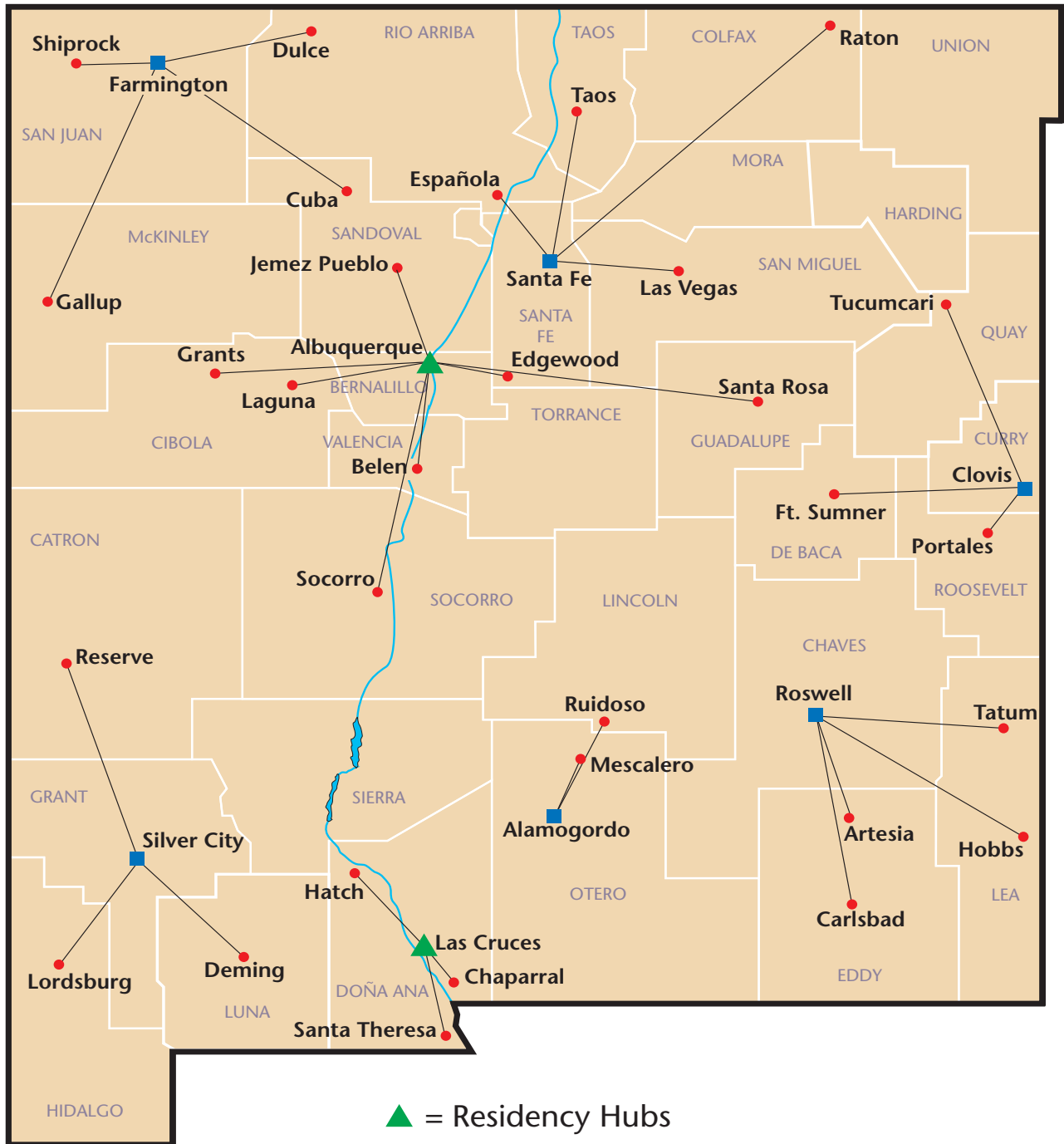
	1st Year of Expansion	2nd Year of Expansion	Increase in 2nd Year	3rd Year of Expansion	Increase in 3rd Year	Annual Ongoing Cost
Division of Health Workforce Development	\$400,000	\$400,000	\$0	\$400,000	\$0	\$400,000
Memorial Medical Center = 2 Additional Residents per Year	\$200,000	\$400,000	\$200,000	\$600,000	\$200,000	\$600,000
Roswell One-Plus-Two Program = 2 Additional Residents per Year	\$200,000	\$400,000	\$200,000	\$600,000	\$200,000	\$600,000
Santa Fe One-Plus-Two Program = 2 Additional Residents per Year	\$200,000	\$400,000	\$200,000	\$600,000	\$200,000	\$600,000
Increase Number of Rural Faculty	\$300,000	\$450,000	\$150,000	\$600,000	\$150,000	\$600,000
Increase the number of Primary Care PA and FNP students at UNM by 50%.	\$300,000	\$300,000	\$0	\$300,000	\$0	\$300,000
Expand Other PC Residents Rotations (Pediatrics, Internal Medicine, Psychiatry)	\$225,000	\$225,000	\$0	\$225,000	\$0	\$225,000
Annual State Fund Request	\$1,825,000	\$2,575,000	\$750,000	\$3,325,000	\$750,000	\$3,325,000
Local In-Kind Support of Program*	\$5,475,000	\$7,725,000	\$2,250,000	\$9,975,000	\$2,250,000	\$9,975,000
Total Value of Program	\$7,300,000	\$10,300,000	\$3,000,000	\$13,300,000	\$3,000,000	\$13,300,000

*Faculty Salaries, Supplies, Facilities, Administrative Expenses, etc.

SOURCE: HM2 TASK FORCE

Appendix G

Existing and Potential Training Locations for Family Medicine Residents in New Mexico



- ▲ = Residency Hubs
- = 1 + 2 Locations
- = Rural Rotations from Hubs

Appendix H

Division of Health Workforce Development will create an ongoing program to design health professional training policy and implement programs focused on early access to health care and improving health outcomes with a focus on underserved populations.

Stakeholders	Duties	Leadership	Cost	Funding Sources
<ul style="list-style-type: none"> - Health Care Providers - Community Hospitals and Health Centers, IHS, and others involved in primary care training - Affected health professional groups - UNM Health Sciences Center <ul style="list-style-type: none"> - PC Sensitive Residency Programs - Memorial Medical Center - One-Plus-Two Programs - NM Department of Health - NM Higher Education Department - NM Health Services Div. - NM Health Resources 	<ol style="list-style-type: none"> 1. Assess the efficacy of primary care training in New Mexico in terms of supply and demand related to training program results. 2. Identify opportunities for primary care training expansions. 3. Provide technical assistance resources to support training program development for program design, curricula, financing options and structures. 4. Make policy recommendations regarding training program development as it relates to quality and supply/demand in the state. 5. Report annually to the legislature, administration, UNM, the Departments of Health and Human Services, the Health Policy Commission and community organizations the progress towards and needs of the state related to health professional training. 	<p>Joint Council of UNM and DOH staff will provide leadership.</p>	<p>\$400,000 Annual total includes:</p> <ul style="list-style-type: none"> -Staff \$315,000 -Travel \$15,000 -Expenses \$20,000 -Contract with Consultants to maximize GME and other funding sources for technical assistance and program development \$50,000 	<p>State Appropriation</p> <p>Private Foundation Funding</p>

Appendix I

Expansion of 3-Year University of New Mexico School of Medicine Rural Family Medicine Residency Program

Expand the number of rural community rotations and the number of residents in the existing 3-Year University of New Mexico School of Medicine's Family Medicine Residency Programs.

Principal	Partners	Responsibility	Cost	Funding Sources
Memorial Medical Center Family Medicine Residency Program – Las Cruces	Memorial Medical Center Family Medicine Residency Program – Las Cruces Potential, Expanded Rotation Locations -S. Rio Grande Valley -Alamagordo -T or C -Hatch	<ol style="list-style-type: none"> 1. Expand Las Cruces-based program by 2 FTE residents per year beginning in 2010 through 2012. 2. Create expanded rotations, continuity clinic presence and primary care services in Las Cruces and southern New Mexico communities. 	\$600,000 by the 3 rd year of residency expansion and annually thereafter	Resident Costs a. 25% State Funds b. 75% Program Commitment GME and Local Funding for Expansion of 1+2 Programs
Eastern New Mexico One-Plus-Two Family Practice Residency Program – Roswell	The Family Practice Center - Roswell Potential, Expanded Rotation Locations -La Casa de Buena Salud Locations -Roswell -Portales -Clovis -Dexter -Artesia -Carlsbad	<ol style="list-style-type: none"> 1. Expand Eastern New Mexico One-Plus-Two Family Practice Residency Program by 2 FTE residents per year beginning in 2010 through 2012. 2. Create expanded rotations, continuity of clinic presence and primary care services in Roswell and eastern New Mexico communities. 	\$600,000 by the 3 rd year of residency expansion and annually thereafter	Resident Costs a. 25% State Funds b. 75% Program Commitment GME and Local Funding for Expansion of 1+2 Programs

Expand the number of rural community rotations and the number of residents in the existing 3-Year University of New Mexico School of Medicine's Family Medicine Residency Programs.

Principal	Partners	Responsibility	Cost	Funding Sources
Northern New Mexico One-Plus-Two Family Practice Residency Program – Santa Fe	St. Vincent Regional Medical Center and La Familia Medical Center– Santa Fe Potential, Expanded Rotation Locations -La Familia Medical Center (current) -El Centro Health Centers -Las Vegas -Española	<ol style="list-style-type: none"> 1. Expand Northern New Mexico One-Plus-Two Family Practice Residency Program by 2 FTE residents per year beginning in 2010 through 2012. 2. Create expanded rotations, continuity of clinic presence and primary care services in Santa Fe and northern New Mexico communities. 	\$600,000 by the 3 rd year of residency expansion and annually thereafter	Resident Costs a. 25% State Funds b. 75% Program Commitment GME and Local Funding for Expansion of 1+2 Programs

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