Addressing the Physician Workforce Crisis in Oklahoma

Recommendations of the Governor's Council on Workforce and Economic Development Health Workforce Subcommittee

GME Subcommittee Assignment:

- Produce an Issue Brief
- Develop a Strategy That Secures Long Term Authority
- Identify Policy Levers
- Produce Policy Recommendations

Issue Brief

- **Current national physician shortage estimated at 35,000 physicians. This could easily triple by 2025.**
  - The shortage is driven primarily by an aging population with high levels of chronic illness (now over 75% of health expenditures). Demographics are driving **both** primary and specialty care service needs. While more primary care providers are needed to help patients access and use the system most effectively, primary care and APP's will not address growing specialty care needs.
- **The national physician shortage has major implications for state recruitment and retention.**
  - **New graduates can get a job <u>in any market they choose</u> at either the state or national level.**
  - Generation of young professionals that are highly mobile. High levels educational debt.
  - Frequently married to other professionals. This makes recruitment and retention very challenging. There has to be a compelling reason for a graduate to establish practice or stay in a particular community.
  - <u>Communities & their health systems bear the largest burden for retention</u>

Issue Brief

- **Oklahoma currently ranks 46/50 states in its active physician to population ratio. 44/50 active Primary Care. 47/50 active General Surgery**
- **Oklahoma is in the top quartile nationally of physicians over the age of 60.**
  - Given that some critical specialties, such as surgery, require 5 or more years after medical school to train, immediate attention is necessary.
  - Delayed decision making will only sharpen the crisis.
- **Academic medical centers (AMC's) that train our health professionals also form the basis of our state's safety net system.**
  - Continued neglect of the AMC infrastructure will have a widely detrimental effect with long term consequences.

Issue Brief

- **Federal funding for GME will no longer be the primary answer going forward**. States and communities must rise to the occasion.
- **State funding has been continually decreasing over time.**
  - With 6% or less of our medical school budgets now coming from state funding sources, training institutions have an even less compelling reason to focus on state workforce priorities.
- **For every doctor setting up practice in OK, there is a 10-15 to 1 economic return on investment for every dollar invested in recruiting and retaining that doctor in the state. What other investments have that kind of rate of return?**

Strategy: Leverage Existing Resources

- **PMTC has an existing and functional infrastructure that allows it to address both expanding physician training as well as recruitment and retention. Need to capitalize on these capabilities.**
  - Expanding training through existing accredited sponsoring institutions and training programs
  - Work closely with economically viable communities/ health systems to expand recruitment and retention efforts that can pay big dividends.
- **Reduce politics, mistrust, and misconceptions by depending on data driven decisions and priorities.** Dept. of Health, major insurers, licensure boards, and health systems can provide reliable and credible data to drive policy decisions.
- **Continue and expand support for Primary Care**.
- **Expand PMTC mission to address increasing severe gaps in other medical specialty areas, for example Surgery and Psychiatry.**
- **Develop better mechanisms for health systems and communities to partner with PMTC in significant ways since they are the ultimate beneficiaries.**

Policy Levers

- Build a strong coalition with the State Chamber, influential business leaders, and other health system leaders like the Hospital Association. Use a unified coalition voice to get a clear, urgent, and unified message out to our legislators and governor that a healthy workforce and a viable health care system are not just nice things to have, but are, in fact, foundational for the state's future economic stability viability, and growth.
- Dispel myths and build a clear message that PMTC has an excellent track record and experience on which we can build our state's health workforce solutions.
- Partner with health systems and communities in a much bigger way to improve funding for new programs. Why? Because they are the ultimate beneficiaries and it's most certainly in their best interest.

Policy Recommendations

- **Funding of state health workforce enhancement efforts must be data driven with prioritization based on:**
  1) Documented areas of need/shortage that also align with state economic development and workforce goals and efforts, and
  2) Good evidence for long term project **sustainability** by both the educational entities that will produce the providers and the demand side entities/communities of practice that must effectively recruit and retain them.
- **Data collection & analysis should be performed by an independent entity that can provide both supply side and demand side data, analysis, and recommendations.**
  - Support for this entity should be a collaborative team effort between the State Departments of Health and Commerce in order to weave together both health services and relevant economic data.
- **Policy should establish PMTC as the state agency that is both responsible and accountable for implementing of state efforts to address GME workforce solutions.**