PRIMARY CARE FOR THE UNDERSERVED

Education and Pathways Advisory Group for the Commission to Study the Health Care Workforce Crisis in Maryland

November 2, 2022

Thanks to following contributors !

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Disclosures

- I do not represent the UMB, UMSOM nor Med Chi

- I represent the Maryland Area Health Education Center :

… “a community engagement and impact initiative supported by the University of Maryland School of Medicine with funding from Health Resources & Services Administration and Maryland Department of Health.

The mission of the MAHEC Program is to improve the health of all Marylanders, by recruiting, training, and retaining a qualified and diverse health workforce in underserved areas. We envision a Maryland where every individual has access to a diverse and qualified health workforce who strives for equity in caring for all.”


Garrett
Allegany
Washington
Frederick
Carroll
Harford
Baltimore
Howard
Montgomery
Anne Arundel
Prince George's
Charles
Calvert
St. Mary's
Cecil
Kent
Queen Anne's
Caroline
Talbot
Dorchester
Wicomico
Worcester
Somerset
AHEC West
CENTRAL MARYLAND AHEC
EASTERN SHORE AHEC
Area Health Education Center
AHEC Locations

Who gets to be in the primary care tent ?

- Family physicians, general internists and pediatricians
- Primary Care Nurse Practitioners and Physician Assistants
- Social workers, mental health clinicians, dieticians and physical therapists
- Other critical health care team members include :

  OB GYN and Dentists …

Primary Care is

- “The best evidence-based approach to better community health”

National Academies of Sciences, Engineering and Medicine. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. The National Academies Press: 2021

Nature of the need for primary care

- Well documented decrease in #'s of providers entering the lower-paying primary care specialties combined with increase in numbers of patients with insurance enabling them to seek medical care; this has shifted the pendulum for supply/demand to the demand side.

- Specialists treat conditions that have already developed and are problematic; they treat disease once disease exists.

- Focus for Population Health is for preventing disease which falls on the primary care providers. Disease prevention should be reimbursed at higher rates because it prevents the exorbitant costs later.

- Old adage, "an ounce of prevention is worth a pound of cure" is very appropriate; however, modern medicine skews this paradigm to favor those treating disease. We need more emphasis on primary prevention, and that starts with valuing primary care providers and the role they play.

Nature of primary care shortages in MD

- Family medicine, OB/Gyn, Pediatrics, Internal medicine are all shortage areas.
- OB/Gyn has limited providers due to malpractice insurance rates; many obstetricians have left the field to practice gynecology, only, due to costs of malpractice coverage.

Additional barriers contributing to the shortage of primary care providers

- Reimbursement rates from insurers are lowest for primary care - this drives the need to see X-number of patients/hour to financially manage an office, limiting ability to precept students who might be drawn to this field
- Issues with insurers recognizing and reimbursing NPs/PAs
- HMO limits on enrolling providers into network (per capita limits) in geographic areas

Primary Care Workforce: New Doctors Can't Fill the Gaps

- Maryland has 3,274 physicians in clinical practice, which translate into 57 clinical FTE physicians per 100,000 residents.
- The Southern region has the fewest primary care clinicians (44/100K), while the Central region has the greatest number (61/100K).
- There is a current shortage of primary care physicians at state and regional levels.
- In 2010 and 2015, shortages are projected in three out of five regions.
- When residents-in-training are added to supply, there are still shortages in all regions except in the Central region, due to the presence of two teaching hospitals there.
- Even with an adjusted work factor added for Allied Health Professionals (AHP), the Southern region is projected to have current and future shortages of primary care providers.

Maryland Physician Workforce Study Prepared by Boucher & Associates

Do the shortages have a particular impact on specific populations and / or geographic areas (i.e., what is the nature of the underservice)?

Yes …

- State has clearly designated healthcare shortage regions which impact rural areas in Western, Southern and Eastern Shore of Maryland, in addition to high density urban areas that tend to house immigrant populations and those below the poverty level.

The need for more primary-care physicians is substantial

- According to the Health Resources and Services Administration (HRSA) Health Workforce, as of September 2021, there are 7,447 Primary Care Health Professional Shortage Areas (HPSAs) throughout the United States, with 83.7 million people living within these areas. Nationally, 14,858 practitioners would be required to meet primary-care physician needs, based on a population-to-practitioner ratio of 3,500:1.

- ***Maryland has 48 primary-care HPSA designations, totaling a population of 887 thousand people***

- The state would need 141 additional primary care physicians to remove this designation.

*Physicians** are needed in rural Maryland

Due to the increased population and an aging physician workforce.

- The pandemic exposed significant disparities in accessing health care and highlighted physicians' important role in the nation's health care infrastructure.
- The primary driver of increased physician growth is the growing and aging population. From 2019 – 2034, the U.S. population is projected to grow by 10.6%, from about 328 million to 363 million, with a 42.4% increase in those aged 65 and above.
- Thus, the demand for physicians that predominantly care for older Americans will continue to increase.

* American Association of Medical Colleges

Medically Underserved Areas/Populations in Maryland

- Medically Underserved Areas and Medically Underserved Populations (MUAs/MUPs) MUAs and MUPs are federally designated locations or population groups that have a shortage of primary care resources.

- Medically Underserved Areas As of March 2021, there were **42 Medically Underserved Areas in Maryland**, encompassing 1,023,454 (16.9%) Maryland residents.

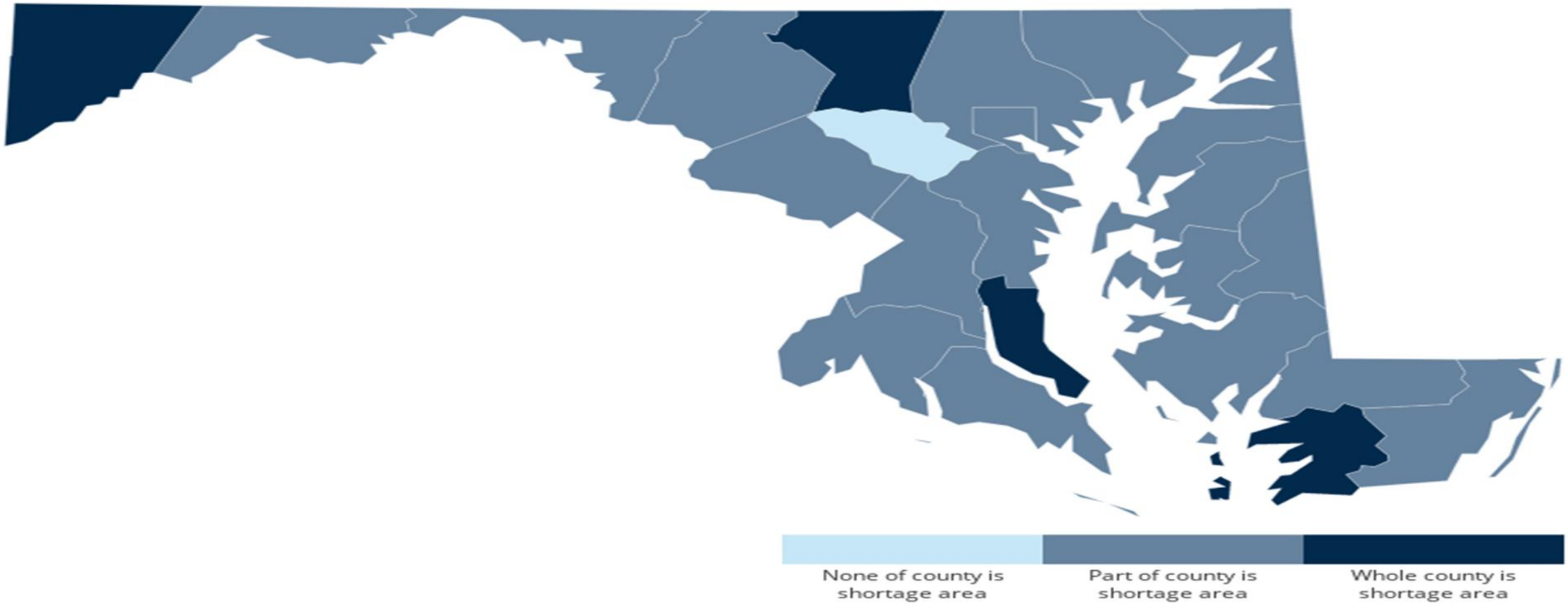
Health Professional Shortage Areas (HPSAs)

- Primary Care HPSAs As of March 2021, **Maryland has 33 primary care HPSA designations** (not including FQHCs) encompassing 883,486 residents (14.6 percent of the Maryland population).

- Dental Care HPSAs As of March 2021, Maryland has 28 dental HPSAs (not including FQHCs), covering 958,337 residents.

- As of March 2021, Maryland has 28 mental health HPSAs (not including FQHCs) covering 1,115,369 residents.

Health Professional Shortage Areas: Primary Care, by County, 2022 - Maryland



RHIhub Rural Health Information Hub

Source: data.HRSA.gov, July 2022.

Hardest Hit : Garrett – Carroll – Calvert- Somerset Counties

The Need

- The Robert Graham Center forecasts that by 2030, Maryland will need an additional 1,052 primary-care physicians (PCPs), a 23% increase compared to the state's 2010 primary-care physician workforce.

- Components of Maryland's increased need for PCPs include 28% (303 PCPs) from increased utilization **due to aging**, 61% (651 PCPs) **due to population growth**, and 9% (98 PCPs) due to a greater insured population following the Affordable Care Act (ACA).

Rural Demographics and Health Status

- Rural populations usually have higher rates of chronic illness, which creates more demand.
- Rural areas tend to have higher proportions of elderly residents, who typically require more care.

Rural Americans face a greater risk of death from :

- Heart disease
- Cancer,
- Unintentional injuries,
- Chronic lower respiratory diseases (CLRD), and
- Stroke when compared to urban Americans.

Deaths among rural Americans are potentially preventable, including:

25,000 from heart disease

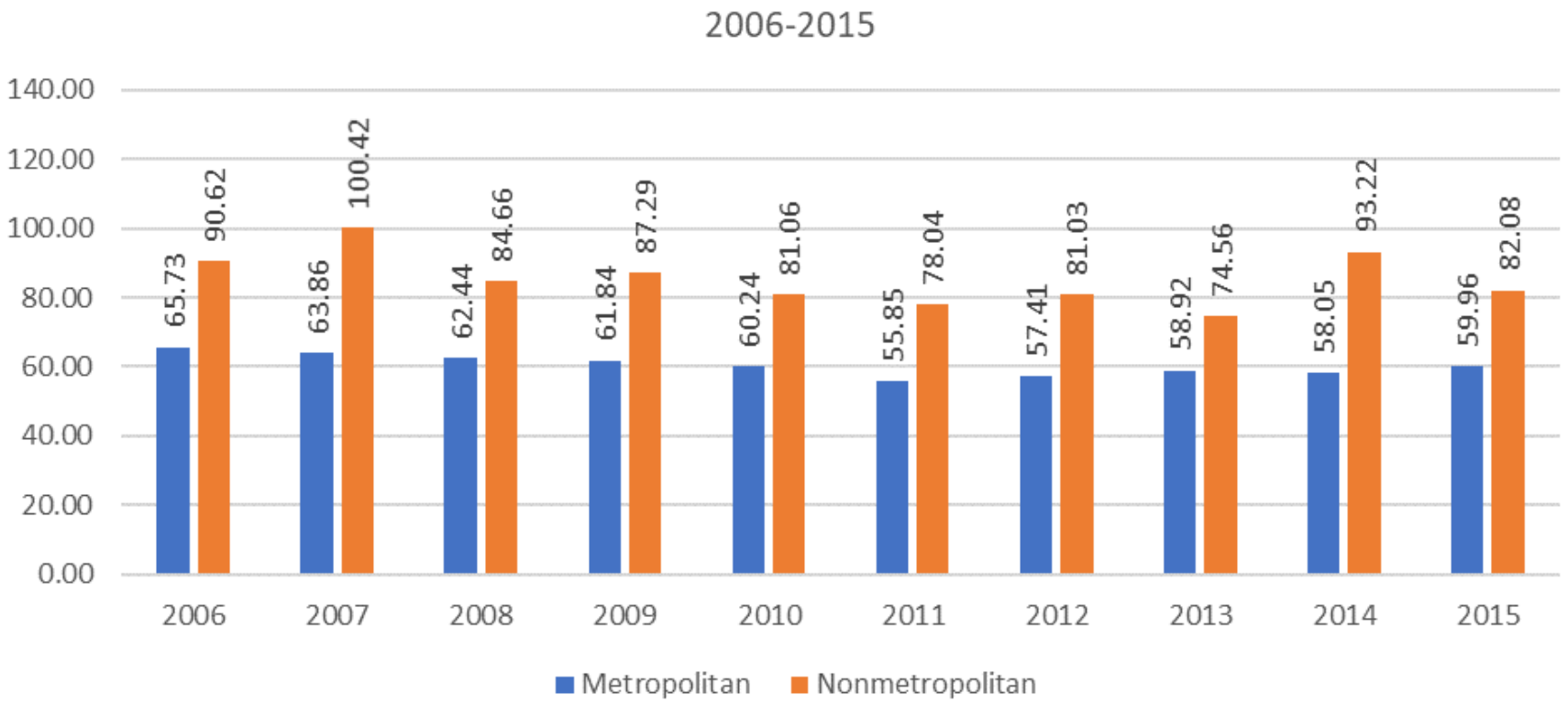
19,000 from cancer

12,000 from unintentional injuries

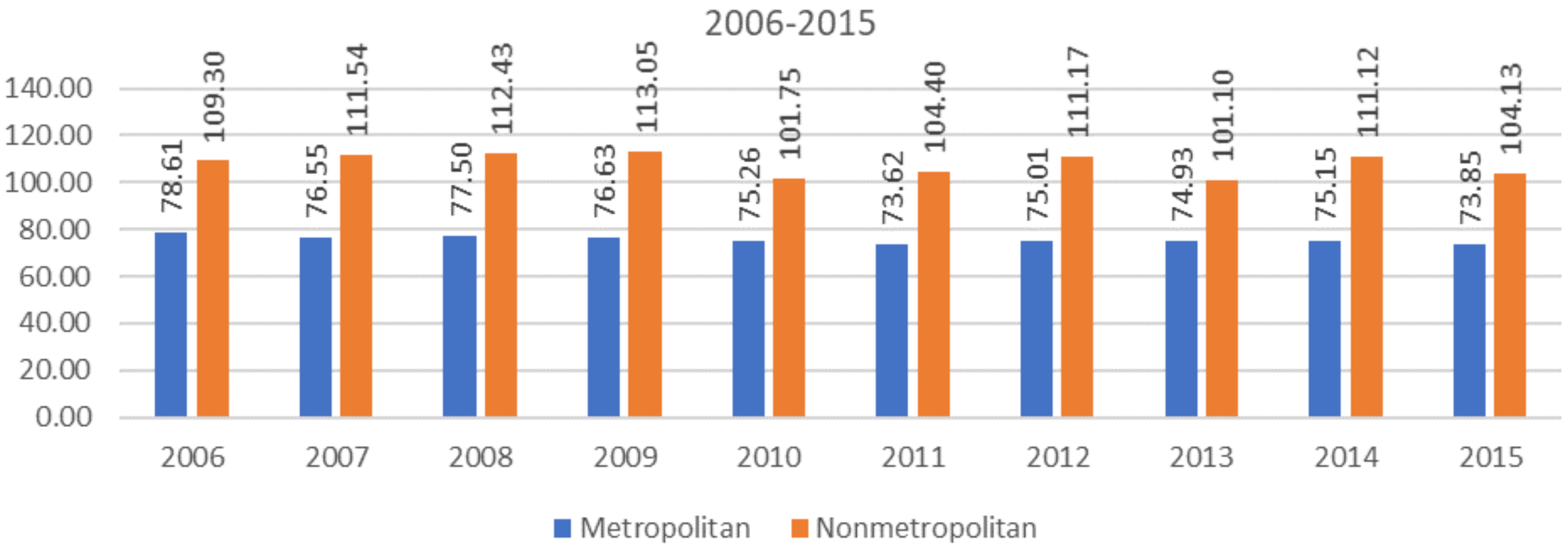
11,000 from CLRD

The Need for Primary Care: Maryland Has Health Care Disparities

Death from heart disease



Deaths from Cancer for Metro and Nonmetro Counties — Maryland



Healthcare Shortages

Maryland Rural Health Association

Education

- The current healthcare education system tends to be urban-centric.
- Access to healthcare training and education programs may be limited in rural areas*, particularly beyond the community college level.
- Providers trained in urban areas may not be prepared for the challenges of working in rural communities or the kinds of health concerns rural patients may present.
- Urban areas frequently draw potential healthcare professionals away from rural areas. Students in rural communities may have to travel or relocate to an urban area for health professions coursework, unless they can find degree programs offered online, or for clinical training. Some do not return to rural communities after completion of their studies.

- * Ground work for a family medicine rural residency track has been started

Economics

- Urban facilities and practices may offer higher salaries, more benefits, and better working conditions.
- Health professions that require longer and more expensive training can be less affordable for rural students.
- Small, rural communities may offer fewer job opportunities for spouses, which can make recruiting providers difficult.

Maryland hospitals facing 'the most critical staffing shortage in recent memory

“Across Maryland's hospitals, one in every four nursing positions is vacant. The Maryland Hospital Association projects that the state will need 13,800 more registered nurses and 9,200 additional licensed practical nurses by 2035.”

And it's not just nurses. Hospitals also are reporting shortages of respiratory therapists, laboratory technicians and several other other skilled workers. It's "the most critical staffing shortage in recent memory," according to the Maryland Hospital Association.

Rural Health Information Hub. Rural Healthcare Workforce Overview. Retrieved September 30, 2022, from https://www.ruralhealthinfo.org/topics/health-care-workforce Lewis, M. (2022, August 15). Maryland hospitals facing 'the most critical staffing shortage in recent memory'. Herald. Retrieved September 30, 2022, from https://www.heraldmailmedia.com/story/news/local/2022/08/15/maryland-hospitals-face-shortages-nurses-other-professionals-hagerstown-berlin/65397036007/

Health Workforce Shortages in Western Maryland

- GRMC: We continue to see workforce shortages impact our organization overall. While our clinical positions (**RN, LPN, Radiology, Medical Technology**, etc.) are the most impacted, we do see some widespread issues in support positions also.

- GCHD: Currently we have **6 RN positions that we have not filled.** Five have been open for more than 6 months. We have one RDH position. It has been open for one year although we hired someone who did not work out. We have two licensed therapist positions open. They could be LCSW or LCPC. Finally, we have one psychiatrist or psychiatric nurse practitioner opening.

- Meritus Health has shortages in primary care and specialty providers, nurses, mental health counselors, PT/OT, and social workers.

- WCHD: We struggle to retain licensed positions, specifically Nursing, Counselors, and Environmental Health.

- UPMC: vacancies for RNs **^ 18, %**

Allegany County Health Dept

- Dental - Our clinical workforce shortage areas are all the clinical positions in dentistry: dentists, dental hygienists, dental assistants, and dental technicians.

- Community Support Services Office - In our department, providing case management and therapeutic services to families, we have had difficulty retaining employees and finding qualified individuals who are willing to work with these needy populations. We had a coordinator start and, soon after, was offered a position, to which she applied prior to starting with us, that paid $8 more per hour. The main issue we are having is that the pay rate for individuals is so low considering the difficult cases that we work with.

- Behavioral Health - Nurses, licensed counselors and addiction counselors. Historically, we have had significant issues locating psychiatrists/psychiatric nurse practitioners but this is not a current issue for us.

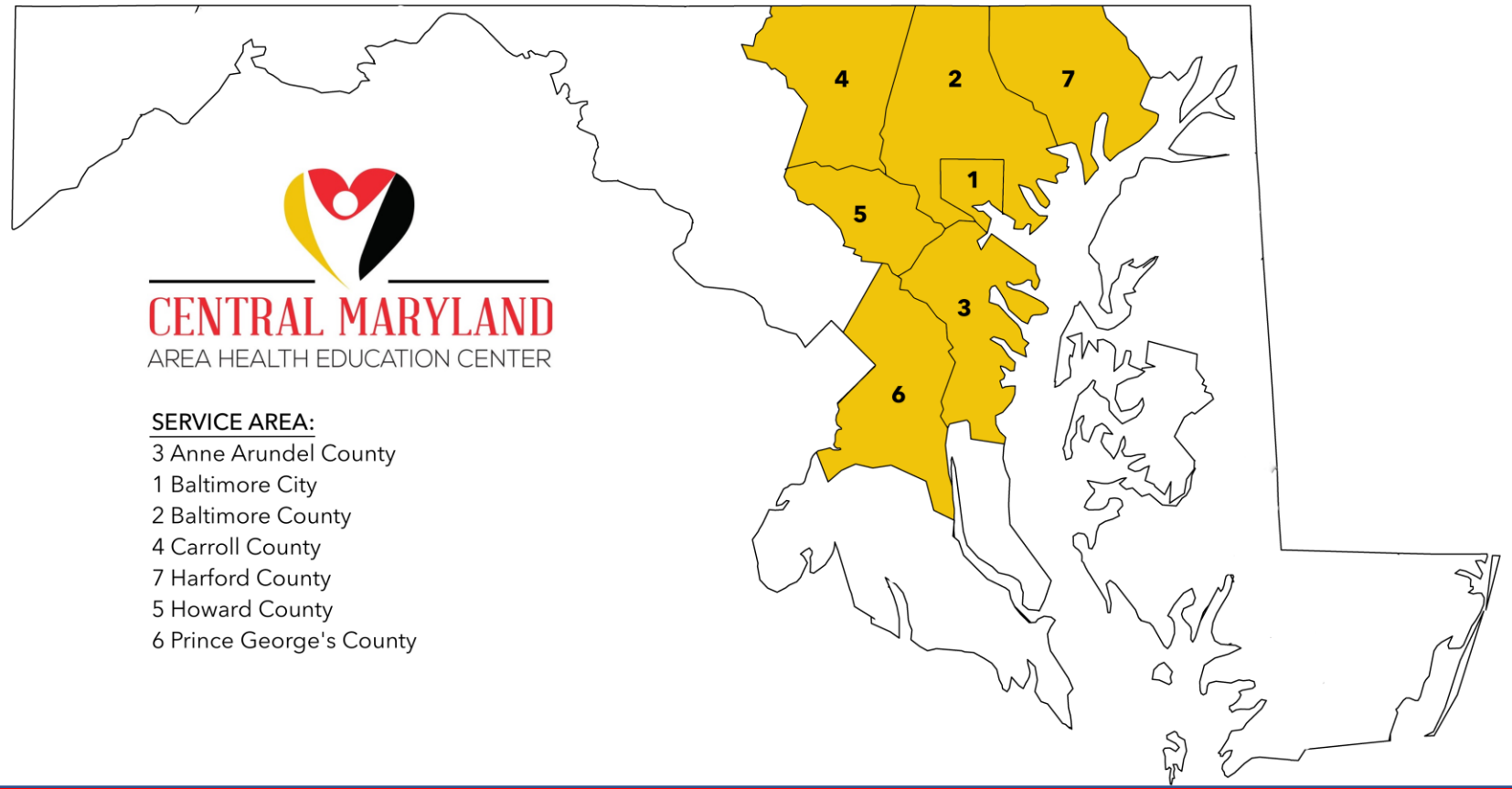
- Mental health associates or community health outreach workers are also in need.

- Physical Health - RNs for school health and 24/7 inpatient unit; nurse practitioners

URBAN

Baltimore is bustling with physicians, but unfortunately, residents in underserved areas of the city continue to experience a significant lack of access to primary care providers.

Kona M, Houston M, Clark J, and Walsh-Alker E. Assessing the Effectiveness of Policies to Improve Access to Primary Care for Underserved Populations: A Case Study Analysis of Baltimore City, Maryland. Milbank Memorial Fund. August 15, 2022.



CENTRAL MARYLAND
AREA HEALTH EDUCATION CENTER

SERVICE AREA:

3 Anne Arundel County
1 Baltimore City
2 Baltimore County
4 Carroll County
7 Harford County
5 Howard County
6 Prince George's County

The Primary Care Gap in Central Maryland

The jurisdictions in Central Maryland include urban, suburban, exurban and semi-rural communities

Population per General Practice Providers

Carroll and Harford counties have the highest population to provider ratio in Central Maryland. Although identified as rural by the MDH Office of Rural Health, Carroll and Harford are not HRSA designated rural areas and therefore are ineligible for federal funding earmarked for rural areas.

Primary Care in Central Maryland AHEC Territory

	Balt. City	Baltimore	Anne Arundel	Prince George's	Carroll	Harford	Howard
Total providers (general practice)	230	266	197	277	40	56	174
Population per provider (general practice)	2,700	3,026	2,729	3,117	4,178	4,372	1,650

AMA health workforce mapper (2022)

Patient Care Hours vs. Working Hours

Physicians working in Baltimore City work longer hours but are able to devote fewer hours to patient care than their counterparts in other jurisdictions in Central Maryland.

Patient Care Hours versus Working Hours for Physicians in CMAHEC Territory

	Balt. City	Baltimore	Anne Arundel	Prince George's	Carroll	Harford	Howard
Median hours of patient care	36	40	40	40	40	40	40
Median total working hours	50	45	46	45	45	46	44
Total number of physicians	3,709	2,236	1,116	1,281	249	362	638

Data from Maryland Health Care Commission

HPSA Designations in Central Maryland

Baltimore City has highest Health Professional Shortage Area (HPSA) score in Central Maryland for primary care, dental health and mental health care.

HPSA type	**Balt. City**	**Balt. County**	**Anne Arundel County**	**Prince George's County**	**Carroll County**	**Harford County**	**Howard County**
Primary Care	17	5	4	10	0	2	1
Dental Health	13	5	4	7	1	2	1
Mental Health Care	11	5	5	9	0	2	1

As the population throughout Central Maryland increases and the last of the Baby Boomers age into Medicare in 2027, will the number of physicians accepting new Medicaid and Medicare patients meet the increasing demand?

Medicaid, Medicare, and Physicians in Central Maryland

	July 2022 Medicaid Enrollees[1]	May 2022 Medicare Enrollees[2]	Active Physicians (MD/DO, 2020-2021)[3]	Primary Care Physicians (MD/DO, 2020-2021)[4]	Primary Care Provider to Population Ratio (2021)[5]	Estimated PCPs accepting new Medicaid patients[6]
Baltimore City	247,596	98,564	6608	1156	0.299305556	865
Baltimore County	218,552	165,227	3339	942	0.45625	705
Howard County	50,217	51,944	2474	744	0.614583333	557
Prince George's County	265,671	138,974	1627	604	1:1,180	452
Harford County	48,986	50,891	419	165	1:1,093	123
Anne Arundel County	105,549	100,341	1511	472	0.6375	353
Carroll County	24,200	34,591	229	83	1:1,007	62

[1] https://md-medicaid.org/mco/mco-enrollment_action.cfm
[2] https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment/data
[3] https://data.hrsa.gov/topics/health-workforce/ahrf
[4] https://data.hrsa.gov/topics/health-workforce/ahrf
[5] https://health.maryland.gov/pophealth/Documents/Primary%20care/Final%20Needs%20Assessment%20090221.pdf
[6] Calculated based on statistics that statewide, 74.8% physicians accept new Medicaid patients https://www.shadac.org/state/md

Considerations for Analysis of MD Primary Care Data

Statistics and quantitative data do not show the whole picture

- Population density of Central Maryland
- Access, cultural and linguistic diversity, SDoH
- Ratio of providers accepting MC/MA to eligible patients in each jurisdiction
- Ratio of HMO patients to HMO healthcare providers
- Average number of days to obtain an appointment

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

Primary Care Nurse Practitioner and Nursing Workforce Shortage

BEST COLLEGES U.S.News & WORLD REPORT NURSING (BSN) PROGRAMS 2022

BEST GRAD SCHOOLS U.S.News & WORLD REPORT NURSE PRACTITIONER (DNP) FAMILY 2023

Primary Care

- High Quality Nurse Practitioners are produced in Maryland
- Full Practice Authority means Nurse Practitioners can help address the primary care shortage for families and aging populations
- The market for Nurse Practitioners is growing in the United States and Maryland in part due to shortages of primary care physicians

Effect of Primary Care Shortages

- Rural and Urban regions face shortages in Maryland due to fewer primary care providers
- Poor access to primary care contributes to overuse of emergency departments for conditions primary care providers can treat
- Timely access to primary care improves health with management of chronic conditions such as high blood pessure, diabetes, asthma & heart failure reducing hospital admissions and complications.

Primary Care Nurse Practitioner Workforce Challenge:

Availability of Preceptors

- National shortage of qualified preceptors.
- Primary Care Providers in Maryland serve as preceptors to Medical, Nurse Practitioner and Physician Assistant Students.
- Online, offshore and out of state training programs create additional demand for precious preceptor resources within the state.
- Many of these programs offer direct payment to preceptors.
- Limited preceptors means fewer students able to be trained in the **high-quality programs** that exist within Maryland.
- Health professional shortage areas are especially affected because potential preceptors are already overwhelmed with patient care.
- 30%- 40% of UMSON FNP graduates will become employed where they have been precepted as a student.
- Precepting students can aid developing a pipeline of future providers

Primary Care Nurse Practitioner Workforce Challenge:

Availability of Preceptors: Suggestions

- APRN Nurse Practitioner faculty must maintain active clinical practice to teach nurse practitioner students.
- Practicing faculty can serve dual role of primary care provider and preceptor for students.
- Faculty practice can provide a mechanism for adequate staffing, especially in under resourced communities.
- Innovative relationships with hospitals, community primary care partners and FQHC’s are needed to support this role.

Primary Care Nurse Practitioner Workforce Challenge:

Applicant Pipeline of Primary Care NP Students:

- RN salaries are currently elevated in response to pandemic ($45.00 to $120.00 per hour)
- Applicants delay their return to school to make more money and help colleagues within hospitals.
- Several FNP students have slowed progression, taken LOAs, to work more as RN, delaying graduation and entry to practice in primary care.

Primary Care Workforce Challenge:

Nurse Shortage

- Nurse Practitioners must be Registered Nurses (RN) first.
- Shortage of RNs within the state and nationally post pandemic translates to fewer RNs to apply to graduate schools to pursue advanced degrees.
- U.S. nursing schools turn away qualified applicants from baccalaureate and graduate nursing programs due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (AACN,2017)
- Education of RNs faces similar challenges as APRN's
    - Clinical Nurse Preceptors
    - Clinical site limits on number of students
    - Faculty shortage and increasing age

Nursing Work Force Pipeline:

Suggestions: Grow Local

- Through AHEC and University of Maryland School of Nursing, develop a statewide program of partnerships with middle, high school and community colleges to create long term solution for nursing shortage.
- Introduce nursing as career for students in middle and high schools through career mentorship programs in partnership with STEM, AVID and Health Science programs.
- Explore the opportunity for co-teaching in health sciences curriculum at local schools and community colleges
- Faculty collaboration between campus and local schools to include career, share days and mentorship for college application

Nursing Work Force Pipeline:

Suggestions: Grow Local

- For high school students in nurse's aide (CNA) and medical assistant (MA) programs, encourage nursing as a long-term goal through career days and information sessions.
- For those already employed as CNA and medical assistants in hospitals, create opportunities and incentives to return to school.
- Develop curriculum to create an academic bridge program, making a clear path for CNAs and medical assistants to return to school for LPN and RN degrees.
- CNAs, MAs and home health aide occupations are amongst the most diverse within the health care work force and programs to benefit career advancement would increase diversity of the health care workforce.

Sources

- https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf
- https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf
- https://www.aacnnursing.org/portals/42/news/factsheets/faculty-shortage-factsheet-2017.pdf

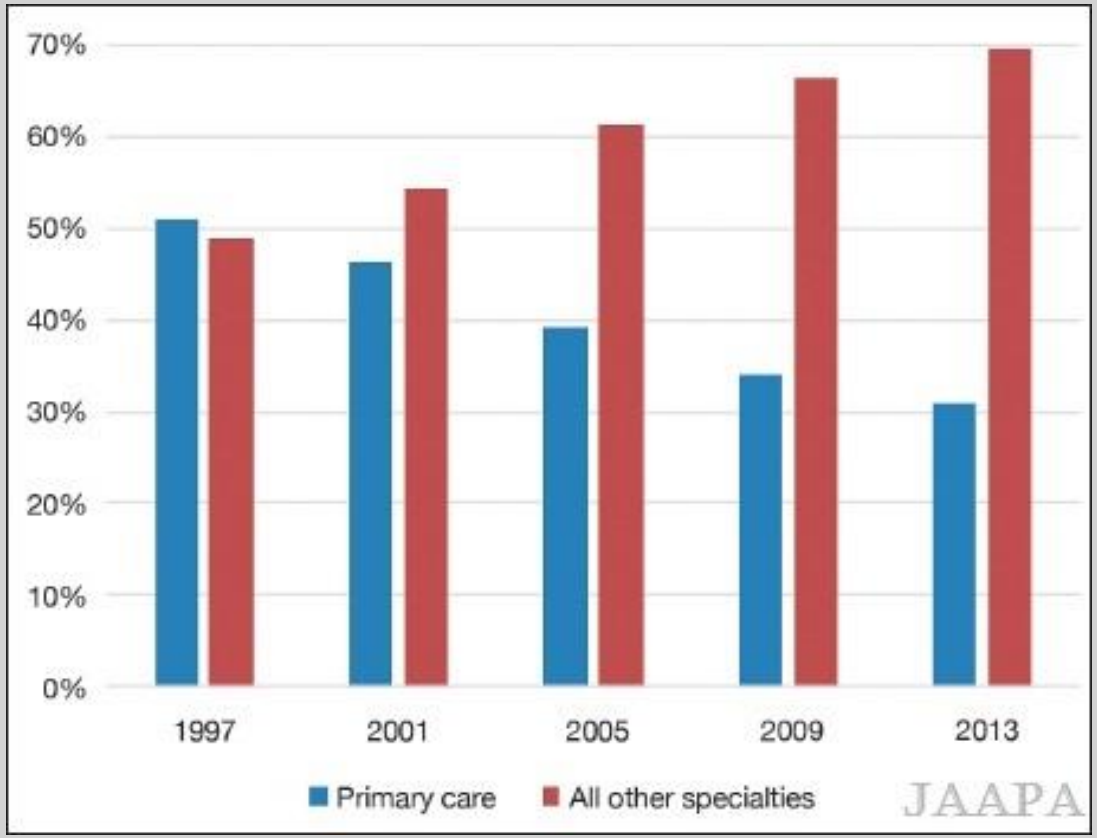
UMB PA Specialty Preceptor/Site Data Report

November 2, 2022

General Trend of PA in Primary Care

- Physician Assistants/Associates (PAs) in primary care have been ***decreasing*** since 2001 (Morgan et al., 2016).

- The proportion of PAs working in primary care (family medicine/general practice, general internal medicine, general pediatrics, and geriatrics) ***decreased*** from 51% in 1997 to 31% in 2013.



UMB PA Program

- The mission of the University of Maryland Baltimore Graduate School (UMB) and its PA program is to promote excellence in education to foster the development of competent, ethical and compassionate primary care providers.

- A growing obstacle to supporting the mission of UMB PA program is the shortage of preceptors and clinical sites, especially in primary care such as family medicine, internal medicine, and pediatrics.

UMB PA Student Clinical Year Requirements

- 8 Core Clinical Clerkships x 5 weeks plus 1 Final Elective x 5 weeks (40 Students/cohort)
  - Family Medicine
  - Internal Medicine
  - Emergency Medicine
  - General Surgery
  - Pediatrics
  - OB/Gyn
  - Psychiatry
  - Primary Care Elective

Each Clerkship:

- 40 – 60 hours per week
- Minimum 138 patient encounters (all logged)

Primary Care Sub-specialty Electives:

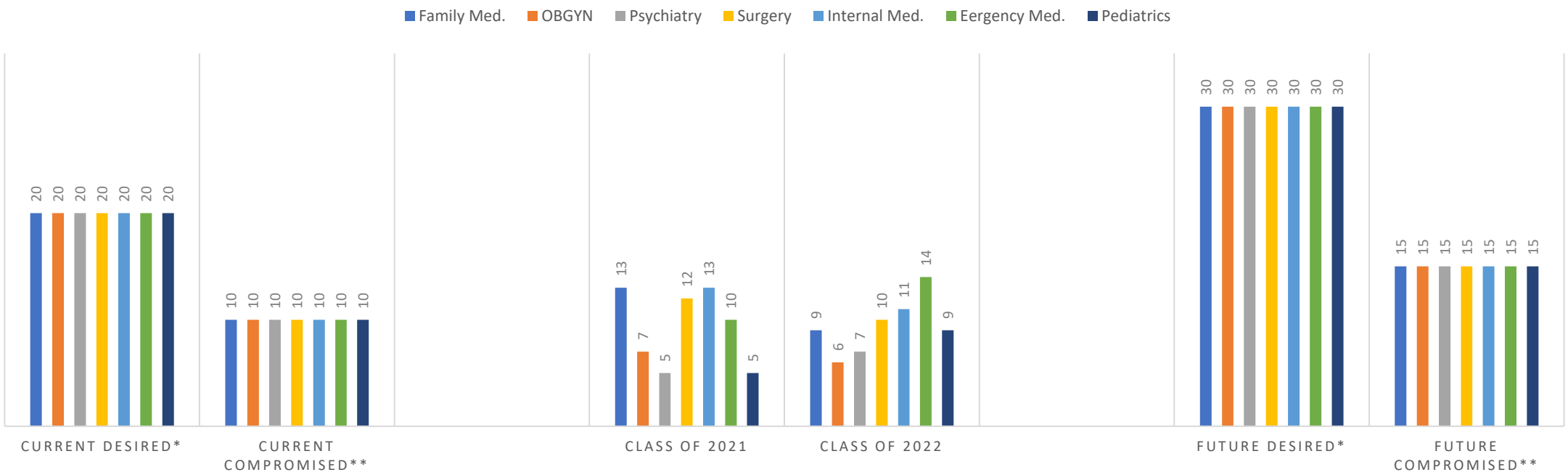
- Dermatology
- Cardiology
- Others

Final Elective:

- Anything Student Selects if available

UMB PA Specialty Preceptor/Site Number

* denotes student per preceptor ratio is 2:1
** denotes student per preceptor ratio is 4:1



For Classes of 2021 and 2022, the numbers of specialty preceptor/site are far less than desired ones. A desired student to preceptor ratio is 2 to 1.

Maryland PA Statistics

<u>Out of State Schools vying for Clinical Sites</u>:

- Drexel
- George Washington University
- Shenandoah
- Acadia
- Duke

Typical Payment per site/student:
$600

Morgan, P., Everett, C., Humeniuk, K., & Valentin, V. (2016). Physician assistant specialty choice: Distribution, salaries, and comparison with physicians. Journal of the American Academy of PAs, 29(7), 46-52. DOI: 10.1097/01.JAA.0000484301.35696.16

Special “Thank You” to Dr. Li-Chuan Lo for compiling data.

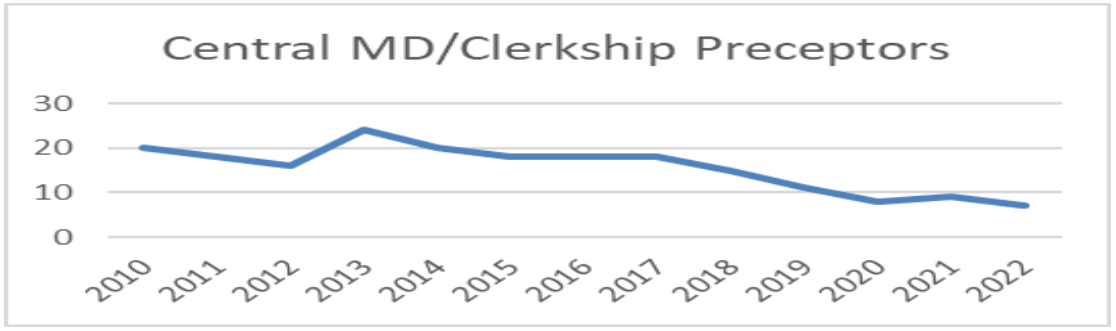
MD PA Students # (2019 PAEA Data)	Maryland Applicants (2020-21 CASPA Data)	Average PA Tuition for State resident	Average PA Tuition Non-state residents	National % PAs in Primary Care
278	**600**	**$65,891**	**$106,619**	**24%**

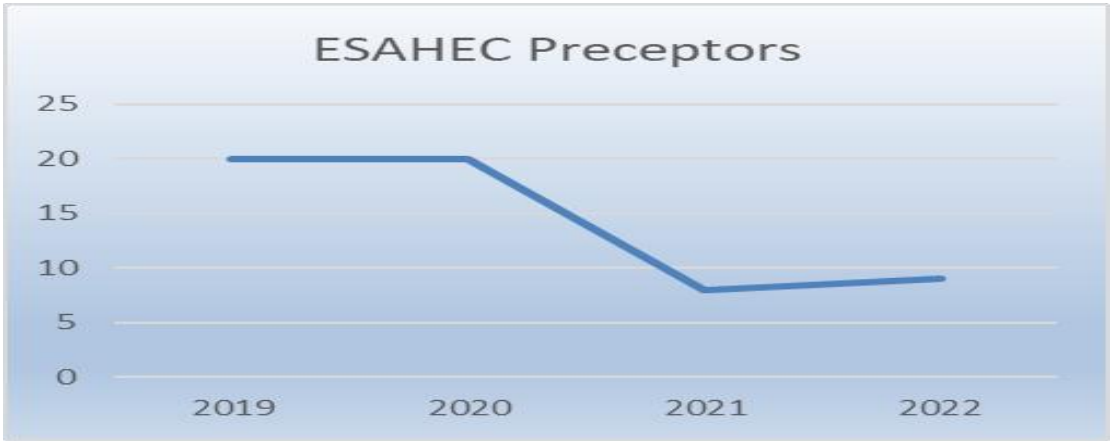
<u>New PA Programs in Maryland awaiting Accreditation</u>:
Notre Dame of Maryland University
Mount Saint Mary’s
Johns Hopkins University

PA Work Force Pipeline : Suggestions

- Increase available preceptors in these primary care fields
- Along with student housing to facilitate clinic attendance during clerkships
- The students would be more willing to attend a clinic in the farther reaches of the state if they had housing and didn't have to commute > 1 hour each way plus tolls for 5 weeks per clerkship.

A Big Problem: Dwindling # of community preceptors to teach our students





SUMMARY OF MAJOR CONCLUSIONS

There are critical statewide physician shortages in Primary Care, General Surgery, Thoracic Surgery, Vascular Surgery, Anesthesiology, Emergency Medicine, and Psychiatry.

- Regionally, there are significant physician shortages in the Eastern, Southern, and Western regions.

Maryland Physician Workforce Study, prepared by Boucher and Associates for Maryland Hospital Assn and Med-Chi

SHORT AND LONG TERM SOLUTIONS

SOLUTIONS

1.

the need for increased primary care spending

2.

Enhancing primary care workforce

3.

Implementing primary care teams

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING AND MEDICINE. IMPLEMENTING HIGH-QUALITY PRIMARY CARE: REBUILDING G THE FOUNDATION OF HEALTH CARE. THE NATIONAL ACADEMIES PRESS: 2021

SOLUTIONS

CALL FOR A NEW STUDY LOOKING AT HEALTH CARE DISPARITIES IN MARYLAND

DEVELOP LOAN FORGIVENESS FOR HEALTH PROFESSIONAL STUDENTS WHO PRACTICE IN UNDERSERVED AREAS

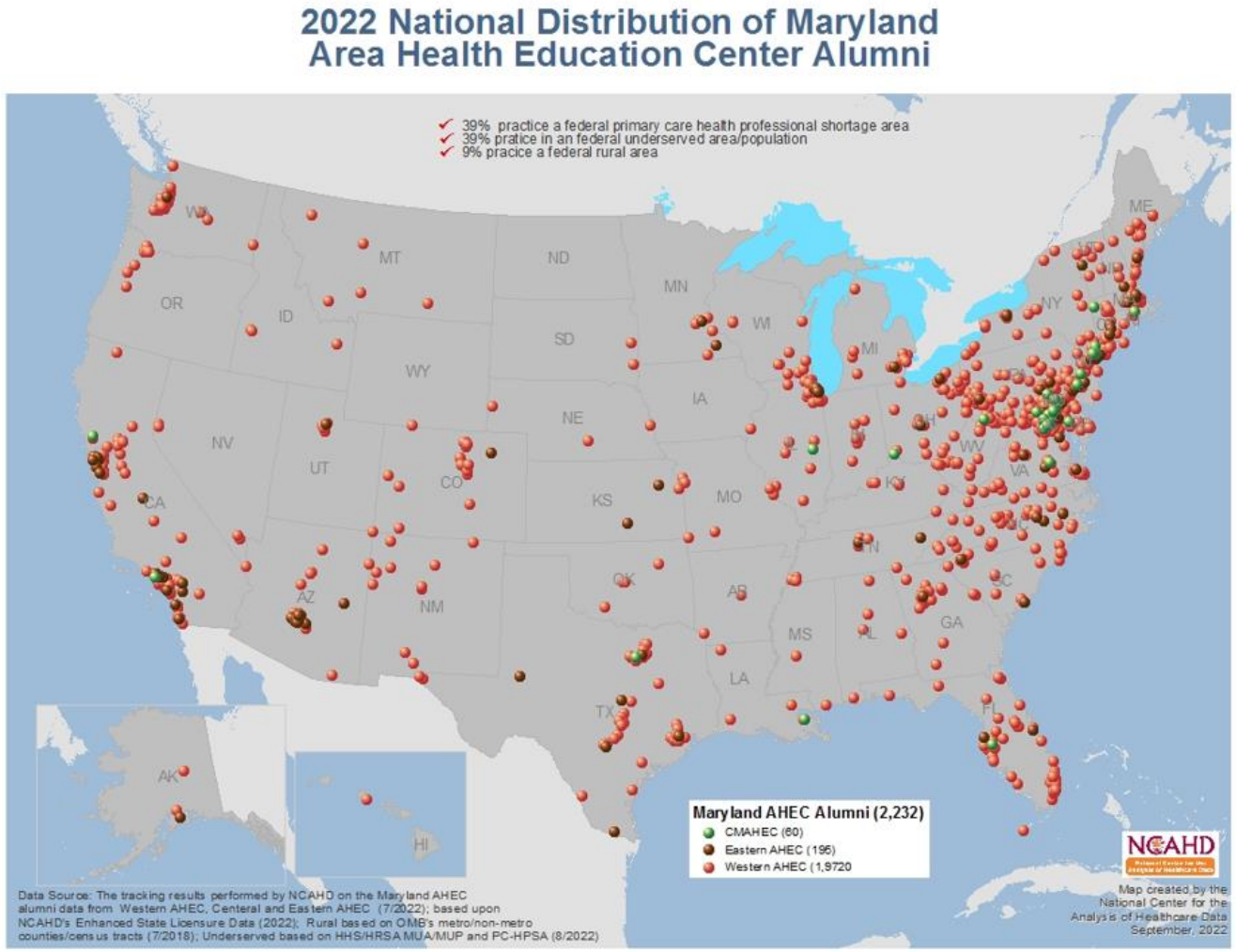
FUND COMMUNITY PRECEPTOR TAX CREDIT

Reduce expenses of medical supplies by eliminating the need to buy at market value

SUPPORT FUNDING FOR RURAL RESIDENCY TRAINING PROGRAM

Seed grant – but no sustainable funding- awarded to Dept Family and Community Medicine for Rural Residency Training Program on the Shore

Students taught by AHEC Preceptors ultimately practice in Maryland and throughout the United States



Short-term and long-term solutions for increasing the number of primary care providers : From a Physician Assistants Point of View …

- Short-term would be to provide incentives to current PC providers, not solely in shortage areas, to precept students and provide a good exposure to the value of primary care
- The state (Maryland Board of Physicians/Dept of Health) should lessen oversight restrictions and regulations on PA practice in Maryland (seriously behind the rest of the country) to allow this class of provider to serve the public. In a hospital setting, a physician can "supervise" any number of PAs; in private practice, there is a limit of 4 PAs under the supervision of a physician at any one time. In the primary care setting, PAs can function autonomously without the need for such archaic restrictions. The "Delegation Agreement" is another archaic document and regulatory oversight that serves no purpose other than to restrict PA practice and possibly increase physician liability.....and increase fees.

- Long-term would be for insurers to fairly compensate primary care providers for PREVENTIVE and management services to provide the compensatory incentive to attract providers to these specialties. It requires a paradigm shift, and possibly could be supported by mathematical projections of money saved if disease could either be prevented or managed better at the primary care level.

What can be done to end these critical, statewide and regional primary care shortages?

- Initiate a state loan forgiveness program that draws physicians to regions in need.
- Increase the number of residency slots.
- Strengthen H-1 visa (i.e., employment visa) regulations to protect hospitals/medical groups in rural areas.
- Offer incentives to encourage physicians/ ALPs to practice in the state's rural areas.
- Develop programs that encourage more residents who are training in Maryland to remain in state as clinical practitioners.

What can be done to end these critical, statewide and regional primary care shortages

The Robert Graham Center recommends bolstering the primary care pipeline by :

- imploring physician reimbursement reform
- dedicating funding for primary care graduate medical education (GME)
- increasing primary care funding training
- increasing medical school student debt relief.

- Reimbursement rates from insurers are lowest for primary care - this drives the need to see X-number of patients/hour to financially manage an office, limiting ability to precept students who might be drawn to this field
- Issues with insurers recognizing and reimbursing NPs/PAs
- HMO limits on enrolling providers into network (per capita limits) in geographic areas

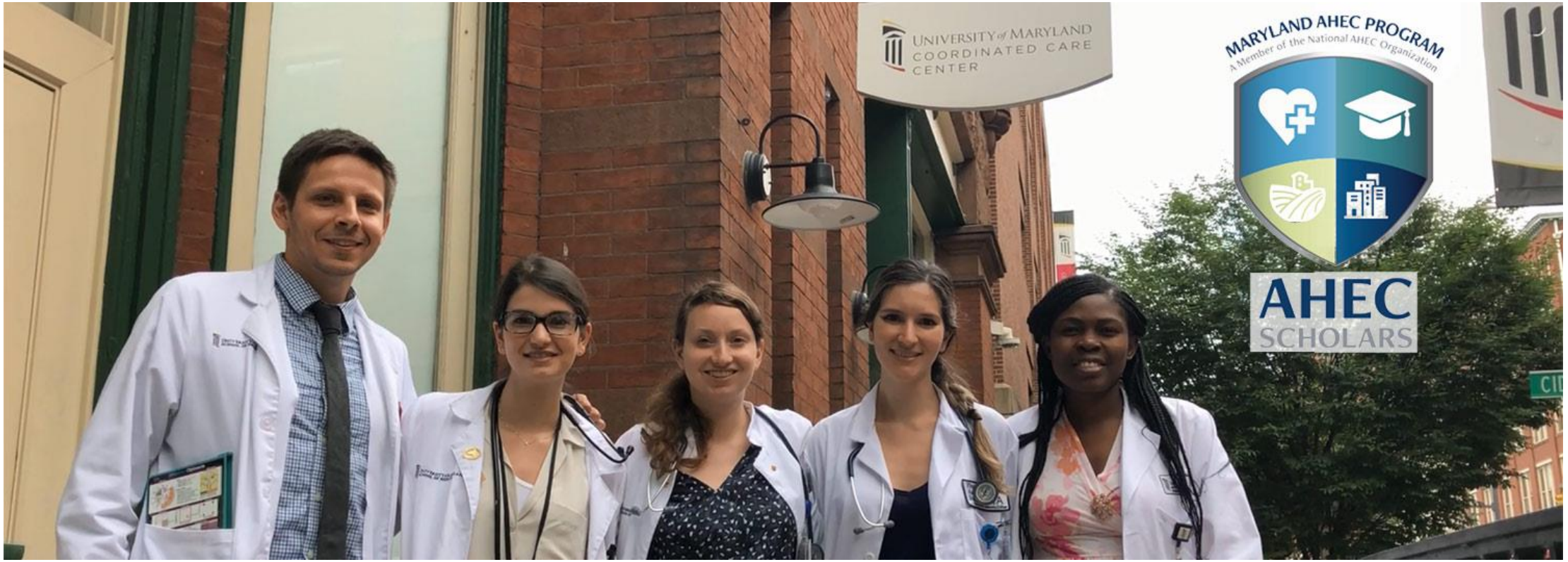
Make it more attractive to practice in underserved areas

- Adequate payer reimbursement rates; support staff; panel sizes
- Appropriate compensation packages
- Attractive benefits/ non-cash
- Supportive community - housing, schools, cost of living, etc.
- Tax Credits for Preceptors Program!

Fund community preceptor tax credit program

Solution: Increase Support for Maryland AHEC !

Expand Funding for 2 Rural Centers *and* Central Maryland AHEC



SUMMARY

We are already behind

We have to do something … now

With legislative action we can create a better future for Maryland