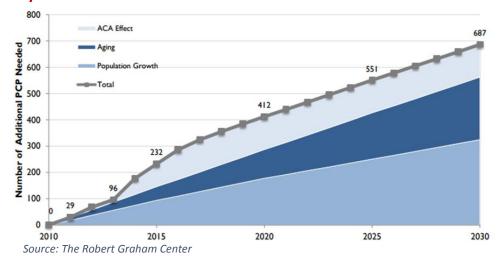
#### **HEALTHCARE WORKFORCE CHALLENGES**

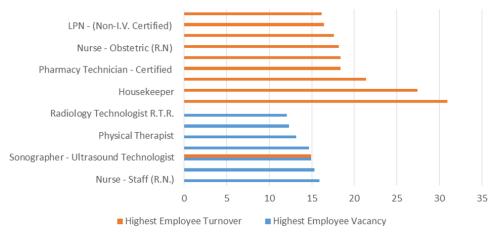
## **Overall Shortage of Primary Care Physicians**

## Workforce Projections 2010-2030: MO Projected Need for Primary Care Physicians

To maintain current rates of utilization, MO will need an additional 687 primary care physicians by 2030, a 18% increase compared to the state's current (as of 2010) 3,785 PCP workforce.



## **Increased Annual Vacancy and Turnover Rates in Missouri**



Note: Staff Nurses makeup the largest number of hospital employees in Missouri Source:  $\mbox{\it MHA}$ 

# Potential Policy/Requirement Change?

Missouri has not expanded the scope of practice for Advanced Practice Registered Nurses, which could result in the loss of qualified personnel to other states. Physician assistants are required to practice within 30 miles of a supervising physician in MO. Modification of these policies, as some other states have enacted, could mitigate shortages and reduce outflow of these professionals to other states.

## **Distribution of Primary Care Providers in Missouri**

Many Missouri counties have insufficient primary care providers for the size of their population. Average panel size in the U.S. is about 2300 patients per doctor. Even though not everyone is actively under a doctor's care, it would be ideal if everyone could have a primary care provider in case of need. Ratios higher than 3000 or 4000 to 1 indicate that this goal is not met.

#### Counties with the highest population per PCP ratio:

- ●Osage 13,688:1
- ●Bollinger 12,490:1
- •Crawford 12,272:1

Primary Care Physician Ratios by County

Primary Care Physician Ratio (Population per PCP)

The control of the

Source: County Health Rankings

## Burnout: emotional exhaustion experienced by workers in public service

According to Medscape Lifestyle Report 2017 (Medscape.com), 51% of all doctors are experiencing burnout, over a 25% increase in just four years. The top five specialties at risk include: emergency medicine (59%), OB/GYN (56%), family medicine (55%), internal medicine (55%), and infectious disease (55%)

#### **Causes**

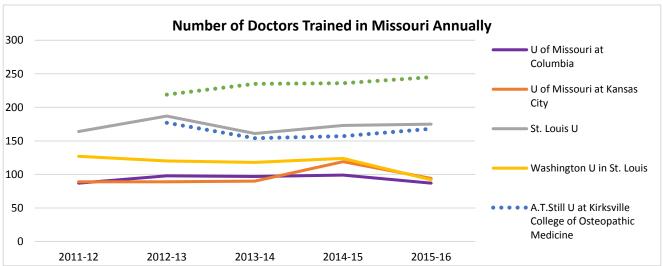
- Too many bureaucratic tasks
- Spending too many hours at work
- Increasing computerization of practice
- Income not high enough

"Prevention appears to be far more beneficial than treatment when it comes to burnout."

## Effects (higher risk & likelihood)

- Making poor decisions
- Displaying hostile attitude toward patients
- Making medical errors
- Difficult relationships with co-workers
- Depression & Anxiety
- •Sleep disturbances & Fatigue
- Alcohol and drug misuse
- Marital dysfunction
- Premature retirement & Leaving Practice

## **Physician Training in Missouri**



#### **Examples of Success**

- Reform how we reimburse doctors Reward value and care coordination rather than volume and care duplication. HHS is testing a new framework: 1) fee-for-service with no link of payment to quality; 2) fee-for-service with a link of payment to quality; 3) alternative payment models built on fee-for service architecture; 4) population-based payment (CMS, 2015).
- Increased funding for primary care training Title VII funding of departments of family medicine at U.S. medical schools is significantly associated with expansion of the primary care physician workforce and increased accessibility to physicians for the residents of rural and underserved areas. Title VII has been successful in achieving its stated goals and has had an important role in addressing U.S. physician workforce policy issues (Robert Graham Center, 2002).
- Medical school student debt relief National Health Service Corps (NHSC) & MO Health Professional State-Loan Repayment Program offer tax-free loan repayment assistance up to \$50K to support primary care medical, dental, or mental/behavioral health clinicians who make a two-year commitment to practice in a Health Professional Shortage Area (HPSA) in Missouri (MO HSS, 2017).
- Rural recruitment directed at students originally from rural areas University of Alabama Rural Health Leaders Pipeline finds & nurtures capable rural students interested in becoming physicians and practicing in their hometowns or similar rural areas in the state. It includes programs for high school, minority, premed, and medical students (College of Community Health Services, 2017).