



The University of Arizona
Health Sciences

Arizona's Primary Care Physician Workforce

June 15, 2022

Dan Derksen, M.D.

Associate Vice President for Health Equity, Outreach & Interprofessional Activities

The University of Arizona

dderksen@arizona.edu





AZ Primary Care Physician (PCP) Need

AZ Meets just 37% of PCP need (US 47%)

From 2021, AZ PCP Health Professional Shortage Areas (HPSA) – geographic, population, facility - grew by 18 (from 220 to 238)

From 2021, PCP needed increased by 95 FTEs (from 558 to 653)

Sources: <https://store.aamc.org/downloadable/download/link/id/MC40NDYzNTYwMCAxNjQyNzEyNTExMTE3NTYzNDk1OTY2ODE0MzA%2C/>

HRSA Data Portal at [hrsa.gov](https://data.hrsa.gov); Robert Graham Center; U.S. Census

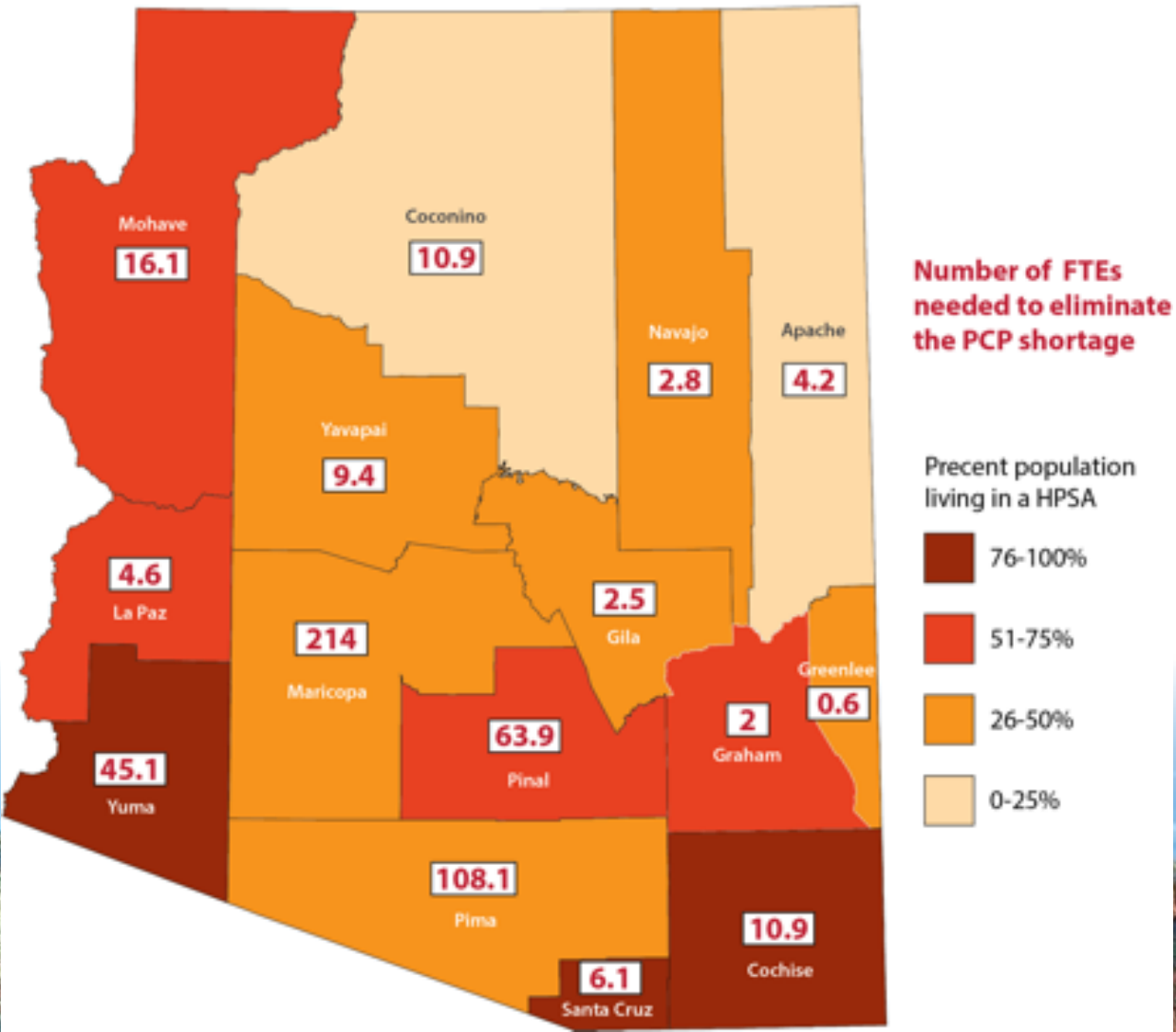
<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

AZ Primary Care Physician Shortage



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Percent Living in Primary Care Shortage Areas (HPSAs) and
Number of Providers Needed to Eliminate Shortage (2018)



653 PCP FTE

Needed Now in 2022

1,941 PCP FTE Will
Be Needed by 2030



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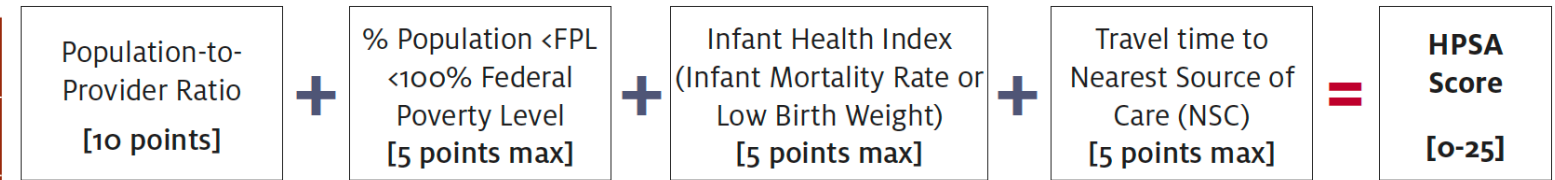
2018 AZ PCP FTE Shortages

Tribal Nation HPSA Scores

TRIBAL NATION HPSA SCORE PCPs SHORT

White Mountain Apache	20	4.69
San Carlos Apache	20	3.44
Gila River	20	3.35
Tohono O'Odham	20	2.56
Navajo	20	40.58
Pascua Yaqui	20	1.09
Hopi	19	2.57
Salt River Pima-Maricopa	18	1.17
Colorado River	17	1.57
Hualapai	12	0.34
Fort McDowell Yavapai	10	0.17

HPSA Score Formula:



HPSA Scoring Used to Allocate Funding for
Many Federal Programs



AZ PCP Need, Population Growth

AZ #42 active PCP per 100,000 pop: AZ 80 (US 95)

AZ #31 active total physicians/100,000: AZ 231 (US 272)

AZ #4 state pop growth

PHX #1 major city pop growth

Sources: <https://store.aamc.org/downloadable/download/link/id/MC40NDYzNTYwMCAxNjQyNzEyNTEzMTE3NTYzNDk1OTY2ODE0MzA%2C/>

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Arizona's rapid pop growth contributes to PCP shortages:

Federal funded Medicare GME slots capped (1997 Balanced Budget Agreement)

AZ top 5 state in population growth

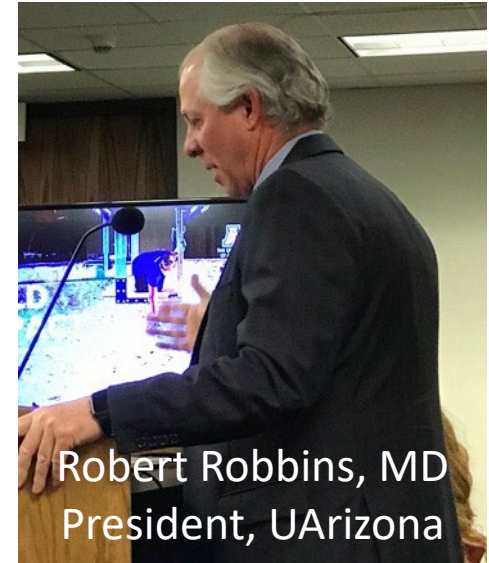
Enough AZ MD + DO schools, not enough AZ subsidized residency positions

Many AZ MD, DO grads must leave AZ for residency, most do not return



UAHS is committed to partnering with the State to tackle Arizona's health professional shortages. Arizona faces alarming physician and health professional shortages, especially in rural areas.

2019 leg appropriation
created AZ PCP
Scholarship Program



Robert Robbins, MD
President, UArizona



2019 Mike Dake, MD
UAHS Senior VP

AZ PCP Health Policy Progress

State med student PCP scholarships (COM PHX, TUC)

Medicaid GME now includes FQHCs (2021 session)

Tribal AHEC: 6th AHEC Regional Center (2021 session)

Progressive Telehealth Policy (2021 session)

Acronym Key: GME: Graduate Medical Education (aka residency training)

PCP: Primary Care Physician

AzAHEC: Arizona's Area Health Education Center (AzAHEC) Program



PCP Scholarship Criteria: is in medical school at the UArizona Colleges of Medicine (Tucson or Phoenix), completes residency training and agrees to practice in an Arizona HPSA:

- family medicine
- general internal medicine
- geriatric medicine
- general pediatrics
- general surgery
- obstetrics and gynecology
- psychiatry



AZ Rural Health Safety Net Includes:

- 16 Critical Access Hospitals (CAHs)
- 38 Rural Health Clinics (RHCs)
- 23 Health Centers in over 175 Sites (FQHCs)
- Indian Health Service Hospitals and Clinics
- P.L. 638 Self-determination, Tribal-operated Rural Hospitals
- Private Practices

https://crh.arizona.edu/sites/default/files/publications/20210903_CRH_Annual_Report_FY21.pdf



State Office of Rural Health Arizona Center for Rural Health

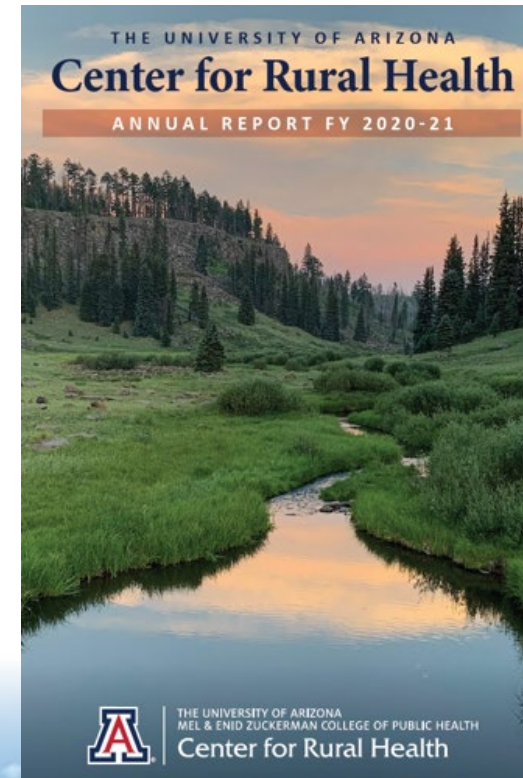


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Mission: to improve the health & wellness of rural and vulnerable populations.

Funded AzCRH Programs, Initiatives:

State Office of Rural Health (State-HRSA)
Rural Hospital Flexibility Program (HRSA)
HRSA-CAAHEC-AzCRH Navigators Initiative
ADHS-SAMHSA-AzCRH: First Responders and
MAT Mentors Initiatives
ADHS-CDC-AzCRH: COVID Disparities and
Overdose Data to Action (OD2A) Initiatives



June 14-15
48th Annual Rural
Health Conference

Register at:
<https://crh.arizona.edu/>

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CRHWorks: State Licensure Data Active Physicians + AZ Practice Site

FM/GP increased by **59** from 2019 (2,295) to 2021 (2,354)

Physicians increased by **667** from 2019 (17,180) to 2021 (17,846)

All **66** PGY 1 FM residency program slots were filled in 2021

FM residency slots increased **13** from 2017 (53) to 2021 (66)

+4 North Country HealthCare; +2 Yuma; +15 Midwestern (5 each Kingman, Sierra Vista, Mesa)

-8 Barrow



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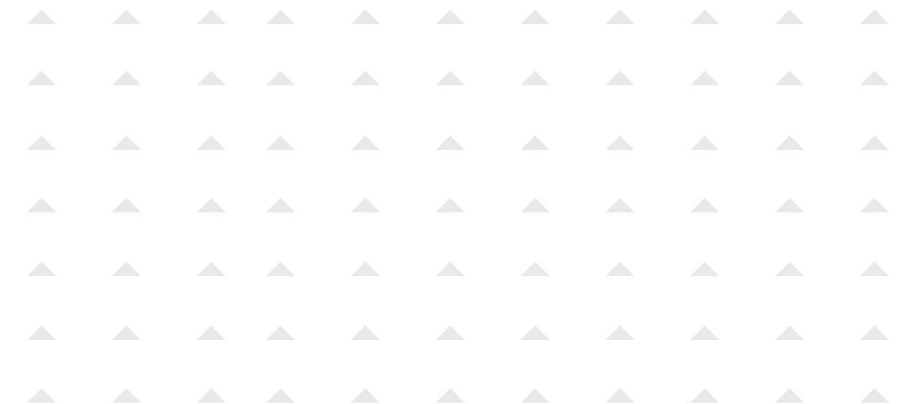
Opportunities for Rural UME and GME

Judith Hunt, MD & Sharry Veres MD, MHSM
(Jonathan Cartsonis, MD contributing greatly!)



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Who are we?



Judy Hunt – Site director for education at Payson

Sharry Veres – Department Chair for Family, Community and Preventive Medicine at UA COM-P

What experience we have with this topic

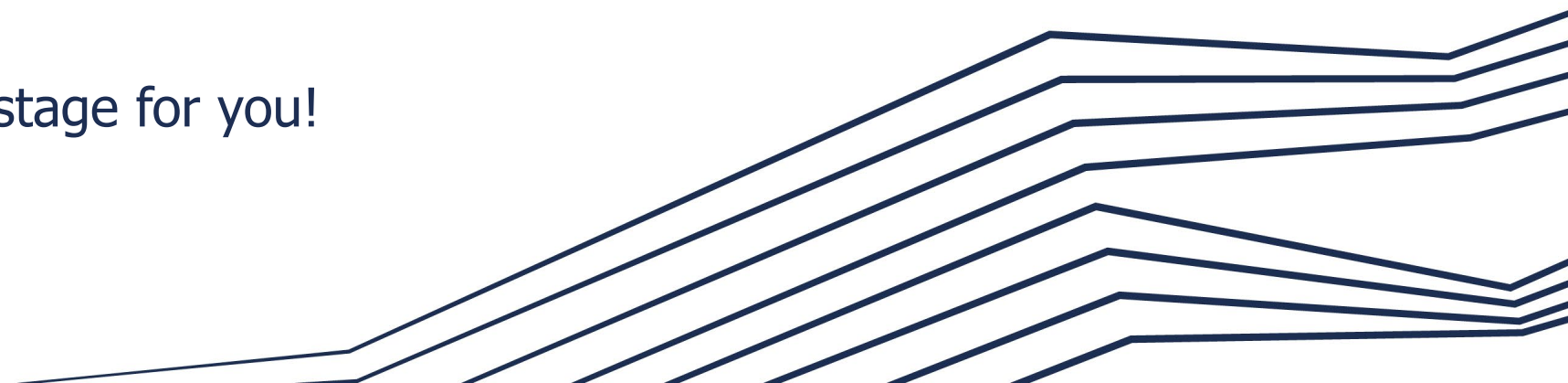
Why it matters to us

Why we want to help

10 slides to help set the stage for you!



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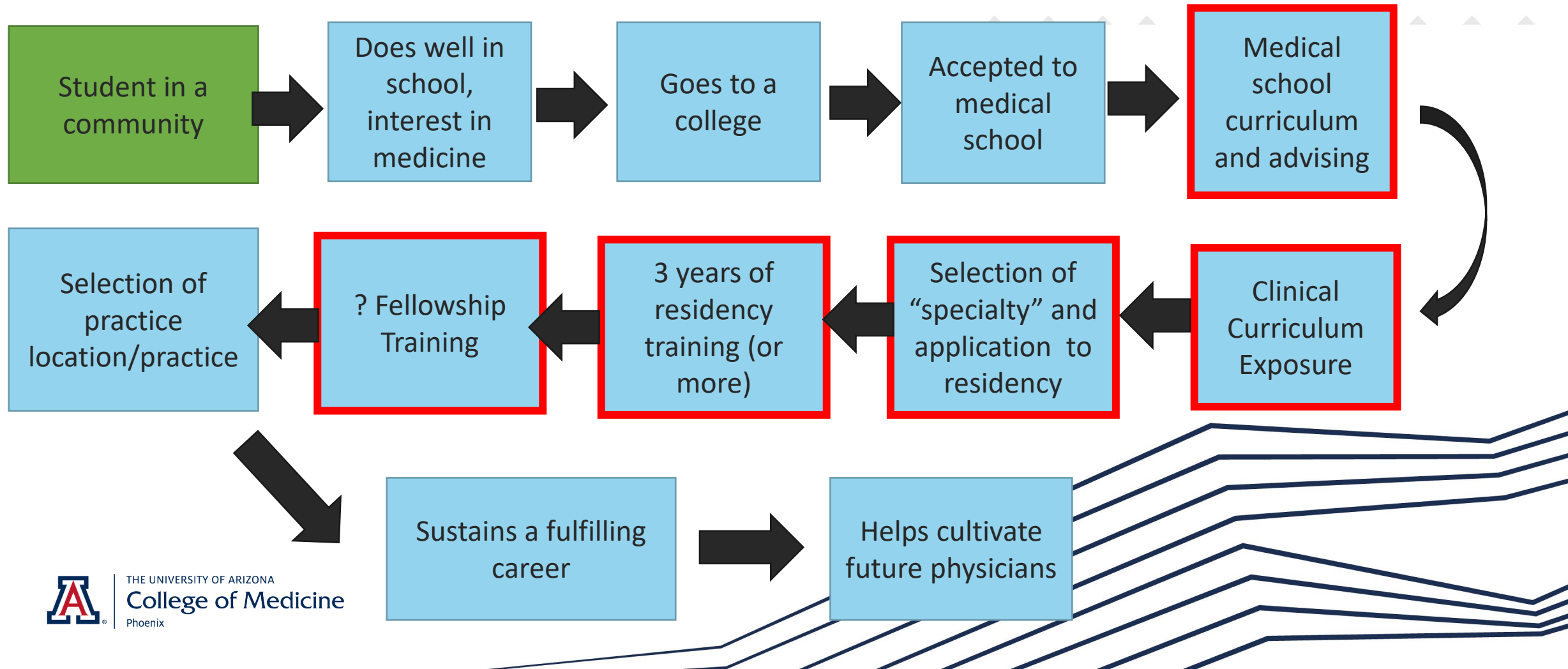


Problems

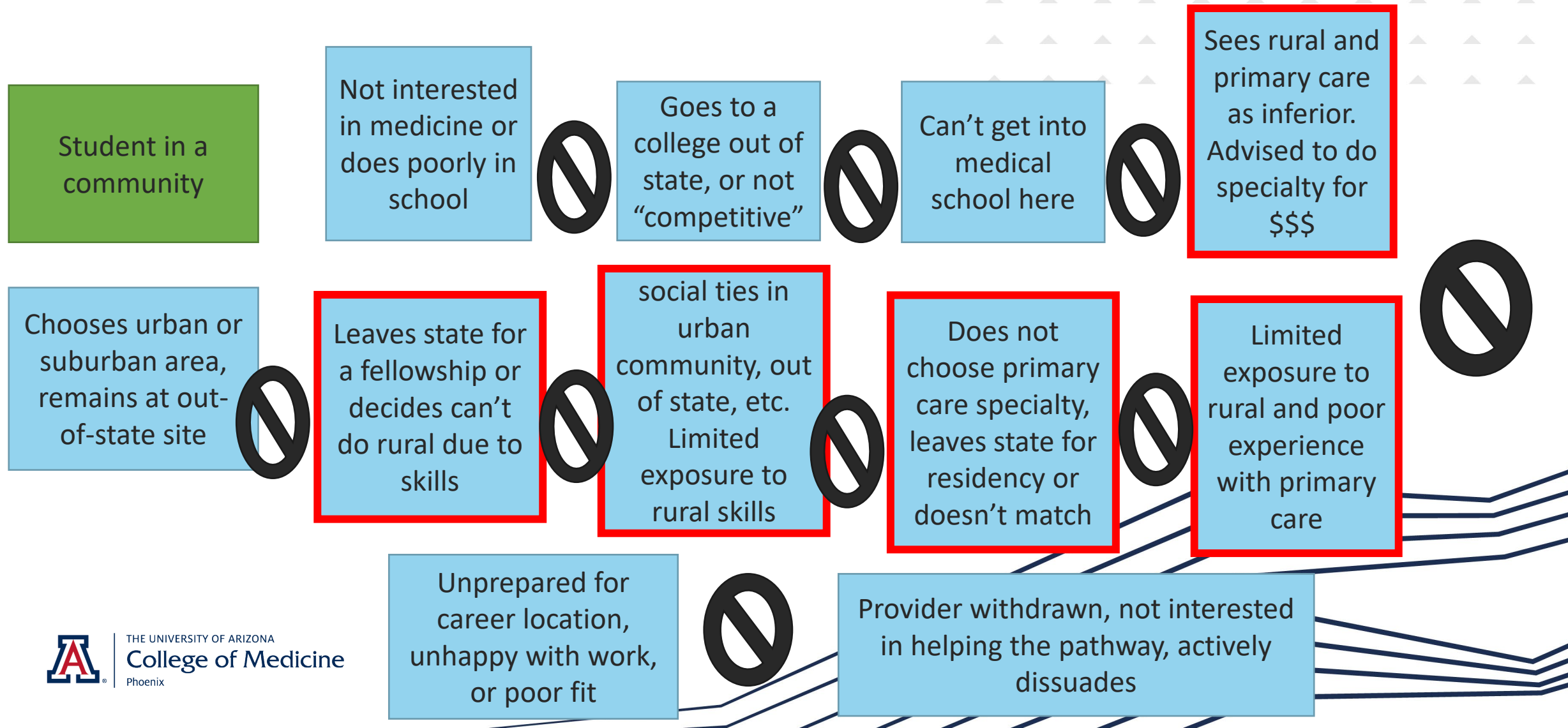
- Creating the MD/DO workforce is a riverbed with twists, turns, bottlenecks, dams, offramps and droughts!
- It's complicated and technical
- It concerns us greatly
- If we don't tend to the pathway, there are downstream impacts



The pathway



How it can go wrong for us



Targeting student phases

- Admitting students with high likelihood for rural or primary care
- Rural and primary care advisors
- Rural training track (rural COD) for students
- Longitudinal integrated curriculum (LIC)
- Scholarships
- Countering “hidden curriculum”
- Connecting rural LIC for students with rural residency training
- Creating a 3-year pathway for students (cost savings)
- Inspiring! Cultivating!



Targeting resident phases

- Rural advisors and inspiration talks
- Consortium of residencies requiring rural/underserved month
- Amazing rural electives
- Scholarships/payback programs
- Rural training programs
- Networking rural sites to urban programs
- Connecting rural LIC for students with rural residency training



Don't forget post-residency

- Have desired, gap-filling fellowships that make sense here in the state
- Loan repayment programs
- Recruitment and retention best practices
- Networking rural sites with training areas
- Connecting rural LIC for students with rural residency training with post-residency training or positions
- Opportunities for tune-up, retraining, or “support force”



Models to make residents happen

- Self sponsoring vs having another sponsor for ACGME
- Funding
 - Development grants
 - CMS
 - HRSA
 - State
 - Board interest

Teaching Health Center

State Medicaid

Federal CMS money through traditional route (rural training program tracks)



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Some state/regional approaches

Robust stand-alone and partnership programs

RTPs for everyone approach

Hub and spoke with rural and broad-spectrum emphasis

Required rural training months with \$ or incentives



Some state/regional approaches

Go big with fellowships

Connect rural meaningfully to urban programs

Connecting rural LIC with residency

3+3 primary care tracks

Mix of methods



Some other thoughts

- We need more doctors!
- Family medicine doctors are versatile and a backbone for systems
- You can't (in most cases) make a new doctor without residency
- Residency training program slots have restrictions/caps on funding, but rural has special privileges
- We need some variety of primary care in appropriate ratios
- About 80% of residents stay within 50 miles of their residency after graduation.
- Competition, not filling, and failure

