

## Legislative Commission on Primary Care Workforce Issues

May 25, 2017 2:00-4:00pm at the NH Medical Society Conference Room, Concord

### Call in information:

866-939-8416

Participant Code: 1075916

### Agenda

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|-------------|---|
| 2:00 - 2:10 | <b>Introductions &amp; Minutes</b>  |
| 2:10 - 3:00 | Chris LaRocca, MD, Chair, Geisel School of Medicine Admissions Committee - <b>What strategies can we (collectively) use to encourage more conversations during the admission process to identify student interest in primary care and an ultimate return to NH?</b> |
| 3:00 – 3:40 | Cathy Morrow, MD, Chair of the Department of Family and Community Medicine at Geisel School of Medicine - <b>Review of GME funding options (following a conference earlier this year)</b>   |
| 3:40 – 3:55 | <b>Legislative Update</b><br>*HB 322<br>*Loan Repayment Program- budget negotiations: Help needed!  |
| 3:55 – 4:00 | <b>Next Steps/Adjourn</b>   |

Next meeting: Thursday June 22 2:00-4:00pm



# GME + Medicaid

Cathleen Morrow MD

# Outline

- o History – WHY did NH stop? How did it happen?
- o Current state – AAMC report
- o Possibility?
- o Other: NP residency; VA slots
- o Private for profit start ups?
- o GOAL: how might we leverage this potential?

# History + Background

- o Current model: Medicare pays for GME
- o In the past, in NH Medicaid had contributed to GME
- o Not clear why NH dropped Medicaid GME
- o AAMC report 2016: “The NH Legislature suspended Medicaid GME payments, however, GME payments continue to be authorized under the Medicaid State Plan”

# Current

- o 42 states and DC made GME payments under Medicaid in 2015
- o 2 of the 8 states that did not (CA/MA) are among the 10 with the largest number of GME programs
- o 2015 overall Medicaid support for GME grew = 4.26 billion (up from \$2.3 billion in 1998)
- o BUT 10 states explicitly reduced by 10% or more

# Current

- o For the first time in 2015 proportion of medicaid GME was > (%61) under managed care medicaid than FFS (%39)
- o 15 states with the highest medicaid GME payments represent %87 total = NY; Fla, VA, SC,AZ, MI, MO, NJ, PA, WA, OK, OH. All > \$100 million (NY \$1.4B)
- o 32 states made payments with explicit expectation of producing more physicians; in some cases to specifically “provide care for Medicaid populations”

# New Mexico

- o Legislature designated \$ for PC workforce development specifically; gave statutory authority to the DOH to determine health career development pipeline.
- o Created the NMPCTC – consortium became the sponsoring institution
- o 6 new FM residencies throughout highly rural and underserved portions of the state

# North Carolina

- o Probably the strongest AHEC – Academic bridge in the country
- o If train in an AHEC residency 2 x more likely to remain in the state
- o AHEC GME strategy: 3000 residency slots; 80% at AMC's; 25% paid for by medicaid GME