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

2:00 - 2:10  Introductions & Minutes

2:10 - 3:00  Chris LaRocca, MD, Chair, Geisel School of Medicine Admissions Committee - **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?**

3:00 – 3:40  Cathy Morrow, MD, Chair of the Department of Family and Community Medicine at Geisel School of Medicine - **Review of GME funding options (following a conference earlier this year)**

3:40 – 3:55  **Legislative Update**
*HB 322
*Loan Repayment Program- budget negotiations: Help needed!

3:55 – 4:00  Next Steps/Adjourn

Next meeting: Thursday June 22 2:00-4:00pm
GME + Medicaid

Cathleen Morrow MD
Outline

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

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

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

- For the first time in 2015 proportion of medicaid GME was > (%61) under managed care medicaid than FFS (%39)
- 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)
- 32 states made payments with explicit expectation of producing more physicians; in some cases to specifically “provide care for Medicaid populations”
New Mexico

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

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