

CEPRI MEDICAL EDUCATION NEEDS ANALYSIS

**Presentation to the Board
of Governors' Strategic
Planning/Educational
Policy Committee**

November 18, 2004



Charge from the Board of Governors



CEPRI was directed to:

1. Define the parameters of a model to be used to quantify the adequacy of the State's physician workforce;
2. Project the extent to which a physician shortage exists and to develop cost/benefit estimates of various alternatives to produce the required number of additional physicians...



Study Activities

- Convened an advisory committee of representatives from the Council of Florida Medical School Deans, the Graduate Medical Education Committee, all public universities, and Florida's private medical colleges
 - Met in June, August, and September
 - Developed a matrix of parameters to assess physician workforce needs
 - Discussed various alternatives to address the need for additional physicians

Advisory Committee Members



- Dr. Akshay Desai, CEPRI
- Dr. Mathis Becker, FL GME Committee
- Dr. Thomas Breslin, FIU
- Dr. Robert Brooks, FSU
- Ms. Linda Collins, UF
- Dr. Peter J. (Jeff) Fabri, USF
- Dr. Michael Friedland, FAU
- Dr. Debi Gallay, FIU
- Dr. Patricia Haynie, USF
- Dr. Denise Heinemann, FGCU
- Dr. Terry Hickey, UCF
- Dr. Carlos Martini, FIU
- Dr. Nancy McKee, DCU
- Dr. Mark O'Connell, UM
- Ms. Linda Rackleff, Council of FL Medical Deans
- Dr. Lynn Romrell, UF
- Dr. Mark Rosenberg, FIU
- Dr. Venkat Sharma, UWF
- Dr. Anthony Silvagni, NSU
- Dr. Steve Ullmann, UM
- Dr. Robert Watson, UF

Assessing the Adequacy of the Physician Workforce



POLICY RECOMMENDATIONS

1. The Legislature should enact the Florida Health Care Practitioner Workforce Database.

- Serve as the official statewide source of valid, objective, and reliable data on the physician workforce

Assessing the Adequacy of the Physician Workforce



QUALITY AND AVAILABILITY OF DATA

- Current law requires medical licensure applicants to submit specified information as a prerequisite to licensure
 - Licensed physicians also required to submit specific data to the DOH that is made public through the Practitioner Profile
- Despite these requirements, considerable concerns over data quality, accuracy, and availability remain
 - Much of the data based on self-reported responses to open-ended questionnaires
 - Most of the information is not standardized for analysis
 - “Burden of verification” is placed on physician
 - Additional useful data to assess physician workforce not currently collected

Assessing the Adequacy of the Physician Workforce



POLICY RECOMMENDATIONS

2. As more reliable data becomes available, state policymakers should develop a model, accounting for the following factors:

- Supply – Demographics, Physician Practice Status, Specialty, Place of Education and Training, Quality of Care and Safety of Practice, Service Delivery Conditions, Generational Changes, and Public Perception
- Demand – Population Growth, Economic Indicators, and Issues of the “Pipeline” into Medical Education

Assessing the Adequacy of the Physician Workforce



FACTORS IDENTIFIED AFFECTING THE PHYSICIAN SUPPLY AND DEMAND IN FLORIDA

Supply

- Demographics, most notably age and gender
- The percentage of time physicians devote to active practice
- Specialties practiced
- Importation of physicians – especially the dependence on foreign-trained physicians
- Environmental constraints on practice – most notably geographic distribution and insurance costs

Demand

- Continued growth in Florida's population, especially the elderly.
- Continued growth of the economy of the state and its connection to health care services
- The availability of “qualified” Florida students to attend medical school

Alternatives to Address a Physician Workforce Shortage



- Expansion of Residency Positions
- Incentive Programs to Attract Physicians
 - Loan Forgiveness
 - Scholarships
- Expansion of Medical School Capacity
 - Existing Medical Schools
 - Branch Campuses
 - New Medical Schools

Alternatives to Address a Physician Workforce Shortage



POLICY RECOMMENDATIONS

The Expansion of Residency Positions

3. The State of Florida should first pursue a policy of creating and expanding medical residency positions in the state
4. The Legislature should provide direct state funding for residency positions at a rate no less than half of the average estimated direct cost for residency training. Funding should be targeted to areas of on-going critical need to the state.



Alternatives to Address a Physician Workforce Shortage



POLICY RECOMMENDATIONS

The Use of Incentives to Attract Physicians to Florida

5. The Legislature should provide funding to the Florida Health Services Corps (381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.



Alternatives to Address a Physician Workforce Shortage



POLICY RECOMMENDATIONS

The Expansion of Medical School Capacity

6. The expansion of medical school capacity should be pursued only after policies to immediately address a physician shortage have been implemented (increasing residency positions and funding scholarship and loan forgiveness programs).

Alternatives to Address a Physician Workforce Shortage



POLICY RECOMMENDATIONS

The Expansion of Medical School Capacity

7. When expansion of medical school is pursued, the options of expanding existing medical school capacity, establishing regional partnerships, and establishing new medical schools should be prioritized based on cost-efficiency.



Alternatives to Address a Physician Workforce Shortage



Expansion of Residency Slots

- Provides the most immediate impact to increasing the physician workforce in Florida
 - Quicker turnaround for producing practicing physicians (3-5 years compared to 7-10 years for an incoming medical student).
 - Residency completers also more likely to remain in-state to practice than medical school graduates (61% of residents remained in Florida; 49% of medical school graduates remained).
- Florida has room to grow in terms of residency positions
 - The state ranks 46th among the states in M.D. and O.D. residency positions
- Funding Concerns
 - Federal funding essentially frozen since 1997
 - Direct state funding through CHEP has become untraceable since funds were transferred to the Medicaid budget.



Alternatives to Address a Physician Workforce Shortage



Incentives to Attract Physicians to Florida

Loan Forgiveness and Scholarships

- Programs designed to influence the distribution of physicians within the state and steer medical students to fields of critical need.
 - Florida Health Services Corps (381.0302, F.S.)
 - Medical Education Reimbursement and Loan Repayment Program (1009.65, F.S.)
- Programs have not been funded in recent years.
- Attractive to recent graduates, given the growth in education debt among medical students.
 - Average debt in Florida is \$90,000.
- Can provide a steady stream of new physicians to underserved areas.



Alternatives to Address a Physician Workforce Shortage



Expansion of Medical School Capacity

- There is room to grow in terms of the number of medical school seats in Florida.
 - The state ranks 37th in the number of medical school students per state population.

However, this policy option should be pursued last given...

- Time required for an incoming medical student to reach full licensed physician status is 5-7 years (compared to 3-5 for residents);
- The likelihood that only about 49% of Florida's medical school graduates remain in-state to practice (compared to 61 percent of residents);
- The growing lack of residency opportunities for Florida graduates from already expanded UF, USF, UM, and NSU and the new FSU and LECOM;

Alternatives to Address a Physician Workforce Shortage



Expansion of Medical School Slots

Option #1: Expanding Existing Medical School Capacity

- **Benefits**
 - Strong reputation to attract students and research dollars already in place
 - Requires less capital expense than the establishment of branch campuses or new schools
- **Ability to Expand**
 - UF, USF, UM, and NSU identified that with new construction (estimated at \$69.6 million) and an operating cost of \$30,000 per additional student, 192 first year seats could be added by 2010-11.

Alternatives to Address a Physician Workforce Shortage



Expansion of Medical School Slots

Option #2: Expansion through Regional Campuses

● Benefits

- Allows students to train with more varied patient loads and health care delivery settings
- Provide access to medical students in parts of the state not served by a medical school, without the increased expense of starting a new school

● Concerns

- Accreditation
- Maintaining a parallel educational experience between the main and regional campuses
 - Finding enough faculty at the regional site
- Success requires a willingness of multiple institutions to partner

Alternatives to Address a Physician Workforce Shortage



Expansion of Medical School Slots

Option #3: Expansion through New Medical Schools

● Benefits

- Provides economic benefits to the local community and state (jobs and increased tax revenues)
- Increasing the prestige on the local institution
- Like regional campuses, opens up access to medical education in other areas of the state

● Concerns

- Costly option
 - Start-up capital expenses
 - Hiring of new faculty and administrators
 - Heavier reliance on state general revenue to support medical education than existing schools

