Health Care Reform Review Committee

Joshua Wynne, M.D.

Vice President for Health Affairs and Dean

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Plan For This Morning

- Review current status of provider supply, focusing on physicians and dentists
- Discuss impact of changing ND demographics on future health care needs
- Speculate on likely impact of ACA ("Obamacare") using Massachusetts as the model
- Discuss what the SMHS is doing to meet North Dakota's health care needs

Current Status of ND Health Care Provider Workforce

First Biennial Report

Health Issues for the State of North Dakota

2011

School of Medicine & Health Sciences
Advisory Council

The University of North Dakota
School of Medicine
& Health Sciences

First Biennial Report
Health Issues for the State of North Dakota
· 2011 ·

Second Biennial Report

Health Issues for the State of North Dakota

2013

www.medicine.nodak.edu

School of Medicine & Health Sciences
Advisory Council

Center for Rural Health
University of North Dakota
School of Medicine and Health Sciences

UND School of Medicine & Health Sciences
The University of North Dakota

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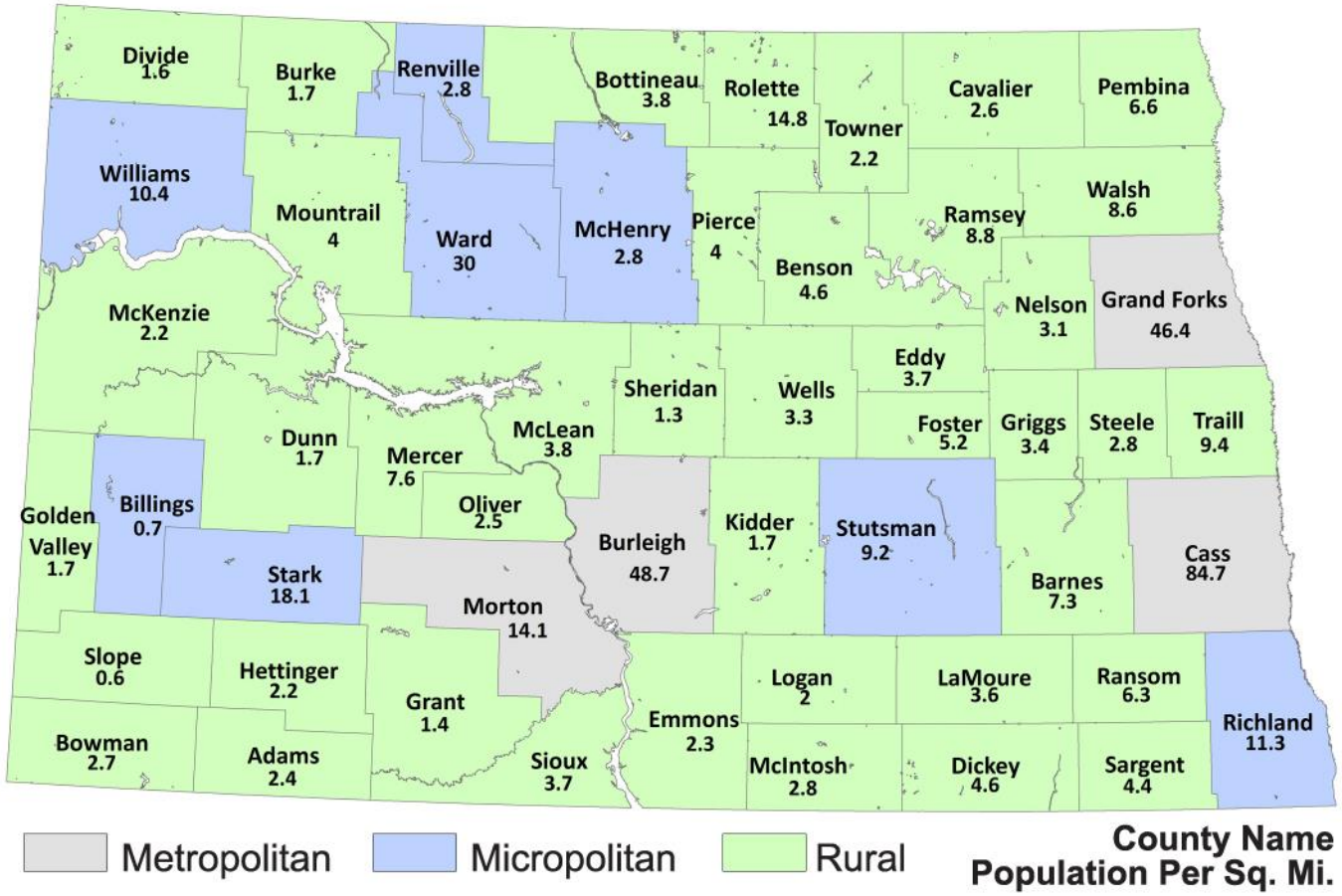
The University of North Dakota

Metropolitan, Micropolitan (large rural), and Rural Counties in ND



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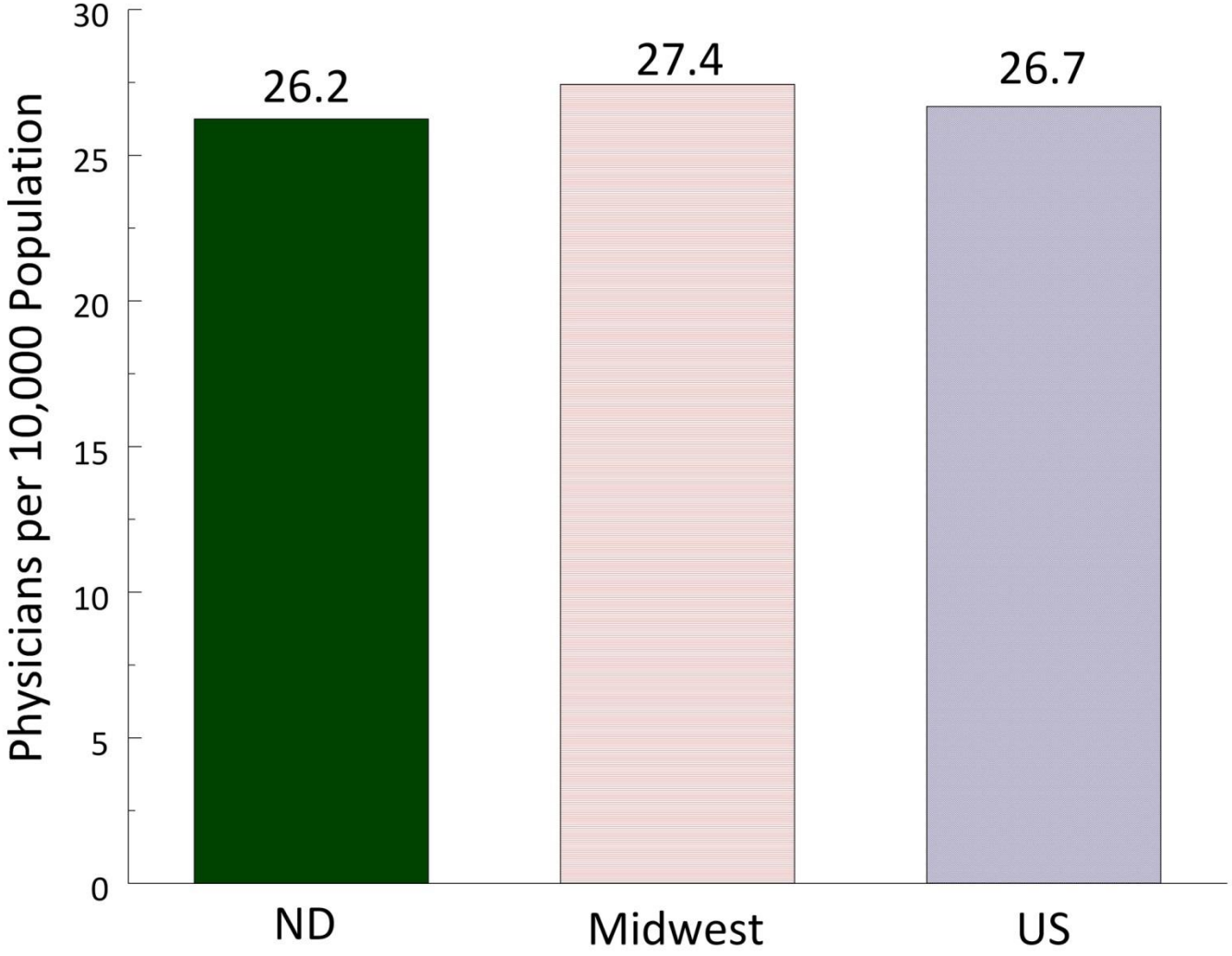
Physicians per 10,000 Population



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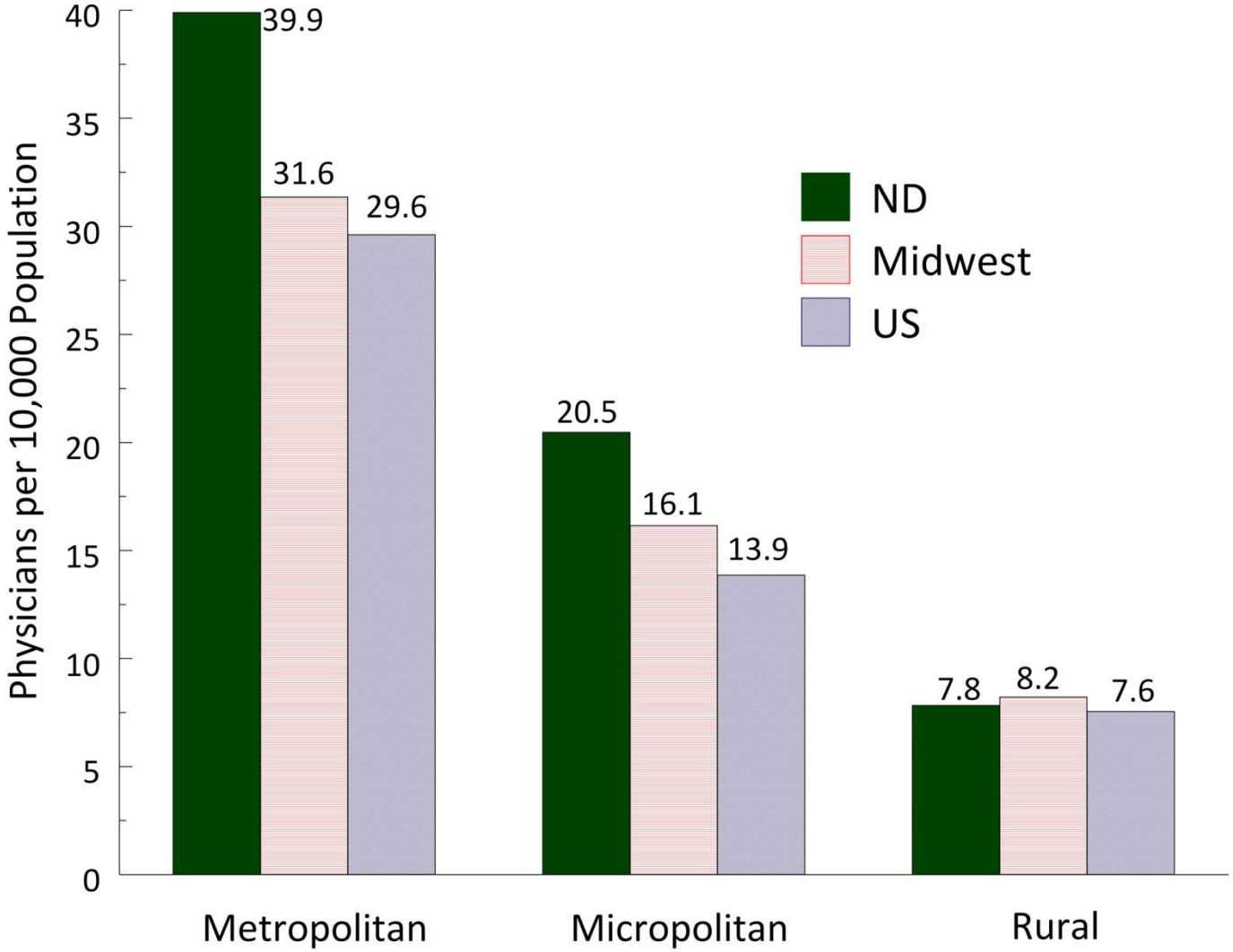
Physicians per 10,000 Population



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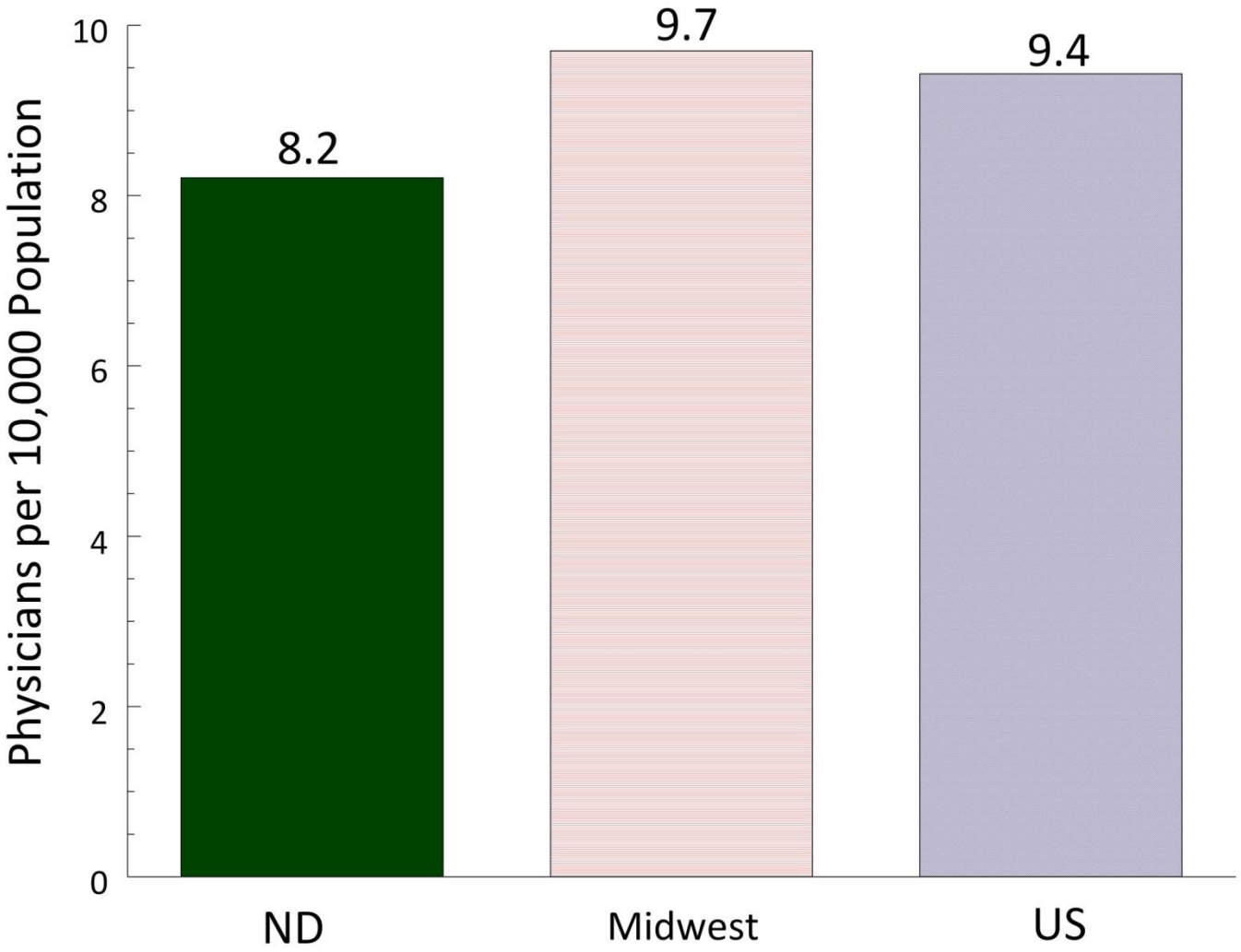
Primary Care Physicians



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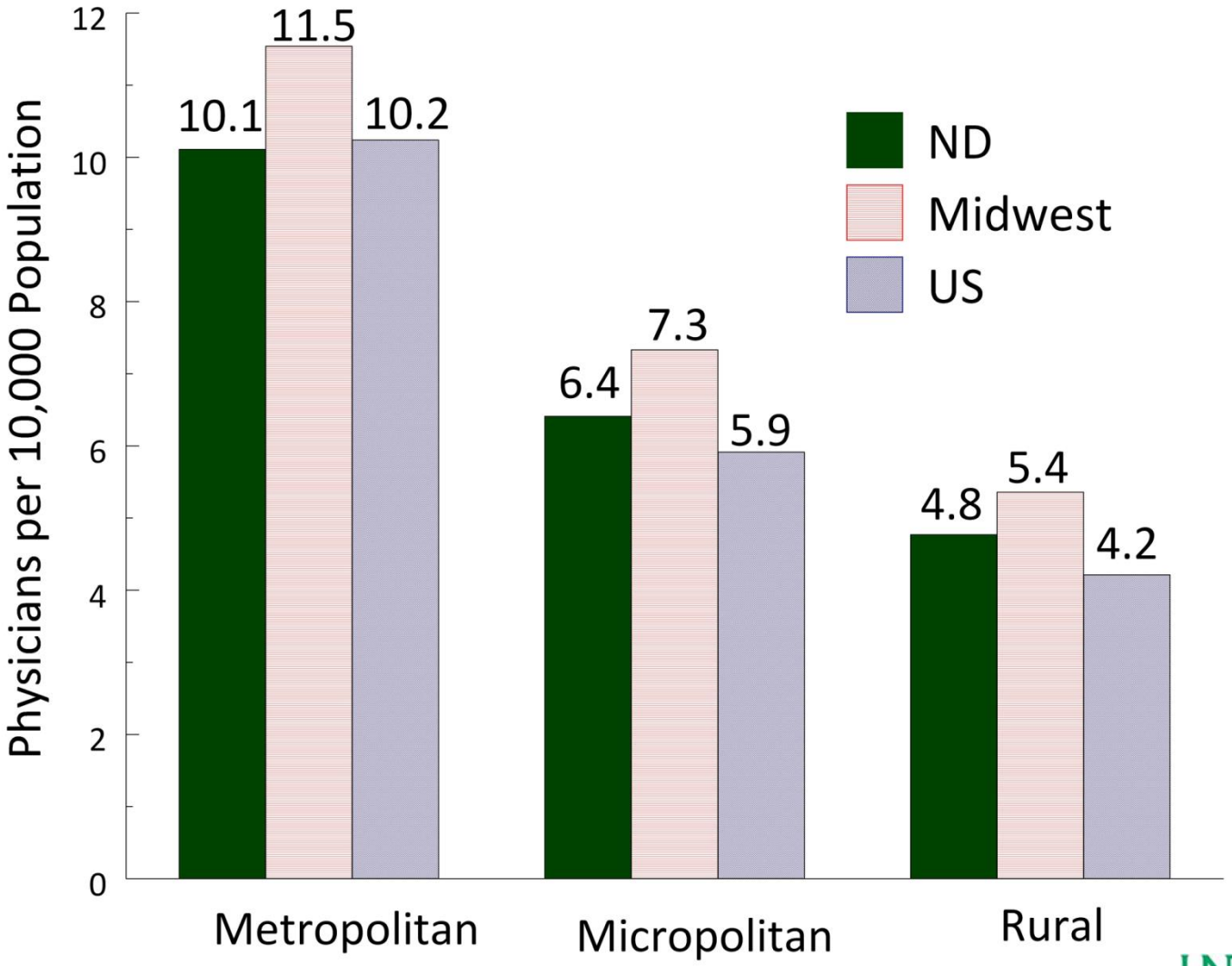
Primary Care Physicians



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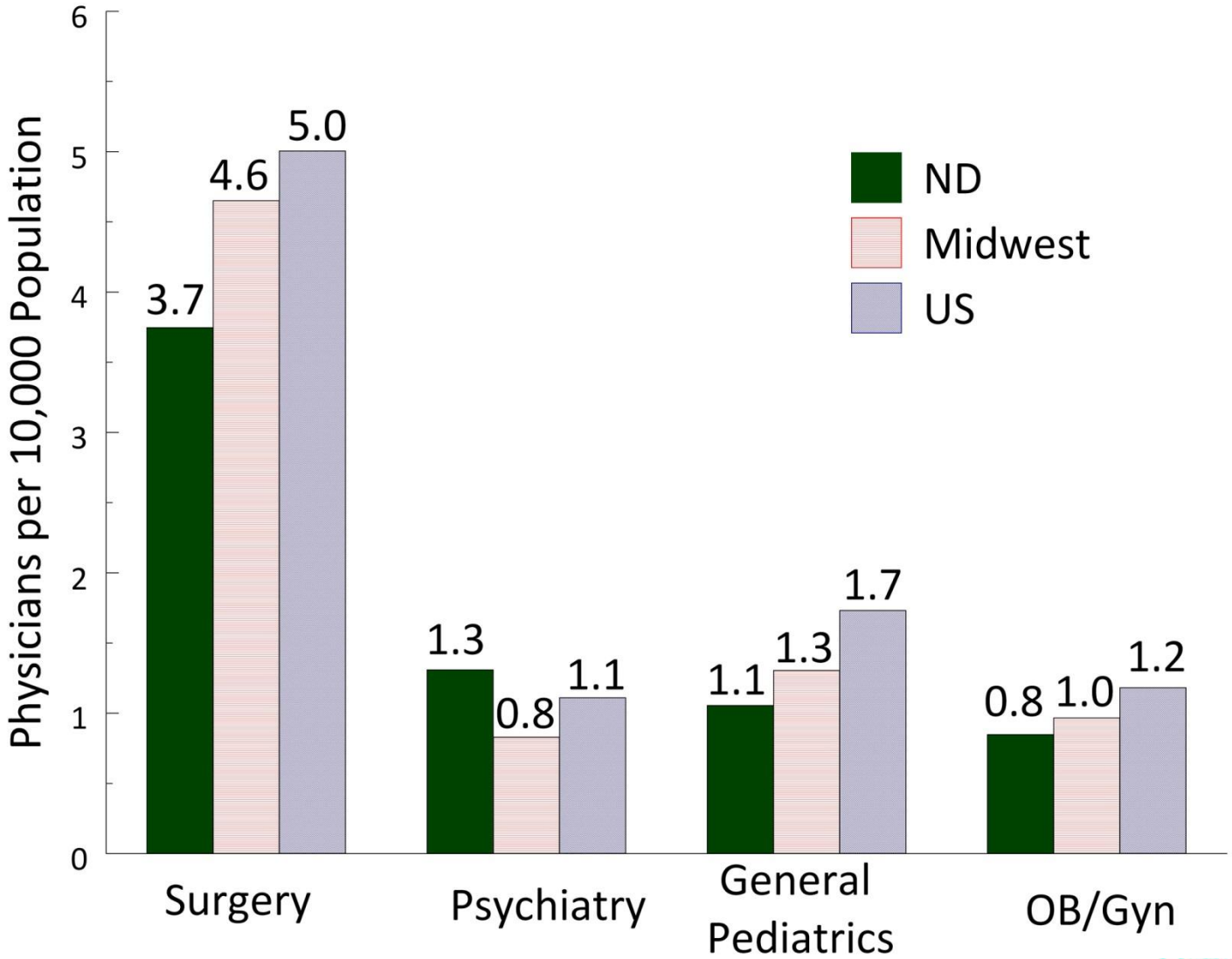
Other Physician Providers



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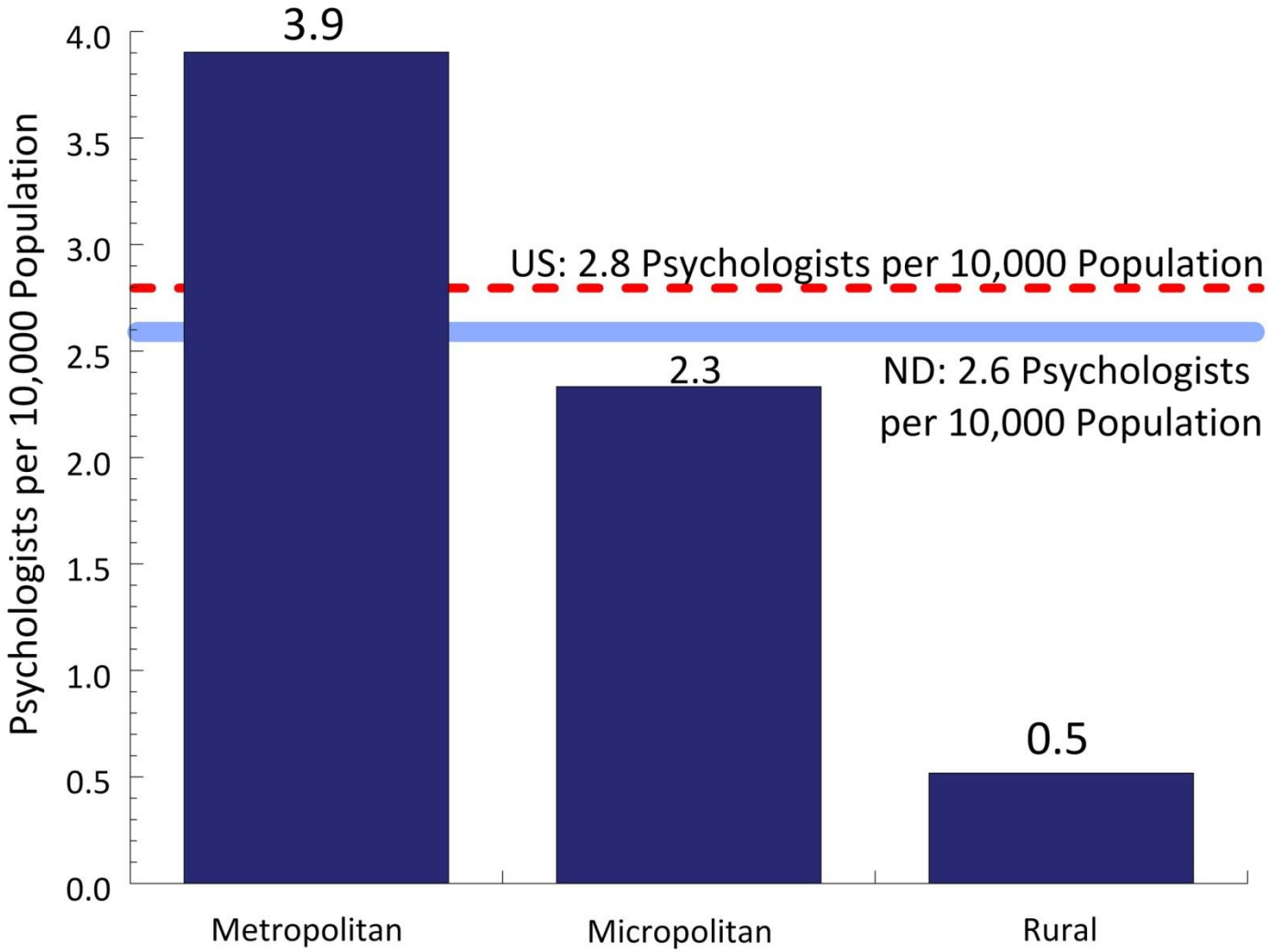
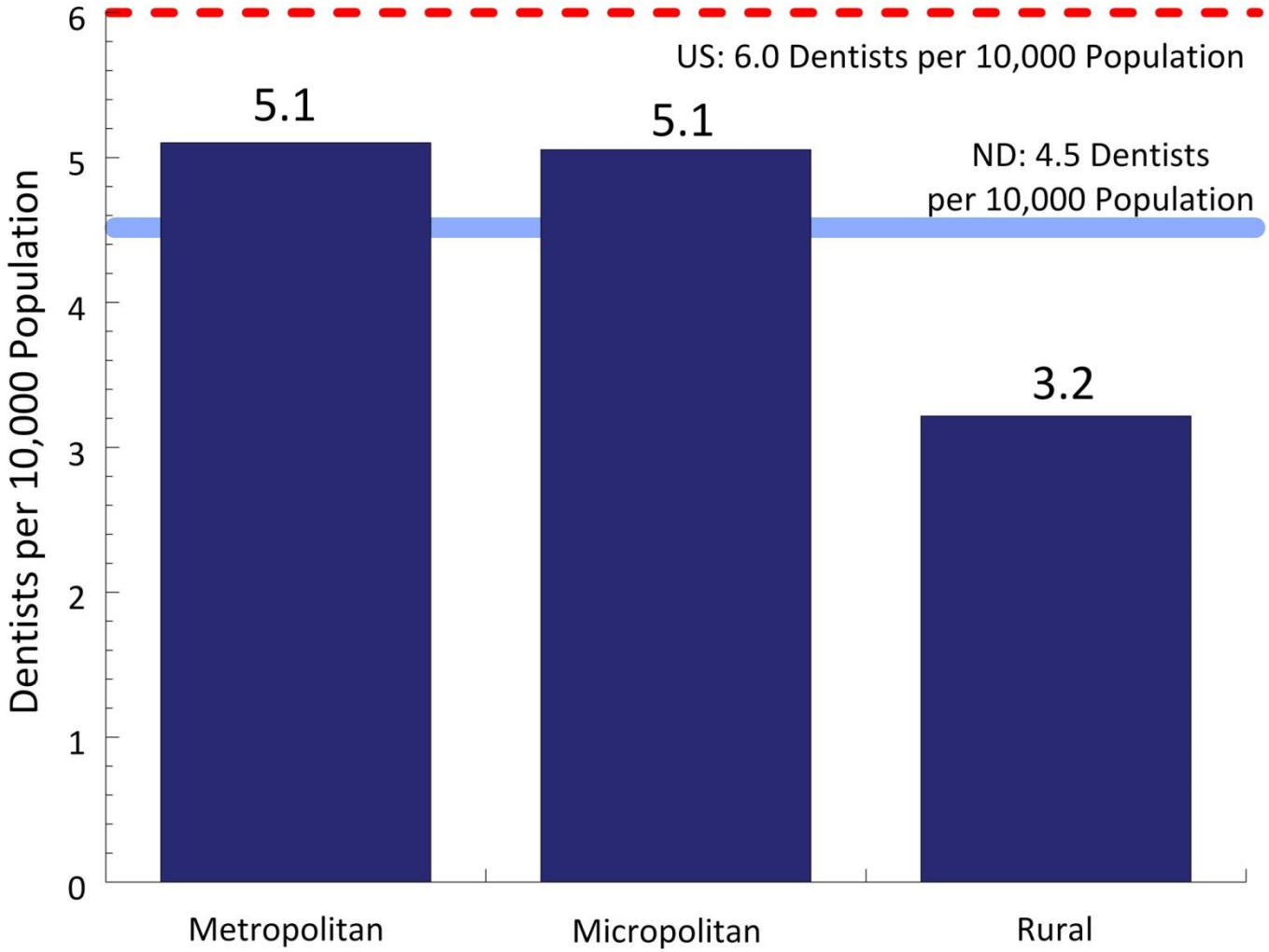
Psychologists per 10,000 Population



Dentists per 10,000 Population



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Conclusions: Current ND Health Care Provider Workforce

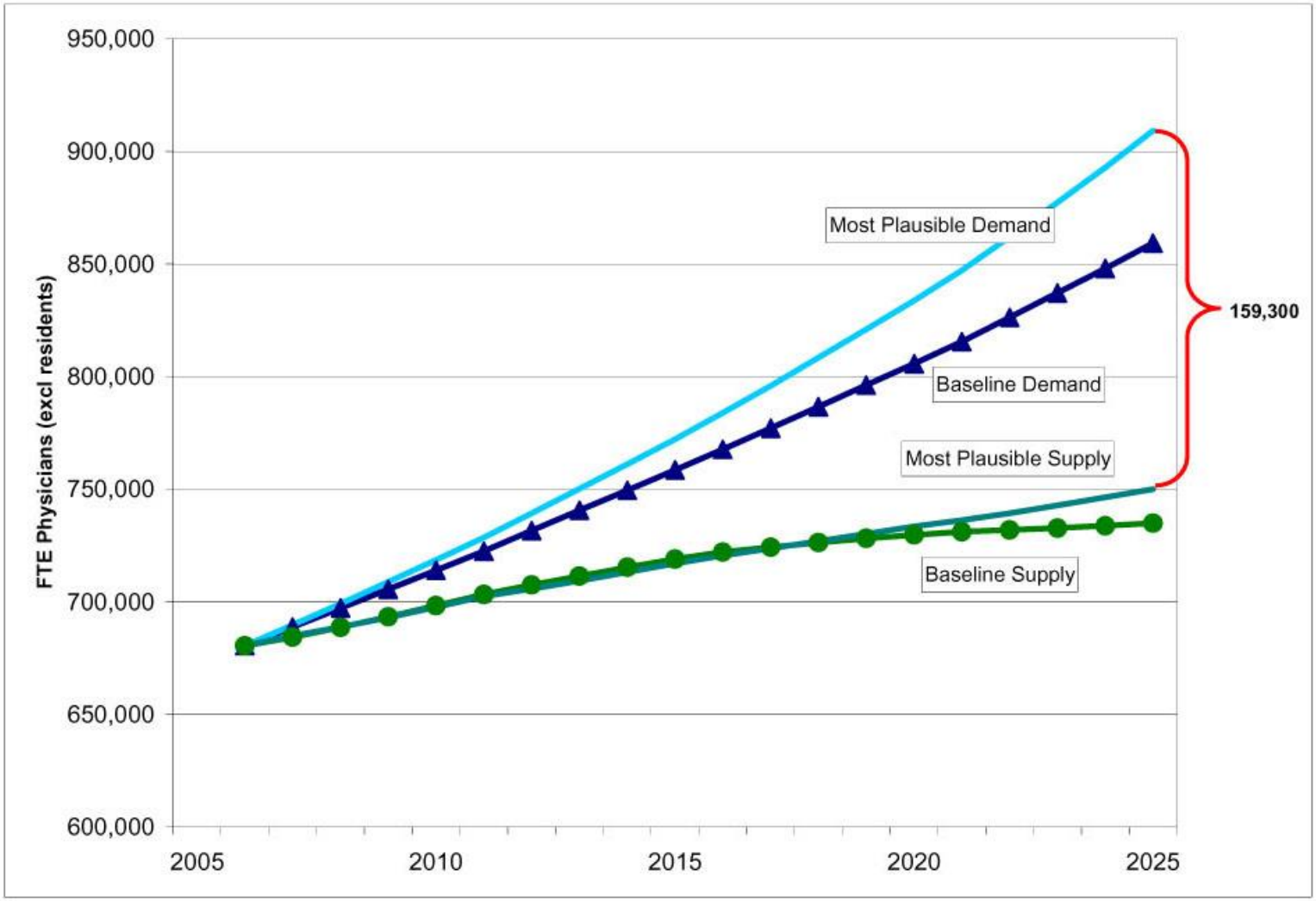
- Mild to moderate shortages of primary care providers, general surgeons, pediatricians, OB-GYNs, and especially dentists
- Adequate number of mental health workers (compared with US averages)
- Largest challenge in North Dakota is mal-distribution of providers, rather than major shortage

Impact of Changing Demographics

Aging of the Population

Population Growth

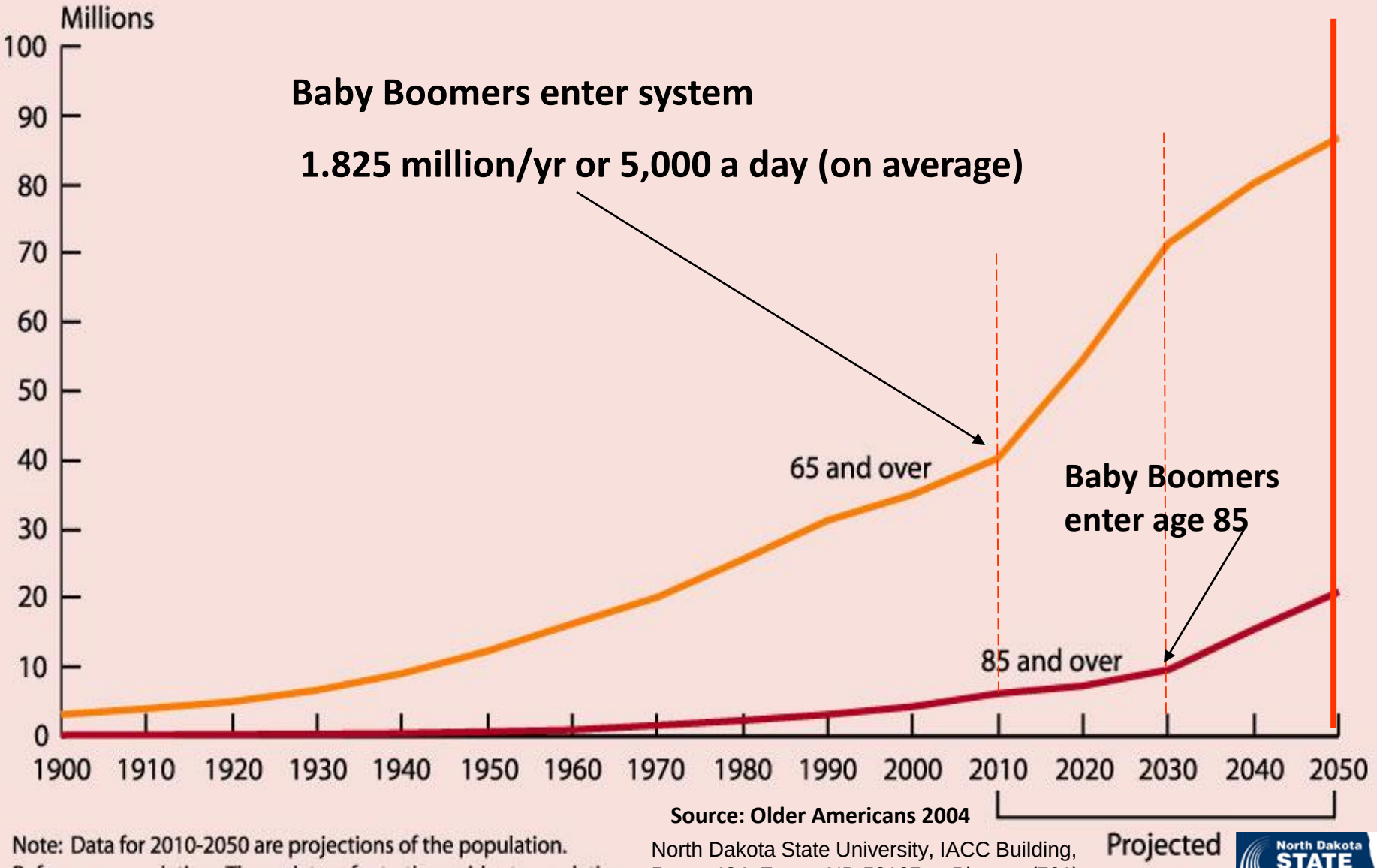
Projected US Physician Shortfall



Source: AAMC

AAMC
Tomorrow's Doctors, Tomorrow's Cures®

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



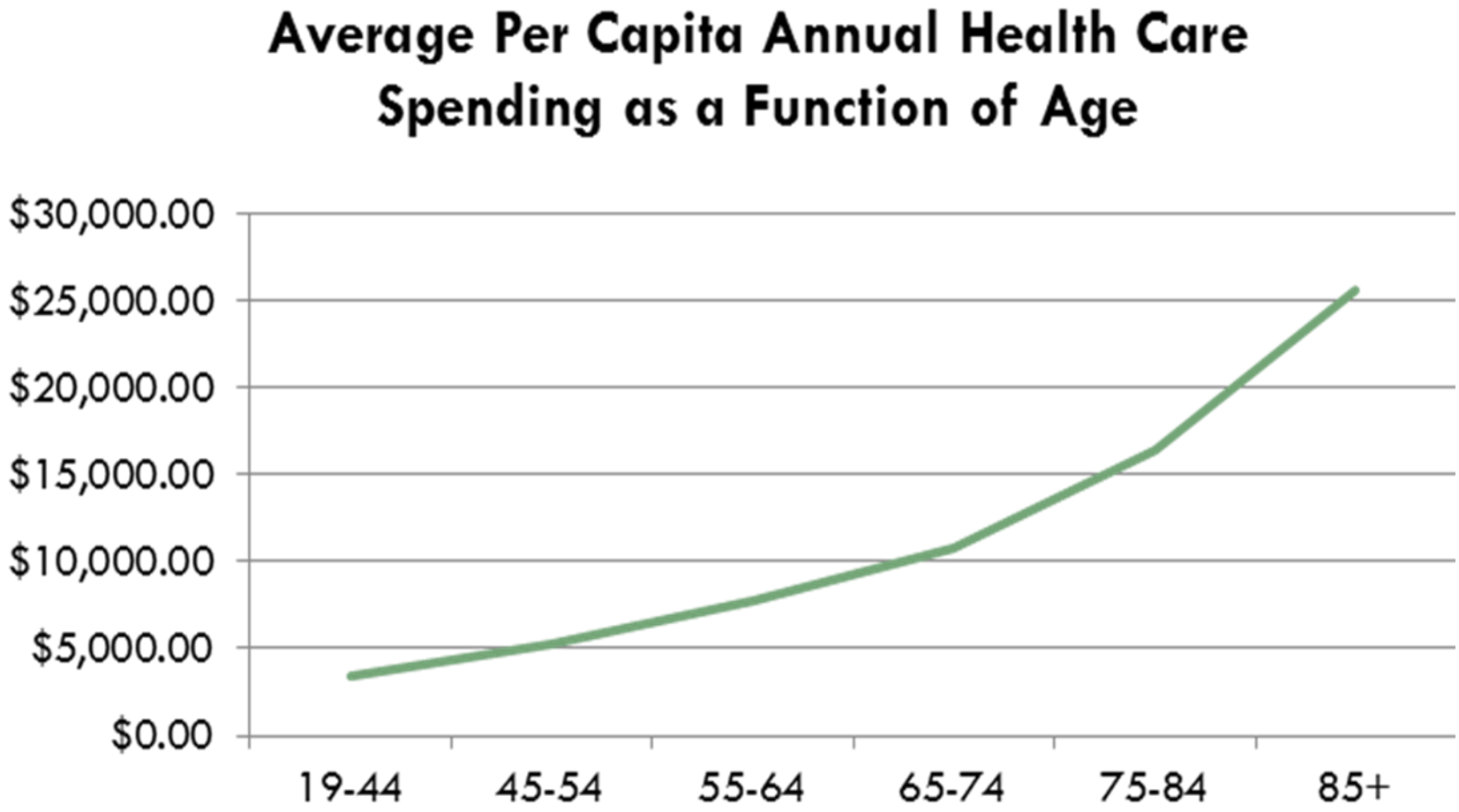
Source: Older Americans 2004

Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

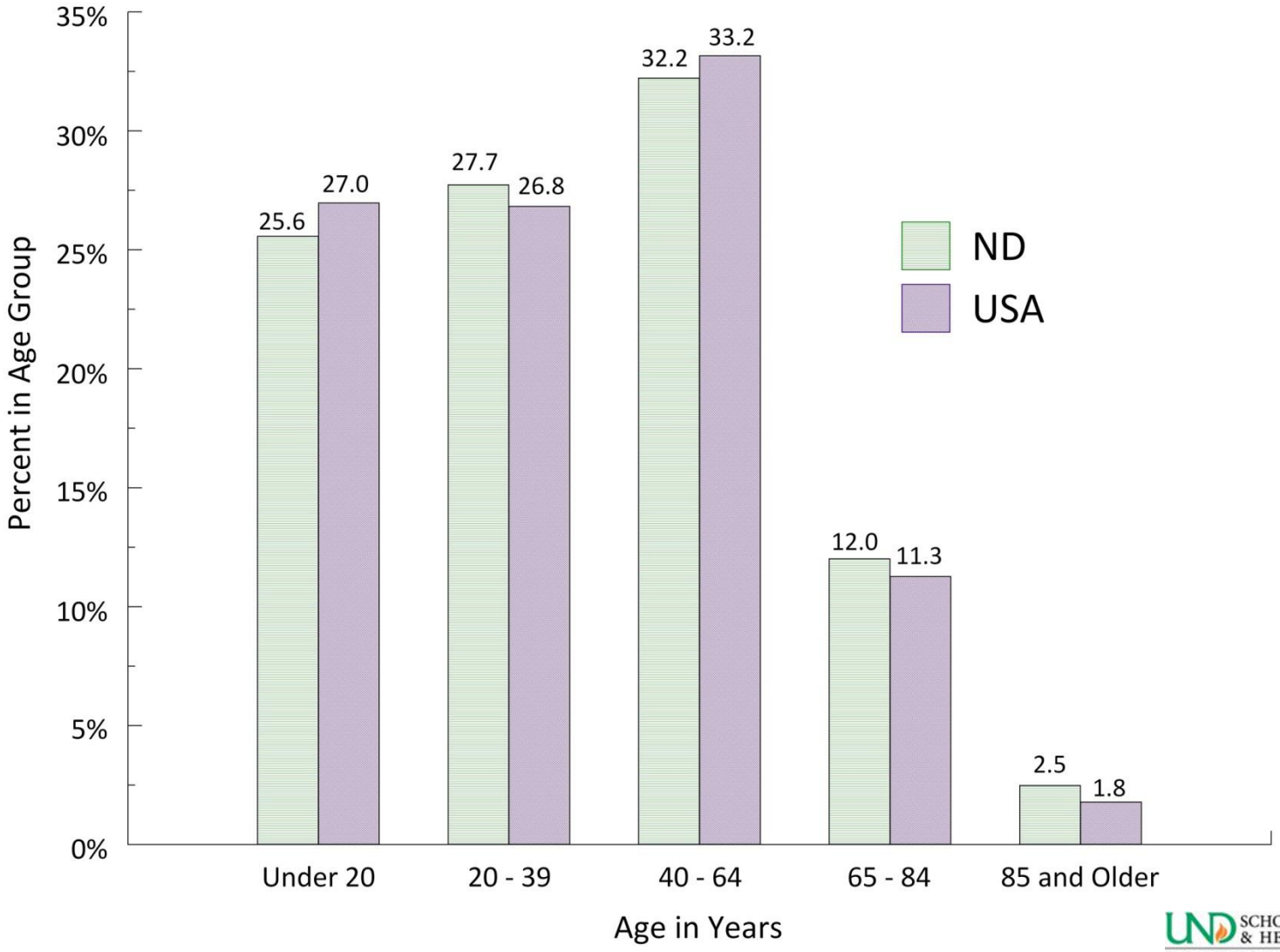
North Dakota State University, IACC Building, Room 424, Fargo, ND 58105 - Phone: (701) 231-8621 - URL: http://www.ndsu.edu/sdc

North Dakota STATE DATA CENTER

Health Care Needs and Aging



Age of People in ND vs. US



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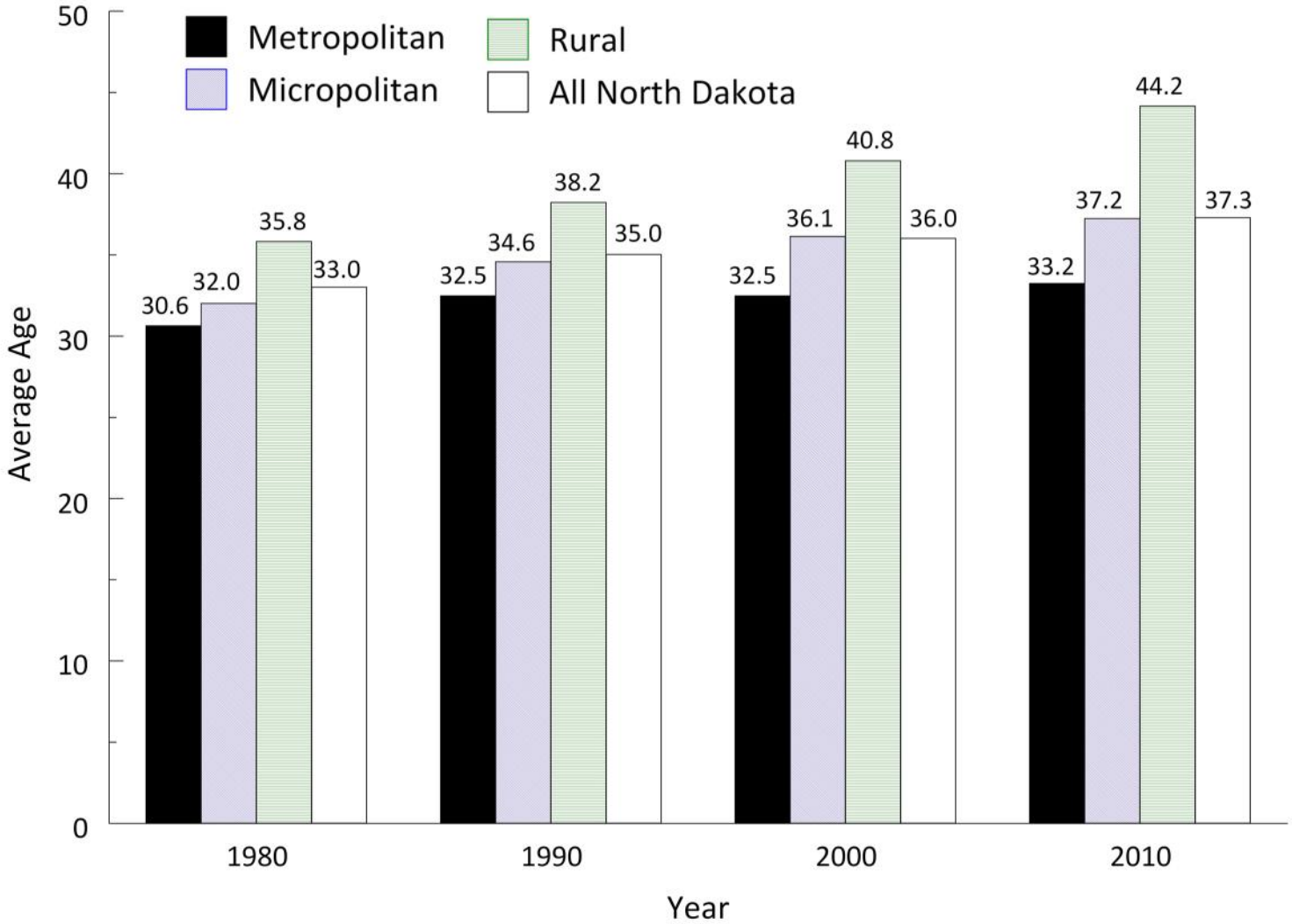
Average Age in ND Over Time



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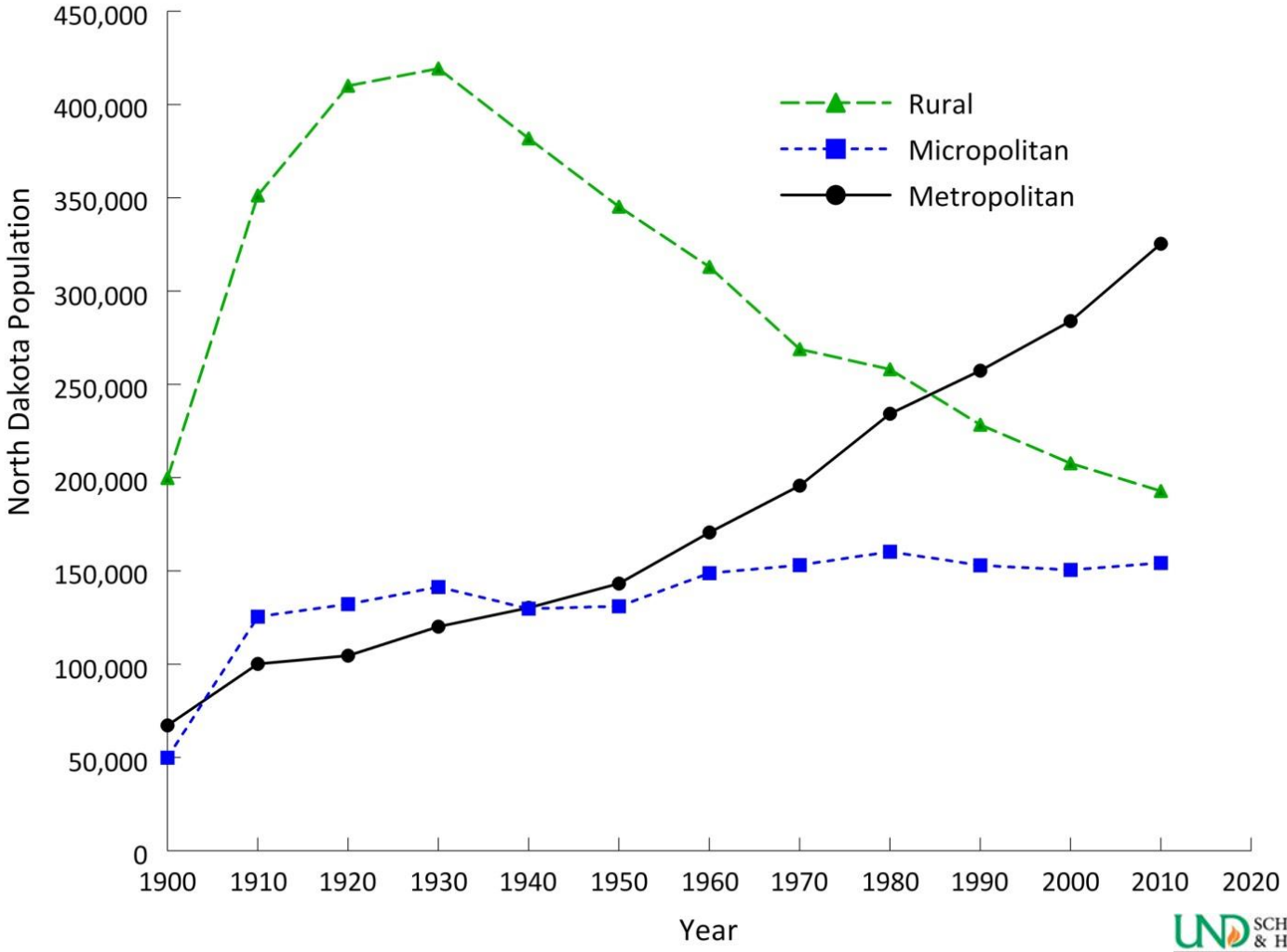
ND Population Over Time



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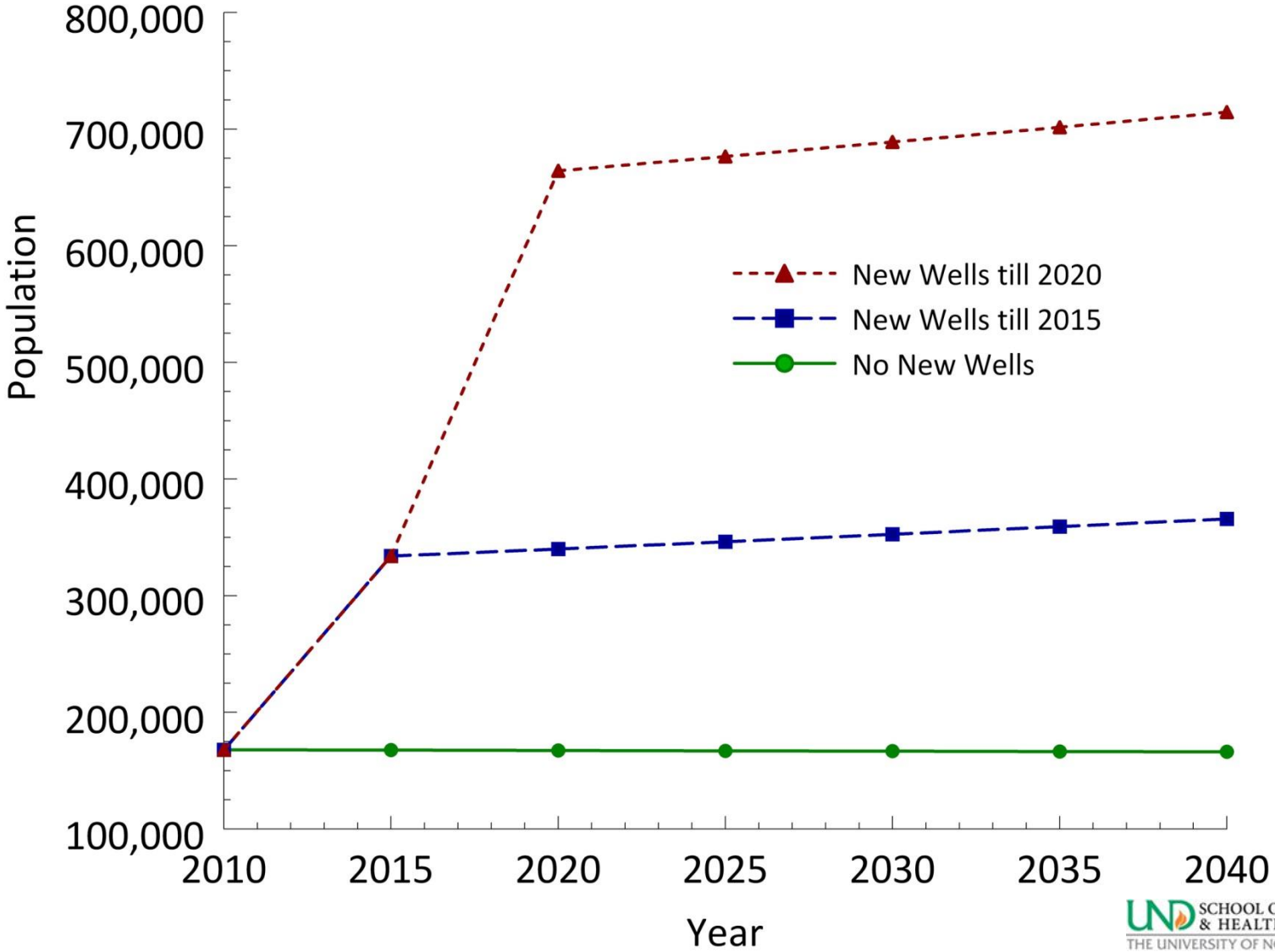
Oil Patch Population Projections



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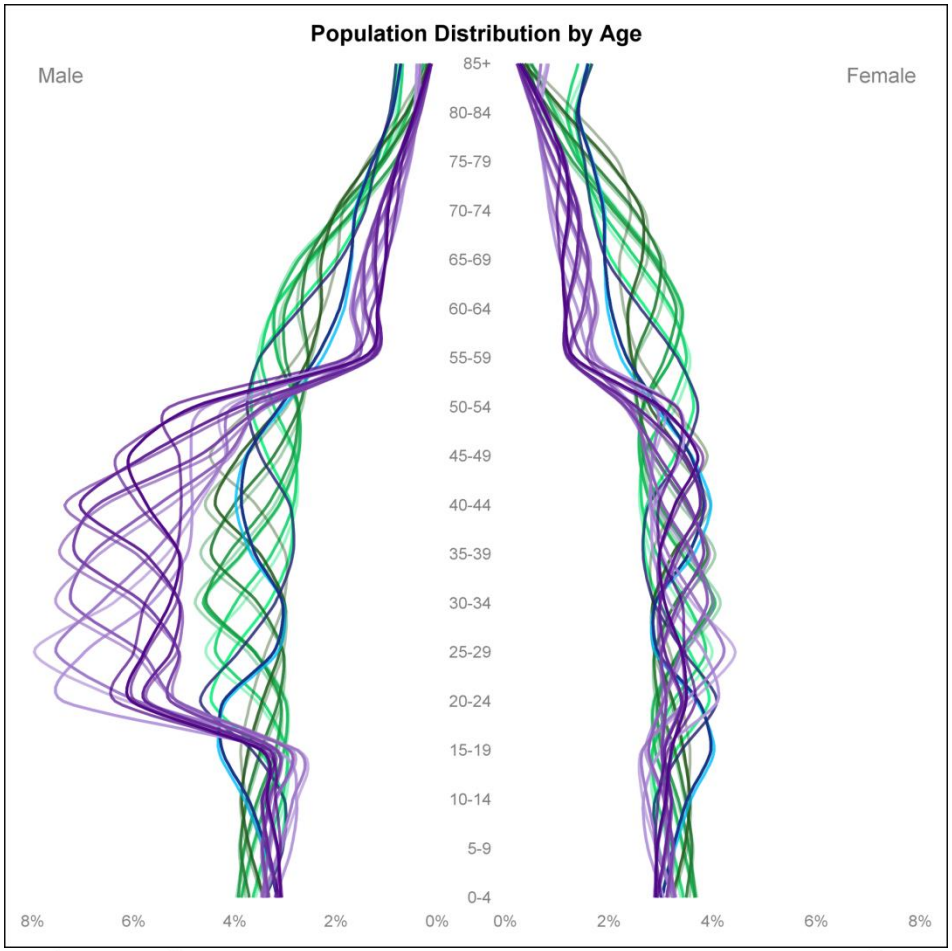
ND Population Projections



Unadjusted Population Projection

Projection Adjusted for Oil Boom

Population

642,200 672,591 689,929

2000 2010 2040

Year

642,200 672,591 1,237,670

2000 2010

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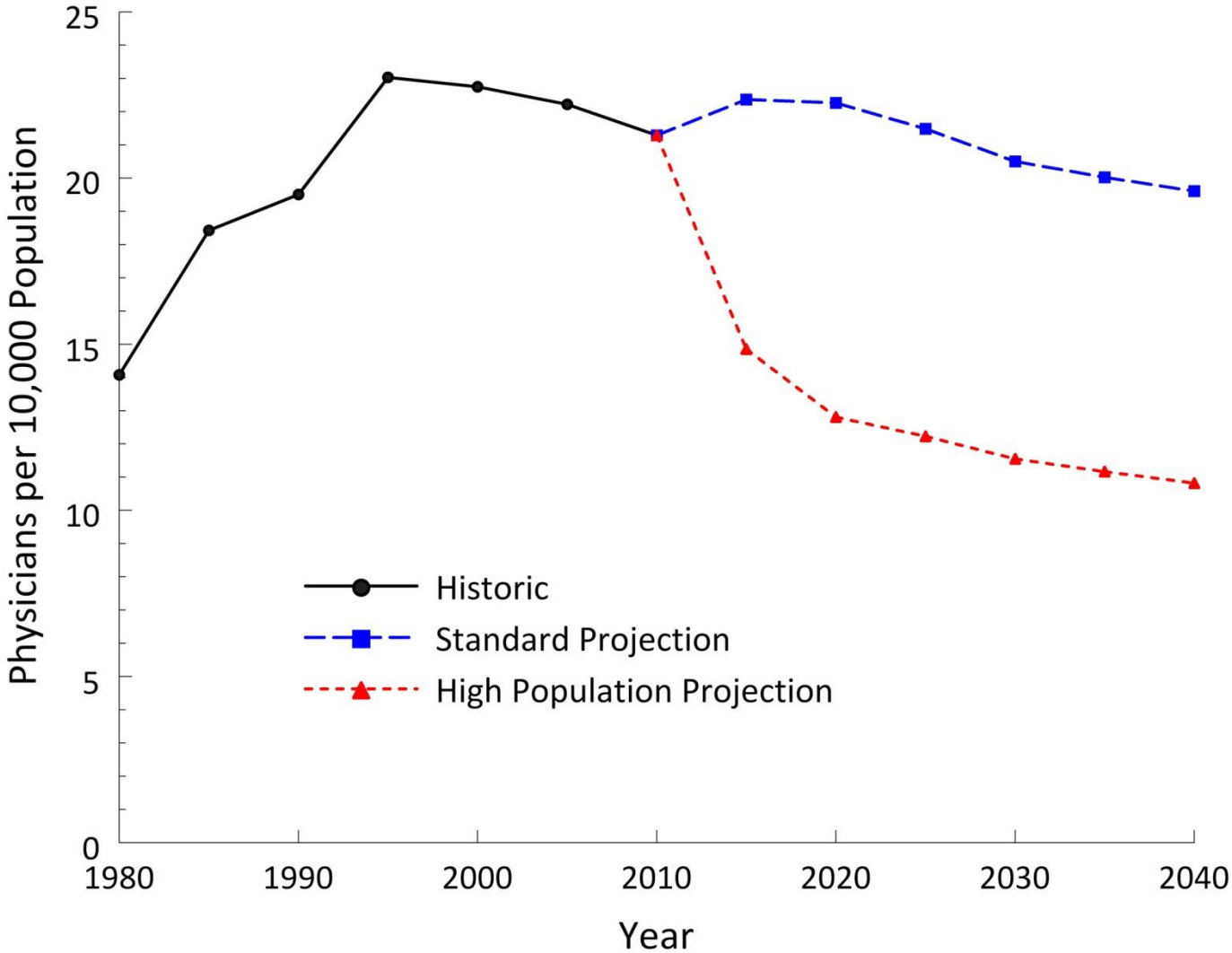
Projection of Physician Supply



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Physician Shortage – USA and North Dakota

- USA estimate of 159,000 physician shortfall by 2025
  - 2/3 population growth
  - 1/3 due to aging of population
- For North Dakota, we'll likely have somewhat less population growth but more aging effect than the US as a whole
  - That translates into a shortfall of about 260-360 North Dakota physicians by 2025 (including current shortfall)

ND Physician Shortfall

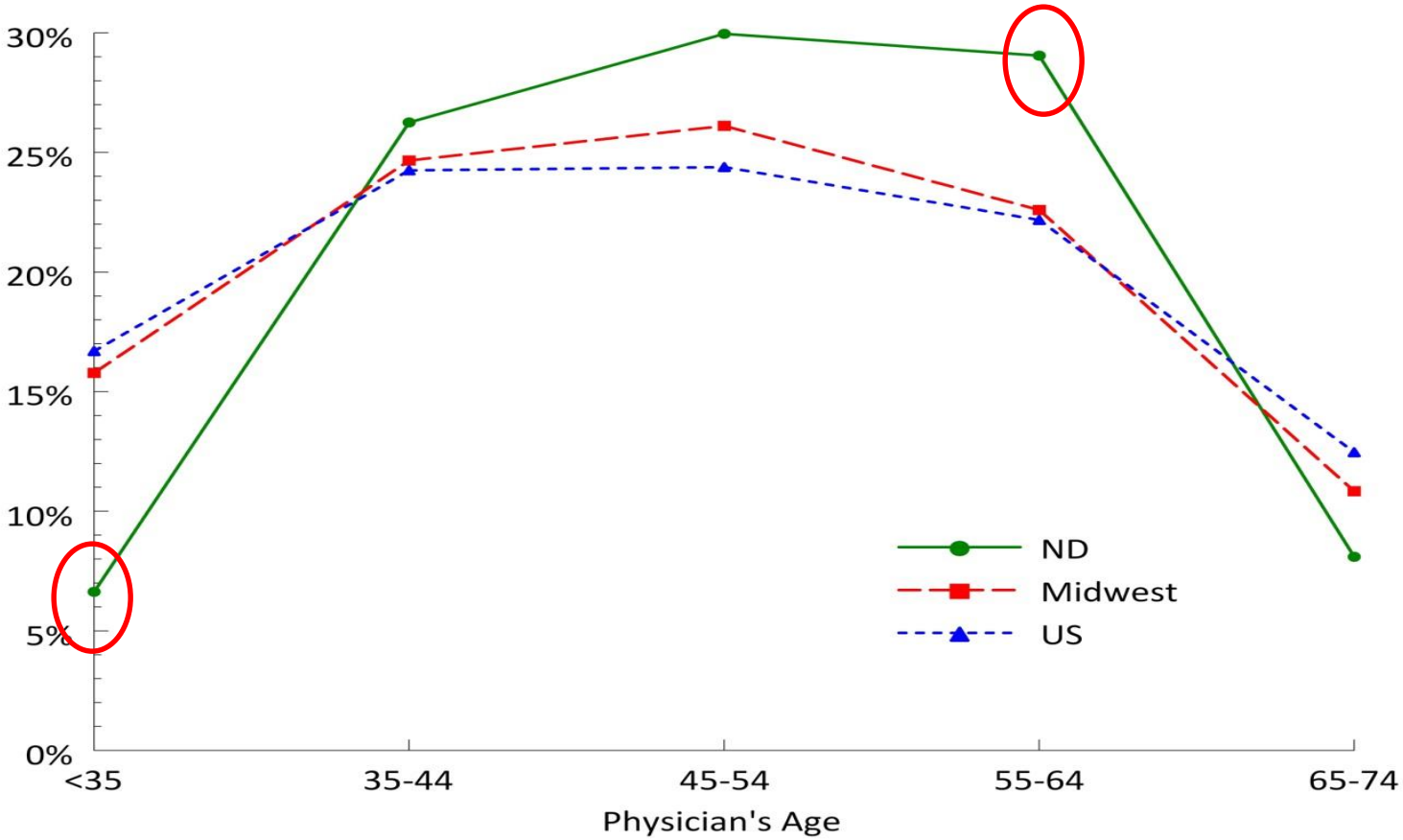
Prediction by 2025

Population	Additional Physicians Needed
684,000 (Updated baseline prediction from *Biennial Reports*)	260-360
800,000	514
900,000	733
1,000,000	962

Implications of Workforce Data

- The projected shortage of physicians will be exacerbated by:
  - Shift in the gender make-up of the workforce
  - Generational change in time devoted to the practice of medicine
  - Aging of the health provider workforce itself!

Age of Physicians



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We're Not Just A School of Medicine!

Predicted Job Growth in the Health Sciences

Medical Field	U.S. Job Growth	ND Job Growth
Athletic Trainers	37%	13%
Medical Laboratory Science (Medical Technologists, Medical Technicians)	14%	23%
Occupational Therapists	26%	15%
Physical Therapists	30%	18%
Physician Assistants	39%	19%

Conclusions: Impact of Changing Demographics

- The combination of an aged and aging population along with population growth means that North Dakota's health care workforce needs are going to get much larger
- Even as the health care workforce is expanded, particular attention will be needed to insure an adequate distribution of providers throughout all of North Dakota

Impact of the ACA

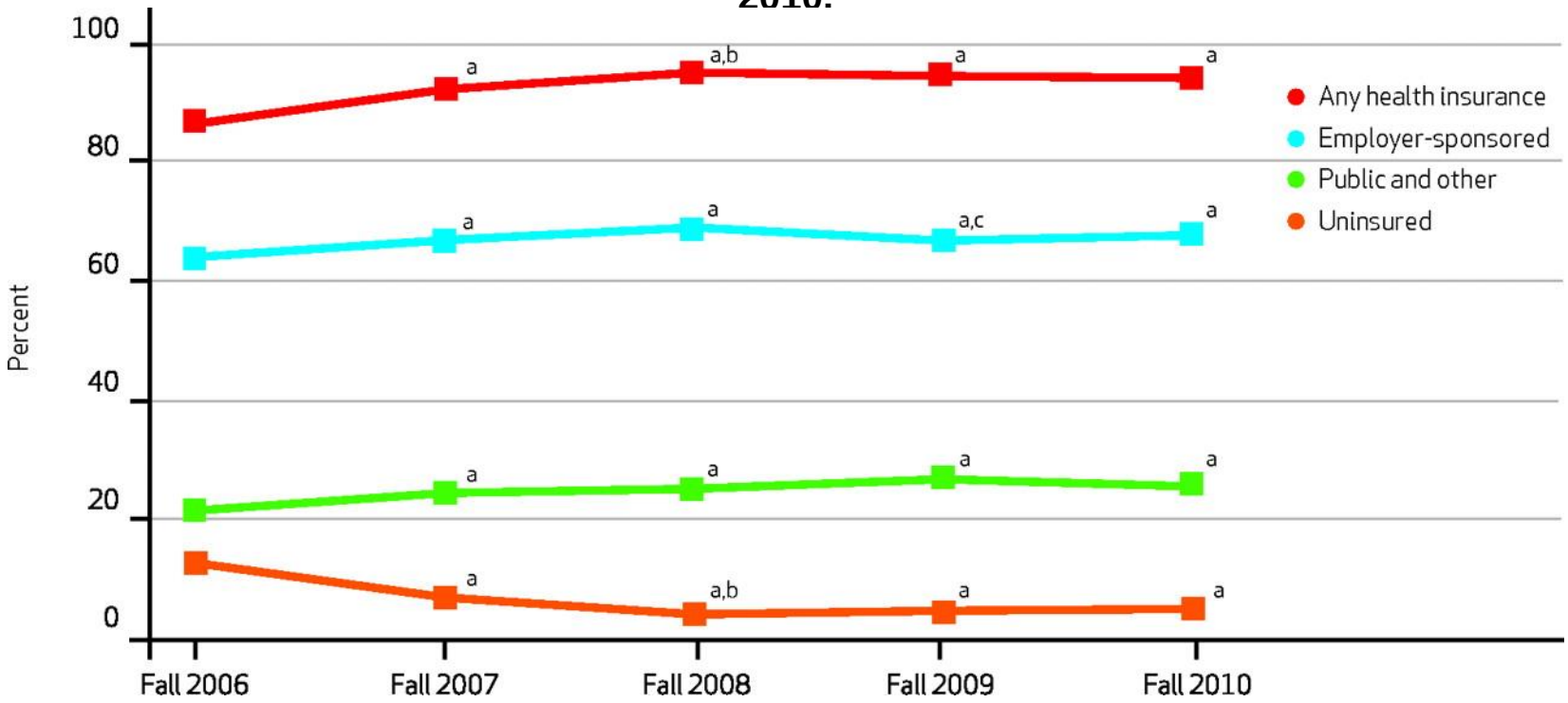
Lessons Learned from Massachusetts

Massachusetts Health Care Reform

- In 2006 Massachusetts passed its 3rd health insurance reform law since 1988
- Many of the provisions are similar to the ACA
  - Shift of Medicaid dollars from institutional support to individual insurance subsidies
  - Establishment of an insurance "Connector" (think Exchange)
  - Individual and employer responsibility (including an individual mandate)
  - Small-firm and individual insurance market merger
  - Provisions to address health disparities

Health Insurance in Massachusetts

Trends In Health Insurance Coverage For Adults Ages 19–64 In Massachusetts, Fall 2006–Fall 2010.



Long S K et al. Health Aff doi:10.1377/hlthaff.2011.0653

HealthAffairs

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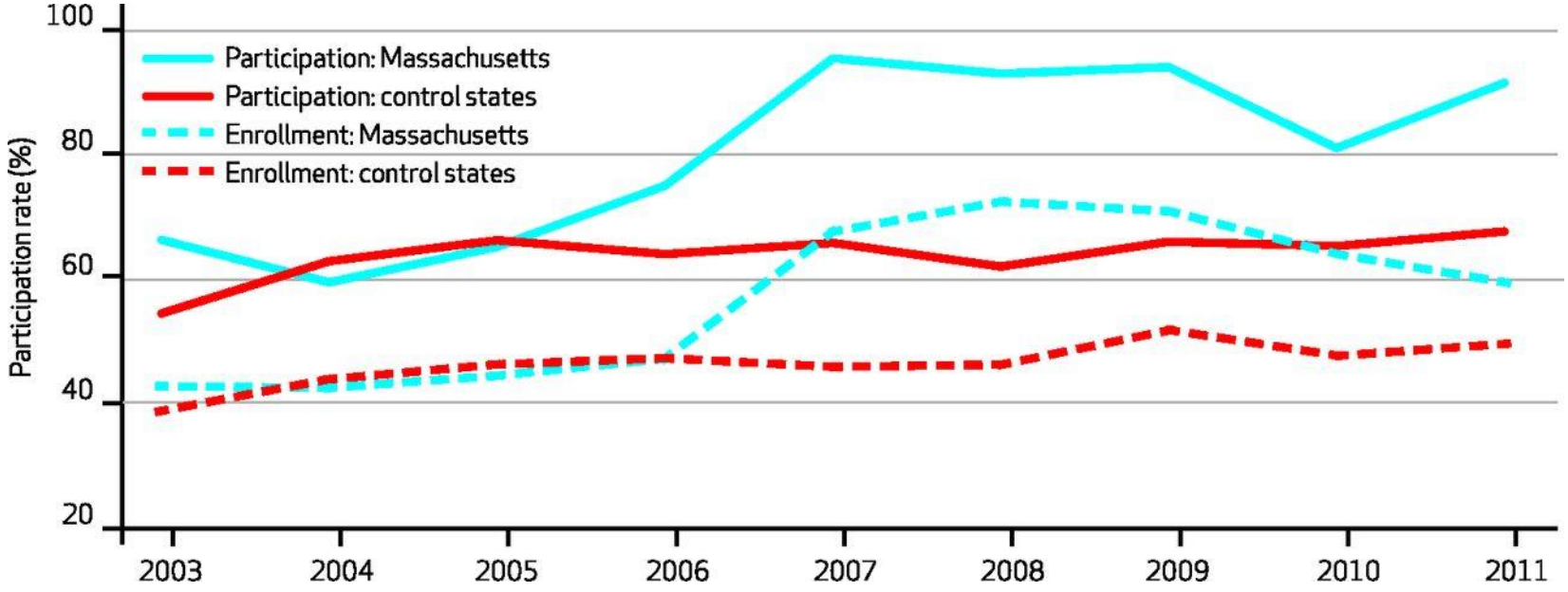
Medicaid Enrollment in Massachusetts

Low-Income Parents' Medicaid Participation And Enrollment Rates In Massachusetts And Control States, 2003–11.



Sonier J et al. Health Aff doi:10.1377/hlthaff.2013.0360

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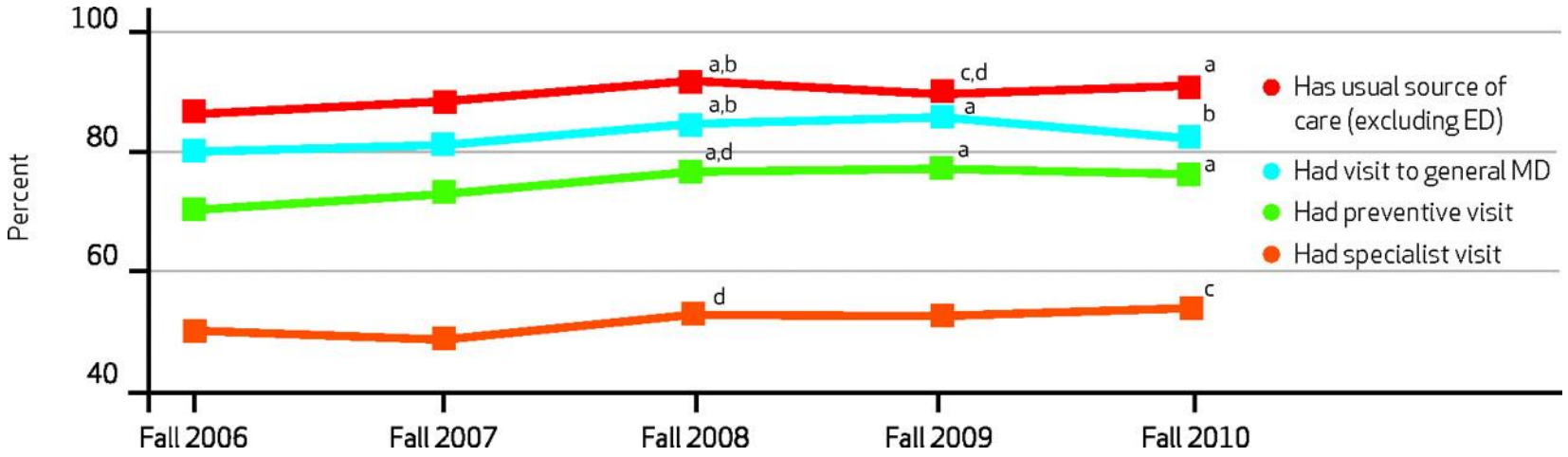
Source of Care in Massachusetts

Trends In Usual Source Of Care And Doctor Visits Over The Past Year For Adults Ages 19–64 In Massachusetts, Fall 2006–Fall 2010.



Long S K et al. Health Aff doi:10.1377/hlthaff.2011.0653

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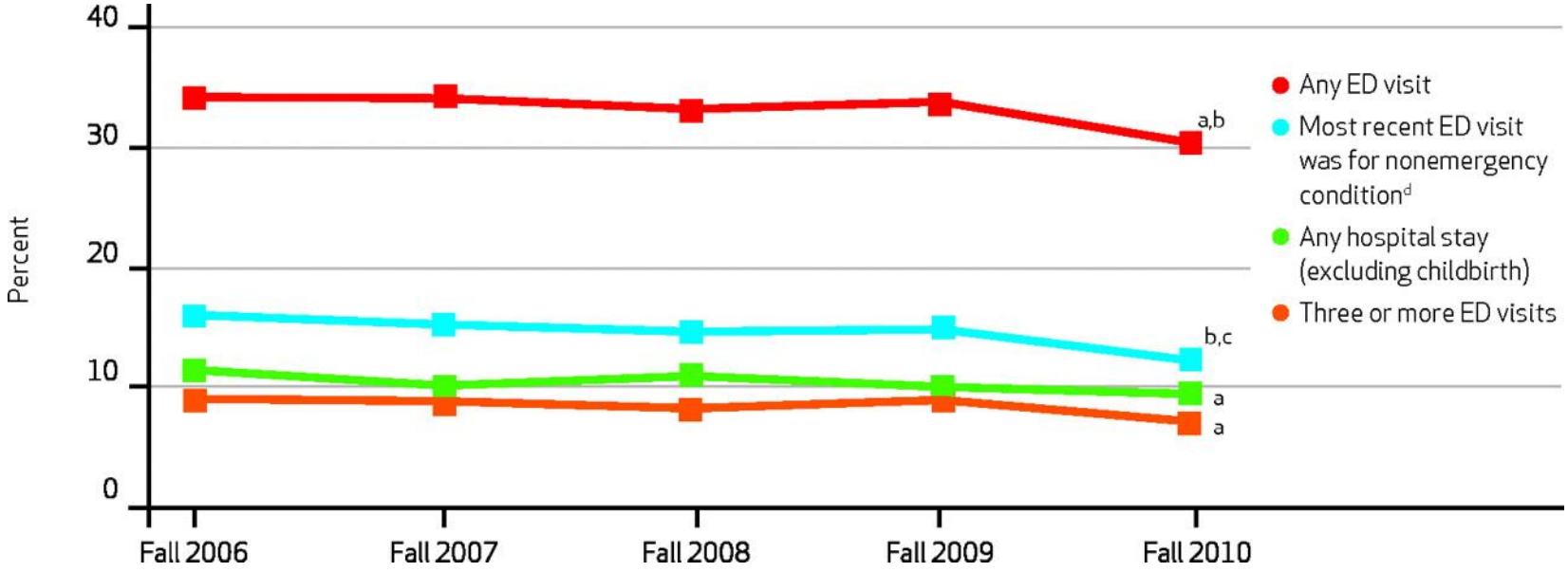
Emergency and Hospital Care in Massachusetts

Trends In Hospital And Emergency Department Use For Adults Ages 19–64 In Massachusetts, Fall 2006–Fall 2010.



Long S K et al. Health Aff doi:10.1377/hlthaff.2011.0653

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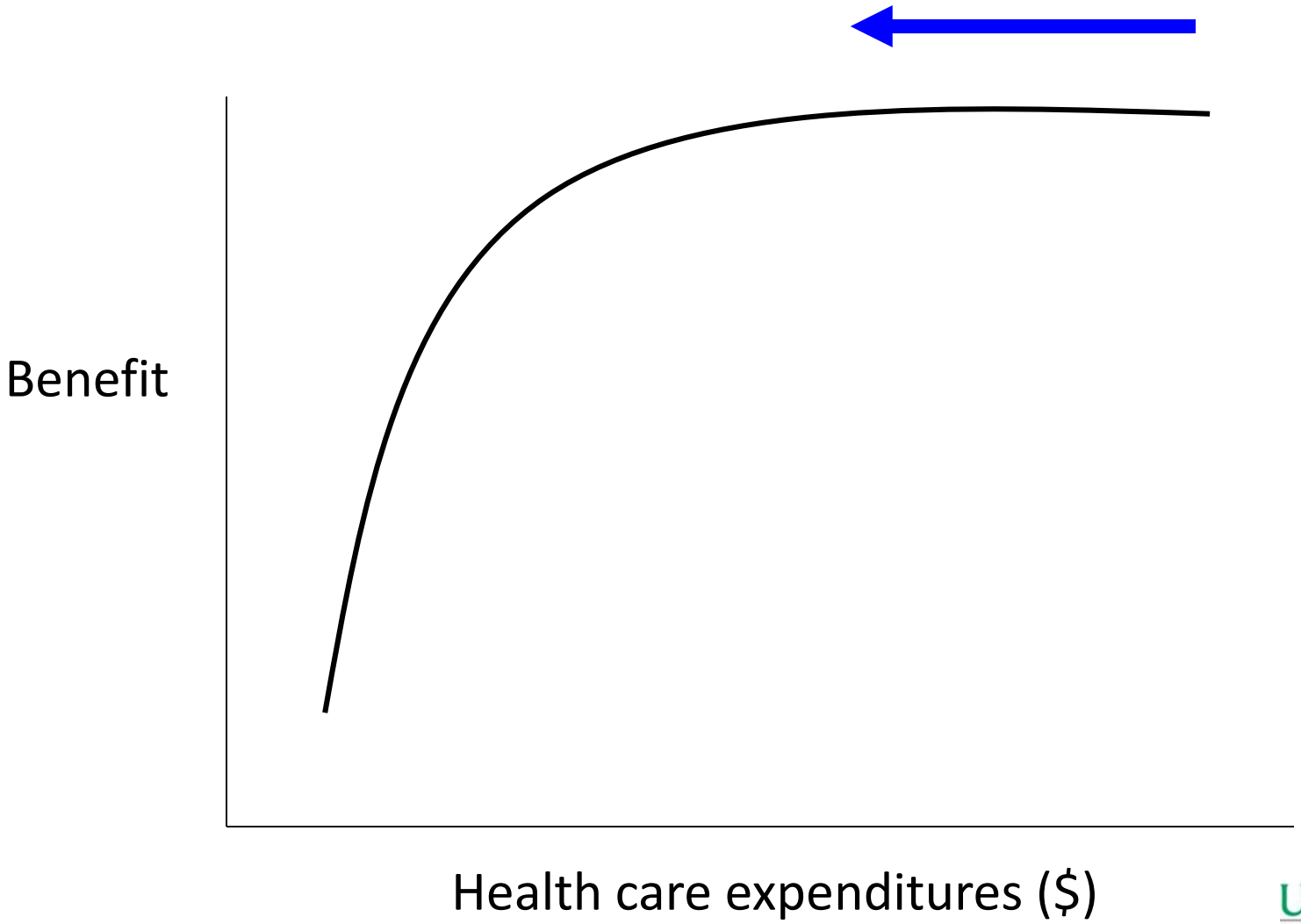
Implications of Massachusetts Experience Regarding Impact of ACA

- Better insurance coverage will be achieved
- There will be a substantial increase in Medicaid participation ("door mat" effect)
- Cost containment will continue to be a challenge

Amount of Health Care Spending



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Health Care Workforce Initiative

What the UND SMHS is doing to meet North Dakota's health care delivery challenges

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Our Purpose as a School

"The primary purpose of the University of North Dakota School of Medicine and Health Sciences is to educate physicians and other health professionals and to enhance the quality of life in North Dakota..."

Source: North Dakota Century Code Section 15-52-01

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GOOD
Growing Our Own Doctors
Growing Our Own Doctors
Retain More—Train More
UND THE UNIVERSITY OF NORTH DAKOTA

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Health Care Workforce Initiative (HWI)

- Reduce disease burden
  - Master of Public Health program
  - Behavioral approaches (childhood obesity)
- Retain more of our graduates
  - Pipeline activities
  - Revised medical school admission process
  - RuralMed Program to reduce medical student debt
- Train more graduates
  - Expand class sizes by about a quarter overall

Health Care Workforce Initiative (HWI)

- Improve the efficiency of our health care delivery system
  - Inter-professional education emphasizing value of clinical teams in care management
  - Geriatrics training program to help clinicians across the state better manage seniors and their chronic diseases

Health Care Work Force Initiative (HWI)

People

- 16 medical students/year (29% increase)
- 30 health science students/year (15% increase)
- 17 residency slots/year (50% increase)

Programs/Facilities

- RuralMed program
- MPH Program
- Geriatrics Training Program
- Pipeline activities
- Updated admission process
- Additional facility to house the > 200 new students, faculty and staff associated with full HWI

New Home for the SMHS

The HWI is working!

Any questions?

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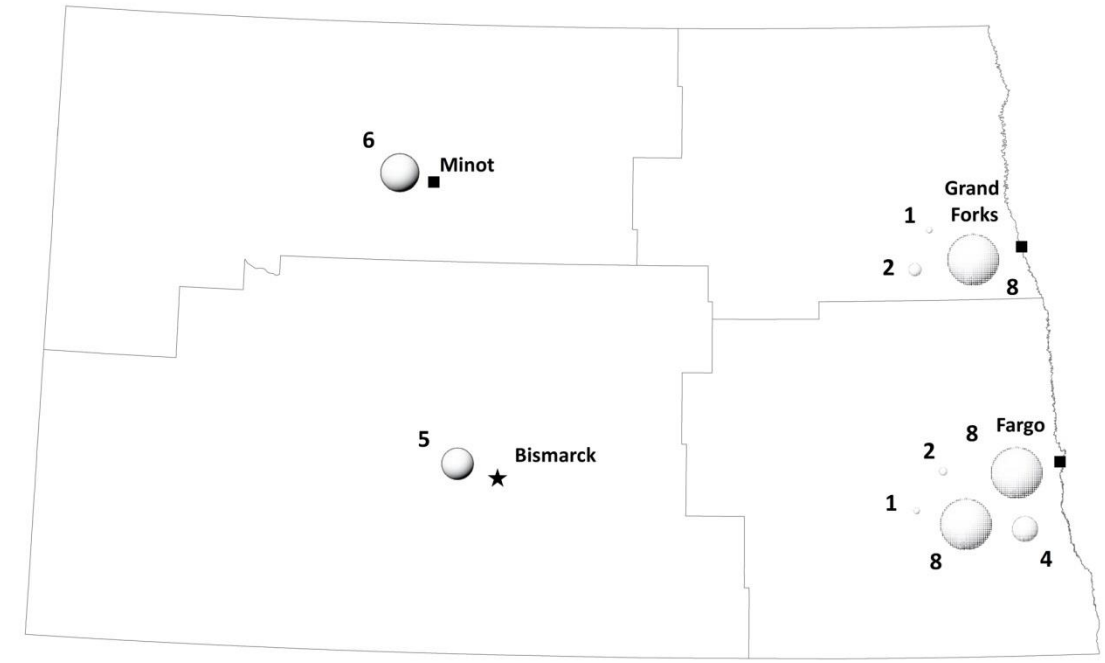
Residency Programs in ND



- UNDSMHS Family Medicine (11)
- Altru Family Medicine (8)
- UNDSMHS Psychiatry (4)
- UNDSMHS Transitional Year (8)
- UNDSMHS Internal Medicine (8)
- UNDSMHS Surgery - Preliminary (3)
- UNDSMHS Surgery - Categorical (3)

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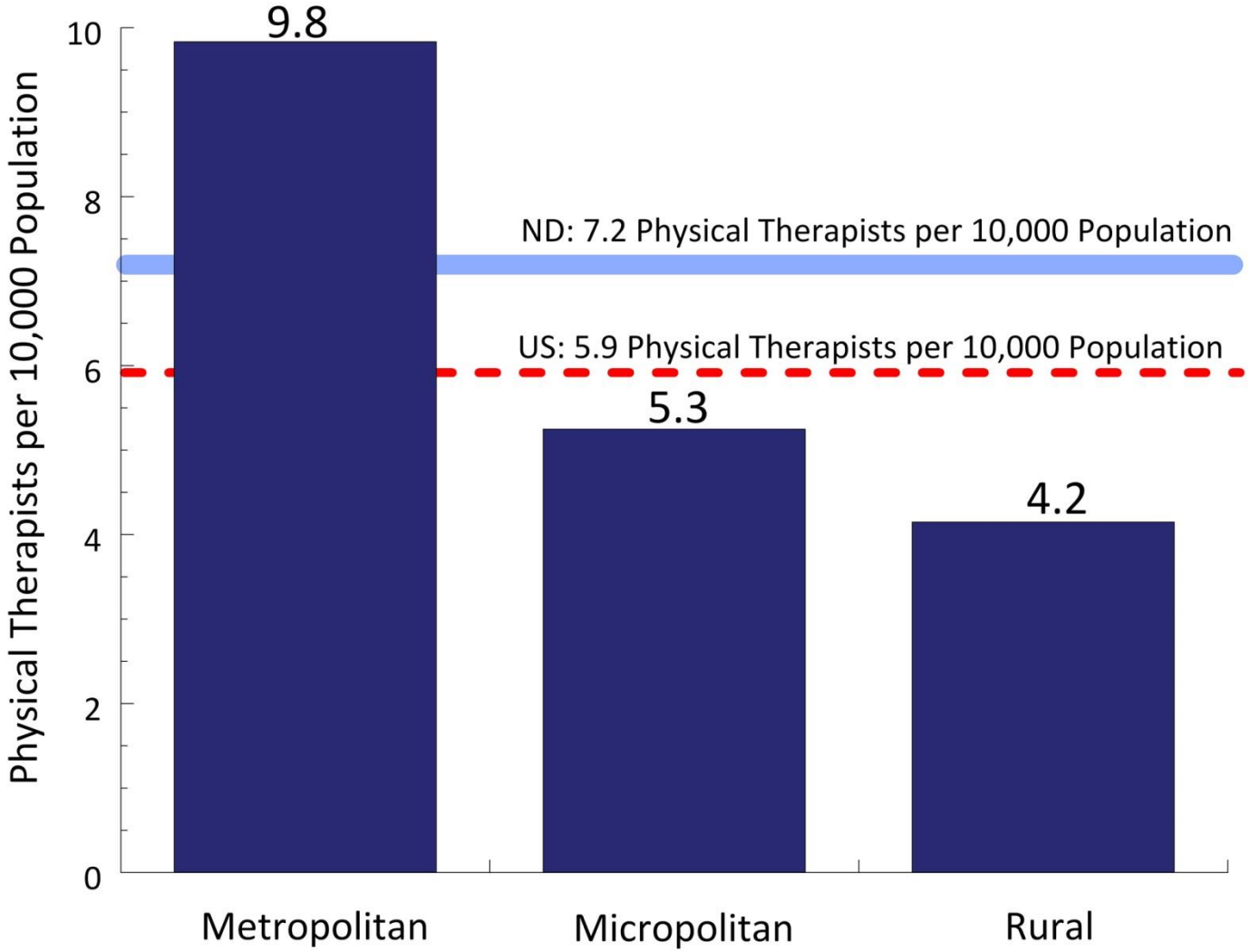
Physical Therapists per 10,000 Population



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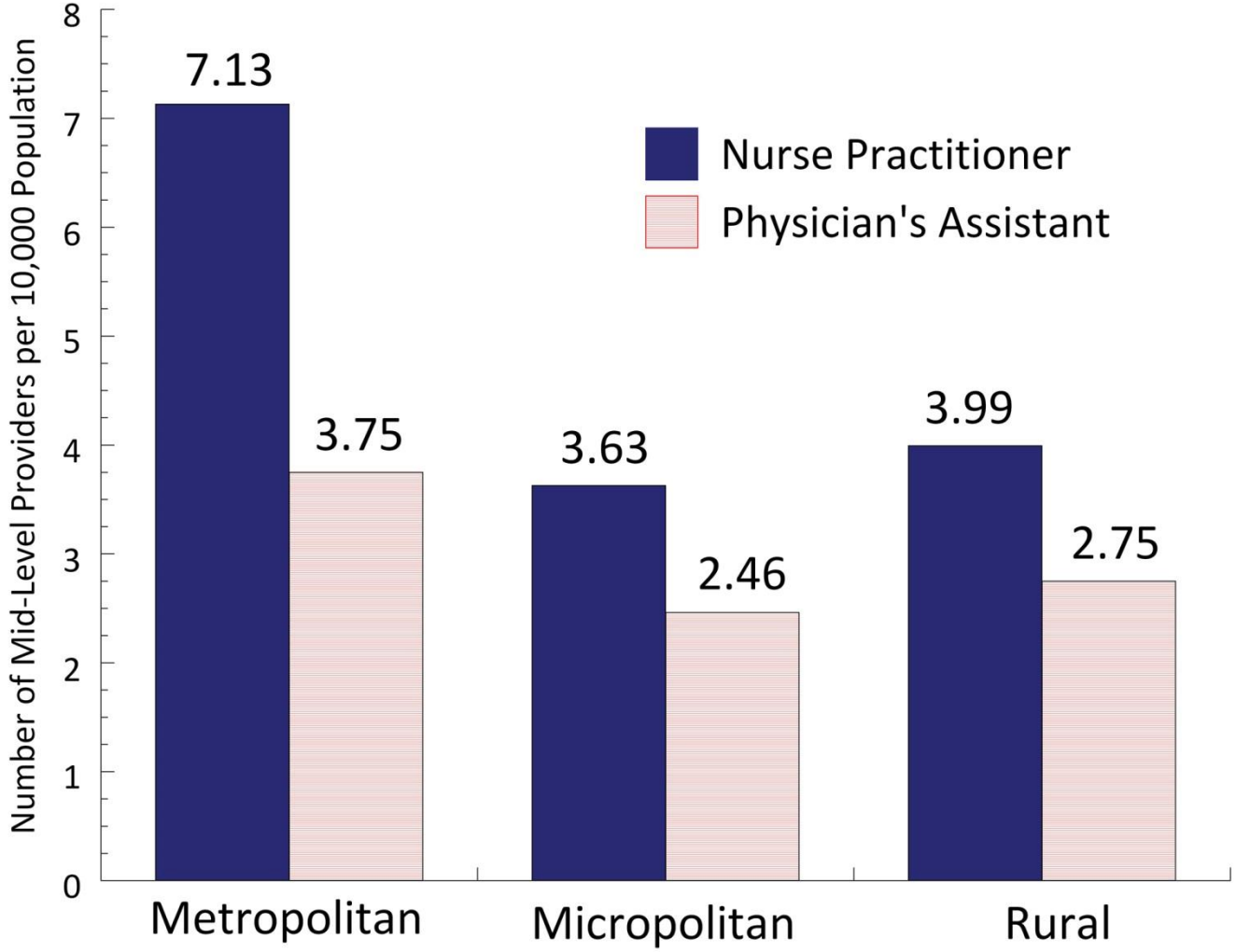
Physician Assistants per 10,000 Population



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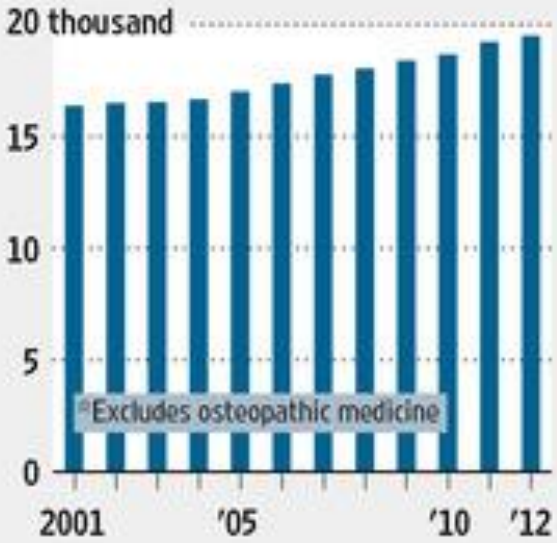
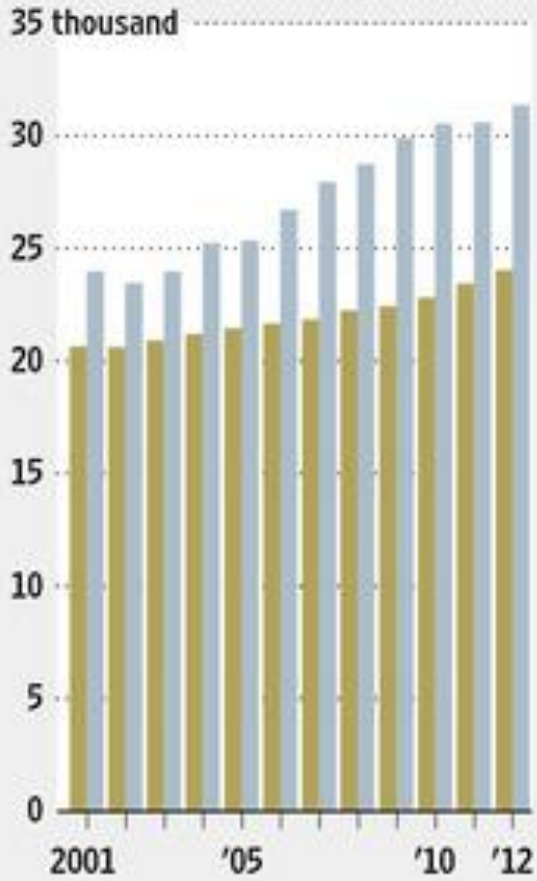
Unhealthy Outlook

The number of hospital residencies isn't projected to keep pace with rising medical-school enrollment, which could worsen a doctor shortage.

Projected gap between number of U.S. doctors and estimated need

First-year enrollment in U.S. med schools*





Note: Projected physician shortage is based on a 2010 AAMC Center for Workforce Studies report, which takes into account the Affordable Care Act and physician retirement patterns.

Sources: Association of American Medical Colleges (enrollment and physician shortage); National Resident Matching Program (residency)

The Wall Street Journal

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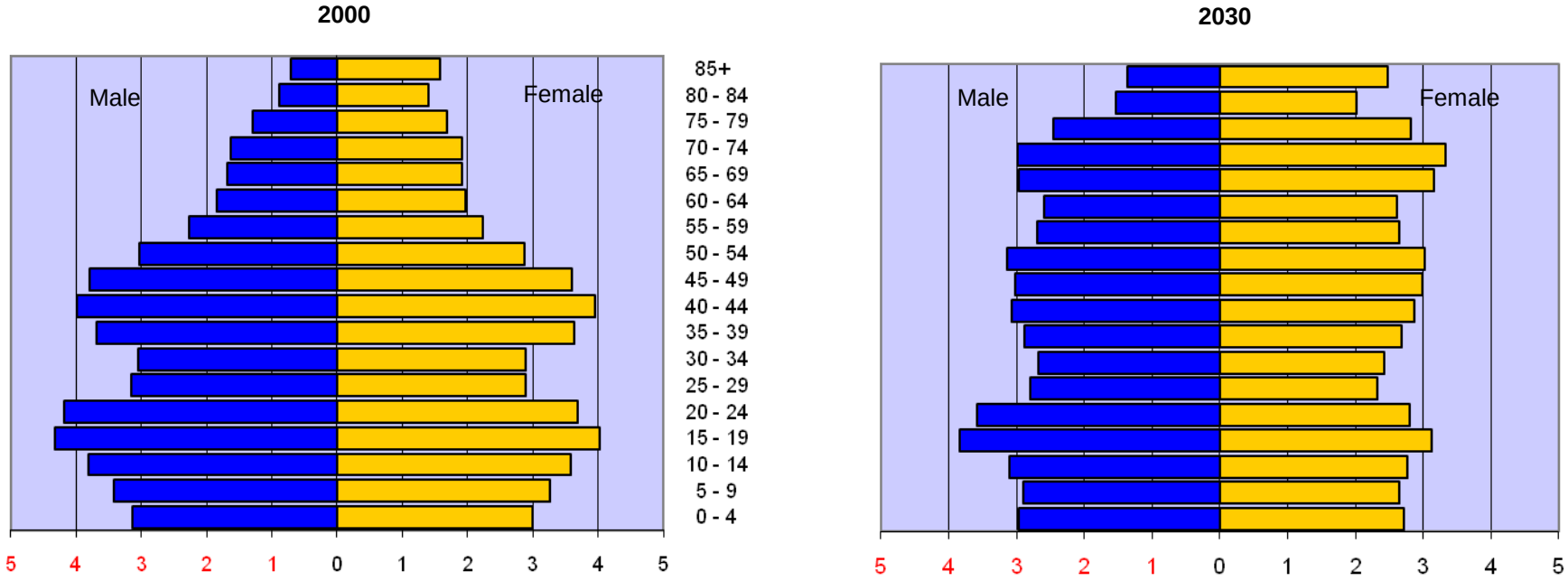
Population Pyramids of North Dakota



Percent of Total Population

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

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