



Center for
Rural Health

UNDSMHS Advisory Council Biennial Report Update

Interim Health Services Committee

August 18, 2015

Presented by: Brad Gibbens

Deputy Director and Assistant Professor

Center for Rural Health

UND School of Medicine and Health Sciences

*Connecting resources and knowledge to strengthen
the health of people in rural communities.*

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

UNDSMHS Biennial Report Update

- **Presentation Overview**
 - Role of the UNDSMHS
 - Components of the Report
 - Status of Work
 - Special Emphasis: Health Workforce
 - New Medical School Update



Third Biennial Report

Health Issues for the State of North Dakota

2015



Photo by North Dakota Tourism/Tim Collop

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Disclaimer

This *Biennial Report* represents the good-faith effort of the UND School of Medicine and Health Sciences and its Advisory Council to provide current and accurate information about the state of healthcare in North Dakota. Numerous sources were used in gathering the information found in this *Report*. We welcome corrections, which we will incorporate in subsequent editions of the *Biennial Report*.

Acknowledgement

We would like to acknowledge the exceptional contributions of the following individuals in the preparation of this *Report*: Brad Gibbens and Mandi Peterson of the Center for Rural Health; Jessica Sobolik and Denis MacLeod of the Office of Alumni and Community Relations; and Laura Cory of Information Resources. We would also like to thank Dr. Gary Hart, Abdi Ahmed, Dr. Shawnda Schroeder, Lynette Dickson, and Jody Ward for their contributions.

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An electronic version of this *Report* is available at
www.med.UND.edu/about-us/_files/docs/third-biennial-report.pdf.



Fourth Biennial Report Data

The following slides include information to be considered for the Fourth Biennial Report: Health Issues for the State of North Dakota (2017). On each slide you will find the number of the figure or table from the third biennial report, a major topic, an explanation of the data, and any charts, maps, or tables that have been created. Additionally, the APA approved citation for the information will be found in the notes section for the slide.

Each slide also contains an owner key. There will be a color-coded box with initials in the lower left hand corner of each slide. That key indicates who collected and summarized the data for each slide. If you have questions on a particular slide, please contact the individual whose key is on that slide.

New Data indicates updated data from the information presented in the Third Biennial Report.

Two date stamps are next to the owner key. The created date indicates the original creation of each slide. The updated date indicates the most recent update to the data since the original creation of the slide.

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CHAPTER THREE:

Physician Workforce in North Dakota

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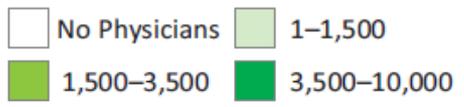
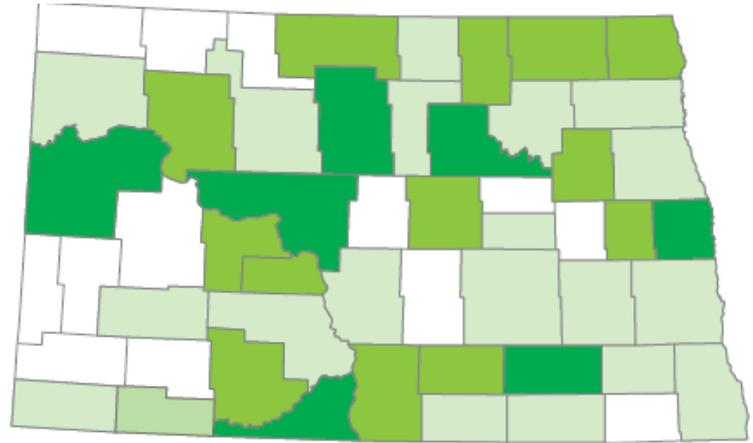


Third Biennial Figure 43. County Population per Physician for all specialties in North Dakota (p. 42)

Notes:

Information is for the “County population per physicians for all specialties in North Dakota”

- 13 counties have zero physicians to provide care.
- In 7 counties a single physician may provide care for 3,500 to 10,000 people.



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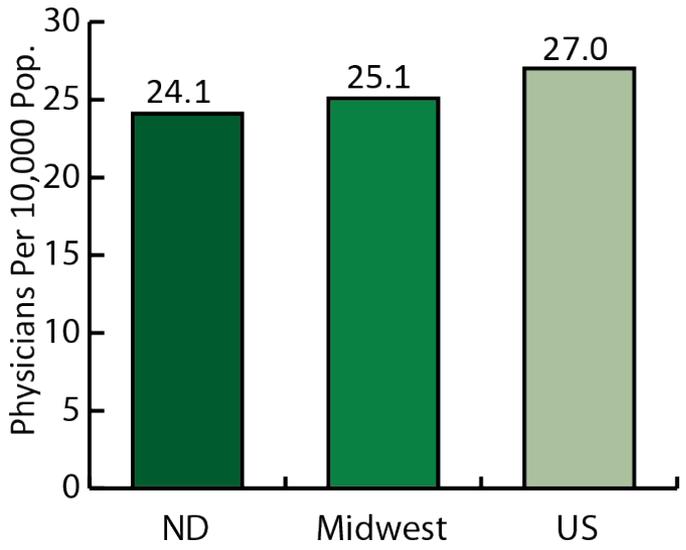
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Third Biennial Figure 44. Number of Physicians per 10,000 population for North Dakota, the Upper Midwest, and the United States (excludes resident physicians). (p. 43)

Notes:

- North Dakota's physician ratio is lower than both the Midwest, and national ratio.
- Excludes residents in training, including MDs and DOs.
- ND also has the lowest number of residency slots per med school student in the country.
- Results in significantly fewer residents on a proportional basis vs. any other state in the nation.



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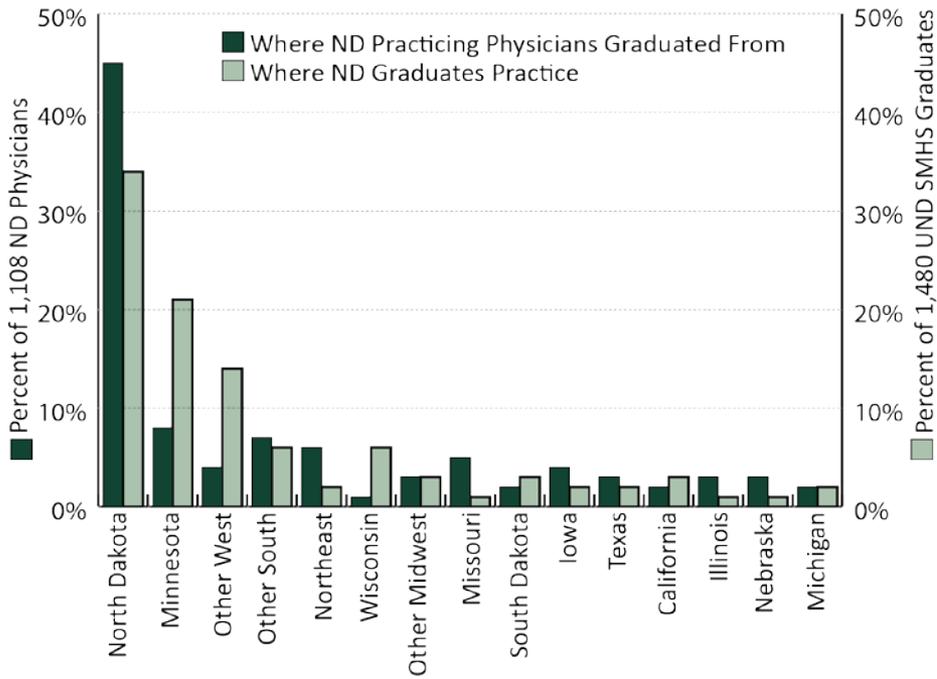


Third Biennial Figure 48. Percentages of North Dakota Physicians who graduated from different states and where North Dakota physicians who graduated from the UND SMHS currently practicing. (p. 45)

Notes:

Data from the American Medical Association (AMA) 2013 was used to generate an updated version of figure 48.

- High percentage of ND physicians currently practicing graduated from ND.
- MN was second for where physicians graduated from.
- Net flow however favors MN (-218 for ND).
- Net flow is even for ND. (497, 497).
- Of the 1,088 U.S. med school grads practicing in ND, 46% graduated from UND SMHS.



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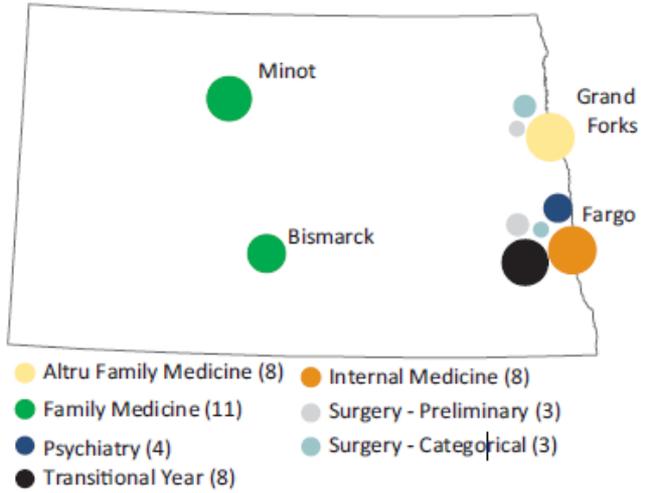


Third Biennial Figure 50. Number of residencies per year in North Dakota by location and type of residency prior to fall 2012. (p. 46)

Notes:

This map on the right shows the residency slot information for North Dakota.

- Translation residencies are a yearlong program designed to introduce graduates to a wide-range of medical and surgical specialties with the goal of building a broad foundation of clinical skills as a base for future training in a medical specialty.
- Additional residency slots per year have been added in North Dakota.



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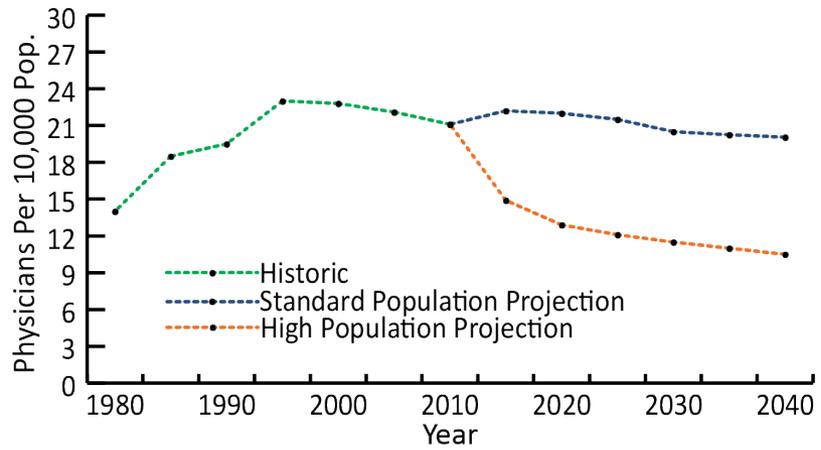
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Third Biennial Figure 52. Projection of rate of physicians per 10,000 population for standard and rapid-growth with high Oil Patch populations increase assuming implementation of Healthcare Workforce Initiative. (p. 48)

Notes:

- Multiple factors in play in terms of predicting the rate of physicians in the future.
- Differences in the eastern and western parts of the state due to the effect of the Oil Patch's population.
- If growth remains steady, physician rate should remain steady.
- If a population boom happens due to the oil effect, a sharp decrease in the physician rate becomes present.
- If the HWI was not implemented, supply would decrease precipitously.
- Shortages should remain a concern in light of current economic and demographic conditions.



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CHAPTER Five:

Other Healthcare Workforce in North Dakota

Author: Gary Hart

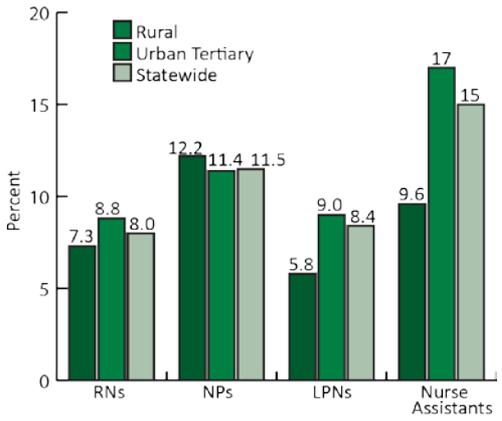
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Third Biennial Figure 64. Nurse vacancy rates by rural/urban status and statewide (p. 61)

Notable Considerations:

- At the moment, no updates since the Third Biennial.
- Highest statewide vacancy rate = Nurse Assistants (15%).
- Urban-tertiary rates slightly higher (17%).
- Highest rural county vacancy rate = NPs (12.2%).



Created on: 6/9/2015
Updated on: 6/24/2015



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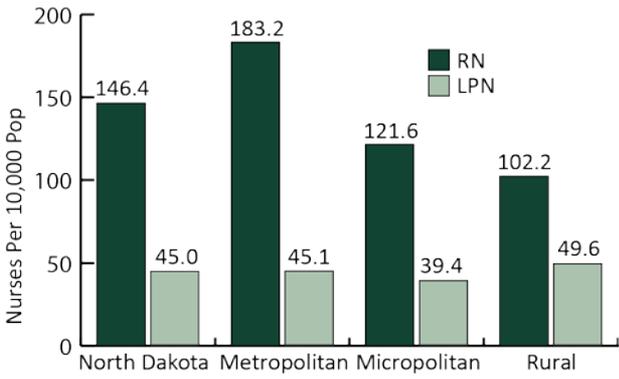
Third Biennial Figure 83 RN and LPN per population 2013. (p. 67)

NEW DATA

This figure on the right shows the fiscal year 2014 nursing report from the ND Board of Nursing.

Notes:

- From 2012 to 2013 the overall number of RN's and LPN's drop significantly and that might be due to population increase or migration out of the state.
- In metropolitan, the number of RN's and LPN's increased—7% for RN's and 5% for LPN's.
- In micropolitan, the number of RN's and LPN's decreased—22% for RN's and 41% for LPN's.
- In rural, the number of RN's and LPN's increased—a whopping 67% increase for RN's and 77% increase for LPN's.



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Updated on: 6/10/2015



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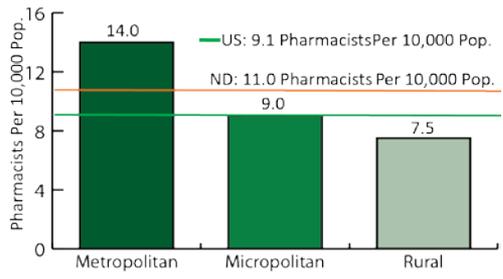


Third Biennial Figure 89. ND pharmacists per 10,000 population by rural/urban status 2010 (p. 70)

NEW DATA

Notable Considerations:

- North Dakota has more pharmacists than the country as a whole.
- Metropolitan areas have a significantly higher ratio of pharmacists compared to both micropolitan and rural areas.



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UNDSMHS Workforce Initiatives

- **Reducing Disease Burden**

- Inaugurated new Dept. of Population Health
- Inaugurated new Dept. of Geriatric Medicine
- Implement special advanced training residency in geriatric med.
- Continue to expand Masters in Public Health

- **Training more physicians and health providers**

- Increased size of medical school classes – 30% (16 more per year)
- Increased number of residents – 17 more per year
- Increased number of health science – 15%
- ROME (Rural Opportunities in Medical Ed)
- New Rural Tele-Psychiatry residency



UNDSMHS Workforce Initiatives

•Retaining more graduates

- Revised medical school admission process – students more likely to stay in ND
- RuralMed Scholarship program – 21 participating students
- CRH area of responsibility
 - Workforce Specialist
 - R-COOL-Health (Scrub Camp and Scrub Academy)
 - Health workforce analysis
 - AHEC – Program office (coordinate with the two regional centers – Hettinger and Mayville) – AHEC could be clearinghouse for internships with ND health ed. programs to coordinate student placements – need for state dollars for stipends, housing, travel cost

•Improving the efficiency of the health delivery system

- Inter-professional training (work in teams in the real world – more experience across professions during education – 8 health professions – 2,000 students – new building has space for learning teams)
- UNDSMHS was one of the 1st 30 public medical schools (out of 125) to initiate this as part of our curriculum in patient centered learning
- ROME – Rural Opportunities in Medical Education





New UND SMHS Building Update



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Planning for North Dakota's Healthcare Needs **Healthcare Workforce Initiative (HWI)**

Reduce disease burden

- Master of Public Health program
- Geriatrics training program

Expand workforce through enhanced retention of graduates

Expand workforce through class size expansion

Improve efficiency of ND health care system

- Telemedicine/telepsychiatry
- Interprofessional teams

UND SMHS Building Update

Located at northeast corner of Bronson property

Four floors (no basement and 5th mechanical floor)

325,446 sq. ft.

Formal groundbreaking June 12, 2014

Building to open summer 2016

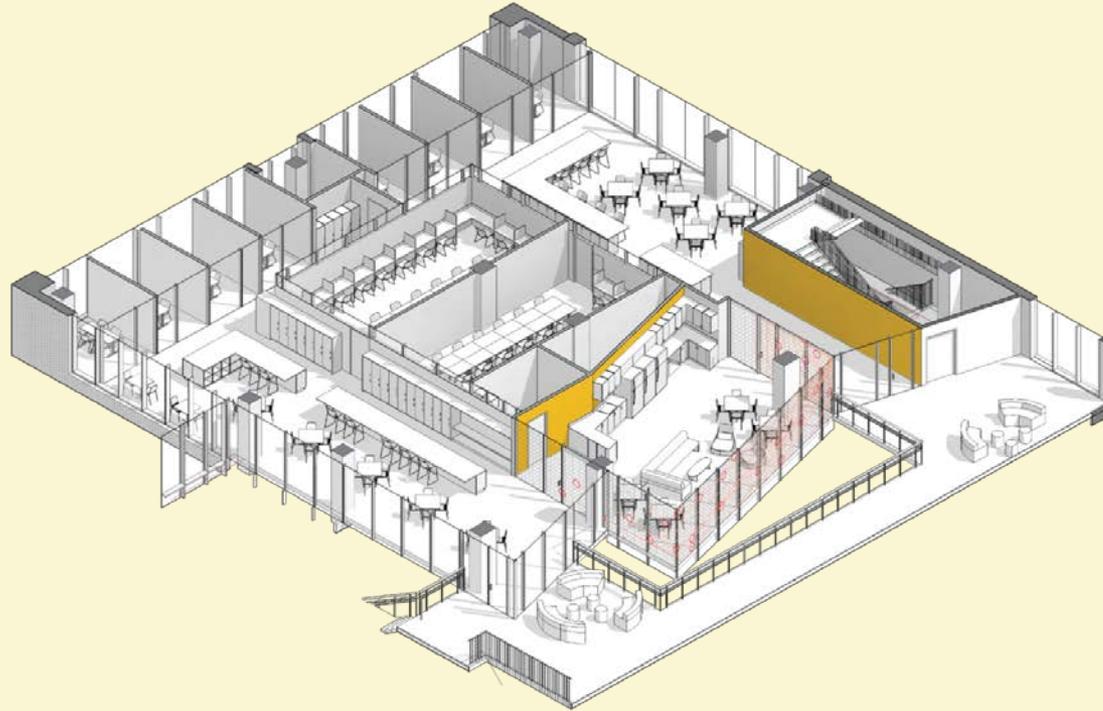
<http://www.med.und.edu/construction/index.cfm>

On budget and on time!





Center for
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Learning Community

*Connecting resources and knowledge to strengthen
the health of people in rural communities.*





Questions?





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