



**UTAH ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR UTAH

Meeting the Primary Care Needs of the State of Utah

Proposal to Expand Utah Family Medicine Residency Programs

Proposal: Utah Family Medicine Residency Expansion

Expand output of Family Physician graduates

- Increase annual output of Family Physicians from all Family Medicine Residency Programs from the current 25 to 30 graduates per year (See Table 4)

Table 1

Number of Residents in Training

	UU	SMH	UVRMC	McKay	TOTAL
Current Residents per Year	8	4	7	6	25
Additional Residents per Year	2	1	1	1	5
New Residency Numbers	10	5	8	7	30

Funding: \$450,000

Increase request for Medicaid GME from Utah State Legislature

Federal Fiscal Year 2015

State Portion	29.44%
Federal Match Rate	70.56%

Source of Funds - Combined

	State	Federal	Total
Current Medicaid Base	\$1,836,000	\$4,400,413	\$6,236,413
Request	\$450,000	\$1,078,533	\$1,528,533
Total	\$2,286,000	\$5,478,946	\$7,764,946

Distribution of new Medicaid GME Funding

	New Residents	New funds
UNIVERSITY OF UTAH (2 per year)	6	\$ 611,413
UTAH VALLEY (1 per year)	3	\$ 305,707
MCKAY DEE (1 per year)	3	\$ 305,707
ST MARKS (1 per year)	3	\$ 305,707
	15	\$ 1,528,533

Statement of Need:

- *Family Physicians are key to addressing the primary care shortage in both rural and urban areas*
- *Family Physicians provide significant economic impact in their communities through:*
 - *Job creation in their own offices and related healthcare businesses*
 - *Reducing cost of care for business and government*
- *Residency training in Family Medicine is the bottleneck to increasing the supply of Family Physicians*

Economic impact of Family Physicians:

- *Physicians are significant drivers of economic activity in their local community*
 - Each Utah physician supports 11.3 jobs in their community.
 - Each Family Medicine physician generates \$1,179,954 in economic activity, and approximately \$450,000 in wages for employees in their community.
 - Utah Physicians contribute 58,586 jobs and \$309,000,000 in state and local tax revenue.
- *Reducing cost of care for business and government*
 - Family physicians treat most conditions in their offices. They use preventive care to keep people well. When disease occurs, they use cost-effective management to prevent complications. Their patients benefit from long-term trusting relationships.
 - When people do not have access to primary care, they use higher-cost alternatives such as unnecessary specialist visits, emergency rooms, and Urgent Care facilities.
 - Using higher cost alternatives increases premium rates for businesses, and increases cost to government programs such as Medicare and Medicaid.

Primary care shortage in Utah

- *Within Utah, 27 of 29 counties are designated as Primary Care Health Professions Shortage Areas (HPSA).*
- *The shortages include both urban and rural areas.*

Table 2

Primary Medical Care HPSA Summary for Utah

Area	Providers needed	Actual providers	Current shortage	% Shortage
Salt Lake County	57	30	27	47%
Weber County	12	3	9	75%
Utah County	53	46	7	13%
All Other Counties	64	46	18	28%
Utah Statewide	186	125	61	33%

- *Utah is ranked 42nd out of the 50 states in primary care physicians (PCPs) per 100,000 population. Utah's ratio is 38.3 PCPs per 100,000 persons.*
- *The national average is 46.1 per 100,000.*

Table 3

Rank	State	PCPs per 100,000
50	Mississippi	26.5
49	Georgia	31.0
48	Texas	33.6
47	Nevada	33.9
46	Indiana	35.5
45	New Mexico	36.2
44	South Carolina	3.3
43	Missouri	37.0
42	Utah	38.3

- Ranking of PCPs per 100,000 <http://www.cdc.gov/nchs/data/databriefs/db151.pdf>

Future Needs of the State

- *Utah needs to add 226 PCPs just to catch up to the current national average of 46.1 PCPs per 100,000.*
- *Additional PCPs are needed to keep pace with population growth estimates and projected physician retirement. Unless action is taken, the shortage of PCPs will worsen, exacerbating access and cost issues.*
- *Changes to care delivery models can allow physicians to manage larger panels of patient by working collaboratively with other health professionals. Systems training and physician leadership are needed to achieve greater efficiency.*

Table 4

Projection of PCPs needed based on Population Growth Estimates

Year	Population	# of PCPs to maintain current 38.3 ratio	Increase # of PCP needed per year for Pop growth	Increase # of PCP needed per year for Retirements	Total Increase # PCP needed per year
2013	2,900,872	1,111			
2020	3,309,234	1,267	16	8	24
2030	3,914,984	1,499	23	9	32
2040	4,570,433	1,750	25	11	36
2050	5,257,239	2,014	26	13	39
2060	5,965,658	2,285	27	14	42

<http://governor.utah.gov/DEA/projections.html>

Current family medicine residency output

- *Federal CMS (Medicare) funding for residency training is capped at 1997 levels*
- *Physicians tend to remain in the area where they train as residents. Historically Utah Family Medicine Residencies retains about 65% of graduates in state. The programs produces 25 residents per year.*

References:

<http://www.annfamned.org/content/10/5/396.full>

- *Physicians must practice in a team model to manage a standard 2,000 patient panel size.*
- *Solving the primary care dilemma—excessive panel sizes in an environment of a primary care physician shortage—requires the replacement of physician-only care with team-based care.*
- *Residency Training in Team-based care will allow us to prepare physicians and other team members to serve Utah now and in the future.*

<http://www.utahmec.org/uploads/files/75/2012-Physician-Workforce-Report.pdf>

- *Utah is reliant on out-of-state recruitment to meet the needs of the population. (Page 88-89)*
- *As demand for family physicians increases nationwide, Utah will find it more and more difficult to recruit externally. We must develop a Utah Solution to this dilemma.*

<http://hpsafind.hrsa.gov/HPSASearch.aspx>

- *Health Professional Shortage Areas (HPSAs) are designated by U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. A HPSA may be **geographic** (a county or service area), **demographic** (low income population) or **institutional** (comprehensive health center, federally qualified health center or other public facility).*

<http://governor.utah.gov/DEA/projections.html>

- *Utah governor's projections on statewide population growth.*

<http://www.ama-assn.org/ama/pub/advocacy/state-advocacy-arc/economic-impact-study.page?>

- *American Medical Associate Economic Impact Study.*
- *Utah Physicians contribute 58,586 jobs and \$309,000,000 in state and local tax revenue.*