Virginia's Health Care Workforce: Present and Future Need

Physicians, Psychiatrists, Dentists, Clinical Psychologists and Pharmacists

Joint Commission on Health Care
September 1, 2009

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Senior Staff Attorney/Methodologist

Revised October 1, 2009

Agenda

- Purpose
- Demand and Supply
- Shortages
- Avenues to Address Shortages and Maldistribution
- Policy Options

Purpose

- Health professional workforce planning should be forward looking
  - Free-market outcomes do not always meet state needs
    - Rural and underserved areas are less attractive to many providers
    - Lucrative specialty fields are not necessarily the most needed
  - State government is involved in the education and placement of health professionals
- State government efforts should focus on the most essential health professional areas

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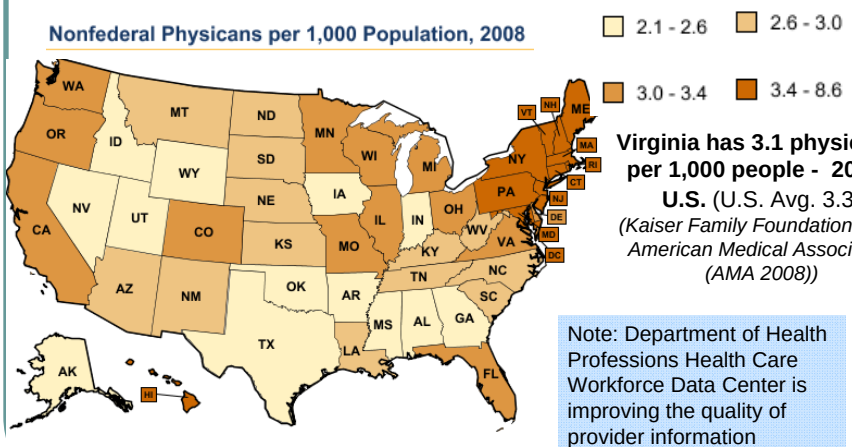
Demand and Supply

Health Care Professionals Are Part of the National Market



Virginia has 3.1 physicians per 1,000 people - 20th in U.S. (U.S. Avg. 3.3)
(Kaiser Family Foundation citing American Medical Association (AMA 2008))

Note: Department of Health Professions Health Care Workforce Data Center is improving the quality of provider information

Source: Kaiser Family Foundation State Health Facts 2008 http://www.statehealthfacts.org/comparemaptable.jsp?ind=689&cat=8

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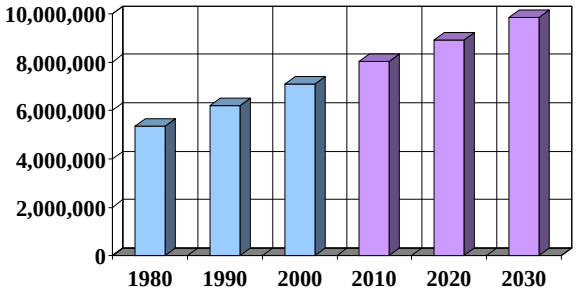
Virginia's Increasing Population Will Increase the Need for Health Care Services



Every year, 281 additional physicians are needed to meet Virginia's current level of 3.1 per 1,000 *(AMA estimate)*. This does not include physicians needed to replace those retiring or moving.

Sources: Virginia Workforce Connection Demographic Information accessed 8-15-09 and JCHC Analysis

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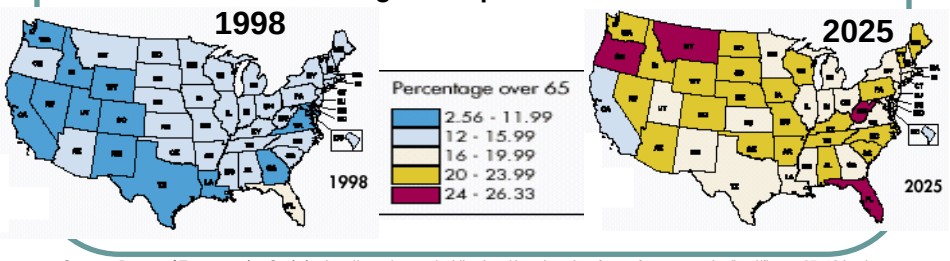
Aging Demographic: Virginia Is Graying and Older Persons Use More Healthcare Services

- As compared to the national average of physicians to population:
  - Individuals 65-74 require over 2x
  - Individuals 75+ require over 3x

Percentage of Population over 65



Sources: Bureau of Transportation Statistics http://www.bts.gov/publications/the_changing_face_of_transportation/html/figure_05_18.html

U.S. Department of Health and Human Services, http://bhpr.hrsa.gov/healthworkforce/reports/physiciansupplydemand/growthandaging.htm 7

Shortages

Virginia Has Physician, Dentist and Mental Health Shortages

	Shortage	Policy Options
Physician		
Primary Care	Yes	2,3,4,5, 6,11,12
Geriatric Care	Yes	7, 8, 9, 10,12
Psychiatry	Yes	2,4,12,13,14
Emergency Medicine	Yes	4
General Surgery	Yes	4
Dentists	Yes	17,18
Mental Health Professionals (Clinical Psychologist a part of addressing the shortage)	Yes	2,4,13,14,15,16
Pharmacists	No	19

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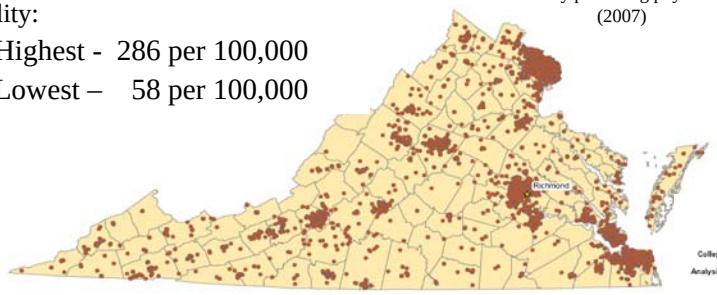
Majority of Physicians Are Located in the More Urban Localities

- Shortage analyses need to focus on state regions and localities not just state averages
- Physician to population ratios by locality:
  - Highest - 286 per 100,000
  - Lowest – 58 per 100,000



Sources: Physician Supply and Requirements in Virginia, 2010 and 2015, Mick, Nayar, and Caretta, July 2007 and Virginia Department of Health Professions (2007)*
* These data were collected for license administration purposes only and cannot be relied upon solely to inform about actual work site location.

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Southwestern Virginia has 26 Specialties that are less than 75% of Their Respective State Averages

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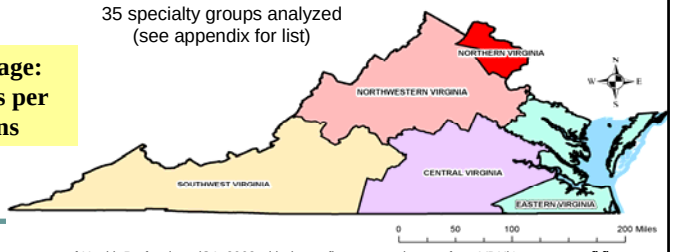
Regions	Physician per 100,000 persons	# of Specialty areas less than state average	# of Specialty areas less than 75% of state average
Central	235	12	3
Eastern	217	17	4
Northern	219	14	4
Northwest	226	11	2
Southwest	185	30	26

All analyses refer to physician to population ratios

35 specialty groups analyzed (see appendix for list)

Virginia Average: 221 Physicians per 100,000 persons



Source: JCHC analysis. Data source: Virginia Department of Health Professions (Q1, 2008 with data refinement assistance from VDH)*
* These data were collected for license administration purposes only and cannot be relied upon solely to inform about actual work site location.

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Job Openings Analysis - Primary Care Physicians are Most in Demand in Virginia

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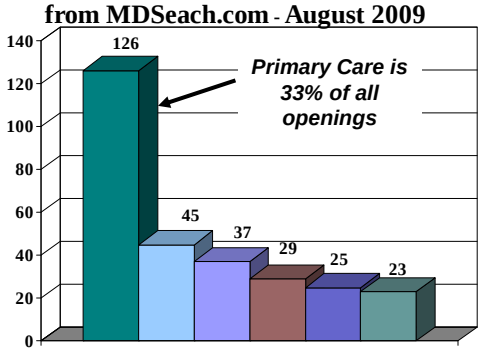
Top 6 Statewide Physician Openings from MDSeach.com - August 2009



1. Primary Care	126
2. Cardiology	45
3. Orthopedic Surgery	37
4. Hospitalist	29
5. General Surgery	*25*
6. Emergency Medicine	*23*

Rural and Underserved Areas

Primary Care Opportunities accounted for 63% (33) Openings on 3RNet

Emergency Medicine and General Surgery Physicians are needed in every region

Source: Additional JCHC analysis

Source: JCHC Analysis of Physician openings from referenced websites (August 2009)

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Needs Analysis - Virginia has Primary Care Shortage Areas in 80 Localities

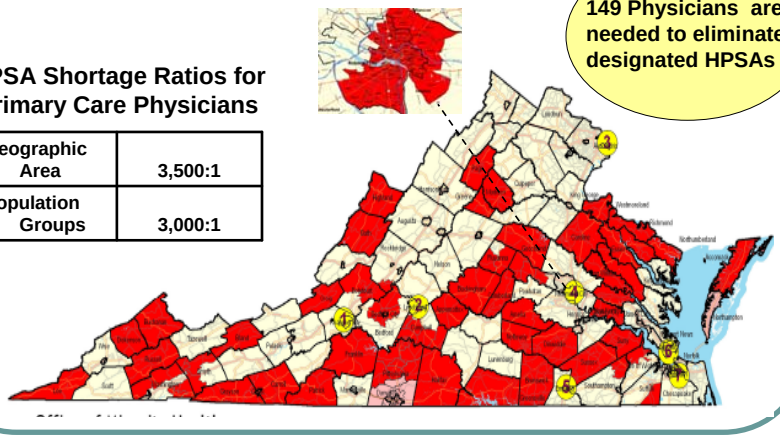
PHYSICIAN

Primary Care Health Professional Shortage Areas

149 Physicians are needed to eliminate designated HPSAs

HPSA Shortage Ratios for Primary Care Physicians

Geographic Area	**3,500:1**
Population Groups	**3,000:1**



Sources: VDH Primary Care Health Professional Shortage Areas (HPSA), http://www.vdh.state.va.us/healthpolicy/primarycare/shortagedesignations/index.htm,

13

What Influences Medical Student & Resident Choices?

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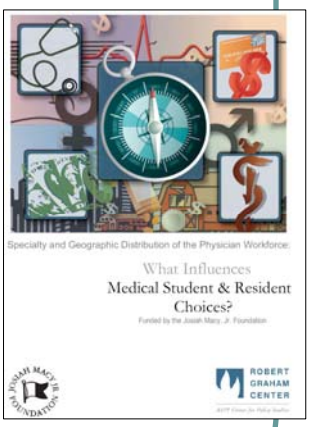
- Income gap between primary care and specialists
- Likelihood of students choosing primary care, rural and underserved careers significantly increased by:
  - Rural birth
  - Interest in serving underserved or minority populations
  - Exposure to Title VII in medical school
  - Rural or inner-city training experiences



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Current and Future Geriatrician Shortages Mean Other Physicians Will Fill the Gap

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- Geriatricians
  - Needed nationwide: 20,000
  - Supplied: 7,100

Retirements are coming - Geriatricians are older than the average physician

- Primary Care physicians will provide increasing amounts of geriatric care

Additional Education and Training for Primary Care Physicians that Provide Care to Geriatric Patients Is Important

- Geriatricians training: 1 year fellowship
  - Topics include:
    - Physiology of aging
    - Illnesses common among older persons
    - Treatment and management of older adults in acute care, long-term care, community-based, and home-care settings
    - Assessment of cognitive status and mood in the elderly.

A Shortage of Geriatricians in Virginia: Report to the Joint Commission on Health Care, Dr. Jonathan Evans, October 17, 2007 and the American Geriatric Society website - http://www.americangeriatrics.org/news/geria_faqs.shtml#3

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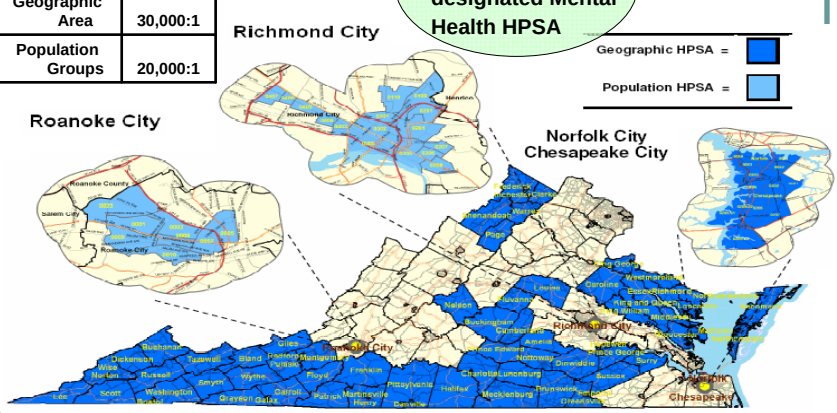
Needs Analysis: Virginia has Mental Health Shortage Areas in 86 Localities

MENTAL HEALTH

Psychiatrists HPSA Shortage Ratios

Geographic Area	30,000:1
Population Groups	20,000:1

23 Psychiatrists needed to eliminate designated Mental Health HPSA



Sources: Addressing Virginia's Mental Health Workforce Shortages, VDH, Mental Health Roundtable May 20, 2009 and http://bhpr.hrsa.gov/shortage/hpsaguidement.htm

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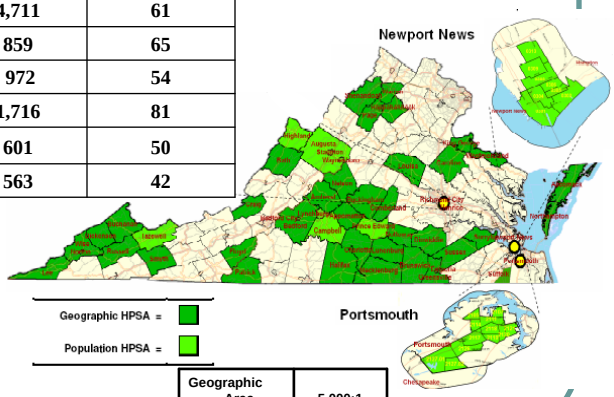
Needs Analysis: Virginia has Dental Shortage Areas in 61 Localities

DENTIST

	# of Dentists	Dentists per 100,000
Virginia	4,711	61
Central	859	65
Eastern	972	54
Northern	1,716	81
Northwestern	601	50
Southwestern	563	42



162 Dentists needed to eliminate designated Dental HPSA

Geographic HPSA =

Population HPSA =

HPSA Shortage Ratios for Dentists

Geographic Area	5,000:1
Population Groups	4,000:1

Sources: VDH Dental Health Professional Shortage Areas (DHPSA), http://www.vdh.state.va.us/healthpolicy/primarycare/shortagedesignations/index.htm, and http://bhpr.hrsa.gov/shortage/hpsaguidement.htm. Virginia Department of Health Professions (2008)* and analyzed by the National Center for the Analysis of Healthcare Data

* These data were collected for license administration purposes only and cannot be relied upon solely to inform about actual work site location.

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Estimates of Pharmacist Shortages Have Changed Recently

PHARMACIST

2008 HRSA Study National Findings

- Supply is growing faster than was previously estimated in 2002 study
- Demand is continuing to rise
- Moderate shortfall of pharmacists
- "If per capita consumption …remains unchanged, then projected future supply will be adequate to meet the demands of a growing and aging population"

Source: HRSA: The Adequacy of Pharmacist Supply: 2004 to 2030 (2008)

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Virginia In-State Pharmacists' Locations

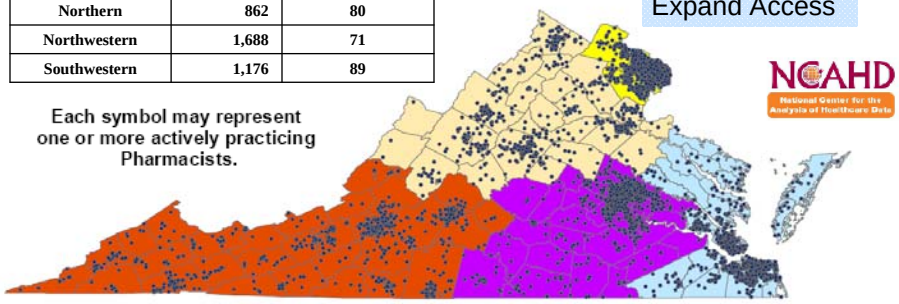
PHARMACIST

6,681 In-State Licensed Pharmacists
(86 per 100,000)

	Pharmacists	Pharmacists per 100,000
Central	1,561	118
Eastern	1,394	77
Northern	862	80
Northwestern	1,688	71
Southwestern	1,176	89

Note: Mail-order Pharmacies Expand Access

Each symbol may represent one or more actively practicing Pharmacists.



NCAHD
National Center for the Analysis of Healthcare Data

Data source: Virginia Department of Health Professions (2008)* and National Center for the Analysis of Healthcare Data

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Avenues to Address Shortages and Maldistribution

J-1 Visa Waiver Program

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International Medical Graduates

- 3 year requirement for primary care practice in a federally designated health professional shortage area or a medically underserved area
- 30 slots annually
  - 18 slots typically
- Virginia costs – administrative only

21

State Loan Repayment Programs

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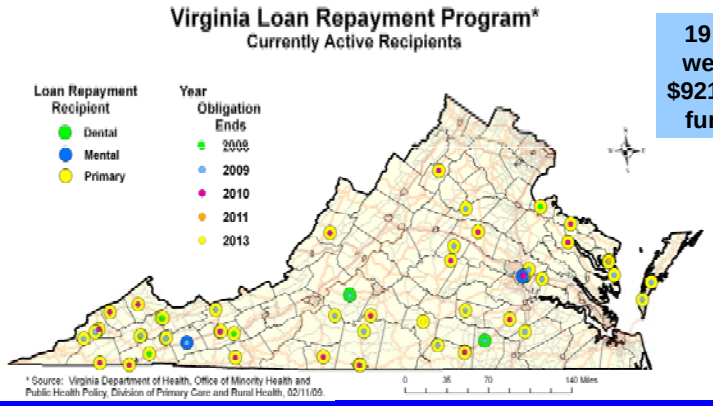
- Total funding amount $50K to $120K
- State funding eliminated in FY10

Individual works in an underserved area

19 individuals were provided $921,998 in State funds in FY08



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2,425 Students Were Enrolled in Virginia Medical Schools in 2008

	Total Enrollment *(2008)*	2008 entering class-size	% in-state 2008 entering class	2012 entering class-size *(Estimated)*	2008 Graduates
Eastern Virginia Medical School (Norfolk)	**445**	**115**	**64%**	**135**	**107**
University of Virginia School of Medicine (Charlottesville)	**559**	**145**	**54%**	**160**	**130**
Virginia Commonwealth University School of Medicine (Richmond)	**741**	**192**	**58%**	**192**	**181**
Edward Via Virginia College of Osteopathic Medicine - VCOM (Blacksburg)	**680**	**191**	**30%**	**191**	**139**
Virginia Tech Carilion School of Medicine (Roanoke) [Opens August 2010]	***200 (Expected)***	***40 (Expected)***			
Total (2008)	***2,425***	***643***	***50%***	***678***	***557***

PHYSICIAN

Sources: JCHC email correspondence with each institution and SCHEV. Va. Medical School Takes Shape, Smith and Hardy, Richmond Times Dispatch, January 3, 2007 & WSLS video report, McNew, May 22, 2008 http://www.wsls.com/sls/news/local/article/roanoke_medical_school_has_a_name/11444/

23

$50.6 Million General Funds Were Spent Toward Medical School Education in 2007-08

	Tuition in-state (2008-2009)	Tuition out-of-state (2008-2009)	2007-08 General funds* (in millions)	2007-08 Non-General funds* (in millions)	2007-08 General funds/per student*
Eastern Virginia Medical School (Norfolk)	**$ 23,980**	**$ 44,328**	**$ 15.1**	**$ 0**	**$ 33,786**
University of Virginia School of Medicine (Charlottesville)	**$ 32,650**	**$ 42,650**	**$ 16.6**	**$ 31.8**	**$ 29,733**
Virginia Commonwealth University School of Medicine (Richmond)	**$ 25,390**	**$ 38,892**	**$ 16.9**	**$ 20.8**	**$ 22,833**
Edward Via Virginia College of Osteopathic Medicine - VCOM (Blacksburg)	**$ 32,900**	**$ 32,900**	**$ 0**	**$ 0**	**$ 0**
Virginia Tech Carilion School of Medicine (Roanoke) [Opens August 2010]					
Total (2008)	***$ 28,794 (average)***	***$ 39,740 (average)***	***$ 50.6***	***$ 52.8***	

PHYSICIAN

* Totals do not include Family Practice Program (residencies) and Area Health Center funding

Sources: JCHC email correspondence with each institution and SCHEV. Va. Medical School Takes Shape, Smith and Hardy, Richmond Times Dispatch, January 3, 2007 & WSLS video report, McNew, May 22, 2008 http://www.wsls.com/sls/news/local/article/roanoke_medical_school_has_a_name/11444/

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EVMS, UVA and VCU Medical Schools Had Over $1.2 Billion in Expenditures

	EVMS	UVA	VCU
Medical Students	440	551	734
Enrolled Masters Students	30	16	154
Enrolled PhD Students	26	404	263
Postdoctoral Fellows	6	406	147
Residents	290	516	629
Fellows	16	145	119
	(In Millions)		
Revenues	$203	$560	$429
Expenditures	$202	$544	$412
State Funding and Parent Contributions	$ 17	$ 42	$ 52
Practice Plan Revenues	$ 89	$181	$139
Direct Federal Grants and Contracts	$ 22	$108	$ 50

PHYSICIAN

Sources: AAMC Longitudinal Statistical Summary Reports for 2008 for EVMS, UVA and VCU

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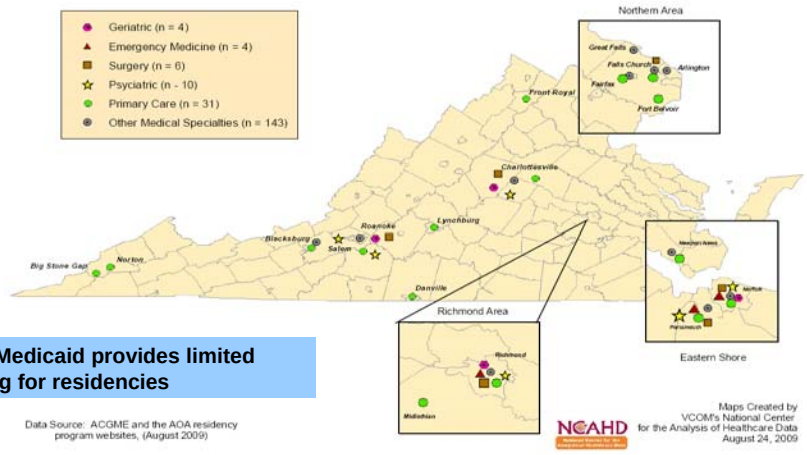
Virginia Has 198 Medical Residency Programs in 19 Locations



Note: Medicaid provides limited funding for residencies

Data Source: ACGME and the AOA residency program websites, (August 2009)

Source: 2007 State Physician Workforce Data Book

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UVA and VCU Have Dedicated Funding for Family Practice Residency Programs

- Dedicated funding: Chapter 291 (2009)
  - UVA - $1,983,202
  - VCU - $5,932,772
- EVMS Family Practice State Funding- $849,583
  - Not a line item in State Budget
- 61% of physicians that complete Virginia family practice residencies will practice in Virginia

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Investment Needed for 1 Primary Care Physician Practicing in Virginia

	Medical Schools: EVMS, UVA, & VCU (2008)	Family Practice Residency Programs: EVMS, UVA & VCU	J-1 Visa Waiver	State Loan Repayment Programs (FY08)
State Funding (2008)	$50,600,000	$8,810,557	admin*	$921,988
Program Participants	1,745	233	18	19
Average State Funding per Year per Participant	$28,997	$37,814	admin*	$48,526
Average Years to Program Completion	4	3	3	4
State Funds Per Participant Per Program Completion	$115,989	$113,441	admin*	$194,104
% Likely to practice Virginia	35%	61%	40%	76%
State Investment to Develop 1 Physician that Practices In-state	$331,396	$185,968	minimal*	$255,401
% Physicians Initially Specializing in Primary Care	38.6%	100%	100%	100%
State Investment to Develop 1 Primary Care Physician that Practices In-state	$858,938	$185,968	minimal*	$255,401

Pink Denotes Addressing Maldistribution Best

JCHC Analysis - sources: JCHC files

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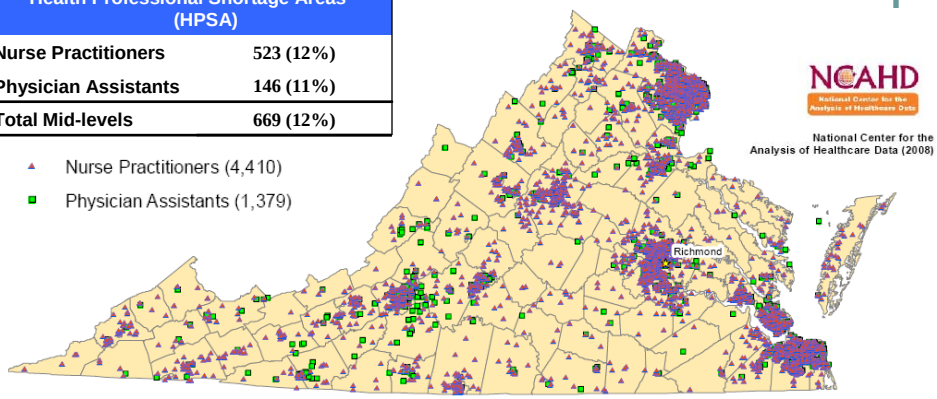
Expanding Scope of Practice for Nurse-Practitioners and Physician Assistants Can Address Shortage Issues

Licensed Nurse Practitioners and Physician Assistants

Health Professional Shortage Areas (HPSA)	
Nurse Practitioners	523 (12%)
Physician Assistants	146 (11%)
Total Mid-levels	669 (12%)



Data sources: Virginia Department of Health Professions (2008)* and National Center for the Analysis of Healthcare Data
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Health Professional Shortage Areas (Primary Care) from 2006 HRSA Shortage Designation Branch

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Virginia Supports Geriatric Training for Physician and Non-Physician Populations

PHYSICIAN

Geriatric Training and Education

- $356,250 appropriated (FY08)
  - Redistributed by the Virginia Center on Aging
- Funds are to develop the skills and capacities of the gerontological and geriatric workforce

Examples of 2008-09 Grants Targeted:
- Health care professionals
- Medical Residents
- Nurses
- Nursing home staff
- Physicians
- Pharmacists

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Proposed Legislation: Authority to take over Duties of Statewi Area Health Education Centers Program

HOUSE BILL NO. 2142
Offered January 14, 2009
Prefiled January 13, 2009

(Nutter)

Currently under study with revised language forthcoming in time for 2010 Session

Statewide Healthcare Workforce Authority mission

I. develop health careers recruitment programs for Virginia's students,
II. support the community-based training of primary care health professions students, residents, and other health professions students in Virginia's underserved communities;
III. provide educational and practice support systems for the Commonwealth's primary care providers;
IV. support recruitment and retention efforts of primary care, mental health, and dental professionals for underserved areas of the Commonwealth; and
V. collaborate with health, education, public health, and human services organizations to facilitate and promote improved health education and disease prevention among the citizens of the Commonwealth.

PHYSICIAN MENTAL HEALTH DENTIST

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Telemedicine Can Expand Care to Underserved Regions

PHYSICIAN

- Mandated Insurance Coverage
  - SB 1458(Wampler) and HB 2191(Philips) are before the Special Advisory Commission on Mandated Health Insurance Benefits
- Telemedicine obstacles
  - Physician acceptance
  - Technological hardware
  - Physician payment for services

MENTAL HEALTH

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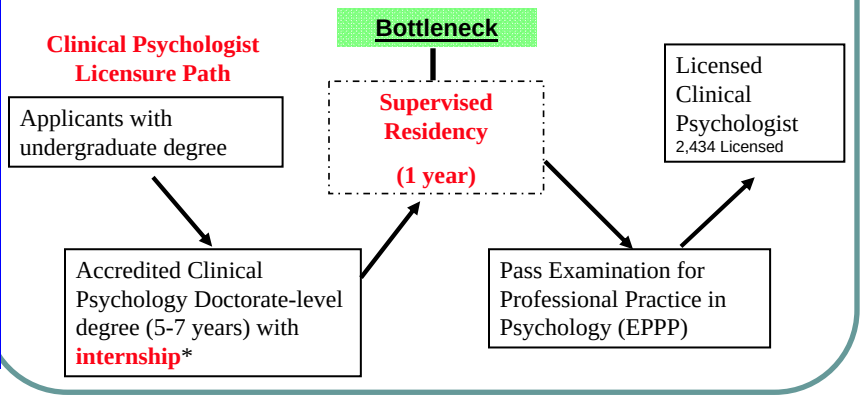
Board of Psychology Likely to Review Eliminating the Residen Requirement and Increasing the Internship Requirement

MENTAL HEALTH

Typically insurance does not reimburse for services until Clinical Psychology graduate is licensed



*International applicants must meet the same requirements but previous coursework may be allowed if coursework and internship meets standards of an accredited clinical psychology doctoral degree.

Sources: Discussions with Virginia Board of Psychology and information on Virginia Department of Health Professions website, *End of Quarter Licenses in Effect* (Q4, 2008).

33

Allowing Clinical Psychologist to Prescribe Would Allow Greater Mental Health Access

MENTAL HEALTH

- Additional training for Licensed Clinical Psychologists:
  - Masters degree in clinical psychopharmacology
  - Year practicum under the supervision of a licensed physician
  - Pass exam
- Medical psychologist would only prescribe after consultation with and agreement of the patients primary care physician.
- New Mexico (2002) and Louisiana (2004) have allowed medical psychologists to prescribe and manage psychotropic drugs.
  - No complaints filed regarding any medical psychologist in either state
- In 2009, Oregon directed psychiatrist and psychologist representative organizations to develop an appropriate framework for medical psychologists licensure and report back to the legislature.

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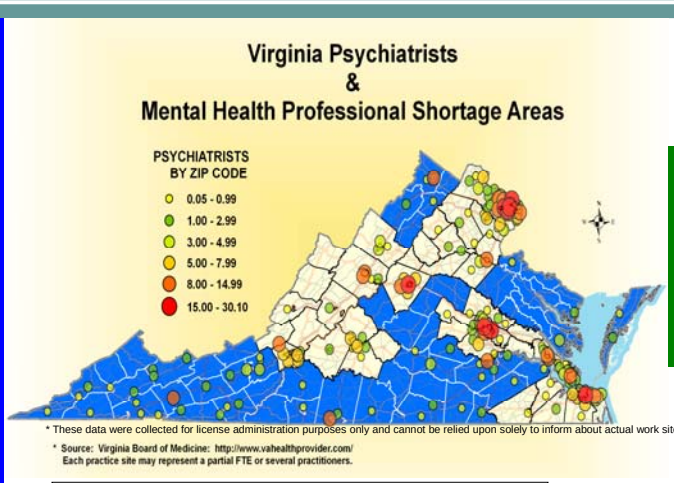
Distribution of Psychiatrists

MENTAL HEALTH



1,261 Psychiatrists in Virginia (AMA, 2005)

Shortages result in long wait times to see CSB psychiatrist.
Wait averages:

- **Adult 24 days**
- **Child 30 days**

-Availability and cost of Licensed Psychiatric Services in Virginia, JLARC (2007)

Denotes Mental Health Professional Shortage Area

Source: Addressing Virginia's Mental Health Workforce Shortages, VDH, Mental Health Roundtable May 20, 2009

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Distribution of Clinical Psychologists

MENTAL HEALTH

2,434 Clinical Psychologists in Virginia

Denotes Mental Health Professional Shortage Area

Source: Addressing Virginia's Mental Health Workforce Shortages, VDH, Mental Health Roundtable May 20, 2009

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Dental Services Are More Difficult to Incentivize in Underserved Regions

DENTIST

- Average Cost of Patient Visit (2004)
  - Dentist – $224
  - Primary Care Physician – $101
- Prevalence of Insurance
  - Dental – 65%
  - Medical – 85%
- % of Out of Pocket Costs
  - Dental – 49%
  - Overall Medical – 19%

"Inflammation is a major risk factor for heart disease, and periodontal disease may increase the inflammation level throughout the body"

- Kenneth Kornman, DDS, PhD
Journal of Periodontology, Editor

Sources: Dr K Michael Hood states that the oral-systemic connection is validated once again. - http://www.sbwire.com/news/view/30342
AHRQ Medical Expenditure Survey Panel: Chartbook #17: Dental Use, Expenses, Dental Coverage, and Changes, 1996 and 2004
http://www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.shtml#ExecutiveSummary, Expenses for Office-Based Physician Visits by Specialty, 2004,
http://www.meps.ahrq.gov/mepsweb/data_files/publications/st166/stat166.pdf , Dental Expenditures in the 10 Largest States, 2005, http://www.meps.ahrq.gov/mepsweb/data_files/publications/st195/stat195.pdf
and Health Insurance Coverage in the U.S. 2007, http://facts.kff.org/chart.aspx?ch=477,

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Dental Hygienists Legislation Addresses Maldistribution

VIRGINIA ACTS OF ASSEMBLY – 2009 SESSION

CHAPTERS 99 & 561

An Act to amend and reenact § 54.1-2722 of the Code of Virginia, relating to practice of dental hygienists.

- Dental hygienists working in Dental Health Shortage Areas in Lenowisco, Cumberland Plateau, and Southside Health Districts can provide educational and preventive dental care
  - protocol developed by the Department of Health

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Need Exceeds the Amount of Discount or Free Dental Services

- Free or Discount Dental Services in Virginia
  - Mission of Mercy (MOM)
  - Federally Qualified Health Centers
  - Remote Area Medical (RAM)
  - Virginia Community Health Centers
  - Virginia Departments of Health
  - Virginia Free Health Clinics
  - VCU Clinics (Richmond and Wise in 2011)

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Needed Pharmacist Services: Medication Therapy Management (MTM)

PHARMACIST

- Medication Therapy Management
  - Ensures that targeted Medicare beneficiaries appropriately use Part D drugs to optimize therapeutic outcomes through improved medication use;
  - Reduces the risk of adverse events, including adverse drug interactions, for targeted beneficiaries.
- Pharmacists can be reimbursed for providing MTM to Virginians enrolled in Part D plan that:
  - Have multiple chronic diseases;
  - Are taking multiple Part D drugs; and
  - Are likely to incur over $4,000 in annual costs for covered Part D drugs
- Program not communicated well to beneficiaries and pharmacists

Most Targeted Conditions

1. Diabetes
2. Heart Failure
3. Hypertension
4. Dyslipidemia
5. COPD
6. Asthma
7. Rheumatoid Arthritis
8. Depression
9. Osteoporosis
10. Osteoarthritis

http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MTMFactSheet.pdf

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Policy Options

Policy Options – Primary Care

Option 1: Take no action.

Option 2: When state revenue allows, restore funding for the State Loan Repayment Program (SLRP) & Virginia Loan Repayment Program (VLRP).

Option 3: When state revenue allows, increase <u>dedicated</u> funding for EVMS, UVA and VCU Family Practice Residency Programs.

Policy Options – Primary Care

Option 4: Request by letter of the JCHC Chairman that the Department of Medical Assistance Services (DMAS) develop and report on a methodology and cost estimate for providing enhanced Direct Medical Education (DME) and Indirect Medical Education (IME) payments to graduate medical programs in Virginia that train primary care, general surgery, psychiatrists, and emergency medicine physicians. The letter would include a request that DMAS present its report to JCHC by August 30, 2011. *(Enhanced payments are expected to increase state Medicaid costs to some degree.)*

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Policy Options – Primary Care

Option 5: When state revenue allows, introduce a budget amendment (language and funding) to increase Medicaid reimbursement rates to match the level of Medicare reimbursement rates for primary care physicians

Option 6: By letter of the JCHC Chairman request that the medical schools at Eastern Virginia Medical School, the University of Virginia, and Virginia Commonwealth University make efforts to increase their enrollment of medical students from rural communities in Virginia and individuals with an interest in serving underserved and minority populations.

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Policy Options – Physicians Treating an Aging Population

Option 7: When state revenue allows, introduce a budget amendment (language and funding) to allow the Department of Health Professions (DHP) to develop a Continuing Medical Education course focusing on medication issues of geriatric patients and targeted for primary care physicians. The objective would be for the course to be offered online and at no cost to Virginia licensed physicians.

Option 8: Request by letter of the JCHC Chairman that the Board of Medicine include and promote geriatric care issues among its online educational resources.

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Policy Options – Physicians Treating an Aging Population

Option 9: Request by letter of the JCHC Chairman that the Virginia Chapter of the American College of Physicians include and promote geriatric care issues among its online educational resources.

Option 10: Request by letter of the JCHC Chairman that the Virginia Academy of Family Physicians continue to promote geriatric training among its membership.

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Policy Options – Physician Extenders and Telemedicine

Option 11: Include in the 2010 JCHC work plan, a study of the prevalence, distribution and scope of practice for nurse practitioners and physician assistants in Virginia.

Option 12: Send a letter from JCHC Chairman to the Special Advisory Commission on Mandated Health Insurance Benefits to support SB1458 (Wampler) and HB2191 (Philips) which require health insurers, health care subscription plans, and health maintenance organizations provide coverage for the cost of telemedicine services.

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Policy Options – Telemedicine and Mental Health

Option 13: Request by letter of the JCHC Chairman that the Department of Human Resource Management consider and if appropriate conduct pilot programs for selected telemedicine-covered services within the state employee health insurance program, consideration should be given to obstetric care for high-risk pregnancies, telestroke services, and telepsychiatry.

Option 14: Request by letter of the JCHC Chairman that the Department of Behavioral Health and Developmental Services (DBHDS) report regarding the Department's current and historical utilization of telemedicine and telepsychiatry services, effectiveness of such services, locations offering such services, use of telemedicine by CSB providers, and impediments to greater adoption and usage by the Department and CSBs. This letter would include a request that DBHDS present a report to JCHC by August 30, 2010.

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Policy Options – Clinical Psychology

Option 15: Introduce a joint-resolution requesting that JCHC convene a task force to review allowing qualified clinical psychologists to prescribe psychopharmacological medications and report to JCHC. The report will detail licensure and educational requirements, oversight structure, changes to licensure and regulatory oversight processes, medications that may be prescribed, requirements for physician review and/or oversight for prescribing medications. The resolution would require an interim report to JCHC in 2010 with a final report by September 1, 2011. Task force participants include:

- Board of Medicine
- Board of Pharmacy
- Board of Psychology
- Medical Society of Virginia
- Psychiatric Society of Virginia
- Virginia Psychological Association
- Virginia Pharmacists Association

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Policy Options – Clinical Psychology and Dentistry

Option 16: Request by letter of the JCHC Chairman that the Department of Health Professions improve the information collected and compiled about clinical psychologists which is retained in the Healthcare Workforce Data Center.

Option 17: Request by letter of the JCHC Chairman that the Department of Health Professions improve the information collected and compiled about dentists which is retained in the Healthcare Workforce Data Center.

Option 18: When state revenue allows introduce a budget amendment (language and funding) to extend basic dental benefits to adults eligible for Medicaid.

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Policy Options – Pharmacy

Option 19: Request by letter of the JCHC Chairman that the Virginia Pharmacists Association, the Virginia Department for the Aging, and local area agencies on Aging collaborate to provide and disseminate information about Medicare's Medication Therapy Management (MTM) program to pharmacists, prescription counselors, and Medicare beneficiaries that qualify for MTM services.

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Public Comment

- Written public comments on the proposed options may be submitted to JCHC by close of business on September 29, 2009.
- Comments may be submitted via:
  - E-mail: sreid@jchc.virginia.gov
  - Fax: 804-786-5538
  - Mail: Joint Commission on Health Care
    P.O. Box 1322
    Richmond, Virginia 23218
- Comments will be summarized and presented to JCHC during its October 7th meeting.

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APPENDIX

Supply Data: Virginia Department of Health Professions Licensure Data

Physicians	Dentists	Clinical Psychologists	Pharmacists
31,254	5,975	2,434	9,636

16,191 active physicians
(estimate 2005)

- Virginia licensure data can be very limited
- Virginia data does not consistently include:
  - Whether professional works in VA
  - Whether professional is in active practice
  - Location of practice(s)
  - Time dedicated to practice location
  - Time dedicated to specialty
  - Age of professional (relevant for retirement estimation)

Virginia Department of Health Professions is improving data collected for physicians and nurses and hopes to extend to other healthcare professions

Source: Virginia Department of Health Professions Licensees as of June 30, 2008,
Physician Supply and Requirements in Virginia, 2010 and 2015, Mick, Nayar, and Caretta, July 2007 and Virginia Department of Health Professions (2007)*

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Demand Varies Depending on the Question Asked

Demand Analysis Limitations

NEEDS ANALYSIS	UTILIZATION ANALYSIS	JOB OPENINGS ANALYSIS
Such analyses typically do not incorporate ability to pay into shortage determinations.	If a professional shortage is present in the system then the analysis will not register the existing shortage.	A job opening does not necessarily mean there is an overall system need for that service.

Assumptions and data used can significantly alter demand models

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35 Physician Specialties Analyzed

Primary Care	Surgical Specialties
Family Practice	General Surgery
Internal Medicine	Neurosurgery
Pediatrics	OB/GYN
Medical Specialties	Ophthalmology
Allergy/Immunology	Orthopedic Surgery
Cardiology	Otolaryngology
Dermatology	Plastic Surgery
Endocrinology*	Urology
Gastroenterology	Other Surgical Specialties
Geriatrician	**Hospital-Based**
Hematology/Oncology	Emergency
Infectious Disease	Anesthesiology
Nephrology	Radiology
Neurology	Pathology
Physical Medicine and Rehab	**Pediatric Subspecialties**
Psychiatry	Pediatric Cardiology
Pulmonology	Pediatric Neurology
Rheumatology	Pediatric Psychiatry
Other Medical Specialties	Other Pediatric Subspecialties

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