

KANSASWORKS

Health Care Workforce Partnership Committee Data Workgroup

Identified Barriers

1. Kansas Department of Health and Environment uses occupations codes that are different from the Kansas Department of Labor and the Federal Standard Occupational Codes.
 - a. Having identified this barrier, KDH&E will work with KDOL and change their codes to the appropriate SOC code
2. Full time equivalency data comes from the information obtained when a health care professional is renewing their license. However, the Advanced Registered Nurse Practitioner's renewal information does not contain questions regarding the type of practice nor the practice sites. Therefore, all the ARNP's are lumped together and using this data alone does not provide the number of primary care ARNP.
3. A survey sent to the ARNP's for additional information had a return rate of 23%.
4. When Physician Assistants license is renewed, no information is obtained regarding their specialty.
5. Physicians also expressed that perhaps they were being surveyed too often and a recent survey sent to them took too long to complete.
6. Primary health care provider does not have an agreed definition throughout the health care labor market in Kansas.
7. The Health Professional Underserved Areas are defined by access to MD's or DO's. It currently does not include PA's or ARNP's per federal statute.
8. Not all MD or DO residents understand or know about the State's loan repayment programs for primary care providers practicing in designated counties.
9. In order to ask similar questions of each primary health care provider, each licensing board will need to approve the change in questions.
10. After the boards approve the change or additional questions, the request would go through INC incurring additional costs and time to implement.
11. Each type of primary health care provider has a different renewal timeframe. ARNP's renew on their birthdays, PA's renew in December and MD's in June and the DO's renew in September.
12. In order to increase the number of primary care physicians, Kansas would need to increase the number of residency slots. Education seats are set by the schools, however, residency slots are set by the Medicare funding for these residency slots.
13. The number of residency slots has not increased for the University of Kansas Medical School.
14. In Kansas the number of primary care physicians (including general practice, family practice, OB-GYN, pediatrics and internal medicine) per 100,000 population is 102.5. Kansas ranks 36th in the nation for the number of primary care physicians available to assist the population with preventive and regular care.

<http://www.americashealthrankings.org/Measure/2010/List%20All/Primary%20Care%20Physicians.aspx>)

15. Residency slots for medical schools are set by the Accreditation Council for Graduate Medical Education, therefore Kansas cannot increase the number at will.
16. Fewer medical school graduates are choosing family practice medicine because the loan cost of their education is not made up in the expected income from this specialty.
17. Dr. Epperly, CEO of the Family Medicine Residency of Idaho in Boise, said that to meet the expected primary care need by 2020, the ideal number of family medicine residency slots per year should be near 3,500. There were 2,535 slots available across the nation during the national match week. (<http://www.ama-assn.org/amednews/2009/03/30/prsc0330.htm>)
18. Since 1997, the number of U.S. seniors matching in family medicine has dropped by more than half. Lower pay and longer hours are among the reasons cited for avoiding the specialty. (<http://www.ama-assn.org/amednews/2009/03/30/prsc0330.htm>)
19. The American College of Physicians and the American Academy of Family Physicians say higher payment rates for primary care physicians and debt relief from loans are two key ways to make primary care more attractive to new physicians. (<http://www.ama-assn.org/amednews/2009/03/30/prsc0330.htm>)
20. The number of U.S. allopathic students matching for internal medicine has declined by about 1% each of the past two years. (<http://www.ama-assn.org/amednews/2009/03/30/prsc0330.htm>)
21. Nursing shortage to move into an ARNP.
22. Limited number of clinical slots for training ARNP's.
23. Limited number of PhD nurses to teach ARNP's.
24. Delivery of primary care is complex with perspectives and boundaries blurring between the various provider types.