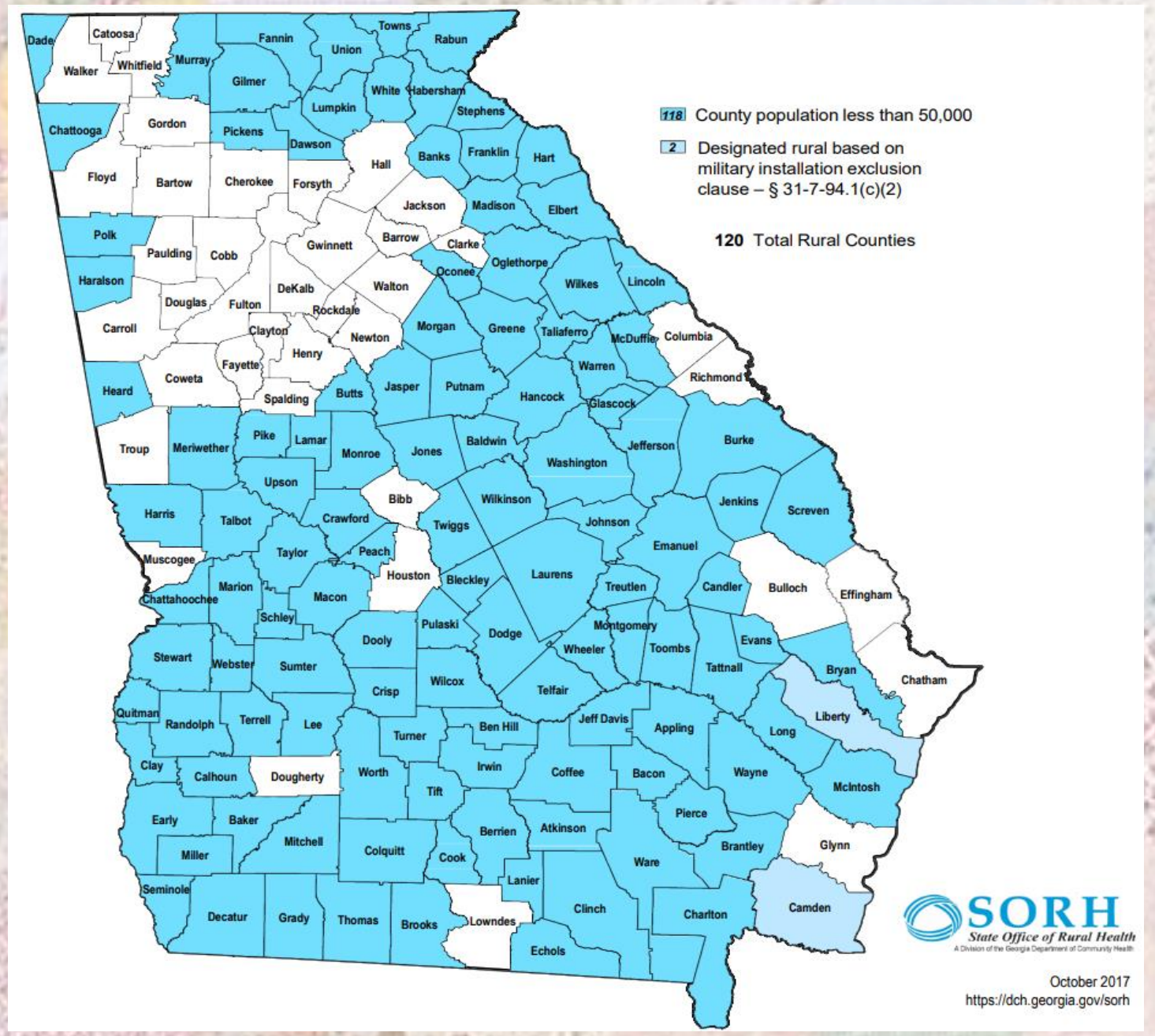
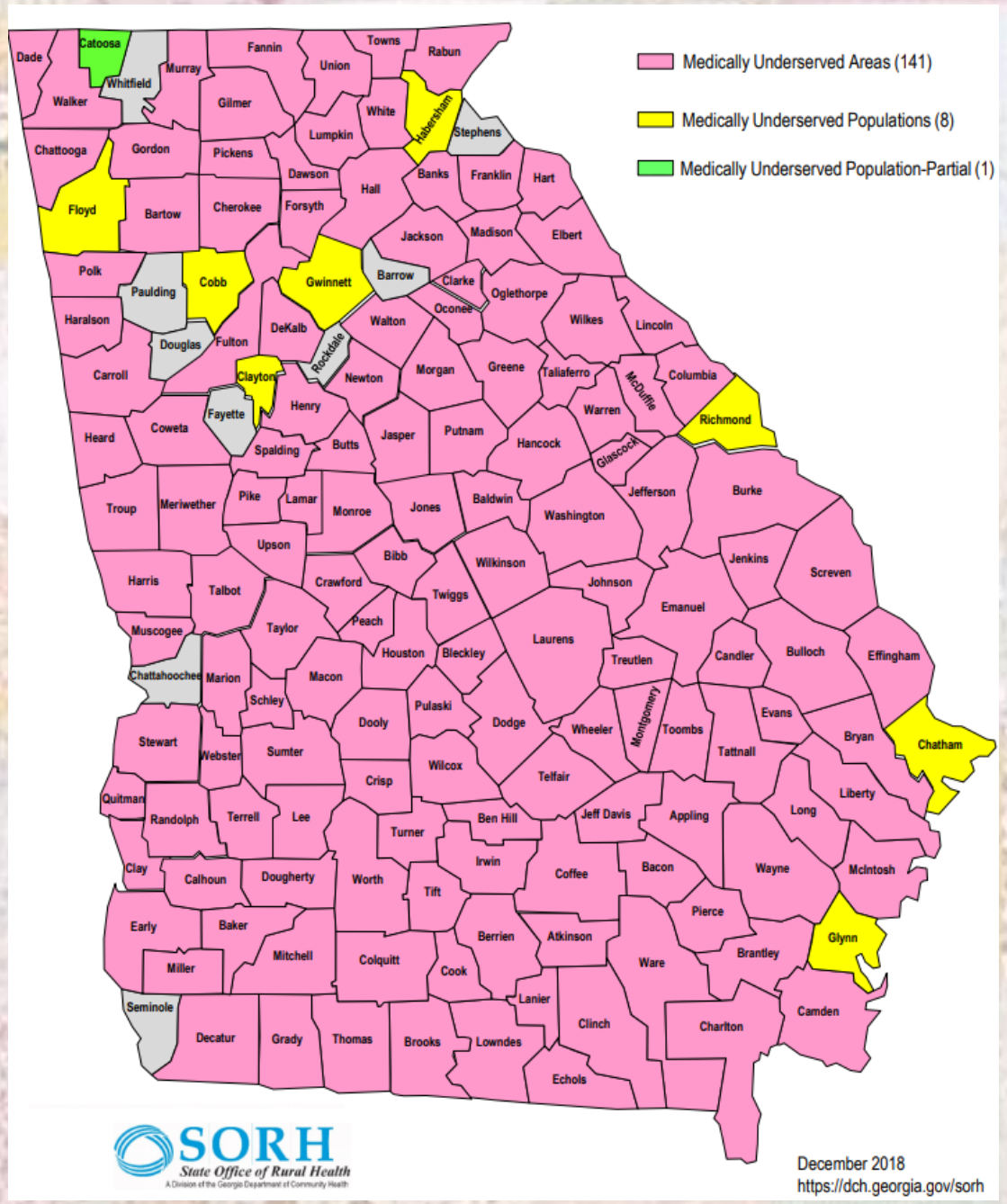
The *QUILT* of solutions needed for the rural health workfoce

Most Georgia Counties are Rural



The majority of Georgia counties are considered Medically Underserved Populations



PUBLIC HEALTH 129 (2015) 611–620

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Exposing some important barriers to health care access in the rural USA

N. Douthit [a,c], S. Kiv [a,c], T. Dwolatzky [a], S. Biswas [b,*]

[a] Medical School for International Health, Ben Gurion University, Beer Sheva, Israel
[b] Ben Gurion University, Beer Sheva, Israel

ARTICLE INFO

Article history:
Received 18 February 2014
Received in revised form
11 March 2015
Accepted 9 April 2015
Available online 27 May 2015

Keywords:
Rural
Health
Services
USA
Utilization
Supply
Access
Health care
Disparities
Inequalities

ABSTRACT

Objectives: To review research published before and after the passage of the Patient Protection and Affordable Care Act (2010) examining barriers in seeking or accessing health care in rural populations in the USA.

Study design: This literature review was based on a comprehensive search for all literature researching rural health care provision and access in the USA.

Methods: Pubmed, Proquest Allied Nursing and Health Literature, National Rural Health Association (NRHA) Resource Center and Google Scholar databases were searched using the Medical Subject Headings (MeSH) 'Rural Health Services' and 'Rural Health.' MeSH subtitle headings used were 'USA,' 'utilization,' 'trends' and 'supply and distribution.' Keywords added to the search parameters were 'access,' 'rural' and 'health care.' Searches in Google Scholar employed the phrases 'health care disparities in the USA,' inequalities in 'health care in the USA,' 'health care in rural USA' and 'access to health care in rural USA.' After eliminating non-relevant articles, 34 articles were included.

Results: Significant differences in health care access between rural and urban areas exist. Reluctance to seek health care in rural areas was based on cultural and financial constraints, often compounded by a scarcity of services, a lack of trained physicians, insufficient public transport, and poor availability of broadband internet services. Rural residents were found to have poorer health, with rural areas having difficulty in attracting and retaining physicians, and maintaining health services on a par with their urban counterparts.

Conclusions: Rural and urban health care disparities require an ongoing program of reform with the aim to improve the provision of services, promote recruitment, training and career development of rural health care professionals, increase comprehensive health insurance coverage and engage rural residents and healthcare providers in health promotion.

Reasons for poor rural health care delivery

- reluctance to seek health care due to cultural and financial constraints,
- scarcity of services,
- lack of trained physicians,
- insufficient public transport, and

- poor availability of broadband internet services.

- Although this does not point at a direct causal relationship between rural physicians and improved health care outcomes it does provide strong evidence that one of the reasons for poor health outcomes in rural areas is lack of trained physicians in the area.

Environmental challenges

- The state's overall population increased nearly 8 percent between 2010 and 2017, according to the United States Census Bureau.

- We have baby boomers in place who are living longer and living very productive lives, sometimes with those chronic conditions that still need health care in order to live.

FINAL REPORT OF THE SENATE STUDY COMMITTEE ON THE SHORTAGE OF DOCTORS AND NURSES IN GEORGIA 2008

Georgia is facing a severe shortage of physicians and nurses. With one of the fastest growing populations in the nation, the U.S. Census Bureau ranks Georgia as the **9th** most populous state and estimates that our state will add nearly **3 million** new residents by the year 2020. Along with this dramatic population growth, Georgians are also aging and demanding greater levels of care. Georgia's elderly population is expected to increase from **9.6** percent to **15.9** percent of the total population by 2030.

- Furthermore, Georgia's medical professionals are also growing older. Baby boomers are facing retirement, and the rate at which new doctors and nurses are added to the state's workforce continues to decline.
- New data gathered by the American Medical Association indicates that Georgia ranks 40th in the nation with regard to the per capita number of practicing physicians and 42nd in its per capita supply of registered nurses.
- As the population continues to age and expand, our state will ultimately require the introduction of a large number of new medical professionals just to maintain its ***current*** workforce capacity.

- As the 9th most populous state, Georgia ranks **42nd** among all states in its supply of Registered Nurses (RNs) and **48th** in advanced practice nursing care.
- The Georgia Board of Regents Task Force on Health Professionals Education (Task Force) has deemed nursing as **“the most fragile and in need of attention”** of all medical professions in this state.

- Nurses often work overtime and keep continuous 12-hour shifts due to staffing shortages. Research shows that **93** percent of nurses report problems with maintaining patient safety because of increased workloads and mandatory overtime shifts.

- ***The Task Force estimated that there are approximately 12,000 RNs currently licensed in Georgia who choose not to work as a nurse due to job dissatisfaction.***

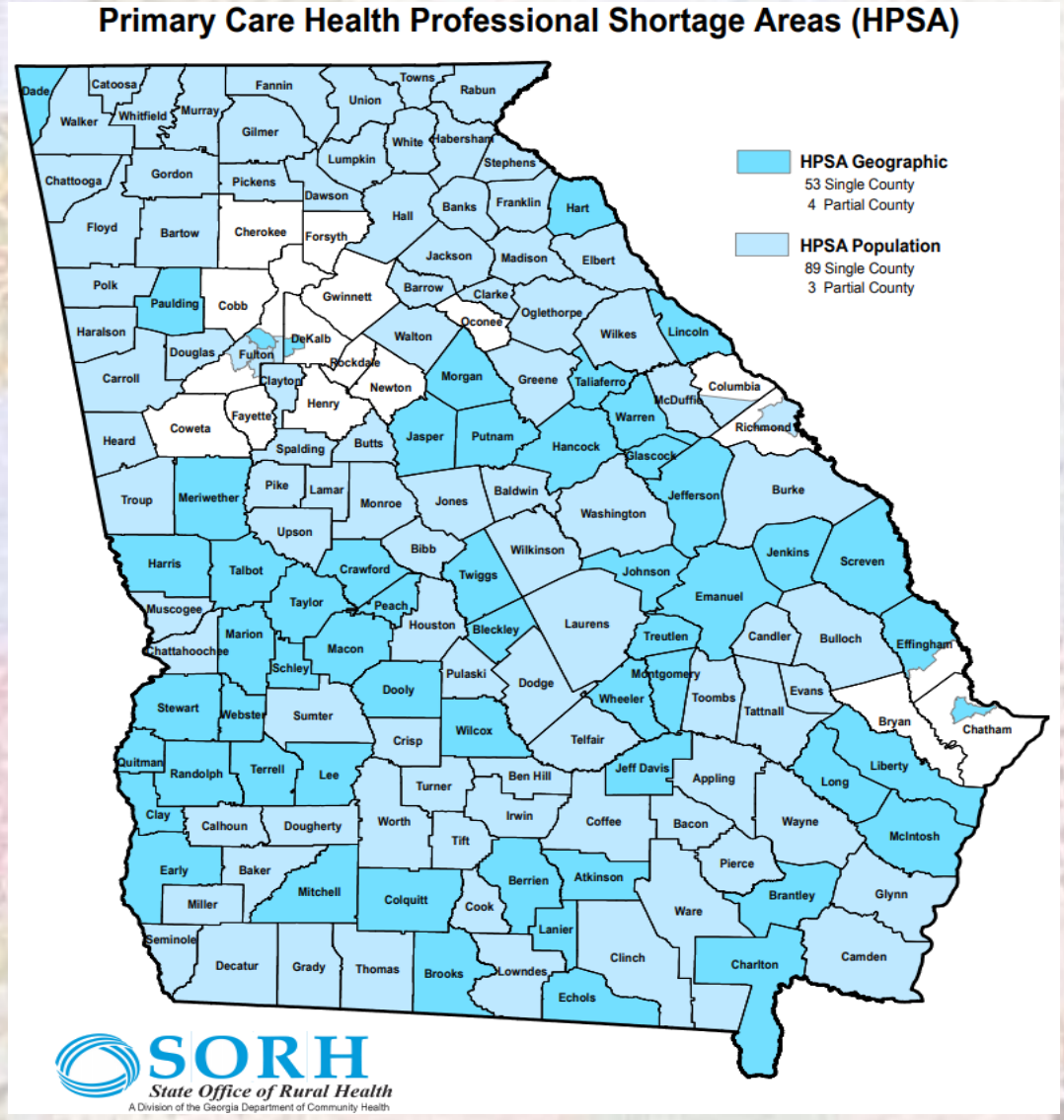
- Georgia’s nursing programs are unable to admit 4,000 qualified applicants each year, particularly due to the shortage of nursing faculty.

- There is a 10 percent faculty vacancy rate in nursing schools across the state, primarily due to the lack of adequate compensation. In fact, salaries for nursing faculty are 20 percent ($14,000 to $20,000) below market.

The average salary for a faculty member with a master's degree is $46,000; with a doctoral degree, the average is $63,000. However, in a clinical practice setting, the average salary for a nurse with a bachelor's degree or less is between $63,000 and $78,000 annually. Any solution to the nurse shortage in our state will require strategies for increasing nursing faculty compensation.

We Need More Doctors

- Georgia ranks **39th** in the number of active physicians and **40th** in the number of primary care physicians
- **89** of Georgia's 159 counties are designated Primary Care Health Professional Shortage Areas by the U.S. Health Resources and Services Administration
- **8** counties have no doctor at all
- **11** counties have no family medicine physician
- **37** counties have no internist
- **63** counties have no pediatrician
- **75** counties have no OBGYN
- **78** counties have no general surgeon



Physician Workforce Development:

	Emory	MCG	Mercer	Morehouse	PCOM - GA	Overall
Total Graduates	130	245	108	77	125	685
Total Graduates Entering GME	123	241	108	73	122	667
Entering Primary Care/Core Specialties	90	163	81	55	91	480
Graduates Staying in GA Residency	33	53	38	29	32	185

We need more nurses!

- Georgia is on pace to have the sixth-highest gap between the supply and demand of nurses nationwide by 2030, according to a 2017 report by The National Center for Health Workforce Analysis.
- Researchers estimate Georgia's demand for registered nurses to rise to 101,000 in the next dozen years, while the supply is only projected to grow to 98,800. The state will likely need over 10,000 more licensed practical nurses than it can supply by 2030, as well.
- With 60 percent of registered nurses age 50 or older, according to the Georgia Nurses Association, young nurses are needed to fill the growing breach.

Nursing Workforce at a Glance

Licensed Practical Nurse – 29,091	Licensed Practical Nurse – Multistate – 3,067	Advanced Practice - CRNA – 2,012
Advanced Practice - CNM **581**	Advanced Practice - NP **12,337**	Advanced Practice - CNS/PMH **197**
Advanced Practice - CNS **157**	Registered Professional Nurse **130,316**	Registered Professional Nurse Multistate – **18,459**

Georgia Board of Nursing June 30, 2019

Nearly one in five nurses leaves their first job within a year, according to a 2014 study.

We need Physician Assistants!

Georgia Physician Assistant Workforce Report Based on 2017-2018 Licensure Renewal Data

- There are **3,810** physician assistants who are licensed, currently working, and practicing in a Georgia county.

- The top three (3) practice settings for physician assistants are hospital-clinic (30%), other (19%), and multi-specialty physician groups (17%).

- Approximately 75% of the physician assistant workforce is 50 years old or younger.

- There are 34 counties with no physician assistants, representing a population of 432,000, according to the Governor’s Office of Planning and Budget’s 2018 population estimate (opb.georgia.gov, derived from U.S. Census Bureau data).

- Of the entire physician assistant workforce, 84% report working full time; 16% report not working full time.

- 1,220 (32%) physician assistants report having a second practice location; 255 (7%) report having a third practice location.

-

- The mean average age of PAs in this renewal cycle is 43.3 years old.

- 174 PAs, or 4.6% of the total, are planning to retire within 5 years.

- 26.6% of the PAs are age 50 or older, and 16.7% of those aged 50 or older plan to retire in 5 years.

- 81.3% of primary care/core specialty PAs practice in a MSA location, while 18.5% practice in a non-MSA.
- The primary care/core specialty with the highest MSA concentration is Pediatrics at 90.0%;
- The primary care/core specialty with the highest concentration in non-MSAs is Family Medicine at 23.8%.

Does having a provider change health outcomes?

“One of the most durable findings from studies of physician supply is that populations tend to do better in regions and health care systems emphasizing primary care. *Although some analyses indicate that simply a greater supply of primary care physicians across regions is associated with better outcomes, the organization of care may be just as important.* **Research suggests that health systems with primary care as the foundation of care provide the best outcomes at the lowest costs.** *In these primary care–oriented systems and regions, Medicare beneficiaries have fewer specialists involved in an episode of care and more visits with primary care physicians, spend fewer hospital days in intensive care, and have lower health care costs. Such high-performing health care systems include prepaid group practices, integrated delivery systems in fee-for-service payer environments, and other models organized around primary care.”*

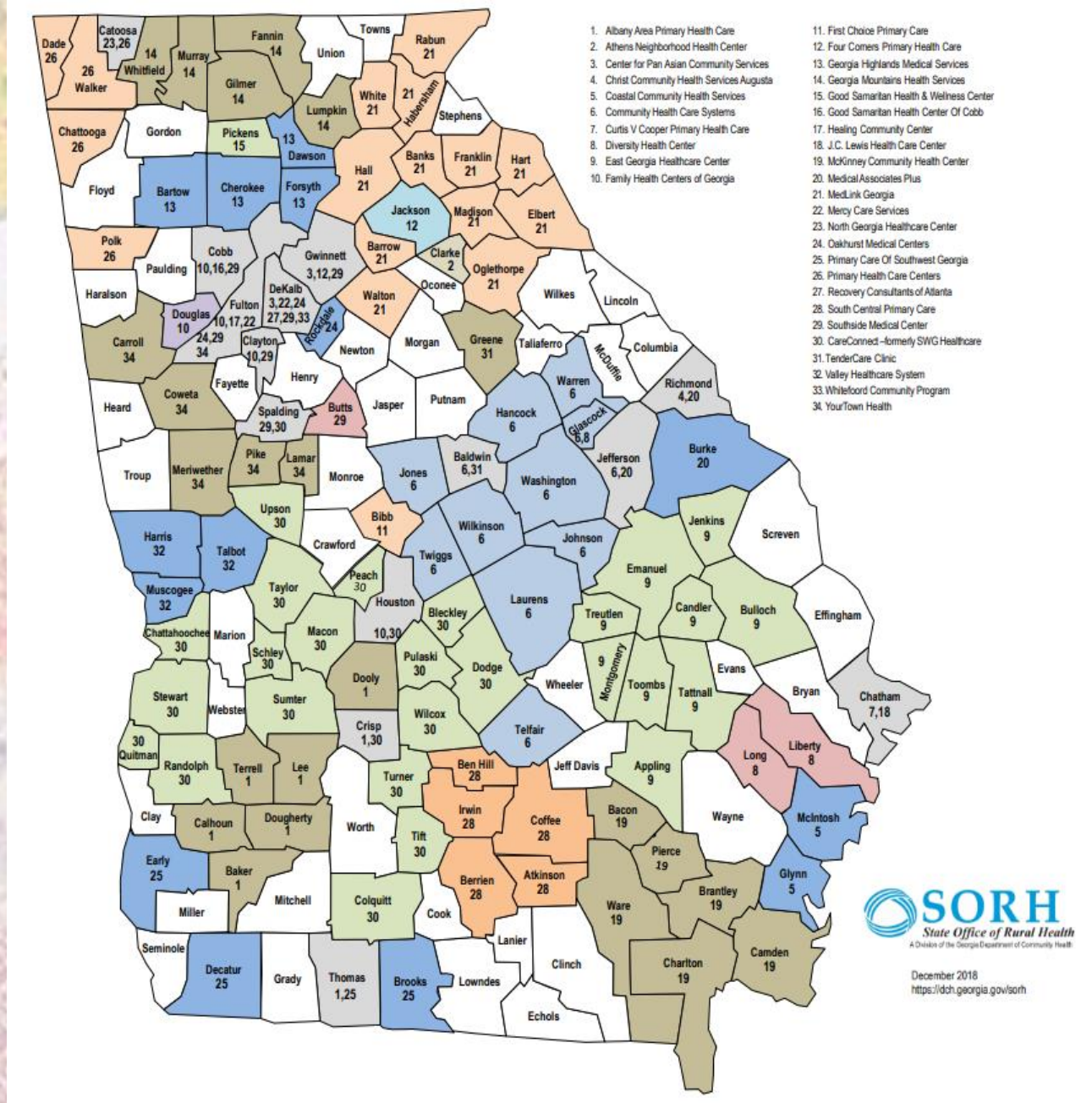

JAMA The Journal of the American Medical Association

Does Having More Physicians Lead to Better Health System Performance?

David C. Goodman, MD, MS

Kevin Grumbach, MD

FQHCs in Georgia



THE JOURNAL OF
RURAL HEALTH

The Role of Federally Funded Health Centers in Serving the Rural Population

Jerrilynn Regan RN, MS, MPA, Ashley H. Schempf BS, Jean Yoon MHS, Robert M. Politzer ScD.

First published: 08 April 2008 | https://doi.org/10.1111/j.1748-0361.2003.tb00552.x | Cited by: 23

Abstract

Abstract: Context: Federally funded health centers attempt to improve rural health by reducing and eliminating access barriers to primary care services. **Purpose:** This study compares rural health center patients with people in the general rural population for indicators of access to preventive services and health outcomes. **Methods:** Data from the annual reporting system for federally funded health centers, the 1999 Uniform Data System, and published national census data were used to provide sociodemographic comparisons. Selected health status indicators, preventive services utilization, and health outcomes were obtained from a survey of health center patients, and the results were compared with the National Health Interview Survey and National Vital Statistics. **Findings:** Unlike the nation's rural population, the majority of rural health center patients are of minority race/ethnicity, live at or below poverty, and are either uninsured or on Medicaid. Despite having higher prevalence of traditional access barriers than the general rural population, rural health center patients are significantly more likely to receive certain preventive services and also to experience lower rates of low birthweight, particularly for African American infants. However, rural health center patients are not more likely to have received influenza vaccination or up-to-date mammogram screening. **Conclusions:** Health centers provide access to essential preventive care for many of the most vulnerable rural residents. A national strategy to expand the rural health center network will likely help to ensure improved health for the considerable proportion of rural residents who still lack access to appropriate services.

- **Comparison of rural patients receiving care in community health centers with patients in the general rural population**
- **Despite higher prevalence of access barriers, patients at CHCs were significantly more likely to have received certain preventative services such as Pap smears in the previous three years and less likely to have babies with low birth weight.**

Back to our quilting theme…

Dinosaurs didn't quilt...

Now they're extinct.
Coincidence? You tell me.

NewQuilters.com

Crafting solutions

Identifying our squares

What are the four borders of our quilt?

- Attractive communities
- Education pipelines
- Training opportunities
- Keeping our providers

Attractive community squares

Marketing our rural lifestyles	Engaging our communities in problem solving	Health status of our communities
Farm to table opportunities	Elementary and Secondary education opportunites	Spousal employment
Organized Host families for acclimation	Banking, real estate, and small business assistance	Media and Marketing campaigns for new practitioners

Education pipeline programs squares

Supporting local HOSA and TSA clubs	Partnering to host health careers camps	Implementing or re-invigorating Candy Stripers. Medical Explorers
Work to sponsor merit badge academies for local scouting organizations	Work with local middle and high schools for field trips and speakers bureau	Sponsor competitive “Day in the Life” events
Promote your own employees through profiles and local articles	Launch “grow your own” campaigns with your local AHEC	Support and encourage student shadowing in your facilities

Training opportunities squares

Make your community a premiere training site	Actively promote your community to every student who does a rotation	Partner to identify and provide housing for students with your AHEC
Encourage your providers to register for PTIP	Participate in regional medical fairs	Consider scholarships for local students
Consider incentive stipends for milestones completed	Encourage local providers to partner with educational partners for their own benefit	Solicit feedback from students and programs about experiences in your community

Keeping our providers squares

Create / negotiate easy referral systems	Engage providers in decision making	Use professional affiliations to leverage reimbursement change
Consider incentives for equipment replacement / building updates and expansions	Joint marketing efforts to showcase one another	Explore potential joint purchasing or bulk purchasing arrangements
Provide technical assistance for one another- billing updates, coding, etc.	Assist local providers with HR services and needs	Actively plan for the future- recruit replacements early

Marketing our rural lifestyles	Engaging our communities in problem solving	Health status of our communities	Supporting local HOSA and TSA clubs	Partnering to host health careers camps	Implementing or re-invigorating Candy Stripers. Medical Explorers	Make your community a premiere training site	Actively promote your community to every student who does a rotation	Partner to identify and provide housing for students with your AHEC	Create / negotiate easy referral systems	Engage providers in decision making	Use professional affiliations to leverage reimbursement change
Farm to table opportunities	Elementary and Secondary education opportunites	Spousal employment	Work to sponsor merit badge academies for local scouting organizations	Work with local middle and high schools for field trips and speakers bureau	Sponsor competitive “Day in the Life” events	Encourage your providers to register for PTIP	Participate in regional medical fairs	Consider scholarships for local students	Consider incentives for equipment replacement / building updates and expansions	Joint marketing efforts to showcase one another	Explore potential joint purchasing or bulk purchasing arrangements
Organized Host families for acclimation	Banking, real estate, and small business assistance	Media and Marketing campaigns for new practitioners	Promote your own employees through profiles and local articles	Launch “grow your own” campaigns with your local AHEC	Support and encourage student shadowing in your facilities	Consider incentive stipends for milestones completed	Encourage local providers to partner with educational partners for their own benefit	Solicit feedback from students and programs about experiences in your community	Provide technical assistance for one another- billing updates, coding, etc.	Assist local providers with HR services and needs	Actively plan for the future- recruit replacements early


CRAZY PEOPLE DON'T KNOW THEY ARE CRAZY
I KNOW I AM CRAZY THEREFORE I AM NOT CRAZY, ISN'T THAT CRAZY