

## 2012 Physician Workforce Assessment and Development Strategic Plan

### Overview:

Pursuant to section 381.4018, Florida Statutes, The Florida Department of Health (Department) and the Physician Workforce Advisory Council (Advisory Council) present this inaugural plan to strengthen the state's physician workforce assessment and development capabilities. The Department's ultimate goal in working with the Advisory Council is to model optimal physician distribution by location and specialty, and create policies that influence the education, training, attraction, and retention of physicians. The strategies proposed here, presented in three distinct focus areas, lay the groundwork required in pursuit of that goal.

Physician development entails more than a decade of costly post-secondary education and training. Florida has added Undergraduate Medical Education (UGME) capacity by opening new medical schools but lags in creating the corresponding **Graduate Medical Education (GME)** opportunities. Planned expansion of training programs, particularly first-year residencies, will channel more medical school graduates toward in-state practice within areas and specialties of need. Preventing the annual export of qualified GME candidates to other states is the crucial first step toward shaping the physician workforce of the future.

The state can look to Physician **Attraction, Retention, and Retraining** for agile solutions to immediate or localized shortages. Florida shapes a stronger physician workforce today by: reviving existing incentive programs; targeting specific types of non-practicing physicians for incentives or retraining opportunities; and improving Florida's practice climate to reduce physician departures.

A coordinated approach to **Medical Education and the Applicant Pipeline** ensures a diverse workforce more likely to spread throughout areas of need, regardless of incentive programs. Focused outreach by medical schools to students in medically underserved populations and communities will impact applicant diversity in a way that is consistently measurable throughout the state.

The Department and Advisory Council will annually review implementation of the following strategies in each of these three focus areas.

## Focus Area 1: Graduate Medical Education

### Strategies:

1. Continue to develop the physician workforce and GME databases for the analysis and reporting of the numbers, specialties, and locations of Florida's physicians.

#### Activities

- Enhance the physician workforce database by continually evaluating the survey questions to maximize data quality.
- Create and maintain a stable and comprehensive GME database to detail each Florida program by specialty, number of positions, residency year, and location.
- Monitor the supply of first-year residency positions relative to the number of Florida's allopathic and osteopathic medical school graduates.
- Define and coordinate data collection and dissemination policies specific to physician workforce and GME.

#### Progress Measures

*By November 1, 2012, annually:*

- Measure and reduce the time required for data collection, processing, and analysis
  - Measure and improve physician workforce and GME data accuracy
  - Measure the changes in the number of Florida medical school graduates and the number of beginning GME positions with a key measure being retention of in-state medical school graduates in Florida's GME programs
2. Develop new need-based GME programs and positions as identified by the physician workforce database, explore federal-state and state-community partnerships, and establish funding for Florida's existing GME Innovations Program (381.0403(4), F.S.).

#### Activities

- Reestablish the Community Hospital Education Council (CHEC) to oversee the Community Hospital Education Program (CHEP) and GME Innovations, to promote new GME initiatives (381.0403(4), F.S.), and to explore activities that will facilitate the creation of new primary care programs and positions.
- Establish a GME Community Development Program to develop a resource guide for start-up programs, facilitate funding and cost studies, and promote cooperation within Florida's GME community.
- Consider the development of fast track three-year medical school degree programs that are linked to specific Florida primary care residency positions.
- Plan, develop, and implement a forecast model, drawing upon the physician workforce and GME databases, to identify current and projected areas of need that can be bolstered by creating or expanding GME programs.

#### Progress Measures

*By September 1, 2013:*

- Monitor progress towards funding and reinvigorating the CHEC
- Monitor progress in the legislature of creating a GME Community Development Program

- o Increase the number of programs participating in CHEP and GME Innovations
  - o Monitor the development of any fast track three-year medical school degree programs and prepare to measure a concomitant increase in primary care GME positions and the impact on retention of primary care physicians in Florida
  - o Monitor the change in GME programs and positions serving rural and underserved areas
  - o Measure the percent increase in statewide PGY-1 positions
  - o Measure the percent of vacant PGY-1 positions in Florida
3. Analyze current funding sources and costs of GME program types and determine future growth initiatives with constant and predictable funding sources.

Activities

- Coordinate with the sponsoring institutions of Florida GME programs to study the direct and indirect training costs per resident by specialty.
- Document all current sources of funding for GME in Florida, including Medicaid and VA funding, and identify possible new sources of funding or a redistribution of funding.
- Document Florida's existing GME partnerships and consortiums and promote new opportunities for collaboration.

Progress Measures

*By September 1, 2013:*

- o Track the number of community GME programs and positions
- o Identify the percent change in funding of all Florida GME with a focus on new private, state, or federal funding sources
- o Identify the number of consortiums or relationships to expand GME opportunities

**Focus Area 2: Physician Attraction, Retention, and Retraining**

**Strategies:**

4. Submit to the State Surgeon General a proposal to pilot a statewide physician assessment and remediation program--an expansion of Florida Comprehensive Assessment, Remediation, and Education Services (CARES)--to facilitate the safe return to the workforce of any physician who: has been out of direct patient practice for more than two years; and last practiced with a license in good standing.

Activities

- Develop eligibility criteria based on temporary licensure rules and procedures currently followed by the state medical boards and the Department's Division of Medical Quality Assurance (MQA).
- Recommend strategies to reach potential candidates for workforce re-entry, as identified via application of the eligibility criteria to MQA licensure data.
- Work with the Council of Florida Medical School Deans, the State University System of Florida Board of Governors, and other statewide organizations to report on the

feasibility of annually pooling accredited residency positions for use by physicians determined in need of remediation.

- Employ data from Florida CARES and other similar programs, such as the UC San Diego Physician Assessment and Clinical Education (PACE) Program, to estimate costs for assessment and remediation and identify potential funding sources for each component.

#### Progress Measures

*By June 1, 2013:*

- Adopt assessment and remediation eligibility criteria, identify pool of potential candidates for workforce re-entry, and locate available accredited training positions

*By September 1, 2013:*

- Submit a physician assessment and remediation proposal to the State Surgeon General

5. Institute state-level incentives to complement successful federal recruitment and retention programs like the National Health Service Corps, enabling the State Surgeon General to specify Florida's unique areas of need by geography or specialty mix.

#### Activities

- Demonstrate full utilization of federal attraction and retention incentive programs specifically focused on the practice of primary care in areas of need.
- Develop a method for determining Florida's unique set of needs for use by the State Surgeon General when implementing targeted incentives.
- Pursue grant funding or request a legislative appropriation to implement a localized recruitment and retention program based on successful programs administered federally or in other states.

#### Progress Measures

*By January 1, 2013:*

- Report on all federal incentive programs administered in Florida
- Adopt a method to identify Florida's unique physician workforce needs

*By June 1, 2013:*

- Identify all possible funding sources for state-level incentive programs

*By [DATE to be determined]:*

- Begin accepting applications for state-level incentive programs

6. Provide the expertise and support of the Advisory Council to the sponsor of any tort reform proposal before the Florida Legislature via the Department's Office of Legislative Planning.

#### Activities

- Establish a sub-committee of the Advisory Council to annually review proposed Florida Senate and House bills to identify measures addressing tort reform.
- Provide to the Department's Office of Legislative Planning physician workforce survey data concerning any such measure and the support and expertise of select Advisory Council members.
- Produce an annual analysis of all Florida Physician Workforce Survey results pertaining to malpractice insurance rates, liability exposure, or cost of professional insurance, tracking trends wherever possible.

Progress Measures

*By December 1, 2012, annually:*

- o Convene an advisory council sub-committee to review proposed legislation
- o Produce a malpractice and liability data fact sheet

7. Perform a cost-benefit analysis of fast track UGME programs designed to attract students to specialize in primary care.

Activities

- Quantify the effect on the physician workforce specialty mix resulting from implementation of fast track UME programs in other states, including Pennsylvania, Texas, and Louisiana.
- Contact medical schools currently developing or deploying fast track programs and survey program directors to better understand all associated costs.
- Request from the State University System of Florida Board of Governors or the Council of Florida Medical School Deans an assessment of the overall impact to a medical school offering fast track UME programs of varying scopes, as well as the capacity of Florida's GME to train an influx of new primary care physicians.

Progress Measures

*By June 1, 2013:*

- o Report on fast track UME programs in other states and complete an impact assessment specific to Florida medical schools

*By September 1, 2013:*

- o Recommend whether or not to pursue fast track UME in Florida

8. Provide ongoing support to the Professionals Resource Network Inc. (PRN) in its mission of safely returning physicians to the workforce.

Activities

- Coordinate the synthesis of data from the Department's Division of Medical Quality Assurance, the Florida Boards of Medicine and Osteopathic Medicine, and PRN for the State Surgeon General's use when advocating for the program.

Progress Measures

*By December 1, 2012, annually:*

- o Provide data analysis concerning proposed legislation referring to PRN, including estimated state revenue enhancements based on the number of physicians retained and returned to practice, to the Department's Office of Legislative Planning
- o Report changes in the recidivism rate among practicing PRN clients

### Focus Area 3: Medical Education and the Applicant Pipeline

#### Strategies:

9. Define the population groups that are under-represented in the medical education pipeline and identify the geographic areas most likely to produce medical school applicants from diverse backgrounds.

#### Activities

- Quantify current pipeline diversity levels using medical school applicant data and the Association of American Medical Colleges (AAMC) Roadmap to Diversity criteria.
- Link medical school application points of origin to Health Professional Shortage Areas (HPSAs) to measure diversity levels among applicants from medically underserved areas.
- Map the locations of middle and high schools located in medically underserved areas within a certain distance of each Florida medical school.

#### Progress Measures

##### *By January 1, 2013:*

- Identify applicant data source and AAMC criteria to incorporate in the methodology for scoring diversity in the medical education pipeline
- Identify spatial data sources to analyze in the identification of potential diversity “hot spots”
- Develop cartographic method to most effectively visualize areas and population segments of interest

##### *By July 1, 2013, annually:*

- Produce a medical education pipeline fact sheet based on methods for diversity measurement, spatial analysis, and cartography

10. Develop pipeline best practices, based on successful measures in practice throughout the state and nation, for use as a resource by Florida medical schools when implementing, improving, or measuring the impact of their pipeline programs.

#### Activities

- Submit a request on behalf of the State Surgeon General to all medical school deans to identify existing pipeline programs at each of Florida’s medical schools.
- Identify current pipeline programs operating in other states that may serve as best practice models for Florida.
- Guided by the Advisory Council, define best practices for all medical school pipeline programs to consider, including standard measurements of effort and results.
- Support adoption of best practices by Florida medical schools in their policies and programs meant to increase diversity in the applicant pool, leading ultimately to a more diverse physician workforce.

#### Progress Measures

##### *By December 1, 2012:*

- Provide reports to the Advisory Council on the pipeline programs at each of the Florida medical schools and the current efforts operating in other states

##### *By March 1, 2013:*

- Identify and publish best practices, measureable whenever possible, to be demonstrated by Florida medical schools in their pipeline programs, which may assist the state in meeting its goal of diversifying the practicing physician workforce

*By August 1, 2014:*

- Identify changes in admission policies at each medical school that include recruitment of students from underserved backgrounds
- Measure changes in the number of programs at each medical school that address recruitment and retention of students from underserved backgrounds

*By January 1, 2015:*

- Identify the progress of each medical school in interviewing a larger number of students from underserved backgrounds compared to current levels
- Measure the progress of each medical school in increasing admission, retention, and graduation rates of students from underserved backgrounds compared to current levels

*By Approximately January 1, 2020:*

- Upon data availability, begin to track the numbers of students from underserved backgrounds who remain in-state for residency and practice and compare these to graduates who were not admitted from pipeline programs