An abstract geometric design on the left side of the slide. It features a dark blue background with various geometric shapes and patterns. A white circle is positioned near the top left. Below it, there are concentric circles in a lighter blue shade. A large, light gray semi-circle is also present. The design is composed of several rectangular and triangular blocks in shades of blue, purple, and pink. Some blocks have diagonal line patterns, while others are solid colors. A white diagonal line runs from the top left towards the bottom right, separating different sections of the design.

PRIMARY CARE IN RHODE ISLAND, 2024

Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

Addition to the Definition of Primary Care

At the heart of primary care is a trained medical professional who knows you, your family, and your community, and who serves as your trusted source of care for your whole health over time, whether for illness or wellness.

WHO PRACTICES PRIMARY CARE?

- **Primary Care Physicians** (29% of all physicians, 2010 and 2019 US Data, likely provide about 50-75 % of all primary care visits)
 - Family Medicine (80-90% practice primary care, provide 45 percent of all physician primary care services)
 - Internal Medicine (33% practice primary care, provide 31 percent of all physician primary care services)
 - Pediatrics (53% practice primary care, provide 24 percent of all physician primary care services)
- **Nurse Practitioners/Advanced Practice Nurses** (32-70 percent practice primary care, unknown proportion of all primary care visits, but likely 27-33 percent)
- **Physician Assistants/Associates** (23% practice primary care but unknown proportion of all primary care visits, likely ten percent or less)
- Also: **Community Health Workers, Social Workers, Psychologists, Pharmacists, Physical Therapists, Lab and Xray technologists, Substance Use Disorder Councilors** and many others

DATA SOURCES

- RIDOH Licensing Data (Sensitive but not specific)
- National Surveys using the AMA datafile (likely under-estimates the number of retirees)
- Robert Graham Center (AAFP), BMJ, AANP, HRSA and other studies of national surveys and databases)
- AAMC State reports – sensitive and specific
- All this data is a rapidly moving target



IDEAS AND QUESTIONS

A position of strength: Health Care in Rhode Island

How does primary care supply relate to cost and public health outcomes?

How many primary care clinicians do we have?

Demographics of primary care clinicians in Rhode Island

How many primary care clinicians do we need?

How many primary care clinicians are we training?

How many Rhode Islanders apply to medical school?

How many get in?

Where to they go?



A POSITION OF STRENGTH: HEALTH CARE IN RHODE ISLAND

**WE RANK IN THE TOP FIVE STATES
IN THE NATION FOR HEALTHCARE
OVERALL**

**WE ARE FOURTH RANKED FOR
PRIMARY CARE SUPPLY**



HOW DOES PRIMARY CARE SUPPLY RELATE TO COST AND PUBLIC HEALTH OUTCOMES?

Relationship Between Provider Workforce And Medicare Spending: General Practitioners Per 10,000 And Spending Per Beneficiary In 2000

Spending per beneficiary (dollars)

8,000

7,000

6,000

5,000

4,000

1

2

3

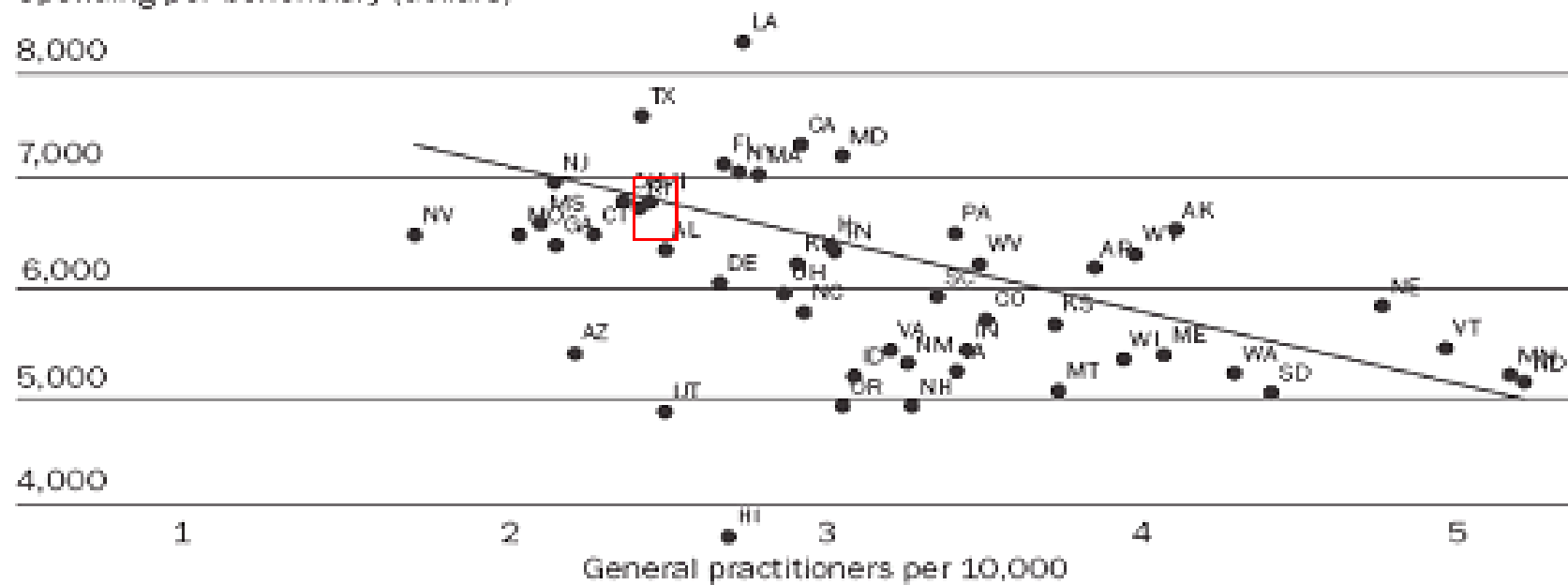
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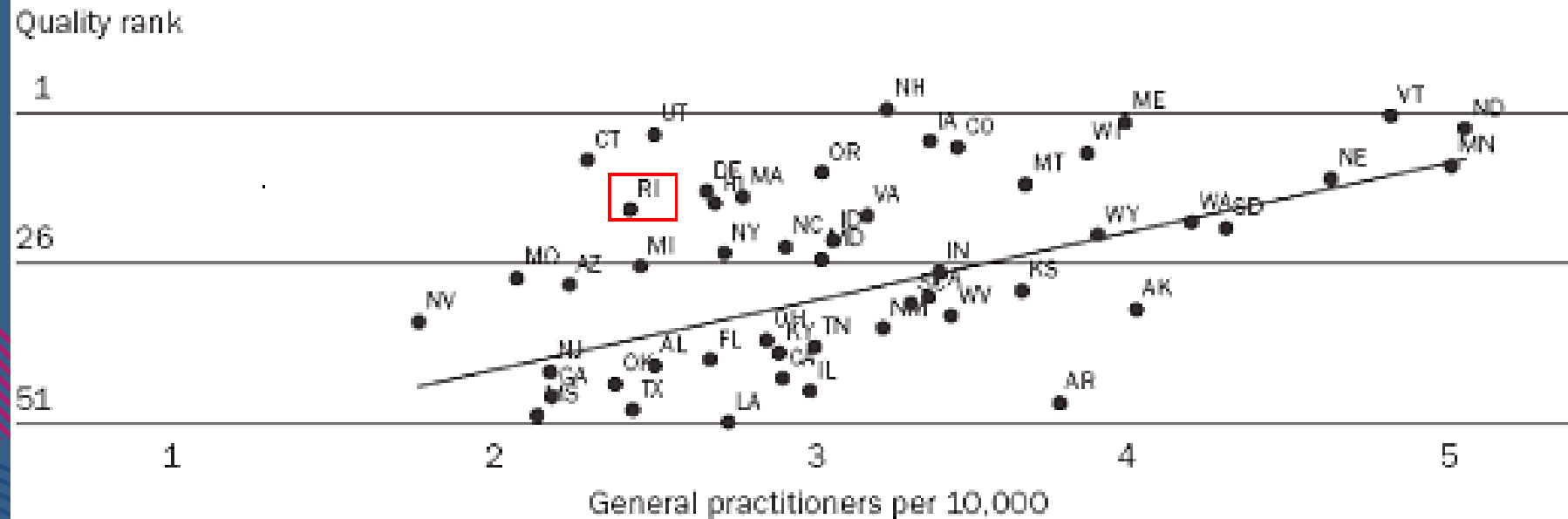
General practitioners per 10,000

SOURCES: Medicare claims data; and Area Resource File, 2003.

NOTE: Total physicians held constant.



Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000



SOURCES: Medicare claims data; and Area Resource File, 2003.

NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.

HOW DOES PRIMARY CARE WORK TO REDUCE COST AND IMPROVE PUBLIC HEALTH?

- Lowest cost first contact care
- Evidence based preventative care
- Care coordination
- Relationship focused teachable moments

An abstract geometric design on the left side of the slide. It features a dark blue background with a white circle, a series of concentric blue circles, a pink triangle with diagonal lines, a dark blue triangle, and a bright pink square.

RELATIONSHIP MATTERS

Primary Care works because of the *relationships* primary care physicians and other clinicians have with the people who are their patients

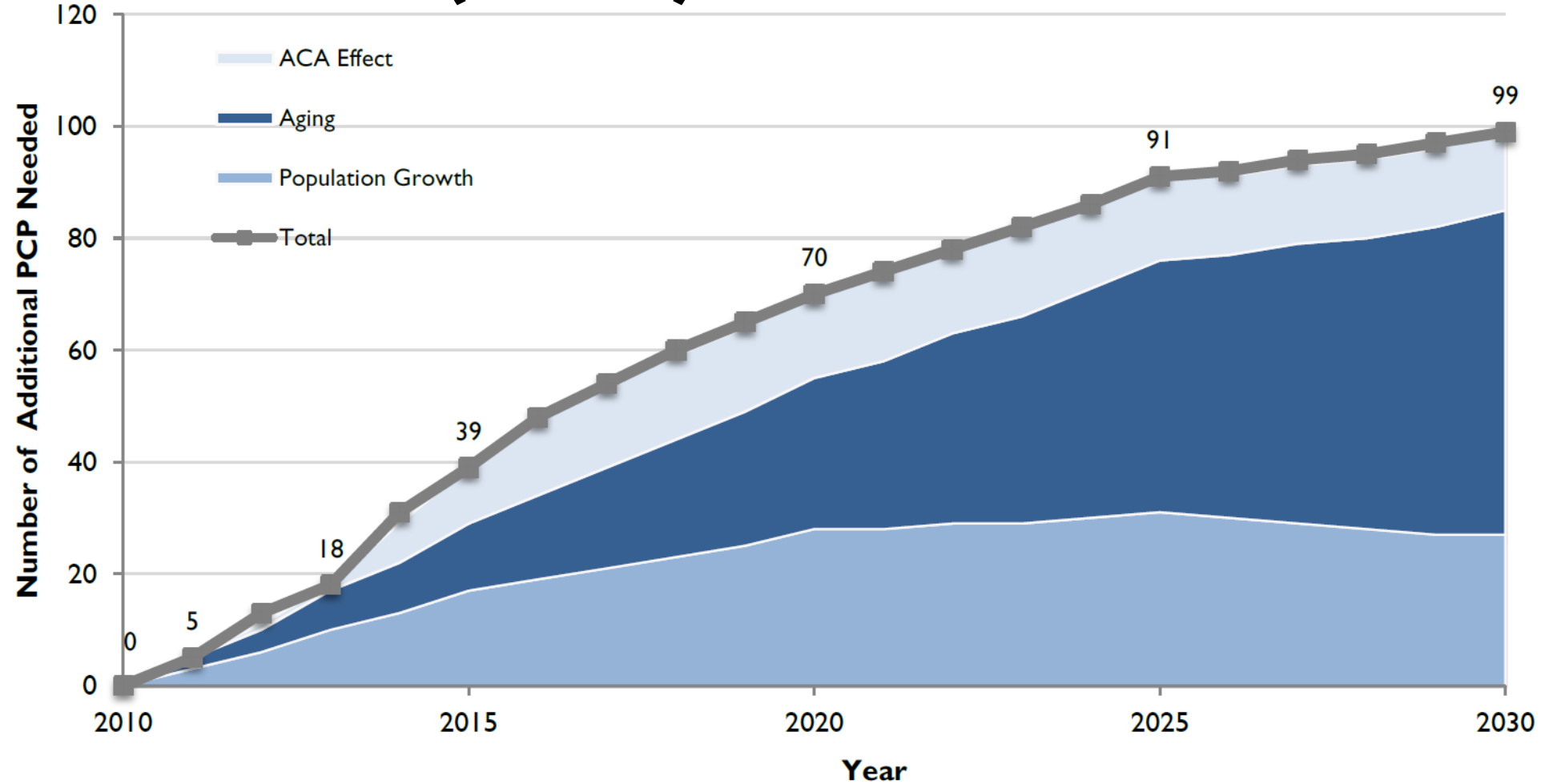
- Continuity
 - improved diagnostic accuracy,
 - improved care ordination
 - improved patient satisfaction and trust
 - fewer emergency room visits
 - fewer hospital admissions
 - fewer readmissions¹
 - higher quality
 - lower costs¹
 - and reduced mortality.
- Time
 - Sitting is associated with better communications, patient satisfaction, adherence and rapport
- Context
- Focus
- Care coordination

Christine A. Sinsky, MD, Tait D. Shanafelt, MD, Alexandra M. Ristow, MD. Radical Reorientation of the US Health Care System Around Relationships. October 04, 2022 DOI: <https://doi.org/10.1016/j.mayocp.2022.08.003> Golden BP. Sitting at the bedside. Patient and internal medicine trainee perceptions. J Gen Intern Med sept 2022 Swayden K et al. Effect of sitting v standing on perception of provider time at the bedside: a pilot study. Patient Educ Couns 2012 FEB



HOW MANY PRIMARY CARE CLINICIANS DO WE NEED?

Rhode Island Projected Primary Care Physicians Need (2013)*



*Pettersen, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.



HOW MANY PRIMARY CARE CLINICIANS DO WE NEED?

We also need primary care physicians for all the people who do not now have primary care.

That is likely between one quarter and one half of all adults. Or between 200,000 and 400,000 people.

Which means we are short an extra **133 to 266** primary care clinicians, assuming a panel size of 1500 per primary care clinician



HOW MANY PRIMARY CARE CLINICIANS DO WE NEED?

Panel size matters

Panel size is the number of people each primary care clinician cares for

Documented 25 percent decrease between 2012-2022
from 2386 to 1786 people

But the ideal is probably 500

"It you beat a dying horse, it dies."



PANEL SIZE MATTERS:

WHY IS PANEL SIZE SHRINKING ?

The electronic medical record and its capture by the billing process

Proliferation of guidelines

Number of new medications to manage

Preauthorization and other forms

Increased number of people living with chronic disease



HOW PANEL SIZE MATTERS

If the ideal panel size is 3000, then we need 333

If the ideal panel size is 2000, then we need 500

If the ideal panel size is 1500, then we need 666

If the ideal panel size is 1000, then we need 1000

If the ideal panel size is 500, then we need 2000

HOW MANY PRIMARY CARE PHYSICIANS DO WE HAVE?



Rhode Island Primary Care Physician Workforce Profile (AAMC 2019)

- Family Medicine/General Practice: 305
 - Internal Medicine/Pediatrics: 20
 - Internal Medicine: 615
 - Pediatrics: 260
-
- **1200 total -- but the number of retirements post pandemic are unknown**
 - **Active Patient Care Primary Care Physicians per 100,000 Population 2018: 106.6 (rank 4th by state)**

Rhode Island Primary Care Nurse Practitioner and PA Workforce Profile

- Actual FTE numbers unknown
- But nationally, about fifty percent of the primary care workforce is made up of Advanced Practice Nurses (Nurse Practitioners) and PAs
- If we assume that 50 percent of the primary care workforce are APRN/NP/Pas, then there may be as many as 1200 practicing in RI
- Panel sizes are unknown

Estimated Rhode Island Practices and Clinicians by Practice Size

Practice Size	Estimated Percentage of Practices by Size	Estimated Percentage of Clinicians by Practice Size
Small Practice (1-5 PCPs)	75%	42%
Mid-Sized Practice (6-10 PCPs)	19%	33%
Large Practice (>10 PCPs)	6%	26%



WHAT DOES OUR PRIMARY CARE CLINICIAN COMMUNITY LOOK LIKE?

Where did Rhode Island's Licensed Primary Care Physicians go to Medical School

	Family Medicine	All Primary Care
New England COM	41 (6.7%)	75
Warren Alpert/Brown	26 (4%)	148 (6%)
Ross University	19	43
Philadelphia COM	16	29
Jefferson	15	25
Boston University	14	43
UMass	12	48
Ohio State	8	15
Total	606	2362

How many licensed Rhode Island Primary Care Physicians went to medical school outside the US

	Family Medicine	Internal Medicine	Pediatrics
Total number	516	1222	406
Percent foreign trained	36%	39%	19%

What do we know about the race and ethnicity of Rhode Island Licensed Family Practice Physicians?

	Black	Hispanic	Total
Number	51	19	70
Percent	9% (6 %)	4% (16%)	12% (31%)

What do we know about the race and ethnicity of Rhode Island Licensed Pediatricians?

	Black	Hispanic	Total
Number	20	19	39
Percent	5% (6 %)	5% (16%)	10% (31%)

What do we know about the race and ethnicity of Rhode Island Licensed Internal Medicine Physicians?

	Black	Hispanic	Total
Number	52	78	130
Percent	4% (6 %)	6% (16%)	10% (31%)

What do we know about the race and ethnicity of Rhode Island Licensed Family/individual lifespan APRNs/ Nurse Practitioners ?

	Black	Hispanic	Total
Number	123/1229	57/1229	180/1229
Percent	10% (6 %)	5% (16%)	15% (31%)

What do we know about the race and ethnicity of Rhode Island Licensed Physician's Assistants/Associates?

	Black	Hispanic	Total
Number	no data	no data	
Percent			

*NA – This specialty was not among the top 20 in demand last year; average salary offers are not available.

What do Rhode Island Primary Care Clinicians Earn?

Medical Specialty	2020/2021 Average Salary Offer	2021/2022 Average Salary Offer	Year over Year Change
Orthopedic Surgeon	\$546,000	\$565,000	3%
. Cardiologist (Interventional)	\$611,000	\$527,000	-16%
Urologist	\$497,000	\$510,000	3%
Psychiatrist	\$279,000	\$299,000	7%
Hospitalist	NA*	\$284,000	NA*
Internal Medicine (Internist)	\$244,000	\$255,000	5%
Family Medicine Physician	\$243,000	\$251,000	3%
Pediatrician	\$236,000	\$232,000	-2%
Certified Registered Nurse Anesthetist	\$222,000	\$211,000	-5%
Nurse Practitioner	\$140,000	\$138,000	-1%

What are the challenges to the primary care business model?

- 60 percent of earnings go to overhead
 - Two thirds of that goes to support the billing process alone
- Prices are fixed by Medicare, Medicaid, and insurance companies

How many primary care physicians are we training?

	# New Trainees Per Year AY2023-2024	Total Resident Enrollment - All Years AY2023-2024	# of Graduates from AY2022-2023	Residents Entering PC (count/# graduates from AY2022-2023)		Residents Entered PC, Stayed in Rhode Island (count/# graduates from AY2022-2023)	
			#	#	%	#	%
TOTALS	106	316	106	31	29%	15	14%

How many primary care nurse practitioners and physician's assistants are we training?

	# New Trainees Per Year AY2023-2024	Total Student Enrollment - All Years AY2023- 2024	# of Graduates from AY2022- 2023	Trainees Entering PC (count/# graduates from AY2022-2023)		Trainees Entered PC, Stayed in Rhode Island (count/# graduates from AY2022-2023)	
				#	%	#	%
TOTALS	274	417	144	61	42%	48	33%

WHAT DO OUR FUTURE PRIMARY CARE PHYSICIANS LOOK LIKE?

RHODE ISLAND MEDICAL SCHOOL APPLICANTS AND MATRICULANTS, 2023

		Black (6%)	Hispanic (16%)	Multiple Race/ethni city (9%)	Total Bipoc (31%)
Total Applicants	102	7	3	7	17 (16.6%)
Total Accepted	53	1 (2%)	1 (2%)	5 (10%)	7 (13 %)
Matriculate d in Rhode Island	15	unknown	unknown	unknown	unknown
Likely Primary Care (20 %)	11 3 from Brown	--	--	1	1 to 2 Max one from Brown

How many Rhode Island primary care clinicians are nearing retirement age?

- What we know:
 - 29 percent of all RI licensed physicians, 17 percent of APRNs, and 8 percent of Pas are over 60;
 - If the age distribution of primary care physicians is about the same, then 348 RI primary care physicians and 204 NPs/PAs are over 60 -- 552 in all
 - If ten percent a year retire, then we can expect to lose 55 primary care clinicians a year to retirement
 - If twenty percent a year retire, then we can expect to lose 110 primary care clinicians a year to retirement
 - Remembering that 11 Rhode Islanders a year will likely become primary care physicians
 - We are producing 15 primary care physicians a year for Rhode Island in our residencies
 - We are producing 48 APRN/NPs and Pas a year for Rhode Island in our existing APRN/NP programs
 - Remembering that we lack at least 133-266 primary care clinicians for the 200,000-400,000 Rhode Islanders who likely don't have primary care now. And perhaps three times (300-600) that number, if only 50 percent of Rhode Islanders have a primary care clinicians and the panel size is shrinking to 500.



SO WHAT'S THE PROBLEM, EDDIE?

Shrinking panel size and retirements will intensify our primary care shortage over time

Our primary care clinicians don't look like the communities they serve – and likely don't speak needed languages

RI students from our communities are often closed out of primary care medical careers

DATA WE DON'T HAVE

How many FTE Primary Care Physicians, Nurse Practitioners and Physician Assistants are practicing in Rhode Island today, and how is that changing each year.

What's the panel size of each clinician and how is that changing over time?

Race and ethnicity of practicing primary care clinicians

What proportion of the population has a robust primary care relationship and how that varies by location, race, language spoken and ethnicity

The impact of nurse practitioner and Pa supply on cost and population health



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THANK YOU

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