The Primary Care Challenges in Minnesota

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Urban Health Professional Shortage Areas

Minnesota Department of Health, Office of Rural Health and Primary Care
Creative Solutions Are Working

- Rural **Physician** Associate Program effective and national model; placing 30-40 medical students in underserved communities each year; resulting in more than 60 percent of those graduates who stay in MN choose rural practice.
- 7 School of **Dentistry** community outreach centers – accounting for 100,000 patient visits.
- 25 College of **Pharmacy** class of 2007 graduates are practicing in Greater Minnesota – 16 of which graduated from the Duluth campus.
- Launched **Future Doctors** with Mayo Clinic to prepare underrepresented students to apply successfully to medical school.
U of M Update: Class of 2011

Medical School - 241 students (10% increase)
  • 80% from Minnesota

College of Pharmacy - 150 enrolled in Duluth/Twin Cities
  • 50% increase since 2002

School of Nursing - 129 enrolled in Rochester/Twin Cities
  • 25% increase since 2002
  • 100 additional in advanced degrees
U of M Update: Class of 2011

School of Dentistry - 96 DDS students
  – 300 have rotated through Hibbing, Willmar & SD beginning this fall
School of Public Health - 450 students in 4 programs; 50% increase since 2002
  – >1,000 students in on-line learning
College of Veterinary Medicine - 90 students
  – VetFAST, collaboration with CFANS graduates first class
Center for Allied Health Professions
  – OT open in TC and UMR
  – CLS class of up to 88 (48 at UMR in joint program with WSU) begins Fall 2008
  – Learning platform implemented
The Next Generation of Providers: The Core of the Mission

- Relies heavily on experiential/service based learning in academic and community settings
- Requires a recruiting and learning strategy to understand and meet workforce needs
- Requires connectivity between the education and the care delivery model
- Has costs in excess of tuition, fees and state support
- Creates increasing amounts of student debt
- Requires new partnerships among the professions and with communities
Greater Minnesota Strategy

Recruit from Greater Minnesota +
- Area Health Education Center programs

Educate in Minnesota +
- Duluth, Rochester, Twin Cities campuses

Provide rotations in rural areas and small towns +
- RPAP, dental clinics, summer externship program

Develop residency options throughout Minnesota =
- Partnering with 1,500 hospitals and clinics

Health professionals for Greater Minnesota
State of Primary Care Physicians

• Who are they? Family medicine, internal medicine, pediatrics, and OB/GYN
• Many rural areas currently face shortages, and needs in rural and urban areas are increasing
• Primary care is associated with increased quality of care and improved medical outcomes
• Nature of the practice has changed, causing angst among family doctors
• A new generation with different expectations
Factors Affecting Physician Practice Site Choice

- Student’s hometown; where student went to school; where student did residency.
- Cost of medical school and amount of debt
- Economic considerations, e.g. reimbursement for services
- Lifestyle aspirations: family time, leisure time, personal development, hours worked
- Spousal considerations
- Geographic aspirations
National Primary Care Trends
University and Primary Care Physicians

• Two campuses are **primary source of state’s physician workforce**; Duluth has a special commitment to rural and American Indian communities.

• Overall, Minnesota ranks **8th in nation for retaining physicians** who graduate from our medical school; but 31st for retaining those who complete their residency in Minnesota.

• Over 70% of trainees who complete a U of M or Duluth Family Medicine residency stay in Minnesota.

• **One-third** of U of M Medical School students who chose and are matched with a primary care residency, practice in MN, **regardless of their choice to start their education on the Duluth or Twin Cities campus** – a total of 511 over the last 5 years.
Population Growth vs. Class Size Growth

The Challenge

Minnesota cannot afford to educate more of the same health professionals to do the same work within the same model.
Primary Care Innovation

New Models of Practice

- Patient-centered care model
- Whole person orientation
- Team approach with multiple disciplines
- Eliminating barriers to access
- Information systems
- Redesigned offices
- Focus on quality and safety
- Enhanced practice finance
- Commitment to provide portfolio of services

University Proposals for Minnesota

• Strengthen the pipeline for primary care
  – Including increased class sizes, incentives for primary care careers, work with communities, foreign-trained talent, and retrain previously licensed physicians.

• Develop new interprofessional models of care delivery in partnership with the health care system spectrum
  – Highest and best use of MD, PharmD and DNP
  – Focus on prevention, chronic disease and medication management

• Leverage technology information
  – evidenced-based practice, access to care, and care delivery
Answer Involves Partners

Minnesota’s health depends on strategic and distinctive partnerships with:

• other schools;
• hospital and clinic systems;
• insurers;
• employers; and
• the state.

The University is only one part of the solution
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