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ADVANCING INTEGRATED HEALTHCARE

# Task Force for Primary Care Provider Workforce Development

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*Care Transformation Collaborative of RI*

# Primary Care Access in RI - -Workforce Issues

How many of you had the experience of looking for a primary care physician for yourself, your friends or family, and were not able to find one...or could only get an appointment several months in advance?

How many of you have met with primary care providers who are disgruntled with the current state of primary care?

How many of you have spoken with a primary care providers who are cutting back to part time or leaving the field?

# Burning Platform

- Rhode Island is expected have a deficit of almost 100 Primary Care Providers (PCPs) by 2030
- Pandemic made the situation much worse
  - Some practices did not survive the pandemic shutdown
  - Early retirements, cutting back, and planned retirements
- Competition from for-profits/venture capital
- RI population growth since 2019 -- increased by 35,576
- EHR/Paper-work/administrative task growth
- Salary disparities – both locally and nationally



# What we want to do today

- Provide an update and overview of current Task Force activities
- Get your input on 8 key goal areas identified

# Taskforce Charter

## Charge to the Taskforce:

- This Taskforce **convenes leadership from Rhode Island training programs for physicians, nurse practitioners, and physician assistants**. The goal is to collaborate with training program leadership, state programs focused on healthcare workforce, and primary care experts, creating a diverse group of experts.
- This group will establish best practices for encouraging more primary care engagement, including incentives for trainees and trainers, and **new models of interdisciplinary and team-based care training and strategies for retention of primary care providers in Rhode Island**.
- **Deliverable:** A statewide strategic plan for recruiting, training, retaining and sustaining a primary care provider workforce sufficient to meet Rhode Islands population health needs.

**Meeting Frequency:** Occur on a monthly basis from January 2023, through January 2024.

## Overarching Goal

- Rhode Island to be **#1 in population health and health equity and every Rhode Islander has a PCP.**  
To accomplish this goal and to improve population health and health equity, we need to **increase access for all Rhode Islanders to high quality, coordinated, integrated and affordable primary care**

## 2023 Summary:

- Co-Chairs Jeffrey Borkan, MD and Denise Coppa, PhD, APRN-CNP, FNP-C
- Taskforce convened program directors from the primary care provider training programs across the state including physician, nurse practitioners and physician assistants
- Committee has met twice in 2023 and agreed to monthly meetings
- Information was collected at meetings and via a survey on challenges and barriers in the Primary Care Provider Workforce in RI.

## Accomplishments to date:

- Submitted a Congressional Direct Spend grant application for FY 2024
- Developed draft strategic goals

# Strategic Goals Identified – Are these right?

Goal #1	Increase the recruitment of medical students, medical residents and NP and PA trainees entering primary care
Goal #2	Increase the funding for training Primary Care Providers
Goal #3	Increase the number and quality of Primary Care training sites
Goal #4	Enhance onsite clinical training in advanced patient-centered medical home (PCMH) principles such as team-based care, integrated behavioral health, practice transformation, and payment reform.
Goal #5	Reduce Tuition and Student Debt for those providers going into Primary Care in RI
Goal #6	Expand Primary Care Workforce Diversity, Equity, and Inclusion
Goal #7	Increase payment, incentives and salaries to primary care providers to create parity with other specialties
Goal #8	Build strong and robust primary care delivery system across the state that is sustainable now and in the future.

# Workforce Grant Submitted 3-2023

- If awarded the CDS funding for 2024, the group will develop a **training curriculum for physician, nurse practitioner, and physician assistant trainees**. The curriculum will focus on critical components of the PCMH model such as interdisciplinary care management; team-based care; integrated behavioral health in primary care and coordination with community-based organizations to address health-related social needs. **We will enhance and increase the number of clinical training sights/slots.**
- ***Deliverable:*** Taskforce will develop the implementation plan for the pilot curriculum



# Discussion/Next Steps

- Next Meeting of the Task Force
  - May 10<sup>th</sup> from 8 to 9:30 am
- Co-chairs will report back to the Board as the strategic plan is developed and for final review and approval