Supply and Challenges of Primary Care NPs and PAs

RESULTS OF THE STATEWIDE AHEC MINI-SUMMIT, MARCH 2015
Purpose of the Mini-Summit

This meeting was designed to identify what Georgia’s Nurse Practitioner and Physician Assistant academic programs were doing to produce primary care graduates, and to explore whether these professions were confronting challenges similar to those identified by Georgia’s medical and osteopathic programs. The end game was to determine if there were common obstacles faced by each of these critical primary care disciplines, and to determine if a collaborative agenda was possible to address these shared challenges and obstacles.
PARTICIPANTS

There were 45 participants in the invitation only mini summit.

- **13** NP representatives
- **9** PA representatives
- **8** MD/DO academic / state /professional organizations representatives
- **15** AHEC regional center directors, staff, board members, and program office staff
- **2** MCG medical students
Education Pipelines
PHYSICIAN EDUCATION PIPELINE IN GEORGIA
Challenges and Existing Strategies

PHASE 1
12 years

Elementary School-Middle School-High School
Diploma/GED

Challenges
- Exposure of youth to health career options
- Increasing the # of rural students entering higher education pipeline
- High drop out rates

Existing Strategies
- Hope Scholarships

PHASE 2
4 years

COLLEGE
B.S./B.A.

Challenges
- Low quality advisement for pre-med students
- Lack of affordable MCAT prep courses
- Financial Aid/Debt

Existing Strategies
- Hope Scholarships

PHASE 3
4 years

MEDICAL SCHOOL
M.D./D.O.

Challenges
- Lack of healthcare experiences in primary care settings
- Lack of advisement for primary care residencies
- Inadequate scholarships/financial aid
- Lack of incentives for primary care health track

Existing Strategies
- National Health Service Corps Scholarship

PHASE 4
3 years or greater

RESIDENCY
Board Certification

Challenges
- Other states’ primary care residencies may be prestigious/financially supportive
- Primary care residency retention rates may be low

Existing Strategies
- None

Actually In Practice
Elementary School-Middle School-High School
Diploma/GED

**Challenges**
- Exposure of youth to health career options
- Increasing the # of rural students entering higher education pipeline
- High drop out rates

Existing Strategies
- Hope Scholarships

**PHASE 1**
12 years

College
B.S./B.A./B.S.N.

**Challenges**
- Low quality advisement for pre-PA students
- Lack of cheap GRE test preparation
- Financial Aid/Debt

Existing Strategies
- Hope Scholarships

**PHASE 2**
4 years

Healthcare Experience
EMT/RN
1000-2000 hrs Direct Patient Care

**Challenges**
- Lack of healthcare experiences in rural settings
- Lack of PA shadowing in rural/primary care settings

Existing Strategies
None

**PHASE 3**
3 years vary (optional)

Physician Assistant School
M.S. Physician Assistant Studies

**Challenges**
- Lack of rural/primary care admissions tracks
- Inadequate scholarships/financial aid
- Lack of rural health preceptors
- Lack of incentives for rural health track
- Lack of exposure to rural health settings

Existing Strategies
- National Health Service Corps Scholarship

**PHASE 4**
2 years

Actually in Practice

Physician Assistant Education Pipeline in Georgia
Challenges and Existing Strategies
SURVEY OF NP AND PA PROGRAMS, 2015

SURVEY CONDUCTED BY MCG MEDICAL STUDENTS JOSH WICKSTROM AND LISA TOWNSEND. TEN NP AND 5 PA PROGRAMS RESPONDED TO THE SURVEY.
## Summary of Nurse Practitioner Educational Mission Statements

<table>
<thead>
<tr>
<th>School Name</th>
<th>Emphasis on Rural Health</th>
<th>Emphasis on Primary Care</th>
<th>Emphasis on Georgia Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Southern</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Emory</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Brenau</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>GRU</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Valdosta State</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Albany State</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>South</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>GCSU</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Armstrong Atlantic</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Georgia State</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Kennesaw State</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mercer</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>North Georgia</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>School</td>
<td>Emphasizes Rural Health</td>
<td>Emphasizes Primary Care</td>
<td>Emphasizes GA Workforce</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Emory University</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Georgia Regents University</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mercer University</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>South University</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PCOM</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*Summary of Physician Assistant Educational Mission Statements*
In terms of recruitment...

Of those surveyed:

- Only **60% of PA programs** actively recruit people based on their interest in primary care.
  - Compared to **90% of NP programs**

*But what does recruitment for primary care really mean?*
Recruitment Strategies

AS STATED IN SURVEY

- Traineeship Grants
  - HRSA AENT Grant
- FNP Track summer 2015
- Recruiting students from rural areas
- Recruiting students who have demonstrated their commitment to primary care
  - Peace Corp, mission work, working in underserved areas
Challenges to Recruitment/Training

**Recruitment**
- Budget constraints on program advertising

**Training**
- Lack of primary care preceptors
- Non-competitive salaries in primary care
- Lack of interest in primary care

*As stated in survey*
Post-Grad Statistics?

80% of NP and 100% of PA programs keep statistics on where their graduates work
  • Alumni & Exit Survey

Increasing the uniformity and standardization of these statistics could potentially provide the state a way to measure a program’s success.
MINI SUMMIT RESULTS
There were five broad areas of challenges and potential solutions discussed. These included:

Faculty Issues
Out of state / International / On-line Programs
Clinical Training Sites
Maintaining students’ interest in Primary Care
Issues in the Practice Environment
Faculty Issues:

Discussions surrounding the difficulty in recruiting and retaining qualified nursing and PA faculty were robust.

Specifically, challenges related to pay scale challenges between NP / PAs in clinical practice and those choosing academia.

Academia was believed to pay below market rate, increasing the challenges faced by academic programs.

Lack of sufficient qualified faculty hampers the ability to provide education at the maximum student capacity.
Out of state, International, and Online Programs:  

Differing greatly from the medical education pipeline, NP and PA programs in Georgia are faced with challenges of being a “green state”. 

Nationally, states have the capacity to declare themselves “green”- or open to receive students from any program (nationally, internationally, or on-line) for clinical training. In states declared “red”, students are prohibited from coming into the state from outside programs without obtaining permission and paying a fee. Reciprocity among red states can be negotiated. 

There is a national move towards more online delivery programs- and these “non” programs are using preceptors within the state without oversight or preference given to Georgia based programs. 

Currently, the Georgia Board of Nursing and the Georgia Composite Board allows all out of state / online programs to train in Georgia. 

There is rising concern among Georgia educators that the reputation of the degrees and of the professions are diluted with the creation of multiple online programs.
Training sites:

A significant challenge is identifying and accessing primary care training sites. This is compounded by locating rural providers who will trust students to take care of their patients, and the need for education and encouragement of providers in rural areas to teach students and to understand the benefits of having students in their practice.

Many MDs / DOs are interested in precepting NP and PA students, but their practice managers will not accept students.

The overall perceived lack of and competition for preceptors seems unanimous. There is a specific shortage of preceptors in rural areas. Some programs have encountered sites that have “contracted” exclusively with a specific program or university, generally with compensation.

Determining who is responsible for finding clinical training placement sites. Some programs place this responsibility on the student while others identify this as the responsibility of the faculty.

As in the medical education pipeline, the entry into Georgia of off shore / out of state programs who routinely pay preceptors is a significant challenge for NP and PA programs who do not have the resources to pay preceptors. There is no preceptor “package” to offer, and to date the NP and PA preceptors are not eligible for the Preceptor Tax Incentive Program.

Programs are independently charged with training volunteer faculty / preceptors. The modality and content of such training varies greatly, creating more confusion among preceptors. Multiple credentialing and onboarding requirements are burdensome to preceptors, and a centralized system would be useful in recruiting new preceptors.
Maintaining student interest in PC:

As with medicine, NP and PA programs have observed rural applicants are often at a disadvantage in the academic admissions pool due to an often poor preparation to compete in academia.

This is indicative that our pipeline programs need to address academic competitiveness of youth from rural and/or disadvantaged backgrounds.

NP and PA programs require multiple required and elective experiences training with specialists. Many students become enamored of these specialties and move away from primary care practice.

Even some FNP applicants do not always understand that program is primary care, indicating a need for more focused education and advisement of students before they enter the academic programs.

Primary Care commitment is believed to be impacted by financial concerns and educational debt load. It was agreed that this area needed research and to be quantified to better understand its potential impact on practice choice.
Practice Environment:

While the focus of the mini-summit was specifically the educational pipeline barriers to production of primary care graduates, some issues were raised that fell more towards the practice environment for NP and PA professionals.

Limitations within the practice environment, specifically within the practice acts of NP and PA professionals, were seen as detrimental in recruiting students into primary care practice as NPs and PAs.

Restrictive practice act boundaries were identified as a key challenge in getting any nurse or PA to choose primary care practice.

Further, the salary and reimbursement issues relative to Rural / Urban and Primary Care/ Specialty Care were viewed as another significant challenge and barrier.
MINI SUMMIT RECOMMENDATIONS
TOP 3 CHALLENGE AREAS

Challenge # 1: Lack of / competition for preceptors

Challenge # 2: Incentives needed to recruit students to primary care (Loan Repayment)

Challenge # 3: Knowledge, preparation, and guidance for preceptors
Challenge # 1: Lack of / competition for preceptors

**Recommendation 1:** The Preceptor Tax Incentive Program (PTIP) needs to broaden its eligibility rules to provide opportunities for NP and PA preceptors to earn tax deductions and/or credits. This program should then be aggressively marketed to PA and NP preceptors around the state, stressing the requirement that recipients cannot receive financial remuneration from other sources if they utilize earned tax deductions / credits.

**Recommendation 2:** Development of a “preceptor benefit package” to be used as a recruitment aid for programs trying to identify preceptors. This package might include a centralized on-boarding program (centralized site for student credentialing, student background checks, site orientations, etc.), CME / CE opportunities, Clinical updates, and other helpful resources for preceptors.

**Recommendation 3:** Make Georgia a Red State. This would involve actions to be undertaken by the Georgia Board of Nursing and the Georgia Composite Board of Medical Examiners (where PAs are licensed) to “close” Georgia to off shore and out of state NP and PA programs for clinical training without approval of the state, and with the charging of a fee by the state to those programs if their students choose to complete rotations in Georgia. Georgia is currently a “green” state, meaning that any program can send their students into the state without payment or approval. The desired goal is to convert Georgia to a “red” state, but to push for reciprocity without charge with other red states.
Challenge # 2: Incentives needed to recruit students to primary care (Loan Repayment)

**Recommendation 4:** NP and PA graduates should be eligible to receive state and federally funded loan repayment awards, similar to those provided through the Georgia Board for Physician Workforce to support physicians. To accomplish this, the GBPW would need statutory language changes to authorize them to include these two professions in their current program (reducing the need for duplicative administrative funds) and a line item in the GBPW budget to provide funding for the awards.

**Recommendation 5:** NP and PA need to increase their own efforts in promoting and registering National Health Service Corps Scholarship and Loan Repayment opportunities to their own students.
Challenge # 3: Knowledge, preparation, and guidance for preceptors

Recommendation 6: Develop a standardized curriculum for volunteer faculty to train/retain them as high quality preceptors for students. This training should provide generalized faculty development in managing student learners and incorporating students into practices. It would not supplant customized faculty development on unique curricular requirements of individual programs.

Recommendation 7: Develop educational materials and opportunities for inter-professional training to provide a more grounded overview of IPE practice for the student learners to model and emulate.