



NEW MEXICO HEALTHCARE WORKFORCE FTE ANALYSIS

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BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.



PHOTO COURTESY: HSD Employee

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

MEET THE LEAÑOS COOPER FAMILY

- Audrey is a RN with over 10 years of experience. In 2016, Audrey gave birth as a Medicaid recipient, and her lovely child also became a Medicaid recipient.
- Audrey reduced to half time working as a nurse supporting her family while her husband was in Physician Assistant school.
- Audrey needed a Primary Care Provider after the delivery of her baby, as her midwife could no longer provide her care. After 10 months of working with her insurance provider, she found a doctor who could establish care in 5 months' time.



PANEL PRESENTERS AND AGENDA

AGENDA

Primary Care and Behavioral Health Workforce FTE Analysis

- Methodology
- Findings
- Limitations
- Next steps

HSD PRESENTERS



Audrey Cooper

Manager, Primary Care &
Food Security



Alex Castillo Smith

Manager, Strategic Planning
& Special Projects



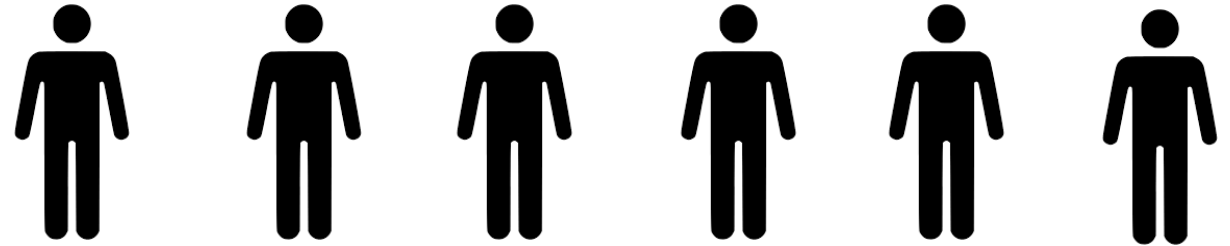
Hala Reeder

Summer 2021 HSD
Policy Fellow

DISTINGUISHING BETWEEN HEAD COUNT & FTE COUNT

HEAD COUNT

- Headcount measures stock of healthcare professionals available for delivering healthcare services.
- Headcount **does not factor working hours** (part-time work or actual working hours) holidays or vacations, which may differ between jurisdictions and professionals.
- Thus, headcount reveals only maximum available capacity of given healthcare system not capacity as it currently exists.



DISTINGUISHING BETWEEN HEAD COUNT & FTE COUNT CONT.

FULL-TIME EQUIVALENT (FTE) COUNT

- FTE measures employed persons in a way that makes them comparable by adjusting for working hours.
- To conduct health workforce monitoring and planning it is necessary to determine volume of available resources in NM, which supports estimates related to efficiency and productivity.



METHODOLOGY: DEFINING FULL-TIME EQUIVALENT

- FTE unit of measurement quantified as workload of a single employee.
- In this analysis, 1 FTE is equivalent to 1 full-time provider working 35 hours in direct non-inpatient care per week, 48 weeks per year.
 - 35 hours a week/48 weeks a year is a proxy for physician vacation time.
- HSD used licensure data gathered by NM Regulations and Licensing Dept. to assign FTE based on reported hours in direct patient care.

FTE Conversion Based on Reported Hours in Direct Patient Care	
Reported Hours in Patient Care	Conversion
0-1 hour	0.0 FTE
2-5 hours	0.1 FTE
6-8 hours	0.2 FTE
9-12 hours	0.3 FTE
13-15 hours	0.4 FTE
16-19 hours	0.5 FTE
20-22 hours	0.6 FTE
23-26 hours	0.7 FTE
27-30	0.8 FTE
31-34	0.9 FTE
35 hours+	1.0 FTE

DISTINGUISHING BETWEEN HEAD COUNT & FTE COUNT

HEAD COUNT

- HSD Sec. David Scrase, practicing Geriatrician, continues to see patients while serving the State.
- Head count analysis would note Sec. Scrase as **1 full-time** Geriatrician practicing in Bernalillo County.



FULL-TIME EQUIVALENT COUNT

- David sees patients only 2 days each month.
- Out of those 14 working hours, 90% (12.6) in direct outpatient care (rest is administration and other activities).
- Based on his reported hours in direct patient care, FTE analysis counts him as only **0.2 FTE** in Bernalillo County.

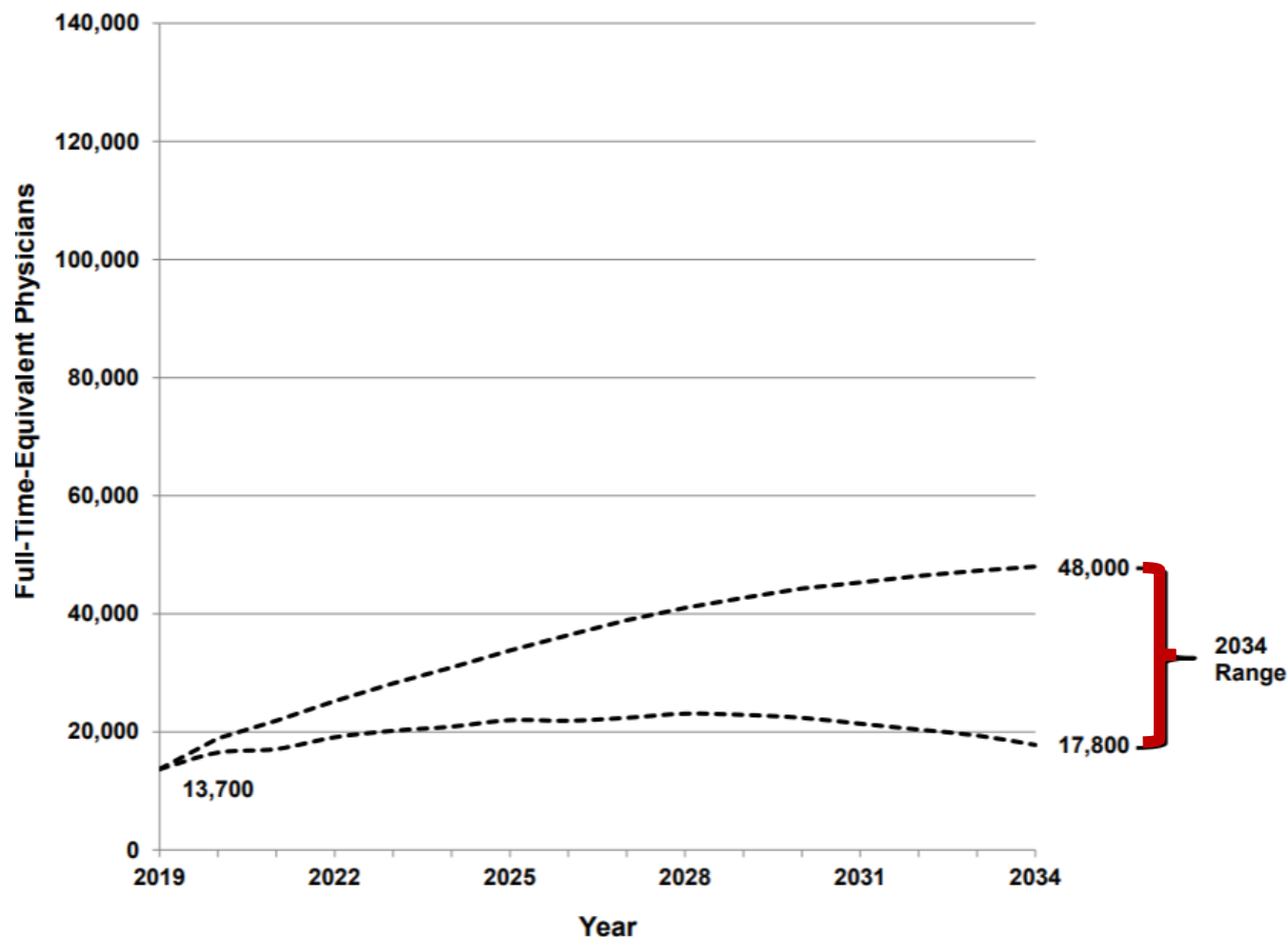


**Different methodologies present
us different pictures**

BENEFITS OF FTE HEALTHCARE WORKFORCE ANALYSIS

- Healthcare delivery highly depends on possessing appropriate number of skilled personnel.
- Impact of demographical, epidemiological and social/societal changes may signal increased care needs for certain communities.
- FTE count provides more representative depiction of NM's healthcare workforce capacities and provider need with greater accuracy.
- FTE analysis helps ensure appropriate number and type of human resources to deliver right services to right people at right time.

Projected Primary Care Physician Shortage Range, U.S., 2019-2034

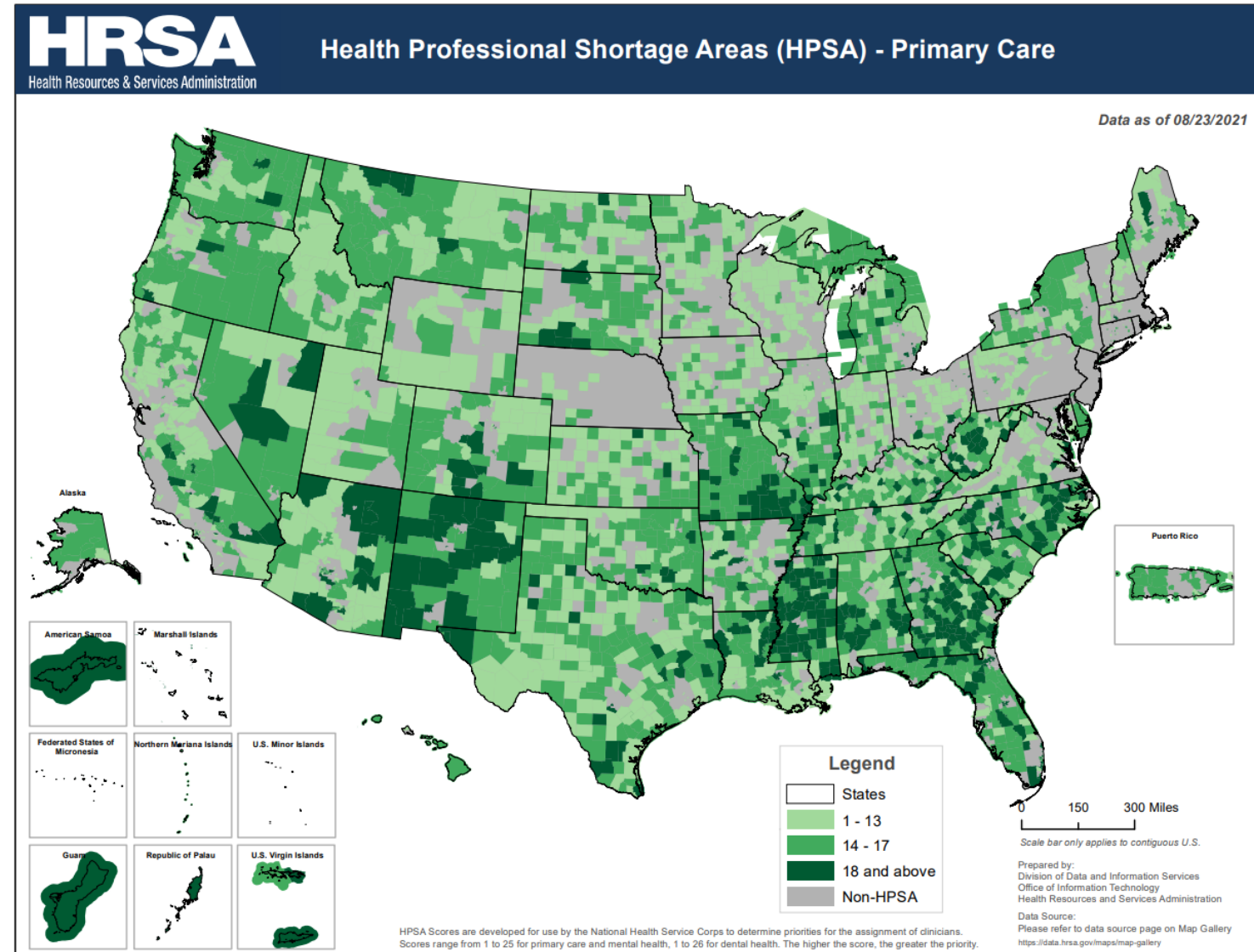


Graph source: <https://www.aamc.org/media/54681/download>

BENEFITS OF FTE HEALTHCARE WORKFORCE ANALYSIS CONT.

- Federal government provides states and communities millions of healthcare dollars based on Health Professional Shortage Areas (HPSAs) designation.
 - HPSAs can be geographic areas, populations, or facilities that have a shortage of primary, dental or mental health care providers.
- Historically, head count data has been used in determining NM rankings.
- NM HPSA designations based on FTE count could result in millions more federal funding.

<https://data.hrsa.gov/maps/map-gallery>



METHODOLOGY: PROVIDER TYPES

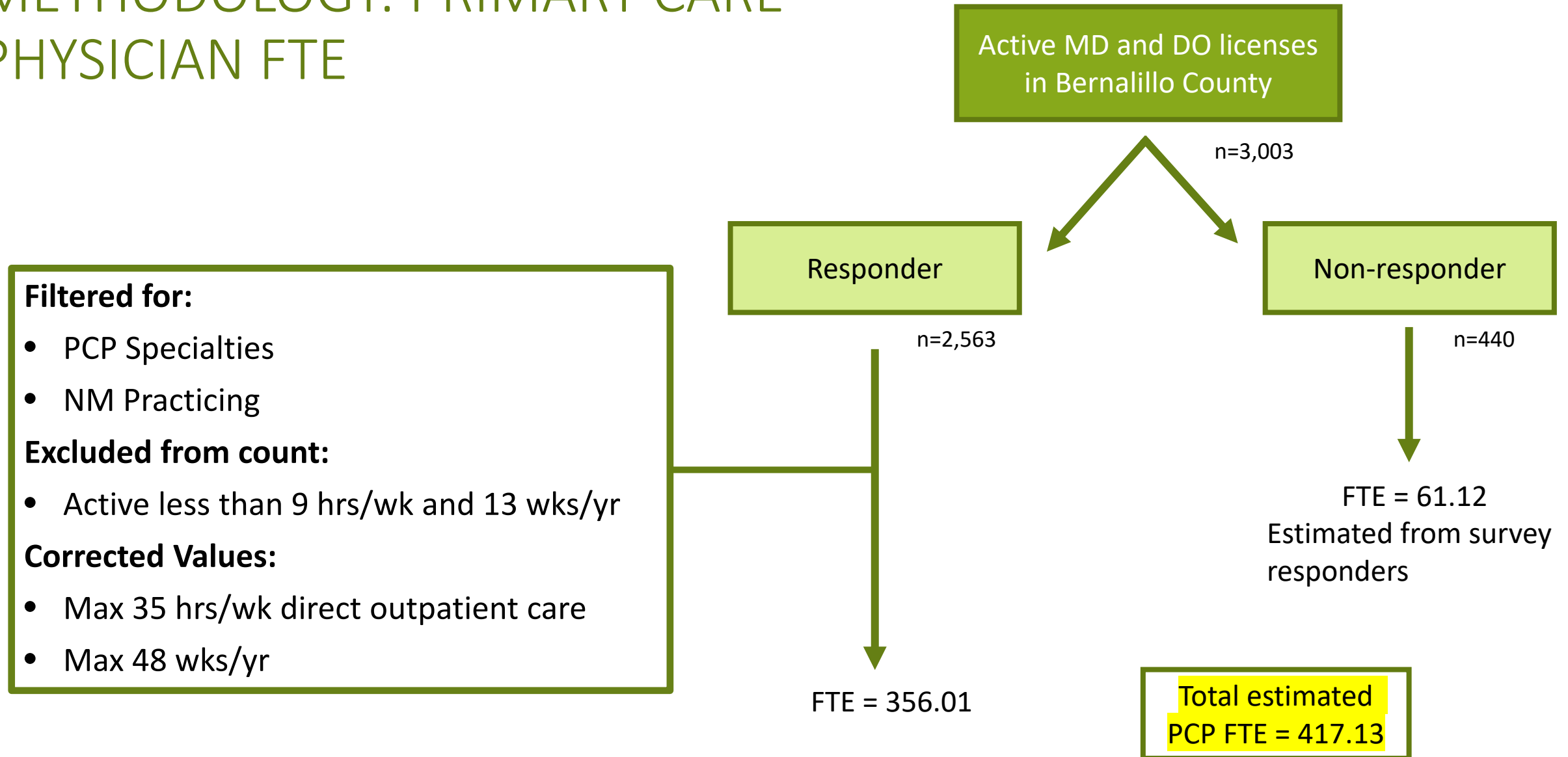
Primary Care Physicians (MDs and DOs)	Psychiatrists (MDs and DOs)	Core Mental Health Professions
Family Medicine	Psychiatry	Psychologist
General Medicine		Licensed Clinical Social Worker (LCSW)
General Pediatrics		Licensed Independent Social Worker (LISW)
Geriatrics		Licensed Masters Social Worker (LMSW)
Adolescent Medicine		Licensed Professional Clinical Counselor (LPCC)
Occupational Medicine		Family and Marriage Counselor (FMC)
Preventative Medicine		

MD: Medical Doctor

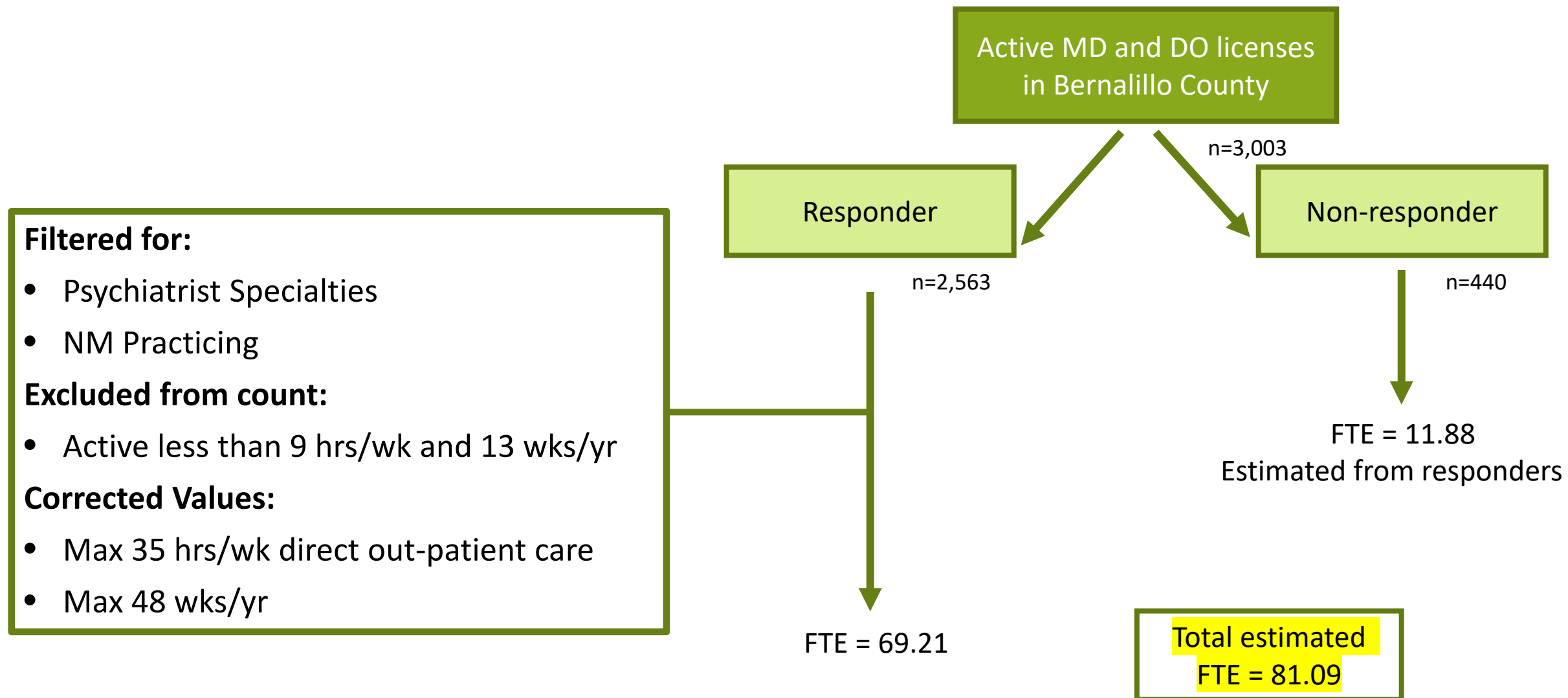
DO: Doctor of Osteopathic Medicine

METHODOLOGY: PRIMARY CARE PHYSICIAN FTE

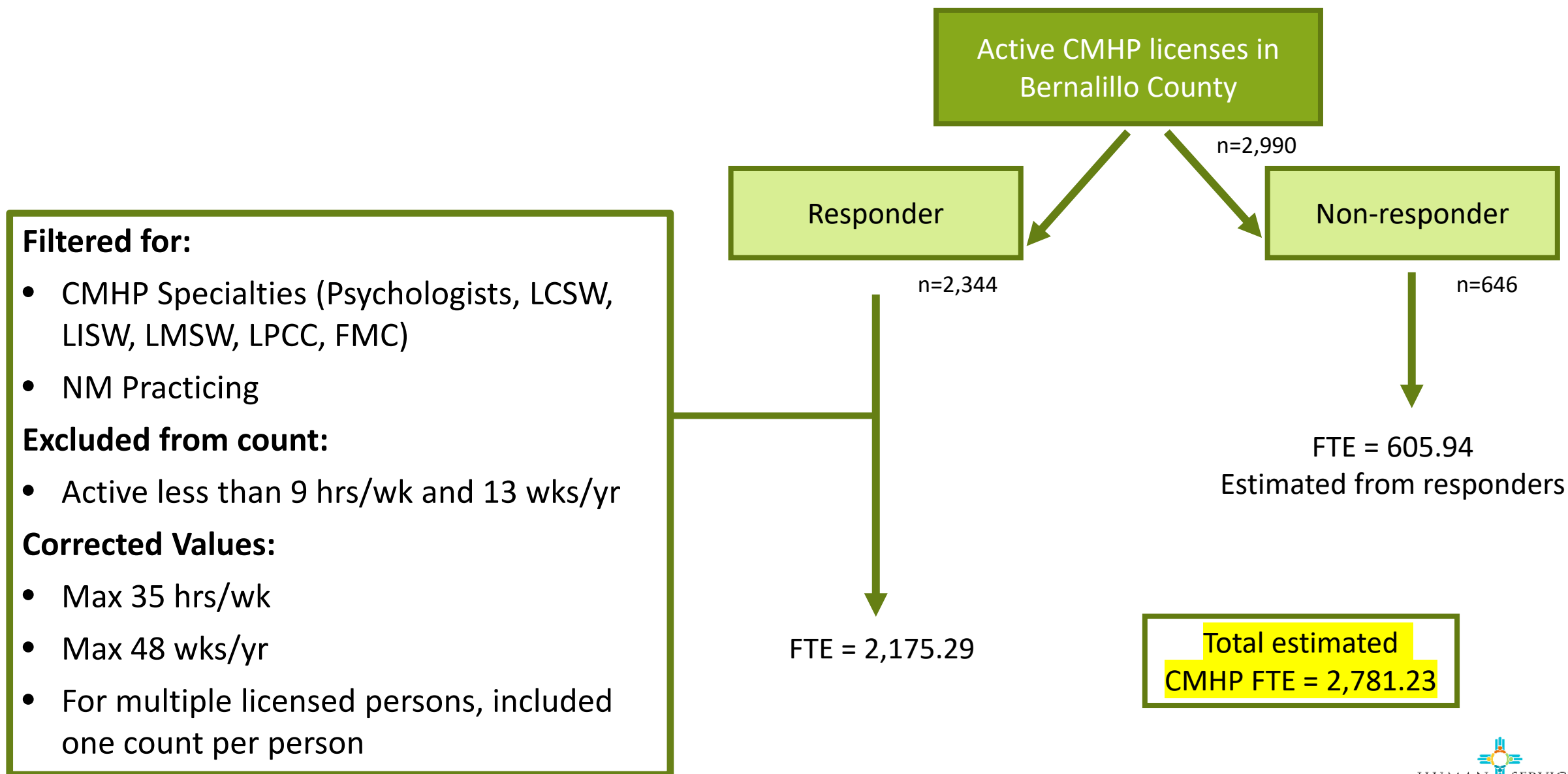
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METHODOLOGY: PSYCHIATRIST FTE



METHODOLOGY: CORE MENTAL HEALTH PROFESSIONALS



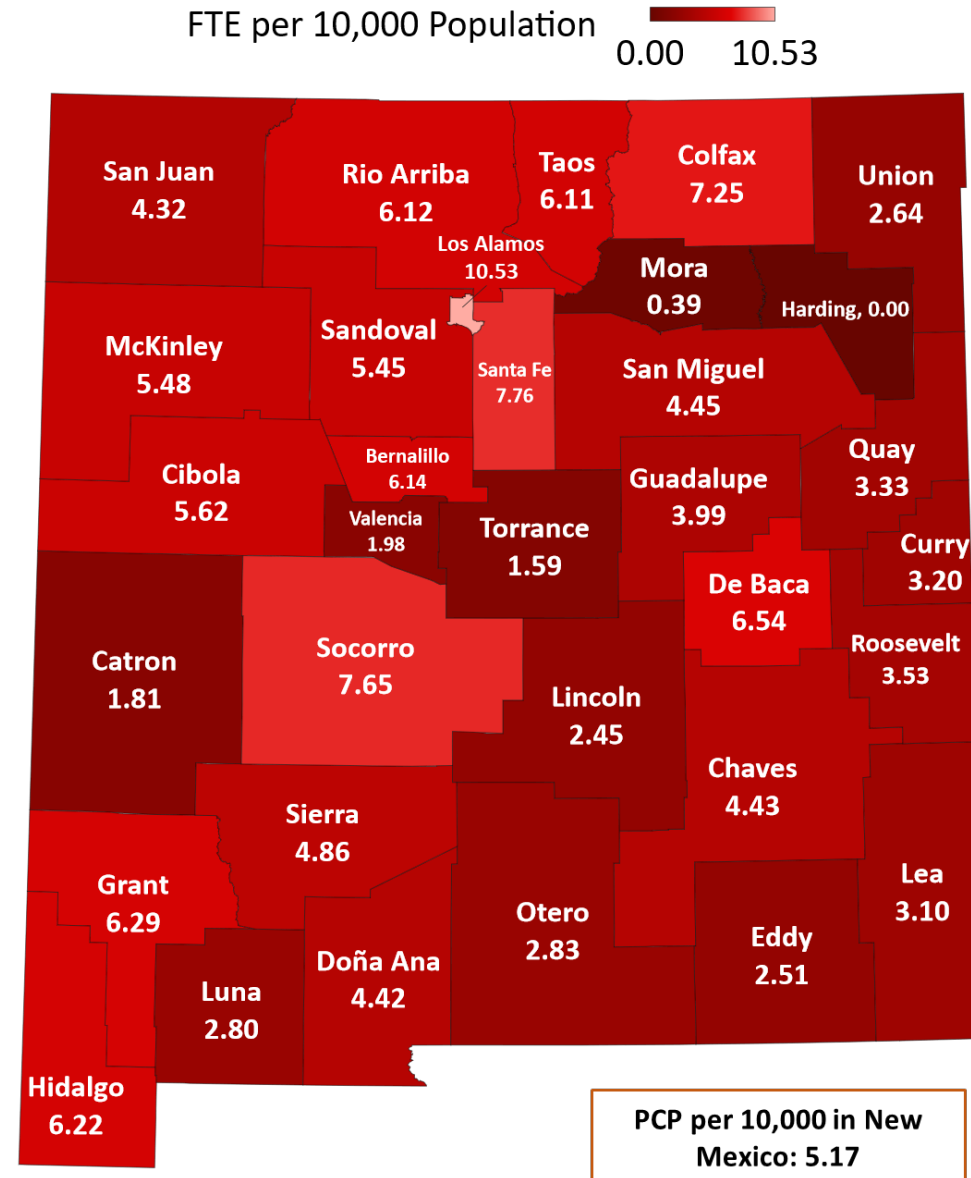
Primary Care Physicians FTE by County per 10,000 Population, 2020

Highest Values

- Los Alamos County: 10.53
- Santa Fe County: 7.76
- Socorro County: 7.65

■ *Lowest Values*

- Harding County: 0.00
- Mora County: 0.39
- Torrance County: 1.59



Psychiatrists FTE by County per 10,000 Population, 2020

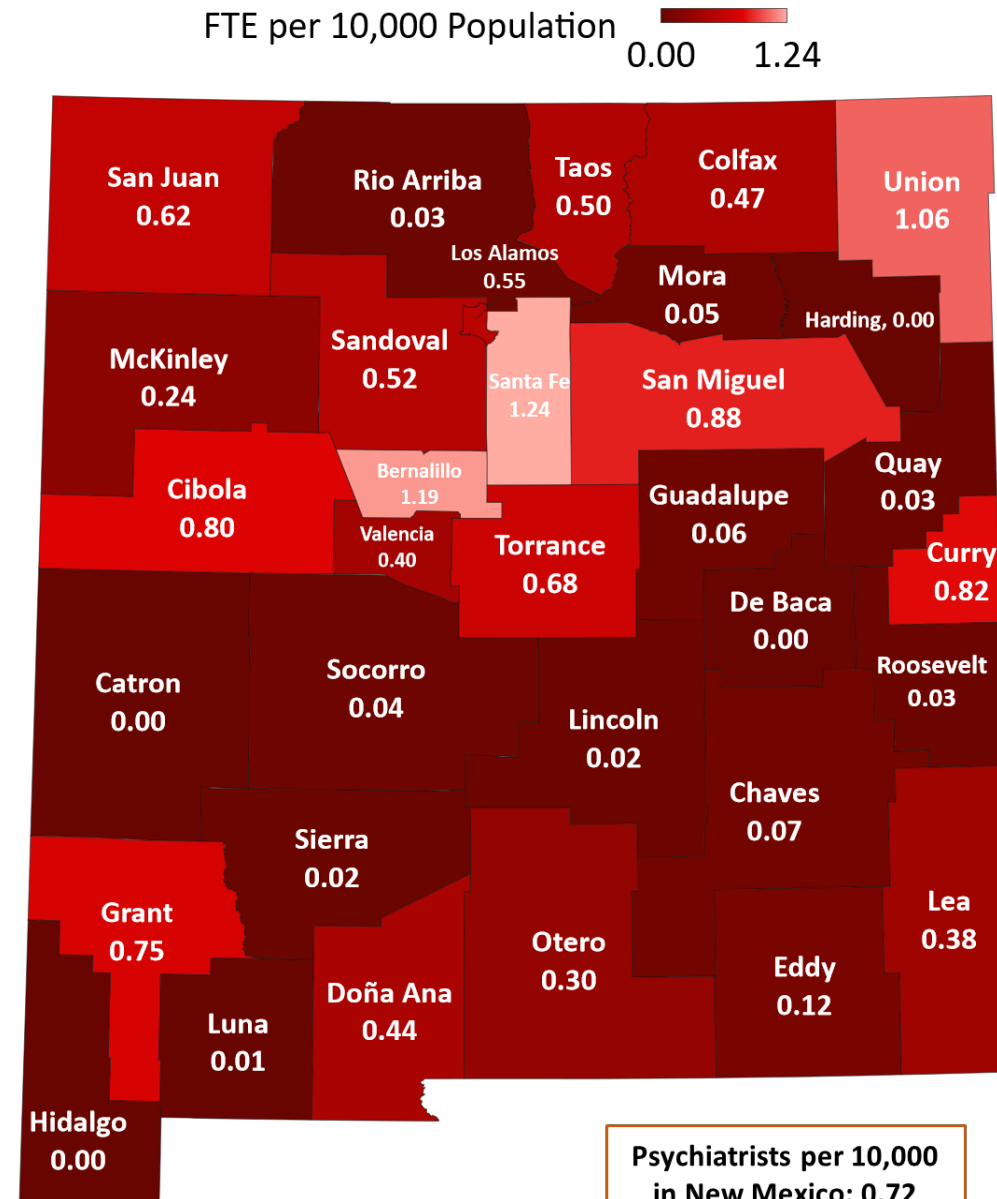
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Highest Values

- Santa Fe County: 1.24
- Bernalillo County: 1.19
- Union County: 1.06

Lowest Values

- Catron County: 0.00
- De Baca County: 0.00
- Harding County: 0.00
- Hidalgo: 0.00



Core Mental Health Professionals (CMHPs) FTE by County per 10,000 Population, 2020

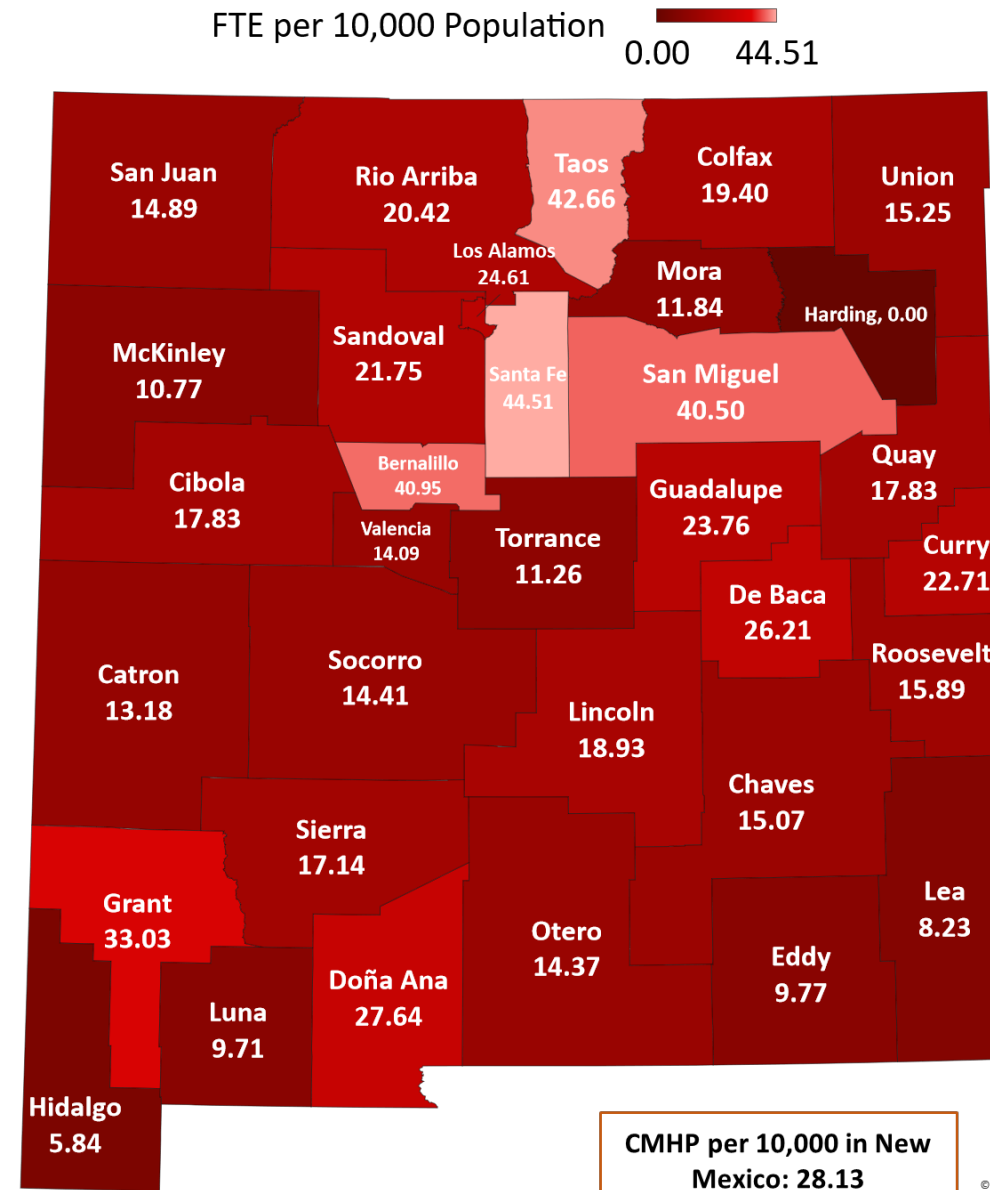
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Highest Values

- Santa Fe County: 44.51
- Taos County: 42.66
- Bernalillo County: 40.95

Lowest Values

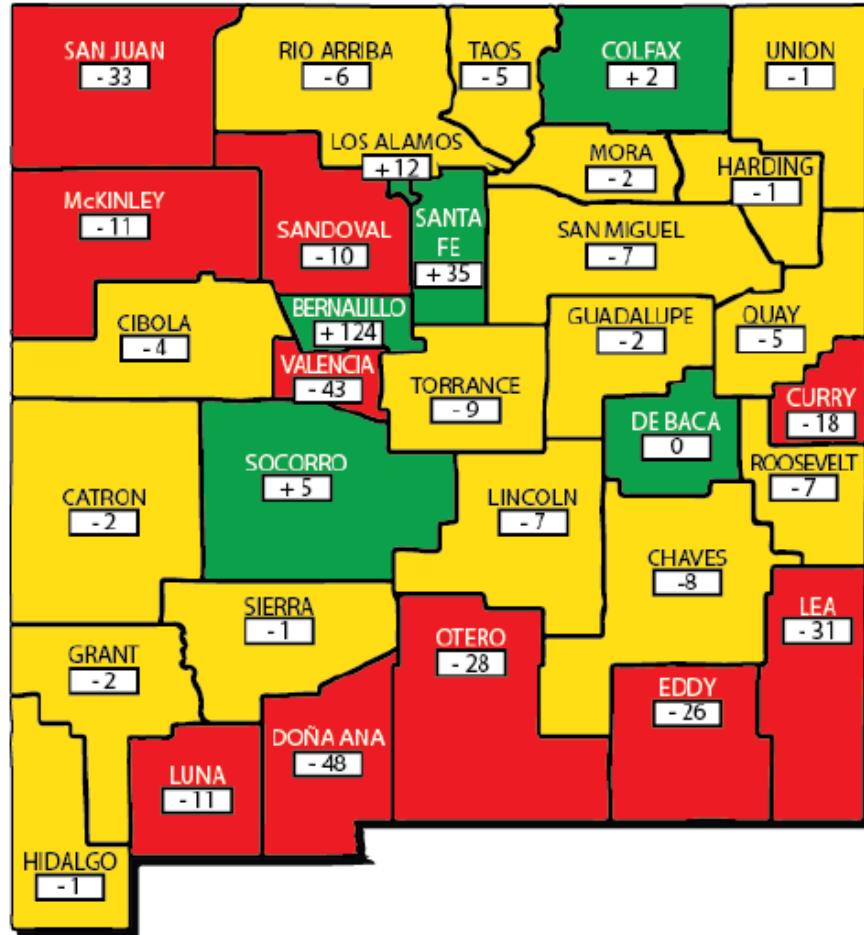
- Harding County: 0.00
- Hidalgo County: 5.84
- Lea County: 8.23



PRIMARY CARE PHYSICIAN (PCP) COMPARISON

UNM

Primary Care Physicians Compared to Benchmark, 2020

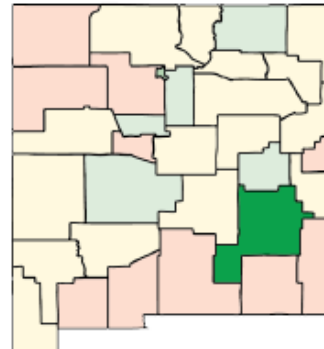


Comparison to Benchmark
(8.3 per 10,000 Population)

- At or Above Benchmark
- 1 - 10 Providers Below Benchmark
- > 10 Providers Below Benchmark

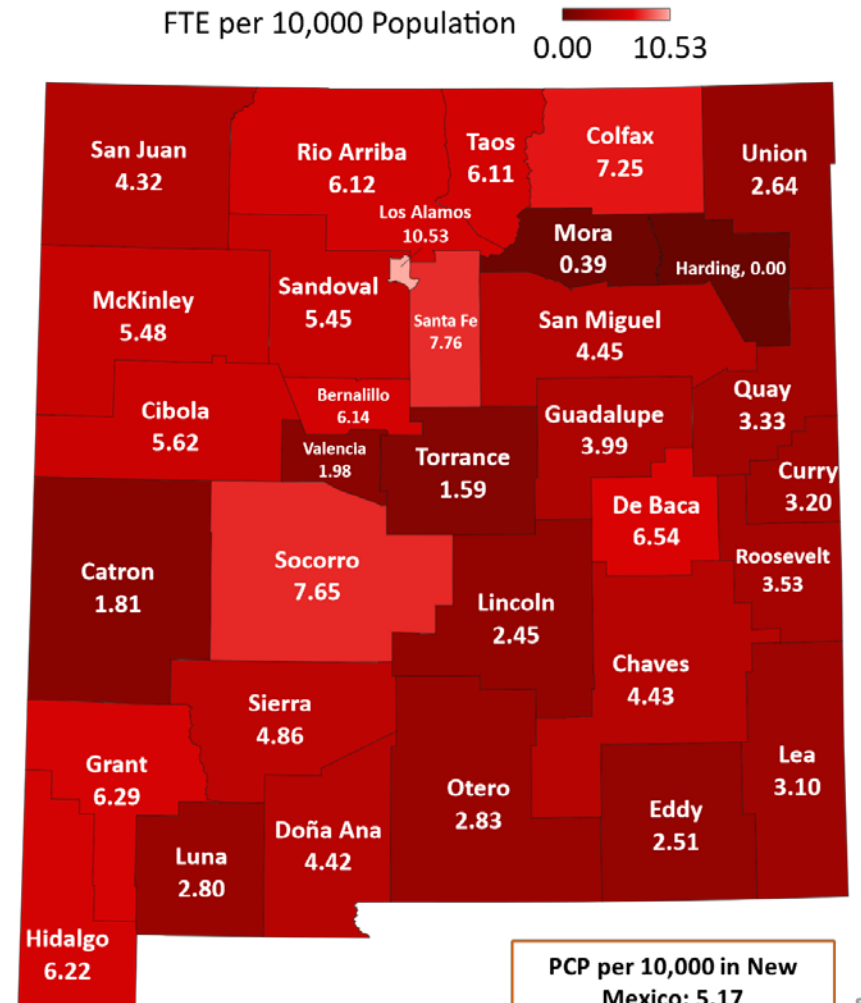
Number Above (+) or Below (-) Benchmark

2019



HSD

Primary Care Physicians FTE by County per 10,000 Population, 2020



PCP per 10,000 in New Mexico: 5.17

USING BENCHMARKS

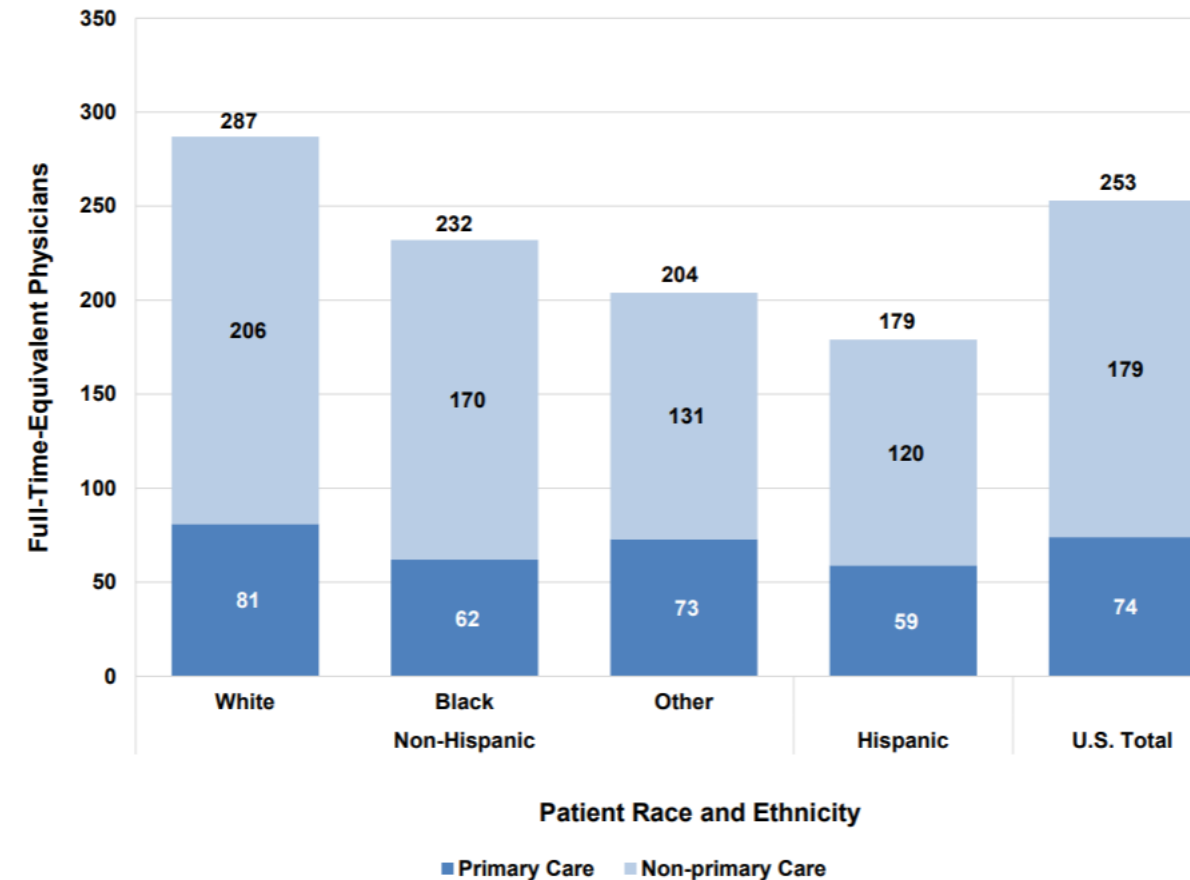
- Limitations to using existing national benchmarks for NM:
 - Populations with higher levels of chronic illness, poverty, and elders may need more healthcare providers.
- NM Primary Care Council will develop provider benchmarks more justly reflect demographics and needs of New Mexicans.



EQUITY

- Physicians in New Mexico by race and ethnicity do not reflect the population served.
- Healthcare utilization varies by race/ethnicity. ➡
- NM Primary Care Council making concerted effort to address equity in workforce by aligning composition of healthcare workforce so it represents communities they serve.

Current Use of FTE Physician Services per 100,000 Population by Patient Race and Ethnicity, U.S., 2019



<https://www.aamc.org/media/54681/download>

LIMITATIONS

SURVEY DATA

- Survey not mandatory: respondents and non respondents
- Not all survey questions mandatory: lacking data for some responders
- Self reported data: overreporting of activity levels, various specialty distinctions

FTE COUNT

- Limited survey responses, $n < 5$
- Excluding: Nurse Practitioners, Physician Assistants (PA), Licensed Mental Health Counselors (LMHC), Physiologist Associates, Provisional Licenses
- Care coordination and organization not considered in FTE count of providers

BENCHMARKS

- National data not representative of NM population demographics and provider needs
 - Rural
 - Disability
 - Unemployment
 - Income: poverty
 - Age: elderly

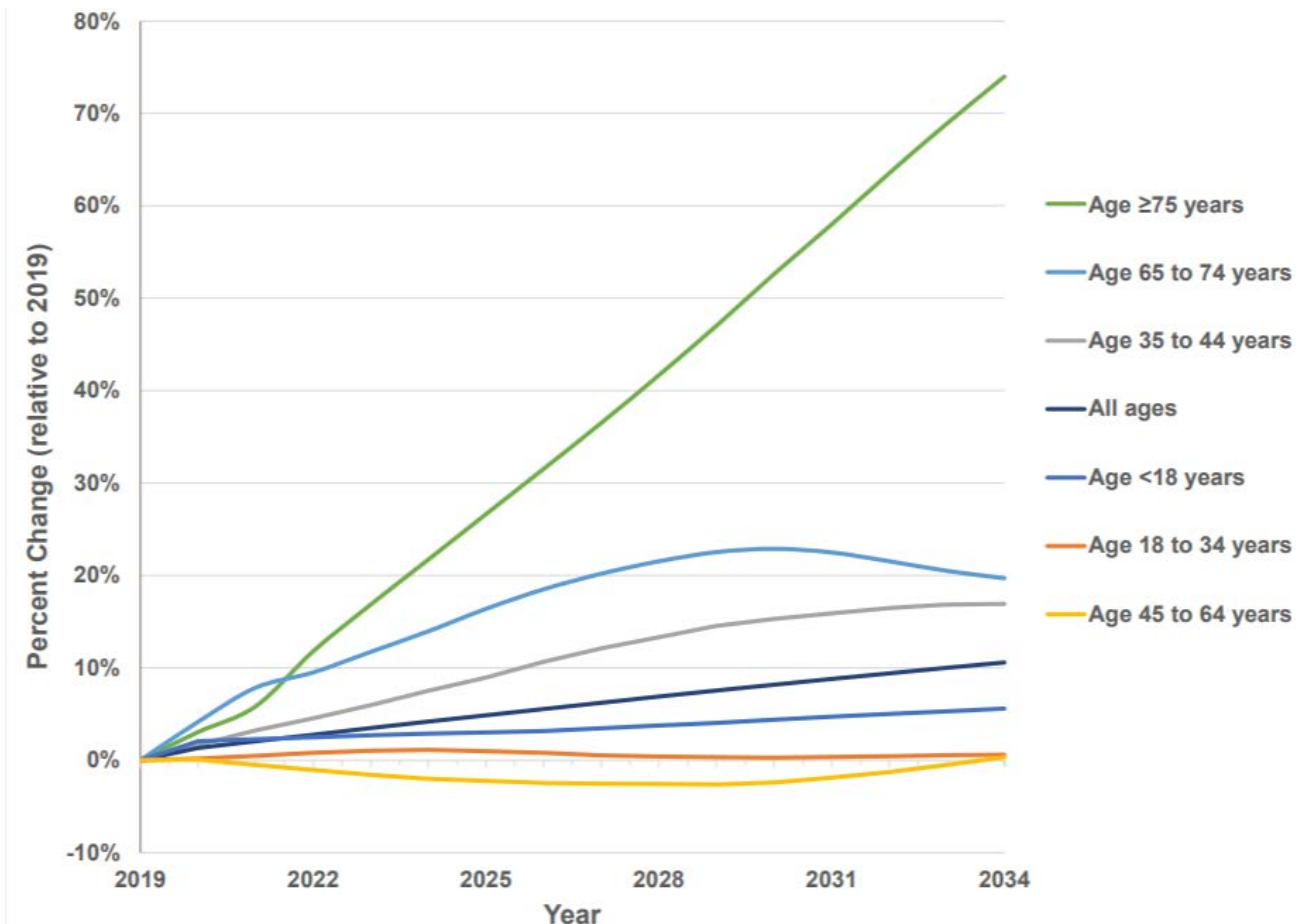
LICENSURE DATA

- Active license does not mean active practitioner
- Multiple licensed providers, must exclude duplicate counts
- Home zip code county distinction used as a proxy for primary employment location

WHERE DO WE GO FROM HERE?

- **NM Primary Care Council will establish state benchmarks** for provider needs representative of New Mexico's demographics and needs.
- **HSD will obtain licensure data to conduct a** Nurse Practitioners and Physician Assistants FTE analysis.
- **Consider customer access** in terms of proximity and transportation to services. Examine the number of facilities, physicians and population in an area.
- **Build care coordination** and organization into our model for state capacities and provider need.

Percent Change in Projected Population by Age, U.S., 2019-2034



<https://www.aamc.org/media/54681/download>

MEET THE LEAÑOS COOPER FAMILY

- A few days before Audrey's appointment with her new primary care doctor, the doctor's office called to cancel and offered her another appointment in 5 months.
- Finally, Audrey called a doctor friend to be her Primary Care Provider. She used her privilege to circumvent a system that was not meeting her needs.
- Once Audrey was able to apply her Medicaid to receive primary care, it was the best insurance she ever had. Medicaid took good care of her family.





QUESTIONS & COMMENTS



APPENDIX

RESOURCES

- 2020 provider data obtained through licensure survey responses collected by NM Regulation & Licensing Department (RLD).
- Methodology for determining FTE provider count developed by HSD Policy Fellow Rohini McKee, MD, MPH, FACS, FASCRS.
- Population data by county obtained from the Census Bureau Population Division, "Annual Estimates of the Resident Population for Counties," 2019.
- Prior provider count methodology established in New Mexico Health Care Workforce Committee's New Mexico Health Care Workforce Committee 2020 Annual Report.
- Consultation with contributor of NM 2019 NM FTE Health Care Workforce Analysis, HSD Policy Fellow Roxanne Humphries, MPH.
- Assoc. of American Medical Colleges 2021 Report, *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*: <https://www.aamc.org/media/54681/download>