

SustiNet Health Partnership

Healthcare Workforce Task Force

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Healthcare Workforce Task Force Meeting by Webinar

March 1, 2010

Meeting Minutes

Webinar Participants: *Ellen Andrews, Co-chair; David Henderson, Co-chair; Mary Warner; Tanya Court; Cynthia Lord*

Ellen Andrews opened the meeting by welcoming Task Force members. Today's webinar includes a presentation by Cynthia Lord from the American Academy of Physician Assistants.

To access Cynthia's presentation, [click here](#).

Ellen opened up the discussion for questions, saying that she found it interesting that PAs must sit for recertification exams every six years, and asked if this was typical for other provider groups. Cynthia replied that this isn't typical, but that because this was a newer profession, it was felt that there was a need to assure that PAs were qualified to practice medicine and while remaining current in their field. The recertification exam is still a generalist exam. PAs are trained in all 148 programs that are in the generalist model. Cynthia said that one of the beauties of the PA profession is that it has the flexibility to fill wherever needs exist. The certifying organization, NCCPA, may extend this recertification process to ten years, to include not just taking the test but in addition, increasing the requirements that deal with current competencies. David Henderson said that all the primary care specialties have recertification requirements.

Ellen asked about the level of debt that students graduate with, and asked if PAs share in the loan repayment program that places them in underserved areas. Cynthia said that the level of debt is increasing as the cost of school is increasing. This certainly influences PA's choices of where to practice. The National Health Services Corps has specially allotted funds for PAs that places them in underserved areas as part of a loan repayment program. The Community Healthcare Association received stimulus funding and has developed an application for medical students, residents, nursing students, nurse practitioners and PA

Members

Kristin Sullivan • Peggy Sayers • Mark Dewaele • Larry Lazarides

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students that offers opportunities for rotations in CT Community Health Centers. These opportunities will include not just seeing patients but also working on various projects and working on improving patient care, among other things, to encourage them to take jobs in that area.

Mary Warner, the Dean of the PA program at Yale, said that most of their students carry a large debt of between \$30,000 and \$50,000 for undergraduate studies. Added to this is the debt for the PA program which is between \$40,000 and \$50,000, and tuition which is \$28,000 a year, for a program that takes 27 months to complete. The overall cost is great, which is a huge barrier to students considering primary care as a career. Mary said that she is hoping that health reform efforts will consider revising GME allocations which might offset some of this debt.

David said that Cynthia's presentation demonstrates that students in PA programs are getting younger, and asked if there are trends in practice choices being seen. He also asked where students are coming from socioeconomically, and how more students can be encouraged to pursue careers in primary care. Cynthia said that there has been a decrease in the years between undergraduate school and PA school. The applicants must have at least one year of direct patient care experience. There has been a trend of younger students applying, rather than older students who have several years of patient experience, as in the past. Regarding demographics, Quinnipiac is working to increase the applicant pool as well as the yield of underserved and under represented communities. Quinnipiac historically didn't offer PA scholarships, but now there are seven partial scholarships geared at bringing under represented populations to the program and helping them to complete the program.

Mary said that at Yale PA School, about 24% of the current students are minorities. They are focusing on trying to get minorities and those of different socioeconomic backgrounds into the program. They spent a lot of time recruiting, all over the US, and this helped greatly in getting Asian minorities to enroll, but had little impact on African Americans. Many African Americans choose to go to medical school rather than PA school. At Yale Medical School, as part of an effort to increase minority enrollment, it was decided that all students from households making less than \$100,000 could qualify for scholarships. This change didn't impact the Medical School very much because many of the families' incomes were more than \$100,000. When this change was considered for PA School, it was found that it would triple the amount of financial aid given out, so it wasn't applied because it was not affordable for Yale.

David asked if it is difficult to recruit faculty and locate faculty and practice based sites. Cynthia said that because of the disparity between PA and educator salaries, it is difficult to find full time faculty. There is a similar challenge in finding clinical faculty, especially in areas such as Ob/Gyn and Pediatrics. Requirements for productivity have increased in practices and hospitals, and the additional challenge of teaching makes workloads unmanageable. Mary said that the number of PA programs has increased, causing an increased demand for faculty. Turnover of program directors has decreased, but there remains a lack of leadership at the highest level as well as a lack of general faculty. Yale and

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Quinnipiac are fortunate in being able to fill faculty positions successfully, which isn't true of many PA programs across the country. An additional problem is a lack of clinical sites, which prevents programs from expanding enrollments. Cynthia agreed, saying that there also is a high turnover rate among PA educators acting as clinical coordinators, which are difficult positions, where the average length of stay is about three years.

Ellen asked how CT state government could assist with helping to increase the number of clinical sites. Mary said that training stipends for primary care sites would help. There is much discussion about how GME is authorized, and one of the thoughts is that funds could be divided up so that a portion goes to hospitals and another portion goes to outpatient clinics to be used for primary care programs. Mary continued, saying that it would be helpful to reorganize the way GME funds are provided. Currently there is very little money available. David said that in recently issued HRSA guidelines, he thought that \$48 million was available through ARRA funding, with the plan of funding about 100 grants. Mary replied that much of this funding is earmarked for undergraduate medical education and residency training. There will be some funding available for PA training, but not enough. There are some newer programs that could use funding to attract faculty and assist with finding rotation sites. Primary care providers have asked for support from the universities to help them continue to train students.

Cynthia said that she thinks it's important to add more diverse experience to primary care training, not just seeing patients. Primary care is rigorous work, and it needs to be more appealing, so student training should include doing things that involve interfacing with the community and planning community projects with health promotion, disease prevention and healthcare disparities. Curriculums should be changed a bit to include these things.

Meeting was adjourned.

Next meeting will be on 4/15/10 from 3:30 – 5:00 pm at a location TBD.