

2008 Health Care Guide

Can NH Close the Primary Care Gap?

A recent report lays out strategies for the Granite State to increase access to primary care.

BY ERIKA COHEN

At a time when demand for health care is increasing as NH's population skews older, the number of primary care physicians in NH, and nationally, is decreasing, and about 25 percent of NH's primary care doctors are not accepting new patients.

Access to primary care and preventative health care, and managing chronic conditions, are becoming increasing concerns in the state as health insurance premiums and health care costs continue to climb. The state is developing strategies to address these issues—strategies outlined in a March 2008 report to Gov. John H. Lynch by the workforce committee of the NH Citizens Health Initiative. While some of the committee's suggestions will take time and bargaining—such as accessing additional state money for education loan repayment programs and expanding the number of medical facilities hosting primary care residents and interns—progress is being made.

The state recently overhauled its education loan repayment program for health professionals to make it more competitive with neighboring states. While it previously offered physicians and dentists loan repayments of \$40,000 over two years with a possible one-year extension depending on funding, it will now offer up to \$75,000 over three years with a possible two-year extension of \$20,000 a year. Additionally, the Legislature passed a law this year establishing a commission to investigate policies and programs to increase the number of health care professionals servicing NH's rural and underserved areas.

Lori Real, chief operating officer of Bi-State Primary Care Association, a nonprofit focused on primary and preventative health care services for the residents of NH and Vermont, chaired the commission that wrote the report. She sees three main challenges to accessing primary care in NH: workforce issues (the focus of the commission report), geographic expansion of the availability of primary care and facility expansion to accommodate the growing demand for services.

"The magnitude of the national problem and its effect on other states was alarming for me," says Real. "It really has to be a solution that is a combination of federal and state action."

A Monetary Decision

Between 2004 and 2007, the number of family practice vacancies known to the NH Recruitment Center increased from 25 to 45. Those are positions that could provide primary care for 112,000 residents, with each physician having an average caseload of 2,500. There are numerous reasons for those vacancies, but money is a big factor.



Medical students in 2006 graduated with an average of \$120,000 in loans from public schools and \$160,000 from private schools. That number has since risen, says Real, noting a medical student recently told her he expected to graduate with more than \$200,000 in loans. That's why students choose the higher-paying specialties, where they make up to twice as much.

New Hampshire also has fewer loan repayment funds and only one primary care residency program—the NH Dartmouth Family Medicine Residency in Concord. And unlike neighboring states, NH does not purchase and reserve seats at out-of-state medical or dental schools, something Maine and Vermont does at a cost of about \$5,000 a seat.

The report recommends increasing annual funding of the Loan Repayment Fund and doing so with a combination of state, federal and public-private partnerships. Beyond the additional funds recently added by the state, the report suggests talking to financial institutions about using community development and economic development funds to beef up the fund. In FY 2008, the fund amounted to \$400,000, with 22 people receiving funding. Also, for the first time, there was no waiting list.

Community health centers in the state have also been working to address the problem, applying for seven federal grants to expand access to the state's 14 community health centers to 15,000 additional patients. The community health centers serve both uninsured and insured residents.

Some institutions are also working independently to recruit and retain primary care doctors. Concord Hospital has its own loan repayment program, says hospital President Mike Green. The hospital now has four pri-

mary care physician vacancies, and Green says his institution is better off than most.

Growing Our Own

New Hampshire has only one medical school, Dartmouth College, and it focuses on specialty care fields, not primary care. When it comes to nursing, the options are also limited, although Real says the University of NH is looking to expand its programs in Plymouth and Keene. That makes growing our own physicians a challenge.

Green says the Concord residency program is at capacity with 24 residents over a three-year period. The program graduates up to eight family medicine physicians a year, of which just over half stay in NH and a quarter remain at Concord Hospital. He says the program does not have the space to expand or the resources to train a larger group.

The report recommends expanding the number of residency programs and upping the state's recruitment efforts to 50 new primary care providers by 2010. Doing that will involve a sustainable plan for workforce development and training, as well as making arrangements with area medical schools to reserve spots.

And it's not just doctors and dentists the state needs to train, recruit and retain. The report also stresses the need to increase repayment loans to help recruit nurses and physician assistants in NH and to create more programs to train them. The report also recommends increasing support of NH's pipeline programs, which are community programs focused on encouraging students to enter the healthcare field. Real says other states have funding and cohesive strategies for such programs, starting as young as middle school, to encourage students to enter health care, something she says NH does not do. ■

