Workforce Development

Blue Cross and Blue Shield of North Carolina & BCBSNC Foundation

August 6, 2013
Shortage of Primary Care Providers

+ 60 million Americans, or nearly one in five, lack adequate access to primary care due to a shortage of primary care physicians in their communities.¹

+ Health reform has placed growing attention on increasing access to and availability of primary care services by increasing coverage, improving reimbursement and quality of working conditions for primary care professionals.

+ North Carolina is among many states facing a shortage of health care professionals.

NC-based universities or colleges that include programming/curriculum in as many of the following as possible:

- Degree programs that fill a shortage need within NC (Allied Health, nursing, primary care, future physician demand, etc.)
- Residency programs in North Carolina
- Residency programs and/or post graduate work in primary care
- Post graduate work in a Health Professional Shortage Area (HPSA)
- Residency program and/or post graduate work in rural communities
Collaboration between Blue Cross and Blue Shield of North Carolina and the UNC School of Medicine

Creating a physician assistant (PA) master’s degree program at the University of North Carolina

Designed for returning military veterans, the program will build on the medical experience and training that Special Forces Medical Sergeants received during their service and provide career opportunities for veterans who want to transfer their skills into the health care system.

This collaborative effort will improve healthcare access for North Carolinians by reducing the shortage of healthcare professionals in our state.
To support new College of Health Sciences (Allied Health).
All monies being matched to double the funding.
Funding directed towards two endowed professorships, Dean’s Fund for Excellence, and support for several programs.
Investments within Programs

+ North Carolina Central University (NCCU) Department of Nursing:
  ▪ To help fund new technology to train nursing students and to underwrite research opportunities that will prepare them to address the chronic and acute health care needs of North Carolinians.

+ Campbell University School of Osteopathic Medicine:
  ▪ Program to focus on primary care/family medicine with emphasis on underserved communities.
  ▪ 150-class program to produce 90 primary care doctors each year
  ▪ Campbell to become NC’s second largest medical school (1st is UNC with 160) and only school with exclusive focus on producing primary care physicians.
Elon University

- To support new Physicians Assistant program with monies supporting new lecture series
- 2013 begins first class of students
- 25% of enrollment to come from NC
- Primary care is 1 of 7 areas of focus during rotation
- Opportunity for Year 2 students to work in underserved communities
In support of the Primary Care Leadership Track and the building fund for the Mary Duke Biddle Trent Semans Center for Health Education.

- The four-year Primary Care Leadership Track is designed to train physicians who can take leadership roles as change agents in community health and primary care. It builds on a longstanding partnership between Duke and the Durham community to understand the causes of health disparities, create a strong research focus on community engagement, and learn how to redesign clinical programs to better serve patient needs at the individual and population levels.

- The Trent Semans Center, is the first comprehensive facilities upgrade for medical education since the School of Medicine opened in 1930 and is designed to accommodate new team-based, inter-professional learning and educational simulation facilities.
Family Medicine Scholars Program
NC Academy of Family Physicians

Teaching Health Center
UNC Family Medicine
Piedmont Health (FQHC)
**Family Medicine Scholars Program**

- **Student membership:**
  - 107 -> 620

- **Attendance at annual meeting:**
  - 40 -> 103

- **Externships:**
  - 3 -> 26

- **Match into primary care:**
  - 10/12

- **Stipend & 4 year mentorship**
“This program has greatly increased my interest in practicing family medicine in a more rural setting, and it has been one of the most positive medical experiences I have had. Before the program I thought family physicians primarily saw middle-aged patients with common complaints of high blood pressure, diabetes, pain, etc. I had no idea that practicing in a rural area and serving primarily disadvantaged patients with little or no health insurance actually opened so many doors to the breadth of procedures and diagnoses family physicians face. I didn’t realize that in a rural setting it is (also) possible to provide family care and pre-natal care as well! My opinion of family medicine may not have changed much during these two weeks, but my interest in the specialty and in rural practices has certainly increased dramatically!!”

“It was difficult to hear other students and a few faculty members ‘down play’ the impact of a family doctor or even discussing the income differences with other specialties. This conversation did make a lasting impression on me, leaving me with the question of will I be respected by my colleagues in the future as a family doctor as well as will my work load match my income.”
Mission alignment between organizations

Additional training for residents:
3rd trimester ultrasound

Area of concentration:
Care of the underserved

Financial Impact

Practice Management Considerations
TEACHING HEALTH CENTER

Training Residents who are committed to service to underserved communities

Team based model

Preparation for specific challenges of the health center

Full scope: Dental, behavioral, pharmacy, WIC...

Spanish speaking population

Blue Cross Blue Shield Foundation of North Carolina
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