Building Texas’ Primary Care Workforce

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Primary Care Is the Engine

- **Primary Care**: Frontline medical care given by primary care providers (PCPs): internists, family and general practitioners, pediatricians, nurse practitioners and physician’s assistants.

- Effective primary care can help control chronic health problems like diabetes and reduce the need for expensive emergency and inpatient hospital care.

- The changing health system is becoming more reliant on primary care as a way to assure quality, efficient care.
Insufficient Primary Care Capacity

- Low primary care capacity makes it harder for patients to get regular medical care.

- Patients must wait longer. Sometimes must travel one or two counties away.

- Care is delayed or skipped. No vaccination, result is the flu. No care for diabetes or heart conditions, so end up in emergency room or admitted to hospital. No mammogram, so breast cancer detected too late.

- When supply is tight, patients may have to pay more for medical care.
Texas Already Has a Crisis

- 29 counties have no PCPs and 76 have fewer now than 10 years ago. Only Nevada has fewer PCPs per person.

- Problems both in the overall supply of PCPs across the state and massive variations in availability across Texas.

- 2012 Texas task force: “Code Red”

- Texas Higher Education Coordinating Board report

- TX Speaker Joe Straus asked House Committee on Public Health to study and make recommendations.
GW’s Study

- Examined primary care capacity statewide and each county, based on number of PCPs, community health centers, population in each county and percent insured.

- Most comprehensive review of primary care capacity in TX. Based on MDs, DOs, NPs and PAs in 2011, as reported by TX Dept of Health Services.

- Measures primary care capacity as % of the national average. For example, 90% means a county has 10% fewer PCPs than the national average given its size and level of insurance coverage.
We measure “primary care capacity” of each county: how many patients could be served by PCPs. Differs from “access.” In a county with adequate capacity, some people may still lack access, e.g., are uninsured, have transportation or language barriers.

Those with insurance use ("demand") about twice as much care as the uninsured. Uninsured may have same health “needs”, but are unable to afford care.

Texas has highest percent of uninsured in U.S.: 24% uninsured vs. 16% national average.
Statewide average is 86%, 14% below national average.

Of 254 counties in Texas:
- 35 have adequate access (100% or capacity)
- 70 are underserved (70-99% capacity)
- 67 are very underserved (50-69% capacity)
- 82 are severely underserved (below 50% capacity)

In “median” county, capacity is 64%. This is because a typical county is smaller and less urban.

Larger, more urban counties have more PCPs than smaller, rural areas.
Current Primary Care Capacity

- Adequate
- Underserved
- Very Underserved
- Severely Underserved

Map of Texas showing current primary care capacity with different levels of underservice.
Other Findings

- Statewide primary care capacity for Medicaid and low-income patients slightly lower than overall average: Medicaid average is 85% vs. overall average of 86%.

- Impact of health reform measured by changes in insurance status as estimated by Cline and Murdock of the Hobby Center.
  - Assumes implementation of both Medicaid expansion and health insurance exchanges.
  - Less change if no Medicaid expansion.
Effects of Insurance Expansions

- In short term, tightens primary care capacity. Average state capacity declines from 86% to 80% after full expansions. While the need for care is unchanged, the demand for care would rise.

- But, in long term, insurance expansion could help build primary care capacity. One reason Texas has low primary care capacity is its high uninsurance rate.

- High uninsurance can make it harder for physicians to maintain a viable practice, particularly in more rural areas. Not enough paying patients.

- Medicaid expansions would fuel major employment growth in health care and other sectors of the economy.
What Can Texas Do?

- Ensure a residency slot for every medical school graduate.
- Use Medicaid Sec. 1115 Transformation waiver to expand workforce training and capacity.
- Increase supply of NPs and PAs and increase retention.
- Bolster funding for FQHCs to help underserved areas.
- Focus on underserved areas, e.g., rural or poor counties.
- Fund Medicaid expansion to support long term investments for primary care.

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