UNDSMHS Advisory Council
Biennial Report Update

Interim Health Services Committee

August 18, 2015

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Center for Rural Health
UND School of Medicine and Health Sciences

Connecting resources and knowledge to strengthen the health of people in rural communities.

Center for Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

Focus on
- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

ruralhealth.und.edu
UNSMHS Biennial Report Update

• Presentation Overview
  o Role of the UNSMHS
  o Components of the Report
  o Status of Work
  o Special Emphasis: Health Workforce
  o New Medical School Update

Third Biennial Report
Health Issues for the State of North Dakota
2015
School of Medicine & Health Sciences
Advisory Council

This Report was prepared by the UND School of Medicine and Health Sciences Advisory Council

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Disclaimer
The Annual Report represents the good faith effort of the UND School of Medicine and Health Sciences to provide current and accurate information about the state of healthcare in North Dakota. The information presented in this report is based on publicly available data and was compiled by the committee. However, the information is subject to change, and the committee takes no responsibility for any errors or omissions in the report.

Acknowledgment
The committee acknowledges the resources and personnel that contributed to the compilation of this report. The committee also recognizes the contributions of the agencies and organizations that provided data and support for the report. The committee expresses its gratitude to all those who have contributed to the success of this project.

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An electronic version of this report is available at

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9/9/15
Fourth Biennial Report

Data

The following slides include information to be considered for the Fourth Biennial Report: Health Issues for the State of North Dakota (2017). On each slide, you will find the number of the figure or table from the third biennial report, a major topic, an explanation of the data, and any charts, maps, or tables that have been created. Additionally, the APA approved citation for the information will be found in the notes section for the slide.

Each slide also contains an owner key. There will be a color-coded box with initials in the lower left hand corner of each slide. That key indicates who collected and summarized the data for each slide. If you have questions on a particular slide, please contact the individual whose key is on that slide.

New Data indicates updated data from the information presented in the Third Biennial Report.

Two date stamps are next to the owner key. The created date indicates the original creation of each slide. The updated date indicates the most recent update to the data since the original creation of the slide.

CHAPTER THREE: Physician Workforce in North Dakota
Third Edition Figure 43: County Population per Physician for all specialties in North Dakota (p. 42)

Notes:
- Information is for the “County population per physician for all specialties in North Dakota”
- 13 counties have zero physicians to provide care.
- In 7 counties a single physician may provide care for 3,500 to 10,000 people.

Third Edition Figure 44: Number of Physicians per 10,000 population for North Dakota, the Upper Midwest, and the United States (excludes resident physicians) (p. 43)

Notes:
- North Dakota’s physician rate is lower than both the Midwest, and national rate.
- Excludes residents in training, including MDs and DOs.
- ND also has the lowest number of residency slots per med school student in the country.
- Results in significantly fewer residents on a proportional basis vs. any other state in the nation.
Third Biennial Figure 48. Percentages of North Dakota physicians who graduated from different states and graduated from the UND SMHS currently practicing. (p. 45)

Notes:
Data from the American Medical Association (AMA) 2013 was used to generate an updated version of figure 48.
- High percentage of ND physicians currently practicing graduated from ND.
- MN was second for where physicians graduated from.
- Net flow however favors MN (-218 for ND).
- Net flow is even for ND. (497, 497).
- Of the 1,088 US med school graduates practicing in ND, 46% graduated from UND SMHS.

Third Biennial Figure 50. Number of residencies per year in North Dakota by location and type of residency prior to fall 2012. (p. 48)

Notes:
This map on the right shows residency slot information for North Dakota.
- Translation residencies are a yearlong program designed to introduce graduates to a wide range of medical and surgical specialties with the goal of building a broad foundation of clinical skills as a base for future training in a medical specialty.
- Additional residency slots per year have been added in North Dakota.
Third Biennial Figure 52: Projection of rate of physicians per 10,000 population for standard and rapid growth with high Oil Patch population increase assuming implementation of Healthcare Workforce Initiative. (p. 48)

Notes:

- Multiple factors in play in terms of predicting the rate of physicians in the future.
- Differences in the eastern and western parts of the state due to the effect of the Oil Patch's population.
- If growth remains steady, physician rate should remain steady.
- If a population boom happens due to the oil effect, a sharp decrease in the physician rate becomes present.
- If the HWI was not implemented, supply would decrease precipitously.
- Shortages should remain a concern in light of current economic and demographic conditions.

CHAPTER Five:
Other Healthcare Workforce in North Dakota
Author: Gary Hart

PDF- Starting Page= 69   Ending Page= 85
Notable Considerations:
- At the moment, no updates since the Third Biennial.
- Highest statewide vacancy rate = Nurse Assistants (15%).
- Urban tertiary rates slightly higher (17%).
- Highest rural county vacancy rate = NPs (12%).

New Data
This figure on the right shows the fiscal year 2014 nursing report from the ND Board of Nursing.
Notes:
- From 2012 to 2013 the overall number of RNs and LPNs dropped significantly and that might be due to population increase or migration out of the state.
- In metropolitan, the number of RNs and LPNs increased—7% for RNs and 5% for LPNs.
- In micropolitan, the number of RNs and LPNs decreased—22% for RNs and 41% for LPNs.
- In rural, the number of RNs and LPNs increased—a whopping 67% increase for RNs and 77% increase for LPNs.
NEW DATA

Notable Considerations:
- North Dakota has more pharmacists than the country as a whole.
- Metropolitan areas have significantly higher ratio of pharmacists compared to both metropolitan and rural areas.

UNDSMHS Workforce Initiatives

- Reducing Disease Burden
  - Inaugurated new Dept. of Population Health
  - Inaugurated new Dept. of Geriatric Medicine
  - Implement special advanced training residency in geriatric med.
  - Continue to expand Masters in Public Health

- Training more physicians and health providers
  - Increased size of medical school classes – 30% (16 more per year)
  - Increased number of residents – 17 more per year
  - Increased number of health science – 15%
  - ROME (Rural Opportunities in Medical Ed)
  - New Rural Tele-Psychiatry residency
UNDSMHS Workforce Initiatives

• Retaining more graduates
  o Revised medical school admission process – students more likely to stay in ND
  o RuralMed Scholarship program – 21 participating students
  o CRH area of responsibility
    ➢ Workforce Specialist
    ➢ R-COOL-Health (Scrub Camp and Scrub Academy)
    ➢ Health workforce analysis
    ➢ AHEC – Program office (coordinate with the two regional centers – Hettinger and Mayville) – AHEC could be clearinghouse for internships with ND health ed. programs to coordinate student placements – need for state dollars for stipends, housing, travel cost

• Improving the efficiency of the health delivery system
  o Inter-professional training (work in teams in the real world – more experience across professions during education – 8 health professions – 2,000 students – new building has space for learning teams
  o UNDSMHS was one of the 1st 30 public medical schools (out of 125) to initiate this as part of our curriculum in patient centered learning
  o ROME – Rural Opportunities in Medical Education

New UND SMHS Building Update
Planning for North Dakota’s Healthcare Needs

**Healthcare Workforce Initiative (HWI)**

- Reduce disease burden
  - Master of Public Health program
  - Geriatrics training program
- Expand workforce through enhanced retention of graduates
- Expand workforce through class size expansion
- Improve efficiency of ND health care system
  - Telemedicine/telepsychiatry
  - Interprofessional teams

**UND SMHS Building Update**

- Located at northeast corner of Bronson property
- Four floors (no basement and 5th mechanical floor)
- 325,446 sq. ft.
- Formal groundbreaking June 12, 2014
- Building to open summer 2016
- [http://www.med.und.edu/construction/index.cfm](http://www.med.und.edu/construction/index.cfm)
- On budget and on time!
Questions?
Contact us for more information!

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