Addressing Primary Care Workforce Challenges: Practical Solutions and a Way Forward

Executive Summary

The primary care workforce is on the front lines of the health care system and is essential to ensuring the public's health. While more than half of the primary care visits in the U.S. occur in independent practices,[1] independent primary care is under threat due to hospital consolidation[2] and a lack of prioritizing investment in prevention and population health. Despite the mounting evidence[3] demonstrating that access to primary care is associated with lower costs and better health outcomes than specialist-oriented care, we have seen primary care be devalued as expensive, high-margin procedures drive up specialty compensation.

Aledade worked with the Primary Care Community Coalition (PC3), a new group of primary care-focused physicians and health care leaders in Michigan, our Community Health Center (CHC) ACO members, and other stakeholders to understand and put forth recommendations to address primary care workforce shortage issues and related challenges. We developed a framework that explains the most pressing workforce challenges, and identified potential solutions stakeholders and policymakers must advance to ensure independent primary care – and the patients and communities it serves – continues to thrive. These strategies focus on how to move forward in the short term, especially where Aledade can provide market-based solutions, as well as in the long term, which might require more policy-focused solutions:

- Promote awareness of the primary care workforce's critical service
- Provide short-term financial assistance while advocating for the increase of primary care spend overall
- Increase opportunities for diversity, equity and inclusion in the primary care workforce
- Partner with medical schools to highlight the viability and innovation of independent primary care; establish a value-based care curriculum; increase resident and workforce pipelines

- Forge stronger connections in the business community
- For ACOs, employ strategies that involve using current and future shared savings to address immediate staffing needs
- Harness enabling technologies

The shortage of primary care providers and underinvestment in primary care is not a new issue, but COVID-19 has given the challenge a new urgency. The evidence is clear that primary care is the only component of our health care system where an increased supply is directly associated with better population health and more equitable outcomes. The primary care workforce of tomorrow must be robust, diverse and well-prepared to meet the needs of individuals and communities across the country. Health care stakeholders must do what we can to drive interest and investment in careers in primary care, if we are meant to accomplish our joint goal of improving the health and well-being of the country.

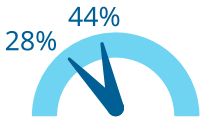
[1]https://www.healthaffairs.org/do/10.1377/hblog20200518.930748/full/
[2]https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation/
[3]https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2019/07/08/we-need-more-primary-care-physicians-heres-why-and-how/

The Issue: Workforce Shortages in Independent Primary Care

The primary care workforce is on the front lines of our heath care system and is essential to ensuring the public's health. A May 2021 report from the National Academies of Sciences, Engineering, and Medicine (NASEM) concluded that primary care is the only medical discipline where a greater supply produces improvements in population health, longer lives and greater health equity.[1] Additionally, primary care is unique in the fact that an increase in utilization results in a decrease in overall health care spending.[2]

More than half of the primary care visits in the U.S. occur in independent practices,[3] but independent primary care is under threat: the proportion of primary care physicians practicing in organizations owned by a hospital or health system grew from 28% in 2010 to 44% in 2016. A large body of research over the last decade has demonstrated that health care provider consolidation tends to raise prices without clear indications of quality improvements.[4] In many rural areas where hospitals are closing, communities depend on independent primary care practices for comprehensive and irreplaceable care. Additionally, independent primary care allows forward-thinking practitioners the autonomy to innovate, an essential aspect to modernizing our health care delivery system. The sustainability of this high-quality and low-cost model of care is in jeopardy, as provider and supporting practice staff workforce shortages continue to grow and threaten the stability of independent primary care.

In an effort to address issues, including workforce shortage, that threaten independent primary care viability and sustainability, Aledade has worked to form coalitions of aligned stakeholders, providers and practice administrators through state-level policy programming. For example, the Primary Care Community Coalition (PC3), a new group of primary care-focused providers and stakeholders in Michigan, has focused on the pressing issue of



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[1]https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care
[2]https://www.primarycareprogress.org/primary-care-case/
[3]https://www.healthaffairs.org/do/10.1377/hblog20200518.930748/full/
[4]https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation/

workforce shortage that has been exacerbated by the COVID-19 pandemic for independent primary care practices and community health centers alike in both Michigan and nationwide. The PC3 group aims to create a more conducive environment for independent and community-based care to not just survive, but thrive, and ensuring there is enough staff to support patients is their primary issue.

Workforce shortages are also significantly impacting community health centers (CHCs). To fully understand and address how this issue is affecting both independent practices and health centers alike, we conducted background research, interviewed stakeholders and providers, and held a CHC workforce roundtable to gather available data and insights into the issue. This allowed us to develop a framework that explains the most pressing workforce challenges and identify potential solutions stakeholders and policymakers must advance to ensure independent primary care – and the patients and communities it serves – continues to thrive.

The Independent Primary Care Workforce Must Grow and Evolve

Primary care workforce challenges and warnings of shortages are certainly not new. Research from the Robert Graham Center shows that in 2021, primary care physicians are falling far short of the recommended levels from the Council on Graduate Medical Education (COGME),[5] a message that has been coming out of various think tanks and stakeholder groups for more than a decade. A more recent coalition of diverse physician and clinician organizations as well as organizations committed to value-based care, Primary Care for America (PCfA), has identified primary care workforce transformation and expansion as a key pillar to its efforts (Aledade is a member organization to the coalition).[6] In a recent letter to the Biden Administration and Congress, PCfA and Aledade advocate for increased funding for education and training programs, increased diversity in the workforce pipeline and raised caps for loan forgiveness programs. Despite the mounting evidence[3] demonstrating that access to primary care is associated with lower costs and better health outcomes than specialist-oriented care, we have seen primary care be devalued as expensive, high-margin procedures drive up specialty compensation.

Through interviews with PC3 Committee members and additional national and Michigan-based stakeholders, we understand that the physician

[5]https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook2021.pdf
[6]https://www.primarycareforamerica.org/
[7]https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2019/07/08/we-need-more-primary-care-physicians-heres-why-and-how/

Participants from Aledade's Community Health Center workforce roundtable told us that vaccine mandates, as well as competition from other industries that offer work-from-home opportunities and the restaurant industry, which is vying for workers by offering historically high compensation coming out of the depths of the COVID-19 pandemic, have made hiring clinical support staff even more difficult than prior to the pandemic.

and clinician shortage is not the only workforce concern. Clinical support staff, including clinical managers, medical assistants, receptionists and other front office staff, are essential to operating a primary care practice but are also in short supply. It can't be overstated how much the clinician team depends on clinical support staff.

Especially as the health care system makes the important and inevitable transition away from a fee-for-service (FFS) model and into a value-based care model, clinical support staff play a critical role in helping with care coordination efforts, addressing social determinants of health barriers, data collection and reporting, day-to-day practice management and overall patient experience. The pandemic has greatly exacerbated these challenges. Participants from Aledade's Community Health Center workforce roundtable told us that vaccine mandates, as well as competition from other industries that offer work-from-home opportunities and the restaurant industry, which is vying for workers by offering historically high compensation coming out of the depths of the COVID-19 pandemic, have made hiring clinical support staff even more difficult than prior to the pandemic. Research is also coming out that demonstrates the emotional toll the pandemic has had on physicians, nurses and other clinicians. Primary care practices are on the front line of our nation's pandemic response, and understaffed practices are overwhelmed.

Stakeholder Views on Addressing Primary Care Workforce Challenges

We examined articles, white papers, issue briefs and policy statements from a variety of primary care stakeholders, including the major specialty societies, associations, coalitions and think tanks. We found some common themes in which solutions to primary care workforce challenges were being addressed and advocated for, including:

- Raising awareness about the need to invest in the primary care workforce[8]
- Promoting policies and incentives that help alleviate medical school loan debt,[9] making primary care–related specialties more attractive to aspiring physicians[10]
- Commissioning periodic reports on physician workforce and primary care spend projections by state[11,12]
- Supporting adequate payments for primary care services[13]
- Proposing delivery system reforms to encourage an increase in the supply of internists and other primary care physicians[14]
- Examining what new skills and competencies are needed to advance the transformation from FFS to value-based care[15]
- Focusing on strategies to reduce provider burnout[16]

[8]https://www.commonwealthfund.org/publications/newsletter-article/strengthening-primary-care-workforce-meet-population-needs
[9]https://www.mafp.com/advocacy/physician-workforce-issues
[10]https://www.aafp.org/membership/initiatives/25x2030.html
[11]https://www.pcpcc.org/resource/investing-primary-care-state-level-analysis
[12]https://www.aamc.org/media/54681/download
[13]https://www.nap.edu/read/25983/chapter/12

The Aledade Framework: Exploring the Spectrum of Issues

Aledade has constructed a framework to examine the primary care workforce challenge through different but overlapping and interconnected lanes:

Recruitment (Pool)

For primary care/family medicine physician recruiting, the pool is small to start. Many are going into more lucrative specialties. This pool gets even smaller when we consider only primary care physicians who have an interest in practicing in an independent setting. For clinical support staff, the pool is narrowing as people are looking for work-from-home opportunities, flexibility or financial incentives.

Retention (Base Economics)

In fee-for-service models, adding a highly skilled practitioner that generates enough new and ongoing revenue to sustain a competitive salary is challenging. However, in value-based care models, the potential to earn shared savings and other revenue enhancements can provide more opportunity.

Recruitment (Locality)

The physician pool then narrows again when looking at rural areas. There is a need for more incentives to drive physicians to rural areas and retain them. If they are there for a residency or grant period, they typically depart when their term is completed or when requirements for loan repayment are satisfied. With a small pool of individuals to recruit from, competition is high and visibility of positions is a crucial concern.

Retention (Competitive Economics)

Hospital groups are able to offer new doctors guaranteed salaries that are higher than market value. This is not to say that employed providers are able to definitively make a larger income then independent providers. Rather, the salary of an independent provider is not guaranteed, as it depends on the success of their practice. A successful independent provider is able to make a competitive wage, especially as they grow their practice under a value-based care model. However, for new medical school graduates with large loans to pay, a guaranteed high income can be hard to turn down.

We used this general framework in our interviews and roundtable discussion. In addition to these challenges, we identified other factors affecting the workforce including burnout, childcare issues, issues related to COVID-19 and others.

[14]https://www.commonwealthfund.org/sites/default/files/2020-11/CMWF_DSR_TaskForce_Six_Policy_Imperatives_report.pdf
[15]https://hcttf.org/wp-content/uploads/2018/01/TTVFullReportFinal.pdf
[16]https://www.aafp.org/fpm/2019/1100/p7.html

Where Do We Go From Here? Potential Solutions

Aledade understands that solving primary care workforce challenges will require short-term, medium-term and longer-term solutions. Solutions must be both state/region specific and federal, and there must be both policy strategies as well as strategies that the private market can adopt and advance.

1. Promote awareness of the primary care workforce's critical service

At Aledade, we see firsthand every day that primary care practices of all sizes can thrive. The practices we partner with all over the country are facilitating healthier outcomes for their patients, driving down health care costs and are contributing to the small business community. We know that primary care is a viable option for physicians who want to pursue an entrepreneurial career path and have more autonomy over their career.[17]

The medical school curriculum must adapt and evolve to teach students about practicing medicine in a value-based care system, and about the importance of community and population health. Medical education and residency programs must demonstrate that there is a viable path to practicing independent primary care, and that value-based care is an enabler. Aledade supports the American Academy of Family Physicians (AAFP) *America Needs More Family Doctors: 25x2030* collaborative that encourages medical students to pursue a career in family medicine. Centered around the goal of increasing the percentage of U.S. medical students pursuing family medicine to 25% in the year 2030, AAFP and other family medicine leadership groups support student choice, medical student debt relief, interest groups and preceptorships.

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2. Provide financial assistance

Beyond promoting the mission and value of primary care, we must address the lack of financial incentives for new physicians who are coming out of training. It is critical that policymakers create loan forgiveness programs and tax incentives for primary care providers serving health professional shortage areas (HPSAs), or these shortages will only continue to worsen. The National Health Services Corps (NHSC) aims to expand access to health care services in medically underserved areas. In exchange for a minimum of two years of service, in a site approved by the NHSC, education loan relief is made available for many different types of providers.[18] Many states have established loan forgiveness programs as well. These types of programs should continue to be studied and strengthened to ensure they are adequately resolving financial burdens medical students incur. Specifically, we advocate that the current loan forgiveness caps be increased to accurately reflect the average student loan debt of up to $250,000.[19]

In general, on a national level we need to examine ways we can truly value prevention and population health – and invest more in downstream solutions including the public health and primary care workforce.

3. Increase opportunities for diversity, equity and inclusion in the primary care workforce

The Biden Administration has set goals around increasing health equity in every policy. The Administration and the country cannot meet equity goals without addressing primary care workforce issues. Communities need a diverse and culturally competent primary care workforce to meet patient needs. Research shows that increasing physician workforce diversity could have a significant impact on access to health care in underserved areas.[22] Studies demonstrate when physicians and patients

[17]https://www.aafp.org/membership/initiatives/25x2030.html
[18]https://hpsa.us/designation-benefits/medical-education-loan-repayment/
[19]https://educationdata.org/average-medical-school-debt

share the same race or ethnicity, medication adherence, shared decision-making, wait times for treatment, patient understanding of certain risks and certain screenings are improved.[23] Given the benefits, the nation's education system, from grade school through completion of medical training, should invest more and commit to building a more diverse physician workforce.[24]

In thinking about long-term policy solutions, it's important to consider upstream strategies such as investing in youth-centered programs to reach young people in high school or earlier who might want to consider a career in primary care. Many of the CHCs Aledade partners with are investing in youth-centered programs to reach diverse populations of young people and are helping them to be able to see themselves becoming a primary care professional through mentoring and education. These initiatives take a lot of time and resources, and it's not feasible for CHCs to cover all of these resources to reach enough young people to have a positive impact.

Health Professional Shortage Areas (HPSAs) are designated for practices that provide care where there is a shortage of primary care health care providers in either a given geographic area or population. According to the Health Resources and Services Administration (HRSA), more than 81 million Americans are in primary care HPSAs.[20] This designation affords more opportunity for financial assistance from HRSA. **Nearly ten percent of Aledade ACO member practices are located in a geographic HSPA, additionally, more than half of Aledade ACO member practices qualify as a population HPSA.**[21] This data provides a glimpse at how large the issue of workforce shortage is for independent primary care practices.

[20]https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/
[21]Aledade analysis
[22]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871929/
[23]https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0
[24]IBID

4. Forge stronger connections in the business community

Small businesses play a critical role in our economy – advancing innovation, entrepreneurship and competition in our communities. When the pandemic began disrupting the U.S., many of us rallied around our local restaurants, retailers and entertainment venues, but we might not immediately think about independent medical practices as small businesses that are essential to communities.[25] We learned from some of the stakeholders we interviewed about the importance of aligning with the small business community in their regions, through their local Chamber of Commerce, small business associations or economic development corporations.

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Many Aledade practices were able to get assistance through the Provider Relief Fund; Aledade helped many secure PPE, and get set up for telehealth. We saw firsthand that value-based care initiatives help practices weather major crises like a once-in-a-century pandemic. Physicians in practices we work with have told us the tools we deploy, such as the Aledade App, which helps them identify vulnerable and high-risk patients and enables easier patient outreach, as well as our telehealth toolkit, helped them stay open and running. But the pandemic also showed us that as a nation, we must not wait for another crisis to invest in primary care and take a broader view of frontline independent primary care practices.[26]

Aledade and PC3: Our Next Steps to Advance Solutions

In understanding the issue of primary care workforce shortage must be addressed from both a policy and private industry angle, Aledade has begun to lead by example.

[25]https://www.kevinmd.com/blog/2020/04/support-your-local-private-practice-physician-theyre-a-small-business.html
[26]https://www.healthaffairs.org/do/10.1377/hblog20200518.930748/full/

1. Using current and future shared savings to address immediate staffing needs

For some Michigan practices, utilizing their 2020 shared savings as an incentive for staff retention has proven to be an effective and more immediate-term solution to workforce issues. Partner practices who achieve shared savings are at liberty to use funds at their discretion, which can include staff bonuses, care management initiatives, practice infrastructure and more. Additionally, Aledade has recently developed and launched an Advanced Pay program to address practice workforce needs. This program allows Aledade practices to obtain an advance from their own projected future shared savings to apply towards immediate staffing support. Aledade can provide ready capital to invest in workforce-related priorities that help the practice maintain service level and expand patient care. This program provides a shorter term workforce shortage solution. Recruited professionals must be hired to improve care coordination and advance value-based care.

2. Partnering with medical schools to highlight viability and innovation of independent primary care

Aledade is also working with some medical schools – including piloting a program in Michigan – on residency roadshows to outreach to residents and educate them about the innovation and versatility of value-based care. The team of medical directors and leaders in health equity are working to show that there is an alternative to the hospital employment model. Because most residents do much of their training in hospitals, opportunities to practice in independent or community-based settings are not commonly promoted. Primary care physicians working in independent care, especially those in value-based care payment models, are able to thrive. Aledade has the data that these practices are improving health outcomes through reducing ED visits, reducing hospitalizations, improving measures such as hypertension and those related to diabetes control, while reducing costs and sharing in savings.[27] In addition to improving the health of communities, practices in value-based care models can thrive financially as well.[28]

Aledade is also offering internships in value-based care and health equity. Interns learn about the importance of value-based care, the structure of ACOs and the business case for health equity.

3. Harnessing enabling technologies

Health care will always be human centered, and technology can't simply replace skilled (and compassionate) humans in the physician office. But, some of our practices have told us that the telehealth flexibilities allowed by Congress and CMS during the Public Health Emergency are helping to minimize certain staffing issues. Aledade will continue to advocate for those flexibilities and for more certainty in the regulatory environment so practices can take full advantage of telehealth.

Value-based care will require new skills and the use of technology and data to continue to advance. Practices can help minimize burnout by relying on technology to empower front office staff – enabling them to spend less time on easily automated tasks and more time on higher value tasks that serve the patients. Technology and value-based care strategies can also help staff such as medical assistants and office managers gain valuable skills in data analytics, care coordination and management, and could help reduce the transition to other industries some practices are seeing.

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[27]https://resources.aledade.com/blogs/doing-better-by-doing-good-reflections-on-performance-year-2020
[28]https://www.medicaleconomics.com/view/independent-practices-face-toughest-challenge-and-most-gain-value-based-care

Advocacy in Action: Workforce Shortages in Michigan

In the last year, the Aledade Policy Team has expanded from addressing issues only on the federal level to also working to implement solutions on a state level. This approach takes into account that many of the burdens our independent providers face are localized; therefore, relevant policy solutions can be local as well. Aledade's state-level policy work is centered around facilitating committees of local physicians and stakeholders. The Primary Care Community Coalition (PC3) is this body in Michigan. PC3's mission is to convene physicians, practice leadership and stakeholders with the similar goal of protecting the viability of independent primary care, so that essential solutions can be amplified.

This group only recently formed in the summer of 2021, but has already identified workforce shortages as a priority moving forward, as staffing issues are impacting practices' ability to best serve the patients they care for. Beyond the immediate concern of patients' needs going unmet and non-essential activities being forced to the side, PC3 sees that the issue of workforce shortages jeopardizes the sustainability of independent primary care in the future. PC3 members are eager to engage in solutions and view the issue of workforce shortage as an urgent matter that has gone unaddressed successfully for far too long.

Aledade has a large and growing footprint in Michigan with 26 ACO member practices serving more than 11,000 Aledade managed patients. The expertise and positioning of aligned PC3 members allows for policy work in Michigan to be well informed and strategic. Therefore, for many of the solutions listed above, Michigan will serve as a starting point, as we have already worked to access the health landscape and build relationships with policymakers and stakeholders in this space.

Discussions with PC3 have allowed specific concerns surrounding workforce shortage to be diagnosed. The most significant of these concerns is the fact that Michigan is a physician exporter state. This means that many physicians train in Michigan and then leave to practice elsewhere. This is juxtaposed to importer states that end up with more physicians practicing in the state than the amount of physicians that train in the state. With an already small pool of physicians to recruit from for Michigan independent practices, this is concerning. Keeping physicians that train in Michigan in Michigan to practice is a priority PC3 is working to address.

Staffing Challenges in Community Health Centers

Like independent primary care, community-based primary care is an essential component to our health system because CHCs serve the most vulnerable populations. To best understand how shortages are impacting our health centers, Aledade hosted a roundtable discussion with CHC representatives from across the country to highlight their experiences with this issue.

The overwhelming majority of CHCs stated that recruitment, competitive compensation and stagnant prospective payment systems (PPS) rates have left health centers with a dearth of providers and clinical support staff. Specifically, health centers voiced concern over the limited pool of applicants, both in quality and quantity, that has only been worsened by the COVID-19 pandemic as the historical pool of applicants are now persuaded by other industries. Some themes from CHC representatives included:

- Other industries are able to offer higher wages, leaving CHCs unable to compete.
- With little increase in PPS rates, revenue is affected and impacts ability to hire staff.
- It is difficult to get applicants connected with job openings. CHCs only have so many means to recruit, and the platform can be limited.

Solutions to CHC workforce shortages are aligned with the short- and long-term solutions mentioned above, but include caveats specific to health centers. With issues that extend across the recruitment to retention spectrum, Aledade is designing solutions that influence and bolster Human Resource capabilities, including identifying talent that is mission-aligned, improving onboarding curriculum and processes to be more effective and relevant, promoting workplace cultures of continuous learning and career development and evaluation of program effectiveness.

In the immediate future, Aledade will utilize internal resources to improve clinic sustainability (through *Advanced Pay* opportunities), clinic recruitment and elevating visibility of openings, and increasing awareness of primary care as a viable career pathway, especially for incoming residents who seek mission-driven opportunities.

Long-term solutions will focus on direct advocacy to bolster CHC funding opportunities that are rooted in sustainability beyond grant periods and advocating for the continuation of health center teaching programs, medical student loan forgiveness and other financial assistance opportunities

that make this career path not only more desirable, but more attainable.

Some of the successful solutions our CHCs have been employing so far include:

- National Health Service Corps designation
- Recruiting physician residents from local hospitals
- Partnering with local trade schools to promote training experience in CHCs
- Participation in state PCA workforce groups to stay aware of local advocacy efforts

Two of the most influential federal and state workforce programs that alleviate the persistent national clinician shortages include the National Health Service Corps (NHSC) and the Teaching Health Center Medical Education Program (THCGME). NHSC supports over 11,000 clinicians in urban and rural communities, with more than half of all placements in health centers.[29] The Teaching Health Center model is integral in training the next generation of providers in underserved community dynamics and increasing their likelihood of choosing to practice in these areas.

Current grant opportunities that are highlighted for their ability to address workforce issues include:

- Economic Impact Initiative Grants: assistance is provided to rural communities with severe unemployment
- Economic Development Administration - American Rescue Plan Funding Programs: funding provided to communities to accelerate recovery from COVID-19
- J-1 Waiver Program (state-specific): visa waiver is offered to foreign physicians who commit to serving for 3 years in underserved communities

Aledade will continue to monitor how shortages impact our CHCs and aim to alleviate burden as resources allow.

Community-based primary care is an essential component to our health system because CHCs serve the most vulnerable populations.

Conclusion

The shortage of primary care providers and underinvestment in primary care is not a new issue, but COVID-19 has given the challenge a new urgency. We have seen through the pandemic how communities depend on primary care practices. To echo the sentiments expressed in Primary Care for America's October 25th letter to President Biden, the evidence is clear that primary care is the only component of our health care system where an increased supply is associated with better population health and more equitable outcomes. The primary care workforce of tomorrow must be robust, diverse and well-prepared to meet the needs of the individuals and communities across the country. Health care stakeholders must do what we can to drive interest and investment in careers in primary care if we are meant to accomplish our joint goal of improving the health and well-being of the country.

[29]https://www.nachc.org/wp-content/uploads/2019/04/NACHC-2019-Workforce-Policy-Paper.pdf