

ADDRESSING THE SHORTAGE OF PRIMARY CARE PHYSICIANS: OUTCOMES FROM TWO PROGRAMS AT THE UC SAN DIEGO SCHOOL OF MEDICINE

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Background

A shortage of physicians practicing in low-income communities is a contributor to the persistence of health disparities. The passage of the Affordable Care Act provides greater access to health insurance for low-income, uninsured individuals but there are concerns about the shortage of primary care providers and physicians. The Program in Medical Education-Health Equity (PRIME-HEq) and the Conditional Acceptance Program Post-Baccalaureate (CAP) were created at the UC San Diego School of Medicine in an effort to increase the number of students working in underserved communities.

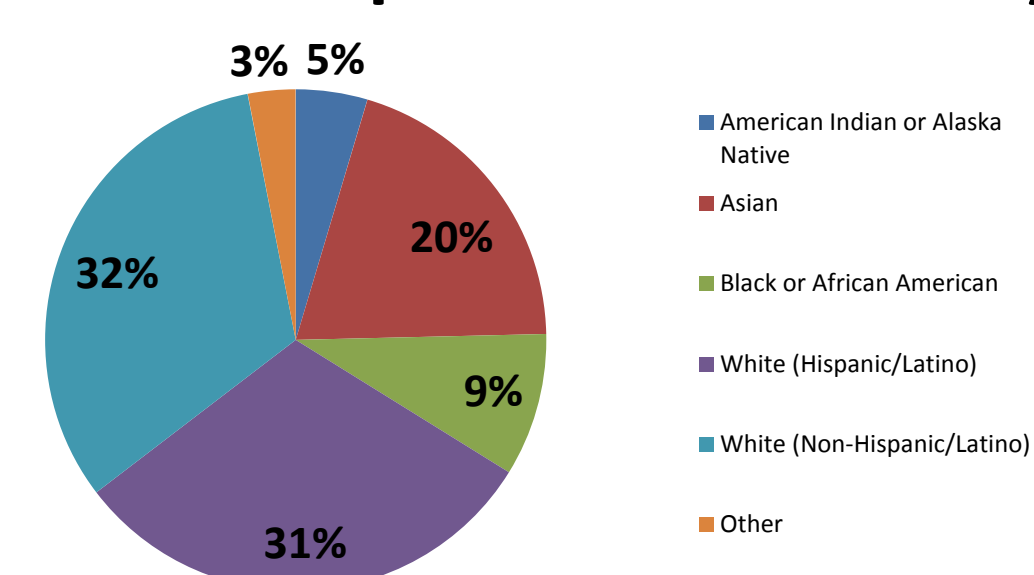
Program Overview

PRIME-HEq provides a curriculum including a summer orientation, a longitudinal seminar series with community engagement and leadership-development activities, pre-clerkship clinical immersion in an underserved setting, a master's degree, and a capstone rotation in the final year of medical school.

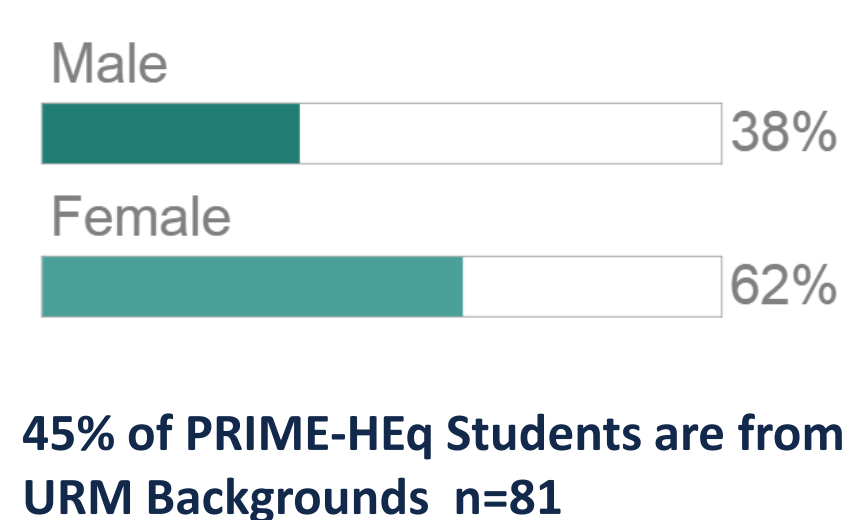
CAP provides one year of academic and strategic skill support, including courses in study skill development and standardized test taking, structured upper division course work, community engagement and leadership-development activities, clinical experiences at the UC San Diego Student Run Free Health Clinic, an 8 week pre-matriculation medical course, as well as, instrumental counseling and mentoring.

Demographics

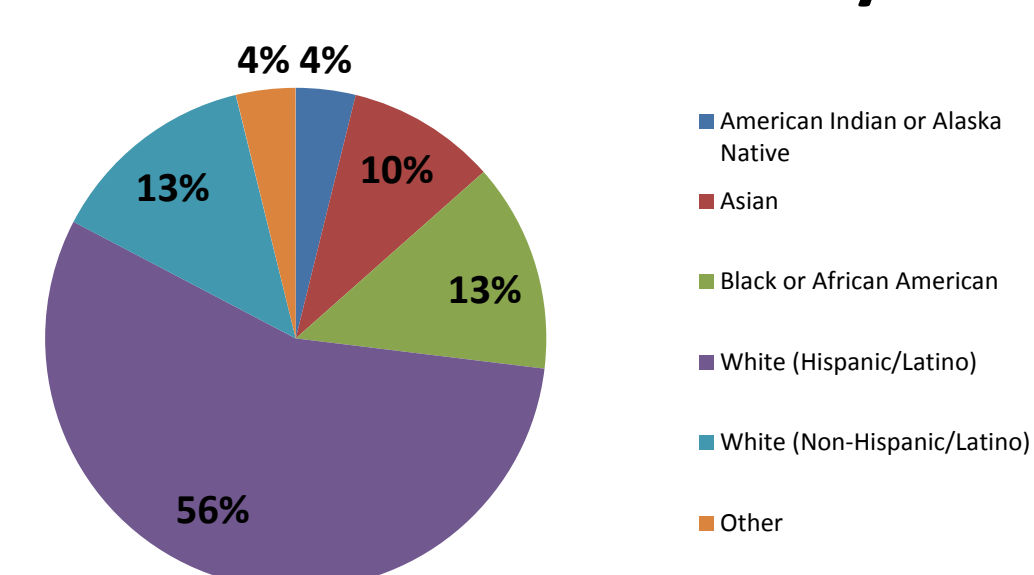
Prime-HEq Race and Ethnicity



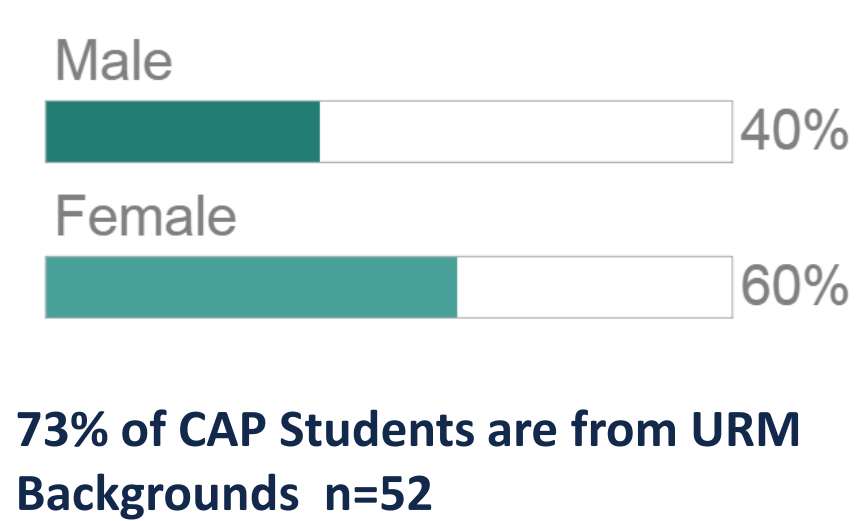
Gender



CAP Race and Ethnicity



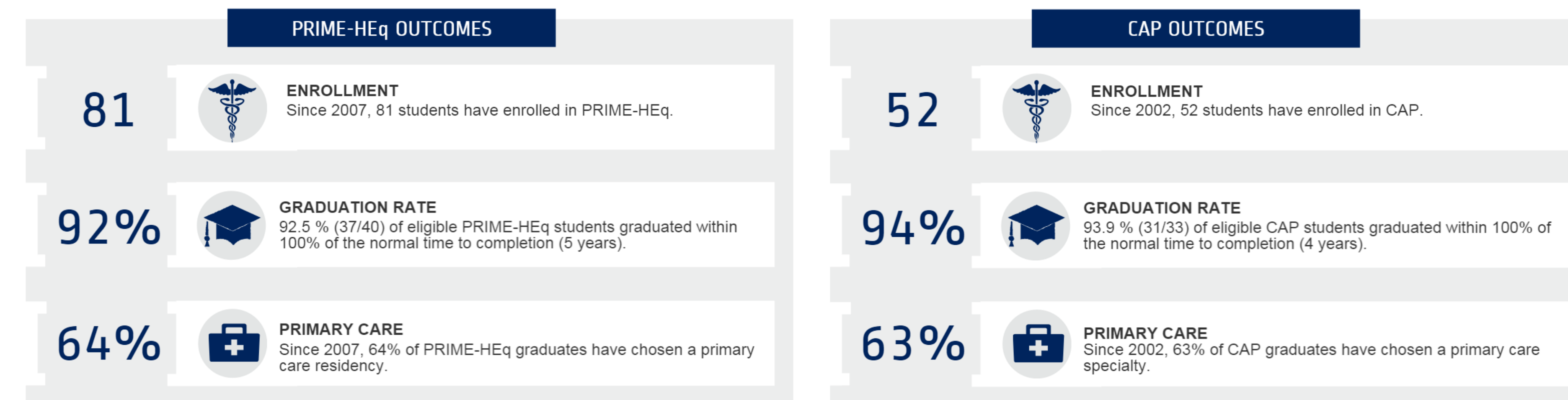
Gender



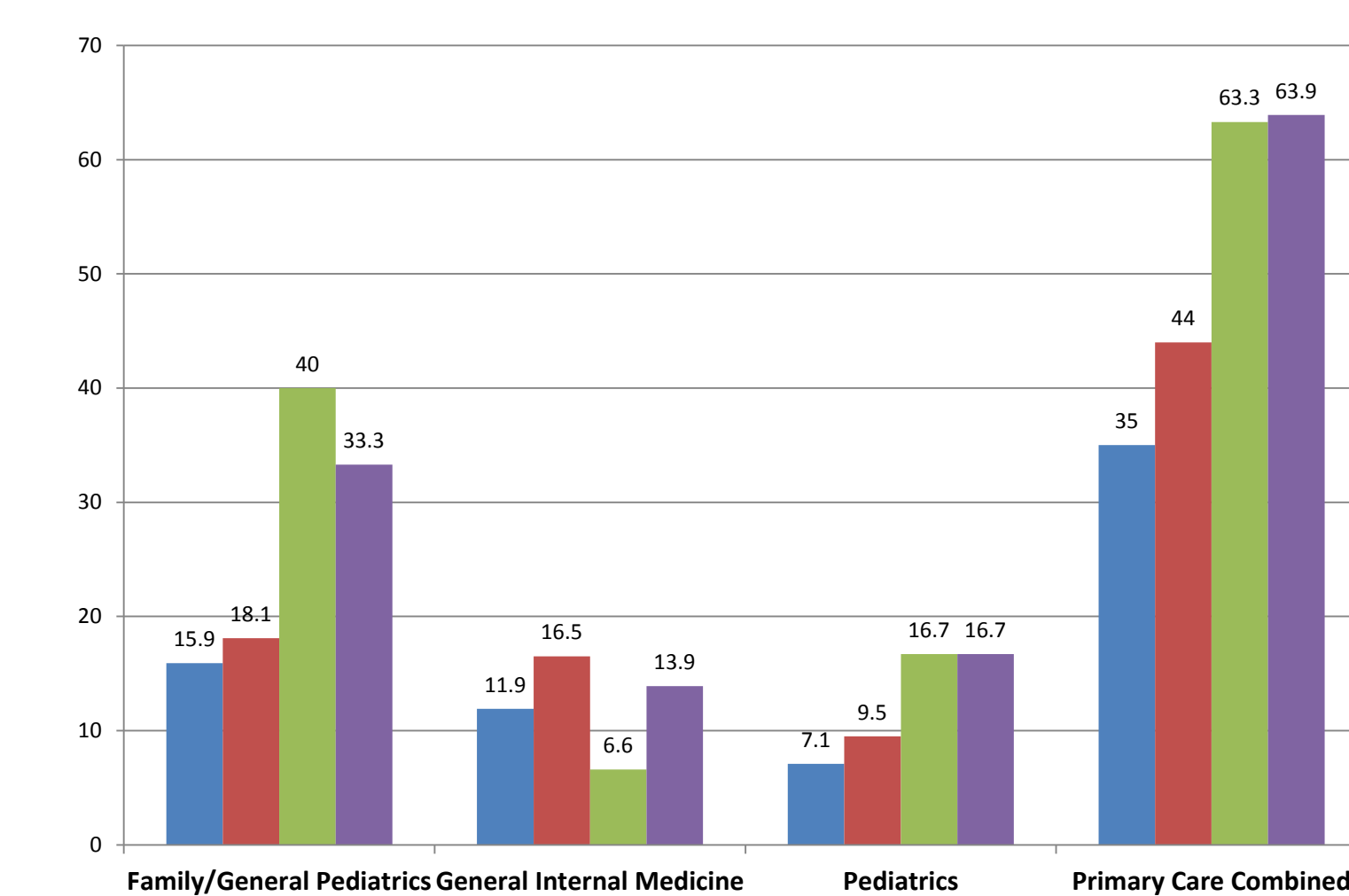
Methods

Students that participated in PRIME-HEq and /or CAP were consented according to IRB protocol . They were tracked after graduation to determine whether they chose a primary care specialty and chose to work in a Medically Underserved Area/Population (MUA/P) or a Health Professions Shortage Area (HPSA).

Outcomes

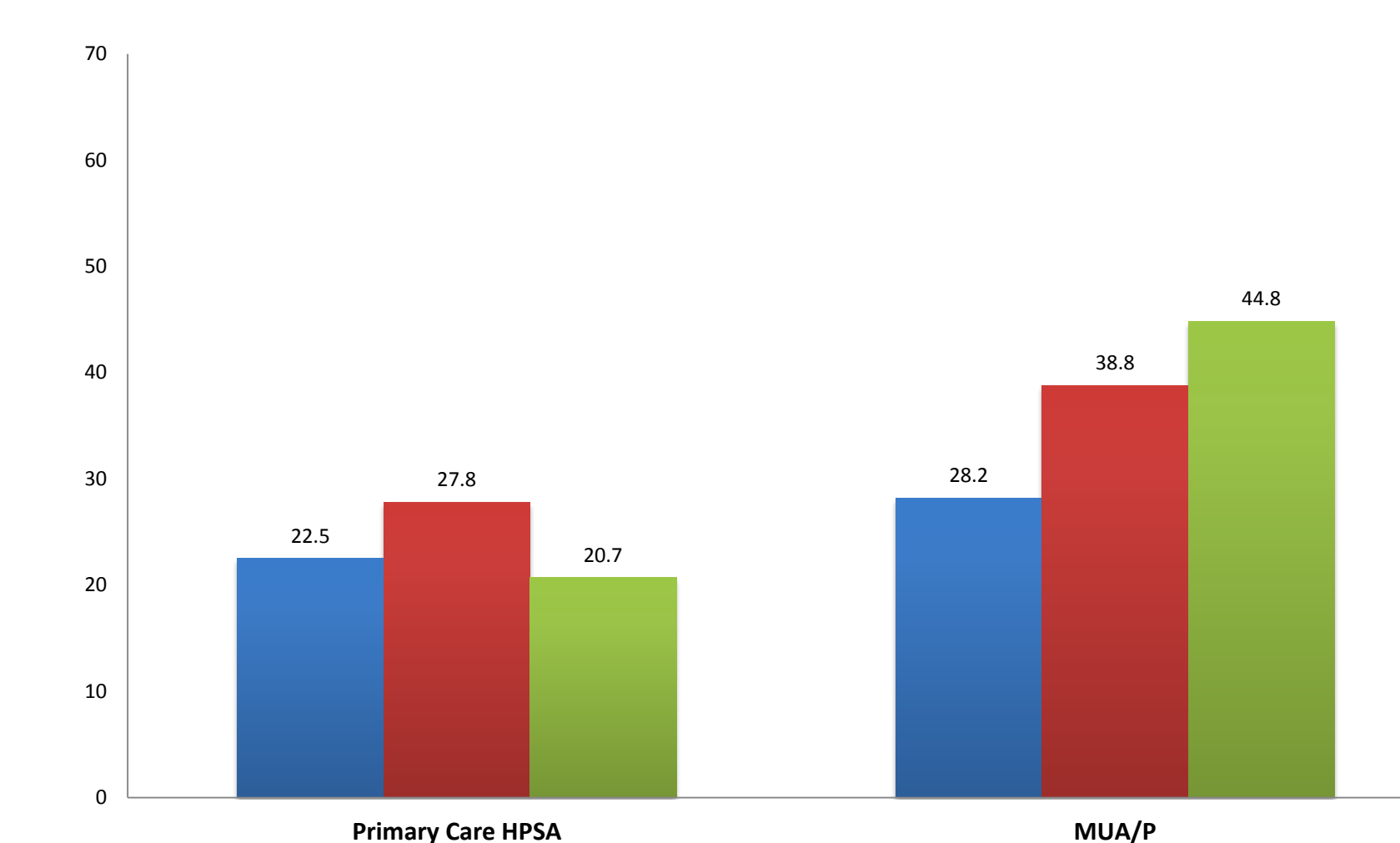


CAP and PRIME-HEq Graduate Participation in Primary Care Specialties Compared to Other Physicians Nationally



Source for National Data: 2012 AMA Physician Masterfile; 2013 AAMC Minority Physician Database

CAP Graduate Participation in Various Practice Locations Compared to Other Physicians Nationally



Results

In the last ten years both PRIME-HEq and CAP have made progress in increasing the number of medical students working in underserved communities. Our data supports educational research suggesting students from underserved backgrounds are more likely to choose contextually based curriculum relating to their community or career choice. Seventy five percent of CAP students and 45% of PRIME-HEq come from communities that experience health inequalities. Graduation data suggests that the specialized curriculum and support designed to encourage career choice aspirations assists in the retention of medical school students who wish to pursue specialties in primary care.

Ninety two percent of PRIME-HEq students graduated within one hundred percent of the timeframe for on-time completion (5 years) and 94% percent of CAP students graduated within one hundred percent of the timeframe for on-time completion (4 years). Sixty-four percent of both CAP and PRIME-HEq participants have pursued a residency in a primary care field. Fifty-five percent of CAP students, who have finished residency have gone on to work in an underserved area compared to the national average of 21%.

Policy Implications



Outcomes from the CAP and the PRIME-HEq strongly demonstrate that providing contextualized curriculum, mentorship and internships for medical students who have demonstrated an interest in community service and desire to address health disparities can lead to a higher percentage of physicians choosing to work in underserved communities. Recommendations for program institutionalization:

- 1. Intentional Recruitment:** Locating and tracking medical students who are interested in primary care within underserved communities should begin earlier in the student pipeline. Student interest can be converted into commitment through mentorship and specialized internship experiences.
- 2. Modify the Duration of Medical School:** Universities should consider modifying the duration and the content of medical school and residency training to reflect career goals. Each of the UC PRIME programs reflects a unique curriculum designed to address health disparities without unduly increasing time to completion.
- 3. Create Conditional Acceptance Programs:** CAP programming coupled with mentoring provide a means to increase diversity by supporting educationally underserved students who may exhibit a strong desire to work in MUAs but lack the appropriate GPA or MCAT scores for medical school admission.

“Prior research indicates that physicians underrepresented in medicine are important for the delivery of primary care, the provision of care to underserved populations, and to improve access to health care services in medically underserved areas.”

Association of American Medical Colleges. (2014). Analyzing Physician Workforce Racial and Ethnic Composition Associations: Geographic Distribution (Part II) . Washington, DC: Imam M. Xierali, Ph.D., Laura Castillo-Page, Ph.D., Sarah Conrad, M.S., Marc A. Nivet, Ed.D., M.B.A.