

November 8, 2017

MEMORANDUM

TO: State Board of Regents
FROM: David L. Buhler
SUBJECT: Utah Medical Education Council Recommendations

Issue

The attached document from the Utah Medical Education Council (UMEC) highlights policy recommendations taken from recent UMEC analyses. These are presented to the Academic and Student Affairs Committee (ASA) for review and discussion.

Background

At the May 19, 2017 ASA Committee meeting Richard Campbell, Executive Director of UMEC, provided a summary of recent UMEC analyses. Regent Prince inquired if there were policy recommendations associated with the analyses and if the recommendations might inform strategic direction for higher education. Mr. Campbell offered to identify pertinent policy recommendations and to share them with the committee. Since the May meeting, Mr. Campbell and his staff have communicated with staff at the Commissioner's office regarding this item and have developed a summary of five policy recommendations informed through UMEC analyses that may have relevance to higher education. These recommendations were considered and discussed at the October 11, 2017 meeting of the Program Review Committee where it was recommended they be advanced to the ASA committee for further discussion.

Policy Issues

There are no policy issues associated with this item, although members of the ASA committee may discuss if any of the UMEC recommendations might inform recommendations for strategic direction.

Commissioner's Recommendation

This item is for information and discussion only; no action is required.

David L. Buhler
Commissioner of Higher Education

DLB/BKC
Attachment

Utah Medical Education Council Policy Recommendations

1. Promote a More Diverse Workforce.

- a. Utah's population is predominantly White/Caucasian. The medical workforce is even more so. The greatest disparity lies in the comparison between Utah's growing Hispanic population and the Hispanic medical workforce.

| | Utah Population | Medical Workforce | | | | | |
|--------------------------------------------|-----------------|-------------------|-------|-------|---------|---------------|----------|
| | | Physician | PA | APRN | Dentist | Mental Health | Pharmacy |
| White | 79.0% | 91.8% | 88.6% | 90.7% | 97.1% | 92.5% | 83.5% |
| Black/ African American | 1.0% | 0.5% | 0.4% | 2.9% | 0.0% | 0.4% | 0.2% |
| American Indian and Alaska Native | 1.0% | 0.4% | 0.5% | 0.1% | 4.0% | 0.7% | 0.2% |
| Asian | 2.4% | 6.80% | 1.8% | 4.2% | 1.7% | 1.3% | 5.0% |
| Native Hawaiian and Other Pacific Islander | 0.9% | 0.50% | 0.2% | 1.9% | 0.1% | 2.5% | 0.2% |
| Hispanic Origin (of any race) | 13.7% | 6.60% | 3.3% | 2.9% | 1.0% | 4.8% | 1.0% |

- b. With fewer minorities in medical professions, minority students in Utah are less likely to be aware of how to enter into a medical career. Exposure to opportunities and career planning must begin early to get those who are interested into the pipeline before they are pulled away by other opportunities.

2. Increase the Number of Mental Health Providers.

- a. As the population increases, the demand for mental health treatment will only continue to rise. UMEC estimates expect an approximate 5.7% annual growth rate for the state's mental health workforce. However, in order to move towards a population to provider ratio in line with the nation (311 providers per 100,000 population) the workforce would need to grow by 8.2% per year. With Utah's high rates of suicide and drug addiction, mental health services are in high demand and must continue to grow in availability.

3. Promote Rural Practice.

- a. Several medical workforce populations are not distributed evenly with the rural/urban population in the state. Where the distribution is similar, there are still imbalances within the profession for specific specialties, primary care access and providers willing to take insurance such as Medicaid.

| | Medical Workforce | | | | | | |
|-------|-------------------|-----------|-------|-------|---------|---------------|----------|
| | Utah Population | Physician | PA | APRN | Dentist | Mental Health | Pharmacy |
| Rural | 15.4% | 7.9% | 13.0% | 6.2% | 14.5% | 14.6% | 13.3% |
| Urban | 84.6% | 92.1% | 87.0% | 93.8% | 88.4% | 85.4% | 86.7% |

- b. Without fail, UMEC studies show that those who grew up in a rural area are more likely to practice in a rural area. Targeting those student from rural backgrounds and encouraging them to return to a rural area to practice is an effective way of bringing needed medical professionals to rural areas.

4. Retention of Utah Trained Professionals

- a. Focus on retaining those trained in Utah. The UMEC currently tracks retention of medical residents trained in Utah. UMEC studies show that the key driving factor for whether a physician practices in Utah is whether or not they did a residency in Utah. Other professions have similar high rates of retention likely for those who were trained in Utah programs.
- b. Focus should be placed on recruiting those who are from Utah but leave for training in another state, to come back to Utah to practice. As Utah faces competition from the nation for the medical professionals to meet State needs, our best chance to attract medical professionals to Utah is to focus on those who came from Utah.

5. Pipeline Development Support for Medical Careers in General

Medical professions are in competition with other professions to attract competent, qualified candidates to pursue medical careers. Competition exists not just among professions within Utah but also across the nation. If students aren't exposed early on to the requirements for entry into a medical career it becomes increasingly difficult to get students into a medical profession later on.