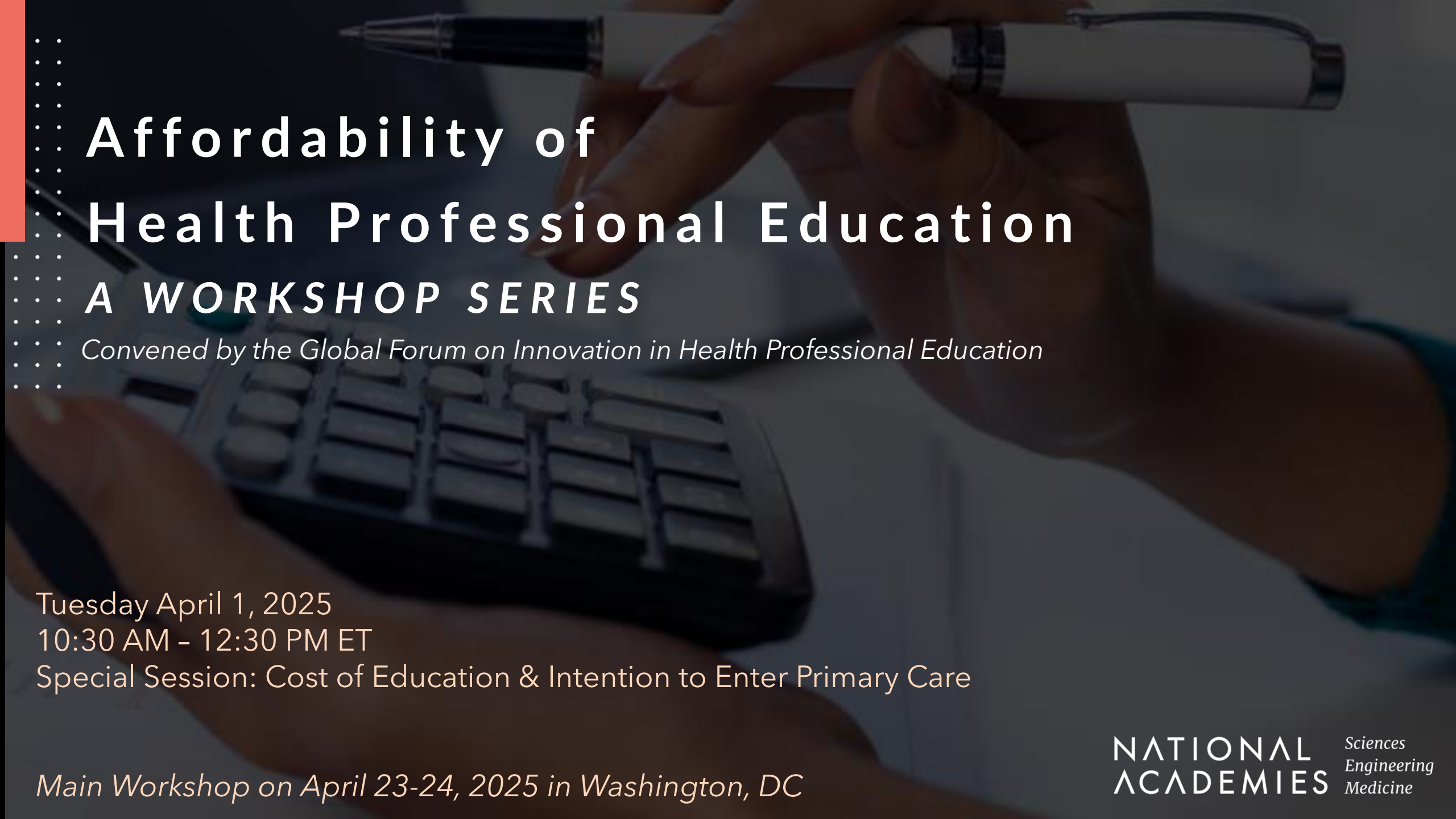

Affordability of Health Professional Education

A WORKSHOP SERIES

Convened by the Global Forum on Innovation in Health Professional Education

Tuesday April 1, 2025
10:30 AM – 12:30 PM ET
Special Session: Cost of Education & Intention to Enter Primary Care

Main Workshop on April 23-24, 2025 in Washington, DC

NATIONAL ACADEMIES Sciences Engineering Medicine

WELCOME

Zohray Talib MD,FACP

California University of Science and Medicine

Co-Chair, Global Forum on Innovation in Health Professional Education

Forum Info & Upcoming Events

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Global Forum on Innovation in Health Professional Education

Affordability of Health Professional Education

Virtual Pre-workshop 1 – Is cost a barrier?
February 28, 3-5pmET

Virtual Pre-workshop 2 – Financial models
March 25, 10:30-12:30pmET

Virtual Pre-workshop 3 – Cost & primary care
April 1, 10:30-12:30pmET

Hybrid Workshop (Washington, DC) – Value
April 23, 4-6pmET
April 24, 9-12noonET

Asaf Bitton

NASEM STANDING COMMITTEE ON PRIMARY CARE

APRIL 1 KEYNOTE

A Dire Shortage in the Primary Care Workforce

Asaf Bitton MD, MPH
Executive Director, Ariadne Labs
Associate Professor of Medicine and Health Care Policy
Brigham and Women's Hospital | Harvard T.H. Chan School of Public Health | Harvard Medical School

Affordability of Health Professional Education, A Workshop Series Special Session:
Cost of Education & Intention to Enter Primary Care
National Academies of Science Engineering and Medicine
April 1, 2025

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Disclosure

I am a part-time senior advisor at the Center for Medicare and Medicaid Innovation (CMMI).

However, I am speaking today as a practicing primary care physician and health policy practitioner/researcher.

My views do not represent any official position of CMMI, CMS, or HHS.

I am a member of the NASEM Standing Committee on Primary Care

I have no conflicts of interest to report.

More Primary Care Associated with Higher Life Expectancy; Overall Supply Falling

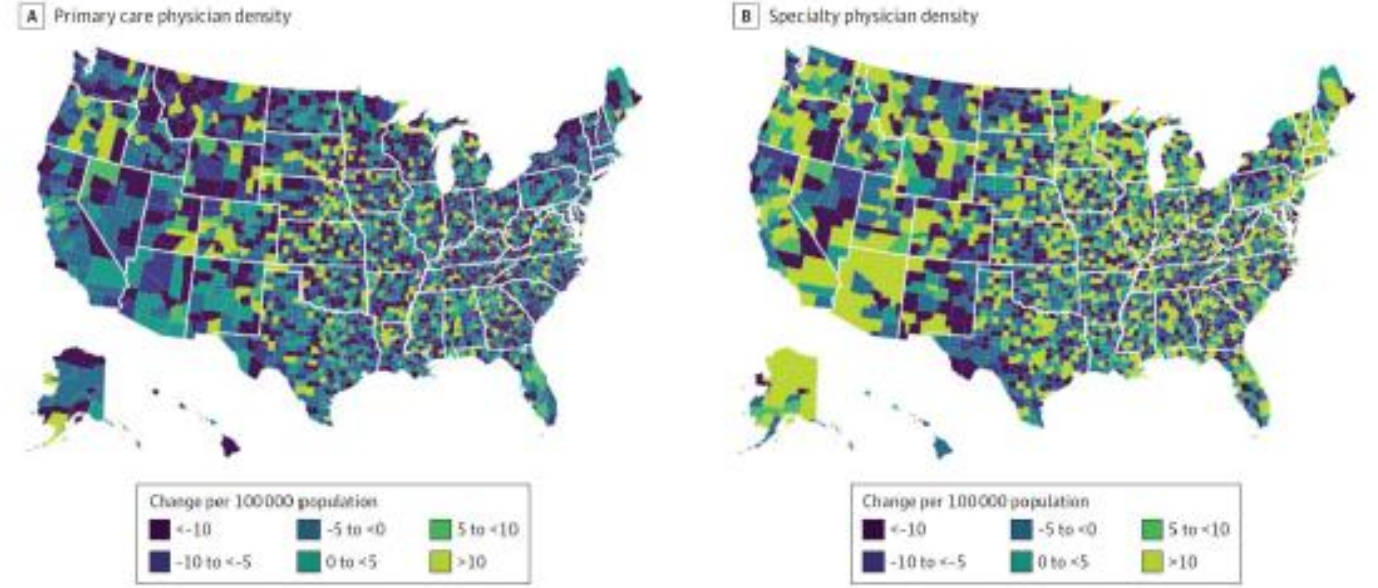
Research

JAMA Internal Medicine | Original Investigation

Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015

Sanjay Basu, MD, PhD; Seth A. Berkowitz, MD, MPH; Robert L. Phillips, MD, MSPH; Asaf Bitton, MD, MPH; Bruce E. Landon, MD, MBA; Russell S. Phillips, MD

Figure 1. Changes in Density of Primary Care and Specialist Physicians in 3142 US Counties, 2005-2015



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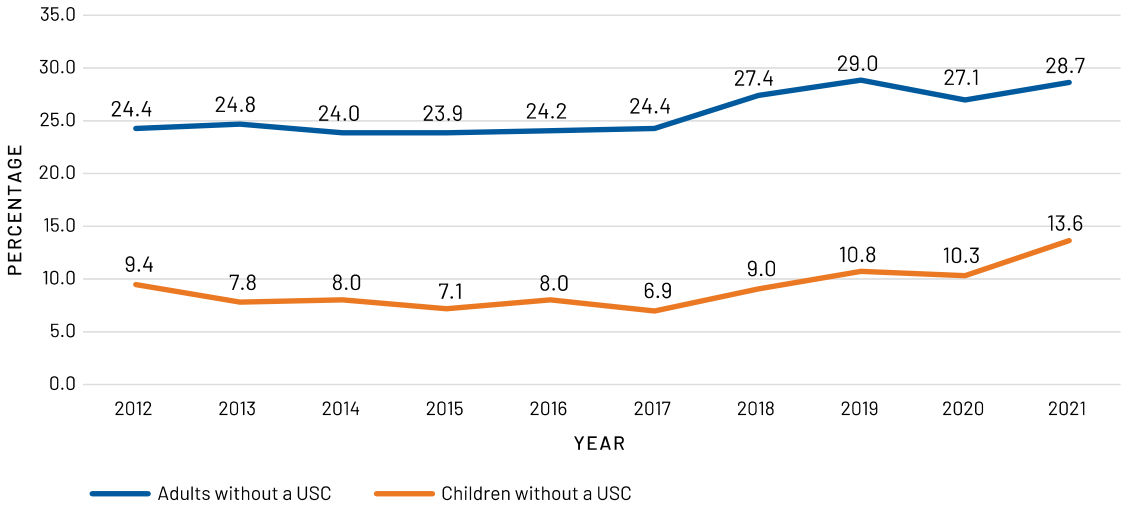
People Without Usual Care Rising, and PCP per Capita Falling

THE HEALTH OF US PRIMARY CARE: 2024 SCORECARD REPORT

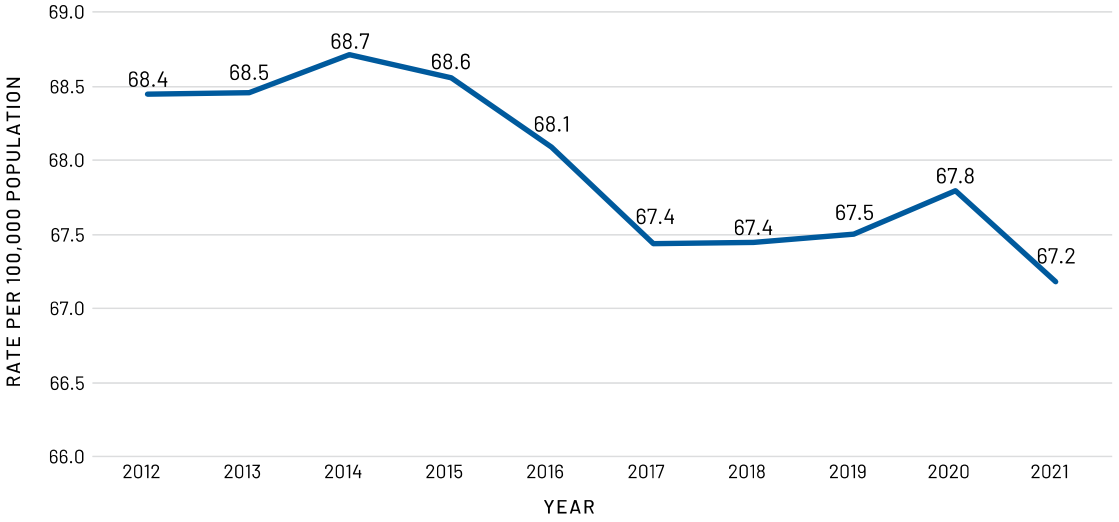
Figure 1. The Percentage of the US Population Without a Usual Source of Care Is Rising (2012–2021)



Data Source: Analyses of Medical Expenditure Panel Survey data, 2012–2021.

Notes: Usual source of care (USC) ascertained whether that is a particular doctor's office, clinic, health center, or other place where the individual usually goes when sick or in need of health advice. No usual source of care includes those who reported no usual source of care and those who indicated the emergency department as their usual source of care.

Figure 2. The Number of Primary Care Physicians per Capita Is Falling (2012–2021)



Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

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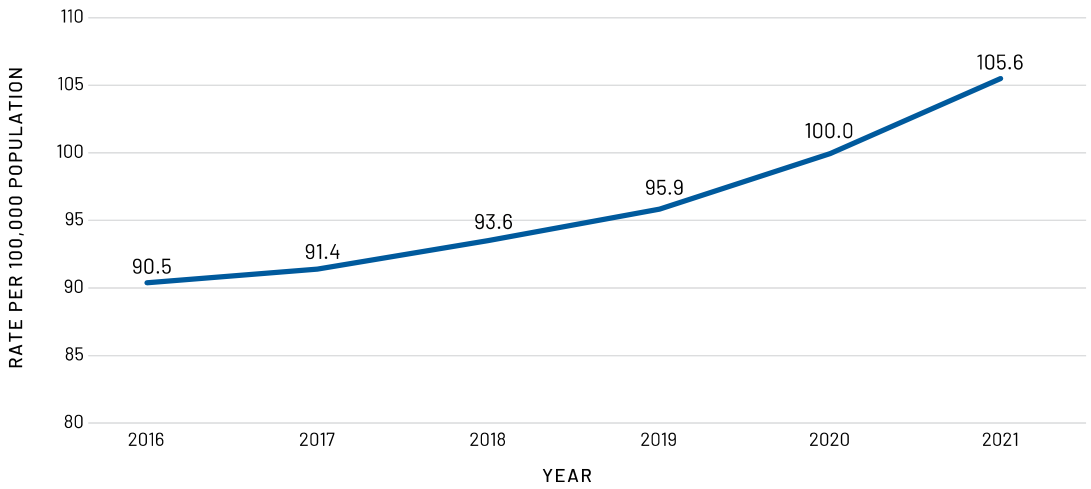
What about NPs and PAs?

THE HEALTH OF US PRIMARY CARE: 2024 SCORECARD REPORT

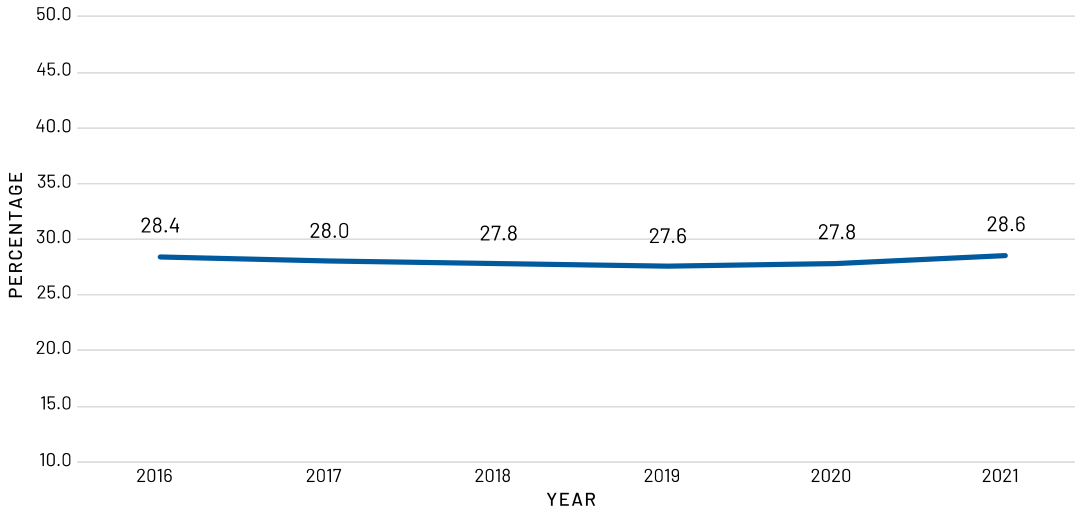
Figure 3. The Number of Primary Care Clinicians (Physicians/NPs/PAs) per Capita Is Rising (2016–2021)



Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were calculated and are included in this figure. (See Appendix for detailed methodology.)

Figure 4. The Share of All Clinicians (Physicians, NPs, and PAs) Working in Primary Care Remains Stagnant (2018-2021)



Data Source: Analyses of Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data, National Plan and Provider Enumeration System data, and Centers for Medicare and Medicaid Services Physician and Other Practitioners data, 2016–2021.

Notes: Primary care specialties included family medicine, general practice, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were derived and are included in this figure. (See Appendix for detailed methodology.)

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Some Hope: Primary Care Density Higher in High-Need Areas

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Figure 5. Primary Care Clinician Density Is Highest in High-Need Areas (2016-2021)

Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), Robert Graham Center Social Deprivation Index (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were derived and are included in this figure. (See Appendix for detailed methodology.)

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The Primary Care Physician Pipeline is Limited

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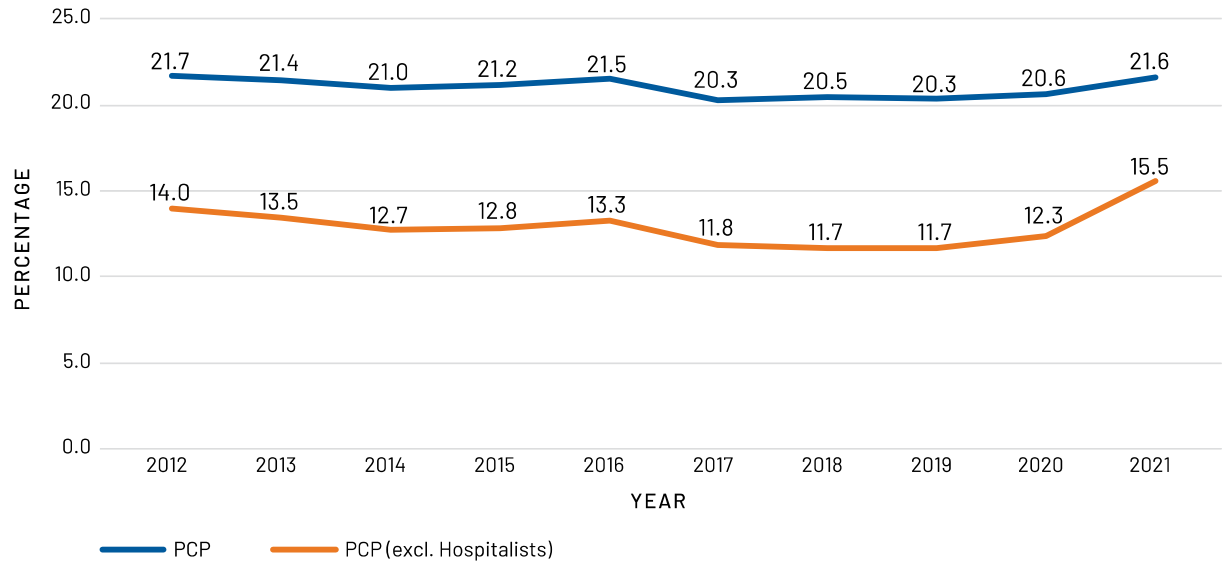
Figure 7. Only 15% of Physicians Actually Entered Primary Care Practice in 2021



Data Source: Analyses of the 2023 American Medical Association Historical Residency File, the 2023 American Medical Association Masterfile, and the 2012–2021 Centers for Medicare and Medicaid Services Physician and Other Practitioners data.

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics. Specialty for doctors of osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details.)

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Money Matters: Primary Care Only 4-6% of Total Spend, and is Falling

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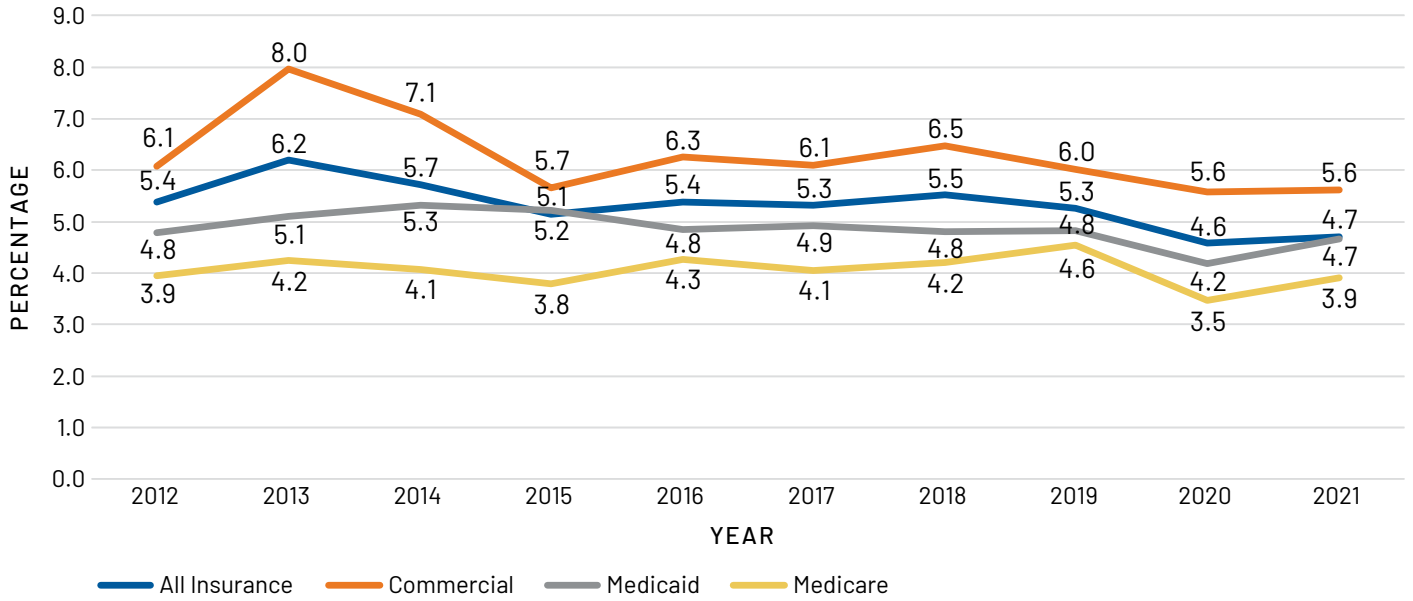
Figure 9. Primary Care Spending (Narrow Definition) Remains Low Across All Insurers (2012-2021)



Data Source: Analyses of Medical Expenditure Panel Survey data, 2012–2021.

Notes: The primary care narrow definition is restricted to primary care physicians only. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

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EHRs are Frustrating and Large Time Sinks

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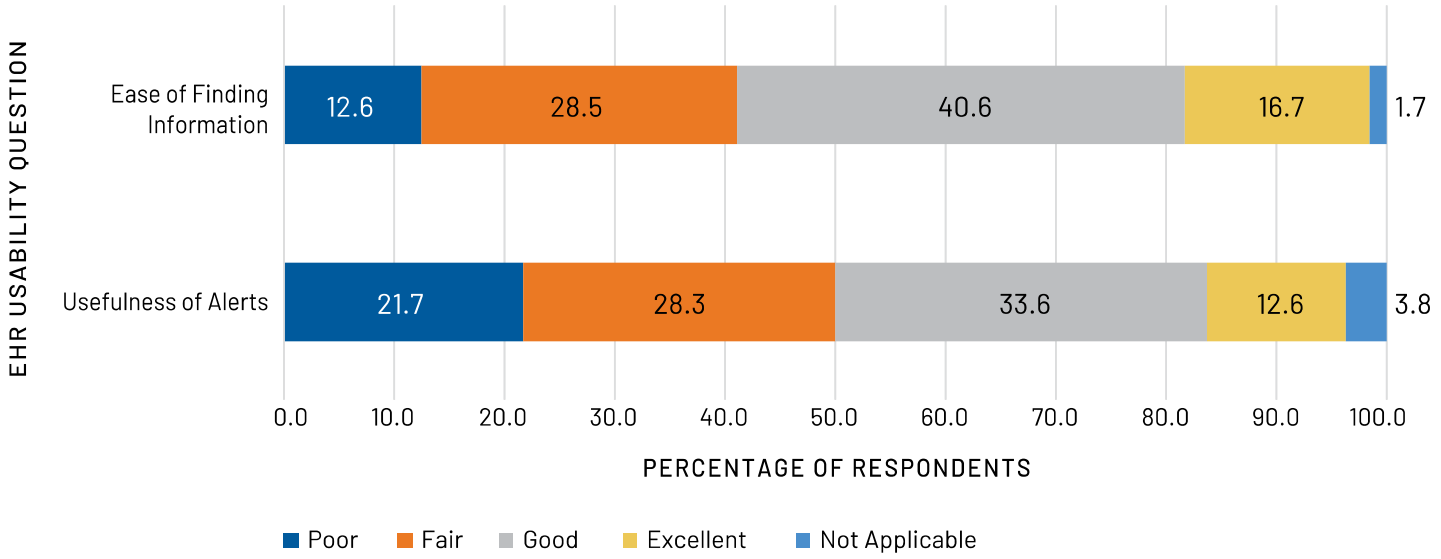
Figure 10. Nearly Half of Family Physicians Rate EHR Usability Poor or Fair in 2022



Data Source: American Board of Family Medicine recertification exam, 2022
Notes: A total of 2,117 respondents completed the EHR usability questions.[74]

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Less Coordination, More Fragmentation

Annals of Internal Medicine ORIGINAL RESEARCH

Trends in Outpatient Care for Medicare Beneficiaries and Implications for Primary Care, 2000 to 2019

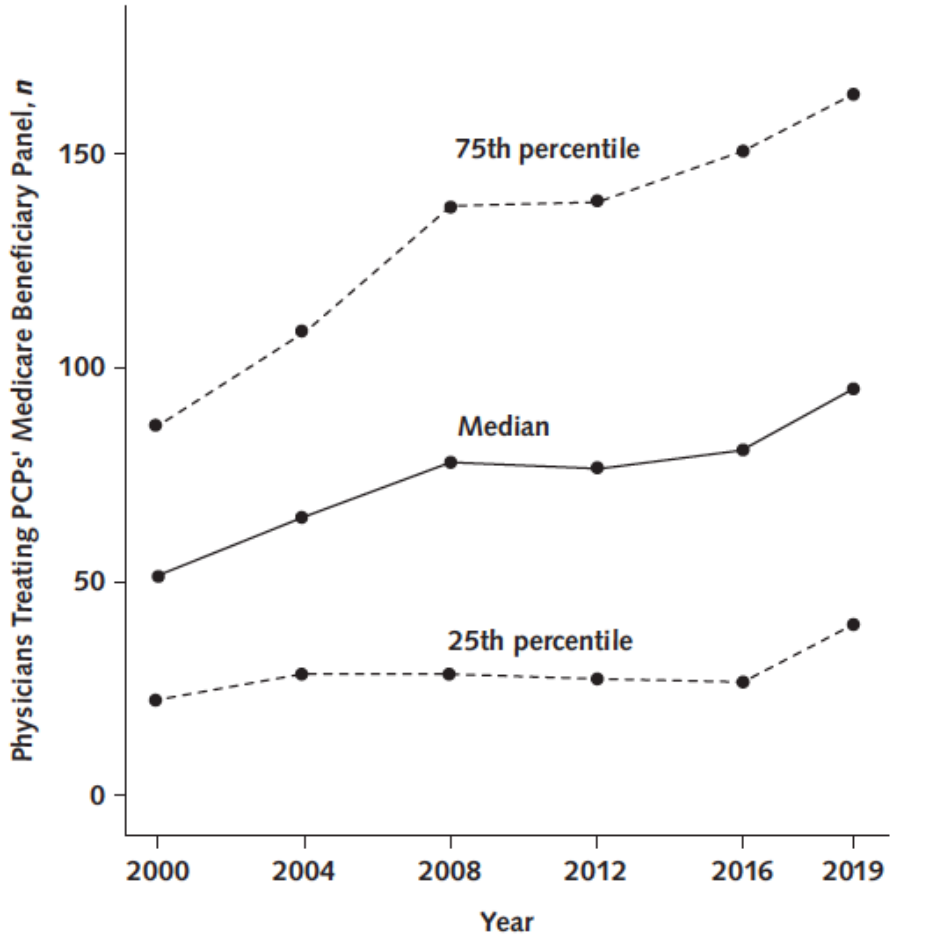
Michael L. Barnett, MD, MS; Asaf Bitton, MD, MPH; Jeff Souza, MA; and Bruce E. Landon, MD, MBA, MSc

The number of physicians seen by a PCP's panel of Medicare patients increased by 83% from 2000-2019.

This means more information, messages, drugs, procedures, and higher costs per patient in 2019 than in 2000.

And a tougher job for the entire primary care team to coordinate and integrate.

Figure 3. Trends in the number of physicians treating a PCP's panel of Medicare beneficiaries, 2000 to 2019.



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Then COVID…

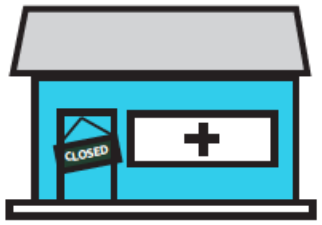
The implications of this failure are bad…

40% say they have had to furlough/layoff practice members.

23% say they have gone into debt

84% have experienced severe or close to severe stress for 2 months

…and will get worse:



51% are uncertain about their financial future one month from now

7% have already closed

Primary care needs your urgent action because:

72% If primary care fails, so too does the health care system.

55% We are not ready for the next wave of this pandemic.

21% If my practice closes, the people in my community will have no access to care.

NEJM Catalyst

JOURNAL EVENTS INSIGHTS COUNCIL TOPICS ABOUT PUBLICATI

ARTICLE

Primary Care in Peril: How Clinicians View the Problems and Solutions

Authors: Erin E. Sullivan, PhD, Rebecca S. Etz, PhD, Martha M. Gonzalez, Sarah R. Reves, MSN, FNP-C, Jordyn Deubel, Kurt C. Stange, MD, PhD, Larry A. Green, MD, Asaf Bitton, MD, MPH, Elizabeth P. Griffiths, MD, MPH, Christine A. Sinsky, MD, FACP, and Mark Linzer, MD Author Info & Affiliations

Published May 17, 2023 **NEJM Catal Innov Care Deliv 2023;4(6)**
DOI: 10.1056/CAT.23.0029 **VOL. 4 NO. 6**

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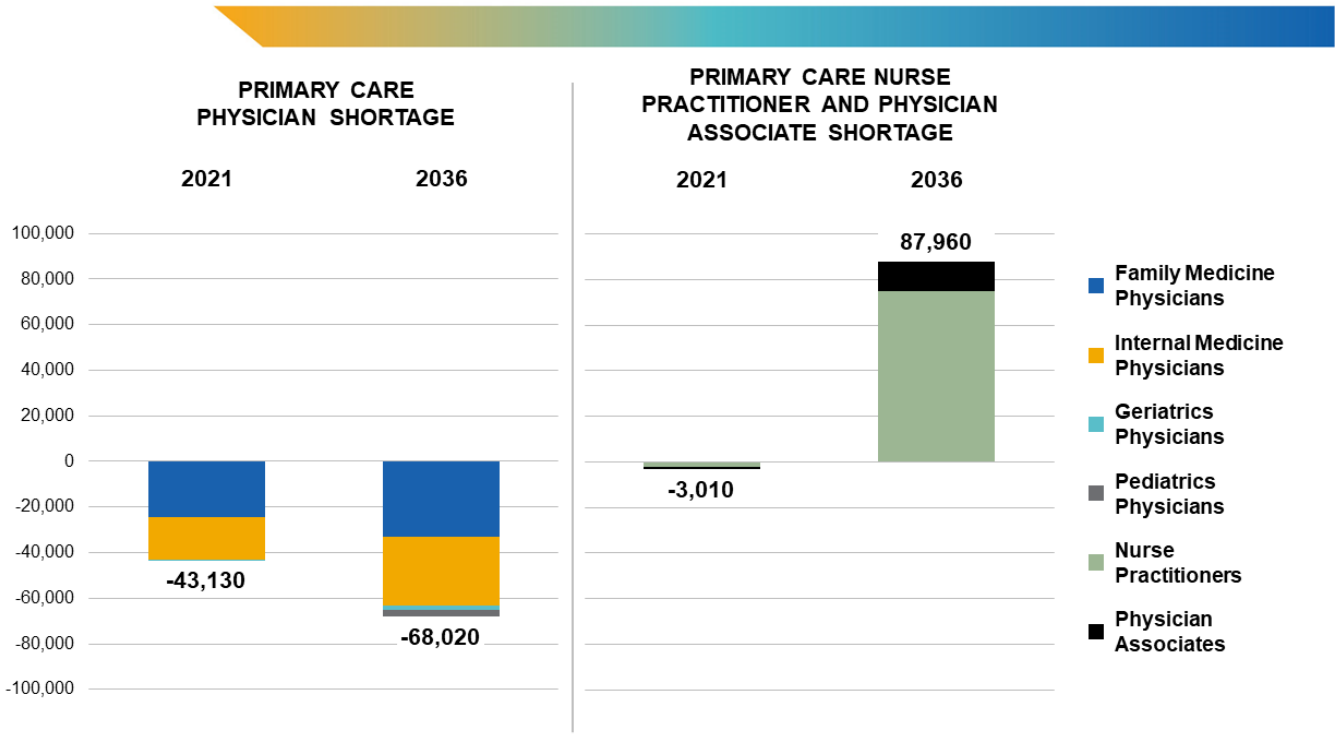
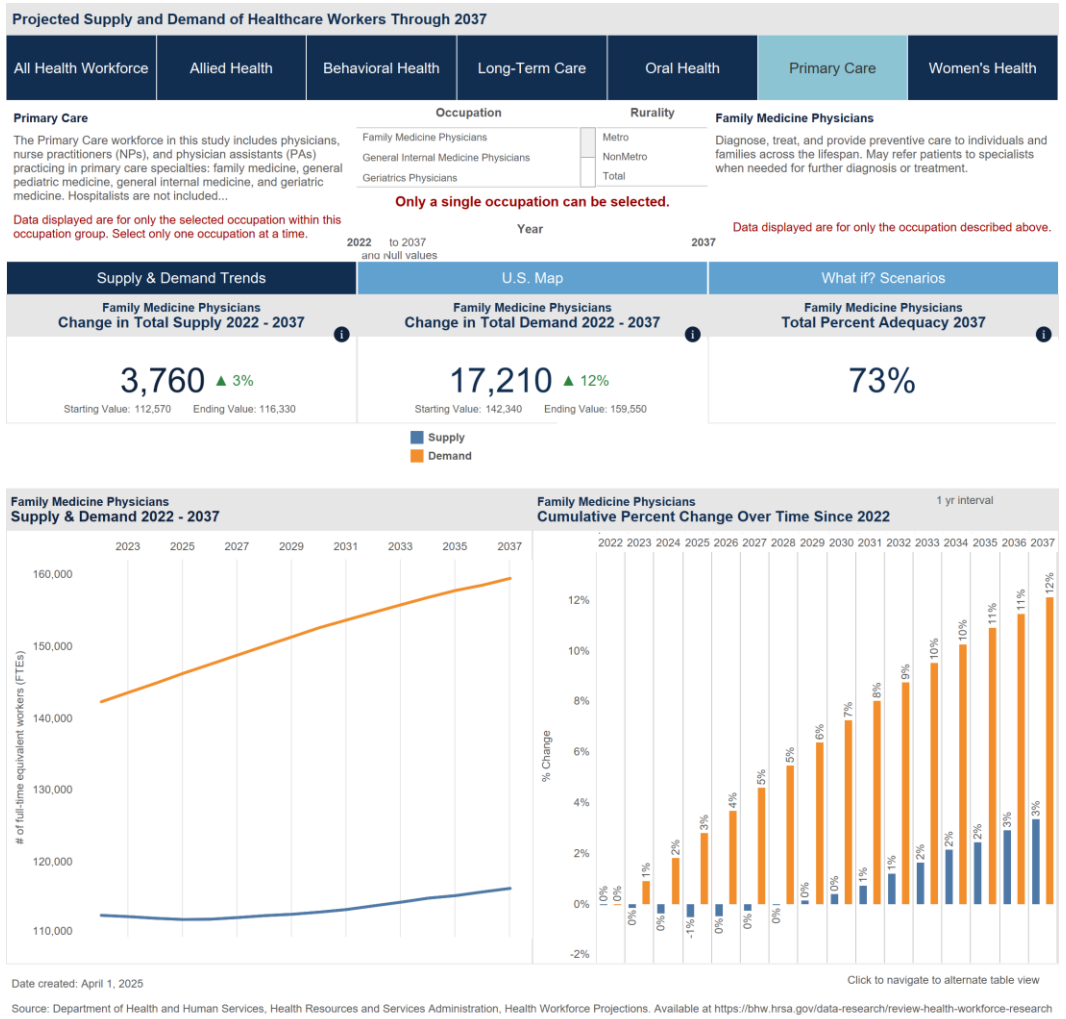
Graphic Source: Rebecca Etz, PhD, co-director, Larry A. Green Center for Primary Care. https://www.green-center.org/covid-survey

PCP Shortages Likely Grow Over Next Decade





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Source: National Center for Health Workforce Analysis. Health Workforce Projections Dashboard. https://data.hrsa.gov/topics/health-workforce/workforce-projections. Downloaded March 2025

NASEM 2021 Primary Care Study

- Primary care is the only part of health care system in which investments routinely result in **longer lives** and **more equity**
  - Primary care is weakening in the U.S. when it is needed most
- Changing topography of work, and workforce:
  - >70% of PCPs in practices owned by other entities (systems, PE, etc)
  - Rise of teams, retirement of MDs, new expectations from new MDs
  - Vertical and Horizontal consolidation / EHR implementation
  - CMS goal of 100% of beneficiaries in accountable care by 2030

5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT
Pay for primary care teams to care for people, not doctors to deliver services.

2 ACCESS
Ensure that high-quality primary care is available to every individual and family in every community.

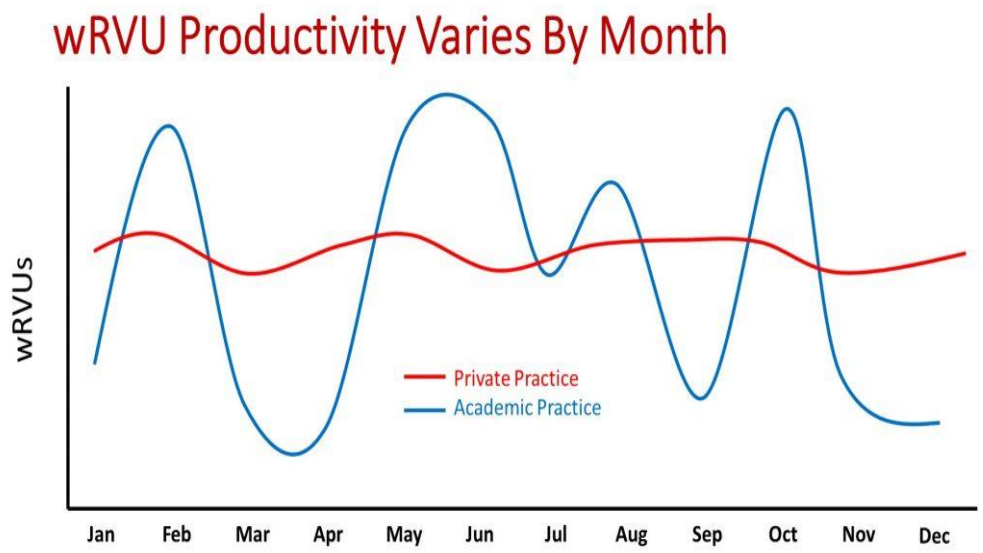
3 WORKFORCE
Train primary care teams where people live and work.

4 DIGITAL HEALTH
Design information technology that serves the patient, family, and interprofessional care team.

5 ACCOUNTABILITY
Ensure that high-quality primary care is implemented in the United States.

Primary Care Practices and Clinicians Face a Broken Production Model

20th Century Payment



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21st Century Primary Care

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New ng

A Typology of Innovations in Primary Care

This figure presents a classification system for primary care models, as well as care enablement models. We offer a non-exhaustive list of representative firms and practices based on the authors' understanding of the organizations' strategies at time of publication. Where no example is listed, the ellipses (...) indicate that none exists or is known to the authors.

Type of service	Scope of offering	Financial Model	Target Segments	Care Model Spectrum: Virtual-first / home-based	Care Model Spectrum: Traditional	Care Model Spectrum: Intensive	Innovation Type*
Care Delivery	Comprehensive: segmenters	Capitation / risk contracts	High-need Medicare	...	...	Oak Street, ChenMed, Iora	Segmented populations
			Medicaid / duals	...	...	Cityblock	
			Employer groups	Firefly, Amazon Care, NavigateNOW	Crossover	...	
	Comprehensive: fee-based	Enrollment + FFS	Employer groups and consumers	...	One Medical	...	Membership model
			Consumers	...	Direct primary care, concierge care practices	...	
	Limited: urgent care	Enrollment + FFS	Employer groups and consumers	Teladoc, 98.6	CVS (MinuteClinic), PhysicianOne	...	Convenient care
	Limited: chronic care	Enrollment + risk	Employer groups	Livongo, Omada, Onduo	CVS Health Hub	...	Chronic disease focus
Care Enablement	Wraparound services	Capitation / risk contracts	Risk-bearing providers	Landmark, Accolade	...	...	Value-based care enablers
	Management partners	Fee + risk	Risk-bearing providers	Agilon, VillageMD, Aledade			
	Patient navigation	Enrollment + FFS	Employer groups	Grand Rounds, Quantum Health			

FFS = Fee for service

The organizations listed are representative of the type, not called out for any other special reason.

*Our typology provides what might be considered modal types, but also recognizes the potential for substantial overlap among the different approaches, especially as innovative primary care organizations scale and diversify.

Source: The authors' analysis

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

1. "Segmenters"
2. Membership models
3. Convenient care
4. Chronic disease focus
5. Value-based care enablers

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THANK YOU!

Asaf Bitton MD, MPH
abitton@ariadnelabs.org

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Panel 1 Discussion

Is Cost of Education a Barrier for Students Entering Primary Care and/or Working in Rural Settings?

Affordability of Health Professional Education: A Workshop Series
April 1 Special Session: Cost of Education & Intention to Enter Primary Care (Panel 1)

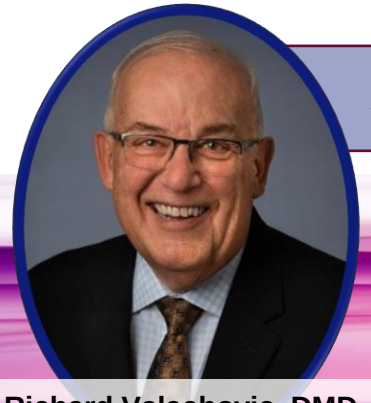
NATIONAL ACADEMIES Sciences Engineering Medicine

Moderator
Planning Committee

Miko Rose DO, FACN, NAOME
Professor & Founding Dean
Indiana University of Pennsylvania
Proposed College of Osteopathic Medicine

Speaker

Courtney Krstic, BMedSci, BMBS, PGCert
Senior Policy Officer
Education & Widening Participation
Medical Schools Council, UK

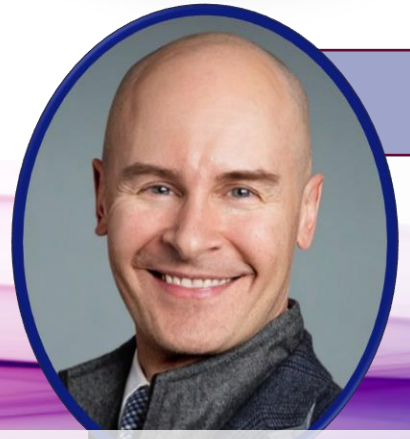


Speaker

Richard Valachovic, DMD, MPH
Clinical Professor & Executive Director
Center for Oral Health Policy and Management
NYU College of Dentistry

Speaker
Planning Committee

Eman Alefishat, PhD
Assistant Dean of Medical Education
Khalifa University
College of Medicine and Health Sciences



Speaker

Rafael Rivera, MD, MBA
Associate Dean & Professor
Admissions & Financial Aid
NYU Grossman School of Medicine

Speaker

Melissa J. Stoudmire, MSN, APRN-CNP,
Vice President
Advanced Practice Providers
Cleveland Clinic