

Primary Care Access for All: A Roadmap for Addressing the Primary Care Crisis in Rhode Island

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ABSTRACT

BACKGROUND: Primary care in Rhode Island is in crisis. The dearth of primary care providers is already affecting access to services and the situation is likely to worsen unless major steps are taken. There are inadequate numbers of trainees in primary care medical residencies, nurse practitioner (NP) and physician assistant (PA) training programs who plan to practice primary care in our state. The Care Transformation Collaborative of RI (CTC-RI) has assembled a broadly representative task force of physicians, NPs, PAs, and others to build a strong and robust primary care delivery system across the state that recruits, trains, retains, and sustains primary care providers.

STUDY METHODS AND DESIGN: Program directors from all primary care medical residencies, NP, and PA programs were asked to provide data on their programs, including the number of new trainees per year, total enrollment, and information on recent year graduates, including the total number, the number entering primary care, and the number entering primary care who plan to practice in RI.

PRIMARY RESULTS: Of the 106 graduates from primary care residencies in RI in academic year 2002–23, only 15 (14%) planned to provide primary care in Rhode Island. Similarly, of the 144 NP and PA graduates in primary care programs, only 48 (33%) planned to provide primary care in the state.

PRINCIPAL CONCLUSIONS: Given the high rate of primary care provider burnout, reduction in patient care hours, and retirement, primary care access will be further eroded unless major steps are taken. The CTC-RI Task Force on Primary Care Provider Workforce has produced a strategic roadmap to address these issues.

KEYWORDS: primary care; workforce; Rhode Island healthcare; training programs

INTRODUCTION

Primary Care in Rhode Island is in crisis on all levels and the primary care providers (PCPs), whether they be physicians, NPs, or PAs, are in short supply. A 2021 American

Association of Medical Colleges report shows a national and regional shortage of primary care physicians.¹ Recent articles in the *Boston Globe*² and *Providence Journal*³ report on the worsening problems patients are having when they attempt to make medical appointments with their primary care doctors and to access primary care in general. A pre-pandemic analysis by the American Academy of Family Physicians predicts that the Rhode Island PCP workforce will continue to decline and will likely have a deficit of nearly 100 PCPs by the end of the decade if nothing is done.⁴ As we have emerged from the pandemic, our healthcare workforce crisis continues to worsen. Primary care providers are retiring earlier, while many more are now approaching retirement age. A review of primary care medical residency matching and NP graduations over a 10-year period recently published in *Health Affairs* shows that primary care physician matches have remained flat, while the percentage of graduating NPs entering primary care has dropped from 89% in 2018 down to only 70% in the last two years.⁵ The entry of new graduates into the healthcare workforce cannot compensate for the retirement and loss of practicing primary care clinicians.

Several additional factors exacerbate Rhode Island's primary care shortage:

- The healthcare workforce crisis has also impacted the hiring of nurses, medical assistants, behavioral health clinicians and other key allied health staff. Managing ever-larger patient panels without adequate support increases clinician stress and leads to higher rates of self-reported burnout among primary care providers.
- Relatively lower salaries coupled with ever-higher student educational debt and increasing administrative burden leads to fewer students choosing primary care.
- Our aging population requires more intensive medical care, much of which must be both delivered and coordinated by primary care providers.

METHODS

Program directors from all primary care medical residencies, NP, and PA programs were approached in the summer and fall of 2023 to provide data on their programs. Primary care residency programs were defined as those in Family Medicine, Internal Medicine, Pediatrics and Medicine-Pediatrics.

All residency programs in these disciplines in Rhode Island were included except the Internal Medicine residency program at Landmark Medical Center in Woonsocket, which has not yet graduated any classes. All NP and PA programs in RI were included except the NP training program at Rhode Island College since it does not have a primary care track. Data categories of interest included the number of new trainees per year, total enrollment, and information on recent year graduates, including the total number, the number entering primary care, and the number entering primary care who plan to practice in RI.

RESULTS

As shown in **Table 1**, there are seven medical residency programs in Family Medicine, Internal Medicine, Pediatrics and Medicine-Pediatrics which had new enrollees and graduates in the 2022–23 academic year. These programs were all three years in length (after medical school), with the exception of Medicine-Pediatrics, which is four years in length. Total enrollment was 316. Of the 106 graduates from primary care residencies in RI in academic year 2002–23, only 15 (14%) planned to provide primary care in Rhode Island. Similarly, as shown in **Table 2**, there are five NP and PA training programs in RI with primary care tracks which had new enrollees and graduates in the 2022–23 academic year. Total enrollment was 417. Of the 144 NP and PA graduates in primary care programs, only 48 planned to provide primary care in the state. These included 31 NPs and 17 PAs.

DISCUSSION

On June 17, 2022, The Care Transformation Collaborative of Rhode Island (CTC-RI) Clinical Strategy Committee held a panel discussion on “The State of Primary Care in Rhode Island Today and in the Next 10 Years: Where Are We Now and Where Are We Going?” The panelists represented primary care provider training programs and primary care organizations. Their message was startling and clear – there is a primary care crisis in Rhode Island. Since the pandemic, the provider shortage crisis has made it far more difficult for Rhode Islanders to establish a regular source of care and this situation is expected to worsen in the coming decade.

CTC-RI serves as a voice of primary care in Rhode Island. The organization supports primary care practices to transform their clinical systems to improve their quality of care as well as both patient and clinician satisfaction – all while promoting equity, lowering costs, and developing population health strategies needed to utilize alternative payment methodologies. As a statewide learning collaborative, CTC-RI has demonstrated success in convening stakeholders to address challenges, identify best practices, and implement programs to improve primary care delivery and patient health outcomes across the state.

Given the post-pandemic exacerbation of the lack of primary care access, the CTC-RI Board of Directors collaborated with state agency partners, payers, and a well-established learning collaborative network to address the worsening access to primary care access. CTC-RI convened the directors of primary care training programs – including physicians, NPs, and PAs – to create a task force to identify

Table 1. Medical Residency Programs in Primary Care in Rhode Island

Program	Discipline	Length of Program	# New Trainees Per Year AY2023–2024	Total Resident Enrollment – All Years AY2023–2024	# of Graduates from AY2022–2023		Residents Entering PC (count/#) graduates from AY2022–2023		Residents Entered PC, Stayed in Rhode Island (count/#) graduates from AY2022–2023	
					#	%	#	%	#	%
Brown Categorical Internal Medicine Residency Program (Lifespan-RIH/TMH)	Internal Medicine	3	29	87	29	0	0%	0	0%	
Brown General Internal Medicine	General Internal Medicine	3	10	30	10	5	50%	0	0%	
Roger Williams Internal Medicine Residency Program	Internal Medicine	3	18	48	18	2	11%	1	6%	
Hasbro Children’s Hospital Pediatric Residency	Pediatrics	3	16	49	16	5	31%	3	19%	
Brown Family Medicine Residency	Family Medicine	3	16	48	16	15	94%	9	56%	
Kent Hospital Internal Medicine Residency	Internal Medicine	3	13	38	13	2	15%	2	15%	
Brown Pediatric-Internal Medicine	Internal Medicine-Pediatrics	4	4	16	4	2	50%	0	0%	
TOTALS			106	316	106	31	29%	15	14%	

Table 2. Nurse Practitioner and Physician Assistant Training Programs in Rhode Island**

Program	Discipline	Length of Program	# New Trainees Per Year AY2023–2024	Total Student Enrollment – All Years AY2023–2024	# of Graduates from AY2022–2023	Trainees Entering PC (count/#)		Trainees Entered PC, Stayed in Rhode Island (count/#) graduates from AY2022–2023	
						#	%	#	%
University of Rhode Island Nurse Practitioner Program	Family Medicine and Adult Gerontology	2.5	30	31	23	19	83%	19	83%
Salve Regina University Graduate Nursing and Professional Studies*	Family Medicine	2.5	150	170	30	10	33%	5	17%
Bryant University PA Program	Primary Care	2.5	47	94	45	14	31%	14	31%
Johnson & Wales University PA Program	Primary Care	2	36	70	35	7	20%	3	9%
New England Institute of Technology	Family Medicine	2	11	22	11	11	100%	7	64%
TOTALS			274	417	144	61	42%	48	33%

**Table only includes NP programs that train for primary care. Specialties are excluded (e.g., psychiatric)

and address critical workforce issues. The Primary Care Provider (PCP) Task Force on workforce development began its work in February 2023. It was the first time ever that the program directors from Brown University, the University of Rhode Island, Salve Regina College, Bryant University, and Johnson and Wales University had met to discuss the state of primary care, their program capacity, challenges, and potential solutions. It was also the first substantive meeting that included the broad leadership of primary care training programs for physicians, NPs and PAs in Rhode Island.

Charge to the Task Force

The goal of the task force is to collaborate with training program leadership, state programs focusing on the healthcare workforce, and primary care experts to develop a data-driven roadmap to define and address the primary care crisis. This group seeks to identify best practices to diversify, enhance, and engage the primary care workforce – including the development of new models to train students in team-based care, creation of sustainable incentives for trainers and medical practices dedicated to education, and the promotion of strategies to improve the retention of primary care providers in Rhode Island.

Task Force Process and Findings

Over the course of nine months, the task force members used their collective knowledge of primary care provider training programs and clinical care delivery systems to identify and the address key issues exacerbating the Rhode Island primary care crisis.

Priority areas identified by the task force include:

- Recruiting, training, retaining, and sustaining a diverse provider workforce
- Correcting the disparity in pay between primary care providers regionally and compared to specialists

- Reducing student debt, especially for those wishing to practice in primary care
- Enhancing primary care clinical training, and
- Increasing the state's overall capacity for clinical training

The group assembled and reviewed data for enrollment in primary care physician residencies and NP and PA training programs – and determining how many graduates went into primary care, and of those graduates how many remained in Rhode Island to practice (Tables 1,2). The data demonstrated the low numbers of graduates from all training programs choosing to stay in Rhode Island and provide primary care. Though current data on retirements and reductions in patient care hours by primary care providers in RI do not exist, anecdotal evidence points to large reductions in this critical sector.

The task force identified goals, objectives, and action steps to address each factor including:

- Crafting legislative proposals to fund a scholarship program for medical, NP, and PA students who commit to providing primary care in RI
- Developing a new enhanced primary care curriculum and clinical training program and paying clinical sites for teaching medical, NP, and PA students
- Requesting legislative appropriations to expand the state's loan repayment program

The task force also drafted a strategic roadmap (Table 3). The Task Force on Primary Care Workforce Capacity roadmap attempts to frame each of these overarching goals to identify short-term objectives and action steps. We see this as an iterative document for state legislators, state agencies, and community partners that will be amended over time to reflect ongoing changes in primary care and the American healthcare system.

Table 3. Strategic Roadmap: Primary Care Access for All

Vision
Rhode Island will become the best in the nation for all measures of population health, health equity, and health system performance by providing access to Advanced Primary Care for all its residents.
Mission
Rhode Island will build a strong and robust primary care delivery system across the state that recruits, trains, retains, and sustains a pipeline of primary care providers that deliver exceptional, accessible, patient-centered care.
Defining Advanced Primary Care
“High-quality primary care is the provision of whole person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual’s health and wellness needs across settings and through sustained relationships with patients, families, and communities.” —NASEM Report ⁶
Recommendations
To accomplish this mission, we must address six goals: 1. Reform payments and incentives to primary care providers to create specialty and regional parity. 2. Establish baseline data and performance targets for the primary care workforce using existing and to-be-developed data sources for ongoing monitoring. 3. Increase the recruitment of medical students, residents/fellows, nurse practitioners (NPs) and physician assistants (PAs) entering primary care. Support strategies to reduce tuition and educational debt for providers entering primary care practices in Rhode Island. 4. Expand the primary care workforce to better reflect the state’s diversity while fostering healthcare equity and inclusion (DEI) for all Rhode Islanders. 5. Increase the number of high-quality primary care training sites that are willing to educate the next generation of primary care students. 6. Enhance clinical training experiences within practices using advanced patient-centered medical home (PCMH) principles such as team-based care, integrated behavioral health, population health strategies, and value-based reimbursement.

The Office of the Health Insurance Commissioner’s (OHIC) recently published “Primary Care in Rhode Island: Current Status and Policy Recommendations.”⁷ The report acknowledges many of the challenges facing the primary care delivery system in Rhode Island and describes primary care as the “foundation of an equitable and high-performing health care system” that is at risk due to the nationwide critical workforce shortage. OHIC seeks to ensure that primary care is a priority for state policy through its unique statutory authority to regulate commercial insurers. The OHIC recommendations align with and support many of the recommendations described by this strategic roadmap, including primary care payment enhancement, reduction of administrative burden, and efforts to attract, train, retain and sustain a primary care workforce to provide every

Rhode Islander with access to high-quality, coordinated, team-based, patient-centered primary care.

Solving the primary care crisis will require concerted efforts of all involved in healthcare and workforce training. The effort described here is a start, but more will need to be done to provide immediate and long-term relief to our primary care clinicians, and to facilitate access for all Rhode Islanders.

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