

Disclosures

No relevant commercial relationships to disclose.

Objectives

- Identify the need for collaboration of NPs and PAs in joint NP/PA postgraduate training programs.
- Identify common challenges in organizing and implementing a joint postgraduate training program.
- Understand how postgraduate NP/PA Fellowships or Residencies can impact the future of healthcare and healthcare organizations.

Background

- Located at Shasta Community Health Center in Redding, CA
- Program started in 2016 with an initial class of 2 NPs and 1 PA.
- Currently a 24-month program with a new class starting each October.
- Main mission at SCHC is to serve the underserved of our community.



The Need

- In December 2020, HRSA projected by 2030, there would be a 13% increased demand for Family Physicians but only a 6% increase in supply.¹
- For General Internal Physicians, a 22% increase in demand and a 13% increase in supply, by 2030.¹
- ► For Geriatric Physicians, a 50% increase in demand and an 8% **decrease** in supply, by 2030.¹
- For 2020, the projected shortage in Primary Care Physicians was the equivalent of 20,400 FTE's.²

The Need

- By 2030, HRSA predicts a 16% increase in demand and a 107% increase in supply for Nurse Practitioners in Primary Care.¹
- By 2030, HRSA predicts a 15% increase in demand and a 42% increase in supply for Physician Assistants in Primary Care.¹
- Given the projected shortages for Physicians, Nurse Practitioners and Physician Assistants will be working together to fill in these gaps.

The Need

- Workforce issues within Shasta Community Health Center
 - Patient demand increased with the passage of the Affordable Care Act and the Health Center lacked the providers to meet this demand.
 - Our past requirements for employment at SCHC was either a completion of a Family Medicine Residency program or 3+ years of experience as a provider.
 - There was no standardized way of onboarding and training new NP and PA graduates. This is why the Fellowship was developed to train both new NP and PAs.



So Why A Joint NP/PA Program?

- NPs and PAs continue to work closely with each other in various medical settings and this will only increase over the years.
 - Currently at SCHC we have a total of 12 NP's and 8 PAs on staff that work together in our various departments. Currently have 4 NP Fellows and 2 PA Fellows in the program. Will be welcoming 3 NP Fellows and 2 PA Fellows to our next class starting in October.
 - For 2021, NP/PAs had a total of 39,395 total visits at SCHC. Of that number, Fellowship had almost 17,000 visits.
- As NPs and PAs continue to help with filling the Primary Care provider need, they will continue finding themselves working in the same organization with physicians.
 - Most physicians do not have a good understanding of the training and capabilities of NPs and PAs.

So Why A Joint NP/PA Program?

- The need for providing high quality care for patients.
 - This takes a team approach. It takes NPs, PAs, Physicians and support staff all working together to help improve patient health outcomes.
 - Our philosophy in Fellowship and at SCHC is that high quality care is everyone's responsibility. Every patient is everyone's responsibility, regardless of who their assigned Primary Care Provider is.
 - As we work together as NPs and PAs, we get to learn and appreciate each other's background and use each other's strengths to provide outstanding care.

- Recruitment of both NP and PA candidates.
 - Many of our NP candidates were not aware that postgraduate training existed for them, despite NP postgraduate training being available for many years.
 - Postgraduate training for PAs is a relatively new concept, especially in Primary Care.
 - Many schools still teaching as though the new PA graduate will find a physician to mentor them in their first few years in practice. Reality is medicine has been going corporate and physicians no longer have "skin in the game."
- No standardization of when NP and PA schools graduate. Graduation in Spring, Summer and Fall.
 - Medical schools are standardized and generally their residencies start at the same time each summer.

- Managing two separate state practice laws.
 - They are NOT the same.
- Differences in NP and PA education.
 - Spending the first three months trying to "figure out" the current knowledge and needs of your cohort.
 - NPs and PAs can have very different rotation opportunities during their training.



- NPs and PAs not being familiar with the training and background of each other's professions.
- This can lead to conflict in a program and overall, in medicine, due to lack of knowledge of each other's profession.



- "Climbing the same mountain from two different paths."
 - The "summit" is high quality patient care.
 - NPs have a different path in reaching that summit, just as PAs and Physicians have a different path to reach that summit.
 - Each brings their own uniqueness and strengths to add to the team.
 - In the end, we all can provide high quality care.



- Look at challenges as opportunities for positive change within your program and organization.
- Can lead to organizational changes for other NP's and PA's.
 - As you are developing your joint program, you will review the current policies and procedures for your staff NPs and PAs, and you may find areas that need improvement.

- This opens the door to precept NP and PA students.
 - Way to make connections with various training programs, so that students can see how residency/fellowship can fit into their plans after graduation.
 - Start with your local NP and PA schools. They are always looking for preceptors for their students.
 - With these connections, it gives your residency/fellowship an opportunity to share information on your program with faculty and students at the training programs.
 - NP and PA training program faculty can be some of your biggest supporters and advise their students on the benefits of postgraduate training.

- Give physicians in your organization the opportunity to precept within your program.
 - Gives them the opportunity to work closely with new NPs and PAs, as many of them do not have a good understanding of NPs and PAs. It allows them to see that we are all here to work together as a team.
 - Gives new NPs and PAs the opportunity to work with physicians and gain good clinical knowledge from a different perspective. They also get to see how a good NP/PA and Physician relationship looks like.

- Starts new graduates on the "right foot" when working with NP and PAs.
 - "Learning to play nice in the sandbox."
- Each profession can learn from each other, which strengthens relationships in postgraduate training and in their career after graduation.









Questions?

References

■ 1. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-health

2. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-care-practitioners

Thank You

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