

Strong States, Strong Nation



STATE STRATEGIES TO ADDRESS THE WORKFORCE IN RURAL AMERICA

 NATIONAL CONFERENCE of STATE LEGISLATURES

Recruiting and Retaining Providers in Rural Areas

Workforce Shortages and Maldistribution



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- ❑ Health Professional Shortage Areas (HPSAs) are “geographic areas, or populations within geographic areas, that lack sufficient health care providers to meet the health care needs of the area or population.” (CMS, 2014)
 - ❑ Primary Care, Oral Health, Behavioral Health
- ❑ Workforce shortages disproportionately impact rural areas
 - ❑ As of May 2017, 59% of all primary care HPSAs were located in rural areas

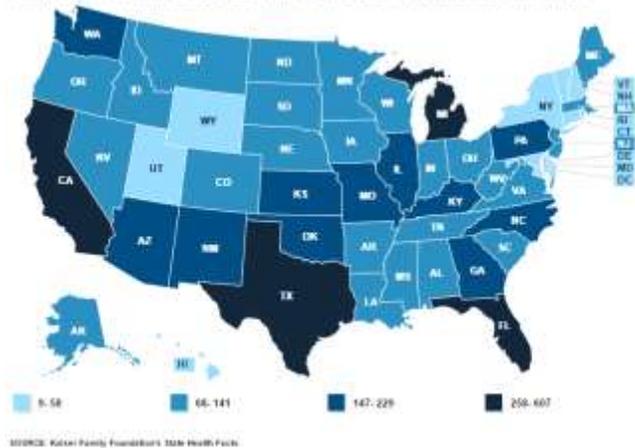




Primary Care HPSAs

- There are approx. 6,800 primary care HPSAs in the U.S.
- It would take more than 9,000 additional providers to remove each HPSA designation

Primary Care Health Professional Shortage Areas (HPSAs): Total Primary Care HPSA Designations, as of January 1, 2017



Challenges in Rural Recruitment

- Low number of graduating students who want to practice in rural or other underserved areas
- Few professional opportunities for spouse
- Limited educational opportunities for children
- Lack of cultural or entertainment activities
- Limited access to network of other physicians (i.e., practicing in isolation)
- Lower salary
- Always on the job

Types of Recruitment Models



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- ❑ Affinity models (e.g., target those with a rural background)
- ❑ Economic models (e.g., provide Medicare bonus payments)
- ❑ Practice characteristic models (e.g., reduce on-call burden)
- ❑ Indenture models (e.g., scholarship and loan repayment programs)

From Crandall LA, Dwyer JW, Duncan RP. Recruitment and Retention of Rural Physicians: Issues for the 1990s. *J Rural Health* 1990 Winter;6(1):19-38.; L Gary Hart, Ph.D., Director, Department of Family Medicine, WWAMI [Washington, Wyoming, Alaska, Montana, and Idaho] Rural Health Research Center, University of Washington, Seattle, WA



Federal Programs



- ❑ National Health Service Corps (NHSC)
- ❑ NHSC State Loan Repayment Program
- ❑ J1-Visa Waiver/Conrad 30 Program
- ❑ National Interest Waivers
- ❑ National Rural Recruitment and Retention Network
- ❑ Federal Office of Shortage Designations



Community Health Center Residencies

- ❑ Physicians complete part of their residencies at community health centers in underserved areas
- ❑ ACA initiative; reauthorized for 2 more years in 2015 but funding cut by 40%. (\$150,000 to \$95,000 per resident).
- ❑ Community health centers can also offer rotation experiences to medical students and residents



State Efforts

- ❑ Scholarship and loan repayment programs
- ❑ Pathway/pipeline programs
- ❑ Respite programs for rural providers
- ❑ Continuing medical education (CME) programs
- ❑ Rural Training Tracks

State Scholarship and Loan Repayment Programs



- ❑ Loan repayment and/or scholarship programs for health professions students
 - ❑ *North Dakota Health Care Professional Student Loan Repayment Program:*
 - ❑ Established by the state with the aim of encouraging new medical graduates to practice in rural and underserved areas in North Dakota
 - ❑ Eligible disciplines include physicians, advanced practice registered nurses, clinical psychologists, and behavioral health professionals
 - ❑ Health professionals practice in an underserved area for up to 5 years and receive funds for loan repayment from the state, as well as matching funds from the community served (UND, 2015)
 - ❑ *Missouri Health Professional State Loan Repayment Program:*
 - ❑ Primary care physicians and dentists receive up to \$50,000 to repay educational debt and commit to practicing in a HPSA in Missouri for 2 years (MO Dept. of Health and Senior Services)

Filling Gaps—Training Providers: State Programs



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Pathway/pipeline programs

- Programs that introduce rural students, ranging from Kindergarten to college, to health careers
- Participants may be more likely to return to their communities to practice
- Example: **Alabama's Rural Health Leaders Pipeline** offers a range of programming including outreach to elementary and middle school students, summer programs for 11th graders and recent high school graduates, and a five-year medical education program for students beginning in the year before starting medical school

Locating training programs in shortage areas

- Nursing and allied health education at rural community colleges
- Rural rotations or curricula, including rural interprofessional education experiences
- Rural Training Track (RTT) residency programs designed to train physicians for rural practice

Using technology to provide CME and other ongoing education and training for providers in rural areas



Rural Training Tracks



Conclusion

- ❑ Rural areas have particular challenges in recruiting and retaining health care providers
- ❑ There is a variety of policy options at the federal, state and local levels
- ❑ What has been successful in your state? What strategy interests you the most?



Contact Information

Laura Tobler, Director—State Policy Research Division,
NCSL

Laura.Tobler@ncsl.org