

Two (Among Many) Possible Health Workforce Building Approaches for NC

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Two Workforce Building Approaches

1. Take full advantage of a growing NHSC
 - o Highlight NHSC's dramatic changes
 - o Data to stimulate thinking of options for NC
2. Teach communities to R & R
 - o Always important and often neglected topic
 - o One state's model



NHSC

- o Two programs:

- o Scholarship Program

- o NHSC's original program—1980's heyday, now small

- o Recruits students

- o Primary care exclusively

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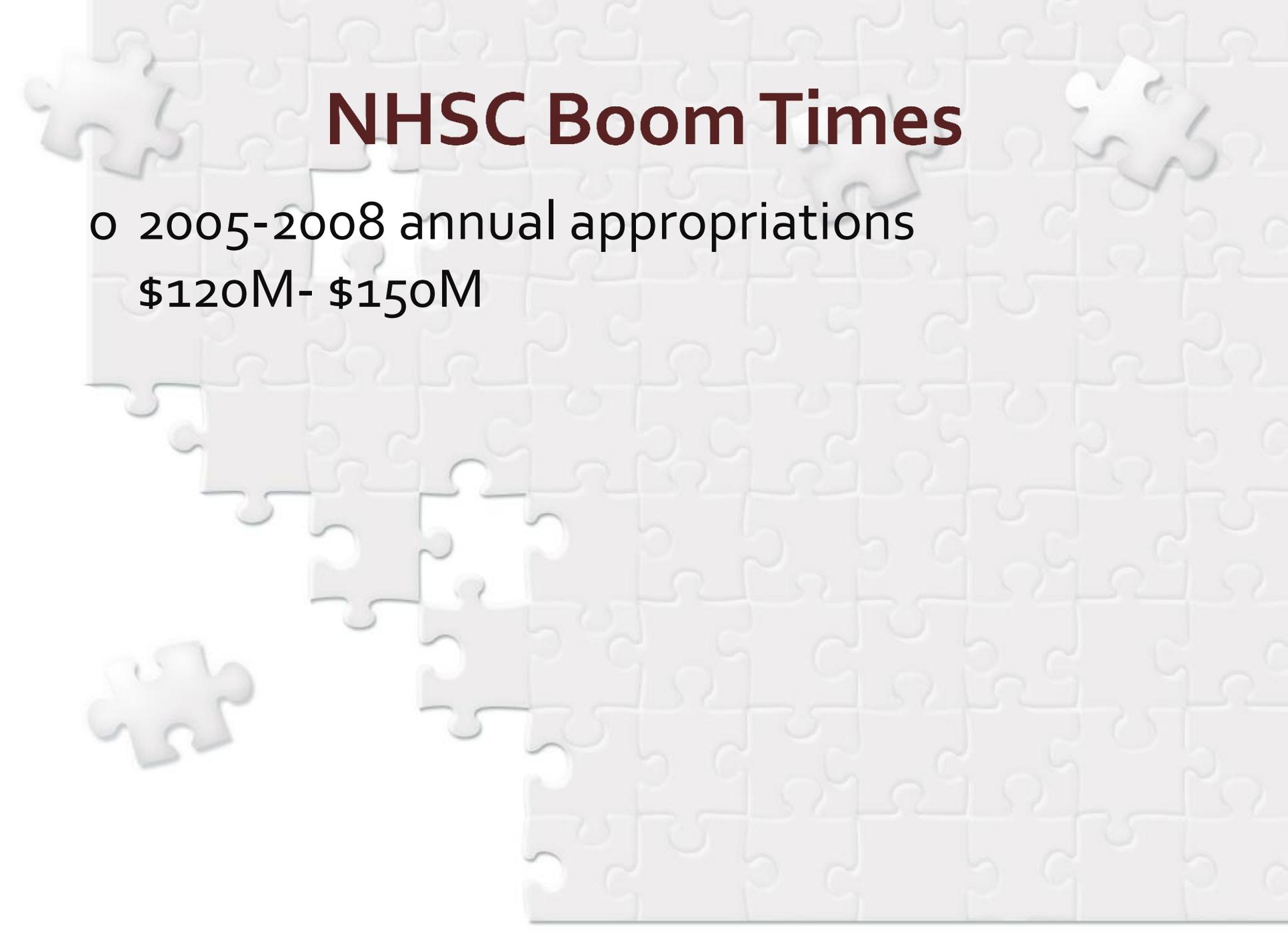
- o Primary care exclusively

- o Loan Repayment Program

- o 1987 start—now NHSC's dominant program (>90%)

- o Recruits practice-ready clinicians

- o Primary care, mental health, dental health



NHSC Boom Times

o 2005-2008 annual appropriations
\$120M- \$150M

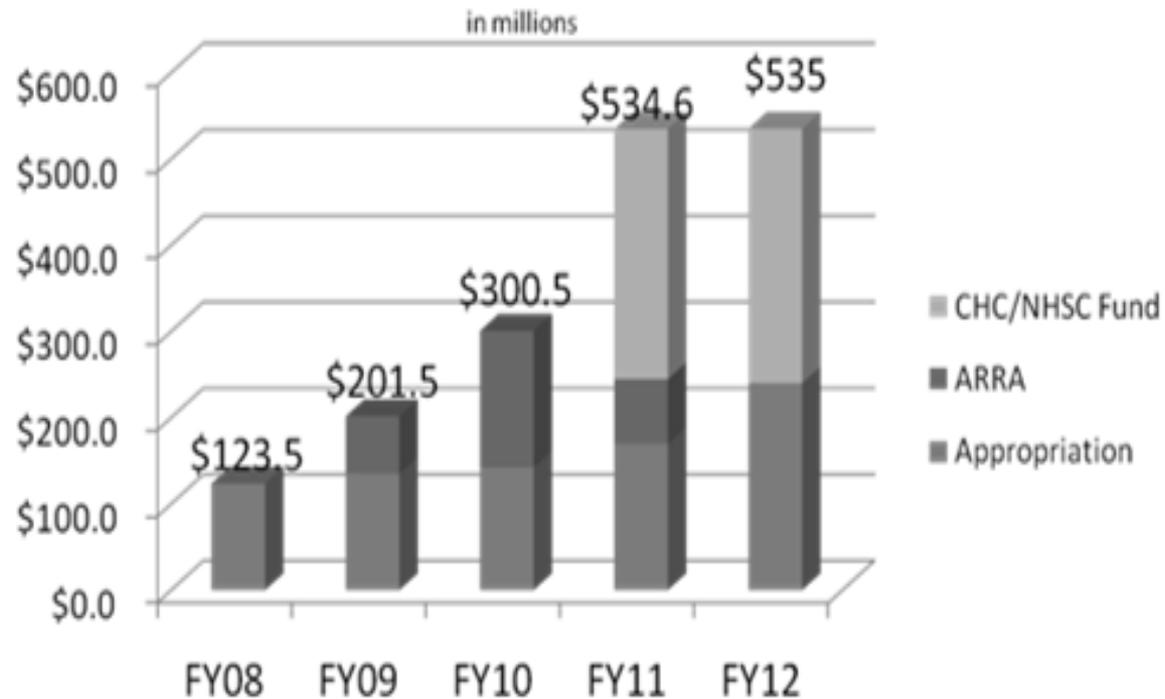
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 - o \$190M for LRP—4,000+ new and renewal awards
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- o PPACA appropriation--\$1.5B
 - o FY11: \$290M FY14: \$305M
 - o FY12: \$295M FY15: \$315M
 - o FY13: \$300M

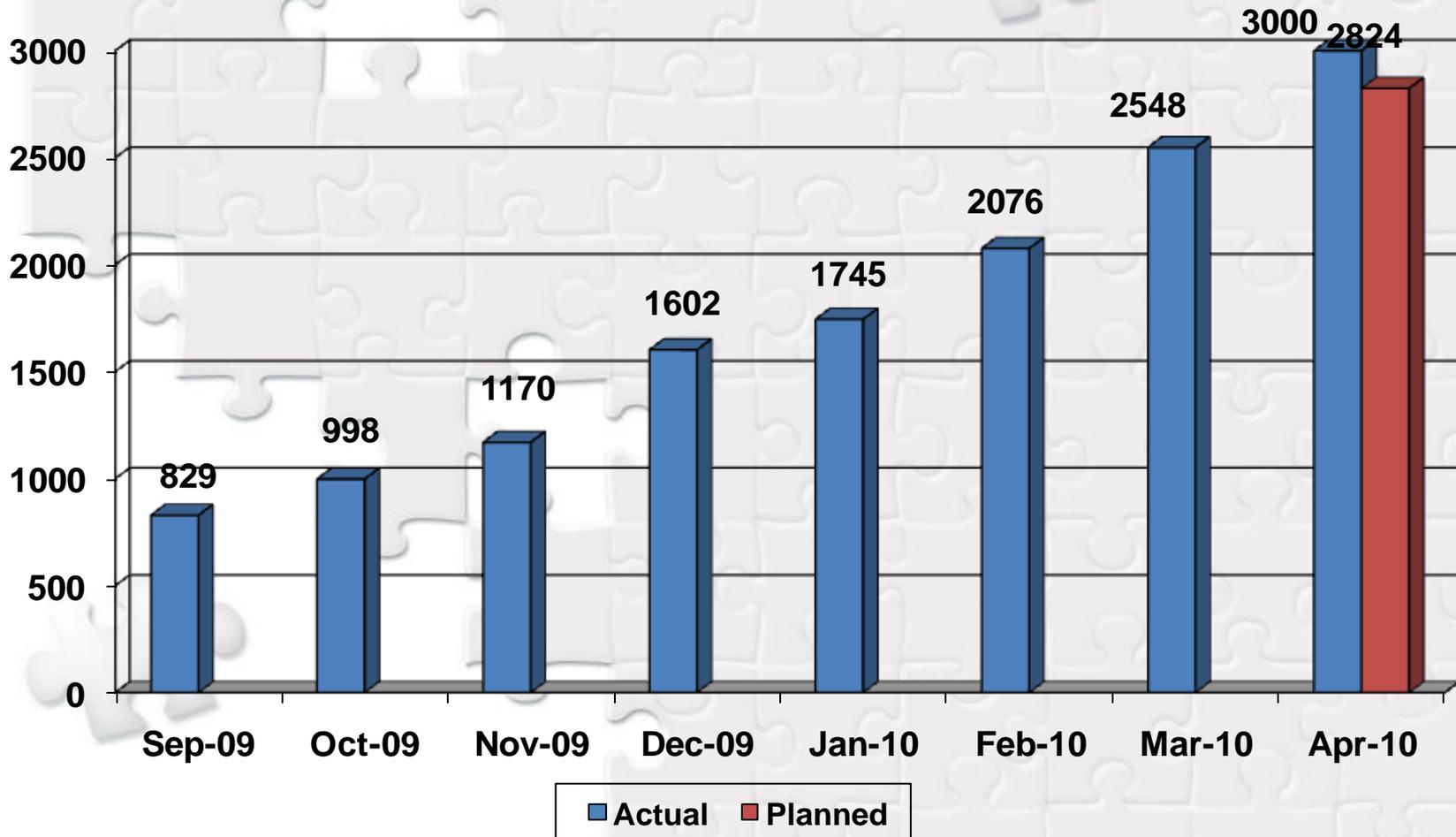
2008-2012 NHSC Funding



NHSC's Reaction

- o Hit high gear: new leadership, expand staff, innovate, address problems
 - o Real publicity
 - o Streamline application; rolling acceptances
 - o Remove HPSA threshold
 - o Expand # of eligible sites
 - o Permit more placements per site
 - o Focus on customer service
 - o Offer part-time option; flexibility within the law

2009-2010 ARRA Loan Repayment Awards



States' Opportunity

How is this playing out for states?

- o Golden opportunity
- o NHSC a motivated, deep-pocket supplier
- o Budget cuts for states' programs

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ORHP-funded study of states' reactions & issues

- o Phone interviews with key recruiters in 30 states
- o Open-ended questions about their state LRPs and NHSC LRP
- o Formal qualitative analyses

Key Themes from States

- o All enthusiastic about NHSC growth
- o All pressing to take advantage of NHSC's growth
- o Aggressively recruiting new practices and practitioners
- o Many directing applicants from state LP to NHSC

Key Themes from States

- *"The [NHSC] loan repayment program has been wonderful and we've grown so much in that area."*
- *"Well, I think that the best way to describe all the changes that have come through with regard to the National Health Service Corps is timely. It's really been necessary."*
- *". . . we've been hammering pretty good on National Health Service Corps loan repayment applications. . . . I'm going to say the word again, we hammer them with it. . . . I've got boxes of National Health Service Corps literature sitting in my office right now. I hand it out all the time."*

Key Themes from States

- o States' challenges
 - o Cuts in state program budgets—NHSC expansion may contribute in some states
 - o Some states w/ difficulty filling state LRP positions
 - o Rethinking their niches around expanded NHSC
 - o Returning federal \$\$ for state/federal LR ("SLRP")
 - o Fear for future when NHSC again shrinks
 - o Recruitment offices under-staffed, can't keep up

Key Themes from States

- *"Well, in terms of the state loan repayment programs [SLRP] specifically nationwide, there's been a trend of having difficulty getting enough applicants to fill the available slots because the federal program is so available and accessible."*
- *"I think it's just because this is the first time that we've ever had the ARRA funding so the programs are structured a little bit differently than they were in past years. So we're just trying to figure out as we go a better way of working together so that we can maintain the integrity of both of our programs."*
- *". . . right now I think that because the National Health Service Corps is so flush, that people at the state level start to think we don't have to do this [fund the State's LRP] anymore. . . ."*

NC's NHSC LRP Workforce, 2006 and 2010

Discipline	2006		
Primary Care			
Physician	24		
NP	5		
PA	21		
Midwife	1		
Dentistry			
Dentist	6		
Den. Hygien.	0		

NC's NHSC LRP Workforce, 2006 and 2010

Discipline	2006	2010	
Primary Care			
Physician	24	31	
NP	5	25	
PA	21	31	
Midwife	1	4	
Dentistry			
Dentist	6	16	
Den. Hygien.	0	5	

NC's NHSC LRP Workforce, 2006 and 2010

Discipline	2006		
Mental Hlth.			
Clinic. Psych.	8		
Lic Prof Couns	3		
M & Fam Ther	0		
Social Worker	2		
Psyc Nur Spec	0		
LRP NC Total	70		

NC's NHSC LRP Workforce, 2006 and 2010

Discipline	2006	2010	
Mental Hlth.			
Clinic. Psych.	8	22	
Lic Prof Couns	3	6	
M & Fam Ther	0	0	
Social Worker	2	5	
Psyc Nur Spec	0	0	
LRP NC Total	70	145	

Is NC Seeing It's Share of the NHSC LRP Growth?

	2006	2010
NHSC LRP clinicians in NC	70	145
NHSC LRP clinicians in US	2950	6000
NC's fraction of NHSC LRP clinicians in US		
NC's fraction of US pop		
Shortfall in NC's share of NHSC LRP clinicians		

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NC's fraction of US pop	.03056	.03056
Shortfall in NC's share of NHSC LRP clinicians	20	38

US and NC NHSC LRP Workforce, 2010

Discipline	NC		
Primary Care			
Physician	31		
NP	25		
PA	31		
Midwife	4		
Dentistry			
Dentist	16		
Den. Hygien.	5		

US and NC NHSC LRP Workforce, 2010

Discipline	NC	Approx. US	
Primary Care			
Physician	31	1400	
NP	25	1000	
PA	31	900	
Midwife	4	150	
Dentistry			
Dentist	16	650	
Den. Hygien.	5	130	

US and NC NHSC LRP Workforce, 2010

Discipline	NC	Approx. US	NC Excess
Primary Care			
Physician	31	1400	-12
NP	25	1000	-6
PA	31	900	+3
Midwife	4	150	-1
Dentistry			
Dentist	16	650	-4
Den. Hygien.	5	130	+1

US and NC NHSC LRP Workforce, 2010

Discipline	NC		
Mental Hlth.			
Clinic. Psych.	22		
Lic Prof Couns	6		
M & Fam Ther	0		
Social Worker	5		
Psyc Nur Spec	0		
LRP NC Total	145		

US and NC NHSC LRP Workforce, 2010

Discipline	NC	Approx. US	
Mental Hlth.			
Clinic. Psych.	22	650	
Lic Prof Couns	6	500	
M & Fam Ther	0	75	
Social Worker	5	500	
Psyc Nur Spec	0	14	
LRP NC Total	145	6000	

US and NC NHSC LRP Workforce, 2010

Discipline	NC	Approx. US	NC Excess
Mental Hlth.			
Clinic. Psych.	22	650	+2
Lic Prof Couns	6	500	-9
M & Fam Ther	0	75	-2
Social Worker	5	500	-10
Psyc Nur Spec	0	14	0
LRP Total	145	6000	-38

NC's Opportunities with NHSC

- o NHSC growth likely to continue
- o Program now more user-friendly and flexible
- o \$\$ for state's own LRP's tightening
- o All states are vying—play or lose out
- o Breadth of disciplines
- o LR amount just increased: \$60K for 2-year commitment, then \$40K/year renewal
- o Resume SLRP (saves half of state's dollars)

Reasons NC Should Not Pursue More NHSC #'s

- o Requires state staff time
- o Sites still limited to designated HPSAs
- o Dwindling # recruitable with loan repayment?
- o Is program attracting the right people?
- o Will NHSC's funding boom last up to or after 2015?
- o Reduce interest in NC's own programs?



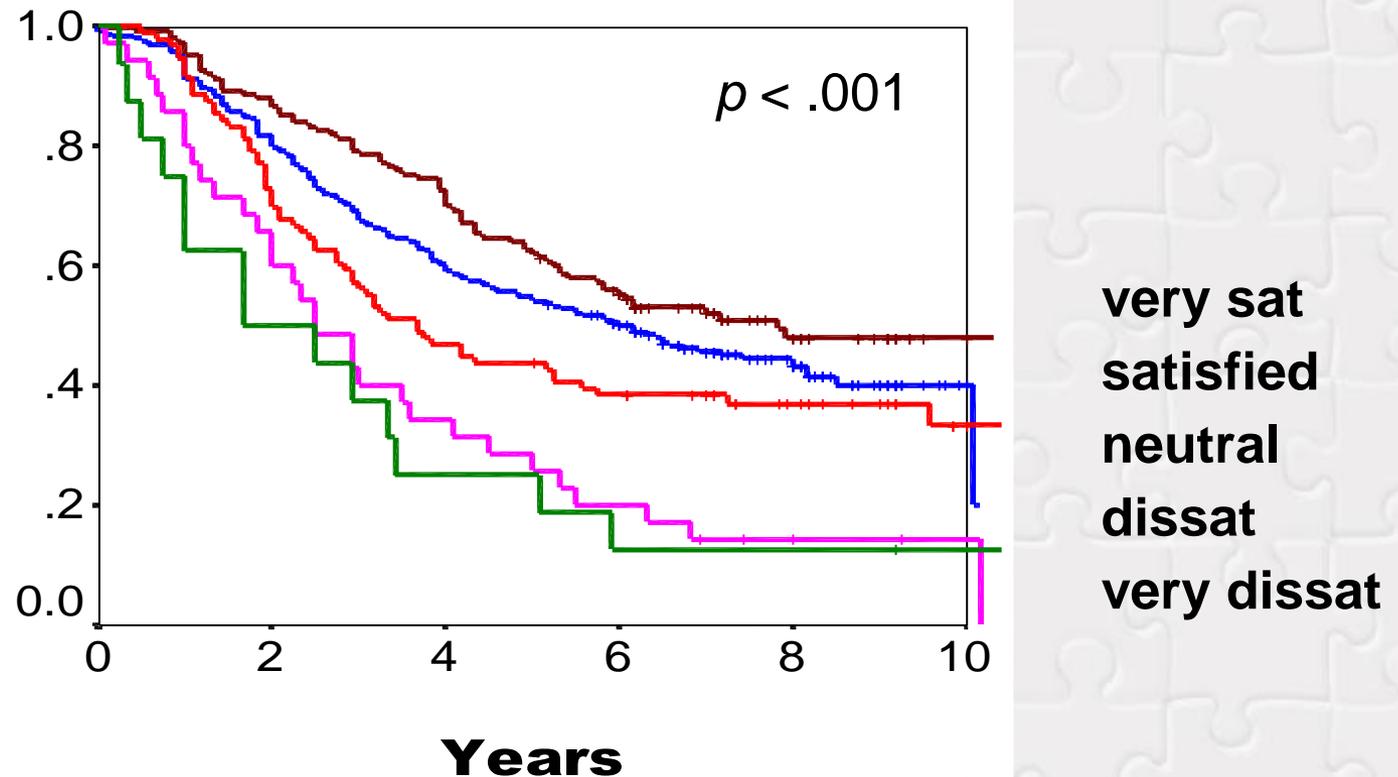
Teaching Communities to Recruit and Retain

Communities' Role in R & R

- o Communities critical to recruitment:
 - o Economy
 - o Lifestyle offerings
 - o Health care resources
 - o Friendliness, attractiveness
- o Communities critical to retention
 - o *Not* a specific feature of community
 - o Embracing, supportive neighborhood and practice
 - o Builds place integration (roots) for clinicians

Physician-Community Integration and Retention

620 rural primary care physicians (non-obligated)



Communities Don't Know How to Recruit and Retain

- o Don't:
 - o know what affects' clinicians' R & R
 - o know that they need different strategies for R vs. R
 - o know R & R failures are often preventable; resigned
 - o know the power they have
 - o recognize or admit their role in failures
 - o know how to change a Hx of failed R & R

WV's Recruitable Community Program

- o Created in 1998, WVU DFM
- o Now housed in Bureau of Public Health
- o Partners: Univ. Extension Service, AHEC, Division of Rural Health, Center for Rural Health Development, WVU, communities, . . .
- o *"Enhancing the ability of rural communities to recruit medical providers through community development and increased knowledge of R and R issues."*

WV's RCP Components

- o Ongoing TA to participant community; workshops; links to training programs; help w/ grant opportunities
- o “First impression” team assesses and recommends ways to enhance town image to recruits
- o Supports “community design” team to recommend general community development approaches and ways to enhance recruiting potential
- o RCP medical consultant provides physician perspective; assists in community education

WV's RCP

- o Communities apply:
 - o Demonstrate need for practitioners
 - o Select local recruitment board; opinion leaders
 - o Identify sponsor (e.g., hospital, clinic, civic group) to provide start-up funds
 - o Develop preliminary plan for long-term practice viability

WV's RCP Early Outcomes

- o 1999-2001 12 communities applied, 7 selected; 400 to 4500 population; all MUAs
- o By 2002, these 7 communities had hired 14 physicians, 6 NPs, 7 PAs

More information

1. Shannon CK. A community development approach to rural recruitment. *JRH* 2003; 19 (5 supp):347-353.
2. http://www.wvochs.org/shared/content/rural_health/pdfs/rcpbestpractices%20brochure_1.pdf

RCP Program for NC?

- o To complement existing programs of NCORH, PractEssentials of NCMSF, local community development efforts
- o Draw on substantial expertise in state
- o Link to new NC State Health Workforce Planning Grant
- o Link to AHEC statewide education initiatives
- o Target high turn-over, perennially short-handed communities