



## **SUMMARY OF OTHER STATES' INITIATIVES**

### **Initiatives**

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#### **Wisconsin**

Wisconsin is facing a primary care physician shortage as well as a specialty physician shortage in its rural areas. The State has developed a multifaceted approach to resolving this problem that addresses many factors common to States with physician shortage in rural areas. The Wisconsin plan is as follows:

- **Recruit individuals to the State's medical schools who are likely to practice within the State, especially in underserved areas**
  - This is accomplished by increasing the number of medical students, establishing programs that attract students from underserved areas to medical schools, creating a special focus in medical school on underserved areas, and promoting health care careers at the middle school level
- **Develop models of care delivery that enhance and leverage physician resources**
  - This is accomplished by conducting studies and pilots of alternative delivery or "team care" models, preparing medical students and residents to work with advanced practice providers, potentially creating mentoring opportunities using retired or part-time administrative physicians, and evaluating the possibility of shortening the time frame of medical education
- **Create policies and practices that encourage physicians to enter, remain, or return to practice in the state**
  - Allocate funds for loan forgiveness for physicians who serve in needed areas
  - Use incentives to ensure specialists are adequately dispersed across the State
  - Identify and publish the best practices for recruitment and retention
  - Maintain a favorable malpractice environment
  - Ensure adequate payment rates to support physician recruitment
  - Use monetary incentives to address the issue of locale selection and specialty
- **Provide for adequate and targeted funding for medical education**
  - Increase state funding for medical education, and increase Medicaid GME while tying increases to task force goals
- **Develop an infrastructure to guide state medical education policy**

- Create an advisory council to monitor, predict, and recommend activities to maintain an adequate supply of physicians in the state, and create a process to maintain adequate data on physician supply and demand

## **California**

In 2003 California enacted the California Physician Corps Loan Repayment Program, which was renamed the Steven M. Thompson Physician Corps Loan Repayment Program effective January 2005. The program is designed to bring physicians to medically underserved areas, and to allow physicians with the desire to serve in an underserved area, to be able to practice in such an area while still being able to afford to repay student loans. As of July 2006 the administration of the program was moved from the Medical Board to the Health Professions Education Foundation, a public benefit corporation with experience in similar programs. This foundation was deemed the most efficient way to raise funds, run the program, and allow the program to remain successful.

### **The Program:**

The California Program is a three-year program with loan repayments made at the end of each year. Physicians must agree to serve in an underserved area or at a clinic where at least 50% of patients served are from a medically underserved area. Each year in the program the physicians receive an increasing amount of loan repayment funds, in addition to their salary, with a total possible repayment of \$105,000. Preference is given to physicians in family practice, internal medicine, obstetrics and gynecology, or pediatrics. However, up to 20 % of the available program positions may be filled by specialty physicians outside of these primary care areas.

### **Funding:**

The Medical Board of California makes available \$3 million to the program each year, as well as seeks matching funds from private sources and foundations. Beginning in 2006, the Medical Board was also authorized to accept a voluntary \$50 fee, paid with the renewal or issuance of a physician's license to support the program. The donations may also be tax deductible.

### **Qualifications:**

To qualify for the California program a physician must meet at least one of the following requirements:

- Speak a Medi-Cal threshold language (Languages prevalent in underserved California areas)
- Come from an economically disadvantaged background
- Have received significant training in cultural and linguistically appropriate service delivery
- Have three years of experience working in an underserved area or with an underserved population

## **Iowa**

Iowa uses the Iowa Health Professions Inventory (IHPI), a computer based tracking system containing demographic, educational and professional information on every active Iowa health practitioner in certain professions. The system does several things:

- Characterize the health workforce in “real time”
- Monitor workforce trends (age, supply, demand, etc.)
- Provide support and justification for new workforce initiatives
  - E.g. recruitment and retention programs
- Evaluate existing workforce programs
- Conduct research that may result in policy changes
- Tracks the number of job openings for health professionals across the State

The data is gathered from myriad sources including; membership rosters at the state’s medical and professional organizations, reports from hospital staff changes, news clippings, and word of mouth.

## **Educational Initiatives**

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### **Pennsylvania**

Pennsylvania’s major initiative in dealing with physician shortage has been in developing the Physician Shortage Area Program (PSAP) through Jefferson Medical College. This program has been in place since 1974 and has proven very successful. Since the program’s inception, 87% of PSAP graduates were practicing family medicine in rural areas 5-10 years after they first located in practice. PSAP graduates were 8 times more likely to practice family medicine in rural areas than their classmates. Additionally, while PSAP graduates account for only 1% of all graduates from the state’s medical schools, they represent 21% of all rural family physicians in Pennsylvania. The program retention rate has also been high; 90% of PSAP graduates, who were practicing in rural or underserved areas 5-10 years ago, are still practicing in those areas today.

#### **The Program:**

PSAP admits 15 students per year. The chosen students have grown up in rural areas and who intend to return to a rural area to practice family medicine. Since 1978, the program has also established a program with six undergraduate institutions, in Pennsylvania, to help with recruitment. Students are given advisors in the Department of Family Medicine, and receive financial aid. During their first two years in the program, students meet often with their advisors and have an opportunity to do summer research in family medicine. In the third and fourth years, PSAP students are required to complete clerkships or sub internships in rural or small town family practice centers.

#### **Implications:**

The director of the PSAP program, Dr. Howard Rabinowitz, argues that this program is a relatively simple, less costly way to deal with the problem of physician shortage. He claims that a PSAP type program costs less than a loan forgiveness program or wide spread curriculum changes. He cautions, however, that these programs need state support to be implemented and sustained, because medical schools don’t have an incentive to develop these programs on their own.

## **Michigan**

Michigan has developed a somewhat similar program to the Pennsylvania program called the Rural Physicians Program (RPP). This program accepts eight applicants to the College of Human Medicine to the program. Most chosen applicants have had significant experience in rural Michigan and are considering practice in a rural area. The program also looks to select applicants with interests and personality traits conducive to living in a rural area, initiative and those likely to be not just excellent physicians but also community leaders.

RPP deals with the physician shortage issue by ensuring that the physicians who are practicing in rural areas have exemplary skills and training that has been tailored specifically to rural situations. The program is designed for students going into primary care fields, but graduates have gone into many specialties.

Students accepted into the program complete their first two years of study at the College's main campus, and then spend their third and fourth year completing a clinical experience at the RPP campus located in Michigan's Upper Peninsula. They have the opportunity to work in hospital, outpatient, school, and other settings.

## **Illinois**

Illinois has instituted the Rural Medical Education program in an attempt to prepare students for unique challenges of being a rural family physician. Those who are chosen for the program must select a family practice residency program as well as practice in rural Illinois. The program educates students not only in family medicine, but also in community interaction. In their last year students participate in a 16 week rural preceptorship experience. The experience focuses on developing clinical skills in a rural environment and a community-oriented research project.

## **Minnesota**

Minnesota has attempted to solve the physician shortage issue in a slightly different way than the aforementioned states. Since 1972, they have had the University Of Minnesota Duluth School Of Medicine, a two year medical school program which specializes in training family physicians to practice in rural areas, as opposed to a of a rural medicine program within a medical school.

- 44% of the graduates practice in communities of less than 20,000
- 63% remain in Minnesota
- 58% practice family medicine, compared to 13% nationally

## **Past New York State Initiatives**

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### Three-Year Limited Medical License and Extension:

- The Board of Regents may grant a three-year waiver of the citizenship or permanent residence requirements for a physician who both meets all other licensure requirements and agrees to serve only in a medically underserved area.

- This waiver may be extended up to six years if the physician is pursuing permanent resident status. The same limitations apply.

#### The Regents Physician Loan Forgiveness Award Program:

- The Program is run through the New York State Education Department
- The State appropriated \$800,000 last year for this program.
- 80 awards of up to \$10,000 per year for up to 2 years have been awarded to physicians agreeing to serve in Designated Physician Shortage Areas
- The amount of the award is based on the amount of undergraduate and medical school loans and loan interest expense that are incurred by the physician
- Recipients who have more than \$20,000 dollars in eligible expenses may apply for an additional two year award
  - Maximum total payment is \$40,000
- Physicians must serve a minimum of 24 months, and must meet several other requirements:
  - Have U.S. citizenship permanent resident status, or be a selected refugee that is approved by the United States Attorney general;
  - Be licensed to practice in New York State
  - Be within two years of completing an accredited residency program in primary care, or have completed a professional residency program in family practice, pediatrics, internal medicine, or psychiatry within the five years immediately preceding the period of the award.
- The Priorities for the Awards are as follows:
  - **First Priority:** Applicants who are completing the second year of the service agreement and are applying for an additional award
  - **Second Priority:** New applicants who agree to practice in an area determined by the Regents to have a severe shortage of primary care physicians

## **Possible New York State Improvements**

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### **Loan Forgiveness**

- Develop a loan forgiveness program more similar to that of California
  - Increase the amount of loan forgiveness to keep it on par with rising medical school costs and therefore provide a greater incentive to serve in an underserved area

- Increase the length of the program and offer repayment in increasing amounts each year to ensure physicians are retained
- Expand loan forgiveness program to include specialty physicians
- Seek private and foundation donations or a voluntary fee to help run the program; therefore, increasing the number of physicians able to be sent to underserved areas
- Establish New York specific qualifications to ensure excellence

### **Educational Reforms**

- Establish state assisted rural medical education programs that accept students likely to practice in rural areas or offer decreased tuition to students to agree to complete residencies in underserved areas
- Offer tuition breaks for students who agree to serve in underserved areas for a certain number of years following residency
- Offer increased medical school courses dealing specifically with rural medicine topics or require rural medicine courses to be a part of the curriculum in state funded medical schools
- Develop programs to promote medical careers to students in rural areas at early ages

### **Data Utilization**

- Create a Statewide data base or utilize preexisting data such as the State's Medicaid Data warehouse in new ways to track physician movement within and in an out of the state
  - This will paint a clearer picture of the need and the changes in need; thereby, allowing for evaluation of other programs or for more effective programs to be developed