

The FY19 Governor's Budget Proposal eliminates Vermont's Educational Loan Repayment (ELR) for Health Care Professionals

We urge the VT Legislature to restore funding for this important health workforce development program.

This program is effective, efficient, innovative, and accountable.

FY18 funding for this program is \$667,000.

Funded via Global Commitment (54% federal, 46% state).

- ❑ It would take **\$306,820 of state funds** to be matched by \$360,180 in federal funds to total \$667,000 and return the program to FY18 level funding.

Community and Employer “Match” Funds Raised by AHEC

2012-2017

Actual Match funds raised by AHEC and disbursed	\$3,284,839
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2018

Match funds pledged and pending	\$ 862,550
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The significant work that AHEC does to raise and administer these funds is a crucial part of the VT Educational Loan Repayment Program’s success. It is by instilling a shared commitment, and by leveraging pooled resources, that AHEC and this program are making a difference in health workforce recruitment and retention, and educational debt reduction.

Workforce is the Foundation of our Health Care System

The workforce is the foundation to health care access and delivery of care when and where it is needed for all citizens.

Educational Loan Repayment is an access to care program.



ELR and Competing Nationally

- Range: \$16,000+/year
- Typical ~\$25,000-\$30,000/year
- As high as ~\$70,000/year (South Dakota)
- MA--\$25,000/yr, ME—up to \$25,000/yr, NH--\$25,000/yr, NY—up to \$30,000/yr, NY—Champlain Valley Physicians Hospital—up to \$40,000/year for Family Medicine
- **Vermont—at ~\$20,000/year (\$10,000 state + \$10,000 match, or could be up to \$20,000/year state + match) is at the lower end of competitive, but “in the game”**
 - **“In the game” because of match funds raised by AHEC and partnership with practices**

Broad support for the program

- Supported regardless of practice business model
- CEOs, Recruiters/Human Resources, Professional Societies, Practitioners
- Expected by students/residents: the pipeline and next generation health professionals

ELR and Competing Nationally



A study published by Pathman et al of the Sheps Center in NC showed 93 programs in 2010, an increase from 87 in 2007. “The study shows that states recognize the importance of loan repayment and other incentives and were willing to create more programs even during the early, toughest years of the recent recession when states’ budgets were stretched thin.” All states except Florida, Hawaii, and Mississippi offered at least one program.

JAMA November 13, 2013, Volume 310, Number 18

2018 Update: Hawaii now has a program.

Vermont's Educational Loan Repayment Program for Health Care Professionals

Primary Care Practitioners (MD, DO, APRN, PA, CNM)

- ✓ Family Medicine
- ✓ Internal Medicine/Adult Primary Care
- ✓ Pediatrics
- ✓ Obstetrics/Gynecology

And

- ✓ Psychiatry
- ✓ Geriatrics

Dentists (DDS/DMD)

- ✓ All specialties, including oral surgeons

Nurses (LPN, RN)

- ✓ Psychiatric
- ✓ Nursing Homes
- ✓ Home Health
- ✓ Public Health/State of Vermont
- ✓ Primary Care/FQHCs

2012-2017 Educational Loan Repayment Awards (not unique people)

Awards Disbursed by Program and Type				
	Job Seeker	Retention	Recruitment	Total
Primary Care:	29	382	21	432
Dental:	9	98	2	109
Nursing:	0	326	0	326
Total:	38	806	23	867

Minimum award amounts established in 2014, resulting in larger awards to fewer recipients. Larger awards were necessary to enhance competitiveness, influence employment decisions, and reduce debt.

Awards Disbursed by County and Program				
	Primary Care	Dental	Nursing	Total
Addison	31	20	5	56
Bennington	15	2	11	28
Caledonia	15	5	22	42
Chittenden	86	34	92	212
Essex	5	3	0	8
Franklin	37	10	23	70
Grand Isle	3	0	0	3
Lamoille	18	6	7	31
Orange	32	0	15	47
Orleans	25	4	20	49
Rutland	58	9	42	109
Washington	51	14	34	99
Windham	28	1	11	40
Windsor	28	1	15	44
Out-of-State	0	0	29	29
Total	432	109	326	867

Loan repayment awards purchase time-dependent service commitments. They are not “rewards” or “gifts.”

2012-2017 Educational Loan Repayment Awards

Worksite Attributes* (not mutually exclusive)	Awards Disbursed	Percentage of Total Awards Disbursed
Total #	867	
FQHC	226	26%
Primary Care	152	35%
Dental	46	42%
Nursing	28	9%
RHC	25	3%
Primary Care	24	6%
Dental	0	0%
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CAH	60	7%
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Nursing	38	12%
Rural	655	76%
Primary Care	346	80%
Dental	75	69%
Nursing	234	72%
MUC	263	30%
Primary Care	143	33%
Dental	58	53%
Nursing	62	19%

*For Glossary of terms and abbreviations, see last page.

	Rural and/or worksite has a federal designation	% to Total Awards	Urban and/or no federal designation (workforce needs still exist and disadvantaged populations are served by these sites)	% to Total Awards	Total
Primary Care	389	90%	43	10%	432
Dental	86	79%	23	21%	109
Nursing	250	77%	76	23%	326
	725	84%	142	16%	867



Awards have been directed to the highest need areas of Vermont. The program maintains a state-wide view (all counties) of access to care for all Vermonters, with an emphasis on disadvantaged populations, and rural and underserved areas.

Educational Loan Repayment Awards

Psychiatry—Physicians

2000 - 2017

# awards made:	154
# of unique award recipients:	54 (0 contract breaches during service obligation—100% retention)
# of recipients practicing in VT*:	36 (67%, long-term/residual retention)
# physicians award recipients placed by AHEC Physician Placement Program:	9 psychiatrists

*source: AHEC data, January 2018

AHEC Physician Placements and Ed Debt Reduction

FY16 18 physicians placed (13 in primary care and 5 in specialty care)

13/18 (72%) placed *received educational debt reduction assistance via AHEC*

FY15: 15 physicians placed (7 in primary care and 8 in specialty care)

11/15 (73%) placed *received educational debt reduction assistance via AHEC*

FY14: 20 physicians placed (12 in primary care and 8 is specialty care)

14/20 (70%) placed *received educational debt reduction assistance via AHEC*

FY13: 21 physicians placed (12 in primary Care and 9 in specialty care)

17/21 (81%) placed *received educational debt reduction assistance via AHEC*

FY12: 23 physicians placed (13 in primary care and 10 in specialty care)

17/23 (74%) placed *received educational debt reduction assistance via AHEC*

ELR Facts

Many health professionals incur crushing educational debt.

2018	Allocation	Minimum annual state award (+ matching funds)	Maximum annual state award (+ matching funds)	# Applications received	Range of CURRENT debt of applicants (lowest to highest)	Total CURRENT Debt of all applicants	Average (mean) Debt of applicants (2)
Primary Care (1)	\$442,111	\$10,000	\$20,000	81	\$13,619-\$420,500	\$9,006,618	\$136,463
Dentists	\$125,000	\$10,000	\$20,000	11	\$82,752-\$816,522	\$2,754,293	\$275,429
Nurses	\$100,000	\$5,000	\$10,000	49	\$5,624-\$110,300	\$1,642,346	\$33,517
Total	\$667,111			141	\$5,624-\$816,522	\$13,403,257	\$107,226

(1) Allocation of \$442,111 Primary Care, per grant from VDH

Northern VT Counties \$210,600

Chittenden County \$60,000

Southern VT Counties \$171,511

(2) Removes unknown persons/recruitment applications from this calculation because debt is unknown (\$0) at this time

From 2017 to 2018, the average (mean) debt of applicants decreased by \$25,793 (from \$133,019 to \$107,226).

2017	Allocation	Minimum annual state award (+ matching funds)	Maximum annual state award (+ matching funds)	# Applications received	Range of CURRENT debt of applicants (lowest to highest)	Total CURRENT Debt of all applicants	Average (mean) Debt of applicants (3)
Primary Care	\$442,111	\$10,000	\$20,000	115	\$12,433-\$658,032	\$8,663,782	\$133,289
Dentists	\$125,000	\$10,000	\$20,000	22	\$43,390-\$594,157	\$5,308,934	\$279,418
Nurses	\$100,000	\$5,000	\$10,000	28	\$5,094-\$80,000	\$925,393	\$33,050
Total	\$667,111			165	\$5,094-\$658,032	\$14,898,109	\$133,019

(3) Removes unknown persons/recruitment applications from this calculation because debt is unknown (\$0) at this time

From 2016 to 2017, the average (mean) debt of applicants increased by \$17,747 (from \$115,272 to \$133,019).

From 2015 to 2016, the average (mean) debt of applicants increased by \$18,283 (from \$96,989 to \$115,272).

From 2014 to 2015, the average (mean) debt of applicants increased by \$17,928 (from \$79,061 to \$96,989).

VT Physician Openings Posted with AHEC (February 9, 2018):

105 physician openings in 27 different specialties in the state

42 are in Primary Care

15 – Family Medicine

14 – Family Medicine or Internal Medicine (willing to hire either)

6 – Internal Medicine

2 – Obstetrics/Gynecology

5 – Pediatrics

63 are in Specialty Care (of the 70, 11 are Psychiatry and 6 are hospitalist)

County breakdown:

Addison	4
Bennington	6
Caledonia	7
Chittenden	21
Essex	2
Franklin	12
Grand Isle	0
Lamoille	4
Orange	4
Orleans	2
Rutland	17
Washington	6
Windham	8
Windsor	12
Total	105

Of the 105 openings, by federal designation or facility type:

FQHC	18
RHC	3
Critical Access Hospital	14
Community Hospital	35
Academic Medical Center	19
Private Practice	6
Mental Health Agency	0
Other Hospitals*	11

*Includes: the VA Hospital and the Brattleboro Retreat

VT AHEC Network: Experienced Leaders in Health Workforce Development

The VT AHEC Network is committed to investing its resources in health workforce development.

We need tools, committed partners, and teamwork.

Educational Loan Repayment is one tool. It is an important tool.

VT's Educational Loan Repayment Program as administered by AHEC works and is a best-value program.

Is the state of Vermont committed to health workforce development?

We urge the VT Legislature to restore funding and consider additional investment in educational loan repayment and health workforce development programs.

Contact Information

University of Vermont
Larner College of Medicine

Area Health Education Centers
(AHEC) Program

1 South Prospect Street
Arnold 5
Burlington, VT

802-656-2179

vtahec.org

AHEC's Purpose: Healthcare Workforce Development

For information about the Vermont Educational Loan Repayment Programs and other health workforce development initiatives, contact Liz Cote at elizabeth.cote@uvm.edu or 802-656-0030.

- ✓ *Workforce Diversity, Distribution, and Practice Transformation*
- ✓ *Connecting students to careers, professionals to communities, and communities to better health*

Glossary

Federal Designations (www.hrsa.gov):

Critical Access Hospital (CAH): A hospital certified under a set of Medicare Conditions of Participation. Some (not a comprehensive list) of the requirements for CAH certification include having no more than 25 inpatient beds; and being located in a rural area.

Federally Qualified Health Center (FQHC): Health centers receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

Rural Health Clinic (RHC): Health centers must be in a non-urbanized area, as defined by the U.S. Census Bureau; and be in an area currently designated by the Health Resources and Services Administration as one of the following types of federally designated or certified shortage areas:

- Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
- Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
- Medically Underserved Area under Section 330(b)(3) of the PHS Act; or
- Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989.

Medical Underserved Community (MUC): A geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area (MUA), and/or medically underserved population (MUP). Training settings are not mutually exclusive.

Workforce Development: VT Educational Loan Repayment for Health Care Professionals

FEBRUARY 2018 LEGISLATIVE TESTIMONY--FY19 STATE BUDGET



THE VERMONT AHEC NETWORK

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Vermont's Educational Loan Repayment for Health Care Professionals has a track record which shows that it:

- ✓ Is successful (i.e., produces results, makes a difference)**
- ✓ Is a necessary investment and has excellent value**
- ✓ Has ongoing high demand**
- ✓ Is relevant to health workforce development and access to care for Vermonters**

This program recruits and retains health professionals where they are needed.

Background: VT AHEC Network: Two Regional AHECs and a Program at UVM

VT AHEC is a network of academic and community partners working together to increase the supply, geographic distribution, diversity, and education of Vermont's healthcare workforce.



VT AHEC Network

Keep your Eyes on the Prize

The overarching goal of VT AHEC is to provide statewide programs that support an appropriate, current and future, health workforce so that all Vermonters have

Access to Care.

Healthy Vermonters through a focus on health workforce development.

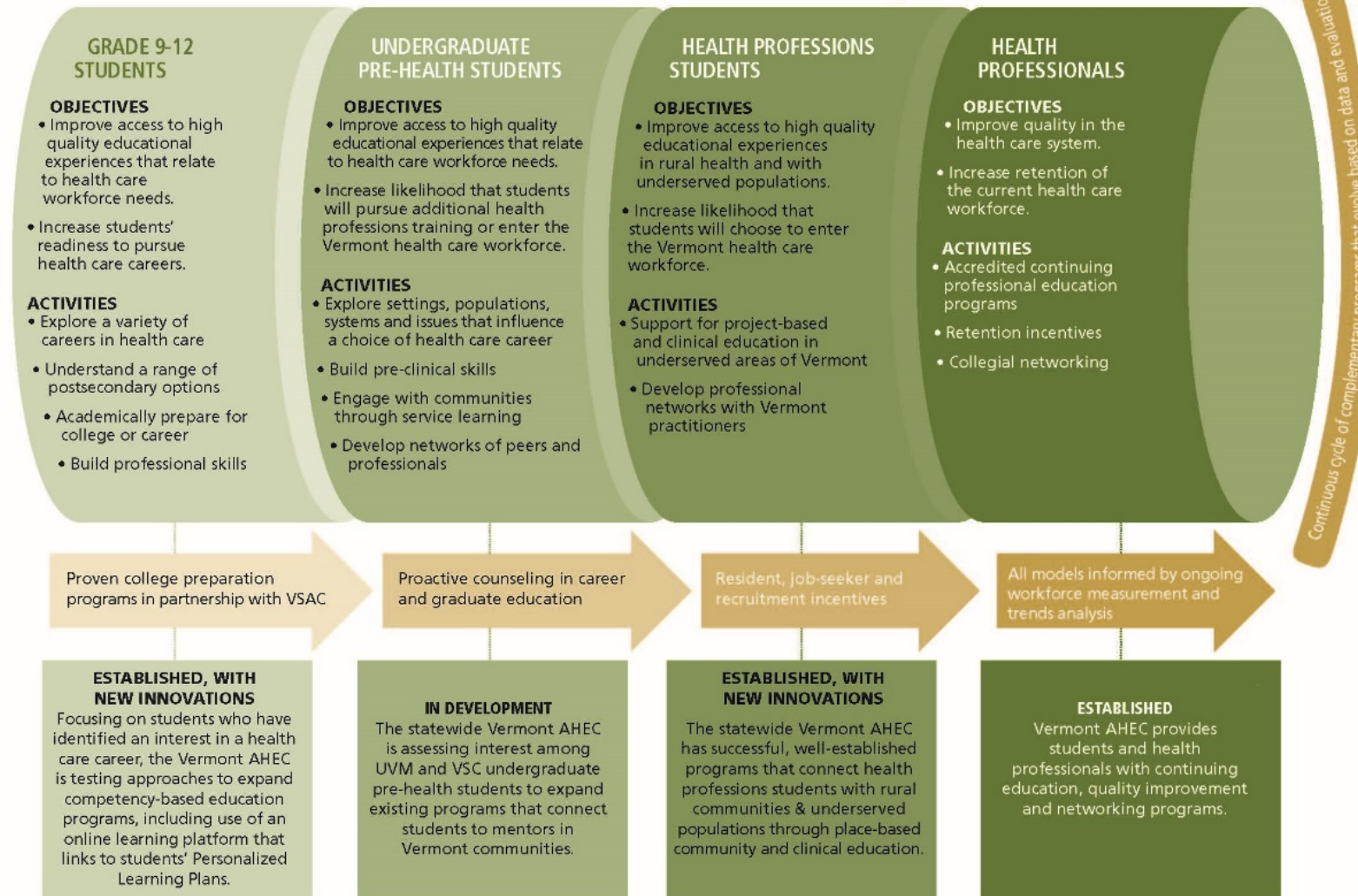
AHEC's Health Workforce Development Strategy: A Continuum—Outreach, Awareness, Education, Activities, and Tools

VT AHEC works across the healthcare workforce pipeline from middle school to practicing health professionals (e.g., medical, nursing, dental, social work, public health), on programs such as:

- ✓ Health careers awareness and exploration
- ✓ Preceptor recruitment for student clinical rotations
- ✓ Interprofessional and community-based projects
- ✓ Workforce recruitment and retention (e.g., educational loan repayment programs, physician recruitment)
- ✓ Quality improvement projects
- ✓ Continuing education for health professionals

VERMONT AHEC HEALTH CARE WORKFORCE DEVELOPMENT

Education & Career Pipeline



AREA HEALTH EDUCATION CENTERS www.vtahec.org | www.nvtahec.org | www.svtahec.org
 Connecting students to careers, professionals to communities and communities to better health

3/2/17

Workforce is the Foundation of our Health Care System

The workforce is the foundation to health care access and delivery of care when and where it is needed for all citizens.

Educational Loan Repayment is an [access to care](#) program.



Educational Loan Repayment (ELR): A Workforce Development Tool, with Longitudinal Tracking, Outcomes, and Program Evaluation

- ✓ Administered by UVM and AHEC since 1997
- ✓ Tailored to Vermont
- ✓ Information- and data-driven
 - ✓ Guided by local, regional, state, and federal data and information
- ✓ An effective workforce pipeline development, recruitment, and retention tool when combined with other AHEC services
- ✓ A workforce development partnership between the State of Vermont, AHEC, health care sites/employers, and individual health professionals—*in it together*

Vermont's Educational Loan Repayment Program for Health Care Professionals

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JAMA November 13, 2013, Volume 310, Number 18

2018 Update: Hawaii now has a program.

ELR and Competing Nationally

This program is critical for recruitment and retention of primary care physicians, psychiatrists, nurse practitioners, physician assistants, nurses, and dentists. We are already facing challenges and workforce shortages. Without the Educational Loan Repayment Program, Vermont is placed at a disadvantage competing for the same highly trained workforce.

ELR and Competing Nationally

- Range: \$16,000+/year, as high as ~\$70,000/year (South Dakota)
- Typical ~\$25,000-\$30,000/year
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 - “In the game” because of match funds raised by AHEC and partnership with practices

Broad support for the program

- Supported regardless of practice business model
- CEOs, Recruiters/Human Resources, Professional Societies, Practitioners
- Expected by students/residents: the pipeline and next generation health professionals

Exacerbating factors in workforce recruitment and retention

- Aging of workforce
- Aging of population
- National competition for trained workforce
- Educational debt
- Spousal employment opportunities
- More recent: Inability to financially buy into or purchase a practice (dental)
- More recent: General cost of living
- More recent: Workplace environment

Educational Loan Repayment Program Highlights

(visit www.vtahec.org to review program overview, flyers, and application materials)

- A strategic and innovative approach--this program's administration and award priorities are adjusted annually based on data, information, and prior year(s) experience and results
- 100% of funds are used for direct awards, to reduce educational debt
- Educational debt is verified (not self-reported)
- Awards are in exchange for a contractual service obligation (e.g., 12-months service/award)
 - The recipient and the employer are co-signers of the contractual service obligation
 - Breach of contract has consequences
- AHEC raises 1:1 match funds from community organizations and employers
- State and match funds are bundled into one award
 - The bundled funds are sent directly to lenders to reduce educational debt
- The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under state-sanctioned Educational Loan Repayment Program for Healthcare Professionals, like the current Vermont program, as exempt for income tax purposes
 - This income tax exclusion provides an even greater incentive for health care professionals to work in areas that need it most
 - Programs operated separately from the state program result in taxable income transactions (i.e., employee or non-employee compensation)

Agency of Human Services
Department of Health
FY 2019 Governor's Recommended Budget

Maintain Funding to UVM AHEC for:

- | | | |
|-------------------------|-----------|---|
| • Program Support | \$500,000 | (\$230,000 state, \$270,000 GC) |
| • Physician Recruitment | \$ 62,000 | (State, \$45,540 GC, \$12,000 HRSA grant) |
| • Academic Detailing | \$460,000 | (All special fund, Act 80) |

Agency of Human Services
Department of Health
FY 2019 Governor's Recommended Budget

Eliminate Funding for Loan Repayment \$667,000

- Programs are intended to improve access to primary care in rural and underserved areas.
- Financial incentives offered to recruit and retain providers.
- Insufficient data nationally to assess effectiveness.
- In Vermont, few awards going to providers in underserved areas.

Educational Loan Repayment Program primary care awards 2012-2016:

	Population per FTE	Total Providers	MD	Nursing
Higher need	>3500	5	2	3
	3-3,500	2	2	0
	2,400-3,000	6	1	5
	1,500-2,400	143	41	102
Lower need	<1500	277	105	172
	Total	433	151	282

Population per FTE ratios form the basis of HRSA's Health Professional Shortage Areas (HPSA), which in turn form the basis of the work in the Office of Rural Health. Only four MD's out of 151 have been placed in two tiers of pop to FTE ratio that would actually qualify as HPAs, over the last 5 years.

	Population per FTE	Total Providers	MD	Nursing
Higher need ↑	>3500	5	2	3
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= Grand Isle County
= Essex County

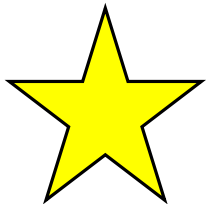
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Ratio of Population to Providers

What are the ratios?

Each HPSA category has a unique **ratio of population to providers**, which has been identified as the point at which it can be designated as having a shortage of health professionals.

	Primary Care	Mental Health	Dental Health
Geographic	3,500:1	6,000:1 & 20,000:1 CMH and Psychiatrists OR 9,000:1 CMH only 30,000:1 Psy only	5,000:1
Population	3,000:1	4,500:1 & 15,000:1 CMH and Psychiatrists OR 6,000:1 CMH only 20,000:1 Psy only	4,000:1
Facility	1,000:1	2,000:1	1,500:1
	Min Pop 500	Min Inmate Pop 250	Min Pop 1,000



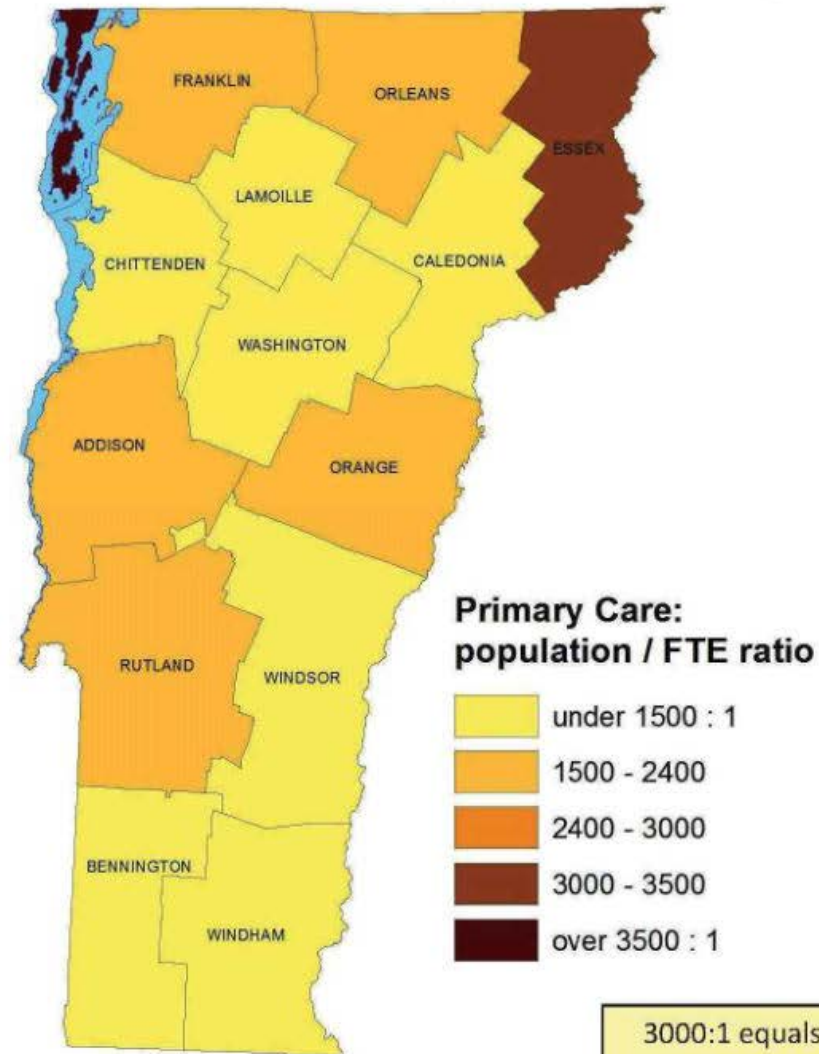
Facility-based HPSAs/Auto HPSAs =
many of VT's FQHCs/RHCs



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2016 Primary Care Physicians by County



3000:1 equals about 33 FTEs
per 100,000 population

Vermont Department of Health 2016 Physician Census

VDH Report Published: November 2017

AHEC-Defined Primary Care Sites by County

	Total #	Total %
Addison	9	5%
Bennington	18	9%
Caledonia	8	4%
Chittenden	50	26%
Essex	2	1%
Franklin	16	8%
Grand Isle	2	1%
Lamoille	9	5%
Orange	8	4%
Orleans	7	4%
Rutland	17	9%
Washington	16	8%
Windham	17	9%
Windsor	12	6%
Total	191	100%

AHEC-Defined Primary Care Practitioners (PCPs)

Note: # is headcount, and is not converted to full-time equivalents (FTEs)

	Total #	Total %
Addison	47	5%
Bennington	52	6%
Caledonia	48	5%
Chittenden	275	31%
Essex	10	1%
Franklin	53	6%
Grand Isle	4	0%*
Lamoille	34	4%
Orange	33	4%
Orleans	28	3%
Rutland	77	9%
Washington	85	10%
Windham	64	7%
Windsor	65	7%
Total	875	100%

There are 2 practice sites in Grand Isle (pop. 6,919) and 2 sites in Essex¹ (pop. 6,176). These represent 2% of the sites in VT (and care for 2% of VT's population). 14 PCPs work at these sites, representing 1.6% of Vermont's PCPs.

¹ There is a third FQHC New Hampshire-owned site not included, but will be added during our next primary care survey.

*Due to rounding; less than 1%

Workforce data source: AHEC data, January 2018
Population data source: census.gov, July 2017

AHEC takes a statewide view of need and comprehensive approach (e.g., the primary care specialty, # of hours worked per week, # of Medicaid service, ed debt level, etc.).

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2012-2017 Educational Loan Repayment Awards--Total Unique Awardees

Retention (Primary Care Practitioners, and Dentists

290 Total Unique Awardees	Working in Vermont in VT in 2018	Not Working in Vermont or Unknown	Total	% in VT to Total Unique Awardees
PC Awardees Working in Vermont:	186	54	240	78%
Dental Awardees Working in Vermont:	43	7	50	86%
Total:	229	61	290	

AHEC will continue to examine short- and long-term retention.

Unique Awardees 2012-2017 Working In VT in 2018	Rural and/or worksite has a federal designation	% to Total	Urban and/or no federal designation (worksite needs still exist and disadvantaged populations are served by these sites)	% to Total	Total
Primary Care (PC):	151	81%	35	19%	186
Dental:	31	72%	12	28%	43
Total:	182		47		229

Educational Loan Repayment Awards

Psychiatry—Physicians

2000 - 2017

# awards made:	154
# of unique award recipients:	54 (0 contract breaches during service obligation—100% retention)
# of recipients practicing in VT*:	36 (67%, long-term/residual retention)
# physicians award recipients placed by AHEC Physician Placement Program:	9 psychiatrists

*source: AHEC data, January 2018

Educational Cost and Debt

Undergraduate time, costs and debt

4 years

+

Medical/dental school time, costs and debt

4 years

Cost of attendance ~ \$250,000 to \$350,000 for 4 years of medical school

Cost of attendance ~\$450,000 for 4 years of dental school

+

Medical Residency/fellowship program(s) time

3-4+ years, reduced earnings during this training period

=

Debt accumulates, interest accrues

Not atypical to be in mid-30s before beginning full earnings

Educational debt repayment begins

Family needs

Educational costs and debt are factors in career path, specialty, and employment decisions.

ELR Facts

Many health professionals incur crushing educational debt.

2018	Allocation	Minimum annual state award (+ matching funds)	Maximum annual state award (+ matching funds)	# Applications received	Range of CURRENT debt of applicants (lowest to highest)	Total CURRENT Debt of all applicants	Average (mean) Debt of applicants (2)
Primary Care (1)	\$442,111	\$10,000	\$20,000	81	\$13,619-\$420,500	\$9,006,618	\$136,463
Dentists	\$125,000	\$10,000	\$20,000	11	\$82,752-\$816,522	\$2,754,293	\$275,429
Nurses	\$100,000	\$5,000	\$10,000	49	\$5,624-\$110,300	\$1,642,346	\$33,517
Total	\$667,111			141	\$5,624-\$816,522	\$13,403,257	\$107,226

(1) Allocation of \$442,111 Primary Care, per grant from VDH

Northern VT Counties \$210,600

Chittenden County \$60,000

Southern VT Counties \$171,511

(2) Removes unknown persons/recruitment applications from this calculation because debt is unknown (\$0) at this time

From 2017 to 2018, the average (mean) debt of applicants decreased by \$25,793 (from \$133,019 to \$107,226).

2017	Allocation	Minimum annual state award (+ matching funds)	Maximum annual state award (+ matching funds)	# Applications received	Range of CURRENT debt of applicants (lowest to highest)	Total CURRENT Debt of all applicants	Average (mean) Debt of applicants (3)
Primary Care	\$442,111	\$10,000	\$20,000	115	\$12,433-\$658,032	\$8,663,782	\$133,289
Dentists	\$125,000	\$10,000	\$20,000	22	\$43,390-\$594,157	\$5,308,934	\$279,418
Nurses	\$100,000	\$5,000	\$10,000	28	\$5,094-\$80,000	\$925,393	\$33,050
Total	\$667,111			165	\$5,094-\$658,032	\$14,898,109	\$133,019

(3) Removes unknown persons/recruitment applications from this calculation because debt is unknown (\$0) at this time

From 2016 to 2017, the average (mean) debt of applicants increased by \$17,747 (from \$115,272 to \$133,019).

From 2015 to 2016, the average (mean) debt of applicants increased by \$18,283 (from \$96,989 to \$115,272).

From 2014 to 2015, the average (mean) debt of applicants increased by \$17,928 (from \$79,061 to \$96,989).

2018 ELR Application Stats

Applications by County and Program (excludes "job seeker" applications)				
	Primary Care	Dental	Nursing	Total
Addison	3	2	0	5
Bennington	11	0	0	11
Caledonia	5	1	4	10
Chittenden	12	1	7	20
Essex	2	0	1	3
Franklin	8	2	10	20
Grand Isle	1	0	0	1
Lamoille	0	0	2	2
Orange	8	0	0	8
Orleans	8	0	0	8
Rutland	2	1	14	17
Washington	10	1	7	18
Windham	3	0	2	5
Windsor	4	1	2	7
Total	77	9	49	135

The above table excludes 6 job seekers, since worksite location is unknown at this time.

Applications by Program and Federal Designation				
	FQHC/CHC	RHC	CAH	Total
Primary Care:	35	7	0	42
Dental:	5	0	0	5
Nursing:	18	1	1	20
Total:	58	8	1	67

State Funding History

2019	TBD
2018	\$667,111
2017	\$667,111
2016	\$667,111
2015	\$970,000
2014	\$970,000
2013	\$870,000
2012	\$870,000
2011	\$870,000
2010	\$870,000
2009	\$1,460,000 to \$1,435,000 (rescission)
2008	\$1,420,000
2007	\$880,000
2006	\$590,000
2005	\$540,000

2018 Applications by Current Educational Debt									
	Number of Applications	Total Debt	Average Debt	Range of Debt (lowest)	Range of Debt (highest)	Difference between lowest and highest	Range of Monthly Payment (lowest)	Range of Monthly Payment (Highest)	Average Monthly Payment
Primary Care:	66	\$9,006,618	\$136,464	\$13,619	\$420,500	\$406,881	\$0	\$2,803	\$760
Dental:	10	\$2,754,293	\$275,429	\$82,752	\$816,522	\$733,770	\$725	\$3,833	\$1,759
Nursing:	49	\$1,642,346	\$33,517	\$5,624	\$110,229	\$104,605	\$0	\$1,392	\$275
Total:	125	\$13,403,257	\$107,226	\$5,624	\$816,522	\$810,898	\$0	\$3,833	\$650

* Debt is verified from educational and lending institutions across the country.

* \$0 monthly payment—still in deferment, payment amount TBD

* The above table does not include 16 recruitment applications since the person/debt information is unknown. 2018 total application # is 141 (125 + 16).

State of Loan Servicing Organization	Number of Applications	% of Loans by State Loan Servicing Organization	Total Debt by State Loan Servicing Organization	% of Total Debt by State Loan Servicing Organization	Monthly Payments by State Loan Servicing Organization	% of Total Monthly Payments by State Loan Servicing Organization	1 Calendar Year of Loan Payments by State Loan Servicing Organization
GA	41	33%	\$ 3,547,557	26%	\$26,980	33%	\$ 323,755
PA	40	32%	\$ 4,614,881	34%	\$20,843	26%	\$ 250,114
IL	1	1%	\$ 21,774	0%	\$303	0%	\$ 3,636
ME	1	1%	\$ 248,260	2%	\$1,733	2%	\$ 20,796
NE	6	5%	\$ 712,871	5%	\$5,291	7%	\$ 63,492
MO	4	3%	\$ 1,393,533	10%	\$3,864	5%	\$ 46,366
RI	1	1%	\$ 15,807	0%	\$171	0%	\$ 2,052
UT	1	1%	\$ 134,598	1%	\$1,030	1%	\$ 12,358
VT	7	6%	\$ 250,915	2%	\$4,272	5%	\$ 51,269
WI	23	18%	\$ 2,463,063	18%	\$16,701	21%	\$ 200,407
Totals	125	100%	\$ 13,403,257	100%	\$81,187	100%	\$ 974,244

Education debt is a real concern to these individuals and is a consideration that influences employment decisions.

Most educational loan repayment funds are sent out-of-state; supports broader workforce infrastructure and economy out-of-state. When these loans are repaid, dollars are freed up to be invested locally.

Community and Employer “Match” Funds Raised by AHEC

2012-2017

Actual Match funds raised by AHEC and disbursed	\$3,284,839
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2018

Match funds pledged and pending	\$ 862,550
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The significant work that AHEC does to raise and administer these funds is a crucial part of the VT Educational Loan Repayment Program’s success. It is by instilling a shared commitment, and by leveraging pooled resources, that AHEC and this program are making a difference in health workforce recruitment and retention, and educational debt reduction.

AHEC Recruitment & Retention

Your career-long healthcare workforce partners

Diversity & Distribution of the healthcare workforce in Vermont

Physician Placement Services for Vermont positions

- Vermont physician openings
- Educational Loan Repayment
- Annual Recruitment and Networking Day

Jennifer Savage, Physician Placement Professional

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AHEC Physician Placement Services for Vermont positions

A Targeted Approach, Long-range Initiative

- Targets individuals with a connection to Vermont
- Completes longitudinal tracking and regular outreach
- Provides resources and support
- Matches UVM LCOM graduates/UVMMC residents to Vermont physician openings/needs
- Uses loan repayment incentive to encourage MDs to move back to VT or stay in VT to practice medicine
- Warm/hot leads referred to practices

“Vermont: A great place to live and work” is laced throughout every workforce recruitment and retention effort, but is not enough. Marketing gimmicks are not going to work for this highly-trained, highly-indebted, and in-demand workforce.

South Dakota’s broad workforce recruitment program, Dakota Roots, has recently received attention of VT state officials and media. One tool is:

South Dakota \$209,000 in physician/dentist loan repayment over 3 years (~\$70,000/year)

<https://doh.sd.gov/providers/ruralhealth/recruitment/RAP.aspx>

VT Physician Openings Posted with AHEC (February 9, 2018):

105 physician openings in 27 different specialties in the state

42 are in Primary Care

15 – Family Medicine

14 – Family Medicine or Internal Medicine (willing to hire either)

6 – Internal Medicine

2 – Obstetrics/Gynecology

5 – Pediatrics

63 are in Specialty Care (of the 70, 11 are Psychiatry and 6 are hospitalist)

County breakdown:

Addison	4
Bennington	6
Caledonia	7
Chittenden	21
Essex	2
Franklin	12
Grand Isle	0
Lamoille	4
Orange	4
Orleans	2
Rutland	17
Washington	6
Windham	8
Windsor	12
Total	105

Of the 105 openings, by federal designation or facility type:

FQHC	18
RHC	3
Critical Access Hospital	14
Community Hospital	35
Academic Medical Center	19
Private Practice	6
Mental Health Agency	0
Other Hospitals*	11

*Includes: the VA Hospital and the Brattleboro Retreat

AHEC Physician Placements and Ed Debt Reduction

FY16 18 physicians placed (13 in primary care and 5 in specialty care)

13/18 (72%) placed *received educational debt reduction assistance via AHEC*

FY15: 15 physicians placed (7 in primary care and 8 in specialty care)

11/15 (73%) placed *received educational debt reduction assistance via AHEC*

FY14: 20 physicians placed (12 in primary care and 8 is specialty care)

14/20 (70%) placed *received educational debt reduction assistance via AHEC*

FY13: 21 physicians placed (12 in primary Care and 9 in specialty care)

17/21 (81%) placed *received educational debt reduction assistance via AHEC*

FY12: 23 physicians placed (13 in primary care and 10 in specialty care)

17/23 (74%) placed *received educational debt reduction assistance via AHEC*



Working together. Each play an important and necessary role.

VT AHEC Network: Experienced Leaders in Health Workforce Development

The VT AHEC Network is committed to investing its resources in health workforce development.

We need tools, committed partners, and teamwork.

Educational Loan Repayment is one tool. It is an important tool.

VT's Educational Loan Repayment Program as administered by AHEC works and is a best-value program.

Is the state of Vermont committed to health workforce development?

We urge the VT Legislature to restore funding and consider additional investment in educational loan repayment and health workforce development programs.

Contact Information

University of Vermont
Larner College of Medicine

Area Health Education Centers
(AHEC) Program

1 South Prospect Street
Arnold 5
Burlington, VT

802-656-2179

vtahec.org

AHEC's Purpose: Healthcare Workforce Development

For information about the Vermont Educational Loan Repayment Programs and other health workforce development initiatives, contact Liz Cote at elizabeth.cote@uvm.edu or 802-656-0030.

- ✓ *Workforce Diversity, Distribution, and Practice Transformation*
- ✓ *Connecting students to careers, professionals to communities, and communities to better health*

Glossary

Federal Designations (www.hrsa.gov):

Critical Access Hospital (CAH): A hospital certified under a set of Medicare Conditions of Participation. Some (not a comprehensive list) of the requirements for CAH certification include having no more than 25 inpatient beds; and being located in a rural area.

Federally Qualified Health Center (FQHC): Health centers receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

Rural Health Clinic (RHC): Health centers must be in a non-urbanized area, as defined by the U.S. Census Bureau; and be in an area currently designated by the Health Resources and Services Administration as one of the following types of federally designated or certified shortage areas:

- Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
- Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
- Medically Underserved Area under Section 330(b)(3) of the PHS Act; or
- Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989.

Medical Underserved Community (MUC): A geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area (MUA), and/or medically underserved population (MUP). Training settings are not mutually exclusive.