

**UVM AHEC Physician Placement Program**

The objective of the UVM AHEC Physician Placement program is to recruit physicians to positions in Vermont, with an emphasis on rural and underserved areas. To accomplish this, the program works with UVM Larner College of Medicine (LCOM) graduates and UVM Medical Center medical residents and fellows to match them to the practices where they are needed.

Annual Program Performance Measure: Place a minimum of five new physicians in Vermont's rural and/or underserved areas during the fiscal year (July to June).

**Summary Data for FY11-FY19**

The AHEC Physician Placement Program placed 149 new physicians (92 in primary care and 57 in specialty care) in Vermont over the past nine years (FY11-FY19). Of the 149 placements, 104 (70%) received educational loan repayment assistance. Of the 92 primary care physicians placed, 73 (79%) received educational loan repayment/debt reduction assistance as an incentive. Working with candidates, practice environment and geographic location fit are consistently identified as the top two considerations, with compensation and loan repayment identified as additional factors. Educational loan repayment is a necessary tool in recruiting physicians to practice in Vermont.

**FY19 16 physicians placed (11 in primary care and 5 in specialty care)**

**9/16 physicians placed *ever received educational debt reduction assistance***

**11 in primary care:**

- 4 placed in rural counties (Addison, Rutland, Washington)
- 1 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)
- 1 placed at Critical Access Hospitals (CAHs)
- 2 placed at Community Hospitals
- (\*Also placed 1 AG-PCNP at an FQHC and 1 FNP at a Community Hospital practice)

**FY18 19 physicians placed (10 in primary care and 9 in specialty care)**

**11/19 physicians placed *ever received educational debt reduction assistance***

**10 in primary care:**

- 1 placed in rural counties (Washington)
- 1 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)
- 0 placed at Critical Access Hospitals (CAHs)
- 1 placed at Community Hospitals
- (\*Also placed 2 PAs in private practice primary care)

**9 in specialty care:**

- 4.5 placed in rural counties (Franklin, Addison, Washington)
- 0 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)
- 2 placed at Critical Access Hospitals (CAHs)
- 2.5 placed at Community Hospitals

**FY17 17 physicians placed (11 in primary care and 6 in specialty care)**

**6/17 physicians placed *ever received educational debt reduction assistance***

**11 in primary care:**

- 7 placed in rural counties (Franklin-2, Washington-4, Windsor)
- 2 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)
- 1 placed at Critical Access Hospitals (CAHs)
- 4 placed at Community Hospitals

**6 in specialty care:** 3 placed in rural counties (Franklin, Lamoille, Washington)  
0 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
1 placed at Critical Access Hospitals (CAHs)  
2 placed at Community Hospitals

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

**13/18 physicians placed *ever received educational debt reduction assistance***

**13 in primary care:** 9 placed in rural counties (Addison-4, Franklin, Orange, Rutland, Washington-2)  
3 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
2 placed at Critical Access Hospitals (CAHs)  
4 placed at Community Hospitals

**5 in specialty care:** 1 placed in a rural county (Franklin)  
0 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
0 placed at Critical Access Hospitals (CAHs)  
1 placed at Community Hospitals

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

**11/15 physicians placed *ever received educational debt reduction assistance***

**7 in primary care:** 4 placed in rural counties (Addison, Caledonia, Orleans, Rutland)  
3 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
3 placed at Critical Access Hospitals (CAHs)  
0 placed at Community Hospitals

**8 in specialty care:** 6 placed in rural counties (3-Franklin, Orleans, Rutland, Washington)  
0 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
1 placed at Critical Access Hospitals (CAHs)  
5 placed at Community Hospitals

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

**14/20 physicians placed *ever received educational debt reduction assistance***

**12 in primary care:** 6 placed in rural counties (Caledonia, Lamoille, Washington, Windsor, 2-Windham)  
2 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
1 placed at Critical Access Hospitals (CAHs)  
1 placed at Community Hospitals

**8 in specialty care:** 7 placed in rural counties (2-Addison, Franklin, 3-Washington, Windsor)  
1 placed at Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs)  
2 placed at Critical Access Hospitals (CAHs)  
2 placed at Community Hospitals

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

**17/21 physicians placed *ever received educational debt reduction assistance***

**12 in primary care:** 5 placed in rural counties (Lamoille, Grand Isle, Rutland, Franklin, Bennington)  
3 placed at FQHCs  
0 placed at CAHs  
1 placed at Community Hospitals

**9 in specialty care:** 5 placed in rural counties (2-Rutland, Washington, Franklin, Windham)  
0 placed at FQHCs  
0 placed at CAHs  
3 placed at Community Hospitals

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

**17/23 physicians placed *ever received educational debt reduction assistance***

**13 in primary care:** 10 placed in rural counties (4-Addison, Franklin, Rutland, Windsor, 2-Windham, Washington)  
3 placed at FQHCs  
6 placed at CAHs  
0 placed at Community Hospitals

**10 in specialty care:** 3 placed in rural counties (Washington, Orleans, Windham)  
0 placed at FQHCs  
1 placed at CAHs  
1 placed at Community Hospitals

**FY11: 19 physicians placed (13 in primary care, 6 in specialty care)**

**16/19 physicians placed *ever received educational debt reduction***

**13 in primary care:** 5 placed in rural counties (Caledonia, Orleans, Orange, Addison, Bennington)  
2 placed at FQHCs  
3 placed at CAHs  
1 placed at Community Hospitals

**6 in specialty care:** 2 placed in rural counties (Bennington and Windsor)  
0 placed at FQHCs  
0 placed at CAHs  
0 placed at Community Hospitals

**VT physician openings currently posted (February 2020) with the UVM AHEC Physician Program:**

**126 physician openings in 25 different specialties in the State of Vermont**

- **55 are in Primary Care**
  - 23 – Family Medicine
  - 13 – Family Medicine or Internal Medicine (Willing to hire either)
  - 5 – Internal Medicine
  - 6 – Obstetrics/Gynecology
  - 8 - Pediatrics
- **69 are in Specialty Care** (of the 55, ten are Psychiatry and four are hospitalist)

**County breakdown:**

- Addison 3
- Bennington 15
- Caledonia 7
- Chittenden 36
- Essex 1
- Franklin 5
- Grand Isle 0
- Lamoille 7
- Orange 7
- Orleans 4
- Rutland 10
- Washington 12
- Windham 12
- Windsor 7
- Total 126

**Of the 126 openings, by federal designation or facility type:**

- FQHC 23
- RHC 1
- Critical Access Hospital 16
- Community Hospital 38
- Academic Medical Center 30
- Private Practice 10
- Mental Health Agency 1
- Other Hospitals\* 7

\*Includes: the VA Hospital and the Brattleboro Retreat

Federal Designations ([www.hrsa.gov](http://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.