Workforce Development: Health Care Professionals

VERMONT SENATE HEALTH AND WELFARE COMMITTEE TESTIMONY, APRIL 3, 2019

THE VERMONT AHEC NETWORK
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.
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 through a focus on 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

GRADE 9-12 STUDENTS

OBJECTIVES
- Improve access to high quality educational experiences that relate to health care workforce needs.
- Increase students' readiness to pursue health care careers.

ACTIVITIES
- Explore a variety of careers in health care.
- Understand a range of postsecondary options.
- Academically prepare for college or career.
- Build professional skills.

UNDERGRADUATE PRE-HEALTH STUDENTS

OBJECTIVES
- Improve access to high quality educational experiences that relate to health care workforce needs.
- Increase likelihood that students will pursue additional health professions training or enter the Vermont health care workforce.

ACTIVITIES
- Explore settings, populations, systems and issues that influence a choice of health care career.
- Build pre-clinical skills.
- Engage with communities through service learning.
- Develop networks of peers and professionals.

HEALTH PROFESSIONS STUDENTS

OBJECTIVES
- Improve access to high quality educational experiences in rural health and with underserved populations.
- Increase likelihood that students will choose to enter the Vermont health care workforce.

ACTIVITIES
- Support for project-based and clinical education in underserved areas of Vermont.
- Develop professional networks with Vermont practitioners.

HEALTH PROFESSIONALS

OBJECTIVES
- Improve quality of the health care system.
- Increase retention of the current health care workforce.

ACTIVITIES
- Accredited continuing professional education programs.
- Retention incentives.
- Collegial networking.

ESTABLISHED, WITH NEW INNOVATIONS

Focusing on students who have identified an interest in a health care career, the Vermont AHEC is testing approaches to expand competency-based education programs, including use of an online learning platform that links to students' Personalized Learning Plans.

IN DEVELOPMENT

The statewide Vermont AHEC is assessing interest among UNM and VSC undergraduate pre-health students to expand existing programs that connect students to mentors in Vermont communities.

ESTABLISHED, WITH NEW INNOVATIONS

The statewide Vermont AHEC has successful, well-established programs that connect health professionals with rural communities and underserved populations through place-based community and clinical education.

ESTABLISHED

Vermont AHEC provides students and health professionals with continuing education, quality improvement and networking programs.

AREA HEALTH EDUCATION CENTERS
- vtahec.org | www.nvtahec.org | www.nvtahec.org

Connecting students to careers, professionals to communities and communities to better health

vtahec.org

3/2/17
FY20 Governor’s Budget Proposal and Funding History

AHEC Program
- $500,000 (source: state, GC)—FY20 Governor’s Budget Proposal
- Level funding since FY06
- No indirect fee taken
- In December 2017, AHEC reduced from 3 to 2 regional centers (cut 5 staff positions) for efficiency and as a necessary strategy to sustain VT AHEC Network programs statewide

Educational Loan Repayment (ELR) Program for Health Care Professionals
- $667,111 (source: state, GC)—FY20 Governor’s Budget Proposal
- Level funding since FY16
- 100% of funds used for awards, no indirect or direct administrative fee taken
- $970,000 funding in FY15, funding peaked at $1,460,000 in FY09

State Loan Repayment Program (SLRP) for Health Care Professionals
- $215,500 (source: federal HRSA grant)
- 100% of funds used for awards, no indirect or direct administrative fee taken
- New in FY15 (via federal grant), funding peaked at $250,000 in FY15-FY17

VT Academic Detailing
- $450,000 (source: special fund—Pharmaceutical Manufacturer Fee, Act 80)—FY20 Governor’s Budget Proposal
- FY18 funding increase to: expand (doubled the # of academic detailing sessions delivered), add opioid-related curricula, and implement Project ECHO tele-education program
- $200,000 level funding from FY06 to FY17

MD Placement Program
- $62,000 (source: $50,000 state, $12,000 federal HRSA grant)—FY20 Governor’s Budget Proposal
- Level funding since FY15
AHEC Health Workforce Development Highlights

- **2018-19 (FY19)**, in progress.

- In **2017-18 (FY18)**, VT AHEC provided continuing education to 2,579 health professionals, generated more than 1,244 high school student connections, and involved all medical students at the UVM LCOM. VT AHEC worked with 176 primary care practice sites in the state, almost half of which precepted UVM LCOM students. VT AHEC supported 607 health professions student clinical rotations. Additionally, VT AHEC’s physician recruitment program directly facilitated 19 new physician placements (signed employment contracts) in VT: 11 primary care and 8 specialty care physicians, one of which was psychiatry; 6 placed in rural counties; and 2 placed at Federally Qualified Health Centers (FQHCs).

- In **2016-17 (FY17)**, VT AHEC provided continuing education to 2,088 health professionals, generated more than 2,290 high school student connections, and involved all medical students at the UVM LCOM. VT AHEC worked with 191 primary care practice sites in the state, almost half of which precepted UVM LCOM students. VT AHEC supported 646 health professions student clinical rotations. Additionally, VT AHEC’s physician recruitment program directly facilitated 16 new physician placements in VT: 11 primary care and 5 specialty care physicians, one of which was psychiatry; 9 placed in rural counties; and 2 placed at FQHCs.

- In **2015-16 (FY16)**, VT AHEC provided continuing education to 2,904 health professionals, generated more than 4,090 high school student connections, and involved all medical students at the UVM COM. VT AHEC worked with 195 primary care practice sites in the state, almost half of which precepted UVM COM students. Additionally, VT AHEC’s physician recruitment program directly facilitated 18 new physician placements in VT: 12 primary care and 6 specialty care physicians, one of which was psychiatry/child; 10 placed in rural counties; and 3 placed at FQHCs.

- In **2014-15 (FY15)**, VT AHEC provided continuing education to 3,815 health professionals, reached 3,473 high school students, and involved all medical students at the UVM COM. VT AHEC worked with 215 primary care practice sites in the state, almost half of which precepted UVM COM students. Additionally, VT AHEC’s physician recruitment program directly facilitated 15 new physician placements in VT: 7 primary care and 8 specialty care physicians; 10 placed in rural counties; and 3 placed at FQHCs or designated Rural Health Clinics (RHCs).
Vermont Educational Loan Repayment (ELR and SLRP) for Health Care Professionals

Loan repayment is a recruitment and retention tool; it can be used to strategically respond to state workforce needs. Loan repayment is most effective when part of a comprehensive workforce development strategy. Understanding impact requires longitudinal tracking of the workforce.

ELR Funding Summary (state appropriation)

FY16, 17, 18, 19, and 20 projected based on Governor’s Budget Proposal

$442,111 primary care, geriatrics, psychiatry (MDs/DOs, APRNs, PAs, CNMs)

$125,000 dentists (DDS/DMD)

$100,000 nurses (LPNs and RNs)

$667,111 total

Adding new eligible disciplines, specialties, or programs requires additional funding for direct awards and administration. Unmet need remains in existing programs.

SLRP Funding Summary (federal HRSA grant, new grant period started FY19)

FY19, and 20 projected

$212,500 primary care, geriatrics, psychiatry (MDs/DOs, APRNs, PAs, CNMs), dentists (DDS/DMD) working at federally designated FQHCs or RHCs or in a federally designated health professions shortage area (HPSA) or Medical Underserved Community (MUC).
Medical Practitioners (MD, DO, APRN, PA, CNM)*

- Primary Care: Family Medicine
- Primary Care: Internal Medicine/Adult Primary Care
- Primary Care: Pediatrics
- Primary Care: 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

* High priority applicants include those providing substance use disorder treatment.
Educational Loan Repayment and Competing Nationally

This program is critical for recruitment and retention of primary care physicians, psychiatrists, nurse practitioners, physician assistants, nurses, and dentists. We currently face workforce challenges and shortages. Most states have loan repayment programs for health professionals. Without the Educational Loan Repayment Program, Vermont would be placed at a disadvantage competing nationally for the same highly trained workforce.
Educational Loan Repayment and Competing Nationally

But it’s not that simple...

• Arms race between states, and organizations
• Which professions to focus on for loan repayment and other incentive programs?
  Healthcare professionals, physicians, nurses, personal care attendances, licensed nursing assistants, EMTs, mental health and substance use disorder counselors, social workers, child care providers, teachers, dentists, school bus drivers, fire fighters, police officers, dairy and farm workers, truck drivers, funeral directors, hotel workers, resort workers, restaurant workers, cashiers and retail workers, construction workers, ski patrol members, etc.
• Education financing policies
• Strategic priorities of programs
• Leverage federal programs:
  
  https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program.html


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

- Started by the State of Vermont in 1995
- 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, federal HRSA, AHEC, health care sites/employers, and individual health professionals—*in it together*
Educational Loan Repayment Program
(visit www.vtahec.org to review program overview, flyers, and application materials)

• A strategic 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; 24-months for SLRP)
  o The recipient and the employer are co-signers of the contractual service obligation
  o Breach of contract has serious financial consequences
• AHEC raises 1:1 match funds from community organizations and employers
• State/federal and match funds are bundled into one award
  o 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 as exempt for income tax purposes
  o This income tax exclusion provides an even greater incentive for health care professionals to work in areas that need it most
  o Programs operated separately from the state program result in taxable income transactions (i.e., employee or non-employee compensation)
FY15-18 Educational Loan Repayment Awards Disbursed (not unique people); FY19 is in progress

<table>
<thead>
<tr>
<th>Awards Disbursed by Program and Type</th>
<th>Job Seeker</th>
<th>Retention</th>
<th>Recruitment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care:</td>
<td>14</td>
<td>232</td>
<td>10</td>
<td>256</td>
</tr>
<tr>
<td>Dental:</td>
<td>6</td>
<td>73</td>
<td>0</td>
<td>79</td>
</tr>
<tr>
<td>Nursing:</td>
<td>0</td>
<td>88</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>Total:</td>
<td>20</td>
<td>393</td>
<td>10</td>
<td>423</td>
</tr>
</tbody>
</table>

Loan repayment awards purchase time-dependent service commitments (i.e., a contractual obligation). They are not “rewards” or “gifts.” Contractual obligations are monitored to ensure service delivery.

<table>
<thead>
<tr>
<th>Awards Disbursed by County and Program</th>
<th>Primary Care</th>
<th>Dental</th>
<th>Nursing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>5</td>
<td>12</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Bennington</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Caledonia</td>
<td>17</td>
<td>5</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Chittenden</td>
<td>49</td>
<td>22</td>
<td>24</td>
<td>95</td>
</tr>
<tr>
<td>Essex</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Franklin</td>
<td>21</td>
<td>10</td>
<td>8</td>
<td>39</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Lamoille</td>
<td>11</td>
<td>5</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Orange</td>
<td>28</td>
<td>0</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>Orleans</td>
<td>21</td>
<td>2</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Rutland</td>
<td>33</td>
<td>7</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Washington</td>
<td>23</td>
<td>12</td>
<td>19</td>
<td>54</td>
</tr>
<tr>
<td>Windham</td>
<td>11</td>
<td>0</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Windsor</td>
<td>21</td>
<td>2</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>256</td>
<td>79</td>
<td>88</td>
<td>423</td>
</tr>
</tbody>
</table>
FY15-18 Educational Loan Repayment Awards Disbursed—Total Unique Awardees, FY19 is in progress

Retention (Primary Care Practitioners, Dentists, Nurses)

<table>
<thead>
<tr>
<th>233 Total Unique Awardees</th>
<th>Working in VT in 2019</th>
<th>Not working in VT or Unknown</th>
<th>Total</th>
<th>% in VT to Total Unique Awardees</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC Awardees Working in VT</td>
<td>126</td>
<td>13</td>
<td>139</td>
<td>91%</td>
</tr>
<tr>
<td>Dental Awardees Working in VT</td>
<td>35</td>
<td>2</td>
<td>37</td>
<td>95%</td>
</tr>
<tr>
<td>Nursing Awardees working in VT</td>
<td>57</td>
<td>0</td>
<td>57</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>218</td>
<td>15</td>
<td>233</td>
<td>94%</td>
</tr>
</tbody>
</table>

Unique Awardees 2015-2018 Working in 2019

<table>
<thead>
<tr>
<th>Rural and/or worksite has a federal designation</th>
<th>% to total</th>
<th>Urban and/or no federal designation (worksite needs still exist and disadvantaged populations are served by these sites)</th>
<th>% to total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>99</td>
<td>79%</td>
<td>27</td>
<td>21%</td>
</tr>
<tr>
<td>Dental</td>
<td>25</td>
<td>71%</td>
<td>10</td>
<td>29%</td>
</tr>
<tr>
<td>Nursing *</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>124</td>
<td>37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Nursing data are unavailable. A new, re-designed AHEC database was implemented in FY17; we migrated select data for FY97 to FY16 and nursing worksite information was not populated. These data, FY17+, will be available in the future.

Data indicate that active contractual service obligations are effective. Long-range retention or “residual benefit” following completed service obligation is likely, possibly influenced by community assimilation and established roots.

AHEC will continue to examine short- and long-term retention.
FY2000 - 2018
Educational Loan Repayment (ELR/SLRP) Awards
Psychiatry—Physicians, Nurse Practitioners, Physician Assistants

# awards made (disbursed): 172

# of unique award recipients: 67 (0 contract breaches during service obligation—100% retention)
# of recipients practicing in VT*: 45 (67%, long-term/residual retention beyond contractual service obligation)

*source: AHEC data, March 2019

FY2011 to 2018
The AHEC Physician Placement Program facilitated 10 psychiatrist placements statewide.
2019 Loan Repayment (ELR/SLRP) Program Applications in Progress

<table>
<thead>
<tr>
<th>2019 Program Type (3/6/19 data)</th>
<th>Number of Applications (1)</th>
<th>Total Debt (2)</th>
<th>Average Debt</th>
<th>Range of Debt (lowest)</th>
<th>Range of Debt (highest)</th>
<th>Difference between lowest and highest</th>
<th>Range of Monthly Payment Lowest (3)</th>
<th>Range of Monthly Payment Highest (4)</th>
<th>Average Monthly Payment (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>100</td>
<td>$15,091,647</td>
<td>$150,916</td>
<td>$15,776</td>
<td>$747,199</td>
<td>$731,423</td>
<td>$0</td>
<td>$4,183</td>
<td>$956</td>
</tr>
<tr>
<td>Dental</td>
<td>26</td>
<td>$6,860,406</td>
<td>$263,862</td>
<td>$27,024</td>
<td>$601,642</td>
<td>$574,618</td>
<td>$0</td>
<td>$6,589</td>
<td>$1,592</td>
</tr>
<tr>
<td>Nursing</td>
<td>47</td>
<td>$1,792,442</td>
<td>$38,137</td>
<td>$6,068</td>
<td>$120,527</td>
<td>$114,459</td>
<td>$0</td>
<td>$1,400</td>
<td>$314</td>
</tr>
<tr>
<td>Total</td>
<td>173</td>
<td>$23,744,495</td>
<td>$137,251</td>
<td>$6,068</td>
<td>$747,199</td>
<td>$741,131</td>
<td>$0</td>
<td>$6,589</td>
<td>$877</td>
</tr>
</tbody>
</table>

(1) The above table does not include 8 recruitment applications since the person/debt information is unknown. 2019 total applications received is 181 (173 +8).
(2) Debt is verified via documentation from educational lending institutions across the country.
(3) $0 monthly payment—still in deferment, payment amount TBD.
(4) Most educational loan repayment funds are sent to out-of-state lenders and centralized processing centers; supports broader workforce infrastructure and economy out-of-state. When these loans are repaid, dollars are freed up to be invested locally. Education debt is a real concern to these individuals and is a consideration that influences employment decisions.

<table>
<thead>
<tr>
<th>2019 Program Type (3/6/19 data)</th>
<th>Number of Awards in Process (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>65</td>
</tr>
<tr>
<td>Dental</td>
<td>20</td>
</tr>
<tr>
<td>Nursing</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
</tr>
</tbody>
</table>

(5) Awards in process (contract may not be fully executed, or funds disbursed), includes recruitment applicants: 107 offers to 181 applicants (59% of applicants). Significant unmet need remains.
Community and Employer “Match” Funds Raised by AHEC

FY 2019
In progress

FY2015-2018
Actual match funds raised by AHEC and disbursed  $2,685,380

Match funds include employer and private match funds raised specifically for loan repayment.

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
jennifer.savage@uvm.edu
AHEC Physician Placement Services for Vermont positions

A Targeted Approach, Long-range Initiative

- Targets individuals with a connection to Vermont
- Leverages connections to all VT AHEC programs; cultivates rapport, provides support programs during training
- 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.

Example from another state:

South Dakota offers $219,000 in physician/dentist loan repayment over 3 years (web page accessed 3/6/19)
https://doh.sd.gov/providers/ruralhealth/recruitment/RAP.aspx
**Physician Openings Posted with AHEC (March 1, 2019):**

*Vermont Openings*

<table>
<thead>
<tr>
<th>120 physician openings in 27 different specialties in the state</th>
<th>VT County breakdown:</th>
<th>Of the 120 openings, by federal designation or facility type:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>48 are in Primary Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 – Family Medicine</td>
<td>Addison 5</td>
<td>FQHC 21</td>
</tr>
<tr>
<td>10 – Family Medicine or Internal Medicine (willing to hire either)</td>
<td>Bennington 8</td>
<td>RHC 2</td>
</tr>
<tr>
<td>4 – Internal Medicine</td>
<td>Caledonia 10</td>
<td>Critical Access Hospital 25</td>
</tr>
<tr>
<td>2 – Obstetrics/Gynecology</td>
<td>Chittenden 34</td>
<td>Community Hospital 28</td>
</tr>
<tr>
<td>7 – Pediatrics</td>
<td>Essex 2</td>
<td>Academic Medical Center 28</td>
</tr>
<tr>
<td><strong>72 are in Specialty Care</strong> (of the 72, 10 are Psychiatry, 8 are Hospitalist, 8 are Emergency Medicine)</td>
<td>Franklin 4</td>
<td>Private Practice 8</td>
</tr>
<tr>
<td></td>
<td>Grand Isle 0</td>
<td>Mental Health Agency 1</td>
</tr>
<tr>
<td></td>
<td>Lamoille 10</td>
<td>Other Hospitals* 7</td>
</tr>
<tr>
<td></td>
<td>Orange 6</td>
<td>*Includes: the VA Hospital and the Brattleboro Retreat</td>
</tr>
<tr>
<td></td>
<td>Orleans 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rutland 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Washington 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Windham 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Windsor 11</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>120</td>
<td></td>
</tr>
</tbody>
</table>
FY18: 19 physicians placed (11 in primary care and 8 in specialty care)—Final year with active Freeman funding recipients in our pipeline
11 of 19 (58%) placed received educational debt reduction assistance via AHEC

FY17: 16 physicians placed (11 in primary care and 5 in specialty care)
7 of 16 (44%) placed received educational debt reduction assistance via AHEC

FY16: 18 physicians placed (13 in primary care and 5 in specialty care)—ELR/SLRP 1:1 employer match now required
13 of 18 (72%) placed received educational debt reduction assistance via AHEC

FY15: 15 physicians placed (7 in primary care and 8 in specialty care)—First year including SLRP funding
11 of 15 (73%) placed received educational debt reduction assistance via AHEC

FY14: 20 physicians placed (12 in primary care and 8 in specialty care)
14 of 20 (70%) placed received educational debt reduction assistance via AHEC

FY13: 21 physicians placed (12 in primary Care and 9 in specialty care)
17 of 21 (81%) placed received educational debt reduction assistance via AHEC

FY12: 23 physicians placed (13 in primary care and 10 in specialty care)—Final year of scholarship/loan repayment awards via Freeman Funding
17 of 23 (74%) placed received educational debt reduction assistance via AHEC
Educational Cost and Debt

Undergraduate time, costs and debt
- 4 years

Medical/dental school time, costs and debt
- 4 years
  - Cost of attendance ~ $243,000 to $356,000 for 4 years of medical school
  - Cost of attendance ~ $464,000 for 4 years of dental school

Medical Residency/fellowship program(s) time
- 3-4+ years, reduced earnings during this training period

Total educational debt accumulates, interest accrues (may be compounding interest during periods of deferment or forbearance)

Not atypical to be in mid-30s before beginning full earnings
  - Educational debt repayment begins
  - Family needs
  - Educational debt impacts ability to finance private practice, and homeownership

Many health professionals incur significant educational debt, impacting compensation requirements and expectations for loan repayment assistance.

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

Current higher education financing policies, educational costs and debt, have a future impact on employers, cost of services, workforce make up, and access to services.
• The VT AHEC Network is committed to investing its resources in health workforce development.

• The VT AHEC Network has limited and decreasing capacity due to insufficient funding. Increased state investment in VT AHEC is recommended.

• Investment in early pipeline development work is critical to growing the next generation of health professionals.

• We need tools, committed partners, and teamwork.

• Educational Loan Repayment is one tool. It is an important tool, but not a standalone solution. Exploration of additional, complementary and innovative programs and tools is recommended.

• Longitudinal tracking of students, program participants, and workforce trends is necessary for program evaluation and understanding broader impact and outcomes; it is also challenging, labor intensive, and requires robust data systems.
More information is available at:
www.vtahec.org

Information about AHEC Workforce Recruitment and Retention Programs:
http://www.med.uvm.edu/ahec/healthprofessionsstudentsandresidents/workforce-recruitment-retention

Educational Loan Repayment Program Overview and Eligibility:
http://www.med.uvm.edu/ahec/forms/educational-loan-repayment

AHEC Primary Care Workforce Snapshot and Nursing Workforce Reports:
http://www.med.uvm.edu/ahec/workforceresearchdevelopment/reports
VDH Health Care Workforce Data is available at:

Census using re-licensure data


VT Physician Workforce (2016 Physician Census, VDH)
• In 7 of 14 counties, at least 39% of the primary care physicians were over age 60
• 28% of primary care physicians graduated from UVM Larner College of Medicine
• 25% of primary care physicians completed UVMMC Residency
• 41% of primary care physicians completed training in VT

VT Dentists Workforce (2017 Dentists Census, VDH)
• 35% of dentists are 60 or older
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.

**Medically 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.