



CHANGING
Maryland
for the Better

The State Office of Rural Health and Workforce Development Recruitment Efforts

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Objective

- Overview of State Office of Rural Health and workforce Development and Recruitment Programs
 - 3 Rnet
 - Tax Credit Preceptor Program
 - Area Health Education Program
 - J1 Wavier
 - National Health Service Corps (NHSC)
 - State Loan Repayment Program (SLRP)
 - Maryland State Loan Repayment Program (MLRP)



State Office of Rural Health

- The Maryland State Office of Rural Health (**SORH**) is federally funded by the Health Resources and Services Administration's **Office of Rural Health Policy (ORHP)** to provide technical assistance to rural entities throughout Maryland; coordinate rural health resources and activities in the State; encourage health provider recruitment and retention in the State; collect and disseminate information; and participate in local, state, and federal partnerships.
- The Maryland SORH's mission is to improve the quality of healthcare for all rural Marylanders by developing strong partnerships; building local resources; promoting relevant state and national rural health policies; and supporting efforts to recruit and retain health care providers in rural areas.



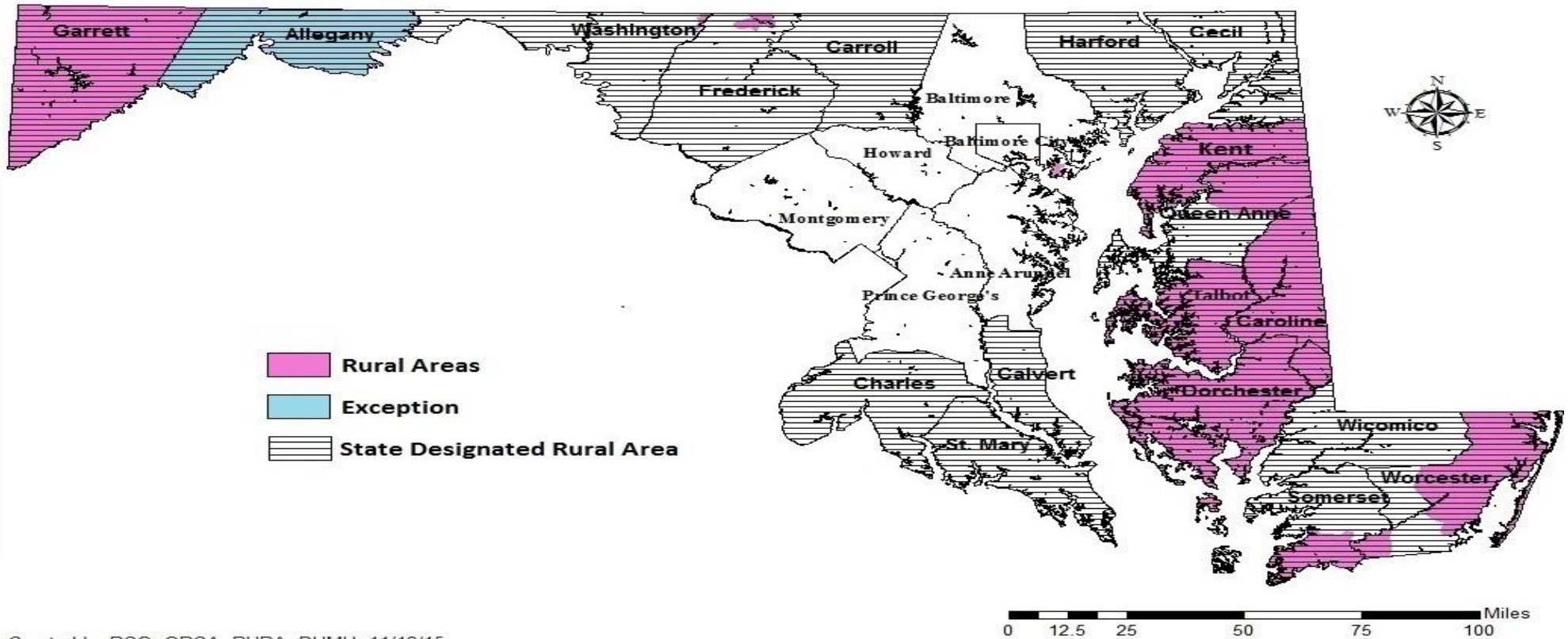
Definitions

- Health Professional Shortage areas (HPSA)
- Medical Underserved areas (MUA)
- Primary Care Providers (PCP)
- State and Federal Rural



SORH Jurisdictions

Federal and State Designated Rural Areas in Maryland



Created by PCO, OPCA, PHPA, DHMH, 11/12/15

Source: List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties, Office of Rural Health Policy, HRSA.

Source: The Maryland General Assembly, in statute Article 41 Section 15-41, of the annotated Code of Maryland (COMAR) effective July 2003, designated 18 counties as rural.

* Allegany County is deemed metropolitan by HRSA, however area can apply for rural grants due to a large prison population stipulation.



Current Workforce Coverage

Provider Type	Caroline	Dorchester	Kent	Queen Annes	Talbot	
Primary Care Provider	13	17	18	25	40	
Dentist	11	13	8	24	28	
Professional Counselors	17	79	41	29	62	
Social Workers	61	150	52	70	167	
Psychologist	0	5	8	9	7	
Psychiatrist	2	9	4	3	14	



3 RNet

- A nonprofit organization focused on jobs specifically geared to candidates interested in rural and underserved America.
- 3RNet works to create a 'hub' for jobs in rural and underserved areas across the country in order to **recruit** health care professionals to rural areas of the county.
- From 10/01/2015 to 09/30/2016, there were 639 active candidates on 3RNet interested in working in Maryland
- Maryland has 62 registered facilities.



Tax Credit Preceptor Program

- The Preceptor Tax Credit Program is from Senate Bill 411 (Income Tax Credit for Preceptors in area with Health Care Workforce Shortages)
- This program authorizes a credit against the State income tax for individuals who have served as a preceptor in certain preceptorship programs and work in certain areas of the State with health care workforce shortage.



Tax Credit Preceptor Program

What is Health Care Workforce Shortage Area?

- Health professional shortage area (HPSA)
- Medically underserved area (MUA)
- Medical underserved population (MUP)
- Federal designated rural areas
- State designated rural area
- State defined shortage area
- Other areas defined as in need by the secretary of DHMH or Governor or as otherwise determined by DHMH on consultation with the Governor's Workforce Development Board.



Tax Credit Preceptor Program

Eligibility

- Physician and nurse practitioners who provide preceptorship without compensation in an organized system of clinical experience for the purpose of attaining specified learning objectives.
- Be recognized as a preceptor by a liaison committee on medical education accredited medical school or program recognized by the Board of Nursing.
- Act as a preceptor for a minimum of three rotations each year consisting of 160 hours.
- Practice location in a health care workforce shortage area.

Credit Amount and Limits

- The credit certificate will be issued by DHMH in the amount of \$1000 for each student whom the physician or nurse practitioner acted as a preceptor without compensation.
- The tax credit amount for individual preceptor for any taxable year may not exceed \$10,000.
- The total amount of income tax credit certificates in total may not exceed \$100,000 for any taxable year.



AHEC

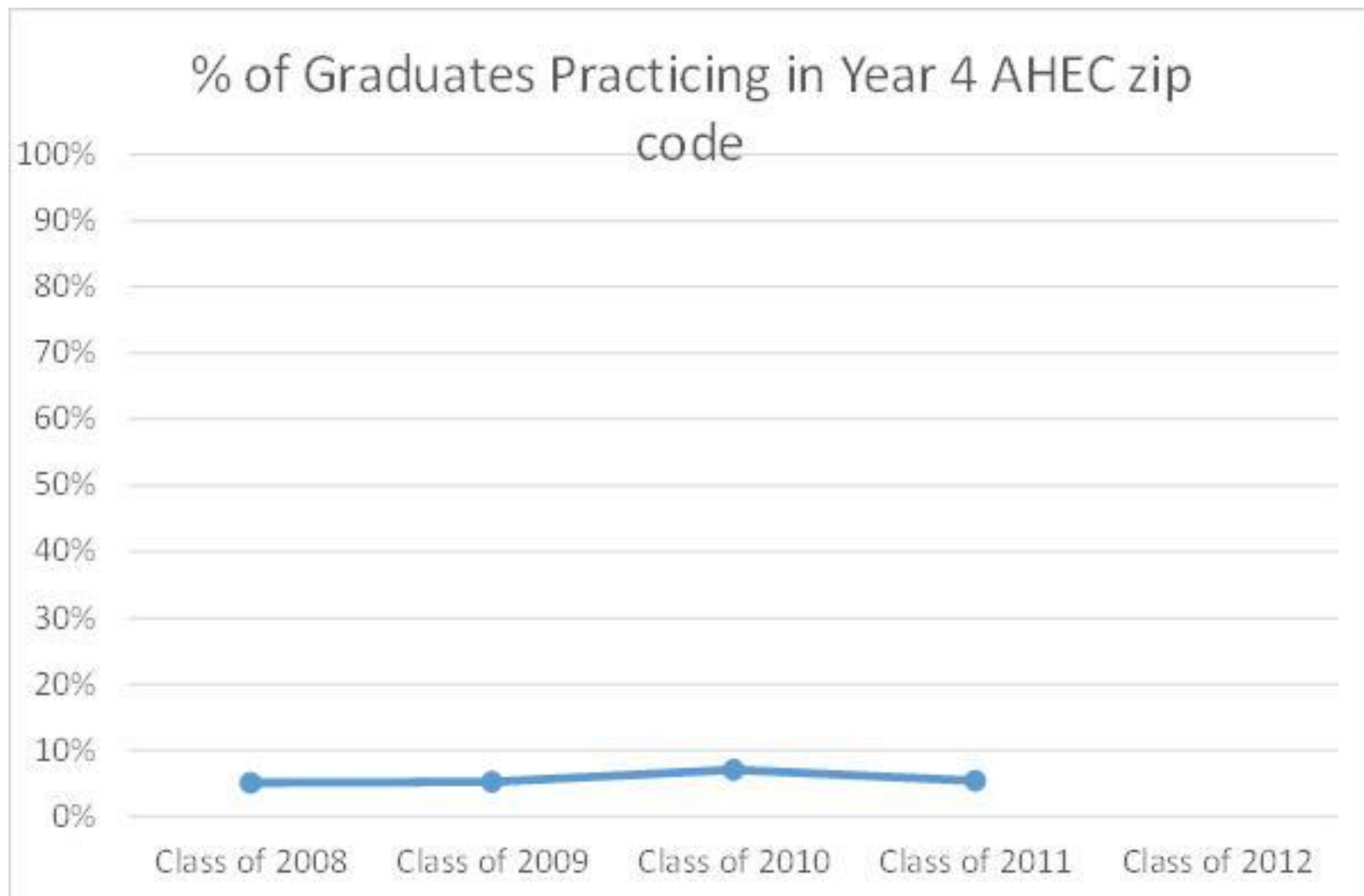
- What is AHEC
 - Area Health Education Centers (AHECs) work to improve health through **recruitment, training, and retention** of a diverse health work force for rural and underserved communities.
- AHECs in Maryland
 - AHEC West
 - Eastern Shore AHEC
 - Baltimore AHEC



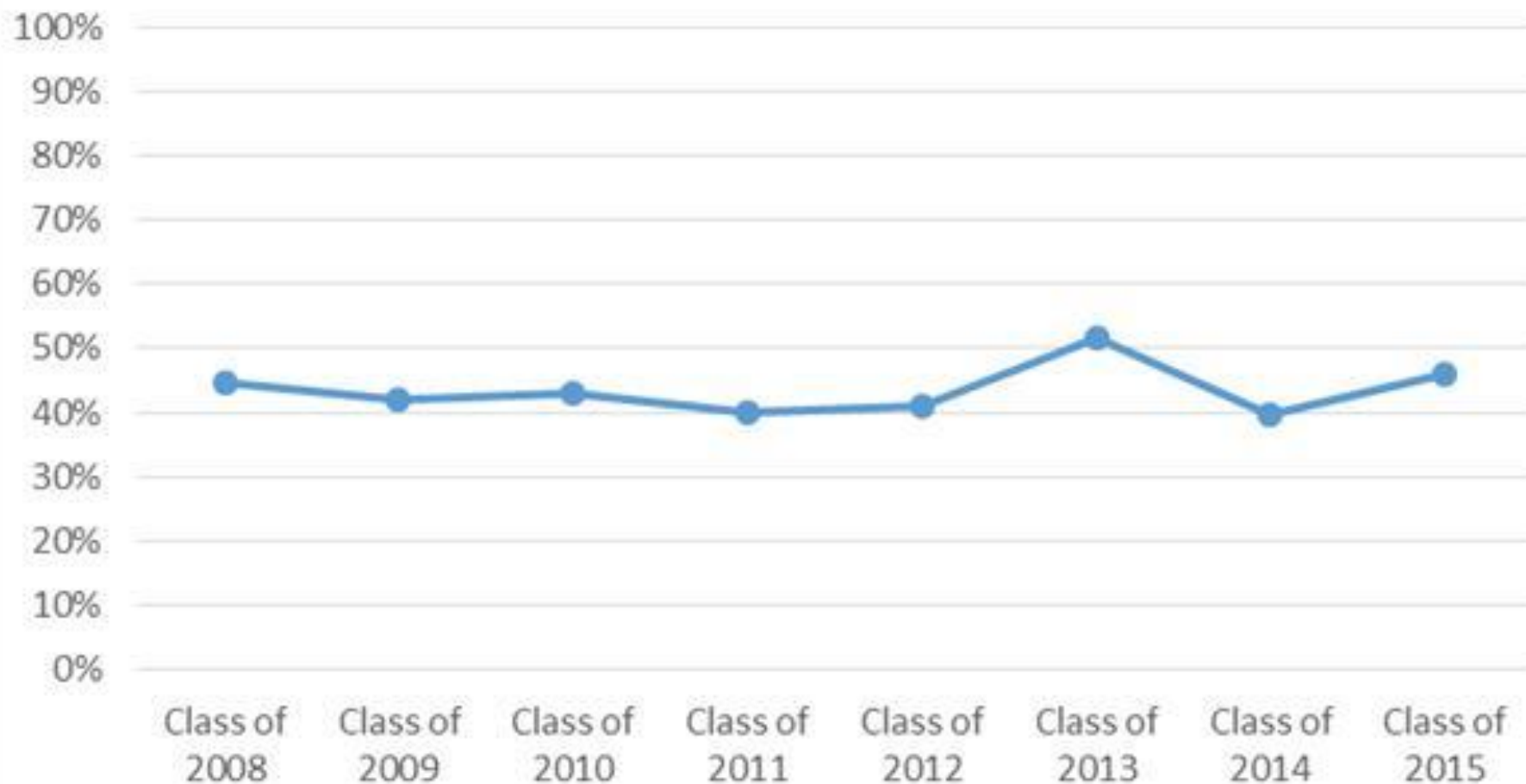
AHEC Recruitment Efforts

- The Maryland AHEC Office in collaboration with the University of Maryland School of Medicine conducted a longitudinal analysis from the class of 2008-2012:
 - The percentage of graduates practicing in their year 4 AHEC site or Zip code
 - The percentage of graduates entering primary care
 - The percentage of graduate practicing in primary care HPSA
 - Percentage of graduates practicing in a MUA





% of Graduates entering Primary Care



% of Graduates Practicing in a Primary Care HPSA



% of Graduates Practicing in a Medically Underserved Area



AHEC Study Summary

- Low retention to rural counties
- An average of 50% of graduates entering primary care
- An average of 25% graduate practicing in a HPSA
- An average of 50% of graduates practicing in a MUA



J-1 Visa Waiver Program

- The Maryland Primary Care Office (PCO) reviews applications and makes recommendations to the United State Citizens and Immigration Services (USCIS) for foreign-born physicians requesting waivers for their J-1 Visa, which requires them to return to their home country for two years at the end of their medical training. The waiver is granted in exchange for the physician's agreement to work in an underserved area for three years.
- Maryland is granted 30 waiver slots per federal fiscal year for primary care and specialty physicians. 20 slots are for physicians in federally designated shortage areas, the other 10 slots are FLEX spots and can be in non-designated areas as long as a specific need is being filled.
- The Appalachian Regional Commission (ARC) will request a waiver of immigration requirements for foreign-trained physicians doing residency work in the United States under a J-1 visa. Physicians receiving these waivers must practice for at least three years in rural Appalachian areas that suffer significant shortages of health care providers. These areas, called Health Professional Shortage Areas, are identified by the U.S. Public Health Service. Requests for waivers under the ARC J-1 Visa Program must be sponsored by a state within the Appalachian Region.



National Health Service Corps (NHSC)

- NHSC is a federal loan repayment program for the following practitioner types:
 - ❖ Primary Care Physician (MD or DO)
 - ❖ Dentist (DDS or DMD)
 - ❖ Primary Care Certified Nurse Practitioner (NP)
 - ❖ Certified Nurse-Midwife (CNM)
 - ❖ Primary Care Physician Assistant (PA)
 - ❖ Registered Dental Hygienist (RDH)
 - ❖ Health Service Psychologist (HSP)
 - ❖ Licensed Clinical Social Worker (LCSW)
 - ❖ Psychiatric Nurse Specialist (PNS)
 - ❖ Marriage and Family Therapist (MFT)
 - ❖ Licensed Professional Counselor (LPC)
- *DHMH only processes site applications and not individual applications.*



State Loan Repayment Program

- The State Loan Repayment Program is a federal program that offers educational loan repayment to primary care providers who agree to work in a Health Professional Shortage Area.
- Providers such as:
 - *Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)*
 - *Nurse practitioners (specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health, and certified nurse midwives)*
 - *Physician assistants (primary care, specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)*
 - *Dental professionals (general, pediatric and geriatric dentists, and registered dental hygienists)*
 - *Mental health professionals (health service psychologists, licensed clinical social workers, marriage and family therapists, and licensed professional counselors)*
 - *Registered Nurses*
 - *Pharmacists*
- Practitioner must be working for a non-profit organization.
- Two year obligation period with up to **\$100,000** loan repayment award.



MARYLAND State Loan Repayment Program (SLRP)

- SLRP in Maryland is a collaborative effort among state and federal entities. SLRP offers physicians and physician assistants an opportunity to practice in a designated Health Professional Shortage Area (HPSA) while also getting funds to help pay their higher education loans. Physicians and Physician Assistants practicing in eligible primary care fields may apply for loan repayment.



SLRP in Maryland

- **Eligible Primary Care Fields**
 - General Internal Medicine
 - Family Medicine
 - General Pediatrics
 - Women’s Health
 - Obstetrics and Gynecology, or
 - General Psychiatry
- **Eligible Practice Sites:** An eligible practice site is one operated as a public clinic by any federal, state, local governmental entity or a non-profit medical care facility that 1) treats all persons regardless of ability to pay, and 2) is located in a geographic region of Maryland that the Health Resources and Services Administration has designated as a HPSA (Primary Care HPSA for internal medicine, family medicine, pediatrics and obstetrics/gynecology; Mental HPSA for psychiatry).



Maryland State Loan Repayment Program(MLRP)

- MLARP provides loan assistance for primary care physicians, physician assistants, and medical residents specializing in primary care who pledge to practice in an underserved area of the State. Physicians and physician assistants practicing in eligible primary care fields may apply.
- **Eligible Primary Care Fields:**
 - General Internal Medicine
 - Family Medicine
 - General Pediatrics
 - Women's Health
 - Obstetrics and Gynecology
 - General Psychiatry
 - Emergency Medicine, or
 - Geriatrics
- Medical residents specializing in Primary Care may also apply. Service obligation begins after residency is completed. Practice site after residency completion **MUST** be located in a HPSA, MUA, or DHMH designated area.
- **Eligible Practice Sites:** An eligible practice site is one operated as a public clinic by any federal, state, local governmental entity, a non-profit medical care facility, or for profit entity that 1) treats all persons regardless of ability to pay, and 2) is located in a geographic region of Maryland that the Health Resources and Services Administration has designated as a HPSA or DHMH has designated as a professional shortage area.



Eligible Provider/Site Types

Eligible Site Types

- Federally-Qualified Health Centers
- FQHC Look-Alikes
- State Mental Health Hospitals
- Community Outpatient facilities
- Community Mental Health Facilities
- Long-Term Care Facilities
- State and Local Health Department Clinics
- Free Clinics
- Mobile Units if see patients in HPSAs
- School-based Health Clinics
- Urban Indian Health Clinics
- State or Federal Correctional Facilities
- Solo or Group Private Practices
- For-profit

Eligible Provider Types

- General Internal Medicine
- Family Medicine
- General Pediatrics
- Women's Health
- Obstetrics and Gynecology
- General Psychiatry
- Emergency Medicine, or
- Geriatrics
- Specialist



Difference/ Similarities between SLRP and MLRP

Eligibility	SLRP	MLRP
HPSA	Yes	Yes/No
MUA	Yes/No	Yes/No
Primary Care	Yes	Yes/No
Specialist	No	Yes
Non for profit	Yes	Yes/No
For profit	No	Yes
Rural	Yes/No	Yes/No
Physician Assistant	Yes/No	Yes/No
Medical Resident	No	Yes



SLRP/MLARP DISTRIBUTION BY COUNTY/JURISDICTION

	FY'08	FY'09	FY'10	FY'11	FY'12	FY'13	FY'14	FY'15	FY'16
Allegany								2	1
Anne Arundel		1			1				1
Baltimore City	5	7	7	5	12	6	14	9	24
Baltimore County	3	1	1	1				1	
Calvert									1
Caroline						1			
Carroll									1
Cecil									1
Charles									
Dorchester								1	2
Frederick									
Garrett									1
Harford									
Howard		1				1		2	
Kent									
Montgomery			2						1
Prince George's	1	2			1	1		2	1
Queen Anne's									
Somerset									
St. Mary's									
Talbot									
Washington									
Wicomico			1						2
Worcester	2	1	1	2	1	2			
Maryland Total	11	13	12	8	15	11	14	17	36



J1 DISTRIBUTION BY COUNTY/JURISDICTION

	FY'08	FY'09	FY'10	FY'11	FY'12	FY'13	FY'14	FY'15	FY'16
Allegany	2	4	1	3	4	2	6	4	8
Anne Arundel	1		1		1				
Baltimore City	3	4	8	8	9	15	10	9	10
Baltimore County		1		1		3	4	2	
Calvert	4	6		2	3	3	3	2	1
Caroline	1								
Carroll			1						
Cecil	1	2	1	2	4	1	2		
Charles		1				4	2	1	3
Dorchester		1		1	1	1	2	2	1
Frederick									
Garrett									
Harford				1					
Howard			1			2			
Kent	1				2	1	1	2	
Montgomery		1		1	1		1	1	2
Prince George's	1		2	2		2	2	1	1
Queen Anne's								1	
Somerset	2		2	1		1		1	
St. Mary's		2		3	2	4	1	3	
Talbot			2	2		2			
Washington	1				1		2		1
Wicomico	3	3	1	8	3	3	3	8	4
Worcester	1		1				1		
Maryland Total	21 Sites (18 Physicians)	25 Sites (22 Physicians)	21 Sites (18 Physicians)	35 Sites (30 Physicians)	31 Sites (30 Physicians)**	44 Sites (30 Physicians)	40 Sites (30 Physicians)	37 Sites (30 Physicians)	31 Sites (30 Physicians)



Retention (74 Respondents: SLRP-23, J1-44)

2008-2013

Salary/Benefits	57.69%	15
-Workload	30.77%	8
-Relationship with management	38.46%	10
-Relationship with other professional staff	15.38%	4
-Inadequate support staff	38.46%	10
-Administrative responsibilities	3.85%	1
-Physical surroundings (facility)	15.38%	4
-Family needs	57.69%	15
-Geographic location	26.92%	7
_ Community relationship	94.4%	68
_ Impacted your decision to stay	62.2 %	43



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Thank you!

