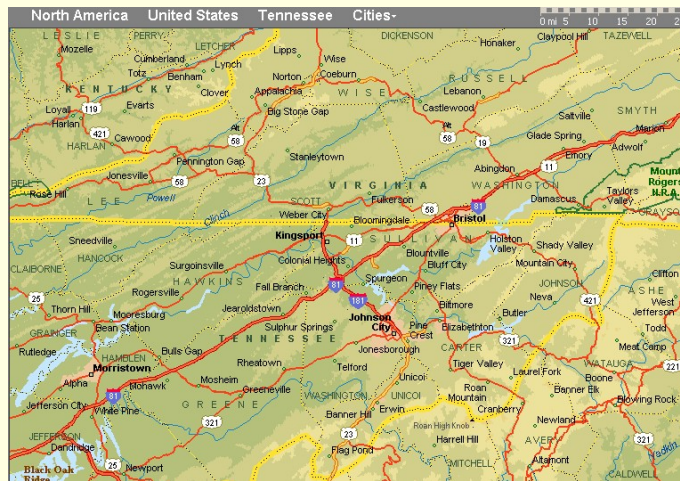


Session 1: Focus on Public Policy

How State Governments
are Responding to Workforce Concerns

Examples from Central Appalachia



Roles of state government

- Workforce assessments and studies
- Develop and/or support training programs
- Programs to promote exposure and experience
- Financial incentives to promote strategies to relieve maldistribution

Roles of state government, 1

- Workforce assessments and studies
 - Tennessee Rural Health Professions Demand Assessment



Roles of state government, 2

- Develop and/or support training programs
 - Tennessee higher education support for expanding nurse education in state universities
 - Tennessee public health workforce consortium



Roles of state government, 3

- Programs to promote exposure and experience
 - North Carolina Area Health Education Center Program
 - Graduate Medical Assistance Consortium in Virginia



Roles of state government, 4

- Financial incentives to promote strategies to relieve maldistribution
 - Service contingent scholarships and stipends
 - Kentucky tuition differential for DO school
 - Tennessee residency stipend program
 - Loan repayment, practice start-up and tax incentives
 - Tennessee Health Access loans

The TennCare GME model

- TennCare (Medicaid waiver) needed to assure HCFA access for expanded enrollment
- Managed care organizations (MCOs) had difficulty gaining health providers' involvement in networks
- TennCare rolled teaching hospitals' graduate medical education dollars (GME) into managed care organization payments

The crises

- Teaching hospital losses blamed in part on evaporation of Medicaid GME funds
- Confusion of process and responsibilities: “Who is in charge ... of medical education anyway?”
- Understanding systems of care dependent on all health professions disciplines

The fix, Part 1995

- Reinstitute separate GME funding
 - Switch from teaching hospital to med schools
 - Primary care residency slots targeted at 50%
 - Schools’ allocations based on percent primary care and number of residents
- Residency stipend program
 - \$15,000 per year during residency
 - Requirement: primary care and service in state underserved area

Stipend program is broken, 2000

- Rural health interests threaten medical schools
- Schools and rural association agree to promote comprehensive program
- Demand assessment 2002 finds 350 rural vacancies for physicians and nurse practitioners and physician assistants
- TennCare approves Statewide Recruitment and Retention Program Plan

The fix 2005-6: TN Rural Health Recruitment and Retention Center



- Partnership of four schools and rural interests
- New residency stipend program regulations
- Create academic and rural infrastructure for exposure and experiences
 - Statewide rural primary care curriculum
 - Rural subspecialty residency experience
- Rural recruitment and retention process
 - 3RNET and Practice sites software for physicians, nurse practitioners and physician assistants
 - Training program and association support