**Graduate Medical Education Landscape Scan**

Presented to The Georgia Higher Education Healthcare Initiative

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# GHPC Overview

The Georgia Health Policy Center (GHPC) is housed within the Andrew Young School of Policy Studies at Georgia State University. GHPC’s mission is to integrate research, policy, and programming to advance the health and well-being of diverse populations in Georgia and nationwide. GHPC’s diverse client portfolio includes over 100 public and private clients across local, state, national, and international contexts. GHPC offers a wide range of evidence-based qualitative and quantitative research and evaluation services and has more than two decades of experience focusing on solutions to multifaceted issues facing health and human services. GHPC employs a three-pronged approach by integrating research, policy, and practice. These related components represent a continuous cycle with research informing policy, policy directing the design and implementation of programs, and evaluation of these programs refining implementation and further informing research and policy.

# Project Overview

The Georgia Higher Education Healthcare Initiative (GHEHI) is interested in addressing physician workforce distribution problems in Georgia by growing the number of physicians. They have asked GHPC to research what other states are doing to:

1. Successfully recruit students to medical schools from primary care Health Provider Shortage Areas (HPSAs) and/or rural areas.
2. Incentivize physicians to stay in-state after education (both undergraduate and graduate medical education), with a focus on primary care HPSAs and/or rural areas.
3. Grow a pipeline from undergraduate medical education (UME) institutions to stay in-state for residency and retain physicians after residency completion.
4. Show the impact or return on investment when employing recruitment/retainment strategies.

# Executive Summary

Rural communities face a shrinking healthcare workforce, particularly with primary care physicians, which can lead to delayed preventive care, higher emergency room use, higher travel time, and higher unmet needs[[1]](#footnote-2). Every state except for West Virginia has grown their overall physician workforce over the last decade (see Figure 1 at the end of the document), but rural physician decline is happening for over 80% of states as nearly all physicians are going to work in urban areas (see Figure 2 at the end of the document). See Appendix B for complete data sets.

The growing problem has been documented for decades with recommendations provided to states for nearly the same amount of time[[2]](#footnote-3),[[3]](#footnote-4). These recommendations focus on strengthening what is known as the Graduate Medical Education (GME) pipeline (see Figure 3) which ranges from generating interest in the healthcare workforce for pre-college students to retaining established physicians to continue practicing in rural areas.

Figure 3: Example Funding in GME Pipeline2 A diagram of a training program

Description automatically generated

The general and consistently found recommendations include:

1. Prior to undergraduate college
   1. Create interest from as early as middle school for health care fields
2. Medical school
   1. Recruit from rural and underserved areas
   2. Support medical students with an interest in practicing in rural and underserved areas
3. Post graduate training
   1. Encourage in-state medical residencies
   2. Fund residencies in rural and underserved areas
   3. Increase accountability and transparency of funds intended for needed geographies and specialties
4. Transition to practice location
   1. Offer loan repayment opportunities with incentives for working in rural and underserved communities
   2. Offer incentives to attract physicians to rural areas such as mortgage assistance
5. Support ongoing practice
6. Provide access to practice support services for physicians in rural and underserved areas

The aim of this landscape scan is to document state programs being used to recruit and retain rural physicians along with any potential outcome metrics and return on investment (ROI) from those programs. Overall, states implemented similar incentive programs primarily for the post-residency training point of time in the GME pipeline, specifically loan repayment programs. These common programs may stem from federal initiatives pushed and funded to all states; most state programs were a mix of federal and state funding, but states were not always forthright about the distribution of those funds or even whether federal or state funds were being used. Available information on GME pipeline programs varied in detail. Certain states (e.g., North Carolina) gave detailed information and included some information on return on investment. Other states gave minimal information for applicants and did not delve further (e.g., Colorado, Kentucky).

Despite the declining rural physician workforce being documented for over a decade, states are in different stages of program implementation to address the issue. Oregon, one of the few states with an increase of physicians in rural areas, had a Rural Health Clinic Report from 2011 describing detailed recommendations for rural communities to attract and retain physicians. North Carolina had a report describing the maldistribution of physicians across their state and recommendations from 2015, but no references to whether or how those recommendations were implemented. Most recently, Tennessee created a Rural Health Care Task Force in 2022 with their report released in 2023.

The timeline of when states implement programs makes finding outcome metrics and ROI analyses challenging since some states are only beginning to address the decline of rural physicians and outcomes may not be available for over a decade. Only a few states made data related to their programs available with most of the data points related to funds spent or people served. Challenges may prevent states from conducting ROI studies. States may not be collecting the necessary information to calculate an ROI for these programs. Many states are either following federal program guidance or lack funding for evaluation. Also, some states are only beginning to address the dearth of rural physicians without having enough time to analyze ROI; some of the points in the GME pipeline can take over a decade to be able to see the impact on rural communities.

The fact most states are experiencing the same rural healthcare shortage issue without conducting ROI analyses means Georgia has an opportunity to be a pioneer in addressing the problem. First, Georgia can adopt the best versions of already implemented programs across states, creating competitive funding and improved incentives to attract physicians into rural settings. Second, Georgia can write outcome and ROI analyses into programs and ensure funding is available specifically for that purpose. This may in turn generate strengthened partnerships between the state and medical colleges/universities by generating research and publishing opportunities. Lastly, rather than relying on studies from non-Georgia populations, these analyses will be Georgia-specific and will create a positive feedback loop to incrementally improve the programs.

The remainder of the landscape scan is as follows: First, the state selection process for the eleven reviewed states is described. Second, brief descriptions of commonly found national programs are described. Third, the eleven state overviews are described with high level GME metrics, a description of overall findings, and detailed descriptions of found programs. The landscape scan concludes with recommendations from our findings.

# State Selection

The states selected for review are North Carolina, Virginia, Louisiana, Tennessee, Kentucky, Missouri, Florida, Ohio, Wisconsin, Oregon, and Colorado.

The selection process varied to allow for variety. GHPC compiled a list of comparable states (NC, VA, LA, TN, KY, MO) to review based off of primary care Health Provider Shortage Area scores, total medical schools (including osteopathic), and U.S. Census demographics. States were visualized in box and whisker charts, with states found within the same quartile as Georgia marked in individual categories and preference given to states in the same geographic area (Southeastern US). Marks were then tallied to create a list of states sharing the most metrics as Georgia. States with similar metrics and overlapping with a GHEHI list of recommendations were selected first (NC, VA, LA, TN) followed by states solely with the highest similar metric count (KY, MO). The specific metrics used were:

1. Average primary care HPSA score
   1. State average
   2. Rural county average
2. HPSA primary care Full Time Equivalent (FTE) shortage
   1. State total
   2. Rural county total
3. Total medical schools (including osteopathic) per capita
4. Population
   1. % Black or African American
   2. % Hispanic or Latino

Five additional states were selected based on:

1. Area Health Resources Files County Level Data (CO, OR)
   1. MD/DO physician count difference between 2010 and 2021
   2. MD/DO resident count difference between 2010 and 2021
2. Suggestions from GHEHI (FL, OH, WI)

Data sets and tables used during the selection process can be found in Appendix A.

# National Programs Available in All States

Information on certain federal programs was mentioned by multiple states during the landscape scan. States and programs are able to leverage these national and federal funding sources to support efforts to retain physicians in-state and in rural areas. Details on these federal programs can be found in the descriptions below.

**Health Resources & Services Administration, National Health Service Corps (NHSC) Loan Repayment Program.** The program offers loan repayment assistance to licensed primary care clinicians who serve at least two years at an NHSC-approved site in a Health Professional Shortage Area (HPSA). The program also uses Maternity Care Target Area scoring to incentivize maternity care health professionals to practice primary care in HPSAs. Recipients receive up to $75,000 in loan repayments over two years. After the initial two-year service contract, recipients may also be eligible for additional loan repayment funds for remaining school loans through one-year continuation service contracts. Across the US, about 18,000 NHSC providers provide care to about 19 million people. <https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>

**Area Health Education Centers (AHEC).** Enacted by Congress in 1971 to recruit, train, and retain health professions workforce focused on underserved populations, AHECs connects students of all ages to health careers and then connects health professionals to rural and underserved communities. <https://www.nationalahec.org/>

**CONRAD 30 Waiver Program.** Through the federal US Citizen and Immigration Services, section 214(I) of the Immigration Nationality Act (INA). Normally, international medical graduates in the United States temporarily under a J-1 Visa while they complete their medical training must return to their home country for two years before returning to the United States to live or work under another visa or lawful residency program. The waiver program waives this requirement, allowing physicians to adjust their status to an H-1B Visa and remain in the U.S. legally, so long as they have a contract to work for a healthcare facility or for patients who reside in a HPSA, Medically Underserved Area (MUA), or Medically Underserved Population (MUP) for at least three years. The applicant must be sponsored by a state public health department or equivalent. Each state health department or equivalent may request 30 such waivers per year. <https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program> <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor/exchange-waiver-faqs.html>

**National Interest Waiver Program.** Administered through the federal US Citizen and Immigration Services, the program waives the labor certification of a foreign individual with an advanced degree or exceptional ability due to the benefits to the US. <https://www.uscis.gov/newsroom/alerts/uscis-updates-guidance-on-national-interest-waivers>

**HRSA National Health Service Corps (NHSC).** The Corps supports primary care medical, dental, and behavioral health providers through scholarships and loan repayment programs. <https://nhsc.hrsa.gov/>

**HRSA Rural Residency Planning and Development Program (RRPD)**. Managed by HRSA since 2019, this program awards $750,000 grants to cover start-up costs for new rural residency programs. Eligible organizations include rural hospitals, rural clinics, tribal governments, and GME consortiums. In addition to funding, HRSA provides technical assistance to all program grantees. Since 2019, the program has awarded grants totaling $64 million to 85 grantees in 38 states and one territory. This funding has led to the creation of 46 new rural residency programs with 575 new residency slots in rural areas and over 460 physicians enrolled. A recent proposal in Congress would create a dedicated funding line for the RRPD program. This bill, if not passed, will expire at the end of the year and need to be introduced in the next Congress which meets in 2025. <https://www.hrsa.gov/rural-health/grants/rural-health-research-policy/rrpd>

<https://www.hrsa.gov/grants/find-funding/HRSA-24-022>

<https://www.congress.gov/bill/118th-congress/house-bill/7855/text/ih>

**HRSA Faculty Loan Repayment Program (FLRP).** The FLRP **o**ffers support to health professional educators from disadvantaged backgrounds who serve a role in preparing the next generation of healthcare professionals. Those eligible receive up to $40,000 over two years in exchange for a two-year commitment.

<https://bhw.hrsa.gov/funding/apply-loan-repayment/faculty-lrp>

**Rural Health Information Hub (RHIhub).** Funded by the Federal Office of Rural Health Policy, the hub is intended to be a clearinghouse on rural health issues. The hub’s online library identifies and summarizes funding and opportunities for rural communities, including federal, state, and foundation opportunities that can be used for planning, developing, learning, and connecting. Funding opportunities listed by state can be found at <https://www.ruralhealthinfo.org/funding/states>.

# State Programs

## North Carolina

Comparable Metrics: 5

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
| ✓ | ✓ |  |  | ✓ | ✓ | ✓ |  |

AHRF Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 1,110 | 1,120 | 1,122 | 1,142 | 1,117 | 1,104 | 1,081 | 1,075 | 1,088 | 1,072 | 1,050 | 1,037 |
| Urban | 5,350 | 5,485 | 5,615 | 5,823 | 5,934 | 5,983 | 6,060 | 6,200 | 6,303 | 6,425 | 6,450 | 6,432 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools[[4]](#footnote-5) | Accredited Programs[[5]](#footnote-6) | Teaching Hospitals[[6]](#footnote-7) | Residents and Fellows, 2024-25[[7]](#footnote-8) |
| 5 | 28 | 24 | 4,494 |

North Carolina has multiple programs at each step of the GME pipeline. The North Carolina AHEC, comprised of nine regional AHECs and the Duke AHEC program, focuses on increasing interest in medical school for pre-college students from rural areas and expose UME/GME students to working in rural areas to increase the likelihood of physicians practicing in those areas. The state also offers multiple incentives for physicians to practice in rural areas through loan repayment programs and even offers a taxable $100,000 bonus for physicians and dentists who practice in rural or underserved communities in exchange for a four-year commitment. In addition to these incentives, the North Carolina Department of Health and Human Services’ Office of Rural Health’s (OHR) Placement Services Team (PST) recruits a variety of healthcare professionals to serve in rural and underserved populations along with providing technical assistance for the NHSC’s application process enabling providers to become NHSC-certified, recruit, employ, and offer loan repayments. While North Carolina did not offer ROI directly related to the effectiveness of recruiting physicians to rural areas, they had publicly available fact sheets describing how many individuals were in specific programs and economic impact from grants and placements. Details on these and other programs can be found in the descriptions below.

**North Carolina Area Health Education Centers Program (NC AHEC).** This statewide program follows the federal program of the same name to provide and support health educational activities and services focusing on recruiting, training, and retaining a healthcare workforce serving rural and underserved communities. The program recruits prior to UME, serving over 3,500 pre-college students annually, increasing student interest in entering medical school. They also offer 19 residency programs across the state and provide student housing for those in GME. <https://www.ncahec.net/about-nc-ahec/about-us/>

**North Carolina Loan Repayment Program (NC LRP).** This program repays education loans of physicians who are willing to work in underserved facilities in HPSAs. Physicians and dentists can receive up to $100,000 (non-taxable) towards loan repayment for a four-year commitment to work in rural or underserved areas. The state requires providers to first access the federal NHSC loan repayment program which allows NC to conserve state funds by exhausting federal funds first. Nurse practitioners including psychiatric, nurse midwives, physician assistants, and dental hygienists are also eligible but only receive up to $60,000 (non-taxable). <https://www.ruralhealthinfo.org/funding/6175>

**High Needs Service Bonus (HNSB).** This program offers qualifying providers without education loan debt taxable service bonuses if they provide comprehensive primary care services in eligible facilities serving rural or underserved communities. Like the NC LRP, physicians and dentists can receive up to $100,000 (taxable) in exchange for a four-year commitment, while nurse practitioners (including psychiatric), nurse midwives, physician assistants, and dental hygienists can receive up to $60,000 in exchange for a four-year commitment. The HNSB requires qualifying providers to first become NHSC certified to access federal resources before applying, and the site needs to be located in counties with a HPSA score of 16 or higher. <https://www.ruralhealthinfo.org/funding/6176>

**State Loan Repayment Program (SLRP).** Similar to the NC LRP, but for mental health providers. SLRP offers awards of up to $50,000 in exchange for a three-year commitment to work in a team-based setting providing comprehensive behavioral health services in rural communities with a HPSA score of 15 or higher. <https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/provider-recruitment-and-placement/medical-dental-and-behavioral-health-recruitment-and-incentives>.

**Placement Services Team (PST).** This program works on recruiting healthcare professionals (primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, psychiatrists, and other behavioral health providers) to serve in rural and underserved populations across the state. The PST consists of a program manager and three recruiters who are assigned to different regions across the state. They actively recruit medical, dental, and behavioral health providers to work in rural and underserved areas. The NC General Assembly recently increased OHR’s appropriation to $4mil in SL 2021-180 (previously $1.5mil). <https://www.ncdhhs.gov/nc-dhhs-orh-medical-placements-one-pager/open>.

The PST provides technical assistance for NHSC’s application process to help sites become NHSC-certified, enabling them to recruit from NHSC job seekers, employ NHSC Scholars and Students to Service, and offer the possibility of NHSC loan repayment programs. While not ROI specific, pertinent facts from their 2023 Profiles include:

* 1. 216 health care professionals with an active incentive contract (loan repayment)[[8]](#footnote-9)
  2. 41 health care professionals placed under CONRAD J-1 Visa Waiver and National Interest Waiver programs8
  3. 89 health care providers supported in rural counties8
  4. 99% of places were in either a geographic, population, or facility HPSA8
  5. Providers placed in rural or underserved areas planned to stay an average of 7.4 years8
  6. Each MPS grant dollar has a total economic impact of $1.948
  7. The 168 specialty type placements have generated $106mil of economic impact based on specialty type multipliers (IMPLAN models)8
  8. From 2014-2018, the J-1 Visa Waiver placed 126 physicians, 118 of which were placed in mental health and primary care HPSAs (29 counties).[[9]](#footnote-10)

## Virginia

Comparable Metrics: 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
| ✓ | ✓ |  |  | ✓ |  |  |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 578 | 567 | 549 | 515 | 515 | 502 | 484 | 472 | 451 | 434 | 420 | 408 |
| Urban | 5,341 | 5,454 | 5,542 | 5,701 | 5,806 | 5,866 | 5,939 | 5,948 | 5,977 | 6,080 | 6,066 | 6,035 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 6 | 27 | 25 | 3,352 |

Virginia supports multiple programs at various steps in the GME pipeline. The Tuition Assistance Grant Program offers undergraduate and graduate health related scholarships in health-related programs. The Virginia Health Workforce Development Authority (VHWDA) and the Virginia Department of Medical Assistance Services (VMAS), Virginia’s Medicaid agency, partner to fund GME positions in primary care and needed specialties in underserved areas. Virginia also has several loan repayment programs to encourage physicians and other health professionals to practice in underserved areas. Finally, Virginia’s pipeline program is worth noting. That program provides education and opportunities in health professions from elementary school through college in order to create long term interest in the health care field. Details on these and other programs can be found in the descriptions below.

**Virginia Tuition Assistance Grant Program**. The program is designed for Virginia residents who attend private colleges or universities for other than religious training. Grants are available for undergraduate and graduate health related professional programs. Grant amounts vary by location and other factors but range from about $2,000 to $12,000 per year. Students can apply through their university’s financial aid office. <https://www.schev.edu/financial-aid/financial-aid/federal-state-financial-aid/virginia-tuition-assistance-grant-program>

**Graduate Medical Education Funding.** The Virginia Health Workforce Development Authority (VHWDA) partners with the Virginia Department of Medical Assistance Services (DMAS), Virginia’s Medicaid agency, to oversee the GME program targeting primary care and high-need specialties in underserved areas. Qualifying Medicaid enrolled institutions can apply for supplemental funding for new residency slots. If approved by CMS, and so long as state funds remain available (dependent on annual budget), awarded programs can receive $100,000 per year for up to four years. If a facility’s Medicaid payments are capped by CMS, supplemental payments will be $50,000 per year for four years. Funds will be targeted to residency programs in the following areas: child and adolescent psychiatry, family medicine, internal medicine, OBGYN, pediatrics, and psychiatry. Post residency high need fellowships may also be considered for funding. Preference is given to residency slots in underserved areas serving Medicaid beneficiaries. Further details on the program are not available, but the website does give an email address for questions: [gme@vhwda.org](mailto:gme@vhwda.org). <https://www.vhwda.org/initiatives/graduate-medical-education-gme>

**Virginia State Loan Repayment Program (VA-SLRP).** The Virginia Department of Health participates in HRSA’s loan repayment program. Full and part time health professionals, including physicians, dentists, nurse practitioners, and other primary care providers who agree to work for at least two years in a qualifying facility located in a HPSA are eligible for a $100,000 payment towards a qualifying educational loan. Extensions for third and fourth years are available for up to $40,000. Total payments cannot exceed $140,000 or the loan amount whichever is less. The program is paid for equally by the state of Virginia and the federal government.[[1]](https://usc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-US&rs=en-US&wopisrc=https%3A%2F%2Fmygsu.sharepoint.com%2Fteams%2FMedicaidTeam%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fbbce5620b98846b3ba689f7df778032a&wdorigin=TEAMS-MAGLEV.teamsSdk_ns.rwc&wdexp=TEAMS-TREATMENT&wdhostclicktime=1733436952313&wdenableroaming=1&mscc=1&hid=1AB16AA1-F0BE-7000-2BD3-336D0A902D21.0&uih=sharepointcom&wdlcid=en-US&jsapi=1&jsapiver=v2&corrid=d872db1f-5762-e29f-5b57-c2e9cdf61e15&usid=d872db1f-5762-e29f-5b57-c2e9cdf61e15&newsession=1&sftc=1&uihit=docaspx&muv=1&ats=PairwiseBroker&cac=1&sams=1&mtf=1&sfp=1&sdp=1&hch=1&hwfh=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fmygsu.sharepoint.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&csc=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_ftn1) Physicians must practice in one of the following areas to qualify for the program: pediatrics, geriatrics, psychiatry, family or internal medicine, and women’s health. Further requirements for the program and how to apply can be found at: <https://www.vdh.virginia.gov/content/uploads/sites/76/2024/01/2022-2025-Virginia-State-Loan-Repayment-Program-VA-SLRP-Eligibility-Guidelines-web-updated-1-2-2024.pdf>.

<https://www.vdh.virginia.gov/health-equity/virginia-loan-repayment-programs-2/>

**Virginia Behavioral Health Student Loan Repayment Program (BH-LRP).** Funded through the 2021 General Assembly, the program repays a portion of student loan debt for behavioral health professionals in exchange for a two-year commitment at an eligible site. Preference is given to persons of color, those with bilingual fluency, and/or those practicing in HPSAs. The total award amount varies but will not exceed 25% of student loan debt with annual limits of $50,000 for psychiatrists and Psych NPs and $20,000 for psychologists, LPCs, and LCSWs. No employer or community match is required. <https://www.vdh.virginia.gov/health-equity/virginia-behavioral-health-student-loan-repayment-program/>

**Nursing Preceptor Incentive Program (NPIP).** Funded through the 2021 General Assembly, the program offers financial incentives for preceptors of advanced practice registered nurses. <https://www.vdh.virginia.gov/health-equity/nursing-preceptor-incentive-program/>

**Health Opportunity Index.** Developed by the Virginia Department of Health, Office of Health Equity, the HOI consists of 13 indicators which explain 87% of life expectancy variance across the state. The tool is used for recruitment, retention, and identifying high priority target areas for J-1 Visa applicants. <https://apps.vdh.virginia.gov/omhhe/hoi/>

**Primary Care Needs Assessment Report.** The report recommends investing in tracking retention locations of providers to begin measuring variations in retention and turnover patterns. <https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/VA-PCO-Needs-Assessment-2021-Final.pdf>

**The Pipeline** Referenced in the Primary Care Needs assessment, The Pipelineis comprised of multiple programs designed to give educational and career supports to racial/ethnic minorities or individuals from disadvantaged backgrounds that may hinder entering health professions programs. Programs target as early as elementary school with substantive experiences starting in middle to high school (see Figure 4). It advises working with the AHEC to focus on exposure, education, and training. The Virginia Healthcare Workforce Development Authority is the statewide AHEC which hosts eight regional centers and oversees two pipeline focused programs: the AHEC Scholars program and the expansion of residency slots. The program states the process can span decades and therefore difficult to track and measure success.

Figure 4: Virginia Primary Care Needs Assessment Example Pipeline Activities

A close-up of a chart

Description automatically generatedVirginia Department of Health, Office of Health Equity. (2021). Primary Care Needs Assessment: Virginia. Pg 18. <https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/VA-PCO-Needs-Assessment-2021-Final.pdf>.

## Louisiana

Comparable Metrics: 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
| ✓ | ✓ |  |  |  |  | ✓ |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 335 | 332 | 342 | 337 | 342 | 345 | 339 | 327 | 313 | 307 | 303 | 298 |
| Urban | 2,491 | 2,573 | 2,618 | 2,646 | 2,672 | 2,714 | 2,776 | 2,804 | 2,866 | 2,934 | 2,952 | 2,912 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 5 | 30 | 24 | 2,547 |

The Louisiana Department of Health established Well-Ahead Louisiana to improve chronic disease and health access outcomes in the state. Well-Ahead works with a variety of stakeholders, both private and public, to accomplish these goals. They have several programs to address provider shortages. These programs do not cover the entire GME pipeline but do provide incentives at important points in the medical education process. The Rural Health Scholars Program creates hands on educational opportunities in rural areas for healthcare professional students. Louisiana also has several loan repayment programs to encourage providers to work in rural areas when they are finished with their education and training. Unfortunately, information on Medicaid GME funding was not publicly available. <https://wellaheadla.com/about/>. Details on these and other programs can be found in the descriptions below.

**Rural Health Scholars Program.** Designed to encourage healthcare professional students to practice in Louisiana’s HPSAs, the program works with rural provider sites and universities to create short-term training rotations in rural and underserved facilities that give students experience serving in rural settings. Eligible healthcare facilities, such as critical access hospitals, FQHCs, and RHCs, can partner with Well-Ahead to host a student for a 180-hour minimum clinical rotation. Approved sites receive $5,000 per student for administrative costs, as well as technical assistance as needed. Qualifying students must be within one or two years of program completion to qualify. In addition, partnering colleges or universities must meet certain requirements to participate. Participating schools receive $5,000 for recruitment efforts. More information including all requirements can be found at <https://wellaheadla.com/healthcare-access/louisiana-primary-care-office/rural-health-scholars-program/>.

**Louisiana Physician Loan Repayment Program.** This program repays government or commercial education loans of physicians who are willing to work in underserved facilities in HPSAs. The program is competitive and is limited to support for up to two physicians per site per year. Participants receive up to $30,000 per year for a five-year commitment towards loan repayment. Those who still have loan balances after their five-year commitment may stay on for an additional two years at $15,000 per year. Qualifying physicians must be licensed and qualified as an MD or DO practicing in one of the following primary care focused areas: general practice, family practice, OBGYN, internal medicine, pediatrics, emergency medicine, or general psychiatry. More information can be found at <https://wellaheadla.com/healthcare-access/louisiana-primary-care-office/louisiana-physician-loan-repayment-program/>.

**Louisiana State Loan Repayment Program.** This program is similar to the physician loan repayment program but is not limited to physicians. Physicians, psychiatrists, and dentists can receive up to $30,000 per year for a three-year commitment. Other providers, such as advanced practice nurses, physician assistants, and counselors, can receive up to $20,000 per year for a three-year commitment. All participants can renew for two years at $15,000 per year if needed. More information about this program, including a list of all qualifying providers, can be found at <https://wellaheadla.com/healthcare-access/louisiana-primary-care-office/state-loan-repayment-program/>.

## Tennessee

Comparable Metrics: 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  | ✓ |  |  | ✓ |  |  | ✓ |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 707 | 708 | 695 | 686 | 677 | 674 | 653 | 645 | 641 | 627 | 612 | 602 |
| Urban | 3,806 | 3,908 | 3,958 | 4,033 | 4,069 | 4,102 | 4,149 | 4,167 | 4,208 | 4,249 | 4,298 | 4,252 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 5 | 38 | 15 | 2,994 |

In 2022, Tennessee created a public-private partnership, the Rural Health Care Task Force (RHCTF), to develop a set of recommendations to holistically improve rural health care across the state. These recommendations included innovative programs, policy and funding opportunities, legislative agenda considerations, and support for a rural health care pathway program (see figure 5). Three workgroups were established (Access to Care, Workforce Development, and Social Drivers of Health) that created 13 total recommendations with proposed budgets (when applicable). These included creating a Center of Excellence to support rural community providers with technical assistance, improving service delivery, addressing health insurance coverage gaps, improving telemedicine practices, evaluating scope of practice changes, and addressing social drivers of health. Recommendations from the report related to UME and physician retainment are detailed below. As for current programs aimed at improving the GME pipeline, Tennessee offers a State Loan Repayment Program similar to other states and most recently released a grant opportunity (based on a RHCTF recommendation) for rural entities to provide training, certification, and apprenticeships. Due to the report being released in 2023, Tennessee did not have any information on GME pipeline program ROI. Details on the recommendations and other active programs can be found in the descriptions below.

**Rural Health Care Training Programs.** The RHCTF recommends expanding and developing rural-focused preceptorship and rotation programs; training tracks, accelerated medical training opportunities, and fellowships; residency programs which prioritize placement in rural communities; and continuing medical education programs (total proposed five-year budget of $22,491,250).

**Rural Health Care Pathways Program.** The RHCTF recommends expanding pathway programs through increasing early exposure to health care careers, increasing transition opportunities into health science education and health care careers, and improving career advancement programs (total proposed five-year budget of $67,745,244). (see Figure 5)

**Tennessee State Loan Repayment Program (TSLRP).** This program repays education loans of physicians who are willing to work in underserved facilities in HPSAs. Primary care physicians, dentists, advanced practice nurses, physician assistants, registered nurses, primary care behavioral health and mental health professionals, and pharmacists can be eligible to receive up to $50,000 (non-taxable) towards loan repayment for a two-year commitment to work in rural or underserved areas. Recipients must provide services to Medicaid and Medicare patients and provide a sliding fee scale for the uninsured which must be posted in a public area. Recipients in good standing at the end of the two-year commitment may reapply for up to $20,000 per year towards outstanding loans contingent upon available funding. <https://www.tn.gov/content/dam/tn/health/division-of-health-disparities/(3)%20TSLRP%20Web%20Announcement%20rev111424.pdf>

**Specialty Provider Rotation Program.** The RHCTF recommends allocating up to $250,000 per year to incentivize high-need specialty providers to deliver in-person services in rural communities. The budget is based on projections of 200 specialty visits per year in each of five regions and a financial incentive of $250 per visit (200 x 5 x $250 = $250,000).

**Rural Loan Repayment Programs.** The RHCTF recommends expanding the existing loan repayment program (LRP) to incentivize rural providers to practice in rural areas. Since the current LRP is bound by federal regulations, there may be an opportunity to use non-State, non-profit organizations to recruit and retain providers in rural areas, suggesting a budget of $1 million annually for five years.

**Rural Healthcare Workforce Development Initiatives Grant.** Based on RHCTF recommendations, this opportunity offers financial support for rural entities to provide training, certification, and apprenticeships. It aims to improve state and local partner engagement, workforce recruitment, and workforce retainment; grow existing talent; support career changers; and remove barriers while allowing flexibility. The overall grant offers a total of $5,605,000 funding with maximum grant requests of $250,000 per applicant for one program year. <https://www.tn.gov/content/dam/tn/workforce/documents/2024-Rural-Health-Care-FOA.pdf>

Figure 5: Tennessee Rural Health Care Pathway Program

A diagram of a health care career

Description automatically generatedTennessee Rural Health Care Task Force. (2023). Report: Improving Rural Health Care Across Tennessee. Pg 32. <https://www.tn.gov/content/dam/tn/health/program-areas/rural-health/Final-TN-Rural-Health-Care-Task-Force-Report-6-27-23.pdf.>

## Kentucky

Comparable Metrics: 5

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  | ✓ |  | ✓ | ✓ | ✓ | ✓ |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 947 | 953 | 963 | 988 | 980 | 953 | 922 | 915 | 890 | 883 | 879 | 843 |
| Urban | 1,791 | 1,847 | 1,861 | 1,944 | 1,972 | 1,984 | 1,996 | 2,009 | 2,005 | 2,025 | 2,008 | 1,973 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 3 | 12 | 14 | 1,690 |

Limited information was found for programs in Kentucky addressing physician shortages in rural areas. Besides information on the J-1 Visa Waiver programs found within the Kentucky Cabinet for Health and Family Services website, most information came from university websites. Kentucky AHEC programs cover eight regions across the state, and offer similar services compared to other state AHEC programs. Overall, Kentucky does not appear to offer anything unique related to recruitment and retainment of rural physicians compared to other states except for supportive programs around the federal J-1 Visa Waiver program. Details on these and other programs can be found in the descriptions below.

**Kentucky State Loan Repayment Program (KSLRP).** Similar to other states’ loan repayment programs, KSLRP offers up to $100,000 (for physicians, dentists, pharmacists) of loan repayment in exchange for a two-year commitment to work in a HPSA. The program is based on a 50/50 match where every federal dollar provided through KSLRP must be matched from a sponsor source. PAs, NPs, CNMs, and Behavioral and Mental Health Specialists can be awarded up to $60,000. RNs, RDHs, and Alcohol and Substance Use Disorder Counselors can be awarded up to $40,000. <https://medicine.uky.edu/centers/ruralhealth/state-loan-repayment-program>

**KY AHEC.** KY AHEC programs are offered across eight regions and offer similar services as other states’ AHEC programs. The American Society for Clinical Laboratory Science offers a glimpse into KY AHEC’s work engaging with pre-college students to generate interest in medical school which includes classroom presentations, the Health Career Explorer program, Health Career Showcase, and a Gateway to Health Careers Summer Camp. While the event descriptions include attendance numbers and covered topics, no ROI was described (i.e. how many attendees eventually enroll into medical school). <https://ascls.org/promoting-the-profession-a-partnership-with-ahec/>

**J-1 Visa Waiver Programs** Kentucky Cabinet for Health and Family Services offers four different J-1 programs:

1. **The State 30 Program** may recommend to the U.S. State Department waivers for up to 30 international medical graduates per federal fiscal year (Oct. 1 - Sept. 30).
2. **The Appalachian Regional Commission J-1 Visa Waiver Program** enables medical providers in the 51 Appalachian counties in Kentucky to further access international medical graduates through the J-1 Visa Waiver program.
3. **The HHS Exchange Visitor Program** empowers the J-1 Visa waiver manager to provide technical assistance and coordination for program applicants.
4. **The Delta Regional Authority** recommends Visa waivers to the U.S. state department and empowers the J-1 Visa waiver manager to provide technical assistance and program referrals.

<https://www.chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/j1visawaiver.aspx>

## Missouri

Comparable Metrics: 4

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  | ✓ | ✓ |  | ✓ |  | ✓ |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 802 | 802 | 793 | 800 | 793 | 782 | 775 | 754 | 733 | 728 | 716 | 720 |
| Urban | 3,208 | 3,328 | 3,392 | 3,465 | 3,487 | 3,509 | 3,526 | 3,521 | 3,576 | 3,641 | 3,651 | 3,622 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 6 | 40 | 23 | 3,455 |

Missouri focuses its programs at the medical school, training, and practice points of the GME pipeline. The University of Missouri Rural Scholars Program allows medical students to gain rural health care experience while in medical school. Missouri Medicaid also funds GME programs in primary care and psychiatry. Missouri also has two loan repayment programs for physicians, dentists, and other providers who commit to working in underserved areas. Finally, the Rural Primary Care Physician Grant Program provides grants of up to $200,000 to physicians who practice in rural areas. Details on these and other programs can be found in the descriptions below.

**University of Missouri School of Medicine Rural Scholars Program**. The Rural Scholars Program is an opportunity for University of Missouri medical students to gain experience working and living in rural areas during their time in medical school. Interested students must apply during their first year of medical school. The program provides a variety of opportunities for students to learn more about the health disparities and other issues affecting rural communities through clinical rotations, research, lectures, and mentorship. <https://medicine.missouri.edu/offices-programs/education/rural-scholars-program>

**Missouri Graduate Medical Education Grant Program.** Created by the Missouri General Assembly in 2023, the program provides state funded grants of $75,000 per resident per year to residency programs that focus on general primary care and psychiatry. The specific specialty areas are specified in the annual notice of grant opportunity. The FY2025 program covers residency programs in family medicine, general pediatrics, general internal medicine, general OBGYN, and general psychiatry. ACGME accredited GME programs and sponsoring institutions can apply. Awarded programs are required to provide additional funding or in-kind resources as needed to fully support their programs. For FY 2025, five GME programs received grants to fund nine residency slots. <https://health.mo.gov/living/families/primarycare/gme/>

<https://www.mycnews.com/articles/news-saintlouiscounty/dhss-announces-awards-for-new-physician-residency-training-slots-to-increase-access-to-health-care-service/>

**Health Professional Loan Repayment Program.** The program provides forgivable loans for the repayment of existing student loans of licensed health care, mental health, and public health professionals in exchange for a two-year full-time work commitment in an underserved area. Eligible professional practice types are determined each year based on public need. For the recent application period, the following practice types were sought: cardiologist, physical therapist, occupational therapist, respiratory therapist, professional counselors, behavior analyst, psychologist, and public health nurse. Awardees can receive $10,000 to $65,000 per year, depending on provider type, towards repayment of student loans.<https://health.mo.gov/living/families/primarycare/hplrp/>

**Health Professional Student Loan Repayment Program.** This program is designed for licensed physicians and dentists who commit to working full time in a HPSA. Physicians must be practicing in one of the following specialty areas: OBGYN, pediatrics, family practice, internal medicine, or psychiatry. Hospitalists and physicians practicing in emergency rooms, inpatient settings, and prisons are specifically not eligible. Those eligible for the program can receive $50,000 per year toward repayment of student loans. Additional funds of $2,500 per year are available to those who provide the following services: SUD or OUD treatment, behavioral health, mental health, or telehealth. <https://health.mo.gov/living/families/primarycare/loanrepayment/slrp.php>

**Rural Primary Care Physician Grant Program.** This program provides funding to physicians who practice in a county of fewer than 35,000 residents and provide primary care services on or after July 1, 2022. Primary care is defined as one of the following specialty areas: general medicine, family medicine, internal medicine, pediatrics, or OBGYN. Physicians must live in the same county where they provide services. Qualifying physicians may receive up to $200,000 as a one-time grant award so long as they commit to working in the same rural county for five years.<https://health.mo.gov/living/families/primarycare/ruralphysiciangrant/>

## Florida

Comparable Metrics: 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  |  |  | ✓ |  | ✓ |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 252 | 248 | 253 | 258 | 254 | 256 | 247 | 249 | 240 | 230 | 225 | 235 |
| Urban | 12,841 | 13,116 | 13,325 | 13,836 | 14,174 | 14,472 | 14,618 | 14,967 | 15,142 | 15,425 | 15,572 | 15,668 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 10 | 125 | 60 | 9,504 |

Florida Medicaid funds GME through eight programs that fund direct medical education (DME; DME refers to salaries and benefits earned by residents). The state’s investment in DME has increased significantly over the past decade. In FY2014, a total of $80 million was allocated to DME in only one program. By FY2024, the amount allocated was $431 million over eight programs. Florida also funds indirect medical education. Florida’s IME program began in FY2022 and provides additional funding to hospitals to support the non-salary costs, including higher patient care costs, of their residency programs. A little over $600 million was budgeted for the IME program for FY2024, representing 59% of total state GME funding. Details of these programs are provided in the descriptions and funding table below.

**Statewide Medicaid Residency Program.** Florida’s main program for Medicaid DME funding. The program uses a formula to distribute funds to participating hospitals and FQHCs based on the number of GME slots at each facility. In FY2023, the program funded 7,017.84 FTE residents at 81 hospitals. The program is funded through a combination of state and federal matching dollars.

**Graduate Medical Education Startup Bonus Program.**  This program provides additional funding to hospitals with newly accredited physician residency slots or programs in specialty shortage areas. The Florida Agency for Health Care Administration (AHCA) provides a $100,000 bonus per resident position in qualifying specialties or subspecialties. In FY2022, the program funded 239 new resident slots at 15 hospitals and 2,991 existing residency slots in high-need specialties. The program is funded entirely through state dollars.1,2,3

**Teaching Hospitals with Highly Specialized Tertiary Care.** Provides funding for an additional 30 residents focused on NICU and cardiovascular services.

**Funding for Residency, Fellow or Intern Positions to Address the Deficit in Mental and Behavioral Health Facilities.** Provides additional funding for residents, fellows, or interns who perform rotations in mental/behavioral health facilities. The program is designed to address mental/behavioral health provider shortages.

**Citrus Health Network for Psychiatry Residency Slots in Federally Qualified Health Centers.** Provides funding to FQHCs that hold continued institutional accreditation from the Accreditation Council for Graduate Medical Education in adult and child psychiatry.

**Slots for Doctors Program.** The newest of Florida’s programs (created in FY2024) provides funding for additional residency slots in high-need specialty areas.2 The program provides $100,000 per year to hospitals, qualifying institutions, and behavioral health teaching hospitals per new residency slot created in a specialty shortage area and filled after 7/1/2023. In addition, funding can be provided, up to $100,000 per year per 200 already existing (prior to 7/1/2023) residency slots in specialty shortage areas if the position was unfilled for three or more years and is filled and remains filled after 7/1/2024. The program is funded through a combination of state and federal matching dollars.

**Full Time Equivalents in Primary Care in Specific Medicaid Regions.** Provides funding for FTEs in primary care and training in regions with primary care provider shortages.

**Primary Care and Training in Medicaid Region 1 and/or 2.** Funds up to $150,000 per FTE in primary care and training in Florida Medicaid Regions 1 and/or 2 (these regions comprise the counties in the Florida panhandle).

The information for the above-described programs was taken from several sources. Unfortunately, none of them were described on official state websites. However, we can provide copies of the following sources if requested:

* Florida Hospital Association. (2023). Medicaid Graduate Medical Education Issue Brief.
* Florida Office of Program Policy Analysis and Government Accountability. (2023). Graduate Medical Education in Florida.
* Fla. Stat. § 409.909, as amended by Florida SB 7016 (2024).
* Florida Agency for Health Care Administration. (2023). Florida Medicaid Graduate Medical Education Overview. Presentation to Senate Health Policy Committee, November 14, 2023.

|  |  |
| --- | --- |
| DME Programs | Appropriation FY 2023-24 |
| Statewide Medicaid Residency Program | $ 191,080,850 |
| Startup Bonus Program | $ 100,000,000 |
| High Tertiary | $ 66,000,000 |
| Full Time Equivalents in Primary Care in Specific  Medicaid Regions | $ 18,000,000 |
| Mental and Behavior Health GME | $ 4,400,000 |
| Citrus Health Network | $ 1,344,447 |
| Primary Care in Regions 1 & 2 | $ 20,085,210 |
| Slots for Doctors | $ 30,000,000 |
| Grand Total | $ 430,910,507 |

## Ohio

Comparable Metrics: 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  |  |  |  |  |  | ✓ |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 1,225 | 1,188 | 1,167 | 1,175 | 1,155 | 1,118 | 1,094 | 1,089 | 1,062 | 1,034 | 1,008 | 992 |
| Urban | 7,334 | 7,479 | 7,475 | 7,750 | 7,764 | 7,769 | 7,810 | 7,797 | 7,907 | 8,022 | 8,042 | 7,876 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 8 | 80 | 53 | 8,191 |

The Ohio Department of Health as well as several universities provide programs that allow health professional students to gain practice working in rural and underserved areas. Information was available for four of these programs, more than in any other state we examined. In addition, the Ohio Department of Health’s Primary Care Office coordinates several programs designed to develop, train, and retain physicians and other health care professionals through student loan repayment programs. Unfortunately, information on Medicaid GME funding was not publicly available. More information on the above programs, including requirements and how to apply, can be found below and at <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>.

**Ohio Primary Care Workforce Initiative.** The Ohio Department of Health distributes state funds to the Ohio Association of Community Health Centers to operate the initiative which provides rotations in participating FQHC for students in a variety of health professions. <https://www.ohiochc.org/page/OPCWI>

**Rural Medical Education Pathway Program (RMED).** The RMED program provides students at the Northeast Ohio Medical University (NEOMED) College of Medicine with the opportunity to train in rural areas, learn more about rural health issues, and become supporters of rural health. The RMED program integrates curricular and co-curricular activities in rural health into all four years of the medical school curriculum. Activities include monthly rural seminars, site visits, and opportunities to train with rural doctors. The purpose of these activities is to increase students’ interest and confidence in practicing medicine in rural communities in the hope that they will choose to practice in a rural community after graduation and training. <https://www.neomed.edu/medicine/integratedpathways/rural-medical-education/>

**Transformative Care Continuum (TCC).** A collaboration between the Heritage College of Osteopathic Medicine at Ohio University and the Cleveland Clinic, the TCC program creates an accelerated pathway to practice in family medicine. Those enrolled in the program finish medical school in three years. During this time, students spend half of each day in the field, training with healthcare teams in Cleveland and learning about social determinants of health, care coordination, and patient education. The rest of their time is spent in typical medical school classes. Upon graduation, they immediately begin a family medicine residency program with the Cleveland Clinic without going through the residency match process. The Ohio State University College of Medicine has a similar three-year program in family medicine known as the **Three Year Primary Care Track**. Students completing the program are favored to match into the OSU FCM Residency program. <https://www.ohio.edu/medicine/about/campuses/cleveland/tcc>

<https://medicine.osu.edu/education/md/three-year-primary-care-track>

**Community Medicine MD Track.** The Ohio University College of Medicine partners with Bon Secours Mercy Health to train interested physicians in rural and small community medicine. The program provides students with knowledge of and experience in caring for rural patients, while also stressing leadership development and community engagement. Students in the program spend their first two years at the OSU main campus in Columbus in a community focused experiential curriculum and their last two years at the Lima, Ohio campus for clinical rotations at Mercy Health. Upon graduation, students are free to choose a residency program in any specialty with the hope that they will eventually practice that specialty in a rural or small community setting. <https://medicine.osu.edu/education/md/community-medicine-track>

**Ohio Physician Loan Repayment Program.** Physicians who commit to practicing for two years at an eligible site in a HPSA can receive assistance with their student loans. For full-time physicians (40 hours per week or more), $25,000 per year is available for two years. If a physician remains in the HPSA location for additional years, $35,000 per year is available for two subsequent years. Part time physicians may receive up to half of the repayment amount depending on their hours worked. In order to qualify, a physician must be practicing in one of the following primary care areas: family practice, general internal medicine, pediatrics, OBGYN, adolescent medicine, geriatrics, or general, child, adolescent, or geriatric psychiatry. Qualifying locations must be in a HPSA or health resource shortage area and provide primary care or behavioral health care (depending on the physician) in an ambulatory setting. All sites must accept Medicare and Medicaid and accommodate the uninsured. <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>

**Ohio Dentist and Dental Hygienist Loan Repayment Program.** The terms for this program are similar to the physician loan repayment program but apply to dentists and hygienists. The amounts of repayment assistance are the same and the practice site must be located in a Dental HPSA or professional shortage area. As with the physician program, practices must accept Medicaid and accommodate the uninsured. <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>

**Ohio Substance Use Disorder Professional Loan Repayment Program.** Also similar to the physician and dental programs, except that repayment assistance is available at $25,000 per year with no time limit. In addition, at least 50% of the provider’s direct client treatment time must be focused on SUD services <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>

**Ohio Professional Loan Repayment Program (Advanced Nurse Practitioner, Physician Assistant, and Pharmacist).** The terms are similar to the SUD Professional Repayment Program. The following types of providers qualify for the program: nurse practitioner, certified nurse-midwife, physician assistant, psychiatric nurse specialist, and pharmacist. Practice sites must be located within a HPSA and provide primary or behavioral health care in an ambulatory setting that accepts Medicare and Medicaid and accommodates the uninsured. <https://odh.ohio.gov/know-our-programs/primary-care-office/workforce-programs>

## Wisconsin

Comparable Metrics: 0

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  |  |  |  |  |  |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 1,075 | 1,068 | 1,095 | 1,075 | 1,018 | 1,019 | 987 | 947 | 944 | 932 | 933 | 948 |
| Urban | 3,490 | 3,563 | 3,620 | 3,631 | 3,625 | 3,610 | 3,627 | 3,615 | 3,645 | 3,707 | 3,764 | 3,765 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 2 | 31 | 26 | 2,314 |

Wisconsin provides a number of programs that cover each point in the GME pipeline. The Wisconsin Area Health Education Centers and the Wisconsin Academy for Rural Medicine provide immersion opportunities for undergraduate and graduate students, including medical students, to gain practical experience working in rural areas of the state. The Wisconsin Rural Physician Residency Assistance Program and the Wisconsin Department of Health Services fund GME programs in rural areas of the state. Finally, grants and loan assistance programs are available to physicians who choose to practice in underserved areas. Details on these programs can be found below.

**Wisconsin Area Health Education Centers (AHEC) Community Health Immersion**. AHEC provides immersion opportunities throughout the year for undergraduate and graduate students to learn more about health care delivery in medically underserved areas. Locations include substance use disorder recovery clinics, rural and urban health centers, and refugee centers. Experiences are available in both in-person and virtual formats and usually last three to four days. In person immersions cost $200 which includes housing, meals, and transportation between session locations. Virtual sessions are $50.<https://ahec.wisc.edu/community-health-immersion/>

**Wisconsin Academy for Rural Medicine (WARM).** This program of the University of Wisconsin School of Medicine and Public Health creates opportunities for students interested in working in rural areas of the state. Medical students in the WARM program spend 28 months of their medical school curriculum at one of the University’s academic campuses located near rural areas. The WARM curriculum includes rural internships, community health projects, mentoring with rural physicians, and other learning opportunities. Graduates of the WARM program are ready for residencies in any specialty area. 82% of WARM graduates go on to remain in Wisconsin after their residencies; 56% go on to practice in primary care. In 2007, only 5% of the University of Wisconsin Medical graduates went on to practice in rural areas; now, 49% practice in rural areas of Wisconsin, and 32% return to practice in their hometowns. <https://www.med.wisc.edu/education/md-program/warm/>.

<https://www.med.wisc.edu/news/training-addresses-rural-physician-shortage/>.

**Wisconsin Rural Physician Residency Assistance Program (WRPRAP).** Under the auspices of the University of Wisconsin School of Medicine and Public Health’s Department of Family Medicine and Community Health, WRPRAP fosters collaboration between Wisconsin’s health systems, GME programs, and state agencies to enhance rural GME education and increase health outcomes in rural communities. <https://www.fammed.wisc.edu/rural/>

WRPRAP funding is divided into two grant programs:

* **WRPRAP Rural GME Operational Grants**. These grants fund physician residency programs at hospitals in rural areas or at clinics that refer patients to hospitals in rural areas. A rural area is defined as a community with less than 20,000 people that is at least 15 miles away from any community with more than 20,000 people. Funding is available for positions in the following areas: family medicine, general surgery, internal medicine, obstetrics, pediatrics, and psychiatry. Qualifying residency programs must include rural rotations that consist of at least eight weeks of work in a rural location. [https://www.fammed.wisc.edu/rural/funding-opportunities/gme-operational-grants/](https://www.fammed.wisc.edu/rural/funding-opportunities/gme-operational-grants/.)
* **WRPRAP Rural GME Transformational Grants**. These grants fund initiatives to develop and evaluate rural GME programs. Like the Rural GME Operational Grants, residency programs must be located at hospitals in rural areas or at clinics that refer patients to hospitals in rural areas. Funding is available for positions in the following areas: family medicine, general surgery, internal medicine, obstetrics, pediatrics, and psychiatry. No other eligibility criteria is provided. <https://www.fammed.wisc.edu/rural/funding-opportunities/gme-transformational-grants/>
* In addition, WRPRAP, along with the Rural Wisconsin Health Cooperative and the Wisconsin Baraboo Rural Training Track Residency Program, established in 2012 the **Wisconsin Collaborative for Rural GME** which provides technical assistance and professional development opportunities to rural residency programs throughout the state. <https://www.wcrgme.org/>

**Wisconsin Department of Health Services GME Program Development Grant**. These grants are provided to hospitals and other health care facilities to establish new grant programs that focus on rural health. Grants of up to $1 million for a five-year period are available.

<https://publicnotices.wisconsin.gov/NoticeView.asp?lnid=1538395>.

<https://www.wha.org/vv-physician-03-26-2024/2>.

**Wisconsin Department of Health Services Primary Care Program**. The program coordinates federal and state grant opportunities designed to increase primary care, dental care, and mental health services for health professional shortage areas, both rural and urban. These opportunities include the following programs aimed at increase providers in underserved areas:

* **Allied Health Professional (AHP) Education and Training Grant**. These grants are intended for partnerships between hospitals, health systems, and educational institutions to establish education and training programs for allied health professionals. The fiscal agent of these partnerships must be a hospital, clinic, or health system. Priority is given to entities that have not received AHP grants in the past and those that are located in rural areas. These one-year grants can be used to expand existing programs or to develop new ones. Grants are given for one-year periods and must be 100% matched by funding from the partnership. <https://www.dhs.wisconsin.gov/primarycare/ahp-grant.htm>
* **Advanced Practice Clinician (APC) Training Grant**. Similar to the AHP grants, APC Training Grants are intended to create new clinical training opportunities for Physician Assistants and Advanced Practice Registered Nurses in rural areas. Hospitals, clinics, or any entity partnering with a hospital or clinic can apply. Priority is given to sites in areas with less than 20,000 people or programs that include sites in rural areas. $500,000 in annual funding for three years can be used to expand or create new programs. Grants must be 100% matched by funding from the recipient. <https://www.dhs.wisconsin.gov/primarycare/apc-grant.htm>

**Primary Care and Psychiatry Shortage Grant.** Administered by the Wisconsin Higher Education Aids Board, up to 12 physician and 12 psychiatry grants are awarded each year. Physicians must work in family practice, internal medicine, pediatrics, or general surgery. Psychiatry includes both adult and child psychiatry. The minimum amount available is $20,800 per year for up to three years. Applicants must have completed their GME training and commit to practicing in an underserved area of the state. Underserved areas include HPSAs, medically underserved areas or medically underserved populations, or a Governor’s designated and DHHS Secretary certified shortage area for rural health clinics.

<https://heab.state.wi.us/features/pcps.html>

**Rural Provider Loan Assistance Program.** Primary Care Physicians and Psychiatrists practicing in a rural area, whether or not their worksite is in a HPSA, can qualify for up to $50,000 in loan assistance funds. A rural area is defined as a community with less than 20,000 people that is at least 15 miles away from any community with more than 20,000 people and is not an urbanized area. <https://worh.org/resources/for-the-workforce/loan-repayment/#assessment-tools1f91-8d71a69b-a0e3>

**Health Professions Loan Assistance Program.** Wisconsin Health Professionals practicing in an outpatient setting in a HPSA can qualify for up to $50,000 in loan assistance funds. Qualifying health professions include: physicians, psychiatrists, dentists, dental hygienists, physician assistants, nurse practitioners, and certified nurse midwives. Providers must commit to working in HPSA for three years. <https://worh.org/resources/for-the-workforce/loan-repayment/#1663163095569-3186b10b-fd7e>

## Colorado

Comparable Metrics: 0

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  |  |  |  |  |  |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 507 | 497 | 502 | 508 | 515 | 512 | 521 | 543 | 534 | 534 | 534 | 542 |
| Urban | 3,414 | 3,521 | 3,607 | 3,769 | 3,811 | 3,878 | 3,969 | 4,055 | 4,168 | 4,256 | 4,289 | 4,274 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 2 | 34 | 22 | 1,814 |

While Colorado has no comparable metrics to Georgia, it is one of the few states with an increase in their rural physicians from 2010 to 2021 (507 to 542 rural physicians, respectively). Colorado has multiple programs at each step of the GME pipeline, ranging from UME scholarships to state programs focused on improving physician recruitment, retainment, and rural practice quality of care. In addition to the UME scholarship focusing on rural counties, Colorado also offers a preceptor tax credit to incentivize preceptorship in rural or frontier designated counties. Colorado also offers similar loan repayment programs comparable to other states. Further down the GME pipeline, the state has programs to help improve rural practices. One such program is the Rural Connectivity Program connecting rural providers to the state’s Health Information Exchange and to a Community Analytics Platform offering a suite of dashboards covering population health metrics, cost of care, and operational opportunities. The state also has a Provider Recruitment and Retainment Program along with a Small Rural Hospital Improvement Grant Program. While Colorado has a variety of programs covering different aspects of the GME pipeline, the Colorado Rural Health Center website gives sparse information for most of them, and this includes a lack of program ROI. Details on these and other programs can be found in the descriptions below.

**Colorado Rural Health Center (CRHC) Marva Jean Jackson Rural Community Health Scholarships.** Started in 2003, these scholarships aim to incentivize rural facilities and communities to develop or support local scholarship programs. Grants are meant to match rural community programs supporting healthcare training and education for people from their community. Recipients must be a CRHC member from a rural county. Awards up to $1,000 per year to the organization (not the scholarship recipient) on a two-to-one match (match contribution must be proven before funds are released). <https://coruralhealth.org/wp-content/uploads/2014/12/2015-MJJ-Application-Guidelines.pdf>

**Rural and Fontier Health Care Preceptor Tax Credit.** Offers a $1,000 tax credit per income year an eligible preceptorship is provided. Preceptors must work in a rural or frontier designated county. The preceptorship must last no less than 4 working weeks or 20 business days. Credits are offered on a first-come, first-served basis to a maximum of 300 preceptors per year. <https://coruralhealth.org/wp-content/uploads/2013/10/Preceptor-Implementation-Flyer-2023-FINAL.pdf>

**Colorado Health Service Corps Loan Repayment.** Physicians and dentists working full-time at a Colorado Health Service Corps-approved site receive $120,000 ($90,000 ¾-time, $60,000 part-time) in exchange for a three-year working commitment. <https://cdphe.colorado.gov/prevention-and-wellness/health-access/colorado-health-service-corps/colorado-health-service-corps-0>

**Rural Essential Access Provider (REAP) Loan Repayment Program.** Offers loan repayment to physicians practicing in rural or frontier counties located in HPSAs. The practice must accept Medicaid, Medicare, and Child Health Plan Plus (CHP+) patients and offer a sliding fee scale. Patients meeting the criteria must account for at least 10% of patients served in the previous 12 months for physician eligibility. Full time physicians receive $30,000 ($15,000 for part time) in exchange for a two-year commitment at an approved site. <https://cdphe.colorado.gov/prevention-and-wellness/health-access/health-professional-loan-repayment/rural-essential-access>

**State Dental Loan Repayment Program.** Similar to the REAP Loan Repayment program but specific to general dentists, pediatric dentists, and dental hygienists. Those eligible must work at a public, nonprofit, or private dental practice and must serve Medicaid, CHP+ and/or uninsured patients each month. Dentists receive $50,000 if seeing 80 or more underserved patients per month ($37,500 for 60-79 patients per month, $25,000 for 20-59 patients per month) in exchange for a two-year commitment at an approved site. Dental hygienists receive $12,000 if seeing 80 or more underserved patients per month ($8,000/$6,000 for 60-79/20-59 patients per month, respectively). <https://cdphe.colorado.gov/prevention-and-wellness/health-access/health-professional-loan-repayment/state-dental-loan>

**CHRC’s Rural Connectivity Program (RCP).** Funded through the Office eHealth Innovation, Department of Health Care Policy and Financing and partnered with the Colorado Community Managed Care Network (CCMCN), and Contexture with the aim to establish a sustainable model for rural connectivity which includes connecting providers (140 providers) to Colorado’s Health Information Exchange (HIE) and support the underserved rural population with analytics and data. 151 providers are currently eligible, and 99 facilities received R7 sustainability payments (25 CAHs received $100,000 each, and 44 RHCs received $20,000 each). Eligible providers must be connected to HIE, a Community Analytics Platform (CAP), and be fully participating in the RCP. The CAP provides a comprehensive suite of analytics to allow rural health providers to view population health metrics, cost of care, and operational opportunities. It provides 12 dashboards that cover:

* Diabetes screening and diagnosis
* Cancer screening and diagnosis
* Cardiovascular screening and diagnosis
* Outmigration
* OB desert
* Medicaid attribution and PHE unwind
* ADT summary
* Adult immunizations
* Childhood immunizations
* COVID-19 patient management
* COVID-19 trends and distributions
* COVID-19 vaccination

<https://coruralhealth.org/wp-content/uploads/2024/11/RCP-overview-infograph-final-final.pdf>

**Colorado Provider Recruitment and Retention Program.** Designed to recruit and retain healthcare professionals to work in underserved areas. The program offers financial incentives, relocation support, professional development, community integration, and collaborative partnerships. <https://coruralhealth.org/colorado-provider-recruitment/for-providers#:~:text=CPR%20For%20Providers,incentives%20and%20support%20for%20providers>

**Small Rural Hospital Improvement Grant Program.**  CRHC submits this HRSA grant every year to support specific projects for rural, under-50 bed hospitals. <https://coruralhealth.org/ship>

## Oregon

Comparable Metrics: 0

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % Black | % Hispanic | Avg HPSA Score | HPSA Shortage | Total Med Schools per Capita | Rural Avg HPSA Score | Rural HPSA FTE | Rural HPSA Shortage |
|  |  |  |  |  |  |  |  |

Total Physicians Practicing in Rural and Urban Areas, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Rural | 458 | 462 | 467 | 474 | 468 | 456 | 451 | 463 | 480 | 497 | 501 | 505 |
| Urban | 2,928 | 3,011 | 3,061 | 3,188 | 3,250 | 3,310 | 3,333 | 3,433 | 3,467 | 3,475 | 3,494 | 3,484 |

GME Facts

|  |  |  |  |
| --- | --- | --- | --- |
| Total Medical Schools | Accredited Programs | Teaching Hospitals | Residents and Fellows, 2024-25 |
| 2 | 13 | 13 | 1,245 |

While Oregon has no comparable metrics to Georgia, it is one of the few states with an increase in their rural physicians from 2010 to 2021 (458 to 505 rural physicians, respectively). Oregon offered similar loan repayment programs comparable to other states. The main finding of interest was a 2011 Rural Health Care Clinic Report (no updated reports were readily available) with a list of recommendations for rural health clinics to follow for recruitment and retainment. The detailed report was unique in the metrics used to describe the recruiting and retainment difficulties and the recommendations listed in the Recruitment Toolbox, and also came the closest of any state of providing actual ROI of their loan repayment programs (see Figure 6) instead of relying on generic studies. The Recruitment Toolbox was unique in how the recommendations were framed: The providers were recommended to focus on unique factors of their community to build their own plan rather than a generalized approach. This included conducting needs assessments, engaging with the community (physicians, schools, businesses), creating community health resource guides, dedicating recruiters, generating creative solutions (mortgage loan credits, housing for residents), and creating personalized retention plans (one example was getting to know the provider’s favorite bottle of wine). While the report is slightly outdated, this was the first state to focus on a community- and personalized-approach to recruitment. Unfortunately, a more up-to-date report potentially detailing the ROI of these approaches was not readily available, although this may be part of the reason Oregon has increased their rural physician numbers. Details on these and other programs can be found in the descriptions below.

**Oregon Federally Certified Rural Health Clinics 2011 Report.** Written to detail the status of Oregon’s 60 Rural Health Clinic, one section details the challenge of recruitment and retainment. The report states that rural communities are competing with urban and other rural communities for finite resources and having a strategy is paramount to provide healthcare to their rural residents.

* **Recruitment Tool Box** (pg. 37). Offers a number of recommendations including shared vision, conducting needs assessments to understand the staffing needs, focusing on community, taking advantage of every available local, state, and federal incentive, developing creative options (e.g. decreased mortgage interest rates, offering housing to residents on rotation), create highly individualized recruitment plans at the individual level (e.g. provider’s favorite bottle of wine), develop relationships with students in younger years (i.e. high school) to encourage interest in health care professions.
* **Case study: Rimrock Health Alliance in Crook County.** The report highlights this county as a successful case study, but data from AHRF shows physician total increases and decreases over the last decade for Crook County. In fact, the largest rural physician increases came from Hood River and Klamath counties.

Total Physicians Practicing in Selected Oregon Rural Counties, 2010-2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Crook | 6 | 7 | 9 | 9 | 9 | 9 | 7 | 6 | 7 | 7 | 8 | 9 |
| Hood River | 42 | 45 | 46 | 48 | 46 | 50 | 52 | 53 | 52 | 53 | 52 | 57 |
| Klamath | 67 | 67 | 73 | 77 | 75 | 76 | 80 | 83 | 85 | 86 | 89 | 93 |

<https://www.ohsu.edu/sites/default/files/2018-08/2011-Rural-Health-Clinic-Report.pdf>

**Oregon Health Care Provider Loan Repayment.** Similar to other state loan repayment programs, Oregon offers loan repayment to specific provider types who work in a HPSA and serve Medicare and/or Medicaid patients in no less than the same proportion of such patients in the county, or provide essential health services to underserved populations. Those eligible must commit to a three-year obligation in exchange for a tax-free award of up to 70% of their loan balance up to $50,000 ($25,000 part-time) per service year. Providers with less than $29,000 ($15,000 part-time) in qualifying loan debt may receive up to 100% of qualifying loan debt, not to exceed the lesser of their total qualifying loan amount or $20,000 ($10,000 part-time) for the same three-year service obligation. <https://www.ohsu.edu/oregon-office-of-rural-health/oregon-health-care-provider-loan-repayment>

**Oregon Behavioral Health Loan Repayment Program (OBHLRP).** Identical to the Health Care Provider Loan Repayment but for Behavioral Health providers. <https://www.ohsu.edu/oregon-office-of-rural-health/oregon-behavioral-health-loan-repayment-program>

**Oregon Partnership State Loan Repayment Program (SLRP).** Similar to the Health Care Provider Loan Repayment program but through state funds, offers assistance to eligible provider types working at a non-profit in a HPSA providing services (outpatient, ambulatory, primary medical, mental and behavioral, and/or dental services) on a free or reduced-fee schedule to individuals living at or below 200% FPL. Full-time providers may receive up to 50% (25% part-time) of qualifying educational debt up to $25,000 ($12,500 part-time) per year in exchange for a two-year commitment (four-year commitment part-time). Successful completers may apply for a one-year continuation for up to 60% of remaining loan debt up to $25,000. Successful completers of the continuation may apply for one more one-year continuation with the same benefits. <https://www.ohsu.edu/oregon-office-of-rural-health/oregon-partnership-state-loan-repayment-program-slrp>

Figure 6: Oregon Loan Repayment Program ROI, 1993-2005

A graph of a service

Description automatically generated with medium confidence

# Recommendations

The landscape scan finds similar incentives to recruit and retain physicians in rural areas across states but with slight variations, possibly stemming from federal initiatives available to all states (e.g., J-1 Visa Waivers) and some with freedom to implement in different ways (e.g. loan repayment programs). This allows states to customize the program to their population and incrementally improve outcomes over other states.

The customization of programs can create competition between states attempting to offer the best incentives to physicians to practice in their rural areas. It does not necessarily need to be a zero-sum game between states though, i.e. when one state successfully recruits a physician, another state loses the physician. Addressing earlier points in the UME/GME pipeline in concurrence with retainment strategies is crucial to first expand the number of potential UME/GME graduates in order to then expand the number of potential physicians down the pipeline. Kentucky had specific examples of programs being offered to pre-college students to generate interest in healthcare fields, albeit with no ROI analysis to measure effectiveness in recruiting into the UME/GME pipeline.

This is an unfortunate commonality between states: the lack of ROI analyses. There appears to be no single issue causing the lack of analysis – programs are not initially implemented with analyses in mind, programs may lack resources to properly conduct analyses, and time limitations due to how long it may take for outcomes to manifest. For example, outcomes of programs targeting rural high school students into healthcare professions would not be seen for nearly a decade or more due to the length of education required. Pair this with how some states are only recently conducting rural healthcare workforce assessments (TN’s Rural Health Care Task Force Report) and a viable ROI analysis would not be available for many years.

This presents Georgia with several opportunities:

1. **Write ROI analyses into program requirements to ensure dedicated funding to conduct them.** While Georgia is having difficulty retaining physicians in rural areas, this is true in almost all states. Georgia has an opportunity to be a national leader in conducting proper evaluations to ensure programs stem the outflow of physicians from rural to urban areas and start increasing the number of rural physicians.
2. **Ensure rural clinics create a recruitment and retainment plan with a focus on community-centeredness (OR)**. This will help ensure the best possible fit between physicians and communities which in turn will increase the likelihood of physician retainment.
3. **Create a variety of programs addressing all critical points of the UME/GME pipeline.** Generating interest in middle and high school students creates a higher number of potential GME residents who in turn can be incentivized to work in rural areas during rotations which in turn will lead to a higher likelihood of physicians staying in those rural areas to open a practice.
4. **Adopt the loan repayment plan variations from different states.** Georgia can offer competitive funding, mandate providers utilize federal funding first to conserve state funds (NC), and create commitment timelines incentivizing longer stays in rural areas (OH).
5. **Create programs to help rural practices stay open.** This can be in the form of grants (TN), tax credits (CO), or even statewide programs offering a service needed by all rural clinics such as analytic platforms (CO).

Figure 1: AHRF Overall Physician Difference 2010-2021

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Description automatically generated

Figure 2: AHRF Rural Physician Difference 2010-2021

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Description automatically generated with medium confidence



Georgia Health Policy Center  
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[ghpc.gsu.edu](http://www.ghpc.gsu.edu)

Georgia Health Policy Center  
Andrew Young School of Policy Studies  
Georgia State University  
[www.ghpc.gsu.edu](http://www.ghpc.gsu.edu)

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