

**Maryland Loan Assistance Repayment Program (MLARP) for Physicians and
Physician Assistants Workgroup**

Virtual Meeting

May 14, 2021, 10:00 a.m.

Minutes

Workgroup Members

Delegate Erik Barron, Erin Dorrien, Matthew Dudzic, Damean Freas, Stacey Little, Gene Ransom, Megan Renfrew, Richard Rohrs, Elizabeth Vaidya, Roy Ziegelstein

Maryland Department of Health (MDH) Staff Present

Sara Seitz

Tina Backe

Latiqua Holley

Also in Attendance

Jane Krienke, Maryland Hospital Association; Kelly Kyser, MedStar Emergency Physicians; Susan Lawrence, Government Affairs, University of Maryland, Baltimore (UMB); Kelly Schutz, MedStar Emergency Physicians; Ben Steffen, Maryland Health Care Commission; Karin Weaver, MedStar Good Samaritan Hospital; June Chung, Maryland Department of Legislative Services, Jason Caplan, MDH Office of Regulation and Policy Coordination, Jennifer Witten, Maryland Hospital Association; Lindsay Rowe, Maryland Department of Legislative Services

Notes

- I. **Meeting Opening and Welcome/ Roll Call:** The virtual meeting was called to order (10:03 a.m.) by Sara Seitz who provided roll call and requested guests sign in to the virtual meeting via the chat function.

- II. **Opening Business/ Remarks**
 - A. **Minutes Approval:** The minutes of the most recent meeting, March 12, 2021, were distributed prior to the meeting and reviewed by attendees. No corrections were recommended. Minutes were approved as distributed.

 - B. **MLARP Operational Updates:** Sara Seitz provided a status update regarding the program's current operations.
 1. Dr. Cheryl De Pinto will be moving on to a new role. The office staffing the MLARP Workgroup, the MDH Office of Population Health Improvement, will be led by Acting Director, Kimberly

Hiner in the interim. Sara Seitz will continue as the lead facilitator of the Workgroup.

2. The Office has continued the payment process for awardees, making Fiscal Year 2021 payments to awardees upon receipt of required documentation. Please see meeting presentation for details.
3. The Fiscal Year 2021 application cycle is now closed, with submitted applications under eligibility and technical review. Details regarding the application components and funding cycle calendar can be viewed in the presentation materials.
4. Discussion
 - a. Member comment: This seems to be a much quicker turnaround. Applauding the Department. The physicians appreciate it as well. A positive successful improvement.
 - b. Two application cycles currently in use? There is one application cycle, regardless of funding source. Separate state/federal payments may be made depending on receipt of the funds for those payment sources so that the program can meet the goal of funding as soon as possible.

III. Subgroup Recap and Presentation

A. Sustainable Funding Structure

1. Erin Dorrien, subgroup lead, presented a recap of the group's first meeting on 4/29/2021
2. Covered goals of the program and the workgroup. Goals of program to grow and engagement of workforce. Want to see the program reach the other providers available through the federal side and include a diverse sustainable funding structure
3. Discussed potential funding sources: including insurers, provider licensure surcharge, employer match, dedicated tax, schools and universities, etc.
4. Group Discussion
 - a. Funding sources development/ diversification is a priority, a necessity of extending the program
 - b. The subgroup's next conversation will be looking at pros and cons of each potential funding source
 - c. HSCRC shared the negative response from the Center for Medicare and Medicaid Innovation (CMMI) regarding use of the hospital rate setting system for funding of loan repayment programs
 - d. Some members noted frustration with the response from CMMI; noting ensuring provider coverage/ healthcare access in underserved areas is part of the waiver intent (Maryland Total

Cost of Care Model) and their intent to discuss within their own organizations

5. This group will meet again 5/18/2021, 9 a.m. Let Sara Seitz know if you would like a direct invitation link. All information is also posted on the Workgroup website.

B. Data and Its Use

1. Matthew Dudzic, subgroup lead, presented a recap of the group's first meeting on 5/6/2021.
2. The subgroup discussed their expectation for MLARP and how the collection of data can aid meeting the goals of the program.
3. Noted goals include:
 - a. Fill all needed healthcare provider positions throughout the state.
 - b. Match providers to appropriate communities serving in underserved areas
 - c. Ensure completion of service obligations
 - d. Contribute to provider retention in appropriate communities
4. Necessary Data
 - a. Workforce data: Discipline and specialty shortages within the state
 - b. Program data: Program monitoring and evaluation/ program success; long term retention, accountability; site surveys; exit interviews
5. Operationalization
 - a. Necessary to build in staff support for data collection
 - b. Process steps to include:
 - i. What resources already exist?
 - ii. Look at network adequacy
 - iii. What data do other states collect (CA, NV have robust data
 - iv. What changes if we extend access to support for to additional disciplines (from currently narrow band of awardees)
 - v. Identify what is necessary to collect
6. Group Discussion
 - a. Components of workforce data exist, but scattered and incomplete. For example, these include Maryland Primary Care Program, Primary Care Office, CRISP, Board data, however, each offers a different data aspect and has not been combined for a more complete picture of provider needs in Maryland.
 - b. One tactic could be to marry the funding sources and their data requests with what is collected. Which providers are eligible? If funding sources are expanded, then what are their

data requirements? Balance data requirements with the work product? Can we produce the data? Careful to not commit to a funding source if we do not have the data required.

C. Student Incentives

1. Proposed at last meeting to meet legislative goal to examine and recommend methods incentives to students **before** entering a residency or on graduation
2. Subgroup lead: Gene Ransom, MedChi volunteered to lead the group
3. Sara Seitz will work with Gene to determine a first meeting date for this subgroup
4. Group Discussion
 - a. Student feedback is key to determine current needs/incentives to remain in-state
 - b. MedChi has an active medical student group.
 - c. Program input from medical schools necessary to discuss barriers for students to join loan repayment programs
 - d. Generally, medical students do residency where they are accepted (vs. a concerted effort to be in a certain geographic location). Therefore, should focus discussion on residence and residency programs
 - e. Noted that UMD students may be from MD, but only a minority of Hopkins students are from MD. "Home" is often CA or TX for JHU SOM students
 - f. Are the financial incentives truly a driving force for their career choice? Important to incentivize students for reasons other than financial reasons as relationships and other drivers may hold more weight.
 - g. Non-loan repayment incentive options offered in other states:
 - i. Student loans for sliding scale interest on where they are serving, for example: 0% interest loan if staying in the state
 - ii. TN: Incentives to medical students for down payments on homes

IV. Next Steps

A. Operational Recommendations: Part time eligibility

Members agree that part time eligibility with a pro-rated award amount is in-line with other state's practices and offers higher level of equity for providers (work life balance for women in child bearing years, those with

health conditions, etc.) and facilities/geographic areas that do not necessarily need full time providers.

B. Workgroup Timeline Draft

1. A draft timeline for the Workgroup was proposed (see presentation)
2. Discussion: Additional meetings may be beneficial as draw closer to the report deadline

C. Member Action Steps: Reach out to Sara Seitz to join a subgroup if you have not yet done so.

V. Open Discussion with Public Comment: No guests provided comment during the time dedicated for this purpose.

VI. Adjournment