



Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants Workgroup

July 16, 2021



Agenda

- I. Welcome/ Roll Call
- II. Opening Business/ Remarks
- III. Subgroup Recaps and Discussion
- IV. Next Steps
- V. Open Discussion with Public Comment
- VI. Adjournment

Welcome/ Roll Call

I. Welcome!

I. Roll Call: Workgroup Members

1. Name

2. Affiliation

III. Sign In: Guests

Please note your name (with affiliation, as relevant), in the chat box

Opening Business/ Remarks

Opening Business/ Remarks

- I. Approval of May 14, 2021 Minutes
- II. Program Operational Updates
- III. Review of Mandated Activities

MLARP Operational Updates

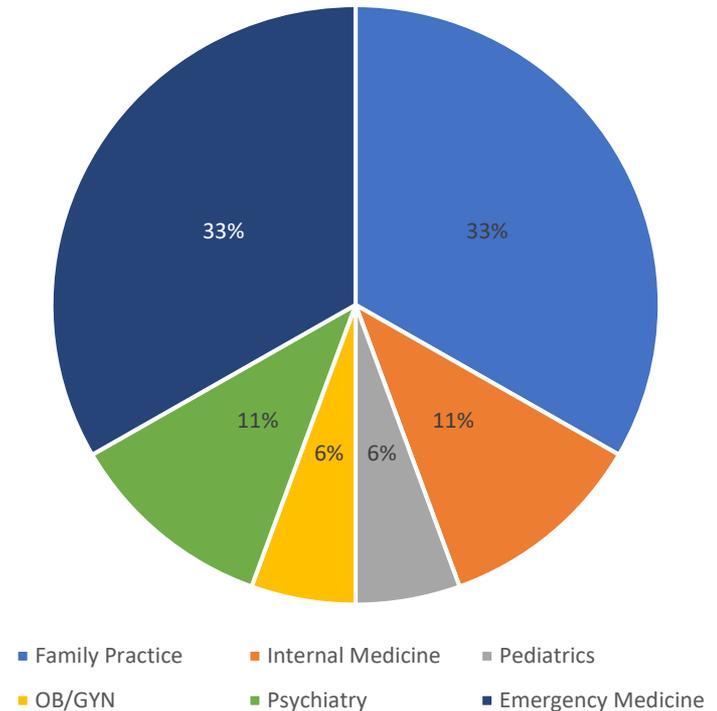
- I. FY21 Application Cycle
 - I. Awards
 - II. Program Orientation

- II. Current Program Projects
 - A. Retention Survey
 - B. Applicant/Awardee Profiling and Analysis
 - C. Data System

FY21 Application Cycle Awards

Specialty	#
Family Medicine/GP	6
Internal Medicine	2
Pediatrics	1
Psychiatry	2
OB/GYN	1
Emergency Medicine	6
Total	18

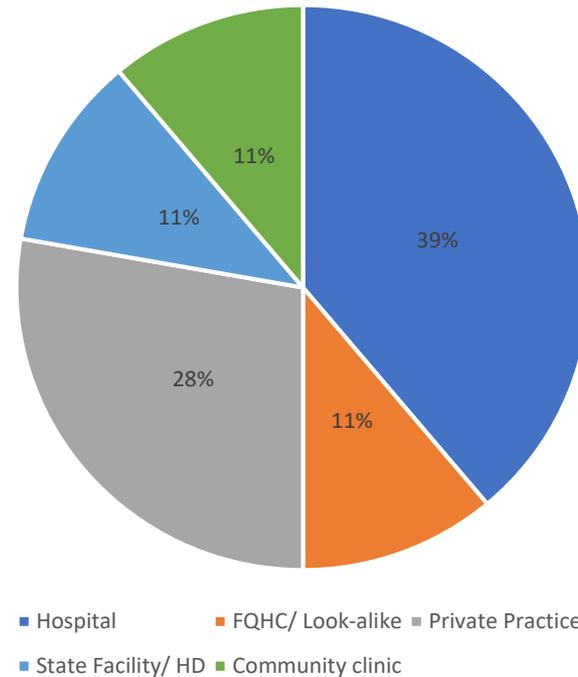
Initial Awardees



FY21 Application Cycle Awards

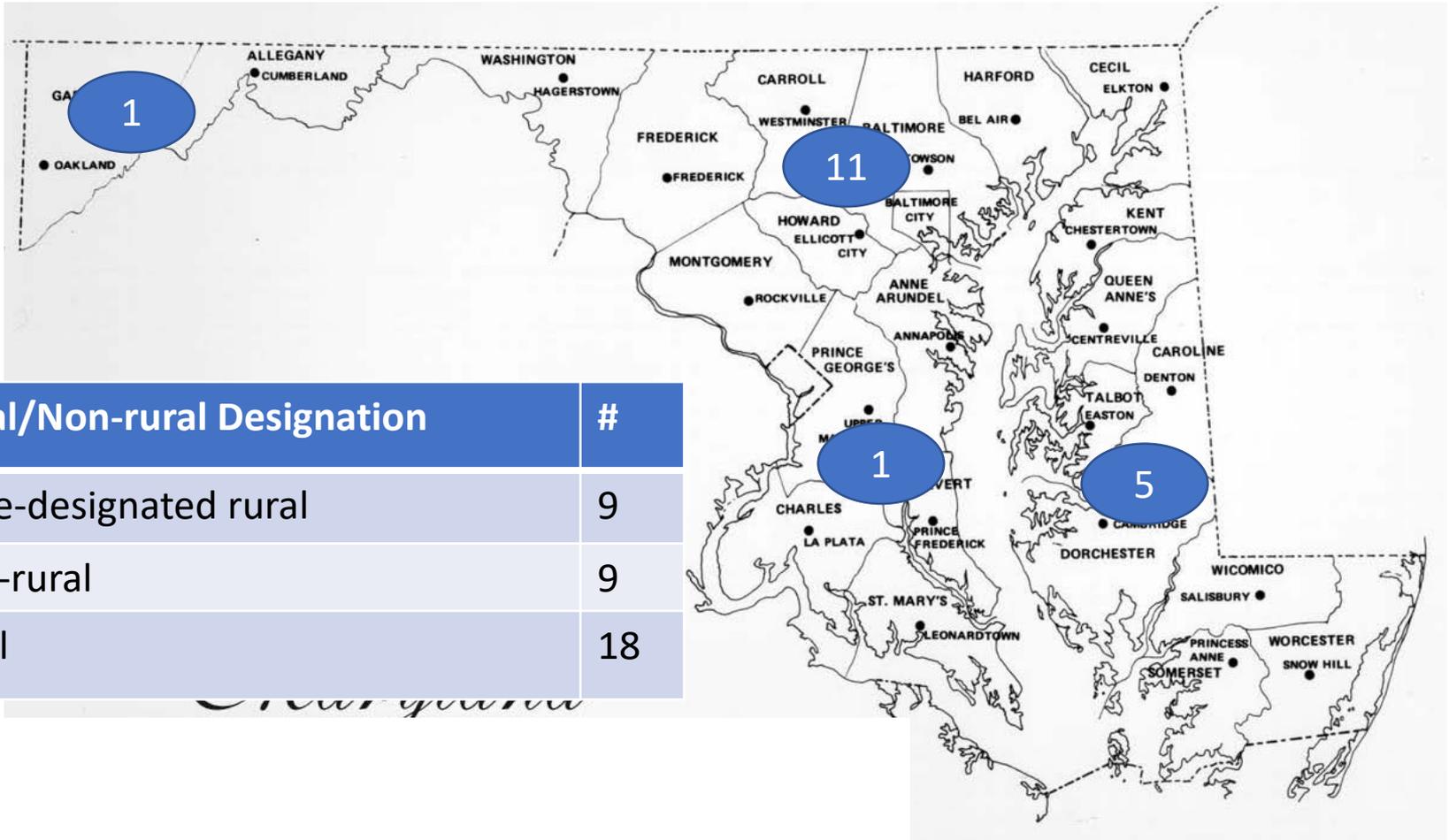
Site Type	#
Hospital	7
FQHC/Look-alike	2
Private Practice	5
State Facility/HD	2
Community Clinic	2
Total	18

Initial Awardees



FY21 Application Cycle Awards

Geographic Distribution of Practice Sites by Region



Rural/Non-rural Designation	#
State-designated rural	9
Non-rural	9
Total	18

FY22 Service Obligations

	SLRP (Federal Funds)	MLARP (State Funds)	Total
Initial Awardees (1 st year awards)	6	12	18
Renewal Awardees (2 nd year awards)	5	6	11
Total	11	18	29

Program Orientation

- Hosted on June 29, 2021
- Provided an overview of program and expectations
 - Application process
 - Welcome Packet and completion of documents
 - Documentation deadline and payments

Current Program Projects

- A. Retention Survey
- B. Applicant/Awardee Profiling and Analysis
- C. Data System

Review of Mandated Activities (SB501)

The Workgroup shall review/examine/investigate:

1. Medical school student debt experienced in the United States and in Maryland;
2. Models for physician recruitment and retention that operate in other states, including how these models are funded and how to improve MLARP to ensure that the Program is competitive with other states;
3. Methods to incentivize medical students to commit to practicing in medically underserved areas in the State before entering a residency program or on graduation from medical school;
4. Availability of other federal grants to further expand loan repayment and loan forgiveness for other health professionals in Maryland

The Workgroup shall submit a final report, including recommendations on:

1. The structure of a permanent advisory council; and
2. A permanent funding structure

Workgroup Timeline

Month: 2021	Presentations/ Discussion	Post-Meeting Action Steps
March (3/12)	<ul style="list-style-type: none">- Programs in states with diverse funding streams- Data needs	<ul style="list-style-type: none">- Subgroup sign ups and launch- Subgroup assignments- MDH: Secure additional staff resources via summer interns
May (5/14)	<ul style="list-style-type: none">- Subgroup recaps/ next steps- Timeline toward General Assembly report	<ul style="list-style-type: none">- Continue subgroup activities to develop funding structure and data collection/ analysis recommendations- Set student incentive subgroup meeting
July (7/16)	<ul style="list-style-type: none">- Subgroup recaps, recommendation consensus- Advisory group recommendations	<ul style="list-style-type: none">- Outreach to potential partners via subgroups- Subgroups finalize recommendation language for August report draft
September (9/10)	<ul style="list-style-type: none">- Report draft review, final recommendations review and revisions	<ul style="list-style-type: none">- Further report review/ feedback via email
November (11/12)	<ul style="list-style-type: none">- Review of completed work, next advisory group steps	<ul style="list-style-type: none">- Submission of report to MDH Office of Governmental Affairs before November 1

Subgroup Updates/ Recommendations

Sustainable Funding Structure

- I. Update: Erin Dorrien, Lead
- II. Discussion
- III. Next meeting: To be determined

MLARP Funding Subgroup

Friday July 16th, 2021

Membership and Process

Subgroup Members

- Matthew Dudzic, Board of Physicians
- Megan Renfrew, Health Services Cost Review Commission
- Richard Rohrs, Maryland Academy of Physician Assistants
- Erin Dorrien, Maryland Hospital Association
- Jane Krienke, Maryland Hospital Association
- Shamonda Braithwaite, Mid-Atlantic Association of Community Health Clinics
- Sara Seitz, Maryland Department of Health
- Sadé Diggs, Maryland Department of Health

Subgroup Process

- Utilized research completed by subgroup members
- Developed guiding principles
- Developed list of potential funding sources
- Analyzed sources using guiding principles
- Developed consensus recommendations

Guiding Principles

1. Funding levels should allow the state to meet the maximum federal match (\$1 million), although this is insufficient to invest in the development and retention of the state's health care workforce.
2. Funding source should be predictable and sustainable.
3. If general fund revenue is not provided, revenue should be collected from multiple sources.

Funding Options

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none">• State General Funds	<ul style="list-style-type: none">• Board of physician's licensure fees• Assessment on health care facilities• Employer site match	<ul style="list-style-type: none">• Grants and foundational giving to the State• Payer contribution• Tax filing donation

Recommendations

- The State should increase investment in health care workforce development beginning with a general fund mandated appropriation to the Loan Assistance Repayment Program.
- Any non-general fund funding should be derived from diverse revenue sources and be predictable and sustainable.
- MDH should clarify that the statute allows the state to apply for grants and accept private contributions

Data and Its Use

- I. Update: Matthew Dudzic, Lead
- II. Discussion
- III. Next meeting: To be determined

Data and Its Use

Proper collection and review of data is integral to achieving MLARP's goals. Data can roughly be divided into two categories:

- Program Data: Information regarding position fill rates, service completion rates, post-obligation retention rates, number of patient encounters and other program-related factors will allow the administrators of the program to track its success rates and make recommendations for further improvements. Subjective data from program participants and the facilities and communities where they serve is also valuable. This data can be compared with other state models to assist in making recommendations. It will also be useful if alternative funding solutions such as employer matches or private donations/grants are implemented.
- Workforce and Population Data: In order to match practitioners with the appropriate communities, robust workforce and population data is required. Statewide workforce data will allow the program to identify areas of need, including areas that experience shortages of particular disciplines and specialties. By focusing on diversity, equity and inclusion, this data can also assist in correcting the demographic composition of the healthcare provider workforce.

Data and Its Use

Guiding Principles

1. Robust program data should be collected and published to assist in administration of the program and make future recommendations.
2. Additional program data can be collected via mandatory surveys of participants and sites, exit interviews and post-completion surveys, as well as by participating in multi-state collaboratives.
3. Wherever possible, identify existing sources of workforce and population data, so that program resources are going toward providers rather than being spent on data collection.
4. Collecting data is only one part of the problem. Once collected, data must be analyzed and a system must be established that can use that data to properly match providers with communities.

Data and Its Use

RECOMMENDATION ONE

- Regularly monitor and publicly report program outcomes. This data should include (but is not limited to):
- Position fill rates;
- Rate of completion of service obligation;
- Geographic distribution;
- Demographic data of program participants;
- Specialty/subspecialty of participants;
- Hours worked;
- Total number of patient encounters;
- Number of patient encounters for Medicaid, Medicare, CHIP and uninsured encounters using a sliding fee scale;
- Three-, 12- and 36-month post-obligation retention rate; and
- Overall satisfaction with the program from providers, facilities and communities.
- This program data should be collected via mandatory annual reporting from program participants and facilities, exit interviews, tallies of grievances and post-obligation surveys of program alumni.

RECOMMENDATION TWO

- Join the Practice Sights Retention Collaborative & Data Management System, a multi-state collaborative and data gathering platform that allows states with support-for-service programs to compare data and assists in monitoring and analyzing program success.

RECOMMENDATION THREE

- Further explore how the state can establish a centralized data collection repository and define parameters to determine future needs based on the population served. Work with other State agencies, including licensing bodies and the Maryland Commission on Health Equity, to share resources and develop a comprehensive model to evaluate the healthcare workforce in Maryland to expand workforce planning beyond physicians and inform the state's investment in MLARP and other recruitment and retention programs.

Student Incentives

- I. Update: Gene Ransom, Lead
- II. Discussion
- III. Next meeting: August 10, 2021; 8:00 a.m.

Permanent Advisory Council

Structure Development/ Recommendations

- I. Purpose and scope
- II. Membership
- III. Operating guidelines

Next Steps

Next Steps

Next Meeting

- September 10, 2021; 10:00 a.m.
- Quorum possible?

Notes

- Please continue to upload relevant resources and data to the workgroup's dedicated Google Drive
- Additional comments/needs: Email sara.seitz@maryland.gov

Open Discussion

Questions: sara.seitz@Maryland.gov

Adjournment