

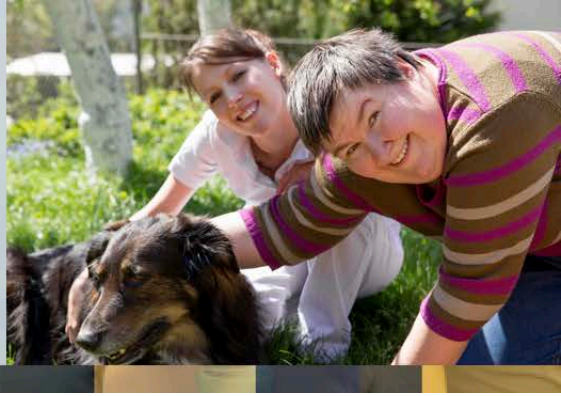

Maryland
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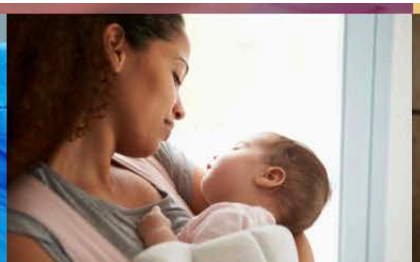
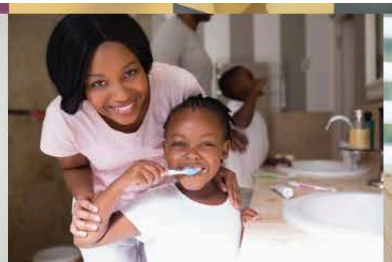
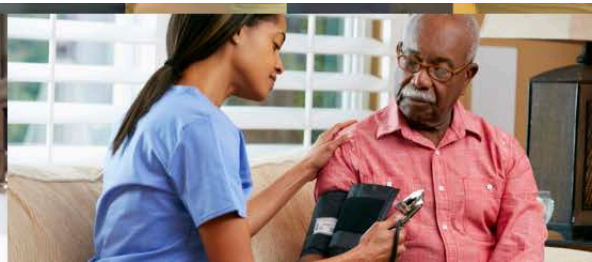
Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants Workgroup

January 8, 2021

Agenda

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

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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

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Opening Business/ Remarks

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Opening Business/ Remarks

I. Approval of October 28, 2020 Minutes

II. Review of MLARP transition activities

III. Interim Report/ Stated Workgroup Priorities

A. Review of priorities in Interim Report

B. Additional thoughts, revisions?

MLARP Operational Updates

I. Transitional Tasks Complete
   A. MHEC funds transfer received in late November 2019

II. Operational Status
   A. 75 reviewable applications received, reviewed, and scored (if determined to be program-eligible)
   B. 26 award letters distributed, representing a FY21 total of $829,024 in funding
   C. Initial payment requests submitted for State processing / payment distribution to lenders

Interim Report/ Priorities

Priority #1: Seek out a broader array of stakeholders and revenue sources.

The source of funding for MLARP has always been physician and allied health practitioner licensing fees via the Board of Physicians Fund as established in Maryland Code, Health Occupations, § 14-207. Since 1997, the Board of Physicians Fund has distributed more than $11 million for MLARP. Expansion of MLARP should be accompanied by a more robust funding source representative of the provider disciplines to be served.

Priority #2: Take full advantage of federal funds available through the State Loan Repayment Program (SLRP), which provide loan repayment for eligible primary care providers who serve in federally-designated HPSAs.

A larger range of provider disciplines are eligible for SLRP than Maryland currently allows (physicians and physician assistants only). SLRP requires a 1:1 match of state (non-federal) to federal funds. This is an important aspect when determining potential revenue sources. Of note, SLRP funds are available for those practicing in primary care only, not sub-specialties. Expanded revenue is needed in order to fund specialty types beyond primary care.

Interim Report/ Priorities

Priority #3: Ensure flexibility of provider disciplines and specialties/sub-specialties benefiting from MLARP based on the stated needs and available data of local communities.

Priority #4: Obtain additional provider workforce data. State level data regarding the provider workforce is needed in order to build a more robust methodology to determine population-provider ratios across provider disciplines and specialties. There are currently no state level data sources providing full time equivalent data by provider discipline to MDH. The Department must currently rely on claims data for this information, which does not provide a complete story.

Priority #5: Balance the efforts undertaken at the state level with those of local healthcare organizations and offices. Though hospitals and individual provider practices that directly fund loan repayment for employees pay the loan repayments and associated taxes out of their bottom line, doing so allows them to meet their specific provider shortage needs with less administrative burden than at the state level.

Priority Presentations

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Loan Assistance: Successful Models Across the Country

Matthew Dudzic, Health Policy Analyst, Maryland Board of Physicians

January 6, 2021

Loan Assistance in a Time of Need

State programs may be better able to respond to the rapidly changing environment and the economic turbulence of state budgets if they are proactive and creative in adjusting their operations to fill appropriate unmet needs and complement the efforts of other programs. ***Furthermore, broadening their funding sources and developing creative financing strategies may make them less vulnerable to state budget woes, especially if state legislatures provide flexibility to state programs so they have the freedom to adapt as needed.*** *Among seemingly attractive financial models is to require for-profit clinics to fund a portion of the loan repayment amount their clinicians receive. Another is to establish foundation-public partnerships to diversify programs' funding sources and allow programs to grow larger, become more visible, and perhaps offer economies of scale.*

Donald Pathman, et al. (2012). States' Experience With Loan Repayment Programs for Health Care Professionals in a Time of State Budget Cuts and NHSC Expansion. *The Journal of Rural Health, 28* (2012), 408–415. Doi: 10.1111/j.1748-0361.2012.00409.x

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Key Findings:

- *Flexibility was a key component of success.*
- *State legislatures should provide programs with the ability to adapt.*
- *Broad array of funding sources provides a robust base, and allows programs to continue assisting rural and underserved communities even when state budgets fluctuate.*

Loan Assistance in a Time of Need

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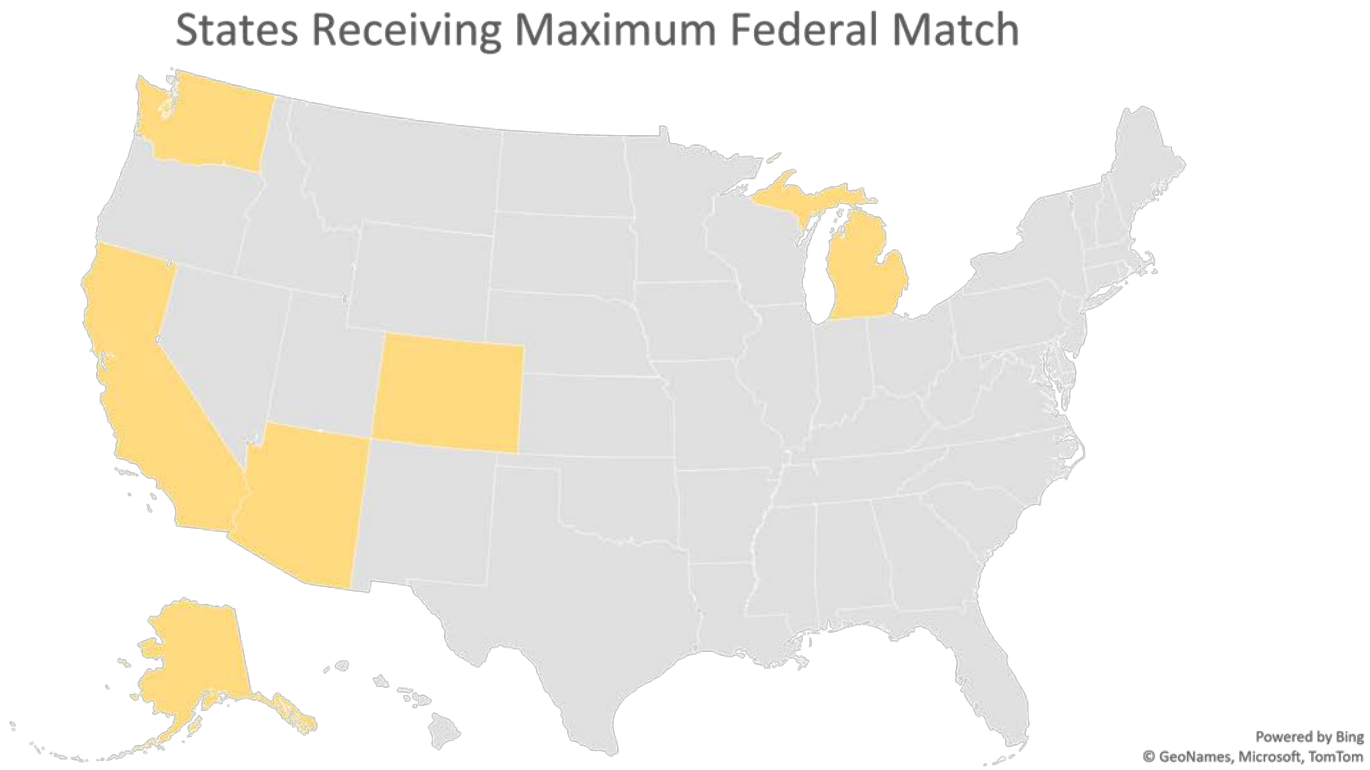
Successful State Models



Source: National Health Service Corps State Loan Repayment Program Grantee Awards

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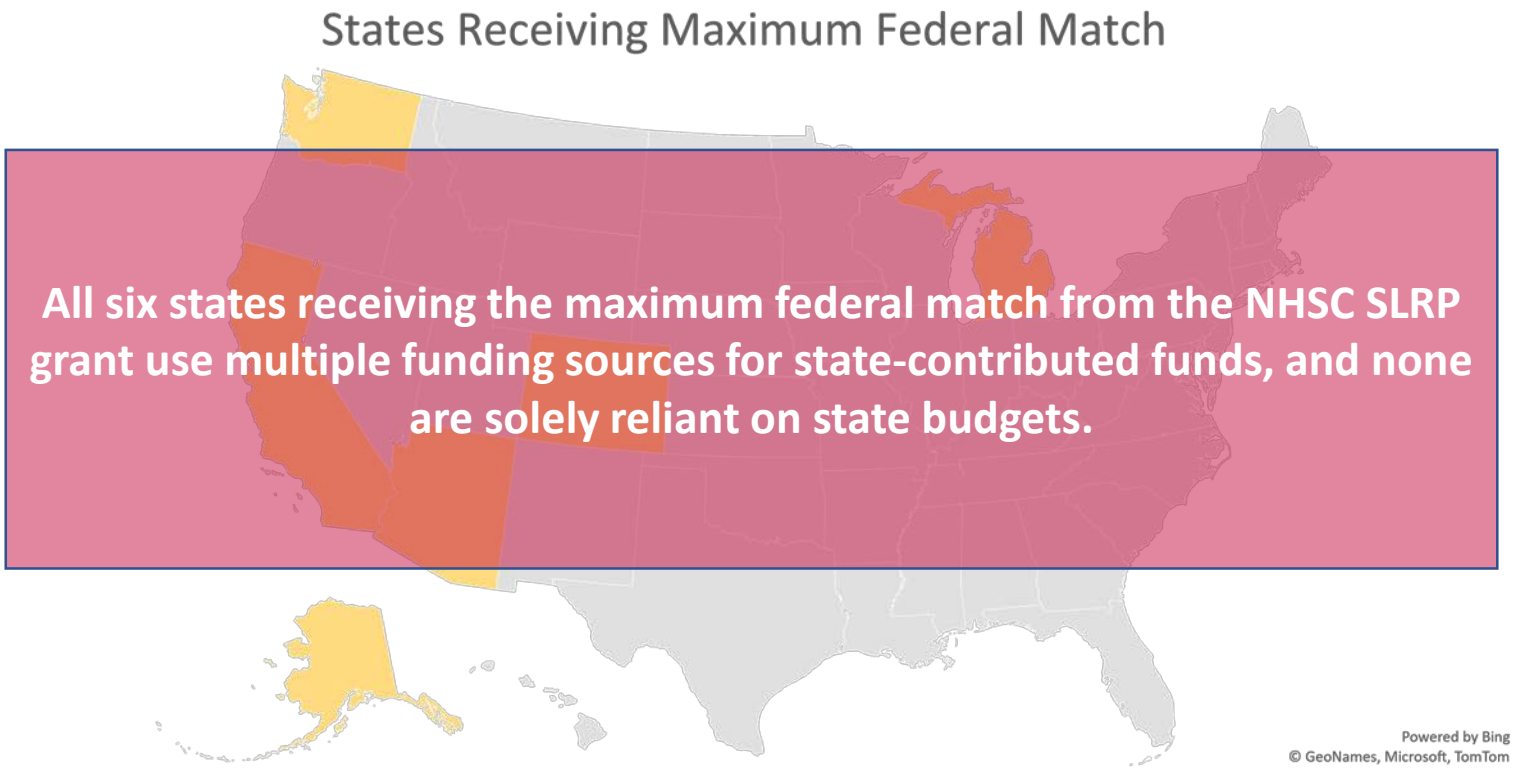
Successful State Models



All six states receiving the maximum federal match from the NHSC SLRP grant use multiple funding sources for state-contributed funds, and none are solely reliant on state budgets.

Source: National Health Service Corps State Loan Repayment Program Grantee Awards

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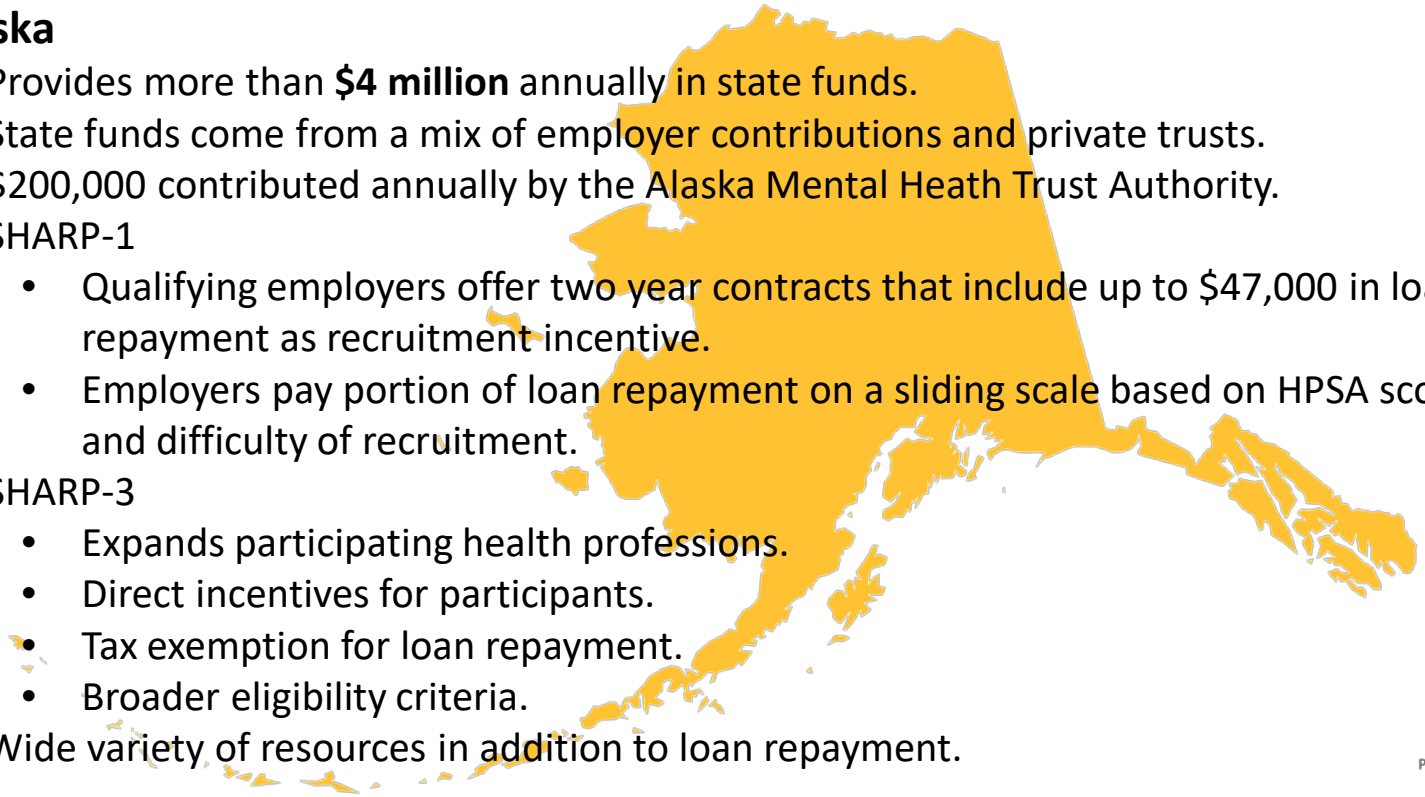
Successful State Models: Alaska

Alaska

- Provides more than **$4 million** annually in state funds.
- State funds come from a mix of employer contributions and private trusts.
- $200,000 contributed annually by the Alaska Mental Heath Trust Authority.
- SHARP-1
  - Qualifying employers offer two year contracts that include up to $47,000 in loan repayment as recruitment incentive.
  - Employers pay portion of loan repayment on a sliding scale based on HPSA score and difficulty of recruitment.
- SHARP-3
  - Expands participating health professions.
  - Direct incentives for participants.
  - Tax exemption for loan repayment.
  - Broader eligibility criteria.
- Wide variety of resources in addition to loan repayment.



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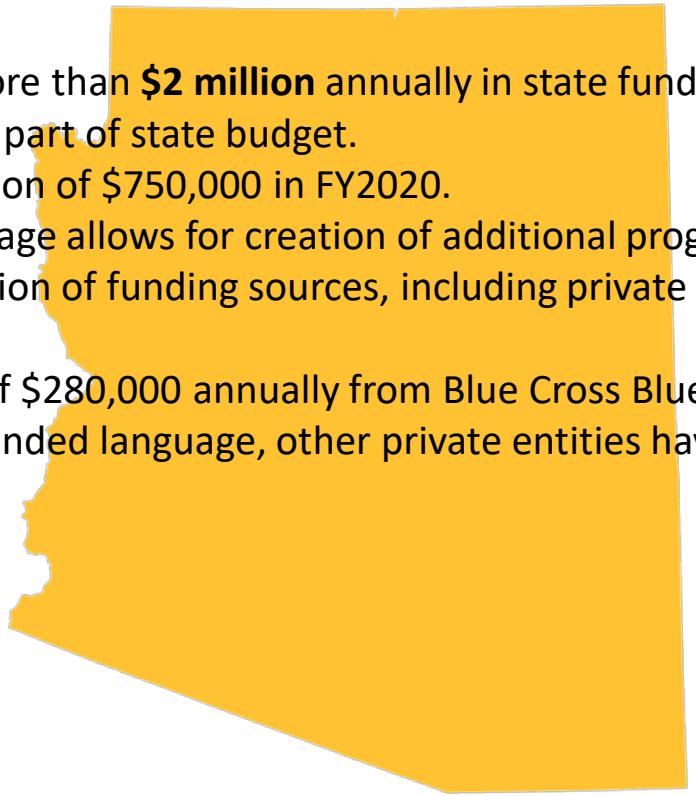
Successful State Models: Arizona

Arizona

- Currently provides more than **$2 million** annually in state funds.
- $1 million annually as part of state budget.
- Additional appropriation of $750,000 in FY2020.
- Broad statutory language allows for creation of additional programs such as resident-to-service and expansion of funding sources, including private contributions and employer assistance.
- Private contribution of $280,000 annually from Blue Cross Blue Shield.
- Since addition of expanded language, other private entities have also reached out.



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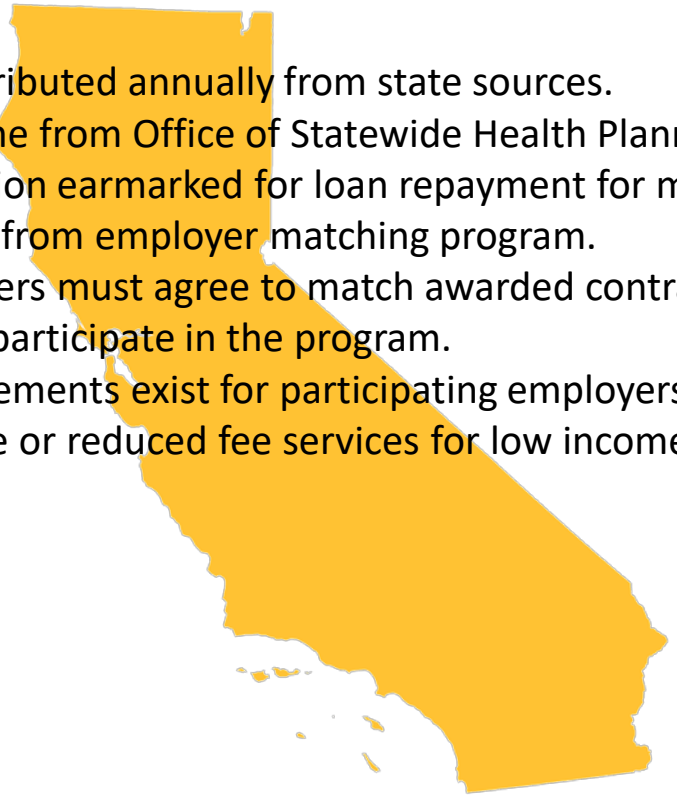
Successful State Models: California

California

- Over **$4.6 million** contributed annually from state sources.
- 50% of state funds come from Office of Statewide Health Planning and Development Fund, including $1 million earmarked for loan repayment for mental health providers.
- Remaining 50% comes from employer matching program.
  - Qualified employers must agree to match awarded contracts on a dollar-for-dollar basis in order to participate in the program.
  - Additional requirements exist for participating employers, including HPSA eligibility and free or reduced fee services for low income individuals.



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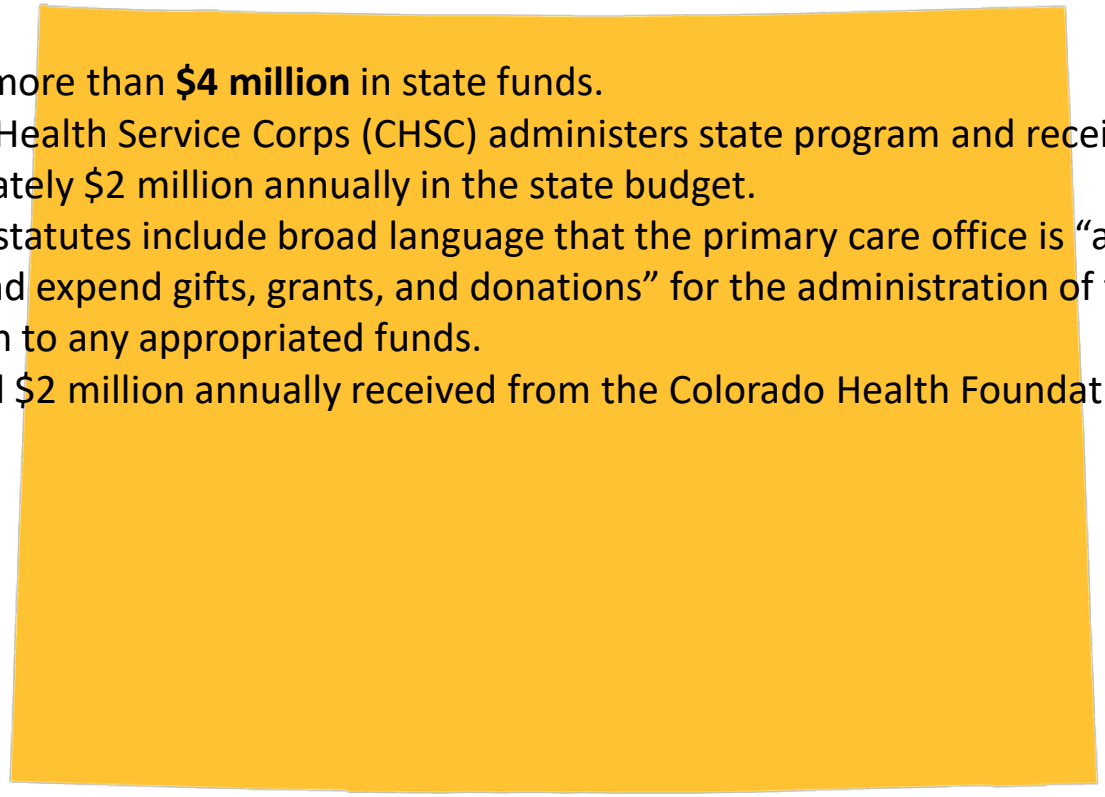
Successful State Models: Colorado

Colorado

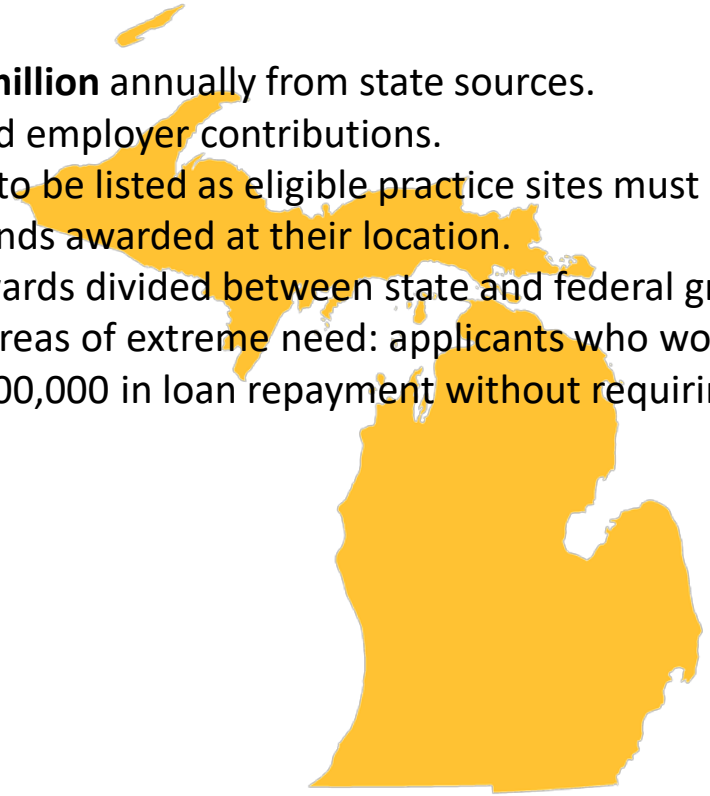
- Provides more than **$4 million** in state funds.
- Colorado Health Service Corps (CHSC) administers state program and receives approximately $2 million annually in the state budget.
- Colorado statutes include broad language that the primary care office is “authorized to receive and expend gifts, grants, and donations” for the administration of the program, in addition to any appropriated funds.
- Additional $2 million annually received from the Colorado Health Foundation.



Successful State Models: Michigan

Michigan

- Approximately **$1.8 million** annually from state sources.
- Mix of state funds and employer contributions.
- Employers who wish to be listed as eligible practice sites must agree to contribute 20% of loan repayment funds awarded at their location.
- Remaining 80% of awards divided between state and federal grants.
- Special program for areas of extreme need: applicants who work in Genesee County may receive up to $200,000 in loan repayment without requiring any employer contribution.



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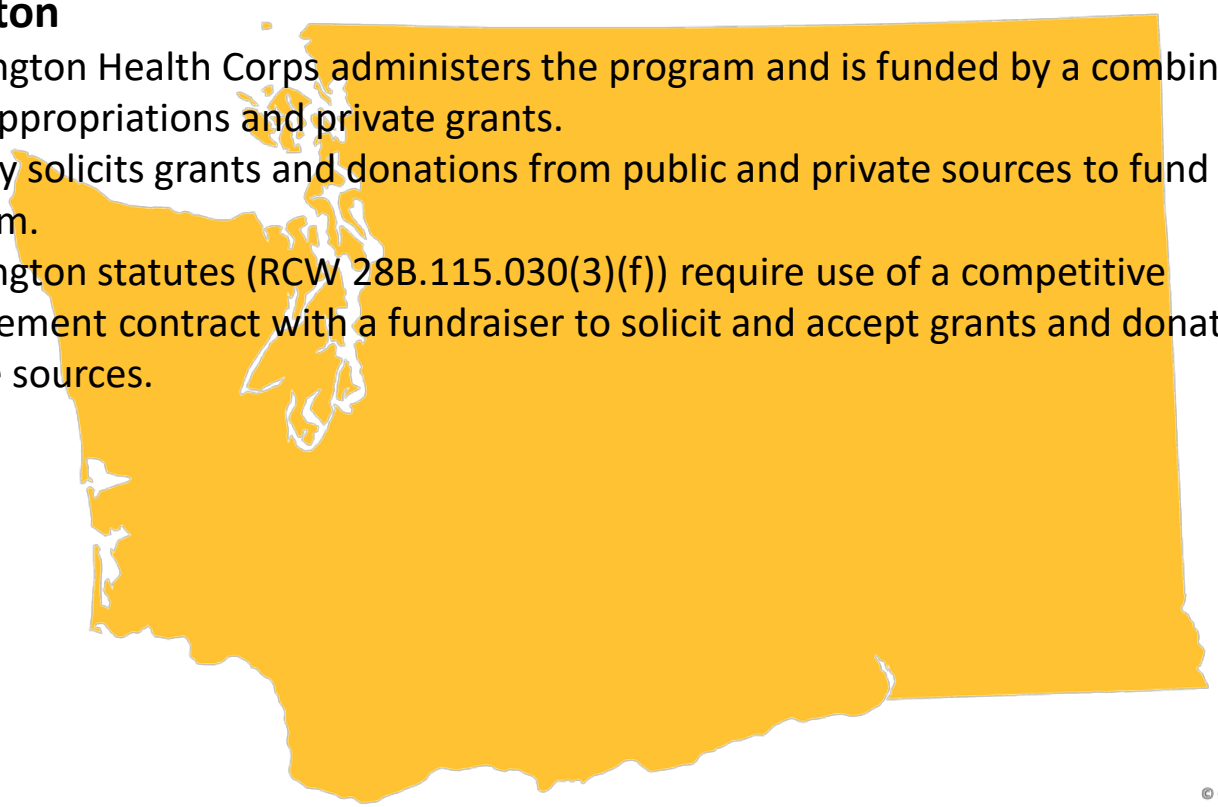
Successful State Models: Washington

Washington

- Washington Health Corps administers the program and is funded by a combination of state appropriations and private grants.
- Actively solicits grants and donations from public and private sources to fund the program.
- Washington statutes (RCW 28B.115.030(3)(f)) require use of a competitive procurement contract with a fundraiser to solicit and accept grants and donations from private sources.



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Successful State Models: Review

- The most successful state programs all fit the model recommended in the 2012 article.
- All six states utilize multiple funding sources, rather than solely relying on state appropriations or other fees.
- Three states incorporate a system of employer matching for additional state funds.
- Four states have developed partnerships with private entities or foundations and receive significant private grants or donations.
- Three states have broad statutory language allowing them to explore a variety of funding sources.

Matthew Dudzic

Health Policy Analyst

Maryland Board of Physicians

matthew.dudzic1@maryland.gov

(410) 764-5042

Thank you!

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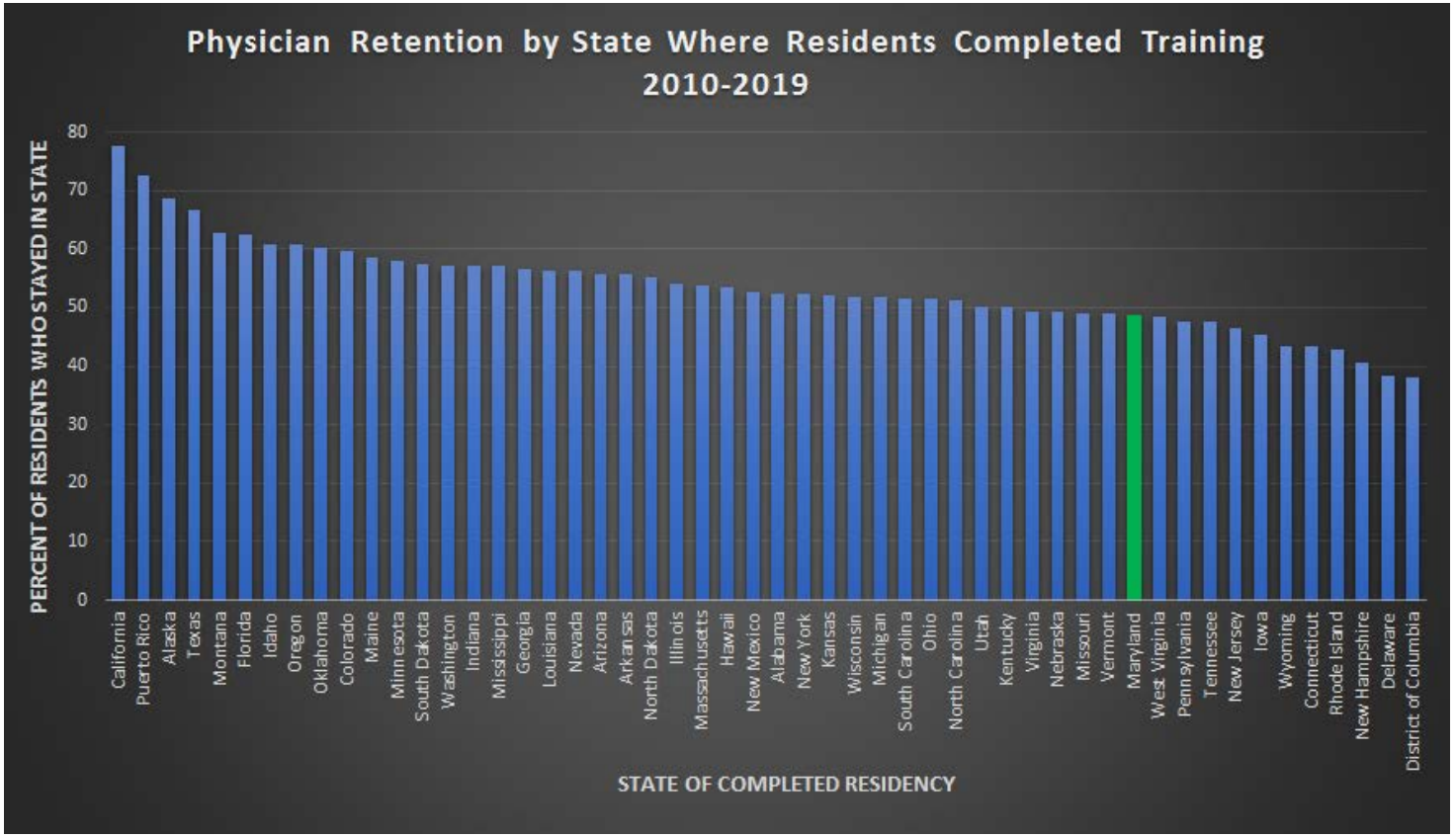
PHYSICIAN RECRUITMENT AND RETAINMENT PROGRAMS IN OTHER STATES

Erin Dorrien
Jane Krienke

Maryland
Hospital Association

PHYSICIAN RETENTION RATE



https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2019/table-c6-physician-retention-state-residency-training-state

TOP RETAINERS BY STATE

Top Retainers (2010-2019)
California - 77.6% - Practice Site Match
Puerto Rico - 72.7%- Does not participate in SLRP
Alaska - 68.6% - Practice Site Match
Texas - 66.6% - State General Funds
Montana - 62.8% - Multisource Funding
Florida - 62.6%- Does not participate in SLRP
Oklahoma - 60.1%- Does not participate in SLRP
Oregon - 60.7% - Practice Site Match
Colorado - 59.7% - Multiple Sources
Idaho – 60.8% - Practice Site Match

- Top Retainers
  - Defined as the percentage of individuals who completed residency training in an ACGME-accredited program, are not active in any GME program, and are practicing physicians in or out of the state of residency training in any specialty
  - Retention rates ranged from 38.1% in Washington DC to 77.6% in California.
  - On average, 55.5% of individuals who completed residency training remained in state.
  - Maryland's retention rate is 48.6%.
- Many states operate multiple health care provider incentive programs and/or use state funds to invest in their health care workforce. Typically loan repayment is just one incentive utilized by states.

https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2020/table-c6-physician-retention-state-residency-training-state

STATE LOAN REPAYMENT PROGRAMS

Funding Sources

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MATCHING DOLLARS

State general funds

Employer site match

- Full and partial matches

Community match

- Full and partial matches
- Community-based organizations
- Non-profit organizations
- Private foundations
- Community resources

Some states use state general funds to match the federal state loan repayment program and require partial community matching dollars for the state-only funded loan repayment program.

Some states give the authorizing agency the authority to apply for grants and accept donations to supplement funding.

FUNDING OPTIONS IN OTHER STATES

Allow hospital foundations and/or community organizations to donate matching funds

match that is 10-50% of the state match for state only-funded SLRP; 10% for PA's, 50% for physicians

Allow authorizing state agency ability to apply for grants and use private donations to meet the matching requirement (AZ)

Allow multiple funding sources (community, employer/site, state funds)

Professional licensure fees

(OH- $20 from biennial fee)

STATE EXAMPLE: OKLAHOMA

OKLAHOMA Physician Manpower Training Commission

Does not participate in the SLRP. Allows flexibility in program administration.

Variety of programs promote recruitment and retention:

- Physician/Community Match Program
  - Required minimum two years of practice in the matching community for each $30,000 received and a minimum of three years for each $50,000.00 received (60% state funds and 40% community funds).
  - The loan is forgiven after completion of the practice obligation.
- Family Practice Resident Rural Scholarship
  - Recipient agrees to select and match with an approved rural community on or before the end of the second year of residency training.
  - Recipient agrees to spend one month during 3rd year of residency on elective rotation in the selected community.

Oklahoma Physician Loan Repayment Program- has a 90% retention rate.

$1,000/month)

https://pmtc.ok.gov/physicians

OKLAHOMA PHYSICIAN LOAN REPAYMENT PROGRAM

Eligibility	Award Amount	Practice Obligation	Funding Sources
• Licensed to practice medicine in Oklahoma. • Be a primary care physician (includes emergency medicine and OB). • Have legitimate, documented medical educational loans through an educational loan institution. • Not have any service obligation that would conflict with this obligation. • Not be currently practicing in a rural Oklahoma community. • Not currently on a J-1 Visa.	$200,000 maximum for four years. 1st Yr: $50,000 2nd Yr: $50,000 3rd Yr: $50,000 4th Yr: $50,000 *Based on amount of educational loans to be repaid.* The award is paid at the end of each year of service. If a physician did not want to continue, he or she would not have to pay any funding back.	Lump sum yearly payments are made at the conclusion of each obligated practice year. Financial assistance may be extended to a maximum of four years. Participants must see Medicare and Medicaid beneficiaries.	Funds from Tobacco Settlement Endowment Trust (TSET). Public-private partnerships - TSET funds are matched by hospitals, cities, insurance providers and banks. - Blue Cross Blue Shield of Oklahoma donated $500,000.

https://pmtc.ok.gov/physician-loan-repayment-program

https://www.tahlequahdailypress.com/news/blue-cross-choctaws-partner-for-rural-health-care/article_dba0f8e1-ad59-55f1-8b0b-53d8729e100f.html

https://tset.ok.gov/content/physician-manpower-training-commission

STATE PROGRAM EFFICIENCIES & OPPORTUNITIES

Maryland
Hospital Association

EFFICIENCIES FOUND IN OTHER STATES

Online application and easy to navigate website

Detailed program information (Application Guide, Webinars)

Applicants provided with a list of pre-approved sites

Pre-approved sites can maintain approval status for three years

Pre-screening questionnaire or eligibility quiz

PRE-SCREENING QUESTIONNAIRE


Montana State Loan Repayment Program Application

MONTANA DPHHS

Healthy People. Healthy Communities.

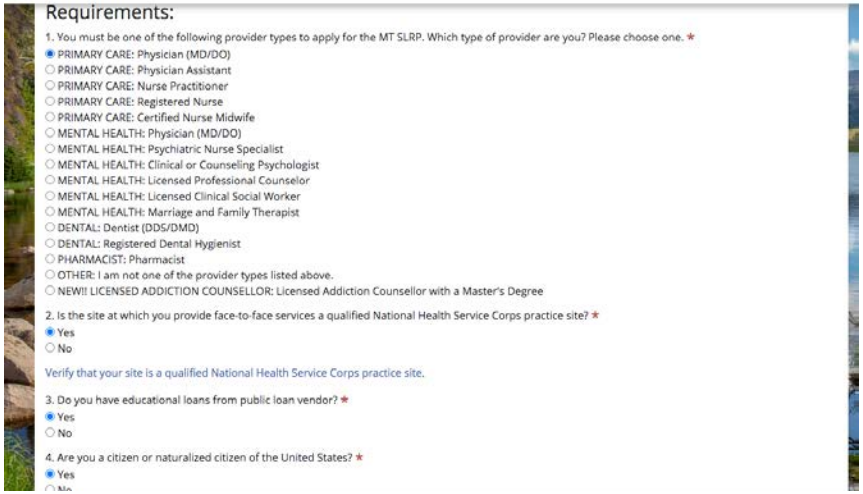
Department of Public Health & Human Services

MONTANA STATE

LOAN REPAYMENT PROGRAM

(MT SLRP)

This program provides a loan repayment option for providers unable to receive National Health Service Corps (NHSC) funding and who have qualified educational loans. The grant provides loan repayment of up to $15,000 per year for two years. This application is available in alternative formats upon request. Please contact Brandy Kincheloe at bkincheloe@mt.gov.


Requirements:

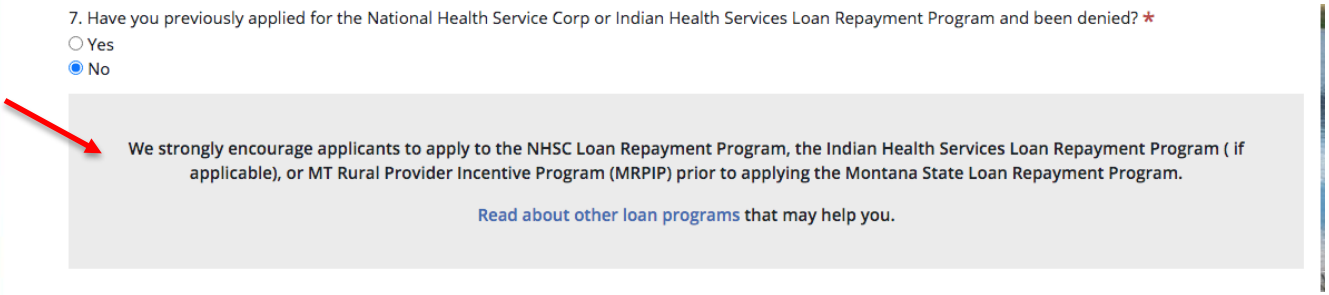
1. You must be one of the following provider types to apply for the MT SLRP. Which type of provider are you? Please choose one. *
- (•) PRIMARY CARE: Physician (MD/DO)
- ( ) PRIMARY CARE: Physician Assistant
- ( ) PRIMARY CARE: Nurse Practitioner
- ( ) PRIMARY CARE: Registered Nurse
- ( ) PRIMARY CARE: Certified Nurse Midwife
- ( ) MENTAL HEALTH: Physician (MD/DO)
- ( ) MENTAL HEALTH: Psychiatric Nurse Specialist
- ( ) MENTAL HEALTH: Clinical or Counseling Psychologist
- ( ) MENTAL HEALTH: Licensed Professional Counselor
- ( ) MENTAL HEALTH: Licensed Clinical Social Worker
- ( ) MENTAL HEALTH: Marriage and Family Therapist
- ( ) DENTAL: Dentist (DDS/DMD)
- ( ) DENTAL: Registered Dental Hygienist
- ( ) PHARMACIST: Pharmacist
- ( ) OTHER: I am not one of the provider types listed above.
- ( ) NEW!! LICENSED ADDICTION COUNSELLOR: Licensed Addiction Counsellor with a Master's Degree

2. Is the site at which you provide face-to-face services a qualified National Health Service Corps practice site? *
- (•) Yes
- ( ) No

Verify that your site is a qualified National Health Service Corps practice site.

3. Do you have educational loans from public loan vendor? *
- (•) Yes
- ( ) No

4. Are you a citizen or naturalized citizen of the United States? *
- (•) Yes


7. Have you previously applied for the National Health Service Corp or Indian Health Services Loan Repayment Program and been denied? *

- ( ) Yes
- (•) No

We strongly encourage applicants to apply to the NHSC Loan Repayment Program, the Indian Health Services Loan Repayment Program (if applicable), or MT Rural Provider Incentive Program (MRPIP) prior to applying the Montana State Loan Repayment Program.

Read about other loan programs that may help you.

https://app.mt.gov/accessgov/dphhs-pc/Forms/Page/dphhs-pc/d80131d4-399f-4485-8eac-9bdf8135e723/0/1

33

PRE-APPROVED SITES

Practice Site Name

City

Zip Code

County

☐ Primary Care Site

☐ Dental Health Site

☐ Mental Health Site

☐ FQHC Site

Filter

Search

Practice Site Name	Street Address	Suite/Dept	City	Zip Code	County
SBHC - Fuente Wellness Center at Reach Ashland Youth Center	16335 E 14th St		San Leandro	94578	Alameda
AAA Comprehensive Healthcare	7451 Lankershim Blvd		Los Angeles	91605	Los Angeles
Aborn Dental Clinic	2060 Aborn Rd	125	San Jose	95121	Santa Clara
ACMC Highland Hospital	1411 E 31st St		Oakland	94602	Alameda
Adelanto Health Center	11336 Bartlett Ave	Suite 11	Adelanto	92301	San Bernardino
Adventist Health - Clearlake	15630 18th Ave.		Clearlake	95422	Lake
Adventist Health Clearlake Medical Office - Kelseyville	5290 State St.		Kelseyville	95451	Lake
Adventist Health Clearlake Medical Office - Lower Lake	9430 Lake St		Lower Lake	95457	Lake
Adventist Health Community Care-Sanger	1939 Academy Ave		Sanger	93657	Fresno
Adventist Health Medical Office - Taft	501 6th Street		Taft	93268	Kern
Adventist Health Medical Office - Avenal	216 E Fresno Street		Avenal	93204	Kings

https://eapp.oshpd.ca.gov/funding/slrp-site-search/

OPTIONS FOUND IN OTHER STATES

Share technical scoring/criteria with applicants

Part-time Option

Applications for federal SLRP accepted on a rolling basis year-round

Applicants can apply 18 months before they are licensed

Robust data collection efforts

Time spent delivering care via telehealth counts toward full or part time hour requirement

35

PART TIME OPTION

19/43 States
Alaska
Arizona
California
Colorado
Delaware
Hawaii
Idaho
Illinois
Iowa
Massachusetts
Minnesota
North Carolina
North Dakota (Federal SLRP only)
Ohio
Oregon
Rhode Island
Tennessee
Texas
Washington

Common themes

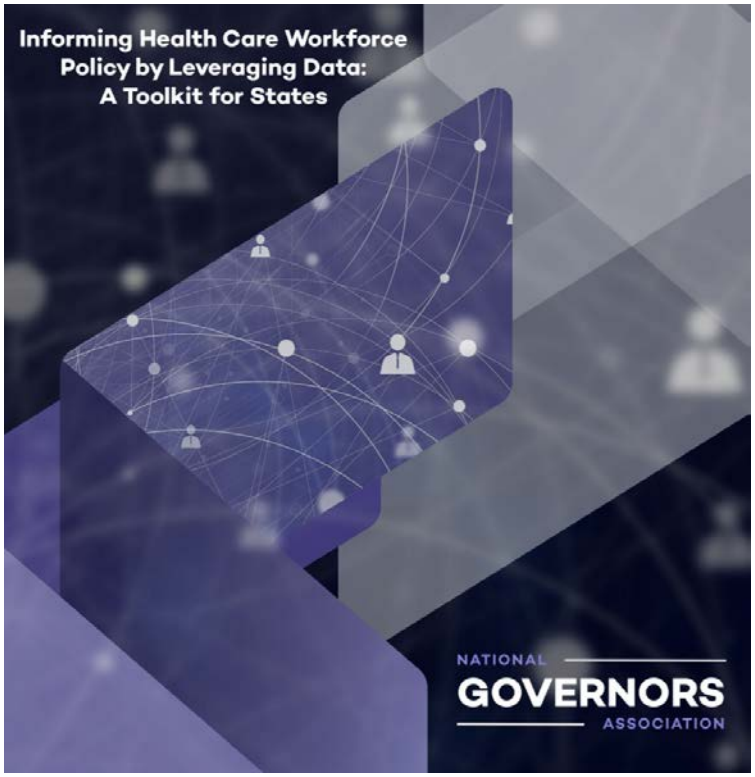
- Minimum of 20 hours a week required: 16 hours must be spent in direct patient care
- 4 year commitment
- Receive up to half the amount of full-time participants.

PRACTICE SIGHTS RETENTION COLLABORATIVE AND DATA MANAGEMENT SYSTEM

- Partnership between state primary care offices, the University of North Carolina, 3RNet and the Foundation for Health Leadership & Innovation.
- 19 states participate.
- Provides a standardized way for states to routinely gather real-time data from clinicians as they serve in states' and the National Health Service Corps' (NHSC) loan repayment etc.
- $2,000 annual fee

https://www.practicesights.org/

IMPORTANCE OF DATA COLLECTION



Informing Health Care Workforce Policy by Leveraging Data: A Toolkit for States

https://www.nga.org/wp-content/uploads/2020/11/NGA_informing_health_care_workforce_policy_by_leveraging_data.pdf

THANK YOU!

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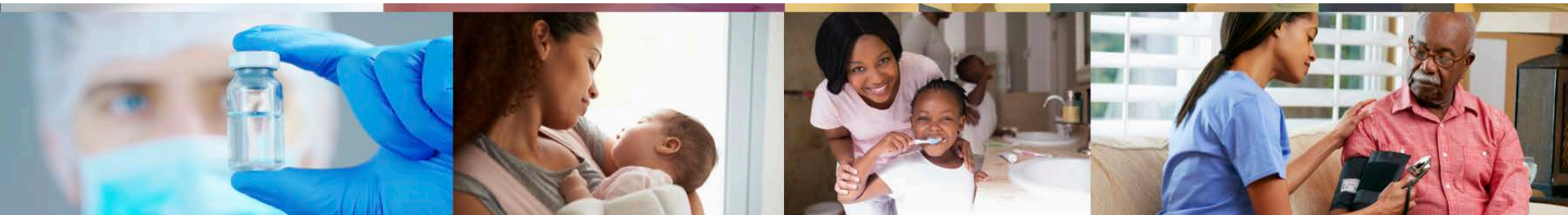
Federal State Loan Repayment Program (SLRP)

Sadé Diggs, Coordinator, Office of Workforce Development

January 8, 2021



Introduction

I. Current grant award ends August 31, 2022

II. Will be eligible to write for our next competitive grant for funds to begin in FY23

    I. Notice of Funding Opportunity (NOFO) is typically released around February of the application year and due in May

III. Presentation will cover brief information about the comparison of our current program versus the federal program

Participant Eligibility

Maryland SLRP	Federal SLRP
Only allows full-time service obligations at 40 hours per week	Allows full-time and half-time service obligations, at either 40 hours per week or 20 hours per week
Has flexibility of allowing physicians to practice at sites that are not located in HPSA	Physicians must be practicing at a site that is located in a HPSA

Discipline Eligibility

Maryland SLRP	Federal SLRP
MD: Allopathic Medicine	MD: Allopathic Medicine
DO: Allopathic Medicine	DO: Allopathic Medicine
PA: Physician Assistant	PA: Physician Assistant
	DDS/DMD: General and Pediatric Dentistry
	NP: Nurse Practitioner
	CNM: Certified Nurse-Midwife
	RDH: Regsitered Dental Hygenist
	HSP: Health Service Psychologist (Clinical and Counseling)
	LCSW: Licensed Clinical Social Worker
	PNS: Psychiatric Nurse Specialist
	LPC: Licensed Professional Counselor
	MFT: Marriage and Family Therapist
	RN: Registered Nurse
	Pharm: Pharmacist
	Alcohol and Substance Abuse Counselors licensed/credentialed/certified by their state of practice that meet educational requirements and master's degree requirement

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Approved Specialties

Maryland SLRP	Federal SLRP
Family Medicine	Family Medicine
Internal Medicine	Internal Medicine
Pediatrics	Pediatrics
Obstetrics/Gynecology	Obstetrics/Gynecology
Women's Health	Women's Health
Psychiatry	Psychiatry
Emergency Medicine	Geriatrics
Any medical specialty other than primary care may be considered if there is an identified healthcare professional shortage in that specialty	**Must have a primary care focus**

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Eligible Practice Sites

Maryland SLRP	Federal SLRP
Could be non-profit or for-profit medical facility	Operated by federal, state, local governmental entity or a non-profit medical care facility
Could have a sliding fee	Has sliding fee scale
Could be located in HPSA, MUA, one of the 18 State defined rural counties, or any underserved area within the State	Located in a HPSA

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Thank you!

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Discussion

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Priorities Discussion

Priority #1: Seek out a broader array of stakeholders and revenue sources.

The source of funding for MLARP has always been physician and allied health practitioner licensing fees via the Board of Physicians Fund as established in Maryland Code, Health Occupations, § 14-207. Since 1997, the Board of Physicians Fund has distributed more than $11 million for MLARP. Expansion of MLARP should be accompanied by a more robust funding source representative of the provider disciplines to be served.

Priority #2: Take full advantage of federal funds available through the State Loan Repayment Program (SLRP), which provide loan repayment for eligible primary care providers who serve in federally-designated HPSAs.

A larger range of provider disciplines are eligible for SLRP than Maryland currently allows (physicians and physician assistants only). SLRP requires a 1:1 match of state (non-federal) to federal funds. This is an important aspect when determining potential revenue sources. Of note, SLRP funds are available for those practicing in primary care only, not sub-specialties. Expanded revenue is needed in order to fund specialty types beyond primary care.

Next Steps

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Next Steps

- Any action steps related to Priorities #1 and #2 for members?

- Next Meeting
  - Presentation on Priority #4: Obtain additional provider workforce data
  - Meeting Schedule: March 12, 2021; 10:00 a.m.

- Note: Please continue to upload relevant resources and data to the workgroup's dedicated Google Drive

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Open Discussion

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Questions: sara.seitz@Maryland.gov

Adjournment

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