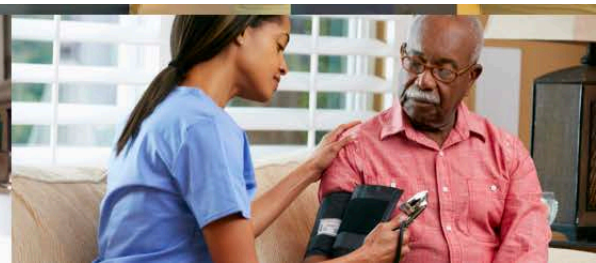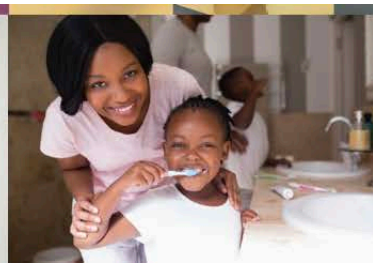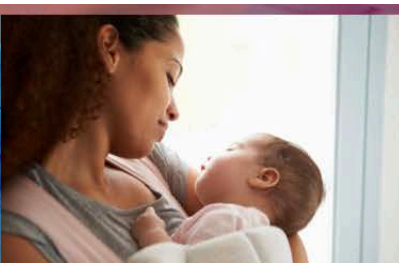# Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants Workgroup

September 10, 2021

Agenda

I.   Welcome/ Roll Call

II.   Opening Business/ Remarks

III. Draft Report Review

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 July 16, 2021 Minutes

II. Approval of Subgroup Minutes
   a) Data and Its Use: June 21, 2021
   b) Sustainable Funding Structure: July 1, 2021
   c) Student Incentives: August 10, 2021

III. Program Operational Updates

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MLARP Operational Updates

I.   FY22 Awardee Payments

II.   Current Program Reports/Projects

    A.   Annual Performance Report

    B.   Retention Survey

    C.   Applicant/Awardee Profiling and Analysis

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FY22 Awardee Payments

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

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Current Program Projects

A. Annual Performance Report
B. Retention Survey
C. Applicant/Awardee Profiling and Analysis

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Commitment to Service

2021 Applicant Responses

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

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Workgroup Timeline

Month: 2021	Presentations/ Discussion	Post-Meeting Action Steps
March (3/12)	- Programs in states with diverse funding streams - Data needs	- Subgroup sign ups and launch - Subgroup assignments - MDH: Secure additional staff resources via summer interns
May (5/14)	- Subgroup recaps/ next steps - Timeline toward General Assembly report	- Continue subgroup activities to develop funding structure and data collection/ analysis recommendations - Set student incentive subgroup meeting
July (7/16)	- Subgroup recaps, recommendation consensus - Advisory group recommendations	- Outreach to potential partners via subgroups - Subgroups finalize recommendation language for August report draft
September (9/10)	- Report draft review, final recommendations review and revisions	- Further report review/ feedback via email
November (11/12)	Review of completed work, next advisory group steps	- Submission of report to MDH Office of Governmental Affairs before November 1

General Assembly Report Draft Review and Discussion

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Report Draft Review

I. Recommendations (1 – 10)

II. Overall Report/ General Comments

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Recommendation 1

Increase the State's investment in healthcare workforce development, beginning with a mandated general fund appropriation to the Maryland Loan Assistance Repayment Program.

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Recommendation 2

Allow and seek non-general fund resources should be derived from diverse revenue sources and be predictable and sustainable.

- Based on predicted levels of predictability and sustainability, the Workgroup determined a tiered strategy to approach potential future funding resources as displayed below:

Tier 1 Priority
- State General Funds

Tier 2
- Employer site match
- Board of Physicians licensure fees
- State tax distributions

Tier 3
- Grants and foundational giving
- Payer contribution
- Tax filing donations

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Recommendation 3

Utilize a portion of funding resources for the administration of MLARP, supporting the operational needs of the program, as noted throughout these recommendations. Appropriately staffing workforce development initiatives is vital to ensuring sustainability of the programs.

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Recommendation 4

Establish systems to regularly monitor and publicly report program outcomes. Program data regarding position fill rates, service completion rates, post-obligation retention rates, number of patient encounters and other program-related factors could allow the administrators of the program to track its success rates and make recommendations for further improvements.

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Recommendation 5

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.

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Recommendation 6

Establish a centralized data collection repository to reflect the current healthcare workforce landscape in Maryland.

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Recommendation 7

As a permanent funding structure is built with predictable and sustainable funding sources, <u>expand program eligibility according to priority areas as determined by robust centralized data collection and analysis</u>. Initial focus areas should include the expansion of disciplines eligible for MLARP, and the addition of part-time healthcare professionals.

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Recommendation 8

Alongside a centralized data collection repository of Maryland's healthcare workforce, <u>establish a regularly updated data repository of health professions student and resident data</u> to enable the state to build state-wide knowledge about the flow of students, residents, and fellows in and out of the state. Collection and analysis of this data will inform workforce development incentivization programs.

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Recommendation 9

Form a permanent advisory council with responsibilities ranging from area-specific data analysis to marketing management to ensure the maximum efficiency of the MLARP and its use as an incentive to health care providers to practice in underserved areas.

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Recommendation 10

Prescribe key members of the advisory board, allowing for organic growth in additional positions. Roles to be fulfilled include an Advisory Chair and other individuals to advise in the following areas:

Organization Types	Subject Matter Experts
MDH Office of Workforce Development	Philanthropy
Schools of Medicine	Data collection and analysis
Physician Assistant training programs	Marketing and outreach
Funded discipline academic programs	Discipline representatives
Funding organizations/ representation by funding type	Academic financial aid
Governor's Workforce Development Board	

The overall responsibilities and implementation of the permanent advisory council will ensure that MLARP can most effectively operate, and best incentivize healthcare providers to practice in underserved communities across Maryland.

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Full Text Review

I. Executive Summary

II. Introduction and Background

    A.   Maryland's Healthcare Workforce

    B.   Maryland Loan Assistance Repayment Program

    C.   Workgroup

III. Key Considerations

    A.   Higher Education Debt

    B.   Student Incentives to Serve the Underserved

    C.   Loan Repayment Programs in Other States

    D.   Other Federal Grants to Further Expand MLARP

IV. Workgroup Recommendations

V. Conclusions

VI. Appendices

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Next Steps

Next Steps

Draft Revisions and Review:
- Updated draft to Workgroup by September 20
- Final comments to MDH by September 30

Final Report
- Acceptance of revisions by members (week of October 11)
- Delivery to MDH Office of Governmental Affairs by October 15

Next Meeting
- November 12, 2021; 10:00 a.m.

Open Discussion

Questions: sara.seitz@Maryland.gov

Adjournment

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