SECTION SIX

HEALTH WORKFORCE IMPLICATIONS FOR RURAL

Initial Statement - The shortage of healthcare workers in rural communities is the greatest rural health issue today. While about 20 percent of the American population – approximately 61 million people – live in rural areas, only about nine percent of all physicians and 12 percent of all pharmacists practice in rural communities. Rural areas average about 30 dentists per 100,000 residents, while urban areas average approximately twice that number. Shortages of nurses (both registered nurses and licensed practical nurses) and allied health professionals also abound [107]. Iowa rural health workforce reflects the national norm, however we rank lower for mental and behavioral health access than 46 other states.

This Section of the Rural and Agricultural Health and Safety Resource Plan focuses specifically on "rural" workforce issues. It should be viewed as an addendum to the 2008 Iowa Department of Public Health "*The Future of …* Iowa's Health and Long-Term Care Workforce" report. The 2008 report provided specific date regarding health professionals, workforce issues, and offered recommendations.

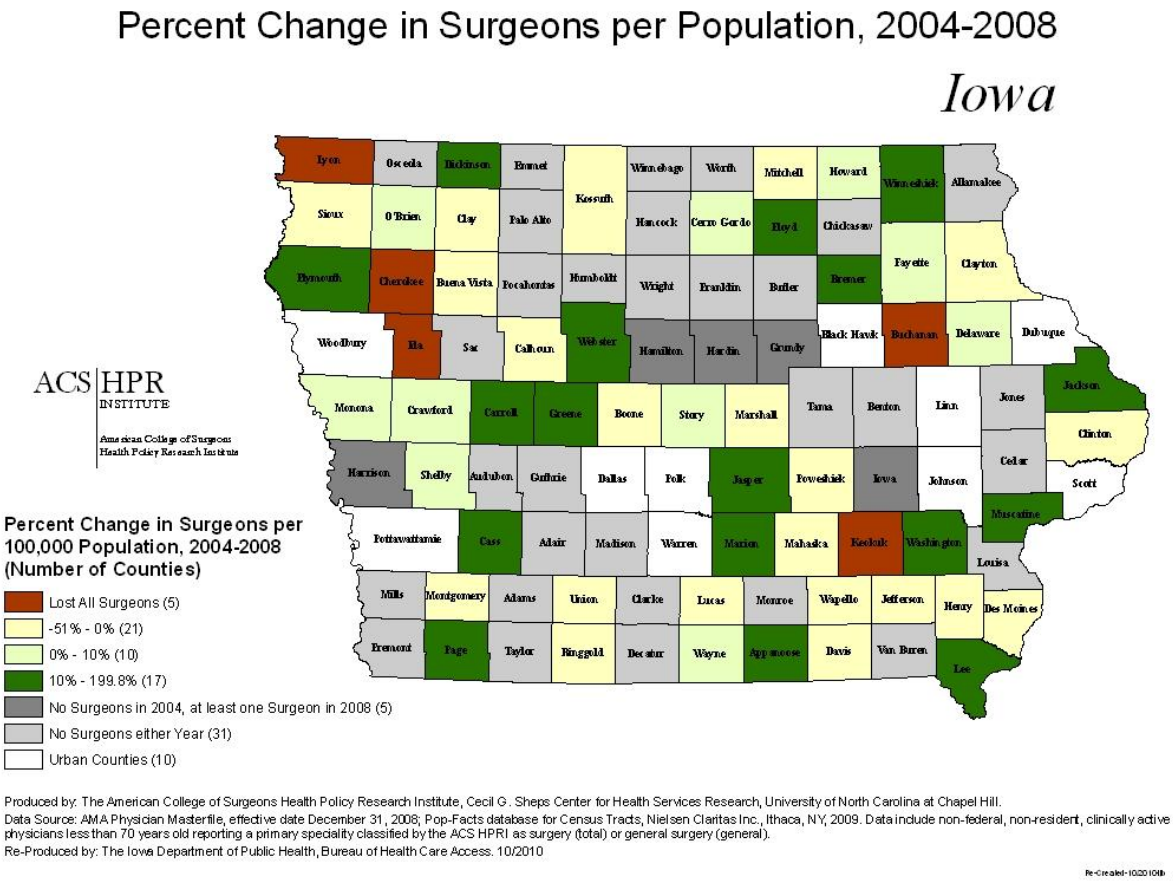
Rural Workforce Barriers

Health care workforce shortage problems are reality in rural areas for several reasons. Several studies and surveys indicate issues include: An aging workforce population; difficulty in recruitment and retention; lack of educational and training opportunities; high vacancy rates due to turnover and retirement; lack of opportunities for career advancement; and increased work load demand. These issues are universal for all health care workers in all professions in rural area [108]. A review of rural health research center literature (2000-2010), listed "the proportion of students choosing family careers will likely remain far below the numbers required to replace rural and urban family physicians leaving the field because of death or retirement" [109].

Disparity in reimbursements – Rural residents tend to be poorer, more elderly, and fewer with comprehensive or employer sponsored health insurance. Additionally, there is a large disparity between rural and urban health delivery systems. This results in reimbursements that are not sufficient to cover all costs including the cost of the provider delivering the health care services. The resulting reimbursement disparity in urban/rural provider salary is another strong factor in why physicians and others with substantial educational loans will not consider rural practice.

Surgeons in Rural Iowa

Between 2004 and 2008, there was an identifiable decrease in the number of surgeons practicing in rural Iowa counties. Some reasons for the decrease of surgeons are associated with: high costs for surgery equipment, increasing rates of referrals to metro surgical specialty centers and the spiraling cost of liability insurance for surgeons.



Estimates of the gap between the number of surgeons needed to meet population demand for care and the current (2010) supply suggest an undersupply of between 10 percent and 30 percent. General surgeons are in short supply, especially in small communities, with perhaps as many as 1,300 needed to fill current gaps [110]. The Affordable Care Act (ACA) includes increased health insurance coverage. As individuals become recipients of health insurance, the number of surgeries is expected to grow.

Dentists

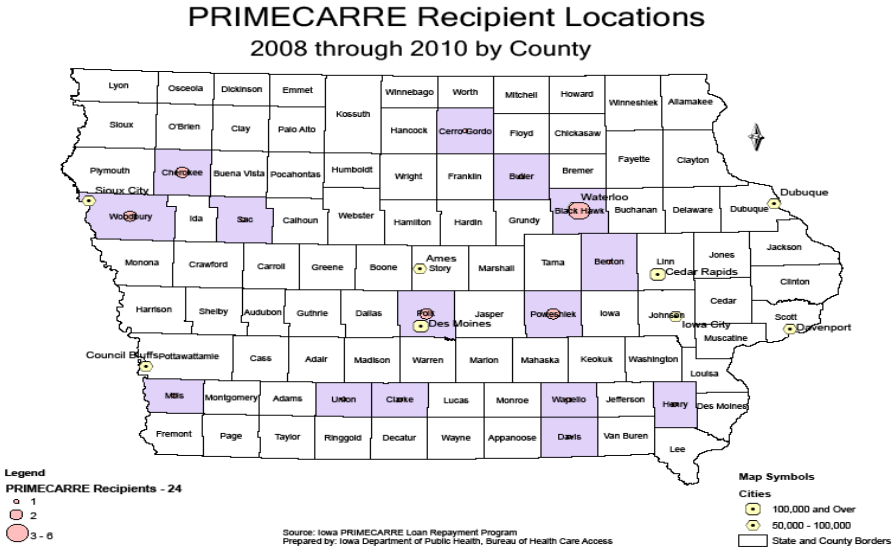
According to the 2011 Advancing Oral Health in America Report, it is debatable if there are enough dentists in the nation. What is known, however is that the oral health workforce is not well distribute geographically. Even with financial incentives such as loan repayment, dentist may not be able to sustain in rural areas. University of Iowa Office of Statewide Clinical Education Programs (OSCEP) Annual Report 2010, reported over 50 percent of dentists practicing **in Iowa,** is over age 50. The report indicated in 1997, there were 1,446 practicing dentists. In the 12 years following there was a net gain of only 38 dentists.

National Programs that Improve Iowa Rural Workforce (6)

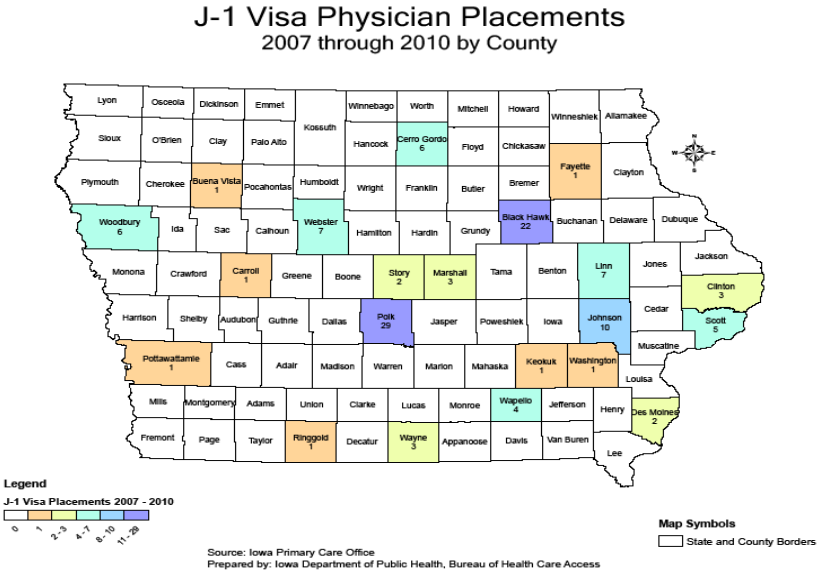
Iowa Area Health Education Centers Des Moines University's College of Osteopathic Medicine and the University of Iowa Health Sciences Colleges in January 2011, announced the coordination of one application for continued Federal grant support of the Iowa AHEC Program. The IA AHEC program can offer several rural specific projects and activities to ensure opportunities for students interested in rural health practices. IA AHEC requires state funding.

National Rural Recruitment and Retention Network (3RNet) promotes medical and healthcare jobs across the nation. Members are not-for-profit organizations helping health professionals find jobs in rural and underserved areas throughout the country. Individuals looking for jobs in rural Iowa can post on the site. The individuals are then supported by staff at the IDPH – Bureau of Oral and Health Delivery Systems, Workforce Center.

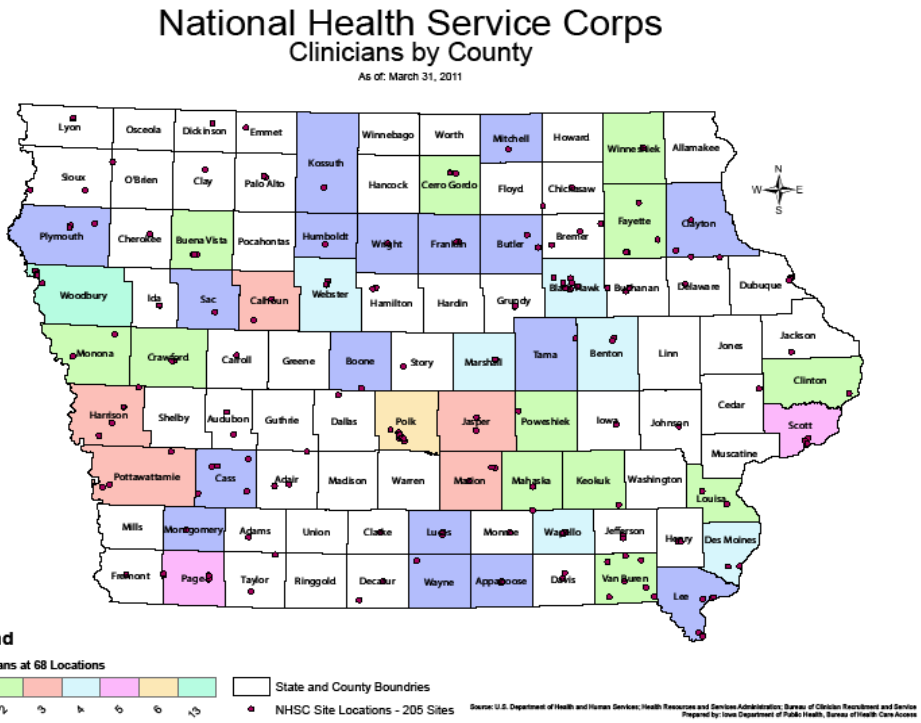
The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) was authorized by the Iowa Legislature in 1994 to strengthen the primary health care infrastructure in Iowa. PRIMECARRE allocations currently support the Iowa Loan Repayment Program. Recipients of the loan repayment awards must practice in rural and/or underserved areas. Eligible providers include primary care physicians, psychiatrists, clinical psychologists, dentists, dental hygienists, physician assistants, registered nurse practitioners, certified nurse midwives, clinical social workers (LISW), and psychiatric nurse specialists. The program in Iowa is supported by staff at the IDPH – Bureau of Oral and Health Delivery Systems, Workforce Center. PRIMECARRE requires state match funding.



J-1 Visa Waiver Program, Iowa participates in the State Conrad 30 Program, commonly referred to as the J-1 Visa Waiver Program, which assists in the recruitment of primary care and sub-specialty physicians to underserved areas of the state. J-1 physicians are international medical graduates who came to the United States on a J-1 visa to complete medical residency and fellowship education and training. Through the waiver program, physicians can remain in the U.S. if they work in an underserved area for three years. IA consistently fills the 30 J-1 slots allocated. The program in Iowa is supported by staff at the IDPH – Bureau of Oral and Health Delivery Systems, Rural Health and Primary Care Center.



National Health Service Corps, The National Health Service Corps (NHSC) is a federally-funded scholarship and loan repayment program for primary care medical, dental and mental health providers. NHSC scholars receive scholarship while completing their health professions education and then have an obligation to practice in a designated Health Professional Shortage Area for the same period of time for which they received scholarship. In exchange for two years of employment in a designated Health Professional Shortage Area, NHSC loan repayors receive up to $50,000 to help pay off qualified student loan debt. Loan repayors can amend their contracts at the end of the first two years of service in order to extend their service commitment and receive additional loan repayment. The program in Iowa is supported by staff at the IDPH – Bureau of Oral and Health Delivery Systems, Rural Health and Primary Care Center.



Iowa Rural Health Clinics are part of a federal program implemented through the Rural Health Clinic Services Act (Public Law 95-210) which addresses the inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas. RHCs receive reasonable cost-based reimbursement from CMS for a defined set of core physician and certain nonphysician outpatient services. The additional reimbursement incentive is important and allows the RHCs to sustain. One of the stipulations for RHC practice is that a mid-level provider must be working 50 percent of the time the clinic operates. Mid-level providers are much

needed and well received in rural Iowa. The program in Iowa is supported by staff at the Department of Inspections and Appeals and IDPH – Bureau of Oral and Health Delivery Systems, Rural Health and Primary Care Center

Rural Strategies and Solutions – Much thought has been given by "rural health experts". Research and strategies that specifically address rural health workforce have been noted by rural health research centers, the National Rural Health Association, the National Advisory Committee on Rural Health and Human Services (which reports directly to Secretary of Health), the National Organization of State Offices of Rural Health and the Iowa Rural Health Association.

- Increase the number of students from rural areas and students committed to rural and family practice in medical schools.
- Develop equitable reimbursement and pay models/systems for primary care physicians.
- **Work with institutions of higher learning, workforce training programs and state agencies to develop a greater understanding of rural health workforce development issues and create educational opportunities that expand the rural health workforce.**
- Identify cross-credentialed profession models and work with allied health groups on implementation.
- Develop and implement community-based training programs that increase the number of students from rural communities entering health professions.
- Improve workforce data collection in order to generate and analyze standardized data.
- Stabilize current levels of primary care providers in rural areas through tax credits and incentive pay.
- Encourage more training of "mid-level" and allied health professionals for rural communities.
- Legislation to encourage health care extenders in the areas of oral health, and EMS (Community Paramedics).
- Seek authorization and funding which allows pharmacists to be eligible for the National Health Service Corps.
- Improving access to care for rural Veterans.
- Require that training programs receiving graduate medical education funding have rural training sites. (See box below).

"While insufficient, the rural physician supply has remained relatively stable over the past decade, but its future is threatened by reduced medical student interest in family medicine careers and a declining residency match rate. A survey of all U.S. family medicine residency programs found that 33 rural programs accounted for over 80% of family medicine training occurring in rural sites, although some urban programs offer rural training tracks. Expansion of rural family medicine training is limited by Medicare graduate medical education funding caps on residency slots, financial hardships facing rural hospitals, and the challenges of creating residency training programs".

Source: Family Medicine Residency Training in Rural Locations. July 2010: Wisconsin Rural

With 66 percent of Health Professional Shortage Areas (HPSAs) and a higher proportion of near-retirement physicians in rural areas, building the primary care workforce in rural areas is a critical need. Rural Training Track (RTT) programs are an important tool in addressing those physician shortages in rural areas. While traditional family medicine residencies are a major pipeline for rural physicians, physicians completing RTT family medicine residencies are even more likely to practice in rural areas. It is widely accepted that physicians often choose to practice in settings similar to their residency experience. RTTs have demonstrated at least 75 percent success at placing graduates in rural practice [111]. In 2010, board members from the Iowa Rural Health Association and Iowa Center for Rural Health and Primary Care Advisory Committee both distributed position memos to the University of Iowa offering their encouragement and support to the University for the Initiation of health professional rural training programs.

What Is Working In Iowa?

There are some important programs and initiatives which are working to encourage, direct and keep health care providers in Iowa's rural communities.

The Broadlawns Medical Center first opened its doors as a hospital to the residents on April 13, 1924. It is one of the oldest and largest family medicine residency programs in Iowa. Over the three decades since the program originated in 1977, nearly 300 graduates of this program have taken their training to improve healthcare in countless rural areas, small towns, communities and large metropolitan areas, with more than 170 Broadlawns graduates taking up practice in rural Iowa. The 2009, family medicine graduate program resulted in six of seven graduates choosing to practice in a rural area.

Des Moines University (DMU) recognized needs for primary care providers and other specialties in rural Iowa, and initiated the Rural Medicine Educational Pathway (RMEP) with the 2008-2009 academic year. It's part of DMU's larger effort to recruit and retain health professionals in underserved areas. The program provides the equivalent of six full-tuition scholarships per year. A medical student who chooses a primary care specialty racks up debt in the neighborhood of $150,000. At the same time, primary care specialists don't typically earn as much as doctors specializing in other areas. So, this tuition coverage is a boost for a student's choice to practice primary care. Experts recognize that doctors familiar with rural life and rural practice are more likely to provide service there. So, when selecting scholarship students, DMU considers whether the student is from an Iowa rural community. At least half of a student's third- and fourth-year clinical rotations are completed in rural Iowa communities.

University of Iowa, Office of Statewide Clinical Education Programs (OSCEP) includes the Medical Practice Development Program which includes programs and activities in the area of physician and non-physician provider recruitment, placement, retention; practice management, and practice coverage. In 2009-2010, one hundred twenty communities in 85 counties were served. The Rural Physician Support Program (RPSP) is specifically aimed at rural communities. RPSP offers recruitment and retention and practice coverage services. When providers in rural communities need to leave their practice for reasons like vacations, health, and meetings the RPSP provides resident physicians to cover the practice. Since 1994, physicians in rural practices have utilized RPSP 320 times. This is a valuable service that allows rural physicians to take much needed time away from their practice and be assured their patients are receiving physician care.

Fulfilling Iowa's Need for Dentists (FIND) connects dentists and underserved rural communities. FIND can provide up to $100,000 in dental education financial assistance to dentists choosing to practice in underserved parts of Iowa. The project enhances the Delta Dental of Iowa Loan Repayment Program (DDILR) by stimulating community matching funds to meet the DDILR funds. This highlights the importance of a dentist to a community's economic growth and the overall health of residents in rural Iowa. FIND partners include Delta Dental of Iowa, Iowa Area Development Group, Ripple Effect, IDPH and the Office of Iowa Practice Opportunities, University of Iowa College of Dentistry.

Summary

As those living in rural communities already know, a shortage of healthcare workers has a profound impact in a variety of ways: decreased access, which has a profound impact on quality of care; increased stress in the workplace; increased medical errors; increased workforce

turnover/decreased retention rates; and increased healthcare costs. The projected national trends will only exacerbate the impact of rural health workforce shortages that currently exist. Recent health reform legislation may be favorable to rural family medicine residency training and other health professional training and education programs. State agencies, educational institutions, programs dedicated to health professional recruitment and retention, and rural organizations, need to collaborate with a comprehensive strategy to increase successful recruitment and retention of health care professionals practicing in rural communities.

Comments

In September 2009, the Health and Long-Term Care Access Advisory Council, reported to the Iowa Department of Public Health, recommending Strategic Plan Initiatives to be included in the Health and Long-Term Care Access Strategic Plan as required by Iowa Code 135.163 and 135.164. Assuring access for all Iowans living in rural areas was Goal 1. This document affirms the recommendations listed below as they appeared in the report from the council:
Goal 1 – Assure access for all Iowans living in *rural* areas [112].

1. Target and fund loan repayment programs to recruit clinicians to work in rural areas. Make funds available to individual rural communities and educational programs to be used for recruitment, training, and retention of necessary health professionals (options: loan repayment, rural scholar, tax incentives).
2. Support technology that improves rural access to health care providers (telemedicine/telehealth/call center or resource line/electronic health records).
    - Working with Magellan Behavioral Care in Iowa, Inc., expands telehealth to all 99 counties and fund training programs for psychiatrists and practitioners. Eventually expand to include other payers. (Iowa Psychiatric Society, for a couple of years, act as the central coordination entity.)
3. Establish best practices for multi-disciplinary care models for rural areas.
    - Develop interprofessional core curricula.
4. Remove funding and reimbursement barriers to multi-disciplinary care models.
    - Address legal/regulatory rules that impede the practice of all rural health care providers, especially mid-level practitioners.

The approaches listed above are not solutions in themselves however; utilized as components to an overall long-term strategy by the agencies, organizations and interested parties they can result in policy and initiatives that will begin to bend the insufficient numbers of health care professionals in rural Iowa.