

# HEALTH WORKFORCE PROGRAM ANALYSIS FOR IOWA DEPARTMENT OF PUBLIC HEALTH

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**Executive Summary**

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The Iowa Department of Public Health (IDPH) directs or participates in several statewide programs designed to recruit, develop, and retain health care professionals in the medical, mental, and dental health fields. Depending on the program, applications start as early as residency training and can extend beyond the start of a career. Strategies include loan repayment, Visa waiver, liability protection, and specialized training. These programs aim to reduce workforce shortages and improve access to health care for Iowans.

The IDPH requested an assessment of 13 health workforce development programs under the purview of the Oral and Health Delivery Systems Bureau, to include the following:

1. The scope, expenditures, outputs, and outcomes of each program
2. The extent to which the current programs are impacting and making progress toward addressing the health workforce needs identified
3. Any identified gaps in the scope and availability of workforce development programs and associated health workforce data, and recommendations to address such gaps

The University of Iowa (UI) Center for Health Policy and Research in the College of Public Health reviewed and assessed the programs, as requested. A detailed report provides complete assessments for each program. What follows are summary points, by program.

#### **The Primary Care Recruitment and Retention Endeavor (PRIMECARRE)**

- PRIMECARRE provides two-year loan repayment of \$50,000 for health professionals who practice in shortage areas.
- Physicians, physician assistants, nurse practitioners, social workers, and mental health professionals are the most common recipients of PRIMECARRE awards.
- Of 92 PRIMECARRE award recipients from 2001-2014, at least 75 are still practicing in Iowa.

#### **PRIMECARRE Dental Loan Repayment Program Expansion**

- The PRIMECARRE Dental Loan Repayment Program Expansion was funded through a UI College of Dentistry grant from HRSA from 2013 through 2016 and subcontracted to the IDPH to administer.
- The program is designed to mirror the original PRIMECARRE program in design, criteria, and application.
- The program has assisted four dentists with more than \$60,000 each in loan repayment in return for two years of service in a Health Professional Shortage Area (HPSA).
- The program will not be renewed.

#### **The Delta Dental Loan Repayment Program**

- The Delta Dental Loan Repayment Program and Fulfilling Iowa's Need for Dentists (FIND) are loan repayment programs offered and administered through the Delta Dental of Iowa Foundation.
- Since 2003, the program has provided at least one dentist per year with loan repayment funds.
- In 2011, state funds started supporting dental loan repayment efforts with annual appropriations of \$50,000, increasing to \$100,000 in 2015.

### **The Mental Health Professional Shortage Area Program (MHPSAP)**

- The MHPSAP was created in 2006 to support psychiatrist positions, focusing on medical directors at mental health centers.
- Legislative appropriations for the program have ranged from \$200,000 in 2007 to approximately \$105,000 in 2015.
- The program has been used to recruit three psychiatrists and retain 12 others with awards requiring at least a one year contract.
- The number of applications to the program has diminished since its creation due to legislative requirements of the program (i.e., the psychiatrist must practice in a Community Mental Health Center in a HPSA) and the difficulty in recruiting psychiatrists. From 2008 to 2015 some or all of the funds reverted back to the general fund for breach of contract or lack of applicants.
- Data on the longer-term retention of the 15 psychiatrists recruited or retained as part of this program is not available.

### **The Cherokee Mental Health Training Program**

- The Cherokee Mental Health Training Program is a one-year psychiatric PA training program utilizing lectures and clinical experience.
- The fellow receives a monthly stipend, which totals a yearly salary of \$60,000. The stipend comes out of the \$99,904 budget allocated each May.
- The Cherokee program is similar to the UI Mental Health Training Program, but the Cherokee program provides rural training.
- Of the 20 PAs who have completed this program, 50 percent are still practicing in Iowa today.

### **The UI Mental Health Training Program**

- The UI Mental Health Training Program was funded through legislation in 2007, with implementation in 2009.
- This program includes support for a one-year PA fellowship, and tuition subsidy for nursing students.
- The PA participates in didactic and clinical training for 12 months while receiving a stipend for \$65,000 plus benefits.
- The UI College of Nursing utilizes \$50,000 annually for tuition subsidies and payment of keynote speakers at state psychiatric conferences.
- Since initial funding, six PAs have completed the fellowship program, and 57 nursing students have received subsidized tuition (32 have graduated).

### **The Iowa Psychological Association Psychologist Rotation Program (IPAPRP)**

- The IPAPRP was funded through legislation in 2007 for an appropriation of \$50,000.
- This program maintains a one-year psychologist rotation that must be completed in order to gain licensure in the State of Iowa.
- The Iowa Psychological Association (IPA) subcontracts with Central Iowa Psychological Services (CIPS), the Mental Health Center of North Iowa (MHCNI), and Innovative Learning Professionals (ILP).

- The \$50,000 is split between CIPS (\$16,000) and the MCHNI (\$20,000). The remainder of the money is used for IPA administrative expenses, as ILP only receives mentoring services and no funding.
- Of the 21 psychologists trained with this appropriation, 17 remain in Iowa.

#### **Medical Residency Training State Matching Grants Program**

- The Medical Residency Training State Matching Grants Program provides grants to increase the number of medical residents trained in the state.
- Grants can be used to establish new medical residency programs, expand existing residency programs, or allow programs to exceed the cap on Medicare-funded residency slots.
- Since October 2014, seven grantees have received awards totaling \$6 million through two funding rounds.

#### **Volunteer Health Care Provider Program (VHCPP)**

- The VHCPP offers legal protection to eligible volunteer health care providers and eligible clinics providing free health care services.
- As of October 2015, a total of 41 sites, including 380 providers, were covered under the VHCPP.
- The state appropriation for this program was \$58,125 in FY2016, which covers the cost for up to one full-time equivalent (FTE) individual to administer the program.

#### **Primary Care Office (PCO)**

- The bulk of the PCO's workload consists of its role in shortage area designation, J-1 Visa Waiver application review and approval, and National Health Service Corps (NHSC) pre-screening.
- The PCO also plays a role in a variety of other health workforce and planning activities.
- The PCO's activities are carried out by 1.45 full-time equivalent (FTE) staff.

#### **J-1 Visa Waiver**

- J-1 Visa Waiver program allows international medical graduates completing U.S. residencies to begin practicing in the U.S. immediately, in return for a three-year commitment to provide services in underserved settings.
- J-1 Visa Waiver program is federally funded, but Iowa's PCO selects up to 30 physicians for approval each year.
- The IDPH does not have the capacity to track Iowa's J-1 Visa Waiver physicians after they leave the program.

#### **National Health Service Corps (NHSC) Program**

- The NHSC program is federally funded and administered.
- Applicants can receive up to \$50,000 in loan repayment for two years of service in primary medical, dental, or mental/behavioral health care at NHSC-approved sites.
- Beyond including this program in the list of loan repayment options available to Iowans, the IDPH has minimal involvement.
- A field strength report in December 2015 showed 78 NHSC-funded participants providing services in 41 Iowa counties.

### **The Shortage Area Designation Process**

- The Shortage Area Designation Process is a federal program designed to identify locations that can be designated as HPSAs.
- A HPSA designation is critical to locations and areas in Iowa that want or need additional workforce development support.
- The PCO in the IDPH is the state's point of contact in approving applications for HPSAs.

Iowa's health workforce programs adopt several approaches, including financial incentives for clinicians, increasing clinical training opportunities, offering liability protection, and other benefits. In addition, Iowa engages with federal programs through the IDPH PCO, to ensure that Iowa receives the full benefits of these programs. The following table describes results for those programs that provide incentives directly to clinicians, either in training or after they initiate careers in practice, to improve recruitment and retention.

<b>Program</b>	<b>Data available</b>	<b># recipients</b>	<b># still in Iowa</b>	<b>State dollars appropriated (to date unless otherwise noted)</b>	<b>Intent</b>
PRIMECARRE	2001-2014	92	75	\$1,960,000	Support clinicians with \$50,000 loan repayment over two years for service in a HPSA.
PRIMECARRE Dental Loan Repayment	2013-2015	4	4	\$0	Support dentists with \$60,000 loan repayment over two years for service in a HPSA.
Delta Dental Loan Repayment	2003-2015	31	28	\$300,000	Support dentists with loan repayment for service in a HPSA.
Mental Health Professional Shortage Area	2008-2015	15	unk	\$1,299,441	Supports recruiting and retaining psychiatrists as medical directors at community mental health centers and hospital psychiatric units located in federally-designated mental health professional shortage areas.
Cherokee Mental Health Training	2010-2015	20	10	\$725,260	Supports one psychiatric PA annually in training program.
UI Mental Health Training	2010-2015	63	unk	\$562,909	Supports one PA in training at UI and subsidizes tuition for nursing students.
Iowa Psychological Association Psychologist Rotation	2010-2015	21	17	\$280,681	Supports one-year psychologist rotation.
Medical Residency Training State Matching grants	2014-2016	7 programs	unk	\$6,000,000	Provides matching funds to medical residency training programs.
J-1 Visa Waiver	2006-2015	296	unk	\$0	Federal program waiving foreign medical graduates' requirement to return to their home country, in exchange for three years of service in a shortage area.
National Health Service Corps	Snapshot Dec 2014	78	unk	\$0	Federal program providing \$50,000 loan repayment over two years for service in NHSC-approved site.

To fully assess Iowa’s progress toward a health care workforce that meets the needs of all Iowans, it would be necessary to consider workforce shortages at a far more granular level. For example, data on health care providers could be disaggregated by clinician type and by geography, and changes in clinical resources over time in response to Iowa’s workforce programs could be analyzed. Such an effort could translate into meaningful, actionable findings for the state, and would, therefore, be potentially worthwhile.

**Emerging Recommendations**

A direct question to consider is whether reallocating state funds across programs would strengthen efforts to meet distribution of workforce needs. Of the 13 programs reviewed in this report, eight receive state funding: PRIMECARRE, the Delta Dental Loan Repayment Program, the Mental Health Professional Shortage Area Program, the Cherokee Mental Health Training Program, the University of Iowa Mental Health Training Program, the Iowa Psychological Association Psychologist Rotation Program, the Medical Residency Training State Matching Grants Program, and the Volunteer Health Care Provider Program.

Of the eight programs receiving state funds and possibly open to consideration for fund reallocation:

- Three focus on workforce recruitment—PRIMECARRE, which offers loan repayment to individual health care providers in a variety of specialties, the Delta Dental Loan Repayment Program, which assists dentists, and the Mental Health Professional Shortage Area Program, which assists organizations in recruiting mental health center directors.
- Three are designed to increase skills of mental and behavioral health care providers established in Iowa.
- One expands learning opportunities for physicians attending advance training in Iowa, who may or may not remain in the state.
- One encourages volunteer providers to serve at free clinics by protecting them from liability.

Current annual funding for the eight programs and number served are shown below.

<b>Program</b>	<b>Annual Funding</b>	<b>Annual Number Served</b>
Medical Residency Training State Matching Grants Program	\$2 million	To be determined by sites
PRIMECARRE	\$140,000	6 to 8 health care providers
University of Iowa Mental Health Training Program	\$115,000	1 physician assistant, multiple nurses
Mental Health Professional Shortage Area Program	\$105,000	2 organizations
Delta Dental Loan Repayment Program	\$100,000	1 to 4 dentists
Cherokee Mental Health Training Program	\$100,000	1 physician assistant
Volunteer Health Care Provider Program	\$58,000	Approximately 380 providers
Iowa Psychological Association Rotation Program	\$50,000	2 to 4 psychologists

Considerations for reallocation should include the following:

- Fund approaches in recruitment and allocations across all programs—training new professionals to meet specific needs such as mental health, recruiting to meet specific needs such as community mental health centers, and retaining practicing professionals through programs such as loan repayment
- Continue to target specific needs such as mental health or dental health
- Explore strategies to leverage additional funding such as through the state loan repayment program
- Use legislative language regarding funds allocation to allow flexibility in maximizing awards, particularly for mental health professionals.

Another issue to consider is how to optimize collective efforts to create the best opportunity to meet Iowa's needs. Doing so requires two levels of analysis: (1) a calculation of need and metrics to assess progress in filling gaps and (2) tracking the practice locations and populations served by recipients of state-supported programs. Therefore, an additional consideration should be to fund ongoing evaluation for program performance and future direction.