

# Workforce Development: Health Care Professionals

GREEN MOUNTAIN CARE BOARD MEETING ON JANUARY 15, 2020



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**THE VERMONT AHEC NETWORK**

# Background: VT AHEC Network: Two Regional AHECs and a Program at UVM

VT AHEC is a network of academic and community partners working together to increase the supply, geographic distribution, diversity, and education of Vermont's healthcare workforce.



# VT AHEC Network

*Workforce is the Foundation  
of our Health Care System*

The overarching goal of VT AHEC is to provide statewide programs that support an appropriate, current and future, health workforce so that all Vermonters have

Access to Care.

**Healthy Vermonters** through a focus on  
health workforce development.

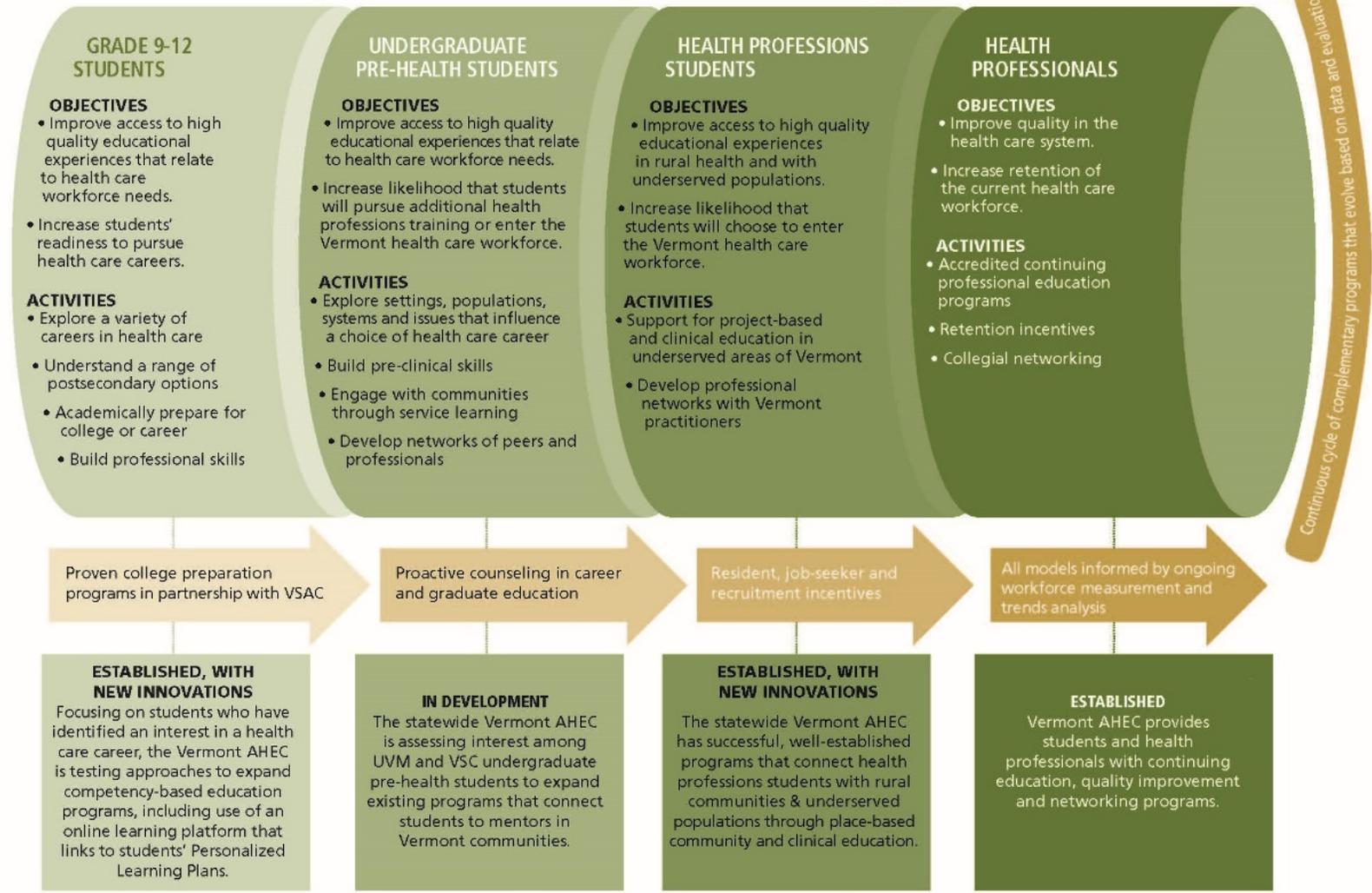
# AHEC's Health Workforce Development Strategy: A Continuum—Outreach, Awareness, Education, Activities, and Tools

VT AHEC works across the healthcare workforce pipeline from middle school to practicing health professionals (e.g., medical, nursing, dental, social work, public health), on programs such as:

- ✓ Health careers awareness and exploration
- ✓ Preceptor recruitment for student clinical rotations
- ✓ Interprofessional and community-based projects
- ✓ Workforce recruitment and retention (e.g., educational loan repayment programs, physician recruitment)
- ✓ Quality improvement projects
- ✓ Continuing education for health professionals

VERMONT AHEC HEALTH CARE WORKFORCE DEVELOPMENT

# Education & Career Pipeline



AREA HEALTH EDUCATION CENTERS [www.vtahec.org](http://www.vtahec.org) | [www.nvtahec.org](http://www.nvtahec.org) | [www.svtahec.org](http://www.svtahec.org)  
 Connecting students to careers, professionals to communities and communities to better health

3/2/17

# AHEC Health Workforce Development Highlights

- 2019-20 (FY20), in progress.
- In 2018-19 (FY19), VT AHEC provided continuing education to 2,348 participants, generated more than 1,104 high school and undergraduate student connections, and involved all of the medical students at the UVM LCOM. VT AHEC worked with 168 primary care practice sites in the state, almost half of which precepted UVM LCOM students. Additionally, VT AHEC's physician recruitment program directly facilitated 16 new physician placements in VT: 11 primary care and 5 specialty care physicians (6 placed in rural counties, and 1 placed at Federally Qualified Health Centers (FQHCs). VT AHEC supported 656 health professions student clinical rotations.
- In 2017-18 (FY18), VT AHEC provided continuing education to 2,579 health professionals, generated more than 1,244 high school student connections, and involved all medical students at the UVM LCOM. VT AHEC worked with 176 primary care practice sites in the state, almost half of which precepted UVM LCOM students. VT AHEC supported 607 health professions student clinical rotations. Additionally, VT AHEC's physician recruitment program directly facilitated 19 new physician placements (signed employment contracts) in VT: 11 primary care and 8 specialty care physicians, one of which was psychiatry; 6 placed in rural counties; and 2 placed at Federally Qualified Health Centers (FQHCs).
- In 2016-17 (FY17), VT AHEC provided continuing education to 2,088 health professionals, generated more than 2,290 high school student connections, and involved all medical students at the UVM LCOM. VT AHEC worked with 191 primary care practice sites in the state, almost half of which precepted UVM LCOM students. VT AHEC supported 646 health professions student clinical rotations. Additionally, VT AHEC's physician recruitment program directly facilitated 16 new physician placements in VT: 11 primary care and 5 specialty care physicians, one of which was psychiatry; 9 placed in rural counties; and 2 placed at FQHCs.
- In 2015-16 (FY16), VT AHEC provided continuing education to 2,904 health professionals, generated more than 4,090 high school student connections, and involved all medical students at the UVM COM. VT AHEC worked with 195 primary care practice sites in the state, almost half of which precepted UVM COM students. Additionally, VT AHEC's physician recruitment program directly facilitated 18 new physician placements in VT: 12 primary care and 6 specialty care physicians, one of which was psychiatry/child; 10 placed in rural counties; and 3 placed at FQHCs.

# Funding History

## **AHEC Program**

- \$500,000 (source: state, GC)—FY21 Governor’s Budget Proposal is Pending
- Level funding FY06 to FY20
- No indirect fee taken
- In December 2017, AHEC reduced from 3 to 2 regional centers (cut 5 staff positions) for efficiency and as a necessary strategy to sustain VT AHEC Network programs statewide

## **Educational Loan Repayment (ELR) Program for Health Care Professionals**

- \$667,111 (source: state, GC)—FY21 Governor’s Budget Proposal is Pending
- Level funding since FY16
- 100% of funds used for awards, no indirect or direct administrative fee taken
- \$970,000 funding in FY15, funding peaked at \$1,460,000 in FY09

## **State Loan Repayment Program (SLRP) for Health Care Professionals**

- \$215,500 (source: federal HRSA grant)
- 100% of funds used for awards, no indirect or direct administrative fee taken
- New in FY15 (via federal grant), funding peaked at \$250,000 in FY15-FY17

## **VT Academic Detailing and Project ECHO (Extension for Community Healthcare Outcomes)**

- \$450,000 (source: special fund—Pharmaceutical Manufacturer Fee, Act 80)—FY21 Governor’s Budget Proposal is Pending
- FY18 funding increased to: expand (doubled the # of academic detailing sessions delivered), add opioid-related curricula, and implement Project ECHO tele-education program
- \$200,000 level funding from FY06 to FY17

## **MD Placement Program**

- \$62,000 (source: \$50,000 state, \$12,000 federal HRSA grant)—FY21 Governor’s Budget Proposal is Pending
- Level funding since FY15

# Vermont Educational Loan Repayment (ELR and SLRP) for Health Care Professionals

Loan repayment is a recruitment and retention tool; it can be used to strategically respond to state workforce needs. Loan repayment is most effective when part of a comprehensive workforce development strategy. Understanding impact requires longitudinal tracking of the workforce.

## ELR Funding Summary (state appropriation)

### FY20

\$392,111 primary care, geriatrics, psychiatry (MDs/DOs, APRNs, PAs, CNMs) + match funds

\$125,000 dentists (DDS/DMD) + match funds

\$150,000 nurses (LPNs and RNs) + optional match funds

**\$667,111 total + match funds**

**Adding new eligible disciplines, specialties, or programs requires additional funding for direct awards and administration. “Unmet need” remains in existing programs.**

## SLRP Funding Summary (federal HRSA grant, new grant period started FY19)

### FY20

\$212,500 (+ match funds) primary care, geriatrics, psychiatry (MDs/DOs, APRNs, PAs, CNMs), dentists (DDS/DMD) working at federally designated FQHCs or RHCs or in a federally designated health professions shortage area (HPSA) or Medical Underserved Community (MUC).

# Vermont's Educational Loan Repayment Program for Health Care Professionals

## Medical Practitioners (MD, DO, APRN, PA, CNM)\*

- ✓ Primary Care: Family Medicine
- ✓ Primary Care: Internal Medicine/Adult Primary Care
- ✓ Primary Care: Pediatrics
- ✓ Primary Care: Obstetrics/Gynecology

### And

- ✓ Psychiatry
- ✓ Geriatrics

## Dentists (DDS, DMD)

- ✓ All specialties, including oral surgeons

## Nurses (LPN, RN)\*

- ✓ Psychiatric
- ✓ Nursing Homes
- ✓ Home Health
- ✓ Public Health/State of Vermont
- ✓ Primary Care/FQHCs

\* High priority applicants include those providing substance use disorder treatment.

# Educational Loan Repayment and Competing Nationally

This program is critical for recruitment and retention of primary care physicians, psychiatrists, nurse practitioners, physician assistants, nurses, and dentists. We currently face workforce challenges and shortages.

**Most states have loan repayment programs for health professionals.**

**Without the Educational Loan Repayment Program, Vermont would be placed at a disadvantage competing nationally for the same highly trained workforce.**

# Educational Loan Repayment and Competing Nationally

## But it's not that simple...

- Arms race between states, and organizations
- Data evidence versus conventional wisdom
- Which professions to focus on for loan repayment and other incentive programs?  
Healthcare professionals, physicians, nurses, personal care attendants, licensed nursing assistants, EMTs, mental health and substance use disorder counselors, social workers, child care providers, teachers, dentists, school bus drivers, fire fighters, police officers, dairy and farm workers, truck drivers, funeral directors, hotel workers, resort workers, restaurant workers, cashiers and retail workers, construction workers, ski patrol members, lawyers, high school sport officials/referees, bank workers, etc.
- Education financing policies
- Strategic priorities of programs
- Leverage federal programs:

<https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program.html>

<https://nhsc.hrsa.gov/sites/default/files/NHSC/downloads/Loan-Repayment/nhsc-sud-workforce-lrp-fact-sheet.pdf>

<https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service>

# Educational Loan Repayment (ELR/SLRP): A Workforce Development Tool, with Longitudinal Tracking, Outcomes, and Program Evaluation

- ✓ Started by the State of Vermont in 1995
- ✓ Administered by UVM and AHEC since 1997
- ✓ Tailored to Vermont
- ✓ Information- and data-driven
  - ✓ Guided by local, regional, state, and federal data and information
- ✓ An effective workforce pipeline development, recruitment, and retention tool when combined with other AHEC and non-AHEC services
- ✓ A workforce development partnership between the State of Vermont, federal HRSA, AHEC, health care sites/employers, and individual health professionals—*in it together*

# Educational Loan Repayment Program

(visit [www.vtahec.org](http://www.vtahec.org) to review program overview, flyers, and application materials)

- A strategic approach--this program's administration and award priorities are adjusted annually based on data, information, and prior year(s) experience and results
- 100% of funds are used for direct awards, to reduce educational debt
- Educational debt is verified (not self-reported)
- Awards are in exchange for a contractual service obligation (e.g., 12-months service/award; 24-months for SLRP)
  - The recipient and the employer are co-signers of the contractual service obligation
  - Breach of contract has serious financial consequences
- AHEC raises 1:1 match funds from community organizations and employers
- State/federal and match funds are bundled into one award
  - The bundled funds are sent directly to lenders to reduce educational debt
- The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under state-sanctioned Educational Loan Repayment Program for Healthcare Professionals as exempt for income tax purposes
  - This income tax exclusion provides an even greater incentive for health care professionals to work in areas that need it most
  - Programs operated separately from the state program result in taxable income transactions (i.e., employee or non-employee compensation)

## 2017-2019 Educational Loan Repayment Awards Disbursed (not unique people); FY20 is in progress

Awards <u>Disbursed</u> by Program and Type				
	Job Seeker	Retention	Recruitment	Total
Primary Care:	9	190	4	203
Dental:	2	52	0	54
Nursing:	0	61	0	61
<b>Total:</b>	<b>11</b>	<b>303</b>	<b>4</b>	<b>318</b>

Loan repayment awards purchase time-dependent service commitments (i.e., a contractual obligation). They are not “rewards” or “gifts.” Contractual obligations are monitored to ensure service delivery.

Awards <u>Disbursed</u> by County and Program				
	Primary Care	Dental	Nursing	Total
Addison	7	6	1	14
Bennington	7	0	0	7
Caledonia	14	5	4	23
Chittenden	42	16	12	70
Essex	3	0	0	3
Franklin	16	5	2	23
Grand Isle	2	0	0	2
Lamoille	4	3	0	7
Orange	24	0	2	26
Orleans	13	3	3	19
Rutland	22	7	17	46
Washington	24	7	18	49
Windham	9	0	2	11
Windsor	16	2	0	18
Out-of-State	N/A	N/A	0	0
<b>Total</b>	<b>203</b>	<b>54</b>	<b>61</b>	<b>318</b>

## 2017-2019 Educational Loan Repayment Awards Disbursed--Total Unique Awardees, FY20 is in progress Retention (Primary Care Practitioners, Dentists, Nurses)

206 Total Unique Awardees	Working in VT in 2019	Not working in VT or Unknown	Total	% in VT to Total Unique Awardees
PC Awardees Working in VT	112	18	130	86%
Dental Awardees Working in VT	31	0	31	100%
Nursing Awardees working in VT	40	5	45	89%
<b>Total</b>	<b>183</b>	<b>23</b>	<b>206</b>	<b>89%</b>

Unique Awardees 2017-2019 Working in 2020	Rural and/or worksite has a federal designation (CHCB only in Chittenden County)	% to total	Urban or no federal designation (worksite needs still exist and disadvantaged populations are served by these sites)	% to total	Total
Primary Care	96	75%	16	12%	112
Dental	24	77%	7	23%	31
Nursing *	32	71%	8	18%	40
<b>Total</b>	<b>152</b>		<b>31</b>		<b>183</b>

Data indicate that active contractual service obligations are effective. Long-range retention or “residual benefit” following completed service obligation is likely, possibly influenced by community assimilation and established roots.

AHEC will continue to examine short- and long-term retention.

\* Nursing data are unavailable. A new, re-designed AHEC database was implemented in FY17; we migrated select data for FY97 to FY16 and nursing worksite information was not populated. These data, FY17+, will be available in the future.

## FY2000 - 2019

### Educational Loan Repayment (ELR/SLRP) Awards

### Psychiatry—Physicians, Nurse Practitioners, Physician Assistants

# awards made (disbursed):	182
# of unique award recipients:	70 (0 contract breaches during service obligation—100% retention)
# of recipients practicing in VT*:	46 (66%, long-term/residual <u>retention</u> beyond contractual service obligation)

\*source: AHEC data, January 2020

## FY2011 to 2019

The AHEC Physician Placement Program facilitated 10 psychiatrist placements statewide.

# 2020 Loan Repayment (ELR/SLRP) Program Applications in Progress

2020 Program Type (1/13/20 data)	Number of Applications (1)	Total Debt (2)	Average Debt	Range of Debt (lowest)	Range of Debt (highest)	Difference between lowest and highest	Range of Monthly Payment Lowest (3)	Range of Monthly Payment Highest (4)	Average Monthly Payment (4)
Primary Care	84	\$11,344,180	\$135,050	\$19,666	\$671,358	\$651,692	\$86	\$2,700	\$871
Dental	18	\$4,646,834	\$258,157	\$33,997	\$553,999	\$520,002	\$0	\$6,851	\$1,610
Nursing	63	\$2,573,084	\$40,843	\$6,351	\$165,537	\$159,186	\$0	\$1,500	\$323
<b>Total</b>	165	\$18,564,098	\$112,510	\$6,351	\$671,358	\$665,007	\$0	\$6,851	\$742

(1) The above table does not include 10 recruitment applications since the person/debt information is unknown. 2020 total applications received is 175 (165 +10).

(2) Debt is verified via documentation from educational lending institutions across the country.

(3) \$0 monthly payment—still in deferment, payment amount TBD.

(4) Most educational loan repayment funds are sent to out-of-state lenders and centralized processing centers; supports broader workforce infrastructure and economy out-of-state. When these loans are repaid, dollars are freed up to be invested locally. Education debt is one of many considerations that influence employment decisions. Education, specialty choice and employment decisions are complex.

2020 Program Type (1/13/20 data)	Number of Awards in Process (5)
Primary Care	
Dental	
Nursing	
<b>Total</b>	

(5) TBD (1/13/20)--Awards in process (contract may not be fully executed, or funds disbursed), includes recruitment applicants.

# Community and Employer “Match” Funds Raised by AHEC

FY 2020

In progress

FY2015-2019

Actual match funds raised by AHEC and disbursed \$3,600,380

Match funds include employer and private match funds raised specifically for loan repayment.

The significant work that AHEC does to raise and administer these funds is a crucial part of the VT Educational Loan Repayment Program’s success. It is by instilling a shared commitment, and by leveraging pooled resources, that AHEC and this program are making a difference in health workforce recruitment and retention, and educational debt reduction.

# AHEC Physician Placement Services for Vermont positions

## *A Targeted Approach, Long-range Initiative*

- Targets individuals with a connection to Vermont
- Leverages connections to all VT AHEC programs; cultivates rapport, provides support programs during training
- Completes longitudinal tracking and regular outreach
- Provides resources and support
- Matches UVM LCOM graduates/UVMMMC residents to Vermont physician openings/needs
- Uses loan repayment incentive to encourage MDs to move back to VT or stay in VT to practice medicine
- Warm/hot leads referred to practices

Loan Repayment example from another state:

South Dakota offers up to \$231,384 in physician (8 slots)/dentist (2 slots) and up to \$66,819 for physician assistants or nurse practitioners (7 slots) in loan repayment over 3 years. Amounts include required community/employer “match” funds. Annual state fund total ~\$695,395 if 17 awards at the maximum allowed. SD population 884,659 (July 1, 2019, U.S. Census <https://www.census.gov/quickfacts/SD>) (web page accessed 1/13/20) <https://doh.sd.gov/providers/ruralhealth/recruitment/RAP.aspx>

# AHEC Recruitment & Retention

*Your career-long healthcare workforce partners*

**Diversity & Distribution** of the healthcare workforce in Vermont

## Physician Placement Services for Vermont positions

- Vermont physician openings
- Educational Loan Repayment
- Annual Recruitment and Networking Day

**Jennifer Savage**, Physician Placement Professional

[jennifer.savage@uvm.edu](mailto:jennifer.savage@uvm.edu)



# Physician Openings Posted with AHEC (January 6, 2020):

## *Vermont Openings*

**129 physician openings in 26 different specialties** in the state

**57 are in Primary Care**

23 – Family Medicine

13 – Family Medicine or Internal Medicine (willing to hire either)

5 – Internal Medicine

6 – Obstetrics/Gynecology

10 – Pediatrics

**70 are in Specialty Care** (of the 70, 8 are Psychiatry, 7 are Hospitalist, 5 are Emergency Medicine)

**VT County breakdown:**

Addison	3
Bennington	15
Caledonia	7
Chittenden	36
Essex	1
Franklin	6
Grand Isle	0
Lamoille	6
Orange	7
Orleans	4
Rutland	10
Washington	12
Windham	11
Windsor	11
<b>Total</b>	<b>129</b>

**Of the 129 openings, by federal designation or facility type:**

FQHC	23
RHC	0
Critical Access Hospital	19
Community Hospital	39
Academic Medical Center	30
Private Practice	10
Mental Health Agency	1
Other Hospitals*	7

\*Includes: the VA Hospital and the Brattleboro Retreat

# AHEC Physician Placements and Ed Debt Reduction

**FY19:** 16 physicians placed (11 in primary care and 5 in specialty care)

**10 of 16 (63%) placed received educational debt reduction assistance via AHEC**

**FY18:** 19 physicians placed (11 in primary care and 8 in specialty care)—Final year with active Freeman funding recipients in our pipeline

**11 of 19 (58%) placed received educational debt reduction assistance via AHEC**

**FY17:** 16 physicians placed (11 in primary care and 5 in specialty care)

**7 of 16 (44%) placed received educational debt reduction assistance via AHEC**

**FY16:** 18 physicians placed (13 in primary care and 5 in specialty care)—ELR/SLRP 1:1 employer match now required

**13 of 18 (72%) placed received educational debt reduction assistance via AHEC**

**FY15:** 15 physicians placed (7 in primary care and 8 in specialty care)—First year including SLRP funding

**11 of 15 (73%) placed received educational debt reduction assistance via AHEC**

**FY14:** 20 physicians placed (12 in primary care and 8 in specialty care)

**14 of 20 (70%) placed received educational debt reduction assistance via AHEC**

**FY13:** 21 physicians placed (12 in primary Care and 9 in specialty care)

**17 of 21 (81%) placed received educational debt reduction assistance via AHEC**

**FY12:** 23 physicians placed (13 in primary care and 10 in specialty care)—Final year of scholarship/loan repayment awards via Freeman Funding

**17 of 23 (74%) placed received educational debt reduction assistance via AHEC**

# Educational Cost and Debt

Undergraduate time, costs and debt

4 years

+

Medical/dental school time, costs and debt

4 years

Estimated cost of attendance ~ \$243,000 to \$356,000 for 4 years of medical school

Estimated cost of attendance ~ \$464,000 for 4 years of dental school

+

Medical Residency/fellowship program(s) time

3-4+ years, reduced earnings during this training period

=

Total educational debt accumulates, interest accrues (may be *compounding interest* during periods of deferment or forbearance)

Not atypical to be in mid-30s before beginning full earnings

Educational debt repayment begins

Family needs

Educational debt impacts ability to finance private practice, and homeownership

**Many health professionals incur significant educational debt, impacting compensation requirements and expectations for loan repayment assistance.**

**Educational debt is one factor in career path, specialty, and employment decisions. Association of American Medical Colleges (AAMC) data show other factors having higher influence on decision making. (Conventional wisdom and data do no match.)**

<https://www.aamc.org/system/files/2019-08/2019-gq-all-schools-summary-report.pdf>

**Current higher education financing policies, educational costs and debt, have a future impact on employers, cost of services, workforce make up, and access to services.**

# Historical Efforts: UVM Freeman Program

UVM LCOM, with AHEC, raised and disbursed private funds (via partnership with the Freeman Foundation) for VT state workforce development. Since 2001, over \$13,820,898 have been disbursed in scholarships to medical students to encourage VT practice after training (pipeline into the VT workforce). Between 2001 to 2011, AHEC administered \$3,435,884 in educational loan repayment (all MD medical specialties) in exchange for contractual service obligations to VT and separate from the state/federal funds. Via this private funding source, UVM LCOM with AHEC contributed \$17,256,782 directly into VT MD workforce development in the form of scholarships and/or educational loan repayment.

# Freeman Scholarships for intent (non-contractual) to practice in VT

2001 to 2012 LCOM Graduation Years (residency training, of various lengths and locations across the U.S., followed Grad Year), peak Grad Years for this program

443 unique individuals received scholarships in exchange for “intent” to practice in VT in the future totaling \$13,204,773 (range \$5,000 to \$45,000, mode \$40,000)

126 currently work in VT totaling \$4,098,416 (range \$7,500 to \$45,000, mode \$40,000)

22 worked in VT, but no longer totaling \$705,000 (range \$10,000 to \$40,000, mode \$40,000)

- 33% of awardees (126 + 22 = 148)

295 have not practiced in VT totaling \$8,401,357 (range \$5,000 to \$40,000, mode \$40,000)

- 67% of awardees

Data from AHEC database on 1/14/20, query using Grad Year

# Freeman Ed Loan Repayment (all specialties)

Between 2001 and 2011, 550 awards were disbursed totaling \$3,435,884\*

254 Unique individuals, may have received multiple awards (aggregate total range \$1,000 to \$65,000, mode of \$15,000\*)

254 Worked in VT

116 Currently working in VT (46%)

62 No longer working in VT (2 in NH)

76 Current work status unknown

\*These funds may have been “community match” to a state award and therefore does not reflect the total award amount.

Data from AHEC database on 1/14/20

## 2019 National Medical School Graduation Questionnaire (AAMC data)

<https://www.aamc.org/system/files/2019-08/2019-gq-all-schools-summary-report.pdf>

Those expected to graduate between July 1, 2018 and June 30, 2019. Surveyed between Feb and June 2019. 16,657 responded (of 19,993 graduates)

### How influential were the following in helping you choose your specialty?

Fit with personality, interest, skills	Strong 87.2	No Influence 0.4
Content of specialty	Strong 83.4	No Influence 0.5
Role model influence	Strong 50.9	No Influence 7.6
Work/life balance	Strong 43.1	No Influence 6.3
Income expectations	Strong 14.8	No Influence 21.3
Level of educational debt	Strong 6.5	No Influence 54.9

# 2019 National Medical School Graduation Questionnaire (AAMC data)

Those expected to graduate between July 1, 2018 and June 30, 2019. Surveyed between Feb and June 2019. 16,657 responded (of 19,993 graduates)

## How useful were the following resources in learning about specialty choice and career planning?

Top Two:

Advising and Mentoring	Very useful 47.4	Not useful 5.9
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Participation in in-house and extramural

Electives	Very useful 44	Not useful 4.4
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# 2019 Med School Grads (national): Total Ed Debt

Do you have any outstanding educational loans for your college/premedical and medical education?

n = 15,072

No debt	26.7%	
\$1 to \$49,999	5.6%	
\$50,000 to \$99,999	6.1%	
\$100,000 to \$149,999	9.1%	
\$150,000 to \$199,999	13.1%	
\$200,000 to \$299,999	26.2%	
\$300,000 to \$399,999	10.5%	
\$400,000 to \$499,999	2.0%	
\$500,000 or more	0.8 %	
Median reported debt of those reporting debt		\$200,000

# VT AHEC Network: Experienced Leaders in Health Workforce Development

- The VT AHEC Network is committed to investing its resources in health workforce development.
- The VT AHEC Network has limited and decreasing capacity due to insufficient funding. Increased state investment in VT AHEC is recommended.
- Investment in early pipeline development work is critical to growing the next generation of health professionals.
- We need tools, committed partners, and teamwork.
- Educational Loan Repayment is one tool. It is an important tool, but not a standalone solution. Exploration of additional, complementary and innovative programs and tools is recommended.
- Longitudinal tracking of students, program participants, and workforce trends is necessary for program evaluation and understanding broader impact and outcomes; it is also challenging, labor intensive, and requires robust data systems.

# More information is available at:

[www.vtahec.org](http://www.vtahec.org)

Information about AHEC Workforce Recruitment and Retention Programs:

<http://www.med.uvm.edu/ahec/healthprofessionsstudentsandresidents/workforce-recruitment-retention>

Educational Loan Repayment Program Overview and Eligibility:

<http://www.med.uvm.edu/ahec/forms/educational-loan-repayment>

AHEC Primary Care Workforce Snapshot and Nursing Workforce Reports:

<http://www.med.uvm.edu/ahec/workforceresearchdevelopment/reports>

# VDH Health Care Workforce Data is available at:

Census using re-licensure data

<http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/health-care-workforce>

## VT Physician Workforce (2018 Physician Census, VDH)

- In 7 of 14 counties, at least 41% of the primary care physicians were over age 60
- 27% of primary care physicians graduated from UVM Larner College of Medicine
- 25% of primary care physicians completed UVMMMC Residency
- 41% of primary care physicians completed training in VT

## VT Dentists Workforce (2017 Dentists Census, VDH)

- 35% of dentists are 60 or older

# Contact Information

University of Vermont  
Larner College of Medicine

Area Health Education Centers  
(AHEC) Program

1 South Prospect Street  
Arnold 5  
Burlington, VT

802-656-2179

[vtahec.org](http://vtahec.org)

## AHEC's Purpose: Healthcare Workforce Development

For information about the Vermont Educational Loan Repayment Programs and other health workforce development initiatives, contact Liz Cote at [elizabeth.cote@uvm.edu](mailto:elizabeth.cote@uvm.edu) or 802-656-0030.

- ✓ *Workforce Diversity, Distribution, and Practice Transformation*
- ✓ *Connecting students to careers, professionals to communities, and communities to better health*

# Glossary

Federal Designations ([www.hrsa.gov](http://www.hrsa.gov)):

**Critical Access Hospital (CAH):** A hospital certified under a set of Medicare Conditions of Participation. Some (not a comprehensive list) of the requirements for CAH certification include having no more than 25 inpatient beds and being located in a rural area.

**Federally Qualified Health Center (FQHC):** Health centers receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

**Rural Health Clinic (RHC):** Health centers must be in a non-urbanized area, as defined by the U.S. Census Bureau, and be in an area currently designated by the Health Resources and Services Administration as one of the following types of federally designated or certified shortage areas:

- Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
- Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
- Medically Underserved Area under Section 330(b)(3) of the PHS Act; or
- Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989.

**Medically Underserved Community (MUC):** A geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area (MUA), and/or medically underserved population (MUP). Training settings are not mutually exclusive.