

# **Building and Maintaining Policy Support in a Fiscally Tight Environment**

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# **Our Social Contract with the People of West Virginia**

- ❖ Responsive to community needs**
- ❖ Engaging in partnerships to improve health outcomes**
- ❖ Engaging in system change to increase effectiveness of policy and strategies**
- ❖ Wise use of resources**



# Historical Highlights on Community-Based Training in WV

- ❖ 1972 WV receives one of first AHEC grants
- ❖ 1972 Charleston Division developed
- ❖ 1972 WVSOM and graduates first class in '74
- ❖ 1973 MU School of Medicine
- ❖ 1989 Sen. Tomlin hosts first Rural Health Conf. to discuss community-based training
- ❖ 1991 Legislative session created Rural Health Initiative Act



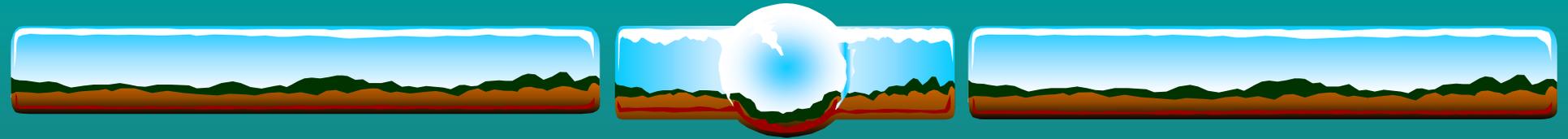
# Historical Highlights on Community-Based Training in WV

- ❖ 1991 State received W.K. Kellogg Grant to develop 4 primary care training centers
- ❖ 1992 RHI program establishes 8 regional training networks
- ❖ 1993 WVU received HETC grant for Southern Counties
- ❖ 1994 Recruitment and Retention formed
- ❖ 1995 New State financial incentives created



# Historical Highlights on Community-Based Training in WV

- ❖ **1995 RHI reauthorized and integrated with Kellogg to become WVRHEP**
- ❖ **1995 Rural Residency training in Hamlin**
- ❖ **1996 Rural Residency program in Harper's Ferry**
- ❖ **1998 R&R committee in code**
- ❖ **2001 WVU receives AHEC Basic/Core Grant**
- ❖ **2002 WVRHEP and AHEC explore integration**



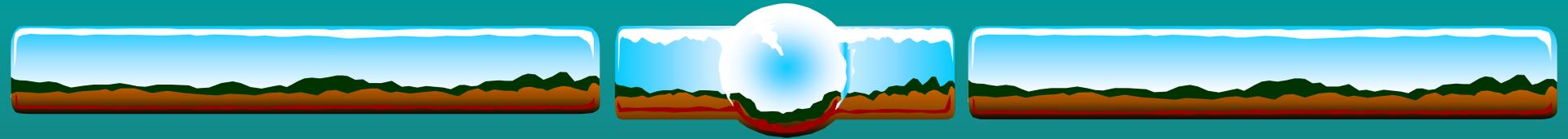
# Current WVRHEP Infrastructure

- ❖ 13 regional consortia with 318 training sites in 50 counties
- ❖ 18 Learning Resource Centers with 24-hour access, computer work stations, internet connections, and
- ❖ 10 telehealth sites with MDTV
- ❖ 594 rural health professionals serving as field faculty



# Summary of Annual Program Expenditures

<b>Partner Category</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Community Consortia</b>	<b>2.88 mil</b>	<b>2.88 mil</b>	<b>2.88 mil</b>	<b>2.78 mil</b>
<b>Schools</b>	<b>2.09 mil</b>	<b>2.53 mil</b>	<b>2.53 mil</b>	<b>2.44 mil</b>
<b>Central Administration</b>	<b>260 K</b>	<b>276 K</b>	<b>210 K</b>	<b>204 K</b>
<b>Totals</b>	<b>\$5.2 mil</b>	<b>\$5.7 mil</b>	<b>\$5.6 mil</b>	<b>\$5.4 mil</b>



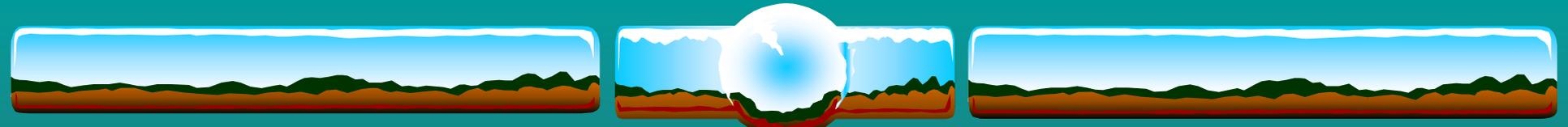
# WVRHEP Rural Rotations

- ❖ **Required: 3-month rural rotations for all state-supported health sciences students as a degree requirement**
- ❖ **Rotations**
  - ❖ **80% clinical learning objectives**
  - ❖ **20% community service-learning, interdisciplinary sessions, and research**
- ❖ **Community Service-Learning, e.g.:**
  - ❖ **Health fairs and screenings**
  - ❖ **Immunization clinics**
  - ❖ **Diet and exercise programs**
  - ❖ **CARDIAC (cholesterol screening of 5th graders)**
  - ❖ **Dental health education**



## WVRHEP Service to the State

- ❖ **Over 35,000 weeks of student training since 1992**
- ❖ **Average 150,000 community service contacts per year (718,000 since 1997)**
- ❖ **\$5.3 million in free dental care to 32,248 patients since 1995**
- ❖ **402 Health Professionals recruited to rural underserved areas of the state**



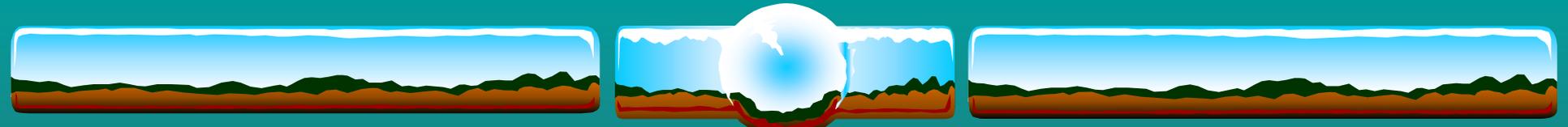
## **Recruitment and Retention Committee in State Code 1998**

- ❖ Target recruitment resources to students and medical residents in West Virginia**
- ❖ Fill gaps in federally funded programs with new state resources**
- ❖ Increase retention of graduates of state medical schools & residencies in rural West Virginia**



# **Recruitment and Retention Committee in State Code 1998**

- ❖ Increase rural residency training**
- ❖ Increase technical assistance on recruitment & retention to rural communities**
- ❖ Support the evolving role of the schools and RHEP consortia in recruitment and retention**



# R&R Committee Accomplishments

- ❖ Administers through two programs, \$500,000 annually in incentives for rural practitioners.
- ❖ In rural practice now and since 1991, these WV graduates include:
  - ❖ 43% of the MDs and DOs
  - ❖ 42% of the NPs
  - ❖ 57% of the PAs



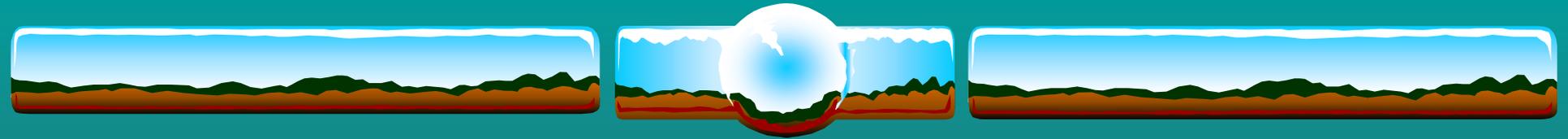
# R&R Committee Accomplishments

- ❖ **Advisors to the state's J-1 Visa Program**
- ❖ **Reviewed the Nursing Shortage Study Commission report in 2002.**
  - ❖ **Vice chancellor worked with legislative leaders to amend the HSSP statute, expanding eligibility for scholarships to nurse educators.**
  - ❖ **In 2003, two HSSP participants became faculty members of community college nursing programs.**



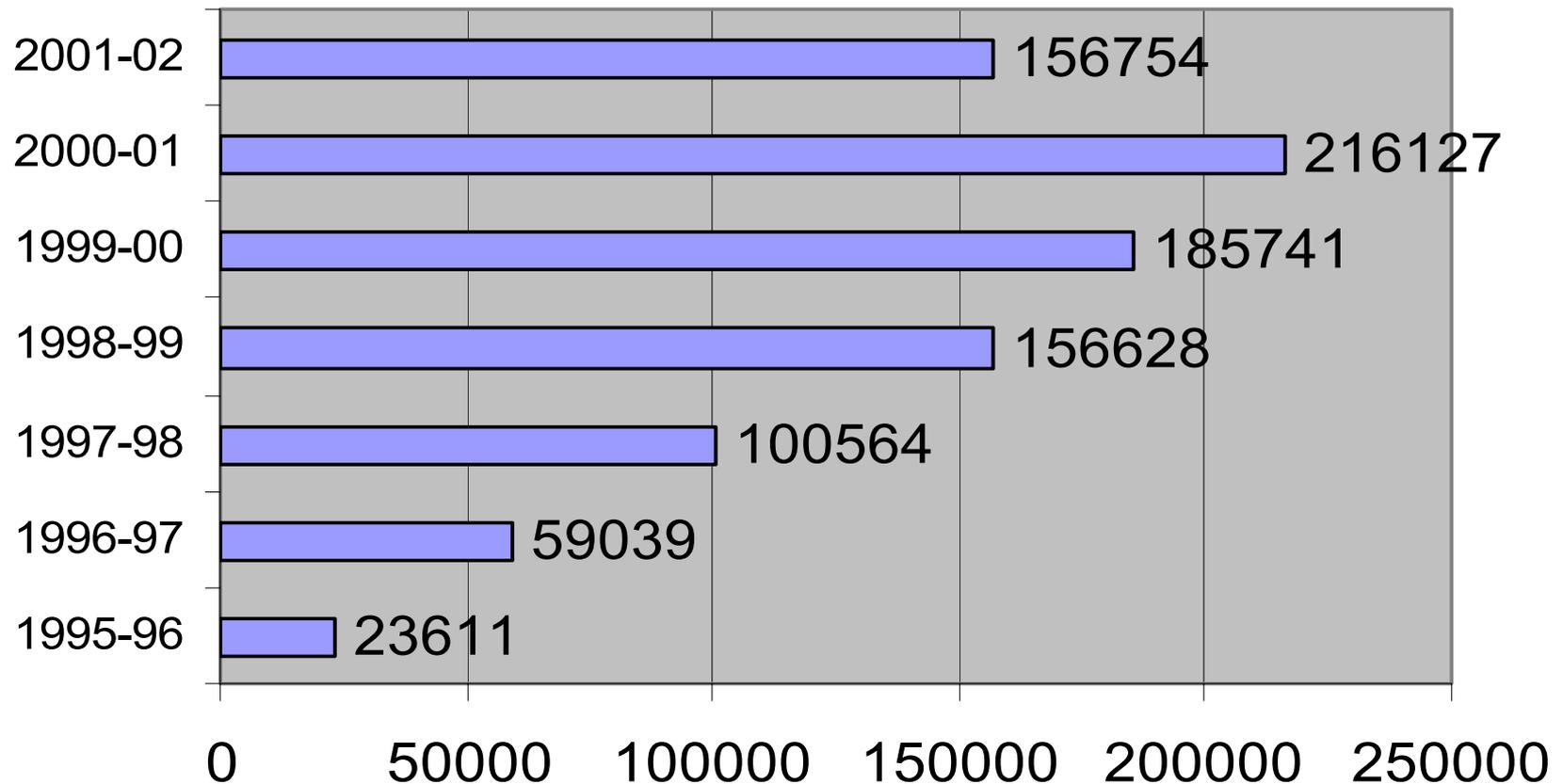
# West Virginia Trained Health Professionals Recruited to Rural WV: 1991-2002

Type of Professional	# in rural WV	# who received financial incentives
<b>MD &amp; DO's (91-99 grads)</b>	<b>124</b>	<b>53</b>
<b>Nurse Practitioners</b>	<b>59</b>	<b>25</b>
<b>Nurse-midwives</b>	<b>2</b>	<b>1</b>
<b>Physician Assistants</b>	<b>60</b>	<b>34</b>
<b>Dentists</b>	<b>48</b>	
<b>Dental Hygienists</b>	<b>14</b>	
<b>Pharmacists</b>	<b>69</b>	
<b>Physical Therapists</b>	<b>26</b>	
<b>TOTAL</b>	<b>402</b>	<b>113(28%)</b>



# Community Service Contacts 1995-2002

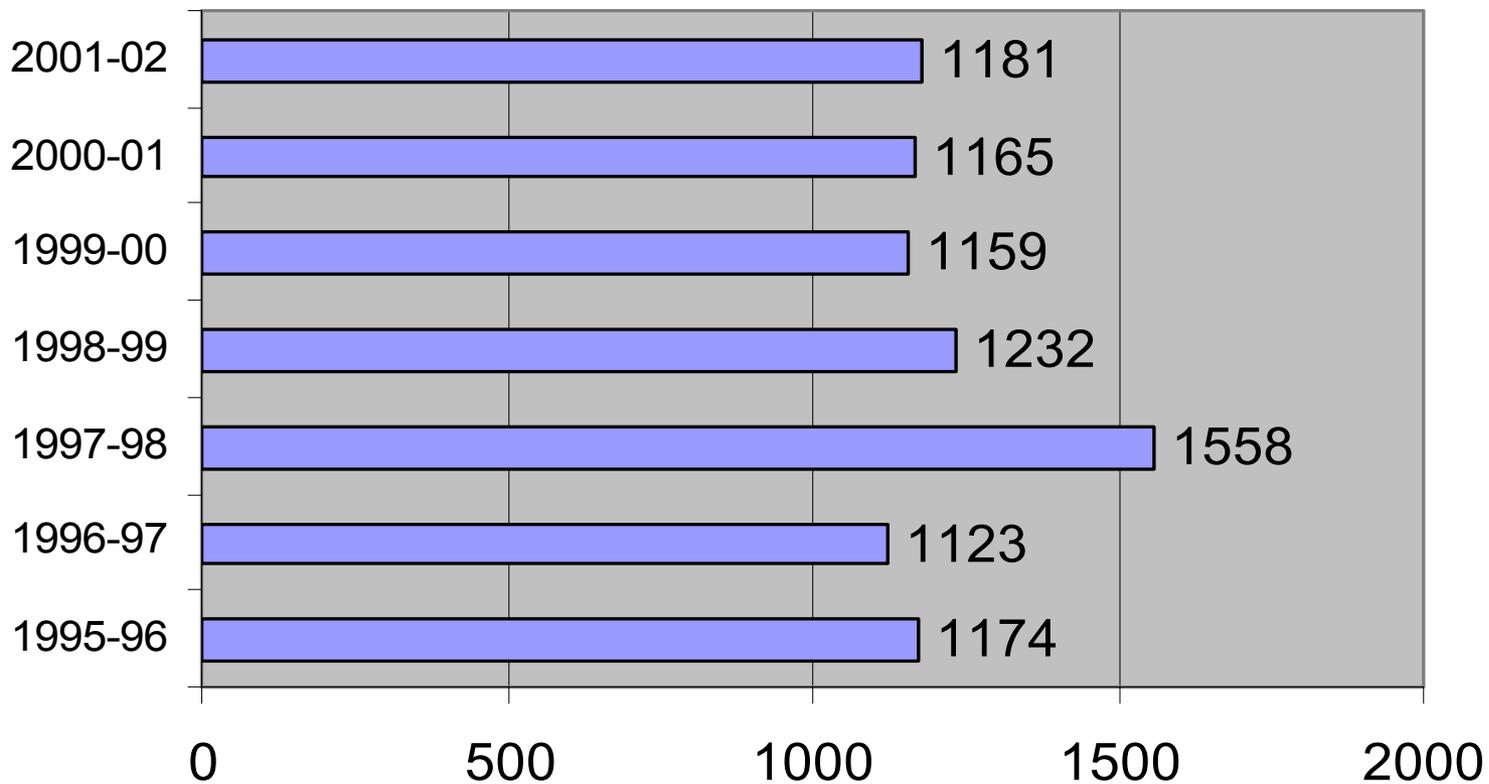
Community Service Contacts

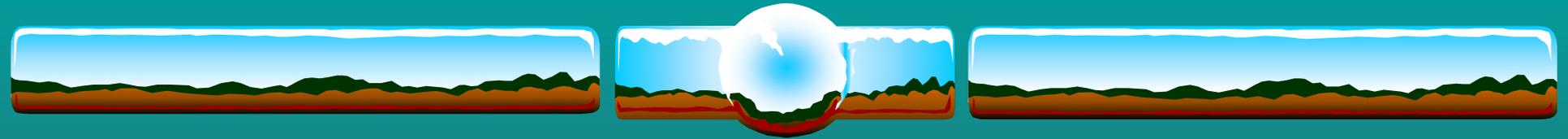




# Total of Rural Rotations 1995-2002

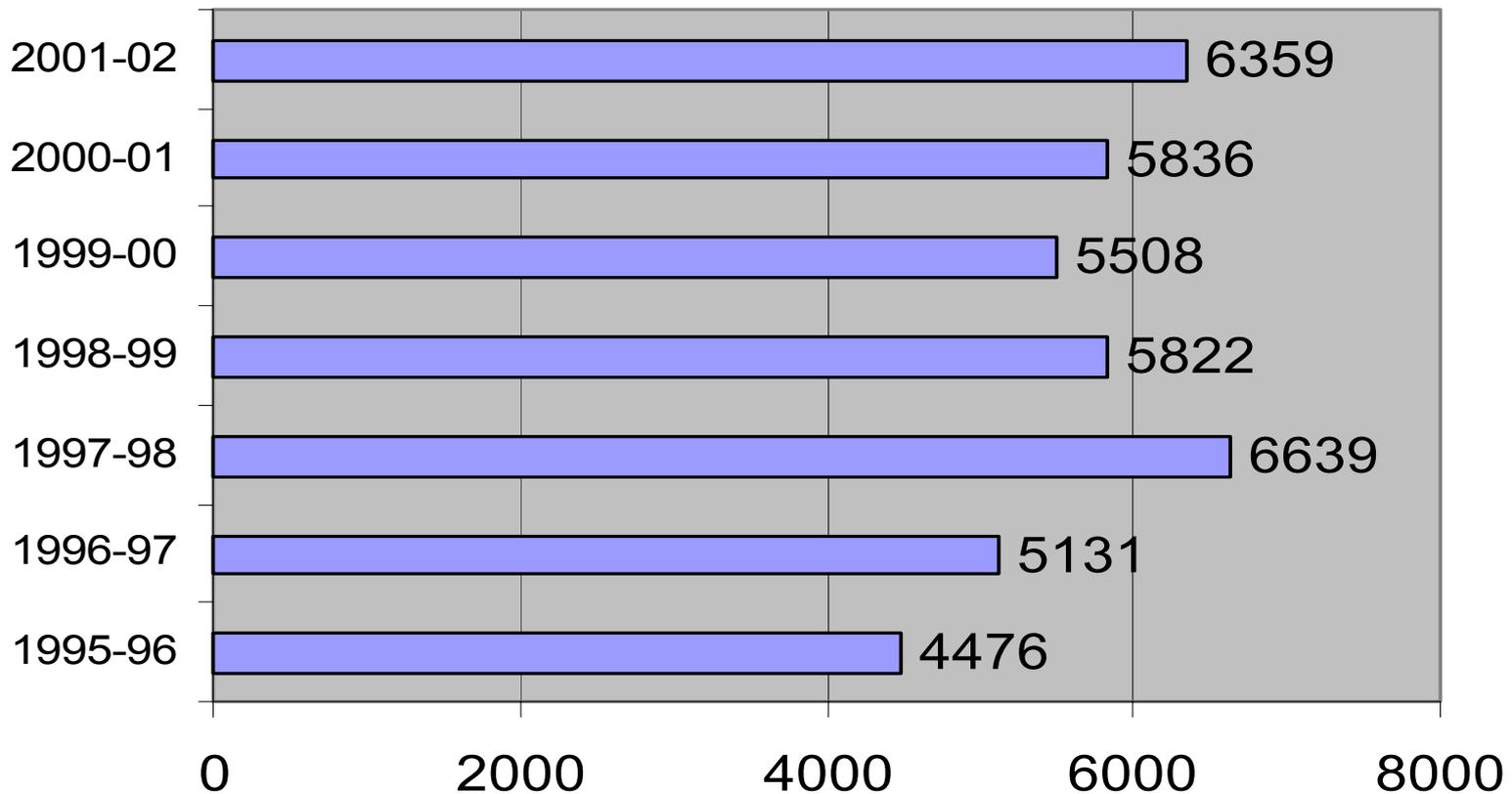
## Student Rotations





# Weeks of Training 1995-2002

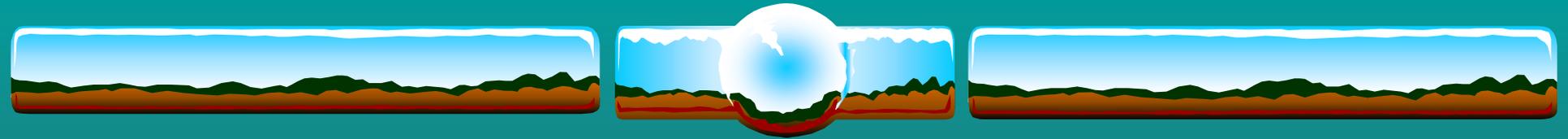
Weeks of Training





# West Virginia Medical School Graduates Choosing Primary Care Medical Residencies\* Compared to National Trends

School	'99	'00	'01	'02
MU	24/51%	32/74%	34/67%	34/72%
WVSOM	40/69%	44/71%	39 /64%	NA**
WVU	47/57%	51/63%	54 /58%	32/44%
National***	60%	58%	55%	53%



# Data definitions

**\*Primary care is defined as FM, IM, Peds, OB/GYN**

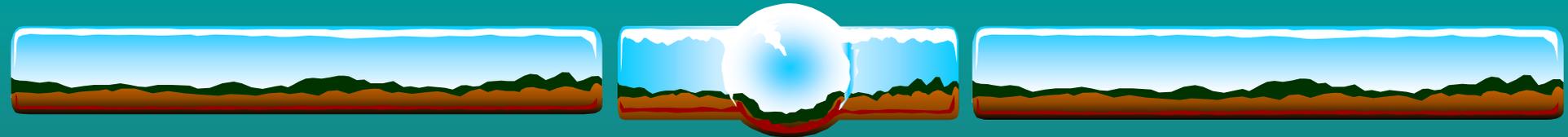
**\*\*Osteopathic students enter a one-year general internship following graduation; they choose a residency the following year.**

**\*\*\*Data is for allopathic (MD) graduates. National data for osteopathic (DO) graduates is not available.**



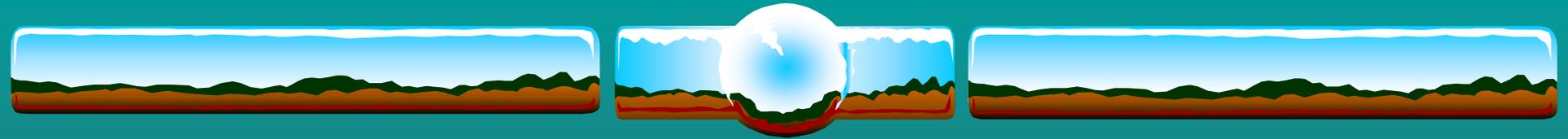
## Retention of Graduates Practicing in WV from WV Medical Schools

	1987-92	1992-97	Increase
<b>All Specialties</b>	<b>317</b>	<b>377</b>	<b>60 (19%)</b>
<b>Primary Care</b>	<b>168</b>	<b>242</b>	<b>74 (44%)</b>
<b>Non-urban</b>	<b>89</b>	<b>105</b>	<b>16 (18%)</b>



# Retention of Health Sciences Graduates

	<u>1995</u>	<u>2000</u>
<b>WVU</b>		
<b>Dental</b>	15 (50%)	21 (58%)
<b>Pharmacy</b>	59 (74%)	41 (89%)
<b>Nurse Practitioner</b>	12 (48%)	25 (93%)
<b>Marshall</b>		
<b>Nurse Practitioner</b>	5 (56%)	14 (82%)



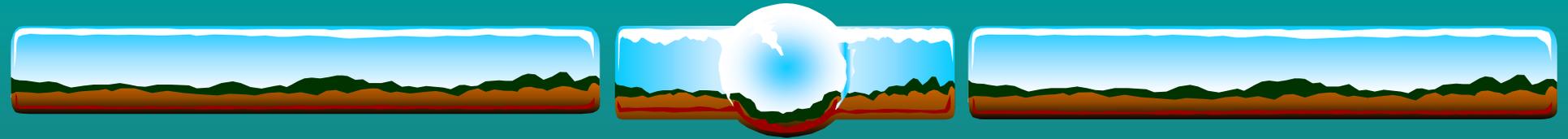
# State Medicaid Match Program

- ❖ All three medical schools and RHEP community support funds being examined
- ❖ Working with consultant group to analyze match available in both clinical and administrative categories
- ❖ Working with state Medicaid staff to determine shares if successful
- ❖ Aim is to have 50% or less of funds available to support community based infrastructure



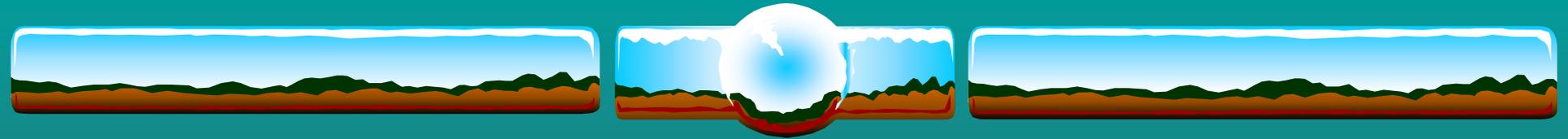
# Medicaid Match Strategy

- ❖ **Currently collecting data for cost attributable the third and fourth year clinical clerkships**
- ❖ **To extent that rural rotations are part of the third and fourth year in medicine, exploring this as well**
- ❖ **Contracted services with Health Management Associates, of *Illinois***



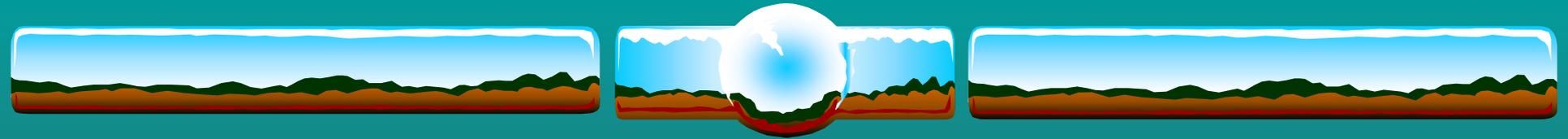
# Legislative strategy principles

- ❖ **Community members are stewards of the partnership**
- ❖ **Know representation districts**
- ❖ **Know committee assignments**
- ❖ **Keep track of who knows who**



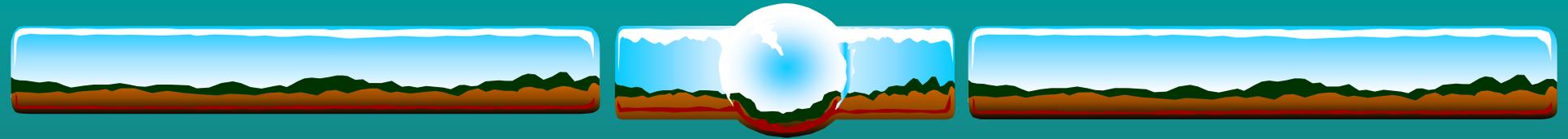
# Legislative Strategies

- ❖ **Maintain around the year contact with legislators by community members**
- ❖ **Newsletters and other direct communications regularly**
- ❖ **Meetings with trainees while on rotation**



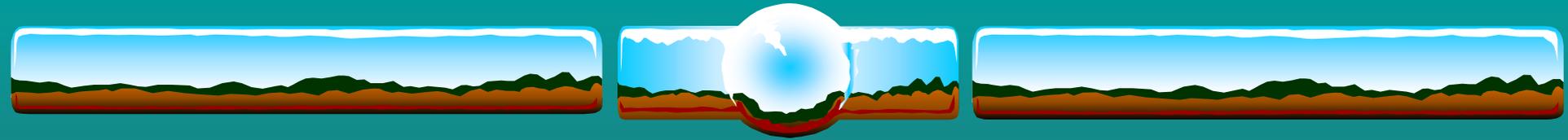
# Legislative Strategies

- ❖ **Planned local events**
- ❖ **Specific education of the newly elected**
- ❖ **Rural Health Day at the Legislature annually**



# Legislative Strategy Don'ts

- ❖ **Don't do it yourself, let the partnership carry its own advocacy**
- ❖ **Don't call out the masses unless necessary**
- ❖ **Don't contribute to over identification of the program with small group or one personality (no human shields)**
- ❖ **Don't make contact only during the session, contact legislators when they are not busy**



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