

Rural Health Development Council
December 5th, 2018

Department of Agriculture, Trade and Consumer Protection
2811 Agriculture Drive, Madison

Present:

- Kevin Jacobson, *Wisconsin Office of Rural Health*
- Kye Richards, *Wisconsin Office of Rural Health*
- Kathy Schmitt, *Department of Agriculture, Trade, and Consumer Protection*
- Penny Black, *Wisconsin Office of Rural Health*
- Linda McCart, *Wisconsin Department of Health Services*
- Amanda DeVoss, *UW Madison PA School*
- Cassie Franco, *Department of Health Services, Division of Public Health*
- Jaime Olson, *Department of Health Services, Division of Public Health*
- Leslie Ruffalo, *Medical College of Wisconsin*
- Sam Olesiak, *Mayo Clinic of Eau Claire*
- Zach Carlson, *Medical College of Wisconsin*
- Lynn Dassow, *Wisconsin Office of Rural Health*
- John Eich, *Wisconsin Office of Rural Health*
- Chali Pittman, *Wisconsin Office of Rural Health*
- Jo Ann Preston, *Rural Wisconsin Health Cooperative*
- Nicole Schweitzer, *Black River Memorial Hospital*

John Eich called the meeting to order at 10:36.

Loan Assistance Program Recruitment/Retention Study

Kevin Jacobson and Penny Black, along with Samantha Olesiak and Zachary Carlson, gave the results of a study designed to measure the impact of the loan assistance programs on provider **recruitment** and **retention**.

- Sam O gave a history of how the study came about.
- Penny Black gave an overview of the survey's **methodology**:
 - The contact list was formed from 2008-2018, and awardees were categorized into two groups: those who stayed following their loans vs. those who didn't stay. The two groups received different questionnaires. Responses were collected via paper and electronic mail from May to September.
 - Total number of 159 awards; didn't have current contact info for 14 people, so they were not included. There were also a few who defaulted on their loans, and weren't included in the survey. Of those surveyed, had a great response rate — 75%.
- Study indicates LAP contributes to recruitment. Majority of respondents said LAP contributed to their decision to practice at their site (remember, they have to be employed

at site before they can apply for the award). Leslie R said that the 23% who said they didn't know about LAP was a good data point for rural areas, too.

- Quote from survey: “This remains an **essential tool** in recruiting full spectrum providers.”
- Study indicates LAP contributes to retention. 81% of all awardees stayed at least one year after the end of their obligation; the average length of stay for those who left their site was a year and a half. John mentioned that there's a breaking point at around a year. There are data complications, but Penny has information on where folks went after leaving. Small percent of awardees gave ending of award as reason that they didn't stay.
 - Dental hygienists had the highest retention rate. 62% selected “relationships developed during LAP contract” as a reason for staying at their practice sites.
 - Quote from survey: “LAP was a major part of coming to this community and **this community has become home.**”
- Kevin gave other findings that made the team go “hmm.”
 - Those who did not stay found the program to be more critical in decision on where to work. Those who stayed, did not know about the loan assistance program before they were there.
 - Dental hygienists were most likely to say that LAP was not important to their site selection. Leslie R pointed out that the loan balance for dental hygienists was not as intimidating as loans for physicians.
 - Zack C pointed out that rural jobs might pay enough to pay off low loan balance by itself. John pointed out that hygienists tend to be more tied to community. Discussion of dental hygienists prompts the question: Is this award recruitment, retention... or a *reward*? Leslie R. mentioned that is something to think about in the future.
- Many left really thoughtful responses. Zack C has a seven page document of all the comments left—key themes surrounded connection to community. Of those who left, many *would have* stayed if their jobs didn't disappear, Many, many comments to the effect of “This program is great, it's wonderful, it's needed.” And tons of people praised the service of the program (“Mr. Kevin”).
 - There are suggestions for improvement—offering loans to someone who moved into a more administrative role; offering loans to medical assistants. John E pointed out that the intent of the program is for clinic hours, rather than administrative hours. Kevin pointed out that any expansion of the program to related medical jobs would have to go through legislation.
 - Kevin pointed out several areas of improvement: more effort on Mr. Kevin's part to reach out to practice sites and promote it. Leslie pointed out that a webinar might help. Penny pointed out there's no comprehensive list of eligible clinic sites. Kevin will get the list of NHSC-approved sites from the PCO and reach out to them. It's not comprehensive, but it's something.
 - Penny says that given the rich data set, she may issue two separate reports—one specifically about HPLAP and one on retention. Kevin mentioned implementation of ongoing data collection.
 - John suggested study could be helpful on a national level/ add to lit review.

Loan Assistance Program Award Discussion

Office of Rural Health and Council Members

HPLAP

- The results of the HPLAP Review committees were displayed on the screen (without names). Kevin distributed criteria for evaluating HPLAP applications (6 of 7 are quantitative). Review committees looked at likelihood of retention.
- John pointed out difficulties with the “length of service” measure—particularly as it relates to debate over whether to value retention or recruitment more (it’s about 50/50). John pointed out that the ranking only gets people to a starting point-but the committee then adds the subjective part.
- Large number of dental/ dental hygienist awards, perhaps due to HPSA rankings that have high numbers for dental. Cassie F explained that HPSA scores change almost every three years, but HPSA scores have changed this year due to auto-scores from HRSA. Two strong applicants on paper dropped down due to qualitative score decided by committee and unlikelihood of retention.

Rural Physician Loan Assistance Program

- 16 physicians applied; 4 awards given. Same criteria used as HPLAP program, but instead of HPSA score, the distance to an urban area is used.
- Three of the four are from Rhinelander (although separate health systems). John asked if Council could recommend that review committee takes a second look, given 3/4ths are going to Rhinelander. Penny asked if rural designation used (under 20,000) was flexible, but it is defined in statute.
- Kevin mentioned a recurring phenomenon: letters from employers generally aren’t very good. The instructions to employers for their letters were shown on the screen.
 - Nicole S mentioned that some were more transactional and seem to be a job description—emphasize benefit to practice site, almost nothing about the individual; very boilerplate.
 - John E mentioned how often he’s heard of the importance of this program for employers, but that does not usually get reflected in their letters, which are boilerplate.
 - Zack C wondered about penalties for employers who submit bad letters.
 - Amanda D suggested that employers who write boilerplate should be given feedback following the award, that their letters have a large impact on the final decision.
 - Sam O asked if there’s something in the employer letters of commitment instructions that could emphasize the importance of personal relationship/impression of applicant.
 - John suggested forwarding letter from employer back to applicant. Kevin added: And letting everyone know that applicant will see the employer letter up front.
 - John E also suggested putting the following in all caps (last sentence of two paragraphs): THE LETTER MUST ALSO CONFIRM THAT THE APPLICANT’S SALARY WILL NOT BE OFFSET BY A LOAN ASSISTANCE PROGRAM AWARD, IF THE APPLICANT IS SELECTED.

- Zack C noted that the assurances that employers must make in terms of job conditions for this program were later cited by some in the HPLAP survey as reasons why they left.
- General discussion of low numbers of PAs who apply. Amanda D pointed out scope of practice changes are headed to legislature. Zack read a comment from the HPLAP study: “My hope is that your office becomes a champion for PAs ... so we can practice to the top of our practice levels.”

Lunch

Member Reports

John asked if we could hear Kathy Schmitt’s report on the farm economy’s impact on behavioral health first.

The Farm Economy’s Impact on Behavioral Health

Kathy Schmitt, DATCP

- Director of Farm Center, which provides wrap-around services to Wisconsin farmers.
- Started by asking how many folks in the room knew about the current farm crisis.
 - Currently in the fourth year of a farm crisis.
 - In Wisconsin, Minnesota, South Dakota, North Dakota, and Montana, there have been 84 filings for bankruptcy, fifty of which are in WI—the state with the next highest number is Montana with 12.
 - Stress level on families is through the roof; DATCP does what they can to council families. What makes it hard is that we are in year four of economic downturn, which is a longer time than other downturns. If farmers haven’t repaid their loans from last year, they’re not going to get a loan this year. So they are burning through home equity.
 - Watch for a lot more isolation and farmer suicides. No indication the market is going to turn around. And no sector in agriculture that’s doing well—no portion for farmers to pivot to. There are farmers still making money despite the prices but many are struggling. And the crisis is affecting those of all sizes.
- DATCP has several programs in place.
 - There is a program in southwestern WI to do farm suicide prevention programs.
 - DATCP provides counseling services to farmers. Used to be ½ financial planning—now counseling sessions are 2/3 financial planning.
 - Penny asked if there are resources we should know about to distribute. Kathy responded that the 211 system is useful.
 - Nicole S asked if locals have a handle on the crisis. Not always an ag agent in every county because UW Extension has changed a lot in a couple of years.
 - DATCP help training for Farm Service Industry last winter on identifying signs of stress.
 - Iowa County has done quite a bit of outreach on suicide prevention and outreach to farms.
- John asked if there are support groups. Kathy said informal coffee shop groups are valuable. John mentioned example of DryHootch that our office funded; part of the

DryHootch model is having someone there who is trained in recognizing warning signs and understands referrals. Or, a how to manual on how to start a conversation group with local faith leaders and serve pie and coffee. **John: maybe there's a project/program we can work together on here.**

- Someone asked if there are programs for locally supporting farmers. Kathy mentioned an example of a farm to school program, and another example of creating new markets for farmers: shipping cheese internationally. And a think group that's looking at dairy in Wisconsin.

Legislative Update

Jeremy Levin, Rural Wisconsin Health Cooperative

- Wisconsin election = unified government to divided government. Evers and Kaul, but legislative houses themselves stayed, and didn't see a whole lot of turnover.
- Lame duck session= out of five bills being introduced, only three were passed. Still potential for lawsuits to come through.
- Health care perspective: thirty three Wisconsin health care systems and organizations signed a letter objecting to moving forward on Medicaid waiver that was approved in October. The letter was more objecting to the process of lawmaking than substance.
- In lame duck for DC, continuing resolution extended by two weeks because of H.W.'s funeral.
- Moving forward, odd years start out with budgets. With changeover in government, there might be a slight delay in overall time. Legislature may ask for base year doubled as Evers goes after federal Medicaid expansion money. Next two years will be a grind.
- Nicole S asked about elimination of licensure for occupational license holders, in a desire to reduce burden on licensure process.

Update on HPSA Score Changes and Their Impact

Jaime Olson and Cassie Franco

Department of Health Services, Division of Public Health

Primary Care Office for Wisconsin

HRSA is making changes to HPSA scores, and many Wisconsin HPSAs are dropping. Data now is coming from CDC, STS, and UDS, and the Census Data. Did first impact analysis last month and got a preview of what the new scores could look like. Many HPSAs are going to dip below a 16, according to this first impact analysis. If a HPSA dips below a 16, won't have luck with recruiting students who want National Loan Repayment assistance, although those students who are currently enrolled can file a continuance to finish their residency.

The ones being looked at are auto-HPSAs and FQHCs. Again, these changes are not coming from their office! Please pass it on to others. 24 rural health clinics are going to dip under 16. There are opportunities to push back, though. What HRSA says they need to do is provide them with physicians in the area (do they have physician to population ratio correct), justification on technicalities on nearest source of care (can move HPSA score by five points). Opportunity in summer to add in "bonus points" that factor into a score—those are maternal mortality rate,

substance/alcohol abuse rate, and water fluoridation rate in the area (will move HPSA score by one point).

HRSA is conducting an impact analysis every month to forecast changes. Auto-HPSAs are only facility based.

Kevin asked about the process for shortage areas. Jaime says all they have to do is take a look at the data, and doesn't take long. But also, the problem is that everything is changing. Their office will try as hard as possible get you listed as a HPSA.

There were some questions about technical things: HPSAs are not necessarily the most accurate representation of actual access to care. They do not count AP/NPs as full time equipped. HPSAs only count psychiatrists for mental health care score. For the National Corps, the practice sites have to *apply* to be a part of the program. All RHCs are designated as HPSAs.

Nothing is happening until after April 2019. They are going to bring HPSA stuff up to the Secretary's office that this is an issue and there needs to be a plan to recover; having meeting next week.

Kevin Jacobson adjourned the meeting at 1:18 PM.