



Tennessee Rural Partnership

Connecting Clinicians With Communities

Development of a Healthcare Workforce Network to Improve Access to Primary Care in Tennessee

A workforce network is a group of organizations that comes together to perform an agreed upon task or mission. The Tennessee Rural Partnership's (TRP) healthcare workforce network is an integrated vertical structure comprised of medical schools, hospitals, rural health clinics, community health centers, private medical practices, community-based organizations, the Tennessee Department of Health and other interested stakeholders, such as the Rural Health Association of Tennessee (RHAT), the Tennessee Primary Care Association (TPCA) and Tennessee Hospital Association (THA). These groups help TRP achieve its mission of maximizing access to primary care health in rural and underserved communities in Tennessee.

INTRODUCTON

TRP is working to assist THA in its goal to collect and analyze Tennessee healthcare workforce data and present findings to gain broader support for workforce issues in Tennessee communities. This paper shares the historical details and purposeful evolution of TRP into a healthcare workforce network to improve access to primary care in rural Tennessee, with a concentration on nurturing workforce partnerships.

HISTORY

In 1995, the Bureau of TennCare mandated that the state's four allopathic medical schools develop a mechanism to retain primary care residency program graduates in Tennessee and administer a stipend program, which would provide financial incentives for primary care program graduates who would practice in rural and other designated professional shortage areas within the state. For financial and administrative reasons, the medical schools were unsuccessful in meeting TennCare's expectations. In another attempt to address the continued need for primary care clinicians in rural areas, TennCare, the Rural Health Association of Tennessee and medical schools requested and received approval from the Centers for Medicare and Medicaid Services (CMS) to create a non-profit organization, with board representation from the schools and other interested stakeholders to provide primary healthcare recruitment and retention services.

Implementation was completed in 2006 when the Tennessee Rural Health Recruitment Retention Center (TRHRRC) was incorporated. TRHRRC, now known as TRP, began the process of matching clinical candidates with job opportunities in rural and underserved communities. TRP also administers a stipend program that provides financial support during residency training in exchange for a year-for-year commitment to practice in a rural or underserved area.

IMPLEMENTATION

To supplement its efforts, TRP received a Health Resources Services Administration (HRSA) workforce network development grant to develop a workforce network to “support the development of rural health networks that focus on activities relating to the recruitment and retention of primary and allied health care providers in rural communities.”¹

Beginning as a mechanism for residents’ rural rotations, the program provided the base structure for the establishment of a vertical integrated network. With the grant support, TRP initiated the development of innovative community-based educational rotations to expose the trainees to the benefits and skills needed to practice in rural areas, as well as serving as a recruitment and retention tool for the communities. The project was aggressive and relied upon the relationships that already were established among TRP: the four allopathic medical schools in Tennessee (East Tennessee State University, Meharry, the University of Tennessee and Vanderbilt University), RHAT, THA, TPCA and Tennessee Department of Health to serve as the core network partners.

The workforce network was strengthened through collaboration with TPCA. In an effort to support the infrastructure and the work accomplished through the National Health Service Corps’ Student/resident Experiences and Rotations in Community Health program (SEARCH), when support for this program was no longer available, a new program was jointly created with TPCA which furthered the goals of the SEARCH program by revising/expanding the methodology to form a new program, the Community Health Educational Experiences for Residents and Students program (CHEERS). CHEERS provides rotations for non-physician health professions students and enabled an additional 26 students (15 advanced practice or masters-level nursing students, seven medical students and an additional four physician assistant students) to obtain rural clinical exposure in community health centers across the state.

Early involvement with the National Cooperative of Healthcare Networks (NCHN) provided professional support and exposure to organizations and individuals who serve as resources for TRP. The expertise and help of the HRSA Office of Rural Health and the technical assistance provided by the Georgia Health Policy Center allowed TRP to modify some of the original proposed strategies, which resulted in additional opportunities for rotations, community activities and overall development of a workforce network that will continue to serve as successful model for future activities.

When implementation began, it was determined that the selected communities often lacked available preceptors (physicians to teach the residents) who could meet the rigid academic standards of the medical schools and the residency training program accreditation entity, the Accreditation Council for Graduate Medical Education. Modifications to the selected sites were made to meet the residency program requirements.

The availability of rotations for CHEERS and TRP rotations was communicated through visits to all of the medical schools and primary care residency programs across the state. Additional rotation sites were identified and communities now are volunteering to serve as rotation sites for the program.

RESULTS

The network development activities produced 48 completed rotations. The activities also resulted in additional partnerships, the inclusion of non-physician primary care health providers, and “pipeline” activities involving high school students.

The reorganization of TRP as an operating subsidiary of THA has encouraged the expansion in its activities. This partnership exemplifies the value of network development. It has increased the available

pool of future primary care providers, which will directly contribute to improved access to primary care and other healthcare outcomes within Tennessee.

NETWORK ACTIVITIES COMPLETED

- TRP now operates as an effective healthcare workforce network. Through partner relationships, TRP connects clinicians to rural rotations opportunities and ultimately to permanent clinical practice in rural and underserved communities.
- A total of 74 rural rotations have been completed. Forty-eight rural rotations were completed by medical residents and physician assistant students in 17 rural counties. Through CHEERS, an additional 26 health professions students were exposed to rural practice sites in 14 counties.
- Preliminary data for the 16 residents who have completed training indicate that four (or 25 percent) have chosen a rural practice location. *Attachment 1* shows the distribution across the state where rotations have occurred. The majority of the residents and physician assistant students who completed rotations have yet to complete training so outcome data regarding the influence of the rural exposure currently is not available.
- Since 2007, TRP has placed 76 clinicians in rural or urban underserved areas. Seventeen of these placements have occurred since January 2013. Seventy-two stipends have provided funding in exchange for a year-for-year service payback.
- The TRP STAR program was created jointly with Saint Thomas Health and statewide health occupations student associations (HOSA). It awarded two \$500 scholarships to high school students and arranged shadowing experiences for them with physicians in rural communities.
- The development of a workforce network encouraged TRP to replace its annual residents dinner with regional meetings held near the training programs. During 2013, TRP held three regional meetings to educate residents about available educational rotational experiences, incentive programs, and the variety of practice opportunities across the state. In 2014, TRP will host five regional meetings.
- TRP participates in Rural Health Association of Tennessee's regional meetings to provide community leaders and clinical facilities information about its services and rotation opportunities.
- In September 2013, seven primary care residents and family members attended the TRP Tennessee Rural Perspectives (TRP/TRP) weekend. This program, developed with the Tennessee Department of Health, TPCA and Veterans Health Administration, took place in Stewart County. Plans are being finalized to host the 2014 TRP/TRP event in Perry County.
- TRP staff completed 30 visits to primary care residency programs, advanced practitioner nursing and physician assistant schools.
- Presented information regarding workforce shortages and TRP programs working to alleviate the issue to the strategic planning and innovation meeting at the Tennessee division of health care finance and administration.
- Participated in a joint meeting with the staff of the Sparks Bureau of Business and Economic Research Center for Manpower Studies of the University of Memphis to help identify future joint activities and new funding opportunities.

- Updated TRP's website, resulting in a user-friendly site that focuses on recruitment and retention efforts and features human interest stories about placements and other opportunities.
- Implementation of the Tennessee Healthcare Information Portal (T-HIP), which will allow staff to have readily available electronic data in the field for recruitment/retention activities and assist communities in utilization of economic data pertaining to healthcare manpower needs in their areas.
- Submitted a HRSA planning grant application with network partner Upper Middle Tennessee Rural Health Network to facilitate education and rotation support for the six physician assistant schools in the state.

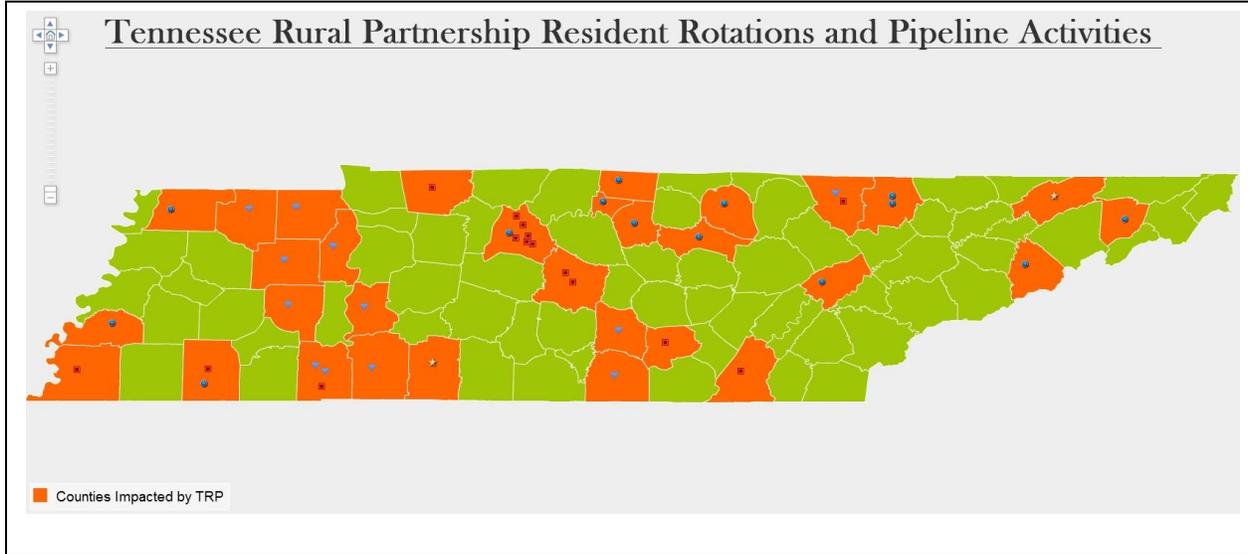
SUMMARY

This document provides insight into the expanding opportunities that have resulted from network development that began as a simple initiative to provide rotations for medical residents. While it is impossible to place a monetary value on the rural exposure provided to residents and students, it is easy to see the intrinsic and futuristic value of network development and the creation of additional opportunities that have evolved during the past three years to improve access to primary care within the state. Since not all of the grant funding was spent during the original grant term, a one-year carry-over was approved by HRSA, which will enable TRP to continue some of the proposed activities during the upcoming year. The solid implementation of the developed TRP sustainability plan, in addition to the completion of a grant funding strategy, will optimize the continuation of productive activities of enhancing the workforce network. The goal of TRP is to have a positive impact on the project participants (residents/students and communities) and improve access to primary care in rural areas of the state.

LESSONS LEARNED

- Earlier recognition of TRP as a healthcare workforce network would have helped facilitate productivity with additional stakeholders and possibly paved the way for work with TRP's new board of directors.
- Standardized affiliation agreements and learning objectives are needed.
- Recognizing the importance of working within "academic" schedules to set up rural rotations is crucial.
- Improved rural rotation marketing strategies would have resulted in more interest and incorporation of an online application process.
- Collaboration with the state Board of Medical Examiners and possible legislative changes are necessary to identify an affordable licensure pathway for out of state medical residents to participate in rural experiences within Tennessee.
- A standardized approach to evaluation of the educational experiences must be developed.
- A tracking system to follow and maintain contact with program participants is necessary.
- Improved access to technology will improve the efficiency of the program.

Attachment 1



	MD/DO
	PA
	FNP
	TRP STAR