

TO: MetroWest Health Foundation board of trustees

FROM: Brendon Castle, Katherine Condon, Marissa Garofano, and Rebekah Roulier

SUBJECT: Shortage of primary care and behavioral health providers in MetroWest area

DATE: June 20, 2016

The Problem:

Massachusetts passed healthcare reform law in 2006 becoming a leader for the federal 2010 Affordable Care Act (ACA) leading to more people becoming insured across the country. The number of insured Massachusetts residents rose in 2006, but awareness, access, and use of preventative visits in Massachusetts further increased after 2010 and the ACA mandate to become insured in 2014. The upward trend in use of services after 2006 is illustrated by visits to Massachusetts's community health centers rising by 50,000 between 2008 and 2010 and visits to safety net hospitals increasing 12% from 2009 to 2010.¹ As a result of these federal and state changes, many MetroWest residents qualify for MassHealth, the state of Massachusetts' Medicaid program, and rates of enrollment in MassHealth insurance coverage has increased². As insurance has become more readily accessible to residents of the MetroWest region of Massachusetts and MassHealth enrollment has increased, there has not been a similar increase in medical or behavioral health providers in the region. There is a documented shortage in medical and behavioral health providers across the country, particularly in the MetroWest region of Massachusetts. And more specifically, there is a provider shortage in MetroWest for individuals whose only insurance coverage is MassHealth.

We have been tasked with identifying solutions for the medical and behavioral health provider shortage facing MetroWest residents who utilize MassHealth and making recommendations to the MetroWest Health Foundation to address this issue. In the counties served by the MetroWest Health Foundation there are substantially less providers than the greater Boston area; Suffolk County in 2013 had a ratio of 645:1 (residents to Primary Care Providers) compared to Middlesex County; 820:1 Norfolk county; 698:1, and Worcester County; 963:1³. In the 2013 Community Health Assessment only about half (49.6%) of respondents reported being very satisfied with primary care physicians in their communities, just 27% of respondents reported being satisfied with the community health centers in the region.

An additional contributing factor to the provider shortage is the fact that in the last year 500 recent graduates of medical school did not match for a medical residency. Residencies are needed prior to becoming a physician. If residencies were made available in MetroWest this could potentially attract new providers to the region.

Community Partners:

Provider shortage is an issue that impacts many people and a wide range of community partners in a geographic area. Many community partners have an active interest or stake in this issue of provider shortage in

¹MASSACHUSETTS HEALTH CARE REFORM: SIX YEARS LATER. (2012, May). Retrieved June 6, 2016, from <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8311.pdf>

² MASSACHUSETTS MEDICAID POLICY INSTITUTE

³ Robert Wood Johnson Foundation; Community Health Rankings & Roadmaps (2013). Retrieved May 1, 2016 <http://www.countyhealthrankings.org/app/massachusetts/2016/measure/factors/4/data>

MetroWest. They exist in a variety of realms including: hospitals, housing authorities, medical schools, universities, and federally qualified clinics. More specifically some major partners in the region include: NAMI, Autism Alliance, Advocates, Edward M. Kennedy Community Health Center (EMK), Wayside Youth and Family Support Network, Advocates, Framingham Housing Authority, and MetroWest Medical Center. The MetroWest Health Foundation, DPH, DDS, DCF, and other local funders have an interest in providing support to the provider shortage. Individual providers including social workers, counselors, public health officials, and local government officials have a stake in our issue.

Foundation's Role:

The MetroWest Health Foundation can help alleviate the provider shortage in the MetroWest region of Massachusetts by providing grant funding opportunities for education and dissemination of information and materials on service-based loan repayment programs and scholarship opportunities. The Consumer Financial Protection Bureau “estimates that about one-quarter of workers in the U.S. qualify for Public Service Loan Forgiveness and fail to take advantage of it.”⁴ Most medical and behavioral health students graduate with significant debt, which can hinder them from working at sites that serve the MassHealth (Medicaid) population because those sites often offer less in compensation. In order to attract providers to these sites, where there have historically been provider shortages, service-based loan repayment programs require new providers to work in designated health provider shortage areas in exchange for repayment of educational loans.

Service-based loan repayment programs are sponsored by national, state and local governments. The Association of American Medical Colleges provides a directory of state loan repayment programs with service commitments. The National Health Service Corps offers loan repayment for primary care providers in exchange for working in an approved site in a health professional shortage area, which includes the MetroWest region. The federal Public Service Loan Forgiveness Program offers forgiveness in exchange for years of service in specified professions including behavioral health care.

The MetroWest Health Foundation can also fund education and dissemination of information and materials on scholarships with a service component in a designated health professional shortage area, as well as residency programs for unmatched medical students at sites in these areas. The National Health Service Corps offers scholarships to medical students dedicated to a career in primary care. Once they finish their residency they must work at a site in a designated health professional shortage area with the greatest need.

This education and information dissemination initiative would fall under the foundation's access to care initiative and the Community Health Assessment and Improvement Plan (CHA). The grantee(s) would increase awareness of these service-based loan forgiveness programs and scholarship opportunities at medical school career centers and events, as well as residency check-ins and events. The grantee(s) will also build consensus surrounding the availability of these programs and the need for providers in high-need areas. Additionally, we recommend that the foundation secure an intern to collect baseline data on the provider shortage in the region and continue to track this data throughout the grant period.

⁴ 6 True Answers About Public Service Student Loan Forgiveness. (n.d.). Retrieved June 07, 2016, from <http://www.usnews.com/education/blogs/student-loan-ranger/2014/04/02/6-true-answers-about-public-service-student-loan-forgiveness>

Research:

While not directly analogous, in the law school context, service-based loan repayment programs and scholarship opportunities are well known and highly utilized⁵⁶. As a result, instead of a shortage of lawyers who practice public interest law and represent low-income individuals for free at legal services organizations, there are more lawyers who want to do this type of work than there are jobs available for them. Law students, like medical students, often graduate with significant debt. And public interest law jobs that serve low-income individuals pay far less than private law firms. In order to attract lawyers to these jobs, service-based loan repayment programs and scholarship opportunities offer loan repayment for attorneys who work in the public interest sector, or scholarships for law students who pursue a career in public interest law. These programs are highly publicized by law school career centers and financial aid advisors. As result, these programs and opportunities are highly utilized and there is a plethora of attorneys in the public interest law sector. Our recommendation draws from this successful model.

How will the foundation know if its efforts are successful over time?

The foundation will be able to measure its success through a number of indicators including an increased number of providers, newly created fellowship positions at EMK, Advocates, and SMOC, and noted increase in incentivized measures (loan forgiveness, scholarships, language classes, etc.) to attract providers. Additionally, the foundation could track visits to the emergency room and potentially measure success through decreased visits. We recommend an annual grant cycle with mid-year evaluations on progress and opportunity for renewal for up to three years of work. For future understanding of impact, we recommend integrated data tracking on provider numbers into the CHA.

What risks or pitfalls should we be are of as we proceed?

As with any funding opportunity, there is a risk that outcomes may not be achieved. It is unclear if the population who is not accessing care desires to be reached and serviced. The foundation is unable to control the federal government's loan forgiveness, fellowship opportunities, and service-based loan repayment programs. If the programs were cut it would dramatically impact this recommendation. If additional providers do come to the region and insurance panels do not accept them it will limit their ability to provide services and be reimbursed.

⁵ List of Law School Loan Repayment Assistance Programs, (n.d.), <http://www.equaljusticeworks.org/resources/student-debt-relief/law-school-lraps/list-law-school-lraps> Retrieved June 15, 2016.

⁶ Student Loan and Forgiveness Programs, (n.d.), http://www.americanbar.org/groups/legal_education/resources/student_loan_repayment_and_forgiveness.html