

## **The Rural Maryland Council's Rural Health Action Plan**

*Presented to the RMC Executive Board for Approval on January 28, 2009*

**Background:** In October 2008, some 70 health, policy and rural leaders from around the state gathered in Annapolis for a Rural Health Roundtable co-hosted by the Rural Maryland Council (RMC) and the Maryland State Office of Rural Health (SORH). The purpose of the Roundtable was to develop an action plan to help implement the top strategic priority of the *2007 Maryland Rural Health Plan*, which is **to improve the recruitment and retention of rural health providers** as a means of increasing access to primary and specialty care and pharmacy services for Maryland's rural citizens.

Roundtable participants were asked to reach consensus on a top priority for action in each of three tactical approaches outlined in the *Rural Health Plan*: (1) Grow Your Own Health Care Workforce Programs; (2) Recruitment and Retention Programs; and (3) Telehealth as A Solution. They were also asked to reach consensus on a single priority tactical approach among the three as well as a top priority action.

**The top action priority identified by the Roundtable was:** To develop financial incentives to recruit and retain healthcare providers. Incentives were broadly defined to include: loan assistance, loan forgiveness, higher salaries, signing bonuses, and spousal support.

While financial incentives, properly structured, may attract more providers to rural areas, the current state of the economy likely does not allow this priority to be successfully adopted or implemented during FY 2010. Although **establishing financial incentives will remain a top long-term priority** for the RMC, the Health Care Working Committee looked at all of the priorities arising from the Roundtable to determine which ones could be achieved over the short-term while providing a pathway for reaching the top priority over the long-term. The RMC staff, with guidance from the Health Care Working Committee and the State Office of Rural Health, developed the following Action Plan.

*For a complete review of the Roundtable presentations, discussions, breakouts and priorities, see the Roundtable Summary and Outcome Report at: [www.rural.state.md.us/Roundtables/RRT2\\_08.html](http://www.rural.state.md.us/Roundtables/RRT2_08.html)*

## **Rural Maryland Council Action Plan**

*Presented January 2009*

**Action 1: Monitor the recommendations and legislation arising from the Task Force to Review Physician Shortages in Rural Areas, especially as they relate to recruiting and retaining physicians and other health care providers in rural areas, paying special attention to any recommendations/legislation pertaining to loan assistance, loan forgiveness and other financial incentives. Study all recommendations and support recommendations consistent with the RMC's mission and strategic plan.**

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**Action 2: Develop a statewide telehealth consortium that would support the adoption of state-level telehealth initiatives, including sharing and pursuing resources; educating stakeholders on the benefits of advancing telehealth; and facilitating the development of statewide policies, procedures, and protocols.**

### Immediate Action Steps: January to May, 2009

- Convene a Roundtable of organizations involved with providing rural areas with the technical capabilities needed to deliver telehealth services, as well as those with expertise in providing telehealth services to rural communities, to create a vision for what a Consortium would do and how it could best serve rural citizens.
- Investigate other state telehealth networks to determine how they began, how they currently operate and what is feasible to create or recreate in Maryland.
- Work with the State Office of Rural Health to identify possible funding sources, especially federal funding sources, for developing networks, model policies, procedures and protocols.
- Work with the State Office of Rural Health and other stakeholders to develop an Action Plan for implementing a statewide consortium and take leadership responsibility for implementing that plan.
- Continue to support the Rural Maryland Broadband Cooperative's efforts to construct and deploy a fiber-optic broadband "backbone" available in every rural region of the state so that it is possible for statewide telehealth networks and initiatives to succeed.
- Continue to staff the Rural Maryland Broadband Coordination Board, ensuring that its members, who represent nine state agencies, understand and support the need and potential of a telehealth network.
- Support the development of electronic health records (EHR) through the Maryland Health Care Commission (MHCC) and Centers for Medicare and Medicaid (CMS) demonstration projects and other initiatives.

### Short-term Action Steps – 2009 to 2011

- In partnership with rural stakeholders, seek to increase reimbursement from all sources for telemedical treatment of patients.
  - Investigate the concept of regional health information organizations (RHIOs) with the aim of identifying how they work in rural areas, how they improve patient care and safety, how/if they can be incorporated into the telehealth consortium and how they can be funded.
  - Convene a work group of rural hospital leaders, the Maryland Hospital Association, the CMS community partnership demonstration project, and rural regional council representatives with state health officials to discuss how each one can participate in a statewide telehealth consortium or form regional health information organizations (RHIOs).
  - Reach out to rural physician practices to ensure broadband connectivity, training and understanding of EHR implementation issues in rural settings.
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**Action 3: Support efforts by the State Office of Rural Health, Maryland Area Health Education Centers, and others to establish “Grow Your Own” health care models and programs that would increase the number of providers serving rural Maryland.**

### Immediate Action Steps - 2009-2010

- Support 2009 legislative initiatives that foster Grow Your Own programs, including those coming out of several task forces and working groups.
- Support state and federal funding for the Maryland AHEC Program and the rural AHECs, key training sites that bring student primary care and oral health providers to rural areas.
- Actively consider the Grow Your Own model program blueprint developed by the Maryland AHECs for endorsement and support.
- Meet with the Governor or the Governor’s representative, the Legislative Rural Caucus and other health leaders, to (1) share results and action plans resulting from the Roundtable; (2) discuss the critical shortage of health care workers in rural Maryland, (3) ask for support and advice in dealing with recruitment and retention concerns; and (4) encourage leadership on workforce legislation during the 2009 Session.
- Monitor efforts by the Tri-County Council of the Lower Eastern Shore, the University of Maryland Eastern Shore, and Atlantic General Hospital to establish a state Family Medicine Rural Health Board with legislative and gubernatorial authority and funding for developing educational initiatives to produce rural family physicians.

### Long-term Action Steps – 2009 - 2011

- Initiate discussions with the State Superintendent of Schools and/or her staff regarding the problem of health care workforce shortages in rural Maryland and the need to develop/enhance health careers pipelines in K-12 education programs in rural areas of the State.

- Encourage the five rural regional councils to initiate discussions with local boards of education and superintendents of schools regarding the health care worker shortages in Western Maryland, Southern Maryland and on the Eastern Shore of Maryland, and the need to concentrate on health careers pipelines in K-12 education programs to help eliminate those shortages over time.
- Encourage the Maryland AHEC Program to review programming for the rural AHECs with a view toward refocusing it to support a Grow Your Own health care provider model, similar to the AL model with W. Va. elements.
- Convene a statewide showcase or meeting of Grow Your Own programs in Maryland to share information and plan coordinated efforts on a health careers pipeline.
- Investigate rural residency programs and mandatory rural rotations in other states, to develop an understanding of the costs and barriers to establishing them in Maryland.
- Work with the Rural Maryland Foundation to develop a Rural Health Fund, seeking grants and private funds to support annually one or more rural students attending health professions training at a Maryland college or university.

**Action 4:        Develop financial incentive to recruit and retain health care professionals to serve the State's rural citizens.**

Short-Term Action Steps - 2009-2011

- Develop a compelling marketing message to communicate about rural Maryland's health care workforce needs, applauding those (SORH, GWIB, hospitals, health centers, universities, etc.) working on the financial incentives initiative and inviting others to join.
- Form coalitions of businesses and stakeholders (hospitals, community health centers, primary care practices, etc.) in each rural region to develop and begin to fund incentive programs appropriate to the region's health care workforce needs.
- Initiate conversations with the Maryland Association of Community Colleges and the rural community colleges regarding their need for/interest in clinical training sites in rural Maryland, with the aim of establishing partnerships to make those sites available.
- In each rural region, form advocacy groups to engage local and state officials in planning for sustainable funding and partnerships that ensure appropriate salaries, signing bonuses and spousal support for health professionals recruited to practice there.
- Support the establishment of a coordinated Statewide Health Care Workforce Center within DHMH that pays attention to rural workforce issues.

Long-Term Action Steps (2012-2020)

- Form partnerships with the University of Maryland, Johns Hopkins University and other four-year colleges with health professions training programs to encourage early exposure of students to rural practice settings, requesting that the programs formally identify students originally from rural areas for such exposure.

- Using the Maryland Hospital Association's model *Who Will Care?* initiative, form a Work Group of health and higher education leaders to initiate planning for a major funding initiative to triple the number of health care providers practicing in rural Maryland by 2020.
- Create a statewide partnership of community leaders, higher education leaders, health care providers and government entities to continue to explore concrete ways to address recruitment and retention of rural health care professionals, similar to the West Virginia Rural Health Education Partnerships.

*Approved by members of the RMC's Health Care Working Committee, January 15, 2009:*

- Bonnie Braun, Director, Hershhal Horowitz Center for Health Literacy
- Lori Brewster, Health Office, Wicomico County
- Michelle Clark, Director, State Office of Rural Health,
- Jake Frego, Executive Director, Eastern Shore AHEC
- Rodney Glotfelty, Health Officer, Garrett County
- Annie Kronk, Consultant, Rural Maryland Council Executive Board
- Denise Matricinni, Vice President, Government Relations, Maryland Hospital Association
- Tom McLoughlin, Rural Maryland Council Executive Board
- Frank Palumbo, Professor and Executive Director, University of Maryland School of Pharmacy Center on Drugs and Public Policy
- Susan Stewart, Executive Director, Western Maryland AHEC