

**NOSORH Region E Meeting, August 31-September 1, 2010  
Astoria, Oregon  
Round Robin Report Form**

<b>State:</b> Alaska	<b>Contact:</b> Patricia Carr
<b>Round Robin Topic/Question:</b> Alaska Health Workforce Plan	<b>Phone:</b> (907) 465-8618 <b>Email:</b> patricia.carr@alaska.gov <b>Website:</b> www.hss.state.ak.us/dchs/healthplanning/ruralhealth
<p><b>Featured Project/Program/Activity:</b></p> <p>Health care is one of the largest and most dynamic industries in Alaska, accounting for eight percent of total employment and around 16 percent of the value produced by the state’s economy. Between 2999 and 2009, health care employment increased 46 percent, about five times as fast as the state’s population and three times as fast as all other sectors of the economy.</p> <p>The Health Workforce Planning Coalition is a collaborative group with open membership. The core committee included health care industry members, training and education members, and state agency members, including the Alaska Office of Rural Health director.</p> <p>Starting in August 2009, the “Alaska Health Workforce Plan” was prepared by the Health Workforce Planning Coalition for presentation to the Alaska Workforce Investment Board and other critical entities to address health workforce, such as the Governor-appointed Alaska Health Care Commission. The plan was presented to the Alaska Workforce Investment Board in May 2010 and was adopted by the board by resolution.</p> <p>In preparing the plan, the steering group was cognizant of the need to address principles found in Alaska’s Future Workforce Strategic Policies and Investment Blueprint, which was adopted by AWIB in 2000 to serve as the comprehensive guide for alignment of public policy and resource investments in vocational and technical education and training programs statewide.</p> <p>The Alaska Health Workforce Plan focuses on four key strategies, and specified sub-strategies, action steps, timelines; responsible parties, and resources related to each. The four key strategies included:</p> <ol style="list-style-type: none"> <li>1. engage Alaskans in health care workforce development;</li> <li>2. train Alaskans for health care employment;</li> <li>3. recruit qualified candidates to fill health care positions; and</li> <li>4. retain a skilled health care workforce.</li> </ol> <p>In order to begin to develop these action plans, the health workforce planning process included an initial assessment of occupational priorities for Alaska, utilizing data and information from a variety of sources. The coalition’s Assessment and Priorities Committee identified occupations/occupational groupings most in need of immediate attention. Strategies for 15 occupations were developed.</p> <p>Since the plan was developed, the coalition and the Alaska Workforce Investment Board prepared and submitted a “Health Care Workforce Planning Grant”. We are now developing a Memorandum of Agreement to move forward on our plans to work together to address our health care workforce shortages.</p>	

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<b>State:</b> Idaho	<b>Contact:</b> Mary Sheridan
<b>Round Robin Topic/Question:</b> 1. Primary care physician workforce 2. Medicaid State HIT Plan	<b>Phone:</b> 208-334-0669 <b>Email:</b> SheridaM@dhw.idaho.gov <b>Website:</b> ruralhealth.dhw.idaho.gov
<b>Featured Project/Program/Activity:</b>  <p>1. In July 2008, in partnership with Family Medicine Residency of Idaho and Boise State University, we developed a process to identify the strengths and challenges related to primary care physician workforce in Critical Access Hospitals (CAH). The process includes 50 factors that impact physician recruitment and retention and a method for identifying the relative importance of each factor. The tool is called the Community Apgar Program and is used to help CAHs identify their strengths and challenges then use the results to develop an action plan based on their specific (and modifiable) issues.</p> <p>To date, 3 CAHs have completed the program, including the one-year follow-up and received tools to address their specific needs. Two additional CAHs have initiated the process and two more will begin in late fall.</p> <p>In 2009-2010, in partnership with the Idaho Primary Care Association, Family Medicine Residency of Idaho, and Boise State University, we modified the 50 factors to create a set important to the recruitment of primary care physicians in community health centers (CHC). While many of the factors used for the CAH program are also important to community health center physician recruitment, there are some differences. For example: the CHC apgar program includes factors such as minor trauma, pharmacy services, and language service support and excludes nursing home coverage, endoscopy/surgery, and EMS.</p> <p>In July 2010, we had the opportunity to apply the apgar program to 3 rural CHCs through funding from the Association of State and Territorial Health Officials (ASTHO). The process remained the same, and included a site visit by Dr. David Schmitz, rural director of Family Medicine Residency of Idaho, to conduct separate interviews with the CHC CEO and lead physician. The interview captured CHC CEO and physician responses to assess the relative advantage and importance for all 50 factors. One-month post interview, the results were shared with CHC leadership and boards and used to assist them with the development of an action.</p> <p>The development of a similar process to assess nursing strengths and challenges in CAHs is currently underway.</p> <p>2. We participate on the committee responsible for the development of the state Medicaid HIT plan. Project activities to date include the development of a survey to assess the health information technology/electronic health record landscape and drafting components of the state HIT plan to prepare for meaningful use. Our office was responsible for encouraging (i.e., nagging) rural health clinics (RHC) to complete their surveys. Although results are not finalized, we're confident we exceeded the project target of a 30% response rate.</p>	

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<b>State:</b> Wyoming	<b>Contact:</b> Sharla Allen
<b>Round Robin Topic/Question:</b> <b>State funded loan repayment program legislation</b>	<b>Phone:</b> 307-777-7293 <b>Email:</b> sharla.allen@health.wyo.gov <b>Website:</b> <a href="http://www.health.wyo.gov/rfhd/rural/index.html">http://www.health.wyo.gov/rfhd/rural/index.html</a>
<b>Featured Project/Program/Activity:</b>  <p>Senator Barrasso (R, WY) and Senator Nelson (D, NE) co-sponsored a bill which became Section 10908 of the Patient Protection and Affordable Care Act (PPACA). This legislation provided an exclusion for participants in state-funded student loan repayment programs for certain health professionals. State-funded loan repayment programs are now on par with the federal and hybrid programs in terms of federal taxability, thus removing the federal tax burden for state program recipients. The PPACA was signed into law March 2010 and Section 10908 became retroactive for payments received after December 31, 2008.</p> <p>As a result of the new tax-relief, healthcare professionals in Wyoming have an additional \$700,000 to apply to their educational debt in the first year alone. Rural and underserved communities also benefit because healthcare providers have more money to support the local economy.</p>	