

State Incentive Programs that Encourage Allied Health Professionals to Provide Care for Underserved Populations

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Background

- Federal and state incentive programs target health professionals to provide care to rural and/or underserved populations
- We know more about programs for physicians:

What about allied health professionals?

- Objective: a descriptive study of state incentive programs targeting allied health professionals for service in areas of need

Who are “allied health” professionals?

- No consensus
- Often defined as “not”: not physicians, nurses, physician assistants (usually), dentists
- Often but not always require less than bachelor’s degree
- We adopted a broad definition generally consistent with typical exclusions listed above
 - Some professions included here may not see themselves as allied health (e.g., psychologists, pharmacists)
 - Some interviewees included PAs, even nurse practitioners and certified nurse midwives

Study questions



Program goals?
How do programs determine need?



Eligibility criteria for sites and individuals?



Target professions and distribution of programs?



Funding?
Incentives offered?
Contract terms?



Evidence for impact and success?

Methods



Sample and data

- Identified 81 programs in 47 states and DC
 - Identified no state-level programs in 3 states
- Interviews (February-November 2018)
 - Program leaders in 27 states (30 persons total)
 - 4 national key informants
- Our data include information from websites for programs that did not participate in interviews

Results

Federal incentive programs that include allied health

National Health Service Core (NHSC) Loan Repayment Program (targets HPSAs*)

- Psychologists
- Licensed clinical social workers
- Marriage and family therapists
- Licensed professional counselors
- Dental hygienists

Substance Use Disorder Workforce Loan Repayment Program (targets NHSC sites)

- Behavioral health professionals including substance use disorder counselors
- Pharmacists

Indian Health Service Loan Repayment Program

- Clinical and counseling psychologists
- Licensed professional counselors
- Licensed social workers
- Dental hygienists
- Pharmacists
- Occupational therapists
- Physical therapists
- Speech-language pathologists
- Audiologists
- Optometrists
- Registered dietitians
- Medical laboratory scientists

*Health Professional Shortage Areas

States with each type of allied health incentive program identified (total programs = 81), 2018

Type	Description	States with programs
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Tax credit	Tax credits (emergency medical service volunteers)	3
Stipend	Funds to rural facilities to increase recruitment, to allied health students for living costs in rural areas, or to recruit allied health professionals to rural areas	3

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Stipend	Funds to rural facilities to increase recruitment, to allied health students for living costs in rural areas, or to recruit allied health professionals to rural areas	3
Hybrid loan repayment or stipend	Choice of loan repayment or stipend (for those who do not have loans) to increase recruitment in underserved areas	2

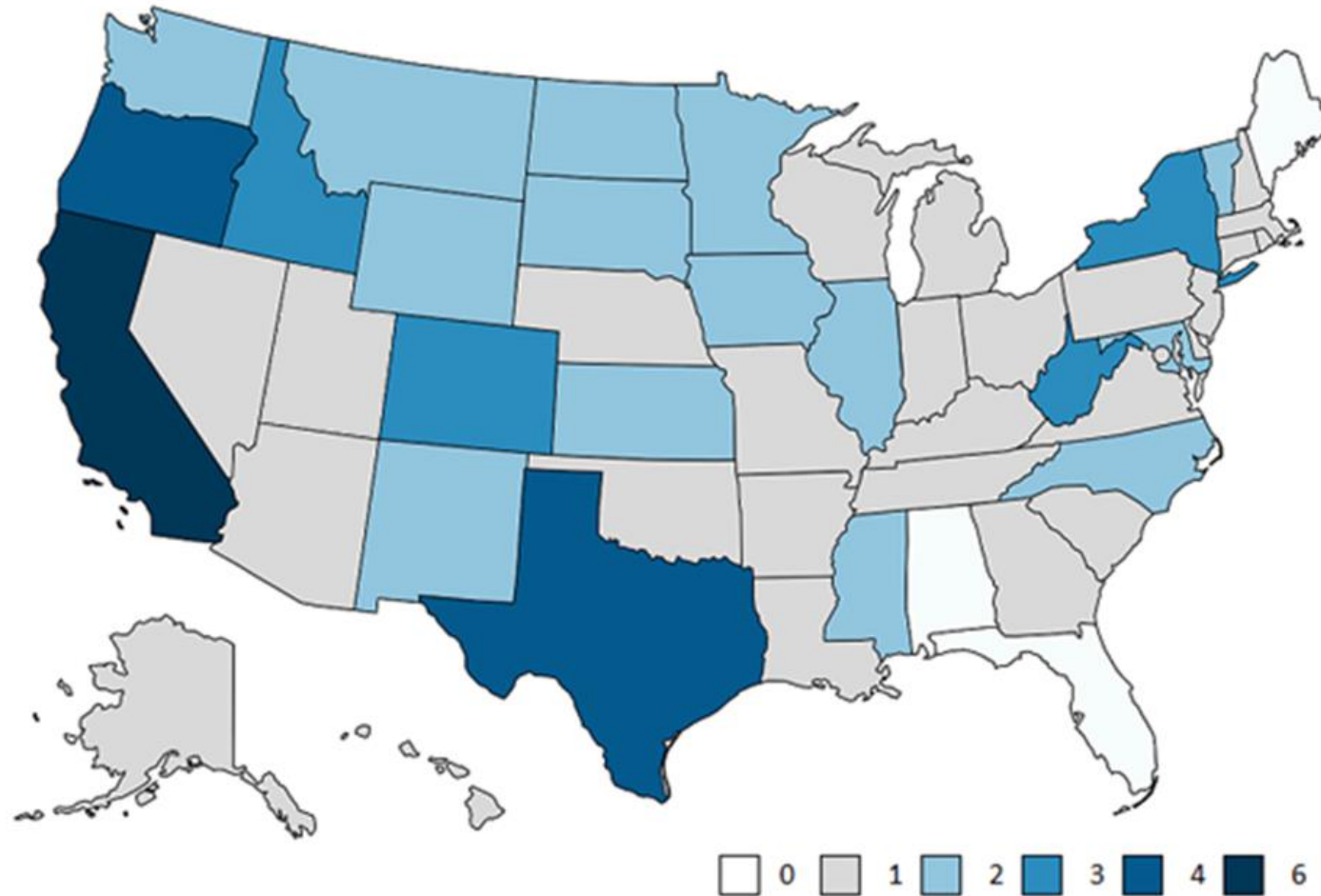
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Hybrid loan repayment or stipend	Choice of loan repayment or stipend (for those who do not have loans) to increase recruitment in underserved areas	2
Clinical experience	Free opportunity for students to shadow providers in rural areas to increase recruitment success in underserved areas	2

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Number of allied health incentive programs identified in each state, 2018



Program goals

Most commonly reported goals:

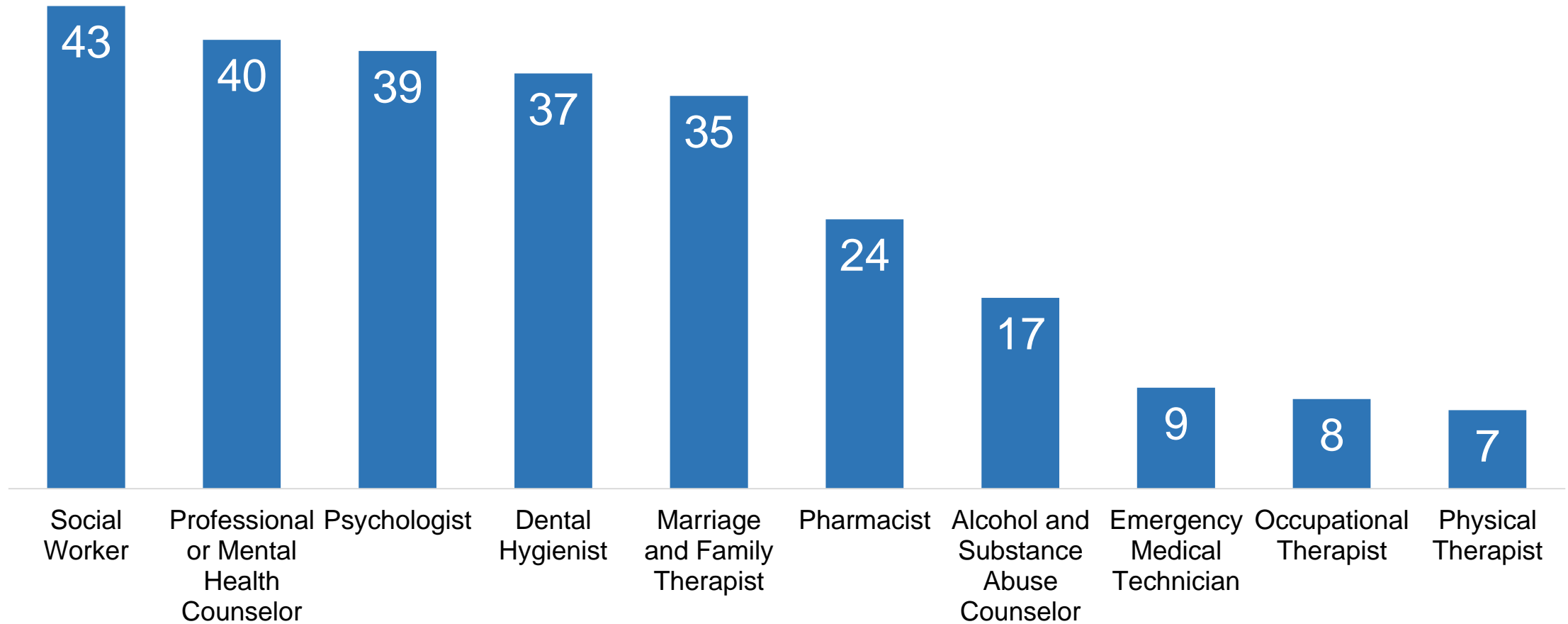
- Provide care to medically vulnerable/high-need populations
- Address workforce shortages

Program goals

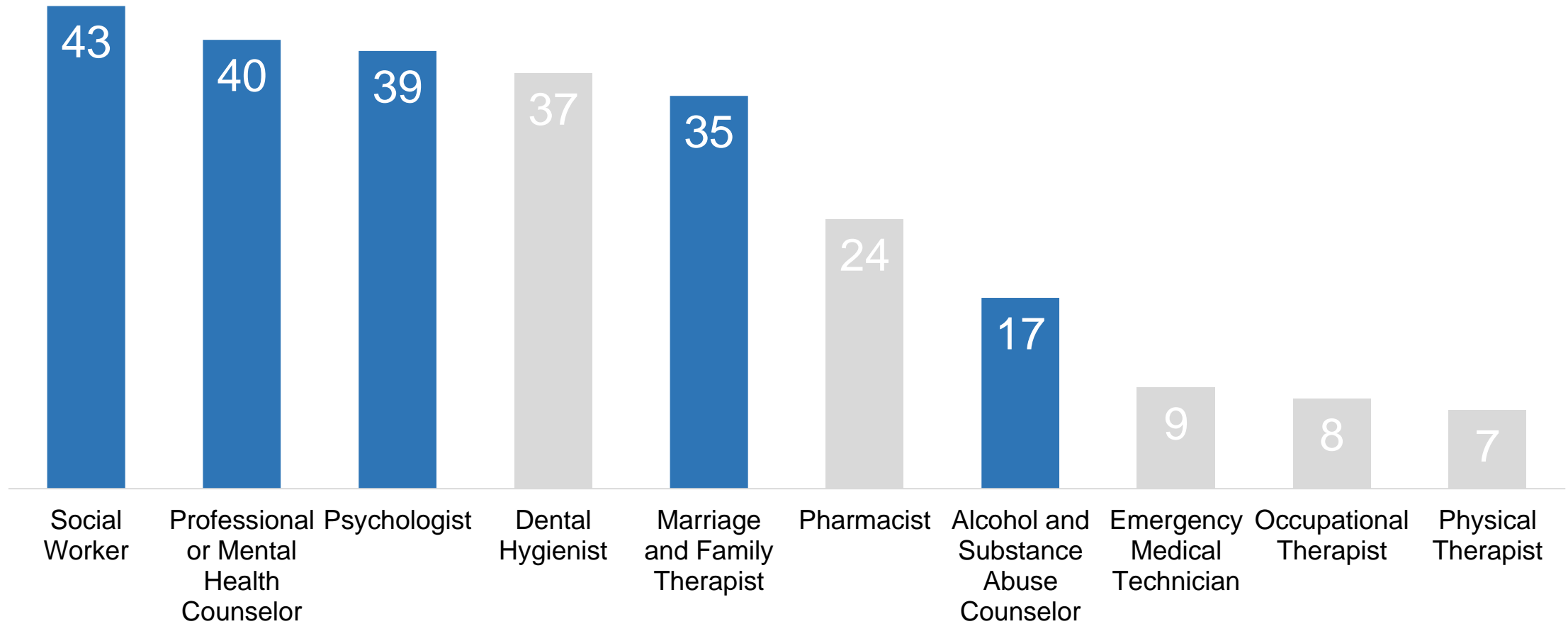
Few programs targeted allied health professionals only:

- Physicians, dentists, nurses, and PAs eligible for most programs
- Targeting based on debt levels can exclude allied health professions with lower debt (though sometimes higher debt/income ratio)
- Most or all funding in many programs goes to these other (non-allied health) professions

Top 10 allied health professions eligible for incentives (number of programs, 2018)



Top 10 allied health professions eligible for incentives (number of programs, 2018)



Determining need (site/area eligibility)

- HPSA scores and safety net sites
 - Includes informal reports from Federally Qualified Health Centers, Rural Health Clinics, Critical Access Hospitals, mental health facilities
- Proprietary scoring algorithms
- State health workforce/licensing data
- Bureau of Labor Statistics data
- Target populations: Medicare/Medicaid recipients, veterans, migrants, etc.
- Population health statistics

Contract terms

Service requirement

- 2-year minimum for loan repayment programs, additional years optional up to 5 years total
- 1 year minimum for scholarships

Incentive amount

- \$10,000-\$50,000/year full-time, \$7,500-\$25,000/year part-time service
- Initial year funds may be higher than subsequent years

Recruitment and retention effectiveness

- + More applicants than funding
- + Helps recruit away from other sites than can pay higher salaries
- + Retention aided by
 - + welcoming, supportive local communities
 - + employer support, room for career growth

Impact/success of incentive programs

- Most said programs are “fairly” to “extremely” successful
- Unclear perceptions of impact in addressing allied health workforce needs:
 - Little to no recruitment or retention data
 - Difficult to disentangle from other professions (primary care, nursing)

*“Challenge is we don’t really have a handle on the breadth or depth of the issue in the state. **There’s no HPSA for them [allied health]...so it’s hard to know if we’re filling a gap or even what the gap was.”***

Impact/success of incentive programs

A few reported concerns about incentives:

- Rising education costs being subsidized by incentive programs
- Targeting recipients who would choose rural/underserved practice anyway?

*"We get a lot of applications from students that say things like, 'Getting this award **won't impact my practice decision because I'm already committed to rural.**'"*

Conclusions and Implications

Conclusions

- **Competition with other professions:** Many types of allied health professionals not eligible for incentive programs – or if technically eligible, are lower priority than primary care, dentistry, etc.
 - Exceptions: behavioral health, dental hygiene
- **Allied health workforce demand/need not well measured or understood**
- **Evidence of incentive program impact anecdotal and indeterminate**
– more rigorous assessment needed

Will increasing allied health workforce demand lead to more attention and incentives?

- Aging population: more need for therapies
- Opioid epidemic: intensified the focus on behavioral health/substance abuse treatment workforce
- Practice transformation: new/expanded team roles that allied health professionals may increasingly fill (e.g., medical assistants, community health workers)

Thank you! Questions?

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