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Colorado Health Service Corps Loan Repayment Program Advisory Council Report to the Governor and Legislature

December 1, 2013

C.R.S. § 25-1.5-505

This report was prepared on behalf of the CHSC Advisory Council by:

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SECTION 1: PROGRAM OVERVIEW

Overview

The Colorado Health Service Corps Loan Repayment Program (CHSC) is a partnership between state, federal and private funders to improve access to primary health care in underserved Colorado communities. This is accomplished by repaying educational loan debt of clinical providers who agree to practice in areas of the state with an assessed health professional shortage. The program preferentially awards to candidates determined to have a higher likelihood of staying in the community after their service obligation to the state is complete. In this way, the program strives toward making investments that create resilient solutions to primary health workforce shortages in Colorado.

The CHSC makes awards to health professionals who work full time in a public or nonprofit clinic, in a designated Health Professional Shortage Area in Colorado. The following clinicians are eligible to participate.

- Allopathic/Osteopathic physicians boarded in family medicine, general internal medicine, psychiatry, child psychiatry, pediatrics, and obstetrics/gynecology
- Nurse Practitioners practicing in primary care
- Certified Nurse-Midwives
- Physician Assistants practicing in primary care
- Dentists boarded in general or pediatric dentistry
- Registered Dental Hygienists
- Clinical or Counseling Psychologists (Ph.D. or Psy.D.)
- Psychiatric Nurse Specialists
- Licensed Clinical Social Workers (master's or doctoral)
- Licensed Professional Counselors (master's or doctoral)
- Licensed Marriage and Family Therapists (master's or doctoral)

CHSC clinicians are generally under contract for three years of service. The term of the contract may be amended in the third year to add service time in exchange for an increased award should the clinician have additional educational loan debt. CHSC awards are standardized according to the following, but never exceed the total educational loan debt of the clinician:

- $105,000 physicians and dentists,
- $60,000 physician assistants, advanced practice nurses, licensed mental health providers,
- $22,500 dental hygienists.

All award selections are made by a governor appointed advisory council comprising CHSC program stakeholders and representatives of the health professions who are eligible for the program (Attachment B).

Legislative History

In July of 2009, five independent loan repayment programs in the state were consolidated into the CHSC under the administration of the Primary Care Office (PCO) at the Colorado Department of Public Health and Environment (CDPHE). Since then, the CHSC has granted $15 million in loan repayment awards to nearly 230 primary care clinicians, practicing in safety net clinics throughout Colorado.

The consolidation and growth of state loan repayment for primary clinicians in Colorado was founded in three separate legislative actions, which are summarized in Attachment G.

- HB09-1111: created the PCO in statute and transferred administration of the state loan repayment program to the PCO.
- HB10-1138: re-titled the state loan repayment program as the Colorado Health Service Corps and revised the governor appointed advisory council to the CHSC.
- HB11-1281: transferred administration of the state's nursing and health care faculty loan repayment program to the PCO.

Importance of Health Care Professional Incentives in Colorado

An assessment of current health professional workforce shortages revealed that Colorado must add 146 primary care physicians, 82 dentists and 84 licensed mental health professionals in order to meet *existing* needs. This estimate does not account for projected needs influenced by population growth, an aging population and increasing health service utilization resulting from higher rates of health insurance coverage. Coloradans who live in communities where there is a shortage of health professionals experience barriers to receiving adequate primary care services. Community members who are uninsured or publicly insured experience more significant barriers because of their limited ability to pay for care.

According to the Association of American Medical Colleges *Medical Student Education, Debt, Costs, and Loan Repayment Fact Card* (2012) indebted medical graduates of 2012 held a median debt of $160,000 (graduates of public institutions) to $183,000 (graduates of private institutions). A full 86 percent of all medical graduates reported some educational debt in 2012[1]. In a recent survey of CHSC program participants, 75.8 percent reported that loan repayment was an important factor in the decision to work at a practice in an underserved area.

[1] Association of American Medical Colleges (2012). Accessed on October 29, 2013 from www.aamc.org/download/152968/data/debtfactcard.pdf

SECTION 2: RESPONSE TO QUESTIONS IN C.R.S. § 25-20.5-705

Description of Programmatic Goals & Present Status (1)(b)

The purpose of the Colorado Health Service Corps (CHSC) Loan Repayment Program is to improve the health of Colorado's underserved and medically vulnerable populations by alleviating health disparities resulting from poor access to primary health services. This is achieved by repaying educational loan debt held by licensed primary, mental and oral health professionals who agree to serve low-income, publicly insured, uninsured and geographically isolated Coloradans. The CHSC program increases the number of healthcare providers in underserved communities while improving the retention of clinicians already working in those communities. Furthermore, this program increases the number of health service encounters delivered to underserved and medically vulnerable people in Colorado.

Though the typical term of service for a CHSC clinician is three years, the program proactively selects for candidate attributes that are known to predict longer-term retention in the clinical practice in which they began service. Often, limited term clinician practice incentives are perceived to be an impermanent solution to health professional shortages. Although no program can assure post-obligation retention of every candidate who participates, the CHSC uses specific award criteria culled from the academic literature, which recommends certain candidate features to consider for clinician "retainability." CHSC applicants receive award preference if the candidate:

- is a graduate of any Colorado health professional training program,
- grew up in a rural or underserved area,
- demonstrates evidence in their application that they come from a disadvantaged background,
- received specific training in rural or community primary care,
- demonstrates strong employer support for their application, and
- demonstrates a strong commitment to the community in which they will work.

Though the program has experienced considerable growth and programmatic success over the last four years, there are specific funding challenges to the program's continued success. The program is reaching the end of both private and federal funding sources. The PCO will apply for renewal of these funding sources in the coming months, however, the outcome of these application efforts will be unknown until mid 2014.

Impact Analysis (1)(d)

Impact to Medically Underserved Coloradans: To date, 74.86 percent of the 808,000 primary care patient encounters delivered by CHSC clinicians are to individuals who were uninsured or publicly insured (Medicaid or Medicare). All clinicians in the program are employed by public or nonprofit clinics that are in communities designated as Health Professional Shortage Areas by the Health Resources and Services Administration. From 2010 to 2013, the capacity of the CHSC program as a whole increased by 510 percent.

Retention Effect for Health Care Employers: CHSC creates positive recruitment effects for Colorado safety net clinics independent of whether any individual clinician becomes a contracted provider. Seventy-five percent of active CHSC clinicians report that loan repayment was a key factor in the decision of where to work. Of clinicians who apply for the program, only those with strong retention characteristics are awarded. The PCO therefore expects to demonstrate a high level of success for clinician retention post-contract. In fact, of 14 clinicians who completed their service obligation in Nov 2012, 12 planned to stay in their current practice. Though this sample is too small to be generalized, it represents an 86 percent retention rate post-contract. Furthermore, the PCO is actively deploying strategies that promote clinician satisfaction with his/her site, which is expected to lead to

greater long-term retention. These strategies include connecting clinicians to community based prevention activities and providing technical assistance to employers who wish to implement provider retention policies in their clinic.

Maximizing Federal Matching Funds: Program funds from state and foundation sources allow for a federal match support up to a ratio of one to one. Since the inception of the CHSC loan repayment program, the Health Resources and Service Administration awarded nearly $5 million to Colorado. This is a substantial increase from historical funding levels of approximately $120,000 per year.

Evaluation of Program Successes, Collaboration and Consolidation (1)(e)

Since the PCO began administering the CHSC in July 2009, it has grown from ten contracted clinicians per year to the current field strength of 169 contracted clinicians. The CHSC program is a national model for public-private partnership in clinician recruitment and retention assistance. The program has been featured by Grant Makers in Health, the Health Resources and Services Administration, the National Conference of State Legislatures, the National Governor's Association and in Health Elevations.

As previously stated, the CHSC consolidated five independent loan repayment programs in the state. This consolidation resulted in improvements in customer service, operational efficiency, collaboration and cost efficiency. The consolidated state program simplified the search, eligibility and application process for primary health care clinicians seeking incentives to practice in a medically underserved community. A consolidated program reduces the cost of program administration in proportion to total funds available for annual awards. This is because the infrastructure and staffing necessary to operate a loan forgiveness program are somewhat fixed and do not significantly increase as available award funding rises. Finally, because the authorizing legislation for the state program creates a distributed decision-making process in the CHSC Advisory Council, most, if not all major interests and organizations invested in health workforce development are represented in programmatic decision-making.

Cost Efficiency: With monetary clinician incentives other than the CHSC, an award is treated as ordinary income and taxed on that basis. The diminution of the award resulting from income taxation ranges from 25 to 35 percent. This effect causes a portion of state and philanthropic dollars outside of the CHSC to flow to the federal government as tax revenue rather than to the purpose of providing a primary care clinician incentive. This can be quantified in comparing the following two scenarios.

Appropriation or private grant ***outside*** of the CHSC Loan Repayment Program

$ 1.00	state appropriation and/or private grant
$ (0.10)	approximate operating requirements
$ (0.32)	approximate income tax liability
$ 0.58	net incentive benefit to clinician

Appropriation or private grant ***inside*** of the CHSC Loan Repayment Program

$ 1.00	state appropriation and/or private grant
$ (0.10)	approximate operating requirements
$ 0.90	high end of federal matching funds potential
$ -	income tax liability
$ 1.80	net incentive benefit to clinician

The clinician benefit of the CHSC program, per dollar invested, is three times that of other options for primary care practice incentives. Though these examples are hypothetical and may vary as the result of multiple factors, the overall benefit of the CHSC program is clear and substantial.

Existing Efforts & Strategies for Addressing Barriers (1)(c)

Barriers: Since July 2009, the PCO has expanded program resources from less than $200,000 per year to approximately $3.5 million per year. This program expansion was possible because of concerted efforts by the PCO to identify and expand federal and private sources of funding for the CHSC. The program has, however, reached the end of these federal and private grant agreements. The barriers to sustaining the current program coincide with three pending challenges:

1. There are currently 126 pending applications of clinicians who have met minimum CHSC participation criteria. For the fall 2013 award round, the program has resources to fund less than five CHSC candidates.

2. Full implementation of the Patient Protection and Affordable Care Act (ACA) in January 2014 will move approximately 520,000 of Colorado's uninsured in to the Health Insurance Exchange or on to Medicaid. This is expected to result in an increase in demand for primary care services in the very communities CHSC providers practice. A precipitous decrease in CHSC award capacity, just as the newly insured begin seeking care, will negatively affect the access potential ACA assured insurance coverage is intended to provide.

3. The National Health Service Corps (NHSC), a similar federal program to the CHSC, has not received a federal appropriation beyond the current federal fiscal year. Even if Congress acts to fund the NHSC, the funding level is likely to be lower than it has been over the last four years. In addition, the CHSC has been successful in reducing the provider shortage in Health Professional Shortage Areas over the last four years. Though shortages remain, the severity of the provider shortage in designated shortage areas has dropped. Because NHSC awards are made to highest need communities nationwide and because total NHSC resources are likely to be lower going forward, Colorado is unlikely to be competitive for NHSC supported clinicians in the near future. It is therefore important that a robust state administered loan repayment program continue to meet the workforce recruitment and retention needs of underserved Colorado communities.

Strategies for Addressing Barriers: Over the next nine months, the PCO will seek new sources of funding to sustain the current grant making capacity of the CHSC program. The PCO submitted an application to a Colorado foundation for $4.4 million over two years. The PCO will also submit an application to the Health Resources and Services Administration in mid-2014 for approximately $3 million over four years. The outcome of these two grant proposals will be known in mid-2014.

Successful Loan Forgiveness Programs and Best Practices Across the Country (1)(a)

Program Comparison: Health professional loan repayment programs in Montana, North Dakota and Arizona were selected for review and comparison in this report. A detailed overview of each state's program can be found in Attachment E. These states were chosen based on their proximity to Colorado. Each of these three state programs conforms to several broad principles. These three states focus on incentives for outpatient care in areas known to be short of health care professionals. All programs emphasize primary care and require multiyear

commitments from clinicians, ranging from two to five years. Total provider award values range from $1,000 to $30,000 per year. Each of these three programs have certain unique attributes, highlighted as follows:

- Montana funds part of the matching requirement with fees assessed to all medical students in the state. Montana also pays awards in six-month increments rather than in one lump sum as CHSC does. Montana operates a separate loan repayment program for nurses.
- North Dakota requires that communities provide matching funds to participate in the program. This is similar to how the CHSC operated prior to the administrative transfer to the PCO. This approach was found to put the highest need communities at a disadvantage with respect to program participation. North Dakota also operates two separate programs, one with federal matching and another without. The non-federally matched program funds more diverse practice settings and professions than does the federally matched program.
- Arizona maintains a program very similar to CHSC. Awards are distributed through two programs that focus on safety net clinics and rural communities, respectively.

Nursing Faculty Loan Repayment Goals and Present Status (1)(f)

No nursing faculty or other health care professional faculty members received anaward from the CHSC. No state appropriation is currently available for this purpose. The PCO routinely searches for funding opportunities to support faculty awards.

SECTION 3: ATTACHMENTS

A: C.R.S. § 25-1.5-505. – Advisory Council - report

(1) On or before December 1, 2011, and on or before December 1 every two years thereafter, the advisory council shall submit to the governor, the health and human services committee of the senate, and the health and environment committee of the house of representatives, or any successor committees, a report that includes, at a minimum, the following information:

(a) Identification and a summary of successful loan forgiveness programs for health care professionals and best practices in health care professional loan forgiveness programs across the country;

(b) A description of the programmatic goals of the Colorado health service corps, including the present status of and any barriers to meeting those goals;

(c) Existing efforts and potential future projects to overcome any barriers to meeting the programmatic goals of the Colorado health service corps;

(d) An analysis of the impact of the Colorado health service corps program;

(e) If applicable, results of any surveys conducted of state health professional incentive programs in primary care and any recommendations to individually enhance, improve coordination among, and potentially consolidate existing or potential programs to better address Colorado's primary care workforce issues; and

(f) The number of nursing faculty or other health care professional faculty members who receive moneys from the Colorado health service corps and the number of educational institutions where the recipients teach.

B: CHSC Advisory Council Members

Council Member	Interest Served on the Advisory Council per HB 13-1074; 25-1.5-504 (formerly 25-20.5-704)
Kim Marvel, Ph.D. Colorado Association of Family Medicine Residencies	(a) Representative of the Commission on Family Medicine
Melissa Bosworth Colorado Rural Health Center	(b) Representative from a nonprofit statewide membership organization that provides programs and services to enhance rural health care in Colorado
Polly Anderson Colorado Community Health Network	(c) Representative from a membership organization representing federally qualified health centers in Colorado
Sue Williamson The Colorado Health Foundation	(d) Representative from a foundation that funds a health care professional loan forgiveness program in Colorado
Dan Long Bank of the West, Sterling, CO	(e) Representative from an economic development organization in Colorado
Terri Hurst Colorado Behavioral Healthcare Council	(f) Representative from a membership organization representing community behavioral health care providers
Janet Beezley University of Colorado Denver and Health Sciences Center	(g) Representative from an advanced practice nurse in a faculty position at an educational institution with health care professional programs, who is licensed to practice in Colorado
Andrea Nederveld, MD (Anne) Fruita Family Medicine / Juniper Family Medicine, Grand Junction, CO	(h) A representative who is a physician who has experience in rural health, safety net clinics, or health equity
Marcia Gilbert, RN, NP Regis University	(i) A representative who is a nurse who has experience in rural health, safety net clinics, or health equity
Jeannie Larsen Southeast Mental Health Services	(j) A representative who is a mental health provider who has experience in rural health, safety net clinics, or health equity
Katya Mauritson, DMD Colorado Department of Public Health and Environment, Oral Health Unit	(k) A representative who is an oral health provider who has experience in rural health, safety net clinics, or health equity
Mark Deutchman, MD University of Colorado School of Medicine, Rural Track	(l) A representative who is a physician who is a faculty member of a medical school in Colorado
Karen Funk, MD Clinica Family Health Services	(m) A citizen representative who has knowledge in rural health, safety net clinics, or health equity

C: Definition of Primary Care for the Purpose of Primary Care Office Activities

Primary care is that care provided by health professionals specifically trained for and skilled in comprehensive first contact and continuing care for people with any undiagnosed sign, symptom or health concern not limited by problem origin, organ system or diagnosis. Primary care includes diagnosis and treatment of acute and chronic illnesses, health promotion, disease prevention, health maintenance, counseling and patient education in a variety of health care settings.

D: Recruitment of Colorado-Trained Medical Residents in Family Medicine to a Colorado Practice

The Colorado Commission on Family Medicine conducted a survey of graduates from Colorado family medicine residency programs in 2013. The following are findings regarding the factors that contributed to the recruitment of new graduates

1. There were 66 medical resident graduates in family medicine in 2013, an increase from 64 in 2011.

2. 68 percent entered practice in Colorado, an increase from 63 percent in 2011.

3. Of those opting for a Colorado practice, 13 percent located in a rural community, and 29 percent located in an urban underserved community. This is an increase over last year's combined proportion of 31 percent that went to practices in rural/urban underserved settings.

4. Of those who left Colorado for another state, seven went to an urban setting, seven to a rural setting and four to an underserved setting. One-third of those who left Colorado, but selected a rural or low-income practice setting in another state, reported that loan repayment was a critical determining factor.

5. Of graduates who stayed in Colorado, 32 percent indicated that loan repayment was critical to their practice choice.

6. Loan repayment is a component of a total job offer, which may include salary, signing bonus and other recruitment incentives. For Colorado loan repayment to be successful, it must be viewed as part of an overall strategy and job offer package.

E: Overview of Select State Loan Forgiveness Programs

State	Program(s)	Description
Montana	Montana State Loan Repayment Program (SLRP)	State and federally funded. Program funds 9 professionals for up to $30,000 a year for a 2-year service commitment. Coordinated in partnership with the South Central Montana AHEC.
	Montana Rural Physician Incentive Program	Funded by fees assessed to all Montana Medical and Osteopathic medical students participating in the WICHE and WWAMI medical programs. $100,000 over a 5-year period disbursed in 6-month increments. Coordinated in partnership with the state's Office/Commissioner of Higher Education.
	Montana Institutional Nursing Incentive	State funded and administered. May receive up to 50% of nursing education loan balance between $1,000 and $30,000; $3,750 maximum per year/for four years with the number and amount of awards dependent on availability o funds. Coordinated in partnership with the state's Office/Commissioner of Higher Education.
North Dakota	North Dakota State Loan Repayment Program	State and community matching program for physicians and physician extenders (NP, PA, CNM). Physicians up to $90,000 to repay educational loans and physician extenders up to $30,000. Community must provide at least half of the loan repayment award for 2-year service commitment. Dentists encouraged to practice in areas of greatest need with no community match requirement. Coordinated in partnership with the UND School of Medicine & Health Sciences, Primary Care Office, Dept. of Family and Community Medicine and the North Dakota Department of Health.
	North Dakota State/Federal Loan Repayment Program (SLRP)	State and Federal partnership. Physicians up to $90,000, Dentists up to $60,000 and physician extenders (PA, NP, CNM) up to $30,000 for a 2-year service commitment. For physicians and physician extenders the site provides $22,500/year and $7,500/ year respectively. Coordinated in partnership with HRSA, the UND School of Medicine & Health Sciences, Primary Care Office, Dept. of Family and Community Medicine and the North Dakota Department of Health

Arizona	Arizona Loan Repayment Program (ALRP)	The program has two components including the Primary Care Provider Loan Repayment Program (PCPLRP) and the Rural Private Primary Care Provider Loan Repayment Program. (RPPCPLRP) Both programs follow the same guidelines with differences in service site eligibility requirements based on the type and location of the service site. The RPPCPLRP program requires service sites to be located in a rural area within an Arizona Medically Underserved Area. Award amounts are on a schedule and vary based on provider type, priority ranking of the service site, contract year of service and availability of funds.

F: Comparison of Existing Provider Incentive Programs in Colorado

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
Colorado Health Service Corps Loan Repayment Program	Up to $105,000 for a three-year service commitment for physicians and dentists; up to $60,000 for a three-year service commitment for physician assistants, nurse practitioners, and mental health providers; and up to $22,500 for registered dental hygienists Annual provider incentive ≤$35,000 (nontaxable income)	160 providers are currently obligated to service with the Colorado Health Service Corps in Colorado.	This program is open to the following providers who are practicing full time in a public or nonprofit, outpatient, primary care, clinical setting. All providers must practice in a rural or low-income area. • Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology • General Dentists • Dental Hygienists • Certified Nurse-Midwives • Clinical or Counseling Psychologists • Licensed Clinical Social Workers • Licensed Professional Counselors • Marriage and Family Therapists • Nurse Practitioners • Physician Assistants • Psychiatric Nurse Specialists	The Primary Care Office at CDPHE administers the program. Award decisions are determined by the Colorado Health Service Corps Advisory Council. In the previous years, there had been a single award cycle. For 2010 and 2011, there were three award cycles to accommodate the program's four fiscal years and certain state contracting requirements. The program is funded by the state of Colorado, the Health Services and Resources Administration, The Colorado Trust, Comprecare Foundation, and The Colorado Health Foundation.
National Health Service Corps	Up to $60,000 for a two-year service commitment Annual provider incentive ≤$25,000 (nontaxable income)	156 providers are currently obligated to service with the National Health Service Corps in Colorado.	This program is open to the same providers and with the same eligibility criteria as the Colorado Health Service Corps state loan repayment program, with the addition of private practice eligibility.	The Health Resources and Services Administration administers and funds the program. The Primary Care Office manages certain aspects of eligibility, provider placement and a range of technical assistance to sites.

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
Expanded Dental Loan Option of the Colorado Health Service Corps (formerly State Dental Loan Repayment Program)	Loan repayment based on level of service to Colorado's underserved (Medicaid, CHP+, Uninsured) Dentist I: $25,000 Dentist II: $20,000 Dentist II: $10,000 Dental Hygienist: $6,000 Dental Hygienist: $3,000	There have been 118 total awardees since the inception of the program; 5 new in FY13. During FY2012/13, dental loan repayment awardees receiving loan repayment served: Medicaid: 12,716; 592 CHP+ and 3,715 uninsured adults and children.	The program is open to general dentists and dental hygienists in under-served areas.	The Expanded Dental Option is part of the Colorado Health Service Corps, administered by the Primary Care Office. The Expanded Dental Loan Option is currently funded by the state with Tier I-Tobacco Settlement Funds. Statute permits acquisition of federal dollars as a compliment to state funding when such grants are available to states.

G: Summary of Program History

The Colorado Health Professional Loan Repayment Program (CHPLRP) began in 1991 and was originally administered by the state Area Health Education Center (AHEC). At that time, the program required a local community match in order to receive federal funding. This resulted in significant programmatic challenges because poorly resourced communities tended to have difficulty raising matching funds.

In 1997, Senate Bill 07-232 directed CollegeInvest, a non-profit division of the Colorado Department of Higher Education, to administer the Colorado Health Professional Loan Repayment Program. CollegeInvest contributed matching funds required by federal matching grants. Because of specific limitations on the conditions under which CollegeInvest could provide matching funds, stakeholders determined that a different administrator would be better suited to the needs of the program.

In 2009 after significant stakeholder deliberation, House Bill 09-1111 transferred the administration of the Colorado Health Professional Loan Repayment Program (CHPLRP) to the Primary Care Office (PCO), at the Colorado Department of Public Health and Environment. House Bill 09-1111 also created the Primary Care Office in state statute.

In 2010, House Bill 10-1138 re-titled the newly Colorado Health Care Professional Loan Repayment Program as the Colorado Health Service Corps (CHSC). The bill also exempted the program from certain state procurement rules and implemented regular reporting cycle to the legislature and Governor. Finally, in 2001 HB 11-1281 revised the Colorado Health Service Corps Advisory Council membership to better represent stakeholders in the CHSC program.

Since 2009, the CHSC has awarded almost $15 million in loan repayment awards to over 220 health professionals practicing in under-served areas. The program is jointly funded by The Colorado Health Foundation, the Colorado Trust, the CompreCare Foundation, the Health Resources and Services Administration, the American Recovery and Reinvestment Act, and the state of Colorado. There are currently 160 active CHSC participants, serving in 90 clinic sites covering 39 Colorado counties statewide.