PHYSICIAN RECRUITMENT AND RETENTION COMMITTEE RECOMMENDATIONS

Meeting Dates

- May 21, 2014
- June 2, 2014

Committee Members

- **George Bone, MD,** Integral Health Care, Inc.
- **Ernest Carter, MD,** Deputy Health Officer, Prince George's County Health Department
- **Carnell Cooper, MD,** Chief Medical Officer, Dimensions Healthcare System
- **Bill Flynt, MD,** Former CEO, Community Clinic, Inc.
- **Peter Gilbert,** Vice President for Planning and Accountability, University of Maryland
- **Kathleen Knolhoff,** CEO, Community Clinic, Inc.
- **Karoline Mortensen,** Assistant Professor, University of Maryland, School of Public Health
- **Jagdeep Singh, MD,** Dimensions Health System
- **Marcee White, MD,** Children's National Health System
- **Joseph Wright, MD,** Professor and Chair, Howard University College of Medicine

Objectives

The overarching goal of these discussions was to outline a strategy for recruiting and retaining primary care physicians within Prince George's County. The shortage of primary care physicians in the County, and elsewhere in the State and the Nation, has been well documented, and expanding primary care capacity is essential to improving the health status of County residents.

The key questions addressed by the workgroup were:

a. What is needed to make practicing medicine in Prince George's County attractive to prospective physicians?
b. What are the barriers for physicians that want to practice in Prince George's County and what can be done to eliminate or mitigate those barriers? How do barriers and strategies differ for the various geographic areas of the County?
c. How will changes in the healthcare market, such as payment reform, affect the relationships between hospitals and physicians, and how will that affect physician recruitment and retention in the future?
d. What role will the new Regional Medical Center play in recruitment and retention of primary care physicians in Prince George's County and how will it affect the building of a primary care network?
e. What resources are needed to help primary care practices transform into patient-centered medical homes? How can we expand primary care capacity with nonphysician providers and maintain quality?

Outcome

The following recommendations were agreed to, at least in principle, by all committee participants.

Prince George's Primary Healthcare Strategic Plan: Final Recommendation from Physician Recruitment and Retention Committee Workgroup

Recommendation 1: Provide financial incentives.

Offer financial incentives to private physicians that are culturally competent, have the desire to serve low-income populations, and are willing to practice in sites located in federally-designated health professional shortage areas (HPSA). Also offer financial incentives to federally qualified health centers (FQHCs and FQHC look-alikes) that are willing to expand capacity in shortage areas. The financial incentives would include access to build-out medical space with buy down of lease payments on new/renovated space, access to federal and state loan repayment for those practicing in HPSA designated localities or organizations, funding of malpractice costs (excluding those employed by FQHCs that are covered by federal tort reform), and low cost working capital loans with potential for loan forgiveness.

Offer low cost working capital loans and two-year income guarantee to private primary care physicians that commit to establishing their practices in Prince George' s County. Working capital loans cover start-up costs, including implementation of EMR and billing systems and operating losses during the ramp-up period, which is the first 12 to 18 months of operations. Program would also include loan forgiveness for physicians that commit to practicing within the County over an extended period of time.

Re-establish program to pay for qualified providers healthcare services provided to uninsured individuals.

Time frame: Short- to medium-term

Rationale and Supporting Data	Roles and Responsibilities	Resources
• Shortage of primary care providers concentrated in areas designated as HPSA. • Individual physicians/small primary care practices and FQHCs lack access to capital for purchase of space or cost of leasehold improvements. • Prince George's County should negotiate	County: • Obtain agreement from developers on buy down of lease payments that include amortization of leasehold improvements. • Re-establish program to pay primary care providers for services provided to uninsured patients that qualify for the	• County reestablishes the program for uninsured; funding could come from both public and private sources. Also need to set up administrative structure for enrollment and reimbursement to providers. DC Health Alliance and Montgomery Care offer two models. • Loan repayment funds through federal

Rationale and Supporting Data	Roles and Responsibilities	Resources
with real estate developers for offsets. • Prince George's County discontinued its program to reimburse physicians for healthcare services provided to uninsured persons. Such programs exist in the District of Columbia (Washington D.C.) and Montgomery County. • FQHCs and FQHC look-alikes receive an enhanced Medicaid reimbursement rate per encounter that is cost-based. FQHCs also have access to malpractice coverage at no cost. • Prince George's County has a higher percentage of uninsured individuals compared to other parts of Maryland.	program. • The County would establish, manage, and provide the financial resources for the program while working in collaboration with the Economic Development Corporation (EDC). Private: • Private physicians agree to maintain a satellite practice site in an HPSA-designated area and split time between their main site and the satellite office. Physicians also agree to see patients regardless of ability to pay. • FQHCs/FQHC look-alikes agree to expand capacity within an HPSA-designated area (by law FQHCs and FQHC Look-Alikes are required to see patients regardless of ability to pay and offer sliding fee discounts for qualified patients). • Real estate developers doing business in the County cover the upfront costs of construction/improvements and buy down lease costs of private physicians	and State programs. • Offsets and lease payment buy downs from private real estate developers doing business in Prince George's County.

Rationale and Supporting Data	Roles and Responsibilities	Resources
	and FQHCs. State: • Provide access to state loan repayment program funds. • Continue support of Maryland Connections for enrollment in low-cost insurance and public insurance programs. Shared County and Private: • Develop and implement campaign to promote incentive program, similar to what was produced by DC Primary Care Association for loan repayment.	

Recommendation 2: Provide operational support.

Recruit physicians into an integrated system that includes medical, behavioral, and social services. Physicians need to believe they do not have to "do it alone." Systems include those inside the practice (for example, staff that are trained in billing and data analytics needed to manage value-based contract and integration with mental health/substance abuse providers) as well as those outside the practice (for example, public health nurses and other community-based social service organizations).

Time frame: Various

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• Maryland's shift to global payment will further produce opportunities for primary care providers to participate in shared savings and quality payments, but practices need to fund systems that will lead to shared savings. Primary care practices have not been financially able to make the necessary upfront investments to participate in current, value-based contracts nor prepare for participation in shared savings arrangements under global payment. • Need to create a "business case" for physicians to invest in systems and participate in initiatives such as CRISP (Chesapeake Regional Information System for our Patients). • Need to create a positive climate for	Collaboration County, Private, and State: • Convene a multi-stakeholder task force that will come together specifically to determine the best way to leverage all of the initiatives and resources available for primary care capacity development and transformation to patient-centered medical homes. The task force could be part of larger structure to support implementation of primary healthcare strategy and sustainable planning. (Maine Quality Counts provides one possible model.) Timeframe: Immediate to short-term • Coordinate effort with those being proposed through Workforce Committee. The County works with Prince George's Community College in early identification	County: • Prince George's Community College degree and certificate programs produce trained staff (linked to recommendations from Workforce Committee). • Work with real estate developers to provide shared-office space that would include common receptionists and other general office support staff and functions. • Funding for Health Department. Private: • Investments being made currently by health plans to build capacity within primary care practices. • Development of management service

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primary care physicians and nonphysician providers. They do not see payment reform as friendly to individual physicians/ providers. • There are a myriad of initiatives to assist primary care providers with care coordination, population health management, outreach and patient engagement, etc., but they are operating independent of one another. There is general agreement that collaborating on such efforts may be more effective. • Most primary care practices have an electronic medical record system but lack the add-on modules and staff skilled in the ability to extract and analyze data for population health management. • CRISP has a Master Patient Index (MPI) for all Maryland residents that have used healthcare services within the state over the last five years. The fact that CRISP data does not include DC or Virginia providers limits the usability of the information given the number of county residents that	of talented students through the STEM and Middle College programs; also tying this initiative in with the recent Department of Labor STEM promotion grant awarded to the County. Time frame: Medium- to long-term • Aggressive recruitment within the area residency training programs to primary care practices within Prince George's County (as an example, graduates of Children's National residency program hired by Community Clinic, Inc.) • Provide financial incentives to physician instructors to offset lost patient service revenues from reduced productivity. The goal is to increase the number of primary care resident slots within the County. Time frame: Immediate- to short-term • Develop polyclinics, which would be a hybrid primary clinic and urgent care facility with imaging capability. Services would include a family practice, internal medicine, pediatrics, cardiology, and orthopedics.	organization (MSO) that would provide practice management, population health management, care coordination, and other services to solo practitioners and small practices with costs of development and operations shared among stakeholders. Possibly build from or leverage MedChi practice management services. State: • State investments in All Payers Claims Database (APCD) and CRISP. • Deployment of care coordinators being trained under the State Innovation Management (SIM) grant. • Shared responsibility for setting up programs and funding–County, healthcare provider organizations, and academic institutions.

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access care in DC and/or Virginia.	• Collaborate with high-quality urgent care centers to provide after-hours care for small practices (where polyclinics are not feasible and/or an urgent care center is established in the community). Time frame: Short- to medium-term County and Hospitals: • Link to recommendations from Community Benefit Committee to build collaboration on programs to provide social supports and improve the overall health of Prince George's County residents. Time frame: Short- to medium-term County: • Coordinate overall provider recruitment strategy, bringing together a currently fragmented approach. • Build capacity within the Health Department. Hire and deploy advanced public health nurses in high need areas to support patient engagement and care	

Rationale and Supporting Data	Roles and Responsibilities	Resources
	management. State: • Build capacity of the All Payor Claims Database (APCD) to create, on a timely basis, provider and practice level report cards to support population health management. Possible models include Community Care of North Carolina (CCNC) (see attached overview of CCNC). • Provide additional technical assistance to physicians or otherwise support participation in CRISP for real time patient management. • Explore linking CRISP to hospitals and other providers in DC and Virginia that serve patients from Maryland.	

Recommendation 3: Market Prince George's County as a "package deal."
Recruit primary care physicians by offering Prince George's County as a "package deal"–a great place to live and work. The package includes: employment for the physician (and his/her spouse if both are physicians) in a supportive and high-quality healthcare system, employment opportunities for the spouse, access to good public schools, and the ability to be a part of a great community.

Time frame: Medium- to long-term.

Rationale and Supporting Data	Roles and Responsibilities	Resources
• The areas surrounding Prince George's County (District of Columbia, Montgomery County, Anne Arundel County, and Howard County) offer numerous opportunities to primary care physicians for employment in established and highly recognized healthcare organizations, including academic medical centers that offer teaching and research opportunities. Such opportunities are currently more limited in Prince George's County. • Residency programs are part of an effective primary care physician and nonphysician recruitment strategy. Residents often accept positions where they completed their residency.	County and State: • Make the necessary investments to truly build "world class" healthcare at the new Regional Medical Center. One tactic is a high-profile cluster recruitment of established, academically-oriented specialists at the new Regional Medical Center whose presence would signal commitment to improved quality, who would fulfill the original MOU promise of a health sciences presence, and, most importantly, who would instill confidence within the primary care and referral community, as well as the public. • Partner with an academic institution to set up and financially support residency sites for medical, dental, and allied health professions. Financial support includes	County and State: • Funds to recruit and retain established clinical leaders for the Regional Medical Center and Life Sciences Center. • Funds to support development of the ambulatory network as part of the Regional Medical Center (RMC) integrated delivery system. • Funds to offer employment opportunities to primary care and specialty physicians as part of the RMC integrated delivery system. • Funds to support expanded residency programs, including payments to physician instructors. • Resources to evaluate County school system and implement quality

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• Young physicians are more likely to look for employment opportunities rather than start their own private practice. • Prince George's County Public Schools are currently perceived as lower quality than those in surrounding jurisdictions.	supporting physician instructors for lost productivity (not able to see the same number of patients when teaching and supporting residents). County: • County works with the state and local school leadership to ensure quality education is being provided in all of the public schools in the County and to be a part of the physician recruitment process. • Work in partnership with businesses to find employment positions for physicians' spouses, including medical practices and medical centers for spouses that are also physicians. • Create an advertising and marketing campaign to sell Prince Georges County as a life style choice, to be part of a community, and to be part of a supportive, high-quality healthcare system. Collaborate with the University of Maryland in their marketing campaign to increase the number of university staff	improvements as indicated. County: • Resources (staff and non-staff) to produce marketing campaigns to promote Prince George's County.

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	living in and around College Park. State: • Implement policy changes that give priority to Maryland higher education institutions for practicum slots. (May also include DC).	

Recommendation 4: Advance health promotion and disease prevention.
Increase primary care capacity by reducing demand for primary care medical services through various tools to reduce disease prevalence.

Time frame: Medium- to long-term

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• Competition for primary care physicians will continue to increase as more individuals gain health insurance through the Affordable Care Act, as Maryland implements payment reform and hospitals compete by enticing primary care physicians to join their network, and as demands on primary care physicians lead medical students to choose other medical and surgical specialties. • Although improvements have been made, the health indicators for Prince George's	County: • Continue to include health promotion as part of community development, for example, building more sidewalks, providing incentives to service and retail establishments that support healthy eating, exercise, etc. • Continue to partner with the Department of Parks and Recreation to carry out various initiatives that build healthy	County: • Funding for community development, advertising, health promotion activities, and health department operation. Private: • Funding for health promotion incentives and programs targeted to patients and employees.

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County continue to show health disparities relative to surrounding counties and the state.	communities. • Continue to promote healthy living through advertising and public health messaging. • Expand funding for County Health Department to support collection and analysis for conducting health needs assessments, implementing health promotion, and disease prevention programs. County and Hospitals: • County Health Department and hospitals collaborate on community benefit programs that include health promotion and disease prevention initiatives. Employees: • Incentives to patients that engage in health promotion and disease prevention activities. • Programs to support health employees, for example, "use the	

Rationale and Supporting Data	Roles and Responsibilities	Resources
	stairs" placards at Kaiser Permanente and "red/yellow/green" flags to identify healthy and unhealthy foods in hospital cafeteria (used by Massachusetts General in Boston with immediate results).	