MONTANA UNIVERSITY SYSTEM

2011 BIENNIUM BUDGET PLANNING – NEW PROPOSALS (JANUARY 2008)

UNIT/CAMPUS: SYSTEMWIDE	UNIT PRIORITY: 4
NEW PROPOSAL NAME: PRIMARY CARE WORKFORCE FOR FRONTIER/RURAL MONTANA	
BOARD OF REGENT STRATEGIC GOAL: _X_ACCESS _X_ ECON DEV EFFICIENCY RECRUIT/RETAIN	
TOTAL BIENNIAL COST: \$7,261,377	FUNDING SOURCES:
FY 10 TOTAL COST: \$3,603,844	FY 11 TOTAL COST: \$3,657,533
FY 10 BASE FUNDING REQUESTED: \$2,690, 510	FY 11 BASE FUNDING REQUESTED: \$3,057,533
FY 10 OTO FUNDING REQUESTED: 313,334	FY 11 OTO FUNDING REQUESTED: \$

Rural and frontier communities in Montana face complex challenges in maintaining a healthcare workforce. The state's 47 Critical Access Hospitals, rural health clinics, Indian Health Service facilities, long term care homes, and Community Health Centers are facing ever growing problems in recruiting and retaining family medicine physicians, nurse practitioners, mental health professionals, physicians assistants, dental professionals, and the nurses and allied health professionals critical to maintaining health services in these communities. This group of health professionals is the Primary Care Workforce – those professions that serve as the primary linkage of rural and frontier communities to all health services. A series of reports including the Blue Ribbon Task Force (2002), the Primary Care Liaison Group (2006), the Physician Workforce Study (2006), and Healthcare Workforce Demand by the Montana Healthcare Workforce Advisory Committee (*MHWAC*) have documented the shortages of primary care health professionals in rural and frontier communities. The reports made recommendations for educational investments that focus on a grow–your-own approach. The approach starts with recruiting rural and frontier high school students into MUS health professions programs, providing them with undergraduate preparation, placing them in MUS and WWAMI health professions slots, bringing them into rural and frontier communities for clinical rotations, and providing residency programs. This Initiative is aligned with the strategies of the MHWAC, and will create a pipeline of professionals to address Montana's most critical healthcare needs.

ADDITIONAL STAFF IN FY11 (FTE):

MHWAC Strategy: Programs to Increase High Demand Healthcare Workforce: \$4,961,377

WWAMI Expansion of 10 slots: \$973,333 (OTO \$ for classroom and yrs 1 and 2; continued funding required for FY12/13 to complete cohort)

Expand Graduate Medical Education: \$1,078,000 (restore funding to Billings FMRP, increase slots for FM, support new program in Psychiatry; continued funding required for FY12/13 to complete cohort)

- Support for high demand nursing and allied health programs through RFP process (maybe OTO) \$1,000,000
 - o BS completion program for dental hygiene, respiratory therapists and other high credit two year degrees
 - o Articulation of Practical Nursing to Associate Degree programs
 - Curriculum development and redesign funds for 2 year programs to address critical healthcare needs
- Psych/Mental Health Nurse Practitioner Program: \$337,000

ADDITIONAL STAFF IN FY10 (FTE):

• MEDEX Physician Assistant Program implemented for 10 students in Year 1, 20 students in Year 2: \$1,573,044

MHWAC Strategy: Delivering Health Professions Clinical Education Rural and Frontier Montana: \$1,500,000*

- Expanding clinical rotations in rural, frontier and underserved communities in all health professions, through a coordinated clinical placement system and expansion of rural and frontier clinical faculty \$300,000*
- To recruit and retain nursing faculty 15% salary increase 1,200,000

MHWAC Strategy: Distance Education and Flexible Programs Targeted to Rural/Underserved Areas \$500,000*

• Increased utilization of the states telemedicine and ITV structure, web-based programs, in collaboration with rural and frontier healthcare providers to deliver nursing, allied health and articulated degree completion programs

• Delivery of educational programs to working adults and healthcare providers seeking to advance education

MHWAC Strategy: Comprehensive, Long Term Strategy, Shortages and Mal-distribution \$300,000*

- K-12 Programs to prepare rural and frontier students for rigor of health professions education
- Improved workforce analysis and planning that supports strategic state interagency partnerships

HOW SUCCESS IS MEASURED: Increase in health professions students and # of professionals in rural and underserved communities

* depending on funding process/competition some % requested may be OTO