The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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July 13, 2018

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Sections 25L and 25N of Chapter 111 of the Massachusetts General Laws, please find enclosed a report from the Department of Public Health entitled the *Massachusetts Health Care Workforce Center Annual Report.*

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor

Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Massachusetts Health Care Workforce Center Annual Report

July 2018

Massachusetts Department of Public Health

Legislative Mandate

The following report is hereby issued pursuant to Section 25L and 25N of Chapter 111 of the Massachusetts General Laws as follows:

Chapter 111 M.G.L, Section 25L

(a)There shall be in the department a health care workforce center to improve access to health and behavioral, substance use disorder and mental health care services. The center, in consultation with the health care workforce advisory council established by section 25M and the secretary of labor and workforce development, shall: (1) coordinate the department's health care workforce activities with other state agencies and public and private entities involved in health care workforce training, recruitment and retention, including with the activities of the Health Care Workforce Transformation Fund; (2) monitor trends in access to primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, behavioral, substance use disorder and mental health providers, and other physician and nursing providers, through activities including (i) reviewing existing data and collection of new data as needed to assess the capacity of the health care and behavioral, substance use disorder and mental health care workforce to serve patients, including patients with disabilities whose disabilities may include but are not limited to intellectual and developmental disabilities, including patient access and regional disparities in access to physicians, nurses, physician assistants, and behavioral, substance use disorder and mental health care professionals and to examine physician, nursing and physician assistant, behavioral, substance use disorder and mental health professionals' satisfaction; (ii) reviewing existing laws, regulations, policies, contracting or reimbursement practices, and other factors that influence recruitment and retention of physicians, nurses, physician assistants, behavioral, substance use disorder and mental health professionals; (iii) projecting the ability of the workforce to meet the needs of patients over time; (iv) identifying strategies currently being employed to address workforce needs, shortages, recruitment and retention; (v) studying the capacity of public and private medical, nursing, physician assistant, behavioral, substance use disorder and mental health professional schools in the commonwealth to expand the supply of primary care physicians and nurse practitioners and physician assistants practicing as primary care providers and licensed behavioral, substance use disorder and mental health professionals; (3) establish criteria to identify underserved areas in the commonwealth for administering the loan repayment program established under section 25N and for determining statewide target areas for health care provider placement based on the level of access; and (4) address health care workforce shortages through the following activities, including: (i) coordinating state and federal loan repayment and incentive programs for health care providers; (ii) providing assistance and support to communities, physician groups, community health centers and community hospitals in developing cost-effective and comprehensive recruitment initiatives; (iii) maximizing all sources of public and private funds for recruitment initiatives; (iv) designing pilot programs and making regulatory and legislative proposals to address workforce needs, shortages, recruitment and retention; and (v) making short-term and long-term programmatic and policy recommendations to improve workforce performance, address identified workforce shortages and recruit and retain physicians, nurses, physician assistants and behavioral, substance use disorder and mental health professionals.
(b) The center shall maintain ongoing communication and coordination with the health

disparities council, established by section 16O of chapter 6A.
(c) The center shall annually submit a report, not later than March 1, to the governor, the health disparities council, established by section 16O of chapter 6A; and the general court, by filing the same with the clerk of the house of representatives, the clerk of the senate, the joint committee on labor and workforce development, the joint committee on health care financing, and the joint committee on public health. The report shall include: (1) data on patient access and regional disparities in access to physicians, by specialty and sub-specialty, and nurses, physician assistants, behavioral, substance use disorder and mental health professionals; (2) data on factors influencing recruitment and retention of physicians, nurses, physician assistants, and behavioral, substance use disorder and mental health professionals; (3) short and long-term projections of physician, nurse, physician assistant and behavioral, substance use disorder and mental health professionals supply and demand; (4) strategies being employed by the council or other entities to address workforce needs, shortages, recruitment and retention; (5) recommendations for designing, implementing and improving programs or policies to address workforce needs, shortages, recruitment and retention; and (6) proposals for statutory or regulatory changes to address workforce needs, shortages, recruitment and retention.

Chapter 111 M.G.L, Section 25N

(a)There shall be a health care workforce loan repayment program, administered by the health care workforce center established by section 25L. The program shall provide repayment assistance for graduate and medical school loans to participants who: (1) are graduates of medical, nursing, or physician assistant schools or accredited graduate schools; (2) specialize in family health or medicine, internal medicine, pediatrics, obstetrics/gynecology, psychiatry, behavioral health, mental health or substance use disorder treatment; (3) demonstrate competency in health information technology, at least equivalent to federal meaningful use standards as set forth in 45 C.F.R. Part 170, including use of electronic medical records, computerized physician order entry and e-prescribing; and (4) meet other eligibility criteria, including service requirements, established by the board.
Each recipient shall be required to enter into a contract with the commonwealth which shall obligate the recipient to perform a term of service of not less than 2 years in medically underserved areas as determined by the center.
(b) The center shall promulgate regulations for the administration and enforcement of this section which shall include penalties and repayment procedures if a participant fails to comply with the service contract.
The center shall, in consultation with the health care workforce advisory council and the public health council, establish criteria to identify medically underserved areas within the commonwealth. These criteria shall consist of quantifiable measures, which may include the availability of primary care medical services or behavioral, substance use disorder and mental health services within reasonable traveling distance, poverty levels and disparities in health care access or health outcomes.
(c) The center shall evaluate the program annually, including exit interviews of participants to determine their post-program service plans and to solicit program improvement recommendations.
(d) The center shall file an annual report, not later than July 1, with the governor, the clerks of the House of Representatives and the senate, the house and senate committees on ways and

means, the joint committee on health care financing, the joint committee on mental health and substance abuse and the joint committee on public health. The report shall include annual data and historical trends of: (1) the number of applicants, the number accepted and the number of participants by race, gender, medical, nursing, physician assistant, behavioral health, substance use, and mental health specialty, graduate, physician assistant, medical or nursing school, residence prior to graduate, medical, nursing, or physician assistant school and where they plan to practice after program completion; (2) the service placement locations and length of service commitments by participants; (3) the number of participants who fail to fulfill the program requirements and the reason for the failures; (4) the number of former participants who continue to serve in underserved areas; and (5) program expenditures.

Executive Summary

The Health Care Workforce Center (the Center) was established by Chapter 305 of the Acts of 2008 and expanded by Chapter 224 of the Acts of 2012. The Center's mission is to improve access to health care in the Commonwealth by supporting programs that assure an optimal supply and distribution of primary care and other health care professionals. The Center strives to fulfill its mandate and to further the goals of Chapter 224 by focusing its work in three areas:

- Collection and analysis of data on the Commonwealth's licensed health care workforce to support development of targeted strategies for addressing workforce gaps;
- Administration of federal and state programs that encourage recruitment and retention of primary care providers; and
- Coordination of Department of Public Health (DPH) health care workforce activities with those of other public and private primary care workforce development efforts.

Health Care Workforce Data Collection

The *Health Professions Data Series* was developed by the Center in 2009 following a state mandate to monitor the composition and distribution of health care providers in order to identify solutions to potential health care workforce shortages. A core dataset was developed to facilitate the monitoring of workforce trends in seven licensed health care provider disciplines: physicians, physician assistants, nurses, licensed practical nurses, dentists, dental hygienists and pharmacists. The core dataset contains data elements such as provider name, specialty, licensing, education and educational status, languages, employment characteristics, (e.g., location, practice type, provider role, planned work hours) and training for patients with disability. Data collection includes discipline-specific questions that are related to emerging practice and regulations.

Biennial Data Series reports help inform policy and program development of DPH initiatives such as the Massachusetts Loan Repayment Program, the State's Oral Health Equity Project, and initiatives within the Office of Health Equity and the State Office of Rural Health.

To access published *Data Series* reports, please visit:
https://www.mass.gov/service-details/review-hcwc-data-and-reports

Administration of Federal and State Programs

The Center plays a critical role in primary care recruitment and retention by implementing and promoting the following federal and state programs:

- Massachusetts Loan Repayment Program for Health Professionals
- J-1 Visa Waiver Program
- Shortage Designation

Massachusetts Loan Repayment Program for Health Professionals (MLRP)

In State Fiscal Year 2018 the Department engaged the Massachusetts League of Community Health Centers (MLCHC) in a contract to administer this program.

The Department and the MLCHC have agreed to a scope that includes conducting the MLRP application process, facilitating application review teams, and making the awards to recipients. The contract requires that the MLCHC adhere to MLRP policies, standard operating procedures, and federal program requirements.

This contract includes federal grant money from the Health Resources and Services Administration (HRSA) to support loan repayment. The Department is also collaborating with the Massachusetts Dental Society and the Massachusetts Department of Mental Health to provide the required match funding to this federal grant.

J-1 Visa Waiver Program

Another important resource for primary care capacity-building in underserved areas is the Conrad-30 / J-1 Physician Visa Waiver program. J-1 visas are non-immigrant visas issued by the United States to visitors participating in programs that promote cultural exchange, with a focus on individuals who want to obtain medical or business training within the U.S. The J-1 Visa allows international medical graduates to come to the United States under an educational exchange program for up to seven years. When the visa expires, they must return home for at least two years before applying for a permanent visa in the United States. A J-1 Visa Waiver eliminates the two year home residency requirement and allows the physician to remain and practice medicine in the United States if they agree to practice in a federally designated shortage or underserved area for at least 3 years. State government agencies can sponsor up to 30 J-1 Physician waiver requests annually.

The Center's J-1 Visa Waiver application review process focuses on DPH priorities including geographic need and behavioral health (e.g. mental health and substance use).

In 2017 the Center received 36 applications. Of these 30 applicants were recommended for a J-1 Visa Waiver, five were not recommended, and one applicant withdrew from consideration. Out of the 35 applications that were considered for recommendation, 15 were primary care physicians and 20 were specialists. The Center approved all 15 primary care physicians and 15 specialists in high-need specialties or in communities of great need. The Center defines primary care as internal medicine, family practice, pediatrics, ob-gyn, geriatrics, and psychiatry. Massachusetts has 86-J-1-Visa Waiver physicians who remain obligated as of December 2017, and 29 physicians completed their 3-year obligation in CY2017.

Shortage Designation

The Center is responsible for managing federal Health Resources and Services Administration (HRSA) shortage designation assessments and applications for Massachusetts. These federal designations provide access to federal grant funding and other program benefits for

Massachusetts communities, health care facilities, and providers. The overall purpose is to identify areas of greatest need, so that limited resources can be prioritized and directed to the people in those areas. This need is evaluated based on a complex set of statistical criteria, as well as population demographics and geographic factors.

Health care facilities and providers in communities that are designated as health professions shortage areas benefit in the following ways:

- Are eligible for MLRP, National Health Service Corps (NHSC) supported clinicians, the Medicare Physician Bonus, and the Medicare Surgical Bonus programs;
- Are eligible to bill Medicare for tele-health, which can amount to millions of dollars annually;
- Receive favorable consideration when applying for funding from certain federal grant programs.

This year the Center worked intensively on 29 HPSA applications, which is the highest number in any year in its history. During 2017 the Federal Shortage Designation Branch required that all currently designated Geographic, Population, and Correctional Facility Health Professional Shortage Areas (HPSAs) nationwide undergo an update and renewal process. This process required significant input from the Center as the federal online database for Massachusetts providers was inaccurate; showing twice the number of providers than those actually practicing in the Commonwealth. The Center addressed these inaccuracies by comparing MassHealth and Board of Registration in Medicine data to the information available in the federal system, and, where needed, direct phone calls to providers to confirm that they are still practicing in the Commonwealth.

The Center also had to gather additional demographic and health data to support applications for special situations such as large fluctuating populations in tourist areas and other areas with very poor health outcomes and greater needs for health care.

Local health care organizations also helped the Center obtain additional demographic, health, and seasonal/tourist population data needed for the applications. The Department of Corrections, County Sherriff Offices, and their health service provider organizations assisted the Center with obtaining corrections data on the inmate population.

Conclusion

Massachusetts is nationally recognized for its robust, high-performing primary care workforce and for its extraordinary health care access, services and strong health outcomes. The capacity to collect and monitor health professions workforce data and support workforce development is critical to ensuring that the health care needs of Massachusetts residents are adequately addressed. The Health Care Workforce Center continues to diligently support a strong health care workforce that provides highly accessible services to Massachusetts residents.