

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE  
*Advancing Access to Health Care for 25 Years*

# **Opportunities to Improve Recruitment and Retention of a Primary Care Workforce for Vermont**

**Recommendations from the Primary Care Workforce Committee**

**Convened by:**

**Vermont Recruitment Center  
A service of Bi-State Primary Care Association**

**January 2011**

Bi-State Primary Care Association  
525 Clinton Street, Bow, NH 03304  
61 Elm Street, Montpelier, VT 05602  
[www.bistatepca.org](http://www.bistatepca.org)

525 Clinton Street  
Bow, NH 03304  
Voice: 603-228-2830  
Fax: 603-228-2464



61 Elm Street  
Montpelier, VT 05602  
Voice: 802-229-0002  
Fax: 802-223-2336

[www.bistatepca.org](http://www.bistatepca.org)

January 2011

Dear Colleagues:

It is my pleasure to present the enclosed report, *Opportunities to Improve Recruitment and Retention of a Primary Care Workforce for Vermont*. The report includes strategies and recommendations for infrastructure and initiatives to support the recruitment and retention of a workforce of primary care clinicians for Vermont today and in the future. The report is a product of the Primary Care Workforce Committee that was convened by the Recruitment Center, a service of Bi-State Primary Care Association.

Bi-State is a private, not-for-profit, charitable organization with a broad membership of thirty-three organizations in Vermont and New Hampshire that provide and/or support community-based primary care services. Bi-State works with federal, state and regional organizations and policymakers, foundations and payers to develop strategies, policies and programs that promote and sustain community-based, primary health care services. Bi-State's Recruitment Center provides recruiting services to practices throughout Vermont including Federally Qualified Health Centers, hospitals, private practices and other safety-net providers. The Recruitment Center conducts outreach to health professionals in training and in practice to market Vermont nationally as a viable place to live and practice.

After seeing the impact of the national shortage of primary care physicians on the ability of Vermont practices to attract and retain primary care clinicians, the Primary Care Workforce Committee was convened. The Committee has examined the issues that impact and contribute to recruitment and retention of primary care clinicians and has assisted in the development and implementation of recommendations for improving the climate for the practice of primary care medicine in the state. The Primary Care Workforce Committee is comprised of volunteers from organizations that are involved in or impacted by the availability of a primary care workforce. Bi-State gratefully acknowledges the contributions of the individuals on the Committee who are committed to improving the ability of Vermont practices to recruit and retain clinicians statewide.

The recruitment and retention of primary care clinicians is a national crisis. This already difficult situation may worsen as the number of patients eligible for coverage increases under federal health reform. While this will be difficult, with the commitment of organizations in the state to work together to address these challenges, there is no doubt that the goal of having an adequate primary care workforce for Vermont is achievable.

The Primary Care Workforce Committee will continue to convene and implement strategies identified in this report over the next year. We hope that sharing the Committee's recommendations and progress will prove useful to the implementation of a comprehensive strategic workforce plan for the state. If you have questions, would like additional information about this report or the work of the Committee, or help with the recommendations, please contact Stephanie Pagliuca, Director of the Recruitment Center at: [spagliuca@bistatepca.org](mailto:spagliuca@bistatepca.org) or (603) 228-2830 Ext. 111.

Sincerely,

Tess Stack Kuenning, CNS, MS, RN  
Executive Director

## **ACKNOWLEDGEMENTS**

Bi-State Primary Care Association would like to express sincere thanks to the dedicated individuals and organizational champions who participate in the Primary Care Workforce Committee and who have contributed to this report. The Primary Care Workforce Committee is convened by Bi-State Primary Care Association to address the challenges of recruiting and retaining a primary care workforce to meet the healthcare needs of all Vermonters. We offer our gratitude to Committee members including:

- Carol Buck-Rolland, MS, APRN, University of Vermont (UVM) Graduate College of Nursing
- Carol Chumra, Northeastern Vermont Regional Hospital
- Christin E. Bland, UVM Family Nurse Practitioner Program
- Anna Westervelt, UVM Family Nurse Practitioner Program
- David Yaconove, Vermont Association of Hospitals and Health Systems
- Deb Wachtel, MS, APRN, Vermont Nurse Practitioner Association (VNPA)
- Jennifer Laurent, MS, APRN, Vermont Nurse Practitioner Association
- Gabrielle Mikula, MS, ARRN, Vermont Nurse Practitioner Association
- Elaina Gadapee, Northern Counties Health Care
- Elizabeth Cote, UVM College of Medicine Office of Primary Care and Area Health Education Center Program
- Greg P. Voorheis, Vermont Department of Labor
- Jean Cotner, Porter Practice Management
- Jill Olson, Vermont Association of Hospitals and Health Systems (VAHHS)
- John Bond, PA-C, Physician Assistant Academy of Vermont (PAAV)
- Laurie Hurowitz, PhD, UVM College of Medicine
- Lou DiNicola, MD FAAP, Gifford Medical Center
- Mildred Reardon, M.D MACP, UVM College of Medicine
- Madeline Mongan, Vermont Medical Society (VMS)
- Mike Kelliher, Brattleboro Memorial Hospital
- Paul Bengtson, Northeastern Vermont Regional Hospital
- Stephanie Pagliuca, Bi-State Primary Care Association
- Tammy McKenzie, Bi-State Primary Care Association
- Tracy Dolan, Vermont Department of Health, Office of Rural Health and Primary Care
- Virginia Van-Duyne, UVM College of Medicine
- William Perket, North Country Health Systems

Bi-State also extends its appreciation to Gifford Medical Center in Randolph, the University of Vermont Area Health Education Center in Burlington, and Central Vermont Medical Center in Berlin for hosting meetings of the Committee.

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## **PURPOSE**

Vermont (VT) is dependent on an appropriate and adequate health care workforce. Attracting, recruiting and retaining a qualified primary care workforce is essential to maintaining the health of those living in VT. Without an adequate workforce there is less access to health care for VT residents.

The Primary Care Workforce Committee was convened in 2008 by the VT Recruitment Center (RC) which is a service of Bi-State Primary Care Association (Bi-State). The Committee was formed as a result of observing the challenges that VT practices across the state were experiencing as they sought to attract, recruit and retain primary care clinicians. Committee members are volunteers who are committed to increasing access to primary care services in VT through the availability of a qualified primary care workforce.

The Committee is comprised of representatives from hospitals, Federally Qualified Health Centers (FQHCs) and outpatient primary care settings as well as the Department of Health, the Department of Labor and professional associations in the state. While the focus of the Committee's work is primary care, the committee members wish to coordinate with other key stakeholders in the state including those in the long term care, oral health, and mental health and substance abuse communities who are also involved with recruitment and retention of health professionals. There are many common themes in addressing workforce recruitment and pipeline development regardless of clinician specialty. The Committee will continue to engage with other groups to share lessons learned, to encourage collaboration and to create and enhance synergy among them.

As a starting point for its work the Committee examined the many factors that impact the recruitment and retention of primary care clinicians in VT. This report includes a summary of the factors that are affecting recruitment and retention across the state. The report also includes the Committee's recommended strategies to address VT's recruiting and retention challenges. The Committee has already initiated some of the identified strategies, the status of which is noted in this report. Several of the proposed strategies require additional resources for implementation. To the extent possible, the resources needed to address these strategies have also been indicated. While the Primary Care Workforce Committee has taken the lead in some of the identified areas, the Committee recognizes that its members may not be the lead in implementing these projects and it welcomes and invites the participation of other groups and individuals to initiate these activities to expand the availability of primary care services across the state.

## **EXECUTIVE SUMMARY**

A healthy primary care workforce is fundamental to the good health of Vermonters. The primary care workforce of: physicians, nurse practitioners (NPs), physician assistants (PA), and their practice site professional colleagues, form the engine that drives the health care system. One of the most serious challenges VT is facing is recruiting and retaining primary care clinicians (PCCs) including physicians, NPs, and PAs. Like most rural states, VT must recruit health professionals nationally to fill its critical primary care provider vacancies. Some vacancies can take 18 months or longer to fill and the impact of this is felt on a day-to-day basis through longer wait times for patient appointments and increased burn-out of existing clinicians.

There is national competition to recruit and retain a limited pool of primary care physicians (PCPs). This competition is expected to continue through 2020 due to national shortages of PCPs. Additionally, there are shortages of clinicians in mental health, substance abuse, and oral health, which adds pressure on PCCs to provide these services. The reasons for this dramatic decrease in the primary care workforce nationally are multi-factorial and complex. Unfortunately, VT is not the only state with challenges in attracting and retaining PCCs, this is a national crisis as primary health care is the cornerstone of all health care reform (HCR) efforts.

Over the last several years the demand for PCPs reached an all-time high nationally. The American Academy of Family Physicians noted a steady decline in the number of students choosing family medicine during 1997-2007. Most of today's medical students are not choosing careers in primary care in part due to the rigors of practice and its impact on lifestyle, and in part due to the income structure that offers lower reimbursement for primary care services. The 16<sup>th</sup> Report to Congress from the Council on Graduate Medical Education (COGME) warns of a physician deficit of 85,000 by 2020. Combine this with projections from the American Medical Association that indicate the pending retirement of approximately 250,000 by 2020 and one starts to understand the scope of the problem.

The Primary Care Workforce Committee was convened as a result of organizations and practices throughout VT experiencing significant difficulty in attracting and recruiting PCCs. The Committee's goal is to make the practice environment in VT as attractive as possible to PCPs, NPs and PAs in order to increase the ability of VT practices to attract, recruit, and retain these needed clinicians over the long term. These strategies are based upon the Committee's review of existing data, qualitative input from stakeholders and an analysis of present opportunities in the local and national environment. Whenever possible the recommendations build upon current efforts to assure that VT's existing resources are maximized.

## **BACKGROUND**

At its inception the Primary Care Workforce Committee reviewed a report from a legislative committee known as “Workgroup #5.” Upon review of their report, *Investments in Workforce, Capacity and Infrastructure Development*, the Committee decided that more work would be needed in order to develop and implement strategies to positively impact recruitment and retention in the state. Additionally, the Committee reviewed regional and national workforce and utilization data in order to gain a more thorough perspective of the issues and topics that have or may impact recruitment and retention of primary care clinicians to the state. The issues included:

- HCR and American Recovery and Reinvestment Act (ARRA) projects. Early in 2009 new funding was made available for NHSC Loan Repayment through the ARRA. Through this increase VT’s Federally Qualified Health Centers (FQHC) and safety net practices are now recognized as eligible National Health Service Corps (NHSC) loan repayment sites. Approximately 18% of the practices in VT are eligible to serve as NHSC sites. Eligibility of VT sites is expected to continue over the next five years (FY11-FY15) due to an additional \$1.5 billion in funding for the NHSC as part of the Federal health reform package.
- The 2010 passage of the Affordable Care Act (ACA) and subsequent expansion of health insurance coverage to previously uninsured or underinsured populations will increase the demand for primary care services across the nation.
- Electronic Medical Record (EMR) adoption and Health Information Exchange (HIE) and the Blueprint Medical Home pilot projects. Investments in health information technology (HIT), including computerized medical records will impact how care is delivered and the workforce needed to provide the care.
- Expansion of coverage: VT has implemented several pilot programs to expand coverage to uninsured Vermonters. According to survey by the Banking, Insurance, Securities, and Health Care Administration (BISHCA), as of late 2009, 47,460 VT residents lacked health insurance coverage.
- The VT Blueprint for Health: a program aimed at cutting costs and improving care through prevention of chronic diseases such as diabetes and by getting more timely and comprehensive treatment to people who have them. This program also provides the information; tools and support that Vermonters with chronic conditions need to manage their own health.

One of the first tasks of the Primary Care Workforce Committee was to develop a common language for discussing the importance of the primary care workforce and the strategies that will impact the ability of VT practices to attract recruit and retain clinicians. Members of the Committee agreed that the factors below are essential to the recruitment and retention of a PCC workforce and on the success of health reform in VT.

- Primary care is the cornerstone of HCR efforts.
- A healthy primary care workforce is fundamental to the good health of Vermonters. The primary care workforce – doctors, NPs, PAs, and their practice site professional colleagues – form the engine that drives the health care system.

- PCCs are the front door to health care in VT's vision of HCR. These are the health professionals who lead the team in coordinating care for Vermonters including referrals to medical specialists, mental health and substance abuse care, labs, hospitals, and pharmacies.
- Restoring and strengthening funding for the VT Educational Loan Repayment Program for primary care providers is an essential recruitment and retention tool. Loan Repayment Programs are a documented best practice in recruitment with a beneficial return on investment for health care provider organizations and a positive economic impact on the communities they serve. VT will continue to leverage the resources available through the NHSC Programs which benefit approximately 18% of the primary care practices in the state.
- Preserving adequate reimbursement for primary care services is essential to recruitment and retention so that health professionals considering practice in VT know that there is opportunity to earn an adequate living here.
- Coordination of care through the Blueprint for Health and the primary care medical home model will improve the health and the health care system for Vermonters. These models prevent inappropriate hospital utilization, offer chronic disease prevention, screening, and care management, and enhance wellness while cutting costs and supporting the delivery of quality health care.
- Good health supports good economic health for VT. Revenue generated by the health care industry is a major economic engine for VT.

Below is additional information that influenced the Committee's recommendations.

- Communities across the state cite a lack of information about spousal/partner employment opportunities as a significant barrier to attracting and recruiting health professionals to Vermont.
- A 2009 survey conducted by the VT Area Health Education Center (AHEC) showed that statewide, one-third (34%) of VT's PCPs are not accepting new patients.
- The demographic characteristics of the population are changing at both the state and national levels. The increasing aging population coupled with the continued increase of chronic disease is straining the diminishing supply of health care professionals.<sup>1</sup>
- Physicians are influenced by the proximity of their training program to a potential practice location. Recruiting physicians to practice in VT is challenging as the local pool of candidates completing their education in the state is small compared to other rural states.
- Current surveys of VT physicians indicate that although VT, in aggregate, has more physicians per capita than other states in the region, the capacity is not equally distributed among specialties or geographic regions. For example, the state falls far short of the recommended number of internal medicine specialists.<sup>2</sup>
- Research demonstrates that NPs provide high quality and cost effective health care, with excellent outcomes. NPs are licensed independent clinicians who practice under written collaboration agreements with physicians. NPs practice primary care in ambulatory, acute and long term care

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<sup>1</sup> <http://healthVT.gov/local/rural/documents/VT-Rural-Health-and-Primary-Care-Plan2009.pdf>

<sup>2</sup> <http://healthVT.gov/local/rural/documents/VT-Rural-Health-and-Primary-Care-Plan2009.pdf>

settings. In addition to diagnosing and managing acute and chronic illnesses, NPs emphasize health promotion and disease prevention. According to the VT Nurse Practitioner Association, increased utilization of this health care profession can lead to better access, improved outcomes and overall lower health care costs. Cost savings associated with NP practice includes: lower rates of hospitalization, lower laboratory utilization and fewer emergency room visits. Increased awareness of the value of NPs and increasing access to their valuable services will go a long way in addressing the PCP shortage.<sup>3</sup>

- PAs provide medical care and consult with supervising physicians and other physician colleagues. There are approximately 75,000 practicing PAs in the United States and abroad, of which roughly 30,000 practice in primary care. PAs often practice in underserved areas and are already contributing to improving access to care. With the shortage of PCPs, PAs are well positioned to continue to assist in improving access to quality, affordable patient care.<sup>4</sup>
- According to the *Vermont Primary Care Workforce 2009 Snapshot Report*, VT currently has 474 full time equivalent (FTEs) PCPs for all primary care specialties combined including family practice, general internal medicine, pediatrics and obstetricians/gynecologists. This is 27 fewer PCP FTEs than the overall adequate number of 501 MD/DO FTEs for VT's population. Given the part-time nature of some PCPs it would take approximately 31 individual physicians to fill this shortfall (based on the total number of physicians it currently takes to yield one FTE).
- The combined supply of advanced registered NPs, certified nurse mid-wives and certified PAs in VT is 151 FTEs, which is 15 below the adequate number of 167 FTEs statewide. Given the part-time nature of many positions in rural practice, approximately 24 practitioners are needed to achieve 15 FTEs (based on the total number of practitioners it currently takes to yield one FTE).<sup>5</sup>

## **RECOMMENDED STRATEGIES**

Below are the strategies that the Primary Care Workforce Committee developed after reviewing existing data, obtaining qualitative input from stakeholders and conducting an analysis of the current challenges and opportunities. These strategies address the goal of making VT an attractive practice environment which in turn increases the ability of VT practices to attract, recruit and retain needed health professionals.

1. Address and improve reimbursement for primary care services. Lack of adequate third party reimbursement is a critical issue for attracting and retaining primary care clinicians in the state.
2. Support and encourage telemedicine and health information technology initiatives to maximize the reach and effectiveness of the primary care workforce in Vermont.
3. Simplify health care administration functions through the Vermont Claims Administration Collaborative.
4. Establish a Spouse/Partner Toolkit to support the recruitment of a primary care clinician's spouse or partner at the same time the clinician is considering relocation to Vermont.

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<sup>3</sup> VT Nurse Practitioner Association, 12/09

<sup>4</sup> Physician Assistant Academy of VT, 12/09

<sup>5</sup> Vermont Primary Care Workforce Snapshot 2009

5. Maximize visibility for Vermont practice opportunities to a national audience of primary care clinicians by increasing coordinated outreach and marketing efforts to clinicians in training and in practice outside of the state.
6. Establish a Primary Care Clinician Ambassador Program to engage primary care clinicians who are already in practice in the state in the recruitment and mentoring of new clinicians who are considering or entering practice in Vermont.
7. Promote the role of nurse practitioners and physician assistants to help address physician shortages.
8. Encourage nurses to engage in the role of nurse faculty and support hospital nurse training programs to expand support for physicians.
9. Expand in-state health careers programs to encourage more Vermonters to enter and advance in primary care health professions.
10. Support the Vermont Educational Loan Repayment Program for clinicians who practice in underserved areas that are not eligible for the National Health Service Corps.
11. Support the expansion of the National Health Service Corp, a Federal program that offers scholarships and loan repayment to clinicians who agree to work in designated underserved areas and underserved populations.

## **IMPLEMENTATION**

Once the strategies were developed, the Committee prioritized next steps by considering the current resources available to lead and conduct the work. The Committee has already started implementing a number of initiatives that align directly with the expertise and resources available through its membership. Implementation to date has been conducted by the Committee members and facilitated by VT RC. The projects have focused on:

1. Developing a “brand” message to promote practice in VT to PCCs;
2. Developing a framework for a Clinician Ambassador Program to match clinicians who practice in VT with clinicians who are considering relocation to the state; and
3. Convening an informational session with the VT Board of Medical Practice and the Board of Nursing to open the dialog about perceived barriers that exist within the state’s licensing process for physicians, PAs and NPs.

**Brand Message:** The new message, *Practice Medicine in Vermont, Come for Who You Are, Stay for Who You Become*, was developed by the Primary Care Workforce Committee with input from clinicians who already practice in the state. The clinicians shared what attracted them to the state originally and discussed the reasons they stay. In addition to the brand message, a list of the top 10 reasons to practice in VT was developed. A copy is included as Appendix V. The brand message and the top 10 reasons to practice in VT has been integrated into VT RC’s national marketing and outreach to clinicians outside of the state and is being utilized by community practices that are actively recruiting health professionals.

**Clinician Ambassador Program:** An untapped resource identified through the Committee’s discussions is VT’s current workforce. Clinicians who are satisfied both professionally and personally

by working and living in VT are a great resource for attracting and recruiting new health professionals. The goal of the Clinician Ambassador Program is to match clinicians who practice in VT with clinicians who are considering relocation or who are new to the state. VT's clinician ambassadors are available to share insights with newly recruited clinicians about the benefits of practicing in the state and help them to become integrated into the professional community to support retention. Ambassadors may also provide insight to the Committee on new strategies to attract and recruit health professionals to VT. The Clinician Ambassador Program will be facilitated through the Recruitment Center, which serves as a centralized resource for VT communities that are actively recruiting health professional and clinicians from out of state who are considering practice here. Individuals who would like to become involved in the Clinician Ambassador Program are encouraged to contact Claire Hodgman at: [chodgman@bistatepca.org](mailto:chodgman@bistatepca.org).

**Licensure:** When seeking information about the challenges to recruitment of health professionals to VT the licensing process was identified as an area for review. The Committee acknowledged the benefit of understanding VT's licensing process for physicians, PAs and NPs. The Committee met with the representatives from VT's Board of Medical Practice and the Board of Nursing to review the processes for licensure. The meeting resulted in Committee members having a better understanding of each board's process and timelines for licensure. A summary of the licensure processes was prepared and is shared with communities and clinicians through the VT RC. The boards were also receptive to input from the Committee about opportunities to improve the licensure processes in the future. The session also led to a separate meeting between the Board of Medical Practice and the VT Association of Hospitals and Health Systems to focus on how they can work collaboratively to assist hospitals to transition from using the Council for Affordable Quality Healthcare (CAQH) Universal Provider Datasource (UPD), a national database which allows physicians to enter necessary information, to using the Uniform Application for Physicians License (UA) to expedite the VT licensing and credentialing process.

## **NEXT STEPS**

The next phase of implementation will take place over the coming months and years. The Primary Care Workforce Committee will continue to implement the strategies noted above, monitoring outcomes to assure coordination of effort and the effectiveness of the projects. The Committee will also develop a work plan for promoting the role of NPs and PAs in VT to help maintain access to quality, affordable patient care when the country is experiencing PCP shortages. The Committee continues to support investment and expansion of VT's Educational Loan Repayment Program to attract health professionals to work in rural and underserved areas of the state, as well as increased investment in the state's health careers programs to assure that VT can "grow our own" future health professional workforce.

Several of the Committee's highest priorities relate to topics that are global and complex in nature. The Committee does not have the resources within its membership to address these strategies and yet addressing these issues is critical to increasing the ability of all Vermont practices to attract, recruit and retain needed health professionals. The topics that will require additional resources to address include:

- **Spouse/Partner Employment:** One of the most pressing issues when recruiting health professionals is the availability of spouse/partner employment. There is currently no resource for VT practices or health professionals who are considering relocation to identify opportunities for employment for their spouse/partner. This is a concern not only for the health care industry but for industries across VT whose workers are part of two-career families. Attracting, recruiting and retaining a qualified workforce is contingent upon meeting the needs of both the employee and their family. If an employee's spouse/partner cannot find suitable employment, that person will eventually leave the state to follow their spouse/partner in pursuit of their professional goals. In today's nationally competitive environment, PCCs can find many opportunities available to them in other states where it may be easier for their spouse/partner can find suitable employment. The Primary Care Workforce Committee recommends that a spousal/partner employment toolkit be developed as a resource for employers and clinicians who are in the process of being recruited to the state. This resource should be widely distributed to VT employers as it will be valuable tool for many industries in VT that seek to attract, recruit and retain a qualified workforce. Partners interested in conducting or financing this work are encouraged to contact Stephanie Pagliuca at: [spagliuca@bistatepca.org](mailto:spagliuca@bistatepca.org).
- **Reimbursement for Primary Care Services:** The factors that impact reimbursement for primary care services are complex. We know that low reimbursement not only affects the earning potential of PCCs which can be a deterrent to their choosing to practice in VT, it has an impact on whether or not clinicians in training enter the field of primary care versus specialty practice. The new payment reform initiative through the Blueprint for Health is something innovative that could make practicing as a primary care clinician in VT more attractive. Reimbursement issues that impact PCCs should continue to be monitored. Organizations that are working to address reimbursement issues in VT should be encouraged to work together to better position VT as a financially viable place for PCCs to practice over the long term. Information about VT's reimbursement initiatives should be included into materials used for national marketing and recruitment.
- **Efficiencies in Administration:** The Committee supports the work that the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) is doing to simplify health care administration through the VT Claims Administration Collaborative. Development of uniform standards for claims administration and forms across payers should be encouraged to create efficiencies and reduce administrative costs. Reviews of claims submission and processing procedures should be conducted to eliminate redundancy and unnecessary steps in the process.

## CONCLUSION

VT offers a high quality of life to PCCs and their families yet we face significant challenges to attracting, recruiting and retaining these needed health professionals. VT is competing nationally with other states for a limited and diminishing pool of PCPs. The physician shortage will continue to increase demand for PAs and NPs to practice at the highest level of their training. Combine the national shortage with increasing consumer demand and it is clear that VT must continue to implement strategies that will make the state a viable and attractive location for PCCs and their families.

Based upon the research conducted by the Primary Care Workforce Committee, the ability of VT organizations to effectively recruit and retain clinicians is affected by factors including:

- availability of employment for a spouse or partner to assure that family needs can be met in VT;
- availability of educational loan repayment due to the high cost of a medical education;
- VT's reputation for collegiality among medical professionals in primary care practice;
- the length of time needed to obtain a license to practice medicine in VT; and
- visibility of VT practices that are recruiting to a national audience of PCPs.

The Primary Care Workforce Committee has worked tirelessly to identify strategies that will make a difference for VT in attracting, recruiting and retaining PCCs both today and for the future. Committee members acknowledge the difficult fiscal times facing the Legislature and state agencies, however, funding and resources are needed to continue and expand initiatives in the identified areas. Collaboration will be a key element to success as many of the issues raised impact all practices in VT and will be best addressed through a systems approach. A systems approach will benefit all practices in the state with the ultimate benefit to patients who will have access to primary health care in a timely manner. The Committee welcomes additional feedback on this report. Please direct any comments or questions to Stephanie Pagliuca, Director of the Recruitment Center at: [spagliuca@bistatepca.org](mailto:spagliuca@bistatepca.org).

## **Appendix I: Overview - Vermont Recruitment Center**

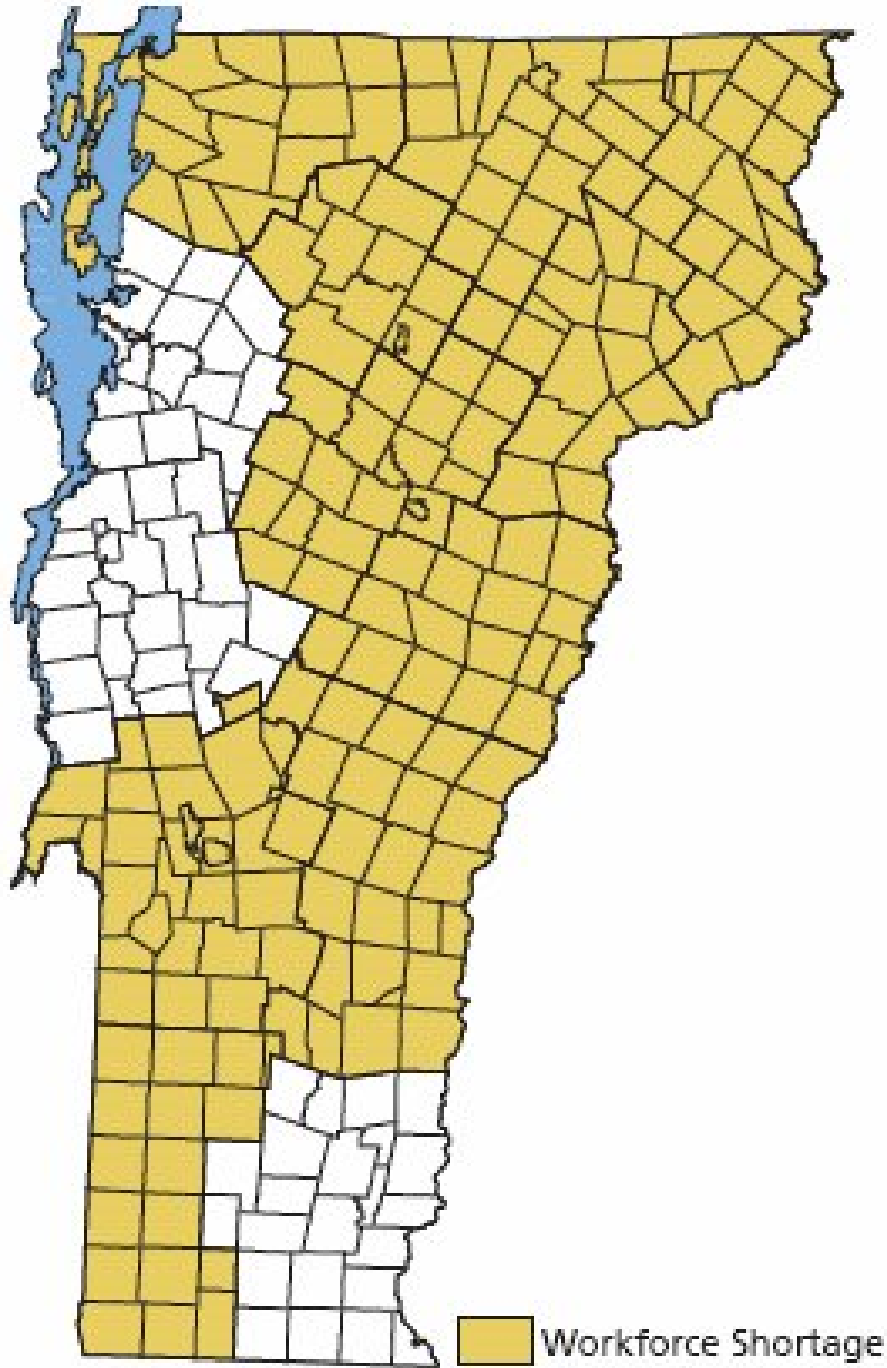
The RC, a service of Bi-State, is the only non-profit organization that conducts national marketing and outreach to PCPs, NPs and PAs specifically to attract and recruit them to VT. Dedicated to recruiting PCPs to rural and underserved areas of the state where their services are most needed, the RC screens practitioners to determine which communities and practices will best meet their personal and professional needs to support long-term retention. Familiar with the health care, business, cultural, educational, and recreational environment, the RC staff has a wealth of knowledge to support the transition of newly recruited practitioners and their families. The RC also provides technical assistance on programs that support recruitment such as the National Health Service Corps (NHSC), which offers loan repayment for clinicians who agree to practice in federally designated underserved areas serving underserved populations. The RC collaborates with organizations across VT to maximize resources and avoid duplication. The RC's national marketing and outreach complements the pipeline and workforce development activities conducted by VT's Area Health Education Centers (AHEC) and the VT State Dental Society. By convening the Primary Care Workforce Committee, the RC engages with organizations including: the VT Office of Rural Health and Primary Care, UVM College of Medicine Office of Primary Care and AHEC Program, VT Medical Society, VT Association of Hospitals and Health Systems, VT NP Association, the PA Academy of VT, the Department of Labor and representatives from our local medical school as well as several hospitals and FQHCs.

Bi-State is a private, not-for-profit, charitable organization with a broad membership of thirty-three organizations in VT and New Hampshire (NH) that provide and/or support community-based primary care services. Bi-State works with federal, state, and regional health policy organizations and policymakers, foundations and payers to develop strategies, policies and programs that promote and sustain community-based, primary health care services.

For more information on the Recruitment Center contact Stephanie Pagliuca, Director, [spagliuca@bistatepca.org](mailto:spagliuca@bistatepca.org). For assistance with provider recruitment contact Susan Carll, Recruitment and Retention Coordinator, [scarll@bistatepca.org](mailto:scarll@bistatepca.org)

## **Appendix II: Primary Care Physician (MD/DOs) Shortage Areas by County**

*Source: Vermont Primary Care Workforce 2009 Snapshot*



### **Appendix III: Licensed Primary Care Providers in Vermont**

| <b>Provider Type</b>        | <b>Number of Licensed Clinicians in Vermont</b> |
|-----------------------------|---|
| Physician Assistant         | 170   |
| Nurse Practitioner          | 528   |
| Family Medicine Physician   | 267   |
| Internal Medicine Physician | 239   |
| Pediatrics Physician        | 129   |
| Ob/Gyn Physician            | 79  |
| Psychiatry Physician        | 162   |
| Total                       | 1574  |

*Source: Vermont State Board of Nursing and Vermont State Board of Medical Practice, 2008*

## **Appendix IV: Average Primary Care Provider Salary (Regional Comparison)**

Creative solutions to the physician shortage such as the use of telemedicine to maximize the reach and effectiveness of the primary care workforce in VT are needed. We also need to support continued funding and expansion of State and Federal programs that provide financial resources to primary care clinicians, especially in VT where salaries are lower compared to other states in the region.

### **Physician - Family Practice**

|                           |           |
|---------------------------|-----------|
| New Hampshire (Nashua)    | \$174,254 |
| Vermont (Burlington)      | \$159,355 |
| New York (Albany)         | \$161,896 |
| New York (New York)       | \$190,638 |
| Massachusetts (Worcester) | \$170,066 |
| Massachusetts (Boston)    | \$156,208 |

### **Physician – Internal Medicine**

|                           |           |
|---------------------------|-----------|
| New Hampshire (Nashua)    | \$182,281 |
| Vermont (Burlington)      | \$166,695 |
| New York (Albany)         | \$169,354 |
| New York (New York)       | \$199,420 |
| Massachusetts (Worcester) | \$177,899 |
| Massachusetts (Boston)    | \$189,944 |

### **Nurse Practitioner**

|                           |          |
|---------------------------|----------|
| New Hampshire (Nashua)    | \$87,257 |
| Vermont (Burlington)      | \$79,796 |
| New York (Albany)         | \$81,069 |
| New York (New York)       | \$95,464 |
| Massachusetts (Worcester) | \$85,160 |
| Massachusetts (Boston)    | \$90,928 |

### **Physician Assistant**

|                           |          |
|---------------------------|----------|
| New Hampshire (Nashua)    | \$87,839 |
| Vermont (Burlington)      | \$80,329 |
| New York (Albany)         | \$81,610 |
| New York (New York)       | \$96,098 |
| Massachusetts (Worcester) | \$85,728 |
| Massachusetts (Boston)    | \$91,532 |

*Source: [www.Salary.com](http://www.Salary.com), accessed July 2008*

## **Appendix V: Top 10 Reasons to Practice Medicine in Vermont**

### **Practice Medicine in Vermont**

### **“Come for Who We Are, Stay for Who You Become”**

#### **TOP TEN REASONS TO PRACTICE MEDICINE IN VERMONT**

10. Vermont is one of the healthiest states in the union
9. Lower malpractice rates than many other states
8. Our hospitals and health centers are as healthy as our citizens
7. We may be rural, but the availability of technology is second to none
6. Great relationships between hospital administrators & physicians
5. Strong collegial relations between generalists and specialists
4. Cultural opportunities abound
3. One of the greatest educational systems in the United States
2. “Work Hard, Play Hard”– every season
1. With the Blueprint for Health and the goal of universal health care access, Vermont is at the forefront on National Health Care Reform