

Nevada AHEC Program

Including: High Sierra AHEC (Reno), Desert Meadows AHEC (Las Vegas) and Frontier AHEC (Elko)

PPC WORKFORCE POLICY IDEAS

*****ONGOING DISCUSSION*** (UPDATED 6/14/24)**

Commissioner Name	Subject Number	Policy Concept Description
EO SECTION: (a) Attracting and retaining talent to address health care workforce challenges in urban and rural communities;		
Curry-Winchell	A.1	<p>Identify ways to recruit and retain a more diverse health care workforce. Lack of diversity may deter prospective medical graduates from completing GME in Nevada.</p> <p>Current Efforts: AHEC is committed to enhancing diversity within the healthcare workforce through several initiatives. We have developed comprehensive pathway programs, starting as early as 5th grade, aimed to recruit and retain a more diverse healthcare workforce specifically targeting Title 1 schools, first-generation students, and students from underrepresented and rural communities. AHEC focuses on Title 1 schools to introduce diverse students to health profession careers through VR and AR headset programs, shadowing experiences with practicing and retired professionals from diverse backgrounds and settings, and offering entry-level career introductions to CHWs, personal care assistants, medical assistants, CNAs, pharmacy techs, etc., enabling them to begin employer-sponsored expanded career enhancement training opportunities.</p> <p>AHEC partners with medical schools and universities to develop joint initiatives aimed at increasing diversity within programs. This can include joint recruitment efforts, shared resources, and coordinated support systems for minority students. Additionally, we connect students and graduates with loan repayment programs and provide cultural competency training to healthcare professionals, ensuring they are equipped to work effectively in diverse environments and with diverse patients.</p> <p>Future Support with Adequate Resources: With adequate resources, AHEC can further develop and expand its efforts to recruit and retain a more diverse healthcare workforce. Examples include:</p> <ul style="list-style-type: none"> ● AHEC can offer scholarships, stipends, and tuition reimbursement programs specifically aimed at underrepresented minorities in the healthcare field. These financial incentives can help attract a more diverse pool of medical students and residents. ● AHEC can establish mentorship programs that connect diverse medical students and residents with experienced healthcare professionals from similar backgrounds. This support can help retain minority students by providing guidance, encouragement, and career advice. ● AHEC can formalize their current collaborations with healthcare organizations and industry partners to create internships and job placement programs. These partnerships can help ensure that diverse graduates have opportunities to start and advance their careers in Nevada. ● AHEC affiliated program (Nevada Health Service Corps) support and possible Scholarship portion of this program. <p>Data:</p> <p>GME trends in Nevada - 2023 Nevada Health Workforce Research Center</p> <p>AAMC 2021 Association of American Medical Colleges: Overall, 57.1% of the individuals who completed residency training from 2011 through 2020 are practicing in the state of residency training.</p> <p>In 2023, 47.2% of all GME graduates will remain in Nevada to begin clinical practice or pursue additional training, and 58% plan to leave Nevada.</p> <p>In 2023, 50.7% of GME graduates in southern Nevada will remain in Nevada to begin clinical practice or pursue additional training, and 49.3% plan to leave Nevada.</p> <p>In 2023, 33.4% of GME graduates in northern Nevada will remain in Nevada to begin clinical practice or pursue additional training, and 66.6% plan to leave Nevada.</p> <p>Over the past ten years, 42.8% of 1,675 GME graduates indicated that they will remain in Nevada to begin clinical practice or pursue additional training, and 57.2%</p>

		<p>plan to leave Nevada.</p> <p>Primary Care practice patterns of UNR Med graduates - 2005 to 2020 Nevada Health Workforce Research Center There were 342 primary care residency program matches. Of the 122 family medicine matches, 113 physicians are practicing with 55 (45.1%) practicing in Nevada. Of the 143 internal medicine matches, 65 physicians are practicing, with 23 (16.1%) of them in Nevada. Of the 77 pediatric medicine matches, 50 physicians are practicing, and 18 (23.4%) are in Nevada.</p>
Sexton	A.2	<p>Develop workforce incentives focused towards recruiting occupations in undersupply and target rural or underserved communities to improve access to care. Current Efforts: Nevada Health Service Corp, Training and Education Incentives via DPBH, AB45</p> <p>AHEC actively engages with rural and underserved communities to understand their specific healthcare needs. We collaborate closely with local healthcare facilities, community organizations, and educational institutions to develop tailored workforce development programs. These programs not only recruit healthcare professionals but also provide ongoing support and resources to ensure their success and retention in these communities.</p> <p>Expanding broadband access to rural settings enables training and experience for rural underserved adult and undergraduate students to learn and practice basic through advanced health support skills (basic CPR, Stop the Bleed, EMT, paramedic, counseling, etc.) in partnership with rural health coalitions.</p> <p>Current Services of AHEC:</p> <ol style="list-style-type: none"> 1. Recruitment Programs: Actively recruiting healthcare professionals to serve in Nevada’s underserved urban and rural communities. 2. Training and Education: Offering comprehensive training programs for healthcare workers, emphasizing primary care and culturally competent practices. 3. Retention Initiatives: Implementing strategies to retain healthcare professionals within underserved areas, including continuing education and professional development opportunities. 4. Support of current students to remain engaged with rural and/or underserved communities through free clinics located within rural and/or urban communities staffed by students and support of precepting physicians and other preceptors. 5. Community Outreach: Engaging with local communities to understand their healthcare needs and ensuring services are aligned with those needs. 6. Partnerships and Collaborations: Working with the University of Nevada, Reno, School of Medicine, and the Office of Statewide Initiatives and its affiliated programs (Nevada State Office of Rural Health, Nevada Health Service Corps and Nevada Workforce Center) to enhance the healthcare workforce. Also, a long standing and active member of the Rural Nevada Health Network. 7. Scholarship and Loan Repayment Programs: Providing financial incentives to healthcare professionals who commit to working in underserved areas. (Support of Nevada Health Service Corps, Treasurer’s Office Loan Repayment Program) <p>Alignment:</p> <ol style="list-style-type: none"> 1. Targeted Recruitment: AHEC’s recruitment programs focus specifically on bringing healthcare professionals to underserved urban and rural communities in Nevada, aligning directly with the recommendation to target rural or underserved areas. 2. Incentive Programs: Through scholarship and tuition reimbursement programs (contingent upon funding), AHEC offers financial incentives to healthcare workers, encouraging them to serve in areas with significant workforce shortages. 3. Focus on Undersupplied Occupations: By identifying and prioritizing recruitment for healthcare occupations in undersupply, AHEC ensures that the most critical gaps in the workforce are addressed. 4. Improving Access to Care: All initiatives, from recruitment and training to retention and community outreach, are designed to improve access to care for Nevada’s underserved populations, fulfilling the core goal of the policy recommendation.

		<p>5. Collaborative Approach: Partnering with key institutions like the University of Nevada, Reno, School of Medicine, Kirk Kerkorian School of Medicine at UNLV, other health professions training programs and leveraging community insights, AHEC aligns its services with state-wide efforts to address healthcare workforce shortages systematically.</p> <p>Future Support with Adequate Resources:</p> <ul style="list-style-type: none"> AHEC, due to our vast partnership network, has the ability to serve as a strong partner to help strengthen partnerships with healthcare providers and organizations in rural and underserved areas to create sustainable workforce solutions. By working collaboratively, AHEC can facilitate the placement of healthcare professionals in areas of need and supports them with mentorship, continuing education opportunities, and professional development.
F. Kahn	A.3	<p>Reduce/cap the amount of interest issued by insurers on medical education loans. High cost and interest rates on education loans is a barrier to attracting and retaining providers, especially in rural and underserved areas.</p> <p>Opportunity: Ensure adequate funding for the Nevada AHEC Program that allows us to offer tuition reimbursement and other supportive social services that reduce financial barriers to the students we serve, especially those in rural and underserved areas.</p> <p>Recommendation: Address root causes that lead to health professionals serving in rural settings and underserved health professional shortage areas. (See below).</p> <p>Factors influencing where physicians practice The factors influencing where physicians choose to practice can be quite complex and multifaceted. Here are some key factors identified through research:</p> <ol style="list-style-type: none"> 1. Personal Background: Physicians who graduate from a rural high school are significantly more likely to practice in a rural setting. 2. Family Considerations: Support of and for a significant other is often the most important factor in choosing a practice location. Employment opportunities for spouses and quality of life for the family also play a crucial role. 3. Financial Incentives: These can include salary, benefits, loan repayment programs, and cost of living considerations. 4. Career Development: Opportunities for professional growth, continuing education, and advancement within a practice or health system are influential. 5. Work Environment: A professional work environment that offers autonomy, a manageable workload, and supportive infrastructure and staffing is attractive to physicians 6. Community Needs: The desire to serve in underserved areas, whether rural or urban, can motivate physicians to practice in specific locations . 7. Scope of Practice: The ability to practice to the full extent of their training and expertise is important for many physicians. 8. Lifestyle Preferences: Recreational opportunities, community culture, and overall quality of life are significant factors for many practitioners.. 9. Medical School and Residency Experience: The training environment and experiences during medical school and residency can influence practice location choices, with some programs focusing on preparing students for rural or underserved area practice. 10. Community Integration: Factors such as community size, demographics, and the presence of other healthcare providers can influence a physician's decision. <p>These factors can vary widely among individual physicians, with some prioritizing personal and family needs while others may focus more on professional or community-related aspects. Understanding these factors can help healthcare recruiters and policymakers develop strategies to attract and retain physicians in areas where they are most needed.</p> <p>Sources:</p>

		<p>Factors that influence physician assistant choice of practice location Geographic variation in spatial accessibility of U.S. healthcare providers</p> <p>Factors Influencing Rural Physician Assistant Practice 10 Key Metrics to Identify the Best Location For Your New Practice</p>
EO SECTION: (b) Improving access to primary care and public health services;		
TBD		
EO SECTION: (c) Removing unnecessary state administrative hurdles to recruiting and retaining health care workers;		
Kirkpatrick, Peterson, Sexton	C.1	Expand the health care workforce in critical areas by adopting a practical approach to licensure through enacting inter-state licensure compact agreements and reciprocity.
Chair Khan	C.2	<p>Request licensure boards, hospitals, and health systems remove intrusive mental health questions from health care provider licensure and credentialing applications. Review the questions from the MD and DO licensing boards.</p> <p>Recommendation:</p> <p>Implement administrative simplification and prior authorization improvement strategies that apply FHIR apps and interoperability interventions that automate sharing of medical necessity and covered benefit criteria between electronic health records and payer decision systems as well as gold card programs that reduce time delays and avoid unnecessary administrative barriers to safe effective clinical practice and reduce clinician burnout. Implement health data utility interventions that integrate data and information from health information exchanges, electronic health records, community information exchanges, and public health information systems to improve communication and care coordination for patients with medical, social, and behavioral needs and optimize efficiency and effectiveness of services.</p>
Peterson	C.3	<p>Request single state authority over all health care licensing boards. Request licensing boards report and be held accountable for certain metrics (i.e. duration of time from application to licensure).</p> <p>Recommendation:</p> <p>Train interprofessional teams who collaborate with protocols and collaborative agreements to deliver optimal therapies using each professional practicing at the top of their license with appropriate supervision and safety.</p> <p>Implement outcome based payments and value based payments for care teams and reduce the proportion of payments based on fee for service administratively complex processes.</p>
EO SECTION: (d) Identifying sustainable funding strategies for strengthening the states health care workforce, which includes supporting competitive Medicaid reimbursements;		
F. Kahn, Sexton	D.1	Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact. Expand federal, state, public and private funding investment into Graduate Medical Education (GME) residency and fellowship programs.

Opportunity:

Currently there are AHECs collaborating in grantee residency programs in 24 states. AHECs are great partners to get involved in the delivery and coordination of GME. The National AHEC Organization is a partner/stakeholder with RuralGME.org. RRPD eligible programs include rural residencies that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Eligible grant recipients include physician residency programs that primarily train residents in rural clinical settings for greater than 50 percent of their total time and focus on producing physicians who will practice in rural and underserved areas. Programs may be rurally-located or may exist as an expansion of an urban program.

What are the steps to start a RTP?

The Rural Residency Planning and Development (RRPD) Technical Assistance Center created a framework to highlight the 5 key stages of program development. These include: exploration, design, development, start-up, and maintenance. The roadmap provides additional detail on each step to support the development of a functional, accredited, and financially sustainable program.

What funding is available to support rural residency development?

The Rural Residency Planning and Development Program (RRPD) supports development costs associated with creating new residency programs in family medicine, internal medicine, general surgery, psychiatry, obstetrics and gynecology as well as preventative medicine.

Grant funding typically supports start-up costs to establish new rural residencies including accreditation costs, faculty development, resident recruitment, faculty, and administrative staff.

Currently, Nevada is NOT a grant recipient of this program. Opportunity to apply.

What can AHECs do well to support this work:

Scholar Collaboration for Training, Didactic, and Clinical Retention of Medical Students
Grants Management, Reporting, Evaluation, Etc.
Program Management
Program Development
Community Based Partnerships
Technical Assistance supporting development of rural and underserved communities and training sites for GME

Recommendations:

Medicaid Match for GME:

- States should provide a match to enhance GME funding.
- Establish a dedicated Medicaid match GME fund to support the expansion and sustainability of residency and fellowship programs.

Start-up and Ongoing Support Funds:

- Allocate start-up funds and ongoing support funds to state institutions to foster the development and maintenance of GME programs.

Allocate some of the funds from opioid settlements and cannabis taxes to sustained funding of new and expanded graduate medical education residency and fellowship programs to expand our workforce in shortage specialties. The funds must be used to remediate the harms of the opioid epidemic, so there could be an opportunity to fund GME funds to build out residencies for substance abuse treatment providers. As it relates to the cannabis tax, per NRS 372A.290 this money is split (75/25) between

		the Distributive School Account (DSA) and the State General Fund. Allocate from the state general fund, if applicable.
Sexton	D.2	Seek opportunities for federal matching (i.e. Medicaid) of state investments to support health care workforce development.
EO SECTION: (e) Ensuring recommended strategies for increasing provider reimbursement are based on payment methodologies that incentivize and reward for better quality and value for the taxpayer dollar.		
TBD		
EO SECTION: (f) Identifying strategies for evaluating new and existing state investments in efforts to improve the capacity and size of the states health care workforce.		
F. Kahn, Sexton	F.1	<p>Develop public-private partnerships to fund health care workforce initiatives, leveraging resources from both sectors to maximize impact. Expand federal, state, public and private funding investment into Graduate Medical Education (GME) residency and fellowship programs.</p> <p>**See recommendations above**</p> <p>Opportunity to have the state of Nevada match awarded efforts</p>
Kirkpatrick	F.2	<p>Invest workforce dollars to increase health care apprenticeships, stipends and scholarships. Use innovative 'earn while you learn' models to support interested candidates to complete education/training requirements. The Nevada Nurse Apprentice Program has proven to be a successful model to recruit and retain Nevada nursing students, especially in rural and underserved areas.</p> <p>Opportunity to fund the Nevada AHEC Program, affording our ability to implement apprenticeships, internships, shadowing, stipends and scholarships to the students we are serving through our established pathway programs.</p>
Sexton	F.3	<p>Develop the Healthcare Career High School Academy model, similar to HB163 legislation from Alabama.</p> <p>Regarding the recommendation to develop a Healthcare Career High School Academy model similar to Alabama's HB163 legislation, it's important to note that several similar programs already exist in Nevada under the Office of Science Innovation and Technology (OSIT) and NDE's Career and Technical Education initiatives.</p> <p>Medical Academy at Mojave High School</p> <p>Desert Pines High School</p> <p>Medical Society Club Information - Green Valley</p> <p>Rural Outreach Clinic</p> <p>Student Outreach Clinic</p>

		<p>While HB163 allocated substantial resources and also required significant philanthropic support, Nevada's existing programs are notably underfunded. Moreover, there is a pressing difficulty in recruiting qualified faculty and staff, which impedes the accessibility and scalability of these programs.</p> <p>Instead of creating new programs from scratch, a more effective approach could involve bolstering funding for the established programs. This would enable them to expand their reach and impact. Additionally, increased funding would facilitate the implementation of robust tracking mechanisms to longitudinally monitor participants' progress and evaluate the long-term impact of these programs. This includes tracking educational outcomes, job placements, and career trajectories of graduates in areas of high demand within the healthcare sector.</p> <p>Area Health Education Centers (AHEC) can play a pivotal role in supporting and expanding these initiatives. AHECs have a proven track record of connecting educational institutions with healthcare providers, offering mentorship programs, and facilitating clinical experiences for students. By enhancing partnerships with AHECs, existing healthcare career academies in Nevada can gain access to a broader network of resources, mentorship opportunities, and potentially additional funding sources. AHECs could also serve as their talent acquisition partner aiming to place students into experiential learning opportunities and/or directly into jobs.</p> <p>In conclusion, prioritizing funding for existing programs, enhancing support services, and leveraging partnerships with AHECs would likely yield better outcomes than initiating new endeavors without addressing the current resource deficiencies. This collaborative approach can significantly improve the ability of healthcare career education initiatives in Nevada to track participant progress longitudinally, evaluate impact, and effectively place graduates in areas where healthcare professionals are most needed.</p>
Davis	F.4	<p>Establish workforce development hub(s). The State has many workforce initiatives and resources aimed at addressing workforce development. It would be helpful to have a single resource for public and stakeholders to refer to. There are resources everywhere that we are not aware of. Need to work together and identify the resources actually available.</p> <p>BeHERE The Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV) is a new workforce development initiative to increase the number of providers of behavioral health care in Nevada. BeHERE NV will focus on growing a diverse mental health workforce to care for Nevada's diverse population. In 2023, the Nevada Legislature unanimously passed Assembly Bill 37 to create a statewide behavioral health workforce development center within the Nevada System of Higher Education (NSHE).</p> <p>Opportunity to increase funding to the Nevada AHEC Program, working alongside BeHERE, focusing on primary care and other healthcare disciplines.</p>

Increasing funds to the Nevada AHEC Program would be a transformative investment in our state's healthcare workforce development. By bolstering this program, we can significantly enhance the pipeline of healthcare professionals, ensuring that Nevada is equipped with a robust cadre of doctors, nurses, and allied health professionals. These funds would not only expand access to clinical training and continuing education but also foster innovative approaches to addressing rural healthcare disparities. With a stronger AHEC Program, Nevada can cultivate a sustainable healthcare workforce that meets the diverse needs of our communities, ultimately improving health outcomes statewide and reinforcing our capacity to respond to future healthcare challenges effectively.

Core Services Provided by AHEC:

1. Educational Programs:

- Training and skills development for healthcare professional students.
 - i. Our training initiatives prepare healthcare workers to meet the unique challenges of these communities, ensuring they are well-equipped and supported.
 - ii. AHEC's training programs can be tailored to prepare professionals for work in these communities, ensuring they are equipped with the necessary skills and support.
 - 1. ie: AHEC can offer preparatory courses and resources to help healthcare professionals navigate the licensing process efficiently.
- Training and continuing education for practicing healthcare professionals.
 - i. Workshops, seminars, and certification programs.

2. Workforce Development:

- Recruitment and retention initiatives for healthcare professionals.
- Career pathway programs for students and professionals.
 - i. With adequate resources, AHEC can expand its existing recruitment and retention initiatives, offering loan forgiveness, scholarships, and other financial incentives for healthcare workers in rural and underserved areas.

3. Community Health Initiatives:

- Health education and promotion programs.
- Through mobile clinics and health fairs, AHEC brings essential primary care services directly to underserved populations.
- Screening and preventive health services.
 - i. With adequate resources, the Nevada AHEC Scholars Program could enhance their mobile rural clinics, expanding our ability to bring primary care services directly to underserved rural populations.

4. Partnership and Collaboration:

- Building alliances with educational institutions, healthcare providers, and community organizations.
- Facilitating public-private partnerships.