

# Recruitment and Retention of Physicians and Primary Care Practitioners for North Carolina: A Partnership Approach

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Population growth, the aging of the population, and an increase in chronic disease—all are expected to increase North Carolina's demand for physicians, physician assistants, nurse practitioners, and other practitioners. Overall in North Carolina, the ratio of all practitioners-to-population is expected to drop between 2% and 13% by 2030.<sup>1</sup>

This will continue to strain counties and communities that historically have had practitioner shortages. In 2005, all or parts of 38 counties in North Carolina remained persistently medically underserved.<sup>2</sup> Without targeted strategies to recruit medical practitioners, access to health care in underserved areas of North Carolina will likely be more difficult than ever. In an effort to defray the effects of these trends, the NC Office of Rural Health and Community Care (ORH, formerly the Office of Rural Health Services) and the NC Medical Society Foundation's Community Practitioner Program (CPP) work as allies to offer loan repayment, financial incentives, and expert technical assistance to support primary care medical practitioners serving medically underserved patients in rural communities. Together, and with other key partners in the state, these organizations have created additional medical access points in rural North Carolina and powerful tools to attract

and retain primary medical care services in our state. These partnerships have created one of the strongest recruitment and retention systems in the nation. Yet, while North Carolina is still seen as a leader, many other states are catching up, providing community development, comprehensive and compatible matching in recruitment, and other longer-term support for rural and underserved practices. Now, more than ever, the partnership is critical to meeting the state's growing need for primary care practitioners.

*“In order for North Carolina to maintain its competitive advantage, collaboration among all the stakeholders is critical and funding is essential to meet the present and future demands on our health care system.”*

## Recruiting Health Care Practitioners to North Carolina

In 1973, the NC ORH began its mission of establishing community-based primary care medical centers in rural and underserved parts of North Carolina. The staff soon found they needed the capacity to recruit physicians, physician assistants, nurse practitioners, and other practitioners to these sites, so in 1975 the ORH

began its Medical Placement Services (MPS) program. In the mid-1990s, the NC General Assembly recognized the severe shortage of general dentists in many parts of North Carolina, and recruiting dentists and dental hygienists was added to the mission of the ORH Medical Placement Services.

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Accompanying the move toward recent mental health reform, in 2005 the legislature provided \$1 million annually to ORH to expand the recruitment of psychiatrists to rural and underserved communities that had a shortage or absence of mental health professionals.

Since its inception, MPS has recruited more than 3000 primary care physicians, dentists, nurse practitioners, physician assistants, psychiatrists, and other practitioners to the state.<sup>3</sup> More than half of those placements have been at sites federally designated as health professional shortage areas (HPSAs). Over the course of its history, MPS has contracted with more than 300 communities across the state and at any given time has 350 to 450 different opportunities to offer, including private practice, health departments, federal community and migrant health centers, and state rural health centers.<sup>3</sup> Each year, the staff recruits approximately 140 practitioners to the state, almost all of them serving in medically needy communities, most of them rural towns and counties.

As incentives to placement, physicians, psychiatrists, and dentists locating in medically underserved communities are eligible for up to \$70 000 in State Loan Repayment funds for a 4-year commitment. Physician assistants, nurse practitioners, and dental hygienists are eligible for up to \$30 000 in State Loan Repayment for a 3-year commitment. MPS receives about \$1.4 million each year for primary care and dental loan repayment incentives. One month into the state's fiscal year, most of the funds are obligated to practitioners waiting to receive the funds and relocate to North Carolina.<sup>4</sup> The MPS staff also coordinates applications for Federal Loan Repayment funds and offers state-sponsored High Needs Bonuses, providing greater flexibility in responding to each recruited practitioner's financial needs.

The ORH programs make a critical difference for both new and established practices across the state. Jo Hudson, an administrator with Benson Area Medical Center in Johnston County, said the health center has used ORH services for the past 28 years. "As a community-owned nonprofit rural health center, we often struggle to offer a salary and benefits package that can compete with those offered both in the private sector and in the federally-funded centers," she said. "The State Loan Repayment Program has made the difference for us."

Over the years, ORH staff members have developed strong and ongoing relationships with the state's primary care residency programs, the University of North Carolina at Chapel Hill School of Dentistry, and the 9 Area Health Education Center (AHEC) programs. ORH staff work to build an individualized and trusting relationship with each potential candidate, conducting in-depth interviews and creating an ongoing relationship to gather information on each candidate's professional qualifications, personal and professional goals, and specific individual needs. This one-on-one attention is continued throughout the recruitment process.

The success of the MPS staff hinges on its detailed knowledge of the communities it recruits for. ORH has helped establish numerous practices across the state, which enables staff to give prospective candidates unique details about each site. In addition,

MPS staff regularly confers with ORH consultants, community representatives, business leaders, as well as hospital and other health care administrators to accurately assess local health personnel needs and develop effective recruitment strategies.

## **Adding Resources to Recruitment and Retention Efforts**

In the late 1980s, state leaders recognized that the ORH alone was not able to fulfill all the state's recruitment needs. In particular, the state office had few options to help private practitioners who worked outside a community-based or publicly-financed medical system, yet many private physicians were struggling to enter or maintain a rural practice in high-needs communities—communities that needed primary care practitioners.

In 1989, the NC Medical Society Foundation (NCMSF), ORH, the NC AHEC Program, and the Kate B. Reynolds Charitable Trust conducted a needs assessment to determine new strategies, and a \$4.5 million grant from Kate B. Reynolds Charitable Trust created the Community Practitioner Program. A program of the NCMSF, CPP was created to assist practitioners and sites not eligible for ORH incentives. The Community Practitioner Program uses its funds to provide loan repayment and financial incentives to physicians, physician assistants, and family nurse practitioners in return for 5 years of service in a targeted medically underserved community. The program typically pays up to half of a practitioner's educational loans and provides practice management assistance through its PractEssentials program to participants and their practice sites. Currently, 103 health care professionals participate in CPP in nearly half of North Carolina's 100 counties. Since its inception, 365 practitioners in 136 communities have been served by the program in 77 counties. About three-fourths of the participating practitioners remain in rural or economically distressed counties beyond their 5-year commitment, and 85% remain in North Carolina.

Beth Hodges, MD, said the chronic shortage of physicians was evident when she and her husband began their family practice in Asheboro with CPP help. "When we opened our practice, we acquired many patients who had not seen a doctor in more than 20 years," she said. "Now, 6 years later, hardly a day goes by that we do not receive thanks from someone for making such a difference in their mother's, father's, or grandparent's life."

From the initial grant provided by Kate B. Reynolds Charitable Trust, \$10 million in program expenditures have been leveraged producing \$226 million in health care to uninsured North Carolinians through CPP. In 2006, the Blue Cross and Blue Shield of North Carolina Foundation entered into a \$10 million, 5-year partnership to sustain CPP; the grant requires a \$5 million match from other sources. To date, some of the matching funds have been obtained from the NC Medical Society, Medical Mutual Insurance Co., the Physicians Foundation for Health Systems Excellence, individual physicians, and philanthropists. As a result, by 2010, CPP is projected to increase the number of practitioners assisted on an annual basis

**Table 1.**  
**North Carolina Loan Repayment Program Attributes**

	<b>NC Office of Rural Health-Medical Placement Services Program</b>	<b>NC Medical Society Foundation-Community Practitioner Program</b>
<b>Budget</b>	\$1.4 million primary care annually \$1 million psychiatric care annually	\$700 000 annually
<b>Funding source</b>	State of North Carolina	Grants from Kate B. Reynolds Charitable Trust, Blue Cross/Blue Shield of North Carolina Foundation, The Duke Endowment, Golden Leaf Foundation
<b>Loan repayment limit</b>	Maximum \$70 000	At least half of medical school loan debt
<b>Obligation</b>	Up to 4 years	Up to 5 years
<b>Eligibility</b>	Must practice in community-based nonprofit in a health professional shortage area (HPSA)	Prioritize those practicing in HPSA designated regions, open to private practices treating patients and with a Medicaid, Medicare, and indigent care population constituting at least 30% of their practice
<b>Provider eligibility</b>	Primary care physicians, psychiatrists, dentists, dental hygienists, nurse practitioners, physician assistants, and nurse midwives	Primary care physicians, nurse practitioners, and physician assistants
<b>Application process</b>	Conducted through the Office of Rural Health staff	Application is completed for initial determination, followed by interview with the participant, practice manager, and supervising physician
<b>Coordination of federal loan program resources</b>	Yes	Applicant is ineligible if qualified for federal/state loan repayment programs
<b>Practice management resources</b>	Office of Rural Health and Community Care staff	PractEssentials through NC Medical Society Foundation
<b>Flexible funding</b>	Yes	Yes
<b>Communities served</b>	More than 400	More than 136
<b>Counties served</b>	100	77
<b>Program participants 2006</b>	198 (loan repayment and placements)	103 (loan repayment and placements)

from 103 to 160, increasing annual patient visits from 2 310 000 to 3 696 000.

### **Primary Care Recruitment: The Changing Landscape**

The 1990s saw increased interest nationally in state-based recruitment programs. By 1996, there were 82 different programs in 41 states working to recruit health professionals to underserved communities.<sup>5</sup> Programs in other states include loan repayment, scholarship programs, financial incentives, and residency support. There continues to be greater national competition for practitioners interested in serving rural and remote communities.

With increased pressure on supply, in the 1990s greater emphasis was placed on retaining existing practitioners. Retention in rural North Carolina improved when the federal National Health Service Corps moved from obligating scholars to fixed years of service based on front-end medical school scholarships to loan repayment that recruited medical residents who had been through training and recognized a desire and willingness to practice in a rural or medically underserved area,

according to Tom Tucker, a veteran recruiter with ORH. Practitioners who signed up as scholars to pay for medical school had low retention rates and usually left their NHSC site when their obligation was completed. Those recruited after residency through loan repayment have higher retention rates, he said.

In recent years, as the legislature expanded ORH's responsibilities to include recruiting psychiatrists, mental health professionals, and dentists, funding has not been commensurate with the increased demands to recruit practitioners. The 2007-2008 proposed budget allocates an additional \$500 000 for loan repayment, funds that will increase the ORH's current resources of \$1.2 million for primary care and \$1 million for mental health. The proposed increase will help North Carolina stay competitive in the national recruitment process, but it does not return the ORH to the peak of \$1.8 million it had in 2002 for primary care incentives. North Carolina remains unique with its extensive and varied resources for recruitment. Other states recognize the value of the programs piloted in North Carolina to meet critical access needs of their residents. In order for North Carolina to maintain its competitive advantage, collaboration among all the stakeholders is critical and funding

is essential to meet the present and future demands on our health care system.

## Working Together

Leaders from the Office of Rural Health and the Community Practitioner Program have coordinated efforts from the beginning. Staff members from ORH and CPP meet regularly to discuss candidates, look over opportunities, and discuss overall workforce needs and strategies. They also continue to meet regularly with key partners including the NC AHEC Program, the NC Hospital Association's Rural Health Center, the NC Division of Public Health, granting organizations, and other state agencies to analyze trends and strategies concerning health professional supply, workforce issues, and opportunities for collaboration.

"If it weren't for the close collaboration between the Office of Rural Health and the CPP, I would not have found Sampson County," said Art Apolinario, MD, who practices in Harrells

and Newton Grove. "It just never really occurred to me that my perfect practice experience could come from one of the most rural counties in the state. Knowing they were behind me and my potential success in the communities of Newton Grove and Harrells made me that much more confident that a lifestyle and practice in Sampson County could work for me and my family. They worked hard to make sure I would match with these communities, and that has made the biggest difference in ensuring I would stay in the community."

North Carolina's ORH and CPP, together with their partners, give the state a national competitive advantage to recruit for medically underserved communities. By working together, they also maximize their resources and partner to recruit high-quality health professionals who will remain in North Carolina's rural and underserved communities. **NCMJ**

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## REFERENCES

- 1 Ricketts TC. Medical practitioners in North Carolina: A review of supply. Presented at: North Carolina Institute of Medicine Primary Care and Specialty Supply Summit, December 21, 2006; Raleigh, NC.
- 2 Persistent Health Professional Shortage Areas, 2005. NC Health Professionals Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Persistent HPSAs are those that have been designated as health professional shortage areas by the federal government for at least six out of the last seven years.
- 3 Ashbaugh J. NC Office of Rural Health and Community Care. Interview; March 2007.
- 4 Price J. NC Office of Rural Health and Community Care. Interview; March 2007. The \$1.4 million in annual incentive funds excludes the \$1 million set aside for the recruitment of mental health professionals.
- 5 Pathman DE, Taylor DH, Konrad TR, et al. State scholarships, loan forgiveness, and related programs: The unheralded safety net. *JAMA*. 2000;284:2084-2092.