



## **Health Care for All!**

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)  
info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

**September 27, 2010**

**Chairman Thomas McLain Middleton, Senate Finance Committee**  
**Wendy Kronmiller, Chief of Staff and Assistant Secretary, Department of Health and Mental Hygiene**  
**Governor's Coordinating Council on Health Care Reform, Health Care Workforce Workgroup**

Dear Chairman Middleton and Ms. Kronmiller:

The Maryland Health Care for All! Coalition is made up of over 1,200 health care, business, faith, labor, and community groups from around Maryland that have endorsed our Health Care for All! Plan. Our Coalition strongly believes that all Marylanders should have access to quality and affordable health care.

Access to quality and affordable health care requires much more than an insurance card. We must ensure that people have access to health care providers. The state's current health care workforce shortages are well documented and these shortages will grow significantly in 2014 when the Affordable Care Act is fully implemented if something is not done now to address the deficits. Issues related to workforce shortages are complex; these issues require long-term, sustainable solutions and include: increasing educational opportunities for health care workers and implementing evidence based practices. Additionally, pilot programs for recruiting and retaining health care providers and faculty must include evaluation. While long term solutions are devised, immediate steps need to be taken to address health care provider shortages. Some areas that require immediate attention include physician reimbursement rates for primary care physicians; the recruitment, preparation and retention of nursing faculty; and, the utilization of existing training programs to assist health care workers who want to advance. In addition,



## Health Care for All!

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)

info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

current students studying to become health care professionals should be involved in discussions about workforce development issues.

**Primary Care Physicians:** It is important to increase the number of primary care physicians in Maryland. Ways to attract primary care providers include: payment reimbursement reforms, expanded recruitment efforts and loan repayment assistance.

**A. Reimbursement:** Reimbursement and debt burdens are large factors in medical students' choosing specialty careers over primary care. The current pay disparities between specialty care and primary care need to be addressed to make primary care more appealing to medical students. Presently, the fee-for-service payment system favors the more-expensive specialty procedures over health teaching or counseling services. Specialists tend to request more procedures than primary care providers while primary care doctors are not reimbursed for services like coordinating care or after hour's calls. Increased reimbursement rates will attract more physicians to primary care. Increasing Medicaid reimbursement rates will also encourage more physicians to accept the public insurance. In 2014, many of the newly insured persons will be covered through Medicaid so more providers will be needed.

**B. Recruitment:** The National Association of Community Health Centers has examined primary care shortages and offered recommendations. Factors, besides reimbursement rates that lead people to pursue primary care, and that Maryland should track, include:

- a. **Recruiting medical students from underserved areas with scholarship opportunities.** There is evidence that medical students from rural or underserved



## Health Care for All

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)  
info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

communities are more likely to choose primary care. Medical schools should be encouraged to recruit more students from rural and underserved areas.

**b. Increasing residency and training opportunities in underserved areas.**

Research shows that actual experience in rural or underserved practice areas influences a student and practitioner's specialty decision and increases the chances that he/she will practice in a high need area.

**c. Maryland should explore a variety of national programs, including:**

- i. The Sophie Davis School of Biomedical Education (City University of New York) focuses on access to medical education for local, unrepresented minorities by sponsoring pre-college programs to prepare disadvantaged high school students to succeed in college and enter medical school. Graduates of such programs are required to practice in designated shortage areas in New York for two years.
- ii. The National Association of Community Health Centers has partnered with various universities to train physicians and dentists to serve in underserved communities.

**C. Loan repayment:** Medical students graduate with enormous debts. The Association of American Medical Colleges (AAMC) calculated the average educational debt of indebted graduates of the class of 2009 as \$156,456. And such indebtedness influences specialty choice. A solution is to offer incentives through increased scholarship opportunities or loan repayment programs for those who work in primary care as well as rural or underserved areas.



## Health Care for All

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)  
info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

### **Expanding the pool of Primary Care Nurse Practitioners, Nurse Midwives and Nursing**

**Faculty:** Maryland has a well documented nurse shortage. During the 2010 session, legislation was passed that increased autonomy for nurse practitioners. While this is a good start, Maryland needs to educate more primary care nurse practitioners, prepare more nurse educators and actively recruit and retain nurse faculty for currently available but unfilled positions.

It is necessary to address educational and financial barriers that deter nurses from pursuing graduate education at the masters and doctoral levels required for faculty positions.

Barriers, as reported by local schools of nursing and a 2006 Robert Wood Johnson Foundation report, "The nursing faculty shortage: A crisis for health care report on nursing faculty shortages," include:

- a. **Costs associated with pursuing a graduate degree.** Schools of Nursing require faculty to have a minimum of a master's degree and graduate education is expensive. Increased scholarship opportunities and/ or loan repayment options in return for working in rural or underserved areas should be emphasized. It is also important to stimulate greater interest in faculty positions by creating a diverse workforce through mentorship programs and by reaching out to diverse ethnic minorities and men.
- b. **Accessibility of academic institutions.** Graduate programs in nursing are not accessible to nurses in rural communities or nurses who have families and other obligations that make returning to school more difficult. The University of Maryland has pioneered distance learning and there is need for additional online



## Health Care for All!

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)  
info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

and distance learning graduate programs for those seeking a master's or doctoral degree.

- c. Current faculty salaries.** Faculty salaries are not on par with salaries offered to nurses in administrative and clinical roles. This is especially true for faculty at public universities which educate the majority of nurses. According to the 2006 Robert Wood Johnson Foundation report, factors such as state budget cuts, contribute to the lower salaries. If Maryland wants to educate more nurses, it first has to recruit additional nursing faculty and offer salaries that are competitive. This situation requires immediate action because the gap between pay for faculty and clinicians will continue to expand as employers in hospitals and other health care settings raise salaries in response to a continuing shortage of nurses.
- d. Decreased job satisfaction among nursing faculty.** Low salaries and excessive work loads contribute to dissatisfaction and burnout among nursing faculty. The work load is multifaceted, often excessive in terms of the numbers of students whom faculty are expected to advise and teach. It is imperative that schools of nursing in Maryland immediately receive funding for the addition of new faculty positions at the same time salaries of nurse faculty are made more competitive.

**Other Health Care Providers:** Maryland is fortunate to have labor-management partnerships which fund health worker training and provide educational opportunities. These programs should be expanded in order to prepare current health care workers for more advanced positions that will be in demand after health care reform is implemented.



## Health Care for All

Maryland Citizens' Health Initiative  
2600 St. Paul Street  
Baltimore, MD 21218

(410) 235-9000 (voice) ~ (410) 235-8963 (fax)  
info@healthcareforall.com (e-mail) <http://www.healthcareforall.com>

**Medical and Nursing Students:** Studies, including the Robert Graham Center report,

"Specialty and geographic distribution of the physician workforce: What influences medical student and resident choices," outlines suggestions for recruiting more doctors into primary care and all health care providers to rural and underserved areas. While it is important to learn what factors drive specialty and practice location decisions, it is equally important to engage pre-med, pre-nursing, nursing and medical students, and all health care provider students in the discussion. Maryland has many colleges, universities and training programs that not only prepare health care providers, but have active student organizations which should be consulted in an effort to learn about decision making among those who plan to become health care professionals.

Thank you for the opportunity to present comments to the workgroup.

Sincerely,

Susan W. Talbott, RN, MA, MBA  
Board Member  
Community and Health Activist