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# The Role of Foundations in Supporting the Primary Care Workforce

The Healthcare Workforce Crisis: a Summit on the Future of Primary Care in Rural and Urban America

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# Primary Care Policy Fellowship



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**30 primary care providers, teachers and researchers selected each year for forum:**

- **Policy**
- **Interdisciplinary collaboration**
- **Advocacy**

**Involved HRSA and sister agencies.**



# Importance of Strategic Partners



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- **Garner ideas from business, government, philanthropies, consumer groups, etc.**
- **Gain diverse perspectives and new ways of solving problems.**

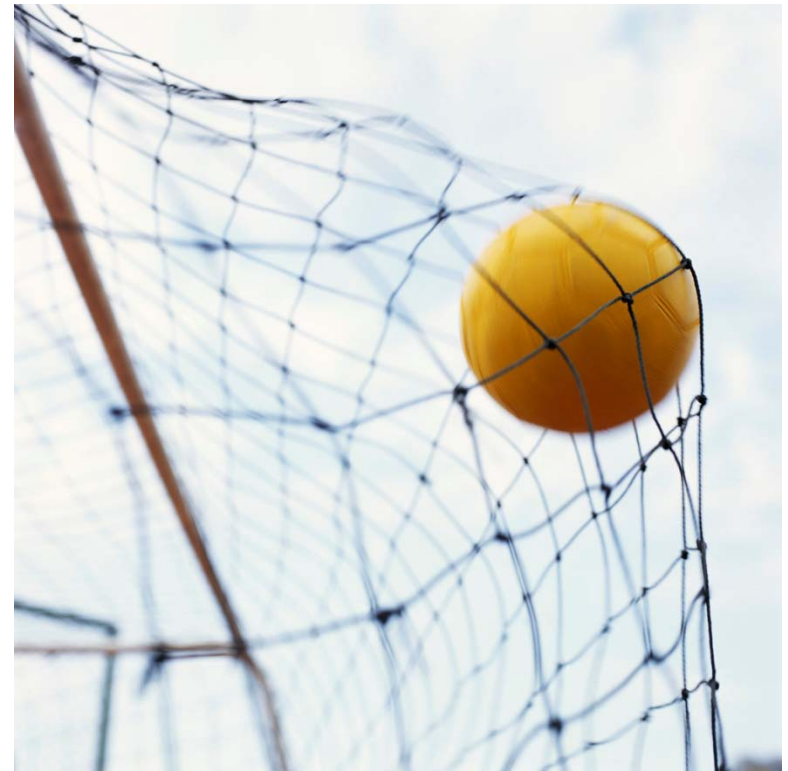
**We broaden our impact when we leave our silos and work together.**





# My Goals Today:

- 1) **Discuss philanthropy partnerships to address primary care workforce.**
- 2) **Share past RWJF examples and lessons learned.**
- 3) **Describe goals of the Initiative on the Future of Nursing, at the IOM.**



## Physician Loan Repayment Program



The Colorado Health Foundation™

**Goal: to address the state's severe shortage of primary care doctors in urban and rural clinics.**

- **Clinics provide care to underinsured and uninsured residents.**
- **But they offer less competitive salaries and struggle to fill positions.**

## Physician Loan Repayment Program:

**\$6 million grant to aid recruitment efforts.**

**Pay back doctors' medical school debt  
(average \$125,000-\$150,000).**

### Partners:

- **Colorado Rural Health Center**
- **Colorado Community Health Network**

**Among the most aggressive efforts in U.S.**

# Dental Health Aide Therapist Program



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**Partners: Rasmuson Foundation, RWJF, the Ford Foundation, National Rural Funders Collaborative.**



**Goal: to train mid-level dental providers to offer regular dental care in Alaskan communities without dentists.**

- **Dental decay 2.5 times higher among Alaskan native population compared with U.S. population.**

# Dental Health Aide Therapist Program



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- **10 dental aides now practice in Alaskan native communities.**
- **W.K. Kellogg Foundation made sizable grant to continue program.**
- **Several rural communities want to adapt program.**

# Primary Care Development Corp.

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Excellent Healthcare in Every Neighborhood

**Partners: United Hospital Fund of New York, government, business, finance, philanthropy, health care providers, etc.**

**RWJF lead initial funding partner in 1993.**

**Goals: to expand and enhance primary and preventive care in underserved NYC communities, including paying for primary care infrastructure costs.**



## Accomplishments:

- **Raised over \$178 M in capital financing to construct, expand and renovate 60 primary care clinics.**
- **400,000 people each year get care.**
- **Created jobs in communities.**
- **Transformed 500,000 sq. feet of vacant space into usable community facilities.**

# RWJF Initiatives: Primary Care Practice Sights



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## Goals:

- to strengthen state efforts to recruit and retrain physicians, physician assistants, midwives and nurse practitioners in underserved areas.
- to develop and sustain practice sites in underserved areas.

# RWJF Initiatives: Primary Care Practice Sights



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## Accomplishments:

- **Created recruitment centers and publicized openings.**
- **Matched primary care workers with sites.**
- **Implemented loan repayment programs.**
- **Provided temporary backup so primary care workers could take vacations or attend conferences.**

# RWJF Initiatives: Primary Care Practice Sights



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**Sustainability: Primary care practitioner clearinghouses posted to state Department of Health Web sites.**

**Lesson Learned: Failure of health reform in 1990s set back initiative.**

- **Uninsured did not get covered, hampering efforts.**

# RWJF: Partnerships in Training



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**Goal: to develop regional university-community partnerships to use distance education to teach NP, midwife and PA students from underserved areas.**

**Results: 90% of graduates practiced in underserved areas.**

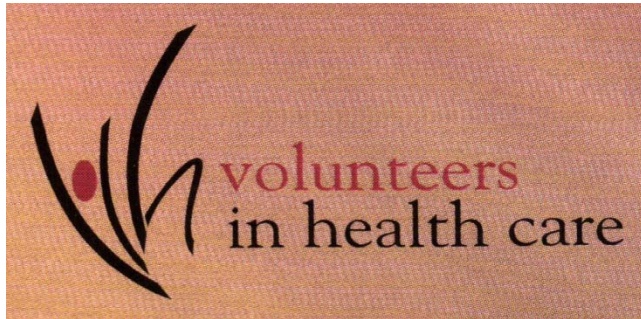
**70% of graduates would not have gone back to school without program.**

**Sustainability: 7 of 8 academic institutions continued distance education after funding ended. Some added health professions programs.**

**Lesson Learned: Leadership is crucial.**

- **Universities without strong leaders struggled to implement distance-based learning, which required a culture change.**

# RWJF: Volunteers in Health Care



**Goal: to enable providers to volunteer to meet local health needs.**

**Sustainability: Drug assist Web site helps doctors access free medication for uninsured patients.**

**Lesson Learned: Sustainability challenges. Government and medical/professional allies uninterested in sustaining program.**

# RWJF: Southern Rural Access Program



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**Goal: to increase access to health care services in eight southern states.**



## **Accomplishments:**

- **Developed cadre of students committed to practicing in rural areas.**
- **Recruited and retained doctors.**
- **Supported networks of rural providers.**
- **Developed revolving loan funds.**

# RWJF: Southern Rural Access Program



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## Lessons Learned:

- **Regional clusters of states are more likely to learn from each other.**
- **Health care loan funds require patience.**

# RWJF: New Priorities



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Risa Lavizzo-Mourey becomes president in 2003.

- **\$500 million initiative to reverse the childhood obesity epidemic by 2015.**
- **Engaged in health policy research to aid health reform discussions.**

# Initiative on the Future of Nursing, at the IOM



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The initiative will provide information and insight on the future role of nursing in delivering 21<sup>st</sup> century care.

# Initiative on the Future of Nursing, at the IOM



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- **Multidisciplinary expert committee will identify ways to more effectively deploy nurses for a truly reformed health care system.**
- **Committee to publish transformational report by fall 2010.**
- **Implementation committee to follow.**



# Impact of Health Reform

- **Demand for primary care in urban and rural America will increase.**
- **Massachusetts example shows that newly insured people face primary care delays.**
- **All primary care providers must work together to meet the needs for all Americans.**

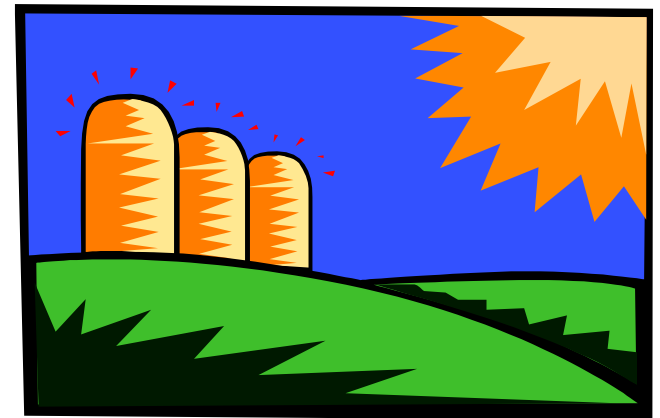
# Conclusion



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## Supporting the primary care workforce in underserved areas requires:

- Partnerships with others outside our areas of expertise.
- Continued attention from both government and foundations.
- Leaving our silos!



Thank you