PREPARED BY THE RURAL HEALTH AND PRIMARY CARE PROGRAM

WITH THE ASSISTANCE OF PAT HART AND CAROL KELLY

MAINE STATE OFFICE OF RURAL HEALTH

STRATEGIC PLAN 2021

RURAL HEALTH AND PRIMARY CARE PROGRAM

a Division of the Maine Department of Health and Human Services

The work of the Rural Health and Primary Care Program is made possible by grants awarded by the Health Resources and Services Administration.

We realize it is our responsibility to ensure stewardship of the federal funds granted to us and look forward to continued collaboration with our colleagues at Health Resources and Services Administration to fulfill our mutual commitment to ensure access to health care for all.

INTRODUCTION

This report is prepared by the staff of the Rural Health and Primary Care Program (The Program), the entity designated by the Federal Office of Rural Health Policy as Maine's State Office of Rural Health.

It is prepared for the Federal Office as well as the people of Maine to provide a current assessment and identify a path forward to continually improve health outcomes for the rural and medically underserved.

HISTORY

The Rural Health and Primary Care Program is a Program within the Division of Public Health Systems of the Maine Center for Disease Control and Prevention which is an Office of the Maine Department of Health and Human Services.

The roots of The Program began in the 1980s when the Office of Rural Health and the Primary Care Office combined. The newly formed Office of Rural Health and Primary Care remained small in size but worked collaboratively within and outside of state government to maximize resources in order to increase access to health care services for rural and medically underserved communities throughout Maine.

Several decades have passed and Maine, as well as the nation, has undergone historical change. Initiatives such as the Affordable Care Act and Medicaid expansion have dramatically changed the health care landscape but The Program's foundation and purpose remain largely the same.

OUR MISSION AND OUR PRIORITIES

The Program's mission is to promote and assure access to quality health care for Maine’s residents living in rural and medically underserved

areas. The Program accomplishes its mission through the administration of federal grants by dedicated program staff.

The Program's priorities provide a bridge between our broad mission and the activities identified to fulfill it:

- Strengthen and improve Maine's health care safety net;
- Provide leadership and facilitate communication and coordination among the health care sector, government entities, academics, community leaders, and other stakeholders;
- Assure access to expertise and resources that address public health and health care services with a focus on rural and underserved areas; and
- Build capacity by fostering local workforce solutions.

PROGRAM STAFF

DIRECTOR

The Director provides leadership and strategic direction for The Program with the goal of assuring access to quality health care for Maine's residents living in rural and medically underserved areas in mind.

The responsibilities of the Director include supervising key staff, assuring the successful implementation of The Program's activities, maintaining compliance of all grant and budget reporting functions, and frequently traveling throughout the state networking and strengthening relationships with stakeholders of all types.

Nicole Breton is the Director. For her tireless dedication to the rural and underserved, Nicole has received several distinguished awards including the Commissioner's Award of Excellence and The Maine Oral Health Hero Award. She holds a master's degree and has worked in the health care field for over 20 years with a specialty of dentistry.

HEALTH PROGRAM MANAGER

The Health Program Manager is responsible for designing, implementing, and evaluating activities and providing specialized technical assistance primarily relating to the Medicare Rural Hospital Flexibility Program and the Small Rural Hospital Improvement Program. This position also assists in integrating the activities of local community/public health to rural community-based systems of care and providing ad hoc assistance with administration of The Program's other grants and cooperative agreements when appropriate.

Nathan Morse is the Health Program Manager. He has many years of experience in the field of public health having worked as a Health Educator/Coach, Tobacco Treatment Specialist, and Diabetes Educator. He has been with The Program for a few years and continues to express enthusiasm and support toward all things rural health in this role as Health Program Manager.

PLANNING & RESEARCH ASSOCIATE II

The duties of the Planning and Research Associate II include many of the tasks associated with the Primary Care Office Cooperative Agreement. These include, but are not limited to, collecting and analyzing information regarding Maine's Health Professional Shortage Areas and Medically Underserved Populations, processing shortage designations, administering workforce programs to direct incentives to qualified professionals willing to care for people in rural and medically underserved areas, providing assistance to National Health Service Corps applicants and host facilities as well as collecting and maintaining a library of rural health resources on The Program's website.

Merica Tripp is the Planning and Research Associate II. She has a master's degree in Library and Information Science and is an expert in collecting and analyzing data. She has worked in state government for 19 years.

OFFICE ASSOCIATE II

The Office Associate II is a valuable position to The Program. The Office Associate II is responsible for all clerical work and process flow of information through The Program. The Office Associate not only answers the phone and processes the mail but also edits correspondence, maintains mailing lists, reviews applications, processes contracts, makes travel arrangements and completes J-1 and State Loan Repayment Program semi-annual and final reports.

Erica Dyer is the Office Associate II and is new to the team. She comes to us from MaineGeneral Medical Center. She has over 10 years of customer service experience and a solid understanding of the dynamics of a family medicine practice.

MAINE'S HEALTH CARE SAFETY NET

Maine covers about 35,000 square miles, approximately 90 percent of which is forested (the highest percentage of any state). It is bordered to the north and northwest by Canada and to the south and southwest by 3,500 miles of coast line. The total land area makes it the largest in New England and the 39th largest of the 50 states, but its sparse population makes it the most rural state in the nation and the least densely populated state east of the Mississippi River at 41.3 people per square mile.

The rural nature of the state is perfect for four seasons of outdoor recreation and what has fueled much of the natural resource-based economy: tourism, forestry, fishing, and farming. However, it is the same ruralness of the state that make education, transportation and access to health care difficult for many communities.

Maine's Health Care Safety Net is a network of providers that organize and deliver a significant level of health care to these rural and medically underserved communities where many of Maine's most vulnerable citizens call home.

The core providers include:

- Critical access hospitals
- Small Rural Hospital Improvement Program eligible hospitals
- Rural health clinics
- Federally qualified health centers and look-alikes;
- Tribal health facilities;
- Safety net dental clinics; and
- The Maine School Oral Health Program.

These providers provide a spectrum of health services that includes primary, specialty and urgent care. They may be operated by for-profit entities, public agencies or private, nonprofit organizations.

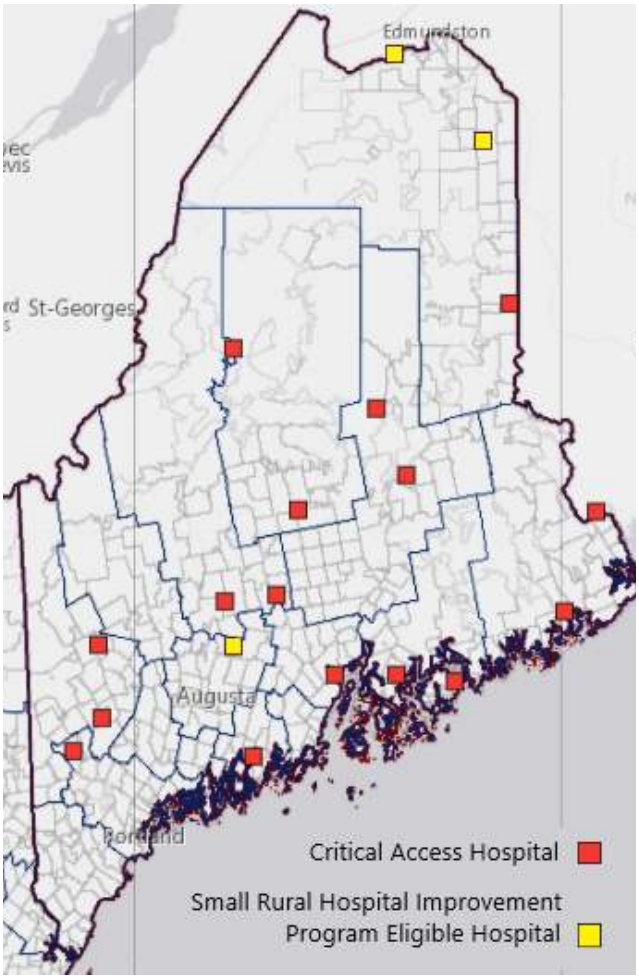
CRITICAL ACCESS HOSPITALS

Having an effective and stable health care system is critical for sustaining rural communities and a rural hospital is the cornerstone. Not only does the hospital ensure access to health care, it also is often what fuels the economic engine of the community.

In the 1980s and early 1990s rural hospitals were closing at an alarming rate. In response, Congress authorized the creation of a special designation by enacting the Balanced Budget Act of 1997. In return for meeting certain criteria, critical access hospitals receive alternative reimbursement as well as educational experiences, technical assistance and grant-funded opportunities.

All critical access hospitals have 25 beds or less, have an average length of stay for acute care patients of less than 96 hours and provide emergency care services. Some critical access hospitals, depending on a community's unique needs, operate rural health clinics, offer long term care or even community wellness centers.

Maine currently has 16 critical access hospitals distributed throughout Maine.



SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM ELIGIBLE HOSPITALS

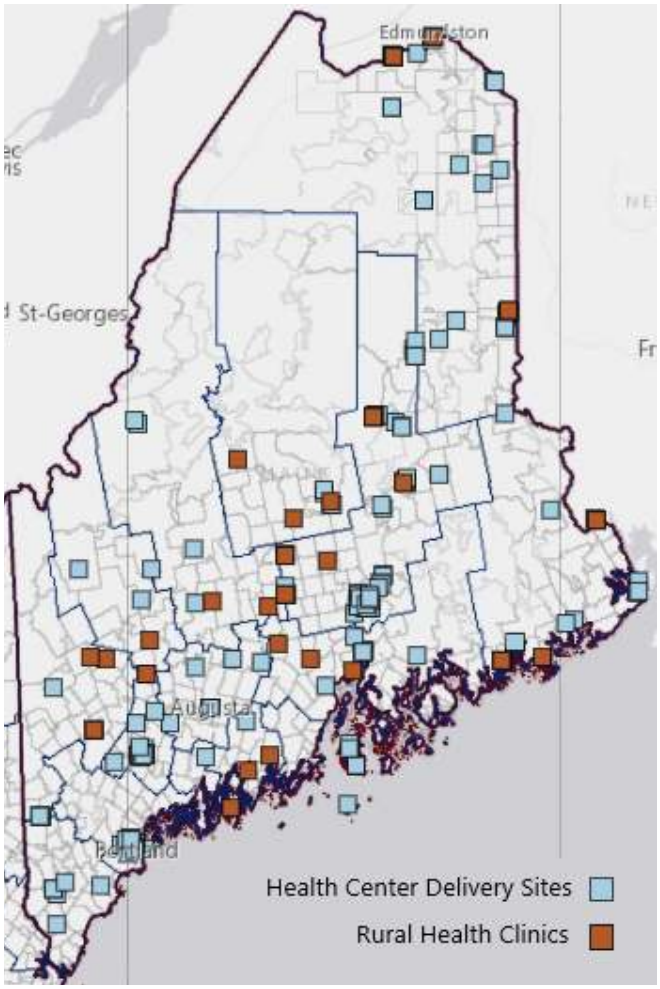
Some rural hospitals are too big to qualify for critical access hospital status but still have many of the difficulties they face. Hospitals eligible for the Small Rural Hospital Improvement Program are short-term general acute care facilities located in rural areas that have between 25 and 49 beds.

In addition to the 16 critical access hospitals, Maine has three hospitals in this category for a total of 19 hospitals participating in the Small Rural Hospital Improvement Program.

FEDERALLY QUALIFIED HEALTH CENTERS

Federally qualified health centers, like rural health clinics, provide health care services to underserved and vulnerable populations, but have the distinction of having applied for and been approved for grant funding from the Health Resources and Services Administration. Look-alikes are similar to federally qualified health centers but do not receive grant funding.

Each health center operates in a manner to serve its constituents but must fulfill basic requirements. Health centers are required by law to provide health care and services to all people, regardless of their ability to pay.



In addition to receiving funding from the Health Resources and Services Administration, health centers receive grants and donations from the private sector, enhanced Medicare and MaineCare reimbursement, loan guarantees for capital improvements and medical malpractice coverage.

There are 190 health center and look-alike delivery sites throughout Maine.

RURAL HEALTH CLINICS

Rural health clinics were established by The Rural Health Clinic Service Act of 1977 to address an inadequate supply of physicians serving Medicare beneficiaries in rural areas. Rural health clinics are located in underserved areas and provide primary care, preventative health care, and basic laboratory services. Participation in the program requires that rural health clinics be staffed at least 50% of the time with mid-level providers, such as nurse practitioners or physician assistants.

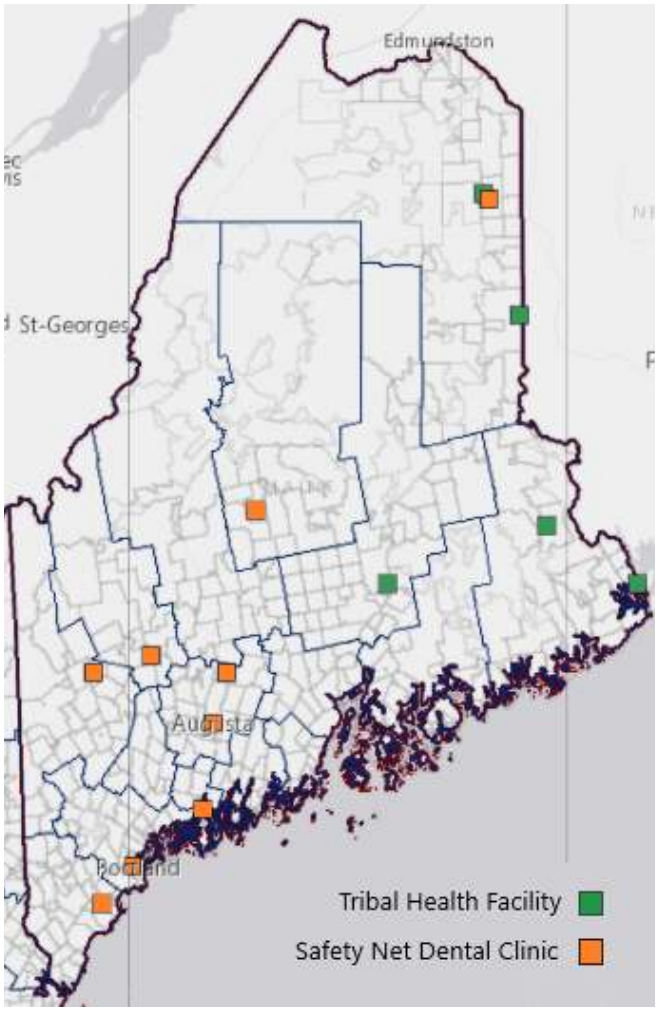
While some of the rural health clinics are free-standing, many are provider-based and are owned and operated as part of a critical access hospital or another Medicare certified facility. This can improve

care coordination and enhance the financial viability of the critical access hospital or other Medicare certified facility.

Thirty-seven rural health clinics are certified to operate throughout Maine at this time.

TRIBAL HEALTH FACILITIES

Also important to Maine's Health Care Safety Net are the five tribal health centers located in Houlton, Peter Dana Point, Presque Isle, Indian Island and Pleasant Point. They are supported by the Indian Health Service and third party payers to provide culturally appropriate medical, dental, and mental health services to its traditionally medically underserved population.



SAFETY NET DENTAL CLINICS

According to The American Dental Association Health Policy Institute, Maine is ranked among the lowest in the nation for the percentage of dentists who take Medicaid. Therefore, many low-income Mainers have difficulty finding access to affordable care.

The non-profit safety net dental clinics provide services throughout Maine and primarily serve individuals with MaineCare and the uninsured in rural areas.

SCHOOL ORAL HEALTH PROGRAM

Tooth decay is one of the most common chronic disease of childhood. Dental problems can result in failure to thrive, impaired speech development, absence from or inability to concentrate in school, and reduced self-esteem.

In partnership with school nurses and staff at participating schools, district public health hygienists are reducing the rate of dental decay among Maine's school children by providing dental screenings, fluoride varnish, sealants (when applicable), education and care coordination.

IMPROVING MAINE'S HEALTH CARE SAFETY NET

Oswego Community Hospital, a critical access hospital located in Oswego, Kansas and Fairfield Memorial Hospital, a critical access hospital located in Winnsboro, South Carolina have permanently closed their doors in the last few years. According to the NC Rural Health Research Program, they are just two of the more than 129 rural and community hospitals that have closed their doors in the last 10 years.

Although these small hospitals often outperform their non-rural peers when it comes to patient satisfaction and outcomes, they face obstacles. Low patient volumes and low reimbursement rates are just a few examples of a number of factors that put critical access hospitals throughout the country at high risk of financial failure and closure.

The purpose of the Medicare Rural Hospital Flexibility Program (Flex) is to assist small rural hospitals and to improve access to health services in rural communities. To achieve this purpose, funding is provided to states for the designation of critical access hospitals in rural communities

Conversion allows for enhanced service diversification and combines potentially improved (cost-based) reimbursement with savings from relaxed operating requirements to help ensure the financial viability of participating hospitals.

The primary components of the Flex Program include activities in the following program areas:

- Quality improvement;
- Operational and financial improvements;
- Population health improvement;
- Rural emergency medical services improvement;
- Innovative model development; and
- Critical access hospital designation (when requested).

Forty-five of fifty states participate in the Flex Program.

Another provision of the Social Security Act authorized the Small Rural Hospital Improvement Program. This program includes all critical access hospitals and rural acute-care hospitals with 49 beds or less. Investments of these funds go toward operational improvements in four potential categories:

- Value-based purchasing programs (VBP);
- Accountable care organization
- Payment bundling; and
- Implementation of prospective payment systems.

Forty-six of fifty states participate in the Small Rural Hospital Improvement Program.

As the administrator of these programs in Maine over the last several decades, The Program has had many successes and won numerous awards. Its greatest achievement though may be the early establishment of our Networks.

In 2005 representatives from the Maine Hospital Association, members of The Program staff and four chief executive officers met to discuss rural health issues facing Maine. Over time, monthly conference calls evolved to quarterly in-person meetings. In addition to the purposeful discussions, outside expertise was sought to address the myriad of issues hospitals were facing. The Program would coordinate all the meetings, provide agendas, speakers, consultations, and facilitation.

Due to the success of this Network, chief executive officers at all Maine critical access hospitals began participating and other networks formed to include a Quality Improvement Directors Network, a Chief Financial Officer Network, and a Director of Nursing Network.

In a rare move among Flex states, the Quality Improvement Directors, putting aside competitiveness, shared their Hospital Consumer Assessment of Healthcare Providers and Systems, Emergency Department Transfer Communication, and Patient Safety data as part of the Medicare Beneficiary Quality Improvement

AWARDS RECEIVED FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR QUALITY REPORTING

2016

State Quality Performance

Quality Performance Improvement

2017

State Quality Performance

2018

State Quality Performance

2019

State Quality Performance

POPULATION

Although Maine had a modest 1.2% increase in population between 2010 and 2019 according to the *2019 Population Estimates* compiled by the United States Census Bureau, many of Maine's most rural counties experienced population declines. Aroostook County posted the biggest loss at -6.7% with Washington County close behind at -4.5%.

1.2%

increase

DEMOGRAPHICS

45.1

years old

Like much of the nation, Maine is aging. As a matter of fact, driven in large part by baby boomers, Maine has the highest median age in the country at 45.1 years old according to the *2019 American Community Survey*. By contrast, Utah has the youngest median age at 31.2. The median age for the United States is 38.5.

POVERTY

Upon review of the *American Community Survey,* Maine's poverty rate is declining. However, the good news is not evenly distributed across Maine. While Maine's southernmost counties, Cumberland and York post poverty rates of 7.8% and 7.9% respectively, some of Maine's most rural counties, Piscataquis, Somerset and Washington, post much higher rates of poverty at 16.5%, 18.3% and 19.6% respectively.

19.6%

poverty rate

Program. Reporting their results unblinded for the greater good has paved the way for the group to identify best practices, adapt to new clinical guidelines, and work on group projects.

Similarly, the chief financial officers shared Medicare claims denials data. This led to the discovery that Maine's critical access hospitals were seeing high rates of denied claims (12-16%). By working together, the hospitals identified the root causes of the denials and collectively dropped their claims denial rates to 2.4%. This is well under the national average of 15% and the best practice rate of 5%.

Recognizing that collaboration has been more effective than each facility working alone, The Program, together with its contractors and partners, continues to cultivate networks of professionals at facilities to encourage communication, inspire problem solving and increase productivity.

FACTORS TO CONSIDER

Although Maine's critical access hospitals have consistently fulfilled its reporting requirements and diligently participated in the networking and educational opportunities offered, many still find themselves having financial difficulties. The financial difficulties that critical access hospitals and other safety net facilities face can be attributed to many factors. Like any other organization, they face increases in costs of supplies and personnel as well as expenditures associated with regulatory requirements. Challenges such as decreasing and aging population, lack of private insurance and the prevalence of poverty, especially in rural areas, persist.

THE PATH FORWARD

CURRENT ASSESSMENT

- Critical access hospitals continue to share data, resources and expertise freely with each other.
- Our network facilitator and contractors are highly respected among our participants.
- The Program provides critical access hospitals access to some of the best subject experts in the field to conduct needs assessments and achieve operational and financial improvements.
- Past success engenders confidence that current and future projects will produce results.
- Sometimes safety net facility staff cannot travel to attend all network meetings.

- Reporting can be difficult and become burdensome for busy staff.
- Like all employers, safety net facilities experience staff turnover.
- Only critical access and Small Rural Hospital Improvement Program hospitals currently participate in The Network.
- Collaboration with EMS, New England states and other organizations provides access to educational programming, certification opportunities and technical assistance on many topics including trauma and stroke care.
- Medicaid expansion is currently in effect.
- The Program and The Network have good working relationships with other state and federal agencies, associations, third party payers and others to share resources, resolve issues and streamline processes.
- The School Oral Health Program has been redeveloped to increase consistency and to reduce the burden placed on school nurses.
- Legislation and regulatory proposals at the state and national levels are monitored for relevant issues affecting the health care sector and rural and underserved populations.
- Several Maine critical access hospitals applied for and were chosen to participate in the Vulnerable Rural Hospital Assistance Program.

ACTION STEPS AND FUTURE CONSIDERATIONS

- Maintain partnerships and contacts with expertise in all aspects of health care and health care administration.
- Continue to create meaningful agendas for each network meeting.
- Sustain efforts to make financial and operational improvements, including keeping the numbers of denied claims low.
- Continue to foster relationships with EMS, New England states and others to continue current projects and explore future opportunities.
- Continuously evaluate programming to duplicate success, address concerns and gather new ideas.
- Recognize success and celebrate achievements, both large and small.
- Take steps to include other types of safety net facilities in The Network or establish their own networks, like the Safety Net Oral Health Network.
- Connect safety net facilities with sustaining funding opportunities.

- Incorporate Zoom and other technologies to accommodate staff that cannot travel to meetings.
- Encourage and provide support to critical access hospital staff applying for the Vulnerable Rural Hospitals Assistance Program and other funding opportunities.
- Expand rural health clinics where opportunities exist; facilitate access to information and resources to efficiently and effectively serve their rural and medically underserved populations.
- Continue to track legislation and regulatory proposals in order to provide critical insights regarding rural health and rural and medically underserved populations.
- Initiate a Flex Mini Grant Program open to all critical access hospitals to encourage innovation and creative solutions to challenges.
- Foster an environment where safety net facilities can quickly adapt their practices and employ resources to overcome challenges such as COVID-19.

COMMUNICATION, COORDINATION & TECHNICAL ASSISTANCE

In addition to its role as the administrators of the Flex Program and Primary Care Office Cooperative Agreement The Program is designated as Maine's State Office of Rural Health.

As the State Office, The Program works to ensure resources are maximized and barriers are minimized through a high level of communication, information coordination, and collaboration among health care leaders, government agencies, educational institutions and other stakeholders that are involved in the effort to expand access and improve the quality of essential health care services.

It takes the collective work of many community-minded leaders conducting research, planning activities and taking innovative approaches to improve the health and social status of the rural and medically underserved. Three such leaders that have played a role in our collective critical mission were chosen as National Rural Health Day Leadership Award winners.

Area Health Education Center Network (AHEC)

Although a change in leadership occurred in the Spring of 2019, the Network continues to be a force in health care workforce development and programming. Maine's AHEC has taken advantage of their close association with the University of New England to not only facilitate continuing education programs, hundreds of student rotations in clinical sites in rural and medically underserved areas, but has also laid the groundwork for many more medical professionals to choose Maine.

For example, the CUP Scholars program provides opportunities in the classroom to increase leadership skills, understand and address health disparities, and gain competencies in team-based practice. It also provides an opportunity to be immersed in a rural community, somewhere they may otherwise never go or consider to be a place they eventually could call home.

As with most pipeline programs, we won't know the actual results of where these future medical professionals will practice for several years, but with the continued hard work of AHEC staff, the assistance of the University of New England, and steadfast support of the host communities in rural Maine, the foundation has been laid for success.

Kris Doody

Ms. Doody is the Chief Executive Officer at Cary Medical Center in Caribou and Pines Health Services with locations in Caribou, Presque Isle, Washburn, Fort Fairfield and Van Buren. Starting her career at Cary at the age of 15 as a Certified Nurses Aide, she rose through the ranks on her path to Chief Executive Officer as a Registered Nurse, Manager of Surgical Services and then Chief Operating Officer.

Ms. Doody is a champion for healthcare accessibility, affordability, and quality. When she is not fostering the close collaboration of Cary and Pines to deliver seamless health and wellness to each patient the facilities serve, she is masterfully cultivating home grown talent to fill workforce vacancies or hosting medical students in hopes that they will "consider establishing their practice here in Maine."

Washington County Children's Dental Program

Teresa Alley and the Washington County Children's Dental Program has helped to expand oral health access to children throughout Washington County by providing screenings, dental sealants, fluoride varnish, silver diamine fluoride and dental health education. Its major accomplishments include:

- **A week-long clinic in Machias providing free restorative dental care.** In collaboration with New York University's School of Dentistry, over 5,000 children and adults have been served over its 15 year history.
- **The Tooth Ferry, Maine's first mobile dental unit.** To date, over 25,000 children have climbed aboard to receive preventative services since its creation in 2003.

It is our privilege as the State Office to provide resources and support, offer assistance, participate in programs and encourage innovation among these and all of the other organizations and stakeholders working in the trenches to improve access to care and enhance health care outcomes.

The following list is by no means exhaustive. Rather, it represents just some of the recent work and contributions of our partners, friends, and fellow champions of the rural and medically underserved.

3RNet

3RNet is a national rural recruitment and retention network that matches health care professionals to health care facilities with open positions in rural and medically underserved areas. Our collaboration with 3RNet continues to evolve. Since our sponsorship of 3RNet's Academy and successful in-person and virtual recruitment and retention workshops, we have seen an increase of activity in job postings, referrals and placements.

Community Clinical Services

Community Clinical Services is a health center look-alike serving

the people of Lewiston, Auburn, and surrounding areas. Not only do they provide medical, behavioral and pediatric dental services regardless of ability to pay, they also do it in a culturally and linguistically appropriate way by employing cultural brokers and interpreters to meet the needs of Central Maine's newest residents from Africa and the Middle East.

Community Dental

Congratulations to Community Dental on its 100 years of service. Community Dental, along with their fellow safety net dental clinics, provide comprehensive, quality dental services to adults and children, many of which face financial barriers to care.

Community Health Needs Assessment Workgroup

In order to take advantage of successes and be able to address shortcomings, you must analyze where you are and where you have been. The Maine Shared Community Health Needs Assessment Workgroup is a collaboration that includes Maine's largest health care systems and the Maine CDC. The three-year effort culminates in a comprehensive report of socioeconomic, health care and health care quality indicators for Maine and the United States. Program staff has been attending various Metrics Committee meetings throughout the year in anticipation of producing the next update.

Maine CDC Maternal and Child Health Program

For over 75 years, the Federal Title V Maternal and Child Health Program has provided funding to states to ensure the health of the nation's mothers, women, children, youth, including children with special health care needs, and their families. Through its administration of this block grant, the Maine CDC Maternal and Child Health Program provides information and services to improve perinatal health and to support children with special health needs and their families. As a member of the Executive Council, the Director of The Program provides direction and subject matter expertise regarding oral health and school based programs, particularly those in rural and medically underserved areas.

Maine Hospital Association

The Maine Hospital Association provides educational services, advocacy and support to its member hospitals. The Program appreciates its relationship with the Association and their efforts to share resources, advocate for, and lend their expertise to Maine's safety net hospitals.

Maine Office of Behavioral Health

Some of the communities hit hardest by the opioid epidemic are in rural and medically underserved areas. Unfortunately, these are often the same areas with potential shortages of specialized providers, lack of transportation options and stigmatization. It is vital to minimize these barriers so that those that need it may receive the treatment they need. Our sister state agency, the Office of Behavioral

Health is available to collaborate, seek ways to obtain resources and undertake the effort necessary to remove barriers those living in rural and medically underserved communities may face.

Maine Pediatric and Behavioral Health Partnership

Made possible by the Pediatric Mental Health Care Access Program Grant from the Health Resources and Services Administration, this partnership provides training and support to link pediatric care providers to behavioral health providers with the intent to enhance children's behavioral health throughout Maine, especially in rural and medically underserved areas. As a member of its advisory board, the Director of The Program joins other state officials and stakeholders to provide advice and guidance during the development and implementation of this work.

Maine Primary Care Association

The Maine Primary Care Association strengthens and supports Maine's Community Health Centers through education, training and expertise in health care policy, quality and innovation. The Program holds regular meetings with the Association to coordinate activities, share data and lend expertise in order to maximize the impact of our respective organizations for the benefit of all Mainers, especially those residing in rural and underserved areas. Most of 2019 was spent undertaking the tasks associated with the Shortage Designation Modernization Project and Auto-HPSA Update. Since some health centers were faced with declining scores, this involved not only updating data, but also spending time educating, mitigating confusion and suggesting recruitment alternatives for the facilities affected by the update. Primary Care Association staff worked with The Program to deploy resources and complete one-on-one calls with interested parties.

Maine Rural Health Action Network

The Rural Health Action Network was convened by a multi-disciplinary group of professionals, including the Director of The Program, to understand the need, create plans and advocate for the resources to build a healthier Maine.

Maine Rural Health Transformation Initiative

The Maine Rural Health Transformation Initiative was launched by the Maine Department of Health and Human Services to build new programs and models that transform health care to better meet the needs of Maine's rural communities. Key stakeholders, including the Director of The Program, meet quarterly to guide and inform the effort.

Maine Stroke Alliance

The Maine Stroke Alliance meets quarterly to provide an opportunity for hospital staff, EMS personnel and other stakeholders, including staff of The Program, to review what initiatives have been accomplished,

share successes, overcome challenges, and initiate new activities to fulfill its mission of creating an integrated multidisciplinary, regional system of stroke care that addresses the prevention, acute and subacute treatment, recovery and secondary prevention of cerebrovascular disease with an ultimate goal of ensuring that all patients in Maine have access to comprehensive, high-quality and cost-effective care at all levels of stroke acuity regardless of location.

Maine Telehealth Forum

Telehealth can be one solution to facilitate access, integration of care, and learning opportunities for providers in rural areas. The Forum is convened to identify barriers, explore opportunities, and promote the effective use of telehealth statewide.

New England Rural Health Association

The New England Rural Health Association assists The Program and the New England Performance Improvement member states by managing Institute for Healthcare Improvement training modules and convening regional learning collaboratives and professional networking opportunities for all critical access hospitals and stakeholders throughout the region.

Partnership for Children's Oral Health

There are many barriers to dental care that cause children to needlessly suffer from dental disease. These include cost, lack of transportation, lack of knowledge about the importance of preventive care, cultural differences, and fear.

The Partnership is a network of organizations and individuals, including The Program's Director, working to address the oral health needs of all children and families through effective prevention, education and access to treatment.

FACTORS TO CONSIDER

Too many folks in rural and underserved areas suffer food insecurity and face a lack of reliable transportation and educational opportunities. Still others may encounter prejudice and discrimination.

These factors, and others, can determine the levels of desire and ability to obtain health care as well as the quality of health care received and ultimately, define health outcomes.

Improvement in health care access and outcomes can only be achieved if a wide net of individuals and organizations work together to minimize societal inequities and strengthen communities throughout Maine.

TRANSPORTATION

Second only to poverty, transportation was identified by the respondents of the Maine Shared Community Needs Assessment survey as one of the highest health factor challenges to overcome in Maine. Many of Maine's residents travel significant distances to get the care they need and some, including many elderly residents, don't have access to reliable transportation.

Research shows that the problem is exacerbated for those without health insurance or those who are unable to pay in full for services at the time they are provided. In June 2018, an analysis was conducted by Erika Ziller, et al. at the University of Southern Maine using data from the 2014-2016 Maine Behavioral Risk Factor Surveillance Survey. Specifically, the analysis examined responses to a question that asked respondents if they had delayed medical care for a non-cost reason in the past 12 months. Groups of Medicaid enrollees, low-income adults and low-income adults 65 and over cited lack of transportation as the number one non-cost reason for delaying medical care therefore confirming transportation as a factor in access to health care.

EDUCATIONAL STATUS

Research shows there are links between educational status and access to insurance and health care services, likely due to its close association to poverty and employment status. After reviewing data from Maine's Behavioral Risk Factor Surveillance System, Erika Ziller and Barbara Leonard found 19% of adults without a high school diploma do not have a regular health care provider, compared with 14% of high school graduates, 11% of those with some college, and 8% with a Bachelor's degree or higher .

It is also important to note that educational status not only effects access to health care services but also the knowledge and capacity to obtain, process and understand basic health information needed to make appropriate health decisions and manage chronic disease.

FOOD INSECURITY

Food insecurity is defined as those that lack access, at times, to enough food for an active, healthy life for all household members or that have limited or uncertain availability of nutritionally adequate food. According to Feeding America, 174,230 people in Maine are food insecure, 47,020 of which are children.

Most susceptible to food insecurity are seniors living below the poverty line, adults with less than a high school degree, adults with disabilities, racial and ethnic minorities, and children.

Not only does the reduction in vital nutrients have negative implications for overall health but it also can impair learning, increase levels of hyperactivity, and lead to poor performance.

RACIAL DISPARITIES

Although Maine has the highest percentage of white residents of any state, there are pockets of minority residents in Maine that experience barriers to health care whether it be due to financial status, language, health literacy or cultural differences.

As a matter of fact, an analysis of the Behavioral Risk Factor Surveillance System Survey conducted by Erika Ziller et al, shows that when compared to white adults, members of racial or ethnic minority groups are:

- Twice as likely to lack a regular health care provider (21% vs. 12%);
- Less likely to have had a check-up in the prior year (66% vs. 72%); and
- More likely to have gone without care in the prior year because of cost (17% vs. 10%).

Although little data has been collected that identifies the race and ethnicity of the state's current health care providers, the J-1 Visa Waiver Program has helped to diversify the workforce.

THE PATH FORWARD

CURRENT ASSESSMENT

- A strategic plan has been completed.
- After a period of transition, The Program's team is fully staffed.
- Technical assistance is available and delivered on a daily basis to a wide variety of stakeholders in support of local rural health projects.
- Mechanisms are in place to monitor and disseminate rural health information, upcoming funding opportunities, and educational events.
- The Program has hosted and/or participated in a myriad of conferences, meetings and activities at the local, state, and national levels.
- The Program provides coordination and leadership to strengthen local, state and federal partnerships, convene special rural initiatives, and promote National Rural Health Day activities.
- The Program's website continues to be updated weekly; Program staff developed the initial design and continues to host the Maine Rural Health Transformation Initiative's website.

ACTION STEPS AND FUTURE CONSIDERATIONS

- Update and improve upon the strategic plan as necessary; evaluate State Office of Rural Health operations systematically.
- Continue to assist local communities and stakeholders in finding solutions to rural health issues.
- Continue to monitor and disseminate information and announcements for funding and educational opportunities as they emerge.
- Provide relevant and meaningful educational opportunities.
- Increase attention to current and anticipated rural health issues and needs.
- Identify and assist communities that may have been overlooked or under-resourced. This includes our agricultural and fishing communities.
- Become the clearinghouse where successes are shared in order to inform future endeavors.
- Update and continue to implement innovative features for The Program's website; promote its use.
- Find ways to empower Maine's rural residents to become informed and find support.

BUILDING CAPACITY BY FOSTERING LOCAL WORKFORCE SOLUTIONS

In addition to acting as the State Office of Rural Health, The Program is Maine's designated Primary Care Office and has been for decades. The Health Resources and Services Administration, through the Primary Care Office Cooperative Agreement, depends upon all states and territories, including Maine, to administer programs, provide services and network with others to improve primary care service delivery and workforce availability for those in frontier, rural, and underserved areas.

As Maine's Primary Care Office, we focus on assessment for primary care, dental and mental health professional workforce needs throughout the state and on directing incentives to those qualified professionals willing to care for medically underserved people in areas determined to have a provider shortage per the rules established by the Shortage Designation Branch of the Bureau of Health Professions.

The areas that have been determined to have provider shortages are eligible for certain workforce programs and enhanced CMS reimbursement opportunities.

WORKFORCE PROGRAMMING

State Loan Repayment Program

One of the ways The Program increases access to primary care providers in rural and underserved areas is by offering loan repayment. Funded by the Health Resources and Services Administration's State Loan Repayment Grant Program, medical professionals who choose to participate in this program agree to serve in rural and underserved areas in return for financial assistance to repay their health professional education loans.

J-1 Visa Waiver Program

The Program is responsible for administering the application process and providing waiver recommendations for foreign medical graduates that have met established criteria. The waivers allow foreign physicians to practice in rural and medically underserved areas instead of returning to their home countries for at least two years upon completion of their studies. The J-1 Visa Waiver Program has not only improved the accessibility of health care services in underserved areas but also helped diversify the health care workforce in Maine.

Rural Medical Access Program

The Rural Medical Access Program provides financial incentives, in the form of reimbursement of insurance premiums, to ensure the availability of doctors who provide prenatal care and deliver babies in rural and underserved communities. Eligibility is determined by The Program in collaboration with the State Bureau of Insurance. An average of 50 providers participate each year.

Primary Care and Dental Tax Credit Certification Programs

The intent of the State Income Tax Credit Certification Programs is to provide an incentive for primary care and dental professionals to practice in areas of Maine with identified shortages. Up to 10 new primary care professionals and up to five new dental professionals are certified annually. Eligible providers must have outstanding health professional education loans and make a commitment to practice full time in an underserved area of Maine for a minimum of five years.

National Health Service Corps and Nurse Corps Promotion and Support

Funded by the Health Resources and Services Administration, these programs offer loan repayment and scholarships to faculty, students, and health care providers that meet certain requirements and commit to practicing in a medically underserved area for a period of time. Program staff promotes special events, such as job fairs and webinars, and is available to provide technical assistance as necessary to applicants, participants and host facilities.

FACTORS TO CONSIDER

With an aging workforce ready for retirement and with Maine's modest population growth having been mostly confined to the southern part of the state, recruitment and retention efforts for many industries in Maine has been challenging and the health care sector is no different.

Although the prevalence of primary care and mental health providers are among the highest in the country, many of Maine’s health care facilities have difficulty maintaining an adequate workforce. Therefore, it remains a priority of The Program to recruit and retain qualified primary care, mental health and dental health professionals to Maine.

The Program has and will continue to promote National Health Service Corps and Nurse Corps placements and administer workforce programming such as the State Loan Repayment Program, the Primary Care and Tax Dental Programs and the Rural Medical Access Program to supplement recruitment strategies already established by facilities. However, since the cost of turnover, recruitment and lost productivity when losing a provider is so high, it is also essential that facilities value the providers they have and keep them long after their period of obligation is over with solid onboarding and retention planning. Therefore, it has become a priority of The Program to give executives and human resources professionals the

BY THE NUMBERS

330.8 per 100,000 population

PRIMARY CARE PROVIDERS

According to America's Health Rankings, Maine ranks 3rd in the country with 330.8 primary care providers per 100,000 population. Massachusetts ranks 1st with 362.8 and Nevada is 50th with 182.8 providers per 100,000 population.

504.5 per 100,000 population

MENTAL HEALTH PROVIDERS

According to America's Health Rankings, Maine ranks 4th in the country with 504.5 mental health providers per 100,000 population. This is a 14% increase since 2016.

58.5 per 100,000 population

DENTISTS

According to America's Health Rankings, Maine ranks 27th in the country with 58.5 dentists per 100,000 population. There are 61.2 dentists per 100,000 in the United States.

NURSE CORPS

In 2020, Nurse Corps received 5,512 eligible applications and made 465 total awards for an acceptance rate of just 8%.

8%

acceptance

$200,000

loss

TURNOVER

According to a report from AMN Healthcare, the turnover of a single physician can represent a loss of $200,000 for an organization.

MEDICAL EDUCATION AND TRAINING

According to the Association of American Medical Colleges, 55.6% of physicians completing their residency in Maine stayed in Maine. This ranks 17th in the country.

#17

out of 50 states

tools they need to fulfill these key steps through educational opportunities and individualized support.

As Nurse Corps and National Health Service Programs become more and more competitive, it is also critical that The Program find other innovative solutions to recruit highly skilled medical professionals. This includes expanding pipeline programming and in-state medical education and training programs.

We don't always know the exact results of the outreach programs that are designed and implemented to prepare and inspire children and young adults to pursue careers in the health professions. There is strong anecdotal evidence though that by building relationships and providing opportunities for them can foster a commitment to come back and provide services in their own rural communities after completion of their education and training.

The prevailing thought is that the location of a physician's education and training is highly associated with the location where they eventually choose to practice. Further, the more exposure students and residents have to rural medicine, the more likely they may commit to practice in a rural area. Therefore, medical education and training programs, especially those with rural tracks, are capable of propelling Maine's health care workforce forward. This can only happen though if there is enough capacity to offer clinical placements with preceptors in appropriate settings.

THE PATH FORWARD

CURRENT ASSESSMENT

- Our contractors are experienced and highly respected in the field.
- After a period of transition, the Primary Care Office functions have been restored and staff has attained a level of meaningful experience.
- The prevalence of primary care and mental health providers in Maine is among the best in the United States.
- Maine's Rational Service Areas are decades old.
- The number of National Health Service Corps site certification and recertification applications continues to grow.
- Although some areas and facilities do not possess competitive scores to place National Health Service Corps Loan Repayment Program providers, Maine has fared better with National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and National Health Service Corps Rural Community Loan Repayment Program placements.

- An analysis of the National Health Service Corps Field Strength Report in the Summer of 2020 revealed that Maine ranked second among the New England states with 6.5 participants per 100,000 population (State Loan Repayment Program participation not included).
- The Program administers a number of workforce programs. Programs are effective for recruiting but retention rates beyond service obligations are currently unknown.
- An analysis of medical claims data by zip code reveals that 90% of Maine's population live in zip codes for which the average weighted drive time to a primary care visit is under 30 minutes.
- Maine has a strong Area Health Education Center Network that provides health profession students with positive clinical experiences in rural communities and nurturing health professions students from rural communities who are most likely to return to those communities to practice.
- There has been an influx of people, including health care providers, moving to the state for quality of life and its relative-safety in the era of COVID-19.
- Medical education and training programs in Maine continue to grow.
- Implementation of educational programming for recruitment and retention has begun for health care executives and human resource professionals.
- Current grant funding does not adequately cover costs or allow for expanded programming.

ACTION STEPS AND FUTURE CONSIDERATIONS

- Continue processing applications and obtain Health Professional Shortage Area, Medically Underserved Area, and Medically Underserved Population designations for areas meeting the criteria established by the Health Resources and Services Administration.
- Encourage facilities to become National Health Service Corps certified sites to grow Maine's health care safety net.
- Recommend changes (if necessary) to Maine's Rational Service Areas after careful review and detailed analysis of data.
- Complete analysis to determine the effects of the established workforce programming on retention of providers beyond their service obligations.
- Look for opportunities to streamline workforce programming procedures to optimize operations.

- Work with the Area Health Education Center Network and other partners to support and expand pipeline programming.
- Build upon the success of and create additional recruitment and retention educational opportunities for health care administrators and human resource professionals.
- Compile and share recruitment and retention resources, tools, ideas, and funding opportunities.
- Look for opportunities to strengthen and grow medical education and training programs in Maine including the expansion of placements of medical students in clinical settings.
- Implement a program to recognize facilities who meet basic criteria for human resource recruitment and retention excellence.
- Continue to monitor the effects of Medicaid Expansion. When fully implemented, Medicaid expansion has been forecasted to bring 6,000 jobs to Maine, including 4,000 in health care.
- Seek additional funding sources.
- Open dialogue with rural communities to garner community support for their local health care providers; work with community leaders to initiate incentives for new providers on the local level such as local property tax relief, scholarships for providers' children or discounts to local retailers.
- Raise awareness of the extraordinary work that our fellow Mainers employed at safety net facilities are accomplishing each day despite challenges they may face.


We're all in this together
Maine
Bangor
Augusta
Lewiston
Yarmouth
Presque Isle
Edmundston
Rimouski
Frederic
St.John