Area Health Education Center and Community Health Center Collaboration

Effective Partnerships for the Recruitment of Health Professionals
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Area Health Education Centers (AHECs) and Community Health Centers (CHCs) share common missions to improve the health of underserved and rural communities, yet each does so in distinctly different ways. In partnership, CHCs and AHECs have an especially strong presence in rural communities. The National Rural Health Association has worked with the National AHEC Organization (NAO) to develop this report and demonstrate that these collaborations can improve the quality of health for rural communities and strengthen the local health care infrastructure — with particular attention to the recruitment of health professionals. With 51 AHEC Programs in 46 states, 216 AHEC Regional Centers, and over 1,000 community health centers nationwide, the combined efforts of this extensive network has demonstrable positive outcomes in recruiting and retaining health professionals.

Since inception, both AHECs and CHCs have worked in partnership. AHECs, with a mission to train health professionals to provide care to both underserved and rural populations, have used CHCs as training sites. CHCs may often look to AHECs when recruiting for health professionals or for technical assistance. Many collaborative initiatives between AHECs and CHCs focus on three major areas:

- Introducing minority and underserved students to the health workforce
- Recruiting health professionals
- Supporting health professionals in the community

Recruitment and Retention of Students, Trainees, and Health Professionals

During a FY2005, over 300,000 students ranging from kindergarten through college were introduced to health careers through programs delivered or sponsored by AHECs. Nearly 43,000 high school students from racial/ethnic minorities and underserved areas completed at least 20 hours of health career or academic enhancement programs. CHCs often serve as training/shadowing sites for students. These efforts are instrumental in offering a positive introduction to potential careers in the health professions.

AHECs and CHCs have a strong presence in the community for the recruitment of health professionals. AHECs supported the training of more than 47,600 health professionals in over 26,000 community-based sites during FY2005. Nearly one-half of these sites are in designated underserved areas including CHCs, health departments, and rural/community hospitals. Overall, approximately 122,000 students completed AHEC sponsored health professions training; almost one-fifth of these students were in primary care disciplines.

AHECs and CHCs also work effectively to retain health professionals in the community. Over 330,000 health professionals received continuing education credit through AHEC programs in FY2005. CHCs often look to AHECs for high quality, local continuing education programs. The value of services provided by these primary care trainees is estimated to be over $68 million and include primary care residents, medical students, dental and pharmacy residents, advanced practice nursing students, and social work students. AHECs also serve as a link to major academic medical centers and provide additional resources to the community through this affiliation.

AHEC-CHC Collaborations

For this report, a survey was conducted among statewide AHEC Program offices and regional AHEC Centers to document effective AHEC/CHC partnerships and to provide information on how AHECs can further assist CHCs to recruit and retain a highly qualified health professions workforce.
Survey respondents confirm that AHECs and CHCs work together in many ways to train, recruit, and retain a highly qualified health professions workforce. The creativity of these partnerships reflects the specific local needs of the community. The following examples demonstrate the variety of ways AHECs and CHCs work together for workforce development:

- **CHCs in Vermont** directly benefit from Vermont’s Primary Care Loan Repayment Program provided by the legislature and administered by the AHEC Program. All CHCs in Vermont have been able to retain primary care physicians who are eligible to receive loan assistance for up to six years. Criteria for loan repayment is based on physician-to-population ratio, level of debt, service to Medicaid patients, and desire to continue to practice in Vermont. This program is also available for recruitment where clinics can offer up to $10,000 for loan repayment to new recruits. Several clinics match this with their own funds, bringing recruitment incentives up to as much as $20,000.

- Some of the AHECs in **California** are based out of a community clinic consortium. AHEC, as an academic medical center affiliate, facilitates CHC-based training opportunities for students in the hope that these students will seek long-term employment with the CHCs when they graduate. CA AHECs are also embarking on an effort to directly recruit interns and staff for the community clinic consortium via the Internet.

- **Hawaii** AHEC spreads the word to family medicine residents and graduates about job openings in CHCs throughout the state to assist with recruitment efforts.

- **Arizona’s** AHECs and border HETCs (Health Education and Training Centers) have had a close working relationship with CHCs to arrange for and co-support clinical student and resident rotations. The AHEC program has a statewide relationship with the SEARCH (NHSC/HRSA Primary Care Fellowship Training Program) grant administered by the Arizona Association of Community Health Centers, and AHEC contributes community orientations and engages students in community-based activities during these “Community Clinical Rotations.” The AHEC also offers Medical Spanish language and cultural competency training to students and residents. In the Mexican Border region, the Border HETCs provide cross-border tours and share a Southeast Arizona AHEC/HETC produced video on the Mexican health care system. For retention, the Arizona AHECs and HETCs offer continuing education, including continuing medical education programs for providers statewide. Through the Arizona Telemedicine Program and in collaboration with hosting AHECs and other connectivity points (some located in CHCs), providers are offered distance consultations with Academic Health Sciences Center faculty and grand rounds programs. These activities help to reduce professional isolation for providers, who are located in small, rural, and resource-poor neighborhoods.

- **The Illinois** AHEC Program and the Illinois Primary Health Care Association have co-managed the Illinois Students/Resident Experience and Rotation in Community Health (SEARCH), a National Health Service Corps program which places health professional students into medically underserved areas for short-term placements. The program takes a proactive approach to long-term recruitment by working as a liaison between academic institutions, students, communities, and other programs. Students and residents who are SEARCH participants get priority placement on the recruitment list for the state’s CHCs. Continuing education programs are also offered for providers practicing in CHCs.

- **The Montana** AHECs are actively involved in the SEARCH program. Although Montana has no medical school, 30 percent of students rotate in CHCs. These SEARCH placements have become very popular among students and administrators now see that students from Montana are returning for
their community-based training – some with the intention of remaining to practice in their home state.

- The Oregon Pacific AHEC provides physician recruitment, continuing education, interpreting services, employee Spanish language assessments, and organization of free dental services for low-income patients.

- Western Washington AHEC is a partner in the Washington Recruitment Group (WRG). WRG is a coalition of like-minded not-for-profit agencies and organizations representing state government, universities, and community-based organizations all of which are actively involved with rural and underserved urban communities in the recruitment and retention of health professionals. WRG helps health care providers locate a practice in a rural area or with an underserved urban population. Practice options include: Rural Health Clinics, Public Hospital Districts, Critical Access Hospitals, CHCs, and Native American Health Clinics.

- The Southern New Hampshire AHEC, co-located at a CHC, works regularly with CHC staff. Activities include organizing continuing education programs at the CHC, coordinating placement of clinical rotations for clinical staff, linking with academic institutions for recruitment opportunities, acting as liaison for workforce development, and facilitating meetings within the community.

- The South Carolina AHEC plays a direct role in the recruitment and retention of health professionals who are employed at CHCs and has a long working relationship with many of the CHCs in the state. Specific programs include a rural physician program to provide incentives to providers to practice in the rural and underserved regions. To date, over 50 providers have been placed in CHCs for a cumulative total of over 400 years of service. The AHEC Program had hosted an Annual Practice Opportunities Fair since 1986 where residents in all residency programs in the state are invited to discuss practice opportunities with hospitals, CHCs and physicians who are actively recruiting. Many of the CHCs in the state attend this event each year and have recruited physicians as a result of these contacts. The South Carolina AHEC provides Locum Tenens Program to rural physicians, and offers these services at substantially reduced rates to CHCs. In addition, the South Carolina AHEC Program employs a Director of Recruitment and Retention Programs who directly works with private practices, hospitals, and CHCs throughout the state and focuses on recruitment/retention efforts.

- Med Job Louisiana is a non-profit recruitment and retention program that assists rural and underserved communities located in designated Health Professional Shortage Areas (HPSAs) in Louisiana attract qualified health professionals to improve access to health care. This partnership is comprised of the LA Department of Health and Hospitals, the State Bureau of Primary Care and Rural Health, all four of the LA AHECs, and the LA Rural Health Access Program. Two AHEC recruiters provide free professional recruitment services to assist rural communities in the recruitment of primary care physicians, dentists, psychiatrists, nurse practitioners, and physician assistants. These services include distribution and marketing, technical assistance with recruitment efforts, providing information on potential funding sources for recruitment, and coordination of regional and statewide recruiting events.
California

- Over time, AHEC built strong relationships with the CHC network and state entities resulting in an effective infrastructure of which AHEC is a central component.
- CHCs play a major role in education where students and residents go for training. Training takes place in CHCs which resulted in the elimination of the recruiting budget (as much as $30,000 to $50,000 annually for CHCs).
- CHCs are considered good training sites among students and the critical mass of health professionals needed to serve CHCs results in better working conditions – a “win-win” scenario for recruiting and retaining staff.

The California AHEC Program has worked to keep AHEC in the forefront of the medical schools and state legislature, and in doing so, created a consortium that includes CHCs. This infrastructure proved to be a very effective network for the training and eventual recruitment of health professionals. Although the challenges of integrating medical education in the CHC system are formidable, the resulting training environment is one that is in demand by medical students and residents. Health professionals who were trained in the CHCs continue to work, and in some cases, manage the very places where they trained...a true recruitment and retention success story between AHEC and CHCs.

North Carolina

- The NC AHEC system has an extensive student placement network for health professions trainees. Students are often placed in CHCs, and the AHEC system then provides extensive support to trainees and practitioners in these community-based sites – an effective retention strategy.
- AHEC continues to build its capacity to help CHCs by creating more training opportunities for students in the health professions.
- AHEC convenes a Statewide Task Force that considers workforce development issues in a state that is experiencing high growth and increasing diversity in its population – AHECs and CHCs are primary stakeholders in this Task Force.

In North Carolina, the AHEC system did not have a formal relationship with the CHCs for recruiting health professionals, but had a strong presence in the CHCs for retention. AHECs provide extensive continuing education offerings and such technical assistance as grant writing to CHCs and Internet /library access to health professionals, with an emphasis on eliminating practice barriers to providers in rural and underserved areas. The state AHEC system works closely with health professions training schools in medicine, nursing, pharmacy, dentistry and other fields to place students in community-based training sites. Students are often placed in CHCs and sometimes, students remain and practice where they did their training. These efforts continue and will increase as a Statewide Task Force, of which AHEC and CHCs are key players, looks at future workforce and population trends in the state.
Missouri

- The Missouri Area Health Education Centers network has collaborated with the Missouri Department of Health and Senior Services (DHSS), the Missouri Primary Care Association (MPCA), and five of Missouri's medical schools to develop and implement an FQHC/AHEC model medical student primary care clinical training curriculum. Through the curriculum, medical students receiving forgivable loans from DHSS are oriented to FQHC practice opportunities and complete clinical education experiences in Community Health Centers. In addition, Missouri DHSS has been administering the Primary Care Resource Initiative for Missouri (PRIMO) since 1994. Resources provided by the PRIMO program support a primary health care career recruitment pipeline, forgivable loans to undergraduate and professional school students (PRIMO Scholars) in return for a commitment to practice in an underserved community, and development of health care delivery sites in underserved communities.

All stakeholders desire to see more of the students in the PRIMO pipeline choose FQHCs as their practice sites in which to satisfy their loan obligations. DHSS wished to see more PRIMO loan recipients become oriented to practice in FQHCs and receive first-hand experience in the FQHC setting while still in medical school as a mechanism to increase the likelihood that they will choose an FQHC as the site in which to fulfill their loan obligation. To accomplish this task, Missouri AHEC convened a steering committee of representatives from DHSS, MPCA, the five medical schools, and the AHEC network. During the course of a year, this steering committee worked to design a primary care clinical rotation that would provide PRIMO scholar medical students an opportunity to experience high-quality safety net caregiving, while meeting the clinical rotation requirements of the medical schools in which they were enrolled. During the rotation, students would manage, with supervision, a host of patient complaints as they present to the ambulatory care clinic; explore the role of the primary care safety net provider; practice patient-centered health care delivery; and engage in other activities that help them gain an understanding of the business side of community health centers.

- By a collaborative efforts of all stakeholders, a “universal” family medicine rotation curriculum for third and fourth year medical students was created and accepted by all participating medical schools for a required or elective family medicine rotation in their third and fourth year curricula — credit would be granted for completing the rotation all participating medical schools. The curriculum developed included the following components:
  - Role of the primary care safety net provider
  - Patient centered health care delivery
  - Case management of presenting problems
  - Business aspects of federally qualified health centers, and culturally competent care delivery.

Financial input was gathered from multiple clinics, medical schools and AHECs and used to create a standard expense model for training rotations. All participating medical schools indicated that there would be no additional expenses to their institutions for allowing their students to complete this type of clinical training in an FQHC. The costs associated with support from the AHECs and FQHCs were estimated at less than $2000 per rotation.
• This collaborative development process has allowed, for the first time, FQHCs to provide a standardized clinical training experience, which meets the requirements and has acceptance from five Missouri medical schools. It also provides an opportunity for PRIMO scholars to become acquainted with and experience the potentials of practicing at an FQHC while, at the same time, providing the FQHC an opportunity to recruit and evaluate PRIMO Scholars in their clinic setting.

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**Additional Collaborations**

**AHECs and CHCs Working Together to Improve the Health of the Community**

The scope of collaborative activities between AHECs and CHCs are substantial and the populations served through these activities are culturally and geographically diverse. The interrelationships between AHECs and CHCs are numerous, and although the outcomes of such partnerships may not be well-documented, the added-value to the community from the unique contributions of each is undeniable in terms of access to quality health care.

AHECs provide technical assistance to CHCs by

- Providing resources for the CHC application process such as grant writing expertise and local workforce data
- Assisting with the development of a community board of directors
- Recruiting health professionals/staff
- Assuring the CHC staff and health professions students are providing culturally competent care
- Offering clinical training opportunities for health professions students/trainees
- Conducting continuing education programs for health and human services professionals
- Coordinating and maintaining the multitude of partnerships that are essential for successful community collaborations

AHECs and CHCs work together to improve access to care among populations dependent on safety net providers. AHECs, by definition, have an affiliation with academic health science centers and a mission to serve the local community. Therefore, the inherent resources associated with this positioning are invaluable to programs that work together to provide care to underserved populations.

For more information on the AHEC system and detailed information about the programs listed in this brochure, please contact the National AHEC Organization (NAO) at www.nationalahec.org