



RECRUITMENT AND
RETENTION STRATEGY
AND ACTION PLAN TO
INCREASE HEALTH CARE
PROVIDERS IN THE FORT
BRAGG REGION

SEPTEMBER 2011



This study was prepared under contract with the Fort Bragg Regional Alliance with financial support from the Office of Economic Adjustment, Department of Defense. The content reflects the views of the Fort Bragg Regional Alliance and does not necessarily reflect the views of the Office of Economic Adjustment.

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Introduction

The expansion of Fort Bragg and the resultant growth in nearby communities is expected to exacerbate existing needs for additional medical providers in the Fort Bragg region. Notwithstanding those who support and are supported by the military, the region is home to a wide range of families with military connections, including wounded warriors, military retirees and young military families. The recruitment and retention strategy and action plan outlined below is designed to encourage, if not make certain, that the appropriate health services manpower is in place to meet the needs of all these populations. This plan builds upon previous work completed in the region and on behalf of the BRAC Regional Task Force, including the 2008 Comprehensive Regional Growth Plan developed by this non-profit partnership of governments. This document also provides new insight from recruiters and other health care professionals¹ representing all 11 counties in the region.

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Comprehensive Regional Growth Plan Updates

The 2008 Comprehensive Regional Growth Plan (CRGP) provided a detailed analysis of the health care system in the Fort Bragg Region, including gaps in supply of services and barriers to health care access. The following sections provide an update to the provider supply analyses, as well as the TRICARE access analyses included in that report.

Provider Supply

The CRGP identified a regional shortage of dentists, surgeons and primary care providers. At present, many of these needs still exist. However, regional recruiters have had some success recruiting additional providers to the region to both maintain and supplement supply. The sections below outline the changes in providers within the community and at Womack Army Medical Center. The Fayetteville VA Medical Center did not respond to requests for updated data.

Community Providers

The most reliable public source of physician supply data in North Carolina is available through the North Carolina Medical Board. These data were reviewed to determine trends/changes in physician supply since the completion of the CRGP, as major supply changes could alter regional recruitment planning efforts. Based on a comparison of the supply data provided in the CRGP in 2008 and by the Medical Board in 2011, the supply of physicians in the region has increased by roughly 300 full time equivalents (FTEs). This is primarily the result of ongoing recruiting efforts by local hospitals and private physician practices.

Of the nearly 300 FTE increase, roughly two-thirds can be attributed to the recruitment of primary care providers. The growth in primary care providers is not only a response to a significant identified need, but also is the result of providers' anticipation of a need for more primary care providers as a result of national health care reform. At this point in time, reform is expected to shift more patient care responsibilities to the primary care setting. In addition, the increasing use of physician employment

¹ Please see Appendix A for complete list of individuals interviewed during this process

models, including hospitalists,² has incentivized providers to relocate to the region. Once considered a differentiator, physician employment is now the standard method of recruitment in the region, with the majority of newly recruited physicians entering the community through hospital employment contracts.

Although varied by hospital, in recent years there has apparently been less focus on specialist recruitment. However, it is expected that specialist demand will increase as the primary care base continues to expand, thus facilitating more in-region referrals to specialist providers. It remains difficult to recruit and retain specialist providers in the smaller, more rural counties in the region. These communities often have just enough demand to support one or two providers in a given specialty. However, there is often a need for a second or third provider to ensure call coverage and back up, while the provider maintains his or her desired level of work/life balance. Lack of coverage often means existing specialists elect to leave the market altogether, resulting in compromised access for the population.

Finally, the shortage of behavioral health and dental providers remains a significant concern for the region. The need for these increasingly hard to find and place professionals has been exacerbated over the past three years as the market has experienced modest population growth; yet, growth in the number of these professionals has not kept pace. As such, recruitment and retention of these providers remains a priority for the region, particularly with respect to accelerating needs for behavioral health services to serve the increasing numbers of soldiers returning to the region from deployments in Iraq and Afghanistan.

Womack Army Medical Center

Since the completion of the CRGP, Womack Army Medical Center (Womack) has continued to recruit doctors, physician assistants, nurse practitioners and other personnel to support the needs of the medical center. Although many of the practitioners at the medical center are enlisted men and women, a portion of the staff is comprised of civilian contractors. Womack reports that it has had success recruiting these physicians over the past several years, largely as a result of its work with a national network of recruiters, as well as the attractiveness of the federal benefits package. Regardless of any successes, however, medical center leadership states that it continues to experience needs across all physician specialties, as well as for nurses and physicians assistants.

Womack has recently opened two Community Based Medical Homes in Fayetteville and Hope Mills. These facilities provide Primary Care Management located off post in the community and are designed to substantially increase access to primary care providers for TRICARE Prime and Network Active Duty Family Members living within the catchment areas for these clinics. Please see [http://www.wamc.amedd.army.mil/patients/Clinics/out/cbmh/Documents/CBMH%20FAQ%20Brochure%20\(20110420\).pdf](http://www.wamc.amedd.army.mil/patients/Clinics/out/cbmh/Documents/CBMH%20FAQ%20Brochure%20(20110420).pdf) for additional information regarding the Community Based Medical Homes.

TRICARE Access

According to leadership at the region's community hospitals, access to TRICARE providers remains unchanged since the completion of the CRGP. In particular, the low reimbursement for behavioral health providers and therapists (physical, speech and occupational) remains a significant barrier to enhancing access to these services for TRICARE beneficiaries.

² Hospitalists are physicians who practice hospital medicine and do not see patients outside of the hospital.

HealthNet Federal Services (HealthNet) has indicated that TRICARE access has actually expanded in the Fort Bragg region since the completion of the CRGP. HealthNet notes that not only have more physicians joined the TRICARE network over the past several years, but also the number of TRICARE beneficiaries that physicians are willing to serve has increased. This is partly a result of the relative benefits of treating TRICARE patients over those with other lesser or no financial sponsorship. Specifically, most TRICARE patients have little to no co-pays for physician office visits and, as such, will visit the doctor “as needed” without considering out-of-pocket costs. By comparison, many other insurance companies have increased co-pays and deductibles over the past several years and, coupled with the recession, the increased co-pays have resulted in growth in the number of persons without any insurance. Physician offices have reported a decline in office visits from these patients and, as a result, are now willing to accept more TRICARE patients. Further, HealthNet has continued to improve its speed of reimbursement and is now able to provide payment within a week of receiving a clean claim. As a result, many physicians’ offices report that TRICARE revenue allows them to maintain desired cash flow.

It should be noted that HealthNet does not recruit physicians to the region, but rather works to ensure that there is an appropriate number of existing physicians in the TRICARE network to meet the needs of local beneficiaries. For those specialties that are not available in the region, TRICARE continues to refer patients to facilities, such as Duke University Hospital and UNC Hospitals, that are outside of the region.

Recruitment and Retention of Medical Providers

The recruitment and retention of medical providers remains one of the greatest health and medical challenges in the Fort Bragg Region. The following sections outline the primary barriers to recruitment and retention, current and prospective sources of professionals, and best practices in the region and other locations in the United States.

It should be noted that for the majority of hospitals in the region the processes for physician recruitment are separate and distinct from those for other providers, such as registered nurses (RNs), technicians, and other clinical providers. The recruitment of physicians, experienced RNs and physical therapists were noted by regional recruiters as the most difficult providers to recruit to the region.

Barriers to Recruitment and Retention

Recruitment and retention of providers in the Fort Bragg Region are complicated by several factors, all of which are discussed in more detail below:

- Quality of life;
- Regional payor mix;
- Private practice opportunities;
- Call coverage; and,
- Federal loan repayment issues.

Quality of Life

Perhaps the greatest factor in the recruitment of medical professionals, in this region and elsewhere, is the perceived quality of life. Within the Fort Bragg Region, many of the counties and communities are rural and as such, do not offer many of the amenities associated with living in a larger, more metropolitan area. The two greatest concerns related to quality of life (as it affects recruitment) are

access to quality schools/educational opportunities for families, and limited jobs/career options for spouses of the recruited medical service providers.

Regional Payor Mix

Providers in the region report caring for a higher than average percentage of patients covered by government providers, including Medicare, Medicaid and TRICARE. Government payors have historically provided lower reimbursement than commercial or managed care insurers for health care services. As such, it is more difficult for providers to become and remain profitable with a high percentage of government-sponsored patients and can serve as a barrier to physicians and other providers entering the market. It is important to note, however, that most, if not all, of the physician employment contracts being tendered by hospitals in the region link compensation to productivity, regardless of the payor class of an individual treated by the physician. As a result, for those physicians, payor mix has become less of a concern as they are somewhat “sheltered” from negative financial implications by their hospital employers. Conversely, this presents questions about the sustainability of these efforts from a hospital perspective, as the burden of care for government-sponsored patients (thereby leading to lower profitability) will fully rest on hospitals versus private providers.

Private Practice Opportunities

In general, private practices in the region have little interest in taking on the additional financial risk associated with adding a new provider to their staffs. As such, new providers must start their own practices or choose hospital employment. Starting a new practice poses both economic and service risks for new providers. Despite the level of need in a community it still takes time to build up a patient base. As providers struggle to grow their volumes, expenses can far outweigh any initial income; as a result, it is often an undesirable alternative for many providers. In addition, those willing to take that risk and develop their own practices face significant hurdles in obtaining funding from lenders to cover capital and initial operating costs.

Call Coverage

Physicians, particularly those who have recently graduated from medical school, are increasingly seeking to maintain a sense of work-life balance. As a result, many are unwilling to work extensive on-call hours. This presents difficulties with recruitment in smaller counties with limited specialist coverage. In these counties, there is often only enough volume to support one type of specialist, but there is a need to split the call coverage time commitments between two providers. As such, providers are often unwilling to begin practices in these areas.

Federal Loan Repayment Issues

The Federal Loan Repayment program is available for designated rural communities and providers in the Fort Bragg Region. This can be a successful recruitment technique for providers; however, it has not proven effective for provider retention. Providers must serve a prescribed amount of time to fulfill the requirements of their loan repayment, but then often choose to leave the region to pursue other opportunities. When working with these providers there is a need to determine effective strategies to retain them in the region.

Current and Prospective Sources of Professionals

Providers in the Fort Bragg Region have been recruited from all over the world; however, there are specific sources that have been and will continue to be the more appropriate recruitment vehicles for recruiters in the region.

Physicians

The state of North Carolina currently provides medical education at four universities, The University of North Carolina at Chapel Hill in Chapel Hill, Duke University in Durham, East Carolina University in Greenville and Wake Forest University in Winston-Salem. These schools provide a base of medical students who have generally indicated an interest in residing in North Carolina and provide an important recruiting opportunity for providers in the Fort Bragg Region.

In addition, Campbell University in Buies Creek is in the process of developing an Osteopathic Medical School, which is expected to open in 2013. The primary stated purpose of introducing another medical college in North Carolina in general and in this region in particular is to educate and introduce more primary care practitioners to rural and difficult to serve markets in the state. Campbell leadership, in addition to overseeing the construction of a facility to house the School, expects to be reaching out to local and regional providers to achieve several objectives: identify potential clinical rotations for students; expose students to “pure” primary/generalist care environments; introduce the students (as well as, frankly, faculty) to communities and community-based providers; and, eventually, leverage its presence in the region to contribute to growth of the provider base in the Sandhills, lower Piedmont and coastal regions.

In order to recruit experienced physicians, providers should continue to use marketing opportunities on their own job boards, as well as those of appropriate physician organizations. Recruiting firms can also be an effective tool for harder to recruit specialties. Further, within the region, providers should remain aware of military physicians who may be retiring and seeking to join civilian practices.

Physician Extenders

Once used only minimally to supplement physician caregivers, the use of well-trained physician extenders (i.e. nurse practitioners, physicians assistants) has continued to gain momentum and are often considered as surrogates for physicians in situations where patients’ health concerns are less severe. This, combined with limited physician supply and the sustained need for primary care providers due to health reform, has resulted in the increasing prevalence of physician extenders in urgent care centers and primary care clinics throughout the country. More proactive hospitals and providers are exploring ways to more effectively leverage their physician capacity by incorporating these caregivers into existing practices, often at a ratio of two extenders for every physician.

Regional hospitals should continue to leverage these providers and work with area colleges and universities offering training programs. The table on the following page presents North Carolina universities currently offering nurse practitioner and/or physician assistant training programs.

Physicians Assistant and Nurse Practitioner Programs

<i>School</i>	<i>County</i>	<i>Physicians Assistant</i>	<i>Nurse Practitioner</i>
Campbell University	Harnett	X	
Duke	Durham	X	X
East Carolina University	Pitt	X	X
Methodist University	Cumberland	X	
University of North Carolina	Orange		X
University of North Carolina - Charlotte	Mecklenburg		X
University of North Carolina - Greensboro	Guilford		X
University of North Carolina - Wilmington	New Hanover		X
Wake Forest	Forsyth	X	
Western Carolina University	Jackson		X
Wingate University	Union	X	
Winston-Salem State University	Forsyth		X

Nurses and Other Providers

Regional providers have stated that local colleges are the most effective source for recruiting new nurses. The following table presents the nursing programs in the Fort Bragg Region.

Nursing Programs

<i>County</i>	<i>School Name</i>	<i>AAS</i>	<i>BSN</i>	<i>LPN</i>	<i>CNA</i>	<i>RN to BSN</i>
Bladen	Bladen Community College	X		X	X	
Cumberland	Methodist University		X			
Cumberland	Fayetteville State University		X			X
Cumberland	Fayetteville Technical Community College	X		X	X	
Harnett	Central Carolina Community College	X		X		
Harnett	Campbell University					
Hoke	Sandhills Hoke Center				X	
Lee	Central Carolina Community College	X		X	X	
Montgomery	Mongomery Community College			X		
Moore	Sandhills Community College	X		X	X	
Richmond	Richmond Community College	X		X	X	
Robeson	University of North Carolina at Pembroke		X			X
Robeson	Robeson Community College	X			X	
Sampson	Sampson Community College	X		X		

*Note: Associate Applied Science (AAS), Bachelor of Science in Nursing (BSN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA), Registered Nurse (RN)

Other clinical providers are also recruited through local colleges and universities. Appendix B provides a full listing of medical training programs available in the region.

Recruitment of experienced professionals and new professionals from outside the region are primarily reliant on the use of hospital and physician practice job boards, as well as advertisements in professional publications.

Best Practices

A successful recruitment strategy and action plan will build upon recruitment best practices experienced by select providers in the region, as well as in other areas of the United States. Recruiters in the Fort Bragg region identified several key components of successful recruitment efforts, including:

- Advanced Planning: Successful recruitment is driven by proactive planning and input from existing providers. Recruitment efforts should not be taken on without determining the needs of the organization and the communities it serves, then developing an effective strategy to meet those needs. This proactive planning will become even more necessary as the current physician population continues to age closer to retirement. Hospitals should work with existing providers to verify estimated needs, determine appropriate selling points, and develop incentives for new providers.
- Candid Discussion of Fit: Regional providers unanimously stated that one of the most important parts of their recruitment efforts is a discussion of a provider's fit at the facility, and more importantly, in the region. Providers in the Fort Bragg region must be willing to live and work in a primarily rural area, with a significant military population. In earlier discussions with Alliance leadership, some providers specifically cited the "higher calling" of working with the military population as a factor in their desire to remain in the region. This is an important marketing point for new prospects in the region, as well as the idea that they can make a tangible difference in the health of residents and communities. In addition, it is imperative that the communities offer a good fit for the providers' families, including career opportunities and desired entertainment options.
- Offer a Menu of Signing Incentives: Different incentives are effective for different providers. As such, it is important that facilities and providers offer a wide range of incentive options to match the interests of a recruit. For instance, an experienced provider will likely be much less interested in loan forgiveness than someone coming straight from school or residency. Additional incentives that have some success include: income guarantees, signing bonuses, limited term malpractice, moving expenses, and mortgage guarantees on physicians' homes.
- Host a Successful Site Visit: It is imperative to provide a realistic and attractive view of the community for providers and their spouses that are considering relocating to a region. If a site visit does not include showing a provider and their family the professional and personal benefits of living in the community, then the visit is generally unsuccessful. Providers and their families must be able to see themselves happily living and working in the community.
- Search Firms: Hospitals have found success using multiple national firms to perform contingency searches for physicians. On occasion, retained searches have been found helpful, but are often too costly with limited results.
- Links to Residency/Clinical Training Programs: Medical providers participating in residency or medical training programs at a facility provide a captive audience for recruitment. These providers are already familiar with a given organization, and recognize the value of the continued professional development offered by these organizations. As such, the development of these services can be one of the most effective recruiting tools for a medical organization.

- Use of Hospital Foundation: The hospital foundation can, and should, also be used as a mechanism for medical service provider recruitment. In many instances the foundation can allow the hospital to be much more proactive in recruitment efforts by leveraging the talents of the local community. For instance, foundation funding can be used to identify local high school students and provide them with scholarships for attending a local community college or university, with the understanding that they will return to the community post-graduation. This platform provides foundations with a unique opportunity to raise funds because they can leverage donations being used to impact the economic development of the community by providing the promise of jobs to local residents, while also improving access to health care services. Funding from the foundation can also be used to provide loan programs and supplement recruitment costs, such as physician site visits.

Historically, within the Fort Bragg region, recruitment efforts have generally been undertaken by individual facilities and are rarely collaborative. Based on input obtained from hospital representatives during this process there is an obvious interest in working more closely together going forward. The following programs, which represent collaborative efforts between multiple providers in other areas of the U.S., have been effective in rural and military communities.

Fort Drum Regional Health Planning Organization (New York)

The Fort Drum Regional Health Planning Organization (FDRHPO) is an agency that works to analyze and support the existing health system available to Fort Drum soldiers, their families, and the surrounding civilian community. The organization is not a provider of care, but rather evaluates the existing gaps in services and ensures that those gaps are filled. FDRHPO was initiated and funded from a Department of Defense 721 pilot program for health care delivery, and continues to exist through government funding.

FDRHPO has partnered with local providers to promote medical provider career opportunities in the community. Specifically, the organization works to promote the region as a superior place to live and work, and provides educational opportunities for college and high school students considering careers in the medical field. Further, the organization has a specific focus on the recruitment of behavioral health providers through signing incentives and financial support for additional training. The FDRHPO website also advertises educational opportunities for medical professionals and volunteer opportunities within the local health care system.

This organization not only determines the need for future recruitment efforts, but supports the recruitment and retention of providers through federal funding. Additional information can be found at the Fort Drum Regional Health Planning Organization website, <http://www.fdrhpo.org/>.

Key Takeaways for Fort Bragg Region:

1. Federal funding has been used in other regions to support collaborative health care efforts. It should be noted, however, that the Fort Drum region does not have a Military Treatment Facility, such as Womack.
2. Recruitment can begin at an early age within rural areas. Physicians who grew up in a given rural area may be more likely to return to the region after finishing medical training.
3. FDRHPO provides funding dollars to support the recruitment and training of providers in critical need areas, such as behavioral health.

Rural Wisconsin Health Cooperative (Wisconsin)

The Rural Wisconsin Health Cooperative (RWHC) is owned and operated by 35 acute, general medical-surgical hospitals in rural Wisconsin. RWHC's charge is twofold: shared service development for cooperative hospitals and external customers, as well as advocacy for rural health at the State and Federal levels. From a recruitment perspective, RWHC employs a full time workforce development coordinator who is responsible for disseminating information about local positions. In addition, this person is available to provide supplemental assistance for facilities in need of temporary or internal recruitment assistance. The organization maintains a job database on its website and its use is free of charge for both job seekers and employers.

In order to promote retention, RWHC holds professional roundtables. These roundtable discussions attempt to directly address the isolation typically associated with practicing rural medicine and promote the exchange of ideas between local providers. RWHC also provides continuing support for nurses through the Wisconsin Nurse Residency Program which is designed to provide the professional development and mentoring support needed to maintain a successful career. Further, the collaborative promotes programs that expose middle school students to local healthcare careers and has developed the Wisconsin Academy Rural Medicine (WARM) which is the only rural focused clinical training program in the nation that supports a student's pursuit of any specialty.

This program is supported by local providers, rather than government funding. More information can be found on the organization's website: <http://www.rwhc.com/Home.aspx>.

Key Takeaways for Fort Bragg Region:

1. A future collaborative recruiting organization in the Fort Bragg region could be supported by contributions from regional providers.
2. An important function of a recruiting and retention organization is to help mitigate the "problems" associated with practicing rural medicine, such as isolation. This group can work together to develop creative solutions, such as the roundtables developed by RWHC.
3. A key component of recruitment to rural areas includes the availability of clinical training sites.

Alaska's Small Hospital Performance Improvement Network (Alaska)

Alaska's Small Hospital Performance Improvement Network includes 13 healthcare providers located in medically underserved regions of Alaska. This organization's primary focus is on expanding access to services and improving the quality of care provided in this region. Currently, a key initiative of the network is a Recruitment Collaborative. Due to the extreme distances between sites of care, this region is evaluating the development of telecommunications to not only provide care to patients, but to connect providers for collaborative and training purposes. These efforts serve to mitigate the need for additional recruitment, and also incentivize retention.

This organization is a division of the Alaska State Hospital and Nursing Home Association. Additional information can be found on the organization's website: <http://www.ashpin.org/>.

1. Key Takeaway for Fort Bragg Region: Telecommunications can be used to not only mitigate provider shortages, but also promote collaborative efforts between rural providers.

Citizen Soldier Support Program (North Carolina, National)

The Citizen Soldier Support Program (CSSP) is a congressionally authorized, federally funded grant administered through the Odum Institute for Research and Social Science at the University of North Carolina at Chapel Hill. CSSP is a capacity-building initiative designed to strengthen community support for National Guard and Reserve Component Members and their families. CSSP focuses on increasing geographic and financial access to deployment and post-deployment related behavioral health services, especially for those living in rural areas.

CSSP does not directly recruit physicians; rather, the organization provides training to existing providers who may not currently be treating military families. Through this training, CSSP creates additional access for this population, including encouraging TRICARE participation. In addition, the organization maintains an extensive database of existing TRICARE providers that is searchable by beneficiaries. This organization is already working in the Fort Bragg Region and has had success increasing TRICARE capacity in the region.

This organization receives federal funding. Additional information can be found on the organization's website: <http://www.citizensoldiersupport.org/>.

1. Key Takeaway for Fort Bragg Region: CSSP is a North Carolina based organization receiving federal funding to promote behavioral health access for the military and as such, should be a long term partner of the Fort Bragg Regional Alliance, particularly as the organization expands its database to include active duty military and their families.

North Carolina Center for Rural Health Innovation and Performance

The NC Center for Rural Health was created by the North Carolina Hospital Association in 1996 as a rural health resource center, providing expert technical assistance and professional consultation. The Center is a statewide resource for rural health organizations and communities, and aims to perform as a leader among public and private organizations that address rural health issues. Further, the center is committed to developing results-driven community health models.

1. Key Takeaway for Fort Bragg Region: The Center for Rural Health Innovation and Performance is an existing North Carolina organization that has already developed a collaborative model for rural health providers. The providers in the Fort Bragg region should be sure to work with the Center to take advantage of existing programs and garner the organization's support future lobbying efforts.

Strategies and Funding Options

Prior to completion of this final report, a draft report was shared with the Fort Bragg Regional Alliance and health care leaders from across the region, which outlined preliminary strategies and funding options. A meeting was then held with these leaders on August 8, 2011 at the Spring Lake Family Resource Center to discuss key findings, conclusions and recommendations from this study. During the meeting preliminary strategies and action steps were vetted and ultimately prioritized based on the collective input of those involved. To recognize the efforts of these individuals, Appendix C includes a complete list of those who were in attendance at the August 8th meeting. The following section of this report presents the strategies and priorities resulting from that meeting.

PRIORITIES FOR ACTION

Strategy 1: Enable Sustainable Coordination and Collaboration between Medical Providers

Description:

Many regional hospitals face the same challenges for provider recruitment. As in any market, a level of competition exists among hospitals in the region, but all agree that there is still room to collaborate to improve their community's access to medical service professionals. As outlined in the best practices section of this report, many communities have had great success working with a central agency to improve recruitment and retention efforts for medical providers. In addition, hospital and regional leaders agree that a central "entity" can be the foundation required to support the implementation of the other strategies, particularly as that entity may relate to Strategies 3-5, discussed later.

Objectives and Rationale:

1. Develop central medical services recruiting organization (or position within a larger organization)
2. Improve collaboration between/among regional hospitals
3. Leverage existing resources to limit duplication, where appropriate

Responsible Parties:

The Fort Bragg Regional Alliance will facilitate the participation of regional medical providers, led by those organizations that have previously been involved in regional planning efforts.

Potential Funding Sources:

Funding may be secured through lobbying for federal initiatives/grants, through access to local/regional endowments, and/or a collaborative funding effort among regional providers.

Action Plan/Next Steps:

1. Convene the Fort Bragg Regional Alliance Medical Working Group to discuss funding opportunities and staffing options for the central medical services recruiting organization.
2. Work concurrently to execute Strategy 4, Step 1 to provide guidance for future recruitment efforts of the central medical services recruiting organization.
3. The central medical services recruiting organization should consider the development of accountable care organizations (ACOs) and patient centered medical homes as opportunities for collaboration in the region.

Strategy 2: Continue to Advocate for Policy Changes Related to the Delivery of Care in the Region (Ultimately Affecting Recruitment)

Description:

There are several federal policies and programs that impact medical provider recruitment in the region. Specifically, TRICARE payment rates, which are often lower than Medicaid rates, are determined by the federal government. Higher TRICARE payment rates would have a significant, positive impact on physician and other provider recruitment and retention in the region. In addition, Richmond and Scotland Counties within the Fort Bragg region have large rural areas, but are not considered rural for

the purposes of federal loan repayment programs for medical providers. Rural areas of Cumberland and Moore counties may also be considered for loan repayment expansion programs.

Objectives and Rationale:

1. Improve reimbursement to incentivize recruitment and retention
2. Identify and provide increased loan repayment opportunities
3. Leverage the central recruitment entity (developed in Strategy 1) to develop unified and prioritized issues for advocacy.

Responsible Parties:

The Fort Bragg Regional Alliance is the primary responsible party for this strategy, but will be expected to significantly leverage the use of the central recruitment entity.

Potential Funding Sources:

None beyond those identified in other strategies.

Action Plan/Next Steps:

1. The Fort Bragg Regional Alliance should work with local, state and federal representatives to elevate the key priority issues in the region relative to medical provider recruitment. These include the following, listed in order of importance per input from attendees of the August 8th meeting:
 - a. Review the North Carolina licensing reciprocity process for dentists under the Board of Examiners to encourage providers to relocate from other states to the Fort Bragg region.
 - b. Pursue increased TRICARE reimbursement for behavioral health and dental providers to improve recruitment/retention and support North Carolina as the most military-friendly state in the nation.
 - c. Evaluate the availability of state-level and granting agency funding to support recruitment to areas with a high concentration of military families in North Carolina.
 - d. Pursue small business tax credits or TRICARE fee schedule waivers to increase payments for a designated period to support the recruitment and transition of new physicians to rural areas.
 - e. Explore opportunities to increase payments to physical therapy professionals. These professionals should be considered for coverage under federal/state loan repayment programs. In addition, there is a need to extend TRICARE coverage for care rendered by physical therapy assistants.
 - f. Review the definitions of "rural" and "federally qualified health center" for the purposes of federal loan repayment. There are some areas of the Fort Bragg Region which are not currently designated as rural, but should be considered in the future.
 - g. Under the Health Resources and Services Administration and the Teaching Health Centers section of the Affordable Care Act, Alliance and regional hospital representatives should advocate that the government should consider expanding the community sites eligible beyond Federally Qualified Health Centers for primary care and surgery residencies.
 - h. Expand opportunities for National Health Service Corps providers in the region.

ADDITIONAL PRIORITIES FOR CONSIDERATION

Strategy 3: Provide Assistance to Bolster/Develop Hospital Foundations as Supporters of Recruitment and Retention Efforts

Description:

Clearly, one of the ideal goals for recruitment in the region relates to development of strategies and tactics that can be sustainable, absent the presence of outside funding. The use of local hospital foundations provides a significant opportunity to do just that. This strategy seeks to educate and provide resources to local foundations to support medical service professional recruitment.

Objectives and Rationale:

1. Equip local foundations with the knowledge of best practices for recruitment
2. Leverage local community resources to improve access to medical care for residents
3. Expand upon success already achieved by others in the region

Responsible Parties:

Local hospitals, with input and guidance from the Fort Bragg Regional Alliance

Potential Funding Sources:

Ground work to determine funding sources should be absorbed by the Fort Bragg Regional Alliance.

Action Plan/Next Steps:

1. Convene a joint meeting of local recruiters and foundation representatives (including Board members) to determine potential collaborative strategies.
2. Utilize the resources of the central medical services recruiting organization developed under Strategy 1 to monitor ongoing partnership activities between local recruiters and foundations.

Strategy 4: Create a Roadmap for Future Provider Recruitment

Description:

In order to fully implement a long term recruitment plan for the Fort Bragg region, it is imperative that recruitment needs are determined and understood in a proactive manner. Due to changes in population and levels of provider supply since completion of the CRGP, supply gaps provided in that study need to be updated to reflect the current situation, and should also incorporate an analysis of the need for non-physician providers. Further, the development of Harnett Health System-Central Campus in Lillington, FirstHealth Hoke Community Hospital in Raeford and Hoke Community Medical Center in Raeford³ will likely have significant impact on the need for providers in the region.

Objectives and Rationale:

1. Assists with understanding where greatest needs exist, both geographically and by provider type
2. Provides consistent need methodology across all areas of the region
3. Provides baseline information upon which the central recruitment entity can act

³ Please note that the certificate of need applications to develop FirstHealth Hoke Community Hospital and Hoke Community Medical Center are currently under appeal and as such, it is unclear if either or both hospitals will be developed.

Responsible Parties:

The Fort Bragg Regional Alliance, along with the organization developed under Strategy 1, should work together to identify an appropriate third party/consultant to work with regional hospitals and other provider groups to complete and, as appropriate, update the studies.

Potential Funding Sources:

As a planning study, this work is eligible for funding from OEA. Additional funding may also be available through the organization to be developed under Strategy 1, participation of regional providers and, perhaps, granting authorities/agencies.

Action Plan/Next Steps:

1. The Fort Bragg Regional Alliance should solicit funding from OEA to support the completion of a comprehensive medical provider manpower study that will serve as an update to the work done in the CRGP.
2. Authorize the completion of the study, monitor for progress against stated plans and authorize updates every three years.

Strategy 5: Develop a Marketing Strategy for Regional Recruitment

Description:

There are many reasons that medical providers find the Fort Bragg Region to be a desirable place to live and practice. North Carolina has an excellent higher education system with a unique Area Health Education Center program that serves as a resource for continuing medical education. Many enjoy the more relaxed quality of life in a rural setting. Further, as the region continues to develop around the military (among many sectors), providers should find the area more attractive for investment and practice growth. As such, there is a need to develop a regional marketing strategy to highlight these distinctive features of the region.

Objectives and Rationale:

1. Improve the visibility of the region's best features relative to medical provider recruitment.
2. Create a regional model that can be used by multiple providers.

Responsible Parties:

The Fort Bragg Regional Alliance, along with the organization developed under Strategy 1 and regional economic development agencies, should work together to identify an appropriate consultant to work with regional hospitals and providers to complete the marketing strategy.

Potential Funding Sources:

OEA is a potential funding source, but funding may also be available through the organization developed under Strategy 1, as well as local and regional economic development and planning entities.

Action Plan/Next Steps:

1. The Fort Bragg Regional Alliance should identify funding sources for the marketing study and submit requests for proposals.

POTENTIAL PARTNERS & FUNDING SOURCES

No single partner or funding source will be adequate to support the implementation of the outlined strategies. Instead, it will be necessary to partner with and/or pursue funding from a variety of local, state, and federal governmental sources, as well as private foundations that support health and social services initiatives. Information on potential partners and funding sources has been provided below.

Potential Partners	Potential Funding Sources
Fort Bragg Regional Alliance	DHHS
Regional Hospitals	HRSA
Area Physicians and Providers	Kate B. Reynolds Trust
HealthNet Federal Services	The Duke Endowment
VA	GoldenLEAF Foundation
Womack Army Medical Center	Local Providers
Training Programs (esp. CU)	Local Government
Southern Regional AHEC	OEA (When Available)
NC Office of Rural Health	
CHCs	

Regional providers and/or local government:

As discussed in Strategy 3, hospital foundations can act as a valuable source for funding. Whether through the foundation or other hospital sources, expenses associated with priority Strategy 1, Enable Sustainable Coordination and Collaboration between Medical Providers, should be distributed across regional medical providers. This distribution will lessen any financial burden, while demonstrating to other potential funding entities that the region is dedicated to working together to improve recruitment and retention. The Fort Bragg Regional Alliance should facilitate the participation of regional medical providers, led by those organizations that have previously been involved in regional planning efforts.

The North Carolina Office of Rural Health (NCORH) also maintains resources that can, and should, be utilized by providers in the region. One such method of assistance relates to the determination of Health Professional Shortage Areas across the State. Specifically, staff at NCORH can assist providers with the evaluation of physician supply statistics relative to the population, in some instances allowing a geography or facility to obtain status as a Federal HPSA. The result of this designation can improve medical provider recruitment by potentially providing improved reimbursement rates and/or student loan forgiveness/payback.

It should be noted that local and county governments have already provided support/funding to the Alliance for previously completed work. Although these areas might provide opportunities for additional funding, the Alliance should be prepared to pursue other funding streams, as necessary.

Endowments and/or Trusts:

North Carolina is somewhat unique in that it has a number of endowments and trusts that have historically provided funding to support and improve the State's health care delivery system. Although recent economic conditions have reduced the amount of available funding, opportunity still exists from organizations such as The Duke Endowment, Kate B. Reynolds Trust, and the GoldenLEAF Foundation. Because resources are so limited, endowments and trusts have shown increasing interest in funding initiatives that have the potential to improve the way in which care is delivered, rather than providing funds for typical "bricks and mortar" activities.

Given the current environment, the key to accessing funds from these organizations is to present a detailed plan for the intent to utilize any funds received, and how those actions will ultimately improve care. Ideas, no matter how great, are less likely to receive funding if a structured plan is not in place. The strategies and actions outlined in this report might provide a good base of information, but the centralized entity developed in Strategy 1 should be used to further refine/detail priority next steps prior to requesting funds.

HRSA, OEA and/or DHSS:

Federal agencies still remain prime sources for funding initiatives. When available, OEA funds are limited to research or planning activities, rather than supporting actions for implementation. As such, Strategies 4 and 5, Create a Roadmap for Future Provider Recruitment and Develop a Marketing Strategy for Regional Recruitment, should be priority next steps for Federal funding consideration.

HRSA and DHHS might be more likely to support implementation efforts through current/existing programs. Also, HRSA, DHSS, and Health Net are likely sources of support for the Alliance in its efforts to pursue legislative change. Even if funding is not available from these sources, efforts should be made to determine if staff from these organizations could provide assistance for/support to the Alliance.

Appendix A: Interviews

<i>Interviewee</i>	<i>Organization</i>
Donna Bowen	Bladen County Hospital
Sandy Godwin	Cape Fear Valley Health System
Steven Twaddle	Cape Fear Valley Health System
Brenda Hubbard	Cape Fear Valley Health System
Don Pathman	Cecil G. Sheps Center
Danyl Butler	Central Carolina Hospital
William Abb	Citizen Soldier Support Program
Bob Goodale	Citizen Soldier Support Program
Teresa Sessoms	FirstHealth of the Carolinas
Jan Stivers	FirstHealth of the Carolinas
Oscar Aylor	Harnett Health System
Wallace Horne, MD	Harnett Health System
Dave Amos	HealthNet Federal Services
Karen Ledsky	HealthNet Federal Services
Wanda Greene	North Carolina Office of Rural Health and Community Care
Greg Wood	Scotland Memorial Hospital
Louis Thomas	Scotland Memorial Hospital
Morris Bullock	Southeastern Regional Medical Center
Marcia Livingston	Womack Army Medical Center

Appendix B:
Other Health Care Provider Programs

Other Health Care Providers

<i>County</i>	<i>School Name</i>	<i>Chiropractic</i>	<i>Pharmacy</i>	<i>Radiography</i>	<i>Respiratory Therapy</i>	<i>Clinical Research</i>	<i>Polysomnography</i>	<i>Radiology</i>
Bladen	Bladen Community College							
Cumberland	Methodist University							
Cumberland	Fayetteville State University [^]	x	x					
Cumberland	Fayetteville Technical Community College			X	x			
Harnett	Central Carolina Community College							
Harnett	Campbell University		x			x		
Hoke	Sandhills Hoke Center							
Lee	Central Carolina Community College							
Montgomery	Mongomery Community College							
Moore	Sandhills Community College				x		x	x
Richmond	Richmond Community College							
Robeson	University of North Carolina at Pembroke							
Robeson	Robeson Community College			X	x			
Sampson	Sampson Community College							

[^] Note: Fayetteville State University's website states that they have entered into an educational assistance agreement with Logan College of Chiropractic Medicine to help students from populations under-represented in the chiropractic health care profession improve their academic competitiveness and facilitate their graduation from a chiropractic health professional school. As such, Biology majors at the University have the option of choosing a concentration in Chiropractic Medicine.

Appendix C:
August 8, 2011 Meeting Participants

<i>Attendee</i>	<i>Organization</i>
Sandy Godwin	Cape Fear Valley Health System
Brenda Hubbard	Cape Fear Valley Health System
Tim Moore	Fort Bragg Regional Alliance
Don Belk	Fort Bragg Regional Alliance
Teresa Sessoms	FirstHealth of the Carolinas
Oscar Aylor	Harnett Health System
Dave Amos	HealthNet Federal Services
Wanda Greene	North Carolina Office of Rural Health and Community Care
Morris Bullock	Southeastern Regional Medical Center
Deborah Teasley	Southern Regional Area Health Education Center
Deborah Farmer	Womack Army Medical Center