

The following is a DRAFT proposal, which outlines programs and alternatives which should be considered in developing a comprehensive and systematic approach to healthcare worker training in Montana. Cost estimates are approximations only.

Goal: Develop a comprehensive plan, including associated costs, to close the healthcare worker gap in ten years with the most cost-effective combination of programs.

1. Establish a healthcare data team to evaluate, over time, the state's healthcare worker shortages (both existing and anticipated).

This team should consist of, as a minimum, representatives of the following agencies or organizations:

- Montana Department of Labor and Industry Research and Analysis Bureau
- Montana Department of Labor and Industry Licensing Business and Occupational Licensing Bureau.
- Office of Commissioner of Higher Education
- MHA
- DPHHS
- Others? (agencies or organizations that track data related to healthcare worker shortages).

2. Establish an advisory group to evaluate proposals and make recommendations on the most cost-effective options to train, recruit, and retain healthcare workers.

This group should consist of 10-15 individuals and have approximately 50% of its members from non-government organizations. The group should also contain representatives of the Montana University System, including the state's community colleges and tribal colleges.

3. Work with the advisory group to evaluate options to reduce shortages of non-physician healthcare workers:

- Improve efficiency of current programs, including transferability and use of common curriculum across institutions, to lower attrition rates and speed graduation rates.
- Expand capacity in existing programs.
- Create funding pool to attract and retain targeted faculty in high-demand healthcare fields.
- Create new programs at strategically targeted institutions.
- Expand partnership with tribal colleges to offer more allied health training programs.
- Expand distance learning, either in-state or in cooperation with other states' programs (e.g. expand participation in WICHE's WRGP nursing Ph.D. program or offer on-line advanced degree programs similar to Arizona and Colorado).
- Expand partnerships with rural hospitals (or other options) to increase the number and size of clinical training sites.
- Create a fast-track for BA degree holders wanting to become nurses.
- Create programs to encourage/facilitate professionals not in the workforce to re-enter the workforce through re-certifications or incentives.
- Increase career pathways and dual-enrollment programs to increase supply of students wanting to enter healthcare professions.
- Expand programs to offer and encourage advanced degrees in nursing to build stronger base of potential instructors.

Cost: The advisory group should estimate the total costs, over the next 10 years, to reach our goal of eliminating worker shortages. The group should also make recommendations for priority funding requests in the next biennium.

4. Develop stronger support from industry (primarily hospitals and clinics) to provide additional matching funds for expanding the number of trained healthcare workers in the state in a systematic way.

Cost: none to general fund or MUS

5. Actively solicit federal and/or non-profit grants and funds, as a state or university system, to help eliminate the healthcare shortage in Montana.

Cost: none to general fund or MUS

6. Designate campuses as “centers of excellence” to be the lead institution for specific types of healthcare education.

Cost: \$1 million to establish first three centers of excellence in next biennium.

7. Consider developing an incentive program (loan forgiveness, perhaps from industry partners) for allied health professionals in addition to physicians who locate in rural areas.

Cost: \$250,000 for pilot program in first biennium.

8. Expand physician education to increase the number of physicians in Montana, with particular emphasis on increasing the number of primary care physicians practicing in rural areas.

- Increase WWAMI slots for entering class from 20/year to 40/year (total in 4-year program increases from 80 to 160 after four years).
Cost: \$1.9 million next biennium, \$3.4 million subsequently
- Implement selection criteria for WWAMI to increase percentage of physicians returning to Montana rural areas in primary care specialties.
Cost: none to MUS or general fund
- Implement a third year WWAMI medical training program in Montana.
Cost: none to MUS or general fund
- Develop a proposal to expand MT Family Practice Residency Program.
Cost: none in the next biennium, possibly funding required subsequently
- Consider adding residency program in another specialty area in 3 years, possibly in a community other than Billings.
Cost: none in the next biennium, possibly funding required subsequently.

9. Increase the funding for, and more carefully target, incentives to encourage primary care physicians to locate in high-need areas by considering the following options:

- Charge higher rates (on par with all other WWAMI states) for first year WWAMI students and put funds into Montana Rural Physician Incentive Program (MRPIP) and WWAMI program.
Cost: none to general fund or MUS. Increases tuition for medical students that is more-than-offset by future incentives if they return to practice in Montana high-need areas.
- Phase out current Rural Physician Tax Incentive (grandfather current enrollees for time left under current law), put equivalent funds into MRPIP.
Cost: none to general fund or MUS. Requires legislative action to change tax code and reallocate funds.
- Increase “surcharge” for WWAMI program from \$2K to \$4-5K per year, put additional funds into MRPIP.
Cost: none to general fund or MUS. Increases tuition for medical students that is more-than-offset by future incentives if they return to practice in Montana’s high-need areas.
- Use combination of above proposals to generate approximately \$1 million per year for MRPIP. Revise MRPIP to increase incentive amounts and to better target locations in most need of primary care physician with a goal to eliminate all Health Professional Shortage Areas (HPSAs) in 10 years. Include a larger selection team for awards to have greater rural representation and to ensure incentives are targeted at highest-need areas.
Cost: none to general fund or MUS.

10. Continue to evaluate options for increasing the number of dentists through expanded partnerships with other states (including WICHE and WWAMI).

This is currently being evaluated by the Montana Dental Association and the MUS through a \$5,000 grant from the Legislature and a \$20,000 grant from the American Dental Association. Particular emphasis is being placed on training dentists likely to practice in Montana’s rural areas.