

A Healthier Florida

Increasing access to primary care
in underserved areas



February 2023





Formed in 1961 at the request of Governor Farris Bryant and as the first organization of its kind in the United States, the Florida Council of 100 is a private, nonprofit, nonpartisan organization of business, civic, and academic leaders which exists to promote the economic growth of Florida and a high quality of life for its citizens.

MISSION STATEMENT

To improve the quality of life and economic well-being of all Floridians through the relentless pursuit of better, business-driven public policy.

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EXECUTIVE SUMMARY

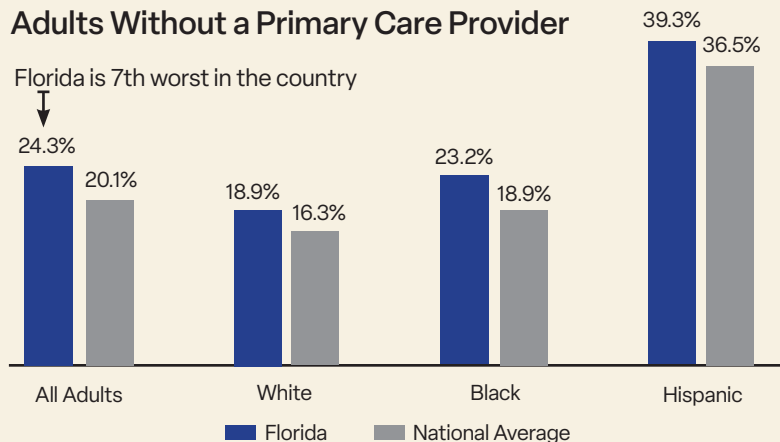
■ Issue Statement

Florida spends over \$36 billion annually, or a third of the state budget, on Medicaid services. Even with this level of spending, over 7.5 million Floridians live in an area with a shortage of primary care providers. This leads to a lack of critical preventative care and an over reliance on expensive emergency room treatment.

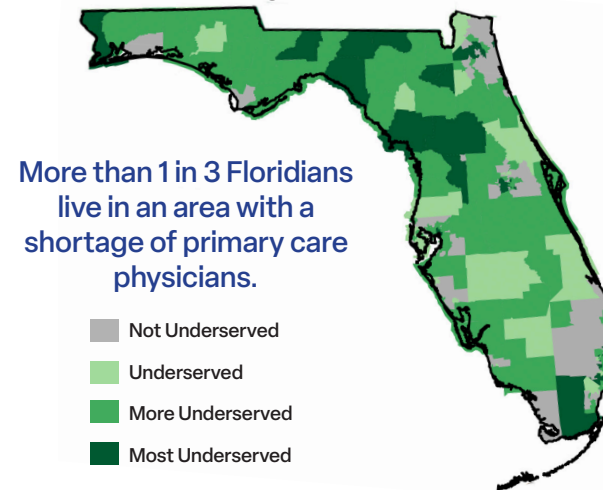
Overall healthcare costs — including all private and public spending — are anticipated to rise nationally by an average of 5.5% per year over the next decade — growing from \$3.5 trillion in 2017 to \$6 trillion by 2027. While there are many attributing factors to this growth, it has been proven that access to a primary care provider reduces overall cost and generates better medical outcomes.

A one-on-one, personal relationship with a primary care provider leads to the patient being more likely to obtain preventative services and better diagnosis and treatment of chronic conditions. Unfortunately, Florida lags the nation in access to this type of care. Nearly a quarter of adults report not having a primary care provider—7th worst in the nation. This has a real impact on cost. Addressing illnesses or chronic conditions that might not have required hospitalization if better

Adults Without a Primary Care Provider



Areas With Shortage of Primary Care Physicians



Source: HPSA Primary Care

managed through primary care costs Floridians an estimated \$3.5 billion annually.

Research has found that reporting a regular source of care is a stronger predictor of positive health outcomes than having insurance. Once preventative care opportunities have been missed, costs for services are driven up in a system where spending is already spiraling upward.

In developing this report, the Council undertook a series of interviews with a wide variety of stakeholders, including Florida Community Health Centers, national and state industry associations, organizations representing clinicians, hospital systems, subject-matter experts, state and national government officials, and Florida employers.

Outlined in the following pages are a series of recommendations with the goal of delivering the opportunity for a healthier Florida to all residents by increasing access to primary care.

EXECUTIVE SUMMARY

■ Recommendations

1. Expand the number of clinicians in underserved areas

- Increase and optimize funding for the state's new loan repayment program ("FRAME") (Page 12)
- Increase payment caps on loan repayment program (Page 14)
- Enable private and corporate donations for clinician loan repayment (Page 14)
- Start a state-level campaign to increase future primary care clinicians' awareness of the benefits that come with working in Florida's underserved areas (Page 15)
- Create a housing incentive targeted to clinicians willing to bring their talents to underserved areas (Page 15)
- Increase the number of primary care residency seats in Florida (Page 16)
- Increase the number of Teaching Health Center residency seats (Page 17)
- Create a state program that helps Community Health Centers cover the cost of mentoring the next generation of clinicians (Page 18)
- Make Nurse Practitioners and Physician Assistants eligible for the Areas of Critical Need Program (Page 18)

2. Improve the ease of access to care in underserved areas

- Provide funding for capital projects (Page 19)
- Provide incentives for those willing to lease or donate land or buildings to Community Health Centers at a reduced rate (Page 20)
- Maintain the prioritization of underserved areas in FL Broadband Opportunity Program (Page 20)
- Allow audio-only telehealth to improve the quality and cost of care in Florida (Page 21)

3. Increase the awareness of cost-effective healthcare in underserved areas

- Create a public campaign to increase patient awareness of Community Health Centers (Page 22)
- Provide funding for community health workers to increase connection to a primary care provider and reduce unnecessary emergency room visits (Page 23)

4. Attract and retain global medical professionals

- Increase the ability for foreign medical students trained in the United States to help fill shortage gaps (Page 24)

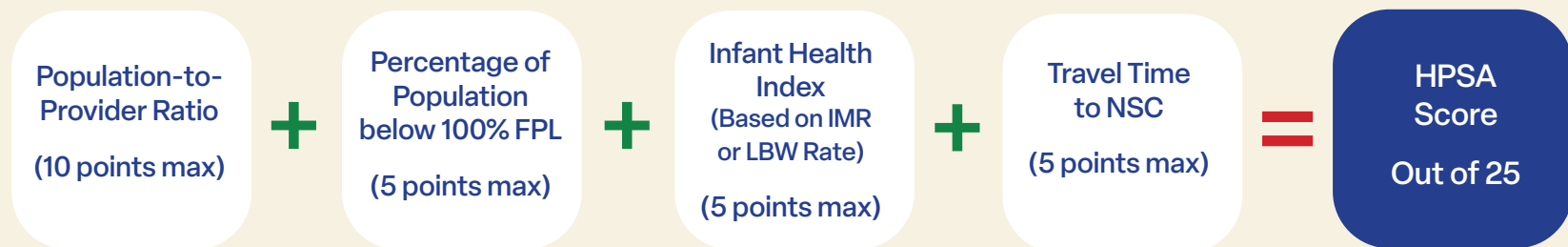
Identifying the Underserved

Efforts to increase access to primary care rely on identifying geographic areas of focus. Designated by the federal Health Resources and Services Administration (HRSA), primary care Health Professional Shortage Areas (HPSAs) are areas, populations, or facilities experiencing a shortage of primary health care services.

- Geographic HPSA: A shortage of providers for an entire group of people within a defined geographic area
- Population HPSA: A shortage of providers for a specific group of people within a defined geographic area (e.g., low-income, migrant farm workers)
- Facility HPSA: Public or non-profit private medical facilities serving a population or geographic area with a shortage of providers (e.g., correctional facilities, youth detention facilities, Indian Health Facilities, certified Rural Health Clinics)

HPSAs are the nationally recognized way of identifying underserved areas across the country. Calculated by HRSA, these scores range from 0-25 for primary care (the higher the score, the greater the need) based on:

- Population-to-Provider Ratio (10 points max)
- Percent of population below 100% Federal Poverty Level (5 points max)
- Infant Health Index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate) (5 points max)
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area (5 points max)



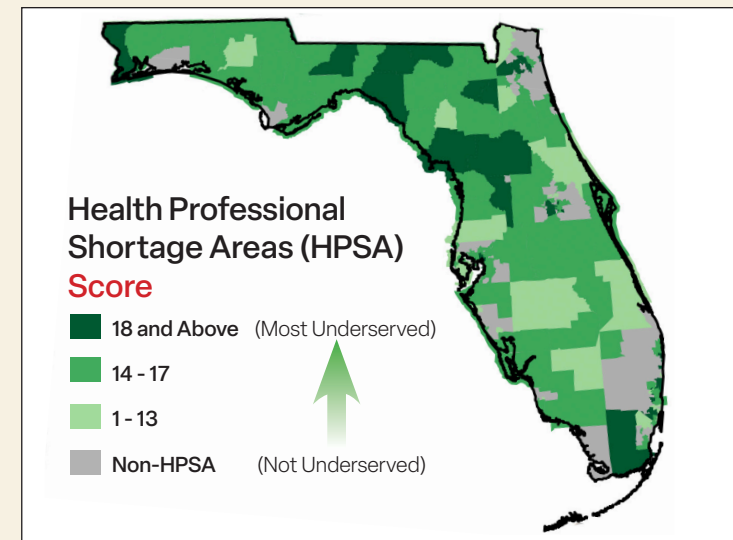
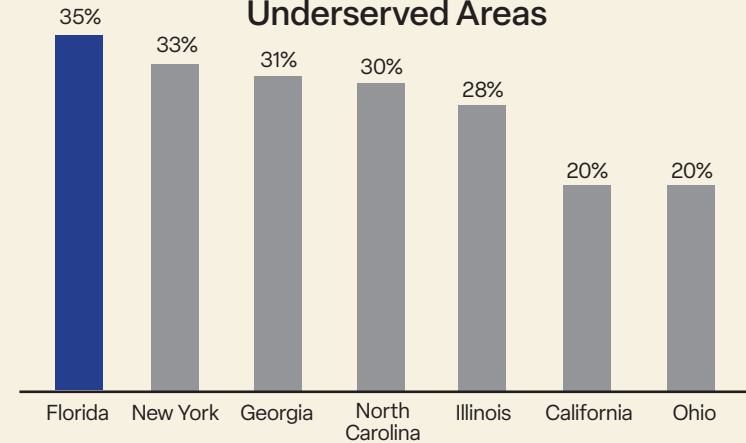
Why HPSAs Matter in Florida

More than 1 in 3 Floridians live in a HPSA, which is a higher rate than that experienced by many of the states we compete with economically. Over 7.5 million Floridians lack access. The table below helps provide an even more granular view by demonstrating some of the specific urban and rural areas and population groups afflicted by this. To add some context to the level of scarcity experienced by these areas, federal regulations stipulate that an area is experiencing a shortage of providers if the population-to-provider ratio is above 3,500:1 (or 3,000:1 for some types of shortage areas). Thus, some parts of Florida need to see as much as a five- to ten-fold increase in their number of practitioners to adequately serve the population.

Some Notable Shortage Areas

HPSA Name	Type	County	Score	Population-to-Provider Ratio
Bradford County	Population (Low-income)	Bradford	21	34,664:1
North Jacksonville	Population (Low-income)	Duval	21	14,778:1
Hamilton County	High Needs Geographic	Hamilton	20	11,014:1
Taylor County	Population (Low-income)	Taylor	20	11,929:1
Fort Lauderdale	Population (Low-income)	Broward	19	12,792:1
Levy County	Population (Low-income/ Migrant Farm Worker)	Levy	19	13,330:1
Escambia County	Population (Low-income)	Escambia	18	14,294:1
Flagler County	Population (Low-income)	Flagler	16	33,222:1
East Naples	Population (Low-income)	Collier	15	12,561:1

Percentage of Population Living in Underserved Areas



Community Health Centers:

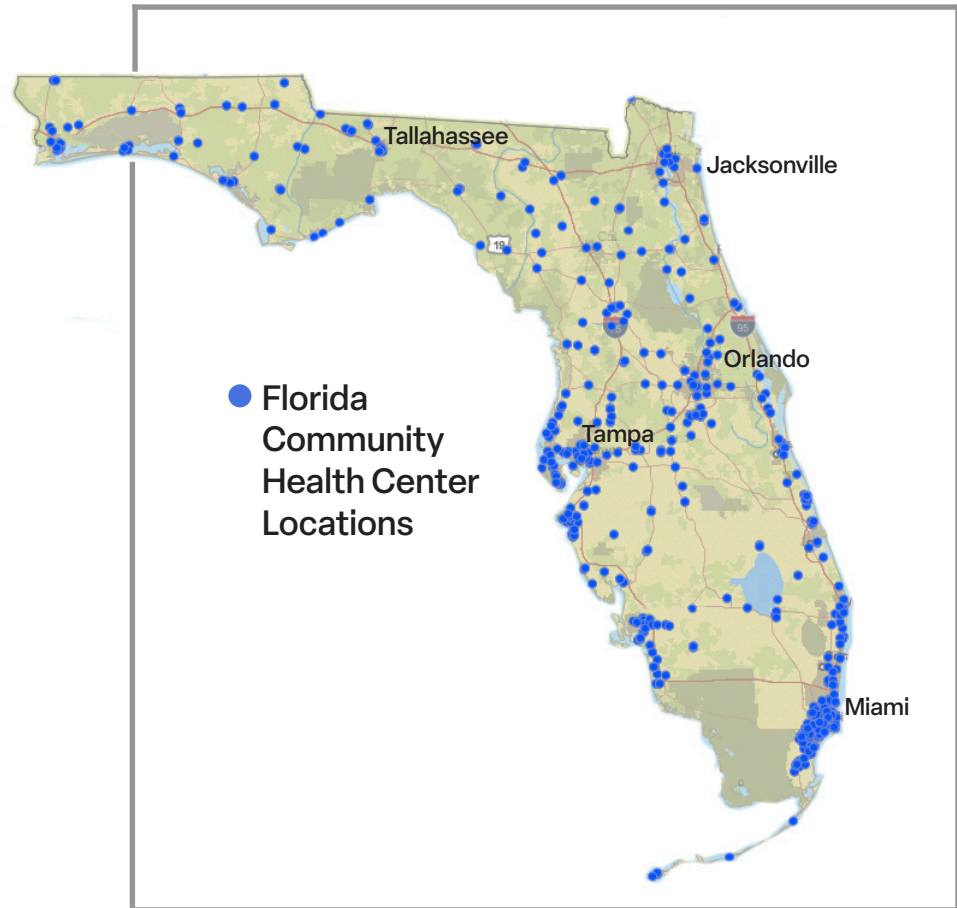
A Historically-Proven, Cost-Effective Way to Increase Access To Primary Care

Federally Qualified Health Centers, aka “Community Health Centers” or “CHCs,” are critical to increasing access to primary care. CHCs are outpatient primary care facilities that are statutorily required to serve at least one federally designated medically underserved area. There are 809 CHCs in Florida, and they have enjoyed broad bipartisan support for nearly six decades.

Research published in one of the top economic journals found that counties which benefitted from the initial decade of Community Health Centers being rolled out saw:

- a reduction in age-adjusted mortality rates, and
- the poor/non-poor mortality gap reduced by 20-40% for the 50 and over population

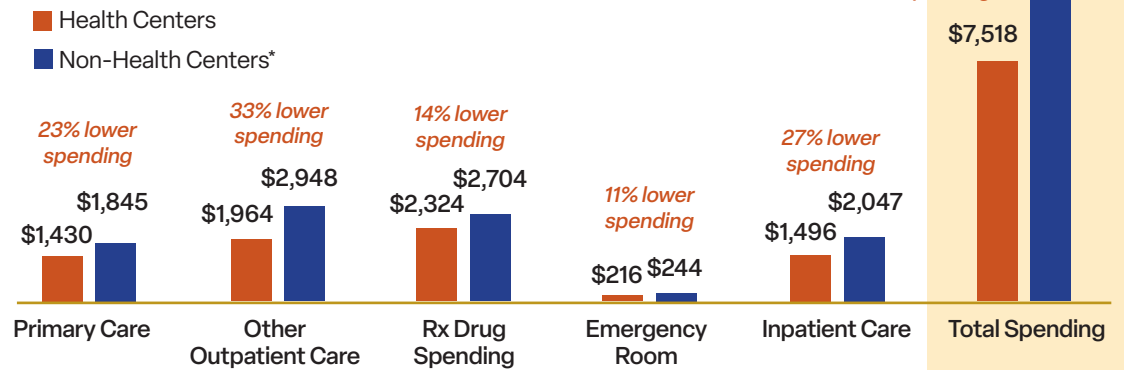
American Economic Review, 2015





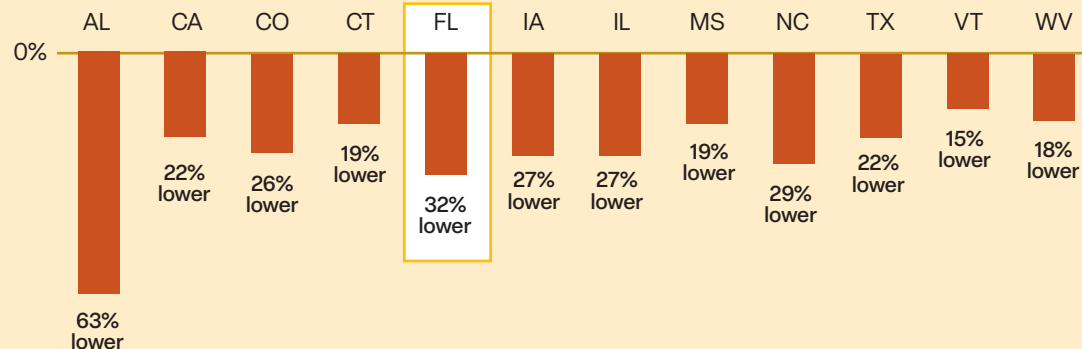
CHCs have the advantage of serving patients right where they live, work, and worship (rural or urban) regardless of their ability to pay. In fact, 91% of CHC patients have incomes less than or equal to 200% of the federal poverty level, and 80% are uninsured or publicly insured. Moreover, research indicates that Florida Medicaid recipients who utilized CHCs spent 32% less on average than other Florida Medicaid recipients who received primary care elsewhere.

Total and Other Assorted Costs of Care per Patient, Health Centers vs. Non-Health Centers



*Non-Health Centers include private physician offices and outpatient clinics.

Adjusted Percent Difference in Total Spending, Health Center Medicaid Patients Compared with Non-Health Center* Medicaid Patients by State



*Non-Health Centers include private physician offices and outpatient clinics.



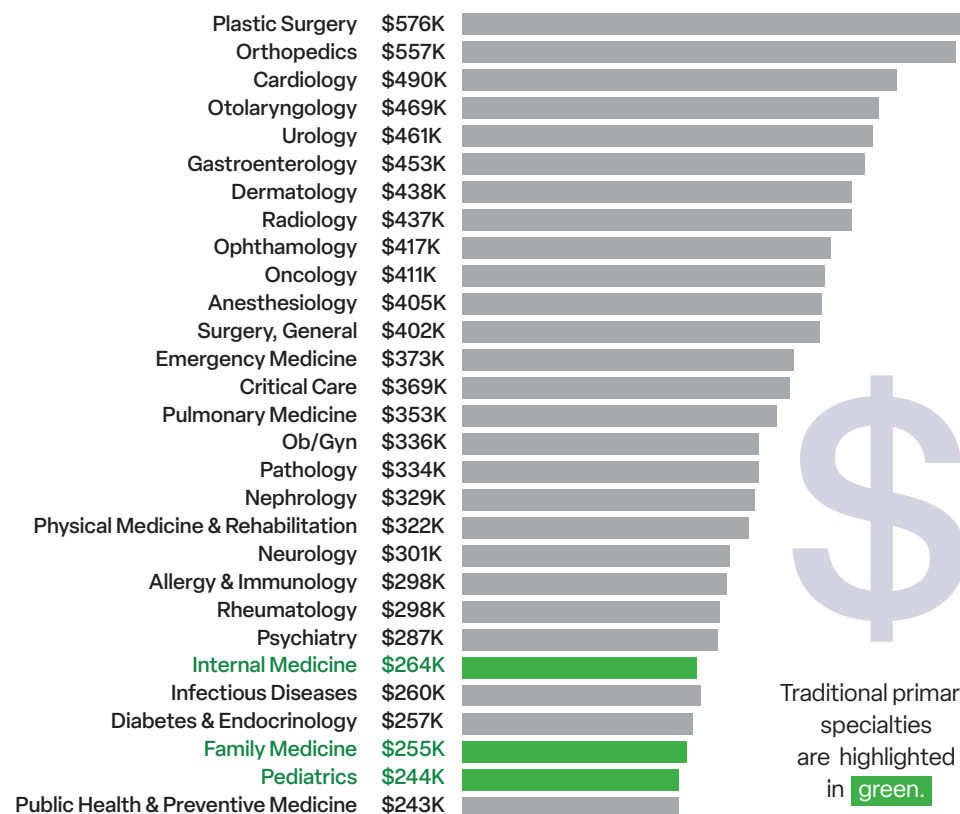
THEME #1

Expand the number of clinicians in underserved areas



The largest deterrent to clinicians choosing primary care as a professional discipline is a relative lower salary ceiling as compared to clinicians specializing in certain medical disciplines (e.g., cardiology). This is on top of the existing challenge facing CHCs: recruitment and retention of primary care clinicians due to lower salaries relative to clinicians in other work settings. Interviews with CHC operators and industry experts also bear this out.

Average Annual Physician Compensation (by Specialty)



Increase and optimize funding for the state's new loan repayment program ("FRAME")

Research supports the idea that loan repayment options increase the number of clinicians in underserved areas – even after they are no longer receiving any incentive. For example, a study on the National Health Service Corps Loan Repayment Program (NHSC LRP) found 85% of clinicians who completed their service commitment between 2012 and 2018 could still be found working in an underserved area in 2019. Additionally, if they do happen to leave after their commitment is completed, they will continue to practice in the state. Since 2012, only 6 clinicians who fulfilled their commitment to the NHSC LRP in Florida have subsequently left the state – this from a program that had 129 participants in Florida in 2019 alone.

As a result, Florida established the Medical Education Reimbursement and Loan Repayment Program (MERLRP) to “encourage qualified medical professionals to practice in underserved locations where there are shortages of such personnel” (s. 1009.65, F.S.). The program is specifically focused on primary care and seeks to support loan repayment of the following types of clinicians: medical physicians (MDs), osteopathic medical physicians (DOs), physician assistants (PAs), advanced practice registered nurses (APRNs), registered nurses (RNs), and licensed practical nurses (LPNs).

Funded for essentially the first time, MERLRP received a \$6 million recurring appropriation in the FY 2022-23 General Appropriations Act. The Florida Department of Health (FDOH) is currently working on implementing the program as the Florida Reimbursement Assistance for Medical Education (FRAME) Program.

Clinicians Stay Beyond Loan Repayment

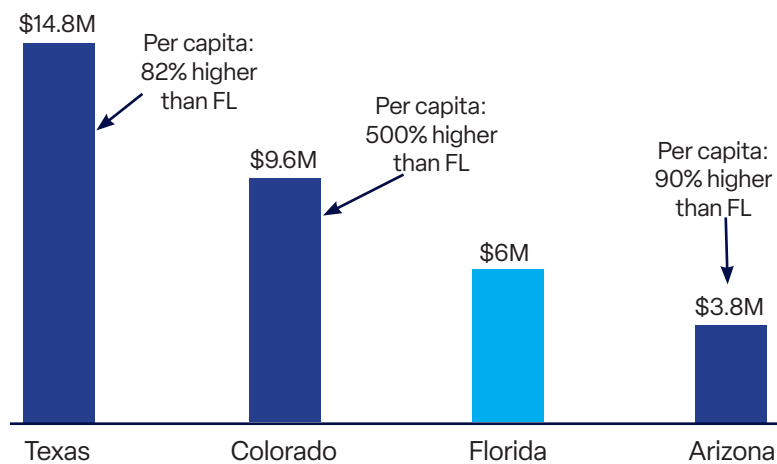
While using student loan repayment to incentivize clinicians into underserved areas may initially seem like a “revolving-door” solution with talent leaving as soon the benefit is secured, research on the federal government’s long-running loan repayment program for clinicians, the National Health Service Corps, found that **over 80%** were still working in an underserved area within two years after their required service period expired – and **over 50%** were still serving the underserved 10 years after their last benefit from the program.

Loan Repayment Amounts Available Through FRAME

Position Type	Maximum Annual Award
Physician (MD/DO)	\$20,000
Nurse Practitioner - Autonomous Practice	\$15,000
Nurse Practitioner, Physician Assistant	\$10,000
Registered Nurse, Licensed Practical Nurse	\$4,000

Funded at only \$6 million, this program will leave out many eligible applicants. As a reference point, Arizona's equivalent program is funded at \$3.8 million for 2022 (90% higher than Florida on a per capita basis), and Texas' program is funded at \$14.8 million for both fiscal years 2022 and 2023. According to preliminary conversations with the Florida Department of Health, FRAME will seek to fund about 500 eligible applicants – a significant but relatively small number considering one of the larger CHCs in Florida estimates they alone would have 200-300 employees who would qualify for the program. Eligible applicants not receiving funding increases the likelihood they will not continue to work in these underserved parts of our state and further exacerbate the state's current problem. Additionally, the MERLRP/FAME statute should be revised to explicitly define "underserved area" as a Health Professional Shortage Area so that it will be assured that grantees serve the neediest patients in the state. For example, given possible permutations under current law, clinicians in Hendry County (population-to-provider ratio of 4,365:1) may be prioritized over Flagler County (33,222:1) or parts of Jacksonville (14,778:1).

State Loan Repayment Programs for Clinicians



Increase payment caps on loan repayment program

While the funding of FRAME is promising, the program is not competitive with comparable programs in other states or the federal government's own program. Given how competitive the federal program has been historically (43% of new applicants did not receive funding in FY2020), the strong nationwide competition which exists for healthcare talent, and the number of clinicians who stay in underserved areas beyond their loan repayment commitment, Florida stands to benefit from having a more enticing program.

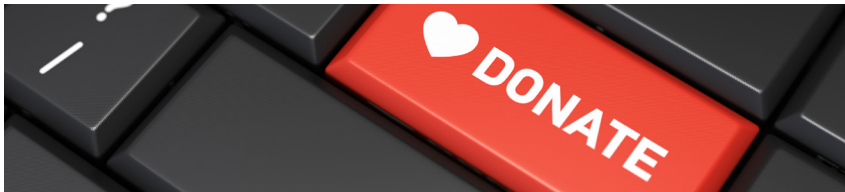
Comparison of State & Federal Clinician Loan Repayment Programs

Position Type	Maximum Annual Award					
	Florida	NHSC (Federal)	Arizona	Delaware	Kentucky	Texas
Physician (MD/DO)	\$20,000	\$25,000	\$32,500	\$50,000	\$50,000	\$45,000*

*Average annual amount over 4 years

Enable private and corporate donations for clinician loan repayment

The state could increase its amount of funding for incentivizing clinicians to work in underserved areas by allowing corporations and private individuals to donate to the MERLRP/FRAME program. For example, Arizona has enabled private donations in its equivalent program, which increased program funding by 9%. Similarly, Colorado's program has been able to attract \$2.6 million in donations from philanthropic sources (30% of total program funding in 2018).



Donating to the Need You Want to Address

Arizona's loan repayment program for clinicians also allows private donations to be earmarked for a specific discipline and/or county. Creating a similar ability in Florida's program would enable individuals and corporations to make direct investments in improving access to healthcare in their community. Donations could be further encouraged by providing tax credits to donors.

Start a state-level campaign to increase future primary care clinicians' awareness of the benefits that come with working in Florida's underserved areas



One of the barriers to recruiting clinicians to work at CHCs is that they simply aren't aware of the career, lifestyle, and potential loan repayment benefits of working at a CHC. For example, even many clinicians who apply to work at CHCs do so unaware that, by working

there, they are eligible for the National Health Service Corps Loan Repayment Program. The state could fund a marketing campaign to increase such clinician awareness, including awareness of MERLRP/FRAME.

Create a housing incentive targeted to clinicians willing to bring their talents to underserved areas

Recruiting new employees is the biggest challenge facing CHCs. One of the factors is that clinicians (e.g., physicians, physician assistants, and advanced practice registered nurses) earn relatively lesser salaries both by choosing to work in primary care and by choosing to work in primary care in low-income

areas. The state could offer targeted housing stipends covering a portion of the rent or mortgage of primary care clinicians who transition to providing care in the state's most underserved areas. The stipend could be time-limited, providing a clinician an opportunity to get their CHC career off the ground.

Florida Hometown Heroes Housing Program



Launched in June of 2022, the Hometown Heroes Housing Program is one step the Governor and Legislature have taken to help recruit and retain frontline community workers, including healthcare professionals. Equipped with \$100 million from the Legislature, the program enables eligible workers purchasing their first home to receive

1. up to 5% in down payment assistance and
2. closing cost assistance in the form of a 0%, non-amortizing, 30-year deferred second mortgage when purchasing their first home.

Increase the number of primary care residency seats in Florida

Where a student completes their residency is one of the biggest factors determining where they go on to practice medicine. For example, 63% of individuals who completed their residency in Florida between 2012-21 went on to practice in the state – the 5th best retention rate of any state – even as Florida added the most residency seats in the nation from 2011-18. While progress has been made, Florida still lags behind the national average in terms of the number of residency seats per 100,000 population. Creating and funding additional primary care residency seats would help reduce the primary care access issues in underserved areas by increasing the overall number of physicians.

Low Population of Medical Residents Living in Florida

State	Active Residents per 100k Population
New York	97.97
Pennsylvania	74.04
Ohio	63.46
Illinois	54.94
National Average	44.85
Florida	34.89
California	34.66
Texas	33.75



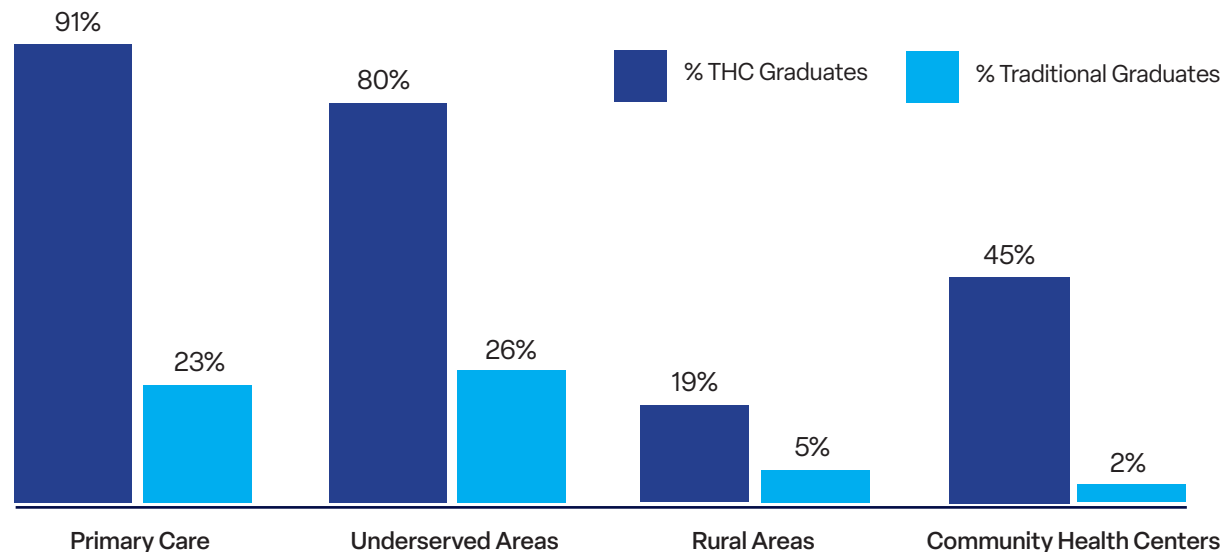
Increase the number of Teaching Health Center residency seats

The majority of residency seats are operated by hospitals and, thus, lead to residents receiving the bulk of their training within the hospital. On the other hand, a Teaching Health Center (THC) is a residency program that is operated by a CHC (or similar program). Medical residents in a THC program are trained primarily in community-based sites, and the explicit focus of the THC is to produce clinicians who will go on to provide care in underserved areas. In fact, research shows that THC graduates are almost 4 times as likely to go into primary

care, 3 times more likely to work in an underserved area, and close to 4 times as likely to practice in a rural area.

THCs could be further leveraged by generally increasing funding for primary care residency seats in Florida, and by providing planning grants, similar to those occasionally offered by the federal government, which help CHCs establish the ability and partnerships necessary to operate a THC.

What Type of Practices Do THC and Traditional Residents Have After Graduating?



Create a state program that helps Community Health Centers cover the cost of mentoring the next generation of clinicians

Some CHCs express that they do not participate in residency programs because having one of their clinicians serve as a preceptor costs the organization financially in terms of lost clinician productivity. Although hospitals experience this as well, they have the \$500 million Indirect Medical Education (IME) Program to help offset revenues lost as a result of their physicians serving as preceptors.

Helping CHCs offset lost revenue stemming from when their clinicians are mentoring/precepting medical residents and medical, dental, or behavioral health students should incentivize them to provide more learning opportunities for Florida's future medical talent. Further, by incentivizing CHCs to take on this teaching/mentoring role, the reimbursement would help in "priming" CHCs to establish Teaching Health Centers.



Ohio Example

Ohio has had a precepting program for its CHCs since 2015-16, funded most recently at \$2.7 million. The program, known as the Ohio Primary Care Workforce Initiative, reimburses Community Health Centers for each hour their clinicians spend mentoring the next generation of clinicians. According to the Ohio Association of Community Health Centers, this has become the best recruiting tool for Ohio's Community Health Centers.

Make Nurse Practitioners and Physician Assistants eligible for the Areas of Critical Need Program

The state's Areas of Critical Need (ACN) Program allows physicians licensed in the U.S., but not yet licensed in the state of Florida, to provide care in underserved areas. The program is also open to midwives – including those licensed outside of the United States.

This program has been helpful in enabling CHCs to fill vacancies and increase access in the underserved areas they operate in. However, a similar ACN Program has not yet been established for APRNs and PAs, which would help Florida increase access in underserved areas.

THEME #2

Improve the ease of access to care in underserved areas



Attracting and retaining clinicians is vital to providing community care. In addition, physical locations must be expanded to ensure CHC service areas are optimally saturated with sites at which care is provided. Furthermore, for those patients who do not have ready access to a site (especially in rural areas), it is important to capitalize on technology to enable them to interface with clinicians.

Provide funding for capital projects

Funding for capital projects is the second biggest challenge for CHCs after clinician recruitment and retention. Given the razor-thin margins that occur when under a mandate to treat all patients regardless of their ability to pay, there is only so much funding in a given year that can be put towards expanding into other areas to naturally increase access to health care. Established by the Legislature in 2002, the state could fund the Federally Qualified Health Center Access Program for the first time since 2008 to provide grants to CHCs for physical expansion.



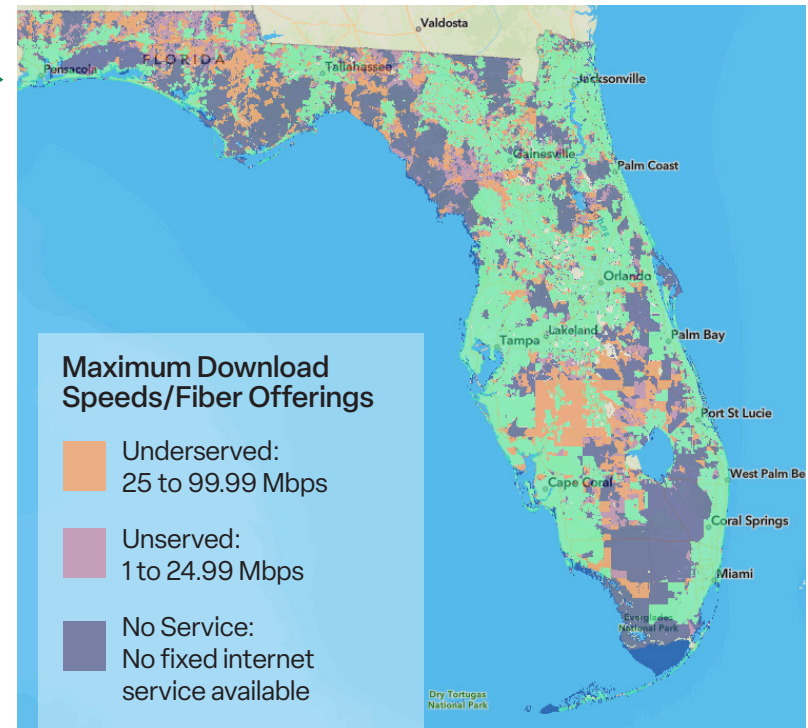
Provide incentives for those willing to lease or donate land or buildings to Community Health Centers at a reduced rate



One of the ways by which some CHCs have been able to expand is through the donation of unused or underused land and/or buildings by businesses. To leverage this generosity further, Florida could incentivize such donations by providing state tax credits to donors, which could be carried forward and/or transferred.

Maintain the prioritization of underserved areas in FL Broadband Opportunity Program

The \$400 million Florida Broadband Opportunity Grant Program was created to expand broadband internet service to unserved parts of the state. Given the growing connection between healthcare and broadband, this investment, and the statute governing the program, hold promise that this will help increase access to healthcare for many rural Floridians unable to take advantage of the care methods that become available with broadband. For example, the statute creating the program gives priority to applications that offer broadband internet service to healthcare facilities, facilitate the use of telemedicine and electronic health records, or serve economically distressed areas of the state.



Allow audio-only telehealth to improve the quality and cost of care in Florida

Approximately one million households in Florida lack broadband and, while the Florida Broadband Opportunity Program will help reduce this number, we are years away from all Floridians having broadband. There are many Floridians, especially in rural areas, for whom audio-only telehealth is the only consistently effective form of consulting a clinician outside of their office.

The continuation of audio-only telehealth in a manner that improves the quality and cost of care for Floridians is another avenue on the road to making Florida the healthiest state in the nation. This recognizes that an audio-only visit can be better than no visit with a health care provider and that effective guardrails can ensure that access is increased without a corresponding increase in costs.



THEME #3

Increase the awareness of cost-effective healthcare in underserved areas

As important as it is to develop clinical care in underserved areas of the state, it is also critical to increase awareness for Floridians with regard to accessing these services. Public education efforts to enhance understanding of the need for primary care clinicians will lead to increased coverage.

Create a public campaign to increase patient awareness of Community Health Centers

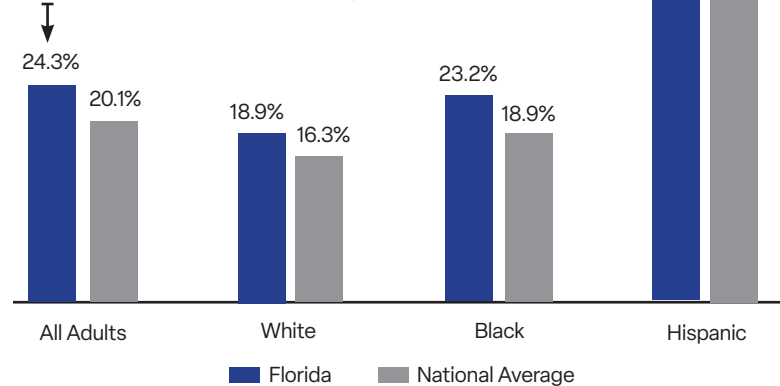
Interviews with CHCs indicated that potential patients' lack of awareness of the benefits of using CHCs is a barrier to increasing the number of patients served. Some CHCs conduct marketing activities such as handing out brochures at community centers, but, since most CHC funding is devoted to patient care, the ability to do community outreach is limited. A state-supported public campaign would help CHCs raise potential patients' awareness of the services they provide.



Provide funding for community health workers to increase connection to a primary care provider and reduce unnecessary emergency room visits

Adults Without a Primary Care Provider

Florida is 7th worst in the country



Florida has some of the lowest participation rates when it comes to connecting to a primary care provider. Having a connection to a provider has been shown to be more predictive of positive health outcomes than even having health insurance. This lack of connection causes many potential opportunities for early diagnosis or management of chronic conditions to go missed and for care to finally be sought in the hospital or emergency room – where it is most expensive for the healthcare system. Unnecessary ER visits could be reduced by having community health workers connect ER patients to a primary care provider when they don't have one. That way, one emergency room visit does not turn into two or more, with patients getting the care they need in more appropriate, more cost-effective venues.

Research on a Pennsylvania community health worker intervention program found that every \$1 invested in the program resulted in Medicaid savings of \$2.47.



THEME #4

Attract and retain global medical professionals

Many foreign medical graduates come to the U.S. on a visa which requires them to leave the United States upon finishing their residency program and return home for two years before seeking to re-enter and practice medicine here. There are waivers available which can enable this medical talent trained here to remain here in exchange for serving multiple years in a federally designated underserved area. These waivers are mutually beneficial and should be fully leveraged for the sake of making Florida a better place for all Floridians.

Increase the ability for foreign medical students trained in the United States to help fill shortage gaps

Many foreign students desiring to work in medicine come to the United States to complete a residency program before ultimately working as a physician. In 2022, 287 non-U.S. citizens who graduated from a foreign medical school were matched to a residency program in Florida. The predominant way they come to this country for their residency program is on a J-1 visa. With this, if they desire to stay in the United States to practice medicine upon completing their residency, they must find an occupation which can provide them with a waiver of the J-1 requirement that they first return home for two years before seeking to re-enter the United States. The opportunities providing this waiver typically mandate a commitment to serving in an underserved area for a number of years (typically three).



Unfortunately, the difficulty of obtaining these waivers, and their limited availability, leaves a potential source of clinicians in underserved areas in Florida untapped. For example, the federal government could increase the number of waivers in their Conrad State Program beyond the 30 it currently provides to each state. An additional 5 waivers per year could conservatively translate into 15,000 more Floridians being served annually. Furthermore, the new J-1 visa waiver program being established by the federally-created Southeast Crescent Regional Commission (SCRC) could aid in this.



Notable Waiver Programs

Conrad State Program

Since 1994, the federal Conrad State Program (a/k/a Conrad 30 Program) has enabled each state to request up to 30 waivers for foreign medical graduates who completed a residency program in the U.S. In return for being able to stay in the U.S., the recipient agrees to work in an underserved area within the state for at least three years. In Florida, this program typically receives more applicants than it can fulfill. **Over 80%** of Florida's Conrad State Program waiver recipients are still practicing in the state.

Southeast Crescent Regional Commission (SCRC) J-1 Waiver Program

Created by federal legislation in 2008, the SCRC is an economic development partnership agency of the federal government and several southeast state governments – including Florida. In September of 2022, they announced the launch of a J-1 visa waiver program open to the regions represented by the Commission. Waivers under this program are more numerous than the Conrad program, while still requiring three years of service to an underserved area.



DATA SOURCES

Page 4

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