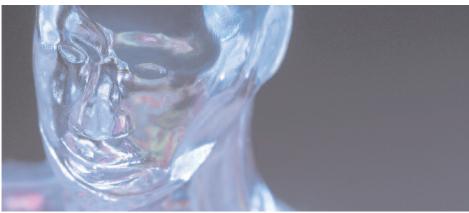


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WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION | HEALTH SCIENCES AND RURAL HEALTH





Health Sciences and Rural Health Report Card 2009

West Virginia Higher Education Policy Commission Vice Chancellor for Health Sciences Robert B. Walker, M.D.

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INTRODUCTION

These are challenging times for our health care system. As we publish this report, only the barest outline of national health reform is available to us, and we don't yet know the implications for West Virginia. Nevertheless, we must continue to address issues of special concern to our state, while remaining adaptable to the agenda of national policymakers. In West Virginia, we are fortunate to have high quality health professions training programs that can be a valuable asset in this endeavor.

Because the training of health professionals requires a large share of the state's resources, performance expectations are high. We must provide the sons and daughters of West Virginians with access to educational programs they will need to compete in the wider world, but we must also be concerned with supplying the workforce that our state's health care system requires. Our clinical campuses must provide the day-to-day health care services our citizens need, but we must also use our unique insight to influence the creation of new health paradigms – delivery systems, payment mechanisms, public health outreach, and professional education. This could be an intimidating assignment, but by drawing on the resourcefulness for which West Virginians are justifiably renowned, we can have greater impact than ever before.

Over the past couple of years, we have obtained three evaluations from outside consultants, as well as a report from the Legislative Auditor. Our analysis of this information leads us to the conclusion that, while aspects of the Rural Health Education Partnerships program have been successful, we must now narrow our focus to emphasize the health problems and underserved areas of the state that remain largely intractable.

The upcoming year will be a transitional period. We will address the administrative issues highlighted by the Legislative Auditor's report. In addition, we will continue our support of joint efforts by our Health Sciences Centers to address the state's most pressing health problems. These centers are heavily involved in an outstanding model of collaboration, the Perinatal Partnership, which has already begun to show, not just cost-savings, but clinical success, by improving pregnancy and birth outcomes across the state. Similar models of collaboration will be applied to improve rural health delivery and services for our elders.

Lastly, we will seek ways to capitalize on our investment. The ability to recruit, educate, and retain health providers for West Virginia has been limited by a stagnant number of post-graduate residency spots available in rural education centers. We intend to study how this essential part of the recruitment pipeline can be expanded, allowing us to place skilled providers in our most rural and underserved communities.

West Virginia Perinatal Partnership – a Model for Collaboration

The health agenda has become so large and complex that no single sector or organization can tackle health improvements alone. The Perinatal Partnership provides a model for statewide collaboration among many partners – health sciences schools, state

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agencies, professional associations, private medical providers, corporate health care systems, and civic groups – working together to improve health outcomes. The partnership conducts studies to identify problems, issues reports and recommendations, and develops action plans in key areas. Implementation is carried out by working committees. The major focus is the coordination and improvement of perinatal care services. The expertise of many professionals is focused on a common goal – providing excellent health care to women, babies, and families across West Virginia.

The partnership, which is coordinated by a nonprofit organization, West Virginia Community Voices, has been funded by the Claude Worthington Benedum Foundation since 2006. Plans are underway to sustain the partnership through support from the Office of the Vice Chancellor for Health Sciences in the Policy Commission.

Currently, the partnership members have been collaborating on 18 projects. A few of the accomplishments are briefly noted:

- Developed recommendations to improve the system for emergency transport of mothers and babies, and began plans, along with the state Emergency Medical Services office, to establish a "one call" system for rural hospitals.
- Demonstrated consultation via telemedicine between a community obstetrician attending a delivery and specialists at a tertiary hospital. Partnered with CAMC Research Institute and the West Virginia Telehealth Alliance to identify the needs of maternity hospitals for bandwidth and equipment and received funding from the U.S. Department of Agriculture and the Health Care Authority to develop a perinatal telecommunication network for rural hospitals and clinics.
- Identified costly medical procedures associated with poor birth outcomes. As a result of a study of the frequency of labor induction among first-time mothers, the partnership worked with 15 hospitals to reduce elective deliveries prior to 39 weeks gestation. In only eight months, elective deliveries were reduced from 21.8 percent to 8.1 percent of births.
- Developed guidelines to identify and treat drug use during pregnancy, began an educational program for medical and nursing providers, and issued a tool kit to identify addicted newborns. Conducted an umbilical cord tissue study to research the extent of drug or alcohol use among pregnant women giving birth at eight hospitals. The study found the overall rate to be 19 percent of births.

HIGHLIGHTS OF 2009

- Expansion of medical school enrollment has resulted in a greater proportion of out-of-state students. This year, over 51% of first-year students in West Virginia medical schools were residents of other states. By school, the break-down is West Virginia University, 40%; Marshall University, 27%; and the West Virginia School of Osteopathic Medicine, 69%.
- Over 39% of West Virginia's medical school graduates from 1999 2004 are practicing in the state after completing residency training. The proportion has remained steady for more than a decade; however, trends in enrollment at the state's medical schools may affect retention adversely in future years.
- If state medical school graduates do their hospital residency training in West Virginia, retention is even higher. This year, 39 state medical graduates completed their primary care residencies in West Virginia and 34 (87%) are now practicing in the state. In comparison, 56 state medical graduates completed out-of-state primary care residencies, and only 7 (13%) are now practicing in West Virginia.
- In other health sciences fields, 33 (75%) of the dentistry graduates and 47 (64%) of the pharmacy graduates remained in the state.
- From 1991, West Virginia began developing rural training sites for health professions under the Kellogg Community Partnerships Initiative and the Rural Health Education Partnerships (RHEP) program. Since then, 1,201 graduates in health fields have been retained and are currently practicing in the state. These graduates include 300 physicians, 124 nurse practitioners, 184 physician assistants, 115 dentists, 216 pharmacists, and 262 allied health personnel. Of these graduates, 38% of the physicians, 43% of the nurse practitioners, and 29% of the physician assistants received state scholarships or loan repayment.
- This year, the RHEP training consortia reported a total of more than 75,000 contacts with rural West Virginians in providing community services and education on topics such as oral hygiene, asthma, nutrition and fitness, and osteoporosis. In addition, RHEP staff and students provide support to CARDIAC, a research project that provides screening, intervention, and health education statewide. Since 1998, the program has screened almost 61,000 fifth graders for cardiovascular risk factors and has added screening of second graders and kindergarten children in recent years.
- This year RHEP dental and dental hygiene students provided 10,417 clinical procedures and 402 outreach activities. RHEP dental sites, including dentists and students, provided over \$3.9 million in uncompensated care.

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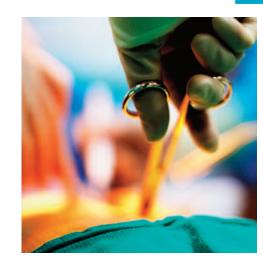
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MEDICAL SCHOOL ENROLLMENT

West Virginia University School of Medicine

Average scores for the Medical College Admission Test (MCAT) are reported as "means" for the multiple-choice sections and "medians" for the Writing Sample. Test scores on the multiple-choice are on a scale of 1-15 and on the Writing Sample, a scale of J-T. The national averages for students entering allopathic medical schools in 2008-09 were the following:



Biological Sciences:10.7Physical Sciences:10.3Verbal Reasoning:9.9Writing Sample:PThe national mean GPA was 3.66.

Source: Association of American Medical Colleges.

	2004-05	2005-06	2006-07	2007-08	2008-09
Applicants					
In-State	189	187	204	212	217
Out-of-State	865	933	1,629	2,454	2,545
Total	1,054	1,120	1,833	2,666	2,762
Acceptances Issued					
In-State	90	88	94	94	86
Out-of-State	73	79	84	62	100
Total	163	167	178	156	186
First Year New Enrollment					
In-State	66	43	62	82	66
Out-of-State	35	55	48	26	44
Total	101	98	110	108	110
Entering Class Data					
Mean GPA	3.7	3.7	3.7	3.7	3.7
Mean MCAT Scores					
Biology/Biological Sciences	9.2	9.6	9.8	9.9	9.9
Physics/Physical Sciences	8.7	9.2	9.2	9.5	9.5
Reading/Verbal Reasoning	8.9	9.0	9.0	9.1	9.0
Median Writing Sample	N/A	0	0	Р	C
Total Medical Students	391	424	424	421	432

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MEDICAL SCHOOL ENROLLMENT

Marshall University School of Medicine

	2004-05	2005-06	2006-07	2007-08	2008-09
Applicants					
In-State	180	167	198	189	209
Out-of-State	539	618	1,375	1,756	1,107
Total	719	785	1,573	1,945	1,316
Acceptances Issued					
In-State	80	83	96	90	94
Out-of-State	16	19	27	33	34
Total	96	102	123	123	128
First Year New Enrollment					
In-State	43	50	48	51	57
Out-of-State	9	10	16	21	21
Total	52	60	64	72	78
Entering Class Data					
Mean GPA	3.5	3.5	3.5	3.6	3.5
Mean MCAT Scores					
Biology/Biological Sciences	9.2	8.9	8.7	8.9	9.3
Physics/Physical Sciences	8.4	8.2	8.3	8.7	8.3
Reading/Verbal Reasoning	9.2	9.1	8.9	8.9	8.7
Median Writing Sample	М	0	0	М	Q
Total Medical Students	200	211	227	246	281



Average scores for the Medical College Admission Test (MCAT) are reported as "means" for the multiple-choice sections and "medians" for the Writing Sample. Test scores on the multiple-choice are on a scale of 1-15 and on the Writing Sample, a scale of J-T. The national averages for students entering allopathic medical schools in 2008-09 were the following:

Biological Sciences:	10.7
Physical Sciences:	10.3
Verbal Reasoning:	9.9
Writing Sample:	Р

The national mean GPA was 3.66.

Source: Association of American Medical Colleges.

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MEDICAL SCHOOL ENROLLMENT

West Virginia School of Osteopathic Medicine

Average scores for the Medical College Admission Test (MCAT) are reported as "means" for the multiple-choice sections and "medians" for the Writing Sample. Test scores on the multiple-choice are on a scale of 1-15 and on the Writing Sample, a scale of J-T. The national averages for students entering osteopathic medical schools in 2008-09 were the following:

Biological Sciences:	9.1
Physical Sciences:	8.3
Verbal Reasoning:	8.5
Writing Sample:	J
The national mean GPA was	3.47.

Source: American Association of Colleges of Osteopathic Medicine.



	2004-05	2005-06	2006-07	2007-08	2008-09
Applicants					
In-State	138	123	151	136	164
Out-of-State	1,362	1,512	2,170	2,634	2,715
Total	1,500	1,635	2,321	2,770	2,879
Acceptances Issued					
In-State	71	60	84	62	78
Out-of-State	237	250	508	456	442
Total	308	310	592	518	520
First Year New Enrollment					
In-State	53	50	61	56	63
Out-of-State	52	61	135	155	140
Total	105	111	196	211	203
Entering Class Data					
Mean GPA	3.4	3.4	3.5	3.4	3.4
Mean MCAT Scores					
Biology/Biological Sciences	8.1	7.4	7.9	8.0	8.3
Physics/Physical Sciences	6.9	7.1	7.1	7.4	7.5
Reading/Verbal Reasoning	7.4	7.8	7.8	8.1	8.1
Median Writing Sample	N/A	N/A	N/A	N/A	N/A
Total Medical Students	363	397	503	598	710

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MEDICAL SCHOOL GRADUATES

Number of Examinees/Number Passing US Medical Licensing Exam, Step 3

	2004-05	2005-06	2006-07	2007-08	2008-09
West Virginia University	69/68 (99%)	81/79 (98%)	64/63 (98%)	77/74 (96%)	88/88 (100%)
Marshall University	41/35 (85%)	44/40 (91%)	38/36 (95%)	38/38 (100%)	38/38 (100%)

All data are for first-time test takers. Data for MD students are based on the US Medical Licensing Exam (USMLE), Step 3. Data for MD students become available two years after graduation, i.e., results for 2006 graduates are shown in 2008-09. The national average for this cohort was 96%.

Number of Examinees/Number Passing COMLEX-Level 3

	2004-05	2005-06	2006-07	2007-08	2008-09
WV School of Osteopathic Medicine	72/70 (97%)	68/58 (85%)	62/62 (100%)	64/64 (100%)	55/53 (96%)

All data are for first-time test takers. Data for DO students are based on the Comprehensive Osteopathic Medicine Licensing Examination (COMLEX), Level 3. Results are for year of graduation. The national average for the 2008-09 cohort was not available for this report.

Medical School Graduates Choosing Primary Care Residencies*

	2004-05	2005-06	2006-07	2007-08	2008-09
West Virginia University	46 (61%)	55 (56%)	56 (53%)	43 (49%)	49 (50%)**
Marshall University	29 (66%)	28 (62%)	33 (67%)	26 (62%)	32 (62%)**
WV School of Osteopathic Medicine	36 (53%)	53 (68%)	66 (69%)	62 (66%)	69 (69%)***
TOTAL	101	111	136	155	150

Primary care includes family medicine, internal medicine, pediatrics, internal medicine/pediatrics, and obstetrics/gynecology.

** In 2009, the national average for choice of primary care residencies was 46.0% for all allopathic (MD) graduates.

*** The national average for osteopathic students is not available.



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RETENTION

Medical School Graduates from 1999-2004 Practicing in West Virginia

> A total of 1,140 graduates of the state's three medical schools between 1999 and 2004 have completed residency training. Of these graduates, 39.2% are practicing in West Virginia, and 10.2% are practicing in rural areas. In tracking the retention of graduates, this report factors in the additional 3 to 5 years of residency training that physicians complete in their specialty before beginning practice.



	Graduates from 1999-2004 with Completed Training						
Institutions	Total Number	Number in Practice in WV	Number in Primary Care in WV*	Number in Practice in Rural Areas in WV**			
West Virginia University	458	179 (39.0%)	89 (19.4%)	32 (6.9%)			
Marshall University	281	112 (39.8%)	69 (24.5%)	20 (7.1%)			
WV School of Osteopathic Medicine	401	156 (38.9%)	116 (28.9%)	65 (16.2%)			
TOTAL	1,140	447 (39.2%)	274 (24.0%)	117 (10.2%)			

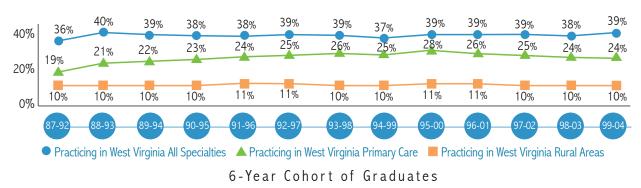
Note: Excludes SREB contract students at WVSOM who have a contractual obligation to return to their home state following graduation.

* Primary care is defined as family medicine, internal medicine, pediatrics, internal medicine/pediatrics, and obstetrics/gynecology.

** Rural areas exclude graduates practicing in: Beckley, Charleston (including South Charleston, Dunbar, Nitro, Institute, etc.), Clarksburg, Fairmont, Huntington (including Barboursville), Hurricane, Martinsburg, Morgantown (including Star City and Westover), Parkersburg (including Vienna), Weirton, and Wheeling.

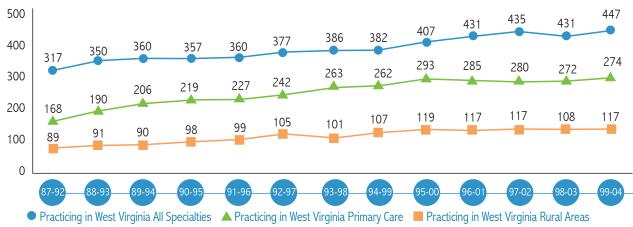
RETENTION

West Virginia Medical School Graduates Practicing in West Virginia



Percentage of Graduates Retained, 1987-2004

Number of Graduates Retained, 1987-2004

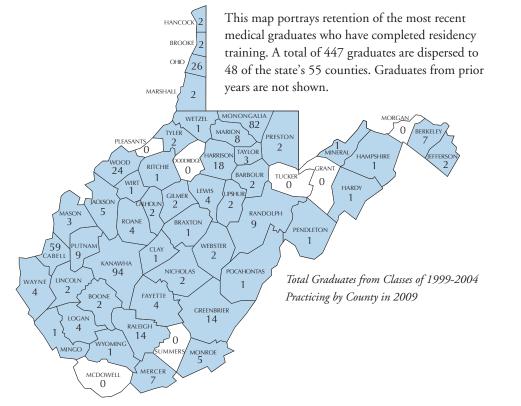


cticing in West Virginia All Specialties A Practicing in West Virginia Primary Care Practicing in West Virginia Rural Area 6-Year Cohort of Graduates

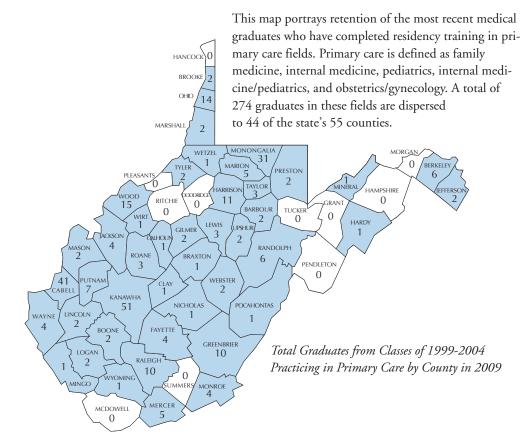


Retention is tracked annually for a 6-year cohort of medical school graduates who have completed residency training. The greatest change has been in retention of graduates in primary care fields. In the past 13 years, the number of graduates retained in primary care increased from 168 (19%) to 274 (24%) although in recent years there has been a slight decline. The proportion of medical graduates retained in West Virginia (39%) and in rural areas of the state (10%) has remained relatively flat, although the numbers in both categories have increased. West Virginia's overall retention rate of 39% is approximately equal to the national average.

West Virginia Medical Graduates, 1999-2004, in All Specialties



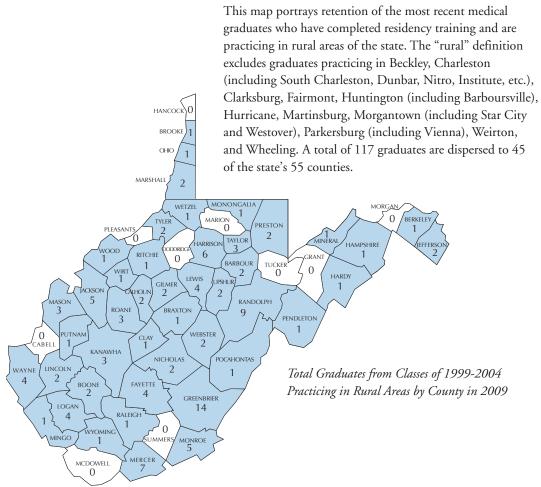
West Virginia Medical Graduates, 1999-2004, in Primary Care



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RETENTION

West Virginia Medical Graduates, 1999-2004, in Rural Areas



Health Sciences Graduates, 2005-09

	2005	2006	2007	2008	2009
/est Virginia University					
Dental Graduates Practicing in West Virginia	44 22 (50%)	43 29 (67%)	45 23 (51.%)	45 32 (71%)	44
Pharmacy Graduates	72	74	81	76	73
Practicing in West Virginia	48 (67%)	41 (55%)	52 (64%)	51 (67%)	47 (64%)
Nurse Practitioner Graduates	19	22	20	29	27
Practicing in West Virginia	16 (84%)	13 (59%)	16 (80%)	19 (66%)	20 (74%)
larshall University					
Nurse Practitioner Graduates	11	16	20	24	17
Practicing in West Virginia	8 (73%)	14 (88%)	15 (75%)	19 (79%)	14 (82%)

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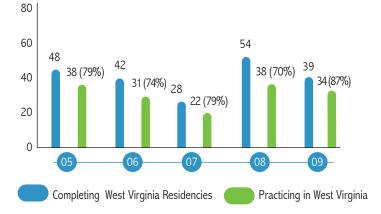
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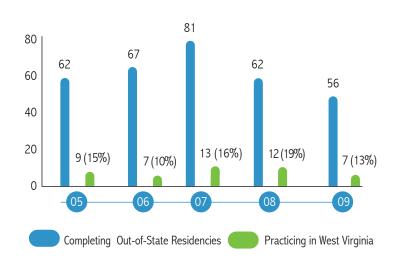


West Virginia Medical Graduates Completing West Virginia Primary Care Residencies, 2005-2009

Medical school graduates begin practice after completing 3 to 5 years of residency training in a given specialty. Two factors are important in tracking their retention: (1) specialty choice, because primary care fields are generally most needed in rural West Virginia; and (2) location of the residency, because graduates who complete residencies in West Virginia are much more likely to practice in the state. The charts below show that retention of West Virginia medical graduates who completed in-state primary care residencies in 2009 was 87%, compared to 13% for those who completed out-of-state residencies. Efforts are needed to make in-state primary care residencies more attractive to medical graduates who are deciding upon residency programs.







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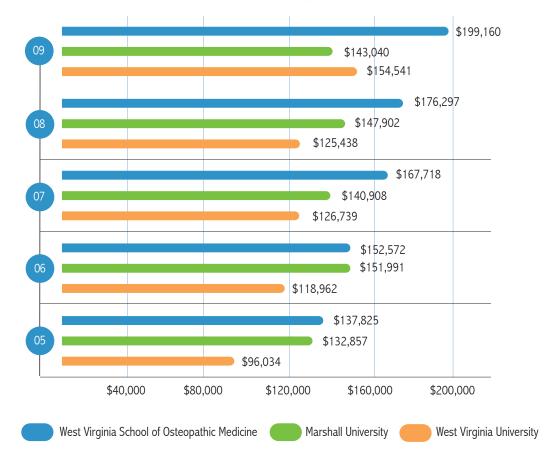
MEDICAL STUDENT INDEBTEDNESS

2005 - 2009

This chart shows the average indebtedness of graduating medical students. As a point of reference, the annual tuition and fees for the medical schools in 2008-09 are shown below.

	Resident	Non-Resident
West Virginia University	\$20,164	\$43,960
Marshall University	\$18,708	\$44,298
WV School of Osteopathic Medicine	\$20,426	\$50,546

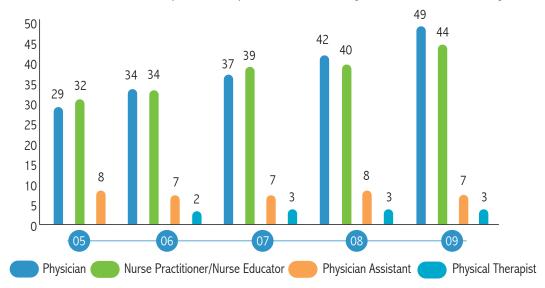
The difference in graduate indebtedness may be attributed in part to differences among the schools in the proportion of students paying non-resident tuition and fees.





SCHOLARSHIPS AND LOANS

Health Sciences Scholarship Participants Practicing in Rural West Virginia



The Health Sciences Scholarship Program provides an incentive for graduates to practice in underserved areas of the state. Medical students receive a \$20,000 award for a two-year service commitment. Other disciplines receive \$10,000. In 2009, mental health disciplines - licensed independent clinical social workers and doctoral clinical psychologists – became eligible. The chart shows graduates who are fulfilling their service obligation.

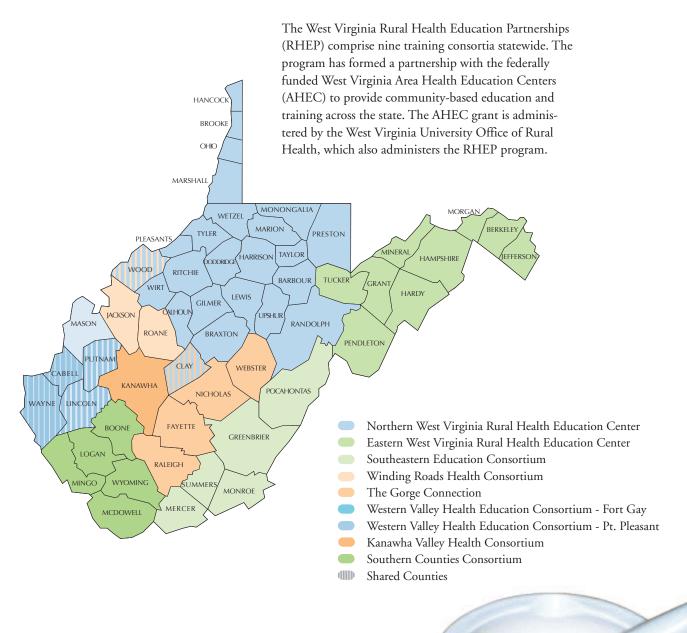
	2004-05	2005-06	2006-07	2007-08	2008-09
Loans Awarded in Fiscal Year	306	317	323	296	312
Total Amount Awarded	\$1,586,700	\$1,023,705	\$1,349,155	\$1,861,456	\$1,881,843
Amount of Unexpended Funds	\$2,609,608	\$3,157,511	\$3,525,991	\$3,145,311	\$2,642,508
Loan Postponement	20	15	20	12	22
Loan Forgiveness	50	47	37	40	47
Default Rate on Previous Awards	3.3%	3.0%	2.9%	2.8%	2.5%

Medical Student Loan Program

The Medical Student Loan Program, which is funded from student fees, is a need-based program for state medical students. Borrowers may earn loan forgiveness of up to \$10,000 per year for practicing in an underserved area or in a medical shortage field in West Virginia. Schools may award loans of up to \$10,000 each year. The unexpended funds include loan repayments.

The "loan postponement" data show the number of borrowers who began practicing in West Virginia each fiscal year and will qualify for loan forgiveness. The "loan forgiveness" data show the number of borrowers who completed full-time practice in West Virginia each fiscal year and received loan forgiveness.

WEST VIRGINIA RURAL HEALTH EDUCATION PARTNERSHIPS





TRAINING CONSORTIA

INFRASTRUCTURE

Consortium Lead Agency and Sub-areas	Counties	Number of Training Sites	Number of Field Faculty
Eastern WV Rural Health Education		5	,
Consortium Martinsburg	Berkeley, Jefferson, and Morgan	33	75
Petersburg	Grant, Hampshire, Hardy, Mineral, Pendleton, and Tucker	59	87
The Gorge Connection	Fayette, Raleigh, Nicholas, and Webster	29	67
Kanawha Valley Health Consortium	Rural areas of Kanawha	24	46
Northern WV Rural Health Education			
Region 1	Brooke, Hancock, Marshall, Ohio, and Wetzel	46	69
Region 2	Calhoun, Doddridge, Gilmer, Pleasants, Ritchie, Tyler Wirt, and Wood <i>(partial</i>)	29	41
Region 3	Braxton, Harrison, Lewis, Marion, Monongalia, and one site in Clay	70	94
Region 4	Barbour, Preston, Randolph, Taylor, and Upshur	73	122
Southern Counties Consortium	Boone, Logan, McDowell, Mingo, and Wyoming	31	46
Southeastern Education Consortium	Greenbrier, Mercer, Monroe, Pocahontas, and Summers	44	77
Western Valley Health Education Con	sortium		
Ft Gay	Wayne, parts of Cabell, and one site each in Putnam and Lincoln	17	32
Point Pleasant	Mason and parts of Cabell, Lincoln and Putnam	44	69
Winding Roads Health Consortium	Clay <i>(partial</i>), Roane, Jackson, and Wood <i>(partial</i>)	24	54
TOTAL		523	879
			ield Faculty iscipline
		1 Clinical Psychology	1 Occupational Therapy
		66 Dentistry	103 Pharmacy
		339 Medicine	1 Pharmacy Tech.
		25 Medical Technology	40 Physician Assistant
		157 Nursing 8 Nurse-Midwife	69 Physical Therapy7 Social Work
		61 Nurse Practitioner	1 Speech Therapy
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TRAINING CONSORTIA

EXPENDITURES

July 1, 2008 - June 30, 2009

CONSORTIA Lead Agency	EASTERN WVRHEC Grant Memorial Hospital	GORGE CONNECTION New River Health Association	KANAWHA VALLEY Cabin Creek Health Center	NORTHERN WVRHEC Tri-County Health Clinic
Salaries and Benefits	157,251	100,730	56,134	312,678
On-Site Clinical Director	-	18,200	11,040	25,000
Operating Costs	30,280	22,669	17,834	65,155
Staff Travel and Development	7,001	19,049	11,022	37,795
Annual Honorarium	26,873	44,117	5,603	-
Faculty Development	-	4,718	3,189	2,645
Interdisciplinary Sessions	6,737	6,341	5,969	30,582
Graduate Medical Education	22,000	-	-	9,598
Recruitment and Retention	275	8,199	1,000	1,000
Community Service/Health Promotion	9,135	7,491	9,501	17,145
Student/Resident Housing	40,063	31,017	738	85,060
Property and Equipment	6,700	-	-	1,699
Administrative Cost-Lead Agency	23,083	14,700	9,185	55,749
Subtotal	\$329,398	\$277,231	\$131,215	\$644,106

SPECIAL PROJECTS (Other Programs)

Subtotal	\$15,871	\$10,383	\$3,078	\$23,686
Tobacco Mini Grant	3,580	2,000	-	3,565
Oral Health Project Expenses	-	-	-	-
WV Geriatric Education Center Grant Expenses	7,500	8,383	3,078	2,419
CARDIAC Program Expenses	4,791	-	-	17,702

TOTAL PROJECT COST	\$345,269	\$287,614	\$134,293	\$667,792

TOTAL RHEP GRANT EXPENDITURES	\$326,099	\$277,231	\$134,293	\$632,426
Oral Health Project	(248)	-	-	(2,792)
Other Grants/Special Project Income	(3,580)	(2,000)	-	(4,000)
WV Geriatric Education Center Grant Income	(7,500)	(8,383)	-	(14,345)
CARDIAC Income	(6,408)	-	-	(13,320)
Lead Agency Funds Contributed	(12)	-	-	-
Other RHEP Income Earned	(1,422)	-	-	(909)
LESS OTHER INCOME				

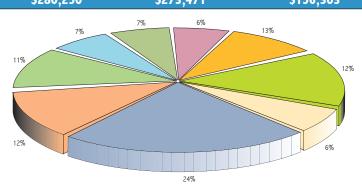
SOUTHEASTERN EDUCATION Rainelle Medical Center	SOUTHERN COUNTIES WVU Research Corporation	WESTERN VALLEY - FT GAY Valley Health System	WESTERN VALLEY - PT PLEASANT Pleasant Valley Hospital	WINDING ROADS Jackson General Hospital	TOTALS
104,762	155,095	65,365	96,432	89,629	1,138,076
34,000	10,000	22,333	10,000	-	130,573
41,927	16,021	2,142	11,515	14,864	222,407
18,670	8,498	1,759	4,460	3,435	111,689
23,900	24,950	20,000	-	13,600	159,043
1,354	-	1,709	-	-	13,615
1,000	2,210	8,000	1,050	1,800	63,689
-	-	1,000	16,500	-	49,098
-	-	-	-	-	10,474
5,100	462	-	-	1,967	50,801
43,361	33,695	7,654	6,185	23,034	270,807
-	-	-	-	-	8,399
12,000	22,379	26,341	15,311	-	178,748
\$286,074	\$273,310	\$156,303	\$161,453	\$148,329	\$2,407,419

\$293,490	\$276,495	\$156,303	\$166,715	\$157,143	\$2,485,114
\$7,416	\$3,185	-	\$5,262	\$8,814	\$77,695
-	-	-	-	3,700	12,845
-	-	-	-	-	-
4,851	-	-	-	4,521	30,752
2,565	3,185	-	5,262	593	34,098

\$280.250	\$273 471	\$156 303	\$162 593	\$141 449	\$2 384 115
-	-	-	-	-	(3040)
-	-	-	-	(8,850)	(18,430)
(8,500)	-	-	-	(5,686)	(44,414)
(4,740)	(3,024)	-	(4,122)	(1,158)	(32,772)
-	-	-	-	-	(12)
-	-	-	-	-	(2,331)

Eastern

🔴 Gorge – Kanawha



RHEP STATE GRANT EXPENDITURES \$2,384,115

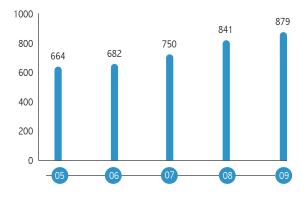
- Southern
- Western Valley Ft. Gay
 Western Valley Pt Pleasant
 Winding Roads

- Northern Southeastern

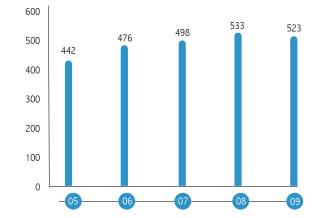
TRAINING CONSORTIA

West Virginia RHEP field faculty are active rural practitioners who also teach students. In 2009, three regional faculty development sessions were held jointly with Area Health Education Centers to improve teaching skills. A total of 100 field faculty, institutional staff, and others attended these regional meetings.

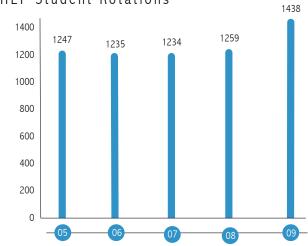




RHEP Training Sites



RHEP Student Rotations





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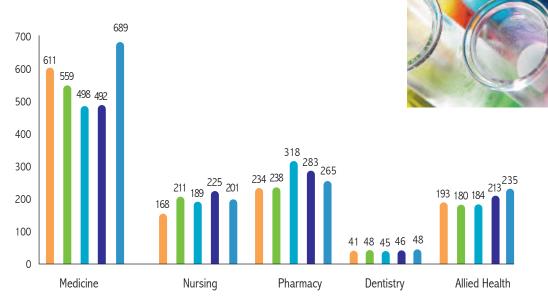
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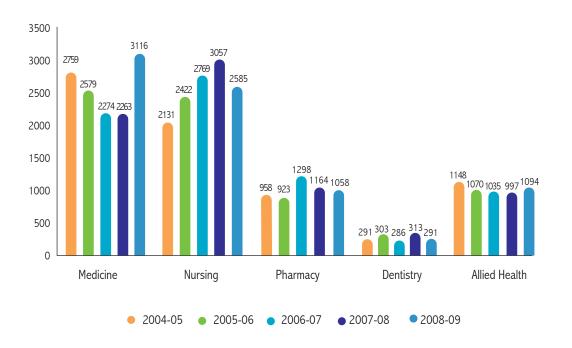
STUDENT ROTATIONS

2005-2009

RHEP Rotations by Year/Discipline



RHEP Student Weeks by Year/Discipline



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Rotations by School/Discipline: June 1, 2008- May 31, 2009

	RH		Other Ru	
School/Discipline	Student Rotations	Student Weeks	Student Rotations	Student Weeks
Alderson-Broaddus College Physician Assistant	79	249	11	33
Mountain State University Nurse Practitioner Physician Assistant	0 69	0 276	2 8	34 32
Marshall University Medicine Medical Resident Nursing Speech Therapy	130 0 18 0	574 0 229 0	6 2 19 2	24 104 87 18
West Liberty State University Dental Hygiene	4	12	0	0
WV School of Osteopathic Medicine Medicine Medical Resident	333 0	1,688 0	573 34	2,296 149
West Virginia University Dental Hygiene Dentistry Medical Resident Medical Technology	24 48 5 34	144 291 20 127	0 0 2 0	0 0 8 0
Medicine — Morgantown — Charleston — Eastern Panhandle Nurse Practitioner	120 70 29	450 277 100	9 0 1	18 0 4
– Morgantown – Charleston Nursing Pharmacy Physical Therapy	11 8 128 265 24	168 127 1,596 1,058 280	9 9 0 17 3	130 129 0 42 16
West Virginia University Institute of Technology Nursing	36	465	0	0
Out-of-State Programs Medical Resident Physician Assistant	2 1	7 6	2 0	8 0
Total Rotations	1,438	8,144	709	3,132

COMMUNITY SERVICE CONTACTS

JUNE 1, 2008- MAY 31, 2009

Consortium	Prevention and Education for General Public	Prevention and Education for Adults	Prevention and Education for Children	Total
Eastern WV Rural Health Education Consortium				
Martinsburg	603	1,128	9,340	11,071
Petersburg	857	1,069	4,997	6,923
The Gorge Connection	0	2,555	4,980	7,535
Kanawha Valley Health Consortium	430	318	2,518	3,266
Northern WV Rural Health Education Center				
Region 1	264	781	5,455	6,500
Region 2	60	751	2,182	2,993
Region 3	649	2,447	6,800	9,896
Region 4	1,602	3,415	5,849	10,866
Southern Counties Consortium	881	986	3,452	5,319
Southeastern Education Consortium	585	668	2,091	3,344
Western Valley Health Education Consortium				
Fort Gay	0	322	434	756
Point Pleasant	844	634	2,691	4,169
Winding Roads Health Consortium	0	981	1,673	2,654
Total Community Service Contacts	6,775	16,055	52,462	75,292

RHEP provides community services and education on topics such as oral hygiene, skin care, asthma, nutrition/fitness, oral hygiene, and osteoporosis. The program links its prevention and education programs to the West Virginia Healthy People 2010 objectives to ascertain where student efforts are being directed across the state. RHEP strives to provide students with service-learning opportunities that are linked to their clinical and educational learning objectives.

CARDIAC is a research project that provides cardiovascular screening, intervention, and healthy lifestyles education statewide. The project is carried out locally through RHEP and the public school system. RHEP site coordinators provide local coordination and testing supplies for the screening, and RHEP students, under local preceptor supervision, provide the manpower. Since 1998, CARDIAC has screened almost 61,000 fifth graders for cardiovascular risk factors. In recent years, CARDIAC has expanded screening to younger children. To date, more than 14,000 kindergarten and 10,000 second graders have been screened for cardiovascular risk factors.

In 2008-09, RHEP dental and dental hygiene students provided 10,417 clinical procedures. Students and faculty participated in 323 outreach activities. RHEP dental sites, including dentists and students, provided over \$3.9 million in uncompensated care.



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RECRUITMENT

Health Professionals with RHEP Rotations Practicing in Rural Areas of the State

Discipline	Number in Rural Practice	Number who Received Financial Incentives
Physicians (1991-2006 graduates)	300	114 (38%)
Nurse Practitioners/Nurse Educators	124	53 (43%)
Nurse-Midwife	1	-
Physician Assistants	184	53 (29%)
Nurses	154	-
Dentists	115	2 (2%)
Dental Hygienists	30	-
Pharmacists	216	-
Physical Therapists	62	3 (5%)
Occupational Therapist	1	-
Medical Technologists	12	-
Masters in Public Health	1	-
Social Worker	1	-
TOTAL	1,201	225 (19%)

Data on physicians include graduates from 1991-2006 who have completed residency training. Data on all other disciplines include graduates from 1991-2009.

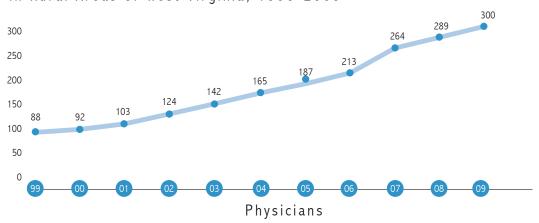
	Recruitment	Incentives	for	Rural	Practice
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West Virginia Higher Education Policy Commission				
Health Sciences Scholarship Program -	103			
WV Rural Health Education Partnerships				
SEARCH Training Stipends -	41			
Community Scholarship Program -	6			
Bureau for Public Health, Division of Rural Health & Recruitment				
Recruitment & Retention Community Project -	105			
State Loan Repayment Program -	36			
NHSC Loan Repayment Program -	12			
TOTAL	303 Awards			

State scholarships and loan repayment are coordinated by the RHEP Recruitment and Retention Committee to target financial incentives to students and physician residents with rural training. Some practitioners have received awards from two or more programs. As of 2009, 225 rural practitioners have received a total of 303 awards. The agencies and programs shown above provided these awards. The National Health Service Corps (NHSC) Loan Repayment Program is included because the Bureau for Public Health assists physicians in applying to this program.

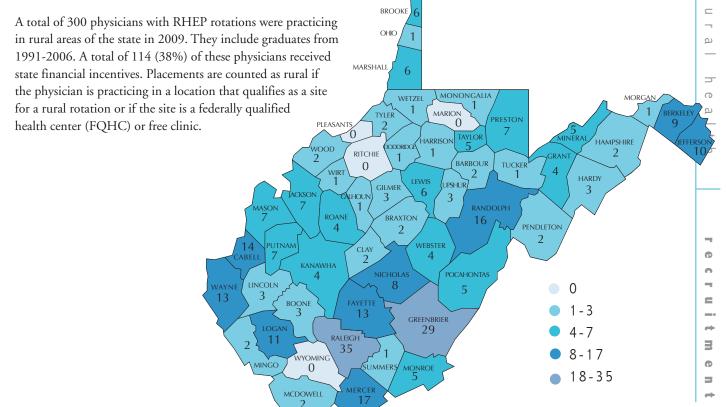


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From 1999 to 2009, the number of physicians who completed RHEP rural rotations and are currently practicing in rural areas has increased steadily. These numbers include physicians who completed rural rotations under RHEP and the federally funded Area Health Education Program. Each of the medical (DO & MD) graduates is re-verified annually so the count each year reflects the loss of some rural practitioners to urban and out-of-state practice. Despite this expected loss, the number of state medical graduates in rural practice has increased in the past 11 years at an annual rate of 13.0%.

Physicians with RHEP Rotations Practicing in Rural Areas in 2009



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West Virginia Higher Education Policy Commission

HEALTH SCIENCES 1018 Kanawha Blvd E Charleston, WV 25301