

West Virginia Recruitable Community Project

Southern Health Improvement
Consortium

Site Visit

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RCP

- The Recrutable Community Project (RCP) was initiated in WV in 1998 and focuses on increasing a rural community's recruiting potential through community development and increased knowledge of recruitment and retention issues.

Why RCP moved to DRH

- Lack of funding for Sustainability of RCP beyond RWJ and CWBF Funding
- Additional Human Resources
- Financial Stability for RCP
- Assists the DRH to meet federal HRSA requirements to provide “hands-on” TA to rural communities thus avoiding duplication of effort.

What Stayed the Same-----Changed

- Frequent interaction between participant communities and RCP personnel
- Community Selection Process
- Dr. Ken Shannon as Consultant
- “First Impression” Teams
- “Community Design” Teams
- Recruitment Workshops
- TA to community recruitment boards
- Established state position as RCP Coordinator
- Established Secretarial Support
- State resources: Supplies/equipment etc.
- Publish “Best Practices” model communities
- Will not include Rural Residency component
- Progress reports prepared by BPH/DRH

RCP Accomplishments

- WV Recruitment Manual
- Worked with 12 communities to attract practitioners
- Developed collaborative relationships among academic institutions, state and national experts, key volunteers and communities.
- Identified best practices
- Two permanent physician placements

RCP Challenges

- The purpose of the project is to conduct a community study and make recommendations. There is no assurance that recommendations will be implemented.
- Physicians recruited originally resided in the communities, therefore it is hard to determine if Rural Rotations actually assisted them in their decision.

Practitioner Recruitment

- Multiple Factors affect choice of relocation:
 - malpractice environment
 - job opportunities for spouse
 - school system, etc
- No single program is responsible for choices made by practitioner's to choose or not choose a target community.



Regional

vs.

Community

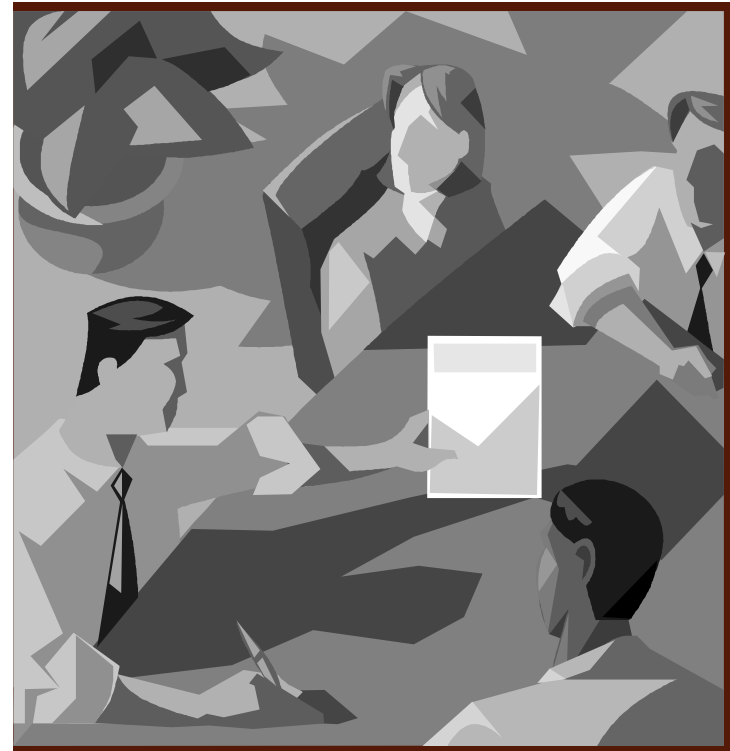
- Some larger geographic areas require a regional approach – the focus has to be broader
- Nicholas-Webster – What happens in Summersville has a direct impact
- Sometimes areas are isolated and distinct enough that you can use a single community approach
- Spencer – narrow geographic area, no interstate access
- Both approaches are appropriate depending on the community

RCP Future Plans

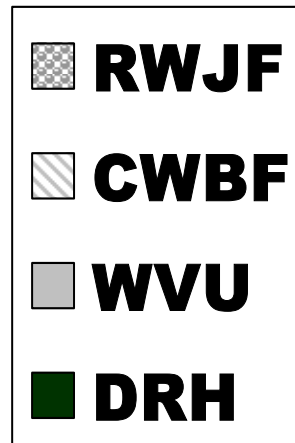
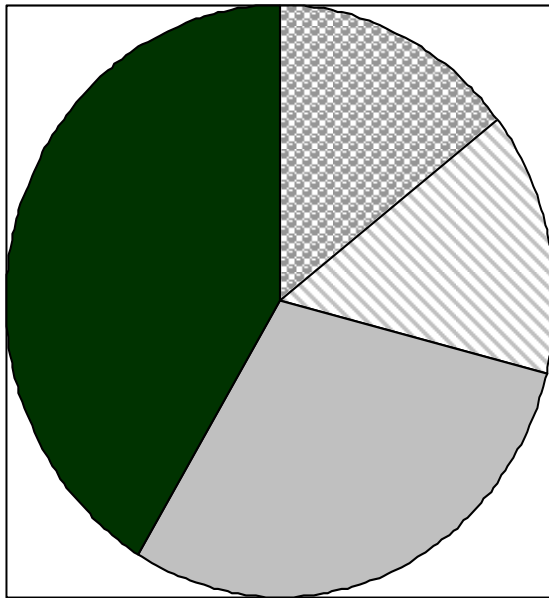
- By March 31, 2005, two communities/regions will have completed the RCP process
- By March 31, 2006, two additional communities/regions will have completed the RCP process

RCP Program Refinements

- Structural stability to add credibility
- RCP Coordinator to focus on details of organizing “First Impressions” & “Community Design” Teams
- Included as part of permanent programming under HRSA State Office of Rural Health Policy application for funding.
- “Best Practices” models to share statewide and nationally
- Research other grant opportunities

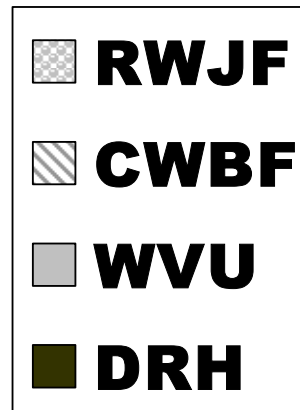
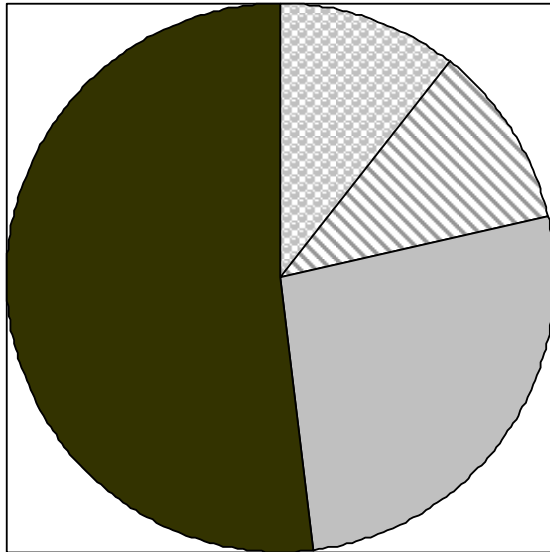


RCP Continuation Funding Strategy – Year Three



- RWJF/CWBF – FITS, CDT, Retention Workshop, Medicaid Match
- WVU – Contractual salary funds for Dr. Shannon
- DRH - Program Administrator & Fringe, Travel, In-kind personnel

RCP Continuation Funding Strategy – Year Four



- RWJF/CWBF – FITS, CDT, Medicaid Admin. Match
- WVU – Contractual salary funds for Dr. Shannon
- DRH - Program Administrator & Fringe, Travel, Printing, FITS, CDT, Retention Workshop, in-kind personnel

RCP Summary Points

- RCP has been transitioned to BPH/OCRHS/DRH
- DRH is utilizing carryover funds for technical assistance to rural communities to strengthen community infrastructure to fund the RCP
- Future DRH funding will include funding requests specific to the continued operation of the RCP
- RCP is housed in DRH, but works closely with the Division of Primary Care and the Division of Recruitment and Retention within the Office of Community and Rural Health Services
- WVU Department of Family Medicine, DRH, DPC and DRR have historically shared a very collaborative relationship relative to addressing rural health care needs of West Virginians.