The Indiana AHEC Network: Area Health Education Centers

Richard D. Kiovsky, MD, FAAFP
Director, Professor
Indiana University School of Medicine
(317) 278-0310
rkiovsky@iupui.edu
Budget Committee, State of Indiana
November 30, 2010
A Success Story

“We very much appreciate the role that Ms. Olszewski and AHEC played in bringing Dr. Maya into HealthLinc and the community health center movement”

Dr. Timothy Ames, MD
Medical Director
HealthLinc, Inc.
Valparaiso, IN
11/10/2009
AHEC: A National Initiative

1970  • Carnegie Report “Higher Education and the Nation’s Health”

1972  • First federal AHEC grants awarded to 11 medical schools (Title VII)

2001  • Indiana, 46th State awarded AHEC Funding

2010  • 48 states, 56 programs, 250 AHECs, $34 million federal
The Indiana AHEC Network is an educational, workforce, economic development initiative designed to enhance access to quality health care for all Hoosiers.

Objectives focus on:

- **primary** and preventive care
- medically **underserved rural** and **urban**
- improving the **distribution** and **diversity** of health care professionals
- improving health care **quality** through community/academic educational partnerships.
What’s the Challenge for Indiana?

- Not enough primary care providers to meet current demand (2009 data)
  - Physicians – 5000 needed
  - Nursing – 3000 needed
  - Dentists – 2000 needed
- Public bears the burden of increased cost for those without access to primary care
- Demand for primary care in Indiana increasing, not decreasing
  - Twice as many insured demanding services
  - Twice as many served in Community Health Centers
- Can’t graduate enough primary care doctors – need Mid-level providers
What do we do?

- Find displaced workers and students likely to serve vulnerable communities and get them into college and primary care training
  - Rural or urban backgrounds
  - Minorities and disadvantaged
- Prepare primary care students to serve in our most vulnerable underserved counties—training rotations
  - Urban inner cities
  - Rural communities
- Support primary care clinicians serving where they are needed most
  - Enhance practices of safety net providers serving Medicare, Medicaid, and uninsured
  - Provide quality continuing health professions education
- Disseminate important information on the health care workforce through our IN Workforce Studies Center
Who are our Partners?

ISDH Task Forces Member:
- Rural Health Roundtable Task Force
- Indiana Primary Care System Review Task Force
- Oral Health Task Force
- Public Health Task Force

ICHE:
- Data Sharing for Tracking Learners across Education Pipeline

DWD:
- Collaboration Work One Regions with AHEC Region CD’s to enhance youth healthcare promotion

IUSOM Committees:
- R-MED IMPACT
- R-MED Rural Admissions
- Curricular Reform (IPE / AHEC Underserved)
How are we doing?

- **AHEC finds students who will serve**
  - 77% of 12,000 K-12 participants are minority or disadvantaged

- **AHEC students enter college health training**
  - 92% of AHEC high school graduates have applied, enrolled, or completed post-secondary training, 86% of them in a health related field

- **AHEC impacts med students intent to serve**
  - 45% of med students in AHEC rotations strengthened their commitment to practice in medically underserved communities; 9% changed their minds in favor of an underserved practice
  - 27% of AHEC medical residents intend to practice in medically underserved areas
AHEC provides return on investment

- More providers choosing primary care service in underserved settings and staying there
  - 2009: an AHEC MD signs in rural Indiana
  - 2010: an AHEC MD signs at an urban Indiana CHC
  - Class of 2014: at least 10 AHEC med students
  - R-MED: at least 3 AHEC med students

- Economic impact of one rural primary care physician
  - $1.5 million in local revenue
  - $.9 million in payroll; 23 jobs in MD office, hospital
How are we funded?

Indiana AHEC Network Funding
State Fiscal Year 2010-2013

<table>
<thead>
<tr>
<th></th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
<th>FY2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local In-Kind</td>
<td>$213,675</td>
<td>$221,004</td>
<td>$610,630</td>
<td>$873,822</td>
</tr>
<tr>
<td>Local Cash</td>
<td>$712,439</td>
<td>$799,527</td>
<td>$1,158,555</td>
<td>$895,363</td>
</tr>
<tr>
<td>State</td>
<td>$1,249,830</td>
<td>$1,179,375</td>
<td>$1,179,375</td>
<td>$1,179,375</td>
</tr>
<tr>
<td>Federal</td>
<td>$1,371,921</td>
<td>$1,663,003</td>
<td>$1,769,185</td>
<td>$1,769,185</td>
</tr>
<tr>
<td>Totals</td>
<td>$3,547,865</td>
<td>$3,862,909</td>
<td>$4,717,745</td>
<td>$4,717,745</td>
</tr>
</tbody>
</table>
What does IN-AHEC need?

<table>
<thead>
<tr>
<th>FY 2011 Ask</th>
<th>FY 2011 Appropriated</th>
<th>FY 2011 Actual</th>
<th>FY 2012 Request</th>
<th>FY 2013 Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.750 million</td>
<td>$1.3875 million</td>
<td>$1.179 million</td>
<td>$1.179 million</td>
<td>$1.179 million</td>
</tr>
</tbody>
</table>
“Thank you so much for giving me, seriously, a lifetime opportunity!! I have found the career for me”

WCI-AHEC High School Student

“I loved the activities we did at Nurse Camp. The Birthing Betty & CPR Training were awesome!”

MICI-AHEC Crispus Attucks

“The AHEC Rural Clinical Rotation far exceeded what I first believed it would be.”

NWI-AHEC MS-3 Medical Student