

MAINE STATE LEGISLATURE

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Maine AHEC Network Report to the State of Maine July 1, 2015 - June 30, 2016

Overview

Purpose

The Mission of the Maine AHEC Network is to alleviate shortages of health professionals in Maine's rural and underserved communities by engaging academic and community partners to:

- Develop a career pipeline for Maine youth and mid-career professionals
- Provide rural, community based clinical training experiences for medical and other health profession students
- Support practicing health professionals with continuing education and distance learning opportunities for practice improvement and retention

The Maine AHEC Network consists of the following entities:

- *Eastern Maine AHEC*, Penobscot Community Health Care, Bangor serving Penobscot, Piscataquis, Waldo and Hancock Counties
- *Northern Maine AHEC*, Northern Maine Community College, Presque Isle serving Aroostook and Washington Counties
- *Western Maine AHEC*, Franklin Memorial Hospital, Farmington serving Androscoggin, Franklin, Kennebec, Oxford and Somerset Counties
- *AHEC Program Office*, Center for Excellence in Health Innovation, University of New England, Portland (statewide focus and provides administrative oversight, coordination, program development and evaluation)

Program Funding

AHECs are funded through the US Health Resources and Services Administration (HRSA). AHECs have a required one-to-one match for funding.

In FY2016, the Maine AHEC Network received \$632,227 from the following funding sources:

- **Fund for A Healthy Maine (FHM):** The Maine AHEC Network received \$112,736 in FY16 from the Fund for A Healthy Maine administered by the Finance Authority of Maine (FAME) and was used as the required match. The FHM allocation is 18% of the total AHEC Network budget.
- **Health Resources and Services Administration (HRSA):** The Network's FY16 HRSA funding of \$319,187 provides 50% the total annual budget.
- **University of New England (UNE):** UNE also contributes to the required matching funds. UNE's FY16 contribution was \$200,304 which is 32% of the total budget.

Use of Funds/Accountability

HRSA considers the match a required part of the cooperative agreement so matching funds must follow the same rules for allowable expenses as the HRSA funds and the matching funds must be used to meet the HRSA-approved workplan for the Maine AHEC Network.

Maine AHEC Network Advisory Committee

The Maine AHEC Network has an active Advisory Committee that reviews program plans, provides input on programmatic decisions and helps guide the work of the Program Office and three Centers.

The FY16 Advisory Committee Members:

Name	Title	Organization
Matt Chandler	Director, Office of Rural Health and Primary Care	Maine Dept. of Health and Human Services
Karen Rogers, MSN, RN	Nursing Faculty	University of Maine Augusta
Cynthia Roberston, MD	AHEC Medical Director	UNE
Cheryl Seymour, MD	Faculty and Medical Director	Dartmouth Family Medicine Residency Program and Maine Migrant Program
Carl Toney, PA	Retired Physician Assistant	
Sally Sutton, MA, MSSW	Program Coordinator, New Mainers Resource Center	Portland Adult Education
Tania Dawson, MSN, RN, CHPN	Director, Western Maine AHEC	Franklin Memorial Hospital
Sarah Dubay, MMEL, M.Ed	Director, Eastern Maine AHEC	Penobscot Community Health Center
Vicki Hayes, MD	Faculty, MMC/Tufts Medical School	Maine Medical Center
Leah Buck, MSB	Director, Northern Maine AHEC	Northern Maine Community College
Karen O'Rourke, MPH	Director, Maine AHEC Network	University of New England

AHEC Staff: Zoe Hull, MPH, Program Manager; MaryFrances Smith, Clinical Coordinator; Kira Rodriguez, MHS, Program Evaluator

Program Highlights

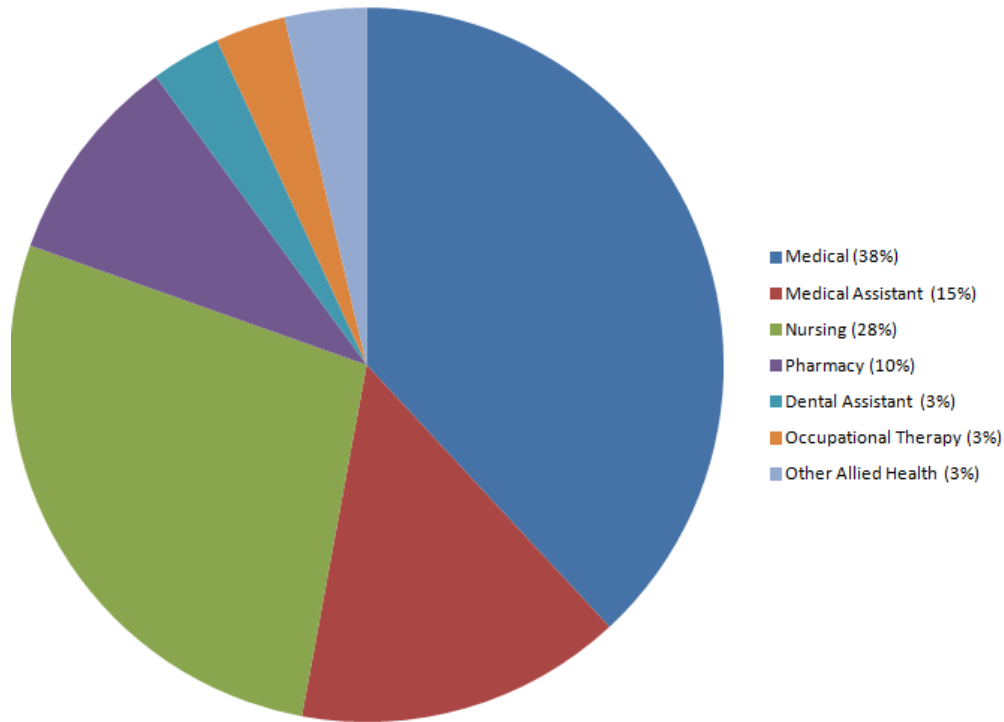
For a summary of the Maine AHEC Network activities see the attached infographic of the Maine AHEC Network 2015-2016 Annual Report Highlights.

Clinical Rotations Summary

During July 2015 to June 2016, the Maine AHEC Network arranged 236 *clinical rotations* in Maine for medical, dental, nurse practitioner, physician assistant, occupational therapy, social work, pharmacy, and nursing students from 25 colleges, universities, and training programs in

Maine and nationally. These students were placed in medically underserved and rural areas. Research shows that students are more likely to practice in communities where they trained.

2015 - 2016 Clinical Rotations by Discipline (%)



Continuing Education Summary

The Maine AHEC Network provided *continuing education programs for over 2,200* attendees across the state and most in rural communities. Sixty-three percent of attendees met licensure and recertification requirements. These programs serve as valuable retention tools and enable health care professionals to enhance their skills and stay updated on best practices.

Health Care Professional Participants in Continuing Education 2015-16

Profession	Number of Participants
Physicians	87
Physician Assistants	45
Dental	4
Medical Assistant	89
Nurse Practitioners	45
Nurses	92
CNAs	7
EMTs	60
Mental Health Practitioners	54
Allied Health Professionals	14
Other / Unreported	1733
TOTAL	2230

Selected Activities of the Maine AHEC Network

Eastern Maine AHEC (EMAHEC)

- **Doc4ADay:** In collaboration with Maine Medical Center Family Medicine Department two Doc4ADay programs (Belfast and Millinocket) were held with 26 high school students. Students targeted for the programs were those in rural areas or from disadvantaged backgrounds. Doc4ADay (a half-day training) is an opportunity for high school students to experience what it is like to be a physician using high tech simulators and hands-on activities.
- **Medical Outreach Maine:** In conjunction with the University of Maine and the Maine Medical Center/Tufts University School of Medicine (TUSM), the Eastern Maine AHEC collaborates on the yearly 4-day outreach and student experiences in Waldo County to learn more about rural communities. Along with the UMO undergrad students were five second year Tufts medical students. The Tufts' medical students acted as mentors to the undergraduates. The group visited clinical sites and conducted volunteer activities in schools and community agencies.

Northern Maine AHEC (NMAHEC)

- **Career Expo V** was held in May 2016 at the Wabanaki Cultural Center in Calais. This year there were 219 attendees at the career expo, including 104 middle and high school students. All Maine tribal students were invited and had the opportunity to interact with representatives from many organizations and businesses. Post surveys showed that approximately 76% of the participating students planned to attend college.
- **Survivor Aroostook XII** was held at Northern Maine Community College. This is a week-long summer camp for thirty-two (32) 8th and 9th graders to explore health careers. Along with a staged "accident," there were many hands-on activities including suturing activities, and casting.

Western Maine AHEC (WMAHEC)

- **The 13th Summer Scrub Club** at Franklin Memorial Hospital hosted 47 local middle and high school students for 4 days in June 2016. Students learned about a variety of health careers and participated in hands-on learning experiences including how to make a cast and conduct lab analysis and they participated in a mock accident working with emergency responders.

Program Office

- **Interprofessional Education Rural Intensive Program:** In May 2016 fifteen students (6 DO, 5 Dental and 4 Pharmacy) participated in a week of interprofessional learning in connection with Northern Maine AHEC and UNE's grant "From Campus Curriculum to Rural Community Health Centers," which was awarded from the Josiah Macy Jr. Foundation. During the immersion program students had opportunities to do hands-on learning, assist in a fluoride varnish clinic, meet with seniors at a meal site and visit rural hospitals, clinics and FQHCs.
- **Dental Careers Exploration Camp:** In August 2016, 26 high school students participated in the University of New England's 5th Annual Dental Careers Exploration Camp. Over the course of 3 days, students in grades 9-12 engaged in multiple hands-on activities that promoted and allowed them to explore the dental health professions.
- **Training for Veteran's Administration Clinical Staff:** The Maine AHEC continued its second year of collaboration with the Veterans Administration to provide training to health personnel in their Community Based Out Patient Clinics across the state.

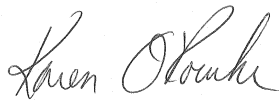
- **Promoting Primary Care:** This year the Program Office sponsored a Town Hall event with Dr. Andrew Morris Singer to talk about primary care transformation and the importance of interprofessional teams. More than 55 medical, OT, pharmacy, nursing, public health and social work students, providers and faculty attended the meeting with a follow up leadership training with more than 20 interprofessional students. Students and faculty are developing strategies to create a Primary Care Progress Chapter in Maine.
- **HPV Vaccine Provider Education:** A new national initiative by AHECs across the country was started in the spring of 2015 to increase HPV vaccine rates in the state in order to prevent future cancers. In our second year, more than 350 providers participated in continuing education programs on this topic.
- **New Mainers:** In an effort to increase the diversity of Maine's health care workforce we have collaborated with the New Mainer's Public Health Initiative to expose junior and seniors in high school who are the children of immigrants and refugees ("New Mainers") to healthcare careers. In FY2016, 19 Somali HS students (7 female, 12 male) ages 17-20 participated in visits to college campuses and other college preparation activities.
- **Evaluation Activities:** The Program Office continues to strengthen its evaluation capacity. Results continue to show significant increases in students' knowledge of health careers after attending the pipeline programs. In addition, we are tracking where health profession students who participate in rural rotations end up practicing and in what area of specialty.

Final Remarks

The Maine AHEC Network is now entering its final year of its five-year HRSA-funded grant. Some priority activities for the coming fiscal year include: implement a 5-year look back on students who participated in AHEC programs to see if those students have entered college and/or are pursuing health careers, develop new partnerships in the community, expand the number of highly qualified preceptors in rural areas, and continue to expand opportunities for students to engage in clinical Interprofessional Practice and Education.

The Maine AHEC Network is grateful for the support of the legislature and Governor in our efforts to ensure Maine has an adequate and highly trained workforce in all areas of the state.

Respectfully submitted,



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Maine AHEC Network

2015-2016 Annual Report Highlights

AHEC NATIONAL AHEC ORGANIZATION

4,130

Total Participants

Enhancing access to quality healthcare, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

Pipeline Programs

Expose students to health careers and encourage to pursue post-secondary education in primary.



1,664
Participants
(9th-12th graders)

With **108** participants grades 9-12 in pipeline programs lasting half-a-day to 3 full days.

Most from disadvantaged or rural backgrounds



Clinical Training

Improve readiness, willingness, and ability of health professions trainees to serve in primary care, and rural and underserved community settings.

Facilitated
236
student rotations



for

10 Health Professions
medical, dental, physician assistant, pharmacy, nursing, nurse practitioner, social work, occupational therapy, physical therapy, allied health

And **7** interprofessional student rotations

Clinical Training Sites include:

- 28 primary care settings
- 15 in a rural area
- 30 in a medically underserved area
- 3 interprofessional clinical sites



2,230



Continuing Education Participants
Most employed in medically underserved communities

Continuing Education Programs

Provide health professionals with access to resources that support practice, reduce professional isolation, disseminate best practices, improve quality of healthcare and reduce health disparities.

