Conclusion and Recommendations **Chapter 6**

Access to healthcare providers, including physicians, nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs), is very important to the health of individuals and populations. In the past 20 years, the ratio of providers-to-population has increased in North Carolina, but the rate of increase recently has slowed. In 2005, the state had 20.7 physicians to every 10,000 people, which is about average compared to all US states. However, in the future, North Carolina will face challenges in meeting the population's demands for care. The state's healthcare needs are expected to increase due to population growth, aging of the population, and an increase in the prevalence of chronic diseases. If nothing is done to change the supply of providers in North Carolina, the ratio of physicians-to-population is expected to drop 8% by 2020 and 21% by 2030. The ratio of all providers-to-population, including PAs, NPs, and CNMs, is expected to drop between 2% and 13% by 2030. The problem is projected to grow even more acutely if increased needs of an aging population (adjusted population figures) are factored into the shortfall.[a]

Table 6.1
Projected Change in Provider-to-Population Ratios, North Carolina, 2020 and 2030

	Projected Change in Provider-to-Population Ratios		Projected Change in Provider-to-Adjusted Population Ratios	
	2020	2030	2020	2030
Physicians only	-8%	-21%	-12%	-26%
All providers				
Best case	4%	-2%	-1%	-8%
Worst case	-4%	-13%	-8%	-19%

Source: NC Institute of Medicine and NC Health Professions Data System.

Although the potential shortfall is considerable, a number of policies could be used to ameliorate this deficit, if the state acts soon and plans ahead. Options to improve quality and productivity of existing practices should be identified so health professionals can provide high-quality health services to more North Carolinians. The state should concurrently examine options to develop new models of care that would reduce the need for healthcare providers and/or expand the supply of physicians, NPs, PAs, and CNMs. North Carolina needs to engage simultaneously in multiple strategies to increase supply. If new medical school slots are created but new residency slots are not, in-state retention of the expanded number of medical school graduates will be lower as many will need to leave the state for residency and are not likely to return. Similarly, initiatives to increase awareness of health careers among rural and minority middle and high school students will have little impact without also expanding available enrichment programs to help students overcome hurdles to being accepted into medical school. In addition,

a NC Institute of Medicine and the NC Health Professions Data System. (See Appendix A.)

initiatives should expand medical school support programs to help stem the higher dropout rates of minority medical students. North Carolina also should explore ways to recruit physicians and other providers into North Carolina and to encourage existing practitioners to remain in practice in North Carolina. In short, many of these policy options are interdependent. Effectiveness of any specific policy option is dependent, in part, on the success of other efforts that affect the provider production pipeline. Thus, there is no single policy option that will resolve the impending provider shortage; success requires adoption of many complementary strategies.

The wide constellation of policy levers available to address this potential problem offers the opportunity to develop solutions before the provider shortage reaches crisis proportions. Full adoption of all recommendations listed above would ensure that North Carolinians continue to have the access to quality healthcare they do today. Implementation of the recommendations would help improve provider distribution problems, ensure a more adequate supply of primary care providers and other providers in specialty shortages, and increase the number of underrepresented minorities in the profession.

North Carolina need not implement all provider supply strategies in order to maintain the current provider-to-population ratio. For example, the state does not need to increase the number of physicians, NPs, PAs, and CNMs each by 30% in order to maintain current ratios. To some extent, these are alternate strategies that depend, in part, on when other strategies are implemented. If implemented *today*, the state could maintain its current ratio over the next 25 years by:

1) increasing the yearly educational production of physicians by 20%, *or*
2) increasing the production of nonphysician clinicians by over 30%, *or*
3) increasing in-migration to produce a *net* increase of physicians by 15%, *or*
4) increasing the capacity of the health system to effectively manage the health of North Carolinians or improving the health of North Carolinians to reduce the need for health services by 15%.

The Task Force recognized that the multiple goals outlined throughout the report makes it unlikely that implementation of one Task Force recommendation would solve all future workforce problems. Instead, some combination of recommendations would be the most promising strategy. Pragmatically, the degrees of expansion outlined above are all ambitious undertakings. While a 30% increase in physician production may be infeasible, a 5% increase in all four strategies may be realistic and would maintain North Carolina's access to quality healthcare.

The longer the state waits to implement the strategies, the greater the number of providers it will need to produce on a yearly basis to address the anticipated provider shortages. The Task Force recognized that ambitious goals may be necessary to achieve the momentum needed to address the issue sufficiently. Furthermore, although North Carolina is facing a potential provider shortage in the future, it faces other provider supply issues *today*. The state must take necessary steps to ensure North Carolina has the right mix of providers in the right locations.

The following table summarizes the Task Force recommendations. Priority recommendations are highlighted in bold.

Table Legend

* Recommendations that are in bold font have been identified as priority recommendations.

** Recommendations that examine the mix of specialists are marked with a "✓". The recommendations that apply to specific provider specialties are listed as PC (primary care focused), Del (providers who deliver babies), Psych (psychiatrist or mental health providers), Surg (general surgeons), Ger (geriatrics), DOs (Doctors of Osteopathy), PA (physician assistants specifically), NP (nurse practitioners specifically), or CNM (certified nurse midwives specifically).

*** The column entitled "New Models" includes any recommendation that focuses on new models of delivering care to meet the changing healthcare needs of the population, including, but not limited to, interdisciplinary team training or greater use of telemedicine.

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Overall Provider Supply						
Rec. 2.1. (Priority Recommendation)* a) The NC General Assembly should appropriate $170,000 to support and expand the health professional workforce research center charged with examining current and future needs for health professionals, which is housed within the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. Research should be conducted at the individual practitioner level as well as the practice level. The Center will expand its current research to include analyses that: 1) identify the need for physicians, nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs) to meet the healthcare needs of the state 5, 10, and 20 years into the future; 2) identify new models of care that can improve the quality and efficiency of care offered by North Carolina providers; 3) examine the distribution of physicians, NPs, PAs, and CNMs across the state; 4) examine trends in the supply of minority health professionals in comparison to the general population and examine percentage of underrepresented minority students and residents who receive training in North Carolina but who leave the state for practice;	✓	✓	✓	✓	✓	✓

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
5) examine trends in the numbers of primary care and specialty providers by specialty area; 6) examine changes in health status and sociodemographic factors that might influence future healthcare needs so as to examine the mix of healthcare professionals necessary to address the state's healthcare needs; and 7) identify barriers that affect entry into the health professional workforce or continued practice, if any. b) The NC General Assembly should create an ongoing Health Workforce Policy Board that is charged with developing strategies to address impending health professional workforce shortages. The Board will include representation from the NC Office of the Secretary, NC Department of Health and Human Services, NC Office of Rural Health and Community Care, NC Area Health Education Centers Program, five North Carolina academic health centers, NC Community College system, relevant professional associations and licensing boards, NC Hospital Association, NC Medical Society Foundation, and nonmedical public members. The Board shall identify strategies to: 1) develop new models of care that encourage quality and efficiency of healthcare services; 2) increase the overall supply of physicians, NPs, PAs, and CNMs to meet the unmet health needs of the state's growing population; 3) encourage more health professionals to practice in health professional shortage areas; 4) establish priorities for which types of provider specialties are most needed to meet the healthcare needs of the state; 5) increase the supply of underrepresented minorities in the profession; 6) ensure the mix of health professionals is appropriate to meet the changing healthcare needs of the state; and 7) address barriers that affect entry into the health professional workforce or continued practice, if any. The Health Workforce Policy Board should report its findings and proposed recommendations on an annual basis to the University of North Carolina Board of Governors, the NC State Board of Community Colleges, and the NC General Assembly.						

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Rec. 2.2. (Priority Recommendation) In order to develop and implement new models of care: a) North Carolina foundations should help fund new models of care for improving quality and efficiency of primary and specialty care across North Carolina. New models should be evaluated to determine if they improve quality of care and/or efficiency. b) Medical schools, other health professions schools, and residency programs should incorporate successful new models of care into training curricula and ensure that students and residents have the opportunity to practice using new models. c) The State Health Plan, Division of Medical Assistance, and private insurers should modify reimbursement policies to support the long-term viability of new models that are shown to improve quality and/or efficiency.	✓				✓	
Rec. 2.3. (Priority Recommendation) The NC General Assembly should appropriate: a) $2.5 million to The Carolinas Center for Medical Excellence to increase the number of practices that receive technical assistance under the Doctor's Office Quality-Information Technology project and to expand this assistance to include pediatric offices; and b) $4.8 million to the NC Medical Society Foundation to provide grants to small or solo practitioners to purchase health information technologies to improve quality performance and practice efficiencies.	✓				✓	✓
Rec. 2.4. (Priority Recommendation) North Carolina medical schools should increase enrollment by 30% (AAMC recommendation). Expansion can be accomplished through an increase in enrollment on existing campuses or through satellite campuses. In expanding programs, medical schools should consider changing admissions criteria or using other strategies to increase the overall supply of physicians practicing in the state, increase the number of physicians who set up practice in underserved areas, increase the number of physicians who specialize in shortage specialties, increase the number of underrepresented minority physicians practicing in the state, and enhance interdisciplinary team training.	✓	✓	✓	✓	✓	
Rec. 2.5. If current medical schools are unable to increase enrollment by 30%, the NC General Assembly should consider creation of a new public allopathic or osteopathic medical school or provide incentives to encourage development of	✓	✓	✓	✓	✓	

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
a new private medical school. Specifically: a) The NC General Assembly should appropriate funds to build a new state-supported allopathic or osteopathic medical school that will focus on increasing the supply of physicians who practice in North Carolina, particularly those willing to practice in medically underserved areas or in shortage specialties. Special consideration should be given to creating a medical school that focuses on increasing the number of underrepresented minority physicians in the state, increasing the overall supply of physicians practicing in the state, increasing the number of physicians who set up practice in underserved areas, increasing the number of physicians who specialize in shortage specialties, and enhancing interdisciplinary team training. b) Alternatively, as part of state efforts to increase economic development in communities across the state, the Department of Commerce should consider incentives to attract private osteopathic or allopathic medical schools into the state.						
Rec. 2.6. The NC General Assembly should appropriate funds to pay for allocated seats for North Carolina students admitted to osteopathic schools in other states (eg, Alabama or Kentucky model) with an obligation that students return to practice in North Carolina.	✓			DO		
Rec. 2.7. (Priority Recommendation) **a) The North Carolina physician assistant (PA) programs should increase student enrollment by 30%. Expansion can be accomplished through an increase in enrollment on existing campuses or through satellite campuses. In expanding programs, PA schools should consider changing admissions criteria or using other strategies to increase the overall supply of PAs practicing in the state, increase the number of PAs who set up practice in underserved areas, increase the number of PAs who specialize in shortage specialties (including but not limited to geriatrics and behavioral health), increase the number of underrepresented minority PAs practicing in the state, and enhance interdisciplinary team training.** b) North Carolina nurse practitioner (NP) schools should increase student enrollment by 30%. In expanding programs, NP schools should consider changing admissions criteria or using other strategies to increase the overall supply of NPs practicing in the state, increase the number of NPs who set up practice in underserved areas, increase the number of NPs who	✓	✓	✓	PA NP CNM Ger Psych		

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
specialize in shortage specialties (including but not limited to geriatrics and behavioral health), increase the number of underrepresented minority NPs practicing in the state, and enhance interdisciplinary team training. c) The Nurse Midwifery program at East Carolina University should increase student enrollment by 30%.						
Rec. 2.8. (Priority Recommendation) a) The NC General Assembly should provide financial support to encourage or reward medical schools and other health professions schools that produce physicians, nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs) who fill the unmet health needs of the state's population. Incentives should be provided to increase the overall supply of healthcare providers, appropriately distribute physicians, NPs, PAs, and CNMs practicing in the state, and promote interdisciplinary training. Enhanced funding should be tied to outcomes that result in: 1) increased numbers of physicians, NPs, PAs, and CNMs who set up and maintain practices in underserved areas; 2) increased numbers of physicians, NPs, PAs, and CNMs who obtain qualifications for and practice in primary care or other shortage specialties as identified by the Health Workforce Policy Board; 3) increased numbers of practicing physicians, NPs, PAs, and CNMs who are members of underrepresented minorities; or 4) greater interdisciplinary didactic and clinical team training among physicians, NPs, PAs, CNMs, nurses, and other health professionals (eg, pharmacists, social workers, allied health workers). b) In order to determine the effectiveness of various training programs in meeting the healthcare workforce needs of North Carolina, the NC General Assembly should amend NCGS §143-613 to require medical schools, PA programs, NP programs, and CNM programs to report information on an annual basis to the Health Workforce Policy Board, the Board of Governors of the University of North Carolina, and the NC General Assembly. Medical schools and NP, PA, and CNM programs shall cooperate with the Health Workforce Policy Board to identify on an annual basis the following data and information: 1) number and location of graduates in active patient care practice and number of graduates no longer in active patient care practice by year of graduation;	✓	✓	✓	✓	✓	

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
2) percentage of graduates who enter residencies in primary care specialties or other specialties that are deemed as shortage areas in North Carolina as defined by the Health Workforce Policy Board; 3) percentage of graduates who practice in federally-designated health professional shortage areas in North Carolina and in areas specified as shortage areas by the Health Workforce Policy Board; 4) number and percentage of underrepresented minorities who are enrolled in and who graduate from these schools and programs and where they practice; and 5) number of graduates who have been involved in formalized interdisciplinary didactic or clinical training programs that involve students from multiple disciplines working together as teams in patient care.						
Rec. 2.9. (Priority Recommendation) The NC General Assembly should appropriate $13 million in new funding and/or Medicaid GME funding to the NC Area Health Education Centers (AHEC) Program to support additional and expanded clinical rotations for health science students and expansion of primary care or other residency programs that meet specialty shortages. a) $3 million should be provided to develop new clinical training sites for students; to pay stipends to community preceptors who supervise and teach primary care students; and to provide housing, library, and other logistical support for students in community settings. Enhanced payments should be made to preceptors who practice in health professional shortage areas. b) $10 million should be provided to fund 100 new residency positions across the state targeted toward the high priority specialty areas of primary care, general surgery, and psychiatry or other specialty shortage areas identified by the Health Workforce Policy Board. This funding should be provided to AHEC, with AHEC then making grants to AHEC- and university-based residency programs that agree to expand residency slots and to create programs designed to graduate physicians likely to settle in rural and other underserved areas of the state.	✓	✓	✓	PC Psych Surg	✓	
Rec. 2.10. NC residency programs should consider seeking joint accreditation by the American Osteopathic Association along with existing accreditation by the Accreditation Council for Graduate Medical Education.	✓			DO		

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Rec. 2.11. The NC Office of Rural Health and Community Care in collaboration with the Community Practitioner Program of the NC Medical Society, NC Area Health Education Centers Program, and professional medical societies should conduct marketing and outreach campaigns that emphasize positive aspects of healthcare practice in North Carolina.	✓					✓
Rec. 2.12. The NC General Assembly should help maintain and improve the positive regulatory environment for all licensed health professionals including physicians, nurse practitioners, physician assistants, and certified nurse midwives.	✓					✓
Rec. 2.13. The North Carolina Midwifery Joint Committee should follow licensure reentry procedures established by the American College of Nurse-Midwives to enable inactive practitioners otherwise in good standing to reenter practice.	✓			MD DO PA CNM		
Rec. 2.14. (Priority Recommendation) In order to improve practice management across the state: a) The University of North Carolina system, NC community colleges, and NC independent colleges and universities should offer courses that will increase the supply of practice managers across the state, particularly in underserved areas, and improve the skills of existing practice managers. b) The NC Area Health Education Centers Program, NC Office of Rural Health and Community Care, Community Practitioner Program, NC community colleges, and NC independent colleges and universities should develop a continuing education curriculum for existing practitioners and staff to enhance the business skills needed to maintain a viable practice. c) North Carolina foundations should consider funding start-up programs to community colleges and other organizations to enhance the skills of practice managers and providers and programs targeted to underserved areas.	✓	✓				✓

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Maldistribution						
Rec. 3.1. The NC Department of Public Instruction, NC Community College System, University of North Carolina, NC Area Health Education Centers Program, and other related programs should collaborate to create more intensive programs and to coordinate and expand existing health professions pipeline programs so underrepresented minority and rural students likely to enter health careers are offered continued opportunities for enrichment programs in middle school, high school, and college and then receive continued support in medical and other health professions schools.		✓	✓			
Rec. 3.2. Duke University School of Medicine, Brody School of Medicine at East Carolina University, University of North Carolina at Chapel Hill School of Medicine, Wake Forest University School of Medicine, and North Carolina residency programs should create targeted programs and modify admission policies to increase the number of students and residents with expressed interest in serving underserved populations and/or practicing in rural areas of North Carolina. Targeted programs should be designed to provide intensive and longitudinal educational and clinical opportunities to practice with medically underserved populations in medically underserved areas of the state.		✓				
Rec. 3.3. (Priority Recommendation) The NC General Assembly should appropriate $1,915,600 to the NC Office of Rural Health and Community Care (ORHCC). Of this amount: a) $350,000 should be appropriated to provide technical assistance to communities to help identify community needs and practice models that can best meet these needs and to provide technical assistance to small practices or solo practitioners practicing in medically underserved communities or serving underserved populations; b) $1.5 million should be appropriated to pay for loan repayment and financial incentives to recruit and retain physicians, physician assistants, nurse practitioners, and certified nurse midwives to rural and underserved communities; and c) $65,600 should be appropriated to expand the number of ORHCC staff who recruit practitioners into health professional shortage areas.		✓	✓			✓

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
ORHCC should place a special emphasis on recruiting and retaining underrepresented minority, bilingual, and bicultural providers to work in underserved areas or with underserved populations.						
Rec. 3.4. (Priority Recommendation) North Carolina foundations should fund regional, multi-county demonstrations to test new models of care to serve patients in rural and urban underserved areas. a) New models should be developed collaboratively between the NC Office of Rural Health and Community Care, NC Area Health Education Centers Program, healthcare systems, medical schools, other health professions training programs, licensure boards, and other appropriate groups and should be designed to test new models of care that focus on integration of care, management of chronic illness, and prevention. Such models should emphasize the creation of medical homes and interdisciplinary practice environments to enhance care to underserved populations. b) New models should be evaluated to determine if they improve access, quality of care, and/or efficiency. The State Health Plan, Division of Medical Assistance, and private insurers should modify reimbursement policies to support the long-term viability of successful models of care for underserved populations.		✓		PC	✓	
Rec. 3.5. (Priority Recommendation) The NC General Assembly should explore financial incentives or other systems to encourage providers to establish and remain in practice in underserved areas or with underserved populations. Financial incentives may include, but not be limited to, tax credits or increased reimbursement. Other strategies to encourage providers to locate and practice in underserved areas or with underserved communities may include, but not be limited to, help with call coverage or use of hospitalists.		✓				

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Primary Care and Provider Specialties						
Rec. 4.1. (Priority Recommendation) a) The State Health Plan, Division of Medical Assistance, and private insurers should enhance payments to primary care providers to recognize the value of diagnostic and cognitive skills, particularly those payments that incentivize primary care providers to create comprehensive primary care homes that include lifestyle interventions, preventive health services, chronic disease management, and case management through use of case managers. b) Reimbursement levels for primary care services through Medicaid, NC Health Choice, State Health Plan, and private insurers should be continually evaluated to ensure they are adequate to meet the costs of care across the state, particularly in underserved areas.				PC		✓
Rec. 4.2. The NC OB/GYN Society, NC Area Health Education Centers Program, East Carolina University Nurse Midwifery program, NC Academy of Family Physicians, and North Carolina medical schools should change the practice environment to encourage acceptance of certified nurse midwives into practice.				CNM		
Rec. 4.3. The NC General Assembly should appropriate $206,000 annually to expand the East Carolina University Nurse Midwifery program by 30%.	✓			CNM		
Rec. 4.4. (Priority Recommendation) The NC General Assembly should appropriate $2 million to provide malpractice premium subsidies (similar to the Rural Obstetrical Care Incentive Program) for physicians and certified nurse midwives who provide delivery services in medically underserved areas.		✓		Del		
Rec. 4.5. North Carolina medical schools and other health professions programs, specialty societies, and the NC Area Health Education Centers Program should strengthen and expand the mental and behavioral health and psychopharmacology components of training and continuing education to increase competencies in mental and behavioral healthcare for all graduates, with a special emphasis in integrating behavioral health and primary care. Innovative approaches may include special tracks in psychology/behavioral health, better integration of behavioral health content into current curricula,				Psych PC	✓	

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
postgraduate programs in behavioral health, and education for psychiatrists and other mental health professionals in working collaboratively with primary care professionals in more integrated models of care.						
Rec. 4.6. (Priority Recommendation) The NC General Assembly and NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, should provide funding to targeted rural communities to establish new models of care to serve public patients in rural and underserved communities. a) New models of care should be developed collaboratively with the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, NC Area Health Education Centers Program, NC Office of Rural Health and Community Care, academic healthcare institutions, and primary care and specialty societies. b) Models should include psychiatrists and other mental health professionals and have close linkages to primary care providers in the service area. c) To improve the professional environment in these settings, these sites should qualify for higher levels of reimbursement, have strong linkages to academic health centers, and have a strong focus on integrated care.		✓		Psych PC	✓	✓
Rec. 4.7. (Prioity Recommendation) The NC General Assembly, public and private insurers, and payers (including, but not limited, to the State Health Plan, NC Division of Medical Assistance, and NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services) should pay for: a) psychiatric consultations for primary care providers and other clinicians either through face-to-face consultations or telemedicine; and b) services provided by primary care providers to patients who have been diagnosed with a psychiatric diagnosis. Reimbursement levels for mental and behavioral health services through Medicaid, NC Health Choice, State Health Plan, and other payers should be continually evaluated to ensure they are adequate to meet the costs of care across the state, particularly in underserved areas.		✓		Psych	✓	✓

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Underrepresented Minorities						
Rec. 5.1. (Priority Recommendation) The state and existing medical and other health professions schools should implement strategies to expand the number of underrepresented minority physicians, nurse practitioners, physician assistants, and certified nurse midwives and to decrease professional isolation.			✓			
Rec. 5.2. (Priority Recommendation) a) North Carolina medical and other health professions schools including university and community college programs should: 1) recruit and admit more bilingual and bicultural students into health professions classes; 2) offer and encourage students to take Spanish medical language courses as part of health professions training; 3) develop innovative programs to prepare more bilingual and bicultural graduates; and 4) build cultural sensitivity training into curricula. b) North Carolina foundations should create through a competitive process a Center for Excellence to inventory, evaluate, and disseminate best practices in healthcare professional programs.			✓			
Rec. 5.3. The NC Area Health Education Centers Program should work collaboratively with key partners including the Center for New North Carolinians and the Office of Minority Health and Health Disparities to: a) expand existing Spanish language programs to train more interpreters and practicing health professionals; and b) expand cultural competency and cultural sensitivity training for all health professionals.			✓			
Rec. 5.4. The NC General Assembly should create a grants program to incentivize medical schools and other health professions training programs to produce more bilingual and bicultural healthcare professionals.			✓			
Rec. 5.5. The NC Community College System should place greater emphasis on recruiting and training bilingual and bicultural medical office staff, nurses, and allied health professionals.			✓			

	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Rec. 5.6. (Priority Recommendation) The NC Area Health Education Centers (AHEC) Program should work collaboratively with key partners to explore issues that need to be addressed in creating a statewide, uniform student tracking and evaluation system of federal and state funded programs across the educational pipeline. AHEC should report findings back to the Health Workforce Policy Board. The goal of this report should be to determine how best to: a) evaluate existing minority health professions pipeline programs and expand the most successful programs, particularly those with a focus on intensive, longitudinal programs that work with small numbers of students over a longer period of time. b) develop a statewide, uniform student tracking and evaluation system and program inventory of formal and informal programs across the educational pipeline which is shared by precollege and university health career advisors and counselors. Future state funding should be tied to programs that are found to be the most successful in increasing underrepresented minorities in health professions.			✓			
Rec. 5.7. The Office of Rural Health and Community Care in collaboration with minority professional associations, such as Old North State Medical Society and other key partners, should provide practice support to underrepresented minority health professionals who choose to practice in underserved areas. Support can include, but not be limited to, creation of community mentoring programs or other strategies to support retention of underrepresented minorities in underserved areas.		✓	✓			✓