

# RECOMMENDATIONS OF THE 2023 PHYSICIAN RECRUITMENT AND RETENTION WORKING GROUP

TRANSMITTED BY: David Hass, MD (Co-chair)  
Past President, Connecticut State Medical Society

Leland McKenna (Co-chair)  
Vice-President, Planning & External Affairs  
Middlesex Health

Report of the Physician Recruitment and Retention Working Group  
Established by PA 22-81, Section 29  
Submitted, January 2024

## EXECUTIVE SUMMARY

PA 22-81, Section 29 directed the Commissioner of Public Health to convene a working group on Physician Recruitment and Retention to produce recommendations regarding methods to enhance physician recruitment and retention in the state. The Physician Recruitment and Retention Working Group was convened in early 2023 and met nine times throughout the year. This report to the General Assembly provides recommendations for action to address both the challenges to and opportunities for physician workforce development in the state of Connecticut.

Early in the process the group decided to limit to three (3) the number of recommendations that would be highlighted in the report. The intention was to focus the attention of the General Assembly on the issues with the highest priority for action. An additional seven (7) secondary recommendations were also identified. In total, the group made twenty-seven (27) recommendations, all of which are included in the body of the report.

Connecticut does well in general measures of the physician workforce. The state ranks sixth (6<sup>th</sup>) in the nation for the number of active physicians per 100,000 population. We are home to prestigious medical schools and graduate medical education programs. However, two issues concern the Working Group. The first is persistent disparities and gaps in access to care by income, geography, and for some specialties. The second is the predicted nationwide shortage of physicians and consequent increase in competition for physicians. Connecticut should leverage its current strengths to strategically improve its capacity to recruit and retain physicians and sustain a physician workforce able to reduce gaps in access to care.

Two major challenges identified by the Working Group were the cost of medical education as a barrier to entry into the medical profession and the lack of investment in physician practices. However, the presence of three medical schools in the state (including our state medical school) is an opportunity for the state to develop its own pipeline for physicians ready to practice in the state. The impact of future physician shortages will be disproportionately experienced by those Connecticut residents who already experience a lack of access and the associated health disparities. It is vital for the state to invest in physician practices ensuring the sustainability of services to these community members and allowing practices to implement new strategies to reduce health disparities in underserved populations. Our physicians should reflect the individuals they serve. The cost of medical education is a barrier to entry by members of historically disadvantaged communities. Providing the means to reduce this barrier through our existing loan repayment program was a high priority for the committee. Leveraging our medical schools to create a long-term solution will help address both the barriers to entry and create a diverse physician workforce for the state.

The following priority recommendations are presented in the order of a vote by the members:

### **Primary Recommendation #1**

#### ***Increase Medicaid reimbursement rates in the state of Connecticut in all specialties.***

Increasing Medicaid rates will provide better access for underserved populations, particularly in the areas of primary care and behavioral health. The impact of COVID-19, and the current inflationary pressures with expenses such as labor and supplies, have put the medical ecosystem in peril. Adequate Medicaid rates will help healthcare providers remain fiscally strong, which will correspond directly to the ability to recruit and retain providers and to improved access to care for the Medicaid population. Many physicians in training spend the majority of their post-medical school residency and fellowship caring for the

underserved communities. Increasing Medicaid rates will allow for that dedication to this population to continue so that physicians do not have to limit or choose whether it will be financially disadvantageous to care for this population. Some medical disciplines have not received Medicaid fee increases since 2007. Consideration should be given to linking the Medicaid fee schedule to an appropriate inflationary index, reflecting adjustments appropriate to the economic climate. Increasing the Medicaid rates will move to ensure the future needs of Connecticut residents will be met.

### **Primary Recommendation #2**

#### ***Increase the amount of loan repayment that is provided to physicians in Connecticut.***

Special consideration for loan repayment should be given to groups of physicians likely to stay in Connecticut and to provide access to care that is in short supply:

- 1) Primary Care, Behavioral Health, Specialists, and Dental providers.
- 2) Physicians who attended medical school in Connecticut and choose to remain in Connecticut to practice for a certain period of time.
- 3) Diverse physicians who choose to practice in historically underserved areas of the state. (Geographies with high Medicaid uptake, underserved patient populations, and rural areas)

Special Note to Recommendation #2: While the group reviewed and understands the federal program to provide loan repayment to providers who practice in a designated Health Provider Shortage Area (HPSA), the group felt strongly that Connecticut should expand existing student loan repayment programs allowing more flexibility in where providers can work and remain eligible for the program. The group recognizes and appreciates that the state of Connecticut has already earmarked \$11.6 million for loan repayment. While a step in the right direction, the working group strongly felt that the loan repayment program should be expanded and sustained.

### **Primary Recommendation #3**

***Investigate the development of pipeline programs to recruit candidates into a track that offers acceptance into a medical school in the state,*** with a directed pathway into a residency program affiliated with the school, and a faculty appointment upon graduation from residency. This work could be modelled after similar programs that have been proven successful in other states. The working group recommends that this recommendation be explored in partnership with the state's medical schools, where the state/school would offer tuition reimbursement/discounted tuition in return for 4 years of service in the state as an attending physician after graduating from residency.

The members of the Physician Recruitment and Retention Working Group worked collaboratively and cooperatively to achieve a consensus on the matters related to the legislative charge it received. It is in that spirit that it offers its recommendations to the General Assembly.

## SECONDARY RECOMMENDATIONS

The following recommendations received significant support from members of the Physician Recruitment and Retention Working Group. Several of these recommendations either leverage existing programs or emphasize existing laws and regulations that could be better enforced without additional cost to the state. They are highlighted here with encouragement from the Working Group to keep them under consideration.

- Ensure continued payment parity for telehealth appointments.
- Protect physicians in the network contracting process: insurers must provide 6-12 months' notice for removal from networks; Mandate transparency in reasons for removal from networks; Offer substantive appeal rights.
- Protect physicians' ability to advocate for their patients by reinforcing existing laws and ensuring the Stark exemptions are met.
- Pass legislation to prevent the courts from placing pre-trial liens on a physician's personal property in anticipation of and for the duration of a medical malpractice case.
- Pass legislation to limit economic and non-economic damages in physician malpractice suits.
- Ensure that the applications of medical students with ties to the state of Connecticut are thoroughly reviewed by all residency programs in the state of Connecticut that the student applies to.
- Better define and advertise other avenues to offer J-1 waiver positions through the Conrad 30 program in Primary Care Health Provider Shortage Areas. Consider lobbying to expand the Conrad 30 program.

## REPORT

### I. Introduction

The United States is facing a physician shortage. Multiple sources such as the American Association of Medical Colleges ([AAMC Report Reinforces Mounting Physician Shortage | AAMC](#)), the [Robert Graham Center](#), and the Health Resources And Services Administration's National Center for Health Workforce Analysis ([Workforce Projections \(hrsa.gov\)](#)) predict significant shortages nationwide within the next decade. According to the AAMC projections, the US could see a shortage of between 38-124 thousand physicians by 2034, including both primary and specialty care. This shortage is the result of a combination of factors such as the changing demography of the United States, changes in patterns of delivery, and demand for health care services. Complicating the picture is the impact of the COVID-19 pandemic. One in five (1 in 5) physicians have stated they plan to leave the workforce because of trauma experienced during the pandemic. A shrinking workforce places a greater burden on medical graduates to fill the gap, raising the risk of burnout among physicians early in their careers. Worse still, new medical school graduates carry a debt load averaging between \$200 and \$215 thousand dollars. One consequence of a shrinking physician workforce will be increased competition for physicians. Even states such as Connecticut, which is a net producer of medical graduates, will have to consider strategies for maintaining an adequate supply of physicians.

A recent survey of young physicians conducted by the Connecticut State Medical Society (CSMS) provides additional context for the recruitment and retention of physicians in the state. Connecticut has much to offer. Respondents to the survey identified the quality of clinical opportunities, opportunity for career advancement, and competitive salaries as major advantages of pursuing a career in Connecticut. Also cited by respondents was the quality of life in our state, specifically the quality of K-12 education. A major negative was high taxes. For those less familiar with the state, negative perceptions of Connecticut cities as unsafe made the state unattractive.

With this context in mind the Physician Recruitment and Retention Working Group (referred to as the Working Group hereon) undertook its work in January 2023. The Working Group adhered closely to the topics identified in the legislation in planning its work. As outlined in Appendix 1, the Working Group determined early on to rely on the expertise and research skills of its members to identify critical information and make recommendations. The individuals responsible for each topic are listed in Appendix 3.

Within the broad topic of Physician Recruitment and Retention, several themes emerged, such as the cost of education as a barrier to entry into the physician workforce and a practice environment in the state that can act as a deterrent to both the recruitment and retention of physicians. In addition to making recommendations on new activities the state could engage in to enhance physician recruitment and retention, the Working Group gave due consideration to how existing programs such as the Conrad 30 (or J-1 Visa Waiver) program could be more effectively leveraged. Also noted were the existence of reports and recommendations from previous committees that align with the results of the Working Group's investigations. The recommendations in this report also identify existing laws and regulations that could ameliorate some of the challenges to recruitment and retention of physicians if more effectively enforced.

## II. Increasing the Physician Workforce

In addition to the general topic of “Recruitment and Retention” recommendations on how to increase the physician workforce in Connecticut emerged from discussion of the topics of “Access to Health Care Providers” and “Assistance with Graduate Medical Education.” The resulting recommendations addressed several broad categories as outlined below.

*Reduce the barriers to entry to the physician workforce created by the cost of medical education.*

Addressing the cost of medical education and the resulting debt were a top priority for members of the Working Group. Two of the top three recommendations are aimed at addressing these issues. The State of Connecticut has a newly funded loan repayment program. As its Priority Recommendation 2, the Working Group recommends increasing the amount of loan repayment available to physicians in Connecticut and expanding it to all providers including specialists. The cost of medical education disproportionately impacts members of historically disadvantaged communities who cannot afford medical school. Giving preference to members of these populations could serve to diversify the physician workforce and help eliminate health outcomes disparities.

A long-term strategy to increase the physician workforce and reduce financial barriers, the Working Group recommends development of a pipeline program in conjunction with the state’s medical schools similar to programs developed by other states. As outlined in Priority Recommendation 3, an ideal pipeline program would recruit candidates into a track that offers acceptance into a medical school in the state, followed by a residency in the state. In exchange for reduced tuition or tuition reimbursement, students would be obligated to practice in the state for a period following graduation. Similar programs have been developed in at least two other states.

Several medical schools in the United States now offer free tuition to all or some of their students. The Working Group recommends that the state create mechanisms to decrease the cost of Medical Education through private donors or budgeting, to result in a reduction in UConn tuition.

*Improve the Ability of Practices to Recruit Physicians*

In an environment of increased competition, health care organizations in Connecticut should invest in improving their recruitment practices. The Association for Advancing Physician and Provider Recruitment (AAPPR) offers multiple resources and trainings on a wide variety of topics related to healthcare recruitment, onboarding, and retention such as a recruitment “bootcamp.” The Working Group recommends providing AAPPR recruitment boot camp for organizations/practices.

The Working Group also recommends creation of a centralized Physician Job Database to familiarize physicians with career opportunities in the state. A centralized process would create economies of scale and efficiency, providing smaller organizations much needed support in the recruitment process. This is a strategy currently being pursued by other states.

*Leverage existing programs for the recruitment of physicians*

Connecticut’s Graduate Medical Education Programs (residency programs) bring over 2000 highly trained physicians to the state each year. The majority of these physicians leave the state once they have completed their training. The Working Group recommends that the state, in collaboration with the residency programs, should make a concerted effort to gather data on why residents and fellows leave the

state. It is known that residents with roots in Connecticut are more likely to remain in the state. The state should explore mechanisms for attracting medical students with roots in Connecticut into residency programs in the state, either through funding of additional GME positions specifically reserved for those with roots in Connecticut, or through creation of the aforementioned pipeline program.

The Working Group examined existing programs that could be leveraged to support increased recruitment of a diverse physician workforce. The physicians in Connecticut Graduate Medical Education Programs include over 800 International Medical Graduates (IMGs). The Conrad 30 program (also called the J-1 Visa Waiver program) is a federal program that waives the requirement that IMGs return to their home country after completing their residency training in the United States. Each state is allowed thirty (30) waivers. A similar program, through the federal Department of Health and Human Services (HHS), Office of Global Affairs, allows an unlimited number of waivers but is open to primary care physicians, only. Both programs require physicians to work in underserved areas that meet certain federal requirements. Waivers are granted by the Department of State and the limit on numbers per state is set by Congress.

The Working Group recommends that the state maximize its use of these programs for IMGs. The HHS program for primary care physicians should be better publicized and all IMGs wishing to practice primary care medicine in the state be directed to that program. The Conrad 30 positions should be reserved for specialists. The Working Group also recommends that the number of waivers allowed for each state under the Conrad 30 program be increased. Recognizing that this is a matter of federal policy, the Working Group recommends that the state lobby for expansion of the Conrad 30 program.

#### *Provide financial support for physicians choosing to practice in Connecticut*

In their consideration of the financial burden created by the cost of medical education, the Working Group considered other means of improving recruitment. The state should establish a loan consultation program for physicians, and advanced practice providers who have completed their training in Connecticut and choose to stay and practice here. Additionally, the Connecticut State Medical Society (CSMS) and individual practices should develop relationships with Banks and Real Estate services to negotiate favorable mortgage interest rates or offer reduced rates on services such as legal costs or home inspections for physicians who choose to practice in Connecticut and need to purchase a home.

#### *Improve our understanding of physician workforce needs through data collection*

The members of the Working Group recognize that good workforce data are the basis for good workforce policy and took time to educate themselves on existing sources of physician workforce data. Many large health care organizations generate physician needs assessments for their organizations. Similar efforts should be undertaken statewide. The state should partner with the Connecticut State Medical Society and other specialty organizations to conduct a Physician Needs Assessment for the State of Connecticut which includes data by region and specialty.

The state currently collects data on physician group practices. In 2022, the 'Physician Practice Workgroup' convened by the Office of Health Strategy addressed the current standards for reporting by group practices and made a recommendation to the General Assembly. The Physician Recruitment and Retention Working Group would like to advance the Office of Healthcare Strategy (OHS) - Physician Practice Workgroup's recommendation to standardize reporting requirements for physician practices, develop and publish a semi-annual report, and change the reporting threshold to require groups of two (2) or more to file the

annual group practice report, while ensuring the annual reporting requirements are not burdensome to the physician practices.

### **III. Improve the Practice Environment**

Improving the practice environment in Connecticut would be a means of improving retention as well as recruitment of the physician workforce. Recommendations to address some of the negative aspects of practicing medicine in Connecticut emerged from discussion of the Impact of the Health Insurance Landscape on Access and Barriers to Physician Participation in Health Networks. The discussion of the insurance landscape addressed three aspects: Insurance Payments, specifically Medicaid rates, Malpractice Insurance, and Regulation of Insurers.

#### *Ensure adequate payment for medical services.*

The physician workforce shortage is already felt by citizens insured by Medicaid and this population will be disproportionately impacted by the projected future shortages. Adequate payment for services is essential to the sustainability of practices, and far too many practices feel they must limit the portion of their patient panel who are covered by Medicaid due to the lower payment rate. Limited physician participation in Medicaid impacts the continuity of care and ultimately the quality and cost of care. Priority Recommendation 1 from the Working Group is to increase Medicaid rates in the state of Connecticut. They also recommend that the Medicaid fee schedule be tied to an appropriate inflationary index. An increase in Medicaid rates will provide access for underserved populations, particularly in the areas of primary care and behavioral health. Adequate Medicaid rates will help healthcare providers remain fiscally strong, which corresponds directly to the ability to recruit and retain providers. The impact of COVID- 19, and the current inflationary pressures on expenses such as labor and supplies, have put the provider ecosystem in peril. Increasing the Medicaid rates will ensure the future needs of Connecticut residents will be met.

The Working Group also recommends that the state ensure continued payment parity for telehealth appointments. Telehealth has become an integral part of the delivery of health care since the pandemic, allowing for improved access to care for those from rural and underserved areas. Younger physicians now expect that the option to provide services remotely will be an option in their work.

#### *Improve the laws and regulations surrounding Malpractice*

Malpractice law and how malpractice cases are litigated in Connecticut create an unfavorable environment for the practice of medicine in the state. Connecticut has one of the highest pay-outs for medical malpractice cases in the country and the placement of pretrial liens and liens on personal property are allowed under current law. The Working Group recommends that the state pass legislation to prevent the courts from placing pre-trial liens on a physician's personal property in anticipation of and for the duration of a medical malpractice case. Further, the General Assembly should pass legislation to limit economic and non-economic damages in physician malpractice suits to disincentivize attorneys from pursuing malpractice cases in hopes of settling.

#### *Enforce existing Insurance Regulations to protect patient access to health care.*

In considering the topic of “Barriers to physician participation in health networks” the Working Group conducted an in-depth analysis of the impact of narrow networks on patient access as well as a consideration of the potential for conflict of interest introduced by participation in these networks. While



the state has laws and regulations regarding minimum standards for provider networks, there is little or no evidence that the state monitors these networks. Patients need to know which physicians are included in the networks covered by their insurance, but accuracy of physician directories maintained by health plans is a persistent problem. The consequences are delays in care and increased cost of care. The accuracy of directories is a shared responsibility of practices and health insurance plans, and the two should be aligned in their actions to improve accuracy. Networks also create the potential for conflict of interest through restrictions on referrals and increase administrative burden through the prior authorization process. There is an imbalance of power in the relationship between providers and health plans, particularly for small practices. Small independent practices have little or no negotiating power and can be excluded from networks with little notice.

The overall recommendation from the Working Group regarding insurance regulations is that the state should protect physicians' ability to advocate for their patients by reinforcing existing laws and ensuring the Stark exemptions are met. The state Department of Insurance should monitor, on an ongoing basis, compliance with Regs. 38a-427f-3 and 38a-427-f-4 and enforce No Surprises Act (NSA) requirements for health plans to verify and update directories at least every 90 days, and on an ongoing basis, post any changes within 2 business days. Additionally, the state should protect physicians in the network contracting process by requiring 6-12 months for removal from networks, mandate transparency in reasons for removal from networks and offer substantive appeal rights for physicians excluded from a network.

## APPENDIX 1: WORKING GROUP PROCESS

Public Act 22-91, Section 29 identified specific organizations and constituent groups that should be represented on the working group. To form the working group DPH conferred with the organizations named in the statutes and reached out to other stakeholders across the state for recommendations. The four representatives of the general public were chosen to enhance the broad scope of representation from health care provided for in the legislation and included a medical student, a representative from a community health center, a nurse, and a former legislator who is also a physician.

An initial, informal, meeting of the Physician Recruitment and Retention Working Group was held on December 7, 2022. At the first formal meeting on February 22, 2023, David Hass and Leland McKenna were elected co-chairs. Thereafter the group met monthly via video conference. At the February meeting the Working Group agreed on a process for the meetings. The topics were divided amongst the members according to each member's expertise. These subject matter groups were asked to research their topic and identify recommendations that could be presented to the group. Meeting materials were circulated to the Working Group members a week in advance of the meeting. Members were asked to review the materials in advance and come to the meeting informed on the topic and ready to discuss the recommendations. A list of the dates, topics and presenters for each meeting can be found in Appendix 3.

After the last formal presentation, which occurred in September, a survey was sent to all members of the Working Group asking them to rate each of the recommendations with respect to how strongly they supported its inclusion in the final report. The goal was to identify three (3) primary recommendations and seven (7) secondary recommendations. The last meeting of the group, in October 2023 was devoted to selecting the top three recommendations through consensus.

## APPENDIX 2: STATUTORY FRAMEWORK

AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN, the title for PA 22-81, established as a provision of Section 29 a working group to consider physician recruitment and retention in the state. Signed into law on July 1, 2022, the law described the requirements and composition of the membership of the working group as follows:

(a) On or before January 1, 2023, the Commissioner of Public Health shall convene a working group to advise the commissioner regarding methods to enhance physician recruitment in the state. The working group shall examine issues that include, but need not be limited to:

- (1) recruiting, retaining and compensating primary care, psychiatric and behavioral health care providers;
- (2) the potential effectiveness of student loan forgiveness;
- (3) barriers to recruiting and retaining physicians as a result of covenants not to compete, as defined in section 20-14p of the general statutes;
- (4) access to health care providers;
- (5) the effect, if any, of the health insurance landscape on limiting health care access;
- (6) barriers to physician participation in health care networks; and
- (7) assistance for graduate medical education training.

(b) The working group convened pursuant to subsection (a) of this section shall include, but need not be limited to, the following members:

- (1) A representative of a hospital association in the state;
- (2) a representative of a medical society in the state;
- (3) a physician licensed under chapter 370 of the general statutes with a small group practice;
- (4) a physician licensed under chapter 370 of the general statutes with a multisite group practice;
- (5) one representative each of at least three different schools of medicine;
- (6) a representative of a regional physician recruiter association;
- (7) the human resources director of at least one hospital in the state;
- (8) a member of a patient advocacy group; and
- (9) four members of the general public.

The working group shall elect chairpersons from among its members. As used in this subsection, "small group practice" means a group practice comprised of less than eight full-time equivalent physicians and "multisite group practice" means a group practice comprised of over one hundred full-time equivalent physicians practicing throughout the state.

(c) On or before January 1, 2024, the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, its findings to the commissioner and to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

### APPENDIX 3: MEETING DATES, TOPICS, AND PRESENTERS

Physician Recruitment and Retention Working Group meetings were held on the fourth (4th) Wednesday of each month from February to October of 2023. Meetings were held virtually on Teams or Zoom.

Date	Topic	Presenter
February 22, 2023	Introductions, opening discussion, logistics, and expectations	Tom St. Louis, CT DPH David Hass, CSMS Leland McKenna, CHA
March 22nd	Recruitment and Retention	David Hass, CSMS President Leland McKenna, CHA
April 26th	Student Loan Forgiveness	Dave Hass, CSMS Victoria Kozar Liz Mahan, AAPPR
May 24th	Impact of non-compete covenants	Dave Hass, CSMS Kathryn Cullinan, Nuvance Christine Laprise, Bristol Nelson Walker, General Public
June 28th	Access to health care providers	Leland McKenna, CHA
July 26th	Impact of health insurance landscape on access	Leland McKenna, CHA Mariam Hakim, Small Practice William Petit, General Public
August 23rd	Barriers to physician participation in health networks	Leland McKenna, CHA Rod Acosta, Multi-site Practice Khuram Ghumman, Medical School
September 27th	Assistance for Graduate Medical Education	Dave Hass, CSMS Margaret McGovern, Medical School Steven Angus, Medical School
October 25th	Review of proposed actions to submit to CT DPH Commissioner and CGA Public Health Committee	

## APPENDIX 4: WORKING GROUP MEMBERSHIP

Member	Required Membership Category	Affiliation
Leland McKenna*	Connecticut Hospital Association	Middlesex Health
David Hass, MD*	Connecticut State Medical Society	Yale School of Medicine PACT Gastroenterology Center of CT
Mariam Hakim-Zargar, MD	Small group practice physician	New England Orthopaedic Center
Rod Acosta, MD	Multi-site group practice physician	Stamford Health
Khuram Ghumman, MD	Medical School Representative	Frank H. Netter, MD School of Medicine
Steven Angus, MD	Medical School Representative	UConn School of Medicine
Margaret McGovern, MD	Medical School Representative	Yale School of Medicine
Liz Mahan	Physician recruiter association	AAPPR
Christine Laprise	Hospital HR director	Bristol Health
Kathryn Cullinan	Hospital HR director	Nuvance Health
Emily Byrne	Patient advocacy group	Connecticut Voices for Children
Victoria Kozar	General public	Medical Student
William Petit, MD	General public	Retired Legislator
Cheryl Hoey (withdrew)	General public	
Nelson Walker II, MD	General public	Retired Physician