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Memorandum

To: House and Senate Joint Legislative Oversight Committee on Health and Human Services
House and Senate Joint Legislative Oversight Committee on Education

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Date: February 26, 2025

Subj: **Annual Report – Rural Interprofessional Teaching Hubs**

This Memorandum serves as the required Annual Report on activities authorized pursuant to SECTION 8.4.(a) of SL 2023-134, which provides funding for the development and operation of up to five rural interprofessional teaching hubs, hereafter referred to as "rural hubs."

The provision requires NC AHEC to report on:

(1) The identity of the community-based medical teaching practices receiving funds;
(2) An analysis of the financial impact of providing these services on a community-based medical teaching practice; and
(3) The impact of the teaching sites on:
    (i) the learning and success of students, and
    (ii) the health and well-being of the respective service areas for each site.

In order to meet these reporting requirements we have developed an overall assessment strategy over the course of the 2-year funding period which includes a baseline demographic practice survey and three planned qualitative interviews with site administration, staff and practitioners as available and appropriate. At this time, we have completed the baseline demographic survey and the first qualitative interviews with the majority of rural hubs (80%). The insights gathered from these interviews inform the findings presented in section (1) below. Future qualitative interviews will focus on sections (2) and (3) as described fully in this memorandum.

We also provide ongoing administrative and technical support to these hubs, strengthening their ability to train interprofessional teams effectively. Our approach includes two key strategies:

- **Quarterly Office Hours:** We offer quarterly webinars as a resource for hubs, with expert speakers providing targeted guidance on interprofessional education and practice. Topics covered to date include an introduction to interprofessional education and practice as a guiding framework, as well as strategies for integrating quality improvement projects into the clinical experience.

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- **Site Visits:** We planned two site visits per year—one in-person and one virtual for each site. In the fall, we completed one in-person site visit and three virtual visits. Evaluation efforts described above are integrated into these engagements.

Reporting Update:

(1) The Identity of the Community-Based Medical Teaching Practices ("Hubs")Receiving Funds

To select the hubs, we worked in consultation with the NC Academy of Family Physicians, the NC Pediatric Society, the NC Nurses Association, the NC Association of Physician Assistants, and the NC Office of Rural Health, to develop a request for proposals. We received 15 competitive applications. A standardized review rubric was used by representatives of the aforementioned organizations to evaluate the applications, ensuring geographic diversity across eastern, central, and western North Carolina, while considering practice type and the strength of interprofessional learning environments.

Originally, five hubs were selected; however, one of the initial grantees withdrew due to competing obligations. We offered the opportunity sequentially to two additional sites with the first declining. A contract with a new fifth hub, located in the Western region, is currently in process, with a targeted start date of April 1, 2025, bringing the total back to five hubs. While we do not have data to report on the fifth hub at this time, we will include it in our future reporting.

The current contracted sites in each region are:

Western:

- Atrium Health Foundation with sites in Cleveland County, Randolph County, and Stanly County

Central:

- Campbell University Community Care Clinic with sites in Dunn County and Harnett County

Eastern:

- Ocracoke Health Center with sites in Hyde County and Dare County
- Roanoke Chowan Community Health Center with sites in Hertford County, Bertie County, Northampton County, and Washington County

In fiscal year 24-25, we developed and implemented a baseline demographic survey to be able to report on the practice characteristics (e.g. identity) of the community-based medical teaching practices receiving funds. Across the four onboarded rural hubs, a total of eight medical teaching practices are engaged in the project. The most common practice area is family medicine (n=8 sites), followed by general pediatrics (n=2 sites), and general internal medicine and obstetrics and gynecology (n=1 site each). Most of the practices identify as rural health centers or federally qualified health centers and there is also a good representation of private practices, practices

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owned by hospital or health systems and student run free clinics. The practices reported a median of 1 and 1.5 physician and midlevel providers that serve their patients, respectively. Providers serve a median of approximately 20 patients in a typical 8-hour day and are allotted approximately 40 minutes to serve new patients and approximately 20 minutes to serve established patients. The majority of sites reported that clinical load or visit duration assigned by their scheduling departments is not currently adjusted in the presence of clinical learners. We will plan to complete the baseline demographic survey with our 5th hub in April 2025 to finalize reporting on the identity of these teaching practices.

We also conducted a baseline qualitative interview in FY24-25 to understand baseline motivators and concerns prior to implementation of the rural hubs. Key motivators provided by the practices included enhancing the rural pipeline, rural exposure for learners, the opportunity to engage in clinical teaching, and an ability to collaborate across the state on this initiative. Key initial concerns expressed across the practice sites included the practice burden/resource strain on the organization and long-term sustainability of funds/infrastructure to support the model.

Preliminary reasons for the two sites choosing to not engage with the rural hubs included the inability to pull providers away from clinical duties to prioritize teaching, housing capacity/funding for rural locations, and administrative challenges when accepting state funding. We will provide a summary of challenges across all sites once we assess more systematically in Spring 2025.

(2) An Analysis of the Financial Impact of Providing These Services on a Community-Based Medical Teaching Practice

We do not have relevant data to report at this time. As part of our ongoing evaluation, our second round of interviews in the spring will focus on assessing the benefits and impacts of the teaching hub model, with a particular emphasis on its financial impact on individual medical practices. We will specifically ask clinic sites about the financial implications of providing these services and explore what incentives could effectively encourage preceptors to continue engaging in clinical teaching.

(3) The Impact of the Teaching Sites on Student Learning and Community Health Outcomes

i) The learning and success of students

We do not have relevant data to report at this time. Our data collection in the spring will focus on assessing the learners, including the number, type, and perceived value of learning in a teaching hub environment. We will gather responses on how participants view the benefits of this model and how they would summarize the impact on the students' education.

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ii) **The health and well-being of the respective service areas for each site.**
We do not have relevant data to report at this time. Our upcoming spring analysis will include an examination of the challenges faced after implementing the model. This will include targeted questions on the health and well-being of preceptors and staff engaged in the hub, addressing concerns related to sustainability and workforce support.

In the spring, we plan to conduct four in-person site visits and one virtual visit to enhance evaluation and hub support. The results will be analyzed and included in future updates. We will also strategically plan our data collection methods for July 1, 2025, through June 30, 2026. Our focus going forward will be strengthening our support for the hubs, enhancing interprofessional learning experiences, and refining our approach to measuring the items specified in the legislation.

We are grateful for the General Assembly's commitment to educating our future healthcare workforce and for entrusting NC AHEC with deploying these funds to develop and support the rural interprofessional teaching of medical students, physician assistant students, and nurse practitioner students.

Thank you for your continued support of the NC AHEC Program and the Rural Interprofessional Teaching Hubs. Please feel free to contact me with any questions.