



PMTTC

Physician Manpower Training Commission

Richard D. Evans
Executive Director



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PHYSICIAN MANPOWER TRAINING COMMISSION

OUR MISSION:

- Enhance medical care in rural and underserved areas
- Administer residency, internship and scholarship incentive programs
- Encourage medical personnel to practice in rural and underserved areas
- Upgrade availability of health care services
- Increase number of health professionals in rural and underserved areas





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PHYSICIAN MANPOWER TRAINING COMMISSION

PMTTC's high priority goals:

1. Improve the balance of physician manpower distribution
2. Aid establishment of additional training programs
3. Assist communities in selecting, retaining and financing interns/residents
4. Assist communities in contacting:
 - Students
 - Residents
 - Physicians
 - Nurse Practitioners
5. Provide nurses for underserved areas



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NATIONAL PHYSICIAN SHORTAGE CRISIS

- Shortage of up to 90,000 physicians by 2025
- Older, sicker population living longer with chronic diseases
- Doctors are clustered in cities and affluent areas
- Greatest shortfall in South Region
(about 13,860 primary care physicians FTEs)

(AAMC, Washington Post, March 2015)





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OKLAHOMA PHYSICIAN SHORTAGE CRISIS

- 75 Oklahoma counties, are designated Primary Care Health Professional Shortage Areas (HPSAs)
- Approximately 40% of Oklahomans have unmet needs
- An additional 161 primary care physicians are needed
- Oklahoma's shortage of primary care physicians increases to 451 by 2030





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HOW OKLAHOMA COMPARES TO OTHER STATES

- **44th** in overall health status of its citizens
- **46th** in physician workforce/population
- **Top 12** of states with physicians over the age of 60

The growing national physician workforce shortage will make it even more difficult for Oklahoma to meet its health workforce needs





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PHYSICIAN MANPOWER TRAINING COMMISSION

- Statutory authority and 41 year history of programs:
 - Recruiting and retaining health professionals
 - Assisting State university programs in training physicians

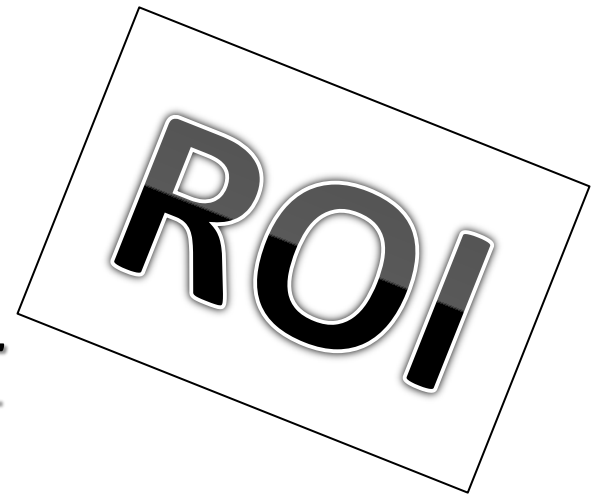
However...

- Reliable funding key in longer term nature of contracts
- Flat and reduced appropriations
 - Damage support to physician training programs
 - Limit the programs to recruit and retain critical health professionals

Reliable legislative partners + targeted funding increases = Workforce Solutions



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RETURN ON INVESTMENT

Taxable Revenue and Economic Development

- Physician recruitment/retention efforts = 10-15 to 1 ROI
- Each physician
 - Generates \$1.5 to \$2 million in taxable revenues annually
 - Creates 15-30 jobs

(RAND, Lapolla)
- Current OK shortage of 500-800 physicians equals:
 - Loss of \$800 million to \$1.2 billion in annual revenues
 - Loss of at least 7,500 to 15,000 good jobs.
- 60.5% of residents who train in Oklahoma are practicing in Oklahoma
(2006-2015 Association of American Medical Colleges)



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PROGRAM OUTCOMES



- Physicians serving obligations to State programs
 - Practice in needier areas
 - See more Medicaid/uninsured patients (48.5% vs. 28.5%)
- Loan repayment, direct incentive, and resident-support programs provide a 93% combined service completion rate
- Obligated physicians remain longer in practices
 - Retention rates of 71% versus 61% at 4 years
 - Retention rates of 55% versus 52% at 8 years.
- States' support-for-service programs bring physicians to needy communities
 - Half stay over 8 years

(Cecil G. Sheps Center for Health Services Research)

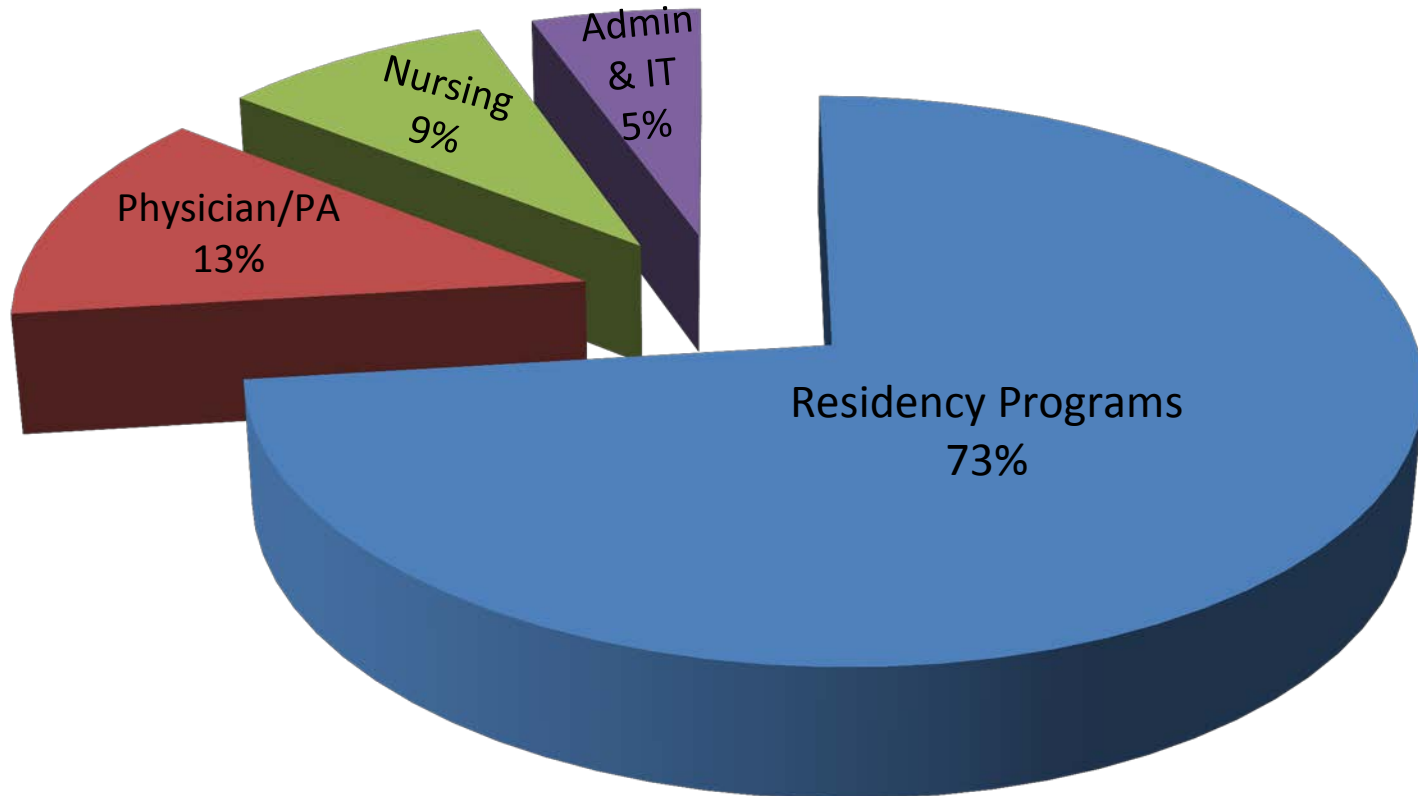


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FY16 PMTC TOTAL DOLLARS

\$3,927,145 General Revenue

\$7,556,136 Program





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RESIDENCY TRAINING PROGRAMS



OU College of Medicine

- OU OKC
- OU Lawton



OU College of Medicine Tulsa

- OU TULSA
- OU BARTLESVILLE



OSU Center for Health Sciences

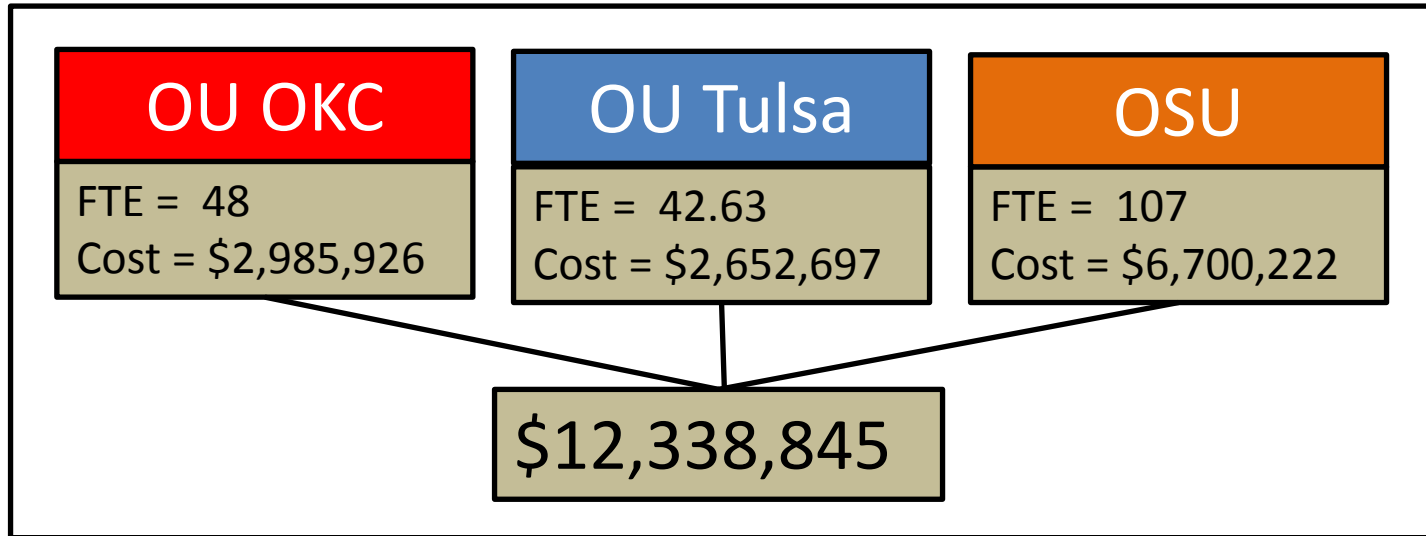
- OSU TULSA
- OSU BARTLESVILLE
- Northeastern Health System
- Durant
- St. Anthony
- OMECO THC
- McAlester
- Comanche County



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FY16 COST OF TRAINING RESIDENTS IN OKLAHOMA

- FY16 Medical and Osteopathic Program funding requests:



- PMTC funding
 - Ensures availability of primary care residency positions
 - Increases family practice physicians in Oklahoma.

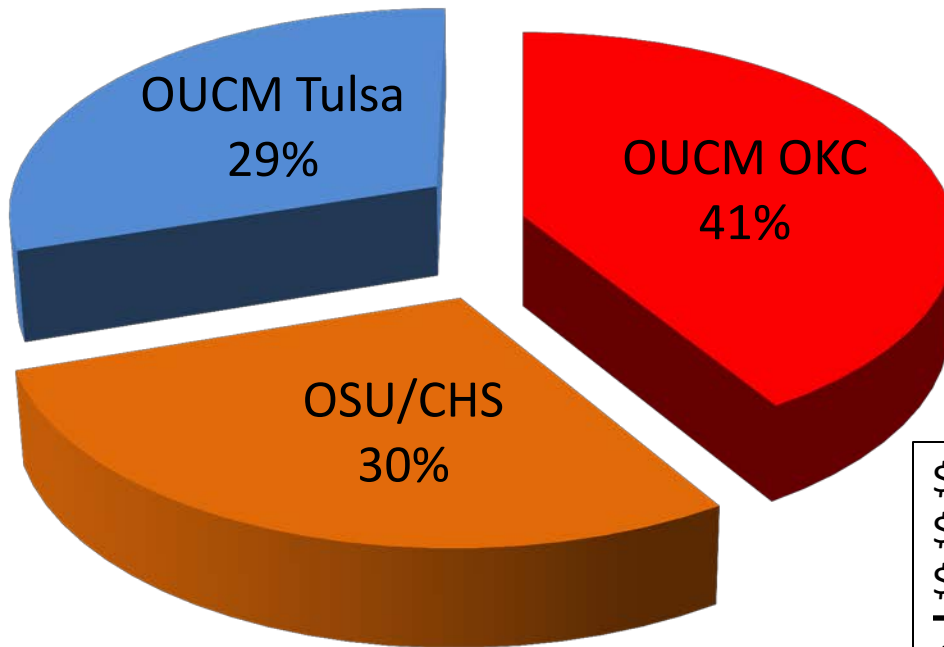


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FY16 RESIDENCY TRAINING PROGRAMS

\$2,636,317 Appropriations Dollars (67%)

\$5,529,093 Program Dollars



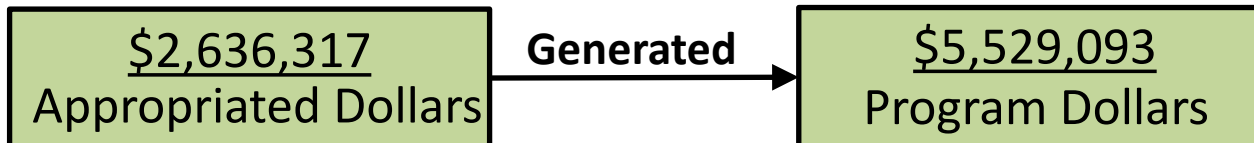
\$2,636,317	General Revenue
\$1,346,139	Training Programs
\$1,546,637	Federal Funding
<hr/>	
\$5,529,093	Total Program Dollars



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FY16 APPROPRIATED, PMTC REVOLVING & FEDERAL FUNDING FOR TRAINING RESIDENTS IN OKLAHOMA

	General Revenue	Training Programs	Federal Funding	Total to Program
OU OKC	\$1,082,067	\$468,665	\$510,390	\$2,061,122
OU Tulsa	\$760,502	\$379,493	\$433,059	\$1,573,054
OSU	\$793,748	\$497,981	\$603,188	\$1,894,917
TOTALS	\$2,636,317	\$1,346,139	\$1,546,637	\$5,529,093



LOSS IN FUNDING = Reduction in ability to train primary care residents at critical time



PHYSICIAN MANPOWER TRAINING COMMISSION

Steven A. Crawford, MD
Professor & Chair
Department of Family & Preventive Medicine

- **WHY FUND FM RESIDENCY SLOTS?**
- **WHY FUND ACADEMIC HEALTH CENTER FM RESIDENCY SLOTS?**
- **OUHSC'S EXPERIENCE**
- **POSSIBLE CONSEQUENCES OF REMOVING RESIDENCY PROGRAM SUPPORT**

- *The Legislature recognizes that there is a need to upgrade the availability of health care services for people of Oklahoma, and thus, there is a need to improve the balance of physician manpower distribution in the state both by type of practice and by geographic location.*
- *Furthermore, the Legislature recognizes the need to accommodate the increasing number of graduates from the medical and osteopathic colleges of Oklahoma by retaining their services as practicing physicians in the state and by attracting graduates from schools outside the state.*
- *Therefore, it is the intent of the Legislature to increase the number of internship and residency programs offered for the training of physicians throughout the state through the sharing by the state of the costs of such internships and residencies with hospitals and other clinical residency training establishments.*

Why Fund FM Residency Slots?

The state of Oklahoma determined that the most likely physicians to serve in rural areas were family physicians; that federal policy precluded the rapid expansion of such programs; and that such programs would be the primary reason to establish additional state medical education programs. This assumption was borne out by the Council on Graduate Medical Education (COGME 1994). That group said, “Family physicians are ... five times as likely as general internists or general pediatricians to practice in non-metropolitan areas. Further, family practitioners are the only physicians among all specialties who are as likely to settle in nonmetropolitan areas as is the general population.”*

* From: Facts about ... Rural Physicians Health Resources and Services Administration U.S. Department of Health and Human Services (http://www.shepscenter.unc.edu/research_programs/Rural_Program/phy.html).

WHY FM RESIDENCY IN MED SCHOOL?

- **Medical schools wishing to increase the number of graduates selecting family medicine need to provide exposure to family medicine residents.**
- **Family medicine residents serve as student role models, since a significant amount of teaching is performed by resident physicians.**
- **Satisfied, content residents have a positive effect on medical students interested in family medicine.**
- **Family medicine residencies are potentially attractive because they are relatively short, allowing the physician to begin paying off medical school debts**

FROM: American Journal of Clinical Medicine® 54, Fall 2009, Volume Six, Number Four.

OU'S SUCCESS – TOP 10!

**Table 3: Ranked Order of US MD-Granting Medical Schools
Based on the Last Three Years' Average Percentage of
Graduates Who Were Family Medicine Residents, 2015**

US MD-Granting Medical School	Percent
Minnesota, University of	19.0%
Kansas, University of	17.8%
North Dakota, University of	17.4%
East Carolina University	16.7%
Washington, University of	16.6%
Loma Linda University	16.5%
Arkansas, University of	16.3%
Nebraska, University of	16.1%
Oklahoma, University of	16.0%
Oregon Health & Sciences University	15.8%
Wisconsin, University of	15.6%
Uniformed Services University	15.5%
Texas Tech University, Lubbock	15.5%
New Mexico, University of	15.5%
South Dakota, University of	15.2%
Michigan State University	13.2%
California, Irvine, University of	13.1%
University of Nevada	12.9%
Iowa, University of	12.8%
Hawaii, University of	12.5%

From: Fam Med 2016;48(9):688-95.

OUHSC RESIDENCY GRADUATE RESULTS SINCE 2002



- **TOTAL FM RESIDENCY GRADUATES = 211**
- **INITIAL OKLAHOMA PRACTICE = 142 (67%)**
- **INITIAL OKLAHOMA PRACTICE IN NON-METRO OR
UNDERSERVED PRACTICE SITES = 71 (34%)**



Dr. Tina Cooper, originally from Durant, OK, has served the Chickasaw Nation Medical Center in Ada, OK since 1998 after completing her residency training at the OU Family Medicine Program. She graduated from the OU College of Medicine in 1995 and from Cameron University with a BSN in 1979.



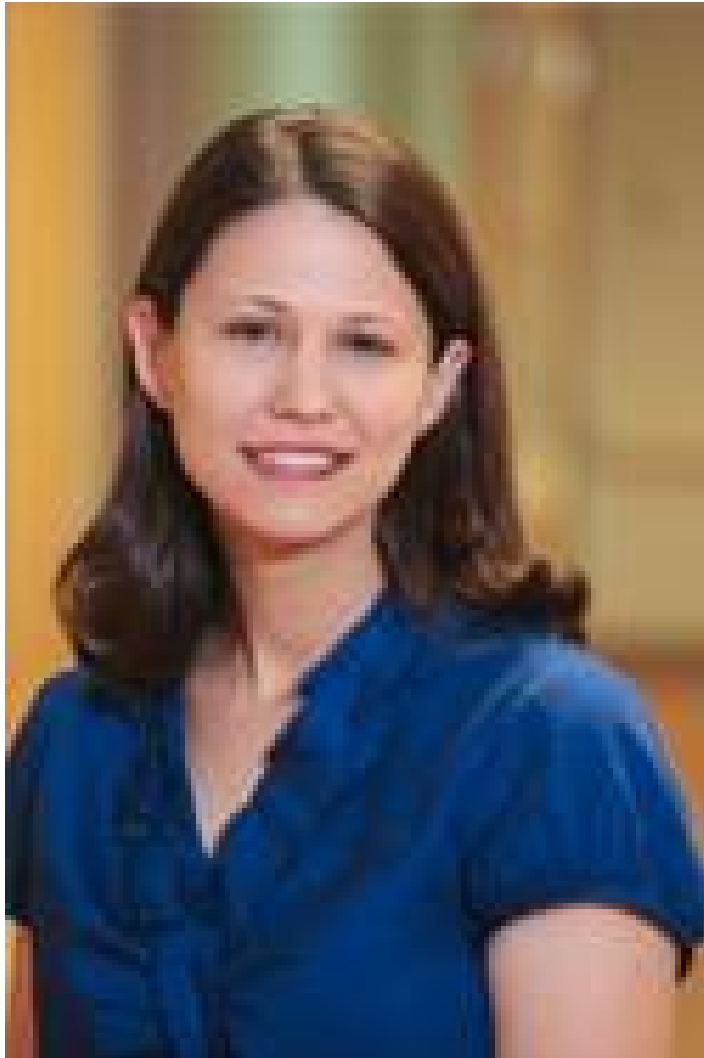
Dr. Jamie Hockett, a 2005 graduate of the OU Family Medicine Residency, currently practices in Altus, OK. She was born in Enid, OK, attended Tulsa Junior College and subsequently received a bachelors of science from OU in 1998. She received her medical degree from the OU College of Medicine in 2002.



Dr. Russell Kohl entered private practice in Vinita, OK in 2006 after completing the OU Family Medicine Residency Program and serving 3 tours of duty in the Middle East as an USAF flight surgeon. He graduated from the OU College of Medicine in 2002 during which he received a PMTC Rural Medical Education Scholarship. He grew up in Choctaw, OK and was a 1998 graduate of OSU. He currently serves as a faculty at the OU Ramona Family Medicine Residency Program and Medical Director of Practice Transformation at TMF.



Dr. Walter Klassen entered private practice in Woodward, OK in 2009 after completing his residency training at the OU-Lawton Family Medicine Program. He graduated medical school at Ross University in 2006. He previously attended Windsor University from 2001-2002, Wichita State from 1994-1998, and graduated from Bethel College in 1994 with a bachelor's in chemistry. He spent his formative years in Kansas.



Dr. Summer Kirby began her private practice in 2011 in Ardmore, OK after completing the OU Family Medicine Residency. She was born in Garland, TX, graduated from OU in 2004 with a bachelor's degree in science and received her medical degree from the OU College of Medicine in 2008.

ELIMINATE OR DECREASE PMTC FUNDING OF FM RESIDENCY SLOTS?

- **POTENTIALLY LOSE 12 SLOTS PER YEAR IN OUHSC-AFFILIATED PROGRAMS (7-8 IN OKC, ALL 4 IN LAWTON)**
- **UNCERTAIN # IN OU-TULSA OR OSU-AFFILIATED RESIDENCIES BUT PROBABLY MAJOR REDUCTIONS**
- **LIMIT EXPOSURE OF MEDICAL STUDENTS TO FAMILY MEDICINE ROLE MODELS DECREASING # GOING INTO FAMILY MEDICINE**
- **DRAMATIC IMPACT ON FAMILY PHYSICIAN PRODUCTION IN OUR STATE**

ELIMINATE OR DECREASE PMTC FUNDING OF FM RESIDENCY SLOTS?

- **OVER PAST 15 YEARS, STATE FUNDING THROUGH PMTC HAS BEEN STATIC OR DECREASING**
- **THREATENS AVAILABLE FM RESIDENCY SLOTS AS RESIDENT STIPENDS HAVE CONTINUED TO INCREASE TO STAY COMPETITIVE WITH MARKET**
- **DIFFERENCES MADE UP BY FM FACULTY CLINICAL PRODUCTION THAT WILL EVENTUALLY RESULT IN DECREASED INCENTIVE PRODUCTION AND LOSS OF VALUABLE FACULTY**
- **WOULD RECOMMEND INCREASING STATE SUPPORT TO EXISTING FM RESIDENCY SLOTS**



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PHYSICIAN, NURSING, AND PA PROGRAMS

Scholarships

- Resident Rural Scholarship (RRS)
- Physician Assistant Rural Scholarship (PARS)
- Nursing Scholarship Assistance (NSA)

Rural Physician Recruitment

- Physician Community Match (PCM)

Loan Repayment

- Oklahoma Medical Loan Repayment (OMLR)
- Community Sponsored Medical Loan Repayment (CSMLR)
- Community Sponsored PA Loan Repayment (CSPALR)
- Community Sponsored NP loan Repayment (CSNPLR)



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RESIDENT RURAL SCHOLARSHIP (RRS)

GOAL

Entice
Residents to
Practice in
Rural
Oklahoma

ELIGIBILITY

1. Accepted into an Oklahoma Family Practice or Family Medicine Resident Program
2. No conflicting service obligation

LOAN AMOUNT

\$1000 per Month

Funding

- State Appropriations, but ½ of 3rd year (\$6000) is funded by selected community

Return On Investment

- One month elective rural rotation during 3rd year of residency
- Upon completion of residency training, practice in approved rural community for one month for each month the loan was received (12 months minimum).
- Loan forgiven at completion of obligation.

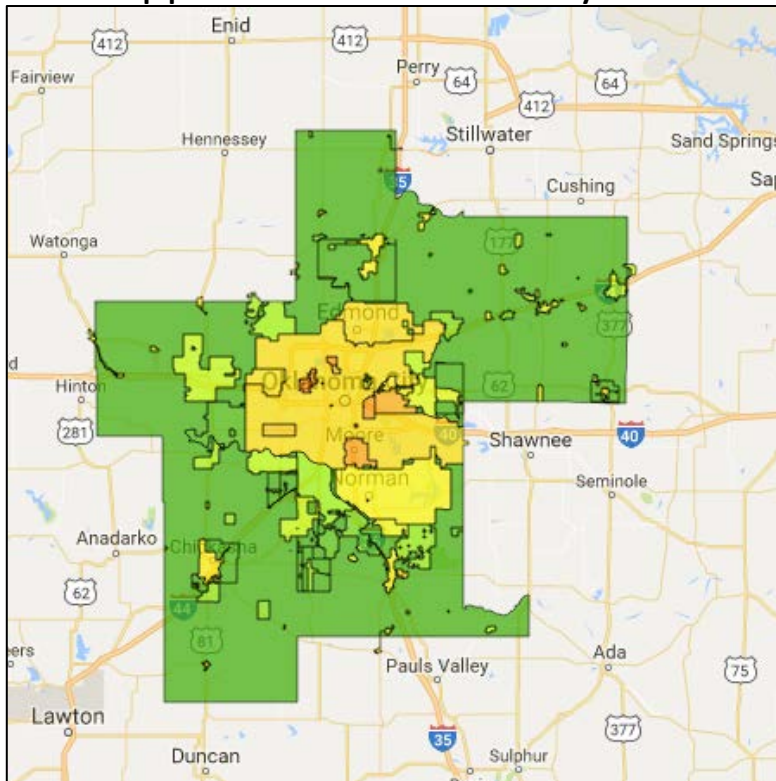


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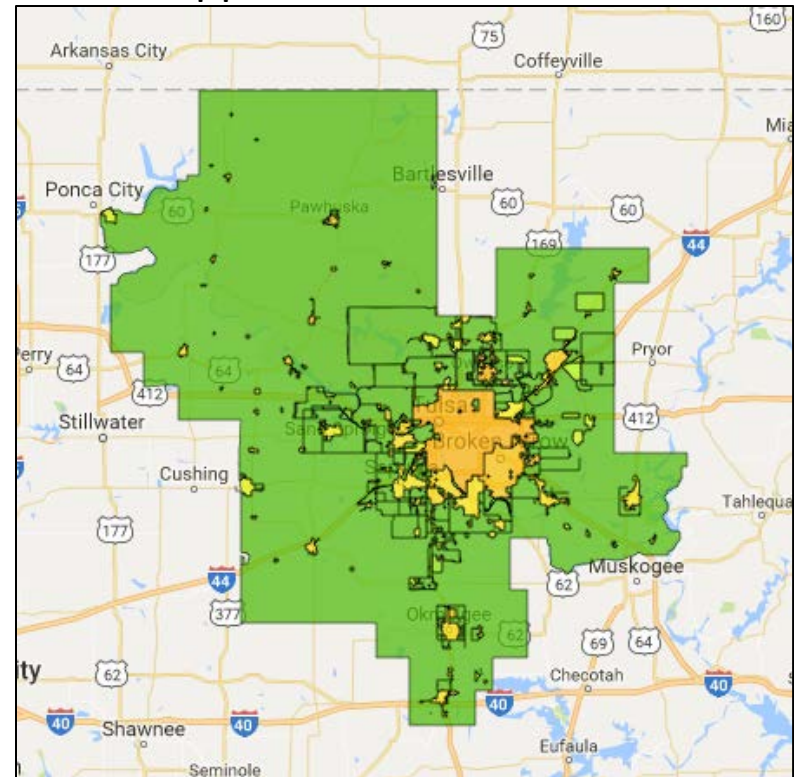
RESIDENT RURAL SCHOLARSHIP (RRS)

Practice Obligation Area = Anywhere outside of Oklahoma City Tulsa MSA
Metropolitan Statistical Area

Unapproved Oklahoma City MSA



Unapproved Tulsa MSA





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RESIDENT RURAL SCHOLARSHIP (RRS)

FY16 Results

\$156,000 Expended on Program

- \$105,772 of General Revenue
- \$14,228 from PMTC revolving fund 210
- \$36,000 of sponsor funds

16 participants in Training (6 new & 10 existing)

17 physicians currently fulfilling their obligation





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PHYSICIAN ASSISTANT RURAL SCHOLARSHIP (PARS)

GOAL

Entice
Physician
Assistants
students to
Practice in Rural
Oklahoma

ELIGIBILITY

1. Enrolled in an accredited physician assistant program
2. Oklahoma Resident
3. U.S. Citizen

LOAN AMOUNT

\$1000 per
Month

Funding

- State Appropriations

Return On Investment

- Begin practice within 90 days after completion of physician assistant training
- Practice in approved rural community for one month for each month the loan was received (12 months minimum).
- Loan forgiven at completion of obligation.



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PHYSICIAN ASSISTANT RURAL SCHOLARSHIP (PARS)

Practice Obligation Area = Outside of Oklahoma City Tulsa MSA
and Communities with a population of 20,000 or less

Oklahoma communities NOT eligible

Oklahoma City	Bartlesville	Mustang
Tulsa	Owasso	Arcadia
Norman	Shawnee	Blanchard
Broken Arrow	Yukon	Choctaw
Lawton	Ardmore	El Reno
Edmond	Ponca City	Jones
Moore	Bixby	Tuttle
Midwest City	Duncan	Catoosa
Enid	Del City	Coweta
Stillwater	Jenks	Glenpool
Muskogee	Sapulpa	Sand Springs



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PHYSICIAN ASSISTANT RURAL SCHOLARSHIP (PARS)

FY16 Results

\$78,000 Expended on Program

- \$11,640 of General Revenue
- \$68,735 from PMTC revolving fund 215
- \$9,625 from PMTC revolving fund 210

6 participants in training

3 physician assistants currently fulfilling their obligation





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NURSING SCHOLARSHIP ASSISTANCE (NSA)

GOAL

Entice Nursing
Students to
Practice in
Rural and
Underserved
Areas

ELIGIBILITY

1. Enrolled in an accredited program of nursing study
2. No conflicting service obligation
3. Oklahoma Resident

LOAN MAX

Matched

LPN	\$3500
APN	\$4000
BA/MS	\$5000

Non-Matched

LPN	\$1750
APN	\$2000
BA/MS	\$2500

Funding

- State Appropriations

Return On Investment

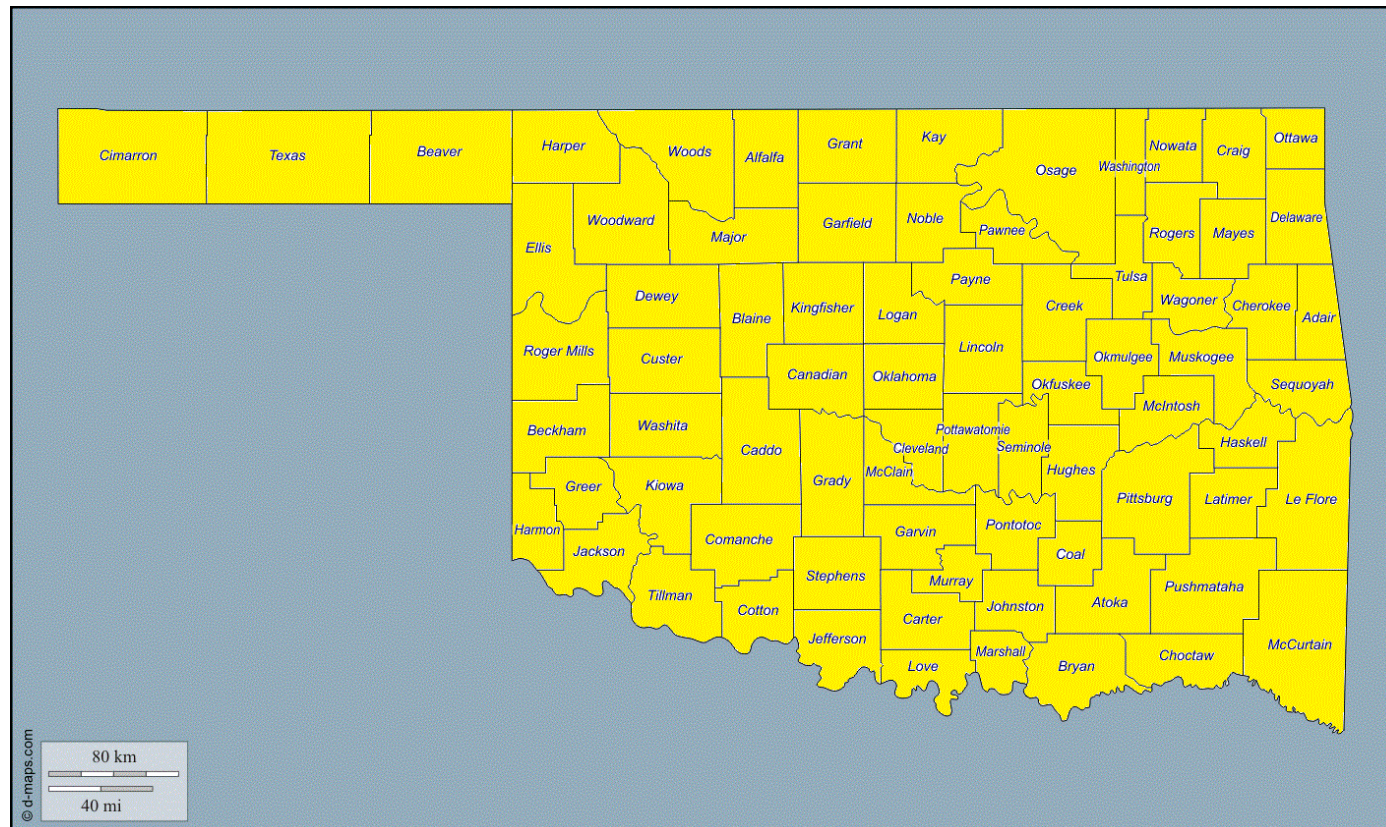
- Practice for one year for each year of financial assistance at an approved health institution of nurse's choice.
- Loan forgiven at completion of obligation.



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NURSING SCHOLARSHIP ASSISTANCE (NSA)

Practice Obligation Area = Any approved health facilities (not physician owned hospitals/clinics, private duty practices, research, or federal facilities)





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NURSING SCHOLARSHIP ASSISTANCE (NSA)

FY16 Results

\$667,400 Expended on Program

- \$462,187.50 of General Revenue
- \$205,212.50 of sponsor funds

225 scholarships awarded

- 178 new (79 matching, 99 non-matching)
- 47 continuing (21 matching, 26 non-matching)

258 nurses currently fulfilling their obligation





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PHYSICIAN COMMUNITY MATCH (PCM)

GOAL

Incentivize
Physicians to
Practice in
Rural
Oklahoma

ELIGIBILITY

1. Any licensed physician (eligible to practice in OK)
2. No conflicting service obligation

LOAN AMOUNT

\$20,000 MIN
\$40,000 MAX

Funding

- 50% State Appropriations and 50% Community funds

Return On Investment

- Minimum of two years practice in the matching community for each \$20,000 and minimum of three years for each \$40,000.
- Loan forgiven at completion of obligation.



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PHYSICIAN COMMUNITY MATCH (PCM)

Practice Obligation Area = Outside of Oklahoma City Tulsa MSA
and Communities with a population of 10,000 or less

Oklahoma communities NOT eligible

Oklahoma City	Bartlesville	Mustang	Miami	Blanchard
Tulsa	Owasso	Sand Springs	Glenpool	Jones
Norman	Shawnee	Bethany	Elk City	Newcastle
Broken Arrow	Yukon	Altus	Woodward	Piedmont
Lawton	Ardmore	Claremore	Okmulgee	Tuttle
Edmond	Ponca City	El Reno	Choctaw	Catoosa
Moore	Bixby	McAlester	Weatherford	Coweta
Midwest City	Duncan	Ada	Guymon	
Enid	Del City	Durant	Guthrie	
Stillwater	Jenks	Tahlequah	Warr Acres	
Muskogee	Sapulpa	Chickasha	Arcadia	



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PHYSICIAN COMMUNITY MATCH (PCM)

FY16 Results

\$80,000 Expended on Program

- \$40,000 of General Revenue
- \$40,000 from sponsor funds

- Valuable recruitment tool

- All 8 physicians fulfilling obligation in 2016 are still practicing in community
- No education loan requirement
- Eligible to any licensed physician

- In the last 27 years PCM has placed

- 204 physicians in rural Oklahoma
- Representing a total of 586 physician years.

- Budget cuts over the last few years have reduced the number of physician placements.





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OKLAHOMA MEDICAL LOAN REPAYMENT (OMLR)

GOAL

Entice
Physicians to
Practice in
Rural
Oklahoma

ELIGIBILITY

1. Licensed to practice primary care medicine in Oklahoma
2. No conflicting service obligation
3. Legitimate, documented educational loans
4. Not currently practicing in another rural OK community

LOAN AMOUNT

\$160,000 MAX.

\$25,000 1st year

\$35,000 2nd year

\$45,000 3rd year

\$55,000 4th year

Funding

- State TSET and Federal CMS matching funds

Return On Investment

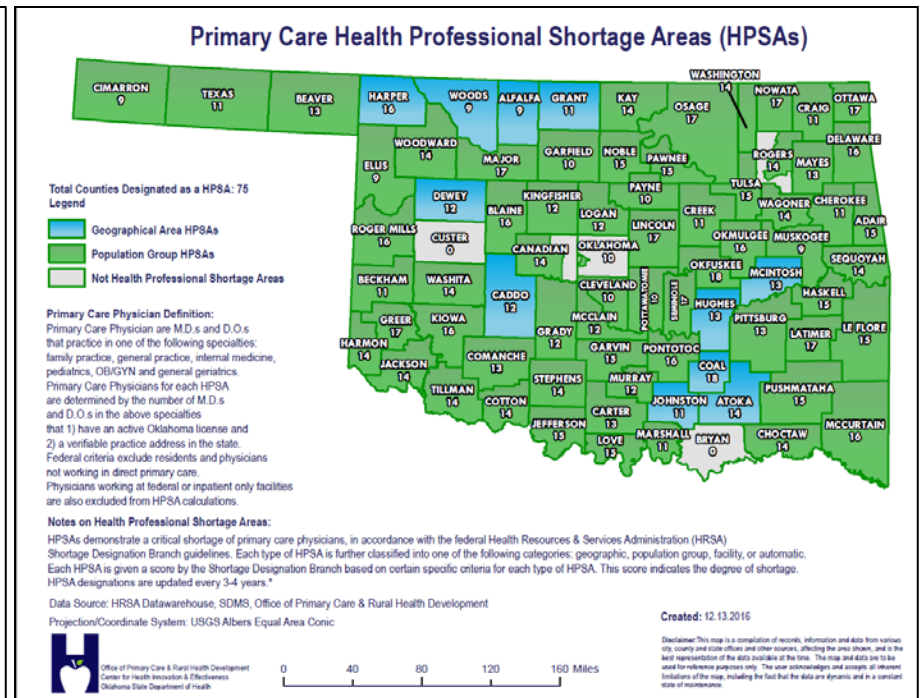
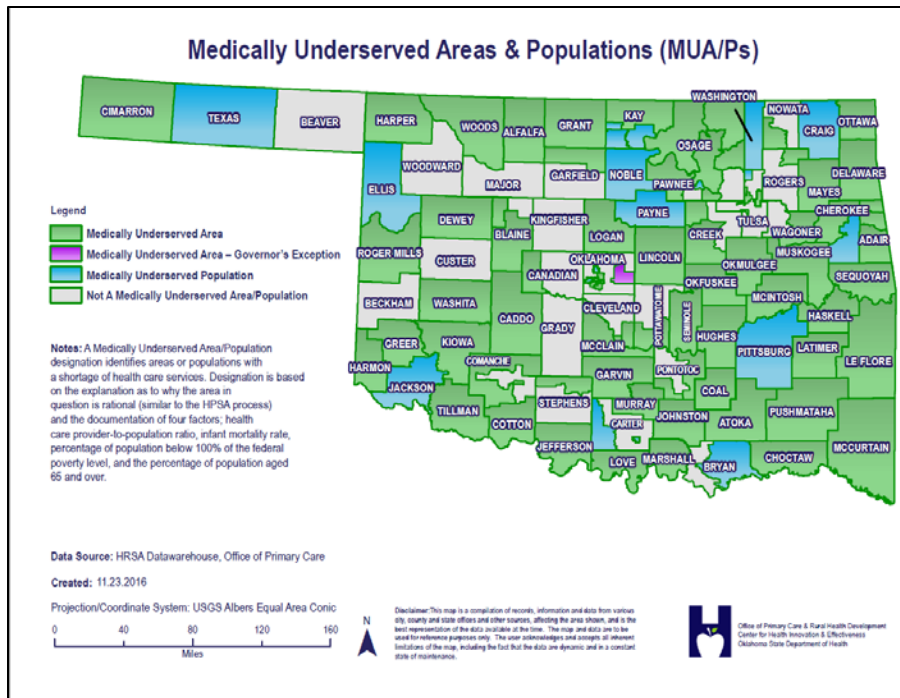
- Minimum of two years practice in rural area. Financial assistance may be extended to a maximum of four years.
- Zero Defaults – only paid each year after service obligation



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OKLAHOMA MEDICAL LOAN REPAYMENT (OMLR)

Practice Obligation Area = Communities identified by the state/federal government as a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA).





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OKLAHOMA MEDICAL LOAN REPAYMENT (OMLR)

HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)

- Federally designated geographic areas, population groups, and facilities with shortages of health professionals.
- One of the following two conditions prevails within the area:
 - Ratio of at least 3,500:1 population to full-time equivalent primary care physicians
 - Ratio of at least 3,000:1 population to full-time equivalent primary care physicians and unusually high needs for services or insufficient capacity of existing providers.
- Ratings are based on population/physician ratio and whether there are unusually high levels of
 - Infant mortality
 - Fertility rates
 - Percentage of the population that falls below the federal poverty level.

MEDICALLY UNDERSERVED AREAS & POPULATIONS (MUA/P)

- Federally designated geographic areas and populations based upon a Medical Underservice Score that measures:
 - Infant mortality rate
 - Proportion of the population above 65 years of age
 - Proportion of the population with income below the federal poverty level
 - Ratio of population to primary care provider



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OKLAHOMA MEDICAL LOAN REPAYMENT (OMLR)

FY16 Results

\$465,000 Expended on Program

- \$178,516 from TSET funds
- \$286,485 From Federal CMS matching

31 contracted physicians serving OK communities

16 new contracts awarded in FY16

9 physicians scheduled to begin obligation in FY17





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New and Ending Programs

Ending - Rural Medical Education Scholarship

- Why sunset the program?
 - Long-term return-on-investment
 - High rate of default
- FY16 Results
 - \$270,000 Expended on Program
 - \$255,000 of General Revenue
 - \$15,000 from Revolving Fund 210
- FY17 – FY19 Phase out
 - FY17 = \$180,000, FY18 = \$90,000, FY19 = \$45,000



Beginning - Community Sponsored Programs



- Community Sponsored Medical Loan Repayment
- Community Sponsored Physician Assistant Loan Repayment
- Community Sponsored Nurse Practitioner Loan Repayment



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November 1, 2016

COMMUNITY SPONSORED MEDICAL LOAN REPAYMENT (CSMLR)

GOAL

Entice
Physicians
to Practice
in Rural
Oklahoma

ELIGIBILITY

1. Licensed to practice primary care medicine in Oklahoma
2. No conflicting service obligation
3. Legitimate, documented educational loans
4. Not currently practicing in another rural OK community

LOAN AMOUNT

\$160,000 MAX.

\$25,000 1st year

\$35,000 2nd year

\$45,000 3rd year

\$55,000 4th year

Funding

- Community contribution matched by Federal CMS funds (No General Revenue dollars)

Return On Investment

- Participating physicians must agree to practice medicine at the contracted medical facility. The obligation is year to year.
- Zero Defaults – only paid each year after service obligation.



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PHYSICIAN ASSISTANTS (PA) AND NURSE PRACTITIONERS

- NPs and PAs augment and expand physician capacity in many care settings
- NPs and PAs manage 80% to 90% of care provided by primary care physicians

Nurse Practitioners

- Diagnose and treat acute, episodic, or chronic illness
- Health promotion and disease prevention.
- Order, perform, or interpret diagnostic tests
- Prescribe medication.

Physician Assistants

- Provide health care services under supervision
- Perform Physicals
- Provide treatment
- Counsel patients.
- Prescribe medication.



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Pending Legislation

COMMUNITY SPONSORED PA LOAN REPAYMENT (CSPALR)

GOAL

Entice
Physician
Assistants to
Practice in
Rural
Oklahoma

ELIGIBILITY

1. Licensed physician assistant
2. No conflicting service obligation
3. Legitimate, documented educational loans
4. Not currently practicing in another rural OK community

LOAN AMOUNT

\$TBD	MAX.
\$TBD	1 st year
\$TBD	2 nd year
\$TBD	3 rd year
\$TBD	4 th year

Funding

- Community contribution matched by Federal CMS funds (No General Revenue dollars)

Return On Investment

- Participating physician assistants must agree to practice medicine at the contracted medical facility. The obligation is year to year.
- Zero Defaults – only paid each year after service obligation.



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Pending Legislation

COMMUNITY SPONSORED NP LOAN REPAYMENT (CSNPLR)

GOAL

Entice Nurse Practitioners to Practice in Rural Oklahoma

ELIGIBILITY

1. Licensed Nurse Practitioner
2. No conflicting service obligation
3. Legitimate, documented educational loans
4. Not currently practicing in another rural OK community

LOAN AMOUNT

\$TBD	MAX.
\$TBD	1 st year
\$TBD	2 nd year
\$TBD	3 rd year
\$TBD	4 th year

Funding

- Community contribution matched by Federal CMS funds (No General Revenue dollars)

Return On Investment

- Participating nurse practitioners must agree to practice medicine at the contracted medical facility. The obligation is year to year.
- Zero Defaults – only paid each year after service obligation.

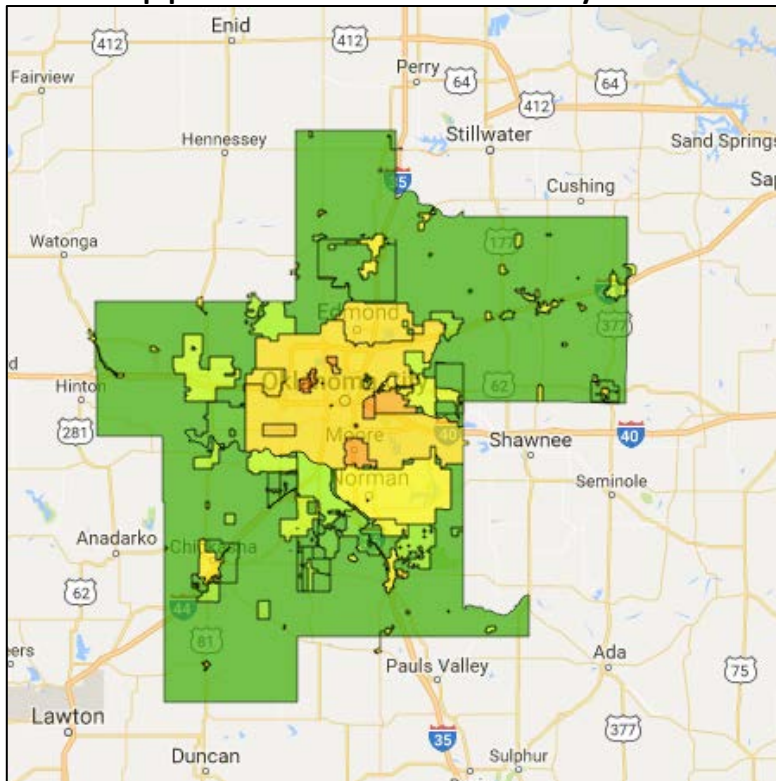


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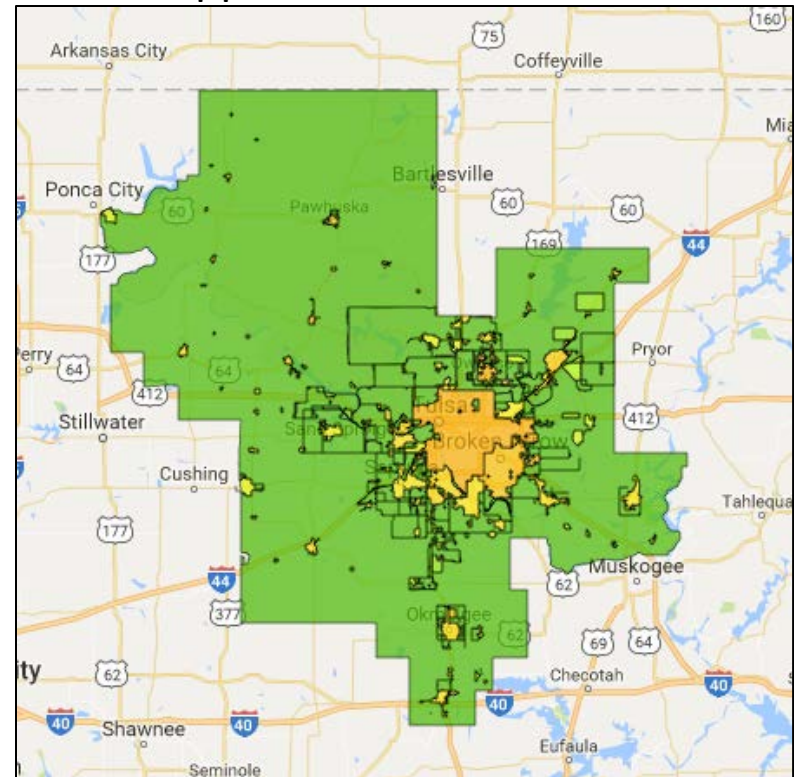
COMMUNITY SPONSORED LOAN REPAYMENT (MED, PA, NP)

Practice Obligation Area = Anywhere outside of Oklahoma City Tulsa MSA
Metropolitan Statistical Area

Unapproved Oklahoma City MSA



Unapproved Tulsa MSA





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FY16 TOTAL FUNDING

Fiscal Year 2016			
General Revenue	\$3,927,145		
Matching Funds	Sponsor Match	\$281,213	
	Federal Match	\$1,833,122	
	Training Programs	\$1,346,139	
	TSET	\$178,516	
Total Matching	\$3,638,990		
General Revenue + Matching Funds			\$7,566,135



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FY17 Budget

Nursing Scholarship Program		
Nursing Student Assist.	\$0	
Other (special cash)	\$280,000	
TOTAL		\$280,000
MD/DO FP Residency Programs		
OU OKC/Tulsa	\$1,634,911	
OSU	\$704,293	
TOTAL		\$2,339,204
Community Match Rural Scholarship/Incentive		
Rural Scholarship (Student)	\$180,000	
Physician Comm. Match	\$40,000	
Resident Rural Scholarship	148,000	
TOTAL		\$368,000
Physician Assistant Scholarships		
PA Scholarships	\$54,000	
TOTAL		\$54,000
Administration and Data Processing		
Administration	\$390,354	
ISD Data Processing	\$13,000	
Other (special cash)	\$40,000	
TOTAL		\$443,354

FY17 BUDGET	\$3,484,558
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FY18 Budget Request

Nursing Scholarship Program		
Nursing Student Assist.	\$0	
Other (special cash)	\$280,000	
TOTAL		\$280,000
MD/DO FP Residency Programs		
OU OKC/Tulsa	\$1,634,911	
OSU	\$704,293	
TOTAL		\$2,339,204
Community Match Rural Scholarship/Incentive		
Rural Scholarship (Student)	\$90,000	
Physician Comm. Match	\$80,000	
Resident Rural Scholarship	198,000	
TOTAL		\$368,000
Physician Assistant Scholarships		
PA Scholarships	\$54,000	
TOTAL		\$54,000
Administration and Data Processing		
Administration	\$390,354	
ISD Data Processing	\$13,000	
Other (special cash)	\$40,000	
TOTAL		\$443,354

FY18 BUDGET REQUEST	\$3,484,558
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PMTC

CLOSING COMMENTS – Picking Your Battles

- The physician and nursing shortage in Oklahoma gets worse every year
- Cutting PMTC programs will not improve Oklahoma's economy or the budget deficit
- These programs bring:
 - Economic relief
 - Jobs to rural Oklahoma
- State appropriated dollars pay dividends back to the State
- Budget reductions
 - Further weaken our response to this crisis
 - Negatively affects the Oklahoma economy
- We respectfully ask that you fund PMTC at our FY17 level.

