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State Level Efforts to Improve Rural Physician Retention: A Policy Analysis

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Introduction: There exists a maldistribution of family physicians in the United States, resulting in unequal access to health care between urban and rural residents. Efforts to correct this have focused on recruitment but retention also merits attention. This paper seeks to address how state policies can be adjusted to improve retention.

Methods: This policy brief reviewed current state policies regarding retention strategies. Seven interviews were conducted with stakeholders experienced in provider retention to assess priorities and feasibility. Stakeholders included state-level officials in Nebraska and Pennsylvania, persons involved in national retention efforts, and administrators at Pennsylvania health centers. Interview data were analyzed with standard qualitative methodologies including coding data and thematic analysis.

Results: The literature, reinforced by stakeholder interviews, demonstrated that loan repayment programs are a powerful tool to draw physicians to high need areas, with variable results on retention. Interviews highlighted common themes of positive retention factors, such as provider integration into communities, readiness of the provider for rural practice, and the key role of the clinic administration in keeping a physician satisfied in employment. Interviews also emphasized the economic value that physicians bring to small towns and the high return on investment of loan repayment programs.
**Conclusion:** Retaining physicians in high need rural areas is essential for health care equity as well as economic vitality. State offices should increase funding for state-run loan repayment programs. An additional funding priority is outreach to struggling clinics via technical and administrative assistance. It is vital to incorporate data monitoring in order to evaluate efficacy so that funding and outreach may be renewed or adjusted according to the evidence.