



FAMILY PRACTICE RESIDENCY ACT ANNUAL REPORT FOR CALENDAR YEAR 2016

BACKGROUND

The Family Practice Residency Act (Act) [110 ILCS 935] was established in 1977. The purpose of the Act is to improve primary care services, increase access, and reduce health care disparities. To address these requirements, the Illinois Department of Public Health (IDPH) is authorized to provide the following:

1. Grants to family practice residency programs;
2. Scholarships for medical students who pursue primary care as a specialty; and
3. Loan repayment options for physicians and other eligible primary care providers who agree to practice in underserved areas of Illinois.

Per Section Nine of the Act, IDPH is required to report annually to the Illinois General Assembly and the Governor on the results and progress of these programs. The annual report is due on or before March 15 of each calendar year.

PROGRAMS

Family Practice Residency Grants

IDPH can provide grants to Illinois medical schools to establish or improve family practice residency programs. Grants must achieve the following:

1. Increase the number of family practice physicians in shortage areas;
2. Increase the percentage of obstetricians establishing practice in Illinois upon completion of residency;
3. Increase the number of accredited family practice residencies in Illinois;
4. Increase the percentage of family practice physicians establishing practice in Illinois upon completion of residency; and
5. Provide funds for the rental of office space, purchase of equipment, and other uses to allow practitioners to locate their practices in communities in shortage areas.

The program encourages the development of residencies in rural and inner-city underserved areas. Physicians typically locate their practices in the general vicinity of their residency. Thus, establishing programs in underserved areas and increasing the number of residency slots available can lessen the number of medically underserved areas in Illinois.

IDPH has not received funding for this grant program in more than 12 years. Thus, no grants have been provided to medical schools to establish or improve residency training programs.

Educational Loan Repayment for Physicians

This program would provide educational loan repayment to physicians and other eligible primary care providers. In exchange for financial assistance, recipients are required to practice in underserved areas of Illinois. This program has never received an appropriation. Thus, no loan repayment assistance has been furnished to primary care providers.

Medical Student Scholarship Program

The Medical Student Scholarship Program (MSSP) provides financial assistance to medical students. Scholarships are used to offset the costs of tuition, fees, and living expenses. In exchange for scholarship assistance, recipients agree to complete training in a primary care specialty and practice in an underserved area of Illinois.

To apply for the scholarship, an individual must meet the following requirements:

1. Be an Illinois resident;
2. Demonstrate financial need;
3. Be accepted by or enrolled in a medical school located in Illinois;
4. Demonstrate good academic standing; and
5. Pursue a primary care specialty (family practice, general internal medicine, general pediatrics, obstetrics / gynecology, or internal medicine / pediatrics).

Selection preference is given to applicants who demonstrate a commitment to primary care, have had exposure to medically underserved populations, and have experience in the health care system. If other factors are equal, preference is given to applicants who have resided in Illinois for the longest period of time.

Before receiving funds, recipients enter into a grant agreement with the State of Illinois that sets forth the conditions of the scholarship. Failure to meet those terms requires the recipient to reimburse the State of Illinois three times the total amount of the scholarship funds received.

After medical school, most training programs for primary care specialties require three years for completion. Obstetrics-gynecology and combined internal medicine-pediatrics programs require

four years. Within 30 days after completion of training, the recipient must establish a full-time primary care practice, providing direct patient care in a designated shortage area. Recipients must provide one year of service for each year scholarship funds were received. IDPH may approve fellowships after residency training if those fellowships are in a primary care field. Scholarship recipients are responsible for finding their practice location and must receive IDPH approval of the site. A recipient's internship, residency, or other advanced clinical training does not qualify as repayment of the service obligation.

To assist physicians in finding suitable work sites to fulfill their service obligations, IDPH utilizes Health Professional Shortage Areas (HPSAs). These areas are designated by the U.S. Department of Health and Human Services under Section 332 of the U.S. Public Health Service Act. The HPSA designation indicates the shortage of primary medical care, dental, or mental health providers. The designation may be geographic (e.g., city or county), demographic (e.g., low income population), or institutional (e.g., a federally qualified health center or other public facility). Recipients are not required to practice in any particular shortage area, however. HPSAs can be found at: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>.

Funding for MSSP began in SFY 1979. New participants were added for only two years, however. Budget reductions prohibited new awards until SFY 1985. Awards continued through SFY 2010, when budget reductions allowed funding for continuing students only. For SFYs 2011 – 2017, no funding was appropriated. Thus, no scholarships were awarded. Funding for MSSP comes from the General Revenue Fund. Table One displays this information.

Fiscal Year	Appropriation	Expenditure	New Scholarships
1979	100,000	100,000	13
1980	250,000	200,000	12
1981	325,000	315,000	17
1982	268,700	256,700	0
1983	165,500	114,100	0
1984	39,800	24,000	0
1985	1,000,000	999,300	61
1986	2,000,000	1,998,400	62
1987	2,910,900	2,841,300	60
1988	2,794,500	2,773,800	29
1989	2,300,000	2,296,400	31
1990	2,700,000	2,693,400	59
1991	2,700,000	2,699,000	36
1992	2,619,000	2,608,200	39
1993	2,600,000	2,593,300	33
1994	2,600,000	2,560,600	36
1995	2,675,000	2,660,000	39
1996	2,775,000	2,756,100	22
1997	3,445,000	3,413,000	56
1998	3,445,000	3,323,200	25
1999	3,445,000	3,394,900	31
2000	3,445,000	3,018,800	24
2001	3,445,000	2,988,900	14
2002	2,945,000	2,804,000	19
2003	2,945,000	2,476,800	15
2004	2,695,000	2,469,800	23

TABLE ONE			
Medical Student Scholarship Program			
Fiscal History – SFYs 1979 to 2017			
Fiscal Year	Appropriation	Expenditure	New Scholarships
2005	2,750,000	2,607,900	10
2006	2,750,000	2,601,700	14
2007	2,750,000	2,572,500	22
2008	2,750,000	2,495,400	14
2009	2,475,000	2,273,600	10
2010	1,500,000	1,127,500	0
2011	0	0	0
2012	0	0	0
2013	0	0	0
2014	0	0	0
2015	0	0	0
2016	0	0	0
2017	0	0	0
TOTALS	\$71,608,400	\$68,057,600	826

In SFY 2016, 28 scholarship recipients were fulfilling their service obligation by providing primary care services in medical facilities in underserved areas of Illinois. Of these 28 providers, 10 are practicing in rural locations and 18 are practicing in urban areas (see Table Two). It is estimated that each physician provides primary care services to 1,500 patients per year. The placement of these 28 MSSP physicians in underserved areas of Illinois has resulted in access to care for 42,000 Illinois residents during SFY 2016.

TABLE TWO		
Medical Student Scholarship Program		
Recipients Practicing by Specialty and Geographic Location		
SFY 2016		
Specialty	Number	Percent
Family Practice	15	54%
Internal Medicine	2	7%
Pediatrics	5	18%
Internal Medicine / Pediatrics	2	7%
Obstetrics / Gynecology	4	14%
TOTAL	28	100%
Geographic Location		
Urban	18	64%
Rural	10	36%
TOTAL	28	100%

A list of Illinois communities where MSSP recipients have practiced is listed in Table Three. The data in this table is for calendar years 1985 – 2016.

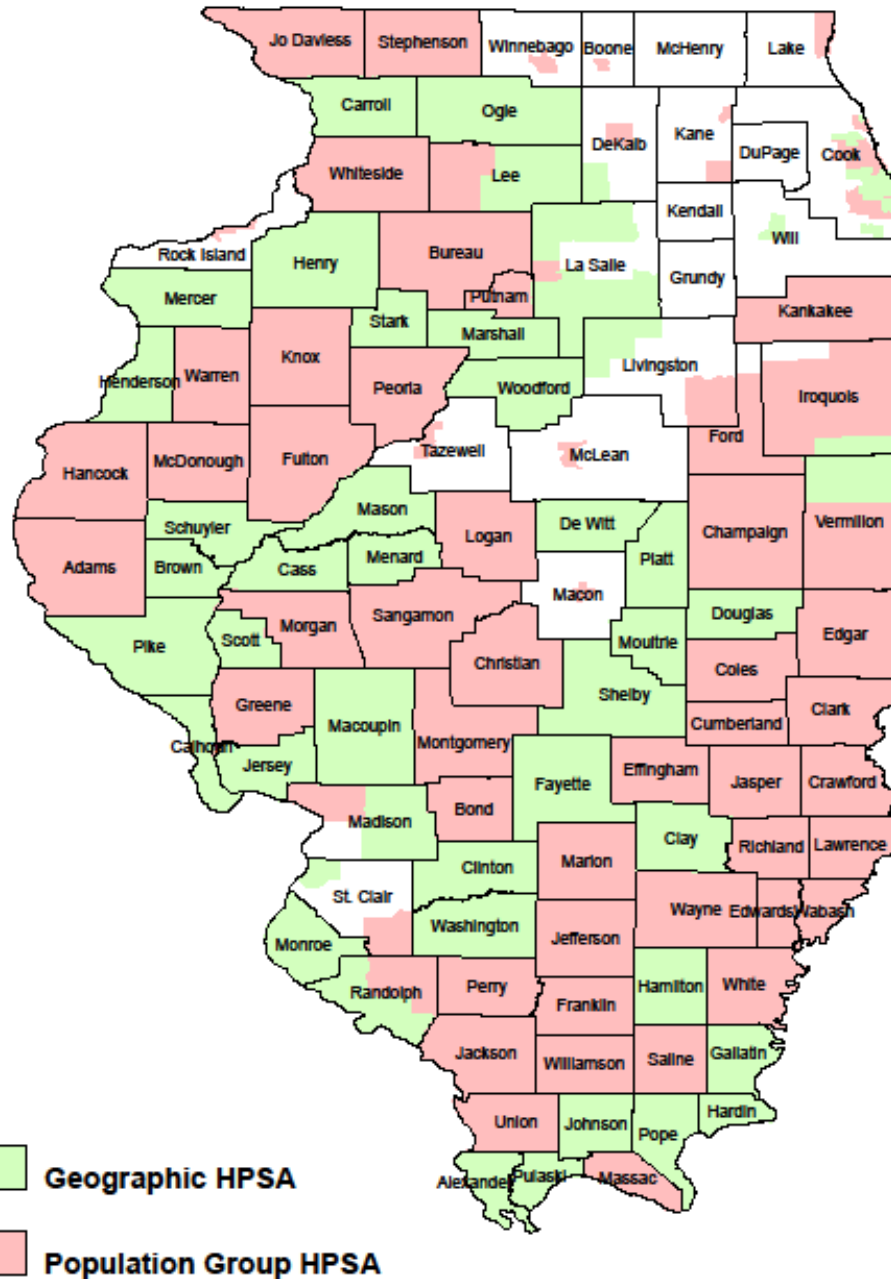
TABLE THREE
Communities Served by Medical Student Scholarship Program Participants
Calendar Years 1985 - 2016

Abingdon	Danville	Harvey	Morrisonville	Rock Island
Altamont	Decatur	Havana	Morton	Royalton
Aledo	DeKalb	Herscher	Mt. Morris	Rushville
Alton	Delavan	Hinckley	Mt. Vernon	Salem
Alto Pass	Des Plaines	Hoopeston	Murphysboro	St. Joseph
Amboy	Dixon	Jacksonville	Nashville	Sandwich
Anna	Du Quoin	Jerseyville	New Berlin	Seneca
Arthur	East Dubuque	Joliet	Newark	South Beloit
Auburn	East Peoria	Kankakee	North Chicago	Spring Valley
Aurora	Elgin	Kewanee	Oak Lawn	Springfield
Beardstown	El Paso	LaSalle	Oak Park	Staunton
Belleville	Eureka	Lebanon	Oglesby	Sterling
Benton	Evergreen Park	LeRoy	Olney	Streamwood
Bourbonnais	Fairfield	Lincoln	Olympia Fields	Streator
Brandon	Farmer City	Livingston	Oregon	Sullivan
Breese	Farmington	Louisville	Ottawa	Sycamore
Byron	Forreston	Loves Park	Pana	Taylorville
Cairo	Freeburg	Macomb	Paxton	Toluca
Canton	Freeport	Mahomet	Pecatonica	Tuscola
Carbondale	Fulton	Marengo	Peoria	Urbana
Carmi	Galena	Marion	Peru	Vandalia
Carterville	Galesburg	Marseilles	Petersburg	Vienna
Carlyle	Galva	Marshall	Pinckneyville	Washington
Centerville	Gardner	Mason City	Pittsfield	Waterloo
Champaign	Geneseo	Mattoon	Polo	Watseka
Charleston	Gibson City	Mendota	Pontiac	Waukegan
Chenoa	Gillespie	Metamora	Princeton	Wenona
Chicago	Glen Carbon	Metropolis	Quincy	West Frankfort
Chicago Heights	Golden	Minonk	Rantoul	Wilmington
Chillicothe	Granite City	Momence	Red Bud	Winnebago
Christopher	Greenville	Monmouth	Roanoke	Wood Dale
Cicero	Hanover Park	Monticello	Robinson	Yorkville
Clayton	Harrisburg	Morris	Rochelle	Zeigler
Clinton	Harvard	Morrison	Rockford	Zion

APPENDIX

Appended to this report is a map depicting primary care HPSAs in Illinois.

Federally Designated Health Professional Shortage Areas (HPSAs) Primary Care



Prepared by the Center for Rural Health, IL Dept. of Public Health, March 2016

