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ABSTRACT

This report presents recommendations for Illinois' Board of Higher Education's approval in the areas of: (1) general policies for health professions education, (2) the adoption of immediate program priorities to implement the general policy directions in health education programs, and (3) specific recommendations for adjustments in Health Services Education Grants Act (HSEGA) grant rates and rules. A summary is also provided of findings from the May 1993 report entitled "Policy Issues In Education For The Health Professions." Recommendations are based on additional staff analyses and information submitted by colleges, universities, and organizations since the May 1993 report. Specific discussions concern minority representation in health professions education, underserved areas and primary health care, and the need for capacity adjustments in the health professions. A table details capacity recommendations for the following areas: medicine, dentistry, chiropractic, optometry, podiatry, pharmacy, nursing, allied health professions, health services administration, and public health. The report's final sections present, first, the proposed HSEGA grant rates and modifications to the grant rules for each of the professional areas, for Illinois residents and non-residents, and for various educational levels; and, second, the specific staff recommendations in the areas of general policy, immediate program priorities, and adjustments in the HSEGA grant rates and rules. (GLR)

Item #7
September 8, 1993

STATE OF ILLINOIS
BOARD OF HIGHER EDUCATION

POLICY RECOMMENDATIONS FOR HEALTH PROFESSIONS EDUCATION

In September 1992, the Illinois Board of Higher Education considered the report, 1992 *Assessment of the Educational Needs in Health Professions Programs*, an evaluation of the Board's policies adopted in the early 1980s. Recent trends in occupational demand were examined and compared to the supply of graduates from health professions programs. These analyses indicated that educational capacity adjustments were needed in certain fields and were considered by staff in developing statewide programmatic recommendations related to the Priorities, Quality, and Productivity (P•Q•P) initiative in October 1992. In addition, Board staff reviewed Health Services Education Grants Act (HSEGA) expenditures and grant rates and concluded that the current grant rate incentives had promoted Illinois resident participation in health professions programs offered by private institutions, but had not sufficiently improved minority representation in these programs, increased the number of primary care practitioners, nor promoted practice in underserved areas.

Subsequent to that analysis, the Board considered in May 1993 a second report, *Policy Issues In Education For The Health Professions*. That report reexamined the Board's existing policies on education for the health professions, most of which were adopted in the 1980s, and concluded that although these policies continue to be relevant in the 1990s, many new developments had influenced health care and the health professions during the last decade. Six new general policy directions were recommended for Board consideration to replace the current Board of Higher Education Master Plan policies on health professions education. In addition, a number of program adjustments and modifications to HSEGA grant rates and rules were proposed.

The May 1993 report also requested that colleges, universities, and other organizations with interests in health professions education provide comment and counsel on the recommendations. Comments and additional information were received from the American Association of Retired Persons, Dr. William M. Scholl College of Podiatric Medicine, the Illinois Academy of Family Practice, the Illinois Department of Public Aid, the Illinois Department of Public Health, Midwestern University (formerly the Chicago College of Osteopathic Medicine), and the National College of Chiropractic, as well as faculty members at the University of Illinois at Chicago, Governors State University, and Northwestern University. The report was reviewed with the System Academic Officers and the Nonpublic Advisory Committee.

This report presents recommendations for Board approval in three areas based on the staff's analyses and the responses of colleges, universities, and professional organizations to the May 1993 report. First, seven new general policy directions in health professions education are recommended to replace the current health professions education policies in the Board's Master Plan. Second, immediate program priorities are recommended for adoption to implement the general policy directions and better meet the state's needs in health professions education. Third, specific recommendations for adjustments in HSEGA grant rates and rules are presented. If adopted by the Board, changes in HSEGA grant rates and rules will be brought to the Board for action in spring 1994 and will be implemented in fiscal year 1995.

General Policies for Health Professions Education

Many factors have influenced health care and health professions during the last decade and further changes can be expected as major efforts are initiated at the state and federal levels to address health care issues. A February 1993 report of the Pew Health Professions Commission reiterated the importance of health professions education, stating that the essential element for reforming the health care system is "the education and reeducation of health care professionals."

The general policies proposed in May 1993 and presented with revisions in this report are intended to set policy directions for education for the health professions in the coming decade. Overall, the majority of organizations and institutions responding agreed with the policy directions proposed in the May 1993 report.

However, several responses recommended greater emphasis in policy recommendations on the shortage of primary care providers in underserved areas. An Illinois Department of Public Health draft report, *Statewide Health Needs Assessment: Towards a Healthy Illinois 2000*, states that Illinois continues "to lag behind other states", and remains third in ranking in the United States in the total population residing in federally designated Primary Care Health Professional Shortage Areas (March, 1993). Primary care providers include physicians and mid-level practitioners, such as nurse practitioners, nurse mid-wives, and physician assistants. According to the Department of Public Health, mid-level practitioners can meet the majority of primary care needs, thereby increasing access to health care with lower costs for education and service. Current federal regulations for funding of rural health centers require not only a physician on staff, but also a physician assistant or a nurse practitioner. Board staff, therefore, have modified one general policy to address these concerns. Changes are identified in bold type.

1. Illinois colleges and universities should provide high quality programs in the health professions to meet the needs of the citizens of the state and the health care industry for qualified health care professionals. Priority should be given to expanding educational opportunities in fields in which there are shortages of qualified personnel, **particularly primary care providers**, and to serving areas of the state that have been identified as having inadequate numbers of health professionals.

The following general goals and directions recommended in the May 1993 report were supported by those who provided comments on that report. One change is proposed, emphasizing the importance of providing educational opportunities through telecommunications-based delivery systems.

2. Access, retention, and success of minority students in health professions programs should be expanded and improved.

3. In fields where shortages of qualified professionals exist, priority should be placed on providing academic programs that prepare individuals for entry to the profession. Statewide capacity in entry-level programs should be monitored on a regular basis to assure that program capacity is in balance with occupational demand.

4. Illinois colleges and universities should provide adequate capacity in programs that provide professional advancement opportunities for health care professionals and meet the need for qualified leadership in the health care industry. All institutions should cooperate in the development of articulated programs to enhance advancement opportunities. Illinois universities also should provide programs that prepare faculty for teaching in health education programs and support research and public service in health care disciplines.

5. Colleges and universities are encouraged to develop cooperative initiatives with health care providers to develop programs. provide clinical experiences for students, provide professional development opportunities for faculty and health care providers, and share facilities and equipment.

6. Because of the high cost of programs in many of the health professions, colleges and universities are encouraged to develop cooperative programs to extend access to and improve the quality of programs in the health professions, to provide educational opportunities in underserved areas through off-campus programs and **telecommunications-based instructional delivery systems**, to improve articulation among programs, and to reduce or eliminate programs in health professions where the supply of graduates exceeds occupational demand.

The 1993 report of the Pew Health Professions Commission also stated that "while schools are a vital part of the overall change process, they must be assisted by public policies that encourage change and reinforce the focus on the public's health". Reform efforts must encompass changes in federal, state, professional, and higher education policy. In Illinois, several health initiatives are underway at the state level.

The Illinois Department of Public Health recently adopted priorities to address statewide health needs, including the disparity in health status between minorities and whites, access to primary health care, and the quality of health care services. In addition, the Department administers the Medical Student Scholarship Program that is appropriated through the Illinois Board of Higher Education budget and that is designed to promote service in primary care and underserved areas. The Department's interest in health education policy has expanded to include a Physician Educational Loan Repayment Program; the Nursing Scholarship Program for licensed practical nursing students and students in diploma, associate, and baccalaureate nursing programs; and the Podiatric Scholarship Program.

In a study of medical education costs, the Illinois Department of Public Aid (IDPA) reported that in fiscal year 1992, the State of Illinois paid more than $210 million in state Medicaid funds to teaching hospitals for the training of medical residents. This represents about 65 percent of the total $325 million in state funds spent for the education and training of physicians in Illinois, which is documented in *Medical Education Costs* (IDPA, April 1993). The Department is currently evaluating ways to use Medicaid reimbursement to encourage training in community-based settings, such as rural health clinics, offices of Healthy Moms/Healthy Kids participants, and clinics serving a high Medicaid population.

The State of Illinois began several additional health reform initiatives this year. The Governor's Health Care Reform Task Force, staffed by the Illinois Department of Public Aid, is now studying issues related to capacity, access, long-term care, and reimbursement in health care. In fall 1993, a Family Practice Task Force will be convened as a result of General Assembly action.

To emphasize the importance of cooperation in health professions education, Board staff recommends the following additional policy be added to the general policy directions:

7. **The Illinois Board of Higher Education should work cooperatively with other state agencies to ensure that policies and priorities in health professions education are consistent and mutually supportive across state agencies.**

Assessment of Education for the Health Professions

This section of the report provides a summary of the findings and recommendations of the May 1993 report, *Policy Issues In Education For The Health Professions*. These recommendations address three statewide priorities: improving minority representation, meeting the needs of underserved areas, and assuring appropriate capacity in health professions programs.

Minority Representation in Health Professions Education

The May 1993 report found that, although Board of Higher Education's policies have consistently emphasized the importance of improving representation of minority students in educational programs in the health professions, statewide representation of Blacks and Hispanics in all health programs continues to be below their 22 percent representation in the state's population. Progress was made in the late 1980s in improving minority representation among degree recipients at the certificate, associate, and baccalaureate degree levels in allied health, nursing, and health services administration. However, representation of Black graduates declined during this period in several fields requiring advanced study: graduate degrees in allied health, health services administration, and public health; and first professional degrees in medicine, dental medicine, and chiropractic medicine.

The May 1993 report also found a difference in the number of minority graduates from public universities and private colleges and universities. In fiscal year 1991, four percent of private medical school graduates were minorities, while 21 percent of public medical school graduates were minorities. The percentage of minority graduates in other health professions at private institutions was likewise low: ten percent of dental graduates, five percent of optometric graduates, 11 percent of nursing graduates, and 11 percent of allied health graduates. This report recommends that minority incentives should be strengthened and expanded to all the health professions funded through the Health Services Education Grants Act.

Underserved Areas and Primary Care

Access to primary care in underserved areas, both urban and rural, was identified in the May 1993 report as one of the major health issues for Illinois. Nationally, Illinois ranks high in the number of physicians graduating from public and nonpublic medical schools. However, the state continues to be third highest in the number of citizens residing in areas underserved by primary care physicians. According to the American Medical Association's *1992 Physician Characteristics and Distribution*, only 12 percent of the approximately 26,000 physicians in Illinois in 1992 practiced general or family medicine, seven percent pediatrics, 18 percent internal medicine, and seven percent obstetrics and gynecology (OB/GYN). Between 1981 and 1990, the number of licensed physicians decreased in 17 Illinois counties, mostly in rural and southern areas of the state. According to the Illinois Department of Public Health's Rural Health Center, there are no obstetricians practicing in 48 rural counties of Illinois. In southern Illinois, the number of obstetricians has greatly diminished, while both urban and rural areas of the state have severe shortages of family practice physicians, as well as nurse practitioners, physicians assistants, and other mid-level practitioners.

While the need for primary care physicians has increased, interest in primary care among medical school graduates has declined. Medical students choosing family practice declined from 15 percent of the total in 1982 to nine percent in 1992. Even in the primary care fields of internal medicine and pediatrics, graduates are attracted to such subspecialties as cardiology, gastroenterology, pulmonary medicine, and oncology. Increasing numbers of graduates subspecializing in internal medicine and pediatrics have resulted in fewer graduates of these residencies entering primary care.

The increasing shortage of primary care physicians can be addressed most effectively by promoting entry into family practice. In a March 1993 Report of the Illinois Academy of Family Physicians, *Who will care for the People of Illinois?: Family Physicians are needed in the Land of Lincoln,* the Academy proposes that public medical schools reach the goal of graduating 50 percent of students entering one of the general primary care residencies by 1997 and that private medical schools reach the 50 percent goal by year 2002.

Health Services Education Grants Act rates need to reflect the Board's health education priorities in primary care and practice in underserved areas. Although the commonly accepted definition for primary care physician includes family practice, general internal medicine, general pediatrics, and general obstetrics and gynecology, staff recommends that HSEGA funds be directed to family practice and OB/GYN residencies, the areas in which few graduates subspecialize and which are most likely to provide physicians for primary care and for practice in underserved areas. Further, in order to expand opportunities for residencies in family practice and obstetrics and gynecology, it is recommended that residencies affiliated with private medical schools be included in the program. In addition, the Medical Scholarship Program should be retained to promote practice in underserved areas and primary care.

The recommendations place immediate priority on providing programmatic opportunities and encouraging institutions to adjust capacity in health professions education programs to meet occupational demand. Southern Illinois University, in particular, is urged to develop a comprehensive health plan for serving health professions needs in southern Illinois and already has instituted a task force to implement this recommendation.

Capacity Adjustments In The Health Professions

Table 1 presents staff recommendations for educational capacity adjustments in the health professions in Illinois for the 1990s. Recommendations in this table parallel the staff's recommendations in the May 1993 report, except in the fields of occupational therapy (changed from monitor to increase), dental hygiene (changed from monitor to increase), and health services administration (changed from decrease to maintain). Capacity adjustments in these areas have been modified to reflect additional information received since May 1993. Comments, concerns, and additional information regarding changes in educational capacity in the health professions are discussed below.

The recommendation to reduce medical programs while increasing the supply of primary care physicians was supported by several groups, including the Illinois Department of Public Aid in its report, *Medical Education Costs* (April, 1993).

Effective June 30, 1993, Loyola University of Chicago closed its School of Dentistry and discontinued its baccalaureate program in dental hygiene. The American Association of Dental Schools predicts the number of active dentists practicing in the United States to peak in 1996, several years earlier than prior predictions. The American Dental Association reports that six dental schools have closed nationally and that there are 18 states without dental schools. Although the number of dentists practicing nationally is expected to decline, demand for dental care after the year 2000 is difficult to predict. In Illinois, the closing of Loyola Dental School and the continuing decline in dental school enrollments warrant close monitoring, as staff recommended in the May 1993 report.

A recent shortage of dental hygienists in the Chicago area has been reported by the Illinois State Dental Society, and shortages of hygienists have been noted in other parts of the state. The educational capacity recommendation for dental hygiene has been changed from monitor to increase.

Table 1

EDUCATIONAL CAPACITY FOR HEALTH PROFESSIONS IN ILLINOIS

Profession	FY1991[1] Degrees	Number of[2] Programs	1991[3] Total Supply	1988–2000[4] Average Annual Job Openings	Recommendation for Capacity Adjustment
Medicine	1,087	10	1,386	677	Reduce
Dentistry	289	4	403	427	Monitor
Chiropractic	182	1	182	34	Maintain
Optometry	141	1	168	110	Maintain
Podiatry	123	1	126	117	Maintain
Pharmacy	148	3	163	503	Increase
Nursing					
Registered Nursing	3,566	81	3,773	4,155	Increase
Licensed Practical Nursing	793	35	1,066	1,890	Increase
Allied Health Professions					
Medical Lab Technology	198	41	221	313	Increase
Physician Assisting	14	3	20	62	Increase
Physical Therapy	169	5	169	219	Increase
Medical Records Technology	109	15	113	171	Increase
Occupational Therapy	99	3	99	86	Increase
Speech Pathology/Audiology	192	13	437	106	Monitor
Dietetics/Nutrition	157	15	157	128	Monitor
Dental Assisting	91	11	168	283	Increase
Dental Lab Technology	26	2	29	91	Increase
Surgical Technology	32	5	59	90	Increase
Physical Therapy Assisting	118	6	120	179	Increase
Occupational Therapy Assisting	48	5	48	47	Increase
Dental Hygiene	174	8	174	115	Increase
Radiologic/Nuclear Technology	272	29	335	201	Monitor
Respiratory Therapy	147	16	147	75	Monitor
Pharmacy Assisting	23	5	34	182	–
Emergency Medical Technology	163	16	398	186	–
Optometric/Opthalmic Technology	15	1	28	386	–
Medical Assisting	67	8	219	284	–
Nurse Assisting	1,204	228	2,141	4,560	–
Health Services Administration	524	15	528	330	Maintain
Public and Community Health	215	18	—not available—		Reduce

[1] Data reported are the number of degrees conferred at the minimum educational level required for entry into the profession in fiscal year 1991 by Illinois community colleges and public and private colleges and universties: 1990–1991 Illinois Board of Higher Education Degrees Conferred Survey. Registered Nursing programs include diploma programs currently approved by the Illinois Department of Professional Regulation.

[2] Numbers of programs reported are those at Illinois community colleges and public and private colleges and univeristies awarding the degrees in column 1: Illinois Board of Higher Education Program Inventory and Illinois Community College Board Curriculum Master File. Licensed Practical Nursing programs are those currently approved by the Illinois Department of Professional Regulation. Nurse Assisting programs are those currently approved by the Illinois Department of Public Health.

[3] Total supply reported includes entry–level and advanced degrees granted in the field plus completers from secondary vocational programs, proprietary schools, certificate programs in community colleges, and military separatees trained in the field who return to Illinois: Illinois Occupational Information Coordinating Committee Occupational Supply/Demand Report.

[4] Average annual job openings reported are the number of jobs projected to be available annually between 1988–2000 due to new job creation and vacancies in existing jobs: Illinois Department of Employment Security State of Illinois Occupational Projections 1988–2000.

According to the American Chiropractic Association, there should be one chiropractor for each 3,000 residents. Using this standard, National College of Chiropractic determined that approximately 85 new chiropractors per year were needed in Illinois to meet population needs by the year 2000. Currently, about 35 percent of the graduating class of the National College of Chiropractic remains in Illinois to practice. Since the number of degrees granted by the College still exceeds the average annual demand as determined by the College, the recommendation to maintain continues to be appropriate.

Midwestern University, the Illinois Hospital Association, and the State Board of Education indicated that a shortage of occupational therapists and assistants exists in Illinois. In a study of the number of job openings available for occupational therapists, occupational therapy faculty at the University of Illinois at Chicago found that 71 different positions were advertised in a weekly professional magazine over a three month period. This number translates into an estimated 280 openings in occupational therapy annually in Illinois. It is noted that employers in the Chicago area are offering significant incentives to attract qualified people to occupational therapy positions. Assuming that the shortage for occupational therapy assistants parallels occupational therapy, the recommendations for both have been changed from monitor to increase.

The College of St. Francis reports that about one-third of the degrees from its program in health services administration are awarded to students at off-campus sites in other states. The adjusted number of Illinois graduates each year is approximately 400, still slightly more than the projected demand. Although one respondent raised questions about occupational demand estimates cited in the Board report, these projections are consistent with national criteria reported in the February 1993 Report of the Pew Health Professions Commission, *Health Professions Education For The Future: Schools In Service To The Nation*. The recommendation to reduce health services administration capacity has been changed from decrease to maintain to reflect an adjustment in the supply of graduates.

Health Services Education Grants Act

The Health Services Education Grants Act (HSEGA) was established in 1970 to promote Illinois residents' participation in the health professions. Since that time, program emphasis and grant rates have changed to reflect Board of Higher Education policies. The current program provides funds to nonpublic institutions for medical, dental, podiatric, optometric, nursing, and allied health education and to hospital residency programs affiliated with public medical schools.

The Health Services Education Grants Act has been evaluated within the context of educational needs in the health professions. This review resulted in two proposed changes. First, because there continues to be a shortage of family practice physicians and obstetricians, a recommendation to expand the hospital residency grant program to nonpublic medical schools is proposed. Second, since past incentives failed to increase the number of minorities in private medical and dental schools, and minority representation in all health professions programs at private institutions was less than the percentage representation in the population, increased minority incentives are recommended. In addition, a definition for allied health and an accreditation requirement are recommended to clarify and facilitate the administration of the Health Services Education Grants Act.

This section of the report presents proposed HSEGA grant rates and modifications to the grant rules based on additional staff analyses and information submitted by colleges, universities, and organizations since the May 1993 report.

Proposed HSEGA Grant Rates

The HSEGA grant rates in Table 2 are proposed to provide incentives to private institutions to address statewide priorities in the education of health professionals. Highest priority has been given to promoting family practice and to increasing the representation of minority students in all types of health education programs. No new resources will be required to fund the proposed rates.

A major change in the grant rates addresses the need to increase the number of physicians practicing primary care, particularly family practice, and to promote practice in underserved areas. It is proposed that grants to hospitals supporting family practice residencies be increased substantially from $6,200 to $20,000 per Illinois resident. Grants of $7,500 per Illinois resident are proposed to meet high priority needs for physicians practicing obstetrics and gynecology. Further, in order to expand opportunities for residencies in family practice and obstetrics and gynecology, it is recommended that residencies affiliated with private medical schools be included in the program. Currently, only residency programs at hospitals associated with public medical schools are eligible for grants. This change will support over 150 additional residency positions in the most critical primary care fields.

It is proposed that the new minority incentive grant be expanded to include students enrolled in optometry, podiatry, pharmacy, allied health, and nursing programs, as well as medicine and dentistry. The minority incentive grant program should be reevaluated after three years to determine if these incentives are effective in increasing minority enrollment. Grants should be discontinued in areas where enrollment does not increase and alternative programs should be developed.

Administrative Rule Changes

In order to facilitate the administration of the Health Services Education Grants Act, the federal definition of allied health as stated in Public Health Services Act Title VII, section 701, should be applied and incorporated into HSEGA rules. Table 3 identifies those allied health programs that are consistent with the federal definition. In addition, staff recommended in the May 1993 report that all programs funded under HSEGA be fully accredited or be formally classified by the appropriate accrediting body as a candidate for accreditation.

Table 3

PROPOSED ALLIED HEALTH DEFINITION

CIP code	Allied Health Program
51.02	Communication Disorder Sciences and Services
51.03	Community Health Services
51.06	Dental Services (dental hygiene, lab technology, or assisting)
51.0707	Medical Records Technology/Technician
51.08	Health and Medical Assistants
51.09	Health and Medical Diagnostic and Treatment Services (radiologic, respiratory, and surgical technology)
51.10	Health and Medical Laboratory Technologies
51.18	Ophthalmic and Optometric Services
51.23	Rehabilitation and Therapeutic Services (physical, occupational, art, recreational, and music therapy and assisting)
51.26	Miscellaneous Health Aides
51.2702	Medical Dietetics
51.2703	Medical Illustration

Table 2

HEALTH SERVICES EDUCATION GRANTS
PROPOSED GRANT RATES

	Current Rates	Proposed Rates
Medical	$	$
Illinois Resident	5,200	4,500
Minority Stabilization	1,500	0
Minority Increase	3,000	0
Minority Incentive Program	0	4,500
Dental		
Illinois Resident	3,700	3,500
Minority Stabilization	1,000	0
Minority Increase	2,000	0
Minority Incentive Program	0	3,500
Optometry		
Illinois Resident	2,400	2,200
Minority Incentive Program	0	2,200
Podiatry		
Illinois Resident	2,400	2,200
Minority Incentive Program	0	2,200
Pharmacy		
Illinois Resident	2,400	2,200
Minority Incentive Program	0	2,200
Allied Health		
Masters	1,200	2,000
Baccalaureate	1,200	1,000
Certificate/Associate	1,200	500
Minority Incentive Program	0	1,000
Nursing		
Masters	2,100	2,000
Baccalaureate	1,100	1,000
Diploma/Associate	600	500
Minority Incentive Program	0	1,000
Residency Hospitals		
Affiliated With Public Medical Schools		
Internal Medicine and Pediatrics	6,200	0
OB/GYN	6,200	7,500
Family Practice	6,200	20,000
Affiliated With Private Medical Schools		
OB/GYN	0	7,500
Family Practice	0	20,000

Conclusion

Although the Board's current policies on education for the health professions reflect goals and directions that continue to be relevant in the 1990s, these policies should be modified to address new developments that have influenced health care and the health professions during the last decade. Seven general policy directions are recommended to emphasize Board priorities to increase minority participation in health education, enhance the quality of programs, provide for continued professional development, promote cooperation with health care providers and articulation among health care programs, improve services in underserved areas, and support access to primary care providers.

Program capacity in the health professions needs to be continually adjusted to meet occupational demands. Analyses of health professions education presented in the September 1992 and May 1993 health reports and additional information submitted to the Board of Higher Education indicate that there are sixteen fields in which new programs or the expansion of existing programs are needed to meet demand, four health professions in which programs should be maintained at current levels, five fields in which capacity should be monitored, and two fields that should be reduced. Immediate priorities in health professions education are recommended for program improvements in the delivery of health professions education, especially in underserved areas.

The Health Services Education Grants Act provides incentives to promote Illinois residents' and minority participation in health professions education programs in nonpublic institutions. Findings indicate that current incentives have not significantly increased minority participation in health education programs in nonpublic institutions. Increased minority grants are recommended and extended to all health education fields. Finally, a definition of allied health that corresponds to the federal definition is recommended, and an accreditation standard is recommended for all health programs administered under the Act.

Recommendations

Based on the findings in *1992 Assessment of the Educational Needs in Health Professions Programs* and *Policy Issues in Education For the Health Profession*, as well as additional information presented in this report, staff recommends adoption of the following general policies in the health professions, immediate priorities in the health professions, and proposed grant rates and rule changes to the Health Services Education Grants Act.

I. The Board of Higher Education hereby adopts the following General Policy Directions for Health Professions Education:

1. Illinois colleges and universities should provide high quality programs in the health professions to meet the needs of the citizens of the state and the health care industry for qualified health care professionals. Priority should be given to expanding educational opportunities in fields in which there are shortages of qualified personnel, particularly primary care providers, and to serving areas of the state that have been identified as having inadequate numbers of health professionals.

2. Access, retention, and success of minority students in health professions programs should be expanded and improved.

3. In fields where shortages of qualified professionals exist, priority should be placed on providing academic programs that prepare individuals for entry to the profession. Statewide capacity in entry-level programs should be monitored on a regular basis to assure that program capacity is in balance with occupational demand.

4. Illinois colleges and universities should provide adequate capacity in programs that provide professional advancement opportunities for health care professionals and meet the need for qualified leadership in the health care industry. All institutions should cooperate in the development of articulated programs to enhance advancement opportunities. Illinois universities also should provide programs that prepare faculty for teaching in health education programs and support research and public service in health care disciplines.

5. Colleges and universities are encouraged to develop cooperative initiatives with health care providers to develop programs, provide clinical experiences for students, provide professional development opportunities for faculty and health care providers, and share facilities and equipment.

6. Because of the high cost of programs in many of the health professions, colleges and universities are encouraged to develop cooperative programs to extend access to and improve the quality of programs in the health professions, to provide educational opportunities in underserved areas through off-campus programs and telecommunications-based instructional delivery systems, to improve articulation among programs, and to reduce or eliminate programs in health professions where the supply of graduates exceeds occupational demand.

7. The Illinois Board of Higher Education should work cooperatively with other state agencies to ensure that policies and priorities in health professions education are consistent and mutually supportive across state agencies.

II. The Illinois Board of Higher Education hereby adopts the following immediate priorities as guidelines for colleges and universities to consider in implementation of the general policy directions for health professions education.

1. Statewide capacity should be increased through expansion of existing programs in family practice residencies, dental assisting, dental laboratory technology, dental hygiene, medical laboratory technology, medical records technology, pharmacy, and nursing. Additional programs for physician assisting, physical therapy, physical therapy assisting, occupational therapy, occupational therapy assisting, practical nursing, nurse practitioner, and surgical technology should be considered. Priority for both new programs and expansion of existing programs should be given to institutions with missions related to health care needs and institutions serving underserved areas.

2. Statewide capacity in educational programs in the following fields should be monitored to determine if adjustments in capacity should be made: dietetics and nutrition, dentistry, radiologic and nuclear technology, speech pathology and audiology, and respiratory therapy.

3. Statewide capacity in educational programs in the following fields should be maintained: chiropractic physician, health service administration, optometry, and podiatry.

4. Statewide capacity in educational programs in the following fields should be reduced: medicine and public and community health.

5. Both public and nonpublic medical schools should establish policies and programs that increase the number of graduates who enter primary care and practice in underserved areas of the state.

6. Priority should be given to expanding health professions education programs that graduate primary care providers, especially family practice physicians and mid-level practitioners, to practice in medically underserved areas in the state. The Medical Student Scholarship Program should be continued.

7. Delivery of health professions education in underserved areas should capitalize upon opportunities to share resources and to effectively coordinate the collective contributions of colleges, universities, and health care facilities. Specifically, regional consortia should play an important role in identifying regional priorities in health professions education and developing cost-effective approaches to program delivery.

8. Colleges and universities should provide increased opportunities for practicing health professionals to upgrade their skills and knowledge and to pursue advanced levels of education within their chosen professions. Resolution of curricular articulation problems across different educational levels should be a high priority of the Illinois Board of Higher Education, the Illinois Community College Board, and colleges and universities.

9. Colleges and universities and regional consortia should make effective use of telecommunications-based instructional delivery systems to deliver health professions education programs, particularly in underserved areas.

10. Colleges and universities should expand efforts to coordinate delivery of degree programs, as well as continuing education programs, with health care providers and provider organizations.

11. Southern Illinois University should develop a comprehensive plan for serving health professions education priorities in southern Illinois. This plan should include a restructuring of existing programs offered in Carbondale, Edwardsville, and Springfield, including the elimination of certain programs; the relocation of other programs; the conversion of some associate degree programs to baccalaureate level; and the establishment of new programs. This plan should be carefully coordinated with regional consortia and affiliated community colleges.

12. The University of Illinois at Chicago should continue to place a high priority on its mission to serve the urban health care needs of the Chicago Metropolitan Area, as well as those areas of the state served by its regional medical schools. The University should cooperate with other colleges and universities to provide cost-effective health professions education programs in the Chicago Metropolitan area and in those areas served by regional medical schools.

13. Community colleges should continue to place high priority on meeting local needs for educational programs in allied health and nursing. Further efforts are needed to coordinate programs among community colleges and with other institutions to meet regional needs.

14. Private colleges and universities should consider the recommended capacity adjustments provided in this report in making decisions about program development and reduction.

III. The Illinois Board of Higher Education hereby adopts the following changes in the administration of the Health Services Education Grants Act and directs the Board staff to develop proposed rule changes to be submitted to the Board in spring 1994.

1. HSEGA grant rates are to be adjusted to the proposed rates as contained in Table 2 of this report.

2. Minority incentive grant rates should be increased and applied to all fields of health professions education based on Illinois minority resident enrollment.

3. Administrative rules should be amended to reflect the definition of allied health contained in Table 3 of this report, and all programs funded under HSEGA should be fully accredited or formally classified by the appropriate accrediting body as a candidate for accreditation.

4. The grant rates and definitions contained in this report should be effective in fiscal year 1995.