Montana AHEC/ORH Strategic Planning Session  
February 12th, 2010  
Bozeman, MT

**Topic 1: What are we doing now?**

Survey results showed that the most important functions/programs of the office were:
- #1 Increasing rural providers; and
- #2 Developing a comprehensive workforce strategy

**Topic 2: External Factors**

MT issues will have the most impact on the AHEC/ORH:
- #1 Shortage of primary care providers, including PAs and NPs; and,
- #2 Budget deficits at the state

National issues will have the most impact on the AHEC/ORH:
- #1 Healthcare Reform
- #2 Decreased funding for health care programs in rural areas
- #3 Expansion of community health centers, National Health Service Corps programs and other health professions program changes

**Topic 3: Strategic Direction**

Q3: It is 2013, you are in the 2nd 3-year grant and the ORH continues to be funded. You see an article in the AHECs your local paper about the AHEC/ORH. How does it describe the AHEC/ORH? What has the AHEC/ORH accomplished for MT? What would make you proud to be on the Advisory Board?

- Great resource for recruitment and retention – National Leader
- Informational resource for grants and funding (one source of information)
- There is an increased number of WWAMI slots
- More NHSC providers
- Expanded state loan repayment program
- MT is the national leader in recruitment and retention
- Increase of frontline professions by 30% and make it self-sustaining
- AHEC/ORH is known as the desirable partner
- All counties know what services are provided
- Regional clinical training centers (interdisciplinary training sites throughout MT)
- You have found a way to address health care disparities in absence of federal government
- Beyond structure and process to outcomes measures and increased access to primary care
- Improved your outreach to tribal entities
Blizzard Activity (brainstorming)

*Note: Categories are not in any particular order

Category 1: Health Improvement
- Promote and increase community wellness
- Health programs that move around the state (mobile programs)
- Chronic disease state management to include allied health professionals
- #1 cause of mortality before age 45 = injury – increase focus on injury prevention/EMS
- Work to bring about real mental health parity in Montana
- Expand CHC’s to 75% of low-income/uninsured Montanans accessing services (48% now)

Category 2: Strategic Partnerships
- Evaluation for existing programs Be the major local/state/federal partnership coordinator
- ‘Local’ community involvement in addressing health care issues
- Strengthen tribal partnerships and outreach
- Sound local planning with realistic goals and achievable outcomes
- Outcomes

Category 3: Strengthening Relationships and Sustainability
- Provide leadership for understanding the infrastructure of the Montana health care system
- Legislature credibility
- Adoption of technology to improve quality, safety and cost effectiveness
- Entire state connected by HIT
- AHEC Sustainability (grants/state funding/revenue generation/federal funding)
- Plan for sustainability of rural/frontier hospitals

Category 4: Workforce
- K-12 Pipeline health careers training
- Interdisciplinary clinical training centers (CHC and Rural Sites)
- Increased funding and support for all health profession’s education
- Clinical sites in rural and frontier settings
- Development of statewide student shadowing training system
- Focus on full scale workforce development
- Increase frontline providers in rural areas by 30%
- Improved (measurable) provider retention
- Expanded loan repayment options
- Coordinated recruitment
- Physician workforce support so that as many physicians enter MT workforce each year as enter medical schools (currently about 60 students/yr)
- Decrease professional isolation
- Develop a culture of and pipeline for public health dentistry
- WWAMI & residencies expanded

Category 5: Communications
- Better overall knowledge of AHEC: Who we are and what we do
- Marketing strategy plan development
- Regional one-stop shop
- HOSA=FFA
- AHEC visibility in every Montana community