

Agency Certification and Transmittal Sheet

Code:

H53

Name:

South Carolina Area Health Education Consortium

Mission Statement: To achieve excellence in healthcare through recruitment, retention, and education of healthcare professionals.

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of 24 pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

Signed:


(Agency Head)

Date:

9/30/2011

FISCAL YEAR 2012-13 BUDGET PLAN

I. EXECUTIVE SUMMARY

A. Agency Section/Code/Name:

17B/H53/South Carolina Area Health Education Consortium (SC AHEC)

B. Summary Description of Strategic or Long-Term Goals:

GOALS:

1. Work collaboratively with South Carolina's medical schools to educate and retain medical students in South Carolina for their graduate medical education residency training programs.
2. Facilitate the recruitment and retention of qualified, diversified medical students and resident physicians to South Carolina.
3. Enhance the knowledge, skills and competencies of healthcare professionals in South Carolina to meet the health needs of our state's population.
4. Deliver continuing education programs in innovative ways to meet the changing needs of healthcare professionals and our state's population.
5. Foster the development of health professionals who are clinically competent and responsive to the needs of communities.
6. Be a model for interprofessional education of health professions students in South Carolina and the nation.
7. Facilitate a coordinated, statewide approach for increasing the number of students entering the health professions pipeline in South Carolina.
8. Increase the supply and improve the distribution of primary care providers and other healthcare professionals through recruitment and retention programs.
9. Prepare and disseminate information about the supply, distribution, and demand for health care professionals in South Carolina.

Each of the goals above contributes to enhancing the supply, distribution, and continuing competence of health care providers for South Carolina, particularly for areas that are rural or underserved. The budget plan provides for programs that specifically address these goals.

C. 2011-2012 Agency Recurring Base Appropriation:

State	\$8,438,694
Federal	\$0
Other	\$0

D. Number of Budget Categories:

13

E. Agency-wide Vacant FTEs

Vacant FTEs as of July 31, 2011: 0

% Vacant 0%

F. Efficiency Measures:

During the past year, SC AHEC achieved greater effectiveness and increased customer service through the use of technology. A federal grant from the Health Resources Services Administration (HRSA) in the US Department of Health and Human Services funded the procurement of 25 video conferencing units that were placed in 20 rural hospitals, the four regional AHEC Centers and the SC AHEC Program Office on the campus of the Medical University of South Carolina (MUSC). The video conferencing network, known as the SC Health Occupations Outreach Learning System (SCHOOLS), utilizes a dedicated broadband network known as the Palmetto State Providers' Network (PSPN) and is extremely reliable. Educational programs for hospital and community health care providers are being transmitted across the network by content experts at MUSC and the regional AHEC sites.

The Upstate AHEC in Greenville has developed a Learning Management System (known as AHEC U) which allows education programs to be developed, recorded and stored for access by anyone with internet access. SCHOOLS programs can also be recorded and made available on the system. AHEC U allows health care providers to access educational content at their convenience if they were unable to see the original broadcast.

These efficiencies have allowed SC AHEC to make educational content more easily accessible and utilize state and national content experts who were previously unavailable. These efficiencies have not yet resulted in a reduction of costs.

G. Number of Provisos: 0

IIA. OPERATING BUDGET PROGRAMS

Agency Section/Code/Name: 17B/H53/South Carolina Area Health Education Consortium

SUMMARY OF OPERATING BUDGET PROGRAMS FOR FY 2012-13

OPERATING BUDGET PROGRAMS			FUNDING					FTEs			
Title	Activity Name	Activity No.	Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
Consortium	Instruction-Continuing Education	594		1,277,932			1,277,932	3.75			3.75
Consortium	Health Professions Student Programs	595		601,649			601,649	1.89			1.89
Consortium	Health Careers Program (General Funds)	596		215,242			215,242	1.80			1.80
Consortium	Regional Center Administration	597		363,761			363,761				0.00
Consortium	Nursing Recruitment	602		20,000			20,000	0.25			0.25
Consortium	Instruction-Model AHEC	605		187,692	400,516		588,208		1.00		1.00
Family Practice	Instruction-Family Medicine Residency	608		5,314,954			5,314,954	13.30			13.30
Consortium	System Wide Administration/Coordination	610		457,464			457,464	3.33			3.33
Consortium	South Carolina Office of Health Workforce Analysis and Planning	1935				511,804	511,804	1.00		2.00	3.00
For additional rows, place cursor in this gray box and press "Ctrl" + "b". (You need to start in this gray box for each row needed or the formulas will not copy properly.)											
TOTAL OF ALL OPERATING BUDGET PROGRAMS			0	8,438,694	400,516	511,804	9,351,014	25.32	1.00	2.00	28.32

IIB. CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

Agency Section/Code/Name: 17B/H53/South Carolina Area Health Education Consortium

SUMMARY OF CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

CAPITAL BUDGET/NON-RECURRING REQUESTS				Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Project No.*	Project Name	Activity Name	Activity No.				
N/A							0
							0
							0
							0
							0
For additional rows, place cursor in this gray box and press "Ctrl" + "c". (You need to start in this gray box for each row needed or the formulas will not copy properly.)							
TOTAL OF ALL CAPITAL BUDGET/NON-RECURRING REQUESTS				0	0	0	0

*if applicable

A. Summary description of programs and how they relate to the mission of the agency:

Each program described below contributes to the enhanced supply, distribution, and continuing competence of health care providers for South Carolina and fall under the budgetary category of CONSORTIUM.

Instruction-Continuing Education: The SC AHEC Continuing Education (CE) program provides practicing health care professionals with affordable, accessible continuing education seminars, workshops, lectures, and telecasts in proximity to their workplace. Each of the four regional AHEC Centers employs CE Coordinators who work closely with hospital education departments, regional health professionals, associations and agencies, and educational institutions to assess, develop, and present continuing education programs to health professionals in their regions. The learning opportunities provided by the SC AHEC Centers follows a set of "Best Practice Standards" designed by the CE Coordinators to assure quality in programming.

This activity enhances the knowledge and skills of health care providers and emergency responders. Enhanced skills increase the quality of care provided resulting in the improvement of inpatient and outpatient health care delivery. Educational offerings allow health care providers to meet professional re-licensure and re-certification requirements and reduce professional isolation for providers in rural areas, thereby increasing retention.

Health Professions Student Programs: The SC AHEC Health Professions Student Programs help arrange required community-based rotations for health professions students in the fields of medicine, nursing, pharmacy, dentistry, and the allied health sciences. Each AHEC regional center employs coordinators who identify preceptors, procure student housing, schedule student rotations, orient students to the community, provide library resources and Internet connections, and assist students with their community health improvement projects. While in the community, students not only learn clinical skills in a "real world" setting from their preceptors, but they also participate in community outreach activities such as visiting the homes of patients, participating in projects targeting major health problems such as diabetes or high blood pressure, and initiating and participating in community health assessments and wellness programs for the local populace.

State and national statistics demonstrate current shortages of physicians, nurses, pharmacists, dentists, and numerous allied health specialties. Projections for the future indicate these shortages will become more acute as the current health care workforce ages. Health care educational experiences for high school, college and graduate students are essential to ensure a continuous supply of bright, dedicated, health care professionals. Studies also indicate that students who experience practice in rural and underserved settings are more likely to establish practice in similar locales after graduation.

Health Careers Program: Each regional AHEC Center maintains a Health Careers Program designed to increase the number of young people who elect to pursue a health related profession. Each SC AHEC Center will establish and coordinate a Health Careers Academy (HCA) to facilitate an intensive health career exploration experience for high school students. The HCA will utilize a four-year, academic-based curriculum specifically designed to prepare students to enter the health professions pipeline. Programmatic content will employ individual advising, mentoring and parental involvement as major components.

The expected result of the Health Careers Program (HCP) is to increase the number of students entering the health professions pipeline. Any student having completed 20-59 hours of the HCP activity will be recognized as a Junior Scholar. Students who have completed 60 hours of the HCP activity will be recognized as HCA Senior Scholars. Yearly at least 40 students will qualify for these designations. Individual students who have participated in over 110 hours of HCP related activity, including the HCA, Summer Institutes, Summer Health Careers Academy, or other HCP programs will be identified as a HCP Achiever. Upon graduation from high school, it is anticipated that the majority of HCP Achievers will matriculate into an undergraduate, health training certification or health professions program. This program is resulting in students being better prepared and more competitive for admission to college and university health professions programs.

Regional Center Administration: This function provides executive leadership for each of the four AHEC regional centers. Activities include developing and maintaining linkages with providers, institutions, and organizations within each region, conducting local needs assessments, program development, grant development, financial services, personnel services, communications, data systems, and other related regional administrative activities.

Recruitment - Rural Physician Program: The Rural Physician Program was initiated by the SC legislature in 1989 to address the undersupply and maldistribution of physicians in rural and underserved communities of the state. The program provided incentive grants for primary care physicians and advanced practice professionals (nurse practitioners, nurse midwives, and physician assistants) who commit to practice in medically underserved communities for four years.

The expected result of the Rural Physician Program is to attract primary care physicians and advanced practice professionals to establish practices in rural and medically underserved areas of South Carolina. Once a practice becomes established, health care providers are much more likely to remain in areas of need. **The funding for this program was vetoed by Governor Sanford in 2010. The SC AHEC requests that funding for this program be restored in the amount of \$500,000. Data compiled by the Budget and Control Board Office of Research and Statistics indicates the need for additional primary care physicians in our state, particularly in rural and underserved areas. This program had been very successful at recruiting and retaining primary care providers in rural communities with a retention rate of 80% since the program's inception in 1989.**

Nursing Recruitment: The Nursing Recruitment Center was initiated in 1989 to address the shortage of nursing professionals. The Center initiates activities and programs designed to increase the number of individuals who choose nursing as a career and the number of hospitals that seek to receive certification as Magnet hospitals.

Instruction-Model AHEC: The Model State Supported AHEC Program (Federal Funds) is a grant from the Department of Health and Human Services, Health Resources Services Administration (HRSA). Funds are allocated to AHEC programs in 48 states to prepare and educate culturally competent primary care providers for the United States' workforce.

HRSA grant requirements include: Increase the number of primary care physicians and other primary care providers; carry out recruitment and health career awareness programs to recruit individuals from minority and disadvantaged populations into the health professions; provide for field placements, preceptorships, community-based primary care residency programs, and agreements with community-based organizations; conduct health professions education and training activities for students of health professions schools and medical residents; conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility; provide information dissemination and educational support to reduce professional isolation.

System Wide Administration/Coordination: This function provides executive leadership, support, policy development and review, financial services, personnel services, communications, interagency billing, data collection systems, contract development and monitoring, grant development, and other related administrative services.

Infrastructure Development: In FY07, the General Assembly allocated funds to develop the core infrastructure in the AHEC geographic regions to create and advance community-based academic partnerships for the training of health professions students throughout South Carolina. The funding provided salary support and fringe benefits for four regional student coordinators, the procurement of student housing facilities (lease) in each of the four regions, and travel expenses for the AHEC coordinators to facilitate student activities and visit local student preceptors.

This activity increased the number of students who were able to participate in community-based rotations ultimately enhancing recruitment of providers into rural and underserved areas. **This program was vetoed by Governor Sanford in 2010. The SC AHEC requests that funding for this program be restored in the amount of \$400,000.**

South Carolina Office of Health Workforce Analysis and Planning: In FY08, the General Assembly passed the Critical Needs Nursing Initiative Act creating "(t)he Office for Health Care Workforce Research...within the SC AHEC...to analyze workforce supply and demand data and predict the need for registered nurses" in the state. Due to a lack of state funding, the SC AHEC sought and received funding from The Duke Endowment in collaboration with the University of South Carolina Center for Nursing Leadership and the SC Budget and Control Board's Office of Research and Statistics (ORS). This four-year grant established the Office for Healthcare Workforce Analysis and Planning (OHW) to coordinate the development and publication of workforce policy research across the spectrum of health professions. As such, it employs research and analytic staff to study and publish reports using existing workforce data, both that maintained by the ORS as well as by other agencies and organizations. This Office also works closely with healthcare workforce policymakers across the range of users charged with workforce policy and planning.

In FY 2012, the OHW will continue to collaborate with the University of South Carolina Center for Nursing Leadership to produce information about the current nursing workforce in the state and to expand information about the demand for nursing services and personnel. Similar research has been conducted by OHW on the physician workforce in the state. An estimate of the level of demand for primary care services has been conducted that will inform a study of the available primary care workforce which includes both physicians and mid-level providers, and how the demand for those healthcare professionals might be impacted by federal insurance reform efforts. In addition, OHW staff will be studying other healthcare professions and occupations in the state such as dentists and dental hygienists, pharmacists and pharmacy technicians, optometrists, physical and occupational therapists and their assistants, and other healthcare provider groups licensed to practice in the state. Regular meetings of the OHW Advisory Council and the steering committees that oversee each workforce study will continue to provide an infrastructure for healthcare workforce research in the state and the translation of that research into policy-relevant information.

B. Budget Program Number and Name:

Section 17B H53 I. Consortium

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
594	Instruction-Continuing Education		1,277,932			1,277,932
595	Health Professions Student Programs		601,649			601,649
596	Health Careers Program (General Funds)		215,242			215,242
597	Regional Center Administration		363,761			363,761
601	Recruitment - Rural Physician Program		0			0
602	Nursing Recruitment		20,000			20,000
605	Instruction – Model AHEC		187,692	400,516		588,208
610	System Wide Administration/Coordination		457,464			457,464
1708	Infrastructure Development		0			0
1935	South Carolina Office of Health Workforce Analysis and Planning		511,804			511,804

D. Performance Measures:

Instruction-Continuing Education: Three-thousand three-hundred and sixty-six (3,366) educational programs were provided for health care professionals with 31,082 registrations. Forty-eight percent of these professionals completed American Heart Association Life Support Courses conducted by the SC AHEC Regional Centers.

Over 156,000 credit hours for re-licensure and re-certification were provided to health care professionals.

Approximately 90% of program participants report (on post-program evaluation instruments) that all their learning objectives were met.

The metrics for this activity have not changed during the past three years.

Health Professions Student Programs: Students from the disciplines of medicine, advanced practice nursing, nurse anesthesia, physician assistant, pharmacy, health administration, rehabilitation therapy, physical therapy, nutrition, social work and public health from USC, MUSC, SC College of Pharmacy, Winthrop University, and AT Still University participated in AHEC Health Professions Student rotations last year. Students had 103,266 contacts with patients in South Carolina.

Most health professions training programs' curricula require off-campus learning experiences.

SC AHEC provided 720 placements for health professions students. This represents approximately 3,517 weeks of training. The SC AHEC Regional Centers provided 1,232 weeks of housing to students on AHEC rotations.

Since students involved in this program are health professions students, virtually 100% of participants go into a health field.

There were over 376 preceptors who participated as teachers for students during health professions community-based rotations last year.

The metrics for this activity have not changed during the past three years.

Health Careers Program (General Funds):

1) Three-hundred and eight (308) rising 9th, 10th, 11th and 12th grade students participated in HCA activities this year.

2) Four hundred and fifty (450) high school and college students participated in regional AHEC programs and 585 students participated in internships/job shadowing experiences.

3) The Summer Health Careers Academy (Nursing, Dentistry and Medicine tracks) was held at the Medical University of SC and 36 motivated college students participated in four days of intensive health career preparation.

4) The Health Careers Summer Institute was held on the campus of USC Aiken and 120 high school and college students participated. One-half Carnegie credit was awarded through the SC Department of Education to the high school participants.

5) Based on outcomes from the HCA and other programs, including the Summer Institutes and Summer Health Careers Academy, data from the past four years indicate that 303 Scholar & Achiever level students (9-12th grades) are fully engaged in AHEC activities.

The metrics for this activity have not changed during the past three years.

Regional Center Administration: There is a positive correlation between the provision of programs and services and the results of regional needs assessment.

Educational program evaluations are overwhelmingly positive.

Participation of regional institutions, organizations, associations, and providers continues to grow.

Goals associated with SC AHEC performance contracts with regional centers for Continuing Education Instruction, Health Professions Student Education and Health Careers Programs have all been attained or surpassed.

Federal (Model AHEC) grant requirements were met. (See grant requirements under Model AHEC Section "Expected Results")

Clean audit reports were received by each regional center.

The metrics for this activity have not changed during the past three years.

Nursing Recruitment:

- SC AHEC held the 9th annual Nursing Excellence Conference which addressed the South Carolina nursing shortage. One hundred seventy-six (176) Nurse Managers and Executives attended.
- Two South Carolina hospitals have obtained Magnet status. Six additional hospitals are at various stages of the application process.
- SC AHEC conducted the 8th annual Workshop for Nurse Aide Training Coordinators and Instructors in Columbia with 159 participants.
- Fifteen (15) college students participated in the Nursing Track of the 2010 SC AHEC Summer Careers Academy that was held June 5-10, 2011.

The metrics for this activity have not changed during the past three years.

Instruction – Model AHEC: Last year all grant requirements were met and HRSA recommended continued funding for FY12.

The metrics for this activity have not changed during the past three years.

System Wide Administration/Coordination: No negative audit opinions on state, federal or other funds.

Daily operations are based on the implemented strategic plan for 2009-2012.

New data management software is operational and we continue to refine and enhance the data computing system including migration to a web-based registration system.

Since FY2000, the SC AHEC has received funding for 29 grant projects (federal and foundation) in the amount of \$17,160,308 with anticipated grant funds in FY12 of \$1,013,320. Since FY2000, only three of thirteen grant requests (two federal and one foundation) were not funded.

The metrics for this activity have not changed during the past three years.

South Carolina Office of Health Workforce Analysis and Planning: In collaboration with ORS, additional data has been added to the statistical data cube developed to make information about the nursing workforce available through Internet access. This technology is being adapted to make similar information available on each of the licensed healthcare workforce groups in the state in coming years.

Also in collaboration with ORS, historical data file formats have been standardized and documentation developed for each of the licensed health professions included in the ORS database to allow researchers to study trend and longitudinal characteristics in those professions.

Healthcare workforce supply, demand and trend projection methodologies are being developed for the different healthcare disciplines as each group comes under study by OHWAP staff.

A web site has been developed to assist with the distribution of research findings and publications.

The South Carolina Health Professions Data Book, a statistical data reference book, has been developed to allow policy makers and stakeholders interested in healthcare workforce planning at the county and regional levels to understand the size and composition of the licensed healthcare workforce, the population demographics, and the health status of the citizens in their areas. This book is updated annually to provide policy makers with the most current information. A bound copy of the book is made available free of charge to legislators and other policy makers. Others may access it through the OHW website.

The number of metrics for this activity has increased during the past three years, consistent with the work plan in the grant proposed to The Duke Endowment.

E. Program Interaction:

Consortium activities utilize 54% of the agencies FTEs. Employees have functional authority in specific programmatic areas but also support other programmatic areas as necessary. The four regional AHEC Centers work collaboratively with numerous other states, local and private entities, leveraging the state’s investment in their operation.

F. Change Management:

The mission and focus of the program has been constrained during the past 5 years due to state budget reductions. South Carolina AHEC employees and their affiliates have focused on essential activities and have endeavored to supplement revenues through grant funding. Collaborations with other agencies and organizations have been enhanced to avoid duplication of effort.

Physician recruitment for rural and underserved areas has been curtailed as a result of the veto of the funding for the Rural Physician Program. Health professions student rotations have been adversely impacted due to the veto of the funding for Infrastructure Development.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*	0.0	11.02	1	3	15.02
Personal Service	\$0	\$820,799	\$48,286	\$197,205	\$1,066,290
Employer Contributions	\$0	\$229,824	\$13,520	\$10,089	\$253,433
Program/Case Services	\$0	\$2,073,117	\$338,710	\$304,510	\$2,716,337
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	\$0	\$0	\$0	\$ 0
Total	\$ 0	\$3,123,740	\$400,515	\$511,804	\$4,036,060

* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? **NO**
 If **yes**, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category. **N/A**

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$3,123,740		
2012-2013 Act		\$3,923,740		
Difference		\$800,000		
% Difference		25.6%		

Explanation of Changes: **Funds are requested to restore the Rural Physician Program (\$500,000) and the Rural Infrastructure Program (\$400,000).**

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
5055-2822	Model State Supported AHEC Programs					\$400,516
5055-2822	GEC Federal Flowdown from USC					\$59,000
3035-5001	Miscellaneous Revenue		\$110,000			
3035-7506	Grants and Contracts – Private Sector		\$1,919,693			
3035-4829	Training Conference Registration Fee		\$10,000			

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

Expenditures do not exceed state appropriations and known or estimated revenues.

Please detail the long-term sustainability of this program if cash reserves are needed to operate. **N/A**

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. **The revenue noted above indicates funds that SC AHEC reasonably expects to generate from known sources. Federal funding authority for an additional amount of \$750,000 is requested, as each year, HRSA authorizes request for proposals for Health Professions Training that are in SC AHEC’s area of expertise.**

J. FTE Positions:

Please detail the number of FTE’s filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	12.74	0	.80	13.54	0
2011-2012 (A)	12.74	0	.80	13.54	0
2010-2011 (F)	12.15	0	0	12.15	4.50
2010-2011 (A)	12.74	0	.80	13.54	0
2009-2010 (F)	13.15	0	0	13.15	3.50
2009-2010 (A)	12.74	0	.80	13.54	0
2008-2009 (F)	12.15	0	1.00	13.15	2.50
2008-2009 (A)	12.74	0	.80	13.54	0
2007-2008 (F)	13.00	0	0	13.00	6.81
2007-2008 (A)	12.74	0	.80	13.54	0

SC AHEC FTE’s are included in the total FTE count for MUSC.

K. Detailed Justification for FTEs: N/A

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The described below contributes to the enhanced supply, distribution, and continuing competence of health care providers for South Carolina.

Family Practice: In order to alleviate the shortage and maldistribution of physicians in our state, the SC AHEC sponsors family medicine residency training programs throughout South Carolina. Family medicine is the medical specialty which provides continuing and comprehensive health care for individuals and families. The family physician typically functions as the patient's means of entry into the health care system. The family physician is the physician of first contact in most situations and, as the initial provider, evaluates the patient's total health care needs and provides personal care. The South Carolina Family Medicine Residency Training Programs are located in Anderson, Charleston, Columbia, Florence, Greenville, Greenwood, Seneca and Spartanburg. Between them, they graduate approximately 65 family doctors each year.

The program is designed to increase the number and geographic distribution of family physicians in the state. Studies by the SC Budget and Control Board's Office of Research and Statistics continue to project a need for additional family physicians as the South Carolina population increases and ages.

B. Budget Program Number and Name:

Section 17B H53 II. Family Practice

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
608	Instruction-Family Medicine Residency		\$5,314,954			\$5,314,954

D. Performance Measures:

Instruction-Family Medicine Residency: Sixty percent (60%) of the practicing family physicians in South Carolina are graduates of the SC AHEC's family medicine residency training programs.

Family physicians provide the majority of health care for South Carolinians in rural and medically underserved communities.

Family physicians provide medical homes for a disproportionate number of Medicaid, Medicare and indigent patients.

The SC AHEC is working collaboratively with the SC Budget and Control Board's Office of Research and Statistics to monitor the distribution and retention of family physicians across the state, particularly the number who practice in rural and underserved communities. A profile will be developed of the current physician workforce in FY12. Workforce trends are being reviewed.

E. Program Interaction:

Family Medicine activities utilize 46% of the agency's FTEs. Family Medicine Residency Training Programs complement SC AHEC's mission to enhance the supply, distribution and continued competence of South Carolina's health care providers, particularly in rural and underserved areas.

F. Change Management:

The mission and focus of the program has not changed during the past 5 years.

G. Detailed Funding Information:

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*	0.0	13.3	0	0	13.3
Personal Service	\$0	\$569,575	\$0	\$0	\$569,575
Employer Contributions	\$0	\$221,501	\$0	\$0	\$221,501
Program/Case Services	\$0	\$4,523,878	\$0	\$0	\$4,523,878
Pass-Through Funds	\$0	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$5,314,954	\$0	\$0	\$5,314,954
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? **NO**
 If **yes**, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category.

H. Changes to the Appropriation: N/A

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$5,314,954		
2012-2013 Act		\$6,647,954		
Difference		\$1,300,000		
% Difference		24%		

Explanation of Changes: **Funds are requested to increase funding for Family Medicine Residency Training Programs (8) to FY08 levels.**

I. Revenue Estimates:

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program. **N/A**

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. **There is no revenue for this program – apart from state appropriations.**

III. Budget Category Justification Sheet

Agency Code: H53

Agency Name: South Carolina Area Health Education Consortium

Please detail the long-term sustainability of this program if cash reserves are needed to operate. **N/A**

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. **N/A**

J. FTE Positions:

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	11.03	0	0	11.03	0
2011-2012 (A)	11.03	0	0	11.03	0
2010-2011 (F)	11.40	0	0	11.40	0
2010-2011 (A)	11.03	0	0	11.03	0
2009-2010 (F)	12.22	0	0	12.22	0
2009-2010 (A)	11.03	0	0	11.03	0
2008-2009 (F)	9.05	0	0	9.05	0
2008-2009 (A)	11.03	0	0	11.03	0
2007-2008 (F)	13.09	0	0	13.09	0
2007-2008 (A)	11.03	0	0	11.03	0

SC AHEC FTE's are included in the total FTE count for MUSC.

K. Detailed Justification for FTEs: N/A

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

A. Summary description of programs and how they relate to the mission of the agency:

The program described below contributes to the enhanced supply, distribution, and continuing competence of health care providers for South Carolina.

Graduate Doctor: In order to alleviate the shortage and maldistribution of physicians in our state, SC AHEC sponsored graduate doctor residency training programs throughout South Carolina. SC AHEC Graduate Doctor residency training programs emphasized primary care and training in other specialties with demonstrated shortages. A primary care practice serves as the patient's first point of entry into health care system and the continuing focal point for all needed health care services. Primary care practices provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. Graduate Doctor Residency Training Programs are based in three communities in our state (Columbia, Greenville and Spartanburg) and include internal medicine, pediatrics, combined internal medicine/peds, obstetrics/gynecology, emergency medicine, psychiatry, orthopedics and surgery.

Studies by the SC Budget and Control Board Office of Research and Statistics continue to project a need for additional graduate doctor physicians as the South Carolina population increases and ages.

Funding for the Graduate Doctor Residency Training Program was eliminated during the past several years as the SC AHEC budget was reduced by 50%. The SC AHEC requests that funding for Graduate Doctor Residency Training Program be restored.

B. Budget Program Number and Name:

Section 17B H53 III. Graduate Doctor

C. Agency Activity Number and Name:

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
609	Instruction-Graduate Doctor Education Residency Training Programs		0			0

D. Performance Measures:

Instruction-Graduate Doctor Education Residency Training Programs (excluding Family Medicine Residency Training Programs): Twenty-three percent (23%) of primary care physicians who are not family doctors (internal medicine and pediatric physicians) practicing in South Carolina graduated from SC AHEC residency training programs. In addition, 23% of physicians who practice general Surgery, obstetrics/gynecology, and psychiatry in South Carolina graduated from SC AHEC residency training programs.

E. Program Interaction:

Currently there is no interaction as there are no funds allocated for this program.

F. Change Management:

The mission and focus of the program has been constrained during the past 5 years due to budget reductions, and the SC AHEC had to discontinue funding for this program last year due to a cumulative 50% budget reduction.

G. Detailed Funding Information: N/A

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*	0.0	0	0	0	0
Personal Service	\$0	\$0	\$0	\$0	\$0
Employer Contributions	\$0	\$0	\$0	\$0	\$0
Program/Case Services	\$0	\$0	\$0	\$0	\$0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

Is this budget category or program associated with a Capital Budget Priority? **N/A**
 If **yes**, state Capital Budget Priority Number and Project Name:

Please List proviso numbers that relate to this budget category or programs funded by this category. **N/A**

H. Changes to the Appropriation:

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year's appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		\$0		
2012-2013 Act		\$4,300,000		
Difference		\$4,300,000		
% Difference		N/A		

Explanation of Changes: **The SC AHEC requests restoration of funds for this program to the FY08 level.**

I. Revenue Estimates: N/A

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. **There is no revenue for this program – apart from state appropriations.**

Please detail the long-term sustainability of this program if cash reserves are needed to operate. **N/A**

III. Budget Category Justification Sheet

Agency Code: H53

Agency Name: South Carolina Area Health Education Consortium

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. **N/A**

J. FTE Positions: N/A

Please detail the number of FTE's filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	0	0	0	0	0
2011-2012 (A)	0	0	0	0	0
2010-2011 (F)	0	0	0	0	0
2010-2011 (A)	0	0	0	0	0
2009-2010 (F)	0	0	0	0	0
2009-2010 (A)	0	0	0	0	0
2008-2009 (F)	0	0	0	0	0
2008-2009 (A)	0	0	0	0	0
2007-2008 (F)	0	0	0	0	0
2007-2008 (A)	0	0	0	0	0

K. Detailed Justification for FTEs: N/A

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

THERE ARE NO PROVISOS AFFECTING THE SC AHEC**A. Proviso Number**

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

B. Appropriation

Related budget category, program, or non-recurring reqes (*Leave blank if not associated with funding priority*):

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

D. Action

(Indicate Keep, Amend, Delete, or Add):

E. Title

Descriptive Proviso Title:

F. Summary

Summary of Existing or New Proviso:

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected

J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

Federal Aid Justification

U77HP03019-17
U77HP03019-18

Summary

Award Title	Model State-Supported AHEC Program		
CFDA Number/Title	(XX.XXX) Other CFDA	→ If "Other", identify:	(93.107) AHEC-POSME
Award Number (Federal)	U77HP03019-17 U77HP03019-18	Start Date	09/01/11
		Federal Agency	Department of Health and Human Services (75)
Award Number (State)	N/A	End Date	08/31/13
		Federal Subagency	Health Resources and Services Administration (7526)
Award Period	Continuing	→ If "Other", explain:	Project period began 9/30/1994.

Financial

Total Award Amount	\$ 802,032.00	Amount Available in FY 2012-13	\$ 401,016.00
State Match Required?	Yes	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	
Local Match Required?	No	If "Yes", describe	
Assistance Type	Cooperative Agreement	If "Other", explain	
Is administrative and/or indirect cost recovery permitted? If so, explain:	Yes. 8% - training grant		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	Yes. Grant requirements state that 75% of the funds be allocated to AHEC Regional Centers in Greenville, Lancaster, Florence and Walterboro.		

Federal Aid Justification

U77HP03019-17

U77HP03019-18

Questions

How is the use of these funds essential to your agency's mission?

SC AHEC originated with a federal grant 40 years ago. Federal and state objectives remain essentially the same.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

SC AHEC originated with a federal grant 40 years ago. Federal and state objectives remain essentially the same.

What outcome and/or performance measures will you track and/or report on in association with this award?

There are a variety of outcome/performance measures that are reported, but this is data that the Agency would collect regardless.

What is the name and title of the individual in your agency who is responsible for the success of this program?

David R. Garr, M.D./Executive Director-SC AHEC