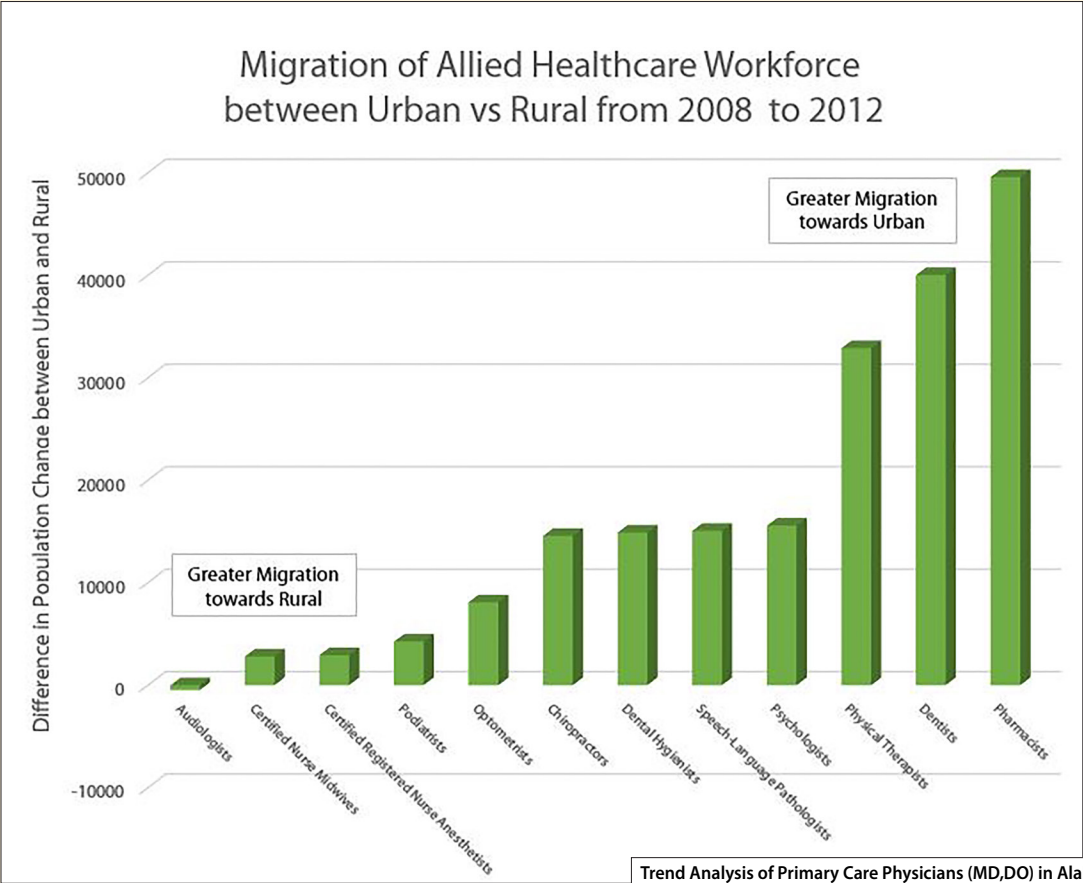
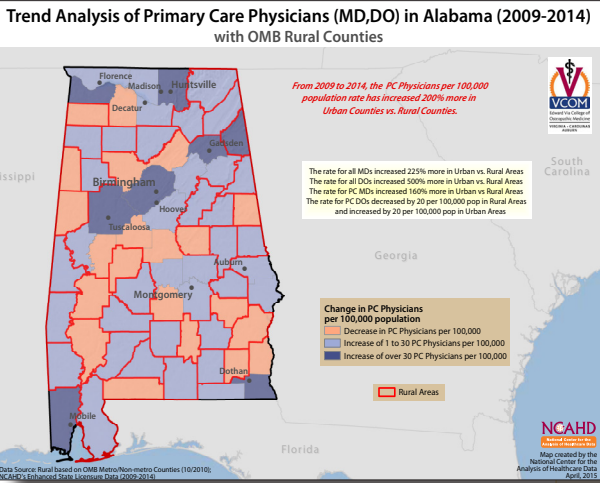


UNIQUE TREND ANALYSIS:

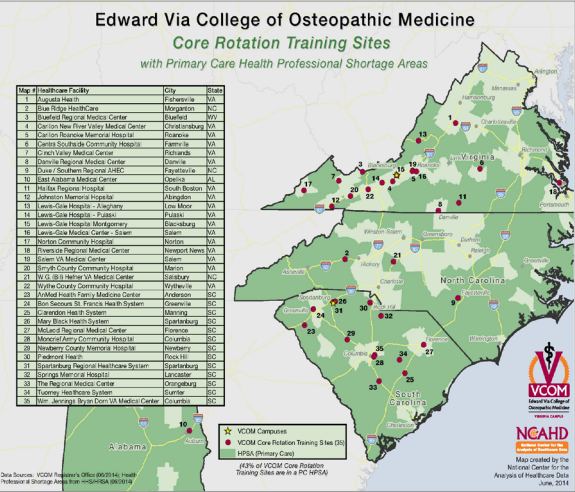


- In the table above, we have analyzed allied health provider changes in both urban and rural at a national level by subtracting the change in rural from the change in urban. In all but one case, our research indicates a greater increase of providers into urban areas than rural areas. In the map to the right, we have run the same analysis with Primary Care Physicians at a county level (normalized per 100,000 population) and witnessed similar trends.
- Our 7 years of accumulated Enhanced State Licensure Data for 16 different healthcare providers make us uniquely qualified to conduct analyses like these and many others at the national, state, and county levels.



Services:

- Mapping – composition of high quality maps that show your data with other demographic, socioeconomic, political, healthcare facilities, etc. data (\$75-\$150/map) (Discounts for quantities)
- Alumni Location Service – search and complete your alumni directory in partnership with your school's alumni office; \$5/alumni
- Internet Mapping Portal - using our base data, integrate your data to provide easy-to-use viewing and analysis tools online with your own branding
- Data Discovery/Analysis – Locate data that supports your school's projects, research, program development, etc. \$35-\$50/hour

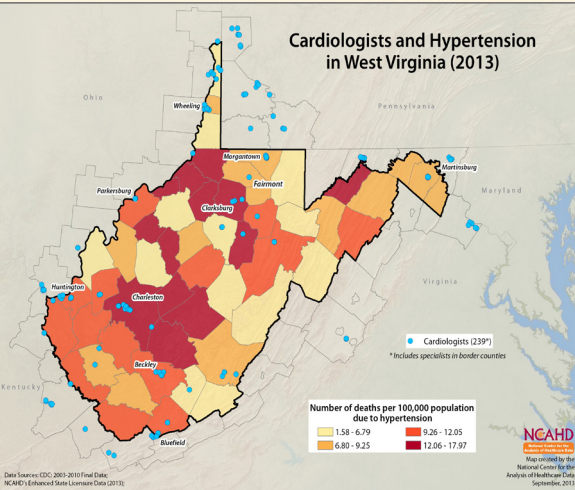


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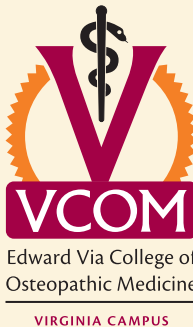


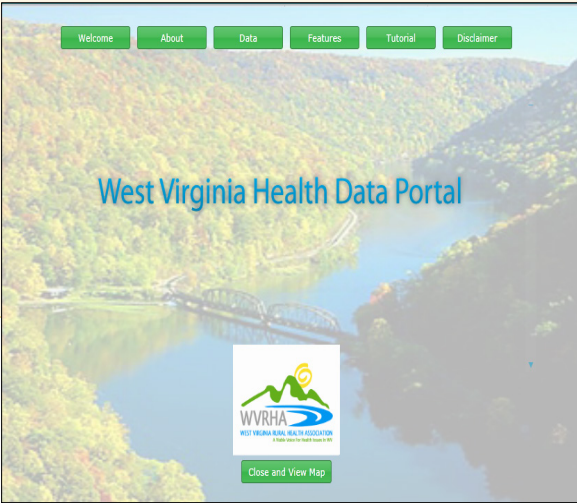
National Center for the Analysis of Healthcare Data

Mapping and Data Analysis Support for Healthcare



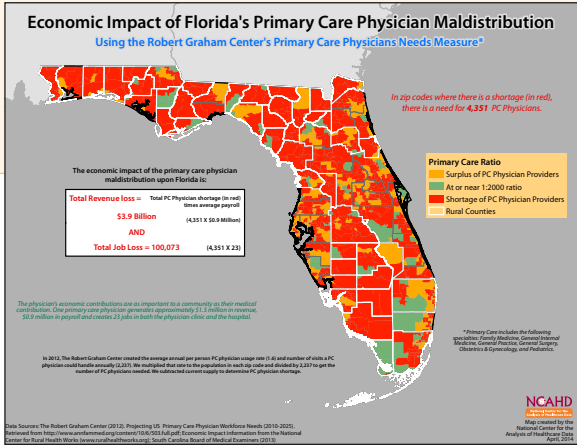
Sponsored by





“Our portal provides an effective means for our members to interactively view healthcare workforce along with patient demographics, healthcare facilities and other relevant data needed to support their own grant writing, research, policy development and healthcare training.”

DEBRIN JENKINS, MSW, LSW
EXECUTIVE DIRECTOR, WEST VIRGINIA RURAL HEALTH ASSOCIATION

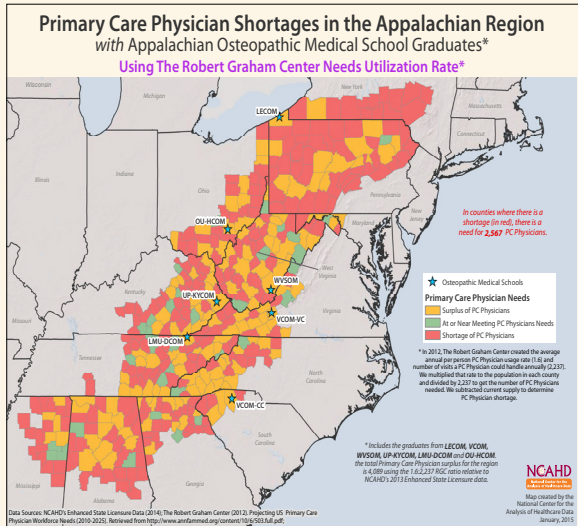


“Healthcare workforce mal-distribution has long-term economic consequences to rural and underserved communities across the nation. Partnering with NCAHD has enable us to visualize the results of applying NCRHW’s primary care physician economic impact model to current healthcare workforce supply and projected demand..”

GERALD A. DOEKSEN, PH.D.
DIRECTOR
NATIONAL CENTER FOR RURAL HEALTH WORKS

WHAT WE CAN DO:

- Integrate your data (e.g. current students, alumni, core and residency programs, etc.) and overlay with demographic, socioeconomic, political boundaries, rural and underserved, etc.
- Perform national, regional, state and county level healthcare workforce trend analysis - only research center that has this ability
- Generate high-quality maps for your website, presentations or publications
- Conduct spatial analysis of your data and provide resulting data along with maps
- Find your alumni and map their distribution to rural, underserved, political boundaries
- Affordably build an internet mapping portal for viewing data, making maps and downloading data



“In continuing our commitment to take our profession and college from Good to Great, we have made investments in the resources to provide these affordable services to your college.”

DIXIE TOOKE-RAWLINS, D.O.
FOUNDING DEAN, PRESIDENT AND PROVOST
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE



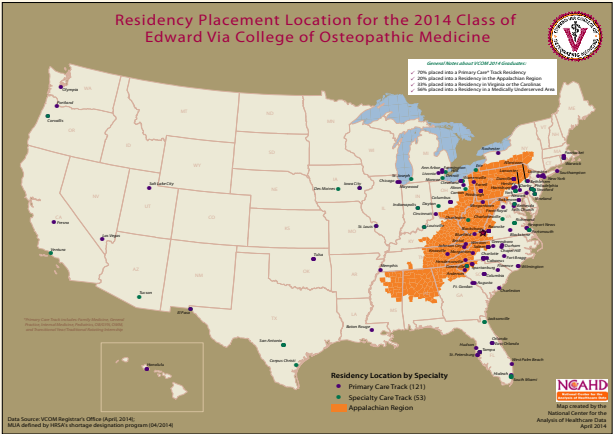
POTENTIAL AREAS OF SUPPORT

■ Advocacy

- Are the medical students coming from rural and underserved areas with our state, region or nationally?
- Do the graduates currently practice in rural or underserved areas?
- What is the impact that the medical school has upon the primary care workforce in their state/region?
- How many of the students or graduates come from a legislator’s district?
- Where are the non-physicians (e.g. Advanced Practice Registered Nurses) relative to physicians?

■ Education Outcomes Reporting Support

- Alumni/student services – using our data, help to identify additional alumni and track where they have received their training-to-practice site
- Medical School Comparison - all medical school (MD, DO) analysis relevant to primary care, rural and state/ federal shortage designations
- How many residency graduates are retained within a close proximity of their program, especially those located in rural areas

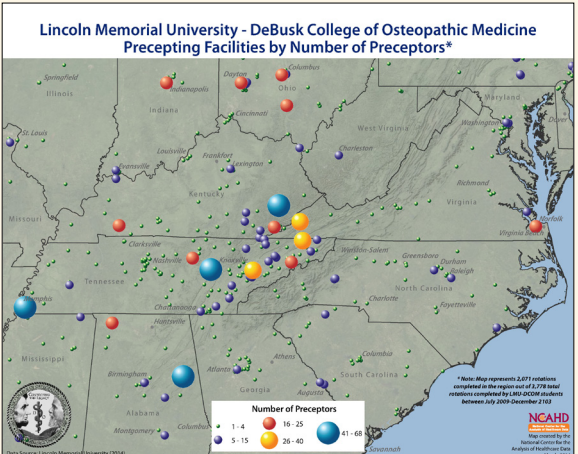


■ Clinical Training and Graduate Medical Education Program Development

- Where are potential preceptors by specialty and proximity to healthcare training sites
- Identify potential residency and other healthcare provider training sites: hospitals, FQHC, RHC, etc.
- Where are the existing primary care residency programs (allopathic and osteopathic) relative to their graduates, college of medicine, other healthcare facilities (e.g. rural health clinics, etc.)

■ Resources for Grant Writing/Research

- Inter-professional education planning and team based care support
- Access contact information on all physicians (MD & DO) and the following healthcare professions: Physician Assistants, Advanced Practice Registered Nurses, Certified Registered Nurse Anesthetists, Nurse Midwives, Optometrists, Physical Therapists, Podiatrists, Psychologists, Dentists, Chiropractors, Speech Language Pathologists and Audiologists
- Healthcare – federal shortage designations (HPSA and MUA/P), federally funded healthcare facilities, hospitals, etc.
- Patient Health Determinants and Outcomes
- Demographic and Socioeconomic Data
- Political – both state and congressional legislative districts
- Physician to patient population ratios by state and county



“Since its inception LMU-DCOM has relied on maps provided by NCAHD to illustrate the geographic distribution for our graduates and clinical preceptors. We display theses maps in our building, include them on our website and print them as part of our Annual Report. The analysis NCAHD performs provides a comprehensive and very literal picture of the impact that people can have on communities.”

RAY E. STOWERS, D.O.
FOUNDING DEAN,
LINCOLN MEMORIAL UNIVERSITY-DEBUSK COLLEGE OF
OSTEOPATHIC MEDICINE