Legislative Commission on the Interdisciplinary Primary Care Workforce

February 18, 2021 2:00-4:00pm – Zoom Conference

Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/99882497050?pwd=S25rWEVCdktNbnZOZ0tXVFRkclgyQT09

Meeting ID: 998 8249 7050
Passcode: 651907

Dial *6 to mute or unmute if you connect by phone

Agenda

2:00 - 2:20 **Read Emergency Order #12 Checklist and Take Roll Call Attendance, Introduce Rep. Mark Warden**

2:20 – 3:15 **2020 Annual Report on the Health Status of Rural Residents and Health Workforce Data Collection** – Alisa Druzba & Danielle Weiss, Rural Health & Primary Care, DHHS

3:15 - 3:45 **Legislative Agenda** – Group discussion

3:45 - 4:00 **Updates & Adjourn**

Next meeting: Thursday March 25, 2:00-4:00pm

State of New Hampshire

COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: February 18, 2021

TIME: 2:00 – 4:00pm

LOCATION: Zoom Conferencing

Meeting Notes

TO: **Members of the Commission and Guests**

FROM: Danielle Hernandez

MEETING DATE: February 18, 2021

Members of the Commission:
Mark Warden, NH House of Representatives
Mary Bidgood-Wilson, ARNP – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Don Kolisch, MD, Geisel Medical School
Mike Ferrara, Dean, UNH College of Health and Human Services
Bill Gunn, NH Mental Health Coalition
Tom Manion, CEO, New London Hospital
Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Kimberly Bean, NH Society of Physician Assistants
Trini Tellez, Healthcare Consultant

Guests:
Danielle Hernandez, Program Manager, Rural Health and Primary Care
Paula Smith, SNH AHEC
April Mottram, Executive Director, NNH AHEC
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Peter Mason, Geisel School of Medicine, IDN region 1
Ann Turner, Integrated Healthcare, CMC
Natalie Rickman, Bi-State Primary Care
Eve Klotz, Clinical Director, Northern Human Services

Meeting Discussion:

2:00 - 2:20 **Welcome and Introductions/Read EM #12 Checklist and Take Roll Call, Introduce Rep. Mark Warden** – Mary Bidgood-Wilson, ARNP – Chair

2:20 – 3:15 **2020 Annual Report on the Health Status of Rural Residents and Health Workforce Data Collection –** Alisa Druzba & Danielle Weiss, Rural Health & Primary Care, DHHS

Refer to the attached presentation, "Health Status of Rural NH & Health Professions Data Center - Legislative Report."

3:15 - 3:45 **Legislative Agenda** – Group Discussion

- The State Loan Repayment Program (SLRP) received $1.2m from the Joint Underwriting Association (JUA) spread out to $410k per year to support continuing contracts
    - The SLRP account has two separate lines for JUA funds and general funds, allowing the JUA funds to sit in treasury (escrow) in an investment account so the program can draw off dividends
    - If there's a reduction of general funding, the JUA funds act as a fallback to honor loan repayment commitments
- SLRP Expansion
    - Rural Health and Primary Care plans to expand the program by providers or site types
        - Dependent on funding stability and consistency
    - $4m was taken from SLRP for the pandemic
        - SLRP participants had to recommit to the program with the understanding the funding could end
        - JUA funding was utilized
- SLRP funds allocated to the pandemic have not been transferred back to the budget line
    - Funding lapses after this State Fiscal Year (6/30)
        - The funds won't appear in the 2022 budget unless there's legislative action to do so
- SLRP participation
    - ~78 on contacts right now
    - Service ends at various quarters throughout the year; some contracts just started and others have extensions

3:45 - 4:00 **Updates & Adjourn**

Next meeting: Thursday March 25, 2:00-4:00pm

Health Status of Rural Residents and Health Workforce Data Collection

February 18, 2021

NH DIVISION OF
Public Health Services
Department of Health and Human Services

Today's Purpose

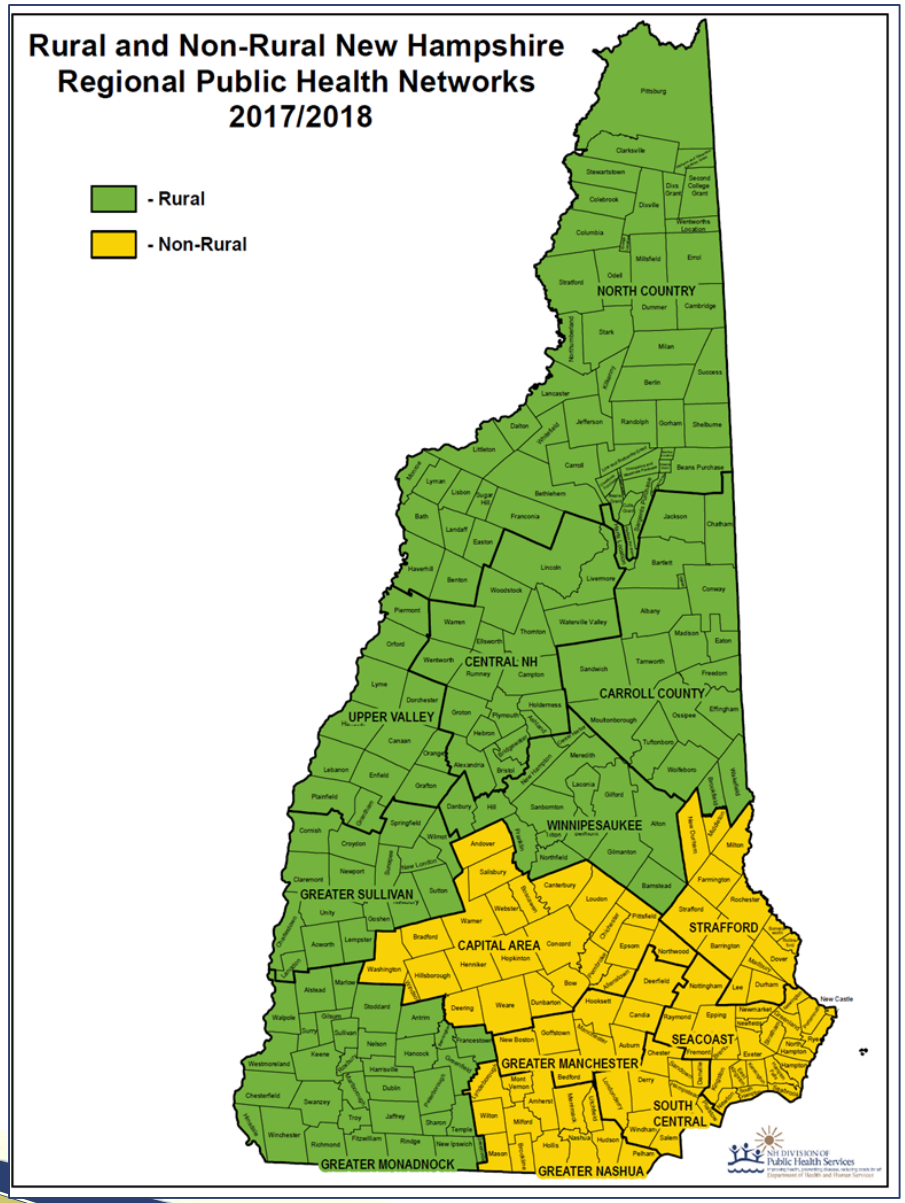
- Health Status of Rural Residents
  - Statutory requirements
  - Rural definition
  - Measures used
  - Overview of health outcomes in rural in NH
  - Comments on data request and analysis
  - Future plans

Statutory requirements

- RSA 126-A:5, XVIII-a(e) requires that the State Office of Rural Health (SORH) submit a report on or before December 1, 2019, and annually thereafter to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate policy committee having jurisdiction over health and human services, and the commission on primary care workforce issues established by RSA 126-T:1, on the health status of rural residents, incorporating current data from the Bureau of Health Statistics and Data Management.

- In 2019, RSA 126-A:5, XVIII-a was amended to include that the SORH shall receive and collect data regarding surveys completed by participating licensees pursuant to RSA 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a. Annual reports submitted by the SORH shall incorporate aggregate data and information on current and projected primary workforce needs and the participation rate on surveys completed by clinicians.

DHHS Definition of Rural



NH DIVISION OF Public Health Services
Department of Health and Human Services

Primary Care Focus

- Primary care = medical, oral and behavioral health
- The Rand Health Insurance Study demonstrated the benefit of access to primary care services, in particular for the poor, that resulted in improved vision, more complete immunization, better blood pressure control, enhanced dental status, and reduction in estimated mortality in comparison to low-income individuals and their children who had financial barriers to access.
- Patients receiving primary care had significantly higher-value care on average and better health care access and experiences than those without primary care
- This is why most of our workforce programs also focus on primary care providers
- 2020 Primary Care Office Needs Assessment Report - no national standardized measures or consensus as to which health behaviors and outcomes best predict primary care access and utilization, the indicators contained in the report were selected from the NH State Health Improvement Plan Priority Areas as the most likely to be impacted by primary care and most indicative of the population's health status. Demographic data highlights population risk factors associated with access to and utilization of primary care.

Selected Indicators

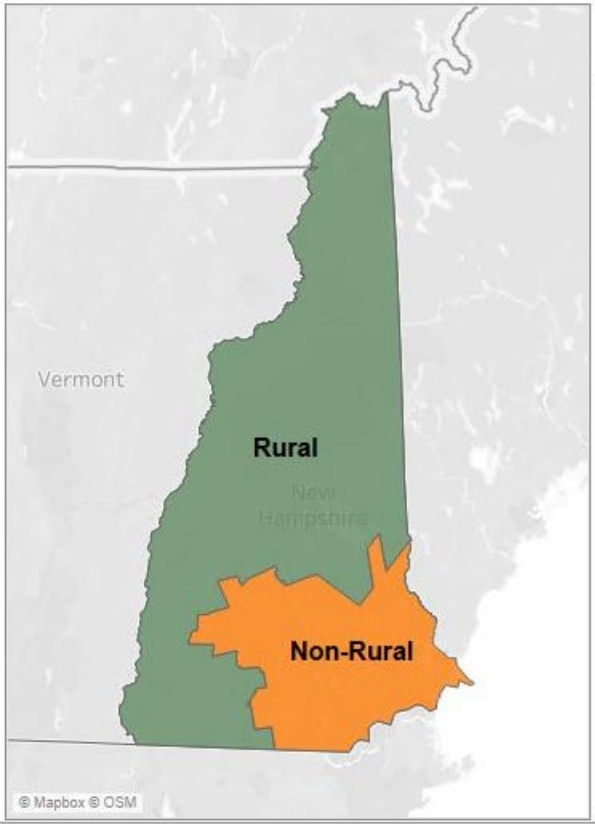
- Selected indicators were classified under the following categories (for a full list of analyzed health indicators, see Appendix A in the report):
- Demographics
- Barriers to Care
- *Workforce Supply
- Substance Use and Mental Health
- Maternal Health
- Preventive Care
- Health Outcomes

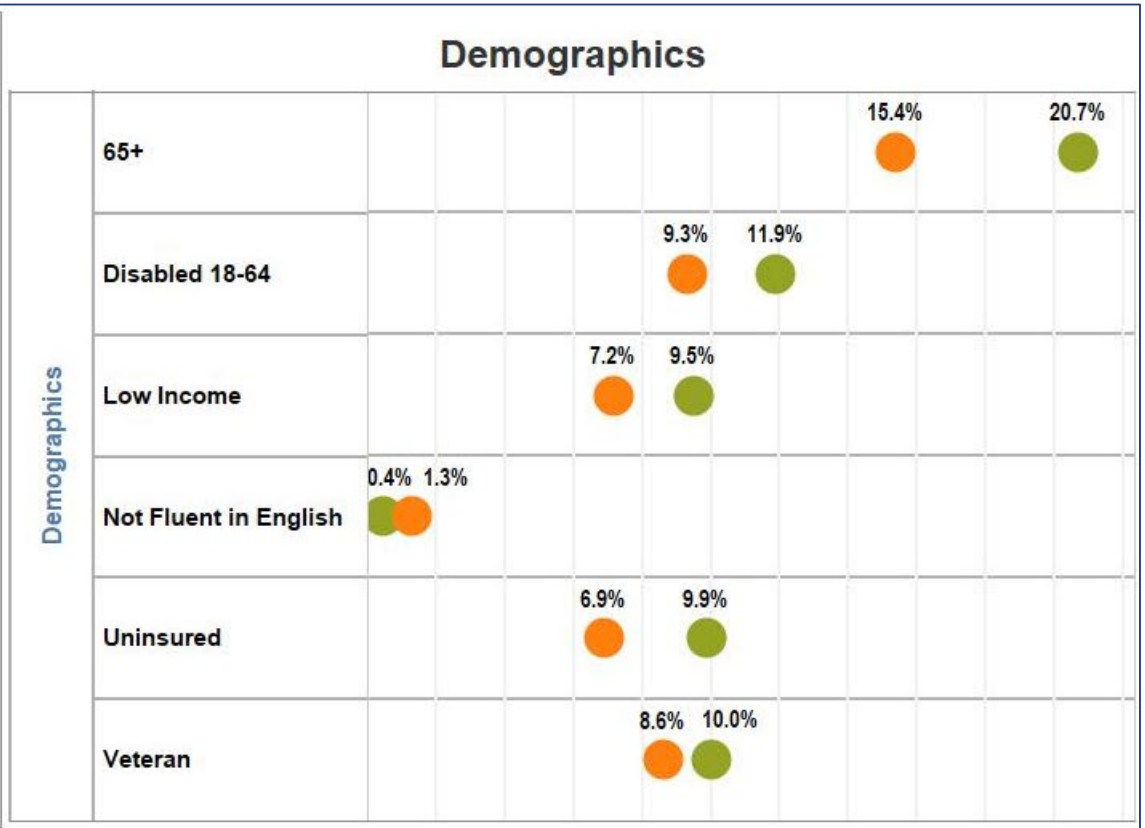
* Not included in this report; data analysis still underway, refer to the Health Professions Data Center figures on distribution.

Statistical Significance

- We did multi-year aggregates (details at the bottom of the graphics) to get around low numbers for many of the indicators.
- Data statistics (rates and accompanying intervals at the 95% confidence level) were compiled by the Bureau of Public Health Statistics and Informatics at the NH Department of Health and Human Services and by Community Health Institute, John Snow Inc.
- Apart from the All-Payer Claims Database (APCD) statistics, which do not contain confidence intervals, the visualizations contained in this report represent indicators found to be statistically different - according to confidence intervals (CI) - in rural and non-rural areas of the state. Indicators with slightly overlapping CIs for estimated rates were also included, as these relationships warrant further investigation

Demographics

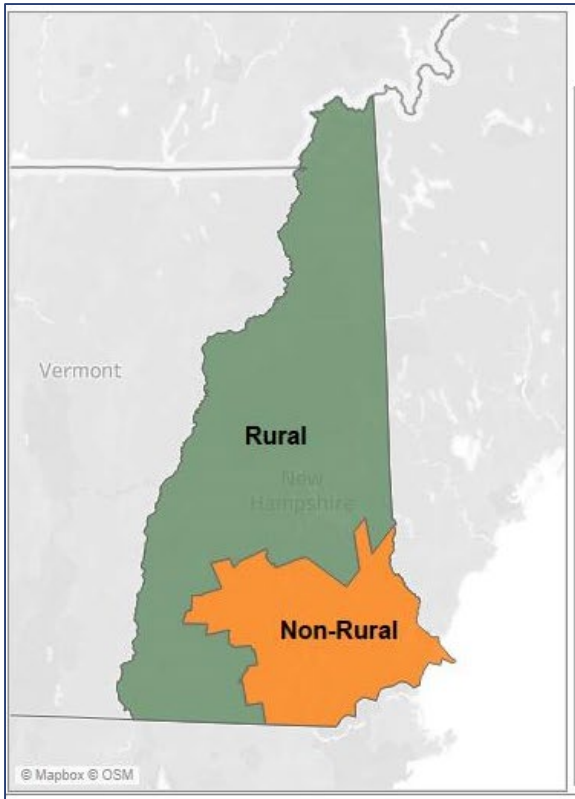




Sources:

Demographics	*Census American Community Survey*	*2014-2018*	*Percent*	Crude

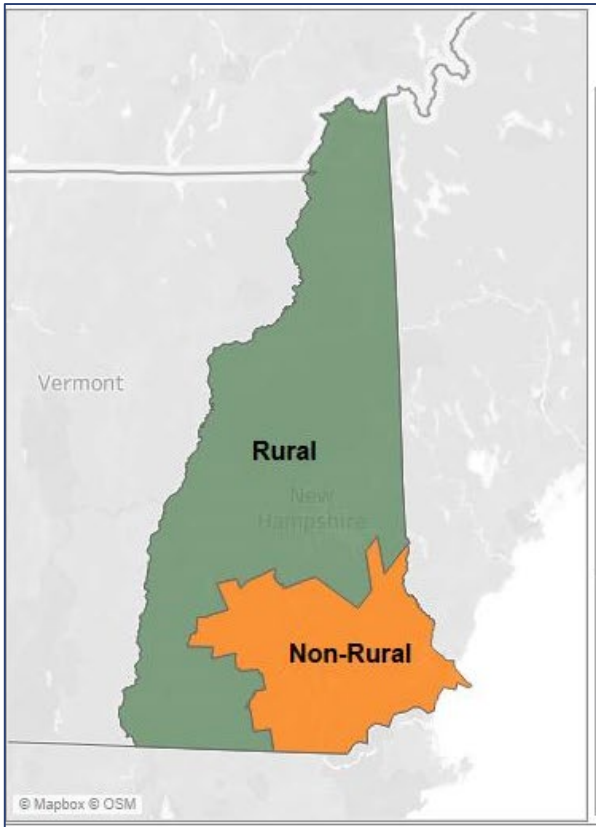
Barriers to Care

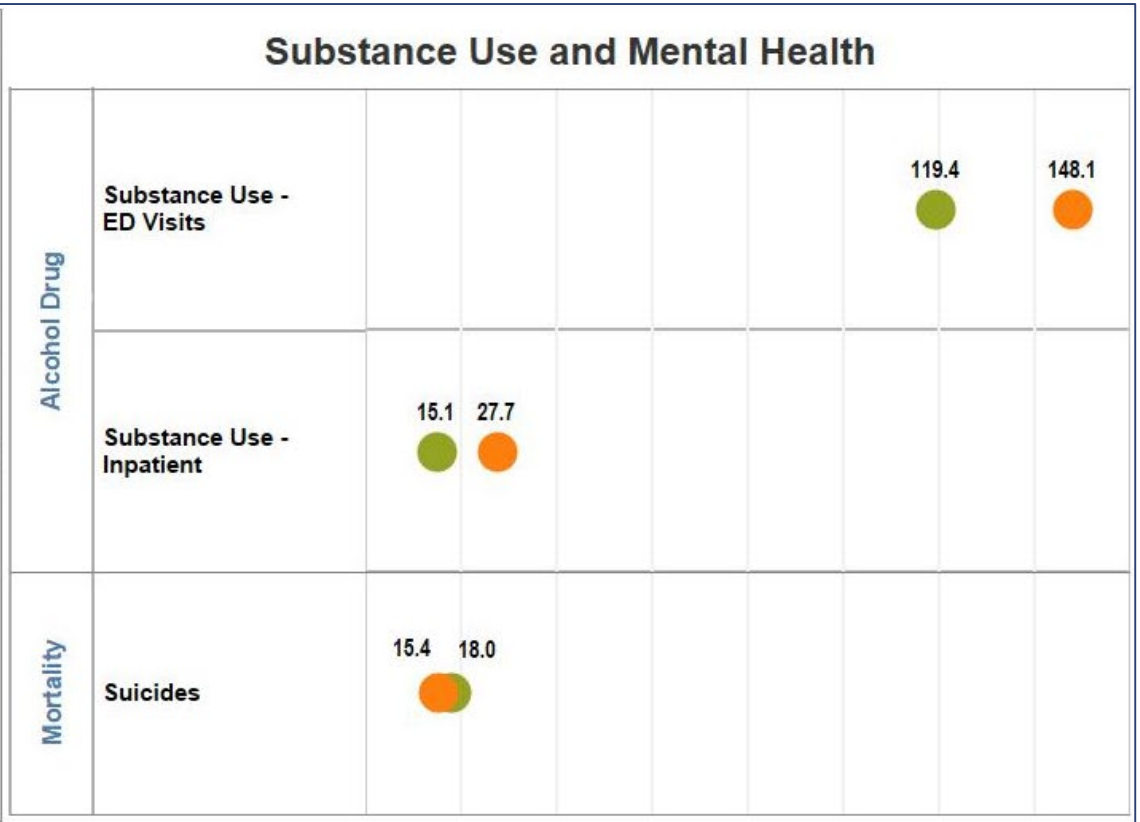


Sources:

Primary Care Visits	*NH All Payer Claims (CHIS)*	*2019*	*Mean Minutes to Visit*	Crude
			PC Visits per Member Year	Crude
			Percent of PC Visits	Crude

Substance Use & Mental Health

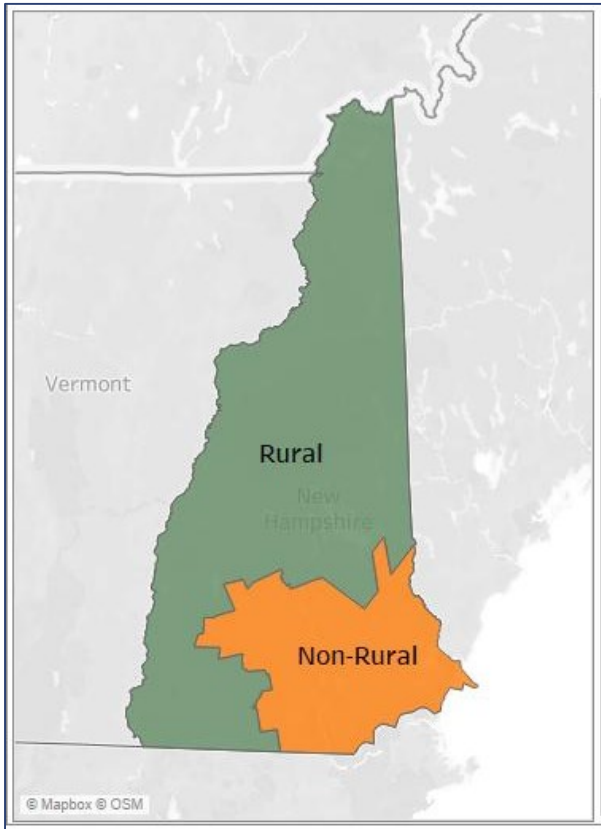


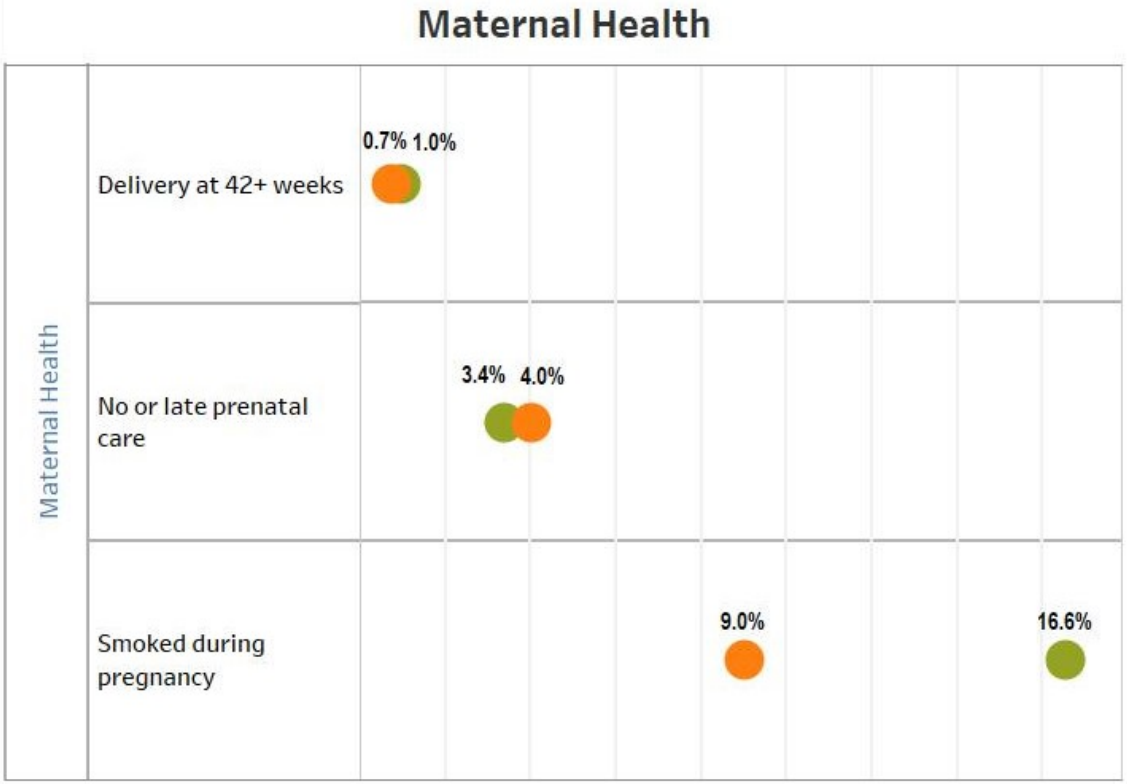


Sources:

Alcohol Drug & Self-Harm	*NH DHHS BPHSI*	*2018*	*Rate_Per_100K*	Age Adj
Mortality	*NH DHHS Vital Records*	*2010-2019*	*Deaths per 100,000*	Age Adj

Maternal Health

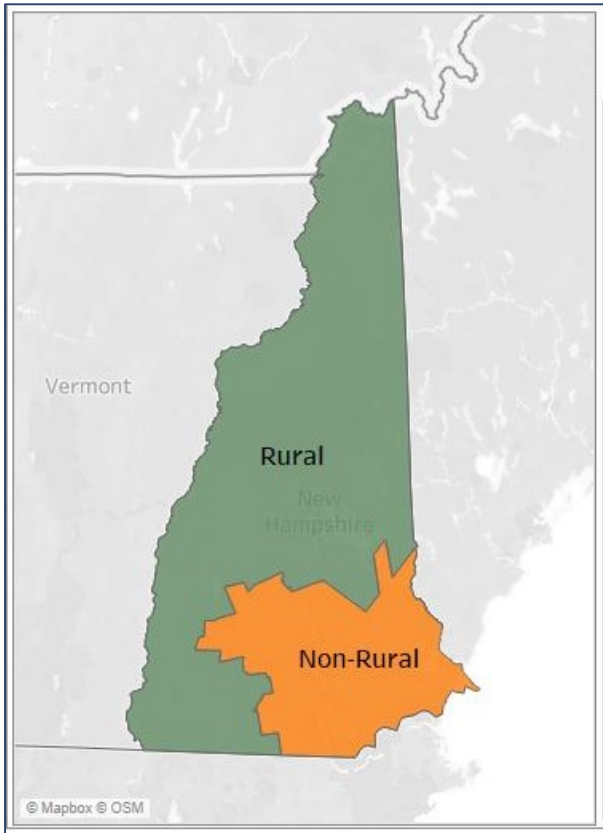


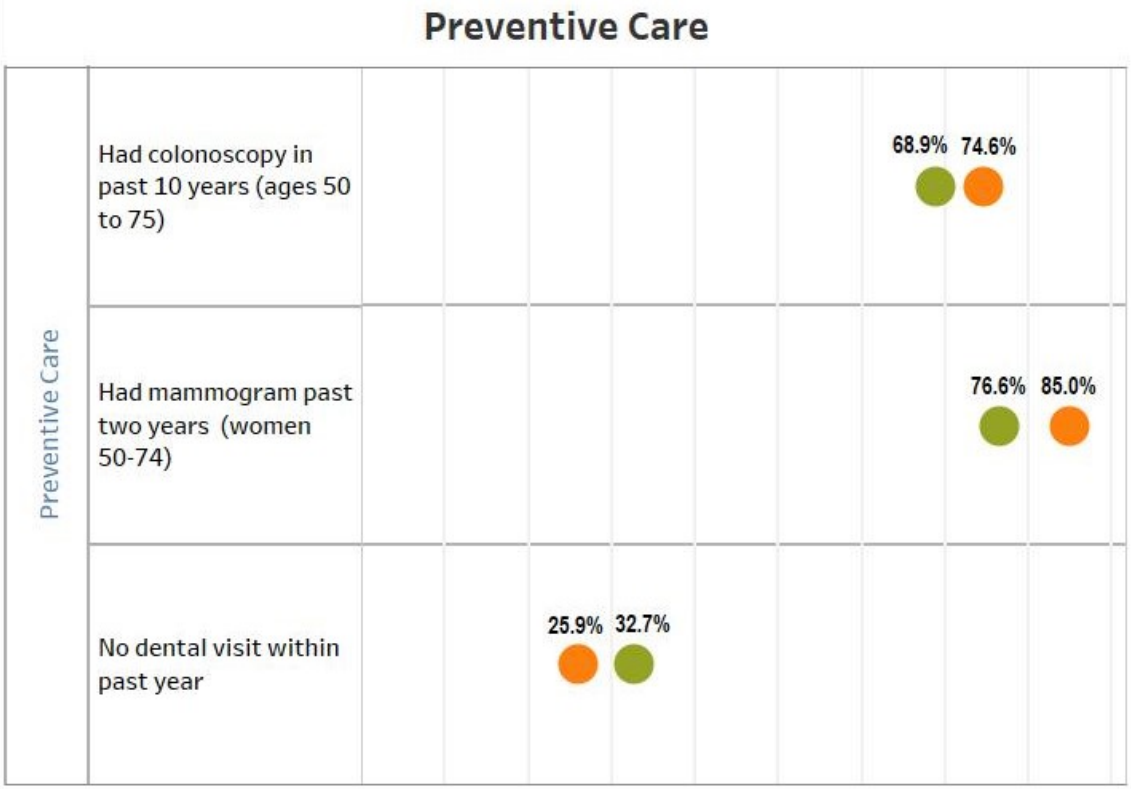


Sources:

Maternal Health	*NH DHHS Vital Records*	*2015-2018*	*Percent of Births*	Crude

Preventive Care

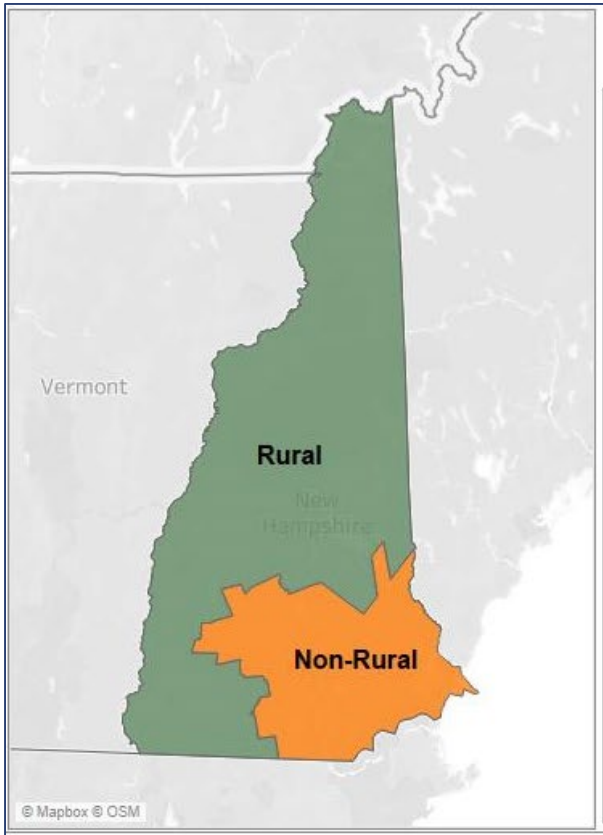


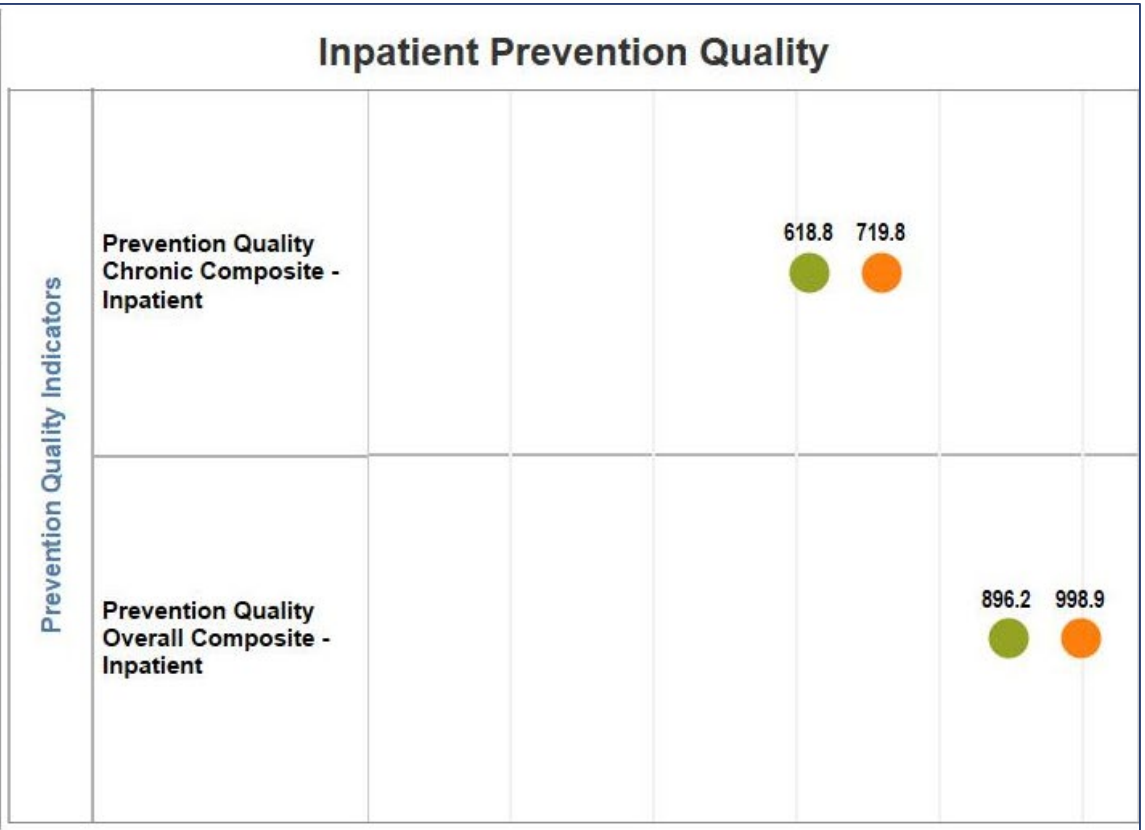


Sources:

Preventive Care	*Behavioral Risk Factor Surveillance System (BRFSS)*	*2016*	*Percent*	Crude

Inpatient Prevention Quality

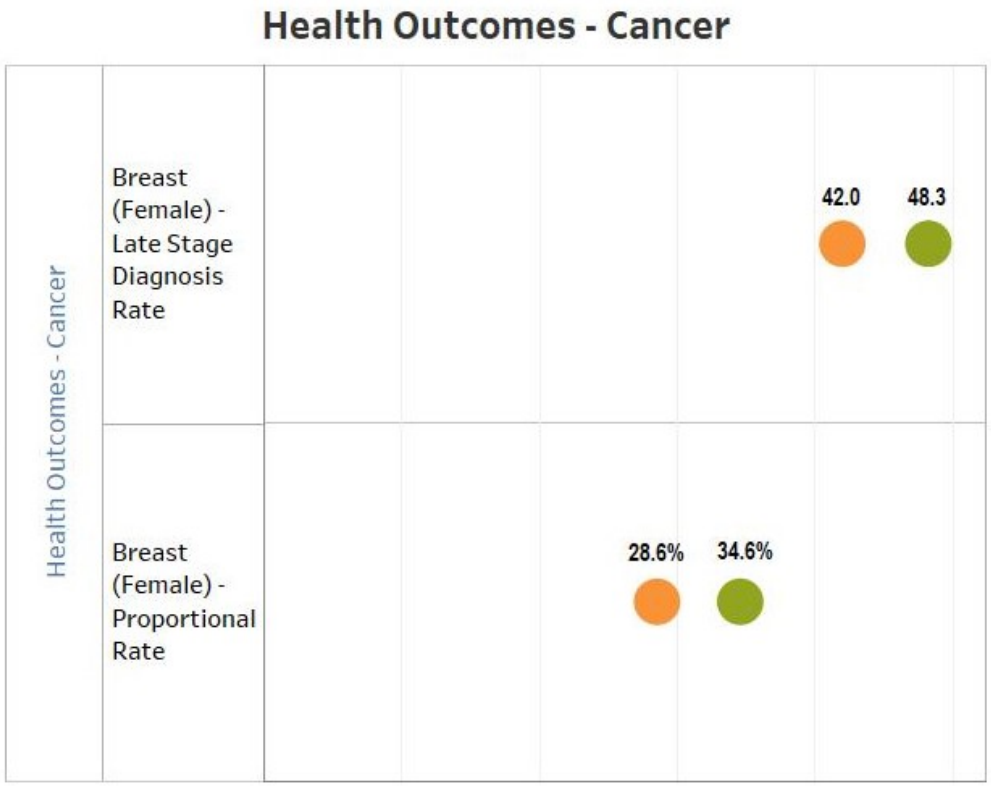




Sources:

Prevention Quality Indicators	*NH Uniform Healthcare Facility Discharge Dataset (UHFDDS)*	*2018*	*Admissions per 100,000 pop*	Age Adj

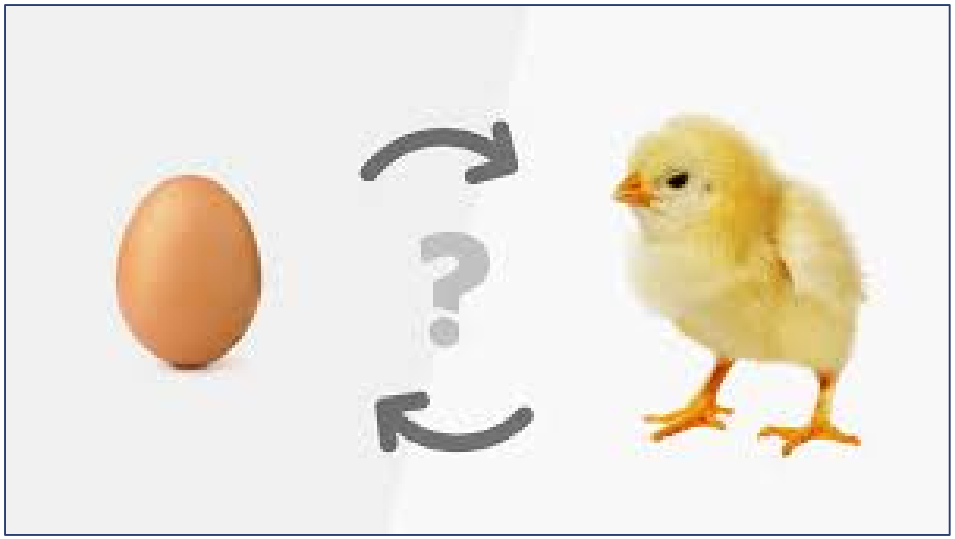
Health Outcomes - Cancer



Sources:

Health Outcomes - Cancer	*NH DHHS*	*2013-2017*	*Rate per 100k population*	Age Adj

Data Request and Analysis Lessons Learned



Future Plans

- Once the new WISDOM data system is available, where possible, all data will be able to be viewed as rural versus non-rural according to the definition by Public Health Region.
- The RHPC will then create a Rural Health dashboard in Tableau that will link to the WISDOM system but contain rural relevant indicators for: basic demographics, health status, morbidity rates, mortality rates, health care access, social determinants, and environmental determinants. The link for the rural dashboard will be on our section website and also used for future annual reports. This data will be updated annually at a minimum but as often as the datasets change.

Today's Purpose

- Health Workforce Data Collection
  - Timeline for workforce data reports
  - Response rate data
  - Noncompliance
  - Future plans

Table 1. Data Collection and Workforce Report Dates

Provider Type	Data Collected - **Partial	Data Collected - Full	Workforce Report
Physician Assistant (PA)	N/A	*2018, annually thereafter	2020
Physician	*2018	*2019	2020
Psychologist	*2019	2020	2021
Alcohol & Drug Counselor (MLADC/LADC)	*2019	2020	2021
Advanced Practice Registered Nurse (APRN)	*2019	2020	2021
Mental Health Practitioner *- Independent Clinical Social Worker (LICSW)* *- Clinical Mental Health Counselor (LCMHC)* *- Marriage and Family Therapist (MFT)* *- Pastoral Psychotherapist (PP)*	*2019	2020	2021
Registered Dental Hygienist	N/A	2021	2023
Dentist	N/A	2022	2024

Note: Timeline expected without data analyst position filled
* Data collection occurred prior to implementation of the 2019 legislative amendment, which requires survey/opt out as a condition of license renewal; as a result, survey/opt out responses are limited.
** Providers due to renew (about half of all licensees)

Table 2. Provider Response Rate Data for SFY2020

Provider Type	Data Collection Period	Met Survey Requirement	*Opt Outs	**Total Renewals	Nonrenewals (%)
Physician Assistant (PA)	Oct-Dec 31, 2019	800 (**95.1%**)	12 (1.4%)	841 of 903	6.9%
Physician	Mar-Jun 30, 2020	2,989 (**95.1%**)	51 (1.7%)	3,144 of 3,678	14.5%
Psychologist	Apr-Jun 30, 2020	173 (**99.4%**)	3 (1.7%)	174 of 233	25.3%
Alcohol & Drug Counselor (MLADC/LADC)	Apr-Jun 30, 2020	242 (**99.2%**)	2 (0.8%)	244 of 279	12.5%

* Of licensees who met the survey requirement

** Of those due to renew

Table 3. Noncompliance Rate Pre/Post Board Intervention

Provider	**Noncompliance Rate Pre-Board Intervention (#)**	**Noncompliance Rate Post-Board Intervention (#)**	**% Change**
Psychologists	11% (19)	~0% (1)	11%
LADCs/MLADCs	9% (22)	1% (3)	8%
**Physicians*	5% (151)	5% (151)	0%

* The Board of Medicine did not conduct follow up on noncompliant providers

Future Plans

- Compliance
  - NHMS
  - OPLC Enforcement Division
  - Transition to rolling renewals
- Staffing
  - Data analyst
- Data Use
  - Comprehensive analyses of primary care
  - True anticipated supply
  - Grants/Publication
  - Full workforce data

Report

2020 Report on the Health Status of Rural Residents and Health Workforce Data Collection

https://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/rural-res-health-wkfc-data-2020.pdf

Rural Health & Primary Care Team

Alisa Druzba - Administrator

Danielle Weiss - Health Professions Data Center Manager

Jan Wainwright - Primary Care Workforce Program Specialist

Alia Hayes – Rural Health Manager

Marie Wawrzyniak - Rural Health Quality Improvement Coordinator

Vacant – Primary Care Workforce Data Analyst (New position)

Vacant – Health Data Analyst (New part-time position in BHPSI)