

Legislative Commission on the Interdisciplinary Primary Care Workforce

January 27, 2022 2:00-4:00pm – Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Rooms 110-111

Zoom and Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/95350749498?pwd=SjVOZDdHNXBZWlBscFpsZEdkcVFsQT09>

Meeting ID: 953 5074 9498

Passcode: 612534

Find your local number: <https://nh-dhhs.zoom.us/u/adLuMRsIMF>

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

Agenda

- 2:00 - 2:10 **Attendance & Introductions**
- 2:10 -2:20 **Public Health Education and Detailing for Infectious Diseases –**
Amy Nelson, MPH, Public Health Education & Detailing Program
Manager, Bureau of Infectious Disease Control, NH Division of
Public Health Services
- 2:20 – 3:20 **Medical Workforce Data Report Review (Physicians, Physician
Assistants & Nurse Practitioners) –** Danielle Hernandez, MPH,
Health Professions Data Center Manager, Rural Health &
Primary Care, NH Division of Public Health Services
- 3:20 – 3:45 **2021 Annual Report on the Health Status of Rural Residents –**
Alisa Druzba, Administrator, Rural Health & Primary Care, NH
Division of Public Health Services
- 3:45 - 4:00 **Legislative Agenda, Updates & Future Topics –** Group
discussion
- 4:00 **Adjourn**

Next meeting: Thursday February 24, 2022 2:00-4:00pm (location to be determined)

State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: January 27, 2022 TIME: 2:00 – 4:00pm

LOCATION: Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Rooms 110-11 &
Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Hernandez

MEETING DATE: January 27, 2022

Members of the Commission:

Mary Bidgood-Wilson, ARNP – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Don Kolisch, MD, Geisel Medical School
Kristina Fjeld-Sparks, Director, NH AHEC
Jeanne Ryer, NH Citizens Health Initiative
Bill Gunn, NH Mental Health Coalition
Tom Manion, CEO, New London Hospital
Tyler Brannen, Dept. of Insurance
Pamela Dinapoli, NH Nurses Association
Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Trini Tellez, Healthcare Consultant

Guests:

Danielle Hernandez, Program Manager, Rural Health and Primary Care Section
Paula Smith, SNH AHEC
Kris van Bergen-Buteau, NNH AHEC
Christine Keenan, Administrative Director of Graduate Medical Education, Portsmouth Regional Hospital
Marcy Doyle, UNH, Health Policy & Practices
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Jan Thomas, UNH, Health Policy & Practice
Priscilla Marsicovetere, Franklin Pierce PA Program
Jannell Levine, Maternal & Child Health, NH DHHS

Meeting Discussion:

2:00 - 2:10	Attendance & Introductions
2:10 -2:20	Public Health Education and Detailing for Infectious Diseases – Amy Nelson, MPH, Public Health Education & Detailing Program Manager, Bureau of Infectious Disease Control, NH Division of Public Health Services Refer to attached presentation, “Public Health Education & Detailing for Infectious Diseases.”
2:20 – 3:20	Medical Workforce Data Report Review (Physicians, Physician Assistants & Nurse Practitioners) – Danielle Hernandez, MPH, Health Professions Data Center Manager, Rural Health & Primary Care, NH Division of Public Health Services

- Locate the medical workforce data reports on the Health Professions Data Center website at <https://www.dhhs.nh.gov/programs-services/health-care/rural-health-and-primary-care/health-professions-data-center>

3:20 – 3:45

2021 Annual Report on the Health Status of Rural Residents – Alisa Druzba, Administrator, Rural Health & Primary Care, NH Division of Public Health Services

- [2021 report](#)
- Refer to the attached presentation, “Health Status of Rural NH.”

3:45 - 4:00

Legislative Agenda, Updates & Future Topics – Group discussion

4:00

Adjourn

Next meeting: Thursday February 24, 2022 2:00-4:00pm (location to be determined)

Public Health Education & Detailing in Infectious Disease

Legislative Committee on Interdisciplinary
Primary Care Workforce
January 27, 2022

What is PHED?

- We provide educational support to all the areas within the Infectious Disease Prevention, Investigation, Care Services Section (IDPICSS)
- Social media support (Web Liaison & FB)
- Provide detailing efforts geared towards healthcare providers, on infectious disease topics, i.e. Expedited Partner Therapy (EPT)& Pre-Exposure Prophylaxis (PrEP)

What is PHED?

- Work with both internal and external partners on education efforts/opportunities
- Networking – to determine how we can work collaboratively and reduce duplication of efforts

PHED Program

- **Viral Hepatitis** – Bronwyn Barnett, Program Coordinator
- **Education & Training** – Janice Karlsen, Coordinator
- **Public Health Detailing** – Jessica “Jess” Alward, Detailer
- **COVID School Liaisons** – Sheryl Nielsen, Paula Chouinard and Rita O’Neill, School Liaison

PHED Program

- **COVID Traveler's Health-** Dasha Randlett, Traveler's Health Liaison
- **Two vacant positions** – Public Health Detailer & Workforce Development Specialist
- **Program Manager** – Amy L. Nelson

Follow UP

NH CARE Program

- Presented in September - Reconnect
- Continued shortage of providers
- Seacoast has immediate needs
- Seeking providers to participate on the Medical Advisory Board
- Open to new/innovative discussions to reach providers and clients
- Contact: Elizabeth Biron, Oversight and Monitoring Coordinator 603-271-6942
Elizabeth.L.Biron@dhhs.nh.gov

Take Away for Today?

- Increase program awareness
- Ask what your needs are as healthcare providers/facilities, with regards to infectious diseases, specifically education you feel you may need
- How can we support your work efforts
- How can we, collectively, work together around infectious disease, i.e. educational needs, identifying new providers

Thank you!

Amy L. Nelson, MPH, MCHES®
Public Health Education & Detailing
Program Manager

amy.l.nelson@dhhs.nh.gov

603-271-5289

Health Status of Rural Residents and Status of Health Workforce Data Collection

January 27, 2022

Statutory Requirement

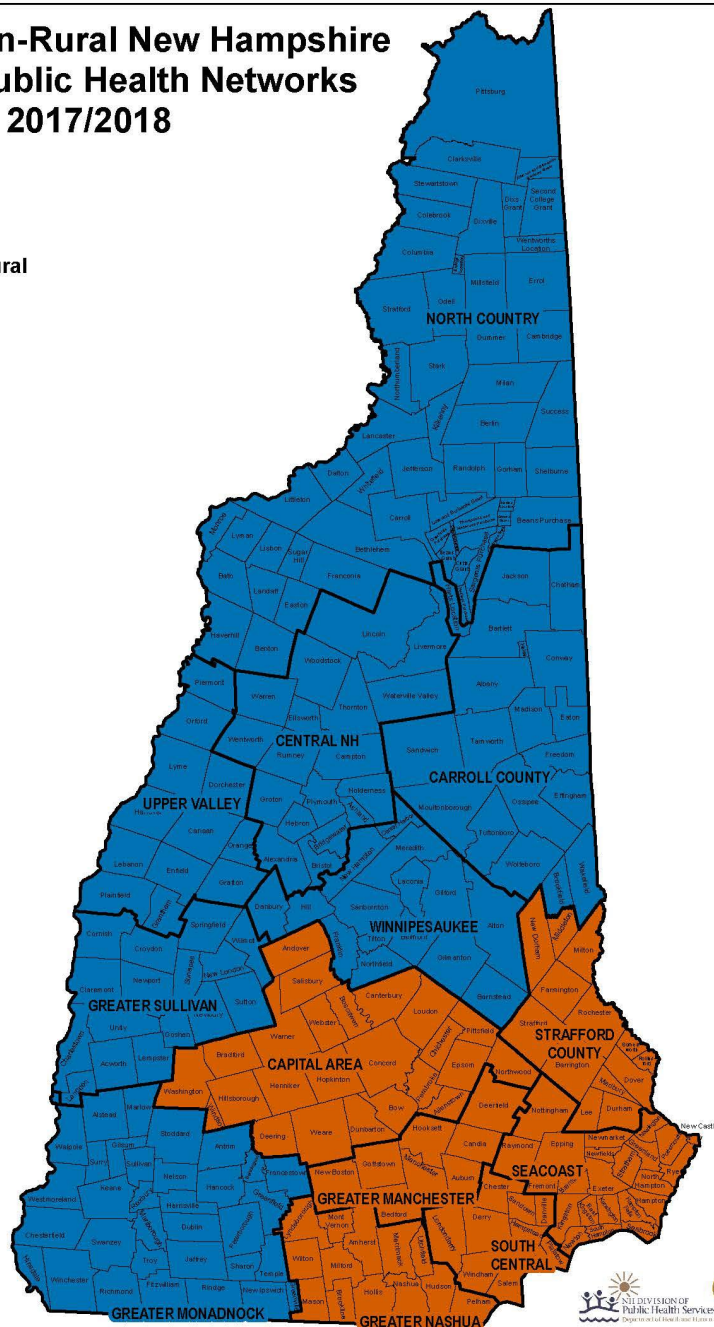
- ▶ RSA 126-A:5, XVIII-a(e) requires that the State Office of Rural Health (SORH) submit a report on or before December 1, 2019, and annually thereafter to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established 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

Rural and Non-Rural New Hampshire Regional Public Health Networks 2017/2018

-  - Rural
-  - Non-Rural



Health Status Indicators

▶ Selected measures were classified under the following categories:

- Demographics
- Barriers to Care
- *Workforce Supply
- Substance Use and Mental Health
- Maternal Health
- **Preventive Care
- Outcomes

* Refer to the Health Professions Data Center figures on distribution.

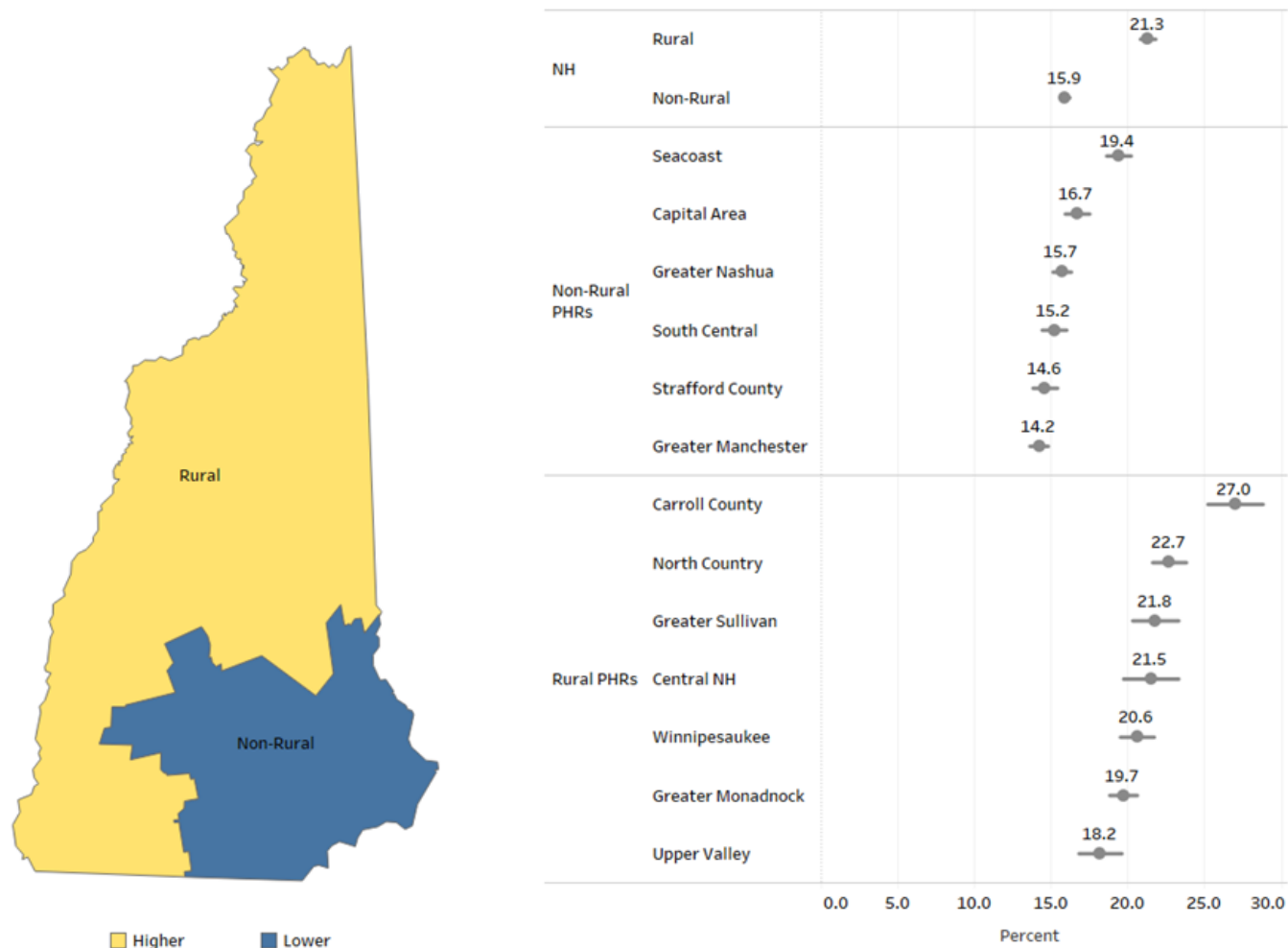
** High blood pressure and cholesterol measures are excluded from this year's report due to collection in odd years only

Data Reported

- ▶ 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.

Demographics – 65+

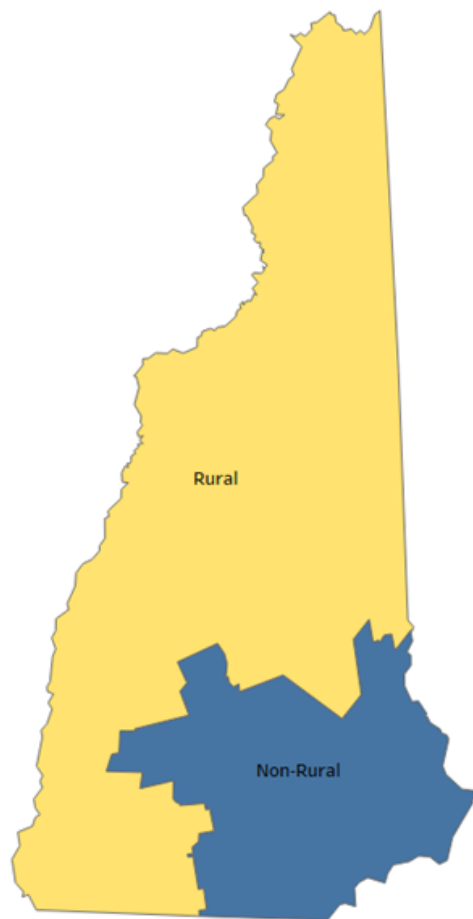
Figure 2. Percentage of Population 65+ Years Old, Rural/Non-Rural, 2015-2019, Crude Rate



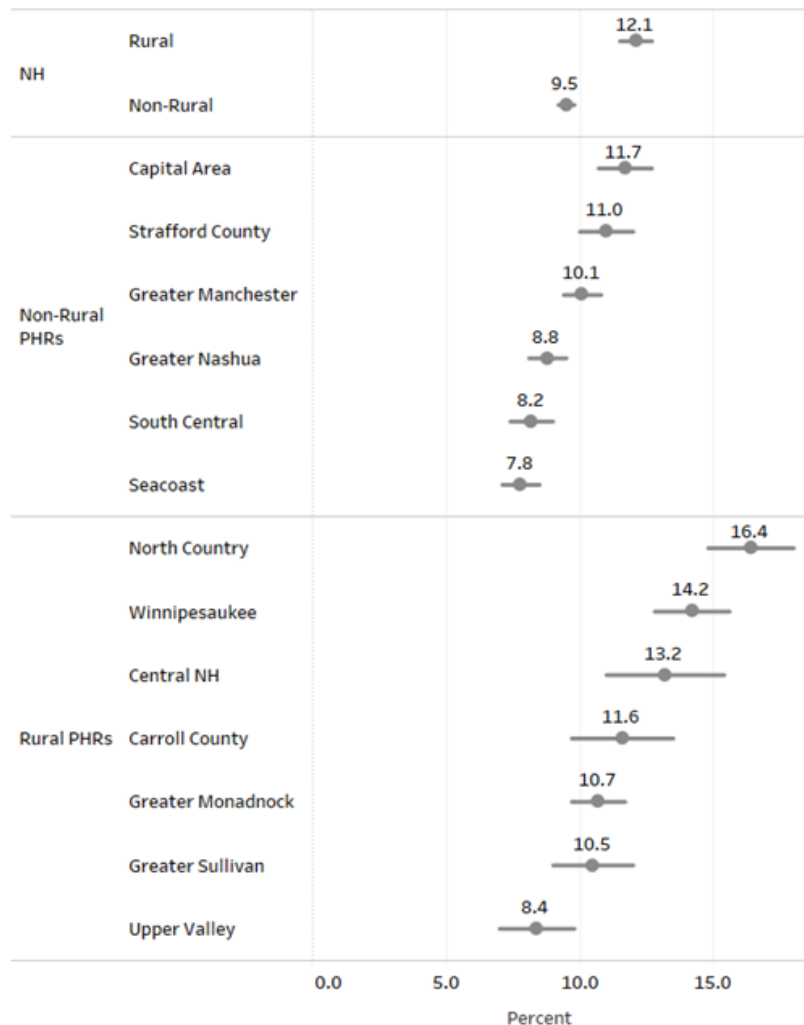
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Disabled (18-64)

Figure 3. Percentage of Population (18-64) Disabled, Rural/Non-Rural, 2015-2019, Crude Rate



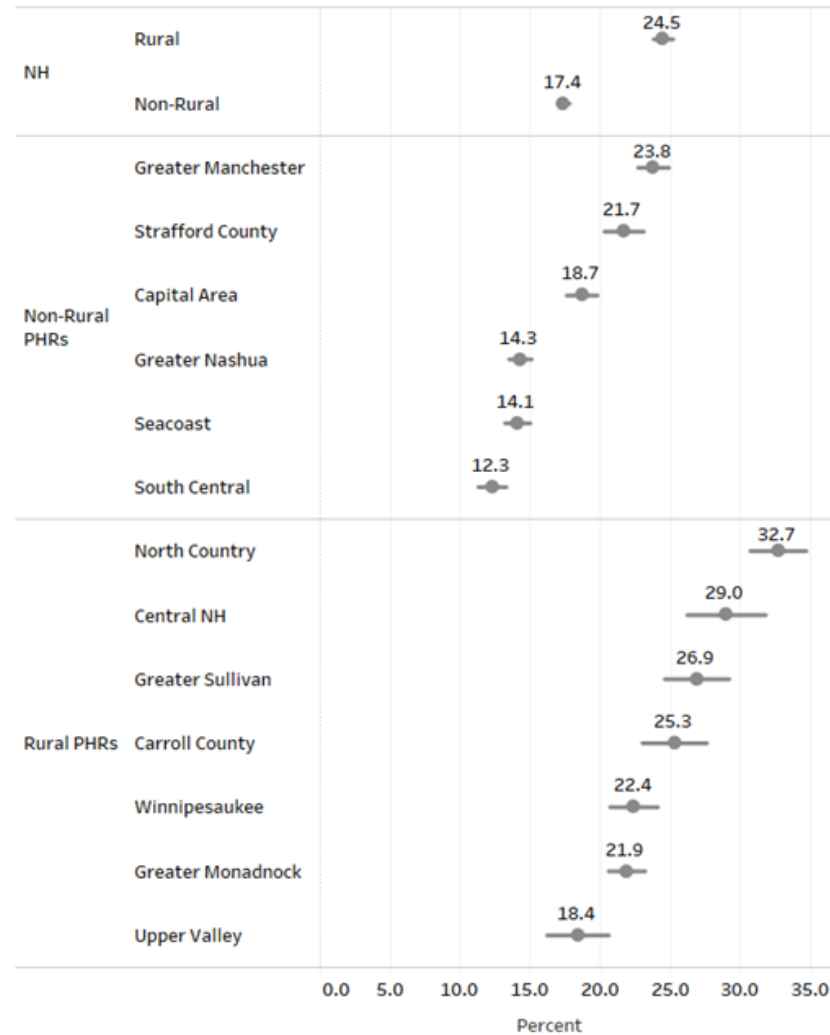
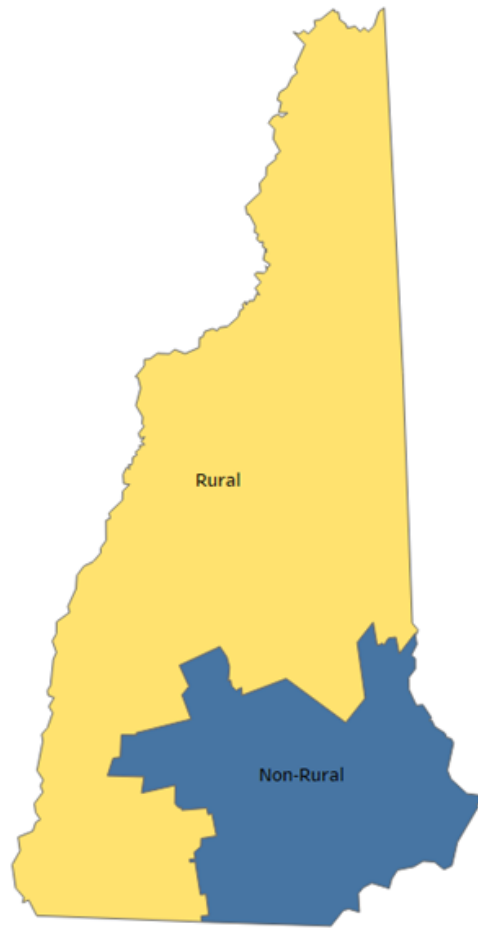
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Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Low-Income (200% FPL)

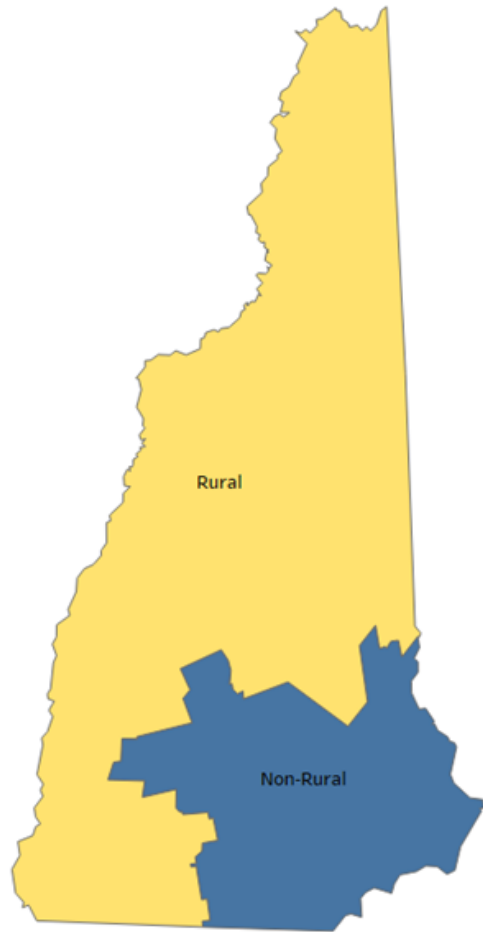
Figure 4. Percentage of Low-Income Population (below 200% of the Federal Poverty Level, All Ages), Rural/Non-Rural, 2015-2019, Crude Rate



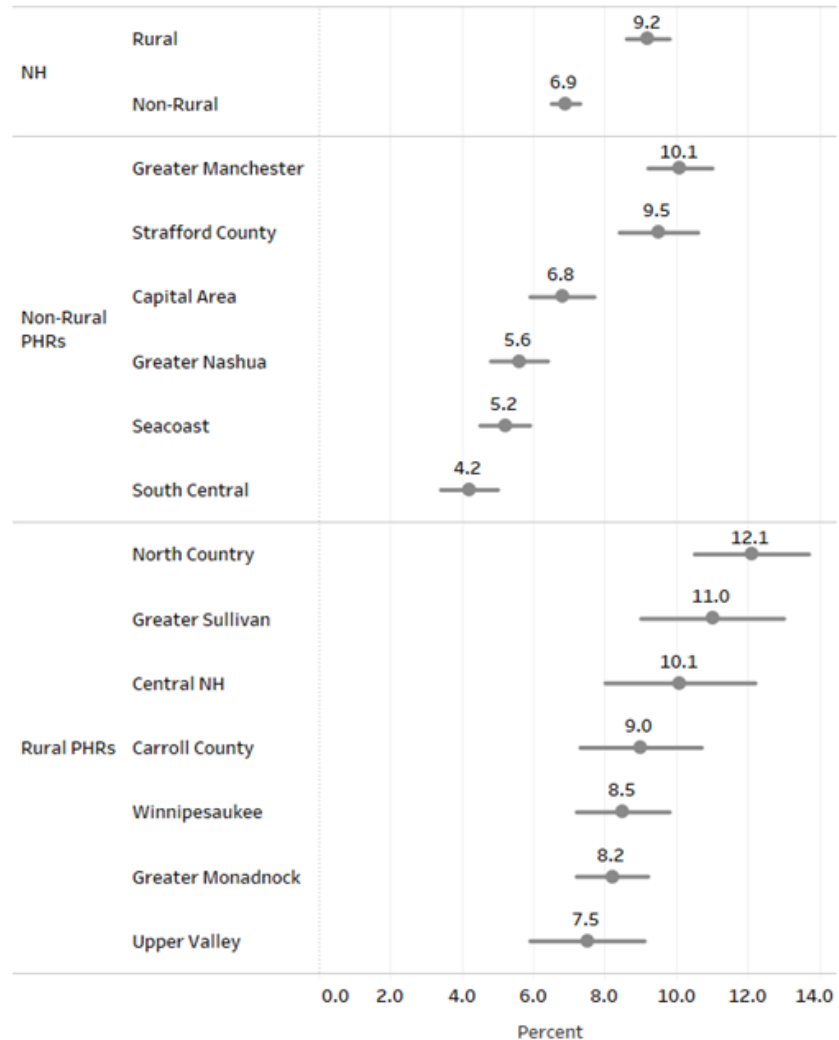
Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Poverty (100% FPL)

Figure 5. Percentage of Population in Poverty (below 100% of the Federal Poverty Level, All Ages), Rural/Non-Rural, 2015-2019, Crude Rate



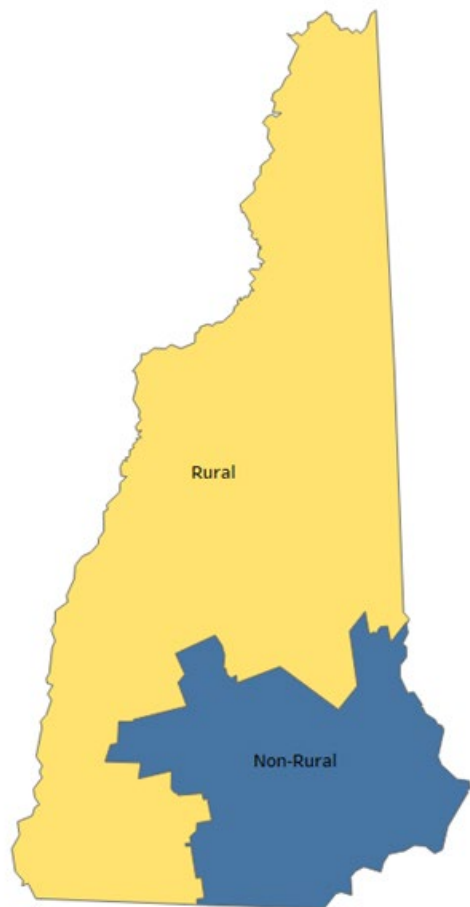
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Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Uninsured (<65+)

Figure 6. Percentage of Population (<65+) Uninsured, Rural/Non-Rural, 2015-2019, Crude Rate



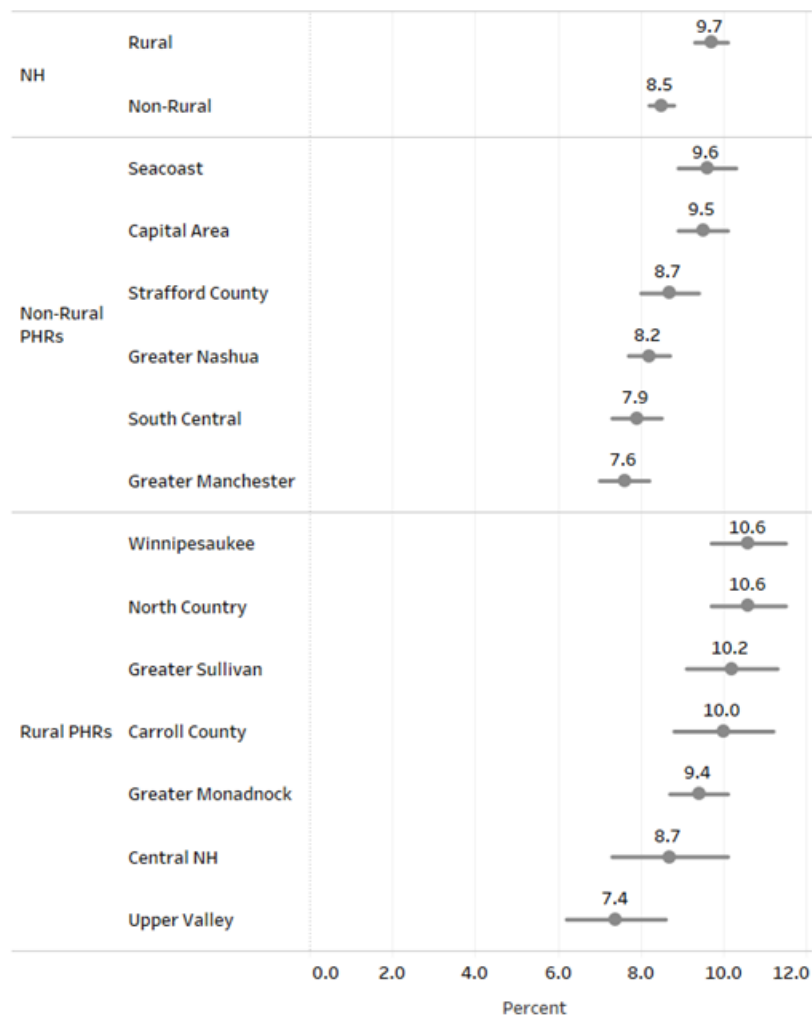
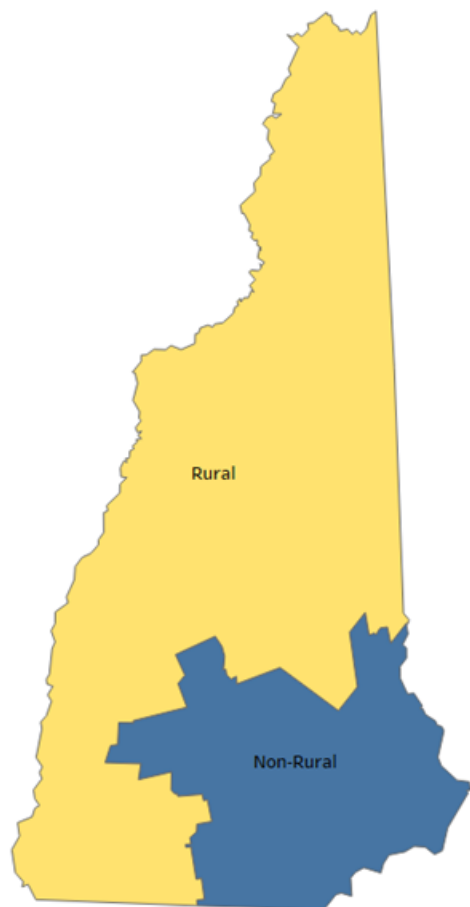
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Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Veterans (18+)

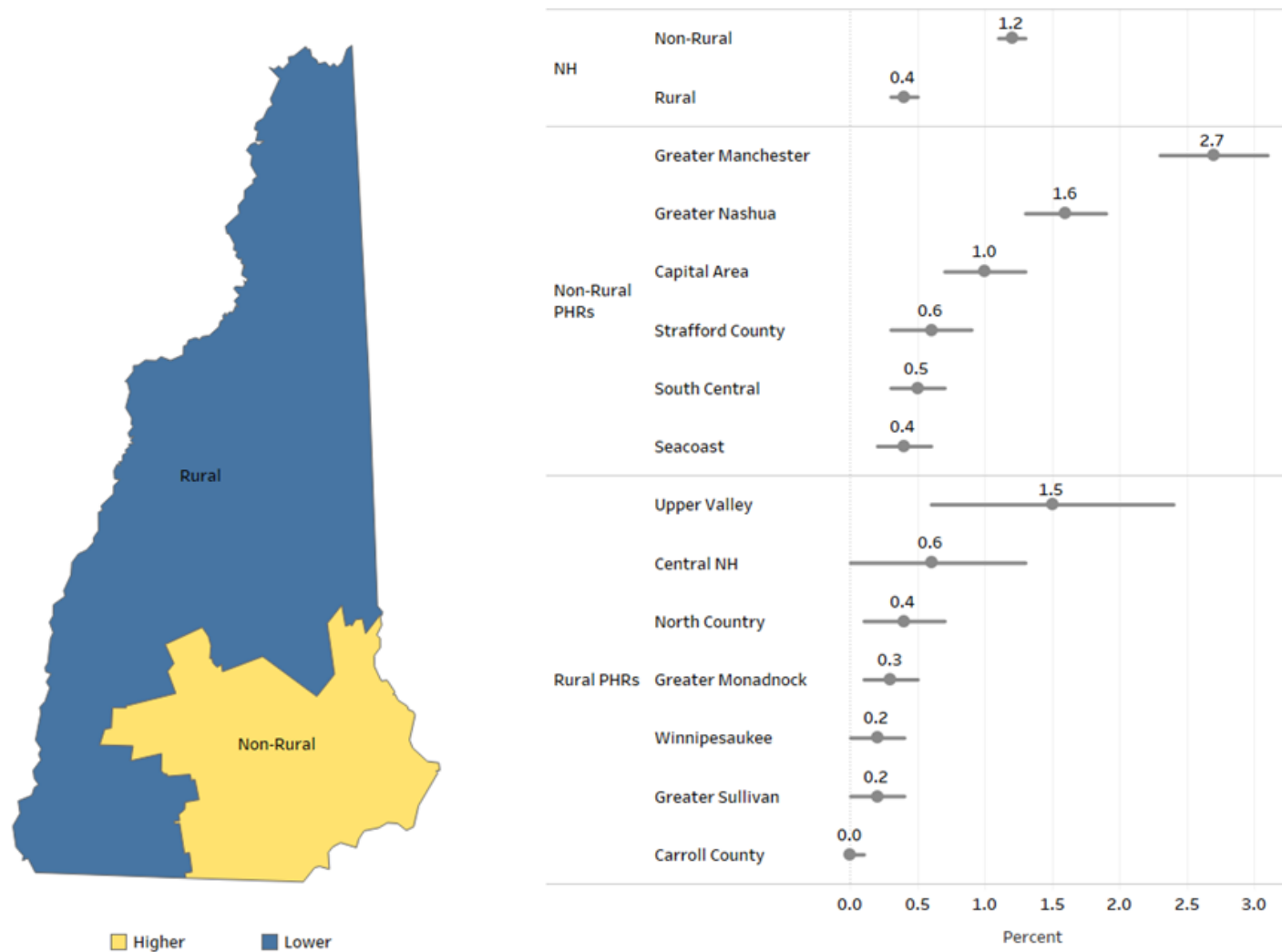
Figure 7. Percentage of Population (18+) that is a Veteran, Rural/Non-Rural, 2015-2019, Crude Rate



Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Demographics – Not Fluent in English (5+)

Figure 8. Percentage of Population (5+) not Fluent in English, Rural/Non-Rural, 2015-2019, Crude Rate



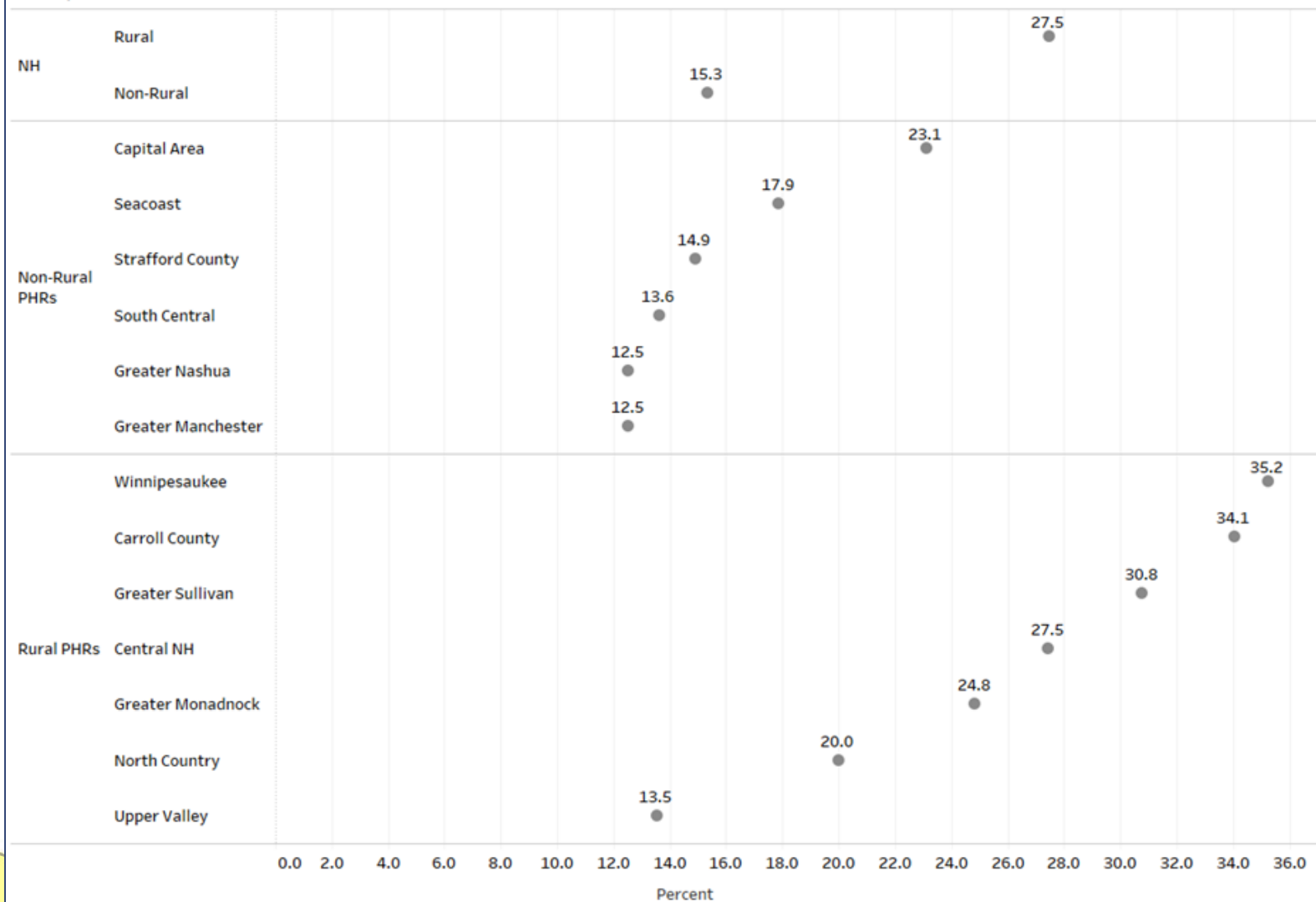
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Percent

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates

Barriers to Care – % of Primary Care Visits with Travel Time >30 Minutes

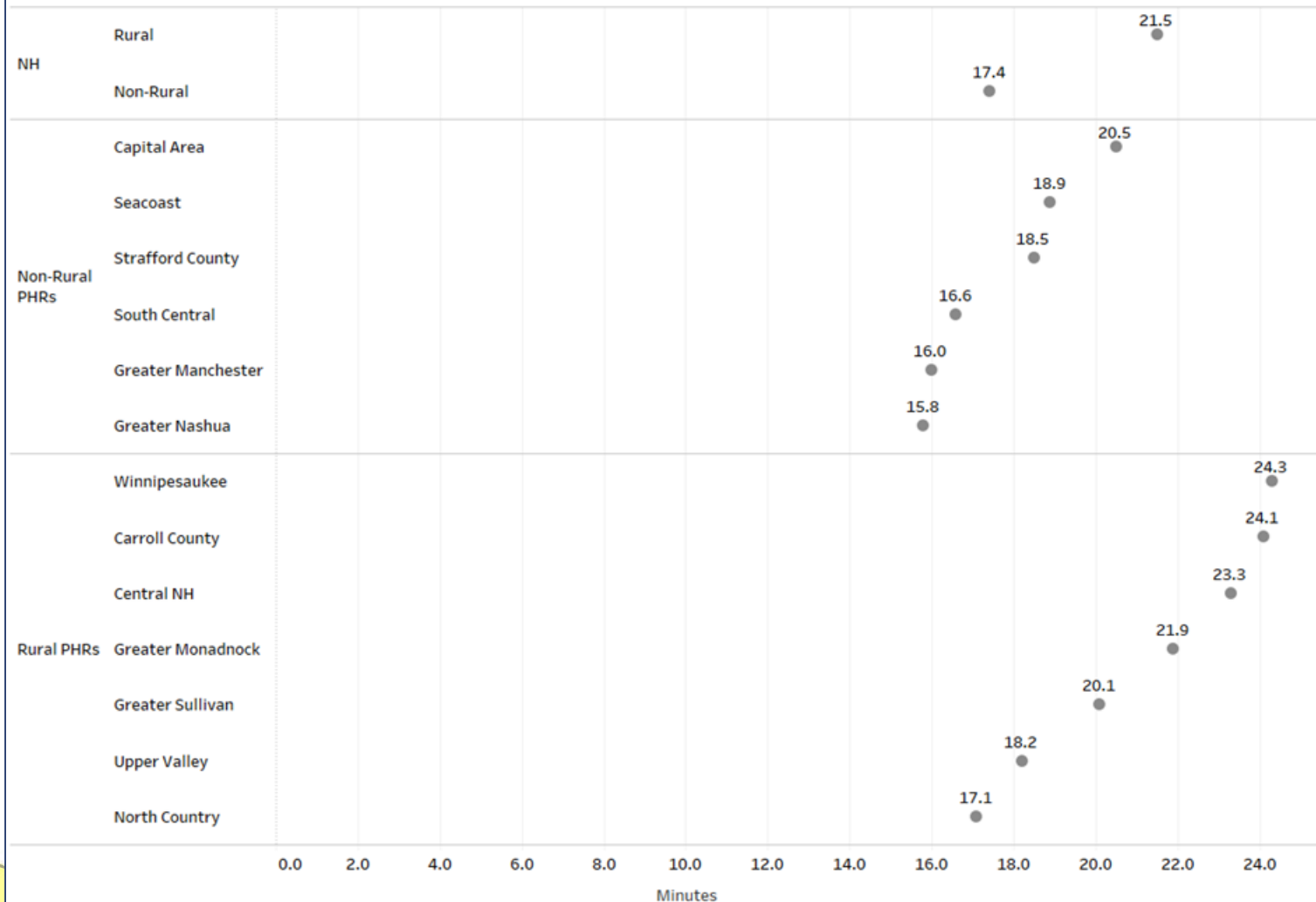
Figure 9. Percentage of Primary Medical Care Visits (All Ages) with Travel Times Greater than 30 Minutes One Way, Rural/Non-Rural, 2019, Crude Rate



Source: New Hampshire Comprehensive Health Care Information System (CHIS)

Barriers to Care – Mean Travel Time to Primary Care Visits

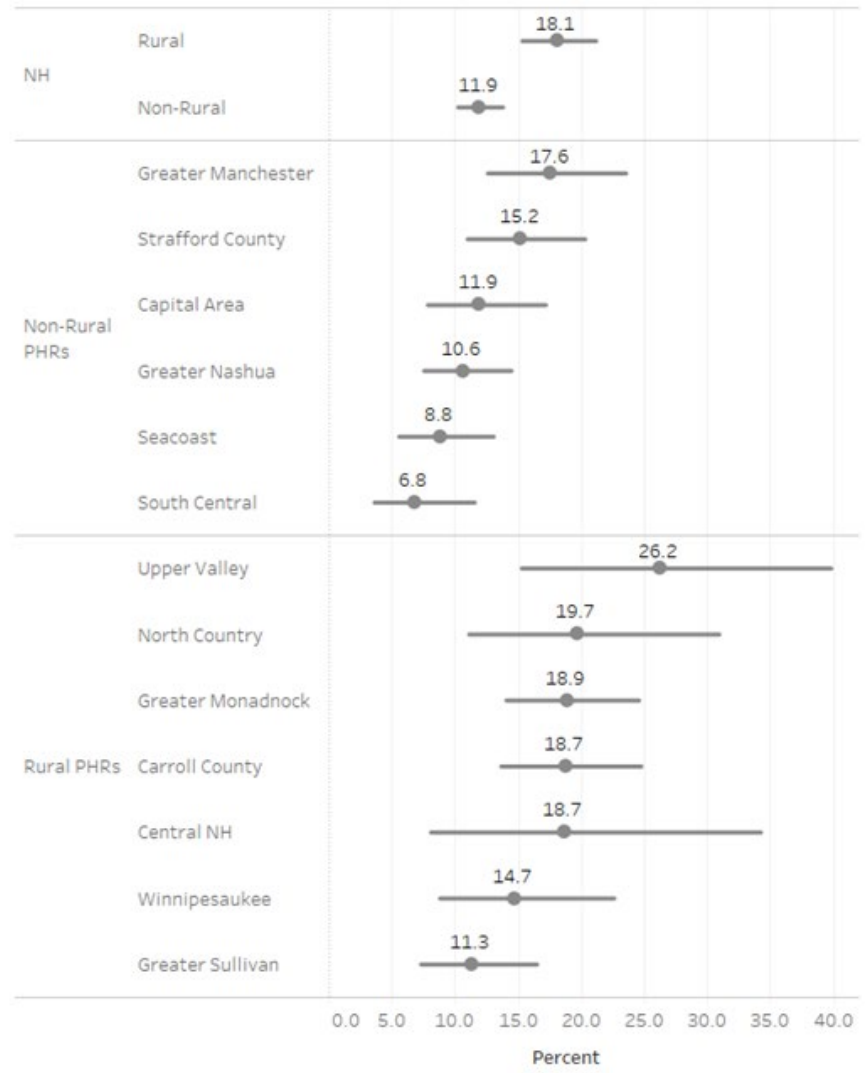
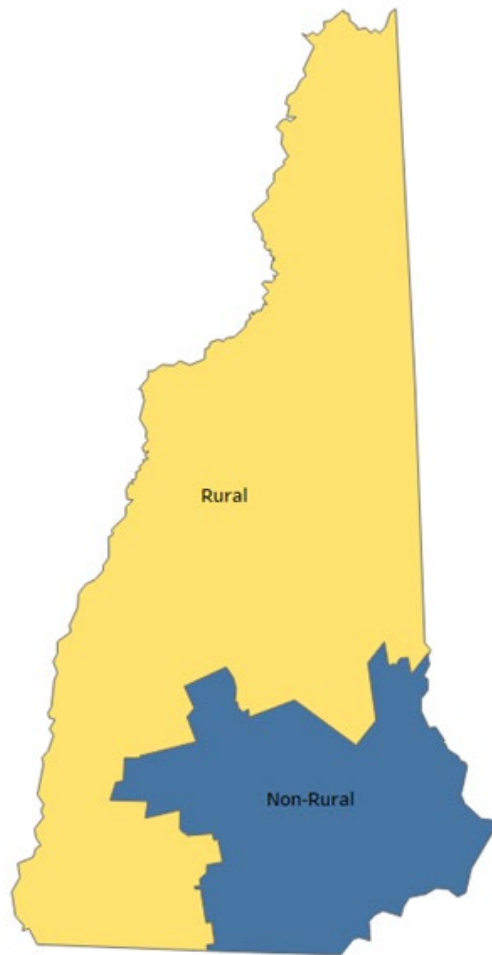
Figure 10. Mean Travel Time to Primary Medical Care Visits (All Ages), Rural/Non-Rural, 2019, Crude Rate



Source: New Hampshire Comprehensive Health Care Information System (CHIS)

Barriers to Care – Population (18+) without a Healthcare Provider

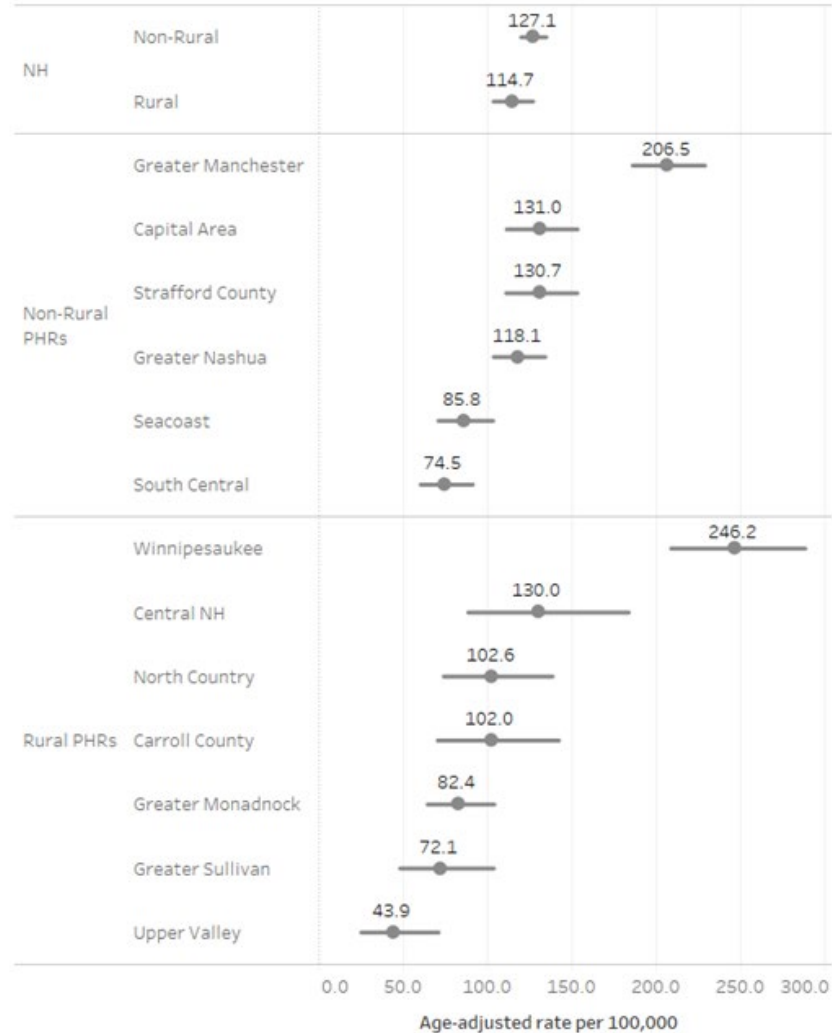
Figure 11. Percentage of Population (18+) without a Personal Doctor/Health Care Provider, Rural/Non-Rural, 2018, Crude Rate



Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Substance Use & Mental Health – ED Visits

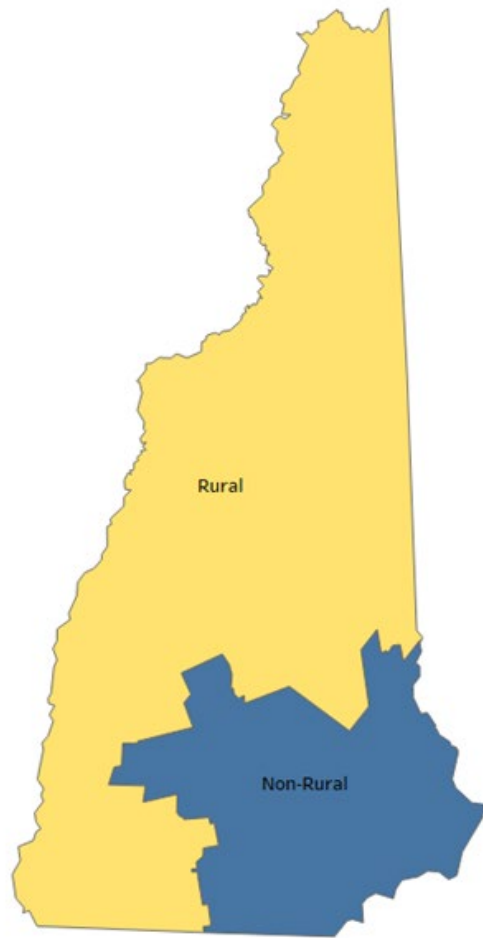
Figure 12. Drug & Alcohol Related Emergency Department Visits (All Ages), Rural/Non-Rural, 2019, Age-Adjusted Rate



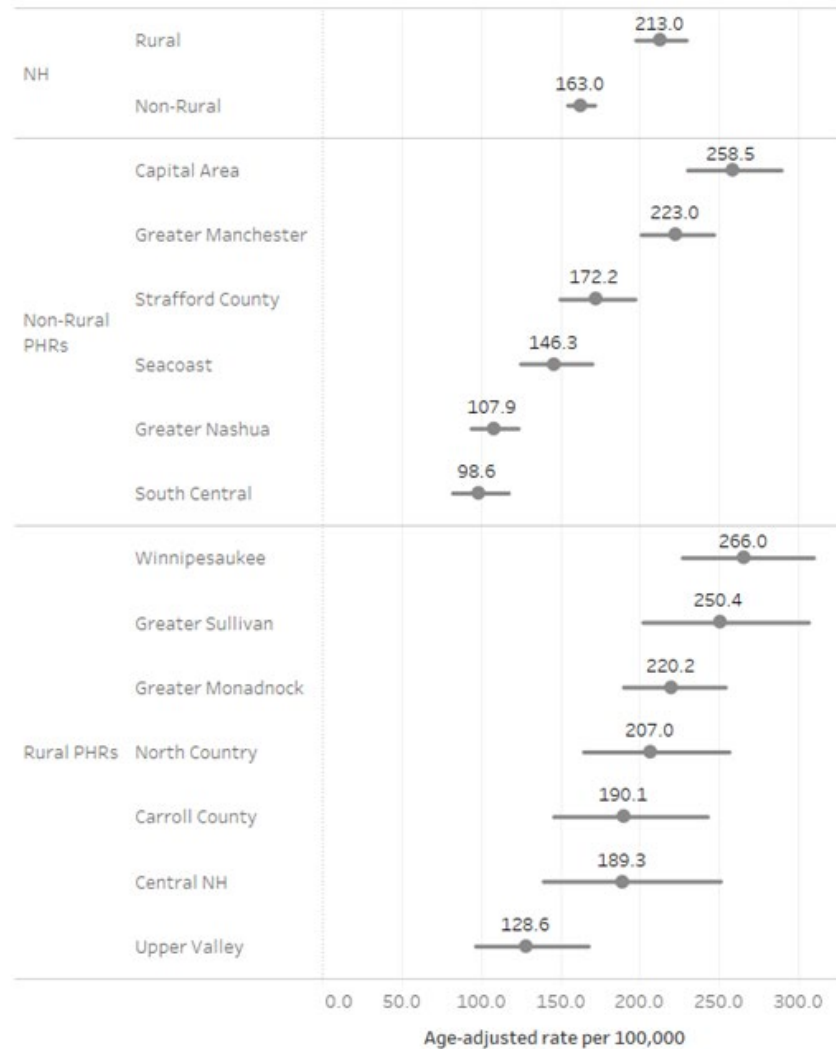
Source: NH Hospital Discharge Data Set (HDDS)

Substance Use & Mental Health – Self-Inflicted Harm ED Visits

Figure 13. Self-Inflicted harm - Emergency Department Visits (All Ages), Rural/Non-Rural, 2019, Age-Adjusted Rate



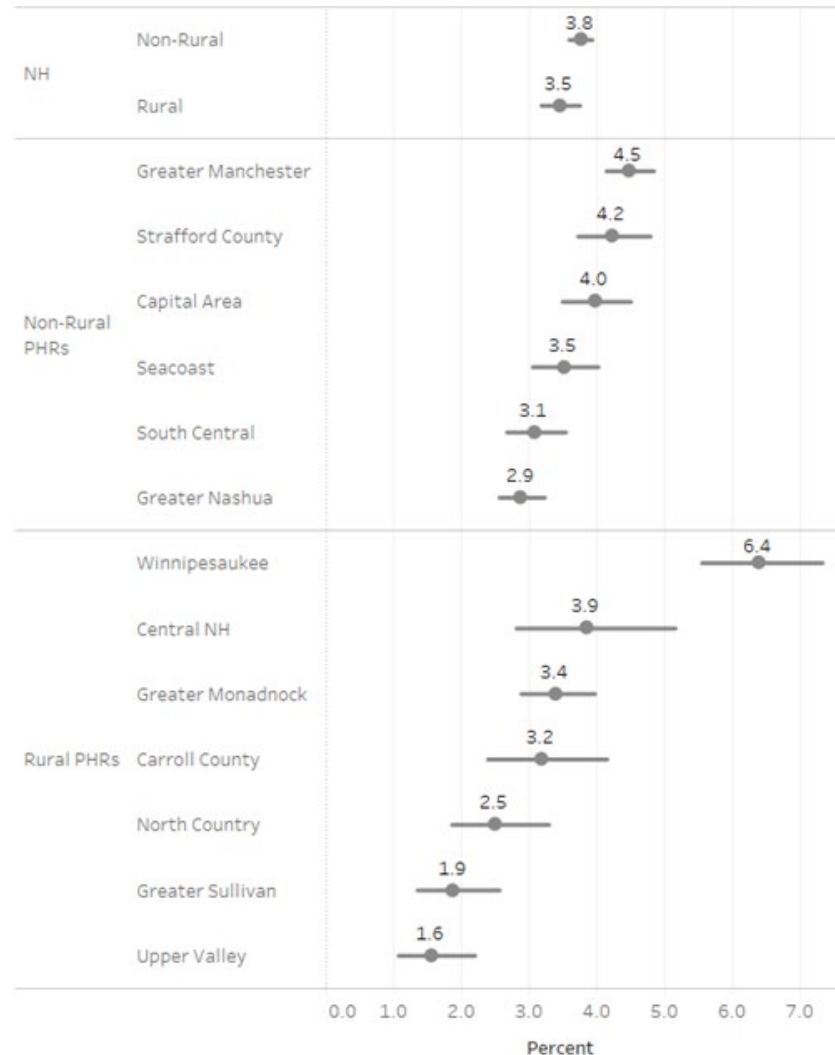
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Source: NH Hospital Discharge Data Set (HDDS)

Maternal Health – No or Late Prenatal Care

Figure 14. Percentage of Population (Females, Live Births, All Ages) that Received No or Late Prenatal Care, Rural/Non-Rural, 2016-2020, Crude Rate

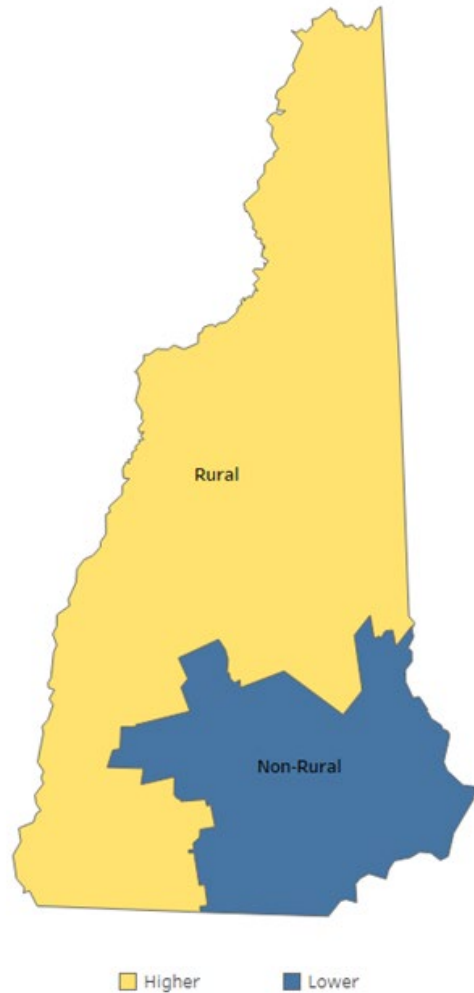


■ Not significant

Source: NH Vital Records Birth Certificate Data

Maternal Health – Smoked During Pregnancy

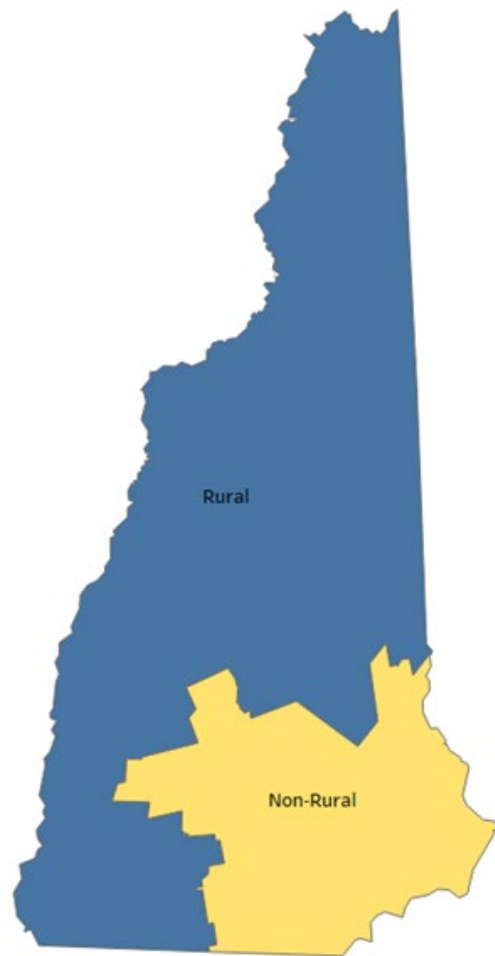
Figure 15. Percentage of Population (Females, Live Births, All Ages) that Smoked during Pregnancy, Rural/Non-Rural, 2016-2020, Crude Rate



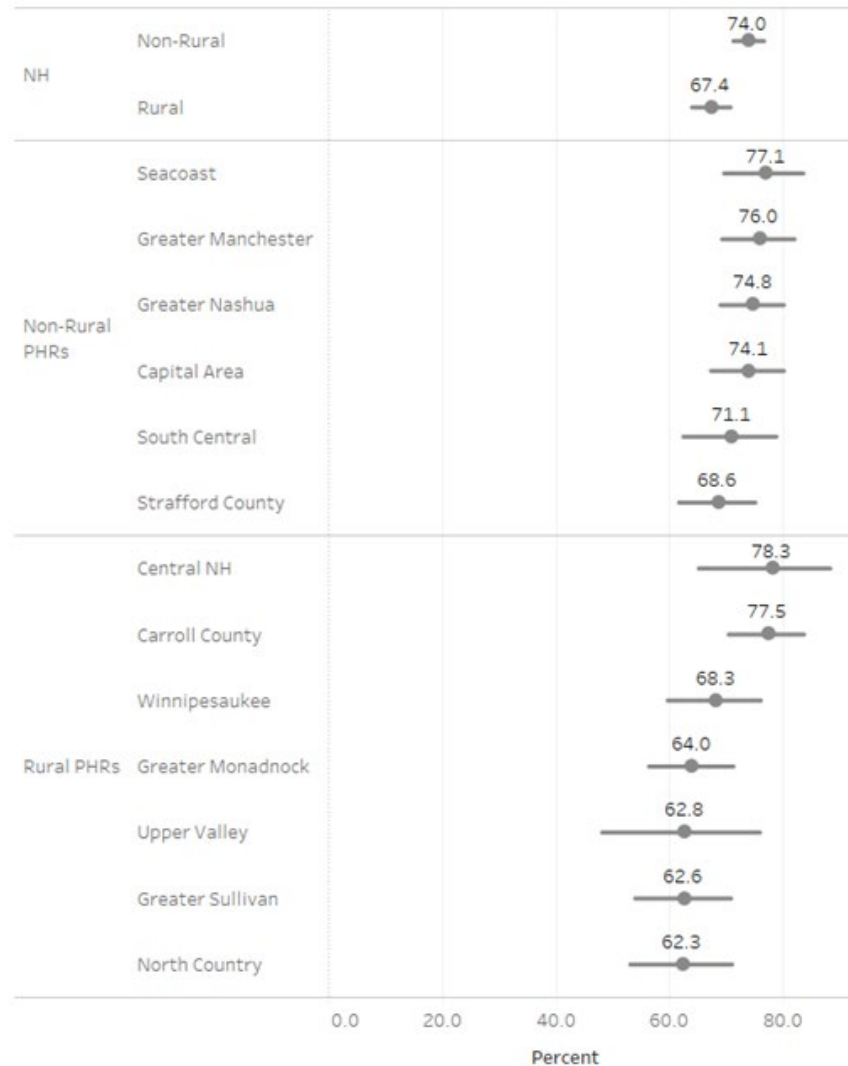
Source: NH Vital Records Birth Certificate Data

Preventive Care – Colonoscopy in Past Ten Years (50-75)

Figure 16. Percentage of Population (50-75) that had a Colonoscopy in the past 10 Years, Rural/Non-Rural, 2018, Crude Rate



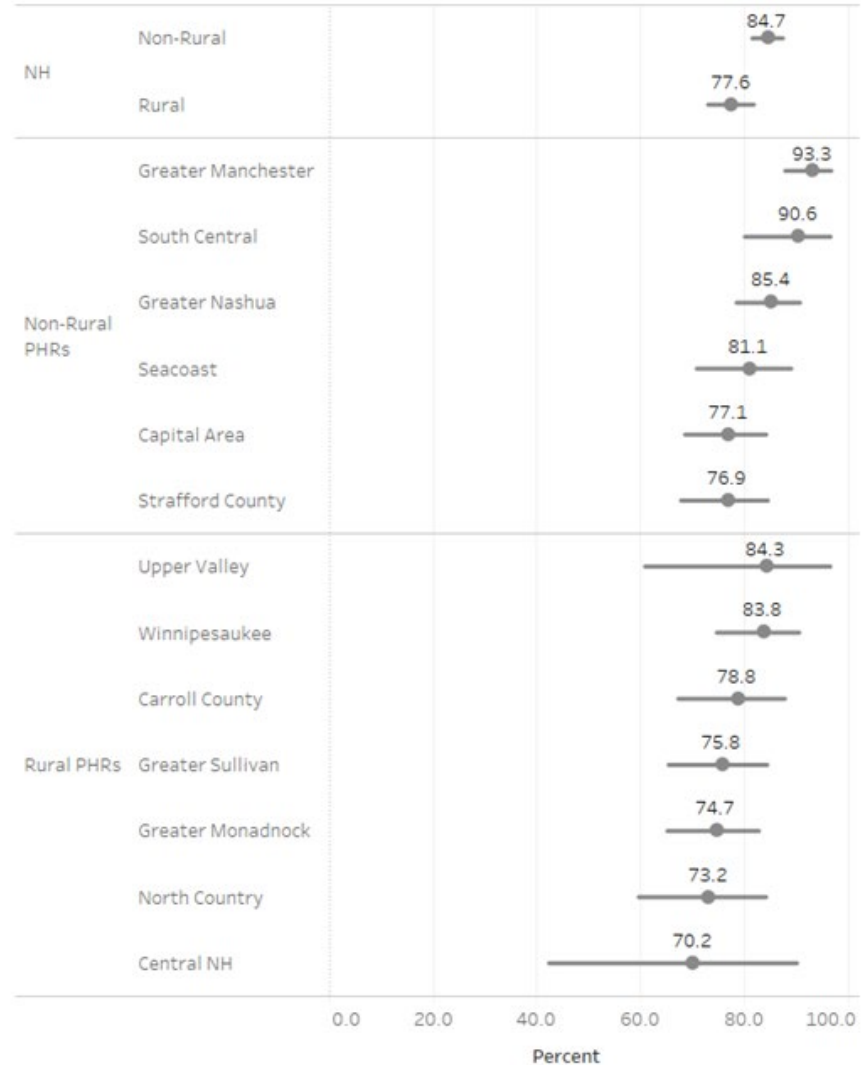
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Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Preventive Care – Mammogram in Past 2 Years (Women 50-74)

Figure 17. Percentage of Women (50-74) that had a Mammogram in the past 2 Years, Rural/Non-Rural, 2018, Crude Rate

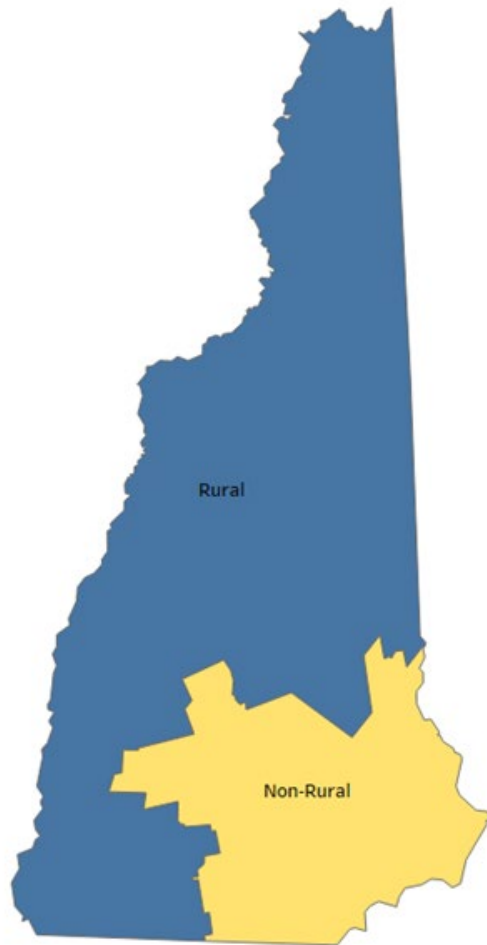


■ Not significant

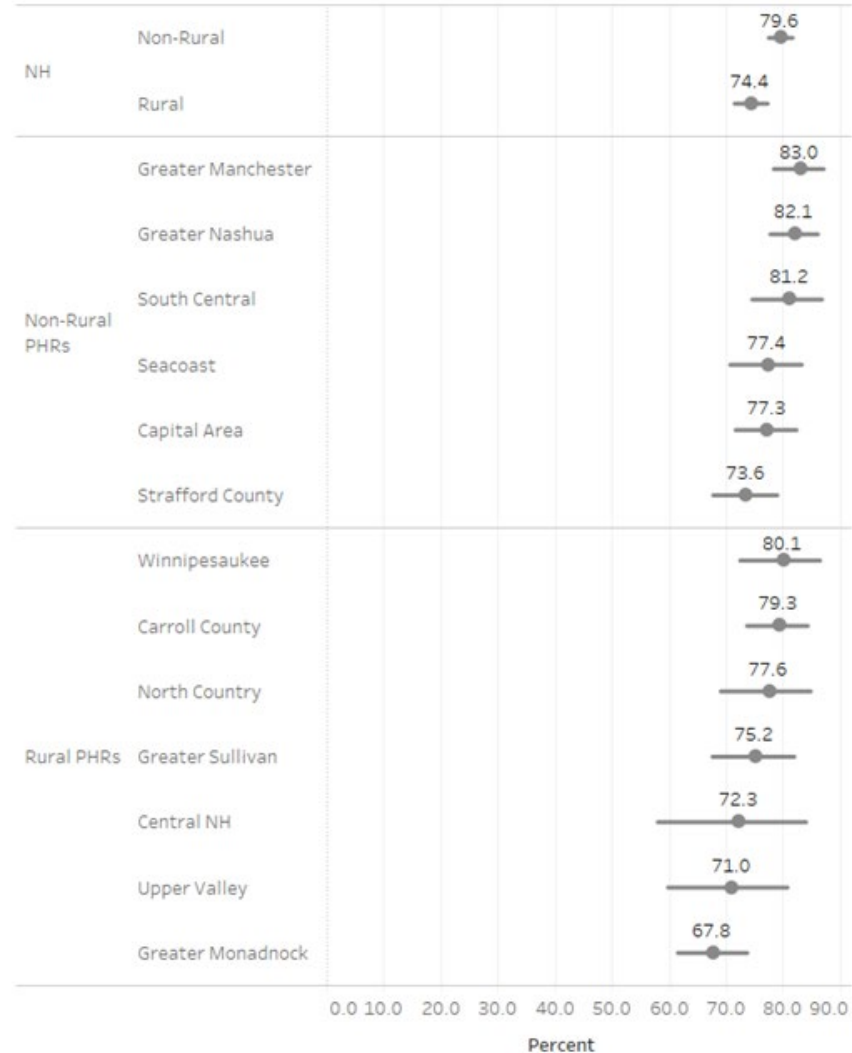
Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Preventive Care – Check-Up in the Past Year (18+)

Figure 18. Percentage of Population (18+) who had Check-Up in the past Year, Rural/Non-Rural, 2018, Crude Rate



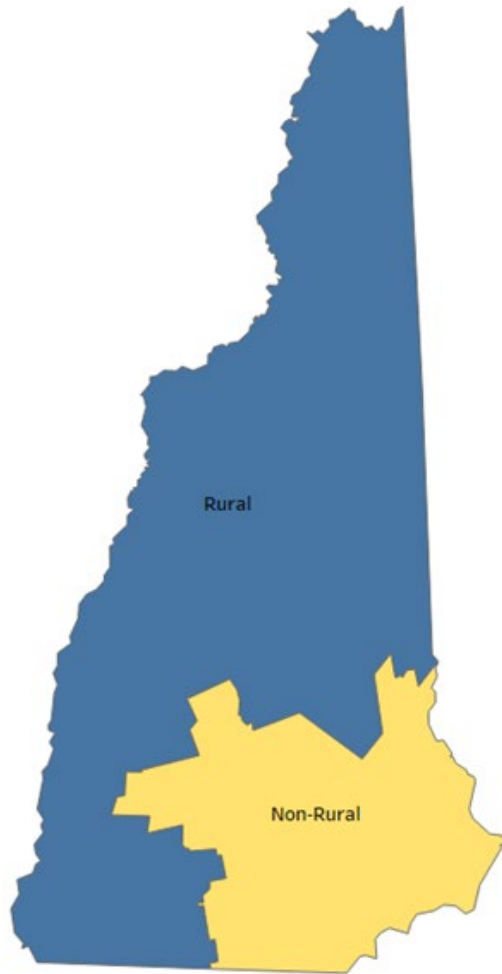
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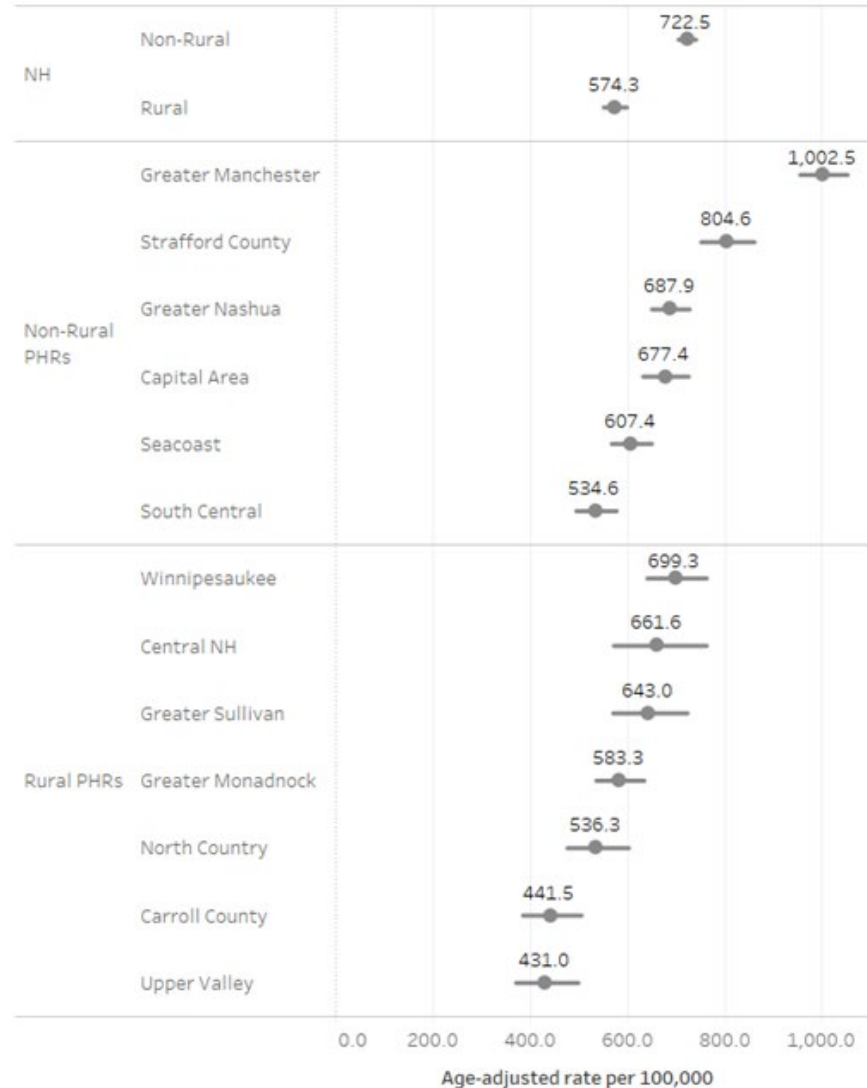
Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Outcomes - Prevention Quality Indicators – Chronic Composite (18+)

Figure 19. Prevention Quality Indicators (PQI): Chronic Composite - Inpatient Admissions (18+), Rural/Non-Rural, 2019, Age-Adjusted Rate



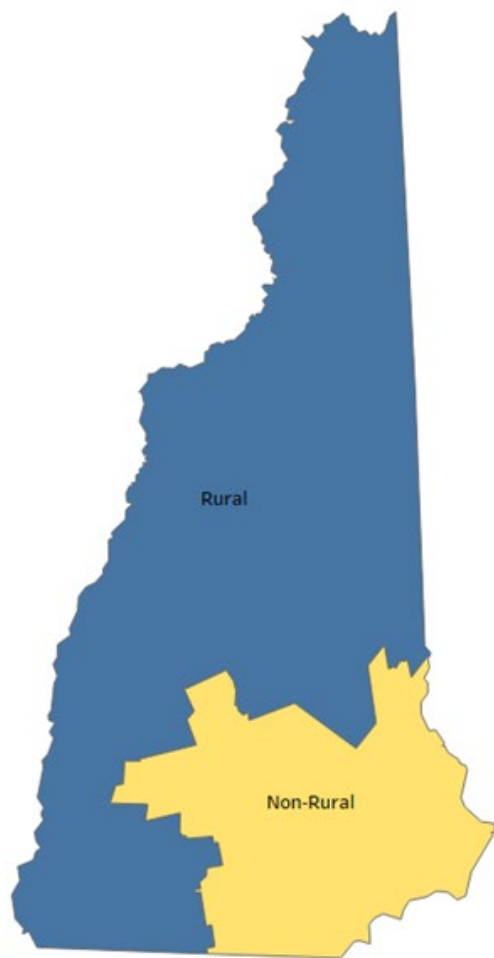
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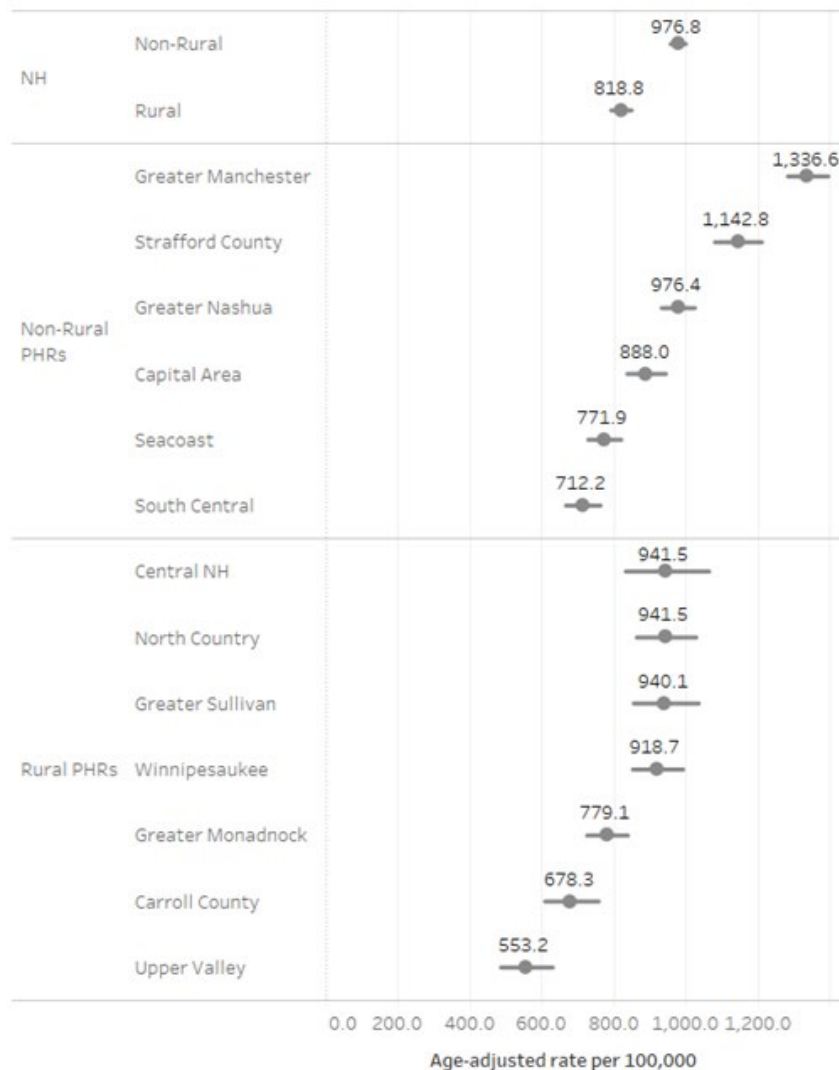
Source: NH Hospital Discharge Data Set (HDDS)

Outcomes - Prevention Quality Indicators – Overall Composite (18+)

Figure 20. Prevention Quality Indicators (PQI): Overall Composite - Inpatient Admissions (18+), Rural/Non-Rural, 2019, Age-Adjusted Rate



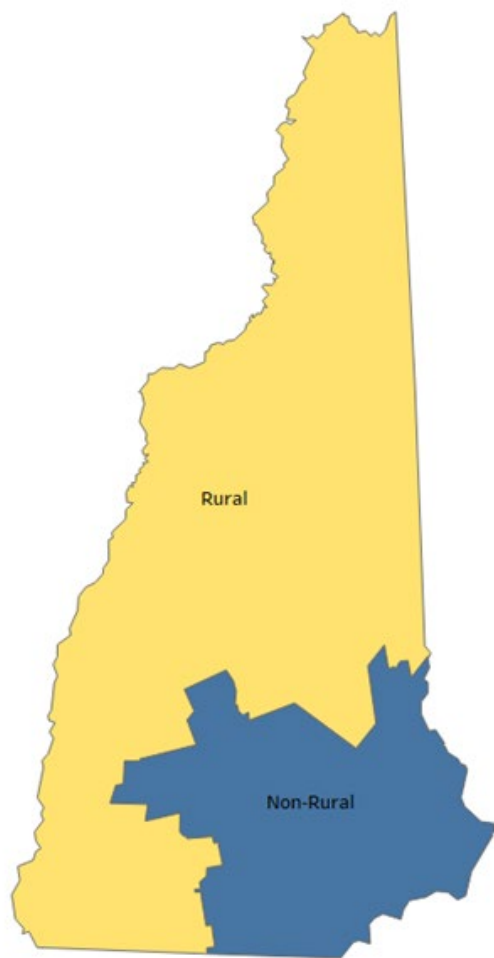
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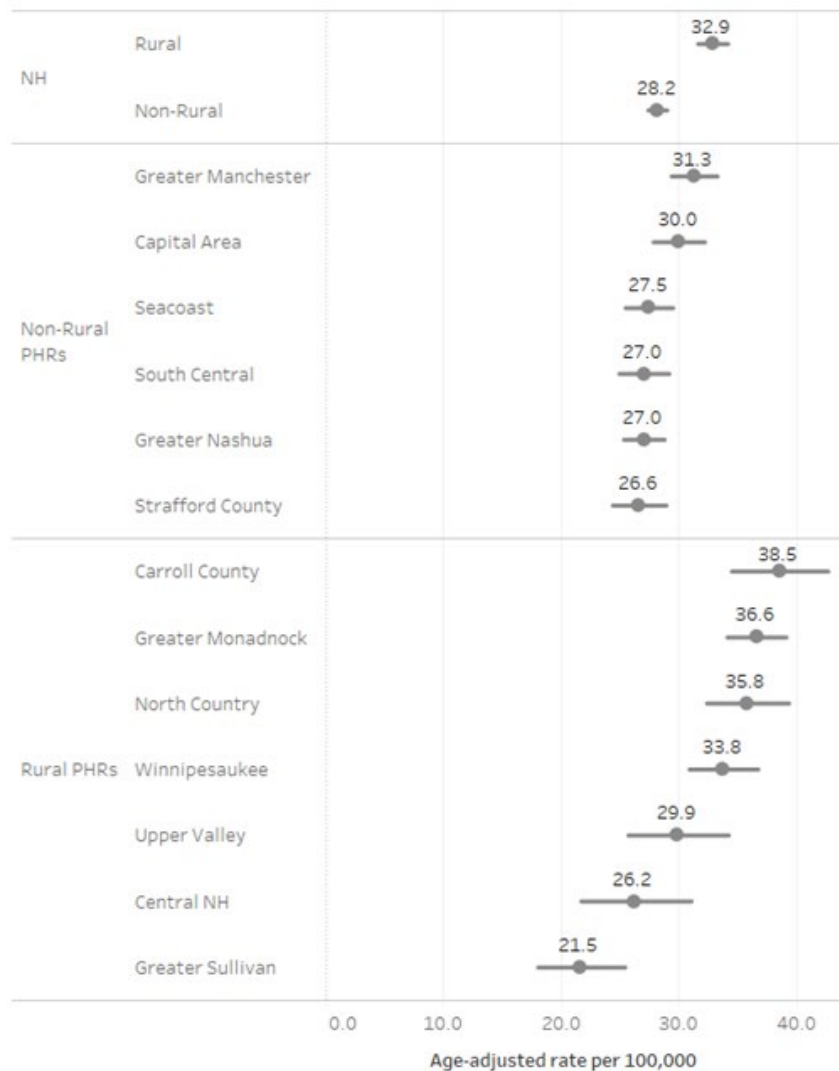
Source: NH Hospital Discharge Data Set (HDDS)

Outcomes – Late Stage Breast Cancer Diagnosis (Female)

Figure 21. Late-Stage Breast Cancer Diagnosis (Female, All Ages), Proportional Rate, Rural/Non-Rural, 2014-2018, Age-Adjusted Rate



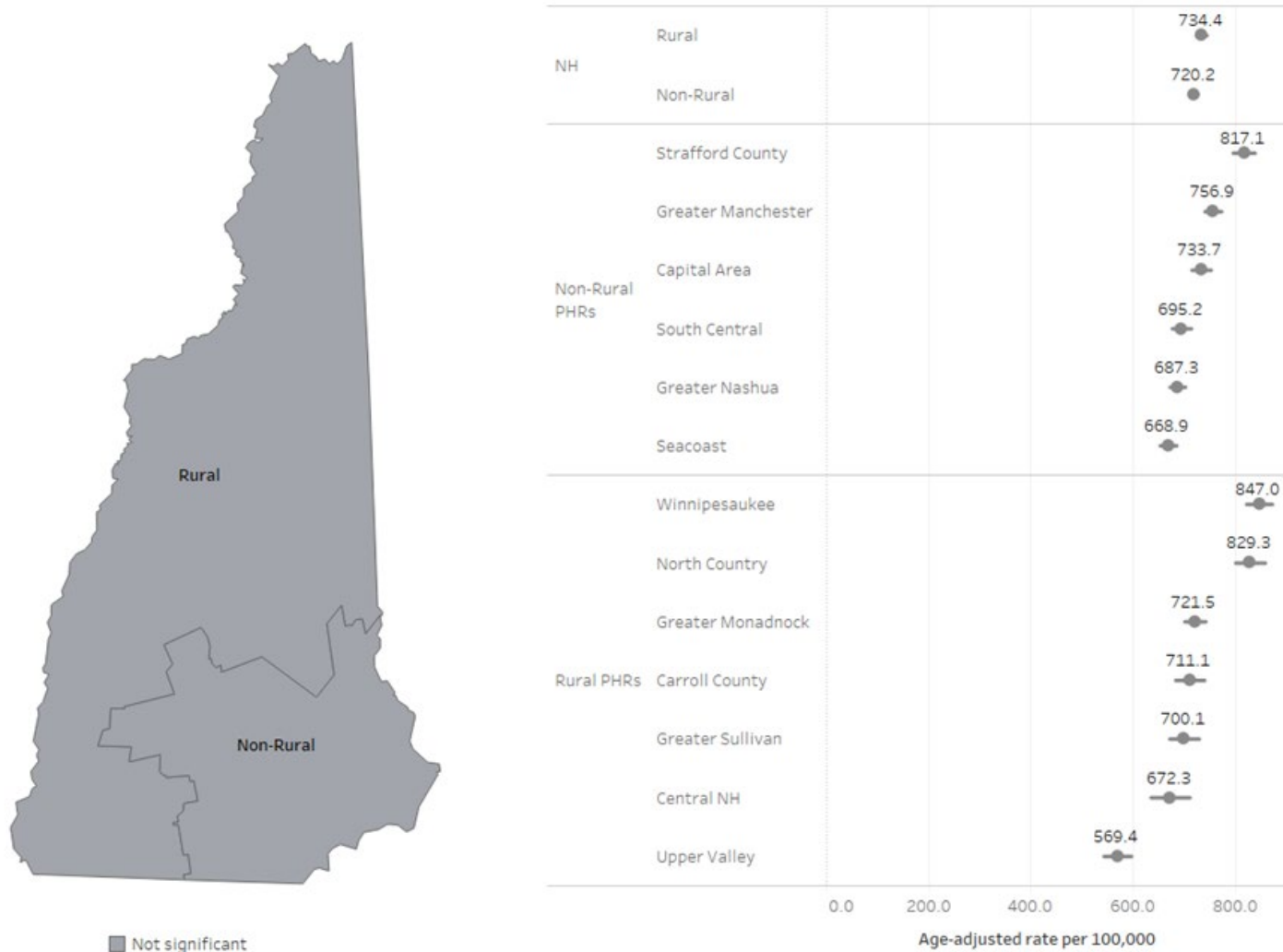
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Source: NH State Cancer Registry (NHSCR)

Outcomes – Deaths – All Causes

Figure 22. Deaths - All Causes (All Ages), Rural/Non-Rural, 2016-2020, Age-Adjusted Rate



Source: NH Vital Records Death Certificate Data

Health Professions Data Center – Provider Response Rates

Table 1. Provider Response Rate Data, 2019

Provider Type	Data Collection Period	Met Survey Requirement	Opt Outs	*Total Renewals
Physician Assistant (PA)	Oct-Dec 31, 2019	812 (97.8%)	12 (1.5%)	830 of 896
Psychologist	Apr-Jun 30, 2019	158 (43.6%)	4 (2.5%)	358 of 405
Physician	Mar-Jun 30, 2019	2,105 (70.3%)	24 (1.1%)	2,993 of 3,542
Alcohol & Drug Counselor (MLADC/LADC)	Apr-Jun 30, 2019	88 (53.4%)	0 (0%)	161 of 200
Advanced Practice Nurse Practitioner (APRN)	Jul 1, 2018-Jun 30, 2019	759 (54.1%)	0 (0%)	1,403 of 1,598
Mental Health Practitioner - Independent Clinical Social Worker (LICSW) - Clinical Mental Health Counselor (LCMHC) - Marriage & Family Therapist (LMFT) - Pastoral Psychotherapist (LPP)	Jul 1, 2018-Jun 30, 2019	597 (53.7%)	7 (1.2%)	1,112 of 1,260

* Of licensees due to renew

Health Professions Data Center –Provider Supply

Table 2. Net Change of Provider Supply, 2019

Provider Type	Year	Eligible to Renew	*Providers Lost	**Providers Gained	Provider Change	Net Change
Physician Assistant (PA)	2019	896	66	108	42	4.7%
Psychologist	2019	405	47	34	-13	-3.2%
Physician	2019	3,542	549	648	99	2.8%
Alcohol & Drug Counselor (MLADC/LADC)	2019	200	39	66	27	13.5%
Advanced Practice Nurse Practitioner (APRN)	Jul 1, 2018-Jun 30, 2019	1,598	195	172	-23	-1.4%
Mental Health Practitioner (LICSW/LCMHC/LMFT/LPP)	Jul 1, 2018- Jun 30, 2019	1,260	148	259	111	8.8%

* *Non-renewals*
 ** *Initial licenses issued*

SFY19 Medical Providers Workforce Data Summary – Physicians

Table 7. Significant Geographic Disparities, Rural Physicians

More likely to...

- ▲ Be <40 years old
- ▲ Have graduated in the last 10 years
- ▲ Have practiced in NH for less <5 years
- ▲ Have NH ties prior to receiving initial NH license
- ▲ Be 60+ years old
- ▲ Anticipate a reduction in NH practice in 5 years
- ▲ Have graduated from a NH medical school
- ▲ Clinically work part time (<30 hours/week)
- ▲ Accept new patients in outpatient, primary care locations
- ▲ Train at a NH residency

Less likely to...

- ▲ Practice a primary care specialty
- ▲ Practice in outpatient settings

SFY19 Medical Providers Workforce Data Summary – Physician Assistants

Table 8. Significant Geographic Disparities, Rural PAs

More likely to...

- ▲ Be male
- ▲ Work 40+ clinical hours per week
- ▲ Have been practicing in NH for less than 5 years
- ▲ *Work in outpatient primary care practices with wait times >1 week for established patients

Less likely to...

- ▲ Have graduated from a New England school
- ▲ Have NH ties prior to receiving initial NH license

*As indicated by the provider, not the employer

SFY19 Medical Providers Workforce Data Summary – Nurse Practitioners

Table 9. Significant Geographic Disparities, Rural APRNs

More likely to...

- ▲ Work 40+ clinical hours per week
- ▲ Practice at locations that offer payment assistance

Less likely to...

- ▲ Be <40 years old
- ▲ Have graduated from a NH nursing school
- ▲ Have NH ties prior to receiving initial NH license
- ▲ Provide mental health services in an outpatient setting
- ▲ Practice a mental health specialty

SFY19 Behavioral Health Providers Workforce Data Summary

Significant Geographic Disparities, Rural MHPs

More likely to...

- ▲ Be 60+ years old
- ▲ Anticipate a reduction in NH practice in 5 years

Less likely to...

- ▲ Have NH ties prior to receiving initial NH license
- ▲ Have graduated from a New England school

Report

2021 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-2021.pdf>