**Legislative Commission on Primary Care Workforce Issues**

**January 25, 2018 2:00-4:00pm at the NH Medical Society Conference Room, Concord**

**Call in information:**

866-939-8416

Participant Code: 1075916

Agenda

| | |
|---|---|
| 2:00 - 2:10 | **Introductions & Minutes** |
| 2:10 - 3:00 | **Integrated Primary Care in a Behavioral Health Setting** - Carly Marquis Henson APRN, NP-BC, Riverbend Integrated Center for Health |
| 3:00 – 3:30 | **Legislative Update** – Laurie Harding, Paula Minnehan, Jim Potter (invited) |
| 3:30 – 3:50 | **Review of 2018 goals including discussion/2018 programing** |
| 3:50 – 4:00 | **Updates and next meeting** |

**Next meeting: Thursday February 22 2:00-4:00pm**

# State of New Hampshire
**COMMISSION ON PRIMARY CARE WORKFORCE ISSUES**

DATE: January 25, 2018

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

## Meeting Minutes

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

**FROM:** Danielle Weiss

**MEETING DATE:** January 25, 2018

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**Members of the Commission:**
Laurie Harding – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Cathleen Morrow, MD, Geisel Medical School
Jeanne Ryer, NH Citizens Initiative
Trinidad Tellez, M.D., Office of Health Equity
Bill Gunn, NH Mental Health Coalition
Tyler Brannen, Dept. of Insurance
**Guests:**
Danielle Weiss, Program Manager, Rural Health and Primary Care Section
Paula Smith, SNH AHEC
Catrina Watson, NH Medical Society
John Bunker, representing UNH & CHHS
Peter Mason, Geisel School of Medicine, IDN Region 1
Anne Marie Mercuri, QI Nurse, Maternal and Child Health Section
Barbara Mahar, New London Hospital
Rob Kiefner, MD, NH Academy of Family Physicians
Cara Doberstein, NP (Mary Bidgood-Wilson's proxy)

**Meeting Discussion:**

2:00 - 2:10 **Introductions & Minutes**

2:10 - 3:00 **Integrated Primary Care in a Behavioral Health Setting** - Carly Marquis Henson APRN, NP-BC, Riverbend Integrated Center for Health

Refer to the PowerPoint "Riverbend Integrated Center for Health."

3:00 – 3:50 **Legislative Update** – Laurie Harding

- HB 1506, Physician Assistant bill
    - In the HHS Committee hearing, persuasive testimony was provided by both sides
        - The physicians on the Committee (3) seem in favor of the bill
        - There were a number of letters in opposition of the bill

        - People are desperate to relieve the shortage but undermining the curriculum and staff needed to run this and the ethical considerations
            - Mentors are hard to come by for residents, let alone an additional provider type
            - Is it ethical to allow those who attended med school but not residency, to practice?
                - Many - of the small percentage who don't match - go to med school overseas and can't match because the institutions don't meet US standards
    - Possible committee outcomes for bill:
        - Inexpedient to Legislate (ITL)
        - Interim study
            - Essentially the bill will die with the close of biennium year
        - Move on to fiscal
        - Move on to Senate
- SB 426 – Commission bill
    - Additions:
        - New staff (substance use disorder provider and a primary care nurse)
        - Report focused on State Loan Repayment Program and the Health Professions survey data, due this fall
        - Extend life of Commission to 2020
- State Loan Repayment Program bill
    - Funding = $1.1m/year
    - Hoping intent of money is clarified
        - Governor has referred to it as a student loan repayment program so other entities may expect money
    - Bill Bradley is sponsor

3:50 – 4:00 **Updates and next meeting**

- Project Extension for Community Healthcare Outcomes (ECHO) – Paula Smith
    - This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinicians through teleECHO™ sessions.
    - Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.
- Refer to the following ECHO materials, distributed electronically prior to the meeting:
    - "ECHO Framework" presentation
    - "Overview"
    - "Perinatal Exposure Project"

**Next meeting: Thursday February 22 2:00-4:00pm**

# Integrated Care: A Primary Care Perspective

# Carly Marquis Henson APRN, ANP-BC

- Primary Care Nurse Practitioner
- BSN University of New Hampshire
- Masters Purdue University
- Background: Primary care inner city, homeless, refugees, those with mental illness, academic medical center.

# Riverbend Integrated Center for Health

- Behavioral Health
- Medical Care
- Addictions Recovery
- Wellness services

# Objectives

- Describe Integrated Care
- Describe Clinic and Roles
- Describe Preliminary Outcomes

# Population Health

- Understanding Community
  - Resources
  - Demographics
  - Stakeholders, physical characteristics, etc

Person centered care starts at the community level.

# What is Integrated Care?

- “systematic coordination of general and behavioral healthcare” – SAMHSA

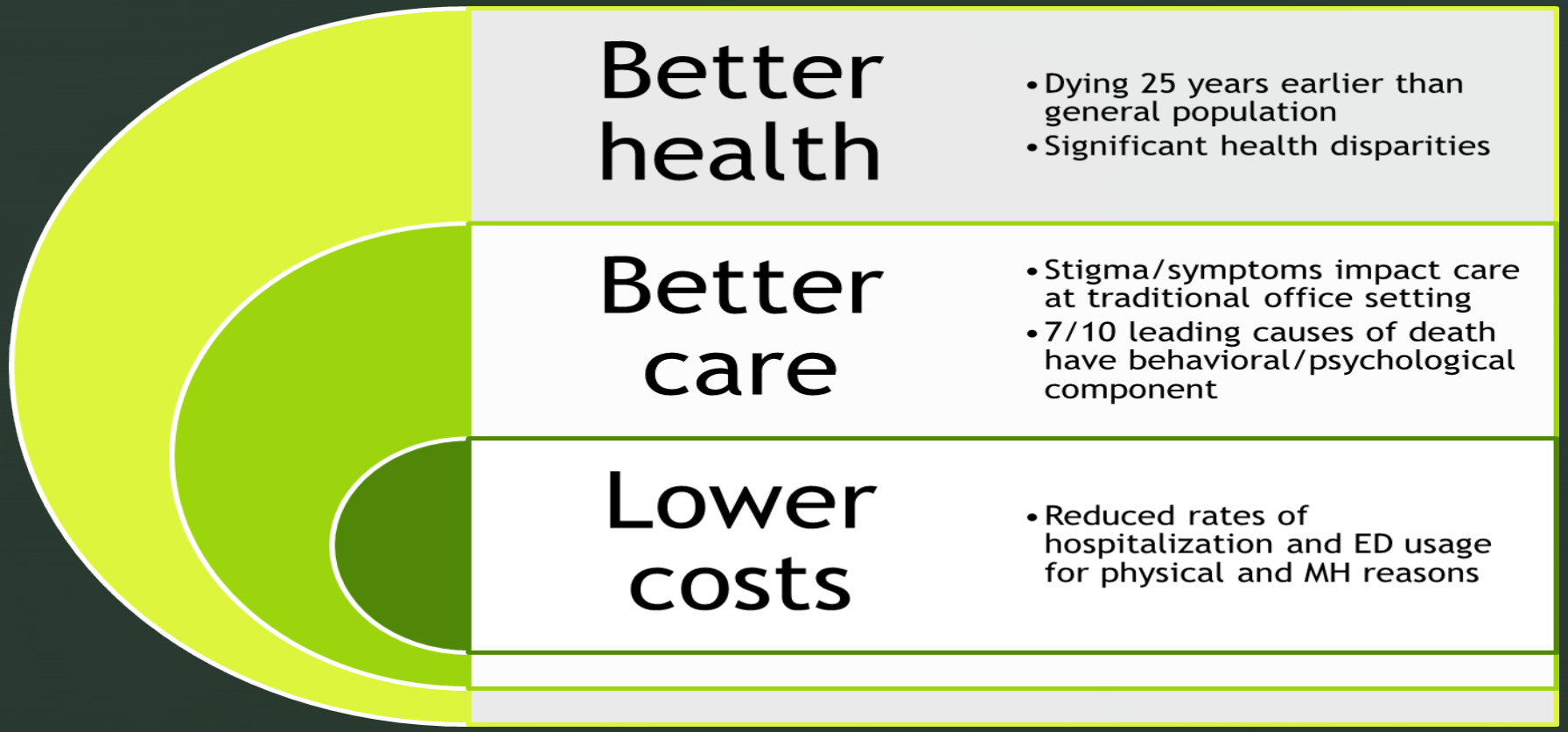
# Where Can it Happen?

- Traditional Primary Care Clinics
- Health Homes
- Behavioral Health Centers

- Any location that provides health services and systematically collaborates to provide behavioral health and medical care.

# Why Integrate?

- Those with serious mental illness die on average 25 years earlier than the general population.
- Not explained by suicide.



# Riverbend Integrated Center for Health

- Behavioral Health
- Medical Care
- Addictions Recovery
- Wellness services

# Vision

- Access to on-site **integrated primary care provider**
- Increased communication and coordination of care
- Improved transitional care
- Focus on client self-management and empowerment through health education
- Consistent monitoring of key health indicators
- Improved treatment adherence and wellness outcomes

# Population

- Adults with Serious Mental Illness
- Tobacco Use: 58% Men, 55% women
- Obesity: 90% overweight or obese
- Employment: 80% unemployed and/or disabled.
- LGBTQ: 21%

# Integrated Treatment Team

# Change in Process

- Integrated Treatment Team Meeting
  - Meet weekly
  - Speak about - New referrals, Hospitalizations, Clients of Concern, Successes
  - Attendees - Provider, Integrated Care Managers, Nurse, Medical Assistant, Program Director, Peer Wellness, InShape
- Process Team Meeting
  - Discuss what’s working and what’s not

# Barriers

- Language and Communication Style
  - mental health and traditional primary care speak different languages
    - Different expectations (i.e. Adherence to appt times)
    - Communication styles differ
- Health Records – Where is the Information?
  - Multiple records, electronic and paper but different systems can bring more information
  - Moving towards e-prescribing for updated med lists
- Time
  - Massive amount of time spent looking at records
- Resistance to Role Expansion
  - Asking people to do things they've never had to do before
    - Asking mental health nurse to check on records
      - Although within scope of practice, not normal part of day
  - Can't assume everyone knows each others roles

# Preliminary Data

- N = 72
- Comparing 6 months prior to integrated primary care to 6 months post

# ER and Urgent Care

- Decreased ER utilization by 39%, urgent care by 12%
- 191 ER visits vs 117 ER visits
- 48 urgent care vs 42 urgent care

# Medical Hospitalizations

- Decrease Inpatient medical 50%, Observation 61%
- 18 Inpatient medical vs 9 inpatient medical
- 41 observation vs 16 observation

# Mental Health

- Decrease Inpatient psych 78%
- 27 admissions vs 6 admissions

# Impact

- Resource Utilization
  - Ensuring the system isn't burdened when it can be seen and controlled elsewhere
- Patient Health Outcomes
- Patient Satisfaction
  - 10% no-show rate – so low because piggyback on other visits that are scheduled
- Staff Satisfaction

# Personal Journey

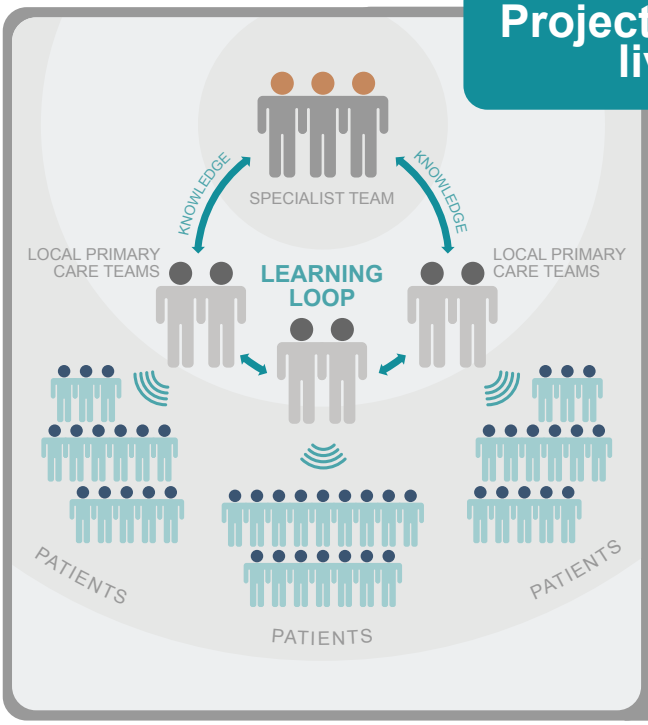
- Getting comfortable with being uncomfortable
  - Motivational interviewing
    - Not in traditional primary care training
    - Patients respond better
  - De-escalation techniques
  - Active listening
    - Helps uncover issues that wouldn't have been identified otherwise
    - Gives patients opportunity to talk and reveal ALL concerns
- Job satisfaction– finding a passion
- Making Change Happen
  - People need to invest the time
- Share the Knowledge

# Questions?

# Project ECHO®:
*Right Knowledge. Right Place. Right Time.*

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model™ is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

## Project ECHO is a movement to improve the lives of people all over the world.




### Moving Knowledge Not People

Project ECHO transforms the way education and knowledge are delivered to reach more people in rural and underserved communities.

This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinicians through teleECHO™ sessions. Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.

People get the high-quality care they need, when they need it, close to home.

### What is the ECHO Model?

1. Use Technology to leverage scarce resources
2. Share "best practices" to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes via web-based database

### Changing the World, Fast

Replicating the ECHO model across the U.S. dramatically increases the number of community partners participating in ECHO, enabling more people in rural and underserved communities to get the care they need.

- **50+ U.S. Sites**
- **90+ Global Partners**
- **17+ Countries**

**GOAL** touch the lives of **1 Billion by 2025**

### Northern New England ECHO Collaborative

The **mission** of the NNE ECHO Collaborative is to design and implement a regional network of telehealth services using the Project ECHO model to improve access, care delivery, outcomes and health for Northern New Englanders residing in Maine, New Hampshire and Vermont. The NNE ECHO Collaborative Network will support providers and patients to work effectively together to manage common, emerging and complex conditions safely, effectively and compassionately.

The overarching **vision** for the NNE ECHO Collaborative is to enhance access and improve health outcomes throughout the Northern New England region.

*For information on becoming a NNE ECHO Collaborative partner* **contact echo@mainequalitycounts.org**

This flyer was modified from original flyer prepared by the ECHO Institute: Project ECHO One-Pager. (2016). Albuquerque , NM: ECHO Institute. <https://echo.unm.edu>

# Project ECHO's Story

**Spreading** *knowledge*,
**expanding** *capacity*
**& accelerating** *collective wisdom.*

Launched in 2003, Project ECHO grew out of one doctor's vision. Sanjeev Arora, M.D., a social innovator and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, was frustrated that he could serve only a fraction of the hepatitis C patients in the state. He wanted to serve as many patients with hepatitis C as possible, so he created a free, virtual mentoring platform and mentored community providers across New Mexico in how to treat the condition. The ECHO model is a telementoring, guided practice model where the participating clinician retains responsibility for managing the patient. A study published in the New England Journal of Medicine found that hepatitis C care provided by Project ECHO trained community providers resulted in outcomes equal to those provided by specialists at a university.

## Benefits of Participating in a NNE ECHO Collaborative Program

ECHO participants acquire new skills and competencies. They become part of a community of practice and learning, increasing their professional satisfaction while their feelings of professional isolation decrease.

- Better access for rural and underserved communities
- Reduced disparities
- Better quality and safety
- Rapid dissemination of best practices
- Promote consistency in care and practice
- Greater efficiency

AHEC New Hampshire Area Health Education Center

Maine AHEC Network — Healthcare Workforce Recruitment and Retention

Project ECHO® Maine Quality Counts

NH CITIZENS HEALTH INITIATIVE

TELEHEALTH

THE UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE AHEC AREA HEALTH EDUCATION CENTERS PROGRAM

VPQHC Vermont Program for Quality in Health Care, Inc.

## Current NNE Regional Topics:

- Compassionate Tapering
- Perinatal SUD
- Physicians Leadership

## Upcoming NNE Regional Topics:

- Quality Improvement
- Geriatrics & Dementia

**We want your input about future topics!**
To send us your ideas please contact us at echo@mainequalitycounts.org

## NNE Collaborative Network Partners

Maine Quality Counts (QC)

New Hampshire Citizens Health Initiative (CHI)

Vermont Program for Quality Health Care (VPQHC)

Univ of New England AHEC

New Hampshire AHEC

Univ of Vermont AHEC

The Northeastern Telehealth Resource Center (NETRC)

## Learn, Share, Connect. Join the NNE ECHO Collaborative!

*For information on becoming a NNE ECHO Collaborative partner* **contact echo@mainequalitycounts.org**

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# Northern New England Project ECHO ® Network



## Partners

- NH CHI
- Maine Quality Counts
- Vermont Program for Health Care Quality
- Maine (UNE), Vermont (UVM) and NH (Dartmouth/Geisel) Area Health Education Centers (AHEC)

**ECHO Founder Sanjeev Arora Visit to NH April 3, 2018**

# Project ECHO® Model

- Project ECHO® (Extension for Community Healthcare Outcomes)
- Evidence-based method
- Developed by researchers at the University of New Mexico.
- Links teams of interdisciplinary specialists with primary care clinicians.

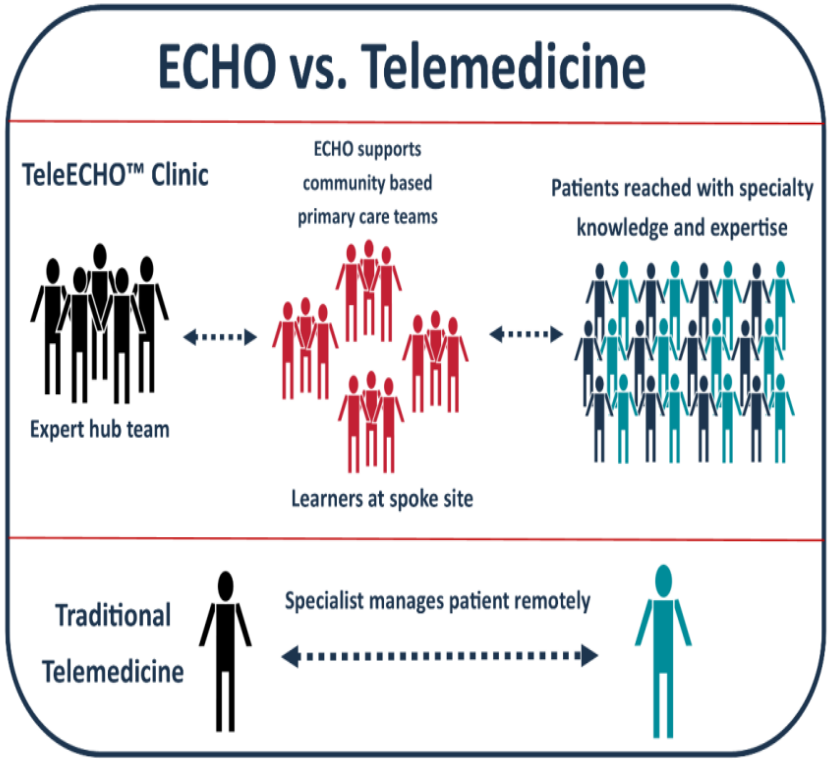
In teleECHO™ sessions, ***experts*** mentor and ***share their expertise*** across a ***virtual network*** via ***case-based learning***, enabling primary care practice teams to treat patients with complex conditions in their own communities.

# Project ECHO®

Project ECHO® (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model™ is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

https://youtu.be/2lBfyOlL4_s

# ECHO model is not “telemedicine”




*Graphic and visual conceptual framework used with permission from Kent Unruh and Project ECHO.*

# FIRST TeleECHO™ Session

**Continuity of Care for Substance Use and Exposure during the Perinatal Period**

- Application Deadline: January 23, 2018.
- Starts 1/25 with orientation
- Cased-based learning sessions begin 2/22

## Intended Audience

Practice-based Teams including:

- Family Medicine
- Obstetrics
- Pediatric
- Social Work
- Behavioral Health
- Addiction Medicine
- Key support services in medical neighborhood (e.g., peer recovery & support).

## Project ECHO: Continuity of Care for Substance Use and Exposure during the Perinatal Period

This program will highlight best practices and evidence-based care for women with substance use during pregnancy and newborn infants exposed to substances. The program will identify strategies, best practices, screening tools, resources, and emerging topics in this field. The intended audience is a cohort of practice teams, including Family Medicine, Obstetric, Pediatric, Social Work, Behavioral Health, and Addiction Medicine providers throughout Northern New England, with key support services in their medical neighborhood (e.g., peer recovery & support).

The program is offered at no-cost through the generous support of the HRSA Rural Health Network Development Program and the Maine AHEC Network at UNE.

**The program will help participants build capacity by:**

- Providing consultation from an experienced team of experts and specialists through monthly web-based case conferences and teaching;
- Increasing understanding of the extent of substance use during pregnancy throughout Northern New England;
- Outlining how to identify potential substance use problems using screening protocols during pregnancy;
- Helping to support and facilitate the continuity of care for pregnant women with substance use disorders and their newborns throughout the perinatal period;

To Apply: Interested participants should complete a short application by January 23, 2018. As part of the application, participants will be asked to complete a Statement of Collaboration (SoC) outlining the program commitments.

**Commitment:**

- Attend Project ECHO orientation on January 25, 2018 from 11:45 to 1:00pm;
- Participate in monthly case-based learning sessions, using a virtual meeting platform, on the fourth Thursday of each month from 11:45 to 1:00pm, beginning February 22, 2018.
- Each virtual learning session is 75-minutes in duration and will consist of a case presentation and brief lecture with Q&A;
- Complete a pre- and post-assessment at beginning and end of program;
- Provide requested data points (TBD) for baseline, monthly and post-session measurement;

Participants can receive CME credits for each virtual learning session attended.

**Project ECHO**

This program utilizes the Project ECHO model™. Project ECHO® (Extension for Community Healthcare Outcomes) is an evidence-based method developed by researchers at the University of New Mexico. The ECHO model™ links teams of interdisciplinary specialists with primary care clinicians. During teleECHO™ sessions, experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care practice teams to treat patients with complex conditions in their own communities.

Questions about the program can be directed to ltuttle@mainequalitycounts.org

## Tentative Program Schedule

### ** (subject to alteration with notice) **

| Date | Session | Potential Didactic Topics |
|---|---|---|
| **January 25** | **Project ECHO Orientation**<br><br>**Presenters:**<br>Lisa Tuttle, MPH<br>Pieter Tryzelaar, M.Ed, MFA<br><br>**Faculty:** | • Orientation to Project ECHO<br>  ○ Program Overview<br>  ○ What is Project ECHO?<br>  ○ Anatomy of teleECHO Session<br>  ○ Case Presentation Templates<br>  ○ ECHO Etiquette |
| **February 22** | **TeleECHO Session #1** | • Overview and Screening Tools |
| **March 22** | **TeleECHO Session #2** | • Maternity Care for Pregnant Women Affected by Substances |
| **April 26** | **TeleECHO Session #3** | • Trauma Informed Care |
| **May 24** | **TeleECHO Session #4** | • Intrapartum Care |
| **June 28** | **TeleECHO Session #5** | • Postpartum Care |
| **July 26** | **TeleECHO Session #6** | • Newborn Care |
| **August 23** | **TeleECHO Session #7** | • Care Compassion Fatigue |
| **September 27** | **TeleECHO Session #8** | • Models for Treatment of Moms and Babies |