

Legislative Commission on Primary Care Workforce Issues

May 24, 2018 2:00-4:00pm at the NH Medical Society Conference Room, Concord

Call in information:

866-939-8416

Participant Code: 1075916

Agenda

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| 2:00 - 2:10 | Introductions, New Members & Minutes |
| 2:10 – 2:20 | Introduction and Update - Sheri J. Walsh, Director, Division of Health Professions Office of Professional Licensure & Certification |
| 2:20 – 2:40 | JUA Update - Mary Bidgood Wilson |
| 2:40 – 3:00 | Where are they coming from and where did they go?
UNE discussion - Guy DeFeo & Phil Heywood |
| 3:00 - 3:15 | National Rural Health Conference Report – Alisa |
| 3:15 – 3:30 | Preliminary AHEC discussion - Alisa/Laurie |
| 3:30 – 3:50 | Legislative Update |
| 3:50 – 4:00 | Updates and Next Steps |

Next meeting: Thursday June 28, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: May 24, 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: May 24, 2018

Members of the Commission:

Laurie Harding – Chair

Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair

Rep. John Fothergill, NH House of Representatives

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, Director, NH AHEC

Jeanne Ryer, NH Citizens Initiative

Mike Ferrara, Dean, UNH College of Health and Human Services

Bill Gunn, NH Mental Health Coalition

Tyler Brannen, Department of Insurance

Pamela Dinapoli, NH Nurses Association

Diane Pepin, NH Alcohol & Drug Abuse Counselors Association

Guests:

Danielle Weiss, Program Manager, Rural Health and Primary Care Section

Paula Smith, SNH AHEC

Paula Minnehan, NH Hospital Association

Nancy Frank, Executive Director, NNH AHEC

Guy Defeo, MD, Associate Dean for Clinical Education, UNE

Anne Marie Mercuri, QI Nurse, MCH, NH DHHS

Phil Heywood, Executive Director, Northeast Osteopathic Medical Education Network, UNE

Dwayne Covey, Director of Operations, Center for Continuing Education, Dartmouth-Hitchcock

Deb Johnson, Executive Director, Dartmouth COOP

Mandi Gingras, Bi-State Primary Care Association

Sheri Walsh, Exec Dir, Division of Health Professions, Office of Professional Licensure and Certification (OPLC)

Meeting Discussion:

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

- NHNA (Pam Dinapoli) has official membership on the Commission
- Sheri is here to speak about her role and goals within the OPLC

2:10 – 2:20 **Introduction and Update - Sheri J. Walsh, Director, Division of Health Professions (DHP), Office of Professional Licensure & Certification (OPLC)**

- Just started her new position in January
 - o Almost 30 yrs in NH state government
 - o Did legislation for Dept of Safety and rulemaking for all divisions there

- Oversees 26 health boards
 - o Role is to make processes more efficient and streamlined
- Grasps the importance of the workforce survey, within DPHS, and committed to it
 - o DHP is short staffed so there have been bumps along the way
 - o The boards know her name and they're aware of the move to house the health professions boards under one roof but they're unsure of the leadership roles of OPLC
 - It was a quick transition that boards aren't eager to jump into
 - Individual boards are concerned about their autonomy being taken away
- Sheri's goal is to attend as many board meetings as possible to become more familiar and involved
- Mission moving forward is to have solid working relationship with boards and staff
- Long-term goal is to help legislators and stakeholders

2:20 – 2:40 **JUA Update** - Mary Bidgood Wilson – previous board member of JUA

- Language in the law to disburse remaining JUA funds to SLRP and non-profits in underserved areas
- The state only put \$250k in the line item in last budget cycle
 - o Last \$400k gave us \$650k total but it's already been committed to providers
- Hoping with SB590, SLRP will get \$300k and maybe more
- 26 are now on the SLRP waitlist
 - o We lost about 7-8 providers since summer 2016 to other states because the providers couldn't wait for funding
- JUA malpractice carrier
 - o Reserve fund put in place in the 1980s
 - Policy holders at that time were charged an excise premium when they got insurance
 - o 2010 legislation put money in a general fund but policy holders filed suit and won
 - Decision was to give it to policy holders
 - \$50m to policy holders
 - The rest is for workforce recruitment – in state treasury
- The money (\$85m) will be distributed sometime this summer to policy holders
 - o We won't know what's left until these funds are disbursed
- Then hardship fund has another chunk - \$2m – never been touched
 - o Anticipated to come to SLRP

2:40 – 3:00 **Where are they coming from and where did they go?**
UNE discussion - Guy DeFeo & Phil Heywood

Refer to the PowerPoint “UNE COM Residency Trends.”

3:00 - 3:15 **National Rural Health Conference Report** – Alisa

Refer to the handout “NRHA 2018 Summary.”

3:15 – 3:30 **Preliminary AHEC Discussion** - Alisa/Laurie

- We will have a full conversation in July so this is just a sneak peek
- The State Office of Rural Health (SORH) grant sent pockets of money to AHEC for workforce
 - o We don't have a state investment in AHEC
 - o CT gets \$390k for just being an AHEC and VT gets funding too
- AHEC has to continually submit grant applications to be funded and can't make a meaningful impact that other AHECs can with the limited, short-term funding for specific initiatives

3:30 – 4:00 **Legislative Update**

- SB590 – State Loan Repayment Program (SLRP) – \$1.1m has been reduced to (up to) \$410k
 - o HB1817 - \$300k put into bill for SLRP that would be the only funding we have for 26 people on the waitlist
 - o We're not going to make the 7/1 deadline for new contracts but aiming for 10/1
 - o SB426 extended Commission to 2020 and adds NHNA and alcohol and drug representation

Next meeting: Thursday June 28, 2:00-4:00pm

*UNIVERSITY OF
NEW ENGLAND
COLLEGE OF
OSTEOPATHIC
MEDICINE
(UNE COM)*

*New Hampshire Legislative Commission
on Primary Care Workforce
May 24, 2018*



*How do we increase NH student
and Resident interest in NH...?*



UNECOM Commitment to Primary Care

• University of New England

- **Strategic Plan 2018-2023**

- **Mission**

- The University of New England College of Osteopathic Medicine fosters health care leaders across the continuum in undergraduate, predoctoral, graduate medical and continuing medical education, to advance exceptional osteopathic healthcare locally and globally through practice, research, scholarship, education and community health.

UNECOM Commitment to Primary Care

- **Vision**

- The University of New England, College of Osteopathic Medicine will become a recognized leader in educating primary care physicians for Maine, New England, and the nation by developing into:
 - A medical school that offers a state of the art curriculum, dynamic clinical rotations, and distinctive graduate medical education
 - A major contributor in clearly defined, and well-focused medical research.
 - A strong clinical program that serves our community through collaborative and entrepreneurial efforts
 - An organization that offers leadership to our profession and our community
 - A catalyst for inter-profession education and service
 - A trusted partner in health care for our community

Proof is in Pudding....

- 157 alumni practicing in NH
 - 51 current students from NH
 - Last 10 years over 55 % of graduating classes entered a Primary Care Residency (FP. IM. Peds.)
-

Proof is in Pudding....

- 2017 176 grads 84 entered a Primary Care Residency with and additional 12 entering Med/Peds, Ped/EM et cetera.
- NEOMEN has 10 Primary Care Residencies with 143 GME slots available through its consortium. All are ACGME certified and AOA until 2020.

Proof is in Pudding....

- EM residencies accommodate 48 slots and are sometimes considered Primary Care.
- Approximately 37 of 239 physicians in the state's EM departments are DO's

This Year's NH contingent

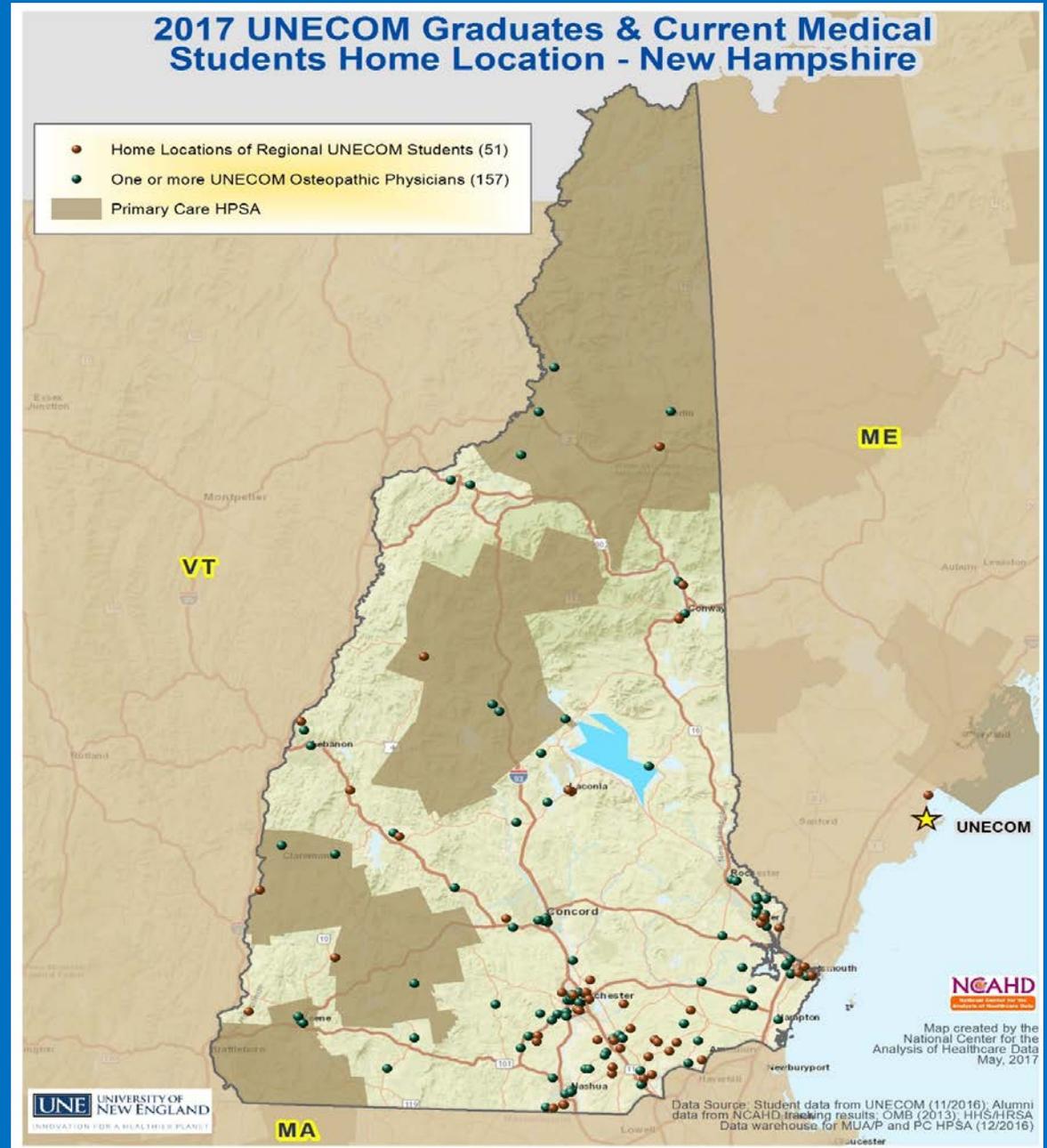
UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE
 Class of 2018 Residencies – Students are from the state of New Hampshire (Sorted by Specialty)

CLINICAL CAMPUS				RESIDENCY			
Springfield MA	NH	ACGME	EM	Baystate Med Ctr	Springfield	MA	
Pittsfield MA	NH	ACGME	FM	Samaritan Med Ctr	Watertown	NY	
Hudson NY	NH	ACGME	FM	Jamaica Hosp Med Ctr	Queens	NY	
Laconia NH	NH	ACGME	FM	Concord Hosp	Concord	NH	
New London NH	NH	AOA	FM	U Massachusetts Fitchburg	Fitchburg	MA	
Laconia NH	NH	ACGME	IM	UMass Memorial Med Ctr	Worcester	MA	
Lewiston ME	NH	ACGME	IM	Baystate Med Ctr	Springfield	MA	
Rhode Island	NH	ACGME	IM	Mount Auburn Hosp / Harvard Med School	Cambridge	MA	
Laconia NH	NH	AOA	IM	Hartnett Health	Dunn	NC	
Lewiston ME	NH	ACGME	IM	St. Luke's Hosp	Bethlehem	PA	
Laconia NH	NH	ACGME	IM/PED	Baystate Med Ctr	Springfield	MA	
Bangor ME	NH	ACGME	OBG	Baystate Med Ctr	Springfield	MA	
Rhode Island	NH	ACGME	ANES	Rhode Island Hosp/ Brown U	Providence	RI	
New London NH	NH	AOA	SURG-ENT	Detroit Med Ctr	Detroit	MI	

TRAINED IN NEW HAMPSHIRE

CLINICAL CAMPUS	HOME STATE	PROG TYPE	SPECIALTY	RESIDENCY	PG ₁ CITY	PG ₁ ST	
Berlin NH	MA	ACGME	PM&R	UTexas HSC	San Antonio	TX	
Laconia NH	IL	ACGME	FM	Albany Med Ctr	Albany	NY	
Laconia NH	OH	ACGME	IM/PED	Western Michigan U Stryker SOM	Kalamazoo	MI	
Berlin NH	NY	AOA	FM	Our Lady of Lourdes Hosp	Binghamton	NY	
Laconia NH	IL	ACGME	FM	Albany Med Ctr	Albany	NY	
Laconia NH	VT	ACGME	IM	Maine Med Ctr	Portland	ME	
Laconia NH	ME	ACGME	EM	U Buffalo SOM	Buffalo	NY	

*Where they
are now....*



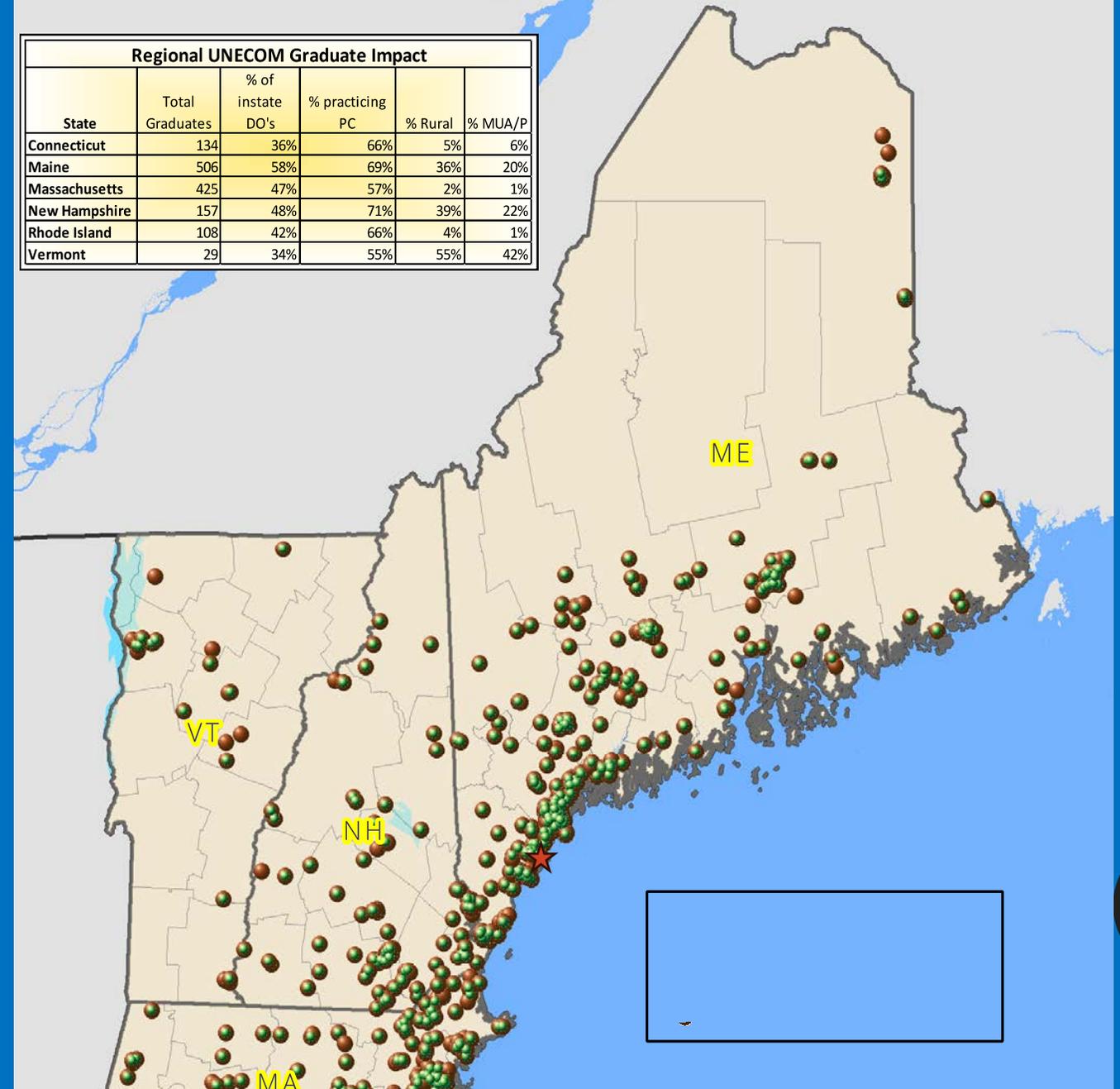
*How do we
increase NH
student and
Resident
interest in
NH...?*

–What info and when
can we share?

*Where they
are now....*

UNECOM Regional Graduates

Regional UNECOM Graduate Impact					
State	Total Graduates	% of instate DO's	% practicing PC	% Rural	% MUA/P
Connecticut	134	36%	66%	5%	6%
Maine	506	58%	69%	36%	20%
Massachusetts	425	47%	57%	2%	1%
New Hampshire	157	48%	71%	39%	22%
Rhode Island	108	42%	66%	4%	1%
Vermont	29	34%	55%	55%	42%



*Current
Student
Training in
NH
(AY 18-19)*

- Laconia (8)
- Nashua (8)
- New London (2)
- Berlin (2)
- Littleton (2)

*How do we
increase NH
student and
Resident
interest in
NH...?*

- **Plan for Residencies in NH (Conversations started)**
 - Consortium residencies potentials in NH 2
 - HCA affiliation and awareness
 - Can PC Workforce help leverage—its partially economic...
 - Continue Student Pipeline
 - Laconia 8, Northern Tier 8, Nashua 8, HCA ?, other conversations ongoing

CDC established a partnership with HRSA, FORHP to have a rural focus

- MMWR and policy briefs
- Journal editorials
- Rural Research
- Rural cancer control
- CDC participation in rural meetings
- Antibiotic stewardship in small and rural hospitals
- Surveillance of COPD (Black Lung)
- Data visualization tools – to effectively report rural statistics
- Healthy people 2020 rural project
- Review of CDC funding announcements to make sure they are rural friendly
- Internal CDC workgroup on rural

New funding for rural communities: Opioids = \$100 million, Rural Residency initiative = \$15 million

- Lead could be our office at DHHS for potential consortium because we're a neutral, objective entity

FORHP Rural Communities Opioid Program

FY18

- 75 planning grants
- \$200 K
- Develop plans for implementing opioid use disorder prevention, treatment, recovery interventions in their communities
- Emphasis on 220 CDC identified high risk counties
- All domestic public and private entities, non-profit or for profit are eligible
- Must provide services in a rural area
- lead applicant must be part of a consortium with at least four other entities

FY19

- Planning grants
- Implementation grants

FORHP Rural Residency Initiative

- Coordination across FORHP and BHW
- Purpose is to expand the number of rural residency training programs
- Support planning and development costs accrued while achieving program accreditation
- Supports rural hospitals, medical schools, and community based ambulatory care settings

FY18

- TE Cooperative Agreement

FY19

- Fund up to 14 rural hospitals to create rural residency programs
- Hospital as lead applicant with a consortium but possible for State Office of Rural Health or other entity to apply

Presentation on the four CAH/FQHC CCO in the NH North Country

Rural Health Philanthropy Partnership

- Grantmakers in Health, FORHP and NRHA
- Goal of engaging both public and private stakeholders in rural activities
- 120 public and private funders and researchers with focus on rural health
- 6th annual meeting in June

Grantmakers in Aging- National Rural Aging Initiative (member from Maine)

- Rural Aging network launched in Feb 2018, 640 members

The Rural Philanthropic Analysis Project

- Gather information on effective rural philanthropic models and elevate to larger funders and rural advocacy groups
- Encourage more and better rural philanthropy for small and large funders alike through writing , aligning and challenging perceptions on rural funding and rural America
- Integrate rural philanthropic sensibility in funder affinity groups like Exponent (smaller) funders, Grantmakers for Education, Environmental Grantmakers
- Structures to bridge public and private funders re: rural
- Challenge prevailing notions around rural philanthropy and rural America in general with an equity lens
- Encourage establishment of enhanced models of implementation and evaluation re: rural philanthropy
- Emerging groups of rural funders
- Emerging interest by content specific affinity groups
- Pilot for a private funder-federal regional program director gathering
- Three national gatherings of rural funders planned for next 6 months
- National funder interest in connecting better with rural communities

NRHA Primary Care Issues Group - July