

Legislative Commission on the Interdisciplinary Primary Care Workforce

October 28, 2021 2:00-4:00pm – Location: Brown Building Auditorium, 129 Pleasant Street, Concord, NH 03301

Connection Information:

<https://nh-dhhs.zoom.us/j/94907632619?pwd=VWdxNXM2YzY5TFZaUjF6QUE4blZnUT09>

Meeting ID: 949 0763 2619

Passcode: 843425

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

Agenda

- 2:00 - 2:15 **Attendance & Introductions**
- 2:15 – 3:00 **Clinical Placements Project Update and Discussion** – Kristina Fjeld-Sparks, Paula Smith & Kris van Bergen-Buteau, NH Area Health Educations Centers (AHEC)
- 3:00 - 3:45 **Collaboration with Harvard School of Dental Medicine to Establish Dental Residencies in New Hampshire** – Stephanie Pagliuca and Natalie Ryckman, Bi-State Primary Care Association
- 3:45 – 3:55 **Legislative Agenda & Updates** – Group discussion
- 4:00 **Adjourn**

Next meeting: Thursday December 16, 2:00-4:00pm

Clinical Placements Project

*Legislative Commission on the Interdisciplinary Primary Care
Workforce*

October 28, 2021

Kristina Fjeld-Sparks, MPH, Director, NH AHEC

Paula Smith, MBA, EdD, Director, SNHAHEC

Kris van Bergen-Buteau, CPHQ, Director of Northern NH AHEC



AGENDA

- Introduction
- Methods
- Findings
- Recommendation
- Current efforts
- Discussion



Introduction

The Legislative Commission on the Interdisciplinary Primary Care Workforce identified a misalignment between workforce needs and placement of health professional students across New Hampshire.

NH AHEC, as suggested by the Commission, was asked to study the clinical placements “system” in New Hampshire

Seek guidance from Forward Fund Advisors to identify long-term changes towards an efficient and equitable system

Introduction

Project Goal Statement: To conduct an environmental scan related to the community/clinical placement process that supports clinical training experiences in New Hampshire

Long term Goal: Long-term changes towards an efficient and equitable system of connecting educational institutions with clinical placements and preceptors

Overview of workplan

CPP Objectives

(funding period: June 1, 2020 – May 31, 2021).

1. Research best practices for community placements process
2. Collaborate with clinical sites, healthcare workforce officials, and academic; and make recommendation for system enhancement
3. Synthesize data collected and produce environmental scan with actionable next steps

Methods: Objective 1

Research Best Practices

- Peer Review Literature search
- Develop semi-structured interview protocols (IRB approval UNH and Dartmouth)
- Conduct Semi-structured interviews with select National AHEC network partners (11 interviews, 8 states)

Methods: Objective 2

Collaborate with clinical sites, healthcare workforce officials, and academic to assess and make recommendation for system enhancement

- Identified key stakeholders involved in community placements processes for health professions training
- Conducted interviews of sites and academic institutions (29 academic institutions; 24 Placement sites; 16 preceptors)
- Compiled results

Methods: Objective 3

Synthesize data and produce next steps

- Code themes & Compile results
- Share findings
- Highlight recommendations
- Solicit feedback

Findings

Literature search - focus on clinical placements and primary care:

Search key words: health professions students, rural, urban underserved, preceptors, clinical placements, recruitment, allied health, rotations.

- Limited studies published assessing placement of students
- Although search criteria for rural AND underserved, research reported primarily RURAL
- Most studies discuss physician – few PA and NP

Findings

Resident/provider: Strongest predictor of recruitment to a rural area is upbringing/birth

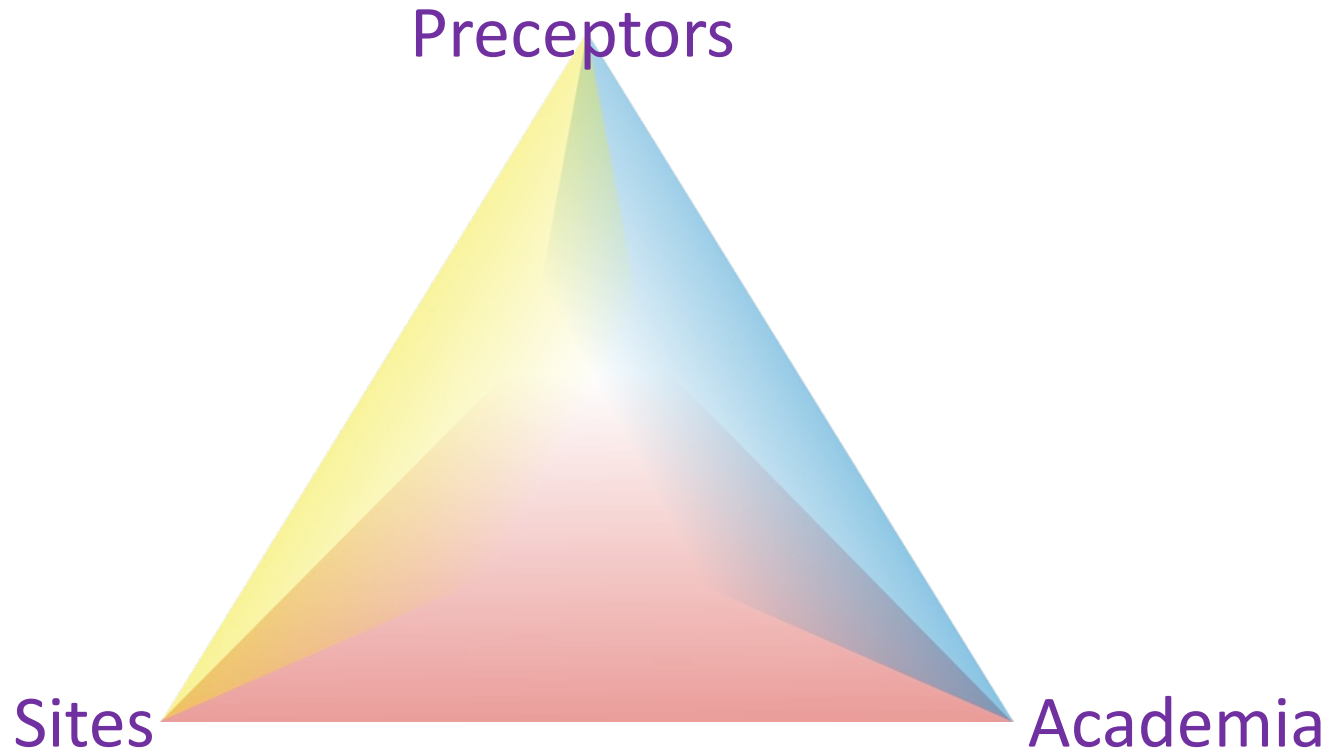
- ❖ Rural background of student/provider
- ❖ Overwhelming positive association

Student exposure: Positive association/'important aspect' exposure to rural/underserved during training. Higher success with longer exposure

Primary Findings National AHEC Interviews

- Assist in placing students rural and underserved
- RELATIONSHIPS are critical
- Competition for sites
- Funding or resources from external sources (example: State funding)
- Incentives for preceptors vary
- “systems” vary significantly – some states solo some collaborative processes

Findings



Relationship Building

- Use of personal & professional networks between schools, sites & students
- Long term relationships exist (hard for new programs)
- Fragility of relationships
- Connections with out of state sites- students stay there
- Student as Employee (easier to find placement)
- Alumni are the key to the pipeline
 - Reinforce “pay it forward” with students in school
 - Wait till they are 2-3 years out before ask

Site Recruitment

- Capacity
- Competition
- Duplicate requests
- Impact on Productivity **
- Disconnect between preceptor & administration
- Lack of resources at both site & academia
- Out of state sites limiting NH students
- Frustration w/processes, deadlines, staff turnover
- Gatekeepers

Site Priority Setting

- Employees
- Local
- Quality Programs
- High Vacancy Areas
- “we will take any student we can”



Recruitment/NH Workforce

- Precepting as Recruitment Strategy for Future Workforce
- Reinforce recruitment pipeline: students as future employees
- “If we place them in NH they often stay here”



Preceptor Burnout

- Non-issue
- Significant Issue
 - Productivity expectations
 - Acuity/complexity of patients
 - Less experienced students ask more of preceptor
 - Secondary stress for BH
 - New hires experience burnout- thrown in
- Rotate preceptors to minimize burnout/give break
- Having more preceptors –could rotate more often

Administration

- Burden
 - Paperwork
 - CCP vs. other online system
 - Chasing students
 - Site visits
- Central Coordination
- Expectations



Centralized Clinical Placement (CCP)

- Coordination of placements with schools and sites for nursing
- Includes online clinical orientation modules
- Schools and sites pay for CCP
- Not all sites using it
- “Works till it doesn’t”

COVID Response

- Strained relationships
- Furloughed staff, hours cut at sites
- Policies prohibited non-employees on site
- Safety - Physical distancing, PPE
- Telehealth opportunities
- Adapted curriculum



Payment for Preceptors

- Strong Feelings Across the Board (+/-)
- Not involved
- To Preceptor
- To Department



Learners

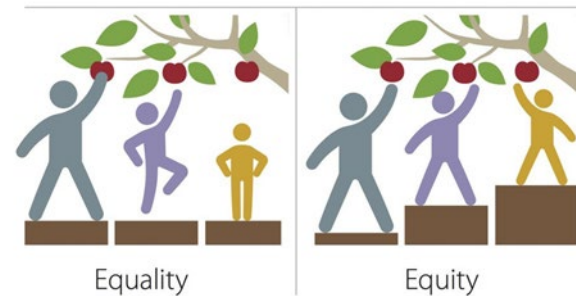
- Transportation, long commute, lack of housing
- -Level of preparedness
- -Student
- “Sometimes students don’t want the placements I have”
- Set up Students for Success

Housing



Equity

- Under-resourced students “Who is not even applying to school?”
- Unpaid internships
- Full time programs a barrier
- Funding (tuition & living expense support)
- People in recovery



Preceptor Expectations

- Expectations documented in contract/affiliation agreement/preceptor handbook
- Some schools have vague expectations of preceptors
- Preceptor reluctance/lack of confidence
- Different precepting models
- Boundary setting on what type of student will take
- “It doesn’t matter if student likes you” set boundaries and give feedback

Internal System Capacity

- MA Shortage
- Limited resources (Site and Academia)
- Processes re: Admn



Preceptor Development

- Resources
 - None provided, CE, university courses, conferences, SNHAHEC Preceptor Development modules
- Balance
 - Time for education vs. need for education
- Quality of precepting
 - Warm body?
 - Hard to give feedback when you need them

Policy Requirements

- Accreditation
 - Some mandate schools find placements
 - Restrictions on who can be preceptor (credentials)
 - Some Limit ability to learn interprofessionally
 - Barrier to innovation
- State licensing Boards
 - Restrictions on who can be preceptor*
- CMS
 - Parity re: rules for LICSW, LCMHC and LMFT



Interprofessional

- Foster Interprofessional Interactions
 - Within schools & across schools
 - Within sites
 - Build interprofessional identity
- Enhance/Build intentional IPE curriculum
- Manage challenges
 - Timing, scheduling,



Findings

- Collaborative Planning
 - Working Together
 - Capacity Building

“NH is a small state, can we come together & make it work?”

Recommendations

Individual

- Offer Training to Preceptors
- Recognize preceptors for the work they do
- Prepare students to go to community



Recommendations

Institutional/Community

- Conduct Outreach & Awareness
- Streamline administrative processes within and across organizations
- Foster Interprofessional Education (IPE)
- Consider Equity
- Explore Funding Opportunities
- Promote Professional Development
- Address Scheduling



Recommendations

System

- Recognize & Promote Precepting
- Expand Pipeline Programs
- Develop Career Pathways
- Promote Collaboration & Planning
- Explore Financing



Recommendations

System

- Share Business Models for Precepting
- Foster NH Workforce
- Pursue Policy Changes
- Expand Data Collection



NH AHEC
'GAP' funding
period July –
November

Research tax incentives

Review tax incentives for
preceptors:

- Arizona
- Colorado
- Georgia
- Hawaii
- Ohio
- Maine
- Maryland

Review “Systems”

Review systems identified during interviews such as:

- My Clinical Exchange
- Castle Branch
- West Virginia system
- Nursing-based ‘systems’ CCP

Conduct Student Survey



Students are a critical stakeholder –
important to understand their perspective.

Seek feedback on next steps



WHAT DO WE DO
(PRIORITY SETTING)?



WHAT IMPLEMENTATION
FUNDING DO WE NEED?



WHO DOES IT?

DISCUSSION

THANK YOU!!!



Catalyzing Oral Health Workforce For Rural & Vulnerable Populations

*Collaboration With Harvard School Of Dental Medicine
To Establish Dental Residencies In New Hampshire*

**Presented to the NH Legislative Commission on the Interdisciplinary Primary Care Workforce
October 28, 2021**

**Stephanie Pagliuca, Senior Director of Workforce Development & Recruitment
Natalie Ryckman, Project Coordinator, Health Professions Education & Training
Bi-State Primary Care Association**





Bi-State Primary Care Association

Vision

- **Healthy individuals, families, and communities with equitable and quality health care for all.**

Mission

- **Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.**

**Primary care includes primary and preventive medical care, oral health and mental health and substance use disorder treatment services.*



We build relationships to expand oral health capacity

NH Dental Society

NH DHHS Division of Medicaid Services

NH DPHS Oral Health Program University of New England College of Dental Medicine

Harvard School of Dental Medicine

NH Oral Health Coalition

Northeast Delta Dental

2012-2015 - Partner with NHDPHS Oral Health Program, NH FQHCs, and the University of New England College of Dental Medicine to establish 2 new FQHC dental centers that serve as clinical training sites for dental students in rural NH*

2017 - 2020 - Partner with NHDPHS Oral Health Program, VT Office of Oral Health and FQHCs to implement new workforce models that expand access to restorative care and strengthen integration of oral health/primary care*

2019-2023- Partner with VT Tech and 3 FQHCs to educate, train and deploy Dental Therapists in Vermont*

2020-2022 - Partner with NHDPHS Oral Health Program and FQHCs in the Strengthening the Oral Health Workforce Capacity to Prevent & Control Opioid Abuse project*

2020 - 2025 Partner with Harvard School of Dental Medicine to establish a rural track for Dental Public Health and AEGD residents at 4 New Hampshire FQHCs.*

Pew Charitable Trusts D4 Practice Solutions

Oral Health Progress & Equity Network

National Network for Oral Health Access

American Dental Association

VDH Office of Oral Health

VT Tech

VT State Dental Society

*indicates project funded through HRSA



The Next Generation of Dentists for New Hampshire Where do they come from?

- ➔ Outreach through Bi-State's Recruitment Center. We promote NH practice opportunities to dentists in training and in practice. We connect practices with openings with dentists who want to live and work here. We stay in touch with the dentists until they find the right opportunity. Sometimes we know someone for years before they are ready to start practicing in New Hampshire.
- ➔ No dental school located in New Hampshire.
- ➔ Since 2013 New Hampshire practices host students from the University of New England College of Dental Medicine in Biddeford, ME. UNE is referred to as the dental school for northern New England.
- ➔ No dental residency programs in the state – ***until now!***

The right place at the right time

NH Oral Health Coalition's Fall Forum - 2019

- ➔ Staff from Harvard School of Dental Medicine were in attendance.
- ➔ Discussion about New Hampshire's plan to add a comprehensive dental benefit for adults on Medicaid.
- ➔ Bi-State hosted an exhibit booth featuring our Recruitment Center outreach efforts.
- ➔ Bi-State presented information about an initiative we led to expand the use of Certified Public Health Dental Hygienists and Expanded Function Dental Auxiliaries in Federally Qualified Health Centers.

Catalyzing Oral Health Workforce for Rural & Vulnerable Populations

HRSA Grant
Postdoctoral Training
in General, Pediatric,
and Public Health
Dentistry
2020-2025

**Harvard School of
Dental Medicine**

- *Principal Investigator**
- *Dental Public Health Residency Director**
- *Advanced Education in General Dentistry Director**

**Bi-State Primary Care
Association**

**Project Advisory
Committee**

**New Hampshire
Training Sites**

- *Greater Seacoast Community Health**
- *Mid-State Health Center**
- *Coos County Family Health**
- *Harbor Care**
- *Dental Health Works**
- *Dartmouth Hitchcock Medical Center**
- *OralHealth@Home**

Overall Program Goal

Increase the primary care oral health workforce to effectively provide comprehensive general and advanced dental care incorporating interdisciplinary and population health (e.g., social determinants of health) approaches to underserved and vulnerable populations with complex medical and behavioral health needs in rural New Hampshire.



Project Overview

- 5-year grant from HRSA/Bureau of Health Workforce
- Funding Opportunity: *Postdoctoral Training in General, Pediatric and Public Health Dentistry and Hygiene*
- Creates a new 1-year Advanced Education in General Dentistry (AEGD) Residency with a rural track
- Enhances an existing 2-year Dental Public Health Residency by offering a rural health and vulnerable population track
- Three areas of focus for the residencies are: Underserved and Vulnerable Populations, Rural Training Sites and Dental Public Health

Specific, Measurable Objectives & Goals

Goal 1	Improve and expand oral health care capacity, access and services for underserved and vulnerable individuals living in rural areas by fully planning, developing and implementing two postdoctoral training programs (general dentistry (AEGD) and enhance existing dental public health (DPH) with rural tracks.
Goal 2	Increase the number of postdoctoral trained primary care dentist with expertise in rural health; specifically general dentistry and public health who will increase workforce capacity in rural New Hampshire. These trainees will choose to practice in rural and underserved areas with vulnerable populations after postdoctoral training.
Goal 3	Increase the number of primary care dentists; in general dentistry and public health, competent to provide patient-centered, comprehensive, culturally appropriate care for underserved and vulnerable individuals living in rural areas.
Goal 4	Evaluation, operational and administrative support to achieve sustainability.

The Project Team

HARVARD SCHOOL OF DENTAL MEDICINE

Jane Barrow, Associate Dean Global & Community Health, Executive Director, Initiative to Integrate Oral Health and Medicine

Christine Riedy, PhD, MPH, Associate Professor, Chair of Oral Health Policy & Epidemiology

Steffany Chamut, DDS, MPH, FICD, Instructor in Oral Health Policy & Epidemiology

John Zdanowicz, DMD, MPH, Residency Director, Advanced Education in General Dentistry

BI-STATE PRIMARY CARE ASSOCIATION

Stephanie Pagliuca, Senior Director, Workforce Development & Recruitment

Natalie Ryckman, M.S., Project Coordinator, Health Professions Education & Training

Claire Hodgman, RACR, Recruitment Specialist



Partners & Resources

- Coos County Family Health, Berlin, NH
- Greater Seacoast Community Health, Somersworth, NH
- Harbor Care, Nashua, NH
- Mid-State Health Center, Bristol, NH
- Dental Health Works, Keene, NH
- Dartmouth Hitchcock Medical Center
- OralHealth@Home
- NH DHHS Division of Medicaid Services
- NH Oral Health Coalition
- NH Dental Society
- NH Area Health Education Centers (AHEC)
- D4 Practice Solutions
- University of New England College of Dental Medicine

Wrap Up Your Questions



Stephanie Pagliuca – spagliuca@bistatepca.org

Natalie Ryckman – nryckman@bistatepca.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,993,671 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.