

Legislative Commission on the Interdisciplinary Primary Care Workforce

May 26, 2022 2:00-4:00pm – UNH Law School, 2 White Street, Concord, NH 03301
– Room 282

Zoom and Call in information:

Join Zoom Meeting

https://nh-dhhs.zoom.us/j/81369480876?pwd=c4rAsHO6W3yJx0An_Uek-TN4IYIOjB.1

Meeting ID: 813 6948 0876

Passcode: 314417

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

Agenda

- 2:00 - 2:10 **Attendance & Introductions**
- 2:10 - 2:30 **Trauma-Informed Care in Pediatrics** – Felicity Bernard, NH Pediatric Improvement Partnership (NHPIP)
- 2:30 - 3:00 **Update on Psychiatric Nurse Practitioner Training Program** - Deb Fournier, APRN, Advanced Practice Provider Lead, Dartmouth Health/New Hampshire Hospital
- 3:00 - 3:15 **Update on Loan Repayment (SLRP & NHSC)** – Alisa Druzba
- 3:15 - 3:45 **Round Robin on Future Topics** - - Group discussion
- 3:45 - 4:00 **Legislative & Updates**– Group discussion
- 4:00 **Adjourn**

Next meeting: Thursday June 23, 2022 2:00-4:00pm - UNH Law School, 2 White Street, Concord, NH 03301 – Room 282

State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: May 26, 2022 TIME: 2:00 – 4:00pm

LOCATION: UNH Law School, 2 White Street, Concord, NH 03301 – Room 282 & Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Amara Hartshorn

MEETING DATE: May 26, 2022

Members of the Commission:

Mary Bidgood-Wilson – Chair

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

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mike Auerbach, Executive Director, New Hampshire Dental Society

Cathleen Morrow, Geisel School of Medicine

Jeanne Ryer, NH Citizens Health Initiative

Lynn Stanley, NH Mental Health Coalition

Jason Aziz, NH Insurance Department

Pamela DiNapoli, Executive Director, NH Nurses Association

Dianne Castrucci, NH Alcohol & Drug Abuse Counselors Association

Laurie Harding, Upper Valley Community Nursing Project

Trini Tellez, Healthcare Consultant

Guests:

Danielle Hernandez, Program Manager, Health Professions Data Center

Christine Keenan, Administrative Director of Graduate Medical Education, PRH

Tina Kenyon, NH Dartmouth Family Medicine Residency

Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center

Katherine Shamel, Bi-State Primary Care

Eve Klotz, Clinical Director, Northern Human Services (Retired)

Sergio Zulloch, White Mountain Family Medicine Residency

Peter Mason, Medical Director, Headrest

Marcy Doyle, UNH IHPP

Debra Fournier, NH Hospital

Meeting Discussion:

- 2:00 - 2:10 **Attendance & Introductions**
- 2:10 - 2:30 **Trauma-Informed Care in Pediatrics** – Felicity Bernard, NH Pediatric Improvement Partnership (NHPIP)
- Refer to the attached presentation, “Trauma-Informed Pediatric Primary Care.”
- 2:30 - 3:00 **Update on Psychiatric Nurse Practitioner Training Program** - Deb Fournier, APRN, Advanced Practice Provider Lead, Dartmouth Health/New Hampshire Hospital
- Refer to the attached presentation, “Development of a Psychiatric Nurse Practitioner Training Program.”
- 3:00 - 3:15 **Update on Loan Repayment (SLRP & NHSC)** – Alisa Druzba
- Refer to the attachment, “2022 State Loan Repayment Program Report.”
- 3:15 - 3:30 **Round Robin on Future Topics** - Group discussion
- 3:30 - 4:00 **Legislative & Updates**– Group discussion
- 4:00 **Adjourn**

Trauma-Informed Care in Pediatric Primary Care

Funding provided by the New Hampshire Children's Health Foundation



Background

- Pandemic has increased family stress levels.
- Pediatric clinicians are a consistent and trusted source.
- Partnerships between pediatric primary care clinics and local community supports promotes family resilience.

Types of ACEs

Adverse Childhood Experiences



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness (including attempted suicide)
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence



OTHER ADVERSITY

- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630

ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



MENTAL HEALTH CONDITIONS

- Depression
- Suicide or attempted suicide



HEALTH RISK BEHAVIORS

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior



SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Positive Childhood Experiences

As a child, how often/how much did you....

- Feel able to talk to your family about your feelings
- Felt family stood by you during difficult times
- Enjoy participating in community traditions
- Feel a sense of belonging in school
- Feel supported by friends
- Have at least 2 non-parent adults who took genuine interest in you
- Feel safe and protected by an adult in your home



6-7 PCEs	>70% less likely to have adult depression
6-7 PCEs	3.5 times more likely to have social/emotional support as an adult
3-5 PCEs	50% less likely to have adult depression

*above is true even accounting for ACEs

Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019)

Project Design

Phase 1

July 2019 – April 2020

Increase knowledge about ACEs/trauma

- One-hour presentations in 12 practices

Phase 2

March 2020 – Oct 2021

Plan & pilot QI process to address ACEs/trauma

- 6 mo planning phase
- 6 mo pilot phase of PDSA cycles

Phase 3

Aug 2021 – Jan 2022

Data analysis & reporting

- Updated tools
- Replication report
- Guidebook

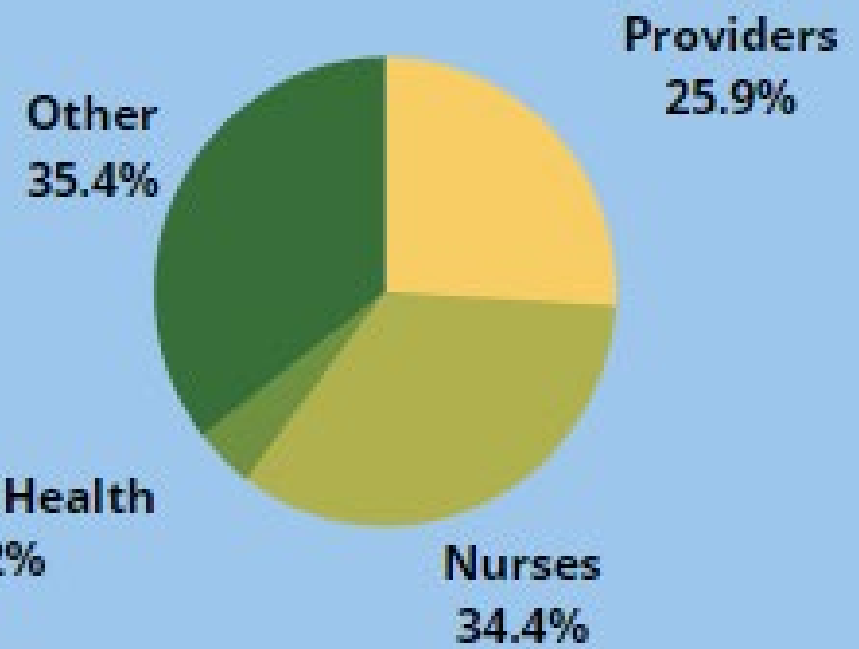
New Funding Project Goals:

- Continued support for Cohort One practices
- Recruit & conduct a second cohort of practices
- Systems-level changes to support communities in addressing ACEs/trauma

13 PRACTICES
191 PEOPLE

PHASE 1

Trainings to Increase Trauma Awareness



CME RESULTS

94%

Felt the information presented was important

91%

Felt the information from the training has increased their knowledge, skills, or practice on trauma informed care.



Community Meetings

20 community meetings

Improvements to:

- Clinician knowledge and confidence
- Workflow
- Communication strategies

“I didn’t know you guys did all that stuff! I definitely have families I could have referred!”

- Pediatrician about local family resource center

Cohort 1 – Qualitative Feedback

Provider Feedback

- “The tools we are using give us important information that we would not have had before and are important in catching the trauma in people you wouldn’t expect”
- “We will continue to use the registry we developed after the project has ended. It helps to track our high-risk families.”
- “The number one eye opening experience about this whole thing is that we are learning about resources in the community that we have never known before. I have already started utilizing a lot of that...we have a lot more specific information that we can do on our end to help patients get connected to help.”

Patient feedback

- “I am super impressed that they are doing this (screening). They are cutting edge”

2022

A Guide to Trauma Informed Pediatric Primary Care



AUTHORS

FELICITY BERNARD, MA, LCMHC
CORINA CHAO, BA
HOLLY TUTKO, MS

2022

Facilitating a Quality Improvement Approach to Childhood Adversity Screening in Primary Care: A Handbook



AUTHORS

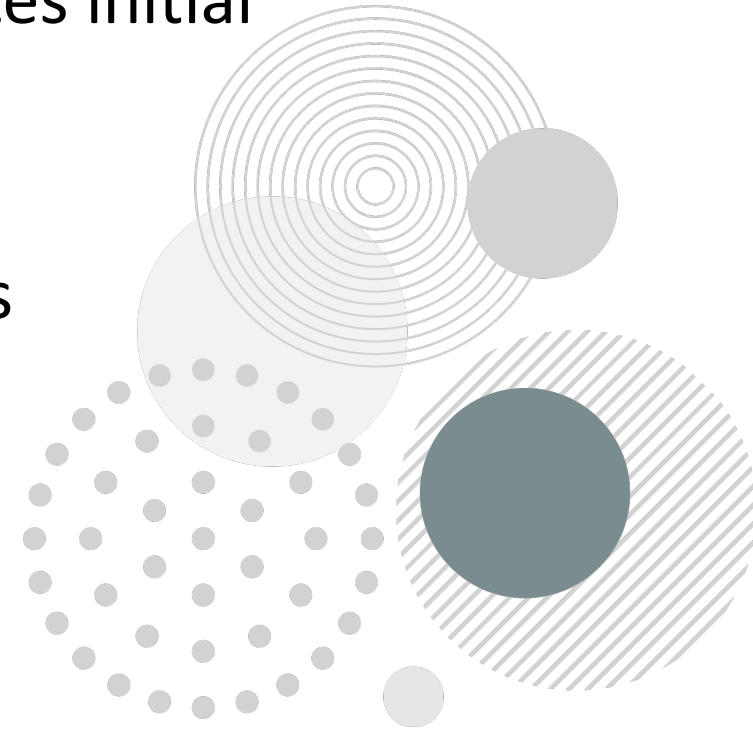
FELICITY BERNARD, MA, LCMHC
CORINA CHAO, BA
HOLLY TUTKO, MS
DELITHA WATTS, BS

Practice Guide and Handbook

- Training and education around trauma and resiliency
- Defining current and future state
- Aids in decision making
- Recommendation for workflows
- Guidance for responding to positive scores
- Recommendations for capturing patient voice
- Encourages importance of individual and systems level self care
- Roadmap to replication

Lessons learned for practices to replicate

- Providers benefit from real world examples and hearing from others doing the work
- Making sense of screening tools with teams eliminates initial barriers
- Facilitating connections with community providers
- Don't assume providers know all available resources
- Flexibility is crucial
- Planning period to build clinic capacity is necessary



Now Available!



FREE



On-Site or Virtual



1-hour each



CME/CNE/SW credits available



felicity.bernard@unh.edu

Trauma 101: to increase pediatric team knowledge about trauma resilience

Topics include :

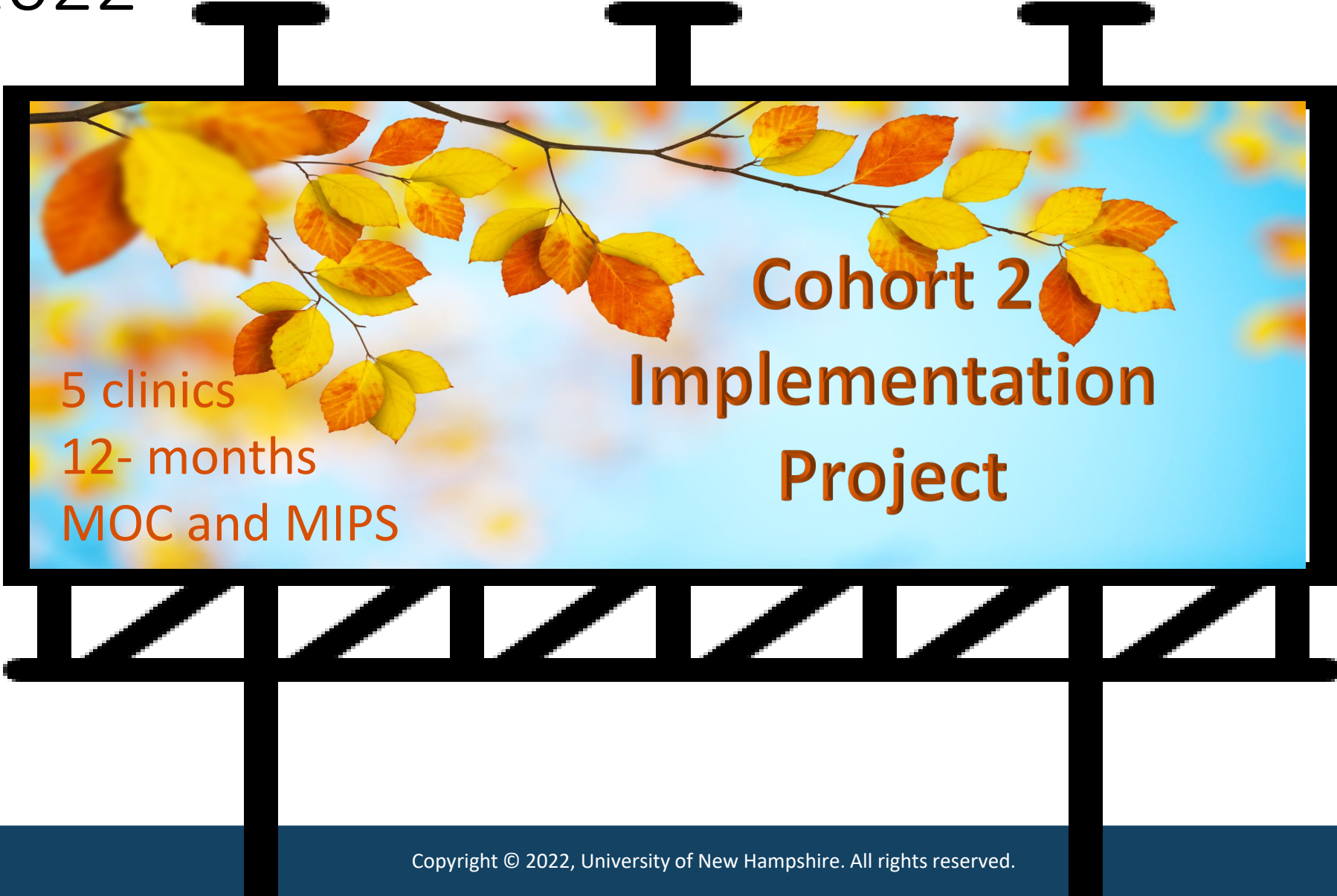
- Physical and mental impact
- Fostering resilience
- Trauma –Informed Care best practices

Trauma 102: identifying and addressing common presentations of trauma in family systems.

Topics include:

- Developing a culture and practice of resilience
- Common Manifestations
- Brief interventions (Case examples)
- Community partnerships

Fall 2022



A billboard-style graphic with a black frame and support structure. The background is a light blue sky with yellow and orange autumn leaves. The text is in a bold, orange, sans-serif font.

5 clinics
12- months
MOC and MIPS

**Cohort 2
Implementation
Project**

Additional Resources

- [Healthy People 2030](#)
- ACEs and Resilience
 - [Harvard Center for the Developing Child](#)
 - [Deepest Well: Nadine Burke Harris](#)
 - [ACES connection](#)
 - [ACEs Aware](#)
- NHPIP
 - www.nhpip.org

References

- Center on the Developing Child at Harvard University, In Brief: How Resilience is Built (Apr 22, 2015).
<https://www.youtube.com/watch?v=xSf7pRpOgu8>
- Center for Disease Control and Prevention, Adverse Childhood Experiences Resources, Presentation Graphics (2021).https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630
- Center for Healthcare Strategies (2019, August) *Integrating Behavioral Health Into Primary Care*.
https://www.chcs.org/media/PCI-Toolkit-BHI-Tool_090319.pdf



The Development of a Nurse Practitioner Training Program in Psychiatry

Deb Fournier, MHCDS, MSN, APRN PMHNP-BC, ANP-BC
Laura Kelliher, MPP, MSN, APRN, CPNP-PC, PMHNP-BC

Legislative Commission on the Interdisciplinary Primary Care Workforce
May 26, 2022

What We Know...

- NH population is aging
- NH healthcare workforce is aging
- There is an unmet need for mental health services *
 - Non-rural NH has three times as many APRNs with a mental health specialty than rural areas**
- Opioid overdose deaths higher in NH than US average *
- Suicide rate higher in NH than US average *
 - Age adjusted 17.3 per 100,000 vs US: 13.9 per 100,000
- Access is a problem
 - Dept of Psychiatry at DHMC reports today that there is a 2-4 month wait for general psychiatry consultation depending on region and specialty
- Nurse Practitioners (APRNs) provide high quality, affordable care
 - No difference in quality of services in primary care compared to physicians
 - Same or better patient experience / satisfaction scores

* [KFF Mental Health and Substance Use Fact Sheet](#)

** [Workforce Dashboard](#)

• <https://pubmed.ncbi.nlm.nih.gov/32607075/>

• <https://cdn.ymaws.com/www.pacnp.org/resource/resmgr/imported/qualityofpractice.pdf>

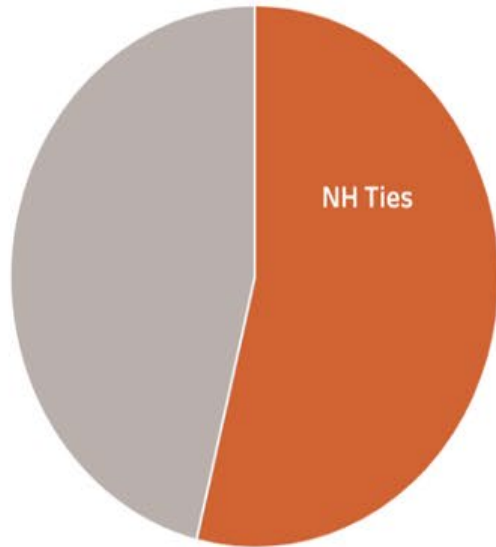
• <https://www.npnw.com/nurse-practitioner-patient-satisfaction-and-outcomes/>

Psychiatric Nurse Practitioner Scope

- Prescribe all psychotropic medication
 - Including clozapine (registry required)
 - Including controlled substances such as methylphenidate and lorazepam
 - Can be trained for Medication Assisted Treatment for Addiction
 - DEA-x , suboxone
- Independent Practice (no MD collaboration or documentation required)
 - Ordering tests, evaluations and services
 - Independent billing
 - All outpatient services
 - Procedures

... from the NH workforce [dashboard](#)

NH Ties (N=570)
60% of APRNs lived or worked in NH prior to receiving their NH license

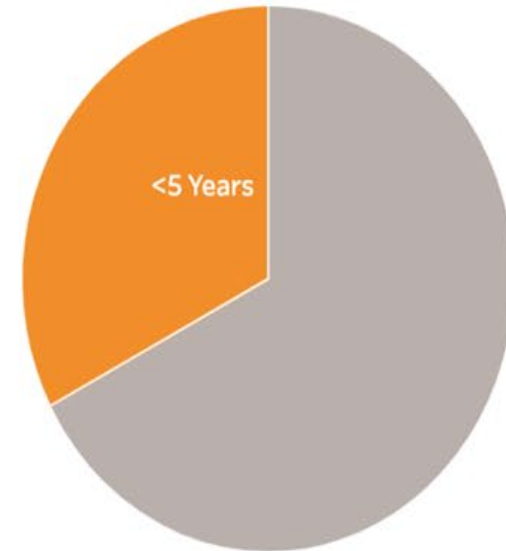


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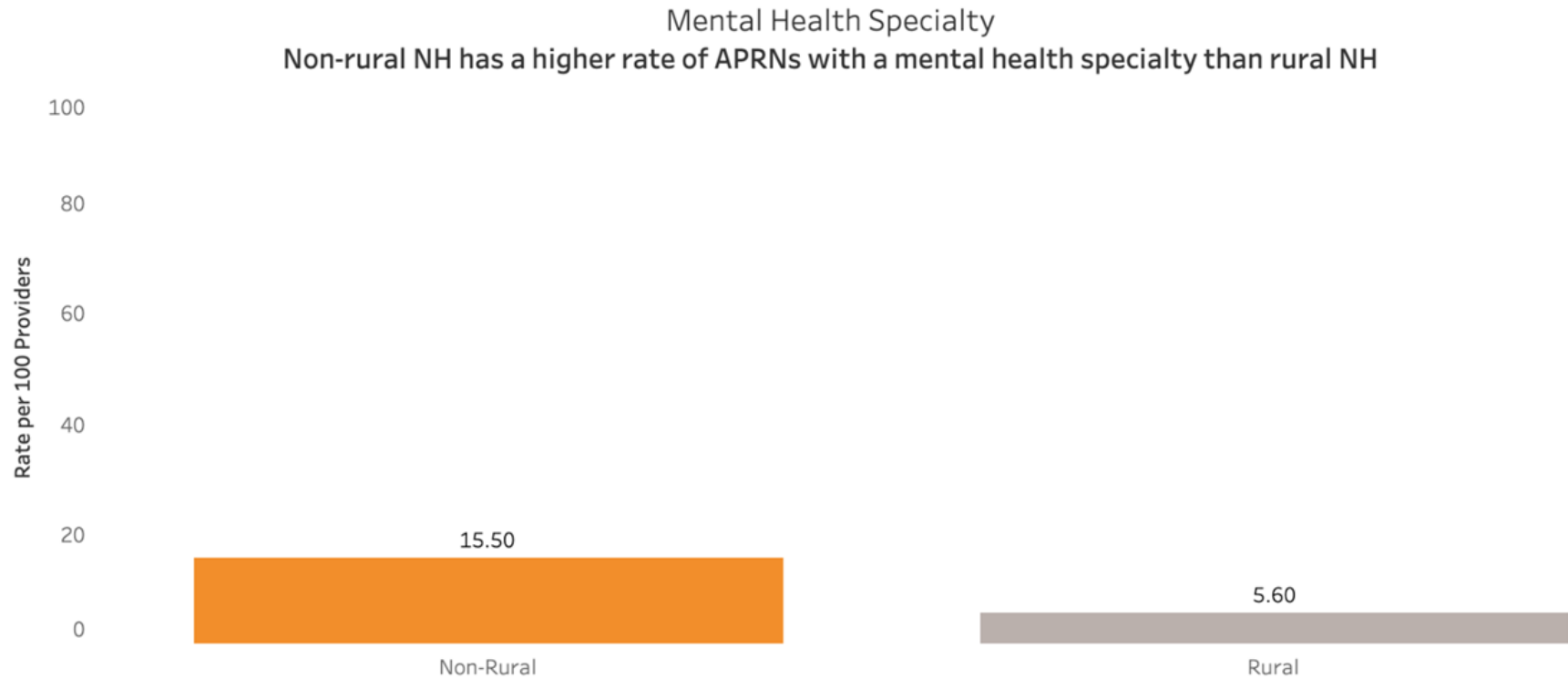
Clinical Practice

Outpatient Mental Heal... ▼

Years of Clinical Practice in NH (N=572)
Just under half of the workforce has been practicing in NH for <5 years



MH care is more available in non-rural NH



Dartmouth Health Department Of Psychiatry

- Committed to improving access to mental health care
- Investing in innovative strategies for workforce development
- Building nurse practitioner positions is a priority meet the mission of the department
 - Increasing number of NPs at NH Hospital
 - Increased part-time embedded pediatric psychiatric NP in Manchester to full-time role, which has allowed new patients to be scheduled within 1-2 weeks of referral
 - Wait time for access to psychiatric care decreased from 4 months to less than 2 months after embedding a psychiatric nurse practitioner in to a primary care clinic

Nurse Practitioners in Psychiatry

Dr William Torrey
AJ Horvath
Dr Julia Frew

Outpatient Services

- General psychiatry clinic for adults and pediatrics
- Specialty clinics
 - OBGYN
 - Cancer Center
 - Addiction
 - Children with special needs
 - Pre-ECT H&Ps
- Embedded in Primary Care
 - New London
 - Newport
 - Concord
 - Manchester (pediatrics)

(2018) 3.5 FTE – (2022) 8.5 FTE

Inpatient Services

- New Hampshire Hospital
 - Attendings
 - Leader of Treatment Team and Treatment Plan
- Dartmouth-Hitchcock Medical Center
 - General consult service
 - Emergency Department

(2016) 4 FTE – (2022) >12 FTE

Barriers to increasing APRN Workforce

- Recruitment

- Geography
- Psychosocial resources
- Salary

Training opportunities are limited and of variable quality

- Retention

- Professional development / advancement opportunities
- Salary

Almost half of the APRN workforce has less than 5 years of experience in practice

Why focus on a NH training program?

- Workforce crisis hits close to home
- Unable to fulfill the mission of delivering high quality care where and when it is needed most when we have difficulty with
 - recruitment
 - retention
 - and internal access (services for employees and families)
- Frustrations with existing programs deter from entering the field
 - Students – find own placements of variable quality
 - Preceptors – unsupported and overburdened
- DH has a strong group of existing PMHNPs
- Leadership supporting growth
- Resources and models for training programs
- Relationships with stakeholders

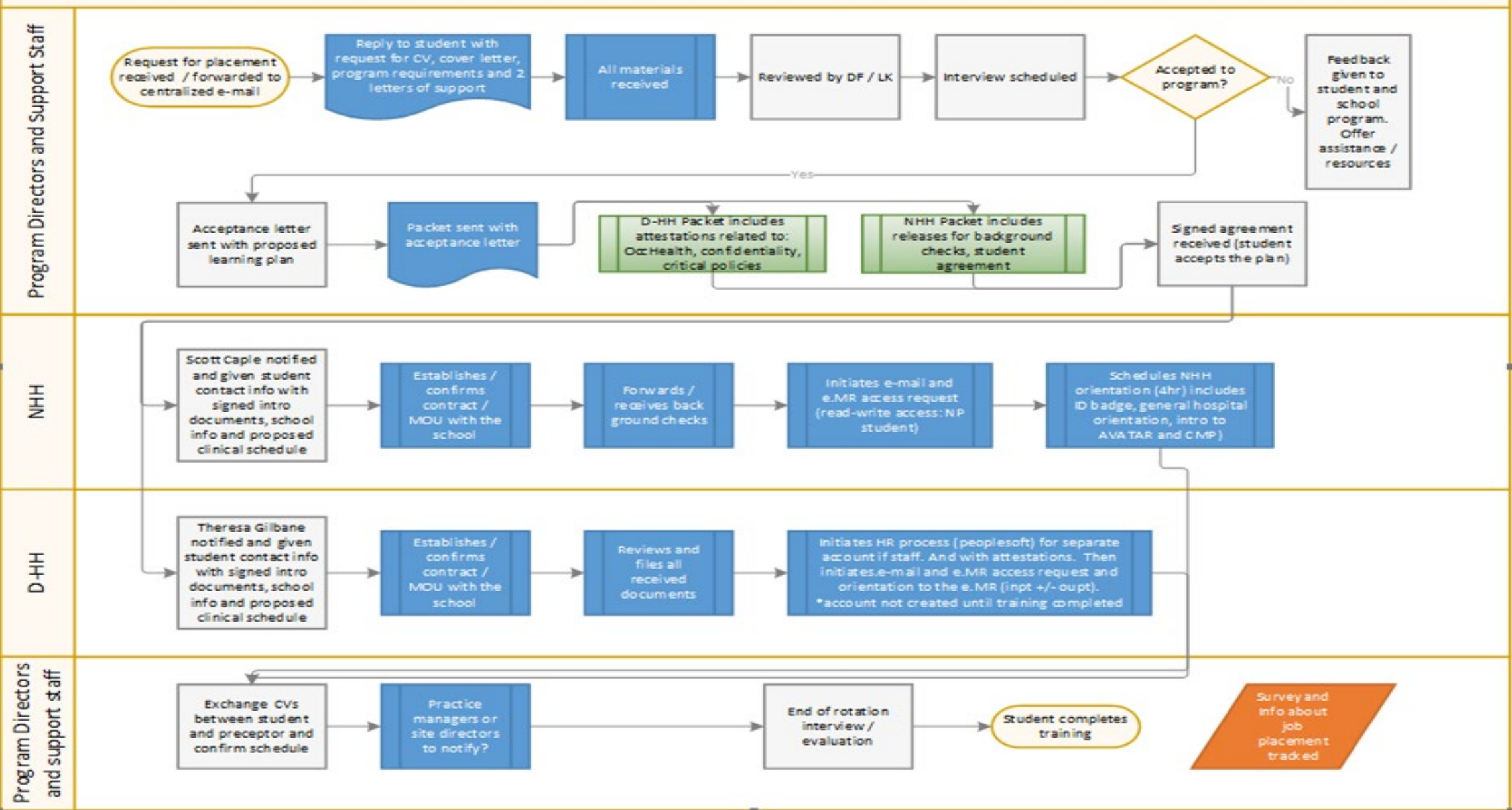
Additional Value of this Training Program

- Enhancing interdisciplinary education for excellent future teams
- Building community of support and mentorship for new providers throughout the state
- Enhance collaboration and communication regarding patients moving through the continuum of needs or services

Usual / Current State

- Within the DH system, all requests for clinical placements with an Advanced Practice Provider go through one person.
- They manage contracts with the schools and onboarding.
- Preceptors and students are responsible for all school requirements.
- In 2020, that office placed 59 APP students (NPs and PAs) throughout the entire DH system (for a total of 82 rotations)
- DH has now stopped accepting any requests other than from current employees.

NP Student Process



Key Changes

- Centralized intake for the department
- Clinical review of applicant (cover letter, CV, interview, references)
- Assessment of student skill, goals, and department's resources (preceptor skill, availability and work site)
- Coordination of logistics to reduce burden on student and preceptor
- Provide support and training to preceptors
- Build relationships with academic partners
- Develop system for continuous improvement and learning
- Build future community of providers and preceptors



The Dartmouth Health Psychiatric Nurse Practitioner Training Program provides diverse clinical practicum experiences to PMHNP students across several sites in New Hampshire.

Nurse practitioner students will be precepted by knowledgeable and experienced psychiatric nurse practitioners in both the inpatient and outpatient setting, caring for patients across the lifespan.

Who is Eligible?

PMHNP students who:

- Are currently enrolled in an accredited nurse practitioner program
- Have a current NH RN license
- Are driven, curious, and passionate about learning

Interested applicants should send their resume and a cover letter to:

PsychiatryTraining@hitchcock.org

In your cover letter, please include the following information:

- The program you are currently enrolled in
- The approximate dates that you anticipate needing clinical placement and how many hours you need to complete
- The specific populations (pediatrics, adults, etc.) and settings (inpatient, outpatient, etc.) your program requires



Dartmouth Health Psychiatric Nurse Practitioner Training Program

A comprehensive clinical practicum experience for psychiatric nurse practitioner students



Placement Sites

- ♦ **Lebanon**— adult psychiatry (including specialty outpatient clinics in OBGYN and oncology)
- **Newport**—embedded psychiatry in adult primary care
- **New London**—embedded psychiatry in adult primary care
- **Concord**—inpatient adult and geriatric psychiatry at New Hampshire Hospital, embedded psychiatry in adult primary care
- **Manchester**—embedded psychiatry in pediatric primary care



Dartmouth Health is home to the state's only academic medical center and is committed to the education of health care providers as part of their mission to provide the best care, in the right place, at the right time.

Benefits of Completing Your Clinical Practicum with Dartmouth-Hitchcock

- * Clinical opportunities across the continuum of care
- * Knowledgeable and experienced preceptors who are passionate about teaching
- * A better understanding of the mental health system in NH, including where it intersects with the legal system
- * On-site education opportunities, such as Psychiatry Grand Rounds and case conferences
- * Opportunities to complete all three clinical practica within one health system
- * Work within multidisciplinary teams and alongside other learners



Frequently Asked Questions

- 1. What is the application process?**
E-mail your resume and cover letter to PsychiatryTraining@hitchcock.org. Applicants who appear to be a good fit for the program will be contacted for an interview.
- 2. When should I apply?**
At least six months before your clinical term starts.
- 3. Can I request placement at a specific site?**
Placements will be assigned to offer the best clinical experience based on the individual's educational goals and needs.
- 4. If there is a special population I am interested in working with, could other opportunities at Dartmouth Health be explored?**
Yes, other opportunities may be available.
- 5. Are there any clinical practicum opportunities in the evenings or on weekends?**
Limited opportunities *may* be available on the weekends, only at New Hampshire Hospital.
- 6. Do I have to commit to completing all of my clinical practica with Dartmouth Health?**
No.
- 7. Do I have to be a NH resident?**
No. However, applicants who intend to work in NH after graduation will be prioritized.
- 8. Can your program meet all my practicum requirements?**
We will try, but not always. Currently, we have limited pediatric placements and we do not have preceptors who provide traditional psychotherapy. Please be prepared to discuss your practicum requirements during your interview.

TAPP-P

Training Advanced Practice Providers in Psychiatry

Deb Fournier, MHCDS, MSN, ANP-BC, PMHNP-BC, APRN

Laura Kelliher, MA, MSN, CPNP-PC, PMHNP-BC, APRN



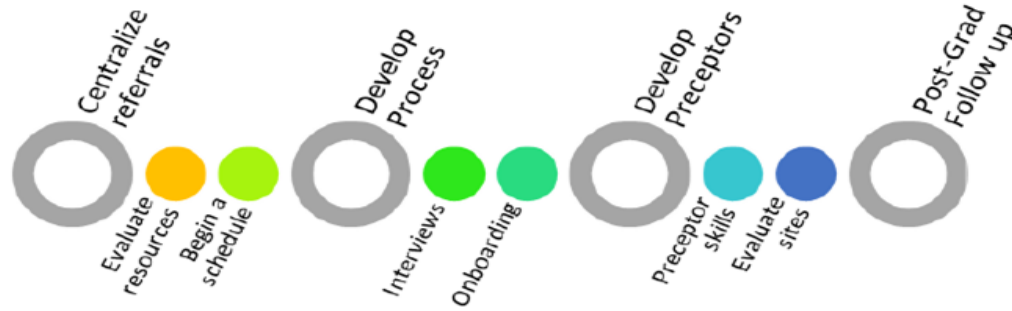
Why build a coordinated training program?

We are in the midst of a Behavioral Health workforce crisis. Recruitment during the pandemic revealed extraordinary variation in the quality of APP training programs. Preceptors were under-supported and facing burn-out. Students were independently seeking random placements to fulfill program requirements.

Our model aims to support students with coordinated placements in high quality clinical sites while supporting the professional development of our faculty. Understanding that providers often stay where they train, our mission is to build a regional network of high quality Psychiatric/Mental Health Nurse Practitioners.

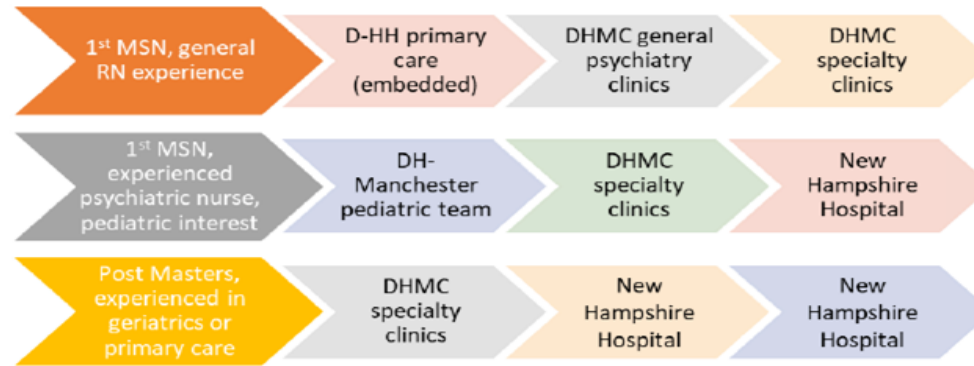
In 2020 there were 7 nurse practitioner students within the Department of Psychiatry.

In 2022 we are supporting 24 students and 14 preceptors for an estimated 7500 training hours.



Throughout 2021, we engaged stakeholders to develop a standardized process to interview students, match them with appropriate learning environments and support preceptors to continue to teach while continuing to provide high quality health care services.

Possible student pathways based on experience and interest



Placement Sites

- Lebanon—outpatient pediatric psychiatry, outpatient adult psychiatry (including specialty clinics in OBGYN and oncology)
- Newport—embedded psychiatry in adult primary care
- New London—embedded psychiatry in adult primary care
- Concord—inpatient adult and geriatric psychiatry at New Hampshire Hospital, embedded psychiatry in adult primary care
- Manchester—embedded psychiatry in pediatric primary care



For more information:

PsychiatryTraining@hitchcock.org

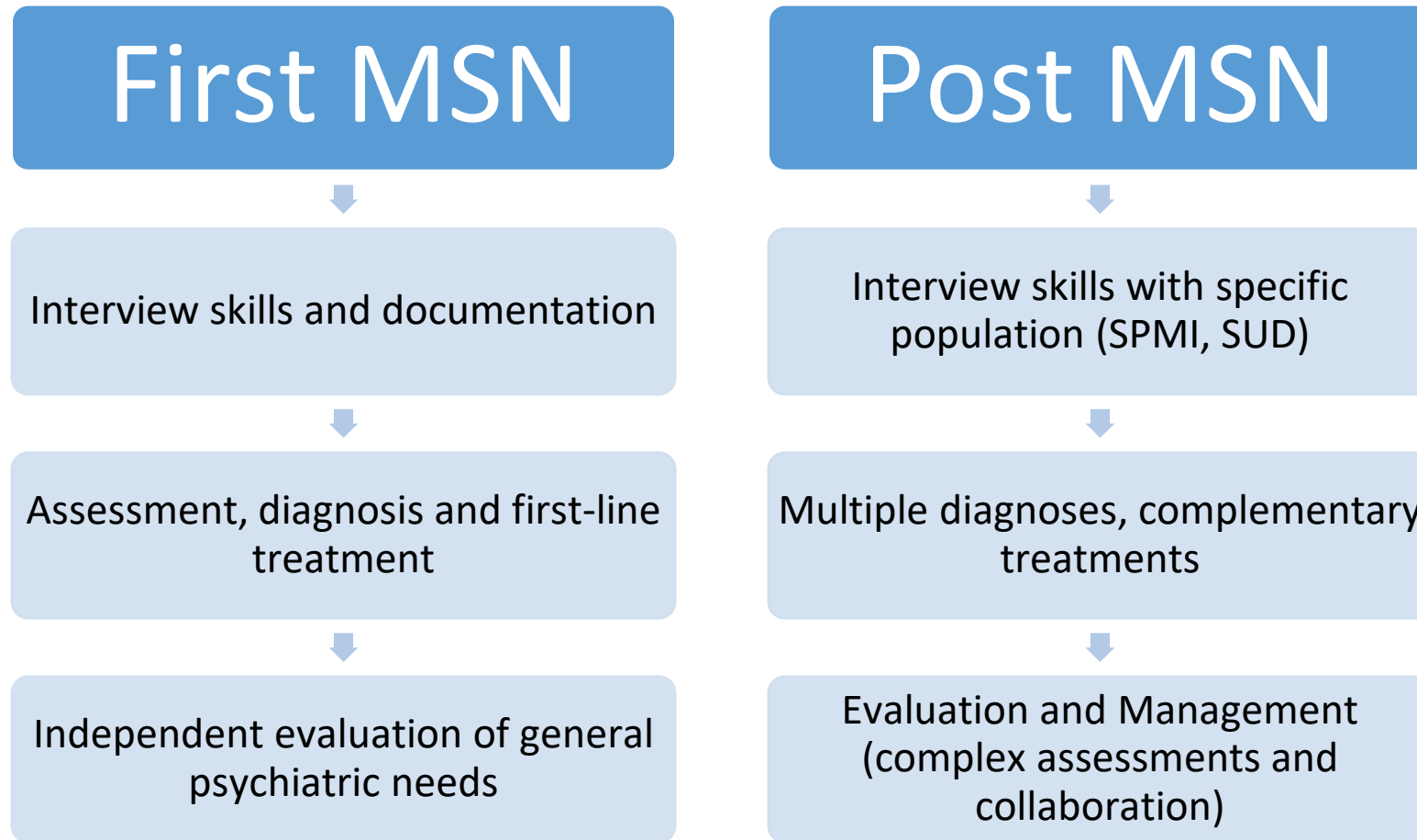
What are we learning...

- NH Hospital is not an ideal placement for a MSN student early in their program
 - More appropriate for post-master's student or master's students in their last term
- It is important to balance exposure to different settings with need for opportunities for developing clinical skill (the value of "observation")
- The fewer academic affiliations, the better ability to strengthen the rotation opportunities
- PMHNP students get little to no guidance in choosing a program
- Unexpected changes in student schedules or resource availability contributes to preceptor burn-out

As competition for placement is growing, we continue to assess for success

- Semi-structured interviews
- Experience in nursing
- Experience in psychiatry
- Previous education (undergrad / graduate)
- Intentions for practice
 - Inpatient
 - Outpatient
 - Special Populations
- Personality and Learning Style
- Commitment to New Hampshire
- Understand practice site
 - Workflow
 - Space
 - Team composition
- Professional goals +/- faculty aspirations or research
- Interest and commitment to teaching
- Teaching style and strengths
- Verbal and written communication skills

Continuing to work with academic partners to clarify learning objectives



NP TRAINING

2022

'23

NH HOSPITAL

	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
SORRELL	JEN TAYLOR 5/23/22 - 7/15/22	Break	Break	LISA KAZAKIS 9/15/2022 - 12/20/2022			DANIELLE FERREIRA 12/15/22 - 2/16/23							
	JOE MEREE 5/16/22 - 8/20/22			KALIE MERRYFIELD 7/16/22 - 12/15/22										
KOSTRZEWSKI	CATHERINE BYNES 6/16/22 - 8/21/22			ANN BRANEN 9/15/2022 - 12/10/2022				ROXANNE DEMBROWSKI 1/15/23 - 5/12/23						
	AMANDA BRENNAN 7/11/22 - 8/15/22			JAMIE BOURGEOIS 9/20/22 - 12/15/2022				KALIE MERRYFIELD 1/17/22 - 4/17/22						
FARLEY	KAYE NOEL 5/23/22 - 7/15/22	Break	Break	MEREDITH FOGG 9/15/22 - 11/20/22				MARSHA DAVIDSON 1/15/23 - 5/12/23						
	JULIE PATTEN			JENNIFER WAINYARD 10/17/22 - 12/15/22										
FRATONI														
BAILEY	KATTY ROBBINS 5/19/22		Tobi OGUNBAYO 8/27/2022 - 11/10/2022		JANE VASQUEZ 10/7/22 - 12/15/22			MAUD BARRY 1/10/23 - 4/30/23 (approx)						
	JANE "BRE" VASQUEZ 5/23/22 - 7/10/22			ROXANNE DEMBROWSKI 9/15/22 - 12/20/22				KELEY WATKINS 1/15/23 - 5/12/23						
McARROY														
	AMANDA BRENNAN 5/30/22 - 7/17/22		JANE "BRE" VASQUEZ 8/15/22 - 10/7/22	DANIELLE FERREIRA 9/15/22 - 11/20/22		MEREDITH FOGG 10/17/22 - 12/15/22		12/15/22 - 2/26/23						
KELLIHER	MEREDITH FOGG 10/16/22 - 8/21/22			MELANIE RODRIGUEZ 9/15/2022 - 12/20/2022				LISA KAZAKIS 1/15/23 - 5/12/23						
SIDDIQUI			AMANDA BRENNAN 8/30/22 - 11/15/22					SELINA WEBBE 1/15/23 - 5/12/23						
RYLL			JEN TAYLOR 8/15/22 - 10/7/22	MARSHA DAVIDSON 9/15/22 - 12/20/22				STEPHANIE LACHAPPELLE Feb - April (80 hrs)						
CASEY/MORENCY	LINDSAY LOERCH 5/23/22 - 7/15/22			JAMIE BOURGEOIS 3/20/23 - 6/14/23 (Bella)										
			LINDSAY LOERCH 8/15/22 - 10/7/22					ANN BRANEN 1/15/2023 - 5/12/2023						
GODZIK														
SIRIWARDANA			Break	LINDSAY LOERCH 10/17/22 - 12/13/22				JAMIE BOURGEOIS 1/9/23 - 3/23						

■ = RIVIER ■ = UNH ■ = WALDEN ■ = NORWICH ■ = DREXEL ■ = FRONTIER ■ = MCPHS ■ = REGIS ■ = WILKES

Fiscal Year 2021-2022

Number of
Unique Students



23

Number of Clinical
Rotations



34

Estimated
Number of
Clinical Hours



5040

Number of
Schools



9

Number of
Active
Preceptors



16

Alignment with NH Healthcare Workforce Strategic Plan

1.6 Create accessible and supportive training models for students and healthcare professionals

Our program offers

- flexibility for students to commit to clinical days compatible with their work schedules (1.6.1)
- centralized collection of PMHNP training opportunities within the DH system (1.6.2, 1.6.3)
- growth through collaboration with academic partners and additional trainings for preceptors (1.6.4)
- encouragement and future support for students to become future preceptors (1.6.7)

Additional support within the Dept of Psychiatry

- Transition to model of APP leadership
 - streamline recruitment efforts
 - assess workflow and models of care for culture that supports our staff, working toward delivery of high quality care within safe and collaborative culture
 - incorporation of retention conversations to regular meetings
 - exploring career development, staff resiliency, and professional engagement
 - establishing mentorship support and group relationships
 - participate in organization conversations about scope, role and compensation

In August, we shared these goals...

- Short Term Goals
 - Finalize brochure
 - Collaborate with school leaders
 - Finalize interview schedule
 - Develop evaluation tool and baseline metrics
 - Coordinate Fall, Winter and Spring placements
- Medium / Long Range Goals
 - Community Mental Health Rotation
 - Specific rotation in Substance Use Disorders and MAT
 - Preceptor / Mentorship training
 - Collaboration plan with academic stakeholders

Status Report...

finalize brochure	delayed due to branding campaign. however poster presented at regional conference for additional exposure and invitation for feedback
collaborate with school coordinators	built process map for efficient management of placement requests. monthly meeting to review onboarding and orientations
finalize interview schedule	now on a rolling basis. working on design for deadlines for placement requests
develop evaluation tool and baseline metrics	completed. will continue to enhance evaluation tools and program based on feedback
coordinate Fall, Winter and Spring placements	now scheduling in to 2023
CMHC rotation	on hold. continue to focus on strengthening DH rotations. include priority for rural embedded care rotations
specific rotation for SUD and MAT	available for one day a week
preceptor training	established. monthly meetings. structured curriculum in progress
collaboration with academic stakeholders	monthly meetings with selected partners

Additional ROI...

In 2021

4 of the 7 full time PMHNPs at NHH
trained within the DH system

Additional Next Steps

- ❑ Working with Department Leadership on broader workforce issues (other licensed staff development and training)
- ❑ Department is seeking resources for administrative support
- ❑ Collaborating with Physician educators for additional opportunities for inter-professional education
- ❑ Focus group of ANP/FNPs currently in rural settings pursuing post-masters with goal of developing additional training resources and future positions to address access

Some identified barriers:

- tuition reimbursement
- scholarships
- access to quality placements
- support in current role for teaching (protected time reduces access and FFS income)
- additional support for continuing education for preceptors (retention strategies)

CURRENTLY SERVING 91

7/1/21-6/30/22-NEW	30
7/1/21-6/30/22-CONTINUATIONS	5

PROVIDER TYPES

PRIMARY CARE	MD/DO	7
	APRN	11
	PA	3
	RN	2
BEHAVIORAL HEALTH	BHUS	10
	PSYCHNP	13
	PSYCHOLOGIST	1
	LICSW	9
	LCMHC	19
	MFT	2
	MLADC	5
	LADC	1
	DUAL-LICSW/MLADC	4
	ORAL HEALTH	DMD
RDH		2

RURAL/NON-RURAL	RURAL	36
	NON-RURAL	55

LOCATIONS (34)

- AMMONOOSUC COMMUNITY HEALTH SERVICES
- AMOSKEAG HEALTH CENTER
- ASSOCIATES IN MEDICINE/VALLEY REGIONAL HOSPITAL
- BELMONT MEDICAL CENTER/CONCORD HOSPITAL-LACONIA
- CENTER FOR NEW BEGINNINGS
- CONWAY FAMILY DENTAL CARE (PPD)
- COOS COUNTY FAMILY HEALTH SERVICES
- DENTAL HEALTH WORKS OF CHESHIRE COUNTY
- DOORWAY AT CONCORD HOSPITAL-FRANKLIN
- DOORWAY AT WENTWORTH-DOUGLASS
- FAMILIES IN TRANSITION
- GREATER NASHUA MENTAL HEALTH
- HEADREST
- HEALTHFIRST
- JAFFREY FAMILY MEDICINE/MONADNOCK COMMUNITY HOSPITAL
- LACONIA CLINIC/CONCORD HOSPITAL-LACONIA
- LAKES REGION MENTAL HEALTH CENTER
- LAMPREY HEALTHCARE
- MANCHESTER COMMUNITY HEALTH CENTER
- MENTAL HEALTH CENTER OF GREATER MANCHESTER
- MID-STATE HEALTH CENTER

MONADNOCK FAMILY SERVICES
MOULTONBOROUGH FAMILY MEDICINE/HUGGINS HOSPITAL
NEWPORT HEALTH CENTER
NORTH COUNTRY PRIMARY CARE
NORTHERN HUMAN SERVICES
PLYMOUTH PEDIATRICS/SPEARE
RIVERBEND
SACO RIVER MEDICAL GROUP
SEACOAST MENTAL HEALTH CENTER
TAMWORTH/OSSIPEE FAMILY MEDICINE/HUGGINS HOSPITAL
WEST CENTRAL BEHAVIORAL HEALTH
WESTSIDE HEALTHCARE/CONCORD HOSPITAL-FRANKLIN
WOLFEBORO FAMILY MEDICINE/HUGGINS HOSPITAL