

Legislative Commission on the Interdisciplinary Primary Care Workforce

November 17, 2022 2:00-4:00pm – NH Hospital Association, 125 Airport Road, Concord 03301 – Conference Room 1

Zoom and Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/84574541225?pwd=b3BIUGhUNkVFU2ZjMk9PUlFaWjZ0dz09>

Meeting ID: 845 7454 1225

Passcode: 889876 Join Zoom Meeting

Find your local number: <https://nh-dhhs.zoom.us/u/kbUf1IAYqp>

Agenda

- 2:00 - 2:10 Attendance & Introductions**
- 2:10 - 2:55 Building a Mobile Integrated Health Program–The Dartmouth Health-Lebanon Fire Department Experience - Jeremy Thibeault, Community Paramedic/Firefighter, Lebanon Fire Department, Amanda St. Ivany, Lebanon Community Nurse, Lebanon Fire Department and Barbara Farnsworth, Director of Community Health Partnerships, Dartmouth Health**
- 2:55 – 3:30 North Country Mobile Clinic - Kris van Bergen, Director of Workforce & Public Health Programs, North Country Health Consortium**
- 3:30 – 3:50 Update from UNH – Kirsten Corazzini, Dean, College of Health & Human Services**
- 3:50 - 4:00 Legislative & Updates– Group discussion**
- 4:00 Adjourn**

Next meeting: Thursday January 26, 2023 2:00-4:00pm

State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: November 17, 2022 TIME: 2:00 – 4:00pm

LOCATION: NH Hospital Association, 125 Airport Rd, Concord, NH 03301 – Conference Room 1 &
Zoom Conferencing

TO: Members of the Commission and Guests

FROM: Amara Hartshorn

MEETING DATE: November 17, 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
Jeanne Ryer, NH Citizens Health Initiative
Kirsten Corazzini, Dean, UNH College of Health and Human Services
Lynn Stanley, NH Mental Health Coalition
Pamela DiNapoli, Executive Director, NH Nurses Association
Dianne Castrucci, NH Alcohol & Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Trinidad Tellez, Healthcare Consultant

Guests:

Danielle Hernandez, Program Manager, Rural Health and Primary Care Section
Kris van Bergen-Buteau, NNH AHEC
Paula Minnehan, NH Hospital Association
Tina Kenyon, NH Dartmouth Family Medicine Residency
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Katherine Shamel, Bi-State Primary Care
Sergio Zulich, White Mountain Family Medicine Residency
Peter Mason, Headrest
Marcy Doyle, UNH IHPP
Guy DeFeo, University of NE
William Gunn, Psychologist
Janet Thomas, NH Citizens Health Initiative
Samantha Brewer, UNH Student
Annika Hamilton
Kristen Barnum, The Upper Valley Community Nursing Project
Jeremy Thibeault, Community Paramedic / Firefighter
Amanda St. Ivany, Lebanon Community Nurse
Barbara Farnsworth, Director of Community Health Partnerships, Dartmouth Health

Meeting Discussion:

2:00 – 2:10 **Attendance & Introductions**

2:10 – 2:55 **Building a Mobile Integrated Health Program- The Dartmouth Health-Lebanon Fire Department Experience** – Jeremy Thibeault, Community Paramedic/Firefighter, Lebanon Fire Department, Amanda St. Ivany, Lebanon Community Nurse, Lebanon Fire Department and Barbara Farnsworth, Director of Community Health Partnerships, Dartmouth Health

Refer to the attached presentation, “Building a Mobile Integrated Health Program – Dartmouth Health, Lebanon Fire Department.”

- Funding
 - o Rolled into the pilot agreement with the city of Lebanon to fund:
 - Program outreach
 - Community Nurses
 - Community Health Workers
 - o Finances are all rolled into the 10-year financial plan with Dartmouth Hitchcock
- [Dartmouth Health- Lebanon Mobile Integrated Health](#)
- [Lebanon Fire Mobile Integrated Health Program Toolkit](#)

2:55 – 3:30 **North Country Mobile Clinic** – Kris van Bergen, Director of Workforce & Public Health Programs, North Country Health Consortium

Refer to the attached presentation, “Northern New Hampshire Mobile Health Clinic.”

- Mobile Health Van
 - o Paid for by donations
 - o Offers Wi-Fi
 - o Could Provide:
 - Telehealth opportunities
 - Gynecology
 - Foot care – possible clinic revival
 - Pharmacy consulting
 - Dental care
 - Youth varnish
 - [Medicaid dental benefit for adults](#)
- Locations to park the van - vulnerable populations
 - o Libraries, grocery stores, food pantries
 - o Where the need is
 - o Various applications of care can be considered
- Brainstorming for increased capacity
 - o Modify exam table
 - Stirrups for women’s health
 - o Shop for an ultrasound machine
 - o Utilize the outside attachable addition to double the space for the days service providers

- Carry on / Carry off approach as various department will be sharing the van (all providers will possess their own totes of needed material for their own needs)
- Lessons from the Molar Express (a previous mobile dental unit) to be reviewed
- Travel distance considerations when choosing a location to park a dental van

3:30 – 3:50 **Update from UNH** – Kristen Corazzini, Dean, College of Health & Human Services

Refer to the attached presentation, “How Costs of Education Affect the Pipeline of Our Behavioral Health Care Workforce.”

- [The Granite Guarantee – financial aid program](#)

3:50 – 4:00 **Legislative & Updates**

- Representative Mark Warden is no longer a Representative
 - This Commission needs a new Representative to introduce Bills to legislators

4:00 **Adjourn**



DARTMOUTH-HITCHCOCK MEDICAL CENTER

Building a Mobile Integrated Health Program – The Dartmouth Health – Lebanon Fire Department Experience

Barbara Farnsworth, MS

Jeremy Thibeault, MPA, NRP

Amanda St. Ivany, RN, MSN, PhD



Objectives

- Program Overview
- Program Development
- Clinical Education
- Medical Direction
- Outreach Efforts
- Funding



Mobile Integrated Healthcare

Patient centered, innovative delivery model offering on-demand, needs-based and preventative services, delivered in the patient's home or mobile environment



Right person, right care, right place, right time



Community supports

	Paramedic	Community Nurses	VNAs
Referral source	DH-H via in-basket message, with a named referring provider or PCP	Anyone via phone, email, word of mouth	Anyone via phone, but need a physician referral for Home Health Care
Services provided	Timely hands-on care: blood draws, IV meds, med rec, medication disposal, wound care, SDOH screener, home safety assessment	Ongoing support: connection with resources, referrals, social support, vitals	Short-term care: requires the skill of a nurse or therapist to help with recovery from surgery, illness, injury or complications from a chronic condition
Timeline of services provided	Less than four weeks (have an end date in mind)	Variable, with check ins every other week	Patient specific, but typically less than two months
Signed consent needed to access EHR	No	Yes	No
EHR Access	Full e-DH privileges, including direct charting	DH Connect only (communicate via in-basket)	VNH: Full e-DH privileges, including direct charting LSRVNA & Bayada: DH Connect only (communicate via in-basket)
Cost	Free to patient	Free to patient	Services covered by Medicare, Medicaid and most commercial insurance plans



Community Paramedicine

An organized system of services based on local need, which are provided by EMS integrated into the local or regional health care system and overseen by emergency and primary care physicians

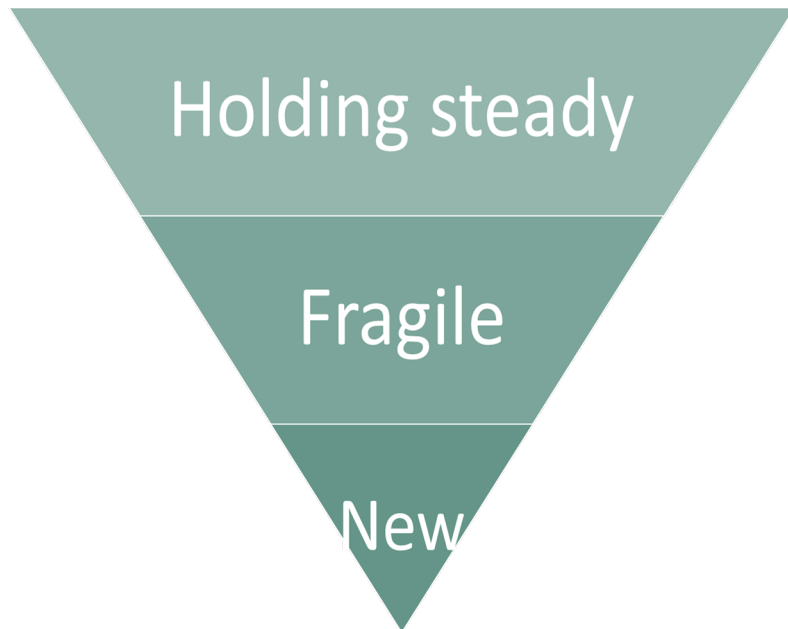


Community Nursing

Nursing care delivered outside acute care settings with a focus on public health, prevention, health maintenance, and continuity of care.



Community Nursing: Type of clients served



Holding steady older adult, single or couple

- Weekly check in call, bi-weekly home visit
- Send report to care manager or PCP after home visit

Fragile or complex adult

- Same as above; only with periods of acuity requiring multiple visits in one week or making inactive while receiving VNA

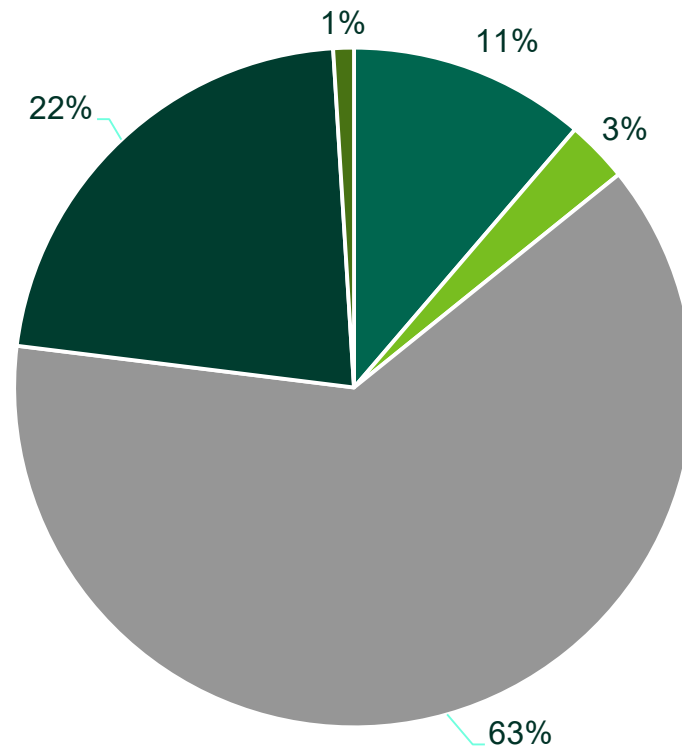
New referral or very complex person

- Initial “get to know them phase” which can take months
- Often get referrals when someone is spiraling, which can lead to multiple visits in one week
- May or may not sign on for services, depending on needs
- Can include community paramedic visit for joint intake

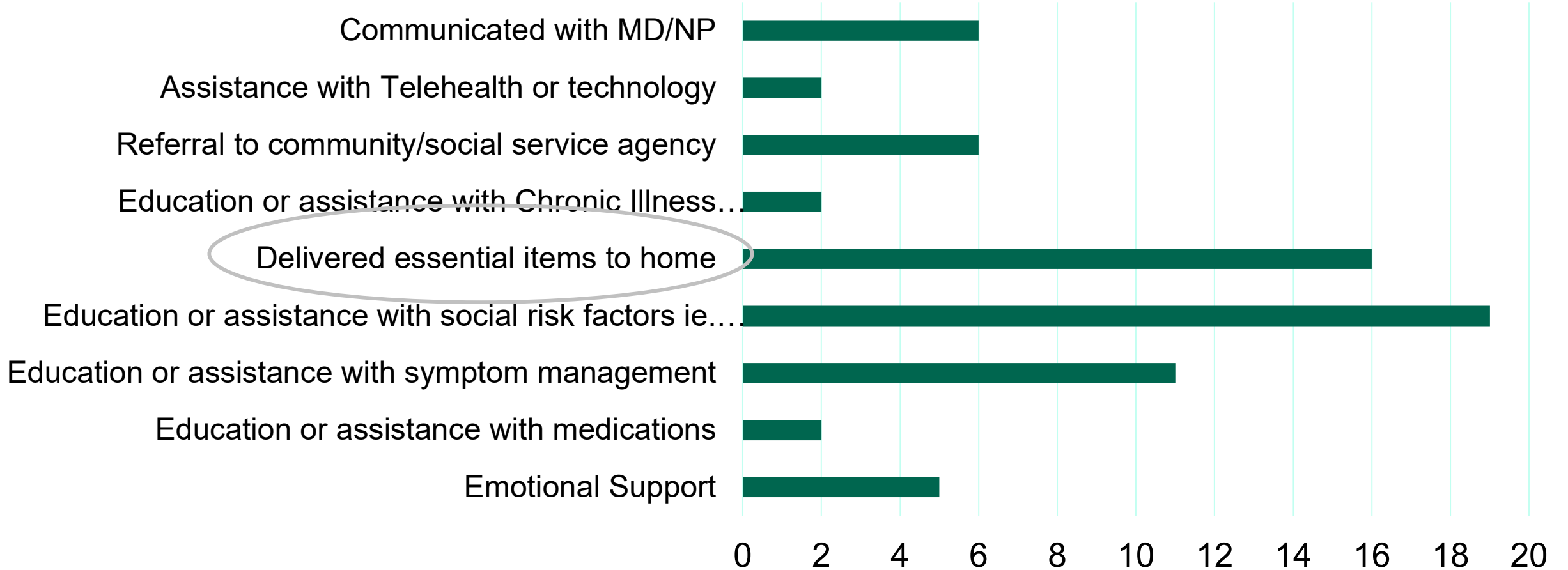
Case Presentation GM February- September

Type of Encounter N=204

- Home visit
- In person face to face (office, inpatient, MD office)
- Phone, client/family/caregiver
- Email, client/family/caregiver
- Video/Telehealth (e.g., Zoom or facetime)

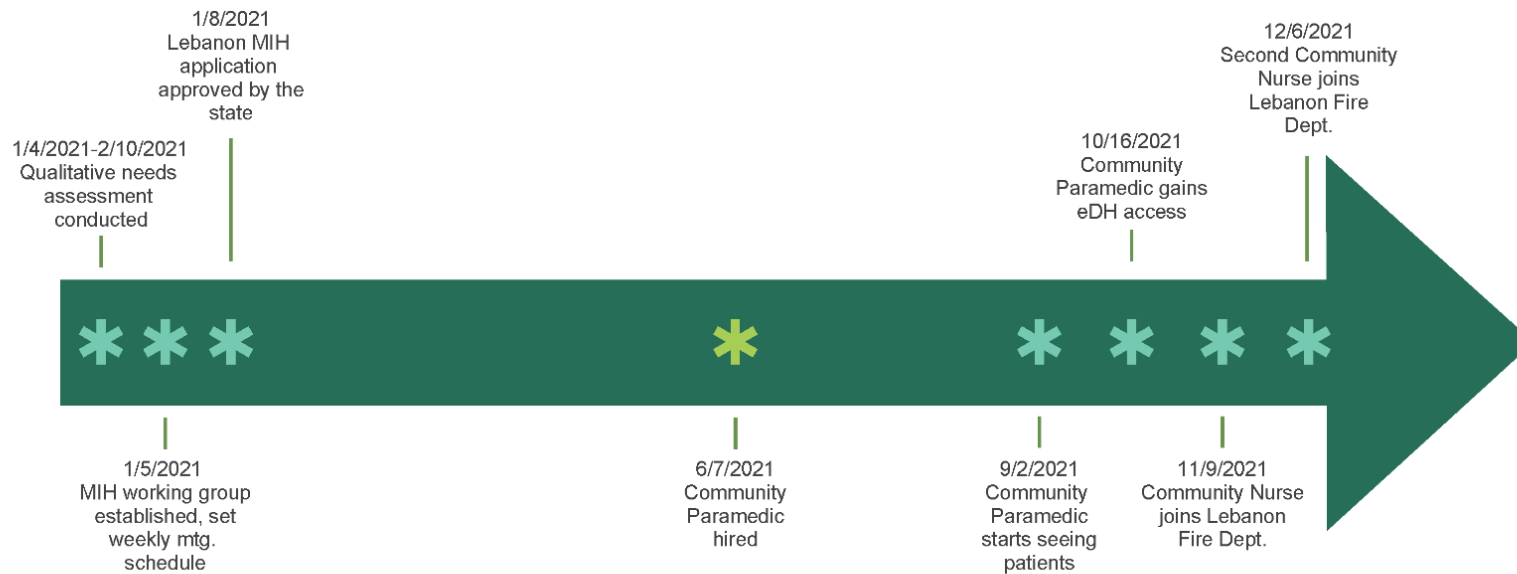


Nursing Intervention



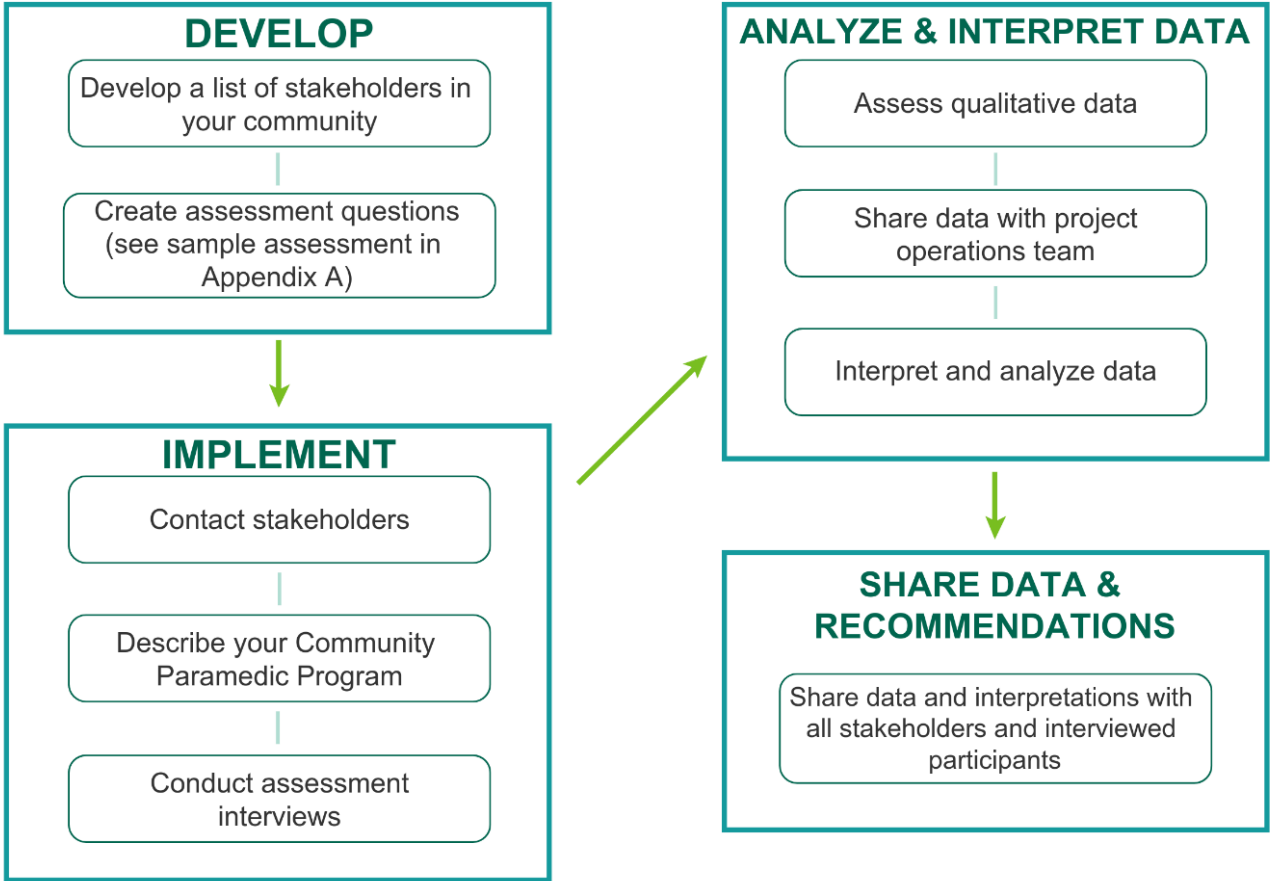
Program Development

Year 1 Timeline



Program Development

Stakeholder Assessment

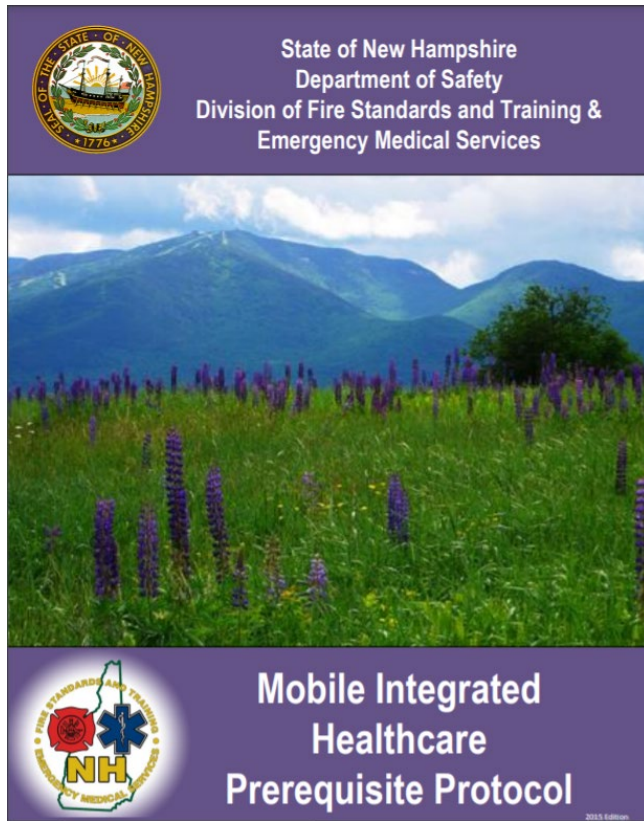


Advisory Council Role

- Share information –two way communications between your organization to the Lebanon Mobile Integrated Health program
- Advise on strategies to improve care coordination
- Meeting three times a year: January, May, September



Medical Oversight



- MIH programs in NH must be approval by the NH Department of Safety Division of Fire Standards and Training & EMS
- Medical direction is required from both the agency's EMS Medical Director as well as a primary care medical director



Medical Oversight

- Medical direction team provides
 - Education and clinical experience for MIH providers
 - Protocol development
 - Standards of evaluation / management / documentation
 - Quality management program
 - Assurance of appropriateness of enrolled patients
 - Evaluation of continued enrollment in program



Education

- Educational curriculum developed to fill in knowledge gaps looking at:
 - Community based needs
 - Interdisciplinary collaboration
 - Patient centric care
 - Community paramedic wellness and safety
 - Preventative care and education for patients
 - Ethical and legal considerations



Education

- Didactics, self study, case based discussions, and clinical time
 - Care management
 - Geriatric ED program
 - Specialty clinics (CHF, COPD, Wound Care)
 - VNA



Funding



Program Outreach

- DH Heater Road Clinic Triage Nursing
- DH General Internal Medicine Triage Nursing
- DH Heater Road Clinic Primary Care
- DH Main Campus Primary Care
- DH Lyme Primary Care
- APD Geriatric Primary Care
- White River Family Practice
- DH Emergency Department
- APD Emergency Department
- DH Geriatric Emergency Department
- APD Geriatric Emergency Department
- DH In-Patient Care Management
- DH Out-Patient Care Management
- DH Geriatric Surgery
- DH Comprehensive Wound Healing Center
- DH Pulmonology
- DH Cardiology - CHF clinic
- DH Elder Forum
- DH Aging Resource Center
- DH Readmissions Task Force
- New England Infusion Center
- City of Lebanon Human Services
- West Central Behavioral Health
- Upper Valley Senior Center
- ServiceLink Resource Center of Grafton County
- Community Nurse Connection
- New Hampshire Fire Standards and Training and Emergency Medical Services



Learn More



Toolkit available online:

www.Dartmouth-Hitchcock.org/about/Lebanon-mobile-integrated-health





Thank you.





Northern New Hampshire

Mobile Health Clinic



Northern New Hampshire Mobile Health Clinic

Mission:

Provide **accessible** health care services and education for vulnerable populations of Northern New Hampshire by reducing **geographic** and **economic barriers**





Northern New Hampshire Mobile Health Clinic

The Northern NH Mobile Health Clinic offers a community-based care option for people in northern New Hampshire who face challenges in accessing health care.



This program was developed through a **community collaboration** between **four local hospitals**, a not-for-profit health plan and its foundation, a **regional public health network**, local businesses, foundations and agencies, and the **New Hampshire Medical Society**.





Northern New Hampshire Mobile Health Clinic

Hospital Partners:



Funding Provided by:



Operated by:



NCHCNH.org



Northern New Hampshire Mobile Health Clinic

Current Situation

- Individuals living in rural areas of New Hampshire have limited access to health care

Opportunity

- Offer easy-to-access health care via a mobile clinic staffed by local community providers, stationed at convenient and safe locations and local community events.

Objectives

- Offer a community-based care option for individuals who may face geographic and economic challenges in accessing health care
- Break down access barriers for marginalized populations in the North Country
- Address health disparities
- Bring services to underserved communities
- Improve medical & healthcare literacy

Target Market

- Coos and Northern Grafton Counties





Northern New Hampshire Mobile Health Clinic

Service Area: Coos and Northern Grafton Counties

Spanning this large area will require a strategic approach involving local health systems to reach the most vulnerable populations across Northern New Hampshire.





Northern New Hampshire

Mobile Health Clinic

The Northern NH Mobile Health Clinic will be staffed by hospital clinical teams (RN, APRN, PA or Physician) and a community health worker offering preventative services, screenings and health education, including:

- ★ Immunizations, blood pressure, glucose and other preventive care screenings
- ★ Primary care medical services
- ★ Nutritional education; smoking cessation programs; health education
- ★ Wi-Fi capability and computer access for telehealth services and EMR access
- ★ Community connections through clinical staff and community health worker to guide individuals to health and social services for behavioral health, substance use disorders and other health issues.



3 Year Timeline

2021

Fundraising efforts began by identifying and applying for grants through public & private organizations

Sprinter van was ordered with a 6-month lead time to accommodate custom build of the van

Governance Committee for the NNH MCP formed through collaboration of community leaders who guide the project

2022

Develop metric reporting framework / frequency

Identify/secure organization to assume scheduling/ operational agent role

Set up licensing, insurance, maintenance & other necessary clinical agreements

Secure partnerships with site locations (farmers markets, community centers, etc.)

Launch marketing campaign

Soft launch (shorter hours/days to start)

Community Outreach

2023

Deepen community relations with local organizations to expand network of services and education

Adapt to maximize utilization alternative staffing models as necessary

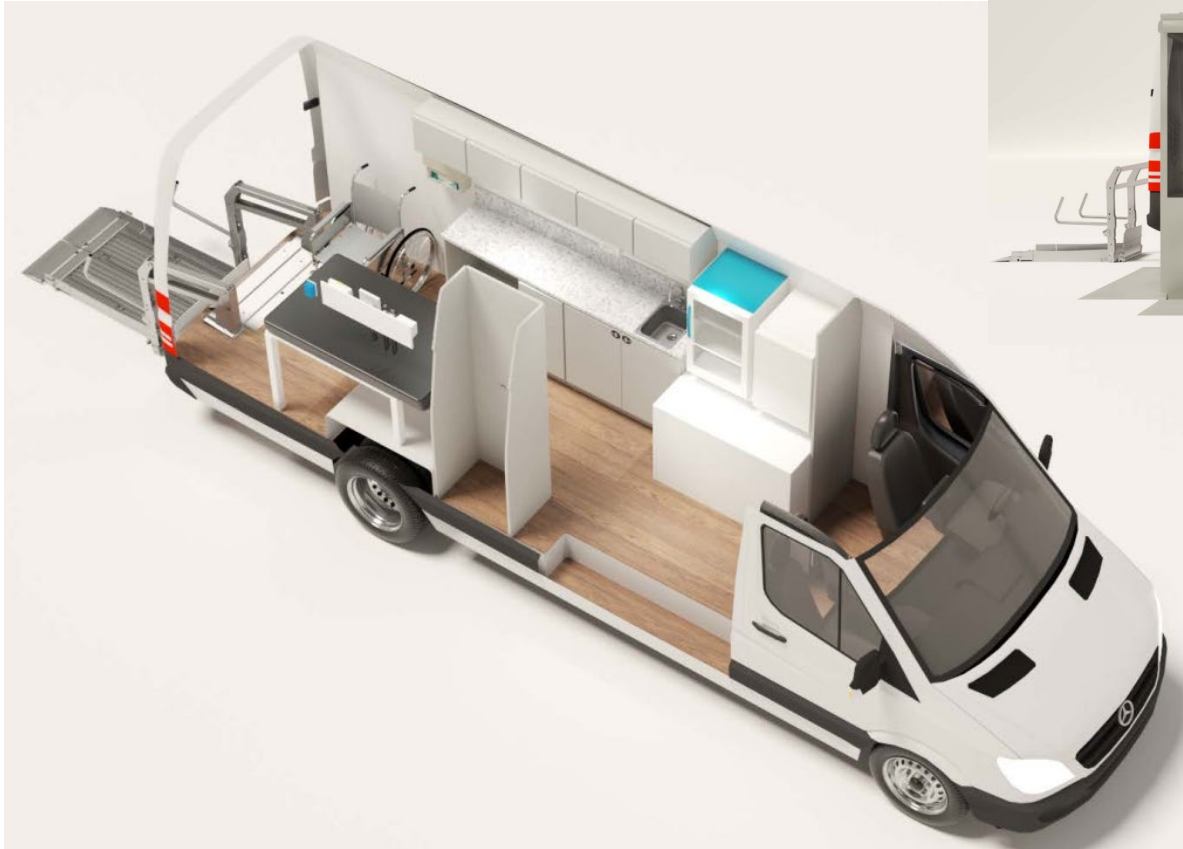
Evaluate community impact for expansion areas

Continue fundraising efforts for long term sustainability





Northern New Hampshire Mobile Health Clinic



Draft Program Operating Model

Program Oversight: Stakeholder Governance Council

- Funder Representatives
- Hospital Partners
- Fiscal Agent
- Operations Team

Fiscal Agent: NH Medical Society Bowler-Bartlett Foundation

- Grant seeking & fundraising
- Maintains and reports program financials

Day to Day Program Operations: North Country Health Consortium

- Provides program oversight and point of contact
- Responsible for day-to-day program operations, including securing site locations, transporting van to and from clinic locations, and coordination of van maintenance, licensing, garaging and supply inventory
- Employs Program Manager, Clinic Coordinator and Driver-CHW
- Secures site locations and transports van to and from clinic locations
- Collaborates with fiscal agent & Governance Committee partners on marketing and public relations
- Manages operating budget and reporting of quality indicators and metrics
- Troubleshoots & escalates issues to fiscal agent and/or Governance Committee

Clinical Team

- 1-2 team members per shift, staffed through Hospital Partners
- RN, APRN, PA, Allied Health provider and/or CHW, dependent on the site location, daily mission and scheduled services provided
- Provides preventative screenings and treatment, including registration and documentation within team EMR
- Triage patients needing additional care to local hospital partner or community support when necessary

Note: For safety precautions the mobile clinic will have at least (1) clinical staff and (1) driver / CHW on each shift



2023 Projected Outcomes

Achieve participation goal of 2,500 visits throughout Northern NH in 2023

- Administer 300 **flu vaccines**
- **Connect** 50 individual who hadn't seen a doctor in the last 12 months **to a local PCP**
- **Triage** 40 individuals **to behavioral health and SUD** programs
- Help 20 individuals struggling with **food insecurity** get the services they need
- Increase **health literacy** and awareness across Coos County
- Participate at 2 **community events**; offering **wellness education** sessions





Northern New Hampshire
Mobile Health Clinic

Scan this QR code with your phone's camera app or visit www.northernnhmobileclinic.org/ to briefly tell us:

How can this mobile health clinic best serve you your North Country community?



For questions or further information:

Annette Cole, RDH/CPHDH, MS
Senior Program Manager
North Country Health Consortium
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603-259-4767



James G. Potter
Executive Vice President/CEO
The Bowler-Bartlett Foundation
501(c)3 Organization of the New Hampshire Medical Society
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603-224-1909



NCHCNH.org

How Costs of Education Affect the Pipeline of our Behavioral Health Care Workforce

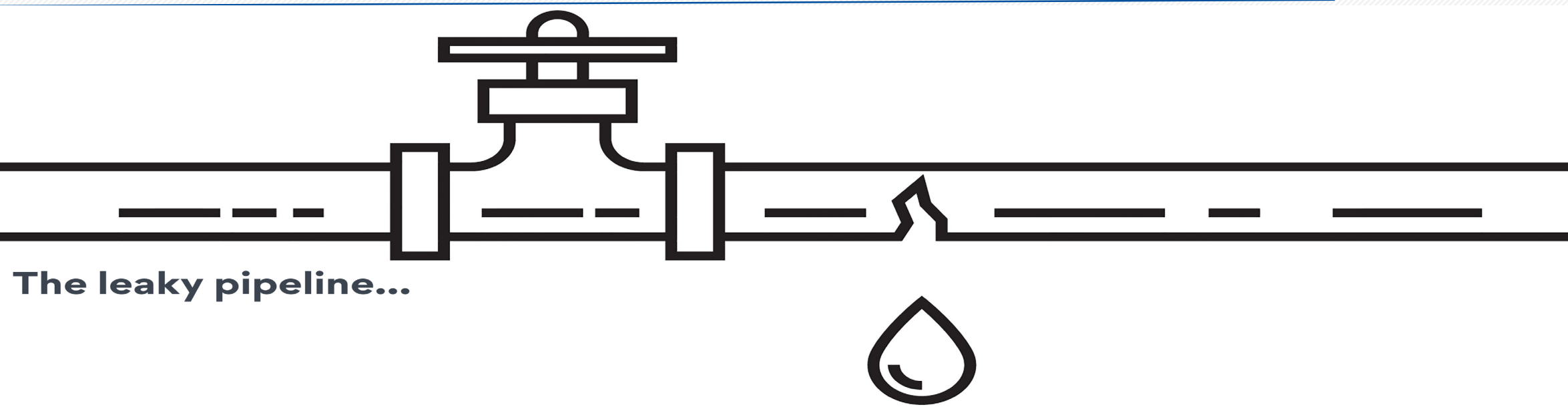
Kirsten N. Corazzini, PhD, FGSA
Dean & Professor, College of Health and Human Services
University of New Hampshire



The leaky pipeline...



Costs affect students, educators and institutions alike



The leaky pipeline...

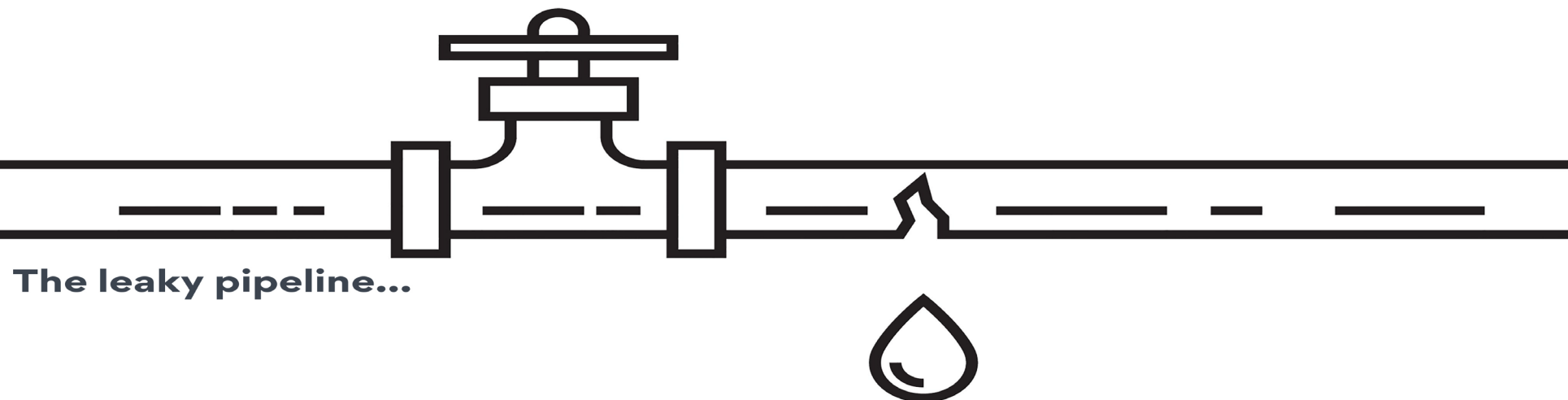


Costs and the pipeline: Student perspective



‘Clogs and cracks’ due to cost at point of entry into education

Cumulative cost barriers through accrued loans



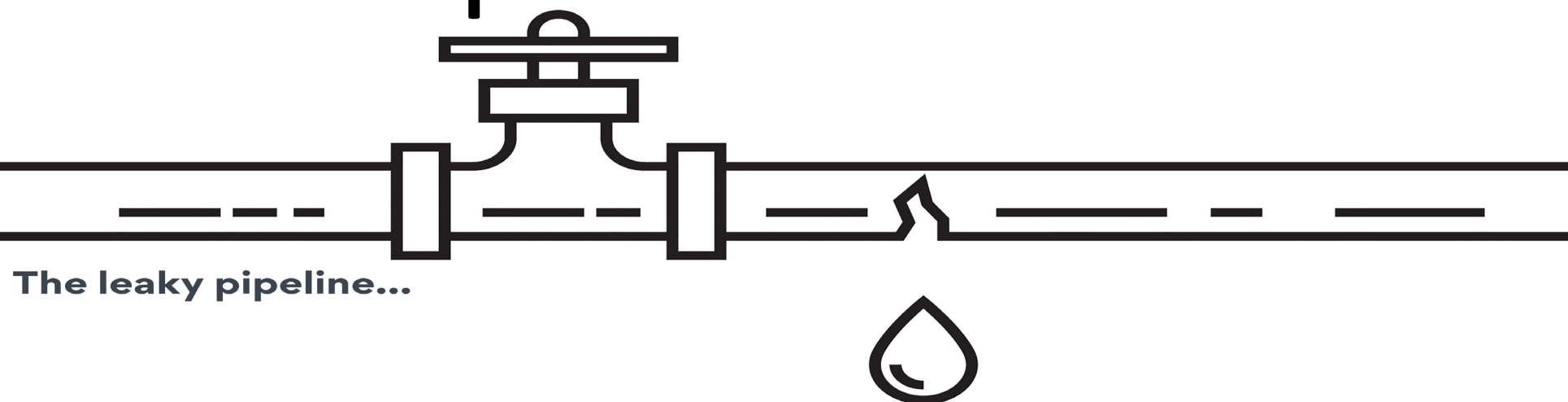
The leaky pipeline...

Costs and the pipeline: Educator perspective



‘Clogs and cracks’ due to cost at point of entry into educator role

Faculty often can earn more money in practice than as educators

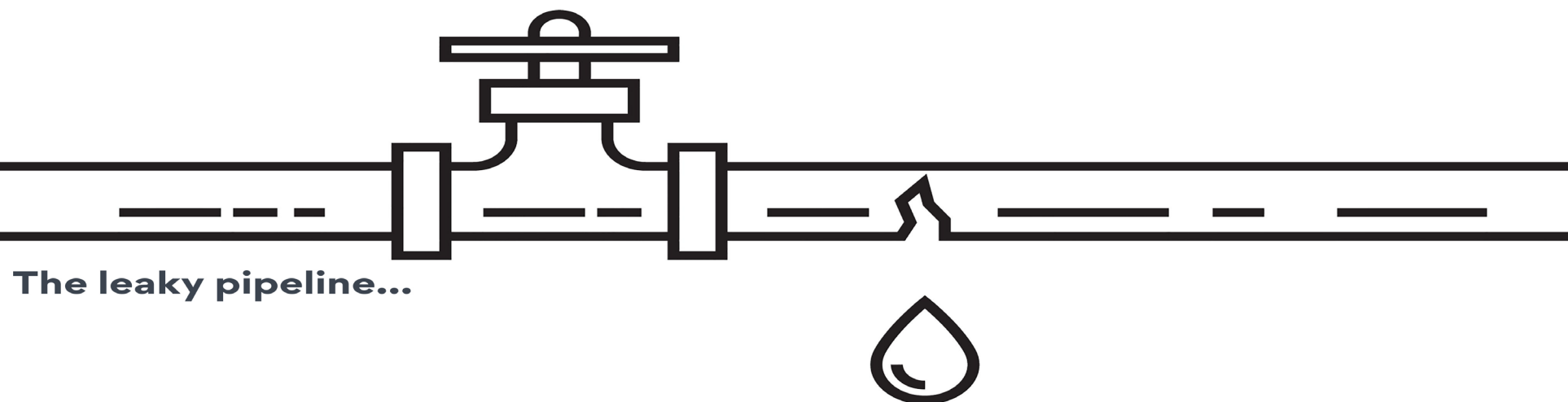


The leaky pipeline...

Costs and the pipeline: Perspective of the Educational Institution

‘Clogs and cracks’ due to costs of ensuring adequate facilities

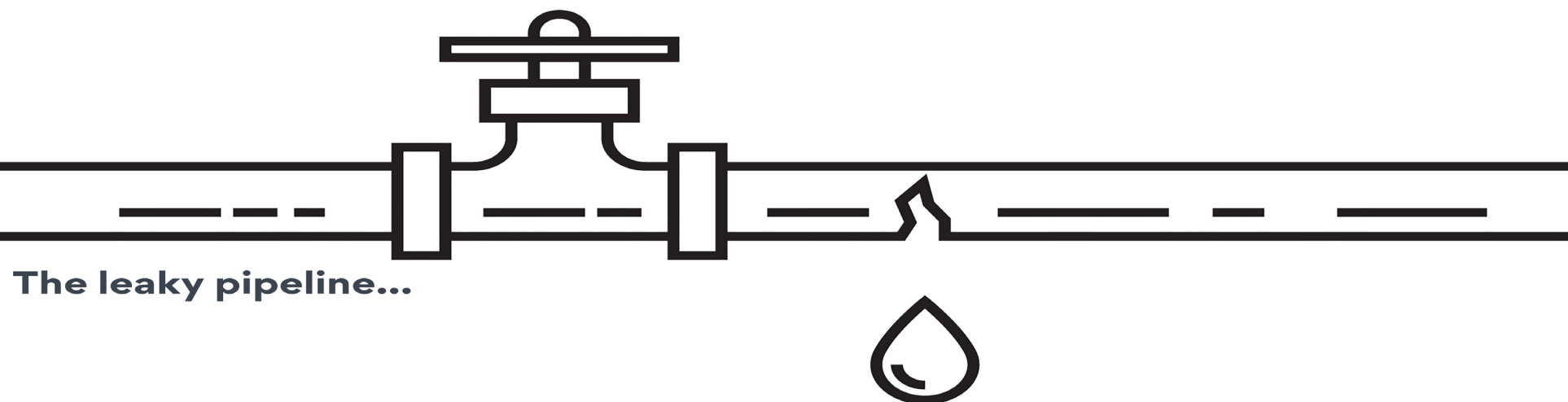
Costs of supporting the clinical education needs of students



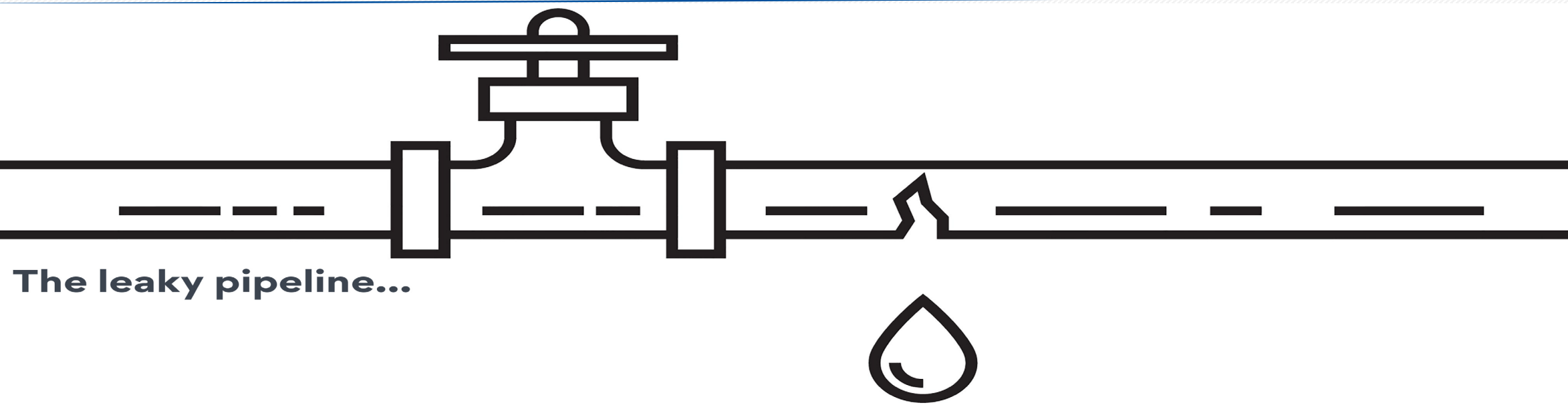
Costs and the pipeline: Perspective of the Behavioral Health Care Organization

‘Clogs and cracks’ due to supporting the clinical education needs of both current students and recent graduates

Supporting ongoing continuing education needs of staff



Innovations that work and that we need to grow....

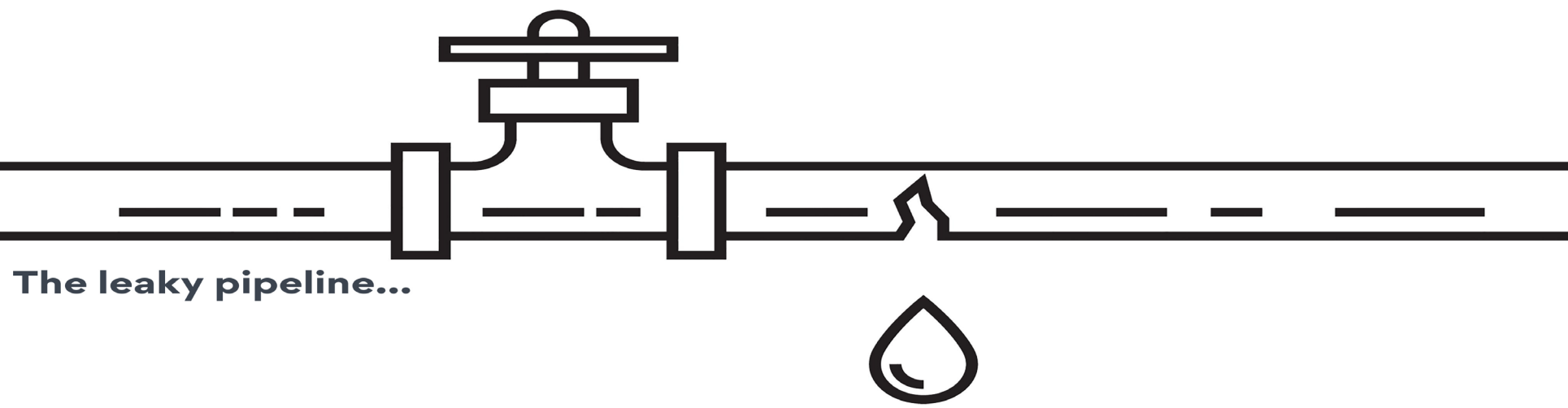


The leaky pipeline...



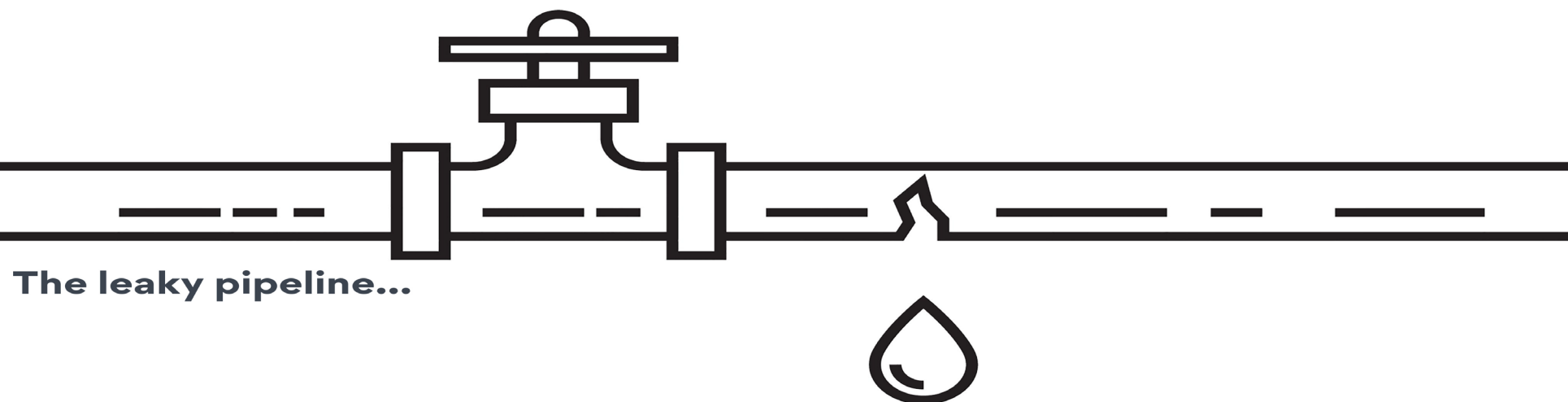
'Gap' Programs

- Programs that bridge public, private, or other funding to access full educational supports
- Augments existing supports and ensures attend to the 'whole costs' of education
- NH-based Example: Granite Guarantee program



Award and Aid-focused Initiatives Rather than Loan Programs

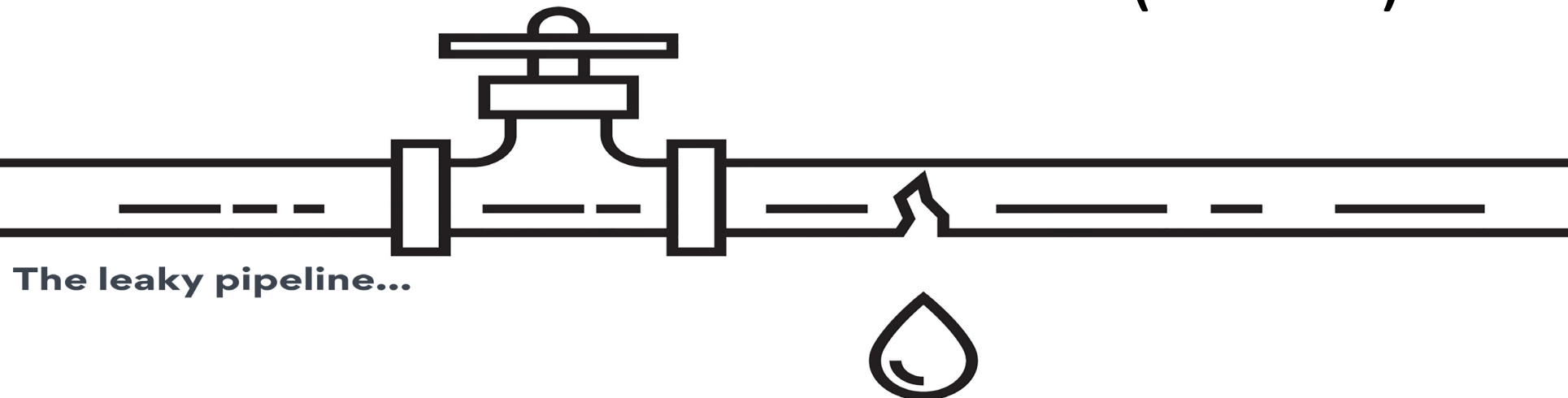
- Reduce back-end barriers to repayment
 - Elevates the opportunities to serve behavioral health care disparity populations as opportunities of choice
- Drives more applicants and more diverse pool
 - Loan repayments as part of an overall package
- NH-based Example: UNH in partnership with Network 4 Health



The leaky pipeline...

Funding for Program-Provider Partnerships for pre-licensure/certification learning

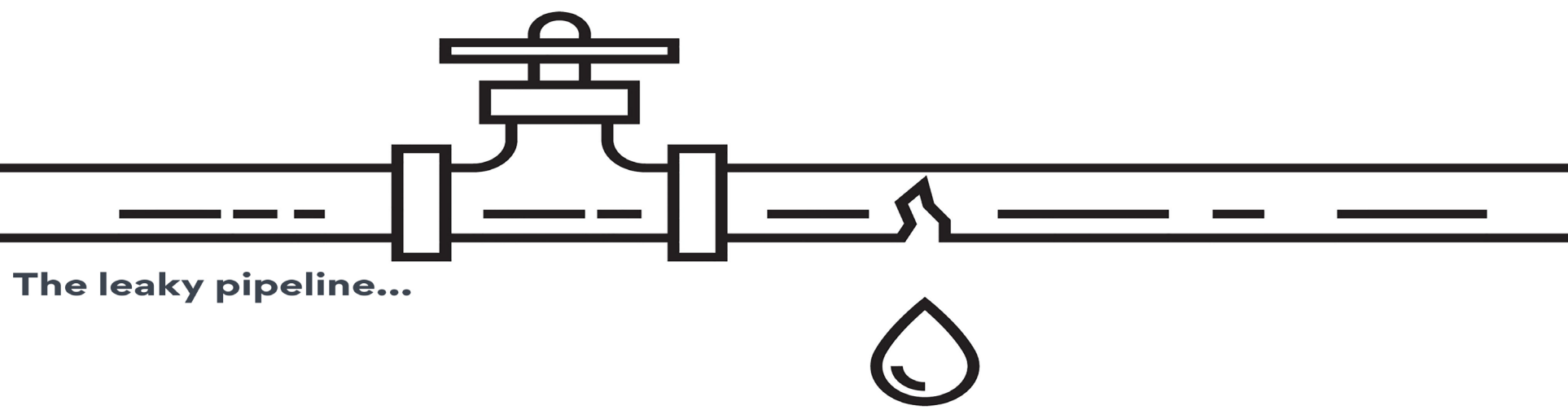
- Reduces barriers to working across organizations
- Creates learning communities or communities of practice
- Ensures that the programs produce the graduates with needed competencies
- Incentivizes shared development and investments in both the future and current workforce
- NH-based example: US DHHS / HRSA-funded 'Advanced Nursing Education Workforce (ANEW)' Grant (HRSA T94HP32895)



The leaky pipeline...

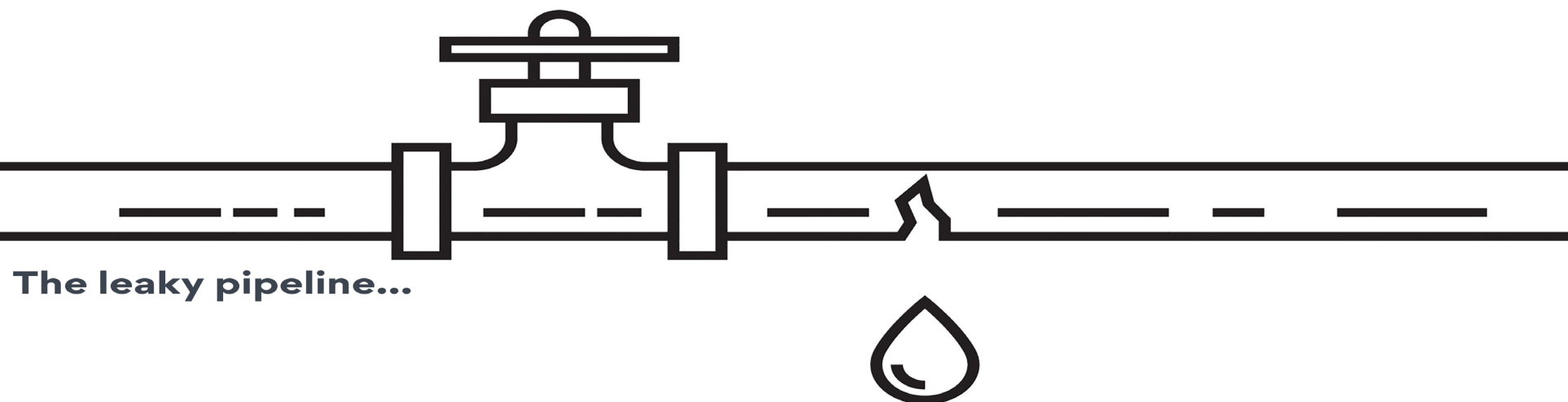
Funding for clinical training: students

- Stipends to support students during their clinical training
- Allows more students to pursue training
- Incentivizes behavioral health care professionals to continue to pursue training across their lifespan
- Provides new opportunities for lateral-entry behavioral health care professionals



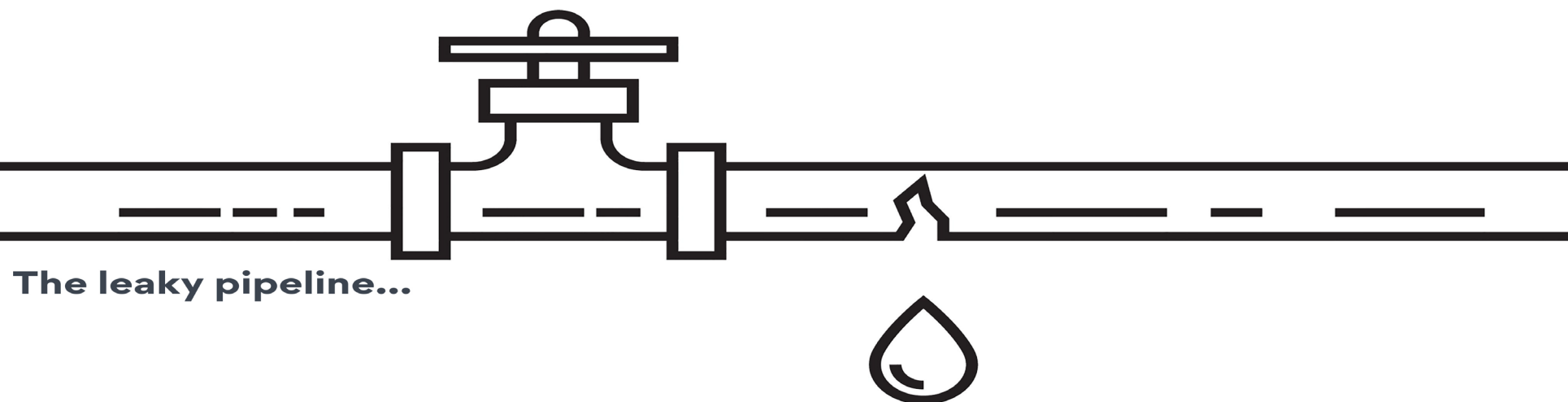
Funding for clinical training: provider organizations

- Support for costs of clinical supervision and training of students
- Rapidly increases scaling of programs
- Shortages of providers to serve in this role
- Funding that supports the residency requirement once a student has graduated



The power of the residency

- Quality of residency relates to retention in behavioral health and retention in health care workforce overall
- High quality residencies can recruit and retain new graduates in areas that may not have been seen as 'employers of choice'

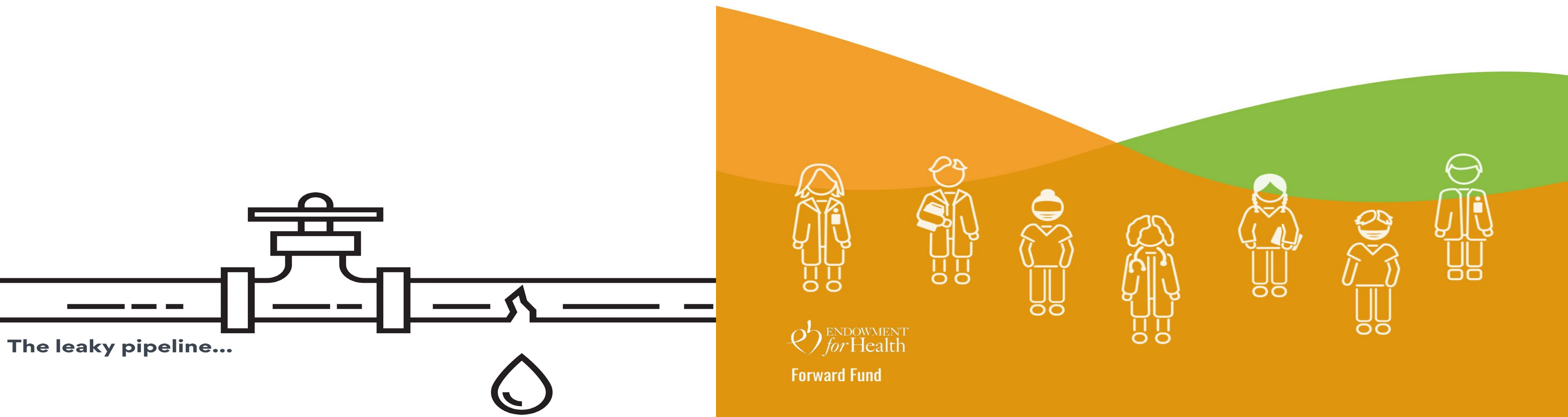


The leaky pipeline...

Interconnectedness with health care workforce pipeline issues at large

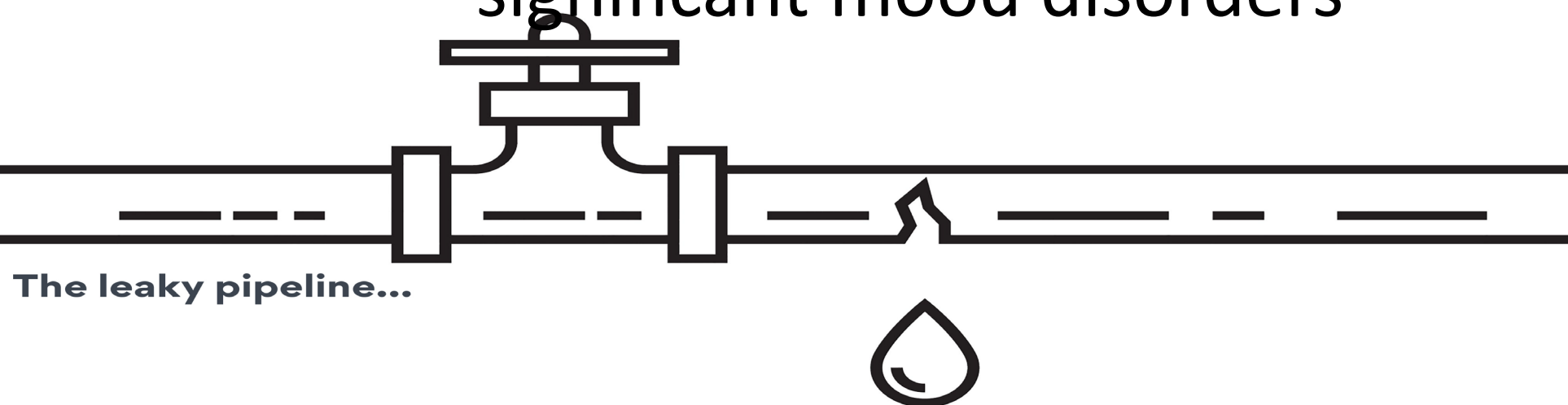
Alignment with The Endowment for Health Forward Fund's, "Giving Care: A strategic plan to expand and support New Hampshire's Health Care workforce"

*Giving Care: A Strategic Plan to Expand and Support
New Hampshire's Health Care Workforce
Executive Summary—March 2022*



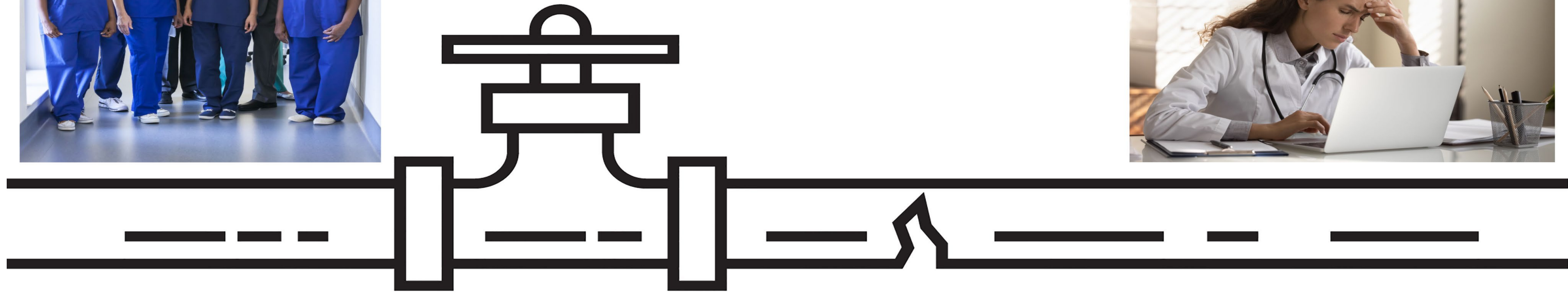
Of particular relevance to the NH-pipeline...

- One of the most rapidly aging state populations in the country
 - Critical geropsychiatric/geropsychology needs
- Supports well-being and thriving, as well as increased prevalence of neurocognitive disorders
 - 26,000 of older NH adults are living with ADRD; 23% rise by 2025
 - Supported by 58,000 family caregivers; 40-70% have clinically significant mood disorders



The leaky pipeline...

Thank you!



The leaky pipeline...

