

**Legislative Commission on Primary Care Workforce Issues**

**March 23, 2017 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 | <b>Introductions &amp; Minutes</b>   |
| 2:10 - 3:00 | <b>Recruitment update/Behavioral Health update -<br/>Stephanie Pagliuca</b>  |
| 3:00 - 3:45 | <b>Legislative update</b><br>*Health and Human Service bills + HB 322- Rep. John Fothergill<br>*State Budget- Paula Minnehan<br>-Education monies<br>-SLRP<br>*Support for HB 322 & SLRP in the Senate |
| 3:45 -3:55  | <b>JUA – Next steps</b>  |
| 3:55 – 4:00 | <b>Next Steps/Adjourn</b>  |

**Next meeting: Thursday April 27 2:00-4:00pm**



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

DATE: March 23, 2016

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

**Meeting Minutes**

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

**FROM:** Danielle Weiss

**MEETING DATE:** March 23, 2017

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**Members of the Commission and guests present:**

Laurie Harding, Chair

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

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, APRN, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, Director NH AHEC

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

Rep. John Fothergill, NH House of Representatives

**Guests**

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

Catrina Watson, NH Medical Society

Peter Mason, Geisel, IDN DSRIP Region I Medical Director

Anne Marie Mercuri, QI Nurse – Maternal and Child Health Section, DPHS

Barbara Mahar, New London Hospital

Michele Peterson, NH Recruitment Center

Lisa Bujno, ARNP, Assistant Medical Director, Ammonoosuc Community Health Services

Marcy Doyle, NH Citizens Health Initiative

Valerie Acres, Director of Advocacy at the NH Medical Society

**Meeting Discussion:**

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

- February's minutes were accepted without any corrections
- John Fothergill's introduction
  - o Has worked as an internist in Colebrook for 29 years at Indian Stream Health Center (an FQHC)
  - o He recently ran for legislature
    - Assigned to the Health and Human Services Committee
    - While more of a geriatrician in practice, in legislature, he's looking more at children's wellness

2:10 - 3:00           **Recruitment update/Behavioral Health update** - Stephanie Pagliuca and Michele Peterson, Bi-State Primary Care Association

Refer to the slides "Behavioral Health and SUD Workforce Development and Recruitment."

- The Recruitment Center held a stakeholder's meeting around the behavioral health and substance use workforce March 16<sup>th</sup>
  - o Today's slides were used to facilitate that meeting
- The Recruitment Center (RC) received additional funding from the state – from Maternal and Child Health and Bureau of Drug and Alcohol Services - to expand services to include behavioral health and substance use disorder professionals
  - o Assessed the environment to determine where they fit and what they can bring that's different from other initiatives around the state
    - Michele met with integrated delivery networks, school/training program, directors/CEOs, etc. to learn about pressing issues to consider and address
      - Used stakeholder input to create a workforce development plan
- Slide 6 additions:
  - o There's only one psychiatrist residency in the state (Dartmouth), which graduates ~6 per year
    - Puts NH at a disadvantage in a competitive labor pool
  - o UNH just launched a psychiatric nurse practitioner program in January
  - o Commonly, behavioral healthcare professionals start at a Community Health Center and get license, then move to a hospital or health center for higher pay
    - There's lots of moving back and forth
  - o Community Mental Health Centers have a lower pay rate compared to other facilities and NH pays less than the national average (but only slightly)
  - o The State Loan Repayment Program is helping people stay and is one of the best recruitment tools according to providers
- Slide 7 additions:
  - o Stigma – another deterrent for people seeking services and those entering into the field
    - Research supports that stigma hasn't changed in the last 10 years
  - o Licensure is the biggest barrier
    - To better streamline the process, LDACs and MLDACs will be renewed on the same month in June
- Slide 8 additions:
  - o The RC surveyed psychiatrists, psych NPs, & MLDACs because they tend to be the hardest to recruit
- Slide 12 additions:
  - o The National Association of Community Health Centers has provider turnover data
    - Years' worth of data on all positions not just the primary care workforce
    - Laurie will contact Patrick to present one month
- Slide 13 additions:
  - o Employers feel they need more exposure to attract candidates
  - o Providers at all levels at competing in the job market but this is especially true for NPs
- Slide 16 additions:
  - o NH AHEC is being redesigned at the federal level
    - Putting more focus on health professions students
    - Kristina is finalizing a grant application due next Wednesday
  - o AHEC Scholars Program
    - Train students around substance misuse
      - 40 hours of training in addition to the regular curriculum
      - 30-50 students from NH
    - If awarded funds, the AHEC would have a year to build the program
    - Includes any allied health professions
  - o Additional exposure to substance misuse and behavioral health will open the pipeline to students interested in health care
  - o What does completion bring?
    - AHEC is pulling together stakeholders to see if certification is possible
- Comments
  - o Partnering with HR agencies throughout NH as a joint recruitment strategy may improve recruitment
  - o Focus on interprofessional education and cultural integration for appropriate health care

3:00 - 3:40

**Legislative update** - Rep. John Fothergill and Valerie Acres, NH Medical Society

- HB322 – Bill authorizing health professions licensing boards to require survey completion during the license renewal cycle
  - o Sen. Carson (Chair of Senate ED&A) is still uneasy about a requirement tied to licensure
  - o Rep. McGuire (House ED&A Chair) recommended highlighting the efficiency it would bring to government
  - o Senate hearing is still pending
- Valerie is working on various health-related Bills
  - o Multiple cannabis bills (12-14)
    - The Medical Society wants to do away with the 2-step process of symptom exhibition and diagnosis before prescribing
    - The Medical Society doesn't believe the science has caught up yet and that it should be a consideration under a clinical advisory committee instead of the legislature
  - o Prior authorization
    - SB158 - Relative to authorization for clinician-prescribed substance use disorder services
    - HB572 - Extending the suspension of prior authorization requirements for a community mental health program on drugs used to treat mental illness
    - JLCAR rules following HB1608 - Relative to uniform prior authorization forms
      - Enacted in 2016
      - Fighting in rules process, insurers fighting back
      - Language insurers are proposing opens the door for prior authorizations for every drug again
  - o Insurance coverage for 3D mammography – SB189
    - Best practice - earlier detection of evasive tumors and fewer callbacks for false positives
    - Some insurers are voluntarily covering
      - Anthem wasn't but now is although they didn't adopt the policy
        - o They didn't establish a new policy - just archived the current policy that doesn't cover it
          - The old policy can be pulled back out at any time
      - No commitment from Harvard Pilgrim
  - o SB222 - Relative to the New Hampshire birth conditions program and relative to the administration of certain prescription medication for treatment of a communicable disease
    - Hearing 4/4
  - o The following bills will be studied in the summer/fall either because the bills are retained (House)/re-referred (Senate), or because, if passed, they will establish a study committee or commission
    - Family and medical leave – HB628
    - Procedures for involuntary mental health admissions – HB208
    - Including SUD in involuntary admission law – SB220
    - Conversion therapy –HB578
    - Medication synchronization – SB64
    - Helmets and restraints for youth operators/passengers of off-road vehicles/snowmobiles – HB 237
    - Drinking water issues – HB431, HB484, HB485, HB511
    - Fetal homicide – HB156
    - Oral contraceptives without a prescription – HB264, SB154
    - Needle exchange programs – HB610
    - Legalization of marijuana – HB215, HB656
  - o SB196 - Relative to liquor revenues deposited into the alcohol abuse prevention and treatment fund
    - Bill would eliminate the alcohol fund
    - Going to Division 3 finance committee – focuses on Health and Human Services
    - Constituents of finance representatives should send letters and call

3:40 -3:50

**JUA – Next steps**

- The State Loan Repayment Program did not get the funding requested
  - o The Budget has us at \$660k

- \$410k is from JUA and \$250k is general funds
  - We used to get \$400k in general funds and requested a total of \$700k (restoring the previous funding and adding \$300k) but we only received \$250k
  - There are now 25 providers on the waitlist
- Laurie and Mary will draft letter before the next meeting around securing remaining funds from JUA's Medical Malpractice Insurance account
  - Jim Vaccarino (JUA) copied Mary on an email regarding the funds
    - \$23k is left in the state treasury's office account until the end of the week and then the account will close
  - Commission to share with the insurance commissioner why we need the funds, how we've spent them, etc.
    - Of the 69 funded State Loan Repayment Program providers, 42 were funded from the JUA money
    - Alisa will share stats collected on provider types, rurality, site name, type – federal/state funded, etc.
    - Also, if the funds go to a nonprofit, there will most likely be a 20-25% administrative fee tied to it
  - Laurie and Mary (and possibly Susan from Bi-State) plan to raise key points with the insurance commissioner

3:50 – 4:00            **Key Findings from the 2015 Physician Survey – Danielle Weiss**

- The 2015 Physician Survey Results have been posted to the DHHS website
  - <https://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/md-surveydata2015.pdf>
- The survey has been open for a week and we've already received 200 more responses than the response total last year
  - This is the second time this cohort of physicians have received survey communications
    - It was communicated in 2015 that the survey would likely be a condition of license renewal before the cycle closed that year
    - This isn't their first time seeing the survey – most understand it's user friendly and had a positive experience completing it

**Next meeting: Thursday April 27, 2:00-4:00pm**

# Behavioral Health and SUD Workforce Development and Recruitment for New Hampshire

## A Discussion of Strategies to Pursue through Bi-State's Recruitment Center

*Thursday, March 16, 2017*



# Welcome Everyone!

## Purpose of Today's Meeting:

Obtain input from the group on the facilitators and barriers to recruitment and retention and the proposed strategies for marketing and outreach.



## In 1994 The Recruitment Center was established to:

- Centralize and coordinate efforts to recruit primary care providers for the state.
- Serve as a central repository for provider vacancies. **Matching clinicians with communities where their services are needed.**
- Maintain relationships with health professional training programs to make sure students are aware of opportunities to practice here.
- Conduct national marketing and outreach to clinicians in training and in practice to promote NH and the opportunities we represent.
- Screen, match and refer clinicians to practices for their hiring consideration. **Recruit with retention in mind.**



## Recruitment Focus

- Family Physicians, Internal Medicine, OB/GYN, Pediatrics & Dentists
- Nurse Practitioners, Certified Nurse Midwives & Physician Assistants
- **Expanded into Behavioral Health and Substance Use Disorder Treatment in the Fall of 2016**

## ***Our goal:***

*Implement workforce development and recruitment strategies that help practices attract, recruit and retain behavioral health and substance use disorder treatment providers.*

## **Behavioral Health and Substance Use Disorder Treatment Professionals:**

- Psychiatrists
- Psychiatric Nurse Practitioners
- Clinical or Counseling Psychologists
- Licensed Clinical Social Workers
- Licensed Mental Health Counselors
- Licensed Marriage & Family Therapists
- Licensed Alcohol & Drug Counselors (LADCs)
- M-LADCs

# What We Learned - The Environment

- All of the specialties are in high demand – competition for a limited pool of applicants is significant
- Psychiatrists & Psych Nurse Practitioners are the most challenging positions to fill
  - Compete in and out of state
- Master's level positions
  - Agencies competing for the same labor pool
  - Clinical supervision a challenge - missed opportunities
- Integrated care at varying levels creates unique needs

# What We Learned - The Environment, *continued*

- Low Unemployment and Aging Workforce
  - NH has lowest unemployment rate in the country
  - Median age of 42.8 versus national average of 37.8
- Low salaries
- College Debt
  - MDs - \$170,000 to \$200,000 median debt in 2014
  - Psych NPs - \$50,000 to \$100,000
  - Master's in Social Work - \$45,000 to \$60,000
- Stigma
- Licensure Challenges and Lack of Data



## What We Heard from NH-Based Providers

- Psychiatrists, Psych NPs , & MLADCs
  - From CMHCs, Private/Solo Group Practices, FQHCs, SUD Clinics agencies or facilities
- Aging Population – 74% are aged 45 or older; 55% practicing 10 or more years in NH
- Why choose to practice in NH?
  - Quality of Life (type of lifestyle) (59%)
  - Proximity to Family and/or Friends (49%)



## **NH-Based Providers, *continued***

- Best aspects of current position or employer:
  - Workplace location/community
  - Clinically knowledgeable colleagues
  - Work/life balance
  - Flexible schedule
- Other Comments (selling points)
  - NH Lifestyle/Cost of Living/Quality of Life/Safe Place
  - Access to Outdoors and Recreation/Nature
  - Able to make a difference
  - Strong sense of community
  - NPs can practice independently



## The Good News...

“Connecting with people and that magic that happens when they know you truly care and want to help them. My employer is very, very supportive.”

“My patients reward me every day.”

Every day is interesting, challenging, satisfying work.”



## The Good News...

“We serve a critical need in the community by providing evidence based practices and my agency is an incredibly well structured, well run, compassionate, forward thinking, inspiring place to work, always having the needs of the clients and staff in the forefront.”

# What can be done through the Recruitment Center?

- Strategic Marketing and Outreach
- Relationships with Students & Training Programs
- Relationships with Professional Associations
- Retention Activities and Collaboration with Employers

# Greater Visibility for New Hampshire Openings Developing a Pool of Qualified Applicants

- NH practices compete with each other as well as with employers in other states to attract and recruit a limited pool of candidates.
- Most employers advertise their vacancies and do some type of self-promotion, but often with limited results.
- Some employers use recruiting firms. Candidates identified by out of state firms often have limited knowledge of the state, region and/or the practice which can prove to be a waste of time.

# Strategic Marketing and Outreach Campaign

- Social media campaigns  
Facebook, Twitter, LinkedIn
- Presence at national and regional conferences & career fairs
- Posting jobs and mining candidates through online databases (3RNet & PracticeLink)
- Online advertising that targets experienced professionals and students/residents
- Direct email campaigns
- Messaging informed by the current workforce; Promotes the field of BH/SUD treatment as well as the opportunities to practice in the state.
- Results from each exposure will be evaluated to assure we are using the most effective strategies.

## For Discussion

- Does having a centralized and coordinated marketing and outreach strategy sound beneficial to your organization?
- Would you prefer that candidates who are identified through this outreach reply directly to your organization 's HR department or would you prefer to receive information only after candidates who were screened, matched and referred directly by the Recruitment Center?

# Promoting Careers in Behavioral Health & Substance Use Disorder Treatment Relationships with Students & Training Programs

- Long-Term Pipeline (Reduce Stigma for the Field )
  - High school students,
  - Community Colleges
- Short-Term Pipeline
  - Engage with graduate students, residents and faculty
    - Provide info on job search and practice environment
    - Promote loan repayment options
    - Promote NH opportunities and different practice settings

**Use the existing workforce to support these efforts.**

## For Discussion

# Building A Long Term Pipeline

Develop a Clinician Ambassador Program of BH/SUD professionals who are already working in the state.

Ambassadors:

- Inform messaging for student audience and promote the field
- Participate in presentations to student groups organized by the Recruitment Center
- Offer job shadow experiences
- Recruitment Center tracks students who enter the field and organizes ambassador interactions throughout their educational journey to keep them connected.

## More Discussion of the Pipeline

- Host an annual BH/SUD professional recruitment event that promotes the field and the lifestyle that NH offers.
- Target students and residents from New England states to participate
- Employers, educational facilities and professional associations could serve as sponsors and/or exhibitors
- Encourage family participation in sessions and activities.

# Relationships with Professional Associations Promoting Recruitment and Retention

- Important partners in workforce development and recruitment
- A great resource for information about trends in the field that impact recruitment.
- Recruitment Center will link newly recruited providers and students with professional associations
- Partner on workforce development activities that support recruitment and retention at the state and national level.

### Recruitment & Retention Initiatives and Technical Assistance

#### **Focus on retention - Engage and promote existing employees**

- Establish a Leadership Development Program for BH/SUD clinicians who are emerging leaders in the field.
- Investigate new ways for your staff to work with students/residents to train the next generation

**Hold a statewide conference on recruitment and retention for employers to learn from experts in the field.**

#### **Consult with the Recruitment Center team on:**

- Best practices for recruitment, retention and on-boarding
- Attracting the right candidates
- Staying competitive in today's market

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

[www.bistatepca.org](http://www.bistatepca.org)



[www.bistaterecruitmentcenter.org](http://www.bistaterecruitmentcenter.org)

**We welcome your input!**

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## ACU Financial Impact Tool

The purpose of this Financial Impact Tool is to assist you in realizing the actual costs of provider turnover. This tool attempts to quantify the tangible costs involved in the provider recruitment process. The costs in the table below were calculated using the national estimate data provided in the Data Input Table on page 2.

Tangible Costs	Cost
<b>A. TERMINATION COSTS</b>	
1. Human Resources and/or Business Office Expense for terminating benefits, COBRA administration (if applicable), and notifying health plans of provider change in status.	\$ 175
2. Estimated cost of a Locums Tenens or other part time provider	\$ 68,222
3. Malpractice tail coverage costs, if any	\$ 12,000
<b>A. TOTAL TERMINATION COSTS</b>	<b>\$ 80,396</b>
<b>B. REPLACEMENT COSTS</b>	
4. Advertising Costs	\$ 4,200
5. Pre-Interview Staff Time - to arrange advertising; accept, sort and document applications (written and electronic); respond to telephone and written inquiries, arrange visits including logistics (hotel, travel, recruitment dinner), schedule telephone interviews and meetings with medical director, other staff involved in the decision process.	\$ 5,861
6. Professional Recruiting Service Expenses	\$ 26,000
7. Interview Staff Expenses	\$ 10,226
8. Interview Direct Costs (on-site face-to-face interview visits)	\$ 6,196
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	\$ 19,175
<b>B. TOTAL REPLACEMENT COSTS</b>	<b>\$ 71,658</b>
<b>C. NET IMPACT TO REVENUE</b>	
10. Revenue Loss from Leaving Provider	\$ 273,600
11. Revenue Recovered from Locum Tenens	\$ 123,120
<b>C. TOTAL NET IMPACT TO REVENUE [RECOVERED - LOSS]</b>	<b>\$ 150,480</b>
<b>D. NEW HIRE/ONBOARDING COSTS</b>	
12. Payroll startup, Benefit Enrollment, establish passwords, email account	\$ 143
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	\$ 508
14. Internal and external publicity announcements	\$ 250
15. Equipment and Uniform expense	\$ 250
16. Orientation Costs	\$ 3,048
17. Cost of Productivity lost to startup	\$ 120,840
<b>D. TOTAL NEW HIRE/ONBOARDING COSTS</b>	<b>\$ 125,039</b>
<b>TOTAL FINANCIAL IMPACT</b>	<b>\$ 427,573</b>

For more information and tools to assist in recruitment and retention, check out the STAR<sup>2</sup> Center website found at <http://www.chcworkforce.org>. If you have any questions or suggestions, contact Allison Abayasekara at 844-ACU-HIRE or using the contact form on the STAR<sup>2</sup> Center website.

## Data Input Table

Description	Input Value	National Estimate	Select Estimate
<b>SALARY INFORMATION</b>			<b>Click to Use All Estimates</b>
Business Office (Patient Accounts/Billing) Salary and Benefits per hour	\$ 31.73	\$ 31.73	<input type="radio"/> Business Office
CEO/Administrator Salary and Benefits per hour	\$ 59.00	\$ 59.00	<input type="radio"/> CEO/Admin
Chief Medical Officer Salary and Benefits per hour	\$ 107.86	\$ 107.86	<input type="radio"/> CMO
Human Resources Salary and Benefits per hour	\$ 31.73	\$ 31.73	<input type="radio"/> HR
IT Hourly Rate plus benefits	\$ 19.70	\$ 19.70	<input type="radio"/> IT
Leaving Provider Annual Salary plus benefits	\$ 160,000	\$ 160,000	<input type="radio"/> Leaving Provider
Nurse/MA Hourly Rate plus benefits	\$ 28.68	\$ 28.68	<input type="radio"/> Nurse/MA
Other Providers Average Hourly Rate plus benefits	\$ 92.30	\$ 92.30	<input type="radio"/> Other providers
Support Staff Salary and Benefits per hour	\$ 19.46	\$ 19.46	<input type="radio"/> Support Staff
<b>OUTSIDE RECRUITING EXPENSES</b>			
Recruiting Service	\$ 26,000	\$ 26,000	<input type="radio"/> Recruiting Service
Advertising Costs (2 national journal print ads, 1 national online service x 3 mths)	\$ 4,200	\$ 4,200	<input type="radio"/> Advertising
<b>LEAVING PROVIDER PRACTICE INFORMATION</b>			
Average patient visits per day by leaving provider	15	15	<input type="radio"/> Patient Visits
Average revenue/collections per visit with leaving provider	\$ 152	\$ 152	<input type="radio"/> Revenue per Visit
Malpractice Tail Coverage (if any)	\$ 12,000	\$ 12,000	<input type="radio"/> Malpractice
<b>LOCUM TENENS OR TEMPORARY PROVIDER ARRANGEMENTS</b>			
Estimated length of vacancy in work days	120	120	<input type="radio"/> Length of Vacancy
Locum Tenens daily rate	\$ 1,200	\$ 1,200	<input type="radio"/> Locum Tenens
Housing Expense	\$ 1,200	\$ 1,200	<input type="radio"/> Housing
Travel	\$ 500	\$ 500	<input type="radio"/> Travel
Estimated patient visits per day by Locum Tenens	9	9	<input type="radio"/> Locum Patient Visits
<b>INTERVIEW EXPENSE</b>			
Number of in-person interviews	4	4	<input type="radio"/> # In Person Interviews
Hotel Expense per night per interview	\$ 137	\$ 137	<input type="radio"/> Hotel
Travel Expense per interview	\$ 500	\$ 500	<input type="radio"/> Interview Travel
All Staff breakfast with candidate per interview	\$ 150	\$ 150	<input type="radio"/> Staff Breakfast
CMO lunch with candidate per interview (incl. candidate and guest)	\$ 75	\$ 75	<input type="radio"/> CMO Lunch
Number of people included in interview dinner per interview	10	10	<input type="radio"/> Dinner Part Number
Interview Dinner Cost per person per interview, including tax and gratuity	\$ 40	\$ 40	<input type="radio"/> Dinner Cost per Person
Cost of other interview items, such as gift baskets, baby sitting service	\$ 150	\$ 150	<input type="radio"/> Other Interview Cost
<b>HIRING EXPENSES</b>			
Relocation Costs	\$ 10,000	\$ 10,000	<input type="radio"/> Relocation Costs
Signing Bonus	\$ 8,000	\$ 8,000	<input type="radio"/> Signing Bonus
Publicity Costs	\$ 250	\$ 250	<input type="radio"/> Publicity Costs
Other Costs, i.e. cell phone, lab coat	\$ 250	\$ 250	<input type="radio"/> Other Hiring Costs

This tool is available as a formula-ready Excel table to input values specific to your health center at: <http://chcworkforce.org/star<sup>2</sup>-center-financial-assessment-tool>. Be sure to "enable content" in Excel in order to edit the document with your information.