

Legislative Commission on Primary Care Workforce Issues

April 27, 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 **Introductions & Minutes**
- 2:10 - 3:10 **A conversation: Teaching medical students about health care delivery in rural communities** – Ed Shanshala (Ammonoosuc Community Health Services), Nancy Frank (Northern NH AHEC), Guy Defeo (UNE), Phil Heywood (UNE)
- 3:10 - 3:30 **2015 Physician Licensure Survey Data Results report** – Danielle Weiss
- 3:30 – 3:50 **Legislative update**
*State Budget-SLRP
*Support for HB 322 in the Senate
*Health and Human Service bills + HB 322
- Rep. John Fothergill and Laurie Harding
- 3:50 – 4:00 **Next Steps/Adjourn**

Next meeting: Thursday May 18 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: April 27, 2017

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

Meeting Minutes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: April 27, 2017

Members of the Commission:

Rep. John Fothergill, NH House of Representatives
Laurie Harding – Chair
Mike Auerbach, New Hampshire Dental Society
Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association
Cathleen Morrow, MD, Geisel Medical School
Kristina Fjeld-Sparks, Director, NH AHEC
Trinidad Tellez, M.D., Office of Health Equity
Bill Gunn, NH Mental Health Coalition
Tyler Brannen, Dept. of Insurance

Guests:

Danielle Weiss, Program Manager, Rural Health and Primary Care Section
Paula Smith, SNH AHEC
Paula Minnehan, NH Hospital Association
Nancy Frank, Executive Director, NNH AHEC
Catrina Watson, NH Medical Society
Phil Heywood, Executive Director, Northeast Osteopathic Medical Education Network, UNE
John Bunker, representing UNH & CHHS
Barbara Mahar, New London Hospital
Mandi Gingras, Bi-State Recruitment Center
Krista Morris, Legislative Liaison/Policy Administrator, DPHS
John Williams, Director of Legislative Affairs, DHHS
Ed Shanshala, CEO, Ammonoosuc Community Health Services

Meeting Discussion:

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

2:10 - 3:20 **A Conversation: Teaching Medical Students about Healthcare Delivery in Rural Communities –**
Ed Shanshala (Ammonoosuc Community Health Services (ACHS)), Nancy Frank (Northern NH
AHEC), Phil Heywood (UNE)

- Physicians are leaving from ACHS because it's hard to retain providers in remote rural areas of the state
 - o Dating isn't easy in Northern NH so often times single providers date outside the area and then move
 - o It costs ACHS ~\$70k each time they have to replace a physician, excluding the cost of time

- ACHS spent 2 years with one recruitment firm without seeing one physician application
- It's important to be flexible with the schedule
 - Very few physicians work 1 FTE – flexibility acts as a perk that providers look for with employment
- ACHS wants one physician per site and not just NPs and PAs but may revisit the current model to meet the changing provider landscape
 - Vanderbilt has a full NP panel
- Lamprey is launching the first NP Fellowship program in the state
 - There will be one physician preceptor and an NP CMO to guide fellows
- Live, Learn, Play - Students are immersed in the North Country community to complete a community service project
 - Northern AHEC has received great feedback about the program
 - It solidifies students' desire to be in small rural communities
 - UNE and Franklin Pierce is primarily where students come from
 - They're trying to get more involved with the Geisel's Rural Health Scholar Program
- Training Challenges
 - The community physicians who trained residents on the basics quit, seemingly because of the electronic record burden
 - No longer can notes be done by the resident or scribe so data is entered twice
 - CMS regulations have had a negative impact on the teaching environment
- Meeting every rotation/clinic requirement
 - OB and pediatrics are difficult to train in for most hospitals so many try to marry them but only so many students can fit into the rotation
 - There's not a ready candidate in NH to take 40 students for basic rotations
- Medical student growth
 - The number of medical students in NH has increased over the years
 - UNE has upwards of 20 students here but there's no guarantee they would come back for the residency/practice. More options:
 - Mike Auerbach suggests Monadnock Regional Hospital
 - It would be difficult transport students back and forth
 - There's been initial contract with Monadnock - we just need to figure out logistics with curriculum
- Ammonoosuc's oral health workforce development grant
 - HRSA's funding allowed ACHS to open a dental clinic in January
 - Aim to integrate oral health with primary care
 - They have students from a myriad of schools
- Catholic Medical Center, Monadnock Community Hospital, and Huggins Hospital are now affiliated
 - The integrated healthcare systems will serve the hospitals' respective communities and improve quality, cost, and access to care
 - Talk with rural health coalition about collaborations
 - Ed, Cathy, and Phil to attend to discuss how to connect Critical Access Hospitals (CAHs) and Federally Qualified Health Centers (FQHCs)
- Primary dental integration is a critical focus right now - it's the most underserved health need in America
 - Potential to integrate into clinical rounds?
 - The curriculum is not developed yet so it would have to be thought through
 - A ME residency got a nearly retired oral surgeon to train Family Medicine residents in oral procedures and examines
 - It was a lucky situation and may be difficult to replicate
- Simon Sinek has a TED talk on inspirational leadership
 - https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action

3:20 - 3:25 **2015 Physician Licensure Survey Data Results report** – Danielle Weiss
 Refer to the "2015 Physician Survey Results" presentation.

- After discussing possible report formats, the Commission suggested creating a 1-2 page executive summary for stakeholders
- Find the report on the NH Rural Health and Primary Care page under Publications
 - <https://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/md-surveydata2015.pdf>

3:25 – 3:50 **Legislative update** – John Williams

- John talked to Sen. Carson about specific concerns re: HB 322 (data bill)
 - o i.e. clarifying that under no condition will an incomplete survey prevent physicians from being relicensed
- Reviewed an amended version of the Bill with the Commission
 - o In addition to the aforementioned clarification, the Bill will
 - State how this data will help the State of New Hampshire
 - Explain how personally identifiable data is protected
- The Bill was heard by the Senate ED&A yesterday

3:50 – 4:00 **Next Steps/Adjourn**

Next meeting: Thursday, May 25 2:00-4:00pm



2015 Physician Survey Results

Danielle Weiss, MPH
Health Professions Data Center Manager
Rural Health and Primary Care

Survey Implementation

- The Board of Medicine (BOM) processes renewals for approximately 50% of NH-licensed physicians on odd years and 50% on even years.
- The electronic, Physician Licensure Survey was accessible to physicians due to renew their medical license during the 2015 NH Board of Medicine license renewal cycle (March-June 30, 2015).
- Although it was believed that – through an Administrative Rules change - the Survey would be a required component of license renewal before the cycle closed, the BOM learned the mandate would require legislation, so the survey remained voluntary.

Analysis Considerations

- Workforce capacity can be summarized by provider (head count), practice site, or hours/Full-Time Equivalent.
- Instead of physician count, number of practice sites was used as the denominator for practice setting data elements.
- Physician count was mostly used for descriptive data (i.e. physician characteristics) such as demographics, education/training, and NH ties.
- Similarly, in specialty analyses, FTE is used to estimate true capacity instead of reported specialty count.

Limitations

- The data collected is self reported. Data was not cross-checked with an alternative source to determine validity.
- Administrative involvement may have impacted results by hospital system/practice administrator facilitation with survey completion.
- Follow-up was conducted to increase survey participation.
- Due to the voluntary status of the survey and administrative involvement, data results may not be representative of physician practice in NH.

Definitions

- **FTE - Full-Time Equivalent** – Ratio of the number of hours worked per week to full-time hours (i.e. 40)
 - 1 FTE represents 40 hours of work per week
- **PHN - Public Health Network Region** –13 regions used for public health planning and the delivery of select public health services.
- **SFS - Sliding Fee Scale** - Sliding fee scales provide percentage discounts off of fees given to eligible patients based on their income and family size relative to the federal poverty level. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. This does not include standard discounted rates for everyone set by the facility or negotiated reductions granted on a case by case basis. There must be a sliding fee schedule posted in the waiting room.

Physician Response

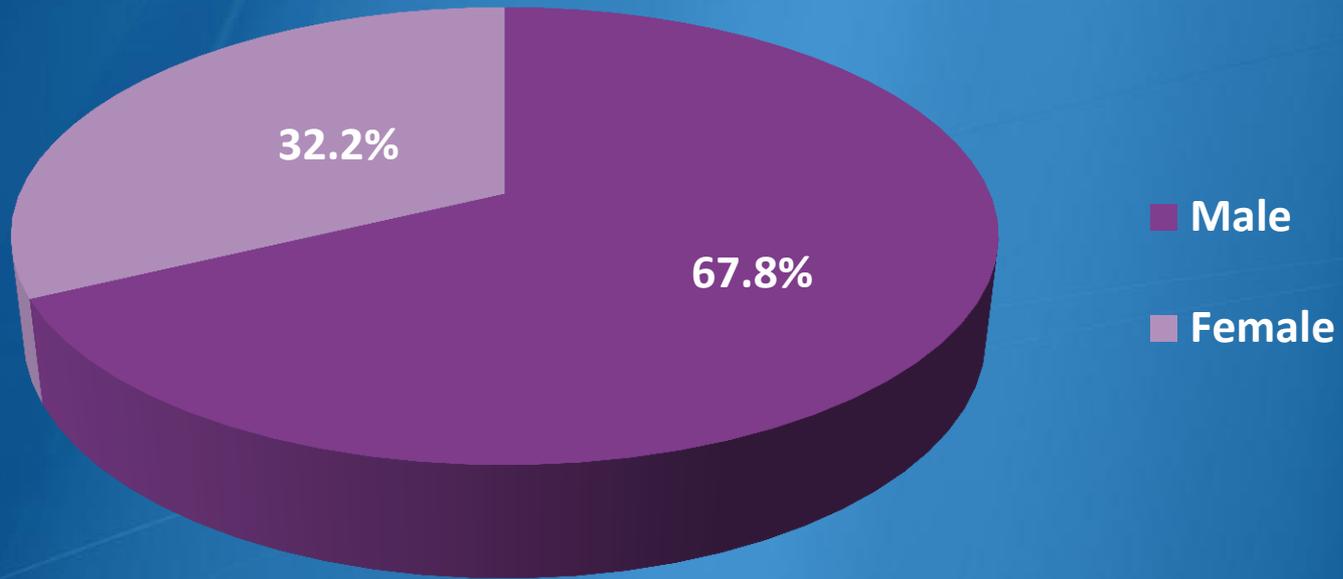
- 2,564 (80.5%) of the 3,187 physicians due to renew their NH license completed the NH Physician Licensure Survey.
 - This represents about 40% of the total NH-licensed physician population.
- Of these 2,564 physicians, 1,751 (68.3%) reported working full time/part time in NH or as a locum tenens at a NH site for one year or longer, indicating active practice status.
- 2,404 practice sites were reported by physicians.

Demographics

Key Findings

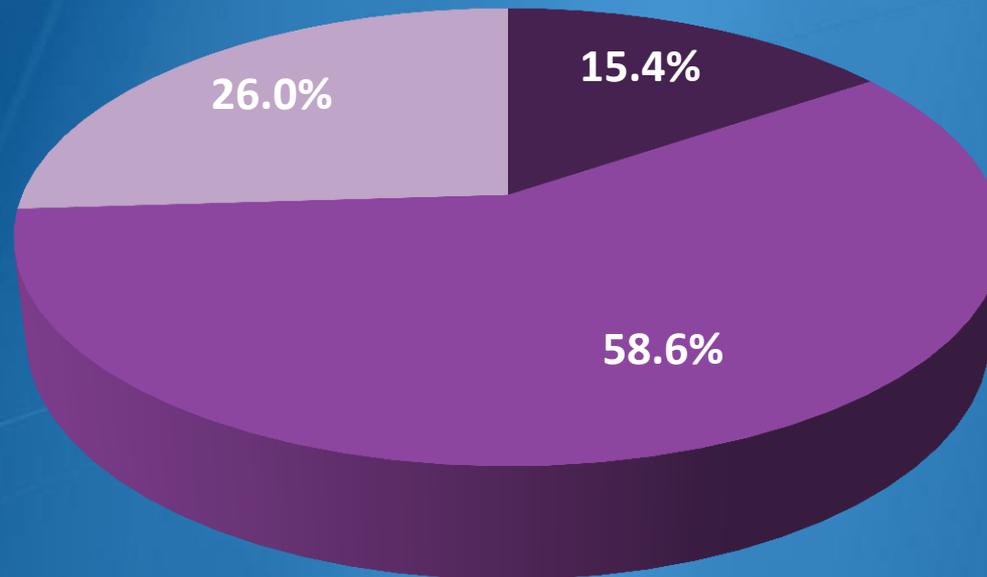
- Over a quarter of active physicians were 60+ years old.
- Compared to the resident population, Asians were over-represented and African Americans/Blacks were under-represented in the physician population.¹
- The majority of physicians did not speak a language other than English in clinical practice.

Active Physicians by Sex (N=1,751)



Active Physicians by Age Bracket (N=1,751)

■ Under 40 ■ 40-59 ■ 60+

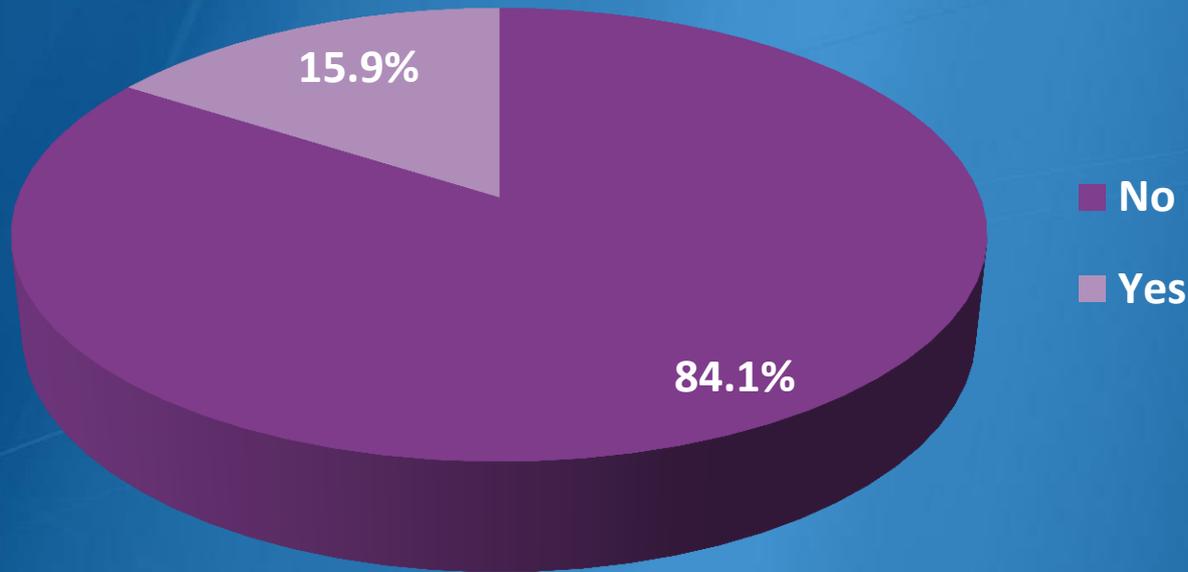


Median/Mean = 51

Race/Ethnicity (N=1,726)

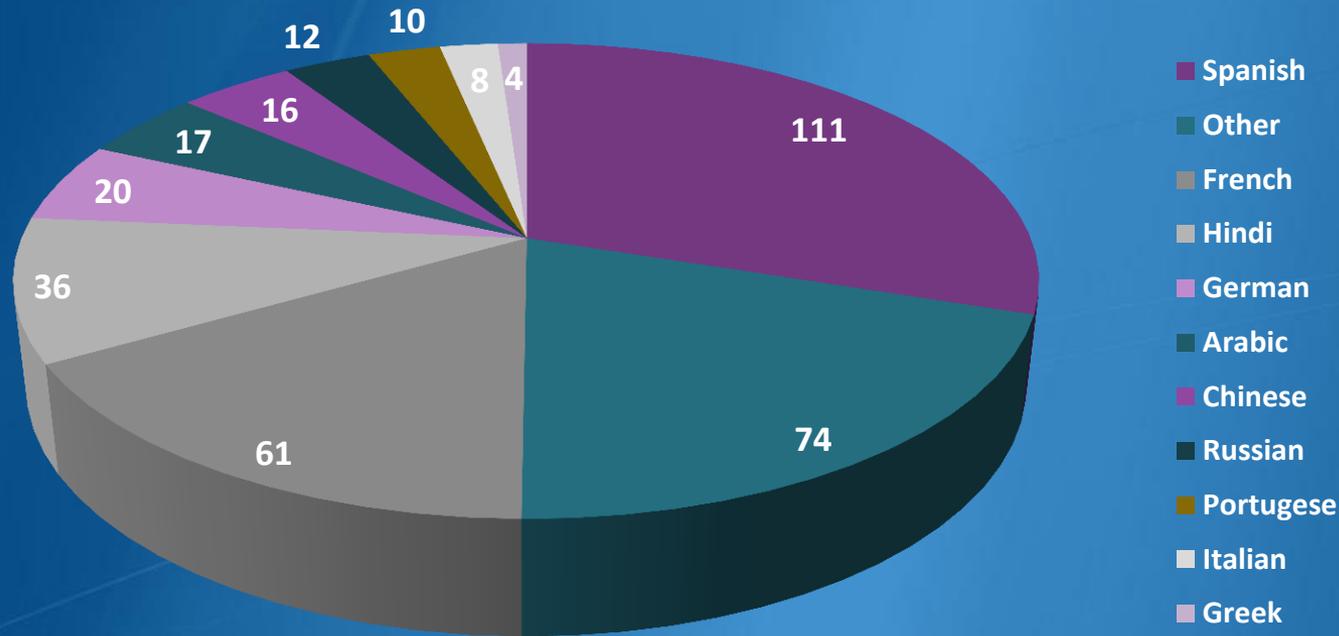
Race/Ethnicity	Total	Percent
Hispanic/Latino	41	2.4%
White, Alone (not Hispanic)	1,454	84.2%
African American/Black, Alone	11	0.6%
American Indian and Alaska Native, Alone	6	0.3%
Asian, Alone	194	11.2%
Native Hawaiian and Other Pacific Islander, Alone	2	0.1%
2 or more Races	21	1.2%

Language other than English used in Clinical Practice (1,751)



Language

Languages used in Clinical Practice (n=278)



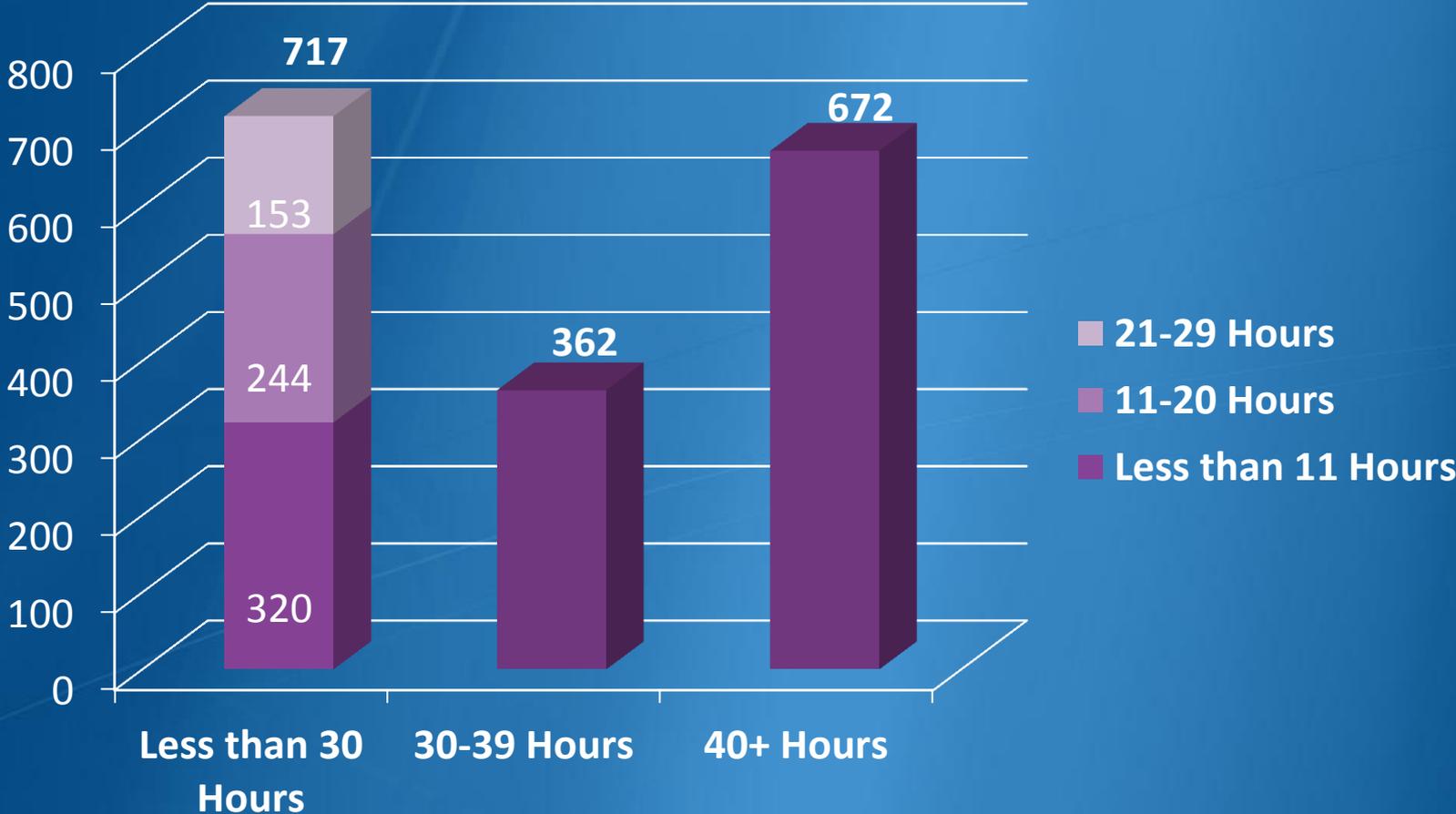
Note: "Other" is mostly comprised of South/Southeast Asian and Slavic languages. No physician reported to use sign language in clinical practice.

Practice - Capacity

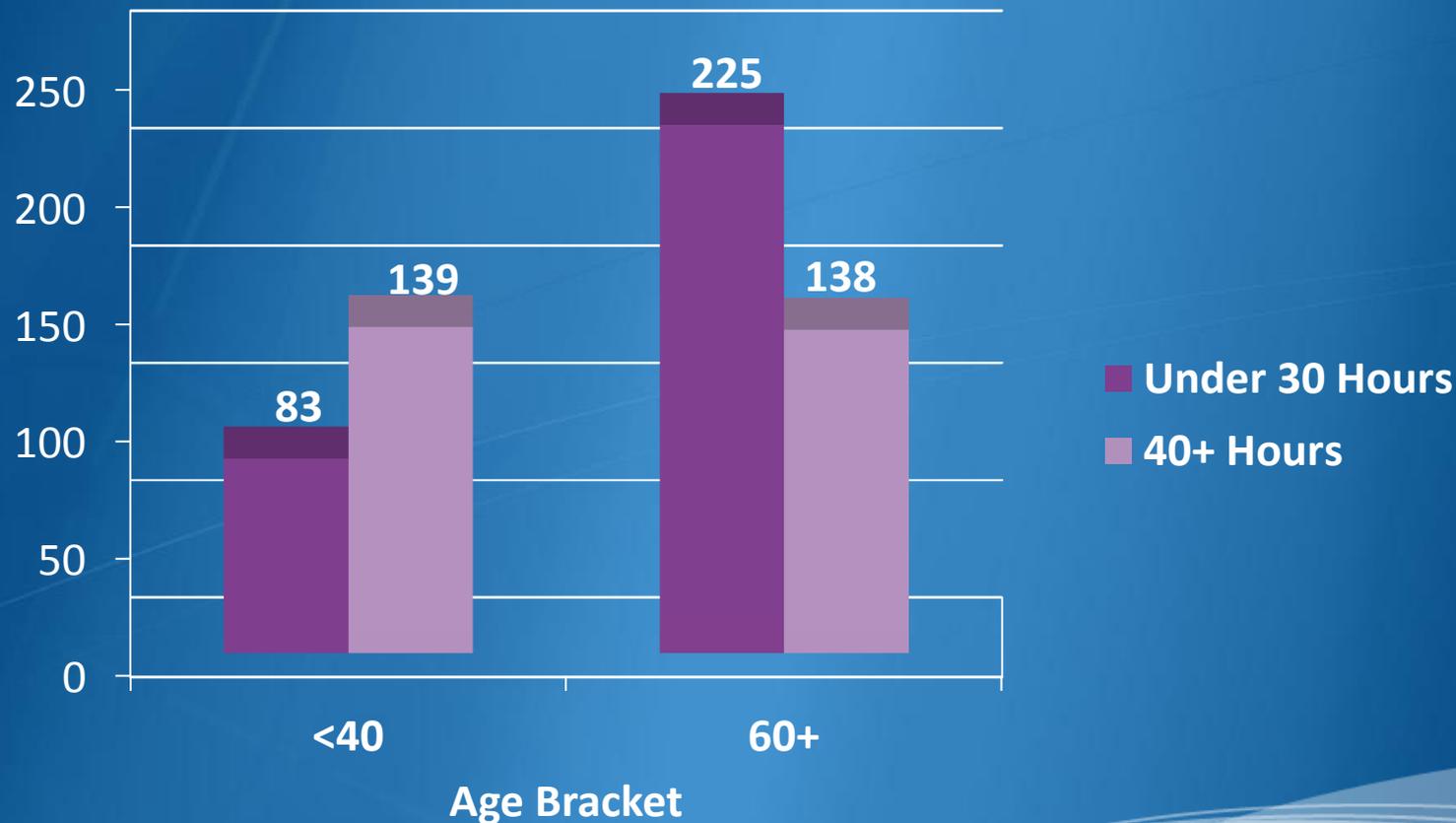
Key Findings

- Over 40% of physicians worked less than 30 hours per week.
 - Almost half (45%) of those worked 10 hours or less per week.
- Physician age and hours worked have a strong, inverse relationship. Physicians 60+ were more likely to work less than 30 hours per week than physicians under 40 ($p < .001$).
- 4 of the 7 primary care specialties are in the top 10 most practiced specialties.
- Geriatric medicine is severely underrepresented both in specialty count and FTE total.

Hours Worked (N=1,751)



Hours Worked by Age Bracket (n=585)



Specialty by Physician Count

Specialty	Count	Specialty	Count
Family Medicine/General Practice	227	Urology	25
Internal Medicine (General)	205	Otolaryngology	23
Emergency Medicine	125	Physical Med. and Rehab.	20
Hospital Medicine (Hospitalist)	114	Rheumatology	20
Pediatrics (General)	114	Allergy and Immunology	19
Psychiatry	90	Child Psychiatry	19
Radiology	88	Nephrology	19
Anesthesiology	87	Vascular Surgery	17
Orthopedic Surgery	86	Occupational Medicine	16
Obstetrics and Gynecology	72	Plastic Surgery	16
Cardiology	65	Endocrinology	15
Surgery (General)	55	Preventive Medicine/Public Health	15
Pediatric Subspecialties	50	Gynecology Only	13
Pathology	46	Adolescent Medicine	12
Neurology	42	Other Surgical Specialties	12
Hematology and Oncology	38	Infectious Disease	11
Critical Care Medicine	37	Radiation Oncology	10
Ophthalmology	36	Colon and Rectal Surgery	7
Geriatric Medicine	35	Thoracic Surgery	7
Dermatology	30	Neurologic Surgery	6
Gastroenterology	29	Gynecologic Oncology	3
Pulmonology	27	Pediatric Surgery	2

Includes primary, secondary and tertiary specialties.

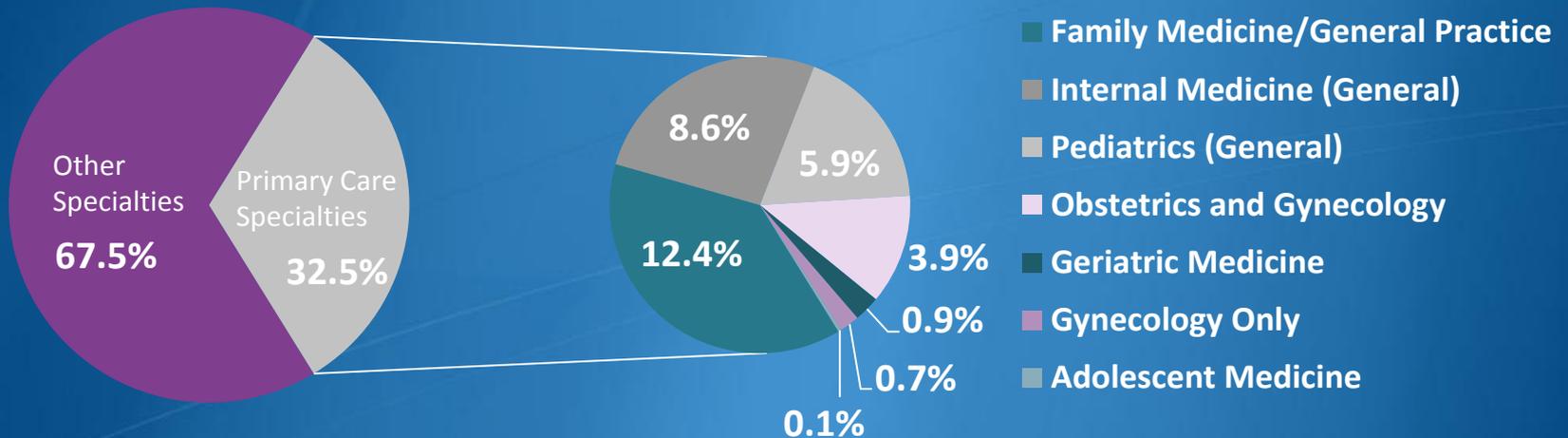
20 Most Practiced Specialties by FTE

Specialty	FTE
Family Medicine/General Practice	182.8
Internal Medicine (General)	118.3
Hospital Medicine (Hospitalist)	91.1
Emergency Medicine	87.4
Anesthesiology	83.2
Pediatrics (General)	81.0
Orthopedic Surgery	68.5
Radiology	61.8
Obstetrics and Gynecology	58.0
Psychiatry	53.6

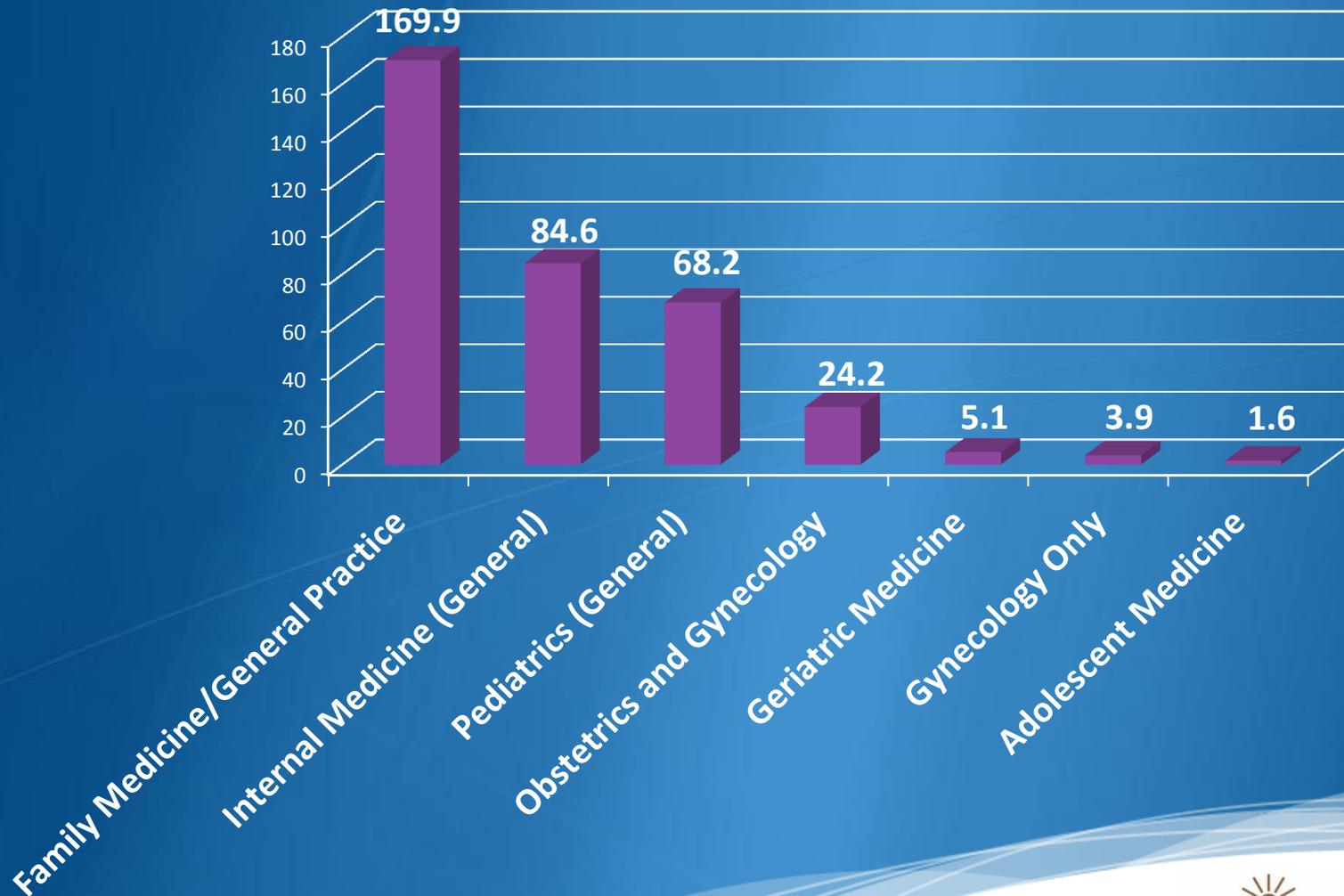
Specialty	FTE
Cardiology	50.6
Surgery (General)	45.6
Pathology	27.7
Neurology	27.5
Ophthalmology	25.7
Pediatric Subspecialties	25.0
Urology	24.1
Hematology and Oncology	23.9
Dermatology	21.8
Gastroenterology	21.7

1 FTE = 40 hours

Count of Primary Care v. Specialty Care Percentage of Primary Care Specialties Practiced (N=1,748)



Primary Care FTE by Specialty

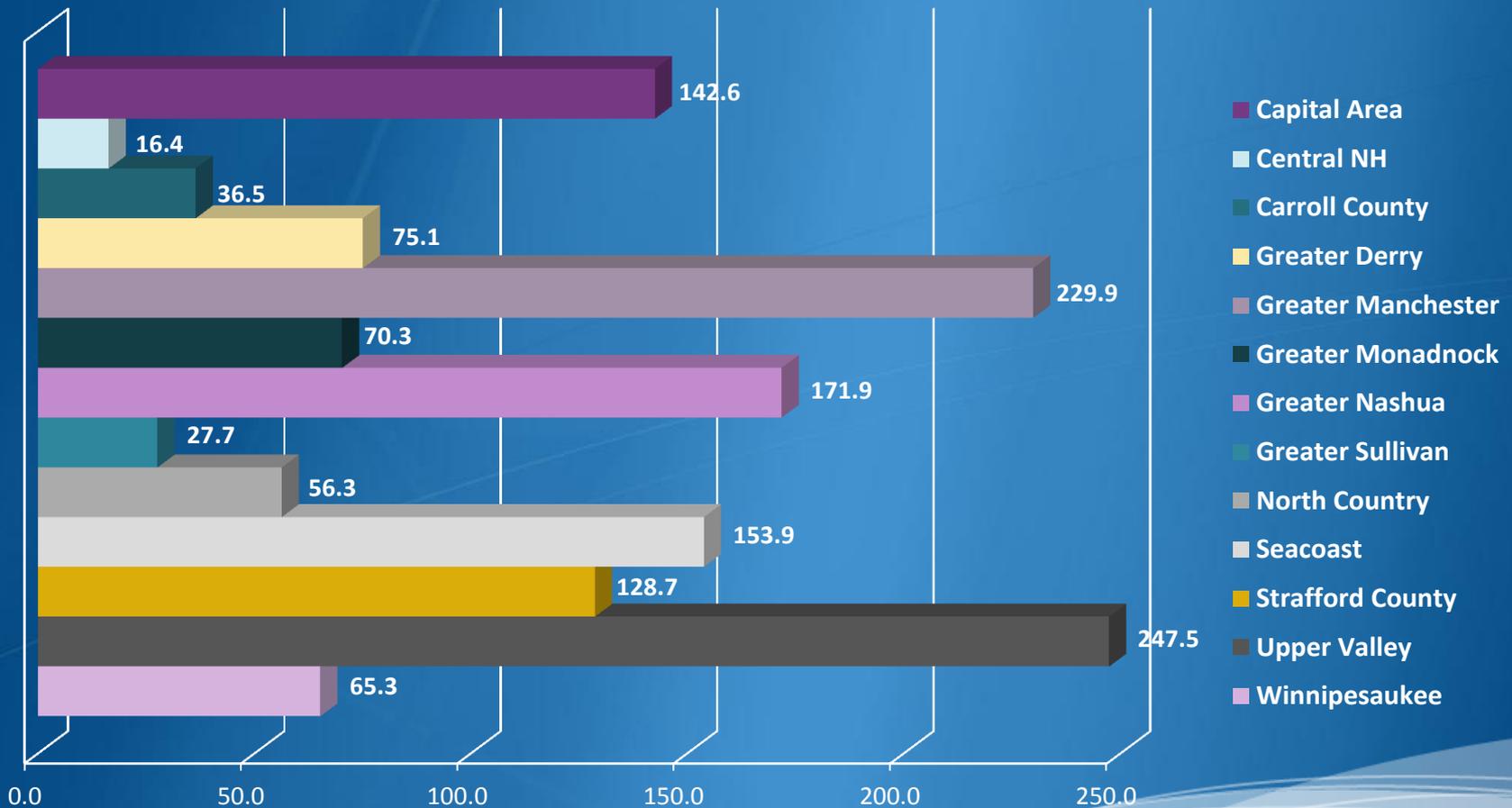


Practice – Distribution

Key Findings

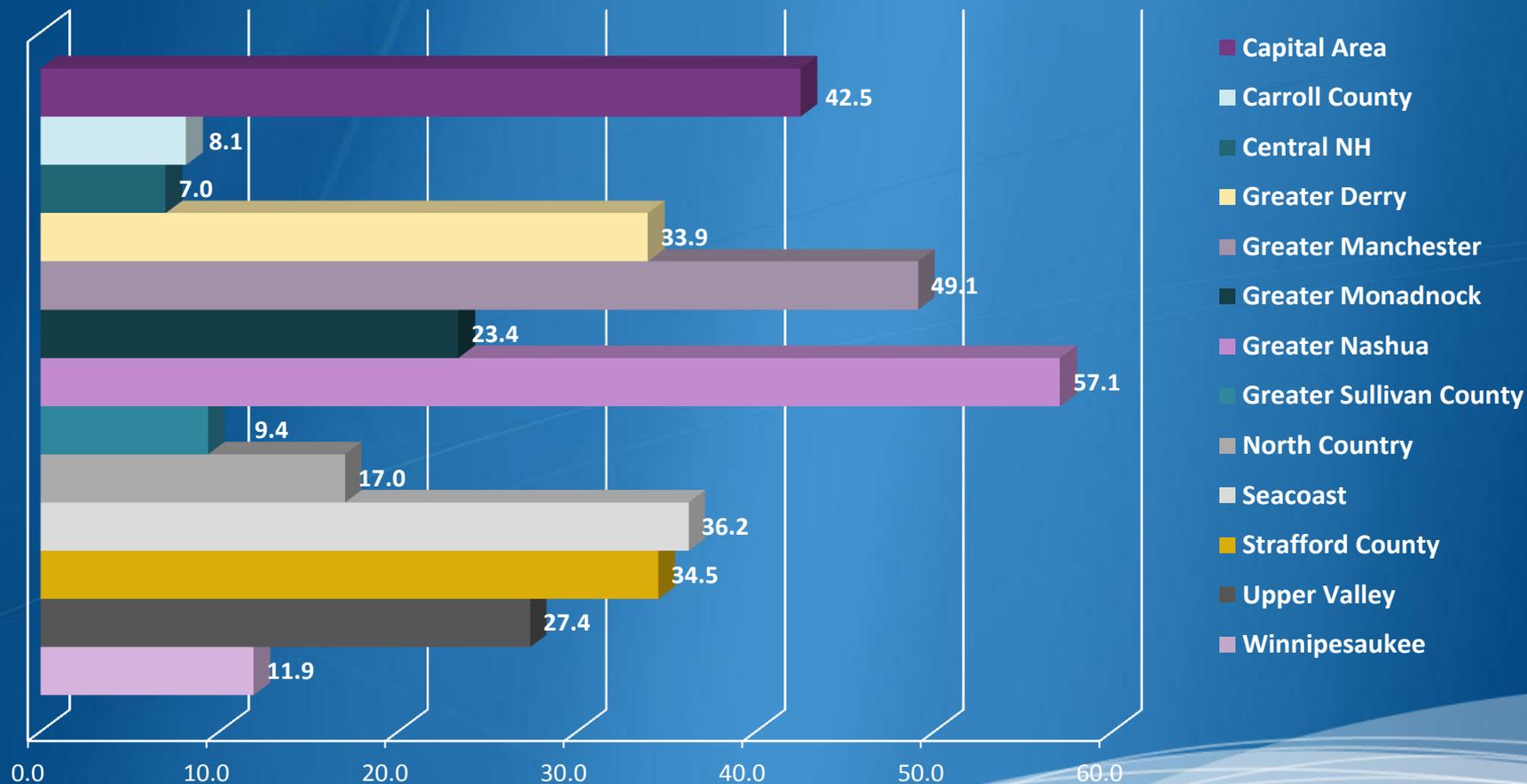
- While the resident population ranked 12th of 13, Upper Valley Public Health Network's (PHN) FTE count ranked highest among the PHN Regions.²
 - Dartmouth-Hitchcock, one of the largest healthcare systems in NH, is located within this PHN.
- A very small percentage of physicians (<7%) worked outside a hospital or outpatient setting.

FTE Distribution by PHN Region, All Specialties

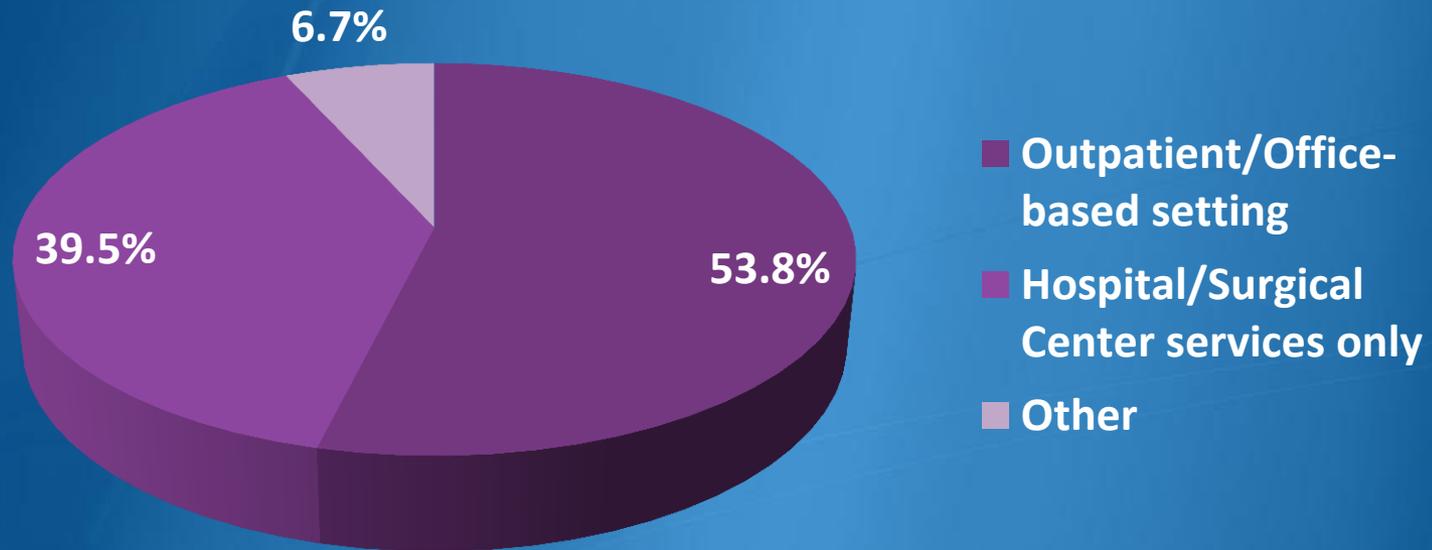


Refer to slide #5 for a definition of Public Health Network (PHN).

FTE Distribution by PHN Region, Primary Care

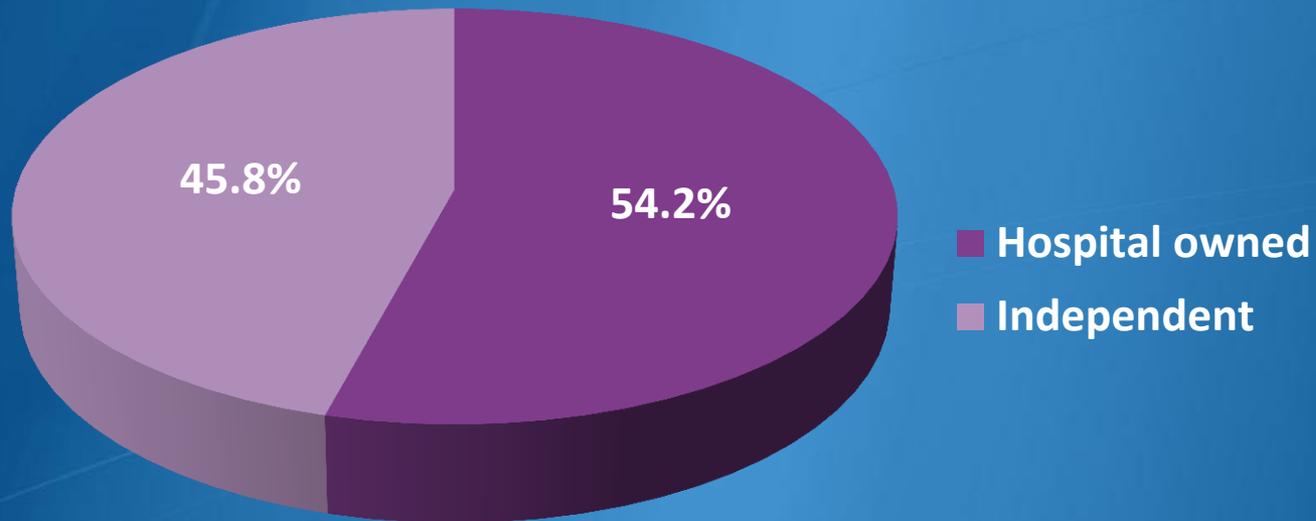


Work Setting (n=2,395)



Other includes extended/institutional care only, corporate/educational institution or Veterans Administration (VA), substance abuse treatment centers, non-traditional settings, rehabilitation facilities, state/federal prison clinics, city/county correctional facilities, and other.

Hospital Ownership of Outpatient Practices (n=1,289)

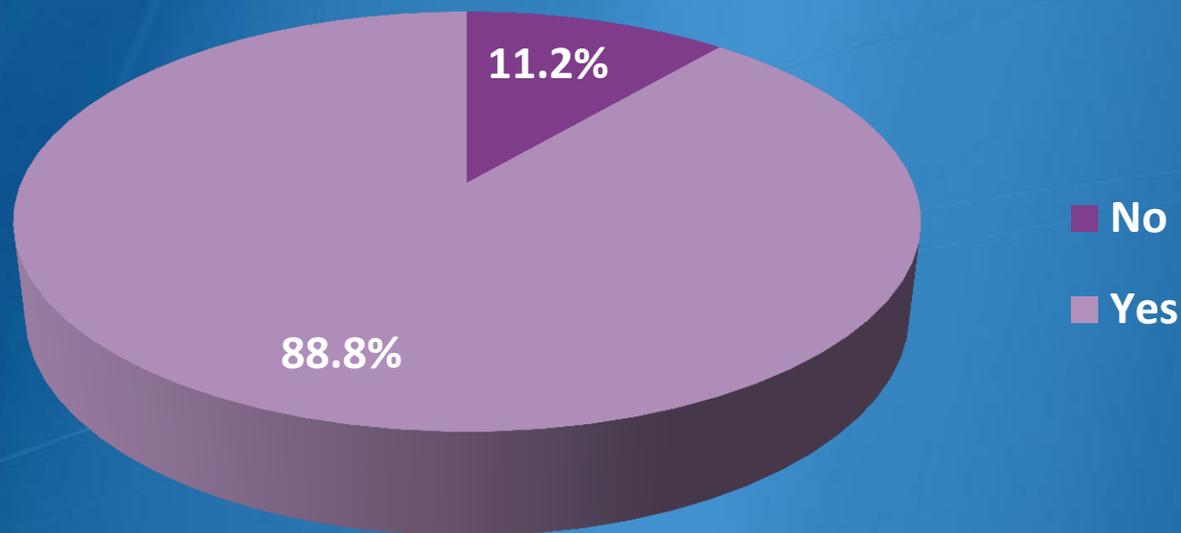


Practice – Access

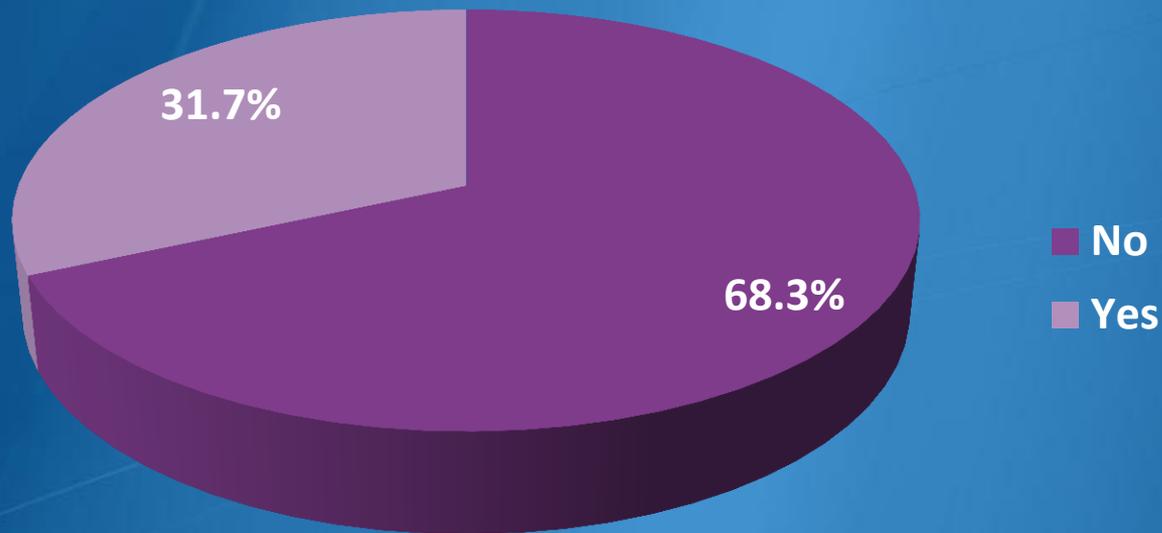
Key Findings

- The majority of outpatient practices had Medicaid acceptance, a Sliding Fee Scale (SFS) or both policies available to patients.
- Over 20% of outpatient practices had a wait time of over 2 weeks for established patients. This is only slightly lower (~17%) for primary care.
 - The percentage increased to 35% for new patients in all specialties and in primary care.
- 3 of the 5 specialties with the highest wait times were also the most practiced specialties (#1, #2, #6).
 - All 5 were in the top 20

Medicaid Acceptance in Outpatient Setting (n=1,233)



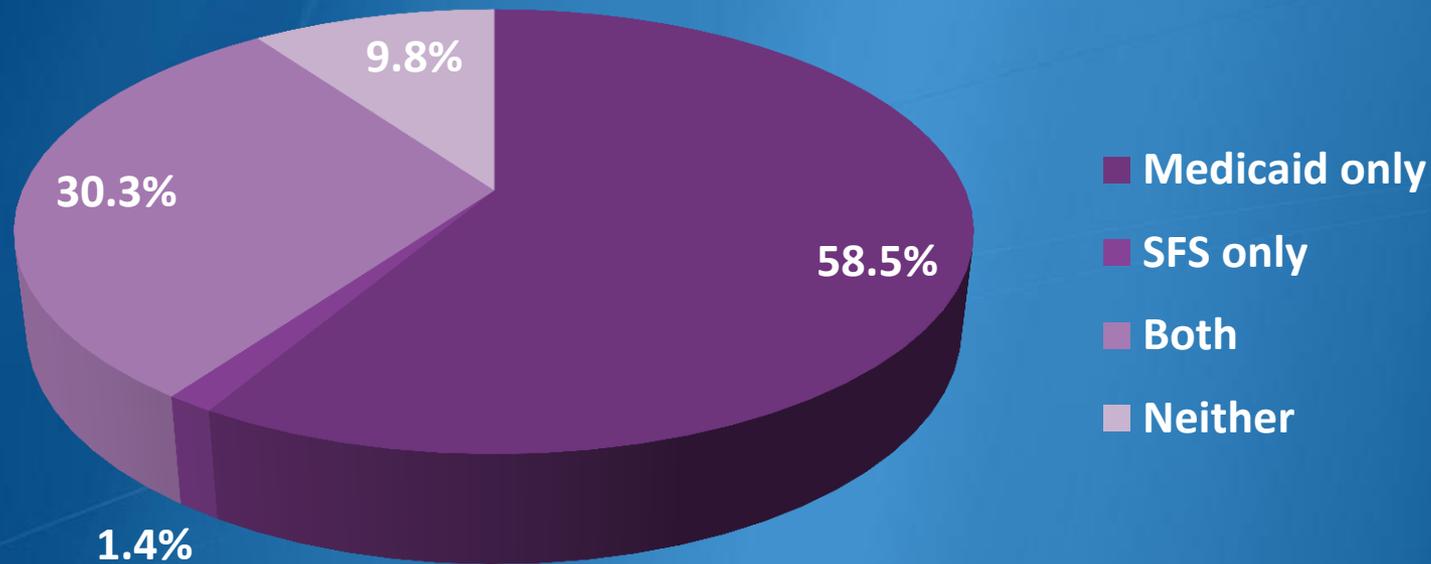
SFS Policy in Outpatient Setting (n=1,233)



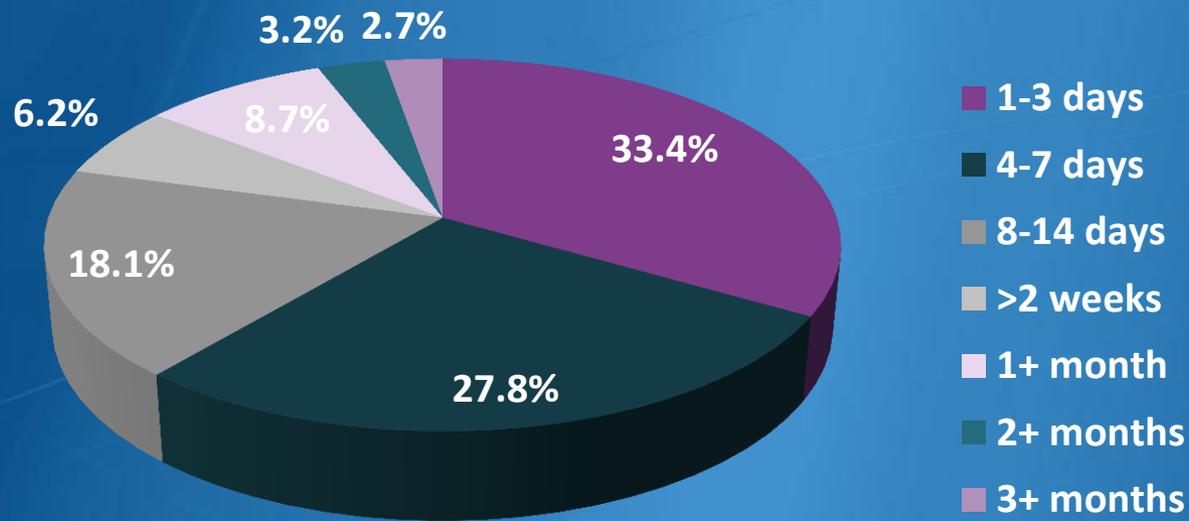
Refer to slide #5 for a definition of Sliding Fee Scale (SFS).

SFS and Medicaid Integration

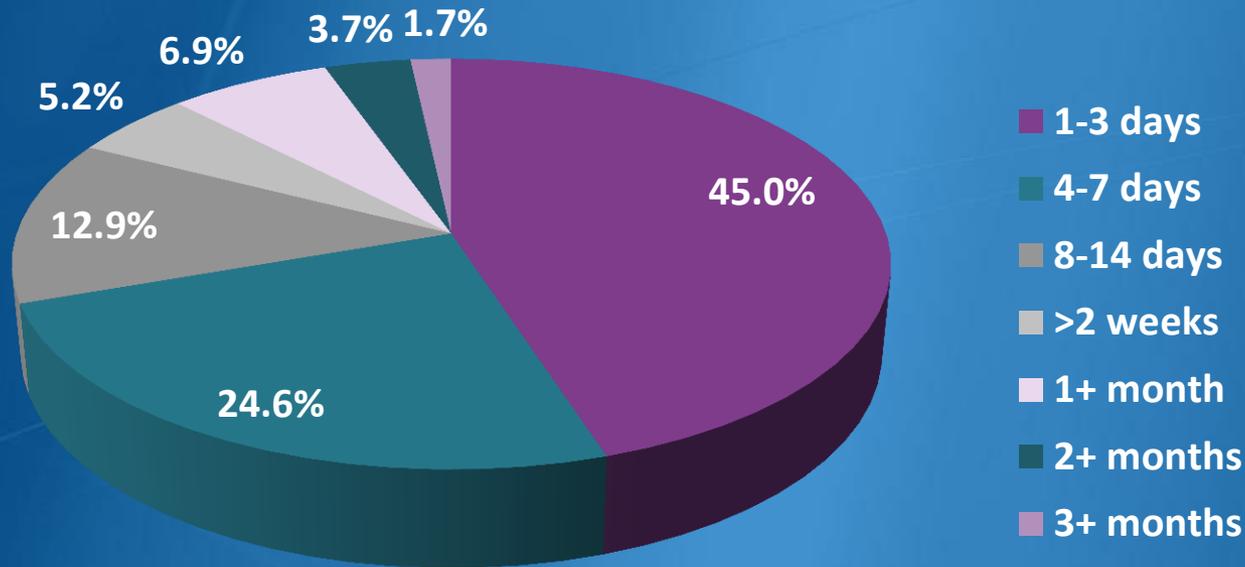
Payment Policy in Outpatient Setting (n=1,233)



Average Wait Time for Established Patients in Outpatient Settings (n=1,109)



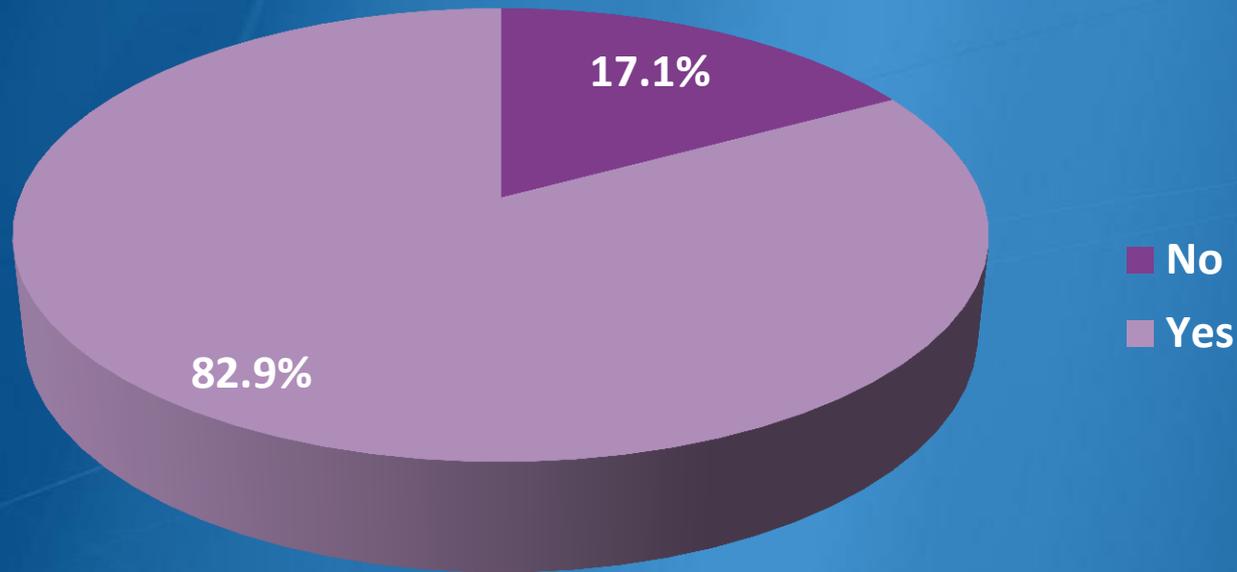
Average Wait Time for Routine Primary Care Appointments, Established Patients (n=458)



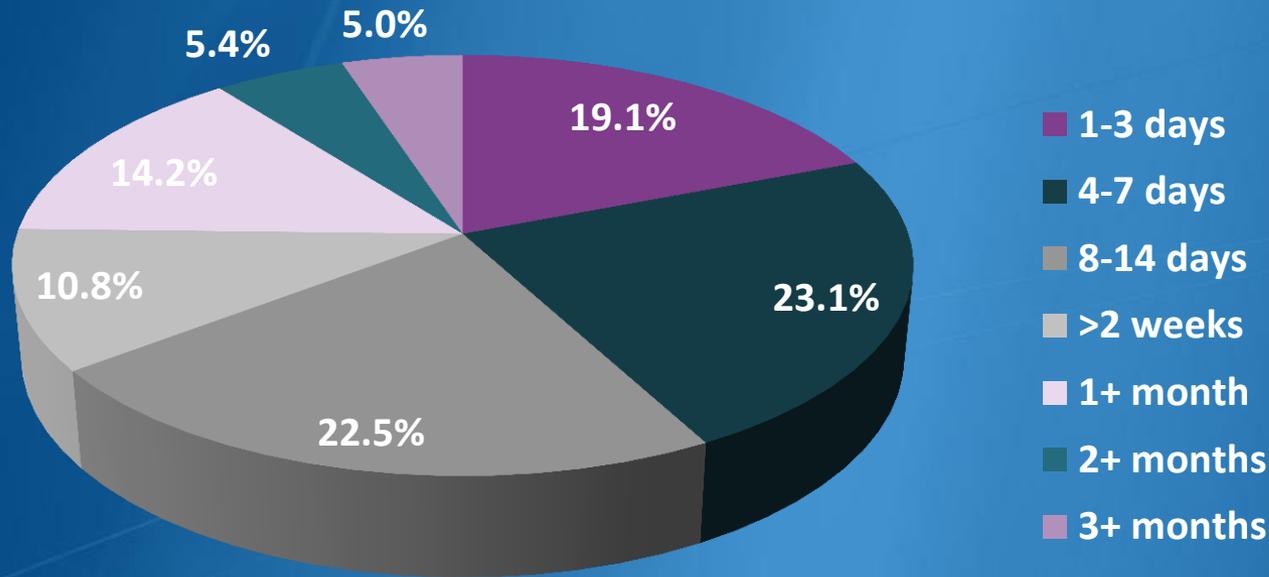
Top 5 Specialties with Wait Times for an Established Patient Averaging 30 Days or Longer

Specialty	Average Wait (Days)
Pediatrics (General)	70
Dermatology	57
Pediatric Subspecialties	56
Internal Medicine (General)	48
Family Medicine/General Practice	45

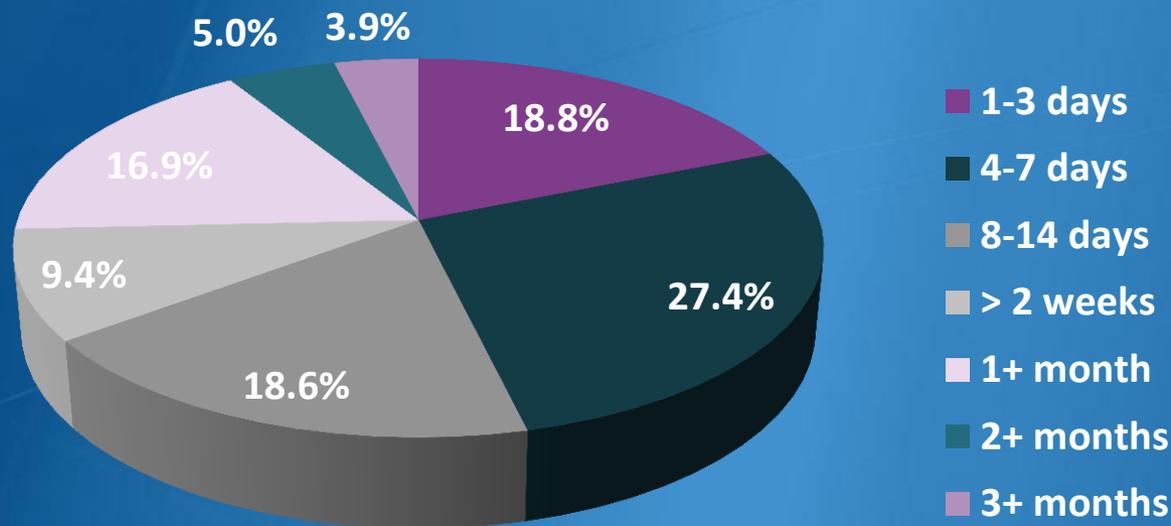
New Patient Acceptance in Outpatient Practices (N=1,289)



Average Wait Time for New Patients in Outpatient Settings (n=975)



Average Wait Time for Routine Primary Care Appointments, New Patients (n=361)

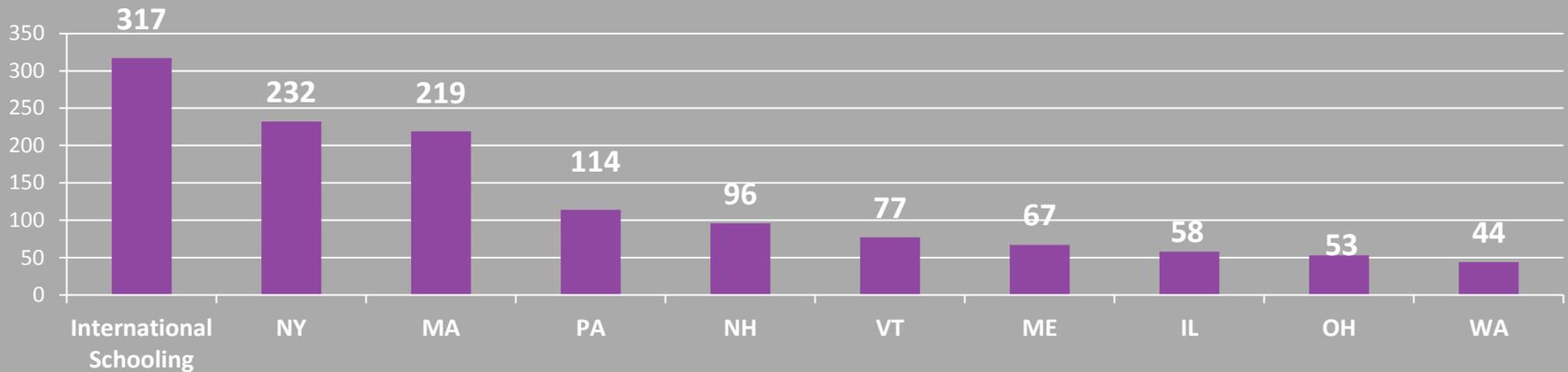


Recruitment

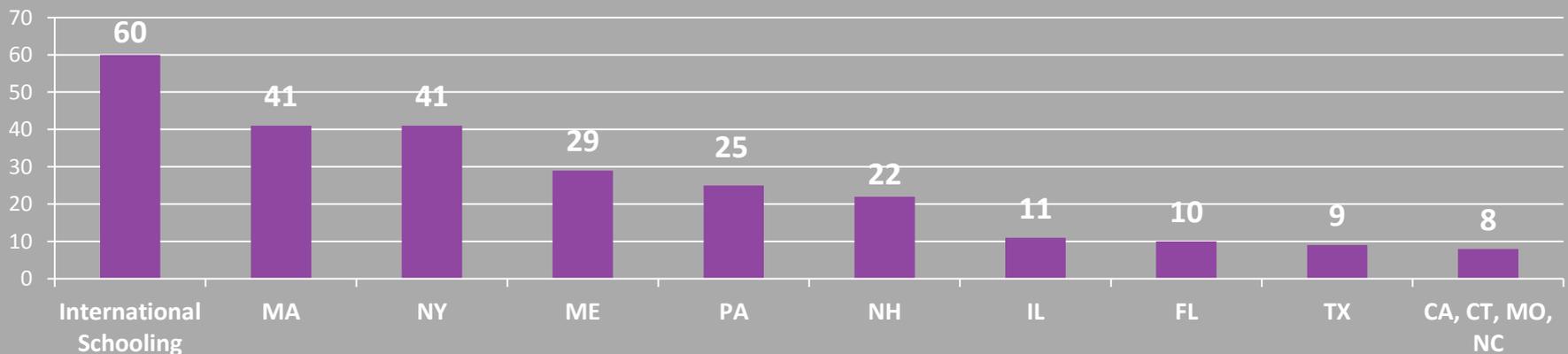
Key Findings

- The most reported medical school location was international schooling in all years and the last 10 years, and for all specialties and primary care.
 - NH was not in the top 5 locations for medical school among primary care providers.
- NH ranked in the top 10 for medical school location but number 1 for residency location in the last 10 years for all specialties and primary care.

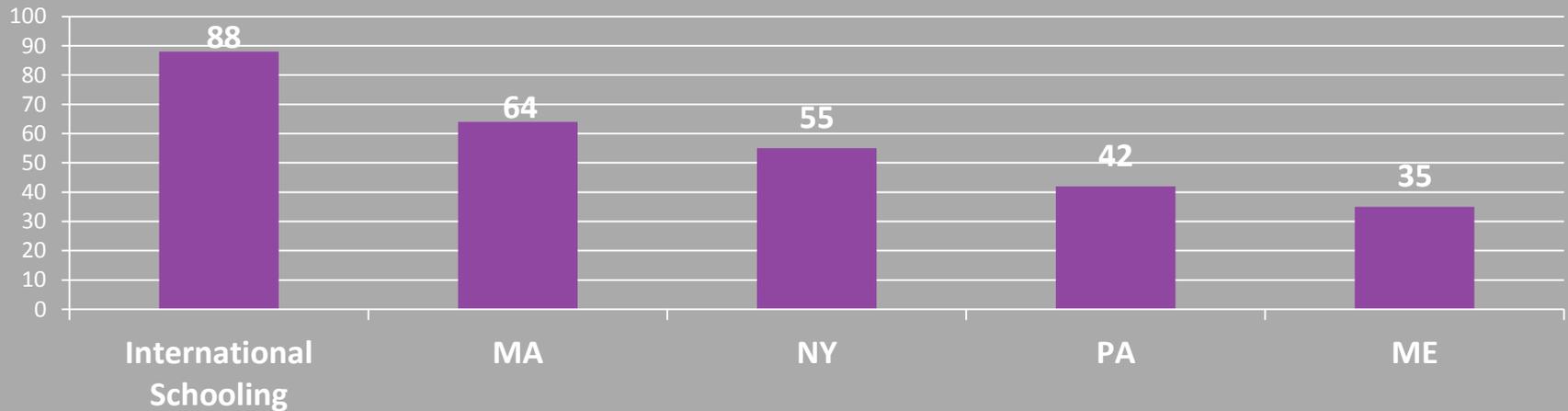
Top 10 Locations from which NH-Practicing Physicians Graduated Medical School, All Years (N=1,749)



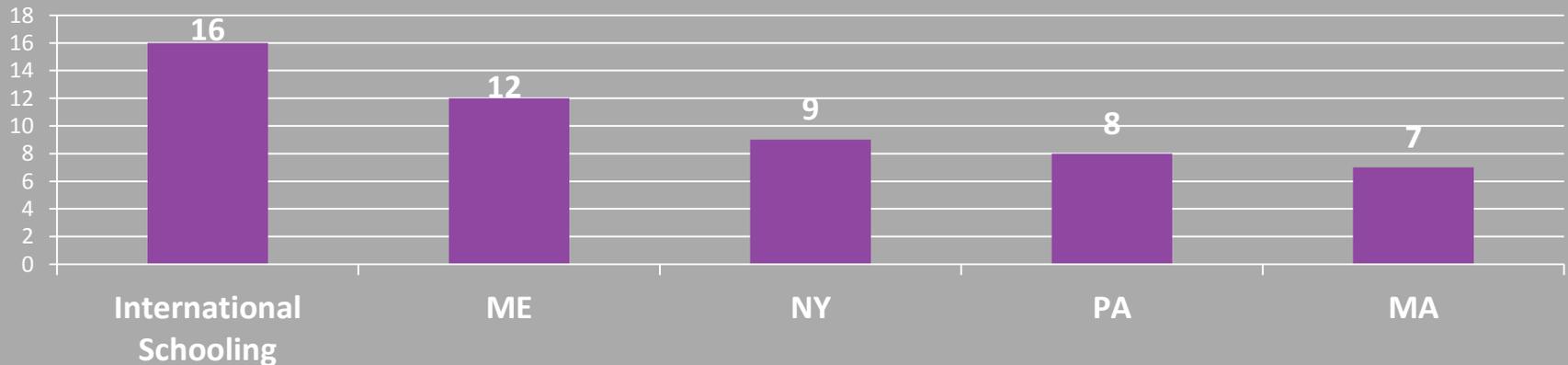
Top Locations from which NH-Practicing Physicians Graduated Medical School, 2002-2011 (n=356)



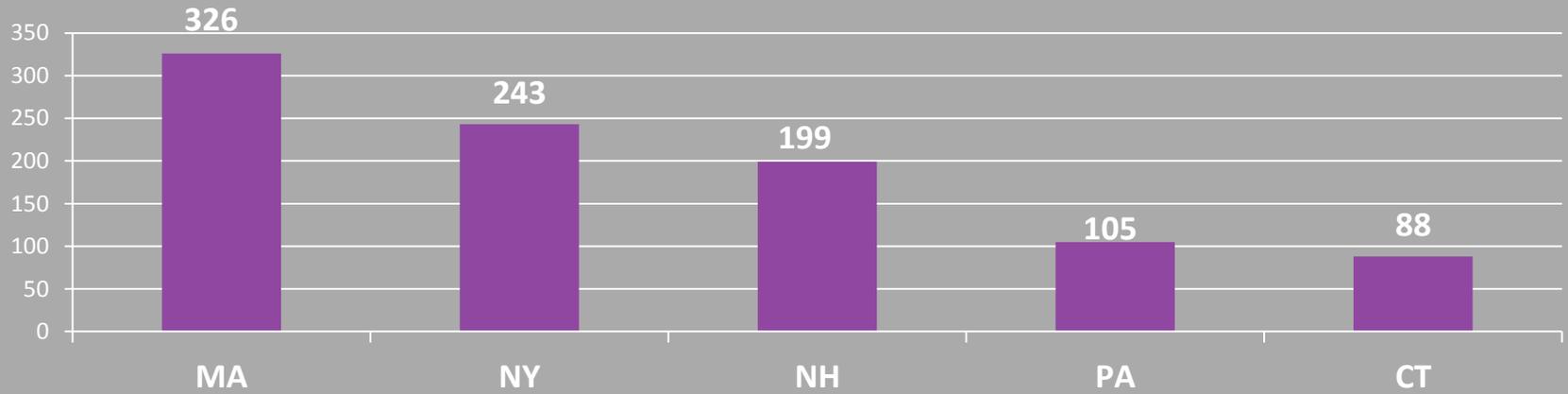
Top 5 Locations from which NH-Practicing Primary Care Physicians Graduated Medical School, All Years(n=510)



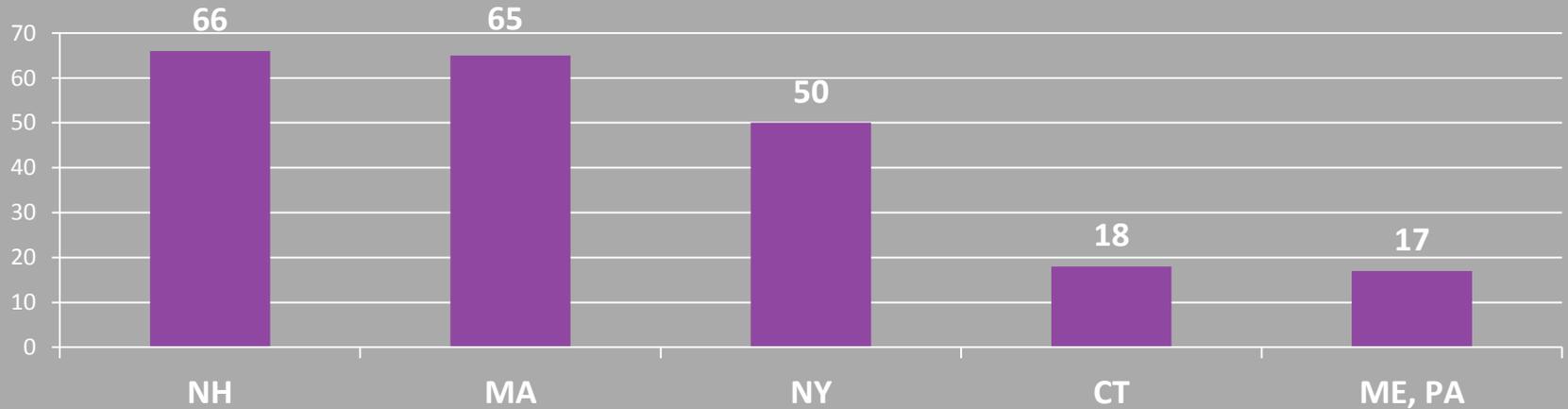
Top 5 Locations from which NH-Practicing Primary Care Physicians Graduated Medical School, 2002-2011 (n=87)



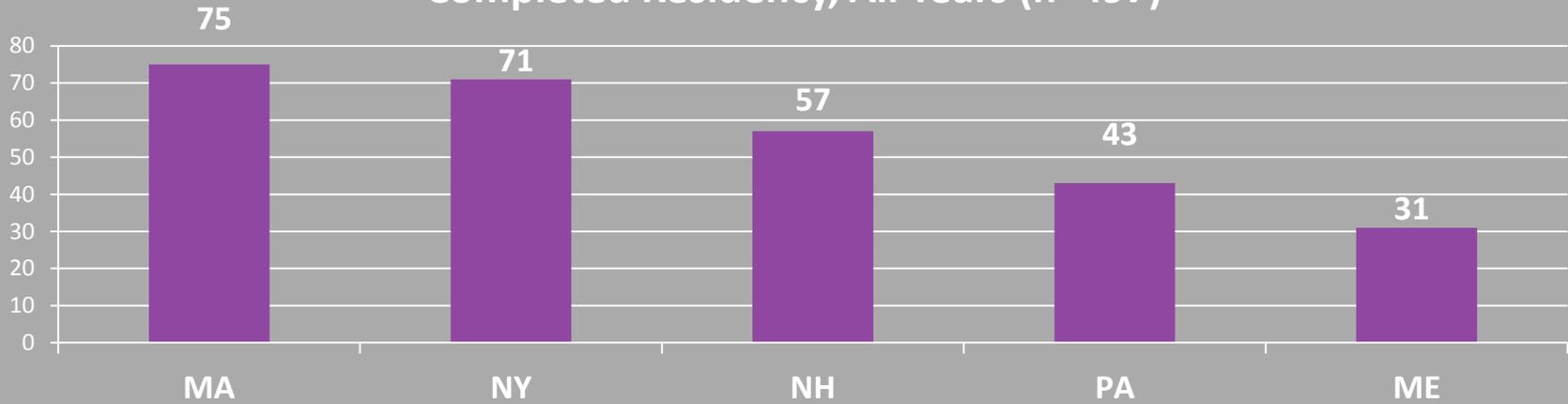
Top 5 States in which NH-Practicing Physicians Completed Residency, All Years (N=1,678)



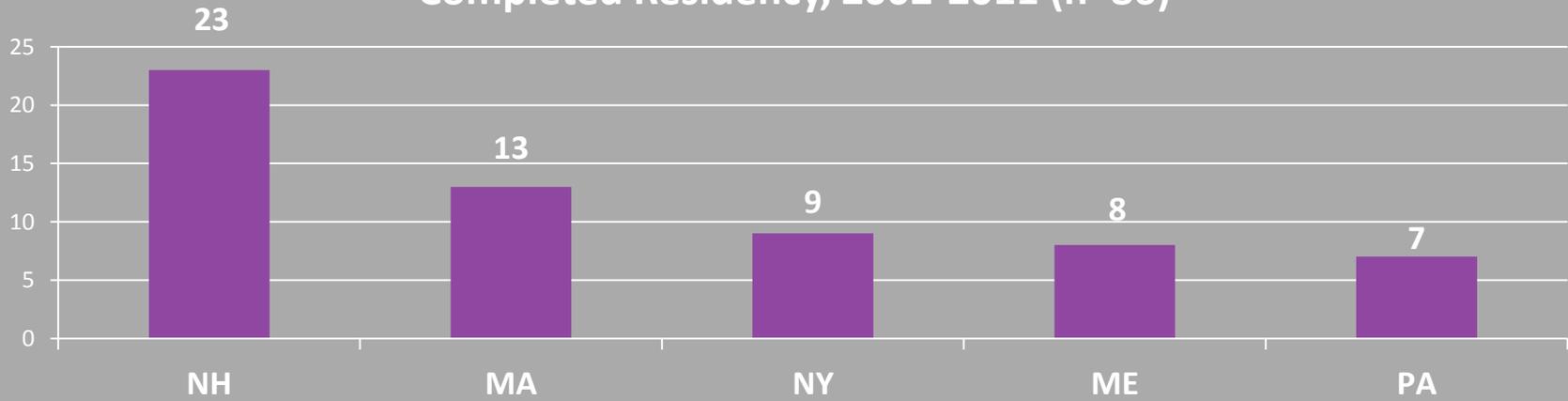
Top 5 States in which NH-Practicing Physicians Completed Residency, 2002-2011 (n=343)



Top 5 States in which NH-Practicing Primary Care Physicians Completed Residency, All Years (n=497)



Top 5 States in which NH-Practicing Primary Care Physicians Completed Residency, 2002-2011 (n=86)



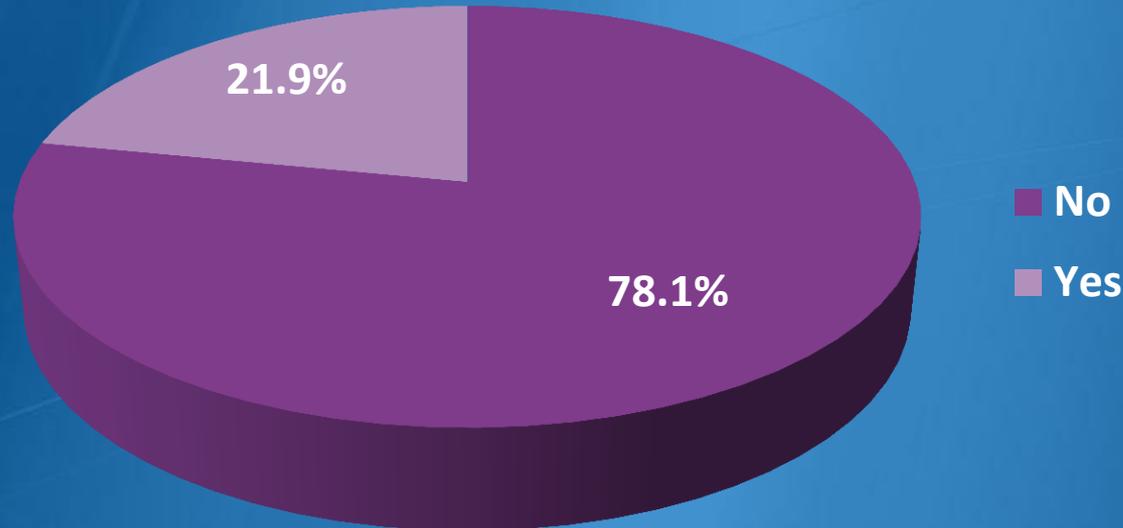
Retention

Key Findings

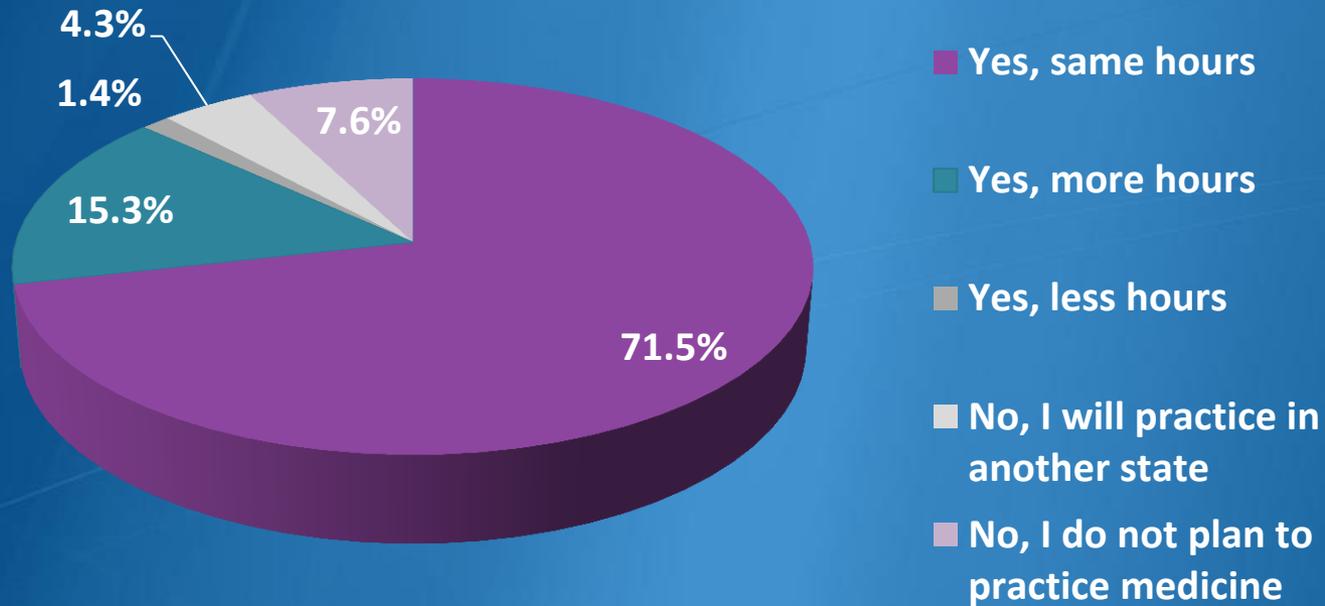
- The vast majority (~80%) of NH-practicing physicians did not have work or family ties to the state prior to receiving their medical license.
- Almost 15% of physicians expected to work less hours, practice in another state, or not practice medicine 5 years from then.

NH Ties

Residence or Work in NH Prior to Receiving a
NH Medical License (N=1,751)



Expectation of Clinical Practice in NH 5 Years from Now by FTE (1,425.7)



Note: Primary care-specific results were statistically similar to all physicians.

References

1. U.S. Census Bureau. New Hampshire QuickFacts, Race and Hispanic Origin. Available at:
<https://www.census.gov/quickfacts/table/PST045216/33>.
Accessed January 2017.
2. Annual estimates of the New Hampshire resident population by single year of age, sex, county subdivision, census tract, race, and Hispanic origin. Prepared for New Hampshire Department of Health and Human Services by Claritas, LLC [2015].



For More Information

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<https://www.dhhs.nh.gov/dphs/bchs/rhpc/data-center.htm>