

## **Legislative Commission on Primary Care Workforce Issues**

**July 19, 2018 2:00-4:00pm at the NH Medical Society Conference Room, Concord**

**Call in information:**

866-939-8416

Participant Code: 1075916

### Agenda

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| <b>2:00 - 2:10</b> | <b>Introductions &amp; Minutes</b>   |
| <b>2:10 – 2:30</b> | <b>Planning for a Clinical Placement Sub-committee</b>   |
| <b>2:30 – 2:40</b> | <b>Gauging Interest in a Sub-Committee to Explore Development of a Rural Residency Program</b>     |
| <b>2:40 – 2:50</b> | <b>Recruiting Participants to Meet with Legislators about the Proposed Graduate Physician Bill</b> |
| <b>2:50 – 3:00</b> | <b>State Loan Repayment Program Update</b>   |
| <b>3:00 - 3:55</b> | <b>AHEC's Impact and Potential Expansion – Kristina Fjeld-Sparks, Paula Smith and Nancy Frank</b>  |
| <b>3:45 – 4:00</b> | <b>Updates and Next Steps</b>  |

**Next meeting: (No August meeting) Thursday September 27, 2:00-4:00pm**

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

DATE: July 19, 2018

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

**Meeting Minutes**

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

**FROM:** Danielle Weiss

**MEETING DATE:** July 19, 2018

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**Members of the Commission:**

Laurie Harding – Chair

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

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, Director, NH AHEC

Trinidad Tellez, M.D., Office of Health Equity

Bill Gunn, NH Mental Health Coalition

Bruce King, CEO, New London Hospital

Pamela Dinapoli, NH Nurses Association

**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

Peter Mason, Geisel School of Medicine, IDN Region 1

Travis Harker, HCA

Guy Defeo, MD, Associate Dean for Clinical Education, UNE

Carrie Nolty, UNH NP Program (for Gene Harkless)

**Meeting Discussion:**

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

2:10 – 2:30      **Planning for a Clinical Placement Sub-committee**

- AHEC conducted a feasibility study r/t clinical placement, 4 years ago (Kristina)
  - o Convened academic institutions to determine feasibility and what a program could look like
  - o Final report cited lack of resources to build and sustain a program including lack of housing
    - Resources aren't available on the institutional level nor the state level
- Gene Harkless volunteered to be co-chair for a potential sub-committee designed to focus work on clinical placements
  - o Need to consider behavioral health
- There is now a Centralized Clinical Placement (CCP) software to match students with clinical sites (undergrads)
  - o An online application

- System facilitates scheduling and management of placements between healthcare organizations and education programs
- Hospitals use it for primary care-based placements
  - Nursing programs use it (i.e. UNH)
  - Mass General uses it for PA students
- It's a more centralized, streamlined approach
  - No risk of student displacement but there's some disagreement on whether the system locks out other students
- Concern about the CCP
  - Preceptors forge a relationship with students but faculty can't override system so sometimes although the seat is promised, the system won't allow it
  - Seems to lock out APRNs
- Integrated Delivery Network (IDN) meetings can bring academic institutions together to talk about the behavioral health agenda, including clinical placements
  - Some challenges that exist are due to supervision, reimbursement, and online programs
- Hospital Corporation of America (HCA Portsmouth Residency) acceptance of residents
  - HCA will have Tufts medical students
    - Students don't solely come from Tufts
  - A centralized system would allow students and administrators to understand how many students can be accepted instead of the current practice which is systems have their own private lists, which are not shared
- Commission to convene a small work group to discuss how to proceed with the exploration of developing a "system" for the clinical placement conversations. Chair: Gene Harkless; members: Kerry Nolte, Paula Smith, Guy DeFeo, Nancy Frank, Mary Bidgood Wilson (Add BH providers)
  - Housing continues to be a barrier
  - Online programs want placements also
  - Update Commission as to next steps in September

**2:30 – 2:40      Gauging Interest in a Sub-Committee to Explore Development of a Rural Residency Program**

- Possible funding for a TA Center for interested rural health centers?
- No specific model is being pursued, everything is on the table
  - Could be similar to what Lamprey's precepting program for NPs (<http://www.lampreyhealth.org/careers/love-where-you-work/>)

**2:40 – 2:50      Recruiting Participants to Meet with Legislators about the Proposed Graduate Physician Bill**

- A few Commission members to communicate with Rep. Bill Marsh to discuss the Graduate Physician (GP) bill before it is brought back
  - Even with improvements the Commission cannot guarantee to support the bill
  - Before moving forward, it's essential to understand what's happening in MO with a similar bill, which was passed
  - Primary concerns: will insurance even reimburse for these providers, will there be malpractice coverage, outcome data from MO
  - "GPs" would work as equivalents to PAs but will actual PAs be bumped out when these providers completed the expected educational/training course?
  - The Commission to suggest 2-3 names to Marsh in order to discuss (Joe O'Donnell, Scott Shipman, Mary Bidgood Wilson, Guy DeFeo, Paula Minnehan)

**2:50 – 3:00      State Loan Repayment Program Update**

- 2 bills put SLRP funds in
  - All \$410k came in from one and is in system
  - \$300k from the other and is in
  - The Primary Care Office (Alisa and Danielle) will continue to ask for \$710k in future budget years

- We receive \$250k in general funds and
- There are 26 on the waitlist
  - We lost 4 because of the usual reasons (couldn't wait/took another job/another state)
  - 21 providers to begin service on Oct 1
  - 5 providers were granted a repayment extension (first time in 3 years)
- Possible coordination of loan repayment with the Integrated Delivery Network (IDNs) that have loan repayment funds to spend – IDNs 1, 3, 5 and 6
  - We run the program for them but they send along the providers
    - In order to participate in the State Loan Repayment Program (SLRP), the provider has to meet the eligibility criteria, including licensure
  - We would structure the program so IDNs can distribute funds in 2 years, as is required by their funders (CMS)

3:00 - 3:55      **AHEC's Impact and Potential Expansion** – Kristina Fjeld-Sparks, Paula Smith and Nancy Frank

Refer to the PowerPoint “NH Area Health Education Center Network.”

3:45 – 4:00      **Updates and Next Steps**

**Next meeting: (No August meeting) Thursday September 27, 2:00-4:00pm**

# New Hampshire Area Health Education Center Network

Legislative Commission for Primary Care Workforce  
Thursday, July 19, 2018

Paula Smith, EdD, MBA  
Director, Southern NH AHEC  
Lamprey Health Care  
Raymond, NH

Nancy Frank, MPH  
Chief Executive Officer  
North Country Health Consortium  
Director, Northern NH AHEC  
Littleton, NH

Kristina Fjeld-Sparks, MPH  
Director, NH AHEC  
The Dartmouth Institute for  
Health Policy & Clinical Practice  
Lebanon, NH



# National AHEC Program

- Developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to rural and underserved populations
- Helps bring the resources of academic medicine to address local community health needs
- Supports a strong AHEC Network that has the ability to creatively adapt national initiatives to help address local and regional healthcare issues.



# AHEC IS A ROBUST NATIONAL NETWORK



The national AHEC network consists of more than 300 AHEC program offices and centers, serving over 85% of the counties in the United States, with more than 45 years of experience



# AHEC PROGRAM

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*With funding from Health Resources Services Administration, Bureau of Health Workforce*

AHECs support:

- Education
- Clinical Care
- Workforce Development
- Community Health/Population Health



# NH AHEC PROGRAM

- Established in 1997
- Structure in NH is one program office and two center offices:
  - Program office: The Dartmouth Institute for Health Policy and Clinical Practice (Lebanon NH)
  - Center office: Northern NH AHEC at North Country Health Consortium (Littleton NH)
  - Center office: Southern NH AHEC at Lamprey Health Care (Raymond NH)

# NH AHEC Mission

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To develop innovative approaches that meet the health needs of diverse populations by enhancing the knowledge, skills, and capacity of the health care workforce and New Hampshire communities.



# NH AHEC PROGRAM

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- Part of the national network
- Bridge academic resources to communities
- Network collaborates on statewide, regional, and national initiatives.
- Assess health care workforce educational needs
- Each AHEC office seeks additional funding to respond to local community needs



# NH AHEC Program Funding

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HRSA – Limited Funding

Other Leveraged Funding – AHEC Infrastructure  
Necessary to Support Resources Brought Into NH

- HRSA/FORHP
- SAMHSA
- Local Foundations
- State of New Hampshire
- OTHERS



# Examples of NH AHEC Network Activities

- Health Careers Pipeline Programs
- Training of health professions students
- Continuing education for health care providers and public health workforce
- Community Health Worker Training
- Community Health Worker Program
- Chronic Disease Self Management/Diabetes Self Management
- Public Health Network/Substance Misuse Prevention Network
- Cultural and Interpretation training
- Continuing education to promote integration of behavioral health/primary care/oral health
- NH SBIRT IPE Collaborative
- **New Initiative:** AHEC Scholars



# Re-Design of the National AHEC Program

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- Aligning the AHEC Network with HHS/HRSA Strategic Priorities
- HRSA Goal: Strengthen the Health Workforce
  - Distribution of Health Professionals
  - Diversity of Health Professionals
  - Practice Transformation

# Thank you!

- **Nancy Frank, MPH**

CEO, North Country Health  
Consortium, Northern NH AHEC

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- **Kristina Fjeld-Sparks, MPH**

Director, NH AHEC Program Office

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- **Paula Smith, MBA**

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