

Legislative Commission on Primary Care Workforce Issues

September 27, 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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|-------------|--|
| 2:00 - 2:10 | Introductions & Minutes |
| 2:10 – 2:40 | Behavioral Health/DSRIP IDN updates - Peter Evers,
LICSW, CEO, Riverbend CMHC |
| 2:40 – 3:00 | Gauging Interest in a Sub-Committee to Explore
Development of a Rural Residency Program |
| 3:00 – 3:20 | JUA/SLRP/IDN partnerships – Mary Bidgood-Wilson and
Alisa Druzba |
| 3:20 – 3:50 | Update from the Clinical Placement Sub-committee –
Gene Harkless, Chair and Associate Professor, Department
of Nursing, UNH |
| 3:50 - 4:00 | Updates and Next Steps |

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

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: September 27, 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: September 27, 2018

Members of the Commission:

Laurie Harding – Chair

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

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Jeanne Ryer, NH Citizens Initiative

Pamela Dinapoli, NH Nurses Association

Diane Pepin, NH Alcohol & Drug Abuse Counselors Association

Guests:

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

Paula Smith, SNH AHEC

Paula Minnehan, NH Hospital Association

Catrina Watson, NH Medical Society

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

Anne Marie Mercuri, QI Nurse, MCH, NH DHHS

Barbara Mahar, New London Hospital

Rob Kiefner, MD, NH Academy of Family Physicians

Michelle Petersen, Bi-State Primary Care Association

Peter Evers, LICSW, CEO, Riverbend CMHC

Sue Thistle, MLADC, NHADACA, Governor’s Treatment Task Force

Gene Harkless, Chair and Associate Professor, Department of Nursing, UNH

Meeting Discussion:

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

- Motion to accept June and July minutes; seconded; passed

2:10 – 3:00 **Behavioral Health/DSRIP IDN Updates** - Peter Evers, LICSW, CEO, Riverbend CMHC

- Refer to the handout “**Workforce Taskforce Semi Annual Report Submission_Evers.**”

- Peter chairs the Statewide Behavioral Health Workforce Capacity Taskforce represents IDN Region 2

- There are 7 IDNs that cover the State of New Hampshire

- Broken up by region

- \$150m to NH in 115 waiver money (DSRIP) to spend over 5 years, ends in 2021
 - During course of 5 years, no additional funds will be available
 - 2 IDNs have matched agencies for loan repayment
- Each IDN has to submit a semiannual report every 6 months and Medicaid reimburses on ability to meet goals
- How to identify vulnerable populations and pick various local projects to invest in
 - 3 of 12 they chose from
 - 3 are statewide
 - Integration project
 - Put money into BH integration
 - HIT project
 - Integration needs health information technology fix
 - Workforce
 - How to address the shortage in BH in primary care settings
 - Measured by outcomes in Medicaid population (Medicaid award)
- Strategic plan goals (refer to handout)
 - Education and planning
 - Retention and sustainability
 - Policy
 - Recruitment and hiring
- Things taken on in the past year that NH can make headway on
 - example is investment in Fitbits and yoga mats and made them available to workforce on demand
 - improve quality of work life
 - a celebration for those who work in human services
 - 12/10 Governor to read proclamation
 - Every local director will submit editorial with celebration stories
- Sustainability
 - Payment models
 - New ACOs and value-based payments
 - Medicaid program needs to turn on codes that other states have to use
 - Number of claims on collaborative claims codes are small
- Expanding the workforce and integration and addressing the challenge related to clinical placements
 - Setup meeting or item on IDN agenda
 - Open to conversation about pressing issues including
 - Reimbursement
 - Clinical placements
 - Laurie to refer AHEC and Alisa that did clinical placement feasibility study in 2014
 - Where AHECs fit in

3:00 – 3:20

JUA/SLRP/IDN Partnerships – Mary Bidgood-Wilson

- SLRP funding using the 2 JUA funds – A reserve and newly created one
 - The new one made money off funds so the surplus belongs to policy holders
 - Ordered to make a distribution of \$60m
 - Some funds are unable to be refunded because the individuals couldn't be found or are deceased
 - About \$2m remain
 - Agreed to commit to the State Loan Repayment Program (SLRP)
 - After that, the fund would be dissolved
 - There's ~\$100m that still needs to be distributed
 - Judge ruled that the same distribution would be applied
 - To policy holders then SLRP
 - The new funds will be sent out in October and November and what can't be returned of the remaining funds will go to SLRP
- Concern

- If we leave the amount in the SLRP budget line going forward, and the legislature understands money is forthcoming, it may compromise the amount of money legislature will disburse if anticipate more is coming

3:20 – 3:50

Update from the Clinical Placement Sub-committee – Gene Harkless, Chair and Associate Professor, Department of Nursing, UNH

- Work that's been conducted to address the issue
 - Paula Smith, Alisa Druzba, Gene, Mary Bidgood-Wilson, and others met a couple of times
 - There was a study in 2014 but didn't submit all reports to state
 - No current data; most recent data is from 2010-11
 - It's now a different marketplace with new challenges
 - Group looked at deliverables from 2014
 - Got an idea of the overall numbers but no deep dive into how many students we're looking to place
 - Looked like a qualitative change in numbers but looking for more depth – how many people and hours and disciplines
 - Nothing in behavioral health workforce
 - Only primary care providers
- There's a report that looked at exemplar programs
 - But need more details about how they work and the database
 - NC puts \$1m in budget but we don't know how much that takes and funding restrictions
 - Physician focused
- Behavioral Health Education Roundtable Work and Findings
 - Jack Recotter(sp?) and Paula Smith chair
 - Representation from a variety of schools and disciplines, including
 - UNH, IOD, Rivier University, Saco River Medical Group, White Mountain, NCC, Keene, Franklin Pierce
 - 1st meeting was in January; 3rd meeting is on 10/12
 - Will discuss what's happening in behavioral health practice, is this worth it, what should be accomplished in the next year?
 - Roxie Severance, NH Sector Partnerships Initiative (SPI), will be in attendance
 - Had conversation with employers and academic institutions about why students aren't getting placements
 - Demand for more placements not just in primary care but in community based organizations that deal with social determinants of health
 - Barriers included requirements on academic side and need and ability on site side
 - Online system, www.mass.edu/mcnps/framework.asp connects systems across the country for employers and students
 - Gives direct access to open units, what's available for learning, and agency posts clinical documents for safety and HIIPA; students can use it for onboarding
 - Used for NP placement but not as well structured; asked to put in requests for hospitals and found students may or may not get called back
 - 39,000 placements/preceptorships in 2015, between 120 HCOs and 121 nursing programs
 - 17,000 students completed online orientation
 - Manages preceptorships too; can put in number of hours
 - Need to find how to provide infrastructure for small schools with low numbers
 - Just a matter of expanding a database to include other organizations but agencies that are already strapped for money, may have trouble
 - Its New England-wide but based in MA
 - States have own regions so NH is its own region
 - In-state within region prioritization of student requests
 - But can be used with negotiations of NH students sent to MA
 - Addition of other disciplines?
 - NH's workforce would benefit from this system
 - AHEC to conduct work
 - Identifying number of schools and students
 - Including all disciplines and schools

- Funding?
 - IDNs? May need to look outside IDNs too for sustainability – ultimately the state should support the AHEC for efforts like these

3:50 - 4:00

Updates and Next Steps

- ECHO on perinatal substance use ended today
- ECHO for medications for addiction started last week for ME and NH and was successful
 - Let too many in – 27 sites and 100 people on teams
 - 2 case presentations per session
- Next ECHO this fall on older adult care – in recruitment for sites

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

Policy Sub Committee

- Provided testimony on approximately 6 related workforce bill
- Participated in work group with Sen. Feltes and Bradley relative to supervision of license seeking MH professionals
- Met with MH Practice board to establish relationship and outline priorities
- Kept up with WF legislative efforts including Inter-operability / telehealth
- Reviewed current efforts relative to expansion of telehealth services in NH
- Crafted letters in support for legislation on behalf of the greater task force
- Attended RACI training
- Provided input for OPLC changes that support recent legislation relative to reciprocity

Recruitment and Hiring Sub Committee

- IDN's across the state have worked with project partners to collect/compile job descriptions with the intent to share amongst all IDNs. Working to have similar language, credentials, and professional expectations for positions specific to integration.
- Progress has been made in the creation of documentation differentiating Community Health Workers, Patient Navigators, Case Managers in support of driving clarification of the roles and usage of common language in an effort to mitigate confusion of different language used for similar positions and tasks.
- IDNs have explored/initiated various incentives to advance the behavioral health workforce including: engaging with local colleges to facilitate field placements; incentivizing behavioral health careers via loan forgiveness, relocation fees, and license fees reimbursement and advocacy for more resources for loan forgiveness. The role of LNA's in the clinical setting is not yet resolved and this will need to be further explored in the coming months.
- IDNs are in various stages in developing student loan repayment programs. All recognize the importance of this incentive given the less than ideal compensation for clinicians. There are different policies and procedures, most require a commitment of employment. We expect there will be more information on state run loan forgiveness programs as the funding is confirmed from the legislature.
- IDNs have been partnering with CMHCs (case manager w/degree positions) and CHW's (peer recovery/recovery support specialists), and promoting BH PA, OT, and Community Paramedicine careers in order to explore alternative licenses for new peer and lived experienced workforce. Note there is a new Medicaid code for SUD peers. CHMC's are working to implement mental health peer codes.
- The Workforce Taskforce was provided insight from Will Stewart from StayWorkPlay New Hampshire regarding the key findings of a recent survey regarding why young adult residents choose to live in NH, their satisfaction levels and their intent to remain in NH. This insight is helping direct strategies toward retaining a younger workforce within the IDN's.

Retention and Sustainability Sub Committee

- Survey of benefits offered by selection of NH employers completed and shared with all IDN's. Revealed that there is a wide range of benefits available in the private for profit sector that are not possible for BH providers. This work cross walks well with Stay/Work/Play recommendations for a younger workforce: greater autonomy, more responsibility and less structure.
- Completion of Mental Health First Aid training of the trainers. April 2018. 30 new trainers have completed certification and are now training groups. IDN 2 will collect data on who has been trained.
- Telehealth exploration with Dartmouth Hitchcock and with Community Partners which will be the focus for the next SAR period. In addition Sub Committee is inviting vendors in for demonstrations of new tech solutions such as Konica Minolta Business Solutions etc.
- Testimony given in support of Interoperability by 6 IDN Leads to the Interoperability Commission
- Investigative team assembled to look at maximization of billing opportunities across all insurances. Data analyst hired by IDN II. Collection of coding opportunities and exploration of sustainability opportunities with private insurance companies such as Anthem's Value Based Program for Behavioral Health
- Celebration of Behavioral Health professionals planned for the Fall

Training & Education Sub-Committee

Antioch University: New Hampshire Primary Care Behavioral Health Workforce

- List of post-degree programs for licensed behavioral health clinicians such as psychologists, clinical social workers, or other counselors who could use training in how to adapt their clinical skills to a primary care environment
- Negotiated a 25% reduction in cost of the Primary Care Behavioral Health course at the UMass Medical School Center for Integrated Primary Care for any clinician working in New Hampshire. The course is online.
- Negotiated a 25% reduction for the Integrated Care Manager course at the Center. This course is online as well. You could conceivably have a lower level staff member (MA, Community Health Worker, Interpreter) who showed promise take the care manager course and take on new responsibilities.
- Practice Facilitator training modules –training modules to orient PCMH practice facilitators on the ways to combine Behavioral Health Integration with PCMH practice transformation.

- Assembled a list of Master's degree programs for employees interested in becoming a licensed behavioral health clinician. These programs can be completed without having to leave current employment.
- Integrated Primary Care Training Modules for future behavioral health students will be ready later in 2018
 - **Beyond the silos** -This module will introduce the world of primary care and the way that problems that need a bio-psychosocial approach are brought by people to their primary care doctors.
 - **Primary Care Behavioral Health** – This module will talk about how behavioral health services are now becoming more common in primary care. There will be a discussion of the different levels of practice models (coordinated care, co-located care, and integrated care) and what each of these entails in terms of practice and workforce structure.
 - **Transformation to Patient Centered Team-Based Care** - This module will provide an overview on the concept of patient centered team-based care and how it is designed to enhance the role of the rest of the healthcare team and relieve the time of the doctor.
 - **Next Steps for You** - This module will discuss how someone can get involved in integrated behavioral health care.

University of NH, Institute on Disability: NH Children's Behavioral Health Workforce Development Network

- UNH has training modules based on the NH Children's Behavioral Health (NHCBH) Core Competencies. They have formed a task force, NHCBH Workforce Development Network, that is working to design concrete behavioral health workforce development pathways, with a focus on attracting workers from under-represented populations and peer support workers into the BH field.
- **Medication Assisted Treatment (MAT) training module:** MAT Best Practice education program is in final editing stages
- **Addiction 101:** Initial Training on Addiction & Recovery: NH BDAS offers this program in Concord on a quarterly basis but offered to bring 3 trainings to the IDN regions. Region 3 and 4 cohosted a training in May 2018; Region 1, 5, and 7 are cohosting a training in Plymouth on September 20, 2018; and Region 6 will be hosting a training in the fall of 2018

Dartmouth Hitchcock Substance Use and Mental Health Initiative: DHMC working on training modules to address training needs related to substance use disorders and mental health

- **Mental Health First Aid:** Riverbend CMHC hosted a successful Mental Health First Aid train-the-trainer program in April 2018 and trained 30 individuals.
- **Health Career Catalogs:** Area Health Education Centers are working to revise health career catalogs to incorporate more behavioral health careers. The IDNs have each agreed to contribute \$4000 to support the revisions and will receive catalogs for distribution in their networks to promote behavioral health careers.
- **NH Higher Education Behavioral Health Workforce Roundtable:** Southern NH Area Health Education Center has convened a group of higher education academic institutions offering behavioral health programs to gain an understanding of what programs, degrees and certificates are currently being offered through higher education. This roundtable will offer a way to work together to identify potential gaps in workforce development and identify strategies for addressing these gaps. The group will meet quarterly. To date the roundtable has looked at an inventory of existing behavioral health academic programs in NH and has looked at brought employers together from hospital systems, FQHCs, Mental Health Centers, and social service organizations together to look at workforce needs and discuss labor statistics. Future conversations will include discussions on accreditation, clinical rotations, and curriculum development.
- **Centralized Training Calendar:** The Training & Education Subcommittee has recommended that the Myers & Stauffer CPAS website serve as the centralized training calendar for the IDNS. It is suggested that each IDN send Myers & Stauffer their training calendar, and include which trainings are open to other regions, and which are closed.
- **Speaker's Bureau/Training Capacity:** Region 7 IDN has asked members of the Training & Education Subcommittee to send Region 7 IDN a list of any trainers/presenters within other regions, so all this information can be collated together and shared.
- **Integrated care team roles, job descriptions, and functions:** The training and education subcommittee has suggested to use SAMHSA as a resource to define these