

Legislative Commission on Primary Care Workforce Issues

February 21, 2019 2:00-4:00pm at the NH Hospital Association, 125 Airport Road, Concord

Call in information:

Dial-In Number: 1-877-449-6558

Conference Code Number: 4210176364

Agenda

- 2:00 - 2:10 **Welcome and Introductions** - Laurie Harding, Chair, NH Commission on Primary Care Workforce Issues
- 2:10 – 3:00 **Overview of legislation from a Behavioral Health/Integration perspective** - Maggie Pritchard, Chair, Policy Subcommittee, IDN Workforce Taskforce, Lakes Region Mental Health Center (see slides)
- 3:00 – 3:20 **Impact of legislation related to licensing of health care providers (focus on HB 662)** - Peter Danles (invited), Executive Director, Office of Professional Licensing and Sheri Walsh, Director, Division of Health Professions, Office of Professional Licensing
- 3:20 – 3:35 **Brief Overview of the Health Professions Data Center** – Danielle Weiss, Health Professions Data Center Manager, NH DHHS
- 3:35 – 3:55 **Highlight: SB 308 & HB 509**
- Healthcare workforce (SB 308)** - Kristine Stoddard, NH Public Policy Director, Bi-State Primary Care Association
- Graduate Physician Pilot (HB 509)** – Laurie Harding
- 3:55 – 4:00 **Next steps**
Adjourn

Next meeting: Thursday March 28, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: February 21, 2019

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Hospital Association (Rm 1)

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: February 21, 2019

Members of the Commission:

Laurie Harding – Chair

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

Rep. Polly Campion, NH House of Representatives

Stephanie Pagliuca, Director, Bi-State Primary Care Association

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, Deputy Director, NH AHEC

Jeanne Ryer, NH Citizens Health Initiative

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

Bill Gunn, NH Mental Health Coalition

Guests:

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

Leslie Melby, NH Medicaid

Paula Smith, SNH AHEC

Paula Minnehan, NH Hospital Association

Nancy Frank, Executive Director, NNH AHEC

Donald Kollisch, MD, Dartmouth-Hitchcock Medical Center

Phil Heywood, Executive Director, Northeast Osteopathic Medical Education Network, UNE

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

Peter Danles, Exec. Dir. Office of Professional Licensure and Certification

Meeting Discussion:

2:00 - 2:10 **Welcome and Introductions** – Laurie Harding – Chair, NH Commission on Primary Care Workforce Issues

2:10 – 3:00 **Overview of legislation from a Behavioral Health/Integration perspective** - Maggie Pritchard, Chair, Policy Subcommittee, IDN Workforce Taskforce, Lakes Region Mental Health Center

Refer to the presentation “DSRIP Workforce Policy Committee.”

3:00 – 3:20 **Impact of legislation related to licensing of health care providers (focus on HB 662)** - Peter Danles (invited), Executive Director, Office of Professional Licensing and Sheri Walsh, Director, Division of Health Professions, Office of Professional Licensing

3:20 – 3:35 **Brief Overview of the Health Professions Data Center** – Danielle Weiss, Health Professions Data Center Manager, NH DHHS

Refer to the handout “Health Professions Data Center Overview.”

3:35 – 3:55 **Highlight: SB 308 & HB 509**

Healthcare workforce (SB 308) - Kristine Stoddard, NH Public Policy Director, Bi-State Primary Care Association

Graduate Physician Pilot (HB 509) – Laurie Harding

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Transforming Healthcare in the Granite State

***DSRIP Workforce
Capacity Taskforce
Policy Subcommittee***



Behavioral Health Workforce Capacity Implementation Plan

Goal 1: One comprehensive New Hampshire Behavioral Health Workforce Development Plan

Goal 2: A multi-organizational approach to address behavioral health workforce issues related to policy, education, recruitment, hiring, training, and retention

Goal 3: Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce.



Behavioral Health Workforce Capacity Implementation Plan

Goal 4: NH has a pool of qualified behavioral health workforce applicants adequate to the integrated primary and behavioral health care and addiction care.

Goal 5: NH's behavioral health workforce positions are filled and there is less frequent turnover in staffing.



DSRIP Workforce Taskforce

Subcommittees

- ***Training and Education***
- ***Recruitment and Hiring***
- ***Retention and Sustainability***
- ***Policy***



Workforce Implementation Plan

Goal 3

***Changes in policies encourage development, retention,
and sustainability of integrated primary and
behavioral health workforce***



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3a -

APRNs can sign treatment plans at CMHCs

Review and explore the feasibility of pursuing a state initiative (modeled after Wyoming) to recognize APRNs as practitioners able to sign treatment plans for NH community mental health centers and adjust the related rules accordingly.



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3b -

Mitigate barriers to billing insurers for professional services and inconsistencies among insurers for supervision requirements

Meet with the NH Insurance Department (NHID) to advocate for the elimination of barriers to billing for services and inconsistencies among NH insurers for supervision requirements.



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3d -

A single and uniform credentialing among NH carriers

Advocate for credentialing reforms with the NHID Behavioral Health Advisory Committee.



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3e -

Defray the cost of a behavioral health education

Support efforts to increase State Loan Repayment Program (SLRP) funding.

- 2019: SB 308, *relative to the health care workforce and making appropriations therefor*, provides \$5 million for SLRP



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3f -

Increase the pool of providers coming to NH from other states

2018: Support SB 487, relative to requirements for certain alcohol and drug use professionals ...

Waives supervised work experience to out-of-state licensed applicants

2019: Support SB 80, relative to applicants to the board of mental health practice from other states.

Interim license granted if MHP Board fails to grant a regular license w/in 60 days



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3g -

Reduce restrictions on supervision to allow providers of different disciplines to supervise; remove physical location requirement

2018: Support SB 487, relative to requirements for certain alcohol and drug use professionals ...

Allows professionals of different disciplines (MLADC, LCMHC, LICSW) to provide supervision to clinical social workers and clinical mental health counselors.



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3i -

Reduce professional licensure and associated (background checks, exams) fees

Explore reduced fees for practitioners working with Medicaid and uninsured.



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3j -

***Streamline Office of Professional Licensing and Board functions;
Improve customer service***

Meet with OPLC and Boards to streamline and simplify application requirements; eliminate delays in application processing

2019: Support HB 662, *establishing a commission to study occupational licensing reforms*

Intent: reform licensing requirements and procedures to reduce barriers and increase NH's economic competitiveness



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3I -

Require CMHCs report in-reach/community transition services

Define in-reach/community transition services in He-M 426 to ensure Medicaid MCO contracts cover the service



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3m -

***Consistency between Medicaid MCOs;
remove delays for credentialing***

Work with DHHS to address credentialing in new MCO contracts



Changes in policies encourage development, retention, and sustainability of integrated primary and behavioral health workforce

Objective 3o -

Expand reimbursement for alternative members of integrated team, including community health workers

Research reimbursement models



WORKFORCE LEGISLATION

SB 5, making an appropriation relative to Medicaid provider rates for mental health and substance misuse

- \$3,000,000 for FY2019 to increase provider rates for mental health and substance use services consistent with 2018, 342.

SB 11, relative to mental health services and making an appropriation therefor

- Use surplus funds for DRFs and voluntary inpatient psychiatric admissions.
- Fund renovation of certain facilities
- Provide for rulemaking for involuntary admission hearing requirements
- Fund transitional housing for persons leaving mental health treatment facilities
- Require insurers to reimburse certain facilities for emergency room boarding

WORKFORCE LEGISLATION

SB 11, relative to mental health services and making an appropriation therefor

Testimony before the Senate HHS Committee

- There are unacceptably long waits in Emergency Departments for children and adults, which makes people worse.
- Concord Hospital is at the center of the crisis and there has been a steady increase in the number of people who wait year after year.
- The high water mark for people waiting in EDs was reached twice, in February 2017 and October 2018 when 22 people waited in CH and 72 waited statewide.
- There is the workforce burnout issue that comes with these unacceptable numbers. We must have a response as a state that increases the beds available to people in psychiatric crisis across the geography of New Hampshire.
- Although staff in the EDs work unbelievably hard to treat and find placements for individuals, it will never be enough if the state does not meet its moral obligation to serve this vulnerable population.

Peter Evers, LICSW,
CEO, Riverbend CMHC
Chair IDN WFTF

WORKFORCE LEGISLATION

SB 80, relative to applicants to the board of mental health practice from other states

- Adds new section to RSA 330-A:26 Applicants From Other States – requiring the Board of Mental Health Practice to grant temporary licenses within 60 days of application
- Amendment to be proposed to add 2 new members to the Board of Mental Health Practice – one from a community health center and one from a CMHC

WORKFORCE LEGISLATION

SB 180, relative to privileged communications under the law governing mental health practice

- Clarifies when disclosure of privileged communications is authorized under the law governing mental health practice

WORKFORCE LEGISLATION

SB 180, relative to privileged communications under the law governing mental health practice

Letter to the Senate HHS Committee

“... A significant barrier to achieving a fully integrated practice, one that allows all members of the treatment team to discuss patient needs and to openly develop a shared care plan, is the language under the current licensing board statute regarding privileged communication. SB 180 addresses an urgent need to allow behavioral health clinicians to participate in shared care planning under the same parameters as their professional colleagues as regulated by HIPAA and/or 42 CFR, part 2. The current language as written in the regulations of the licensing board, prohibits collaboration with professional colleagues without a written release even if they are in the same office, serving the same patient, using the same electronic medical record. The expectation of disclosing the minimum necessary to meet the clinical and health needs of the patient exist under HIPAA and/or 42 CFR, part 2. As such, patient privacy remains protected as determined by these federal regulations. Patients are made aware that they have a treatment team and information is shared on a need to know basis.

If we are successful in changing the language, then we will advance our ability to achieve the quadruple aim of healthcare: better care, better outcomes, reduced cost; improved patient and provider satisfaction.”

Lisa K. Madden, MSW
Associate Vice President, SNHHS
Executive Director, Region 3 IDN



WORKFORCE LEGISLATION

SB 225, adding physician assistants to certain New Hampshire laws

- Inserts PAs in various statutes concerning mental health services, IEAs, mental health practice, and insurance coverage

SB 258, relative to telemedicine and telehealth services

- Adds definitions to and clarifies the statute governing telemedicine and Medicaid coverage for telehealth services

WORKFORCE LEGISLATION

SB 292, relative to implementation of the new mental health 10-year plan

- Requires the Commissioner to submit a report containing the procedures for implementation of the 10-year mental health plan within 6 months of finalization of the plan.
- Under this bill, the HHS Commissioner will fully implement the plan within 2 years.

WORKFORCE LEGISLATION

SB 308, Relative to the health care workforce and making appropriations therefor

- Increase Medicaid provider rates.
- Require certain health care professionals to complete a primary care workforce survey
- Amend income standard for eligibility for the *In and Out* medical assistance policy
- Permit Dept of Safety to contract with a private agency to process background check applications; requires online background check applications
- Expand services covered through telemedicine
- Fund new positions and programs to develop and enhance healthcare workforce
- Fund Governor's scholarship program for students majoring in a health care field and to postsecondary educational institutions to develop health care programs



WORKFORCE LEGISLATION

HB 113, relative to qualifications for and exceptions from licensure for mental health practice

- Allows experience as a MLADC to qualify as experience for licensure as a clinical social worker or clinical mental health counselor.
- Clarifies the mental health exemption for psychotherapy activities and services of psychologists and MLADCs.



WORKFORCE LEGISLATION

HB 662, Establishing a commission to study occupational licensing reform

Study reform of NH's occupational licensing requirements and procedures to reduce barriers to licensure and increase NH's economic competitiveness

- Reduce barriers to occupational licenses
- Increase portability of licenses issued by NH across state lines
- Increase NH's reciprocity of out-of-state occupational licenses
- Standardize standards across NH occupational licenses
- Occupations to be newly licensed or de-licensed
- Data collection on applicants' demographics

WORKFORCE LEGISLATION

HB 662, Establishing a commission to study occupational licensing reform

Testimony before the House ED&A Committee

“I am pleased to support HB 662, as this legislation plays a critical role in the health care workforce arena. Licensing reform is key to bringing interest to the field and reducing barriers. It will allow many of our current workforce to pursue further education and licensing. At present, the costs and administrative burdens for applicants in behavioral health are a huge deterrent.

I applaud the thoughtfulness in the membership description. The OPLC has worked closely with our committee so that we might understand in more detail the constraints that exist in the current structure.

Before coming here today, I reviewed the January report for vacancies within the ten CMHCs, relatively small portion of our NH healthcare workforce. And there are 209 vacancies!

Many people like myself are reaching into schools and attempting to excite and encourage our young people to enter the healthcare workforce. The pathway must be clear and this legislation gives hope for that happening.

I am encouraged by the quick turnaround noted in the legislation for the Commission’s report and recommendations. Having recently spent hours going line by line over RSA 330-A and the MHP rules, I would be happy to assist the Commission in any way.”

Maggie Pritchard
CEO, Lakes Region Mental Health
Chair, Workforce Taskforce Policy Committee

New Hampshire's Health Professions Data Center

Purpose

- First coordinated approach in NH to collect primary care workforce data on a consistent basis
 - Implementation with licensing boards of providers that work directly in or with primary care
 - BOM - Physicians, PAs
 - BON – APRNs
 - BOMHP – MHCs, LCSWs, MFTs, PPs
 - BOAODUP – MLADCs/LADCs
 - BOPsy – Psychologists
- Healthcare access planning and workforce assessment – target our needs with limited resources
 - Provider validation
 - Recruitment/retention initiatives (scholarships, loan repayment, waiver programs)
 - Emergency preparedness
 - Development/Expansion of existing educational/employment training programs

Authority to Collect Data

- Federal requirement for PCO to identify and process shortage designations to bring providers and grant funding to underserved areas of the state
- SORH charged in Commission bill to collect data and report on current and anticipated supply and demand of primary care providers
- HB322 (2017) – Authorizes the health professions boards to require survey completion as part of the renewal process
 - Completion shall not a condition of licensure

History of Physician Survey Response Rates

- 2015 – **88%** response rate - strong requirement language used (when it was believed the true requirement would be in place before the close of the physician renewal cycle with an administrative rules change); tied to license renewal
- 2016 – **7%** response rate - no requirement language used; voluntary
- 2017 – **44%** response rate - Same cohort of physicians as in 2015 without strong requirement language used
- 2018 – **57%** response rate - Contradictory language used

SB308 Amendment

- Required completion of survey **or** opt-out survey form
 - Opt-out would provide office with essential data for SD work (NPI/specialties/active practice status/town(s) of physical practice address)