

Legislative Commission on Primary Care Workforce Issues

**April 25, 2019 2:00-4:00pm at the NH Hospital Association –Conference Room 1, 125
Airport Road, Concord**

Call in information:

(267) 930-4000

Participant Code: 564-395-475

Agenda

- 2:00 - 2:10 **Welcome and Introductions** – Laurie Harding – Chair, NH
Commission on Primary Care Workforce Issues
- 2:10 – 3:00 **Endowment for Health Funding Conversation** - Yvonne
Goldsberry, PhD
- 3:00 – 3:45 **Rivier University Project REEP (Registered Nurse Enhanced
Education for Primary Care)** - Emily Sheff, MS, RN, FNP-BC
- 3:45 - 4:00 **Legislative Update**

Next meeting: Thursday May 23, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: April 25, 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: April 25, 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

Mike Auerbach, New Hampshire Dental Society

Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, Deputy Director, NH AHEC

Jeanne Ryer, NH Citizens Health Initiative

Trinidad Tellez, M.D., Office of Minority Health & Refugee Affairs

Scott Shipman, MD, Director, Primary Care Affairs and Workforce Analysis, AAMC

Bill Gunn, NH Mental Health Coalition

Diane Castrucci, NH Alcohol & Drug Abuse Counselors Association

Guests:

Leslie Melby, NH Medicaid

Paula Smith, SNH AHEC

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

Thomas Wold, Portsmouth Regional Hospital

Barbara Mahar, New London Hospital

Sue Fulton, Endowment for Health

Yvonne Goldsberry, Endowment for Health

Meeting Discussion:

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

2:10 – 3:00 **Endowment for Health Funding Conversation** - Yvonne Goldsberry, PhD

3:00 – 3:45 **Rivier University Project REEP (Registered Nurse Enhanced Education for Primary Care)** - Emily Sheff, MS, RN, FNP-BC

Refer to presentation “Project REEP.”

3:45 - 4:00 **Legislative Update**

Next meeting: Thursday May 23, 2:00-4:00pm

PROJECT REEP

Successes and Challenges in Year 1

April 25th, 2019



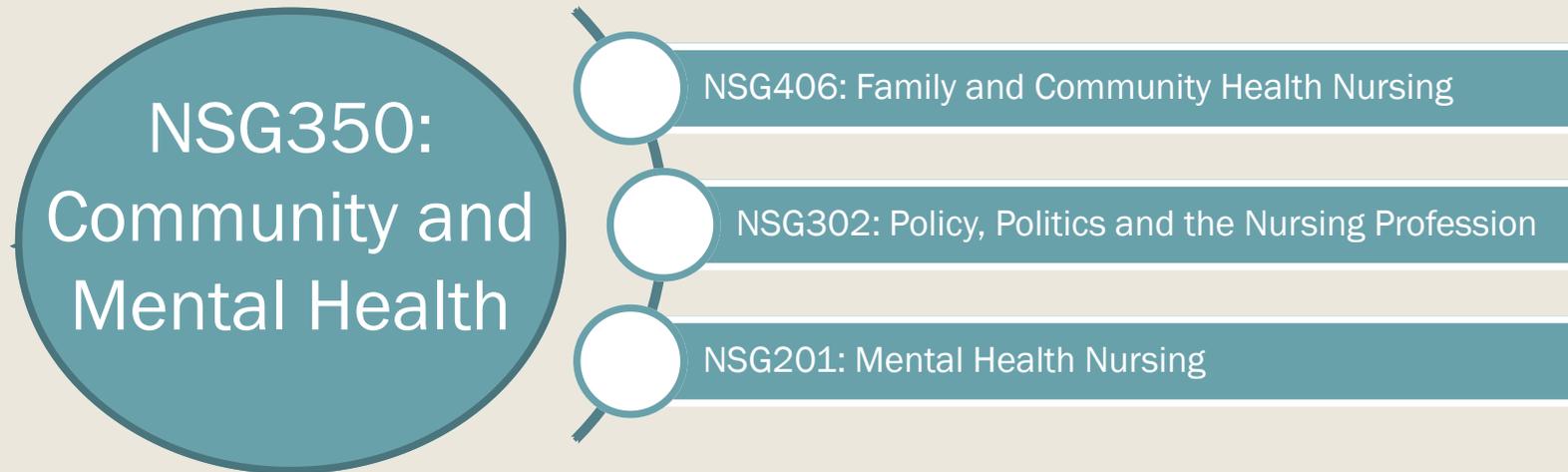
Project REEP (Registered Nurse Enhanced Education for Primary Care)

Objectives

- Objective 1: Revise Rivier curriculum and implement new curriculum with juniors in the nursing program
- Objective 2: Enhance community health training for Rivier faculty
- Objective 3: Create the Rivier Preceptor Fellowship Program
- Objective 4: Create longitudinal clinical rotations and place Rivier BSN juniors in community-based, longitudinal clinical experiences each spring of the cooperative agreement.
- Objective 5: Engage practice partners in a community advisory board

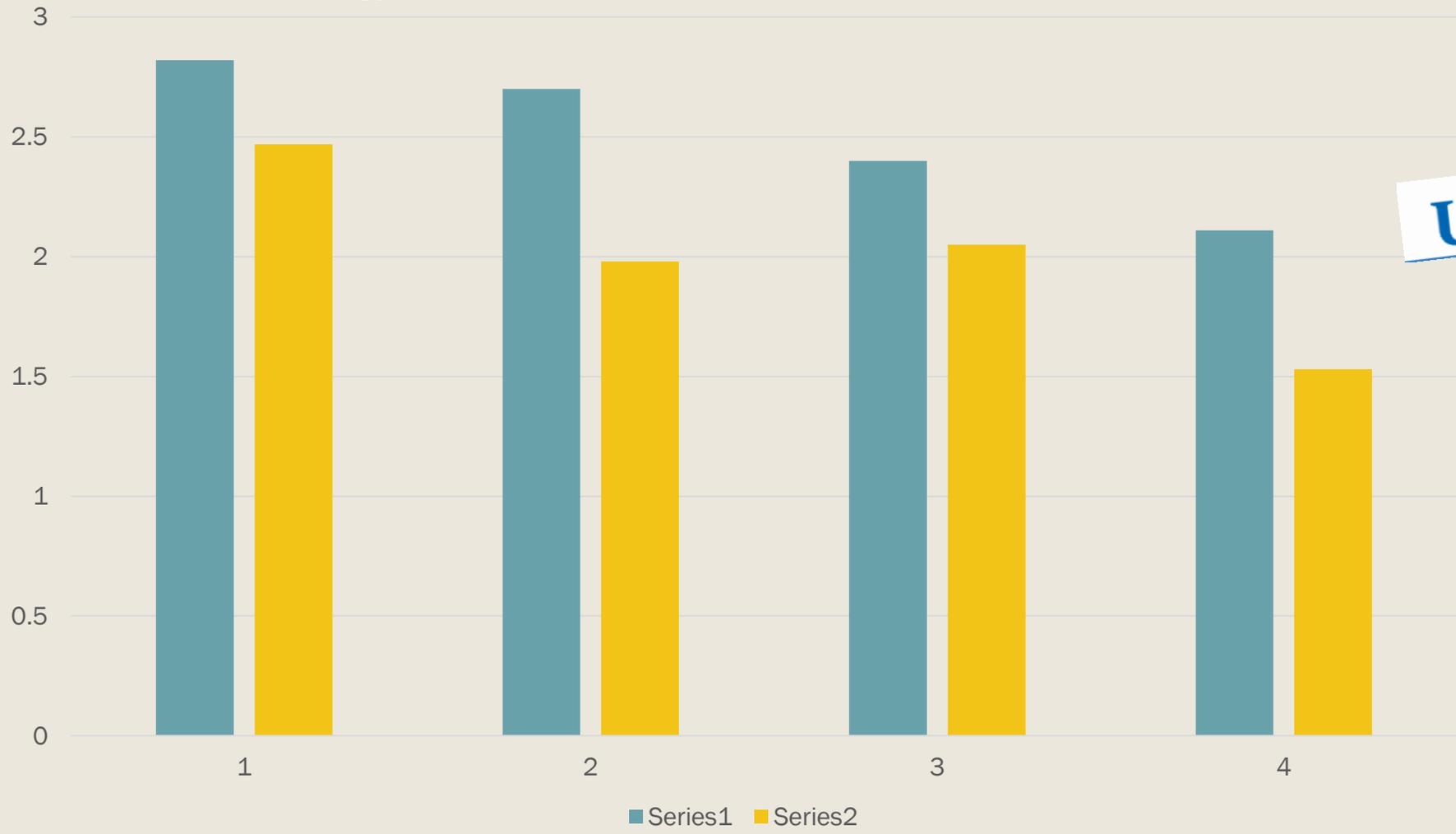
Curriculum Redesign

- Objective 1: Revise Rivier curriculum and implement new curriculum with juniors in the nursing program



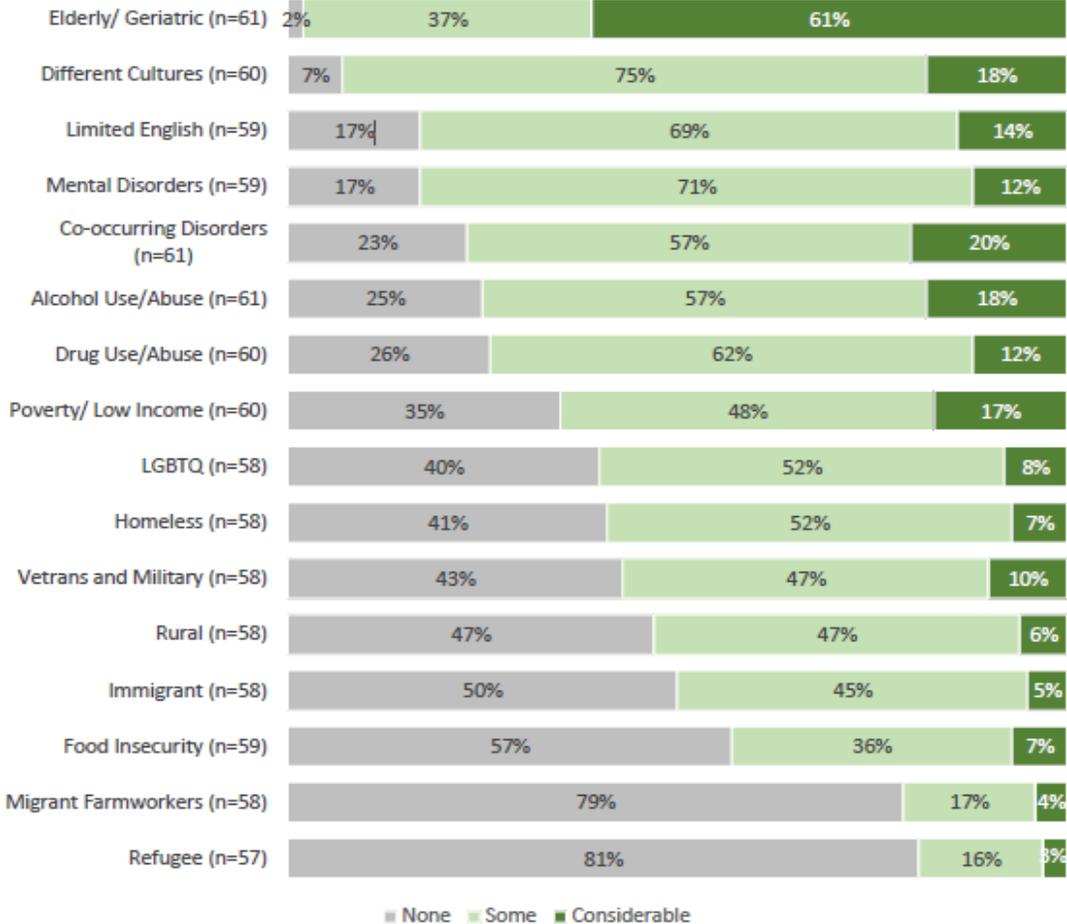
Poverty Simulation

1= Strongly reflects what I know, 3=Does not reflect what I know, 4=Don't know

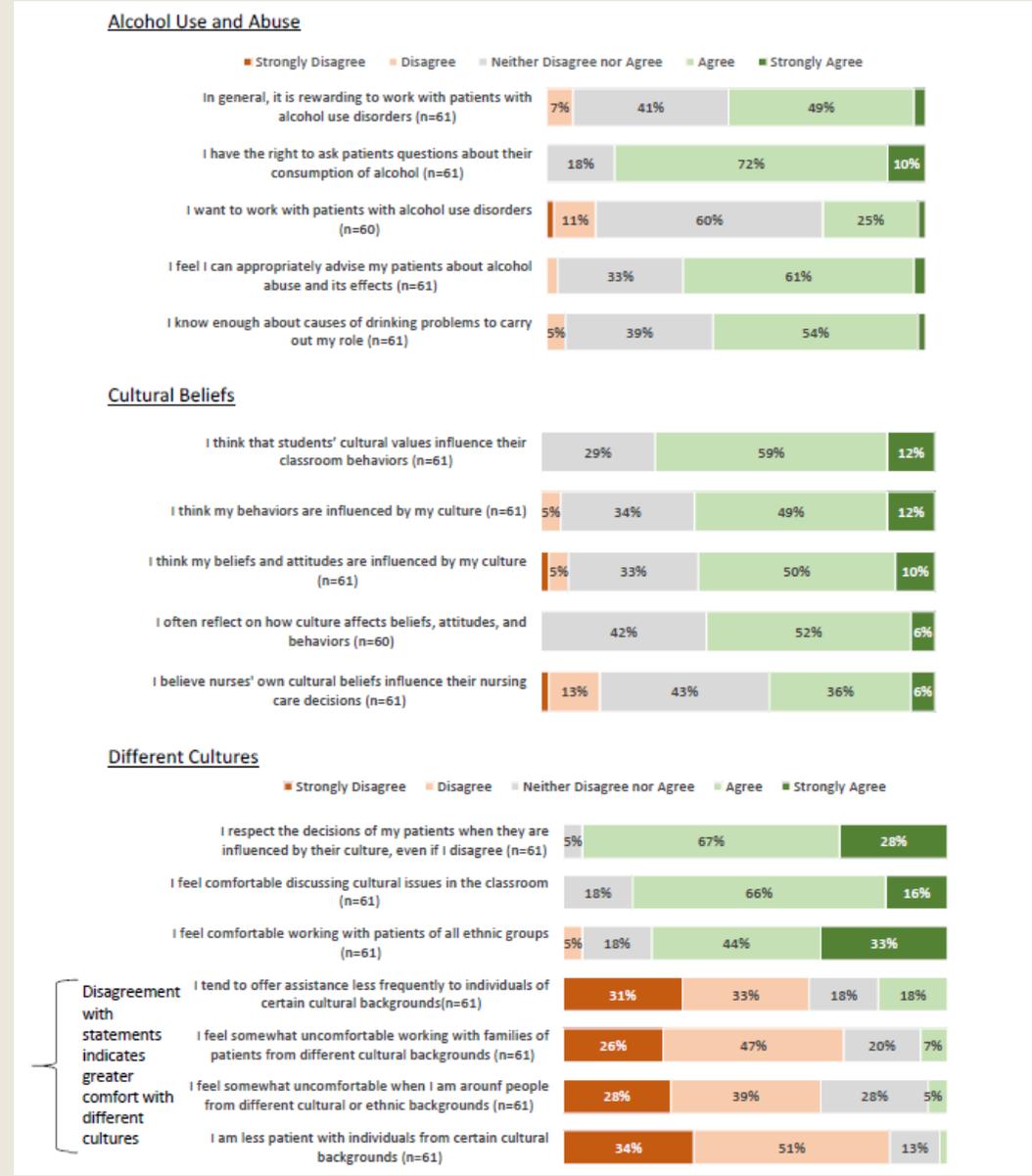
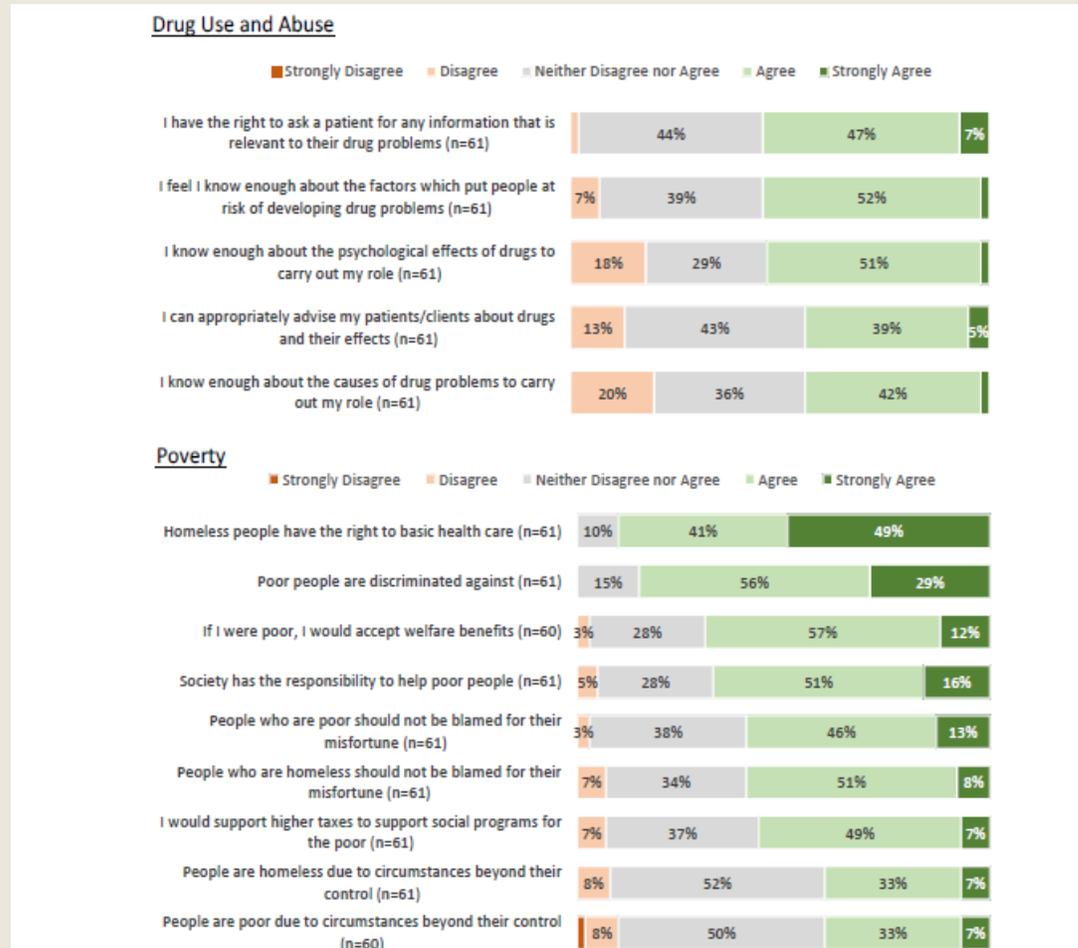


Student Work Experience

Work Experience with MUCs



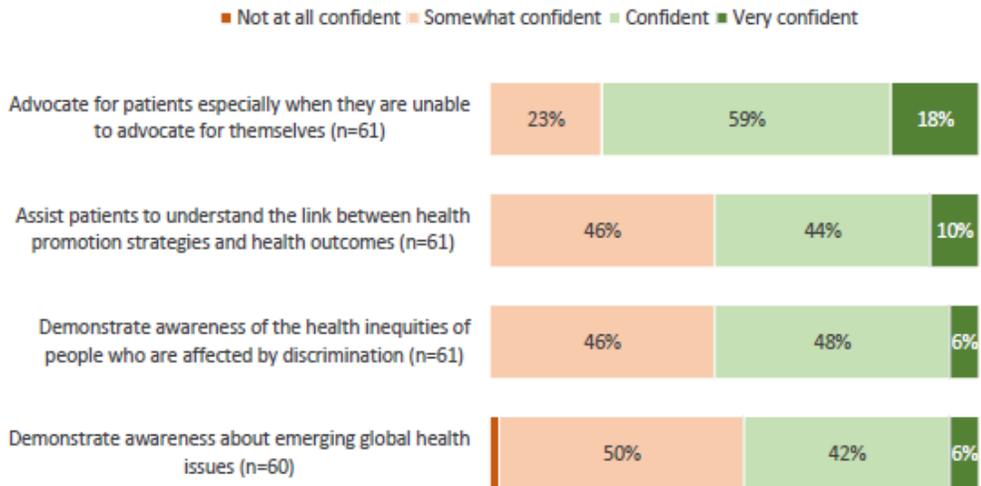
Knowledge and Attitude Scales



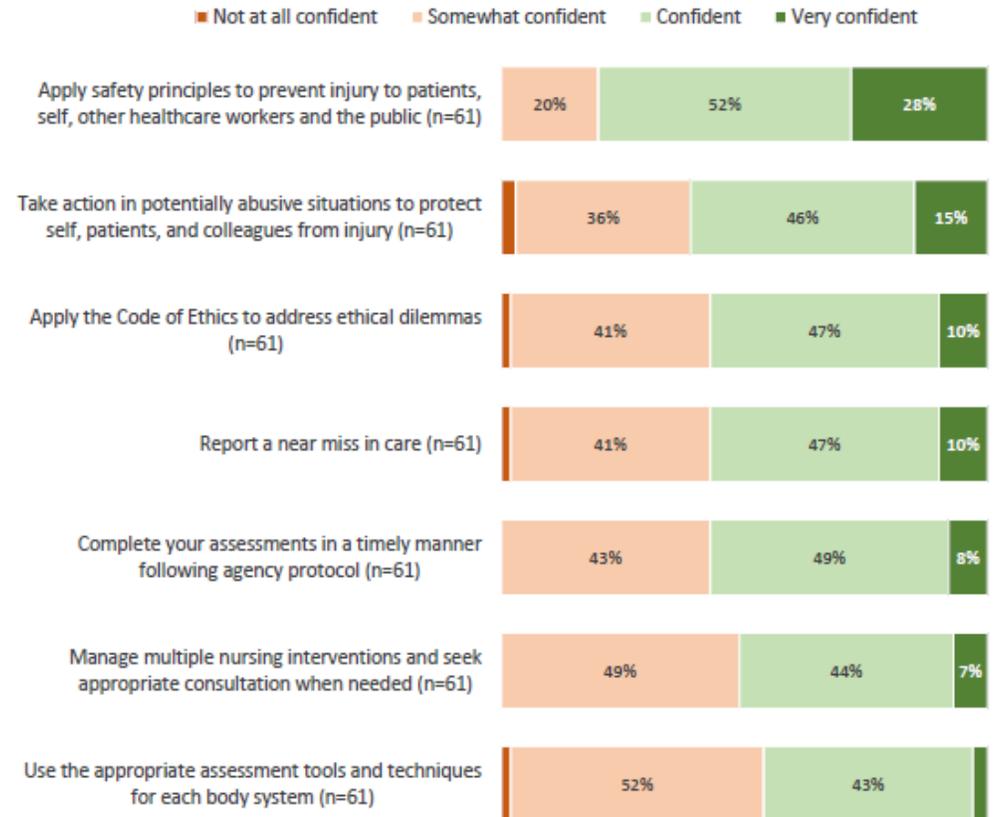
Sources: Drug and Drug Problems Perceptions Questionnaire (DPPQ). Watson, H, Maclaren, W, & Kerr, S. (2007). Staff attitudes towards working with drug users: development of the Drug Problems Perceptions Questionnaire, *Addiction*, 2(2), 206-1; Attitude toward Poverty Scale Yun, SH & Weaver, RD (2010) Development and Validation of a Short Form of the Attitude Toward Poverty Scale. *Advances in Social Work* Vol. 11 No. 2 (Fall 2010), 174-187; Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI). Buck, D, Monteiro, M, Kneuper, S, Rochon, D, Clark, DL, Melillo, A., Volk, RJ. (2005). Design and validation of the Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI). *BMC Medical Education* 2005, 5:2; Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ). Cartwright, K.J. (1980). The attitudes of helping agents towards the alcoholic client: the influence of experience, support, training, and self-esteem. *British Journal of Addiction*, 75(4), 413-431; Cultural Awareness Scale. Rew, L, Becker, H, Cookston, J, Khosropour, S, & Martinez, S. (2006). Measuring cultural awareness in nursing students, *Journal of Nursing Education*, vol. 42(6), 249-257.

Self-Efficacy

Public Health Nursing Skills



Clinical Nursing Skills



Source: Student Self-Efficacy Scale. Kennedy, E, Murphy, GT, Misener, RM, Alder, R. (2015). Development and Psychometric Assessment of the Nursing Competence Self-Efficacy Scale. *Journal of Nursing Education*, 54(10), 550-558.

Community Health Training

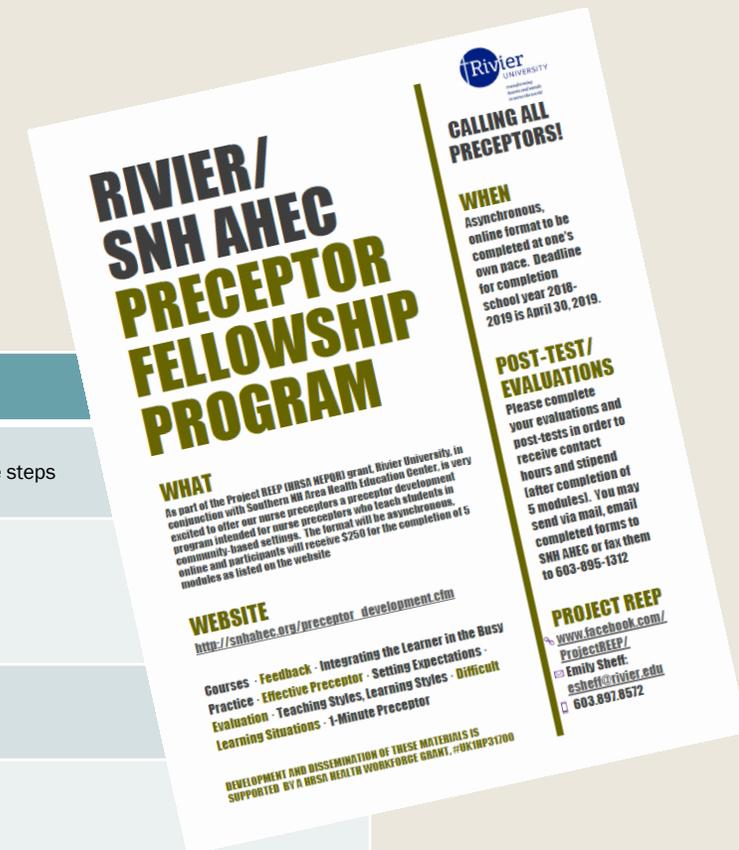
■ Objective 2: Enhance community health training for Rivier faculty

Training Topic	Learning Objectives
Community Management of Chronic Disease	<ol style="list-style-type: none"> 1. Describe self-management programs and their value in the community 2. Identify strategies to engage patients in managing their chronic disease (Include CHW, CDSMP and other evidence based programs- DPP, PTC, Tai chi, Matter of Balance, Better Breathing, etc.) 3. Discuss nursing's role in chronic disease management (care coordination etc.)
Antibiotic Stewardship in the Community	<ol style="list-style-type: none"> 1. Overview of antibiotic stewardship 2. Discuss the 4 Core elements of outpatient antibiotic stewardship (Leadership Commitment, Action, tracking and reporting, education/expertise for clinicians and patients) 3. Describe resources to address 4 Core Measures
Team based care and quality	<ol style="list-style-type: none"> 1. Describe the tenets of team-based care. 2. Distinguish between quality improvement and quality assurance 3. Discuss how team based care can be applied to quality initiatives in the community setting.
Chronic Care Model	<ol style="list-style-type: none"> 1. Discuss the chronic care model 2. Identify a range of chronic care management activities 3. Describe the value of the chronic care model from a patient's perspective.
Framework for Quality Improvement	<ol style="list-style-type: none"> 1. Discuss role of quality in healthcare (definitions, history) 2. Describe different approaches to quality (PSCA, LEAN, etc.) 3. Use theories and models as part to support your quality improvement efforts.
Equity	<ol style="list-style-type: none"> 1. Discuss demographics of NH 2. Distinguish between Equity and Equality 3. Discuss strategies for using an equity lens
SBIRT/Narcan Training	<ol style="list-style-type: none"> 1. Describe history of opioids 2. Explain substance misuse challenges in NH. 3. Discuss the three major components of SBIRT 4. Describe why using SBIRT is important. 5. Outline the internal workflow to screen patients in primary care.- use of NARCAN
Achieving Adolescent Wellness through Preventive Care	<ol style="list-style-type: none"> 1. Increase knowledge on the importance of annual wellness visits for adolescents. 2. Increase awareness of risk factors prominent in the adolescent population. 3. Incorporate communication skills learned to encourage adolescents to attend annual wellness visits.

Preceptor Fellowship Program

Objective 3: Create the Rivier Preceptor Fellowship Program

Training Topic	Learning Objectives
Integrating the Learner in the Busy Practice	<ol style="list-style-type: none"> 1. Identify five steps in integrating learners into the office 2. Share time-saving and efficiency-enhancing hints from other preceptors for each of these steps 3. Help you identify and encourage you to share your own helpful hints
Effective Preceptor	<ol style="list-style-type: none"> 1. Review the characteristics of the effective clinician. 2. Apply the qualities that characterize effective clinical care in defining the characteristics of the effective preceptor. 3. List and discuss characteristics of the effective preceptor as indicated by research. 4. Explain the concept of becoming a connoisseur of excellent teaching.
Setting Expectations	<ol style="list-style-type: none"> 1. Go through the process of setting expectations with a learner. 2. Share specific tasks in this process with others in your office. 3. Identify your own expectations of a learner on a given rotation
Difficult Learning Situation, Prevention	<ol style="list-style-type: none"> 1. Help you to develop skill in the early detection of potential problems. 2. Review a strategy for the prevention of problem interactions. 3. Encourage you to incorporate prevention skills and techniques into your teaching routine.
Difficult Learning Situation, Management	<ol style="list-style-type: none"> 1. Demonstrate skill in the early detection of potential problems. 2. Describe an organized approach to the assessment and initial management of challenging teacher/learner interactions. 3. Be able to apply that model approach in the management of difficult learning situations.
Feedback	<ol style="list-style-type: none"> 1. Review the defining characteristics of feedback 2. Identify barriers that prevent preceptors from giving more feedback. 3. Outline an approach to giving effective feedback. 4. Explore how feedback can be incorporated into the busy office setting.
Evaluation	<ol style="list-style-type: none"> 1. Review characteristics of evaluation and discuss why it is important. 2. Discuss pitfalls in the evaluation process. 3. Outline a practical system for effective evaluation.
Teaching Styles, Learning Styles	<ol style="list-style-type: none"> 1. Use a teaching style questionnaire to assess your teaching style preferences. 2. Discuss the principles of adult learning 3. Review how different styles promote assessment and teaching of knowledge, attitudes and skills. 4. Develop a strategy for using a learning style questionnaire in your teaching.
1-Minute Preceptor	<ol style="list-style-type: none"> 1. List the Steps of the One-Minute Preceptor model of clinical teaching. 2. Explain how each step fosters effective and efficient teaching. 3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation. 4. Integrate the One-Minute Preceptor model into your clinical teaching.



The Clinical Experience

- Objective 4: Create longitudinal clinical rotations and place Rivier BSN juniors in community-based, longitudinal clinical experiences each spring of the cooperative agreement.

Table 7. Coverage of MUCs Across Site Locations for Clinical Rotations

Site	Medically Underserved Community															
	Elderly	Cultural Diverse	Limited English	Mental Disorders	Co-occurring Disorders	Alcohol Use	Drug Use	Poverty	LGBTQ	Homeless	Veterans	Rural	Immigrant	Food Insecurity	Migrant Workers	Refugees
Long-term placements																
Berlin Prison*		X		X	X	X	X	X				X				
Boston Home Health Aides*	X			X	X		X						X	X		
Cheshire Medical Center*	X				X	X	X	X				X				
DPHCS*		X	X	X	X	X	X	X		X			X	X		
Harbor Homes*				X	X	X	X	X		X	X					
Home, Health, and Hospice*	X				X											
Keene HCS*	X				X							X				
Lowell CHC*		X	X	X	X	X	X	X	X	X			X	X		X
Valley Regional Hospital*	X			X	X	X	X	X				X				
VNA of Manchester/Southern NH*	X				X											
Visiting Nurse for NH/Vermont*	X				X							X				
Circle Home Health~	X	X	X		X			X						X		
Rockingham VNA~	X				X							X				
Concord Regional VNA~	X				X							X				
Catholic Medical Center (CMC)*†	X	X	X	X	X	X	X	X		X						
Interim Health* †	X				X							X				
Short-term rotations																
Hampstead Hospital ^					X	X	X	X								
Nashua Soup Kitchen*						X	X	X		X				X		
Mobile Van*					X	X	X	X		X		X				
Student's work experience																

Key:

^	All students rotate through	Student experience from Baseline Survey
~	Site added in Spring 2019	Less than 35% report having no experience in this area
*	Site added in Fall 2018	35-49% report having no experience in this area
†	Site is not hosting students in Spring 2019	50% or more report having no experience in this area

20 views

SHARE EDIT



Students



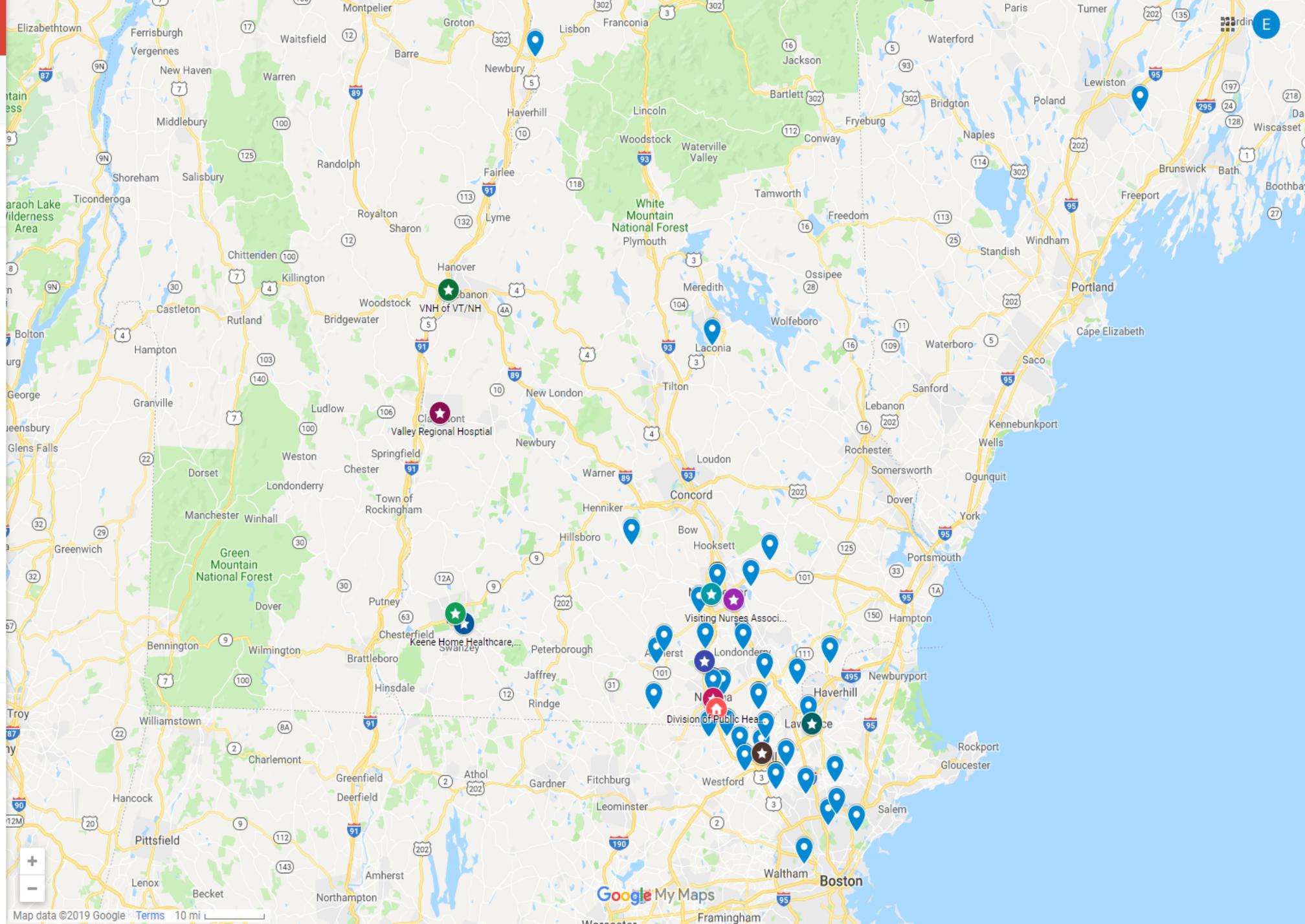
📍 All items



Placements



- 📍 Berlin prison
- 📍 Boston Home Health Aides, LLC
- 📍 CMC
- 📍 Cheshire Medical Center
- 📍 Division of Public Health and Community S...
- 📍 Harbor Homes
- 📍 Home Health & Hospice Care
- 📍 Keene Home Healthcare, Hospice and Com...
- 📍 Lowell Community Health Center
- 📍 Rivier University
- 📍 VNH of VT/NH
- 📍 Valley Regional Hospital
- 📍 Visiting Nurses Association of Manchester ...



Mid-semester Check in

- Student feedback (n=41)
 - *Mental Health Awareness*
 - *Hospice and home health care*
 - *Communication*
 - *Poverty and homelessness*
 - *Resources and programs*

“One thing I learned from this clinical experience is community health nursing and nursing practice within a home or community setting gives you the chance to provide holistic care to a patient. When in the home, you are able to assess their everyday needs rather than their acute needs that you would assess in the hospital setting.”

“I learned from this clinical experience that residents who live in a community with limited resources are more at risk for developing a health condition.”

HRSA Evaluation Questions

Patient Interaction Skills

■ Never ■ Sometimes ■ Usually ■ Always

I show respect for what patients have to say (n=61)



I listen carefully to patients (n=61)



I explain information in a way that is easy for patients to understand (n=61)

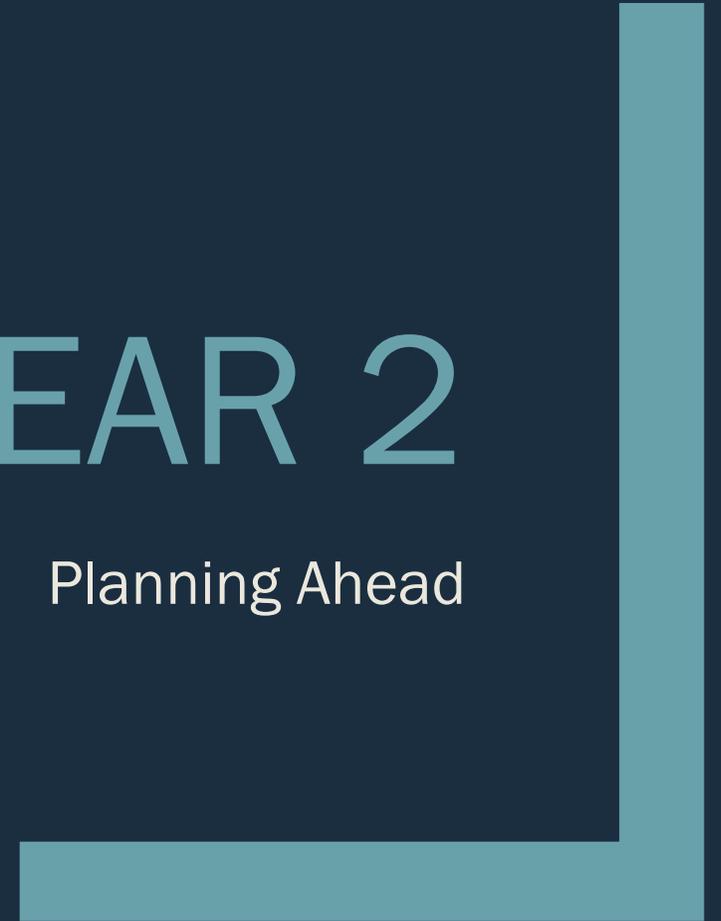


Successes and Challenges

- Poverty Simulation
- Academic-Clinical Partners
- Clinical Placement Availability
- Preceptor Fellowship
- Student Feedback
 - *Increase patient interaction opportunities*
 - *Improve course organization*
 - *Increase exposure to different types of patients*
 - *Decrease repetitive assignments*
 - *Increase focus on mental health*

YEAR 2

Planning Ahead



Academic-Clinical Partnerships

- Class size increasing
- Availability of clinical partners
- Ways to ease burden on clinical partners



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THANK YOU!

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