

Legislative Commission on Primary Care Workforce Issues

April 23, 2020 2:00-4:00pm at the NH Hospital Association – Virtual Meeting

Conference Call in information:

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/94534986937?pwd=anc2eTdRRUhyMVZQa0lTcENoN2VYdz09>

Meeting ID: 945 3498 6937

Password: 004587

One tap mobile

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Find your local number: <https://nh-dhhs.zoom.us/u/ackgMMefJI>

Agenda

- | | |
|-------------|--|
| 2:00 - 2:10 | Welcome and Introductions |
| 2:10 - 3:25 | COVID Check-In <ul style="list-style-type: none">• Legislature - Rep. Polly Campion• Hospitals & Health Systems – Paula Minnehan• Primary Care Safety-Net – Kristine Stoddard• Training Programs - Mike Ferrara, Dean of the UNH College of Health and Human Services• Behavioral Health & IDNs – Bill Gunn (invited) & Peter Mason• SLRP & Other Workforce Programs – Alisa Druzba• Others on the call |
| 3:25 - 3:30 | Adjourn |

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

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: April 23, 2020

TIME: 2:00 – 4:00pm

LOCATION: Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Weiss

MEETING DATE: April 23, 2020

Members of the Commission:

Rep. Polly Campion, NH House of Representatives

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, APRN, NH Nurse Practitioner Association

Don Kolisch, MD, Geisel Medical School

Jeanne Ryer, NH Citizens Health Initiative

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

Bill Gunn, NH Mental Health Coalition

Tyler Brannen, Dept. of Insurance

Pamela Dinapoli, NH Nurses Association

Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association

Guests:

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

Leslie Melby, NH Medicaid

Paula Smith, SNH AHEC

Paula Minnehan, NH Hospital Association

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

Marcy Doyle, UNH, Health Policy and Practices

Geoff Vercauteren, Director of Workforce Development, CMC

April Mottram, Executive Director, NNH AHEC

Catrina Watson, NH Medical Society

Peter Mason, Geisel School of Medicine, IDN region 1

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

Kristine Stoddard, Bi-State Primary Care Association

Lindsey Courtney, Office of Professional Licensing and Certification

Rob Kiefner- Kent Street Coalition

Meeting Discussion:

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

2:10 - 3:25 **COVID-19 Check-In**

Legislature - Rep. Polly Campion

- The legislature is not currently meeting
 - o 212 pieces of legislation need to go over to the Senate
 - o SB567 – Senate bill that addresses the extension of this Commission passed in the Senate at the end of January
 - Assigned to HHS Committee
 - o Planning to move towards remote committee meetings in the House
 - To address 2nd committee bills that don't require a public hearing
- COVID Policy Alliance – with MIT

Refer to article: <https://cambridge.wickedlocal.com/news/20200415/mit-professors-new-hampshire-legislator-innovate-to-bolster-nhs-coronavirus-response>

- o Collaborative effort to engage with and provide resources to long-term care facilities and offer assistance with communication to DHHS
- o Polly's one of several liaisons on the taskforce
 - Work involves making daily calls to inquire about
 - Any suspected cases
 - What PPE needs are
- o Focus area is how to fill the gaps in long-term care facilities
 - Connecting with those who let license lapse and could possibly reapply, LNA potentials, volunteers on NH Response, etc.
 - Trying to create patient-care attendant role
 - Limited training could work alongside nursing assistants in long-term care facilities

Hospitals & Health Systems – Paula Minnehan

- In dire straits; stopped doing elective procedures even without an executive order
 - o 40-50% drop in revenue
- Efforts
 - o Working closely with the state
 - o Identified clinical leaders
 - For testing
 - PPE assessment
 - o Working with members on the labor force
 - Of the workers furloughed, not many are physicians or nurses
 - Working with HR

Primary Care Safety Net – Kristine Stoddard

- COVID response coalition
 - o Financially stabilizing health care facilities
 - Medicaid stabilizing payment
 - Expect it to go to G&C first week in May
 - o Payment for low-income Medicaid providers
 - The health care organization would apply for funding and then it would pass through for workers
- Billing and Medicare help with organizations
 - o CMS has eased up on regulations around telehealth but not as it applies to the FQHCs
 - Losing a lot of money from Medicare patients
 - 22k patients
- G&C Meeting and what's going on with contracts

- Meetings on hold
- Working with health centers that had to furlough staff
 - Looking to whether short-term disability can cover staff under FQHCs

Training Programs – Mike Ferrara; Guy Defeo

- UNH is working on the COVID-19 response with patient beds
 - 250 overflow beds in the Hamel Center should the patient bed in Seacoast be exceeded
 - Not being used now
- Started clinical rotations back up at UNH
 - Halted in mid-March
 - 650 students scattered all over the country, majority in NH
 - Guidance from multiple organizations on how to turn clinicals back on
 - Challenges with hospitals and facilities
 - Did a lot of clinical activities around telehealth
 - Following state guidance and area hospitals
- Temporary licensing
 - Still required to go to testing center
 - Some are opening up at various degrees
 - Others not open at all
 - Nursing - once they have degree in nursing, they get temporary license to practice
 - Allied Health Professionals do not
 - SLP/OT/PT
- UNH doing remote learning for the Summer
 - Want to open up in Fall, if safe
 - Have not made a decision yet
- UNE continuing with current schedule
 - 165 doctors graduating on 5/16 will start new residencies
 - Seeing innovative ways to ensure social distancing; limitations placed by health care facilities
- Contract tracing efforts?
 - Need for many more public health workers for contract tracing
 - How will we recruit, train, and hire for contract tracing?
 - Mike's having conversations with the public health school
 - CHWs are doing this in MA and NY

Behavioral Health & IDNs – Bill Gunn & Peter Mason

- MAT
 - BDAS and JSI
 - Have had higher participation since they've gone remote
 - Good sharing
 - People from across the state in private practices and for-profits are getting together and sharing techniques they've developed for MAT group work
 - But some people don't have access to the internet and remote communication
- Homelessness Consideration
 - CMC is talking to partners around homelessness and finding shelter space
 - Healthcare for the Homeless has started street outreach
 - NPs conducting lab draws

SLRP & Other Workforce Programs – Alisa Druzba

- State Loan Repayment Program (SLRP) contracts
 - o January contractors were to be on G&C agenda
 - Contractors did not execute contracts correctly so process was delayed
 - Intended to start in January
 - o Breakdown of applicants
 - Waitlist of 8
 - 20 applicants were supposed to start January 1
 - New applicants queuing up for October 1
 - Message on SLRP website telling providers to continue applying although no new contracts are being processed
- G&C Meetings
 - o Initially, Governor was to decide what will make the agenda
 - Now everything is on hold
 - Hoping contracts will move forward on 5/4
- SLRP expansion will not roll out
 - o Additional funding no longer available
 - \$4m taken from SLRP
 - Reassigned to COVID-19 efforts
 - Internally, don't have hope that it will be backfilled with federal money
- Other workforce programs
 - o NHSC trying to be flexible with eligibility criteria, doing everything on a daily basis
 - o Unsure of what's possible now with the J-I Program (Conrad 30)
 - Cannot let them leave a designated area if a J-1 but other than that, being flexible
 - Can change specialties
 - o Health Professions Data Center
 - Survey is open for the following provider types:
 - Physicians, APRNs, MHPs (LICSW, LCMHCs, PP, MFT), LADCs, Psychologists
 - Added language in the electronic survey to instruct respondents to answer as they would have before any COVID-19 related changes occurred
 - Because we didn't know exactly how this would unfold, we didn't add that language until hundreds of providers have answered
 - Survey success
 - Completed surveying with the first provider type, PAs, required to complete the survey or opt out
 - o 98% RR
 - o Only about 1.5% opted out
 - Opt out contains fields we need like specialty, active practice, and towns at which respondent practices 2+ hrs/wk
 - o The State Office of Rural Health (SORH) is coordinating with NHHA and Bi-State
 - Still pushing grants and contracts out
 - o ADA recommended practices cease general operations
 - o Honoring that in the state
 - Doing emergency procedures only

Geisel Update – Don Kollisch

- Student Activity
 - o Medical students in first 2 years have limited activity

- SIM lab closed
- Limited clinical activity
- Basic courses are ongoing
- Students are finding time for community activities
 - Working with nurses
- Residencies are taking different approaches
 - Some residents are asked not to be in hospital
 - 1st and 2nd year students were sent home if strictly on rotations
 - Some students are active with telemedicine
- Some medical schools are allowing students to graduate early
 - Facilitated by state licensing boards
 - MI, NY, etc.

Licensing - Lindsey Courtney, OPLC

- Emergency licensing
 - Out-of-state professionals for NH-patient telehealth services
 - EO #15 – Temporary authorization for out of state medical providers to provide medically necessary services and provide services through telehealth
 - Largely for mental health practitioners (MHPs)
 - A large number of MHPs cross over from VT & ME to treat
 - Physicians, APRNs, PAs
 - EO #8 - Temporary expansion of access to Telehealth Services to protect the public and health care providers
 - Telehealth will never be the same again
 - Who is considered an emergency health care professional
 - Many are moving towards telehealth platform
 - Emergency orders in process
 - Providers whose license has lapsed or have retired in last 3 years do not need CMEs (continuing education credits)
- NH response at long-term care (LTC) facilities
 - DHHS and OPLC partnered to solicit volunteers for NH Response
 - Contacted professional organizations, insurance companies, health care facilities, etc.
 - Reached 50k individuals
 - Large number of individuals ready to volunteer
 - Nursing workforce
 - Fee being waived for nursing students who have successfully completed the LNA coursework for licensure
 - Rules shorten the timeframe from beginning to end of LNA programs to get competent, licensed providers out there during state of emergency
 - Several programs are graduating RNs 2 weeks early

3:25 - 3:30 **Adjourn**

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