Legislative Commission on the Interdisciplinary Primary Care Workforce

March 25, 2021 2:00-4:00pm – Zoom Conference

Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/98437917011?pwd=VjF6dkt1S29WQzZvZ1o4bmxpZXNsZz09

Meeting ID: 984 3791 7011
Passcode: 816879

Dial *6 to mute or unmute if you connect by phone

Agenda

2:00 - 2:15  Read Emergency Order #12 Checklist and Take Roll Call Attendance

2:15 – 2:55  Transforming Community-Based Care in Medically Underserved Communities with Project REEP (Registered Nurse Enhanced Education for Primary Care): Year 2 Updates - Paula Williams, EdD, RN and Emily Sheff, PhD(c), MS, RN, FNP-BC, Rivier University

2:55 – 3:25  Update on the UNH Pathways to Behavioral Health Careers (PBHC) - Will Lusenhop, MSW, PhD, LICSW, Clinical Assistant Professor, Department of Social Work & Alexa Trolley-Hanson, MS OTR/L, Clinical Assistant Professor, Department of Occupational Therapy

3:25 – 3:50  Legislative Agenda & COVID-19 Updates – Group discussion

3:50 - 4:00  Updates & Adjourn

Next meeting: Thursday April 22, 2:00-4:00pm
State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: March 25, 2021
TIME: 2:00 – 4:00pm
LOCATION: Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests
FROM: Danielle Hernandez
MEETING DATE: March 25, 2021

Members of the Commission:
Mark Warden, NH House of Representatives
Mary Bidgood-Wilson, ARNP – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Mike Auerbach, Executive Director, New Hampshire Dental Society
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Don Kolisch, MD, Geisel Medical School
Kristina Fjeld-Sparks, Director, NH Area Health Education Center
Jeanne Ryer, NH Citizens Health Initiative
Mike Ferrara, Dean, UNH College of Health and Human Services
Tom Manion, CEO, New London Hospital
Tyler Brammen, Dept. of Insurance
Pamela DiNapoli, Executive Director, NH Nurses Association
Laurie Harding, Upper Valley Community Nursing Project
Trini Tellez, Healthcare Consultant

Guests:
Paula Smith, SNH AHEC
Paula Minnehan, NH Hospital Association
Christine Keenan, Administrative Director of Graduate Medical Education, Portsmouth Regional Hospital
Marcy Doyle, UNH, Health Policy & Practices
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Catrina Watson, NH Medical Society
Ann Turner, Integrated Healthcare, CMC
Lindy Keller, Bureau of Drug and Alcohol Services
Natalie Rickman, Bi-State Primary Care
Theresa Champagne, Concord Hospital – Laconia
Susan Paschell, Lobbyist, Dupont Group
Angela Braswell, UNH
Paula Williams, Rivier University
Emily Sheff, Rivier University
Will Lusenhop, Dept. Social Work, UNH
Alexa Trolley-Hanson, Dept. Occupational Therapy, UNH
Judi O’Hara, Rivier University
Denny Carr, Rivier University

Meeting Discussion:

2:00 - 2:15 Read EM #12 Checklist and Take Roll Call – Mary Bidgood-Wilson, ARNP – Chair
2:15 – 2:55  **Transforming Community-Based Care in Medically Underserved Communities with Project REEP (Registered Nurse Enhanced Education for Primary Care): Year 2 Updates** – Paula Williams, EdD, RN and Emily Sheff, PhD(c), MS, RN, FNP-BC, Rivier University

Refer to the attached presentation, “Project REEP – Year 2 Updates.”

2:55 - 3:25  **Update on the UNH Pathways to Behavioral Health Careers (PBHC)** – Will Lusenhop, MSW, PhD, LICSW, Clinical Assistant Professor, Department of Social Work & Alexa Trolley-Hanson, MS OTR/L, Clinical Assistant Professor, Department of Occupational Therapy

Refer to the attached presentation, “UNH PBHC Training Program Update.”

3:25 - 3:50  **Legislative Agenda & COVID-19 Updates** – Group Discussion

3:50 - 4:00  **Updates & Adjourn**

Next meeting: Thursday April 22, 2:00-4:00pm
PROJECT REEP

Year 2 At-A-Glance & Year 3 Pandemic Pivot

March 25th, 2021
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
Year 2: At-A-Glance

Project REEP Year 2

The Rivier Registered Nurse Enhanced Education for Primary Care Project (REEP) is a federally-funded program that aims to increase training for the nursing workforce serving the vulnerable and medically underserved communities.

- Community and Mental Health Nursing course
- 150 clinical hours in short-term and long-term rotations with Medically Underserved Communities
- 45 BSN student participants
- 45 Preceptors at 29 Clinical Sites

Increase in Knowledge of Medically Underserved Communities

- 115% Increase in knowledge of migrant patients
- 56% Increase in knowledge of food insecurity
- 212% Increased in knowledge of refugee patients
- 40% Increase in knowledge of rural communities

Increase in Confidence of Overall Competencies

- Pre: 68% Post: 77%
- Pre: 33% Post: 84%
- Pre: 69% Post: 69%
- Pre: 70% Post: 65%
- Pre: 65% Post: 80%
- Pre: 60% Post: 90%

"I learned that vulnerable communities rely on others to speak for them because their voices are shut down by society. We as nurses have to make sure to advocate for our patients, especially if they are part of a vulnerable population."

"For me, it was the best clinical experience I've had so far through all my clinicals. I felt like I was able to learn the most."

Contact:
Emily Sheff, MS, RN, FNP-BC
Project REEP Partnership Liaison
603-897-8572
esheff@rivier.edu

*Funded by the Health Resources and Services Administration (HRSA) under grant #U55HP31770, Nurse Education, Practice, Quality and Retention.
Year 2: Conferences Virtually Delivered

**Getting to the Root: Breaking the Cycle of Substance Use Disorder**

**Event Details:**
- **Date:** Tuesday, April 7, 2020
- **Time:** 9:00a – 11:00a

**Learning Objectives:**
1. Discuss the science behind ACS.
2. Discuss strategies for the prevention and treatment of ACS.
3. Explore the impact of ACS and substance use disorder.

**To attend the conference:**
- Please RSVP to Donnie Caccioppoli at dcaccioppoli@cityofnashua.com.

**Unmasking Mental Health in the Race of COVID-19**

**Event Details:**
- **Date:** June 4
- **Time:** 8:30a – 12:30p

**Learning Objectives:**
- Identify innovative practices and achievements of community health nurses in New England and New Hampshire, Massachusetts, and Vermont.
- Discuss the trends in mental health challenges associated with the current worldwide pandemic and implications for the future.
- Explore ways to help support and transform the role of nursing in community health.

**Contact Person:** vreep@rivier.edu

**Coming Together in the Face of COVID-19**

**Event Details:**
- **Date:** June 25
- **Time:** 9-11a

**Learning Objectives:**
- Identify innovative practices in relation to SUD within New Hampshire and Massachusetts.
- Discuss SUD challenges associated with the current worldwide pandemic (COVID-19) and implications for the future.
- Explore ways to support and transform substance use prevention, treatment, and recovery services within our communities post-COVID-19.

**Contact Person:** vreep@rivier.edu

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*Disclaimer: This content is subject to change.*
Year 2: Data

Assessment of Virtual Education Activities (Post-COVID, n=45)

- Simulators (e.g., Eating disorders, Opioid withdrawal): 9% Not at all, 19% Somewhat, 51% Effective, 21% Very Effective
- Mental Status assessment: 2% Not at all, 27% Somewhat, 56% Effective, 20% Very Effective
- Virtual Experiences (e.g., Disaster Assessment): 12% Not at all, 19% Somewhat, 40% Effective, 29% Very Effective
- Videos and Case studies (e.g., Psychosis, Depression, Self-Harm): 12% Not at all, 21% Somewhat, 56% Effective, 12% Very Effective
- Virtual Experiences (e.g., Family as Client - Public Health Clinic): 14% Not at all, 21% Somewhat, 53% Effective, 12% Very Effective
- Games and Modules (e.g., Therapeutic Communication): 12% Not at all, 24% Somewhat, 49% Effective, 15% Very Effective
- Therapeutic/Non-Therapeutic Communication Techniques: 13% Not at all, 24% Somewhat, 51% Effective, 11% Very Effective
- Virtual Experiences (e.g., Intimate Partner Violence, Elder Abuse): 11% Not at all, 27% Somewhat, 43% Effective, 18% Very Effective
- Simulators (e.g., Stress and Crisis): 14% Not at all, 26% Somewhat, 44% Effective, 16% Very Effective
- Simulators (e.g., Stop the Outbreak, Epidemic Simulator): 12% Not at all, 28% Somewhat, 44% Effective, 16% Very Effective
- ATI Skills Modules: 9% Not at all, 35% Somewhat, 53% Effective, 2% Very Effective
- Simulations (e.g., Journey North): 33% Not at all, 14% Somewhat, 43% Effective, 10% Very Effective
- Turbulent Sky Scenario and application to COVID-15 experience: 26% Not at all, 29% Somewhat, 44% Effective, 7% Very Effective

Assessment of Short-Term Clinical Rotation (Pre-COVID, n=40)

- Poverty Simulation: 3% Not at all, 18% Somewhat, 38% Effective, 53% Very Effective
- Mental Health Simulation: 20% Not at all, 58% Somewhat, 23% Effective
- Hampstead Hospital Experience: 16% Not at all, 55% Somewhat, 15% Effective
- Substance Use Disorder: 15% Not at all, 41% Somewhat, 15% Effective
- Hospice Simulation: 13% Not at all, 38% Somewhat, 33% Effective
- Telehealth Simulation: 15% Not at all, 44% Somewhat, 26% Effective, 8% Very Effective
- Nantucket Soup Kitchen: 10% Not at all, 33% Somewhat, 31% Effective, 15% Very Effective
- Policy day on Campus: 10% Not at all, 36% Somewhat, 3% Effective
- Windshield Activity: 10% Not at all, 33% Somewhat, 33% Effective
- Policy day at Statehouse: 31% Not at all, 38% Somewhat, 21% Effective, 10% Very Effective
- Cynthia Day Center: 10% Not at all, 75% Effective

Legend:
- Not at all
- Somewhat
- Effective
- Very Effective
- N/A
YEAR 2 DATA

Rating of MUC Knowledge Before and After REEP Participation (n=80)

- Immigrants/Non-Us: 15% pre, 50% post vs. 2% pre, 71% post
- United English: 5% pre, 68% post vs. 2% pre, 64% post
- Migrants/Seasonal Worker: 5% pre, 27% post vs. 2% pre, 59% post
- Refugee: 7% pre, 21% post vs. 2% pre, 58% post

Elderly
- Chinese: 3% pre, 60% post vs. 8% pre, 78% post

CISVA
- Veterans/Military: 2% pre, 65% post vs. 12% post, 64% post

Different Culture
- Native: 5% pre, 13% post vs. 56% post, 43% post

Co-occurring Disorders
- Bipolar: 7% pre, 42% post vs. 44% pre, 60% post
- Mental Disorders: 2% pre, 64% post vs. 40% pre, 62% post
- Drug Use/Abuse: 13% pre, 57% post vs. 31% pre, 66% post
- Alcohol Use/Abuse: 15% pre, 56% post vs. 22% pre, 72% post

Rural
- Poverty: 13% pre, 47% post vs. 6% pre, 58% post

Homelessness
- Food Insecurity: 40% pre, 48% post vs. 43% pre, 30% post
Year 3: Pandemic Pivot In-Progress

- Temporary shift from 6-week longitudinal placements to 3-week rotation

- Lowell Community Health Care Center

- Lawrence General Hospital Vaccination Clinics

- Individual Clinical Placements
  - Monadnock Community Hospital
  - SNHH Employee Health
  - Nashua Department of Public Health
  - Milford Urgent Care
  - SNHVNA
  - Home, Health, & Hospice
Year 3: Pandemic Pivot
In-Progress

- Created 8 video library with community partners spanning over 3.5 hours of content to broaden perspective otherwise would have provided at longitudinal placement
  - Massachusetts
    - Boston Home Health Aides
    - Beth Israel Lahey at Home
    - Lowell Community Health Center
    - MA Correctional
  - New Hampshire
    - Nashua Department of Public Health
    - Home, Health, & Hospice
  - Vermont
    - Visiting Nurse & Hospice of VT & NH
  - Advice Compilation Video

FOOD FOR THOUGHT
Project REEP Conference
Tuesday, March 23
12 – 1pm Eastern

Please RSVP using this Google Link
Registration Link

After registering, we will share access with a video library of interviews with community and public health nurses from MA, NH, & VT whose service ranges from prison to rural and hospice populations. Please view these videos asynchronously at your leisure, prior to the conference.

Please use this Zoom link to join the lunch and learn panel discussion with our interviewees (computer with audio required)
https://rivier.zoom.us/j/95534979812

Upon completion of this conference, participants will be able to:
1. Identify innovative practices and achievements of community health nurses in New England area (New Hampshire, Massachusetts, and Vermont)
2. Discuss different roles of community health nurses and the populations they treat.
3. Examine ways to help support and transform the role of nursing in community health.

Contact hours (4.0) will be awarded. Questions? Please contact Emily Sheff echeff@rivier.edu

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant HHSP2370010. Nurse education, practice, quality, and retention are $2.64 million. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred from, HRSA, HHS, or the U.S. Government.
Faculty

- Expansion of content
- Upgrading of content from PDF monographs to online modules

PROJECT REEP | 2020-2021
Faculty Development Program

In conjunction with Southern NH Area Health Education Center, Rivier University is very excited to offer our associated clinical faculty online didactic training, potentially reimbursable for successful completion through the Project REEP (HRSA NEPQR) grant.

https://learn.snhaec.org/ under “Courses”

15 modules & counting on timely and developing issues (see right)

Project REEP faculty may be compensated. Please reach out & inquire!

Asynchronous, online, self-paced (2020-2021 deadline is 5/30/21)

- Achieving Adolescent Wellness through Preventive Care
- Antibiotic Stewardship
- Chronic Care Model
- Community Programs: A Care for Social Isolation
- Compassionate Boundaries
- Culture and Cultural Effectiveness
- Evidence and Improvement Series: Improvement Science
- Evidence and Improvement Series: Team-Based Care and Quality Improvement
- Health Equity
- Hepatitis A
- Motivational Interviewing
- Sex, Gender Identity, Gender Expression and Sexual Orientation
- Telehealth Lay of the Land: Uses and Practices
- Transitions of Care: The Role of a Nurse
- Trauma Informed Care

Contact
Emily Sheff, Partnership Liaison, esheff@rivier.edu
Denny Carr, Administrative Assistant, dcarr@rivier.edu

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant H77HP15070. Nurse Educators, Practice, Quality and Retention (52.04 million). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.
Preceptors

- Expansion of content
- Upgrading of content from PDF monographs to online modules
Academic-Clinical Partnerships

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

HELP US HELP YOU
THANK YOU!

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UNH PCBH Training Program Update 2017-2021
Brief Overview

• The PCBH Training Program was made possible by a 1.9-million-dollar grant from the Health Resources Services Administration (HRSA) under its Behavioral Health Workforce Education and Training grants (BHWET), beginning September 2017.

• The program’s overarching goals have been to train students to work in medically underserved and rural areas across the state/country in integrated behavioral health and primary care.
Our Team
Includes

Co-Principal Investigators
Alexa Trolley-Hanson, Occupational Therapy &
Will Lusenhop, Social Work

Project Manager
Melissa Mandrell, Institute on Disability (IOD)
Bethany Swanson, MSW (IHPP)

Provider Training and Linkages
Institute for Health Policy and Practice (IHPP)
(add various staff)
The Training Program

Interprofessional Training
- Students work together on teams including social work, occupational therapist and nursing students using a case-based method

Course Work
- Orientation Modules on PCBH
- PCBH I: Introduction to PCBH: Screening and Assessment
- PCBH II: Clinical Skill Development and Program Transformation

Internship
- Internship in an integrated and or setting moving toward the integration of primary care and behavioral health
  - 9 month/24 hour-week placement (SW)
  - 6 month/16 hour-week placement (OT)
Federally Qualified Health Care Centers
- Greater Seacoast Community Health Center
- Indian Stream Health Care
- Amoskaeg Health Services
- Manchester Community Health Center
- Healthcare for the Homeless

Hospital Primary Care Practices
- Concord Hospital
- Elliot Hospital

Community Based Programs/Centers
- Center for Life Management
- Granite Pathways
- Easter Seals
- Greater Mental Health Center of Manchester
- Upper Room

Substance Use Disorder Recovery Centers
- Southeastern New Hampshire Services-Turning Point
- White Horse Recovery
Resources for Supervisors and Organizations

- Free seminars leading to state supervision certification (for social workers).
- Topical seminars and technical assistance through the Citizens Health Initiative, Behavioral Health Learning Collaborative, a component of IHPP.
- Access to UNH faculty and students on current, knowledge, research, practice, and policy in PCBH.
PCBH Training
2017-to date

74 Students trained
43 Different training sites.
48,000 internship hours
PCBH Training
2017-to date

43 Sites

31 sites in medically underserved areas

9 sites in primary care

9 sites in rural settings
Final Year
March 2021—May 2022

43 More Students
For an additional
@24,000
Internship Hours
74 Student Internship projects

**OT**

- Developed Substance Use Disorder education for service providers of Easter Seals Early Supports and Services so they can better support their families in the community.
- Adapting psychosocial clubhouse environment using checklists to best support member independence
- Developing discharge planning to decrease readmission rates to inpatient programs
- Developing psychoeducational program for non-pharmaceutical pain management for adults in a community mental health program
- Promoting Access and Participation in Primary Care for individuals with Brain Injury: Connecting with Families First staff to ID needs they have related to providing services to individuals with brain injury, addressing those needs in a way that will best reach the largest areas of need.
- Expanding recovery programming to include living skills such as budgeting, healthy eating, work, and exercise
- Developed an intake process and employment unit in a psychosocial clubhouse to help identify resources to assess participants reflective skills prior to becoming sick.
- Focused on compiling beneficial OT resources to address needs related to chronic pain and social anxiety management

**SW**

- Identify the reach of the MAT program and the process of referring to MAT. Consider how this relates to Amoskeag patients who visit the Eliot ER for SUD.
- Minimizing prolonged hospital stays and risk of infection for patients without advanced care directives by supporting patients in completing their advanced care directives/DPOAH.
- Helping homeless individuals in IOP (Intensive Outpatient Program) connect with social workers from Families First
- Promoting regular testing of patient’s A1C scores within an Elliot primary care practice
- Establishing a method to collect information related to client’s nicotine use during intake appointments
- Developing an agency intervention to address suicidal ideation in adolescents, by examining data from adolescents that scored “severe,” on the PHQ 9
- Coordination of care for patients in treatment in the PHP and IOP setting. Working with clients to avoid them going AMA (against medical advice) to leave the program before finishing their 90-days.
- Care Coordination for High Risk Patients with Medicaid in Primary Care: A process evaluation of WMCH’s Care Coordination Program
Covid Impacts

- Less bandwidth all around!
- Lower than expected student enrollment in cohort 3 (2020-2021)
- Decrease in hospital-based/FQHCs sites
- Move to telehealth practice (positive)
  - Almost all students now have telehealth practice experience.
Sustainability

Grant funding ends August 2021

Exploring accessible courses and internships beyond SW an OT

Greatest Challenge Long-Term
Billing limits access to primary care sites
Co-Principal Investigators / Program Directors

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Feel free to reach out to learn more about the program.