

**Legislative Commission on Primary Care Workforce Issues**

**February 23, 2017 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   | <b>Introductions &amp; Minutes</b>   |
| 2:10-3:00   | <b>3<sup>rd</sup> Year Medical Students Rural Experience in NH</b> - Tyler Patrick and Amanda Pierce— UNE Medical Students |
| 3:00-3:15   | <b>Opportunities for UNH in Behavioral Health</b> - Mike Ferrara, Dean of the College of Health and Human Services         |
| 3:15 – 3:30 | <b>Governor’s Budget Update – opportunities for increasing loan repayment funds</b>  |
| 3:30 -3:50  | <b>Legislative Update</b>  |
| 3:50 – 4:00 | <b>Next Steps/Adjourn</b>  |

**Next meeting: Thursday March 23 2:00-4:00pm**

**State of New Hampshire**  
**COMMISSION ON PRIMARY CARE WORKFORCE ISSUES**

DATE: February 23, 2017

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

**Meeting Minutes**

**TO:** Members of the Commission and guests

**FROM:** Danielle Weiss

**MEETING DATE:** February 23, 2017

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**Members of the Commission and guests present:**

Laurie Harding, Chair

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

Ally Noble, APRN, Ammonoosuc Community Health Services

Mary Bidgood-Wilson, APRN, NH Nurse Practitioner Association

Kristina Fjeld-Sparks, 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

Tyler Brannen, Dept. of Insurance

**Guests**

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

Paula Smith, SNH AHEC

Nancy Frank, Executive Director, NNH AHEC

Catrina Watson, NH Medical Society

John Bunker, representing UNH & CHHS

Rhonda Siegel, Administrator - Maternal and Child Health Section, DPHS

Peter Mason, Geisel

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

Barbara Mahar, New London Hospital

Michele Peterson, NH Recruitment Center

Elizabeth C. Sargent, Sheehan Phinney Capitol Group

**Meeting Discussion:**

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

- January's minutes were accepted without any corrections

2:10-3:00      **3<sup>rd</sup> Year Medical Students Rural Experience in NH** - Tyler Patrick and Amanda Pierce– UNE Medical Students

- Students don't get to choose where they're sent for clinical rotations
  - o A lottery system is in place for clinical rotations where a hospital is chosen from the students preference list (students are matched)
  - o Tyler and Amanda only listed NH sites as their top three preferred hospitals

- For Tyler, the decision to list New London was based on family reasons (pregnant wife/family close by)
    - Similarly, Amanda didn't want to leave NH because of family commitments
    - Both students wound up at New London Hospital
- Anticipated specialty
  - Amanda wants to go into family medicine but there's only one residency in Concord – Concord Family Residency
    - ACGME accredited, not AOA accredited
- Perks of New London
  - It's not a teaching hospital so feels more rural
  - There's continuity of patient care because it's so small
    - Newport Health Center is owned by new London and the students will see patients there that they saw in other rotations at New London
  - There's a sharp contrast between the affluent community of New London and Newport, which brings greater experience with diverse communities
  - Plenty of hands on experience
    - Students get a lot of attention and are asked for assistance by attending physicians
    - Bigger hospitals often times don't offer these experiences
  - Tracks/rotations are streamlined
- Contrast between Newport and New London
  - Population
    - Newport has a lower socioeconomic status population
    - Students are afforded the opportunity to provide care in the local jail in Newport
  - Active v. passive role in care
    - At New London, patients advocate for themselves and do preliminary research before their appointments
    - At Newport, patients don't typically take part in their care; they're just trying to get by
- Interprofessional education/training
  - Other professionals such as case workers and social workers are involved in clinical matters
    - Interdisciplinary meetings involve nurses and physician assistants too
  - Is it an integrated team approach?
    - No, it feels more like parallel training to other provider types
      - There are no opportunities to work together on, say, case studies
      - They train separately
        - No shared rotations
        - No shared patient work
- Who supervises students?
  - The head of clinical rotations is a clinical supervisor and then there's a head of education who also supervises
  - Direct supervisors depend on rotations – the students will have one physician for half the week and another for the other half
- Are there any training gaps at New London?
  - Obstetrics (OB) is a stumbling block because they don't know where they'll go for it (not offered at New London) and they want to stay in NH
    - They're currently trying to identify a nearby site for the OB rotation to make it easier for next round of students coming in
    - Specifics to consider:
      - They have to perform deliveries
        - Completion is not based on number of deliveries but time in the rotation - 6-wk rotation
- Recommendations on how to improve rotations at New London
  - Bring in an OB rotation
  - Make Dartmouth more accessible
    - They're affiliated but there's no continuity
  - Provide housing
    - Laconia is attractive because of the housing availability
  - Incorporate Telehealth

- The students travel to Laconia every week for didactics and it's a difficult trip
      - This could be conducted remotely
- Words for students on the fence about rural residencies
  - It takes someone that wants to go into rural medicine and is dedicated to the work and community
  - Students also must be proactive to be one of 2 students to gain the experience they want
- How many NH students are in their class?
  - They don't know – maybe a dozen out of 173
- A shared memory or experience that will stick
  - For Tyler, it's suturing a child in the third week of rotations
    - He wouldn't have been afforded that opportunity in a larger hospital
  - For Amanda, it's the deaths that will stick with her
    - New London does a good job with end of life care

3:00-3:15

### **Opportunities for UNH in Behavioral Health - Mike Ferrara and John Bunker**

Refer to the Behavioral Health Landscape-UNH handout Mike and John presented to the Commission

- UNH has made a commitment to partner with leaders in the state to identify/address pressing healthcare concerns
  - John and Mike traveled throughout the state to ask what the issues are
    - Behavioral health was consistently mentioned as the main issue
- Internal inventory
  - Last week, Mike and John convened a college-wide think tank because they knew there were pockets of excellence but were unsure of what was available
    - They asked
      - What opportunities are available as a university
      - Where can they impact the area of behavioral health
  - An outline of the behavioral health landscape was created which includes key issues and key stakeholders around mental health and substance use disorders with an inventory of resources at UNH (refer to the handout)
- Mike and John presented each component of the outline and asked Commission attendees to share what is missing that should be included
  - The outline is a work in progress
- Once the additions are made, Mike will send the 2<sup>nd</sup> iteration to us

3:15 – 3:30

### **Governor's Budget Update – Opportunities for Increasing Loan Repayment Funds**

- The Governor's budget is hard to interpret
  - The State Loan Repayment Program (Alisa) asked for money back to restore us to \$400k, plus an additional \$300k
    - We were restored to \$400k and received an additional \$10k
    - Currently we can't offer extensions because we don't have any money for it
  - \$5 million was never found under workforce initiative

3:30 -3:50

### **Legislative Update**

- HB606 – Establishing a scholarship fund for health care providers who stay in New Hampshire for 5 years - appropriated with \$1 so it wouldn't exist
- 2015 HB508 – Section 8 – regarding the disbursement of JUA funds
  - Would it be possible for the Foundation for Healthy Communities to collaborate with the State Loan Repayment Program to fund loan repayment providers?
  - Laurie will also talk to the Endowment for Health

3:50 – 4:00

### **Next Steps/Adjourn**

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## Mental Health

### Key Issues

1. Lack of Funding – Capacity – Access
2. MH Settlement Agreement (DRC) \$25M
3. Hospital ER Wait List (Steve Ahnen)
4. 1115 Waiver (\$150M) (Nick Toumpas)
5. Workforce – Recruitment & Retention
6. ACA/Medicaid Expansion

### Key Stakeholders

1. NAMI
2. BHC Association (Jay Couture)
3. Disability Rights Center
4. Criminal Justice/Law Enforcement
5. NHHA, NHMS, NHSW

## NH BH Landscape

### State

DHHS  
Mental Health  
BDAS (Joe Harding)  
Governor's Commission AOD  
Governor's Office Advisor (James Vera)

### Foundations

NHCF  
Endowment for Health  
Foundation for Healthy Communities  
Healthy NH Foundation

## Substance Use Disorders

### Key Issues

1. Opioid Crisis
2. Funding: Too Little; Too Fast
3. Workforce
4. Recovery Centers
5. Provider Integrity
6. ACA/Medicaid Expansion

### Key Stakeholders

1. New Futures
2. CHI Center of Excellence (CFEX)
3. Providers Association (Courtney Gray)
4. Recovery Centers

### IHPP

1. Behavioral Health Learning Collaborative
2. Mental Health Parity Guide
3. Supporting the analytic needs for Bureau of Drug and Alcohol Services (BDAS) and Centers of Excellence (CFEX)
4. Supporting the Prescription Drug Monitoring Program
5. Assisting with review of the BDAS SUD contracts
6. Trainings (including SUD and Mental Illness focused trainings)

### IOD

1. Center for Excellence in Children's Behavioral Health
2. Factors Influencing Re-Admissions to NH Hospital for Patients Living with Mental Illness
3. Center for START Services

### Interdisciplinary

1. Coos Youth Survey
2. Outdoor Behavioral Healthcare Center

## CHHS BH Inventory

### CSD

Neuroscience research re SA

### HDFS

Marriage and Family Therapy Program

### HMP

Research regarding prevention strategies in alcohol use by students

### KIN

1. Exercise is medicine
2. Transition to college research
3. Browne Center

### NURS

1. BH intervention in FNP curriculum
2. Psych NP
3. Symposium on Opioid Crisis
4. Nursing student in Australia to study BH in primary care
5. Dartmouth SBIRT grant
6. Undergrad and direct entry 90+ hrs. clinical & 24 hrs. instruction

### OT

1. OT Evaluation and Intervention for Psychosocial Disorders will do needs assessments at SENHS
2. Every Moment Counts – prepares OTs to promote positive mental health
3. OT Stressed Out

### RMP

1. NEP PATH Program for veterans
2. Research on recreation and rec therapy and reducing mental illness symptoms
3. RMP 504 Therapeutic Recreation Mental Health Principles and Interventions
4. Multi-year data collection project looking a campus rec and student's psychological well being

### SW

1. NAMI Walk
2. Will Lusenhop MIAW advisor, NH Primary Care Behavioral Health Workforce Strategic Planning Committee, and Collaborative Family Healthcare Association
3. Melissa Wells member of NH Behavioral Health Response Team, co-facilitator Data Leaders in Child Welfare, Riverbend Adolescent Substance Abuse program
4. 9 student interns with DCYF
5. University partnership student developing trauma-informed peer support program pilot
6. Multiple BH and SA courses in curriculum
7. Substance Use Disorders Graduate Certificate Program
8. Martha Byam sits on public policy committee of NAMI
9. Students in BH and SA placements

## Other UNH

### COLA

1. Neurobiology of addiction (Neuroscience)
2. Trends and factors in addiction in NH (Sociology)
3. NEH funded workforce training (internship component)
4. Humanities – meaningful life; ethical, historical, & religious interface; quality of life
5. Justice Studies – justice system, minorities, jury bias, & incarceration alternatives

### Carsey

1. Coos Youth Study
2. DAS Brief

### Analytics

### Cooperative Extension

### Counseling Center