Legislative Commission on Primary Care Workforce Issues

April 27, 2017 2:00-4:00pm at the NH Medical Society Conference Room, Concord

Call in information:

866-939-8416
Participant Code: 1075916

Agenda

2:00 - 2:10  Introductions & Minutes

2:10 - 3:10  A conversation: Teaching medical students about health care delivery in rural communities – Ed Shanshala (Ammonoosuc Community Health Services), Nancy Frank (Northern NH AHEC), Guy Defeo (UNE), Phil Heywood (UNE)

3:10 - 3:30  2015 Physician Licensure Survey Data Results report – Danielle Weiss

3:30 – 3:50  Legislative update
*State Budget-SLRP
*Support for HB 322 in the Senate
*Health and Human Service bills + HB 322
- Rep. John Fothergill and Laurie Harding

3:50 – 4:00  Next Steps/Adjourn

Next meeting: Thursday May 18 2:00-4:00pm
Meeting Discussion:

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

2:10 - 3:20  **A Conversation: Teaching Medical Students about Healthcare Delivery in Rural Communities** – Ed Shanshala (Ammonoosuc Community Health Services (ACHS)), Nancy Frank (Northern NH AHEC), Phil Heywood (UNE)

- Physicians are leaving from ACHS because it's hard to retain providers in remote rural areas of the state
  - Dating isn't easy in Northern NH so often times single providers date outside the area and then move
  - It costs ACHS ~$70k each time they have to replace a physician, excluding the cost of time
ACHS spent 2 years with one recruitment firm without seeing one physician application

- It’s important to be flexible with the schedule
  - Very few physicians work 1 FTE – flexibility acts as a perk that providers look for with employment
- ACHS wants one physician per site and not just NPs and PAs but may revisit the current model to meet the changing provider landscape
  - Vanderbilt has a full NP panel
  - Lamprey is launching the first NP Fellowship program in the state
    - There will be one physician preceptor and an NP CMO to guide fellows
- Live, Learn, Play - Students are immersed in the North Country community to complete a community service project
  - Northern AHEC has received great feedback about the program
    - It solidifies students’ desire to be in small rural communities
    - UNE and Franklin Pierce is primarily where students come from
    - They’re trying to get more involved with the Geisel’s Rural Health Scholar Program

- Training Challenges
  - The community physicians who trained residents on the basics quit, seemingly because of the electronic record burden
    - No longer can notes be done by the resident or scribe so data is entered twice
    - CMS regulations have had a negative impact on the teaching environment
  - Meeting every rotation/clinic requirement
    - OB and pediatrics are difficult to train in for most hospitals so many try to marry them but only so many students can fit into the rotation
      - There’s not a ready candidate in NH to take 40 students for basic rotations
  - Medical student growth
    - The number of medical students in NH has increased over the years
    - UNE has upwards of 20 students here but there’s no guarantee they would come back for the residency/practice. More options:
      - Mike Auerbach suggests Monadnock Regional Hospital
        - It would be difficult transport students back and forth
        - There’s been initial contract with Monadnock - we just need to figure out logistics with curriculum

- Ammonoosuc’s oral health workforce development grant
  - HRSA’s funding allowed ACHS to open a dental clinic in January
    - Aim to integrate oral health with primary care
    - They have students from a myriad of schools
- Catholic Medical Center, Monadnock Community Hospital, and Huggins Hospital are now affiliated
  - The integrated healthcare systems will serve the hospitals’ respective communities and improve quality, cost, and access to care
  - Talk with rural health coalition about collaborations
    - Ed, Cathy, and Phil to attend to discuss how to connect Critical Access Hospitals (CAHs) and Federally Qualified Health Centers (FQHCs)

- Primary dental integration is a critical focus right now - it’s the most underserved health need in America
  - Potential to integrate into clinical rounds?
    - The curriculum is not developed yet so it would have to be thought through
  - A ME residency got a nearly retired oral surgeon to train Family Medicine residents in oral procedures and examines
    - It was a lucky situation and may be difficult to replicate

- Simon Sinek has a TED talk on inspirational leadership
  - https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action

Refer to the "2015 Physician Survey Results" presentation.

- After discussing possible report formats, the Commission suggested creating a 1-2 page executive summary for stakeholders
- Find the report on the NH Rural Health and Primary Care page under Publications
3:25 – 3:50  **Legislative update** – John Williams

- John talked to Sen. Carson about specific concerns re: HB 322 (data bill)
  - i.e. clarifying that under no condition will an incomplete survey prevent physicians from being relicensed
- Reviewed an amended version of the Bill with the Commission
  - In addition to the aforementioned clarification, the Bill will
    - State how this data will help the State of New Hampshire
    - Explain how personally identifiable data is protected
- The Bill was heard by the Senate ED&A yesterday

3:50 – 4:00  **Next Steps/Adjourn**

Next meeting: Thursday, May 25 2:00–4:00pm
2015 Physician Survey Results

Danielle Weiss, MPH
Health Professions Data Center Manager
Rural Health and Primary Care
The Board of Medicine (BOM) processes renewals for approximately 50% of NH-licensed physicians on odd years and 50% on even years.

The electronic, Physician Licensure Survey was accessible to physicians due to renew their medical license during the 2015 NH Board of Medicine license renewal cycle (March-June 30, 2015).

Although it was believed that – through an Administrative Rules change - the Survey would be a required component of license renewal before the cycle closed, the BOM learned the mandate would require legislation, so the survey remained voluntary.
Analysis Considerations

Workforce capacity can be summarized by provider (head count), practice site, or hours/Full-Time Equivalent.

Instead of physician count, number of practice sites was used as the denominator for practice setting data elements.

Physician count was mostly used for descriptive data (i.e. physician characteristics) such as demographics, education/training, and NH ties.

Similarly, in specialty analyses, FTE is used to estimate true capacity instead of reported specialty count.
Limitations

The data collected is self reported. Data was not cross-checked with an alternative source to determine validity.

Administrative involvement may have impacted results by hospital system/practice administrator facilitation with survey completion.

Follow-up was conducted to increase survey participation.

Due to the voluntary status of the survey and administrative involvement, data results may not be representative of physician practice in NH.
**Definitions**

**FTE - Full-Time Equivalent** – Ratio of the number of hours worked per week to full-time hours (i.e. 40)
- 1 FTE represents 40 hours of work per week

**PHN - Public Health Network Region** – 13 regions used for public health planning and the delivery of select public health services.

**SFS - Sliding Fee Scale** - Sliding fee scales provide percentage discounts off of fees given to eligible patients based on their income and family size relative to the federal poverty level. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. This does not include standard discounted rates for everyone set by the facility or negotiated reductions granted on a case by case basis. There must be a sliding fee schedule posted in the waiting room.
2,564 (80.5%) of the 3,187 physicians due to renew their NH license completed the NH Physician Licensure Survey.

This represents about 40% of the total NH-licensed physician population.

Of these 2,564 physicians, 1,751 (68.3%) reported working full time/part time in NH or as a locum tenens at a NH site for one year or longer, indicating active practice status.

2,404 practice sites were reported by physicians.
Over a quarter of active physicians were 60+ years old.

Compared to the resident population, Asians were over-represented and African Americans/Blacks were under-represented in the physician population.¹

The majority of physicians did not speak a language other than English in clinical practice.
Active Physicians by Sex (N=1,751)

- Male: 67.8%
- Female: 32.2%
Active Physicians by Age Bracket (N=1,751)

- Under 40: 26.0%
- 40-59: 58.6%
- 60+: 15.4%

Median/Mean = 51
# Race/Ethnicity (N=1,726)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>41</td>
<td>2.4%</td>
</tr>
<tr>
<td>White, Alone (not Hispanic)</td>
<td>1,454</td>
<td>84.2%</td>
</tr>
<tr>
<td>African American/Black, Alone</td>
<td>11</td>
<td>0.6%</td>
</tr>
<tr>
<td>American Indian and Alaska Native, Alone</td>
<td>6</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian, Alone</td>
<td>194</td>
<td>11.2%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander, Alone</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>2 or more Races</td>
<td>21</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
Language other than English used in Clinical Practice (1,751)

- Yes: 84.1%
- No: 15.9%
Languages used in Clinical Practice (n=278)

- **Spanish**: 111
- **Other**: 74
- **French**: 61
- **Hindi**: 36
- **German**: 20
- **Arabic**: 17
- **Chinese**: 16
- **Russian**: 12
- **Portuguese**: 10
- **Italian**: 8
- **Greek**: 4

Note: “Other” is mostly comprised of South/Southeast Asian and Slavic languages. No physician reported to use sign language in clinical practice.
Over 40% of physicians worked less than 30 hours per week. Almost half (45%) of those worked 10 hours or less per week.

Physician age and hours worked have a strong, inverse relationship. Physicians 60+ were more likely to work less than 30 hours per week than physicians under 40 (p<.001).

4 of the 7 primary care specialties are in the top 10 most practiced specialties.

Geriatric medicine is severely underrepresented both in specialty count and FTE total.
Hours Worked (N=1,751)

- **Less than 30 Hours**: 717
  - 21-29 Hours: 320
  - 11-20 Hours: 153
  - Less than 11 Hours: 244

- **30-39 Hours**: 362

- **40+ Hours**: 672

- 21-29 Hours
- 11-20 Hours
- Less than 11 Hours

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Department of Health & Human Services
Hours Worked by Age Bracket (n=585)

- **<40**
  - Under 30 Hours: 83
  - 40+ Hours: 139

- **60+**
  - Under 30 Hours: 225
  - 40+ Hours: 138
# Specialty by Physician Count

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine/General Practice</td>
<td>227</td>
</tr>
<tr>
<td>Internal Medicine (General)</td>
<td>205</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>125</td>
</tr>
<tr>
<td>Hospital Medicine (Hospitalist)</td>
<td>114</td>
</tr>
<tr>
<td>Pediatrics (General)</td>
<td>114</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>90</td>
</tr>
<tr>
<td>Radiology</td>
<td>88</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>87</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>86</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>72</td>
</tr>
<tr>
<td>Cardiology</td>
<td>65</td>
</tr>
<tr>
<td>Surgery (General)</td>
<td>55</td>
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<tr>
<td>Pediatric Subspecialties</td>
<td>50</td>
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<tr>
<td>Pathology</td>
<td>46</td>
</tr>
<tr>
<td>Neurology</td>
<td>42</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>38</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>37</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>36</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>35</td>
</tr>
<tr>
<td>Dermatology</td>
<td>30</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>29</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>27</td>
</tr>
<tr>
<td>Urology</td>
<td>25</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>23</td>
</tr>
<tr>
<td>Physical Med. and Rehab.</td>
<td>20</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>20</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>19</td>
</tr>
<tr>
<td>Child Psychiatry</td>
<td>19</td>
</tr>
<tr>
<td>Nephrology</td>
<td>19</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>17</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>16</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>16</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>15</td>
</tr>
<tr>
<td>Preventive Medicine/Public Health</td>
<td>15</td>
</tr>
<tr>
<td>Gynecology Only</td>
<td>13</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>12</td>
</tr>
<tr>
<td>Other Surgical Specialties</td>
<td>12</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>11</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>10</td>
</tr>
<tr>
<td>Colon and Rectal Surgery</td>
<td>7</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>7</td>
</tr>
<tr>
<td>Neurologic Surgery</td>
<td>6</td>
</tr>
<tr>
<td>Gynecologic Oncology</td>
<td>3</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>2</td>
</tr>
</tbody>
</table>

Includes primary, secondary and tertiary specialties.
### 20 Most Practiced Specialties by FTE

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine/General Practice</td>
<td>182.8</td>
</tr>
<tr>
<td>Internal Medicine (General)</td>
<td>118.3</td>
</tr>
<tr>
<td>Hospital Medicine (Hospitalist)</td>
<td>91.1</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>87.4</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>83.2</td>
</tr>
<tr>
<td>Pediatrics (General)</td>
<td>81.0</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>68.5</td>
</tr>
<tr>
<td>Radiology</td>
<td>61.8</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>58.0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>53.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>50.6</td>
</tr>
<tr>
<td>Surgery (General)</td>
<td>45.6</td>
</tr>
<tr>
<td>Pathology</td>
<td>27.7</td>
</tr>
<tr>
<td>Neurology</td>
<td>27.5</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>25.7</td>
</tr>
<tr>
<td>Pediatric Subspecialties</td>
<td>25.0</td>
</tr>
<tr>
<td>Urology</td>
<td>24.1</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>23.9</td>
</tr>
<tr>
<td>Dermatology</td>
<td>21.8</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>21.7</td>
</tr>
</tbody>
</table>

1 FTE = 40 hours
Count of Primary Care v. Specialty Care Percentage of Primary Care Specialties Practiced (N=1,748)

- Other Specialties: 67.5%
- Primary Care Specialties: 32.5%

- Family Medicine/General Practice: 12.4%
- Internal Medicine (General): 8.6%
- Pediatrics (General): 5.9%
- Obstetrics and Gynecology: 3.9%
- Geriatric Medicine: 0.9%
- Gynecology Only: 0.7%
- Adolescent Medicine: 0.1%
Primary Care FTE by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine/General Practice</td>
<td>169.9</td>
</tr>
<tr>
<td>Internal Medicine (General)</td>
<td>84.6</td>
</tr>
<tr>
<td>Pediatrics (General)</td>
<td>68.2</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>24.2</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>5.1</td>
</tr>
<tr>
<td>Gynecology Only</td>
<td>3.9</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>1.6</td>
</tr>
</tbody>
</table>
While the resident population ranked 12th of 13, Upper Valley Public Health Network’s (PHN) FTE count ranked highest among the PHN Regions.\(^2\)

- Dartmouth-Hitchcock, one of the largest healthcare systems in NH, is located within this PHN.

A very small percentage of physicians (<7%) worked outside a hospital or outpatient setting.
Refer to slide #5 for a definition of Public Health Network (PHN).
FTE Distribution by PHN Region, Primary Care

- Capital Area: 42.5
- Carroll County: 8.1
- Central NH: 7.0
- Greater Derry: 33.9
- Greater Manchester: 23.4
- Greater Monadnock: 17.0
- Greater Nashua: 36.2
- Greater Sullivan County: 27.4
- North Country: 34.5
- Seacoast: 9.4
- Strafford County: 11.9
- Strafford County: 57.1
- Winnipesaukee: 57.1

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Other includes extended/institutional care only, corporate/educational institution or Veterans Administration (VA), substance abuse treatment centers, non-traditional settings, rehabilitation facilities, state/federal prison clinics, city/county correctional facilities, and other.

Work Setting (n=2,395)

- Outpatient/Office-based setting: 53.8%
- Hospital/Surgical Center services only: 39.5%
- Other: 6.7%
Hospital Ownership of Outpatient Practices (n=1,289)

- Hospital owned: 54.2%
- Independent: 45.8%
The majority of outpatient practices had Medicaid acceptance, a Sliding Fee Scale (SFS) or both policies available to patients. Over 20% of outpatient practices had a wait time of over 2 weeks for established patients. This is only slightly lower (~17%) for primary care.

- The percentage increased to 35% for new patients in all specialties and in primary care.

3 of the 5 specialties with the highest wait times were also the most practiced specialties (#1, #2, #6).

- All 5 were in the top 20
Medicaid Acceptance in Outpatient Setting (n=1,233)

- Yes: 88.8%
- No: 11.2%
SFS Policy in Outpatient Setting (n=1,233)

Refer to slide #5 for a definition of Sliding Fee Scale (SFS).
SFS and Medicaid Integration Payment Policy in Outpatient Setting (n=1,233)

- Medicaid only: 58.5%
- SFS only: 30.3%
- Both: 9.8%
- Neither: 1.4%
Average Wait Time for Established Patients in Outpatient Settings (n=1,109)
Average Wait Time for Routine Primary Care Appointments, Established Patients (n=458)

- 1-3 days: 45.0%
- 4-7 days: 24.6%
- 8-14 days: 12.9%
- >2 weeks: 5.2%
- 1+ month: 6.9%
- 2+ months: 3.7%
- 3+ months: 1.7%
Top 5 Specialties with Wait Times for an Established Patient Averaging 30 Days or Longer

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Average Wait (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics (General)</td>
<td>70</td>
</tr>
<tr>
<td>Dermatology</td>
<td>57</td>
</tr>
<tr>
<td>Pediatric Subspecialties</td>
<td>56</td>
</tr>
<tr>
<td>Internal Medicine (General)</td>
<td>48</td>
</tr>
<tr>
<td>Family Medicine/General Practice</td>
<td>45</td>
</tr>
</tbody>
</table>
New Patient Acceptance in Outpatient Practices (N=1,289)

- No: 82.9%
- Yes: 17.1%
Average Wait Time for New Patients in Outpatient Settings (n=975)

- 1-3 days: 19.1%
- 4-7 days: 5.0%
- 8-14 days: 22.5%
- >2 weeks: 14.2%
- 1+ month: 10.8%
- 2+ months: 5.4%
- 3+ months: 5.4%

NH Division of Public Health Services
Department of Health & Human Services
Average Wait Time for Routine Primary Care Appointments, New Patients (n=361)

- 1-3 days: 27.4%
- 4-7 days: 18.8%
- 8-14 days: 16.9%
- > 2 weeks: 18.6%
- 1+ month: 9.4%
- 2+ months: 5.0%
- 3+ months: 3.9%
The most reported medical school location was international schooling in all years and the last 10 years, and for all specialties and primary care.

- NH was not in the top 5 locations for medical school among primary care providers.

NH ranked in the top 10 for medical school location but number 1 for residency location in the last 10 years for all specialties and primary care.
Top 10 Locations from which NH-Practicing Physicians Graduated Medical School, All Years (N=1,749)

- International Schooling: 317
- NY: 232
- MA: 219
- PA: 114
- NH: 96
- VT: 77
- ME: 67
- IL: 58
- OH: 53
- WA: 44

Top Locations from which NH-Practicing Physicians Graduated Medical School, 2002-2011 (n=356)

- International Schooling: 60
- MA: 41
- NY: 41
- ME: 29
- PA: 25
- NH: 22
- IL: 11
- FL: 10
- TX: 9
- CA, CT, MO, NC: 8
Top 5 States in which NH-Practicing Physicians Completed Residency, All Years (N=1,678)

- Massachusetts (MA): 326
- New York (NY): 243
- New Hampshire (NH): 199
- Pennsylvania (PA): 105
- Connecticut (CT): 88

Top 5 States in which NH-Practicing Physicians Completed Residency, 2002-2011 (n=343)

- New Hampshire (NH): 66
- Massachusetts (MA): 65
- New York (NY): 50
- Connecticut (CT): 18
- Maine, Pennsylvania (ME, PA): 17
Top 5 States in which NH-Practicing Primary Care Physicians Completed Residency, All Years (n=497)

- MA: 75
- NY: 71
- NH: 57
- PA: 43
- ME: 31

Top 5 States in which NH-Practicing Primary Care Physicians Completed Residency, 2002-2011 (n=86)

- NH: 23
- MA: 13
- NY: 9
- ME: 8
- PA: 7
The vast majority (~80%) of NH-practicing physicians did not have work or family ties to the state prior to receiving their medical license.

Almost 15% of physicians expected to work less hours, practice in another state, or not practice medicine 5 years from then.
NH Ties
Residence or Work in NH Prior to Receiving a NH Medical License (N=1,751)

- No: 78.1%
- Yes: 21.9%
Expectation of Clinical Practice in NH 5 Years from Now by FTE (1,425.7)

71.5% Yes, same hours
15.3% Yes, more hours
1.4% Yes, less hours
4.3% No, I will practice in another state
7.6% No, I do not plan to practice medicine

Note: Primary care-specific results were statistically similar to all physicians.
References


2. Annual estimates of the New Hampshire resident population by single year of age, sex, county subdivision, census tract, race, and Hispanic origin. Prepared for New Hampshire Department of Health and Human Services by Claritas, LLC [2015].
For More Information

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

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