

## Legislative Commission on Primary Care Workforce Issues

**December 20, 2018 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>Welcome and Introductions</b>   |
| 2:10 – 2:50 | <b>Behavioral Health Workforce Update</b> - Alexander Blount, EdD, Professor of Clinical Psychology, Antioch University of New England |
| 2:50 – 3:30 | <b>UNH Behavioral Health Workforce Project</b> - Will Lusenhop, PhD and Alexa Trolley-Hanson, MS, UNH                                  |
| 3:30 – 3:50 | <b>Brainstorm about Endowment for Health workforce funding</b>   |
| 3:50 - 4:00 | <b>Legislative Update</b>  |

**Next meeting: Thursday January 24, 2:00-4:00pm**

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

DATE: October 25, 2018

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

**Meeting Minutes**

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

**FROM:** Danielle Weiss

**MEETING DATE:** October 25, 2018

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**Members of the Commission:**

Rep. John Fothergill, 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, ARNP, NH Nurse Practitioner Association  
Kristina Fjeld-Sparks, Director, NH AHEC  
Jeanne Ryer, NH Citizens Initiative  
Mike Ferrara, Dean, UNH College of Health and Human Services  
Bill Gunn, NH Mental Health Coalition  
Pamela Dinapoli, NH Nurses Association

**Guests:**

Danielle Weiss, Health Professions Data Center Manager, Rural Health and Primary Care Section  
Paula Minnehan, NH Hospital Association  
Peter Mason, Geisel School of Medicine, IDN region 1  
Guy Defeo, MD, Associate Dean for Clinical Education, UNE  
Anne Marie Mercuri, QI Nurse, Maternal and Child Health Section  
Barbara Mahar, New London Hospital  
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center  
Alexander Blount, Antioch University  
Michelle Petersen, Bi-State Primary Care Association  
Allison Piersall, Bi-State Primary Care Association  
Jan Thomas, UNH, Health Policy & Practice

**Meeting Discussion:**

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

2:10 – 2:50                    **Behavioral Health Workforce Update** - Alexander Blount, EdD, Professor of Clinical Psychology, Antioch University of New England

- Refer to the PowerPoint “**Behavioral Health Integration.**”

2:50 – 3:30

**UNH Behavioral Health Workforce Project** - Will Lusenhop, PhD and Alexa Trolley-Hanson, MS, UNH

- Refer to the handouts “**PCBH Training Program Brochure**,” “**PCBH Overview**” and “**PCBH Update**.”
- CMS, private insurance, DHHS, and board rules are all working independently, which creates barriers to behavioral health (BH) reimbursement
- Reimbursement for BH integration is extremely limited in RHCs
  - o Reimbursement is prescribed by Medicare and hasn’t changed since 70s
  - o Only to cover base of limited patient population in area
- Advisory leadership meeting plans to address this – hosted by CHI

3:30 – 3:50

**Brainstorm about Endowment for Health Workforce Funding**

- Funding from JUA would be \$100k/annually
  - o Used to assist providers in medically underserved areas
- What's the Commission’s role in this
  - o Annual input to suggest areas of concern
- Funding is more flexible; that they can pay for work grants can't
  - o Money can be used for a pilot or expansion
- Possible goals
  - o Funds to target convening process for residency discussion
  - o Pipeline – AHEC
    - Scholarship
  - o Recruitment Center to conduct marketing and outreach for recruitment to PC
- Goal to Evon(sp?) – oversight of funds
  - o Short-term is to respond to workforce needs across primary care disciplines
  - o Long-term is stability and sustainability

3:50 - 4:00

**Legislative Update**

- Graduate Physician Bill – Fothergill, Marsh, and Kirk (no bill number yet)
  - o If goes to House ED&A, then it won't make it out
  - o Amended to create committee to start the program (outside of the Board of Medicine), monitor, evaluate and share data
    - At the end of 5-year pilot, would hold a discussion of whether it should continue
    - Still puts a large burden on the Board of Medicine due to the administrative work
      - Strain to the board would also be evident in the required fiscal note

**Next meeting: Thursday January 24, 2:00-4:00pm**



Center for  
Behavioral Health  
Innovation

**BUILDING THE COMPETENCIES OF THE  
PRIMARY CARE BEHAVIORAL HEALTH  
WORKFORCE OF TOMORROW**

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ALEXANDER BLOUNT, ED.D.

# Colorado Consensus Competencies for BHC's

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- 1. Identify and assess behavioral health needs as part of a primary care team**
- 2. Engage and activate patients in their care**
- 3. Work as a primary care team member to create and implement care plans that address behavioral health factors**
- 4. Help observe and improve care team function and relationships**
- 5. Communicate effectively with other providers, staff, and patients**
- 6. Provide efficient and effective care delivery that meets the needs of the population of the primary  
care setting**
- 7. Provide culturally responsive, whole-person and family-oriented care**
- 8. Understand, value, and adapt to the diverse professional cultures of an integrated care team**

For more the full report and  
much more information:

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[https://makehealthwhole.org/implementation/  
8-core-competencies/](https://makehealthwhole.org/implementation/8-core-competencies/)

# NH PCBH Workforce Assessment

funded by the Endowment for Health of NH  
carried out by the Center for BH Innovation

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Focused only on primary care behavioral health workforce in New Hampshire

Assessing how behavioral health care is delivered to the most “stressed” populations

Studied the “safety net” clinics (FQHCs and look-alikes plus RHCs)

Looked at how well the training infrastructure of the state is poised to produce the workforce needed to supply these sites and by extension, the state.

# We defined behavioral health broadly.

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1. Prescribing and consulting about psychotropic medications
2. Consulting with PCPs and other team members about patient BH needs and treatment.
3. Providing behavioral interventions or therapies for mental health and substance abuse needs and health behavior change
4. Creating and maintaining patient engagement in care
5. Addressing health literacy, adherence, and healthy living
6. Keeping information about the patient's health needs and health behavior flowing between the patient and the health team
7. Addressing social and economic barriers patients face in caring for their health (“social determinants of health”)

We conceptualized the workforce by categories of function rather than discipline.

## Care Enhancer (CE)

- BSW, Med Asst, Care Manager/Coord, Health Coach, CHW, Pt. Educator, Navigator, Reg. Nurse, BS Nurse

## Consulting Psychiatric Clinician (CPC)

- Psychiatrist (MD, DO), Psych Nurse Practitioner, Psych Advanced Practice Nurse, Psych Physician's Assistant

## Behavioral Health Clinician (BHC)

- Psychologist (PsyD, Phd), Marriage & Family Therapist, Substance Abuse Counselor, Mental Health Counselor, MSW

# The Fourth Core Role in BHI

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**Primary Care Clinicians** – (MD/DOs, APRNs, PAs working in Family Medicine, General Internal Medicine, Pediatrics, and sometimes OB/GYN)

We did not study this workforce because a number of federal and state agencies already do so.

Yet PCCs play a core role in the success of BHI.

They are already treating depression, anxiety, SA, ADHD, chronic pain, Medically Unexplained Symptoms, and non-adherence, usually presenting in multiples along with chronic illnesses.

When co-location and integration are done well, PCCs' job satisfaction goes up and (anecdotally) so does provider retention. This is an important workforce intervention.

A new book designed to teach PCCs about integration.

Gold, S. & Green, L. (2018) *Behavioral Health Integration: Your Patients are Waiting*. Springer, New York. [https://www.amazon.com/Integrated-Behavioral-Health-Primary-Care/dp/3319985868/ref=sr\\_1\\_1?ie=UTF8&qid=1545080236&sr=8-1&keywords=behavioral+health+integration+your+patients+are+waiting](https://www.amazon.com/Integrated-Behavioral-Health-Primary-Care/dp/3319985868/ref=sr_1_1?ie=UTF8&qid=1545080236&sr=8-1&keywords=behavioral+health+integration+your+patients+are+waiting)

# Role of “Care Enhancers”

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Lots of roles being added:

Care Manager

Care Coordinator

Navigator

Health Coach

Patient Advocate

Community Health Worker

Patient Educators

(and on and on)

Some are new types of training and some are new roles for existing disciplines (RNs, LPNs, MAs, MSWs)

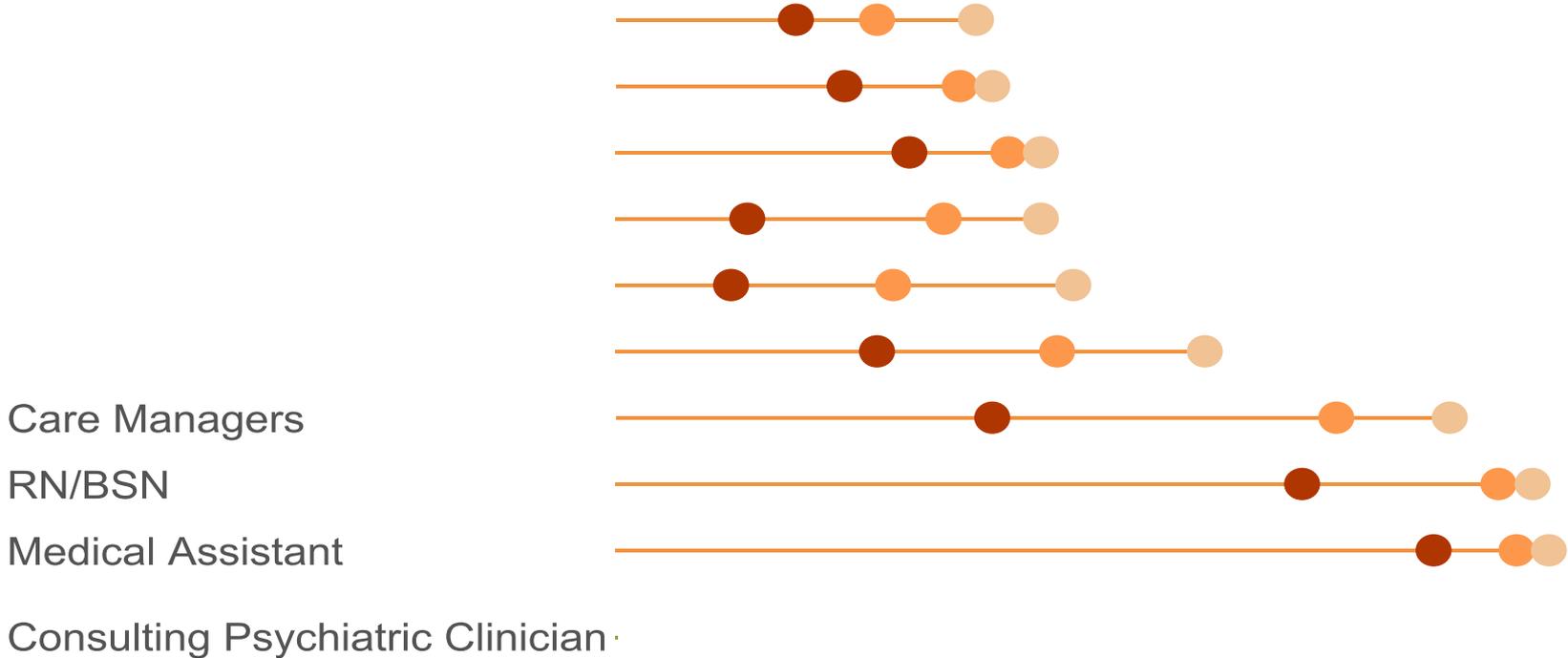
Whatever their training, these roles require behavioral skills.

# BHCs, PCCs, & some forms of CE's will be in great demand.

## Substance Abuse Counselors, Care Managers, BHCs Needed

Number of Professionals: **Now**, Wanted Now, Wanted in 5 years

Care Enhancers, Consulting Psychiatric Clinicians, Behavioral Health Clinicians



We believe “substance abuse counselors” should be identified and trained as “behavioral health clinicians.”

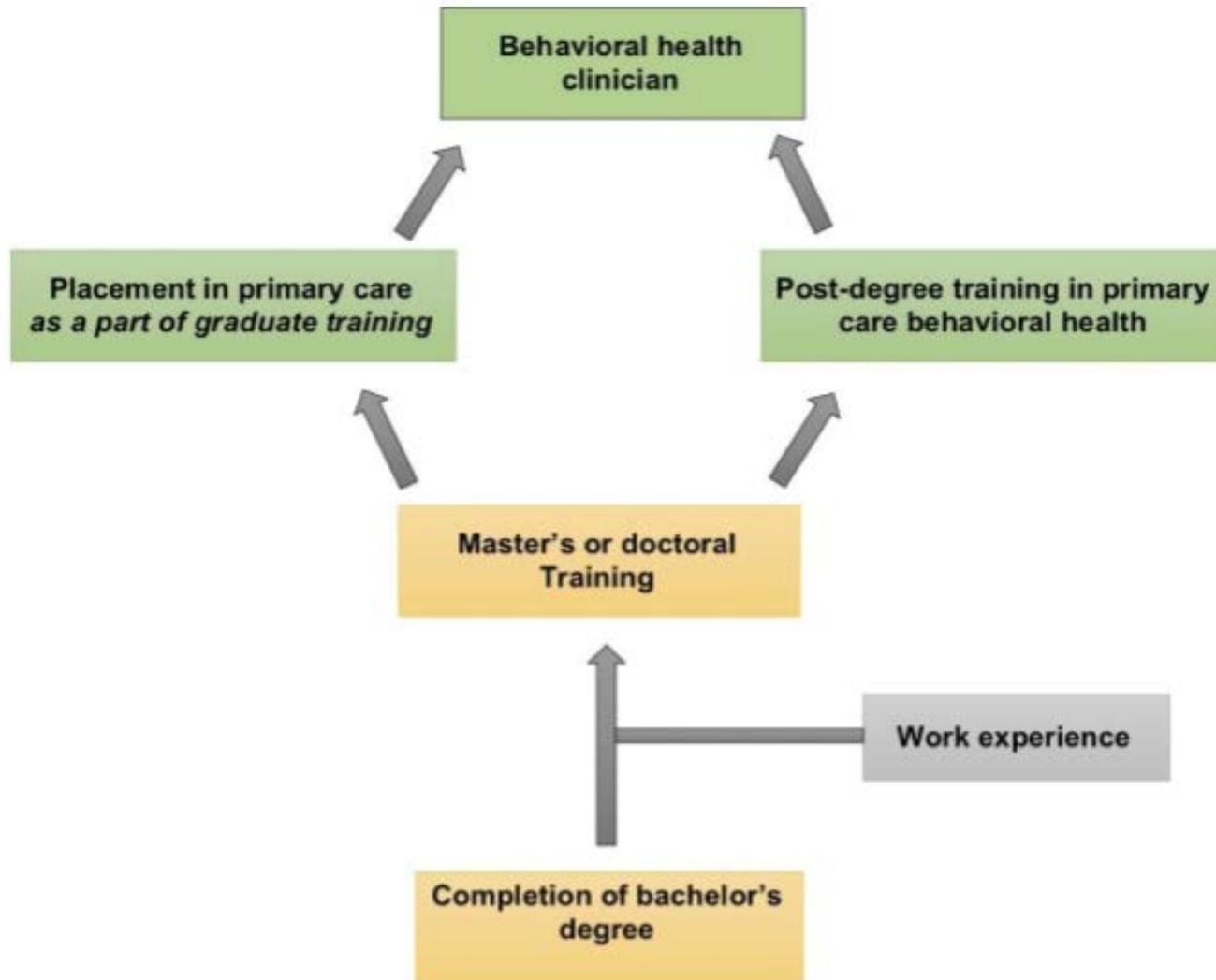
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Primary care patients usually present substance use problems as part of larger arrays of concerns. Treating the “whole person” doesn’t mean treatment for only a particular BH problem any more than treating only physical problems.

The BHC who engages them in working on their behavioral health issues has to be defined as a generalist who can competently address unhealthy habits or depression or substance use, depending on where the patient is ready to work.

The 42 CFR permits generalist behavioral health and medical professionals in general medical settings to communicate about substance abuse diagnoses and treatment without additional permission from the patient.

## Traditional Pathways to Becoming a Behavioral Health Clinician in Primary Care



# Training needs identified by the PCBH Workforce Assessment:

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Targeted training for licensed MH professionals to become Primary Care Behavioral Health Clinicians.

(<https://sites.google.com/view/nhpcbworkforce/training/post-degree-training> ).

Modules to introduce students to the field of Primary Care Behavioral Health.

(<https://sites.google.com/view/nhpcbworkforce/training/student-training> )

Programs to become a licensed MH professional that can be taken while maintaining a full time job.

(<https://sites.google.com/view/nhpcbworkforce/masters-programs> )

Specialized training modules for APRNs and BHCs in pediatric settings. (Under development for the website.)

Experiential placements for BHCs in training in primary care sites. New grant programs funded by HRSA for psychologists (Antioch), social workers (UNH), licensed mental health counselors (Plymouth), Psych NPs (Rivier).

# As BHI matures, the workforce needs to evolve

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Care enhancers become more involved in formal BH programming, eg, teaching behavior activation, using MI, monitoring adherence and side effects in population programs for depression, each supported by evidence.

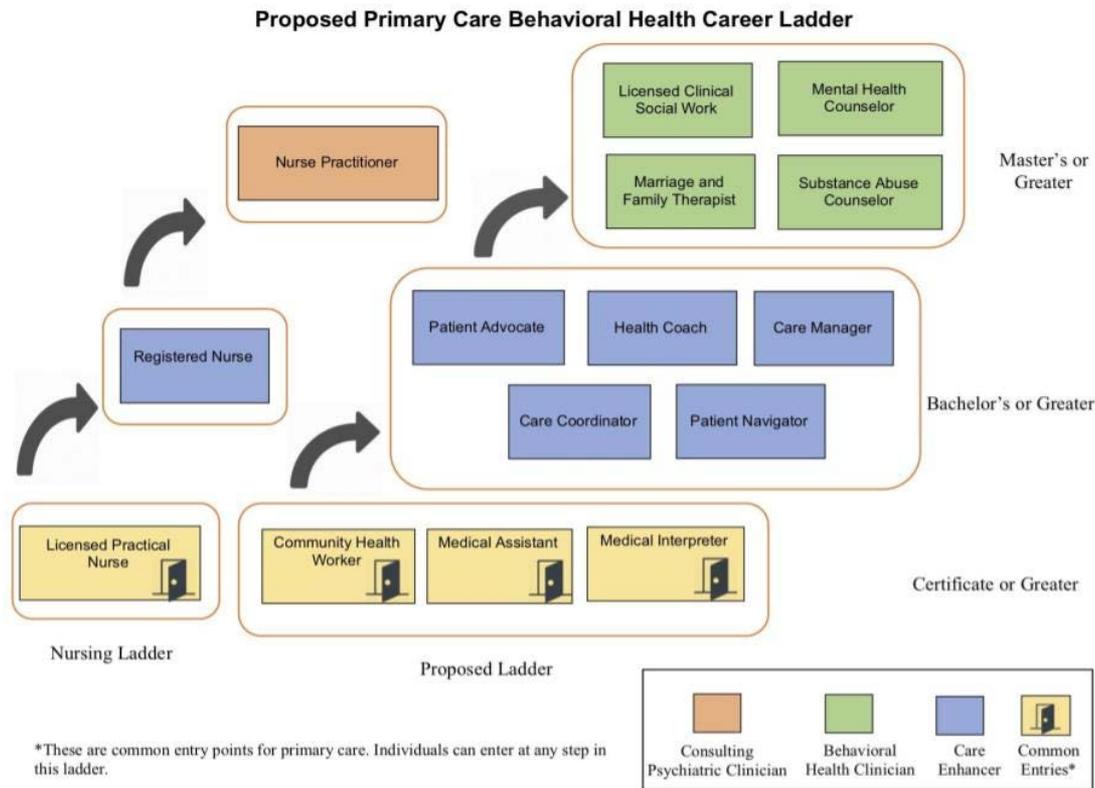
The more teams work together in the flow of care, (using huddles, programming for complex patients, implementing PDSA cycles), the more the expertise of each is contributed to the expertise of all.

The integration that occurs is not an integration of BH and medical roles, it is an integration of medical and psychosocial expertise.

This approach is the cutting edge. <https://www.iorahealth.com/model/>

I call it “**meta-integration.**”

# Primary Care Behavioral Health Career Ladder



# Growing Your Own Workforce

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In rural sites - Work with people who have already chosen to live where you are, rather than spending so much energy trying to get people to come to your (certainly wonderful) boondocks.

It creates continuity for patients and other staff by having people develop their careers in one place.

It supports diversity because it is much easier to find an MA or an Interpreter of a minority group than a licensed professional (especially new refugee groups). If you grow your own licensed professionals, you have an option for diversity of staff that otherwise would be impossible.

# Our Next Steps

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Spruce up the website: <https://elizabeth00510.wixsite.com/mysite-1>

Develop a curriculum to teach the competencies necessary for Care Enhancers to function as part of the BH workforce in primary care.

Deliver the curriculum to any and all New Hampshire workers who are interested, both synchronously and asynchronously.

**We will need additional support for these last two tasks.**

# Questions and Discussion

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**New Hampshire Primary Care Behavioral Health Workforce Portal**

**[www.NHPCBHWorkforce.org](http://www.NHPCBHWorkforce.org)**

## ELIGIBILITY

**Social Work MSW:** Students who will be entering their final placement from any program option

**Occupational Therapy MS:** Students entering their Level II B field placements.

## AWARD

Students will receive a stipend of \$10,000 to cover costs associated with participation in the program such as housing, travel, conferences etc.

## APPLY

Interested students should complete an application and return to Kerrin Edelman at: [kerrin.edelman@unh.edu](mailto:kerrin.edelman@unh.edu)

## Questions? Contact:



William Lusenhop - SW



[rwilliam.lusenhop@unh.edu](mailto:rwilliam.lusenhop@unh.edu)



Alexa Trolley-Hanson - OT



[alexa.trolley-hanson@unh.edu](mailto:alexa.trolley-hanson@unh.edu)



# PRIMARY CARE BEHAVIORAL TRAINING PROGRAM



University of New Hampshire  
Primary Care Behavioral Health



## TRAINING PROGRAM

The PCBH Training Program prepares students to work in Integrated Primary Care settings. Integrated care is the, “systematic coordination of general and behavioral health care” which breaks down the arbitrary separation of our physical and behavioral health AND recognizes the need to address social determinants of health.

## IPE

An interprofessional education (IPE) approach will be used with SW, OT, and other health profession master’s students, “learning about, from, and with each other to enable effective collaboration and improve health outcomes” (IPE definition, WHO, 2010).

## COURSEWORK

1. Spring: Orientation including pre-course modules and two video/phone conferences
2. Summer: PCBH I - Intro to Primary Care Behavioral Health
3. Fall: PCBH II - Seminar in Primary Care Behavioral Health
4. PCBH Project Completed through:
  1. SW 965
  2. OT 865 or OT 875
5. Elective (any eligible elective with focus on behavioral health)

## INTERNSHIP

SW and OT students are placed in integrated settings that conform to each program’s requirements for their 2nd/final-year placement. OT students have two placement options:

1. Extended Level II B placement or
2. Part-Time placement after their Level II B placement.





# University of New Hampshire

## Primary Care Behavioral Health

### Training Program - Overview

The PCBH Training Program is designed to develop your knowledge and skills in Primary Care Behavioral Health (PCBH) through a combination of course work and clinical training in an integrated practice setting. All elements of the program will use an interprofessional teaching approach in which occupational therapy, social work and students from other professions work together on a variety of clinical and programmatic projects solving dilemmas through the unique perspectives of each discipline. In addition, all students will engage in systemic change projects and/or research and program evaluation activities vital to improving our health care system.

#### Coursework

1. Pre-Course-Self-Guided Modules & Virtual Orientation Sessions (February-May 2019)
2. PCBH I - Introduction to Primary Care Behavioral Health (Summer, 2019)
3. PCBH II – Seminar in Primary Care Behavioral Health (Fall, 2019)
4. SW Students: Project Completed through Program and Practice Evaluation (SW 965)
5. OT Students Project Completed through:
  1. OT 865 Occupational Therapy Practice and Professional Reasoning or
  2. OT 875 Leadership in Occupational Therapy Systems of Practice
6. Elective (any eligible elective with a focus on behavioral health).

#### Internship

PCBH students are placed in integrated settings that conform to each program's requirements for their 2<sup>nd</sup>/final-year placement. OT students have two placement options. 1. Extended Level II B placement and 2. Part-Time placement after their Level II B placement.

#### Eligibility

- **MSW Program:** Students who will be entering their final placement from any program option including Durham-Face-to-Face, Manchester, Advanced Standing, and the Online program. Part-time students are eligible.
- **Occupational Therapy Master's Students** entering their Level II B field placements

**Award:** Students will receive a stipend of \$10,000 to cover the costs of educational, travel, and living expenses associated with the program.

**Interested students** should complete an application and return to Kerrin Edelman, [kerrin.edelman@unh.edu](mailto:kerrin.edelman@unh.edu) . Send question to Will Lusenhop, [rwilliam.lusenhop@unh.edu](mailto:rwilliam.lusenhop@unh.edu) in SW and Alexa Trolley-Hanson, [alexa.trolley-hanson@unh.edu](mailto:alexa.trolley-hanson@unh.edu) in OT



# University of New Hampshire

## Primary Care Behavioral Health

### Highlights – Year 1:

- **Trained 20 PCBH Students: 17 Social Work, 3 Occupational Therapist**
- **Developed 4 New Training Sites**
- **Expanded Existing Sites to include 8 Additional Training Program Slots**
- **Developed and Implemented 2 New Graduate Courses: PCBH I and PCBH II**
- **Developed a Collaboration between NH Academic Institutions with BH HRSA Grants**
- **Presented on PCBH at NH Provider's Association and Citizens Health Initiative**
- **Participated in Outreach to Numerous IDN's, Provider Organizations, Providers**

### Program Update – Year 2:

#### Fall Activities:

- **Received 30 Applications as of December 14, Expected cohort of 20 Social Work and 10 Occupational Therapy Students, More applications expected.**
- **Revised Graduate Courses including Pre-Grant Modules, PCBH I and PCBH II**
- **Developed 3 New Sites, More Expected (Littleton, Colebrook, Portsmouth)**
- **Presentation - Collaborative Family Healthcare Association Conference, Oct, 2018**
- **Co-hosted a Professional Development Conference for Supervisors (HRSA grant students) on PCBH in Fall, 2018**

#### Spring Activities:

- **Presentation at the National American Occupational Therapy Association Conference in New Orleans in April, 2019**
- **Presentation to UNH Faculty by PCBH expert, Spring 2019**
- **Co-hosting an Interprofessional Student Conference with Academic Partners Summer, 2019**
- **Recruiting Current and Potential Adjunct Faculty for Sustainability**
- **Information Sharing/Collaboration with other IPE Initiatives/Trainings at UNH and Beyond**

### Moving Forward:

- **We are developing a graduate certificate in PCBH at UNH and would like to meet current workforce needs. What are your thoughts on the best way to provide this knowledge?**
- **We continue to struggle with billing and reimbursement issues that make it hard for sites to take student interns. We welcome any advice or guidance on how to be involved in addressing these issues.**

For more information contact:

Alexa Trolley-Hanson, Clinical Assistant Professor, Department of Occupational Therapy

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[rwilliam.lusenhop@unh.edu](mailto:rwilliam.lusenhop@unh.edu) - 603-862-5257