Legislative Commission on the Interdisciplinary Primary Care Workforce

June 24, 2021 2:00-4:00pm – Zoom Conference

Call in information:

https://nh-dhhs.zoom.us/j/96235636946?pwd=NG81a3RSc0FENDFCY1BvMkpidzITdzz09

Meeting ID: 962 3563 6946
Passcode: 817441

+1 646 558 8656 US (New York)

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

Agenda

2:00 - 2:15  Attendance & Introductions

2:15 – 2:35  A Review of NH Health Care Licensure Standards and Workforce - Peter Ames, Executive Director, Foundation for Healthy Communities

2:35 - 3:35  Building Workforce – ANEW, Moving Beyond the Usual – Marcy Doyle, Clinical and Quality Improvement Director and Adjunct Nursing Professor, Jeanne Ryer, Director, and Janet Thomas, Project Director, NH Citizens Health Initiative (NHCHI), NH Institute for Health Policy and Practice (IHPP), UNH

3:35 – 3:55  Legislative Agenda & Updates – Group discussion

4:00  Adjourn

Next meeting: Thursday August 26, 2:00-4:00pm
The Health Care Licensing Project: Findings & Recommendations

Foundation for Healthy Communities
Author: Brian Gottlob
Funded by the Endowment for Health
June 24, 2021
The Issues (From an Economists Perspective)

- Health care occupations are among the fastest growing and the industry has the most unfilled job openings in New Hampshire.
- NH’s labor force is growing slowly and 30% of hires in the health care industry annually come from jobs in other states.
- Occupational licensing affects the ability of professionals licensed by one state to work in another state.
- Healthcare occupations are the most licensed of all occupations.
- Licensure requirements can delay or dissuade individuals from entering licensed healthcare occupations.
- Licensure requirements can inhibit multistate practice and delay or preclude licensees from working in their occupations upon relocation to a new state.
- Eliminating impediments to licensing will be important in meeting the healthcare industry’s hiring needs.
Approach

• Frame the issue around workforce needs not ideological or regulations.

• Document demand for healthcare workers relates to the larger demographic and labor force challenges New Hampshire faces.

• Document the impacts that healthcare licensure can have on the ability of NH’s healthcare industry to satisfy it workforce needs.

• Quantify the workforce and economic benefits to NH of reducing barriers to attracting and hiring healthcare workers.

• Compare NH’s licensure policies to other states and recommend actions to reduce impediments to licensure.
Annual Job Postings for Health Care Occupations in NH Increased 91% Between 2015 and 2020
Health Care Industries are Projected to Have Greater Job Growth. A High % of Licensed Workers and Slow Labor Force Growth Will Make Licensing Regulations and Procedures Increasingly Important

Projected Industry Employment Growth to 2028

- Total Employment: 5.3%
- Ambulatory Health Care Services: 22.0%
- Hospitals: 5.6%
- Nursing & Resid. Care Facilities: 7.0%
Projected Net Job Growth to 2028 for Health Care Occupations in New Hampshire (but There are Just as Many Annual Openings Each Year)

- Registered Nurses: 1,752
- Nursing Assistants: 649
- Medical Assistants: 551
- Nurse Practitioners: 350
- Physical Therapists: 290
- Physician Assistants: 247
- Home Health Aides: 226
- Massage Therapists: 208
- Pharmacy Technicians: 205
- Licensed Practical and Licensed Vocation Nurse Assistants: 186
- Veterinary Technologists and Technicians: 183
- Phlebotomists: 167
- Occupational Therapists: 142
- Dental Assistants: 141
- Dental Hygienists: 140
- Physicians and Surgeons, All Other: 132
- Speech-Language Pathologists: 126
# Health Care Occupations With the Most Job Postings Last 365 Days

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Job Postings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>3,631</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>1,490</td>
</tr>
<tr>
<td>Medical and Health Services Managers</td>
<td>970</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>892</td>
</tr>
<tr>
<td>Patient Representatives</td>
<td>701</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>687</td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td>641</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>544</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>376</td>
</tr>
<tr>
<td>Physical Therapist Assistants</td>
<td>375</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>373</td>
</tr>
<tr>
<td>Critical Care Nurses</td>
<td>354</td>
</tr>
<tr>
<td>Secretaries and Administrative Assistants, Except Legal, Medical, and Executive</td>
<td>333</td>
</tr>
<tr>
<td>Health Technologists and Technicians, All Other</td>
<td>290</td>
</tr>
<tr>
<td>Medical Records and Health Information Technicians</td>
<td>287</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technicians</td>
<td>266</td>
</tr>
<tr>
<td>Radiologic Technologists</td>
<td>236</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>233</td>
</tr>
<tr>
<td>Internists, General</td>
<td>221</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>216</td>
</tr>
<tr>
<td>Surgical Technologists</td>
<td>211</td>
</tr>
<tr>
<td>Maids and Housekeeping Cleaners</td>
<td>207</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>200</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>185</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technologists</td>
<td>184</td>
</tr>
</tbody>
</table>
Occupations Requiring Bachelor’s and Associate’s Degrees are Most in Demand, But a High Percentage Require Little or No Experience

Requested Education Experience in Health Care Job Postings

- Doctoral degree: 0 to 2 years of experience
- Master's degree: 0 to 2 years of experience, 3 to 5 years of experience
- Associate's degree: 6 to 8 years of experience
- Bachelor's degree: 3 to 5 years of experience, 9+ years of experience
- High school or vocational training: 0 to 2 years of experience, 3 to 5 years of experience, 9+ years of experience
### Healthcare Occupations are, by Far, the Most Heavily Licensed of All Occupational Groupings

<table>
<thead>
<tr>
<th>Healthcare Practitioner &amp; Tech.</th>
<th>79.2%</th>
<th>4.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educ., Training, &amp; Library</td>
<td>58.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Healthcare Support</td>
<td>55.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Legal</td>
<td>49.4%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Protective Service</td>
<td>38.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Personal Care &amp; Services</td>
<td>30.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Social Service</td>
<td>29.7%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Transp. &amp; Material Moving</td>
<td>25.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Construction</td>
<td>24.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Install., Maint. &amp; Repair</td>
<td>23.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Architect. and Engineering</td>
<td>19.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Management</td>
<td>18.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Business and Financial</td>
<td>15.9%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Sales and Related</td>
<td>13.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Production</td>
<td>7.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Office and Admin Support</td>
<td>6.9%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Most Hires to Health Care Jobs in New Hampshire (Among People Who Held a Prior Job) are From NH, But 20% Come From Neighboring States – Important to Facilitate Licensing Between NH & Those States

Income from State

- NH: 72%
- MA: 13%
- VT: 8%
- ME: 4%
- All Other: 3%

- NH: 75%
- MA: 10%
- VT: 8%
- ME: 4%
- All Other: 3%
Individuals With Occupational Licenses are Less Mobile. Reducing Impediments to Licensing Could Increase Health Care Hiring in NH by 182 – 365 per Year, or 3.5% to 7.0% of Projected Annual Health Care Job Openings.

Annual State-to-State Migration Rates to NH

- Unlicensed Occupations: 5.3%
- Licensed Occupations: 4.1%
- Licensed Except Medical: 3.7%
- Licensed Medical: 4.7%
Some Measures to Systematically Evaluate and Compare NH’s Healthcare Licensure to Other States – Key Dimensions

- **Entry Restrictions**: Recognition of out-of-state licensures, initial fees, “moral character” clause, background checks.
- **Education and Training Requirements**: Education level, number of exams, training hours, experience hours.
- **Renewal Requirements**: Renewal years, hours of continued education, renewal fee.
- **Processing and Approval Times**
- **Scope of Practice Regulations** that limit occupational services
NH is One of a Handful of States (and the only one in New England) That Participates in Five Medical Occupation Interstate Compacts
Some Recommendations

• NH is maximizing reciprocity by participating in interstate compacts that facilitate geographic mobility of licensees, but a high percentage of hires come from other New England states and opportunities to expedite or allow temporary licensure should be examined.

• NH’s “scope of practice” regulations should be reviewed to maximize occupations most in demand.

• Educational requirements can be excessive and should be reviewed for shortening. Consider using competency-based rather than hours of study-based requirements where possible.

• License processing and review times should be shortened by statute, to do so however.....

• Personnel and/or technology resources of licensing boards need to be expanded and updated to allow more rapid processing of license applications. Extended review and processing times result in lost income and can make moves to NH cost prohibitive.

• Reliance on third parties for background checks are delaying licensing decisions.

• Requirements and license application process can be confusing for some occupational application and should be reviewed for simplification.

• NH has a high % of military families, many with a spouse with medical training, regulations should expedite and facilitate military and spousal employment in licensed healthcare occupations.
Health Care Industry Employment Is Forecast to be 2,100 to 3,600 Higher by 2032 If Rates of Interstate Migration of Healthcare Workers is Raised to Rates Equal to Non-Licensed Occupations
Building Workforce - ANEW
Moving Beyond the Usual
Objectives

• The Future of Nursing

• Building Rural and Underserved Workforce
  • Preceptor Development, Community Practice Site Engagement

• Sharing Evidence-Based Practice, All Teach All Learn
  • Use of Technology in Training and Practice

• Relationships and Strengthening Partnerships
The Future of Nursing – Report Overview
HRSA: Advanced Nursing Education Workforce (ANEW) Grant Award 4-year $2.8m

Interdisciplinary grant between Institute for Health Policy and Practice (IHPP) and Nursing

Use of the Telepractice Learning Center and Project ECHO® to augment student and preceptor development

Community partnerships
HRSA: Advanced Nursing Education Workforce (ANEW) Grant Award 4-year $2.8m

Funds for students in immersive clinical training experiences with rural and underserved populations

Focal areas include opioid use disorder, behavioral health, value-based care delivery and quality improvement, and interprofessional education
Preceptor Committee

Biannual meeting in April and November to discuss improving the overall preceptor and student experience

- Attendance:
  - Preceptors
  - Practice staff
  - UNH Nursing Faculty
  - UNH Staff

- Topics and Improvements Discussed:
  - Preceptor ECHO to Enhance Rotations (PEER)
  - Preceptor Recruitment
  - Interdisciplinary Student Placements
  - Community Placement Project (CPP)
  - Preceptor Module Idea Development
  - Telehealth
  - Conference Support

Next meeting: September 2021
Community Partnerships

• **34 students** have been awarded the ANEW grant since 2019!

• Students training in New Hampshire, Maine, Massachusetts at **27 different preceptor sites**

• Practice Types:
  • Addiction Treatment
  • Independently Owned NP
  • Rural Health Clinic
  • FQHC
  • Hospital Systems
  • Critical Access Hospitals
Diversity in Educational Exposure

Dynamic Exposure to Various Clinical Modalities

- In class curriculum covers:
  - Top 20 diagnoses found in family practice
  - Illness Scripts
  - Aquifer Cases
  - Pediatric diagnoses and screening

- Clinical experiences are precepted in various settings:
  - 168 clinical hours in Internal Medicine/Family Practice
  - 168 clinical hours in Pediatrics
  - 336 clinical concentration in Family Practice
    - Specialties: Dermatology, Cardiology, Women’s Health, and Urgent Care
Medication for Addiction Treatment (MAT)

- MAT-waiver course
- Shadow MAT provider prescribing Suboxone
- Shadow MAT provider prescribing Methadone
- Participate in ECHO (PACT-MAT)
UNH Telehealth Practice Center

Nursing Videos

- Telepractice Overview
- Initial Patient Consult and Telepractice Referral
- Telepractice Visit and Referral
- Conducting a Telepsych Visit
- Telepractice Referral
- UNH Telehealth Practice Center YouTube Channel
- Telepractice Etiquette
Preceptor Modules

The Effective Preceptor
Dealing with the Difficult Learning Situation: Management
Integrating the Learner into the Busy Practice
Evaluation: Making it Work
The One-Minute Preceptor
Setting Expectations
Feedback
Dealing with the Difficult Learning Situation: Prevention

More to come in 2021!

• Diversity and Inclusion
• Interprofessional Precepting
Telepractice Education at UNH

Focal Areas

- Education
- Research
- Service

Upcoming Professional Development Offering!

Take the Survey!
## Area Health Education Center Partnerships

<table>
<thead>
<tr>
<th>Student Engagement Activities</th>
<th>Preceptor ECHO® to Enhance Rotations</th>
<th>Rural and Underserved Practice Engagement</th>
<th>Enrichment Events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHNPA Student Event</strong> Hosted a virtual booth to engage NP students with ANEW opportunities</td>
<td>An ECHO community that meets monthly to improve precepting systems by engaging with peers and subject matter experts When: December 2020 - June 2021. Cohort 2 launching in Oct, 2021! Who: Doctors, NPs, Students, Staff, and Faculty from all over the country</td>
<td>We use these meetings not only as thank you events, but also as feedback and info sessions. We record these sessions to gain feedback about the preceptor process and experience. Supporting learning and use of technology</td>
<td><strong>Northern New England NHNPA Conference</strong> We sponsored 17 students, faculty and business partners to attend in 2021 <strong>NHNA Conference</strong> Hosted booth for RN students</td>
</tr>
</tbody>
</table>
Building Telehealth Skills During Covid-19

“All Teach, All Learn”

Telehealth for Special Populations During Covid-19 and Beyond ECHO®:

- Telehealth Best Practices
- Realities of Telehealth
- Utilizing Telehealth in Pediatric Primary Care
- Telehealth During Covid-19
- Digital Recovery Support Services and Tele-Recovery
- Financial Health During Covid-19
- Patient-Centered Care During Covid-19

In partnership with local providers, faculty and staff, as well as the Center of Telehealth Innovation, Education, & Research (C-TIER) and Carolyn Rutledge, PhD, FNP-BC from Old Dominion University in Virginia Beach, VA
Preceptor ECHO to Enhance Rotations (PEER)

“All Teach, All Learn”

Using the Project ECHO® model to:

• Spread knowledge and best practice
• Build a community of learning
• Improve the precepting experience for sustainable workforce development
Preceptor ECHO to Enhance Rotations (PEER)

Subject Matter Experts

Carolyn Rutledge, PhD, FNP-BC
Professor & Associate Chair, Academic Director,
Old Dominion University

Elizabeth Harrison, MS, FNP, (Facilitator)
Clinical Associate Professor, University of New Hampshire
Department of Nursing

Kim O’Mahoney, FNP,
Nurse Practitioner,
Lamprey Health Care

Wendy Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP
Owner and Family Nurse Practitioner,
Wright and Associates Healthcare PLLC

Becky Manter,
Practice Manager,
Wright and Associates Healthcare PLLC and Vice President New Hampshire Medical Group Management Association

Marie Ramas, MD,
Medical Director,
GateHouse Treatment

Dayle Sharp, PhD, DNP, McPH, FNP-BC, APRN,
Clinical Associate Professor and Director of the Primary Care: Family Nurse Practitioner Program, University of New Hampshire
Department of Nursing

Danna Fannon,
Family Nurse Practitioner Student, University of New Hampshire
Preceptor ECHO to Enhance Rotations (PEER)

25 Participating Organizations

| California State University, Bakersfield | Rivier College |
| Compass Family Health LLC | Rockingham County Nursing Home |
| Dartmouth Hitchcock Keene | Saco River Medical Group |
| Department of Veterans Affairs | Southern Illinois University Edwardsville |
| Grand Valley State University | St. Joe’s |
| Greater Nashua Mental Health | University of North Carolina Chapel Hill - School of Nursing |
| Harbor Health Services | Wolfeboro Pediatrics |
| Lamprey Health Care | Clinica Sierra Vista |
| Livermore Falls Family Practice | Ammonoosuc |
| Mid State Health Center | Wright & Associates Family Practice |
| NH Hospital | Goodwin |
| NMMMC | Exeter Hospital |
| Presbyterian Medical Group | |
Preceptor ECHO to Enhance Rotations (PEER)

Topics and Evaluation

- Setting Expectations
- Teleprecepting
- Integrating Students into a Busy Practice
- Evaluation
- Communication
- Providing Effective Precepting

Session Impressions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presentation of the training material was effective</td>
<td>31</td>
<td></td>
<td>81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The objectives of the session were met</td>
<td>67</td>
<td></td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The objectives were relevant to the activity...</td>
<td>19</td>
<td></td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teaching strategies and resources were effective</td>
<td>20</td>
<td></td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information presented in this training is important</td>
<td>16</td>
<td></td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The content was presented without bias toward any...</td>
<td>11</td>
<td></td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My knowledge has increased on the topic(s) presented</td>
<td>4</td>
<td>19</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The time frame was appropriate for the activity/topic</td>
<td>18</td>
<td></td>
<td>40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business Case for Precepting

Positive Impacts of Precepting:

- Fulfills your desire to give back
- Helps you remain current in clinical practice
- Provides you the opportunity to work with students from various disciplines

Are you wanting to precept, but are concerned about your productivity?

Hear from one of our preceptors!

“Having 2 students is better for the office and we stay on track better. If we are behind, we have them (the student) go work on a note or two. Students are flexible in going into roles easily...They easily adapt to all of this."

Dr. Brian Beals, MD and Preceptor, Coos County Family Health Services
Community Building

Moving Beyond the Usual

“I was able to implement some of the recommendations in my preceptor student relationship right away!”

“It is with sincere gratitude that I write this email to thank you for connecting me with the ANEW team. They were able to get me a preceptor for the fall and I am forever grateful.”

“I will encourage providers to view these tools to increase providers willingness to precept.”

“Hearing of preceptor struggles made me realize that I am not alone when I have a difficult student interaction.”
Fall 2021 PEER

- 1st Tuesday of the month
- October 2021 - April 2022 (Skip January)
- 6 sessions
- 12pm-1pm ET

Sign Up Here!

Improve your practice while incorporating students
Explore opportunities to enhance precepting systems

APPLY NOW!

Preceptor ECHO to Enhance Rotations

JOIN OUR PROJECT ECHO®!
Questions

• How are you going beyond the usual?

• What are you doing to develop the workforce?

• Would you be interested in collaborating with us?
Contact us

Marcy Doyle: Marcy.Doyle@unh.edu

Dayle Sharp: Dayle.Sharp@unh.edu

Janet Thomas: Janet.Thomas@unh.edu

ANEW Project: unh.anew@unh.edu