Legislative Commission on the Interdisciplinary Primary Care Workforce

August 26, 2021 2:00-4:00pm – Location: Brown Building Auditorium, 129 Pleasant Street, Concord, NH 03301

Connection Information:
https://nh-dhhs.zoom.us/j/97440316614?pwd=R202MTFBak51bWQ2UFB6ckpXVnVoZz09
Meeting ID: 974 4031 6614
Passcode: 133426
Call-in: +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 – 2:50  Psychiatric Nurse Practitioner Training Program - Deb Fournier, APRN, Director of Quality Systems and APRN Services, New Hampshire Hospital

2:50 - 3:35  NH HealthCost - Tyler Brannen, Life & Health Director, New Hampshire Insurance Department

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

4:00  Adjourn

Next meeting: Thursday September 23, 2:00-4:00pm
The Development of a Nurse Practitioner Training Program in Psychiatry

Deb Fournier, MHCDS, MSN, PMHNP-BC, ANP-BC, APRN

Legislative Commission on the Interdisciplinary Primary Care Workforce
August 26, 2021
Assumptions

• NH population is aging
• NH healthcare workforce is aging
• There is an unmet need for mental health services *
• Opioid overdose deaths higher in NH than US average *
• Suicide rate higher in NH than US average *
  • Age adjusted 17.3 per 100,000 vs US: 13.9 per 100,000

Access is a problem
  • Dept of Psychiatry at DHMC reports today that there is a 2-4 month wait for general psychiatry consultation depending on region and specialty

Nurse Practitioners (APRNs) provide high quality, affordable care
  • No difference in quality of services in primary care compared to physicians
  • Same or better patient experience / satisfaction scores

*KFF Mental Health and Substance Use Fact Sheet

Psychiatric Nurse Practitioner Scope

• Prescribe all psychotropic medication
  • Including clozapine (registry required)
  • Including controlled substances such as methylphenidate and lorazepam
  • Can be trained for Medication Assisted Treatment for Addiction
    • DEA-x, suboxone

• Independent Practice (no MD collaboration or documentation required)
  • Ordering tests, evaluations and services
  • Independent billing
    • All outpatient services
    • Procedures
Nurse Practitioners in Psychiatry

Outpatient Services
• General psychiatry clinic for adults and pediatrics
• Specialty clinics
  • OBGYN
  • Cancer Center
  • Addiction
  • Children with special needs
  • Pre-ECT H&Ps
• Embedded in Primary Care
  • New London
  • Newport
  • Concord

Inpatient Services
• New Hampshire Hospital
  • Attendings
    • Leader of Treatment Team and Treatment Plan
  (2016) 4 FTE – (2021) 9 FTE
• Dartmouth-Hitchcock Medical Center
  • General consult service
  • Specialty consult team
  • (future inpatient coverage)
(2018) 3.5 FTE – (2021) 7.5 FTE

Dr William Torrey
AJ Horvath
Dr Julia Frew
D-H Department Of Psychiatry

- Committed to improving access to mental health care
- Investing in innovative strategies for workforce development
- Building nurse practitioner positions is a priority meet the mission of the department
  - Access to psychiatric care decreased from 4 months to less than 2 months after embedding a psychiatric nurse practitioner in to a primary care clinic
Barriers to increasing APRN Workforce

• Recruitment
  • Geography
  • Psychosocial resources
  • Salary

• Retention
  • Professional development / advancement opportunities
  • Salary
Why focus on a training program?

• Learners often stay where they train
• Establish a community of providers
• Frustrations with existing programs deter from entering the field
  • Students – find own placements of variable quality
  • Preceptors – unsupported and overburdened
Current State

Referral
- Student calls
  - Placement Coordinator at DH, NHH
  - Nursing leader
  - Other leader
  - Mentor or educator
  - Provider (directly)

Coordinate Placement
- School contracts
- Student and Preceptor information
- Schedule with provider
- Clinic arrangements
- Training / orientation

Clinical Experience
- Highly variable
  - MD, PhD, APRN
- Little to no consideration for matching student learning style with preceptor strengths
- No support for preceptors (burn-out, decline students)

Evaluation and Follow Up
- Student evals go to schools only
- No follow up
- No system evaluation
- No tracking or metrics for success

NP Training Program

Referral
- Student calls anyone
  - Directed to Central e-mail
  - Student applies

Coordinate Placement
- School contracts
- Student and Preceptor information
- Interview student
- Schedule with provider
- Clinic arrangements
- Training / orientation

Clinical Experience
- Consistent throughout organization
  - Clear objectives and curriculum
  - Support to preceptor regarding teaching skills and faculty engagement

Evaluation and Follow Up
- Routine evaluations of students, preceptors, and the overall engagement in the program
Program Development

**Stakeholders**
- Current APRNs
- Students
- Current coordinators
- Sites

**Defining the Program**
- Description of service
- Establish metrics of success

**Implement**
- Coordination of entry referral
- Student interviews
- Match with preceptor / site
- Support preceptor

**Evaluate and Improve**
- Metrics:
  - Engagement / Satisfaction
  - Retention
  - Placement
Additional Value

• Enhancing interdisciplinary education for excellent future teams
• Building community of support and mentorship for new providers throughout the state
• Enhance collaboration and communication regarding patients moving through the continuum of needs or services
Student Experience / Ability

**First MSN**
- Interview skills and documentation
- Assessment, diagnosis and first-line treatment
- Independent evaluation of general psychiatric needs

**Post MSN**
- Interview skills with specific population (SPMI, SUD)
- Multiple diagnoses, complementary treatments
- Evaluation and Management (complex assessments and collaboration)
Student Interviews and Staff Support

• Semi-structured interviews
• Experience in nursing
• Experience in psychiatry
• Previous education (undergrad / graduate)
• Intentions for practice
  • Inpatient
  • Outpatient
  • Special Populations
• Personality and Learning Style
• Commitment to New Hampshire

• Understand practice site
  • Workflow
  • Space
  • Team composition
• Professional goals +/- faculty aspirations or research
• Interest and commitment to teaching
• Teaching style and strengths
• Verbal and written communication skills
Example Student Path

1st MSN, general RN experience
- D-HH primary care (embedded)
- DHMC general psychiatry clinics
- DHMC specialty clinics

1st MSN, experienced psychiatric nurse, pediatric interest
- DHMC or Manch pediatric team
- DHMC specialty clinics
- New Hampshire Hospital

Post Masters, experienced in geriatrics or primary care
- DHMC specialty clinics
- New Hampshire Hospital
- New Hampshire Hospital
Dartmouth-Hitchcock Psychiatric Nurse Practitioner Training Program

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Placement Sites

- **Lebanon**—outpatient pediatric psychiatry, outpatient adult psychiatry (including specialty clinics in OBGYN and oncology)
- **Newport**—embedded psychiatry in adult primary care
- **New London**—embedded psychiatry in adult primary care
- **Concord**—inpatient adult and geriatric psychiatry at New Hampshire Hospital, embedded psychiatry in adult primary care
- **Manchester**—embedded psychiatry in pediatric primary care

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Dartmouth-Hitchcock is the state’s only academic medical center and is committed to the education of health care providers as part of their mission to provide the best care, in the right place, at the right time.

**Benefits of Completing Your Clinical Practicum with Dartmouth-Hitchcock**

- Clinical opportunities across the continuum of care
- Knowledgeable and experienced preceptors who are passionate about teaching
- A better understanding of the mental health system in NH, including where it intersects with the legal system
- On-site education opportunities, such as psychiatry grand rounds and case conferences
- Opportunities to complete all three clinical practice within one health system
- Work within multidisciplinary teams and alongside other learners
Frequently Asked Questions

1. What is the application process?
   Applications will be reviewed on a rolling basis. Applicants who appear to be a good fit for the program will be contacted for an interview.

2. When should I apply?
   As soon as possible. Even with multiple sites, space is limited!

3. Can I request placement at a specific site?
   Placements will be assigned to offer the best clinical experience based on the individual’s educational goals and needs.

4. If there is a special population I am interested in working with, could other opportunities at Dartmouth-Hitchcock be explored?
   Yes, other opportunities may be available.

5. Are there any clinical practicum opportunities in the evenings or on weekends?
   Limited opportunities may be available on the weekends only at New Hampshire Hospital.

6. Do I have to commit to completing all of my clinical practica with Dartmouth-Hitchcock?
   No.

7. Do I have to be a NH resident?
   No. However, applicants who intend to work in NH after graduation will be prioritized.

The Dartmouth-Hitchcock Psychiatric Nurse Practitioner Training Program provides diverse clinical practicum experiences to PMHNP students across several sites in New Hampshire. Nurse practitioner students will be precepted by knowledgeable and experienced psychiatric nurse practitioners in both the inpatient and outpatient setting, caring for patients across the lifespan.

Interested applicants should send their resume and a cover letter to:
NPRotation@dhhs.nh.gov

In your cover letter, please include the following information:
- The program you are currently enrolled in
- The approximate date that you anticipate needing clinical placement and how many hours you need to complete
- The specific populations (pediatrics, adults, etc.) and settings (inpatient, outpatient, etc.) your program requires

Who is Eligible?
PMHNP students who:
- Are currently enrolled in an accredited nurse practitioner program
- Have a current NH RN license
- Are driven, curious, and passionate about learning

Brochure by Laura Kelliher
 Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost

 Quadruple Aim

- Improved patient experience
- Better health outcomes
- Improved staff experience
- Lower cost of care
Next Steps in Program Development

• Short Term Goals
  • Finalize brochure
  • Collaborate with school leaders
  • Finalize interview schedule
  • Develop evaluation tool and baseline metrics
  • Coordinate Fall, Winter and Spring placements

• Medium / Long Range Goals
  • Community Mental Health Rotation
  • Specific rotation in Substance Use Disorders and MAT
  • Preceptor / Mentorship training

• Continuous collaboration with stakeholders
• Ongoing improvement

Suggestions?
New Hampshire Insurance Department

Trusted Website Offering Resources for Consumers and Employers
Law creating NH’s all-payer claims database passed in 2003:

“... the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance ... and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices.”

NH RSA 420-G:11-a Development of a Comprehensive Health Care Information System
What is NHHealthCost.nh.gov?

- **Negotiated prices** for more than 200 medical and dental services including office and emergency room visits, MRIs, x-rays, physical therapy, laboratory tests, and chiropractic treatment
  - Thousands of rates listed for providers and payers
- **Quality metrics** for hospitals across the state
- **Benefit comparisons** using interactive, customizable tools for small and large employers, and their employees and families.
Why Does NH HealthCost Exist?

• Legislative interest in providing patients with health care cost information
  – Website created in 2007
• NHID can objectively report the information
• Potential for improved market efficiencies
Results

• Almost 15 years of national recognition
• Nationwide interest in adopting the NH approach
• Greater public understanding of price variation
• Benefit designs that reflect health care pricing differences
• Research that shows price concessions
Lower prices

• Review of Economics and Statistics journal
• Published in 2019, using data from 2005-2011
• Concluded that the “HealthCost website reduced the cost of medical imaging procedures by 5 percent for patients and 4 percent for insurers.”
  – About $45M in savings
• National survey
• 50% of Americans tried to find health care price information
• More than half of people who compared prices saved money
• Most Americans think it is important for state governments to provide health care price information
• 70 percent of Americans say higher prices are not typically a sign of better quality medical care
  – 59 percent said they chose less expensive care
How do I use NHHealthCost.org?

Compare Health Costs & Quality of Care in New Hampshire

NH HealthCost was developed by the New Hampshire Insurance Department to improve the price transparency of health care services in New Hampshire.

Know What You Might Pay
Compare health care costs in the state of New Hampshire by insurance plan.

Know The Care You Can Expect to Receive
See how different facilities in New Hampshire perform.

Guide to Health Insurance
Empower yourself with answers to questions you may not think to ask

Employer Toolkit
Analyze and understand NH health insurance information and download tools
Thank You

Contact Information

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Thank You

Contact Information

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www.nh.gov/insurance