Legislative Commission on the Interdisciplinary Primary Care Workforce

January 27, 2022 2:00-4:00pm – Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Rooms 110-111

Zoom and Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/95350749498?pwd=SjVOZDdHNXBZWBscFpsZEdkcVFsQT09

Meeting ID: 953 5074 9498
Passcode: 612534

Find your local number: https://nh-dhhs.zoom.us/u/adLuMRsIMF

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

Agenda

2:00 - 2:10  Attendance & Introductions

2:10 -2:20  Public Health Education and Detailing for Infectious Diseases – Amy Nelson, MPH, Public Health Education & Detailing Program Manager, Bureau of Infectious Disease Control, NH Division of Public Health Services

2:20 – 3:20  Medical Workforce Data Report Review (Physicians, Physician Assistants & Nurse Practitioners) – Danielle Hernandez, MPH, Health Professions Data Center Manager, Rural Health & Primary Care, NH Division of Public Health Services

3:20 – 3:45 2021 Annual Report on the Health Status of Rural Residents – Alisa Druzba, Administrator, Rural Health & Primary Care, NH Division of Public Health Services

3:45 - 4:00  Legislative Agenda, Updates & Future Topics – Group discussion

4:00  Adjourn

Next meeting: Thursday February 24, 2022 2:00-4:00pm (location to be determined)
State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: January 27, 2022 TIME: 2:00 – 4:00pm

LOCATION: Division of Public Health Services, 29 Hazen Drive, Concord, NH 03301 – Rooms 110-11 & Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests

FROM: Danielle Hernandez

MEETING DATE: January 27, 2022

Members of the Commission:
Mary Bidgood-Wilson, ARNP – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Don Kolisch, MD, Geisel Medical School
Kristina Fjeld-Sparks, Director, NH AHEC
Jeanne Ryer, NH Citizens Health Initiative
Bill Gunn, NH Mental Health Coalition
Tom Manion, CEO, New London Hospital
Tyler Brannen, Dept. of Insurance
Pamela Dinapoli, NH Nurses Association
Dianne Castrucci, NH Alcohol and Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Trini Tellez, Healthcare Consultant

Guests:
Danielle Hernandez, Program Manager, Rural Health and Primary Care Section
Paula Smith, SNH AHEC
Kris van Bergen-Buteau, NNH AHEC
Christine Keenan, Administrative Director of Graduate Medical Education, Portsmouth Regional Hospital
Marcy Doyle, UNH, Health Policy & Practices
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Jan Thomas, UNH, Health Policy & Practice
Priscilla Marsicovetere, Franklin Pierce PA Program
Jannell Levine, Maternal & Child Health, NH DHHS

Meeting Discussion:

2:00 - 2:10 Attendance & Introductions

2:10 - 2:20 Public Health Education and Detailing for Infectious Diseases – Amy Nelson, MPH, Public Health Education & Detailing Program Manager, Bureau of Infectious Disease Control, NH Division of Public Health Services

Refer to attached presentation, “Public Health Education & Detailing for Infectious Diseases.”

2:20 – 3:20 Medical Workforce Data Report Review (Physicians, Physician Assistants & Nurse Practitioners) – Danielle Hernandez, MPH, Health Professions Data Center Manager, Rural Health & Primary Care, NH Division of Public Health Services
Locate the medical workforce data reports on the Health Professions Data Center website at https://www.dhhs.nh.gov/programs-services/health-care/rural-health-and-primary-care/health-professions-data-center

3:20 – 3:45  **2021 Annual Report on the Health Status of Rural Residents** – Alisa Druzba, Administrator, Rural Health & Primary Care, NH Division of Public Health Services

  - 2021 report
  - Refer to the attached presentation, “Health Status of Rural NH.”

3:45 - 4:00  **Legislative Agenda, Updates & Future Topics** – Group discussion

4:00  Adjourn

Next meeting: Thursday February 24, 2022 2:00-4:00pm (location to be determined)
Public Health Education & Detailing in Infectious Disease

Legislative Committee on Interdisciplinary Primary Care Workforce
January 27, 2022
What is PHED?

- We provide educational support to all the areas within the Infectious Disease Prevention, Investigation, Care Services Section (IDPICSS)
- Social media support (Web Liaison & FB)
- Provide detailing efforts geared towards healthcare providers, on infectious disease topics, i.e. Expedited Partner Therapy (EPT) & Pre-Exposure Prophylaxis (PrEP)
What is PHED?

- Work with both internal and external partners on education efforts/opportunities
- Networking – to determine how we can work collaboratively and reduce duplication of efforts
PHED Program

- **Viral Hepatitis** – Bronwyn Barnett, Program Coordinator
- **Education & Training** – Janice Karlsen, Coordinator
- **Public Health Detailing** – Jessica “Jess” Alward, Detailer
- **COVID School Liaisons** – Sheryl Nielsen, Paula Chouinard and Rita O’Neill, School Liaison
PHED Program

- COVID Traveler’s Health - Dasha Randlett, Traveler’s Health Liaison
- Two vacant positions – Public Health Detailer & Workforce Development Specialist
- Program Manager – Amy L. Nelson
Follow UP

NH CARE Program

- Presented in September - Reconnect
- Continued shortage of providers
- Seacoast has immediate needs
- Seeking providers to participate on the Medical Advisory Board
- Open to new/innovative discussions to reach providers and clients
- Contact: Elizabeth Biron, Oversight and Monitoring Coordinator 603-271-6942
  Elizabeth.L.Biron@dhhs.nh.gov
Take Away for Today?

• Increase program awareness
• Ask what your needs are as healthcare providers/facilities, with regards to infectious diseases, specifically education you feel you may need
• How can we support your work efforts
• How can we, collectively, work together around infectious disease, i.e. educational needs, identifying new providers
Thank you!

Amy L. Nelson, MPH, MCHES®
Public Health Education & Detailing Program Manager
amy.l.nelson@dhhs.nh.gov
603-271-5289
Health Status of Rural Residents and Status of Health Workforce Data Collection

January 27, 2022
RSA 126-A:5, XVIII-a(e) requires that the State Office of Rural Health (SORH) submit a report on or before December 1, 2019, and annually thereafter to the speaker of the house of representatives, the senate president, the governor, the oversight committee on health and human services established under RSA 126-A:13, the chairs of the house and senate executive departments and administration committees, the chairs of the house and senate policy committee having jurisdiction over health and human services, and the commission on primary care workforce issues established by RSA 126-T:1, on the health status of rural residents, incorporating current data from the Bureau of Health Statistics and Data Management.

In 2019, RSA 126-A:5, XVIII-a was amended to include that the SORH shall receive and collect data regarding surveys completed by participating licensees pursuant to RSA 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a. Annual reports submitted by the SORH shall incorporate aggregate data and information on current and projected primary workforce needs and the participation rate on surveys completed by clinicians.
DHHS
Definition of Rural
Selected measures were classified under the following categories:

- Demographics
- Barriers to Care
- *Workforce Supply
- Substance Use and Mental Health
- Maternal Health
- **Preventive Care
- Outcomes

* Refer to the Health Professions Data Center figures on distribution.
** High blood pressure and cholesterol measures are excluded from this year’s report due to collection in odd years only.
Data Reported

- The visualizations contained in this report represent indicators found to be statistically different-according to confidence intervals (CI) - in rural and non-rural areas of the state.
Figure 2. Percentage of Population 65+ Years Old, Rural/Non-Rural, 2015-2019, Crude Rate

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Figure 3. Percentage of Population (18-64) Disabled, Rural/Non-Rural, 2015-2019, Crude Rate

- NH
  - Rural: 12.1
  - Non-Rural: 9.5

- Capital Area
  - Rural: 11.7
  - Non-Rural: 11.0

- Strafford County
  - Rural: 10.1
  - Non-Rural: 8.8

- Greater Manchester
  - Rural: 8.2
  - Non-Rural: 7.8

- Greater Nashua
  - Rural: 8.4
  - Non-Rural: 8.2

- South Central
  - Rural: 8.4
  - Non-Rural: 15.4

- Seacoast
  - Rural: 10.5
  - Non-Rural: 13.2

- North Country
  - Rural: 11.6
  - Non-Rural: 14.2

- Winnipesaukee
  - Rural: 10.7
  - Non-Rural: 15.4

- Central NH
  - Rural: 11.6
  - Non-Rural: 14.2

- Rural PHRs
  - Carroll County
    - Rural: 10.7
    - Non-Rural: 10.5

- Greater Monadnock
  - Rural: 11.6
  - Non-Rural: 14.2

- Greater Sullivan
  - Rural: 10.7
  - Non-Rural: 13.2

- Upper Valley
  - Rural: 8.4
  - Non-Rural: 8.2

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Figure 4. Percentage of Low-Income Population (below 200% of the Federal Poverty Level, All Ages), Rural/Non-Rural, 2015-2019, Crude Rate

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Figure 5. Percentage of Population in Poverty (below 100% of the Federal Poverty Level, All Ages), Rural/Non-Rural, 2015-2019, Crude Rate

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Figure 6. Percentage of Population (<65+) Uninsured, Rural/Non-Rural, 2015-2019, Crude Rate

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Demographics – Veterans (18+)

Figure 7. Percentage of Population (18+) that is a Veteran, Rural/Non-Rural, 2015-2019, Crude Rate

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Demographics – Not Fluent in English (5+)

Figure 8. Percentage of Population (5+) not Fluent in English, Rural/Non-Rural, 2015-2019, Crude Rate

- NH
  - Rural
  - Non-Rural
- Greater Manchester
- Greater Nashua
- Capital Area
- Strafford County
- South Central
- Seacoast
- Upper Valley
- Central NH
- North Country
- Greater Monadnock
- Winnipesaukee
- Greater Sullivan
- Carroll County

Source: U.S. Census Bureau, American Community Survey (ACS) 5 year estimates
Barriers to Care – % of Primary Care Visits with Travel Time >30 Minutes

Figure 9. Percentage of Primary Medical Care Visits (All Ages) with Travel Times Greater than 30 Minutes One Way, Rural/Non-Rural, 2019, Crude Rate

Source: New Hampshire Comprehensive Health Care Information System (CHIS)
Barriers to Care – Mean Travel Time to Primary Care Visits

Figure 10. Mean Travel Time to Primary Medical Care Visits (All Ages), Rural/Non-Rural, 2019, Crude Rate

Source: New Hampshire Comprehensive Health Care Information System (CHIS)
Barriers to Care – Population (18+) without a Healthcare Provider

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)
Substance Use & Mental Health – ED Visits

Figure 12. Drug & Alcohol Related Emergency Department Visits (All Ages), Rural/Non-Rural, 2019, Age-Adjusted Rate

Source: NH Hospital Discharge Data Set (HDDS)
Substance Use & Mental Health – Self-Inflicted Harm ED Visits

Figure 13. Self-Inflicted harm - Emergency Department Visits (All Ages), Rural/Non-Rural, 2019, Age-Adjusted Rate

<table>
<thead>
<tr>
<th>NH</th>
<th>Rural</th>
<th>Non-Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>213.0</td>
<td>163.0</td>
</tr>
<tr>
<td>Non-Rural PHRs</td>
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<td></td>
</tr>
<tr>
<td>Capital Area</td>
<td>256.5</td>
<td></td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>223.0</td>
<td></td>
</tr>
<tr>
<td>Strafford County</td>
<td>172.2</td>
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</tr>
<tr>
<td>Seacoast</td>
<td>146.3</td>
<td></td>
</tr>
<tr>
<td>Greater Nashua</td>
<td>107.9</td>
<td></td>
</tr>
<tr>
<td>South Central</td>
<td>98.6</td>
<td></td>
</tr>
<tr>
<td>Winnipesaukee</td>
<td>266.0</td>
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<tr>
<td>Greater Sullivan</td>
<td>250.4</td>
<td></td>
</tr>
<tr>
<td>Greater Monadnock</td>
<td>220.2</td>
<td></td>
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<tr>
<td>Rural PHRs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Country</td>
<td>207.0</td>
<td></td>
</tr>
<tr>
<td>Carroll County</td>
<td>190.1</td>
<td></td>
</tr>
<tr>
<td>Central NH</td>
<td>189.3</td>
<td></td>
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<tr>
<td>Upper Valley</td>
<td>128.6</td>
<td></td>
</tr>
</tbody>
</table>

Source: NH Hospital Discharge Data Set (HDDS)
Figure 14. Percentage of Population (Females, Live Births, All Ages) that Received No or Late Prenatal Care, Rural/Non-Rural, 2016-2020, Crude Rate

Source: NH Vital Records Birth Certificate Data
Figure 15. Percentage of Population (Females, Live Births, All Ages) that Smoked during Pregnancy, Rural/Non-Rural, 2016-2020, Crude Rate

Source: NH Vital Records Birth Certificate Data
Figure 16. Percentage of Population (50-75) that had a Colonoscopy in the past 10 Years, Rural/Non-Rural, 2018, Crude Rate

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)
Preventive Care – Mammogram in Past 2 Years (Women 50-74)

Figure 17. Percentage of Women (50-74) that had a Mammogram in the past 2 Years, Rural/Non-Rural, 2018, Crude Rate

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)
Preventive Care – Check-Up in the Past Year (18+)

Figure 18. Percentage of Population (18+) who had Check-Up in the past Year, Rural/Non-Rural, 2018, Crude Rate

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)
Outcomes - Prevention Quality Indicators – Chronic Composite (18+)

Figure 19. Prevention Quality Indicators (PQI): Chronic Composite - Inpatient Admissions (18+). Rural/Non-Rural, 2019, Age-Adjusted Rate

Source: NH Hospital Discharge Data Set (HDDS)
Figure 20. Prevention Quality Indicators (PQI): Overall Composite - Inpatient Admissions (18+), Rural/Non-Rural, 2019, Age-Adjusted Rate

Source: NH Hospital Discharge Data Set (HDDS)
Outcomes – Late Stage Breast Cancer Diagnosis (Female)

Figure 21. Late-Stage Breast Cancer Diagnosis (Female, All Ages), Proportional Rate, Rural/Non-Rural, 2014-2018, Age-Adjusted Rate

Source: NH State Cancer Registry (NHSCR)
Outcomes – Deaths – All Causes

Figure 22. Deaths - All Causes (All Ages), Rural/Non-Rural, 2016-2020, Age-Adjusted Rate

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Non-Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH</td>
<td>734.4</td>
<td>720.2</td>
</tr>
<tr>
<td>Strafford County</td>
<td>817.1</td>
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<tr>
<td>Greater Manchester</td>
<td>756.9</td>
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<tr>
<td>Capital Area</td>
<td>733.7</td>
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<tr>
<td>South Central</td>
<td>695.2</td>
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<tr>
<td>Greater Nashua</td>
<td>687.3</td>
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<tr>
<td>Seacoast</td>
<td>668.9</td>
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<tr>
<td>Winnipesaukee</td>
<td>847.0</td>
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<tr>
<td>North Country</td>
<td>829.3</td>
<td></td>
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<tr>
<td>Greater Monadnock</td>
<td>721.5</td>
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</tr>
<tr>
<td>Rural PHRs</td>
<td></td>
<td></td>
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<tr>
<td>Carroll County</td>
<td>711.1</td>
<td></td>
</tr>
<tr>
<td>Greater Sullivan</td>
<td>700.1</td>
<td></td>
</tr>
<tr>
<td>Central NH</td>
<td>672.3</td>
<td></td>
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<tr>
<td>Upper Valley</td>
<td>569.4</td>
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</table>

Source: NH Vital Records Death Certificate Data

NH DIVISION OF PUBLIC HEALTH SERVICES
Department of Health and Human Services
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Data Collection Period</th>
<th>Met Survey Requirement</th>
<th>Opt Outs</th>
<th>*Total Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA)</td>
<td>Oct-Dec 31, 2019</td>
<td>812 (97.8%)</td>
<td>12 (1.5%)</td>
<td>830 of 896</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Apr-Jun 30, 2019</td>
<td>158 (43.6%)</td>
<td>4 (2.5%)</td>
<td>358 of 405</td>
</tr>
<tr>
<td>Physician</td>
<td>Mar-Jun 30, 2019</td>
<td>2,105 (70.3%)</td>
<td>24 (1.1%)</td>
<td>2,993 of 3,542</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Counselor (MLADC/LADC)</td>
<td>Apr-Jun 30, 2019</td>
<td>88 (53.4%)</td>
<td>0 (0%)</td>
<td>161 of 200</td>
</tr>
<tr>
<td>Advanced Practice Nurse Practitioner (APRN)</td>
<td>Jul 1, 2018-Jun 30, 2019</td>
<td>759 (54.1%)</td>
<td>0 (0%)</td>
<td>1,403 of 1,598</td>
</tr>
<tr>
<td>Mental Health Practitioner</td>
<td>Jul 1, 2018-Jun 30, 2019</td>
<td>597 (53.7%)</td>
<td>7 (1.2%)</td>
<td>1,112 of 1,260</td>
</tr>
</tbody>
</table>

* Of licensees due to renew
## Table 2. Net Change of Provider Supply, 2019

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Year</th>
<th>Eligible to Renew</th>
<th>*Providers Lost</th>
<th>**Providers Gained</th>
<th>Provider Change</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (PA)</td>
<td>2019</td>
<td>896</td>
<td>66</td>
<td>108</td>
<td>42</td>
<td>4.7%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>2019</td>
<td>405</td>
<td>47</td>
<td>34</td>
<td>-13</td>
<td>-3.2%</td>
</tr>
<tr>
<td>Physician Alcohol &amp; Drug Counselor</td>
<td>2019</td>
<td>3,542</td>
<td>549</td>
<td>648</td>
<td>99</td>
<td>2.8%</td>
</tr>
<tr>
<td>(MLADC/LADC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Practice Nurse Practitioner</td>
<td>Jul 1, 2018-Jun 30, 2019</td>
<td>1,598</td>
<td>195</td>
<td>172</td>
<td>-23</td>
<td>-1.4%</td>
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<tr>
<td>(APRN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Practitioner</td>
<td>Jul 1, 2018-Jun 30, 2019</td>
<td>1,260</td>
<td>148</td>
<td>259</td>
<td>111</td>
<td>8.8%</td>
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<tr>
<td>(LICSW/LCMHC/LMFT/LPP)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
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</table>

* Non-renewals
** Initial licenses issued
<table>
<thead>
<tr>
<th>More likely to…</th>
<th>Less likely to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ Be &lt;40 years old</td>
<td>▲ Practice a primary care specialty</td>
</tr>
<tr>
<td>▲ Have graduated in the last 10 years</td>
<td>▲ Practice in outpatient settings</td>
</tr>
<tr>
<td>▲ Have practiced in NH for less &lt;5 years</td>
<td></td>
</tr>
<tr>
<td>▲ Have NH ties prior to receiving initial NH license</td>
<td></td>
</tr>
<tr>
<td>▲ Be 60+ years old</td>
<td></td>
</tr>
<tr>
<td>▲ Anticipate a reduction in NH practice in 5 years</td>
<td></td>
</tr>
<tr>
<td>▲ Have graduated from a NH medical school</td>
<td></td>
</tr>
<tr>
<td>▲ Clinically work part time (&lt;30 hours/week)</td>
<td></td>
</tr>
<tr>
<td>▲ Accept new patients in outpatient, primary care locations</td>
<td></td>
</tr>
<tr>
<td>▲ Train at a NH residency</td>
<td></td>
</tr>
</tbody>
</table>
### Table 8. Significant Geographic Disparities, Rural PAs

<table>
<thead>
<tr>
<th>More likely to…</th>
<th>Less likely to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Be male</td>
<td>- Have graduated from a New England school</td>
</tr>
<tr>
<td>- Work 40+ clinical hours per week</td>
<td>- Have NH ties prior to receiving initial NH license</td>
</tr>
<tr>
<td>- Have been practicing in NH for less than 5 years</td>
<td></td>
</tr>
<tr>
<td>- <em>Work in outpatient primary care practices with wait times &gt;1 week for established patients</em></td>
<td></td>
</tr>
</tbody>
</table>

*As indicated by the provider, not the employer*
Table 9. Significant Geographic Disparities, Rural APRNs

<table>
<thead>
<tr>
<th>More likely to…</th>
<th>Less likely to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ Work 40+ clinical hours per week</td>
<td>▲ Be &lt;40 years old</td>
</tr>
<tr>
<td>▲ Practice at locations that offer payment assistance</td>
<td>▲ Have graduated from a NH nursing school</td>
</tr>
<tr>
<td></td>
<td>▲ Have NH ties prior to receiving initial NH license</td>
</tr>
<tr>
<td></td>
<td>▲ Provide mental health services in an outpatient setting</td>
</tr>
<tr>
<td></td>
<td>▲ Practice a mental health specialty</td>
</tr>
</tbody>
</table>
## SFY19 Behavioral Health Providers Workforce Data Summary

### Significant Geographic Disparities, Rural MHPs

<table>
<thead>
<tr>
<th>More likely to…</th>
<th>Less likely to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be 60+ years old</td>
<td>Have NH ties prior to receiving initial NH license</td>
</tr>
<tr>
<td>Anticipate a reduction in NH practice in 5 years</td>
<td>Have graduated from a New England school</td>
</tr>
</tbody>
</table>
2021 Report on the Health Status of Rural Residents and Health Workforce Data Collection