Legislative Commission on the Interdisciplinary Primary Care Workforce

May 26, 2022 2:00-4:00pm – UNH Law School, 2 White Street, Concord, NH 03301 – Room 282

Zoom and Call in information:

Join Zoom Meeting
https://nh-dhhs.zoom.us/j/81369480876?pwd=c4rAsHO6W3yJx0An_Uek-TN4IYIOjB.1

Meeting ID: 813 6948 0876
Passcode: 314417

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

Agenda

2:00 - 2:10  Attendance & Introductions

2:10 - 2:30  Trauma-Informed Care in Pediatrics – Felicity Bernard, NH Pediatric Improvement Partnership (NHPIP)

2:30 - 3:00  Update on Psychiatric Nurse Practitioner Training Program - Deb Fournier, APRN, Advanced Practice Provider Lead, Dartmouth Health/New Hampshire Hospital

3:00 - 3:15  Update on Loan Repayment (SLRP & NHSC) – Alisa Druzba

3:15 - 3:45  Round Robin on Future Topics - - Group discussion

3:45 - 4:00  Legislative & Updates – Group discussion

4:00  Adjourn

Next meeting: Thursday June 23, 2022 2:00-4:00pm - UNH Law School, 2 White Street, Concord, NH 03301 – Room 282
State of New Hampshire
COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: May 26, 2022 TIME: 2:00 – 4:00pm
LOCATION: UNH Law School, 2 White Street, Concord, NH 03301 – Room 282 & Zoom Conferencing

Meeting Notes

TO: Members of the Commission and Guests
FROM: Amara Hartshorn
MEETING DATE: May 26, 2022

Members of the Commission:
Mary Bidgood-Wilson – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Mike Auerbach, Executive Director, New Hampshire Dental Society
Cathleen Morrow, Geisel School of Medicine
Jeanne Ryer, NH Citizens Health Initiative
Lynn Stanley, NH Mental Health Coalition
Jason Aziz, NH Insurance Department
Pamela DiNapoli, Executive Director, NH Nurses Association
Dianne Castrucci, NH Alcohol & Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project
Trini Tellez, Healthcare Consultant

Guests:
Danielle Hernandez, Program Manager, Health Professions Data Center
Christine Keenan, Administrative Director of Graduate Medical Education, PRH
Tina Kenyon, NH Dartmouth Family Medicine Residency
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center
Katherine Shamel, Bi-State Primary Care
Eve Klotz, Clinical Director, Northern Human Services (Retired)
Sergio Zullich, White Mountain Family Medicine Residency
Peter Mason, Medical Director, Headrest
Marcy Doyle, UNH IHPP
Debra Fournier, NH Hospital
Meeting Discussion:

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

2:10 - 2:30  
**Trauma-Informed Care in Pediatrics** – Felicity Bernard, NH Pediatric Improvement Partnership (NHPIP)

- Refer to the attached presentation, “Trauma-Informed Pediatric Primary Care.”

2:30 - 3:00  
**Update on Psychiatric Nurse Practitioner Training Program** - Deb Fournier, APRN, Advanced Practice Provider Lead, Dartmouth Health/New Hampshire Hospital

- Refer to the attached presentation, “Development of a Psychiatric Nurse Practitioner Training Program.”

3:00 - 3:15  
**Update on Loan Repayment (SLRP & NHSC)** – Alisa Druzba

- Refer to the attachment, “2022 State Loan Repayment Program Report.”

3:15 - 3:30  
**Round Robin on Future Topics** - Group discussion

3:30 - 4:00  
**Legislative & Updates** – Group discussion

4:00  
**Adjourn**
Trauma-Informed Care in Pediatric Primary Care

Funding provided by the New Hampshire Children’s Heath Foundation
Background

• Pandemic has increased family stress levels.

• Pediatric clinicians are a consistent and trusted source.

• Partnerships between pediatric primary care clinics and local community supports promotes family resilience.
Types of ACEs

**Abuse**
- Emotional
- Physical
- Sexual

**Neglect**
- Emotional
- Physical

**Household Challenges**
- Substance misuse
- Mental illness (including attempted suicide)
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

**Other Adversity**
- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

*The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.*

https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630
ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

**CHRONIC HEALTH CONDITIONS**
- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

**MENTAL HEALTH CONDITIONS**
- Depression
- Suicide or attempted suicide

**HEALTH RISK BEHAVIORS**
- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior

**SOCIAL OUTCOMES**
- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630
Positive Childhood Experiences

As a child, how often/how much did you....

• Feel able to talk to your family about your feelings
• Felt family stood by you during difficult times
• Enjoy participating in community traditions
• Feel a sense of belonging in school
• Feel supported by friends
• Have at least 2 non-parent adults who took genuine interest in you
• Feel safe and protected by an adult in your home

6-7 PCEs
>70% less likely to have adult depression

6-7 PCEs
3.5 times more likely to have social/emotional support as an adult

3-5 PCEs
50% less likely to have adult depression

*above is true even accounting for ACEs

Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019
New Funding Project Goals:

- Continued support for Cohort One practices
- Recruit & conduct a second cohort of practices
- Systems-level changes to support communities in addressing ACEs/trauma
PHASE 1
Trainings to Increase Trauma Awareness

Attendee Breakdown

- Mental Health: 4.2%
- Nurses: 34.4%
- Other: 35.4%
- Providers: 25.9%

13 PRACTICES
191 PEOPLE

CME RESULTS

- 94% Felt the information presented was important
- 91% Felt the information from the training has increased their knowledge, skills, or practice on trauma informed care.
Community Meetings

20 community meetings

Improvements to:
- Clinician knowledge and confidence
- Workflow
- Communication strategies

“I didn’t know you guys did all that stuff! I definitely have families I could have referred!”

- Pediatrician about local family resource center
Cohort 1 – Qualitative Feedback

Provider Feedback
• “The tools we are using give us important information that we would not have had before and are important in catching the trauma in people you wouldn’t expect”

• “We will continue to use the registry we developed after the project has ended. It helps to track our high-risk families.”

• “The number one eye opening experience about this whole thing is that we are learning about resources in the community that we have never known before. I have already started utilizing a lot of that...we have a lot more specific information that we can do on our end to help patients get connected to help.”

Patient feedback
• “I am super impressed that they are doing this (screening). They are cutting edge”
Practice Guide and Handbook

- Training and education around trauma and resiliency
- Defining current and future state
- Aids in decision making
- Recommendation for workflows
- Guidance for responding to positive scores
- Recommendations for capturing patient voice
- Encourages importance of individual and systems level self care
- Roadmap to replication
Lessons learned for practices to replicate

• Providers benefit from real world examples and hearing from others doing the work
• Making sense of screening tools with teams eliminates initial barriers
• Facilitating connections with community providers
• Don’t assume providers know all available resources
• Flexibility is crucial
• Planning period to build clinic capacity is necessary
Now Available!

**Trauma 101:** to increase pediatric team knowledge about trauma resilience
Topics include:
- Physical and mental impact
- Fostering resilience
- Trauma–Informed Care best practices

**Trauma 102:** identifying and addressing common presentations of trauma in family systems.
Topics include:
- Developing a culture and practice of resilience
- Common Manifestations
- Brief interventions (Case examples)
- Community partnerships

FREE
On-Site or Virtual
1-hour each
CME/CNE/SW credits available

felicity.bernard@unh.edu
Fall 2022

Cohort 2
Implementation Project

5 clinics
12- months
MOC and MIPS
Additional Resources

• **Healthy People 2030**

• **ACEs and Resilience**
  - Harvard Center for the Developing Child
  - Deepest Well: Nadine Burke Harris
  - ACES connection
  - ACEs Aware

• **NHPIP**
  - www.nhpip.org
References

- Center on the Developing Child at Harvard University, In Brief: How Resilience is Built (Apr 22, 2015). https://www.youtube.com/watch?v=xSf7pRpOgu8


The Development of a Nurse Practitioner Training Program in Psychiatry

Deb Fournier, MHCDS, MSN, APRN PMHNP-BC, ANP-BC
Laura Kelliher, MPP, MSN, APRN, CPNP-PC, PMHNP-BC

Legislative Commission on the Interdisciplinary Primary Care Workforce
May 26, 2022
What We Know...

• NH population is aging
• NH healthcare workforce is aging
• There is an unmet need for mental health services *
  • Non-rural NH has three times as many APRNs with a mental health specialty than rural areas**
• 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
** Workforce Dashboard

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
... from the NH workforce dashboard

NH Ties (N=570)
60% of APRNs lived or worked in NH prior to receiving their NH license

Years of Clinical Practice in NH (N=572)
Just under half of the workforce has been practicing in NH for <5 years
MH care is more available in non-rural NH

Mental Health Specialty
Non-rural NH has a higher rate of APRNs with a mental health specialty than rural NH
Dartmouth Health 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
  • Increasing number of NPs at NH Hospital
  • Increased part-time embedded pediatric psychiatric NP in Manchester to full-time role, which has allowed new patients to be scheduled within 1-2 weeks of referral
  • Wait time for 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
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
  • Manchester (pediatrics)

Inpatient Services
• New Hampshire Hospital
  • Attendings
    • Leader of Treatment Team and Treatment Plan
      (2016) 4 FTE – (2022) >12 FTE
• Dartmouth-Hitchcock Medical Center
  • General consult service
  • Emergency Department

(2018) 3.5 FTE – (2022) 8.5 FTE

Dr William Torrey
AJ Horvath
Dr Julia Frew
Barriers to increasing APRN Workforce

- Recruitment
  - Geography
  - Psychosocial resources
  - Salary

- Retention
  - Professional development / advancement opportunities
  - Salary

*Training opportunities are limited and of variable quality*

*Almost half of the APRN workforce has less than 5 years of experience in practice*
Why focus on a NH training program?

- Workforce crisis hits close to home
- Unable to fulfill the mission of delivering high quality care where and when it is needed most when we have difficulty with
  - recruitment
  - retention
  - and internal access (services for employees and families)

- Frustrations with existing programs deter from entering the field
  - Students – find own placements of variable quality
  - Preceptors – unsupported and overburdened

- DH has a strong group of existing PMHNPs
- Leadership supporting growth
- Resources and models for training programs
- Relationships with stakeholders
Additional Value of this Training Program

• 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
Usual / Current State

- Within the DH system, all requests for clinical placements with an Advanced Practice Provider go through one person.
- They manage contracts with the schools and onboarding.
- Preceptors and students are responsible for all school requirements.
- In 2020, that office placed 59 APP students (NPs and PAs) throughout the entire DH system (for a total of 82 rotations)
- DH has now stopped accepting any requests other than from current employees.
Key Changes

• Centralized intake for the department
• Clinical review of applicant (cover letter, CV, interview, references)
• Assessment of student skill, goals, and department’s resources (preceptor skill, availability and work site)
• Coordination of logistics to reduce burden on student and preceptor
• Provide support and training to preceptors
• Build relationships with academic partners
• Develop system for continuous improvement and learning
• Build future community of providers and preceptors
The Dartmouth Health 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:
PsychiatryTraining@hitchcock.org

In your cover letter, please include the following information:
- The program you are currently enrolled in
- The approximate dates 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

Dartmouth Health
Psychiatric Nurse Practitioner Training Program

A comprehensive clinical practicum experience for psychiatric nurse practitioner students
Placement Sites

- **Lebanon**—adult psychiatry (including specialty outpatient 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

Dartmouth Health is home to 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 practica within one health system
- Work within multidisciplinary teams and alongside other learners

**Frequently Asked Questions**

1. **What is the application process?**
   E-mail your resume and cover letter to PsychiatryTraining@hitchcock.org. Applicants who appear to be a good fit for the program will be contacted for an interview.

2. **When should I apply?**
   At least six months before your clinical term starts.

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 Health 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 practicum with Dartmouth Health?**
   No.

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

8. **Can your program meet all my practicum requirements?**
   We will try, but not always. Currently, we have limited pediatric placements and we do not have preceptors who provide traditional psychotherapy. Please be prepared to discuss your practicum requirements during your interview.
Training Advanced Practice Providers in Psychiatry
Deb Fournier, MHCDS, MSN, ANP-BC, PMHNP-BC, APRN
Laura Kelliher, MA, MSN, CPNP-PC, PMHNP-BC, APRN

Why build a coordinated training program?
We are in the midst of a Behavioral Health workforce crisis. Recruitment during the pandemic revealed extraordinary variation in the quality of APP training programs. Preceptors were under-supported and facing burn-out. Students were independently seeking random placements to fulfill program requirements.

Our model aims to support students with coordinated placements in high quality clinical sites while supporting the professional development of our faculty. Understanding that providers often stay where they train, our mission is to build a regional network of high quality Psychiatric/Mental Health Nurse Practitioners.

In 2020 there were 7 nurse practitioner students within the Department of Psychiatry.

In 2022 we are supporting 24 students and 14 preceptors for an estimated 7500 training hours.

Throughout 2021, we engaged stakeholders to develop a standardized process to interview students, match them with appropriate learning environments and support preceptors to continue to teach while continuing to provide high quality health care services.

Possible student pathways based on experience and interest:

- 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 specialty clinics
- New Hampshire Hospital
- Post Masters, experienced in geriatrics or primary care
- DHMC specialty clinics
- New Hampshire Hospital
- New Hampshire Hospital

For more information:
PsychiatryTraining@hitchcock.org
What are we learning...

- NH Hospital is not an ideal placement for a MSN student early in their program
  - More appropriate for post-master’s student or master’s students in their last term
- It is important to balance exposure to different settings with need for opportunities for developing clinical skill (the value of “observation”)
- The fewer academic affiliations, the better ability to strengthen the rotation opportunities
- PMHNP students get little to no guidance in choosing a program
- Unexpected changes in student schedules or resource availability contributes to preceptor burn-out
As competition for placement is growing, we continue to assess for success

- 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
Continuing to work with academic partners to clarify learning objectives

**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)
Fiscal Year 2021-2022

Number of Unique Students: 23
Number of Clinical Rotations: 34
Estimated Number of Clinical Hours: 5040
Number of Schools: 9
Number of Active Preceptors: 16
Alignment with NH Healthcare Workforce Strategic Plan

1.6 Create accessible and supportive training models for students and healthcare professionals

Our program offers

- flexibility for students to commit to clinical days compatible with their work schedules (1.6.1)
- centralized collection of PMHNP training opportunities within the DH system (1.6.2, 1.6.3)
- growth through collaboration with academic partners and additional trainings for preceptors (1.6.4)
- encouragement and future support for students to become future preceptors (1.6.7)
Additional support within the Dept of Psychiatry

- Transition to model of APP leadership
  - streamline recruitment efforts
  - assess workflow and models of care for culture that supports our staff, working toward delivery of high quality care within safe and collaborative culture
- incorporation of retention conversations to regular meetings
- exploring career development, staff resiliency, and professional engagement
- establishing mentorship support and group relationships
- participate in organization conversations about scope, role and compensation
In August, we shared these goals...

• **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
  - Collaboration plan with academic stakeholders
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<th>Task</th>
<th>Description</th>
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<tr>
<td>finalize brochure</td>
<td>delayed due to branding campaign. however poster presented at regional conference for additional exposure and invitation for feedback</td>
</tr>
<tr>
<td>collaborate with school coordinators</td>
<td>built process map for efficient management of placement requests. monthly meeting to review onboarding and orientations</td>
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<tr>
<td>finalize interview schedule</td>
<td>now on a rolling basis. working on design for deadlines for placement requests</td>
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<tr>
<td>develop evaluation tool and baseline metrics</td>
<td>completed. will continue to enhance evaluation tools and program based on feedback</td>
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<tr>
<td>coordinate Fall, Winter and Spring placements</td>
<td>now scheduling in to 2023</td>
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<tr>
<td>CMHC rotation</td>
<td>on hold. continue to focus on strengthening DH rotations. include priority for rural embedded care rotations</td>
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<tr>
<td>specific rotation for SUD and MAT</td>
<td>available for one day a week</td>
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<tr>
<td>preceptor training</td>
<td>established. monthly meetings. structured curriculum in progress</td>
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<tr>
<td>collaboration with academic stakeholders</td>
<td>monthly meetings with selected partners</td>
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Additional ROI...

In 2021
4 of the 7 full time PMHNPs at NHH trained within the DH system
Additional Next Steps

- Working with Department Leadership on broader workforce issues (other licensed staff development and training)
- Department is seeking resources for administrative support
- Collaborating with Physician educators for additional opportunities for inter-professional education
- Focus group of ANP/FNPs currently in rural settings pursuing post-masters with goal of developing additional training resources and future positions to address access

Some identified barriers:
- tuition reimbursement
- scholarships
- access to quality placements
- support in current role for teaching (protected time reduces access and FFS income)
- additional support for continuing education for preceptors (retention strategies)
## CURRENTLY SERVING

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## PROVIDER TYPES

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## RURAL/NON-RURAL

<table>
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<tbody>
<tr>
<td>NON-RURAL</td>
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## LOCATIONS (34)

- AMMONOOSUC COMMUNITY HEALTH SERVICES
- AMOSKEAG HEALTH CENTER
- ASSOCIATES IN MEDICINE/VALLEY REGIONAL HOSPITAL
- BELMONT MEDICAL CENTER/CONCORD HOSPITAL-LACONIA CENTER FOR NEW BEGINNINGS
- CONWAY FAMILY DENTAL CARE (PPD)
- COOS COUNTY FAMILY HEALTH SERVICES
- DENTAL HEALTH WORKS OF CHESHIRE COUNTY
- DOORWAY AT CONCORD HOSPITAL-FRANKLIN
- DOORWAY AT WENTWORTH-DOUGLASS
- FAMILIES IN TRANSITION
- GREATER NASHUA MENTAL HEALTH
- HEADREST
- HEALTHFIRST
- JAFFREY FAMILY MEDICINE/MONADNOC COMMUNITY HOSPITAL
- LACONIA CLINIC/CONCORD HOSPITAL-LACONIA
- LAKES REGION MENTAL HEALTH CENTER
- LAMPREY HEALTHCARE
- MANCHESTER COMMUNITY HEALTH CENTER
- MENTAL HEALTH CENTER OF GREATER MANCHESTER
- MID-STATE HEALTH CENTER
MONADNOCK FAMILY SERVICES
MOULTONBOROUGH FAMILY MEDICINE/HUGGINS HOSPITAL
NEWPORT HEALTH CENTER
NORTH COUNTRY PRIMARY CARE
NORTHERN HUMAN SERVICES
PLYMOUTH PEDIATRICS/SPEARE
RIVERBEND
SACO RIVER MEDICAL GROUP
SEACOAST MENTAL HEALTH CENTER
TAMWORTH/OSSIPEE FAMILY MEDICINE/HUGGINS HOSPITAL
WEST CENTRAL BEHAVIORAL HEALTH
WESTSIDE HEALTHCARE/CONCORD HOSPITAL-FRANKLIN
WOLFEBORO FAMILY MEDICINE/HUGGINS HOSPITAL