



Final Report

Access to New Hampshire's Primary Care Workforce Project

Reporting Period: June 1, 2008 through June 30, 2009

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Overview

In March 2008, the Workforce Committee of the NH Citizens Health Initiative submitted a report to the Governor recommending strategies to address the shortages of primary care providers in New Hampshire. The report referenced strategies that could be actualized within three years. The *Access to NH's Primary Care Workforce Project* focused on the implementation of specific recommendations from the Strategies to Address Access to NH's Primary Care Workforce Report. Specifically the project focused on investigating and implementing the following:

- 1A. Establish an entity that is accountable for coordinating state-wide planning, development and implementation of this work.
- 1C. Enhance the provider licensure process to collect data for workforce planning.
- 2A. Redesign NH's Primary Care Loan Repayment Program to be competitive with neighboring states.
- 2B. Increase the annual funding for the Loan Repayment Program by at least \$5 million through public-private partnerships.
5. The Governor, through his office, will provide leadership for primary care workforce development in the state.

Project Summary

Project outcomes and accomplishments are listed below under each activity. A subcommittee comprised of members of the Citizens Health Initiative's Quality Team and other key stakeholder groups such as the NH Department of Health & Human Services Office of Rural Health and Primary Care Section, North Country Health Consortium, NH Medical Society and NH Academy of Family Practice Physicians, the University of New Hampshire, Community Health Institute, Bi-State Primary Care Association and its NH Recruitment Center, representatives from the office of Governor John Lynch and others from professional associations and rural networks, was established to support the implementation of the project activities. Monthly meetings were convened for the duration of the project. The subcommittee members provided recommendations and support in the implementation of strategies from the report.

In addition to the information provided below the final project work plan is included with this report as Attachment A. The work plan contains more information on specific activities undertaken through this project.

1A. Establish an entity that is accountable for coordinating state-wide planning, development, and implementation of this work.

The State Office of Rural Health and Primary Care, housed within the Department of Health and Human Services, and Bi-State Primary Care Association have integrated this work into their monthly meetings. Both organizations have significant roles in recruitment and retention of primary care providers for New Hampshire.

The State Office of Rural Health and Primary Care administers the NH State Loan Repayment Program and the J1 Visa Waiver Program. It is also the entity in the state with responsibility to assess and recommend underserved area designations to the Health Resources and Services Administration (HRSA) through the Shortage Designation Branch. The Primary Care Office also plays a critical role in designating NH practices as qualifying sites for National Health Service Corps (NHSC) resources such as placement of clinicians who can receive NHSC loan repayment.

Bi-State operates the NH Recruitment Center which conducts national outreach to health professionals in training and in practice in order to recruit them to New Hampshire. Through the NH Recruitment Center a statewide tracking of clinician vacancies is maintained. The Recruitment Center staff work closely with New Hampshire organizations such as hospitals, community health centers, rural health centers and private practices to facilitate and support their recruitment efforts. Bi-State also coordinates with the Primary Care Office to promote the resources available through the NHSC to communities and clinicians and facilitates the recruitment of health professionals to practices that qualify for these resources. With additional resources being allocated to the National Health Service Corps through the American Recovery and Reinvestment Act, this level of activity and coordination required to administer this program has increased substantially over the last five months.

Bi-State and the State Office of Rural Health and Primary Care are also involved in workforce planning activities. The organizations are working together to develop a statewide oral health workforce strategic plan and recommendations. This project is funded through a grant from HRSA which the organizations worked together on to develop and submit. In addition, the State Office of Rural Health and Primary Care recently obtained software that can be used to make clinician workforce projections based on population demographics and other factors. Once the information on New Hampshire's workforce becomes available through the surveys of its licensed health professionals that data can be entered in the software to inform the estimates of the workforce needed to serve New Hampshire's population.

1C. Enhance the provider licensure process to collect data for workforce planning.

- Leaders from the NH Department of Health & Human Services contacted the NH Board of Medicine to discuss ways to enhance the licensure process in order to obtain data for workforce planning. The Board did not previously have a process in place to collect any data on the existing workforce of NH licensed physicians. The Board agreed to include the workforce survey designed by the Office of Rural Health and Primary Care with its physician licensure renewal packets in order to support this data collection.

- In January 2009 the survey was distributed to New Hampshire licensed physicians in all specialties with a cover letter from Governor John Lynch. As of June 2009 there was a 50% survey response rate from the physicians. The Board of Medicine was supportive of the collection of this data and is interested in making the survey of its licensee's part of their process on a permanent basis in 2010. This is done in many states across the country to obtain data on its existing workforce.
- The survey of physicians was the pilot for working with the other NH licensing boards to survey their licensees. The Board of Medicine also licenses Physician Assistants which has been identified as the next group of health professionals to receive the survey. This process will also need to be replicated with the NH Board of Dental Examiners, which licenses dentists and dental hygienists, the NH Board of Nursing that licenses RNs and Nurse Practitioners and the NH Board of Mental Health Practice which licenses psychologists, clinical social workers, clinical mental health counselors and marriage and family therapists.
- Upon completion of the analysis of the physician survey responses, the summary of the findings will be reviewed with key stakeholders to determine a communication plan for sharing the findings.

2A. Redesign NH's Primary Care Loan Repayment Program to be competitive with our neighboring states.

New Hampshire's Primary Care Loan Repayment Program was improved to make it more competitive with what is offered in the neighboring states of Maine and Vermont. These improvements make New Hampshire's Loan Repayment a greater incentive for clinicians who are being recruited to the state or those for whom Loan Repayment will assist in retention. The revisions to the program include:

- Increasing the amount of loan repayment dollars available each year for qualifying clinicians
- Increasing the overall length of the awards – from 2 to 3 years for an initial commitment.
- Offering clinicians the opportunity to extend loan repayment for an additional 2 years after the successful completion of the first 3 years.
- Expanding eligibility requirements for clinicians who work part time in an underserved area

While the re-designed loan repayment program can better address the needs of clinicians being recruited to or practicing in New Hampshire, there is continued concern about the availability and funding for the program. Given the State's overall budget deficit, programs in all areas of state government are being reviewed and considered for reductions or elimination. With a national shortage of primary care physicians, physicians have many choices of locations for their practice and many states and communities are raising the stakes for incentives, not reducing or eliminating them. The demand for the resources of New Hampshire's existing program resources combined with the potential of cuts to the program due to state budget constraints weakens New Hampshire's ability to use the program effectively as a recruitment and retention incentive.

2B. Increase the annual funding for the Loan Repayment Program by at least \$5 million through public-private partnerships.

i. Contest the federal decision to not award loan repayment funding to NH:

Bi-State Primary Care Association contacted representatives from HRSA regarding the scoring and subsequent denial of funding of the State of New Hampshire's application for resources through the Federal State Loan Repayment Program. No specific feedback on New Hampshire's application was available to the State of New Hampshire or Bi-State. Under the Obama administration, a special round of funding for the Federal State Loan Repayment programs was made available in April 2009. Only states such as New Hampshire that were defunded in the previous year and states that have never received an award from the Federal State Loan Repayment Program were eligible to apply. New Hampshire is still awaiting notice of grant award as of July 2009. Bi-State Primary Care Association and other stakeholders provided letters of support for New Hampshire's most recent application.

ii. Increasing public-private partnerships to increase annual funding for the Loan Repayment Program by \$5 million dollars.

Discussions with individuals with experience in the banking industry informed the development of a strategy to approach private entities including banks, private foundations and other financial institutions to contribute to a private loan repayment program. A concept/background paper to use in approaching these organizations was created as part of this project.

In September 2008 the environment for initiating such a program changed significantly with an announcement from the Bush Administration that it would provide an unprecedented federal bailout of the US banking system to shore up collapsing financial markets. The effect of the economic turmoil within the banking industry has had a ripple effect on the investments and funds available through private foundations and endowments across the country. Given the prediction that the US was heading into a market crash akin to the Great Depression and the uncertain future of the banking industry it was determined by the advisory committee that this initiative should be put on hold until the market began to recover.

While a full court press approach to increasing public-private funding for loan repayment is not feasible at this time, during the project period Bi-State developed an opportunity to request funding for a pilot program that would make loan repayment available to dentists in private practice who see patients on Medicaid and/or are located in a federally designated underserved or rural area of the state. Bi-State staff met with representatives from Northeast Delta Dental to gain their input and assess their interest in developing a pilot program that would complement the NH State Loan Repayment Program. Northeast Delta Dental is interested and has encouraged Bi-State to apply for funding to initiate a pilot program in 2010.

iii. Increase state funding for loan repayment.

The importance of increasing state funding for the NH State Loan Repayment is increasingly understood among key stakeholders throughout the state. The NH Rural Workforce Commission was formed in 2008 to recommend policies and programs to increase the number of New Hampshire individuals in health professions servicing New Hampshire's rural and underserved areas. Members of the Commission include representatives from the NH Medical Society, Dental Society, Mental Health Coalition, the Public Health Science Programs in the

public and private sectors, representatives from rural health care facilities and representatives from the NH Department of Health and Human Services, the University System and others. In its Interim Report published in November 2008, the Commission strongly recommended increasing funding for the NH State Loan Repayment Program to \$1.5 million dollars annually based on the existing and projected primary care provider vacancies in 2010 and 2011.

The Governor's 2010-2011 budget recommended level funding of the NH State Loan Repayment Program by making reductions to the direct medical education reimbursement program (known as GME funding). GME funding is used by certain hospitals for costs associated with training medical personnel. The fact that the NH State Loan Repayment Program was recommended at level funding at a time when so many other programs were reduced or eliminated is quite an accomplishment and a testament to the increasing awareness of the importance of this program for the recruitment and retention of primary care providers to the state. While the NH State Loan Repayment Program remained in the budget, the Governor's proposed strategy for funding the Loan Repayment Program is somewhat controversial and it is still not clear if the funding from GME can be appropriately transferred and utilized for loan repayment. Bi-State will continue to monitor this in FY 2010.

And so while a number of strategies were implemented to try to increase state funding for the NH State Loan Repayment Program, we were ultimately not successful. This is due in large part to the state's revised revenue projections that assumed significant deficits in anticipated revenue for FY 09 and FY 10. That said the educational campaign conducted as part of this project was successful in increasing awareness among stakeholders and legislators of the importance of the NH State Loan Repayment Program to sustaining access to primary care in the state. Even with the State's decreasing revenues the Governor's proposed budget for FY 2010-2011 included level funding for the NH State Loan Repayment Program while other programs received significant cuts. In the next year Bi-State will continue to educate legislators on the importance of continued and increased funding of the State Loan Repayment Program.

5. The Governor, through his office, will provide leadership for primary care workforce development in the state.

A. Convene an educational summit to inform and educate potential partners on the problems and solutions.

The advisory committee determined that a campaign to educate stakeholders and policy-makers about the workforce challenges and solutions would be a more appropriate strategy to employ given the available human and financial resources of the project and the climate in the state legislature.

Two formal briefings were conducted including a session for the Legislative Taskforce on Expanding Access to Health Insurance and for the NH Rural Workforce Commission. Copies of the *Strategies to Address Access to NH's Primary Care Workforce Report* were shared with both groups and an update on the status of implementing the recommendations was also provided.

The NH Rural Workforce Commission also adopted all of the recommendations from the *Strategies to Address Access to NH's Primary Care Workforce Report* to inform their work. They

included the Executive Summary from the Report as an attachment to their Interim Report in November 2008 stating that the Executive Summary “*succinctly states the increasing difficulties that shortages of primary care, dental and mental health providers pose to the maintenance of appropriate health care for New Hampshire's citizens.*”

In addition to the two briefings, information from the *Strategies to Address Access to NH's Primary Care Workforce Report* was shared with regional stakeholders who participated in a New England Regional Healthcare Workforce Collaborative Conference in July 2008. The organizations from the six New England states are making an effort to address rural workforce needs regionally and to leverage regional resources. Areas that the regional group is focused on are compatible with the areas identified New Hampshire's report. They include pipeline expansion, recruitment and retention, coordination of workforce development activities and improved availability of regional workforce data.

B. Identify the leaders who will take responsibility for implementing these recommendations.

Leaders to take responsibility for implementing the 5 recommendations included as part of this project were identified and engaged in the work to date. They include the NH Department of Health & Human Services' Office of Rural Health and Primary Care, Bi-State Primary Care Association and the NH Board of Medicine. The *Strategies to Address Access to NH's Primary Care Workforce Report* provides a framework for organizations to more easily identify their roles in implementing recommendations and to identify organizations that may be able to serve as partners or collaborators to conduct the work. Convening leaders and other stakeholders on the advisory committee for this project has also increased each group's understanding of the resources that each lead organization brings to this work.

In addition to formal leaders, groups such as the NH Rural Workforce Commission have supported and engaged in this work, stating in their Interim Report that they will “continue to find policy-helpful ways to monitor, describe, and project the state's primary health care workforce; ways to grow our own health care providers by increasing interest and opportunities in health care training for New Hampshire students across the educational spectrum; and ways to organize the provision of basic health care to make most effective use of the changing health care workforce.” Both the State and Bi-State are supportive and engaged in the work of the NH Rural Workforce Commission at the state level.

Next Steps

As lead organizations the NH Department of Health and Human Services Office of Rural Health and Primary Care and Bi-State Primary Care Association will continue to work together in the implementation of the strategies outlined in the report to the Governor. In addition to taking the lead in the state, both organizations are participating in workforce development at a national level. Both organizations participated in a 2009 Healthcare Workforce Summit convened by the Health Resources (HRSA) and Services Administration. This well organized and thoughtful conference included many informational sessions on primary care workforce data, health professional training and recruitment topics. The conference also provided the opportunity for New Hampshire to give input to HRSA about what resources are most needed to support our

work at the state level and what role HRSA should have in the future to assist the state in pipeline development and recruitment.

While additional resources may be needed to implement some of the recommendations from the Report there are some (such as the surveying of NH licensed health professionals through the state licensing boards) that can be achieved through increased communication and collaboration.

As noted above, Bi-State and the State Primary Care Office will continue working together to maximize the utilization of federal loan repayment funding for the National Health Service Corps which was expanded through the American Recovery and Reinvestment Act. This will allow New Hampshire to leverage federal funds for loan repayment given the limited state funds. Through our regular meetings we will continue to identify opportunities to engage other organizations and stakeholders to implement the strategies and recommendations to increase access to primary care services in New Hampshire.