GOVERNOR'S PRIMARY CARE TASK FORCE
MEETING SUMMARY
October 11, 2012

Members Present

Deb Bowman	Dixie Gaikowski	Dr. Robin Peterson-Lund, CNP
Mary Nettleman, MD	Rep. Spencer Hawley	Mark Schmidt
Julia Abraham, PA	Doneen Hollingsworth	Kurt Stone, MD
Rob Allison, MD	David Kapaska, DO	Sen. Billie Sutton
Susan Anderson, MD	Dr. Michael Lawler	Bruce Vogt, MD
Sen. Corey Brown	Rep. Melissa Magstadt	
Larry Gabriel	Dr. Roberta Olson	

Members Absent:

Cecelia Fire Thunder	Kimberlee McKay, MD	David Whitney, MD
Dean Krogman	Seth Parsons	Michael Wilde, MD

Staff Present:

Liza Clark	Halley Lee	Susan Sporrer
Sandi Durick	Tom Martinec	

Welcome

Deb Bowman and Dr. Nettleman welcomed members to the final Governor's Primary Care Task Force meeting. Nineteen members were present.

Healthcare Workforce Data

Halley Lee with the Department of Health (DOH) Office of Rural Health (ORH) provided an overview of the current system for collecting healthcare workforce data. ORH currently utilizes data from the Department of Labor and Regulation, Board of Regents, Integrated Post-Secondary Education Data System (IPEDS), health professional licensing boards, and surveys to collect information and examine current workforce trends. However, there are limitations to these existing data sets which make comparison of data difficult. These limitations include data elements vary; there is no direct availability of this data by ORH; data reporting schedules vary; categorization of data elements is not specific enough; data sets are cumbersome; and survey response rates/return times are less than optimal). There is a need for a system that can help alleviate these data issues. A system would allow for timely, accessible, consistent and comparable data to be utilized by policy makers, legislators, educational systems, governmental entities, grant writers, etc. to more specifically analyze South Dakota's healthcare workforce. Halley said several models exist in other states and could be used as a model in South Dakota.

Medical Resident Licensing

Dr. Shawn Van Gerpen, Residency Program Director for the Sanford School of Medicine Department of Psychiatry provided information to the task force regarding current licensure requirements for medical residents. South Dakota currently requires a physician to complete a residency program prior to a full medical license being issued. Dr. Van Gerpen believes this prohibits medical residents from "moonlighting" in facilities, particularly rural facilities which could potentially impact where they eventually decide to practice. The Task Force was generally supportive of exploring a change to the licensure requirements for medical residents to remove barriers to practice. The DOH will work with the Board of Medical and Osteopathic Examiners and other stakeholders to explore potential changes to the law and will report back to the Task Force on the November 14th conference call.

Discussion of Draft Recommendations
Two subcommittees met to develop draft recommendation for consideration by the full Task Force. Recommendations from both subcommittees were discussed by the full Task Force and refined for inclusion in the final report.

Doneen Hollingsworth chaired the subcommittee assigned to look at healthcare educational programs and quality rural experiences. The subcommittee developed seven draft recommendations for consideration by the subcommittee.

1. Coordinate preceptor opportunities for medical, physician assistant, and nurse practitioners students and pursue incentives to providers serving as preceptors
2. Issue a request for information (RFI) to current and potential sites to identify possible third year SOM campus locations for use in budget development by the Board of Regents, Governor, and Legislature
3. Expand training in rural areas for family medicine residents by requiring extended experience in rural communities/areas, including reservations
4. Encourage collaboration between Family Medicine residency programs and programs like Frontier and Rural Medicine (FARM) and Rural Experiences for Health Profession Students (REHPS) programs
5. Serve as a leader in interprofessional education for healthcare students and residents in rural areas
6. Develop a data collection system to serve as a central clearinghouse of healthcare education and workforce information (partnership between DOH, Labor, School of Medicine, licensing boards, and Area Health Education Centers (AHECs))
7. Establish ongoing oversight committee to monitor implementation of task force recommendations and provide reports to the Governor, Board of Regents, and Legislature

Mark Schmidt chaired the second subcommittee looked at recruitment and retention as well as innovative primary care models.

1. Expand opportunities to increase exposure to rural medicine through such programs as REHPS and FARM programs
2. Establish community promotion programming to assist in development of "recruitable communities"
3. Promote community and facility incentive programming currently in place (SB 176 and 177)
4. Partner with Dakota Roots to promote return of healthcare providers to South Dakota
5. Review licensing requirements to identify potential barriers to practice (i.e., collaborative/ supervisory agreements, medical resident licensing, etc.)
6. Maximize use of telehealth as a means of supporting rural healthcare providers
7. Provide assistance to rural healthcare providers to handle administrative functions of clinic/ practice
8. Develop interprofessional collaborative practice as the standard of care to optimize healthcare services and improve health outcomes
9. Utilize nurse practitioners and physician assistants as hospitalists to reduce call/hours for physicians
10. Encourage public/private partnerships to fund new models of primary care

Wrap Up
Task Force staff will take the draft recommendations of the task force and develop a draft final report to include recommendations, action steps and metrics. The draft final report will be sent to task force members prior to the final meeting for review. The final meeting will be November 14th from 3-5 p.m. (CST) via teleconference.