

# Primary Care Task Force Oversight Committee Meeting Summary

## April 26, 2017

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### Committee Members Present

Kim Malsam-Rysdon, Chair

Robert Allison, MD

Sandy Diegel

Jay Perry (for Dr. Mike Rush)

Mark Schmidt

Sen. Alan Solano

Gale Walker

### Workgroup Members Absent:

Mary Nettleman, MD

Sen. Billie Sutton

### Staff Present:

Tom Martinec

Josie Petersen

Susan Sporrer

### Welcome

Secretary Kim Malsam-Rysdon welcomed Mark Schmidt to the Primary Care Task Force Oversight Committee. Mark currently serves as the administrator of the Lead-Deadwood Regional Hospital and was an original member of the Governor's Primary Care Task Force in 2012. Mark is replacing Gale Walker who retired at the end of March.

### Updates

- ❖ 2017 Legislative Session – Tom Martinec provided an update of the 2017 legislative session. The DOH had its annual special appropriation for recruitment assistance programs. HB 1042 provided \$550,000 for 4 physicians, 1 physician assistant, and 4 nurse practitioners who will be completing the terms of their contract in FY 18 and \$292,000 to reimburse 42 eligible health professionals who will be fulfilling the terms of their rural healthcare facility recruitment assistance contract. The RHFAP is currently limited to 60 professionals but the DOH accepted 70 professionals into the program to account for the number of defaults that typically occur with this program. There was a bill to expand recruitment assistance programs to include other professions working within the long term care industry but the bill was not successful due to budget constraints. SB 61 passed which updates the practice act for nurse practitioners and nurse midwives. The most significant change was the removal of the requirement for an ongoing collaborative agreement with a physician. The bill requires NPs and NMs with less than 1,080 hours of practice to have a collaborative practice agreement with a physician, NP or NM. Finally, SB 136 passed which will provide for licensure and regulation of certified professional midwives (e.g., non-nurse midwives) who attend births in an out-of-hospital setting.

Secretary Malsam-Rysdon noted that funding for the Family Medicine Rural Training Track (RTT) was included in the DOH's FY18 budget request but was removed toward the end of session because the timing of RTT accreditation made it possible to delay the general fund appropriation until the next budget cycle. There continues to be strong support for RTT funding for the FY19 budget cycle.

Secretary Malsam-Rysdon noted that while Medicaid expansion is not being seen as a viable option given the change in the federal Administration, the state is continuing to do work with stakeholders to determine if there is opportunity to redirect current Medicaid funds that had been identified for expansion to support other efforts.

In response to a question about viability of rural nursing homes, Secretary Malsam-Rysdon said that one of the biggest indicators of a nursing home's viability is its occupancy rate and the state continues to see nursing homes that are delicensing beds due to low occupancy. The DOH will also be issuing an RFP this summer to redistribute available nursing homes beds to areas of need in the state. There are currently 150 beds available for redistribution. Secretary Malsam-Rysdon also noted that Governor Dugaard recently reorganized long term care services in the state with Adult Services and Aging moving from the Department of Social Services to the Department of Human Services to better align services provided in community based setting under one agency.

## **Metrics**

The Oversight Committee reviewed the metrics for the Primary Care Task Force. The purpose of the review was to determine the trend lines for data, whether a metric should be continued or changed to provide a better measure, if there is national or regional data available to compare and provide context to South Dakota data, and finally, to determine if there are key metrics missing.

### ❖ Capacity of Healthcare Educational Programs

- Set targets for preceptor participation (e.g., percentage of eligible practitioners serving as preceptors)
- Provide breakout of nurse practitioner preceptors by physician and NP
- Develop metric to measure quality of preceptors
- Is there comparison data for resident vs. non-resident students in state-supported medical schools
- Is there comparison data for percent of medical school students selecting a primary care residency
- Can we look at a resident's "intent to practice" and determine if the resident eventually did practice in primary care/rural area
- Is there comparison data for PAs and NPs who end up practicing primary care in South Dakota in a rural area
- Breakout the percent of SSOM alumni who graduated 10-15 years prior and are now practicing in SD by practice location and specialty

### ❖ Quality Rural Health Experiences

- Breakout data for REHPS by type of student
- Develop metric to measure community engagement in REHPS
- Provide additional breakdown of primary care residency capacity

### ❖ Recruitment and Retention –

- Measure trends in professionals not completing recruitment assistance programs, particularly the RHFRAP
- Change metric for Recruitment Assistance Program to recognize that some of the original participants are starting to retire
- Develop metric to monitor if medical residents moonlighting in SD facilities, remain in SD to practice
- Develop metrics to look at practice location/specialty for current practitioners
- Develop metric to measure provider capacity by geographic area and population need
- Develop metric to measure impact of SB 61
- Provide breakout on map of RHFRAP participants to include both facility and provider type

- ❖ Innovative Primary Care Models –
  - Develop metric to measure use of telehealth (i.e., number of e-consults, etc.)
- ❖ Oversight and Accountability – no recommendations

The DOH will work with Oversight Committee members and other to develop revised metrics for discussion at the July meeting.

### **Wrap-Up**

The group thanked Gale Walker for his service to the Oversight Committee as well as his 43 years of service to health care in South Dakota. The next meeting of the Primary Care Oversight Committee will be July 12<sup>th</sup> at the site of the Family Medicine Residency Program Rural Training Track in Pierre. The meeting will include an update on the status of the RTT, updates on FARM and the residency program match, and review of metric recommendations.