

GOVERNOR'S PRIMARY CARE TASK FORCE
MEETING SUMMARY
June 21, 2012

Members Present

Deb Bowman
Mary Nettleman, MD
Julia Abraham, PA
Rob Allison, MD
Susan Anderson, MD
Sen. Corey Brown
Cecelia Fire Thunder

Larry Gabriel
Dixie Gaikowski
Doneen Hollingsworth
Dean Krogman
Dr. Michael Lawler
Dr. Roberta Olson
Seth Parsons

Robin Peterson-Lund, CNP
Mark Schmidt
Kurt Stone, MD
Sen. Billie Sutton
Bruce Vogt, MD

Members Absent:

Rep. Spencer Hawley
David Kapaska, DO

Rep. Melissa Magstadt
Kimberlee McKay, MD

David Whitney, MD
Michael Wilde, MD

Staff Present:

Sandi Durick
Liza Clark

Halley Lee
Tom Martinec

Susan Sporrer

Welcome

Deb Bowman opened the meeting of the Governor's Primary Care Task Force and welcomed Dr. Nettleman as the co-chair of the Task Force. Nineteen members were present.

Improving access to rural health care is a key component of the Governor's South Dakota Workforce Initiatives (WINS) aimed at bringing together government, education, and others to help South Dakota develop and attract a stronger, more educated workforce. During the 2012 legislative session, the Governor sponsored two bills (SB 176 and SB 177) to assist both rural healthcare facilities and rural communities recruit and retain healthcare providers. In addition, the Governor's FY13 budget provided for the expansion of the state's educational capacity to prepare additional primary care providers with a strong emphasis on rural areas including: (1) increasing the USD Medical School class size by four students per year; (2) implementing a rural training track to provide third-year medical students with an extended experience in rural communities; and (3) expanding the physician assistant program class size by five students (20 to 25) and converting five of the current non-resident slots to resident slots.

The Governor's charge to the Task Force is to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – with a particular emphasis on rural areas. For the purposes of this Task Force, primary care is defined as family medicine, internal medicine, obstetrics/gynecology, and pediatrics. The Task Force will be looking at capacity of education programs and how to provide meaningful rural education opportunities for students to encourage practice in rural communities; (2) distribution of providers; (3) innovative primary care delivery models to enhance support mechanisms for rural practitioners; and (4) establishment of accountability/outcome measures to make sure state is getting a return for any investments made – particularly in rural areas.

The first meeting will lay the groundwork for the activities of the Task Force with presentations designed to help task force members better understand South Dakota demographics and the distribution of primary care providers in the state as well as an update on the USD School of Medicine and primary care education programs in the state. At the second meeting the task force will start looking at some potential "best practices" and strategies to address capacity, distribution of providers, delivery models, and

accountability. The third meeting will be spent reviewing strategies and begin developing final recommendations with a follow-up conference call in November to finalize recommendations. Final recommendations are due to the Governor by December 15th.

Overview of Demographics and Primary Care Workforce in South Dakota

Dr. Sid Goss presented information on population changes and demographics in South Dakota. Forty-one South Dakota counties experienced a decrease in population between the 2000 and 2010 Census. Those 25 counties experiencing an increase in population were generally those counties along the I-29 corridor, the Black Hills, and Reservation counties. The 10 fastest growing counties in South Dakota were: Lincoln, Union, Minnehaha, Pennington, Brookings, Custer, Ziebach, Butte, Lawrence, and Shannon while the 10 counties with the most loss were Campbell, Miner, Jones, McPherson, Hyde, Spink, Potter, Douglas, Trip, Sanborn, and Haakon. The aging of South Dakota's population also impacts workforce. As South Dakota's population ages, the number of young people ages 18-24 is expected to decrease by 15% by 2030.

The Department of Health (DOH) worked with the Board of Medical and Osteopathic Examiners and Board of Nursing to gather demographics for primary care practitioners in South Dakota including physicians (family medicine, general medicine, internal medicine, OB/GYN, and pediatrics), physician assistants (PAs), certified nurse practitioners (CNPs), and certified nurse midwife (CNM).

- Primary Care Physicians – age range from 38 to 74; 19 counties with no primary care physician:
 - o Family/General Medicine – age range from 33 to 71; 23 counties with no family/general medicine physician
 - o Internal Medicine – age range from 38-66; 43 counties with no internal medicine physician
 - o OB/GYN – age range from 34-62; 52 counties with no OB/GYN physician
 - o Pediatrics – age range from 35 to 78; 48 counties with no pediatrician
- Physician Assistants – age range from 32 to 63; 9 counties with no PA
- Certified Nurse Practitioner – age range from 26-61; 18 counties with no CNP
- Certified Nurse Midwife – age range from 39 to 59; 57 counties with no CNM

USD School of Medicine Update

Dr. Mary Nettleman provided an overview of the USD Sanford School of Medicine (USD-SSOM). The USD-SSOM has 56 students per class (with the 4 newly approved spots). The pass rate for USD-SSOM students on the national medical licensing examination is 98-100% with scores that are significantly above the national average. For USD-SSOM graduates who are 10-15 years out of medical school, 40% are currently practicing in primary care, 28% are practicing in rural areas; and 37% are practicing in South Dakota. The SSOM has been ranked in the top 10 schools of medicine for rural medicine as well as family medicine.

After graduation from medical school, students must complete a residency. USD currently has residencies in family medicine, internal medicine, pathology, pediatrics, psychiatry, and transitional year with fellowships in cardiovascular disease, child/adolescent psychiatry, and geriatrics. South Dakota has the second lowest ratio of medical students to residents/fellows and the state's current residencies can only accommodate 40% of the USD-SSOM medical students. On average, about 23% of USD-SSOM graduates enter a residency program in South Dakota. Over the past five years, 61% of USD-SSOM students who entered residency in South Dakota entered a primary care residency. According to national data, 40% of USD-SSOM graduates ultimately practice in South Dakota – and this number doubles if they do a residency in South Dakota.

Dr. Nettleman provided an overview of changes being made to the USD-SSOM curriculum to help better prepare physicians to practice in today's world. The curriculum is changing from "4 years" to "3 pillars". Throughout each pillar, there is a focus on professionalism, diversity (multi-cultural) and quality.

- Pillar I – Foundations of Knowledge (18 months) – basic science and population science; more emphasis on small group, case-based/experiential learning and less lectures; includes half-day clinical experience per week
- Pillar II – Clinical Foundations (12 months) – three months of traditional inpatient blocks (2-week cycles) followed by nine months of half-day clinics in seven different specialty areas.
- Pillar III – Advanced Medicine (18 months) – Revisiting of basic science tailored to clinical experiences as well as revisiting of population science and hospital operations. There are some required rotations along with room for electives and research.

Dr. Nettleman noted that in 2006, in response to concerns of a likely future physician shortage, the American Association of Medical Colleges recommended a 30% increase in U.S. medical school enrollment by 2015. That would translate to approximately 15 students for USD-SSOM (4 of which have already been approved).

Primary Care Education Programs in South Dakota

- ❖ Sioux Falls Family Medicine Residency Program – Dr. Earl Kemp, Director of the Sioux Falls Family Medicine Residency Program, provided an overview of the Center for Family Medicine (CFM) in Sioux Falls. The program was established in 1973 and has had 310 graduates as of 2012. Forty-six percent of CFM graduates practice in South Dakota while another 35% practice in surrounding states. From 2003-2012, 53% of CFM graduates practiced in South Dakota (86% if USD-SSOM graduate) and 18% of CFM graduates practiced in South Dakota communities with a population of 10,000 or less. Over the past 10 years, CFM has interviewed 254 medical school graduates of which 20% were from USD-SSOM. Of those USD-SSOM graduates interviewed, 36% matched to CFM.
- ❖ Rapid City Family Medicine Residency Program – Dr. Kurt Stone, Director of the Rapid City Family Medicine Residency Program, provided an overview of the Rapid City Family Medicine Residency Program. The program has a capacity for up to 6 residents in each year but they typically do not fill all their slots each year. Since 2003, the Rapid City program has graduated 50 physicians. Of those, 16 were from the USD-SSOM. Twenty-eight of the graduates are practicing in South Dakota and of those 14 were USD-SSOM graduates.
- ❖ USD School of Health Science Physician Assistant Program – Dr. Michael Lawler, Dean of the USD School of Health Sciences, provided an overview of the USD School of Health Sciences Physician Assistant Program. The PA program started in 1993 with the first graduates in 1995. The program currently has a capacity of 20 students (10 South Dakota resident/10 non-resident) but beginning in August 2013 capacity will increase to 25 (20 South Dakota resident/5 non-resident). Of the 305 graduates to date, 149 are practicing in South Dakota and of those, 31% are practicing in towns <10,000 population and another 28% are practicing in towns between 10,000-50,000 population. Dr. Lawler indicated that one of the problems with PA education is the difficulty in finding preceptors because PA preceptors are not paid. There was an ensuing discussion regarding funding for the PA program and why the current program has a 10-10 split between resident and non-resident slots.
- ❖ SDSU School of Nursing Nurse Practitioner Program – Dr. Roberta Olson, Dean of the College of Nursing, provided an overview of the Nurse Practitioner Program at SDSU. The program has

been in place since 1979 and as of the Fall of 2009, the program prepares nurse practitioners at the doctoral level. Of the SDSU nurse practitioner graduates practicing in South Dakota, about 45% work in the Sioux Falls area while the other 55% work throughout South Dakota.

Task Force Discussion

Dr. Susan Anderson remarked on the Health Occupation Student Association (HOSA) which gives students the opportunity to learn about health occupations and indicated South Dakota is one of three states without HOSA. Information will be provided at the next meeting on the program. There was also discussion from task force members about the need for additional data – outcomes of tuition reimbursement programs, numbers of students applying for various programs vs. number of slots available, vacancies, etc. There was also a request to do a literature search of what programs are working that could potentially be tailored to South Dakota. Staff will work between now and the August meeting to pull that information together. Cecelia Fire Thunder recommended that there be time on the August agenda for an overview of primary care issues on South Dakota Indian reservations.

Next Meeting

The next meeting will be Thursday, August 30th in Sioux Falls.