

Governor Daugaard's Primary Care Task Force Oversight Committee



Annual Report
November 2014

Executive Summary

The healthcare workforce is a priority and a challenge in South Dakota. The need for physicians and other health professionals will only increase as the state's population ages and there are more people with chronic health conditions. To address this challenge, in 2012 Governor Dennis Daugaard appointed a Primary Care Task Force to consider and make recommendations to ensure accessibility to primary care (i.e., family medicine, general medicine, internal medicine, OB/GYN, and pediatrics) for all South Dakotans - particularly those in rural areas of the state. The Task Force developed recommendations around five specific areas: (1) capacity of healthcare educational programs; (2) quality rural health experiences; (3) recruitment and retention; (4) innovative primary care models; and (5) accountability and oversight. A copy of the Task Force's Final Report can be found at <http://doh.sd.gov/PrimaryCare/>.



One of the key recommendations was the establishment of an ongoing Oversight Committee to monitor implementation of the Task Force recommendations and provide an annual report to the Governor, Board of Regents, and Legislature on progress. Governor Daugaard appointed the Oversight Committee in April 2013. Members include:

Kim Malsam-Rysdon, Senior Advisor, Governor's Office, Chair
Robert Allison, MD, South Dakota State Medical Association, Pierre
Senator Corey Brown, District 23, Gettysburg
Sandy Diegel, Vucurevich Foundation, Rapid City
Doneen Hollingsworth, Secretary, South Dakota Department of Health, Pierre
Mary Nettleman, MD, Dean, USD Sanford School of Medicine, Sioux Falls
Senator Billie Sutton, District 21, Burke
Gale Walker, CEO, Avera St. Benedict's Healthcare Center, Parkston
Jack Warner, Ed.D., Executive Director, South Dakota Board of Regents

The 2014 Primary Care Task Force Oversight Committee Annual Report highlights activities and accomplishments over the past year. Key metrics have been highlighted within several of the recommendation areas to show progress while information for all metrics is provided in Appendix A.

- ❖ ***USD Sanford School of Medicine (SSOM) Expansion*** - The FY 15 budget included \$1.1 million for expansion of the USD SSOM class size by 11 students per year (44 total students). Combined with increased class size two years ago (4 students per year/16 total), this means South Dakota will have 60 more medical students being trained in the state. The expanded class size will begin with the Fall 2015 class and will be fully implemented with the Fall 2018 class.

- ❖ *Frontier and Rural Medicine (FARM) Program* - Included in the FY15 SSOM expansion was funding to expand the FARM program from 6 to 8 students. FARM is a rural training track program that provides third year medical students with a nine-month clinical training in a rural community with the ultimate goal of increasing the number of primary care physicians practicing in rural South Dakota. To accommodate the expanded number of students, additional communities will be selected to serve as FARM sites via an RFP process. Communities applying to serve as FARM sites must have a population of less than 10,000, at least two primary care physicians, an obstetrical and surgery presence in the community, and housing for the FARM student(s).
- ❖ *Rural Experiences for Health Professions Students (REHPS)* - The FY 15 budget included \$148,540 to the Department of Health (DOH) to continue the REHPS program for 24 students in 12 rural or frontier communities. REHPS provides first and second year medical, physician assistant (PA), nurse practitioner (NP), and pharmacy students with experience in a rural setting with the ultimate goal of increasing the number of medical professionals who practice in rural and frontier communities in South Dakota.
- ❖ *Nurse Practitioner Preceptors* - The FY 15 budget included \$260,000 to support payments to South Dakota providers serving as preceptors to nurse practitioner students.
- ❖ *Recruitment Programs* - Improving access to rural health care is a key component of Governor Daugaard's South Dakota Workforce Initiative (SD WINS). Two key programs of SD WINS are the Rural Healthcare Facility Assistance Program and the Recruitment Assistance Program. Both programs are designed to help small, rural communities (under 10,000 population) who do not have as many resources as larger communities. In 2013, all 60 slots were filled for the Rural Healthcare Facility Assistance Program. In FY13, five of the 15 physician slots were filled and eight of the 15 PA/NP slots were filled (3 PAs/5 NPs).

In addition to these accomplishments, the Oversight Committee made several recommendations to be addressed in 2015 including: (1) studying the feasibility of adding a rural family medicine residency track or program in South Dakota; (2) looking at nursing education and demand to ensure continued availability and distribution of nurses; (3) supporting legislation to allow South Dakota's participation in an Interstate Medical Licensure Compact to provide for expedited licensure of eligible physicians; and (4) recommending enhancements to strengthen the REHPS program and encourage continued participation by students including increasing the student stipend from \$2,500 to \$4,000/student, expanding the number of students from 24 to 30, and expanding disciplines to include clinical psychology, masters in social work, and medical laboratory.

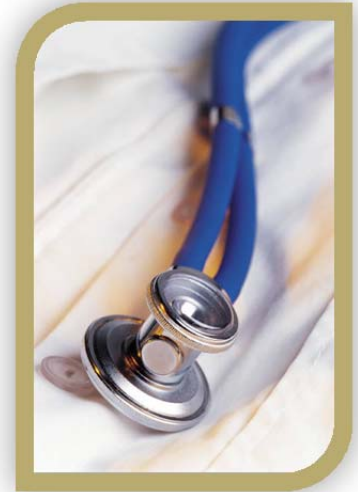
Over the past year, the Oversight Committee reviewed the original recommendations of the Task Force and identified those recommendations that have been completed as well as similar recommendations that could be consolidated. The revised recommendations are included under each focus area. Completed recommendations will be monitored by the Oversight Committee to ensure continued progress. The original Task Force recommendations can be found in Appendix B.

Capacity of Healthcare Education Programs

In order to develop an adequate supply of professionals to meet future healthcare needs, all aspects of primary care education programs need to be examined. The revised recommendations for this area include:

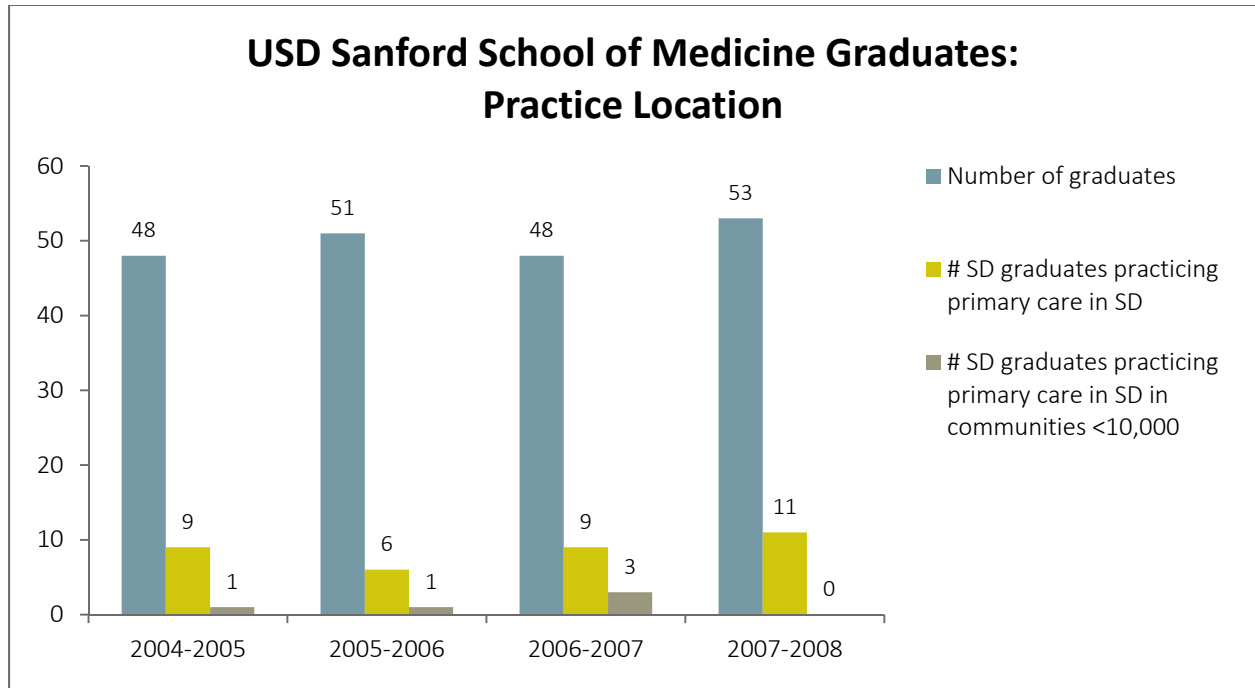
Recommendations:

- ❖ Coordinate physician/PA/NP preceptor opportunities and other non-monetary incentives for South Dakota providers serving as preceptors
- ❖ Develop further primary care residencies in South Dakota
- ❖ Lead development of interprofessional education for healthcare students in South Dakota



Activity	Status
FY 2015 approved budget included \$1.1 million for expansion of the USD SSOM class size by 11 students per year (44 total students)	Expanded class will start Fall 2015 with full implementation achieved with Fall 2018 class
FY 2015 approved budget included \$260,000 for payments to South Dakota NP preceptors	There were 163 NP preceptors in South Dakota (83 in previous year)
Provided payments to South Dakota providers serving as preceptors for PA students	25% increase in the number of rotations with South Dakota preceptors (FY14 compared to FY13)
Provided non-monetary incentives to South Dakota providers serving as physician/PA/NP preceptors	During the 2013-14 school year Incentives included faculty appointments, access to electronic library, large ad in newspapers thanking preceptors, etc. Students are also encourage to write letters thanking their preceptors
Deans of SSOM, USD School of Health Sciences, and SDSU College of Nursing meet quarterly to enhance physician, PA, and NP preceptor availability and coordinate opportunities	Ongoing
Study feasibility of adding a rural family medicine residency track or program in South Dakota	Ongoing
Monitor status of nursing education and demand for nurses in South Dakota	Ongoing

Key Metrics



South Dakota Physician Assistant Preceptors

South Dakota Preceptors School Year 2012 – 2013			South Dakota Preceptors School Year 2013 – 2014		
Community	# of USD PA Preceptors	# of Clinical Rotations	Community	# of USD PA Preceptors	# of Clinical Rotations
Aberdeen	1	1	Aberdeen	16	18
Beresford	1	2	Armour	1	1
Brookings	4	4	Beresford	1	3
Canton	1	1	Brookings	4	7
Custer	1	1	Custer	1	1
Dakota Dunes	5	5	Dakota Dunes	7	7
Deadwood	1	1	Elk Point	1	1
Fort Meade	1	2	Fort Meade	2	3
Fort Pierre	1	1	Fort Pierre	1	2
Howard	1	1	Freeman	1	1
Huron	1	1	Harrisburg	1	1
Martin	1	1	Huron	1	1
Mitchell	7	9	Martin	1	1
Mobridge	1	1	Mitchell	7	8
Rapid City	10	15	Mobridge	1	1
Salem	1	1	Parkston	1	1
Scotland	1	1	Philip	1	1
Sioux Falls	40	59	Pierre	2	2
Spearfish	2	2	Rapid City	11	12

Vermillion	4	4	Redfield	1	1
Wagner	1	1	Rosebud	1	1
Watertown	11	13	Scotland	1	2
Yankton	8	9	Selby	1	1
			Sioux Falls	41	62
			Spearfish	2	4
			Vermillion	5	6
			Viborg	1	1
			Watertown	3	3
			Winner	1	1
			Yankton	13	16
Total	105	136	Total	131	170

South Dakota Nurse Practitioner Preceptors

South Dakota Preceptors School Year 2012 – 2013		South Dakota Preceptors School Year 2013 – 2014	
Community	# of SDSU NP Preceptors	Community	# of SDSU NP Preceptors
Aberdeen	1	Brookings	9
Arlington	1	Bryant	1
Brookings	7	Canton	2
Canton	1	Corsica	1
Corsica	1	Custer	1
Dakota Dunes	2	Dakota Dunes	2
Dell Rapids	1	De Smet	2
De Smet	1	Dell Rapids	1
Hot Springs	1	Estelline	1
Howard	1	Flandreau	3
Ipswich	1	Freeman	1
Lake Norden	1	Hot Springs	4
Marion	1	Howard	1
Mitchell	2	Huron	4
Parkston	4	Marion	1
Rapid City	2	Milbank	1
Salem	1	Mitchell	9
Sioux Falls	53	Parkston	5
Spearfish	1	Rapid City	19
Watertown	2	Reville	1
		Scotland	1
		Sioux Falls	77
		Watertown	5
		Wessington Springs	4
		Winner	5
		Yankton	2
Total	85	Total	163

Quality Rural Health Experiences

Because students are more likely to return to a community where they had a positive experience, it is important to provide opportunities for healthcare students to experience living and practicing in a rural community during training. While there are numerous programs designed to provide these experiences, the recommendations focus on better coordination of the experiences for both students and communities.



Recommendations:

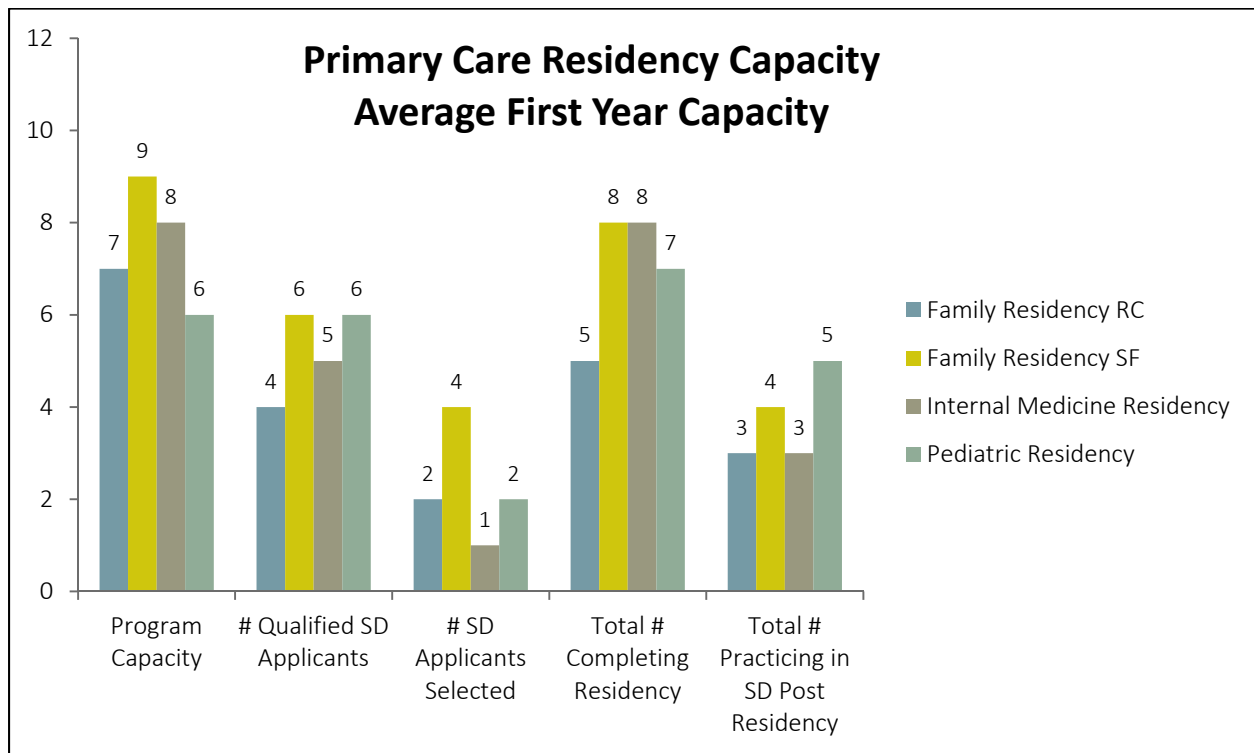
- ❖ Develop clearinghouse in the DOH Office of Rural Health of rural health experiences for students, facilities, and communities
- ❖ Expand and enhance opportunities for medical/PA/NP students and residents to gain exposure to medical practice in rural communities and reservation areas through the REHPS, FARM and other programs

Activity	Status
Identified software system to match healthcare professional students to healthcare facilities that have the capacity to accept clinical students	Pilot of <i>myclinicaexchange.com</i> will begin January 2015 with Avera and Sanford to match NP and PA students to healthcare facilities
First 6 FARM students started their FARM rotation on July 9, 2014 in the communities of Milbank, Mobridge, Parkston, Platte, and Winner (2 students)	Second class of FARM students will start rotation February 4, 2015
RFP sent out to identify additional FARM communities to support FARM expansion from 6 to 8 students in conjunction with SSOM class expansion	Expanded program begins in 2017
FY15 approved budget included \$148,540 to the DOH to continue the REHPS program for 24 students in 12 rural or frontier communities	21 students were placed in 11 communities in FY15. Selection for FY16 is underway
Enhance REHPS by increasing the student stipend from \$2,500 to \$4,000/student, expanding the number of students from 24 to 30 and expanding disciplines to include clinical psychology, masters in social work, and medical laboratory	DOH FY 16 budget request includes \$85,000 for REHPS enhancements
Work with IHS to create a rotation at Rosebud IHS facility for residents with the Rapid City Regional Family Medicine Residency Program	Due to staffing changes at Rosebud, the rotation that was to begin October 2014 did not occur; Rapid City is continuing to pursue a rotation
Utilize IHS site for elective rural residency rotation as well as future rural training track site	Unable to proceed due to staffing changes at Pine Ridge

Key Metrics

Participation in Rural Experiences for Health Professions Students (REHPS) Program (# of Students)

Community	2011	2012	2013	2014	Total
Bowdle				2	2
Custer			2	2	4
Miller			2	2	4
Parkston	2	2	2	2	8
Philip		2		2	4
Platte			2	1	3
Redfield	2	2	2	2	8
Sisseton			2		2
Sisseton/Britton				2	2
Wagner		2	2	2	6
Webster				2	2
Wessington Springs	2	2	2		6
Winner		2	2	2	6
TOTAL	6	12	18	21	57



*Data for Family Medicine and Internal Medicine Residencies are based on a 10-year average (2004-2005 to 2013-2014). Data for the Pediatric Residency Program are based on a 3-year average (2011-2012 to 2013-2014).

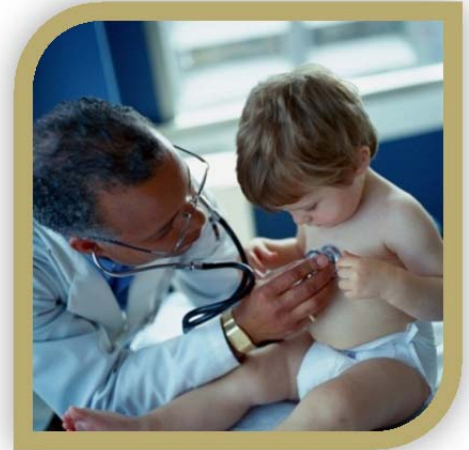
Recruitment and Retention

South Dakota has well-established programs designed to recruit primary care providers to rural areas.

Recommendations recognize the need to coordinate these efforts to encourage healthcare students and professionals to remain in, or return to, South Dakota to practice.

Recommendations:

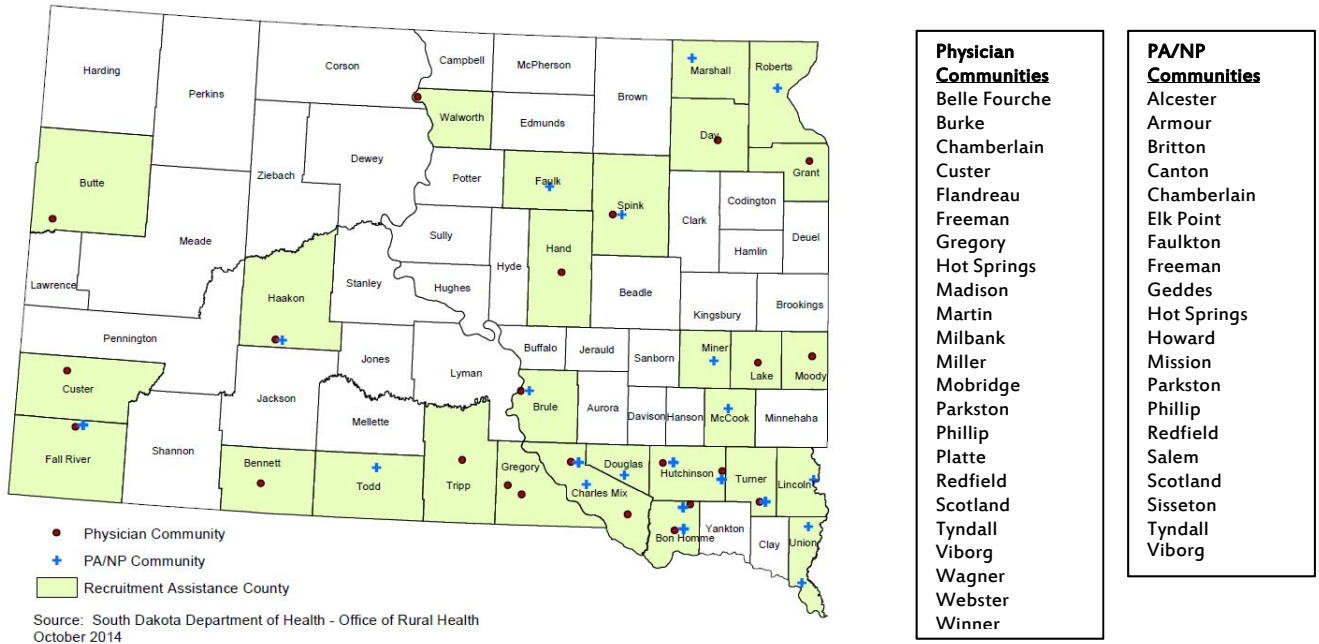
- ❖ Promote Recruitment Assistance Program and Rural Healthcare Facility Recruitment Assistance Program
- ❖ Recognize importance of student pipeline activities
- ❖ Partner with *Dakota Roots* to promote return of healthcare providers to South Dakota
- ❖ Establish community promotion programming to develop "recruitable" communities
- ❖ Develop resources to improve quality of life for rural health practitioners



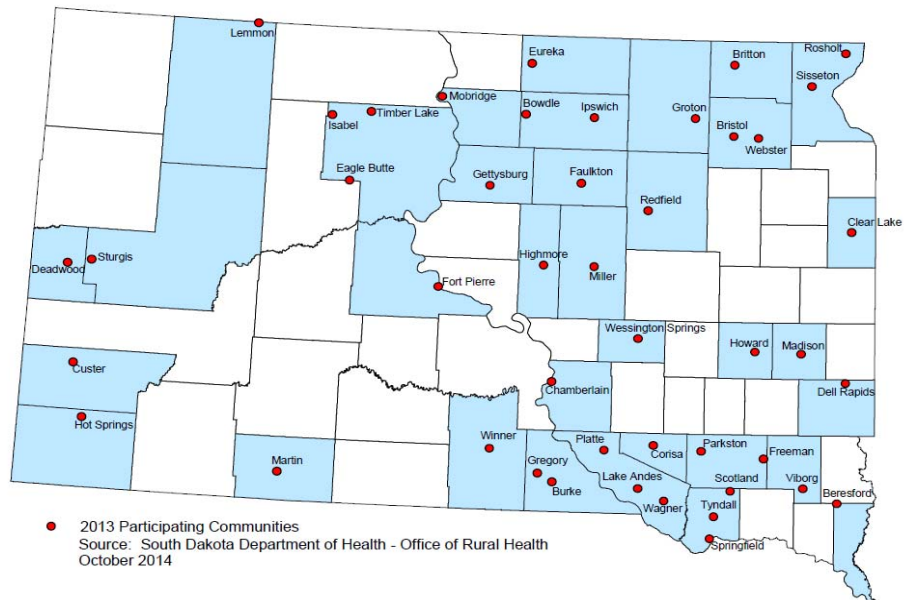
Activity	Status
Promote Rural Healthcare Facility Recruitment Assistance Program to eligible facilities and professions	All 60 slots filled in 2013; 2014 applications being accepted
Promote the Recruitment Assistance Program to eligible facilities and professions	7 of 15 physician slots and 8 of 15 PA/NP slots are filled
Scheduled Scrubs Camps to provide one-day, hands-on health career awareness opportunities for high school students	18 Scrubs Camps held in 2013-14 school year (up from 16 in 2012-2013)
SD HOSA had 433 student members in 2014; over 250 high school students participated in the HOSA Leadership Conference in April 2014	54% increase in HOSA membership from 2013
Enhance marketing efforts through <i>Dakota Roots</i> to encourage healthcare providers to seek employment in South Dakota	As of October 2014, 1,530 out-of-state job seekers registered with SDWORKS indicating they are seeking work in the healthcare industry
Center for Physician Resources established by SD State Medical Association to provide information/support to physicians	Activities included 5 programs designed to offer information on personal finance/wealth protection; 27 published articles, 9 white papers, 6 programs offering information on clinical risk mitigation, ICD10 coding workshop, and 48 legal briefs.
Provide for licensure of medical residents in South Dakota	71 medical resident licenses issued (to date) in 2014; 11 medical residents utilized license to moonlight in South Dakota

Key Metrics

Communities Participating in Recruitment Assistance Programs



Communities Participating in Rural Healthcare Facility Recruitment Assistance Program (2013)



Innovative Primary Care Models

Strengthening the primary care infrastructure and maintaining access to quality primary healthcare services will require a cooperative effort between both public and private entities. Interprofessional collaborative practice, telehealth, and the use of hospitalists as well as PAs and NPs in the hospital setting to support rural healthcare providers were identified as key areas of focus.

Recommendations:

- ❖ Maximize use of telehealth
- ❖ Utilize PAs and NPs in the hospital setting to enhance patient care and reduce call hours for physicians
- ❖ Provide assistance to rural healthcare providers with administrative functions of clinic/practice
- ❖ Encourage public/private partnerships



Activity	Status
Identify barriers to use of telemedicine in South Dakota	Endorsed potential legislation to permit South Dakota's participation in the Interstate Medical Licensure Compact to allow for expedited licensure of eligible physicians
Partner with Great Plains Telehealth Resources Center to link South Dakota healthcare providers with the appropriate telehealth resources	Ongoing
Formed the South Dakota Collaborative for Interprofessional Education and Practice (SD-IPE)	SD-IPE has been working with the National Center for IPE to develop projects with the triple aim of reducing per capita costs, improving population health, and improving patient care experience
Provided funds to Critical Access Hospitals (CAHs) for coding/billing education and operational/financial assessments and improvement projects	\$18,000 provided to 14 CAH hospitals for coding/billing education and \$161,015 to 13 CAHs for assessments/improvement projects in 2014

Accountability and Oversight

In order to make the best use of limited resources, state policy makers need good, consistent data as well as an assurance that the state is getting adequate returns on investments made to strengthen primary care in South Dakota, particularly in rural areas. This includes a system to provide for timely, accessible, and comparable healthcare education and workforce data to help make decisions as well as a mechanism for ongoing review of Task Force recommendations to ensure continued progress.



Recommendations:

- ❖ Develop central clearinghouse of healthcare education and workforce information
- ❖ Establish ongoing oversight committee and report annually to Governor, Board of Regents, and Legislature

Activity	Status
Establish system for the collection of data to measure progress in meeting the metrics established by the Task Force and Oversight Committee	Licensing boards have begun collecting information
Establish partnership between DOH, Departments of Labor & Regulation and Social Services to develop a Workforce Development Quality Initiative (WDQI) to collect uniform licensure data from professional licensing boards, including the 12 health professional licensing boards	MOU signed and data system being tested by participating agencies
Implement collection of minimum data sets (MDS) for South Dakota health professional licensing boards	Initiated; MDS information will be incorporated into WDQI once that system is functional
Oversight Committee met three times in 2014 – July 9 th , August 27 th , and October 8 th	Annual report provided to Governor, Board of Regents, and Legislature

Appendix A – Performance Metrics

Capacity of Healthcare Education Programs

- Increase the number of preceptors for medical, PA, and NP students in South Dakota

Physicians:

- FY 2013 (Baseline): 624 South Dakota-based preceptors
- FY 2014: 646 South Dakota-based preceptors

Physician Assistants:

- 2013 (Baseline): 105 South Dakota-based preceptors
- 2014: 131 South Dakota-based preceptors

Nurse Practitioners:

- 2013 (Baseline): 85 South Dakota-based preceptors
- 2014: 163 South Dakota-based preceptors

- Increase the proportion of students in primary care education programs who are from South Dakota

USD Sanford School of Medicine:

- Fall 2013 Entering Class: 45 South Dakota residents/13 non-residents
- Fall 2014 Entering Class: 48 South Dakota residents/8 non-residents

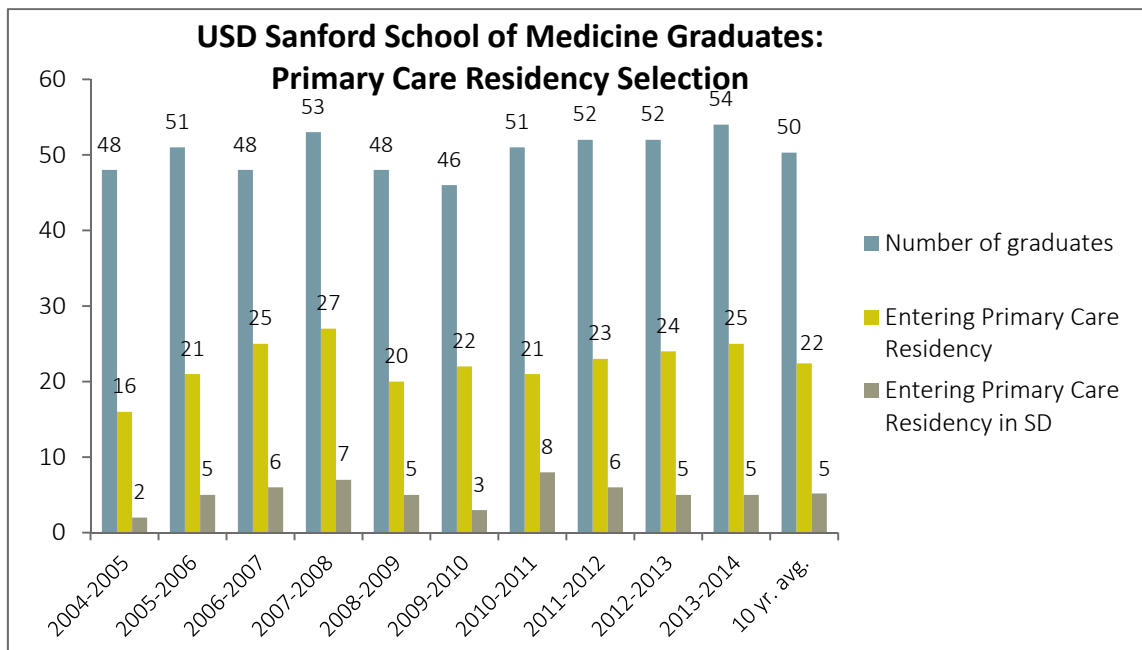
USD PA Program:

- Fall 2013 Entering Class: 20 residents/5 non-residents
- Fall 2014 Entering Class: 20 residents/5 non-residents

SDSU NP Program:

- Fall 2013 Entering Class: 16 South Dakota residents/7 non-residents
- Fall 2014 Entering Class: 26 South Dakota residents/13 non-residents

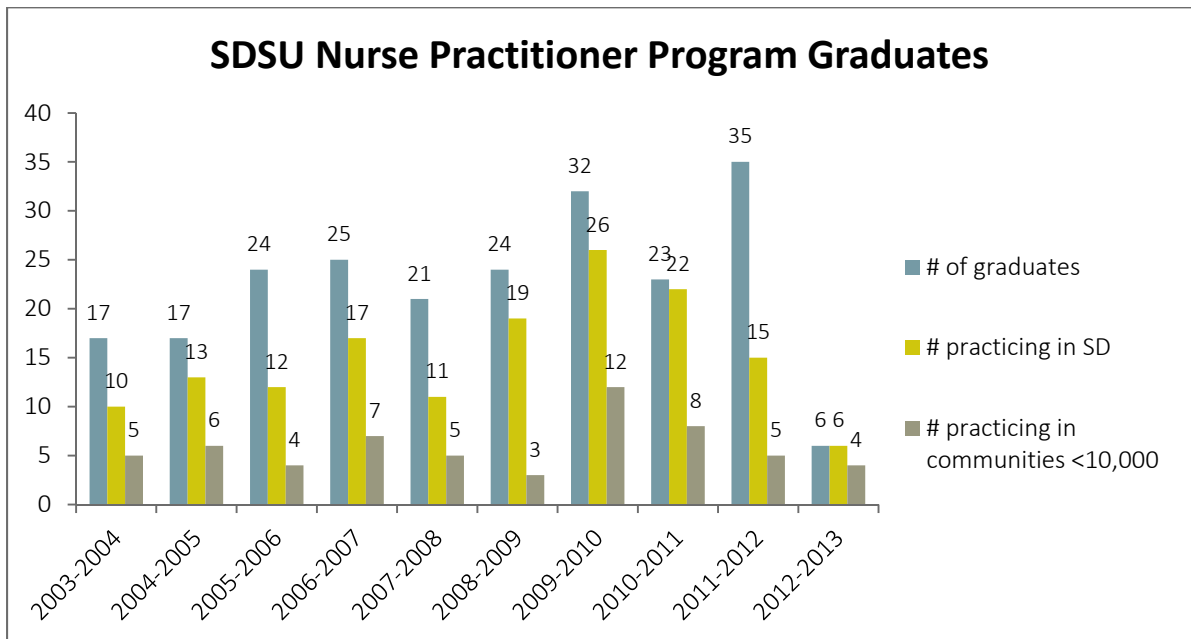
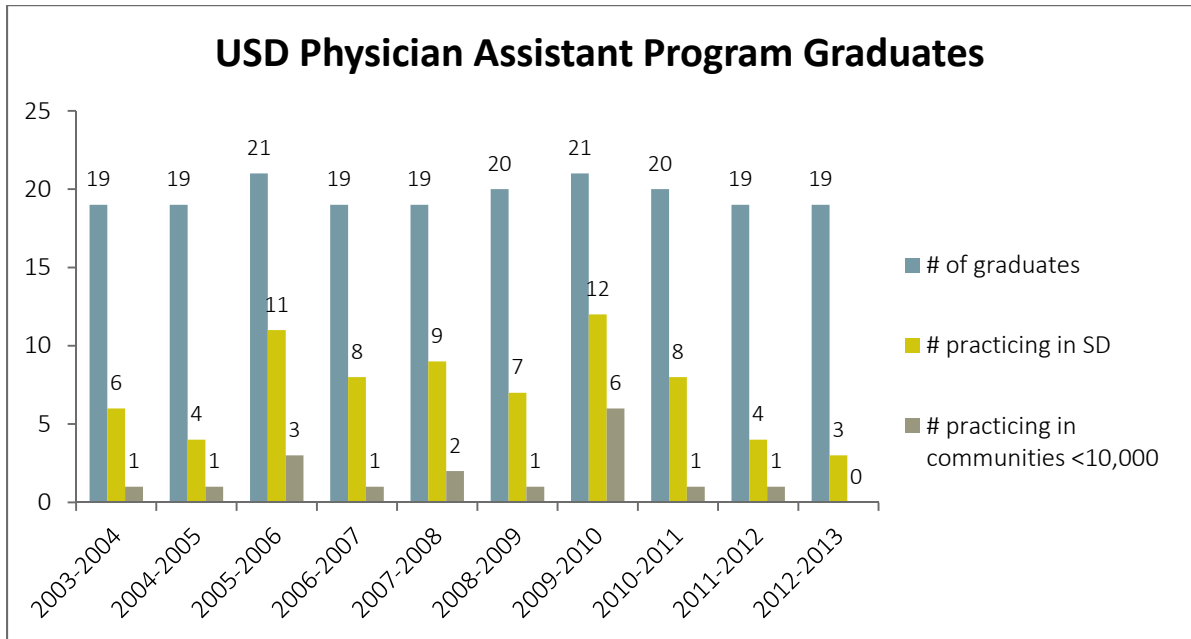
- Increase the proportion of new SSOM graduates choosing a primary care residency



- Increase the proportion of new SSOM graduates and/or medical residents stating their intention to practice primary care in South Dakota, particularly in a rural or underserved area

Baseline: No data yet available

- Increase the number of PA and NP graduates practicing primary care in South Dakota particularly in a rural or underserved area



Quality Rural Health Experiences

- Increase the number of students participating in REHPS and FARM

REHPS:

- 2011 (Baseline): 6 students in 3 unique communities
- 2012: 12 students in 6 unique communities
- 2013: 18 students in 9 unique communities
- 2014: 21 students in 11 unique communities

FARM:

- 2013 (Baseline): 9 applicants for 6 slots in 5 communities (in communities beginning July 2014)
- 2014: 6 applicants for 6 slots in 5 communities (in communities beginning February 2015)

- Increase the number of FARM students choosing primary care residency
 - Data will not be available until 2015
- Increase the number of REHPS/FARM students ultimately practicing primary care in South Dakota, particularly in a rural area

REHPS:

Graduation Date	# of Students	# Practicing in South Dakota	# Practicing in Rural South Dakota
2011	5	4	1
2012	9	6	4
2013	2	1	1
2014	2	2	0
Total	18	13	6

FARM: Placement data will not be available until 2016

- Extend medical resident experiences in rural communities/areas and reservations
 - Baseline: Data not yet available

Recruitment and Retention

- Increase the number of practitioners participating in community and recruitment assistance programs

Rural Healthcare Facility Recruitment Assistance Program:

- FY 2012 (Baseline): All 60 slots were filled representing 8 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, and radiologic technician)
- FY 2013: All 60 slots were filled representing 9 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, respiratory therapist, and radiologic technician)

Recruitment Assistance Program:

- FY 2013 (Baseline): 5 physicians, 2 PAs, and 3 NPs under contract
- FY 2014: 8 physicians, 4 PAs, and 6 NPs under contract

- Increase the number of rural facilities utilizing recruitment assistance programs
 - FY 2012 (Baseline): 36 communities participated in the Rural Healthcare Facility Recruitment Assistance Program

- FY 2013: 45 communities participated in the Rural Healthcare Facility Recruitment Assistance Program
- Increase the percentage of incentive program participants remaining at practice site upon completion of commitment
 - Physicians:**
 - FY 2013 (Baseline): Since 1997, 23 physician have fulfilled their commitment and 14 (59%) are still practicing in the original community
 - FY 2014: Since 1997, 25 physicians have fulfilled their commitment and 14 (56%) are still practicing in the original community
 - Physician Assistants/Nurse Practitioners:**
 - FY 2013 (Baseline): Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in the original community.
 - FY 2014: Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in the original community.
- Increase the number of SSOM students in out-of-state residency programs who return to South Dakota to practice, particularly primary care in a rural area
 - Baseline:** Data not yet available

Innovative Primary Care Models

- Increase retention of existing primary care providers in rural areas of South Dakota
 - Baseline:** Data not yet available
- Increase use of technology and interprofessional collaborations in rural areas to support healthcare providers
 - Baseline:** Data not yet available

Accountability and Oversight

- Clearinghouse established within DOH to provide South Dakota healthcare workforce demographic and employment information
 - Baseline:** Healthcare workforce data collection efforts will be incorporated into a Workforce Development Quality Initiative (WDQI) effort lead by the Department of Labor and Regulation (DLR). The data collection system has been tested by participating agencies and a MOU between these agencies has been implemented. The next phase of this effort will be for DLR to begin accepting data from participating licensing boards.
- Oversight committee established under the direction of the Governor
 - Baseline:** 9-member Primary Care Oversight Committee appointed and met three times in 2014 to monitor implementation of Task Force recommendations
- Annual progress report provided by oversight committee to Governor, Board of Regents, and Legislature by November 1st of each year
 - Baseline:** Annual report submitted November 2014

Appendix B – Primary Care Task Force Recommendations

The Governor's Primary Care Task Force made 23 recommendations in 2012 to strengthen primary care in South Dakota. Below are the original recommendations as well as the revisions made by the Oversight Committee to recognize those recommendations that have been completed as well as consolidation of similar recommendations. Completed recommendations will be monitored by the Oversight Committee to ensure continued progress.

Capacity of Healthcare Education Programs

- 1.1. Support Governor's FY14 recommended budget to provide payments to South Dakota providers serving as preceptors for PA students and explore need for payments to providers serving as preceptors for NP students starting in FY15. – *Completed*
- 1.2. The Deans of the SSOM, SDSU College of Nursing, and USD School of Health Science will meet on a quarterly basis to coordinate preceptor opportunities for medical/PA/NP students and pursue other non-monetary incentives for South Dakota providers serving as preceptors. – *Retained*
- 1.3. SSOM, with input from Governor's office, will issue a RFI to current and potential sites to identify possible 3rd year SSOM campus locations to accommodate a potential expanded SSOM class size for use in FY15 budget development by BOR, Governor, and Legislature. – *Completed*
- 1.4. Encourage collaboration between primary care residency programs and programs like REHPS and FARM – *Incorporated into Recommendation 2.2*
- 1.5. Encourage further development of primary care residencies in SD. – *Retained*
- 1.6. SD will serve as a leader in interprofessional education for healthcare students and residents in rural areas. – *Retained*

Quality Rural Health Experiences

- 2.1. DOH Office of Rural Health will serve as a clearinghouse of rural health experiences for students, facilities, communities, etc. – *Retained*
- 2.2. Expand and enhance opportunities for medical/PA/NP students and residents to gain exposure to medical practice in rural and underserved areas through such programs as REHPS and FARM – *Revised to incorporate Recommendations 1.4, 2.3, and 2.4 – New recommendation reads as follows: "Expand and enhance opportunities for medical/PA/NP students and residents to gain exposure to medical practice in rural communities and reservation areas through REHPS, FARM, and other programs."*
- 2.3. Enhance training in rural areas for family medicine residents by maximizing practice experiences in rural communities/areas and reservations. – *Incorporated into Recommendation 2.2*
- 2.4. Primary care residency programs will work with Aberdeen Area IHS to facilitate resident training opportunities in reservation settings. – *Incorporated into Recommendation 2.2*

Recruitment and Retention

- 3.1. DOH Office of Rural Health will enhance efforts to promote community and facility incentive programming currently in place. – *Retained*
- 3.2. Recognize the importance of student pipeline activities in addressing future healthcare workforce needs. – *Retained*

- 3.3. Primary care education program will partners with *Dakota Roots* to promote the return of healthcare providers to South Dakota. – *Retained*
- 3.4. DOH Office of Rural Health will establish community promotion programming to assist in development of “recruitable” communities. – *Retained*
- 3.5. Encourage development and utilization of resources for currently practicing rural practitioners to improve their quality of life and their ability to practice medicine in rural South Dakota. – *Retained*
- 3.6. Introduce legislation to provide for licensure of resident physicians to remove potential barriers to practice and allow additional practice opportunities for resident physicians during training. – *Completed*

Innovative Primary Care Models

- 4.1. Maximize use of telehealth as a means of supporting rural healthcare providers. – *Retained*
- 4.2. Develop interprofessional collaborative practice as the standard of care to optimize healthcare services and improve health outcomes. – *Incorporated into Recommendation 1.6*
- 4.3. Utilize PAs and NPs in hospital settings to provide collaborative care to patients in all settings to enhance care for patients and reduce call/hours for rural healthcare providers – *Retained*
- 4.4. Investigate ways to provide assistance to rural healthcare providers to handle administrative functions of clinic/practice. – *Retained*
- 4.5. Encourage public/private partnerships to fund new models of primary care. – *Retained*

Accountability and Oversight

- 5.1. DOH will work with partners to develop a data collection system to serve as a central clearinghouse of healthcare education and workforce information. – *Retained*
- 5.2. Governor will establish an ongoing oversight committee which will meet at least three times a year to monitor implementation of Task Force recommendations and provide reports to the Governor, Board of Regents, and Legislature. – *Retained*