

Primary Care Task Force Oversight Committee Meeting Summary

April 20, 2016

Committee Members Present

Kim Malsam-Rysdon, Chair
Robert Allison, MD
Sandy Diegel
Mary Nettleman, MD

Sen. Alan Solano
Sen. Billie Sutton
Gale Walker

Workgroup Members Absent:

Dr. Mike Rush

Staff Present:

Halley Lee
Tom Martinec

Josie Petersen
Susan Sporrer

Welcome

Secretary Kim Malsam-Rysdon welcomed Sen. Alan Solano to the Primary Care Task Force Oversight Committee. Sen. Solano is replacing Sen. Corey Brown who was an original member of the Oversight Committee.

Updates

❖ 2016 Legislative Session – Tom Martinec provided an update on 2016 legislative activities related to Oversight Committee recommendations. HB 1029 appropriated \$205,000 in start-up funding for a rural family medicine residency track to add six additional family medicine residency slots in the state. The bill was very well received by the Legislature and received wide support. The Department of Health (DOH) did include funding in its base for the Recruitment Assistance Program and the Rural Healthcare Facility Recruitment Assistance Program. However, during the appropriations process, the funding was removed from the base and made into special appropriations as has been done in the past. SB 120 appropriated \$518,600 to the DOH to reimburse three physicians, one dentist, two physician assistants, and three nurse practitioners who have complied with the requirements of the Recruitment Assistance Program. HB 1170 appropriated \$277,500 to the DOH to reimburse eligible health care practitioners who have complied with the requirements of the Rural Healthcare Facility Recruitment Assistance Program.

Other health-related bills included: repeal of the hardship exemption for ambulance services to allow them to operate with one EMT and one driver and passage of an updated Nurse Licensure Compact to replace the current compact. There was also a bill introduced similar to HB 1029 that would have funded start up for an OB/GYN residency program in South Dakota. The bill was tabled at the request of the sponsor.

Kim Malsam-Rysdon provided an update on Medicaid expansion. The federal funding policy change was received too late in session to make it feasible to do anything during the 2016 session. The State is still actively working with tribes, healthcare providers, and IHS and remains optimistic that Medicaid expansion can happen either with special session or during the 2017 regular session. The PCTF Oversight Committee voiced their unanimous support for Medicaid expansion and its potential to positively impact access to primary care for South Dakota citizens.

- ❖ Rural Experiences for Health Professions Students (REHPS) – There are 28 students participating in 2016 representing 7 disciplines (pharmacy -10, medical – 7, physician assistant - 5, clinical psychology - 1, social work - 1, med lab science – 2, and nurse practitioner – 2). Orientation was held April 16th. There are 14 REHPS sites – Bowdle, Canton, Chamberlain, Custer, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, Webster, Wessington Springs, and Winner. Burke is considering a 3-week program (vs. 4-week) due to physician going on maternity leave and is trying to confirm housing before participating. There were plenty of qualified applicants for this year’s program.
- ❖ Recruitment Assistance Programs – The Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) is currently filled to capacity (60 participants). During the application process, the Office of Rural Health did targeted outreach to facilities who had not been using the program previously (i.e., community mental health centers, community support providers). Ambulance services were also added as eligible providers in 2015. The Oversight Committee has discussed possible expansion of the RHFRAP program to increase the number of participants each year based on the number of applications received in 2015. ORH will monitor applications for 2016 to determine if the number of applicants in 2015 was just a fluke or if there is increased interest in the program that would warrant possible expansion. The Rural Assistance Program for physicians, dentists, physician assistants, and nurse practitioners is near capacity. All 15 physician slots are filled, 4 of 5 dental slots are filled, and 12 of the 15 PA/NP slots are filled.

There was some discussion about a federal Public Student Loan Forgiveness Program which will pay off remaining student loans for individuals, including healthcare providers, who are serving in the public sector. It takes at least 10 years to be eligible for the loan repayment program because an individual has to have made 120 qualifying monthly payments under a qualifying repayment plan. The Office of Rural Health is aware of the program and will refer people to the federal site if there are questions.

- ❖ Frontier and Rural Medicine (FARM) Program – Three additional FARM sites have been selected – Vermillion (February 2016), Pierre (February 2017) and Spearfish (February 2017). The first group of FARM students (class of 2016) returned to the Rapid City and Sioux Falls campuses in mid-March to finish clinical training. The Class of 2017 FARM students have been in their communities since mid-February. The students have submitted their Community Project proposals which include diabetic community education/needs assessment, creation of local HOSA chapter, rural EMS anatomy/physiology training experience, and a mentoring program for high-risk youth. The Class of 2018 FARM students have been assigned to communities so they each can form relationships with their future physician coordinator and FARM community. The students are corresponding with their sites and periodically the physicians meet with them over Face Time and present a patient case. It was suggested that FARM students be invited to present to the Legislature – perhaps during the SSOM day at the Legislature.

Dr. Nettleman provided an update on the first students and the residency match. Of the five students, four chose family medicine and one chose physical medicine/rehab. All expressed interest in rural medicine once their residency was completed. Dr. Nettleman said one of the questions about the FARM program was whether the rural experience would provide the necessary clinical experiences to allow them to successfully pass their boards but she said it was remarkable how quickly they got the clinical experiences and all five successfully passed the boards. Nine students will be in FARM sites in 2017 and the SSOM is trying to get other rural

experiences in front of the entire class. They have had some success working with tribal health in Kyle and are also looking at Ft. Thompson and Sisseton. They have submitted a federal grant to support immersion training on reservation area for physicians and PA students and hopefully will be hearing in late May as to whether the grant was funded or not.

- ❖ Residency Match Results – Dr. Nettleman provided an update on the residency match. Of the 61 students in graduating class, all matched to residency programs representing 22 specialties. Fourteen students matched to South Dakota residencies (23% of class). Thirteen students matched to family medicine residency programs (21.3% of class vs. 8.6% nationally). Dr. Nettleman also noted that the Board exam pass rate has gone up since the change in the curriculum at the SSOM.

Rural Family Medicine Residency Track

Dr. Nettleman provided information from Dr. Huntington, Director of SF FM residency program. There have to be physicians who will teach. 2 per year – 3 year residency – 1st year is in SF. Outreach has begun in Pierre to get rural residency going. Dr. Huntington expects that the program could have preliminary approval from ACGME within one year and the best case scenario is the rural residency program would have its first graduates in five years. Pierre needs to recruit a family medicine physician to serve as the program director. Once program approval is received and faculty and infrastructure is in place, the rural residency program would be able to start recruiting. The DOH will work with Dr. Huntington and Avera to develop a scope of work and get a contract in place in order to fund the rural residency start-up. An update on work with timelines will be provided at the July Oversight Committee meeting.

Selection of Focus Areas for 2016

Susan Sporrer provided an overview of the original Primary Care Task Force recommendations and accomplishments. Committee members reviewed the recommendations and discussed any potential areas of focus for 2016. Kim Malsam-Rysdon said the DOH continues to hear about nursing workforce challenges and the Oversight Committee agreed to look both at the capacity of nursing education programs as well as recruitment and retention of nurses by employers. Kim suggested inviting the Board of Nursing, education programs, and employers to the July meeting to provide input to the Oversight Committee. Sen. Solano asked for demographic information regarding the current nursing workforce be provided as well.

Other areas identified for updates at future meetings included interprofessional collaboration training, student/provider wellness, DSS coordinated care program (health homes), and outreach to Aberdeen Area IHS and ways to partner with them to address resource issues.

Wrap-Up

The next meeting of the Primary Care Oversight Committee will be July 20th.