

Primary Care Task Force Oversight Committee Meeting Summary

July 12, 2017

Committee Members Present

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

Mary Nettleman, MD
Dr. Mike Rush

Workgroup Members Absent:

Mark Schmidt
Sen. Alan Solano

Sen. Billie Sutton

Staff Present:

Tom Martinec
Josie Petersen

Susan Sporrer

Rural Residency Program

Dr. Mark Huntington, Director of the Center for Family Medicine (CFM) provided an overview of the history leading up to establishment of rural training track (RTT). Medical school expansion is relatively easy and affordable but less effective at retaining graduates to practice in the state without corresponding graduate medical education training expansion. The timeline for the RTT includes development and approval of the site (Year 1), recruiting of students (Year 2), training at the main residency CFM site (Year 3), and training at the RTT site (Years 4 and 5).

There are six tasks that need to be completed for development of the RTT:

- ❖ *Community Selection (completed December 2016)* – The site had to be rural but with adequate facilities and volume to support resident learning. Geography was also a key component since national data shows that family physicians often practice within 100 miles of where they did residency. The Sioux Falls family medicine residency program covers the eastern edge of the state while the Rapid City family medicine residency program covers the western edge. The selection of Pierre will fill the gap in the middle of the state.
- ❖ *Site Selection (completed December 2016)* – ACGME requires a dedicated residency clinic for the RTT. Based on resources in the community, the Sanford clinic was selected for the RTT site. However residents will also be training at the Avera facilities in town.
- ❖ *Staffing (completed December 2016)* – The RTT local director has to practice the full spectrum of family medicine, including maternity care. Dr. Tom Huber has been hired to serve as the first local director of the RTT in Pierre. He currently works for Sanford but will transition to CFM staff in January 2018. Community faculty members will come from both Avera and Sanford.
- ❖ *Curriculum (completed February 2017)* – The curriculum includes 36 months of training including 24 months which is set by ACGME. First year residents in the RTT will do their first year of residency in Sioux Falls and they will complete a different “block” in the curriculum than residents in the Sioux Falls residency program due to availability of certain specialties in Sioux Falls vs. Pierre.

- ❖ Accreditation (application submitted February 2017/site visit completed April 2017) – Everything must exist (i.e., clinic space, staffing) prior to the site visit. The review committee will meet October 16-17 at which time they will make a recommendation for approval, conditional approval or denial. The RTT should hear within a week of the review committee meeting of the decision. Both Dr. Huntington and Dr. Huber indicated that the accreditation site visit went very well.
- ❖ Residents (pending based on accreditation status) – The RTT cannot officially begin recruiting students to the program until it has been accredited. However, as the Sioux Falls residency program is recruiting students they are also talking about the Pierre program and developing an “interested parties” contact list. Once accredited, the RTT will start contacting those on the list as well as start recruiting students and scheduling and conducting interviews. The match process starts at noon on September 15th at which time students have until November 30th to register for the match. Rank list entry for students and residency programs runs from January 15th through February 21st with match day on March 16th. Dr. Huntington said that if the RTT misses the first match it could look to the supplemental match but did believe that would be a realistic option. It is important for the RTT to start out strong. The only thing that would prohibit the RTT from participating in the first match would be if accreditation does not go through.

Dr. Huntington said that the RTT is still working with the \$205,000 initial start-up appropriation which should get them through the end of year. The RTT will work with the DOH to develop the FY 2019 budget request for year 1. The total base request from the 2014 budget model of \$529,243 (\$250,597 general/\$278,646 federal) will need to be adjusted for inflation. Dr. Huntington also noted that while the original model did not assume Medicare GME, it is estimated that in Year 2 there should be about \$74,000 in Medicare GME available and \$148,000 in Year 3 which will reduce the general fund impact starting in FY 2020. One other key component of the budget will be to show the amount of in-kind support (i.e., space, physician time, etc.) received from Sanford and Avera for the RTT program. Susan Sporrer will work with Dr. Huntington to get the needed information for the FY 19 budget request.

Dr. Huber provided a tour of the Rural Training Track clinic.

Updates from School of Medicine

Dr. Nettleman reported that the Sanford School of Medicine (SSOM) is preparing for its accreditation visit in September. They hosted a mock site visit earlier this year and are confident of reaccreditation. SSOM students continue to rank above the national average for pass rate on board exams. All students in the last graduating class matched to a residency program with 23% choosing a family medicine residency. Nationally 600-650 medical students did not match to a residency which points to the need for additional residency programs nationwide.

Of the 6 FARM students that graduated in May 2017, two are in family medicine residencies, two in obstetrics, one in psychiatry, and one in ophthalmology. There currently seven FARM sites in Milbank, Mobridge, Parkston, Pierre, Spearfish, Winner, and Vermillion. Platte had to suspend participation in the program because of the departure of a medical provider so there are not deliveries. The FARM student that was in the program was transferred to Parkston. If Platte is not able to participate in FARM for the coming year, one of the other communities will get a second student – likely Pierre.

Task Force Metrics

Susan Sporrer reviewed the proposed changes to the task force metrics based on discussion at the April meeting. The changes are summarized below.

❖ Capacity of Healthcare Education Programs

- Maintain and assess the number of preceptors for medical, PA, and NP students in South Dakota
 - The original metric of increasing preceptors was accomplished with a 43% increase in medical student preceptors, 68% increase in PA student preceptors, and 139% increase in NP student preceptors. For reporting in the future, preceptors numbers will be broken down by provider type for NP students.
- Percentage of medical, PA, and NP students in South Dakota who had a positive preceptor experience
 - This was a proposed new metric. Dr. Nettleman said that students are surveyed and there is information that can be pulled from those surveys to help measure educational experiences. The DOH will work with Dr. Nettleman to finalize the wording for this metric.
- Percent of in-state applicants and entering students for medical, PA, and NP schools in South Dakota vs. nationally and regionally
 - The original metric called for an increase in the proportion of students in medical, PA, and NP school from South Dakota. Since the number of students in each program is capped, the number of in-state vs. out-of-state students is not going to change significantly. The new proposed measure will allow the Oversight committee to look at how the programs compare nationally and to surrounding states. The Oversight Committee discussed the value of collecting data on applicants and instead just focus on students entering but data for both will be collected.
- Increase the proportion of new SSOM graduates choosing a primary care residency
 - No changes were made to the metric but future reporting will include comparison data for U.S. and regionally. There was discussion of focusing on family medicine and pediatric residency programs. While internal medicine is considered a primary care specialty, many internal medicine residents pursue subspecialties (i.e., cardiology).
- Increase the proportion of new SSOM graduates and/or medical residents stating their intention to practice primary care in South Dakota
 - No change was proposed to the metric. In April, the discussion had focused on whether “intent to practice” data could be collected for PA and NP students. The DOH followed up with the programs and that information is not collected from students.
- Increase the number of PA and NP students practicing primary care in South Dakota, particularly in rural or underserved areas
 - No change proposed.

❖ Quality Rural Health Experiences

- Maintain the number of students participating in REHPS and FARM
 - The original metric had called for an increase; however, since the number of students participating in both programs is capped, the metric was changed to focus on maintaining student participation. Data will also be reported by type of REHPS student (medical, PA, NP, pharmacy, etc.) to provide additional detail.
- Maintain the number of FARM students choosing a primary care residency

- See note above.
- Monitor and assess the number of REHPS and FARM students ultimately practicing primary care in South Dakota, particularly in rural areas
 - As currently reported, there appears to be a decrease in the number of graduates. However, there have been changes to the curriculum of some of the programs which likely impacted these numbers. Data will be broken down and reported by student type to provide additional detail for analysis.
- Extend medical resident experiences in rural communities and areas
 - With the anticipated addition of the family medicine rural training track in Pierre, this metric was accomplished and was removed.
- Participation in REHPS Program
 - Data for this metric is currently reported only as the number of students in a community. Reporting will be changed to reflect the numbers of communities and the types of students in those communities.
- Primary Care Residency Average First Year Capacity
 - Graph will be changed from “SD applicants selected” to “SD applicants matched” to more accurately reflect what is being reported.

❖ Recruitment and Retention

- Maintain the number of practitioners participating in community and recruitment assistance programs
 - Since number of participants is capped, metric was changed from “increase” to maintenance.
- Monitor trends for why professionals are not completing community and recruitment assistance programs
 - Proposed new metric to assess reasons for not completing the program and whether changes or enhancements to programs would impact participation.
- Maintain the number of rural facilities utilizing recruitment assistance programs
 - Maps showing location of facilities will be enhanced to show facility and participant type in addition to community.
- Maintain percentage of providers participating in recruitment incentive program remaining in the community 5 to 10 years after completion of program
 - The original metric calls for an increase in the percentage of participants remaining at the practice site upon completion of the commitment. As it was written, the metric did not take into consideration such things as retirements.
- Increase the number of SSOM students in out-of-state residency programs who return to South Dakota to practice, particularly in rural areas
 - There is no identified data source for the metric so it was deleted.
- Legislation passed to remove potential barrier for medical residents to practice
 - This was accomplished so metric deleted.
- Percent of family medicine residents staying in South Dakota to practice
 - Proposed new metric. Data is available from the residency programs.
- Active physicians per 100,000 population and active patient care primary care physicians per 100,000 population
 - Proposed new metric. Data is available for comparison nationally and regionally to help show capacity of currently licensed physicians in the state. The DOH also has its Primary Care Health Professional Shortage Area (HPSA) map which shows areas of need in the state. Similar data will be sought for PAs and NPs.
- Physician retention in state of residency training
 - Proposed new metric. Data is available for comparison nationally and regionally.

- NP distribution by region of residence in South Dakota
 - Proposed new metric.
- NP practice by area of specialty
 - Proposed new metric.
- Gains and losses in NP workforce
 - Proposed new metric.
- ❖ *Innovative Primary Care Models*
 - Increase retention of existing primary care providers in rural areas of South Dakota
 - There is no identified data source for the metric so it was deleted.
 - Increased use of technology and interprofessional collaboration in rural areas to support healthcare providers
 - There is no identified data source for the metric so it was deleted.
- ❖ *Oversight and Accountability*

No changes were proposed to the metrics in this area.

Wrap-Up

The next meeting of the Primary Care Oversight Committee will be September 20th from 1-5 (central).