Primary Care Task Force & Oversight Committee Final Report

November 2018

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EXECUTIVE SUMMARY

The healthcare workforce remains a priority and a challenge in South Dakota. Projections indicate that thousands of additional healthcare workers will be needed in South Dakota in the near future. At the same time there is a substantial decrease in the number of high school graduates in the state, the number of elderly is increasing significantly. By the year 2025, South Dakota is projected to have the ninth highest population of elderly nationally. South Dakota's 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. Further compounding the problem is that a significant number of current healthcare providers are nearing retirement age.

In addition, health professionals in South Dakota are concentrated in the state's most populous areas while rural areas face continuing challenges in recruiting and retaining healthcare providers. Fifty-nine of the state's 66 counties are either fully or partially designated as health professional shortage areas. While the State of South Dakota has long offered help to communities in recruiting providers, it is also important to look at the education process and make sure there are adequate numbers of healthcare students being prepared to enter a changing healthcare field.

To address this challenge, in 2012 Governor Daugaard appointed a Primary Care Task Force (PCTF) to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – particularly those in rural areas of the state. Task Force members were a diverse group of individuals representing providers, health systems, educators, Indian Health Services, legislators, consumers, and state agencies. The Task Force met throughout the summer and fall of 2012 to better understand South Dakota demographics, distribution of primary care providers, and primary care education programs as well as look at potential best practices and strategies to address capacity, distribution of providers, delivery models, and accountability.

The Primary Care Task Force ultimately 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. The Task Force also developed metrics within each area to measure progress and success in maintaining and strengthening the state's primary care system.

One of the key recommendations of the PCTF was to establish an oversight committee to monitor implementation and advance Task Force recommendations. This PCTF Oversight Committee, appointed in 2013, met regularly throughout the years and provided annual progress reports to the Governor, Legislature, and Board of Regents on key accomplishments, activities, and metrics. Copies of the original PCTF report as well as annual progress reports from the Oversight Committee are available at https://doh.sd.gov/PrimaryCare/.

Key Highlights of Primary Care Task Force and Oversight Committee

Capacity of Healthcare Educational Programs:

- 41% increase in medical preceptors
- 73% increase in physician assistant (PA) preceptors
- 211% increase in nurse practitioner (NP) preceptors
- 42% increase in the number of graduates entering Family Medicine Residency programs
- 26% increase in PA graduates
- 180% increase in NP graduates

Quality Rural Health Experiences:

- 63% increase in the number of students participating in Rural Experiences for Health Professions Students (REHPS)
- 67% increase in the number of students participating in Frontier and Rural Medicine (FARM)

Recruitment and Retention:

- 200% increase in number of professionals under contract for the Recruitment Assistance Program (RAP)
- 69% of physicians participating in RAP remain working in the community after at least 5 years
- 92% of PAs and NPs participating in RAP remain working in the community after at least 5 years
- 118% increase in medical residents utilizing resident license to moonlight in SD

Key Highlights of Primary Care Task Force and Oversight Committee

Capacity of Healthcare Educational Programs:

- ✓ Sanford School of Medicine (SSOM) student class size expanded by 11 students per year
- ✓ 41% increase in medical preceptors
  - *The number of medical student preceptors increased from 624 in the 2012-2013 academic year to an average of 881 per year for the 2015-2016 to 2017-2018 academic years.*
- ✓ 73% increase in physician assistant (PA) preceptors
  - *The number of PA preceptors increased from 105 in 2012-2013 academic year to an average of 181 per year for the 2015-2016 to 2017-2018 academic years.*
- ✓ 211% increase in nurse practitioner (NP) preceptors
  - *The number of NP preceptors increased from 85 in the 2012-2013 academic year to an average of 265 per year for the 2015-2016 to 2017-2018 academic years.*
- ✓ The percent of in-state medical students at SSOM at the time of enrollment was 78%, which is above the national average of 61%. Overall, 89% of all SSOM students have SD residency status.
- ✓ 42% increase in the number of graduates entering Family Medicine Residency programs
  - *The SSOM graduates entering Family Medicine Residency programs expanded from a baseline of 8 in the 2012-2013 academic year to an average of 11 residents for the 2015-2016 to 2017-2018 academic years.*
- ✓ 13% increase in medical student graduates planning to practice in SD
  - *The percent of SD medical student graduates planning to practice in SD increased from a baseline of 65% in 2012-2013 to an average of 74% for the 2015-2016 to 2017-2018 academic years.*
- ✓ 26% increase in PA graduates
  - *Increased the number of PA graduates from a baseline of 19 in 2012-2013 to an average of 24 for the 2015-2016 to 2017-2018 academic years.*
- ✓ 180% increase in NP graduates
  - *Increased the number of NP graduates from a baseline of 10 in 2012-2013 to an average of 28 for the 2015-2016 to 2017-2018 academic years.*
- ✓ Established a new Family Medicine Residency Program Rural Training Track that will have the capacity to train 6 additional residents in SD

Quality Rural Health Experiences:

- ✓ 63% increase in the number of students participating in Rural Experiences for Health Professions Students (REHPS) program
  - *Increased the number of students participating in REHPS from 18 in 2013 academic year to an average of 29 for the 2015 to 2018 academic years*
- ✓ Increased the number of students participating in Frontier and Rural Medicine (FARM)
  - *FARM applicants by 67% from 9 in 2013 to 15 in 2018*
  - *FARM students by 67% from 6 in 2013 to 10 in 2018*
  - *FARM community sites by 40% from 5 in 2013 to 7 in 2018*
- ✓ FARM students consistently matched to primary care residencies
  - *2016 – 4 of 5 FARM students matched to primary care residencies*
  - *2017 – 4 of 6 FARM students matched to primary care residencies*
  - *2018 – 4 of 6 FARM students matched to primary care residencies*

Recruitment and Retention:

- ✓ 200% increase in the number of clinicians under contract for the Recruitment Assistance Program (RAP) from 10 in 2012 to 30 in 2017
- ✓ 69% (31 of 45) of physicians that participated in RAP remain working in the community after at least five years
- ✓ 92% (24 of 26) of PAs and NPs that participated in RAP remain working in the community after at least five years
- ✓ 118% increase in medical residents utilizing resident license to moonlight in SD from 11 in 2014 to 24 in 2018

PRIMARY CARE IN SOUTH DAKOTA

Concerns regarding the adequacy of the healthcare workforce across the State of South Dakota are a significant issue for our state. Assuring the availability of well-educated, trained, and culturally competent primary care providers is essential to provision of quality healthcare, improving health outcomes, and sustaining a healthy quality of life for South Dakotans.

The healthcare workforce remains a priority and a challenge in South Dakota. Projections indicate that thousands of additional healthcare workers will be needed in South Dakota in the near future. At the same time there is a substantial decrease in the number of high school graduates in the state, the number of elderly is increasing significantly. By the year 2025, South Dakota is projected to have the ninth highest population of elderly nationally. South Dakota's 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. Further compounding the problem is that significant numbers of current healthcare providers are nearing retirement age.

In addition, health professionals in South Dakota are concentrated in the state's most populous areas while rural areas face continuing challenges in recruiting and retaining healthcare providers. Fifty-nine of the state's 66 counties are either fully or partially designated as health professional shortage areas.

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 Oglala Lakota while the 10 counties with the most loss were Campbell, Miner, Jones, McPherson, Hyde, Spink, Potter, Douglas, Tripp, and Sanborn. 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.

While the State of South Dakota has long offered help to communities in recruiting providers, it is important to look at the front end and make sure there are adequate numbers of healthcare students in the pipeline. At the same time, efforts need to be sustained to ensure an adequate distribution of primary care providers across the state. In rural areas, the loss of even one primary care provider means a critical loss of access.

In 2012, Governor Daugaard appointed a Primary Care Task Force to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – particularly those in rural areas of the state. Task Force members included a diverse group of individuals from across

the state representing primary care physicians, nurse practitioners (NPs), physician assistants (PAs), health systems, hospital administrators, Sanford School of Medicine, South Dakota Board of Regents, Aberdeen Area Indian Health Services (IHS), medical students, legislators, consumers, and state agencies. For the purposes of this Task Force, primary care was defined as family medicine, general medicine, internal medicine, obstetrics/gynecology, and pediatrics. The Task Force met throughout the summer and fall of 2012 with meetings designed to help members get a better understanding of South Dakota demographics, distribution of primary care providers, and primary care education programs in the state as well as look at potential "best practices" and strategies to address capacity, distribution of providers, delivery models, and accountability.

The Governor's Primary Care 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. The Task Force also developed metrics within each area to measure progress and success in maintaining and strengthening the state's primary care system. The following pages provide a chronological summary of the activities and results for the original Task Force recommendations. In addition, a summary of the performance metrics is also included that documents changes since the PCTF efforts began.

While this final report highlights the significant accomplishments made in addressing the Governor's charge to ensure accessibility to primary care for all South Dakotans, the work is not done. At the end of the report, the PCTF Oversight Committee has identified some key areas it believes warrant future exploration and attention.

Capacity of Healthcare Educational Programs

In order to make sure there are enough primary care providers to meet future healthcare needs, all aspects of primary care education programs need to be examined. As the state's population ages and current healthcare workers retire, a dual challenge is created – aging baby boomers require additional healthcare services and there are fewer younger healthcare workers to take their place in the workforce. Maintaining an adequate supply of trained healthcare workers to meet the changing healthcare needs of the population is paramount to sustaining healthy communities in South Dakota.

Meeting the goal of increasing and maintaining healthcare providers in rural areas across the state also requires training programs that prepare healthcare professionals to work in rural areas. How healthcare students are educated is equally important to the success of encouraging healthcare professionals to practice in rural areas. Healthcare providers must also be adept and skilled in working with and communicating with other healthcare providers. This is even more critical in rural and remote settings where there is a limited supply of healthcare providers. Interprofessional education allows students from two or more professions to learn from and with each other to begin building effective communication.

Much of the work of the Oversight Committee in this area focused on establishing a family medicine residency rural training track in Pierre. The Oversight Committee also monitored the demand for nurses and capacity of nursing education programs in South Dakota.

TASK FORCE RECOMMENDATIONS

PCTF Recommendation: Provide payments to South Dakota providers serving as preceptors to PA and NP students

Year	Activities and Results
2013	*Board of Regents (BOR) FY 2014 approved budget included $455,440 for payments to SD PA preceptors*
2013	*There were 105 PA preceptors and 136 clinical rotations in SD for PA students*
2014	*BOR FY 15 approved budget included $260,000 for payments to SD NP preceptors*
2014	*There were 131 PA preceptors and 170 clinical rotations in SD for PA students and 163 preceptors and 161 clinical rotations in SD for NP students*
2015	*There were 173 PA preceptors and 216 clinical rotations in SD for PA students and 199 preceptors and 264 clinical rotations in SD for NP students*

2016	*There were 176 PA preceptors and 215 clinical rotations in SD for PA students and 203 preceptors and 334 clinical rotations in SD for NP students*
2017	*There were 189 PA preceptors and 229 clinical rotations in SD for PA students and 300 preceptors and 545 clinical rotations in SD for NP students*
2018	*There were 179 PA preceptors and 223 clinical rotations in SD for PA students and 291 preceptors and 524 clinical rotations in SD for NP students*

PCTF Recommendation: Coordinate physician/PA/NP preceptor opportunities and other non-monetary incentives for South Dakota providers serving as preceptors

Year	Activities and Results
2013	*Survey conducted of SD physicians indicated strong support for teaching of physician, PA, and NP students*
2013	*Certificates sent from Governor to SD physicians recognizing their service as SSOM physician preceptors*
2014	*Physician preceptor incentives included faculty appointments, access to electronic library, large ad in newspapers thanking preceptors, etc.; students are also encouraged to write letters thanking their preceptors*
2015-2018	*Continued*

PCTF Recommendation: Issue Request for Information (RFI) to identify third year campus location(s) for potential expansion of Sanford School of Medicine class size

Year	Activities and Results
2013	*RFI sent to existing SSOM campus locations indicated a willingness to take additional students to support larger SSOM class size*
2014	*FY 2015 approved budget included $1.1 million for expansion of the USD SSOM class size by 11 students per year (44 total students)*
2015	*First expanded class started Fall 2015*
2018	*Full expansion of SSOM (44 students total) achieved*

PCTF Recommendation: Promote collaboration between primary care residency programs, Rural Experiences for Health Professions Students (REHPS) and Frontier and Rural Medicine (FARM) programs

Year	Activities and Results
2013	*Deans of SSOM, USD School of Health Sciences, and SDSU College of Nursing met quarterly to enhance physician, PA, and NP preceptor availability and coordinate opportunities*
2014-2018	*Continued*

PCTF Recommendation: Develop further primary care residencies in South Dakota

Year	Activities and Results
2014	*Studied feasibility of adding a family medicine residency program rural training track (RTT) in SD*

2014	*Directors of the Sioux Falls and Rapid City family medicine residency programs met with potential RTT sites to assess site feasibility; Pierre identified as most feasible site*
2015	*Of the 53 SSOM students in the 2015 class, 26 entered primary care residencies and 12 were in SD residencies; all SD residency programs filled*
2016	*$205,000 in one-time start-up funds appropriated to develop a RTT in Pierre to add 6 additional family medicine residency slots in SD (HB 1029)*
2016	*Of the 61 SSOM students in the 2016 class, 27 entered primary care residencies and 14 were in SD residencies; all SD residency programs filled*
2017	*Rural Training Track accredited*
2017	*Of the 53 SSOM students in the 2017 class, 21 entered primary care residencies and 9 were in SD residencies; all SD residency programs filled*
2018	*First students matched to RTT in Pierre and began residency program*
2018	*Of the 60 SSOM students in the 2018 class, 27 entered primary care residencies and 11 were in SD residencies*

PCTF Recommendation: Lead development of interprofessional education for healthcare students in South Dakota

Year	Activities and Results
2014	*Monitored status of nursing education and demands for nurses in SD*
2015	*Surveyed nursing facilities and hospitals regarding nursing workforce needs and challenges; lack of available nursing workforce in the community and lack of nursing staff to work all shifts identified as biggest challenges for facilities*
2016	*SDSU College of Nursing and USD School of Nursing provided information on nursing education programs and capacity in the state; capacity appears sufficient at this time.*

TASK FORCE PERFORMANCE METRICS

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

Preceptors	Baseline 2012-2013	3-year Average 2015-2016 to 2017-2018	Percent Change
Medical	624	881	41.1%
Physician Assistant	105	181	72.7%
Nurse Practitioner	85	265	211.4%

✓ Increase the proportion of students in primary care education programs who are from South Dakota (or strong South Dakota roots)

In-State Medical Student Enrollment	National Average 2016-2017	SSOM 2016-2017	Percent Difference
% of in-state medical school applicants	23.4%	16.9%	-6.5%
% of in-state enrolled medical students	60.6%	77.3%	16.7%

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

	2012-2013	3-year Average 2015-2016 to 2017-2018	Percent Change
SSOM graduates	53	58	9.4%
SSOM graduates entering Family Medicine Residency	8	11	41.7%
SSOM graduates entering Family Medicine Residency in SD	5	3	-33.3%

- ✓ 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

	2012-2013	3-year Average 2015-2016 to 2017-2018	Percent Change
SSOM graduates planning to practice in SD	65.2%	73.9%	13.3%

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

	2012-2013	*3-year Average 2015-2016 to 2017-2018	Percent Change
# PA graduates	19	24	26.3%
# of SD PA graduates practicing primary care in SD	3	5	55.6%%
# of SD PA graduates practicing primary care in SD in communities < 10,000	-	3	-

	2012-2013	*3-year Average 2015-2016 to 2017-2018	Percent Change
# NP Graduates	10	28	180.0%
# of SD NP graduates practicing primary care in SD	6	10	66.7%
# of SD NP graduates practicing primary care in SD in communities < 10,000	4	5	33.3%

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. The more exposure a student has to rural healthcare, the more confident they are in their abilities to practice in that setting and the more familiar they become with its rewards and challenges. Creating positive opportunities for healthcare students to live and practice in a rural community early in training is essential. Coordination of these training opportunities is also essential for both students and communities to help facilitate quality learning experiences.

The Oversight Committee oversaw the enhancements of REHPS which provides first and second year health profession students with experiences in rural healthcare settings. The enhancements included an increase in the number of students from 24 to 30 per year, an increase in the student stipend from $2,500 to $4,000, and an expansion of eligible disciplines from medical, PA, NP, and pharmacy to also include clinical psychology, masters in social work, and medical laboratory science.

TASK FORCE RECOMMENDATIONS

PCTF Recommendation: Develop clearinghouse in the DOH Office of Rural Health (ORH) of rural health experiences for students, facilities, and communities

Year	Activities and Results
2013	*Researched potential software systems to match healthcare professional students to healthcare facilities with the capacity to accept clinical students*
2014	*Identified myclinicalexchange.com as clinical clearinghouse software*
2015	*Pilot of myclinicalexchange.com began with Avera and Sanford to match registered PA and NP students to clinical rotations; SDSU NP program participated in pilot*
2016	*Completed myclinicalexchange.com pilot; system available for use by facilities*

PCTF Recommendation: Expand and enhance opportunities for medical/PA/NP students and medical residents to gain exposure to medical practice in rural communities and reservation areas through REHPS, FARM, and other programs

Year	Activities and Results
2013	*First FARM sites selected (Milbank, Mobridge, Parkston, Platte, and Winner); 9 applicants for 6 spots*
2013	*DOH FY14 approved budget included $148,540 for REHPS; 18 students (pharmacy – 9; medical – 5; PA – 2; NP – 2) placed in 9 communities (Custer, Miller, Parkston, Platte, Redfield, Sisseton, Wagner, Wessington Springs, and Winner)*

2013	*Increased first-year residency slots by 22% over past 2 years by adding positions to existing residencies and starting new residencies in Surgery and Pediatrics; now 48 first-year positions available in 6 specialties*
2014	*Issued RFP to identify additional FARM sites to support expansion from 6 to 8 FARM students in conjunction with SSOM class expansion*
2014	*First class of FARM students began rotations in July in Milbank, Mobridge, Parkston, Platte, and Winner (2 students); second cohort of FARM students selected*
2014	*DOH FY15 approved budget included $148,540 for REHPS; 21 students (pharmacy – 13, medical – 4, PA – 1, and NP – 3) placed in 11 communities (Bowdle, Custer, Miller, Parkston, Philip, Platte, Redfield, Sisseton/Britton, Wagner, Webster, and Winner); enhanced REHPS to increase the student stipend from $2,500 to $4,000, expand the number of students from 24 to 30, and expand disciplines to include clinical psychology, masters in social work, and medical laboratory science beginning in FY 16*
2014	*Worked with IHS to create a rotation at Rosebud IHS facility for residents in the Rapid City Regional Family Medicine Residency Program; due to staffing changes at Rosebud, the rotation that was to begin in October 2014 did not occur*
2014	*Explored use of 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*
2015	*Vermillion, Pierre, and Spearfish selected as additional FARM sites; second class of FARM students began rotations; first class of FARM students completed rotations*
2015	*DOH FY16 approved budget included $218,540 for REHPS; 30 students (pharmacy – 11, medical – 7, PA – 5, clinical psychology – 2, social work – 2, medical laboratory – 2, and NP – 1) placed in 15 communities (Bowdle, Canton, Chamberlain, Custer, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, Webster, and Winner)*
2016	*First class of FARM students graduated with 4 of 5 matching to family medicine residency programs; third class of FARM students began rotations*
2016	*DOH FY17 approved budget included $218,540 for REHPS; 28 students (pharmacy – 10, medical – 7, PA – 5, clinical psychology – 1, social work –1, medical laboratory – 2, and NP – 2) placed in 14 communities (Bowdle, Chamberlain, Custer, Faulkton, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, and Winner)*
2017	*Second class of FARM students graduated with 4 of 6 matching to primary care residencies; fourth FARM class began rotations in Milbank, Mobridge, Parkston (2 students), Pierre, Spearfish, Vermilion, and Winner (2 students)*
2017	*DOH FY18 approved budget included $218,540 for REHPS; 30 students (pharmacy – 8, medical – 7, PA – 5, clinical psychology – 2, social work –2, medical laboratory – 4, and NP – 2) placed in 15 communities (Bowdle, Britton, Chamberlain, Custer, Freeman, Hot Springs, Martin, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, and Winner)*
2018	*The third class of FARM students graduated with 4 of 6 matching to primary care residencies; fifth FARM class began rotations in Milbank, Parkston (2 students), Pierre, Spearfish, Vermillion, and Winner (2 students)*
2018	*DOH FY19 approved budget included $218,540 for REHPS; 30 (pharmacy – 13, medical – 5, PA – 2, clinical psychology – 2, medical laboratory – 2, NP – 3, and physical therapy – 3) students placed in 15 communities (Bowdle, Britton, Chamberlain, Hot Springs, Huron, Martin, Miller, Parkston, Philip, Platte, Redfield, Scotland, Sisseton, Sturgis, and Winner)*

TASK FORCE PERFORMANCE METRICS

- ✓ Increase the number of students participating in REHPS and FARM

REHPS	Baseline 2013	3-year Average 2016 to 2018	Percent Change 2013 to 2016-2018 3-year Average
Number of students participating in REHPS	18	29	63.0%

FARM	Baseline 2013	2018	Percent Change 2013 to 2018
Number of FARM applicants	9	15	66.7%
Number of FARM students	6	10	66.7%
Number of FARM community sites	5	7	40.0%

- ✓ Increase the number of FARM students choosing primary care residency

Baseline 2016	2017	2018
4 of 5 FARM students matched in a family residency program	4 of 6 FARM students matched in primary care residency program (2 in family medicine and 2 in OB/GYN)	4 of 6 FARM students matched in a primary care residency program (3 in family medicine and 1 in internal medicine)

- ✓ Increase the number of REHPS/FARM students ultimately practicing primary care in South Dakota, particularly in a rural area

REHPS	Baseline 2013	3-year Average 2016 to 2018	Percent Change 2013 to 2016-2018 3-year Average
Number of REHPS participants practicing primary care in SD	11	5.3	-51.8%
Number of REHPS participants practicing primary care in rural SD	3	2.3	-23.3%

FARM	2016	2018	Percent Change 2016 to 2018
Number of FARM Graduates	5	6	20.0%

- ✓ Extend medical resident experiences in rural communities/areas and reservations
  The Family Medicine Residency in Sioux Falls has one required rural rotation, which has 9 residents per year (27 over three years). This requirement has been present for many years. The Family Medicine Residency Program in Rapid City has one required rural rotation (6-7 residents per year), which has been in place since 1995. Residents may also use elective experiences for rural training with 7 residents participating in the past 3 years. In FY 2019, the Rural Family Medicine Residency Program Rural Training Track in Pierre was opened and will have 2 second-year residents and 2 third-year residents when the program reaches maturity. The Pediatric Residency and Internal Medicine Residency programs do not have required rural rotations but both offer elective experiences. The Pediatric Residency Program has had 3 residents take the elective rural rotation in the past 3 years. In FY 2018, a rural two-week rotation in adolescent medicine was added in Yankton (2 residents participated last year and 2 in FY2019).

Recruitment and Retention

People are typically drawn to a rural community because that is where they were born and raised or they see the value offered by a rural community, such as the ability to spend more time with family. Many healthcare professionals also like having the opportunity to provide a continuum of care and the broad spectrum of services that primary care provides.

Recruitment begins with getting students interested in health careers and the Task Force recognized the importance of student pipeline activities (e.g., Scrubs Camps, Camp Meds, Health Occupations Students of America) to meet this need. South Dakota also has well-established programs designed to recruit primary care providers to rural areas such as the Recruitment Assistance Program for physicians, dentists, PAs, and NPs and the Rural Healthcare Facility Recruitment Assistance Program to assist rural healthcare facilities recruit other healthcare providers (nurses, dietitians, nutritionists, physical therapists, occupational therapists, respiratory therapists, pharmacists, and paramedics).

The Oversight Committee supported legislation to provide for the state licensure of medical residents to permit residents to moonlight in South Dakota healthcare facilities outside of a residency program. Moonlighting allows medical residents to get experience in facilities and also provides South Dakota communities with the opportunity to develop relationships with medical residents which in turn could impact where medical residents decide to practice.

TASK FORCE RECOMMENDATIONS

PCTF Recommendation: Promote Recruitment Assistance Program (RAP) and Rural Healthcare Facility Recruitment Assistance Program (RHFRAP)

Year	Activities and Results
2013	*Appropriated $208,800 to DOH to reimburse 2 physicians, 1 dentist, and 1 PA who fulfilled RAP agreements in FY 14 (HB 1038)*
2013	*60 RHFRAP applications accepted; 5 of 15 physician and 5 of 15 PA/NP RAP slots filled*
2014	*Appropriated $94,167 to DOH to reimburse 1 physician who fulfilled RAP agreement in FY 15 (SB 31)*
2014	*60 RHFRAP applications accepted; 7 of 15 physician and 8 of 15 PA/NP RAP slots filled*
2015	*Appropriated $381,766 to DOH to reimburse 1 physician, 2 dentists, 1 PA, and 2 NPs who fulfilled RAP agreements in FY 16 (HB 1060) and $260,000 to reimburse 37 healthcare professionals who fulfilled RHFRAP agreements in FY 16 (HB 1057)*
2015	*60 RHFRAP applications accepted; 9 of 15 physician and 15 of 15 PA/NP RAP slots filled*
2016	*Appropriated $518,600 to DOH to reimburse 3 physicians, 1 dentist, 2 PAs, and 3 NPs who fulfilled RAP agreements in FY 17 (SB 120) and $277,500 to reimburse 40 healthcare professionals who fulfilled RHFRAP agreements in FY 17 (HB 1170)*
2016	*60 RHFRAP applications accepted; 14 of 15 physician and 15 of 15 PA/NP RAP slots filled*
2017	*Appropriated 550,581 to DOH to reimburse 4 physicians, 1 PA, and 4 NPs who fulfilled RAP agreements in FY 18 and $292,500 to reimburse 42 healthcare professionals who fulfilled RHFRAP agreements in FY 18 (HB 1042)*

2017	*Expanded number of RHFRAP applications accepted from 60 to 70; 70 RHFRAP applications accepted; all 15 physician and 15 PA/NP RAP slots filled*
2018	*Appropriated $652,972 to DOH to reimburse 5 physicians, 1 dentist, and 2 NPs who fulfilled RAP agreements in FY 19 and $185,000 to reimburse 41 healthcare professionals who fulfilled RHFRAP agreements in FY 19 (SB 31)*
2018	*70 RHFRAP applications accepted; all 15 physician and 15 PA/NP RAP slots filled*

PCTF Recommendation: Recognize importance of student pipeline activities

Year	Activities and Results
2013	*Held 15 Scrubs Camps for 975 high school students and 8 Camp Meds for 1,365 middle school students during the 2012-13 school year to provide hands-on health career awareness opportunities for students*
2013	*SD Health Occupations Students of America (HOSA) had 234 student members; 130 students participated in the HOSA State Leadership Conference (SLC) and 24 attended the International Leadership Conference (ILC) aimed at nurturing interest in healthcare careers among students*
2014	*Held 16 Scrubs Camps for 1,056 high school students and 8 Camp Meds for 1,956 middle school students during the 2013-14 school year*
2014	*SD HOSA had 411 student members; 249 students participated in the SLC and 51 students attended in the ILC*
2015	*Held 19 Scrubs Camps for 1,345 high school students and 9 Camp Meds for 2,163 middle school students during the 2014-15 school year*
2015	*SD HOSA had 483 student members; 324 students participated in the SLC and 62 students attended the ILC*
2016	*Held 21 Scrubs Camps for 1,093 high school students and 9 Camp Meds for 1,950 middle school students during the 2015-16 school year*
2016	*SD HOSA had 634 student members; 545 students participated in the SLC and 91 students attended the ILC*
2017	*Held 20 Scrubs Camps for 1,158 high school students and 9 Camp Meds for 2,904 middle school students during the 2016-17 school year*
2017	*SD HOSA had 745 student members; 564 students participated in the SLC and 91 students attended the ILC*
2018	*Held 20 Scrubs Camps for 1,344 high school students and 9 Camp Meds for 2,301 middle school students during the 2017-18 school year*
2018	*SD HOSA had 820 student members; 607 students participated in the SLC and 96 students attended the ILC*

PCTF Recommendation: Partner with *Dakota Roots* to encourage healthcare providers to seek employment in South Dakota

Year	Activities and Results
2013	*Enhanced marketing efforts through* Dakota Roots *to encourage healthcare providers to seek employment in SD*
2014	*1,530 out-of-state job seekers registered with SDWORKS indicated they were seeking work in healthcare industry*

2015	*1,612 out-of-state job seekers registered with SDWORKS indicated they were seeking work in healthcare industry*
2016	*1,676 out-of-state job seekers registered with SDWORKS indicated they were seeking work in healthcare industry*
2017	*1,720 out-of-state job seekers registered with SDWORKS indicated they were seeking work in healthcare industry*
2018	*Data is not available due to Management Information System upgrade*

PCTF Recommendation: Develop resources to improve quality of life for rural health practitioners	
Year	**Activities and Results**
2013	*SD State Medical Association (SDSMA) established Center for Physician Resources to provide information/support to physicians to assist with patient care and help physicians reach personal/professional goals; activities included 3 live events, 2 webinars, 9 published articles, 3 white papers, and 33 legal briefs; initial programming focused on financial services*
2014	*SDSMA 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, an ICD-10 coding workshop and 48 legal briefs*
2015	*SDSMA activities included a clinical risk migration series (e.g., medical record documentation, protecting patient info, patient communication, etc.); formation of ad hoc committee to review physician health/wellness issues; and white paper to aid in treatment/management of patients suffering from chronic, non-cancer pain*
2016	*SDSMA developed two webinar series – one on clinical risk migration (e.g., apology and communication, avoiding a medical malpractice suit, physician resiliency, etc.) and a second on physician employment (pre-employment considerations and employment contracts, etc.); developed a white paper on Opiate Analgesics for Chronic Non-Cancer Pain; a Checklist for Prescribing Opiates for Chronic, Non-Cancer Pain; and a special issue of* South Dakota Medicine*, "Addressing the Challenges of Prescribing Controlled Drugs".*
2017	*SDSMA developed educational programs for physicians, residents and medical students to assist in incorporating population health management into medical practice as well as information on leading multi-disciplinary healthcare teams; resources and education included: (1) understanding/planning for population health management; (2) data collection, population monitoring and quality improvement; (3) patient engagement; (4) team-based healthcare interventions; and (5) outcomes measurement/ sustainability; developed a special issue of* South Dakota Medicine *dedicated to population health/chronic disease management*
2018	*SDSMA developed and hosted numerous programs designed to assist in recognizing and treating drug addiction, development of numerous tools to assist with patient treatment and management; and a workshop on medication assisted treatment*

PCTF Recommendation: Provide for licensure of medical residents	
Year	**Activities and Results**
2013	*Passed SB 118 to provide for licensure of medical residents*
2014	*71 medical resident licenses issued; 11 residents utilized license to moonlight in SD*
2015	*58 medical resident licenses issued; 14 residents utilized license to moonlight in SD*
2016	*64 medical resident licenses issued; 5 residents utilized license to moonlight in SD*
2017	*54 medical resident licenses issued; 24 residents utilized license to moonlight in SD*
2018	*57 medical resident licenses issued; 24 residents utilized license to moonlight in SD*

TASK FORCE PERFORMANCE METRICS

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

The number of participants in RHFRAP is statutorily capped at 60 per year and the physician and PA/NP RAP is capped at 15 each. Since its inception, RHFRAP has filled each year and both the physician and PA/NP RAP slots are currently at capacity. The table below shows the number of healthcare providers that fulfilled their RHFRAP or RAP agreements during the given year (the RAP number is a combination of physicians, PAs, and NPs).

	Baseline 2012	2013	2014	2015	2016	2017	2018
RHFRAP	n/a	n/a	n/a	37	40	42	41
RAP	1	3	1	4	8	9	7

✓ Increase the number of rural facilities utilizing recruitment assistance programs

	Baseline 2012	2013	2014	2015	2016	2017
Number of communities participating in RHFRAP	36	45	46	31	31	38

✓ Increase the percentage of incentive program participants remaining at practice site upon completion of commitment

	Status of Participants Working in Community ≥ 5 years
Physicians	31 of 45 physicians (69%)
PAs/NPs	24 of 26 PAs/NPs (92%)

✓ Legislation passed to remove potential barrier for medical residents to practice

SB 118 passed during 2013 legislative session to provide for licensure of medical residents.

	Baseline 2014	2015	2016	2017	2018
Medical resident licenses issues	71	58	64	54	57
Number using license to moonlight	11	14	5	24	24

Innovative Primary Care Models

Strengthening the primary care infrastructure and maintaining access to quality primary care health services will require a cooperative effort between both public and private entities.

Interprofessional collaborative practice, particularly in rural areas, can provide a support system for healthcare providers and foster cooperation and coordination to deliver the highest quality of care for patients. It also helps reinforce the message that rural providers do not have to practice in "isolation". Telehealth is also an important tool to help reduce provider isolation and support providers in rural areas.

Recommendations also focused on ways to provide support for rural healthcare providers through the use of hospitalists or PAs and NPs who specialize in providing care to patients in the hospital in order to reduce call and hours worked as well as providing assistance to rural healthcare providers to handle administrative functions of their practice.

The Oversight Committee focused its efforts on ensuring there were no regulatory barriers that would prohibit innovations in primary care practice.

TASK FORCE RECOMMENDATIONS

PCTF Recommendation: Maximize use of telehealth as a means of supporting rural healthcare providers

Year	Activities and Results
2013-2018	*Discussed telehealth services in SD and barriers to utilizing it more fully in the state. While numerous opportunities were available, no regulatory barriers were identified*
2015	*SB 63 passed to permit SD's participation in the Interstate Medical Licensure Compact to provide for expedited licensure of eligible physicians and eliminate a potential barrier to the use of telehealth in SD*

PCTF Recommendation: Develop interprofessional collaborative practice as the standard of care to optimize healthcare services and improve health outcomes

Year	Activities and Results
2013	*Held Interprofessional Education Summit to develop opportunities for healthcare students and future practitioners to learn to work together to improve patient outcomes and develop a "collaborative ready" healthcare workforce in SD*
2014	*Formed the SD Interprofessional Education and Practice Collaborative (SD-IPEC) with the triple aim of reducing per capita costs, improving population health, and improving patient care experiences*

2016	*Signed agreement with the National Center for Interprofessional Practice and Education which is part of a national research partnership to test new models and methods for integrating healthcare practice and education; USD serves as the hub for interprofessional research occurring throughout the state along with partners from SDSU, DSU, Augustana, Avera Health, and Sanford Health*
2017	*Held SD-IPEC Summit health strategic planning session and identified 5 themes: (1) curriculum development; (2) outcomes; (3) IPE resources; (4) faculty development; and (5) technology*

PCTF Recommendation: Investigate ways to provide assistance to rural healthcare providers to handle administrative functions of clinic/practice	
Year	**Activities and Results**
2013-2018	*Funds provided to critical access hospitals for coding/billing education and operational/financial assessments and improvement projects*

TASK FORCE PERFORMANCE METRICS

- ✓ Increased retention of existing primary care providers in rural areas of South Dakota

Year	Licensed Primary Care Physicians in SD	Licensed PAs in SD	Licensed NPs in SD
2011 Baseline	757	477	415
2014	963	469	515
2015	1,023	480	560
2016	1,049	508	642
2017	1,282	513	742

Accountability and Oversight

In order to make the best use of limited resources, state policy makers need good, consistent data. There also needs to be assurance that the state is getting adequate return on investments made to strengthen primary care in South Dakota, particularly in rural areas. The Task Force recognized the need for a system that would allow for timely and comparable healthcare workforce data to assist in analyzing South Dakota's healthcare workforce needs. The Task Force also recommended a process for the ongoing review of its recommendations to ensure continued progress in meeting the Task Force's expectations.

The PCTF Oversight Committee was appointed in early 2013 with members including health care providers, BOR, SSOM, legislators, the public, and the DOH. More detailed information about the PCTF Oversight Committee including meeting summaries is available at https://doh.sd.gov/PrimaryCare/.

TASK FORCE RECOMMENDATIONS

PCTF Recommendation: Work with partners to develop a data collection system to serve as a central clearinghouse of healthcare education and workforce information

Year	Activities and Results
2013-2017	*Partnership between DOH, BOR, and the Departments of Labor & Regulation, Education and Social Services established to develop a database to collect uniform education and workforce information from licensing boards; efforts to develop a comprehensive data collection system were ultimately unsuccessful*

PCTF Recommendation: 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

Year	Activities and Results
2013	*Governor Daugaard appointed PCTF Oversight Committee; committee met in May, July and October; annual progress report provided*
2014	*Committee met in July, August, and October; annual progress report provided*
2015	*Committee met in April, July, and September; annual progress report provided*
2016	*Committee met in April, July, and September; annual progress report provided*
2017	*Committee met in April, July, and November; annual progress report provided*
2018	*Committee met in May, July, and October; final report provided*

TASK FORCE PERFORMANCE METRICS

- ✓ Clearinghouse established within DOH to provide South Dakota healthcare workforce demographic and employment information
  Efforts to develop a comprehensive data collection system were unsuccessful.

- ✓ Oversight committee established under the direction of the Governor
  See Activities above.

- ✓ Annual progress report provided by oversight committee to Governor, Board of Regents, and Legislature by November 1st of each year
  See Activities above. Copies of annual reports can be found at https://doh.sd.gov/PrimaryCare/.

Recommendations

The final report of the Primary Care Task Force and Oversight Committee highlights the significant accomplishments made in addressing the Governor's charge to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – with a particular emphasis on rural areas. However, the work is not done. The PCTF Oversight Committee has identified some key areas it believes warrant future exploration and attention.

1. Remove barriers to innovative strategies for using telehealth/connected health technology to enhance primary care access and services and support efforts within IHS, Veterans Administration, and other systems to maximize use of telehealth services.

2. Support primary care providers through development of tools to care for behavioral health issues as an integrated component of primary care services, including inclusion of suicide prevention, medication assisted treatment, and expanded utilization of primary care providers in managing and treating addictions.

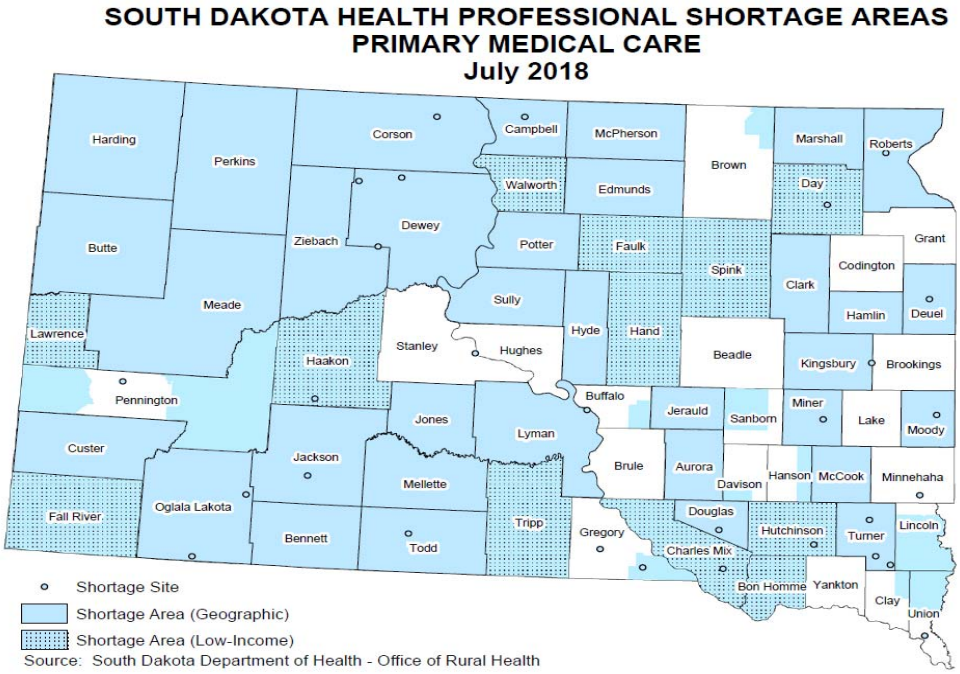
3. Continually assess and review state recruitment assistance programs (e.g., Recruitment Assistance Program and Rural Healthcare Facilities Recruitment Assistance Program) to ensure they remain competitive in terms of funding and service expectations with recruitment incentives offered by other states and private sector programs.

4. Leverage workforce capacity and need data from healthcare systems to project future healthcare workforce needs and ensure healthcare education programs are prepared to meet market demands.

5. Advocate, support and expand recruitment into rural primary care through new and existing primary care, OB/GYN, and psychiatry residency programs, the Frontier and Rural Medicine (FARM) program and Rural Experiences for Health Professions Students (REHPS) program.

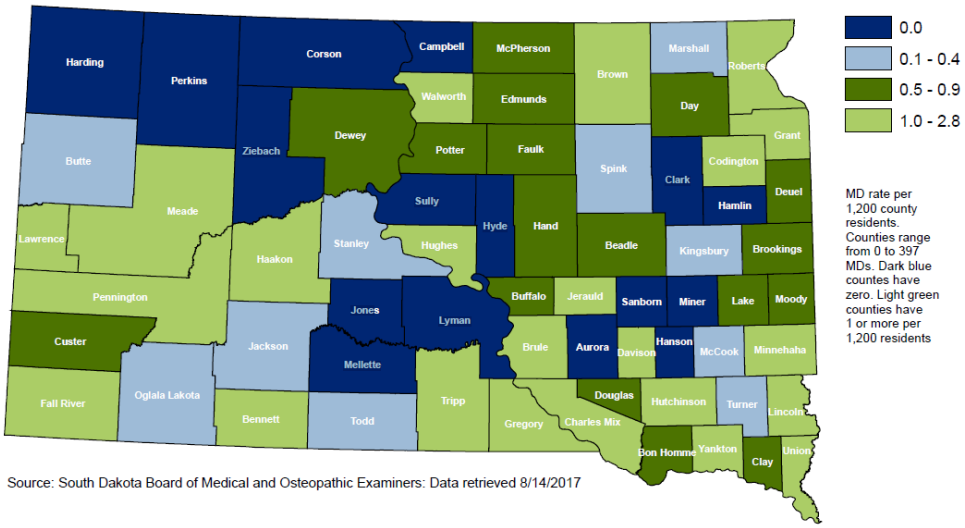
Appendices

Primary Care Provider Distribution in South Dakota

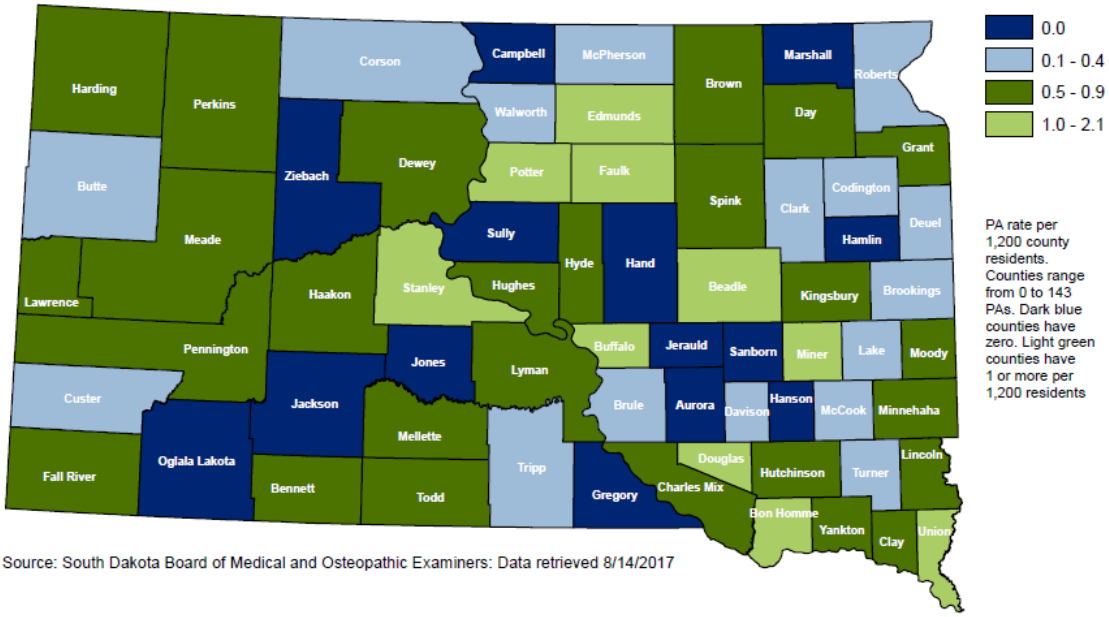


HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, FQHC or other public facility).

Total Primary Care Physician Distribution in South Dakota Counties
1,282 Primary Care MDs in South Dakota

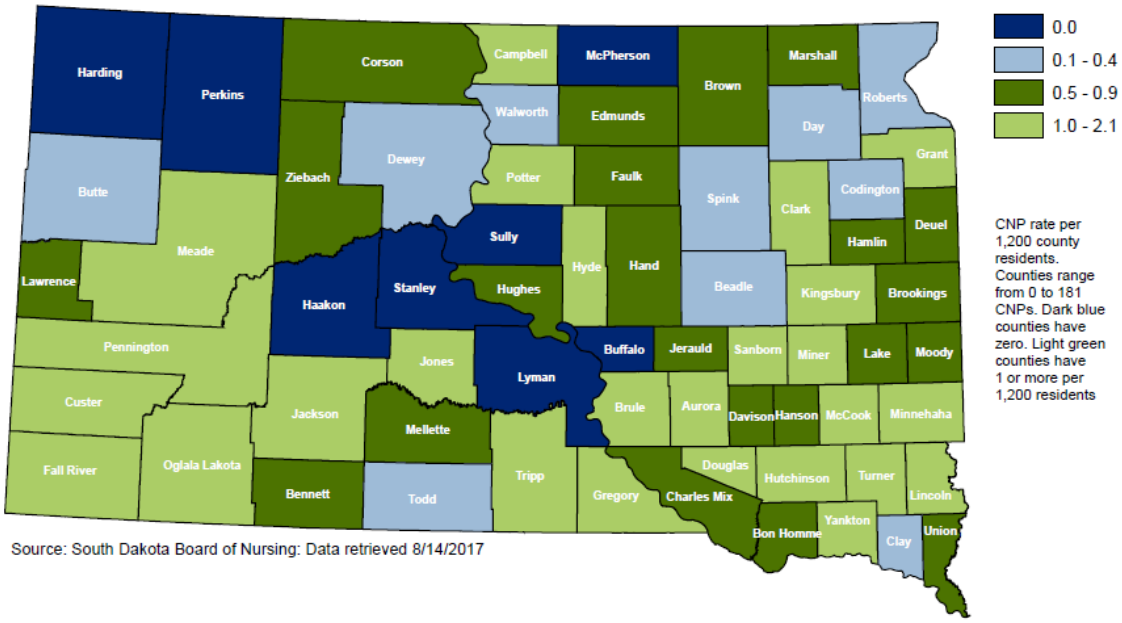


Physician Assistant Distribution in South Dakota Counties
513 Physician Assistants in South Dakota



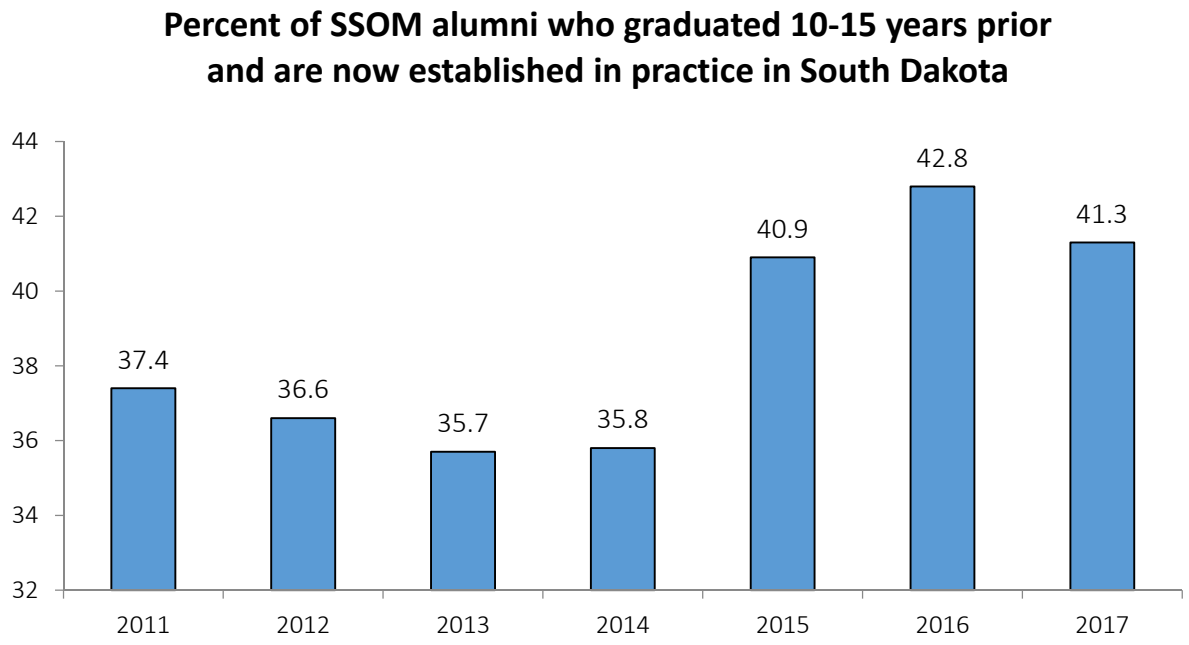
Source: South Dakota Board of Medical and Osteopathic Examiners: Data retrieved 8/14/2017

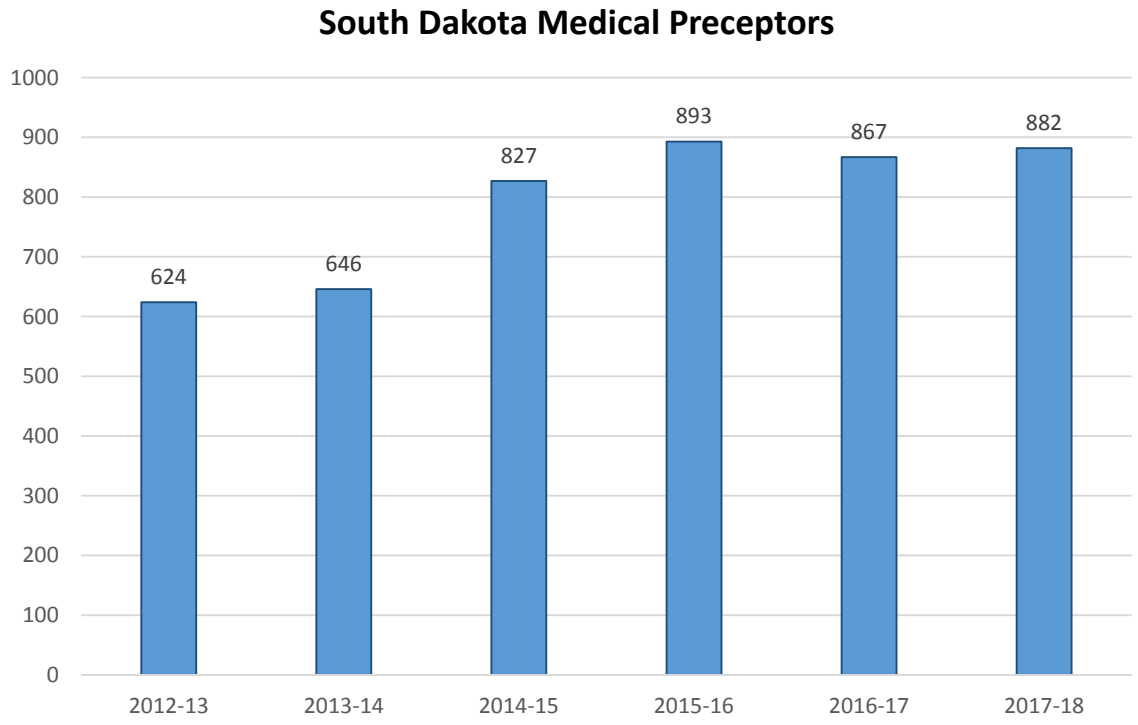
Certified Nurse Practitioner Distribution in South Dakota Counties
742 Certified Nurse Practitioners in South Dakota



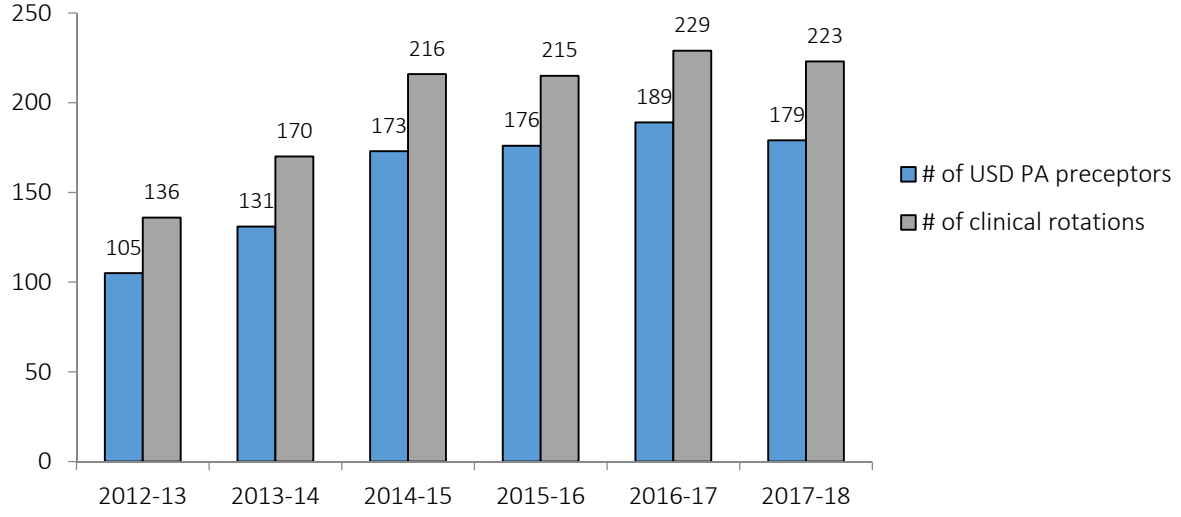
Source: South Dakota Board of Nursing: Data retrieved 8/14/2017

Capacity of Healthcare Educational Programs Indicators

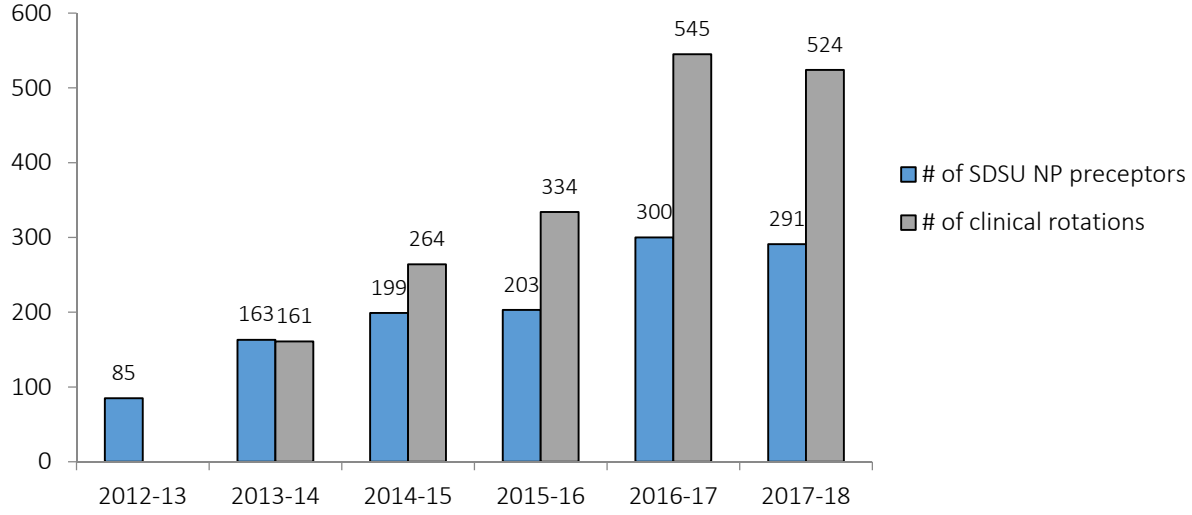




South Dakota Physician Assistant Preceptors



South Dakota Nurse Practitioner Preceptors

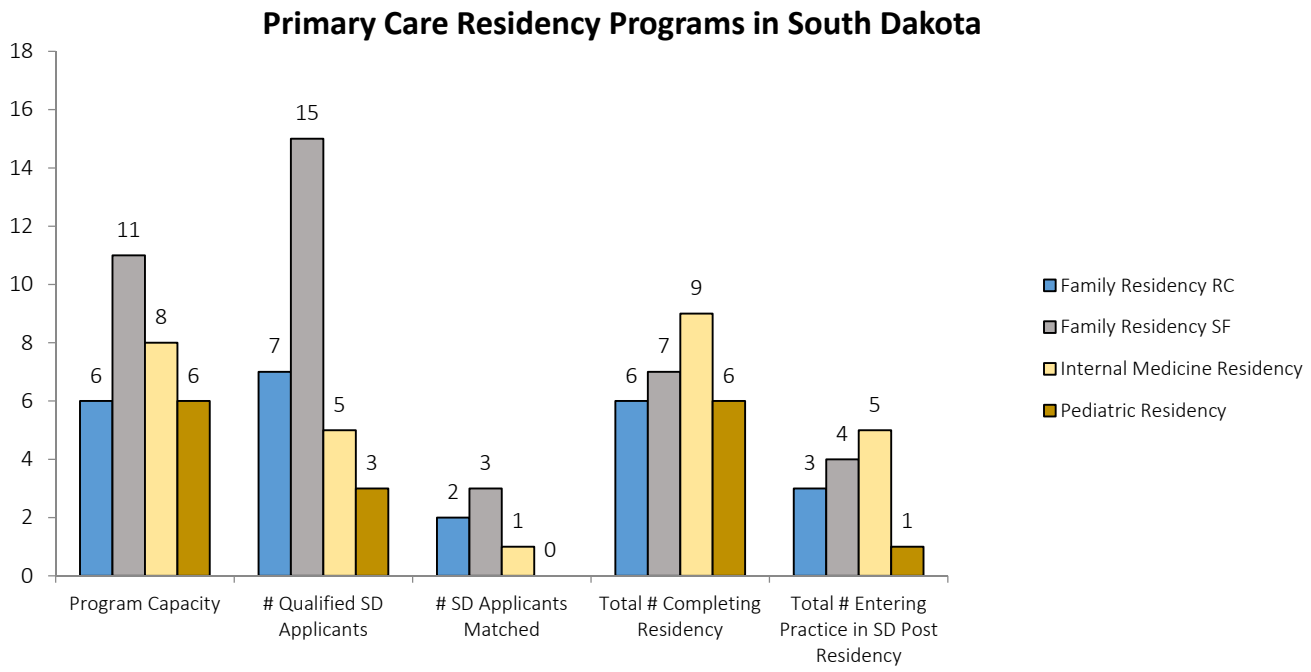


Quality Rural Health Experiences Indicators

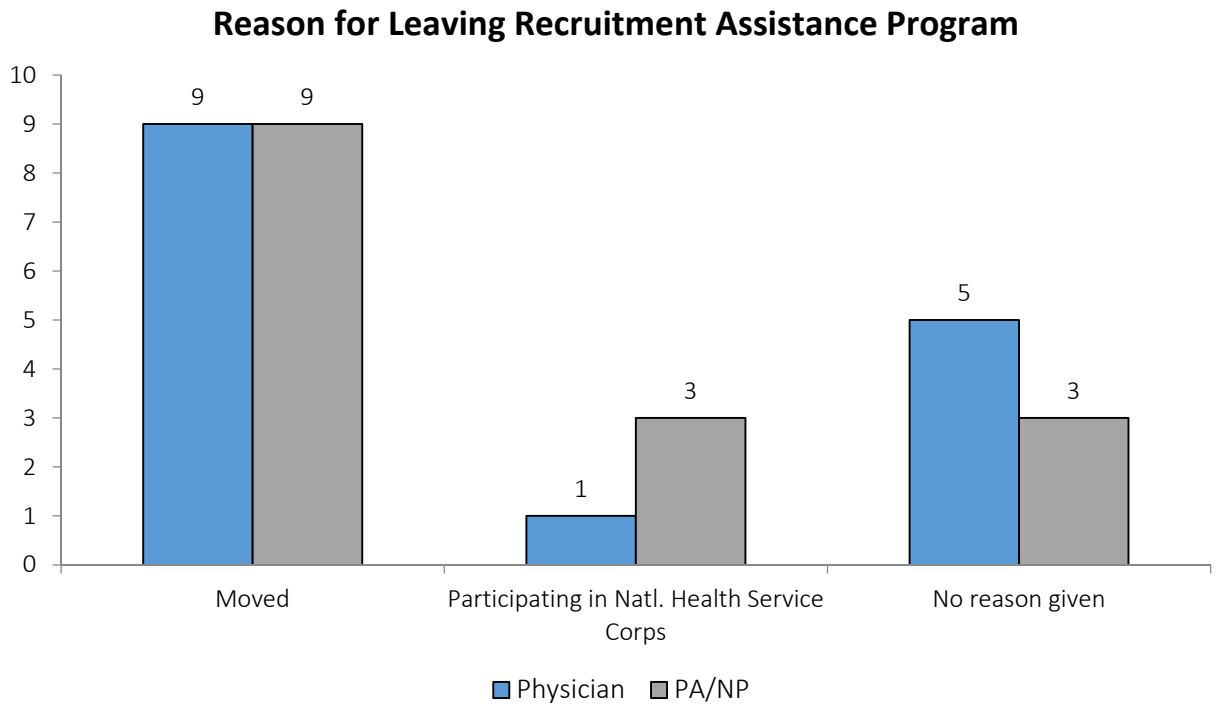
Participation in Rural Experiences for Health Professions Students (REHPS) Program

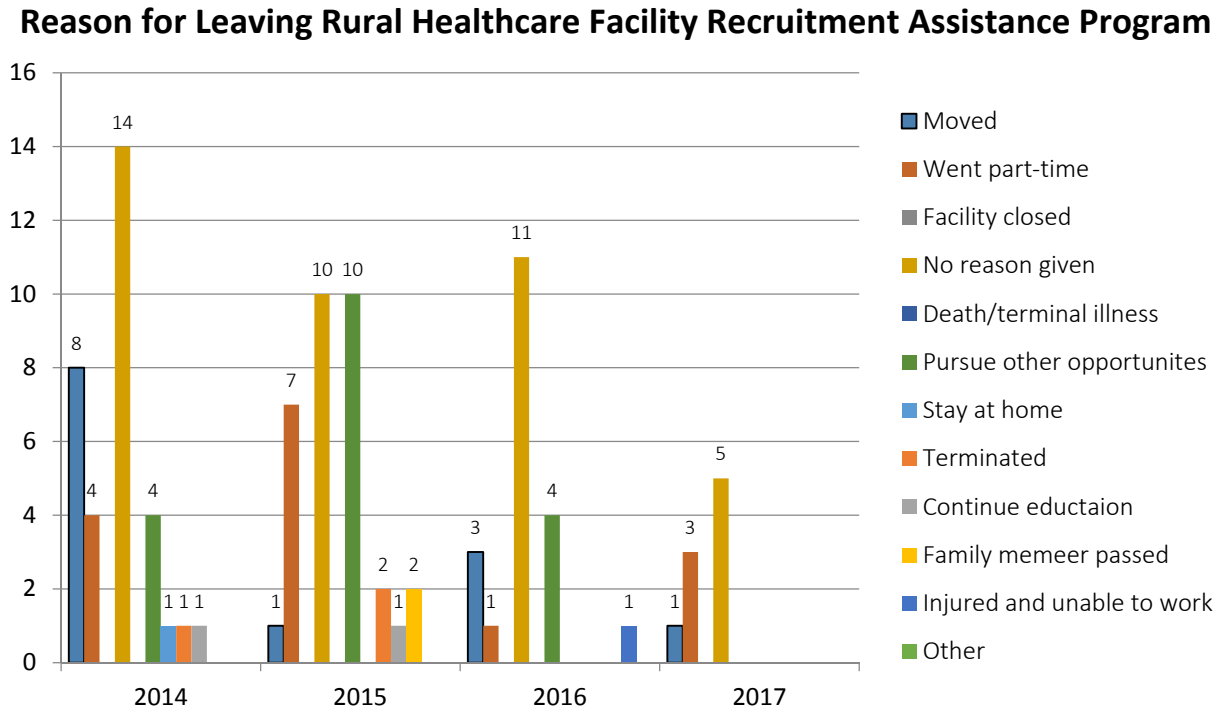
Community	2011	2012	2013	2014	2015	2016	2017	2018	Total
Bowdle				PH, PH	PH, PA	PH, PA	PH, PA	PH, ASMD	10
Britton							PH, ASMD	PT, MLS	4
Canton					MLS, PA				2
Chamberlain					PH, CP	MLS, ASMD	MSW, PA	PH, CP	8
Custer			PH, PA	PH, NP	PH, MD	PH, PA	MLS, MD		10
Faulkton						MSW, MD			2
Freeman							MSW, PA		2
Hot Springs					PH, PA	PH, NP	PH, MD	PH, CP	8
Huron								PH, NP	4
Martin							PH, MD	PH, PA	4
Miller			PH, MD	PH, NP	PH, PA	PH, MD	PH, MD	PH, NP	12
Parkston	PH,	PH, NP	PH, MD	PH, MD	CP, MD	PH, MD	MLS, CP	PH, MD	16
Philip		PH, PA		PH, PA	PH, MD	PH, PA	MLS, PA	MLS, MD	12
Platte			PH, MD	PH	MLS,	PH, NP	PH, MD	PH, PT	11
Redfield	PH,	PH, MD	PH, MD	PH, MD	PH, PA	PH, ASMD	CP, NP	PH, MD	16
Scotland								PH, PT	4
Sisseton			PH, MD		MSW, NP	PH, MD	PH, MD	PH, PA	10
Sisseton Britton				PH, MD					2
Sturgis					PH, MSW	PH, PA	PH, PA	PH, NP	8
Wagner		PH, MD	PH, PA	PH, MD	PH, MD	CP, PA			10
Webster				PH, NP	PH, ASMD				4
Wessington Springs	PH, PA	PH, MD	PH, NP						6
Winner		PH, PA	PH, NP	PH, PH	PH, MD	MLS, ASMD	MLS, NP	PH, MD	14
TOTAL	6	12	18	21	30	28	30	30	175

ASMD – Alumni Scholar Medical
MSW – Master of Social Work
CP – Clinical Psychology
NP – Nurse Practitioner
MD – Medical
PA – Physician Assistant
MLS – Medical Lab. Science
PH – Pharmacy

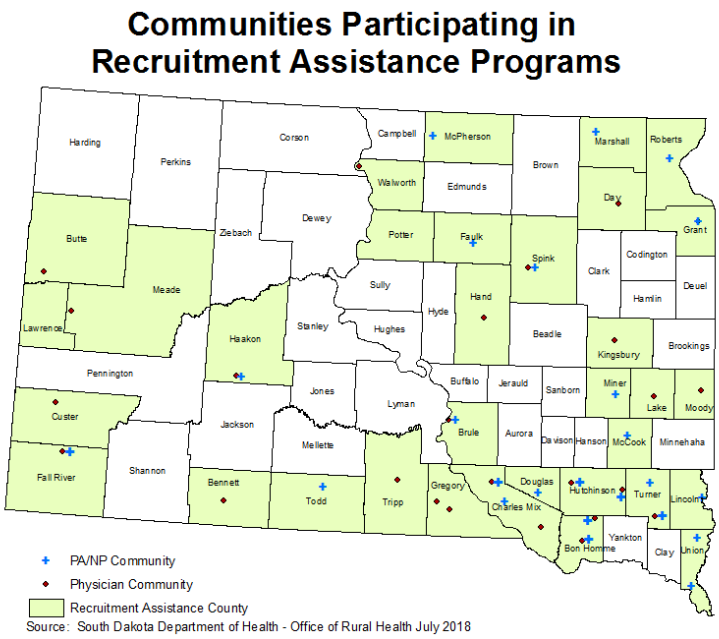

Primary Care Residency Programs in South Dakota
18
16
14
12
10
8
6
4
2
0
6
11
8
6
7
15
5
3
2
3
1
0
6
7
9
6
3
4
5
1
Program Capacity
Qualified SD Applicants
SD Applicants Matched
Total # Completing Residency
Total # Entering Practice in SD Post Residency
Family Residency RC
Family Residency SF
Internal Medicine Residency
Pediatric Residency

Recruitment and Retention Indicators





Communities Participating in Recruitment Assistance Programs, 2018



Physician Communities
Belle Fourche
Burke
Chamberlain
Custer
Flandreau
Freeman
Gregory
Hot Springs
Madison
Martin
Milbank
Miller
Mobridge
Parkston
Philip
Platte
Redfield
Scotland
Sturgis
Tyndall
Viborg
Wagner
Webster
Winner

PA/NP Communities
Alcester
Armour
Britton
Canton
Chamberlain
DeSmet
Elk Point
Eureka
Faulkton
Flandreau
Freeman
Geddes
Hot Springs
Howard
Lake Andes
Milbank
Mission
Parker
Parkston
Platte
Phillip
Redfield
Salem
Scotland
Sisseton
Tyndall
Viborg

2018 Rural Healthcare Facility Recruitment Assistance Program

	Hospital	Nursing Facility	TOTAL
Dietitian	1		1
LPN		10	10
Medical Laboratory Scientist	3		3
Occupational Therapist	2		2
Physical Therapist	6		6
Radiologic Technologist	3		3
Respiratory Therapist	1		1
RN	29	14	43
Speech Therapist	1		1
TOTAL	46	24	70