

Governor Daugaard's Primary Care Task Force Oversight Committee



Annual Report
November 2013

Executive Summary

The healthcare workforce continues to remain 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 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. The Task Force also developed metrics within each area to measure progress and success in maintaining and strengthening the state's primary care system. 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:

Deborah Bowman, Senior Advisor, Governor's Office, Chair
Robert Allison, MD, South Dakota State Medical Association, Pierre
Senator Corey Brown, District 23, Gettysburg
Gail Gray, Ed.D., 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 2013 Primary Care Task Force Oversight Committee Annual Report highlights activities and accomplishments over the past year within each of the five areas recommended by the original Task Force. While some areas have seen significant activity and progress, other areas will require more long term development of strategies and action steps to accomplish their objectives. Key metrics have been highlighted within several of the recommendation areas to show progress while information for all metrics is provided in the appendix to this report. Significant accomplishments in 2013 include:

- ❖ *USD Sanford School of Medicine (SSOM) Expansion* - In order to develop an adequate supply of physicians in South Dakota, the state must look at the healthcare workforce

pipeline. Prior to the formation of the original Task Force, Governor Daugaard recommended and the Legislature approved \$1,070,011 in the FY 13 budget to expand the SSOM class size from 52 to 56 students per year (16 students total) beginning with the 2012-2013 class. A request for information (RFI) was issued in the spring of 2013 to existing SSOM campus locations regarding their ability to take additional students to support a larger class size. Based on the response to the RFI, the Board of Regents has included \$1.1 million in their FY 15 budget request to expand the SSOM class size by 11 students per year (44 students total).

- ❖ *Frontier and Rural Medicine (FARM) Program* – Included in the FY13 SSOM expansion was funding to establish the FARM program. FARM is a rural training track program which 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. In 2013, nine current second year medical students applied to the FARM program and six students were selected to participate in the communities of Milbank, Mobridge, Parkston, Platte, and Winner. These students will begin in the summer of 2014.
- ❖ *USD Physician Assistant (PA) Program Expansion* – In FY13, Governor Daugaard also requested, and the Legislature approved, \$132,698 to expand the capacity of the PA program from 20 students (10 resident/10 non-resident) to 25 students (20 resident/5 non-resident) beginning with the 2013 school year.
- ❖ *PA Preceptors* – The FY 14 budget included \$455,440 for payments to South Dakota providers serving as preceptors to PA students. Comparing the first rotation (Oct.-Nov.) of the PA Class of 2014 to the same rotation for the PA Class of 2013, there was a 38.5% increase in the number of South Dakota providers serving as PA preceptors. The Board of Regents has included \$260,000 in their FY 15 budget request to support payments to South Dakota providers serving as preceptors to nurse practitioner (NP) students.
- ❖ *Medical Resident License* – Beginning July 1, 2013, a potential barrier in South Dakota licensure law was removed for medical residents to allow them to practice in healthcare facilities, particularly in rural areas, during their residency. SB 118 established a medical resident license which will not only provide additional practice opportunities for medical residents during their training but will allow South Dakota communities to develop relationships with residents as part of the recruiting process. Since July 1st, 142 medical resident licenses have been issued in South Dakota. The medical resident license replaces the resident training permit and resident certificate which were previously issued.
- ❖ *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 2012, all 60 slots were filled for the Rural Healthcare Facility Assistance Program. In FY13, five of the 15 physician slots were filled and five of the 15 PA/NP slots were filled (2 PAs/3 NPs).

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 Task Force made six recommendations specific to capacity of healthcare education programs.

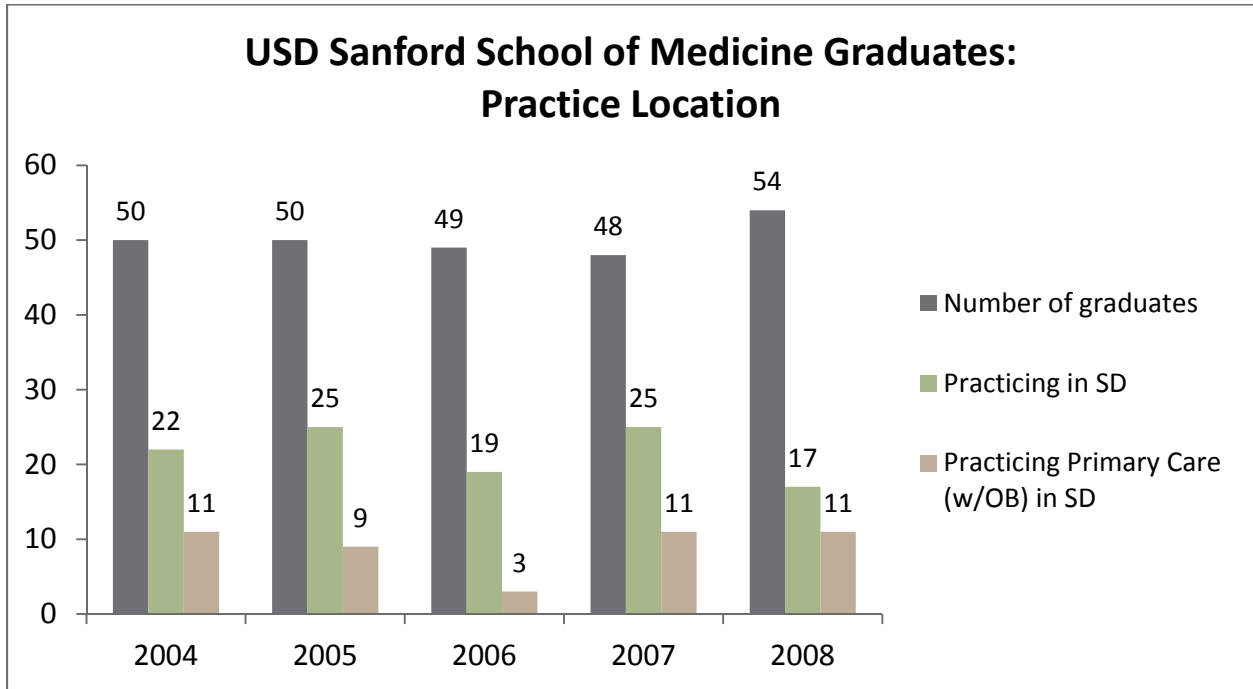
Recommendations:

- ❖ Provide payments to South Dakota providers serving as preceptors to PA and NP students
- ❖ Coordinate physician/PA/NP preceptor opportunities and other non-monetary incentives for South Dakota providers serving as preceptors
- ❖ Issue Request for Information (RFI) to identify third year campus location(s) for potential expansion of Sanford School of Medicine (SSOM) class size
- ❖ Promote collaboration between primary care residency programs, Rural Experiences for Health Professions Students (REHPS) and Frontier and Rural Medicine (FARM) programs
- ❖ Develop further primary care residencies in South Dakota
- ❖ Lead development of interprofessional education for healthcare students in South Dakota



Activity	Status
FY 2014 approved budget included \$455,440 for payments to South Dakota PA preceptors	Completed
FY 2015 Board of Regents (BOR) budget request includes \$260,000 for payments to South Dakota NP preceptors	In progress
Certificates sent from Governor to South Dakota physicians recognizing their service as SSOM physician preceptors	Completed
Survey conducted of South Dakota physicians indicated strong support for teaching of physician, PA, and NP students	Completed
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
RFI sent to existing SSOM campus locations indicated all willing to take additional students to support larger SSOM class size	Completed
FY 2015 BOR budget request includes \$1.1 million for expansion of SSOM class size by 11 students per year (44 total students)	In progress

Key Metrics



South Dakota Physician Assistant Preceptors

South Dakota Preceptors Class of 2013 – Rotation #1 (Oct.-Nov.)		South Dakota Preceptors Class of 2014 – Rotation #1 (Oct.-Nov.)	
Beresford	1	Armour	1
Brookings	1	Brookings	1
Fort Pierre	1	Custer	1
Howard	1	Dakota Dunes	1
Huron	1	Fort Meade	1
Martin	1	Fort Pierre	1
Rapid City	1	Harrisburg	1
Scotland	1	Mitchell	1
Sioux Falls	1	Mobridge	1
Sisseton	1	Parkston	1
Vermillion	3	Redfield	1
		Scotland	1
		Selby	1
		Sioux Falls	2
		Vermillion	2
		Yankton	1
Total # of PA Preceptors in SD	13	Total # of PA Preceptors in SD	18
% of Rotations in SD	63%	% of Rotations in SD	82%

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 Task Force made recommendations for better coordination of the experiences for both students and communities.



Recommendations:

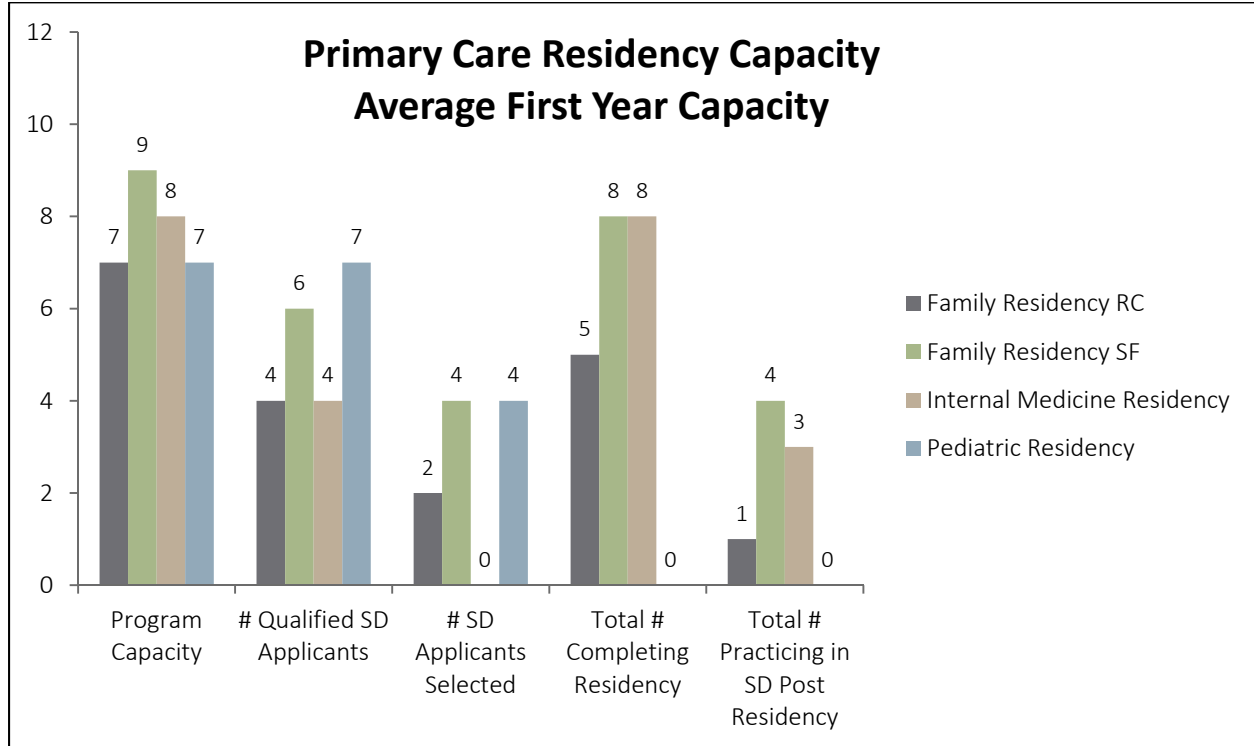
- ❖ Develop clearinghouse in Department of Health (DOH) Office of Rural Health of rural health experiences for students, facilities, and communities
- ❖ Expand REHPS, FARM and other programs to expose healthcare students to rural medical practice
- ❖ Maximize training opportunities for family medicine residents in rural communities and on reservations
- ❖ Collaborate with Aberdeen Area Indian Health Services (AAIHS) to facilitate medical resident training opportunities

Activity	Status
Researching potential software systems to match healthcare professional students to healthcare facilities that have the capacity to accept clinical students	Initiated
First clinical FARM sites selected (Milbank, Mobridge, Parkston, Platte, and Winner)	Completed
Nine first year medical students from class of 2016 applied to the FARM program and 6 students were selected to participate	In progress
FY 2015 DOH budget request includes \$148,540 to continue the REHPS program for 24 students in 12 rural or frontier communities	In progress
Establish a 4-week preceptorship for 2 nd year medical students at Pine Ridge IHS	Discussions initiated
Rapid City Regional Family Medicine Residency Program working with AAIHS to create a rotation at Pine Ridge and/or Rosebud IHS facility	Initiated
Sioux Falls Family Medicine Program reviewing collaborative agreement with AAIHS to permit IHS as a site for elective rural residency rotation as well as future rural training track site	Initiated
Increased first-year residency slots by 33% over past 2 years by adding positions to existing residencies and starting new residencies in Surgery and Pediatrics; there are now 48 first-year positions available in 6 specialties	Completed and ongoing

Key Metrics

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

Community	REHPS Site	# of REHPS Students
Custer	2013	2
Miller	2013	2
Parkston	2011, 2012, 2013	6
Philip	2012	2
Platte	2013	2
Redfield	2011, 2012, 2013	6
Sisseton	2013	2
Wagner	2012, 2013	4
Wessington Springs	2011, 2012, 2013	6
Winner	2012, 2013	4
TOTAL	10 unique REHPS sites	36 students



*Data for Family Medicine and Internal Medicine Residencies are based on a 10-year average (2003-2004 to 2012-2013). Data for the Pediatric Residency Program are based on a 2-year average (2011-2012 to 2012-2013). Since the Pediatric Residency Program began in 2011, no residents have yet completed the residency program.

Recruitment and Retention

South Dakota has well-established programs designed to recruit primary care providers to rural areas. However the Task Force identified the need to coordinate efforts to encourage healthcare students and professionals to return to South Dakota to practice as well as remove potential barriers in licensure laws that potentially prohibited medical residents from practicing in some instances in rural healthcare facilities.



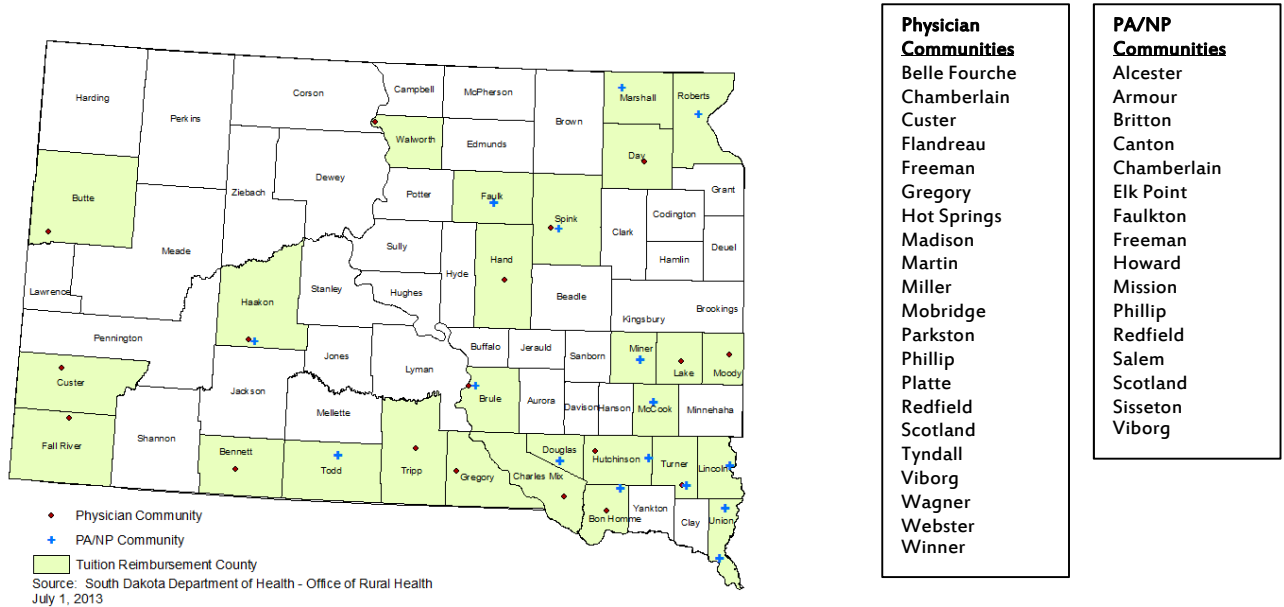
Recommendations:

- ❖ 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
- ❖ Provide for licensure of medical residents

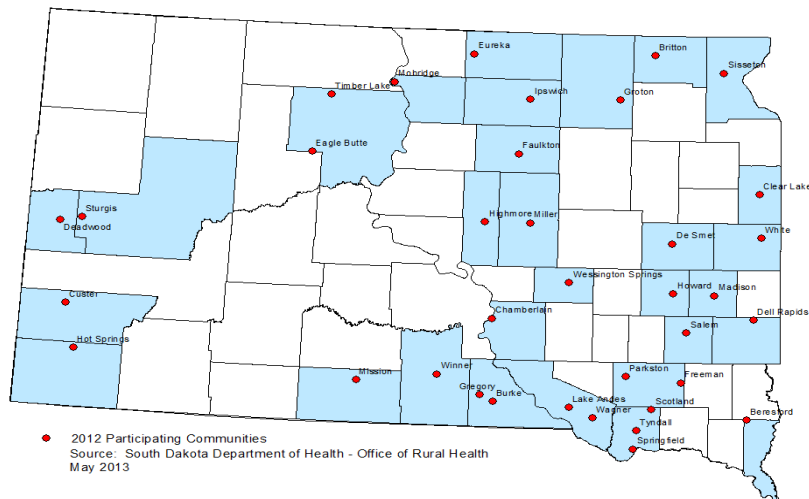
Activity	Status
All 60 slots in Rural Healthcare Facility Recruitment Assistance Program filled in 2012; 2013 applications currently being accepted	Ongoing
5 of the 15 physician recruitment assistance program slots and 5 of the 15 PA/NP recruitment assistance program slots are currently filled	Ongoing
Scheduled 16 Scrubs Camps for the 2013-14 school year (up from 5 in 2007-08) to provide one-day, hands-on health career awareness opportunities for high school students	In progress (completed April 2014)
Over 165 high school students participated in the Health Occupations Students of America (HOSA) State Leadership Conference in April 2013 aimed at nurturing interest in healthcare careers among students	Completed
Enhance marketing efforts through <i>Dakota Roots</i> to encourage healthcare providers to seek employment in South Dakota	Initiated
Center for Physician Resources established by SD State Medical Association to provide information/support to physicians to assist with patient care and help physicians reach personal/professional goals; 2013 activities included 3 live events, 2 webinars, 9 published articles, 3 whitepapers, and 33 legal briefs. Initial programming has focused on financial services (i.e., contracts and employment agreements, medical school loans, etc.).	Initiated and ongoing
Passed SB 118 during 2013 legislative session to provide for licensure of medical residents	Completed and ongoing

Key Metrics

Communities Participating in Recruitment Assistance Programs



Communities Participating in Rural Healthcare Facility Recruitment Assistance Program (2012)



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 by the Task Force.

Recommendations:

- ❖ Maximize use of telehealth
- ❖ Develop interprofessional collaborative practice as the standard of care
- ❖ 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 partnership to fund new models of primary care



Activity	Status
Partnered with Great Plains Telehealth Resources Center to link South Dakota healthcare providers with the appropriate telehealth resources	Ongoing
Held Interprofessional Education Summit in Chamberlain in August to develop strategies to provide opportunities where healthcare students and future practitioners learn to work together to improve patient outcomes and develop a “collaborative ready” healthcare workforce in South Dakota	Completed
Provided \$18,000 to sponsor coding/billing education for 19 Critical Access Hospitals (CAH)	Completed
Provided \$58,200 to four CAHs for operational and financial assessments	Completed

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. The Task Force identified the need for a system to provide for timely, accessible, and comparable healthcare education and workforce data to help make decisions. The Task Force also supported 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
Developed 78 additional metrics to augment key metrics established by the Task Force	Completed
Establish mechanism and timeline for the collection of data to measure progress in meeting the metrics established by the Task Force and Oversight Committee	Discussions initiated
Establish partnership between DOH, BOR, and the Departments of Labor & Regulation, Education, 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	In progress
Implement collection of minimum data sets for South Dakota health professional licensing boards	Initiated
Oversight Committee met three times in 2013 – May 1 st , July 31 st , and October 1 st	Completed
2013 Primary Care Task Force Oversight Committee annual report provided to Governor, Board of Regents, and Legislature	Completed

Appendices – Performance Metrics

For many of the metrics, work is still underway to identify a data source or make modifications to existing data sources to collect the needed information. In other instances, data sources will have to be created.

Capacity of Healthcare Education Programs

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

Baseline:

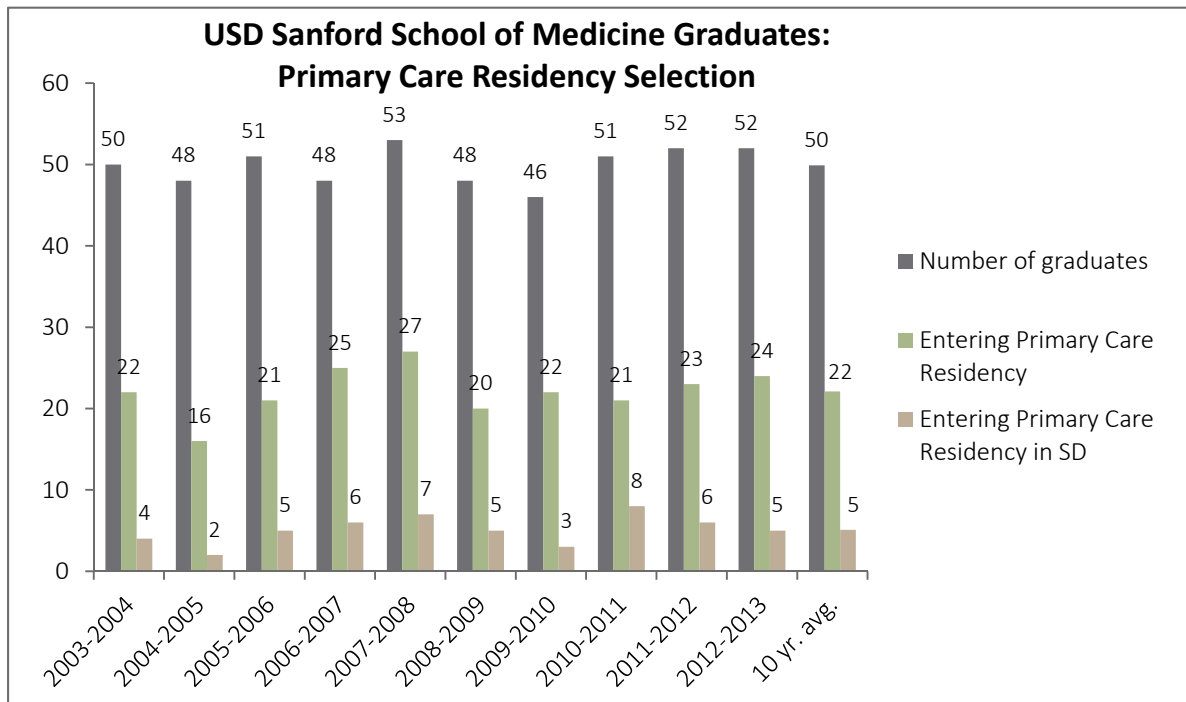
- Physicians – 624 preceptors in FY 2013
- Physician Assistants – 142 South Dakota-based preceptors for all 10 rotations in 2013 (total number of preceptors = 216)
- Nurse Practitioners – 104 preceptors participated in NP education in 2013

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

Baseline:

- USD Sanford School of Medicine: Fall 2013 entering class (56 + 2 M.D./Ph.D. students) – 45 South Dakota residents/13 non-resident
- USD PA Program: Fall 2013 entering class – 20 resident/5 out-of-state residents (starting with 2013-14 school year)
- SDSU NP Program – Fall 2013 entering class – 16 South Dakota residents/7 out-of-state residents

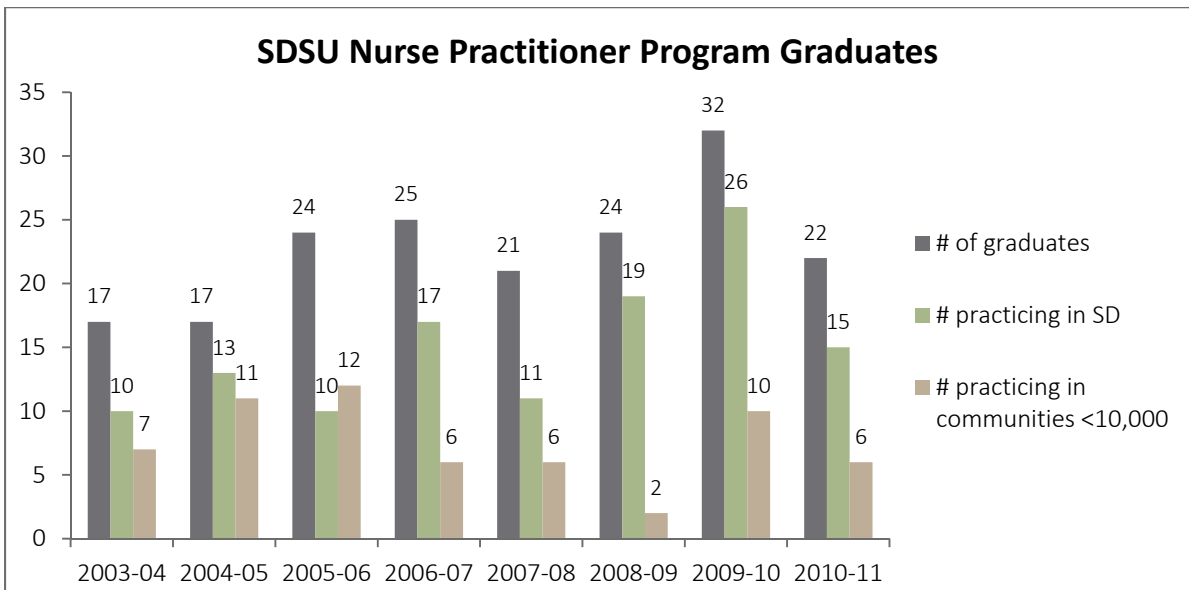
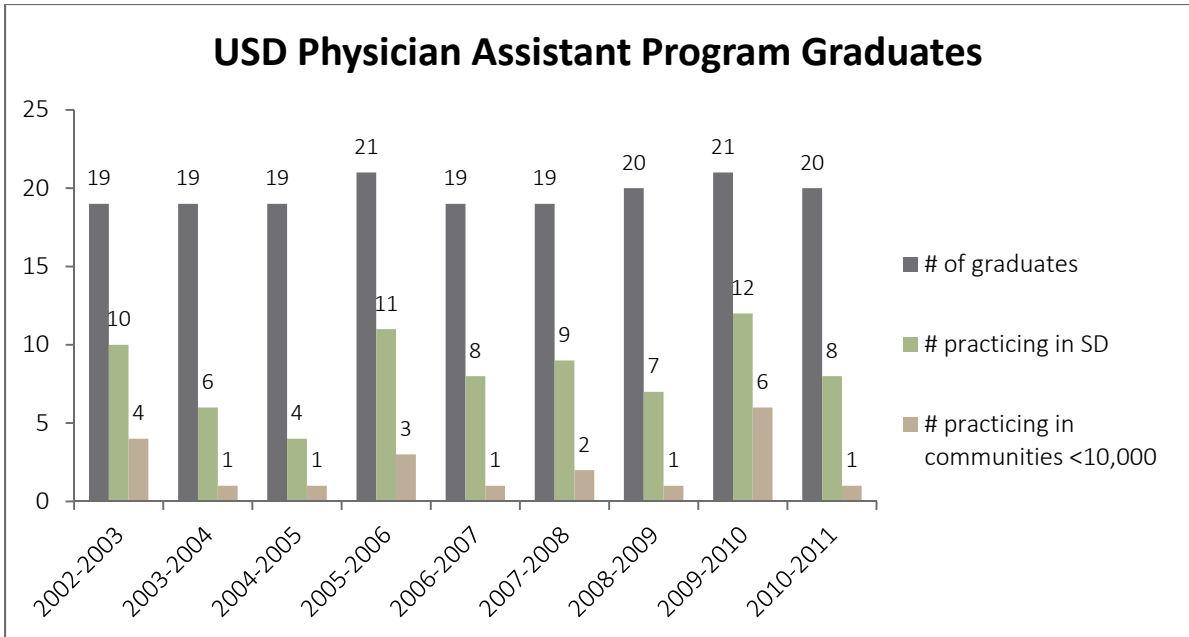
- Increase the proportion of new SSOM graduates choosing a primary care residency



- 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 particular in a rural or underserved area



Quality Rural Health Experiences

- Increase the number of students participating in REHPS and FARM
 - Baseline:
 - REHPS – 36 students in 10 unique communities since 2011
 - FARM – 6 students in 5 communities in 2014
- 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

Baseline:

- REHPS – 36 students in 10 unique communities since 2011

Program/Graduation Date	Placement	Rural
Nurse Practitioner (2013)	Sioux Falls VA	
Physician Assistant (2011)	Huron/Horizon Health CHC	X
Physician Assistant (2012)	Philip Hospital	X
Physician Assistant (2012)	Platte Hospital	X
Pharmacy (2013)	Paulina, Iowa	X
Pharmacy (2013)	Pharmerica	
Pharmacy (2013)	Lewis Drug/Float	
Pharmacy (2013)	Avera Residency	

- 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
 - Baseline:
 - Rural Healthcare Facility Recruitment Assistance Program: All 60 slots were filled in 2012 representing 8 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacists, physical therapist, and radiologic technician)
 - Recruitment Assistance Program: In FY 13 there are 5 physicians, 2 PAs, and 3 NPs under contract
- Increase the number of rural facilities utilizing recruitment assistance programs
 - Baseline: 36 communities participated in the Rural Healthcare Facility Recruitment Assistance Program in 2012
- Increase the percentage of incentive program participants remaining at practice site upon completion of commitment
 - Baseline: Since 1997, 23 physicians have fulfilled their commitment and 14 (59%) of those are still practicing in the original community
 - Baseline: 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
- Legislation passed to remove potential barrier for medical residents to practice
Baseline: SB 118 passed during the 2013 legislative session to establish a medical resident license; currently 142 active medical resident licenses (law effective July 1, 2013); placement 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: Initial data from licensing boards is scheduled to be available by November 2014
- Oversight committee established under the direction of the Governor
Baseline: 9-member Primary Care Oversight Committee appointed and met three times in 2013 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: Initial annual report submitted on November 1, 2013