



Governor Daugaard's Primary Care Task Force Oversight Committee

Annual Report – November 2016

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EXECUTIVE SUMMARY

The healthcare workforce is a priority and a challenge in South Dakota. The need for physicians and other health professionals will only increase as the state's population ages and there are more people with chronic health conditions.

To address this challenge, Governor Dennis Daugaard appointed a Primary Care Task Force in 2012 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. Recommendations were developed 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. One of the key recommendations was the establishment of an 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.

The 2016 Primary Care Task Force Oversight Committee Annual Report highlights activities and accomplishments over the past year. Key metrics have been highlighted within several of the recommendation areas to show progress while information for all metrics is provided in the Appendix.

Key Highlights

- ❖ **Family Medicine Residency Program Rural Training Track** – The Governor's FY 17 recommended budget approved by the Legislature included \$205,000 for one-time start-up funds for a rural residency track in Pierre to add six additional family

Oversight Committee Members

Kim Malsam-Rysdon, Chair, Secretary of Health/Governor's Office

Robert Allison, MD, SD State Medical Association, Pierre

Senator Alan Solano, District 32, Rapid City

Sandy Diegel, President & CEO, John T. Vucurevich Foundation, Rapid City

Mary Nettleman, MD, Dean, USD Sanford School of Medicine

Michael Rush, Ed.D., Executive Director, SD Board of Regents

Senator Billie Sutton, District 21, Burke

Gale Walker, CEO, Avera St. Benedict's Healthcare Center, Parkston

medicine residency slots in the state (2 per year). The rural training track would be part of the Sioux Falls Family Residency Program (Center for Family Medicine) with students spending the first year of residency at the main residency site and moving to the Pierre site for years two and three. Once established, the program would be funded by state/federal Medicaid Graduate Medical Education funds, third party billing by second and third year residents, and local contributions. Target date for accreditation is the summer of 2017 with the first students accepted into the residency program in March 2018.

- ❖ **Frontier and Rural Medicine (FARM) Program** – FARM is a rural training track program that provides third year medical students with a nine-month clinical training in a rural community with the ultimate goal of increasing the number of primary care physicians practicing in rural South Dakota. Three additional FARM sites were added – Vermillion (starting February 2016), Pierre (starting February 2017) and Spearfish (starting February 2017). The first FARM students graduated in May 2016 and four of the five students matched to a Family Medicine residency program. The second FARM class is in their final year of medical school and will match to residency programs in March 2017. Pierre and Spearfish will officially come on board as FARM sites in February 2017 bringing the total number of FARM sites to 8 to accommodate 9 FARM students.
- ❖ **Recruitment Programs** – Improving access to rural health care is a key component of Governor Dugaard’s South Dakota Workforce Initiatives (SD WINS). Two key programs of SD WINS are the Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) and the Recruitment Assistance Program. Both programs are designed to help small, rural communities (less than 10,000 population) that do not have as many resources as larger communities. In 2016, all 60 RHFRAP slots were filled. For the Recruitment Assistance Program, 14 of 15 physician slots and 15 of 15 PA/NP (4 PA/11 NP) slots were under contract in FY 16.
- ❖ **Nursing Workforce** – In 2016, the Oversight Committee looked at nursing workforce challenges – both the capacity of nursing education programs as well as recruitment and retention of nurses. While nursing education program capacity is adequate at this time, the need was identified to focus efforts on pipeline and getting more students interested in nursing careers. There is also a need to develop more partnerships with health care facilities and nursing education programs to provide nursing students with more exposure to rural experiences through such programs at the Clinical Enrichment Program that provides nursing students with opportunities to practice in rural areas, including long term care facilities.

More detailed information about the work of the original Primary Care Task Force as well as the Primary Care Oversight Committee can be found at <http://doh.sd.gov/PrimaryCare/>.

Capacity of Healthcare Education 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. There needs to be an adequate number of healthcare students getting in the pipeline and training/education programs must have the capacity to prepare additional primary care providers.

Recommendations:

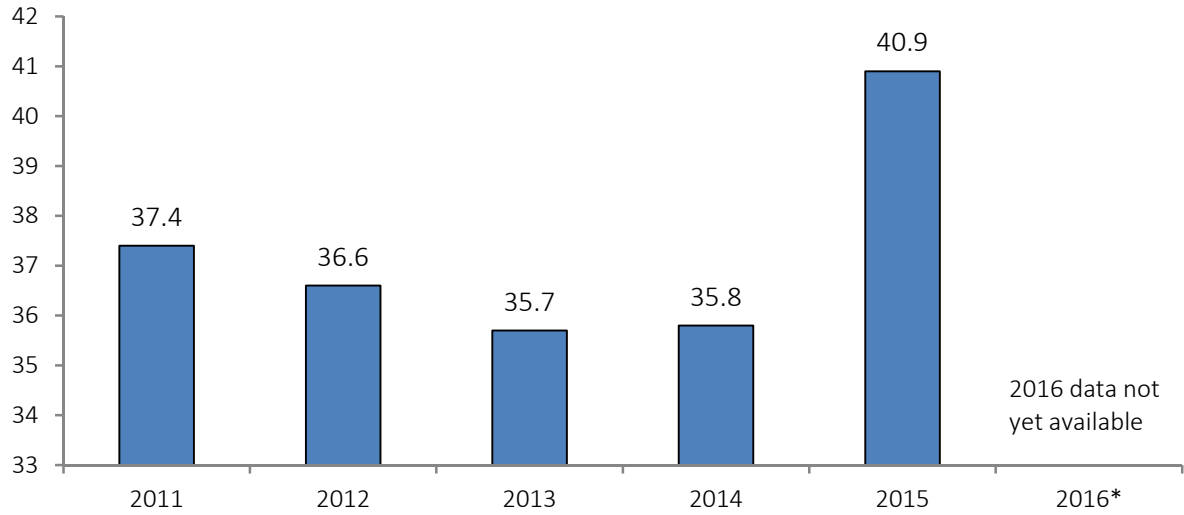
- ❖ Coordinate physician, PA, and NP preceptor opportunities and other non-monetary incentives for South Dakota providers serving as preceptors.
- ❖ Develop further primary care residencies for South Dakota.
- ❖ Lead development of interprofessional education for healthcare students in South Dakota.



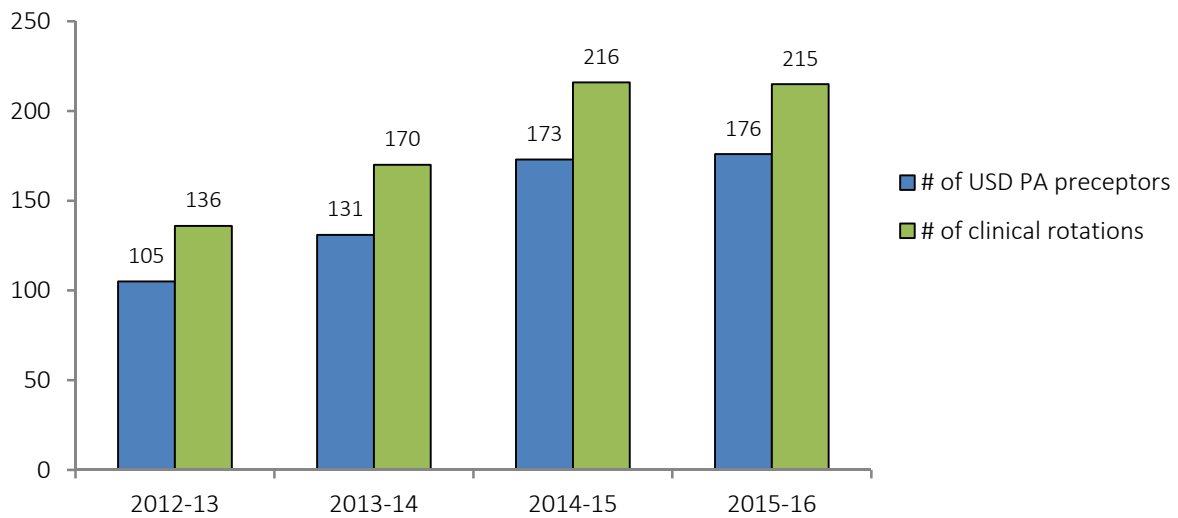
Activity	Status
Provide payments to South Dakota providers serving as preceptors for PA and NP students	There was a 27% increase in the number of rotations with South Dakota PA preceptors from FY 14 to FY 15. The number of clinical rotations for South Dakota PA preceptors was 215 for 2015-16 (216 in 2014-15). The number of NP preceptors in South Dakota increased from 199 in the 2014-15 school year to 203 in the 2015-16 school year.
Provide non-monetary incentives to South Dakota providers serving as physician/PA/NP preceptors	During the 2015-16 school year, incentives included free access to electronic library, faculty appointment, access to faculty development programs, ability to be nominated for awards, free email access, ability to be promoted, and thank you notes from students to preceptors.
Encourage SSOM students to enter South Dakota-based primary care residency programs	Of the 61 SSOM students in the 2016 class, 27 students will enter primary care residencies and 14 will be in South Dakota residencies. All of South Dakota residencies filled.
Establish a rural family medicine residency track in Pierre, South Dakota	FY 17 approved budget included \$205,000 for one-time start-up funds for a rural residency track in Pierre. Target date for accreditation of the rural training track is the summer of 2017 with the first students accepted into the residency program in March 2018.
Monitor status of nursing education and demand for nurses in South Dakota	SDSU College of Nursing and USD School of Nursing provided information on nursing education programs and capacity. Capacity appears to be sufficient at this time.

Key Metrics

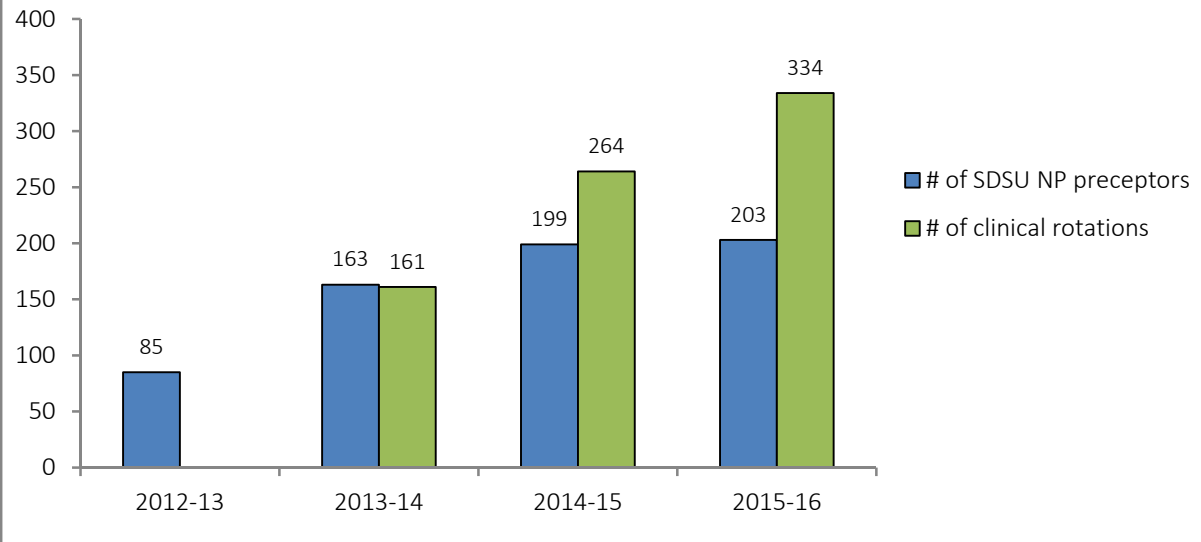
Percent of SSOM alumni who graduated 10-15 years prior and are now established in practice in South Dakota



South Dakota Physician Assistant Preceptors



South Dakota Nurse Practitioner Preceptors



Clinical rotation numbers not available for 2012-13. 2015-16 data represents preceptors used in the Summer 2015, Fall 2015, and Spring 2016 for Sioux Falls and Rapid City students.

Quality Rural Health Experiences

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



Recommendations:

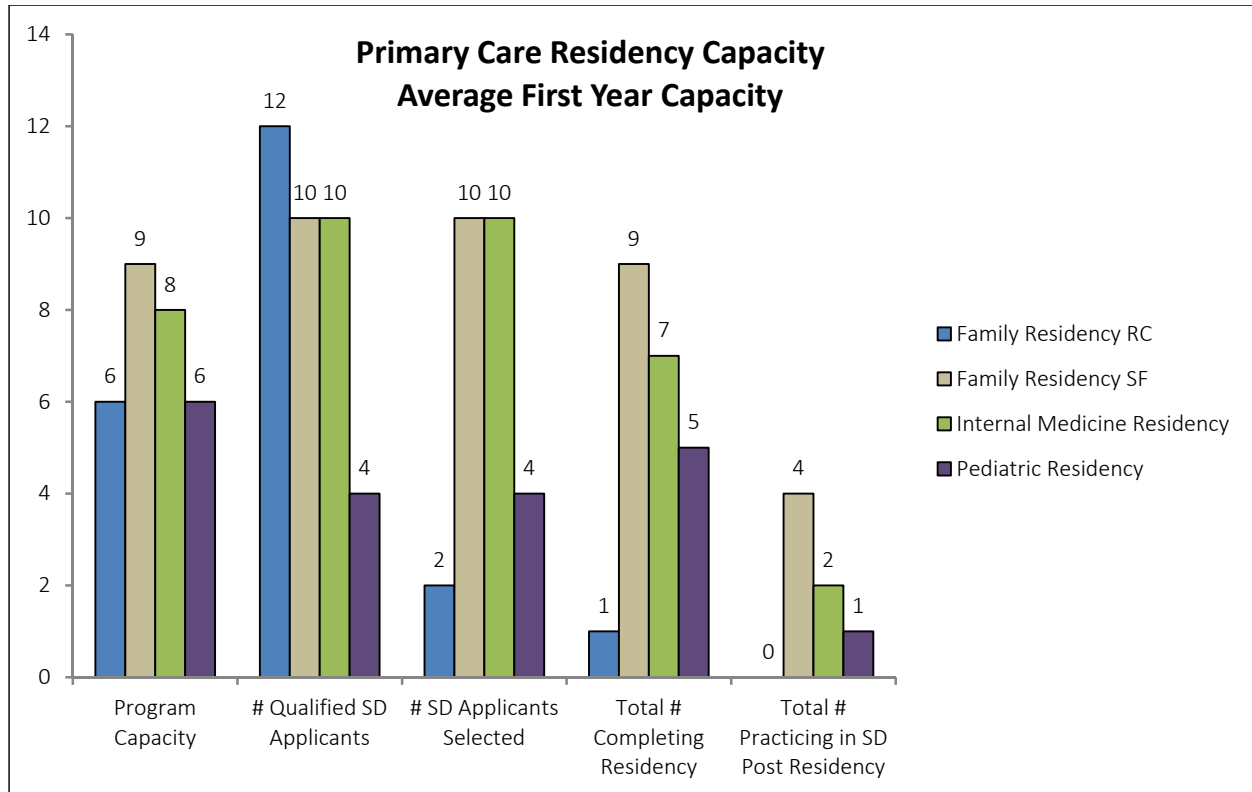
- ❖ Develop clearinghouse in the DOH Office of Rural Health (ORH) of rural health experiences for students, facilities, and communities.
- ❖ Expand and enhance opportunities for medical/PA/NP students and residents to gain exposure to medical practice in rural communities and reservation areas through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

Activity	Status
Pilot <i>myclinicalexchange.com</i> to match healthcare professional students to healthcare facilities that have the capacity to accept clinical students	Pilot completed with Avera and Sanford with NP and PA students registering and being matched to a facility for their clinical rotation. The SDSU NP program participated in the pilot for its NP students. Participants have expressed a desire to continue working toward complete implementation of a clinical clearinghouse. This decision will lie with each respective facility.
The third class of FARM students started March 2016 in the communities of Milbank, Mobridge, Parkston, Platte, Winner (2 students), and Vermillion. Pierre and Spearfish will come on board as FARM sites starting with the fourth class starting in March 2017.	The first cohort of FARM students graduated in May 2016 with 4 of the 5 in Family Medicine Residency Programs, with one of them negotiating with his host community to potentially return there to practice. The second cohort of FARM students will match to residency programs in March 2017.
Supported REHPS which provides a student stipend of \$4,000/student and includes students in medical, pharmacy, PA, NP, clinical psychology, master in social work, and medical laboratory science.	FY 17 approved budget included \$218,540 to the DOH for REHPS. Twenty-eight students were placed in 14 rural/ frontier communities in FY 17. There were 51 applicants for the available slots. Students represented 7 disciplines (pharmacy – 10, medical – 7, PA - 5, clinical psychology – 1, social work – 1, med lab science – 2, and NP – 2). Community sites included Bowdle, Chamberlain, Custer, Faulkton, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, and Winner.

Key Metrics

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

Community	2011	2012	2013	2014	2015	2016	Total
Bowdle				2	2	2	4
Canton					2		2
Chamberlain					2	2	2
Custer			2	2	2	2	6
Faulkton						2	
Hot Springs					2	2	2
Miller			2	2	2	2	6
Parkston	2	2	2	2	2	2	10
Philip		2		2	2	2	6
Platte			2	1	2	2	5
Redfield	2	2	2	2	2	2	10
Sisseton			2		2	2	4
Sisseton/Britton				2			2
Sturgis					2	2	2
Wagner		2	2	2	2	2	8
Webster				2	2		4
Wessington Springs	2	2	2				6
Winner		2	2	2	2	2	8
TOTAL	6	12	18	21	30	28	115



*Data for Family Medicine and Internal Medicine Residencies are based on a 10-year average (2006-2007 to 2015-2016). Data for the Pediatric Residency Program are based on a 4-year average (2012-2013 to 2015-2016).

Recruitment and Retention

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

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



Recommendations:

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

Activity	Status
Promote RHFAP to eligible facilities and professions	All 60 slots filled in 2015; 2016 applications being accepted for waitlist.
Promote the Recruitment Assistance Program to eligible facilities and professions	14 of 15 physician slots and 15 of 15 PA/NP (4 PA/11 NP) slots under contract in FY 16.
Coordinate Scrubs Camps (one-day, hands-on health career awareness opportunities for high school students) and Camp Meds (hands-on health career learning opportunities for middle school students)	21 Scrubs Camps for 1,093 students were held in the 2015-16 school year (19 camps for 1,345 students in 2014-15). Nine Camp Meds were held in 2015-16 for 1,950 students (9 camps for 2,163 students in 2014-15).
The SD HOSA-Future Health Professionals student organization works to nurture and encourage health career aspirations for South Dakota students	665 SD HOSA student members in 2015-16 (508 students in 2014-15). Over 500 members attended the annual state HOSA Leadership Conference (NLC) in April 2016 and 92 members attended HOSA’s International Leadership Conference in 2016.
Work with <i>Dakota Roots</i> to encourage healthcare providers to seek employment in South Dakota	On June 30, 2016, 1,676 out-of-state job seekers registered with SDWORKS indicated they are seeking work in the healthcare industry. Of this total, 50 job seekers are active (received services from DLR within the past 90 days)
SD State Medical Association Center for Physician Resources established to provide information/support to physicians	Developed and offered two webinar series to provide physicians with resources/tools to be successful – one on clinical risk migration series (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.). To support physicians in their treatment and management of patients suffering from chronic, non-cancer pain – which can often be difficult in rural settings, SDSMA developed and distributed a

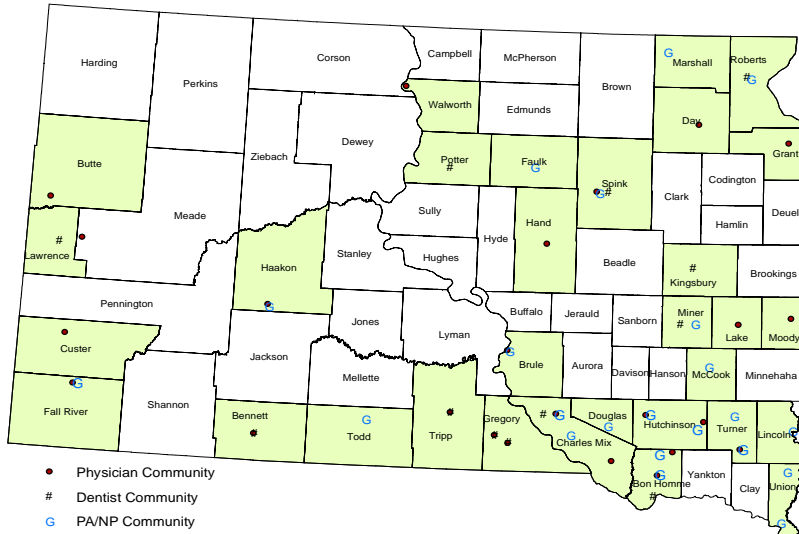
white paper on *Opiate Analgesics for Chronic Non-Cancer Pain*; a *Checklist for Prescribing Opiates for Chronic, Non-Cancer Pain*; and a special issue of our journal, *South Dakota Medicine*, titled, *Addressing the Challenges of Prescribing Controlled Drugs*. The SDSMA advocated in support of legislation that allocates state funds to reimburse certain health care professionals who commit to practicing in a rural health care facility, and continues to work towards the development of a Leadership Institute to prepare physicians to lead transformation of healthcare delivery.

Provide for licensure of medical residents in South Dakota

64 resident licenses issued in 2016; 5 medical residents utilized license to moonlight in South Dakota (down from 14 in 2015 and 11 in 2014).

Key Metrics

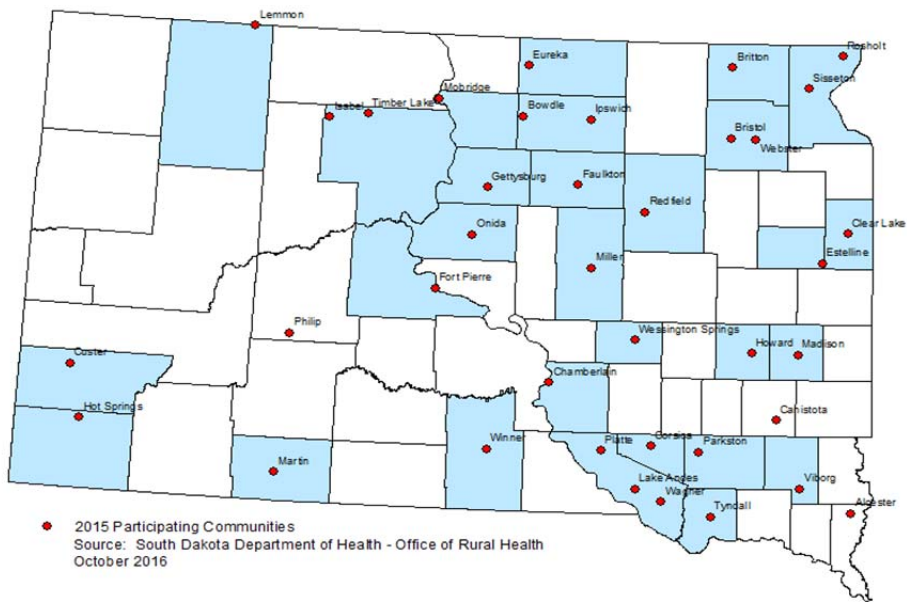
Communities Participating in Recruitment Assistance Programs



Source: South Dakota Department of Health - Office of Rural Health
October 2016

- | Physician Communities | PA/NP Communities |
|------------------------------|--------------------------|
| Belle Fourche | Alcester |
| Burke | Armour |
| Chamberlain | Britton |
| Custer | Canton |
| Flandreau | Chamberlain |
| Freeman | DeSmet |
| Gregory | Elk Point |
| Hot Springs | Faulkton |
| Madison | Freeman |
| Martin | Geddes |
| Milbank | Hot Springs |
| Miller | Howard |
| Mobridge | Lake Andes |
| Parkston | Mission |
| Phillip | Parker |
| Platte | Parkston |
| Redfield | Platte |
| Scotland | Phillip |
| Sturgis | Redfield |
| Tyndall | Salem |
| Viborg | Scotland |
| Wagner | Sisseton |
| Webster | Tyndall |
| Winner | Viborg |

Communities Participating in Rural Healthcare Facility Recruitment Assistance Program (2015)



Source: South Dakota Department of Health - Office of Rural Health
October 2016

Innovative Primary Care Models

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



Recommendations:

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

Activity	Status
Identify barriers to use of telemedicine in South Dakota	Participated in the Great Plains Telehealth Resource and Assistance Center (GPTRAC) Advisory Committee which monitors telehealth utilization and regulatory barriers in a six state region.
Formed the South Dakota Interprofessional Education and Practice Collaborative (SD-IPEC) which has a triple aim focus of reducing per capita costs, improving population health, and improving the patient care experience	USD, representing the SD-IPEC, has a signed agreement with the National Center for Interprofessional Practice and Education and is part of the Nexus Innovations Network which is a national research partnership to test new models and methods of integrating health care practice and education. USD will serve as the hub for interprofessional research occurring throughout the state and involves partners from SDSU, DSU, Augustana, Avera Health and Sanford Health. The SD-IPEC currently has three ongoing projects approved by NEXUS. The second SD-IPEC Summit will be held in August 2017.
Provide funds to Critical Access Hospitals (CAHs) for coding/billing education and operational/financial assessments and improvement projects	\$18,000 provided to 12 CAH hospitals for coding/billing education and \$157,800 to 11 CAHs for assessments/ improvement projects in 2016.

Accountability and Oversight

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



Recommendations:

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

Activity	Status
Establish system for the collection of data to measure progress in meeting the metrics established by the Task Force and Oversight Committee	DOH programs, SSOM, Family Medicine residency programs, and licensing boards reporting data for established metrics.
Establish partnership between DOH, Department of Labor & Regulation and Department of Social Services to develop a Workforce Development Quality Initiative (WDQI) to collect uniform licensure data from professional licensing boards	Working with licensing boards to upload and review uploaded results.
Oversight Committee met three times in 2016 – April 20 th , July 20 th , and September 14 th	Annual report provided to Governor, Board of Regents, and Legislature.

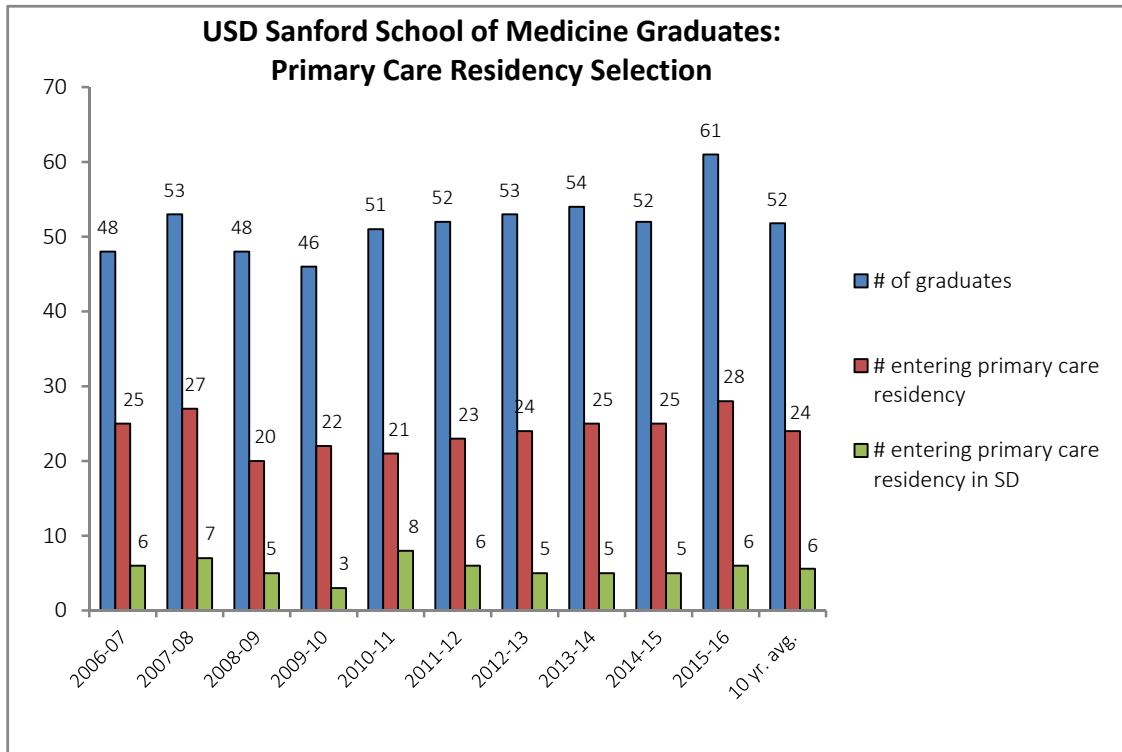
Appendix – Performance Metrics

Capacity of Healthcare Education Programs

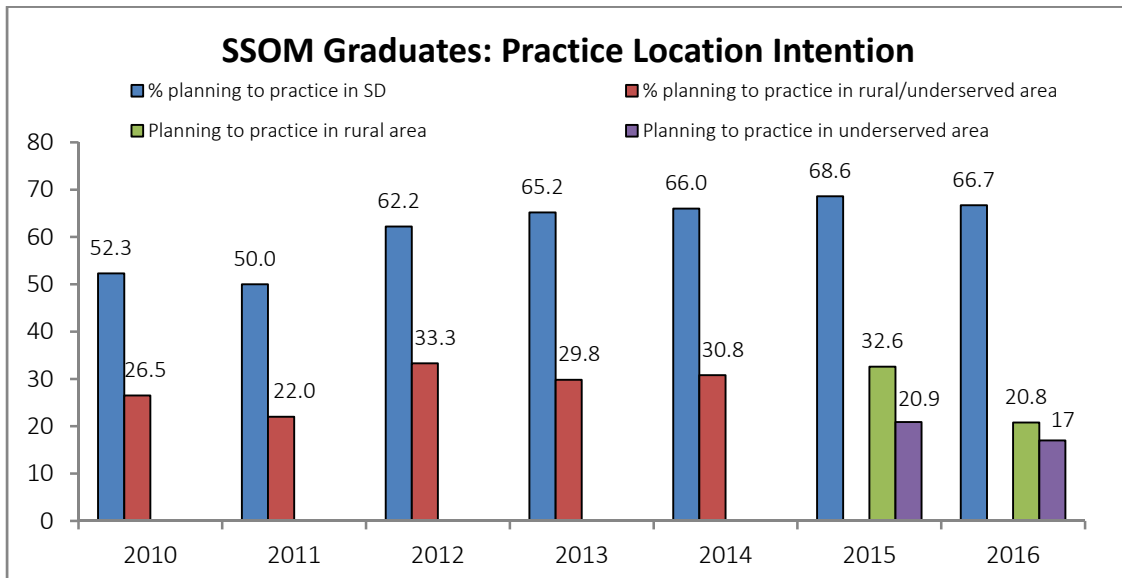
- Increase the number of preceptors for medical, PA, and NP students in South Dakota
 - Physicians:**
 - FY 2013 (Baseline): 624 South Dakota-based preceptors
 - FY 2014: 646 South Dakota-based preceptors
 - FY 2015: 827 South Dakota-based preceptors
 - FY 2016: 1380 South Dakota-based preceptors
 - Physician Assistants:**
 - 2013 (Baseline): 105 South Dakota-based preceptors
 - 2014: 131 South Dakota-based preceptors
 - 2015: 173 South Dakota-based preceptors
 - 2016: 176 South Dakota-based preceptors
 - Nurse Practitioners:**
 - 2013 (Baseline): 85 South Dakota-based preceptors
 - 2014: 163 South Dakota-based preceptors
 - 2015: 199 South Dakota-based preceptors
 - 2016: 203 South Dakota-based preceptors

- Increase the proportion of students in primary care education programs who are from South Dakota
 - USD Sanford School of Medicine:**
 - Fall 2013 Entering Class: 45 South Dakota residents/13 non-residents
 - Fall 2014 Entering Class: 48 South Dakota residents/8 non-residents
 - Fall 2015 Entering Class: 57 South Dakota residents/11 non-residents
 - Fall 2016 Entering Class: 56 South Dakota residents/10 non-residents
 - USD PA Program:**
 - Fall 2013 Entering Class: 20 residents/5 non-residents
 - Fall 2014 Entering Class: 20 residents/5 non-residents
 - Fall 2015 Entering Class: 20 residents/5 non-residents
 - Fall 2016 Entering Class: 21 residents/4 non-residents
 - SDSU NP Program:**
 - Fall 2013 Entering Class: 16 South Dakota residents/7 non-residents
 - Fall 2014 Entering Class: 26 South Dakota residents/13 non-residents
 - Fall 2015 Entering Class: 34 South Dakota residents/9 non-residents
 - Fall 2016 Entering Class: 34 South Dakota residents/9 non-residents

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

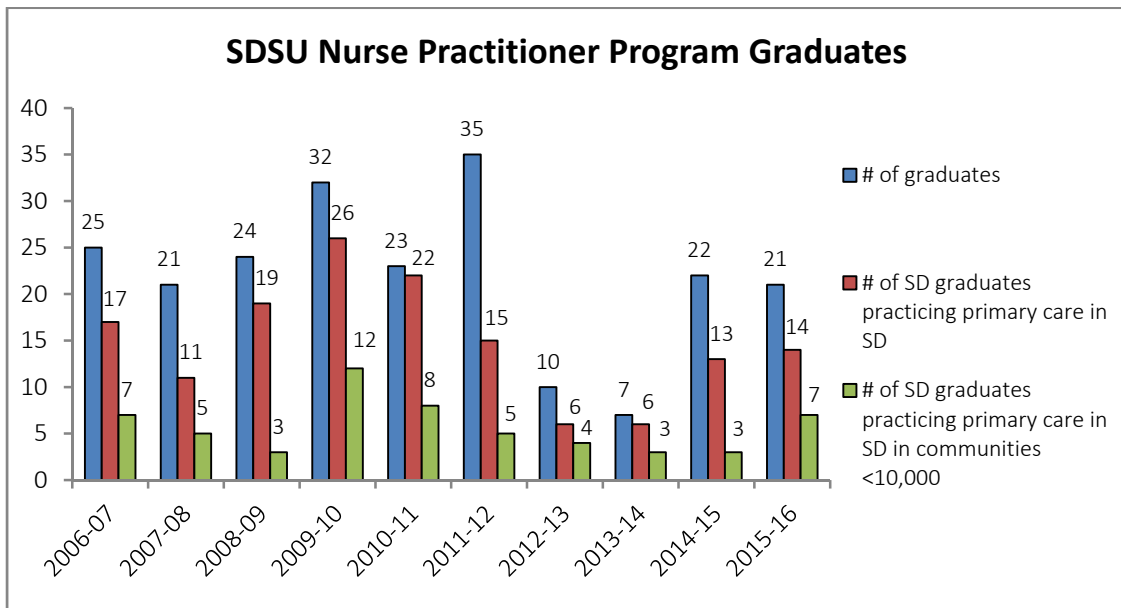
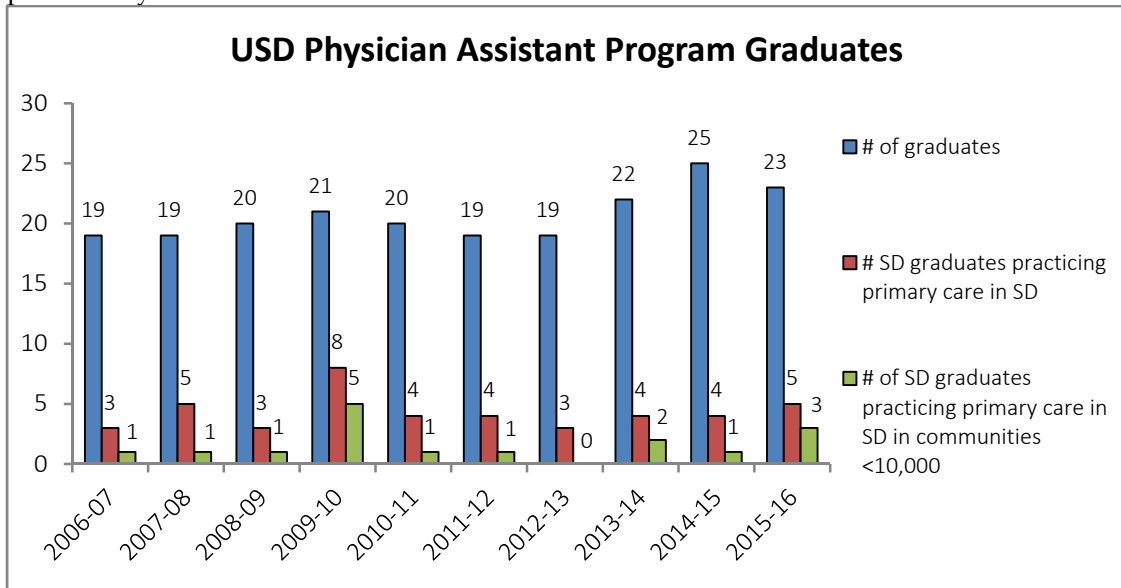


- Increase the proportion of new SSOM graduates and/or medical residents stating their intention to practice primary care in South Dakota, particularly in a rural or underserved area



Data for 2015 and 2016 represent the combined proportion of those graduates answering two questions – planning to practice in a rural (<10,000) and planning to practice in underserved area. Prior years' data was based on a single question regarding intent to practice in rural or underserved area.

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



Quality Rural Health Experiences

- Increase the number of students participating in REHPS and FARM

REHPS:

- 2011 (Baseline): 6 students in 3 unique communities
- 2012: 12 students in 6 unique communities
- 2013: 18 students in 9 unique communities
- 2014: 21 students in 11 unique communities
- 2015: 30 students in 15 unique communities
- 2016: 28 students in 14 unique communities

FARM:

- 2013 (Baseline): 9 applicants for 6 slots in 5 communities (in communities beginning July 2014)
- 2014: 6 applicants for 6 slots in 5 communities (in communities beginning February 2015)
- 2015: 8 applicants for 7 slots in 6 communities (Vermillion will start in 2016)
- 2016: 9 applicants for 9 slots in 9 communities (Pierre and Spearfish start in 2017)

- Increase the number of FARM students choosing primary care residency
 - Baseline: Four of the five FARM students graduating from medical school in May 2016 matched in a family medicine residency program.
- Increase the number of REHPS/FARM students ultimately practicing primary care in South Dakota, particularly in a rural area

REHPS:

Participation Year	# of Graduates	# Practicing In SD	# Practicing in Rural SD	# Completing Residency
2011	5	5	1	1
2012	9	6	4	3
2013	13	11	3	4
2014	12	8	0	5
2015	10	8	0	
2016	5	3	2	
Total	54	41	10	13

FARM:

Graduation Date	# of Graduates	# Practicing In SD	# Practicing in Rural SD	# Completing Residency
2016	5			

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

Recruitment and Retention

- Increase the number of practitioners participating in community and recruitment assistance programs
Rural Healthcare Facility Recruitment Assistance Program:
 - FY 2012 (Baseline): All 60 slots filled representing 8 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, and radiologic technician)

- FY 2013: All 60 slots filled representing 9 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, respiratory therapist, and radiologic technician)
- FY 2014: All 60 slots filled representing 9 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, respiratory therapist, radiologic technician, and occupational therapist)
- FY2015: All 60 slots filled representing 5 different professions (RN/LPN, medical laboratory scientists, medical laboratory technicians, paramedic, physical therapist, and radiologic technologist)

Recruitment Assistance Program:

- FY 2013 (Baseline): 5 physicians, 2 PAs, and 3 NPs under contract
- FY 2014: 8 physicians, 4 PAs, and 6 NPs under contract
- FY 2015: 9 physicians, 5 PAs, and 10 NPs under contract
- FY2016: 14 physicians, 4 PAs, and 11 NPs under contract

- **Increase the number of rural facilities utilizing the Rural Healthcare Facility Recruitment Assistance Program (RHFRAP)**

- FY 2012 (Baseline): 36 communities participated
- FY 2013: 45 communities participated
- FY 2014: 46 communities participated
- FY2015: 31 communities participated

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

Physicians:

- FY 2013 (Baseline): Since 1997, 23 physicians have fulfilled their commitment and 14 (59%) are still practicing in the original community.
- FY 2014: Since 1997, 25 physicians have fulfilled their commitment and 14 (56%) are still practicing in the original community.
- FY 2015: Since 1997, 27 physicians have fulfilled their commitment and 15 (56%) are still practicing in their original community.
- FY2016: Since 1997, 27 physicians have fulfilled their commitment and 13 (48%) are still practicing in their original community.

Physician Assistants/Nurse Practitioners:

- FY 2013 (Baseline): Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in their original community.
- FY 2014: Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in their original community.
- FY 2015: Since 1996, 6 PAs/NPs have fulfilled their commitment and all 6 are still practicing in their original community.
- Since 1996, 8 PAs/NPs have fulfilled their commitment and 7 (88%) are still practicing in their 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 source not yet identified

Innovative Primary Care Models

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

Accountability and Oversight

- Clearinghouse established within DOH to provide South Dakota healthcare workforce demographic and employment information
Baseline: Healthcare workforce data collection efforts are being incorporated through a Workforce Development Quality Initiative (WDQI) effort led by DLR. DOH has a signed MOU in place with DLR for the data collection system. DOH has started working with Licensing Boards to have data uploaded into the DLR Licensing Board and Commissions website.
- Oversight committee established under the direction of the Governor
Baseline: The Primary Care Oversight Committee met three times in 2016 to monitor implementation of Task Force recommendations
- Annual progress report provided by oversight committee to Governor, Board of Regents, and Legislature by November 1st of each year
Baseline: Annual report submitted November 2016