

Primary Care Task Force Oversight Committee Meeting Summary

April 29, 2015

Committee Members Present

Kim Malsam-Rysdon, Chair
Robert Allison, MD

Sen. Corey Brown
Sandy Diegel

Gale Walker
Dr. Jack Warner

Workgroup Members Absent:

Mary Nettleman, MD

Sen. Billie Sutton

Staff Present

Halley Lee
Tom Martinec

Josie Petersen
Susan Sporrer

Updates

- ❖ 2015 Legislative Session – The Department of Health provided an update on 2015 legislative activities related to Oversight Committee recommendations. The department’s approved budget for FY16 included \$70,000 in additional general funds to enhance the Rural Experience for Health Profession Students Program. This included \$36,000 to increase the student stipend increase from \$2,500 to \$4,000 per student, \$24,000 to expand the number of student slots from 24 to 30, and \$10,000 to expand the program to include three additional disciplines (clinical psychology, masters in social work, and medical laboratory science). HB 1057 appropriated \$260,000 to the DOH to reimburse 37 eligible healthcare professionals who have complied with the requirements of the Rural Healthcare Facility Recruitment Assistance Program and HB 1060 appropriated \$381,768 to the DOH to reimburse one physician, two dentists, one physician assistant, and two nurse practitioners who have complied with the requirements of Recruitment Assistance Program. Finally, SB 63 provided for South Dakota’s participation in the Interstate Medical Licensure Compact which will provide another pathway for licensure for those physicians who currently meet South Dakota licensure standards. As of April 24, 2015, six states have enacted compact language.
- ❖ Rural Experiences for Health Professions Students (REHPS) – As was noted earlier, three disciplines added were added starting with the 2015 program – medical laboratory science, clinical psychologist and Masters of Social Work student. There are 30 students participating in 2015 representing 7 disciplines (pharmacy -11, medical – 7, physician assistant - 5, clinical psychology - 2, social work - 2, med lab science – 2, and nurse practitioner – 1). Orientation was held March 27-28 with experiences starting as early as the week of May 18th with all experiences completed by August 7th. There are 15 REHPS sites – Bowdle, Canton, Chamberlain, Custer, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, Webster, and Winner. Wessington Springs previously participated, could not participate in 2014/2015 because of physician leaving. There were 48 applicants in 2015 for the 30 slots.
- ❖ Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) – Halley provided an overview of the RHFRAP. There were currently 59 participants in the program (vs. 41 in 2013 and 36 in 2012) representing 40 RNs, 12 LPNs, 5 radiologic techs, 4 pharmacists, 4 physical therapists, and 3 medical laboratory techs. In 2014, 8 selected applicants forfeited or withdrew before December 31, 2014 and were replaced prior to the start of the 2014 program. Hospitals and nursing facilities were the most frequent users of the program. The 2015 program will

begin accepting applications from employing health facilities on May 1st. The Oversight Committee questioned whether social workers and speech-language pathologists could be added as an eligible profession. Eligible professions are determined through the administrative rule process so it would not require legislation to include those professions in the future. The DOH will look into this further and report back to the committee.

The Oversight Committee also recommended that funding for RHFRAP as well as the recruitment incentive program be included in the DOH base budget instead of special appropriations as has been the past practice. Kim Malsam-Rysdon indicated that the DOH had submitted its last year's budget request with both programs included in its base but the requests were removed in the Governor's final budget recommendation to the Legislature. Kim indicated that the DOH can again include the funding in its upcoming FY17 budget request.

- ❖ *Frontier and Rural Medicine (FARM) Program* – Three additional FARM sites have been selected – Vermillion (February 2016), Pierre (February 2017) and Spearfish (February 2017). The first group of FARM students (class of 2016) returned to the Rapid City and Sioux Falls campuses in mid-March to finish clinical training. The Class of 2017 FARM students have been in their communities since mid-February. The students have submitted their Community Project proposals which include diabetic community education/needs assessment, creation of local HOSA chapter, rural EMS anatomy/physiology training experience, and a mentoring program for high-risk youth. The Class of 2018 FARM students have been assigned to communities so they each can form relationships with their future physician coordinator and FARM community. The students are corresponding with their sites and periodically the physicians meet with them over Face Time and present a patient case. It was suggested that FARM students be invited to present to the Legislature – perhaps during the SSOM day at the Legislature.
- ❖ *Residency Match Results* – All of South Dakota residencies filled. Of the 53 School of Medicine (SOM) students that matched, 12 will be in South Dakota residencies. Twenty-six students will enter Family Medicine, Internal Medicine, Pediatrics, or Obstetrics. The SOM is in the 91st percentile for students entering Family Medicine residencies. Nationally, approximately 3% of U.S. graduates did not find a residency as a result of the computer matching. The primary reasons were academic difficulties in medical school or poor strategy/not taking advice. South Dakota has the same experience as nationally with two of its students still seeking positions as a result of one of these two reasons. The new rural Surgery Residency matched two from South Dakota and one from North Dakota.
- ❖ *South Dakota WINS* – Kim provided an update on South Dakota WINS. Training for health care professionals should not be a barrier. There is funding available through the Community Development Block Grant Workforce Training program for job training. Cities and/or counties can apply for the matching grants to work in conjunction with local technical institutes or other education centers to implement training programs to address currently workforce needs in the area. Kim indicated that there were 11 nursing facilities in the Sioux Falls area that were working together to identify certified nurse aide candidates and provide training.

Selection of Focus Areas for 2015

Kim reminded Oversight Committee members that the original workplan was updated last year to remove original Primary Care Task Force recommendations that had been accomplished/completed. Committee members reviewed the recommendations and discussed any additional revisions. Under “Capacity of Healthcare Education Programs” a recommendation was added to address ongoing assessment and forecasting of healthcare workforce needs for the future.

Halley Lee provided an overview of the metrics contained in the 2014 annual report. The metrics were put in place by the original Task Force but the Oversight Committee is being asked to look at what might be missing from the metrics, if some metrics need to be revised (are the collecting what was intended), and what metrics could be eliminated. The Oversight Committee identified some areas of clarification that were needed and the DOH will be working to revise those metrics for the 2015 annual report.

Residency Programs

Susan Sporrer reviewed information regarding South Dakota residency programs that had been provided at previous meetings. In addition she provided information from the American College of Physicians regarding GME funding at the federal level as well as residency program requirements established by the Accreditation Council for Graduate Medical Education (ACGME). Information was also provided on rural physician training program options. For the next meeting, the Oversight Committee asked for clarification of information provided at the October 2014 meeting as well as additional budget and residency program information.

❖ Budget Questions

- For GME budgets for the SSOM Residency Corporation and Center for Family Medicine: (a) provide a more detailed breakdown of expenses (e.g., what do they include); (b) in the clinical revenue for CFM solely generated by the 27 residents in Sioux Falls; and (c) what is the source of funding for the hospital contributions. Comparable information as also requests from the Rapid City Family Medicine Residency Program.
- Provide a detailed budget of revenue and expenses for the current residency programs? What is the cost per resident?
- How does billing for residents work?
- What do the hospitals do with the money received from the state for residency programs? How is it passed on to residency programs?
- What is the maximum federal limit that can be provided by Medicaid GME? Does the money go directly to hospitals? Does any of the money go to CFM or RC program either from the hospitals or directly?
- Do you have information from your counterparts in other residency programs as to how they fund residency programs? The costs to operate the programs? How do they fund/operate rural training tracks? What is the cost per resident?

❖ Residency Program Requirement Questions

- According to ACGME Common program requirements, there must be at least one core family medicine physician faculty member (in addition to program director) for every 6 residents in the program and a ratio of residents-to-faculty preceptors in the FMP not to exceed 4:1. Can you explain the difference between core faculty member and preceptors? What the difference in the ratios? Who are the core faculty members?
- Can the current residency program be expanded without approval from ACGME? If so, how many residents can be added?
- How long does the accreditation process take to establish a new residency program? A rural training track?
- What percentage of residents moonlight? What are the average hours per month residents moonlight?

- Recognizing that there are limitations from ACGME as to interactions with potential residents, what do the residency programs do to promote their program to potential residents?
- Can you provide a history of Brookings and Watertown rural track programs (i.e., budgets, numbers of residents, why did the program go away, etc.)
- Based on the ACGME requirements for rural training tracks, what communities in South Dakota would be viable to host a rural training track? What communities could support a full rural residency?

The DOH will work with the residency programs to collect the requested information. The Family Medicine Residency Directors will be asked to participate in the July 15th meeting

Next Steps and Wrap-Up

The next meeting of the Primary Care Oversight Committee will be July 15th in Sioux Falls.