

Primary Care Task Force Oversight Committee Meeting Summary July 9, 2014

Committee Members Present

Kim Malsam-Rysdon, Chair
Robert Allison, MD
Sen. Corey Brown
Doneen Hollingsworth

Mary Nettleman, MD
Gale Walker
Dr. Jack Warner

Workgroup Members Absent:

Sandy Diegel

Sen. Billie Sutton

Staff Present

Halley Lee
Tom Martinec

Josie Petersen
Susan Sporrer

Welcome

Kim Malsam-Rysdon welcomed Oversight Committee members. Kim indicated that Sandy Diegel has joined the Oversight Committee as a consumer representative. Sandy is with the Vucurevich Foundation in Rapid City.

Updates

- ❖ Frontier and Rural Medicine (FARM) Program – Dr. Susan Anderson provided an update on the FARM program. The first FARM students were starting the FARM rotation on July 9th in the communities of Milbank, Mobridge, Parkston, Platte, and Winner (2 students). The second group of FARM students has been selected and will start their FARM rotations on February 4, 2015 in Milbank, Mobridge, Parkston, Platte, and Winner. There will be about a 3 week crossover with the first class of FARM students.

An RFP will be sent out in August or September to identify additional FARM communities for 2017 when the program will be expanded from 6 to 8 students. Dr. Anderson said they are hoping to identify at least one West River site. Committee members were reminded of the requirements to serve as a FARM site which include having a population of less than 10,000, at least 2 primary care physicians, an obstetrical and surgery presence in the community, and housing for the FARM student(s).

- ❖ Rural Experiences for Health Profession Students (REHPS) – Sandy Viau Williams with the Yankton Rural Area Health Education Center (AHEC) provided an update on the REHPS program. REHPS was started by the Yankton Rural AHEC utilizing a 3-year grant from HRSA. federal grant. Of the 57 REHPS students to date, 10 are working in a rural setting, 3 are in a non-rural setting, and 44 are completing their educational requirements.

The Department of Health's FY15 budget included funding to sustain the REHPS program after federal grant ended. Funding was provided for 24 students in 12 communities. Due to some of the changes in the program as well as the timing of when funds became available, only 21 of the slots were filled. One challenge was scheduling of medical and PA students due to curriculum changes. Sandy indicated that they are working with the Medical School and PA school to schedule earlier presentations with students. The other big challenges was the reduction in the student stipend from \$4,000 to \$2,500. The oversight committee asked for information at the

next meeting regarding what the appropriate student stipend should be and whether or not there should be a required buy-in from the community. There was also discussion about increasing the disciplines represented in REPHS to include medical laboratory science, clinical psychology, and social work.

- ❖ Sanford School of Medicine Update – Dr. Mary Nettleman provided an update on the USD Sanford School of Medicine. Preliminary data for the Fall 2014 class indicated that 36% of students were from towns of less than 10,000 with 93% of students deemed resident status (national average is 24% in-state). For SSOM graduates 10-15 years out from medical school graduation, 40% are practicing in South Dakota (77% if they also did a residency in South Dakota) and 33% are practicing in primary care.

Dr. Nettleman indicated that the SSOM expansion is on schedule for the arrival of the 2015 class. The regulating agency Liaison Committee on Medical Education (LCME) has reviewed SSOM's expansion plan and have given approval. All clinical campuses will have more 3rd year students. SSOM has being the process to identify two additional FARM sites (see FARM update above).

While the expansion of the SSOM will increase the number of medical students graduating medical school, there is an issue regarding the availability of residency slots, particularly in primary care specialty areas. South Dakota has 48 first-year residency slots available in six specialties. SSOM students matched in 16 specialties including 46% in primary care (13% for family medicine).

- ❖ Performance Metrics – Halley Lee provided an update on the performance metrics. Staff from the Office of Rural Health is working with the Department of Labor and Regulation (DLR) on the statewide workforce data collection system. Licensing boards under the DOH are working to upgrade their licensure systems to include the data necessary to meet DLR needs as well as provide data for performance metrics for the Primary Care Task Force (PCTF) Oversight Committee. ORH staff also continues to work with SSOM, SDSU NP Program, USD PA program, and residency programs to collect data for the 2014 annual report.

Review and Discussion of Workplan

The committee was provided with a update on workplan activities. Since the last meeting, some of the significant activities included:

- ❖ \$1.1 million in the FY15 budget for expansion of the SSOM class size by 11 students per year;
- ❖ \$260,000 in FY15 budget for payments to NP preceptors;
- ❖ \$148,540 in FY15 budget to continue REPHS program for 24 students in 12 rural/frontier communities;
- ❖ In FY15, a new rural surgery residency began; although not technically primary care it is geared towards producing general surgeons who can support rural areas;
- ❖ \$94,167 to reimburse one family physician in Parkston who will be fulfilling the requirements of his agreement with the State during FY 2015; and
- ❖ Piloting “myclinicaexchange.com” with Avera and Sanford to serve as a web-based clearinghouse for rural health experiences for students, facilities, and communities.

There was discussion about “myclinicaexchange.com” and what students would be eligible to be included. There was concern in particular that including medical students would conflict with other educational requirements they must meet. Halley Lee responded that it was not the intent that

medical students would be included but ORH would look into that further. The Oversight Committee also suggested the DOH explore the possibility of including the funding for the recruitment incentive programs in the DOH base budget instead of having a special appropriation.

The workplan will be updated to remove those Task Force recommendations that have been completed. However the performance metrics associated with the recommendations will continue to be tracked and reported.

Selection of Focus Areas for 2014

The Oversight Committee discussed potential focus areas for 2014. Areas identified included:

- ❖ Residency Programs – The Oversight Committee will explore the potential expansion of primary care residency programs in South Dakota. The committee will look at how residency programs are currently funded and the costs associated with an expansion utilizing both existing sites and establishing a rural training track site.
- ❖ REHPS Sustainability/Expansion – The Oversight Committee will look at potential changes to the REHPS program to encourage continued participation by students including the amount of the stipend, community buy-in, expansion of disciplines to include medical laboratory science, clinical psychology, and social work.
- ❖ Healthcare Workforce Pipeline – The Oversight Committee will look at student pipeline activities to address future healthcare workforce needs.
- ❖ Public Awareness/Media Campaign – The Oversight Committee suggested developing a public awareness/media campaign promoting the benefits of rural practice and encouraging healthcare providers to consider rural communities when making decisions about practice location.

Next Steps and Meeting Wrap-Up

Oversight committee meetings have been scheduled for August 27th and October 8th from 1-5. The August 27th meeting will be at Avera St. Benedict Health Center in Parkston.