Primary Care Task Force Oversight Committee Meeting Summary
October 8, 2014

Committee Members Present

Kim Malsam-Rysdon, Chair	Sen. Corey Brown	Doneen Hollingsworth
Robert Allison, MD	Sandy Diegel	Mary Nettleman, MD

Workgroup Members Absent:

Sen. Billie Sutton	Gale Walker	Dr. Jack Warner

Staff Present

Halley Lee	Josie Petersen
Tom Martinec	Susan Sporrer

Updates from August 27th Meeting and Next Steps

- *Rural Experiences for Health Professions Students (REHPS)* – Based on the discussion at the August 27th meeting, Doneen Hollingsworth said that the DOH has included $85,000 in general funds in its FY16 budget request to enhance REHPS. Of the funding: (1) $36,000 would increase the student stipend from $2,500 to $4,000/students; (2) $24,000 would expand the number of student slots from 24 to 30 and would expand the disciplines to include clinical psychology, masters in social work, and medical laboratory; and (3) $25,000 would go to administrative costs associated with expanding the program to include the additional disciplines and students. The DOH budget request will be evaluated along with all other agency budget requests for consideration to be included in the Governor's FY16 Recommended Budget.

- *Rural Healthcare Facility Recruitment Assistance Program (RHFRAP)* – Halley Lee provided an overview of the RHFRAP. RHFRAP provides a $10,000 incentive to eligible professionals who serve a three year commitment in a community of 10,000 population or less. Required community financial commitment is based on community size with communities <2,500 population paying 25% of the incentive payment and communities ≥2,500 paying 50%. The state pays the remainder of the incentive payment upon completion of the 3 year commitment. Communities are limited to three slots in RHFRAP each year. Nurses represent the largest users of the program participants. The program has 60 slots that are filled each year but there are always defaults/withdrawals by the end of the three year period. Applications for RHFRAP are accepted from July-December of each year. In response to a question, Halley said that the Office of Rural Health (ORH) uses a variety of avenues to make eligible facilities aware of the program including direct mailings, press releases, meetings, newsletters, etc. The Oversight Committee discussed looking at determining "high need" areas that would be permitted to have more than three slots per year. The DOH will explore how such a proposal might be implemented.

- *Public Awareness Campaign* – In response to questions at the August meeting, Halley researched estimated cost of conducting a public awareness campaign. Halley talked to a marketing firm that ORH has worked with on other projects. Without specifics (i.e., goal, target group, etc.), it is hard to identify a proposed strategy and estimated cost, but the general recommendation was that the first step should probably be focus groups to identify what made physicians want to go to a rural community for practice. The Oversight Committee expressed concerns about the cost of a public awareness campaign and preferred to focus efforts on higher priorities that were more focused.

Student Pipeline Activities

- *Department of Education* – Tiffany Sanderson with the Department of Education (DOE) provided an overview of pipeline activities in DOE. DOE gets $4.2 million in federal Perkins funds and uses $300,000 for leadership activities. Of that amount, $240,000 supports 5 student pipeline activities, including Skills USA. There are 560 students participating in pipeline activities during the current school year. Outcomes show that students involved in CTE gradate at very high rates (97%) compared to the average (93%).

- *Department of Health* – The DOH has been involved in student pipeline activities since 2003. Health Occupations for Today and Tomorrow (HOTT) is a web-based K-12 health career awareness resources for students, parents, teachers, counselors, and healthcare providers. Scrubs camps are free, one-day, hands on health career awareness opportunity for high school students. Last year, there were 16 Scrubs camps with over 1,000 students attending. At each camp, 5-8 healthcare providers talk to students about their profession but the majority of the session is hands-on learning experiences. The Scrubs program is a great feeder for both USD and SDSU who host a residential camp in the summer. Camp Meds are similar to Scrubs camps but are designed for middle school students and typically only last for one class period. Students spend 7-8 minutes with a professional learning about careers with some hands-on activities the rotate to the next profession. Both Scrubs Camps and Camp Med are federally funded. The DOH is starting to work with the Yankton Rural Area Health Education Center (AHEC) to track students who participate in Scrubs and/or Camp Meds and whether they go on to health careers. In addition to DOH pipeline activities, Halley distributed a listing of pipeline activities that the DOH is aware of representing both state and private programs.

- *Health Occupations Students of America (HOSA)* – Dr. Susan Anderson and Brock Rops shared information about HOSA. South Dakota HOSA is supported by the State AHEC office. HOSA is a student-led organization aimed at getting students to envision themselves in healthcare careers utilizing projects, healthcare procedures, and skill development. There are currently 433 students in 14 local school HOSA chapters. About 90% of HOSA students pursue a health-related major. While HOSA is currently funding though a federal grant, sustainability funding will be needed in the future.

Nursing Workforce

- *Supply* – Gloria Damgaard, Executive Director of the Board of Nursing (BON), and Linda Young, BON Nursing Specialist, presented information on nursing education and nursing workforce. The BON approves all nursing education programs in South Dakota. There are currently 14 nursing schools in the state with a total enrollment of 2,319 students (18% LPN students, 32% associated degree students, and 50% baccalaureate students). Seventy percent of nursing students are South Dakota residents and two-thirds of nurses licensed in South Dakota are produced by the public universities in South Dakota. There were 482 associate RNs and LPNs enrolled in baccalaureate upward mobility programs in 2013 and 183 LPNs enrolled in associate RN upward mobility programs.

  There are currently 16,135 RNs and 2,484 LPNs licensed in South Dakota. In 2013, 1,296 nurses were added to the supply – 561 by endorsement and 735 by examination. The average age of RNs is 44 with 34% less than 36 years of age and 14% 61+ years old. Almost 94% (93.6%) of RNs in SD are white while only 2.3% are American Indian. The average age of LPNS is 45 (33% are <36 years old and 17% are 61+ years old). Almost 92% (91.9%) of LPNs are white while

4.0% are American Indian. There are1,182 advanced practice nurses licensed in South Dakota – 639 nurse practitioners, 440 nurse anesthetists, 31 nurse midwives, and 72 clinical nurse specialists.

Gloria noted that while there appears to be a sufficient supply of nurses currently, distribution is an issue. Another issue is the availability of nursing instructors. The number of nurses produced in the future will be dependent upon the number of instructors available. Nursing instructors must have a master's degree to teach and they can make more money as an advanced practice nurse than in teaching. Programs have started looking at the use of providing clinical education through simulation but simulation is expensive.

- *Demand* – Dawn Dovre and Melodee Lane from the Department of Labor and Regulation (DLR) presented information on employment projections for nurses in South Dakota. There are currently 277 job openings for nurses with an average annual demand of 370 nurses. Nurses (both RNs and LPNs) are among those healthcare occupations projected to have a higher-than-average demand for workers in South Dakota through 2022. DLR partners with HOTT to develop information for targeted professions, including nurses. The information provides a profile of the occupation including what they do, work interests, skills needed, training and education, and work environments. Employment and wage data is provided by region and statewide.

Interstate Medical License Compact

Nick Kotzea with Sanford Health and Deb Fischer-Clemens with Avera Health presented information on the Interstate Medical Licensure Compact. A Compact would be a new, voluntary pathway to expedite and simplify physician licensing for those seeking to practice medicine in multiple states. The current licensure process can be a barrier to the use of telemedicine and a Compact would help remove that barrier. Physicians applying for licensure through the Compact would be required to meet all of the licensing requirements of each state and would be subject to the laws of the state in which the patient is located.

It takes seven states adopting the compact language to establish the Compact. The first 7 states that adopt the Compact will become part of the governing committee that will make decisions about the operation and direction of the compact so there is an incentive for states to adopt the Compact. There are currently 15-20 states looking at introducing the Compact during their next legislative session. The following entities are on record as being in support of the concept of the Interstate Medical Licensure Compact: Avera, Regional, Sanford, SD State Medical Association, and SD Association of Healthcare Organizations.

Doneen Hollingsworth indicated that the DOH did submit the Interstate Medical Licensure Compact through the state agency action issue process for consideration as a potential bill for the 2015 legislative session. The Oversight Committee added its endorsement of the Interstate Medical Licensure Compact.

South Dakota Residency Programs

Brenda Tidball-Zelltinger with the Department of Social Services (DSS) provided an overview of Medicaid graduate medical education (GME) funding. Payments are made each state fiscal year to help support direct GME costs for primary care physicians. Three hospitals in South Dakota – Avera McKennan, Rapid City Regional, and Sanford – are eligible to receive payments. Hospitals seeking GME payments submit an application to DSS prior to the end of the state fiscal year that includes the number of weighted FTEs for primary care residents from the facility's Medicare cost report

and the total number of Medicaid inpatient days provided to develop the percentage of the GME funding pool to be allocated to each facility. The total GME funding pool for FY 14 was $2.8 million ($1.2 million general). The general funds available for GME have not increased or decreased in prior years so total funds available change each year based on the state's Medicaid match rate.

Information was distributed providing a basic background of residency training in South Dakota. South Dakota currently has residency programs in Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Pathology, and General Surgery. There are also fellowships in Geriatrics, Cardiovascular Disease, and Child/Adolescent Psychiatry. With the exception of the Family Medicine residency, the SSOM is the sponsor and provides oversight of the residencies. The Family Medicine residency programs are affiliated with the SSOM but are sponsored by the Center for Family Medicine (CFM) in Sioux Falls and Rapid City Regional in Rapid City. CFM currently trains 27 residents while Rapid City has 18. The following table provides a budget snapshot of SSOM residency programs and CFM.

GME Budgets[1]

	Expenses	Clinical Revenue	Medicare	Medicaid	Hospital Contributions		
					VA	Sanford	Avera
SSOM Residency Corporation	$9,000,000	n/a[2]	$5,600,000	n/a	$1,000,000	$1,100,000	$1,100,000
Center for Family Medicine	$8,800,000	$3,600,000	$2,200,000	$1,900,000	n/a[3]	$550,000	$550,000

[1]Budget figured are from most recent years for which data is available, 2009 (SSOM) and 2014 (CFM)
[2]CFM residents do not have regular training at the VA Medical Center and receive no funding from this source.

The Accreditation Council for Graduate Medical Education (ACGME) establishes the requirements for a facility to "host" a residency program. Specific to regulations for faculty there must be at least one core family medicine physician faculty member (in addition to the program director) for every 6 residents. Core faculty members must dedicate at least 60% of time (at least 24 hours a week) to the program, exclusive of patient care without residents and devote the majority of their professional effort to teaching, administration and patient care within the program. There must be a ratio of residents-to-faculty preceptors not to exceed 4:1. If only one resident is seeing patients in the program, a single faculty member must devote at least 50% of time teaching and supervising that resident.

There was some discussion by the Oversight Committee as to how the state could potentially use some of the funding provided by hospitals to leverage federal funds through the Medicaid program to fund a potential Family Medicine residency program expansion or rural training track. Before the next meeting, the DOH will work with CFM and the SSOM to provide more detail information regarding budgets as well as models of residency programs in other states that could potentially be replicated in South Dakota.

Discussion of Annual Report
A draft of the annual report will be distributed to Oversight Committee members for review and comment. If necessary, a teleconference will be scheduled to answer questions and gather committee input.

Next Steps and Wrap-Up
Dates for 2015 meetings were set for April 29th, July 15th, and September 30th. Meetings will be from 1-5 (central).