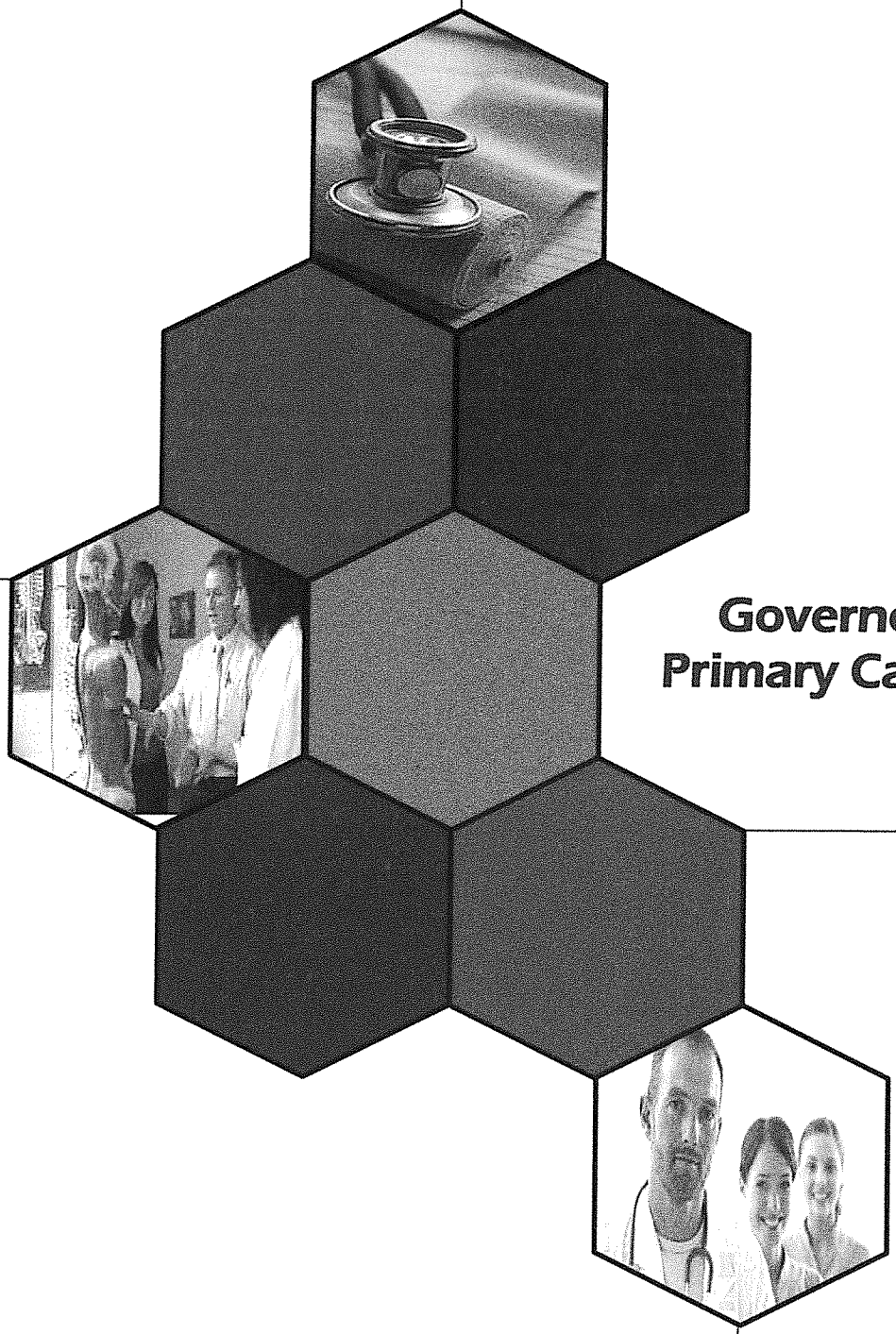

Governor Daugaard's Primary Care Task Force Final Report

December 2012

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EXECUTIVE SUMMARY

The healthcare workforce continues to remain a priority and a challenge in South Dakota. Between 2010 and 2020, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between 2002 and 2018 while the elderly population in South Dakota is expected to double by 2025.

South Dakota's 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. While the State of South Dakota has long offered help to communities in recruiting providers, it is also important to look at the front end and make sure there are adequate numbers of healthcare students in the pipeline.

Health professionals in South Dakota are concentrated in the state's most populous areas while rural areas face continuing challenges in recruiting and retaining healthcare providers. Fifty-three of the state's 66 counties are federally designated as health professional shortage areas – either partially or completely. Further compounding the problem is that significant numbers of current healthcare providers are nearing retirement age at a time when the state's school-age population is declining which means there is a smaller pool of students from which to draw for health careers.

To address this challenge, Governor Daugaard appointed a Primary Care Task Force to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – particularly those in rural areas of the state. Task force members were a diverse group of individuals from across the state representing primary care physicians (family medicine, internal medicine, obstetrics/gynecology, and pediatrics), nurse practitioners, physician assistants, health systems, hospital administrators, School of Medicine, Board of Regents, Aberdeen Area Indian Health Services, medical students, legislators, consumers, and state agencies.

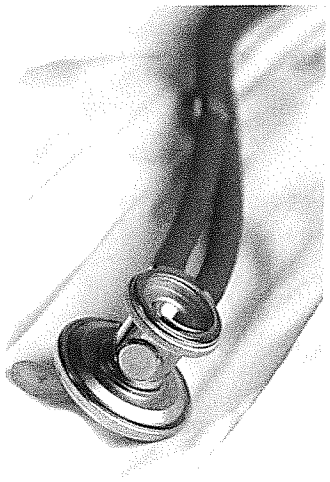
The Governor's charge to the Task Force was to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – with a particular emphasis on rural areas. For the purposes of this Task Force, primary care was defined as family medicine, general medicine, internal medicine, obstetrics/ gynecology, and pediatrics. The Task Force met throughout the summer and fall of 2012 with meetings designed to help members get a better understanding of South Dakota demographics, distribution of primary care providers, and primary care education programs in the state as well as look at potential "best practices" and strategies to address capacity, distribution of providers, delivery models, and accountability.

The Governor's Primary Care Task Force developed recommendations around five specific areas:

- Capacity of healthcare educational programs;
- Quality rural health experiences;
- Recruitment and retention;
- Innovative primary care models; and
- 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 – particularly in rural South Dakota.

PRIMARY CARE IN SOUTH DAKOTA



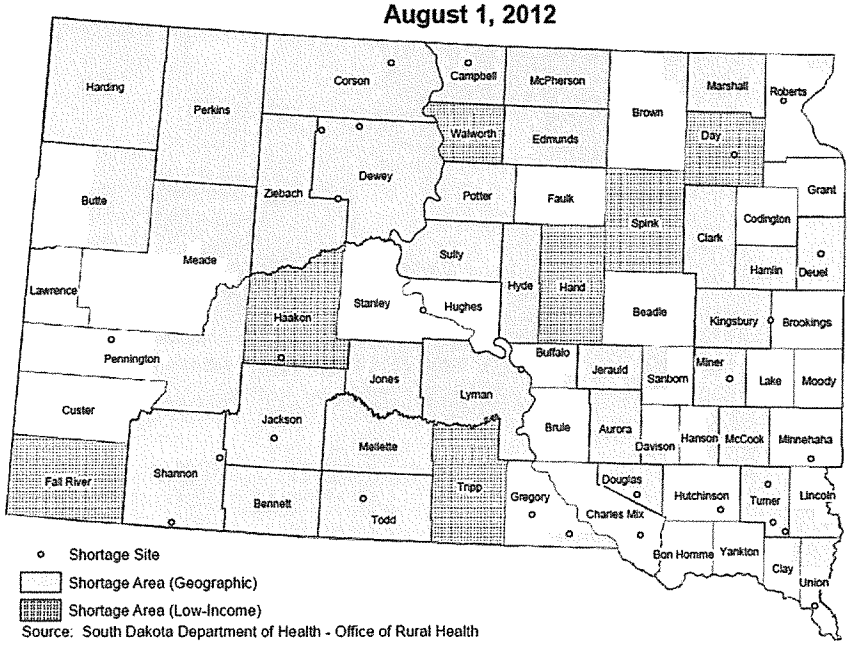
An adequate supply of well-educated, culturally competent, and well-trained primary care providers is essential to improving care, better health outcomes, and improved quality of life. The healthcare workforce shortage continues to remain a challenge in South Dakota.

Between 2010 and 2020, over 8,000 additional healthcare workers will be needed. The number of high school graduates is expected to decrease by 17% between 2002 and 2018 while the elderly population in South Dakota is expected to double by 2025. South Dakota's need for doctors and other health professionals will only increase as the state's population ages and there are more people with chronic health conditions. While the State of South Dakota has long offered help to communities in recruiting providers, it is important to look at the front end and make sure there are adequate numbers of healthcare students in the pipeline. At the same time, efforts need to be sustained to ensure an adequate distribution of primary care providers across the state. In rural areas, the loss of even one primary care provider means a critical loss of access.

Primary Care Healthcare Workforce

Health professionals in South Dakota are concentrated in the state's most populous areas while rural areas face continuing challenges in recruiting and retaining healthcare providers. Fifty-three of the state's 66 counties are federally designated as health professional shortage areas – either partially or completely. Further compounding the problem is that significant numbers of current healthcare providers are nearing retirement age at a time when the state's school-age population is declining which means there is a smaller pool of students from which to draw for health careers.

SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
PRIMARY MEDICAL CARE
August 1, 2012



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

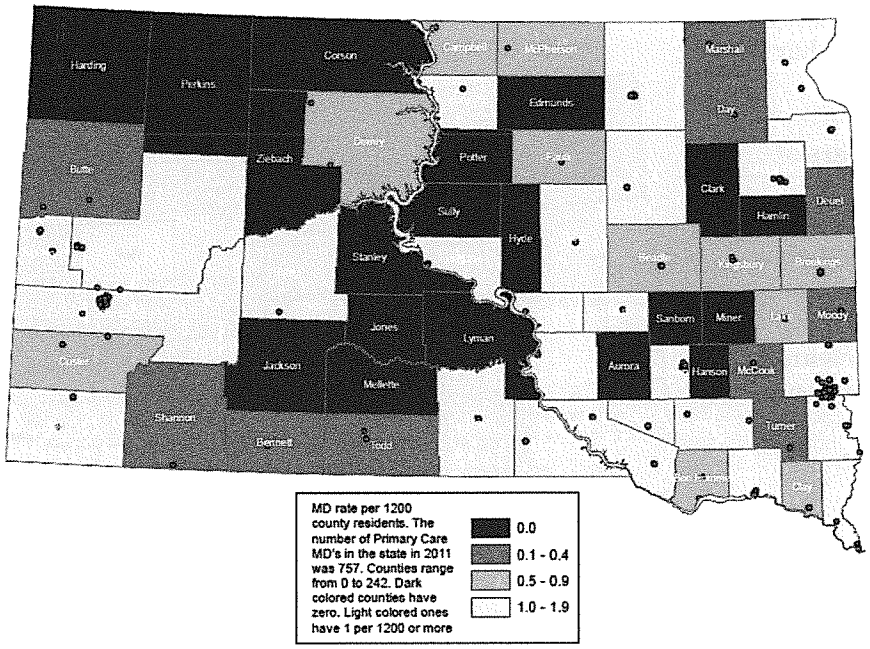
Forty-one South Dakota counties experienced a decrease in population between the 2000 and 2010 Census. Those 25

counties experiencing an increase in population were generally those counties along the I-29 corridor, the Black Hills, and Reservation counties. The 10 fastest growing counties in South Dakota were: Lincoln, Union, Minnehaha, Pennington, Brookings, Custer, Ziebach, Butte, Lawrence, and Shannon while the 10 counties with the most loss were Campbell, Miner, Jones, McPherson, Hyde, Spink, Potter, Douglas, Tripp, and Sanborn. The aging of South Dakota's population also impacts workforce. As South Dakota's population ages, the number of young people ages 18-24 is expected to decrease by 15% by 2030.

For the purposes of Task Force discussions, primary care was defined as family medicine, general medicine, internal medicine, OB/GYN, and pediatrics and included physicians, physician assistants (PAs), certified nurse practitioners (CNPs), and certified nurse midwives (CNMs). Demographic data from the South Dakota Board of Medical and Osteopathic Examiners and South Dakota Board of Nursing for primary care practitioners in South Dakota indicate:

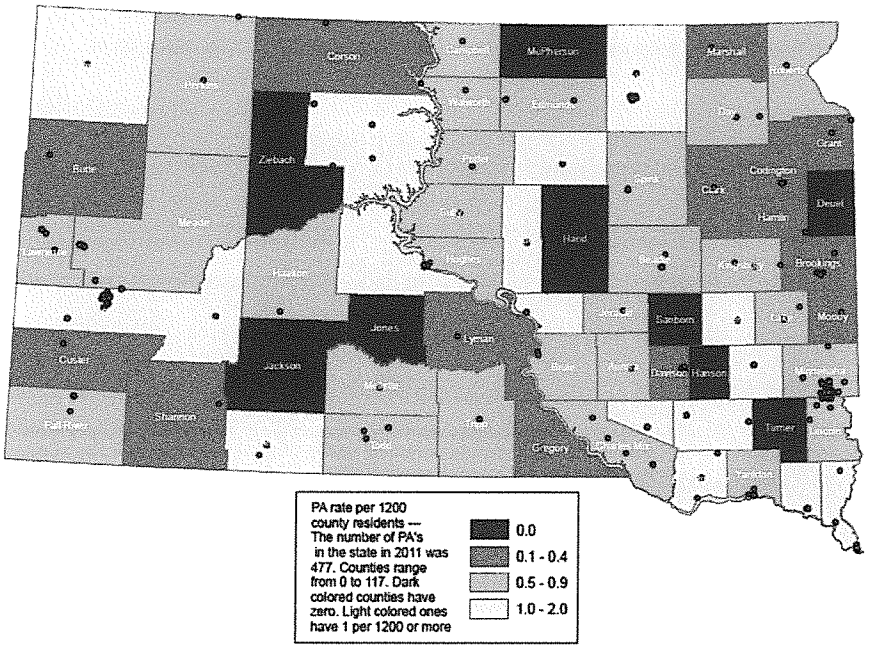
- *Primary Care Physicians* – age range from 38 to 74; 19 counties with no primary care physician:
  - Family/General Medicine – age range from 33 to 71; there were 23 counties with no family/general medicine physician;
  - Internal Medicine – age range from 38-66; there were 43 counties with no internal medicine physician;
  - OB/GYN – age range from 34-62; there were 52 counties with no OB/GYN physician;
  - Pediatrics – age range from 35 to 78; there were 48 counties with no pediatrician;

Total Primary Care Physician Distribution
in South Dakota Counties 2011



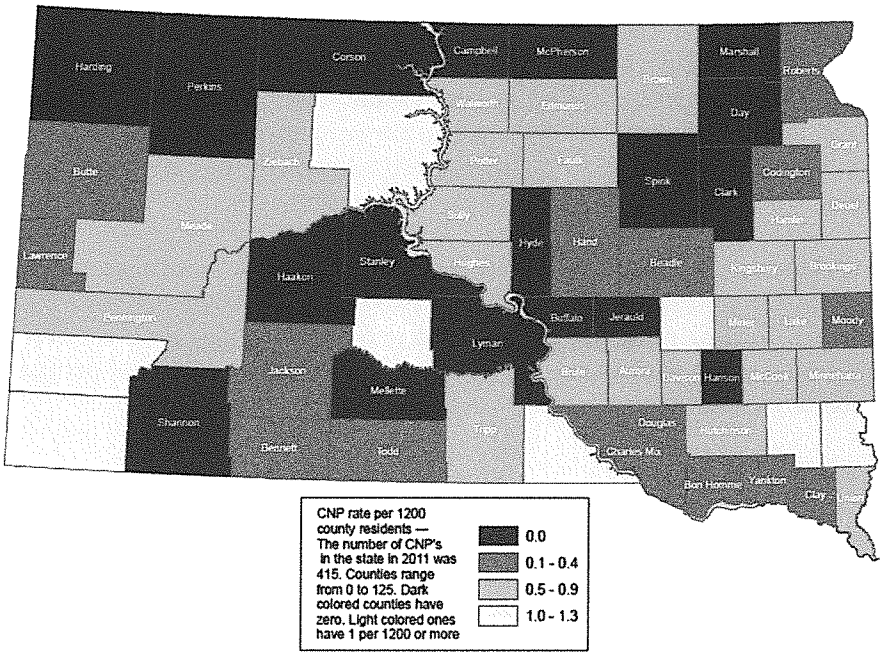
- *Physician Assistants* – age range from 32 to 63; there were nine counties without a PA;

Physician Assistant Distribution in South Dakota Counties 2011



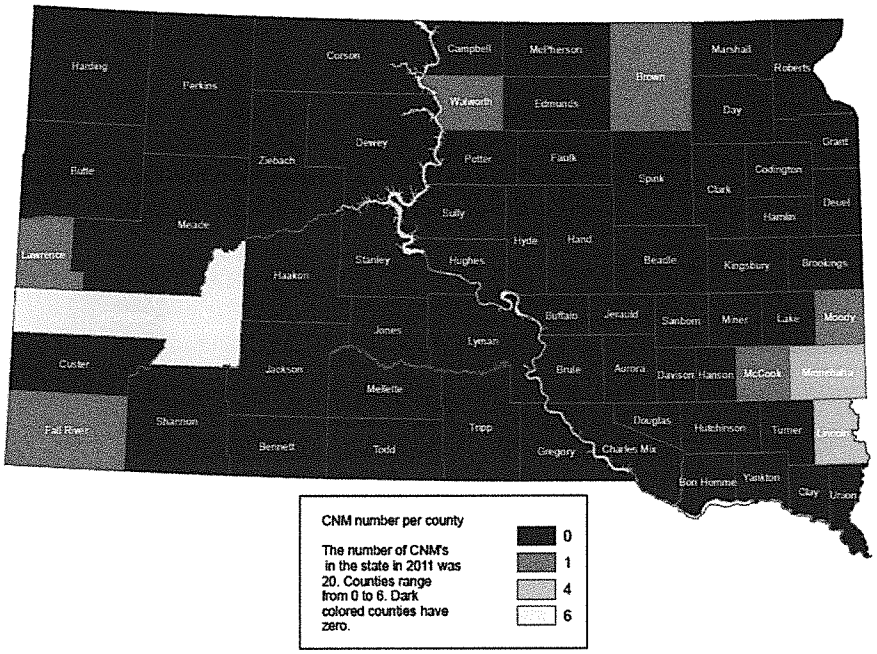
- *Certified Nurse Practitioners* – age range from 26-61; there were 18 counties without a CNP; and

Certified Nurse Practitioner Distribution in South Dakota Counties 2011



- *Certified Nurse Midwives* – age range from 39 to 59; there were 57 counties without a CNM.

Certified Nurse Midwife Distribution in South Dakota Counties 2011



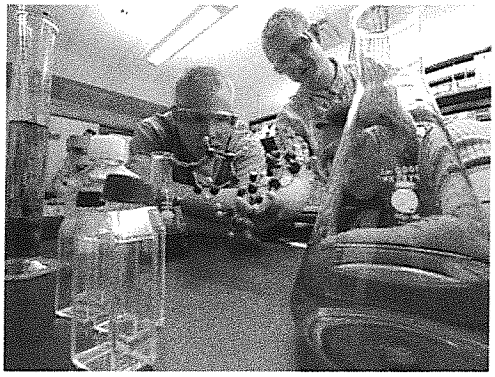
To address this challenge, Governor Daugaard appointed a Primary Care Task Force to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – particularly those in rural areas of the state. Task Force members were a diverse group of individuals from across the state representing primary care physicians (family medicine, internal medicine, OB/GYN, and pediatrics), nurse practitioners, physician assistants, health systems, hospital administrators, School of Medicine, Board of Regents, Aberdeen Area Indian Health Services, medical students, legislators, consumers, and state agencies.

The Task Force met throughout the summer and fall of 2012 with meetings designed to help members get a better understanding of South Dakota demographics, distribution of primary care providers, and primary care education programs in the state as well as look at potential "best practices" and strategies to address capacity, distribution of providers, delivery models, and accountability.

Healthcare Workforce Pipeline

There are a variety of healthcare workforce pipeline activities underway in South Dakota. The South Dakota Department of Health has several programs designed to encourage middle and high school students to consider careers in healthcare such as Health Occupations for Today and Tomorrow (HOTT), Scrubs Camps, Camp Meds, and Community Healthcare-workforce Allies through Mentoring, Partnership, and Solutions (CHAMPS). In

addition, the South Dakota Department of Education supports SkillsUSA and career clusters (including a Health Science cluster) The South Dakota Area Health Education Center (SD AHEC). supports Health Occupation Students of America (HOSA) which is a student-led organization aimed at nurturing healthcare career interests of students through projects, healthcare procedures, and skill development. HOSA events cover such areas as health professions, health science, emergency preparedness, leadership, teamwork, and recognition.



The Rural Experiences for Health Profession Students (REHPS) provides first and second year medical, PA, NP, and pharmacy students with experience in a rural setting with the ultimate goal of increasing the number of medical professionals who practice in rural and frontier communities in South Dakota. Two healthcare students (one pharmacy and one physician/PA/NP student) are paired together in a community for a four-week rotation. The students cannot leave the community during the time unless they have permission. The students receive a $4,000 stipend while in the community. REHPS currently has sites in Wessington Springs, Redfield, Parkston, Winner, Wagner, and Philip.

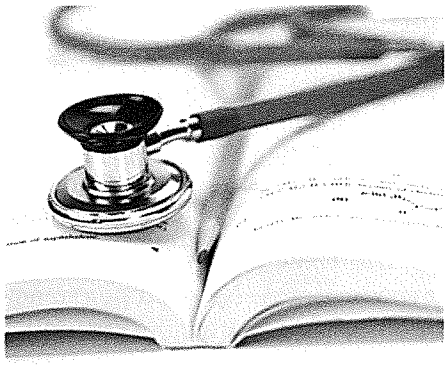
Primary Care Education Programs

- *USD Sanford School of Medicine* – The mission of the USD Sanford School of Medicine (SSOM) is to provide a quality, broad-based medical education with an emphasis on family medicine; encourage its graduates to serve medically underserved areas of South Dakota; provide excellence in education, research and service through the Doctor of Medicine degree, Doctor of Philosophy degree and other degree programs; and address healthcare in the state by providing graduate and continuing education as well as undergraduate education. In 2012, U.S. News and World Report ranked the school 7th among U.S. medical schools in rural medicine.

The SSOM currently has 56 students per class (with the four newly approved spots). The SSOM is a community-based medical school which means that is utilizes the facilities of hospitals and clinics in South Dakota for the clinical education of its students. For SSOM graduates who are 10-15 years out of medical school, 40% are currently practicing in primary care, 28% are practicing in rural areas and 37% are practicing in South Dakota.

In addition to expanding the size of the medical school class, the 2012 Legislature appropriated funding to establish the Frontier and Rural Medicine (FARM) program. This rural track program provides third year medical students with a nine-month clinical training in a rural community. The ultimate goal of the program is to increase the number of primary care physicians who practice in rural South Dakota. Up to six students per year (1-2 per site) will participate in the FARM program. The first clinical

sites for the FARM program are Milbank, Mobridge, Parkston, Platte, and Winner. Students in the FARM program participate in the full spectrum of the practice of rural medicine, following patients and their families over time in the clinic, hospital, and extended care setting. Training in a rural community offers medical students the opportunity to experience increased hands-on education and gain an appreciation of the benefits of continuity in patient care. Students also gain an understanding of the rewards and challenges of rural practice while living, learning and becoming engaged in their communities. Learning is enhanced through specialty clinics on-site, academic faculty visits, on-line cases, telemedicine, and videoconferencing. In addition, FARM instructors are provided faculty development opportunities to enhance their teaching skills. Community ambassadors also assist in introducing students to and engaging students in their communities. Nine current first year medical students (Class of 2016) have applied to the FARM program. Up to six students may participate and students will be matched with their rural sites by the end of December 2012.



- *Residency Programs* – After graduation from medical school, students must complete a residency. South Dakota currently has residencies in family medicine, internal medicine, pathology, pediatrics, psychiatry, and transitional year with fellowships in cardiovascular disease, child/adolescent psychiatry, and geriatrics. On average, about 23% of SSOM graduates enter a residency program in South Dakota. Over the past five years, 61% of SSOM students who entered residency in South Dakota entered a primary care residency with approximately 40% of SSOM graduates ultimately practicing in South Dakota. This number doubles if they do a residency in South Dakota.

- *USD School of Health Sciences Physician Assistant Program* – The Physician Assistant Program started in 1993 with the first graduates in 1995. The program currently has a capacity of 20 students (10 South Dakota resident/10 non-resident) but beginning in August 2013, capacity will increase to 25 (20 South Dakota resident/5 non-resident). Of the 305 graduates to date, 149 are practicing in South Dakota and of those, 31% are practicing in towns with a population of less than 10,000 and another 28% are practicing in towns with populations between 10,000-50,000.

- *SDSU Nurse Practitioner Program* – The South Dakota State University Nurse Practitioner Program was established in 1979 and as of 2009, the program prepares nurse practitioners at the doctoral level. Of the SDSU nurse practitioner graduates practicing in South Dakota, about 45% work in the Sioux Falls area while the other 55% work throughout South Dakota.

Recruitment and Retention

Data have consistently shown that if an individual grew up in a rural area, attended medical school in South Dakota, and completed a residency program in South Dakota, the likelihood that they will eventually choose a rural practice location increases. Programs

designed to "grow your own" are good for the state and local communities to help address rural healthcare workforce needs.

Improving access to rural health care is a key component of the Governor'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.

- The Rural Healthcare Facility Recruitment Assistance Program was established in 2012 to assist hospitals, nursing homes, and other healthcare facilities in rural areas recruit and retain healthcare professionals. The program provides incentive payments in the amount of $10,000 to attract healthcare providers (i.e., nurses, dietitians, nutritionists, physical therapists, occupational therapists, respiratory therapists, pharmacists, and paramedics) in order to attract more providers to rural South Dakota and specifically focusing the program on facilities in communities of 10,000 or less.
- The Recruitment Assistance Program for healthcare practitioners made enhancements to the previous tuition reimbursement program. Key changes included: (1) increase the number of physicians who can participate at any time to 15; (2) expand program eligibility from only family medicine physician to include internal medicine, pediatrics, and OB/GYN; and (3) expand program eligibility from current PAs and NPs to include nurse midwives and increases the number who can participate in the program to 15.

Since the original physician tuition reimbursement program was put in place in 1997, 22 physicians have completed their commitment and 13 (59%) of those are still practicing in the original community. Four physician assistants and nurse practitioners who have completed their commitment are still in their original community.

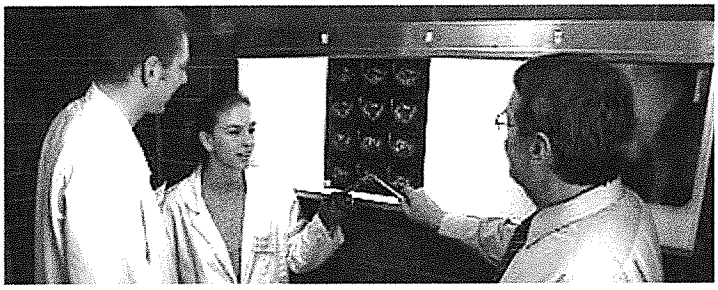
RECOMMENDATIONS

Governor Daugaard's charge to the Task Force was to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – with a particular emphasis on rural areas. For the purposes of this Task Force, primary care was defined as family medicine, general medicine, internal medicine, obstetrics/ gynecology, and pediatrics. The Task Force met throughout the summer and fall of 2012 with meetings designed to help members get a better understanding of South Dakota demographics, distribution of primary care providers, and primary care education programs in the state as well as look at potential "best practices" and strategies to address capacity, distribution of providers, delivery models, and accountability.

The Governor's Primary Care 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.

Capacity of Healthcare Educational Programs

As the state's baby boomers retire and leave the workforce, this places greater demands on the healthcare system in terms of services provided while at the same time there are fewer individuals to replace them in the workforce. In order to develop an adequate supply of professionals to meet future healthcare needs, all aspects of primary care education programs need to be looked at.



Preceptors serve as mentors for medical, PA, and NP students and give personal instruction, training, and supervision to the student. Preceptorships offer students an opportunity to follow a patient over time, get to know a particular clinical field, and experience a clinical setting over a period of time. While preceptorships are a valuable part of a healthcare student's education, it can be a burden for the healthcare provider serving as a preceptor. Many times a preceptor is not able to see as many patients during the work day which reduces his or her productivity which in turn can have a financial impact on the preceptor. While in South Dakota physicians do receive a payment to serve as a preceptor for medical students, preceptors for PA and NP students do not receive a payment. The Task Force recognized efforts need to be made to encourage and reward clinical staff to become preceptors.

While Governor Daugaard's FY13 budget provided for, and the 2012 South Dakota Legislature approved, an increase in the medical school class size by four beginning with

the 2012-2013 class, the Task Force was not able to reach consensus on the need for further expansion of the SSOM and instead recommended gathering additional information on third year clinical campus locations and costs of potential future expansions.

In addition to ensuring an adequate supply of healthcare students to meet the healthcare needs of the state, how these students are educated is equally important to the success of encouraging healthcare professionals to practice in rural areas. Interprofessional education allows students from two or more professions to learn from and with each other to begin building effective communication. Evidence shows that interprofessional education enables collaborative practice which in turn optimizes health services, strengthens health systems, and improves health outcomes.

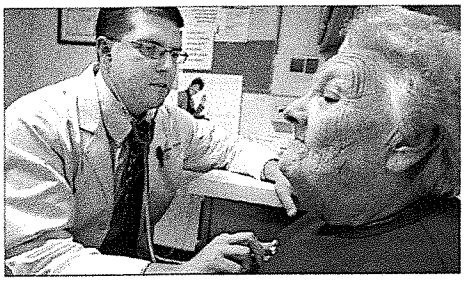
Recommendations:

- Support Governor's FY14 recommended budget to provide payments to South Dakota providers serving as preceptors for PA students and explore need for payments to providers serving as preceptors for NP students starting in FY 2015
- The Deans of the SSOM, SDSU College of Nursing, and USD School of Health Science will meet on a quarterly basis to coordinate preceptor opportunities for medical, PA, and NP students and pursue other non-monetary incentives for South Dakota providers serving as preceptors
- SSOM, with input from Governor's office, will issue a request for information to current and potential sites to identify possible third year SSOM campus locations to accommodate a potential expanded SSOM class size for use in FY 2015 budget development by the Board of Regents, Governor, and Legislature
- Encourage collaboration between primary care residency programs and programs like the Rural Experience for Health Professions Students (REHPS) and Frontier and Rural Medicine (FARM) programs
- Encourage further development of primary care residencies in South Dakota
- South Dakota will serve as a leader in interprofessional education for healthcare students and residents in rural areas

Performance Metrics

- ✓ Increase the number of preceptors for medical, PA, and NP students in South Dakota
- ✓ Increase the proportion of students in primary care education programs who are from South Dakota (or strong South Dakota roots)
- ✓ 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
- ✓ Increase the number of PA and NP students practicing primary care in South Dakota, particularly in a rural or underserved area

Quality Rural Health Experiences



Research has shown that when entering medical school, three factors play a significant role in determining if a physician will eventually choose a rural practice location – growing up in a rural area, planning to practice in a rural area, and planning to practice family medicine. Opportunities need to be provided to students to experience rural medical practice with the ultimate goal of increasing the number of primary care providers in rural areas. 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 early in training. While there are numerous programs in the state designed to provide these experiences, the Task Force noted the lack of coordination of these experiences for both students and communities.

Recommendations:

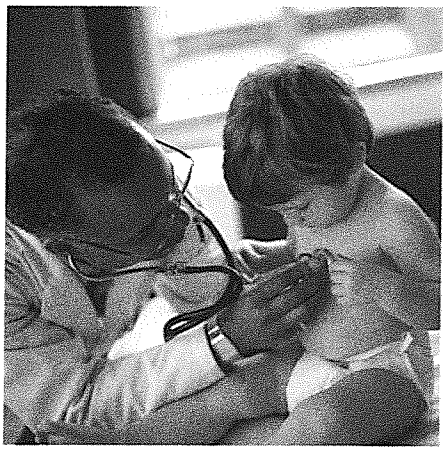
- The DOH Office of Rural Health will serve as a clearinghouse of rural health experiences for students, facilities, communities, etc.
- Expand and enhance opportunities for medical, PA, and NP students to gain exposure to medical practice in rural and underserved areas through such programs as REHPS and FARM programs
- Enhance training in rural areas for family medicine residents by maximizing practice experiences in rural communities/areas and reservations
- Primary care residency programs will work with Aberdeen Area Indian Health Service to facilitate resident training opportunities in reservation settings

Performance Metrics

- ✓ Increase the number of students participating in REHPS and FARM
- ✓ Increase the number of FARM students choosing primary care residency
- ✓ Increase the number of REHPS/FARM students ultimately practicing primary care in South Dakota, particularly in a rural area
- ✓ Extend medical resident experiences in rural communities/areas and reservations

Recruitment and Retention

The Task Force heard from South Dakota healthcare providers that what typically draws people to a rural community is that is where they were born and raised and they see the value in what a rural community can offer (e.g., ability to spend more time with family). They indicated that they like having the opportunity to provide a continuum of care and the broad spectrum of services primary care provides. The more exposure you can provide to students to the rural healthcare experience, the more confident they are in their abilities to practice in that setting. Providing expanded opportunities for healthcare students to gain experience working in rural communities makes them more familiar with the rewards and challenges of rural healthcare which in turn can help with recruitment and long-term retention of healthcare providers. The Task Force identified a need to help rural communities enhance their recruiting and retention potential through community assessment and development.



As was noted earlier, South Dakota has well-established programs designed to recruit primary care providers to rural areas. In addition, healthcare systems and facilities have recruitment efforts to fill their needs. However the Task Force felt there was a need to look at a coordinated system to recruit both primary care students back to South Dakota once they have completed their residencies and fellowships as well as encourage healthcare professionals to return to South Dakota to practice. One partner identified to assist in this effort was *Dakota Roots*. *Dakota Roots* is designed to help grow South Dakota's workforce by connecting former South Dakota residents now living out-of-state with in-state employment opportunities in an effort to recruit them back to South Dakota.

During Task Force discussions, concerns were raised about current requirements in South Dakota licensure laws for medical residents that potentially prohibit them from practicing in some instances in healthcare facilities, particularly in rural areas. It was felt that this potential barrier meant that some South Dakota communities were losing opportunities to develop relationships with medical residents which in turn could potentially impact where medical residents eventually decide to practice.

Recommendations:

- DOH Office of Rural Health will enhance efforts to promote community and facility incentive programming currently in place
- Recognize the importance of student pipeline activities in addressing future healthcare workforce needs
- Primary care education programs will partner with *Dakota Roots* to promote the return of healthcare providers to South Dakota

- DOH Office of Rural Health will establish community promotion programming to assist in development of "recruitable" communities
- Encourage the development and utilization of resources for currently practicing rural practitioners to improve their quality of life and their ability to practice medicine in rural South Dakota.
- Introduce legislation to provide for licensure of resident physicians to remove potential barriers to practice and allow additional practice opportunities for resident physicians during training

Performance Metrics

- ✓ Increase the number of practitioners participating in community and recruitment assistance programs
- ✓ Increase the number of rural facilities utilizing recruitment assistance programs
- ✓ Increase the percentage of incentive program participants remaining at practice site upon completion of commitment
- ✓ 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
- ✓ Legislation passed to remove potential barrier for medical residents to practice

Innovative Primary Care Models

Strengthening the primary care infrastructure and maintaining access to quality primary care health services will require a cooperative effort between both public and private entities.

Interprofessional collaborative practice, particularly in rural areas, can provide a support system for healthcare providers and foster cooperation and coordination between professions to deliver the highest quality of care for patients. It also helps reinforce the message that rural providers do not have to practice in "isolation". Telehealth is also an important tool to help reduce provider isolation and support providers in rural areas. Among other things, telehealth provides the opportunity to conduct patient visits by interactive video, forward digital images to remote specialists, monitor patients either in a hospital or home setting, and case/disease management. Telehealth supports the local healthcare system (i.e., hospitals, clinic, pharmacy, main street) while at the same time providing for appropriate transfers and reduction in readmissions for patients.

The use of hospitalists in rural settings was another area identified by the Task Force as having the potential to provide support for rural healthcare providers. Hospitalists are physicians specializing in providing care to patients in the hospital. Hospitalist programs

typically provide coverage 24 hours a day with hospitalists trained to manage acute illnesses in the hospital setting. The use of hospitalists benefits primary care providers in that it reduces call and hours worked for physicians. In addition to hospitalists, the Task Force heard that some rural healthcare facilities in South Dakota are beginning to utilize PAs and NPs in the hospital settings to provide care to hospitalized patients. In addition to encouraging the use of PAs and NPs in this role, the Task Force also supported the concept of providing assistance to rural healthcare providers to handle administrative functions of their practice in order to allow them more time for patients as well as their own families.

Recommendations:

- Maximize use of telehealth as a means of supporting rural healthcare providers
- Develop interprofessional collaborative practice as the standard of care to optimize healthcare services and improve health outcomes
- Utilize PAs and NPs in hospital settings to provide collaborative care to patients in all settings to enhance care for patients and reduce call/hours for rural healthcare providers
- Investigate ways to provide assistance to rural healthcare providers to handle administrative functions of clinic/practice
- Encourage public/private partnerships to fund new models of primary care

Performance Metrics

- ✓ Increased retention of existing primary care providers in rural areas of South Dakota
- ✓ Increased use of technology and interprofessional collaborations in rural areas to support healthcare providers

Accountability and Oversight

In order to make the best use of limited resources, state policy makers need good, consistent data. There also needs to be assurance that the state is getting adequate return on investments made to strengthen primary care in South Dakota, particularly in rural areas. The Task Force recognized the need for a system that would allow for timely, accessible, consistent and comparable healthcare workforce data to be utilized by policy makers, legislators, educational systems, governmental entities, grant writers, etc. to more specifically analyze South Dakota's healthcare workforce needs. In addition, the Task Force believed there needed to be a mechanism in place for ongoing review of the recommendations of the Task Force to ensure continued progress in meeting the Task Force's expectations.

Recommendations:

- DOH will work with partners to develop a data collection system to serve as a central clearinghouse of healthcare education and workforce information
- The Governor will establish an ongoing oversight committee which will meet a least three times a year to monitor implementation of Task Force recommendations and provide reports to the Governor, Board of Regents, and Legislature

Performance Metrics

- ✓ Clearinghouse established within DOH to provide South Dakota healthcare workforce demographic and employment information
- ✓ Oversight committee established under the direction of the Governor
- ✓ Annual progress report provided by oversight committee to Governor, Board of Regents, and Legislature by November 1st of each year