

NATIONAL ADVISORY COUNCIL ON NATIONAL HEALTH SERVICE CORPS (NHSC)

Meeting Minutes: August 27-28, 2015

Advisory Council Members Present:

Tito L. Izard, M.D. Chair
Joni Adamson
Jay Bhatt, D.O., M.P.H., M.P.A., F.A.C.P.
Adrian N. Billings, M.D., Ph.D.
Kristen Crawford Ellis, D.D.S.
Jackie Griffin, Ph.D.
Wilton Kennedy, D.H.Sc., MMSc, PA-C
Joan Malcolm, D.M.D
Stephanie C. Pagliuca
Darryl S. Salvador, Psy.D
Cindy J. Stergar, M.A.
Gwen L. R. Witzel, APRN, FNP, FAANP
CAPT Tracy L. Wolfe, R.N., N.P.

Others Present:

Nathan Dickey
Beth Dillon, M.S.W., M.P.H.
Luis Padilla, MD
Jim Macrae, MA, MPP
CAPT Jeanean Willis-Marsh, DPM,
Sara Rosenbaum, JD
Alexander Ross, Sc.D.
CAPT Shari Campbell, DPM, MSHS
Alex Hunttinger
Kimberly Huffman
Lauren DeBerry
Mary Carson
Ope Daramola
Ashley Carothers
Regina Wilson

Thursday, August 27, 2015

The National Advisory Council on the National Health Service Corps (NHSC) convened its meeting at 9:45 a.m. at the Health Resources and Services Administration's headquarters in the Parklawn Building, 5600 Fishers Lane, Room 15W-48, Rockville, MD 20857.

CAPT Shari Campbell, the Designated Federal Official, opened the meeting on behalf of the National Advisory Council on National Health Service Corps, and presented housekeeping tips about the meeting. Dr. Tito Izard, Council Chairman, greeted the committee members, and introduced Dr. Luis Padilla, former member of the council and current director of the National Health Service Corps. Dr. Padilla greeted the new members of the council and revealed that NHSC was reauthorized with macro authorization that will allow funding for awards. Dr. Izard followed with council member introductions before Dr. Padilla turned the meeting over to Mr. Jim Macrae, Acting Administrator for HRSA, for the opening remarks. Dr. Izard then introduced CAPT Jeanean Willis-Marsh, director of the Division of the National Health Service Corps, to provide NHSC updates.

CAPT Willis-Marsh provided background information about the NHSC and explained its key programs: Loan Repayment Program, Students to Service Loan Repayment Program, State Loan Repayment Program, and the Scholarship Program. She explained that the Loan Repayment Program is their

flagship program, and the Students to Service is the bureau's newest program for medical students in the last year of study seeking an M.D. or D.O. degree. The program provides awardees with up to \$120,000, paid out over four years, for a minimum three year commitment. CAPT Willis-Marsh also mentioned a recent partnership with the Department of Education and NHSC that streamlines the submission of federal loan information for during the loan repayment program application process.

Ms. Sara Rosenbaum, professor of Health Law and Public Policy at George Washington University, followed with a presentation on Medicaid expansion and the number of uninsured throughout the U.S. Ms. Rosenbaum mentioned that only 31 of the 50 states had adopted Medicaid expansion, and 19, mostly southern states, had not. She also stressed the importance of Medicaid accessibility to low-income communities. This led to a discussion about cost sharing subsidies, scholar retention, and how accessibility to Medicaid equates to accessibility to health care.

Dr. Izard introduced Mr. Alexander Ross, and Ms. Lauren Deberry from the Division of Nursing and Public Health. Ms. Deberry began by presenting statistics on behavioral health, as it relates to providers -- specifically in rural areas. She noted that in some counties, there is no behavioral workforce, and by 2020, there will be an increased need for behavioral health professionals across the various specialties. Ms. Deberry also identified several programs that are being implemented in both the Bureau of Health Workforce and Bureau of Primary Health Care, to help combat this need. Mr. Ross discussed the resources available for integrated care including the different models of integration, and SAMHSA-HRSA Center for Integrated Solutions.

Following their presentation, Ms. Deberry and Mr. Ross answered the committee's questions, and addressed concerns and suggestions. This led to a discussion about the integration of behavioral health care and community-based organizations, lack of access to licensed professionals in rural areas, and dually trained providers. Dr. Wilton Kennedy suggested providing additional training to trained professionals to help fill the void created by the lack of specialized professionals. Mr. Ross revealed that a five to seven page issue brief -- about using behavioral health providers for chronic care management -- would be released.

The council ended day one with a brief summary of the day by Dr. Izard, and followed with an open discussion about the presentations and any suggestions or recommendations. Dr. Izard, Dr. Padilla, and CAPT Willis-Marsh collectively provided an in-depth description of HPSA scores; how they are formulated, how often they are reviewed, and the eligibility of a FQHC to become a part of the National Service Corps. Dr. Adrian Billings suggested assigning ambassadors to students to encourage a career path in underserved care, as well as generating academic partnerships with residency programs. Ms. Stephanie Pagliuca followed with the idea of connecting with regional offices and national conferences to reach the future workforce. The discussion then transitioned to why there is a need for the scholar program. Dr. Padilla informed the council that the program was mandated by statute. However CAPT Campbell stated that the rising cost of tuition is a big challenge with the program, and it limits the awards rewarded; as the scholarship funds the total tuition for the recipients' matriculation. She also noted that scholar applications are increasing yearly thus making the program more competitive. Dr. Izard expressed that he didn't want the cost of tuition to be a determining factor in why people choose not to go into primary care. He also stated that he would like to see more applicants rewarded and suggested implementing a cap in the amount of funds each applicant received. Ms. Dillion revealed that the Office of General Counsel stated that "full tuition" could not be capped.

Dr. Salvador recommended utilizing an app that connects clinicians and the alumni community through mentorships as well as to training webinars, and website links. Dr. Jay Bhatt suggested generating a social media campaign -- using Twitter, Facebook, and LinkedIn -- to create community and keep clinicians engaged in light of the upcoming Community Corps Day. Dr. Padilla confirmed that NHSC already has a growing Facebook presence, but they are looking for ways to incorporate the job center with LinkedIn.

Dr. Padilla informed the council that preliminary data from the NHSC's satisfaction surveys would be presented on Friday; which would include the top three reasons why participants are either staying or

leaving the program. He also highlighted NHSC's level of innovation, having won the HHS Secretary's Innovation Award for the second year in a row. Dr. Izard suggested that council members review Friday's agenda, and read and review the Quadruple Aim in preparation for the discussion the next morning.

There were no other comments made by the council.

The meeting was adjourned at 4:30 p.m.

Friday, August 28, 2015

The second day commenced at 8:30 a.m. with the conference operator explaining housekeeping tips about the webinar to participants. CAPT Campbell followed with travel and reimbursement logistics for council members. Then, Dr. Izard greeted council members, approved meeting minutes from the May 6th conference call, and did a brief overview of the previous day, before introducing Ms. Alex Huttinger, director for the Division of Policy and Shortage Designation.

Ms. Huttinger presented the preliminary results of two recent NHSC Satisfaction Surveys. The NHSC satisfaction survey is an anonymous voluntary 15-minute questionnaire distributed electronically, via email, to in-service participants, scholars, and alumni -- that have completed their commitment within two years -- that could be completed on the web or on a mobile device. Ms. Huttinger informed the committee that the annual participant survey has been conducted for at least five years, and they help provide insight into the satisfaction of participants in NHSC programs. On the cover of the survey, respondents were informed how the results have been used for improvements before they ranked questions with roughly 12 options -- including other -- from one to five, to reveal the reasons why they may or may not stay at their current site.

Ms. Huttinger revealed that this year's survey was sent to roughly 15,000 people, and had a 26 percent response rate. She noted that most of the respondents (or 37 percent) were scholars, 34 percent of respondents were in-service participants, and only 14 percent of alumni participated. Of these respondents, nearly half of them represented the primary care profession. Of the in-service participants, the S2S loan repayment program had the greatest response rate at 39 percent. Ms. Huttinger also provided percentages for the retention rate of respondents based on three components: alumni that are at the same site where they finished their obligation, alumni that are not at the same site, and those who are not at the same site or community, but are in another shortage designation area. Sixty-five percent of alumni revealed that they were at the same site where they completed their obligation. The top reason for this was because of the experience that they were having. The remaining percentage that did not stay selected financial considerations as the top reason why they left their original site.

Ms. Huttinger noted that the retention rate increased by one percent from last year to 87 percent based on the respondents. The top reason why in-service participants said that they would/will stay at their site was their commitment to the underserved, and the top reason people would leave their sites is financial considerations. This information led to a discussion on the clarity and depth of some of the questions on the survey. Dr. Kennedy mentioned that categories such as "financial considerations" were too broad to get to the core of why people left sites. Ms. Stephanie Pagliuca agreed noting that there could be a number of explanations that fall under "financial considerations." Ms. Huttinger acknowledged that they would find ways to get more information from that. Dr. Jackie Griffin followed by suggesting that survey questions be more specific in order for council members to effectively address the issues that participants have. Ms. Spitzgo revealed that there is not yet a concrete target goal for the retention rate, but informally stated that they plan to achieve 80 percent. Ms. Joni Adamson proposed that the council focus on why participants are staying rather than why they are leaving.

Ms. Huttinger also informed the council that the sites point of contact, within the program, took surveys as well. Of the 7,000 surveys that were sent out electronically, only 16 percent responded. More than half of the approved NHSC sites that participated in the survey have been in the program for more than 2 years. When asked if they had retention or recruitment plans two-thirds acknowledged that they did and for the most part utilized them. Although recruitment plans were in place at the sites, there were still

some disciplines that were hard to recruit. Physicians, nurse practitioners, and licensed clinical social workers were in the top five hardest positions to recruit or fill, and were essentially necessary to operate effectively.

After a brief break, Dr. Padilla led the council's discussion on Dr. Tom Bodenheimer's article on the ways to improve the work life for health care providers and staff to achieve the Triple and Quadruple Aim. Dr. Padilla noted that although there are high satisfaction rates and high retention rates within the National Service Corps, many sites are experiencing high turnover rates. In the article Dr. Bodenheimer mentions burnout as a contributor to not being able to successfully reach these aims. Dr. Griffin questioned how the new wave of physicians were experiencing burnout when practitioners had been working long, engaging days in the past. Ms. Malcolm attributed excessive documentation as the cause for practitioner burnout. She stated that electronic medical records (EMR) should make life easier rather than more difficult. Other committee members agreed including Ms. Gwen Witzel who noted that since the introduction of electronic medical records, patient productivity is down. She stated that her colleagues felt like they were losing touch with their patients and suggested improvement of EMR documentation to maintain patient relationships. Members of the council suggested utilizing a standard universal EHR system that multiple providers can access for patients that may travel out-of-state or visit different specialty or primary care physicians.

Dr. Bhatt suggested creating a social media campaign for Community Corps Month to help raise awareness of the issue and to continue the conversation. The council agreed to support the Quadruple Aim to strive for integration.

Next, the council had an open discussion about topics presented during the two day conference. Dr. Izard started the discussion by mentioning the issue of practitioner burnout. He suggested helping scholars to recognize when they are approaching a burnout so that they would be able to step away and refuel themselves physically, emotionally, or spiritually. Ms. Cindy Stergar then asked for clarification on whether providers in smaller communities, both private practice, and loan repayment, are required to accept uninsured patients as well as comply with reporting requirements. Dr. Padilla informed her that all NHSC approved sites are required to have a sliding scale, and should serve and accept underserved populations including Medicaid, Medicare, and CHIP patients; which is explained on the in-service verification forms. He also noted that sites are required to adhere to access requirements like a FQHC, but they do not have to submit UDS data if they are not a FQHC. Dr. Padilla continued by stating that sites undergo regularly scheduled site visits to verify that they are in compliance; additional visits are conducted if poor feedback is submitted.

Comments and thoughts were then solicited from the public. Only one public comment was made regarding the appreciation and approval of the discussions over the course of the two day meeting.

The committee ended the day by highlighting three key action plans moving forward. First, continue to obtain resources that will reduce provider burnout and assist with provider resiliency; Second, reconvene via webinar to further engage the NHSC survey report to get more information regarding satisfaction and retention as it relates to underserved providers. Lastly, the council agreed to investigate opportunities to better support Corps members' leadership development to increase provider retention. Several members stated that some modifications regarding providers should be done at the local level.

Dr. Padilla closed the meeting by acknowledging that the National Service Corps has overwhelming bipartisan support, and that the program has made great progress in its 40 plus year existence.

The meeting was adjourned at noon.