NATIONAL ADVISORY COUNCIL ON THE NATIONAL HEALTH SERVICES CORPS

CONFERENCE CALL Minutes

Wednesday, November 4, 2015
12:00 noon

Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Health Workforce (BHW)
5600 Fishers Lane
Rockville, Maryland 20857

National Advisory Council members attending:
Tito L. Izard, MD
Joni Adamson
Jay D. Bhatt, DO, MPH, MPA
Adrian N. Billings, MD, PhD
Kristen Crawford Ellis, DDS
Jackie Griffin, PhD
Wilton Kennedy, DHSc, MMSc, PA-C
Joan Malcolm, DMD
Felix L. Nunez, MD, MPH
Stephanie C. Pagliuca
Darryl S. Salvador, PsyD
Scott Shipman, M.D., MPH
Cindy J. Stergar, MA
Gwen L. R. Witzel, APRN, FNP, FAANP

BHW/HRSA staff attending:
CAPT Shari Campbell
Ashley Carothers
Mary Carson
Ope Daramola
Beth Dillon
Dirk Dirkler
Jeff Gordan
Othyl Haley
Alex Huttinger
Catherine Kuchinsky
Malissa Lewis
Mike Shimmens
Karen Studwell
Kourtney Thomas
CAPT Jeanean Willis Marsh

The National Advisory Council on the National Health Service Corps (NACNHSC) convened a conference call at 12:00 noon on Wednesday, November 4, 2015.

CAPT Shari Campbell, the Designated Federal Official, opened the meeting on behalf of the National Advisory Council on the National Health Service Corps, by providing housekeeping tips about viewing and downloading documents pertinent to the meeting. She then turned the meeting over to the Dr. Tito Izard, Council Chairman.

Dr. Izard explained that the reason for this conference call grew out of an onsite meeting on August 27 and 28, 2015. The conference call will be centered on learning more about the National Health Service Corps (NHSC), as revealed by NHSC Participant Satisfaction Survey conducted earlier.

CAPT Campbell conducted a roll call of NACNHSC members attending the meeting. She said that a quorum was present.

Dr. Izard said that, based on discussions at the August 27 and 28 meeting, the NACNHSC believes that the NHSC offers health care providers a great opportunity to help reduce the financial insecurity that providers who are in training may feel. The scholarship and grant opportunities that NHSC offers is a good way to develop and build the commitments of providers interested in working in underserved areas. Dr. Izard said the NACNHSC wants to strengthen the NHSC by improving the retention of NHSC members and preventing the brain drain that can occur in underserved communities. Because of this, the NACNHSC wanted to receive recommendations from surveys of NHSC providers in order to better understand barriers to continued success and retention.

Dr. Salvador moved that the NACNHSC accept the minutes, as amended, from the August 27 and August 28 meeting. Mr. Kennedy seconded the motion, and the NACNHSC accepted the motion.

In response to several questions members of the NACNHSC raised at an earlier meeting about the recent NHSC Participant Satisfaction survey, Ms. Alex Huttinger presented detailed results of the survey. Her presentation addressed four main aspects of the survey: the methodology used and who the respondents were; a breakdown of the NHSC retention rate by program; what influenced respondents' decisions to remain in or leave the NHSC; and the recruiting and retention challenges NHSC sites faced.

Ms. Huttinger said the survey reached out to three types of individual participants – people currently receiving scholarships, people in the field completing their service obligations, and alumni of NHSC programs. Individual respondents took an average of 18 minutes to complete the survey, and 18 percent of the individual respondents abandoned the survey without completing it. A separate survey was conducted of all NHSC sites; it took an average of 26 minutes to complete, with an abandonment rate of just under 29 percent.

Among NHSC alumni, Ms. Huttinger said, 87 percent decided to remain with the program, up from 86 percent in the previous year. Of those who stayed, 65 percent stayed at the site where

they completed their service obligations. She broke that figure down further, saying that 68 percent of loan repayers stayed at the same site, compared to 37 percent of NHSC scholars. She cautioned, however, that the NHSC did not know whether the scholar figure captures everyone within the scholar program.

The survey also examined retention rates among specific disciplines, Ms. Huttinger said. The highest retention rate was 92 percent among mental and behavioral health care providers. Oral health care providers had a retention rate of 88 percent, and primary care providers had a retention rate of 81 percent.

Among the 65 percent who stayed at the site where they completed their service obligations, experience at the site was the reason most cited – by 19 percent of the respondents – for that decision. Salary was another often cited reason, Ms. Huttinger said, and was the single most important reason that dentists said they stayed. Financial consideration was the reason most often cited by alumni who left the site where they completed their service obligations.

Sixty-three percent of participants still under a loan repayment obligation said they expected to remain at their site once they finished their obligation, Ms. Huttinger said, and commitments to the underserviced was the top reason they gave for their plans. Among dentists and dental hygienists, however, salary was the top reason cited for expecting to remain at their sites. Ms. Huttinger noted that dentists come into the NHSC program with the highest debt load of any profession. NHSC participants in other professions also differed when asked why they expected to stay at the sites where they are finishing their obligations: licensed professional counselors and marriage and family therapists said experience at the site was the top reason they would stay, and clinical psychologists cited loan repayment support as a main reason. This group also said that financial consideration was a top reason they would leave the program.

The site survey revealed that the most difficult position to fill is that of physician, followed by nurse practitioners and licensed clinical social workers. But Ms. Huttinger said the survey revealed that, among community mental health facilities and community outpatient facilities, the position of licensed clinical social worker was the most difficult to fill, although physicians were also difficult to recruit. Among all sites, financial issues, advancement opportunities, and community and lifestyle were suggested as among the perceived reasons for recruiting difficulties.

Ms. Huttinger and other staff members then answered questions about the survey from council members. She said that the lack of advancement opportunities suggested as a reason for difficulty in recruiting meant a lack of opportunity to advance into administrative or professional positions within a specific organization. She said that she would break down the reasons the professions cited in the survey by specialty and report back to the council members.

In response to a question about physician assistants (PAs), Ms. Huttinger said the survey showed that they were not recruited often, but she could not tell from survey results whether that was because recruitment efforts failed or because PAs were not needed as frequently as other professions.

Ms. Beth Dillon explained that a community outpatient facility typically consists of a group practice that does not receive a federal designation. Ms. Joni Adamson expanded on that explanation, noting that – based on site application guidelines – a facility has the opportunity to self-categorize itself as a community outpatient facility.

Dr. Izard asked whether the difference in retention rates between NHSC scholars and NHSC loan repayers could be explained by demographic differences. Ms. Dillon said the NHSC does not have information on the debt load carried by survey respondents, although scholars go into their NHSC obligation with less debt than loan repayers. Ms. Huttinger said she could examine retention figures based on age. Both Ms. Dillon and Ms. Huttinger said NHSC could look at the Health Professional Shortage Area (HPSA) scores of sites where loan repayers and alumni served to see if those scores made a difference in retention.

Dr. Izard said he believed that the council members were surprised by the size of the financial commitment NHSC was willing to make to NHSC scholars. He said that, moving forward, the NAC may examine whether there are potential loan repayers who are not gaining access to core NHSC programs. Ms. Dillon said that in the past 2 years or 3 years the HPSA scores of scholar and loan repayer sites have been the same, but in previous years a difference in points existed between scholars and loan repayers. Ms. Huttinger said that this was probably due to data getting better rather than any policy change.

Ms. Adamson noted that NHSC vacancies are harder to fill now than they had been in prior years, and the program now has more vacancies than it did a few years earlier. She explained the tightening of HPSA scores at scholar and loan repayer sites by saying that, in previous years, NHSC had had a surplus of funds. Then, the NHSC was able to fund more people, including at site that had lower HPSA scores. She cautioned against considering HPSA scores alone when looking at who gets NHSC funding, however, noting that funding is always competitive and there are always more applicants than the NHSC can fund.

Ms. Stergar asked how NHSC retention information compared to information about the population at large. Ms. Campbell said NHSC would reach out to partners to see if it could get more information on the topic. Dr. Kristen Crawford Ellis asked whether dentists in the survey distinguished themselves between general dentists and pediatric dentists, and Ms. Huttinger said the NHSC had that specialty information.

Dr. Izard asked why dentists had higher loan amounts than physicians. Dr. Crawford Ellis said that dentists' tuition was higher than physicians', and dentists had to purchase equipment, with a cost ranging from $14,000 to $30,000.

Ms. Huttinger listed the issues NHSC said it would follow up on, and Dr. Izard asked, in addition, for the amount of funding provided for each person in the scholar program.

Ms. Adamson asked whether the data presented could be broken down by state. Ms. Huttinger said the sample sizes might be too small, and the small sample sizes might reveal the identities of individual participants. She said that, for the site survey, NHSC would try to look at the data by region.

In response to a question from Dr. Izard about refining the survey to improve the abandonment rate, Ms. Huttinger said the survey probably could be improved so that it took less time to complete and that the expectations of the survey reviewers may have to be lowered. Overall, she said, the response rates were great. But future surveys – likely done every 2 years or 3 years – could focus on particular initiatives so that they took less time to complete. She also said that some response options in the survey were not consistent across the cohorts involved in the survey, and the NHSC would try to improve uniformity in future surveys.

CAPT Campbell said that there were no comments to or questions of the council from members of the general public.

Dr. Izard asked for additional questions or comments from council members. Hearing none, he adjourned the meeting.