

**Summary of Discussion Regarding Disciplines
NAC on NHSC Meeting
January 20, 2012
Hilton Washington DC/Rockville Executive Meeting Center**

As part of the NHSC National Advisory Council meeting on January 20, 2012, during the open discussion portion of the meeting the Council discussed the continuation of the SEARCH program, NHSC collaboration with returning veterans, critical access hospitals, and the expansion of NHSC disciplines.

Continuation of SEARCH program

In terms of continuing the SEARCH program, Becky informed the Council that we have good SEARCH data and have talked to BHPr regarding using the AHECs as rotation sites. \$5.3 million is allotted to the SEARCH program and we currently have 28 contracts. The question now is do you fund that towards SEARCH or put it towards awards? By next month a decision will be made about moving forward with the program but NHSC does not want to have duplication with the AHECs and SEARCH. Becky stated that NHSC knows how valuable the SEARCH program is and receives a lot feedback about it.

Dr. Pathman suggested that SEARCH questions should be included in the retention survey (in an effort to measure how SEARCH directly correlates to those who receive a NHSC scholarship/loan repayment award) (ACTION ITEM). He also noted that NHSC needs to be careful with including AHECs because they are not focused on the underserved or rural communities (the NHSC focus will be lost).

Dr. McCunniff noted that SEARCH helps foster interdisciplinary practice. Becky asked the Council what bridges the gap between interdisciplinary training and practice? Several solutions were proposed: 1) Faculty development with a interdisciplinary focus at training institutions, 2) Develop a funding stream through program initiatives (i.e. CMS), 3) Clinical practices commit to an interdisciplinary approach using case management and electronic records implementation. 4) Create interdisciplinary opportunities instead of waiting for money (especially for CHCs). A Council member noted that nurse practitioners and physician assistants are in a difficult situation right now. It is difficult to get jobs at community health centers and it is a challenge to aspire students to go into primary care. Interdisciplinary management may be the key in moving forward.

NHSC Collaboration with Returning Veterans

A Council member asked about opportunities for NHSC to collaborate with returning veterans. Becky responded in saying that she would like to have collaboration with veterans but they might not have a need for loan repayment. NHSC would have to think of another way to collaborate.

Critical Access Hospitals (CAH)

BHPr asked if they (CAHs) were included as NHSC sites and the answer is no (BCRS looked at it w/ BHPr and the White House pushed it). CAHs developed policy was

quicker than expected. Dr. McCunniff stated that there are mid-levels in dentistry and this might affect HPSAs (i.e. University of Minnesota). There is two years of additional training beyond dental hygienists (i.e. dental health aide). Becky stated that the challenge is sites would need to express a need for such a mid-level and consider whether these professionals are in demand. Meeting the needs of the sites is critical. Registered nurses, substance abuse counselors and pharmacists are needed by sites. We need to make sure we have data to support expansion to additional disciplines.

Expansion of NHSC Disciplines

The discussion opened with Dr. Pathman asking whether NHSC should be prioritizing disciplines with more applicants than funding. Factors to look at when considering this question include retention rates, the likelihood to go to areas of need, and other factors such as mental health. Becky responded in saying that currently, there are no thresholds set aside in regard to prioritizing disciplines. The NHSC legislation only lists primary care disciplines. The questions to ask are do you want to take money away from disciplines that are currently being funded and will tort claims cover those new disciplines?

Someone from the Council suggested that NAC should provide guidance on how awards are distributed and weigh in on disciplines that are represented. NHSC needs to determine the “tipping point” for broadening disciplines because we do not want to take away from current eligible disciplines. Another Council member pointed out that NHSC needs to look at “Indian-specific” methodologies. Another Council member stated that we need to consider the following question: “Who do we need the most?” For the NHSC, we always have to keep in mind that we are serving the needs of the communities first and have to look at what communities are requesting and be cognizant and flexible when possible to make adjustments on the disciplines we include in the NHSC.

One option that was suggested was to include registered nurses, pharmacists and general surgeons in state loan repayment (SLRP). They are more flexible and it could complement the Corps program. Another option would be to consider a dual degree (i.e. MD/MPH; Substance abuse/social work). Ms. Amundson asked whether administrative support with the SLRP could be considered. Becky said that the statute prohibits administrative support for SLRP, however the SLRP is a great alternative to the Federal NHSC loan repayment program. Some final points to consider when thinking of expanding the NHSC disciplines:

- Tier 1 and Tier 2 – Could use different language.
- Be cognizant of LRP programs in states – look at the competition.
- Look at program impact: Make more awards by lowering other amounts for other disciplines (something to consider).