

**Idaho Health Professions Education Council
2011 Annual Report to
Governor C. L. "Butch" Otter
Submitted January 2012**

2011 Idaho Health Professions Education Council Report

The IHPEC was created by executive order from Governor Otter in February, 2009. The Council began meeting in March, 2009, and produced its first report to the Governor in June, 2010.

Makeup of the council is representative of healthcare organizations, Idaho colleges and universities, and the public at large. There are currently nine members on the council. The charge to this group is to:

- Conduct health workforce analyses;
- Assess Idaho's capacity for training healthcare professionals;
- Advise the Governor and legislators on healthcare workforce issues;
- Develop healthcare workforce objectives for the State of Idaho and provide policy recommendations for achieving the objectives;
- Recommend strategies to address healthcare provider shortages in rural locations;
- Develop strategies to increase public/private partnerships to increase the healthcare providers for Idaho.

2010 recommendations from the IHPEC for workforce development in the health professions (to be reviewed within the body of this 2011 report or at its conclusion).

1. Dentists

- a. Begin programs to recruit and admit dental students from rural areas of Idaho.
- b. Insure that graduating dental students are aware of the National Health Service Corps and other loan reimbursement programs.
- c. Start an aggressive, State sponsored program to promote better dental health in the State's primary and secondary schools.

2. Nurses

- a. Implement the Nursing Workforce Advisory Council's recommendations, especially as they pertain to retaining and increasing nursing faculty to meet the growing demand for educating the nursing workforce.

3. Physician Assistants

- a. Continue to regionalize Physician Assistant training programs. Establish smaller classes across the State. Diversify the funding model to increase support for faculty across regional program sites.

4. Physicians

- a. Support planned, steady annual growth in medical student education, utilizing Idaho's academic and health care resources, regional medical education partners and private business, following the recommendations of the Idaho State Board of Education.
- b. Increase access to medical education opportunities for applicants from rural communities and underserved groups.
- c. Increase State funding support for Graduate Medical Education (GME)/residency programs.
- d. Expand rural training tracks in existing Family Medicine residencies and create additional Idaho primary care medical residency programs in Internal Medicine (Boise) and Family Medicine (Coeur d'Alene).
- e. Evaluate the creation of an Idaho GME office to provide oversight in the expansion and future funding of Idaho medical residency programs.
- f. Evaluate allowing licensed physician residents in Idaho's residency programs to participate in debt repayment through an expanded Idaho Rural Physician Incentive Program. This would provide increased incentives for new physicians to begin their residency training in Idaho.
- g. Expand funding sources for the Idaho Rural Physician Incentive Program to include private and professional groups who have a vested interest in Idaho physician recruitment and retention. A serious commitment to fully endow the IRPIP will contribute greatly to rural physician recruitment and may allow expansion reimbursement to other health professionals (P.A.'s, NP's, etc.) in rural areas.

5. All Health Professions

- a. Improve tracking and access to current State data on all healthcare and medical graduates in Idaho programs through collaboration with the Idaho department of Labor.
- b. To retain the highest quality program faculty, salary and benefits support in all health care disciplines must be competitive.

In FY 2011, the Idaho Health Professions Education Council met twice and continued its review of information concerning the recruitment, training, education and the healthcare workforce in Idaho. In doing so, IHPEC arranged meetings and listened to presentations with representatives from the following groups and agencies:

- Idaho Medical Association
- Idaho Area Health Education Center
- Idaho Office of Rural Health and Primary Care
- Idaho State Board of Education
- Idaho Department of Labor
- Idaho Legislature (Policy Analyst)
- Idaho State University Department of Pharmacy
- Idaho Department of Health and Welfare, Division of Behavior Health

What follows is a summary of those meetings and updates on previous recommendations, if applicable, as well as new recommendations from the Council.

Meeting with representatives from the Idaho Medical Association, (12/7/2010), re the IMA 2011 Legislative Agenda

Associate Executive Director Ron Hodge described the Medical Education Affairs Committee of the Idaho Medical Association. The committee was designed so that the IMA would take a more active role in the medical education in the state. The committee serves as a forum to discuss medical education, address problems, create policy and budget requests while interacting with the State Board of Education, the Idaho Legislature, and representatives from Utah and Washington medical schools.

The IMA agenda for the 2011 Idaho legislative session was aimed at keeping residency funding at current levels and to request funding for the new internal medical residency program.

The Idaho Medical Association standing priorities continue to be in line with the Council's recommendations (6/2010) for expanded access to medical education, expanded residency training in Idaho (GME), and increased state funding:

- Develop an Idaho based 4 year medical education program
- Expand graduate medical programs in family medicine, internal medicine, psychiatry, pediatrics, surgery, obstetrics and gynecology.
- Expand state funded medical seats at Utah and Washington Medical Schools.
- Increase access to medical schools for Idaho students

Discussion on the state's residency programs, the WWAMI medical education program, the establishment of a four-year medical program within Idaho, and rural health care issues followed.

Recommendation: Increased access to medical schools for Idaho students is necessary.

Idaho Area Health Education Center – Mountain States Group, Inc.

Mountain States Group, Inc. Executive Director Chris Tilden described the agency's 36 years of dedication to health and human services. Mountain States Group (MSG) staff provides services to people of all ages, many ethnic groups, and many immigrant populations. The main focus of the group is rural and public health, mental health, children and families, older adults, and refugees. MSG is involved with over twenty programs, mostly federally funded.

Idaho Area Health Education Center (IAHEC) program director, Mary Lou Kinney described IAHEC as a program of the Mountain States Group, Inc. associated with the WWAMI program.

Idaho Area Health Education Center activities include:

- Introducing youth to health care careers
- Supporting clinical training experiences for students who are pursuing health professions degrees
- Supporting existing health care professional events, programs and continuing education opportunities

IAHEC works with young people in underserved communities, fosters their interest in health care careers and helps them prepare for health professions training. IAHEC continues working with these students through their college and professional school experiences and helps schools provide health-care professional training in underserved communities.

The Idaho AHEC mission is to promote careers in health care especially in rural and medically underserved communities and thereby reduce shortages of health care professionals in such areas.

Discussion followed regarding the pros and cons of Idaho applying for its own federally funded AHEC program with several in-state regional centers.

Recommendation: a facilitating agency or body should be identified to bring together the schools/colleges of nursing in Idaho (ISU, BSU, and LCSC) to explore the feasibility of forming a partnership to apply for a state-wide ID AHEC grant with three regional centers. Single state AHEC awards require affiliation

with either a state medical school or a state school of nursing. Currently, Idaho uses its affiliation with UW School of Medicine, through WWAMI, to participate in AHEC funding. Idaho could apply for a much larger, capacity building grant from AHEC if it could demonstrate cooperation between the various schools of nursing within Idaho for the creation of an Idaho AHEC.

Idaho Office of Rural Health & Primary Care

Program Manager Laura Rowen described several programs managed by the Idaho Office of Rural Health and Primary Care.

- Idaho Health Careers was created to assist health care practices in rural and underserved areas with locating health professionals for current vacancies. It offers a web-based tool which allows communities and employers to post clinician vacancies and candidate preference information directly. A questionnaire for candidates who are interested in finding jobs in Idaho is provided and a referral is then made to communities where there is an opening.
- Health Professional Shortage Area Designations (HPSA). The Idaho Primary Care Office collects practitioner data that contributes to a formula which determines eligibility for these federal designations. The designations are determined in Primary Care, Dental Health, and Mental Health.
- The National Health Service Corps (NHSC) is a federal program that works with underserved communities in designated HPSAs around the country to place clinicians who are NHSC Scholars and loan repayment recipients in health professional shortage areas.
- Rural Healthcare Access Program (RHCAP) is a state funded program focused on improving access to primary medical and dental care for people living in areas designated as medically underserved or healthcare professional shortage areas. The program helps rural Idaho communities improve access to healthcare services with grant assistance that is funded through the Idaho Legislature. RHCAP awards are limited to \$35,000 a year, for a maximum of three years.
 - Applicants for grant funding may submit proposals that improve access to healthcare in any of the four categories:
 - Community development projects
 - Tele-health projects
 - Recruitment and retention of health professionals
 - Other activities designed to meet community healthcare access needs
- Idaho Conrad J-1 Visa Waiver Program and National Interest Waiver Program

Ms. Rowen said that this program provides for the placement of foreign trained physicians in rural and underserved communities across the state. These foreign trained physicians doing training or residencies in the U.S. are typically required to leave the United States at the end of the training, but this program allows the community to petition for the physician to provide service for three years. The application requires a signed employment contract between the community and the physician. The physicians must agree to provide direct patient care full-time for a minimum of three years in family medicine, internal medicine, pediatrics, obstetrics and gynecology, or psychiatry.

- The Community APGAR Questionnaire (CAQ)

Ms. Rowen said that this program was developed by the State Office of Rural Health, the Family Medicine Residency Program and Boise State University to help communities identify their strengths and challenges in recruiting and retaining rural family physicians. This 50-factor tool provides a score to be used as a basis for developing an action plan to improve physician recruitment capabilities. The tool has been successfully implemented in Critical Access Hospitals and Federally Qualified Health Centers in Idaho, and is gaining national attention.

Recommendation: the Council recognizes the great potential for significant contributions from the ORH&PC, in addressing healthcare workforce needs in Idaho. State government may need to look at increased resources and support for federal funding initiatives in order to expand the scope and impact of this office in Idaho.

State Board of Education

State Board of Education budget office Deputy Director Matt Freeman reported on the forecast for health education funding. He said the “good news” is that revenue for the state is forecast to be up 3.8% while the FY11 budget is based on projections of 1.8%.

He stated that last year funding from the colleges and universities appropriations were taken to keep health education programs open. The only way to have a first year savings in the general fund would be to cut appropriations for medical seats. Mr. Freeman said that the internal medical residency program had requested an increase in funding for next year.

Mr. Freeman stated that within the Idaho Health Care Education Budget are:

- WITCHE Optometry program
- University of Washington WWAMI Program; University of Utah School of Medicine Idaho program,
- IDENT – Creighton University’s Idaho Dental program

- 2 Family Medicine Residency programs (Boise; Pocatello)
- Psychiatry Residency program (Boise hospitals & VAMC)

Mr. Freeman reported that the Rural Physicians Incentive Program is now an expanded public/private partnership to help recruit and retain medical graduates to serve in Idaho. It is in the first year of awards and private donations are tax deductible.

Mr. Freeman reported that the State Board of Education's medical education sub-committee authorized the University of Washington School of Medicine to do a study on expansion of medical education in the state. This initial concept paper has been received. The report provided recommendations of pros and cons for expansion of the program, but did not provide cost-analysis for these alternatives. The sub-committee has requested further financial analyses.

Department of Labor Primary Health Care Grant Update

Idaho Department of Labor's Assistant Deputy Director Cheryl Brush said that the Department of Labor was successful in being awarded a health care grant and thanked Mary Lou Kinney, Chris Tilden, Laura Rowen, Margaret Henbest for helping on the committee. She asked Idaho Department of Labor's Grant Manager Melinda Adams to present background information and the requirements of the grant.

Ms. Adams stated that Idaho is one of 25 states awarded funds to create health care workforce planning partnerships. This grant focuses on the primary care workforce including primary care physicians, nurses, dentists and mental health professionals.

Ms. Adams said that the goals of the grant are: (1) to develop data system, (2) to develop a comprehensive health care workforce plan and (3) to implement the plan. She stated that there are two phases of the grant: (1) first phase is for the planning grant which lasts for one year and is for \$200,000, and (2) the second phase requires a proposal for a long-range health care workforce center which is due late spring 2011 and lasts for two years and is for \$1 to \$2 million dollars.

Ms. Adams announced the required steering committee representatives for the grant, chosen from the Workforce Development Council membership which required a declaration of commitment.

Discussion followed regarding the role of Idaho Health Professions Education Council with the health care workforce grant. Council member Andrew Turner suggested that the Licensing State Boards and State Professional Associations be contacted as consultants on data collection. The council agreed to support the grant and make necessary recommendations.

Update: DoL has made good progress with data sharing agreements with state healthcare licensing boards; the DoL has also requested an extension of the phase 1

healthcare grant award to June 2012, to be followed by phase 2 grant submission for the creation of an Idaho healthcare workforce center.

Recommendation: the Council is an identified partner in the current healthcare workforce grant and will continue to be actively involved in this opportunity for workforce program planning and development in Idaho. The Council plans to meet with DoL staff for an update on grant activities and initiatives in the fall/winter of 2011.

2011 Idaho Healthcare Legislative Action, April 12/2010.

Legislative Budget Policy Analyst Amy Johnson who provided a summary of bills passed this year relating to health and human services. Policy changes to health education programs included a 2.2% cut in health education programs, with an increase in student fees, and optometry seats not being filled for 2011.

Medicaid policy changes made by the legislature are:

- Mental health providers required to be licensed and nationally accredited
- Rate increases removed in statutes and policy created as to what percentage Medicare pays
- Actual acquisition pricing for pharmacy savings similar to Oregon and Washington and a survey provided to determine cost charges

House Bill 310 contained a major policy change aimed at saving money for the state and counties. It revises the duties, requirements and procedures related to the Catastrophic Health Care Cost Program for indigent populations.

Mental health care and substance abuse issues were discussed by the legislature. A main concern was the lack of statewide coordination in providing state supported mental healthcare. Substance abuse funding is split among different departments such as juvenile correction, health and welfare, department of correction, and the courts.

Discussion followed relating to teaching health care centers, mental health services in rural areas, medical residency seats, Medicaid and Medicare rates for hospitals, and managed health care.

Nurse Practitioners

Idaho Alliance of Leaders in Nursing Executive Director Margaret Henbest presented an update on Nurse Practitioners in Idaho.

Advanced Practice Professional Nurses (APPN) are professional nurses with additional specialized knowledge, skills and experience. APPN programs of study are nationally

accredited and upon completion APPN's are authorized to practice which includes prescribing, administering and dispensing pharmacologic agents.

Idaho was the first state to license Advanced Practice Professional Nurses in 1972. Health workforce experts believe the contributions of Nurse Practitioners and Physician Assistants are vital to meet the future demand in healthcare. Currently there are 813 Nurse Practitioners with active Idaho licenses.

Ms. Henbest reported that the Nurse Practitioner education in Idaho includes:

- Idaho State University which offers a MSN with an FNP option. Rural health issues are emphasized and the program is delivered via distance education and the certification exam passage rate approaches 100%
- Nationally accredited program through the Commission on Collegiate Nursing Education
- The Affordable Care Act (ACA) aims to increase the primary care workforce; however there are insufficient numbers of qualified faculty and clinical training sites to train sufficient numbers of new APPN's. Increased insurance coverage costs are inevitable and with the aging population increasing consumption of services may further exacerbate the shortage.
- Future plans for Nurse Practitioner programs within the state include:
 - A doctoral degree (DNP) at Idaho State University. Curriculum is being developed and will be presented to the Board of Education in Fall 2012 with plans for the first DNP class to be admitted by 2013.
 - A doctoral degree (DNP) at Boise State University in Executive Leadership is being planned.
- Ms. Henbest recommended the following national priorities for Nurse Practitioners:
 - Continue to Practice to the full extent of their education and training
 - Increase their scope of practice in many states
 - Achieve higher levels of education and training through an improved educational system, to meet the demands for academic nursing faculty in colleges and universities
- **Recommendation: the Council recommends that Idaho higher education articulation agreements be updated or revised between Idaho nursing education institutions to increase access and pipeline into advanced nursing degrees in Idaho.**

Pharmacy Education in Idaho

Idaho State University (ISU) College of Pharmacy Associate Dean and Associate Professor Dr. Paul Cady presented to the IHPEC. The College of Pharmacy was the first college on the ISU campus in 1920 and has been very successful. It is one of two remaining non-traditional programs and has the potential to grow 100 students with current facilities.

The Idaho Department of Labor reports that pharmacy is the fourth highest ranking “Hot Job” in Idaho. However, mail-order and online pharmacies are growing much faster than community pharmacies. Greater automation of drug dispensing and greater employment of technicians/aides are factors likely to reduce the demand for numbers of pharmacists.

The following factors are likely to increase the demand for numbers of pharmacists:

- Aging of the population
- Continued expansion of the potential for new drugs to treat diseases
- Continued expansion of the role of pharmacists in primary and preventive care
- New opportunities in disease management and research
- New opportunities for pharmacists in managed care and elsewhere to analyze trends and patterns in medication

Because of the current recession, Dr. Cady feels there has been a definite impact on the pharmacy profession, but Idaho seems balanced in the supply and demand for pharmacists.

Idaho State University College of Pharmacy Professor Dr. Rex Force discussed the evolution of pharmacy. Pharmacists do more than just dispensing pills); they are the most visited health professional today by providing medication therapy management (part of Medicare Part D) and quality health care.

The pharmacist scope of practice has changed due to current legislation regarding:

- Pharmaceutical care
- Tele-pharmacy
- E-prescribing
- Limited prescribing of immunizations and fluoride
- Registration of non-dispensing outlets that provide pharmaceutical care only
- Practitioner status

Changes in the residency training requirements for pharmacists (including clinical pharmacy practice in cardiology, psychiatric, oncology, ambulatory care, primary care,

managed care, pediatrics and infectious disease) provides federal funding for residencies and results in a more qualified professional.

The Idaho State University College of Pharmacy is responsible for state-wide teaching, practice at the Boise VA hospital, and service at the Meridian lab where research, collaborations and clinical trials are available.

The State of Mental Health in Idaho

Idaho Department of Health and Welfare's Division of Behavioral Health Administrator Kathleen Allyn presented to IHPEC.

Ms. Allyn reported that the budget for the Division of Behavioral Health is divided into 3 categories including:

- Mental health outpatient services at 40% which represents adults and children
- Psychiatric hospitals at 38% which includes State Hospital South, State Hospital North and Community Hospitalization
- Substance abuse services at 22% which uses privatized networks (most clients are apart of the criminal justice system)

Ms. Allyn reported that there has been a significant reduction in expenditures for Division of Behavioral Health budget since 2008. Medicaid has the largest appropriation of 81per cent from the Department of Health and Welfare's total budget with the Behavioral Health Division's appropriation at just 3 percent. Ms. Allyn said the Division was also referred to as the State Mental Health Authority because of funding received from the State Mental Health Authority Block Grant.

Ms. Allyn discussed the Behavioral Health Transformation which started during the Bush Administration. Transformation means the integration of mental health and substance abuse services with the development of care to be more community based rather that institutional based. In October 28, 2010 the Behavioral Health Transformation Workgroup Report was issued resulting in the Governor's Executive Order No. 2011-01 which establishes the Behavioral Health Interagency Cooperative with the Department of Health and Welfare Director serving as chairman.

Chair Fernandez introduced Idaho Department of Health and Welfare Division of Behavioral Health Bureau Chief Ross Edmunds who discussed the benefits packages of the public mental health services which includes Medicaid and the Division of Behavioral Health.

Mr. Edmunds discussed the Federal Affordable Care Act and the potential impact of this legislation in Medicaid expansion, health insurance exchanges, essential benefits package and parity which reduces out of pocket costs with one deductible for general and mental health care.

The workforce development topics of tele-mental health care expansion, a shortage of mental health professionals in all 44 counties, a growing retirement population and lack of competitive salaries for recruitment and retention were discussed by the Council.

Mr. Edmunds said that the 2008 Idaho Behavioral Health System WICHE report offered four recommendations which are:

- Create a workforce collaborative to develop a strategic plan
- Apply behavioral health education programs that translate into jobs
- Increase available applied training opportunities
- Provide incentives for recruitment and retention of providers to deliver evidence-based practice

Note: the Council understands that the state-supported behavioral health system is in some transition, the Council still struggles with a clear vision of the MH services delivery model in Idaho, and its critical interface with primary care and patient health and has agreed to explore this issue in greater depth over the next year.

Additionally:

The Council continues to support the recommendations of its 2010 report recognizing the updates as follows:

- **(4c/d) Physicians – graduate medical education (GME; residencies) - The Internal Medicine program (Boise) has been created, approved, and became fully operational in July, 2011. The Office of the State Board of Education (OSBE) has received a request for financial support for this new residency, comparable to levels of state support for other medical residencies in Idaho. The hospital board at Kootenai Medical Center, in Coeur d’Alene, has approved development plans and initial start-up funding for a new Family Medicine Residency Program at that medical facility, to open in 2014.**
- **(4e) The UI WWAMI Program has submitted a budget request to the OSBE to assist in creating an Idaho GME office in Boise in FY13.**
- **(4f/g) The OSBE has proposed legislation to move administration of the Idaho Rural Physician Incentive Program (IRPIP) to the Office of Rural Health & Primary Care, in the Department of Health & Welfare.**
- **(5a) Through collaboration with the Idaho Department of Labor, tracking and access to current state data on all healthcare graduates from Idaho programs is improving.**

Summary of Recommendations:

Recommendation: Increased access to medical schools for Idaho students is necessary.

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Upcoming goals and planned work for this next year:

- **Meeting with agencies and persons such as the Idaho Hospital Association and Idaho Primary Care Association addressing workforce and educational needs and opportunities for both urban and rural facilities**
- **Meeting with agencies and persons for better understanding regarding behavioral health**
- **Ongoing informing of educational models in response to changes in health care delivery, available resources and identified priorities in state planning efforts**