

**Idaho Health Professions Education Council
Annual Report to
Governor C. L. “Butch” Otter
October, 2012**

2012 Report of the Idaho Health Professions Education Council (IHPEC)

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.

In 2012, the Idaho Health Professions Education Council met three times and continued its review of information concerning the recruitment, training, and education of the healthcare workforce in Idaho. In doing so, IHPEC arranged meetings and listened to presentations with representatives from the following groups and agencies:

- Idaho Hospital Association (March)
- Idaho Primary Care Association (March)
- Idaho Department of Labor (March & July)
- Office of State Board of Education (July & October)
- Family Medicine Residency of Idaho (July)
- ISU Family Medicine Residency (July)
- Idaho WWAMI Medical Program (July)
- Pacific Northwest University Osteopathic Medical School (July)
- UW-Idaho Psychiatry Residency (July)
- UW-Idaho Internal Medicine Residency (July)
- Idaho Council of Nurse Education Leaders & the Idaho Nursing Action Coalition (October)
- Behavioral Health in Primary Care (October)

In addition, recommendations from the **2011 IHPEC Report** on workforce development in the health professions were reviewed, updated, or revised as a part of the 2012 meetings of the Council:

1. Medical education:

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

2. Health Education:

- a. **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.

3. Idaho Office of Rural Health & Primary Care

- a. **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.

4. Department of Labor's Primary Health Care Grant

- a. **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 Dept. of Labor staff for an update on grant activities and initiatives in the fall/winter of 2011.

5. Nursing Education

- a. **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.

6. 2010 Recommendations not yet implemented or revised:

- a. (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 (**not funded in 2011 or 2012**). 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 (**expect budget request in 2013**).
- b. (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 (**not funded; withdrawn in 2012**).

Summary of the 2012 meetings and new recommendations from the Council,
with updates on previous recommendations, as applicable.

(3/6/12) Meeting with representative from the Idaho Hospital Association – Mr. Steve Millard discussed hospital problems with Medicare payments, summary surveys on salaries, staff turnover and vacancy rates, and recruitment incentive issues. Mr. Millard said that the Affordable Care Act outlines a direction for healthcare. The hospitals are moving toward becoming “accountable care organizations,” supporting the concept of one-stop healthcare facilities.

Recommendation 1a: IHPEC supports the development of integrated healthcare systems in Idaho, including community hospitals and community clinics. Integrated healthcare allows us to look at the bigger picture of healthcare workforce recruitment instead of single, separate professions.

(3/6/12) Meeting with representative from the Idaho Primary Care Association – Executive Director Denise Chuckovich presented an update on Idaho’s Community Health Centers. Idaho has 13 Community Health Centers (CHC) serving 133,000 patients in 2010 almost one in 11 Idahoans. CHC’s are rapidly changing their practices into patient-centered medical homes (PCMH). This model is a team-based approach to healthcare where patient care is focused on prevention and integration with other providers to improve care and reduce costs. Major workforce issues for the Community Health Centers include 1) recruiting family physicians with OB/GYN experience for rural areas; 2) recruiting experienced Nurse Practitioners and Physician Assistants, and 3) recruiting mental health staff for the CHCs.

Recommendation 1b: with recruitment of primary care (including family physicians with OB/GYN experience) and mental health workforce providers being the principle challenge for CHCs, Idaho needs to continue to expand its recruitment incentive options and award amounts to compete with regional demands.

(3/6/12) Meeting with Idaho Department of Labor Healthcare Workforce Planning Grant staff – Melinda Adams and Cheryl Forster. The Workforce Development Council was the successful recipient of HRSA (Health Resources and Services Administration) funds for workforce planning, through June 30, 2012. The DOL plans to continue to move forward on healthcare workforce planning in the absence of new dedicated funds. Ms. Adams stated that the Nursing Workforce Data Center which has been established at the department is an excellent model for providing valuable workforce supply and demand data. The department hopes to expand the Nursing Workforce Data Center to include other primary care disciplines. The department has been able to establish workforce sharing agreements with each of the licensure boards governing primary care occupations with the exception of the Board of Medicine. As a result, our ability to produce substantive workforce supply and demand data for Idaho physicians is seriously hampered. The concerns raised by the Board of Medicine attorney fall largely within the following areas: (1) confidentiality of licensee information; and (2) lack of statutory authority for Board participation in workforce planning activities. The planning grant’s principal outcome is to address workforce shortages in Idaho by

attaining a 10-25% increase in the primary healthcare workforce over a ten year period. The subject of the current research is setting up a way to measure the current healthcare workforce. To do that, we need to establish and maintain a data and information system to properly track the increase in the primary healthcare workforce. Ms. Foster explained that we are able to identify the number of the existing supply of workers by coordinating with the licensing boards that oversee each of the healthcare occupations Ms. Adams explained that the next USDOL Workforce Innovation Grant application will be submitted by the Idaho Workforce Development Council. She said that the grant is for \$3-6 million and will last three to four years. The primary focus of the application is to reform the Idaho's labor exchange system. Ms. Adams requested a letter of support for the grant application.

Recommendations: **1c)** IHPEC agreed to write a letter of support for the DOL grant application; **1d)** the IHPEC encouraged the DOL to continue to pursue discussions with the Idaho Board of Medicine, to resolve their impasse, including pursuing legislative authority for cooperation, as needed.

7/23/12 IHPEC meeting (focused on the physician workforce including medical school education and residency/graduate medical programs):

Idaho Health Education programs update - State Board of Education Deputy Director/Chief Fiscal Officer Matt Freeman gave a brief update on the health education 2013 budget requests. Mr. Freeman reported that the State Board of Education approved the following line items in June for the FY 2014 budget year:

- WWAMI's proposed TRUST program (which focuses on rural medical education in Idaho); the request is for 5 additional medical students per year, over four years.
- 7% increase in funds for the two Family Medicine Residency programs, FMRI and ISU-FM.
- Increase of \$10,000 for the UW-Idaho Psychiatry Residency program
- New funding of \$240,000 for the new UW-Idaho Internal Medicine residency program in Boise

Mr. Freeman said that it is also anticipated that the new Family Medicine Residency program in Coeur d'Alene will seek some level of State funding for FY 2015.

Recommendations: **2a)** recommend increased funding of the medical residency programs in Idaho, per the State Board of Education budget request. In particular, support for the new UW-Idaho Internal Medicine Residency in Boise is critical to the success of this new program, and the future training of internal medicine physicians in Idaho; **2b)** support the annual increase of five medical students in the Idaho WWAMI program, as a part of the proposed TRUST rural medical training program, designed to recruit physicians for rural practice in Idaho.

Family Medicine Residency of Idaho Program - Dr. Ted Epperly, CEO and Program Director for the Family Medicine Residency of Idaho (FMRI) reviewed the status of FMRI. Since 1975, FMRI has graduated 266 family medicine physicians. Of these graduates, 144 (54%) have remained in Idaho, and of those remaining, 40% have

chosen to serve rural and underserved areas. Dr. Epperly reported that the Family Medicine Residency of Idaho includes the following:

- 2 Rural Training Tracks - Caldwell and Jerome
- Five Patient Centered Medical Home Locations in Ada County
- Largest Service Provider for Uninsured and Underinsured in Ada County
- Largest Medicaid Provider in Idaho
- One of 11 in the Nation with Teaching Health Centers
- 197 Employees
- \$18 Million Budget

Dr. Epperly also discussed decentralizing medical school education, rural training tracks, and the need for surgical and pediatric residencies in Idaho.

Recommendation: 2c) support the FMRI budget request to the State Board of Education to address expanding rural residency training in Idaho (see 2a).

Idaho State University Family Medicine Residency - Dr. Bill Woodhouse, Associate Director reviewed the status of the ISU-FMR, which was started in 1992, and is a fully-accredited, community-based residency program, with university affiliations with the University of Washington Family Medicine Residency Network, and the University of Utah. Out of the 90 graduates from the FMR program, two-thirds practice in rural settings and 50% have stayed in Idaho. Dr. Woodhouse reported that family physician faculty salaries, accreditation, recruitment, the director transition, the Rexburg Rural Training Tracks program, and the replacement of former PCRE funding are current challenges for this program.

Recommendation: 2d) support the ISU-FMR budget request to the State Board of Education to address expanding residency training in Idaho (see 2a).

Family Medicine Coeur d'Alene Residency, Kootenai Health – Dr. Richard McLandress, Director, sent a written report on the development of Idaho's newest residency program. Kootenai Health / Kootenai Medical Center has committed to developing a University of Washington affiliated Family Medicine Residency based in Coeur d'Alene. The completed program applications have been submitted to the accrediting body, and a formal site visit will occur January 15, 2013. The residency will be a 6-6-6 program, 6 residents per year for each of the 3 years, with the first class of residents starting in July of 2014. Kootenai Health has committed several million dollars to the startup of this residency program, and will be looking to the Idaho State Board of Education and the Idaho Legislature for financial support similar to that given to other graduate medical education/residency programs in Idaho, beginning in the fiscal year 2014–2015.

No Action required; information only.

Pacific Northwest University, College of Osteopathic Medicine, Yakima, WA - Dr. Brandon Isaacs, Regional Dean presenting. This neighboring Osteopathic Medicine School was started four years ago in WA. The program began training in the Boise area in 2011 with 2 medical students. There is also training being developed in Blackfoot. Dr. Isaacs felt that a database of medical preceptors, educational opportunities, and

teaching resources would be beneficial to the workforce development, if all training programs could access it.

Recommendation: 2e) IHPEC will explore the development of a state-wide database of medical or health provider preceptors and training sites, for use by health professions workforce development programs in Idaho.

Psychiatry Residency Program - Dr. Jeralyn Jones, Idaho program director, University of Washington's Psychiatry Residency Program provided an update on the psychiatry training program. Residents spend their first two years of training in Seattle and their final two years of residency in Boise. The in-state training program was developed to address the national and state shortage of psychiatrists. Dr. Jones reported that four psychiatrists have been recruited to work in Idaho giving the new residency program a 50% retention rate. Dr. Jones budget request is for expansion of training rotations in Eastern Idaho.

Recommendation 2f) support the UW-Idaho Psychiatry Residency budget request to the State Board of Education to address expanding residency training in Idaho (see 2a).

Idaho WWAMI proposed TRUST program – Dr. Mary Barinaga, Assistant Dean of Regional Affairs, UW Medicine and Idaho WWAMI, presented the new rural training track proposal for medical students in Idaho. The TRUST program includes selected admissions, rural community-student matching, repeated training in rural Idaho sites across all four years of medical school, and early matching to Idaho family medicine or other residency programs within the state. The UI WWAMI program has requested five additional students in the FY14 medical school class for the initiation of TRUST in Idaho. The five student increase is in keeping with the State Board of Education priorities for expanded medical student enrollment in the WWAMI program.

Recommendation: 2g) support the State Board of Education budget request to fund five additional medical student seats in FY14 as a part of the Idaho rural training TRUST program (see 2a).

UW - Boise Internal Medicine Residency program - Dr. Barinaga reporting for Dr. Scott Smith, program director. The University of Washington–Boise Internal Medicine program was first established as a year-long rotation in Idaho in 1977. Out of 223 graduates of the program, 69 or 31% have entered general internal medicine or specialty practice in Idaho. In July, 2011, the program achieved separate accreditation as a new 3-year UW-Idaho internal medicine residency, based at the VA hospital in Boise, with eight residents for each of the three years. The internal medicine residency is supported entirely from federal and local hospital funding, but has requested additional support from the State Board of Education to add training rotations in communities and sites outside of the Boise area. This is the second year that this residency program has requested support from state funding, though it was previously not funded. Without a minimal amount of state funding (<10%) residents will not be able to rotate through other areas of Idaho where internal medicine physicians are also needed.

Recommendation 2h) support the State Board of Education budget request to fund UW-Boise Internal Medicine Residency Program's expansion in rural training rotations outside of Boise (see 2a).

Idaho Department of Labor, Healthcare Workforce Data Update - Cheryl Foster, Senior Research Analyst, provided an update for the council on the HRSA Workforce Planning Grant. The grant establishes baseline employment rates for primary care occupations projected to grow 10-25% over the next 10 years, and establishes a methodology for tracking employment. Ms. Foster stated that the department is developing separate white papers to summarize baseline employment for dentists and dental specialists, dental hygienists, physician assistants, primary care physicians, and mental health occupations, and anticipates working with the Board of Nursing to develop one for nursing, in the future.

No Action required; information only.

(10/1/12) Nursing Education and Workforce – Dr. Lori Stinson, president of the Council of Nurse Education Leaders of Idaho. Dr. Stinson stated that the purpose of the Council of Nurse Education Leaders is collaboration and communication, tracking and coordination of current issues, concern and access for potential and current students, and sharing of resources. The Council updated and revised the Statewide Articulation Agreement for Nursing Schools whereby there are written agreements in place which allow nurses to advance their education level without repeating or losing educational credits. Dr. Stinson said that the council is working on the following initiatives:

- sharing resources to address shortages such as the lack of pediatric nurse educators in Idaho
- minimum criteria for licensure with the focus on 80% goal for nurses having a B.S. degree by 2020
- decreasing costs of simulation instruction to make it more accessible to all nursing students
- concern for the average age and likely retirement of nurse educators which will lead to further shortages

Dr. Stinson said there is a nursing faculty shortage in Idaho because being a nurse educator is a multi-skilled job and retention is a big issue because the financial support is less than similar clinical practice pays. Dr. Stinson discussed the PhD in nursing program and the proposed Doctor of Nursing Practice (DNP) at Idaho State University and Boise State University. Idaho has excellent nursing schools which are doing a good job at collaboration but need more money for competitive salaries, scholarships, and loan repayments for their graduates.

Recommendation: Increase the number of Master and Doctoral prepared faculty members to ensure that schools of nursing are adequately staffed to continue educating nurses.

(10/1/12) Nursing Education, Leadership and Inter-Professional Collaboration – Margaret Henbest, Idaho Alliance of Leaders in Nursing. Ms. Henbest said that in 2011

the Idaho Nursing Action Coalition identified three action teams and their goals: 1) Leadership - role of the nurse as leaders of the care team; 2) Develop an education model for nursing which promotes higher levels of nursing education; 3) Improve patient access to health care services provided by APRN's in Idaho and overcome cultural and statutory barriers that limit APRN's practice. Ms. Henbest reported that the coalition submitted a grant application for the State Implementation Program (SIP) in June for \$150,000, through the Robert Wood Johnson Foundation; outcome pending.

No Action at this time; further discussion and recommendations in the future.

(10/1/12) Behavioral Health – Alex Reed, PhD, Family Medicine Residency of Idaho, reported that most patients with mental health disorders initially present to their primary care physician as the first point of contact. The lifestyle of the patient, smoking, stress, alcohol, obesity, nutrition, blood pressure and drug use contributes up to 51% of their general health. Idaho has a shortage of mental health professionals, especially in rural areas. Dr. Reed discussed the advantages of integrated primary & mental health care and suggested that Idaho has the following training needs:

- Increase training opportunities for Behavioral Health professionals in primary care
- Certificate programs in integrated primary/behavioral healthcare
- Reduced financial/insurance barriers for specialized training for psychologists, social workers, or counselors in primary care.

No Action at this time; further discussion and recommendations in the future.

(10/1/12) State Board of Education update – Dr. Mike Rush, Executive Director, reviewed the 2009 Board's recommendations for medical education and provided an update:

1. Expand the development of graduate medical education (residency programs)
 - ✓ *SBOE has submitted a FY14 budget request for increased funding for the Family Medicine Residencies (2), WWAMI expansion & TRUST program, and Internal Medicine and Psychiatry Residency programs;*
2. Immediately increase the State funding support for Idaho WWAMI students to expand the number of seats
 - ✓ *SBOE has a budget request for 5 new WWAMI students with funding for the 4 year TRUST program.*
3. Expand the total number of medical seats for Idaho sponsored students
 - ✓ *SBOE discussed with the University of Utah the possibility for more seats – 5 may be available; no budget request for FY14.*
4. The State Board of Education will oversee an initiative to engage all stakeholder groups to jointly develop a comprehensive plan for medical education in Idaho
 - ✓ *While there is a need to develop a 5 year plan for medical education, currently the SBOE's primary focus will be on recommendations 1 through 3.*

Remaining 2011 Recommendations & Updates:

1. *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. **Update:** no action in 2012; the Council of Nurse Education Leaders of Idaho and Idaho Alliance of Leaders in Nursing will be approached by the IHPEC to consider this recommendation and report back in 2013.*
2. *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. **Update:** the Office of Rural Health & Primary Care has successfully assumed responsibility for the Idaho Rural Physician Incentive Program, formerly the responsibility of the State Board of Education. This will allow the ORH&PC to coordinate incentive programs for physician and other provider recruitment within one centralized office.*

Upcoming goals and planned work for the Council in 2013:

- **Explore collaborative or innovative educational models in response to changes in federal/state health care funding, regulations, delivery models, and identified priorities from the state planning efforts.**
- **Request presentations on professional workforce issues and education of social workers and public health workers in Idaho.**
- **Explore AHEC models and other options for interdisciplinary healthcare workforce training with the state's nursing programs, other institutions and community partners.**
- **Explore ways to increase numbers of nursing faculty to insure future of state's nursing programs.**

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