Building a Strong Physician Workforce in Montana

MMA Physician Leadership Effectiveness Program
Bozeman, Montana
November 22, 2014

Kristin Juliar, Director
Structure of the AHEC System

• Program office in Bozeman, Montana at Montana State University (co-located with the MT Office of Rural Health)

• North Central AHEC: 12 counties; 28,492 sq. miles and 146,842 population

• Western AHEC: 7 counties; 19,617 sq. miles and 313,534 population

• South Central AHEC: 11 counties; 26,544 sq. miles and 264,302 population

• Eastern AHEC: 27 counties; 72,391 sq. miles and 285,856 population (over ½ population lives in one city)
Connecting students to careers, professionals to communities, and communities to better health
Montana AHEC History

• 1985: Affiliated with WWAMI AHEC at the University of Washington
• 2007: Established Montana AHEC system
  • 2007: Eastern and South Central
  • 2008: Western
  • 2010: North Central
• 2014: Hope to add North East region
MT Healthcare Workforce Advisory Council - Strategic Plan

• MHWAC started in 2006 at request of OCHE, Governor’s Office
• Statewide, multi-sector strategic planning
• Over 100 organizations involved, meet 10 x year
• Strategic plan nationally known
• Key strategies – expand WWAMI and GME in Montana
Important Partnerships

• Partner with MMA – actually collect the most complete physician data of any entity
• MedStart and REACH Camps
• GME Council and Summit (Oct 16-17)
• Interprofessional Education Summit
• WWAMI Preceptor Conference
• Community Health Services Development assessments and implementation plans
Nourish and Grow Relationships

State Government
- Department of Public Health and Human Services, Primary Care Office
- Commissioner of Securities and Insurance - PCMH
- SWIB/DOLI—Research and Analysis Bureau, Licensure
- Office of Public Instruction (K-12)

Associations/Networks
- Hospital
- Professions
- CHCs
- Extension
- Public Health

Higher Education
- Commissioners’ Office
- Universities
- Two-Year Colleges
- Tribal Colleges

Healthcare Reform
- CMMI Projects--Innovation
- Frontier Community Health Integration Project CMS

Providers
University – Tribal College

Partnerships
Workforce Strategic Plan

• Plan has been reviewed and accomplishments documented. Currently working to update in 2014.

• **However**, based on MHWAC input, the most important issue that remains to be addressed is **lack of consistent data collection and data analysis.**
Montana Office of Rural Health

• The other half of our office
• Works on healthcare infrastructure needs in rural Montana
• Conducts assessments with critical access hospitals through a project with MHA and the Montana Frontier Medicine Better Health Project – Community Health Services Development Program
• CHSD looks at both health issues and health service needs in critical access hospital communities
Community Health Services Development (CHSD)

- Assessing community health needs for over 20 years
- Coordinate with hospital’s board and employees
- Random sample mail-out surveys
- Focus groups
- Key-informant interviews
- CHSD Report – what does our survey/focus group data tell us?
- Implementation plans – What are we going to do about it?
Implementation Plans

• MORH has drafted 23 plans for Montana CAHs since January 2013

• Plans list needs prioritized from CHSD Report

• Defines strategies to address specific priorities

• Explains why some priorities may be out of reach
Commonly Prioritized Needs

- **Top Health Concerns**: 100%
- **Specialists, Services Needed**: 100%
- **Avoiding or Delaying Care Due**: 95%
- **Interest in Health Education**: 83%
- **Primary Care Needed**: 69%
- **Avoiding or Delaying Care Due**: 69%
- **Lack of Financial Options**: 52%
Addressing Mental Health Needs

• **100%** of CAHs prioritizing a need to improve mental health services have specified strategies to address it

• List mental health resources available in the community
• Defer cost of emergent mental health treatment
• Involvement with U of M Rural Mental Health Practitioner Program
• Creating partnerships with local resources
• Advertising counseling services
• Addressing alcohol abuse
• Improving telepsychiatry
Addressing Mental Health

- Addressing alcohol and substance abuse
- Developing referral protocols
- Healthcare-professional training
- Creating local mental health resource partnerships
- Increasing specialist services and/or staff
- Public education on mental health
- Hospitals Prioritizing Mental Health

Montana State University
Office of Rural Health
Area Health Education Center

- Critical-Access Hospitals
- Psychiatric Hospitals
- Indian Health Services
- Surveyed Critical Access Hospitals
- Large Hospitals
- Mental Health Shortage Areas
100% of IPs prioritize needs for specialists or specialty services
Dermatology
17% Addressing
17% Not Addressing

Eye-Care
9% Addressing
17% Not Addressing

ENT
17% Addressing
9% Not Addressing

Dental
4% Addressing
22% Not Addressing
Avoiding or Delaying Care

- **Due to Cost** – 95%
- **Due to Availability** – 70%

### Common Priorities for Montana CAHs

- Top Health Concerns (Obesity, Cancer, Diabetes, etc...): 100%
- Specialists, Services Needed: 100%
- Avoid/Delay Care Due to Cost: 95%
- Interest in Health Education Classes: 83%
- Primary Care Needed: 69%
- Avoiding or Delaying Care Due to Wait/Scheduling/Access: 69%
- Lack of Financial Options Awareness: 52%
Hospitals Addressing Patients Avoiding or Delaying Care

Due to Cost

- 43% Addressing
- 52% Not Addressing

Due to Availability

- 43% Addressing
- 26% Not Addressing
The Community Apgar Project

A Validated Tool for Improving Rural Communities’ Recruitment and Retention of Physicians
Acknowledgements

• David Schmitz, MD
  Associate Director of Rural Family Medicine
  Family Medicine Residency of Idaho

• Ed Baker, PhD
  Director, Center for Health Policy
  Boise State University

• Funding
  North Central Montana Area Health Education Center
Purpose of Community Apgar Research

• Development and validation of a tool which identifies and weighs factors important to communities in recruiting and retaining rural family physicians

• Differentially diagnose modifiable factors for strategic planning in individual critical access hospitals

• Presentation of individual CAQ Scores facilitating discussions with key decision makes in each community for specific strategic planning and improvements
The Community Apgar Questionnaire (CAQ)

Questions aggregated into five classes:

1. Geographic
2. Economic
3. Scope of Practice
4. Medical Support
5. Hospital and Community Support

• Each class contains ten factors for a total of fifty factors/questions

• Three open-ended questions
CAQ Class/Factor Examples

• Geographic Class
  • Schools, climate, perception of community, spousal satisfaction

• Economic Class
  • Loan repayment, income guarantee, revenue flow, competition

• Scope of Practice Class
  • Obstetrics, C-sections, ER, endoscopy, nursing home

• Medical Support Class
  • Nursing workforce, EMS, call coverage, perception of quality

• Hospital and Community Support Class
  • Physical plant and equipment, internet, hospital leadership, EMR
Process: Year 1

- Kailyn Dorhauer and Shani Rich travel to 20 CAH communities during summer 2014

- CEO and lead physician interviewed separately and asked to rate each factor as an advantage (major or minor) or challenge (major or minor) to the community

- Each factor also rated by importance (very important, important, unimportant, very unimportant)

- Data is analyzed with peer database
Data Analysis

• Boise State University: values assigned to responses for all factors and analyzed data

• Community Apgar Score
  • Constructed from the sum of weighed parameters in the five classes of the CAQ
  • Similar to the five dimensions of the neonatal Apgar a repeatable measure of a community’s assets and capabilities

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<thead>
<tr>
<th>Advantage/Challenge</th>
<th>Importance</th>
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<tr>
<td>Major Advantage +2</td>
<td>Very important +4</td>
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<td>Minor Advantage +1</td>
<td>Important +3</td>
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<td>Unimportant +2</td>
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<td>Major Challenge -2</td>
<td>Very unimportant +1</td>
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Process: Year 1

- Kailyn Dorhauer and Shani Rich present to hospital leadership and Board of Directors
  - Discussion of community data and comparisons with explanation of differences from peers
  - Strategic planning session for improvement of weaknesses and marketing of strengths
Process: Year 2

• Kailyn and Shani conduct second site evaluation and 2 interviews
  • Hospital CEO and Lead Physician

• Data is analyzed with peer databases and prior year scores

• Present a second time to hospital leadership and Board of Directors
  • Discussion of community data and comparisons with explanation of differences from peers and prior year scores

  • Strategic planning session for improvement of weaknesses and marketing of strengths

  • Discussion of effectiveness of strategic plan implementation and the CAQ Program
The CAQ Value Proposition

• Beyond “Expert Opinion”

• A new approach to the old problem of physician recruiting

• Self-empowering for the community: knowledge as power, not an outside “headhunter”

• Beyond physician recruitment to community improvement
CAH X: Comparative Cumulative Apgar Score
CAH X: Comparative Cumulative Apgar Score for Geographic Class
CAH X: Comparative Cumulative Apgar Score for Medical Support
# Top 10 Advantages - CAH

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<thead>
<tr>
<th>State</th>
<th>Date</th>
<th>Advantages</th>
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| Idaho      | 2012  | • Recreational opportunities
          |       | • Internet access
          |       | • Community need/physician support
          |       | • Loan repayment
          |       | • Community volunteer opportunities
          |       | • Income guarantee
          |       | • Perception of quality
          |       | • Competition
          |       | • Ancillary staff workforce
          |       | • Employment status
| Wyoming    | 2011  | • Employment status
          |       | • Community need/physician support
          |       | • Loan repayment
          |       | • Recreational opportunities
          |       | • Income guarantee
          |       | • Ancillary staff workforce
          |       | • Revenue flow
          |       | • Transfer arrangements
          |       | • Start-up/marketing costs
          |       | • Moving allowance
| North Dakota | 2011  | • Internet access
          |       | • Perception of quality
          |       | • Transfer arrangements
          |       | • Income guarantee
          |       | • Loan repayment
          |       | • Community need/physician support
          |       | • Ancillary staff workforce
          |       | • Hospital leadership
          |       | • Schools
          |       | • Start-up/marketing costs (tie for 10th)
          |       | • Recreational opportunities (tie for 10th)
          |       | • Part-time opportunities (tie for 10th)
          |       | • Moving allowance (tie for 10th)
| Wisconsin  | 2012  | • Recreational opportunities
          |       | • Employment status
          |       | • Income guarantee
          |       | • Nursing workforce
          |       | • Religious/cultural opportunities
          |       | • Community volunteer opportunities
          |       | • Ancillary staff workforce
          |       | • Perception of quality
          |       | • Transfer arrangements
          |       | • Mid-level provider workforce
          |       | • Community need/physician support (tie for 10th)
| Alaska     | 2012  | • Moving allowance
          |       | • Income guarantee
          |       | • Emergency medical services
          |       | • Recreational opportunities
          |       | • Inpatient care
          |       | • Community volunteer opportunities
          |       | • Community need/physician support
          |       | • Payor mix
          |       | • Perception of quality
          |       | • Perception of community
### Top 10 Challenges - CAH

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| Idaho         | 2012 | • Shopping/other services
               |                   | • Spousal satisfaction
               |                   | • Mental health
               |                   | • Schools
               |                   | • Access to larger community
               |                   | • Allied mental health workforce
               |                   | • C-section
               |                   | • Electronic medical records
               |                   | • Obstetrics
               |                   | • Religious/cultural opportunities
| Wyoming       | 2011 | • Spousal satisfaction
               |                   | • Shopping/other services
               |                   | • Access to larger community
               |                   | • Mental health
               |                   | • Social networking
               |                   | • Allied mental health workforce
               |                   | • Climate
               |                   | • Religious/cultural opportunities
               |                   | • Electronic medical records
               |                   | • Nursing home
| North Dakota  | 2011 | • Climate
               |                   | • Spousal satisfaction
               |                   | • Shopping/other services
               |                   | • Mental health
               |                   | • Access to larger community
               |                   | • Allied mental health workforce
               |                   | • Emergency room coverage
               |                   | • Social networking
               |                   | • Electronic medical records
               |                   | • Mental health
               |                   | • Climate
               |                   | • Call/practice coverage (tie for 10th)
               |                   | • Electronic medical records (tie for 10th)
| Wisconsin     | 2012 | • Spousal satisfaction
               |                   | • Televideo support
               |                   | • Inpatient care
               |                   | • Shopping/other services
               |                   | • Social networking
               |                   | • Electronic medical records
               |                   | • Mental health
               |                   | • Climate
               |                   | • C-section
               |                   | • Obstetrics
| Alaska        | 2012 | • Spousal satisfaction
               |                   | • Shopping/other services
               |                   | • Climate
               |                   | • C-section
               |                   | • Access to larger community
               |                   | • Part-time opportunities
               |                   | • Endoscopy, surgery
               |                   | • Employment status
               |                   | • Electronic medical records
               |                   | • Social networking
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