

## **National Advisory Council on the National Health Service Corps (NHSC)**

### ***Executive Summary***

The National Health Service Corps (NHSC) National Advisory Council (Council) convened on June 22 and 23, 2011, in Tampa, Florida, to provide guidance to the NHSC on current programs and future initiatives. The meeting was immediately prior to the 2011 NHSC Scholars Orientation and Placement Conference, and several Council members were speakers at the conference. The Council's agenda included the five items listed below.

- NHSC program updates
- Presentation and discussion about Primarycareforall.org by the Morehouse School of Medicine
- Updates on the NHSC Site Partnership Initiative
- Presentation and discussion about data-driven strategies for recruitment and retention
- Open discussion and considerations for the Council's next meeting

#### **NHSC Program Updates**

Bureau of Clinician Recruitment and Service (BCRS) Associate Administrator and NHSC Director Rebecca Spitzgo updated the Council on program data, initiatives, and policy changes. She highlighted:

- Increased funding, awards, and field strength through 2015
- Modernization priorities for sites, communications, retention, and data management
- The student "hybrid" loan program
- Policy updates regarding sites and service requirements

Ms. Spitzgo also noted the BCRS management team has not changed since the Council's meeting in February, and that illustrates Bureau stability and progress with the various programs and initiatives.

In response to Ms. Spitzgo's presentation, the Council addressed two key areas. First, the Bureau must carefully consider how application timing and eligibility for the student "hybrid" loan program will impact interest in primary care and the Corps. Second, the Bureau should consider three key factors in its outreach and communication: ensure clinicians, and not marketing contractors, are the face of communications; emphasize personal contact and engagement; and leverage special events, dates, etc., (including the Corps' 40th anniversary) to drive awareness in the Corps. The Council also discussed constraints on special events, such as funding and the restrictions on serving food.

#### **Primarycareforall.org**

Dr. George Rust, Director of the National Center for Primary Care at the Morehouse College of Medicine presented a new Web site called Primarycareforall.org. NHSC resources helped build the site. The site focuses on three key concepts: Learn, Connect, and Share. It includes facilitated chats and information (including CEU's) on clinical issues, best practices, living in rural areas, and more. Morehouse continues to develop the site and adds content each week. Important considerations include audience targets, the difference between general content and support for fast paced point-of-care settings, and the balance between confidentiality, timing, and depth. The Council suggested targets for geography,

demographics, and health disciplines (including crossovers). The Council also noted the site needs to be more widely recognized, stand out from existing resources, and be available to providers beyond NHSC.

### **The NHSC Site Partnership Initiative**

CAPT Jeanean Willis-Marsh, Director, Division of the NHSC, discussed the NHSC Site Partnership Initiative. She discussed stronger contact between BCRS and sites will include clarity on what it means to be a site, and accountability. CAPT Willis-Marsh also noted the Bureau will:

- Have better information about site locations and contacts
- Facilitate self-assessments and data collection to identify technical and resource needs, and to monitor and share best practices
- Distribute an updated reference guide
- Conduct frequent and productive visits to review communications (including signage), employee engagement, and more
- Launch the online site application in September
- Increase the role of regional offices in site support
- Use webinars to support communications

### **Data Driven Strategies for Recruitment and Retention**

CAPT Phillip Budashewitz, Director, Office of Policy and Program Development at BCRS, and Dr. Donald Pathman, Council member and Professor in the Department of Family Medicine at the University of North Carolina, presented data on the Corps' field strength (including recent growth), discipline proportions, workforce diversity, and funding history. CAPT Budashewitz compared diversity data for the Corps and the national workforce. During his presentation, the Council discussed the potential importance of state and community data, goals and realities in retention diversity, and the importance of culturally competent care.

The Council's discussion following the presentations focused on three main areas. First, the Corps must continue to address how to target and define eligible, mission-specific primary care disciplines. Second, the needs of underserved communities, including health disparities and outcomes, should guide Corps eligibility, though budgets will impact decisions. Third, more insight is needed on how ethnic diversity among communities and Corps providers affects quality of care and retention.

### **Formal Motion**

The Council formally (and unanimously) passed a motion to recommend increased flexibility with the definition of full time at sites, including what counts as time away. Related discussion included the need for the Corps to consider current attitudes about work/life balance (including for families), and personal interests such as leadership development.

### **Open Discussion – Recommendations**

The nine items listed below were the most prominent informal recommendations during open discussion. The Bureau should:

- Continue to build and strengthen partnerships, including ‘traditional’ partners such as PCOs PCAs, and AHECs; plus AAMC, health profession schools and professional organizations, and other Federal agencies
- Continue to emphasize growth and maintenance of the pipeline of future Corps providers
- Collect and share information about how sites handle the challenge and variation (e.g., sites, states) in malpractice coverage during rotations
- Aggressively promote primary care as a key to a healthier nation, and the Corps’ role in helping deliver better care and outcomes in communities and sites
- Work to reduce restrictions on how NPs and PAs deliver care (including reference to the VA’s model), and monitor the impact of new models such as patient-centered medical homes
- Plan for how to keep NHSC competitive when health care reform adds millions of patients
- Monitor whether providers are using professional recruiters, and communicate that it is not necessary to do so because the Bureau will assist placement
- Continue to collect data on a wide variety of Corps-related subjects, including results (e.g., placements, retention) and feedback from providers and sites
- Consider how to build a link, or tie-in, to the Corps online resources clinicians use frequently (e.g., electronic health records, corporate home pages, etc.)

### **Open Discussion – Other Important Items**

The four items listed below also emerged prominently during the Council’s discussions.

- The Bureau’s customer service has improved, including site visits and planning for this conference.
- The revised Ambassador Program is an exciting opportunity for program support, across disciplines.
- State budgets will likely continue to challenge the program.
- For some, the HPSA score methodology continues to be confusing and frustrating.