

**NATIONAL ADVISORY COUNCIL
ON THE
NATIONAL HEALTH SERVICE CORPS (NHSC)**

CONFERENCE CALL

Thursday, April 24, 2014
2:00 p.m.

Department of Health and Human Services
Health Resources and Services Administration (HRSA)
5600 Fishers Lane
Rockville, Maryland 20857

National Advisory Council Members:

Byron Crouse, M.D. FAAFP
Adrian Billings, M.D., Ph.D.
Theresa Horvath, M.D.
Tito Izard, M.D.
Mary Looker
Cindy Stergar, M.A.
Gwen Witzel, M.S.M., F.N.P.

BCRS/HRSA STAFF:

Kim Kleine, Moderator
Kim Derwinski
CAPT Jeanean Willis-Marsh
Katie Root
Tina Cheatham
CAPT Phil Budashewitz
Beth Dillon
CDR Shari Campbell
Alex Huttinger
Michelle Goodman
Jeff Jordan
Kim Huffman
Ed Mekeel

Welcome and Introduction
Kim Huffman, National Advisory Council Executive Secretary

Ms. Kim Huffman (NAC Executive Secretary) opened the meeting taking roll of the participants on the conference call. She then went on to explain that in the fall of 2013, the terms of Council members Dr. Norma Martinez Rogers, Suzie Schwartz, Dr. Reuben Warren and Dr. Ron Yee ended.

Ms. Huffman also announced that Dr. Tito Izard was reappointed to the Council, and four new members have been appointed: Dr. Kristen Crawford-Ellis, Dr. Felix Nunez, Stephanie Pagliuca and Captain Tracy Wolfe. She shared that the paperwork for the four new members is being processed and they will participate in upcoming calls. Ms. Huffman also shared that the terms of several Council members are coming to an end in June 2014: Dr. Byron Crouse, Dr. Theresa Horvath, Mary Looker, Dr. Dennis McCunniff and Dr. Darryl Salvador. Before turning the meeting over to Ms. Kim Kleine, Acting Associate Administrator, Bureau of Clinician Recruitment and Service (BCRS); Ms. Huffman shared that the Council is looking into reappointments and replacements for the retiring individuals.

Ms. Kleine took a few moments to say thank you and congratulate the retiring and retired members. Ms. Kleine also congratulated the new members coming onboard.

Status of the National Health Service Corps
Kim Kleine, Acting Associate Administrator, BCRS

Ms. Kleine began by presenting the NHSC budget, statistics and a programmatic update. As of Sept. 30, 2013, there were 8,900 active NHSC providers in the field. All of the following information is as of Sept. 30 as all programmatic awards for Fiscal Year (FY) 2013 are processed by that date. Since 2008, the number of providers doubled in large part due to the availability of health reform monies. The 8,900 providers are currently serving at about 5,100 NHSC-approved sites. The NHSC's programs include the Students-to-Service Loan Repayment Program, Loan Repayment Program, Scholarship Program and the State Loan Repayment Program.

For FY 2014, the NHSC received \$283 million of Affordable Care Act (ACA) funding after sequestration, to use for programmatic awards and operations. The NHSC anticipates making 100 new Students-to-Service Loan Repayment awards. The NHSC also anticipates making 4,200 awards for the Loan Repayment Program; 2,070 new awards and 2,140 continuation contracts. The continuation contracts are a way of keeping recipients at sites in high need areas. When the contract continuations come in, they are funded first for retention purposes.

The NHSC is currently accepting National Health Service Corps Scholarship applications and projects making 185 new and continuation awards in FY 2014. The State Loan Repayment Program is currently open until April 29, 2014. The NHSC expects to make 45 awards to States.

Ms. Kleine also discussed current program retention rates, diversity characteristics and external communications. She shared that retention for NHSC programs is high and very important. The NHSC currently has an 85 percent short-term retention rate. The program is preparing to execute the annual retention survey. The NHSC also has a diverse workforce. Currently, self-reported participant diversity statistics measure at over 13 percent African American, 10 percent Hispanic, 6 percent Asian or Pacific Islander, and nearly 2 percent American Indian or Alaska Native. African American physicians comprise about 17.8 percent of the physicians in the Corps, exceeding the national average of 6.3 percent. Hispanic physicians represent almost 16 percent of the physicians in the Corps, exceeding the national average of 5.5 percent.

Ms. Kleine then reviewed the efforts of the Bureau's external affairs team. In recent years, the NHSC has increased its exposure on social media—including Facebook, Twitter, and YouTube—in order to showcase NHSC sites and providers, and give those interested in the program a better sense of the services provided.

Ms. Kleine also shared that the NHSC is working to expand the use of the NHSC Jobs Center, a significant on-line recruitment tool for NHSC-approved sites. The Jobs Center website averages more than 21,000 unique visitors per month. All NHSC scholars and Students-to-Service participants who will begin their service obligation in the field in 2015 use the Jobs Center.

The NHSC also completed over 1,200 site visits in FY 2013. Bureau staff provided technical assistance to NHSC-approved tribal sites and worked to post site profiles on the NHSC Jobs Center website. Staff also worked with rural sites and those sites not represented on the website. The NHSC also executed four Virtual Job Fairs which allow clinicians and NHSC-approved sites to come together in real time on a virtual platform. NHSC Virtual Job Fairs are on-line versions of traditional job fairs that connect qualified job-seekers with employers that have open job opportunities. During a Job Fair, clinicians can learn about job vacancies available at NHSC-approved sites and talk with site representatives about the job and benefits package, clinical environment, populations served and local community.

President Barack Obama's Proposed Fiscal Year 2015 Budget Request for the NHSC
Kim Kleine, Acting Associate Administrator, BCRS

Ms. Kleine then began her presentation regarding the President's proposed FY 2015 budget. President Obama recently requested \$3.95 billion over the next six years to support the growth of the NHSC. The \$3.95 billion is new funding to the NHSC to drive the annual field strength of active providers up to 15,000, and maintain it field strength through FY 2020. The President's budget requests a total of \$810 million in 2015 to expand the NHSC, which is an increase of more than \$527 million above FY 2014. Of the \$810 million, \$310 million would be current ACA funding, \$100 million would be new discretionary resources, and \$400 million would be new mandatory funding. Under this new budget, in FY 2015 NHSC could potentially fund 445 new scholarships; 12,096 new loan repayment awards (1,600 continuations and 10,460 new awards); 100 new Students-to-Service loan repayment awards; and 285 State Loan Repayment awards.

Ms. Kleine reminded the Council that the President's budget is proposed. It must first be approved by Congress. The approval of the budget may not occur until late summer or early fall 2014.

President's Proposed FY 2015 Budget Request Discussion
Kim Kleine, Acting Associate Administrator, BCRS

Ms. Kleine then solicited input from Council members on the President's proposed budget request for the NHSC.

- Dr. Izard asked what the historic maximum field strength was.
- Ms. Kleine stated that in 2011 they still had American Recovery and Reinvestment Act (ARRA) funding, ACA funding and a base appropriations. These funding streams enabled the NHSC to reach historic field strength of about 10,000. Under the President's budget for 2015, they would receive \$810 million. This potentially enables a field strength of 15,000. Program awards are made for two-year periods, so those awarded would still be in service in 2016.
- CAPT Budashewitz added that the target field strength is 15,000 and above. The actual number may fluctuate from year to year. Retention rate is also a factor. The short term retention rate (within two years of service completion) is 85 percent. Historically, about 45 percent of the 6,000 applications received for loan repayment are funded. Not all of the applications that are submitted meet eligibility requirements.
- CAPT Willis-Marsh stated that in 2013, the NHSC funded 37 percent of applications, and 41 percent in 2012. Over the last several years, the NHSC awarded 170 to 220 scholarships.
- Ms. Kleine stated that in 2013 the NHSC received over 1,700 applications for scholarships and awarded 180, or an award rate of about 10 percent. In 2012, the NHSC received over 1,300 applications and awarded 212, an award rate of 15 percent. For applicants to the loan repayment program in 2014, if participant's Health Professional Shortage Area (HPSA) score is 14 or higher, they receive up to \$50,000 for a two year service commitment. If the HPSA score is 13 or below, they receive \$30,000. Applicants are ranked from highest to lowest HPSA score, and funding is awarded until exhausted. With funding levels such as the President is proposing, the NHSC will potentially be able to fund more applicants. If this funding is received they will need a greater number of applicants, so recruitment is a factor.
- Ms. Looker stated she is from the state of Washington which lost its state loan repayment program. Most of the funds were state-only dollars. The state is trying to get the legislature to return those dollars to apply for a greater amount of federal funding. Ms. Looker asked if there is an opportunity where states can leverage or maximize the resources for a greater opportunity with the federal dollar match.
- CAPT Budashewitz shared that the one-for-one match can be state funds, but does not have to be state funds. A state has the flexibility to also focus just on nurse practitioners so long as it is in a HPSA. CAPT Budashewitz stated that Washington State was one of the States that expanded and in 2013 offered awards to pharmacists.

- Ms. Looker stated that Washington had a state funded program with some dollars for the federal match. She was told that they could only match the one-to-one. There was a cap on how much could be matched. She asked if the state put in more, would the federal program put in more, and could that then create a two-for-one.
- CAPT Budashewitz answered that NHSC money could not be used for administrative costs, but the match can be greater than one-to-one if a State chooses, as long as it is not less than one-to-one.
- CAPT Willis-Marsh shared that there is \$10 million available for funding. Typically the program would not have reached \$10 million, so at present there is no cap on the dollar amount that a state can request funding for. If a state has over \$1 million in their own monies, the federal government would match that amount.
- Dr. Billings stated that general surgeons in rural areas, although not employed in community health centers, may be employed at critical access hospitals. This fact may make or break a hospital, as well as improve mortality and morbidity with respect to trauma. Dr. Billings suggested reviewing program expansion and giving consideration to critical access hospitals with difficulties recruiting general surgeons. His organization is opening a rural family medicine residency program with Texas Tech Health Sciences University in Lubbock. The first year of internship will be spent in a primary care hospital. The final two years of the internship will be spent training in a rural area so interns get used to practicing in an underserved area with limited access to lab tests and consultants. The hope is that upon completion of their internships, interns remain in the area. Dr. Billings stated that it sounded like the NHSC could keep everything as is with respect to applicants, and fund up to 100 percent eligible applicants to achieve the desired expansion.
- Ms. Stergar stated that she is from Montana and supports Dr. Billings' statements regarding the need for general surgeons in rural areas. Ms. Stergar shared that in primary care there is a great use and misuse of substance abuse care. She asks if there is any way to promote physicians and nurse practitioners who have a specialty in addictions.
- Dr. Billings stated he does not think that critical access hospitals would be the only current eligible site where general surgeons would be able to work. It is probably the most common. Texas only recently started allowing critical access hospitals in counties with less than 50,000 in population to hire physicians. The rural residency program in Texas that he discussed earlier is state funded due to the Governor's decision to not accept Medicaid funding. He thinks it would be desirable if some of the ACA funding from the President's budget could be funneled either directly through the NHSC, or through the Bureau of Primary Health Care and Medicare, to fund the establishment of rural residencies. Most of the residents will practice within a 75 mile radius of where they completed their residency.
- CAPT Budashewitz stated that the NHSC statute speaks to primary care medical and there is a need to demonstrate that general surgery is meeting primary care needs in certain situations independent of practices and settings. CAPT Budashewitz stressed the need to get data to support further out because it would be an acknowledgement that general surgeons, in rural settings, may provide a certain practice that is beyond surgery. The NHSC will not be able to base an expansion to general surgeons on the

division of general surgery as a scope of practice. CAPT Budashewitz also commented on the possibility of expanding medical and behavioral mental health to individuals who have fellowships of additional clinical training in addiction disease. CAPT Budashewitz stated that optometrists, registered dieticians, and podiatrists are among the disciplines that the stakeholders are requesting help with.

- Dr. Izard stated that the future of health care is focused on team-based care. All of the practices, whether rural or urban, need to continue to design or redesign teams that are team based, to maximize patient access, quality of care and customer service. He suggested the NHSC examine the most complimentary positions that support the Patient-Centered Medical Home's (PCMH) development and try to bring those professions on board. Dr. Izard suggested podiatrists, nutritionists or dieticians, and certified health educators were high on the priority list. Health educators are typically involved in chronic disease management and case management as well as teaching and training at the direct patient level. These providers can help to lower overall cost of health care for patients with chronic diseases. In Wisconsin, Dr. Izard looks at providers who are able to submit an appropriate billable claim and be eligible for reimbursement through, for example, the state Medicaid program.
- Ms. Looker stated that she supported the Patient-Centered Medical Home concept and the new way of delivering care. However, she suggested the NHSC needs to expand to some of the professions that do not have high loans to pay off. Some of the delivery systems can hire professionals in areas such as health educators and pay them a salary. These professionals may not have high loans or be in a hard to reach profession.
- Dr. Izard agreed that the bigger goal is to ask how to transform health care so that the patient has more self-awareness, knowledge and self-management of their condition. Dr. Izard works in Milwaukee, the fourth poorest city in the U.S., and health care illiteracy issues are so great that physicians and their teams are bogged down trying to deal with it. He suggested that the NHSC look at other types of professionals that can help with compliance. Overall, they deal with 40 percent no-show patient rates in Milwaukee. Group visits and other approaches to bringing patients into health care by increasing knowledge and awareness are needed. Each region and practice needs to examine what is most beneficial in this area.
- Ms. Kleine said that the NHSC sites were asked if their needs were being met, and what disciplines would they like to see in expansion. Pharmacists and RNs were the top two responses. When sites were provided that flexibility, they were very surprised that only six pharmacists and nine RNs were awarded in the State Loan Repayment Program. When the program was expanded to include these additional disciplines, there was an imbalance between supply and demand in terms of the applications received.
- Dr. Billings commented about the need to increase outreach to medical schools and nursing schools. He is amazed at how few medical students among those he encounters know about loan repayment programs, scholarship programs and the NHSC. If there is any extra money, it could be used for outreach to deans of schools of the various disciplines, and whatever disciplines the NHSC funds. It might be a good investment in recruiting younger students early on to caring for the underserved.
- Ms. Huttinger replied that the Division of External Affairs is looking at their school outreach, and trying to be as strategic as possible in their points of contact, either

through the Ambassador program or the schools' financial aid offices. Prior to the launches for the individual scholarship programs, they communicate with a large number of people letting them know that the scholarship cycle is open. Ms. Huttinger thinks the number of contacts may be as large as 120,000. She would like to discuss this further with Dr. Billings to see what might be done to strengthen the outreach in his area. In looking at the Students-to-Service program, they found that 85 percent of schools had at least one student begin an application to the program over the last three years. She welcomes other participants to contact her for assistance in strengthening outreach.

- Ms. Looker pointed out that the Student-to-Service program would be a natural fit with some of the teaching health centers and new residency programs that are being set up.

Public Comments

Kim Kleine, Acting Associate Administrator, BCRS

- Ms. Huffman opened the conference call to public comment.
- Ms. Angela Johnson asked what the outreach was in the past to medical schools and/or the osteopathic profession.
- Ms. Huttinger responded that the NHSC does significant outreach to both M.D. and D.O. schools. The Students-to-Service program is only open to M.D./D.O. students. There are points of contacts in the schools and spokespersons using the Ambassador programs. Other points of contact are in financial aid offices, deans, faculty, and students currently attending the schools that discuss and promote the programs.
- The operator showed no further questions.
- Ms. Looker wished to discuss the 2015 President's budget. She stated there is a funding cliff, at least for the health centers, that needs attention in 2015. Proactive planning is great, but this funding is not yet approved.
- Ms. Kleine responded that the NHSC is waiting on Congressional support, and oftentimes are not sure of funding dollars until closer to the beginning of the fiscal year in October. This meeting is contingency planning should funding be approved. She stated that the NHSC will have \$310 million in ACA funding and that will carry through 2015. After that, whether the President's budget will come to fruition, is unknown.

Final Remarks

Kim Huffman, National Advisory Council Executive Secretary

- Ms. Huffman announced that there will be no face-to-face meeting in June due to scheduling conflicts. Current members will be contacted soon to schedule another face-to-face meeting in the late summer or early fall. The conference call meeting is adjourned.

The meeting concluded at approximately 3:20 p.m.