

NATIONAL ADVISORY COUNCIL ON THE NATIONAL HEALTH SERVICE CORPS (NACNHSC)

WEBINAR MEETING SUMMARY

January 25, 2017 – 1:00 p.m. EST

Health Resources and Services Administration (HRSA)
5600 Fishers Lane
Rockville, Maryland

Attending Members:

Tito L. Izard, MD - Chair
Joni Adamson
Kristen Crawford Ellis, DDS
Jackie Griffin, PhD
Wilton Kennedy, DHSc, MMSc, PA-C
Joan Malcolm, DMD
Felix Nunez, MD, MPH
Tracy Wolfe, RN, NP

Federal Staff:

Janeshia Bernard
Monica-Tia Bullock
CAPT Shari W. Campbell, DPM, MSHS
Diane Fabiyi-King
Kim Huffman
Alex Huttinger
Jeff Jordan
Lori McWright
Len Rickman (contractor)
Melissa Smith

Opening Remarks

Dr. Izard welcomed everyone. He noted at its meeting in September 2016 the Council welcomed back CAPT Campbell, though she was not able to attend that meeting, and he is excited to have her attend today. **Dr. Izard** said he is looking forward to Council member opinions and help for advancing NSHC in 2017. His home community is excited about the service of NHSC Loan Repayment Program (LRP) and Scholarship Program (SP) participants, and now the Students to Service Loan Repayment Program (S2S LRP).

CAPT Campbell noted her appreciation for the warm welcome back and well wishes while she was out, and is excited to be back working. She added the Council did exciting work when she was out, and thanked her team for helping to move the Council forward.

CAPT Campbell conducted the roll-call, and noted a quorum was present for the meeting to proceed.

September 28, 2016 Council Meeting Minutes

Dr. Izard welcomed those not able to participate on September 28 and said the meeting was fruitful, including details about the Council's recommendations letter. He noted appreciation for technical assistance, data collection and presentations from people associated with NHSC, and how Council members appreciated help in preparing the recommendations.

Dr. Izard asked for questions, concerns or corrections for the September 28 meeting minutes, and none arose. **Dr. Nunez** moved to approve the minutes, **Dr. Ellis** seconded, and the vote was unanimous in favor.

NHSC FY 2016 Update

CAPT Campbell noted a change in leadership in Division of the National Health Service Corps (DNHSC). After 10 years, CAPT Jeanean Willis-Marsh accepted a new position in HRSA's HIV/AIDS Bureau. She thanked CAPT Willis-Marsh for her dedicated service and outstanding leadership on behalf of the NHSC. CAPT Willis-Marsh helped moved the program forward and Council members worked with her for a long time. Mr. Israel Ali is the new director. He has worked in the NHSC Loan Repayment Program (LRP), and most recently was Deputy Director in the Bureau of Health Workforce's Division of Health Careers and Financial Support, which manages the Nurse Corps Program. Mr. Ali was unable to participate in this webinar, but sent his greetings and welcomes the opportunity to work with the Council.

The LRP is NHSC's largest program. The overall 2016 field strength was 10,400, and that is exciting since it means many providers in the field are serving those in need. In 2016, the LRP made over 3,000 new awards, and a little over 2,100 continuation awards for clinicians who have served their initial two-year contract and want to continue serving in the areas therefore they apply for an additional year of service. It is good to see the numbers increasing, and that the Corps is keeping people in the field.

The Scholarship Program (SP) is NHSC's flagship program and how the Corps started. It remains one of the most sought after programs for those seeking to serve in underserved communities while pursuing a degree. It typically is oversubscribed, with many more applications than can be funded. In 2016, 2,279 applications were submitted, and 205 were awarded. This shows how competitive the program continues to be.

In 2016, S2S LRP made 110 awards. The program continues to grow every year. It funds medical students in their fourth year who agree to pursue a primary care residency program. They can receive up to \$120,000 in loan repayment assistance while in residency. Dentists were added for 2017, and it will be exciting to see what that looks like.

The State LRP has 34 grantees. The program allows states to customize programs based on their needs. Some states fund only one eligible discipline, while others fund all of them. Grantees are in the final year of their project period.

The NHSC LRP application is open, and closes April 6. Everyone is invited to visit the website (nhsc.hrsa.gov) or refer others to it for information about the 2017 LRP program. The SP is projected to open in March 2017.

Dr. Izard asked whether the S2S LRP commitment is three-years, versus the typical two or four. **CAPT Campbell** answered yes, it is initially for three years. **Dr. Izard** asked how many dental awards are anticipated. **CAPT Campbell** said the goal is 75 dentists. Applications are under review and hopefully the goal will be met since many applications were received. **Dr. Izard** asked whether the dentists will be in addition to the approximately 100 to 110 medical S2S LRP participants. **CAPT Campbell** said yes, the dentists were added with available funding, so their addition does not take money away from MDs or DOs.

Dr. Izard asked what is the difference between the dental S2S LRP and a dental student who applies for the SP. **CAPT Campbell** said dental scholars apply for the program while in school for coverage of tuition and fees, and a stipend, but are not eligible for service as soon as dentists in the S2S LRP who are in the final year of school. Even if S2S LRP dentists do a residency, they can serve in a community before dental scholars. **Dr. Izard** said the dental S2S LRP focuses on fourth-year students who missed the SP opportunity but can make an advance commitment before finding employment where they instead would apply for the LRP. **CAPT Campbell** said a large number of dental students apply for the SP, so it is good to offer the S2S LRP opportunity to get people in the field as soon as possible.

Dr. Nunez asked for a cross walk or a table that outlines the programs, including qualifications, to help explain to students the right programs for them. **CAPT Campbell** said staff will send that. **ACTION ITEM.**

Dr. Izard asked if requests for LRP continuation awards are increasing. **CAPT Campbell** noted projections for increased numbers of people eligible to apply for a continuation, and increases in the past few years. **Dr. Izard** said he is not aware of continuation award amounts, but it is substantially less than original awards, so perhaps continuations are more about limited amounts and people holding debt longer. The average loan repayment used to take six years, but based on continuations that might not be true. He asked for data on how long it takes from start to finish based on the average medical or dental student loan. **CAPT Campbell** said staff would send that. **ACTION ITEM.** She noted a recent study saw a correlation, but it depends on the original debt. The initial award has not changed dramatically, and remains approximately \$50,000. Participants who like their site can continue to come back into the program, though awards decrease with each continuation and it is necessary to have enough funds to continue to get new people into the program. Perhaps the Council should discuss this. **Dr. Izard** agreed the Council should discuss the issue. If continuation awards decrease each year they can become less than the sign-on bonus at hospitals and practices, and that would mean diminishing returns, especially with providers with five-plus years of commitment who the Corps would like to retain. It is part of the balance between recruiting new, versus retaining current field strength.

Dr. Nunez asked if staff tracks increases in health professional school tuition. **CAPT Campbell** replied yes, that is an ongoing project in the Scholarship Branch. Tuition rates have risen dramatically and that affects the amount of awards. **Dr. Nunez** asked if staff has the average tuition rates at medical and dental schools. **CAPT Campbell** said staff will send that. **ACTION ITEM.** **Dr. Izard** noted previous Council presentations included average loan amounts for medical and dentists, or average debt, and that can be circulated. **ACTION ITEM.** **CAPT Campbell** noted those comparisons were made.

Dr. Izard asked what the average continuation is after the initial \$50,000. **CAPT Campbell** will distribute a table with that data. **ACTION ITEM.** The first continuation is up to \$20,000, but the person must prove outstanding debt. **Dr. Izard** asked if staff is projecting number of years needed to participate to get debt repaid. **CAPT Campbell** said the last time it was reviewed it was six years though that was for a different debt load, and it should be looked at again. **ACTION ITEM.**

NHSC Participant Satisfaction Survey Results and Discussion

Ms. Huttinger noted this is the second or third year that she has presented Satisfaction Survey results to the Council. She does not have comparisons of current and past data, but can provide trend data later. The titles of her slides are listed below in italics, along with her supplemental comments.

2016 NHSC Participant Satisfaction Survey. The questions are changed periodically to gain additional or different insights into what is happening in the field. For population health, the goal was to get a sense of what people already knew and gaps, and preferred methods of learning. The score (80) is not a percentage, it is more a scale of 0 – 100. The NHSC score has hovered around the current level for a while, and is higher than a typical federal score. The goal is higher, though that will be difficult.

Respondent Profile. The overall response rate of 31% is on par with past years. LRP respondents are either current or former participants.

Recruitment Top 10 How Did You Hear About NHSC? Program advertisement uses many avenues. The 13% faculty corresponds with the number of respondents coming via the SP.

Retention Rates by Program. Same site means within two years of completing the commitment. Eighty-eight percent retention is four percent higher than 2015. At last year's meeting the Council asked great questions, including about retention by program, so the new data are broken out that way. Retention is lower among scholars, in part, because they are younger when they become alumni and thus likely are earlier in careers and more mobile, and less personally connected to a community versus loan repayors.

Retention Alumni.

Retention Rate by Discipline and Program. Primary care and oral health are the only ones where data could be broken down by LRP and SP. Segregating into separate data cells can lead to very small cell sizes, such as for psychiatric nurse practitioners where the 100% represents only five people.

Retention by Select Demographics and Program. Personal roots, family, a spouse working in the community or children in schools are multiple possible reasons to want to stay in a community.

Retention by Site Type & Program. This is the 69% of the 88% total.

Projected Retention: In-Service. This may be something a person planned for when the service obligation is over, or could be more long term for people who intend to do one or more continuations. The 69% who intend to stay is in close alignment with the number who have stayed. For some, staying is based on the ability to find employment.

Influences to Remain at a Site – NHSC. Some past categories were large with multiple possible scenarios, and the Council gave good feedback on potential responses to include. Survey additions were about the commitment to serve in an underserved community, or commitment to mission since those fit the overall program objective and the application for participation. Sites have control over many of the factors. The 2015 site survey indicated a disconnect between what sites thought why people leave (e.g., salaries) versus the actual reasons.

What Could Your Site Do/Have Done to Encourage you to Stay? The ‘nothing’ row shows sometimes it has nothing to do with what is going on at the site, and external factors are paramount.

Retention Decision: Decision to Leave – External Factors.

Site Experience (verbatim). This does not distinguish between alumni and in-service.

Dr. Nunez asked if the site map includes Federally Qualified Health Centers or Community Health Centers. **Ms. Huttinger** replied yes, they are included at the bottom of the slide with the lookalikes.

Mentoring – Reasons to Request a Mentor. This included two sets of questions, for mentors and mentees. Students often ask for program information. The program provides a lot of support for scholars, but not a lot about how to get individualized support. It is good to see what people want so mentors can be found to provide that.

Mentoring – Reasons to Volunteer as a Mentor. People who benefited from the SP or LRP want to give back so those who follow also are successful and have a good experience.

Dr. Ellis asked if the marketing data on slide 1 are broken down by program type, to show which marketing efforts are most effective. **Ms. Smith** said staff can look at a cross section of the program for how people found out about it. **Ms. Huttinger** added that can be done, and noted information about what programs people came in through will help show how they heard about it. **Ms. Smith** said most likely, those who heard about the program from a site administrator would skew toward the LRP, but other sources (e.g., career counselor while in school) would include other programs. Staff will break down slide one. **ACTION ITEM.**

Dr. Izard thanked Ms. Huttinger for an extremely helpful presentation for understanding providers and helping sites improve retention. The presentation is available for downloading to review in more detail. Members should discuss the data with staff at their sites. **Ms. Huttinger** said it is fine to share the data.

Dr. Izard said it is interesting that 75% of respondents are female, and asked if the assumption is that awardees are evenly split by gender. **Ms. Huttinger** replied field strength by gender has not been looked at in a while, but it likely is closer to even than 75% female. **CAPT Campbell** agreed and reiterated the split has not been looked at in a while, but will be soon. **ACTION ITEM.** **Ms. Huttinger** added she will look to see if this year's survey response rate is different than the past, or if women are more likely to respond to surveys. **ACTION ITEM.**

Dr. Izard noted men responded favorably to retention so it seems men are pleased with program. **Ms. Huttinger** said it is important to see who are the 30% of people that did not respond to the survey, and if they are people who are not retained that is important. If 75% of the response is women, an important question is what that says about the men who are not responding. It will be important to see which people working at specific sites are not responding. Survey data were not broken down by site type, and caution is necessary regarding sample size and tiny response cells, though it is important to see what the non-information is saying.

Ms. Adamson asked whether a 30% response is good, since many people were not reached, and noted in past surveys it was in the 20s. **Ms. Huttinger** said the rate is slightly higher than in the past, including last year when it was a little below 30%. The improvement could be due to better efforts to remind people to respond, and doing the survey later in the calendar year. Thirty percent is considered quite good from government standards, and while inching up is good the goal is higher. **Ms. Smith** reiterated the response rate has always been at least in the low to mid 20% range. **Ms. Huttinger** said that means this year's 30% is a big increase. In addition, the response has been 73-74% female since 2011, so this is the norm.

Dr. Nunez asked will high retention rates among state and county health departments be researched. **Ms. Huttinger** replied yes, though it likely is a smaller overall number. **ACTION ITEM.** This might be the last time she talks about retention from this survey, though will share future surveys with the Council. The response rate is extrapolated into the full field strength and full alumni since not everyone responds, but other ways exist to find out where people are working. The Bureau is looking into the National Practitioner Identifier (NPI) administered by the Centers for Medicare and Medicaid Services for billing. It has NPIs for all practitioners in the nation and can match it with NHSC participants. It will start to look at whether alumni and NPI lists can be matched to see if people are retained, though it might be using a slightly different methodology. Also, it might not be known if a person is working at the same or another NHSC site, though it will be known if they remain in a Health Professional Shortage Area (HPSA). It will be necessary to consider changing how retention is calculated, while keeping alignment between current and many years of past data to see who is being retained, and break it down by site type and discipline for understanding what is happening beyond why people come or go as reported in the survey.

Ms. Adamson said it was striking that among the top-ten recruitment methods NHSC alumni is low (3%), since it seems it would be higher based on data about happy respondents and high retention rates. **Ms. Huttinger** noted part of it is how a person heard about something they applied to three or four years ago, and the survey question allows them to choose only one of the 10 choices. In addition, some respondents will cite a colleague without knowing the person is an alumnus. It likely is higher than 3%. An important question is what are alumni doing to promote the program. The Ambassador Program includes alumni who help with recruitment but do not always identify themselves as alumni. Alumni should be asked how they are spreading the word, and perhaps a future survey can include that. **Ms. Adamson** asked whether the survey question could allow more than one choice. **Ms. Huttinger** replied it is possible, and with a lot of different outreach and promotion strategies, it is good to see what are most effective. However, if a respondent can select too many options the data on that question can get diluted, but it will be good to see why the alumni number is so low.

Dr. Ellis asked if the number of respondents identified as dentist scholars will be known. **Ms. Huttinger** replied she can get that number. **ACTION ITEM.** **Dr. Ellis** asked would the data signify a need to make more dental scholar awards available based on the highest retention rate. **CAPT Campbell** noted awards for scholars are ranked by independent review and are not based on discipline or a formula. **Dr. Izard** said it seems like there would be some type of surety of award distribution to ensure they are not all going to one specialty. He asked whether someone is making that assessment. **CAPT Campbell** reiterated they go by independent review, and past distribution has not been skewed toward any disciplines. The SP legislation has no awards formula so the Corps has never implemented one. **Ms. Huttinger** added the independent review is critical, and used in all programs to ensure awards go to the most competitive and qualified candidates who likely will stay in high-need areas.

Dr. Griffin said the 80 CSI indicates the Corps is doing something right. However, it remains troubling that when looking at ways to enhance recipients' satisfaction the top item is money, but their comments are about patient load, burnout and a four-day schedule, so if that is not offered along with higher salaries they will be dissatisfied and will not renew. This indicates a disconnect between productivity, and the ability to provide salaries and benefits. **Ms. Huttinger** said it is important not to conflate the 80 CSI with overall contentedness with the program. She did not share the very long methodology for how the CSI is calculated, including the multiple components included for how to increase overall satisfaction. The key drivers are experiences with sites, the customer service portal since that is where participants do myriad activities, and customer service response to requests. The program has the least amount of control over site experience, and last year's site survey will help sites know what the Bureau is hearing. Possible disconnects around desire for more money and less hours is important for sites to hear so they can consider adjustments. Salary is important but is not always the most important factor. Site experience is a major factor and the program tries to help maximize it.

Dr. Izard agreed the potential disconnect (salaries and productivity/burn out) is a challenge. Recent operational site visits revealed some disconnect between HRSA's target productivity and individual center needs for financial sustainability. Sometimes that can be adjusted across sites or communities based on reimbursements or varying revenue generated among specialties based on the number of uninsured or Medicaid patients. Each organization must determine how to measure productivity since it does not always equate with revenue and can be more about the overall budget.

Ms. Huttinger recommended Members download her presentation slides, and let her know if they have additional questions or need more information. She will be happy to add details as needed, and is glad the information is helpful. She also will be happy to share last year's data if Members want to compare it with the new data.

Dr. Izard asked when the next survey is scheduled. **Ms. Huttinger** replied it usually is done in June or July, and the plan is to do this year's participant survey in early summer. The Bureau is working on developing the survey questionnaire instruments, and reviewing questions to see if the necessary data are being gathered or whether to add new questions. Her team also does the Nurse Corps Survey, and will do the Site Survey this year.

CAPT Campbell thanked Ms. Huttinger, and said Members may contact the team for additional information.

Public Comments

Ms. Kimberly Miller, Senior Policy Officer with the HIV Medicine Association (HMA) asked whether her organization's written comment was distributed to the Council. **CAPT Campbell** replied yes. **Ms. Miller** thanked the Council for the opportunity to underscore HMA's data and concerns about looming shortages of HIV and other infectious disease providers in medically underserved areas with opioid and injection drug use epidemics. HMA knows the Council's purview does not include changes in the methodology or criteria for shortage area designation, but it has not been updated in almost 30 years and epidemiology and demographic changes are underway. Perhaps HRSA or the Council can revisit the issue, though without changes that would disrupt care or provider capacity. The negotiated rulemaking committee six years ago did not reach consensus but approved a proposal to allow clinics that focus on HIV care to apply for CHC funding and have NHSC recruits placed if they can document insufficient provider capacity. HMA hopes the Council can address this issue as it moves forward under the new administration, and HMA can be a resource.

Dr. Izard said HMA's letter is not clear, and believes any organization providing clinicians in a HPSA can have NHSC clinicians. He asked whether certain sites were not able to get NHSC clinicians. **Ms. Miller** replied yes, and noted the large majority of HIV care is at Ryan White clinics but not all have the right designations because they are not a FQHC, or are free standing, or affiliated with an academic health center. **Dr. Izard** said they do not have to be an FQHC, since historically if there was a medically underserved population or area with a defined HPSA score then an LRP provider could apply and potentially receive funding. It seems like practitioners should be able to provide care based on the old rules. **Ms. Miller** said that has not been the case, and will get back with more specifics and evidence about Ryan White clinics. However, even outside the Ryan White clinics, an example is Scott County Indiana that had a terrible outbreak of hepatitis and HIV from injection drug use and had almost no capacity to meet the need, and the CDC had to fly in providers. Current criteria are not taking into account all contemporary challenges in infectious diseases. **CAPT Campbell** said her staff will confer with the HIV/AIDS Bureau to understand potential responsibilities and misunderstandings, and will follow up. **ACTION ITEM.**

Mr. Jeff Jordan noted disease-specific sites typically are not allowed to participate in NHSC, but sites in HPSAs that provide care regardless of a positive or negative HIV diagnosis are eligible. **Ms. Miller** said that is very helpful and offered thanks. **CAPT Campbell** and **Dr. Izard** also offered Mr. Jordan thanks.

Cindy Stergar offered thanks for being allowed to join the meeting even though she is not yet officially a member. She offered thanks for the presentation and great information from the survey for this important program. **Jay Bhatt** said ditto and thanks for the great information. **Dr. Izard** said it is good to hear from both of them and is glad they could listen. He is looking forward to their formal participation.

Closing Remarks

CAPT Campbell noted staff diligently took meeting notes, and will follow up with Member questions.

Dr. Izard noted the Council is waiting for a response to the letter to the Administrator, and asked for a status update. **CAPT Campbell** said unfortunately no additional updates are available, and the most recent information is that a response is forthcoming but remains in process with the Executive Secretary. She is hopeful something will emerge this week, and will alert the Council as soon as she hears anything.

Dr. Izard said the next meeting is tentatively scheduled for March, based on Member availability. He would like Members to suggest agenda items. **ACTION ITEM.** **CAPT Campbell** said staff will email Members asking for topics to discuss at the next meeting, and will poll for prospective dates and times to ensure as much participation as possible. **ACTION ITEM.**

Dr. Izard said the Council appreciates the time and effort of CAPT Willis-Marsh, and he is pleased to send best regards to her for her new role. He reiterated his welcome back for **CAPT Campbell** and said he is looking forward to working with her. **Ms. Huttinger's** presentation was very helpful to see the big picture in this process. Thanks to staff for preparing a fruitful and useful webinar today. **CAPT Campbell** said she will pass along Dr. Izard's sentiments to CAPT Willis-Marsh, and thanked everyone for their time and participation.

The webinar meeting adjourned at 2:40 p.m.