

Rural Health Policy Options: Getting Care Where You Need It

Minnesota's Workforce Innovation

Nitika Moibi | Health Workforce Analysis Program | Minnesota Dept. of Health

Presentation to the National Academy for State Health Policy | Jacksonville, FL

August 17, 2018

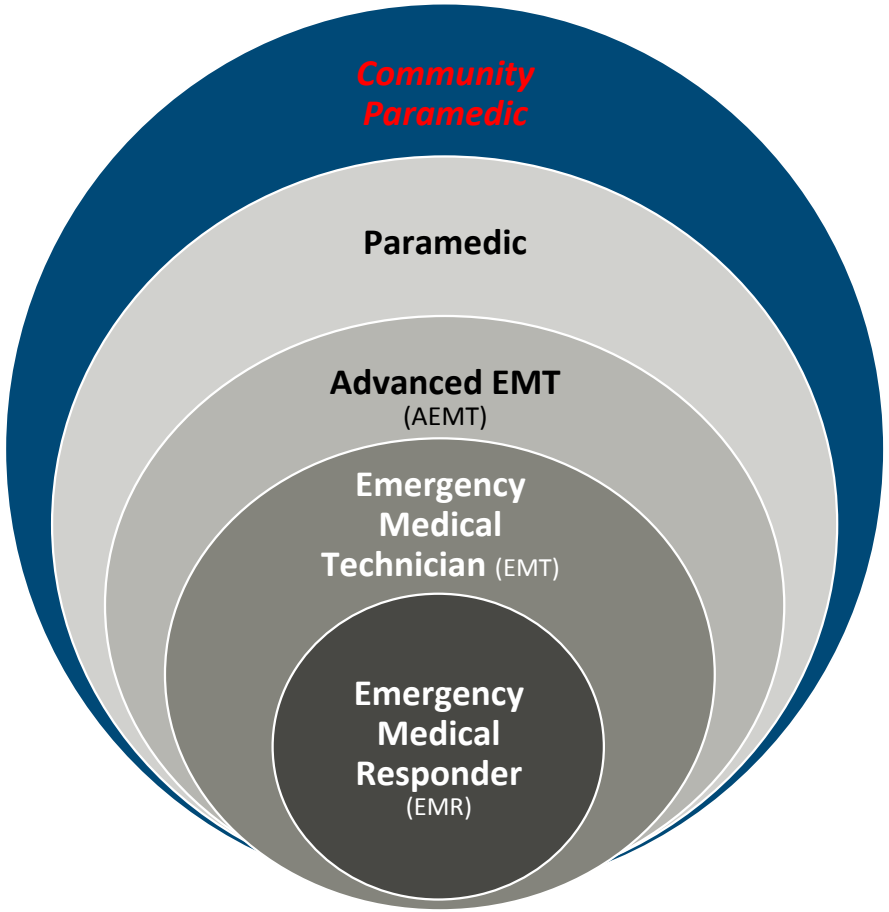
Agenda

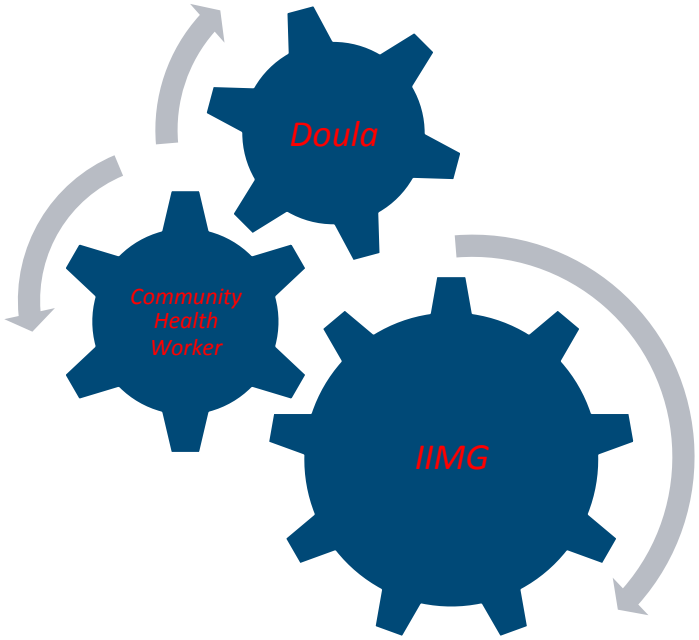
- **Context for Innovation**
- **Emerging Roles/Professions**
  - Community Health Workers (CHWs)
  - Community Paramedics (CPs)
  - Collaborative Practice Dental Hygienists* (CPDHs)
  - Dental Therapists (DTs)/Advanced Dental Therapists (ADTs)
  - Doulas
  - International Immigrant Medical Graduates (IIMGs)
- **Enabling Factors**
- **Staying the Course**
- **Access Impact for MN**
- **Q&A**

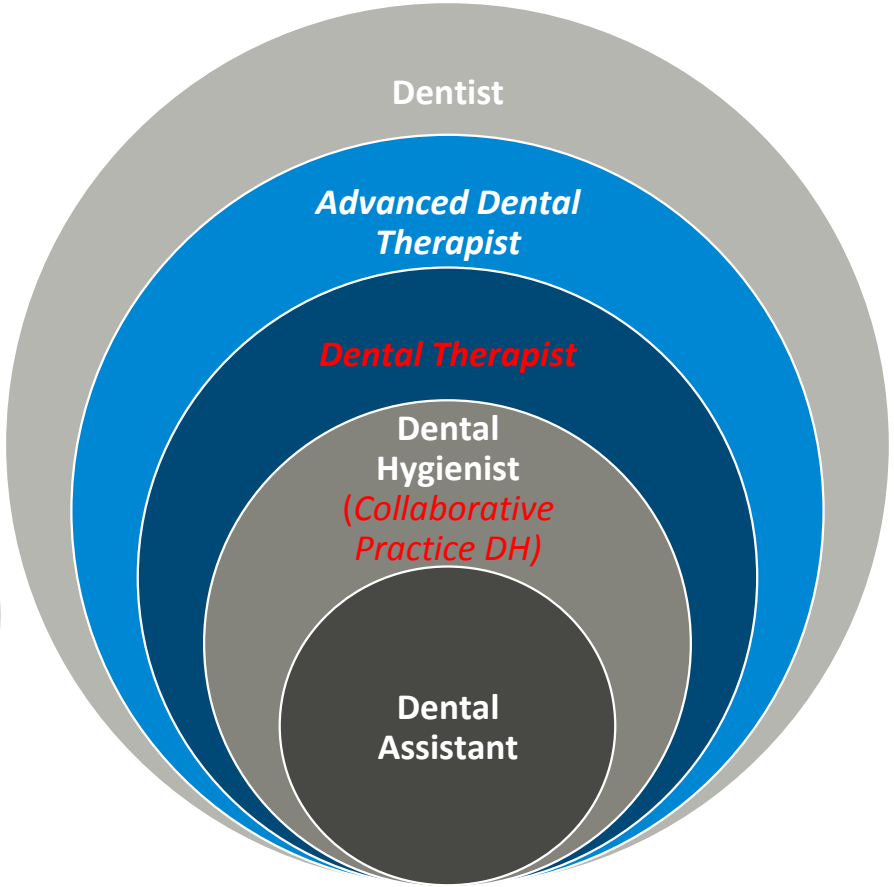
Context

- Diverse & aging population with comorbidities, complex health needs
- Spiraling costs, constrained access, poor outcomes, provider burn out
- Regional workforce maldistribution
- Rural recruitment & retention challenges
- Emphasis on interprofessional education & practice
- Mouth is part of the body. Yet oral & medical divide in delivery, insurance
- Payment models pivoting to performance/outcomes/quality
- Patient centered medical homes (PCMHs), ACOs, ACH
- Lack of integration of SDOH in health care delivery

Emerging Roles & Practice Scopes







About

Profession	Yr. Medicaid Payment Authorized	Education Level	Numbers
Community Health Workers (CHWs)	2007	Certificate	700+
Dental Therapists (DTs)	2009	Masters	88
Community Paramedics (CPs)	2011	Certificate	144
Doulas	2013	Certificate	58[α]
International Immigrant Medical Graduates (IIMGs)	2015*	US Medical degree equivalent[λ]	168
Collaborative Practice Dental Hygienists (CPDHs)	2001[β]	Associates/ Bachelors	11% of hygienists



Moibi

[α] Currently registered on MDH roster. Pre-requisite for Medicaid reimbursement.

* IIMG is not a new provider type. IIMG Assistance program began in 2015 to address barriers and explore pathways to integrate IIMGs into MN's health delivery system. IIMGs need to US MD license to practice.

[λ] Foreign credential evaluated for equivalence. US clinical skills assessment & foundational skills building assistance offered.

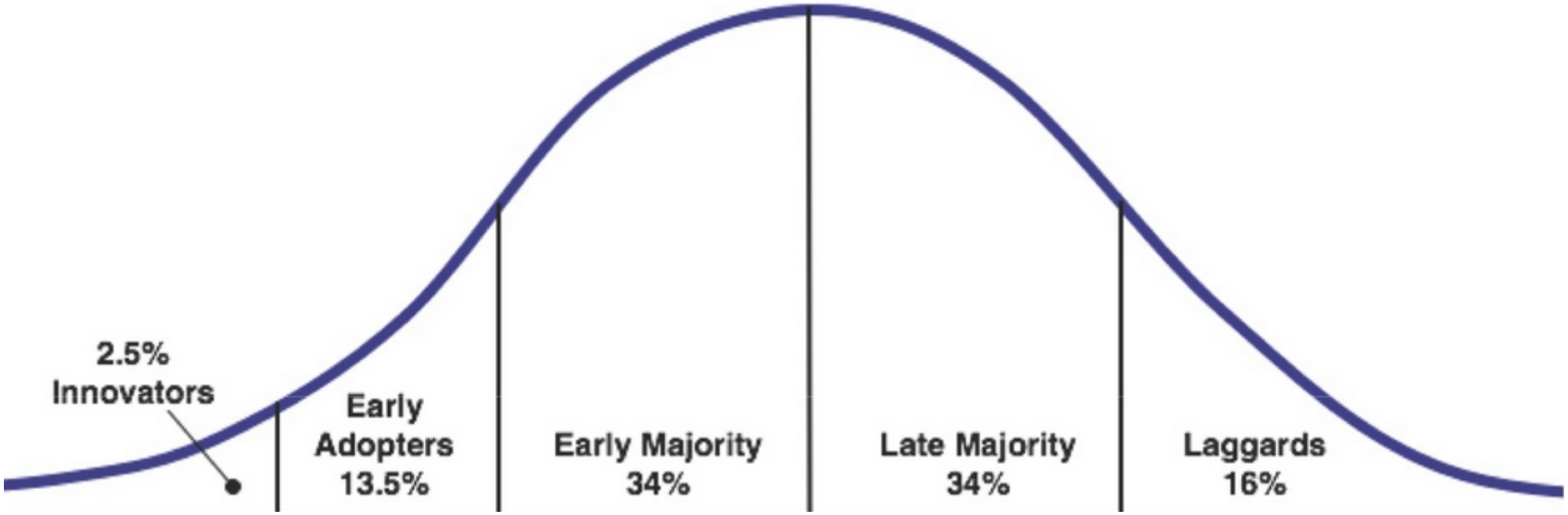
[β] Initially authorized as limited authorization for dental hygienist. 2017 amendment to CPDH – expands location, eliminated clinical requirements, general supervision, DAs can help.

Enabling Factors for Emerging Roles/Professions

- Identified Need
- Advocates
- Defined Scope of Practice/Regulation
- Education
- Legal Protections
- Reimbursement
- Practice Integration
- Professional Acceptance



Innovation Adoption Curve



MDH Office of Rural Health and Primary Care
Staying the Course

- Multiple roles
  - Provide TA in policy development & payment issues
  - Staff internal/external work groups (CPs, CHWs, IIMGs, DTs)
  - Loan forgiveness incentives to work in high-need areas (DTs)
  - Conduct research & develop tools for stakeholders

- ✓ Evaluation of impact on access (DTs)
- ✓ Research stakeholder group coordination (DTs)
- ✓ Recruitment challenges survey using CMMI SIM $$ (CPs)
- ✓ Practice barriers & facilitators using HRSA $ $ (CPDHs)
- ✓ Career guidance/support; Clinical competency assessment; Dedicated primary care residency spots (IIMGs)
- ✓ Routinely track & survey providers (CPs, CPDHs, DTs)
- ✓ Emerging Professions Practice Integration Toolkits for Employers (CHWs, CPs, DTs)
- ✓ Emerging Professions Handbook
- ✓ Scope of Practice Evaluation Framework

5As of Access: Impact on MN

A1 Affordability: Extent to which provider's charges relate to willingness to pay by patient

- DTs required to practice in settings that serve low-income, uninsured, underserved or in DHPSAs. Accept Medicaid!

A2 Availability: Provider has the requisite resources such as personnel, technology

- DTs & CPDHs use mobile equipment to take x-rays in non-clinic settings; DTs use teledentistry to transmit x-rays to develop treatment plans

A3 Accessibility: Geographic

- IIMGs to serve in rural/underserved areas
- DTs required to serve in DHPSAs (124)
- DTs have reduced appointment wait times, driving distances

5As of Access: Impact on MN

A4 Accommodation: Extent to which the provider's operation is organized in ways that meet patient's constraints & preferences

- DTs & CPDHs set up clinics in community settings, schools, nursing homes
- CPs treat on the street. Bring mobile primary & preventive care to decrease ER usage

A5 Acceptability: Extent to which patient is comfortable with the more immutable characteristics of the provider and vice versa

- IIMGs poised to offer culturally & linguistically competent care
- CHWs as care coordinators, front line public health workers, cultural brokers
- DTs are most diverse of all oral health providers: 12% Asian, 3% Hispanic
- 45% of Minnesotans live outside the Metro area, where 41% of working DTs are employed

Select Access Data Points

Settings where CPs provide care (can select many settings)

Setting	Share Providing Care
Patient's home	94%
Clinic	71%
Hospital	52%
Assisted living facility	52%
Shelter	39%
Long-term care facility/ skilled nursing facility	39%
On the street (homeless)	36%
Health fairs	36%
Workplace (for employees)	36%
Mobile unit/clinic	19%
Local public health department	16%
Behavior health facility	10%
Shopping mall	7%
Other	13%

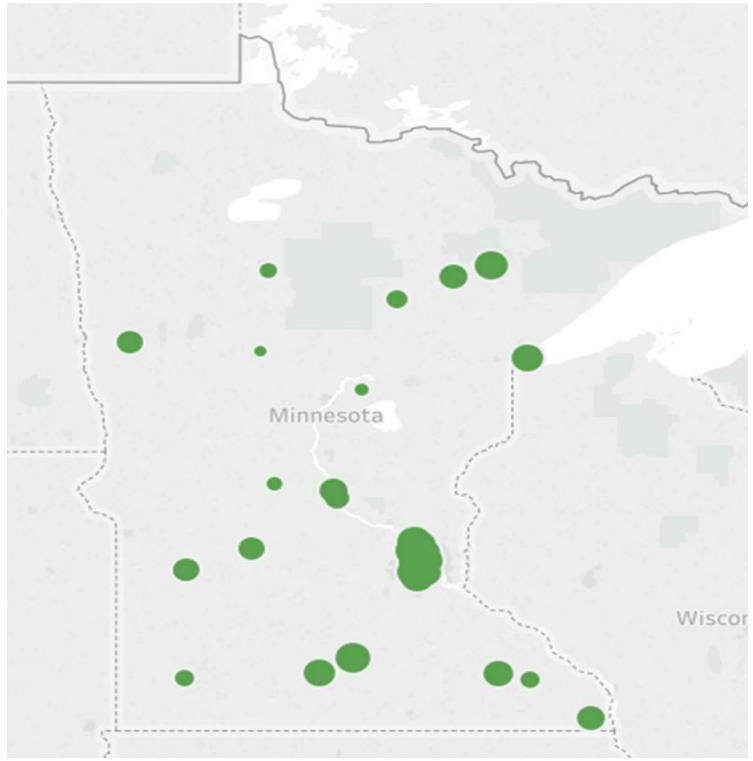
Source: MDH workforce survey of CPs, 2017

Figure 2: Community Paramedicine Agencies in MN



Source: MDH CP toolkit, Oct 2015

Where DTs are practicing in MN (primary setting)



Source: MDH workforce survey of licensed DTs in 2017

DEPARTMENT OF HEALTH

Thank you!

Nitika Moibi

Nitika.Moibi@state.mn.us

651-201-3853