New Hampshire SORH Participates in State Workforce Commission

Given its emphasis on access to care and workforce development, it was a natural fit for the New Hampshire State Office of Rural Health (NH SORH) to be a part of the NH Legislative Commission on Primary Care Workforce Issues. The five-year commission is working to coordinate workforce as a part of Affordable Care Act (ACA) activities in the state.

“What we’re finding is that because of the ACA, people are very interested in talking about workforce development, when maybe in the past they didn’t have an understanding of these issues,” said Alisa Druzba, director of the NH SORH. “We’re focusing on using the resources we have in the most efficient manner.” Druzba is the NH Department of Health and Human Services appointee. The Commission also includes individuals who represent medical, oral health, and mental health associations and providers in the state. Additional members have been requested to bring in more diversity and non-rural representation, Druzba said. Commission members meet together on a monthly basis.

“What’s nice is that the Commission has been in a position to readily talk about workforce, and about Marketplaces—if the state does choose to do Medicaid expansion,” Druzba said.

While Druzba brings the benefit of her expertise to the Commission, there have been benefits for her SORH as well. “When the Commission first started, we put in legislation that identified my office as a health professions data center,” Druzba said. Although the center was not funded, it helped establish the idea in her SORH. “I reallocated my money to bring a data center into existence and was able to hire a staff member this April to get the surveying off and running. We get to have a leadership role around the kind of data that is collected and can use it more efficiently for shortage designation work.”

Another benefit has sprung from the Commission’s emphasis on using resources efficiently. “I report to them on SORH grants and talk about current uses of funding.” Druzba set up a schedule to discuss SORH-related topics at the Commission meetings, like “What is a patient-centered medical home?” In addition, she has been discussing the difficulty of clinicians obtaining training and residencies in the state, since many sites there are too small to take them on. “There’s been lots of energy around this,” she said. As a result, her Office is helping establish a clinical placement program—a contract went into effect in July. The contracting agency now is looking at how other states are doing this, looking at site education curriculums and the technology for managing it.

“It was just natural for us to take a leadership role when workforce came up,” Druzba said. “It was mostly being ready at the right time.”