Maryland Primary Care & Rural Health

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Inside This Issue:

- Maryland Shortage Designations Updates
- Updates on the New Methodology for Shortage Designations
- NHSC New Online Sites Applications
- New Resource for Corps Members
- Funding Alerts
- Resources for FQHCs
- Publications and Resources
- Calendar of Events

Maryland Department of Health and Mental Hygiene

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

Joshua M. Sharfstein, M.D.
Secretary, DHMH

Family Health Administration

Russell W. Moy, M.D., M.P.H.
Director, FHA

Director's Notes

The Maryland Primary Care Office and State Office of Rural Health continue to be very busy through the summer. I attended the New Methodology Committee meetings for primary care designations in May, June, and July. An update of these meetings and future meetings are on page 2 of this newsletter.

The SORH was asked, and accepted, to participate on the Telemedicine Clinical Advisory Workgroup of the Maryland Telemedicine Taskforce Committee. The workgroup is charged with having a draft report completed by August 29, 2011 to the full Taskforce Committee. The workgroup will be assessing the possible need for legislation in 2012 and its role in regards to any legislation that is introduced. The next meeting will be held on August 4 at 10:00 a.m. Meeting notes and documents will be posted to the Telemedicine Taskforce Web site at: http://www.dhmh.state.md.us/mhqcc/telemedicine.html.

For those who have been anxiously awaiting, I have been informed by a HRSA contact that the awards for the New Access Points (NAP) applications that were due in 2010 will be announced on or about August 1, 2011.

Maryland Shortage Designations Updates

The Maryland Primary Care Office (PCO) completed 84 shortage analyses for State Fiscal Year (FY) 2011. This is a 24% increase from FY 2010. In fact, since FY 2007 (over the last five years), the PCO has increased the number of shortage analyses each year. From May to July of this year, the PCO submitted a number of applications for approval of either a HPSA or MUA designation. These include (but are not limited to):

Primary Care HPSA: West Central Baltimore City Primary Care-High Needs;

Dental Care HPSA: Medicaid Eligible Allegany County, Medicaid Eligible Garrett County, Medicaid Eligible Tri-County Lower Eastern Shore, Medicaid Eligible Federalsburg, and Caroline County-High Needs;

Mental Care HPSA: Garrett County, Tri-County Lower Eastern Shore, St. Mary's County, Washington County, and Medicaid Eligible Kent County; and

Facility HPSA: Baltimore City Detention Center, Central Booking and Intake Facility, Maryland Correctional Institution, Maryland Reception and Diagnostic Center, Metro Transition Center, and Roxbury Correctional Institution

The HRSA's Office of Shortage Designation can take four to six months to make its final decision on each application. The PCO will inform the available update to all stakeholders and Maryland health care communities.

For more information on HPSA and MUA/P designations in Maryland, visit http://fha.maryland.gov/ohpp/pco_shortage.cfm.

Updates on the New Methodology for Shortage Designations

The negotiated rulemaking committee met for the tenth time on July 20-21 in Old Alexandria, VA. After various issues and factors have been discussed, the committee now focuses on definition of rational service areas and four main designation components: population to provider, health status/social deprivation index (SDI), access barriers, and ability to pay. The committee agrees that the rational service areas should be based on four characteristics: discrete, continuous, interrelated, and distinct. Although, the committee does not have a final decision on designation criteria, several variables have been proposed and included in an initial review and analysis.

Population to provider: General practice, family practice, internal medicine (no sub-specialties will be included), pediatrics (sub-specialty beyond adolescent will be excluded), OBGYN (weight at 0.25 FTE), geriatricians, and adolescent medicine. Hospitalists, general surgeons, residents, urgent care providers, and J-1 visa waiver or national interest waiver and NHSC participants will be excluded. Nurse mid-wives, physician assistants and nurse practitioners (with family practice, pediatrics or adult care, geriatric and women's health specialties) will be included at a 0.75 FTE. Moreover, the committee decided to continue using 40 hrs/week for patient care activities as full-time. However, the committee agrees to use 3,800 Medicaid claims for primary care visits as 1.0 FTE (current practice uses 5,000 claims).

Health status/SDI: Several factors have been debated and included in preliminary impact analysis. These include the percentage of population living below poverty level, the percentage of population that did not graduate from high school, the percentage of households with single parents, unemployment rate, standardized mortality rate, low birth weight and infant mortality rate, and diabetes prevalence.

Access barriers: The committee workgroup has considered a long list of risk factors for access problems. Finally, the list has been refined and narrowed to five main barriers: linguistic isolation/limited English proficiency, race/ethnicity, population density, travel time, and local option (barriers that are demonstrated at the local level).

Ability to pay: This component is separated from barrier criteria. The committee workgroup recommends that the factor "uninsured" be moved to the ability to pay component. Furthermore, this component might consider including the percentage of Medicaid eligible population.

The committee is planning a video conference in August, and a next face-to-face meeting in September.

For more information, visit http://www.hrsa.gov/advisorycommittees/shortage/index.html

The First Corps Community Day

The National Health Service Corps (NHSC) is uniting to celebrate Corps members' work and to increase awareness of primary care's importance by holding the first Corps Community Day!

Corps Community Day will occur during the 13th annual National Primary Care Week, October 10-14, 2011.

Local NHSC networks and sites can hold a variety of events and activities – from a flu vaccination clinic or community health fair to a flash mob or a viral video campaign.

Additional information and available resources will be provided by the NHSC.

For more information and comments, visit the NHSC Facebook page at http://www.facebook.com/topic.php?uid=62417899106&topic=16171

National Health Service Corps (NHSC) Launches New Online Sites Applications

The NHSC is a health care professional network of more than 10,000 primary care providers working at over 8,000 health service sites located in a Health Professional Shortage Area (HPSA) across the country. The NHSC supports communities in need and assists member sites by helping them recruit and retain qualified and dedicated health professionals. The NHSC offers financial support in the form of loan repayments and scholarships to eligible practitioners practicing at these sites.

Qualifying health service sites interested in becoming an NHSC-approved site may now apply online by following these steps:

1. Visit http://www.nhsc.hrsa.gov/communities/apply.htm, and click on the "Apply Here" button.
2. Click "Create a Site Administrator Account."
3. Complete the required fields and click "Register."
4. The site will receive an email with account information. They will need to click the link in the email to activate their account. If they do not see this email in their inbox, they should first check their junk or spam folder.
5. Upon clicking the link, they will be redirected to the login page. Use the account credentials previously entered to login to the NHSC site portal. They should make note of these login credentials for future use.
6. Click the "Apply for a New NHSC Site" button, in the "Apply for a New NHSC Site" section.
7. Follow the screen-by-screen instructions to complete and submit the official NHSC site application for review.
8. The application will be processed and the applicant will be notified electronically once their application is approved.

PrimaryCareForAll.org New Resource for Corps Members

The NHSC, in collaboration with Morehouse School of Medicine's National Center for Primary Care, created a new Web site, www.PrimaryCareForAll.org, to support Corps members and address challenging aspects of working in underserved communities across the country. The Web site emphasizes three major issues including, training opportunities, peer-to-peer networking and support, and resource sharing.

The new Web site features:

Education and Training Opportunities: The Web site provides free online CME/CEU trainings, live and on-demand webinars, and interactive trainings.

Networking and Peer Support: The Web site provides a password protected secure location for NHSC providers and scholars to connect via coffee shop discussions and specialty community blogs.

Resource Center: Containing best practice examples, tools and templates, links to research, and file-sharing opportunities in various fields such as behavioral health, clinical excellence, cultural competency, electronic health records, and oral health.

Source: Corps Connection Newsletter, May 2011

Funding Alerts

Supplemental Funding for Quality Improvement and Patient-Centered Medical Home Development in Health Centers

Application deadline: August 22, 2011

This Affordable Care Act supplemental grant opportunity is for existing section 330 funded health centers to improve the quality of care, access to services, and reimbursement opportunities for health centers by supporting the costs associated with enhancing quality improvement systems and becoming patient-centered medical homes (PCMHs). This PCMH funding opportunity provides upfront assistance to grantees as they make the practice changes necessary to achieve and/or enhance PCMH recognition.

Eligibility: Existing health center program grantees

Eligible health centers may request up to $35,000 (the amount of funding may be increased up to $50,000 depending on the number of successful applicants). The total funds available for this one-time supplemental funding opportunity is approximately $28 million.

For more information, visit http://www.hrsa.gov/grants/apply/assistance/pcmh/

Rural Broadband Access Loan and Loan Guarantee Program

Application deadline: Applications accepted on an ongoing basis.

This program furnishes loans and loan guarantees to provide funds for the costs of construction, improvement, or acquisition of facilities and equipment needed to provide service at the broadband lending speed in eligible rural areas. Visit http://www.raconline.org/funding/funding_details.php?funding_id=438 for the details.

Service Area Competitions

Application deadline: Applications accepted on an ongoing basis. Grants for financial assistance to provide comprehensive primary health care services to an underserved area or population. Visit http://www.raconline.org/funding/funding_details.php?funding_id=2022 for the details.

Maryland PCO & SORH in 2011 DHMH GIS Conference

On July 26, Maryland Department of Health and Mental Hygiene (DHMH) held a Geographic Information System (GIS) conference under the topic "*Improving Health & Healthcare in Maryland through Geographic Information*" at Coppin State University. The conference consisted of a variety of topics related to the use of GIS in public health.

Elizabeth Vaidya, Director of Primary Care Office (PCO) and State Office of Rural Health (SORH), gave her presentation on the overview of PCO and SORH programs and the benefits of GIS applications to the programs. The presentation also included a new interactive map of Maryland shortage designations.

To learn more about the PCO and SORH programs, go to http://fha.maryland.gov/ohpp/

To view available static maps, go to http://fha.maryland.gov/ohpp/publications.cfm

To view the interactive map, go to http://eh.dhmh.md.gov/ohpp/index.html

Resources for Federally Qualified Health Centers (FQHCs)

Health Center Capital Projects Funding Guidelines

The Health Resources and Services Administration issues guidelines on federal funding to support capital projects, particularly Capital Development grants authorized under the Affordable Care Act. The guideline outlines processes for documenting the sites within a health center's approved project, where construction and/or alterations/renovations can occur.

The policy notice summarizes the five components of an approved project, and the process for health centers seeking prior approval to make changes in the approved scope of project. This announcement applies to any section 330 funded health center receiving Capital Development funds.

For more information, go to http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201107.pdf.

Source: Community Health Partners for Sustainability

Guidelines on Streamlining Applications for FQHC Look-Alikes

The Bureau of Primary Health Care issues Program Announcement Letter 2011-08, which updates the Health Resources and Services Administration's efforts to enhance the Federally Qualified Health Center (FQHC) Look-Alike Program by streamlining and simplifying its application and data reporting processes. The enhancements include new processes for applying for FQHC look-alike designation, recertification, and renewal of designation, and facilitating changes in scope of project requests. HRSA will bring together data and information used to monitor FQHC Look-Alikes, record program changes, and track program performance into one centralized system.

This announcement applies to any existing health center looking to apply for or renew/alter their FQHC Look-Alike status.

For more information, go to http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201108fqhc.pdf.

New FQHC in Maryland

Lifeline Foundation, Inc is a new FQHC operated by a Native American tribal organization. The new facility is a NHSC approved site and provides primary care and mental health services to clients in Baltimore City.

Location:
106 West Clay Street, Baltimore, MD 21201

Contact Information:
Susan Roth, Executive Director
Phone: 410-837-2258
Fax: 410-837-2692
Email: Susan.nal@verizon.net

Publications and Resources

Longitudinal Mentoring Program Supports Medical Students Interested in Primary Care

The number of students selecting careers in primary care has declined by 41% in the last decade, resulting in anticipated shortages. Diane Indyk, and colleagues, conducted a qualitative and quantitative study on a longitudinal mentoring program for medical students interested in primary care practices. The authors conclude, "students who remained in the mentoring program matched to primary care programs at 87.5% in the first year and 78.9% in the second year, compared to overall discipline-specific match rates of 55.8% and 35.9% respectively." For more information, visit http://www.biomedcentral.com/1472-6920/11/27/abstract.

Primary Care Health Workforce in the United States

The Robert Wood Johnson Foundation recently published a report on primary care workforce in the United States. The report focuses on the supply and distribution of the workforce, the historical and projected demand on the primary care workforce, the effects of payment policies and scope of practice laws on the workforce, and how the primary care workforce is evolving. The key findings include misdistribution of primary care providers, increase in demand for primary care providers, increase the scope of practice of non-physicians, and new practice models that can fulfill the nation's primary care needs. To read the full article, please go to http://www.rwjf.org/files/research/070811.policysynthesis.workforce.rpt.pdf.

Comparing Health Care Quality: A National Directory

The Robert Wood Johnson Foundation launched a new online health care quality directory for patients to find reliable sources on the quality of health care provided by physicians and hospitals in their communities. Comparing Health Care Quality: A National Directory is a map-based listing of health care "performance measurement" resources available across the country. The directory links to 197 free and publicly available reports in 46 states, as well as 27 reports with information on the performance of physicians and hospitals nationwide. For more information, visit http://www.rwjf.org/qualityequality/product.jsp?id=71857

Bringing Broadband to Rural America: Update to Report on a Rural Broadband Strategy

The report confirms the need to continue the Administration's comprehensive investments and policy framework to ensure that rural communities and tribal nations receive the same access to the economic, educational, health care, and public safety opportunities and services that broadband delivers in urbanized communities. For more information, visit http://transition.fcc.gov/Daily_Releases/Daily_Business/2011/db0622/DOC-307877A1.pdf.

Affordable Care Act, What's in it?: Rural Young Adults

The article examines how the Affordable Care Act benefits young adults, specifically those in rural areas, with provisions that include the ability to remain on their parents' policies, the creation of health insurance marketplaces, the elimination of pre-existing conditions, and incentives for employers to provide coverage. To read the full article, go to http://files.cfra.org/pdf/health-care-young-adults.pdf.

Community Health Centers: A Guide for State Policymakers

The Web site includes a short video of Federally Qualified Health Centers (FQHCs) and helpful information on community health centers for state policymakers. Visit http://www.ncsl.org/default.aspx?tabid=22346.

Calendar of Events

August 26-30 - Community Health Institution and Expo
Place: Manchester Hyatt, San Diego, CA
For more information and registration, visit http://meetings.nachc.com/?page_id=83

August 31 - Medical Documentation and Coding to Maximize Revenue and Chat Auditing Workshop
9:00-12:00 or 12:00-3:00
Place: Dover Downs Conference Center, Dover, DE
For more information and registration, visit http://www.machc.com/

September 7-8 - National Organization of State offices of Rural Health (NOSORH) Annual Meeting
Place: Denver, CO
For more information and registration, visit http://www.nosorh.org/news/annualmeeting.php

September 21-23 - 3RNet 2011 Annual Conference
Place: Radisson Hotel & Suites Austin-Town Lake, Austin, Texas 78701
For more information and registration, visit http://www.regonline.com/builder/site/Default.aspx?EventId=974526

September 27-30 - Rural Health Clinic and Critical Access Hospital Conferences
Place: Hyatt Regency Crown Center, Kansas City, MO 64108
For more information and registration, visit http://www.ruralhealthweb.org/kc

October 31-November 2 - The 29th Annual State/Regional Primary Care Association (S/RPCA) Conference
Place: New Orleans Marriott, New Orleans, LA
For more information and registration, visit http://meetings.nachc.com/?page_id=353

November 3-4 - Maryland Rural Health Association (MRHA) Annual Conference
Place: Princess Royale Oceanfront Conference Center, Ocean City, MD
For more information and registration, visit
http://mdruralhealth.org/ruralhealthconference2011.html

Maryland Primary Care and Rural Health Staff

Elizabeth Vaidya, Director, 401-767-5695, evaidya@dhmh.state.md.us
Judy Gerahty, Workforce Coordinator, 410-767-5046, jgerahty@dhmh.state.md.us
Esther Choi (Roh), Research Analyst-Rural Health, 410-767-8992, eroh@dhmh.state.md.us
Kade Patanavanich, Research Assistant-PCO, 410-767-8781, kpatanavanich@dhmh.state.md.us
Christina Shaklee, Public Health Policy Specialist, 410-767-6523, cshaklee@dhmh.state.md.us
Amanda Kikola, Program Coordinator, 410-767-2012, akikola@dhmh.state.md.us

Maryland Primary Care and Rural Health

Office of Health Policy and Planning
Family Health Administration
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 315
Baltimore, MD 21201

Phone: **410-767-5300**
Fax: **410-333-7501**
E-mail: ohpp@dhmh.state.md.us
http://fha.maryland.gov/ohpp/

The Maryland PCO's mission is to improve access to health care services for all Marylanders in underserved communities by developing strong partnerships; building local resources; supporting and retaining health care providers; promoting relevant state and national health policies, and reducing health disparities.

The Maryland SORH's mission is to improve the health of rural Marylanders through collaboration, networking, outreach, education, research, advocacy, and the development of special programs.