2011 MARYLAND PRIMARY CARE OFFICE CONFERENCE- HRSA'S PARTNERSHIP IN ADDRESSING PRIMARY CARE NEEDS AND SETTING PRIORITIES

Andy Jordan, MSPH
Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Director, Office of Shortage Designation

HRSA Overview

- HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care.
- Improving access to health care services for people who are uninsured, isolated or medically vulnerable.
- Funds over 80 grant programs.
- FY 2012 President's Budget: $9,034,701,000 (+$977,544,00 from FY 2010).

Bureau of Health Professions (BHPr)

- BHPr's mission is to increase the population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all.

BHPr FY 2012
Major Focus Areas

BHPr FY 2012 Major Focus Areas

- Improve primary care workforce supply, capacity and distribution through stronger education and training opportunities.
- Develop new team-based models of care based on inter-professional training.
- Reduce health disparities by increasing workforce diversity.

BHPr FY 2012 Major Focus Areas (cont.)

- Enhance geriatric/elder care training and expertise, including both professional and para-professional education.
- Continue development of National Center for Health Workforce Analysis to improve data collection to inform stakeholders on health workforce issues.
- Collect and report meaningful performance measures and conduct evaluations assessing program performance.

FY 2012 President's Budget Request

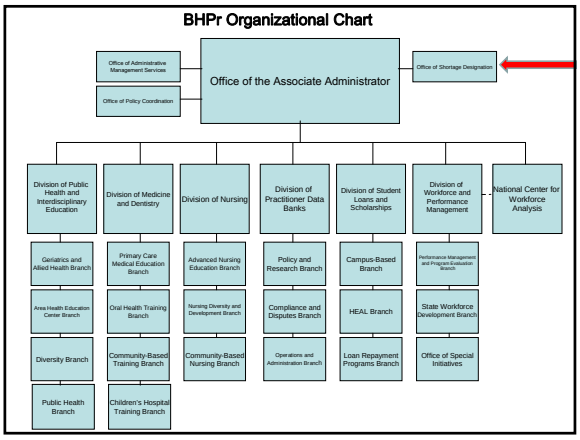
- Begins 5-year investment in producing 4,000 new primary care providers:
  - 2600 physicians and physician assistants
  - 1400 advanced practice nurses

Health Professions and the Affordable Care Act

- The Affordable Care Act (ACA) updates and reauthorizes grant programs to support:
  - Workforce supply, including primary care, oral health and interdisciplinary activities
  - Workforce distribution, including training opportunities in rural and underserved settings
  - Workforce diversity, including recruitment, retention, and faculty development

State Health Care Workforce Development (SHCWD) Grants

- Planning Grants: Support assessment of health workforce needs in State by gathering and analyzing data, examining current resources, policies and practices that influence the supply and demand of the health care workforce, and identifying ways to remove barriers. One year, $150,000 maximum.
- Implementation Grants: Convene stakeholders at the State and regional levels to develop and implement a health care workforce development plan that will include strategies to address the health workforce needs of the State. Two years of funding.



Office of Shortage Designation

- Staff of 15
- Responsible for two designation processes used to target resources
  - Health Professional Shortage Areas (HPSA)
  - Medically Underserved Areas/Population (MUA/P)
- State Primary Care Office Grant Program Oversight

Where are State Primary Care Offices (PCOs) located?

- Fifty-four State Primary Care Offices located within 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.
- Average 2 FTEs per State.
- Each PCO is unique based on circumstances within that State.

Primary Care Services Resource Coordination and Development (State Primary Care Offices)

- HEALTH RESOURCES AND SERVICES ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES
- AUTHORIZATION: Public Health Service Act, Section 330(k), 330(m) and 333(d); CHCs and NHSC
- PURPOSE: To coordinate local, State, and Federal resources contributing to primary care service delivery and workforce issues in the State to meet the needs of medically-underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.

PCO Program Funding

Activity	PCO non-ARRA (U68)	PCO ARRA (U6A)
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Funding Level	$10.8 Million (annually) *estimate	$2 Million (annually)
Funding Sources	BPHC & BCRS	BCRS ($2 Million)
Number of Grantees	53	43

Program Expectations of PCO Cooperative Agreement

1. Organizational Effectiveness/Fostering Collaboration
2. Technical Assistance to Organizations/Communities wishing to Expand Access to Primary Care for Underserved Populations
3. Assessment of Needs/Sharing Data
4. Workforce Development for the NHSC and Safety Net
5. Shortage Designation Applications and Updates

Organizational Effectiveness/Fostering Collaboration

- Positively affect State policies and resources addressing primary care for the underserved
- Work with other state agencies, MCH, Medicaid, etc. in issues related to care for the underserved
- Foster collaboration across various levels of government, communities, and nonprofit organizations

PCO Collaborations

Organization Type	Formal Relationship	Informal Relationship	Occasional Partner	N/A	Response Count
Primary Care Association	58.7% (27)	30.4% (14)	8.7% (4)	2.2% (1)	46
State Department of Health	93.5% (43)	0.0% (0)	4.3% (2)	2.2% (1)	46
State Office of Rural Health	75.6% (34)	11.1% (5)	6.7% (3)	6.7% (3)	45
Governor's Office	48.9% (22)	17.8% (8)	22.2% (10)	11.1% (5)	45
Quality Improvement Organizations	14.3% (6)	14.3% (6)	23.8% (10)	47.6% (20)	42
Higher Education Institutions	39.1% (18)	39.1% (18)	19.6% (9)	2.2% (1)	46
Health Information Technology Organization	18.6% (8)	27.9% (12)	32.6% (14)	20.9% (9)	43
State Housing Office	2.3% (1)	4.5% (2)	15.9% (7)	77.3% (34)	44
Other	63.6% (14)	27.3% (6)	0.0% (0)	9.1% (2)	22

Assessment of Needs/Sharing Data

- Conduct overall statewide primary care needs assessment
  - Identifies health workforce shortages;
  - Identifies the communities with the greatest unmet health care needs;
  - Identifies the key barriers to accessing health care for these communities (i.e. waiting time, travel time).

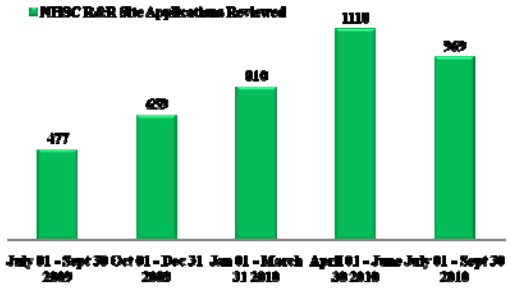
Sharing of Data with the Primary Care Association (PCA) and Other Entities

- Serve as the point of contact to the PCA and other entities for access and use of relevant Statewide and sub-county data to creating new and expanding health centers;
- Facilitate the PCAs' and other entities' ability in working with various divisions of the State Health Department to obtain data;
- Review and update the annual Statewide Needs Assessment.

Workforce Development for the NHSC and Safety Net

- Recruitment & Retention
- NHSC Outreach
- NHSC Site Development
- Provide Technical Assistance
- NHSC Marketing
- Site Monitoring
- Conduct Site Visits
- Assist with Provider Placements
- Serve as a NHSC Ambassador

PCO ARRA Performance Data Report July 01, 2009 - September 30, 2010

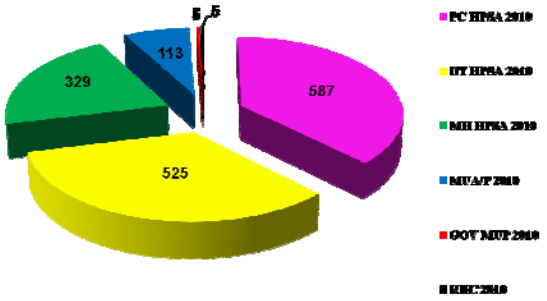


Data Source: HRSA Electronic HandBooks (EHB)
* Data was submitted by 43 PCO ARRA Grantees

Shortage Designation Applications and Updates

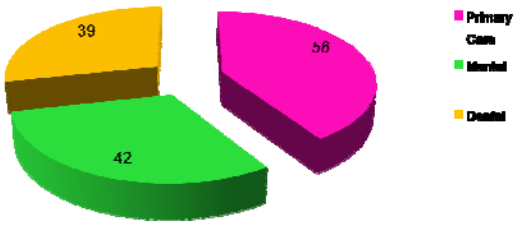
- Coordinate and oversee Health Professional Shortage Areas (HPSA) and Medically Underserved Areas and Populations (MUA/P) designation process within State to assure consistent and accurate assessment of underservice
- Update HPSA every three years or on an as needed basis

2018 Designation Applications



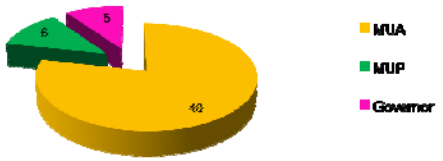
This data was released from HPSA's Case Application Tracking System (CASTS) on November 30, 2018.

Number of HPSAs in Maryland by Discipline



This data was released from HPSA's Data Warehouse

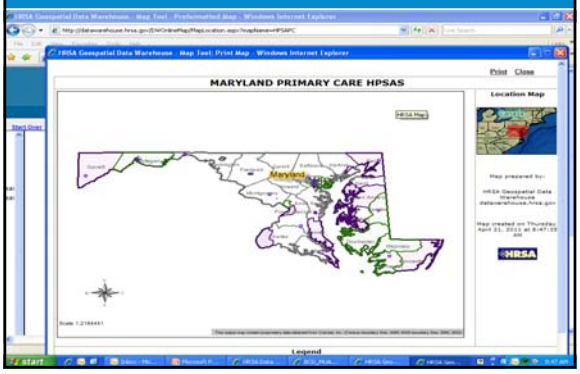
Number of MUA/P's in Maryland



Maryland at a Glance

	Primary Care			Mental Health			Dental Care		
Total Population	HPSA Population	Estimated Served	Estimated Underserved	HPSA Population	Estimated Served	Estimated Underserved	HPSA Population	Estimated Served	Estimated Underserved
5,554,946	781,079	310,989	470,090	1,105,730	691,662	414,068	592,545	198,300	394,245

This data was retrieved from HRSA's Data Warehouse



Using Data to Target Resources to Areas of Need

- HRSA is the lead agency within HHS for determining areas of need for Health Care Resources
- Historically, two methods have been used to identify such areas:
  - Health Professional Shortage Areas (HPSA) :For the placement of National Health Service Corps (NHSC) and other clinicians
  - Medically Underserved Areas: For targeting funding for Federally Qualified Health Centers (FQHCs)

OVER 40 FEDERAL AND OTHER PROGRAMS NOW USE THESE IN SOME FASHION TO TARGET RESOURCES

Negotiated Rulemaking Process/Background

- Both HPSA and MUA criteria are over 40 years old
- Efforts to update them were attempted in 1998 and in 2008
- Each time concerns over the methodology and the potential impact of existing programs and designated areas caused the proposed rule to be either withdrawn or reconsidered
- HPSAs are updated regularly (3 year update cycle). MUAs are not required to be updated
- Some areas currently designated may no longer really be in need and some areas of true need may not be designated due to outdated criteria.

Disclaimer: Updating methodology is NOT easy☺.

Negotiated Rulemaking Process Cont'd

- Included in the Affordable care Act of 2010
- Required HRSA/HHS to conduct a Negotiated Rulemaking process for developing a new methodology for designating Primary Care MUA/Ps and HPSAs.
- Committee of Stakeholders and Technical Experts have been meeting since September 2010.
- Target for submission of their final recommendation is October 2011

Negotiated Rulemaking Process Cont'd

MAJOR FOCUS ON KEY COMPONENTS OF A MODEL:

- Incorporate Health Status Measures
- Incorporate indicators of barriers to access to care
- Incorporate measures of ability to pay
- Incorporate measures of provider capacity as compared to population need

Negotiated Rulemaking Process

THE DEVIL IS IN THE DETAILS!

- Which measures for each component?
- Are there data available at the local level for measures?
- How do you combine the various components into one process that can be used to identify areas and populations in need of resources (either funding or providers?
- This is where the committee is now in their deliberations

Negotiated Rulemaking Process

KEY POINTS IN THE DELIBERATIONS TH*US FAR:*

- Recommend keeping two separate HPSA and MUA designation processes although the same elements may be used in both
- Recommend adding Nurse Practitioners, physician Assistants, and Nurse Midwives to the provider counts
- Other details still under discussion
- Committee Web-site has all of the documents from the committee meetings
http://www.hrsa.gov/advisorycommittees/shortage/index.html
- Additionally, public Comments are presented at each meeting

Resources

- http://bhpr.hrsa.gov/shortage/index.html

How to contact your State Primary Care Office (PCO)

http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html

Contact Information

Andy Jordan
Director, OSD/BHPR
301-594-0197
ajordan@hrsa.gov
http://bhpr.hrsa.gov/shortage/
1-888-275-4772