

**2011 Primary Care Office (PCO)
Conference Presentation**

Primary Care Office and State Office of
Rural Health Program Overviews
Wednesday, May 25, 2011

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PCO – Principal Functions

- 📌 Shortage Designations
- 📌 Workforce Development
- 📌 Community Engagement

**Primary Care Office Program
Description**

The Primary Care Office (PCO) is responsible for promoting access to health care services for all Maryland residents. The PCO is funded by the federal Bureau of Health Professions (BHP).

Shortage Designations

- **PCO develops proposals as requested or needed**
- **Current designations MUST be renewed every four years**

Thus some areas of the state are not designated because:

- They have not been requested/examined
- They do NOT meet federal criteria, either when originally examined or for the REQUIRED update

Shortage Designations – Benefits

Health Professional Shortage Area (HPSA)

- Enhanced Medicaid/Medicare reimbursement
- Deployment of needed health professionals

Medically Underserved Area/Population (MUA/P)

- Establishment of Federally Qualified Health Centers (FQHCs)

Health Professional Shortage Areas (HPSAs)

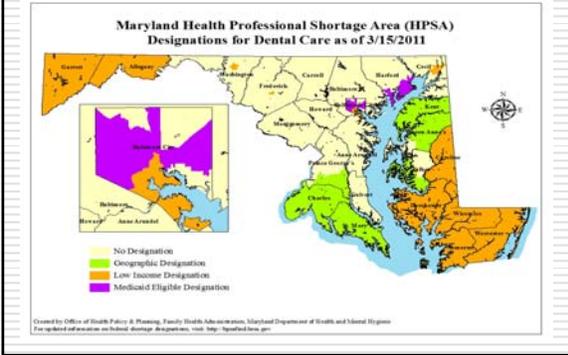
Three health care disciplines:

- Dental Health
- Mental Health
- Primary Care

Three types of provider categories:

- Facilities, e.g., penal institutions
- Geographic areas, e.g., census tracts, counties
- Populations, e.g., low income, Medicaid

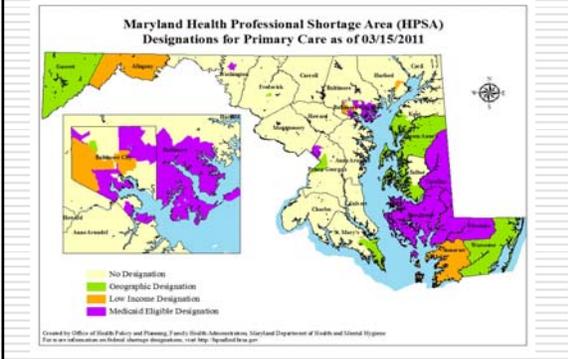
Map of Dental HPSAs



Map of Mental Health HPSAs



Map of Primary Care HPSAs



Medically Underserved Area/Population (MUA/P)

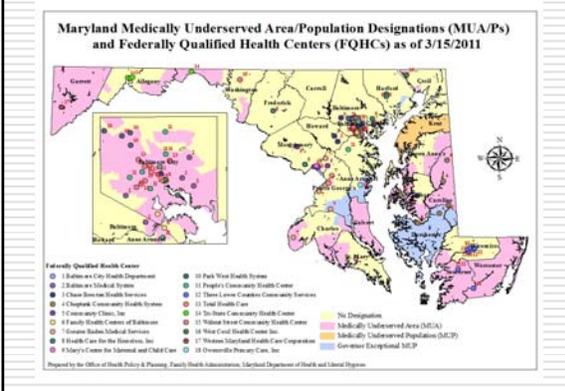
Two types:

- Geographic areas – MUAs
- Populations – MUPs
(Groups of census tracts or an entire county)

Methodology elements include:

- Primary care physicians, infant mortality rate, number aged 65 and older, number in poverty

Map of MUA/Ps



Workforce Programs

J-1 Visa Waiver Program

- National Interest Waiver (NIW)

Loan Assistance Repayment Program (LARP)

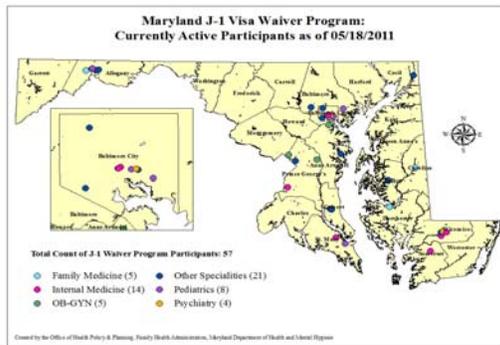
National Health Service Corps (NHSC)

- Loan Repayers
- Scholars

J-1 Visa Waiver Program

- J-1 visa requires physicians with foreign nationalities to return to their home country for two years at the end of their medical training.
- The waiver is granted in exchange for the physician's work in an underserved area for three years.
- The PCO reviews applications and makes recommendations to the U.S. Department of State.
- 30 J-1 Visa Waivers are allotted per federal fiscal year (Oct. 1st - Sept. 30th).

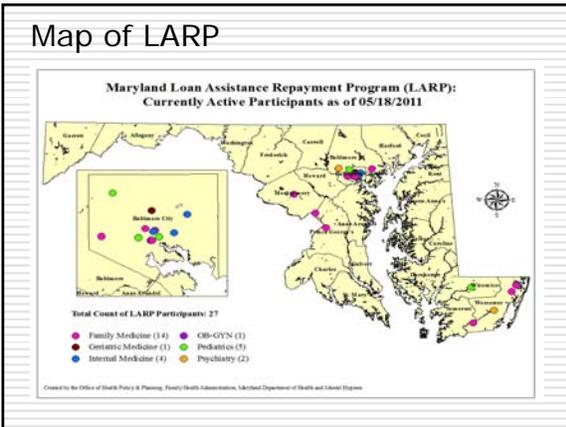
Map of J-1 Visa Waiver Program



Loan Assistance Repayment Program (LARP)

- For physicians (U.S. citizens) who provide care in shortage areas:**
 - Primarily for physicians
 - Physician agrees to practice in a shortage area for up to four years
 - Federal funds require practice in a designated HPSA
 - General funds may be used for either HPSAs or state identified shortage areas
- Types of health professionals eligible:**
 - Currently only two physician specialties allowed – primary care and psychiatrists
 - Other physician specialties and disciplines (e.g., dentists) could be proposed for approval
- Program is jointly administered by:**
 - PCO for DHMH, and
 - Maryland Higher Education Commission (MHEC)

Map of LARP



National Health Service Corps (NHSC)

Eligible Health Professionals include:

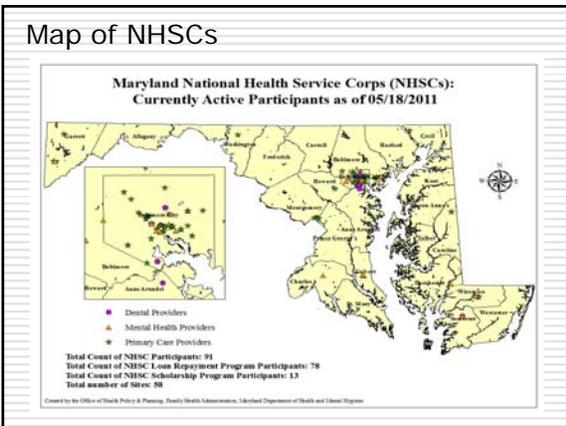
- Primary Care Physicians
- Psychiatrists
- Dentists
- Nurse Practitioners
- Nurse Midwives
- Dental Hygienists
- Psychologists
- Clinical Social Workers
- Marriage/Family Therapists

PCO's Role:

- Review sites' eligibility per federal criteria
- Recommend to NHSC eligible sites for placement of eligible health professionals, but final decision is made by the federal government – HRSA in DHHS



Map of NHSCs



ARRA Funding for the PCO

- Three year project funding initiative
- To assist the PCO in the coordination of activities within its jurisdictions as it relates to the delivery of primary care services and the recruitment and retention of critical health care providers as a result of the National Health Service Corp (NHSC) initiative under the American Recovery & Reinvestment Act (ARRA).
- There is no ongoing support of grant activities after the end of this three-year project period.

Federally Funded Partners

- **Federally Qualified Health Centers (FQHCs)**
 - Are funded by the federal government (HRSA) to provide a comprehensive array of primary and other health care services, directly or by referral
 - There are 16 FQHCs in Maryland with multiple sites throughout
 - Must be located in or near a Medically Underserved Area (MUA) or Population (MUP)
- **The Mid-Atlantic Association of Community Health Centers (MACHC)**
- **Community Health Integrated Partnership (CHIP)**

Community Involvement

Assist communities, including FQHCs, with:

- Assessing need for services
- Identifying and applying for funding
- Identifying and proposing areas for shortage designation
- Health professional recruitment and retention
- Education and advocacy needs
- Technical assistance needs

Office Resources

 Federal grant is dedicated fully toward salaries

 Staff

- Three full time persons (one FTE not thru grant)
- Two part-time persons (one FTE co-paid by SORH)
- Volunteers/Collaborators

 PCO Database

- Provider Data
- Facility Data
- Demographic & Health Statistics Data

PCO Challenges

 **PCO is a small program with major impact on:**

- access to care for the underserved
- development of critical community health resources

 **Resource limitations have led to:**

- backlog in preparation of federal shortage proposals
- minimal time for workforce monitoring/marketing
- minimal time for community engagement functions

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To join newsletter distribution or to contact us: ohpp@dhhm.state.md.us

State Office of Rural Health

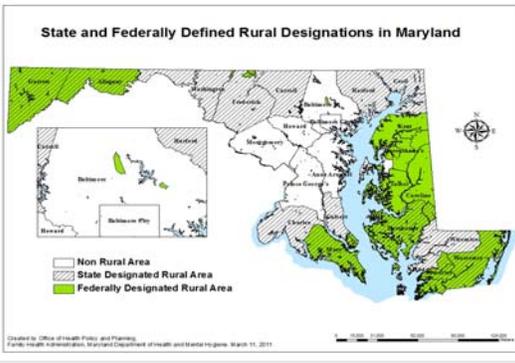
Mission

The Maryland State Office of Rural Health (SORH) aims to improve the health of rural Marylanders through collaboration, networking, outreach, education, advocacy, and the development of special programs.

Federally Funded

- State Offices of Rural Health
- Small Hospital Improvement Program (SHIP)
- State Matching Funds – Area Health Education Centers (AHECs)

Map of Maryland Rural Designations



Rural Health Concerns

-  Struggling economies and limited financial and human resources
-  Geographic isolation and lack of the critical population mass necessary to sustain a variety of primary and specialty services
-  Fewer health care organizations and professionals

Rural Health Plan

The Maryland Rural Health Plan was established in 2007 to provide strategic framework to guide efforts to advance and improve rural health in Maryland.

Community Involvement

We actively improve healthcare in rural communities through:

- Technical Assistance,
- Rural recruitment and retention,
- Collecting and disseminating information, and
- Coordinating rural health interests and activities.

Rural Recruitment and Retention

www.3RNET.org

- Facilities can post opportunities for free
- Widely used by health professionals
 - Residents in Primary Care
 - NP, SW, PA, Dentists and even lab techs
- SORH on a monthly basis forwards candidates to those facilities posting opportunities for:
 - Psychiatrists
 - Primary Care
 - Dentists

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<http://fha.maryland.gov/ohpp/ruralhlth/index.cfm>

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