Health Professional Shortage Areas and Scoring

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Indiana State
Department of Health

Discussion Topics

1. Introduction to Office of Primary Care
2. Review of HPSA Key Concepts
3. HPSA Application Process
4. Shortage Designation Modernization Project
5. Indiana's Current Designation Outlook
6. Incentives
7. Goals

Office of Primary Care

Who are we?

Office of Primary Care

Ann Alley
- Director

Lacy Foy
- Manager

Natalie Layfield
- Designation Specialist

Regina Smith
- Behavioral Health and Primary Care Integration Manager

Brent Anderson
- Practice Coach

Brent Skidmore
- Practice Coach

Programs

- Behavioral Health and Primary Care Integration
- Indiana Primary Care Learning Collaborative
- State Loan Repayment Program
- Health Professional Shortage Area Designations
- Community Health Center Program

HPSA Key Concepts

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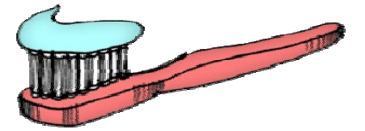Department of Health

HPSAs are defined as:
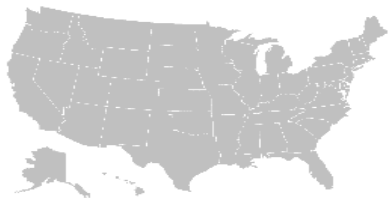
A shortage of:

Primary
Care

Mental
Health

Dental
Health

in a:

Geographic
Area

Population
Group

Facility
(Auto-HPSA)

Which professions are considered?

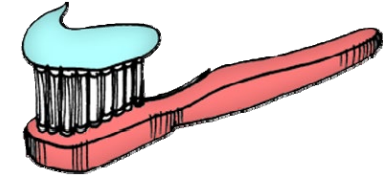| Primary Care	Mental Health	Dental Health
Includes Doctors of Medicine (MD) and Doctors of Osteopathy (DO) who provide services in the following specialties: ▪ Family Practice ▪ Internal Medicine ▪ Obstetrics and Gynecology ▪ Pediatrics	Includes: ▪ Psychiatrists ▪ Clinical Psychologists* ▪ Clinical Social Workers* ▪ Psychiatric Nurse Specialists* ▪ Marriage & Family Therapists*	Includes: ▪ General and Pediatric Dentists

Note: Providers solely engaged in administration, research or training are excluded.

*Clinical Psychologist, Clinical Social Workers, Psychiatric Nurse Specialists, and Marriage & Family Therapists are defined as Core Mental Workforce specialties. Core Mental Health Specialties are not included in analysis of Indiana Mental Health Designations.

Shortages Area Types

- Geographic
  - shortage of providers for the entire population within a defined geographic area.
- Population
  - shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
- Facility-based
  - correctional facilities, state mental health hospitals, FQHC, FQHC look-a-likes, CMS-certified Rural Health Clinics

Parameters for Geographic and Population HPSA Designations

In order to achieve a designation, the area under consideration must:

- Be a rational area for the delivery of services

- Have a certain ratio of population to providers serving the area that has been determined to qualify as a shortage

- Demonstrate that health professionals in contiguous areas are excessively distant, over-utilized, or inaccessible to the population under consideration

Qualification for (Facility) Auto-HPSA

According to statute and regulation, in order to qualify for an Auto-HPSA you must be classified as one of the following:

- Health Centers (funded under Sec. 330)
- Health Center Look-Alikes
- Tribally-Run Clinics
- Urban Indian Organizations
- Dual-Funded Tribal Health Centers
- Federally-Run Indian Health Service Clinics
- Rural Health Clinics
- *** NOTE: CMHCs do not qualify as an Auto-HPSA unless also an FQHC.**

HPSA Application Process

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HPSA Application Process

1. Determine profession of interest for HPSA application
2. Verify and update provider data (formerly enter provider data collected from surveys)
3. Define rational service area (geography)
   a. Multi-county or catchment areas
   b. County
   c. Sub-county (clusters of census tracks or township)
4. Determine whether population to provider ratio is satisfied
5. Select population center (generally County seat)
6. Perform contiguous area analyses
7. Identify nearest source of care
8. Review auto-calculated results for application to determine qualification status
9. Submit qualifying HPSA applications to HRSA

Step 1:

Determine profession of interest

Professions

Mental Health (MH)

- Providers may also be chosen by their specialty, county or eligibility in SDMS.

Step 2:

Verify and Update Provider Data

How are provider data verified?

- One-to-one verification of each provider in prepopulated in SDMS

- Provider Data is populated weekly by The Centers for Medicare & Medicaid Services (CMS). Any changes a provider makes to the National Plan and Provider Enumeration System (NPPES) will be reflected in the weekly update by CMS.

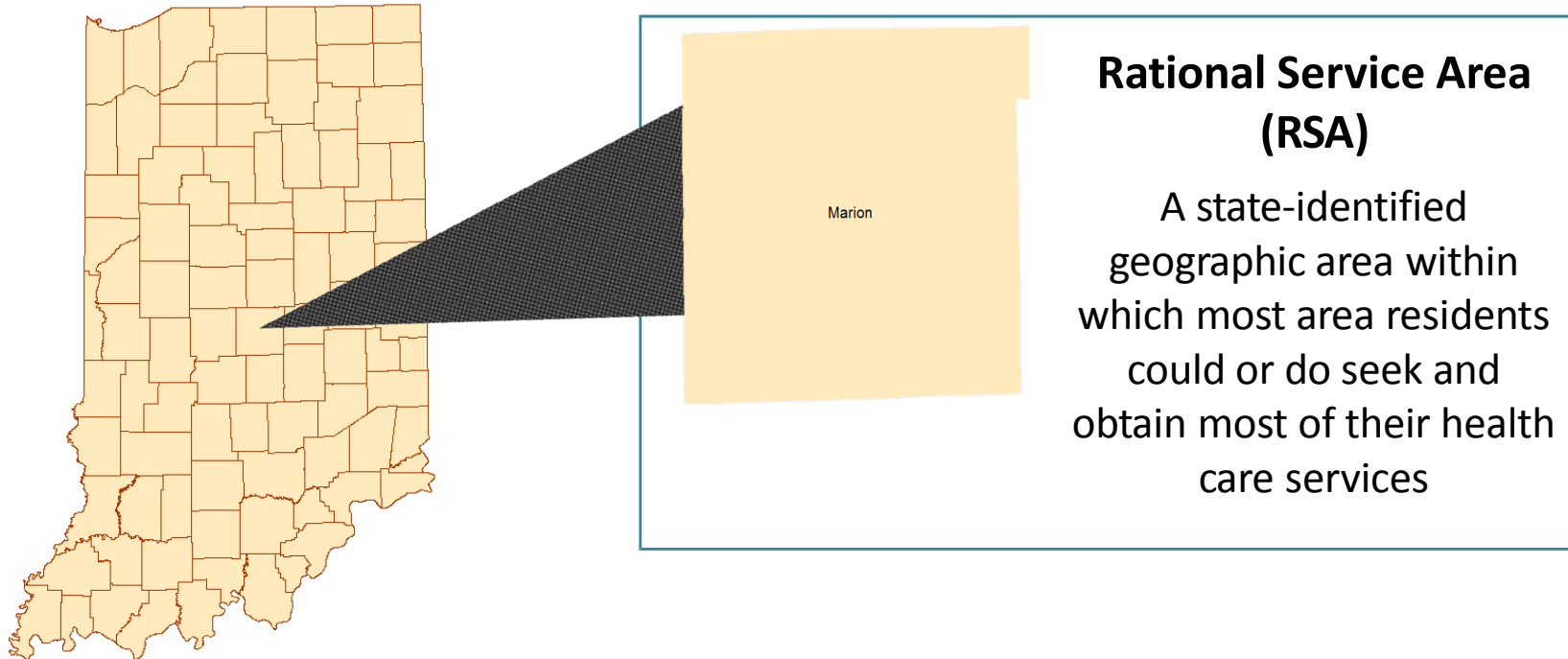# After verification, how are provider data updated in SDMS?

- Selected provider data may be updated (practice location, hours in direct patient care, Medicaid/sliding-fee scale, etc.) by editing each individual provider or through mass import.
- Very few changes may be made to population data.
- No changes are allowed to demographic, health, socioeconomic information.
  - * These data are sources from 2016 Center for Disease Control and Prevention and 2016 American Community Survey. These data were updated in January 2019 to the most recent data available.

Step 3:

Define Rational Service Area

What is a Rational Service Area?

Rational Service Area (RSA)

A state-identified geographic area within which most area residents could or do seek and obtain most of their health care services

RSAs can be:
1) A whole county
2) Multiple counties
3) Sub-counties
4) Statewide Rational Service Areas (SRSA)
5) Catchment areas (for mental health only)

Rules of RSA Determination:
1) RSAs cannot overlap existing designations
2) RSAs cannot be smaller than a census tract
3) Exceed travel time between population centers
4) RSAs cannot carve out interior portions

County

- To be considered a whole county RSA, the county must:

    - Be a non-metropolitan single county; and

    - Have a population <250,000.
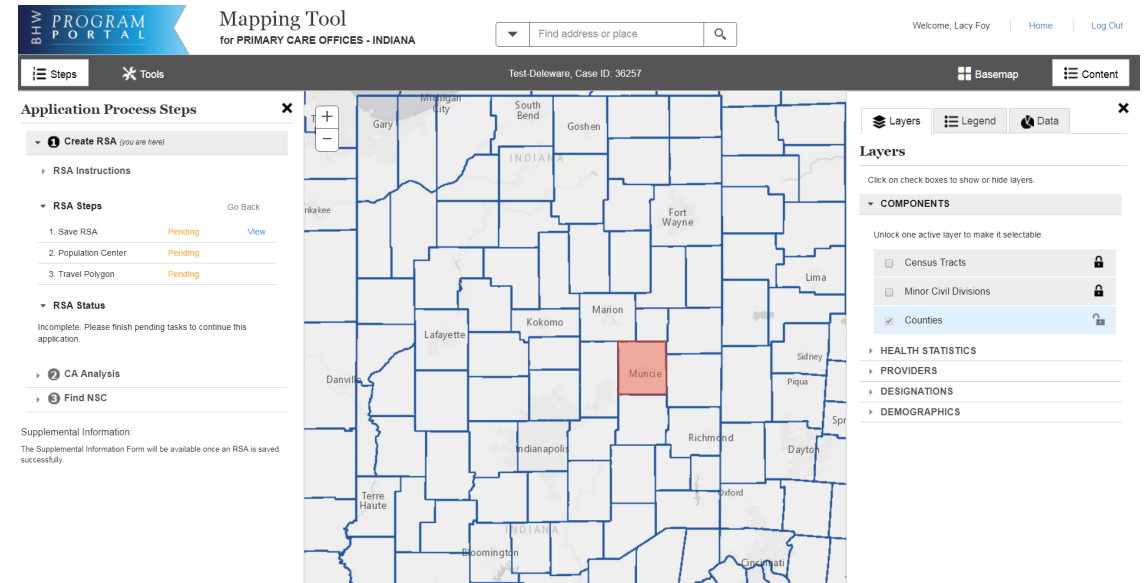
Multi-County

- To be considered a multi-county RSA, the counties must:

  - Be made up of adjacent, whole counties; and

  - Have population centers within 40 minutes of each other

Sub-County

- To be considered a sub-county RSA,
- the sub-county or parts of adjacent counties must:
- Have distinctive transportation patterns;
- Have population(s) with similar socio-economic characteristics causing isolation from nearby resources, typically population > 20,000; or
- Have physical access barriers causing isolation from nearby resources.
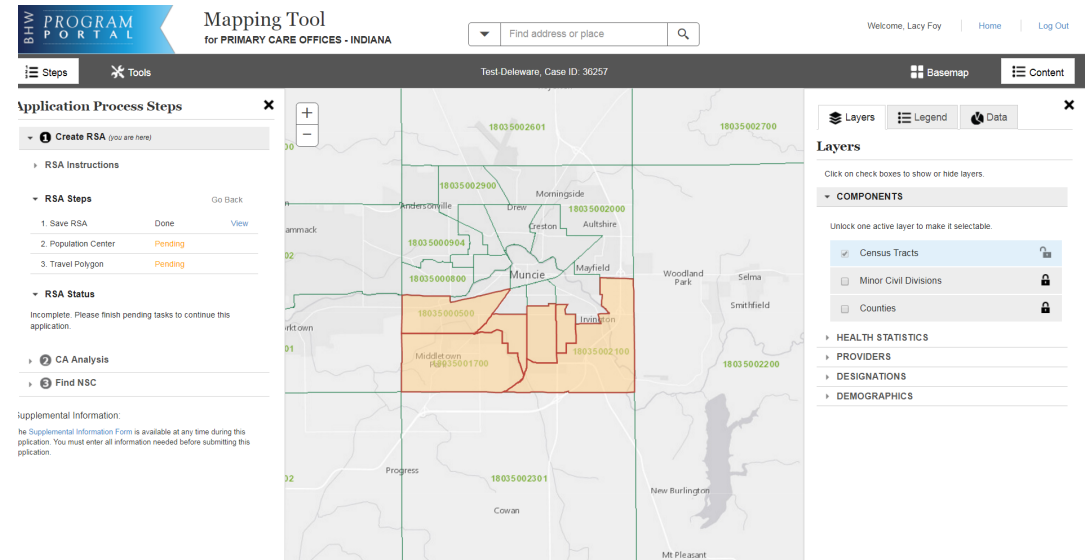
Rational Service Area Example: Catchment Area

For purposes of mental health HPSA designations only. Indiana Mental Health Catchment Areas (MHCA) are exclusive geographic areas for the purpose of IC 12-29.

Indiana Community Mental Health Centers' Exclusive Geographic Areas for Purposes of IC 12-29

Step 4:

Determine whether population to provider ratio is satisfied

Base Qualification: Ratio of Population to Providers

	Primary Care	Mental Health	Dental Health
Geographic	3,500:1	6,000:1 & 20,000:1 CMH and Psychiatrists OR 9,000:1 30,000:1 CMH only Psy only	5,000:1
Population	3,000:1	4,500:1 & 15,000:1 CMH and Psychiatrists OR 6,000:1 20,000:1 CMH only Psy only	4,000:1
Facility	1,000:1	2,000:1	1,500:1
	Min Pop 500	*Min Inmate Pop 250*	*Min Pop 1,000*

Each HPSA category has a unique **ratio of population to providers**, which has been identified as the point at which it can be designated as having a shortage of health professionals.

Base Qualification: Ratio of Population to Providers

If the population to provider ratio does meet HRSA criteria, the application MAY NOT be completed.

Step 4:

Select population center

Population

- The travel time and travel polygon originate from the population center in SDMS.

- The population used to define the population center varies based on the designation type being created.

Step 5:

Contiguous Area Analyses

What is HRSAs definition of a Contiguous Area?

- Contiguous areas (CA) are counties or sub-counties (townships or census tracts) that border the rational service area.

- The population in each CA should not exceed 250,000 people.

- The CA cannot overlap the rational service area.

- CAs are determined by acceptable travel distances through mode of transportation.
  - Modes of transportation include but are not limited to personal vehicle, public transport, boat, horse/animal or other mode

- If a CA does not pass analysis then the application MAY NOT be completed.
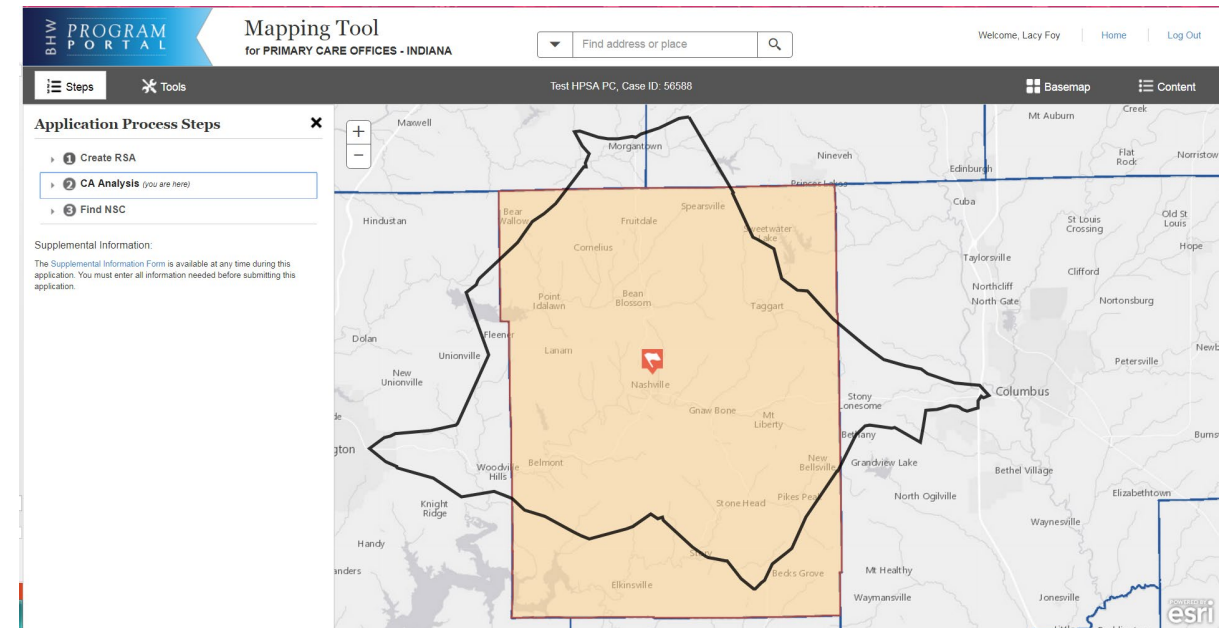
What is HRSAs criteria for a Contiguous Area?

- Does the CA have a like HPSA designation?
    - CAs that have like HPSA designations, will fail analysis.

- Is there a Demographic Disparity?
    - Percentage of the population is below the Federal Poverty Line (100 and 200%), % of the population identified as disparate by race and ethnicity, % of the population that is homeless or a migrant seasonal worker/farmworker.

- Are the providers in the CA excessively distant?
    - More than 30 minutes for Primary Care
    - More than 40 minutes for Mental and Dental Health providers.
    - If no, then the CA will fail analysis.

- Is there a lack of economic access?
    - If 20% or more of the CAs population is below the 100 % Federal Poverty Line the CA will pass analysis. If not the CA will fail analysis.

- Is the CA over-utilized?
    - If the population to provider ratio is less than the ratios found below the CA will fail analysis:
        - 2,000:1 for Primary Care
        - 10,000: for Psychiatrists
        - 3,000:1 for Dentists

*Only <u>ONE</u> of the CA criteria needs to pass in <u>EACH</u> of the areas identified as contiguous in order for the application to move forward.

Step 6:

Identify the Nearest Source of Care

Nearest Source of Care (NSC)
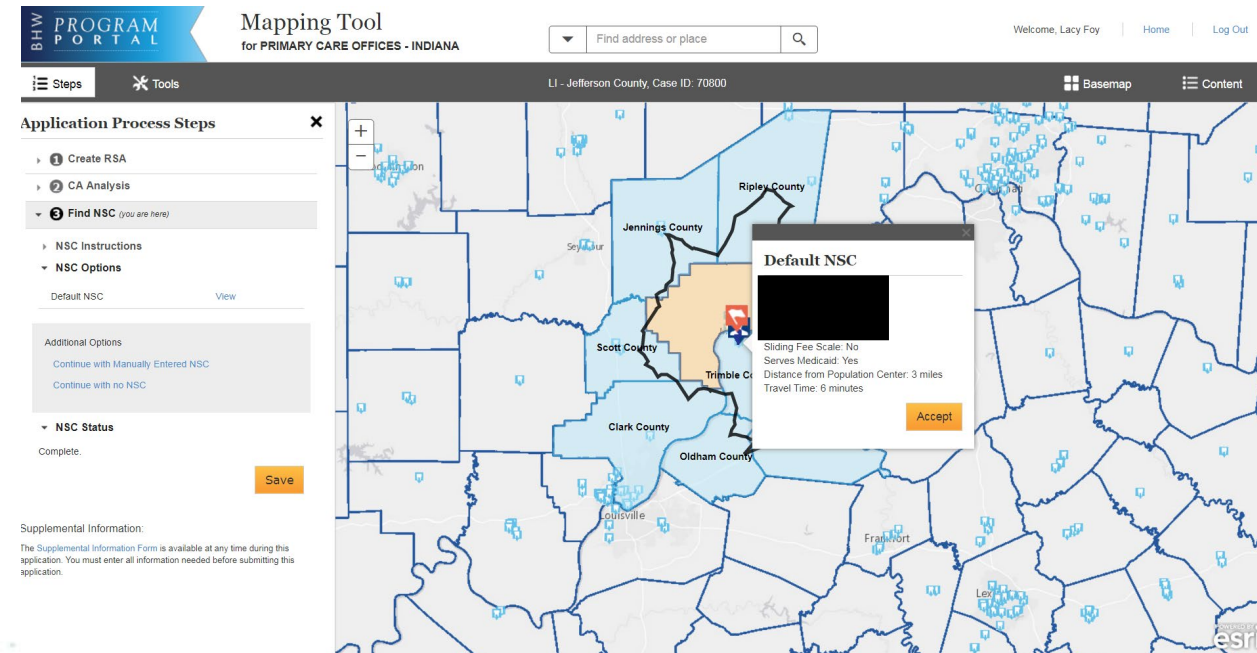
- The nearest source of care is used to determine the time and distance that the population of the RSA have to travel to receive care outside of the RSA.

- The NSC may not:
    - Serve in a geographic or like population HPSA
    - Serve in an over-utilized area
    - Serve in an area that is inaccessible due to a physical barrier

- Providers that may be identified as an NSC must serve within the following travel parameters:
    - Primary Care: 50 miles or 60 minutes
    - Dental Health: 60 miles or 90 minutes
    - Mental Health: 60 minutes

- NSCs in contiguous states must accept Indiana Medicaid. If a NSC does not accept Indiana Medicaid, the that NSC is unusable and another must be selected.

Step 7:

Review auto-calculated results to determine qualification status

Results

- After the NSC has been identified and saved, the application is ready for final review and submission to HRSA.

- Once the application is submitted to HRSA, there is a 30 day comment period for stakeholders or other PCOs to comment on the application.

- After the comment period is over, the primary reviewer has 30 days to review and submit the application to the secondary reviewer.

- The secondary review has 30 days to review the application and send it to the Shortage Designation Branch Chief for final review before being approved by Dr. Luis Padilla.
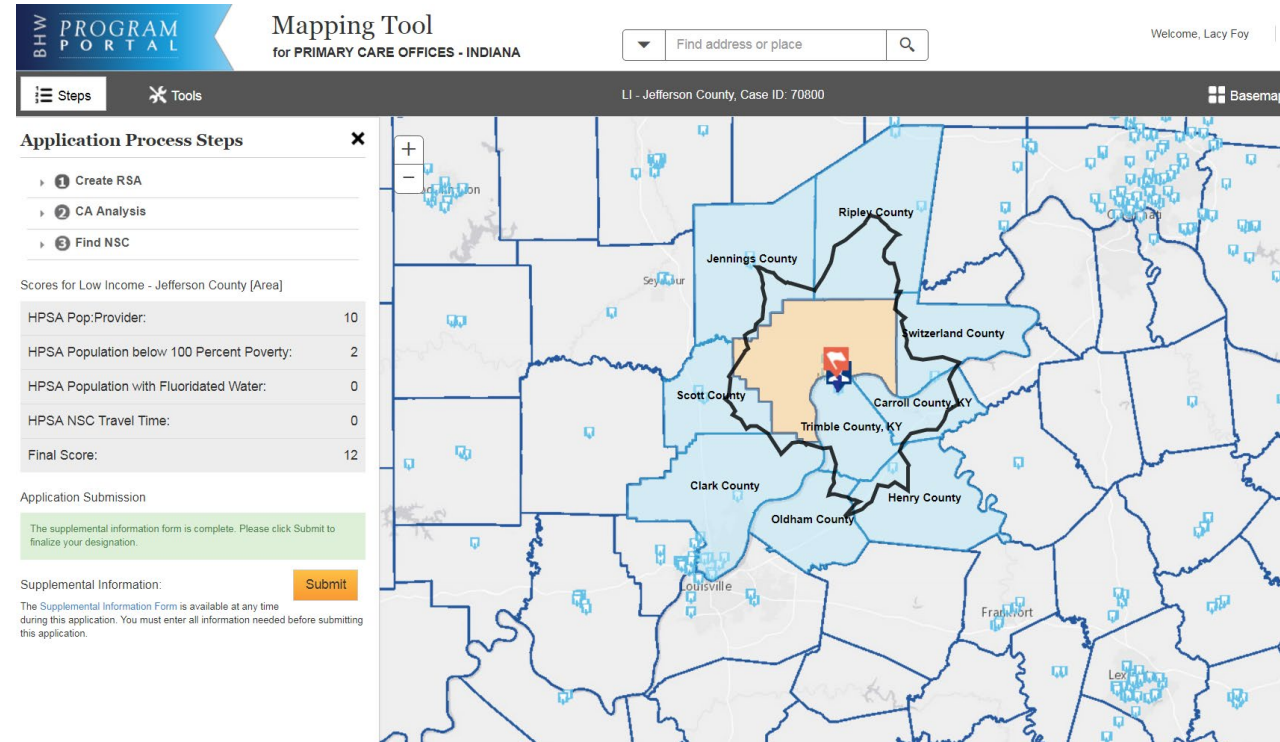
Overview of Scoring Calculations

Factor	Mental Health
	Max Pts Awarded
Population : Provider Ratio**	7
% of Population below FPL	5
Travel distance/time to NSC	5
Infant Mortality Rate or Low Birth Weight	
Water Fluoridation*	
Ratio of children under 18 to adults 18-64	3
Ratio of adults 65 and older to adults 18-64	3
Substance prevalence*	1
Alcohol abuse prevalence*	1
Max Score:	= 25

*Editable Fields in the application
** Population may be edited in the application with sufficient justification documentation. HRSA reserves the right to refuse any justification documentation.

Shortage Designation Modernization Project

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HRSA Shortage Designation Project

Shortage Designation Project: Today & the Future

Today

Every new designation uses the same standardized data.

Application and review steps are fully automated and have eliminated manual processing for certain designation types.

Business rules and system validations are reflective of regulation and policy and applied to every designation.

Policy definition well aligned with authorizing statutes and regulations.

Paper has been eliminated, excluding supporting documentation.

The Future

Every migrated designation uses the same standardized data with the HPSA update and continue to source standardized data.

Release additional functionality to streamline and automate.

Continue requirements definition with State and HRSA involvement for additional functionality.

Ongoing clarification of regulations in order to define policy and requirements.

A fully automated, transparent shortage designation business process that leverages standardized, national data for timely and accurate designations.

Current Outlook

- We currently have 75 counties with Mental Health Designations as of July 22, 2019.
- Designations for Boone, Hamilton, Marion, Hancock, Shelby, Johnson, Porter, and LaPorte are currently under review by HRSA.
- Designations for Vigo, Clay, Vanderburgh, Posey, Gibson, and Warrick are being prepared, but may not meet HRSA criteria.
- Harrison, Floyd, Clark, and portions of Lake County do not qualify due to proximity to large metropolitan areas that do meet HRSA criteria for designation.

Ongoing HPSA Designation Activities

- Every three years, HRSA will automatically update all HPSA, and Auto-HPSA designations.

- The Office of Primary Care created a position dedicated to HPSA designations.

- Natalie Layfield is tasked with managing all HPSA designations, and is a designations expert. She has specialized training as a Registered Health Information Administrator (RHIA), and is attending her second year of training with HRSA specifically tailored to designations in August.

- Natalie can be reached by email at nlayfield@isdh.in.gov

Indiana HPSAs Online: Find additional information

- The complete lists of HPSAs are available on the HPSAFind Web site at https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

- Information on shortage designations is available at https://bhw.hrsa.gov/shortage-designation

- The Office of Primary Care is excited to be launching new interactive maps this fall.

HPSA Incentives:

- National Health Service Corps (NHSC)
  - Traditional LRP
  - Rural Provider LRP
  - SUD LRP
- CMS Medicare Incentive Payment
  - Portion of Accepted Medicare claims paid back to facility every quarter.
  - Not a lifetime incentive, ends with designation withdrawal
- J-1 Visa Waiver
- Nurse Corps
- Rural Health Clinic Program
- SLRP Program

SLRP Incentives Overview

The SLRP Program allows eligible primary care providers to operate their own state educational loan repayment program in a designated HPSA area.

SLRP aids in loan repayment awards to providers in exchange for service in underserved communities with an emphasis of opioid and Mental Health issues.

SLRP evaluates the competence of every recipient to guarantee the provider suits the communities needs.

SLRP Incentives:

- $20,000 Award ($10,000 per year of service for a total of $20,000)
- 30 recipients each year
- Must commit to two years of service in an underserved area with a HPSA designation.
- Must complete an ECHO before the completion of the service period
- Must complete provider activity reports on a quarterly basis.

Other Notable Incentives, and Helpful Links

- State Loan Repayment, SUD LRP, and NHSC LRP
  - https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/index.html
- Scholars
  - https://nhsc.hrsa.gov/scholarships/index.html
- Interoperability Incentives
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms
- Provider Recruitment
  - https://bhw.hrsa.gov/job-search-provider-recruitment
- Grants
  - https://bhw.hrsa.gov/grants/mentalbehavioralhealth

Contact Information

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