

Clinic Consortia Policy and Advocacy Program Evaluation

Creating a Legacy for Change

Improving Access to Care for Medically Underserved Californians: Securing Health Professional Shortage Area (HPSA) Designations

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SUMMARY

This case study describes an initiative conducted by North Coast Clinics Network (NCCN) to increase health care provider capacity in medically underserved areas. Known as Health Professional Shortage Area (HPSA) designations, the benefits of securing and maintaining HPSA designations include a stronger safety net and increased access to care for underserved populations. The following are key findings that emerge from the analysis of this initiative:

- Securing federal HPSA designations on behalf of multiple clinics greatly facilitates provider recruitment efforts and results in tangible outcomes to clinics and their target populations;
- It is critical to combine technical expertise in completing HPSA applications with advocacy expertise in mobilizing decision makers to protect clinics from potentially harmful changes; and
- HPSA designations have broader applications, shoring up the local health care delivery system and facilitating productive partnerships.

- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California's safety net, such as averting cuts to statewide and local public funding.

The case study examines the activities of North Coast Clinics Network (NCCN), a clinic consortium located in Northern California. NCCN is a network of four Federally Qualified Health Centers and one community clinic. Member clinics operate 13 sites of care in Humboldt, Del Norte, and Trinity Counties. In 2007, NCCN member clinics provided over 193,000 visits for nearly 56,000 patients, about one-third of the region's population.

NCCN's efforts to attract health care providers using federal HPSA designations is an example of a successful workforce initiative model. It has resulted in increased access to care in an area that struggles to provide adequate primary care, mental health, and dental services.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities.

To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;

METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with the initiative. Informants were asked to describe their involvement, challenges encountered, and benefits to clinics and their target populations.

FINDINGS

ISSUE: RECRUITING PROVIDERS IN RURAL AREAS

In California, 5.7 million people (16.1 percent) live in a Medically Underserved Area (MUA) and nearly all counties have a portion of their population that resides in a primary medical care HPSA (1). Community health centers in rural and

Grantees:

Community
Clinic
Consortia

A Program of:

 The
California
Endowment

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frontier areas face significant challenges in recruiting health care professionals, including the ability to pay competitive wages; the willingness of newly licensed physicians to relocate to rural areas where one must operate more independently; the need for providers to spend large amounts of time "on call"; and the ability of provider spouses to find meaningful employment. Moreover, rural health centers have limited options to recruit health care providers, including on-site medical and dental residency programs that encourage health professional students to work in underserved communities as well as "grow your own" educational opportunities for the advancement of existing health center staff. Consequently, these areas may have significant barriers to care, such as unusually long waits for routine medical care appointments, excessive use of emergency room facilities, and/or abnormally low utilization of health services.

PROMISING SOLUTION: HPSA DESIGNATIONS

One way that health care organizations can attract providers to underserved areas is to secure a Health Professional Shortage Area (HPSA) designation. HPSA designations are used to identify areas that have the greatest need for health care resources in order to prioritize the distribution of limited resources to the people in those areas. Health care organizations within HPSAs can receive significant benefits they would not otherwise receive, including improved Medicare reimbursement (10 percent increase) for physicians in geographic HPSAs, receipt of community and site development assistance, as well as the ability to bill for Expanded Access to Primary Care services.

There are three types of HPSA designations available for three disciplines: primary medical, dental, and mental health care. The first is the *geographic designation*, which is defined as an urban, rural, or frontier area located within a Medical Service Study Area (MSSA). The second is the *population group designation*, which can be characterized as low-income, Medicaid eligible, or homeless populations. Lastly, the *facility designation* can be obtained by correctional institutions, public or nonprofit medical facilities, and mental hospitals.

HPSA designations allow clinics to recruit and retain health care providers through the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) National Health Service Corps (NHSC) Scholarship and Loan Repayment programs. Under the NHSC *Scholarship program*, recipients (physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants) receive funds to support their educational costs in exchange for two to four years of service as providers at a community-based site located in a HPSA following graduation. Under the NHSC *Loan Repayment Program*, providers (physicians, family nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and certain mental health clinicians) can receive \$50,000 to repay student loans in exchange for two years of service in a HPSA. HPSAs are also used to determine eligibility for many other federal assistance programs as well the NHSC State Loan Repayment Program.

MAJOR MILESTONES: NCCN RISES TO THE OPPORTUNITY
In 2000, in response to member clinic requests, the NCCN

Executive Director completed and submitted the first HPSA designation. Member clinics recognized and prioritized the need for one agency to undertake this activity versus individual clinics taking this on themselves.

To complete an application for a primary care designation, NCCN conducts a survey to obtain the number of Full Time Equivalent (FTE) providers practicing in five primary care specialties—general or family practice, general internal medicine, obstetrics/gynecology, pediatrics, and gerontology. Applications receive a score based on a) the population to provider ratio, b) 100% poverty rate, c) infant mortality or low birth weight rate, and d) the average travel time or distance to the nearest source of non-designated accessible care. If an area qualifies, NCCN prepares and submits an application to the state Office of Statewide Health Planning and Development (OSHPD). The application process takes NCCN approximately one month per designation. The review by OSHPD takes an additional 2-3 months and the review by the HRSA Bureau of Health Professions takes another 2-3 months. In total, the application process takes roughly one year.

The resources required to complete an application are moderate: a trained person who can devote time as needed to applying for new designations and maintaining or renewing existing designations. The state provides training and technical assistance in completing an application. The time required to complete a HPSA application varies and typically depends on the number of provider surveys the area must collect. NCCN staff monitors eight different areas and renews each HPSA every four years as they expire.

Partnerships: While NCCN can do much of the legwork to assemble a designation application, the data collection and analysis tasks are greatly facilitated with a partnership approach, including a qualified *consultant* who has been trained to collect and analyze the survey data. Other partners include:

Member clinics: Clinic CEO and Human Resources staff assist with completion of provider surveys and provide assistance with renewals. Clinics provide demographic data and staffing levels;

The Medical Society: Works with NCCN to collect and tabulate provider FTE data and facilitates provider completion of the survey. The completion of the survey hinges on provider willingness to fill it out, as well as the ability to locate all the providers in a community; and

California State Office of State Health Planning and Development (OSHPD): Works with HRSA to designate a HPSA. Conducts technical assistance workshops two times a year; provides interested organizations with a step-by-step process on the various shortage designations; assists in identifying the appropriate designations needed to meet objectives; identifies interested organizations' rational service areas defined by census tracts within MSSAs; provides necessary data (demographic/socioeconomic data and maps) to develop the designation application; and provides the tools to complete the applications in the most effective way.

OVERCOMING CHALLENGES

Proposed Rule to Revise HPSA Process: In 2008, DHHS/HRSA proposed a rule to revise and consolidate the process for designating HPSAs, Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs). The proposed rule utilized rational service areas or counties that have limited applicability in California where counties average 2,700 miles. An analysis of the proposed regulation demonstrated that all but one of the MSSAs served by NCCN health centers would have been considered as "not underserved" under the new regulation. Additionally, the rule entailed new data collection as well as use of unreliable data. In partnership with the California Primary Care Association (CPCA), NCCN undertook a letter writing campaign to key DHHS officials and California representatives to withdraw the rule and extend the period to work with California stakeholders to examine the impacts of the new rule. The rule was subsequently tabled.

Regulatory Obstacles: Combining multiple counties to analyze the population to provider ratio for HPSA applications is another challenge. For example, clinic patients that come from adjacent counties are not factored in to the population to provider ratio even though the health center may be the nearest and sometimes the only clinic available to those residents. This provision significantly impacts one NCCN member clinic, Southern Trinity Health Services. The clinic is located a couple miles from the Humboldt County line in Trinity County and has many patients from Humboldt County. When applying for the HPSA designation, the health center cannot count any of the Humboldt County residents in their population to provider ratio, thus understating the population served and the actual magnitude of the provider shortage.

Additional Challenges: Locally, these designations have the potential to influence the health care delivery system and mix of providers. However, in rural and frontier areas, strengthening the health care safety net relieves pressure on other providers, such as reducing utilization of the ER, and creates access where services are otherwise non-existent. Another challenge is provider reluctance to complete the survey form. Completing the forms can be difficult and there are many guidelines to follow.

ACCOMPLISHMENTS AND BENEFITS

The short and long-term outcomes of securing HPSA designations for safety net providers and underserved populations in Northern California include:

Expanded NCCN advocacy capacity: NCCN has developed significant in-house expertise in federal HPSA rules and regulations.

Increased policymaker awareness of safety net and clinic policy issues: Through detailed policy analysis and partnership with CPCA, NCCN successfully educated state legislators about the HPSA policy issue that might have otherwise gone unnoticed.

Increased policymaker support of safety net and clinic policy issues:

NCCN educated elected officials and the Administration about the impact of the proposed HPSA regulation to the health care system. Withdrawing the proposed federal regulations prevented NCCN member clinics from losing a valuable federal resource.

Strengthened clinic operations: At one level, NCCN's efforts on behalf of individual clinics have expanded clinic capacity to recruit providers. Health centers also use on-line job posting, recruitment DVDs, and contract with costly recruitment companies to find providers, but these strategies are not as successful as the NHSC program. As one clinic Director of Human Resources put it: "The National Health Services Corps has provided me with the single most effective recruitment tool I have used in my efforts for the past 3 years." More broadly, NCCN has helped clinics secure 30 new and maintained designations in Northern California since 2000. Four member clinics have facility HPSA designations that improve their ability to recruit providers. As a result, HPSA designations can ensure adequate clinic staffing and increase the number of reimbursable clinic visits (see **Table 1**).

Increased services for the underserved and uninsured: The benefits to the community and clinic patients are significant. In 2007 alone, the fourteen NHSC Scholars and Loan Repayees are estimated to have provided 18–19 percent of the clinic visits, which equals approximately 36,655 patient visits (see **Table 1**).

Table 1: Providers Recruited, Type of National Health Services Corps Scholars, and Clinic Patient Encounters (2007)

Clinic	Providers Recruited	Type of NHSC	Patient Encounters
Open Door Community Health Centers	Physician Assistant, Dentist, Psychiatrist	Scholar and Loan Repayee	32,630
Redwoods Rural Health Center	Dentist	Loan Repayee	2,340
Southern Trinity Health Services	Dentist	Loan Repayee	1,685

Improved health outcomes for targeted communities and populations: An increase in providers means an increase in access to services (medical, dental, and mental health). Moreover, additional providers are the means for implementing programs and services that have a positive impact on the community, such as expanding clinic hours and having a mobile dental van. Additionally, increased clinic capacity translates into a decrease in Emergency Department visits and therefore reduced health care costs.

FACTORS FOR SUCCESS

NCCN's capacity to oversee the HPSA designation process as well as work with other partners to complete the applications has resulted in a permanent core service that has had a positive effect on its member clinics and their target populations. Moreover, NCCN has become an expert in the application

process as well as a credible voice in shaping the policies and procedures at the federal level.

Over time, NCCN has leveraged its capacity to assist other health care organizations and has submitted successful HPSA applications on behalf of other communities across the state, such as East Menlo Park/East Palo Alto in San Mateo County, and Mariposa County. NCCN has also secured new funding to support recruitment and retention projects, such as HRSA-Rural Health Network Development and the Area Health Education Center.

Clinic Experience: Southern Trinity Health Services.

Located in a remote seasonal recreation area in Trinity County, Southern Trinity Health Services has recruited 3 providers—a dentist, a social worker, and a psychologist—from the National Health Services Corps program as a result of their facility HPSA score. This has enabled the clinic to establish and increase access to services, including 1,685 patient dental visits in 2007. Expanded provider capacity has also enabled the clinic to track its patients' health seeking behavior and outcomes, such as the oral health care needs of adult diabetics, and to adjust its services accordingly.

CONCLUSIONS

In short, this initiative is successful in expanding access to care in underserved areas where it is difficult to attract health care professionals. Partners are important for ensuring successful completion of a designation application as well as codifying a practice that has broader impacts. Additionally, securing designations has great potential as a shared service for member clinics as well as a fee-for-service activity that can be undertaken on behalf of other providers and agencies. The benefits of securing and maintaining HPSA designations include a stronger safety net and increased access to care for underserved populations.

LESSONS LEARNED

Although it is an initiative that garners limited public attention, securing HPSA designations for medically underserved communities provides rural and frontier communities with access to health care services that might otherwise not be available. Expanded provider capacity contributes to consistent care and population-based initiatives that positively influence individual health behavior.

While the staffing and time requirements are modest, expertise in completing multiple applications for various sites requires maintenance of effort. This expertise does not necessarily have to reside within one organization, and external partners may serve to facilitate the application process.

THE FUTURE

NCCN intends to maintain this activity well into the future. It has the support of its member clinics, as HPSA designations are the most effective strategy for attracting health care professionals to rural and frontier areas in Northern California. Additionally, NCCN would like to focus on factors important to retaining providers in rural areas and collect information to that end. HPSA designations is also an area where there is likely to be considerable growth in the near future. Funding

recently provided under the American Recovery and Reinvestment Act (ARRA) has greatly increased opportunities for clinics to recruit and retain primary care providers in the NHSC Loan Repayment Program. The number of available loan repayment awards has doubled, HPSA score thresholds for participating clinics have been eliminated, and restrictions on the number of NHSC providers per site have been lifted (2). Although currently restricted to full-time providers, a NHSC Loan Repayment Program for a limited number of part-time providers is expected soon (3). Continued high levels of support for the NHSC are provided in all health care reform bills being considered by Congress.

FOR MORE INFORMATION

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CITATIONS

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2. (<http://nhsc.hrsa.gov/loanrepayment/>)
3. Personal communication. HRSA/ORO/San Francisco Regional Division

RESOURCES

U.S. Health Resources and Services Administration
National Health Services Corps Program:
<http://nhsc.hrsa.gov/>

HPSA Designations, U.S. Health Resources and Services Administration: <http://hpsafind.hrsa.gov/>

California Office of Statewide Health Planning and Development: Shortage Designations
http://www.oshpd.ca.gov/HWDD/Shortage_Designation_Prog.html