Health Professional Shortage Area (HPSA) 101

Presented by: California Primary Care Office Office of Statewide Health Planning and Development (OSHPD)

Overview

- Role of the Primary Care Office
- Purpose of Shortage Designations
- Benefits of HPSA Designations
- Data Elements of HPSA Designations
- Rules and Policies of the HPSA Designation Process

Role of Primary Care Office

Development:

- Identify areas with underserved populations, limited access to health professionals, or health disparities.
- Develop designation applications.
- · Conduct statewide analysis of unmet need, disparities, and health workforce issues.

Technical Assistance:

- Provide technical assistance to community clinics, county health departments, clinicians, and other state offices.
- Provide guidance regarding the National Health Service Corps (NHSC) site application process and Nurse Corps program.

Role of Primary Care Office

Collaboration:

- Collaborate with statewide organizations, county health offices, community organizations, and other HRSA partners to expand access to primary care.
- Collaborate with HRSA partner organizations to maintain and strengthen the growth, support, and role of health centers.

Oversight:

- · Review and submit applications to HRSA.
- · Review NHSC site applications for compliance of federal criteria.



Purpose of Shortage Designations

- There are two types of shortage designations:
 - 1. <u>Health Professional Shortage Area (HPSA)</u>: designations that indicate health care provider shortages in Primary Care, Dental Health, and/or Mental Health.
 - 2. <u>Medically Underserved Area/Medically Underserved Population (MUA/MUP)</u>: designations that identify geographic areas and populations with a lack of access to primary care services.
- Improve healthcare service delivery and workforce availability to meet the needs of underserved populations.
- Identify geographic areas or population groups with a shortage of primary care, dental care, and/or mental healthcare services.

Benefits of HPSA Designations

Recruitment and Retention Benefits

- NHSC Loan Repayment and Scholar Placement
- State Loan Repayment Program (SLRP)
- Nurse Corps & Nurse Scholar
- Health Professions Education Foundation (HPEF) Loan Repayment and Scholarship Programs
- J-1 Visa Waiver
- Expedited Medical Licensure Medical Board of California

Financial Benefits

- Rural Health Clinic (RHC) Certification
- · New Access Point (NAP) and Service Area Competition (SAC) Grants
- Federally Qualified Health Center (FQHC) Look-Alike Program
- 10% Medicare Bonus Payment Does not apply to FQHCs or RHCs

OSHPD

Data Elements of HPSA Designations

Components

- Medical Study Service Area (MSSA) or County a.
- Population to Provider Ratio b
 - Population Data: 2012-2016 5-year American Community Survey (ACS) Estimates
 - Provider Data: National Provider Identifier (NPI)
- **Contiguous Area Analysis** C.

Disciplines (Direct Outpatient Care Only)

- Primary Medical Care a.
 - · Family Practitioners, Gerontologists, Internal Medicine, Obstetrician/Gynecologist, and Pediatricians
- Dental Health Care b.
 - Doctor of Dental Surgery (DDS) and Doctor of Medicine in Dentistry (DMD)
 - · Registered Dental Hygienists and Dental Assistants are also counted
- Mental Health Care C.
 - Psychiatrists, Clinical Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Licensed Marriage and Family Therapists •

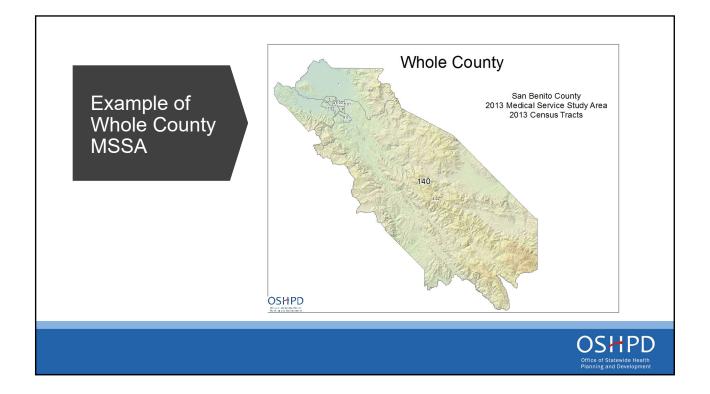
Services Areas

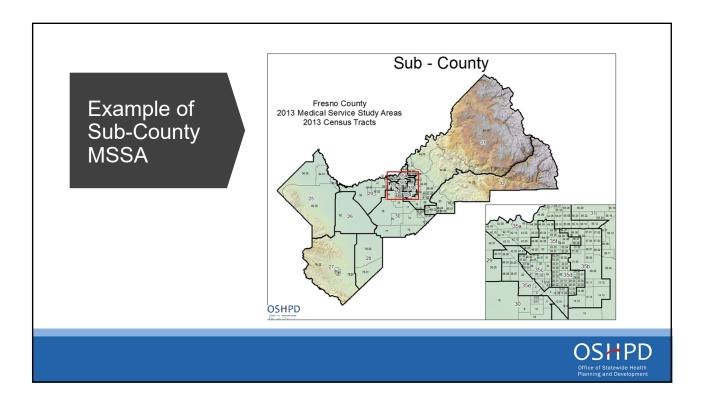
Medical Service Study Areas (MSSA)

- Recognized by HRSA's Shortage Designation Branch (SDB) as Rational Service Areas (RSA)
- · Census Tract based
- Cannot cross county boundaries
- Must be whole areas, no carved out portions
- Defined cities, neighborhoods, or recognized communities that are socio-economically or demographically similar

Use for MSSAs

- HPSAs and MUA/MUP designations
- · Health workforce planning and development
- Policy development
- Used in OSHPD Geographic Information Systems development





OSHPD

HPSA Designations

Rules and Policies of HPSA Designations

HPSA Designation

The applicant must demonstrate a shortage of providers within a service area including an analysis of resources surrounding the service area to determine if the population is isolated from it's neighboring communities

Step 1: Service Area

- Determine your area of interest for the HPSA designation
 - Utilize the OSHPD website to find your MSSA, http://geo.oshpd.ca.gov/hpsa-search-byaddress

Step 2: Type of Designation

• Determine the type of designation Primary Care, Dental Care, or Mental Health and sub category, e.g., Area, Population, or Facility

HPSA Basics

Step 3: Contiguous Area Analysis

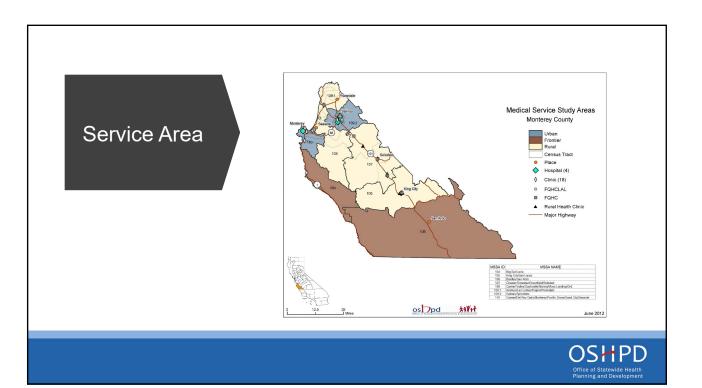
- · Review maps of contiguous areas
- Determine which areas can be ruled out as inaccessible through lack of providers, disparities in socio-economics or demographics, or geography

Step 4: Provider Survey and Analysis

- Conduct provider survey through a review of the NPI data and direct collection of provider Full Time Equivalent (FTE) data through phone calls to providers and clinics
- Calculate the FTE and compare to the target population to determine if the ratio meets federal criteria for shortage designations
- If necessary survey the contiguous areas that were not inaccessible to determine if they are overutilized

Step 5: Nearest Source of Care (NSC)

- · Determine the nearest provider outside of the MSSA that is accessible
- The provider distance is determined using either private transportation or public depending on the location and size of the MSSA



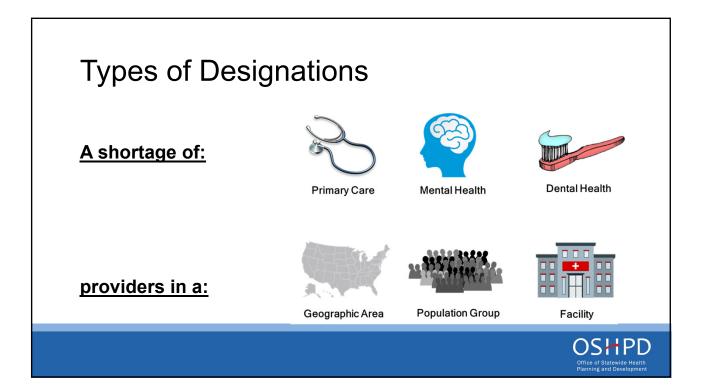
Service Area Criteria

Population Data

- 2012-2016 ACS Data
- Farmworker Enumeration Profile Data
- Seasonal Residents and Tourist data can be obtained by contacting the counties or tourism boards
- Homeless count is obtained by contacting the county or reaching out to the homeless shelters in the MSSAs to get an estimate

Mental Health Quartile Rankings

• Substance Abuse and Mental Health Service Administration (SAMHSA) data is used



Types of Designations

Geographic Area

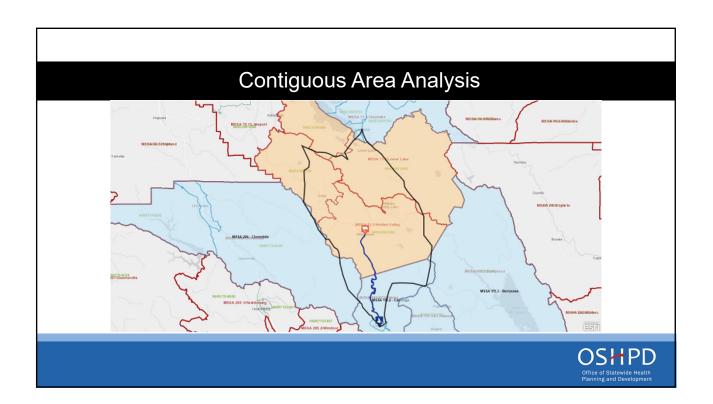
- Geographic Area based on MSSA and the Resident Civilian Population. •
- · Can add Homeless Populations, Migrant Farmworkers, Seasonal Residents, Tourists for Primary Care and Dental Health
- Geographic Area with High Needs (primary care, dental health, mental health)

Population Group

- Low-Income Population: 30% of the population must be at or below the 200% FPL •
- Medicaid Eligible Count •
 - Medicaid Visits (5,000 visits = 1 FTE)
- · Can add Homeless and Migrant Farmworker counts to all three disciplines

Facility

- A facility that is either designated as a HPSA based on a request to the PCO using specific facility data or by statute or through regulation without having to apply for a designation.
 - •
 - Other Facility (OFAC) Correctional Facility •
 - State Mental Hospitals
 - Automatic Facility HPSAs (Auto-HPSAs)



Contiguous Area Analysis

Contiguous Area Determination:

- A polygon is created based on the population center of a MSSA
- The polygon is based on public or private transportation rules for 30 minutes of travel
 - Public Transit:
 - MSSA must be an Inner City/Metro area
 - Public transportation can be used if the MSSA has ≥20% of the population living below the 100% Federal Poverty Level; or
 - Public Transit ridership rate is greater than 30% in the MSSA or region
 - Private Transportation:
 - Primary Care HPSA is a 30 minute travel polygon:
 - Mental Health and Dental Care HPSA is a 40 minute travel polygon:
- Any MSSA the polygon is touching is considered a contiguous area

Contiguous Area Analysis

Determination of Access to Care

- Contiguous Areas must meet one of the following ruled as inaccessible:
 - 1. The Contiguous Area is currently a HPSA
 - 2. There are significant socio-economic/demographic disparities or physical barriers
 - 3. The Contiguous Area's providers are excessively distant from the population center
 - >30 minutes travel time for Primary Care
 - >40 minutes travel time for Dental and Mental Health
 - 4. The population to provider ratio in the Contiguous Area exceeds the federal threshold and therefore is over utilized



OSHPD

Contiguous Area Analysis

Determine if the Contiguous Areas are Over Utilized:

- Conduct survey of providers for the discipline you are designating
- Contact the providers through phone calls or e-mails to collect their FTE
- For Population HPSA designations, the survey for over-utilization must collect the percentages of Medicaid and Sliding Fee Scale as well as the provider's outpatient hours to determine the provider FTE for low-income patients served
- The population to provider ratio must meet the federal criteria to be considered over utilized for the contiguous area:
 - Primary Care ≥2,000:1
 - Dental Care ≥3,000:1
 - Mental Health ≥20,000:1

Nearest Source of Care



OSHPD

Nearest Source of Care Requirements

Nearest Source of Care (NSC) is the final step to a designation:

- · The NSC is the provider closest to the proposed HPSA population that meets the criteria listed below
- · Needed to determine the HPSA score
- · Shows the distance the population in the proposed HPSA would have to travel outside of their MSSA to seek care

NSC has the following requirements for all HPSA designations:

- The NSC cannot be in a HPSA of any type;
- · The NSC cannot be in an area that is overutilized;
- The NSC can be excessively distant to the proposed HPSA;
- The NSC can be in an area with significant socio-economic or demographic disparities;
- · For a proposed Population HPSA, the NSC must accept both Medicaid and have a Sliding Fee Scale;
- · For a proposed Geographic with High Needs HPSA, the NSC must accept Medicaid;
- · To determine travel time:
 - Use private transportation to measure NSC if your polygon is based on car travel; or
 - If your polygon is based on public transit, use the public transportation feature on Google Maps to determine travel time to NSC.

Useful Links

- www.hrsa.gov
- · https://data.hrsa.gov/tools/shortage-area/hpsa-find, HPSA search
- https://datawarehouse.hrsa.gov/, HRSA data
- https://oshpd.ca.gov/HWDD/CaIPCO.html, Resources and Updates to HPSAs
- https://oshpd.ca.gov/HWDD/CaIPCO.html, Maps, Census Data
- https://geo.oshpd.ca.gov/hpsa-search, verify your HPSA status
- https://www.samhsa.gov/data/, Substance Abuse and Alcohol Abuse Data
- https://www.ruralhealthinfo.org/am-i-rural, useful tool for determining RHC status
- · https://npiregistry.cms.hhs.gov/, NPI search engine