



Health Professional Shortage Areas and Scoring March 22, 2017

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Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)



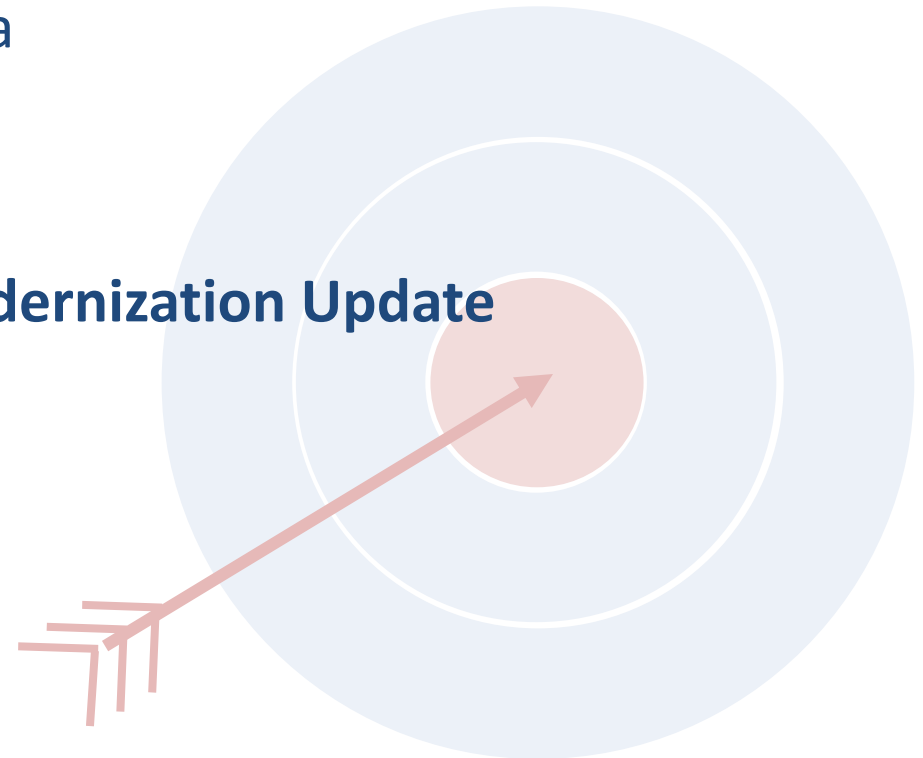
Today's Discussion Topics

1. Review of HPSA Key Concepts:

- Types of Health Professional Shortage Area (HPSA) designations
- HPSA designation criteria
- HPSA scoring

2. Rational Service Areas

3. Shortage Designation Modernization Update



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Review of HPSA Key Concepts

Types of HPSAs

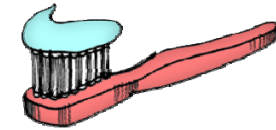
A shortage of:



Primary
Care

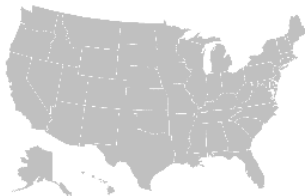


Mental
Health



Dental
Health

in a:



Geographic Area



Population
Group



Facility



Automatically Designated HPSAs

Using the statute and regulations, HRSA has deemed the following facility types as eligible for automatic HPSAs:

- ✓ **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**

Auto HPSAs compared to other HPSAs:

Similar but not the same

Other HPSAs

- Designation & scoring done online
- Criteria used to first designate as HPSA
- Criteria used to determine HPSA score
- Scores range from 0-25 (26 for dental)
- Designations are required to be reviewed and updated as necessary annually
- Score of “0” is rare

Automatic Facility HPSAs

- Designation & scoring currently done ***manually***
- ***No designation*** process necessary
- Same criteria used to determine HPSA score as other HPSAs
- Same scoring range used
- Designations have not historically been regularly reviewed; updates made when requested by facility
- Score of “0” ***more frequent*** and means low shortage or no data was provided by the facility



Designation Criteria for Geographic and Population HPSAs

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

1

Be a **rational area** for the delivery of services;

2

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

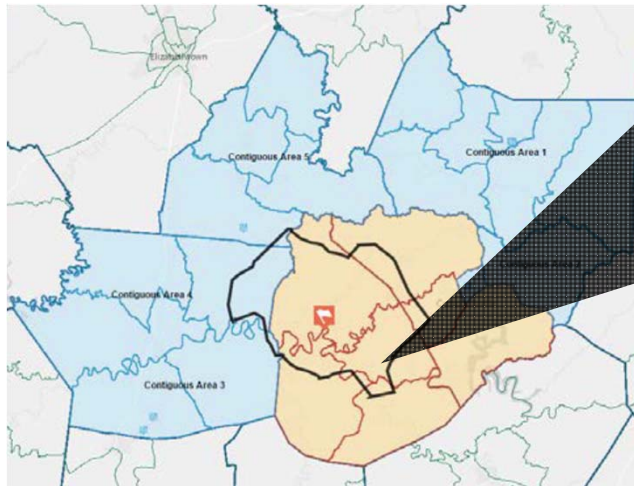
3

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



1

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



2

Ratio of Population to Providers Which Providers Count?



Primary Care

Includes Doctors of Medicine (MD) and Doctors of Osteopathy (DO) who provide services in the following specialties:

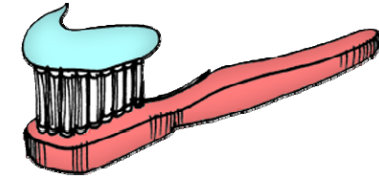
- Family Practice
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics



Mental Health

Includes:

- Psychiatrists
- Clinical Psychologists
- Clinical Social Workers
- Psychiatric Nurse Specialists
- Marriage & Family Therapists



Dental Health

Includes:

- Dentists
- Dental Auxiliaries

Dental auxiliaries are defined as any non-dentist staff employed by the dentist to assist in the operation of the practice.



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

2

Ratio of Population to Providers What are the ratios?

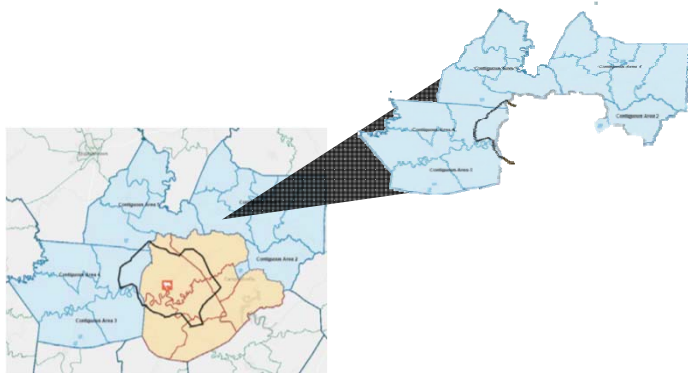
Each HPSA category has a unique **ratio of population to providers**, which has been identified as the point at which it can be designated as having a shortage of health professionals.

	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
	<i>Min Pop 500</i>	<i>Min Inmate Pop 250</i>	<i>Min Pop 1,000</i>

3

Review of Contiguous Area (CA) Resources

When determining whether an area's "neighbors" are accessible for health care services, HRSA asks:



Are the providers *excessively distant*?

Are the providers *over-utilized*?

Are the CA providers *inaccessible*?

Is there a *demographic disparity*?

Does the CA have *economic barriers*?



HPSA Scoring Calculations

Factor	Primary Care			Dental Health			Mental Health
	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded
Population : Provider Ratio	5	x 2	= 10	5	x 2	= 10	7
% of Population below FPL	5	x 1	= 5	5	x 2	= 10	5
Travel distance/time to NSC	5	x 1	= 5	5	x 1	= 5	5
Infant Mortality Rate or Low Birth Weight	5	X 1	= 5				
Water Fluoridation				1	x1	= 1	
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			= 26			= 25



Rational Service Areas

1

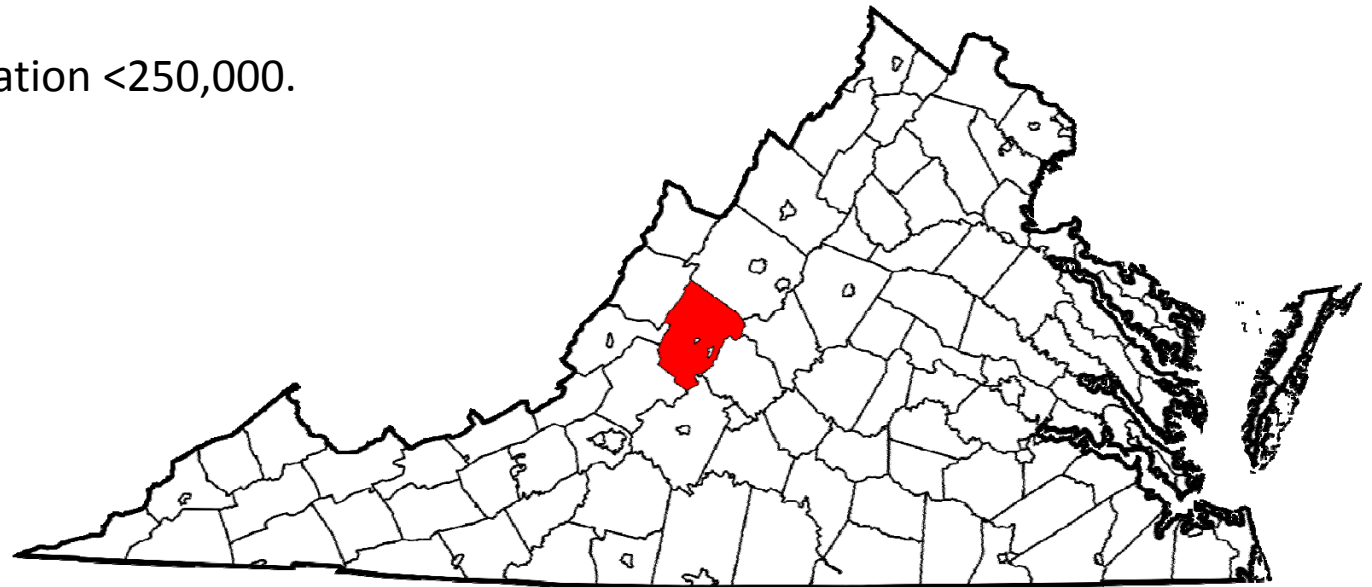
Rational Service Area

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- 2) Multiple counties;
- 3) Sub-counties;
- 4) Statewide Rational Service Areas (SRSA); or
- 5) Catchment areas (for mental health only)

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

- Be a non-metropolitan single county; and
- Have a population <250,000.



Whole County RSAs

1

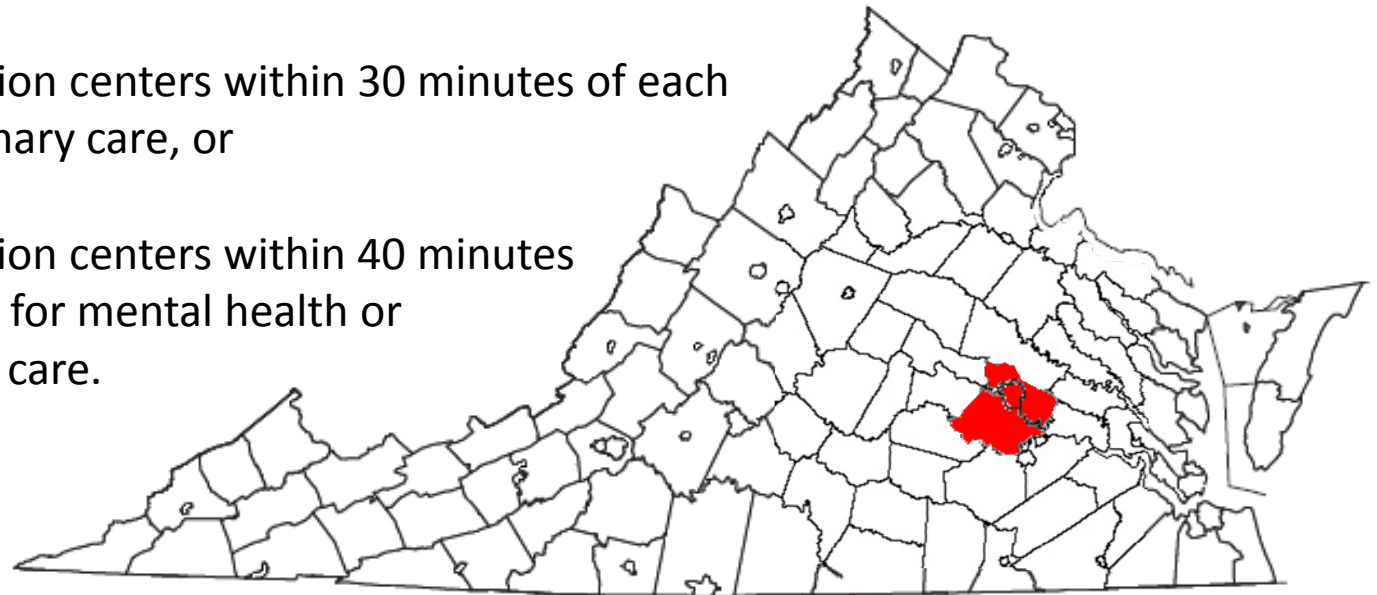
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To be considered a multi-county RSA, the counties must:

- Be made up of adjacent, whole counties; and
- Have population centers within 30 minutes of each other for primary care, or
- Have population centers within 40 minutes of each other for mental health or dental health care.



Multiple Counties RSA



1

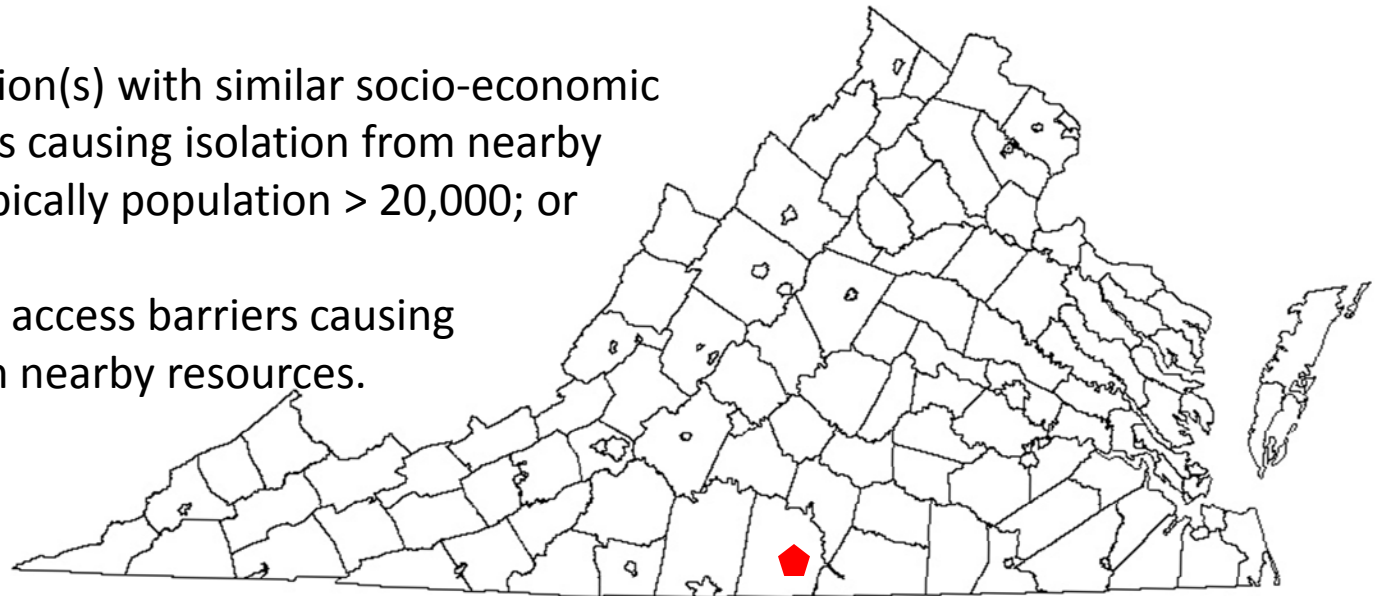
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To be considered a sub-county RSA, the sub-county or parts of adjacent counties must:

- 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.



Sub-Counties RSA



1

Rational Service Area

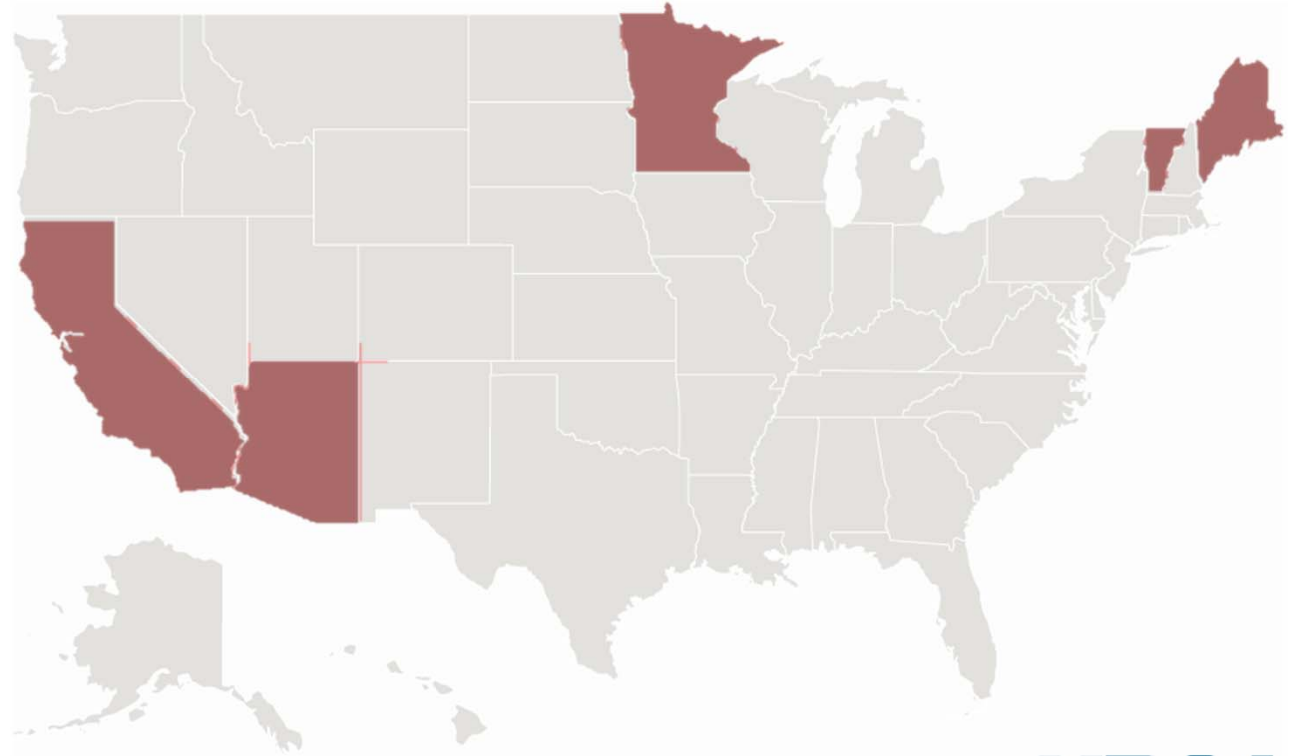
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States have the discretion to submit to HRSA a plan that includes set RSAs for the entire State, based on rules for defining service areas that reasonably reflect effective primary care, dental, and mental health access patterns.

HRSA must approve SRSA plans. They are currently used by five states:

- Arizona
- California
- Minnesota
- Maine
- Vermont



1

Rational Service Area

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For purposes of mental health HPSA designations only.

Areas designated in a State Mental Health Plan as a mental health catchment area.



Catchment Area RSA



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Shortage Designation Modernization

Shortage Designation Project

Bridging people, processes, and data



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.



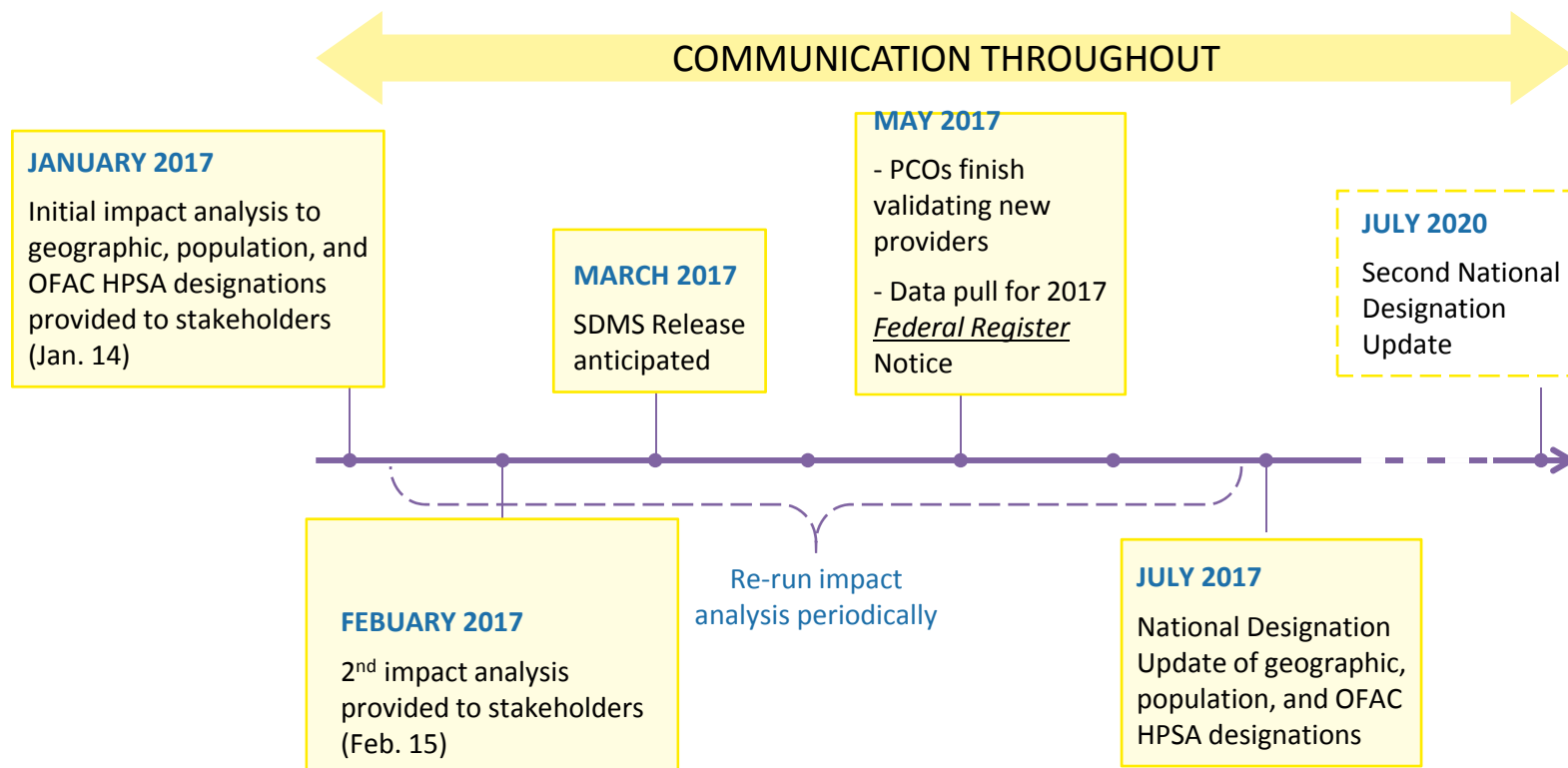
A fully automated, transparent shortage designation business process that leverages standardized, national data for timely and accurate designations.

Stakeholder Engagement Efforts

- **State Primary Care Offices (PCO)**
 - Technical Working Group
 - Impact Analysis working Group
 - SDMS Change Control Board
 - Bi-weekly consultation with the ASTHO/National PCO Committee
 - Monthly PCO Calls
 - Materials for PCOs to customize and distribute
- **Broader Stakeholders**
 - PCO/Primary Care Association (PCA)/HRSA Steering Committee
 - Auto-HPSA Working Group (PCOs; PCAs; Rural Health Clinics; Indian, Tribal and Urban Indian Health Clinics; and HRSA, CMS, and IHS representatives)



Project Timeline and Key Milestones

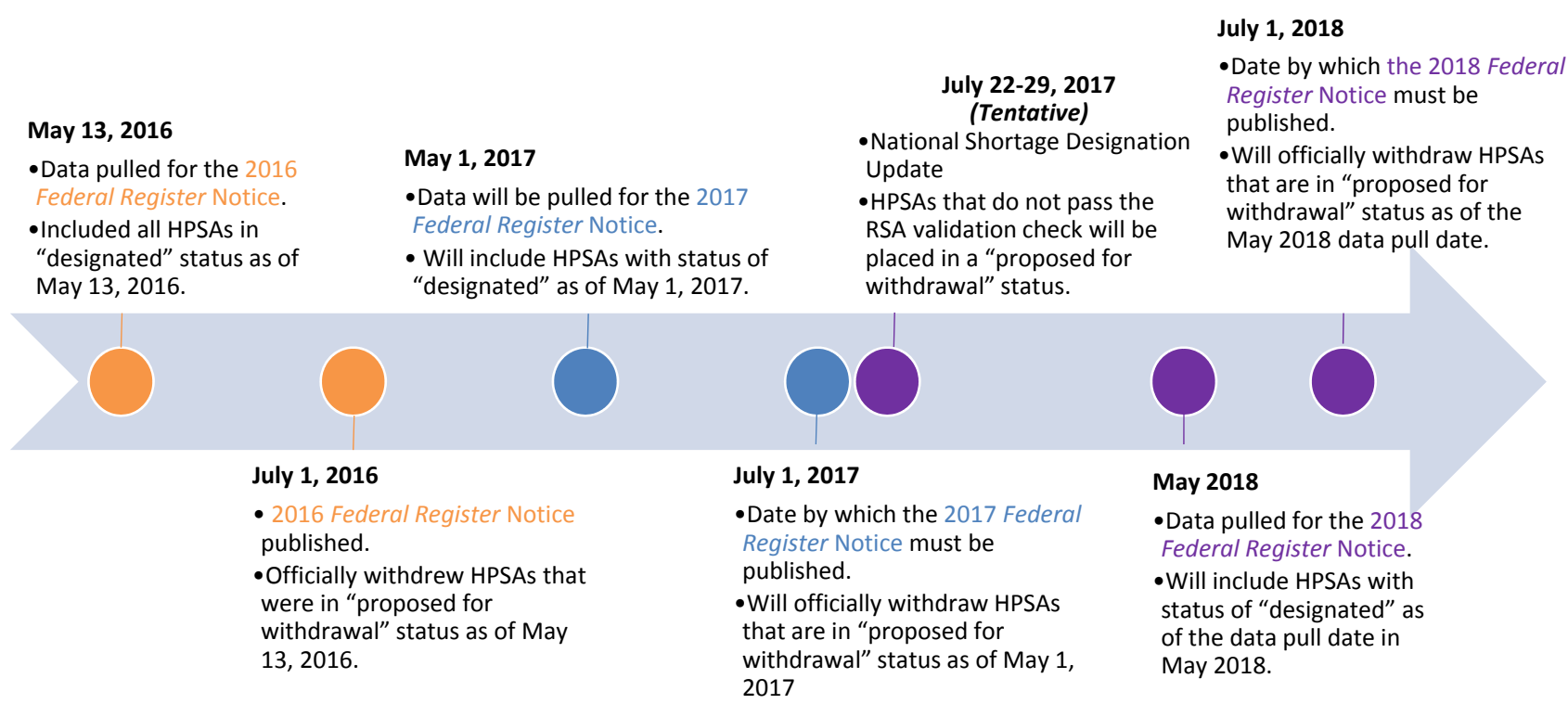


“Validate” is defined as reviewing each eligible provider record to determine if the provider is providing service and, if not, omitting the provider; confirming that the NPPES/NPI address is correct and, if not, correcting the location.



Publication of the *Federal Register* Notice

● 2016 FRN
 ● 2017 FRN
 ● 2018 FRN



Questions



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