Shortage Designation Modernization Project: Auto-HPSAs

Melissa Ryan, MPH
Director, Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services Administration
Overview

• Health Professional Shortage Areas
• Shortage Designation Modernization Project
• Tribal and Urban Indian Organizations’ Update Previews--Key Questions
**Shortage Designations* Help Target Resources**

<table>
<thead>
<tr>
<th>Shortage Designation Option</th>
<th>National Health Service Corps (NHSC)</th>
<th>NURSE Corps</th>
<th>Health Center Program</th>
<th>IHS Loan Repayment Program</th>
<th>CMS HPSA Bonus Payment Program</th>
<th>CMS Rural Health Clinic Program</th>
<th>J-1 Visa Waiver</th>
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<tbody>
<tr>
<td><strong>Primary Care</strong></td>
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<tr>
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<tr>
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<td><strong>Dental Care</strong></td>
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<td>Population HPSA</td>
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<td>Facility HPSA</td>
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<td>State Governor’s Certified Shortage Area</td>
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*42 USC §254e(d)(1): “The Secretary shall determine health professional shortage areas in the States, publish a descriptive list of the areas, population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations.”

**List of programs is not exhaustive.**
National Health Service Corps: Substance Use Disorder (SUD) Investments

• $225 million may be used to strengthen the substance use disorder workforce, of that some will be dedicated to:

  • Rural Communities Opioid Response
    • $45 million in loan repayment awards to rural communities with high opioid mortality rates

  • American Indian/Alaska Native
    • $15 million for SUD or traditional NHSC LRP awards to IHS, Tribal, and Urban Indian health care delivery sites

https://bhw.hrsa.gov/loansscholarships/nhsc
## Impact on National Health Service Corps and Nurse Corps

<table>
<thead>
<tr>
<th>Current Auto-HPSA Scores</th>
<th>Current Participants and Those Awarded in 2019</th>
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<tbody>
<tr>
<td>• No changes to Auto-HPSAs have occurred</td>
<td>• Will not be impacted by national update of HPSA scores</td>
</tr>
<tr>
<td>• Used for 2019 National Health Service Corps (NHSC) and Nurse Corps (NC) application cycles</td>
<td>• May complete their service obligations-even if scores change.</td>
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<td>• If eligible for a continuation-may be awarded as long as participants are working in a HPSA</td>
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Types of HPSAs

A shortage of:

- Primary Care
- Mental Health
- Dental Health

providers in a:

- Geographic Area
- Population Group
- Facility
Automatically Designated Facility HPSAs

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

- Tribally-Run Clinics
- Urban Indian Organizations
- Dual-Funded Tribal Health Centers
- Federally-Run Indian Health Service Clinics
- Health Centers (funded under Sec. 330)
- Health Center Look-Alikes
- CMS-Certified Rural Health Clinics meeting NHSC site requirements
## Auto-HPSAs compared to other HPSAs

**Similar but not the same**

<table>
<thead>
<tr>
<th>Other HPSAs</th>
<th>Automatic Facility (Auto-HPSAs)</th>
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</thead>
<tbody>
<tr>
<td>• Designation &amp; scoring done online</td>
<td>• Designation &amp; scoring currently done <em>manually</em></td>
</tr>
<tr>
<td>• Criteria used to first designate as HPSA</td>
<td>• No application process necessary</td>
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<tr>
<td>• Criteria used to determine HPSA score</td>
<td>• Same criteria used to determine HPSA score as other HPSAs</td>
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<tr>
<td>• Scores range from 0-25 (26 for dental)</td>
<td>• Same scoring range used</td>
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<tr>
<td>• Designations are required to be reviewed and updated as necessary annually</td>
<td>• HRSA has not historically required Auto-HPSA scores to be reviewed regularly; updates are requested by facility</td>
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<tr>
<td>• Score of “0” is rare</td>
<td>• Score of “0” <em>more frequent</em> and means low shortage or no data was available for scoring</td>
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Year ITU Auto-HPSAs were updated (n=1,366)

Historically, geographic, population, and other facility HPSAs had to be updated at least every 4 years or would be proposed for withdrawal due to the age of the data.
The Shortage Designation Modernization Project utilizes the existing HPSA scoring criteria. No changes to the criteria have been made.
Working Groups-External Participation

Auto-HPSA Data Working Group
(2017-2018)

- Nathan Baugh (National Association of Rural Health Clinics)
- Jennifer Harrison (Eastern Aleutian Tribes)
- Debra Jahnke (Minnesota Department of Health)
- Aleksandr Kladnitsky (Wisconsin Primary Health Care Association)
- Maine Primary Care Association
- Jyl Marden (California Consortium for Urban Indian Health)
- Colleen Meiman (National Association of Community Health Centers)
- Alan Morgan (National Rural Health Association)
- Greg Nycz (Family Health Center of Marshfield)
- Shelly Phillips (Association for Utah Community Health)
- Thomas Rauner (Nebraska Division of Public Health)

Auto-HPSA Communications Working Group
(2018-present)

- Diane Calmus (National Rural Health Association)
- Francys Crevier, Kimberly Fowler, Kathryn Lash (National Council of Urban Indian Health)
- Abigail Echo-Hawk (Urban Indian Health Institute)
- Aleksander Kladnitsky (Wisconsin Primary Health Care Association)
- Lacy Foy (The Bowen Center for Health Workforce Research and Policy)
- Charles James, Jr. (North American Healthcare Management Services)
- Barry Lacy (Illinois Primary Health Care Association)
- Jessica Lungman (Bear Lake Community Health Center, Inc.)
- Jyl Marden and Virginia Hedrick (California Consortium for Urban Indian Health)
- Colleen Meiman (National Association of Community Health Centers)
- Shelly Phillips (Association for Utah Community Health)
- Dr. David Schmitz (University of North Dakota)
- Michael Shimmens (Rural Recruitment and Retention Network)
- Joseph Tucker (Nevada Health Planning and Primary Care Office)
National Update of Auto-HPSAs

• Tentatively planned for this Summer
• Series of Auto-HPSA preview reports in advance
  • Raise awareness of Auto-HPSAs and ITUs eligibility
  • Provide scoring transparency
  • Enable HRSA to provide technical assistance
• Submit supplemental data to change Auto-HPSA scores
  • facility-specific data
  • fluoridation status, alcohol misuse rate and substance misuse rate data.
• Work with State Primary Care Offices (PCOs) to ensure provider data are correct
Supplemental Data: Following the National Update*

**ITUs**
- Zip codes in which 75% of the Auto-HPSA facility’s patients reside
- The percent of population of patients served with known income at or below 100% FPL
- Out of the total unduplicated patient population, the count of individuals younger than 18, or 65 and older, divided by the count of adults age 18-64
- Water Fluoridation
- Alcohol Misuse Rate
- Substance Misuse Rate

**State Primary Care Offices**
- Nearest Source of Care
- Water Fluoridation
- Alcohol Misuse Rate
- Substance Misuse Rate

**Facility-specific Data**
- Reporting period: calendar year
  - January 1, 2017-December 31, 2017
  - January 1, 2018-December 31, 2018 (Preferable)
- The fluoridation, alcohol misuse and substance misuse data do not need to mirror the HRSA-created service area.
  - However, the information submitted should reflect the service area (i.e., be based on the organization’s address and sites) and represent a minimum 12 month reporting period.

*Data will be submitted via online portal. Data will be accepted on a continual basis.*
Summary

- Have changes to Health Professional Service Area (HPSA) scores occurred?
  - No changes to HPSA scores have occurred at this time.
  - The national update is tentatively planned for this summer.

- Will current National Health Service Corps and Nurse Corps participants be impacted?
  - Current participants and those awarded in the 2019 cycle, will not be impacted.
  - Participants can complete their service obligation regardless of any score changes.
  - Eligible participants may be also be awarded continuations.

- Can anything be done to change the Auto-HPSA scores?
  - Immediately following the national update, organizations can submit facility-specific data enabling HRSA to rescore them further.
  - Organizations can submit fluoridation data as well as alcohol misuse and substance misuse rate data.

- Contact information:
  - Visit https://bhw.hrsa.gov/sdmp for information and resources.
  - Contact SDMP@HRSA.gov with questions or requests for briefings.
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