

Shortage Designation Modernization Project: Auto-HPSAs

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Overview

- Health Professional Shortage Areas
- Shortage Designation Modernization Project
- Tribal and Urban Indian Organizations' Update Previews--Key Questions



Shortage Designations* Help Target Resources**

Shortage Designation Option	National Health Service Corps (NHSC)	NURSE Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver
Primary Care							
Geographic HPSA	X	X		X	X	X	X
Population HPSA	X	X		X		X	X
Facility HPSA	X	X		X			X
Dental Care							
Geographic HPSA	X			X			
Population HPSA	X			X			
Facility HPSA	X			X			
Mental Health							
Geographic HPSA	X	X		X	X		X
Population HPSA	X	X		X			X
Facility HPSA	X	X		X			X
Medically Underserved Area (MUA)			X			X	X
Medically Underserved Population (MUP)			X				X
Exceptional MUP			X				X
State Governor's Certified Shortage Area						X	

*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



Impact on National Health Service Corps and Nurse Corps

Current Auto-HPSA Scores

- No changes to Auto-HPSAs have occurred
- Used for 2019 National Health Service Corps (NHSC) and Nurse Corps (NC) application cycles

Current Participants and Those Awarded in 2019

- Will **not** be impacted by national update of HPSA scores
- May complete their service obligations-even if scores change.
- If eligible for a continuation-may be awarded as long as participants are working in a HPSA

Types of HPSAs

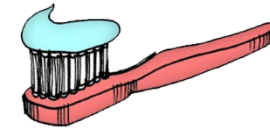
A shortage of:



Primary
Care

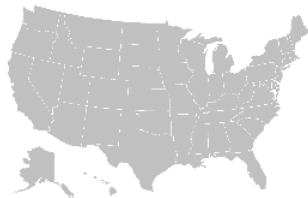


Mental
Health



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

Other HPSAs

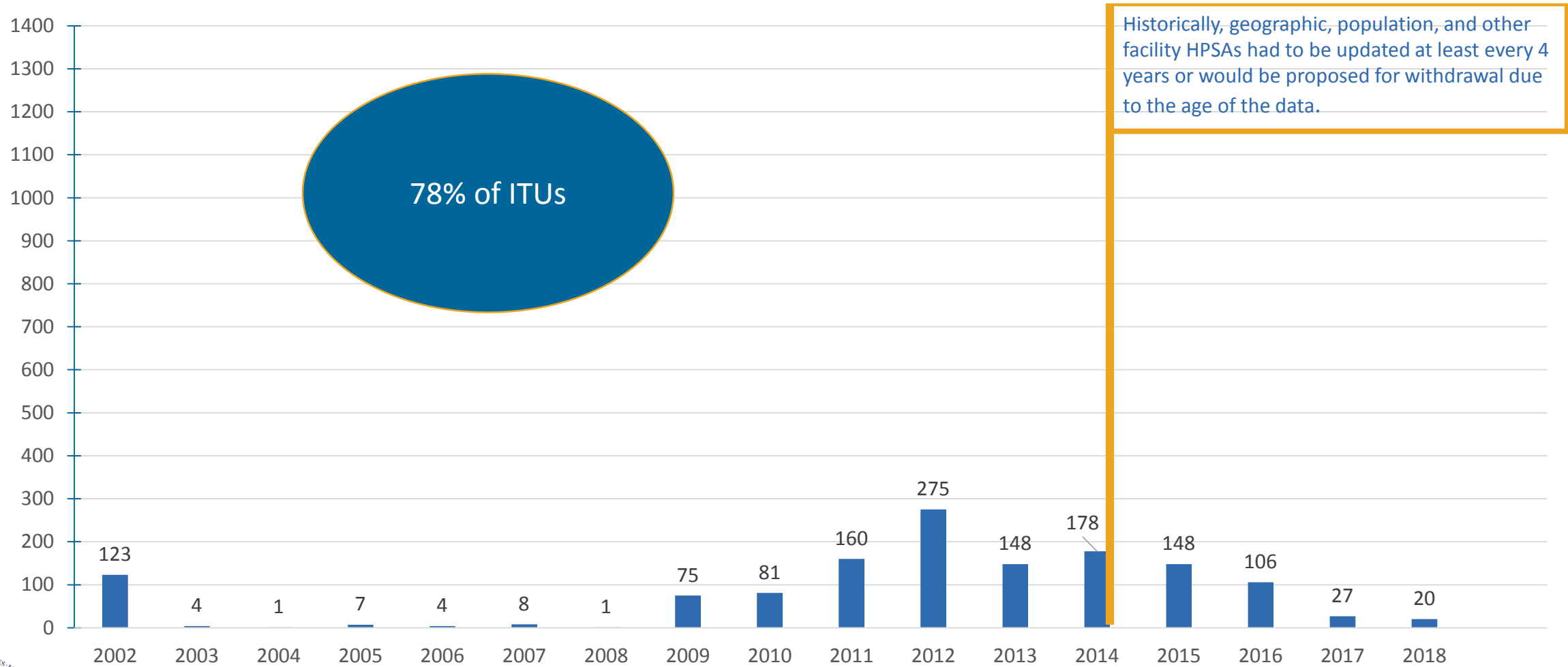
- Designation & scoring done online
- Criteria used to first designate as HPSA
- Criteria used to determine HPSA score
- Scores range from 0-25 (26 for dental)
- Designations are required to be reviewed and updated as necessary annually
- Score of “0” is rare

Automatic Facility (Auto-HPSAs)

- Designation & scoring currently done *manually*
- *No application* process necessary
- Same criteria used to determine HPSA score as other HPSAs
- Same scoring range used
- HRSA has not historically required Auto-HPSA scores to be reviewed regularly; updates are requested by facility
- Score of “0” *more frequent* and means low shortage or no data was available for scoring



Year ITU Auto-HPSAs were updated (n=1,366)



SDMP Core Principles



The Shortage Designation Modernization Project utilizes the existing HPSA scoring criteria. No changes to the criteria have been made.

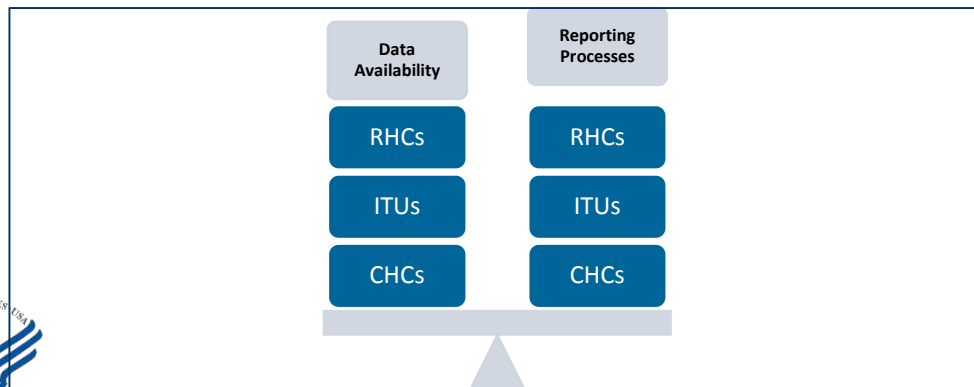
Working Groups-External Participation

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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