Limitations and Opportunities - Designation as a Community Resource

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Limitations and Opportunities – Designation as a Community Resource

• I’m here today to take some of the mystery out of Federal shortage designations.

• Supplemental handouts will be provided to compliment the slides.
Presenter Background

• As a Primary Care Planner for DHS, I have been dealing with federal designations for 15 years.

• I have helped many communities become eligible for Rural Health Clinic (RHC) status, Community Health Center (CHC) status and National Health Service Corps (NHSC) loan repayment.
Federal Designations

• Federal designations bring resources, but not everyone is eligible. This is how federal programs manage their budget and prioritize communities in need.

• “The devil is in the details.”

• Oh are there a lot of details!

• I will try to highlight some of the concepts.
Federal Designations

• There are two types of Federal designations: Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA).

• Either can be geographic or special population.
Federal Designations

Oregon Health Professional Shortage Areas (HPSA)
Primary Care Designations as of 4/10/09

Data Source: Health Resources & Services Administration (HRSA), Bureau of Health Professions
Prepared By: Health Systems Planning 4/10/09
Federal Designations

Oregon Medically Underserved Areas & Populations (MUA/MUP) Designations as of 4/10/09

Data Source: Health Resources & Services Administration (HRSA), Bureau of Health Professions
Prepared By: Health Systems Planning 4/10/09
Federal Designations

- Geographic HPSAs are eligible for NHSC (if all other rules are followed), RHC and Medicare 10% bonus.
- Most of our geographic HPSAs have only mid-level providers, no physicians in them.
- MUAs create eligibility for CHC, if they serve a significant number of people from the area. RHCs must be inside the MUA.
Special Populations

- Special Populations (SP) such as low-income, homeless, migrant and seasonal farmworkers can be designated as a HPSA or a Medically Underserved Population (MUP).

- A SP HPSA is eligible for RHC and NHSC (but only for clinics that serve the population as their mission).
Federal Designations

- RHC can not be in a MUP.
- CHCs are still eligible if they serve the population.
- All designations demonstrate need for communities writing health care grant applications.
- All designations are eligible for the Oregon Physician Waiver Program.
Designations as they relate to Critical Access Hospitals

– One of the criteria to become a CAH was to be certified by the state as a “Necessary Provider of Health Services.”

– Criteria for a “Necessary Provider” CAH included: The hospital is located in an area that is defined as “rural” by the Office of Rural Health; and

– The hospital is located 15 or more highway miles from another acute inpatient care facility; and
  • The Office of Rural Health has determined that the facility is located in an “area of unmet health care need” through its authority granted by ORS 442.555(4); or
  • The hospital is located in an area that meets the criteria for designation as a Health Professions Shortage Area (HPSA) or Medically Underserved Area (MUA).

– In addition, any hospital determined to be a “necessary provider” must demonstrate that it is substantially at risk for imminent closure due to loss of physician staff or fiscal crisis.
Wallowa Memorial Hospital “Before”
Wallowa Memorial Hospital “After”
Relocating a Necessary Provider CAH

- CAHs that have been granted Necessary Provider status and want to rebuild in a new location that does not meet the distance requirements of the 35-mile rule will be treated in the same manner as if they were building a replacement facility at the previous location.

- The new CAH facility will have to continue to meet the same criteria that led to its original state designation, serve at least 75% of the same service area, offer 75% of the same services, and utilize at least 75% of the same staff in its new location.
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STAKEHOLDER PERSPECTIVES

And then the data told me what I had to do...

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Criteria

• HPSA –
  – Must be a rational service area, see handout.
  – Must be 30 minutes travel time to the next source of care or the contiguous area must demonstrate over utilization.
  – Must have a primary care physician ratio of 3,500:1 for geographic or 3,000:1 for special population.
  – Occasionally, a geographic area can demonstrate high needs and meet a lower ratio.
Criteria

• MUA/P -
  – Based on 4 weighted indicators: percent below FPL, percent age 65 and over, infant mortality rate and ratio of primary care physicians to 1,000 population.
  – Scores from the four indicators are added up and must total 62 or less.
Decision Making

- DHS, Health Systems Planning makes applications to HRSA and final decisions are made by HRSA.
- Their interpretation of the rules has changed over time and they have twice proposed new rules.
- The rules will change someday.
Health Systems Planning Policy

• It is the policy of our office to assist communities with the designation that they are eligible for and that does no harm to other communities with existing designations.

• We first try to do the application with the data we have. If it’s close but not there, we call managed care organizations and hospitals to fine tune data regarding who is still there and to contact non responders for us.
Limited Resources

• Health care resources are limited just as water resources have become.
• Some rivers have cattle, fish and crops all competing for a piece of the river. Other areas have kayaks, sailboats and wake boards learning to share.
• We all have to learn how to “Share the River.”
Additional Information

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