



KEYS TO IMPROVING RURAL HEALTH

WORKFORCE ISSUES IN THE HEARTLAND

Health Care in Rural America

- Nearly 50 million people face challenges in accessing health care in rural America.
- Higher rates of poverty, mortality, uninsurance, and limited access to a primary health care provider in rural vs. urban areas.
- Potential for an increase in many of the health disparities and access concerns with recent economic downturn.

Data Source

“Hard Times in the Heartland – Health Care in Rural America”

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Analysis and support provided by the Rural Health Research Centers

Health Care and the Rural Economy

- Rates of poverty are higher, with 15% of people in rural areas living below the poverty level compared to 12% of people in urban areas.
- The rural economy is dominated by small businesses which are struggling as the cost of health care continues to skyrocket.
- In the current recession, the rural economy is losing jobs at a faster rate than the rest of the nation, and loss of jobs can lead to loss of health coverage.

Limited Coverage and Burdensome Costs

- A multi-state survey of farm and ranch operators found that while 90% of farmers have insurance coverage, one-third purchased it directly through an insurance agent (compared to the national average of 8%).
- Nearly one in five of the uninsured – 8.5 million people – live in rural areas.
- Rural residents spend more on health care out of pocket than their urban counterparts.

The Need for More Health Care Providers

- Access to high quality providers is also a key component of obtaining high quality care. Rural areas continue to suffer from a lack of diverse providers for their communities' health care needs.
- There were 55 primary care physicians per 100,000 residents in rural areas in 2005, compared with 72 per 100,000 in urban areas. This decreases to 36 per 100,000 in isolated, small rural areas.

Disparities in Health Need To Be Addressed

- A scant provider network, lack of adequate and affordable health coverage, and difficulty accessing high-quality care can lead to worse health among rural populations.
- The percentage of diabetes patients who received all three recommended exams for diabetes is lower for patients in rural areas than in metropolitan areas (32% versus 42%).
- Rural women are less likely than urban women to be in compliance with mammogram screening and pap smear completed.

ARRA

- HRSA given discretion regarding how to allocate the \$200 million. About a quarter of that money will be for programs aimed at training primary care physicians under Title VII.
- In addition, ARRA money will be able to double the capacity of the NHSC. HRSA/BCRS will implement a rolling admissions process to address the award of loan repayment dollars to primary care providers.

HRSA Plans Addressing Workforce

- HRSA plans to revamp Title VII Programs and Strengthen NHSC.
- In February, Congress passed the American Reinvestment and Recovery Act (ARRA), which set aside \$500 million to strengthen the nation's health care workforce.
- The ARRA gave \$300 million of the \$500 million to the NHSC and \$200 million to Programs authorized by Titles VII and VIII of the Public Health Service Act

Three Major Workforce Issues

They are:

- The shortage of health care professionals, especially primary care health professionals;
- The maldistribution of these health professionals for underserved populations in rural and urban areas; and
- The underrepresentation of minorities in health professions.

What Can You Do To Help?

- As representatives of rural America, what can you do to assist in addressing workforce issues?
- What are you doing now?
- What are some additional things you can do?

Survey Questions

- Who are you currently partnering with in recruitment/retention efforts?
- Have you conducted an assessment of your recruitment needs?
- Do your rural communities have a formalized recruitment and retention plan?
- How many NHSC providers are in your State?
- How many J-1 providers are serving in your State?
- Do you track retention of providers in your State?
- How is new technology used in R&R activities?

Considerations for Workforce Issues

- Need to look at how we are using staff. Need team approach and "collaboration".
- Need cultural competence such as Latinos, Africans, and Caribbean's. This includes skills, knowledge & competencies. Prepare providers with right skills to act.
- Rural America needs to show way. Collaborate and be flexible. Team approach to care. This is headwater of health care reform.

Three Things To Do:

Advice from Dr. Wakefield at NRHA Meeting in Miami:

- Strengthen existing programs.
- Roll out new initiatives.
- Health care reform.

Strengthen Existing Program: NHSC

- NHSC is administered by HRSA/Bureau of Clinician and Recruitment Services and provides access to health care for the underserved.
- NHSC clinicians are a unique group of dedicated and caring primary care providers who care for million of people who live in communities where health care is scare.

Site Eligibility – Type of Sites

- Public or private entity
- Community/Migrant Health Centers
- Rural Health Clinics
- Private practices
- Indian health Service/Tribal Health Centers
- Prisons – State and Federal
- Community Mental Health Centers

Site Eligibility – Services Provided

- Provide comprehensive primary care, mental and behavioral health and/or dental services
- Ambulatory (no inpatient sites)
- Ensure access to ancillary, inpatient and specialty referrals

Site Eligibility – Charges for Services

Ensure no financial barriers to care exist:

- Fees for service consistent with prevailing rates in area
- Discounts or waives fees for individuals at or below 200% of the Federal poverty level
- Accepts assignments for Medicare beneficiaries; and enters into agreements with Medicaid and State Children's Health Insurance programs
- Prominently posts signage

Site Eligibility – Hiring NHSC Clinicians

- When hiring NHSC Clinicians sites agree:
 - Full-time clinical
 - No reduction in salary because of NHSC
 - Communicate changes in employment
 - Only allow practice at approved site(s)
 - Make available personnel/practice records
 - Not restrict communication between clinician and NHSC

Site Eligibility - Compliance

- Must be in compliance at time of application
- Must agree to maintain compliance throughout term of NHSC clinician's service commitment
- Requirements pertain to entire site, not just NHSC clinician
- Each location must apply and be approved

ARRA: NHSC Recruitment Challenge

Expend \$Millions to Save \$Billions

- Challenge:
 - Recruit an additional 4,200 primary care clinicians
- Result:
 - 8,722 years of service
 - 4,519,200 patients with access to primary care services
 - 18,076,800 patient visits

NHSC ARRA – New Features

- More Choices of Sites and Vacancies Eligible for Loan Repayment.
- More than 7,000 already eligible service sites will be able to post significantly more new vacancies and increase the number of clinicians eligible for loan repayment awards at their sites. Additionally, more sites are being approved by the NHSC every day.

NHSC ARRA – New Features

- **First-come, First-served.**
- Loan repayment awards to primary health care clinician applicants who are interested in loan repayment will be made on a first-come, first-served basis, opening new opportunities for areas in high-need sites located in Health Professional Shortage Areas with lower HPSA scores.
- Applications will be accepted on an open, continuous basis until all ARRA funds are expended – 15 months or sooner.

NHSC ARRA – New Features

- More Application Flexibility.
- For the first time, primary health care clinicians interested in NHSC's loan repayment program do not need to be employed at the site at the time of application.

NHSC ARRA – New Features

- More Efficient Application Process.
- Most applications will be processed within 8 weeks of receipt of a complete application (*i.e., all application supporting documentation received*).

Critical Partners

- PCOs, PCAs, AHECs, 3RNet are critical partners in identification of sites that would benefit with a NHSC placement.
- These partners should know the community needs and site history.
- Be aware of State programs and issues that may affect NHSC site approval and clinician placement.
- Assist in offering technical assistance.

State Primary Care Offices (PCOs)

- Grants from HRSA to States
- HRSA coordinates resources from within the Agency to work with the PCOs in order to improve primary care service delivery and workforce availability to meet the needs of underserved populations.

State PCOs and the NHSC

- Coordinate submission of applications for Health Professional Shortage Area (HPSA) Designations
- Review and recommend approval of sites for NHSC programs
- Assist in site monitoring
- Promote NHSC programs to communities and clinicians in their State

State Primary Care Associations (PCAs)

- Member based organizations.
- Members include Federally Qualified Health Centers (FQHCs).
- Many organizations also have non-FQHC members.
- Provide advocacy, TA and other support to their members.

Area Health Education Centers

- Academic-community partnerships that train Health care providers in sites and programs that are responsive to State and local needs.
- Health career enhancement and recruitment programs for K-12 students are emphasized.

Area Health Education Centers

- Improve the supply, distribution, diversity and quality of the health workforce, ultimately increasing access to health care in medically underserved areas.
- Can assist with recruitment, retention and academic linkage development.

Rural Recruitment & Retention Network

- 3RNet members are not-for-profit organizations made up of State Offices of Rural Health, AHECs, PCOs, PCAs, etc. that assist health professionals locate practice opportunities in rural areas throughout the country.
- Some charge sites a fee to assist them in their recruitment efforts, but not for recruitment of NHSC clinicians.

How to find partners in your state?

- NHSC Web Site has links for these organizations under “Links” or “Resources.”
- NHSC Toll-Free Number – Information Specialists can help identify contact information for these organizations

State Loan Repayment Programs

- The NHSC provides grants to states to operate their own State Loan Repayment Programs.
- Some States also have non-NHSC funded State Loan Repayment Programs.
- Cannot participate in both Federal and State LRPs.
- Benefits and requirements vary state-to-state.

How to Contact the NHSC



- Call the toll-free helpline at **1-800-221-9393**
- Visit the NHSC Web Site at:

<http://www.nhsc.hrsa.gov>

U.S. Department of Health & Human Services
HHS.gov


