


MEMO

DATE: December 20, 2010

TO: Special Committee on Health Care Access

FROM: Rachel Currans-Sheehan, Executive Assistant
Wisconsin Department of Health Services 

RE: Response to Requests and Questions from the Committee

This memorandum transmits the following documents in response to questions and requests from the Special Committee on Health Care Access. They were prepared by our Workforce Development Program and the Primary Care Office in the Division of Public Health.

1. Public Health Workforce Reports
2. Health Professional Shortage Area Designation Process
3. National Health Services Corp Fact Sheet

The Public Health Workforce Reports document provides a description and web links to the reports, sources of funding, and estimated costs of survey development, data collection, analysis and reporting. The Health Professional Shortage Area Designation Process document includes three key recommendations that will maximize the ability to designate and re-designate Health Professional Shortage Areas. These designations bring federal economic resources to the state and assist communities in recruiting and retaining health care providers in rural and inner-city areas.

Please contact the following individuals if there are additional questions or if you need clarifying information.

Healthcare Workforce Reports

Nancy McKenney, RDH, MS, Director of Workforce Development
Wisconsin Division of Public Health
Telephone: 608-266-7901
E-MAIL: Nancy.McKenney@dhs.wisconsin.gov
<http://www.dhs.wisconsin.gov/Health/workforce/index.htm>

Health Professional Shortage Area Designation Process

Anne Dopp, RN MSN, Primary Care Office Director
Wisconsin Division of Public Health
Telephone: 608-267-7121
E-MAIL: anne.dopp@dhs.wisconsin.gov
<http://dhs.wisconsin.gov/health/primarycare/index.htm>

SHORTAGE DESIGNATIONS & ACCESS TO FEDERAL RESOURCES: NEED FOR PHYSICIAN, DENTIST, & PSYCHIATRIST WORKFORCE DATA

Response to Questions:

1. What health professionals are required to be “counted” for shortage designations?
 - Primary care physicians (Family Practice, Pediatrics, Internal Medicine, Ob/Gyn, general practice); dentists (general and pediatric); and psychiatrists (general and pediatric).
 - Other providers are not required to be counted at this time. There is ongoing federal discussion about including additional providers at some point (e.g., nurse practitioners, physician assistants, dental hygienists, and clinical psychologists/social workers/psychiatric nurse specialists).
 - *No one in Wisconsin has current and complete workforce data on physicians, dentists and psychiatrists required to maximize the number of shortage designations for rural and urban communities to help them access associated federal resources.*
 - As a result, the Primary Care Office (PCO) must directly contact and work with clinic managers to collect detailed data on all primary care physicians or psychiatrists in both the community requesting the HPSA and in all the surrounding areas.
 - If the DHS PCO had full access to workforce data (including provider names) from re-licensure every two years (point in time data), this would greatly reduce the amount of work the PCO and community clinics currently spend collecting provider data for shortage designations and would allow the PCO to keep up with new requests and analyze if other areas might be eligible for a shortage designation.
2. What workforce data are needed about physicians/dentists/psychiatrists for shortage designations that could be captured through a survey tied to re-licensure? (*see HPSA provider survey questions*)
 - Personal data – name, date of birth, specialty, street address for each work site(s); is the doctor a U.S. citizen or legal permanent resident or working on a temporary work visa; and is the doctor currently a resident/fellow
 - Practice information – average hours of direct outpatient care per week; average hours of hospital care/rounds per week; are they accepting new patients; timeframe for scheduling an appointment; and length of time in the waiting room.
3. How does the PCO prioritize shortage designation work?
 - The PCO has limited resources and does not have the capacity to keep up with both responding to requests for new designations and completing the required four-year review of all 300 HPSAs. As a result, the PCO alternates work on the required re-designations and new requests.
 - When the PCO works on the required re-designations, new requests go on a waiting list and get backlogged for 12 months or longer, making these communities ineligible for the federal benefits of shortage designations.
 - For State Fiscal Year 2010, DHS provided a few new and temporary part-time staff via funding from several American Recovery and Reinvestment Act and Affordable Care Act grants to help the PCO catch-up with the large increase in community requests for new designations, thus allowing communities to access increased federal resources. Funding for these temporary staff will end in January and June 2011. Work on re-designations was temporarily suspended.

- The PCO currently does not have the capacity to review undesignated areas to see if they might be eligible for a new shortage designation. A Medical College Partnership grant has provided limited funding over three years to review areas that do not currently have a dental or mental health HPSA (but not for primary care); this grant ends in June 2012.
4. What are State and local roles and level of effort with shortage designations?
- Preparing and submitting State applications for federal shortage designations is a very complex and labor-intensive process for the PCO the primary functions are applying for new designations and as well as reviewing and re-applying for all 300 Health Professional Shortage Area designations every four years.
 - For this year only, the PCO had temporary staff to do the extensive and labor-intensive initial web searches for clinics and primary care physicians/psychiatrists in the area and surrounding areas and then pre-load the clinic and physician names into a secure database. This is done to reduce the work for clinic managers. NOTE: when funding runs out for these temporary assistants in June 2011, clinics will need to key-in all clinic and physician/psychiatrist data into the on-line HPSA survey.
 - The PCO mails a HPSA survey notice to clinic managers in the area and surrounding areas.
 - *Clinic managers have more limited work this year. They need to complete a secure on-line HPSA provider survey, where they review and update the pre-loaded data for their clinic and physicians or psychiatrists. Starting July 2011, they will need to enter all their data into the survey.*
 - *Clinics this year only, have very limited effort/cost associated with reviewing and editing their provider data. Actual staff time and cost are not known and vary depending on the size of the clinic and number of primary care physicians or psychiatrists.*
 - The PCO must make 2-3 telephone follow-ups to clinics that do not respond, in order to get at least a 2/3 response rate.
 - The PCO also gathers other data for State applications: demographic data from the Census, population health data from DHS (vital records, Medicaid), a PCO survey of all discounted care clinics in the state, and a variety of other federal health data.
 - The PCO submits State applications to the federal Office of Shortage Designation via an electronic application system.
 - As the HPSA provider database is slowly filled over the next four years, the PCO and clinics will have less work for the every four-year HPSA review. Clinics will be able to review their provider data and make edits/additions.
 - The PCO requests and analyzes Medicaid data on paid claims for dental services to calculate the number of dentists available for low-income populations, since it is difficult to collect data directly from private dental clinics.
 - The PCO provider data collection and shortage designation analysis is the labor intensive work.
 - The PCO distributes periodic updates on shortage designations and associated federal resources to a diverse contact group (e.g., private clinics, community health centers, Rural Health Clinics, Tribal Health Centers, County Mental Health agencies, Correctional facilities, professional associations, academic training programs).
5. How do communities request a new shortage designation?
- Communities submit requests for a new designation via e-mail to the PCO. Directions for submission are on the DHS Primary Care web site:

<http://www.dhs.wisconsin.gov/health/primarycare/RequestDesignation.htm>

- New requests go on a waiting list for 12 months or longer, until the PCO has completed re-designations that are due for their every four year review.
6. What staffing and budget are available to support state shortage designation work?
- DHS PCO does not have adequate resources and staffing to keep up with the technically complex and labor-intensive work of preparing and submitting State applications for shortage designations.
 - Limited permanent staffing includes: 0.2 FTE from PCO Director for guidance and coordination, and contracted 0.6 FTE data specialist and 0.2 program assistant through an annual \$69,000 contract with Wisconsin Primary Health Care Association
 - A small federal grant to the PCO provides limited funding for designation work and provider recruitment assistance, and is supplemented by small amounts of federal block grant funding, state GPR and federal Medicaid match.
 - For SFY 2010 only, temporary part-time staffing includes: 0.5 FTE contracted staff coordinator at the PCO (\$24,900 for August 2010 – June 2011), and 0.25 FTE administrative assistant at the PCO to help with the clinic/physician searches (\$10,000 for August 2010 – January 2011).
7. What options are there for the PCO to be able to maximize shortage designation work (keep up with new requests, re-designations and do more pro-active work)?
- Recommendations include statutory changes to require that: 1) physicians and dentists provide the workforce data needed for shortage designations, in order to be re-licensed by the Department of Regulation and Licensing; 2) DRL, DWD and DHS work as full partners in survey development, implementation, promotion and data sharing; and 3) assure that sufficient resources are available to support workforce survey development, data collection and analysis for timely completion of HPSA designations and re-designations. If implemented in 2011, these data would not be available to help shortage designation work until 2013.
 - For 2011-2013, appropriate new funding of \$85,000/year for DHS PCO to maximize shortage designation work and reduce the shortage designation workload for communities, thus allowing communities the ability to access as many federal resources as possible (respond to new requests, complete required re-designations, and review all areas of the state to see if they are eligible for a shortage designation). This funding would support:
 - Continuing the part-time staff for two-years to do initial clinic/physician web searches and pre-load data, to reduce community workload (0.5 contracted FTE to direct and assist, 0.25 FTE to do searches and pre-load data).
 - Increasing contracted staff time from WPHCA for HPSA specialist and administrative assistant to complete shortage designation data reviews and applications in the federal electronic application system and manage the HPSA provider database (re-designations, keep up with new requests, and evaluate non-designated communities).
8. What are key issues to consider for a recommendation to require workforce reporting as a condition of DRL re-licensure?
- Start with tiered implementation beginning with physicians, psychiatrists and dentists to help maximize shortage designations and community access to federal resources.

- Require collaboration among and between the three State agencies who have critical and connected roles in workforce development to build on the strength and expertise of each department.
 - DRL – statutory authority to re-license health professionals every two years and collect data.
 - DWD – responsible for developing the state’s workforce, and has expertise with labor markets and the most recent RN health workforce survey
 - DHS – responsible for protecting and promoting the health and safety of the people in the state, responsible for shortage designation work, and has expertise in health care delivery, provider groups, and design and analysis of health and workforce surveys
 - Assure that sufficient resources are available to support workforce survey development, data collection, and analysis for timely completion of HPSA designations and re-designations
 - Health Professional Shortage Area Designations bring federal economic resources into Wisconsin, including
 - Resources to help recruit providers into rural and inner-city communities (e.g. federal and state student loan repayment programs, and J-1 visa waivers to recruit foreign physicians and hard to fill vacancies)
 - Resources to retain provider in rural and inner city areas (e.g. Medicare and Medicaid HPSA bonus payments, Rural Health Clinic certification, and cost based reimbursement)
 - Resources to train the health workforce (extra points on academic training grant applications if graduates come from and work in HPSAs, reallocation of doctor residency training slots)
 - Medically Underserved Areas and Medically Underserved Population Designations bring federal economic resources into the state, including
 - Resources to develop and expand community health center sites for rural and inner-city areas (eligibility for new communities to apply for competitive federal Community Health Center funding)
9. Data and Maps related to Primary Care Workforce Shortages
- Dentist FTEs Needed for Low Income Populations & Location of Safety Net Clinics (6/2010)
 - HPSA maps showing detail for urban areas (primary care, dental and mental health) (4/2010)
- <http://www.dhs.wisconsin.gov/health/primarycare/maps.htm>



At-A-Glance

The NHSC is a network of more than 10,000 primary health care professionals and sites that serve the most medically underserved regions of the country. To support their service, the NHSC provides clinicians with financial support in the form of loan repayment and scholarships.



Many types of providers are eligible to join the Corps and get loan repayment assistance.

The NHSC supports communities in need by helping primary care providers with loan repayment. We are seeking providers in a range of primary care specialties, including:

- Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)
- Nurse Practitioners (adult, family, geriatrics, pediatrics, psychiatric, women's health, and certified nurse midwives)
- Physician Assistants
- Dental professionals (general, pediatric and geriatric dentists and dental hygienists)
- Mental health professionals (health service psychologists, licensed clinical social workers, marriage and family therapists, and licensed professional counselors).



Primary care providers who join the Corps receive up to \$145,000 in loan repayment for completing a five-year service commitment.

The NHSC offers loan repayment support with an initial award of up to \$50,000 for two years of service. After the initial two-year commitment, providers may be eligible to receive additional support in exchange for continued service; up to \$145,000 for five years of service. With continued service, clinicians may be able to pay off all their student loans.



Providers-in-training can receive scholarships now, and serve later.

Scholarships for tuition, fees, a monthly stipend, and other reasonable educational expenses are available for up to four years. Students who receive scholarships can choose their primary care specialty. They then serve at least two years at a NHSC-approved site in a high-need area.



Corps members can choose their service sites from among many options.

Providers who have completed their training apply for work directly with an approved site of their choice. Corps members who received scholarships choose from a listing of approved sites in high need areas. NHSC-approved sites may be urban, rural, frontier, or located on an Indian reservation, at a Federal prison, or with the Division of Immigration Health Services.



Corps members earn competitive salaries.

Corps members negotiate their salaries directly with their service sites. Sites are prohibited from paying Corps members less than their similarly qualified, non-Corps colleagues.



NHSC support is tax-free.

NHSC loan repayments and scholarships (except for monthly stipends) are exempt from Federal income tax.



Health Care Workforce Reports
Wisconsin Department of Health Services, Division of Public Health

Workforce Report	Description	Funding Source	Project Period	Estimated Cost
PH Workforce Report 2008 Public Health Workforce Report, 2008 Note: The Public Health Workforce Report 2010 is being drafted and will be completed prior to March of 2011.	<ul style="list-style-type: none">• Baseline public health workforce data• Use<ul style="list-style-type: none">-emergency preparedness and response-workforce retention, recruitment, succession planning-educational pipeline planning• Audience<ul style="list-style-type: none">-educational systems-national, state, and local public health-emergency readiness-community agencies-boards of health-legislators-health care systems	UW Wisconsin Partnership Program <i>Public Health Workforce Advancing the Plan for a Diverse, Sufficient, and Competent Public Health Workforce</i>	One-time funding 03/01/07-02/26/11	Secondary data collection, analysis, reporting Expenses: Supervisor Research Analyst Editor Printing Total: \$11,350
Clinical Laboratory Survey At a Glance and Full Report 2010 At a Glance: Wisconsin Clinical Laboratory Science Workforce Survey, 2010 Wisconsin Clinical Laboratory Science Workforce Survey Report, 2010	<ul style="list-style-type: none">• Baseline laboratory science workforce report (surveyed labs)• Use:<ul style="list-style-type: none">-health care planning-emergency readiness-workforce recruitment, retention, succession planning-educational planning• Audience<ul style="list-style-type: none">-educational systems-public health systems-community agencies-health care provider systems-legislators	MCW Healthier Wisconsin Partnership Program - <i>A Collaborative Response to a Growing Workforce Crisis</i>	One time funding 07/01/09 – 06/30/11	Survey develop, primary data collection, analysis, and reporting Expenses: Supervisor Research Analyst Editor Printing Total: \$31,000
Dentist FTEs Needed for Low Income Populations and Location of Safety Net Clinics Dentist FTEs Needed for Low Income Populations and Location of Safety Net Clinics	<ul style="list-style-type: none">• Shows Dentist FTEs needed for low- income populations -by county for CY 2007• Location of “safety net” dental clinics as of May 2010• Use:<ul style="list-style-type: none">-target areas for potential safety net clinic expansion-workforce and health care planning• Audience:<ul style="list-style-type: none">-community agencies	Federal Primary Care Office Grant	04/01/09 – 03/31/14	Secondary Data Collection, Analysis, and Reporting

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For additional information visit the Wisconsin Department of Health Services, Division of Public Health:

- **Health Statistics:** <http://www.dhs.wisconsin.gov/stats/index.htm#stats>
- **Primary Care Programs:** <http://www.dhs.wisconsin.gov/health/PrimaryCare/index.htm>
- **Public Health Workforce Development:** <http://www.dhs.wisconsin.gov/Health/workforce/index.htm>