

# ***Current Health Professional Shortage Area Criteria (HPSA)***

- Rational Service Area
- Population-to-Provider Ratio
  - PC Physicians 3,500:1
  - 3,000: 1 if High Need
    - Poverty  $\geq$  20%
    - Infant Mortality Rate  $\geq$  20 per 1,000 live births
    - Fertility Rate  $\geq$  100 per 1,000 women aged 15-44
- Contiguous Area Resources not available
  - overutilized, excessively distant, inaccessible



Just a quick review for those of you who may not be as familiar with these two processes as those of us who live them day by day. The HPSA process is based primarily on the number of physicians available to serve a given population; no surprise since it was designed specifically to address health professional shortages. Some high need factors are considered as well

HPSAs can be based on a geographic area or a population group within a geographic area; the pop groups are mostly low income (<200% poverty)  
Update required every 3 years; 1/3 of the areas each time roughly

Measures provider shortage

Once an area is designated as a HPSA, they can then apply through a separate application process to the NHSC.

# ***CURRENT MEDICALLY UNDERSERVED AREA/POPULATION CRITERIA***

- **Components**

- Rational Service Area (RSA)



- **Criteria and Weighted Values**

- Percent of Population at 100% Poverty
- Percent Population  $\geq$  65
- Infant Mortality Rate
- Primary care physicians per 1,000 Population



- **Index of Medical Underservice**

- Value must be  $\leq$  62.0



MUA/Ps were designed to measure access to services, not just providers access, and therefore include four factors which are related to or reflect access barriers. No one factor is a determinant; it depends on the interaction of all four in a given area. These can also be geographic or pop group.

You can see there are similarities between the two methods, and there is significant overlap between them in terms of areas covered.