



Office of Statewide Health Planning and Development



Healthcare Workforce Development Division

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April 18, 2011

Nicole Patterson
Office of Shortage Designation
Bureau of Health Professions
Health Resources and Services Administration
Parklawn Building, Rm. 9A-18
5600 Fishers Lane
Rockville, MD 20857

RE: Comments for the Negotiated Rule Making Committee regarding data points and key criteria used in the Shortage Designation process

Dear Ms. Patterson:

Please accept the following comments from the State of California Cooperative Agreement Primary Care Office (PCO) within the Office of Statewide Health Planning and Development (OSHPD) on the potential criteria and data points for Health Professional Shortage Areas (HPSA) and Medically Underserved Area/Population (MUA/MUP) designations discussed by the Negotiated Rule Making Committee (NRMC).

Pre-defined Rational Service Areas:

The California PCO recommends the removal of contiguous area analysis for states that use Pre-defined Rational Service Areas, in California's case they are called Medical Service Study Areas (MSSAs), which are geographically pre-defined sub-county and sub-city areas that are based on contiguous census tracts with similar socio-economic and demographic populations. The removal of contiguous area analysis would greatly improve the ability of inner city/urban areas to receive HPSA designations that now are unattainable because of the large number of contiguous areas in close proximity to the proposed area.

Rural Urban Commuting Areas (RUCAs) as basis for defining Urban or Rural:

The NRMC's consideration for RUCA scores to be used in defining urban and rural area would not be beneficial for California. An impact analysis was performed by California in 2003 when a similar notion was put forth by the Federal government. Using RUCAs would cause some rural hospitals to lose their Rural Health Clinic designations because of the imperfections of RUCA scoring for areas with geographic barriers or counties that

contain both urban and rural areas. In addition, RUCAs use zip codes in its analysis of an area whereas MSSAs as well as HRSA's HPSA and MUA/MUP designations use census tracts. The PCO has defined which MSSAs are rural and urban and because this process is performed at the local level, it is a more accurate representation of the urban and rural areas of California. The PCO recommends the NRMC not use RUCA scores to determine rural or urban designations.

Availability of key data points in the Shortage Designation Process:

On the issue of the additional data points the NRMC is considering for HPSA and MUA/MUP designations, the PCO would like the NRMC to consider the availability of data points at the census tract level. Data points such as chronic disease prevalence or unhealthy days may be difficult to capture at the census tract level. Some data points may only be available at the county level, which in California's case with large counties that have significant differences within their own borders may not accurately reflect the needs of all of its residents and potentially exclude a population that is greatly in need of assistance. The PCO recommends that any new data points introduced by the NRMC workgroups be analyzed for their availability at the census tract level.

Thank you for affording the California PCO the opportunity to comment on the NRMC process and for taking the time to consider the California PCO's recommendations. Should you have any additional questions, please feel free to contact Ms. Konder Chung of my staff at (916) 326-3706 or via e-mail at kchung@oshpd.ca.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Angela Minniefield', is written over the typed name.

Angela Minniefield, M.P.A.
Director, Primary Care Office

cc: David M. Carlisle, M.D., Ph.D.
Director, OSHPD