

tentative full committee consensus for HPSA designations

Part 1: Geographic Areas

A. Meet Three Criteria: NOT DONE YET

B. Methodology

1. Rational Areas for the Delivery of Primary Medical Care Services

A rational service area (RSA) for the delivery of primary care shall be (a) discrete, (b) continuous, (c) interrelated, and (d) distinct. A state may petition HRSA to create a state service area plan where conditions (a) through (c) are satisfied.ⁱ

- (a) Discrete: A service area is characterized by its parts according to the following.
 - i. The base service area unit shall normally be a census tract. A minor civil division (MCD), Census County Division (CCD), or Zip Code Tabulation Area (ZCTA) may be used as an alternative base unit.
 - ii. Where applicable, the proximity of two or more population centersⁱⁱ within the service area does not create a “natural” bifurcation of care seeking within the service area.
- (b) Continuous: All service area components shall be contiguous to one another, may not overlap with other service areas of the same designation typeⁱⁱⁱ, and may not exclude interior base units.
- (c) Interrelated: When adequately resourced, a preponderance of the population^{iv} shall normally seek and can reasonably expect to receive primary care services within the service area. This may be established by one or more of the following criteria.
 - i. Preferred Justifications
 - a. The resident civilian population of a service area is reasonably characterized by its common barriers to primary care access, as described through demographic and socioeconomic characteristics.^v
 - b. The service area is a Primary Care Service Area (PCSA).
 - ii. Alternative Justifications
 - a. The service area is served by an existing, federally recognized safety net primary care clinic site.
 - b. The service area is a county or equivalent.
- (d) Distinct: The service area is differentiated from adjacent service areas^{vi} by one or more of the following criteria.
 - i. Isolation of at least 30 minutes travel time, on public roads, under travel conditions normal to the service area.^{vii}
 - ii. Insufficient provider capacity of the adjacent service area to accommodate the primary care needs of the service area.^{viii}
 - iii. Dissimilar demographic characteristics which isolate the population of the service area from contiguous areas.^{ix}

Changes from previous rule: repeal of definition of RSA as based on location of county population centers via travel time, limited access to resources as

tentative full committee consensus for HPSA designations

**based on certain characteristics, within metropolitan area requirements;
repeal of specific travel time as based on certain conditions**

2. Population Count: NOT DONE YET

3. Counting of Primary Care Practitioners

(a) Include:

- i. general practitioners, family medicine, internal medicine (no subspecialty), pediatrics, geriatricians, adolescent medicine at 1.0
- ii. OB/Gyn, women's health, certified nurse midwives at 0.75
- iii. Include pending impact testing for rural area result: family practice/primary care physician assistants, family practice/pediatric/geriatric nurse practitioners at 0.75
- iv. "Time spent mentoring licensed residents in the clinical setting will not be excluded or discounted. "

(b) Exclude:

- i. internal medicine subspecialty, internal medicine "other," pediatric subspecialty, hospitalists, general surgeons, "other" nurse practitioners/physician assistants, community health aides, alternative/holistic/naturopath medicine, locum tenes, ready responders
- ii. urgent care physicians, nurse practitioners, and physician assistants
- iii. non-clinical activities, including non-clinical administration, legal, research, professional society duties, and other non-patient care activities
- iv. interns and residents

Changes from previous rule: inclusion of interns/residents

Remaining decisions. how to classify the following: Graduates of foreign medical schools who are not citizens or lawful permanent residents of the US, grads of foreign medical schools who are US citizens/permanent residents of the United States but do not have unrestricted licenses to practice medicine (current weight: 0.5), case by case allowances for physicians with restricted practices, MDs suspended under provisions of the Medicare-Medicaid Anti-Fraud and Abuse Act for a period of eighteen months or more

tentative full committee consensus for HPSA designations

4. Determination of Unusually High Needs for Primary Medical Care Services – NOT DONE YET

5. Determination of Insufficient Capacity of Existing Primary Care Providers

If at least two of the following criteria are met:

- Scheduled hours per provider
- Patient to provider ratios defined as patient panel size (based on # of patients seen in last year)
- Long wait for 1st appointment or closed to new patients
- Rates for low birth weight or infant mortality rate
- Other health status measures specific to the population indicative of poor outcomes of care defined by HRSA
- Patient encounters per provider that are twice the national average

Changes from previous rule: excessive wait time at PCPs, excessive use of ER facilities for routine care, proportion of MDs not accepting new patients, low utilization of health services

Remaining decisions. definition of insufficient capacity, weighting/ratios/thresholds for insufficient capacity criteria

5. Contiguous Area Considerations

If one of the following conditions prevails in each contiguous area:

- (a) Isolation of at least 30 minutes travel time, on public roads, under travel conditions normal to the service area (e.g. weather, topography, usual traffic conditions, and/or public transit utilization). Isolation shall be calculated using generally accepted Geographic Information System (GIS) tools that measure from a central location in the population center to the nearest available provider in the adjacent service area.
- (b) Insufficient provider capacity of the adjacent service area to accommodate the primary care needs of the service area. The measure of over utilization should be 50% of the range between optimal provider capacity and the threshold at which the contiguous area would qualify for a like designation.
- (c) Dissimilar health status or demographic characteristics (social, racial, economic, ethnic, or other meaningful population characteristics).

Changes from previous rule: inclusion of specified access barriers for PCPs in contiguous areas, specification of travel time and how to calculate it, P2P ratio

C. Determination of Degree of Shortage: NOT DONE YET

D. Determination of Size of Primary Care Shortage: NOT DONE YET

tentative full committee consensus for HPSA designations

Part 2: Population Groups – NOT DONE YET

tentative full committee consensus for HPSA designations

Part 3: Facilities

Is ineligible for a population or geographic HPSA

A. Federal and State Correctional Facilities

1. Criteria

Medium to maximum security Federal and State correctional institutions and youth detention facilities

(a) Strike requirement of “at least 250 inmates”

Changes from previous rule: required at least 250 inmates

Remaining decisions. definition of internee, ratio of internees:PCP

2. Determination of Degree of Shortage – NOT DONE YET

B. Public or Non-Profit Facilities

1. Criteria

To qualify, facility must be:

(A) Public/nonprofit private facility or a rural health clinic,

(B) Open to everyone, regardless of coverage or ability to pay

Changes from previous rule: designation of PCP shortage in area/population group, insufficient capacity requirement

2. Methodology

(A) Provision of Services to a Designated Area or Population Group. Either criteria must be met:

i. More than 50% of primary care services are provided to a special population of individuals with HIV, developmental disabilities, LGBT, LEP, or American Indians; OR

ii. Of the population served, low-income individuals (<200% FPL) OR a combined total of individuals who are uninsured, have Medicaid or state Children’s Health Insurance Program coverage or receive services through the Indian Health Services’ health programs must constitute at least: 40% metropolitan, 30% rural, 20% frontier

(B) Insufficient capacity to meet primary care needs. Must meet at least two of the following criteria:

- Scheduled hours per provider
- Patient to provider ratios defined as patient panel size (based on # of patients seen in last year)
- Long wait for 1st appointment or closed to new patients

tentative full committee consensus for HPSA designations

- Rates for low birth weight or infant mortality rate
- Other health status measures specific to the population indicative of poor outcomes of care defined by HRSA
- Patient encounters per provider that are twice the national average

Changes from previous rule: requirement of majority of services being provided to designated PCP shortage areas, reasonable access, migrant health; excessive wait time at PCPs, excessive use of ER facilities for routine care, proportion of MDs not accepting new patients, low utilization of health services

***Remaining decisions.* definition of insufficient capacity, weighting/ratios/thresholds for insufficient capacity criteria**

ⁱ Optional state plans shall be initiated by the state Primary Care Office and shall be supported by the state Primary Care Association and State Office of Rural Health. State plans shall cover the whole state or territory and may be revised periodically under procedures implemented by HRSA. States with existing service area plans may retain them.

ⁱⁱ [What definition of a population center should be used?]

ⁱⁱⁱ Geo/Pop Primary Care HPSA to Geo/Pop Primary Care HPSA and MUA/P to MUA/P

^{iv} The population of the service area should be of sufficient size to support the federal resources to which it might be assigned. A service area population shall be the resident civilian population including full-time residents and homeless individuals. Part-time residents, migrant populations, post secondary student populations where health services are not available in the institution, and seasonal workers shall also be included proportionally to the time spent in the service area

tentative full committee consensus for HPSA designations

each year. Tourist populations may be included on a proportional basis where their presence in a service area is shown to substantially impact the capacity of local primary care and where there is a high potential for the displacement of local populations who are seeking primary care.

^v [Access/Barriers and/or Subpopulations workgroup: What barrier indicators should be applied?] [Data/Technical Assistance subcommittee: What is an empirical method of describing relative population homogeneity on indicators of importance?]

^{vi} An adjacent service area shall be defined in the same manner as the proposed service area. In other words, if the RSA is a PCSA then contiguous area resources should be analyzed as PCSAs.

^{vii} Isolation shall be calculated using generally accepted Geographic Information System (GIS) tools that measure from a central location in the population center to the nearest accessible provider in the adjacent service area, adjusted for usual traffic conditions, public transit availability, available transportation routes, topography, and/or weather conditions. Public transit time may be used if it is generally available to the residents of the service area. Census data showing the proportion of the total population who uses public transit should not be required, as these data significantly under represent the transit utilization of low income populations who are the putative users of public resources to improve access to primary care.

^{viii} The threshold of over utilization should be defined as 80% of optimal provider capacity for the contiguous area.

^{ix} [Data/Technical Assistance subcommittee: What should the magnitude of difference be?]