REPORT OF THE
DEPARTMENT OF HEALTH
CENTER FOR PRIMARY CARE AND RURAL HEALTH

Recruiting and Retaining Health Care Providers for Underserved Populations and Areas and Health Professional Shortage Areas throughout the Commonwealth

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 3

COMMONWEALTH OF VIRGINIA
RICHMOND
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COMMONWEALTH of VIRGINIA

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March 28, 2002

To: The Honorable Mark R. Warner

And

The General Assembly of Virginia

Through: The Honorable Jane H. Woods
Secretary of Health and Human Resources

The report contained herein is pursuant to Section 32.1-122.22 of the *Code of Virginia* of the 2000 session of the General Assembly.

This report constitutes the response of the Virginia Department of Health (VDH) by providing a summary of the Center for Primary Care and Rural Health program activity in 2001. This report includes planned activities for the coming year, the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas in Virginia, utilization of scholarship and loan repayment programs, retention rate of providers who have located in underserved areas. In addition, the report recommends new programs, activities, and strategies for increasing the number of providers in Virginia's underserved areas.

The cost incurred by VDH in preparing this study was $6,340. This involved 75 staff hours of time.

Respectfully submitted,

Robert B. Stroube, M.D., M.P.H.
Acting State Health Commissioner

Virginia Department of Health

CENTER FOR PRIMARY CARE AND RURAL HEALTH

Primary Care Workforce and Health Access Initiatives

Annual Report

Authorization

Section 32.1-122.22 of the *Code of Virginia* requires that the State Health Commissioner submit an annual report to the Governor and the General Assembly regarding the activities of the Virginia Department of Health (VDH) in recruiting and retaining health care providers for underserved populations and areas throughout the Commonwealth. The annual report is required to include information on (i) the activities and accomplishments during the report period; (ii) planned activities for the coming year; (iii) the number and type of providers who have been recruited by VDH to practice in medically underserved areas and health professional shortage areas (HPSA); (iv) the retention rate of providers practicing in these areas; and (v) the utilization of the scholarship and loan repayment programs authorized in Article 6 (§32.1-122.5 et seq.), as well as other programs or activities authorized in the Appropriation Act for provider recruitment and retention. The report is also required to include recommendations for new programs, activities and strategies for increasing the number of providers in underserved areas.

Mission

The Center for Primary Care and Rural Health (Center) is the office within the Virginia Department of Health (VDH) responsible for designation of medically underserved and health professional shortage areas, for provider recruitment and retention activities, and for administration of the scholarship and loan repayment programs. The mission of the Center is to:

- **Assist** Virginia's communities in developing the conditions in which their citizens can be healthy;
- **Consult** with communities to determine their vision for a healthy community and empower them for action;
- **Assemble** the best possible teams of experts to assist communities in meeting the challenges of access to health care;
- **Assess** the availability and accessibility of primary care services;
- **Disseminate** information and data, and promote research about the health care system;
- **Facilitate** the recruitment and retention of healthcare professionals in medically underserved areas of the Commonwealth; and
- **Pursue** funding resources to develop new programs.

The Five-Year Action Plan

The State Health Commissioner presented the *Five-Year Action Plan* to the Joint Commission on Health Care in October of 1996. Since fiscal year 1999 the General Assembly has appropriated $325,000 per annum to fund the initiatives in the *Five-Year Action Plan* and to continue the

efforts begun by the Virginia Department of Health (VDH) and the Joint Commission on Health Care under the Robert Wood Johnson Foundation Practice Sights Initiative Grant.

The general fund appropriation supports recruitment and retention activities, provides a match for the federal rural health grant, partially covers support staff for the scholarship and loan repayment programs, and supports other projects to assess and improve access to health care. This annual report covers the fourth year of the five-year action plan and has been structured to reflect the accomplishments the Center has made toward the plan's goals.

The action plan addresses health access issues in four strategic areas:

- Public Private Partnerships;
- Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities;
- Data Gathering, Research and Application; and
- Primary Care Workforce Initiatives.

This report discusses how these earlier programs, initiatives, and plans are evolving and how they are being integrated into a coherent strategy to improve access to care within the Commonwealth. It is organized in the order of the subject areas articulated in the *Code of Virginia*. The reporting period is January 1, 2001 to October 31, 2001 for HPSA designations and recruitment data and July 1, 2000 to June 30, 2001 for the data on the scholarship and loan repayment programs.

Activities and accomplishments of the Center for Primary Care and Rural Health during the report period

Designation of Federal Health Professional Shortage Areas

The Center is charged with reviewing every application for federal designation of Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) in Virginia. The Center coordinates with the federal Bureau of Health Professions, National Center for Health Workforce Analysis (NCHWA), Shortage Designation Branch (SDB) to document and designate shortages of primary care, dental and mental health providers. HPSAs can be defined in terms of (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals.

In general, data for each designated area must be updated every three years, and the HPSA designation is required for most of the key federal/state programs supporting the recruitment and retention of health care providers. These include the National Health Service Corps and National Health Service Corps-Virginia Loan Repayment Program; the J-1 Visa Waiver Program [Conrad State 20 and the Appalachian Regional Commission (ARC)]; the Rural Health Clinic Certification Program; the Virginia Medical Scholarship and Nurse Practitioner/Nurse Midwife Scholarship Programs, and the Virginia Loan Repayment Program. Additionally, physicians participating in the Medicare program are entitled to an additional 10% reimbursement incentive for services provided in designated rural or urban HPSAs.

The federal designation as a medically underserved area or population (MUA or MUP) is required before a community can request grant awards to plan, develop, and operate a community health center.

Virginia Health Professional Shortage Area Designations

The Center:

- reviews and processes requests for designations of HPSAs;
- conducts annual reviews of Virginia HPSAs to determine if they continue to have a shortage of primary care, dental and mental health professionals; and
- provides information about designations to all interested parties.

The data required for designations include practice-site-specific data on health professionals, their total hours spent on direct patient care, their participation in Medicare and Medicaid, and the number of uninsured patients served by the practice. The Center's activities in regard to HPSA designations during the reporting period are as follows:

2001 Primary Care HPSA Designations

The following counties, geographic areas and Census Tracts (CT) have been designated as primary care HPSAs since January 2001:

TABLE 1

New Primary Care Health Professional Shortage Area Designations 1/1/01 to 10/31/01

Name	Area	Type of HPSA	Date of Designation
Dinwiddie	Darvills, Rowanty, Sapony Districts	Geographic	03/07/01
Grayson/Galax	County	Geographic	06/01/01
Martinsville/Henry	County	Low-Income	10/30/01
Portsmouth-Downtown	CTs 2105, 2107, 2110-2121, 2126-2127	Low-Income	01/22/01
Richmond-East End	CTs 106-111, 201-212, 402	Geographic	04/23/01
Sussex	County	Low-Income	05/11/01
Westmoreland	County	Geographic	10/30/01

The following areas have been redesignated as primary care HPSAs since January 2001:

TABLE 2

Redesignated Primary Care Health Professional Shortage Areas 1/1/01 to 10/31/01

Name	Region	Type of Mental Health HPSA	Date of Designation
Amelia	County	Geographic	01/24/01
Hanover (Beaverdam/Montpelier)	CTs 3201, 3202	Geographic	05/08/01
Bland	County	Geographic	05/08/01
Danville	CTs 100-1200, 1398, 1400, 1598, 1798, 1897, 1898	Low-Income	10/31/01
Dickenson	County	Geographic	05/08/01
Franklin	County	Low-Income	05/22/01
Goochland/Fife	CTs 4002, 4003, 4004, 4005	Geographic	10/30/01
Highland	County	Geographic	05/08/01
King George	County	Geographic	05/14/01
Lunenburg	County	Geographic	05/08/01
Martinsville	County	Low-Income	10/30/01
Pittsylvania	CTs 10900, 11000, 11100, 11298, 11398, 11400, 11598	Low-Income	10/31/01
Richmond	East End (CTs 203-212, 402)	Geographic	4/23/01
Richmond	Old South Richmond (CTs 601-605, 607.98-608.98)	Geographic	01/24/01
Russell	County	Geographic	05/08/01
Surry	County	Geographic	05/11/01

2001 Mental Health HPSAs

The Center and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRSAS) have established a Memorandum of Agreement (MOA) to designate mental health HPSAs in the Commonwealth.

The mental health HPSA designation has enabled the successful recruitment efforts of a number of counties and facilities. Five psychiatrists (J-1 Visa Waiver Program doctors who are required to work in HPSAs) have been employed with local Community Service Boards (CSBs): two were placed in Danville, two in Planning District II (Buchanan, Tazewell, Russell, and Dickenson Counties), and one in Planning District XIX (Sussex, Surry, and Dinwiddie Counties). The Center is working with several CSBs and state mental health facilities to recruit additional psychiatrists.

The following areas have been designated as mental health HPSAs since January 2001:

TABLE 3
New Mental Health Professional Shortage Areas
1/1/01 to 10/31/01

Name	Type of HPSA	Date of Designation
NEW RIVER VALLEY – PLANNING DISTRICT 4		
Floyd	County	03/07/01
Pulaski	County	03/07/01
Giles	County	03/07/01
LENOWISCO – PLANNING DISTRICT 1		
Lee	County	02/05/01
Scott	County	02/05/01
Norton	County	02/05/01
Wise	County	02/05/01
REGION TEN – PLANNING DISTRICT 10		
Nelson County	County	09/17/01
NORTH WESTERN – PLANNING DISTRICT 12		
Page County	County	06/07/01
CROSSROADS – PLANNING DISTRICT 14		
Amelia	County	04/20/01
Buckingham	County	04/20/01
Charlotte	County	04/20/01
Cumberland	County	04/20/01
Lunenberg	County	04/20/01
Nottoway	County	04/20/01
CHESAPEAKE LOW INCOME – SOUTH NORFOLK – PLANNING DISTRICT 20		
Census Tract 0201.00	Population	03/19/01
Census Tract 0202.00	Population	03/19/01
Census Tract 0203.00	Population	03/19/01
Census Tract 0204.00	Population	03/19/01
Census Tract 0205.01	Population	03/19/01
Census Tract 0205.01	Population	03/19/01
Census Tract 0205.02	Population	03/19/01
Census Tract 0206.00	Population	03/19/01
Census Tract 0207.00	Population	03/19/01
Census Tract 0209.03	Population	03/19/01
RICHMOND CITY HOMELESS POPULATION– PLANNING DISTRICT 15		
Census Tract 0301.00	Population	09/13/01
Census Tract 0302.00	Population	09/13/01
Census Tract 0303.00	Population	09/13/01
Census Tract 0304.00	Population	09/13/01
Census Tract 0305.00	Population	09/13/01
Census Tract 0306.00	Population	09/13/01
Census Tract 0412.00	Population	09/13/01
Census Tract 0413.00	Population	09/13/01
Census Tract 0414.00	Population	09/13/01
Census Tract 0415.00	Population	09/13/01

Dental HPSAs

The Center has an agreement with the VDH Division of Dental Services to designate dental HPSAs in the Commonwealth. The designation of dental HPSAs enables communities to recruit dentists in the National Health Service Corp scholarship and loan repayment programs. Other grants are available for oral health initiatives within dental HPSAs; dentists planning to expand or start a practice, for instance, are eligible for low interest loans through the Virginia Health Care Foundation Healthy Communities Loan Fund. Virginia's dental scholarship program also requires a service obligation in a dental HPSA.

In the past year, the Federal Division of Dental Shortage Designation approved 3 dental HPSA renewals and 22 new designations. The Center is currently surveying dentists and collecting data for 5 new Dental HPSAs.

The following geographic areas and facilities have been designated as dental HPSAs since January 1, 2001:

TABLE 4

New Dental Health Professional Shortage Areas 1/1/01 to 10/31/01

Name	Region	Type of HPSA	Date of Designation
Appomattox	County	Geographic	05/11/01
Buckingham	County	Low-Income	01/25/01
Free Clinic of Central Virginia	Facility	Geographic	06/04/01
Craig	County	Geographic	04/20/01
Cumberland	County	Geographic	09/27/01
Dinwiddie	Darvills, Rowanty and Sapony Districts	Geographic	09/10/01
Greene	County	Geographic	04/20/01
Halifax	County	Geographic	03/30/01
King and Queen	County	Low-Income	01/25/01
Mecklenburg	Bluestone, Boydton, Buckhorn, Chase City and Clarksville Districts	Geographic	09/10/01
Newport News	CTs 301-306, 308-310, 313	Geographic	01/29/01
Nottoway	County	Geographic	03/27/01
Page	County	Geographic	09/10/01
Pittsylvania	County	Low-Income	09/10/01
Portsmouth-Downtown	City	Low-Income	03/07/01
Prince Edward	County	Low-Income	04/20/01
Richmond City	East End (CTs 106-111, 201-212, 402)	Geographic	04/23/01
Richmond City	Old South Richmond (CTs 601-605, 607.98-608.98)	Geographic	09/27/01
Tazewell	County	Low-Income	09/27/01
Westmoreland	County	Low-Income	02/07/01
Wise/Norton	County	Geographic	09/27/01
Wythe	County	Geographic	09/10/01

The following areas have been redesignated as dental HPSA since January 1, 2001:

TABLE 5
Redesignated Dental HPSAs
1/1/01 to 10/31/01

Name	Region	Type of HPSA	Date of Designation
Brunswick	County	Geographic	09/28/01
Louisa	County	Geographic	04/20/01
Lunenberg	County	Geographic	04/20/01

Public Private Partnerships

The Center has collaborated with public and private sector entities to initiate and facilitate partnerships and to maximize state funds in an effort to enhance access to primary care. In order to maximize limited federal and state funds as well as to secure the cooperation of statewide organizations and local communities, public private partnerships are imperative. The Center's activities are designed to be inclusive and supportive of all statewide and community efforts to improve access to health care in the Commonwealth. To accomplish this goal the Center has established the Virginia Health Access Network (VHAN). The VHAN brings together public and private sector organizations with a common focus on specific health access issues.

The VHAN reduces duplication of programs by bringing together organizations with a common purpose. VHAN's mission is to foster increased access to health care resources throughout the Commonwealth. The charter members of VHAN are all non-direct providers of care whose mission is to improve health access at the community level. The current members are: the VDH-Center for Primary Care and Rural Health, the Institute for Community Health at Virginia Tech, the Virginia Rural Health Resource Center, the James Madison University Virginia Center for Health Outreach, the Southwest Virginia Graduate Medical Education Consortium (GMEC), and the Area Health Education Centers in Virginia.

VHAN focuses on solutions to "health access *problems*" and not "health access *programs*." VHAN has emerged as the central planning and funding mechanism that ensures that the Commonwealth's health care workforce and health access initiatives are designed, administered, and funded in a coordinated manner. Among other outreach efforts, VHAN produces a newsletter focusing on member outreach efforts that is sent quarterly to over 17,000 Virginians interested in primary care, rural health, and health access issues.

In the past year, the Center renewed a number of collaborative Memoranda of Agreement (MOA) for VHAN services listed below in Table 6:

TABLE 6

Virginia Health Access Network Initiatives

2000-2002

Partner	Services	Web Address
Rappahanock AHEC	**Virginia Health Access Network News** The VHAN News is a quarterly newsletter devoted to issues of health access throughout the Commonwealth. A web site was developed with links to VHAN partners and other web sites addressing health workforce and access issues. The web site offers information on a variety of health care resources and initiatives aimed at improving access to care.	http://www.vhan.org/
Blue Ridge AHEC	**Recruitment and Retention Network** Primary Practice Opportunities is an interactive web site displaying practice opportunities for physicians, nurse practitioners and physician assistants. The site offers links to information and resources to assist health care practitioners who are considering practicing in Virginia.	http://www.ppova.org.
Northern Virginia AHEC	**Multicultural Health Network** This collaboration with the Northern Virginia AHEC has produced a medical language bank of translators who are available to assist practitioners serving non-English speaking patients. This initiative has developed a medical language-training program for bilingual health volunteers that is being used by local hospitals throughout Virginia. These volunteers are also providing language services for the Community Access Program (CAP) grant project sponsored by the INOVA health system. This network also serves to strengthen the connections among health professionals providing services to multicultural populations in Virginia and to facilitate communication between these providers, the AHECs, and migrant and immigrant service organizations.	http://www.vhan.org/
Southside AHEC	**Rural Minority Health Network** This collaboration produced a web site offering information on minority health issues, health initiatives, legislation, associations and advocacy groups, and grant opportunities. The web site contains information of interest to providers and the general public and has links to other sites with information such as faith-based health initiatives, migrant health issues, and minority health status indicators.	http://www.lwc.edu/varmh/
Virginia Tech, Institute for Community Health	**Community Health Care Coalition Network** This web site offers valuable information on community health coalitions and health advisory boards and councils in the Commonwealth. This listing of health care coalitions can be accessed through a web-based locator map.	http://www.spia.vt.edu/ich/

TABLE 6 (continued)

Virginia Health Access Network Initiatives

2000-2002

Partner	Services	Web Address
Virginia Tech, Institute for Community Health	**Community Health Advisor /Workers Network** This interactive web site provides a statewide listing of community health advisor programs. Community health advisors (also known as lay health advisors) are not health professionals, but are lay people familiar with their local communities who are taught methods of improving access to health care for hard-to-reach populations. The Institute for Community Health is researching methods of communicating and disseminating information about these programs and has developed a bibliography, a resource list, materials for trainers, and a collection of curricula. The Institute for Community Health is collaborating with the James Madison University Virginia Center for Health Outreach to increase the support and presence of lay health advisor programs in Virginia.	http://www.spia.vt.edu/ich/
Southwest AHEC	**Behavioral/Mental Health and the Primary Care Network** Southwest Virginia AHEC, the Virginia Rural Health Resource Center and the Center are partnering with community service boards, physicians and medical societies, mental health associations, hospitals and health care organizations to help integrate the treatment of mental illness within the primary care setting. This program has developed innovative methods for learning and communicating among providers to ensure continuity of care and a focus on behavioral health at the community level. The model has been presented at numerous state and federal conferences on mental health and primary care.	http://www.swvahec.org/
Southwest AHEC and the Institute for Community Health	**Health Literacy Network** Southwest AHEC and the Institute for Community Health have developed a network focusing on health literacy, health communication materials and consultation and advice. The web site has resource materials to address general health literacy topics, as well as specific health issues and needs of diverse audiences. Representatives of the network have worked with DMAS and HUD on health literacy issues. Health Literacy Network partners will continue to sponsor health literacy conferences and training workshops across the Commonwealth.	http://www.spia.vt.edu/ich/

In the coming year VHAN anticipates further expanding its membership to other groups of non-direct providers of health care, especially those groups representing medically underserved populations who (1) have a concern to improve the health status and health outcomes of Virginia's communities, (2) are willing to address the numerous cultural social and economic barriers that deny access to appropriate and quality health care, and (3) are committed to working together with VHAN partners to improve access to health care.

Recommendation 1. Introduce a budget amendment that provides for an additional $304,128 (for a total of $500,000) to expand VHAN's efforts to coordinate and reduce duplication of health access programs throughout the Commonwealth.

Focus on Primary Care for Vulnerable Populations and the Uninsured to Reduce Health Disparities

An important activity of the Center is the identification of barriers to health care access for vulnerable populations and the uninsured. Health status statistics have consistently shown that racial minorities and rural communities are vulnerable populations. The most significant disparities exist between black and white persons, and between rural and urban residents. Of the Commonwealth's seven million citizens the estimate of total population below 100% of the federal poverty level is 11.6%, the number of children below 100 % of the federal poverty level is 17%, and the estimate of total population without insurance coverage is 14.9%.

The Center participates in a number of programs to overcome health disparities:

- The Center's Health Access Project in partnership with the Department of Housing and Urban Development (HUD) focused on health care access issues in Richmond's East End Public Housing. Over 200 residents in the Mosby and Creighton Court Public Housing Projects were surveyed to determine barriers to health care. The initial project was completed on June 30, 2001. In the second phase of the project the barriers identified in survey responses are being addressed. The initial network of organizations and leaders has agreed to continue serving as an advisory board to the Vernon J. Harris East End Community Health Center. Currently the group is exploring the feasibility of providing health care in some of the public housing locations, and implementing case management and health education programs.
- The Center received second year funding to continue surveying residents of public housing in Newport News to identify significant barriers to accessing health care. This project is a collaboration with HUD. The project's goal is to develop a network with health care providers, social service and faith-based organizations, and to collect data by surveying the residents of public housing in Marshall Court, Ridley Circle and public senior adult housing.

Health Outcome Disparities. The Center continued its contract with the Williamson Institute at MCV/VCU to analyze primary care-preventable hospitalizations using Virginia Health Information (VHI) hospital discharge data. The study examines hospitalizations for asthma, hypertension, and diabetes, called sentinel events in this study because the hospitalizations could presumably have been avoided with adequate primary care. In the current phase of the study, the investigators are developing various models to study whether demographic factors, economic factors, or access to medical resources affect hospitalization rates and the severity levels.

100% Access and 0 Health Disparities. Since 1998, the Center has participated in the federal Bureau of Primary Health Care campaign for "100% Access and 0 Health Disparities" by the year 2010. As the state's representative in the State/Federal Primary Care Cooperative Agreement, the Center is working with the Virginia Primary Care Association to meet this challenge. The Center provides technical assistance to communities seeking health professional shortage designations, which enable them to better address access and disparity issues at a local level.

Health Data Guide. The Center produced a Health Data Guide that was made available to the public in February 2001. The guide contains economic, demographic, and health outcomes data

for every city and county in the Commonwealth and provides the basic information that most public and private foundations require for grant applications.

Critical Access Hospitals Program. The Center's federal grant for the Medicare Rural Hospital Flexibility Program was renewed in April of 2001. This program provides grant funds for consulting and feasibility analysis for small rural hospitals seeking to convert to Critical Access Hospitals (CAH). Hospitals with the CAH designation are eligible to receive cost-based reimbursement for services for Medicare patients, an intervention that can have a significant impact on financially troubled rural hospitals. Bath County Community Hospital and R. J. Reynolds-Patrick County Memorial Hospital, have converted to CAHs, and Carilion-Giles Memorial Hospital has completed the feasibility analysis. The Center executed a contract in November for a financial feasibility study for Tazewell Community Hospital to determine if the hospital could benefit with a change in status to CAH. In addition to assisting hospitals, grant funds are also used for community needs assessments, support and development of rural health networks, enhancement of emergency medical services systems, and improvements in the quality of care in CAHs. The Center has worked closely with the Virginia Hospital and Healthcare Association on this initiative.

Planned activities for the coming year

Many of the Center's proposed activities are dependent upon the availability of appropriate state, federal and private resources. The following are activities the Center plans to pursue from July 1, 2001 through June 30, 2002.

- *Sentinel Measures Study.* This is a continuation of the study examining primary care-preventable hospitalizations within the Commonwealth. The current phase of the study focuses on the identification of variables that might account for the differences in severity and the incidence of hospitalization for hypertension, diabetes, and asthma throughout the Commonwealth.
- *The Health Place.* The Center plans to assist with the development of a project called The Health Place. Located in the community of Stanley in Page County, The Health Place is a community health outreach program administered by the Nursing Research and Outreach Center's Holistic Health Resource Center and the Blue Ridge AHEC. The Health Place provides needs-based interdisciplinary health outreach services and activities in the community. The Health Place provides an opportunity for faculty practice and practical service-based education for students of James Madison University.
- *Re-engineering Project.* The Center received funding for fiscal year 2002 to work with the Health Resources and Services Administration (HRSA), Bureau of Health Professions, Shortage Designation Branch (SDB) on a re-engineering pilot project. The project goal is to streamline the designation process for health professional shortage areas (HPSA) and medically underserved areas (MUA). The Center is currently reviewing the first phase of applications formerly reviewed by the SDB. The staff at the Center have been trained and authorized by the SDB to use the SDB software system so that data are submitted directly. This pilot project has

dramatically expedited the application process at the SDB and reduced the waiting period from nine months to approximately ten weeks.

- *HPSA Designations.* The Center will continue to collect data and pursue requests for HPSA designations. The Center will also continue the state survey for dental HPSAs, and continue the collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse Services to expand the number of mental health HPSAs.
- *Scholarship and Loan Repayment.* The Center will continue administering the Virginia Medical Scholarship Program, the Mary Marshall Nursing Scholarship and Loan Repayment Program, the National Health Service Corps Loan Repayment Program, the Virginia Loan Repayment Program and the program for Governor's Psychiatrists in Underserved Areas.
- *Recruitment Survey.* The Center will conduct a survey of all state and federal scholarship and loan repayment recipients who have completed their training within the past seven years. A matching sample of primary care physicians who have chosen to practice in HPSAs but did not have a state or federal practice obligation will also be studied. The survey will build on a pilot survey instrument tested by Center recruitment staff in 2001 that sought information on factors influencing physicians' decisions to locate in or leave an underserved area.
- *Fiscal Impact Study.* The Center's staff will assess the fiscal impact of the Medicare and Medicaid enhanced reimbursement programs on physician practices in Health Professional Shortage Areas and Medical Underserved Areas of the Commonwealth.
- *Resident Physician Recruitment.* The Center's recruitment and retention staff will continue marketing their services to physicians in training in primary care specialties. Site visits and meetings are planned with the Medical College of Virginia's Family Practice Residency Directors, and second and third year residents at MCV, the University of Virginia, and Eastern Virginia Medical School.
- *Local Recruitment Efforts.* The Center's Recruitment Liaison Specialist will be working with the regional AHECs to establish local recruitment contacts for potential primary care health professional candidates.
- *Physician/Psychiatrist Recruitment.* The Center's Recruitment Liaison Specialist will be making presentations on the Center's recruitment and retention services to the Virginia Association of Community Service Boards in the fall of 2002 and the Virginia Academy of Internal Medicine in the spring of 2002. Presentations are also planned for the Medical Society of Virginia and the Virginia Academy of Family Practitioners.
- *Recruitment Web Site.* The Center will continue its primary care workforce initiatives by expanding its efforts to recruit and retain physicians, psychiatrists and mid-level health care professionals through the Primary Practice Opportunities web site (http://www.ppova.org) and the Center's recruitment liaison services.
- *Continue Public Private Partnerships.* The Center plans to continue developing public private partnerships and supporting the VHAN by providing technical

assistance, conferences, and web site development for issues pertaining to health access and health disparities.

- *Health Care Workforce Database.* The Center will continue its efforts to collect physician data from state and other publicly available databases. It plans to systematically develop the appropriate databases to fulfill the needs of all primary care health planners and policymakers within the state.
- *Competency Conference.* The Center will continue its work on health literacy and cultural competency by hosting a conference on these subjects with the Northern Virginia AHEC and the Southwest Virginia AHEC.
- *Rural Health Conference.* The Center will co-sponsor a conference on rural health in the Commonwealth with the Virginia Rural Health Association, the Virginia Tech Institute for Community Health and the Virginia Rural Health Resource Center.

The number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of the Center's activities

The Center's primary care recruitment efforts link communities and health professionals. The Center works diligently to match practitioners with practice sites that will be mutually beneficial for both entities. The Center's Recruitment Liaison Specialist provided direct recruitment assistance to sites and individuals, and marketed the recruiting services by making presentations and visits to the three medical schools and their residency programs. Presentations were made to the Medical Society of Virginia, the Virginia Academy of Family Practitioners, 8 primary care residency programs, and 7 psychiatric residency programs. Recruitment presentations were also made at 6 statewide or regional conferences.

The Recruitment Liaison Specialist assisted sites in Danville, and the counties of Campbell, King George, Accomack, Northampton, Lee, Russell, Wise, Norton, Lancaster, Essex and the City of Suffolk.

In the past year, health care providers were placed in the following Medically Underserved Areas (MUA) or Health Professional Shortage Areas (HPSA):

TABLE 7
Primary Care Provider Placement in Virginia MUAs and HPSAs by VDH Recruitment Liaison Specialist
1/1/01 to 10/31/01

Location	Specialty*	Placement Date
Danville	PA	01/01
Campbell County	FP	01/01
King George County	FNP	01/01
Eastern Shore	PEDS	02/01
Lee County	PEDS	03/01

TABLE 7 (continued)
Primary Care Provider Placement in Virginia MUAs and HPSAs by VDH Recruitment Liaison Specialist
1/1/01 to 10/31/01

Location	Specialty*	Placement Date
Russell County	IM	03/01
Norton	FP	06/01
Lancaster County	FP	07/01
Suffolk, City of	FP	08/01
Danville	PA	08/01
Tappahannock	IM/PEDS	10/01

* FP = Family Practitioner, FNP = Family Nurse Practitioner, IM = Internal Medicine, PEDS = Pediatrician, PA=Physician Assistant.

Web Based Recruitment. As competition for physicians has increased, web-based recruitment and retention programs have become a necessity. The Center with its VHAN partners has developed a state-of-the-art recruitment web site Primary Practice Opportunities: Virginia's Primary Care Recruitment Network (PPOVA.org). At present the web site is averaging 380 visits per day with an annual rate in excess of 130,000 visits.

The following tables display data demonstrating that the web presence has provided substantial information on position openings. The Southwest region of the Commonwealth has been the focus of a significant portion of recruitment activities, as are the South Central and Southside Virginia regions.

TABLE 8
Primary Practice Opportunities: Virginia's Primary Care Recruitment Network
Filled Positions in MUAs and HPSAs by AHEC Region
1/1/01 to 10/31/01

AHEC REGION	Total No. Filled in Region	No. Filled from Web Site	No. Filled by VDH Recruiter Liaison	No. Filled by Corporate Recruiter*	No. Filled by Other Recruitment Activity**
Blue Ridge	1	0	0	1	0
Eastern Virginia	4	1	2	0	1
Greater Richmond	1	0	0	0	1
Northern Virginia	0	0	0	0	0
Rappahannock	3	0	3	0	0
South Central	6	0	1	1	4
Southside	6	1	2	2	1
Southwest Virginia	16	3	3	0	10
TOTAL	**37**	**5**	**11**	**4**	**17**

* Corporate: Includes health systems such as Carilion, Sentara, etc. that are unsure where candidates first became familiar with the corporate entity's positions.

** Other: Includes other advertisements by practice.

TABLE 9
Primary Practice Opportunities:
Virginia's Primary Care Recruitment Network
Currently Available Primary Care Positions by AHEC Region
October 1, 2001

AHEC Region	Available
Blue Ridge	13
Eastern Virginia	9
Greater Richmond	1
Northern Virginia	0
Rappahannock	9
South Central	16
Southside	11
Southwest	39
TOTAL	**101**

TABLE 10
Primary Practice Opportunities:
Virginia's Primary Care Recruitment Network
Practitioners Hired by Specialty by Information Source for all Virginia Locations
(Includes Placement in non-MUAs and non-HPSAs)
1/1/01 to 10/31/01

Specialty	Total No. Hired from all Information Sources	No. Hired from Web Site Information	No. Hired from VDH Recruiter Liaison Contact*	Other**
Family Practice	17	3	4	10
Internal Medicine	7	0	1	6
Pediatrics	8	1	3	4
OB/GYN	1	0	0	1
Family Nurse Practitioner	9	0	1	8
Ped. Nurse Practitioner	0	0	0	0
Adult Nurse Practitioner	0	0	0	0
NP: Other Primary Care	0	0	0	0
Physician Assistant	14	1	2	11
TOTAL	**56**	**5**	**11**	**40**

* Those counted as hired from VDH Recruiter Liaison Contact include those who have initially received information from the PPOVA.org web site.

** Other, includes recruitment by health systems and by individual practices where it is not possible to determine how the candidates first became familiar with a position.

Nota bene: The column headings refer to how the applicant likely first learned of the position.

J-1 Visa Waiver Physicians

A J-1 Exchange Visitor visa issued by the U.S. Immigration and Naturalization Service allows international medical graduates (IMG) the opportunity to obtain residency training at an American medical training institution that agrees to sponsor them. The graduates must return to their home countries for a minimum of two years after completion of the residency program before they can apply for U.S. citizenship. A J-1 visa waiver allows IMGs to remain in the U.S. without having to return to their home country for the two-year period. In order to receive a J-1 visa waiver, an IMG must obtain employment to practice medicine full-time in a federally designated HPSA. Physicians that obtain waivers are required to practice in these shortage areas for a minimum of three years. Because they are not required to remain in the area after their three-year waiver requirement, J-1 physicians are not counted in the supply of physicians documented for HPSA designations.

The two federal programs for which the Center processes the J-1 visa waivers for HPSAs in Virginia are the Conrad State 20 Program and the Appalachian Regional Commission (ARC) J-1 Waiver Program. Under the Conrad State 20 program, VDH, acting as an interested state agency, may make a recommendation to the Bureau of Consular Affairs Waiver Review Division of the U.S. Department of State, which has the authority to recommend that the Immigration and Naturalization Service (INS) waive the home residence requirement for up to twenty (20) J-1 physicians annually. The ARC waiver program is limited to the 20 counties within Southwest Virginia that have been federally designated as being within the Appalachian region.

In the year covered by this report the Center has processed 12 physician applications for waivers and forwarded them to the U.S. Department of State and the Immigration and Naturalization Services for approval. These physicians were employed in health professional shortage areas with three year contracts to provide primary care or general psychiatry.

Primary care physicians with J-1 Visas who have completed their American residency requirements continue to be recruited in HPSAs in Virginia. Although new placements of foreign nationals are decreasing, they remain an important source of health professionals in many underserved areas of the Commonwealth.

TABLE 11
J-1 Recruitment and Retention: 1998-2001
(Through September 30, 2001)

Year	Total J-1 Placements	Respondents to J-1 Survey	Undecided	Intend to continue working at site	Will leave site after contract	Percentage of respondents planning to remain in site
1998	15*	15	0	12	3**	80.00%
1999	14	12	0	12	0	100.00%
2000	9*	8	1	7	0	87.50%
2001	12	7	3	4	0	57.14%
TOTAL	**50**	**42**	**4**	**35**	**0**	**81.16%**

* One J-1 physician in both 1998 and 2000 withdrew and are residing in a different state.

** One of the J-1 physicians would have remained had it not been for the withdrawl of a renewal contract

The retention rate of providers who have located in underserved areas and HPSAs as a result of the Center's activities

Retention

Retention of J-1 Physicians. Overall, 81.16 % of J-1 physicians placed during the years 1998-2001 who responded to the Center's survey have expressed the intention to remain with their current practice after their contract expires. The majority of the respondents who were undecided, however, noted that it was too early in their placements to make an accurate assessment of their future intentions. It is important to emphasize that these responses suggest a very high retention rate for J-1 physicians in Virginia's health professional shortage areas—far above the norm for other states. The Appalachian Regional Commission has determined, for instance, that only 29% of all ARC J-1 wavier physicians continue to practice at the same site and that the percentage of J-1 physicians who stayed within Appalachia—whether successfully retained at the same site or not—was calculated to be approximately 37%. National Health Services Corp retention for "same sites" has likewise been fairly low—between 20% to 30%. Recent NHSC studies suggest, however, that approximately 60% of NHSC clinicians continue to practice in underserved areas beyond their original commitments.

Retention Study. In the fall of 2001, the Center tested a pilot instrument to survey primary care physician retention in the Commonwealth. Eighty-eight surveys were sent to physicians in predominantly rural underserved areas with a response rate of 32% (28) representing seventeen different counties. Because of methodological flaws and the small number of responses, conclusions cannot be drawn about specific regions of the Commonwealth regarding the retention of physicians. The purpose of the survey was to suggest refinements for a larger retention study planned for 2002.

Retention of Scholarship and Loan Repayment Recipients. In fiscal year 2001 three physician scholarship recipients with state and federal practice obligations have located within underserved areas of the Commonwealth. These physicians are excluded from the recruitment data presented in Table 7 because they found their place of employment without assistance from the Center. The National Health Service Corps (NHSC)-State Loan Repayment Program had two participants complete their service obligation in the past year. They have continued to practice in the underserved area where they were originally placed. In addition, a state loan repayment was awarded to a physician working in Scott County, enabling the physician to remain practicing in this underserved area.

The Center has continued its partnership with the Virginia Health Care Foundation, which administers the Healthy Communities Loan Fund. This program offers low-interest loans to providers who are located in areas designated as underserved. The availability of capital financing has proven to be an important service to support the retention of physicians and dentists in the Commonwealth's underserved areas. This effort is part of the Center's broader program of practice management support for physicians practicing in underserved areas.

The utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention

Federal and state medical scholarships and loan repayment programs were developed to attract primary care providers to medically underserved areas. The Virginia medical and nursing scholarship programs are intended to provide financial incentives for primary care providers to practice in high need regions of the state. The scholarships are annually awarded to medical and nursing students and first-year primary care residents in exchange for a commitment to practice in designated areas. Qualifying medical students receive $10,000 per year for up to 5 years.

- For FY 1999-2000, there were 19 medical scholar graduates currently practicing in 18 different jurisdictions (See Table 12).
- For FY 2000-2001 the Virginia Medical Scholarship Program made 38 awards.
- The Center for FY 2001-2002 awarded 77 RN scholarships and 39 LPN scholarships to nursing students through the Mary Marshall Nursing Scholarship Program (MMNSP).
- One hundred thirty nursing scholar graduates from the MMNSP are currently practicing in the Commonwealth and owe a total of 146.9 years of service.
- The National Health Service Corps (NHSC)-State Loan Repayment Program currently has three recipients working in Page, Lee, and Highland counties. They have a combined 9 years of service remaining on their obligation.
- The Virginia Loan Repayment Program has 20 active working participants and one recipient that has completed his obligation. There is a combined 40 years of service required for the active participants.
- The Governor's Psychiatric Program currently has 12 participants, six of whom will finish residency in Spring 2002. These six will owe a total of 10 years in a mental health HPSA.

TABLE 12
Practice Sites of Virginia Medical Scholars

2001

County (Jurisdiction)	Number of Placements
Accomack (Onley)	1
Accomack*	.5
Buchanan (Grundy)	2
Campbell (Brookneal)	1
Caroline (Ruther Glen)	1
Giles	2
Henry	1
King George	2
Lancaster	1

TABLE 12 (continued)
Practice Sites of Virginia Medical Scholars
2001

County (Jurisdiction)	Number of Placements
Louisa	1
Norfolk	1
Northampton (Nassawadox)	1
Northampton*	.5
Nottaway	1
Washington (Abingdon)**	.5
Washington**	.5
Wise (Norton)	1
Wythe (Wytheville)	1

* Physician spends one-half of his time in Accomack County and the other half in Northampton County.

** Physician spends one-half of his time in Abingdon and the other half in Washington County.

Recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations

Scholarships and Loan Repayment

Nationally there is a shift away from the awarding of scholarships to the provision of loan repayment. The difficulty with scholarships is that they require commitment to practice in an underserved area usually years before the student can make an informed decision whether this type of practice is desirable. Loan repayment programs allow practice decisions to be made at an appropriate time.

Recommendations for improving the loan repayment and scholarship programs include:

Recommendation 2. Introduce a budget amendment that provides for an additional $582,500 to increase medical and nursing scholarship awards. If the increases that are envisioned in Table 13 were available, applicants would receive awards comparable to Virginia's contiguous states. Tuition costs have steadily risen since the programs began in the early 1970's but the amount of the scholarship award has remained the same.

Recommendation 3. Introduce a budget amendment that provides $40,000 to fund a state scholarship and loan repayment program for Physician Assistants, as established by the *Code of Virginia* (see § 32.1-122.6:03.). The program was established by the General Assembly but no funds have been appropriated.

Recommendation 4. Introduce a budget amendment that provides for an additional $250,000 to increase the funding for the state loan repayment program for primary care physicians, physician assistants, and nurse practitioners. This would allow an additional five participants per year with a two year commitment to practice in a medically underserved area. The demand for loan repayment is approximately four times greater than the present funds can support.

TABLE 13

Scholarship and Loan Repayment Funding [a.]

	FY 00 and FY 01			Proposed		
Type of Scholarship	***Present Level of Awards per Recipient***	**Number of Awards**	**Total Dollars (GF and SF)**	***Proposed Level of Awards per Recipient***	**Number of Awards**	**Total Dollars (GF and SF)**
Medical Scholarship						
EVMS, VCU, & UVA *Note: Awards to state school recipients are funded with $5,000 from GF and a $5,000 match from the medical school per recipient	$10,000	81	$810,000 ($405,000 GF & $405,000 School Match)	$15,000	81	$1,215,000 ($810,000 GF & $405,000 School Match)
ETSU [b.]	$10,000	4	$40,000 (GF)	$15,000	4	$60,000 (GF)
Pikeville School of Osteopathic Medicine	$10,000	2	$20,000 (GF)	$15,000	2	$30,000 (GF)
Physician Assistant Scholarship [c.]	$0	0	$0	$8,000	5	$40,000 (GF)
Nurse Practitioner / Nurse Midwife Scholarship	$5,000	5	$25,000 (GF)	$8,000	5	$40,000 (GF)
Nursing Scholarship (RN)	$1,000 to $1,400	Differs Year-to-Year [d.]	$100,000 (GF) & BON [d.] Contributes $20,000 to $30,000 (SF)	$6,000	30	$150,000 (GF) & BON [d.] Contributes $20,000 to $30,000 (SF)
Nursing Scholarship (LPN)	$120 to $350	Differs Year-to-Year [d.]	$0 (GF) & BON [d.] Contributes $12,000 to $18,000 (SF)	$2,500	25	$62,500 (GF) BON [d.] Contributes $12,000 to $18,000 (SF)
Nursing Scholarship (CNA) [e.]	$0	0	$0 (GF) & BON [f.] Contributes $0	$1,000	20	$20,000
Loan Repayment Program	$25,000		$100,000			$350,000
TOTAL GENERAL FUNDS	**Present General Funds = $690,000**			**Proposed General Funds = $1,562,500**		
TOTAL SPECIAL FUNDS	**Present Special Funds (est.) = $446,000**			**Proposed Special Funds (est.) = $446,000**		
TOTAL	**$1,136,000**			**$2,008,500**		

a. Any unexpended scholarship funds can be used for the Virginia Physician Loan Repayment Program.

b. East Tennessee State University.

c. The Physician's Assistant Scholarship Program is in the *Code of Virginia,* §32.1-122.6:03, but no monies have been appropriated to support this endeavor.

d. The number of awards is dependent upon the number of licensing fees collected by the Board of Nursing (BON). $1 of every RN and LPN license fee collected by the BON goes into the Mary Marshall Nursing Scholarship fund. The size of the scholarship depends on the pool of qualified applicants and the amount of funds available. The Nursing Scholarship Advisory Committee sets the qualification standards. Seventy-seven (77) RN scholarships were awarded at $1,298 per recipient. Thirty-nine (39) LPN scholarships were awarded at $310 per recipient

e. Certified Nurses Aid.

f. The CNA Scholarship Program is in the *Code of Virginia,* §32.1-122.6:01, but no monies have been appropriated to support this endeavor.

Practice Management

Practice management support is an effective strategy for retaining physicians in underserved areas. The Center has contracted with practice management consultants to provide technical assistance to physicians in remote areas in setting up their practices, managing the practice and maximizing reimbursement billing or business expertise. Practice management consultants provide technical assistance to the physician's staff to code billings properly to optimize and improve reimbursements. The VDH Center for Primary Care and Rural Health would like to develop a model program that utilizes local consultants who would provide practice management support at reduced fees and/or *pro bono.*

The goal of this program would be to create financially sound practices that will enable a physician to remain in the community. It is increasingly apparent that without fiscal stability it is difficult to retain health professionals who have been recruited through the recruitment efforts of the Center. The development of the organizational expertise for this service within the Center would require a dedicated staff and clerical support. At least $50,000 is needed to establish a revolving fund to support this practice management activity. Professional services will be obtained for the practice management program, as are volunteer and reduced fee professional services for other charitable endeavors within Virginia. The model mirrors many of the features of the "legal aid" system for impoverished individuals and families, which has emerged in Virginia. In a similar fashion, practice management specialists will be mobilized for the community benefit of retaining health care professionals in medically underserved areas of the Commonwealth.

After a practice is rendered stable, a percentage of the revenues collected by the practice will be returned to the Center and deposited in the fund. The revolving fund will enable the Center to assist other practices in need of this practice management services. An initial pilot project in 2000 demonstrated that consultants were often able to improve practice revenues sufficiently to allow these practices to remain in medically underserved areas of the Commonwealth. It is estimated that at least twelve practices per year could be retained in medically underserved areas with minimum practice management support from the Center.

Recommendation 5. Introduce a budget amendment that provides $63,341, and 1.5 additional FTEs for the Center, to provide practice management services. One full time person is necessary to serve as the Statewide Practice Management Assistance Coordinator and a .5 FTE is necessary for clerical support.

Recommendation 6. Introduce a budget amendment that provides $50,000 to establish the revolving fund for practice management services.

Program Administration

The number of scholarship and loan repayment programs has been increasing, but funds have never been appropriated for the administration of these programs. Without adequate staff for these programs it is impossible to make awards and correspond with scholarship and loan repayment recipients in a timely fashion. In addition, regular meetings with scholarship and loan recipients have been postponed and no evaluation of the impact of these programs through recruitment and retention studies has been possible without adequate staff support.

Recommendation 7. Introduce a budget amendment that provides $145,500 for scholarship and loan repayment program management. This amount would be equal to 12% of program funding

and would be used to support 1.2 FTEs ($73,400), research on the effectiveness of the scholarship and loan repayment programs ($24,000), an annual conference ($15,000), special support projects for recipients such as conferences and CME ($15,000), and travel and supplies ($18,100). Any excess funds would revert to the loan repayment program.

Recommendation 8. Introduce a budget amendment that provides funds for the administration of the dental and mental HPSA designation process. Both designations require telephone surveys of all dental and mental health practitioners within a specified region as well as within the contiguous health service areas. It is also necessary to determine the accessibility of these practices to Medicaid recipients. The responsibility for these designations has been transferred to the Center with no provisions being made to support this labor-intensive process. Estimated cost for contracted student intern services is approximately $21,000.

New Designations

As changes within the health care system occur shortages of specific primary care specialties can emerge. The primary care specialties of immediate concern are obstetrics, perinatal care and pediatrics. The VDH Division of Maternal and Child Health in conjunction with the local Perinatal Councils and with technical expertise from the Northern Virginia Health Planning Agency have developed strategies for designating obstetrical shortage areas. Such designations would lead to targeted fiscal support and technical assistance for family physicians or obstetrical specialists who would be willing to practice in such areas. By extension, it can be seen that other specialties such as pediatrics or geriatrics may be lacking within areas of the Commonwealth, thus limiting access to care for specific age groupings.

Recommendation 9. Introduce a budget amendment that provides for an additional $42,000 and 1 FTE to support the Center's efforts to analyze health status and outcome data for primary care preventable disorders to determine if specific areas of the Commonwealth are in need of interventions to improve access to primary specialty care. If warranted, primary care shortage area designations for specific primary care specialties (e.g., pediatrics, obstetrics) would be sought.

Recommendation 10. The Center in collaboration with other VDH departments should research the necessity of targeting assistance to specialty primary care providers.

Center Staff and Budget Summary to Accomplish Proposed Programs and Improve Existing Programs

The Center has very effectively maximized its staff capacity within the VHAN and through contracting for key services. To take the Center's efforts to a level comparable to the staff investments of Virginia's contiguous states the following increases would be required. As the Center has detailed in other reports, the HPSA designation process and the technical assistance rendered for grants and reimbursement coding have a significant fiscal impact on Virginia's underserved areas. The increase of FTEs will greatly facilitate the Center's ability to provide technical assistance to providers in the Commonwealth's medically underserved areas, for example grant availability, reimbursement coding, recruitment, and retention efforts.

Recommendation 11. Introduce a budget amendment that provides for an additional $120,000 and 2.4 FTEs to support the Center's rural health program and its recruitment and retention efforts.

Table 14 summarizes the present and future needs for FTE's within the Center.

TABLE 14
Present and Proposed FTE Profile of Center

Staff	Present FTEs	FTEs to Accomplish Proposed Activities
HPSA, MUA, VMUA, J-1 Visa Waivers, Primary Care projects (See *Recommendation 9*)	1.0	2.0
Rural Health (See *Recommendation 11)*	1.0	2.0
Scholarship, Loan Repayment, Primary Care Projects (See *Recommendation 7)*	.6	1.5
Nursing Scholarship (See *Recommendation 7*)	.7	1.0
Recruitment and Retention Liaison Specialist (See *Recommendation 11)*	.6	2.0
Practice Management Coordinator (See *Recommendation 5*)	0.0	1.0
Support Staff (See *Recommendation 5*)	0.3	1.8
TOTAL	**4.2**	**11.3**

The Center will continue to maximize its resources through public private partnerships and through the development and expansion of the VHAN and other parties interested in health access and health care workforce issues. The additional funds needed are commensurate with the returns that these investments accrue. The largest part of the monies would be targeted to supporting new and vulnerable providers in medically underserved areas of the Commonwealth.

The increase in FTEs and general fund appropriations (Table 15) is required to fund the Center's mandated health access and health care workforce services. Support staff are needed to assist with expanded programs, such as loan repayment for physicians, mid-level practitioners (Nurse Practitioners, Physician Assistants and Nurse Midwives), and nursing, and dental and mental

TABLE 15
Present and Proposed Budget of Center

		FY 2002		Requested Future Funding for Proposed Activities		Increase (Decrease) in Proposed Funding
Line	**Item**	**Federal**	**State GF**	**Federal**	**State GF**	**State GF only**
1	Center Staff (See *Recommendations 5, 7, 8, 9* and *11*)	$119,635	$155,679	$183,500	$547,520	$391,841
2	VHAN (See *Recommendation 1*)	87,850	195,872		500,000	304,128
3	Scholarships and Loan Repayment (See *Recommendations 2, 3,* and *4*)	50,000	690,000		1,562,500	872,500
4	Practice Management Fund (See *Recommendation 6*)				50,000	50,000
5	Critical Access Hospital	245,000		210,000	0	0
6	Contractual (Sentinel Measures, etc.)	23,096	28,112	65,000	0	(28,112)
7	Supplies and Services	0	17,361	22,020	43,740	26,379
TOTAL		**$525,581**	**1,087,024**	**$480,520**	**$2,703,760**	**$1,616,736**

HPSA designations. In addition, the Center could provide a quality recruitment and retention program, by marketing its services to all residency programs, Virginia medical societies, and state institutions. Training on resume and interview skills could be provided to Virginia Scholars and interested medical students. Requests have been received from providers regarding training for recruitment, marketing their medical service areas, and practice management in order to retain physicians in underserved areas. The Center would provide educational programs to providers on diverse populations that are isolated because of language barriers and are unable to access health care because of cultural differences.

In addition, the Center would hold regional recruitment fairs to encourage residents to serve in rural medically underserved areas. The Center would initiate an extensive retention study of all the placements of health care professionals that have accessed its services to determine their satisfaction and reason for remaining in Virginia. Also, a recruiter needs to be able to recruit out-of-state health professionals to bring the best-qualified candidates to Virginia.

The Center will continue to address outcome measures by refining its primary care sensitive sentinel events measurements and evaluate alternative ways to bring primary health care for the uninsured into Virginia's health care marketplace.

All of these initiatives will allow the Center to more effectively and efficiently address health access issues and health outcomes in medically underserved communities and the vulnerable populations of Virginia.

3.27.02