

September 18, 2020

The Honorable Thomas J. Engels
Acting Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857 U.S.A

RE: Health Professional Shortage Area Scoring Criteria Request for Information

Dear Mr. Engels:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide input on the Health Resources and Services Administration's (HRSA) Health Professional Shortage Area (HPSA) Scoring Criteria request for information (RFI). The RFI solicits comments on the HPSA scoring methodology, including the criteria and measures utilized in calculating the scores.

Recruitment and retention of health care professionals remain among the top challenges for hospitals in rural areas. While shortages can exist in all communities – especially in primary care – some clinician shortages may be felt very acutely in rural settings. For example, there are roughly 80 primary care physicians per 100,000 population in the United States; this, however, declines to 68 [primary care physicians per 100,000 population](#) when looking only at rural areas. Overall, while almost 20% of the U.S. population lives in rural areas, less than 10% of U.S. physicians [practice in these communities](#). Nurse practitioners, physician assistants, and other professionals have helped to address physician shortages, [especially in primary care](#), but state licensure laws, physician supervision regulations and other barriers may limit the reach of advanced practice clinicians.

Some existing programs work to ameliorate local workforce deficits by incentivizing clinicians to work in rural and underserved areas. One such program, the National Health Service Corps (NHSC), offers loan repayment and scholarship awards to providers who commit to delivering healthcare in certain underserved areas.

HRSA identifies such areas through the administration's HPSA methodology, which involves evaluating needs assessment data submitted by state primary care offices. A



population, facility and/or geographic area may be designated as a HPSA, and HRSA may designate these areas as HPSAs for primary care, dental health and/or mental health. Only certain types of facilities may be eligible to be [NHSC-approved sites](#), among them critical access hospitals and rural health clinics.

In order to further differentiate areas of greatest need, HRSA calculates a score for each HPSA based on submitted data; higher scores indicate higher need. HRSA then determines the minimum score a HPSA must have in order to bring NHSC clinicians to approved sites. As a result, it is possible for a NHSC-approved site to be considered a HPSA, but not have a sufficient score to support NHSC clinicians.

While the HPSA approach was developed specifically to identify localities for NHSC clinicians, its usage has expanded to other federal programs. Other applications of HPSA designations include:

- the HRSA [Nurse Corps](#) program, which offers scholarships to nurses who practice at a site with a geographic area, population group or health care facility with HPSA designations for primary care or mental health;
- the Medicare [HPSA Physician Bonus Program](#), which provides a 10% bonus to physicians who provide care to Medicare beneficiaries in a geographic HPSA;
- the J-1 Visa Waiver program (“Conrad 30” program), which allows international medical graduates who hold J-1 visas to waive certain requirements and remain in the U.S. if they practice in a HPSA;
- the [Rural Health Clinic](#) certification, which supports additional access to care in rural, HPSA-designated areas (geographic or population); and
- certain state grant and loan repayment programs, which aid in recruitment.

Given the opportunities that a HPSA designation and scoring can offer to aid rural providers’ efforts to recruit and retain clinicians, it is critical to for the HPSA methodology to be both accurate and adequate. While many AHA members continue to benefit from HPSA designations to support their clinical workforce, we have learned about several opportunities to improve the scoring process. **We urge HRSA to take into consideration the following concerns and recommendations while the administration works to refine HPSA scoring.**

HPSA score changes and volatility in program score minimums can make it difficult for providers to plan for their workforce needs. Rural hospitals need predictability in staffing in order to plan for additional recruitment or to establish partnerships that help them meet patient needs. However, [HPSA scores can change](#) during the regular HPSA review process and minimum HPSA score thresholds used for placements and awards change each program year; such changes make it difficult for hospital leaders to plan for the future. For example, efforts to recruit NHSC clinicians may prove futile if a facility’s associated HPSA score no longer meets the minimum threshold. **HRSA should consider**

options to make HPSA scores and thresholds more stable in order to improve predictability for providers in shortage areas.

Population aging is not accounted for across all HPSA types. Criteria and scoring vary across primary care, mental health and dental health HPSAs. A component representing the impact of population aging is only included in the mental health HPSA; specifically, it includes as a criterion the ratio of individuals 65 years and older to individuals 18-64 years old. **Given the extent of services, coordination and care management that older adults often require, HRSA should consider adding to the primary care HPSA calculation an older-adult measure.** Maintaining access to care in the community is especially important for this population, particularly in light of prevalent [mobility issues](#) and patients' common preference for staying local. Moreover, HRSA could also consider an approach to account for co-morbidities, since individuals with multiple conditions may require higher service intensity and coordination.

Communities with physician training programs face particular HPSA challenges. Because sites of training can have a strong impact on [where health care practitioners practice](#), rural residency programs are key to strengthening the rural workforce. However, some of our members were concerned that offering residency programs at their hospitals or in the local community lowered their HPSA scores.

While residents provide crucial services to patients in rural and other underserved areas, they may not necessarily see the same patient volume as other physicians. For example, one hospital estimated that an average primary care physician in the facility may see more than 20 patients per day, while the average resident may see fewer than 10 patients. **Thus, HRSA should consider alternative approaches to account for resident physicians in the population-to-provider ratio that more appropriately reflect patient loads and do not penalize hospitals or their communities for local training programs.**

Other discipline shortages should be considered. Clinical workforce shortages exist across specialties, and additional support to recruit specialists to rural and underserved areas is needed. **HRSA should consider other possible disciplines and clinical areas for HPSA designation.**

For example, [general surgery](#) is an important discipline to maintain locally in order for rural patients to have adequate access to trauma care and other emergency services when needed. However, the numbers of general surgeons in rural communities, which are already limited, [may continue to decline](#) in light of an aging workforce, increases in sub-specializing, and more physicians' preferences to practice in more urbanized areas.

In addition, rural areas also continue to experience [deficits in maternal healthcare providers](#) in light of hospital closures and shuttering of [obstetrics departments](#). As we have noted [previously](#), rural communities have the [lowest ratios of OB/GYNs-to-women](#); more

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than half of women living in rural areas have to [drive over 30 minutes](#) to a hospital that provides perinatal care. While HRSA's recent attention to Maternity Care Health Professional Target Areas is encouraging, additional efforts to identify and support such shortage areas remain needed.

We appreciate your consideration of these issues, as well as HRSA's efforts to improve HPSA scoring and bolster the rural workforce. Please contact me if you have questions or feel free to have a member of your team contact Erika Rogan, AHA's senior associate director for policy, at (202) 626-2963 or erogan@aha.org.

Sincerely,

/s/

Ashley Thompson

Senior Vice President, Public Policy Analysis and Development