Virginia Department of Health

OFFICE OF HEALTH POLICY & PLANNING

Primary Care Workforce and Health Access Initiatives

Annual Report

July 1, 2002 to June 30, 2003

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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Executive Summary

Section 32.1-122.22 of the *Code of Virginia* requires the Virginia Department of Health (VDH) to submit an annual report on recruiting and retaining health care providers for underserved populations and areas throughout the Commonwealth. The annual report is to include (i) the activities and accomplishments during the reporting 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 (HPSAs); (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 activities in the Appropriation Act for provider recruitment and retention.

During the reporting period July 1, 2002 through June 30, 2003, the VDH, Office of Health Policy and Planning (OHPP) reviewed requests and submitted applications for designation of primary care, dental, and mental HPSAs; provided information and assistance regarding primary care practice opportunities; collaborated in the building of health access networks through public private partnerships; provided technical assistance and information to improve health care access for vulnerable and uninsured populations; and held the *1st Annual Governor's Conference on Covering the Uninsured.* In addition, OHPP administered the scholarship and loan repayment programs located in OHPP. Participation in these programs requires service in designated underserved populations and areas of the state.

The report shows newly designated and redesignated primary care, dental, and mental HPSAs. There were three new and three redesignated primary care areas; fourteen new and two redesignations pending approval of mental HPSAs; and one new and one redesignation of dental HPSAs. OHPP, with cooperation of the Department of Corrections, submitted applications for the designation of state prisons as facilities with shortages of health professionals. Twenty-six prisons received a primary care, a mental health and/or a dental health designation. In addition, Alexandria City, census tract 2012.03, and Arlington County, census tract 1038 received an exceptional medically underserved population designation.

OHPP continued the work of the Virginia Health Access Network (VHAN) Initiatives. These initiatives included the following: the OHPP Access newsletter; recruitment and retention web site (http://www.ppova.org); multicultural health network; and behavioral/mental health and primary care network.

An important activity of OHPP is the identification and elimination of barriers to health care access for vulnerable and uninsured populations. 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. OHPP addresses these health disparities through programs in the Office of Minority Health (OMH), which includes working with community-based organizations to conduct health education and risk reduction activities at the community level. In addition, OHPP works with telemedicine providers throughout the state to address barriers to health care imposed by travel. Through telemedicine, rural providers will be able to consult with urban specialists and participate in continuing education. For this reporting period, OHPP collaborated with UVA to provide new equipment and technical support to Bath, Giles, and Patrick Counties where Critical Access Hospitals are located. In addition, Wythe County Community Hospital benefited from this collaboration and received grant funds for the purchase of telemedicine equipment. Another benefit of the collaboration with UVA includes the Care Connection for Children. This program covers children in all 23 counties of Appalachian Virginia.

In another effort to reduce disparities, OHPP is responsible for administering the Medical Rural Hospital Flexibility Program. The goal of this program is preserve rural hospitals and improve the rural health system. Three hospitals have been federally certified and Critical Access Hospitals (CAH). They are R. J. Reynolds-Patrick County Memorial Hospital, Bath County Community Hospital, and Carilion Giles Memorial Hospital. In addition, the grant provided funding and technical assistance to Dickenson County Medical Center, which closed in December 2002. The grant funds were used to assist the hospital to reopen as a CAH.

Federal legislation was finalized expanding the Conrad State-20 program to the Conrad State-30 program, which OHPP administers. This change permits VDH to act as an interested state agency and request visa waivers for 30 American trained foreign physicians to remain in the U.S. to practice in medically underserved and health professional shortages area of the Commonwealth. During the reporting period, OHPP processed thirteen new placements, of which the Department of State (DOS) has approved ten. The other three are awaiting DOS's decision.

The report indicates the placement location and specialty of recipients of the scholarship and loan repayment programs administered by OHPP. These programs include the Virginia Medical Scholarship Program, the Mary Marshall Nursing Scholarship Program, the Nurse Practitioner/Nurse Midwife Scholarship Program, the Virginia Loan Repayment Program, and the National Health Service Corps-State Loan Repayment Program. Currently there are 212 recipients practicing in underserved areas of the Commonwealth and these recipients owe a total of 281.21 years of service.

The report has several recommendations for new programs and activities if funding is made available. These include: study of the scholarship and loan repayment programs for retention purposes; increase funding for the existing scholarship and loan repayment programs; create a scholarship and loan repayment program for Physician Assistants; include in the scholarship program the Edward Via School of Osteopathic Medicine in Roanoke; and provide technical assistance to physicians in remote areas practice management assistance, i.e., optimizing and improving reimbursements. The total additional dollar amount requested is $1.08 million.

I. Legislative Background

Section 32.1-122.22 of the *Code of Virginia* requires that the State Health Commissioner submit an annual report to the Governor and to 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 reporting 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 (MUAs) and health professional shortage areas (HPSAs); (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.

The State Health Commissioner delegated the responsibility of preparing the report to the Office of Health Policy & Planning (OHPP). The OHPP, whose organizational placement within VDH and mission are described in the next section, prepared the report using the legislative requirements as guidelines.

II. The Office of Health Policy & Planning

The mission of the OHPP is to contribute to the development of health policy in the Commonwealth with research and analysis of the issues affecting the cost, quality, and accessibility of health care; to help rural and medically underserved communities recruit health care professionals and improve healthcare systems; and to develop as well as administer programs to increase and strengthen the healthcare workforce thereby improving health care accessibility for Virginia residents. Consistent with its mission, the OHPP strives 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 to find solutions to issues related to health care access, quality, and cost;
- **Facilitate** the recruitment and retention of healthcare professionals in medically underserved and health professional shortage areas of the Commonwealth; and
- **Seek** funding resources to develop new programs.

To fulfill its mission, the OHPP partners with communities, health professionals and providers, advocacy groups, and other stakeholders concerned with improving access to quality health care for all Virginians. The OHPP plans to continue its efforts to assess the emerging barriers to

health care occasioned by ongoing changes within the health care market place. It plans to continue looking for new indicators of access to quality health care, apply cost effectiveness analyses to evaluate health care programs, assess health care technology in the context of the new electronic environment, and develop policy regarding health care workforce recruitment and retention.

III. Activities and Accomplishments During the Reporting period

During the reporting period July 1, 2002 through June 30, 2003, the OHPP reviewed requests and submitted applications for designation of primary care, dental, and mental health professional shortage areas; provided information and assistance regarding primary care practice opportunities; collaborated in the building of health access networks through public private partnerships; provided technical assistance and information to improve health care access for vulnerable and uninsured populations; convened the initial meeting of the Health Workforce Advisory Committee; and completed the update of the J-1 visa waiver program to improve the placement of physicians in medically underserved and health professional shortage areas.

A. Health Professional Shortage Designations

The Office of Health Policy & Planning (OHPP), Virginia Department of Health, administers the health professional shortage designation program for the Commonwealth of Virginia. The health professional shortage designation program was developed to identify areas with shortages of healthcare professionals so decision makers could use the information to assess healthcare needs, prioritize the allocation of limited resources, and direct the resources to those areas determined to have the greatest needs. Health professional shortage designations help improve access to healthcare by enhancing the ability of communities located in health professional shortage areas to obtain funding and recruit healthcare professionals.

The Shortage Designation Branch (SDB) of the federal Health Resources and Services Administration (HRSA) develops and implements regulations for designating areas and populations having shortages of health care services. The SDB also reviews and processes requests for shortage designations.

The OHPP (a) reviews requests for health professional shortage designations and submits qualified requests to the SDB for approval; (b) conducts triennial reviews of existing health professional shortage areas to determine if they continue to have shortages of health professionals; (c) provides information on health professional shortage designations to all interested parties; and (d) conducts annual surveys of non-designated areas in the Commonwealth to determine if they qualify for health professional shortage designations.

An area may be designated as a primary care, mental, or dental Health Professional Shortage Area (HPSA); a Medically Underserved Area (MUA); a Medically Underserved Population (MUP); an Exceptional MUP; a State Governor's Certified Shortage Area (SGCSA); or a Virginia Medically Underserved Area (VMUA).

Primary care, mental, and dental HPSAs are federal designations indicating shortages of primary care physicians, mental health professionals, and dentists, respectively.

A medically underserved area designation is similar to a primary care HPSA designation except that unlike a primary care HPSA designation, the availability of primary care physicians in contiguous areas is not considered when determining the eligibility for a MUA designation.

A medically underserved population designation is similar to a MUA designation except that it is based on the data pertaining to a specified group, such as low-income or Medicaid-eligible population, within an area rather than the data pertaining to the whole area.

An exceptional MUP is a federal designation granted to an area that does not qualify for a MUA or a MUP designation but shows evidence of unusual local conditions such as barriers to accessing primary care and high disease or mortality rates causing exceptional medical underservice for a specified group of population within the area.

A State Governor's Certified Shortage Area (SGCSA) is a governor-certified and federally approved designation that allows an area to be eligible for the rural health clinic program.

A Virginia medically underserved area is a state designation indicating medical underservice in an area. It is based on state criteria that consist of all the federal criteria used for a MUA designation as well as an additional state specified criterion.

A.1. Primary Care Health Professional Shortage Area (HPSA) Designations

A primary care HPSA designation is required for areas or facilities to recruit primary care health professionals obligated to serve under the National Health Service Corps (NHSC) scholarship and loan repayment programs or foreign educated physicians participating in the J-1 Visa waiver program, to receive a 10% increase in reimbursement for Medicare patients, or to establish rural health clinics. Primary care practitioners planning to expand or start a practice in a HPSA are also eligible for low interest loans through the Virginia Health Care Foundation's Healthy Communities Loan Fund.

During the reporting period July 1, 2002 through June 30, 2003, the OHPP conducted or facilitated research and analyses for possible designations of 15 areas and 17 facilities as primary care HPSAs (Table 1). Eight of the 15 areas and all of the facilities were considered for new designations. The remaining seven of the 15 areas were considered for updates of current designations, referred to as redesignations. Eleven of the 15 areas (73%) and 14 of the 17 facilities (82%) were found to be eligible for designations. As of July 21, 2003, the OHPP had received notifications of approval for the designations of four areas and two facilities. The applications for the remaining areas or facilities were still under review.

TABLE 1

Status of Primary Care HPSA Designation Research and Analyses

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Shenandoah County	New Designation	Geographic	07/03/02	Did not Qualify	Not Applicable	
Prince Edward County - Census Tract (CT) 9001	New Designation	Geographic	07/18/02	Did not Qualify	Not Applicable	
Halifax County	New Designation	Geographic	08/07/02	Did not Qualify	Not Applicable	
Lee County – U.S. Penitentiary	New Designation	Facility	08/14/02	08/16/02	Approved	09/23/02
Alexandria City - CT 2012.03; Arlington County - CT 1038	New Designation - CHC/Pres. Init.[a]	Low-Income Population	09/10/02	09/12/02	Approved	12/09/02
Accomack County	Redesignation	Geographic	09/20/02	09/23/02	Approved	02/05/03
Brunswick County	Redesignation	Geographic with High Needs	09/20/02	09/23/02	Approved	01/14/03
Isle of Wight County - Hardy District; Southampton County - Berlin & Ivor Districts	Redesignation	Low-Income Population	09/20/02	09/23/02	Pending	
Lee County	Redesignation	Geographic	09/20/02	09/23/02	Approved	02/05/03
Mecklenburg County - LaCrosse District	Redesignation	Geographic	09/20/02	09/23/02	Pending	
Suffolk City - CTs 651, 653, 654, 655 & 756	Redesignation	Geographic with High Needs	09/20/02	09/23/02	Pending	
Northampton County	Redesignation	MSFW Population	09/20/02	09/25/02	Pending	
Lynchburg City - CTs 4, 5, 6 & 11	New Designation - CHC/Pres. Init.	Low-Income Population	02/11/03	02/13/03	Pending	

TABLE 1 (Continued)

Status of Primary Care HPSA Designation Research and Analyses

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Louisa County - CTs 9501-9505; Hanover County - CTs 3201 & 3202; Spotsylvania County - CT 204.01	New Designation - CHC/Pres. Init.	Geographic	02/18/03	02/20/03	Pending	
Campbell & Halifax Counties	New Desig. - 10% Incr. in Medicare Reimb.	Geographic	03/26/03	Did not Qualify	Not Applicable	
Richmond City - Hayes E. Willis Health Center	New Designation - CHC/Pres. Init.	Facility	03/28/03	03/31/03	Approved	06/05/03
Augusta County - Augusta Correctional Center (CC)	New Designation	Facility	05/27/03	05/28/03	Pending	
Bland County - Bland CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Brunswick County – Brunswick CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Brunswick County - Lawrenceville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buckingham County – Buckingham CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Buckingham County - Dillwyn CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buchanan County - Keen Mountain CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Greensville County – Greensville CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Lunenburg County – Lunenburg CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Mecklenburg County - Mecklenburg CC	New Designation	Facility	05/27/03	05/28/03	Pending	

TABLE 1 (Continued)						
Status of Primary Care HPSA Designation Research and Analyses July 1, 2002 to June 30, 2003						
Area or Facility Considered for Designation	**Purpose of Designation**	**Type of Designation**	**Date of Completion of Research & Analysis**	**If Qualified for Designation, Date of Submission of Application to the SDB**	**Status of Application as of July 21, 2003**	**Date of Approval of Application**
Nottoway County - Nottoway CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Richmond County - Haynesville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Southampton County - Deerfield CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Wise County - Red Onion State Prison	New Designation	Facility	05/27/03	05/28/03	Pending	
Wise County - Wallens Ridge State Prison	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Tazewell County - CTs 9903, 9906 & 9907	New Designation - CHC/Pres. Init.	Geographic	06/10/03	06/11/03	Pending	

[a]CHC/Pres. Init. refers to Community Health Center expansion under the President's Health Center Initiative.

A.2. Mental HPSA Designations

Following the guidelines established by HRSA, the OHPP also submits requests to the SDB for designating areas and facilities as mental HPSAs. A mental HPSA designation is required for an area or a facility to recruit mental health professionals obligated to serve under the NHSC scholarship and loan repayment programs or foreign educated physicians participating in the J-1 Visa waiver program. Mental health practitioners planning to expand or start a practice in a mental HPSA are also eligible for low interest loans through the Virginia Health Care Foundation's Healthy Communities Loan Fund.

During the reporting period July 1, 2002 through June 30, 2003, the OHPP conducted or facilitated research and analyses for possible designations of two areas and 15 facilities as mental HPSAs (Table 2). Both of the areas were considered for redesignations whereas all of the facilities were considered for new designations. Both of the areas (100%) and 14 of the 15 facilities (93%) were found to be eligible for designations. As of July 21, 2003, the applications for the designations of all the eligible areas and facilities were still under review.

TABLE 2

Status of Mental HPSA Designation Research and Analyses

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Counties of Brunswick, Halifax, and Mecklenburg (Southside CSB)	Redesignation	Geographic with High Needs	09/20/02	09/23/02	Pending	
Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex, and Cities of Colonial Heights, Emporia, Hopewell, and Petersburg (District 19 CSB)	Redesignation	Geographic	09/20/02	09/23/02	Pending	
Augusta County - Augusta Correctional Center (CC)	New Designation	Facility	05/27/03	05/28/03	Pending	
Bland County - Bland CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Brunswick County – Brunswick CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Brunswick County - Lawrenceville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buckingham County – Buckingham CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buckingham County - Dillwyn CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buchanan County - Keen Mountain CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Greensville County – Greensville CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Lunenburg County – Lunenburg CC	New Designation	Facility	05/27/03	05/28/03	Pending	

TABLE 2 (Continued)						
Status of Mental HPSA Designation Research and Analyses July 1, 2002 to June 30, 2003						
Area or Facility Considered for Designation	**Purpose of Designation**	**Type of Designation**	**Date of Completion of Research & Analysis**	**If Qualified for Designation, Date of Submission of Application to the SDB**	**Status of Application as of July 21, 2003**	**Date of Approval of Application**
Mecklenburg County - Mecklenburg CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Nottoway County - Nottoway CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Richmond County - Haynesville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Southampton County - Deerfield CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Wise County - Red Onion State Prison	New Designation	Facility	05/27/03	05/28/03	Pending	
Wise County - Wallens Ridge State Prison	New Designation	Facility	05/27/03	05/28/03	Pending	

A.3. Dental HPSA Designations

The third category of designations for which the OHPP submits requests to the SDB is the dental health HPSA designation. A dental HPSA designation is required for an area or a facility to recruit dental health professionals obligated to serve under the NHSC scholarship and loan repayment programs. The Commonwealth of Virginia's state dental scholarship program also requires a service obligation in a dental HPSA. Dentists planning to expand or start a practice in a dental HPSA are also eligible for low interest loans through the Virginia Health Care Foundation's Healthy Communities Loan Fund.

During the reporting period July 1, 2002 through June 30, 2003, the OHPP conducted or facilitated research and analyses for possible redesignation of one area and new designations of 16 facilities as dental HPSAs (Table 3). Along with the solo area, 5 of the 16 facilities (31%) qualified for designations. As of July 21, 2003, the OHPP had received notifications of approval for the designations of the solo area and one of the 5 facilities. The applications for the remaining four facilities were still under review.

TABLE 3

Status of Dental HPSA Designation Research and Analyses

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Lee County – U.S. Penitentiary	New Designation	Facility	08/14/02	08/16/02	Approved	09/24/02
Suffolk City - CTs 651, 653, 654, 655 & 756	Redesignation	Geographic with High Needs	09/20/02	09/23/02	Approved	03/04/03
Augusta County - Augusta Correctional Center (CC)	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Bland County - Bland CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Brunswick County – Brunswick CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Brunswick County - Lawrenceville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Buckingham County – Buckingham CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Buckingham County - Dillwyn CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Buchanan County - Keen Mountain CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Greensville County - Greensville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Lunenburg County - Lunenburg CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Mecklenburg County - Mecklenburg CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Nottoway County - Nottoway CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Richmond County – Haynesville CC	New Designation	Facility	05/27/03	05/28/03	Pending	
Southampton County - Deerfield CC	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	

TABLE 3 (Continued) Status of Dental HPSA Designation Research and Analyses July 1, 2002 to June 30, 2003						
Area or Facility Considered for Designation	**Purpose of Designation**	**Type of Designation**	**Date of Completion of Research & Analysis**	**If Qualified for Designation, Date of Submission of Application to the SDB**	**Status of Application as of July 21, 2003**	**Date of Approval of Application**
Wise County - Red Onion State Prison	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	
Wise County - Wallens Ridge State Prison	New Designation	Facility	05/27/03	Did not Qualify	Not Applicable	

A.4. Designations of State Prisons as Facilities with Shortages of Health Professionals

The Office of Health Policy & Planning (OHPP) has submitted applications for the designation of 24 state prisons in Virginia as facilities with shortages of health professionals. As part of its plan to prospectively look into areas or facilities in Virginia for possible designation as having shortages of health professionals, the OHPP conducted the appropriate research on all state prisons. Twenty six of the 41 state correctional facilities under the Virginia Department of Corrections (DOC) were eligible for further analysis after meeting the requirement that in order to be considered for designation each facility must have at least 250 inmates and must have medium to maximum level security. In coordination with the DOC, data were collected from all 26 eligible state prisons. The results of analyses of the data on the 26 prisons, which are also included in Tables 1, 2, and 3, are listed in Table 4.

TABLE 4 Status of State Prison Designation Research and Analyses July 1, 2002 to June 30, 2003			
	Eligibility for Shortage Designation in		
Name of Prison	Primary Care	Mental Health	Dental Health
Augusta Correctional Center	Yes	Yes	No
Bland Correctional Center	Yes	Yes	No
Brunswick Correctional Center	Yes	Yes	No
Buckingham Correctional Center	No	Yes	No
Coffeewood Correctional Center	Yes	Yes	Yes
Deep Meadow Correctional Center	Yes	Yes	No
Deerfield Correctional Center	Yes	Yes	No
Dillwyn Correctional Center	Yes	Yes	No
Fluvanna Correctional Center	No	No	No
Greensville Correctional Center	No	No	Yes
Indian Creek Correctional Center	No	Yes	No
James River Correctional Center	Yes	Yes	Yes
Haynesville Correctional Center	Yes	Yes	Yes
Keen Mountain Correctional Center	Yes	Yes	Yes
Lawrenceville Correctional Center	Yes	Yes	Yes
Lunenburg Correctional Center	Yes	Yes	No
Mecklenburg Correctional Center	Yes	Yes	No
Nottoway Correctional Center	Yes	Yes	No
Powhatan Correctional Center	No	Yes	No
Red Onion State Prison	Yes	Yes	No
Southampton Correctional Center	Yes	Yes	No
St. Brides Correctional Center	Yes	Yes	No
Sussex I State Prison	Yes	Yes	No
Sussex II State Prison	Yes	Yes	Yes
Virginia Correctional Center for Women	No	No	No
Wallens Ridge State Prison	No	Yes	No

As Table 4 indicates, 24 of the 26 prisons (92%) were eligible for designation as having shortage of at least one of the three categories of health professionals, namely primary care, mental health, and dental health. Therefore, applications were submitted for those prisons. Of the 24 prisons for which applications were submitted, six (25%) were eligible for designation as having shortages of all three categories of health professionals, 13 (54%) were eligible for designation as having shortages of primary care and mental health professionals, 4 (17%) were eligible for designation as having shortage of mental health professionals only, and one (4%) was eligible for designation as having shortage of dental health professionals only.

A.5. Medically Underserved Area (MUA) and Medically Underserved Population (MUP) Designations

The fourth category of designations for which the OHPP submits requests to the SDB consists of MUA, MUP, and Exceptional MUP designations. A MUA, MUP, or an Exceptional MUP

designation is required for an area or a community to apply for funding under the Federally Qualified Health Center (FQHC) or Community Health Center (CHC) program. A MUA designation is required for an area or a community to apply for funding under the Rural Health Clinic (RHC) program. A MUA, MUP, or an Exceptional MUP designation also makes an area or a facility eligible to recruit foreign educated physicians participating in the J-1 Visa waiver program.

During the reporting period July 1, 2002 through June 30, 2003, the OHPP conducted or facilitated research and analyses for possible designations of two MUA, one MUP, and three Exceptional MUP designations (Table 5). One of the two areas considered for MUA designation (50%) and all three areas considered for Exceptional MUP designations (100%) were found to be eligible for such designations. The SDB approved one of the three Exceptional MUP designation requests and rejected another. As of July 21, 2003, one MUA and one Exceptional MUP designation requests were still under review.

TABLE 5

Status of MUA and MUP Designation Research and Analyses

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Alexandria City - CTs 2001.02, 2001.04, 2001.05, 2001.97 & 2001.98	New Designation - CHC/Pres. Init.[a]	Exceptional MUP	08/14/02	08/16/02	Rejected	12/23/02
Arlington County - CTs 1020, 1022.98, 1023, 1026, 1027, & 1028.98; Fairfax County - CTs 4514, 4515, 4516 & 4527	New Designation - CHC/Pres. Init.	Exceptional MUP	08/14/02	08/16/02	Pending	
Alexandria City - CT 2012.03; Arlington County - CT 1038	New Designation - CHC/Pres. Init.	Exceptional MUP	09/13/02	09/16/02	Approved	12/09/02
Tazewell County	Redesignation	MUA	02/05/03	Did not Qualify	Not Applicable	
Roanoke City - CTs 13 & 14	New Designation - CHC/Pres. Init.	MUA	02/21/03	02/24/03	Pending	
Norfork City - CTs 25 & 39	New Designation - CHC/Pres. Init.	MUP	06/03/03	Did not Qualify	Not Applicable	

[a]CHC/Pres. Init. refers to Community Health Center expansion under the President's Health Center Initiative.

In summary, the health professional shortage designation activity of the OHPP led to new designations of three primary care HPSAs, one dental HPSA, and one Exceptional MUP during the reporting period July 1, 2002 to June 30, 2003. The OHPP also obtained redesignations of three primary care HPSAs and one dental HPSA. The OHPP was active in conducting research and analyses for new designations. As a result, a total of 42 applications are currently under review at the SDB: 15 for primary care HPSA, 14 for mental HPSA, four for dental HPSA, one for MUA, and one for Exceptional MUP. In addition, a total of six applications are under review for redesignations, four for primary care HPSA and two for mental HPSA.

The OHPP has improved the objectivity, responsiveness, and transparency of the shortage designation process. It has also made the process data-driven and proactive. Moreover, it has increased the level of community involvement in collecting data regarding the number and full time equivalency of health professionals, and has improved the level of professionalism used in the designation process. Continuation of such practices should make it possible to expedite the

shortage designation process and to measure the performance of the shortage designation activity in terms of percentage changes in outcomes between fiscal years.

Regarding the total number of health professional shortage designations to date, the Commonwealth has a total of 77 primary care HPSAs, 58 mental HPSAs, and 54 dental HPSAs, including the designations approved this year. In addition to these HPSA designations, the Commonwealth has a total of 140 MUA, 2 MUP, 2 Exceptional MUP, and 42 VMUA designations. As a result, 82% of the Commonwealth's counties and cities, consisting of 46% rural and 36% urban localities, have some type of health professional shortage designation.

B. Networks and Partnerships

The activities and accomplishments of OHPP during the reporting period could not have been possible without its networks of partners. The OHPP considers the formation of partnerships and continued collaboration with partners as both an activity and an accomplishment. The OHPP has collaborated with public and private sector entities to maximize its efforts to enhance access to primary care services.

One such partnership is the Virginia Health Access Network (VHAN). The mission of VHAN's member organizations is to improve access to health care at the community level. The current members are: the VDH Office of Health Policy & Planning, 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 a number of Area Health Education Centers (AHECs) in Virginia. Because a substantial number of VHAN participants were AHECs, when state funding was jeopardized, a number of VHAN activities were on hold during the reporting period. In the coming year VHAN anticipates further expanding its membership to other groups of non-direct providers of health care that (1) represent medically underserved populations; (2) have a desire to improve the health status and health outcomes of Virginia's communities; (3) are willing to address the numerous cultural, social, and economic barriers that deny access to appropriate and quality health care; and (4) are committed to working together as VHAN partners to improve access to health care.

By bringing together organizations with a common purpose, VHAN reduced duplication of programs. Its mission is to foster increased access to health care resources throughout the Commonwealth. It has emerged as a central planning mechanism with the objective to ensure that the Commonwealth's health care workforce and health access initiatives are designed, administered, and funded in a coordinated manner. It produced newsletters focusing on member outreach efforts that are sent quarterly to over 17,000 Virginians interested in primary care, rural health, and health access issues.

During the reporting period, OHPP renewed a number of collaborative Memoranda of Agreement (MOA) for VHAN services listed in Table 6.

TABLE 6

Virginia Health Access Network Initiatives
July 1, 2002 to June 30, 2003

VHAN Partner	Services and Accomplishments
Blue Ridge AHEC	**Recruitment and Retention Network (http://www.ppova.org)** 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.
	Accomplishments During the Reporting period • Reviewed and revised the content of the PPOVA web site to make it more user friendly; • Implemented a new electronic application submission process in order to integrate the efforts of the VDH Recruiter Liaison Specialist with the web-based PPOVA; and • Developed a tracking system to assure appropriate correspondence with applicants and the timely updates of all applicant information.
Northern Virginia AHEC	**Multicultural Health Network (http://www.vhan.org/)** This collaboration with the Northern Virginia AHEC (NVAHEC) has strengthened NVAHEC's Community Health Interpreter Service, a language bank of interpreters who are available to assist practitioners serving non-English speaking patients. In addition, it has resulted in the availability of language proficiency testing and interpreter training for bilingual individuals who are employees of health/human service agencies throughout Virginia. This collaboration has also strengthened NVAHEC's ability to provide consultation services as well as cultural competence education programs. The network has also served 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.
	Accomplishments During the Reporting period • Provided 4,600 hours of interpretation to health and human service agencies in Northern Virginia through the Community Health Interpreter Service (CHIS) via 68 interpreters trained in 28 different languages; • Trained 1,442 individuals as follows: 737 individuals on "How to Communicate Effectively Through an Interpreter," 123 bilingual individuals on "Bridging the Gap," the health care interpreter course, 53 individuals on "An Introduction to Community Interpretation (ICI)," 90 individuals on Post Traumatic Stress Disorder, 419 individuals on various aspects of cultural competence, and 20 individuals as trainers on the ICI; • Translated multiple smallpox and tuberculosis-related documents into 13 different languages; • Communicated regularly with immigrant service organizations both locally and statewide; • Established working relationships with community-based organizations which serve immigrants, refugees, and/or ethnic minorities; and • Actively participated in the VDH Multicultural Health Task Force and managing its demographic and provider databases.
Virginia Rural Health Resource Center (VRHRC)	**Behavioral/Mental Health and the Primary Care Network (http://www.vrhrc.org)** The Virginia Rural Health Resource Center and OHPP 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.

TABLE 6 (Continued) Virginia Health Access Network Initiatives July 1, 2002 to June 30, 2003	
VHAN Partner	**Services and Accomplishments**
	Accomplishments During the Reporting period • Continued refinement of the asset-based community development program for the integration of primary care and mental health services; • Collaborator on the development of a "Substance Abuse Tool Box for Primary Care Providers" through a partnership with VPCA, DMHMRSAS and VDH. Initial Tool Box distribution and training was conducted at a statewide summit held on September 10, 2002, Richmond; • Sponsored "Neuropsychiatric Aspects of Successful Aging" presentation at the "Aging in Rural Virginia Conference, September 19-20, 2002, Roanoke; • Collaborated with the Mental Health Association of the New River Valley on the development and submission of a Rural Health Outreach Grant to provide mental health services to low-income citizens in the New River Valley. Proposal was successful and the three-year project began in May 2003; • Continual monitoring of the referral usage of the Mental Health/Substance Abuse Decision Chart that was developed and distributed to primary care providers, emergency rooms, law enforcement officers and others in the New River Health District; • Member of the PATH Mental Health sub-committee, attended quarterly PATH meetings and participated in local and regional mental health activities; • Provided information on community mental health crisis numbers, community mental health clinics, psychiatric inpatient facilities, state facilities, and other resources, as well as an overview of the *Code of Virginia* and psychiatric hospitalization to local mental health service agencies; • Presentation at the Virginia Rural Health Association 2002 Annual Fall Conference, "Pilot Project Update – Mental Health Decision Chart for Primary Care Providers, November 22, 2002, Natural Bridge; • Assessed effectiveness and usage of the "Mental Health/Substance Abuse Decision Chart" at Giles Memorial Hospital, January 28, 2003, Pearisburg; • Presented on Mental Health Partnerships at the "Building Bridges Through Partnership Conference" at Radford University, March 14, 2003, Radford; • Keynote speaker at the "Life After 50: A Conference on Successful Aging" at Radford University on April 11, 2003. Topic "Partnerships in Health Care: Meeting the Needs of Older Adults in Rural America", Radford; • Presentation "Facilitating Mental Health Referrals" was given at the "Access Issues: Primary Care and Mental Health Conference", May 2, 2003, Wise; • Facilitated the replication of the "Mental Health and Substance Abuse Decision Chart" developed for the New River Health District into a "Decision Tree – Local Emergency Services – Mental Health & Substance Abuse Emergencies in Lee, Scott, Wise & Norton" chart, which was distributed at the May 2, 2003 Mental Health Conference; • Conducted training session on "Substance Abuse Tool Box for Primary Care Providers" at Bath County Community Hospital, June 24, 2003, Hot Springs; • Assisted with printing cost for the June 2003 Edition of "Where Can I Turn?" Mental Health Resource Directory for the New River Valley; and • An extension of this project includes the successful request and continuation of the "Bath-Highland Tobacco Use Prevention Project for Youth", which was funded February 2001 – June 2003 for $140,687. Continuation funding of $92,792 was received for July 2003-2004.

C. Health Care Access for Vulnerable and Uninsured Populations

An important activity of OHPP is the identification and elimination of barriers to health care access for vulnerable and uninsured populations. 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. The OHPP participates in a number of programs to overcome health disparities as discussed below.

(i) Minority Health

Through its Center for Minority Health (OMH), the OHPP manages programs designed to eliminate health disparities that exist among racial and ethnic minority populations in Virginia. The five federally recognized minority populations are: African American/Black, Hispanic/Latino, Asian, Native Hawaiian or other Pacific Islander, and Native American. Efforts to eliminate health disparities for racial and ethnic minority groups will only succeed if access to health care for these populations is increased. Barriers to access to health care include lack of transportation, lack of fiscal resources, lack of health insurance, lack of health care providers and location of health care facilities, lack of interpretation and translation services, lack of information and lack of awareness regarding health status, lack of available health services, and absence of risk reduction activities. These barriers to access can and often do lead to the emergence of health disparities in racial and ethnic minorities locally and nationally.

In May 2003, Mary Goodall-Johnson joined the group of professionals at the OHPP and has since been managing the Office of Minority Health. After obtaining her law degree, Ms. Goodall-Johnson began to work for state governments accumulating over 15 years of experience. She served under the House Majority Leader, the Speaker of the House, and the Governor of the State of Kansas. She also served in the Division of Women, Infants, and Children (WIC) and Community Nutrition Services in the Virginia Department of Health. Ms. Goodall-Johnson's focus in the Office of Minority Health will be to improve the health of the most vulnerable minority populations by closing the gap in health status, facilitating community capacity building, and by coordinating the development and implementation of policies and programs targeted to eliminate racial and ethnic health disparities. Her vision for the OHPP is to improve the lives of Virginians through innovative and effective prevention initiatives by combining the strengths and resources of all relevant agencies and programs. She hopes to make a significant contribution to the well being of all people in the "Commonwealth of Opportunity."

The Office of Minority Health (OMH) addresses these access issues by:

a) funding minority community-based organizations (CBOs) to conduct health education and risk reduction activities at the community level;
b) partnering with other programs within the Virginia Department of Health to help them appropriately target racial and ethnic minority communities and effectively address the health disparities that are pervasive in these communities; and
c) establishing public/private partnerships with entities that have a historical relationship with and a vested interest in racial and ethnic minority communities to design and implement programs that effectively eliminate barriers to accessing health care services which would, in turn, lead to reduction in and elimination of health disparities.

The Office of Minority Health funded three new CBOs this past fiscal year to conduct health education and risk reduction activities in racial and ethnic minority communities and to address access to healthcare issues that impact health disparities. Following are the names and a description of the activities provided by the CBOs to address health disparities:

Health Awareness for Immigrants, VA (HAPI-VA) is a systemic, long-term response to recent findings about health risks that disproportionately affect Vietnamese women, namely breast and cervical cancer. A 1998 nationwide study by the National Cancer Institute (NCI) found that Vietnamese women had 6 times the risk of developing cervical cancer compared to the national average. (The incidence rate among Vietnamese women was 7.5 per 100,000.) Lack of knowledge regarding the location of facilities where pap smears are provided, lack of fiscal resources to pay for the Pap smear, and lack of transportation to the health facility are barriers to access that contribute to this health disparity in Vietnamese women. HAPI-VA targeted the local Vietnamese-American community in Northern Virginia, estimated at 20,000 in population size, and provided them access to cervical cancer screening and educational services.

Over the past year HAPI-VA referred over 80 Vietnamese women to the Northern Virginia Community College Mobile Nurse Managed Health Center for pap smears and the George Washington University Mammovan for mammograms. Lack of transportation is a significant barrier to access to health care for this population. To address this barrier, mobile health units were used to provide screenings to women who typically were not able to access these services at traditional facilities. Fifty-six of the women were successfully screened by HAPI-VA. Of the Vietnamese women who were screened, 60% received their first ever Pap test and mammogram. Twenty percent received the screening after more than five years of previous screening, 8% after less than five years, and 2% after one year. HAPI-VA disseminated over 1,700 bilingual brochures to over 1200 Vietnamese women in Northern Virginia that provided information on how and where to access health services at little or no cost. HAPI-VA participated in 12 radio talk shows discussing how Vietnamese women can access health care services in Northern Virginia. To address language as a barrier to accessing health care, HAPI-VA provided interpretation services at no charge for Vietnamese women receiving health services.

Under HAPI-VA, the CBO (Boat People, SOS) increased awareness among community members about cervical and breast cancer. They provided workshops, seminars, and program advertisement through mass media, along with educational publications and radio program (including information sharing among families and friends). They estimated that 3,000 Vietnamese women in Northern Virginia are in the high-risk group (women above 55).

Ethiopian Community Development Council (ECDC) - ECDC addressed barriers to accessing health care services for African refugees and immigrants residing in Northern Virginia through the provision of health education and risk reduction programs on breast, cervical, and prostate cancer. Health education sessions were conducted in community centers close to the residential areas of refugees and immigrants in Arlington and the City of Alexandria. ECDC provided access to health screenings for breast and cervical cancers through the use of Northern Virginia Community College Mobile Nurse Managed Health Center and George Washington University Mammovan. These mobile units came to the residential areas experiencing lack of transportation as a barrier to accessing health care providers. Community elders and the youths

assisted in the mobilization of the community for group education activities and distribution of educational materials that provided information on how and where to access health care providers. To improve access and quality of health care services, ECDC conducted awareness programs on cultural competency and linguistic competency for health care providers.

Additionally, ECDC provided interpretation and translation services for refugees and immigrants who came to local health institutions (i.e. hospitals, health centers, and health departments) seeking health services at no charge. Breast, cervical, and prostate health education public service announcements (PSAs) were made over radio broadcasts to provide information on how and where to access provider services.

The following results further substantiate how health care access barriers such as transportation, language, and fiscal resources lead to health disparities. Of the sixty-three women screened for cervical cancer by ECDC, four (6.3 %) had early stages of cancer and they are currently under treatment. This rate is three times higher than the national average. Of the seventy seven women who received a mammogram, one had a benign tumor, seven needed further diagnostic examination, ten were recalled for a six-month follow-up, and three were recalled to compare repeat chest x-ray with the previous one.

ECDC, Inc. major accomplishments consisted of the mobilization of women for mammograms and Pap tests carried out in several sites in Northern Virginia. Education flyers were distributed to women in Somali, French, Arabic, English, and Amharic languages. Twelve 60 second PSAs were broadcasted to promote screening services. Three-minute health education on prevention of breast, cervical and prostrate cancer was broadcasted over the Negarit radio program.

Unfortunately, both CBOs (ECDC and Boat People SOS) lost their funding effective June 30, 2003, due to federal funding cuts to the Preventive Health and Health Service Block Grant (PHHS).

Peninsula Institute For Community Health (PICH) - PICH is the lead agency of the Southeast Community Health Collaborative (SCHC). The goal of SCHC is to improve the health status of residents of the Southeast Newport News community by addressing barriers to accessing health care.

The Southeast Community Health Collaborative conducted five health screenings to detect diabetes, elevated cholesterol and elevated blood pressure. Lack of transportation is a major barrier to accessing health care in this community. To address this barrier, SCHC coordinated transportation for participants to attend the screenings. There were 225 participants who received health screenings. Of the 225 participants screened, ten had elevated blood glucose levels, twenty-two participants had elevated cholesterol levels, and eight participants had elevated blood pressure. Two participants had both elevated blood glucose levels and elevated blood pressure and three participants had elevated cholesterol levels and elevated blood pressure.

Participants with elevated blood glucose levels, elevated cholesterol levels and elevated blood pressure were encouraged to make an appointment with their primary care physician. Lack of insurance and a health care provider is another major barrier to accessing health care in this community. To address this access barrier, participants who did not have a primary care physician were referred to a physician on staff at PICH, for follow-up services. PICH is the only Community Based Organization that received continued funding for this fiscal year.

The OHPP also undertakes activities related to health care access through partnerships and collaborations with other entities. Two such partnerships have been with the Virginia Primary Care Association (VPCA), Virginia Department of Housing and Community Development (VDHCD), and the Virginia Health Quality Center, Consumer Advisory Council.

Virginia Primary Care Association (VPCA) –The OHPP collaborates with the Virginia Primary Care Association through membership on the advisory committee for its Student and Communities Exchanging Professional Training, Experiences and Resources (SCEPTER) Program. The SCEPTER program provides health professional students with the opportunity to obtain clinical experience in medically underserved and health professional shortage areas of Virginia. Students participating in this unique program also gain skills and knowledge that will help them to become aware of the various health needs of different cultures.

In addition to providing clinical and community experiences to students, SCEPTER seeks to bring together local and statewide partners that share the overall goal of increasing access to health care for all Virginians

(ii) Telemedicine

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Telehealth is frequently viewed as a solution to overcoming the problems of limited local access to specialty providers, the barriers imposed by travel, and reduce the isolation of practitioners in rural areas.

In 1999, the General Assembly appropriated $647,623 to develop a model telemedicine project in three local health departments: Lancaster County, Scott County, and the City of Danville. Due to the state budget shortfalls experienced in the past two years, these funds were eliminated as part of the agency cost savings plan. Nonetheless, the OHPP is committed to the potential that telehealth brings to the issue of improving access to care and primary care workforce development. Hence, in the past year, the OHPP has taken the leadership in developing the Virginia Telehealth Network.

The purpose of Virginia Telehealth Network is to facilitate networking, explore opportunities for collaboration, and improve the current telehealth infrastructure and utilization. The Virginia Telehealth Network came to fruition in November 2002 with a meeting of key stakeholders involved in telehealth in the state. The first meeting was attended by over 20 individuals representing over fourteen agencies and organizations from both the public and private sectors. Since that time, the Virginia Telehealth Network has grown to 46 individuals representing over thirty agencies and organizations from both the public and private sectors. The group meets three times a year. At the last meeting, the following three smaller work groups were created:

- **Infrastructure/Firewall Issues:** To examine options and possibilities and make recommendations for developing a statewide infrastructure for telehealth.
- **End-User Education:** To pull together resources that currently exist for end user education, particularly in rural areas where often times the technology and equipment

exist, but health care providers do not have the training and technical assistance needed to make use of them.

- **Statewide Telehealth Clearinghouse:** To make recommendations regarding a web-based information clearinghouse that will include information such as a description of telehealth efforts in the state and who to contact, links to resources and funding opportunities, and an inventory of success stories.

Additionally, members of the Network have offered to collect and summarize existing state/legislative telemedicine/telehealth related studies and their recommendations and collect citations/references regarding studies or papers documenting the efficacy or cost effectiveness of telehealth. Two of the primary concerns of the Virginia Telehealth Network include reimbursements for telehealth and access to high speed/broadband connectivity in rural areas.

In April of 2002, the OHPP began collaboration with the University of Virginia (UVA) Office of Telemedicine to provide telemedicine equipment and specialty consultative services to Virginians in rural areas. With grant funds from the Federal Medicare Rural Hospital Flexibility program, the OHPP provided matching grant funds to UVA as well as funds for new equipment and technical support. Through this collaboration, many rural Virginians now have access to specialty care via telemedicine in the three counties where there are Critical Access Hospitals – Bath, Giles, and Patrick Counties. Wythe County Community Hospital also benefited from this collaboration and has received grant funds for telemedicine equipment and services. Additional grant funds have been used for the purchase of telemedicine equipment to screen for diabetic retinopathy, a condition that leads to blindness if it isn't identified and treated.

One of the greatest accomplishments of the VDH-UVA telemedicine collaboration was UVA's agreement to include the Care Connection for Children, a VDH-sponsored system of regional programs for children with special healthcare needs. Prior to the development of telemedicine in Southwest Virginia, pediatric specialists from the UVA Health System had to travel to Bristol to see these children, many of whom also had great distances to travel to receive specialty care. The Care Connection for Children covers children in all 23 counties of Appalachian Virginia, and now many of them have to travel no farther than their local county health department to see specialists via telemedicine.

Most recently, federal grant funds have enabled the OHPP to provide UVA with support for the telemedicine equipment purchase for the St. Mary's Health Wagon in Dickenson County. The OHPP has requested additional grant funds from the Federal Office of Rural Health Policy to support telemedicine installations in other remote areas of the Commonwealth, an investment that has significantly improved access to care for many Virginians in rural and medically underserved areas.

(iii) The President's Health Center Initiative

The President's Health Center Initiative, begun on March 7, 2001, seeks to strengthen the health care safety net for those most in need. The Initiative has set an objective of creating 630 new and 570 expanded Community Health Centers (CHCs) by 2006 for a total of 1,200 new/expanded health centers, serving an additional 6 million people leading to a total of more than 16 million served overall, and maintaining commitment to community-based programs. The Initiative emphasizes attention to three essential areas, namely managing quality

improvement, strengthening existing health centers, and managing the growth of new and expanded health centers.

The OHPP has contributed to the President's Health Center Initiative by taking the lead in the health professional shortage designation process. A MUA, MUP, or an Exceptional MUP designation is required for an area or a community to apply for funding under the President's Health Center Initiative. In addition, having a HPSA designation provides the area or community an additional 14 points out of 100 in the needs assessment score used in evaluating competing applications. During the reporting period, applications were submitted to the SDB for health professional shortage designations of nine areas in Virginia specifically for the purpose of advancing the President's Health Center Initiative (Table 7). Three of those applications have been approved, five are under review, and one was rejected.

TABLE 7

Status of Health Professional Shortage Designation Applications Submitted to Advance the President's Health Center Initiative

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Alexandria City - CTs 2001.02, 2001.04, 2001.05, 2001.97 & 2001.98	New Designation -	Exceptional MUP	08/14/02	08/16/02	Rejected	12/23/02
Arlington County - CTs 1020, 1022.98, 1023, 1026, 1027, & 1028.98; Fairfax County - CTs 4514, 4515, 4516 & 4527	New Designation.	Exceptional MUP	08/14/02	08/16/02	Pending	
Alexandria City - CT 2012.03; Arlington County - CT 1038	New Designation	Low-Income Population Primary Care HPSA	09/10/02	09/12/02	Approved	12/09/02
Alexandria City - CT 2012.03; Arlington County - CT 1038	New Designation	Exceptional MUP	09/13/02	09/16/02	Approved	12/09/02
Lynchburg City - CTs 4, 5, 6 & 11	New Designation	Low-Income Population	02/11/03	02/13/03	Pending	
Louisa County - CTs 9501-9505; Hanover County - CTs 3201 & 3202; Spotsylvania County - CT 204.01	New Designation	Geographic	02/18/03	02/20/03	Pending	

TABLE 7 (Continued)

Status of Health Professional Shortage Designation Applications Submitted to Advance the President's Health Center Initiative

July 1, 2002 to June 30, 2003

Area or Facility Considered for Designation	Purpose of Designation	Type of Designation	Date of Completion of Research & Analysis	If Qualified for Designation, Date of Submission of Application to the SDB	Status of Application as of July 21, 2003	Date of Approval of Application
Roanoke City - CTs 13 & 14	New Designation	MUA	02/21/03	02/24/03	Pending	
Richmond City - Hayes E. Willis Health Center	New Designation	Facility	03/28/03	03/31/03	Approved	06/05/03
Tazewell County - CTs 9903, 9906 & 9907	New Designation - CHC/Pres. Init.	Geographic	06/10/03	06/11/03	Pending	

The President's Health Center Initiative received $1.3 billion of funding in federal FY 2002 and $1.5 billion in FY 2003. For federal FY 2004, the President's budget has requested an increase of $169 million in funding for a total of $1.6 billion in order to expand services to an additional 1.2 million individuals in approximately 120 new sites and 110 expanded existing sites.

During the reporting period, a total of $3 million was awarded to eight CHCs in Virginia, $1.9 million to establish five new health centers and $1.1 million to expand services in three existing CHCs (Table 8). Currently, there are 19 CHCs in Virginia.

Table 8 Funding Received by Community Health Centers (CHCs) in Virginia Under the President's Health Center Initiative July 1, 2002 to June 30, 2003					
			Amount of Award		
Date[a]	Name of Organization	City	New Center	Service Expansion	Total
07/10/02	Central Virginia Health Services, Inc.	New Canton		$286,850	$286,850
07/10/02	Peninsula Institute for Community Health	Newport News		750,000	750,000
07/18/02	Clinch River Health Services	Dungannon		100,000	100,000
08/21/02	Central Virginia Health Services, Inc.	New Canton	$383,333		383,333
08/21/02	Eastern Shore Rural Health System	Nassawadox	365,250		365,250
08/21/02	Lunenburg County Community Health Center	Victoria	268,289		268,289
12/09/02	Peninsula Institute for Community Health	Newport News	300,000		300,000
03/24/03	Southwest Virginia Community Health Systems, Inc.	Saltville	546,070		546,070
	Total		**$1,862,942**	**$1,136,850**	**$2,999,792**

[a]Refers to date of announcement by HRSA.

The OHPP will continue to take the lead in the health professional shortage designation process and provide technical assistance to communities in order to advance the President's Initiative. The OHPP has promoted and will continue to promote new starts and expansion sites for placements of medical and nursing scholarship and loan repayment recipients. The OHPP Recruitment Liaison/ Program Manager will continue to assist the VPCA's recruiter in placing health professionals in new and expansion sites located in medically underserved areas of the Commonwealth.

(v) Critical Access Hospitals

The Critical Access Hospital Program was created by the Federal Balanced Budget Act of 1997 (P.L. 105-33). Also known as the Medicare Rural Hospital Flexibility Program, the program provides funding to states for the development of a statewide rural health plan; designation of Critical Access Hospitals (CAH); development and improvement of rural health networks; strengthening the statewide system for Emergency Medical Services, and improving the quality of care in CAHs. Hospitals with the CAH designation are eligible to receive cost-based reimbursement for services for Medicare patients, which can substantially improve a hospital's revenue.

Section 32.1-122.07 of the Code of Virginia codifies the responsibility of the Virginia Department of Health for the CAH program. The Office of Health Policy and Planning has received federal funding for this program since 1999. Grant funds have been used for the following:

- Funding for financial analysis and community needs assessments to determine the feasibility of CAH conversion. The hospitals that have received funding are: Bath County Community Hospital, Carilion Giles Memorial Hospital, Dickenson County Medical Center, Page Memorial Hospital, R.J. Reynolds-Patrick County Memorial Hospital, and Shenandoah Memorial Hospital

- Technical assistance and support to three hospitals that are now certified as CAHs: Bath County Community Hospital, Carilion Giles Memorial Hospital, and R. J. Reynolds-Patrick County Memorial Hospital
- Development and establishment of a telemedicine network in collaboration with the University of Virginia Health Systems Office of Telemedicine.

The accomplishments of the Critical Access Hospital Program during the reporting period were as follows:

- A 50% increase in the Office of Health Policy and Planning's grant award to $352,000.

- Implementation of the Telemedicine Network. Specialty services provided by the University of Virginia Health System are available at telemedicine sites at Bath County Community Hospital, Carilion Giles Community Hospital, R. J. Reynolds-Patrick County Memorial Hospital, Wythe County Community Hospital, St. Mary's Health Wagon in Dickenson County, and the VDH Care Connection for Children serving children with special healthcare needs in thirteen Southwest Virginia counties.
- Funding and technical assistance to Dickenson County Medical Center, which closed in December of 2002. OHPP provided grant funds to assist the hospital reopen as a CAH.

- Funding of a study to assess the Emergency Medical Services systems in rural counties.

- Tuition payment for rural hospital representatives to enroll in the Medical College of Virginia Department of Health Administration Patient Safety Fellowship program.

- Focus group meetings at the annual meeting of the Virginia Rural Health Association to solicit input for revisions to the Virginia Rural Health Plan.

- Collaboration with the Virginia Health Quality Center to improve outcomes in rural hospitals for patients with acute myocardial infarction, congestive heart failure and community-acquired pneumonia.

VDH works closely with the Virginia Hospital and Healthcare Association and the Virginia Rural Health Association to achieve the goals of the CAH program.

D. J-1 Visa Waiver Program

During the past year, federal legislation was finalized expanding the Conrad State-20 program to the Conrad State-30 program. Virginia participates in the Conrad State-30 program, which is a federally authorized program that permits the Virginia Department of Health to act as an

interested state agency and request visa waivers for American trained foreign physicians so they can remain in the U.S. and practice in medically underserved and health professional shortage areas of Virginia. This waiver option is called the State 30 Program because it is limited to 30 J-1 visa waivers per state per year.

Most international medical graduates enter the United States on a J-1 Exchange Visitor visa in order to train in a residency program in the United States. Almost all of these foreign medical graduates in J-1 visa status are subject to a requirement that they return to their home country for two years at the completion of the residency training program. Satisfaction or waiver of this requirement is necessary before moving from J-1 visa status to most any other visa status. Therefore, in most cases a return to the home country for two years or a waiver of this requirement is necessary before a physician holding a J-1 visa can obtain employment in the United States

The J-1 visa waiver removes the requirement for the physician to return to home country for two years. The Conrad State-30 program allows every state to petition the U.S. Department of State (DOS) on behalf of 30 J-1 physicians per year for recommendations to the Immigration and Naturalization Service (INS) to grant J-1 visa waivers. The states receive from each J-1 physician a three-year commitment to serve in a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA) in exchange for filing a petition for J-1 visa waiver on behalf of the J-1 physician.

The OHPP also may recommend waivers for physicians participating in the Appalachian Regional Commission (ARC) J-1 Visa Waiver program. This program is similar to the Conrad State-30 program. Physicians in this program must practice for at least three years; however, the practice location must be in one of the 23 Appalachian counties and eight independent cities in Southwest Virginia.

Physicians participating in the Conrad State-30 or ARC program do not displace American physicians. Practice sites wishing to hire a J-1 Visa Waiver physician must prove that they have advertised and recruited for American physicians for at least six months and were unsuccessful in their recruitment attempts before they are eligible to hire a J-1 Visa Waiver physician.

Internally, the OHPP has continued to improve the management of the J-1 Visa Waiver program. The guidelines concerning the J-1 Visa Waiver application process have been amended. The J-1 Visa Waiver application process has been stream-lined allowing for comprehensive reviews and expeditious processing.

Another significant development that could impact health care services in Virginia is the implementation of an additional J-1 Visa Waiver program. On June 12, 2003, the U.S. Department of Health and Human Services (HHS) began accepting applications for the waiver of the two-year home-country return requirement of the Exchange Program based on clinical care practice in shortage areas. The HHS' J-1 Visa Waiver program serves as an addition to the programs that are run by the states. However, it does not place a limit on the number of J-1 visa waivers that are granted. Some states reach their maximum number of visa allowances each year. Therefore, the HHS program could be of particular assistance for those states.

During this reporting period, the OHPP processed thirteen J-1 Visa Waiver applications and forwarded them to the DOS for approval. The DOS has thus far notified the OHPP that ten of the applications have been approved (Table 9). Within ninety days of DOS approval, the J-1 physicians begin their employment in Virginia's medically underserved and health professional shortage areas. The J-1 physicians agree to provide primary care, general psychiatry, or specialty care for a minimum of three years. Additionally, the OHPP continues to process J-1 waiver transfer requests from within and outside of Virginia.

TABLE 9
J-1 Visa Waiver Applications and DOS Approval under the Conrad State-30 J-1 Visa Waiver Program
July 1, 2002 to June 30, 2003

Location	Specialty	OHPP Letter of Support Date	DOS Approval Date
Emporia	Anestheologist	11/06/2002	01/27/2003
Patrick County	Internal Medicine	11/08/2002	01/08/2003
Portsmouth	Internal Medicine	02/06/2003	05/12/2003
Russell County	Internal Medicine	03/13/2003	06/04/2003
Patrick County	Internal Medicine	03/24/2003	05/14/2003
Campbell County	Internal Medicine	03/24/2003	06/10/2003
Mecklenburg County	Internal Medicine	04/02/2003	06/06/2003
Mecklenburg County	Internal Medicine	04/03/2003	05/13/2003
Page County	Pediatrician	04/03/2003	05/13/2003
Danville City & Pittsylvania County	Psychiatrist	04/03/2003	06/13/2003
Page County	General Practitioner	05/02/2003	*
Russell County	Family Practice	06/16/2003	*
Lee County	Internal Medicine	06/30/2003	*

*Applications awaiting DOS's decision.

Primary care physicians with J-1 Visa Waivers continue to be recruited in health professional shortage areas in Virginia. However, the OHPP continues to be made aware of physician shortages in specialty areas that are jeopardizing the health care of communities. As such, the OHPP reviews each situation and confers with the local health district directors to determine if it is appropriate to approve a specialty J-1 Visa Waiver physician to assure the stabilization of health care services within communities. The J-1 Visa Waiver physicians continue to be an important source of health professionals in many underserved areas of Virginia.

IV. Planned Activities for the Coming Year

Many of OHPP's proposed activities are dependent on the availability of appropriate state, federal, and private resources. The following are activities OHPP plans to pursue from July 1, 2003 through June 30, 2004.

A. Strategic Planning

As mentioned earlier, the OHPP has had a number of changes in leadership in the past three years. These frequent changes have resulted in program fragmentation, low morale, and a lack of consistent vision. To remedy these problems and to ensure that the OHPP's limited resources are put to the best use, the Director has hired a consultant, The Regis Group of Leesburg, Virginia to lead it in its strategic planning efforts. The goals are to enhance the effectiveness of OHPP efforts and to improve OHPP's overall influence, thereby becoming a "partner of choice" for all statewide and regional health planning efforts. The strategic planning process identified three goals to assist the OHPP in its efforts to increase efficiency. Those goals are to (i) significantly enhance the effectiveness of the OHPP, (ii) significantly enhance the influence of the OHPP, and (iii) enhance the OHPP's value. The accomplishments and partnerships that are

described in this document support a contention that the OHPP has satisfied its strategic planning goals.

B. Health Professional Shortage Designations

The OHPP will continue to conduct the research and analysis necessary for health professional shortage designations. The research and analysis will include all three disciplines of health care, namely primary care, dental health, and mental health. The data collection, research, and analysis processes will continue to be made more systematic, thorough, and documentary. Any request for designation will continue to be processed by exploring as many alternative forms of designations as possible. The OHPP will also continue with the prospective approach that is being undertaken to identify areas for possible health professional shortage designations.

C. Health Care Provider Recruitment and Retention

In an effort to better address the increasing needs concerning health care provider recruitment and retention, the OHPP increased staffing in this area from a part-time position to one full-time position. In May 2003, Karen E. Reed was hired as a Recruitment Liaison/Program Manager. Ms. Reed provides recruitment and retention services for medically underserved areas, manages the J-1 Visa Waiver program, and administers the Virginia Medical loan repayment program and Psychiatrists in Underserved Area Committee. Additionally, Ms. Reed addresses recruitment and retention issues via serving on various committees and boards.

Ms. Reed comes to the OHPP with approximately 20 years of medically related professional experience with the Commonwealth of Virginia. Prior to coming to the OHPP, she worked as a Medical Hearing Officer, Manager, Disability Specialist, and Rehabilitation Counselor. Ms. Reed also has some recruitment and placement experience with a federal employment program. Ms. Reed is a native of Staunton, Virginia, where she received a Bachelor of Arts degree from Mary Baldwin College. She received a Master of Arts degree from the University of Oklahoma, Norman, Oklahoma.

With this positive change in staffing, the OHPP plans to continue to expand activities in the coming year regarding health care provider recruitment and retention:

(i) Recruitment Survey

The OHPP plans to conduct a survey of all state and federal scholarship and loan repayment recipients who have completed their training within the past seven years. Plans are also in place to study a matching sample of primary care physicians who have chosen to practice in HPSAs but did not have a state or federal practice obligation. Federal and private grant opportunities are being researched in order to fund this project.

(ii) Resident Physician Recruitment

The OHPP's Recruitment Liaison/Program Manager will continue assisting in the recruitment of resident physicians into primary care specialties. Ongoing site visits and meetings are planned with the Medical College of Virginia's Family Practice Residency Directors, and with the second and third year residents at MCV, the University of Virginia, and Eastern Virginia Medical School.

(iii) Local Recruitment Efforts

The OHPP's Recruitment Liaison/Program Manager has contacted all regional AHEC Directors and has notified them of her availability as a recruitment contact for potential primary care health professional candidates. Additionally, site visits to area AHECs are planned in conjunction with recruitment related travels throughout the state.

(iv) Physician/Psychiatrist Recruitment

The Recruitment Liaison/Program Manager will be making ongoing presentations regarding recruitment and retention services offered by VDH to various organizations throughout Virginia.

(v) Recruitment Web Site

The OHPP will continue its primary care workforce initiatives by expanding its efforts to recruit and retain physicians, psychiatrists, and mid-level health care professionals using the Primary Practice Opportunities web site (http://www.ppova.org) as one of the resources.

(vi) Recruitment & Retention Software

The OHPP has continued to look for various ways to improve its recruitment and retention process. As part of this effort, key OHPP staff members visited the North Carolina Office of Research, Demonstrations, & Rural Health Development and viewed the computer operating system used in their recruitment activity. It was determined that North Carolina and a number of other states are utilizing a web based software package. The software package is called Practice Sights. Practice Sights software consists of the following.

- Two online web based components. The components are designed to assist in the recruitment and retention process.
- An online component in which candidates (individuals looking for positions) enter comprehensive personal data regarding their credentials, specialty, and location preferences. The system generates a formatted CV.
- An online component in which practice opportunities are listed.

Information entered into the database must be reviewed and approved by the site administrator or designee prior to being placed in the active recruitment database. Additional administrative parameters are determined in order that data can be entered, retrieved and acted upon within specified timeframes and to fit individual needs. Practice Sights software provides a basis for immediate tracking and reporting of numerous data elements. The utilization of Practice Sights software allows for efficient management with a virtual "paperless process."

The OHPP found that states utilizing Practice Sights software have experienced enhanced efficiency and a timely response to all inquiries thereby greatly improving their recruitment process. The system allows for timely statistical reporting. In an effort to provide greater recruitment and retention of health professionals in Virginia, the OHPP has decided to procure and utilize this system.

D. Scholarships and Loan Repayments

During this reporting period, the general fund for the Virginia Medical Scholarship Program (VMSP) and the Virginia Physician Loan Repayment Program (VPLRP) received reductions of $82,500 for fiscal year 2003 and $234,036 for fiscal year 2004. Because of these reductions, the OHPP is phasing out the VMSP. This decision was made because of the 40% default rate in the VMSP. The high default rates are attributed to the fact that scholarships are awarded to students early in their medical education with a condition that upon completion of their medical education, they must work in primary pare in a designated underserved area of the Commonwealth. At some point during their medical education, however, many scholarship recipients change their fields and go into some specialties other than primary care, move out of state, or no longer want to work in a medically underserved area. As a result, the OHPP staff spends administrative time collecting scholarship funds from the defaulters. Collection of these funds is required by the VMSP regulations (12-VAC-5-530) and the VMSP contract. The OHPP will allow those who received the scholarships during the 2002-2003 academic year to continue participation in the program, if they desire, until their eligibility runs out.

The OHPP will concentrate its efforts on the VPLRP. This program is now four years old and the default rate is zero. This low default rate is attributed to the award of loan repayment to those medical graduates who have made decisions to work in primary care or psychiatry in medically underserved areas.

The OHPP will continue administering programs that did not receive any budget reduction during the reporting period. These programs include the Mary Marshall Nursing Scholarship and Loan Repayment Program, the National Health Service Corps State Loan Repayment Program, the Virginia Physician Loan Repayment Program, and the Psychiatrists in Underserved Areas of Virginia Program.

In addition to the programs listed above, the OHPP will continue to identify and assist practice sites in Virginia eligible to recruit health professionals participating in the National Health Service Corps (NHSC) scholarship and loan repayment programs. In addition, the OHPP will advise and assist these health professionals with placement opportunities in Virginia where they can complete their service obligations to the NHSC.

E. Health Workforce Issues

In 1999, the General Assembly directed the Joint Commission on Health Care to review the efficiency, effectiveness, and outcomes of the Commonwealth's health workforce efforts. The resultant document, the Health Workforce Study, contained a policy option that the Joint Commission on Health Care introduce legislation directing the VDH to coordinate the Commonwealth's efforts in recruiting and retaining providers for underserved areas and populations. The following year, HB 1076 was introduced. It established VDH's health workforce duties and responsibilities, and required it to establish a Health Workforce Advisory Committee (Committee) to advise it on all aspects of VDH's health workforce duties and responsibilities.

The Committee held its first meeting on September 9, 2002. The meeting was well attended. Members suggested additional meetings be held and that the OHPP meet with its counterpart in North Carolina so as to replicate some of its successes. As a result of this meeting, the OHPP

staff did travel to North Carolina and learned much about successful recruiting strategies. Another Health Workforce Advisory Committee meeting will be held in the early fall of 2003.

V. OHPP's Initiatives to Meet the Needs of Medically Underserved or Health Professional Shortage Areas

The OHPP assists primary care practice sites in recruiting and placing health care professionals, marketing recruitment and placement services, and collaborating with the Virginia Primary Care Recruitment Network (VPCRN) and other partners to expand the provision of recruitment and placement services. A brief description of each activity follows.

A. Recruitment and Placement of Health Care Providers

The OHPP provides recruitment and retention services for primary care and mental health practice sites located in medically underserved areas, health professional shortage areas, and in state or local government institutions in the Virginia. These services are provided through a Recruitment Liaison/Program Manager employed by the OHPP. The Recruitment Liaison/Program Manager receives requests from physicians, nurse practitioners, and physician assistants interested in practicing primary care, specialty care, or psychiatry in Virginia. Additionally, requests are received from primary care, specialty care, and mental health practice sites interested in recruiting health professionals. The Recruitment Liaison/Program Manager works with the practice sites and the applicants in order to find appropriate matches. The primary outcome is the placement of health care professionals in primary care and mental health practice sites in medically underserved areas.

Preference for recruitment or placement services is given to Virginia Medical Scholarship and Nurse Practitioner / Nurse Midwife Scholarship recipients because these programs require service in a HPSA or VMUA and are administered by the OHPP. In addition, the Recruitment Liaison/Program Manager assists National Health Service Corps (NHSC) scholars with placement in practice sites located in medically underserved or health professional shortage areas within Virginia. The NHSC program is administered by the federal government.

During the reporting period, the Recruitment Liaison/Program Manager reviewed and forwarded health professionals' curriculum vita (CV) to practice sites throughout Virginia as indicated in Table 10.

TABLE 10	
A Sample of Localities where the OHPP Forwarded the CVs of Health Professionals for Possible Placements July 1, 2002 to June 30, 2003	
Location of Practice Opportunities Receiving CVs	Specialty
Alexandria	Internal Medicine
Manassas	Internal Medicine
Lawrenceville	Internal Medicine
Roanoke	Internal Medicine
Danville	Internal Medicine
Roanoke	Internal Medicine
Nassawadox	Internal Medicine
Front Royal	Internal Medicine
Hampton	Internal Medicine
Winchester	Internal Medicine
Fairfax	Family Practice
White Stone	Family Practice
Front Royal	Family Practice
Manassas	Family Practice
New Port News	Family Practice
Strasburg	Family Practice
Stafford	Family Practice
Charlottesville	Family Practice
Richmond	Family Practice
Chester	Family Practice
Kilmarnock	Family Practice
Laurel Fork	Family Practice
Suffolk	Family Practice
Richmond	Family Practice
Hayes	Family Practice
Galax	Family Practice
Grundy	Nurse Practitioner

The Recruitment Liaison/Program Manager serves on the Psychiatrists in Underserved Areas Committee (PUAC) made up of three staff members from the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and two staff members from VDH. The PUAC serves as a liaison between faculty mentors, resident scholars, and Community Services Board representatives to assist participants in the Psychiatrists in Underserved Areas of Virginia Program in finding employment in Mental Health Professional Shortage Areas (MHPSAs) within Virginia. The goal of PUAC is to educate medical residents regarding the benefits of practicing community psychiatry in underserved areas and encourage practicing in MHPSAs. As a member of the PUAC, the Recruitment Liaison/Program Manager assists in facilitating the placement of eligible psychiatrists in MHPSA.

The Psychiatrists in Underserved Areas Committee meets quarterly with faculty mentors from the psychiatry residency programs at the University of Virginia (UVA), the Virginia Commonwealth University, UVA-Carilion at Roanoke, and the Eastern Virginia Medical School (EVMS). The Recruitment Liaison/Program Manager meets regularly with the DMHMRSAS Inspector General, PUAC members, resident scholars, and faculty mentors. During the reporting period, twelve resident scholars have been mentored by three faculty members through the PUAC (Table 11).

TABLE 11

Number of Resident Scholars Mentored through the PUAC July 1, 2002 to June 30, 2003

Psychiatric Resident Program	Current Residents/Fellows	Placement outside of VA	Placement in CSB/VMSA
UVA	2	1	1
Carilion	1	0	2
VCU/MCV	1	1	2
EVMS	0	1	0

The OHPP maintains a health professional recruitment database to track recruitment contacts. On June 30, 2003, the database contained listings for approximately 450 health professionals (primary care physicians, mental health professionals, physician assistants, and nurse practitioners) of whom approximately 150 were actively seeking positions. On the same date, there were approximately 150 positions advertised via Primary Practice Opportunities. The majority of the practice sites that were actively seeking health care professionals were located in medically underserved or health professional shortage areas.

B. Marketing of Recruitment and Placement Services

The OHPP has a multi-faced marketing program. The OHPP makes numerous presentations at residency programs and at various health care related symposiums and conferences. During the presentations, the OHPP shares information on practice opportunities in Virginia as well as recruitment and placement services provided through the OHPP.

The Recruitment Liaison/Program Manager's responsibilities are limited to serving those in medically underserved areas and health professional shortage areas. During the reporting period, the Recruitment Liaison/Program Manager made presentations on medical practice opportunities in Virginia at statewide or regional conferences. These efforts were aimed at marketing practice opportunities within Virginia and making potential candidates aware of the recruitment resources available at the OHPP. Additionally, during the reporting period, the Recruitment Liaison/Program Manager made presentations to Virginia residency programs at various locations.

C. Collaboration with Other Entities

In collaboration with its partners, the OHPP has developed the Virginia Primary Care Recruitment Network (VPCRN). The VPCRN provides local contacts to assist in the recruitment and retention process. In addition, this collaboration has led to a state-of-the-art web-based recruitment tool called the Primary Practice Opportunities (www.PPOVA.org). The PPOVA represents a web-based marketing effort for promoting the advantages of practicing in the Commonwealth, advertising specific practice opportunities, and identifying candidates from a broad array of medical specialties. The PPO website generates approximately 7,000 hits per month. The website currently has approximately 125-150 positions advertised.

Presently, practice opportunities and potential candidates are accepted for the following areas:

- **Physicians:** Family/General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and Psychiatry
- **Nurse Practitioners:** Family/General Nurse Practitioners, Pediatric Nurse Practitioner, Adult Nurse Practitioner, and Psychiatric Nurse Practitioner
- **Physician Assistants**
- **Other Medical Specialties:** Dentistry and General Surgery

In order to help meet the needs of all Virginians, Primary Practice Opportunities continues to list all opportunities that are available throughout the state. The VHAN Web Manager/Recruiter continues to facilitate recruitment in areas that are not designated as medically underserved. However, the OHPP Recruitment Liaison/Program Manager focuses on medically underserved and health professional shortage areas and the Primary Practice Opportunities Webmaster/Recruiter focuses on the remainder of the state.

Even though the recruitment efforts provided through Primary Practice Opportunities have been expanded to include the maximum number of specialties and locations, the majority of practitioner vacancies are for primary care providers. Health Professional Shortage Areas continue to represent a significant portion of the vacancies in the Commonwealth. The Southwest region continues to have long term vacancies and will receive more intense recruitment efforts.

During this reporting year, the process for a candidate seeking a position in Virginia via the Primary Practice Opportunities and National Rural Recruitment and Retention Network (3Rnet), www.3Rnet.org, remained unchanged. However, the process will be refined within the coming year due to the utilization of the new Practice Sights Software.

VI. The Retention Rate of Providers Practicing in Medically Underserved or Health Professional Shortage Areas

During the reporting period, the OHPP accomplished the following with regard to the retention rate of providers practicing in medically underserved and health professional shortage areas in Virginia:

A. Retention of National Health Service Corps (NHSC)-State Loan Repayment Recipients

During the reporting period, four NHSC-State Loan Repayment physicians with practice obligations were located in underserved areas of the Commonwealth, namely Page, Lee, and Highland Counties and Richmond City's East End. The participant in Lee County completed her service obligation during the reporting period. She continues to practice there. Since the receipt of grant award from the federal government in fiscal year 1994, a total of 12 physicians have participated in this program. Of the eight participants who completed their service obligations in a prior reporting period, six continue to work where they were originally placed, namely Accomack, Grayson, Dickinson, Nelson, Buchanan, and Westmoreland Counties. One practices in Mechanicsville in Hanover County, which is not designated as an underserved area. The remaining one has moved out of state. The OHPP considers this retention rate to be above average.

B. Retention of J-1 Physicians

A retention survey, conducted in the previous year by the OHPP, found that 81% of J-1 visa waiver physicians placed during the years 1998-2001 through the Conrad State-20 program expressed an intention to remain with their current practices after their contract expired. 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 visa waiver physicians in Virginia's health professional shortage areas - far above the norm for other states.

In order to allow sufficient time to elapse between studies, the OHPP has opted to wait until next year to conduct another retention survey. This survey will yield a larger pool of J-1's who have completed their obligations and made their decisions about the locations of future practices.

B. Collaboration with Other Entities

The OHPP 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 medically underserved and health professional shortage areas. 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 OHPP's broader program of practice management support for physicians practicing in underserved areas.

VII. The Utilization of Scholarship and Loan Repayment Programs as Well as Other Authorized Programs or Activities

Federal and state medical scholarships and loan repayment programs were developed to attract primary care providers to medically underserved areas. The Virginia Medical Scholarship Program (VMSP) is intended to provide financial incentives for primary care physicians to practice in high need regions of the state. The scholarships are annually awarded to medical 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. This program, as noted Section IV.D, is being phased out, because of budget cuts received in October 2002. Further details are provided in Section IV.D.

The Mary Marshall Nursing Scholarship Program (MMNSP) provides financial incentives to Licensed Practical Nurse (LPN) and Registered Nurse (RN) students. The program requires one month of service by the recipient as a LPN or RN anywhere in the state for every $100 of scholarship awarded. Awards have ranged between $1,200 and $2,500 per year.

- During the reporting period, there were 27 medical scholar graduates practicing in 22 different jurisdictions (Table 12). These practicing physicians owe a total of 51.38 years of service.
- During the reporting period, the Virginia Medical Scholarship Program made 32 awards: 15 to students at VCU, 11 to students at EVMS, 4 to students at UVA, and 2 to students at Pikeville School of Osteopathic Medicine.
- During the reporting period, the OHPP awarded 59 RN scholarships at $2,372 each and 26 LPN scholarships at $537 each to nursing students through the MMNSP.
- During the reporting period, the OHPP awarded five scholarships at $5,000 to nurse practitioner students through the Nurse Practitioner/Nurse Midwife Scholarship Program.
- One hundred forty eight nursing scholar graduates that participated in the MMNSP are currently practicing in the Commonwealth and owe a total of 173.47 years of service.
- The National Health Service Corps – State Loan Repayment Program currently has three active recipients working in Page and Highland counties and in the east end of Richmond City. They have a combined 4 years and 1 month of service remaining in their obligations. Another recipient completed his service obligation in September 2002. She continues to work as a nurse practitioner in Lee County.
- During the reporting period, the Virginia Loan Repayment Program (VLRP) had 34 active working participants and three recipients completed their service obligations. Of the active participants, 52.26 combined years of service is complete and there is a combined 38.12 years of service required. Their work locations are reported in Table 11.

TABLE 12
Practice Sites of Participants in the National Health Service Corps-State Loan Repayment Program (NHSC), the Virginia Medical Scholars Program (VMSP), the Virginia Medical Loan Repayment Program (VLRP), and the Governor's Psychiatric Scholars Programs (GPSP)
July 1, 2002 to June 30, 2003

County (Jurisdiction)	Practitioner Type	Program Type	Number of Placements (FTE)
Accomack	Family Practice	VMSP	1
	Pediatrician[a].	VMSP	.5[f]
	Pediatrician	VLRP	1
Alleghany	Family Practice	VLRP	1
Appomattox	Family Practitioner	VLRP	1
Bland	Psychiatrist[c.]	GPSP	.2
Buchanan	Family Practitioner	VMSP	2
	Physician Assistant	VLRP	1
Campbell	Family Practitioner	VMSP	1
	Family Practitioner	VMSP	1
	Family Practitioner	VLRP	1
Caroline	Psychiatrist[d.]	VLRP	.2
	Pediatrician	VMSP	1
Carroll	Psychiatrist [c.]	GPSP	.2
Charlotte	Family Practice	VMSP	1
Charlottesville	FNP/Certified Nurse Midwife[b.]	VLRP	1
Cumberland	Family Practitioner	VLRP	1
Danville	Family Practitioner	VLRP	1.5[g.]
	OB/GYN	VMSP	1
	Family Practitioner	VMSP	1
Essex	Pediatrician	VMSP	1
Fluvanna	General Internist	VLRP	1
Fredericksburg	Psychiatrist [d.]	VLRP	.2
Giles	Family Practitioner	VMSP	1
Grayson	General Internist	VLRP	1
Greensville	Physician Assistant[h.]	VLRP	1
Henry	Family Practitioner	VMSP	1
Highland	Physician Asst.	NHSC	1
King George	Family Practitioner	VMSP	1
	OB/GYN	VMSP	1
	Psychiatrist [d.]	VLRP	.2
	FNP	VLRP	1
Lunenberg	Family Practitioner	VLRP	1
Mecklenburg	Family Practitioner	VLRP	1
	Family Practitioner	VLRP	1
	Psychiatrist	GPSP	1

TABLE 12 (Continued)
Practice Sites of Participants in the National Health Service Corps-State Loan Repayment Program (NHSC), the Virginia Medical Scholars Program (VMSP), the Virginia Medical Loan Repayment Program (VLRP), and the Governor's Psychiatric Scholars Programs (GPSP)
July 1, 2002 to June 30, 2003

County (Jurisdiction)	Practitioner Type	Program Type	Number of Placements (FTE)
Newport News	Pediatrician Family Practice	VMSP VMSP	1 1
Norfolk	Pediatrician Psychiatrist[i.]	VMSP GPSP	1 1
Northampton	Pediatrician[a.] Family Practitioner	VMSP VLRP	.5 1
Norton	Family Practitioner FNP Pediatrician	VMSP VLRP VLRP	1 1 1
Nottoway	Family Practitioner Family Practitioner	VMSP VLRP	1 1
Page	Family Practitioner Family practitioner	VLRP NHSC	1 1
Petersburg	Pediatrician	VLRP	1
Pittsylvania	Family Practitioner[g.]	VLRP	.5
Richmond City	OB/GYN Pediatrician Pediatrician	VLRP NHSC VLRP	1 1 1
Richmond	Pediatrician	VMSP	1
Roanoke (Northwest)	Psychiatrist Family Practitioner	GPSP VMSP	1 1
Russell	FNP OB/GYN Family Practitioner	VLRP	1 1 1
Salem	Family Practitioner	VLRP	1
Smyth	Family Practitioner Psychiatrist[c.] General Internist /Pediatrician	VLRP GPSP VMSP	1 .2 1
Spotsylvania	Psychiatrist[d.]	VLRP	.2
Stafford	Psychiatrist[d.]	VLRP	.2
Suffolk	Family Practitioner OB/GYN General Internist / Family Pracitioner	VLRP VLRP VLRP	1 1 1
Washington	OB/GYN[e.]	VMSP	1
Wythe	Family Practitioner Psychiatrist[c.]	VMSP GPSP	1 .2

[a.] Physician spends one-half of his time in Accomack County and the other half in Northampton County.
[b.] Family Nurse Practitioner works in La Clinica de Mujeres at UVA (serving Hispanic women)

[c.] Psychiatrist works in the Mt. Rogers Community Services Board.
[d.] Psychiatrist works in the Rappahannock Area Community Services Board.
[e.] Physician spends one-half of his time in Abingdon and the other half in Washington County.
[f.] Fractional FTE means a full-time practitioner's hours are spread to multiple locations.
[g.] Physician spends one-half of his time in Danville and the other half in Pittsylvania County.
[h.] Physician Assistant works at Greensville Correctional Center.
[i.] Psychiatrist works in Norfolk CSB two days a week and the remainder of time in private practice.

- The Governor's Psychiatric Scholars Program (GPSP) currently has 12 participants. The Psychiatrists in Underserved Areas Committee (PUAC), discussed in Section V.A, administers this program. Four participants are currently working, one at the Mt. Rogers Community Services Board (CSB), one at the Blue Ridge Behavioral Healthcare in Roanoke, one in South Hill in a private practice, and one is working part-time at the Norfolk CSB and the remainder of the time in private practice. Five remaining participants are still in residency or completing fellowships. Three participants are currently in default and are paying back the Commonwealth per the signed agreement between the Commonwealth and the GPSP recipient. The four participants that are working owe a total of 6 years in a mental health practice site approved by PUAC.
- The Virginia Dental Scholarship Program has been in place since 1952 and participation from 1986-1994 averaged 9 scholarships per year. The appropriation of $25,000 has remained constant since 1952. Initially the award was $2,500 per year but in 1998 it was raised to $5,000. In 2000, the amount was changed to one-year in-state tuition, which at $12,000 has had an impact on the number of potential recipients. Also in 2000, a Dentist Loan Repayment Program (*Code of Virginia* § 32.1-122.9:1) was added but no appropriation has been provided to implement the program. The VDH Office of Family Health Services, Division of Dental Health administers the dental scholarship program.

VIII. Recommendations for New Programs, Activities, and Strategies

The last few decades have seen dramatic change within the health care market system and the economic capacities of medically underserved communities to support the delivery of health care services. The lack of nurses, dentists, obstetricians and psychiatrists in medically underserved areas now often rivals the shortage of primary care physicians. As these new challenges and problems have appeared, the tools and programs for addressing them have not been correspondingly expanded or modified. Service-obligation incentive programs such as the Virginia medical and nursing scholarship and physician loan repayment programs have changed little since they were first implemented by Virginia's medical and nursing schools in the 1960s.

These incentive programs were codified in the early 1990s and transferred for administrative efficiency to the Virginia Department of Health. Since that time, tuition costs at Virginia's medical schools have steadily risen but the award amounts for scholarships have remained unchanged. The Physician Assistant Scholarship and Loan Repayment program was established by the General Assembly in 1994 but no funds have been appropriated to support the program.

The OHPP's recommendations for new programs, activities, and strategies reflect this situation and are discussed in the following sections:

A. Scholarship and Loan Repayment Programs

The goal of the state and federal Medical and Nursing Scholarship and Loan Repayment programs in Virginia is to strengthen the efforts to recruit and retain health care providers in medically underserved areas of the Commonwealth. Despite considerable targeting of federal and state funds for scholarship and loan repayment programs over the past three decades, the

maldistribution of health care providers has persisted nationally and in Virginia. Most agree that there is no simple solution and that "multifaceted approaches" using various incentives will be required to stabilize the supply of health care providers in rural and inner-city medically underserved areas.

Recent research has suggested four ways in which these programs can be strengthened, namely (a) through developing appropriate service-obligating programs, (b) through targeting medical school students with rural and minority backgrounds, (c) through supporting training programs that have traditionally supplied providers for medically underserved areas, and (d) by supporting students who have early in their medical education elected to pursue training within underserved areas. The insights from this research can assist in refining the Virginia's existing medical and nursing service-obligation programs.

(i) Scholarship versus Loan Repayment

A study of the National Health Service Corps (NHSC) published by Mathematica Policy Research, Inc. reported that "Across a broad variety of success indicators, participants in the (NHSC) loan repayment program generally exhibit equivalent or better outcomes (e.g., retention in the underserved area after obligation is complete) than clinicians in the (NHSC) scholarship program." It is now generally recognized that the purchase of obligated-service through a medical school scholarship program is not as efficient or as effective in placing providers in medically underserved areas as a loan repayment program implemented after medical training has been completed. Specifically, loan repayment programs:

- decrease the time between degree completion and the beginning of service obligation,
- decrease the likelihood that a default on the obligation will occur,
- increase the likelihood of retaining the provider in an underserved area, and
- increase the ability of planners to respond quickly to changes in need for specific types of providers (Mathematica Policy Research, Inc.).

Recommendation 1. Introduce a budget amendment that provides for an additional $200,000 to increase the funding for the state loan repayment program for primary care physicians and psychiatrists. The additional funds would support 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.

Recommendation 2. Introduce a budget amendment placing all medical and nursing scholarship and loan repayment monies in an interest-bearing revolving fund. Because of the intermittent nature of the disbursement of scholarship and loan repayment funds, these funds would accrue interest for a substantial portion of the year.

(ii) Targeting Scholarship Funds.

Although scholarships do not have the same type of immediate payoff associated with loan repayment programs, they do represent a means to target recruitment into the medical and nursing profession. Because potential medical students from rural and minority populations often lack the financial ability to pursue health related careers and because research has shown

that these students are more likely to practice in rural and inner city medically underserved areas, it is advantageous for scholarship programs to target these student populations.

Recommendation 3. Introduce a budget amendment that provides for an additional $982,500 to increase medical and nursing scholarship awards. This would restore the $234,036 reduction to the scholarship program and add an additional $748,464 to the program. Funds not used for scholarship awards will be used for loan repayment, either for physicians, psychiatrists, or nurses. If the increases that are envisioned in Table 12 were available, applicants would receive awards at one-half the estimated tuition and educational costs for state residents. Tuition and educational costs in Virginia are approximately $30,000 and $35,000 per year. These costs have steadily risen since the programs began in the early 1970s but the amount of the scholarship award has remained the same.

The Physician Assistant Scholarship and Loan Repayment program was established by the General Assembly in 1994 but no funds have been appropriated to support the program.

Recommendation 4. 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 (§32.1-122.6:03).

(iii) Osteopathic School

Osteopathic medicine practiced by D.O.'s is similar to allopathic medicine practiced by M.D.'s except that osteopathy has been claimed to be unique in two areas. One is the holistic or patient-centered approach, with a focus on preventive care that is claimed to characterize osteopathy. The other, potentially more robust, claim to uniqueness is the use of osteopathic manipulation as part of the overall therapeutic approach. In osteopathic manipulation, the bones, muscles, and tendons are manipulated to promote blood flow through tissues and thus enhance the body's own healing powers. Osteopathic manipulation is not well known (or practiced) by allopathic physicians, but for decades it has stood as the core therapeutic method of osteopathic medicine.

Graduates of osteopathic schools are four times more likely to pursue careers in family practice and 1.5 times more likely to practice in rural areas than comparable medical school graduates (American Osteopathic Association). Because of a $234,036 budget reduction to the medical scholarship program for fiscal year 2004, Virginia presently provides medical scholarship support only to those students who participated in the program for the 2002-2003 academic year and are still eligible to receive the scholarship. This includes twelve students from Virginia Commonwealth University, three students from University of Virginia, twelve students from Eastern Virginia School of Medicine and two students from the Pikeville College of Osteopathic Medicine (PCOM) in Pikeville, KY. The PCOM has initiated osteopathic residency and preceptorhip programs in Southwest Virginia and participates in the Virginia Graduate Medical Education Consortium's (GMEC) preceptorship program.

The Edward Via Virginia College of Osteopathic Medicine is a private professional graduate college offering the degree of Doctor of Osteopathic Medicine (D.O.). The College, an affiliate of Virginia Tech, received accreditation under the Bureau of Professional Education of the American Osteopathic Association and the State Council of Higher Education of Virginia has approved it. The main campus is located in the Town of Blacksburg at the Corporate Research Park adjoining the main campus of Virginia Tech. The Edward Via College of Osteopathic Medicine is incorporated under the laws of the Commonwealth of Virginia as a not-for-profit corporation. The first students have been accepted for the fall 2003 school year.

Recommendation 5. Increase the number and amount of scholarship awards available to the Pikeville School of Osteopathic Medicine from two to four and from $10,000 to $15,000 per year. The additional cost to implement this recommendation will be $40,000. This will increase the current awards by $10,000, $5,000 per recipient, and adds two new awards at $15,000 per recipient.

Recommendation 6. Provide the students and graduates of the newly formed Edward Via Virginia College of Osteopathic Medicine with 27 scholarship awards at $10,000 per award. The college should be required to match each award with $5,000. The total award to a recipient would be $15,000 per year. This recommendation is intended to make the awards for the new osteopathic school comparable with other state schools participating in the Virginia Medical Scholarship Program, namely Virginia Commonwealth University, University of Virginia, and Eastern Virginia Medical School. The total general fund request for this recommendation is $270,000.

(iv) Rural and Inner-City Electives, Rotations, Internships, Clerkships, and Residencies

It is critical that those students with an interest in rural or inner city medically underserved areas be systematically encouraged, throughout their medical school career, to practice in rural or inner-city medically underserved areas of the Commonwealth. Studies have demonstrated that rural electives and preceptorships provide the medical student with the needed reinforcements to maintain their continued interest in rural and inner-city practice. By creating linkages with service obligation incentive programs, these medical school experiences can prove to be decisive in determining the choice of practice site.

Recommendation 7. VDH should develop with the assistance of the VDH Health Workforce Advisory Committee an annotated listing of all electives, clerkships, and residencies designed to familiarize medical students with rural and inner-city practice opportunities.

B. Practice Management

Practice management support is an effective strategy for retaining physicians in underserved areas. In the past, the OHPP 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. Practice management consultants provide technical assistance to the physician's staff to code billings properly to optimize and improve reimbursements. The OHPP 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 efforts of the OHPP. The development of the organizational expertise for this service within the OHPP 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 would be obtained for the practice management program, including volunteer and reduced fee professional services. 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 OHPP and deposited in the fund. The revolving fund will enable the OHPP 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 OHPP.

Recommendation 8. Introduce a budget amendment that provides $63,341 for equipment, software, travel, and 1.5 additional FTEs for the OHPP 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 9. Introduce a budget amendment that provides $50,000 to establish the VDH revolving fund for practice management services.

The National Health Service Corps (NHSC) is its efforts to improve the health of the Nation's neediest communities offers support that involves developing and preparing sites and communities by identifying innovative solutions. The NHSC can help:

- Build partnerships and relations in the community to mobilize local resources.
- Design and implement a discounted fee schedule or other means for providing affordable care.
- Maximize revenue from federal programs such as the Rural Health Clinic and Federally Qualified Health Center Programs.
- Identify ways to support uncompensated care through other grant programs (State and/or Federal) to ensure that the site remains fiscally sound.
- Establish an integrated system of care that includes the uninsured and underinsured.
- Link with other communities and sites that have "done it".

For a practice site to receive NHSC assistance, it must:

- Be located in a federally designated HPSA.
- Urban or rural community serving high-need populations.
- Accept Medicaid/Medicare assignments.
- Maintain a discounted fee schedule that assures there is no financial barrier to care for those at or below 200% of the federally poverty level.
- Function as part of a system of care that assures access to the full continuum of services (referrals and hospitalizations).

- Maintain full-time practice hours.

More information about the technical assistance service offered by the NHSC can be found at the following web site: http://nhsc.bhpr.hrsa.gov.

C. 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 10. Introduce a budget amendment that provides $145,500 for scholarship and loan repayment program management. This amount 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 11. Introduce a budget amendment that provides funds for the administration of the dental and mental HPSA designation process administered by the Primary Care Office within the OHPP. 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 OHPP although no provisions have been made to support this labor-intensive process. Estimated cost for contracted student intern services is approximately $21,000.

D. Staff and Budget

The OHPP has very effectively maximized its staff capacity through contracting for key services. To take the OHPP's efforts to a level comparable to the staff investments of Virginia's contiguous states increased resources will be required. As the OHPP 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 OHPP's ability to provide technical assistance to providers in the Commonwealth's medically underserved areas concerning, for example, grant availability, reimbursement coding, recruitment, and retention.

Recommendation 12. Introduce a budget amendment that provides for an additional $120,000 and 2.0 FTEs to support the OHPP's rural health program such as practice management for physicians, education of physicians on the benefits of rural practice, and education of communities on the benefits of healthcare industry as well as its recruitment and retention efforts.

The OHPP will continue to maximize its resources through public private partnerships and through the development and expansion with 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 (Tables 14 and 15) is required to fund the OHPP'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 HPSA designations. In addition, the OHPP 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 OHPP 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.

TABLE 13
Scholarship and Loan Repayment Funding [a.]

	Current Funding			Proposed Funding			
Type of Scholarship	**Current 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)**	**Total Increase (GF Only) and Recommendation Number**
Medical Scholarship EVMS, VCU, & UVA *Note: Awards to state school attendees are funded with $5,000 from General Fund (GF) and a $5,000 match from the medical school per recipient (SF).	$10,000	35	$350,000 ($175,000 GF & $175,000 School Match)	$15,000	81	$1,215,000 ($810,000 GF & $405,000 School Match)	$635,000 Recommendation 3
Edward Via Virginia College of Osteopathic Medicine in Blacksburg, VA – match with $5,000 per recipient by the medical school.	$0	0	$0	$15,000	27	$405,000 ($270,000 GF & $135,000 School Match)	$270,000 Recommendation 6
Pikeville School of Osteopathic Medicine	$10,000	2	$20,000 (GF)	$15,000	4	$60,000 (GF)	$40,000 Recommendation 5
Physician Assistant Scholarship [b.]	$0	0	$0	$8,000	5	$40,000	$40,000 Recommendation 4
Nurse Practitioner / Nurse Midwife Scholarship	$5,000	5	$25,000 (GF)	$8,000	5	$40,000	$15,000 Recommendation 3
Nursing Scholarship (RN)	$1,000 to $1,400	Varies year to year [c.]	$100,000 (GF) & BON contributes $20,000 to $30,000 (SF) [c.]	$6,000	30	$150,000 (GF) & BON to contribute $20,000 to $30,000 (SF) [c.]	$50,000 Recommendation 3

TABLE 13 (Continued)
Scholarship and Loan Repayment Funding [a.]

	Current Funding			Proposed Funding			
Type of Scholarship	**Current 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)**	**Total Increase (GF Only) and Recommendation Number**
Nursing Scholarship (LPN)	$120 to $350	Varies year to year [c.]	$0 (GF) & BON contributes $12,000 to $18,000 (SF) [c.]	$2,500	25	$62,500 (GF) BON to contribute $12,000 to $18,000 (SF) [c.]	$62,500 Recommendation 3
Nursing Scholarship (CNA)[d.]	$0	0	0	$1,000	20	$20,000 (GF)	$20,000 Recommendation 3
Physician Loan Repayment Program and Psychiatrists in Underserved Areas	$49,064	15	$735,964 (GF $585,964 and FT $150,000)	$49,064	19	$935,964 (GF, $785,964 and FT $150,000)	$200,000 Recommendation 3
TOTAL GENERAL FUND	**$905,964**			**$2,238,464**			**$1,332,500**
TOTAL SPECIAL FUND	**$446,000 (Estimate)**			**$446,000 (Estimate)**			**$0**
TOTAL FEDERAL TRUST	**$150,000**			**$150,000**			**$0**
TOTAL	**$1,501,964**			**$2,834,464**			**$1,332,500**

Note: GF = General Fund, SF = Special Fund (revenue), FT = Federal Trust

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

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

c. The number of awards is dependent on the number of licensing fees collected by the Board of Nursing (BON). One dollar of every RN and LPN license fee collected by the BON is deposited 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 and thirty-nine (39) LPN scholarships were awarded at $310 per recipient.

d. Certified Nurses Aide. The CNA Scholarship Program is enacted in the *Code of Virginia,* §32.1-122.6:01, but no monies have been appropriated to support this program.

TABLE 14
Present and Proposed FTE Profile of OHPP

Staff	Present FTEs	FTEs to Accomplish Proposed Activities
HPSA, MUA, VMUA, Primary Care projects	1.0	2.0
Rural Health (See *Recommendation 12)*	1.0	2.0
Scholarship, Loan Repayment, Primary Care Projects (See *Recommendation 10)*	1.3	2.5
Recruitment and Retention Liaison Specialist (See *Recommendation 12)*	1.0	2.0
Practice Management Coordinator (See *Recommendation 8*)	0.0	1.5
Support Staff	0.3	0.3
TOTAL	**4.6**	**10.3**

TABLE 15
Present and Proposed Budget of OHPP

		FY 2003		Requested Future Funding for Proposed Activities		Increase (Decrease) in Proposed Funding
Line	**Item**	**Federal**	**State GF**	**Federal**	**State GF**	**State GF only**
1	Office Staff (See *Recommendations 8, 10, and 12)*	$285,262	$363,484	$202,580	$484,520	$121,036
2	Primary Care and Rural Health Contractual Projects, including Practice Management *(See Recommendations 8, 9, and 12)*	214,159	$291,721	87,850	291,721	0
3	Scholarships and Loan Repayment (See *Recommendations 1,3,4,5, and 6*)	150,000	905,964		1,862,500	956,536
4	Critical Access Hospital	254,238		254,238	0	0
6	Small Hospital Improvement Grant	133,292	0	133,292	0	0
7	Supplies and Services	10,000	40,000	22,020	43,740	3,740
TOTAL		**$1,046,951**	**$1,601,169**	**$849,980**	**$2,682,481**	**$1,081,312**

The OHPP would hold regional recruitment fairs to encourage residents to serve in rural medically underserved areas. The OHPP 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.

The OHPP 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 OHPP to more effectively and efficiently address health access issues and health outcomes in medically underserved communities and the vulnerable populations of Virginia.