Virginia Department of Health

OFFICE OF HEALTH POLICY & PLANNING

Primary Care Workforce and Health Access Initiatives
Annual Report

July 1, 2003 to June 30, 2004

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Table of Contents

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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, 2003 through June 30, 2004, the VDH Office of Health Policy and Planning (OHPP) made significant contributions to efforts and activities that promote recruiting and retaining health care providers for underserved populations and areas throughout the Commonwealth. The OHPP provided information and assistance regarding primary care practice opportunities; collaborated in the building of health access networks through public private partnerships; gave technical assistance and information to improve health care access for vulnerable and uninsured populations; and held the 2nd Annual Governor's Conference on Covering the Uninsured.

The OHPP reviewed requests and submitted applications for designation of primary care, dental, and mental Health Professional Shortage Areas (HPSA). In addition, the OHPP administered state and federal loan repayment programs and scholarship programs. It is noted that health care providers who participate in these programs further support the OHPP's mission as participants are required to provide medical service with designated underserved populations or areas of the state designated as underserved.

The report shows newly designated and re-designated primary care, dental, and mental HPSA, even though the OHPP had staffing changes with the departure of Chandra Shrestha, Ph.D.(July 2003) and the addition of Lilia Mayer, Ed. M., as designation policy analyst (May 2004). During the reporting period, the HPSA designations were as follows: nineteen new primary care HPSAs; fifteen re-designated primary care areas; twenty-three new prison designations; sixteen

county redesignations of mental HPSA; seven new prison dental HPSA. OHPP submitted HPSA applications on behalf of the Department of Corrections to address shortages of health professionals in Virginia's state prisons. Twenty-four prisons received a primary care, a mental health and/or a dental health designation. In addition, six census tracts in low income areas of the City of Lynchburg and one census tract in Northampton County received new Medically Underserved Population (MUP) designations. The Lunenburg Medical Center received a new Comprehensive Health Center (CHC) designation, made possible by OHPP's approved application for Greensville County as a Low Income HPSA population.

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 comprised of vulnerable populations. The most significant disparities exist between black and white persons, and between rural and urban residents. The 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 providers throughout the state to address barriers to health care imposed by travel. Through the utilization of telehealth, rural providers are able to consult with specialists and participate in continuing education. Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education, public health, and health administration.

For this reporting period, the OHPP collaborated with the University of Virginia (UVA) to provide technical support to Bath, Giles, and Patrick Counties where telemedicine equipment was installed in Critical Access Hospitals located in those counties. Technical support was also provided to Wythe County Community Hospital and St. Mary's Hospital's telemedicine unit in Dickenson County, as well as all of the VDH sites in Southwest Virginia that use telemedicine for the Care Connection for Children. This program serves children with special healthcare needs. OHPP federal grant funds and UVA assistance also allowed the telemedicine network to expand by including the Community Health Center of Martinsville-Henry, the Lunenburg County Community Health Center, and Page County Memorial Hospital.

In an effort to reduce disparities in rural areas, the OHPP administers the Medicare Rural Hospital Flexibility Program. The goal of this program is to preserve rural hospitals and improve the rural health system. Four hospitals have been federally certified as Critical Access Hospitals (CAH). They are: R. J. Reynolds-Patrick County Memorial Hospital; Bath County Community Hospital; Carilion Giles Memorial Hospital; and Dickenson County Hospital. Dickinson County Hospital closed for a year and reopened in late 2003 as a CAH, made possible by grant funds and technical assistance from OHPP. Page County Memorial Hospital, Shendandoah Memorial Hospital, and Stonewall Jackson Hospital also received OHPP grant funds and technical assistance to explore the feasibility of CAH conversion and pursue CAH certification.

Other efforts designed to increase health care providers in medically underserved areas and administered by OHPP include: the Conrad State-30 program, state and federal loan repayment programs, and state and federal scholarship programs. The Conrad State-30 Program is a federal program that permits VDH to act as an interested state agency and request visa waivers for 30 American-trained foreign physicians. Employment in medically underserved and health professional shortage areas of the Commonwealth allows these physicians to remain in the United States. The scholarship programs include: Virginia Medical Scholarship Program, Mary Marshall Nursing Scholarship Program, and the Nurse Practitioner/Nurse Midwife Scholarship Program. The loan repayment programs include: Virginia Loan Repayment Program, and the National Health Service Corps-State Loan Repayment Program. The OHPP provided direct assistance with the placement of sixteen healthcare providers. There are 212 scholarship and loan recipients practicing in underserved areas of the Commonwealth and these recipients owe a total of 281 years of service.

In conclusion, the annual report provides a detailed summary including locations, specialty of placements, and referrals made during the reporting period. The report also identifies future initiatives.

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 July 1, 2003 through June 30, 2004, 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; and continued to revise regulations pertaining to the J-1 visa waiver program and the National Interest Waiver to improve the placement and retention of physicians in medically underserved and health professional shortage areas.

A. Health Professional Shortage Designations

The VDH, Office of Health Policy & Planning (OHPP) 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 U.S. 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 Medically Underserved Population (EMUP); a State Governor's Certified Shortage Area (SGCSA); or a Virginia Medically Underserved Area (VMUA).

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

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 designation but shows evidence of unusual local conditions, such as barriers to accessing primary care and high disease or mortality rates that cause exceptional medical underservice for a specified population group 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 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 ; or to receive a 10% increase in reimbursement for Medicare patients. A HPSA designation can also be used to establish rural health clinics. Primary care practitioners planning to expand or start a practice in a HPSA may apply for low interest loans through the Virginia Health Care Foundation's Healthy Communities Loan Fund.

During the reporting period July 1, 2003 through June 30, 2004, the OHPP received approval of fifteen updated HPSA designations (Table 1). These re-designations included whole counties, minor civil divisions, and census tracts. Approved areas covered eight counties; the Tyler District of Charles City County and the Berlin and Ivor Districts of Southampton County; the Hardy District of Isle of Wight County; and low income census tracts within the cities of Portsmouth, Richmond, and Suffolk.

TABLE 1			
Status of Primary Care HPSA Designation		**July 1, 2003 to June 30, 2004**	
Area or Facility Considered for Designation	**Area Designation**	**Type of Designation**	**Approval Date**
CAROLINE	AREA	PRIMARY CARE	8/5/2003
BUCKINGHAM	AREA	PRIMARY CARE	8/5/2003
RUSSELL	AREA	PRIMARY CARE	8/12/2003
AMELIA	AREA	PRIMARY CARE	8/12/2003
HIGHLAND	AREA	PRIMARY CARE	5/26/2004
LUNENBURG	AREA	PRIMARY CARE	5/26/2004
LOW INC - DOWNTOWN PORTSMOUTH	CT	PRIMARY CARE	8/5/2003
HOMELESS - RICHMOND CITY	CT	PRIMARY CARE	8/5/2003
C.T. 301.00	CT	PRIMARY CARE	8/5/2003
C.T. 302.00	CT	PRIMARY CARE	8/5/2003
C.T. 303.00	CT	PRIMARY CARE	8/5/2003
C.T. 000300	MCD	PRIMARY CARE	8/12/2003
C.T. 000400	MCD	PRIMARY CARE	8/12/2003
C.T. 000200	MCD	PRIMARY CARE	5/26/2004
EAST END RICHMOND	SCTY	PRIMARY CARE	5/14/2004
PAGE	SCTY	PRIMARY CARE	5/14/2004
PATRICK	SCTY	PRIMARY CARE	5/14/2004
BERLIN AND IVOR DISTRICT	MCD	PRIMARY CARE	8/12/2003
TYLER DISTRICT	MCD	PRIMARY CARE	8/12/2003
HARDY DISTRICT	AREA	PRIMARY CARE	8/5/2003
CITY OF SUFFOLK	CT	PRIMARY CARE	8/5/2003
C.T. 0651.00	CT	PRIMARY CARE	8/5/2003
C.T. 0653.00	CT	PRIMARY CARE	8/5/2003
C.T. 0654.00	CT	PRIMARY CARE	8/5/2003
C.T. 0655.00	CT	PRIMARY CARE	8/5/2003
C.T. 0756.00	CT	PRIMARY CARE	8/5/2003

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 HPSA. 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, 2003 through June 30, 2004, the OHPP obtained 23 new MHPSA designations for Virginia's prisons and MHPSA re-designations for 16 counties. (Table 2).

TABLE 2

Status of Mental HPSA Designation Research and Analysis
July 1, 2003 to June 30, 2004

Area or Facility Considered for Designation	Area of Designation	Type of Designation	Approval Date
AUGUSTA CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
BLAND CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
LAWRENCEVILLE CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
BRUNSWICK CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
KEEN MOUNTAIN CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
DILLWYN CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
BUCKINGHAM CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
LUNENBURG CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
MECKLENBURG CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
NOTTOWAY CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
HAYNESVILLE CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
DEERFIELD CORRECTIONAL CENTER	PRSN	MENTAL	9/30/2003
RED ONION STATE PRISON	PRSN	MENTAL	9/30/2003
WALLENS RIDGE STATE PRISON	PRSN	MENTAL	9/30/2003
COFFEEWOOD CORR CENTER	PRSN	MENTAL	8/18/2003
JAMES RIVER CORR CENTER	PRSN	MENTAL	8/18/2003
POWHATAN CORR CENTER	PRSN	MENTAL	8/18/2003
DEEP MEADOW CORR CENTER	PRSN	MENTAL	8/18/2003
SOUTHAMPTON CORR CENTER	PRSN	MENTAL	8/18/2003
SUSSEX II STATE PRISON	PRSN	MENTAL	8/18/2003
SUSSEX I STATE PRISON	PRSN	MENTAL	8/18/2003
ST. BRIDES CORR CENTER	PRSN	MENTAL	8/18/2003
INDIAN CREEK CORR CENTER	PRSN	MENTAL	8/18/2003

TABLE 2 (Continued)			
Status of Mental HPSA Designation Research and Analysis July 1, 2003 to June 30, 2004			
Area or Facility Considered for Designation	**Area of Designation**	**Type of Designation**	**Approval Date**
BUCHANAN	SCTY	MENTAL	5/14/2004
DICKENSON	SCTY	MENTAL	5/14/2004
RUSSELL	SCTY	MENTAL	5/14/2004
TAZEWELL	SCTY	MENTAL	5/14/2004
DINWIDDIE	SCTY	MENTAL	1/13/2004
GREENSVILLE	SCTY	MENTAL	1/13/2004
PRINCE GEORGE	SCTY	MENTAL	1/13/2004
SURRY	SCTY	MENTAL	1/13/2004
SUSSEX	SCTY	MENTAL	1/13/2004
COLONIAL HEIGHTS (City)	SCTY	MENTAL	1/13/2004
EMPORIA (City)	SCTY	MENTAL	1/13/2004
HOPEWELL (City)	SCTY	MENTAL	1/13/2004
PETERSBURG (City)	SCTY	MENTAL	1/13/2004
BRUNSWICK	SCTY	MENTAL	7/11/2003
HALIFAX	SCTY	MENTAL	7/11/2003
MECKLENBURG	SCTY	MENTAL	7/11/2003

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 (DHPSA) 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, 2003 through June 30, 2004, the OHPP received 7 new DHPSA designations (Table 3).

TABLE 3			
Status of Dental HPSA Designation Research and Analysis July 1, 2003 to June 30, 2004			
Facility Considered for Designation	**Type of Facility**	**Type of Designation**	**Approval Date**
KEEN MOUNTAIN CORRECTIONAL CENTER	PRSN	DENTAL	9/30/2003
GREENSVILLE CORRECTIONAL CENTER	PRSN	DENTAL	9/30/2003
HAYNESVILLE CORRECTIONAL CENTER	PRSN	DENTAL	9/30/2003
COFFEEWOOD CORR CENTER	PRSN	DENTAL	8/18/2003
JAMES RIVER CORR CENTER	PRSN	DENTAL	8/18/2003
SUSSEX II STATE PRISON	PRSN	DENTAL	8/18/2003
LAWRENCEVILLE CORRECTIONAL CENTER	PRSN	DENTAL	9/30/2003

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

The OHPP received 19 HPSA designations for 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 was collected from all 26 eligible state prisons. The resulting approvals of submitted applications are listed in Table 4.

TABLE 4			
Status of Primary Care HPSA Designations July 1, 2003 to June 30, 2004			
Area or Facility Considered for Designation	**Type of Facility**	**Type of Designation**	**Approval Date**
AUGUSTA CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
BLAND CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
LAWRENCEVILLE CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
BRUNSWICK CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
KEEN MOUNTAIN CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
DILLWYN CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
LUNENBURG CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
MECKLENBURG CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
NOTTOWAY CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
HAYNESVILLE CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
DEERFIELD CORRECTIONAL CENTER	PRSN	PRIMARY CARE	9/30/2003
RED ONION STATE PRISON	PRSN	PRIMARY CARE	9/30/2003
COFFEEWOOD CORR CENTER	PRSN	PRIMARY CARE	8/18/2003
JAMES RIVER CORR CENTER	PRSN	PRIMARY CARE	8/18/2003
DEEP MEADOW CORR CENTER	PRSN	PRIMARY CARE	8/18/2003
SOUTHAMPTON CORR CENTER	PRSN	PRIMARY CARE	8/18/2003
SUSSEX I STATE PRISON	PRSN	PRIMARY CARE	8/18/2003
SUSSEX II STATE PRISON	PRSN	PRIMARY CARE	8/18/2003
ST BRIDES CORR CENTER	PRSN	PRIMARY CARE	8/18/2003

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 Federal Qualified Health Center (FQHC) or Community Health Center (CHC) program. An MUA designation is also required for an area or a community to apply for funding under the Rural Health Clinic (RHC) program. During the reporting period July 1, 2003 through June 30, 2004, the OHPP received federal approval of one low income population in six census tracts in Lynchburg City; one population group in Northampton County; and the Lunenburg Community Health Center.

TABLE 5			
Status of MUA and MUP Designation Research and Analyses July 1, 2002 to June 30, 2003			
Area or Facility Considered for Designation	**Type of Designation**		**Date of Designation**
LUNENBURG MEDICAL CENTER	CHC	PRIMARY CARE	9/5/2003
MFW - NORTHAMPTON	POP	PRIMARY CARE	8/26/2003
LOW INC - LYNCHBURG CITY	POP	PRIMARY CARE	10/9/2003
C.T. 0004.00	POP	PRIMARY CARE	10/9/2003
C.T. 0005.00	POP	PRIMARY CARE	10/9/2003
C.T. 0006.00	POP	PRIMARY CARE	10/9/2003
C.T. 0007.00	POP	PRIMARY CARE	10/9/2003
C.T. 0011.00	POP	PRIMARY CARE	10/9/2003
C.T. 0012.00	POP	PRIMARY CARE	10/9/2003

The OHPP supported designation requests from health care providers, community leaders, professional organizations, local health departments, county governments and other interested parties. The OHPP researched proposed designation areas to determine if the areas qualified for special consideration according to Federal guidelines. Web-Ex technology permitted the OHPP and the SDB to conduct simultaneous analyses of geographic areas (such as counties, census tracts and minor civil divisions). Proposed areas that passed this first examination then underwent analysis of specific factors, such as determining the Full Time Equivalency (FTE) of its primary care providers. The verification process allowed the OHPP to determine whether the gathered data proved the presumption of need for a health professional shortage designation. The OHPP used all resources at its disposal to determine if solid cases existed for designations. This careful approach from beginning to end offered valuable insights and feedback to interested parties seeking a HPSA, MUA, MUP or EMUP designation.

In summary, the OHPP has improved the objectivity, responsiveness, and simplicity of the shortage designation process. It has also made the process data-driven and proactive. Moreover, the OHPP is initiating efforts to prepare a state wide Rational Service Area Plan, which the SDB highly recommends. The SDB has advised state Primary Care Officers that beginning in August 2004 the SDB will pilot web-based applications for new and updated HPSA designations. States that submit state-wide Rational Service Area Plans for SDB approval will be able to renew designations with less effort. Once a state plan receives SDB approval, the Primary Care Officer of that state will not have to analyze contiguous service areas to obtain re-designation for its HPSAs. Presently, HPSA designation and re-designation require a thorough analysis, not only of the defined Rational Service Area, but also of all contiguous areas. Once the SDB accepts a state-wide RSA plan, the SDB's web-based technology will reduce the time and depth of

analysis now required by as much as 80%. Four states have submitted state-wide RSA plans, and as such, stand first in line to benefit substantially from this procedural change. Virginia has begun the process for completing its own RSA plan.

B. Health Care Access for Vulnerable and Uninsured Populations

A critical function of OHPP is to develop and identify policy initiatives at the state-level which encompass actions that improve the access to health care for the underserved, uninsured, rural, ethnic and minority populated areas of the state. Health status statistics have consistently shown that racial and ethnic minorities and rural communities are vulnerable populations. Racial and ethnic minorities at all stages of life suffer poorer health and higher rates of premature death when compared to the majority population. In Virginia, the racial and ethnic minority populations comprise nearly 30% of the state's total population of 7.3 million. Minorities include the following group populations: Black or African-Americans (1,458,697), Asian (297,661), Native Hawaiian or other Pacific Islanders (5,096), Hispanics or Latinos (378,060) and American Indians or Alaskan Natives (23,778).[1]

Available data for Virginia substantiates a disparity or "gap" in health status and health outcomes for racial and ethnic minorities. The life expectancy in 2001 for the minority populations (72 years) in Virginia was six years less than whites (78 years). The state's overall infant mortality and teenage pregnancy rates have shown downward trends in the last decade, yet the gap between minority populations and whites has continued.

B.1. Minority Health

Through its Office of Minority Health (OMH), the OHPP manages programs designed to eliminate health disparities that exist among racial and ethnic minority populations, rural and those of lower economic status in Virginia. Efforts to eliminate health disparities for these communities will require better access to healthcare. The access barriers to quality health care include, but are not limited to: biases, 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, lack of awareness regarding health status, lack of available health services, and absence of risk reduction activities and preventive measures. These barriers to access lead to the emergence of health disparities in racial and ethnic minorities within the state.

The focus of the OMH is to improve the health of the most vulnerable minority populations by: identifying resources (public and private); developing new partnerships; and soliciting funds for activities and programs earmarked for reducing the disparity between the health status of minorities and non-minorities, including rural populations and economically depressed Virginians. This important task can be effectively accomplished with the expansion of the

[1]U.S. Census Bureau, Population Division, County Population Estimates by Race Alone Hispanic or Latino Origin: July 1, 2002. Release Date: March 10, 2004

Commissioner's Minority Health Advisory Committee (MHAC). Past efforts by the OMH and the MHAC, based on strong links, have demonstrated efficiency and success.

In an effort to manage this task, the OMH began the search for professionals, para-professionals and community leaders to build capacity in community health systems; provide integrated, efficient, and effective health care services; and improve minority health status. The search includes representation from the American Indian, Latino and Asian communities. The OHPP recognizes that providing a forum for discussion for racial and ethnic leaders will allow for an exploration of health concerns as affected population group representatives collaborate with others to develop wellness plans for all Virginians.

The OMH vision is to be recognized as the premier entity for minority health, not only in the Commonwealth of Virginia, but also nationally among State Offices of Minority Health by making significant contributions to the well being of all people in the "Commonwealth of Opportunity."

The OMH addresses access issues by:

a) Funding a minority community-based organization (CBO) to conduct health education, preventive measures and risk reduction activities at the community level;
b) Partnering with other programs within the VDH to help target racial and ethnic minority communities and address the health disparities that are pervasive in these communities; and
c) Establishing public/private partnerships with entities that have historical relationships with and vested interests in racial and ethnic minority communities. These partnerships will design and implement programs that eliminate access barriers to health care services, thereby reducing health disparities, with the goal of eliminating differences.

For this reporting period, the OMH funded the Peninsula Institute for Community Health (PICH) to provide health education, preventive measures and risk reduction activities that addressed access to healthcare issues for Tidewater communities.

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 SCHC conducted four 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 in the tidewater minority areas to attend the screenings.

PICH Activity: The PICH worked with church outreach workers to promote awareness of screening events through the distribution of flyers, radio and local newspaper advertisements. Four health education fairs and four nutrition education sessions were held for all program participants. PICH planned and implemented screenings for the targeted population to detect diabetes, elevated cholesterol, and elevated blood pressure. PICH also completed cardiovascular risk assessment forms and tracking forms for first-time participants. All newly diagnosed diabetics and persons with elevated blood pressure or cholesterol were referred for primary care

visits within two weeks of identification.

During this period, there were 300 participants who received health screenings. Of the 300 participants screened, 35 were referred to a primary care physician to determine if they were diabetic, 6 had elevated blood glucose levels, 25 participants had elevated cholesterol levels, and 2 participants had elevated blood pressure. All participants were provided with a copy of their test results to share with their physicians. Lack of insurance and a health care provider are major barriers to accessing health care in this community. To address this access barrier, all participants who did not have a primary care physician were referred to a physician for follow-up.

PICH Outcomes: By the end of this reporting period, June 30, 2004, the PICH had addressed access issues for African Americans, African Immigrants, Asians and Asian Refugees and Hispanics by collaborating with community stakeholders to conduct four screenings at four health fairs. PICH also conducted four educational group session services at locations within these communities through the use of mobile health units and follow-up services at community health centers at little or no cost.

PICH efforts included collaborative initiatives with the Southeast Community Health Collaborative, the Peninsula Health District Health Department, Community Health Watch project (CHWP), the C. Waldo Scott Center for H.O.P.E., St. Augustine Episcopal Church, the Clear Channel Radio Network and Hampton University School of Nursing. The CHWP provided screening activities for health education and risk reduction of diabetes, elevated cholesterol and elevated blood pressure in the African-American communities residing in Tidewater and the Virginia Peninsula areas. This collaboration attributed to many success stories, including a "VIP Lock up" activity in which community youth convinced local VIPs to remain "in jail" until they were able to recruit ten other people to be screened.

The Office of Minority Health Strategic Plan

The OMH advocates implementing state policy through the development of a strategic plan that focuses on five major goals that provide the framework for accomplishing its mission. The five major goals are: (1) to improve access to health care for minorities in Virginia; (2) to coordinate and partner with entities dedicated to implementing outreach activities that address racial and ethnic health issues; (3) to promote the reduction and ultimately the elimination of disease in Virginia for minority populations; (4) to enhance OMH's reputation as a leading source of minority health data; and (5) to partner with the minority communities to develop a "Health System Empowerment Plan." These strategic goals were selected to broaden the reach of health care services, to make health care more effective, and improve access to quality healthcare for minorities, the medically underserved and uninsured citizens of Virginia. The strategic plan addressed the following set of priorities:

- Reduce health disparities within the underserved, uninsured, rural and minority populations;
- Coordinate and provide relevant and timely health information that supports the development efforts of underserved, uninsured, rural and minority community health;

- Support the expansion of primary and preventive health care services in the minority community;
- Support community–based network development efforts striving to improve access to integrated health care services for minority populations;
- Promote development of health resources in underserved, uninsured and rural areas;
- Promote the expansion of health care providers and quality practice management in the underserved, uninsured, rural and minority populated areas;
- Promote state and national health policy that supports the underserved, uninsured, rural and minority community-based initiatives that correspond to the OMH's priorities.

The Priority Issues represented significant concerns across the state. The OMH and the Commissioner's Minority Health Advisory Committee (MHAC) have delineated a strategy for ensuring health for all and reducing health disparities. There is a critical need for the health sector to improve the availability and quality of medical care for all Virginia's ethnic and racial groups. The Strategic Plan pointed the way towards interventions for Virginians.

Planned Activities:

The development of effective internal and external communication networks to improve access to care for minority Virginians.

1. By November 2004, plan, coordinate, and co-sponsor an annual Virginia Minority Health Conference with a Historically Black College or University (HBCUs). OMH will co-sponsor annual health conferences at other colleges and universities throughout the state.

2. By October 2005, identify and obtain non-VDH public and private resources to implement local Minority Health promotion and health education projects.

The enhancement of data collection, analysis and reporting on minority populations throughout the programs and districts to the OMH at the VDH.

1. By January 2005, the OMH, in conjunction with the VDH Center for Health Statistics (CHS) will develop a methodology to include population numbers and ages by race and ethnicity. The data will include White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native and Hispanic or Latino. OMH and CHS will also convene a work group to develop a long-term methodology (which includes the four minority groups) to estimate Virginia's population and ages between federal census years. This methodology will be completed by August 2005. These methodologies will enable Virginia health statistics to be analyzed and reported for all racial and ethnic minorities in Virginia.

2. By December 2005, include in all existing and future VDH data sets the collection of race and ethnicity information for the five categories used by the National Center for Health Statistics, and defined in the federal Office of Management and Budget's Directive 15. These include White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native and Hispanic or Latino.

B.2. Refugee and Immigrant Health

Between 1990 and 2000, Virginia experienced a substantial increase in the number of its foreign-born residents, far outstripping previous periods of growth. As of the 2000 Census, there were over 570,000 foreign-born residents in Virginia, representing eight percent of the population. The majority of Virginia's foreign-born populations are from Asian and Latin American countries and almost half have immigrated since 1990. Located predominantly in the urban areas of the State, 68 % of Virginia's foreign-born population reside in Northern Virginia. In recent years, however, there have been a growing number of foreign-born people who settle in other parts of the State. For example, Harrisonburg's foreign-born population increased 404 % between 1990 and 2000, from 740 to 3,733.

According to Census Bureau data, foreign-born persons are more than twice as likely to be without health insurance as native-born persons. The Census Bureau's Current Population Survey data for March 2002 indicate that, nationally, 33 % of foreign-born residents are not covered by either private or government health insurance, compared to 13 % of native-born residents. Of those living in poverty, 26 % of native-born residents do not have health insurance, while 55 % of foreign-born residents face the same challenge.

In addition to the health insurance issue, many foreign-born residents face a limited command of the English language. According to 2000 Census data, 11 % of Virginia residents over the age of five speak a primary language other than English. Forty-one % of this population speak English "less than very well" and 21 % live in "linguistically isolated households," which are households in which "no member 14 years old and over speaks only English or…speaks English 'very well'." The language barrier not only limits the ability of non-English speakers to access needed services and information, but also may decrease their awareness of available resources, as well as their right to receive services. The language barrier may also deter non-English speakers from seeking help. Complications come up more often in the human services area. For example, miscommunication in health care settings may harm patients and add substantial costs to the health care system. Further, persons who do not speak English well may avoid needed treatment until forced to seek emergency care. This results in more costly medical services and undue pressures on public health providers.

B.3. Telehealth

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 the isolation of practitioners in rural areas.

OHPP has assumed leadership in developing a Virginia Telehealth network. OHPP is committed to the potential that telehealth brings to improving access to care and primary care workforce development by taking the initiative and establishing the Virginia Telehealth Network (VTN) in November 2002. The goal of the VTN is to facilitate networking, explore opportunities for collaboration, and improve the current telehealth infrastructure and utilization within the Commonwealth. Membership in this group continues to grow. The first meeting in 2002 was attended by over 20 individuals representing over fourteen agencies and organizations from both the public and private sectors. At the writing of last year's report, the VTN had grown to 46 individuals representing just over thirty agencies and organizations. The VTN is now comprised of 56 members representing 37 agencies and organizations. Some of the initial work of the VTN was presented at the 2003 Virginia Rural Health Association Annual Conference in a workshop entitled Telemedicine/Telehealth's Role in the Rural Hospital".

The full membership of the VTN meets three times a year. One of the major accomplishments of VTN over the past year is the implementation of a statewide survey that has collected information on telehealth capacity, equipment, etc. from about 75% of the health care providers/organizations who are involved in telehealth in some capacity throughout the state. The survey was the foundation by which the VTN Instrastructure Work Group researched and completed a white paper that laid out with clarity future network requirements, optimal services and technologies, and possible solutions. These efforts have not gone un-noticed. An OHPP staff member who also represents Virginia on the Southern Governor's Association (SGA) Telehealth/Homeland Security Task Force has shared the work of the VTN with several of the consultants to the SGA Task Force. This has begun to open doors for funding opportunities that would assist Virginia in improving its telehealth infrastructure statewide.

Finally, the use of telehealth to meet the needs of the growing Limited English Proficient (LEP) population in the less urbanized areas of the Commonwealth is being explored. OHPP has been working in partnership with the Northern Virginia AHEC, which manages a medical interpreter program to set up a demonstration/pilot videoconference interpretation project. Through the use of videoconference technology, trained medical interpreters can be accessed by medical/ health facilities in areas of the state that traditionally have not had access to these services and resources. It is anticipated that the demonstration/pilot project will be ready for implementation before the end of the summer of 2004.

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 four counties where there are Critical Access Hospitals – Bath, Dickenson, Giles, and Patrick Counties. Wythe County Community Hospital and Page Memorial Hospital also benefited from this collaboration, as have community health centers in Lunenburg County and Martinsville/Henry County. These sites all 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 is not 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 OHPP/UVA Telemedicine network now serves the *Care Connection for Children* in 13 Southwest counties, enabling many children to receive specialty services via telemedicine at their local county health departments.

OHPP's investment in Telemedicine equipment and services continues to significantly improve access to care for many Virginians in rural and medically underserved areas.

B.4. 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, six census tracts in low income areas of the City of Lynchburg and one census tract in Northampton County received new Medically Underserved Population (MUP) designations. The Lunenburg Medical Center received a new Comprehensive Health Center (CHC) designation.

TABLE 7

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

July 1, 2003 to June 30, 2004

Arlington County - CTs 1020, 1022.98, 1023, 1026, 1027, & 1028.98; Fairfax County -CTs 4514, 4515, 4516 & 4527	New Designation.	Exceptional MUP	Pending
Lynchburg City - CTs 4, 5, 6,	New Designation	Low-Income Population	Approved

TABLE 7			
Status of Health Professional Shortage Designation Applications Submitted to Advance the President's Health Center Initiative **July 1, 2003 to June 30, 2004**			
7, 11&12			
Louisa County - CTs 9501-9505; Hanover County -CTs 3201 & 3202; Spotsylvania County - CT 204.01	New Designation	Geographi3	Pending
Lunenburg Medical Center	New Designation	Comprehensive Health Center	Approved
MFW- Northampton	New Designation	Population	Approved

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 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 $3.5 million was awarded to eight CHCs in Virginia; $1.9 million to establish four new health centers and $1.5 million to expand services in four existing CHCs (Table 8). Currently, there are 20 CHCs in Virginia.

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 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.

Table 8

Funding Received by Community Health Centers (CHCs) in Virginia Under the President's Health Center Initiative July 1, 2003 to June 30, 2004

Date[a]	Name of Organization	City	Amount of Award		
			New Center	Service Expansion	Total
7/1/03	Central Virginia Health Services	Hopewell		$414,000	$414,000
7/1/03	Southwest Virginia Community Health Systems	Troutdale		$643,627	$643,000
7/1/03	Shenandoah Valley Medical Systems	Winchester		$354,247	$354,247
8/26/03	Stone Mountain Health Services	St. Charles		$40,000	$40,000
9/30/03	Peninsula Institute for Community Health	Newport News	$325,000		$325,000
9/30/03	Peninsula Institute for Community Health	Newport News		$171,000	$171,000
10/1/03	Highland Medical Center	Monterey	$300,000		$300,000
12/1/03	Johnson Health Center	Lynchburg	$650,000		$650,000
12/1/03	Alexandria Neighborhood Health Services	Alexandria	$650,000		$650,000
	Total		**$1,925,000**	**$1,582,874**	**$3,507,874**

B.5. Critical Access Hospital Program

The Critical Access Hospital Program, also known as the Medicare Rural Hospital Flexibility Program (FLEX), was created in the Federal Balanced Budget Act of 1997 (P.L. 105-33). Virginia has benefited substantially from the program, which has provided funding of over $1 million since Virginia began participating in the program in 1999. Much of the funding has gone to rural Virginia communities with hospitals that have converted to Critical Access Hospitals (CAH). The CAH designation enables a hospital to receive cost-based reimbursement for services provided to Medicare patients, which can improve a hospital's revenue considerably. A significant amount of the funds have been invested in telemedicine equipment that enables residents of rural areas to receive specialty care in their own communities, a real benefit to Virginians who might otherwise have to travel several hours for appropriate healthcare. Other program funds have been invested in improvement of rural Emergency Medical Services and grants to hospitals for quality improvement and patient safety.

A notable program achievement in the past year was the reopening of Dickenson County Hospital as a Critical Access Hospital. The hospital had closed its doors in the fall of 2002 and reopened November 10, 2003 with the help of grants from the FLEX program. Two other hospitals received grant support to explore the feasibility of CAH conversion, Stonewall Jackson

Hospital in Lexington, and Shenandoah Memorial Hospital in Woodstock. Both hospitals have completed their state certification for CAH and are awaiting federal designation.

Other projects supported with FLEX funds for the 2003-2004 year include:

- Regional outreach meetings for local participation in the revisions of the Virginia Rural Health Plan in Tappahannock, Blacksburg, and Wise.
- The annual meeting of the Virginia Rural Health Association.
- A one-day conference on migrant health issues.
- Expansion of the Telemedicine network to include the Community Health Center of Martinsville-Henry, the Lunenburg County Community Health Center, and Page County Memorial Hospital.
- "One Care" a network for the uninsured in the Cumberland Plateu Health District comprised of social service agencies, community health centers, free clinics, Virginia Tech, the Virginia College of Osteopathic Medicine, VDH, and private partners.
- EMS training in rural counties and development of EMS regional treatment protocols.
- 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. Sixteen rural hospitals participated in learning sessions in October, 2003, and January and June, 2004

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
  Shenandoah Memorial Hospital
  Stonewall Jackson Hospital
  Tazewell Community Hospital

- Technical assistance and support to four hospitals that are now certified as CAHs:

  Bath County Community Hospital
  Carilion Giles Memorial Hospital
  Dickenson County Hospital
  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. Specialty services provided by the University of Virginia Health System are available at telemedicine sites in the following locations:

  Bath County Community Hospital
  Carilion Giles Community Hospital
  Community Health Center of Martinsville-Henry
  Lunenburg County Community Health Center
  Page County Memorial Hospital
  R. J. Reynolds-Patrick County Memorial Hospital
  Wythe County Community Hospital
  St. Mary's Health Wagon in Dickenson County
  The VDH Care Connection for Children serving children with special healthcare needs in thirteen Southwest Virginia counties.

OHPP works closely with the Virginia Hospital and Healthcare Association (VHHA) and the Virginia Rural Health Association (VRHA) to achieve the goals of the CAH program. OHPP collaborated with the VRHA for a series of rural outreach meetings held in Tappahannock, Blacksburg, and Wise, to gain input from rural health constituents on the revision of the State Rural Health Plan. VRHA and OHPP jointly planned the annual meeting of the VRHA in Natural Bridge in November. OHPP also collaborates with the VHHA for meetings of the Critical Access Hospital Network and to develop workshops and programs for rural hospitals.

B.6. J-1 Visa Waiver 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 United States Citizenship and Immigration Service (CIS) 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 Areas (HPSA) or a Medically Underserved Areas (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.

The OHPP has stream-lined the Waiver application process allowing for comprehensive reviews and expeditious processing.

On June 12, 2003, an additional J-1 Visa Waiver program was implemented. 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 primary 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.

The availability of additional physician services through this new waiver was the impetus for the OHPP to revisit its utilization of the J-1 Waiver slots. Historically, Virginia tended to utilize its J-1 waiver slots exclusively for primary care needs. Primary care physicians with J-1 Visa Waivers continue to be recruited in health professional shortage areas in Virginia. As the new waiver does not place a limit on primary care physicians, the OHPP decided to allow J-1 physician slots to be allocated to areas other than primary care. 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.

During this reporting period, the OHPP processed twelve J-1 Visa Waiver applications and forwarded them to the DOS for approval. The DOS has thus far notified the OHPP that six of the applications have been approved. (Table 9) Within ninety days of CIS 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
Buchanan County	Internal Medicine	7/25/2003	09/12/2003
Lee County	Internal Medicine-Cardiologist	9/05/2002	10/17/2003
Prince Edward	Internal Medicine Neurologist	09/10/2003	09/30/2003
Russell County	Psychiatrist	09/11/2003	10/04/2003
Wise County	Internal Medicine	12/23/2003	01/13/2004
Pittsylvania County	Internal Medicine Pulmonologist	10/25/2004	04/22/2004
Greensville County	Internal Medicine	04/15/2004	*
Greensville County	Internal Medicine Nephrologist	04/15/2004	*
Lynchburg City	Internal Medicine Pulmonologist	03/29/2004	*
Russell County	Internal Medicine	05/19/2004	*
Prince Edward County	Internal Medicine – Endocrinologist	05/04/2004	*
Roanoke City	Internal Medicine	06/18/2004	*

*Applications awaiting DOS's decision.

B.7. Networks and Partnerships

The activities and accomplishments of OHPP during the reporting period could not have been possible without its network 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 both public and private sector entities to maximize its efforts to enhance access to primary care services. Table 10 enumerates some of the collaborative projects for the reporting period.

TABLE 10
OHPP Partners
July 1, 2003 to June 30, 2004

Partner	Services and Accomplishments
Blue Ridge AHEC	**Recruitment and Retention (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 an electronic application submission process in order to integrate the efforts of the VDH Recruitment Manager 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** 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 3,868 hours of interpretation to health and human service agencies in Northern Virginia through the Community Health Interpreter Service (CHIS) via 75 interpreters trained in 30 different languages; • Trained 864 individuals as follows: 529 individuals on "How to Communicate Effectively through an Interpreter," 148 bilingual individuals on "Bridging the Gap," the health care interpreter course, 37 individuals on "An Introduction to Community Interpretation (ICI)," and 134 individuals on various aspects of cultural competence. • Translated 339 health education documents into 18 different languages; • Worked closely with VDH to establish pilot program for providing interpreter services via video-conferencing at selected clinics in Richmond; • Trained board members from Community Health Centers across Virginia on the basics of the CLAS Standards, and began individual consultations with three CHC's; • 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 managed the demographic and provider databases.

Virginia Rural Health Resource Center (VRHRC)	**Behavioral/Mental Health and the Primary Care (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 and substance abuse screening 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.
	<u>Accomplishments During the Reporting period</u> • Continued refinement of the access-based community development program for the integration of primary care and mental health services; o Collaborated on the revisions of the "Substance Abuse Tool Box for Primary Care Providers" through a partnership with VPCA, DMHMRSAS and VDH (See below under Virginia Primary Care Association) • Served as a Network Partner with the Mental Health Association of the New River Valley on the Rural Health Outreach Grant, called ARMS Reach, which provides mental health services to low-income citizens in the New River Valley. Other Network Members include the New River Health District and the New River Area Agency on Aging. The first year of the project has been successful and the program received continued funding of $199,552 for 2004-2005. • 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; • Assisted with printing for the September 2003 Edition of "Where Can I Turn?" Mental Health Resource Directory for the New River Valley, which was distributed to all primary care provides in the New River Valley; and • An extension of this project includes the successful continuation of the "Bath-Highland Tobacco Use Prevention Project for Youth" - continuation funding of $75,000 has been received for 2004-2005. (Project was initially funded February 2001 – June 2003 for $140,687; continuation funding of $92,792 for July 2003-2004.)
Virginia Rural Health Association (VRHA)	**Network Development and Information Clearinghouse.** The Virginia Rural Health Association (VRHA) and OHPP cosponsor the annual Virginia rural health and the migrant/seasonal form worker conference. Both the VRHA and OHPP are actively engaged in establishing linkages with appropriate stakeholders concerning rural health issues and function as information clearinghouses for rural health program development, funding opportunities for rural communities, and the development of a comprehensive Virginia State Rural Health Plan.

	Accomplishments During the Reporting period • Developed and maintain an up-to-date website, www.vrha.org • Coordinated an information luncheon on rural health issues for Secretary Jane Woods, Human and Human Services, July 23, 2003. • Exhibited and participated in the Virginia Dental Summit, September 29-30, 2003. • Coordinated and conducted three public hearings on the Virginia State Rural Health Plan; Northern Neck Area – October 1, 2003; Blacksburg – October 7, 2003; and Wise County – October 15, 2003. • Coordinated the 2003 VRHA Annual Fall Conference, November 13-14, 2003. Approximately 125 individuals participated. • Member of the CAH Task Force. Attended meetings – December 18, 2003; February 18, 2004. • Attended the NRHA Policy Institute and Skills-Building Workshop – February 22-26, 2004. • Coordinated Rural Works Training Session – June 4, 2004. Thirteen (13) individuals attended. • Appointed for a two year term to the Board of Trustees for the Center for Rural Virginia by the Speaker of the House, June 2004. • Member of the VDH-OHPP Recruitment and Retention Committee. • Chair the Virginia Rural Development Council Steering Committee (VRDCSC), which was established to develop a State Rural Development Council. • Presented VRDCSC Work Plan to the Rural Virginia Prosperity Commission – October 8, 2003.
Virginia Primary Care Association	**Access to Health Care.** The Virginia Primary Care Association (VPCA) and the OHPP, (the Commonwealths designated Primary Care Organization (PCO) and recipient of HRSA Primary Care Cooperative Agreement funding) jointly work on issues relating to improving access to primary care services throughout the Commonwealth. Over the last year these efforts have included the refinement of an integrated approach to the treatment of mental illness and substance abuse screening within the primary care setting, the development of a migrant health conference, the integration of health professional recruitment efforts and assistance with the Health Professional Shortage Area Designations.
	Accomplishments During the Reporting period • During this reporting period, VPCA received $68,000 from SAMHSA to conduct eight regional trainings sessions between February – June 2004 to present an integrated approach to the treatment of mental illness and substance abuse screening within the primary care setting. ⇒ Training sites included: Alberta, Blacksburg, Bridgewater, Eastern Shore, Richmond, Tappahannock, Williamsburg, and Wise. Approximately 250 individuals participated in the training and received the Took Box. ⇒ The Substance Abuse Tool Box was developed and distribution and training was conducted at a statewide summit held on September 10, 2002 in Richmond. • Collaborated with VDH-OHPP on the Migrant/Seasonal Farm Worker Conference – November 12, 2003. Approximately 75 participants attended. • Developed a collaborative recruitment effort with the OHPP to assure effective recruitment of National Health Service Corp and J-1 Visa waiver physicians. • Developed a methodology for prioritizing the Health Professional Shortage Designation process and assist the OHPP with data collection for designations.

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, 2004 through June 30, 2005.

A. Strategic Planning

During the past legislative session, Governor Mark Warner signed Executive Directive 2, which directs the Secretary of Health and Human Resources to convene and chair the Rural Obstetrical Services Work Group. This action was in response to Virginia's challenges in providing access to necessary obstetrical care for women in rural areas. Budget language directed the Secretary to evaluate the obstetrical crisis in all areas of the Commonwealth. The VDH has been tasked with leading the study, which will satisfy both mandates. Karen Reed of OHPP is a member of the taskforce responsible for conducting the study.

The taskforce is responsible for reviewing relevant executive branch policies that may serve as an impediment to providing needed care in rural areas of the Commonwealth; developing the executive branch's response to legislatively mandated studies and coordinating the executive branch's response to and work with any other study groups examining similar issues; reviewing best practices in other states; and making policy recommendations as may seem appropriate to the Governor and General Assembly regarding improving access to care in rural areas. A preliminary report recommended that the Governor seek emergency authority to increase reimbursements to obstetricians who treat Medicaid patients.

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. The OHPP will also initiate efforts to prepare a state wide Rational Service Area Plan, which the Bureau of Primary Health Care – Shortage Designation Branch (SDB) highly recommends as a way to improve the designation process by using its soon-to-be-piloted web-based technology.

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 decided to take over complete management of its online PPOVA website. Accordingly, the OHPP is in the process of recruiting for a Recruitment Website Manager. The Recruitment Website Manager will manage the PPOVA website and OHPP's websites and assist with recruitment and retention services.

(i) Recruitment Survey

The OHPP remains interested in conducting 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. As funding is currently not available for this project, federal and private grant opportunities are being researched.

(ii) Resident Physician Recruitment

The OHPP's Recruitment 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, Eastern Virginia Medical School and Edward Via Osteopathic School. Additional marketing initiatives will be implemented.

(iii) Local Recruitment Efforts

The regional AHEC Directors continue to act as a local resource for potential recruitment. Additionally, the AHEC Directors refer potential primary care health professional candidates to the Recruitment Manager. Additionally, site visits to area AHECs are planned in conjunction with recruitment related travels throughout the state.

(iv) Physician Recruitment

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

(v) Psychiatric Recruitment:

The OHPP continues to support a psychiatric rotation program via Virginia's medical schools. The goal of the program is to provide psychiatric residents with practice opportunities with medically underserved populations.

(vi) 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 of Virginia web site (http://www.ppova.org) as one of the resources.

(vii) Recruitment & Retention Software

During the past year, the OHPP began the process of securing a recruitment retention software package called Practice Sights. Practice Sights utilizes two online web based components. The components are designed to assist in the recruitment and retention process. Practice Sights includes:

- An online component for candidates (individuals looking for positions) to enter comprehensive personal data regarding their credentials, specialty, and location preferences. The system generates a formatted Curriculum Vitae (CV).
- An online component in which providers (sole practitioners, hospitals, etc.) list practice opportunities.

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 system allows for timely statistical reporting. In an effort to provide greater recruitment and retention of health professionals in Virginia, the OHPP will begin utilizing Practice Sights software by fall 2004.

D. Scholarships and Loan Repayments

During this reporting period, eighteen scholarship awards were made to students attending state medical schools and one award was made to a student attending the Pikeville School of Osteopathic Medicine in Pikeville, Kentucky through the Virginia Medical Scholarship Program (VMSP). All these students participated in the program last year and will remain eligible for this program until they have reached their first year of residency. Once eligibility runs out for these students already participating in the program, the program will be discontinued. This is because of budget cuts made in October 2002 and because of the high default rate in the program. The high default rate, approximately 40%, is 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 specialties other than primary care, move out of state, or no longer want to work in a medically underserved area. Therefore, OHPP is concentrating placement efforts using the Virginia Physician Loan Repayment Program (VPLRP) as an incentive.

The VPLRP had seven practitioners renew their service obligations for another year and twelve awards were made to new participants during the reporting period. Eight practitioners completed their service obligations and of these eight, six are still working in the underserved area. The VPLRP has been in place for five years and it has maintained a zero default rate. This zero rate is attributable to placement of medical practitioner graduates who have made decisions to work in primary care or psychiatry in a medically underserved area of the Commonwealth. The inclusion of psychiatrists in the VPLRP further diminished the need for the PUAC. See Table 11 for scholars mentored through the PUAC and Table 14 for Scholarship and Loan Repayment Funding.

The OHPP will continue administering the following programs that require a service obligation in the Commonwealth. These programs include the Mary Marshall Nursing Scholarship and Loan Repayment Program, the Health Resources Services Administration (HRSA)-Bureau of Health Professions-State Loan Repayment Program, the Virginia Physician Loan Repayment Program (SLRP). The Psychiatrists in Underserved Areas of Virginia Program and the Psychiatrists in Underserved Areas Committee (PUAC) will be disbanded, but OHPP will continue to use existing incentive programs for placement of psychiatrists in mental medically

underserved areas. Originally this committee was formed to help with placement of psychiatrists in mental medically underserved areas of the Commonwealth.

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. The OHPP will advise and assist these health professionals with placement opportunities in Virginia where they can complete their service obligations to the NHSC.

TABLE 11

Number of Resident Scholars Mentored through the PUAC July 1, 2003 to June 30, 2004

Psychiatric Resident Program	Placement in CSB/VMSA	Placement outside of VA	Obligation Complete / Practice Area
UVA	0	4	1-Lawrenceville, VA
Carilion	2	0	1-Mt. Rogers CSB
VCU/MCV	2	0	1-Blue Ridge Behavioral Health Care
EVMS	0	1	0

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 traveled to North Carolina and learned much about successful recruiting strategies.

Another Health Workforce Advisory Committee meeting was held in August of 2004. The Committee was provided with a draft copy of the OHPP Primary Care Workforce and Health Access Initiatives Annual Report. The Committee listened to panel presentations discussing Health Workforce Issues and VDH Health Care Workforce Initiatives. The Committee members brainstormed possible initiatives and decided to review the options and prioritize their recommendations of future activities.

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 Manager employed by the OHPP. The Recruitment 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 Manager works with the practice sites and the applicants in order to refer appropriate candidates. The primary outcome is the increased pool of applicants resulting in 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 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 Manager reviewed and forwarded health professionals' curriculum vita (CV) to practice sites throughout Virginia. See a sampling in Table 12.

TABLE 12
A Sample of Localities where the OHPP Forwarded the CVs of Health Professionals for Possible Placements July 1, 2003 to June 30, 2004

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
Newport 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 OHPP maintains a health professional recruitment database to track recruitment contacts. On June 30, 2004, 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 Manager's responsibilities are limited to serving those in medically underserved areas and health professional shortage areas. During the reporting period, the Recruitment 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 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 of Virginia (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 of Virginia continues to list all opportunities that are available throughout the state. During this reporting period the VHAN Web Manager/Recruiter continued to facilitate recruitment in areas that are not designated as medically underserved. The OHPP Recruitment Manager focused on medically underserved and health professional shortage areas. However, as indicated earlier, in the upcoming year OHPP's Recruitment Manager and the new Recruitment Web Manager will handle all aspects of recruitment and retention of healthcare providers in the Commonwealth.

Even though the recruitment efforts provided through Primary Practice Opportunities of Virginia 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 of Virginia 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.

B. Retention of J-1 Physicians

During this reporting period, the OHPP reviewed the data regarding 29 J-1 waiver physicians who had completed their service obligation during the years of 1998-2001. Twenty physicians continued to practice in Virginia; six physicians left Virginia and the status of three physicians was unknown. This survey indicated that a significantly high percentage of J-1's have

completed their obligations and made a decision to continue their practice in Virginia. A more in depth study will be conducted in the future, pending staffing and funding availabilities.

C. Collaborative Efforts

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 and 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 medically underserved 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.

The Nurse Practitioner/Nurse Midwife Scholarship Program provides a $5,000 scholarship to individuals pursuing a nurse practitioner or nurse midwife education in Virginia. For every scholarship awarded a year of service is required in a medically underserved area of the Commonwealth.

The Virginia Physician Loan Repayment Program (VPLRP) provides financial incentives to primary care physicians and psychiatrists who commit to serving a minimum of two years, with an option to renew up to four years, in a medically underserved area. They receive $50,000 for the original two year commitment. If their verified educational loans total more that $50,000 and if funding is available a participant can renew for an additional year receiving $35,000. The maximum a recipient can receive is $120,000 for a four year commitment. The verified loan amount must be equal to or more than $120,000 when starting in the VPLRP program.

The HRSA-Bureau of Health Professions State Loan Repayment Program (SLRP) also provides financial incentives to primary care physicians, psychiatrists, nurse practitioners and physician assistants who commit to serving a minimum of two years in federally designated HPSAs. The

practice site must be a not-for-profit or public entity. Based on verified loan amounts a recipient can receive up to $120,000 for a four year commitment. The SLRP is a federal grant and must be matched with state funds on a dollar for dollar basis.

The following statistics are provided for the incentive programs described above:

- During the reporting period, there were 34 medical scholar graduates practicing in 26 different jurisdictions (Table 12). These practicing physicians owe a total of 41.98 years of service.
- During the reporting period, the Virginia Medical Scholarship Program made 18 awards: 9 to students at VCU, 7 to students at EVMS, 1 to a student at UVA, and to students at Pikeville School of Osteopathic Medicine.
- During the reporting period, the OHPP received 90 applications and awarded 72 RN scholarships at $2,222 each and received 55 applications and awarded 39 LPN scholarships at $439 each to nursing students through the MMNSP.
- During the reporting period, the OHPP awarded three scholarships at $5,000 each to nurse practitioner students through the Nurse Practitioner/Nurse Midwife Scholarship Program.
- One hundred forty nine nursing scholar graduates that participated in the MMNSP are currently practicing in the Commonwealth and owe a total of 178.63 years of service.
- The Bureau of Health Professions SLRP currently has eight active recipients working in Dickenson, Fluvanna, Highland, Nelson, Northampton (2 participants), and Pittsylvania Counties and in the east end of Richmond City. This includes two Family Practitioners, two Pediatricians, one Internal Medicine/Pediatrician, one Nurse Practitioner, and two Physician Assistants. They have a combined 10 years and two months of service remaining in their obligations. Another recipient completed his four year service obligation in September 2003. He continues to work as a Physician Assistant in Highland County.
- During the reporting period, the Virginia Loan Repayment Program (VLRP) had 40 working participants and of which eight completed their service obligations. Of these participants, 67 combined years of service was completed and there are 41 combined years of service remaining. Their work locations are reported in Table 13.

TABLE 13
Practice Site locations of Participants in the Bureau of Health Professions-State Loan Repayment Program (SLRP), the Virginia Medical Scholars Program (VMSP), the Virginia Medical Loan Repayment Program (VLRP), the Governor's Psychiatric Scholars Programs (GPSP), and the Federal National Health Services Corps (NHSC)

July 1, 2003 to June 30, 2004

County (Jurisdiction)	Practitioner Type	Program Type	Number of Placements (FTE)
Accomack	Family Practice	VMSP	1
	Pediatrician[a].	VMSP	.5[f]
	Pediatrician	VLRP	1
	Pediatrician	SLRP	1
Alleghany	Family Practice	VLRP	1
Amelia	Physician Assistant	NHSC	1
	Family Practitioner	NHSC	1
Appomattox	Family Practitioner	VLRP	1
Bland	Psychiatrist[c.]	GPSP	.2
Buchanan	Family Practitioner	VMSP	2
Buckingham	Pharmacist	NHSC	1
Campbell	Family Practitioner	VMSP	2
	Family Practitioner	VLRP	1
Caroline	Psychiatrist[d.]	VLRP	.2
Carroll	Psychiatrist [c.]	GPSP	.2
	Nurse Practitioner	NHSC	1
	General Internist	VLRP	1
Charlotte	Family Practitioner	VMSP	1
	Family Practitioner	VLRP	1
Charlottesville	FNP/Certified Nurse Midwife[b.]	VLRP	1
Chesterfield	Psychiatrist[j.]	GPSP	1
Cumberland	Family Practitioner	VLRP	1
Danville	Family Practitioner	VLRP	1
	OB/GYN	VMSP	1
	Family Practitioner	VMSP	1
	Physician Assistant	VLRP	2
Dickenson	Nurse Practitioner	SLRP	1
	Dentist	NHSC	2
	General Internist	VLRP	1
Dinwiddie	Family Practitioner	NHSC	1
Essex	General Internist/ Pediatrician	VMSP/ VLRP[g.]	1
Fluvanna	General Internist	NHSC	1
	Family Practitioner	SLRP	1
	Pediatrician	NHSC	1
Fredericksburg	Psychiatrist [d.]	VLRP	.2
Giles	Family Practitioner	VMSP	1
Gloucester	Family Practitioner	VMSP	1
Grayson	Family Practitioner	NHSC	1
Greensville	Physician Assistant [h.]	VLRP	1
	Physician Assistant	NHSC	1
Hanover	Pediatrician	VMSP	1
Henry	Family Practitioner	VMSP	1
	Physician Assistant	NHSC	1
Highland	Physician Assistant	SLRP	1
	Family Practitioner	NHSC	1

King George	OB/GYN Psychiatrist [d.]	VMSP VLRP	1 .2
King William	Family Practitioner	VLRP	1
Lancaster	Family Practitioner General Internist	VMSP / VLRP [g.] VMSP	1 1
Lee	Nurse Practitioner Nurse Practitioner Dentist	SLRP NHSC NHSC	1 1 1
Louisa	Family Practitioner	VMSP	1
Lunenberg	Family Practitioner Family Practitioner Physician Assistant Clinical Psychologist	NHSC VLRP NHSC NHSC	1 1 1 1

Mecklenburg	Family Practitioner Physician Assistant	VLRP NHSC	2 1
Nelson	Family Practitioner Family Practitioner	SLRP NHSC	1 1
Newport News	Pediatrician Family Practitioner / OB/GYN [k.]	VMSP VLRP	2 1
Norfolk	Psychiatrist Pediatrician	GPSP VMSP	1 1
Northampton	Physician Assistant General Internist Pediatrician	SLRP VMSP VMSP	1 1 2
Northumberland	General Internist	VLRP	1
Norton	Family Practitioner OB/GYN	VMSP VLRP	1 1
Nottoway	Family Practitioner Family Practitioner	VMSP / VLRP [g.] VLRP	1 1
Pittsylvania	Family Practitioner	SLRP	1
Portsmouth	Dentist Pediatrician	NHSC NHSC	1 1
Richmond City	Psychiatrist [l.] Pediatrician Family Practitioner OB/GYN Family Practitioner Family Practitioner	GPSP SLRP NHSC VLRP VLRP VLRP	1 1 2 1 1 1
Richmond County	Pediatrician	VMSP	1
Roanoke	Psychiatrist Family Practitioner Family Practitioner	GPSP NHSC VMSP	1 1 1
Russell	Nurse Practitioner Family Practitioner Nurse Practitioner	NHSC VLRP VLRP	1 1 1
Smyth	Social Worker General Internist General Internist Family Practitioner Family Practitioner	NHSC NHSC NHSC VMSP VLRP	1 1 1 1 1
Southampton	Family Practitioner	NHSC	1
Spotsylvania	Social Worker	NHSC	1
Suffolk	OB/GYN General Internist	VLRP VLRP	1 1
Washington	OB/GYN Family Practitioner Family Practitioner General Internist	VMSP VMSP VLRP VLRP	1 .5 1 1
Westmoreland	Family Practitioner	VMSP	1
Wythe	Family Practitioner	VMSP	1

[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 participates in both the VMSP and VLRP Programs.
[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.
[j] Psychiatrist works in the Chesterfield Community Services Board.
[k] Family Practitioner/OB/GYN works in Peninsula Health District.
[l] Psychiatrist works in the VA Hospital in Richmond City. 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.

TABLE 14
Scholarship and Loan Repayment Funding [a.]

	Current Funding			Recommended Funding			
Type of Incentive	**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)**
Physician Assistant Scholarship [b.]	$0	0	$0	$8,000	5	$40,000	$40,000
Nurse Practitioner/ Nurse Midwife Scholarship	$5,000	5	$25,000 (GF)	$8,000	5	$40,000	$15,000
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
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
Nursing Scholarship (CNA) [d.]	$0	0	0	$1,000	20	$20,000 (GF)	$20,000
Scholarship and Physician Loan Repayment Program and Psychiatrists	$50,000	3	$930,964 (GF $220,396, SF [e.] $560,568 and FT	$50,000	4	$1,130,964 (GF, $420,396, SF [e.] $560,568 and FT $150,000)	$200,000

in Underserved Areas			$150,000)				
TOTAL GENERAL FUND (for the programs in this table)	**$345,396**			**$732,896**			**$387,500**
TOTAL SPECIAL FUND	**$600,568 (Estimate)**			**$600,568(Estimate)**			**$0**
TOTAL FEDERAL TRUST	**$150,000**			**$150,000**			**$0**
TOTAL	**$1,095,964**			**$1,483,464**			**$387,500**

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.

e. Per 2004 Appropriation Act, Item 306 A., $560,568 transferred from the Department of Health Professions to VDH.

TABLE 15
Present and Proposed FTE Profile of OHPP

Staff	Present FTEs	FTEs to Accomplish Proposed Activities
Director	1	
Policy Analyst Senior	2	
Program Manager (Recruitment)	1	
Program Manager (Minority Health)	1	
Program Manager (Rural Health)	1	
Program Manager (Shortage Designations)	1	
Policy Analyst / Business Manager	1	
Program Support Technician (Scholarship, LRP, and general office administration)	2	
Administrative Staff Assistant	1	
CLAS Act / Telemedicine Analyst (wage)		.5
Web / Data Manager		1
	11	**1.5**