Draft

Virginia Department of Health

OFFICE OF HEALTH POLICY & PLANNING

Primary Care Workforce and Health Access Initiatives
Annual Report

July 1, 2004 to June 30, 2005

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Virginia Department of Health

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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, 2004 through June 30, 2005, 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 substantially completed grant activities to increase the number of insured Virginians.

The two most significant contributions the OHPP made toward efforts and activities to improve the number of health care providers assisting in underserved areas during the reporting period was the development of a rational service area plan and a statewide health workforce study. Both of these studies will help inform health workforce planning activities.

A rational service area plan allows for the strategic placement of federally designated health professional shortage areas that are data-driven. Currently, designations are submitted to HRSA on a first-come, first served basis. An area's successful designation can often preclude adjacent areas from receiving a designation even though the adjacent area may have higher needs. The rational service area plan is in its final stages and will be submitted to HRSA within the next few months for approval. States with approved rational service area plans have the ability to utilize

the federal ASAPS database to include in their HPSA applications. HPSA applications with ASAPS data are reviewed by HRSA in less than a third of the time it takes for HRSA to verify data coming from other sources. Thus, there are many benefits that will inure to Virginia once the rational service area plan is completed.

Virginia contracted with Dr. Stephen Mick of Virginia Commonwealth University to develop an objective health workforce study. A number of national studies offer conflicting data regarding whether there will be a physician shortage or surplus in the upcoming years. The uncertainty around the physician shortage/surplus argument underscores the need for objective studies that assess the current and projected supply of physicians. The few studies that exist suggest that Virginia has fewer physicians per population than the country as a whole, a higher population growth rate, and a greater reliance on international medical graduates. Data-driven public health policy cannot be realized when a vacuum of data exists as it does in Virginia.

The proposed workforce study will be the first of its kind thereby representing a watershed event for the state and the nation.

To overcome the weaknesses exhibited by traditional health workforce studies, the proposed study will predict physician supply adequacy in five to ten year intervals based on robust data sets and differing methodologies for estimating physician demand. Physicians in Virginia were surveyed during the renewal of their medical licenses regarding the scope of their practices in the upcoming years. Questions included the number of hours of week that they work, number of years before retirement, possibility of adding a partner, ability to accept new patients, days new patients have to wait before getting an appointment, etc. These data will be supplemented by the AMA and AOA Physician Masterfiles for Virginia.

Comprehensive analyses will then be performed to more descriptively identify the supply of physicians. The responses to the questions will be tabulated and matched with the physician's specialty and ZIP code. The ZIP code will then be placed into one of several different geographical areas- counties, towns, health planning regions, and primary care service areas (PCSAs). PCSA data describe utilization patterns for a specific geographic area. The use of PCSAs represents a significant advantage for Virginia, as they are the basis for its ongoing rational service area study as well as the basis for which HRSA is considering new shortage designation application efforts. Virginia is fortunate to have Dr. Stephen Mick leading these efforts as he developed PCSAs for the entire nation on HRSA's behalf.

While the above activities are noteworthy and will prove to have long-range benefits, they have taken up considerable staff time. These major efforts were conducted by OHPP staff members as a person who had been newly hired to assume these responsibilities separated from the office. During the reporting period, the number of applications submitted to HRSA was not as great as in the past, but the geographic areas included in each application is greater than those sent in during earlier years.

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 in areas of the state designated as underserved.

During the reporting period, a number of designation requests were reviewed and OHPP submitted HPSA designation requests as follows: one new primary care HPSA; two re-designated primary care areas; and one dental HPSA. There were no Medically Underserved Areas or Medically Underserved Populations applications submitted to HRSA during the reporting period.

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 include 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 program. 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; Carillon Giles Memorial Hospital; Shenandoah Memorial Hospital; Stonewall Jackson Hospital; and Dickenson County Hospital. Dickinson County

Hospital closed for a year and reopened in late 2004 as a CAH, made possible by grant funds and technical assistance from OHPP. Page County Memorial Hospital, Shendandoah Memorial Hospital, and Stonewall Jackson Hospital have 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, 2004 through June 30, 2005, the OHPP reviewed requests and submitted applications for designation of primary care and dental 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 policies 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 significant new activity the OHPP has engaged in to support health workforce activities during the reporting period is the development of a state specific health workforce study. Two decades ago, the Graduate Medical Education National Advisory Committee predicted a surplus in the supply of physicians in the United States. While the number of physicians may have increased, considering the present demand for physician services, there may actually be a shortage. Retiring baby boomers, technologically superior diagnostic and treatment procedures, and increasing prevalence of chronic disease are but a few variables that need to be considered to better appreciate the demand for medical services.

The uncertainty around the physician shortage/surplus argument underscores the need for objective studies that assess the current and projected supply of physicians. The few studies that exist suggest that Virginia has fewer physicians per population than the country as a whole, a higher population growth rate, and a greater reliance on international medical graduates. Data-driven public health policy cannot be realized without additional studies.

The proposed workforce study will be the first of its kind thereby representing a watershed event for Virginia. The OHPP has been recognized as a necessary partner by all four of the deans of Virginia's medical/osteopathic schools in their first fully collaborative effort. Other workforce study benefits include its predictive nature, analysis based on a comprehensive combination of full state data, and the replicable quality of its study design.

To overcome the weaknesses exhibited by traditional health workforce studies, the proposed study will predict physician supply adequacy in five to ten year intervals based on robust data sets and differing methodologies for estimating physician demand. Physicians in Virginia were surveyed during the renewal of their medical licenses regarding the scope of their practices in the upcoming years. Questions included the number of hours of week that they work, number of years before retirement, possibility of adding a partner, ability to accept new patients, days new patients have to wait before getting an appointment, etc. These data will be supplemented by the American Medical Association (AMA) and American Osteopathic Association (AOA) Physician Masterfiles for Virginia.

Comprehensive analyses will then be performed to more descriptively identify the supply of physicians. The responses to the questions will be tabulated and matched with the physician's specialty and ZIP code. The ZIP code will then be placed into one of several different geographical areas- counties, towns, health planning regions, and primary care service areas (PCSAs). PCSA data describe utilization patterns for a specific geographic area. The use of PCSAs represents a significant advantage for Virginia's Primary Care Office (PCO), an office within OHPP, as they are the basis for its ongoing rational service area study as well as an advantage for Virginia's PCA as its Environmental Assessment is also based on PCSA data.

These rational service areas will then be associated with a current population number from the PCSA database. The current physician supply will then be analyzed by current patient care FTE per population area for each specialty. The calculations are repeated based upon the projections supplied by individual physicians, with a five year and ten year projection. Added to these numbers are the historical supply of new physicians in Virginia averaged over the past five years while is the number of separations from the workforce will be subtracted.

Another significant advantage of the proposed study's design over earlier studies is that more robust data will be used in the analysis of physician demand. The physician-to-population ration will be calculated for each PCSA. Use of PCSA data identifies clusters of historical demand for primary care within a ZIP code thereby assuring greater demand specificity. In addition, the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey will also be used in the analysis of physician demand.

One final, yet certainly significant, benefit of the health workforce study is its principal investigator - Dr. Stephen Mick. Dr. Mick received his PhD in sociology from Yale University and received a Fulbright Senior Research Fellowship. He is responsible for defining PCSAs, which are now being heralded by HRSA as a superior approach to examine issues of resource distribution, need, and demand for federal Primary Care Offices across the nation. Thus, this workforce study provides a vehicle for the OHPP to promote HRSA's policy objective to have more PCOs use PCSA data. Virginia's unique geographic variations; including major cities as well as part of Appalachia, advance the utility of PCSA for geographic conditions found throughout the country. Finally, because of the familiarity of PCOs nationwide with the principles underlying PCSA data, its use enhances the ability of PCOs to replicate the study.

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.

Health Professional Shortage Area (HPSA) Designations

A 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 ten percent increase in physician reimbursement for Medicare patients. A HPSA designation can also be used to establish rural health clinics. 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, 2004 through June 30, 2005, the OHPP submitted a new primary care HPSA application (Halifax) and two primary care renewal applications (Atlavista/Chatham and Saltville)(Table 1).

TABLE 1

Status of Primary Care HPSA Designation July 1, 2004 to June 30, 2005

Area or Facility Considered for Designation	Area Designation	Type of Designation	Application Submission Date
HALIFAX	AREA	PRIMARY CARE	3/16/2005
ALTAVISTA/CHATHAM	AREA	PRIMARY CARE	5/16/2005
SALTVILLE	AREA	PRIMARY CARE	6/30/2005

Additionally**,** the OHPP submitted a new Dental Health Professional Shortage Area application for Dickenson County (Table 2).

TABLE 2

Status of Dental HPSA Designation July 1, 2004 to June 30, 2005

Area Considered for Designation	Type of Area	Type of Designation	Application Submission Date
DICKENSON	Geographic	DENTAL	6/14/05

The OHPP supported designation requests from health care providers, community leaders, professional organizations, local health departments, county governments and other interested parties. All areas that were designated in the previous year remained designated. 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 2005 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. As noted above, 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

[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

The Office of Minority Health (OMH) advances OHPP activities by its identification and elimination of barriers to health care access for vulnerable, rural, minority and uninsured populations of Virginia. The OMH manages programs designed to eliminate health disparities that exist among racial and ethnic minority populations in Virginia. The five federally recognized minority populations are: African American/Black, Hispanic/Latino, Asian, Native Hawaiian or other Pacific Islander, and Native American. Efforts to eliminate health disparities for racial and ethnic minority groups will only succeed by enhancing access to quality health care for these populations. Barriers to access to health care include lack of transportation, lack of fiscal resources, lack of health insurance, lack of health care providers and location of health care facilities, lack of interpretation and translation services, lack of information and lack of awareness regarding health status, lack of available health services, reduction of behavioral risk factors and lack of preventive measures. These barriers to access lead to the emergence of health disparities in racial and ethnic minorities throughout the state.

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

a) Funding minority community-based organizations (CBOs) to conduct health education, screenings, referrals for primary care, risk reduction activities and preventive measures at the community level;
b) Partnering with other programs within the Virginia Department of Health to help them appropriately target racial and ethnic minority communities, low income and rural communities and effectively address the health disparities that are pervasive in these communities; and
c) Establishing public/private partnerships with entities that have historical and cultural relationships with, and a vested interest in low income, rural, racial and ethnic minority communities to design and implement programs that effectively eliminate barriers to accessing health care services which would, in turn, lead to reduction and elimination of health disparities.

In order to promote the reduction and ultimately the elimination of health disparities in Virginia for minority populations by focusing on the important role minority practitioners play in educating the public about minority health issues, the OMH was involved in three specific activities related to the role of the minority health workforce during the reporting period:

1. The OMH and the OHPP planned, coordinated, and co-sponsored a Virginia Minority Health Conference with Hampton University, a Historically Black University (HBCU). The conference "Tackling Health Disparities: From Policy to Practice" was well received by health care professionals, educators and the public.

2. The OMH identified and obtained non-VDH public and private resources to implement local Minority Health promotion and health education projects. OMH joined the Hampton Roads Minority Health Coalition and the Fairfield Courts Staff in conducting more than 10 training and educational projects which focused on the Healthy Virginians 2010 initiatives and chronic diseases.

3. The OMH is exploring support of initiatives by public and private resources that are working on collaborative efforts with Virginia's historically black colleges to secure access for medical research studies that will in time increase effectiveness of health care and health care access.

B.2. Refugee and Immigrant Health

Between 1990 and 2000, Virginia experienced a substantial increase in the number of its foreign-born residents, far exceeding 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 have settled in other parts of the State. One of those areas of rapid growth has been the Metropolitan Richmond, VA Metropolitan Statistical Area (MSA). This MSA is comprised of 16 counties and 4 cities and has seen a dramatic growth in foreign-born populations over the last decade, with the number of Hispanics increasing at five times the growth rate of other populations in the area. Table 3 provides linguistic profile from the 2000 Census of residents age five and over for several of the counties and cities in this MSA:

TABLE 3

	Henrico	Chesterfield	Richmond	Prince George	Colonial Heights
Total Population (age 5 +)	244,359	242,866	185,379	31,074	16,072
Speaks a Primary Language Other Than English	9.0%	7.8%	6.7%	9.9%	7.5%
Speaks English "Less Than Very Well"	3.7%	2.9%	2.8%	2.9%	2.2%
Lives in a Linguistically Isolated Household*	2.2%	1.6%	1.8%	.7%	1.1%
Speaks Spanish as Primary Language	2.8%	3.2%	3.5%	5.1%	2.7%
Spanish Speakers Who Speak English "Less Than Very Well"	40.5%	42.5%	49.7%	28.4%	27.9%

* Households in which "no member 14 years old and over speaks only English or…speaks English 'very well'".

Those who speak English "less than very well" and/or who live in linguistically isolated households would be considered limited English proficient (LEP) in the health care context. Even though these figures indicate a substantial number of LEP residents, the data do not reflect the tremendous influx since 2000. According to the Virginia Department of Education, the total number of LEP students in the Metro Richmond MSA increased 115% between 2000 and 2004. Additionally, organizations that provide health care services to the foreign-born in the Metro Richmond MSA report that at least 50% are undocumented. The undocumented are not likely to

be highly represented in the Census data. According to the Immigrant Health Needs Assessment for the Greater Richmond Area, at least 67,000 Hispanics were living in the greater Richmond area in 2003. Included in this figure are Mixtecos, immigrants from the state of Oaxaca, Mexico. The Mixtecos' maternal tongue is Mixteco (or Tu'un Savi as they call their language) and most speak little or no English or Spanish

OHPP invited healthcare providers and those working with immigrants and refugees in the Greater Richmond area to an informal meeting 14 months ago to talk about the upsurge in linguistic/cultural barriers to healthcare. Over 33 individuals representing 23 agencies (e.g., Cross Over Health Center, Fan Free Clinic, REACH, City of Richmond Hispanic Liaison Office, Chesterfield & Henrico Health Districts, Bon Secours & VCU Health Systems) responded; an indicator of not only the scope of the problem, but the depth of concern for and commitment to improving the lives of our growing diversity. Needs related to interpretation (oral language), translation (written language), and cultural competence were identified. Existing area resources such as Refugee and Immigration Services (RIS) of the Catholic Diocese of Richmond, the VCU School of World Studies, the Spanish Academy and Cultural Institute, and EZS Language Resources were noted. Finally, a "wish list" was developed. Over the past six months, a vision for CLAS (Culturally and Linguistically Appropriate Services) Act – Metro Richmond has emerged. To minimize costs and maximize sustainability, CLAS Act – Metro Richmond would be a "virtual" entity coordinated by OHPP in partnership with existing local resources. The goal of this partnership would be to incrementally make available all of the items on the "wish list" as time and resources become available; eventually giving healthcare providers "one-stop shopping" for their linguistic and cultural competence needs. Progress has been made on the "wish list", including the start of a web-based information clearinghouse.

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.

Under OHPP leadership, an informal gathering of individuals involved in telehealth in Virginia took place in November 2002. Over 20 individuals representing 14 private and public agencies/organizations were in attendance. These individuals found that they had common goals and experienced similar challenges. This recognition let to the establishment of the Virginia Telehealth Network (VTN).

The primary goals of the VTN are to:

- facilitate networking
- explore opportunities for collaboration,
- improve the current telehealth infrastructure; and
- improve the current utilization of telehealth.

The VTN presently has a membership of over 80 individuals representing more than 50 public and private agencies/organizations. The VTN meets three times per year and has had several smaller workgroups, one of which has been focused on infrastructure issues. During 2003 - 2004, the VTN Infrastructure Work Group (IWG) assessed the current telehealth capacity and the anticipated future needs in the Commonwealth and identified weaknesses in the existing infrastructure.

As a result of their study, the IWG developed a white paper recommending the development of a statewide integrated telehealth network. A conference was proposed by members of the VTN as a way to share the vision, obtain broad consumer input, and to begin the process of moving from the initial white paper to a more detailed strategic plan.

In partnership with the Virginia Rural Health Association/Virginia Rural Health Resource Center, the University of Virginia Health System Office of Telemedicine, and the Edward Via Virginia College of Osteopathic Medicine, the OHPP co-sponsored the Virginia Telehealth Initiative Consensus Conference on May 26, 2005 in Natural Bridge, Virginia. Over 75 participants attended. The conference began with prominent speakers presenting a vision for telehealth internationally, nationally, and here in Virginia, and concluded with two concurrent breakout sessions: 1) Telehealth in Rural Virginia and Virginia's Critical Access Hospitals and 2) The Virginia Telehealth Network - Design and Implementation. The goal of the VTN is to have a statewide strategic plan for telehealth completed by the end of the 2005 calendar year. The strategic plan will build upon the materials developed during the conference breakout sessions regarding the needs of Virginia's rural areas and the overall infrastructure needs/desires of all entities (public, private, rural, urban, etc.).

The use of telehealth has also been seen as one way to meet the needs of the growing Limited English Proficient (LEP) population in the less urbanized areas of the Commonwealth. The OHPP has been working in partnership with the Northern Virginia AHEC 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. One pilot test of this use of technology has already occurred, with future pilot testing in rural sites under development.

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. The Initiative fosters 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.

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 4

Funding Received by Community Health Centers (CHCs) in Virginia Under the President's Health Center Initiative July 1, 2004 to June 30, 2005

Date	Name of Organization	City/County	Amount of Award		
			New Center	Service Expansion	Total
				$701,210	$701,210
8/04	Southern Dominion Health Services	Lunenburg			
12/05	Southwest Virginia Community Health Systems	Tazewell		$679,180	$679,180
12/05	Stone Mountain Health Services	Wise County		$712,500	$712,500
1/05	Bland County Medical Clinics	Bland County		$600,000	$600,000
1/05	Daily Planet	Richmond		$100,000	$100,000

B. 5 Critical Access Hospital Program

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

Section 32.1-122.07 of the Code of Virginia establishes the responsibility of the Virginia Department of Health for the CAH program. 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. 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.

In the past year, two hospitals received federal certification as CAHs: Stonewall Jackson Hospital in Lexington and Shenandoah Memorial Hospital in Woodstock. A third hospital, Page Memorial Hospital, received grant funds for a community needs assessment and expects to receive federal certification by October 1, 2005. The network of CAHs in Virginia now includes:

- Bath County Community Hospital
- Carillon Giles Memorial Hospital
- Dickenson County Hospital
- R.J. Reynolds-Patrick County Memorial Hospital
- Shenandoah Memorial Hospital
- Stonewall Jackson Hospital

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.

Effective December 3, 2004, the J-1 Conrad Waiver program was extended until June 1, 2006. The new regulations now allow the Conrad program slots to be used for the practice of primary care or specialty medicine. Additionally, states are now allowed to use five of the thirty Conrad applications for J-1 exchange visitor physicians who will be practicing medicine (i.e., primary or specialty practice) in a facility that services patients who reside in one or more designated geographic areas without regard to whether such a facility is located within such a designated area. The aforementioned applications will be referred to as "non-designated" Conrad applications. (Previously, all thirty Conrad applicants had to practice medicine at a medical facility physically located in a designated medically underserved area.)

Virginia has opted to use five of its Conrad slots for "non-designated" applications. Virginia will allot one non-designated waiver slot to each of its publicly supported Academic Medical Centers: Virginia Commonwealth University Medical College of Virginia and University of Virginia.

The availability of additional physician services through this change will allow for the continual utilization primary care and specialty physicians with J-1 Visa Waivers to be recruited in health professional shortage areas in Virginia. 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 additional recruiting mechanisms should be utilized 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 twenty J-1 Visa Waiver applications (new and transfers) and forwarded them to the DOS for approval. (Table 5) 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 5

Location	Specialty	OHPP Letter of Support Date
Buchanan County	Oncologist	July 29, 2004
King George County	Internal Medicine	August 27, 2004
Buchanan County	Internal Medicine	August 9, 2004
Galax County	Psychiatrist	August 30, 2004
Prince Edward County	Internal Medicine	September 17, 2004
Accomack County	Internal Medicine	October 13, 2004
Russell County	Internal Medicine	November 15, 2004
Wise	IM/Nephrologist	January 27, 2005
Emporia County	IM - Cardiologist	February 11, 2005
Eastern Shore County	Internal Medicine	February 13, 2005
Patrick County	Internal Medicine	March 16, 2005
Lee County	Family Medicine	March 19, 2005
Norton City	IM/Radiologist	April 29, 2005
Lee	Internal Medicine	April 12, 2005
Tazewell	Internal Medicine	May 6, 2005
Greensville	IM/ Geriatrics	June 3, 2005
Greensville	Internal Medicine	June 3, 2005
Richmond City	Pathologist	June 10, 2005
Petersburg	Psychiatrist	June 14, 2005
Charlottesville	IM/Radiologist	June 14, 2005

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 6 numerates some of the collaborative projects for the reporting period.

TABLE 6
OHPP Partners
July 1, 2004 to June 30, 2005

Partner	Services and Accomplishments
Virginia AHECs **Virginia Primary Care Association**	**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 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 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.

<table>
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<u>Accomplishments During the Reporting period</u>

Provided 3,986 hours of interpretation to health and human service agencies in Northern Virginia through the Community Health Interpreter Service (CHIS) via interpreters trained in 30 different languages;
Trained 780 individuals as follows: 440 individuals on “How to Communicate Effectively through an Interpreter,” 70 bilingual individuals on “Bridging the Gap” (a health care interpreter course), 12 individuals on “An Introduction to Community Interpretation,” 84 individuals on “Health and Community Interpreting” and 174 individuals on various aspects of cultural competence.
Translated 160 health education documents into six different languages;
Completed a guide entitled Reaching Special Language Populations: A Guide to Building Communication Systems. The intent of this guide is to assist health care providers not only to reach non-English speaking populations in an emergency, but to build ongoing relationships and communication systems with those communities;
Continued to train board members from Community Health Centers across Virginia on the basics of the CLAS Standards, provided an individual consultation to one CHC and to six other health care entities in Virginia;
Communicated regularly with immigrant service organizations both locally and statewide;
Maintained working relationships with community-based organizations which serve immigrants, refugees, and/or ethnic minorities; and
Actively managed the demographic and provider databases.

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<tr><th>Partner</th><th>Services and Accomplishments</th></tr>
<tr><td>Virginia Rural Health Resource Center (VRHRC)</td><td>
Network Development and Information Sharing
The Virginia Rural Health Association (VRHA) and OHPP co-sponsored the annual Virginia Rural Health Conference and First Annual FLEX/Small Hospital Conference, which serves as the main point of distribution for news and information related to rural health issues in Virginia. A number of rural health providers, educators, policy makers, and consumers attend the conference.

Information Clearinghouse
Both the VRHRC 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 Rural Health Resource Guide.
Services provided include:

Management of the VRHRC which serves as a clearinghouse for rural health information and provides outreach services to the rural communities across the Commonwealth on rural health issues in support of the mission and goals of the State Office of Rural Health.
Function of the VRHRC included the following services and activities:

Coordination of a stakeholders meeting to gather input for the revisions to the Virginia Rural Healthcare Plan – December 17, 2004, Blacksburg, Virginia. Approximately 60 individuals attended the meeting.
Coordination of meetings of partners of the Virginia FLEX Program and CASH-IN Network.
On-going evaluation of the FLEX Program
Management of the Virginia Rural Health Association, including the Annual Rural Health Conference; Annual FLEX Conference; website maintenance; weekly electronic updates; Annual Board Retreat; development of promotional materials; coordination of educational materials for state and national legislators; and membership services
Maintained the VRHRC web site and loan library
Received and responded to approximately 250 telephone inquires and electronic requests for information on rural health

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	- Displayed at appropriate conferences to promote the VRHRC services and VRHA membership
	- Implementation of the Virginia Rural Health *News* newsletter, including coordination, collection of articles, layout and design, and distribution – two issues published during 2004-2005 cycle, approximately 1,500 copies distributed of each issue to rural health stakeholders across the Commonwealth
	- Collaborative partner on the "Substance Abuse Tool Box for Primary Care Providers" – continued as a partner and assisted with the distribution of the Tool Box to rural primary care providers
	- Collaborative partner on the Migrant/Immigrant Health Conference, held May 17, 2005 in Richmond, Virginia. Approximately 135 individuals participated.
	- Served on the following OHPP committees:
	    ▪ State Planning Grant Leadership Committee
	    ▪ Virginia Telehealth Committee
	    ▪ Migrant Conference Planning Committee
	    ▪ State Health Care Workforce Committee
	    ▪ Virginia's Recruitment and Retention Collaborative Team
	    ▪ Critical Access Hospital Committee
	- Assisted with other OHPP activities, as needed
	- Promoted VDH/OHPP services to rural providers, e.g., Virginia Community Atlas
	
	• Membership on the following committees and work groups outside of OHPP:
	- Southwest Virginia Dental Coalition
	- CMS Regional Rural Round Table Conference Call Group
	- Jefferson University of Health Science - Physician Assistant Advisory Board
	- University of Virginia's - Rural Health Care Center Research Center Advisory Committee
	- VDH – Expert Panel for Three P's of Perinatal Depression Grant
	- Virginia Arthritis Task Force
	- VDH – Health and Medical Sub-Committee for Emergency Preparedness & Response
	- Member of PATH (Partnership for Access to Healthcare) – kept this group of 80+ members in the New River Valley informed of rural health issues and updates
	
	• Other VRHRC Activities
	- Partner on HRSA Outreach Grant - ARMS Reach
	    ▪ VRHRC is a network partner with the Mental Health Association of the New River Valley, New River Health District, and the New River Area Agency on Aging. The project provides mental health services to low-income citizens in the New River Valley. VRHRC's role with the project is to provide training to the primary care providers. This project was an outgrowth of the initial MOA between VRHRC and VDH/OHPP for the Mental Health Project in the New River Valley. VRHRC's funding from this project is $32,000 each year for three years, 2003-2006 from the HRSA funds. The Mental Health Association of the New River Valley is the lead partner on this project. During 2004-2005, the project served 151 clients, provided 1079 units of services; and filled 540 prescriptions valued at $51,280
	- Bath-Highland Tobacco Use Prevention Project for Youth
	    ▪ VRHRC has received funding for this project from the Virginia Tobacco Settlement Foundation since February 2002. The project is designed to deliver tobacco prevention activities to students in Grades K-9 in both Bath and Highland Public School systems, two of the most rural school divisions in the Commonwealth. During 2004-2005 the

	project was funded for $75,000. The project has been refunded for the 2005-2006 school year. Bath Community Hospital provides office space, at no charge, for this project. The estimated value of this support of VRHRC is $3,500. o Linkage with Edward Via Virginia College of Osteopathic Medicine (VCOM), who's mission is to train primary care providers for rural areas. ▪ VCOM provides office space and clerical support for VRHRC in Blacksburg at no charge. The estimated value of this support is $40,000/year.
Leveraging of VDH Funds	It is estimated that $55,000 funding from VDH/OHPP leveraged approximately $500,000 in additional funding to address rural health issues and concerns across the Commonwealth through the activities, projects, and outreach work of the VRHRC. Additional funding obtained was as follows: Virginia Tobacco Settlement Foundation - $75,000* ARMS Reach Project (HRSA Funds) – 199,552 – ($32,000)* In-Kind Contribution from VCOM - $40,000 Virginia Rural Development Steering Committee - $8,000* Bath Community Hospital - $3,500 Virginia Rural Health Association - $12,000* *Direct Funding to VRHRC to support its mission and utilized to leverage the funding received from VDH/OHPP. Additional funding: • The Center for Rural Virginia received an appropriation of $100,000 from Virginia General Assembly – VRHRC Executive Director was appointed to a two-year term on the Board of Trustees • The Council for Rural Virginia was officially recognized by USDA in March 2005 as Virginia's State Rural Development Council and received $72,000 – VRHRC Executive Director serves as the Chair of the Council.
	Accomplishments During the Reporting period • Continued to maintain an up-to-date website, www.vrha.org which contains information on upcoming rural health conferences, workshops, educational opportunities, and training sessions • Coordinated the 2004 VRHA Annual Rural Health Conference, November 18-19, 2004. • Coordinated the First Annual CAH Conference, November 17, 2004 – approximate attendance between the two conferences was 130. • Coordinated and conducted annual VRHA Board of Directors Retreat – March 13-15, 2005. • Attended the NRHA Policy Institute – March 20-22, 2005 • Attended and presented at the 2005 NRHA Annual Conference – May 18-21, 2005 • Developed and implemented the VRHA Weekly Electronic Update, which was designed to keep rural health stakeholders across the Commonwealth informed of rural health issues and upcoming events. Weekly distribution rate is approximately 500. • Collaborative partner with VRHRC on the Virginia Rural Health *News* – established a VRHA section in the newsletter • Planning underway for the 2005 VRHA Annual Conference and Second Annual FLEX/Small Hospital Conference – November 16-18, 2005.

Virginia Primary Care Association	**Access to Health Care.** The Virginia Primary Care Association (VPCA) and the OHPP, 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 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: • Collaborated with VDH-OHPP on the Immigrant and Migrant Health Network Conference – May 17, 2005. Approximately 135 participants attended. • Maintained 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

A. STRATEGIC PLANNING

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, 2005 through June 30, 2006.

A. 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.

B. Health Care Provider Recruitment and Retention

In an effort to better address the increasing needs concerning health care provider recruitment and retention, the OHPP will continue to manage and market its online PPOVA website. During the past year, the OHPP established a Recruiter Liaison/Web Manager position. This position manages the PPOVA website and OHPP's websites and assists with recruitment and retention services. This position became vacant as of July 24, 2005. The OHPP has begun the recruitment process to fill this position.

(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 and Recruitment Liaison/Web 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 AHECs are planned in conjunction with recruitment related travels throughout the state.

(iv) Physician Recruitment

The Recruitment Manager and Recruiter Liaison/Web Manager will continue making ongoing presentations regarding recruitment and retention services offered by VDH to various organizations throughout Virginia. The Recruitment Manager developed a "Physician Recruiting for Retention" workbook tool and provided training to providers and community organizations. Additionally, the workbook is available on the www.ppova.org website.

(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 utilizing 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 is 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."

(viii) Statewide Recruitment Marketing Efforts

During the upcoming year, the OHPP will implement a mass marketing campaign designed to increase awareness of Virginia's free health care recruitment website. The campaign will target Virginia Hospitals, medical practices, health care related professional organizations, medical schools, etc. The goal is to increase utilization of PPOVA website by providers and health care professionals.

D. Scholarships and Loan Repayments

The OHPP will continue administering 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 (SLRP) and the Virginia Physician Loan Repayment Program (VSLRP).

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.

Once the NHSC publishes the Health Professional Shortage Area (HPSA) scores for primary care, mental health, and dental health indicating where scholars are eligible to fulfill their service obligation to the corps, the OHPP plans to conduct a mass mailing to all practitioners and practice sites in those areas eligibile to receive/hire a NHSC scholar. The mailing will explain the mission of NHSC, the qualification criteria for a practice site, i.e., sliding fee scale, and a NHSC Recruitment and Retention Site Application.

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.

Currently, plans are being made for the next Health Workforce Advisory Committee meeting which is scheduled for August 30, 2005. This meeting will include an update of OHPP's initiatives and provide information on local and statewide health workforce initiatives and seek direction for future action.

The most recent Health Workforce Advisory Committee meeting was held August 17, 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. The recommendations were forwarded to the Commissioner for further consideration and action.

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 and Recruitment Liaison Web Manager employed by the OHPP. The OHPP 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 and Recruitment Liaison Web Manager work 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 that posted their opportunity on Virginia's healthcare recruitment website Primary Practice Opportunities of Virginia (Table 7).

TABLE 7

A Sample of Localities that utilized PPOVA to secure Healthcare Professionals for Placements July 1, 2004 to June 30, 2005

Location of Practice Opportunities Receiving CVs	Specialties	Location of Practice Opportunities Receiving CVs	Specialties
Abingdon	IM-FP-OB	Grundy	FNP-PA-IM-FP
Alexandria	IM-DDS	Harrisonburg	IM-FP-PED-
Alleghany	DDS	Hillsville	FP
Amherst	DDS	Honaker	FNP
Axton	FP	Independence	FP
Bedford	DDS-FP	King George	FP-IM
Big Stone Gap	PED-OB-GYN	Laurel Fork	FP-IM
Bland	IM	Lawrenceville	IM-PNP-FP
Boydton	FNP – PED-PHARM-FP	Lebanon	FP-IM
Buchanan	OB-GYN	Lexington	FNP-IM
Callao	FP	Lively	FP
Campbell	DDS	Manassas	FP
Location of Practice Opportunities Receiving CVs	**Specialties**	**Location of Practice Opportunities Receiving CVs**	**Specialties**
Cedar Bluff	FP-PED	Marion	PED-FP-PSY-IM

Charlottesville	DDS-FNP-FP	Martinsville	FP-OB-GYN
Clintwood	IM	Mechanicsville	FP
Critz	FP-FNP	Nassawadox	FP-IM
Daleville	FP	Newport News	FP-PSY-PNP
Damascus	FP-IM	Norfolk	IM
Danville	PA/FNP-FP-PSY	Norton	IM
Dublin	PSY	Pennington Gap	FP-IM-PED-PSY
Duffield	PSY-FNP-FP	Richlands	FP
Dungannon	FP-FNP	Richmond	FP-PA-OB-GYN
Emporia	FP-IM	Roanoke	FP-PED-IM
Fairfax	FP	Rocky Mount	FP-PED
Farmville	PED	Rural Retreat	FP
Fishersville	DDS-ANES	Salem	FP-DDS
Franklin	OB-GYN	Saltville	FP-IM
Fredericksburg	FP-DDS-FNP-FP	South Boston	DDS
Front Royal	PED-OB-GYN	South Hill	PSY
Spotsylvania	DDS	Williamsburg	OB-GYN
Troutdale	FP-IM	Winchester	IM-PA-FP
Victoria	FP	Wise	DDS
Vinton	FP	Woodstock	OB-GYN
Warrenton	FP-PED	Wytheville	IM-FP

The OHPP maintains a health professional recruitment database to track recruitment contacts. On June 30, 2005, the database contained listings for approximately three hundred health professionals (primary care physicians, mental health professionals, physician assistants, and nurse practitioners) of whom approximately 150 were actively seeking positions (includes candidates available for practice in 2006.). On the same date, there were approximately 200 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 focused on serving those in medically underserved areas and health professional shortage areas. During the reporting period, the Recruitment Manager and Recruitment Liaison/Web 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 and Recruitment Liaison/Web 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 4,000 unique visits per month. The website currently has approximately 175 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. The OHPP Recruitment Manager and Recruiter Web Manager focus on medically underserved and health professional shortage areas. However, the OHPP continues to provide services to the entire state of Virginia.

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 continue to 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 utilization of the new Practice Sights Software added greater efficiency to the operations. Specifically, responses to inquiries have been expedited.

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 did not survey J-1 waiver physicians. However, it was noted, that during this reporting period only three J-1 practitioners notified the OHPP that they would be leaving their practice location. The OHPP would like to conduct an in depth study 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.

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

Federal and state medical scholarship and loan repayment programs were developed to attract primary care providers to medically underserved areas. By providing financial incentives through these programs for primary care physicians and psychiatrists to practice in high need regions of the state, OHPP hopes to improve the health of the underserved and provide access to quality health care, especially where health issues have the highest racial, ethnic, and socioeconomic disparities in treatment success.

The **Virginia Medical Scholarship Program** (VMSP) awards scholarships annually 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 is being phased out, because of budget cuts received in October 2002. All students that participated in the program last year will remain eligible for this program until they have reached their first year of residency. Once eligibility runs out for these students, the program will be discontinued. The last year that VMSP scholarships will be awarded is the academic year 2007-2008. In addition to the 2002 budget cuts, another reason for discontinuing this program is the high default rate experienced 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 care 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 **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. Based on verified educational loan amounts a recipient may receive up to $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 up to $35,000. The maximum a recipient can receive is up to $120,000 for a four year commitment. For example if the recipient's verified loan amount equals $92,000, he would receive $50,000 for the first two year commitment, then if the recipient chooses and there is funding available he would receive $35,000 for a third year commitment. If he chooses to renew for a fourth year, he would receive the remainder of his loan amount, $7,000.

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 Psychiatrists in Underserved Areas of Virginia Program is no longer awarding psychiatric residents a stipend, because the program was not successful. Out of nine recipients, only three completed the required service obligation in Virginia. During this reporting period the final participant completed his service obligation at the Chesterfield Community Services Board. OHPP will continue to use existing incentive programs for placement of psychiatrists in mental medically underserved areas.

The Virginia Dental Scholarship Program has been in place since 1952 and participation from 1986-1994 averaged nine 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 and the 2005 General Assembly appropriated $350,000 to implement the program beginning July 1, 2005. *The VDH Office of Family Health Services, Division of Dental Health administers the dental scholarship program*.

In addition to the programs listed above, the OHPP will continues 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. During the reporting period OHPP reviewed 55 NHSC Recruitment and Retention Applications and recommended 51 as sites meeting the NHSC criteria for placement of a scholar or loan repayor.

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

- During the reporting period, there were 24 medical scholar graduates practicing in 21 different jurisdictions (Table 8). These practicing physicians owe a total of 28.33 years of service.
- During the reporting period, the Virginia Medical Scholarship Program made 10 awards: 8 to students at VCU, 1 to a student at EVMS, and 1 to a student at UVA.

- During the reporting period, the OHPP received 156 applications and awarded 83 RN scholarships to full-time students at $1,548 each and twelve RN scholarships to part-time students at $1,120 each. Fifteen LPN scholarships were awarded to full-time students at $949 each and three scholarships were awarded to part-time students at $678 each through the MMNSP.
- During the reporting period, the OHPP awarded five scholarships at $5,000 each to nurse practitioner students through the Nurse Practitioner/Nurse Midwife Scholarship Program.
- One hundred and forty nursing scholar graduates that participated in the MMNSP are currently practicing in the Commonwealth and owe a total of 175.4 years of service.
- The Bureau of Health Professions SLRP had 13 active recipients working in Accomack, Cumberland, Dickenson, Fluvanna (3), Nelson, Northampton, Pittsylvania (2) and Washington Counties and in Danville and the east end of Richmond City. This includes four Family Practitioners, two Pediatricians, two Internal Medicine/Pediatricians, two Internal Medicine Practitioners, one Psychiatrist, one Nurse Practitioner, and one Physician Assistant. Three participants completed their service obligation during the reporting period. The remaining participants have 16.1 years remaining on their service obligations.
- During the reporting period, the Virginia Loan Repayment Program (VLRP) had 36 working participants, of which eight completed their service obligations. Of these participants, 36 combined years of service were completed and there are 44 combined years of service remaining. Their work locations are reported in the Table 8.

Table 8

Practice Site locations of Participants in the Bureau of Health Professions-State Loan Repayment Program (SLRP), Virginia Medical Scholars Program (VMSP), Virginia Medical Loan Repayment Program (VLRP), Governor's Psychiatric Scholars Programs (GPSP), Federal National Health Services Corps (NHSC) July 1, 2004 to June 30, 2005

County (Jurisdiction)	Practitioner Type	Program Type	Number of Placements (FTE)
Accomack	Pediatrician[a].	VMSP	.5[c.]
	Pediatrician	VLRP	1
	Pediatrician	SLRP	1
Alexandria	Family Practitioner	VMSP	1
	Pediatrician	VLRP	1
Alleghany	Family Practitioner	VLRP	1
Buchanan	Family Practitioner	VMSP	1
Buckingham	Pharmacist	NHSC	1

Table 8 (continued)

Campbell	Family Practitioner Family Practitioner	VMSP VLRP	2 1
Caroline	Pediatrician	VMSP	1
Charlotte	Family Practitioner Family Practitioner	VMSP VLRP	1 1
Charlottesville	FNP/Certified Nurse Midwife[b.]	VLRP	1
Chesterfield	Psychiatrist[g.]	GPSP	1
Cumberland	Family Practitioner Family Practitioner	VLRP SLRP	2 1
Danville	OB/GYN Family Practitioner Physician Asst. Nurse Practitioner Physician Asst.	VMSP VLRP VLRP SLRP NHSC	1 1 1 1 1
Dickenson	General Internist General Internist	VLRP SLRP	1 1
Essex	General Internist/ Pediatrician	VMSP/ VLRP[d.]	1
Fluvanna	General Internist/ Pediatrician General Internist	SLRP SLRP	2 1
Franklin	Family Practitioner OB/GYN	VMSP VMSP	1 1
Fredericksburg	Family Practitioner OB/GYN	VMSP VMSP	1 1
Galax	General Internist	VLRP	1
Giles	Family Practitioner	VMSP	1
Greensville	Physician Assist.[e.] Physician Assist.	VLRP NHSC	1 1
Henry	Family Practitioner	VMSP	1
Highland	Family Practitioner	NHSC	1
King William	Family Practitioner	VLRP	1
Lancaster	Family Practitioner General Internist General Internist	VMSP / VLRP [d.] VMSP VLRP	1 1 .5[c.]
Lee	Nurse Practitioner Nurse Practitioner Dentist	SLRP NHSC NHSC	1 1 1
Louisa	Family Practitioner	VMSP	1
Lunenberg	Family Practitioner Physician Assistant Clinical Psychologist	VLRP NHSC NHSC	1 2 1

Table 8 (continued)

Mecklenburg	Family Practitioner	VLRP	1
Nelson	Psychiatrist Family Practitioner Nurse Practitioner	SLRP NHSC NHSC	1 2 1
Northampton	Pediatrician[a.] Physician Assistant Dentist	VMSP SLRP NHSC	.5 1 1
Northumberland	General Internist	VLRP	.5
Norton	Family Practitioner General Internist OB/GYN	VMSP VMSP VLRP	2 1 1
Nottoway	Family Practitioner Family Practitioner	VMSP / VLRP [d.] VLRP	1 1
Pittsylvania	Family Practitioner Family Practitioner	VLRP SLRP	1 2
Richmond City	OB/GYN Pediatrician Pediatrician Family Practitioner General Internist	VLRP VLRP SLRP NHSC NHSC	1 1 1 1 1
Richmond County	Pediatrician Family Practitioner	VMSP VLRP	1 1
Roanoke	Family Practitioner Physician Assist.	VMSP NHSC	1 1
Russell	Family Practitioner Physician Assist.	VLRP VLRP	2 1
Smyth	Family Practitioner	VMSP	1
Suffolk	OB/GYN General Internist	VLRP VLRP	1 1
Tazewell	Nurse Practitioner	VLRP	1
Washington	Family Practitioner General Internist General Internist	VMSP VLRP SLRP	1 1 1
Wythe	Family Practitioner Family Practitioner	VMSP VLRP	1 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 Clinical de Mujeres at UVA (serving Hispanic women)
[c.] Fractional FTE means a full-time practitioner's hours are spread to multiple locations
[d.] Physician participates in both the VMSP and VLRP Programs.
[e.] Physician Assistant works at Greensville Correctional Center.
[g.] Psychiatrist works in the Chesterfield Community Services Board.
[h.] Family Practitioner/OB/GYN works in Peninsula Health District.

VIII Conclusion

This summary document provides significant information on the initiatives being handled by the VDH Office of Health Policy and Planning. Through a multi-dimensional collaborative approach the OHPP continues to lead federal, state and local initiatives designed to increase the citizen's of the Commonwealth of Virginia access to quality health care. The OHPP recognizes innovations that are designed to enhance its mission. According, the OHPP is committed to remaining current on the use of technological advances to increase access in healthcare.

During the upcoming year, the OHPP will continue to closely monitor other factors that continue to impact healthcare access and will continue to address these factors in part by facilitating or collaborating with other organizations. The results of these efforts will be highlighted in future reports. The OHPP makes their reports available to the public on the Virginia Department of Health, Office of Health Policy and Planning's website:
http://www.vdh.state.va.us/primcare/healthpolicy/reports/index.as