

Wyoming Health Professional Underserved Areas Report

November 2009



Prepared by



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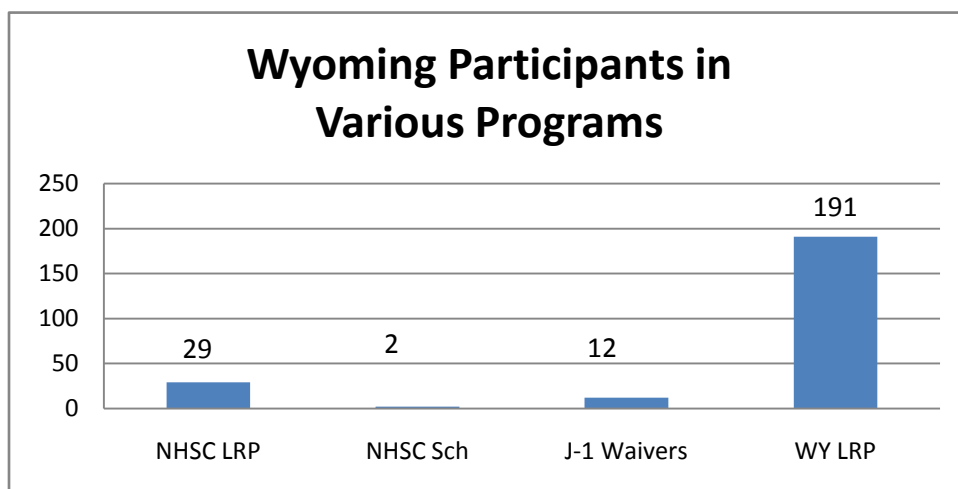
Executive Summary

The Wyoming Office of Rural Health utilizes a multi-faceted approach to address healthcare professional needs in federal and state acknowledged health professional underserved areas. The ORH works closely with several partners including the U.S. Department of Health and Human Services, Health Resources and Services Administration, U.S. Department of State, Centers for Medicare and Medicaid Services, Wyoming Primary Care Association, and Wyoming Health Resources Network, as well as programs administered by these federal and state entities to maximize resources to meet Wyoming's healthcare needs in underserved areas.

According to the federal Health Professional Shortage Area designation, approximately 200,000 Wyoming residents are underserved with access to primary care in 17 counties; 205,000 for dental care in 12 counties; and the entire state is underserved for mental health access. Governor Dave Freudenthal requested specific criteria for the Rural Health Clinic program that was approved by the Health Resources and Services Administration in March 2009. This Governor's Designation identified another three full counties and four partial counties, as well as an estimated 185,000 additional Wyoming residents, as underserved for primary care access compared to the Health Professional Shortage Area designation criteria.

There are several programs, federal and state, that work to increase access to care in underserved areas. The National Health Service Corps, a division under the Health Resources and Services Administration, administers most of these programs; the U.S. Department of State, Centers for Medicare and Medicaid Services, and the State of Wyoming also administer programs.

Over the last three years, the Office of Rural Health and its partners have recruited or retained nearly 250 healthcare professionals in areas and professions of great need in Wyoming. The Wyoming Healthcare Professional Loan Repayment Program had the greatest impact with 191 participants, the National Health Service Corps programs had 31 participants, and the Conrad 30, J-1 Visa Waiver Program had 12 participants.



The Rural Health Works Model discussed on page 13 of this report estimates that increasing patient care capacity in underserved areas of Wyoming would generate \$30.4 million in revenue and create 307 jobs in Wyoming communities.

This document will discuss each of the programs in greater detail. Additionally, this document gives references and contact information, discusses some of the benefits for each program, Office of Rural Health activities in each program, and identifies Wyoming locations qualified for each designation as of November 2009.

What is the Office of Rural Health Doing?

The Office of Rural Health has taken a proactive approach to addressing shortage issues within the state. The following is a brief synopsis of the activities mentioned throughout the report:

- Educating healthcare professionals and employers on the availability of National Health Service Corps programs and additional \$200,000,000 in stimulus funding.
- Partnering with non-profit groups to provide basic National Health Service Corps program and contact information during visits around the state.
- Working closely with the Wyoming Primary Care Association to identify communities eligible for Health Centers and providing technical assistance during the process.
- Serves as an ex-officio board member and exchanges information with the Wyoming Primary Care Association board regularly.
- Informed all clinics that expressed interest in Rural Health Clinic status of eligibility to apply due to the Governor's Designation; provided technical assistance.
- Educating hospital and other healthcare recruiters on the benefits and requirements of the Conrad 30, J-1 Visa Waiver Program; refers interested J-1 physicians to Wyoming Health Resources Network for open positions in Wyoming.
- Replaced the 15-page, 3-essay, hand-written application for the Wyoming Healthcare Professional Loan Repayment Program with an online application system.
- Changes to the Wyoming Healthcare Professional Loan Repayment Program resulted in a 50% increase in overall applications; over 100% increase in physician applications.
- Compiling surveys from participants in the Wyoming Physician Recruitment Grant Program to determine opportunities for program improvement.
- Developed a webpage with links to seven loan repayment programs and over 200 healthcare scholarships to assist residents interested in healthcare training.
- Performing a census of Wyoming health professionals over the next three years using American Recovery and Reinvestment Act of 2009 funding.

Introduction

The Wyoming Legislature created the Office of Rural Health (ORH) in 1993 via Wyoming Statute 9-2-117. The ORH coordinates several federal and state grants and programs that impact Health Professional Shortage Areas (HPSAs). The primary federal grant in this arena is the Primary Care Office Grant. This grant requires ORH to follow federal regulations in determining HPSAs, Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs); interact with interested sites and healthcare professionals for the National Health Service Corps (NHSC) Loan Repayment and Scholar programs; coordinate with the Wyoming Primary Care Association (WYPCA) for establishment of Health Centers (Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless Clinics); and act as an interested government agency as part of the Conrad 30, J-1 Visa Waiver Program. Additionally, there are two Wyoming funded programs designed to address healthcare professional shortages in areas of Wyoming in greatest need for assistance: The Wyoming Healthcare Professional Loan Repayment Program and the Wyoming Physician Recruitment Grant Program.

HPSA/MUA/MUP designations are used as a resource allocation tool. The Health Resources and Services Administration (HRSA) Shortage Designation Branch (SDB) develops shortage designation criteria which are used to determine whether or not an area is eligible to participate in the programs mentioned above. Other federal entities, such as the U.S. Department of Agriculture, may use these criteria to identify eligibility for their programs. ORH contracts with Western Management Services, LLC to perform HPSA/MUA/MUP evaluations in Wyoming.

Based on shortage designations, the NHSC Loan Repayment Program (<http://nhsc.bhpr.hrsa.gov>) provides medical education loan reimbursement to 11 healthcare professions (eligible professions listed on this website). The Scholar program awards healthcare education scholarships to persons from identified backgrounds in five areas of study. The American Recovery and Reinvestment Act of 2009 (ARRA) infused \$200,000,000 nationwide into these programs and applications are being accepted on an on-going basis until September 2010. Also, the standard 2010 application period is now underway with its own budget.

ORH coordinates with the WYPCA on the Community Health Center (CHC) program. CHCs must be in an MUA/MUP. These programs receive federal funding to provide services and treatment to uninsured and underinsured patients.

Rural Health Clinics (RHCs) are another 'safety net' provider. Currently there are 16 certified RHCs in Wyoming. RHCs must be in a HPSA, or a Governor's HPSA (these are defined on pages 4 and 5). RHCs receive increased Medicare and Medicaid reimbursement under the Centers for Medicare and Medicaid Program.

The ORH, on behalf of the Governor and the Department of Health, acts as an interested government agency for Wyoming healthcare employers wishing to employ foreign physicians trained in the U.S. as part of the Conrad 30, J-1 Visa Waiver Program. This program allows foreign physicians trained in the U.S. to request exemption from the requirement to return to their home country for two years to allow them to practice in the U.S. They are required to treat patients in a HPSA or receive a non-designated slot. Wyoming receives 30 waivers annually, 10 of which do not have to be primary care physicians or in a HPSA (non-designated slot and referred to as a flex slot).

The Wyoming Healthcare Professional Loan Repayment Program, when funded, offers physicians and dentists up to \$90,000 over three years, and allied healthcare professionals up to \$30,000 over three years to repay educational loans. This program was first funded in 2005 and the first awards were made in 2006. Since this program is completely state funded, ORH is not required to use HPSA methodology in determining areas of greatest need.

The Wyoming Physician Recruitment Grant Program reimburses selected recruitment entities for costs, not to exceed \$80,000, associated with recruiting physicians from out of state. This program was first funded in 2008, and awards were made that same year. Legislation allows for the ORH to include Wyoming Healthcare Professional Loan Repayment Program benefits in conjunction with the grant to offer the targeted physician an additional incentive to practice in a Wyoming area of greatest need. Since this program is completely state funded, ORH is not required to use HPSA methodology in determining areas of greatest need.

Healthcare Workforce Shortage Areas

Federal Definitions

HPSA designations are used by the U.S. Department of Health and Human Services, Health Resources and Services Administration, National Health Service Corps, Shortage Designation Branch, to prioritize areas for participation in a variety of federal programs. The federal programs of interest in this report are: NHSC Loan Repayment and Scholar programs, CHC Program, RHC Program, Medicare Physician Bonus Payment Program, Exchange Visitor Program for foreign trained physicians, and the Conrad 30, J-1 Visa Waiver Program. A list of the programs is on page 12.

HPSAs are broken into three categories: Primary Care, Dental, and Mental Health. Additionally, the three HPSA categories are further defined by these criteria:

- **Geographic Single County** - whole county designated as HPSA
- **Geographic Service Area** - portions of a county, or portions of multiple counties, designated as a geographic HPSA
- **Governor's Certified Shortage Area** - Establishes State criteria for designation "Governor's Certified Shortage Areas for Rural Health Clinic Purposes;" also referred to as "Governor's HPSA"
- **Population Groups** - a population, such as low-income, within an area that is designated as a HPSA
- **State Mental Hospitals** - State run mental health inpatient facilities
- **Correctional Institutions** - Federal and State prisons and youth detention facilities
- **Comprehensive Health Centers** - entities receiving Section 330 funds to operate comprehensive health centers, also known as Federally Qualified Health Centers, includes Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless Clinics) that receive federal funding under Section 330 of the Public Health Services Act.
- **FQHC Look-a-Like** - Federally Qualified Health Centers certified as meeting Section 330 requirements but not receiving grant funds
- **Rural Health Clinics** - certified as Rural Health Clinics by the Centers for Medicare and Medicaid Services

- **American Indian** - Tribal Health and Urban Indian programs serving Federally Recognized tribes
- **Alaska Native** - sites run by and/or serving the Alaska Native populations
- **IHS** - Indian Health Service sites serving Federally Recognized tribes
- **Other** - public or private non-profit medical facilities demonstrated to serve a designated area or population group

Basically, the designation process involves counting the number of primary care physician hours (called Full Time Equivalent or FTE in each service area) and comparing to the population of the service area to determine a population to physician ratio. Details can be found at the Health Resources and Services Administration, Shortage Designation Branch website <http://bhpr.hrsa.gov/shortage/hpsadesignation.htm>. For example, below are the criteria for a Primary Care Geographic HPSA designation from this website:

- Be a rational area for the delivery of primary medical care services
- Meet **one** of the following conditions:
 - Have a population to full-time-equivalent primary care physician ratio of at least 3,500:1
 - Have a population to full-time equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers
- Demonstrate that primary medical professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population under consideration

The ORH houses the Wyoming Primary Care Office (PCO) that is responsible for performing and submitting HPSA designation evaluations and annual reviews. Each HPSA must be re-evaluated every three years or when circumstances change that will benefit a service area.

Wyoming Definitions

Wyoming is not authorized to change the definitions above except in the instance of the Governor's Certified Shortage Area (Governor's HPSA). State funded programs are not required to use the federal definitions. For example, the Wyoming Healthcare Professional Loan Repayment Program is completely state funded and, therefore, is not required to use HPSA designations as eligibility or award criteria.

Governor's Certified Shortage Area – Also known as Governor's HPSA; Governor Dave Freudenthal requested specific criteria for the Rural Health Clinic (RHC) program that was approved by HRSA in March 2009. The criteria are: "Service areas with a population to physician ratio of at least 1500:1 and at least one of the following high need indicators:

- Population density of less than 10 persons per square mile
- 25% or higher population below 200% Federal Poverty Level (FPL)
- 15% of population age 65 or older"

A list of areas eligible for the RHC program due to the Governor's HPSA designation is available on page 8. The ORH estimates that as many as 185,000 additional Wyoming residents are underserved for primary care access compared to the HPSA designation criteria. Qualifying

areas are eligible to participate in the RHC program only. The Governor's HPSA designation does not provide eligibility for other federal programs.

For the past few years, the ORH was able to utilize the Wyoming Healthcare Commission Statistical Handbooks (published in December 2006 and January 2008) as source documents to identify shortage areas and professions and to use it as a starting point to count providers in Wyoming. Due to the Wyoming Healthcare Commission's disbandment, ORH must find other sources for this information. The ORH is utilizing federal Primary Care Office ARRA grant funds to perform a census of primary care providers (physicians, physician assistants, and nurse practitioners), licensed mental health professionals, and dentists over the next three years. This is being accomplished concurrently with the HPSA designation process. Additionally, ORH is ensuring qualified professionals are aware of and applying for NHSC programs funded by the American Recovery and Reinvestment Act of 2009.

Health Professional Shortage Areas in Wyoming

Health Professional Shortage Areas in Wyoming			
Designation Type	Primary Care	Dental	Mental Health
Geographic	18	1	23
Low Income/Population	0	12	0
Sub-County	19	11	11

There are no Primary Care HPSAs in Albany and Teton counties (does not include Governor's HPSA). Approximately 200,000 Wyoming residents live in primary care HPSA designated areas. Albany is included in the Governor's HPSA designation.

There are no Dental HPSAs in the following counties: Big Horn, Campbell, Crook, Johnson, Sublette, Sweetwater, Teton, Uinta, Washakie, and Weston. Approximately 205,000 Wyoming residents live in dental care HPSA designated areas.

The entire state is a Mental Health HPSA.

This web page, <http://hpsafind.hrsa.gov/HPSASearch.aspx>, provides HPSA listings by county.

All HPSA/MUA/MUP designation applications are submitted using the Application Submission and Processing System, an online program which, according to NHSC, has sped up the designation process considerably.

The following information on Medically Underserved Area (MUA) and Medically Underserved Population (MUP) designation guidelines is copied from the NHSC website: <http://bhpr.hrsa.gov/shortage/muaguide.htm>.

Guidelines for MUA and MUP Designation

These guidelines are for use in applying the established Criteria for Designation of Medically Underserved Areas (MUAs) and Populations (MUPs), based on the Index of Medical Underservice (IMU), published in the Federal Register on October 15, 1976, and in submitting requests for exceptional MUP designations based on the provisions of Public Law 99-280, enacted in 1986.

I. MUA Designation

This involves application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables: 1) ratio of primary medical care physicians per 1,000 population; 2) infant mortality rate; 3) percentage of the population with incomes below the poverty level; and 4) percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

II. MUP Designation, Using IMU

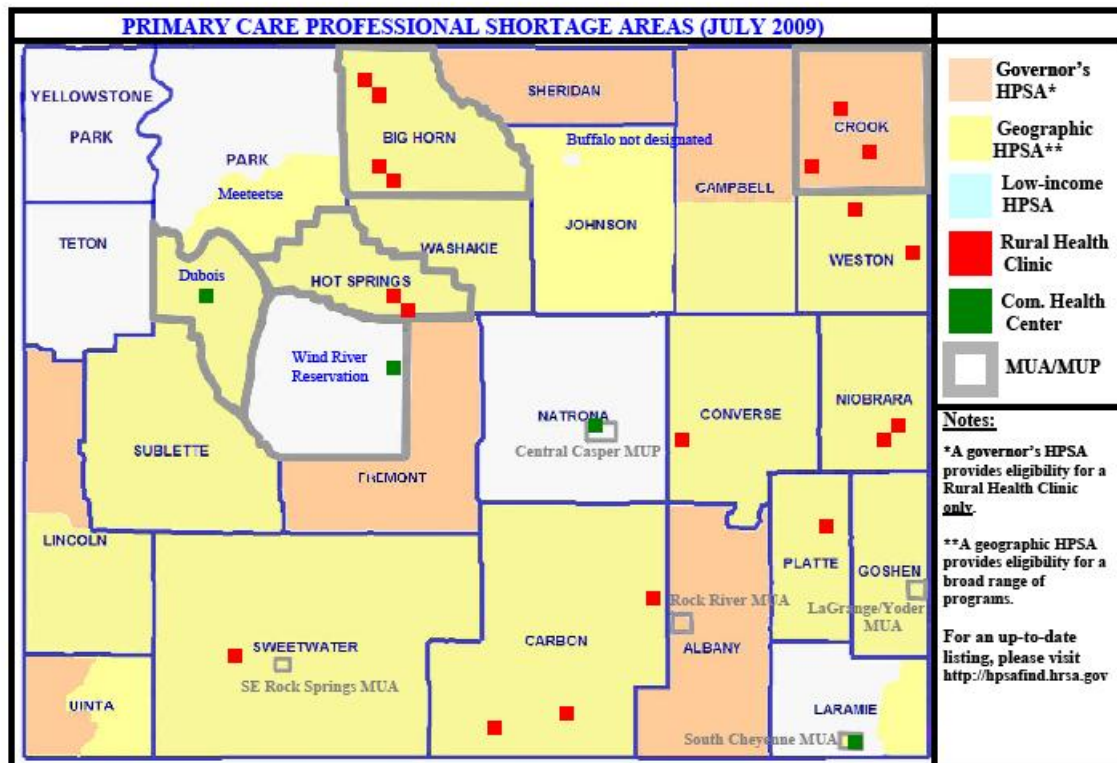
This involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.

This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs in Section I. above. The population is now the population of the requested group (i.e. Native American, African American, Hispanic, etc.) within the area rather than the total resident civilian population of the area. The number of FTE primary care physicians would include only those serving the requested population group. Weighted values are assigned to population to physician ratio, percent of population at or below 100% of federal poverty level, percentage of the population at or over age 65, and the infant mortality rate. If the total of weighted values is 62.0 or less, the population group qualifies for designation as an IMU-based MUP.

HPSA/MUA/MUP designations are coordinated by the Office of Rural Health. For additional information, please contact Mr. Jeff Hopkins. Contact information is available on page 22.

The following three pages contain maps of Wyoming's primary care, dental and mental health HPSA areas. The primary care map also reflects the Governor's HPSA locations, MUAs/MUPs, and locations of RHCs and CHCs. These maps are updated annually and can be found at <http://www.health.wyo.gov/rfhd/rural/HPSA.html>.

Map of Primary Care HPSA/MUA/MUP and Governor's HPSAs in Wyoming

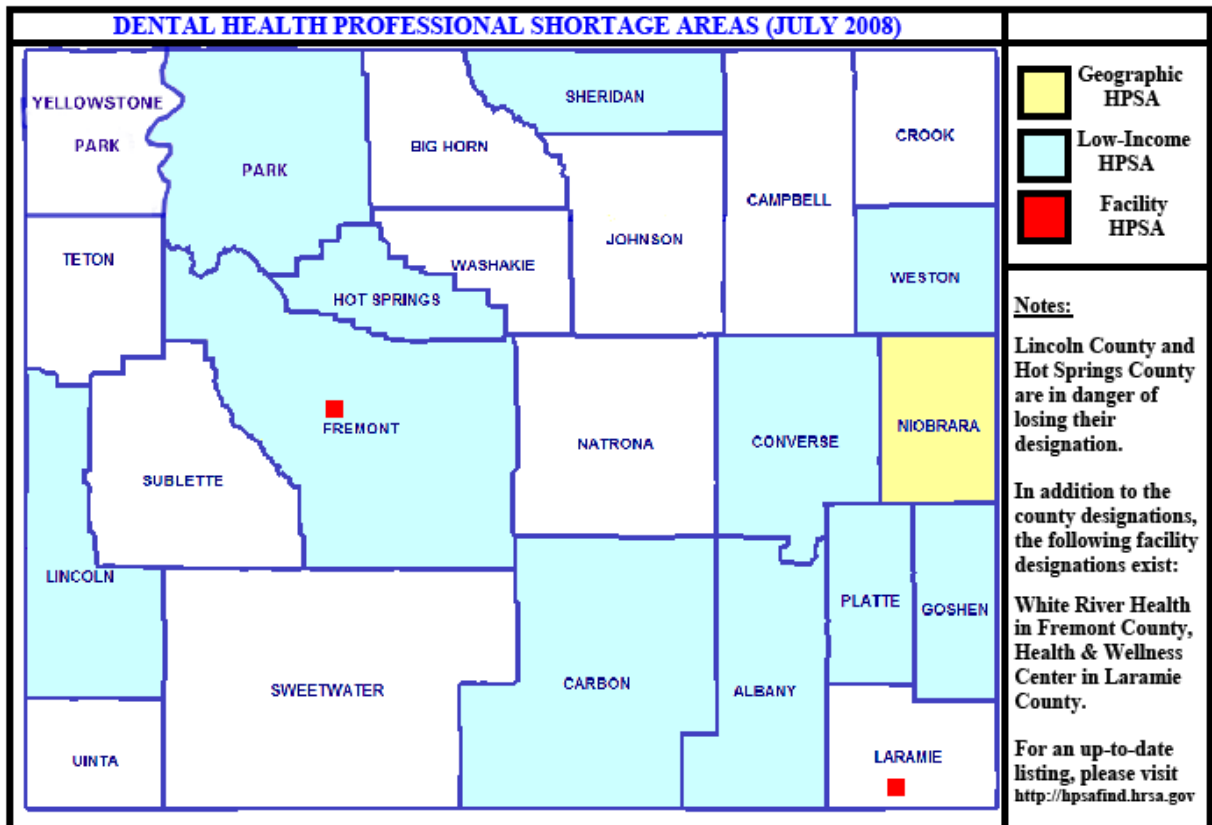


Clinics in the Governor's HPSA locations (peach highlight in the map above) are now eligible for RHC status. RHC certification must be requested in writing to the Office of Healthcare Licensing and Surveys and requires a survey to ensure specific standards are met. The certification allows the approved clinic to receive higher reimbursement from Medicare and Medicaid. RHCs can employ mental health professionals and can bill an encounter for mental health visits. RHCs can also bill two encounters in one day for a medical visit and a mental health visit to the same patient. Additional information on RHCs is available at http://www.health.wyo.gov/rfhd/rural/Rural_Health_Clinics.html and page 17 of this report.

Clinics and healthcare professionals in Geographic HPSA areas are eligible for a multitude of programs, see page 12.

The MUA/MUP designation is primarily used for establishing Federally Qualified Health Centers (FQHCs), including CHCs.

Map of Dental HPSAs in Wyoming

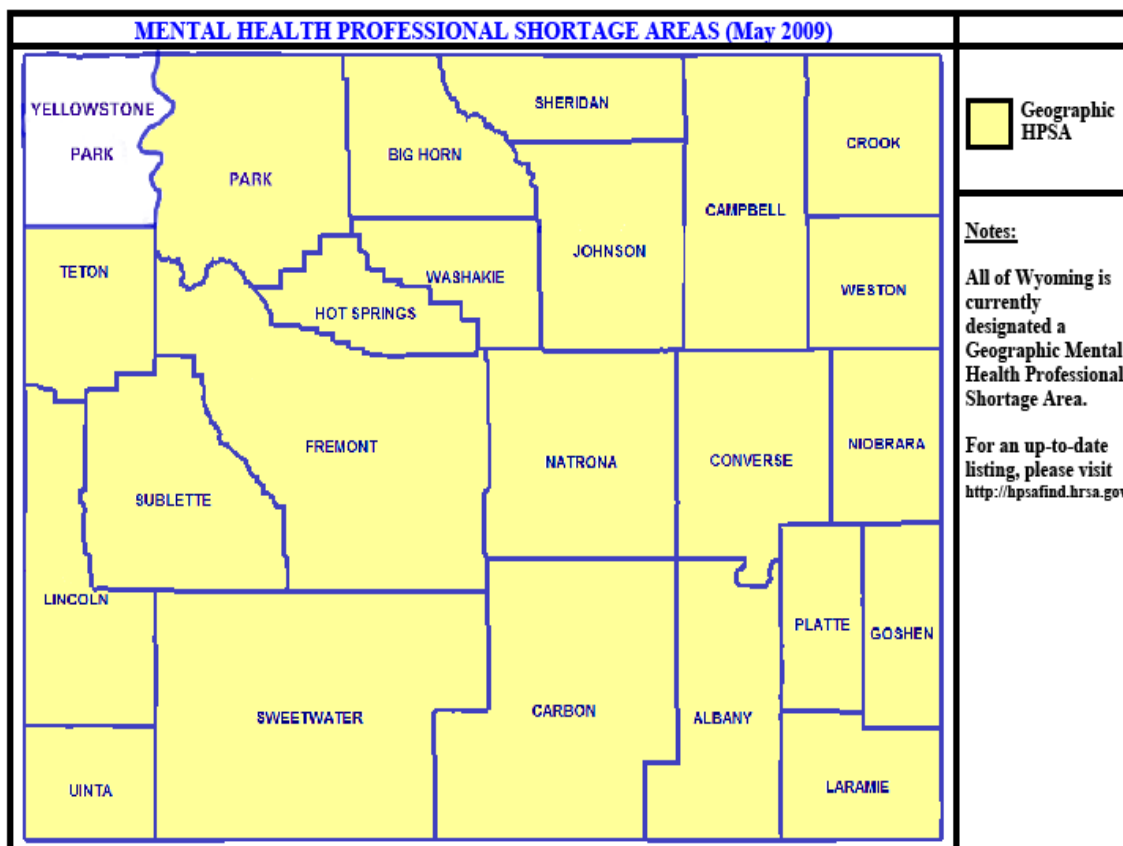


The Governor's HPSA does not impact dental shortage areas.

Clinics and healthcare professionals in Geographic HPSA areas are eligible for a multitude of programs, see page 12.

The MUA/MUP designation is primarily used for establishing FQHCs, including CHCs. It is common for dentists to deliver dental services at a CHC.

Map of Mental Health HPSAs in Wyoming



Clinics and healthcare professionals in Geographic HPSA areas are eligible for a multitude of programs, see page 12. While it may be possible for a mental health clinic to become an RHC, it is unlikely to happen due to the federal requirements for RHC status. For example, an RHC must provide six lab tests, must provide medical emergency procedures as a first response, and must have arrangements for hospital inpatient services, physician services and specialized diagnostic and laboratory services. Mental health professionals can be employed at an RHC and RHCs can bill an encounter for a mental health visit.

The MUA/MUP designation is primarily used for establishing FQHCs, including CHCs. It is common for mental health professionals to deliver services at CHCs.

On an annual basis, NHSC notifies ORH of expiring HPSAs that must be resubmitted. The following table identifies the HPSA/MUA/MUP designations submitted by ORH and the designated status of each submission.

List of 2009 Submitted HPSA/MUA/MUP Requests

Kind of Designation	Location	Type	Submitted or Analyzed	Designated **
Primary Care	CTs* 9711 & 9712 Rock Springs	MUA	Feb. 09	Aug. 09
Primary Care	Niobrara County	MUA	May 09	Sept. 09
Primary Care	Uinta County	MUA/MUP	Mar. 09	Not Qualified
Primary Care	Campbell County	MUA/MUP	Apr. 09	Not Qualified
Primary Care	Carbon County	MUA/MUP	May 09	Not Qualified
Primary Care	State Penitentiary (men, Rawlins)	Facility HPSA	Jan. 09	Not Qualified
Primary Care	Sweetwater County	Geographic HPSA	Dec. 08	Feb. 09
Primary Care	Eastern Uinta County	Geographic HPSA	Nov. 08	Jan. 09
Primary Care	Meeteetse CCD	Geographic HPSA	Mar. 09	May 09
Primary Care	Cheyenne (CTs 2, 3, 4.01, 4.02)	Geographic HPSA	Apr. 09	Aug. 09
Primary Care	Platte Co. (proposed withdrawal)	Geographic HPSA	Nov. 09	Nov. 09
Primary Care	NE Platte Co.	Geographic HPSA	Dec. 09	pending
Mental Health	State Penitentiary (men, Rawlins)	Facility HPSA	Oct. 09	Not Qualified
Dental Health	Hot Springs County	Low-income HPSA	Jan. 09	Mar. 09
Dental Health	Lincoln County	Low-income HPSA	Sept. 08	Feb. 09
Dental Health	Crook County	HPSA	Jul. 09	Not Qualified

*CTs stands for Census Tracts

** NHSC approves or disapproves designations

Programs Using HPSA and MUA/P Designations

PROGRAM	HPSA				MU A	MUP
	Geogra- phic	Populat- ion	Facil- ity	Gover- nor	Area	Populat- ion
Recruitment of health professionals through National Health Service Corps http://nhscjobs.hrsa.gov	Yes	Yes	Yes	No	No	No
Educational Loan Repayment for health care professionals through the National Health Service Corps http://nhsc.bhpr.hrsa.gov/applications/rreaa.asp	Yes	Yes	Yes	No	No	No
Educational Loan Repayment for primary care health professionals through the State Loan Repayment Program http://nhsc.bhpr.hrsa.gov/join_us/slrp.asp	Yes	Yes	Yes	No	No	No
CMS gives physicians a 10% bonus payment for Medicare-reimbursable services http://www.cms.hhs.gov/hpsapsaphysicianbonuses	Yes	No	No	No	No	No
CMS exempts new physicians from new Medicare limitations on "Customary Charges" Public Law 100-203, Section 4047	Yes	No	No	No	No	No
Health Center Program (funded under Section 330 of PHS Act) (AKA Community Health Center, FQHC) http://www.bphc.hrsa.gov/about	No	No	No	No	Yes	Yes
Federally Qualified Health Center Look-A-Likes must serve a population designated as MUA or MUP http://www.bphc.hrsa.gov/about	No	No	No	No	Yes	Yes
Rural Health Clinic Certification through Medicare http://www.cms.hhs.gov/CertificationandCompliance/18_R_HCs.asp	Yes	Yes	Yes	Yes	Yes	No
Rural Health Clinic Act provides Medicare and Medicaid reimbursement for services provided by physician assistants and CRNPs in clinics in rural HPSAs http://www.cms.hhs.gov/CertificationandCompliance/18_R_HCs.asp	Yes	Yes	No	No	No	No
State 30 J-1 Visa Waiver program for international medical graduates http://www.raconline.org/info_guides/hc_providers/j1visa_faq.php#whatiswaiver	Yes	Yes	Yes	No	Yes	Yes
PHS Grant Programs administered by HRSA's Bureau of Health Professions gives finding preference to Title VII and VIII training programs in HPSAs http://bhpr.hrsa.gov/dsa/heal_policy/FY99/Fy99L02.htm	Yes	Yes	Yes	No	Yes	Yes
Medicare will reimburse physicians when they consult via telecommunications in a federally designated HPSA (Balanced Budget Act '97) http://www.cms.hhs.gov/Telemedicine	Yes	Yes	Yes	No	No	No
Medicare HPSA bonus Payment (Primary Care & Mental Health) http://www.cms.hhs.gov/hpsapsaphysicianbonuses	Yes	No	No	No	No	No
Indian Health Service Scholarship Program http://www.ihs.gov/index.cfm?module=Jobs	No	Yes	No	No	No	Yes

A list of HPSA impact programs is available at <http://www.health.wyo.gov/rfhd/rural/HPSA.html>

Rural Health Works Analysis

ORH utilized the Rural Health Works (RHW) model developed by Oklahoma State University to determine the number of primary care physicians needed in every county in Wyoming. Thirteen counties proved to have shortages totaling 33.28 primary care physicians. Wyoming as a whole has a surplus of nearly 20 primary care physicians. This is commonly referred to as ‘mal-distribution’ and may be attributed to specific communities doing better at recruiting due to proximity to recreation and entertainment, availability of higher wages, adequate housing, schools, or the community’s involvement in recruiting new physicians.

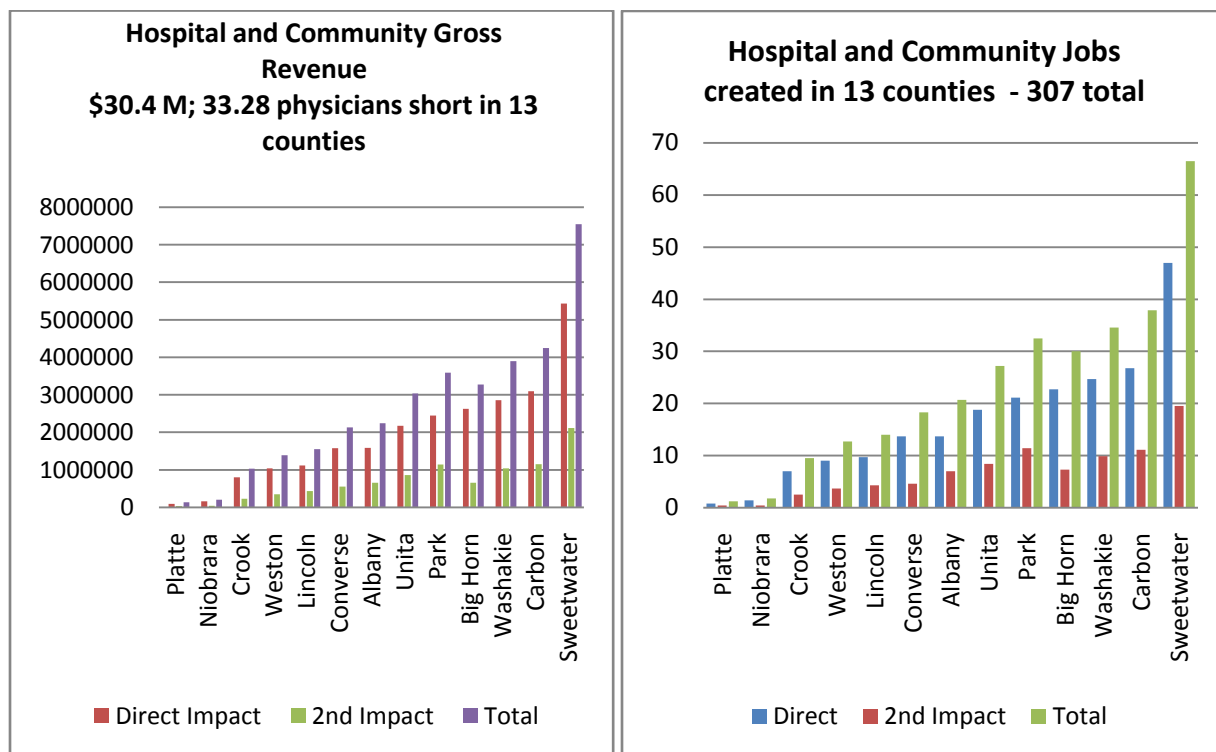
The table below does not line up exactly with the HPSA map on page 8 due to differing definitions of primary care providers used by RHW and HRSA.

Estimated Number of Primary Care Physicians Needed using Rural Health Works Model			
County	# Primary Care Physicians Needed	# Primary Care Physicians in Place	Shortage/Overage
Sweetwater	17.23	10.00	-7.23
Carbon	7.12	3.00	-4.12
Washakie	3.80	0.00	-3.80
Big Horn	5.49	2.00	-3.49
Park	13.25	10.00	-3.25
Uinta	8.89	6.00	-2.89
Albany	13.11	11.00	-2.11
Converse	6.10	4.00	-2.10
Lincoln	7.49	6.00	-1.49
Weston	3.38	2.00	-1.38
Crook	3.07	2.00	-1.07
Niobrara	1.22	1.00	-0.22
Platte	4.13	4.00	-0.13
Sublette	3.76	4.00	0.24
Johnson	4.15	5.00	0.85
Natrona	33.11	35.00	1.89
Goshen	5.9	8.00	2.10
Sheridan	13.65	17.00	3.35
Campbell	17.27	22.00	4.73
Teton	8.83	14.00	5.17
Hot Springs	2.47	9.00	6.53
Fremont	17.72	29.00	11.28
Laramie	39.26	56.00	16.74
Total	240.40	260.00	19.60

The RHW model is another tool to determine underserved areas, **and** the financial impact in an area without adequate primary care providers. HRSA includes Family Practice, General Practice, OB/Gyn, Internal Medicine, and Pediatrics in the primary care definition. RHW uses Family Practice and General Practice physicians in its definition. This model does not impact HPSA determinations or federal resource allocations tied to HPSA determinations.

The RHW model is based upon a given location's population (including age and sex) and uses established multipliers for each age and sex to determine the maximum number of primary care visits the given location's population will generate. ORH obtained population demographics from the Wyoming Department of Administration and Information, Economic Analysis Division. Using an annual physician visit multiplier from the Centers for Medicare and Medicaid Services, ORH was able to forecast the number of physicians required to address the number of visits generated based upon each county's demographics. ORH cross referenced the 2009 Wyoming Healthcare Commission physician survey and the Wyoming Medical Board licensure information to determine the number of primary care physicians in place (physicians in Washakie County did not respond to the survey).

Below are two graphs. The first one depicts Hospital and Community Gross Revenue; the second depicts Hospital and Community Jobs Created. The RHW model estimates that increasing patient care capacity in underserved areas of Wyoming would generate \$30.4 million in communities, and create 307 jobs.



ORH worked with David Taylor, Professor and Extension Specialist, Department of Agriculture and Applied Economics, College of Agriculture, University of Wyoming, to estimate financial impact of not having the appropriate number of physicians. Direct impact is generated

at the hospital; indirect impact (2nd Impact on graphs) is how the hospital and its employees spend money in the community. Assumptions used for this analysis were: 134.4 hospital discharges per year per doctor (AMA, 1994); \$3,397 in-patient net revenue per hospital discharge (Oklahoma Medicare, 2005); Out-patient revenue at 64.7% of in-patient revenue (Oklahoma Medicare, 2005).

Federal Programs to Address Shortages

National Health Service Corps Loan Repayment and Scholar Programs

(<http://nhsc.bhpr.hrsa.gov>; Geospatial data Warehouse - <http://datawarehouse.hrsa.gov>)

The National Health Service Corps (NHSC), through scholarship and loan repayment programs, helps Health Professional Shortage Areas (HPSAs) in the U.S. get the medical, dental, and mental health providers they need to meet the desperate need for healthcare professionals. The NHSC also operates a Nurse Education Loan Repayment Program, but since it does not require HPSA status for participation it is not included in this report.

Since 1972, more than 30,000 clinicians have served in the NHSC programs, expanding access to health services and improving the health of people who live in urban and rural areas where healthcare is scarce.

About half of all NHSC clinicians work in Health Resources and Services Administration (HRSA)-supported Health Centers, also known as Federally Qualified Health Centers (FQHCs), which deliver preventive and primary care services to patients regardless of their ability to pay. About 40 percent of Health Center patients have no health insurance.

Sites approved by NHSC can advertise openings through the NHSC, allowing all NHSC interested healthcare professionals to view the opening. This opens recruitment to a nationwide pool of healthcare professionals that the site may not have been able to reach otherwise.

The NHSC Loan Repayment Program (LRP) offers up to \$50,000 for 11 healthcare professions to use in medical education loan repayment over a two year period with opportunity for additional years (NOTE: the Nurse Education Loan Repayment Program operated by NHSC is completely separate from this program). The healthcare professional must work at an approved site (the site must complete an application available at the same webpage). The worksite must be located in a HPSA and the healthcare professional has specific requirements they must meet. An additional \$200,000,000 in federal funds was given to the program in 2009 as part of the American Recovery and Reinvestment Act of 2009 (ARRA) federal stimulus program. Applications are being accepted on an ongoing basis until all the money is obligated, or September 2010, whichever comes first. NHSC anticipates 3,300 ARRA awards; as of December 2009, approximately 1,650 had been made. Data from the NHSC Geospatial Warehouse website indicates there were 949 LRP awards in 2009 (NHSC expects a similar number of awards in 2010 in addition to the ARRA funded awards). Of the 2009 awards, 14 went to healthcare professionals in Wyoming; there were 12 Wyoming awards in 2008.

The NHSC Scholar Program has two components. First, is the scholarship component. The NHSC Scholar Program accepts applications once a year from students who are enrolled or accepted for enrollment at an accredited health professions training program in an eligible

primary care discipline: medicine (M.D. or D.O.), dentistry, family nurse practitioner, certified nurse midwife or physician assistant. Students can apply before their first year or after they have finished one or more years of school. The second component is that individuals given scholarships must agree to work in a HPSA with a high cut-off score for two years to satisfy their service obligation. Very few locations in Wyoming qualify for the NHSC Scholar Program due to the HPSA scoring requirements.

Information from the HRSA Geospatial Warehouse identified 31 current NHSC participants in Wyoming; 2 are scholars, 29 are LRP. Of the 29 LRP participants; 21 are mental health; 3 are physicians; 4 are PAs; and there is 1 dentist, dental hygienist, and nurse practitioner. These cities have the following number of participants: Evanston, 4; Casper, Douglas, Jackson, and Kemmerer, 3; Afton, 2; and Cheyenne, Cody, Gillette, Green River, Laramie, Lovell, Rock Springs, Saratoga, and Worland, 1.

What is ORH doing? ORH is educating healthcare professionals and employers on the availability of NHSC programs in order to increase participation in these programs. ORH has submitted press releases to announce the ARRA funding and has requested that professional organizations, licensing boards, and non-profit groups share this information within their membership and contacts. ORH is partnering with other groups to provide basic information, and refer interested parties to ORH during visits around the state and telephone interaction.

Mr. Jeff Hopkins is the ORH point of contact for these programs. His contact information is on page 22.

Wyoming Health Centers

Wyoming Health Centers are mission-driven healthcare organizations trained to deliver compassionate, quality care to all individuals, regardless of their ability to pay. They provide high-quality, cost-effective, culturally appropriate, comprehensive primary and preventive care to Wyoming's medically underserved and uninsured populations. Wyoming's six Health Centers consist of Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless Clinics which are located in Cheyenne, Casper, Riverton, Dubois, Powell, and Worland. These community-based providers must apply to Medicare to receive designation as Federally Qualified Health Centers (FQHCs). The receipt of FQHC status is driven by the fact that these clinics meet rigorous federal standards related to quality of care, services, cost, and are qualified to receive enhanced reimbursement under Medicaid and Medicare law. Health Centers receive federal funding from the Public Health Services Act, Section 330.

Health Centers make a difference in the community by providing patients with a medical home. They offer sliding-fee scale discounts to patients based on income, and provide care to all patients regardless of income or social status. Health centers offer medical, dental, and mental health services either directly or through a contract with a local provider. In addition, they can help with case management, eligibility screenings, and discounted prescription medications. Health centers provide a means to improve health disparities in specific areas; for instance, patients with chronic disease are followed by a Clinical Quality Team to improve patient outcomes. Moreover, health centers empower communities and patients to take a role in their health care, and are the Nation's only health care system controlled in partnership by patients and their communities.

State-specific data reveals:

- 13.7% of Wyoming's population is uninsured*
- 42.5% of Wyoming health center patients are uninsured**
- 84.6% are under 200% of the Federal Poverty Level (FPL)**
- 43% are under 100% of FPL**
- 16.3% of Wyoming health center patients have Medicaid as their primary insurance**
- In 2008, Wyoming health centers served over 20,000 patients with over 73,000 total encounters**

Source: *2007-2008 U.S. Census; **2008 Uniform Data System (UDS) data provided by HRSA

ORH coordinates with the Wyoming Primary Care Association (WYPCA) on the Community Health Center (CHC) program. In 2009, ORH investigated five locations to determine if the locations qualified for these programs. CHCs must be in an MUA/MUP. Two of the five locations met the federal criteria: southeast Rock Springs and Niobrara County. Communities in these locations are determining if they want to pursue these programs further.

What is ORH doing? ORH is working closely with the WYPCA to identify eligible communities and working with those communities to establish Health Centers. ORH is an ex-officio board member and exchanges information with the WYPCA board regularly.

More information is available from the Wyoming Primary Care Association: (307) 632-5743; <http://www.wypca.org>.

Rural Health Clinics

The Rural Health Clinic (RHC) Program was established in 1977 to address an inadequate supply of physicians who serve Medicare and Medicaid beneficiaries in rural areas. The program provides qualifying clinics located in rural and medically underserved communities with payment on a cost-related basis for outpatient physician and certain non-physician services. For RHC purposes, any area that is not defined by the U.S. Census Bureau as urbanized is considered non-urbanized. RHCs are located in areas that are designated or certified by the Secretary of the Department of Health and Human Services as HPSAs or MUAs. A clinic cannot be Medicare approved concurrently as an RHC and an FQHC.

There are 16 RHCs in Wyoming. The map on page 8 shows where RHCs are currently located and areas where current or new clinics are eligible for RHC certification. RHCs can be part of a local hospital, or independent. Additional information is available on the ORH webpage at http://www.health.wyo.gov/rfhd/rural/Rural_Health_Clinics.html.

The primary benefit of RHC status is increased Medicare and Medicaid reimbursement. The Office of Healthcare Financing, in an ORH report on RHCs in 2008, estimated that eligible clinics might benefit by as much as \$25,000 annually by becoming a certified RHC. In the survey that led to the ORH report, over 20 existing clinics expressed interest in becoming certified RHCs.

Governor's Certified Shortage Area – Also known as Governor's HPSA; Governor Dave Freudenthal requested specific criteria for the RHC program that was approved by HRSA in March 2009. The criteria are: "Service areas with a population to physician ratio of at least 1500:1 and at least one of the following high need indicators:

- Population density of less than 10 persons per square mile
- 25% or higher population below 200% Federal Poverty Level (FPL)
- 15% of population age 65 or older"

ORH estimates this new benefit increases the number of Wyoming residents eligible for care in an RHC by 185,000, approximately 1/3 of the state's residents, in addition to approximately 200,000 living in primary care HPSAs. A list of areas eligible for the RHC program due to the Governor's designation is available on page 8.

What is ORH doing? The Governor's office issued a press release in May 2009; however, only one of the 20 interested clinics saw it published in their local newspaper. ORH has contacted all 20 to inform them of their eligibility to apply for RHC status, and provided technical assistance in that process. ORH shares this information and provides technical assistance with all interested parties and has developed a RHC webpage that provides step-by-step instructions and a link to the Wyoming Office of Healthcare Licensing and Surveys (http://www.health.wyo.gov/rfhd/rural/Rural_Health_Clinics.html).

Mr. Jeff Hopkins is the ORH point of contact. His contact information is on page 22.

Conrad 30, J-1 Visa Waivers

Annually (October 1 of each year), Wyoming receives 30 waivers it can request on behalf of foreign physicians trained in the U.S. to allow them to serve in HPSAs in Wyoming. Ten of these waivers can be used for non-primary care physicians or physicians not working in HPSAs (these are called non-designated). ORH, on behalf of the Governor and the Department of Health, can act as an interested government agency for foreign physicians. If approved by the U.S. Department of State (DOS), this waives the foreign physician's requirement to return to their home country for two years in exchange for working in a HPSA. Wyoming is not the approval authority; that is DOS. Wyoming's role is to simply confirm that the physician has a job offer from an employer and they will work in a HPSA.

Historically, Wyoming has never used all 30 waivers, or all 10 of the non-designated waivers. In 2008, Wyoming received four non-designated, and two designated applications. . In 2009, Wyoming received six non-designated applications. Wyoming recommended approval of all 12 and DOS approved all 12. As of November 2009 (federal fiscal year 2010), Wyoming has received zero requests.

What is ORH doing? ORH works with hospital and other healthcare recruiters to educate them on the program's benefits and requirements. ORH fields calls from interested physicians and immigration attorneys concerning available waivers and refers parties to the Wyoming Health Resources Network (WHRN) for open positions in Wyoming.

Mr. Jeff Hopkins is the ORH point of contact. His contact information is on page 22.

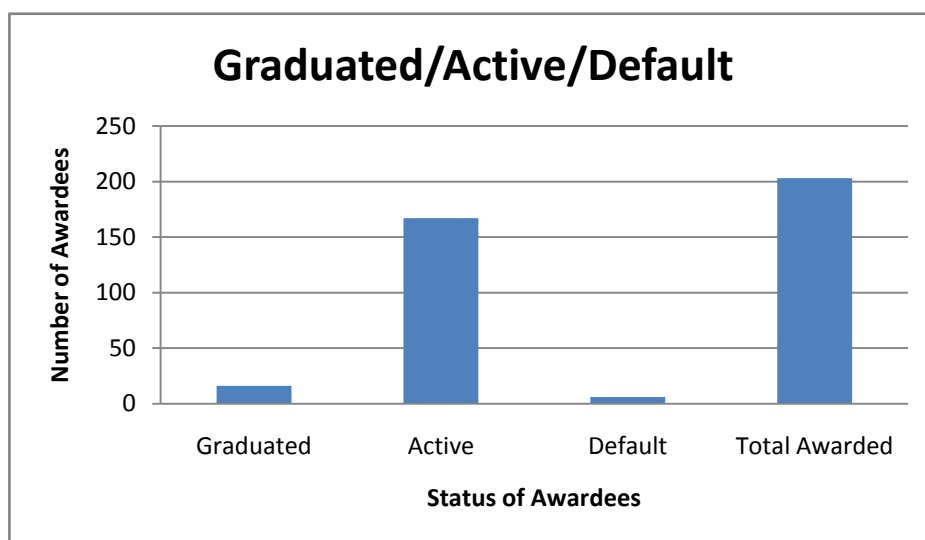
State Programs to Address Shortages

Wyoming Healthcare Professional Loan Repayment Program

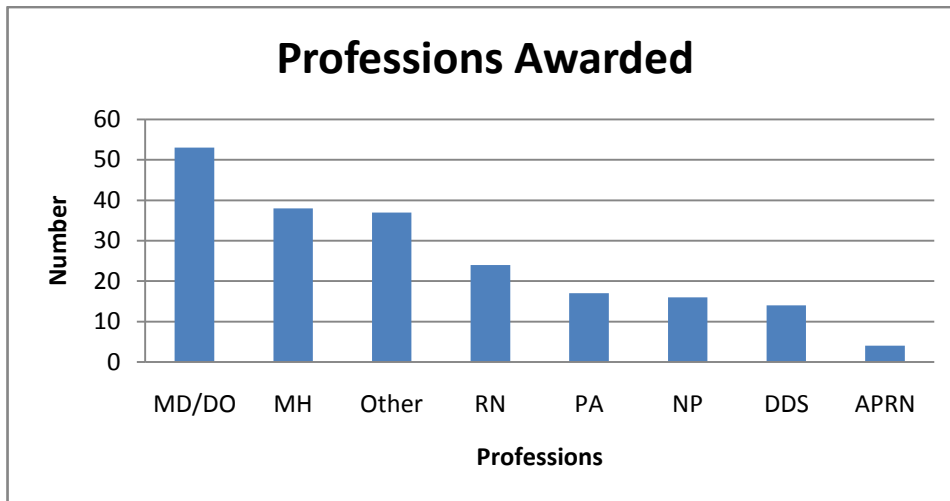
The Wyoming Healthcare Professional Loan Repayment Program was first funded in 2005 and the first awards were made in 2006. Additional awards were made in 2007 and 2008; no awards were made in 2009 due to funding. This program reimburses healthcare professionals in 50 professions (NHSC has 11 eligible professions) up to \$90,000 (physicians and dentists; \$30,000 for all other licensed healthcare professions) in exchange for three years of service in an area of greatest need for healthcare in Wyoming. Over 61% of awards were to individuals practicing in Wyoming less than three years. The overarching goal of this program is to assist communities to recruit and retain healthcare professionals. Wyoming Statutes 9-2-118 and 9-2-119 created the program.

During the three year life of the program, there have been 764 applications and 204 awards. Thirteen withdrew from the program prior to their first payment leaving 191 participants.

Over 97% of the healthcare professionals are still in the program or have graduated. Six defaulted on their contract and have already repaid, or are repaying the state.



Awards have gone to mental health professionals (38), RNs (24), physicians (53), PAs (17), NPs (16), dentists (14), advanced practice registered nurses (4), and 38 other allied health professions including speech language pathologists, physical therapists, occupational therapists, pharmacists, podiatrists, optometrists, and several other licensed professions. Every Wyoming county except Teton has healthcare professionals participating in this program.



Awards are made based upon areas of the state in greatest need for healthcare professionals, healthcare professions in greatest need, time practicing in Wyoming (less is more advantageous), and graduation from a Wyoming college.

ORH considers the entire state in need of healthcare professionals and some areas of the state have much greater need for select healthcare professions than other areas of the state. Areas of the state having greater need are given priority in state funded programs.

What is ORH doing? ORH replaced a 15-page, 3-essay, hand-written application and several required attachments with an online application that automatically feeds a database and ranks applicants by selection criteria. This reduced the award timeline from five months to two weeks. The database provides payment reminders to ORH to keep payments on time. While funding was not available in 2009, ORH used this time to develop awareness and participation in NHSC programs to increase NHSC's Wyoming presence and thereby lessen the financial burden on Wyoming in the future.

Mr. Jeff Hopkins is the ORH point of contact. His contact information is on page 22.

Wyoming Physician Recruitment Grant Program

The Wyoming Physician Recruitment Grant Program began in 2008 and the first awards were made in 2008. It was created by Wyoming Statute 35-1-1101 and was created to assist local communities in recruiting physicians from outside of Wyoming. Selected recruitment entities can be reimbursed up to \$80,000 to recruit physicians. ORH received 45 applications from 27 interested groups in 19 communities and 18 counties totaling \$2.9 million. Funding was available for five awards (\$400,000). The Wyoming Health Resources Network (WHRN) coordinated all applications and worked closely with ORH and awarded communities on the program. Contracts for this program have not ended as yet; data is not available on the success of the program in its initial year.

What is ORH doing? ORH is compiling surveys from participants to determine opportunities for improving the program and will use this information to educate policymakers.

More information is available from WHRN: (307) 635-2930; <http://www.whrn.org>.

Other ORH Activities

Other ORH activities designed to increase healthcare professionals in Wyoming include:

ORH developed the Workforce Development webpage as a one stop reference to find healthcare loan repayment and scholarship programs. This site has links to seven loan repayment programs and over 200 healthcare scholarships.

(http://www.health.wyo.gov/rfhd/rural/Workforce_Development.html)

ORH is utilizing federal Primary Care Office American Recovery and Reinvestment Act of 2009 grant funds to perform census of primary care providers (physicians, physician assistants, and nurse practitioners), licensed mental health professionals, and dentists over the next three years. This is being accomplished statewide, concurrently with the HPSA designation process. Over the next three years; physicians, physician assistants, and nurse practitioners will be documented by census tracts, followed by mental health professionals, and finally dentists and dental hygienists. During this process, ORH is ensuring qualified professionals are aware of and applying for National Health Service Corps (NHSC) programs and is funded by the American Recovery and Reinvestment Act.

ORH is utilizing federal Primary Care Office American Recovery and Reinvestment Act of 2009 grant funds to increase awareness of NHSC programs. WHRN will provide basic information to qualifying sites and refer them to ORH for technical assistance in getting started with NHSC.

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