



HRSA Workforce Aims & Shortage Designation Modernization Project Update

State Offices of Rural Health (SORH) New Directors Orientation

December 6, 2022

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Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Agenda

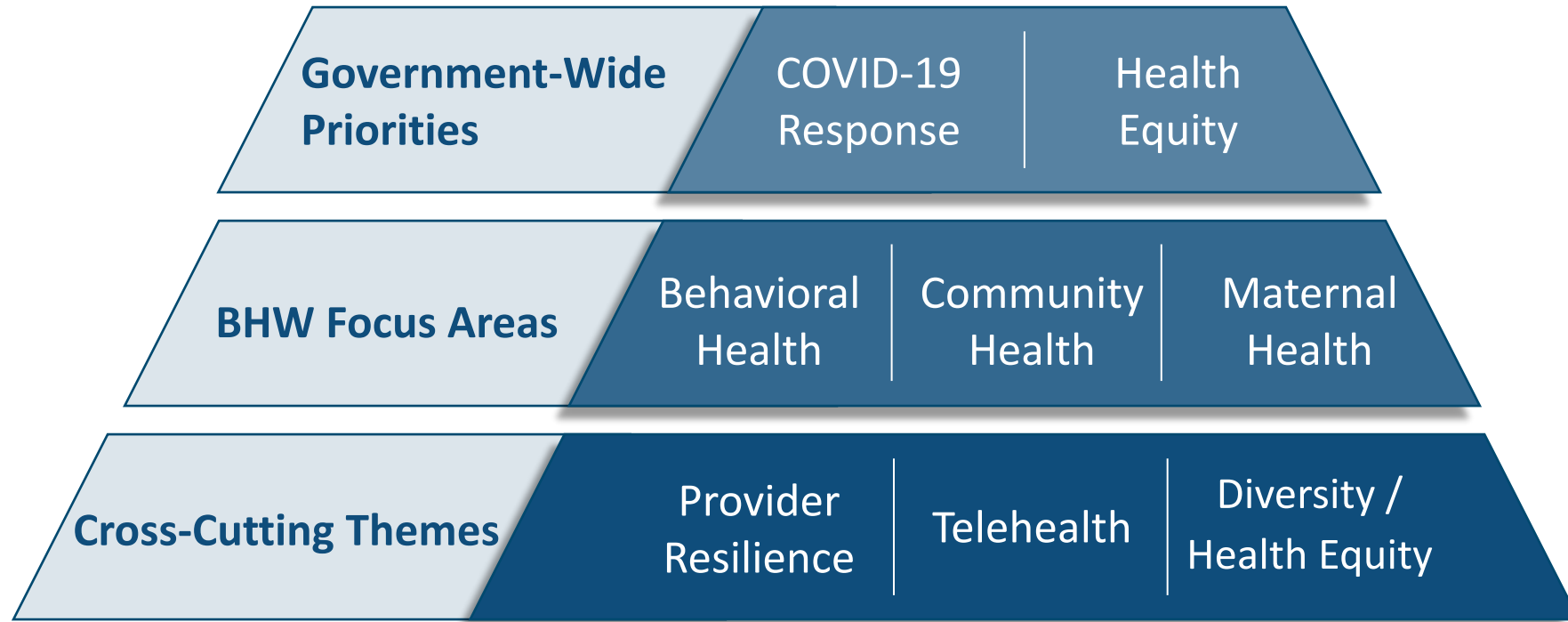
- ▶ HRSA Workforce Aims
- ▶ FY23 Funding Opportunities
- ▶ Shortage Designation Modernization Project Overview
- ▶ Maternity Care Health Professional Target Area Criteria RFI & FRN



HRSA Workforce Program Aims



HRSA Workforce Focus Areas (2022-2023)



FY 2023 President's Budget

The FY 2023 President's Budget provides **\$2.10 billion**, an increase of **\$324.1 million**, for health workforce programs, and continues funding to support a diverse workforce, strengthen the mental health/substance use disorder workforce and support the well-being and diversity of health care providers

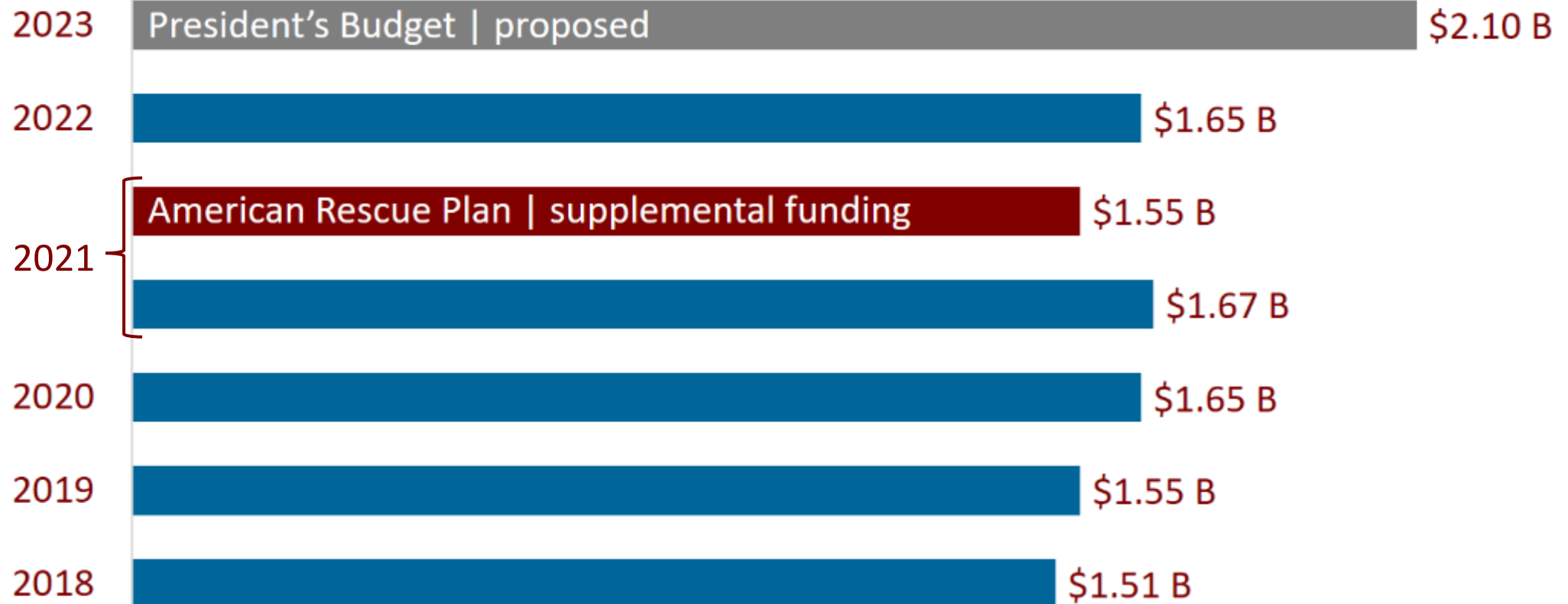
Includes new initiatives to address resiliency and mental health of providers and to co-locate navigators and mental health specialists in non-traditional community-based settings:

- **\$50 million** to support the resiliency, mental health, and well-being of health care providers
- **\$88.4 million** for the NHSC Substance Use Disorder and Rural Communities Loan Repayment Programs and the inclusion of mental and behavioral health providers, including peer support specialists providers in crisis centers



BHW Budget History

Fiscal Year



FY 2023 Funding Opportunities

- Advanced Nursing Education Workforce
- Advanced Nursing Education: Nurse Practitioner Residency and Fellowship Program
- Community Health Worker Training Program – Technical Assistance Center
- Dental Faculty Loan Repayment Program
- Geriatrics Academic Career Awards Program
- Health Careers Opportunity Program
- Integrated Substance Use Disorder Training Program
- National Health Service Corps Programs
- Nurse Anesthetist Traineeships
- Nurse Corps Programs
- Nurse Education, Practice, Quality and Retention – Pathway to Registered Nurse Program
- Nurse Faculty Loan Repayment Program
- Nursing Workforce Advancing Health Equity –Technical Assistance Center
- Pediatric Specialty Loan Repayment Program
- Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care Residency (IBPR) Program
- Primary Care Training and Enhancement: Residency Training in Mental and Behavioral Health (PCTE-RTMB)
- Preventive Medicine Residency Program
- SUD Treatment & Recovery LRP (STAR) APG
- Teaching Health Center Planning and Development
- Teaching Health Center Graduate Medical Education



Looking Forward



PROJECTED FTE SHORTAGES by 2030* pre-COVID data

Primary Care Physicians **41,050**

Psychiatrists **12,530**

Addiction Counselors **11,530**

*Source: National Center for Health Workforce Analysis
<https://data.hrsa.gov/topics/health-workforce/workforce-projections>



Shortage Designation Modernization Project (SDMP)



Shortage Designation Modernization Project Summary

Phase 1

- **2013** - SDMP Launched beginning with Shortage Designation Policy Evaluation
- **2014** - Shortage Designation Management System Launched

Phase 2

- **2017** - 1st Geographic & Population HPSA National Shortage Designation Update
- **2019** - 1st Automatically Designation HPSA National Shortage Designation Update

Phase 3

- **2020** - HPSA Scoring Methodology Request for Information Released
- **2020** - Maternity Care Target Area (MCTA) Request for Information Released

Phase 4

- **2021** - MCTA Proposed Criteria Federal Register Notice Released and Public Comments Collected
- **2021** - All HPSA National Shortage Designation Update 2.0 Completed

Phase 5

- **05/2022** – Publication of MCTA Designation & Scoring Criteria
- **Pending** – Publication of **Proposed** HPSA Scoring Methodology Modifications FRN



What is a MCTA?

- A “MCTA” is a **M**aternity **C**are Health Professional **T**arget **A**rea ...
- ... which is an area within a **Primary Care** HPSA that has a **shortage of maternity health care professionals**.
- The **Improving Access to Maternity Care Act** amends the Public Health Service Act to require HRSA to identify MCTAs for purposes of assigning maternity care health professionals to those areas. ((P.L. 115-320; Public Health Service Act, Section 332(k))



Improving Access to Maternity Care Act

P.L. 115-320; Public Health Service Act, Section 332(k)



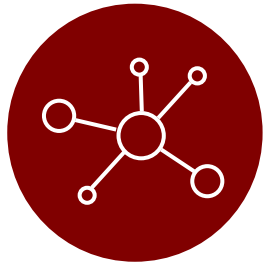
Establishment

Criteria for Maternity Care Health Professional Target Areas (MCTAs)



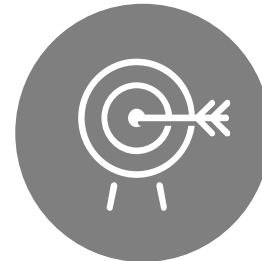
Distribution

Maternity care health professionals using the newly identified MCTAs



Identification

Within existing Primary Care Health Professional Shortage Areas (HPSAs) using established MCTA criteria



Data Collection & Publication

Compare the availability and need for maternity care health services in HPSAs and areas within such HPSAs

Maternity Care Target Area Supplementary Scoring Criteria

Final Criteria

Population-to-Provider Ratio

- Women between the ages of 15-44 years old
- Obstetrician/Gynecologists (OB/GYNs) and Certified Nurse Midwives (CNMs)

Population with Income at or below 200% of Federal Poverty Level

Determine Percentage of people living in the service area at or below 200% of the Federal Poverty Level (FPL)

Travel Time & Distance to the Nearest Source of Care

Identify Closest provider location where the residents of the area or designated population have access to comprehensive maternity care services

Fertility Rate

Determine increased need for maternity care services among populations which experience a higher rate of births

Social Vulnerability Index

Determine increased need for maternity care services among populations which experience a higher rate of social vulnerability using the CDC's SVI

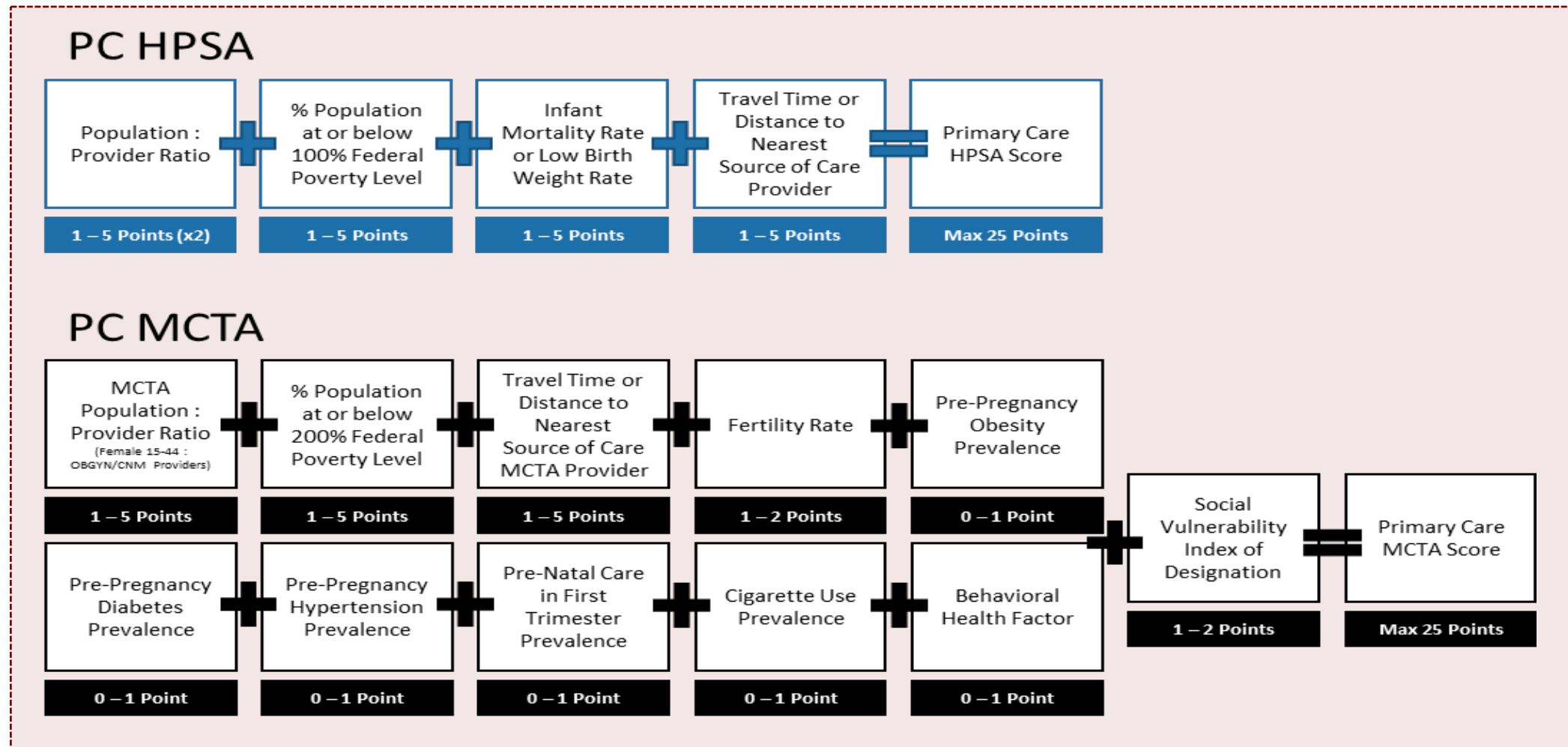
Preconception Health Index

- Pre-pregnancy obesity
- Pre-pregnancy diabetes
- Pre-pregnancy hypertension
- Prenatal care initiation in the 1st trimester
- Cigarette Smoking
- Behavioral Health Factor

Each of these criteria will be assigned a relative weight based on the significance of that criteria relative to all the others.



How are PC MCTA scores calculated?



PC MCTA Sub-Score Calculations

Criteria	MCTA – Sub-Score		
	Max Points Awarded	Multiplier	Total Points Possible
Population : Provider Ratio	5	x 1	= 5
Percent of Population Below 200% Federal Poverty Level	5	x 1	= 5
Travel Distance/Time to Nearest Source of Care	5	x 1	= 5
Fertility Rate	2	x 1	= 2
Social Vulnerability Index	2	x 1	= 2
Maternal Health Index <ul style="list-style-type: none"> • Pre-Pregnancy Obesity • Pre-Pregnancy Diabetes • Pre-Pregnancy Hypertension • Cigarette Smoking • Prenatal Care Initiation in the 1st Trimester • Behavioral Health Factor 	6	X 1 for each factor	= 6
Max Score:			= 25



Questions



Contact Us

Shortage Designation Team

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