

This data includes only providers counted by HRSA for the purposes of calculating Health Professional Shortage Areas (HPSAs). It omits providers who are locum tenems or are at a facilities that are not accessible to the public, do not offer outpatient services, do not offer on-site services or are Urgent Care Clinics. This represents a total difference of 6.4 FTEs statewide.

## What are HPSAs?

Health Professional Shortage Areas (HPSAs) are geographic areas where the ratio of the population to the providers - measured in full time equivalents, or FTE - is high enough for the Health Resources and Services Administration (HRSA) to designate the area as having a greater need for services. This allows providers working in those areas to access benefits and incentives such as <u>bonus payments for Medicare</u> <u>services</u>, <u>National Health Service Corps</u> (NHSC), <u>State Loan Repayment Program</u> (SLRP), and the <u>J-1 Visa</u> <u>waiver program</u>. These benefits are intended to steer providers to underserved areas. HPSAs are also awarded to safety net providers including Federally Qualified Health Centers and Rural Health Clinics.

## How are they evaluated?

HPSAs are evaluated based on the population to provider ratio. In addition, areas can be considered high need based on a higher percentage of the resident population enrolled in Medicaid, living at or below 100% of the federal poverty level (FPL) or homelessness. A "high need population" area can achieve a HPSA designation with a lower population to provider ratio, as shown below.

| Designation Types | Primary Care Physician | Mental Health | Core MH Provider | Dentist |
|-------------------|------------------------|---------------|------------------|---------|
| Geographic        | 3,500:1                | 30,000:1      | 9,000:1          | 5,000:1 |
| Population        | 3,000:1                | 20,000:1      | 6,000:1          | 4,000:1 |
| Facility          | 1,000:1                | 2,000:1       | 2,000:1          | 1,500:1 |

Minimum Population to Provider Ratios for Shortage Designation per Provider Type

## What data do we use?

Provider location and service hours are collected during our census of active health care providers every two years through the re-licensing process and are used to determine how many FTEs are present in specific areas of Vermont. Details on data collection methodology, along with reports on over 40 health care professions can be found on our <u>health care workforce data page</u>.

Primary Care designations are based only on MDs and DOs working in primary care. Mental Health designations can be calculated on Psychiatrists only, Core Mental Health providers (including clinical psychologists, social workers, marriage and family therapists and psychiatric APRNs) or both.

The geographies used for shortage designations are Rational Service Areas (RSAs). These were designed based on where people receive primary care and where they live, as determined from data from Medicare, Medicaid and the Vermont Behavioral Risk Factor Surveillance System. In Vermont, primary care and dental care are divided into 38 separate RSAs, and mental health RSAs reflect the 10 established catchment areas of the <u>designated mental health agencies</u>.

For questions or concerns regarding these maps or the shortage designation process, please contact:

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