

Health Policy Formation and Health Professional Workforce Issues

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VLA in Winter



Characteristics of Rural Populations – More than:

- Race – Rural Homogeneity
- Age – Very Old
- Gender – Increasingly Female
- Education – Quality and Quantity
- Income – Concentration of Poverty
- Independent Variables: Migration, Fertility, Isolation

Rural is More than Agriculture

- More than 90% of rural residents have non-farm jobs
- Only 6.3% live on farms
- 50% of farm families have significant income from non-farm sources

Rural Concern: Health Professionals

- Access to physicians
- Access to nurse practitioners, physician assistants, nurses, dentists and allied health personnel
- Will our clinic or hospital remain open?

Know The Workforce: Health Professionals in NM

- 3,200 physicians (6,000 licensed)
- 660 nurse practitioners (licensed)
- 313 physician assistants (licensed)
- 800 dentists (licensed)
- 600 dental hygienists (licensed)
- 3,000 pharmacists (licensed)
- 11,000 nurses (licensed)

Develop Partnerships in Workforce

- University and College Staff
- Hospitals & Health Systems
- Health Policy Leaders
- Trade Associations
- State Department Secretaries and Staff
- Community Leaders
- Governor's Staff

Indian Health Service

- Area Offices
- Staffing through PHS – Uniformed Corps
- Owned facilities
- Indian Self-Determination: 638 clinics and hospital services
- Current Crisis of IHS: 638, Treaties, Budget

System Development: Theme in Successful Health Workforce Activity in NM

- State agency supported initiatives in health workforce: NMHPC, NMHR, NMDOH, educational institutions
- Develop Rural Health Care Workforce Using All Models – Not just “pipeline”
- Strengthen Financial Viability of Delivery Systems
- Workforce Summits – Annual and Special

Rural Recruitment Programs that Succeed in NM

- NM Loan for Service – NMHED – 1970s
- National Health Service Corps – 1970 3 to NM;
- NHSC Scholars -1979
- New Mexico Health Resources - 1981
- NM Loan Repayment – NMHED – 1982
- NM Health Service Corps –NMDOH – 1994
- NM Health Policy Commission (Data) - 1994
- Conrad 30 J-1 Visa Waiver Process – 1997
- WICHE Return to NM Policy - 2000

NM Rural Primary Health Care Act

- 1979 – Purpose to recruit and retain health care personnel and assist in provision of primary health care services to underserved areas of the state.
- Administered by the New Mexico Department of Health

RPHCA Provisions

- Fund active recruitment, \$400,000 - \$500,000 annually
- Fund clinics in underserved areas of the State, \$10 million annually
- Revolving capital improvement fund, \$10 million

Clinic Funding Support

- Planning Grants for Initial Feasibility
- On-going funding of 85 locations (14 federally funded systems, 11 state and locally funded systems)
- Development of 135 clinical sites statewide
- Maintain a “minimum” level of support

NM Local Options

- County Indigent Care Funds
- Dedicated Gross Receipts Funds
- Special Hospital Districts
- Contract Services for Medically Indigent
- Special Programs

Educational Activities

- Educate middle and high school students on career options
- Help students find schools
- Assist those returning to school for advanced degrees
- Mentoring Activities
- Link students with employers and information on careers in health

Health Professional Shortage Areas (HPSA)

- Hospitals, practices and clinics in these areas are eligible to apply for assignment of NHSC personnel and are eligible service areas for certain loan repayment, scholarship, and other PHS Programs.
- HPSAs are defined to include 1) urban and rural geographic areas, 2) population groups, and 3) facilities with shortages of professionals
- <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>

HPSAs Create Opportunities

- National Health Service Corps Scholarships
- Federal and State Loan Repayment Programs
- Rural Health Clinic justification
- Medicare Incentive Payments to Physicians
- Area Health Education Center (AHEC) grants

Medically Underserved Areas/Populations

- Community Health Center Federal Funding (“330” Grants) or “FQHCs”
- “Look Alikes” meet the definition of FQHC but do not receive Federal Funding and are eligible to receive cost-based reimbursement
- Rural Health Clinics receive favorable consideration for reimbursement purposes

Health Professional Resources

- New Mexico Health Resources:
<http://www.nmhr.org>
- New Mexico Department of Higher Education:
<http://hed.state.nm.us/>
- The Center for the Health Professions:
<http://futurehealth.ucsf.edu/>
- Rural Recruitment and Retention Network:
<http://www.3Rnet.org>
- Rural Assistance Center
<http://www.raonline.org/>

National Rural Oriented Policy Organizations

- National Rural Health Association:
<http://www.nrharural.org/>
- National Association of Community Health Centers: <http://www.nachc.com/>
- Walsh Center for Rural Health Analysis:
<http://www.norc.uchicago.edu/issues/health6.asp>
- National Network for Health (USDA):
<http://www.nnh.org/>
- National Rural Health Resource Center:
<http://www.ruralcenter.org/mcrh/>

Angel Flight West Over NM

