



### Federal Programs to Strengthen the Primary Care Workforce in Underserved Rural and Urban Communities

National Academies of Sciences, Engineering and Medicine Standing Committee on Primary Care November 14<sup>th</sup>, 2024

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Vision: Healthy Communities, Healthy People



# **Setting A Context for Rural Primary Care**

**Significant Differences from Urban Areas ...** 

- Broader Range of Practice
  - May Do More Diagnostics
  - Likely Engaged in Post-Acute, Long-Term, Inpatient and Emergency Care
- Potential for Professional Isolation
  - Role of Telehealth
- The Imperative to Do More Given Gaps
  - Obstetrics
  - Addiction Services





https://prevention.nih.gov/research-priorities/research-needs-and-gaps/pathways-prevention/improving-rural-health-through-telehealth-guided-provider-provider-communication

## Rural Health Issue: Primary Care Workforce

**Historic and Ongoing Gaps ...** 



- Rural = 55.6/100,000 People
- Urban = 93.6/100,000 People

#### **Rural Gap**

Increased from 35 to 38

#### In 2001

- Rural = 60.6/100,000 People
- Urban = 95.8/100,000 People

All Primary Care (MD, DO, NP, PA)

MD, DO

- Rural = 156.8/100,000 People
- Urban = 227.0/100,000 People

# Increased from 45 to 70

- Rural = 95.8/100,000 People
- Urban = 141.2/100,000 People



Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively Source: Andrilla CHA, Woolcock SC, Garberson LA, Keppel GA, Graves JM, Patterson DG. *Trends in Health Workforce Supply in the Rural U.S.* Policy Report. WWAMI Rural Health Research Center, University of Washington; October 2024.



### Rural Health Issue: Primary Care Workforce

**New Research Coming ...** 



Nurse Practitioner and Physician Assistant Specialties: Initial Findings from the National Provider Identification Standard (NPI) Data

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### **Key Practice Locations for Rural Primary Care Providers**

**Special Designations Play a Key Role** 

#### **Rural Hospital Designations**

Designation <sup>3</sup>	Total in U.S.
Critical Access Hospital (CAH)	1,364
Sole Community Hospital (SCH)	299
Medicare Dependent Hospital (MDH)	142
Rural Emergency Hospitals	31

#### **Primary Care Designations**

Designation	Total in U.S.
Rural Health Clinics (RHCs) <sup>2</sup>	• 5,500+
Federally Qualified Health Centers (FQHCs) <sup>1</sup>	<ul> <li>Nearly 1,500 CHCs</li> <li>17K+ delivery sites</li> <li>Serve 1 in 5 rural residents</li> </ul>
HPSA Bonus Payment (+ %10 on Medicare visits)	<ul> <li>Physicians in more than</li> <li>7,543 primary care HPSAs qualify</li> </ul>

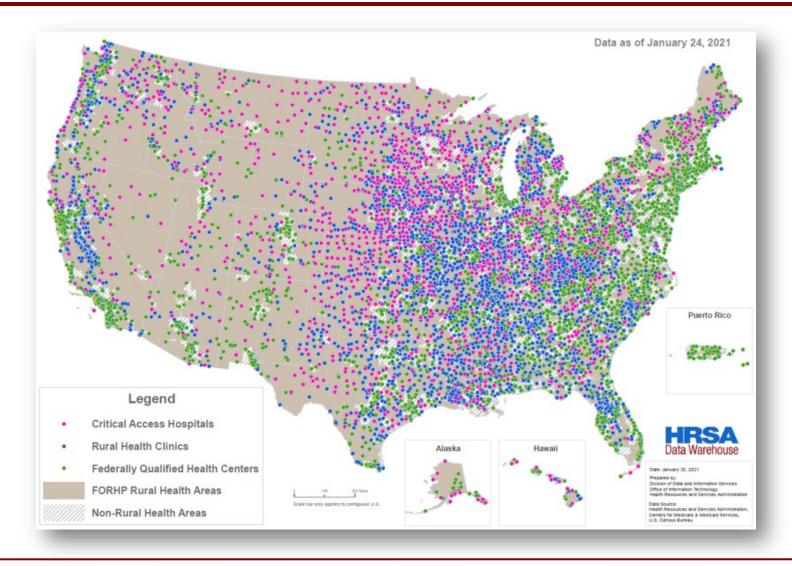


- 2. 2021 Provider of Service (POS) File
- 3. University of North Carolina, Cecil G. Sheps Center for Health Services Research analysis of Centers for Medicare & Medicaid providers reported open January 1, 2020



# The Federal Dimensions of the Rural Health Landscape

#### **Special Designations Play a Key Role**

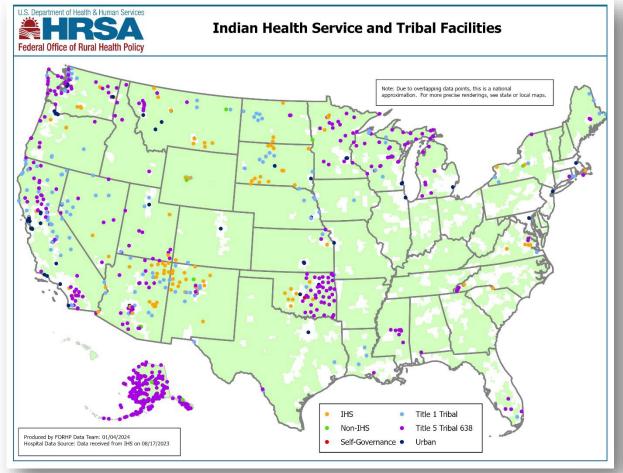






# The Federal Dimensions of the Rural Health Landscape

#### The Veteran's Administration and Indian Health Service Serve Rural Communities





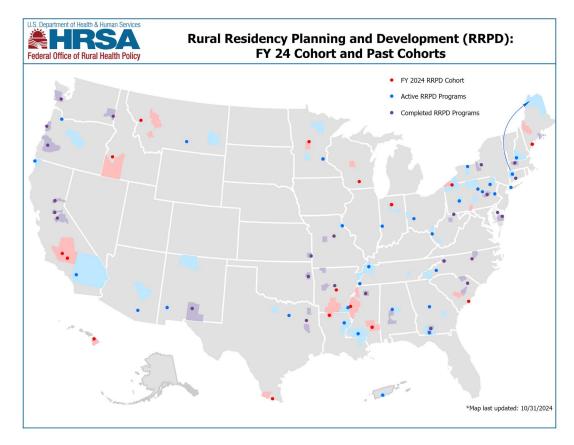




## **Creating New Rural Residencies**

**Rural Residency Planning and Development (RRPD)** 

- Background
  - Delayed Leveraging of a Key
     Medicare Flexibility
  - Historical Rural Challenge
    - ✓ Start-Up Costs
- Program Design
- Research Findings
  - Five-fold greater likelihood for rural practice for Rural Training Programs

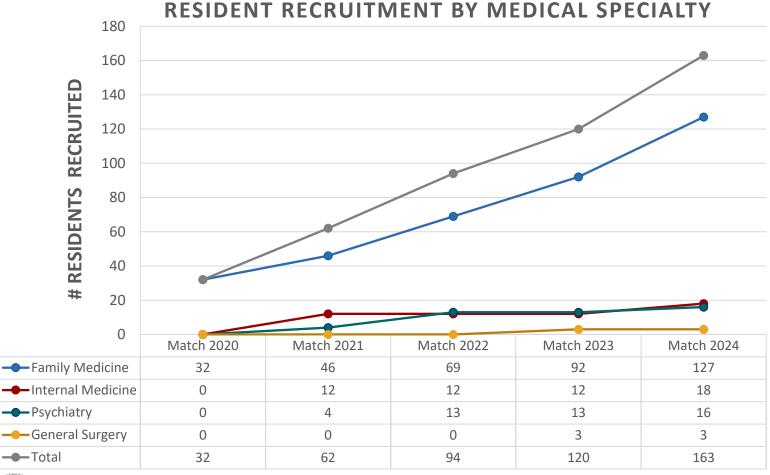


Impact: Since 2019, HRSA awarded almost \$66M to 85 award recipients spanning across 38 states and 6 medicine disciplines.



### **Creating New Rural Residencies**

**Rural Residency Planning and Development (RRPD)** 



- RRPD Programs have been generally successful in the Match with programs filling their requested number of positions in past years.
- For AY24, 163 residents began their training resulting in RRPD programs matriculating more than 450 residents from AY20-2024
- Impact Will Grow Steadily Over Time





## **Key Steps Forward**

#### **Consolidated Appropriations Act GME Provisions**

#### **Promoting the Growth of Graduate Medical Education Programs**







Sec. 126
Distribution of Additional
Residency Positions

Sec. 127
Promoting Rural Hospital GME
Funding Opportunity

Sec. 131

New Medical Residency

Training Programs after Hosting

Resident Rotators for Short

Durations

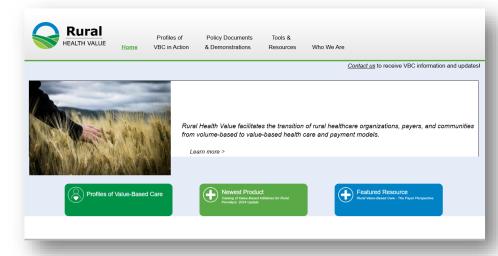




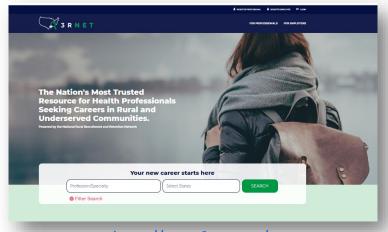
# **Supporting Rural Primary Care**

#### **Several Considerations ...**

- CMS Actions A Plus
  - Medicare Shared Savings Flexibilities
  - Expansion of Billing Codes and Incident To Options
- HRSA Efforts for Physician Assistants and Nurse Practitioners
- Rural Targeted Tracks within Medical Schools
- Creative Approaches to Recruitment and Retention



https://ruralhealthvalue.public-health.uiowa.edu/



https://www.3rnet.org/



### **Contact Information**

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