

FQHC Utilization of State and Federal Loan and Scholarship Programs to Support Clinician Recruitment

August 2017



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Introduction

For more than 50 years, Federally Qualified Health Centers (FQHCs) have been at the forefront of efforts to provide high-quality health care to communities and populations that once had limited or no access to primary care. At more than 650 service sites in New York State, FQHCs provide comprehensive primary and preventive care, including family medicine, pediatrics, obstetrics and gynecology, internal medicine, oral health, laboratory services, behavioral health, substance abuse services and pharmacy services to all individuals, regardless of insurance status or income.

FQHCs must meet a stringent set of federal requirements including providing care on a sliding fee scale to low-income and uninsured patients and operating under a governing board on which the majority of seats are held by health center patients. FQHCs operate in free-standing sites, public housing, schools and mobile units serving families and special populations like homeless individuals and families, migrant and seasonal workers. Over half of FQHC patients in New York State rely on Medicaid, 17% are uninsured, and more than 85% have incomes below 200% of the federal poverty limit. Since 2008, the number of patients served by New York's 68 FQHCs has grown from 1.4 to nearly 2 million.

In New York State, FQHCs are represented and aided in their mission by the Community Health Care Association of New York State (CHCANYS). In 2013, with support from the New York State Health Foundation (NYSHealth), CHCANYS conducted an extensive analysis and published a report focused on two important means for growing FQHCs' capacity to serve additional patients: expanding the internal capacity of existing FQHCs and expanding physical capacity by promoting the development of new service sites.¹ Efforts to expand internal capacity continued in 2015, again with support from the NYSHealth, with the launching of CHCANYS' Primary Care Workforce Recruitment and Retention initiative.

The initiative promoted the development, retention, and expansion of the FQHC workforce throughout the State by promoting a variety of activities including:

- identification of policy legislative strategies to support FQHC use of existing Federal and State loan repayment programs,
- promotion of structured FQHC recruitment and retention planning, and
- expansion of FQHC participation in federal and State scholarship and loan repayment programs.²

In October 2015, CHCANYS assessed the current utilization of available recruitment and retention resources and current training and technical assistance (T/TA) needs. Based on these assessments, CHCANYS coordinated T/TA to 11 FQHCs in the Central/Western Regions of the State, provided general TA statewide, conducted a statewide workforce survey and strengthened collaboration with key partners on workforce initiatives.

In 2016, the Center for Health Workforce Studies (CHWS), in collaboration with CHCANYS, conducted another workforce survey (the Survey) of New York's FQHCs. The Survey sought to understand current recruitment and retention issues and identify key issues related to utilization of state and federal work

¹ A Plan for Expanding Sustainable Community Health Centers in New York. Community Health Care Association of New York State. April 2013.

² Appendix 1 describes the State and federal scholarship, loan repayment and other workforce improvement programs in which FQHCs can participate.

force support programs and that would enable identified of policy solutions and legislative strategies that could expand and improve the structure and functionality of these service obligated programs.³ CHWS administered the survey, conducted a review of relevant data on provider incentive programs, and identified findings.

The results of these efforts underscored both the many challenges FQHCs confront in recruiting and retaining staff, including a shortage of primary care clinicians and increased competition for those individuals, as well as general opportunities to improve recruitment and retention planning and implementation at FQHCs. This report, however, focuses primarily on state and federal programs that support FQHC recruitment efforts. Specifically, this report is based on lessons learned from both the CHCANYS Primary Care Workforce Recruitment & Retention Initiative and the recent CHWS survey and FQHC use of state and federal loan repayment and other programs as a means to improve recruitment and retention efforts. The final section proposes recommendations to improve the operation and uptake of these programs by FQHCs.

³ Appendix 2 contains a brief description of the methods used to conduct the survey.

Key Findings from the Survey

The following outlines key findings from the Survey:

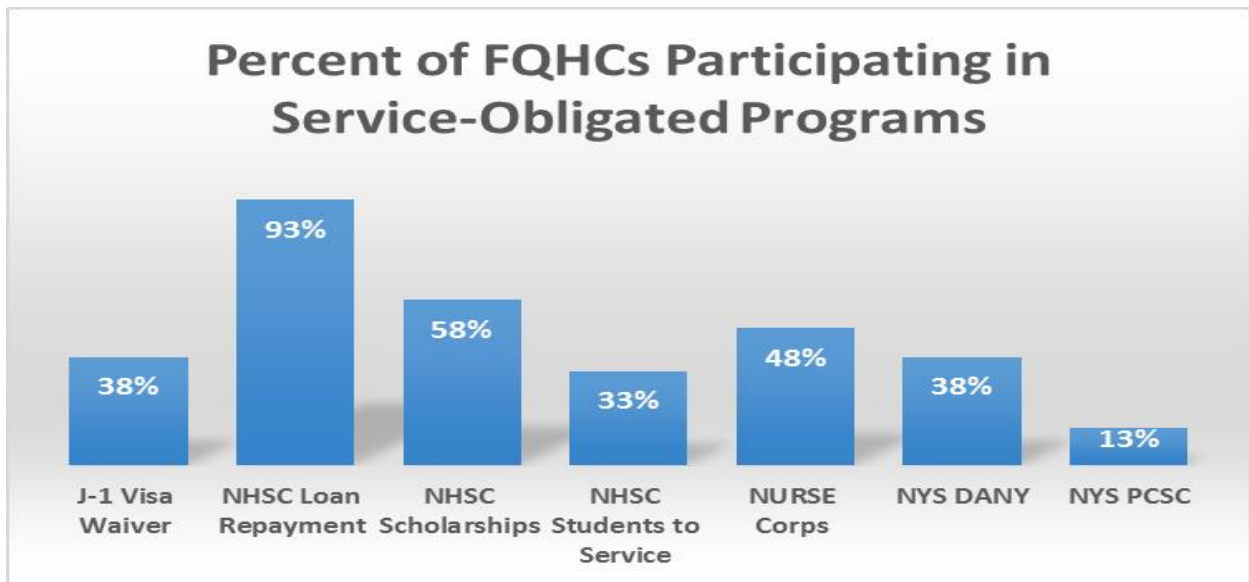
FQHCs are not making full use of available workforce programs. The Survey asked respondents about their experiences with seven State and federal workforce enhancement programs:

1. **J-1 Visa Waiver Program**⁴ – J-1 visas are granted to “exchange visitors,” who are then allowed to visit the U.S. to experience U.S. society and culture and engage with Americans. There are fifteen different categories under the J-1 visa program, thirteen of which include privately-funded and non-profit programs. The Department designates more than 1,500 for-profit, non-profit, or federal, state, and local government entities to conduct such private sector programs. Exchange visitors on private sector programs may study, teach, do research, share their specialized skills, or receive on-the-job training for periods ranging from a few weeks to several years.
2. **NHSC Loan Repayment** - The National Health Service Corps Loan Repayment Program (NHSC Loan Repayment) offers tax-free loan repayment assistance to primary care, dental, and mental/behavioral health clinicians to use towards student loans accumulated during their health professional education. Applicants can receive up to \$50,000 for loan repayment in exchange for a two year commitment to work in an NHSC-approved site within a high needed, underserved area. NHSC loan repayment recipients can serve up to four years in total.
3. **NHSC Scholarships** - The National Health Service Corps Scholarship Program (NHSC Scholarship) pays for tuition, fees, other educational costs, and a living stipend at an accredited U.S. school for physicians (MDs or DOs), dentists, nurse practitioners, certified midwives, and physician assistants for up to four years. For each year of educational support, the scholar is required to serve one year (two-year minimum) upon graduation or completion of residency and in an NHSC-approved site in a high-need urban, rural, or frontier community. Educational expenses are tax free while living expenses are not tax free
4. **NHSC Students to Service** - The National Health Service Corps Students to Service Loan Repayment Program (Students to Service) targets medical or dental school students in their last year of school who are interested in providing primary care in underserved areas. The Students to Service program will pay up to \$120,000 in loan repayment funds payable in four annual installments. There is a minimum of three-year obligation (\$90,000) and a potential for a fourth year for another \$30,000.
5. **NURSE Corp** - NURSE Corps Loan Repayment Program and Scholarship Program (NURSE Corps), is designed to assist in the recruitment and retention of Registered Nurses (RNs), including advanced practice RNs such as nurse practitioners, certified nurse midwives, and certified RN anesthetists (CRNAs).
6. **Doctors Across New York** - The New York State Doctor Across New York (DANY) program is funded and administered by New York State and is designed to place physicians in underserved communities through physician practice support (PPS) or through loan repayment (PLR).
7. **Primary Care Service Corps** - The New York State Primary Care Service Corps (PCSC) is a loan repayment program funded and administered by New York State with a focus on increasing the

⁴ These programs are further summarized in greater detail in Appendix 1.

supply of dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, psychiatric nurse practitioners, licensed marriage and family therapists, and licensed mental health counselors who are practicing in outpatient primary care, dental, or behavioral health sites in designated Health Professional Shortage Areas.

The majority of FQHCs rely on federal programs under the auspices of the HRSA’s Bureau of Health Workforce. Over 90% of survey respondents reported that their FQHC had used the NHSC loan repayment program at some point, and nearly 60% had used NHSC Scholarship programs. Significantly fewer rely on other NHSC programs such as Students to Service or NURSE Corps. Of the approximate 770 NHSC placements in New York State, 65% of them are at FQHCs or FQHC Look-Alikes.



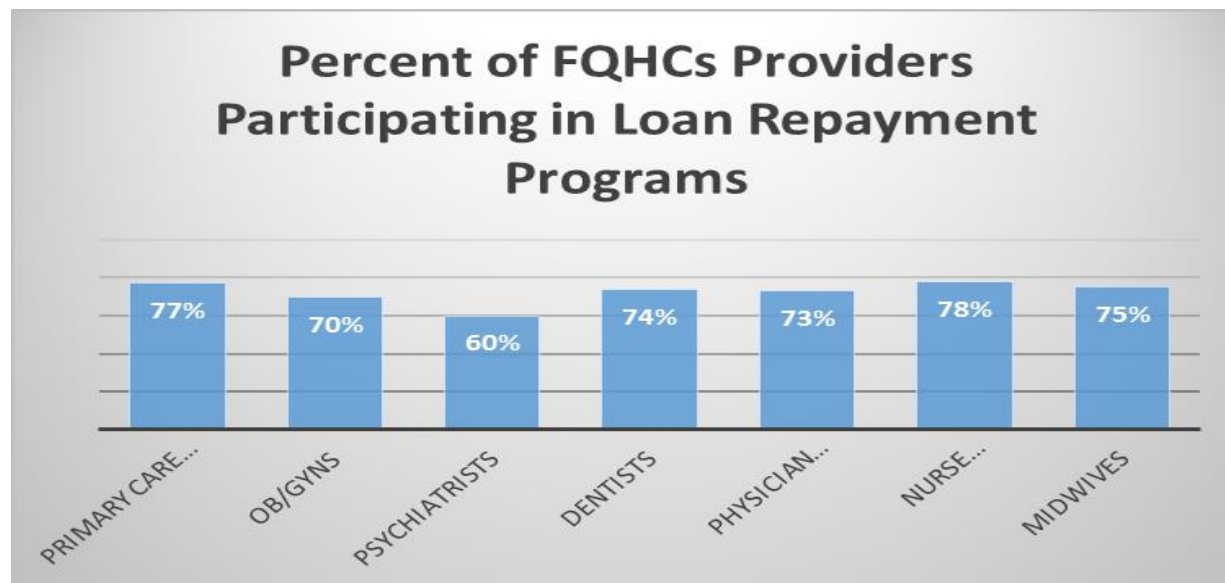
Survey respondents indicated that their use of State workforce programs varied by region and by program. Fewer than 40% of FQHCs statewide participated in DANY and even fewer (13 %) used PCSC. Rural FQHCs were nearly twice as likely to participate in these programs, as were urban health centers; only 20% of New York City-based FQHCs participated in DANY. Of those FQHCs that used DANY, the majority (60%) used the loan repayment program and very few relied on the practice support option.

When the health centers were asked why they did not participate in DANY or PCSC, the top answers cited were that the application process was “overly burdensome” and the “approval process took too long.” Providers outside New York City noted that there was a “lack of interest in coming to the geographic area.” Five percent of the respondents indicated they applied for DANY and did not receive an award and 3% applied for PCSC and did not receive an award. There were differences among regions, with three of the seven regions⁵ reporting that all of their FQHCs have participated in DANY programs, though only 50% of FQHCs in the Finger Lakes region reported using DANY. Additionally, there has not been a funding cycle for PCSC since 2013.

⁵ Adirondack/Tug Hill Seaway, Capital District/Southern Tier, Central NY/Mohawk Valley, Finger Lakes, Mid-Hudson, New York City/LI, Western NY

Low Health Professional Shortage Area scores affect some FQHC’s ability to participate in federal programs. Health Professional Shortage Areas (HPSAs) are designations made by the Health Resources and Services Administration (HRSA) that identify shortages of primary care, dental care, and/or mental health providers. HPSAs may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., FQHCs, or state or federal prisons). Each area is assigned a score by HRSA that is used to determine eligibility for federal workforce programs. For example, the NHSC scholarship or loan repayment programs require minimum HPSAs scores that can change year to year based on the availability of federal funding. Other programs such as the J-1 Visa Waiver programs or New York State sponsored programs may require that the recipient practice at a location within a HPSA, regardless of score.

An FQHC’s ability to participate in federal provider recruitment and retention programs may be limited by a low HPSA score.⁶ For certain federal programs, a higher HPSA score increases the likelihood of participating in a NHSC program and thus being able to recruit a NHSC service obligated provider. Historically, facilities with scores under 14 were ineligible to recruit a NHSC provider. In 2016, the score needed to qualify for the NHSC loan repayment program was increased to 16 and NHSC scholarship placements qualifying score was increased to 17. In an analysis of New York FQHCs and Look-Alikes,⁷ the average primary care HPSA score was 11.6 with a range of 0 to 20. Although all FQHCs have a HPSA designation, currently, 66% of FQHCs had a HPSA score below 16, the minimum requirement to compete for NHSC loan repayment placements.



Barriers to using service-obligated programs vary widely by the program. Respondents to the survey were asked to identify barriers that prohibit potential participation in workforce programs. The biggest barriers identified were the application itself and the application process. Twenty eight percent of

⁶ Scores are based on the population to provider ratio, poverty, infant mortality, and the nearest source of undesignated care and are calculated by HRSA.

⁷ Data downloaded from HRSA Data Warehouse on 2/10/2017 at https://datawarehouse.hrsa.gov/data/datadownload.aspx#MainContent_ctl00_gvDD_lbl_dd_topic_ttl_24

respondents cited an overly burdensome application as being a barrier to participating in the J-1 Visa Waiver program. Eighteen percent cited an overly burdensome application for NHSC Loan Repayment Program.

Summary of Barriers to Service-Obligation Program Participation

Region	J-1 Visa Waiver Program	NHSC Loan Repayment	NHSC Scholarship	NHSC Students to Service	NHSC Nursing Corps	NYS DANY	NYS PCSC
Overly Burdensome Application	28%	18%	8%	3%	5%	13%	0%
Approval Process that Takes too Long	20%	20%	13%	5%	10%	15%	3%
Service Obligation Hours Cannot Be Provided	3%	5%	3%	3%	3%	0%	0%
Lack of Interest in Coming to Geographic Area	10%	15%	10%	5%	8%	13%	10%
Lack of Interest in Working at Health Centers	3%	3%	0%	0%	3%	3%	0%
Too Low of HPSA Score	3%	18%	13%	8%	5%	3%	0%
Site Not Being Approved for Placements	0%	5%	3%	0%	0%	3%	0%
Requirements for Contracts do not Align with Recruitment Timeline or Process	5%	3%	0%	0%	3%	5%	0%
Providers Supported by Programs not the Providers Needed	3%	5%	5%	3%	5%	0%	3%
Release of Application to Residents is not Aligned with Job Seeking Timeline	5%	10%	8%	5%	5%	5%	3%
Salaries not Being Competitive	5%	13%	10%	8%	8%	5%	5%

Slow application approval for participation in the J-1 Visa Waiver and NHSC Loan Repayment programs also was identified as a barrier by one fifth of respondents

Low HPSA scores were cited as issues for two programs, the NHSC Loan Repayment and NHSC Scholarship programs, both of which require a minimum HPSA score.

Recommendations

The following recommendations are based upon results and analysis of the Survey as well as CHCANYS' work with FQHCs, convening of the work force advisory groups, as well as, our participation in the WAG and collaboration with HRSA, ACU, and the PCO.

Ensure that DANY and PCSC are adequately funded and adhere to a regularly scheduled annual application cycle. Currently, DANY is available on a bi-annual cycle, in which applications are released every other year for a three-year term. Applicants are required to have a signed contract with an employer to qualify for an award, meaning that only those students who are in their last year of school in an application year are eligible to apply.

Furthermore, historically, applications for both awards were not released on a regular schedule, or at a time in the year that corresponded with students' job searches. This made it extremely difficult for applicants to plan to participate in either program and likely reduced the number of applicants. Although the Department of Health has announced that they will streamline the DANY application and adopt an application timeline that more closely corresponds with students' job search timeline, these changes have yet to be fully implemented.

Ensure continued funding for National Health Service Corps. Unless Congress acts, funding for the NHSC and Teaching Health Centers (THC) programs will expire as of September 30, 2017. This would immediately jeopardize the care provided by the nearly 500 NHSC Clinicians working at federally FQHCs in New York State and eliminate nearly \$10 million in funding for primary care residency programs in underserved areas. CHCANYS is working closely with the National Association of Community Health Centers to educate Congress members about the importance of this funding in addressing workforce shortages at health centers.

Allocate targeted state workforce funding to FQHCs and other community-based providers. Unlike some larger healthcare systems, many FQHCs are small and have lean staffing models that may make it less feasible to assist potential applicants in applying for workforce programs with "overly burdensome" application processes. FQHCs ultimately compete with potentially better resourced hospitals, private practitioners, and other health care providers for the limited number of placements.

The majority of state workforce program awards go to non-FQHC providers. Only 17% of DANY funding in cycles 1 through 4 went to FQHCs. Although CHCANYS worked closely with the Department of Health and other workforce advocates to update and refine the DANY application and funding process, current funding is not sufficient to support ongoing FQHC recruitment needs. Similarly, PCSC funding is sporadic, with the last placement cycle in 2013.

FQHCs have unique needs and strengths that may differ from other providers in a given area. They struggle to offer competitive salaries in comparison to larger healthcare systems and may be located in urban and rural areas that are deemed less desirable by potential job seekers. In recent years, State policy has emphasized the importance of community-based primary and preventive care as a key component of their health care system transformation initiatives. To further align incentives and support workforce needs at community-based providers, including FQHCs, the State should ensure that a minimum of 25% of service obligated program funding streams are allocated to community-based

providers. Dedicated funding for FQHCs and other community-based providers would further promote the critical workforce needs at these providers and assure interested applicants that financial assistance would be available.

Enhance outreach and education for FQHCs about available workforce programs. Despite the numerous workforce programs available to FQHCs, many respondents reported that they did not utilize available programs. In addition to allocating dedicated funding streams for community-based providers, resources should be made available to support increased outreach and education for FQHCs to enhance their knowledge of and participation in available state and federal programs, including lesser-utilized programs like the Health and Human Services Exchange Visitors program and the New York State Higher Education Services Corporation (HESC) Licensed Social Worker Loan Forgiveness Program. The NYSHealth support through the work force project that ended March 31, 2017, enabled CHCANYS along with key state and federal partners to provide targeted information as well as training relative to select programs. However, while CHCANYS staff will continue to ensure statewide trainings, our ability to do the site-specific supports as well as the “deeper dive” into all programs, includes those “lesser-utilized” programs will be limited. Based on our assessment and given changes in staffing at FQHCs this is an important consideration.

Ensure that future HPSA scores do not impede FQHC participation in workforce programs. An FQHC’s ability to participate in federal provider recruitment and retention programs may be limited by a low HPSA score.⁸ For certain federal programs, a higher HPSA score increases the likelihood of participating in a National Health Service Corps (NHSC) program and thus being able to recruit a NHSC service obligated provider. As noted above, since 2016 a score of 16 is needed to qualify for the NHSC loan repayment program and a score of 17 is needed for NHSC scholarship placements.

HRSA announced in 2016 that, beginning in July 2017, it will change how a facility’s automatic HPSA score is calculated. HRSA will no longer permit FQHCs to use UDS (or other data sources that are specific to their FQHC) to amend their auto-facility score. Instead they will base the score on Census data for all Census tracts that are located—in whole or in part—within a 30-minute travel radius of a facility site. Since FQHCs often serve high-need patients, even if they are located in what appears to be a low-need area, calculating the poverty measure based on the general population surrounding the health center site will often lower an FQHC’s auto-facility HPSA score, thereby decreasing the likelihood that it will receive a NHSC provider. This is of particular concern in many urban and suburban areas of New York, where the neighborhood surrounding the FQHC site may have different demographics than the subset of patients that are served by the FQHC. CHCANYS is working closely with the National Association of Community Health Centers to educate HRSA and other key decisions makers about the potential impact this policy change may have on FQHCs in New York.

⁸ Scores are based on the population to provider ratio, poverty, infant mortality, and the nearest source of undesignated care and are calculated by HRSA.

Appendix 1: Resources Available to FQHCs to Address Recruitment and Retention Problems

Service Obligated Programs

National Health Service Corps Loan Repayment Program

Overview

The National Health Service Corps Loan Repayment Program (NHSC Loan Repayment) offers tax-free loan repayment assistance to primary care, dental, and mental/behavioral health clinicians to use towards student loans accumulated during health professional education. Applicants can receive up to \$50,000 for loan repayment in exchange for a two-year commitment to work in an NHSC-approved site within a high needed, underserved area. NHSC loan repayment recipients can serve up to four years in total.

Eligibility

To be eligible for NHSC Loan Repayment, applicants must meet:

- be a U.S. citizen or U.S. National;
- participate as a provider in Medicare, Medicaid and CHIP⁹ as appropriate;
- be fully licensed and trained to practice in primary care medical, dental or mental/behavioral health;
- have unpaid student loans; and be working or accepted an offer of employment at an NHSC-approved site.¹⁰

Those accepting an employment offer must have a start date that follows the NHSC requirements for the specific application round. Loan requirements include loans that have been unpaid, were obtained by the applicant to specifically cover school tuition, other reasonable education and living expenses, and must be provided by federal, state, local entities and commercial institutions.

Process

Applicants can apply for NHSC Loan Repayment online through NHSC's website. The application requires documentation of loans, proof of discipline, training, license and certification, verification of disadvantage background status, and proof of employment. Once the period for application submissions closes, those applicants who meet all of the eligible criteria including service area and loan amount are ranked based on the HPSA score area their site provides services to. Those applicants working in an area

⁹ Children's Health Insurance Program

¹⁰ Sites need separate approval by HRSA to sponsor NHSC service obligated providers.

with a high HPSA score or who come from a disadvantaged background received priority consideration first. The number of awards given is based on the level of funding that NHSC received for the year.

Benefits

NHSC Loan Repayment award amounts are based on the HPSA score of the site as well as the hours the recipient works. In sites that are NHSC-approved with a HPSA score of 13 or lower, applicants can earn up to \$15,000 in loan repayment when working part time or \$30,000 in loan repayment when working full time.¹¹ In sites that are NHSC-approved with a HPSA score of 14 or higher, applicants can earn up to \$25,000 in loan repayment when working part time or \$50,000 when working full time. As previously indicated, in 2016 approved NHSC sites need a score of at least 16 to receive a service-obligated provider. Applicants can extend their service after the required two years to continue getting assistance for loan repayment. In addition, applicants have access to educational training and networking opportunities.

¹¹ Current funding has not allowed for funding of scholarships in sites with scores of less than 14.

National Health Service Corps Scholarship Program

Overview

The National Health Service Corps Scholarship Program (NHSC Scholarship) pays for tuition, fees, other educational costs, and a living stipend at an accredited U.S. school for physicians (MDs or DOs), dentists, nurse practitioners, certified midwives, and physician assistants for up to four years. For each year of educational support, the scholar is required to serve one year upon graduation or completion of residency in an NHSC-approved site in a high-need urban, rural, or frontier community, with a two year-minimum. Educational expenses are tax free but recipients must pay taxes on living expenses.

Eligibility

To be eligible for the NHSC Scholarship, applicants must:

- be a U.S. citizen or U.S. National;
- be full-time student at an accredited school;
- be pursuing a degree as a physician (MD or DO), dentist, nurse practitioner, certified midwife, and physician assistant;
- be eligible for federal employment; and
- not have an existing service obligation.

Statutory priorities limit HRSA's ability to determine who is eligible and is qualified. The first priority for funding is a current or former NHSC scholarship recipient still in school, followed by recipients of the Federal Scholarship for Students of Exceptional Financial Need, disadvantaged background, and likelihood to remain in HPSAs once service obligation is completed. Ultimately, the number of awards given is based on the level of funding NHSC received for the year. Only about 10% of applicants have received an award over the last four years.

Process

Applicants can apply for NHSC Loan Scholarship online through NHSC's website. The application requires supporting documentation, including degree information, letters of recommendations, transcript, and current tuition and fee schedule.

Once the education program is complete (and residencies for physicians and dentists), the scholarship recipient works with HRSA staff to identify potential placement sites. If applicant's desired site is not available, HRSA reserves the right to place a scholarship recipient in a site of its choosing.

Benefits

NHSC scholarships cover up to four years of educational tuition along with other reasonable educational and living expenses.

National Health Service Corps Students to Service Loan Repayment Program

Overview

The National Health Service Corps Students to Service Loan Repayment Program (Students to Service) targets medical or dental school students in their last year of school who are interested in providing primary care in underserved areas. The Students to Service program will pay up to \$120,000 in loan repayment funds payable in four annual installments. There is a minimum of three-year obligation (\$90,000) and a potential for a fourth year for another \$30,000.

Eligibility

To be eligible for the NHSC Students to Service Loan Repayment, applicants must meet:

- be a U.S. citizen or U.S. National;
- full-time student at an accredit school;
- pursuing a degree as a physician (MD or DO) or dentist;
- planning to complete post graduate training in primary care or in general dentistry;
- be eligible for federal employment; and
- not have a conflicting service obligation.

Funding priority is given to applicants that come from disadvantaged backgrounds and likely to continue to practice in an underserved area once the service obligation is completed. The next priority of funding is for individuals and likely to continue to practice in an underserved area once the service obligation is completed.

Process

Applicants can apply for the NHSC Students to Service Loan Repayment through an online application through NHSC's website. The application requires supporting documentation, including loan information, educational information, and letters of recommendation. Additionally, the loan repayment recipients must document their residency training each year.

Once the residency program is completed, the Student to Service Loan Repayment recipient works with HRSA staff to identify potential placement sites. When desired sites are not available, HRSA reserves the right the place students in sites of its choosing.

Benefits

The main benefit of the Student to Service Loan Repayment program is that up to \$120,000 of educational debt will be paid off in exchange for a service obligation.

Doctors Across New York

Overview

The New York State Doctor Across New York (DANY) program is designed to place physicians in underserved communities through physician practice support (PPS) or through loan repayment (PLR). PPS is for individual physicians who are looking to establish or join a practice in an underserved community, or for hospitals or other qualified health care providers to recruit new physicians for the underserved community, PPS providers can receive up to \$100,000 over two years. In previous cycles PRL providers can receive up to \$150,000 for a five-year service commitment to repay educational debt. However, beginning with the upcoming Cycle V, DANY recipients will be eligible to receive up to \$120,000 annually for either loan repayment or practice support in exchange for a three-year commitment.

Eligibility

Eligible applicants includes licensed hospitals, other health care facilities licensed by NYSDOH, other health care facilities operated or licensed by NYSOMH, other health care facilities operated and licensed by municipal or county governments within New York State, medical practices located in New York State, and individual physicians. Applicants for the PPS program must be U.S citizens or permanent residents holding an I-155 or I-551 card, licensed to practice in New York State by the time of obligation, not currently working or serving in an underserved area in New York State, not fulfilling an obligation for any other state or federal loan repayment program, not a past recipient of DANY, in good standing with the NYSDOH, not in breach of a health professional services obligation to the federal, state, or local government, and working or plan to work in an eligible employment site.

Process

Applicants can apply to the program by submitting an electronic application to the New York State Department of Health. Awards to applicants will be given out on a first-come first-served basis given the applications are complete and meet the minimum requirements.

Benefits

Prior to recent program changes, Physician Practice Support provided up to \$100,000 for two years for those physicians completing training and serving in an underserved region in New York. Physician Loan Repayment provided up to \$150,000 for a five-year commitment to serve in an underserved region . The benefits from these new changes for new awardees of Cycle V will allow shorter commitments and a pooled funding source to apply to both DANY programs under one application.

Primary Care Service Corps

Overview

The New York State Primary Care Service Corps (PCSC) is a service obligated loan repayment program with a focus on increasing the supply of dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, psychiatric nurse practitioners, licensed marriage and family therapists, and licensed mental health counselors who are practicing in outpatient primary care, dental, or behavioral health sites in designated HPSA areas. The recipient may receive up to \$60,000 for a two-year service commitment. Applicants may extend their obligation up to five years for an additional \$90,000. Service obligation can also be fulfilled on a part-time basis with reduced loan repayment.

Eligibility

PCSC applicants must be U.S. citizens or permanent residents, meet the educational, licensing and working requirements, not be a participant in other governmental loan repayment programs, not be in breach of any health professional service obligation, and not working or serving in a HPSA area prior to being awarded.

Process

PCSC applicants can submit their application through mail or via email. The applications are scored based on, the applicant's fluency in the language(s) of the target population HPSA status of the facility, diversity of work environment, and diversity of patient base. Preference for awards are given to applicants who are requesting an amendment to their current PCSC contracts, bilingual or multiannual applicants, or those working in sites that effectively accommodate patients with diverse ethnicities, disabilities or other underserved populations.

Benefits

PCSC applicants that meet all of the requirements can be awarded up to \$60,000 in loan repayment under the condition that they serve for two years in a primary care, dental, or mental health facility within a designated HPSA area. Awardees can choose to extend their contract for up to three years after their required two years is completed to continue receiving loan repayment assistance. Applicants may extend their obligation up to five years for an additional \$90,000. Service obligation can also be fulfilled on a part-time basis with reduced loan repayment.

New York J-1 VISA Waiver Program

Overview

The J-1 program also known as the “State 30” program supports waivers of the home residence requirement for up to thirty physicians annually who agree to practice in a federally-designated underserved area or to provide services to people who live in these specific areas.

Eligibility

To be eligible for the “State 30” program, physicians must agree to practice in an underserved area designed as a HPSA or MUA/Ps area or service patients from those areas, agree to begin employment at a sponsoring organization within 90 days of receiving the waiver, be unable to secure a waiver from another sponsoring agency, not be “out of status,” qualify for a license to practice in New York, and documentation of service to Medicaid and underserved populations. Applicants who receive waivers will be placed in H-1B visa status and are required to practice medicine on a full time basis (40 hours) for a minimum of three years at the designated practice site.

Process

“State 30” applicants can apply for this program by completing an application with required materials and submitting the application to the New York State Department of Health via mail. The application requires a completed cover sheet, letter from the health care organization requesting a J-1 visa on behalf of the physician, documentation of the health care organizations recruitment efforts, executed employment contract, documentation that site is correctly designated as a HPSA or MUA/Ps (or information on the patients served by the organization), statement from physician to agree to meet the requirements of the waiver, J-1 visa waiver recommendation application, documentation of physicians qualifications, letter of support from local community and organizations on the physicians behalf, and notice of appearance by attorney or representative.

Benefits

Those applicants who are awarded a J-1 visa waiver are allowed to practice in the U.S. and after their two years of service, can apply for their green card.

Shortage Area Designations

The federal government designates Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Population (MUPs). These designations identify areas or facilities that have shortages of primary care, dental, and mental health providers and were established under the US Public Health Service Act (Sections 330 and 332). HPSAs can be a geographic area, a specific population within a geographic area, or a facility. A HPSA designation must be renewed every three years. HPSA facility designations include FQHCs, rural health clinics, Indian Health Services clinics, state or county mental health facilities, or other not-for-profit facilities with documented shortages of providers. For more information on HPSA designations, please refer to Appendix I.

An FQHC or FQHC Look-Alike is granted a HPSA “auto facility” designation. These designations, along with a corresponding HPSA score, allow these facilities to participate in state and federal provider recruitment and retention programs. Currently, the HPSA score for an FQHC is based on an average of the score for each of its sites. Site scores for an FQHC with 10 sites could range from 10 to 20 but might average to a 14, which would be applied to all sites. FQHCs receive separate scores for primary care, dental health, and mental health. FQHCs may use the higher HPSA score of either their facility score or the geographic (or special population, if the FQHC has one) score.

Other Service Obligated Programs

There are other service-obligated programs that could be potentially utilized by FQHCs, including:

- New York State Higher Education Services Corporation (HESC) Licensed Social Worker Loan Forgiveness Program, which provides loan repayment for up to four years of qualified service.
- NHSC’s Nurse Corps Loan Repayment Program and Scholarship Program (Nurse Corps), which is designed to assist in the recruitment and retention of Registered Nurses (RNs), including advanced practice RNs such as nurse practitioners, certified nurse midwives, and certified RN anesthetists (CRNAs).
- The U.S. Department of Health and Human Services (HHS) operates an Exchange Visitor Program that accepts a request a waiver of the two-year foreign residency requirement in exchange for working in an HPSA, MUA, or MUP. Unlike the State 30 program, there is no limit on the number of waivers that can be approved, although HHS only recommends the waiver that the U.S. Department of State must approve.
- The Appalachian Region Commission (ARC) also sponsors J-1 Visa Waivers for health care organizations located in HPSAs within counties in the Appalachian region¹² for primary care physicians. The state sponsors the applicant, but the U.S. Department of State must approve the request based on an ARC recommendation.

Pipeline Programs

While service obligated programs focus on providers who have completed their education and clinical training, pipeline programs are designed to attract individuals into health care fields or to place current students into health care internships or clinical rotations while in training. These programs often focus on services in underserved areas, including inner-city and rural areas, and in clinical settings such as ambulatory care sites.

Area Health Education Centers

Area Health Education Centers (AHECs) are state and federally funded programs that provide a series of experiences, activities, and training to individuals interested in going into health careers or being trained in health careers. Programs range from exposing school-aged students to health careers to internships for students in health career educational programs to training for adults in various health care occupations. While AHEC data indicate that their pipeline programs increase interest in working in health care and that clinical rotations increase interest in working in underserved areas, it is not clear how many students from their programs actually work in health care occupations or those who participated in clinical rotations work in underserved areas.

Programs Targeting Medical Students

¹² Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Cortland, Delaware, Otsego, Schoharie, Schuyler, Steuben, Tioga, and Tompkins counties.

While rural residency programs attract physicians upon completion of medical school, programs such as the Rural Medical Scholars Program at the SUNY Upstate Medical University and the Columbia-Bassett Medical School program focuses their medical school training on students interested in future medical practice. Programs such as these focus on community-based medical education in rural areas such as upstate New York with a focus on understanding both the rural health care delivery system and rural patients' needs.

Clinical Rotations in GME

While clinical rotations historically are completed in inpatient and outpatient hospital settings recent efforts have looked to expand clinical rotations in outpatient settings, notable FQHCs. These expanded clinical training rotations provide residents with the opportunity to practice in a variety of settings with potentially different clinical cases. This also allows FQHCs and other practice settings to promote themselves to potential employees. FQHCs like the Institute for Family Health link with different hospitals to sponsor residency training programs, although that approach does not seem to have been widely adopted.

New York State recently awarded seven grants to develop new rural residency programs in addition to the one existing at the University at Buffalo. The overall goal of rural residency programs is to increase the number of primary care physicians practicing in rural areas, with the focus of creating recruitment efforts for students or residents from rural communities with the hope that they will practice in those communities upon completion of their residency requirements. Given that most residency programs are currently located in urban areas, this allows for residents to have broader clinical experiences, especially in geographic locations or in health care settings that they may not have considered.

Appendix 2: Survey Methods

CHWS and CHCANYS staff developed an Internet-based survey using Qualtrics Survey Software that was available for three months during the fall of 2016. While most FQHCs in New York State operate multiple sites, they were asked to respond once to the survey and provide information covering all their service locations.

The survey focused its questions on primary care providers, psychiatrists, dentists, physician assistants (PAs), Nurse Practitioners (NP), psychiatric NPs, and midwives. The survey specifically requested information on:

- which of the above providers were used at the FQHC sites;
- staffing models for these providers (e.g., full-time, part-time, on-call, number of sites working at, etc.);
- recruitment and retention plans and approaches at the FQHC sites;
- how clinical providers were compensated;
- which benefits clinical providers received;
- what assistance or incentives were afforded clinical providers during recruiting and hiring;
- which state and federal service obligated programs the FQHCs participate in; and
- barriers to using state and federal service obligated programs.

The FQHCs received an email announcing the survey with a link to the survey along with several follow-up emails requesting completion of the survey. The survey was also announced at the CHCANYS' annual conference. A total of 40 FQHCs responded to the survey for a response rate of 59%.