

PIHOA Pacific Basin Primary Care Office (PCO)

- 66th PIHOA Board Meeting
- Presenter:
- Angela Techur-Pedro, MO/PhD
- PIHOA Pacific Basin PCO Coordinator



Primary Care Model

Alma-Ata Declaration:
Primary Care Model is
a key to achieving
"Health for All"
especially in resource-
constrained communities



Fig 1. Primary Care Model

World Health Organization. Primary health care. Report of the international conference on primary health care Alma-Ata, USSR, 6-12 September 1978. Geneva, Switzerland, 1978.; [Google Scholar](#).

PIHOA Board Resolution 43-11 to increase CHC and PCPs in the Pacific Region.

Primary Care Model

- The US and the Pacific leadership buy-in to this idea
 - Primary care model is a cost-effective approach
 - Our resource-limited countries in the Pacific Basin
 - Achieve “health for all”,
 - Endorsed by Board Resolution 43-11 – request to HRSA for resources for CHCs and NHSC/PBPCO to assist our resource-constrained USAPIs achieve “health for all”.

Primary Care Model

Among the essential components of the Primary health care model → achieve “Health for All”:

- Primary care providers (PCPs)
- Primary care services (PCSS)

Unmet Primary Care Needs

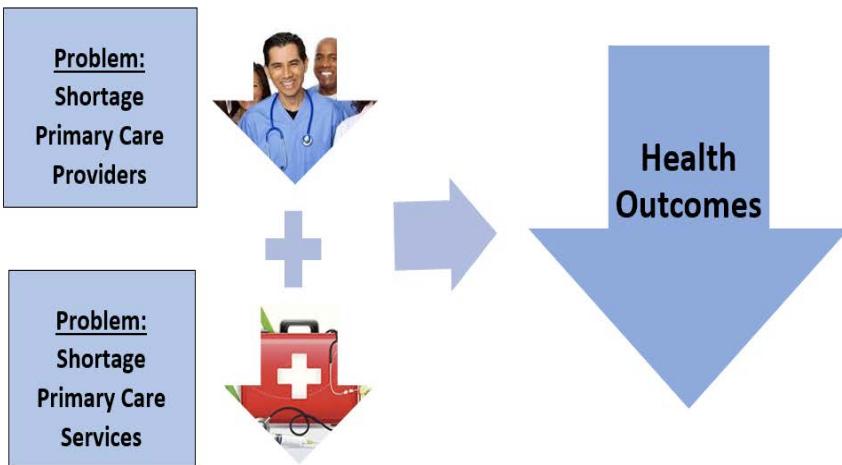


Fig 2. Barriers of Primary Care Model

In the **Pacific Basin**, like many States and territories across the nation,

- **Shortage/Maldistribution of PCPs:** there are **areas, populations, facilities with NOT ENOUGH primary care providers** (family practitioners, general practitioners, pediatricians, OB/gyns, dentists, psychiatrists)
 - Guam: >PCPs in Tamuning vs Mangilao
 - CNMI: >PCPs Saipan vs. Tinian

Unmet Primary Care Needs

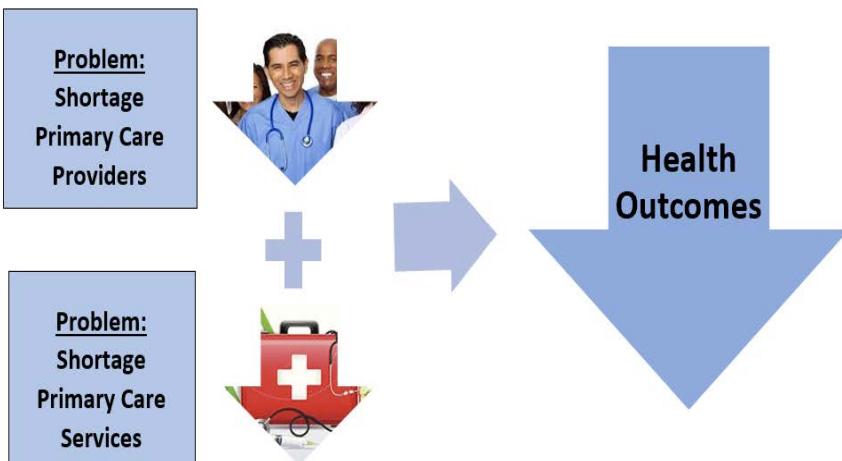


Fig 2. Barriers of Primary Care Model

- **Insufficient PCSs: NOT ENOUGH quality primary care services**
- **Poor Health Outcomes:** i.e. high IMR, LBW rates, high prevalence of substance abuse (smoking, alcohol abuse), high premature mortality, shorter LE
- **Reliance on US Limited Resources:** rely on the US federal government for limited resources to meet these needs.

PIHOA PACIFIC BASIN PCO

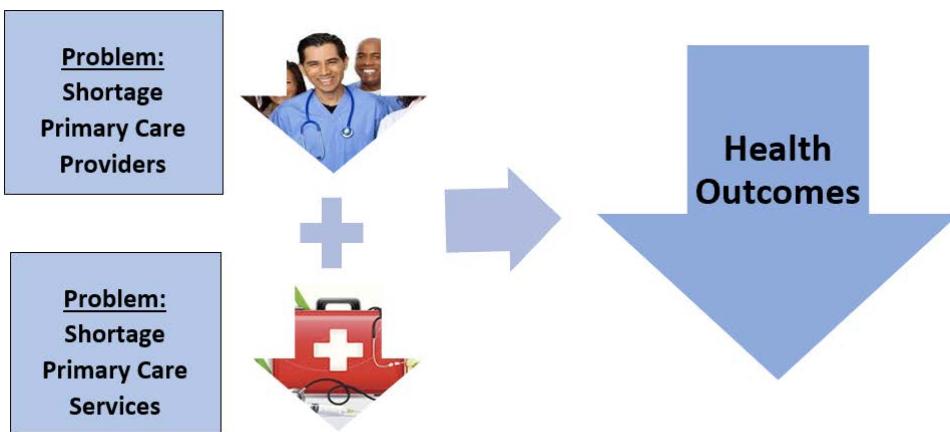


Fig 2. Barriers of Primary Care Model

- **Equitable distribution of HRSA limited resources:** To ensure limited resources serve those with the highest needs,

HRSA funds the **PIHOA Pacific Basin PCO** do the following 3 overarching activities:

- **Assist the USAPIs identify unmet PC needs:** **Statewide Primary Care Needs Assessment (SPCNA)—PCP surveys**
- **Assist the USAPIs with HPSA & MUAP scores** using shortage designation scoring system (45 CFR part 5)
- **Assist USAPIs qualify to recruit PCPs from National Health Service Corp (NHSC) and Other Programs**

HRSA FUNDED PRIMARY CARE OFFICE PROGRAM: ASSIST RESOURCE-CONSTRAINT STATES AND TERRITORIES IMPROVE ACCESS TO PRIMARY CARE

What can the PIHOA Pacific Basin PCO do to help you increase PCP, PCS, & improve the well-being of your communities?

We assist you **qualify or become eligible to apply for these HRSA resources:**

1) To increase PCPs: HRSA's **NHSC**

2) To increase CHCs: HRSA's **Bureau of Primary Care (BPC)**

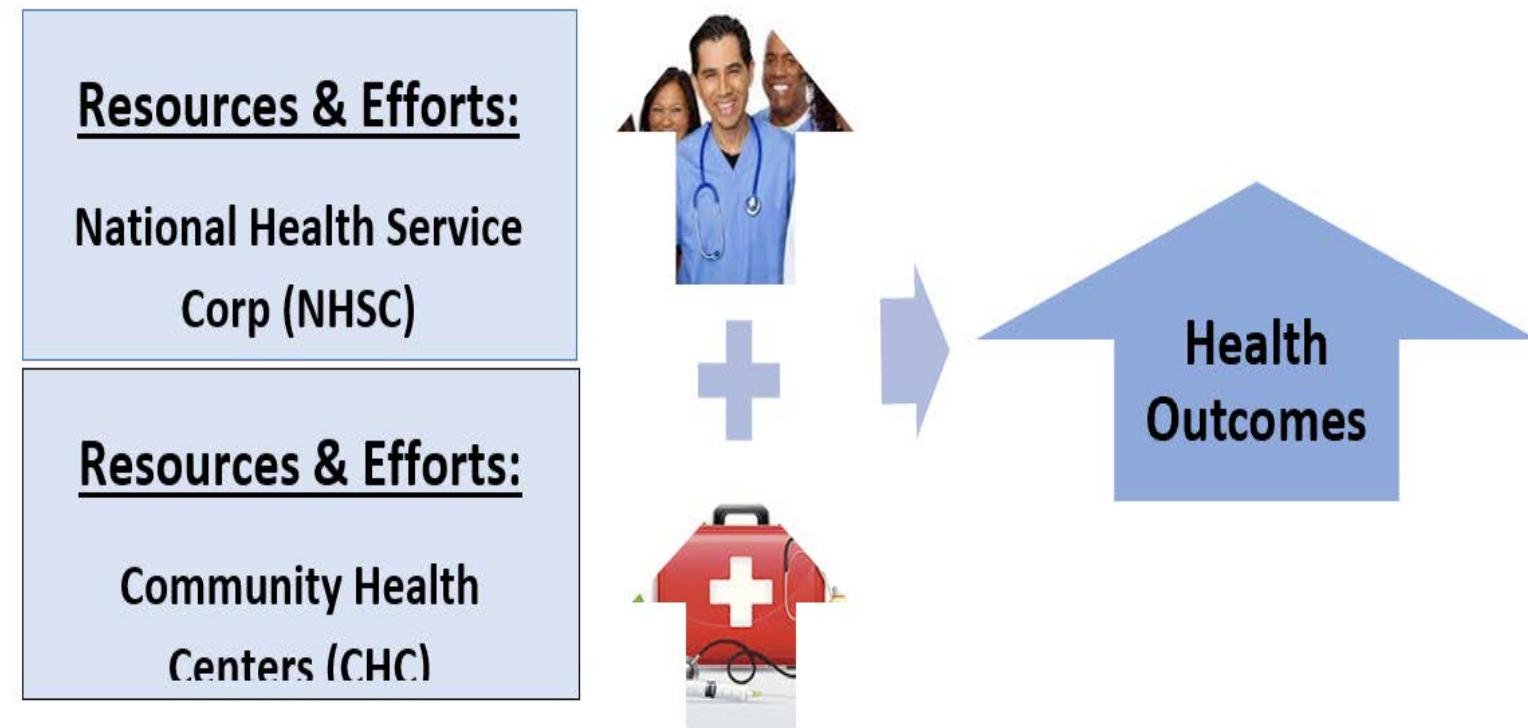


Fig 2. Primary Care Model

EXAMPLE 1: To increase PCS: You want to apply for CHC funding (HRSA Health Center Program, BPC): one critical requirement is to qualify as a medically underserved area or population, MUAP designation score



HPSA and MUAP Designation Scores for the USAPIs in the Pacific Region as of December 31, 2018

USAPI	Primary Care HPSA 1 FTE/3,000 Population	Dental HPSA 1 FTE/5,000 Population	Mental Health HPSA 1 FTE/30,000 Population	MUA (Index of Medical Underservice)	CHC-Primary Care HPSA	CHC-Mental Health HPSA	CHC-Mental Health HPSA
American Samoa	20	26	19	32.5	20	26	19
CNMI	17	26	18	46.7	17	26	18
Guam	15	20	16	61.1	18	26	19
Chuuk	22	24	18	29.9	20	24	18
Kosrae	22	20	14	24.6	25	26	17
Pohnpei	20	22	17	46.3	22	26	19
Yap	21	22	16	34.5	23	26	18
RMI	25	26	20	36.4	25	26	20
Palau	23	26	20	42.5	23	26	20

EXAMPLE 2: Increase PCPs: Recruit NHSC PCPs



- **Primary medical:** FP, GP, Internist, Pediatrician, OB/GYN, PA, NP,
- **Dental Health:** Dentist, Hygienist
- **Mental Health:** Psychiatrists, SW, Psychologists
- **Pharmacy:** Pharmacists

Number and Disciplines of NHSC PCPs placed in the Pacific Basin from January 2017 -to December 2018

NHSC Sites	American Samoa	CNMI	Guam	Chuuk, FSM	Kosrae, FSM	Pohnpei, FSM	Yap, FSM	Palau	RMI
Primary Health	0	7	1	0	0	0	0	0	0
Dental Health	0	3	0	0	0	0	0	0	0
Mental Health	1	0	0	0	0	0	0	0	0

Three (3) requirements sites/facilities must meet to qualify to recruit NHSC PCPs:

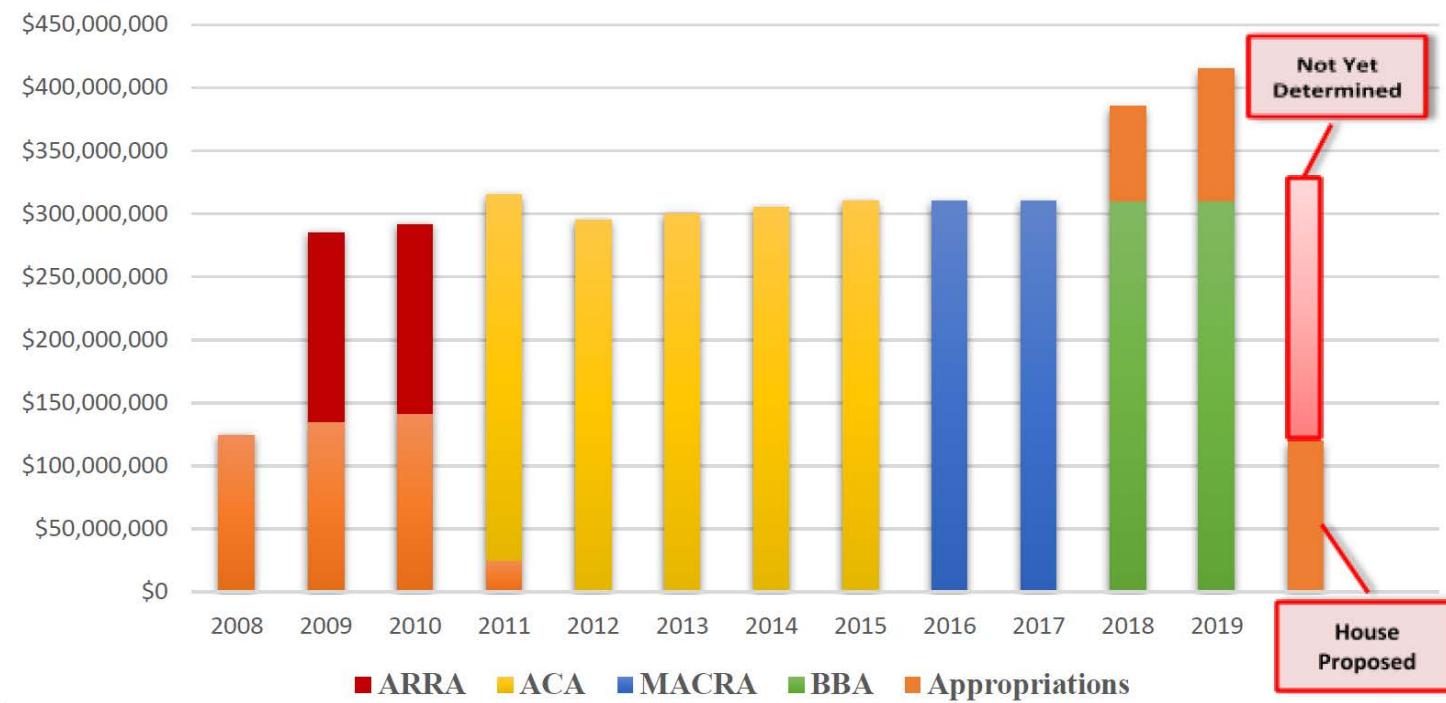
- 1) **Eligible site**
- 2) **HPSA Score**
- 3) **NHSC site certification**

NHSC PCP Recruitment Eligibility Requirement #1: Eligible site

Eligible entities include:

- Federally Qualified Health Centers
- American Indian and Native Alaska Health Clinics
- Certified Rural Health Clinics
- Critical Access Hospitals
- School-based Clinics
- Mobile Units
- Free Clinics
- Community Mental Health Centers
- State or Local Health Departments
- Correctional and Detention Facilities
- Community Outpatient Facilities
- Private Practices

National Health Service Corps Funding History By Source



Source: Association of Clinicians for the Underserved. Fact Sheet: National Health Service Corp Programs accessed at aca.org.

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NHSC PCP Recruitment
Eligibility Requirement #2 –
MUST HAVE A HPSA SCORE

FUNDING CATEGORIES:

- **TIER 1: ≥ 24**
- **TIER 2: ≥ 18**
- **TIER 3: ≥ 16**

NHSC PCP Recruitment Eligibility Requirement #3 –NHSC Site Certification

Every year in the Spring, NHSC announces the open cycle schedule (usually 6 – 8 weeks) and closing date for new site certification application.

Similarly, every year in the Fall, NHSC announces the open cycle schedule for (usually 6 – 8 weeks) and closing date for new site certification application.

WHAT IS THE ROLE OF THE PBPCO?

TA APPLICATION PROCESS

INITIAL REVIEW OF APPLICATION AND
RECOMMENDATION FOR APPROVAL OR NOT.

NATIONAL HEALTH SERVICE CORPS
Appendix A: SITE AGREEMENT

National Health Service Corps (NHSC) approved sites must meet all requirements listed below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

1. Is located in and treats patients from a federally designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be denied under the terms of a patient's health insurance coverage; or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. (May or may not be applicable to ITUs, free clinics, or correctional facilities.)
▲ Uses a [Sliding Fee Discount \(SFD\) program](#) to ensure that no one who is eligible to pay has limited access to services, and the discount must be applicable to all individuals and families with annual incomes at or below the most current Federal Poverty Guidelines (FPG). The sliding fee discount may also provide a full discount for individuals and families with annual incomes at or below 100% of the FPG. The discount must be applied uniformly, consistent with site's policy. Must adjust fees (partial sliding fee discount) based on family size and income for individuals and families with annual incomes at or below 100% of the FPG. (May or may not be applicable to ITUs, free clinics, or correctional facilities.)
3. Makes every reasonable effort to secure payment in accordance with the patient's fees or schedule of discounts from the patient and/or any other third party. (May or may not be applicable to ITUs, free clinics, or correctional facilities.)
4. Accepts assignment for Medicare beneficiaries and has entered into an agreement with the appropriate applicable state agency for Medicaid and CHIP beneficiaries. (May or may not be applicable to ITUs, free clinics, or correctional facilities.)
5. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION



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programportal.hrsa.gov/extranet/landing.seam

Welcome to the BHW portal

Please review the information, but the site will be down for scheduled maintenance from 3 PM EST on 10/10/2014 until 10 AM EST on 10/11/2014. If you have any questions or need further information or guidance please contact the NHSC Call Center at 1-800-221-6500.

I am ...

AN APPLICANT

- Applying for the NHSC Loan Repayment Program
- Applying for the NHSC Health Professional Scholarship Program
- Applying for the Nurse Corps Scholarship Program
- Applying for the Nurse Corps Loan Repayment Program
- Applying for the Family Loan Repayment Program
- Applying for the Student to Service Loan Repayment Program

A PARTICIPANT

- As a Loan Repayment or Scholarship Program
- A SITE POINT OF CONTACT, REPRESENTATIVE OR POO
- An AutoHP IP Point of Contact
- An NHSC or Nurse Corps Site Administrator
- An NHSC or Nurse Corps Representative
- A Site Representative

INTERESTED IN LEARNING MORE

about BHW

NATIONAL HEALTH SERVICE CORPS

Site Data Tables

Name of Site _____

Address of Site _____

Date Prepared _____

Prepared By _____

Main BHW Reporting Period: _____

Total Annual Patient Visits: _____

Total Annual Patient Months: _____

TABLE 1: PATIENTS OR VISITS BY PRIMARY INSURANCER/RE

Primary Insurance	Complete data for "Number of Patients/Visits/Months and % of Visits"			
	Number of Patients	Percent age of Patients	Number of Visits	Percent age of Visits
(1) Medicare	0.00	0%	0.00	0%
(2) Medicaid	0.00	0%	0.00	0%
(3) Other Pub/Priv insurance	0.00	0%	0.00	0%
(4) Private Insurance	0.00	0%	0.00	0%
(5) Sliding Fee Scale (SFS)	0.00	0%	0.00	0%
(6) Self-Pay (No Insurer rec and not on SFS)	0.00	0%	0.00	0%
(7) Total	0.00	100%	0.00	100%

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

NHSC Site Certification Application Requirements

SUMMARY

- **THE PCO ASSISTS YOUR JURISDICTIONS QUALIFY FOR RESOURCES TO INCREASE PCP AND PCS:**
 - **Y1-Y2: SPCNA**, COLLECT DATA TO IDENTIFY SHORTAGE OF PCPS AND PCS
 - **Y3 – Y4: HPSA/MUAP**: QUANTIFY THE SHORTAGE – HPSA FOR SHORTAGE OF PCPS AND MUAP FOR SHORTAGE OF PCS—DATA FROM THE SPCNA
 - **NHSC SITE CERTIFICATION**: COORDINATE ACTIVITIES TO ASSIST YOU QUALIFY TO RECRUIT PROVIDERS/CLINICIANS FROM HRSA'S NHSC





THANK YOU! MESULANG!

EMAIL: ANGIET@PIHOA.ORG

HEALTH LEADERS: PIHOA BOARD

FOR YOUR PAST AND ONGOING SUPPORT
OF THE PIHOA PACIFIC BASIN PCO
ACTIVITIES

& WE ASK AGAIN IF YOU COULD HELP
IDENTIFY A POINT OF CONTACT IN YOUR
AREA TO WORK WITH GOING FORWARD
WITH THE SPCNA, HPSA AND NHSC

REGIONAL & LOCAL PARTNERS

- GUAM DPHSS DIRECTOR LINDA DENORCEY AND HER STAFF (CID MORALES, DR. KANESHIRO, TERRI GUMATAOTAO & MEDICAID STAFF),
- HPLO DIRECTOR ZENNIA PACINA,
- CEO LILLIAN POSADAS FROM GMH,
- DIRECTOR THERESA ARRIOLA FROM GBHWC,
- DRS. MADISON/LANWI-PAUL/GARSTANG FROM PBMA AND RMI MOH,
- CNMC CHCC CEO MS. ESTHER MUNA AND HER STAFF – CHRISTINE STRONG, JANET GUERRERO, MS. SBANGIOL
- BELAU MEDICAL SOCIETY

FEDERAL PARTNERS: HRSA

BHW
DPSD
NHSC

