

# PIHOA Pacific Basin Primary Care Office (PCO)

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- 66<sup>th</sup> 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

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- 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

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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

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

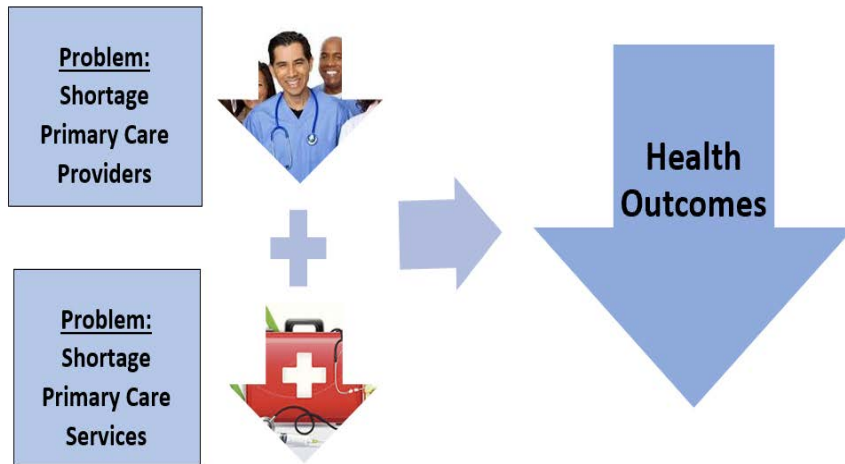


Fig 2. Barriers of Primary Care Model

# Unmet Primary Care Needs

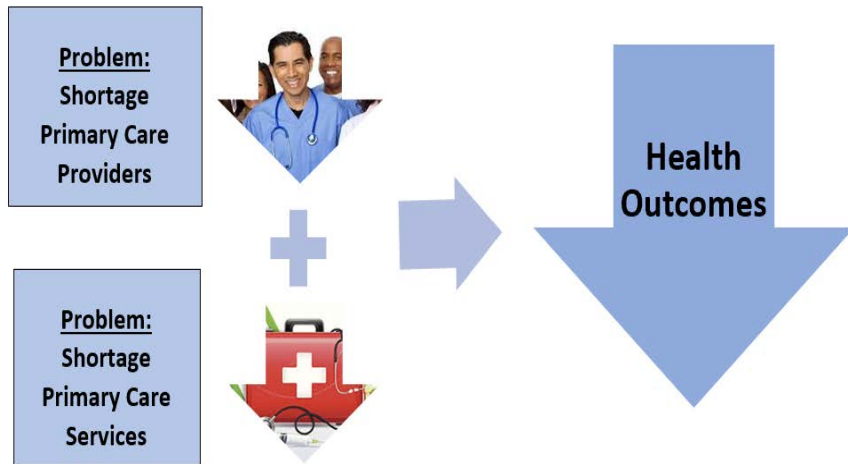


Fig 2. Barriers of Primary Care Model

- **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

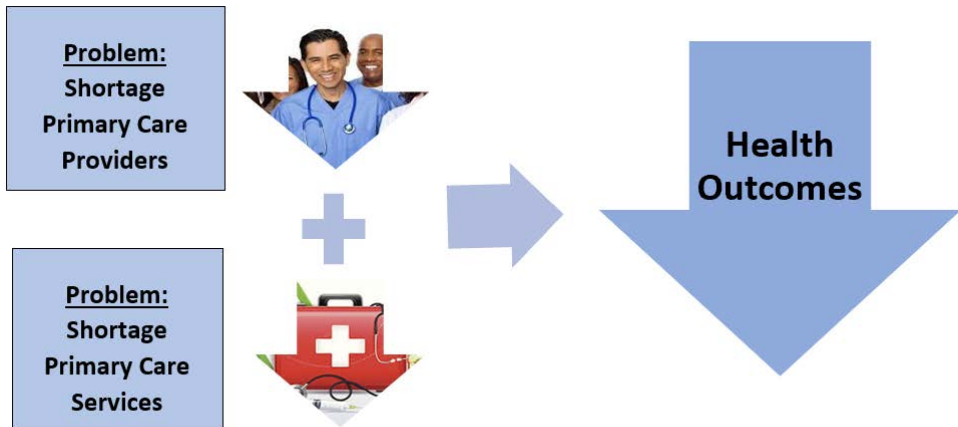


Fig 2. Barriers of Primary Care Model

- **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)

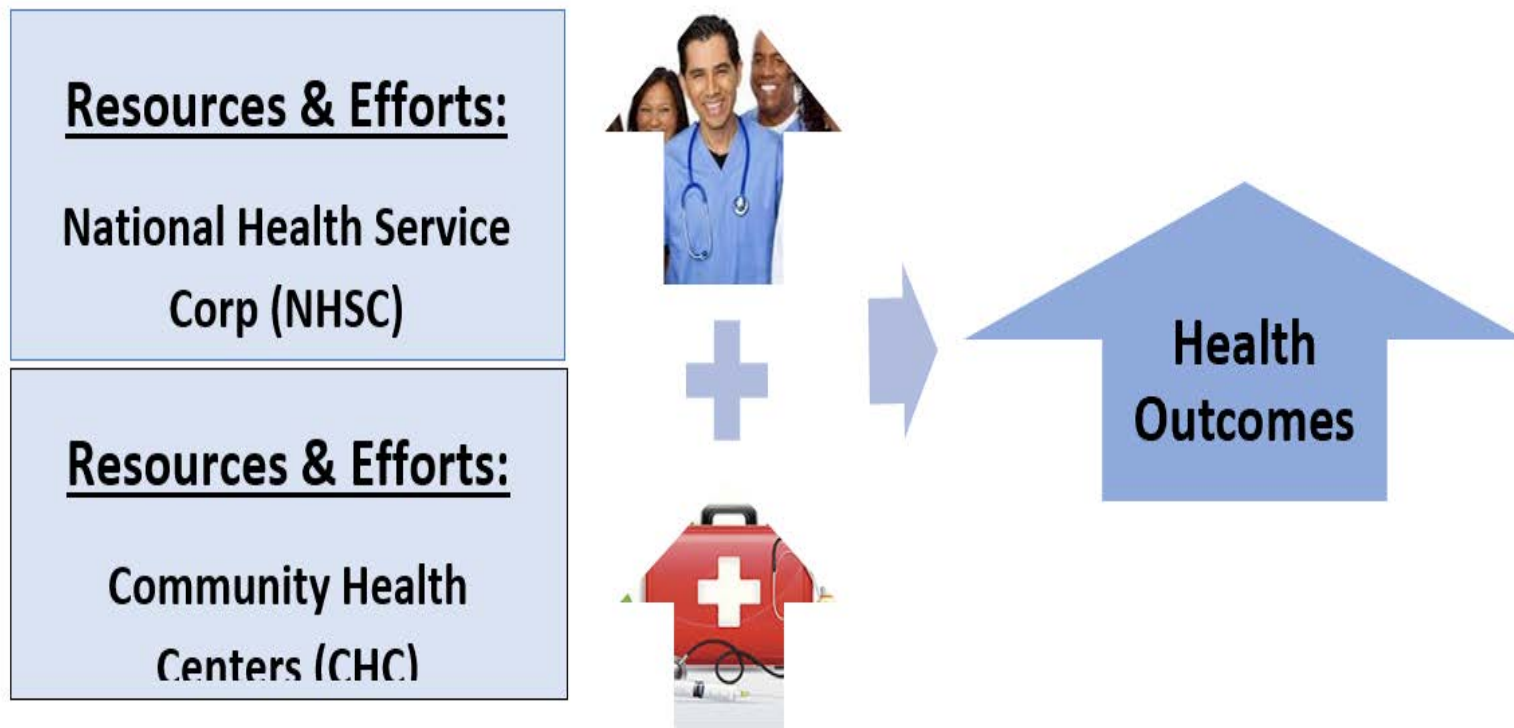


Fig 2. Primary Care Model



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:**

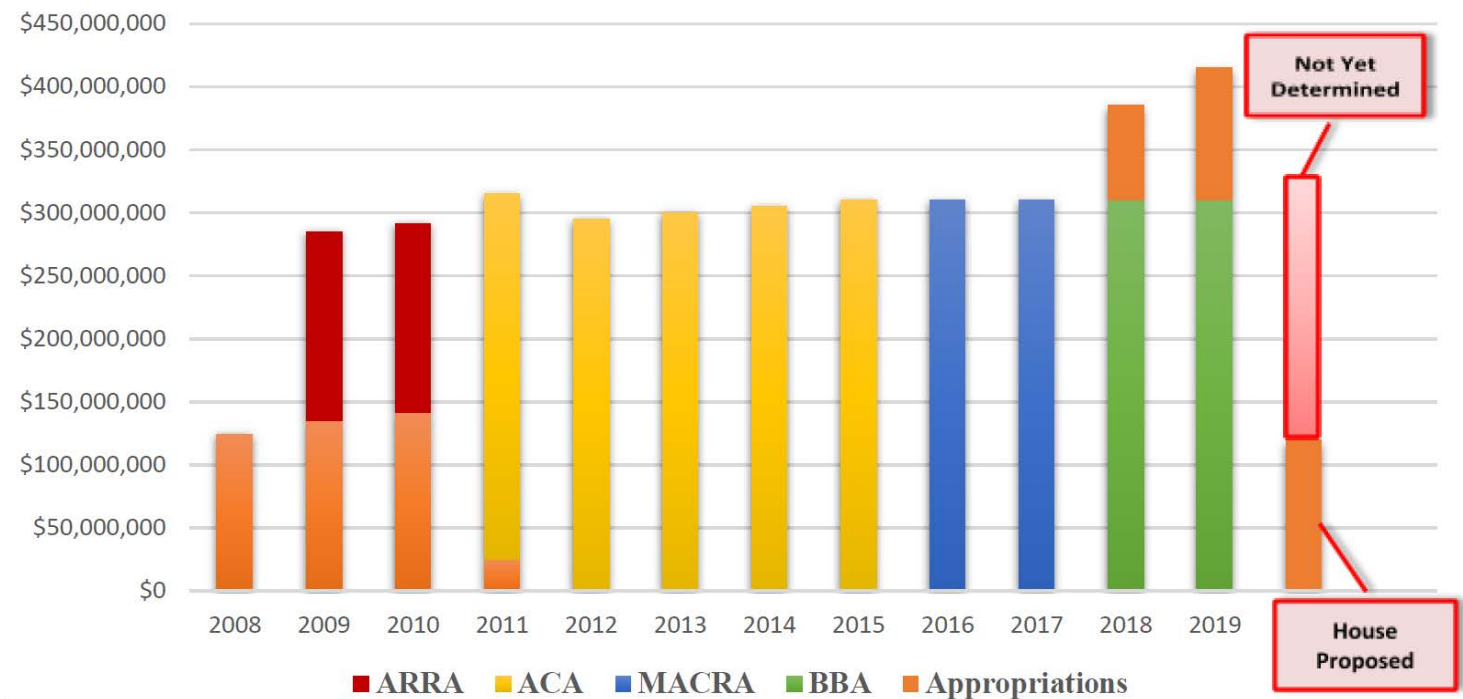
- 1) Eligible site**
- 2) HPSA Score**
- 3) NHSC site certification**

# 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



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

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

### FUNDING CATEGORIES:

- TIER 1:  $\geq 24$
- TIER 2:  $\geq 18$
- TIER 3:  $\geq 16$

# 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

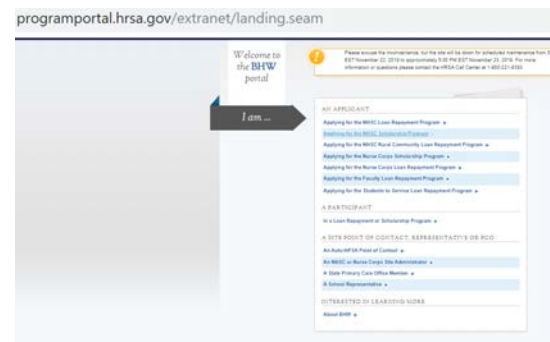
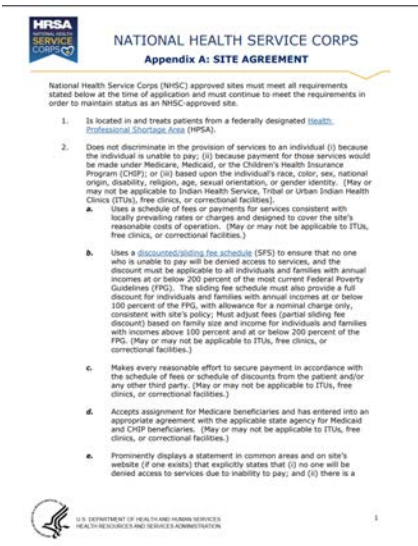
INITIAL REVIEW OF APPLICATION AND  
RECOMMENDATION FOR APPROVAL OR NOT.



APPENDIX A: SITE AGREEMENT

Requirement	Requirement	Requirement	Requirement	Requirement
1. The site must be located in a medically underserved area as determined by the Health Resources and Services Administration (HRSA) using the Health Professional Shortage List (HPSL) or the Health Professional Shortage Area (HPSA) map.	2. The site must be a Federally Qualified Health Center (FQHC) or a Federally Qualified Health Center (FQHC) affiliate.	3. The site must be a Federally Qualified Health Center (FQHC) or a Federally Qualified Health Center (FQHC) affiliate.	4. The site must be a Federally Qualified Health Center (FQHC) or a Federally Qualified Health Center (FQHC) affiliate.	5. The site must be a Federally Qualified Health Center (FQHC) or a Federally Qualified Health Center (FQHC) affiliate.

	Primary Care HPSA	Dental HPSA	Mental Health HPSA
	1 FTE/3,000 population	1 FTE/5,000 population	1 FTE/30,000 population
USAPI			
American Samoa	20	26	19
CNMI	17	26	18
Guam	15	20	16



# NHSC Site Certification Application Requirements

## NATIONAL HEALTH SERVICE CORPS Site Data Tables

Name of Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_

State: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Site Data Tables

Table 1: INTENTION VISITS BY PRIMARY INSURANCE TYPE

Primary Insurance	Complete data for "Number of Patients" to "Number of Patients"		Complete data for "Number of Patients" to "Number of Patients"	
	Number of Patients	Percent age (Patients)	Number of Patients	Percent age (Patients)
1) Medicaid		0%		0%
2) Medicare		0%		0%
3) Other Private Insurance		0%		0%
4) Private Insurance		0%		0%
5) Sliding Fee Schedule (SFS)		0%		0%
6) Self-Pay (This includes cash and out-of-pocket)		0%		0%
7) Total	0.00	100%	0.00	100%



## 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](mailto: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

