



# An Assessment of the Health Professional Shortage Area (HPSA) Scoring System: Why is it Not Working for the State of New Jersey?

Christine Akparanta

Howard University College of Medicine

# Introduction

- The Association of Clinicians for the Underserved (ACU) is a group formed by National Health Service Corps (NHSC) alumni, which is why NHSC HPSA designations are a topic of interest.
- Access to healthcare is a major health concern in the United States that the federal government is currently struggling to address. Developed in order to address some of the most important concerns with accessibility are Health Professional Shortage Area (HPSA) designations.
- The NHSC has a scholarship program which requires its participants to serve in a HPSA for a specific amount of years after their medical education. While incentives for keeping physicians in the areas that most are interested in leaving are proving to be a wise choice in increasing the access for residents in those areas of unmet need, these programs are not perfect, and are still in need of major development and changes if they are to efficiently carry out their missions.

# Methodology

- The aim of this paper is to produce a meta-analysis which compiles information on HPSA designations to determine what issues in scoring might result in regions, populations, or facilities receiving abnormally low (or excess) aid and assistance. This paper's primary focus is on the shortcomings of HPSA scoring in the State of New Jersey.

# Findings

- Findings include a general lack of more specific criteria in factors which determine the overall HPSA score
- New Jersey lacks the workforce required to adopt a physician renewal survey process that some states use
- Low HPSA scores (which indicate less shortage) are more indicative of high numbers of physicians of all types (typically specialists) rather than primary-care physicians or those who consistently take Medicaid patients.

## Score for population-to-full-time-equivalent primary care physician (PCP) ratio

Ratio > 10,000:1, or No PCPs and Population GE 2500	5 points
10,000:1 > Ratio GE 5,000:1, or No PCPs and Population GE 2000	4 points
5,000:1 > Ratio GE 4,000:1, or No PCPs and Population GE 1500	3 points
4,000:1 > Ratio GE 3,500:1, or No PCPs and Population GE 1000	2 points
3,500:1 > Ratio GE 3,000:1, or No PCPs and Population GE 500	1 point

## Score for percent of population with incomes below poverty level (P)

P GE 50%	5 points
50% > P GE 40%	4 points
40% > P GE 30%	3 points
30% > P GE 20%	2 points
20% > P GE 15%	1 point
P < 15%	0 points

# Conclusion and Recommendations

- Changes to the overall scoring methodology by the federal government (more specific, efficient ways of accounting for physician distribution) are required. For example, effective methods may include: physician distributions by specialty, by lingual capabilities, by Medicaid patient numbers, etc.
- In the case of NJ, a task force dedicated to carrying out this task may be of extreme benefit.

# Acknowledgements

- Aetna/NMF Primary Care Fellows Program;
- Howard University College of Medicine;
- Mr. Craig Kennedy, Executive Director for the Association of Clinicians for the Underserved;
- Ms. Linda Anderson, Primary Care Office Director of New Jersey;
- Wesley Tahsir-Rodriguez, MPH, Division of Regional Operations - Region 2, Bureau of Health Workforce (BHW), Health Resources & Services Administration (HRSA)