

How RHCs Can Access NHSC Programs and Resources

Rural Health Clinic Technical Assistance Series Call

December 10, 2014, 2:00 pm ET

Coordinator: Good afternoon and thank you all for holding. Your lines have been placed on a listen only mode until the question and answer portion of today's conference.

I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time.

And I would now like to turn the call over to Bill Finerfrock. Thank you, sir. You may begin.

Bill Finerfrock: Thank you operator. And as she said, my name is Bill Finerfrock. And I'm the executive director of the National Association of Rural Health Clinics. And I'll be the moderator for today's call.

Let me take a moment to also remind folks to please make sure that your lines are muted if for some reason you would get through. But everyone should be muted.

Today's topic is the National Health Service Corps Programs and Resources. And our speaker is Captain Jeanean Willis-Marsh who is the director of the division of the National Health Service Corps. Captain Marsh will give us a brief overview of the structure of the Corps and some of the resources available to rural health clinics. And you'll probably be surprised to learn about all the things that the Corps can do for you as rural health clinics these days.

This series is sponsored by the Health Resources and Services Administration's Federal Office of Rural Health Policy, and is done in conjunction with the National Organization of State Office's Overall Health and the National Association of Rural Health Clinics. The purpose of this series is to provide RHC staff with valuable technical information and RHC specific assistance.

Today's call is the 62nd in this series which began in late 2004. And during that time we've had over 15,000 combined participants on these calls. As you know, there is no charge to participate, and we encourage you to refer others who might benefit to sign up to receive announcements regarding dates, topics, speakers, presentations, etc.

You can either go to the Office of Rural Health Policies site which is www.hrsa.gov/ruralhealth - one word - /policy/confcall/index or visit the NARHC web site and follow the instructions there to go to the RHC signup.

During the Q&A period today we ask that you please identify yourself, providing your name, city and state. And if you have any questions you can email them to info@narhc.org or simply ask them during the open mic portion of the call.

At this time I'd like to turn control of the presentation over to Captain Willis-Marsh. And we look forward to your comments and observations. Thank you Captain Marsh - Willis-Marsh.

Jeanean Willis-Marsh: Thank you so much. And thank you for inviting us and allowing us the opportunity to talk about our program. We're really excited about the things that we've been able to do with the Corps and just our reach.

So I want to just start off with a little bit of history. So the National Health Service Corps was authorized in the 70s in response to the severe shortage of physicians in the country, and particularly in rural America. The National Health Service Corps was authorized - it began as a scholarship program. And then in the 80s the loan repayment portion of the program was stood up.

So for today I'm going to talk about our four programs. I'm on slide number - I think 3. So we actually have four programs. All of our programs provide financial support to our participants in return for practicing in an underserved area. So you'll see that commenting through our programs. They just all have different criteria and operate a little bit differently.

We have our loan repayment program. Our newest program that stood up four years ago - our Students to Service Program - a loan repayment program which is a grant program, and then our scholarship program. So next slide.

So in addition to a common theme being that all of our programs provide support to providers to help pay down their educational debt. With all of our programs providers must practice at a site that is located in a HPSA or a Health Professional Shortage Area. And so you're probably familiar with it, but I'll go over the definition anyway.

So a Health Professional Shortage Area is determined by a scoring system that's actually managed here in the Bureau of Health Workforce in HRSA. And so the data that goes into the scoring system takes into consideration the patient provider ratio within a community, low birth weight, the distance of travel to a primary care

provider, the (unintelligible) and a couple of other things, and the scores range from 0 to 26, 26 indicating the highest level of need in a community. Next slide.

So today the Corps has placed over and supported over 45,000 clinicians across the country. We now have around 8900 active participants practicing in over 3600 sites. And this is as of 2008. And we saw a real growth in our numbers from 2009 to present due to the R funding and the ACA.

So - next slide - I'm going to just give an overview of the eligible disciplines. We found this slide to be really, really helpful when folks are considering what programs to kind of push and which ones to promote. And we always rely on others to be message multipliers for our program.

So this gives you a really good overview of the eligible disciplines. So you'll notice that all of our - the disciplines we listed are primary care providers which includes mental and behavioral health, our nurses, PAs, dentists, dental hygienists and of course our physicians.

So for our loan repayment program, all of the disciplines are eligible with the exception of registered nurses and pharmacists. If you go to the right hand side of the slide, you'll see for SLRP - our State Loan Repayment Program - which I mentioned is a grant program, all of the disciplines including registered nurses and pharmacists are eligible to participate in that program.

Going back to the scholarship, the students that are eligible to participate in the scholarship program are narrowed down to our dentists, our physicians, nurse practitioners, our certified nurse midwives and PAs. And then if you look at our Students to Service, that's our newest program. And that program is only open to allopathic and osteopathic medical students. And I will get into more detail when I discuss that particular program. Next slide please.

Now the next slide talks about the service obligation requirements for each one of the programs. And you'll notice again, each program provider has to practice in a HPSA. You'll notice an exception with the state loan repayment program.

The participants have to practice in a HPSA. But there are no minimum HPSA score requirements. The financial assistance that's offered under each one of the programs varies, as does the service obligation, with the average being around two years.

One of the things I want to note as well, with these programs we do allow full time and half time practice options as well as teaching. And then one huge benefit of

our S2S and scholar's program is that those participants can continue participating in the National Health Service Corps under our loan repayment program as long as they have eligible debt.

So now I'm going to go a little bit into detail with each program - so next slide. So the loan repayment program - the loan repayment program is for providers who are currently licensed, able to practice, have all of their certifications and/or licensure requirements, and they meet those requirements.

In order to apply to our program when the application cycle opens, that provider has to be practicing at an approved National Health Service Corps site or have a contract to begin practicing by July of that application cycle year. So for example typically our application cycle opens in January and it closes in March.

So if we have a resident or a provider that maybe moving to another site, as long as the site administrator can complete the employment verification for them while the cycle is open and can indicate that they are going to begin practicing by July of 2015, they are able to come in and apply for loan repayment.

And one of the reasons why we changed our policies to allow this is a lot of our sites recruit residents. And so to make sure that they are eligible and able to apply and begin practice immediately, we extended that employment period of time to July.

So with our loan repayment program we have full and half time options as I said. For the full time option, a participant can receive up to \$50,000 for a two year service agreement. For half time it's half that amount at \$25,000. The award is tax free.

And one of the good things about the National Health Service Corps is once you're in, you're in. So for all of our participants, once they complete their two year service obligation, they are able to come in every year and request what we call a continuation contract.

Now the dollar amount for those continuation contracts decreases over time. But our participants are able to continue in the program until all of their eligible educational debt has been satisfied. And I believe our longest standing participant is a dentist who's been in the program for 16 years. Okay, next slide.

Just to give you a little bit of statistics about the number of applications that we receive, so this past cycle we received over 6200 applications. We open in January. We close in March. We don't begin processing applications until March.

We have tiered our applications so to speak. Tier 1 will be those applicants who are practicing at a site that has a HPSA score of 14 and above. Tier 2 would be those applicants - those applicants that would be in Tier 2 would be the ones that are practicing at a site that has a HPSA score of 13 and below.

For the past three years we have not been able to fund past our Tier 1. So the way that we start funding, once the cycle closes we sort applications by HPSA scores and we begin funding the highest HPSA score. And we go down until our funds are exhausted. In this past year we made a little over 2700 awards. So it is a somewhat competitive program. Next slide.

So the practice requirement - for the two year full time contract - again that's \$50,000 for a two year service obligation. And we define full time clinical practice as practicing no less than 40 hours per week for a minimum of 45 weeks a year. Now in that 40 hours there are 8 hours that can be dedicated to administrative time or teaching. Next slide.

So for the half time option - I'm just going to go back - for the half time option it's - the practice is 20 hours a week or more up to 39 hours. And again that is for 45 weeks a year as well. And we do allow all of our participants, no matter the program, to practice half time. Next slide.

So for our scholarship program - just to give you a little bit of background about how the scholarship program works. So the scholarship program will provide support to students that are pursuing an allopathic or osteopathic degree, they're in dental school, PA school, certified nurse training to become a certified nurse midwife, or a nurse - advanced practice nurse.

So for our scholarship we provide up to four years of support. That scholarship covers full tuition and fees. It also provides an annual lump sum payment to cover the cost of books, instruments, health insurance and a couple of other items as well. In addition our scholars receive a monthly stipend in the amount of \$1,302 a month. Now for the scholarship program the tuition payment and the other reasonable costs or ORC - that's nontaxable. The only portion that is taxable is the stipend payment.

So we will provide up to four years of support. Scholars are - applicants are able to apply at any point in time in their education. So if you have someone in undergrad and they've already received an acceptance letter into school, they're eligible to apply. Many times we have folks in their second and third year of school that apply as well.

Our scholarship program is extremely competitive. This past application cycle - and just like with 2013 - we received approximately 1800 applications a year. And we typically make around 200 awards. Most of our scholars have - are able to really demonstrate their commitment to practicing in underserved areas. They have done volunteer work in community health centers or in a rural health clinic. They have done work in third world countries and so on and so forth.

One of the perks and bennies of the scholarship program besides it being a Cadillac program is that when our scholars are either in their last year of school - if it's a nurse practitioner or nurse midwife or PA - or our physicians that are in their last year of training, we put them in what we call the preparation to practice kind of cycle.

And that's where our division and regional operations comes into play. They basically hand hold every scholar through that whole placement cycle. So they determine the top three states that a scholar may want to practice in. They host webinars with regards to the different practice types, the hours, how to negotiate your contract - all of those things. So we provide them a wealth of information.

We have staff that's located in all ten regions. And I have on the phone with me today the Deputy Division Director for our regional operations, Jeff Jordan. So if you have additional questions about scholar placement or our site, he's on the line and will be able to answer those questions.

So our scholarship program - typically this application opens in March and closes in May. Now our scholars must practice in a higher needs area. This year - every year we publish a Federal Register Notice that says okay, for those scholars that are in their last year of training or in school and that are going to be looking for a site in which to practice, we publish what the minimum HPSA score will be not only for the scholars in and of themselves but for each discipline.

This year the HPSA score is a 14 for all disciplines. In the past it has been - the past three years it has been a 16. So we kind of expect for it to stay within that range. This is important because our regional operations staff help the scholars find a placement site.

We also hold virtual job fairs for our scholars where we have sites that meet that HPSA requirement come in and basically be able to tell your story and try to recruit a scholar. So many sites look for scholars because they're well trained and they already have that commitment to practicing in an underserved area. Next slide.

So for every year of support that we give a scholar in school, they owe us a year of service with a minimum of two years. One of the good things I mentioned before about the scholar program is that many of our scholars - more and more of our scholars are deciding to stay at their original placement site. And they are able to continue to participate in the National Health Service Corps under the loan repayment program as long as they have eligible debt, okay? Next slide.

I'm going to talk about our Students to Service loan repayment program. So this is a grant program that eligible entities are states and territories. We just hosted a new competition this past summer and we're proud to say that we have 38 grantees.

If you go on the National Health Service Corps web site, you can see a listing of all of the states that have a loan repayment program and that is supported by the National Health Service Corps.

So, I'm sorry - I'm going to go back. I got ahead of myself. Let me talk about the Students to Service loan repayment program. The Students to Service loan repayment program is our newest program. Only fourth year medical students are eligible to participate in the program. The purpose of the program is while our fourth year medical students and even third year are considering residency programs, this program allows them to see that if they want to pursue a career in primary care, there is support for them.

So students apply for this program in their last year. We typically open the cycle in September and we close in November. And we make awards by the end of January. Some of the criteria is that a student in order to receive the award, they have to match to a primary care residency, and they have to commit to practicing at a site that is located in a HPSA of 14 and above.

In return we provide up to \$120,000 in support for them to pay down their student debt. And they have a three year service obligation with us. And much like the scholarship program, our - what we call S2S-ers are able to participate in loan repayment after their service obligation under the S2S program.

So this year we're proud to say that we have our first cycle of S2S-ers that are coming out and looking for a placement site. Our goal has always been to make a hundred awards. But as you can see on this slide from the data, in '13 we only received 100 applications, and the same in 2014.

So this cycle will be - the students that submitted an application for this cycle from September to November will be awarded in January. So that will be our 2015 cohort. We have worked with our partners to get the word out. This year we received 170 applications.

So this program is not as competitive as our others. But the word is getting out. So if you know of students that are interested in primary care, and they're in their third year, please encourage them to make application during our next cycle. Next slide.

I'm going to talk a little bit about our site, and talk about how all of this kind of ties in together. So I've talked about our programs. I've told you that for all of our programs, what they have in common is we provide support for people that are committed to practicing in underserved areas via scholarship and/or loan repayment.

In return for all of our programs, they have to practice at a site that's located in the HPSA. And for our scholarship, S2S and loan repayment program, they have to practice at a National Health Service Corps approved site.

So the majority of our sites are located in - well, I'm sorry. Fifty percent - so roughly a 50% distribution - 50/50 between the locations of our sites and between rural and urban. All of our sites have to make application to become a part of the Corps. The majority are ambulatory outpatient facilities. There are some exceptions.

The site has - one of the benefits of this site is that we offer recruitment and retention assistance through our job center that I'm going to highlight in a few. We have our regional folks that partner with our State Offices of Rural Health and our primary care offices to provide technical assistance.

And being a National Health Service Corps site puts you in our network. We share a lot of resources. We send out a lot of announcements. And we also forward opportunities. Next slide please.

So to meet the site requirements - well, from an application you can access our web site. And I've included the URL on our - on the slide. So to talk a little bit about the site requirements - and I know for rural health clinics this has sometimes been a little bit of a sticking point. But I'm going to go over the highlights of the requirements. And again, we can take more questions - any questions that you have at the end of the presentation.

So all of our sites have to be located in a federally designated HPSA. They have to see any and everyone, and also provide a discounted or a sliding fee scale. We - our sites have to again provide services even if a person doesn't have the ability to pay. And the sliding fee scale or discounted fee scale need to be based on income, not assets.

All of our sites with the exception of our private practice pediatric sites have to accept Medicare and Medicaid and CHIP. And again we require that all of our sites display a statement that is visible that people will not be denied access to services due to their inability to pay. And they have to announce that there is a sliding fee scale that is available. Next slide.

The types of sites that are not eligible are inpatient hospitals with the exception of Medicare approved CAHs - critical access hospitals - and VA hospitals are not eligible to participate in the program. Other inpatient facilities are not eligible. The only exception is our SLRP program. We do allow state mental health facilities to participate. Residential facilities and county and local prisons are not eligible site types for the National Health Service Corps. Next slide please.

I wanted to really highlight our job center because we've heard from so many sites that this has been a really important recruitment tool. All of our participants access the job center to find a job or placement site. So for our scholars and our S2S-ers, they rely on our job center to find a site.

The job center is developed and based on a Google platform. So it allows you to search by the site name, by state, by HPSA type. And one of the real rich pieces to our job center is that the majority of our sites have an online profile. Next slide please.

So if you look at our next site, it's an example of a job profile from one of our sites. And this is where our sites can tell their story. So you - many of our sites include pictures of the clinics, maybe the clinic staff, the surrounding area, area attractions - whatever pictures you want to post that you think will help recruit a provider. We encourage our sites to place them on our web site.

In addition, if you look across the tabs - the tops of the tabs - there is the ability under site information to talk about the different services that are provided at a site. So if you have a women's health clinic, a diabetes clinic, HIV Aids, Ps, oral health - whatever that is, you can include it on that profile.

In addition under the open positions tab, our sites are able to post vacancies. There's contact information that's available so providers can contact the site

directly. And many times with our scholars, even if a site hasn't posted a vacancy, our scholars who have been really interested in practicing in that community - they'll contact the site. And many times they're able to work something out.

In the last tab - the map and the community - for many folks, especially if you have kids or if you're interested in sports or just a variety of things, the site is able to highlight those key attractions, insert links to the school district web site, religious and other type of community based organizations. So the profile really allows the site to kind of tell its story. And again, if you look at the next slide, a lot of people may be familiar with this. The platform for the job center is built on Google. So you're able to search like that.

One of the things that I also - I touched on a little bit and I don't have it on this slide is that we have offered virtual job fairs. And in essence what it is, we invite sites to come and participate online where we have different chat rooms. And any provider or scholar or S2S-er who may be interested in practicing in those areas also participate.

It's an opportunity for a site administrator or a provider to come online, talk about their site, and just really, really recruit providers. And we have found that it has worked really well. We do push out those notifications. So I just ask that you stay tuned.

With that I figure that we may have a lot of questions. I'm going to stop talking so that we can take questions from the audience.

Bill Finerfrock: Operator, would you give the instructions for folks who want to ask questions?

Coordinator: Certainly. At this time if you would like to ask a question, please press star 1 on your touchtone phone. You will be prompted to record your name. And please unmute your phone and record your name clearly when prompted.

One moment please.

Finerfrock: While we're waiting I'll go ahead and ask a couple that I had. When you talked about an individual being able to fulfill his or her obligation on a part time basis, that's - it's fully part time. In other words I wouldn't have to work part time at one facility and part time someplace else.

I could literally be just a part time provider. The 20 hours a week would be all I would need to do. I wouldn't have to do 40 hours combined someplace else, right?

Willis-Marsh: That's right. And let me just add though for our - there are some exceptions. I'm sorry. One of the things I want to highlight, in that 20 hours we allow so much time for administrative time as well as teaching.

Now for our providers for example, a mental behavior health provider and those providers that deliver babies, there's a little difference in how the hours are allocated. So to also answer your question which is a great question, right, if you want to practice half or part time, that's right, you don't have to worry about making up time at another site.

Now if a provider is practicing half time at two or more National Health Service Corps sites or several sites that combine together make a full time - make a FTE - that provider can come in and make application for half time if they want or full time. So your time doesn't have to be at one site.

Finerfrock: Okay. So you can - all right. I wasn't aware of that. Okay, that's great information.

Willis-Marsh: Yes.

Finerfrock: I have some more, but operator do we have questions from the audience?

Coordinator: I do. Our first question today is from (Cindy Webb).

Finerfrock: (Cindy), go ahead - and if you would let us know where you're from.

Ginny Webb: Sure. Actually it's Ginny Webb from Hannibal Clinic in Hannibal, Missouri.

Willis-Marsh: Hi Ginny.

Ginny Webb: Hi. It's just a real easy question. I - my boss was supposed to be part of this call with me had to step out. And I don't know if he got the slides, but I never got them. Is there a way I can get the slides?

Finerfrock: Yes. We have them posted up on the Office of - the National Association of Rural Clinics web site. But if you send me an email I can send them to you - the link to you directly. And anybody else who didn't, my email is info@narhc.org. Just send me a slide - an email indicating you'd like the slides and I'll send you the link.

Ginny Webb: Great. I'll do that right now. Thank you.

Willis-Marsh: You're welcome.

Coordinator: Thank you. And our next question is from Dr. (Shandra).

Finerfrock: Go ahead Dr. (Shandra).

Dr. (Shandra): Yes ma'am. I have two clinics, one in Scenic City and the other in Fort Mitchell which is a rural health clinic. And we've actually had a very unpleasant experience with the National Health Service Corps. Our two sites were recently inactivated based on some anonymous complaints. And we were not given any opportunity to respond to those complaints before the sites were activated.

So my question is do you have a laid out procedure before you can inactivate a site?

Willis-Marsh: We do. (Jeff), would you mind answering?

Jeff Jordan: Yes. We don't have a - and hi Dr. (Shandra). We don't have a formal appeals process but we do have an informal appeals process. And I did receive your phone call and your letter. And so we're in the process of responding.

Dr. (Shandra): But Ms. Willis-Marsh, you know, you're a large federal agency. It sounds very unfair to me that there is no due process. You know the agency unilaterally takes a decision without even asking for a response? So, you know, the process of inactivating itself seems very unfair to me.

And further, there is no formal appeals process. This is a federal agency. How can you not have a defined appeals process?

Willis-Marsh: So I think (Jeff), I understand what you're saying. And we do try to work with all of our sites. I think our division and regional operations goes above and beyond the call of duty.

And so (Jeff) is actually the deputy division director. And he has indicated that he received your information and they're looking into it. And I'm sure he will be in contact with you. While we don't have a formal process, we do have processes in place to communicate with our sites.

So if we maybe take this off line and we'll respond to you directly, that probably would be best. And then he can get into the details with you.

Dr. (Shandra): That's fine. But I also do want to state that in five years we had no technical assistance from the regional office.

Finerfrock: Okay. Thank you Dr. (Shandra). And, you know, thank you for looking in - guys at the Corps - looking into that and trying to get it resolved. We appreciate it.

Other questions from the audience?

Coordinator: Our next question is from Ilona Horton.

Finerfrock: Go ahead Ilona.

Ilona Horton: Hi, Ilona Horton, North Coast Family Health Center - a rural health center in Fort Brag, California. And I understand from your presentation that you - the rural health clinic must be in a HPSA in order to qualify for any of the programs, correct?

Willis-Marsh: Yes - to become a National Health Service Corps approved site. Yes.

Finerfrock: Well can I just add to that that you can get - because this is an important distinction. Several years ago, because RHCs that are in governor designated areas or MUAs are not technically eligible.

There was created what is called a HPSA facility designation that rural health clinics that are in MUAs or governor designated areas can apply for and receive. And if you get the HPSA - the RHC facility designation, you would then be eligible for the Corps programs.

So there is a mechanism by which RHCs that are in medically underserved areas or governor designated areas can participate in this program.

Ilona Horton: And I looked into that and unfortunately we're no longer in a MUA either. However there's an FQHC literally around the corner from me that is a facility designated HPSA just by virtue of being a FQHC. Is it - are there any...

Finerfrock: Well you should be - as a rural health clinic you're designatable as a facility. The only thing you would have to do is agree to establish a sliding fee scale and a policy of nondiscrimination which you would have to do to be a National Health Service Corps anyway. And you're eligible to be designated as a HPSA facility.

The fact that you're a rural health clinic grants you that authority. The only thing in addition to your RHC is you have to do those other two things. And you can get the HPSA facility designation. The only reason the FQHCs don't have to do it is that's part of their requirement to be an FQHC. So it is available to you.

Ilona Horton: Can I email you off line about that process?

Finerfrock: Sure. It's any RHC, and that's why it was created. Because FQHCs and RHCs that were in this MUA/MUP situation, were finding it difficult to get into the Corps, and this streamlined that process.

Ilona Horton: But you have to be in an MUA.

Finerfrock: I mean an RHC that's in a HPSA can apply for it as well. It's somewhat redundant at that point, but they could apply.

Ilona Horton: What I'm saying, if I'm not in a HPSA or an MUA, and I'm only in a MUP - an MUP, would I qualify as a facility HPSA?

Finerfrock: Yes. As long as you're a rural health clinic you can get the rural health clinic facility designation.

Ilona Horton: Okay. Then I would love to speak with someone about that because I looked at an OSHPD presentation and it didn't look like we qualified.

Finerfrock: Okay. Yes. Feel free to do that. Or if there is anybody from the Corps, I mean you guys, you know, the shortage designation. You guys may know this stuff as well.

Willis-Marsh: Right. And I wish we had somebody on the phone from that office. But if you'd like, we could get some clarifying language and guidance. And if I could send that to you and you can send it out to everyone.

Finerfrock: Sure, be happy to.

Willis-Marsh: Okay, thank you.

Ilona Horton: That would be wonderful. Thank you.

Coordinator: Thank you. And as a reminder, to ask a question please press star 1.

And our next question is from Eva Shaw.

Finerfrock: Go ahead Eva. Where are you from?

Eva Shaw: Oh, thank you. I'm from Bali, California. And I work for Clinicas de Salud, del Pueblo.

Finerfrock: Great. What's your question?

Eva Shaw: We have had - well one quick comment, I just wanted to commend you. I've had an extremely positive and successful experience with the National Health Service Corps. We have several participants at the present time. And we've had a lot of folks that no longer work for us come through the program.

Willis-Marsh: Thank you.

Eva Shaw: I find it very easy - sure - easy working with you - all of you. I also wanted to commend you for no longer having us make - fill out those annual applications because we're a National Health Service Corps. I mean we're a federal qualified healthcare center, so it's automatic. So that is just huge.

My question today is I've tried three times to participate in the new feature which is the virtual job center. And I've been - I guess I just didn't - I guess you have a limited number which is totally understandable. So my specific question is do you envision that that you'll increase the number of people that can participate?

Willis-Marsh: You're - the limitation - there is a limitation because of the technology. And I believe - (Jeff), correct me if I'm wrong - the most sites they've been able to accommodate on a virtual job fair is about 26 because we have to have the staff that is also manning each one of those rooms.

Eva Shaw: Sure.

Willis-Marsh: Do you know what your HPSA score is?

Eva Shaw: It varies, but usually it's around 13 or 14.

Willis-Marsh: Okay. And many times, especially for our scholars, they choose sites that have a higher HPSA score. But we have had a lot of folks request virtual job fairs. It's a lot of work to put one of those on. But I do believe that our Division of External Affairs is looking at ways where we can host more job fairs.

Eva Shaw: Okay, great. And thank you for everything. It's been a really great experience (unintelligible) recruitment tool and working with all of you.

Willis-Marsh: Thank you so much.

Finerfrock: The check's in the mail. We got an online question. This is from (Bob Jones) who is with the Madras Medical Group - it doesn't indicate where. But he wants to

know if there are any specific programs that are not available to a for profit RHC. In other words does it matter whether a rural health clinic is for profit or nonprofit in terms of their ability to participate in the Corps' programs?

Willis-Marsh: (Jeff), can you take that?

Jeff Jordan: No, it does not matter if they're for profit or nonprofit.

Finerfrock: Okay. That was - so all rural health clinics regardless of your tax status as long as you meet the other criteria, but your tax status is not an impediment.

Jeff Jordan: Correct.

Finerfrock: Okay.

Operator, another question from the phones?

Coordinator: And sir, I am showing no further questions at this time.

Finerfrock: Okay, I still have a few. So the - you talked about the web site with the jobs. And maybe this is something you don't necessarily encourage. But if there are providers who are not National Health Service Corps who are looking to work in an underserved area or at an improved site, can they go in and access that site and contact them if they know a facility? Or are you only interested in having them hear from scholars or loan repayers or that type - individuals who are in the National Health Service Corps program? Does that make sense?

Willis-Marsh: Yes. And that's a great question. No, one of the beauties about the job center is it's open to everyone. We're not able to fund everyone. We're not able to fund all providers. Our goal is to increase access to care. So we encourage providers that are not program participants to access the job center as well.

Finerfrock: Okay. And you may have said this and I didn't pick up on it, but back to the part time option. Suppose I start out as a part time person and then as a result of various factors - either time or, you know, my availability - I become full time. How difficult is it to go from part time to full time in terms of fulfillment of my obligation?

Willis-Marsh: Okay. So there are some caveats, and actually (Jeff), did you want to talk about this? Because they deal a lot with clinicians that are going back and forth between full time and half time.

Jeff Jordan: I'm sorry, could you repeat the question?

Finerfrock: Sure. You have an individual - and it can go in both directions. I start out and I go well I'm, you know, for whatever reason - family - I only want to work part time. So I start out my obligation as a part time.

But then circumstances change and now I'm available to do it full time. How easy is it to move from being a part time - fulfilling my obligation on a part time basis to full time? Or in the other direction, I start out at full time and, you know, a child comes along and I want to move to part time.

How easy or difficult is it to move from part time to full time or full time to part time?

Jeff Jordan: Well - and Jeanean, correct me if I'm wrong - is it allowable to go from part time to full time? And don't you have to wait until you renew your obligation?

Willis-Marsh: Right. So for, yes. So going back, your initial obligation is for two years, and this is for loan repayment. And then after that it's every year. So you sign a contract every year.

We do allow providers to switch once they're at the end of their contract. So they can sign another contract with the change. Now here's the exception though. We do have providers that are practicing at private practices. Because of the legislation, it doesn't make complete sense. But anybody who is in private practice is not able to practice half time.

Finerfrock: Okay.

Willis-Marsh: Okay? So it's at the end of the contract that you're able to switch from full to half time and vice versa.

Finerfrock: Okay. And the - so I'm clear - the minimum amount of time on the loan repayment is two years, regardless of the amount of money. So it would be - I think the slide said \$50,000, two years. But if I only needed \$30,000 in loan repayment and I took that, I would still have a two year obligation?

Willis-Marsh: That's right. And that two years is only for the initial or the first contract. After that it's a year to year.

Finerfrock: Okay. Now you mentioned an individual who was 16 years in the loan repayment? Did they have that much debt?

Willis-Marsh: Yes.

Finerfrock: I mean that seems almost amazing to me that it would take an individual that long to work off their debt.

Willis-Marsh: Well we're finding it's not uncommon for our dentists to have around \$300,000 worth of debt. And the other thing...

Finerfrock: I'm sorry, that's me choking in the background.

Willis-Marsh: Well, that's something else. But make sure you're sitting down and holding onto your chair. This past year in 2014, we had a gentleman who is a dentist, but he also had I think like a law degree and an undergraduate degree and a Masters. He had a little over \$600,000 worth of debt - so yes.

So in the program it's not just your educational debt that was incurred while you were in professional school. You can also include undergraduate loans.

Finerfrock: So somebody who maybe got an undergraduate degree in let's say economics and then did a post bach program in pre-med and then went to medical school. All of that - all those educational costs could be paid for under a loan repayment program, right?

Willis-Marsh: That's right.

Finerfrock: Okay. Operator, do we have any questions on the call - the phone?

Coordinator: I do. Our next question is from (Ellen).

Finerfrock: Go ahead (Ellen).

(Ellen): Hi. I am just following up to see if we - and I realize this is not completely National Service Corps. But do we know when HRSA is going to start taking applications again to update health professional shortage scores?

Willis-Marsh: Oh, okay. So you're talking about the HPSA scores. Gosh, I should have brought somebody on from short (unintelligible).

(Ellen): Just because in our situation, our score has dropped from 14 to 5. And in working with our local health department, looking at the data, I mean the data is so skewed. And we've been told since the summer that there's nothing that can be done about

it until the new database is brought up at HRSA. And then we'll be able to work on correcting.

Because in our instance they have a physician working 70 hours that is retired. And then they have another physician working full time that's been deceased for three years. So I mean...

Finerfrock: I'm sorry, could you let us know where you're calling from so just we can try to keep track of it?

(Ellen): I'm from Herman Hospital - Herman, Missouri.

Finerfrock: Okay, thank you.

(Jeff): Jeanean, Bill...

Finerfrock: Yes.

Aaron Fischbach: I would encourage - this is Aaron from the Office of Rural Health Policy. If you contact your state primary care office, they will know that information for you. And they're the ones who process those changes of information anyway. So look up your primary care office for Missouri and they will be able to tell you when the window is open again.

(Ellen): Right. And I've been in contact with (Joyce), and she said that they're still waiting to hear when this database is going to be updated.

Aaron Fischbach: Okay.

(Ellen): It sounds like nobody knows anymore.

Willis-Marsh: (Clark) - is (Clark) on the phone.

(Clark): I am.

Willis-Marsh: Okay. (Clark) is from our Division of Regional Operations. And he is (unintelligible); right, (Clark)?

(Clark): I am.

(Ellen): I know (Clark).

Willis-Marsh: You know (Clark). Then you're in good hands.

(Ellen): Yes.

Willis-Marsh: So I - unfortunately we don't know the dates. And Aaron is right, your PCO can tell you that - but off line as well since you now Clark. Clark, can she just shoot you an email?

(Clark): Absolutely. And we've had conversations on this prior.

(Ellen): Yes, we have.

(Clark): So we'll do some follow up.

(Ellen): (Clark) has been very helpful. And we've been working with the state. But I know we've been contacted by our legislative people at the federal level. And they've been in contact with HRSA. And the best answer we're getting is they hope to have it up in December. But it's, you know, it's the 10th today, so it's a third over already.

Willis-Marsh: Yes.

Finerfrock: Okay.

(Ellen): Thank you.

Finerfrock: Operator...

Willis-Marsh: I'm sorry I don't have an answer for you.

(Ellen): Well I just thought it didn't hurt to ask in a different environment.

Willis-Marsh: Okay.

Finerfrock: Operator, do we have any calls on line?

Coordinator: I do. Our next question is from Steve.

Finerfrock: Steve, if you would let us know where you're calling from.

Steve Shotwell: Hi, thank you. Yes, I'm at the Michigan Center for Rural Health in Michigan. How are you?

Finerfrock: Good.

Steve Shotwell: Good, thanks.

Finerfrock: What's your question?

Steve Shotwell: Yes. It's about sites. In our experience for profit sites - when they apply for site approval are surveyed before they're allowed while nonprofit sites are not. Do you know if that's supposed to be that way? For profit rural health clinics, they have - they expect a walk on site survey to make sure that all things are what they say they are.

Finerfrock: This is for a National Health Service Corps site designation?

Steve Shotwell: Site approval, yes.

Willis-Marsh: Okay. (Jeff), our deputy for our regional operations can answer that.

Jeff Jordan: Yes. So Steve, when you say survey, do you mean they receive a site visit and a site report is completed?

Steve Shotwell: Correct. For a site approval on a standard nonprofit site they apply and they can be approved. But a for profit site, they walk in and do an onsite survey first.

Jeff Jordan: I don't think it's - it's not the for profit or nonprofit status that triggers a site visit. We have typically conducted site visits for private practices, mobile clinics, school based clinics typically receive a site visit prior to approval. And then others may as well. And a lot of the site visit depends on the availability of staff, funding, etc.

So I don't know - to answer your question - I don't think it's the for profit or nonprofit status that triggers the site visit. But there may indeed be one. And some of it is also based on some of the pre-site visit work and materials submitted in an application. If there are materials submitted in an application that trigger questions with our staff, they may require a site visit to sort of do a closer inspection.

Steve Shotwell: All right. If there's a way I could follow up, I know we're at the time - the end of our call. If there's a time where I could follow up with that to see what triggers it, because with the new two month or so application period instead of the rolling application period, it's pretty tough to get a site visit and get it all done.

Jeff Jordan: Yes, correct. And if we're not able to do one, oftentimes we'll work with the site given the time frame. I would love to give you my - is this Steve Shot (sic)?

Steve Shotwell: Shotwell, yes.

Jeff Jordan: Shotwell. I will ask Aaron to maybe share your information with me if he's got it and I'll certainly follow up with you.

Steve Shotwell: Thank you.

Coordinator: And I have a question from Debbie Bonds.

Finerfrock: Okay. And we're - just to our speakers, our National Health Service Corps friends - we are up, just about on the hour. Can you go over and take some questions? Or do you guys need to cut it off?

Willis-Marsh: No, we're good.

Finerfrock: Okay. All right. Great. Go ahead operator.

Coordinator: Our next question - yes, go ahead Debbie.

Finerfrock: Where are you calling from?

Debbie Bonds: All right. My name is Debbie - Albertville, Alabama Med Assist Doctor's Group.

Finerfrock: Okay, great.

Debbie Bonds: My question - I know what kind of data you use to compile the HPSA score. But where do you gather the data?

Willis-Marsh: So the data - and that's changing as we employ newer technology. But typically the data - some of the data is gathered at the state level. So our provider data is gathered at the state level. There's national data that's also used. We use census tract data. So it comes from a variety of sources.

With our new system, what we are trying to do is use more standard datasets - standardized datasets so that there is consistency in determining the HPSA scores. Does that answer?

Debbie Bonds: Well kind of. So you gather your information from censuses. Do you gather any of it from health departments - from the actual rural health clinics - hospitals?

Willis-Marsh: We actually rely on our primary care offices to gather data - state level data. So I don't know if you've been contacted by your office to provide data. It really varies by state. So I don't - (Clark), did you maybe want to speak a little bit more to that?

(Clark): Sure. The state primary care offices have - are partnered with us to assist the division's shortage designations with this process. They have been wonderful resources. I know in this region and other regions they have met at State Office of Rural Health Conferences, State Hospital Association, State Rural Clinics Conferences and worked with various rural organizations to do workshops or webinars.

So my best advice is to contact your state primary care office. They may have an online resource for you or can do either technical assistance or some sort of webinar or presentation that can give you a greater depth. Some of this really gets in the weeds as you can imagine.

We work with data, but clearly they are the subject matter experts. I know enough to be dangerous but not enough to answer.

Debbie Bonds: All right. Thank you for that answer.

Finerfrock: Operator, how many questions do we have in the queue?

Coordinator: I'm showing no further questions sir.

Finerfrock: Okay. Then why don't we go ahead - we can finish it up here. I would though like to make an observation in closing to our friends at the Corps. I think between the email questions, Steve's question and perhaps some others, I do think that at times there's a perception that it's harder for rural health clinics sometimes to participate in some Corps activity, and in particular if you're a for profit - so a physician's office if you will to get.

And I don't think that there are any barriers that are there. But there is a perception, and that's something I would just mention to you as to perhaps give some thought to are there ways in which things are framed or presented or responses to questions that seem to discourage or suggest that the challenge to participate in these programs is greater if you are a for profit physician's office than if you're a nonprofit operating in the same community, serving the same population - so it's something to think about.

Willis-Marsh: It is. And I think just from our experience, the barrier has been the criteria that you have to see any and all comers and have the sliding fee scale. And that's just been our experience. For a for profit, that's difficult.

Jeff Jordan: We've been working with the RHCs. And it's not as difficult as it used to be. And we're trying - we try to show folks how they can establish a sliding fee scale. And, you know, it is something that there is sometimes a negative initial reaction.

But if you explain it to people, I think, you know, they can understand why it can be a benefit to them and to their community. And that may be part of it. But I do think that there are some other things occasionally that however something may get framed or just give the feeling that, you know, you're not part of the community we want in this program.

And it's nothing overt, but we hear the anecdotal reports. We hear the kinds of questions, you know, over a course of time - over the course of years - would suggest that okay, why are they getting this impression? Why are they asking these questions?

And generally it's because somewhere they heard, you know, someone intimidated, suggested - whatever it may be - that these were, you know, some areas. So I think the more we can do to dispel those myths, make people aware of the fact that this is open to all rural health clinics, that, you know, we can expand and meet that goal of insuring access to care for all.

Willis-Marsh: Absolutely. And one of the things - and I appreciate that because that's far from the truth. We definitely want sites that are located in rural communities to participate.

What I will also do is attach to the email that I'm going to send you that talks about the HPSA MUA/MUP and meeting that criteria. I'm going to send that, but I'll attach to that our site reference guide that outlines our criteria and policies. It's a great document. And that may help.

If you want us to come back and talk specifically about (unintelligible) process, we can do that. We're more than happy to do that.

Finerfrock: Okay. I think that's something worth looking at and see if we can try and schedule something on that for a future conference. So I appreciate that.

Thank you and, you know, to all of our friends from the National Health Service Corps for your time today, particularly Captain Willis-Marsh and the great job you

did. I thought that was some excellent information in your presentation. And hopefully we can continue to encourage and promote this with the rural health clinics community in the months and years ahead. So thank you very much for everything you had to say and taking the time to talk with our folks today.

Willis-Marsh: Thank you so much.

Finerfrock: Sure. And for those of you in the audience again, I just want to encourage you if you know if there are others who can benefit from participation in this series or the information presented in today's call, please feel free to share that - encourage them. Give them the information on how to sign up or have them just contact us at the National Association of Rural Health Clinics. They can send me an email - info@narhc.org or visit our web site. There's instructions on the web site.

We are working on scheduling our next Rural Health Clinic Technical Assistance call hopefully in January. We've identified a topic and some speakers. We're just trying to find a date that works for a couple of different people. And we'll get information out on that as soon as possible

I want to thank all of our participants today and wish everyone a very happy holiday season and a safe new year. Thank you and that concludes today's presentation.

Coordinator: Thank you. This does conclude today's conference. You may disconnect at this time.

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