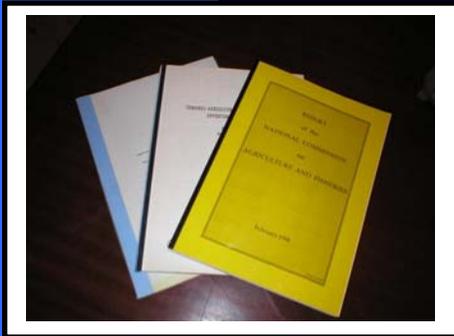


Office of Health Policy and Planning



Program Summary

2005



The Virginia Department of Health Office of Health Policy and Planning

Program Summary

The mission of the Virginia Department of Health (VDH) Office of Health Policy and Planning (OHPP) is to improve access to quality health care for all Virginia residents by: 1) contributing to the development of health policy in the Commonwealth through analyses and research of the issues affecting the cost, quality, and accessibility of health care; 2) assisting rural and medically underserved communities and populations to improve healthcare systems; and 3) developing as well as administering programs to increase and strengthen the healthcare workforce.

OHPP has had a longstanding history with grants management, and presently administers the following grant programs: State Planning Grant Program, Critical Access Hospital (CAH) Program, Rural Access to Emergency Devices (RAED) Grant Program, and the Small Rural Hospital Improvement (SHIP) Grant Program. In order to maximize federal and state funds, the establishment of public - private partnerships and the development of regional and statewide networks are strategic imperatives for OHPP. OHPP works closely with the Virginia Primary Care Association, the Virginia Association of Free Clinics, the Virginia Rural Health Association, and many other national, state, regional, and community-based groups.

OHPP Access is the Office's monthly newsletter. Each issue provides readers with updates regarding newsworthy initiatives such as improving access to healthcare, health care placements, recruitment and retention, health profession shortage area designations, links to recent publications, reports and special issues of concern. *OHPP Access* presents a wide spectrum of information pertaining to exciting projects and advancements relating to health care issues. *OHPP Access*' target audience is collaborative partners, legislators, rural communities, and concerned individuals. *OHPP Access* is accessible electronically on the OHPP website: <http://vdh.virginia.gov/primcare/Newsletter/index.asp>. Individuals and or organizations interested in submitting information to *OHPP Access* or being placed on the distribution list should contact Marshall Brooks.

I. CONTRIBUTING TO THE DEVELOPMENT OF HEALTH POLICY THROUGH ANALYSES AND RESEARCH

Legislative Analyses

Analysis of legislation and legislative initiatives invariably addresses the cost, quality and accessibility of health care. State agency staff plays an important role when the Virginia General Assembly is in session. Once a bill is introduced, it is assigned to a secretariat by the Department of Planning and Budget. Each secretariat assigns the bills to the agencies comprising the secretariat. Once a bill is assigned, the agency is responsible for analyzing the legislation, consulting affected constituents, and making a recommendation to the Governor on whether the bill should be supported or opposed. When the legislation is heard in committee meetings, agency staff is required to represent the Governor's position on the bill. OHPP is frequently assigned to analyze legislation on a broad variety of issues. In the past several sessions of the General Assembly, OHPP was assigned to bills addressing nursing scholarships, legal representation for informed consent for clinical research, the role of the health systems agencies, insurance mandates, telemedicine, and embryonic stem cell research. Policy analysts in the office are assigned to writing Legislative Action Summaries (LASs), reviewing LAS's produced by other offices in the agency, and covering the bills in committee meetings.

Legislative Commissions

Staff in the OHPP attends the meetings of two legislative commissions, the Joint Commission on Health Care and the Special Advisory Commission on Mandated Health Insurance Benefits. Staff prepares monitoring reports on the meetings and advises the administration of legislative initiatives proposed by the committees. The issues considered by these two commissions may have a significant impact on the cost, quality and access of health care in the Commonwealth, and thus have an impact on the public health system. For example, research has demonstrated a high incidence of hospitalization for diabetes in rural areas of Virginia. The mandate that insurance companies cover the cost of diabetes education and counseling may have a favorable effect in preventing hospitalizations for the disease. The work of the Joint Commission on Health Care has had a measurable impact on the accessibility of health care in rural areas. The studies undertaken by this commission have resulted in legislation that created the Virginia scholarship and loan repayment programs and funded collaborations between the OHPP, state universities and the statewide Area Health Education Centers (AHEC) for improving access to care. The Joint Commission has examined a number of health workforce issues and sponsored legislation aimed at increasing the number of health professionals in rural and underserved areas.

Legislative Studies

The General Assembly approves a number of resolutions that require studies and research to be undertaken by state agencies. In general these studies are unfunded mandates, although occasionally there will be money appropriated to fund the study. The OHPP frequently has been assigned to conducting studies. Some of the study topics include evaluation of teen pregnancy prevention programs, evaluation of the telemedicine initiatives sponsored by the Commonwealth, the Virginia Generalist Physician Initiative, and protections in law and regulation for consumers of managed care.

Regulatory Development and Promulgation

As is the case for many offices with VDH, the OHPP may be required to develop or revise regulations. The regulations produced by all the Executive Branch agencies are contained in the *Virginia Administrative Code*. In general, regulations must be authorized specifically in legislation and contain a far greater degree of specificity and detail than the laws found in the *Code of Virginia*. In recent years, OHPP has developed regulations addressing the administration of loan repayment and scholarship programs and regulations requiring the publication of data demonstrating the quality of health maintenance organizations.

Institutional Review Board

One of the many ways the Virginia Department of Health (VDH) serves the public and fulfills its mission is through research. VDH frequently conducts research that involves human subjects, and the protection of human subjects is as important as the methodology, research findings, or any other component of the research project.

The VDH OHPP has developed policies and procedures to ensure that the rights and welfare of human subjects involved in research are protected and consistent with both State (12 VAC 5-20-10) and Federal (45 CFR Part 46) regulations. The Office for Human Research Protections (OHRP), under the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Health, is responsible for ensuring the safety and welfare of people who participate in HHS-sponsored research. Policies, guidelines, regulations and ethical principles from OHRP provided the framework for the development of the Virginia regulations, and provide the structure for VDH review and approval of human subjects research.

A major component of the process for ensuring the protection of the rights and welfare of human subjects involved in VDH research is the Institutional Review Board (IRB), also known as the research review committee. Research protocols must be either approved or granted an exemption by the IRB before

human subjects can begin participation. The IRB also conducts continuing review of each approved protocol at least annually. The IRB may modify, suspend or terminate approval of research that has been associated with serious harm to subjects or is not being conducted in accord with the IRB's decisions, stipulations, and requirements.

In general, any research that is conducted by VDH, by outside investigators in collaboration with VDH, or by outside investigators using VDH data, is subject to review and approval by the VDH IRB. However, not all studies require IRB review. In brief, the decision-making process is divided into four key decision steps:

- Step 1: Does the project involve human subjects?
- Step 2: Is the project considered research?
- Step 3: Does the project qualify for exemption review?
- Step 4: Does the project qualify for expedited review?

Each step is outlined in a flow diagram that can be found in the VDH IRB Guidelines and Procedures Manual. The current VDH IRB Guidelines and Procedures Manual and all necessary forms are available on the internal server at: <http://vdhweb/irb/irb.htm>. This manual is presently being updated. The revised version should be available at the end of the year and will be posted on the internal server once it becomes available.

Program Evaluation Research

OHPP staff has experience and expertise in the design and implementation of program evaluation research. Historically, OHPP has provided consultative technical assistance and training to other VDH offices in this area, and was instrumental in the development of what is now referred to as the Adolescent Sexual Health Evaluation Consortium. This Evaluation Consortium is comprised of faculty from multiple academic centers in Virginia and provides technical assistance to VDH funded local teen pregnancy prevention and abstinence education program sites, guidance on evaluation methodology, and data analyses and interpretation.

State Planning Grant Program

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) State Planning Grants Program provides one-year grants to States to develop plans for providing access to affordable health insurance coverage to all their citizens. The Commonwealth of Virginia, through the leadership of the OHPP, was one of ten states and territories during FY03 to receive a State Planning Grant (SPG) from HRSA. In order to reduce the number of uninsured in Virginia, the Virginia SPG will be focusing on the following four major goals and related activities:

Goal I: Conduct a Descriptive Study of the Existing Data on the Current Status and Economic as well as Societal Costs of Non Insurance. This will be accomplished through a thorough review of the current literature on the causes, consequences, and costs of uninsurance and through data collection activities to obtain sub-state and regional data on the uninsured.

Goal II: Perform New Data Collection and Analysis to Inform Options for Coverage Expansion for the Employed Uninsured. This will be accomplished through the collection of household telephone survey data using the State Health Access Data Assistance Center (SHADAC) Coordinated State Coverage Survey with input from the SPG Data Workgroup as to state-specific content and sampling frame. Additionally, there will be an expanded collection of Virginia-specific data through the national Medical Expenditure Panel Survey - Insurance Component (MEPS-IC) and analyses of extant data.

Goal III: Collaborate with Public and Private Sector Partners to Develop Viable Options to Provide Access to Coverage for Virginia's Working Uninsured Population and Sustain Collaboration to Assess Trends and Impact Long-Term Policies. This will be accomplished through an interaction between the SPG Data Workgroup, the SPG Model Development Workgroup, the SPG Business Task Force, and the SPG Community Outreach Workgroup as they fulfill their respective responsibilities. Additionally, the 2nd Annual Governor's Conference on Covering the Uninsured and the SPG website <http://www.InsureMoreVirginians.org> will be used as a venue for information dissemination and receiving input from potential public and private sector partners.

Goal IV: Develop a Business Plan for Covering the Uninsured in Virginia and Submit it to the Governor and to the Secretary of Health and Human Resources. The end product for the SPG will be a formal business plan, with implementation plans by market sector as needed, which can be used to help guide policy decisions for expanding health insurance options to working Virginians. A final report to HRSA on the grant activities will also be completed and submitted in 2005.

In FY04 OHPP received a State Planning Grant Continuation Limited Competition Grant. These grant funds were made available to State Planning Grant states that needed additional resources to complete or expand upon the activities already initiated with their grant funds. The Virginia Continuation Grant seeks to build capacity and improve local planning and decision-making to increase health coverage, by utilizing community-based coalitions of business and healthcare providers in the Central Virginia region of Virginia as data has proven it to have the highest rate of uninsurance.

In September of 2005 received notification of that it was the recipient of its third and final State Planning Grant award. States are only eligible for three grant awards. The grant funds will be used to complete the design and planning of a two-pronged (supply and demand) approach for expanding coverage to the uninsured population in the Central Virginia Health Planning Region

II. ASSISTING RURAL AND MEDICALLY UNDERSERVED COMMUNITIES AND POPULATIONS TO IMPROVE HEALTHCARE SYSTEMS

State Office of Rural Health

One of the ways that the Federal Office of Rural Health Policy (ORHP) promotes State and local empowerment to meet rural health needs is by supporting State Offices of Rural Health. OHPP functions as the State Office of Rural Health for Virginia. The mission of each State Office of Rural Health is to help individual rural communities build health care delivery systems. It accomplishes this mission by: collecting and disseminating information; providing technical assistance; helping to coordinate rural health interests state-wide; and by supporting efforts to improve recruitment and retention of health professionals.

Critical Access Hospital (CAH) Program

OHPP administers an important federal and state initiative for rural areas, the Medicare Rural Hospital Flexibility Program, also known as the Flex program or the Critical Access Hospital Program. Recognizing the struggle of financially pressed rural hospitals, Congress appropriated funds in the Balanced Budget Act of 1997 for states to assist small rural hospitals to convert to "Critical Access Hospitals" (CAH). This status allows the hospital to receive cost-based reimbursement from Medicare rather than reimbursement based on Diagnostic Related Groups (DRGs). CAHs must meet federal criteria including a limit of 25 acute care beds; a length of stay averaging no more than 96 hours; a daily census of no more than 25 acute care patients; 24-hour emergency services, and agreements with a network hospital for patient referral and transfer.

The federal grant funds awarded to states are used to further the objectives of the program which include the development and implementation of a state rural health plan written with the collaboration of the state hospital association, the state office of rural health, and rural hospitals. The plan is required to promote the regionalization of rural health services, the creation of rural health networks, and improvements in access to care. In addition to the conversion of hospitals to CAHs, other program objectives include improvement in emergency medical services and improvement in the quality of healthcare services and delivery. Grant funds are used to pay for financial feasibility analysis to predict the impact of a change to cost-based reimbursement and to engage consultants to perform community needs assessments in the communities of hospitals considering conversion. Grant funds are also used to accomplish other program goals.

Virginia currently has six hospitals that have been certified as CAHs: Bath County Community Hospital, Carilion Giles Memorial Hospital, Dickenson County Community Hospital, R.J. Reynolds-Patrick County Memorial Hospital, Shenandoah Memorial Hospital and Stonewall Jackson Hospital in Lexington. Other rural hospitals are preparing to convert or are considering the feasibility of conversion.

Rural communities without CAHs can still benefit from the FLEX program because a large portion of the grant funds are used for improvements to the health systems in all rural areas of the Commonwealth. Initiatives such as research, community development, network and coalition building, as well as programs to improve access to care can be supported by grant funds. For example, FLEX grant funds have been used for recruitment and retention of physicians in rural areas; for assessment of county EMS systems; for diabetes training for pharmacists serving rural areas; and for patient safety improvements in hospitals.

Culturally and Linguistically Appropriate Health Care Services (CLAS Act)

During the last three decades, Virginia's foreign-born population has grown dramatically. Foreign-born residents represented only one percent of the State's population for most of the past century. However, beginning in the 1970s, the foreign-born share of the population began to increase. The greatest increase occurred during the 1990s, when the number of foreign-born residents increased by 83 percent. According to 2000 Census data, 11 percent of Virginia residents over the age of five speak a primary language other than English. Forty-one percent of this population speak English "less than very well" and 21 percent live in "linguistically isolated households," which are households in which "no member 14 years old and over speaks only English or...speaks English 'very well'." These individuals could be considered limited English proficient (LEP) in the health care context. Studies have shown that persons who have limited English proficiency are less likely to have a regular source of primary care and are less likely to receive preventive care.

OHPP has spearheaded efforts over the last three years to improve access to culturally and linguistically appropriate health care services for LEP Virginia residents. The OHPP has developed a network of health care providers and organizations statewide that gather to engage in a dialogue and share resources. The statewide network has also resulted in networking activities at the regional level, which led to the submission of a regional grant proposal. Additionally, OHPP also developed a proposal to the Department of Medical Assistance Services (DMAS) for a pilot project that would allow reimbursement for language access services. This pilot project is slated to begin in Northern Virginia within the next six months. OHPP is also working on a project to take inventory of all VDH translated documents and health education materials and make these readily accessible to all VDH employees.

Rural Access to Emergency Devices (RAED) Grant Program

The Office of Rural Health Policy's Rural Access to Emergency Devices (RAED) Grant Program provides funding to rural communities to purchase automated external defibrillators (AEDs) and provide training in their use and maintenance. OHPP administers the RAED Grant Program through which

Virginia communities have purchased 141 AEDs with the \$220,567 grant award. These devices have been placed in high schools, courthouses, airports, law enforcement vehicles and other community facilities.

Small Rural Hospital Improvement (SHIP) Grant Program

The Office of Rural Health Policy's Small Rural Hospital Improvement (SHIP) Grant Program provides funding to small rural hospitals to help them do any or all of the following: 1) pay for costs related to the implementation of the prospective payment system (PPS), 2) comply with provisions of Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 3) reduce medical errors and support quality improvement. .

All of the SHIP hospitals have reported significant organizational impacts, improvements in staff training, purchases of appropriate computer software, acquisition of physical and data security systems and improvements of quality assurance programs as a result of the grant program. Most importantly, these funds have established a "positive culture for patient rights and patient safety" for HIPAA and QI issues as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The SHIP grants assisted in developing comprehensive action plans for eliminating deficiencies in implementing PPS, HIPAA and QI due to lack of adequate technology or equipment. This is substantiated by three recent JCAHO accreditations of SHIP hospitals, namely, Bath County Community Hospital, Franklin Memorial Hospital, and Giles Memorial Hospital.

Telehealth Initiatives

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. With adequate planning and coordination, telehealth can be a cost-effective way for rural areas to reduce the isolation of practitioners, improve patient access to care, enhance coordination of care, and minimize disruptions to existing referral and access patterns between rural communities and secondary/tertiary providers of health care. Some of the challenges of rural telehealth include the inadequate and/or costly telecommunications infrastructure and the lack the manpower to "keep up" with the rapid advances in technology.

The Virginia Telehealth Network (VTN) began as an informal gathering of individuals identified by OHPP staff as key stakeholders involved in telehealth in November 2002 and is now made up of over 40 individuals representing over 30 public and private agencies/organizations. Through leadership provided by OHPP, the VTN meets three times per year (twice via videoconferencing and once face to face). The primary goals of the Virginia Telehealth Network (VTN) are to facilitate networking, to explore opportunities for collaboration, to improve the current telehealth infrastructure; and to improve the current utilization of telehealth.

OHPP staff also represents Virginia on the Southern Governor's Association Telehealth/Homeland Security Task Force. One of the major projects of this Task Force is the development of a multi-state regional telehealth network infrastructure.

Finally, OHPP has also provided funding support for telehealth efforts and telemedicine equipment. In April of 2002, OHPP began collaborating with the University of Virginia Office of Telemedicine to provide telemedicine equipment and specialty consultative services to Virginians in rural areas. With grant funds from the Flex Program, many rural Virginians now have access to specialty care via telemedicine. Four of the telemedicine sites are in CAHs in the counties of Bath, Dickenson, Giles, and Patrick. Page Memorial Hospital and Wythe County Community Hospital have also benefited from this collaboration and received grant funds for telemedicine equipment and services. Additional grant funds

have been used for the purchase of telemedicine equipment to screen for diabetic retinopathy, a condition that leads to blindness if left untreated.

One of the greatest accomplishments of the VDH-UVA telemedicine collaboration was UVA's agreement to include the Southwest Care Connection for Children, a VDH-sponsored system of regional programs for children with special healthcare needs. Prior to the development of telemedicine in Southwest Virginia, pediatric specialists from the University of Virginia Health System had to travel to Bristol to see these children, many of whom also had great distances to travel to receive specialty care. The Southwest Care Connection for Children covers children in 13 Appalachian counties, and now a number of children will have to travel no farther than their local county health department to see specialists via telemedicine.

OHPP administered Flex funds have also provided UVA with support for telemedicine equipment for the St. Mary's Health Wagon in Dickenson County and for technical assistance and support to the Community Health Center of Martinsville-Henry County. Most recently, OHPP used Flex Program funds to purchase telemedicine equipment for the Lunenburg County Community Health Center.

The Virginia Office of Minority Health

The Virginia Office of Minority Health (OMH) resides in the OHPP. The goal of the OMH is to improve access to health care and the health status of Virginians in the underserved, uninsured, and rural and minority populated areas of the state. OMH is committed to working proactively to build capacity in community health systems to provide integrated, efficient, and effective health care services to improve minority health.

OMH supports targeting efforts to educate and promote community level disease prevention activities that will lead to better health for minorities, and all Virginians. Acknowledging health disparities and eliminating the disproportionate burden of death and disability among minority Virginians will also benefit the state economically. More people will be healthy, have a better quality of life, available to work, gain economic independence and contribute to the Commonwealth's productivity.

OMH demonstrates its leadership role in raising levels of awareness, engaging stakeholders, and identifying new and best practices to break the cycle of inequalities in access to health care and racial and ethnic minority health disparities in the state. To address the problem of equal and adequate access to health care and quality of life for Virginians, the OMH's Strategic Plan will be used in coordination with the *Healthy Virginians 2010* initiatives to improve the overall health status of minorities and ultimately eliminate health disparities in the Commonwealth's minority and other disparity populations.

In June 1996 OMH collaborated with the University of Virginia to sponsor the first Virginia Minority Health Conference. A second statewide conference, the Minority Health Forum mandated by the General Assembly, was held at Norfolk State University in June 2000 on improving access to health care for minorities in Virginia. For 2004, OMH will co-sponsor a minority health conference focused on reducing and ultimately eliminating racial and ethnic health disparities.

III. DEVELOPING AND ADMINISTERING PROGRAMS TO INCREASE AND STRENGTHEN THE HEALTHCARE WORKFORCE

Health Workforce Advisory Committee

In 1999 the General Assembly directed the Joint Commission on Health Care to review the efficiency, effectiveness, and outcomes of the Commonwealth's health workforce initiatives. The resultant document, the Health Workforce Study (Senate Document No. 47) contained a policy option that the Joint Commission on Health Care could introduce legislation directing VDH to coordinate the

Commonwealth's efforts in recruiting and retaining providers for underserved areas and populations. The next year, HB 1076 was introduced. It established VDH's health workforce duties and responsibilities and required VDH to establish a Health Workforce Advisory Committee to advise it on all aspects of VDH's health workforce duties and responsibilities.

In an effort to be inclusive, the following organizations were invited to join the Health Workforce Advisory Committee: Virginia Statewide AHEC Dean, Medical College of Virginia, University of Virginia, Virginia Primary Care Association, Virginia Association of Free Clinics, Virginia Organization of Nurse Executives, Hampton Black Nurses Association, Old Dominion Medical Society, Virginia Academy of Physicians Assistants, Virginia Dental Association, Virginia Nursing Students Association, Virginia Hospital and Healthcare Association, Virginia Medical Student Association, Edward Via Virginia College of Osteopathic Medicine, Eastern Virginia Area Health Education Center Eastern Virginia Medical School, Vice President for Planning & Program Development, Virginia Public Health Association, Vantage Health Care Consulting Group, Medical Society of Virginia, American Nurses/Virginia Nurses Association, VCU School of Dentistry, Virginia Health Care Foundation, Southwest VA GMEC, Virginia Department of Medical Assistance Services, Center for Quality Health Care and Consumer Protection, Atlantic Community Health Center, Virginia Rural Health Resource Center, Virginia Statewide AHEC.

Group members have identified a significant number of ideas and initiatives to address health workforce issues. The ideas included an array of suggestions such as legislative changes, tax incentives, procedural changes, etc. One such suggestion included, to enhance recruitment activities have the OHPP implement the usage of Practice Sights recruitment data management software. The OHPP has now acquired Practice Sights software.

Designation of Health Professional Workforce Shortage Areas

OHPP coordinates with the federal Bureau of Health Professions – Shortage Designation Branch (SDB) to reduce imbalances in the health workforce that lead to disparity and lack of access in areas, populations or facilities with chronic difficulties attracting health care providers to meet their manpower needs. Federal legislation outlines specific rules for determining degrees of need. The OHPP submits applications for various types of health workforce shortage designation to the SDB on behalf of qualifying areas, populations or facilities. Shortage designations allow participation in federal incentive programs aimed to attract health care providers to where they are most needed.

There are fifteen different types of shortage designations that cover primary care, dental care, and mental health, with specific distinctions for geographic, population, or facility designation. Statutes define the meaning of Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs). Incentives to draw health care professionals to areas of greater need include: the National Health Service Corps and its Scholarship and Loan Repayment Program; federally qualified Community Health Centers and Look Alikes; Rural Health Clinics, which receive 105% reimbursement from Medicare and full cost reimbursement from Medicaid; Medicare Incentive Payments (available only to geographic HPSAs); J-1 Visa Waivers; and eligibility to apply for grants and programs requiring designation.

To support taking full advantage of these federal incentives, the OHPP provides information on the designation process to a wide range of interested parties and collaborating organizations. The OHPP helps to determine whether an area, population, or facility qualifies for designation. It also offers technical assistance preparing designation applications; and advocates on behalf of applicants before the SDB during lengthy, data driven, and detailed designation processes. The OHPP collaborates with Virginia's stakeholders in the health care sector to optimize these federal incentive programs. In addition, it

promotes the interests of the Commonwealth's underserved areas and populations before the Shortage Designation Branch by taking a leadership role when new opportunities develop for federal-state collaboration.

J-1 Visa Waiver Program

Virginia participates in the Conrad State-30 program, which is a federally authorized program that permits the Virginia Department of Health to act as an interested state agency and request visa waivers for American trained foreign physicians so they can remain in the U.S. and practice in medically underserved and health professional shortage areas of Virginia. This waiver option is called the State 30 Program because it is limited to 30 J-1 visa waivers per state per year.

Most international medical graduates enter the United States on a J-1 Exchange Visitor visa in order to train in a residency program in the United States. Almost all of these foreign medical graduates in J-1 visa status are subject to a requirement that they return to their home country for two years at the completion of the residency training program. Satisfaction or waiver of this requirement is necessary before moving from J-1 visa status to most any other visa status. Therefore, in most cases a return to the home country for two years or a waiver of this requirement is necessary before a physician holding a J-1 visa can obtain employment in the United States.

The J-1 visa waiver removes the requirement for the physician to return to home country for two years. The Conrad State-30 program allows every state to petition the U.S. Department of State (DOS) on behalf of 30 J-1 physicians per year for recommendations to the United States Citizenship and Immigration Service (CIS) to grant J-1 visa waivers. The states receive from each J-1 physician a three-year commitment to serve in a Health Professional Shortage Areas (HPSA) or a Medically Underserved Areas (MUA) in exchange for filing a petition for J-1 visa waiver on behalf of the J-1 physician.

The OHPP also may recommend waivers for physicians participating in the Appalachian Regional Commission (ARC) J-1 Visa Waiver program. This program is similar to the Conrad State-30 program. Physicians in this program must practice for at least three years; however, the practice location must be in one of the 23 Appalachian counties and eight independent cities in Southwest Virginia.

Physicians participating in the Conrad State-30 or ARC program do not displace American physicians. Practice sites wishing to hire a J-1 Visa Waiver physician must prove that they have advertised and recruited for American physicians for at least six months and were unsuccessful in their recruitment attempts before they are eligible to hire a J-1 Visa Waiver physician.

National Interest Waiver

The National Interest Waiver is a waiver of the job offer requirement for foreign nationals who would like to obtain permanent residence in the United States in the employment based second preference category. The waiver is available to individuals who are members of the professions holding advanced degrees and individuals of exceptional ability in the arts, sciences and business.

Generally, individuals who apply to immigrate in the employment based second-preference category, must have a job offer and the employer must obtain an approved "Labor Certification" from the Department of Labor. The National Interest Waiver relieves the petitioner only from the Labor Certification process. A petitioner requesting a National Interest Waiver on behalf of a qualified alien physician, or an alien physician self-petitioning for second preference classification, still must meet all eligibility requirements for this immigrant classification in order to be eligible for the National Interest Waiver.

The Code of Federal Regulation (CFR) at 8 CFR Parts 204 and 245 provide provisions of public law and regulations under which framework that a second-preference immigrant physicians may petition for a National Interest Waiver. The National Interest Waiver requires physicians to provide service either in an area designated as a Health Professional Shortage Areas (HPSA), or Mental Health Professional Shortage Areas (MPSA) or at a VA facility or facilities. In either case the alien physician must also obtain a determination from Health and Human Services Department (HHS), VA, or State Department of Health that the physician's work in such an area or facility is in the public interest.

Recruitment and Retention of Health Care Providers

The OHPP provides recruitment and retention services for primary care and mental health practice sites located in medically underserved areas, health professional shortage areas, and in state or local government institutions in the Virginia. These services are provided through a Recruitment Manager employed by the OHPP. The Recruitment Manager receives requests from physicians, nurse practitioners, and physician assistants interested in practicing primary care, specialty care, or psychiatry in Virginia. Additionally, requests are received from primary care, specialty care, and mental health practice sites interested in recruiting health professionals. The Recruitment Manager works with the practice sites and the applicants in order to refer appropriate candidates. The primary outcome is the increased pool of applicants resulting in placement of health care professionals in primary care and mental health practice sites in medically underserved areas.

Preference for recruitment or placement services is given to Virginia Medical Scholarship and Nurse Practitioner / Nurse Midwife Scholarship recipients because these programs require service in a HPSA or VMUA and are administered by the OHPP. In addition, the Recruitment Manager assists National Health Service Corps (NHSC) scholars with placement in practice sites located in medically underserved or health professional shortage areas within Virginia. The federal government administers the NHSC program.

The OHPP has a multi-faced marketing program. The OHPP makes numerous presentations at residency programs and at various health care related symposiums and conferences. During the presentations, the OHPP shares information on practice opportunities in Virginia as well as recruitment and placement services provided through the OHPP. These efforts were aimed at marketing practice opportunities within Virginia and making potential candidates aware of the recruitment resources available at the OHPP.

In collaboration with its partners, the OHPP has developed the Virginia Primary Care Recruitment Network (VPCRN). The VPCRN provides local contacts to assist in the recruitment and retention process. In addition, this collaboration has led to a state-of-the-art web-based recruitment tool called the Primary Practice Opportunities of Virginia (PPOVA). PPOVA is Virginia's Premier **Non-Fee Based** Health Care Recruitment Web Resource. It is an all-inclusive health care provider resource designed to assist in the recruitment of health care providers throughout Virginia. PPOVA's primary mission is to increase access to primary health care and improve health care outcomes for Virginia's medically underserved and vulnerable populations.

This website provides a listing of current healthcare opportunities in Virginia. The website allows for a variety of activities including:

- ◆ Posting of [healthcare opportunities](#) in Virginia.
- ◆ [Candidates to register](#) and apply for opportunities listed.
- ◆ Provides information that will assist in [discovering the wonders of living in Virginia](#).

- ◆ Provides referral links to additional [recruitment web sites and resources](#) that will help with your career search and professional development.
- ◆ Provides detailed information/links on areas in Virginia that are [designated as shortage areas](#).
- ◆ Provides information for the [J-1 Visa application](#) process.
- ◆ Posting of [healthcare related events](#).
- ◆ Provides information on [recruiting Virginia Residents](#).
- ◆ Provides information on [Virginia residency programs](#).

Scholarship and Loan Repayment Programs

State and federal scholarship and loan repayment programs are an important means to provide primary care in the communities with the greatest needs in Virginia. Scholarship and loan repayment recipients pay back their obligations with service in areas of the Commonwealth designated as underserved. OHPP administers scholarship and educational loan repayment programs for physicians, physician's assistants, nurse practitioners, nurse midwives, and nurses.

Mary Marshall Nursing Scholarship Program for RNs and LPNs. The Mary Marshall Nursing Scholarships are competitive and are awarded by a Nursing Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee including scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in the award.

Scholarships must be repaid by providing nursing services anywhere in the Commonwealth, one month for every \$100 awarded.

In Fiscal year 2004, 72 RN and 39 LPN scholarships were awarded to nursing students. Currently, 149 nursing scholar graduates are practicing in the Commonwealth and they owe a total of 178.63 years of service.

Virginia's Nurse Practitioner Nurse Midwife Scholarship Program. The awards are competitive and are awarded by a Nurse Practitioner/Nurse Midwife Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee and include scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award. Preference for a scholarship award is given to residents of the Commonwealth; minority students; students enrolled in adult primary care, obstetrics and gynecology, pediatrics, and geriatric nurse practitioner programs; and residents of medically underserved areas of Virginia.

Scholarships are awarded for a single academic year. There are five \$5,000 scholarships available per year. Scholarships must be repaid with service, one year for every year an award is received. The recipient must engage in full-time nurse practitioner or nurse midwife work in a medically underserved area of Virginia.

The Virginia Medical Scholarship Program. The Virginia Medical Scholarship Program is open to students of Eastern Virginia Medical School in Norfolk; the University of Virginia in Charlottesville; Virginia Commonwealth University in Richmond; and Pikeville School of Osteopathic Medicine in Pikeville, Kentucky.

Eligible applicants must be medical students pursuing primary care specialties in family practice, general internal medicine, pediatrics, or obstetrics/gynecology. First-year primary care residency students are also eligible. Repayment of the scholarship is due when the primary care residency is completed. The recipient is required to practice in a federally designated Health Professional Shortage Area (HPSA) or a Virginia Medically Underserved Area. (VMUA). If a recipient fails to practice in an underserved area, he

is deemed in default and must monetarily repayment the Commonwealth the amount of the award, plus penalty, interest, and lawyer fees, if applicable.

Health Resource Services Administration, Bureau of Health Professions –State Loan Repayment Program (SLRP). The Health Resources Services Administration, Bureau of Health Professions-State Loan Repayment Program (SLRP) is a joint federal and state program that assists primary care physicians, psychiatrists, physician assistants, or nurse practitioners repay educational loans in exchange for service in a federally designated primary care Health Professional Shortage Area (HPSA) or a mental HPSA (psychiatrists only). Applicants must specialize in primary care family or general practice, internal medicine, pediatrics, obstetrics/gynecology or psychiatry. An eligible practice site must be located in a HPSA, and must be a public or not-for-profit entity. Participants may receive up to \$120,000 for a 4-year commitment in addition to the salary and benefit package offered by their employer.

Virginia Physicians Loan Repayment Program. The Virginia Physicians Loan Repayment Program (VPLRP) is similar to SLRP. Only primary care physicians and psychiatrists practicing in Virginia are eligible. In addition to being a public or not-for-profit entity, the practice site may be a for-profit entity or a state or local government institution. Participants may serve in a Virginia Medically Underserved Area as well as a HPSA. General, pediatric, or geriatric psychiatrists must serve in a Mental HPSA. In addition, government institutions, such as health departments, community services boards, prisons, etc. are eligible practice sites.

The National Health Service Corps Scholarship and Loan Repayments Programs. This federally funded program is administered through the Health Resource Services Administration (HRSA) Bureau of Health Professions, National Health Service Corps (NHSC). Staff within OHPP act as liaison between the NHSC, practitioners interested in working in Virginia, and practice sites that qualify for either a NHSC scholar or a NHSC loan repayor. Practice sites must be located in a HPSA and must meet scoring criteria established each year by the NHSC. Scoring by NHSC is an indication of need; the higher the score the more in need the area is for health care providers.