

Physicians Currently Fulfilling Service Obligations in Federally Funded Health Centers

Background

Federally funded health centers (HCs) are the backbone of the nation's formal safety net, with over 5,000 health care delivery sites. The Federal government is expanding the capacity of HCs to provide care to rural and urban underserved populations.

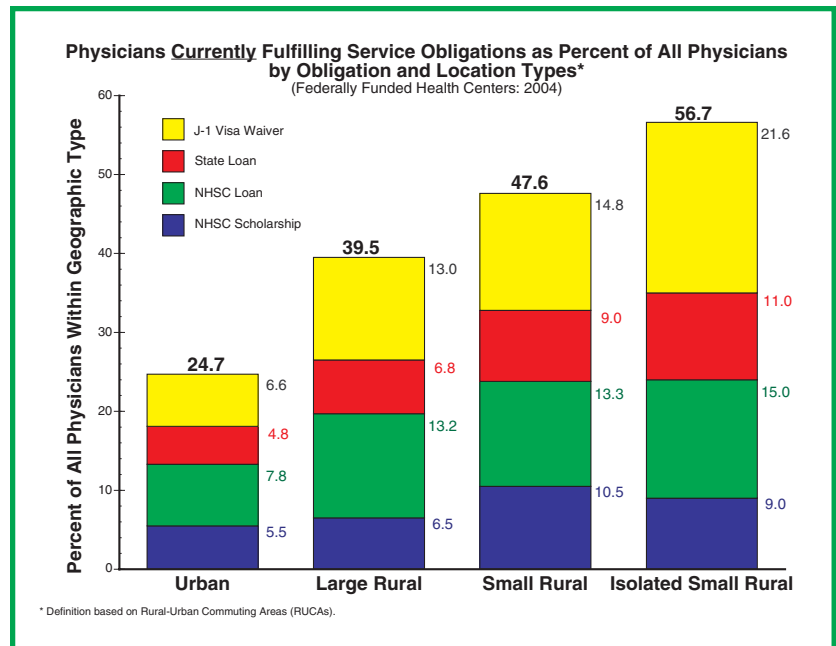
Methods

During 2004, all of the nation's HCs were surveyed regarding their workforce circumstances and issues. The questionnaire included questions on the supply of specific types of health care providers, provider vacancy rates, reasons for difficulty recruiting providers, and providers currently working off Federal and State service obligations. The response rate was 79 percent of the 846 HC grantee directors who met the survey inclusion criteria (98% of the rural HCs responded). Response data were linked to the Bureau of Primary Health Care's (BPHC's) Uniform Data Set on the HCs and other community data. Weights were created to make the findings nationally representative.

Selected Survey Findings Regarding Physician Service Obligations

The HCs had 6,500 full-time equivalent (FTE) physicians practicing in them (78% urban and 22% rural). Respondents reported the number of FTE physicians working at their clinics and the number of those physicians who were *currently* fulfilling service obligations through the National Health Service Corps (NHSC) Scholarship Program, the NHSC Loan Program, State loan programs, and the J-1 Visa Waiver Program. Key findings by geography and program type include the following:

- 30 percent of all the FTE physicians working in the nation's HCs are currently fulfilling NHSC scholarship and loan, State loan, and J-1 Visa Waiver obligations (6.0%, 9.1%, 5.3%, and 9.3% respectively).
- The more rural an HC is, the higher is its dependence on physicians fulfilling service obligations (see graph).
- 57 percent of the physician FTEs providing care in HCs located within isolated small rural areas and 48 percent of those located within small rural areas are *currently* fulfilling program obligations (see graph).



- Dependence on physicians fulfilling J-1 Visa Waiver Program obligations (see graph) increases from 6.6 percent in urban areas to 21.6 percent in isolated small rural areas. Likewise, dependence on NHSC and State loan programs also increases from urban to isolated small rural areas.

WWAMI Rural Health Research Center

Department of Family Medicine
University of Washington
Box 354982
Seattle, WA 98195-4982
wwamirhc@fammed.washington.edu
Telephone 206-685-0402
Fax 206-616-4768
www.fammed.washington.edu/wwamirhc

The WWAMI RHRC is funded by the Health Resources and Services Administration's Office of Rural Health Policy.

Policy Implications: HCs face many challenges in providing care for the nation's underserved populations as their role is being expanded. It is clear that the HCs are dependent on the NHSC, State loan, and J-1 Visa Waiver Program physicians for a substantial proportion of their physician workforce. The information provided here shows the importance to the HC workforce of those physicians who are currently fulfilling their service obligations, and does not include those physicians who previously participated in the programs. These findings demonstrate the complementary and interdependent nature of HCs and Federal and State programs. We need to recognize how changes to the NHSC scholarship and loan, State loan, and J-1 Visa Waiver Programs influence the ability of the HCs to provide care for the nation's underserved population.

Core funding for this study was provided to the rural health research centers at the University of Washington and South Carolina by HRSA's Office of Rural Health Policy (ORHP). The National Association of Community Health Centers' (NACHCs) study participation was funded by HRSA's Bureau of Primary Health Care (BPHC). In addition, ORHP, BPHC, and HRSA's Bureau of Health Professions each collaborated on the study and provided in-kind support.

For questions about this study and results, contact Gary Hart, PhD, at the WWAMI Rural Health Research Center.



Clarion, Pennsylvania