

HRSA Conference Call Attracts Large Call-In

Some 48 keenly-interested participants signed in to the HRSA conference call arranged by the RoundTable on April 23, 2010. Jeff Reck, Division Director, Maureen Quinn, Nurse Consultant, and others from the Boston Region 1 office talked about recent changes in their operations and answered a range of questions from callers. Net result: a new understanding of HRSA's operations and a general sharing of useful information by participants.

To summarize: Jeff led off with an overview of the office's new name and broader mandate. Formerly, the HRSA office conducted performance reviews of HRSA grantees. Now the office pays regular visits to grantee sites, visits schools to market the NHSC scholars program, and assists the Rockville HRSA headquarters in processing the backlog of NHSC providers' requests.

At the national level: the HRSA web site has been updated so that it's very accessible for locating information. There is a direct link to the Office of Rural Health Policy. Dr. Mary Wakefield has named new officers: Dr. Kyu Rhee, Chief Public Health Officer, will be a key player, reflecting HRSA's role a public health agency. Dr. Wakefield has moved oversight of Health Information Technology to the bureaus that fund HIT with Susan Lumsden, heading the division of Information Technology and Community Assistance. Telehealth has moved to Tom Morris' Office of Rural Health Policy, with Heather Dimeris as the lead staffer. HRSA's staffing has increased from 1400 to 1800.

On April 6, HHS Secretary Kathleen Sebelius announced the appointment of Christie Hager as HHS regional director, Region 1 (the six NE states.) Ms. Hager has a strong background in public health. She has no direct supervisory function but represents the Secretary in the region to ensure that all HHS agencies work together. Ms. Hager will begin her duties on April 26.

Jeff Reck told callers that each NE state now has a "point of contact," an individual in the HRSA office assigned to keep the lines of communication open between the states and HRSA, to ensure that headquarters is aware of local public health issues. They are:

HRSA ORO Region I State Points of Contact			
State	Name	Email	Phone
CT	Betty Davis	bdavis@hrsa.gov	617-565-1478
ME	Chris Bersani	cbersani@hrsa.gov	617-565-1470
MA	Colleen Geib	cgeib@hrsa.gov	617-565-1465
NH	Maureen Quinn	mquinn@hrsa.gov	617-565-1480
RI	Tim Pappalardo	tpappalardo@hrsa.gov	617-565-1456
VT	Kathy Best	kbest@hrsa.gov	617-565-1451

The HRSA main office number in case the point of contact (POC) is not available is:
617-565-1420.

In response to a caller's question about the scope of work of these designees, Reck said this is not yet fleshed out. The concept is that the POC will report every month on public health issues in each state and will establish relationships with PCAs, AHECs, SORHs, and other agencies, to be a channel for information sharing.

Reck expanded on the changed role of the HRSA regional office. Formerly, HRSA conducted performance reviews of grantees. Now HRSA makes site visits at the request of the funding offices: Office of Rural Health Policy, Bureau of Primary Health Care, or the Ryan White HIV/AIDS Program Office. HRSA does compliance reviews at the request of headquarters. Community Health Centers have 19 program requirements and HRSA will use those as guidelines to focus on, when making the site visits. (For Program Requirements, see:

<http://bphc.hrsa.gov/about/requirements.htm>). There is a degree of flexibility and if grantees have other concerns, HRSA can look at those.

One caller asked about the intersection between HRSA and CMS at the regional level. Reck answered that HRSA and CMS staffs are now meeting and exchanging information. HRSA has the point of contact officers and CMS has state teams. Reck said it is a nascent effort but the two agencies are beginning to collaborate closely, which will be to the advantage of all. "No specifics yet but information is being shared, as healthcare reform rolls out."

There is exciting news about the National Health Service Corps! Loan repayment has now been expanded to part-timers. Primary care medical, dental and behavioral and mental health clinicians working half-time at an approved National Health Service Corps site can receive \$50,000 toward repayment of their health professions student loans for 4 years of service and can apply for additional support for extended service. (For details, see: <http://nhsc.hrsa.gov/loanrepayment/halftime/default.htm>).

The new head of the NHSC is Rebecca Spitzgo (formerly Associate Administrator, Bureau of Clinician Recruitment and Service) and she is putting into place many new ideas: re-branding NHSC, making loan repayment easier, allowing applicants to apply online, etc. The healthcare reform legislation authorized significant infusion of funds to NHSC. There is some confusion over the application dates for NHSC scholars. July 29 is the deadline for the ARRA stimulus funds; other funding will have different deadlines. Questions came up from callers about HPSA scoring. For loan repayment, may not need to worry about HPSA scoring for but for scholars, there is a minimum HPSA score of 17 (this works against VT and MA). The HPSA score requirement comes from Congress. Reck suggested contacting David Reynolds, staff aide to Sen. Bernie Sanders, with concerns about this requirement. He also said there is language in the healthcare reform legislation to drive down the HPSA number.

One caller mentioned that the CDC is a hard agency "to crack" and asked if HRSA has connections there. There is a HRSA regional agency in Atlanta so there are connections there although there is no regional approach yet. Another participant said that Dr. Howard Koh, Assistant Secretary for Health, HHS, is working toward better coordination with CDC.

One participant on the call mentioned HRSA announcement 10-212, "Community Health Applied Research Networks," with applications due June 9. The Purpose statement from the guidance reads in part:

"The Community Health Applied Research Network (CHARN) is being established in response to the funding opportunities made available under the Recovery Act for Comparative Effectiveness Research (CER) Data Infrastructure. The CHARN will be comprised of four Research Nodes and a Central Data Management Coordinating Center (CDMCC). Research Nodes are health center-led consortia of safety net providers in partnership with one or more academic institutions and will be funded through four separate cooperative agreements. This funding announcement is for four Research Node Centers to support the four Research Nodes. Each Research Node Center will serve as the coordinating arm of the Research Node and will maintain a research partnership with the other affiliate organizations within the Research Node. Support for the Research Node will include arranging and managing the participation of at least 3 affiliates, maintaining scientific and technical personnel for research protocol development and implementation, coordinating intra-node activities, and providing resources for intra-node activities. "The full guidance is available at <http://www.hrsa.gov/grants/default.htm#primary> under "HIV/AIDS"