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LOUISIANA PRIMARY CARE NEEDS ASSESSMENT

CLOSING THE GAP ON HEALTHCARE DISPARITIES AND WORKFORCE SHORTAGES

SEPTEMBER 2020

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ACKNOWLEDGEMENTS

Well-Ahead Louisiana (Well-Ahead) and the Louisiana Public Health Institute (LPHI) would like to express sincere thanks to the following staff and partners who dedicated their time and talents to the 2020 Louisiana Primary Care Needs Assessment. We extend our appreciation to those key informants from the entities below that participated in planning sessions, interviews, and workshops. This report was developed under the care of Well-Ahead, the chronic disease and healthcare access arm of the Louisiana Department of Health (LDH), with support from LPHI.

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    - Bureau of Regional Clinical Operations
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Louisiana Primary Care Needs Assessment

EXECUTIVE SUMMARY

In 2019, the Well-Ahead Louisiana Primary Care Office (LPCO) was awarded a Health Resources and Services Administration (HRSA) grant to: support the development of a Primary Care Needs Assessment (PCNA); coordinate the Health Professional Shortage Areas (HPSAs) to ensure consistent and accurate assessment of underservice; strengthen programs for recruitment and retention of healthcare professionals; and develop a long-term plan to reduce health provider shortages and shortage designations.

This PCNA utilized a mixed methods approach with primary and secondary data collection, analysis, and synthesis. Quantitative data analysis was conducted using secondary data sources from multiple Bureaus within the Louisiana Department of Health, national data from the American Community Survey, and data extracted and analyzed by County Health Rankings and America's Health Rankings. The quantitative data was used to understand Louisiana demographics, health outcomes, unmet needs, and the primary care workforce. Qualitative data were collected through 11 interviews with a total of 13 participants and two community partner and stakeholder meetings. The PCNA was informed by a modified Mobilizing for Action through Planning and Partnerships (MAPP) process, incorporating its Health Status, Community Themes and Strengths, and Forces of Change assessment methods to drive strategic planning to advance the primary care workforce in Louisiana.

The four goals of the PCNA are: 1) Identify unmet need and disparities in health outcomes by area and population groups; 2) Identify healthcare providers and health service shortages; 3) Capture health workforce concerns; and 4) Identify the key barriers to accessing healthcare for communities.

Summary of Findings

Unmet Need and Disparities in Health Outcomes

- Louisiana's population is aging. From 2010-2017, Louisiana's population over 65 increased by 2%, while the population of people ages 0-19 decreased. The average 65 and older population visits a physician's office twice as frequently as their younger counterparts do.
- The racial make-up of Louisiana is predominantly two-thirds White and one-third Black. The Black population is more likely to be at or below the federal poverty line, more likely to suffer from chronic disease, and have more underlying health conditions. The racial inequities are persistent and exacerbated by systemic racism.
- There are disparities in health outcomes based on factors such as race, gender, income, and zip code.

Healthcare Providers, Programs, and Health Service Shortages

- Currently, 63 out of 64 Louisiana parishes are designated Primary Care Health Professional Shortage Areas (HPSAs).
- The primary care safety net in Louisiana is comprised of Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), FQHC Look-Alike facilities, and Critical Access Hospitals. HPSA designations are utilized to determine funding for FQHCs and Rural Health Centers (RHCs).
- Louisiana offers many recruitment and retention programs through medical schools, Area Health Education Centers (AHECs), and the Louisiana Primary Care Office to address workforce shortages. The LPCO oversees the Conrad 30/J-1 Visa Waiver Program, National Health Service Corps Loan and Scholarship Programs, Small Town Health Professional Tax Credit Program, State Loan Repayment Program, and National Interest Waiver Program.

Health Workforce Concerns

- The stakeholders and key informants all identified that engaging in preventative care is not part of the culture in Louisiana. Many consider the proliferation of urgent care centers as an added threat to the primary care system.
- Key informants noted that there are few health providers of color, and many providers have limited understanding of how culture and norms influence health. There is also a lack of trust of providers due to troubled histories and stories that persist within communities; many are rooted in racism and discrimination.

Key Barriers to Accessing Healthcare

- Medicaid reimbursement process is cumbersome, and reimbursement rates are low, discouraging providers to accept patients with Medicaid. The unclear reimbursement process for telehealth has also been a barrier.
- Transportation is one of the largest barriers to accessing care. There are limited reliable options for non-emergency medical transportation in Louisiana.
- Rural areas in Louisiana have unique challenges compared to urban areas. The health workforce is aging, many of the areas lack a public transportation option, and it is a challenge to recruit young providers to live in rural areas. Additionally, there are limited specialty care providers in rural areas.

Strengths in Primary Care

- More people are covered by health insurance than ever before In Louisiana. Medicaid enrollment has increased by more than 200,000 enrollees since Medicaid Expansion in 2016. The rate of uninsured people in Louisiana decreased by 4% from 2015-2019.
- There is a strong primary care safety net in Louisiana including FQHCs, Rural Health Centers (RHCs), FQHC Look-Alike facilities, and Critical Access Hospitals. These facilities reach and serve the most vulnerable populations in Louisiana. Many of the safety net clinics are patient-centered medical homes and have integrated care.
- Louisiana has a strong network of nursing schools, allied health professional schools, and medical schools.

Opportunities and Strategies

- There is opportunity to build a culture of primary care utilization in Louisiana that begins with the younger generations and school-aged children through programs such as STEM and school-based health centers. The work of existing training centers can be leveraged to provide resources and education in communities, and grassroots efforts can help reduce medical mistrust.
- Continuity of care can be improved through increasing utilization of health information technology, exploring innovations in non-emergency medical transportation, and pushing for legislation that promotes better reimbursement rates and patient-centered care that alleviates existing burdens. In the current climate with COVID-19, telehealth has been utilized more frequently, which may pressure improved clarity in reimbursement practices.
- The workforce pipeline can expand by bolstering and evaluating recruitment and retention programs, building meaningful partnerships and collaboration throughout the education system, and using innovative training models to adjust providers' scopes of service and knowledge.

Louisiana Primary Care Needs Assessment

ASSESSMENT OVERVIEW

Background and Purpose

The Health Resources and Services Administration (HRSA) awarded Well-Ahead Louisiana (Well-Ahead), the Primary Care Office Funding Opportunity HRSA-19-005 in 2019. The goals of the HRSA opportunity include:

- Conduct a Primary Care Needs Assessment (PCNA)
- Coordinate the Health Professional Shortage Areas (HPSAs) to ensure consistent and accurate assessment of underservice
- Develop and strengthen programs for the recruitment and retention of healthcare professionals
- Develop a strategic, long-term plan to reduce health provider shortages and shortage designations

The Well-Ahead Louisiana Primary Care Office (LPCO) facilitates the coordination of activities within Louisiana that assess the need for primary care services and providers, promotes the recruitment and retention of healthcare providers to fulfill identified needs, and reduces shortages of healthcare providers.

Well-Ahead provided oversight and contracted with Louisiana Public Health Institute (LPHI)[1] to conduct this PCNA. LPHI's role consisted of project management, facilitating the assessment process, collecting additional data, analyzing results, and writing the final PCNA report. The goals of the PCNA are as follows:

- Identify unmet need and disparities in health outcomes by area and population groups
- Identify healthcare providers and health service shortages
- Capture health workforce concerns
- Identify the key barriers to accessing healthcare for specific communities

Introduction

For most Americans, primary care is the entry point into a complex healthcare system.[2] Principles essential for primary care services are 1) person- and family-centered, 2) continuous and comprehensive, 3) equitable, 4) team-based and collaborative, 5) coordinated and integrated, 6) accessible, and 7) high value. Primary care is associated with enhanced access to healthcare services, better health outcomes, and a decrease in hospitalization and use of emergency department visits. It is also associated with more equitable distribution of health within a population and can help counteract the negative impact of poor economic conditions on health.[3]

Primary care serves as a cornerstone to ensure positive health outcomes and health equity.[4] Health equity is defined by the World Health Organization (WHO) as the ideal that everyone should have fair opportunity to attain full health potential and that no one should be disadvantaged from achieving this potential.[5] Primary care is strongly influenced by the social determinants of health as providers and navigators witness the context of family and community surrounding their patients including living conditions, family dynamics, and cultural background. The social determinants have a larger impact on health outcomes as compared to clinical interactions and interventions alone. As defined by the WHO, the social determinants of health are the conditions in which people are born, grow, live, work, play, worship, and age. These conditions are impacted by distribution of money, power, resources, and systemic and structural racism at global, national, and local levels.[6] The importance of addressing health equity and social determinants is shared by many including

[1] For more information on the Louisiana Public Health Institute, visit www.lphi.org.
[2] https://www.who.int/news-room/fact-sheets/detail/primary-health-care
[3] https://www.ncbi.nlm.nih.gov/pubmed/30736044
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820521/#B205
[5] https://www.who.int/topics/health_equity/en/
[6] https://www.who.int/social_determinants/en/

Healthy People 2020, the federal government's prevention agenda for building a healthier nation, making it one of their top goals for the decade.[7] Over the last century, healthcare has shifted from focusing on disease-oriented etiologies to examining interacting factors rooted in culture, policy, race/ethnicity, and environment.

This PCNA was finalized amid the COVID-19 pandemic. The pandemic has exacerbated existing health inequities, especially those experienced by some racial and minority groups.[8] COVID-19 has upended and altered the needs and livelihoods of many. Dr. Martin Luther King stated "out of the mountain of despair, a stone of hope"—this pandemic, though a time of communal grieving and darkness, is also an opportunity for innovation. The healthcare system has been continually adapting to care for those in need; one example is increased availability of telehealth services. It is anticipated that the rapid innovations in response to COVID-19 will lead to sustained positive change in terms of healthcare access.

This report serves as the 2020 PCNA, including an overview of Louisiana's health landscape through an equity lens, information on the primary care system, as well as concerns, barriers, and opportunities for the primary care workforce. It synthesizes data to understand where, how, and why health outcomes differ across Louisiana communities and geography, and how workforce recruitment and retention policies and programs affects opportunities for an equitable and healthy Louisiana. Although mental health, oral health, vision, and other services are often incorporated in primary care, this assessment focuses on the workforce aligned with the Primary Care HPSA specialties: Family Medicine, General Practice, Internal Medicine, Pediatrics, and Obstetrician-Gynecologists.

Methods

The PCNA utilized a mixed-methods approach focused on structurally disadvantaged populations and HPSAs (see Appendix C) and followed a modified MAPP (Mobilizing for Action through Planning and Partnerships) process, which consists of six phases: organizing and developing partnerships, visioning, assessing, identifying strategic issues, formulating goals and strategies, and continuing the action cycle. Assessment methods used included Louisiana Health Status, Community Themes and Strengths, and Forces of Change around Primary Care Workforce in Louisiana.[9]

Primary and secondary data sources were analyzed quantitatively. Primary data sources were predominantly procured from Well-Ahead. Secondary data was retrieved from the American Community Survey, County Health Rankings, and America's Health Rankings. Analysis and visualizations were completed using Microsoft Excel. Data explored in the report include clinical care findings and behavioral, social, and economic indicators.[10] A list of indicators is included in Appendix A.

Qualitative data was collected through 11 phone interviews with key informants and during two community stakeholder meetings. Two of the phone interviews were dyadic interviews, for a total of 13 key informants. LPHI and LPCO presented a brief overview of the current health status of Louisiana residents and the current system to set context at the first community meetings. Attendees included regional medical directors, Louisiana Area Health Education Center Directors, representatives from LDH, representatives from higher education institutions across Louisiana, the Louisiana State Board of Nursing, the Louisiana Rural Health Association, the Louisiana Rural Hospital Coalition, and the Well-Ahead State Office of Rural Health. Participants engaged in small group discussions around the current state of primary care in Louisiana focusing on recruitment and retention, health disparities, priority population groups and geographic areas of interest, and policies and programming. The second community stakeholder meeting included stakeholders from the first meeting, as well as representatives from Louisiana Medicaid. A list of represented organizations in the interviews and both meetings can be found in the Acknowledgements section. During the second community

[7] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
[8] https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html, https://www.kff.org/policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/
[9] https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments
[10] https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

stakeholder meeting, LPHI presented themes from the key informant interviews and initial stakeholder meeting, followed by facilitated small group discussions focused on social, economic, political, environmental, and technological forces of change in the primary care system.

A health equity data analysis (HEDA) approach informed the PCNA's approach to data collection, analysis, and synthesis. HEDA incorporates quantitative and qualitative data alongside community engagement to identify the larger structural conditions and systems that perpetuate health inequities. In order to identify and describe the influence of the social determinants of health on primary care services and health outcomes, this report incorporates Healthy People 2020's approach to the social determinants of health by focusing on five key elements: economic stability, education, social and community context, neighborhood and built environment, and health and healthcare.[11]

[11] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Louisiana consistently ranks as one of the least healthy states. In 2019, Louisiana ranked 49 out of 50 states based on a composite score of metrics aimed at capturing the whole health of the state.[12] Economic stability, education, neighborhood and built environment, healthcare, and social and community context all play a role in driving health outcomes. This section explores demographics, social determinants of health, and disparities in health outcomes by area and population groups across the State.

Demographics

The population of Louisiana has steadily increased and aged from 2010 to 2017. Figure 1 demonstrates that the proportion of Louisianans 65 years of age and older increased by 2% over the seven-year period. In contrast, the percent of people below age 19 decreased over the same period.

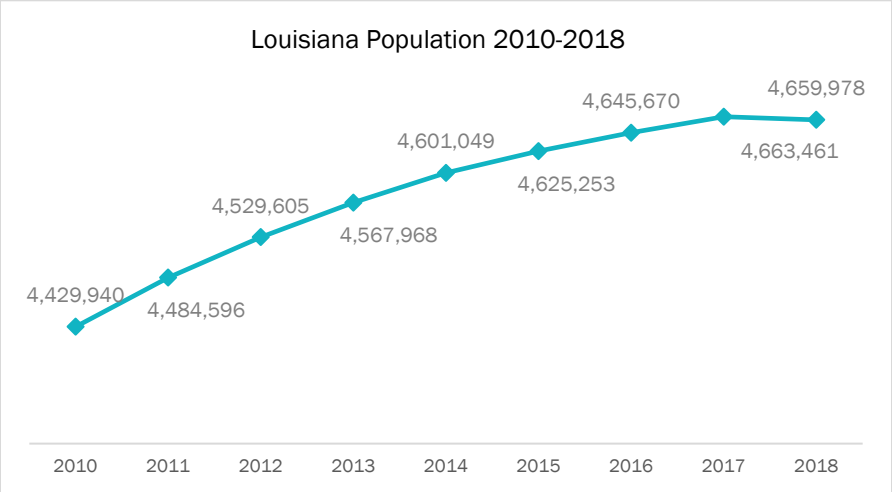

Figure 1. Louisiana Population 2010-2018, American Community Survey 2018

Louisiana's Aging Population			
Age	2010	2018	Change
0-9 years	13.8%	12.9%	-0.9%
10-19 years	14.2%	13.4%	-0.8%
20-44 years	34.0%	33.1%	-0.9%
45-64 years	25.9%	25.1%	-0.8%
65+ years	**12.0%**	**15.4%**	**+3.4%**

Table 1. Louisiana's Aging Populations, American Community Survey, 2018

[12] https://www.americashealthrankings.org/explore/annual/measure/Overall/state/LA

As seen in Figure 2, over 95% of people who reside in Louisiana identify as non-Hispanic White (62.4%) or non-Hispanic Black (32.2%). Due to the small percentage of those who identify as other races, such as Asian, multiracial, Native American, or Hispanic, this report will focus on comparison of health outcomes between individuals who identify as non-Hispanic White and those who identify as non-Hispanic Black.

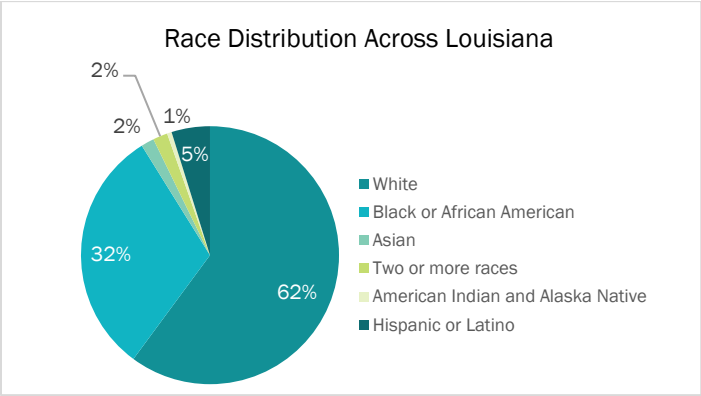

Figure 2. Louisiana Race Distribution, American Community Survey 2018

Economic Stability

Socioeconomic status encompasses income, education, and occupation. Lower socioeconomic status is associated with higher mortality and to a wide range of health problems such as low birth weight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer. People with higher incomes often have fewer barriers to accessing primary care, greater access to fresh food, are more likely to own homes, and have more access to physical activity.

In Louisiana, most households make below $50,000 annually. On average, the median household income of a White family in Louisiana is nearly double that of their Black counterparts as seen in Figure 3. The income inequity between White and Black households is perpetuated by structural and systemic racism and translates directly to health outcomes. This relationship is illustrated further in Figure 8 later in the report.

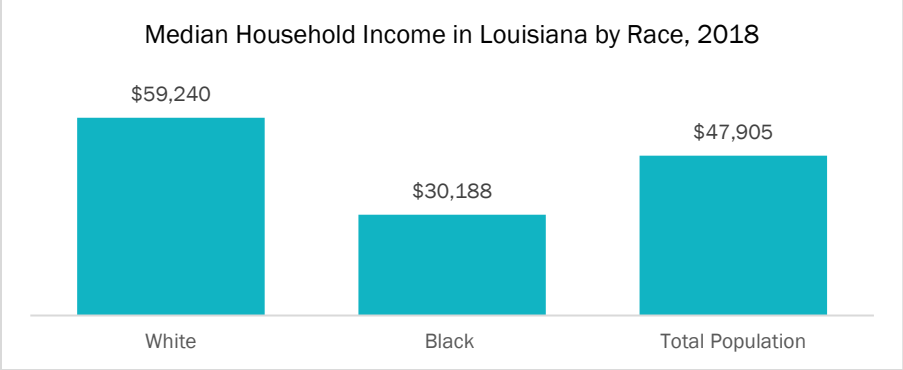

Figure 3. Median Household Income by Race, American Community Survey 2018

The Federal Poverty Line (FPL) is a common indicator used to measure household wealth. FPL is determined by the federal government and is used to calculate eligibility for Medicaid and the Children's Health Insurance Program (CHIP). For 2020, the FPL for an individual is $12,760 with an added $4,480 for each additional person. For a family of four, the FPL is $26,200.[13] As described in Figure 4, a disproportionate proportion of Black families fall below 50, 100, and 125% of the poverty line compared to their White counterparts in Louisiana.

[13] https://aspe.hhs.gov/poverty-guidelines

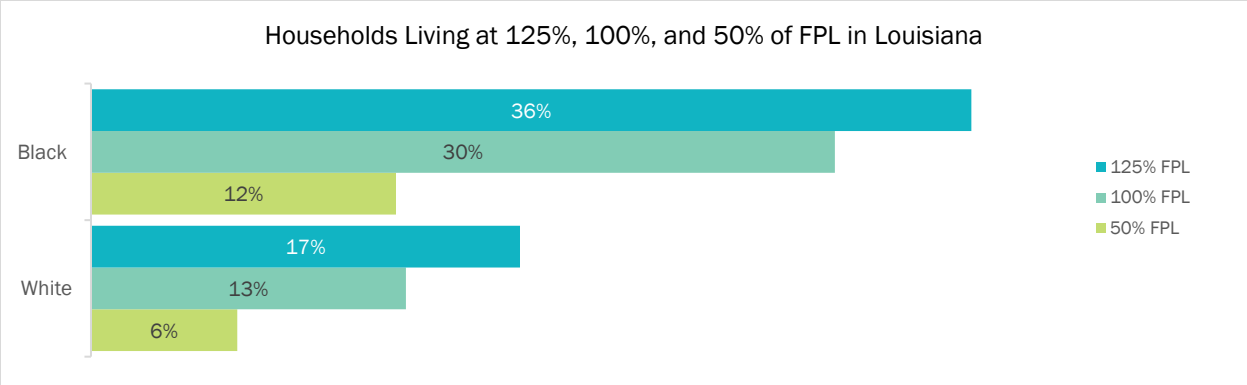

Figure 4. Federal Poverty Line by Race, American Community Survey 2018

The FPL does not adequately capture the degree to which people struggle to meet basic needs. The FPL does not capture needs such as childcare, transportation, housing costs, and food. The Asset Limited, Income Constrained, Employee (ALICE) threshold[14] is a measure that captures households that are above the FPL, but still struggle to make ends meet. Almost half (48%) of Louisianans are ALICE families, 19% of which fall at or under the FPL and an additional 29% of Louisiana households qualify as facing financial hardship. Figure 5 describes household income trends within Louisiana using FPL and ALICE from 2010 to 2016. There has been a consistent increase in ALICE families from 2010 to 2016. Though the cost of living and wages differ across the state, the number of households with income below the ALICE threshold increased across most parishes from 2010-2016. There is significant variation among parishes. The percentage of households below ALICE threshold ranges from 27% in Cameron Parish to 75% in East Carroll Parish.

In Louisiana, the average Household Survival Budget, which measures the bare minimum to live and work in modern economy (cost of housing, food, childcare, healthcare, transportation, technology, and taxes), was $53,988 for a family of four and $19,548 for a single adult in 2016. Between 2010 and 2016, the cost of household necessities increased 16% for single adult and 33% for family of four. In Louisiana, 48% households struggled to afford basics such as housing, childcare, and food in 2016.[15]

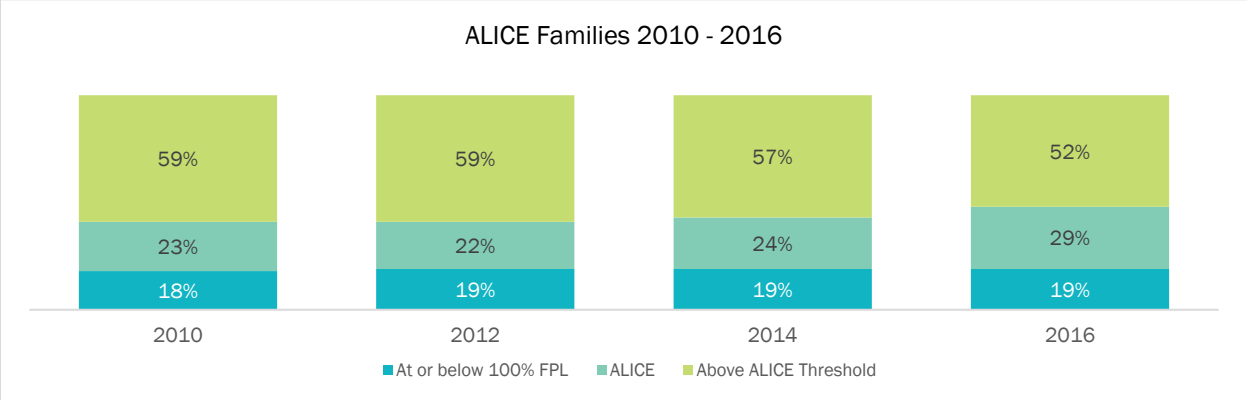

Figure 5. ALICE Threshold, American Community Survey 2018

Education

Education is a key pillar for health. Education bolsters people's ability to achieve social well-being as well as their capacity to reason, have self-awareness, and to achieve emotional regulation.[16] Most people over the age

[14] https://www.unitedforalice.org/methodology#:~:text=The%20ALICE%20Threshold%20represents%20the,and%20composition%20for%20each%20county.
[15] https://issuu.com/louisianaassociationofunitedway/docs/18uw_alice_report_la_-_used_for_iss?e=22574709/66844506
[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4691207/

of 25 in Louisiana have graduated high school and completed some college, but have not received a college degree. Less than a quarter of the Louisiana population has a bachelor's degree or graduate degree.

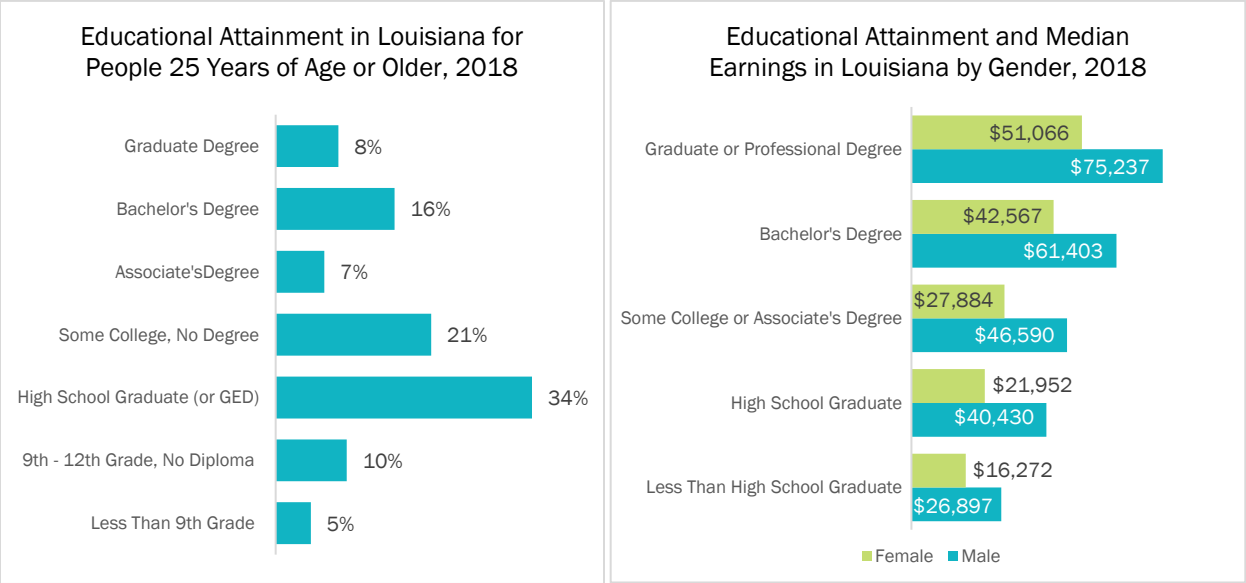

Figure 6. Educational Attainment & Median Earnings, American Community Survey 2018

In addition to the impact of education on emotional health and well-being, there is a correlation between level of educational attainment and median earnings. For each level of educational attainment achieved, there is an increase of at least $10,000 for males. As can be seen in Figure 6, Louisiana has a significant pay gap by gender, which persists across all levels of educational attainment. The differential in the pay gap between males and females further increases for each level of education attainment achieved.

Neighborhood and Environment

The conditions in which people live and work affect their quality of life and health outcomes. Conditions at the neighborhood and environment level affect access to essential goods and services, including healthcare.[17]

The U.S. Department of Agriculture (USDA) defines food insecurity as the lack of consistent access to enough food for an active, healthy life. Food insecurity is one of the social determinants of health and can vary by age, race, geography, and other social factors.[18] In Louisiana, 1 in 6 households struggle to put food on the table. Feeding America estimated 25% of children in Louisiana live in food insecure households. In some rural parishes, the number of food insecure children is estimated to be over 33%.[19] With COVID-19, more Louisianans are struggling to make ends meet. The USDA has established short-term waivers and expansions for many of the federal nutrition assistance programs across the country to help mitigate increased need, but households continue to struggle.

Access to a vehicle allows people to access basic needs and reduces barriers to services. In Louisiana, 45% of households have limited access to a vehicle (see Figure 7). This burden is exacerbated in rural areas where there is not access to public transportation and most destinations are not walkable. More than a quarter (26.8%) of Louisiana's population lives in a rural area based on 2010 Census estimates, with some parishes being 100% rural.[20]

[17] https://www.buildhealthyplaces.org/content/uploads/2015/09/How-Do-Neighborhood-Conditions-Shape-Health.pdf
[18] https://hungerandhealth.feedingamerica.org/understand-food-insecurity/
[19] https://www.feedinglouisiana.org/about-hunger
[20] https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/58/data?sort=desc-3

The U.S. Department of Housing and Urban Development defines housing cost burden as affecting those individuals who pay 30% or more of their household income on housing. Housing cost burden impacts health outcomes and well-being, because paying more than 30% of income on housing limits people's ability to pay for necessities such as food, clothing, transportation, and medical care. Figure 7 below shows over one-quarter of the population is cost-burdened due to housing.

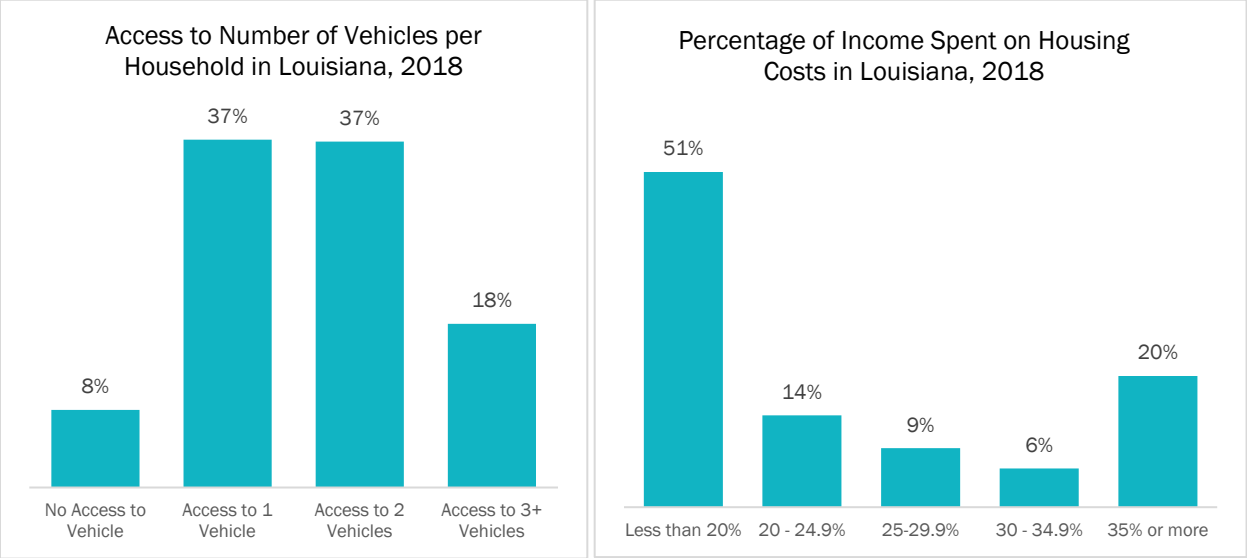

Figure 7. Access to Vehicle & Income Spent on House, American Community Survey 2018

Substance Use

In 2018, Louisiana recorded 455 opioid-related deaths,[21] the highest number of opioid-related deaths that the state had ever reported. In response to the opioid epidemic, LDH created the Louisiana Opioid Response Plan: A Roadmap to Decreasing the Effects of the Opioid Epidemic.[22] The response plan is a five-pillar approach that includes surveillance, prevention, intervention, treatment, and recovery. The plan launched in September 2019 with the vision of targeting the disease of opioid addiction at all levels—socially, emotionally, physically, and intellectually—to provide a continuum that supports a lifetime of recovery for all those affected by the disease.

Health Outcomes

Average life expectancy in Louisiana is 75.3 years of age, well below the national average of 78.6 years.[23] **There is a significant disparity in life expectancy based on race in Louisiana**. White residents in Louisiana have an average life expectancy of 76.1 years of age, compared to an average of 73.4 years for their Black counterparts.[24]

The County Health Rankings 2020 Louisiana Report ranks Louisiana's 64 parishes based on health factors and health outcomes. St. Tammany and Ascension parishes ranked first, whereas East Carroll and Madison parishes ranked 64 for health factors and health outcomes. Overall, the percentage of people in Louisiana reporting they are in poor or fair health is 22%, which is 5% higher than the national average of 17%.[25] Indicators associated with chronic disease, like adult obesity and rates of smoking, are also higher in Louisiana than in the United States.

While the impact of chronic conditions can often be mitigated through preventative care, chronic health conditions comprise seven of the top 10 leading causes of death in Louisiana. Chronic diseases

[21] Louisiana Electronic Event Registration System, OPH Bureau of Vital Records
[22] http://ldh.la.gov/assets/oph/Center-PHI/Opioid_Files/LaOpioidResponsePlan2019_Summary.pdf
[23] https://www.cdc.gov/nchs/fastats/life-expectancy.htm
[24] https://www.countyhealthrankings.org/app/louisiana/2020/measure/outcomes/147/data
[25] https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2020_LA_v2.pdf

disproportionately affect people from structurally disadvantaged communities, especially those who are of low socioeconomic status, live in rural communities, and have difficulty accessing services. Individuals who identify as Black are also at higher risk of having a chronic health condition.[26] The structural factors that inhibit access to services and create unhealthy living environments often lead people who suffer from chronic conditions to be high utilizers of healthcare for disease management.

Percentage of Louisianans with Health Conditions and Risk Factors	
Obese	37%
Overweight	33%
Current Smokers	21%
Asthma	15%
Diabetes	14%
COPD	10%
Kidney Disease	4%

Leading Underlying Causes of Death in Louisiana		
Cause of Death	Number of Deaths	Crude Rate per 100,000
Heart Disease	11,260	240.4
Cancer	9,513	203.1
Accidents	2,780	59.3
Chronic Lower Respiratory Disease	2,467	52.7
Stroke	2,460	52.5
Alzheimer's Disease	2,188	46.7
Diabetes	1,272	27.2
Septicemia	1,080	23.1
Kidney Disease	1,076	23
Flu/Pneumonia	785	16.8

Table 2. Health Conditions and Risk Factors, BRFSS 2018
Table 3. Leading Underlying Causes of Death in Louisiana, CDC Wonder Online Database 1999-2017

Chronic disease prevalence and median household income have a direct relationship; there is a higher prevalence of people impacted by chronic disease with a lower household income, while there is a lower prevalence of chronic disease in people who have a higher household income. Figure 8 below describes the relationship between diabetes, heart disease, and stroke with median household income.

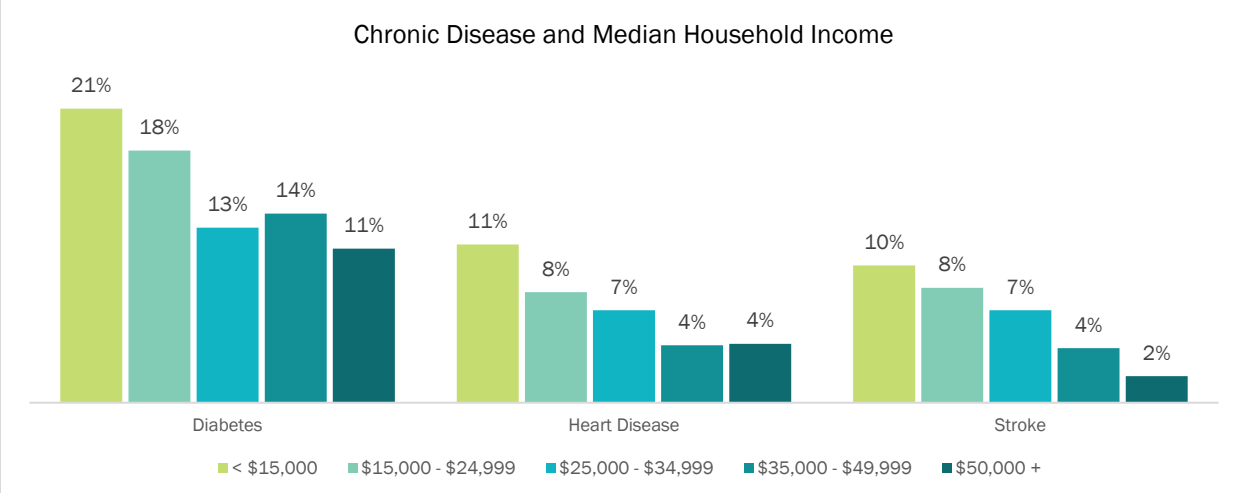

Figure 8. Chronic Disease and Median Household Income, American Community Survey 2018

[26] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5171223/

Figure 9 below illustrates health disparities between gender and racial groups suffering with diabetes in Louisiana. White women experience nearly the same rate of diabetes compared to their male counterparts (12% and 13%, respectively). However, when analyzed by race, the rate of diabetes among Black men and women are higher than their White counterparts, as well as the rates of their gender overall. Black women are at the highest risk for diabetes, with a diabetes prevalence that is 4% higher than their Black male counterparts and 7-8% higher than their White male and female counterparts. There are racial and gender disparities that persist in diabetes prevalence within Louisiana.

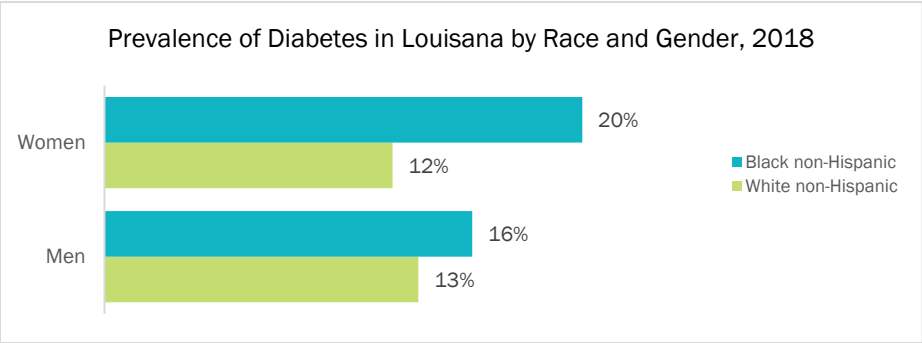

Figure 9. Prevalence of Diabetes in Louisiana by Race and Gender, American Community Survey 2018

COVID-19

The COVID-19 pandemic has significantly affected Louisiana and has brought health disparities to the forefront. LDH created a public dashboard that tracks cases and deaths by race and gender as well as known underlying health conditions of those people who have died of COVID-19. As of June 8, 2020, there have been 44,030 COVID-19 cases reported across Louisiana and 2,855 deaths. COVID-19 now falls within the top 10 leading causes of death in Louisiana. Of those who have died because of COVID-19, a majority had underlying health conditions such as hypertension (60%), diabetes (37%), cardiac disease (21%), chronic kidney disease (20%), or obesity (19%). Males make up 53% of COVID-19 deaths, compared to 47% of females.[27] Racial and ethnic minority groups, particularly those who identify as Black, are more likely to suffer from underlying conditions due to the impacts of long standing racism and the social determinants of health.[28] **As of June 8, 2020, 53% of Louisiana residents who have died of COVID-19 identify as Black, a disproportionate and alarmingly high percentage given that one-third of Louisianans identify as Black.**

[27] https://ldh.la.gov/Coronavirus/
[28] https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Access to Primary Care

Access to health services, as defined by Healthy People 2020, requires three steps: gaining entry into the healthcare system, geographic availability, and finding providers whom the patient can trust and freely communicate with.[29] This section of the report will describe health insurance, technologies utilized to streamline services, the primary care safety net, recruitment and retention efforts, and the provider pipeline in Louisiana, all of which are pillars to the primary care system.

Insurance

In 2016, John Bel Edwards, Governor of Louisiana, expanded Medicaid. Prior to Medicaid Expansion, 12% of the Louisiana population was estimated to be uninsured; by 2018 only 8% of Louisiana residents were uninsured, a decrease of nearly 187,000 Louisiana citizens.[30] Currently, 46% of the population is covered by private health insurance, which includes employer-based health insurance and insurance plans from the marketplace. Forty-four percent of Louisianans are covered by public insurance, which is inclusive of Medicaid, Medicare, and Tricare. As of September 2019, Louisiana was home to 867,826 Medicare[31] and 482,812 Medicaid beneficiaries. As the population of Louisiana continues to age, so will the number of Medicare enrollees. Since 2016, Medicaid enrollment has increased in Louisiana by over 200,000 enrollees in a three-year period.

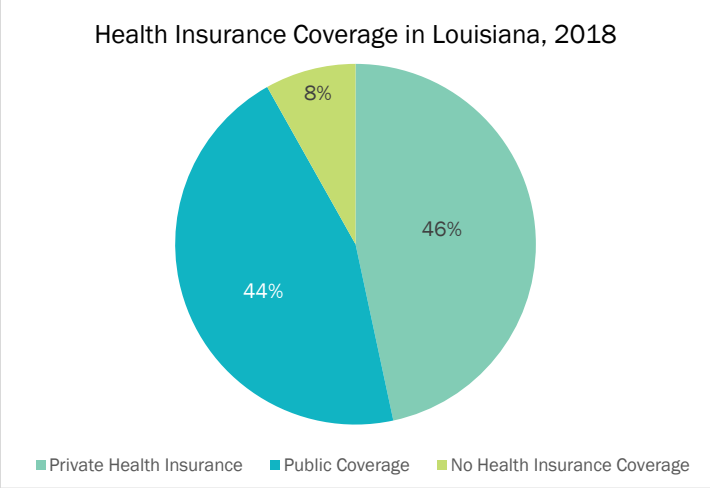

Figure 10. Health Insurance Coverage in Louisiana, American Community Survey 2018

Medicaid expansion has represented a significant opportunity to expand access to primary care in Louisiana, specifically to individuals who were previously uninsured and to those who are low income. Key informants from the community stakeholder meetings and qualitative interviews identified that, despite Louisiana's successful Medicaid expansion, a limited number of primary care providers see Medicaid patients, and many providers limit the number of Medicaid patients that they will see within a given time period. This is often due to lower reimbursement rates for Medicaid patients than their privately insured counterparts.

[28] https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[30] American Community Survey (ACS), 2015, 2018
[31] https://www.kff.org/state-category/medicare/?state=LA

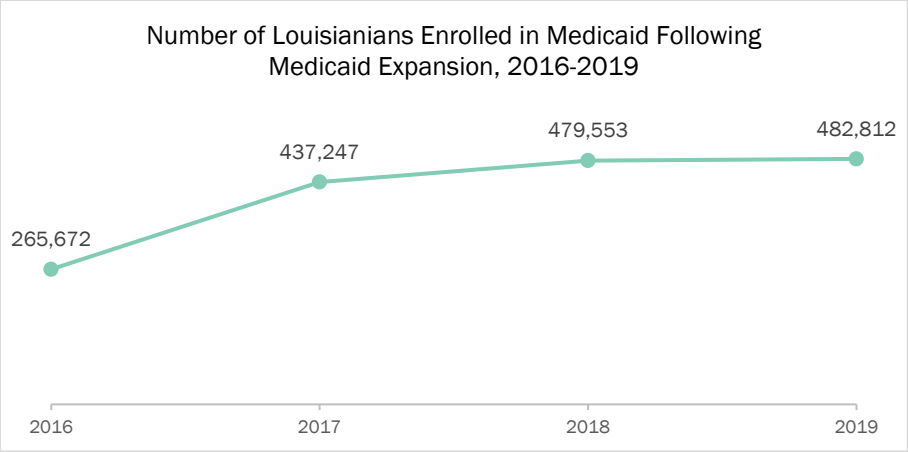

Figure 11. Medicaid Enrollment 2016-2019, Louisiana Department of Health Dashboard

Health Information Technology and Health Information Exchange Systems

Many hospitals and health centers across Louisiana have transitioned to electronic health records (EHR). However, there are still opportunities to promote sharing and communication of data between health systems in order to promote care coordination. One way in which EHRs can communicate with one another is a health information exchange (HIE). The Louisiana Healthcare Quality Forum operates the Louisiana Health Information Exchange (LaHIE).[32] The Greater New Orleans Health Information Exchange (GNOHIE) enables care coordination across hospitals, FQHCs, jails, behavioral health services, social services, and more. The goals of these HIEs are to improve healthcare quality, to enhance patient safety, to improve health outcomes, and to reduce overall healthcare costs. GNOHIE and LaHIE are examples of how technology can help facilitate improving health outcomes.

The 2019 Telehealth Index Consumer Survey found that nationally, 66% of potential patients are willing to use telehealth, and 8% have used it.[33] With COVID-19, there has been a rapid increase of telehealth use across the country and in Louisiana. In March 2020, 161 Louisiana Rural Health Centers were sent a brief survey from Well-Ahead with the purpose of assessing telehealth services and capabilities. The survey revealed that prior to COVID-19, 25% of RHCs in Louisiana were in the process of setting up or currently providing telehealth services. Eighty-nine percent of the RHCs who were not providing telehealth services prior to COVID-19 are now providing telehealth services. Of those surveyed, 14% of RHCs do not have adequate broadband access to provide telehealth services.

Safety Net

The primary care safety net in Louisiana is comprised of FQHCs, RHCs, FQHC Look-Alike facilities, and Critical Access Hospitals. HPSA designations are utilized to determine funding for FQHCs and RHCs. Definitions for each type of healthcare provider is included below.

FQHCs are community-based health centers that receive funding from HRSA to provide primary care services in underserved areas. FQHCs also include migrant health centers, healthcare services for the homeless, and health centers for residents of public housing. Look-Alike facilities are those that provide similar services to FQHCs, but do not receive HRSA funding.[34] A patient-centered medical home is considered ideal, especially in rural areas, so that a patient can receive all care necessary under one roof—physical, mental, behavioral, and dental health. In Louisiana, FQHCs have become leaders of the patient centered medical home model. Within Louisiana, FQHCs are clustered around urban centers like New Orleans, Baton Rouge, and Monroe, which is shown in Figure 12.

[32] http://www.lhcqf.org/images/LaHIE-Participants.pdf
[33] Telehealth Index: 2019 Consumer Survey, American Well
[34] https://bphc.hrsa.gov/about/index.html

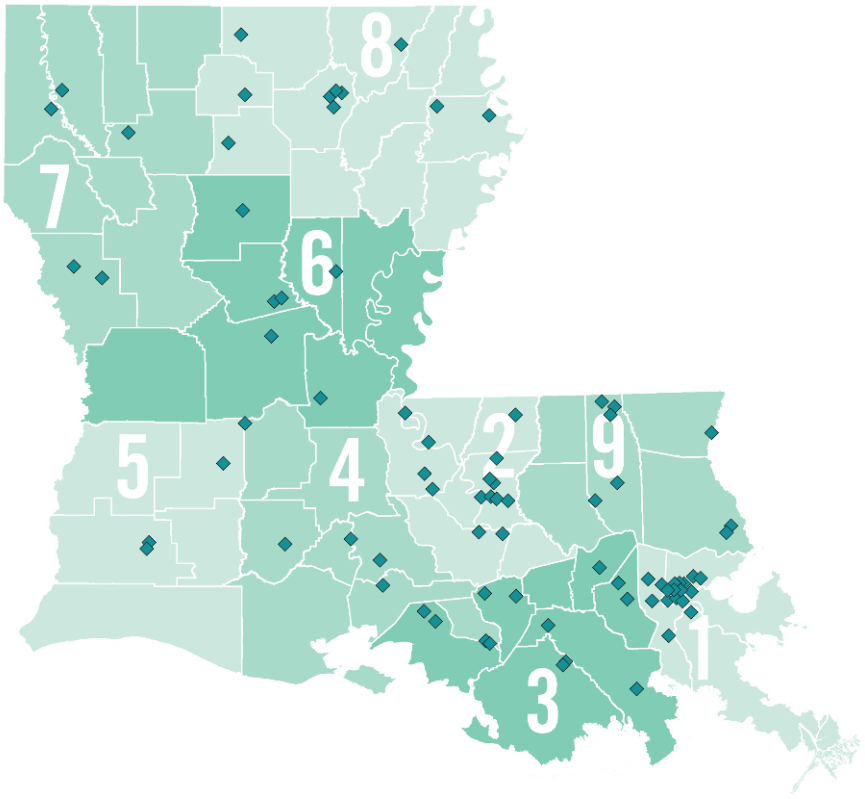

Figure 12. FQHCs in Louisiana, HRSA 2019

RHCs seek to increase access to primary care for rural patients and can be public, nonprofit, or for-profit healthcare facilities.[35] Many RHCs are associated with rural hospitals. The Louisiana Rural Hospital Preservation Act of 1997 granted rural hospitals additional protections including maximization of reimbursement, additional funding, and exempting them from damaging budget cuts.[36] Since the Louisiana Rural Hospital Coalition began in 1994, Louisiana has not had any small rural hospitals close down; something that is not true for neighboring states.[37] One of the rural health key informants expressed concern about the safety net, explaining that "locating FQHCs in areas that already have adequate coverage [from RHCs] will lead to duplicate care…potentially causing the failure of both providers."

Health Professional Shortage Areas (HPSAs)

Throughout the United States, HPSA designations are used to identify areas and populations that are experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) Primary Care HPSAs 2) Dental Health HPSAs and 3) Mental Health HPSAs. HPSA scores are subject to change. For the most up-to-date information please visit www.walpen.org. HPSAs are designations that help prioritize and focus resources to better meet the healthcare needs of medically underserved rural and urban areas of Louisiana. There are over 30 federal programs that use HPSA designations as a requirement, including the development of FQHCs, as well as recruitment and retention programs that the LPCO oversees such as the State Loan Repayment Program and the Conrad 30/J-1 Visa Waiver Program. A description of the recruitment and retention programs are on page 24.

There are three types of HPSA designations: geographic, population group, and facility. Geographic designations consider the entire resident/civilian population of the requested area to all available physicians, dentists, or psychiatrists. The population group designation, which is most utilized in Louisiana, is the low-

[35] https://www.ruralhealthinfo.org/topics/rural-health-clinics
[36] https://www.larhc.org/achievements
[37] https://www.larhc.org/about

income designation. The low-income designations use a ratio built upon the low-income population of the requested area (those at or below 200% of the federal poverty line) and the physicians providing services in the area. The facility designation considers the facility's outpatient census, waiting times, patients' residences, and in-house faculty to evaluate their designation eligibility; this is inclusive of state correctional facilities.

Primary Care HPSAs

Sixty-three out of 64 parishes in Louisiana, with the exception being St. Charles Parish, have at least part of the parish designated as a Primary Care HPSA. Primary Care HPSAs consider the population to provider ratio, percent of population at or below the federal poverty level, infant mortality rates, low birth weight rates, and travel time to nearest source of care. Figure 13 maps out the Primary Care HPSA designations across Louisiana. A list of HPSA scores and scoring calculations is provided in the appendices.

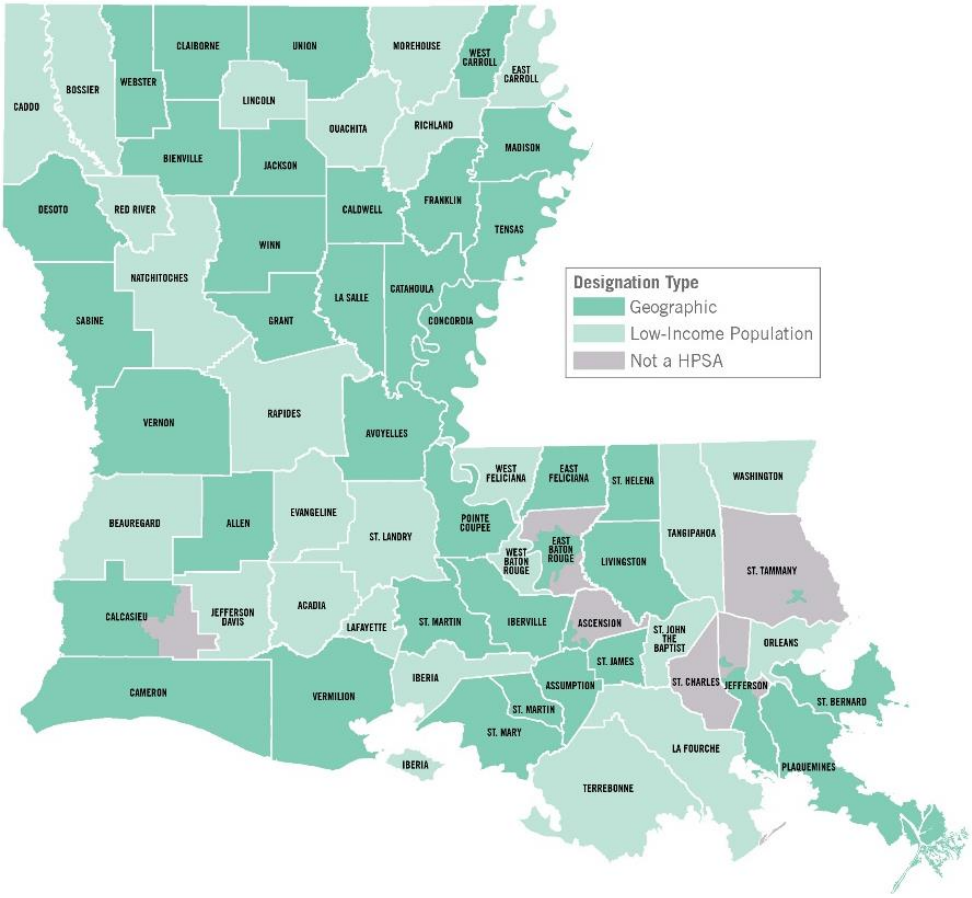

Figure 13. Primary Care HPSAs

Primary Care Providers

Despite primary care being a critical component of any healthcare system, the primary care workforce is shifting. A combination of primary care physicians, nurse practitioners (NPs), and physician assistants (PAs) comprise the estimated 400,000 primary care providers in the nation. Scopes of practice for NPs and PAs have broadened in recent years, enabling these providers to take on more responsibilities in the provision of care. However, the distribution of primary care providers is uneven with shortages throughout the state, as shown in HPSA map above.[38] A 2016 study explains that there is a diminishing supply of US-trained family practitioners primarily spurred by student concerns about debt, future salary, and the future of the profession. The study proposed promoting more recruitment of medical students into family medicine through an

[38] https://www.hindawi.com/journals/scientifica/2012/432892/

integrated three-year medical school education and a direct entry into a local or state primary care residency without compromising clinical experience.[39]

Currently, there are 12,793 active physicians in Louisiana, 12,467 Medical Doctors (MDs) and 326 Osteopathic Physicians (DOs). The main difference in a MD and a DO is their training path; MDs receive allopathic medical training and DOs receive osteopathic training that includes manipulation of the musculoskeletal system. Table 4 illustrates 41% of active physicians in Louisiana are working in Primary Care (Family Medicine, General Practice, Internal Medicine, Pediatrics, or Obstetrics & Gynecology).[40] Of the family medicine physicians in Louisiana in 2018, 40% were female and 42% were over the age of 55.[41]

Active Physician Licenses in Louisiana	MDs	DOs	Total
Family Medicine	1,349	50	1,399
General Practice	141	0	141
Internal Medicine	2,014	54	2,068
Pediatrics	1,056	27	1,083
Obstetrics/Gynecology (OB/GYN)	563	13	576
Active Practicing Primary Care Physicians	5,123	144	5,267
Total Active Physicians	12,467	326	12,793

Table 4. Active Medical License in Louisiana for Primary Care Physicians

Currently there are 1,223 active PAs practicing in Louisiana.[42] According to the National Commission on Certified Physician Assistants (NCCPA), approximately **18% of Louisiana's PAs are practicing in primary care**. As referenced in the 2018 Statistical Profile of Certified Physician Assistants by State Annual report, approximately 70% of Louisiana PAs are female, 10% speak a language other than English, 91% are White, 4.5% Black, and 43% are between the ages 30-39.[43]

Advanced practice registered nurses (APRNs) are registered nurses with graduate-level education (a master's or doctoral degree). APRNs are trained in preventive and diagnostic care and treatment, including prescribing medicine and other therapies, and referring patients to specialist care. **Over half of Louisiana's APRNs work in primary care.** In 2018, approximately 74% (4,265) of all APRNs licensed and residing in Louisiana indicated that they were Nurse Practitioners (NP), 23% (1,355) were Certified Registered Nurse Anesthetists (CRNA), 2% (124) were Clinical Nurse Specialists (CNS), and 1% (50) were Certified Nurse Midwives (CNM). The majority of licensed APRNs in Louisiana are female (79%), 83% are White, 14% Black, and 35% between the ages of 30-39. In 2018, there were 67,428 total nurses holding a Louisiana RN license. Twenty-six percent of Louisiana's licensed RNs were 30-39 years of age, 88% were female, 80% were White, and 16% Black.[44] According to HRSA's state level projections of supply and demand for primary care practitioners between 2013 and 2025, Louisiana will have demand for Primary Care Physicians, an over-supply of Primary Care Nurse Practitioners, and be one of nine states with demand for Physician Assistants.[45]

Workforce Recruitment and Retention Programs

Community stakeholder meetings and key informant interviews conducted as part of this PCNA revealed that the existing recruitment and retention programs, through the LPCO, Area Health Education Centers (AHECs), and academic institutions are beneficial. Unfortunately, the need for primary care providers surpasses the

[39] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937720/
[40] Louisiana State Board of Medical Examiners (LaMED) Dashboard. (n.d.). Retrieved May 18, 2020, from https://online.lasbme.org/
[41] https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/phys-workforce/Louisiana.pdf
[42] Louisiana State Board of Medical Examiners (LaMED) Dashboard. (n.d.). Retrieved May 18, 2020, from https://online.lasbme.org/
[43] https://prodcmsstoragesa.blob.core.windows.net/uploads/files/2018StatisticalProfileofCertifiedPhysicianAssistantsbyState.pdf
[44] http://lcn.lsbn.state.la.us/Portals/0/Documents/2018%20Nurse%20Supply%20Report.pdf
[45] https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf

successes of the existing programs. During the stakeholder meetings and interviews, specific suggestions on how to address existing shortages were to expand the current recruitment and retention programs, focus on retaining providers in high-need areas, and increase the amount of incentives.

Recruitment and Retention Programs	Number Enrolled
State Loan Repayment	55
Conrad 30/J-1 Visa Waiver	25
Small Town Health Professional Tax Credit	284
National Health Service Corps Loan and Scholarship	147

Table 5. LPCO Recruitment and Retention Programs, 2019

Louisiana Primary Care Office Recruitment and Retention Programs

Conrad 30/J-1 Visa Waiver Program

The Conrad 30/J-1 Visa Waiver Program allows each state's Department of Health to sponsor up to 30 international medical graduates each year for waiver of the two-year home residency requirement of the physician's J-1 Visa. The purpose of the Conrad 30/J-1 Visa Waiver Program is to recruit needed primary care and specialty physicians into federally designated HPSAs. As seen in Table 5, Louisiana currently has 25 participants enrolled in the Conrad 30/J-1 Visa program.

National Health Service Corps (NHSC) Loan and Scholarship Program

The National Health Service Corps (NHSC) offers tax-free loan repayment assistance to support qualified clinicians who work at an NHSC-approved site in a designated HPSA. Qualified clinicians include primary care physicians, nurse practitioners, certified nurse midwives, PAs, dentists, dental hygienists, and behavioral/mental health providers to provide culturally competent, interdisciplinary primary healthcare services to underserved populations located in designated HPSAs. There are currently three programs available in Louisiana: NHSC Scholarship Program, NHSC Loan Repayment Program, and the NHSC Student to Service Loan Repayment Program. See Table 6 for the programs' enrollment numbers within Louisiana.

NHSC Participant Enrollment in Louisiana, August 2019	
Total Number of Sites	101
Participants	
Total Loan Repayment Participants	137
Total Scholarship Program Participants	5
Total Student-to-Service Participants	5
Total Number of NHSC Participants	147

Table 6. NHSC Participant Enrollment, Louisiana Department of Health, 2019

Small Town Health Professional Tax Credit Program

The Small Town Health Professionals credit provides an individual income tax for certified medical primary care health professionals including: (1) physicians possessing an unrestricted license by the State of Louisiana to practice medicine (2) dentists licensed by the State of Louisiana to practice dentistry or (3) primary care nurse practitioners licensed by the State of Louisiana. One of the primary criteria for eligibility is that a certified medical primary care health professional must establish and maintain the primary office of their practice within a HPSA.

State Loan Repayment Program (SLRP)

The purpose of the Louisiana State Loan Repayment Program (SLRP) is to encourage primary care practitioners to serve in HPSAs. Eligible primary care practitioners for this program include physicians (allopathic or osteopathic), dentists (DDS or DMD general or pediatric), PAs, and optometrists. The mission of the program is to alleviate and ultimately overcome Louisiana's problem of a substantial misdistribution of primary care health professionals in rural and underserved urban areas. A breakdown of health providers enrolled in SLRP can be seen in Table 7.

SLRP Participant Enrollment in Louisiana, February 2019	
Health Provider Type	Providers Enrolled
Nurse Practitioner	14
Licensed Clinical Social Worker	9
Dentist	8
Physician	6
Psychiatrist	5
Licensed Professional Counselor	3
License Marriage and Family Therapist	2
OB/GYN	2
Licensed Clinical Psychologist	1
Dental Hygienist	1

Table 7. SLRP Enrollment, Louisiana Department of Health, 2020

National Interest Waiver Program

The federal National Interest Waiver (NIW) Program allows foreign physicians to request a waiver of the U.S. Citizenship and Immigration Services labor certification requirements based on a letter of support from the Department of Health.

Other Recruitment and Retention Programs Across Louisiana

There are four Area Health Education Centers (AHEC) across Louisiana. Each location supports the AHEC Scholars Program, which is a two-year program for health professions students interested in supplementing their education by gaining additional knowledge and experience in rural and/or underserved urban settings. The AHEC Scholars Program is longitudinal with interdisciplinary curricula to implement a defined set of clinical, didactic, and community-based activities. All experiential or clinical training will be conducted in rural and/or underserved urban settings. The program identifies students in rural communities at the beginning of their professional education and aims to have enrolled students work as providers in the communities they grew up in. This program funds about 15 students a year in Louisiana. There are also placements designated at LSU and Tulane Medical schools for students from rural populations with plans to work where they grew up.

Education Pipeline

Partnerships with the education system are critical in strengthening the primary care workforce and more are needed. For example, the American Academy of Family Physicians is engaging in a new national partnership with hopes of building a greater presence for family medicine in STEM education through a national network that includes most high schools. They are also working to educate and empower health professions advisers and educators, who are significant influencers for students early in their path to a career in medicine.[46] A 2016 study explains that there is a diminishing supply of US-trained family practitioners primarily spurred by student concerns about debt, future salary, and the future of the profession. Their aim is to promote more recruitment

[46] www.aafp.org/news/opinion/20200327guested-pipeline.html

of medical students into family medicine through an integrated 3-year medical school education and a direct entry into a local or state primary care residency without compromising clinical experience.[47] Additional evidence indicates that physicians are more likely to practice in the state in which they completed residency.[48] The higher education system in Louisiana is a key component in the primary care provider pipeline.

Louisiana Medical Schools:

- Louisiana State University Shreveport, Louisiana State University New Orleans, Tulane University, Edward Via College of Osteopathic Medicine-Louisiana Campus

Louisiana Physician Assistant Schools:

- Louisiana State University Shreveport, Our Lady of Lake, Xavier University

Figure 14 below maps all nursing programs (including associate, baccalaureate, and graduate), PA programs, and medical schools in Louisiana. There is at least one nursing program in every public health region across Louisiana. There are three medical schools within Louisiana that are in Region 1 and 7: LSU Shreveport, LSU New Orleans, and Tulane University. Edward Via College of Osteopathic Medicine is in Region 8 and is the only Doctor of Osteopathic Medicine (DO) school in Louisiana. Louisiana's PA programs are located in Regions 1, 2, and 7: Xavier, Our Lady of the Lake, and LSU School of Allied Health Professionals. The LSU PA program has a focus on primary care practice in which one-third of the rotations are in either internal or family medicine. In an interview with the CEO of an Area Health Education Center, it was mentioned that there is an effort across Louisiana, particularly in rural areas, to **"recruit high school students to get them into healthcare professions. [Also] trying to build capacity of those in allied health schools to join the primary care workforce."**

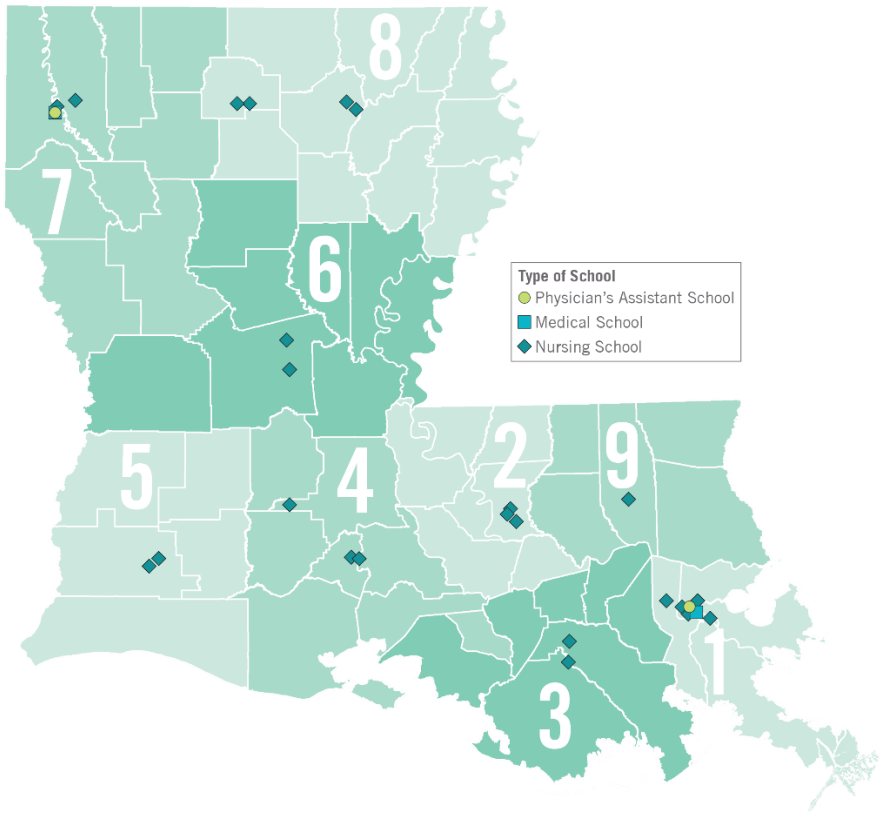

Figure 14. Louisiana Nursing, Physician Assistant, and Medical Schools in Louisiana, 2020

[47] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937720/
[48] https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-state-projections2013-2025.pdf

Social and Community Context: Culture

Qualitative data collected as part of this assessment identified that cultural factors act as a barrier to patients accessing primary care in Louisiana. In an interview, the participant explained **"there is a lack of understanding of patient populations; medically, physically, and culturally. [Healthcare providers] are so busy, trying to get patients in and out of the door. Patients don't feel like [healthcare providers] are paying attention, it is a challenge to build trust."** The top cultural barriers to care identified by stakeholders and key informants are **stigma in accessing care and building trust**.

Stigma in Accessing Care

Stakeholders and key informants engaged as part of this PCNA all identified that patients do not think they need to seek healthcare until they are in urgent need of medical care, and there are low levels of health education and health literacy across the state. They explained that it is not part of Louisiana culture to engage in preventative care and that many misconceptions surrounding the purpose and benefit of primary care exist.

Building Trust

Key informant interviews conducted as part of this assessment identified that there are few health providers of color in Louisiana, and that healthcare providers often have a limited understanding of the needs of Black, Indigenous and People of Color (BIPOC) communities or the history, culture and norms that may influence their health. Interviews also confirmed that BIPOC communities have a lack of trust of providers due to troubled histories and stories that persist within communities, many rooted in racism and discrimination. Although patients come from all economic levels, their physicians do not reflect this. According to a 2018 study, medicine continues to have an over-representation of White people and a corresponding under-representation of people who identify as Black, Native American, or Latinx. More than half of medical students over a decade ago came from families in the top 20% of income. These disparities in race and class have significant impacts, as implicit bias can influence the care provided and patient trust, understandably, where many would like to be cared for by someone similar to themselves.[49]

Across the United States, medical mistrust is greater in Black communities compared to their White counterparts. A 2016 study highlighted that higher medical mistrust led to greater emergency department usage, instead of receiving care from a primary care provider.[50] Opportunities to shift the existing paradigm are to focus on recruitment of health providers to work in the communities they are from, integrate diversity, equity, and inclusion trainings in provider education, and expand trainings to existing providers.

Built Environment: Place Matters

Community stakeholder meetings and key informant interviews conducted as part of this PCNA identified access to healthcare as one of the greatest barriers to receiving healthcare services. The top two concerns identified under healthcare access were rural healthcare, and transportation.

Rural Healthcare

In Louisiana, significant health disparities exist between rural and urban communities. Urban areas are more consolidated spaces that often have greater access and ease of access to services. Additionally, the workforce in rural areas is aging into retirement and the employment pipeline is limited. Key informants noted that it is a challenge to recruit young providers to move to rural areas where the pay is less, and quality of life differs

[49] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6037511/
[50] https://doi.org/10.1007/s11524-016-0054-9

significantly from urban areas. There is a focus on Louisiana growing their own providers and incentivizing providers to remain in rural areas through recruitment and retention programs.

Most of the key informant interviews stressed that there are limited specialty providers in rural areas. If rural patients see a primary care provider, it is a challenge to be referred to and seen by a specialty provider. In Region 6, one key informant noted, "There is not one endocrinologist in the area. Those with transportation go elsewhere, those without access die." According to an interviewee, many rural primary care clinics have utilized ECHO trainings for their providers. ECHO trainings are online trainings that make specialized care knowledge accessible to health providers so they can expand their scope of practice and better meet the needs of their community.[51] ECHO trainings are provided at no cost and can reach a greater number of patients than traditional telehealth, due to the training model.

Transportation

Many households in Louisiana rely on public transportation, have one vehicle per household (with many drivers), or do not have access to any mode of transportation. For example, 8% of Louisiana households do not have access to a car, and 37% have access to one car.[52] Oftentimes, people must rely on neighbors or family members to drive them to medical appointments. Key informants interviewed identified that Medicaid transportation, though it does exist, is unreliable and inefficient and there is limited additional non-emergency medical transportation.

According to a key informant, "Medicaid pays for transportation, but it is a challenging system and sometimes does not work well at all. The patient has to wait to be picked up, there's a group, and the patient may have to wait all day for the ride—the system needs to be further refined." Louisiana's geography further exacerbates transportation issues, as many areas are not walkable due to rivers, bayous, and other geographic barriers. Many rural communities in Louisiana do not have access to transportation services like public transportation, taxis, or rideshare services that exist in urban areas. Patients often rely on others or modify work schedules to have adequate transportation to a clinic. One key informant noted that emergency medical transportation exists in rural areas, but there are low survival rates for traumas such as stroke and heart attack because it takes significant time for care to arrive on the scene. The qualitative data identified that there should be a focus on non-emergency medical transportation in rural areas, a focus on mobile clinics, and increasing the utilization of telehealth.

Primary Care System in Louisiana

The current primary care system in Louisiana is fractured and does not include all seven previously mentioned factors including 1) person- and family-centered; 2) continuous and comprehensive; 3) equitable; 4) team-based and collaborative; 5) coordinated and integrated; 6) accessible; and 7) high value.[53] A patient-centered medical home with integrated services is often the ideal so that a patient can receive all care necessary under one roof – physical, mental, behavioral, and dental health. Almost a quarter (23.3%) of Louisiana adults reported not having a personal doctor or general healthcare provider.[54]

Proliferation of Urgent Care

Urgent care centers have been growing in popularity and in quantity over the past few years. As there are so many urgent care clinics, they are often more convenient for patients, but they are not always financially accessible. According to informants, urgent care centers exacerbate the stigma that healthcare should only be sought out when symptomatic. They also do not promote preventative care or guarantee coordinated care. In an interview, a key informant stated that, **"people don't understand the difference between urgent care and primary care. Urgent Care does not have follow up action, it's very quick, and often skims over underlying systems that may be impacting one's health."**

[51] https://echo.unm.edu/join-the-movement
[52] American Community Survey, 2018
[53] https://www.ncbi.nlm.nih.gov/pubmed/30736044
[54] https://www.kff.org/other/state-indicator/percent-of-adults-reporting-not-having-a-personal-doctor/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Health Technology

Although Louisiana has experienced progress in health technology through adoption of EHRs, connecting with HIEs, and increasing use of telehealth, barriers remain. The lack of universal access to broadband across the state creates barriers for patient access, education, and communication with providers, which can be conducted online. The limited access to broadband also restricts some providers and clinics' ability to utilize telehealth, as well as other systems effectively. Although many more providers use electronic health records, it is still a challenge. One of the providers interviewed explained that, **"[Electronic medical records] should help make the visit with the patient better; instead the systems are more monetarily driven than patient driven."**

Many RHC providers recently completed a Well-Ahead survey focusing on telehealth. Barriers that RHC providers noted included that some services could not be conducted virtually, such as OB/GYN exams. They also expressed concerns around reimbursement, access to adequate broadband, and disagreement of technology with the electronic medical records systems.

Reimbursement

Adequate reimbursement was noted as a challenge during the community stakeholder meetings and key informant interviews conducted as part of this PCNA. Three specific issues relating to reimbursement were identified: telehealth, Medicaid, and allied health professionals.

Viability of telehealth reimbursement is a concern, as there is a lot of gray area within the reimbursement procedures. Most of the telehealth reimbursement comes from private insurance, not Medicaid. In an interview with a doctor and owner of rural health clinics, they noted that they were trying to implement telehealth, but rural health clinics are not reimbursed for telehealth. They believe that telehealth would increase access to care in rural areas. Even with the new telehealth guidance and relaxed rules due to COVID-19, telehealth reimbursement continues to be a problem.

Medicaid reimbursement rates are lower than that of private insurance reimbursement rates. Due to this, many providers do not take Medicaid patients or limit the number of Medicaid patients at the clinic. This reimbursement policy restricts access to care by limiting the number of viable providers and increasing the wait times for those providers who do accept Medicaid.

A PA and educator interviewed for this assessment stated, **"Reimbursement rates for healthcare providers who are not physicians are significantly lower than their physician counterparts. The reimbursement rate for physician assistants and nurse practitioners are 85% of their physician counterparts. If the same care is being provided, shouldn't the reimbursement rate be the same?"**

Key informant interviews and community stakeholder meetings led to the identification of key opportunities to improve primary care in Louisiana. These opportunities fall within three domains: workforce, continuity of care, and culture.

Workforce

Key informants and stakeholders identified key opportunities to advance Louisiana's healthcare workforce. First, recruitment and retention programs need to be bolstered. Second is to track retention through the monitoring and evaluation of recruitment programs to identify and address issues in retention as they occur. The third opportunity is to focus on expanding the workforce pipelines that are working, so that more providers are recruited to work in underserved communities and/or the communities where they grew up. Fourth, expand partnerships with institutions of higher education in Louisiana, including high schools and community colleges. Fifth, increase team-based models such as integrated patient-centered medical homes, especially in rural areas, so that a patient can receive all care necessary under one roof. Sixth are opportunities for providers to engage in trainings, using models such as ECHO, to expand their scope of services to better meet the medical needs of the unique communities that they serve.[55]

Continuity of Care

Several opportunities arose to improve primary care from the perspective of continuity of care, particularly around information technology. First, there is an opportunity to further explore telehealth. In the current climate with COVID-19, telehealth has been utilized more frequently and may pressure improved clarity in reimbursement practices. According to a consumer survey by American Well, two-thirds of people are willing to use telehealth. People 18-34 years old are most open to using telehealth, and over half of those age 65 and above expressed interest in using telehealth services. Recommendations for greatest patient utilization of telemedicine include integrating telehealth into health plan mobile applications, working with primary care providers to offer telehealth, and emphasizing potential cost savings.[56] For telehealth to be viable across Louisiana, broadband must become more accessible to all populations, especially those of greatest need, like patients with the need of chronic disease management and aging patients. Also, expansion of HIE systems within the state can help in coordination of care for patients, as their information can be easily communicated between a wide range of providers. Second, innovations surrounding non-emergency medical transportation will aid in improved access to care, as well as coordination. There are also opportunities that lie within expanding the utilization of rural health centers, FQHCs, and patient centered medical homes. A stakeholder noted, "Investing in these systems of care would bring immediate payoffs." Key informants noted the recent success from the 2020 Regular Session of the Louisiana Legislature, in which reimbursement for physical and mental health visits on the same day within the same clinic was approved.

This new reimbursement practice allows for greater continuity of care, aligns with patient-centered medical home ideals, and reduces patient barriers. Lastly, there is opportunity to continue to improve legislation surrounding reimbursement rates to become more patient centered and alleviate existing burdens.

Culture

Several opportunities were identified around "culture" that would improve primary care in Louisiana. First, efforts to build a culture of primary care utilization in Louisiana begins with the younger generations. School-based health centers and partnering with STEM programs present opportunities to promote primary care and

[55] ECHO Institute, University of New Mexico Health Science Center
[56] Telehealth Index: 2019 Consumer Survey, American Well.

improve health literacy and education for school-aged Louisianans. Second, stakeholders and key informants identified that a financial incentive to access primary care would increase utilization. For example, eliminating copays increased wellness visits after the Affordable Care Act was passed. Third, Area Health Education Centers within Louisiana are a great resource for community education and could be better utilized. Fourth, opportunities were identified to reduce medical mistrust, especially among Louisiana's Black communities. Key informants and stakeholders recommended that grassroots partnerships be developed between communities and academic institutions aimed at producing "truly culturally sensitive, long-lasting, and reciprocal relationships between institutions and African American community members."

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FROM ASSESSMENT TO ACTION

Information provided in this Louisiana Primary Care Needs Assessment will be used in the development of a comprehensive statewide healthcare provider recruitment and retention plan. This will be a long-term plan to reduce healthcare provider shortages in rural and underserved areas of Louisiana. The plan will be considered a "living document" where Well-Ahead Louisiana will continuously monitor benchmarks to determine if revisions to the plan are needed.

The planning team consists of members from the Well-Ahead LPCO/Healthcare Workforce Development Workgroup.

Purpose: To bring together key stakeholders to collaborate on specific projects being implemented by the LPCO.

Members: Members will be determined by the current projects of the LPCO. Members are selected from those who participated in the development of the Louisiana Primary Care Needs Assessment. Membership may ebb and flow depending on current projects.

2020 Goals:

- Participate in the Louisiana Primary Care Needs Assessment
- Participate in the review of the Statewide Rational Service Area Plan
- Review/approve annual HPSA report
- Participate in the development of a long-term plan to reduce health provider shortages and shortage designations

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APPENDIX A

Indicators and Source List

Louisiana PCNA Indicators and Source List		
Indicator	Source	Year
Louisiana Population	American Community Survey	2018
Louisiana's Aging Population	American Community Survey	2018
Race Distribution Across Louisiana	American Community Survey	2018
Median Household Income by Race	American Community Survey	2018
Households Living at 125%, 100%, and 50% of FPL	American Community Survey	2018
ALICE Threshold	American Community Survey, United Way	2018
Educational Attainment in Louisiana	American Community Survey	2018
Louisiana Nursing Schools	Louisiana State Nursing Board	2019
Health Insurance Coverage in Louisiana	American Community Survey	2018
Medicaid Enrollment in Louisiana Following Medicaid Expansion	Louisiana Department of Health: Healthy LA Dashboard	2019
Health Factors and Underlying Conditions	Louisiana Department of Health, BRFSS	2018
Top 10 Leading Causes of Health in Louisiana	CDC Wonder	2017
Chronic Disease Prevalence and Median Household Income	Louisiana Department of Health, BRFSS	2018
Prevalence of Diabetes by Race and Gender	Louisiana Department of Health, BRFSS	2018
COVID-19 Deaths	Louisiana Department of Health	2019
Health Professional Shortage Areas	Louisiana Department of Health	2019
FQHCs in Louisiana	HRSA	2019
Active Physician Licenses in Louisiana	Louisiana State Board of Medical Directors	2020
NHSC Participant Enrollment	Louisiana Department of Health	2019
SLRP Enrollment	Louisiana Department of Health	2020

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APPENDIX B

Additional References

Artiga, S., Orgera K., Pham, O., & Corallo, B. "Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19." Keiser Family Foundation, 21 April2020, https://www.kff.org/policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/.

"About Social Determinants of Health." Social Determinants of Health, https://www.who.int/social_determinants/sdh_definition/en/.

"Access to Health Services." Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services.

American Well. Telehealth Index: 2019 Community Survey. 2019.

"America's Health Rankings Analysis of America's Health Rankings Composite Measure." United Health Foundation, https://www.americashealthrankings.org/explore/annual/measure/Overall/state/LA.

Arnett, M. J., Thorpe, R. J., Jr, Gaskin, D. J., Bowie, J. V., & LaVeist, T. A. "Race, Medical Mistrust, and Segregation in Primary Care as Usual Source of Care: Findings from the Exploring Health Disparities in Integrated Communities Study." Journal of Urban Health - Bulletin of the New York Academy of Medicine, vol. 3, no. 93, pp. 456–67, https://doi.org/10.1007/s11524-016-0054-9.

"County Health Rankings Model." County Health Rankings and Roadmaps, https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model.

Epperly T, Bechtel C, Sweeny R, et al. "The Shared Principles of Primary Care: A Multi-Stakeholder Initiative to Find a Common Voice." Family Medicine, vol. 2, no. 51, 2019, pp. 179–84, https://doi.org/10.22454/FamMed.2019.925587.

Hahn, R. A, & Truman, B. I. "Education Improves Public Health and Promotes Health Equity." International Journal of Health Services, Planning, Administration, Evaluation, vol. 4, no. 45, 2015, pp. 657–78.

Kochanek, K., Murphy, S., Xu, J., & Arias, E. National Vital Statistics Reports. 9, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 24 June 2019, p. 77, https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf.

"Louisiana." County Health Rankings & Roadmaps, 2019, https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/58/data?sort=desc-3.

Louisiana Healthcare Quality Forum. Louisiana Health Information Exchange. 2017, http://www.lhcqf.org/images/LaHIE-Participants.pdf.

Louisiana Opioid Response Plan 2019. Louisiana Department of Health, 2019, p. 2, http://ldh.la.gov/assets/oph/Center-PHI/Opioid_Files/LaOpioidResponsePlan2019_Summary.pdf.

"Louisiana Rural Hospital Coalition." Representing Rural Hospitals of Louisiana, https://www.larhc.org/.

Oates, G.R., Jackson, B.E., Partridge, E.E., et al. "Sociodemographic Patterns of Chronic Disease: How the Mid-South Region Compares to the Rest of the Country." Am J Prev Med., vol. 52, no. 1, 2018, doi: 10.1016/j.amepre.2016.09.004.

"Phase 3: Collecting and Analyzing Data." National Association of County and City Health Officials, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments.

"Primary Healthcare." World Health Organization, 27 Feb. 2019, https://www.who.int/news-room/fact-sheets/detail/primary-health-care.

Rural Health Information Hub. "Rural Health Clinics." Rural Health Clinics, 16 Oct. 2018, https://www.ruralhealthinfo.org/topics/rural-health-clinics.

Sanjeev, Arora. Project ECHO. University of New Mexico Health Sciences Center.

Shi, Leiyu. "The Impact of Primary Care: A Focused Review." Scientifica, vol. 2012, Dec. 2012, doi:10.6064/2012/432892.

United Way. ALICE: A Study of Financial Hardship in Louisiana. United Way, 2018, p. 240.
"US Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs." Poverty Guidelines, 8 Jan. 2020, https://aspe.hhs.gov/poverty-guidelines.

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APPENDIX C

Louisiana Scoring Calculation Guide and HPSA Scores by Parish

Louisiana PCNA Indicators and Source List					
Primary Care (0-25)	Population-to-Provider Ratio Point Value (Double Weighted)	% of Population at 100% FPL Point Value	Infant Health Point Value (Based on IMR or LBW Rate)	Travel Time to Nearest Source or Care Point Values	HPSA Score (Out of 25)

Louisiana PCNA Indicators and Source List		
Designation Name	Designation Type	Score
Acadia	GEO to LI	13
Allen	GEO	11
Ascension-Donaldsonville	GEO	12
Assumption	GEO	18
Avoyelles	GEO HN	19
Beauregard-DeQuincy	LI	8
Bienville	LI	17
Bossier	GEO HN	16
Caddo	LI	18
Calcasieu-Vinton	GEO	6
Calcasieu-North Lake Charles	GEO HN	16
Caldwell	LI to GEO HN	13
Cameron	GEO HN to GEO	15
Catahoula	GEO HN	20
Claiborne	LI to GEO	16
Concordia	GEO HN	15
DeSoto	GEO HN	20
East Baton Rouge-Central	LI WHOLE to GEO CUT-OUT	14
East Baton Rouge-Florida to Baker	LI WHOLE to GEO HN CUT-OUT	19
East Baton Rouge-LSU/Gardere Area	LI WHOLE to GEO HN CUT-OUT	23
East Carroll	LI	20
East Feliciana	GEO HN to GEO	14
Evangeline	LI	14
Franklin	GEO HN	14
Grant	GEO	13
Iberia	LI	12
Iberville	GEO	17
Jackson	GEO HN	17

Jefferson-Avondale-West	GEO HN	14
Jefferson-Lafitte	GEO	13
Jefferson-Old Kenner/Rivertown	GEO	2
Jefferson Davis	LI	9
Lafayette	LI	14
LaFourche	LI	10
LaSalle	GEO HN to GEO	12
Lincoln	LI	15
Livingston	GEO	10
Madison	GEO	19
Morehouse	LI	13
Natchitoches	LI	15
Orleans	LI	12
Ouachita	LI	19
Plaquemines	GEO	9
Pointe Coupee	GEO HN to GEO	14
Rapides	LI	15
Red River	LI	12
Richland	LI	17
Sabine	GEO HN	19
St. Bernard	GEO HN to GEO	12
St. Charles	Does Not Qualify	
St. Helena	GEO HN	15
St. James	GEO	12
St. John the Baptist	LI	11
St. Landry	PARTIAL to WHOLE PARISH LI	12
St. Martin	GEO	16
St. Mary	LI to GEO HN	12
St. Tammany-South Central Slidell	GEO	11
Tangipahoa	LI	10
Tensas	GEO HN	22
Terrebonne	LI	13
Union	GEO HN	19
Vermillion	GEO HN to LI to GEO	17
Vernon	GEO	10-12
Washington	LI	15
Webster	GEO	14
West Baton Rouge	LI	18
West Carroll	GEO HN to LI	9
West Feliciana	LI	11
Winn	GEO HN	16

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STATEMENT OF FUNDING

Funding to support the development of this publication was provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (State Primary Care Office Cooperative Agreement). The report's content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. The production of this report was a collaborative effort between Well-Ahead Louisiana and the Louisiana Public Health Institute.

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