



Assessing Primary Care Capacity and Community Health Planning to Address Professional Workforce Shortages

HEAL NY Local Health Planning Conference

Thursday, April 28, 2011

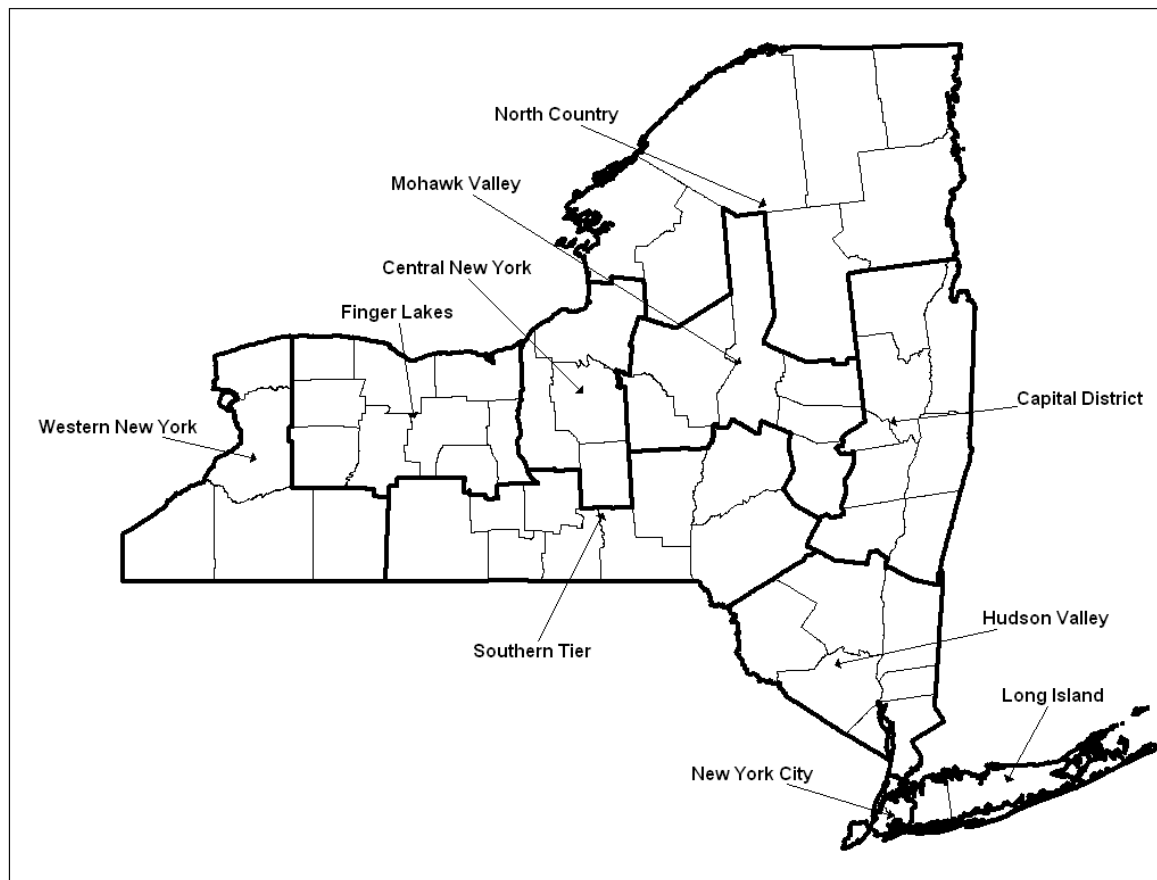
Jean Moore, Director
Center for Health Workforce Studies
School of Public Health, SUNY at Albany
<http://chws.albany.edu>

Overview

- ❑ The changing distribution of primary care physicians in NY
- ❑ How do you know there's a shortage?
- ❑ What can you do about it?
- ❑ Moving towards a more systematic approach

There Was Variable Growth in the Supply of Active FTE Physicians per Capita in New York between 2005 and 2009

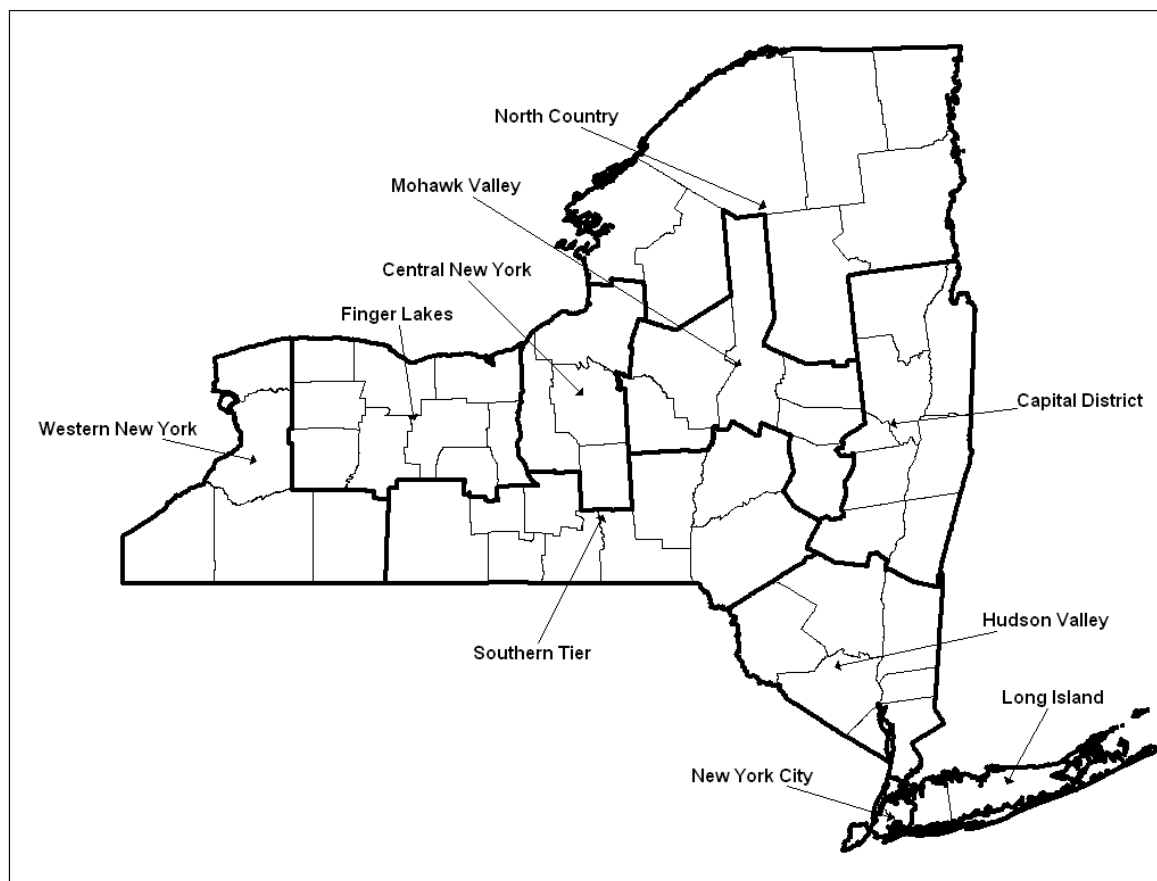
Active Patient Care Physician FTEs in New York in 2009 and Change between 2005 and 2009



Region	Supply Per 100k	Change
Capital District	269	11%
Central NY	252	6%
Finger Lakes	255	10%
Hudson Valley	311	9%
Long Island	353	9%
Mohawk Valley	175	4%
NYC	336	5%
North Country	201	12%
Southern Tier	256	10%
Western NY	240	11%
Statewide	307	7%

The Supply and Distribution of Community-Based Primary Care Physician FTEs Per Capita in New York is Changing

Community-based Primary Care FTEs Per Capita in 2009 and Change between 2005 - 2009

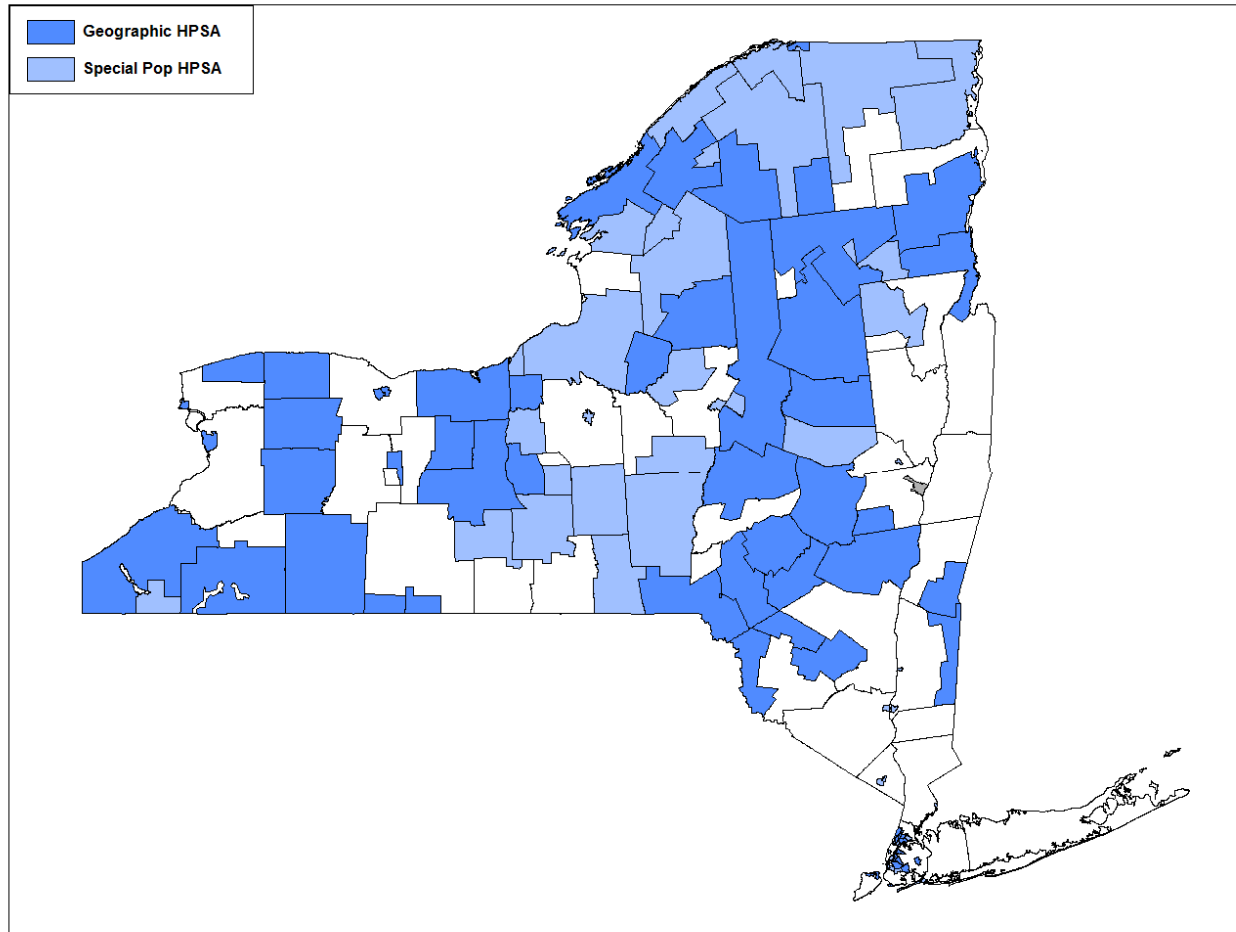


Region	Supply Per 100k	Change
Capital District	78	8.0%
Central NY	68	-0.4%
Finger Lakes	81	10.8%
Hudson Valley	84	-1.4%
Long Island	88	0.3%
Mohawk Valley	61	-1.9%
NYC	89	-1.5%
North Country	64	8.6%
Southern Tier	76	7.2%
Western NY	69	2.0%
Statewide	82	0.7%

The View from 10,000 Feet: We Know What We Don't Know

- ❑ The distribution of primary care physicians within a region
- ❑ The extent to which NPs, PAs, and midwives provide primary care services
- ❑ How many community-based primary care providers serve underserved populations
- ❑ How far people travel (beyond county boundaries) for primary care services
- ❑ How the denominator is changing – a smaller, but older population upstate
- ❑ Impact of expanded access to health insurance on demand for basic health services

One Measure of Primary Care Shortage: Health Professional Shortage Areas



Health Professional Shortage Areas: Current Guidelines

- ❑ There are three types of health professional shortage areas (HPSAs)
 - Primary care, dental health, and mental health
- ❑ Three types of designations of HPSAs
 - Geographic, special population, and facility
- ❑ Designation criteria for geographic and special population primary care HPSAs
 - A defined service area that is rational for the delivery of primary care services
 - 3,500 to 1 population-to-provider ratio (3,000 to 1 for special pop)
 - Services deemed inaccessible in contiguous areas

Medically Underserved Areas and Populations: Current Guidelines

- ❑ Primary care only
- ❑ Geographic or special population
- ❑ Designation criteria
 - A defined rational service area
 - Weighted score of 62 or less based on
 - Population-to-provider ratio
 - Percent of the population under 100% of the Federal Poverty Level
 - Percent of the population 65 years of age or older
 - Infant mortality rate
- ❑ Governor's Exceptions

Benefits of Shortage Designations

HPSA Designations

- ❑ Recruitment and retention opportunities, including
 - National Health Service Corps scholars and loan repayment placements
 - J-1 Visa Waiver placements
 - Doctors Across New York placements
- ❑ 10% Medicare Part B rate enhancements for all providers in primary care geographic HPSAs

Medically Underserved Area/Population Designations

- ❑ Federal 330 new site or expansion funding
- ❑ Recruitment and retention opportunities, including
 - J-1 Visa Waiver placements
 - Doctors Across New York placements

The Rules for Shortage Area Designation are Changing

- ❑ A federally mandated Negotiated Rulemaking Committee has been convened to update the rules for shortage designation
- ❑ New rules for the designation of primary care HPSAs and MUAs/Ps are expected to be in place by early next year
- ❑ Possible changes:
 - Adjusting demand for services based on characteristics of the population, including age, race/ethnicity, poverty, mortality, and population density
 - Counting the contribution of nurse practitioners, physician assistants, and midwives toward primary care capacity
 - Encouraging the development of a statewide set of primary care rational service areas

What's Wrong With Our Current Approach to Designating Primary Care Shortage Areas in New York?

- ❑ Not comprehensive or systematic
- ❑ Aimed at maintaining current designations
- ❑ Less emphasis on identifying areas with emerging shortages
- ❑ Provider data not readily available
- ❑ Provider data may *not* reflect current primary care capacity
- ❑ Current efforts are time and resource intensive

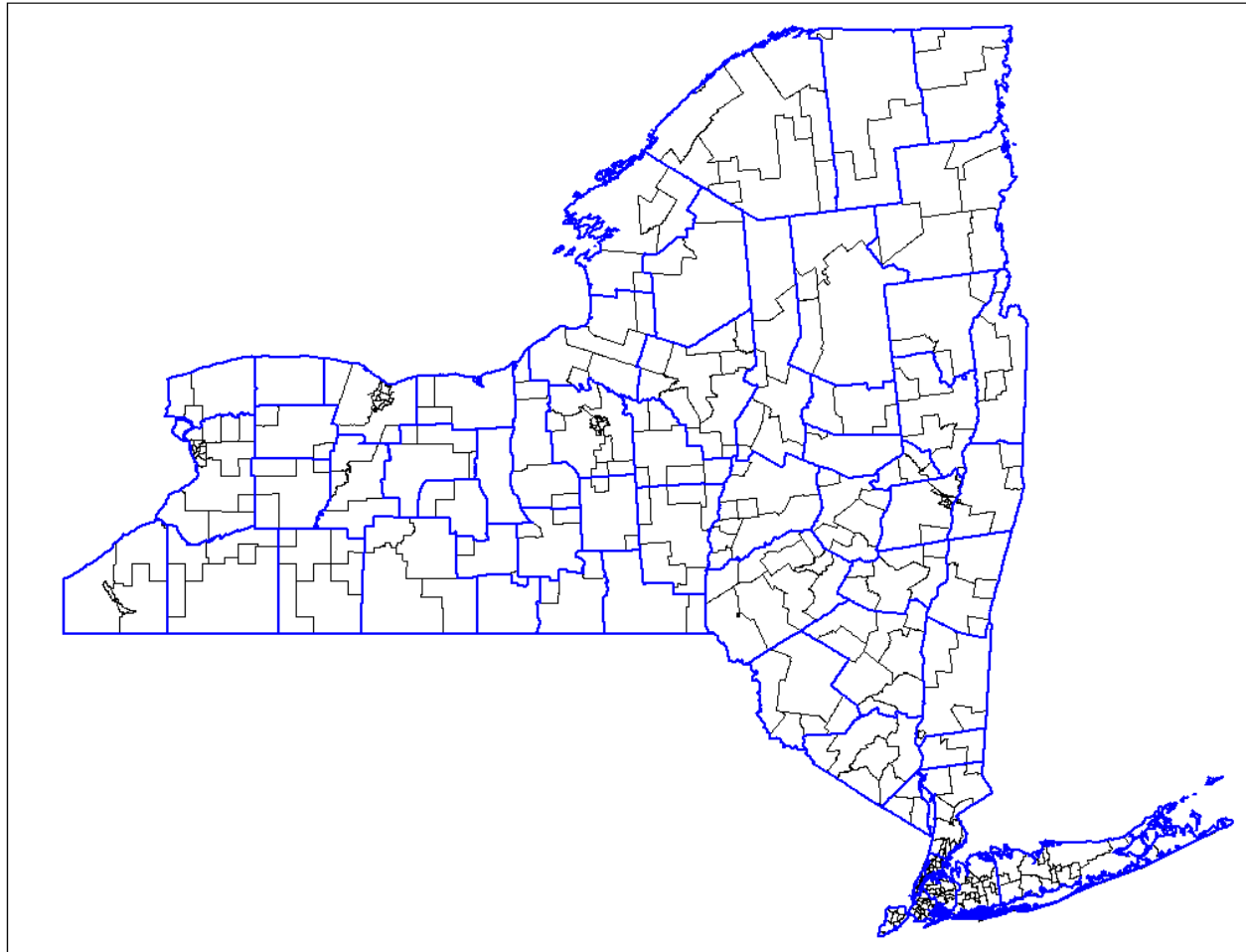
Can We Build A Better Mousetrap?

- ❑ **HEAL 9 Planning Grant:** Partnership between the Center and the CHCANYS
- ❑ Project activities
 - Develop a statewide set of primary care rational service areas (RSAs)
 - Conduct re-registration surveys for nurse practitioners, physician assistants and midwives
 - Conduct a comprehensive statewide primary care capacity assessment

Method for Developing RSAs

- ❑ Adapted a cluster analysis approach used by the U.S. Department of Agriculture to construct a set of commuting zones for the U.S.
- ❑ Based on commuting patterns of patients to primary care providers
- ❑ Data sources included Medicare, Medicaid, 11 commercial insurers statewide, and uninsured patients served by community health centers in New York

Preliminary Primary Care RSAs



Potential Uses for RSAs

- ❑ Create a more systematic and streamlined approach to the identification and designation of HPSAs and MUA/Ps
- ❑ Inform impact analyses for proposed changes to update HPSA and MUA/P methodologies
- ❑ Support local health planning efforts
- ❑ Inform state policies and programs

Statewide Stakeholder Outreach

- ❑ In collaboration with CHCANYS, regional stakeholder meetings are being convened
- ❑ Local providers, planners, and other stakeholders invited to review proposed RSAs and provide feedback
- ❑ Helps to identify local issues that affect access to primary care and RSA configuration

Issues Raised by Local Stakeholders

- ❑ Available commercial insurance data were incomplete for some areas of the state
- ❑ Aggregating utilization data masked issues facing underserved populations
 - Commuting patterns may differ by insurance status, i.e., Medicaid-eligibles may travel further to find providers who accept Medicaid
- ❑ Cross-state commuting for primary care was not included in the analysis
- ❑ The RSAs developed reflect current utilization, not optimal utilization

Local Planners Have Important Roles to Play

- ❑ Creating collaborations
 - ❑ Forming coalitions among local stakeholders to address community needs
- ❑ Using data and information
 - ❑ First to know about changes in local primary care resources
- ❑ Building capacity
 - ❑ Identifying the most effective strategies to build primary care capacity

Closing Thoughts

- ❑ RSAs are an important starting point in systematic assessments of primary care capacity in New York
- ❑ Local stakeholder input has informed the work of this research project
- ❑ Systematic assessment of primary care capacity must be a collaborative effort that:
 - Uses the best available data and tools
 - Draws on the knowledge and experience of local stakeholders