

An Introduction to Developing Federally Designated Shortage Areas



David P. Armstrong, PhD

Center for Health Workforce Studies
School of Public Health, University at Albany

(518) 402-0250

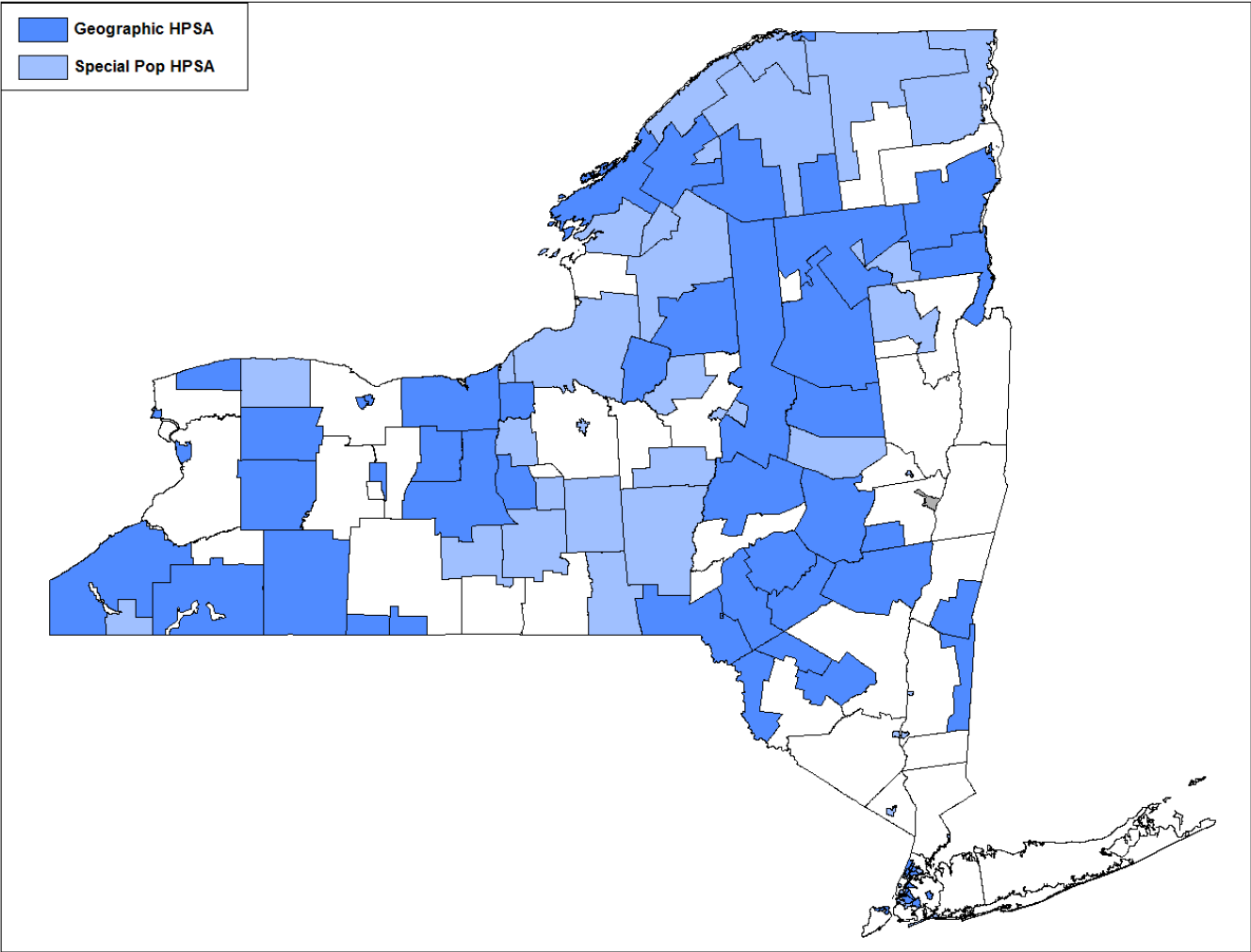
<http://chws.albany.edu>

May 4, 2011

Today's Presentation

- Benefits of federally designated shortage areas
- What information do you need?
- How do you use the information?
- Anticipating the future

There are Over 100 Primary Care HPSAs in New York



Benefits of Federal Shortage Designations

HPSA Designation

- Recruitment and Retention opportunities, including
 - National Health Service Corp scholars and loan re-payers
 - J-1 visa waiver recipients
- 10% Medicare Part B rate enhancements for all providers in primary care geographic HPSAs

Medically Underserved Area/Population (MUA/P) Designations

- Federal 330 new start or expansion funding
- J-1 visa waiver placement



WHAT INFORMATION DO YOU NEED?

Physician Workforce Data

- New York Physician Re-registration Survey (1997 to present)
 - Principal Specialty
 - Practice Setting
 - Practice Location Address and Patient Care Hours
- Community-based Primary Care Physicians

Principal Specialty

- Primary Care Physicians (HPSA Definition)
 - Family Medicine
 - General Practice
 - General Internal Medicine
 - General Pediatrics
 - Obstetrics and Gynecology
 - Geriatrics

Practice Setting

- Community-based Settings (HPSA Definition)
 - Include ambulatory care settings that are accessible to the general public such as private practices, group practices, and hospital outpatient departments
 - Community-based settings do not include hospital inpatient departments and emergency rooms or nursing homes

Practice Location Address and Patient Care Hours

- Full Address for Principal and Secondary Practice Location for Geocoding
- Patient Care Hours for Principal and Secondary Practice Location



HOW DO YOU USE THE INFORMATION?

Developing a Primary Care HPSA

- Designation criteria for a primary care HPSA
 - A defined service area that is rational for the delivery of primary care service
 - 3,500 to 1 population-to-provider ratio (3,000 to 1 for special population HPSAs)
 - Services deemed inaccessible in contiguous areas

The Population-to-Provider Ratio

- Residential population compared to the number of community-based primary care full time equivalents (FTEs) in an RSA
- $\text{FTEs} = \text{patient care hours per week} / 40$
- FTEs are capped at 1

Developing a MUA/P

- Designation criteria – weighted score of 62 or less based on
 - Number of Community-based primary care physician FTEs per 1,000 residential population
 - Percent of population under 100% of the Federal Poverty Level
 - Percent of the population 65 years of age or older
 - Infant mortality rate

Physician Workforce Data

- Community-based Primary care Physicians
 - Principal Specialty
 - Practice Setting
 - Practice Location Address and Patient Care Hours



ANTICIPATING THE FUTURE

The Rules for Shortage Area Designation are Changing

- A federally mandated Negotiated Rulemaking Committee has been convened
- New rules for the designation of primary care HPSAs and MUAs/Ps are expected to be in place by the first part of next year
- Possible changes:
 - Using one methodology for the designation of primary care HPSAs and MUAs/Ps
 - Adjusting the population to take into account age structure, 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

HEAL 9 Health Planning Grant

- Problem 1: The current approach used to identify and designate primary care shortage areas in New York is fragmented
- Problem 2: New York is not prepared for potential changes in shortage area guidelines
- Solution: In collaboration with CHCANYS, conduct a comprehensive statewide primary care assessment
 - Rational Service Area (RSA) development
 - Primary care provider data collection
 - Primary care capacity assessment

Statewide, 317 Preliminary Primary Care RSAs were Created Using this Methodology

