

# Comprehensive Primary Care Assessment of New York



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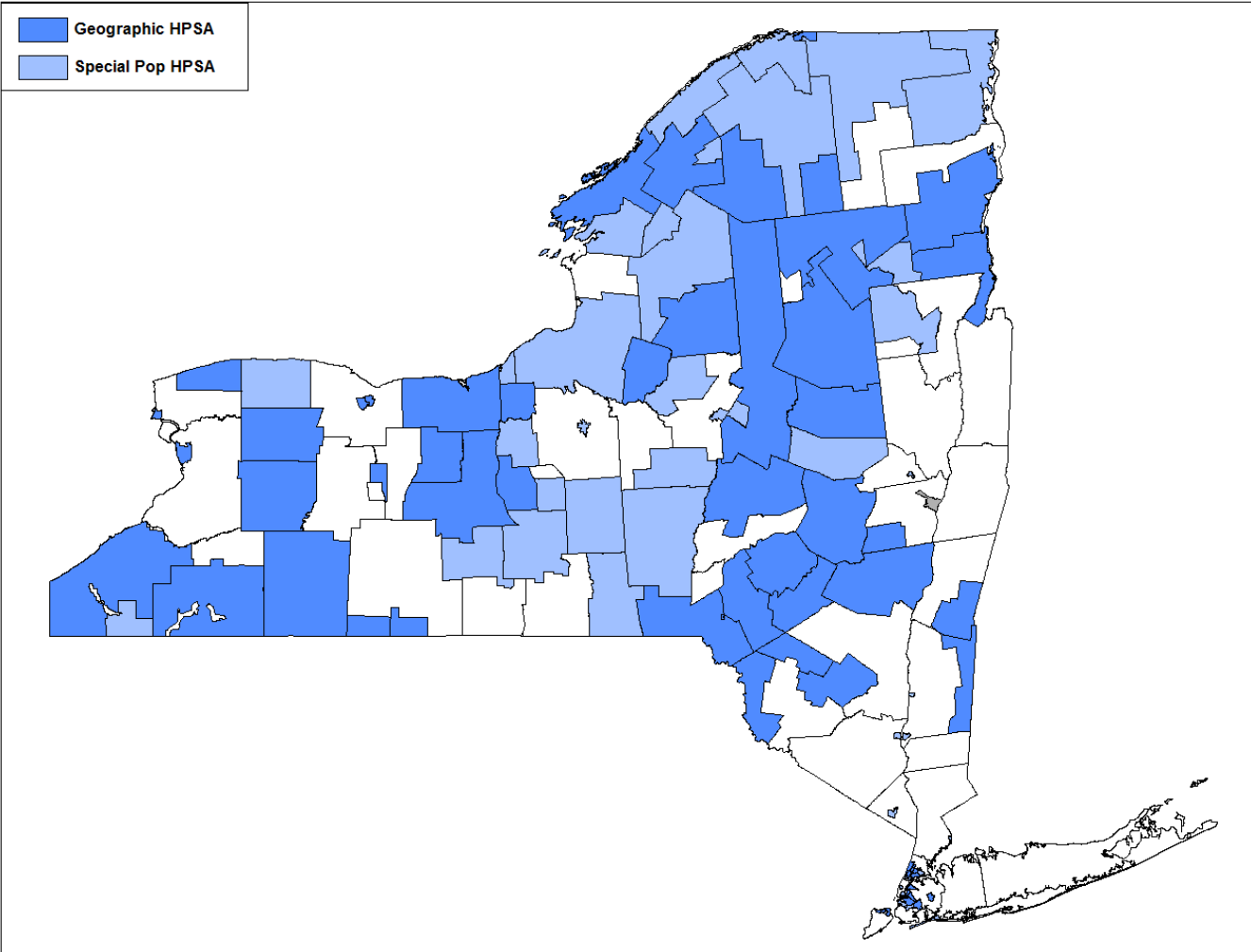
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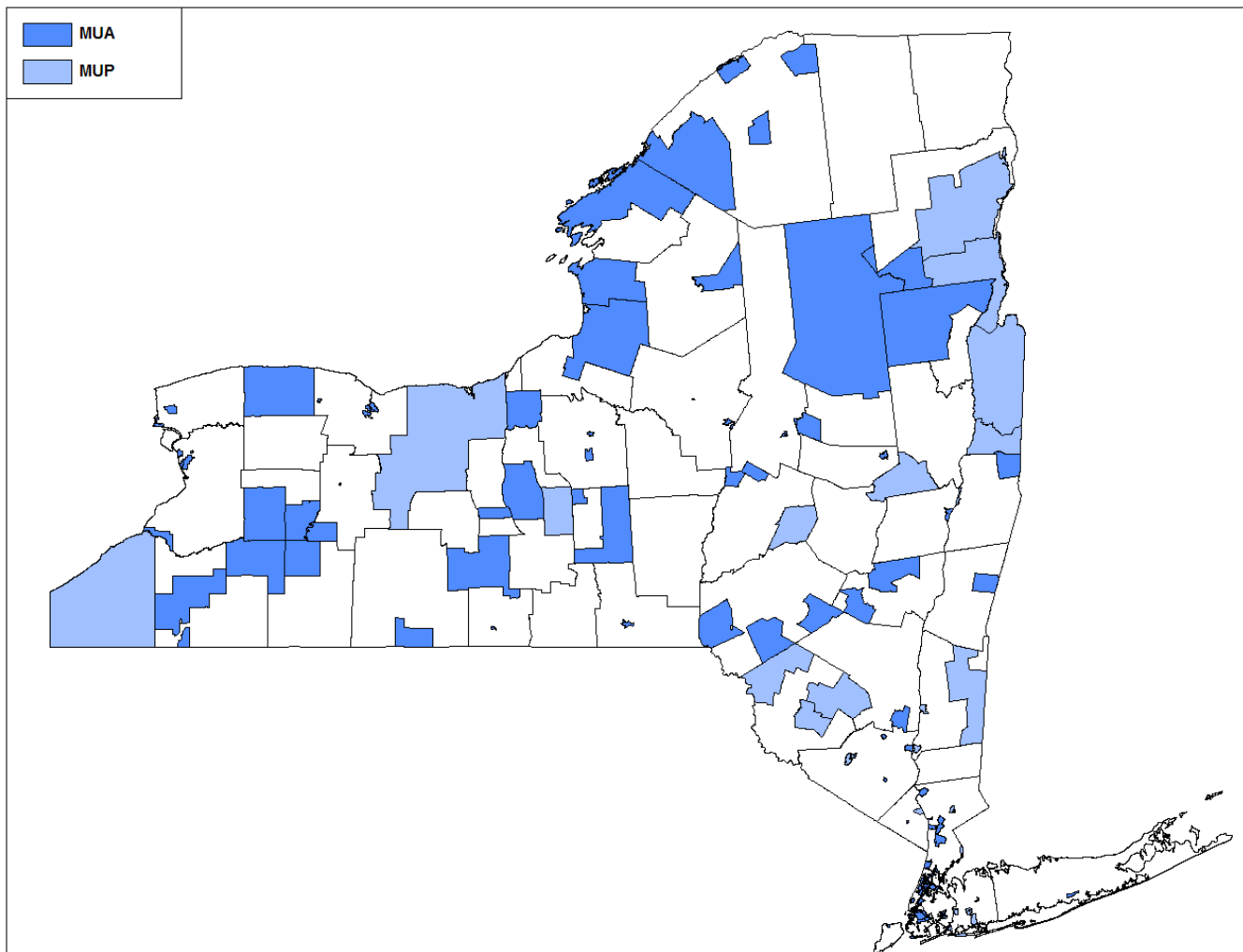
# Today's Presentation

- Changing rules for the designation of Health Professional Shortage Areas (HPSAs)
- Project Overview
- Rational Service Area Methodology
- Feedback from Stakeholders
- Next Steps

# There are Over 100 Primary Care HPSAs in New York



# There are Over 130 MUA/Ps 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

# 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

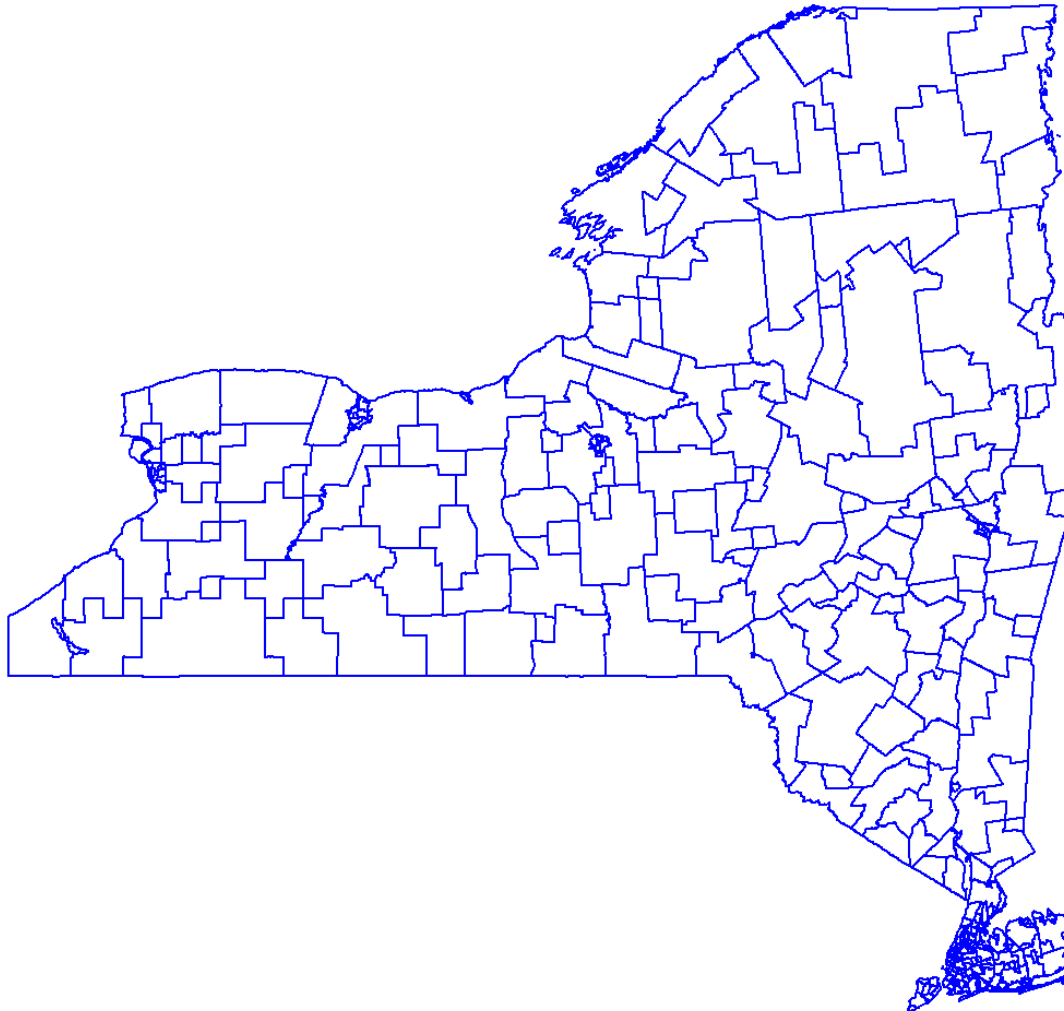
- Problem 1: The current approach used to identify and designate primary care shortage areas in New York is fragmented
- Problem 2: New York is not prepared for potential changes in shortage area guidelines
- Solution: In collaboration with CHCANYS, conduct a comprehensive statewide primary care assessment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

# 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, and uninsured patients served by community health centers in the state



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



<b>HPSA Rules</b>	<b># RSAs Qualified</b>	<b>Population Served</b>
Current Geographic HPSA	82	1,543,200
Current Special Pop HPSA, Medicaid	155	N/A
Current MUA	35	1,107,000
Proposed 2008 Guidelines	112	3,837,400

# Stakeholder Outreach

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

# Issues Raised by Local Stakeholders

## Issue #1

- Available commercial insurance data were incomplete for some areas

## Possible strategy to address issue

- Work with local stakeholders to ensure that all major commercial insurers in the state are included in all future RSA development work

# Issues Raised by Local Stakeholders

## Issue #2

- Aggregating utilization data may mask issues facing underserved populations
  - Commuting patterns may differ by insurance status, i.e., Medicaid-eligibles may travel further to find providers who accept Medicaid

## Possible strategy to address issue

- Discrete analyses of commuting patterns by payor will be completed to better understand variation in commuting patterns

# Issues Raised by Local Stakeholders

## Issue #3

- RSA development methods may not fully account for people commuting into urban areas for primary care services
  - Large urban areas (Albany, Buffalo, Rochester, Syracuse, and New York City) were analyzed separately from surrounding areas

## Possible strategy to address issue

- Revise methodology so that future RSA development takes these commuting patterns into account

# Issues Raised by Local Stakeholders

## Issue #4

- Cross-state commuting for primary care was not included in the analysis

## Possible strategy to address issue

- Data are not available in the current study to address the issue of cross-state commuting for primary care services, but could be considered for future research

# Issues Raised by Local Stakeholders

## Issue #5

- The RSAs developed reflect current utilization, not optimal utilization

## Possible strategy to address issue

- Consider using access indicators such as ambulatory care sensitive discharges to better understand the relationship between current utilization and optimal utilization of primary care services

# Next Steps in the Project

- Continue with local meetings
- Develop and compare RSAs using the different insurance types, i.e., Medicaid, Medicare, commercial, and uninsured
- Finalize methodology and/or RSAs