HRH Data Use for Determining Primary Care Shortage Areas: The New York Experience

Health Workforce Information Reference Group
Third Meeting
Nairobi, Kenya

December 5, 2011

Jean Moore, Director

Center for Health Workforce Studies
School of Public Health, SUNY at Albany
http://chws.albany.edu

Overview of Presentation

- Federal, state, NGO roles in health workforce planning

- U.S. shortage designations and benefits

- State-level data collection to support analysis of primary care capacity

Federal Responsibilities for Health Workforce Planning

- Development of health workforce data collection guidelines

- Identification of national trends and needs

- Projections of national supply and demand

- Development of comparative state data

- Administration of federal programs designed to fill health workforce gaps, especially in underserved areas

- Reimbursement and payment policies for federal health insurance programs

State Responsibilities for Health Workforce Planning

- Licensure and regulation of health practitioners

- State supported health professions education and training programs

- Regulation of service delivery

- Provision of state and local public health services

- Scholarship and loan repayment programs for health professionals

- State health insurance program policies and administration

The New York Center for Health Workforce Studies

- Private, not for profit research center established in 1996

- Based at the State University of New York at Albany School of Public Health

- Mission: to provide timely, accurate data and conduct policy-relevant research about the health workforce

- Goal: to inform public policies and programs designed to address health workforce issues

Federal Primary Care Shortage Area Designations in the U.S.

❑ Primary care health professional shortage areas (HPSAs)

- Documents primary care provider shortage
- Considers primary care capacity and access to care in neighboring communities
- Three types of designations - geographic, special population, and facility

❑ Medically underserved areas or populations (MUA/Ps)

- Documents medical underservice or lack of health care infrastructure
- Considers health status indicators, barriers to care, ability to pay for care, primary care provider capacity
- Two types of designations – geographic, special population

What Are the Benefits of a Primary Care Shortage Designation?

- Recruitment and retention incentives

- Enhanced reimbursement

- Funding to support the development of primary care infrastructure

Health Workforce Data Collection in New York

- The Center in collaboration with New York State agencies collects data on health workforce

    - Supply

    - Production

    - Demand

Health Professions Supply Data

Surveys of :

- Physicians
- Nurse Practitioners
- Physician Assistants
- Midwives
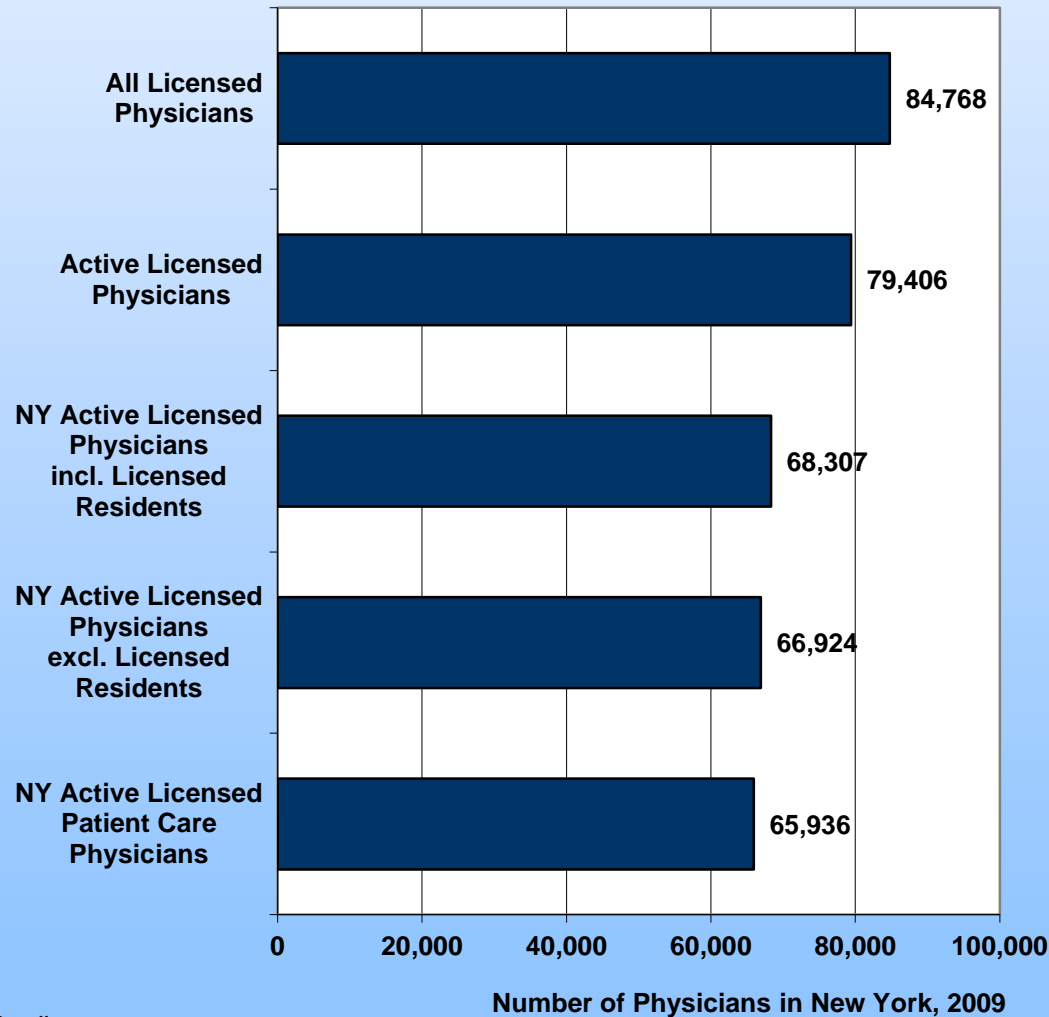- Registered Nurses
- Dentists
- Dental Hygienists

How Are Supply Data Collected?

- For all of the health professions, voluntary surveys are conducted by the Center at the time of license renewal (every 2 or 3 years)

- Data collected through these surveys are used to identify and designate primary care shortage areas in New York

What Provider Information Is Needed for Shortage Designation?

- Number of active physician full-time equivalents (FTEs)
  - in primary care specialties
  - in community-based practice setting
  - by practice location

Licensure Lists Are Insufficient for These Analyses

Chart: Number of Physicians in New York, 2009

Category	Number
All Licensed Physicians	84,768
Active Licensed Physicians	79,406
NY Active Licensed Physicians incl. Licensed Residents	68,307
NY Active Licensed Physicians excl. Licensed Residents	66,924
NY Active Licensed Patient Care Physicians	65,936

Number of Physicians in New York, 2009

Re-Registration Survey Questions: Practice Specialty, Hours and Location

Principal Location

Number   Street

City/Town   State

Zip Code | Patient Care Hours

This location is a/an:
(Mark all that apply.)
- ○ Private office/medical arts building
- ○ Hospital
- ○ Freestanding health center/clinic/urgent care center
- ○ Nursing home/other residential facility
- ○ State/local health department
- ○ Other

PATIENT CARE: PRACTICE TYPE

Which best describes your patient care practice at the locations identified in question 10? Mark one for principal and one for secondary practice location, where applicable.

Principal   Secondary
- ○   ○ Ambulatory care (including hospital outpatient services)
- ○   ○ Inpatient care
- ○   ○ Emergency services (emergency room/dept.)
- ○   ○ Other

PRACTICE SPECIALTY IN WHICH YOU SPEND MOST OF YOUR PROFESSIONAL TIME

Mark ONE principal specialty and ONE secondary specialty, if applicable.

Principal Secondary
- ○   ○ Allergy & Immunology
- ○   ○ Anesthesiology
- ○   ○ Dermatology
- ○   ○ Emergency Medicine
- ○   ○ Family Medicine
- ○   ○ General Practice
- ○   ○ Internal Medicine (General)
- ○   ○ Neurology
- ○   ○ Obstetrics and Gynecology
- ○   ○ Gynecology (Only)
- ○   ○ Occupational Medicine
- ○   ○ Ophthalmology
- ○   ○ Otolaryngology
- ○   ○ Pathology (General)
- ○   ○ Pathology (Sub-specialty)
- ○   ○ Pediatrics (General)
- ○   ○ Pediatrics (Sub-specialty)
- ○   ○ Physical Medicine and Rehabilitation
- ○   ○ Preventive Medicine
- ○   ○ Psychiatry—Adult
- ○   ○ Psychiatry—Child & Adolescent
- ○   ○ Radiology—Diagnostic
- ○   ○ Radiology—Therapeutic
- ○   ○ Surgery (General)
- ○   ○ Urology
- ○   ○ Other

# Survey Data Used to Describe Trends in the Regional Supply of Community-based Primary Care Physicians
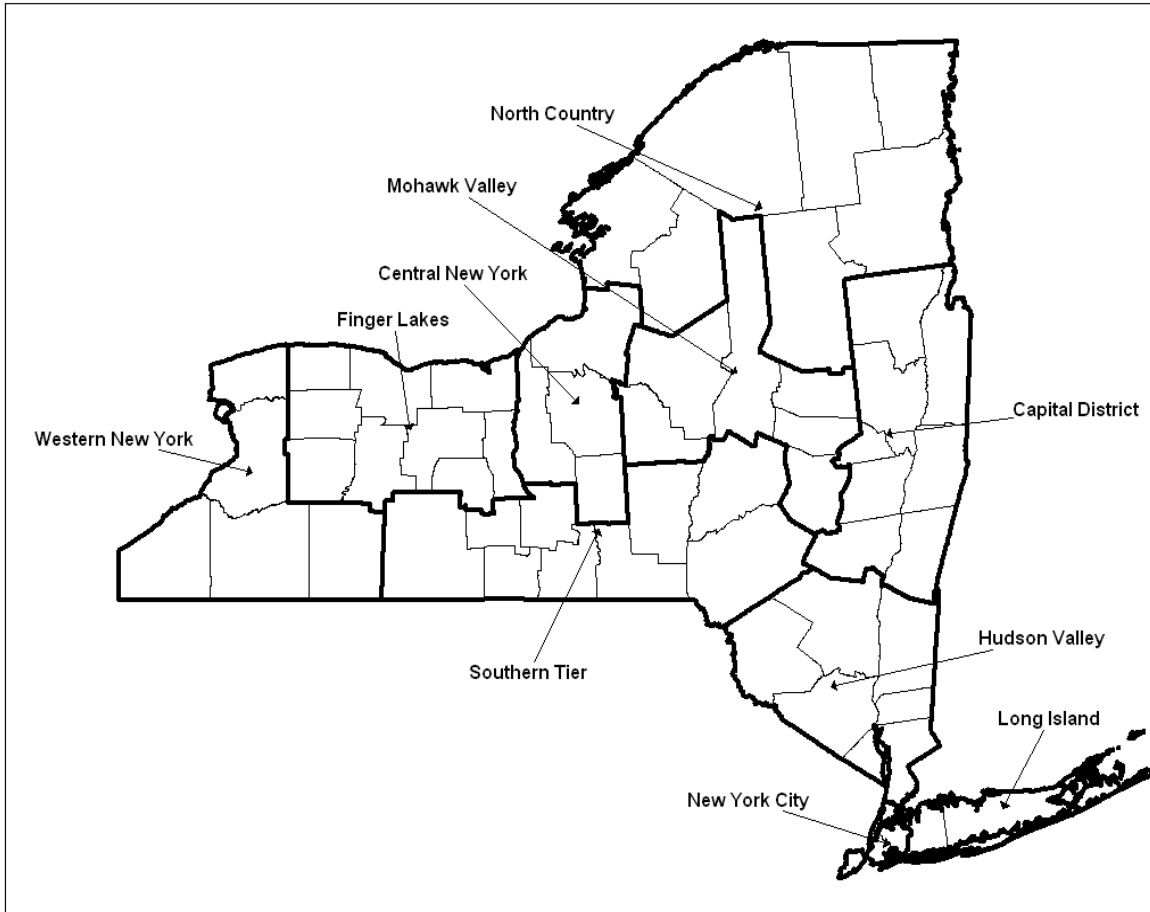
Region	Supply Per 100k, 2009	Change, 2005 to 2009
Capital District	78	8.0%
Central NY	68	-0.4%
Finger Lakes	81	10.8%
Hudson Valley	84	-1.4%
Long Island	88	0.3%
Mohawk Valley	61	-1.9%
New York City	89	-1.5%
North Country	64	8.6%
Southern Tier	76	7.2%
Western NY	69	2.0%
Statewide	82	0.7%

Survey Data Used in Small Area Analysis of Primary Care Capacity
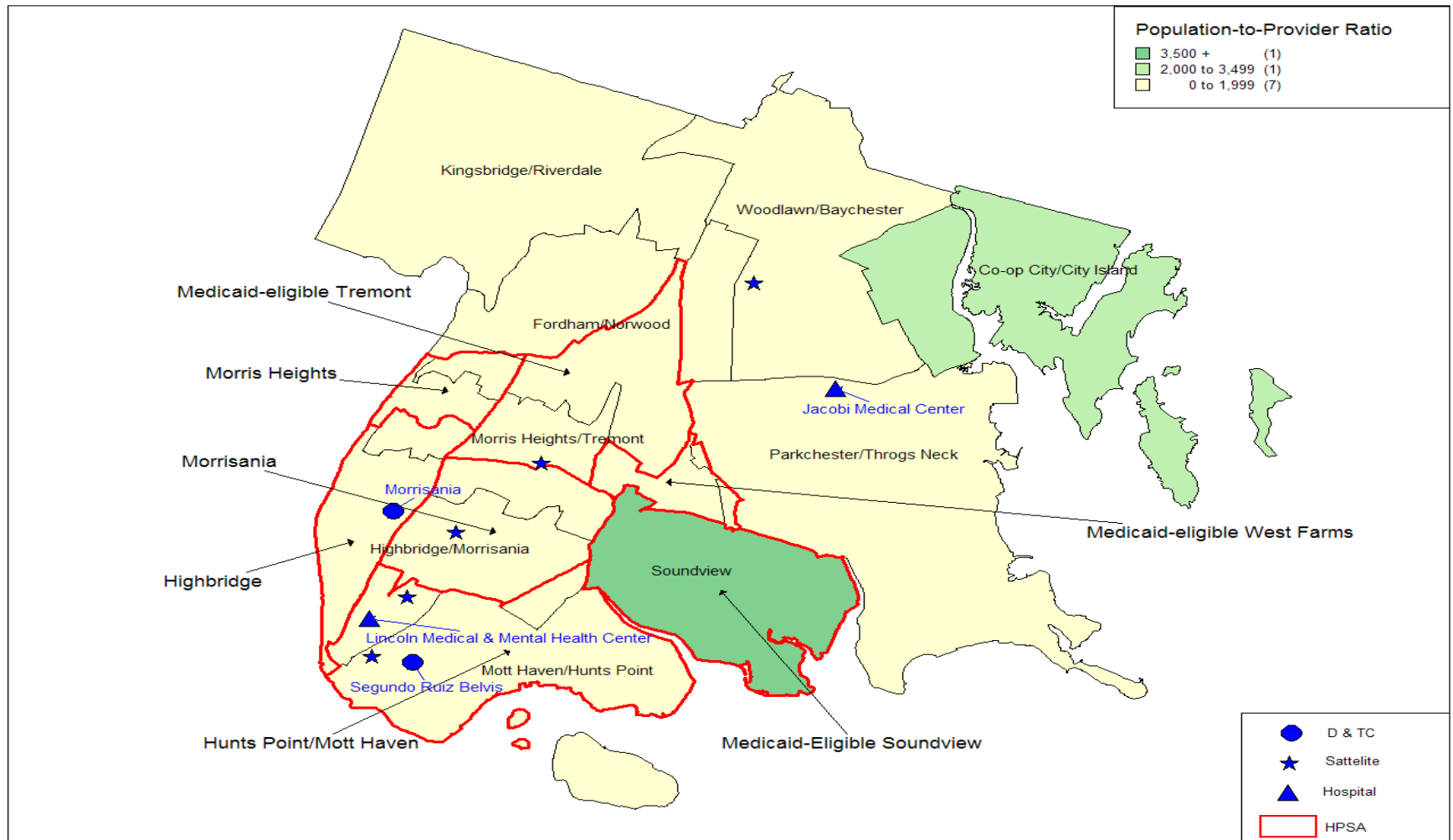
Over 100 Primary Care Shortage Areas Are Currently Designated in New York
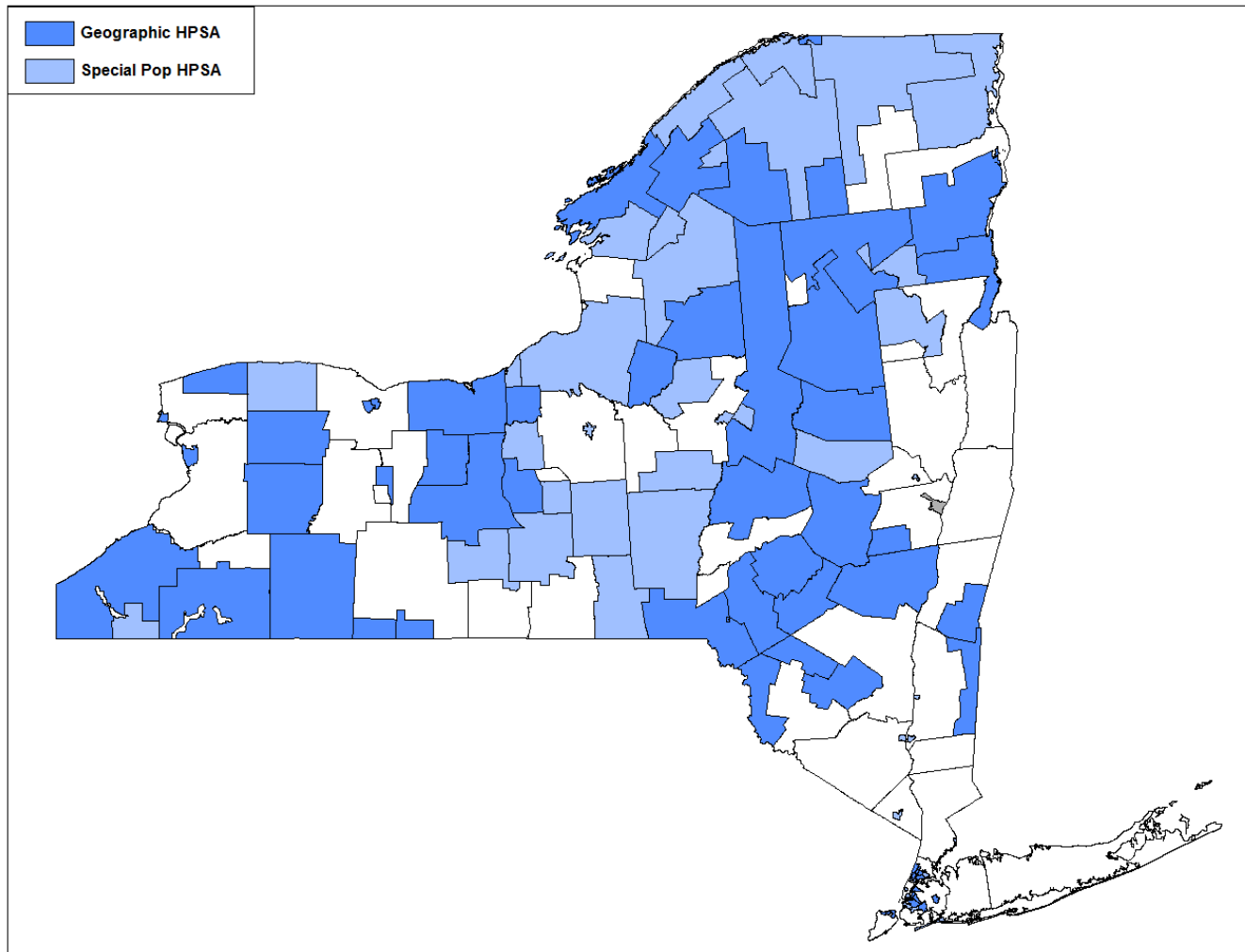
The Rules for Shortage Area Designation are Changing

- A federally mandated committee has spent over a year reviewing the current methodology and has proposed a number of changes

- Among the possible changes:

  - Counting the contribution of nurse practitioners, physician assistants, and midwives toward primary care capacity

  - Including utilization adjustments based on age and gender of the population

  - Considering access barriers to care, such as population density and % of population that is disabled

Minimum Data Set: Guidelines for Health Workforce Data Collection

- The development and implementation of a uniform minimum dataset (MDS) for the health professions is a federal priority

- The MDS is a standard set of basic questions on the demographic, educational and practice characteristics of health professionals

- Potential to support systematic health workforce monitoring, including

  - Describing the supply and distribution of health professionals

  - Informing health workforce policies and programs

  - Facilitating health workforce research and policy analysis

The Way Forward

- Federal, state and NGO partnerships

- Support for systematic assessment of primary care capacity

- Target resources to neediest areas

- Continue to use data and information to inform the development of primary care workforce policies and programs

- Evaluate impacts of these efforts on the health of the population