Assessing Primary Care Capacity in New York: Developing and Using Primary Care Rational Service Areas

CHCANYS CLINICAL FORUM AND STATEWIDE CONFERENCE
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Presentation Overview

◘ Physician supply and distribution in New York

◘ Why RSAs?

◘ Progress to date

◘ Next steps

The Supply and Distribution of Physicians in New York

- Data drawn from the 2007-08 Physician Re-registration Survey

- 80% survey response rate

- Based on survey responses, it is estimated that there were:

  - 82,828 licensed physicians

  - 64,818 active physicians

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Active Physicians in New York, 2008

- Average age 52
- 31% women
- 10% underrepresented minorities
- 36% International Medical Graduates
- 30% reported primary care specialties
- More than a third worked in a group practice

# Selected Differences Between Physicians in Rural and Urban Counties in 2008

	Urban	Rural	NYS
Active Patient Care Physician FTEs per 100,000	281.8	154.4	261.6
Community-based Primary Care Physician FTEs per 100,000	81.1	61.5	78.0
% Female	32%	23%	31%
% Under Represented Minority	10%	6%	10%
% IMGs	36%	29%	36%
% NYS Med School Graduates	39%	34%	39%
% NYS Residency Training	79%	55%	77%

# Variable Growth in the Regional Supply of Active Patient Care Physician FTEs Between 2002 and 2008
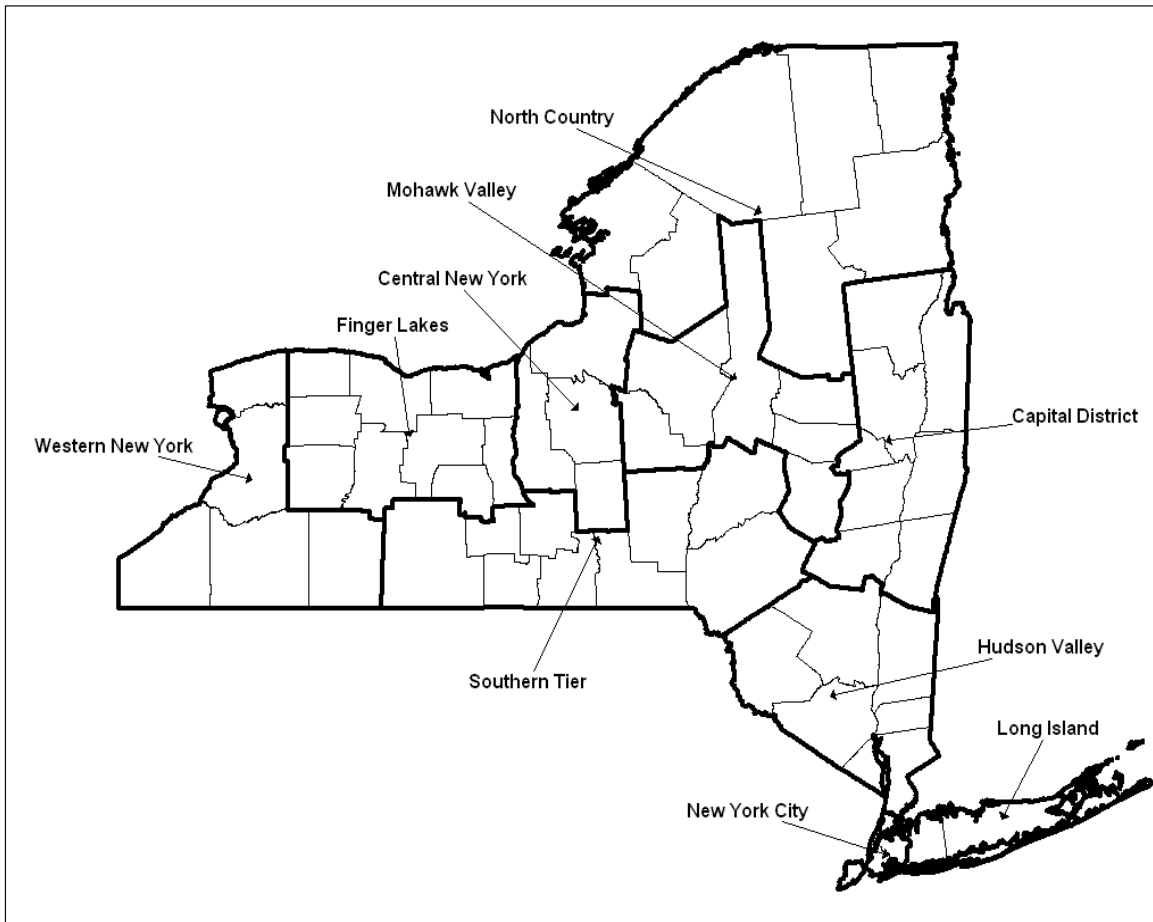
Region	2008 Supply	2002 - 2008 Change
Capital District	2,403	9.4%
Central NY	1,615	4.7%
Finger Lakes	2,593	5.6%
Hudson Valley	6,001	9.5%
Long Island	8,243	10.6%
Mohawk Valley	901	1.4%
New York City	24,489	9.7%
North Country	538	8.7%
Southern Tier	1,224	3.6%
Western NY	2,812	2.0%

Growth in the Number of Community Based Primary Care Physician FTEs Per Capita Between 2002 and 2008 by Region
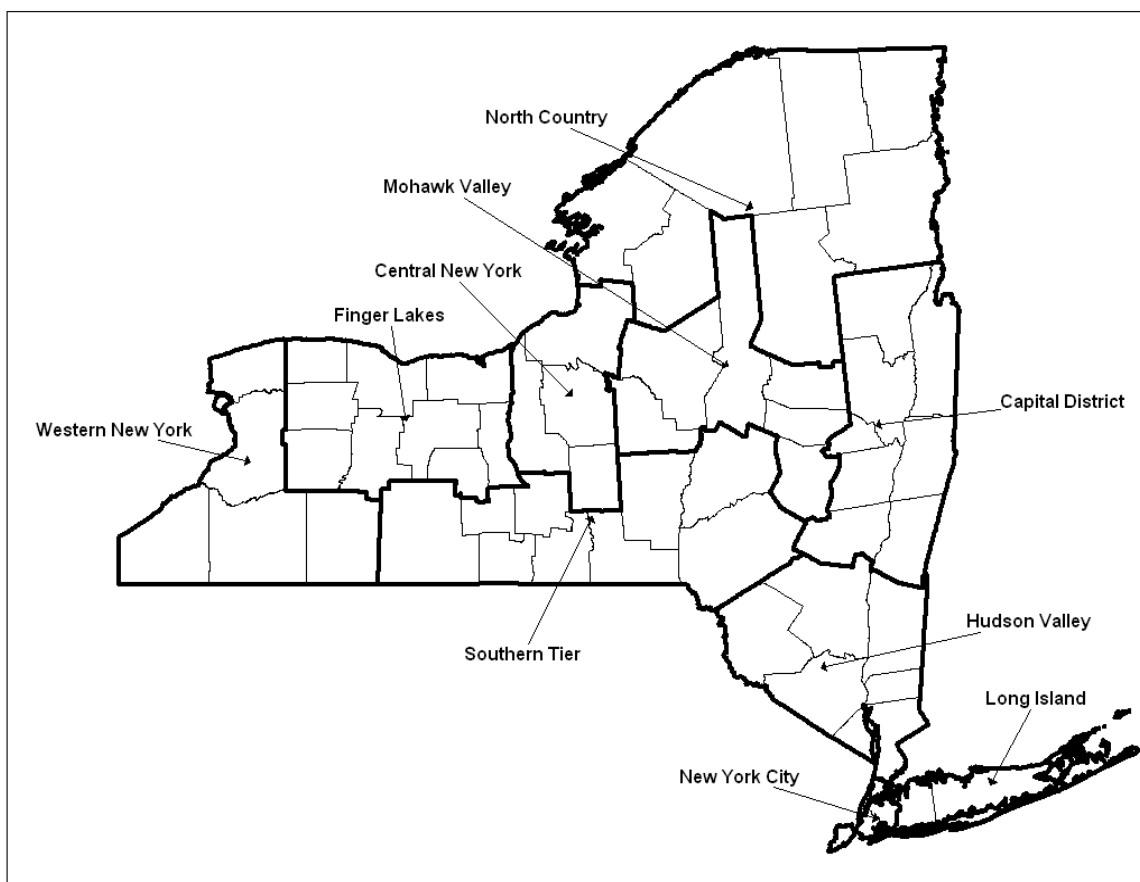

Region	2008 Supply	2002 - 2008 Change
Capital District	72.3	29%
Central NY	64.9	19%
Finger Lakes	77.2	24%
Hudson Valley	82.0	19%
Long Island	81.6	14%
Mohawk Valley	62.0	14%
New York City	82.2	15%
North Country	60.1	18%
Southern Tier	69.1	23%
Western NY	66.2	17%

In 2002, 84% of Counties Fell Below the Statewide Ratio Of Community-based Primary Care Physician FTEs Per Capita

2002 Physician FTEs per 100,000

■ 89 to 125 (1)
■ 67 to 88.9 (9)
■ 45 to 66.9 (34)
□ 23 to 44.9 (18)
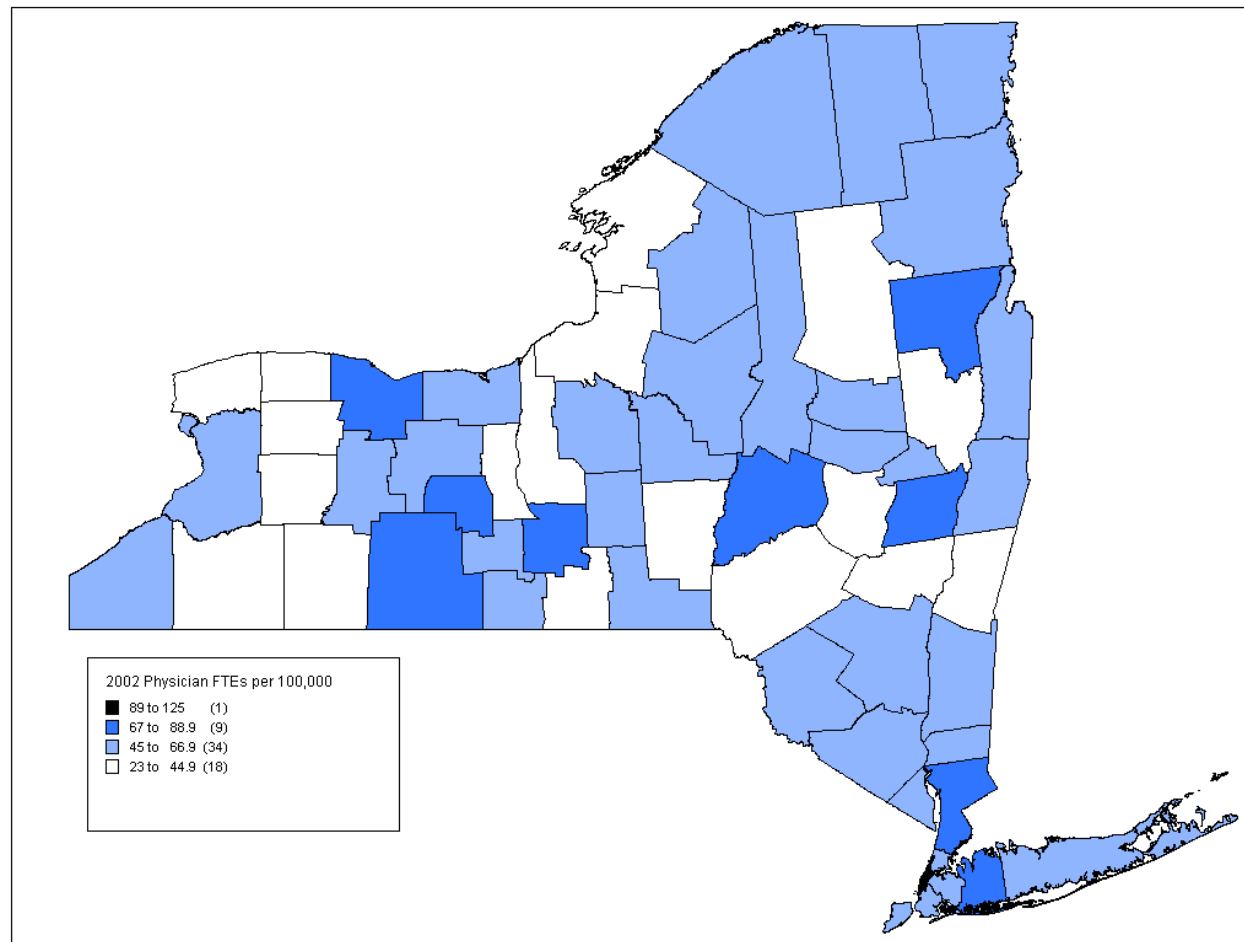
In 2008, 85% of Counties Fell Below the Statewide Ratio Of Community-based Primary Care Physician FTEs Per Capita

2008 Physician FTEs per 100,000

- ■ 104 to 150 (1)
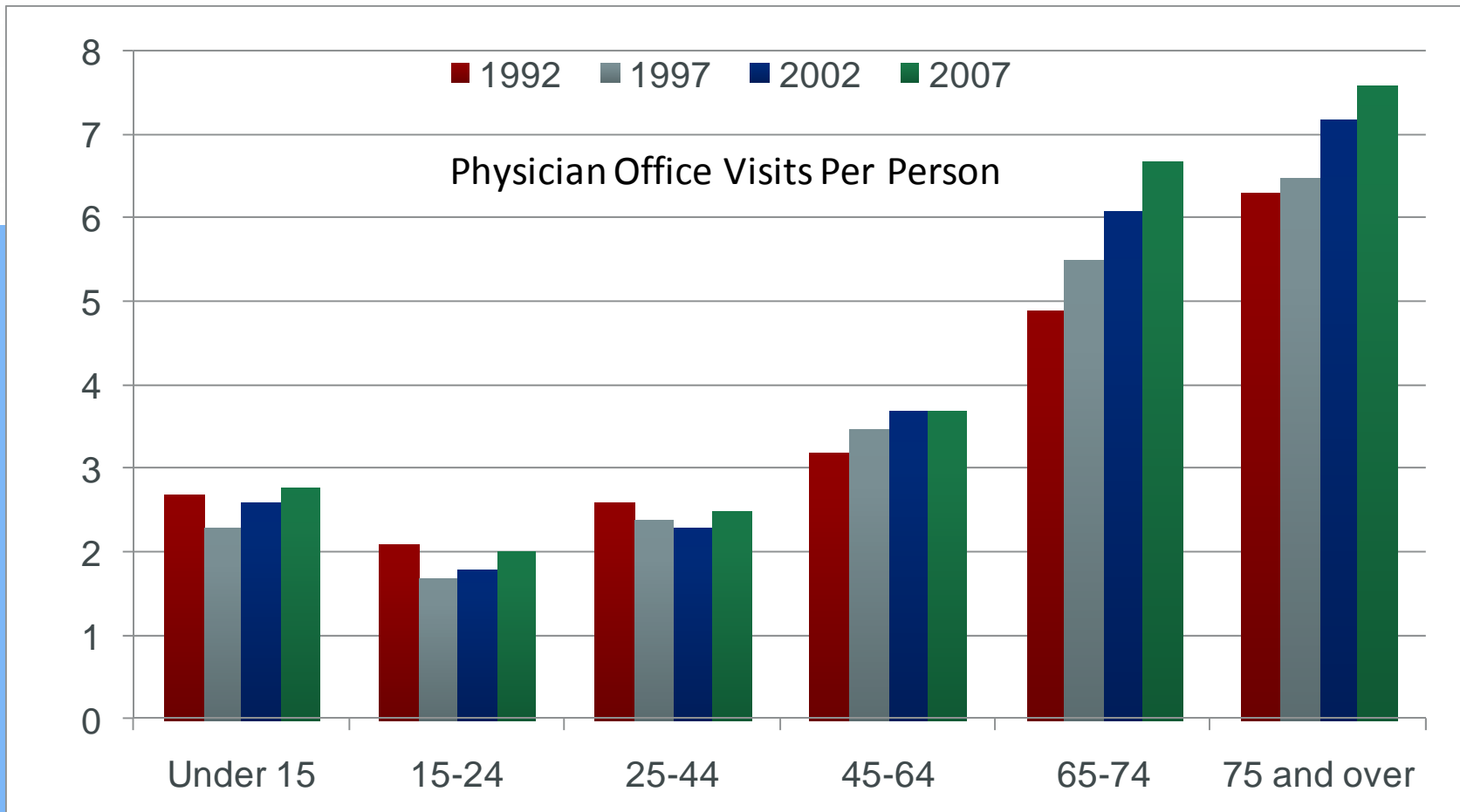- ■ 78 to 103.9 (8)
- ■ 52 to 77.9 (39)
- □ 24 to 51.9 (14)
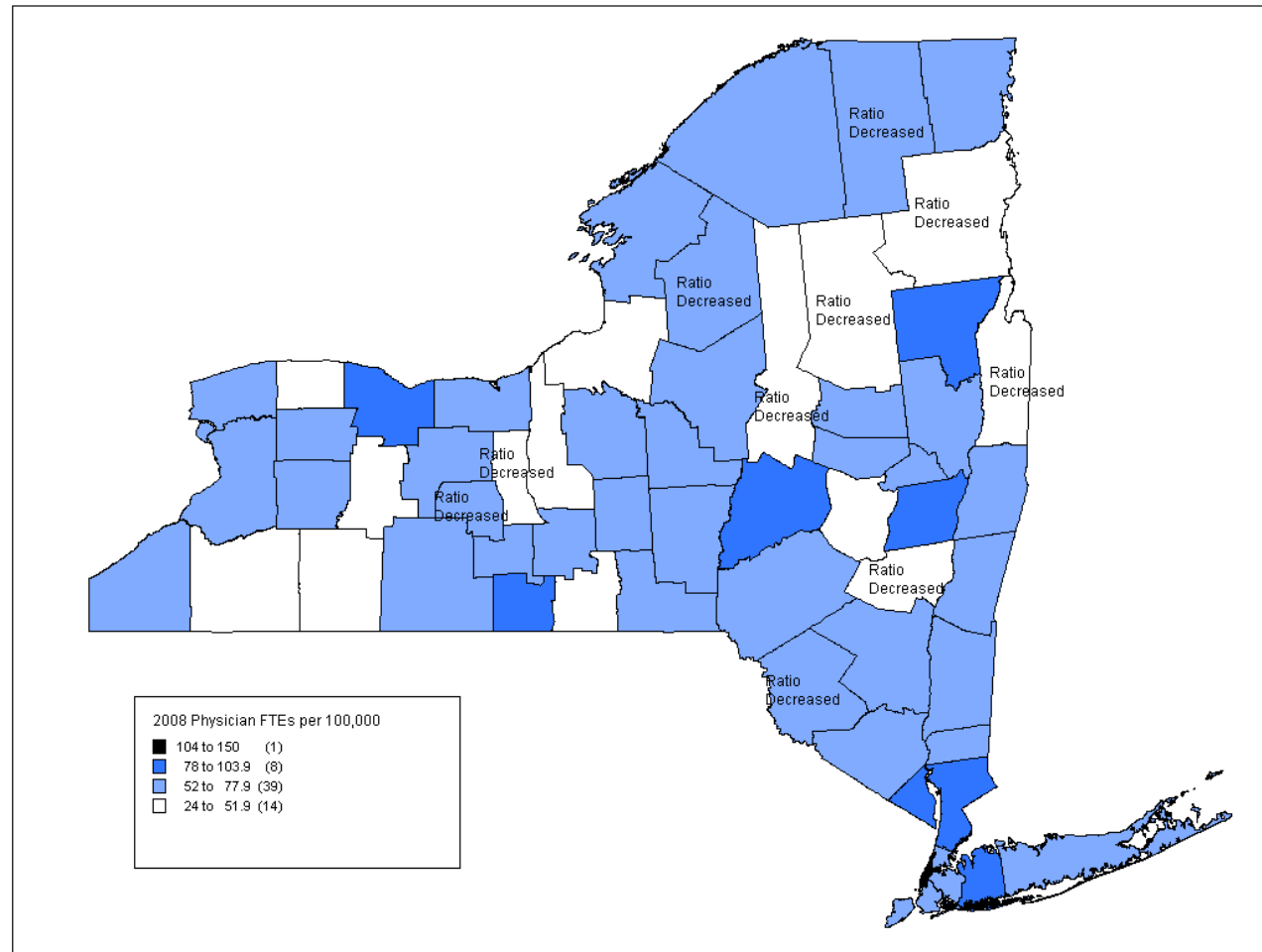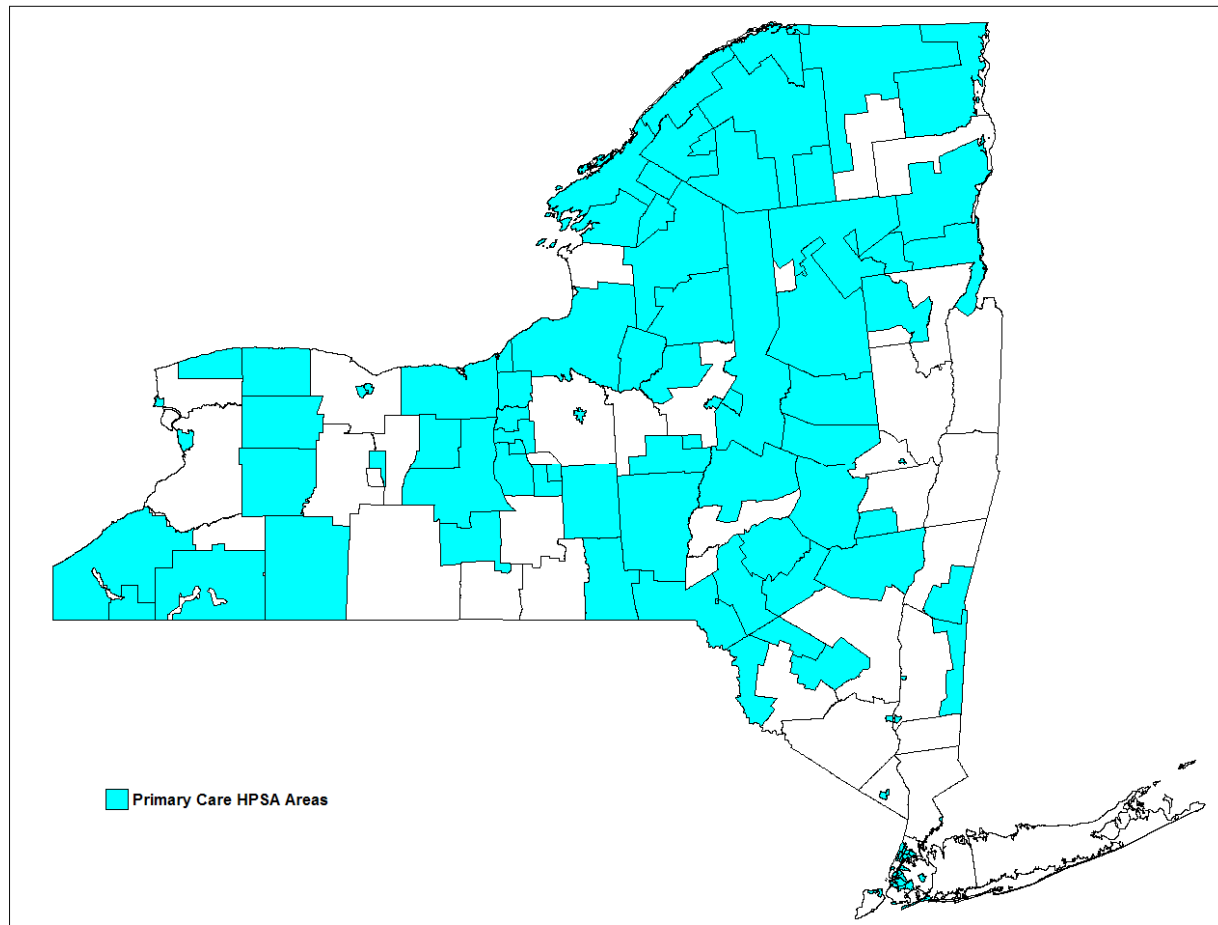
The View from 10,000 Feet:
We Know What We Don't Know

◘ The distribution of primary care physicians within a county

◘ The extent to which NPs, PAs, and midwives provide primary care services

◘ How many community-based primary care physicians provide care to underserved populations

◘ How far people travel (beyond county boundaries) for primary care services

◘ Impact of expanded access to health insurance on demand for primary care

◘ How the denominator is changing – a smaller, but older population upstate

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Physician Office Visits for People Over Age 65 Are Rising

Physician Office Visits Per Person

Legend: 1992 · 1997 · 2002 · 2007

Categories: Under 15 · 15-24 · 25-44 · 45-64 · 65-74 · 75 and over

Primary Care HPSAs in New York

Primary Care HPSA Areas

HEAL 9 Health Planning Grant

◘ Problem: The current approach used to identify and designate primary care shortage areas in New York is fragmented

◘ Solution: Comprehensive statewide primary care assessment

   ◘ RSA development

   ◘ Primary care provider data collection

   ◘ Primary care capacity assessment

Developing RSAs: Cluster Analysis

◻ Used by the Economic Research Service of the U.S. Department of Agriculture to construct commuting zones based on 1980 and 1990 journey-to-work data.

◻ Adapted their methodology for primary care RSAs throughout the state by analyzing patient commuting patterns for primary care office visits.

Comparison to Primary Care Service Areas (PCSAs)

- A potential alternative to creating RSAs
- Created by Goodman et al. (Dartmouth)
- Used Medicare claims data to assign each zip code to a PCSA based on where the largest proportion of patients go for primary care
- There is concern that Medicare patients may have different commuting patterns than other groups, such as the privately insured, Medicaid patients, and the uninsured

Data Sources for Developing RSAs

- ◻ Medicare

- ◻ New York State Medicaid

- ◻ Health plan association data from 11 major private insurers

- ◻ Community health center data on uninsured patients

Variables and Methodology

- The basic unit of our data analysis was be commuting flows between zip codes.

- From each data set:
  - Patient residential zip code
  - Zip code where primary care received
    - In some datasets patients must have a designated PCP
    - In other datasets, primary care visits identified by CPT codes and physician specialty

- Zip codes were aggregated based on commuting patterns

Preliminary Primary Care RSAs
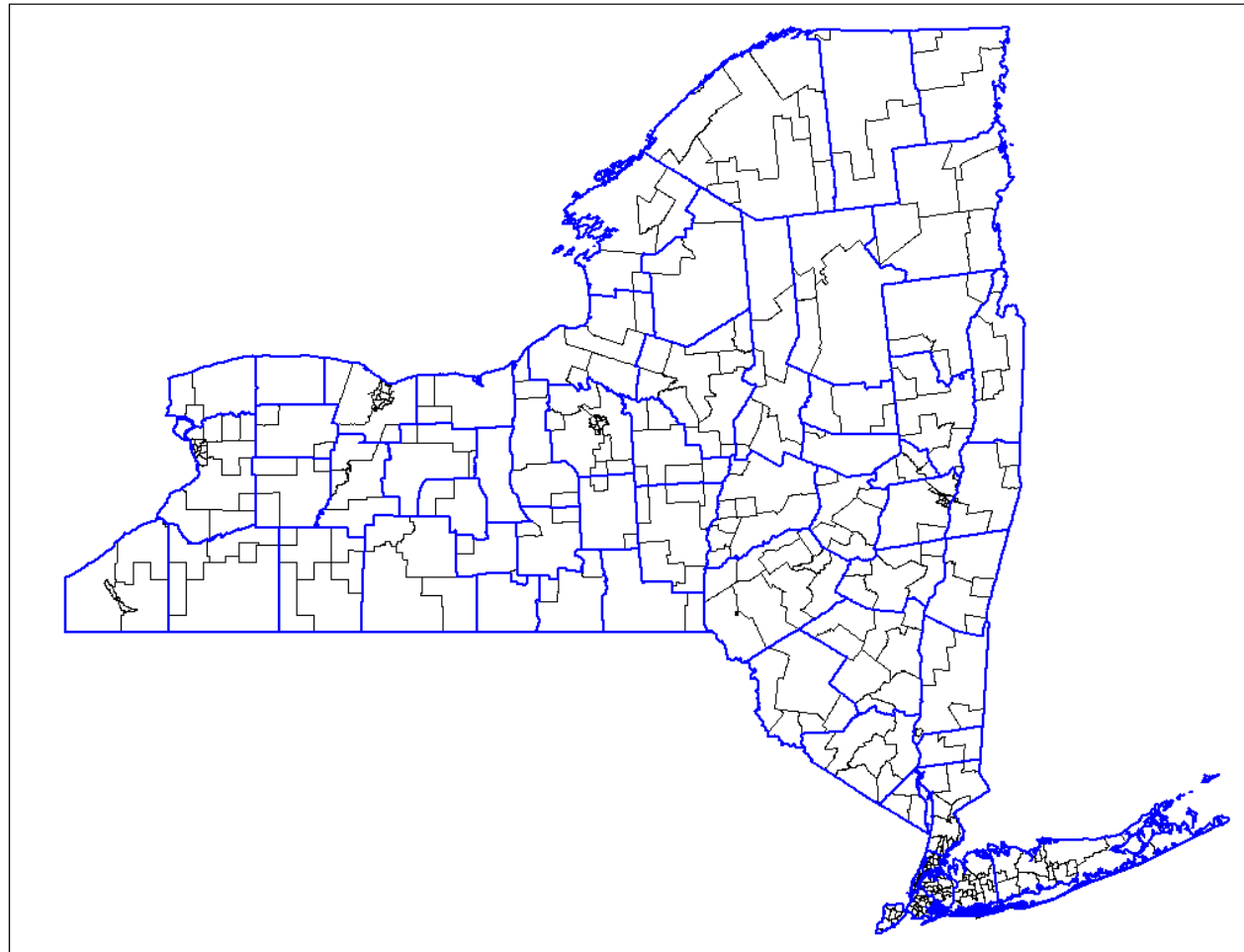
Under Current HPSA Rules, 82 RSAs Would Qualify as Geographic Primary Care HPSAs

| DOL Region	Number of Primary Care HPSAs	Population in HPSAs
Capital District	9	93,000
Central New York	10	132,700
Finger Lakes	6	76,100
Hudson Valley	6	104,300
Long Island	7	99,200
Mohawk Valley	11	34,200
New York City	12	702,800
North Country	7	83,900
Southern Tier	5	60,000
Western New York	9	157,000
New York State	82	1,543,200

Under 2008 Proposed Guidelines, 112 RSAs Would Qualify as Geographic Primary Care HPSAs

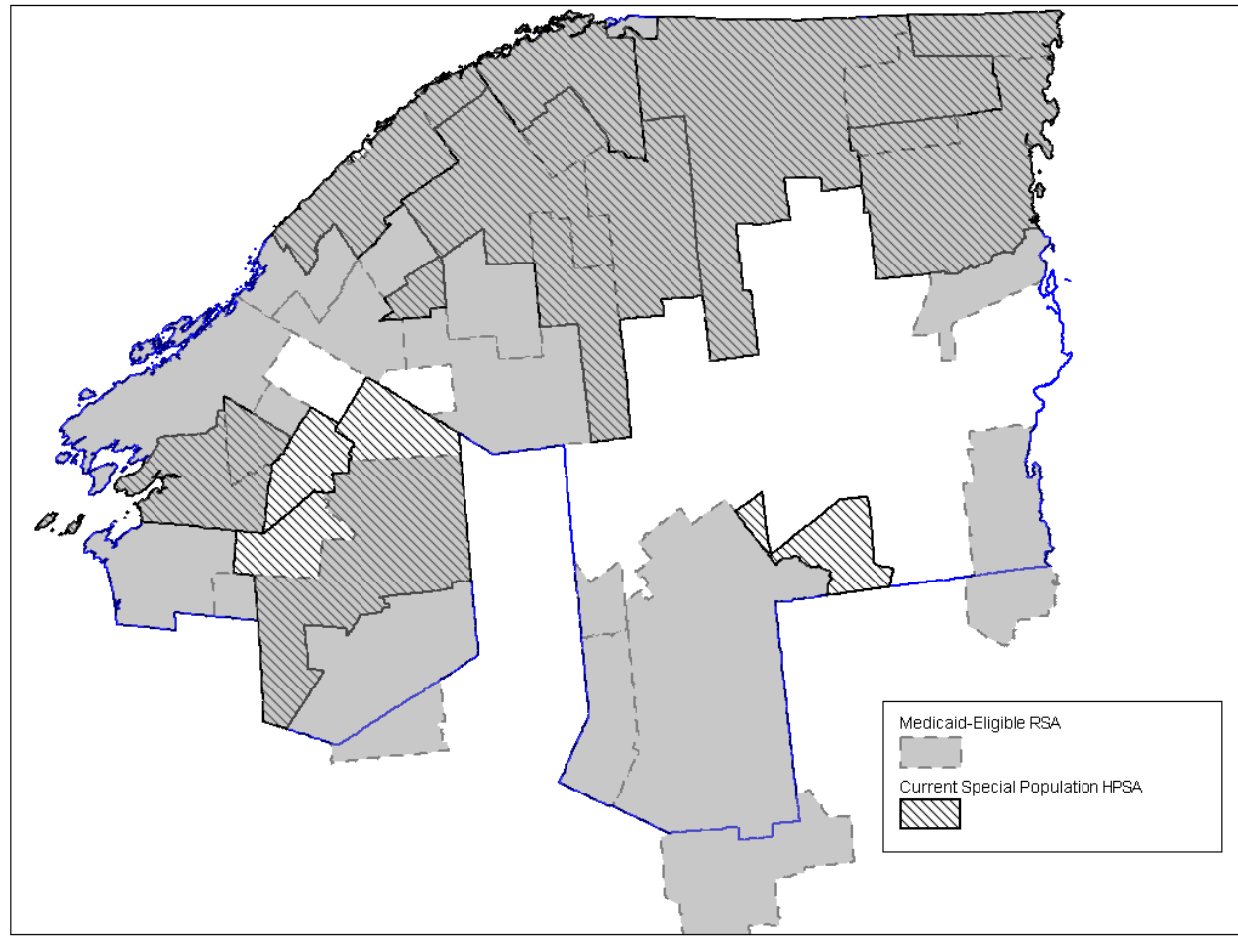| DOL Region	Number of Primary Care HPSAs	Population in HPSAs
Capital District	10	102,900
Central New York	10	132,700
Finger Lakes	7	121,000
Hudson Valley	8	127,000
Long Island	8	113,200
Mohawk Valley	11	34,200
New York City	31	2,740,400
North Country	9	124,000
Southern Tier	5	23,700
Western New York	13	318,300
New York State	112	3,837,400

43 More RSAs Would Qualify for Designation as Primary Care HPSAs for Medicaid-Eligibles

DOL Region	Current Methodology	2008 Methodology	Medicaid-Eligible
Capital District	9	10	10
Central New York	10	10	10
Finger Lakes	6	7	8
Hudson Valley	6	8	8
Long Island	7	8	2
Mohawk Valley	11	11	17
New York City	12	31	49
North Country	7	9	17
Southern Tier	5	5	15
Western New York	9	13	19
New York State	82	112	155

North Country: Geographic Primary Care Shortage Areas RSAs & HPSAs

RSA Geographic HPSAs (2008 methodology)

Current Geographic Primary Care HPSAs
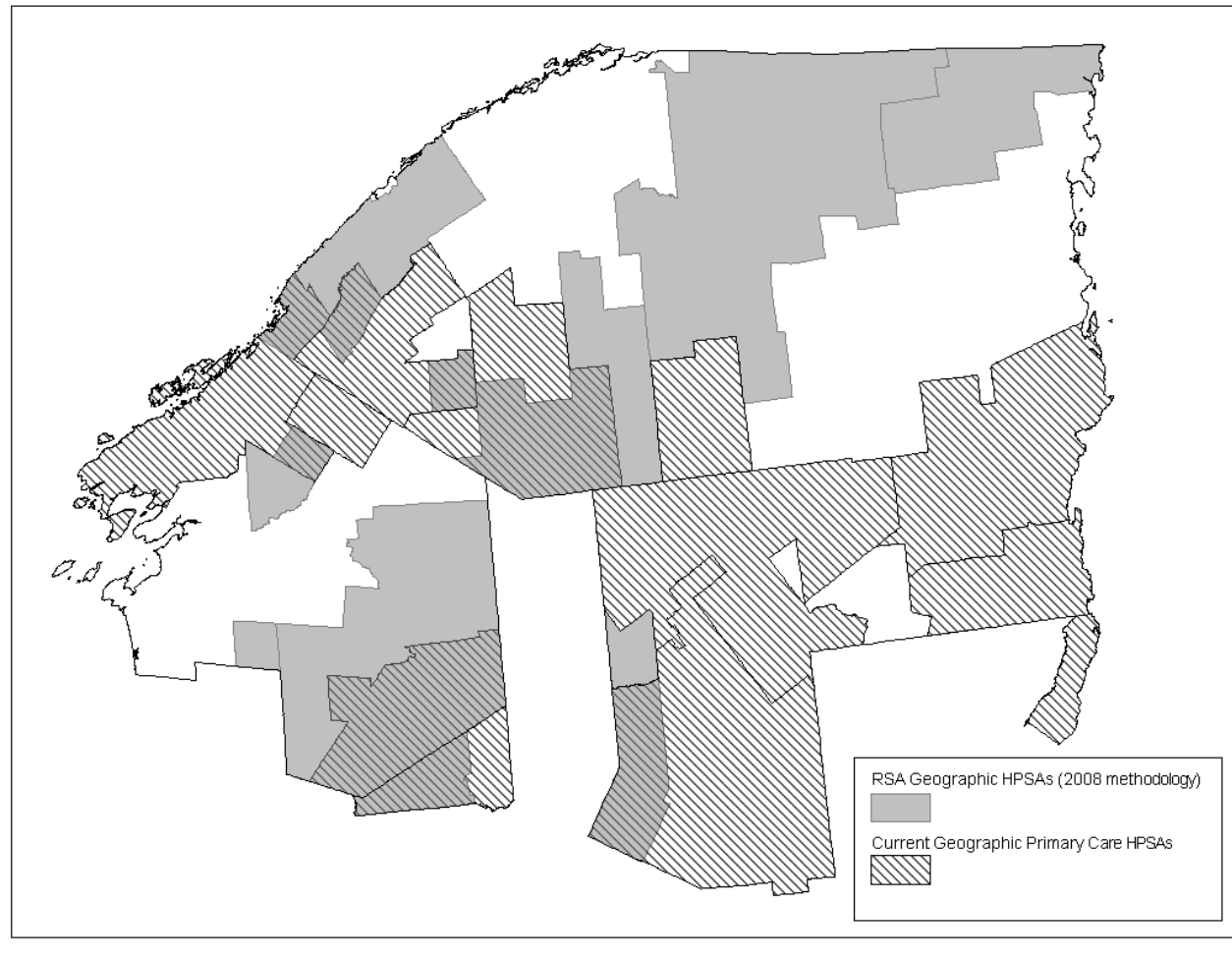
North Country: Special Population Shortage Areas RSAs & HPSAs

Medicaid-Eligible RSA

Current Special Population HPSA

Using 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
  - Health reform statute requires 'negotiated rule making' for revisions to current methodologies

- Support local health planning efforts

- Inform state policies and programs

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Next Steps

- Assess our preliminary RSAs using other data sets (e.g. primary care service areas)
- Convene meetings of state and local planners and other stakeholders to identify local issues that affect access to primary care and RSA configuration.