Primary Care Needs Assessment
--Role for State Primary Care Offices
• Introduction
• Background: The PCO Role in Needs Assessment
• Types of Needs Assessment
• Methods of Capacity Assessment
• Future Role: PPACA and Primary Care Capacity Assessment
• Conclusion
PCO Core Functions

- Assessment of Underserved
- Health Professional Supply Improvement
- Safety Net Expansion and Improvement
- Public Health Coordination
• **Assurance Function:** Assuring necessary medical care and preventive services.

• **Activities in support of Assurance:**
  
  • **Assessment** of unmet need
  • **Policymaking** based on assessment
  • **Investment** based upon policy
  • **Regulation** based upon policy
Alternative Types of Needs Assessment

- **Primary Care Service Need – Capacity Assessment**
  - *Medical*
    - Oral Health
    - Behavioral Health

- **Workforce Need - Shortage of Primary Care Providers**

- **Health Status Need - Identification of Disparities Populations**

- **Mixed Indexes – Health Status and Service Capacity Combined Need**
Role of PCOs in Needs Assessment

• **Primary Care Designations:**
  • PCOs are typically the *only* program in state government responsible for designation of primary care needs – HPSA and MUA/P.

• **Primary Care Capacity Assessments**
  • PCOs have typically been the only program in state government responsible for *comprehensively* assessing primary care supply and demand. This role has been *intermittently* included in the Federal program expectations [statewide access plans].
  • With the passage of PPACA, this role has gained new importance.
<table>
<thead>
<tr>
<th>Uses for Primary Care Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal and State Program Participation</strong></td>
</tr>
<tr>
<td>• Can I participate in the Rural Health Clinics Program or Medicare rural supplement payment program?</td>
</tr>
<tr>
<td>• Programs are <strong>non-competitive</strong> – location in an area of high needs paves way for participation.</td>
</tr>
<tr>
<td><strong>Federal and State Program Eligibility</strong></td>
</tr>
<tr>
<td>• Can I participate in the NHSC or Community Health Centers Program?</td>
</tr>
<tr>
<td>• Program awards are <strong>competitive</strong> – needs assessment only permits eligibility. Additional assessment information may grant Priority</td>
</tr>
<tr>
<td><strong>Federal and State Program Priority</strong></td>
</tr>
<tr>
<td>• Can I receive special consideration or priority in program award?</td>
</tr>
<tr>
<td>• In competitive environment assessment information determines priority.</td>
</tr>
</tbody>
</table>
• **Binary Measures**
  • What areas or populations have needs?
  • Examples: HPSA or MUA/P.

• **Categorical Measures**
  • Which of several categories of need does an area/population have?
  • Example: Degree of HPSA Shortage Designation [1-4].

• **Continuous Variable Measures**
  • How much need does an area/population have?
  • Examples: IMU and primary care capacity assessment.
Primary Care Capacity Assessment Targets

- **Important Populations**
  - General Population ([geographic area assessment](#))
  - Uninsured Population
  - Covered Populations
    - Medicaid/SCHIP
    - Medicare
    - Health Plan Enrollees

- **Important Geographic Levels**
  - Statewide
  - County
  - HPSA
  - PCSA
Insert Poll Question 1
Primary Care Capacity Assessment Steps

- **Demand Estimation:**
  - Estimate *potential* primary care demand for a given area/population.

- **Supply Estimation:**
  - Estimate the potential primary care supply available to a given area/population.

- **Capacity/Unmet Need Assessment**
  - Calculate the net unmet need of a given area/population.
  - Calculate the relative ability of the primary care providers to meet the needs of a given area/population.

- **Note: Needs vs. Market Demand**
  - In looking at the potential need of a population, not just the purchase behavior of those with resources, this approach transcends market analysis.
Potential Primary Care Demand

- **Simple Estimation - Example:**
  - **Average annual primary medical care visits:** 3.35 visits per person
  - **Population:** 15,000 people reside in Smith County
  - **Potential Demand:** Residents of Smith County could generate 50,250 primary medical care visits/year.

- **More Complex Approach**
  - Segment population by age/gender
  - Use annual visit data for each segment

- **Alternative Approach – Provider Capacity**
  - **Average primary care physicians/population:** 1:1500
  - **Population:** 15,000 people reside in Smith County
  - **Needed Capacity:** Residents of Smith County require 10 physician FTEs.
# Sample County Potential Demand Analysis

<table>
<thead>
<tr>
<th>County</th>
<th>POP</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNALILLO</td>
<td>595362</td>
<td>1,994,463</td>
</tr>
<tr>
<td>SANTA FE</td>
<td>107132</td>
<td>358,892</td>
</tr>
<tr>
<td>DONA ANA</td>
<td>101036</td>
<td>338,471</td>
</tr>
<tr>
<td>SAN JUAN</td>
<td>95451</td>
<td>319,761</td>
</tr>
<tr>
<td>SANDOVAL</td>
<td>68452</td>
<td>229,314</td>
</tr>
<tr>
<td>MCKINLEY</td>
<td>57458</td>
<td>192,484</td>
</tr>
</tbody>
</table>
Simple Calculation:
- **Average Annual PC Physician Productivity:** 4,700 visits per physician.
- **PC Physician FTE:** Smith County has 5 primary care physicians.
- **Available Supply:** Smith County providers can supply 23,500 primary medical care visits.

More Complex Approach:
- **Segment by PC Specialty:** annual visits per FP, IM, Ped, OB-GYN.
  - FP/GP Productivity: 5,500 visits per year
  - IM Productivity: 3,130 visits per year
  - OB-GYN Productivity: 5,350 visits per year
  - Ped Productivity: 5,910 visits per year
## Sample County-Level Supply Analysis

### SUPPLY OF PRIVATE SECTOR PRIMARY CARE SERVICES IN NEW MEXICO BY COUNTY

<table>
<thead>
<tr>
<th>County</th>
<th>FP/GP SUPPLIED</th>
<th>IM SUPPLIED</th>
<th>PED SUPPLIED</th>
<th>OB/GYN SUPPLIED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo</td>
<td>173</td>
<td>951,500</td>
<td>169</td>
<td>528,970</td>
<td>310,300</td>
</tr>
<tr>
<td>Santa Fe</td>
<td>34</td>
<td>187,000</td>
<td>17</td>
<td>53,210</td>
<td>10</td>
</tr>
<tr>
<td>Dona Ana</td>
<td>36</td>
<td>198,000</td>
<td>21</td>
<td>65,730</td>
<td>11</td>
</tr>
<tr>
<td>San Juan</td>
<td>18</td>
<td>99,000</td>
<td>7</td>
<td>21,910</td>
<td>4</td>
</tr>
<tr>
<td>Sandoval</td>
<td>16</td>
<td>88,000</td>
<td>5</td>
<td>15,650</td>
<td>1</td>
</tr>
<tr>
<td>McKinley</td>
<td>10</td>
<td>55,000</td>
<td>5</td>
<td>15,650</td>
<td>3</td>
</tr>
</tbody>
</table>
Capacity/Unmet Need Assessment

• **Simple Need Assessment**
  • **Calculate Absolute Unmet Need:**
    • Smith County can potentially generate demand for 50,250 primary medical visits per year.
    • Current primary care physicians can supply 23,500 visits per year.
    • Smith County has a net unmet need of 26,750 primary medical visits per year.
  • **Calculate Relative Unmet Need:**
    • **Current Capacity:** Smith County can supply $\frac{23,500}{50,250} = 46.8\%$ of its potential primary care demand.
    • **Current Unmet Need:** 53.2% of Smith County’s needs are unmet.

• **Alternative Approach - Provider Adequacy**
  • Smith County needs $[10-5] = 5$ additional primary care physicians.
## Need for Primary Care Services in New Mexico by County

<table>
<thead>
<tr>
<th>County</th>
<th>Encounters Needed</th>
<th>Encounters Supplied</th>
<th>Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernalillo</td>
<td>1,994,463</td>
<td>2,310,850</td>
<td>(316,387)</td>
</tr>
<tr>
<td>Santa Fe</td>
<td>358,892</td>
<td>394,180</td>
<td>(35,288)</td>
</tr>
<tr>
<td>Dona Ana</td>
<td>338,471</td>
<td>387,590</td>
<td>(49,119)</td>
</tr>
<tr>
<td>San Juan</td>
<td>319,761</td>
<td>160,040</td>
<td>159,721</td>
</tr>
<tr>
<td>Sandoval</td>
<td>229,314</td>
<td>138,550</td>
<td>90,764</td>
</tr>
<tr>
<td>McKinley</td>
<td>192,484</td>
<td>116,250</td>
<td>76,234</td>
</tr>
</tbody>
</table>
Basis for Assessment Estimates

- Utilization Studies
- Health System Staffing Studies
- Market Ratios
- Prescriptive Staffing Models
Limits of Simple Estimates

- **Service Supply Estimate Limits:**
  - Provider data not generally up-to-date without surveys.
  - Sub-county data not easily available.
  - Non-physician providers not included.
  - Practice characteristics data not easily available – e.g. FTE, practice location.
  - Insurance plan participation data not easily available: Is a provider on the panel of a given health plan? Does a physician accept Medicaid?

- **Utilization Estimate Limits:**
  - **Coverage:** Would utilization averages increase if more people had health coverage?
  - **Price:** Would utilization averages change if prices of care changed?
  - **Demographics:** Will utilization averages change as population ages and health status changes?
  - **Delivery Changes:** Does not include effects of changing delivery systems.
Ranking Unmet Need

- **Ranking Absolute Need of Areas/Populations**
  - Which areas/populations have the greatest number of individuals with unmet need

- **Ranking Relative Need of Areas/Populations**
  - Which areas/populations have the greatest percentage of individuals with unmet need
  - Emphasizes smaller, unserved, areas/populations

- **Combined Index of Unmet Need**
  - Identifies a weighted index combining absolute and relative need.
Rank versus Program Priority

- **Eligibility for Program Participation**
  - Designation
  - Cutoff Points

- **Priority for Resources**
  - Who gets first opportunity for funding?

- **Relative Needs versus Absolute Needs**
  - How are the two program goals balanced?
  - The Harding County Question: 1,100 people with no physician – Highest Relative Rank – Very Low Absolute Rank
• National Ambulatory Medical Care Survey
  http://www.cdc.gov/nchs/ahcd/web_tables.htm#2008

• UDS State and National Data
  http://bphc.hrsa.gov/healthcenterdatastatistics/index.html

• HRSA Data Warehouse
  http://datawarehouse.hrsa.gov/customizereports.aspx

• Chapter 3: Needs Assessment, *So You Want to Start a Health Center?*, NACHC, 2005
  iweb.nachc.com/downloads/products/05_start_chc.pdf
• Assessing capacity to serve the newly insured:
  - PPACA calls for a major expansion of health coverage by 2014.
  - PCOs can conduct a primary care capacity assessment to identify the state health system’s ability to meet the primary care needs of the newly insured.
  - Analysis can be conducted at state, regional and local levels.

• Assessing capacity of individual health plans:
  - PPACA will lead to a proliferation of new health plans offered through state Health Insurance Exchanges.
  - PCOs can help review the capacity of health plan provider panels to assess their ability to meet needs of plan enrollees.
Conclusion – PCO Role

- Who else analyzes capacity and service access?
- Who else provides assessment data for federal and state decision-makers?
- Who else is an objective source without allocation authority?