

**A New Methodology for Identifying
Primary Care Rational Service Areas**

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Presentation Overview

- ▣ Physician supply and distribution in New York
- ▣ Why RSAs?
- ▣ Progress to date
- ▣ Next steps

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**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

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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%

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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%
Fulton Valley	6,001	9.5%
Long Island	8,243	10.6%
Mohawk Valley	501	1.4%
New York City	26,689	9.3%
North Country	636	8.7%
Southern Tier	1,224	3.6%
Western NY	2,812	2.9%

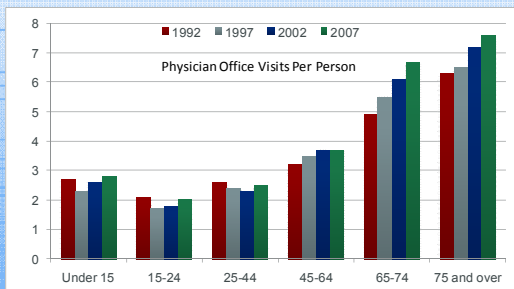
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The View from 10,000 Feet: We Know What We Don't Know

- 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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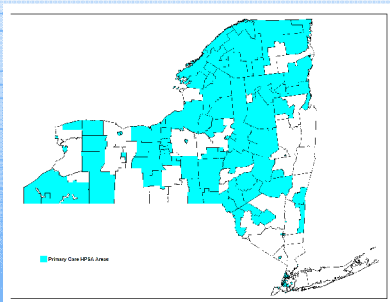
Physician Office Visits for People Over Age 65 Are Rising



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Sources: NCHS National Ambulatory Medical Care Survey, Annual Summaries 1991-2006, and 2007 NAMCS
Public Use Data File as presented by AAMC.

Primary Care HPSAs in New York



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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

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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.

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Comparison to Primary Care Service Areas (PCSAs)

- PCSAs are 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

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Comparison to PCSAs (continued)

- There is concern that Medicare patients may have different commuting patterns than other groups, such as the privately insured, Medicaid patients, and the uninsured
- Our objective was to improve upon the concept of the PCSA in New York by using a wider variety of data sources

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Data Sources for Developing RSAs

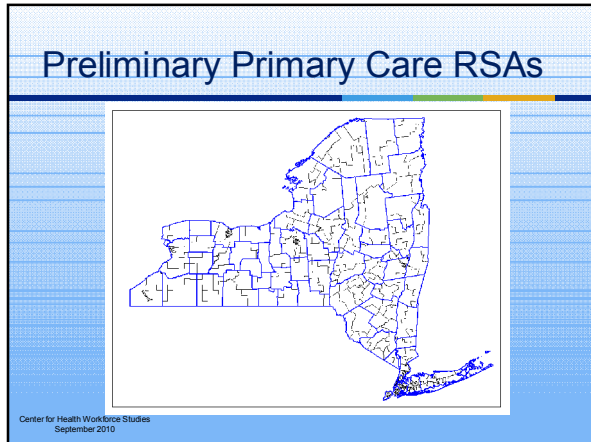
- Medicare
- New York State Medicaid
- Health plan association data from 11 major private insurers
- Community health center data on uninsured patients

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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

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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

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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

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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.

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