

The Right Recipe

*Workforce and Other Ingredients
for Better Access to Care*



February 27, 2014

**Safety Net Advisory Committee
(SNAC) Learning Lab**



**colorado health
INSTITUTE**

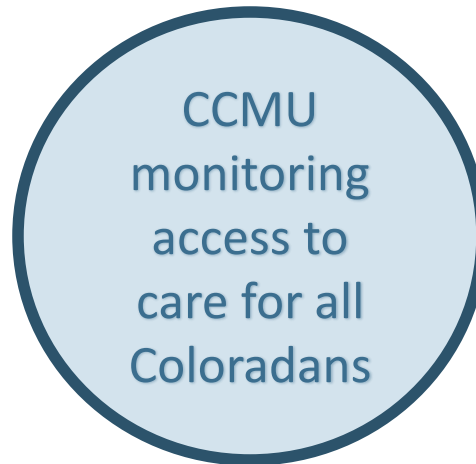
SNAC Lab Objectives



- Leverage our collective focus on vulnerable populations
- Provide a forum for opportunities and lessons learned
- Share the latest strategies for using data to measure effectiveness
- Synthesize input from group and develop a shared body of knowledge



Where SNAC Lab Fits



Tracking:

- Insurance coverage
- Affordability
- Access to care

Access for all Coloradans,
particularly as health
reforms go into effect

Access and
coverage for
vulnerable
Coloradans

Broader scope

More specific





*Colorado's
Primary Care Workforce:
A Closer Look at Medicaid*

Three Takeaways

- Colorado Health Institute study finds disparities in availability of Medicaid primary care across Colorado.
- Five “hot spot” regions face significant challenges in primary care and Medicaid workforce capacity.
- Consumer data adds more complexity to the message.



Some Background

Why We Conducted This Study

- We responded to requests for **baseline information** on Colorado's primary care capacity.
- Two primary care workforce projections in the past five years indicated **potential need** for increased capacity.
- No assessment of **current primary care capacity**, especially across regions.



The Questions We Asked

- Is Colorado's primary care capacity adequate to provide care to all Coloradans, regardless of insurance?
- Does primary care capacity differ on a regional basis?
- Do Coloradans covered by Medicaid have access to primary care physicians?

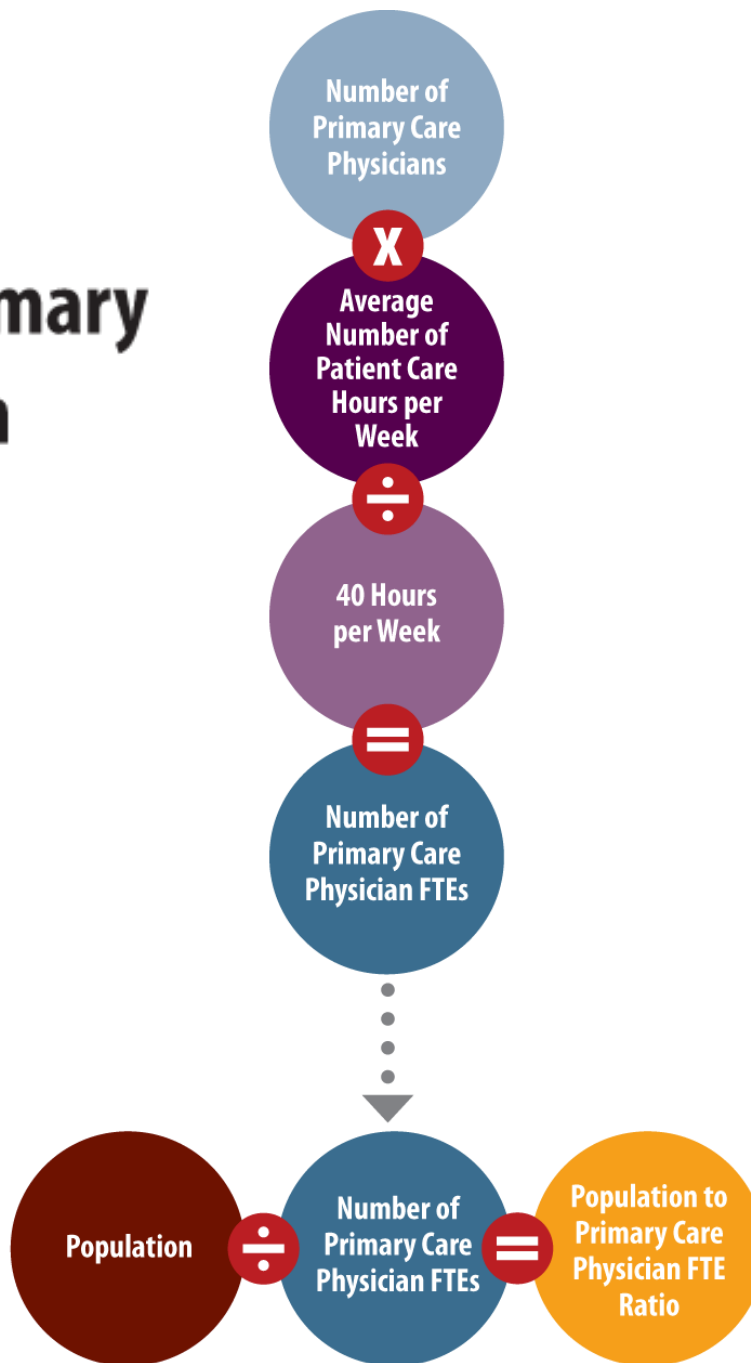


The Colorado Health Institute Analysis

- Calculates full-time equivalents for the primary care workforce, statewide and regionally.
- Introduces benchmark panel size to compare capacity across regions – and time.
- Analyzes Medicaid capacity, today and after expansion.



The Formula: Colorado's Primary Care Physician Workforce





*Findings:
Primary Care*

It Matters Where You Live

- Colorado's average panel size of **1,873:1** compares well to the **1,900:1** benchmark
- Nine regions – six rural and three urban – don't meet the benchmark.
- What Colorado needs: Another 258 primary care physicians *in the right places.*



Regional View

Ratio of Population to Primary Care Physician Full-Time Equivalents (FTE),
by Colorado Health Statistics Region, 2013

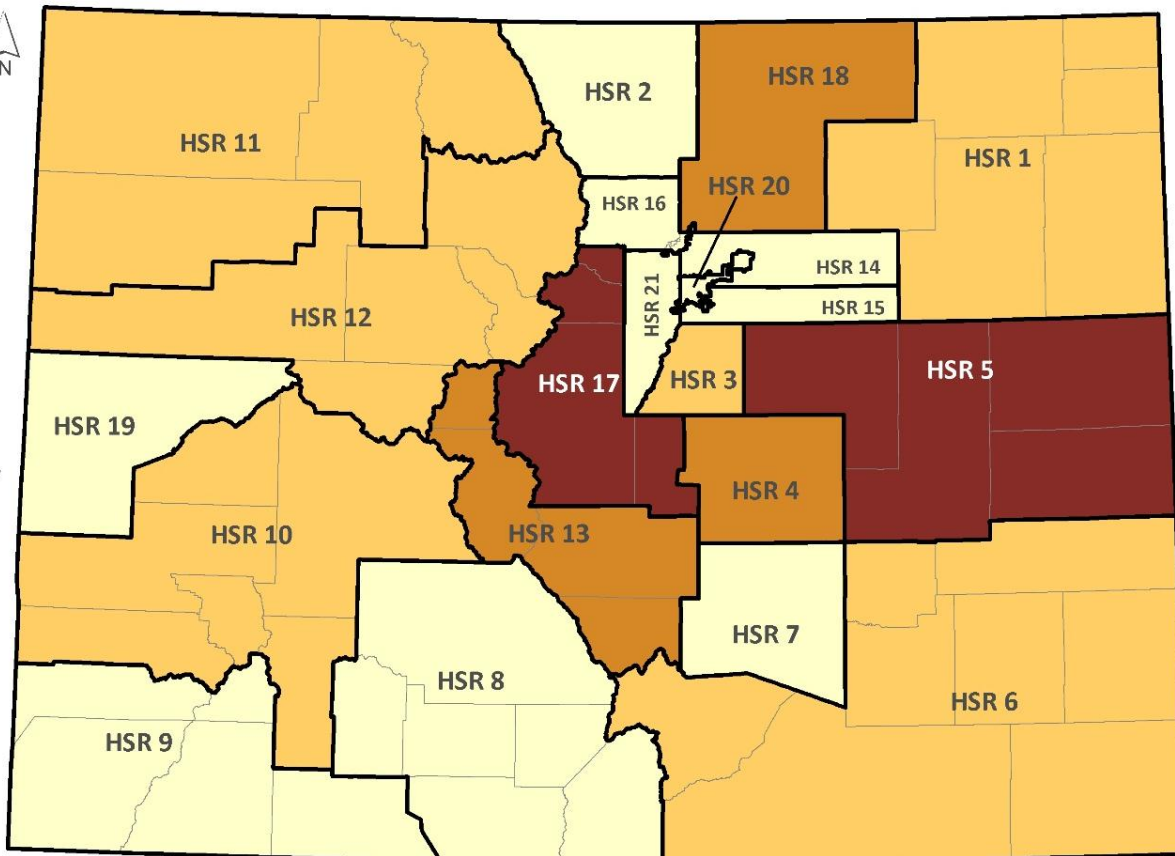
Ratio of Population to
Primary Care Physician FTE
(Population : 1 FTE)

- Very High Capacity (<2,000:1)
- High Capacity (2,000:1 to 2,500:1)
- Low Capacity (2,501:1 to 3,000:1)
- Very Low Capacity (>3,000:1)

Colorado Average Ratio
1,873 population : 1 physician FTE

Sources and Notes

1. Peregrine, Medical Quest Database, June 2013.
2. Calculated from data collected from Colorado Primary Care Office, Colorado Department of Public Health and Environment.
3. Colorado Demography Office, 2013 population data.



Map prepared November 6, 2013.





*Findings: Medicaid
Primary Care*

Disparities in Medicaid Capacity

- Nine regions have relatively low Medicaid capacity.
- Four urban, five rural.
- We estimate an additional 440,000 Medicaid enrollees by 2016.
- Capacity will need to increase. Again, in the right places.

Greatest Medicaid Capacity

Regions with Relatively High Medicaid Primary Care Capacity

Rank	HSR	Counties	Medicaid Enrollment to Medicaid Primary Care Physician FTE Ratio
1	HSR 11	Jackson, Moffat, Rio Blanco, Routt	694:1
2	HSR 2	Larimer	939:1
3	HSR 19	Mesa	1,063:1
4	HSR 9	Archuleta, Dolores, La Plata, Montezuma, San Juan	1,096:1
5	HSR 3	Douglas	1,361:1

Least Medicaid Capacity

Regions with Relatively Low Medicaid Primary Care Capacity

Rank	HSR	Counties	Additional FTEs Needed to Reach 1,500:1 Benchmark	Percentage Increase
1	HSR 5	Cheyenne, Elbert, Kit Carson, Lincoln	0.9	133%
2	HSR 4	El Paso	22.1	122%
3	HSR 14	Adams	18.8	85%
4	HSR 20	Denver	21.9	69%
5	HSR 15	Arapahoe	13.8	61%



A Regional View

Ratio of Medicaid Caseload to Medicaid Primary Care Physician Full-Time Equivalents (FTE), by Colorado Health Statistics Region, 2012

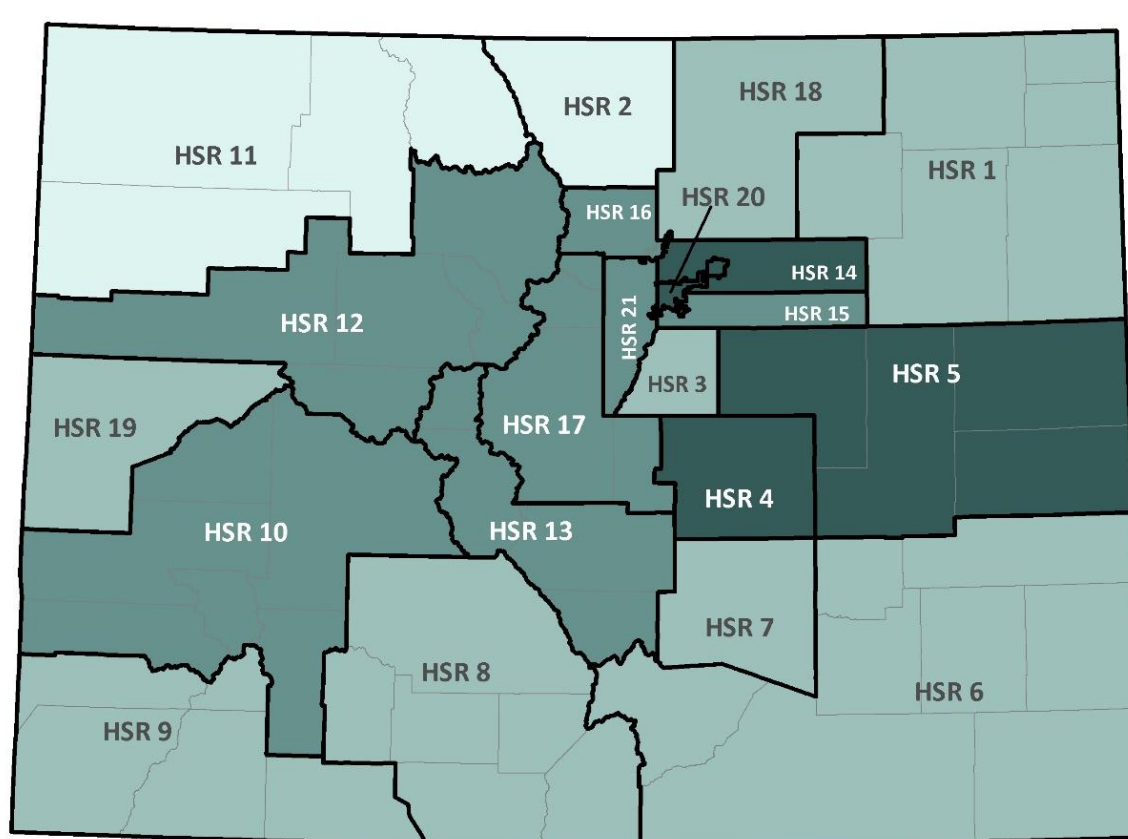
Ratio of Medicaid Caseload to Medicaid Primary Care Physician FTE
(Medicaid Caseload : 1 FTE that Accepts Medicaid)

- Very High Capacity (<1,000:1)
- High Capacity (1,000:1 to 1,600:1)
- Low Capacity (1,601:1 to 2,500:1)
- Very Low Capacity (>2,500:1)

Colorado Average Ratio:
1,853 Medicaid Clients to
1 Medicaid Primary Care Physician FTE

Sources and Notes

1. Peregrine, Medical Quest Database, June 2013 pull.
2. Colorado Primary Care Office, CDPHE.
3. Average monthly caseload counts for CY 2012 from the Department of Health Care Policy and Financing.



Map prepared November 6, 2013.



Post-Medicaid Expansion

Projected Percentage Change of the Ratio of Medicaid Caseload to Medicaid Primary Care Physician Full-Time Equivalents (FTE), from 2012 to 2016, by Colorado Health Statistics Region

Projected Percentage Change of The Ratio of Medicaid Caseload to Medicaid Primary Care FTE

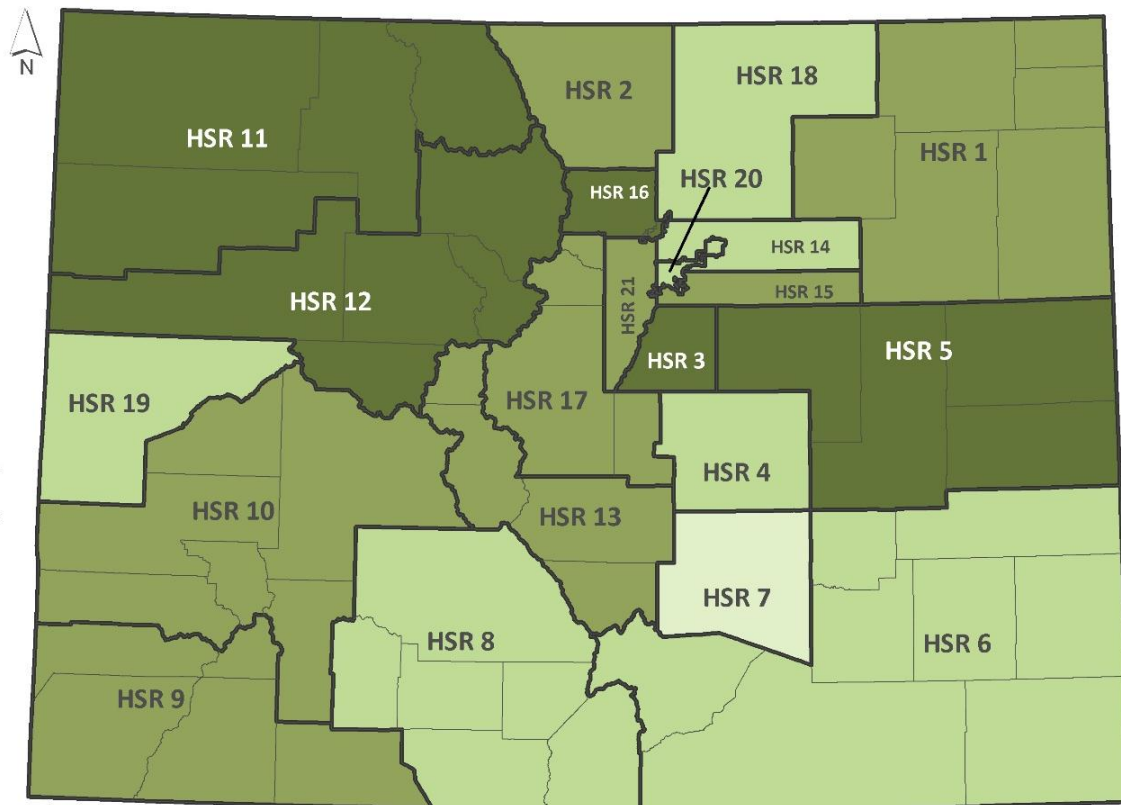
- Smallest Increase (<65%)
- Small Increase (65% - 85%)
- High Increase (86% - 115%)
- Highest Increase (>115%)

Note: A smaller increase is favorable because it indicates that the ratio of Medicaid clients to FTE accepting Medicaid is showing slower growth.

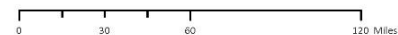
Colorado Average Percentage Increase of the Ratio of Medicaid Clients to Medicaid Primary Care Physician FTE is 91.9%

Sources and Notes

1. Peregrine, Medical Quest Database, June 2013 pull.
2. Colorado Primary Care Office, Colorado Department of Public Health and Environment.
3. Average monthly caseload counts for CY 2012 from the Department of Health Care Policy and Financing.



Map prepared January 22, 2014.



Colorado's Primary Care Hot Spots

- El Paso County (HSR 4)
- Cheyenne, Elbert, Kit Carson and Lincoln counties (HSR 5)
- Eagle, Garfield, Grand, Pitkin and Summit counties (HSR 12)
- Chaffee, Custer, Fremont, and Lake counties (HSR 13)
- Clear Creek, Gilpin, Park, and Teller counties (HSR 17)





*More Context: A Deeper
Dive on Four Regions*

HSR 4 - El Paso

(Urban Hot Spot)

Practicing Primary
Care Physicians

270

Average Weekly
Patient Care Hours
per Physician

33.2

Practicing Primary
Care Physician FTEs

224.4

Population

654,406

Residents per
Physician FTE

2,917

Physician FTEs
Needed to Reach
1,900:1 Ratio

120.1

Percentage Change
Needed

53.5%

Medicaid Patients to
Physicians FTEs Ratio:

3,333

FTE to meet 1500:1
benchmark

22

Percent
Increase

122.2%

Percent of Total FTE
serving Medicaid

8.0%

Percent of Population
on Medicaid 2014

9.0%

High, Average, or
Low Use of NP/PA

High



HSR 4 - El Paso

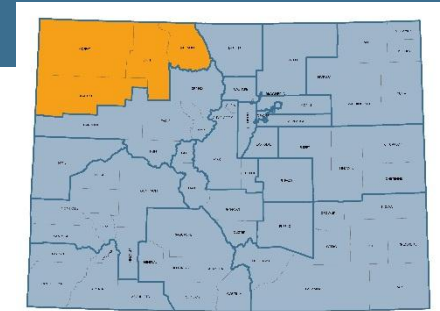
	All Insurance Types	Commercial Insurance	Public Insurance	Uninsured
Has a Usual Source of Care				
In the Prior 12 Months, Could Not Get Appointment Because the Doctor's Office Was Not Accepting Patients with Your Type of Insurance				
In the Prior 12 Months, Could Not Get Appointment As Soon As You Thought One Was Needed				

Outside the 95% confidence interval and worse than the Colorado value

Outside the 95% confidence interval and better than the Colorado value

HSR 11 – Jackson, Moffat, Rio Blanco, Routt

(High Medicaid Capacity, Large expected increase)



Practicing Primary
Care Physicians

34

Average Weekly
Patient Care Hours
per Physician

26.1

Practicing Primary
Care Physician FTEs

22.2

Population

46,198

Residents per
Physician FTE

2,080

Physician FTEs
Needed to Reach
1,900:1 Ratio

2.1

Percentage Change
Needed

9.5%

Medicaid Patients to
Physicians FTEs Ratio:

694

FTE to meet 1500:1
benchmark

-2.6

Percent
Decrease

-53.8%

Percent of Total FTE
serving Medicaid

22%

Percent of Population
on Medicaid 2014













7%

High, Average, or Low
Use of NP/PA

Average



HSR 11 – Jackson, Moffat, Rio Blanco, Routt

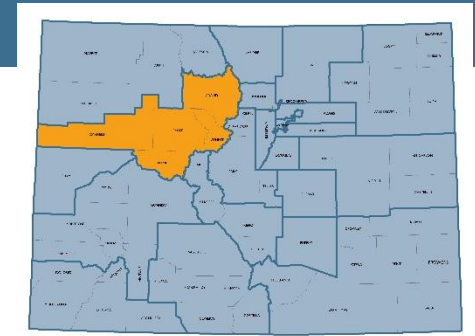
	All Insurance Types	Commercial Insurance	Public Insurance	Uninsured
Has a Usual Source of Care				
In the Prior 12 Months, Could Not Get Appointment Because the Doctor's Office Was Not Accepting Patients with Your Type of Insurance				
In the Prior 12 Months, Could Not Get Appointment As Soon As You Thought One Was Needed				

 Outside the 95% confidence interval and worse than the Colorado value

 Outside the 95% confidence interval and better than the Colorado value

HSR 12 – Eagle, Garfield, Grand, Pitkin, Summit

(Rural Hot Spot, High Insurance Cost)



Practicing Primary
Care Physicians

113

Average Weekly
Patient Care Hours
per Physician

25.4

Practicing Primary
Care Physician FTEs

71.6

Population

177,001

Residents per
Physician FTE

2,471

Physician FTEs
Needed to Reach
1,900:1 Ratio

21.5

Percentage Change
Needed

30.1%

Medicaid Patients to
Physicians FTEs Ratio:

1,847

FTE to meet 1500:1
benchmark

1.4

Percent
Increase

23.2%

Percent of Total FTE
serving Medicaid

8%

Percent of
Population on
Medicaid 2014













6%

High, Average, or
Low Use of NP/PA

High



HSR 12 – Eagle, Garfield, Grand, Pitkin, Summit

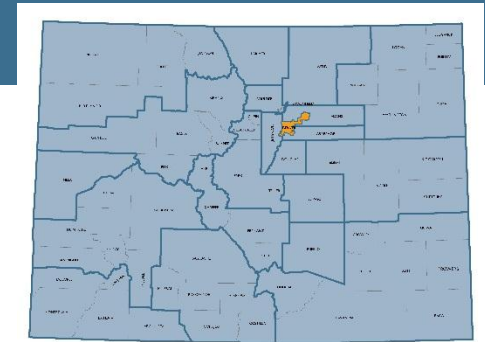
	All Insurance Types	Commercial Insurance	Public Insurance	Uninsured
Has a Usual Source of Care				
In the Prior 12 Months, Could Not Get Appointment Because the Doctor's Office Was Not Accepting Patients with Your Type of Insurance				
In the Prior 12 Months, Could Not Get Appointment As Soon As You Thought One Was Needed				

 Outside the 95% confidence interval and worse than the Colorado value

 Outside the 95% confidence interval and better than the Colorado value

HSR 20 – Denver

(Low Medicaid Capacity, High Primary Care Capacity)



Practicing Primary
Care Physicians

530

Average Weekly
Patient Care Hours
per Physician

35.6

Practicing Primary
Care Physician FTEs

471.8

Population

636,234

Residents per
Physician FTE

1,348

Physician FTEs
Needed to Reach
1,900:1 Ratio

-137.0

Percentage Change
Needed

-29.0%

Medicaid Patients to
Physicians FTEs Ratio:

2,529

FTE to meet 1500:1
benchmark

21.9

Percent
Increase

68.6%

Percent of Total FTE
serving Medicaid

7%

Percent of
Population on
Medicaid 2014













13%

High, Average,
or Low Use of NP/PA

Average



HSR 20 – Denver

	All Insurance Types	Commercial Insurance	Public Insurance	Uninsured
Has a Usual Source of Care				
In the Prior 12 Months, Could Not Get Appointment Because the Doctor's Office Was Not Accepting Patients with Your Type of Insurance				
In the Prior 12 Months, Could Not Get Appointment As Soon As You Thought One Was Needed				

 Outside the 95% confidence interval and worse than the Colorado value

 Outside the 95% confidence interval and better than the Colorado value

Discussion

- How would you approach a community-level assessment of capacity?
- Are there additional considerations when thinking about safety net access or capacity?
- What are opportunities to continue to broaden the Medicaid provider network?



Methodology

Defining Primary Care

- Family/general medicine
- Internal medicine
- Pediatrics
- Does not include OB/GYN.



The Data

- **Practicing physicians:** Peregrine Medical Quest
- **Time in patient care:** Colorado Department of Public Health and Environment (CDPHE)
- **Nurse practitioners and physician assistants:** Colorado Health Institute
- **Population:** U.S. Census
- **Medicaid caseload:** Colorado Department of Health Care Policy and Financing (HCPF)

Panel Size Benchmarks

- Several large health systems gave us their patient panel targets
- Experts writing in *Health Affairs* based analyses on panel sizes of around 1,900.
- FQHCs and other safety net clinics tend to range between 1,250:1 and 1,500:1.

Three Takeaways

- Colorado Health Institute study finds disparities in availability of Medicaid primary care across Colorado.
- Five “hot spot” regions face significant challenges in primary care and Medicaid workforce capacity.
- Consumer data adds more complexity to the message.

Questions?



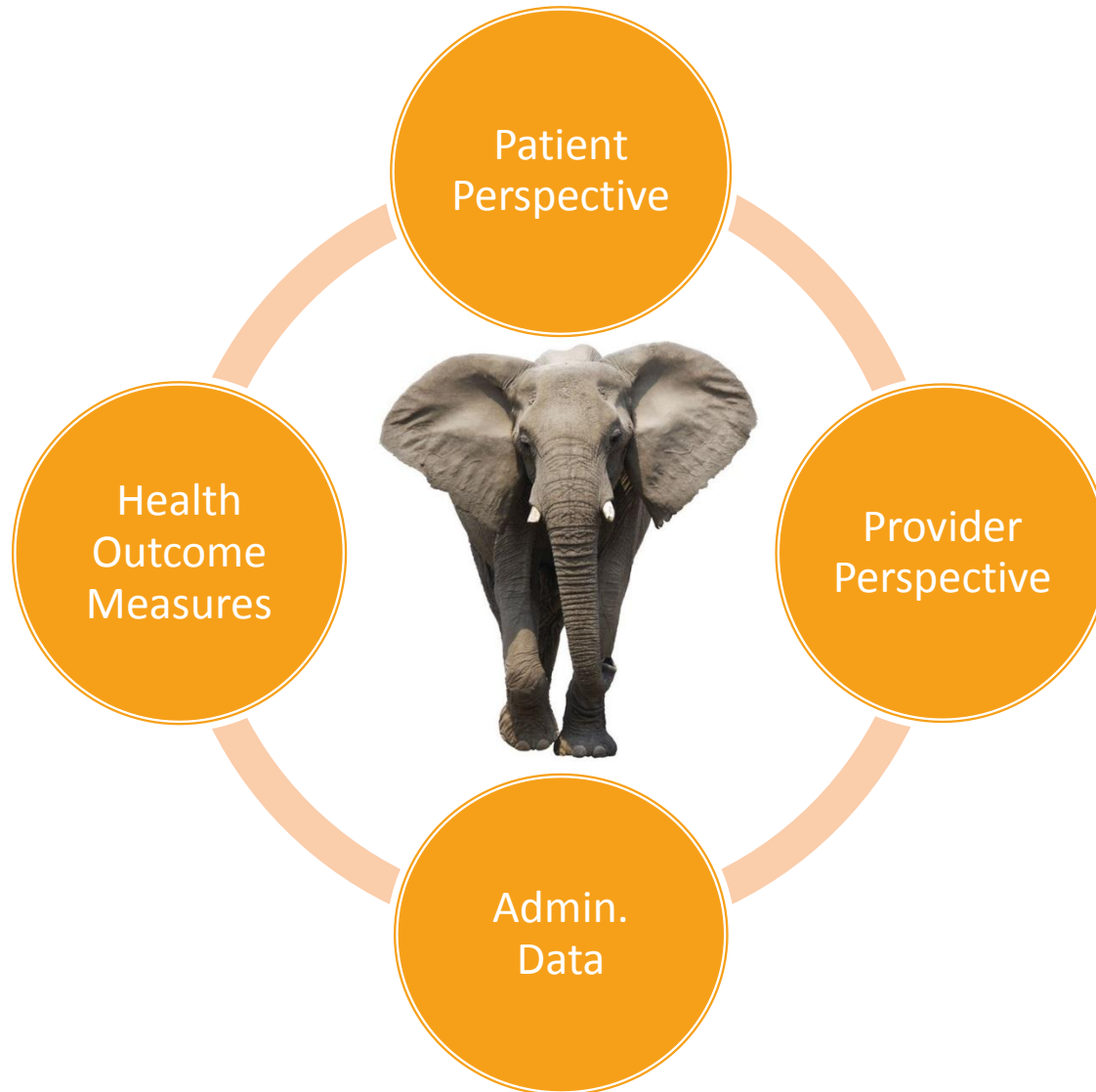
*Your Turn:
Selecting Topics for 2014 SNAC Labs*

What are the Ingredients for Access to Care?

What would
you include
in an
Access to Care
Index?



Using Data



Develop a Shared Body of Knowledge

Available at
coloradohealthinstitute.org

CHI
SNAC LABS
2013-14

Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Health Care through the Eyes of Coloradans: New Data on the Consumer Perspective

NOVEMBER 14, 2013

It is important to understand how Coloradans perceive the system that delivers health care. Where do they seek care? What do they think prevents them from getting the care they need? How do they rate the quality of the care they get?

The Colorado Health Institute's Safety Net Advisory Committee (SNAC) Lab on Nov. 14, 2013 explored two new sources of data on the consumer perspective: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the 2013 Colorado Health Access Survey (CHAS).

This report has two sections: Background information provided by the Colorado Health Institute and a summary of the discussion by participants in the Lab.

The CAHPS: Patient Experience in Medicaid

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) examines the experience of patients in the health care system. Colorado now has baseline CAHPS data specific to its Medicaid Accountable Care Collaborative (ACC) – the state's signature effort to lower costs, improve health and provide better care (see Figure 1). Annual CAHPS surveys will help us understand how patients perceive the quality of their care and whether their perceptions change over time.

In 2013, the Colorado Health Institute partnered with the Colorado Department of Health Care Policy and Financing (HCPF) to administer the CAHPS via telephone and mail. The survey was jointly funded by HCPF and the Colorado Health Foundation. It was fielded in two phases in order to compare experiences among enrollees in traditional fee-for-service (FFS) Medicaid and enrollees in the Accountable Care Collaborative (ACC). More than 3,600 Colorado adults responded.

Figure 2 displays the results of a care coordination question asked of both groups as well as of respondents to a national survey. Patients who had visited multiple clinicians over a six-month period were asked whether they felt their personal doctor was up-to-date about the care provided by the other clinicians. The data

Figure 1. The Triple Aim

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graph TD; A[Better Health] <--> B[Lower Costs]; A <--> C[Better Care]; B <--> C;
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CHI
SNAC LABS

The Colorado Health Institute and its Safety Net Advisory Committee (SNAC) are engaged in a series of information-sharing sessions called SNAC Labs. The goal is to identify the health care challenges facing vulnerable Coloradans, leverage the lessons learned on the front lines with policymakers, patient advocates, providers and philanthropic organizations, and explore innovative approaches and promising practices.



Your Wish List: 2014 SNAC Lab Topics

Write your top three choices on three post-its, and place each in the appropriate category:

- Access to certain **kinds of care**
 - Oral health, specialty care
- **Approaches** to increase access to care
 - Telemedicine, workforce
- Access for **specific populations**
 - Immigrants, rural Coloradans
- **Other** - Your ideas!

Two-Track SNAC Labs



TRACK 1: ACC

January 23

April 17

June 19

September 18

TRACK 2: Access

February 27

May 15

July 17

October 16





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