

DRAFT



University of Connecticut

Center for Public Health and Health Policy

**Assessment of Primary Care Capacity in Connecticut
REVISED Concept Paper/Alternative Approach
August 8, 2008**

Background/Purpose

This paper constitutes a revised proposal and an alternative approach to an inventory or survey of Connecticut's existing primary care infrastructure to be conducted by the University of Connecticut's Center for Public Health and Health Policy (CPHHP) as requested by the Primary Care Access Authority (Authority) in accordance with its enabling legislation. This project is to be funded by the Connecticut Department of Public Health (DPH) via a Memorandum of Agreement with CPHHP.

Following submission of the original concept paper on July 15, 2008, further discussion of the issues and difficulties associated with assessing primary care capacity in Connecticut occurred among Authority leadership and UConn Health Center faculty. Based on these discussions, an alternative approach to an inventory or survey was developed and is described herein.

Proposed Initial Approach

As an alternative to using health plan, DSS, and Medicare data to assess the primary care system in Connecticut, we suggest using national data to develop national norms on the productivity and mix of patients seen by primary care providers in the attendant physician specialties and, if possible, nurse practitioners and physician assistants. Data sources would include the National Ambulatory Medical Care Survey and the productivity data from national group management organizations. These norms could then be combined with data from the DPH licensure database and the AMA Masterfile to estimate the current capacity of the provider workforce in Connecticut and to project what workforce would be necessary to meet increases in the demand for primary care services based on demographic trends and changes in insurance status. The estimates would be based national data applied to Connecticut providers. *It is anticipated that such an analysis could be completed by December 31, 2008.*

Potential Follow-On Inventory or Survey

Following the review of the above data analysis, the PCAA may want a more detailed, Connecticut-specific analysis. To accomplish this, the CPHHP would need from the health care payers reports on all of their participating primary care providers in Connecticut. Merging databases would require the ability to identify the same provider across the different data sources, which would probably mean license number or UPIN. For each provider and over a specified time period we would need number of visits and number of unduplicated patients for each payer type (e.g., HUSKY A, HUSKY B, SAGA, Medicare, private, employer-provided, etc.). Preferably, for each provider we would like to have the patient volume for each code billed and the top 25 diagnoses. The data we get from each payer would have to be reasonably uniform, so they can merged into a single file. These data could then be matched to the information cleaned from the DPH licensure database and the AMA Masterfile to get a sense of who is

University of Connecticut
Center for Public Health and Health Policy
Primary Care Capacity Assessment REVISED Concept Paper
Alternative Approach
August 8, 2008

DRAFT

seeing patients in a primary care capacity. The likely sources for Medicare, SAGA, Medicare, and other data are DSS, the Medicaid managed care plans, private health plans, and Qualidigm. It is anticipated that acquiring the necessary payer data would require lengthy negotiations and require that the PCAA request the data in an agreed-upon format and then turn it over to UCHC for analysis. **Negotiations would be expected to be lengthy, requiring more time than the time frame allows.**

BUDGET for PROPOSED INITIAL APPROACH

Cost Estimate: \$58,099

The cost estimate includes indirect charges to cover overhead such as rent, utilities, human resources, administration, financial management, etc. at a rate of 25 percent. This is the approved, standard indirect rate for University of Connecticut Health Center (UCHC) grants and contracts with state agencies. The UCHC indirect rate for federal grants and contracts is 48 percent.

Cost Detail

Personnel:	\$43,279
Purchase of databases:	\$ 2000
Printing and binding:	\$ 1000
Office supplies:	\$ 200
Subtotal:	\$46,479
Indirect (25%):	<u>\$11,620</u>
Total:	<u>\$58,099</u>

Personnel assigned to project

Mary Eberle, Senior Health Policy Specialist, CPHHP
Brian Benson, Health Policy Specialist, CPHHP
Ann Ferris, Co-Director, CPHHP
Bob Trestman, Interim Co-Director, CPHHP
Charles Huntington, Assistant Professor, Department of Community Medicine

Additional UCHC project participants

Bruce Gould, Associate Dean for Primary Care