



# University of Connecticut

Center for Public Health and Health Policy

## Assessment of Primary Care Capacity in Connecticut Concept Paper September 17, 2008

### **Background/Purpose**

This concept paper describes the approach to an analysis 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.

### **Initial Approach**

CPHHP personnel will use 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 will include the National Ambulatory Medical Care Survey (NAMCS), National Hospital Ambulatory Medical Care Survey (NHAMCS), Physician Compensation and Production Survey data/report from the Medical Group Management Association, and if available, the productivity data from national group management organizations. These norms will then be combined with data from the DPH licensure database and the AMA Masterfile, and Connecticut State Medical Society member database 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. The Authority may provide databases to CPHHP from state and local sources for inclusion in the analysis from sources such as hospital-based primary care clinics, community health centers, and independent practice associations.

### **Data Sources and Acquisition**

CPHHP will acquire the NAMCS database, NHAMCS database, Physician Compensation and Production Survey data/report (Medical Group Management Association), DPH Licensure database, AMA Masterfile, and the Connecticut State Medical Society member database for use in preparation of its report.

The Authority has also requested the inclusion of state-level databases in the report that would provide some indication of state standards of productivity and patient mix. CPHHP will include such databases in its analysis, provided that the Authority provides said state-level databases to CPHHP in workable formats (Excel, Access, SPSS, or comma-delimited file) by October 10. CPHHP recommends that the state-level databases to be included reflect a comprehensive range of primary care practice in Connecticut, both geographically and organizationally. Data from state/local sources will be presented in the CPHHP written report in an annotated format (items by percent of responses) and it may not be possible to merge such data with provider data in the written report.

CPHHP will provide the NAMCS survey instrument and the NHAMCS survey instrument to the Authority for their use in requesting data from state-level sources and hospitals.

### Timeline

CPHHP will provide a progress report not later than December 1 and a written report not later than December 31, dependent upon receipt of databases in prescribed formats by October 10, 2008.

### BUDGET

Cost Estimate: \$61,566.

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:	\$46,053
Purchase of databases:	\$ 2000
Printing and binding:	\$ 1000
Office supplies:	\$ 200
Subtotal:	\$49,253
Indirect (25%):	<u>\$12,313</u>
Total:	<u>\$61,566</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

#### 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 seeing patients in a primary care capacity. The likely sources for Medicaid, 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 CPHHP for analysis.