

RECOMMENDATIONS OF THE WORKFORCE WORKGROUP						
MATRIX REGARDING PROVIDERS TO COUNT -- AND ADJUSTMENT OPTIONS : 06/22/2011						
Provider Type	Specialty	Subspecialty	Decisions	Weighting Factors	Justification/Supporting Data	JSI Impact Analysis
MDs and DOs		---				Source: AMA, 2007 w/CMS link 2006
Specialties:						SPEC1, SPEC2, TDISPEC_1 are used to narrow active providers to primary care specialties. JSI filtered all providers by specialty 1 and tdispec and then ran through same elimination process looking at specialty 2.
Inclusion						includes: GER, FP/FM, GP, IM, PD/ADL, GYN, OBG (for GYN and OBG see weighting factor applied below), and unspecified
	GP	na	INCLUDE		Historical and Primary Care is their core practice	include GP with no subspecialty and with primary care subspecialty
	Family Practice	(specialties uncommon)	INCLUDE		Historical and Primary Care is their core practice. If provider spends more than 50% of their time providing GYN services, treat as OB at 0.25.	include FP with no subspecialty and with primary care subspecialty
	Internal Medicine	no subspec noted	INCLUDE		Historical and Primary Care is their core practice	include Internal Medicine providers with no specialty and those with primary care specialty.
	Internal Medicine	Any sub-specialty	EXCLUDE		NOT PRIMARY CARE	exclude all Internal Medicine with subspecialty non-PC
	Pediatrics	no subspec noted	INCLUDE			include Pediatric providers with no specialty and those with primary care specialty.
	Pediatrics	Adolescent	INCLUDE			include
	Pediatrics	any subspecialty beyond adolescent	EXCLUDE		NOT PRIMARY CARE	exclude all Pediatricians with subspecialty non-PC
	Ob/Gyn	all except Obs only	INCLUDE BUT WEIGHT @ .25 FTE	0.25	Rationale is based on literature reviews conducted by HRSA's National Center for Health Workforce which demonstrates that 20-30% of OB/GYNs time is primary care . See 'Review of OB-GYN and PC_2 7 11.docx.' for supporting documentation.	included, but per committee recommendation at 0.25 FTE for Gynecology (GYN) and Obstetrics & Gynecology (OBG). Obstetrics (OBS) specialty classification is removed.
	Hospitalists		EXCLUDE		NOT PRIMARY CARE	exclude using the major professional activity (MPA) - Full-time Hospital Staff (HPP). Hospitalist is not listed as a specialty.
	Geriatricians	Potentially as subspecialty of IM	INCLUDE		Primary care is their core practice. Note that Geriatricians in LTC are excluded due to practice setting	include family medicine geriatrics and geriatrics (PC specialty or no specialty)

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	Adolescent Medicine	Potentially as subspecialty of PD, FP or IM	INCLUDE		Primary care is their core practice	include adolescent medicine- peds (ADL), adolescent medicine (AMI), adolescent medicine (FP) (PC specialty or no specialty)
	General Surgeons	na	EXCLUDE		NOT PRIMARY CARE	exclude
	Residents	all	EXCLUDE		Resident time excluded - mentor time included	exclude using the type of practice (TOP) and major professional activity (MPA) - Resident (12) and (HPR) - this is not listed as a specialty. Residents are 12% of providers.
	Urgent Care Providers	na	EXCLUDE		Definition of primary care notes continuity which is not part of this model. Convenient Care Assn. notes that the purpose is to refer to a primary care provider for ongoing treatment	No formal specialty or practice setting for this grouping. For impact testing exclude providers at urgent care centers by filtering location for words that may identify urgent care or identified in Convenient Care membership: "urgent", "convenient", "Take Care Health Systems", "minute", "MinuteClinic", "The Little Clinic", "Lindora", "quick", "QuickHealth", "express care", "Sutter Express Care", "Target Clinic", "fast care", "FastCare", "Medpoint Express", "AtlantiCare Healthrite", "Geisinger CareWorks", "Walmart", "RediClinic", "QuickCare", "Heritage Valley Convenient Care" - a total of 341 providers are removed using this method.
<b>Work Setting:</b>						
			General decision to exclude time spent in non-clinical and non-outpatient care settings.			Major Professional Activity (MPA) is derived from type of practice and present employment. Using MPA exclusions can be made to remove locations of hospitals, medical school, other non-patient care, and VA. Those classified as Federal were not removed at this time.
						Include. Categories: MPA of office based practice (OFF) and Not Classified (NCL). This will include Self-employed solo practice, two-physician practice, other patient care, locum tenens, group practice, HMO, and no classification
<b>Hours: Used to calculate an FTE</b>						
			JSI: semi-retired			N/A - Adjustment would be made to 0.5 for semi-retired provider (based on TOP 72) as applied by Dartmouth in their analysis of the AMA data.
			JSI: age of provider - for physicians older than 70 adjust by .1 for each year over 70 is used by Dartmouth			No discount is made for age at this time.
			JSI: Federal provider			For providers classified as federal (FED) no adjustment is made at this time since all of them were removed with the MPA criteria set.

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			JSI: adjust base FTE for CMS linked providers (non-peds) based on percent of time at each location			Adjusted Base FTE is used for each of the practice locations (up to 3 zip codes provided) based on the percent of time at each CMS linked file.
			JSI: base FTE of 1 at one address for those with no CMS link and not already receiving adjustment as shown above.			Base FTE of 1 is given
<b>Other Impact Testing Decisions: Includes providers with active license, 20-80 years of age, address within the 50 states and DC.</b>						

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<b>Physician Assistants</b>			INCLUDE - Overall use of .75 weight applied to measured FTE	0.75	BASED ON REVIEW OF UDS & MGMA PRODUCTIVITY STATISTICS (see UDS 09 vs MGMA 09 productivity Ratio.xls for supporting statistics) - LIKELY REFLECTING LONGER VISITS AND TIME SPENT ON NON-ENCOUNTER GENERATING ACTIVITIES	Source: AAPA, 2010
<b>Use of 0.75 Weight:</b>						A weight of 0.75 is recommended by the committee for impact testing. Please review JSI Impact Analysis decisions below regarding applying the weights
			JSI: PC Specialty listed - 56%			apply 0.75
			JSI: No specialty indicated and a match could be made to Graham center NPI colocation address file		Graham Center's NPI colocation decisions outlined in 'Analytical Report on Primary Care Workforce', 2010	use probability discount applied by Graham Center and then apply the 0.75. Process used: 1) If a PA was in a solo practice or practice with just PC physicians, then we assume that they are PC. 2) Likewise, if they are only in practices with specialists, we assume that they are not PC. 3) For an NP/PA in a practice with both primary care and specialist physicians, we used the proportion of the practice that is PC to define the proportion of the individual NP/PA that is also PC.
			JSI: Specialty unknown and no direct match to NPI			apply 0.75
<b>Specialties:</b>						Specialty_Description is used to narrow active providers to primary care specialties
<b>Inclusion</b>						includes: FM w/o urgent care, FM w/ urgent care*, General IM, general Ped, Geriatrics, Adolescent Peds, and not specified (* does not define the provider as working specifically in urgent care settings)
	<b>Family Practice -- Primary Care</b>		INCLUDE		Historical and primary care is their core practice	FM w/o urgent care, FM w/ urgent care
	<b>Other specialties (ob, surgery, etc.)</b>		EXCLUDE non-PC specialties. Ob to be included as PC but weighted at .25 as with other Ob specialties.		Similar to Ob for physicians	Obstetrics/Gynecology (2% of total) being handled as the other OBG/GYN categories. A 0.25 multiplier is applied (instead of the 0.75). Other specialties excluded (43% of total)

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	<b>Urgent Care Providers</b>	na	EXCLUDE		See notes for this class of physicians - not a continuity of care model.	FM/FP w/ urgent care are not excluded (18% of PA) - see above. 'No formal specialty or practice setting for this grouping. For impact testing exclude providers at urgent care centers by filtering location for words that may identify urgent care or identified in Convenient Care membership: "urgent", "convenient", "Take Care Health Systems", "minute", "MinuteClinic", "The Little Clinic", "Lindora", "quick", "QuickHealth", "express care", "Sutter Express Care", "Target Clinic", "fast care", "FastCare", "Medpoint Express", "AtlantiCare Healthrite", "Geisinger CareWorks", "Walmart", "RediClinic", "QuickCare", "Heritage Valley Convenient Care" - Unfortunately only 2 providers were removed using this method.
<b>Work Setting:</b>						
			JSI: Hospital work setting			JSI recommends exclude
			JSI: FQHC: Not Rural and FQHC: Rural			The workforce subcommittee suggested at a meeting that these should be excluded. This would be a reduction by 10%. JSI recommends including them and reducing FTE to zero. A zero FTE is applied so providers are included for program priority decisions but backed out for designations.
			JSI: All other work settings			Include. Categories: HMO, Other Freestanding Clinic, Other, Solo Practice Physician Office, and no work setting specified
<b>Other Impact Testing Decisions: Includes providers with active license, 20-80 years of age, address within the 50 states and DC.</b>						

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<b>Nurse Practitioners</b>			Weight of .75 applied to primary care FTE			Current Source: Graham Center NPI, 2010 ** Please note that this information is being used until updated data is provided by AANP. Below are steps that will be taken with the AANP data but for the April-June meetings the calculations made by the Graham Center are used directly for primary care % in combination with .75 multiplier.
(as of April Meeting)					** Graham Center's NPI colocation decisions outlined in 'Analytical Report on Primary Care Workforce', 2010	use probability discount applied by Graham Center and then apply the 0.75. Process used: 1) If a PA was in a solo practice or practice with just PC physicians, then we assume that they are PC. 2) Likewise, if they are only in practices with specialists, we assume that they are not PC. 3) For an NP/PA in a practice with both primary care and specialist physicians, we used the proportion of the practice that is PC to define the proportion of the individual NP/PA that is also PC.

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<b>Nurse Practitioners</b>						Current Source: Graham Center NPI, 2010 ** Please note that this information is being used until updated data is provided by AANP. Below are steps that will be taken with the AANP data set once available.
			INCLUDE BUT WEIGHT AT 0.75	Weight of .75 applied to primary care FTE	BASED ON UDS/MGMA PRODUCTIVITY AND VA STANDARDS (see UDS 09 vs MGMA 09 productivity Ratio.xls for supporting statistics)	For those with AANP specialty listed, apply 0.75. For those with no specialty, use Graham Center est. % Primary Care, use .75 for any that cannot be matched
<b>Specialties:</b>						MainSpec is used to narrow active providers to primary care specialties
<b>Inclusion</b>						Specialities included: Adult, Family, Gerontology, Pediatric, Womens Health, and not specified
	<b>Family Practice</b>		INCLUDE		Similar to Physicians	included Family
	<b>Peds or Adult Care</b>		INCLUDE		Similar to Physicians	included Adult and Pediatric
	<b>Geriatric</b>		INCLUDE		Geriatricians excluded in LTC due to practice setting	included Gerontology. Exclude those in LTC based on work setting.
	<b>Urgent Care Providers</b>	na	EXCLUDE		Same as Physicians - not considered continuity model of primary care	excluded using the work setting status of Emergency Room/Urgent Care and filtering location for words that may identify urgent care: "urgent", "convenient", "Take Care Health Systems", "minute", "MinuteClinic", "The Little Clinic", "Lindora", "quick", "QuickHealth", "express care", "Sutter Express Care", "Target Clinic", "fast care", "FastCare", "Medpoint Express", "AtlantiCare Healthrite", "Geisinger CareWorks", "Walmart", "RediClinic", "QuickCare", "Heritage Valley Convenient Care"
	<b>Women's Health</b>		INCLUDE	0.75	Per committee recommendation set at 0.75 FTE because women's health is primary care	included at 0.75
<b>Work Setting:</b>						

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			JSI: College, Correctional/Prison Facility, ER/Urgent Care, Home Health Care, Hospice, Hospital, Long-term Care Facility, Military, NP Program, Other Academic, Psych/Mental Health Facility, Rehabilitation Facility, Research, Retail Based Clinic, VA work setting			JSI recommends exclude
			JSI: All other work settings			Include. Categories: Community Based Primary Care, Health Dept, HMO, Indian Health Services, Migrant Health Clinic, Private NP Practice, Private Physician Practice, Rural Health Clinic, Rural Health Other, School Health, and no work setting specified. Please note that 69% of the NP did not provide work setting.
<b>Hours: Used to calculate an FTE</b>						
			JSI: Primary Care hours 1+			32% of the NP provide hours (up to 3 locations). Will adjust the 0.75 default value and probability discount applied by Graham Center (as described above) down by the % of primary care total hours
			JSI: 100% Non-Primary Care hours			exclude
			JSI: no hours indicated			68% of the NP did not provide hours. Will use the 0.75 weighting factor and probability discount applied by Graham Center (as described above)
<b>Other Impact Testing Decisions: Includes providers with active license, 20-80 years of age (including just over 30,000 providers in file with birth year of 1900), address within the 50 states and DC.</b>						

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<b>Nurse Midwives</b>						Source: ACNM, 2009. Nurse Midwives included: CNM, CM, SNM
<b>Use of 0.75 Weight:</b>						A weight of 0.75 is recommended by the committee for impact testing. Please review JSI Impact Analysis decisions re: this subject
<b>Specialties:</b>						apply 0.75
	Cert Nurse Midwife		INCLUDE BUT WEIGHT @ .75 FTE		Primary care is a significant portion of practice	Not applicable
<b>Work Setting:</b>						
			JSI: Educational institution, military			JSI recommends exclude
			JSI: FED - FEDERAL GOVERNMENT			The workforce subcommittee suggested at a meeting that these should be excluded. JSI recommends including them and reducing FTE to zero. A zero multiplier is used to reduce the FTE. A review of OTH-OTHER will also result in zero FTE applied for FQHC and RHC.
			JSI: All other work settings			Include. Non-profit Agency, community health center, hospital/medical center (24%), midwife owned practice, other, physician owned practice, and no work setting specified. Please note that 34% of the NP did not provide work setting.
<b>Hours: Used to calculate an FTE</b>						
			JSI: full time(35 or more hours) and part time (34 or less hours) are indicated			45% of the CNM are FT and 15% are PT. JSI will use for impact testing a) the 0.75 default value for full-time b) $0.75 \times .5 = 0.375$ for part-time
			JSI: no FT/PT status indicated			40% of CNM did not provide FT/PT status. The 0.75 default value will be used.
<b>Other Impact Testing Decisions: Includes providers with active license, 20-80 years of age, address within the 50 states and DC.</b>						