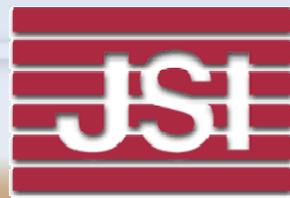


**Designation of
Health Professional Shortage
and
Medically Underserved
Areas & Populations**

Preliminary Presentation on Purpose,
Principles, Issues, and Process
for Revised Rules



John Snow, Inc.

Purpose of Designation

- Identify areas/populations needing federal assistance with health care access issues
- Describe and quantify the nature of need in the community
 - Provide information and framework to support the most effective targeting of resources by federal programs

Principles for a Revised Designation Rule (1)

Required:

- *Identify and designate areas, population groups, and facilities experiencing Health Professional Shortage and/or Medical Underservice*
- *Support legislative requirements for designations*
 - *Within that constraint, all aspects are open to change*

Principles for a Revised Designation Rule (2)

Proposed:

- Create a technically sound, scientific, data-driven approach
- Rely on logical/actionable methods that have face validity/are intuitive
- Incorporate inputs that reflect the multi-dimensional nature of primary care access issues
- Remain current going forward
 - Allow for regular updates of individual designations
 - Allow for occasional update of underlying parameters used in the method to reflect changes over time

Proposed Principles for a Revised Designation Rule ⁽³⁾

Proposed *(continued)*:

- Support programmatic goals for identifying communities in need of assistance
- Produce comprehensible, informative, useful results
 - Make attributes of the designations available for potential use by programs/others in prioritizing need, allocating resources, etc.
- Minimize federal/state/local burden to develop/maintain designations
- Incorporate a process for state/local/community input in the definition of designated areas and related data

Relationship Between Designation, Scoring, and Program Resources

- Program legislation only requires the presence of a designation
 - Prerequisite in eligibility to apply for government resources
 - Designation language does not prescribe any criteria for threshold level of need
- Most designation types do not confer any program resources automatically
 - The exception is geographic HPSAs where physicians are automatically eligible for Medicare Incentive Program (MIP)
- Designation rules do not change with fluctuations in program resources available
 - Should support program goals at any resource level
- Programs have a statutory or a custodial obligation to best target available resources to need
 - Method of assessing need and scoring applications is a programmatic decision
 - Designation parameters can/should be useful as factors in programmatic determination of need



Dimensions of Primary Care Shortage/Underservice

- Insufficient Total Capacity
 - Actual supply of primary care resources falls short of population-based demand
- Disparities in Access
 - Overall resources may appear sufficient but certain segments of the population experience barriers to care that limit the resources practically available to them
- Systemic Issues / Persistent Adverse Health Outcomes
 - Other factors appear to be at work in the community that limit the effectiveness of primary care resources in meeting the needs of the community/population
 - Recognizes that not all aspects of primary care access and effectiveness are directly measurable
 - Outcome measures or community-level characteristics may serve as indirect proxy
- Facility-based need
 - Similar to community methods for institutional facilities/populations
 - For community focused safety net facilities, potential as a second alternative to community-based designation - identify need based on 'experience' of patients seeking care

Proposed Steps in the Rule Development Framework Phase I

- Component Identification:
 - Determine parameters that define medical underservice and/or health professional shortage in a community
- Component Measurement:
 - Define methods and data sources for measuring each parameter individually
- Combining Components:
 - Develop methods for combining individual components to create measures of shortage/underservice
- Preliminary Designation Thresholds:
 - Determine components for inclusion in HPSA vs. MUA/P, and establish preliminary threshold(s) for granting designation



Phase I: Potential Issues to be Considered

- Need/demand measurement:
 - *Population, utilization, health status adjustment*
- Capacity/supply measurement:
 - *Primary care provider definition, measuring FTEs, exclusions, relative capacity by provider type*
 - *Treatment of federally-linked resources*
 - *Which programs, how to account for/back-out*
- High need / Indirect / Non-Provider options:
 - *Health outcome disparities, predictive models of need*
- Sub-population approaches:
 - *Defining eligible populations, data sources, disparity analysis methods*
- Service area definition:
 - *Geographic units, distance/travel time issues, contiguous areas*
- HPSA-MUA/P distinction
 - *Separate, Parallel, Combined, Nested, Overlapping approaches*
- Threshold(s) for designation:
 - *Measuring deficit/disparity, single or multiple thresholds, setting minimum level for Government involvement*

Considerations Related to Data

- Must acknowledge flaws and limits in available data
 - Not as complete, current, or detailed/specific as anyone would like
- Policy choices need not / should not be tied to a specific data set
 - Group must consider/prescribe how designation components can best be measured currently
 - Need to recognize that best available data sources may change over time
 - Rule should define designation goals within practical parameters to measure/document factors included
- Consider process for applicants to supplement/update nationally available secondary data with primary or state/local sources
 - Potentially more current, more specific, or more geographically detailed
 - Requires local effort and responsible party
 - Need to assure reasonable standardization & validity of sources

Impact Testing (1)

- *Analytic model to assess the likely consequences of decisions for existing safety net, as well as for the nation overall in terms of areas gained/lost/maintained*
- *Multiple dimensions of impact to be examined:*
 - *Existing designation boundaries (HPSA/MUA/P)*
 - *One or more ‘universal’ service area definitions (counties, PCSAs)*
 - *Needed to explore areas that could be newly designated*
 - *Could serve as starting point for ‘baseline’ national designations*
 - *Relative impact for different sub-groups*
 - *Rural/Urban/Frontier*
 - *State/Region*
 - *Programs (FQHCs, NHSC, RHCs, etc.)*



Impact Testing (2)

- *Valid but imperfect process*
 - Will use best uniform data currently available
 - May need to accept some imperfections and uncertainty:
 - Combine attributes that describe incongruent geographic layers
 - Apply attributes of geographic populations to sub-groups
 - Use ‘standardized’ service area boundaries
 - Make estimates when data will come from local/primary sources
 - Ultimately should consider if data/methods can support a ‘baseline’ national designation assessment
 - May need to consider mechanisms to provide impact testing data to stakeholders when rule is released to permit state/local/program validation

Proposed Steps in the Rule Development Framework

Phase II

- Initial Impact Testing:
 - Test the likely impact of preliminary decisions on various community and programmatic groups of interest
- Refinement:
 - Examine results of impact testing and determine need for revisions to methods/thresholds or for consideration of alternative designation criteria
- Final Impact Testing & Review:
 - Re-test the likely impact of revised rules and assess/address any remaining concerns

Phase II: Potential Issues to be Considered

- Alternate [Safety Net/Facility] designations:
 - *Eligible entities, Organizational vs. Community attributes*
- Governor's / Exceptional process:
 - *Parameters for complying with requirement, Criteria for 'unusual local conditions'*
- Implementation Issues:
 - *Phase-in, renewal cycle, responsible party*

Post-Committee Process

- Submission to Secretary:
 - Submit results of committee process in a written report to the Secretary of HHS
- Publication of Rules:
 - Decisions to be converted into a written rule for release in the Federal Register

