Designation of Health Professional Shortage and Medically Underserved Areas & Populations

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

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

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

*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