

Identifying MUAs, 3 decision points

Prepared by Bob Phillips, Don Taylor, David Goodman, Tim McBride, Stephen Petterson

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First decision: Social Deprivation measures are used by many countries to identify areas in need of additional health resources and are worth consideration by the full committee for identifying Medically Underserved Areas and possibly Populations.

The Social Deprivation index was developed after reviewing what was used in other countries, review of research literature in the US, and by testing social determinant of health items with and against each other for their explanatory power for bad health outcomes. This approach allows for the use of widely available community data to be used to construct an index that is highly correlated with poor health outcomes, health status, costs, and unnecessary hospitalizations. The correlations are of course, not perfect, but measures such as this have the benefits of being replicable across different areas, applicable to different units of geography (service areas), and are flexible in that they can be updated with either new sources of data or new variables that may be shown to be even better proxies. This could form the basis of an MUA designation and improve identification of areas that cannot mount their own MUA advocacy. There seems to be general consensus about this even if we agree on nothing else.

Second Decision: A key question is whether to include a direct measure of health status, such as standardized mortality ratios in conjunction with social deprivation-type indices. Such measures could either be another component of an index, or could be a general 'test' of whether this observed outcome for an area is consistent with the social deprivation score. The modeling suggests that they will be very closely aligned in most areas. In those where mortality is worse, the need may be higher. In areas where mortality is better, the area may not be as needy and may have factors, such as health centers or rural health clinics, which reduce the effects of social deprivation. Comparing actual with predictive measures in this way could identify the potential for the social deprivation measures to do a better job in some parts of the nation than others. We may need to see how this affects designations to reach agreement

Third Decision: Another key question is how to factor workforce availability into the equation. This is the most contentious of the three decisions. In densely populated areas with discernable gaps in social determinants of health (like Northern Virginia) simply counting the number of health care providers can de-designate an otherwise underserved area. We've discussed using other measures of provider *AVAILABILITY* instead, perhaps using the Medicaid MAX file that should be available in the next year. Areas that are otherwise MUAs but the two measures above but fall off due to provider counts or availability may need to be considered under the MUP route.

There are numerous decisions/possibilities that need to be discussed with the full committee:

- Would we combine measures into one index or multiple use individual variables 'standing alone' to better identify what underservice might be characterized by in a given area?
- How will we weight measures, whether they are put into one index or used as individual variables? There is a tradeoff here between precision and simplicity/understandability. We could exactly replicate a research effort for example, that may produce a variable

being weighted as 11.6% of an index. Or we could say 10%. There is as much art to this as science.

- How much flexibility will we provide to local areas to substitute measures that are used for designation? An example used, what if a local community had terrible diabetes, would we allow them to use such a measure, and what guidance would be given for data standards?
- Will we build in flexibility regarding data sources to our rule? Meaning, at each step we could try and imagine data improvements either in terms of source and/or new measures. These may be an important outcome of the committee if they give direction to federal and state agencies about collecting needed data.
- We really felt like we wanted to hear from special pop group as well. Some of what this group has done could influence which ways we go on other issues.