Agenda Item 16:
Areas of Unmet Need

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Presentation Purpose

- Discuss defining areas of unmet need (AUN) in relation to Song-Brown.
- Compare five different AUN types.
- Provide stakeholder workgroup findings and recommendations.
- Discuss measuring AUN severity.

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Song-Brown Criteria Guiding Principles

1. Keep it simple, yet impactful.
   - For the applicant
   - For staff
   - For validation
2. Promote transparency.
   - Evaluate one component at a time
   - Articulate clear expectations
   - Provide a comprehensive understanding of the program

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Song-Brown Goals

- Getting providers to *areas* where there is a shortage (areas of unmet need).
- Having providers serve *populations* in need (un/underserved populations).
- Providing primary care.
- Developing a diverse healthcare workforce.

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AUN Subcommittee Purpose

How can we better allocate scarce resources in accordance with Song-Brown goals and objectives?

- How can we provide incentives for behaviors that align with Song-Brown's mission?
- How can we target resources to programs that have a significantly positive impact on Song-Brown outcomes?
- What is the correct method to identify primary care AUN?

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AUN Subcommittee Members

- Jasmeet K. Bains, M.D.
- Katherine Flores, M.D.

Song-Brown Statute

Health and Safety Code 128225:
The commission shall identify specific areas of the state where unmet *priority needs* for primary care family physicians and registered nurses exist.

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Song-Brown Primary Care Residency: Relevant Measures

- Criterion 1.1 – Percent and number of clinical training sites in AUN.
- Criterion 1.3 – Percent and number of graduates in AUN.

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Song-Brown Family Nurse Practitioner/Physician Assistant Training Program: Relevant Measures

- Criterion 1.1 – Percent and number of graduates in AUN.
- Criterion 1.3 – Percent and number of clinical training sites in AUN.
- Criterion 2.2 – Percent of clinical hours in AUN.

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Song-Brown AUN Definitions

Song-Brown uses five different definitions to determine AUN:

- Primary Care Shortage Areas

- Health Professional Shortage Areas

- Medically Underserved Areas

- Medically Underserved Populations

- Site Designations (e.g., Federally Qualified Health Centers, County Clinics, Teaching Hospitals)

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California AUN

- The green areas are designated as AUN by one or more of these definitions.

One or more designations

No designations

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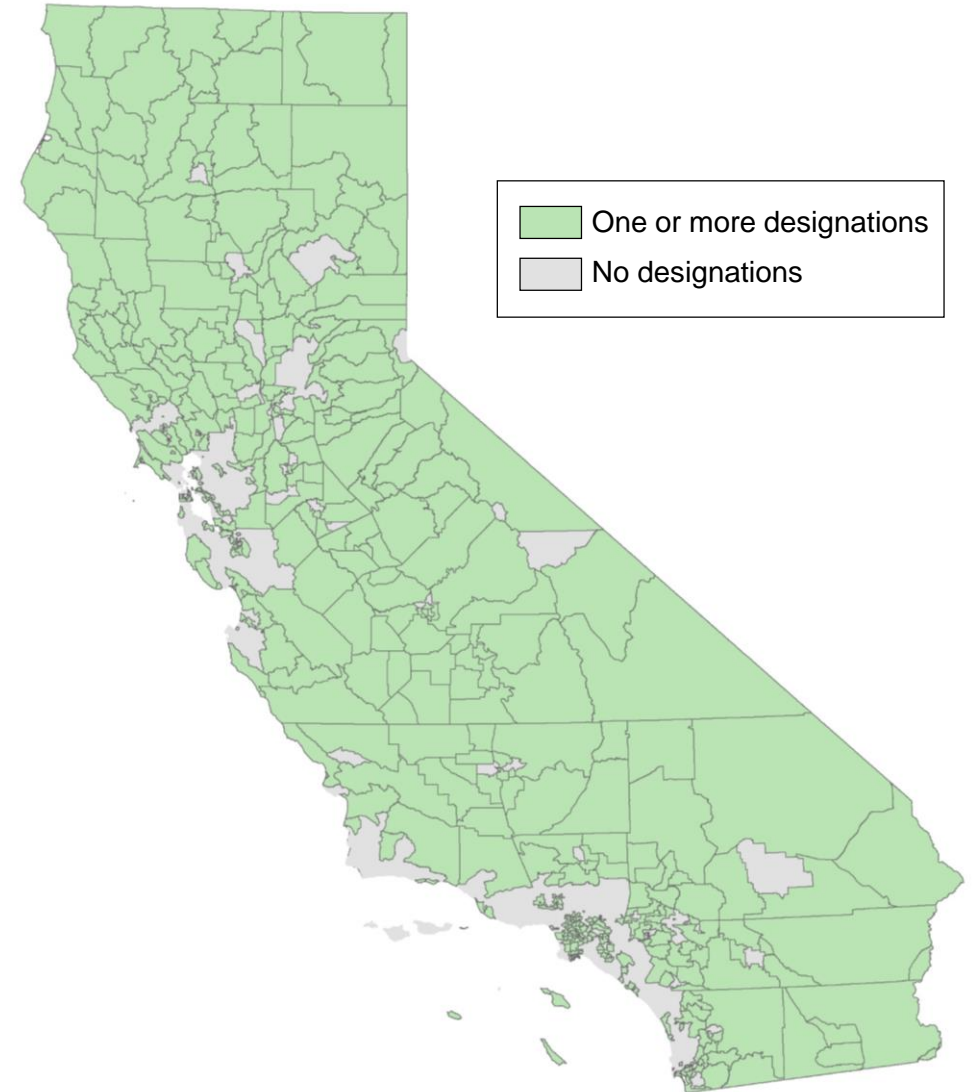
Song-Brown AUN Definitions:
Medically Underserved Area (MUA) and Medically Underserved Population (MUP)

- Federal designation
  - MUA identifies general shortage areas
    - A shortage of primary care health services for residents within a geographic area.
  - MUP identifies specific underserved populations
    - Specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.
- Lifetime designation
  - Oldest active MUA designation: 1978
  - Oldest active MUP designation: 1992

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Song-Brown AUN Definitions:
Health Professional Shortage Area (HPSA)

- Federal designation
  - Can identify either general shortage areas or specific underserved populations.
    - A shortage of providers for the entire population" or "a shortage of providers for a specific population group(s).
- Three-year designation
- Other considerations
  - More than half of the current HPSA designations are based on specific population groups rather than the general population.
  - Typically application-based, some proactive designations/renewals.
  - Other grant programs use HPSA.
  - Based on verified provider-to-population ratio and isolation from access to health care.

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Song-Brown AUN Definitions:
Primary Care Shortage Designation (PCSA)

- Song-Brown designation
  - Identifies general shortage areas.

- One-year designation

- Other considerations
  - Customizable by the California Healthcare Workforce Policy Commission.
  - Automatically scores all of California.
  - Based on poverty and estimated provider-to-population ratio.

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Song-Brown AUN Definitions:
Site Designations (Other)

- Generally serve specific populations.
- Scoring requires time-consuming manual address matching.

Government Owned Facilities	County Primary Care Clinics	Indian Health Services Clinics
FQHC	FQHC Look-a-Like	Community Clinics
Student Run Clinics	Free Clinics	Disproportionate Share Hospitals
Veteran's Administration Hospitals	County Jail Medical Facilities	CDCR Medical Facilities
Rural Hospitals	Teaching Hospitals	State Hospitals

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Stakeholder Workgroup Purpose

- Explore alternative methods to determine AUN that may better align with Song-Brown goals.

- Gather stakeholder feedback.

- Provide a recommendation to the Commission.

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Stakeholder Input

- Remove MUA/MUPs from AUN consideration because they are lifetime designations and may not be an underserved area.

- Develop an AUN severity measure to determine priority need.

- Keep Site Designations, but exclude sites that are not accessible to the general public.

- If fewer programs are funded, increase the amount of funding for awarded programs.

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AUN Recommendations

AUN Type	Keep As Is	Modify	Remove
PCSA		X	
HPSA	X		
MUA			X
MUP			X
Site Designation		X	

- Modify PCSA to include Family Nurse Practitioners (FNP) and Physician Assistants (PAs), and reassess every three years.
- Keep HPSA as is because it can be used as a benchmark, and is already reassessed every three years.
- Remove MUA/MUPs because the designations are not reassessed to consider changes in demographics or providers.
- Modify site designation list to remove sites that are not accessible to the general public.

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PCSA: Current
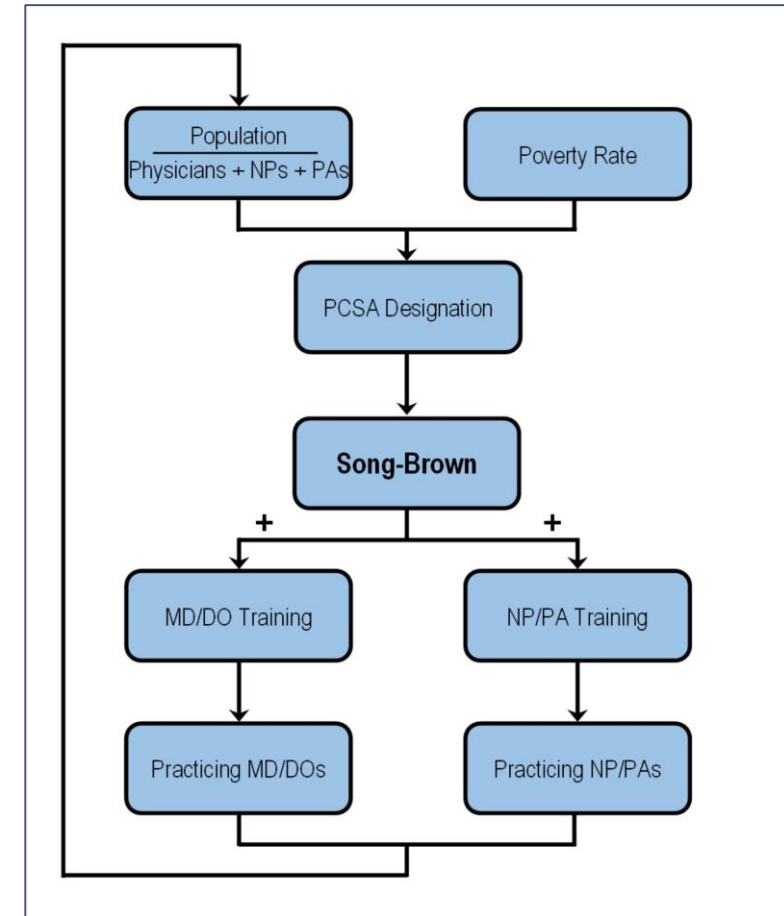
Current Methodology:

- The PCSA ratio only includes physicians.
- Updated annually.
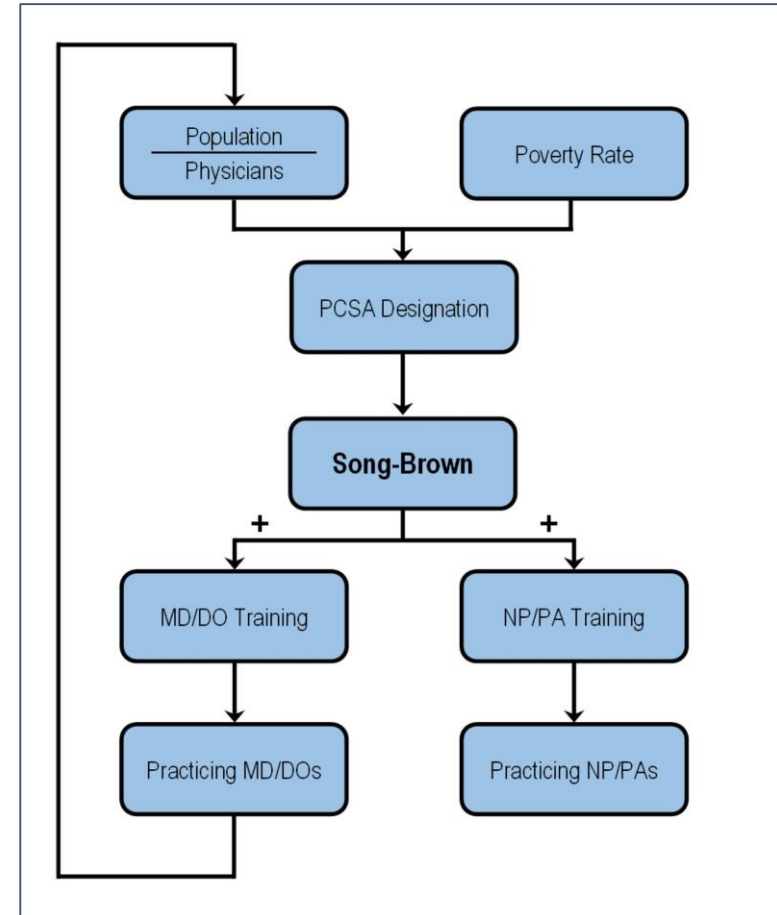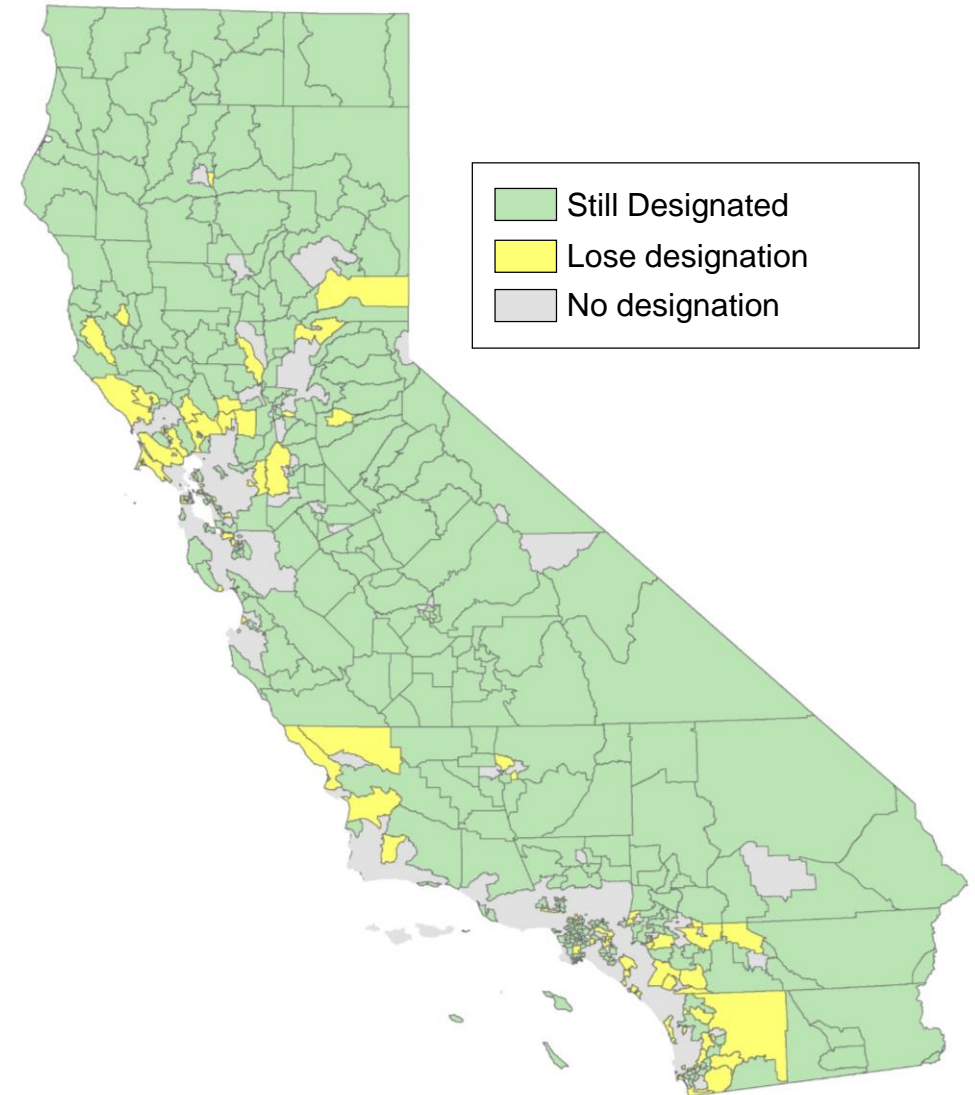
PCSA: Proposed Modification

Unified Provider Methodology:
- Incorporates FNPs and PAs into the PCSA ratio.
- Supports team approach to primary care.
- Better assessment of primary care need.
- Will lead to better allocation of funding.
- Three year reassessment reduces complexity and uncertainty, and aligns with HPSA reassessment.

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California AUN: Impact

- The yellow areas would lose designation if the Commission decides to remove MUAs and MUPs and adopt a unified provider ratio based PCSA.

Legend:
- Still Designated
- Lose designation
- No designation

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Implementing AUN Recommendations: Analysis

- Compared current methodology to methodology with AUN recommendations implemented.

- Analyzed training sites and graduate practice sites for 2017 and 2018 PCR applicants.

- Only a few sites are affected.

- MUA/MUPs with shifts in demographics and provider levels are no longer AUN.

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Implementing AUN Recommendations: Findings

Year	2017			2018		
Methodology	Current	Rec	**Change**	Current	Rec	**Change**
Programs above 50% of available points	55	52	**-3**	62	61	**-1**
Funding recommended	$15,375,000	$14,750,000	**-$625,000**	$17,750,000	$17,250,000	**-$500,000**

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AUN Severity

- Unmet need is not binary– some areas have more need than others.

- In response to stakeholder and Commissioner feedback, the subcommittee explored ways to measure and incorporate severity into scoring.
    - Use population to provider ratio
        - Most aligned with Song-Brown's outputs
    - Assign severity as bonus points
        - No additional programs fall below the 50% score funding threshold

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Severity Index
Data Source

- Provider ratio and score from the PCSA designation
  - NPI registry provider count
 - Census Bureau population estimates

Population per Provider	Score
Less than 1,000	0
1,000 to 1,500	1
1,500 to 2,000	2
2,000 to 2,500	3
2,500 to 3,000	4
More than 3,000	5

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Severity Index
Calculation

- Count graduates and training sites in each category.

- Create an index that characterizes a typical graduate and training site from each applicant.

Population per Provider	Score	Graduates	Training Sites
Less than 1,000	0	1	--
1,000 to 1,500	1	5	--
1,500 to 2,000	2	15	--
2,000 to 2,500	3	5	1
2,500 to 3,000	4	1	3
More than 3,000	5	--	1
Average		**2**	**4**

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Preliminary Severity Indices (2018 Data)
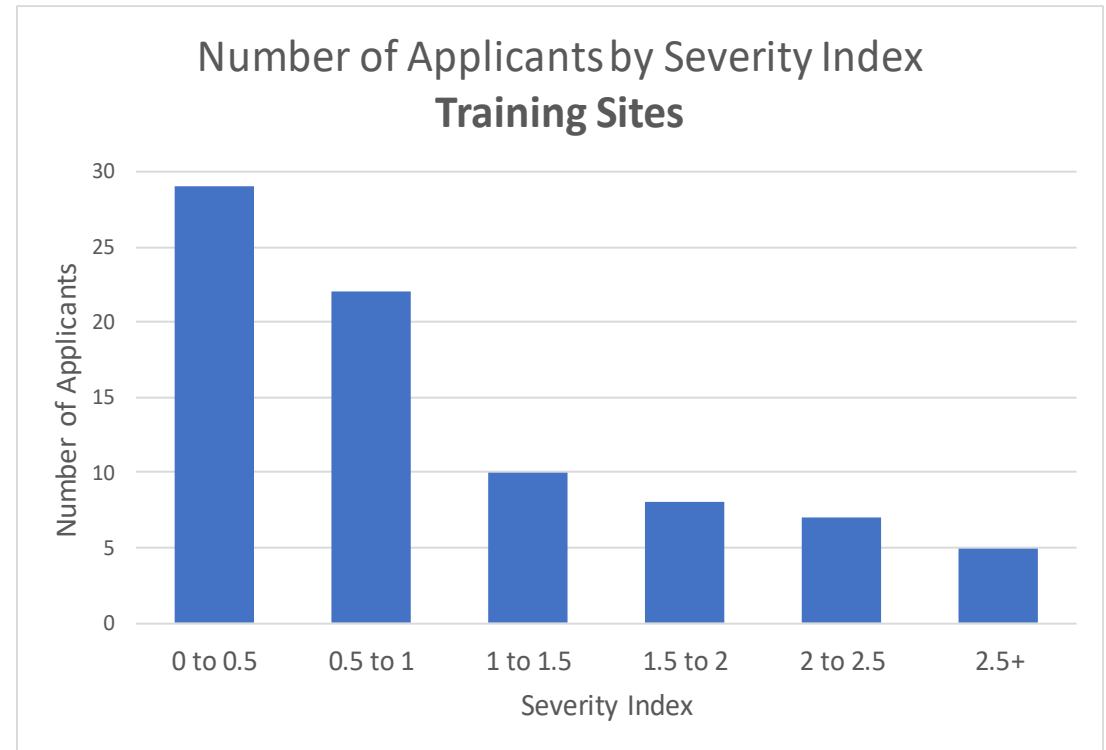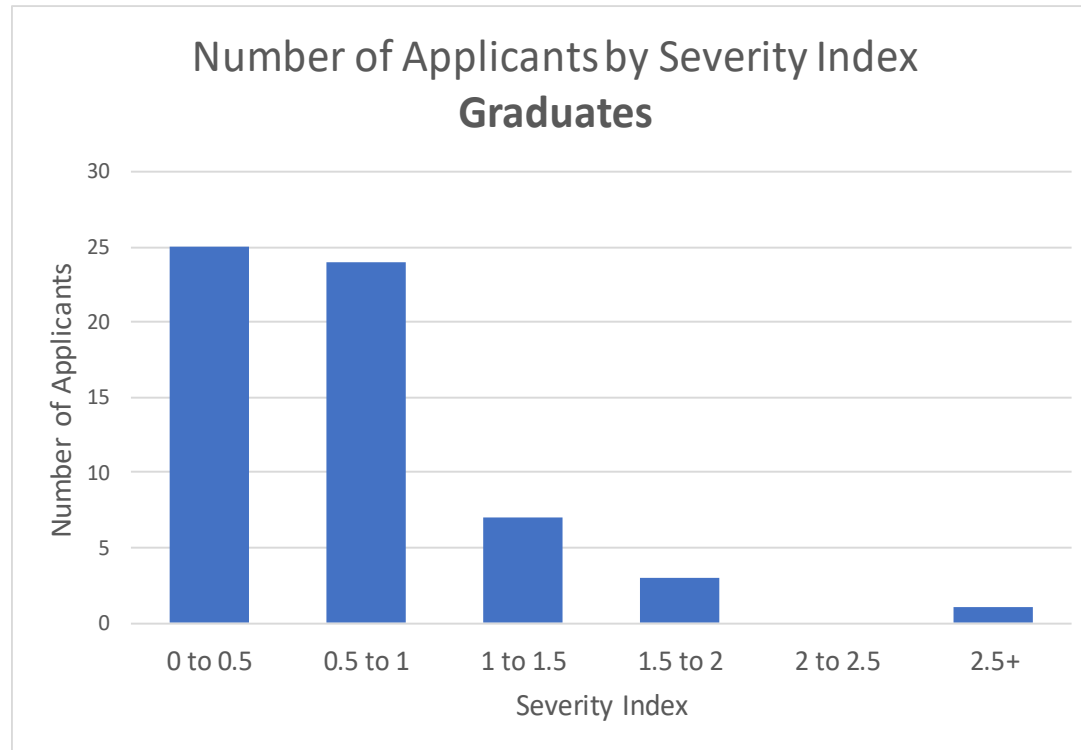
Severity Index
Adjustment

- Focus incentives towards training and placement in areas with the most need
  - Provider ratio more than 2,000:1

Population per Provider	Score	Graduates	Training Sites
Less than 1,000	0	1	--
1,000 to 1,500	0	5	--
1,500 to 2,000	0	15	--
2,000 to 2,500	3	5	1
2,500 to 3,000	4	1	3
More than 3,000	5	--	1
Average	**0.7**		**4**

Bonus Points

- Bonus points would not raise the minimum score required for funding.
- Create rubric to assign maximum of 10 bonus points.
  - 5 points for graduate placements.
  - 5 points for training site locations.
  - Rubric still in progress, cut points based on the population of applicants.

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AUN Recommendations

- Remove MUAs/MUPs.
- Modify PCSA methodology to include nurse practitioners and physician assistants (unified provider ratio).
- Update PCSA every three years to align with HPSAs.
- Modify Site Designations to exclude sites that are not accessible to general public.
  - Veteran's Administration Hospitals
  - County Jail Medical Facilities
  - CDCR Medical Facilities
  - State Hospitals
- Implement method to assign bonus points for AUN severity.

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Next Steps

- Discussion

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