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University of Connecticut

Center for Public Health and Health Policy

# Connecticut Primary Care Capacity Progress Report November 26, 2008

#### Purpose:

This progress report is intended to comply with the requirement of §8.b.iv) of the Memoranda of Agreement (DPH LOG #2009-0222) between the Department of Public Health (DPH) and the University of Connecticut Center for Public Health and Health Policy (CPHHP) that states that CPHHP will provide a progress report to DPH and the CT Primary Care Access Authority co-chairs not later than December 1, 2008.

#### Summary of CPHHP activities during September 25-November 25, 2008:

National and Connecticut-specific data were accessed, downloaded, and/or purchased to estimate the number of primary care providers in Connecticut and to develop national and regional norms on the productivity and patient capacity of providers in the primary care physician specialties, naturopathic physicians, nurse practitioners, licensed nurse midwives, and physician assistants. Data sources include the National Ambulatory Medical Care Survey (NAMCS), National Hospital Ambulatory Medical Care Survey-Outpatient Department (NHAMCS-OPD), Physician Compensation and Production Survey data from the Medical Group Management Association (MGMA), the Bureau of Primary Health Care-Section 330 Grantees Uniform Data System (Community Health Centers data), American Academy of Nurse Practitioners, and American Academy of Physician Assistants. These norms were combined with data from the DPH licensure database to estimate the current capacity of the provider workforce in Connecticut.

#### Estimated Total Number of Primary Care Providers in Connecticut:

The total estimated number of primary care providers in Connecticut with unexpired licenses based on available existing data sources is as follows:

Type of Provider	Number of Providers		
Physicians and Osteopaths*	6033		
Naturopathic physicians	168		
Licensed Nurse Midwives	177		
APRNs	1667		
PAs	305		
Total	8350		

Table 1: Number of Primary Care Providers by Provider Type

\*Includes Homeopathic Physicians

#### Productivity measures:

The MGMA and Federally-Qualified Health Centers use encounters as a measure of productivity. The main unit of analysis that can also be used as a productivity measure for the NAMCS and NHAMCS is a patient visit. As defined, encounters and patient visits are comparable measures. MGMA data includes physician encounters for member group practices; FQHC encounter data includes encounters for physicians and other primary care providers, including APRNs, PAs, and LNMs. NAMCS and NHAMCS report total patient visits to physicians and patient visits per 100 persons. Collectively, these measures are used to estimate patient capacity of individual primary care providers.

## **Additional Information**

Published analyses of NAMCS and NHAMCS-OPD national data provide models for analysis at the primary care physician and regional level. These reports include comprehensive data tables, and many of these tables have been modified to allow comparisons between the national results and primary care providers in Northeastern states. A sample is provided as an appendix to this progress report.

#### **TO BE COMPLETED**

- Additional narrative discussion of results and data analysis. Analysis of other data sources if available, including AMA Masterfile, VA data, and HRSA Geospatial Database. Continued review of literature and inclusion of discussion of supporting studies and relevant publications.
   --Expected completion by December 19, 2008.
- Final review and approval by CPHHP Co-Directors; printing and distribution to DPH and Primary Care Access Authority.
  - --Expected completion by December 31, 2008.
- Financial reporting and final accounting of project expenses.
  --Expected completion by December 31, 2008.

### Appendix: Sample Table, NAMCS, 2006

Estimated number and percent distribution of office visits to primary care physician by the 20 leading primary diagnosis groups, Northeast States, 2006

Primary diagnosis group	ICD-9-CM	Northeast States <sup>2</sup> ,	Primary	NAMCS	
	code	Care Physician visits only			
	range <sup>1</sup>	Number of visits	Percent	Number of visits	Percent
		in thousands	distribution	in thousands	distribution
All visits		77,078	100.0	901,954	100.0
Routine infant or child health check	V20	9,249	12.0	39,298	4.4
Essential hypertension	401	5,473	7.1	35,784	4.0
Acute upper respiratory infections,	460-461,	4,625	6.0	30,916	3.4
excluding pharyngitis	463-466				
Diabetes mellitus	250	3,006	3.9	23,779	2.6
General medical exam	V70	2,312	. 3.0	13,594	1.5
Specific procedures and aftercare	V50-V59.9	2,312	3.0	22,875	2.5
Spinal disorders	720-724	1,850	2.4	23,760	2.6
Arthopathies and related disorders	710-719	1,696	2.2	27,736	3.1
Asthma	493	1,542	2.0	10,590	1.2
Otitis media and Eustachian tube	381-382	1,464	1.9	13,784	1.5
disorders					
Ischemic heart disease	410-414.9	1,233	1.6	10,859	1.2
Disorders of lipoid metabolism	272	1,156	1.5	-	-
General symptoms	780	1,156	1.5	-	
Allergic rhinitis	477	1,156	1.5	12,150	1.3
Malignant neoplasms	140-208,	1,079	1.4	20,923	2.3
· · · · · · · · · · · · · · · · · · ·	230-234				
Anxiety, dissociative and	300	1,079	1.4		-
somatoform disorders					
Chronic sinusitis	473	1,079	1.4	12,971	1.4
Gynecological exam	V72.3	1,079	1.4	15,630	1.7
Viral and chlamydial infection in	079	1,002	1.3	-	-
conditions classified elsewhere and					
of unspecified site					
Rheumatism, excluding back	725-729	1,002	1.3	16,221	1.8
All others	_	32,450	42.1		-

<sup>1</sup>Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services. <sup>2</sup>Includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.

NOTE: Numbers may not add to totals because of rounding.

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