Evidence and Tools for Advocacy from the Robert Graham Center

Jennifer L Rankin PhD
The Robert Graham Center

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AAFP Center for Policy Studies

Graham Center Charge 1997

- The Center would be responsible for research and analysis to inform the deliberations of the Academy in its public policy work and provide a family practice perspective to policy deliberations in Washington
- The Center's work would include:
  - research to support the Academy's policy development and advocacy efforts (research done at the direction and request of the Academy)
  - Center-initiated research to explore policy issues affecting the ability of family physicians to provide their services to the public at a maximum level of effectiveness.

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People

- Dr. Bob Phillips
- Dr. Andrew Bazemore
- Dr. Stephen Petterson
- Dr. Imam Xierali
- Bridget Teevan, MS
- **Dr. Jennifer Rankin**
- **Sean Finnegan**
- Kim Epperson
- **Yumi Nakajima**

- **Adam Schertz** and other research assistants
- **New economist expected in May**
- 10-12 visiting scholars
- 1-2 fellows annually, **Laura Makaroff**

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Policy Studies in Family Medicine and Primary Care

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tools & resources

MED SCHOOL MAPPER

Visualize, map data, and create reports on the community and national impact of any U.S. medical school.

MORE INFORMATION

UDS Mapper

Explore existing federally-qualified health center service areas, where gaps in the safety net might exist, and which neighborhoods or regions might hold the highest priorities for health center expansion.

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Review and freely borrow from our annotated slide series on Graham Center analyses, health policy and primary care.

Access Reports

Learn about the challenges facing America's safety net in a series of reports by the Graham Center and the National Association of Community Health Centers:

Access Denied: A look at America's medically disenfranchised

Access Granted: The primary care payoff

Access Transformed: Building a primary care workforce for the 21st century

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Improve individual and population health by enhancing the delivery of primary care.

The Center aims to achieve this mission through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

THEMES

Guiding the work of the Robert Graham Center

- The Value of Primary Care
- Health Access and Equity
- Delivery and Scope of the Medical Home
- Healthcare Quality and Safety

WHAT'S NEW

- Online Program Tracks Medical Schools' Impact on Access to Physicians (11/10/2010)
- The social mission of medical education: ranking the schools (06/01/2010) (Articles)
- Primary care and why it matters for U.S. health system reform (05/01/2010) (Articles)
- Graduate Medical Education for teaching hospitals in Fiscal Years 2000-2007 (04/01/2010)

DIRECTOR'S CORNER

CMS responded to concerns raised by the Graham Center about important limitations of Medicare Primary Care Incentive Program, or PCIP, in the Affordable Care Act by modifying the eligibility criteria.

In 2009, a white paper by the Robert Graham Center demonstrated that the narrow definition of primary care used for proposed Medicare Bonus eligibility would exclude nearly 40% of family physicians and the majority of general internists. This led to an initial raising of the eligibility threshold in the Affordable Act. Subsequent analyses supported by the Office of Rural Health Policy and the American Board of Family Medicine demonstrated a bias against rural primary care

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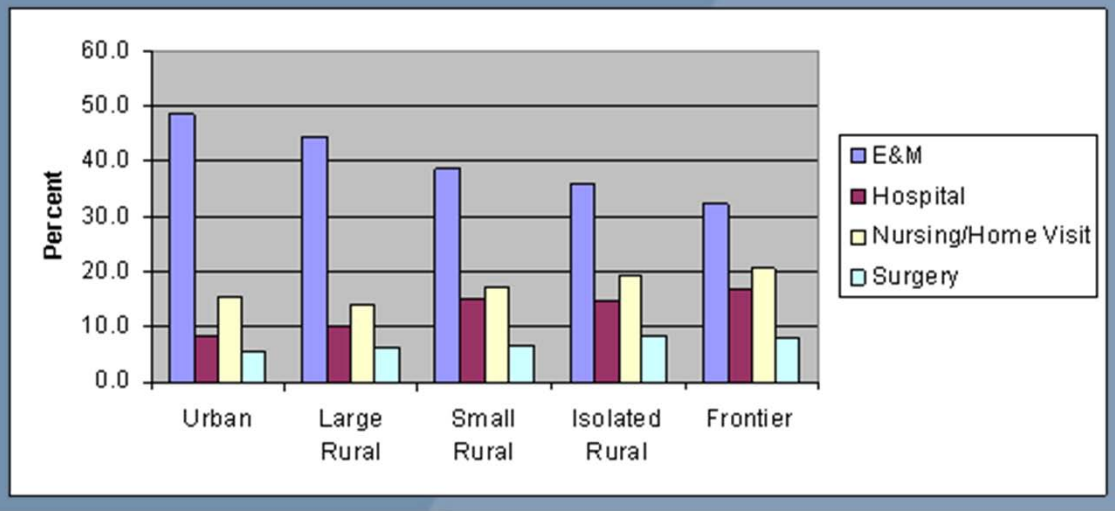
Scope of Practice

- Change of CMS eligibility criteria for the Medicare Primary Care Incentive Program based on Graham Center findings
- Narrow definition of primary care would have excluded 40% of family physicians and the majority of general internists



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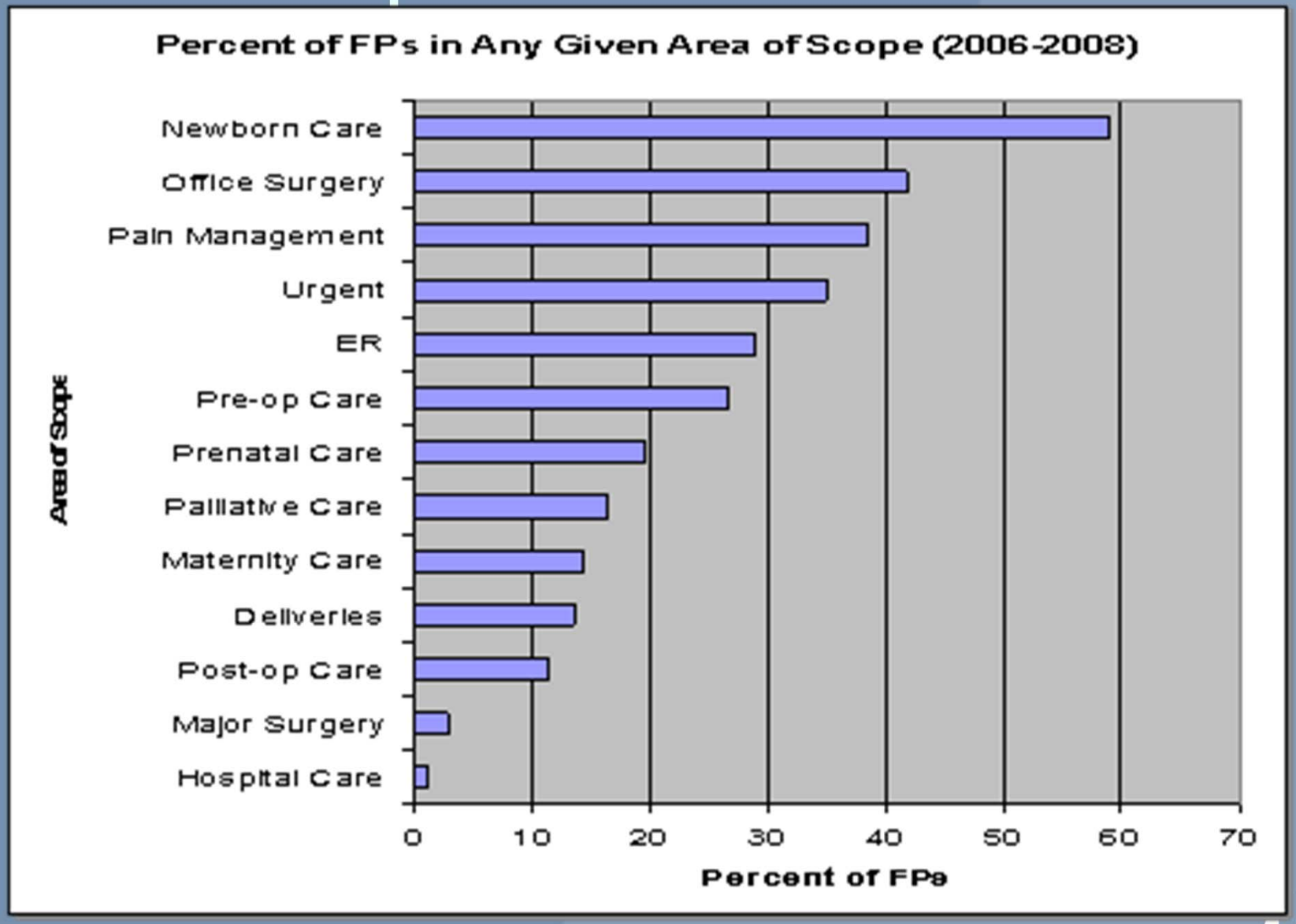
Scope of FP Practice



ABFM Diplomate Questionnaire (n = 26,168)

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GME Tables

- In these tables we present the Medicare GME payments received by teaching hospitals
- These tables should provide credible estimates of the amount of funds teaching hospital sites receive from Medicare
- New tables expected soon

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One-Pagers

Graham Center One-Pager

The Diminishing Role of FPs in Caring for Children

Nationwide, family physicians (FPs) deliver a smaller proportion of the outpatient care of children than they did 10 years ago. Millions of children depend on FPs for care. Family medicine should reevaluate how it will contribute to the care of the nation's children.

The proportion of U.S. office visits for children performed by FPs declined between 1992 and 2002 *(see accompanying figure[1])*, as did the number of children cared for by FPs,[2,3] while the number of children seen in outpatient settings remained stable. From 1981 to 2004, the U.S. pediatrician workforce more than doubled *(see accompanying table[4])* and the U.S. birth rate declined from 15.8 to 14.1 live births per 1,000 persons.[2] Growth in the workforce of physicians who care for children will continue to outpace the birth rate for five to 10 years or more. Children in rural and urban underserved areas, meanwhile, remain disproportionately dependent on FPs for their care.[2]

According to the Future of Family Medicine report,[5] most Americans can identify pediatricians as "the doctors who care for children," whereas the role of FPs is unclear. Facing a shrinking percentage of child visits and a shrinking market through new model practice efforts to improve brand recognition and perceived value, and (4) engaging other providers of child health care in collaborative new models of practice that capture the unique

Numbers of Generalist Pediatricians, FPs, and U.S. Children, 1981 to 2004

Year	Generalist pediatricians	Children (0-17 years)	FPs
1981	20,051	63,213,000	54,013
1986	24,128	62,865,000	60,311
1991	30,080	65,111,000	67,078
1996	35,202	70,226,000	77,185
2001	41,753	72,604,000	87,016
2004	45,994	73,277,000	93,833
Increase	129%	16%	74%

FPs = family physicians.

Information from reference 4.

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AHRQ Workforce Report

1. How many primary care physicians, nurse practitioners and physician assistants are in the US?
2. What is the appropriate panel size for each of these types of provider?
3. Based on the number of providers and the appropriate panel size, what is the current shortage of providers?
4. What do we expect the shortage to be by 2025?

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AHRQ Workforce Report (2)

1. Number of providers- used National Provider Identifier from CMS
   - PC Physicians: 222,308
   - PC NPs: 55,625
   - PC PAs: 30,402
2. The appropriate panel size is based on cost and utilization data to build an evidence-based model
   - Physicians = 1100 – 1200
   - NP/ PA = 900 – 1000

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AHRQ Workforce Report (3)

3. Regardless of how you look at it, there is a shortage of primary care providers
   - Based on current utilization= 8,000 – 10,000
   - Based on evidence-based model = 67,000
4. And the shortage will continue. By 2025,
   - 23% shortage based on aging and population growth alone
   - 28.5% shortage = above PLUS universal health insurance coverage
   - 50% shortage= above PLUS reduced panel size for PCMH models

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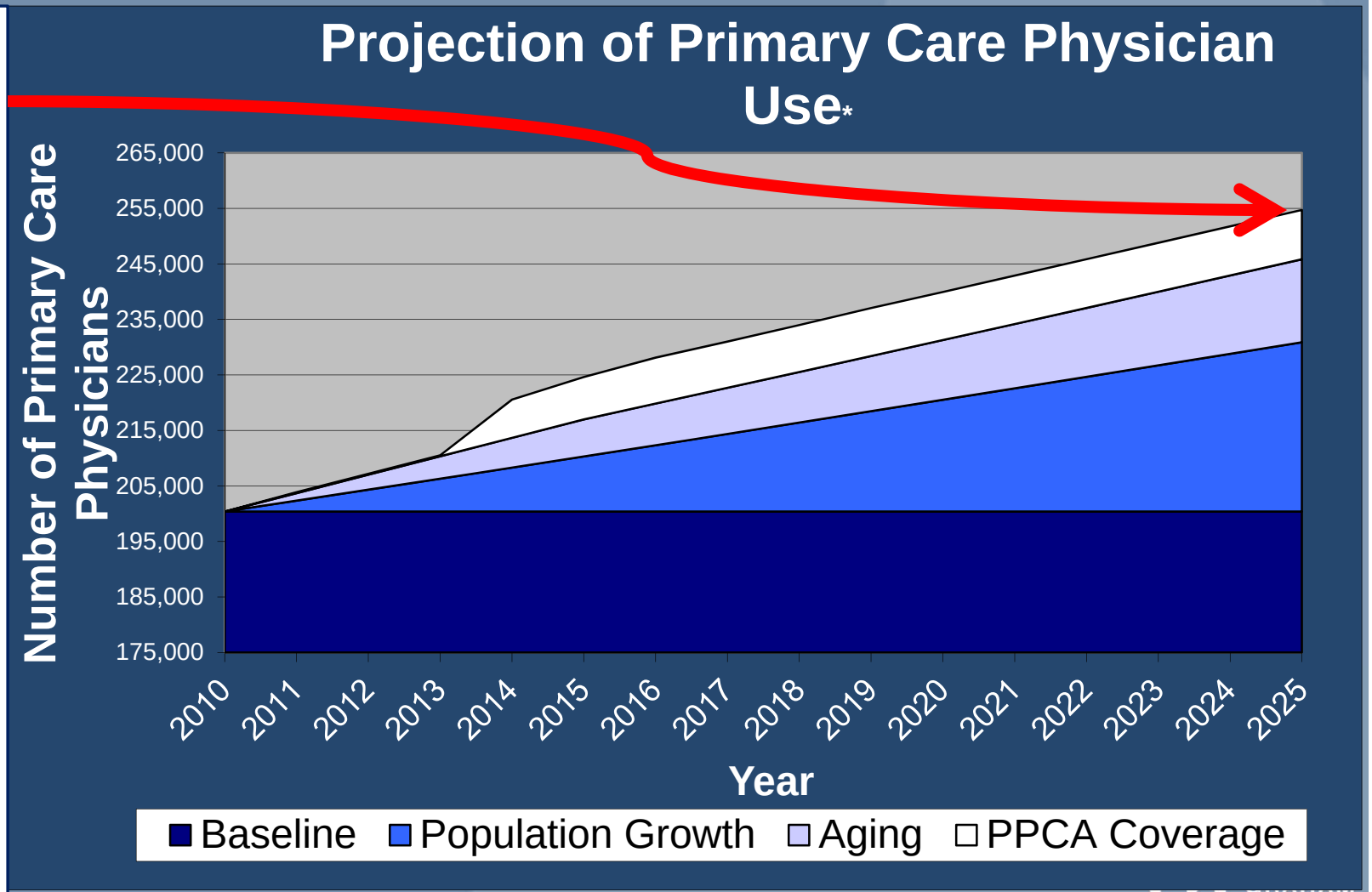
AHRQ Workforce Report (4)

We Need a net gain of about **35,000** primary care physicians by 2025

ACA insurance coverage increases this by about 9,000…If they go exactly where they are needed **Trickle-down workforce policy = many times more**



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Tools & Resources

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Data Tables -- View or download information about family medicine and primary care physicians, and their patients.

Maps -- Download visually compelling synopses of difficult issues facing family medicine today.

HealthLandscape -- A landmark product of the Graham Center, HealthLandscape allows users to create and display maps and tables of a growing array of data relevant to health and primary care.

Presentations -- Download slide presentations by Graham Center staff on issues facing family medicine for your own use.

Director's Corner Archive -- Read a collection of past Director's Corner commentary from the Graham Center.

Health Professional Shortage Area (HPSA) Mapper -- Type in your address to see whether your practice might be eligible for HPSA bonus payments.

Avertable deaths associated with household income in Virginia -- Interactive mapper showing how many deaths could be averted if the entire population of Virginia had the same mortality rate as the most affluent areas.

HRR Mapper -- A mapper that uses 2006 Dartmouth Hospital Referral Region data to permit visualization of the relationship between family physicians to population and specialist to population, and variation in Medicare spending.

UDS Mapper -- Explore existing federally-qualified health center service areas, where gaps in the safety net might exist, and which neighborhoods or regions might hold the highest priorities for health center expansion.

The Power of Mapped Data

- Maps: Particularly effective for presenting complex data and relationships
- The Demand: Health Planners, Service Providers, Policymakers, Foundations
  - Grasp and think in geographies (political geographies for some, rational service areas for others)
  - Want to target resources geographically
  - Crave local/regional analysis
  - Need ways to monitor and depict change over political terms/funding cycles, etc.

Demo

- www.healthlandscape.org
- www.medschoolmapper.org
- www.udsmapper.org
- HRR Mapper www.graham-center.org/online/graham/home/tools-resources/hrrmapper.html

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HealthLandscape

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Username: Password: Login [Sign Up for your Free Account!] Career Opportunities at HealthLandscape

Community HealthView

Map My Community's Health

Community HealthView gives researchers and policymakers the ability to create custom maps and tables of health in their communities - depicting populations at risk, health outcomes, and the distribution of health interventions. Tell me more ...

Primary Care Atlas

Make Primary Care Maps

The Primary Care Atlas maps Health Professional Shortage Areas (HPSAs), Medicare Physician Scarcity Areas (PSAs), the impact of your residency program graduates on your region, the distribution of physicians by specialty (primary care and other), and populations. Tell me more ...

My HealthLandscape

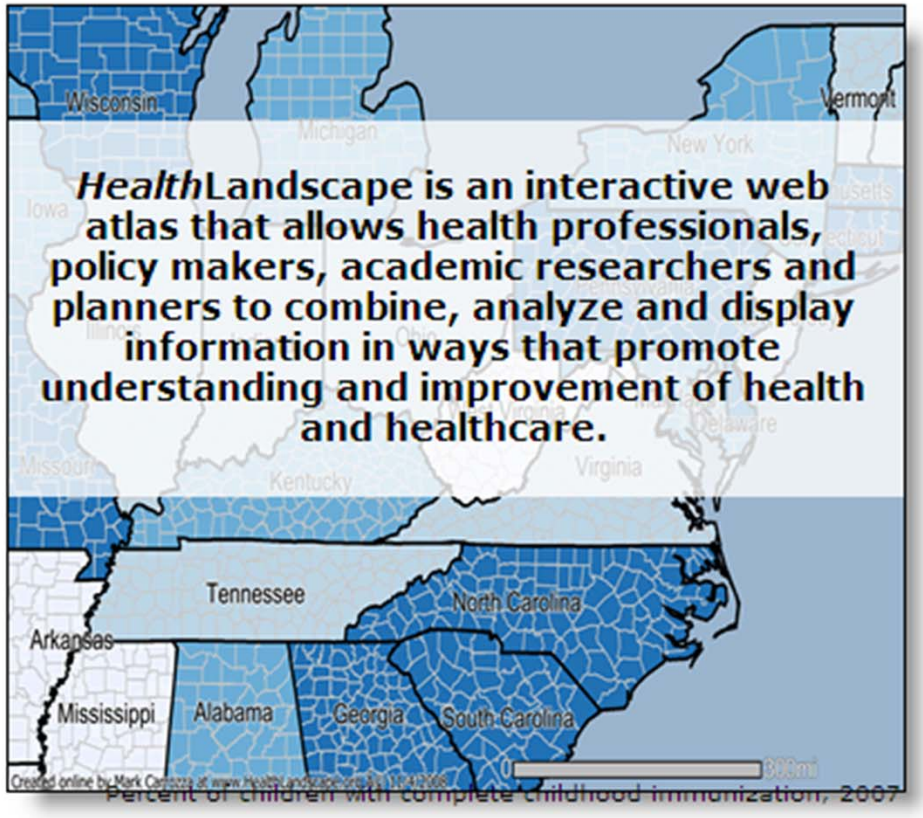
Map My HealthLandscape

My HealthLandscape is a secure environment for users to upload and geocode their own health-relevant data, display that information with key population, demographic, and economic indicators, and collaborate with others in their organization to create a myriad of informative visual displays.
Tell me more ... -or- Show me the subscription options...

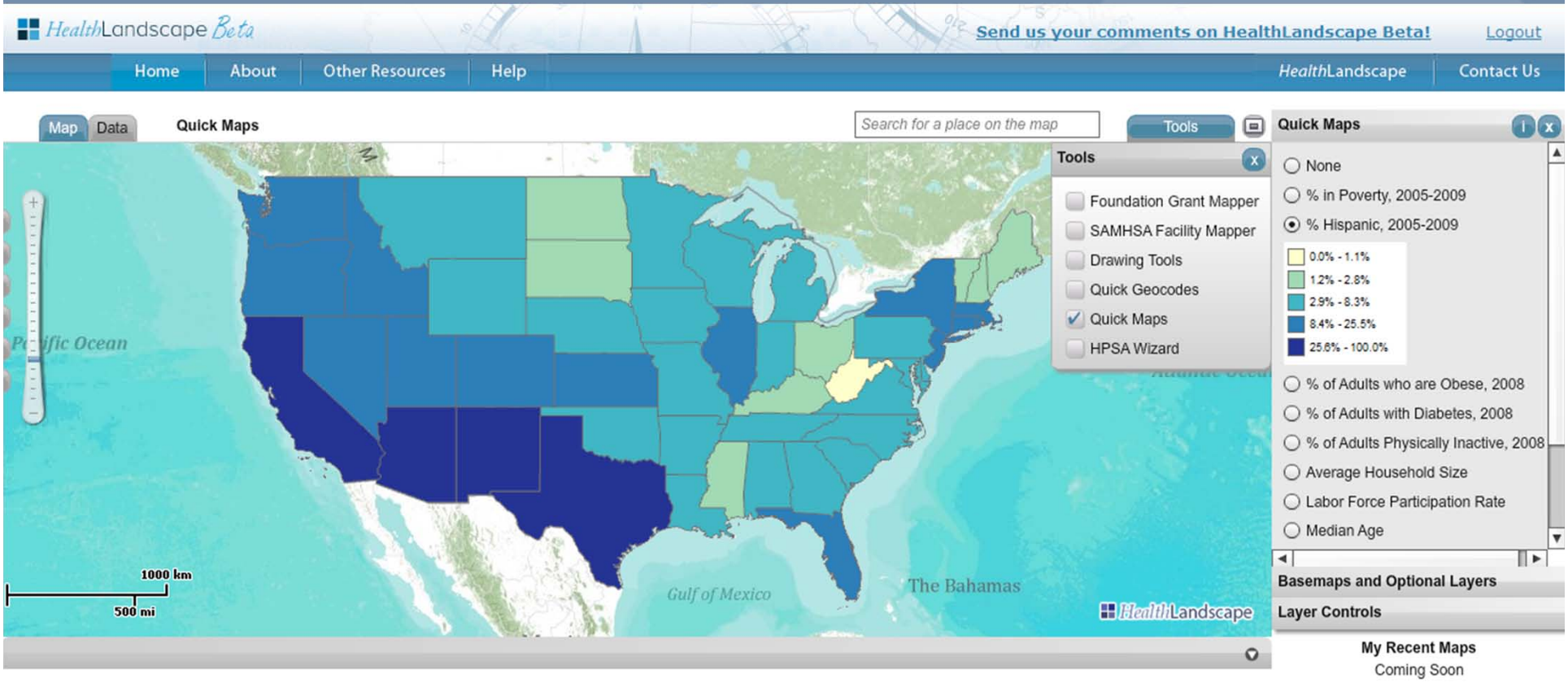
Health Center Mapping Tool

Map My Health Center

The Health Center Mapping Tool turns your Community Health Center or clinic's data into maps of the patients you serve, the core neighborhoods that comprise your service area, and areas with the densest concentrations of your patients. Also, map U.S. Census data to find populations of interest to you.



New *Health*Landscape



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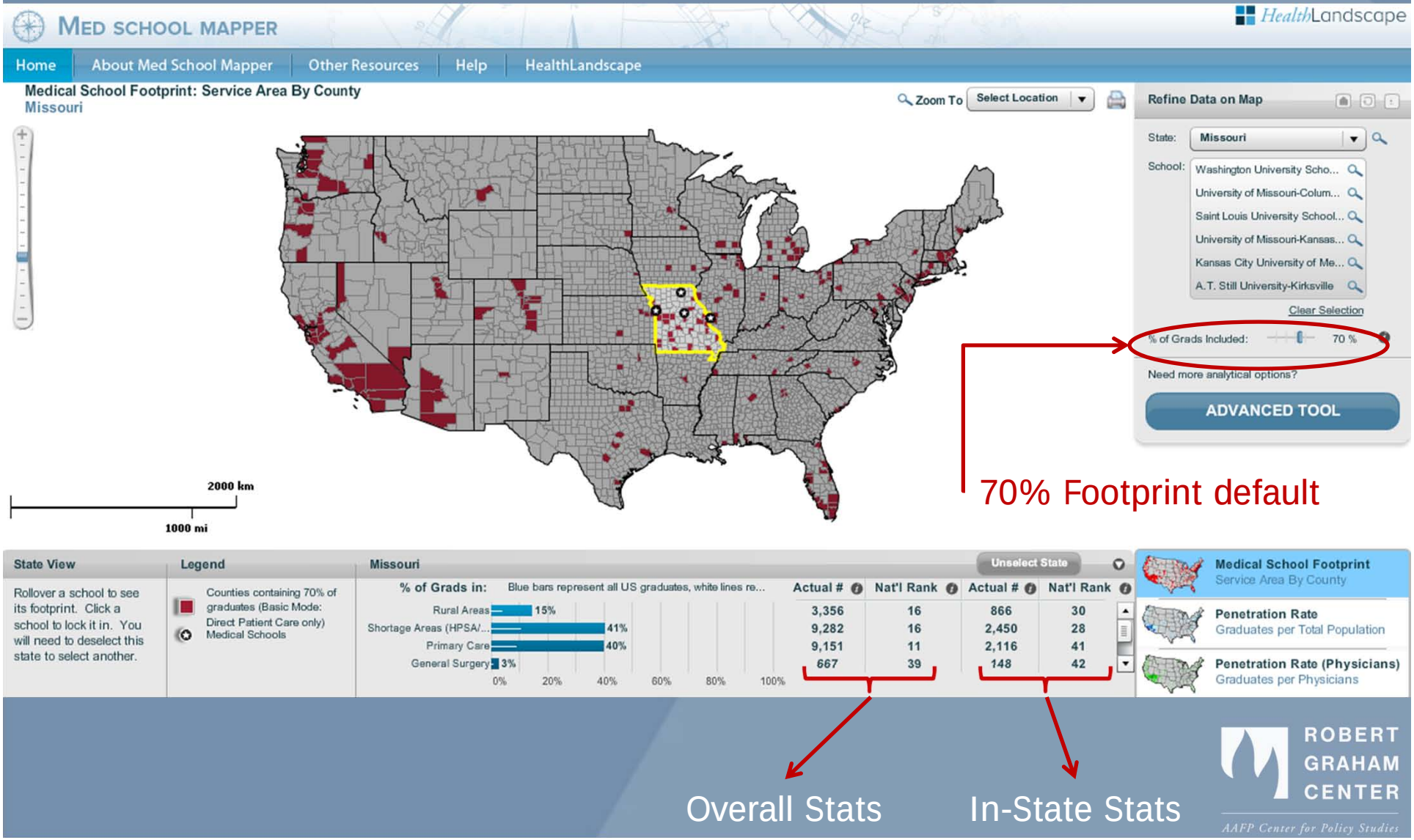
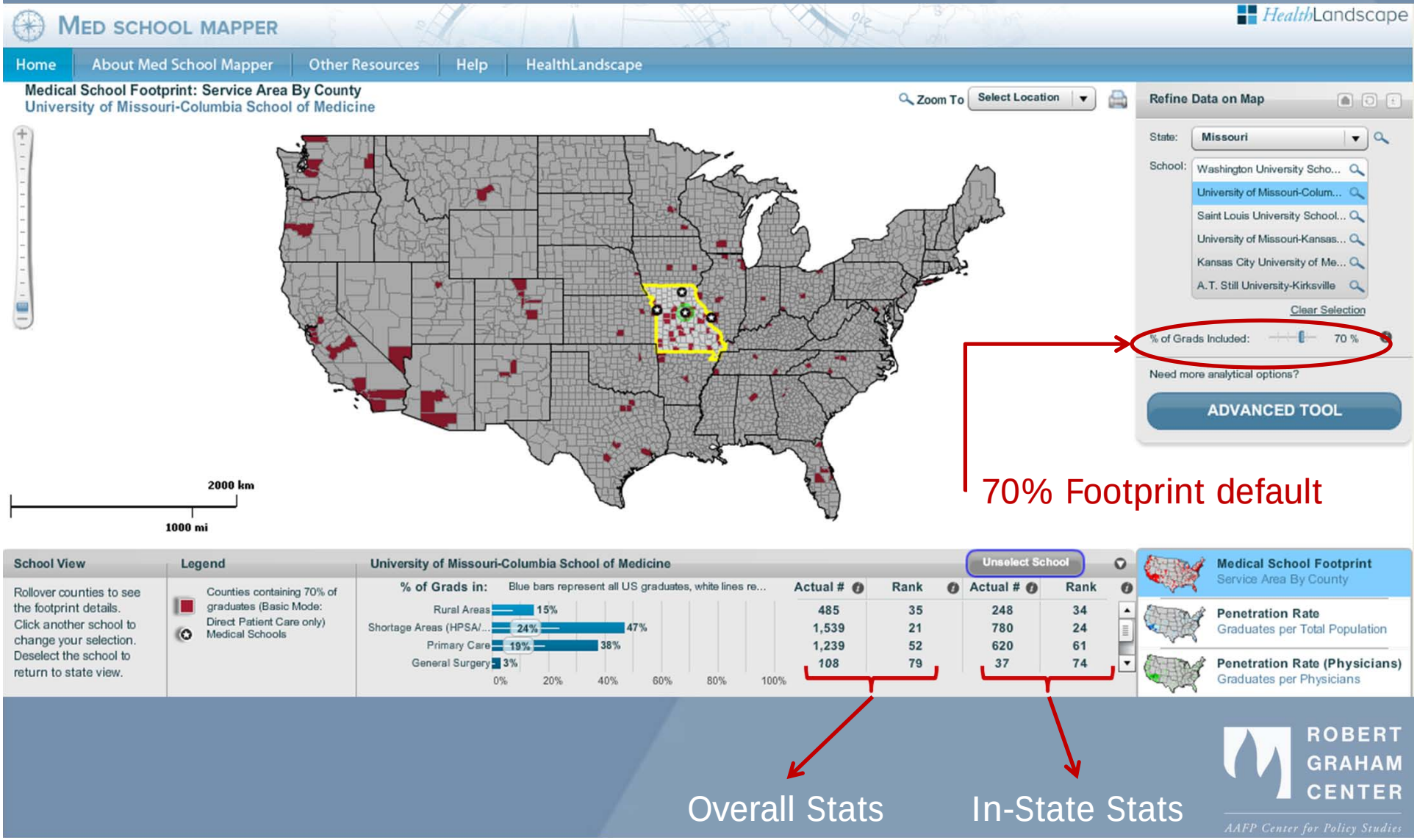
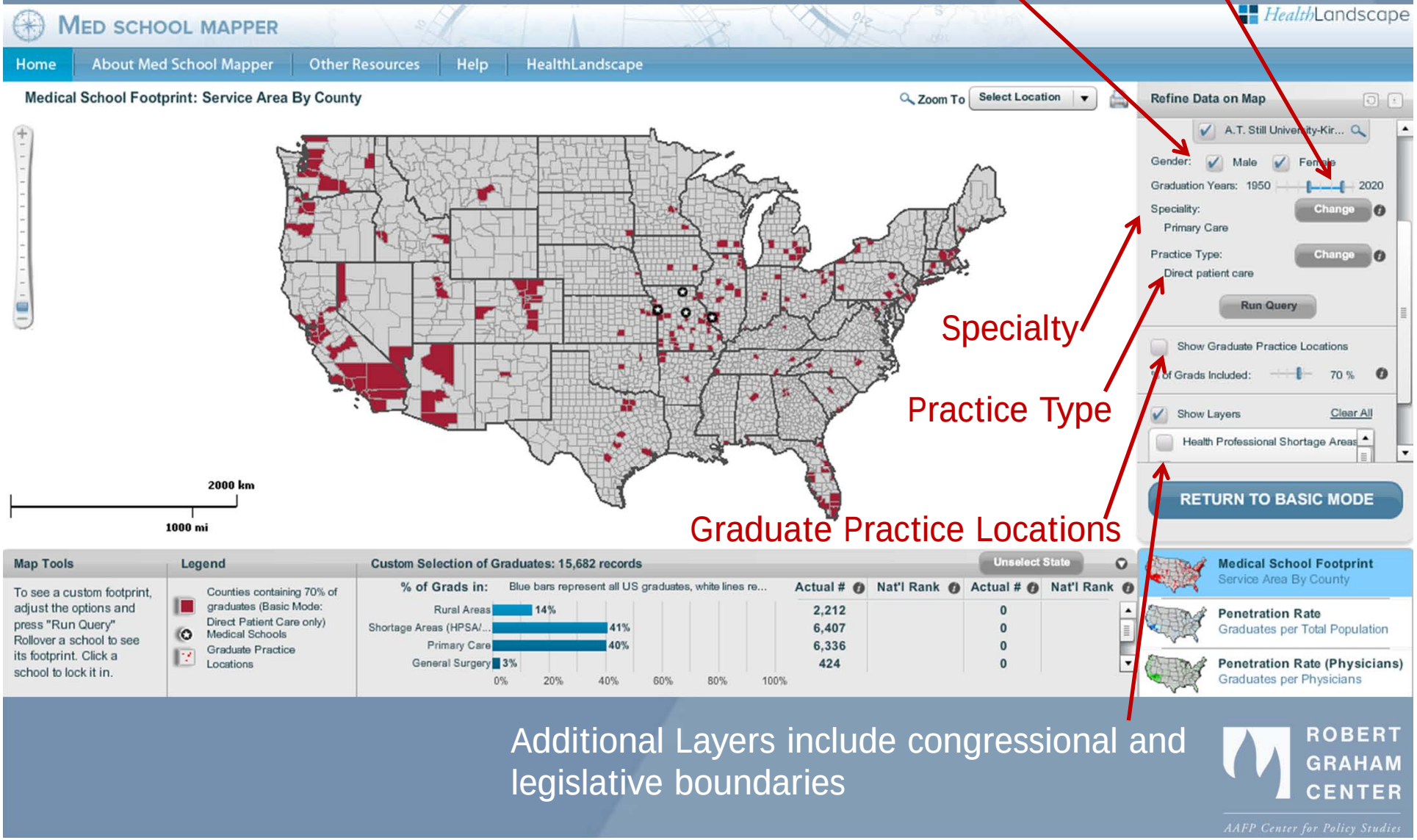
Med School Mapper- State Footprint



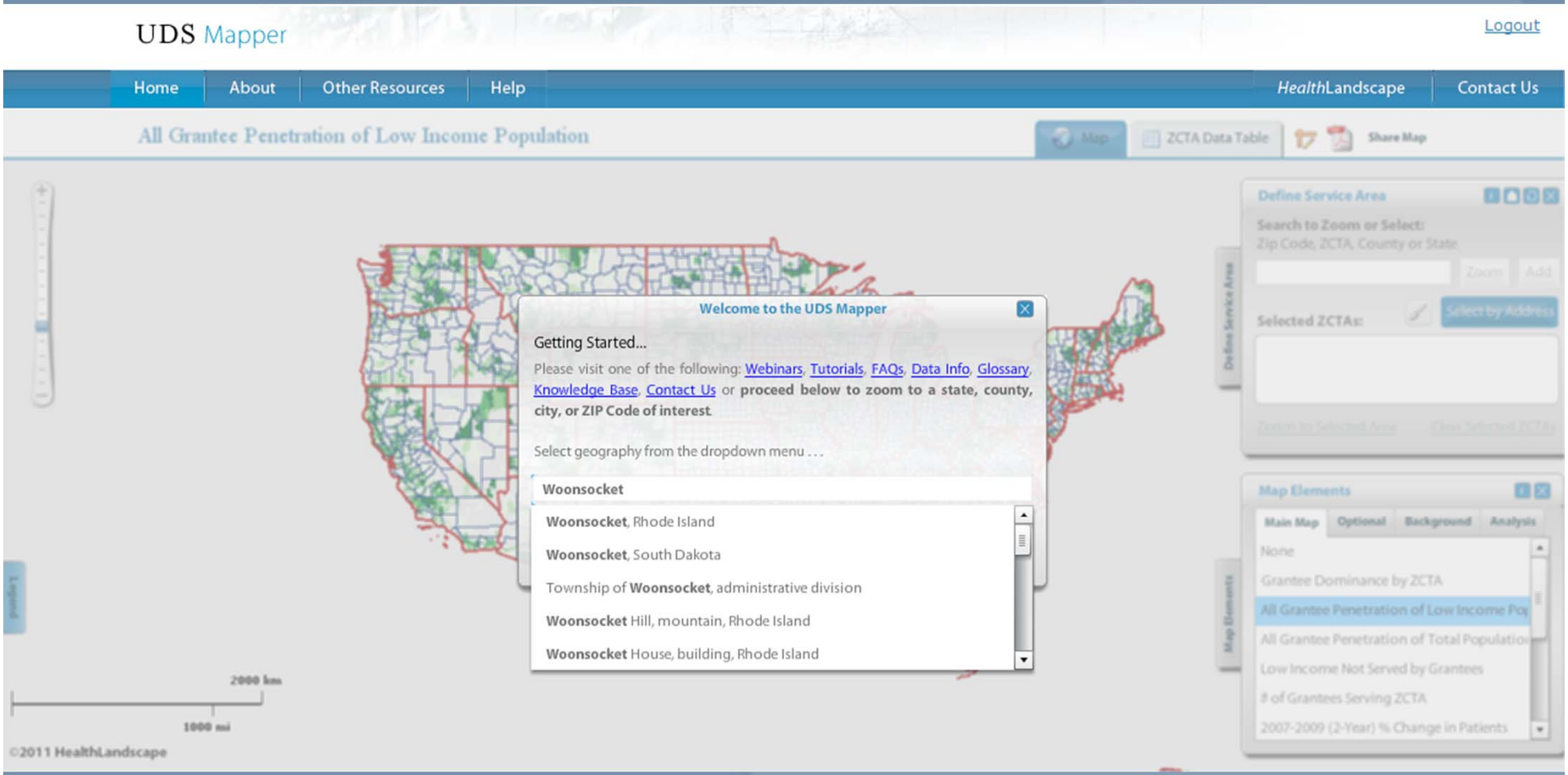
Single School Footprinting



Advanced Tools



UDS Mapper



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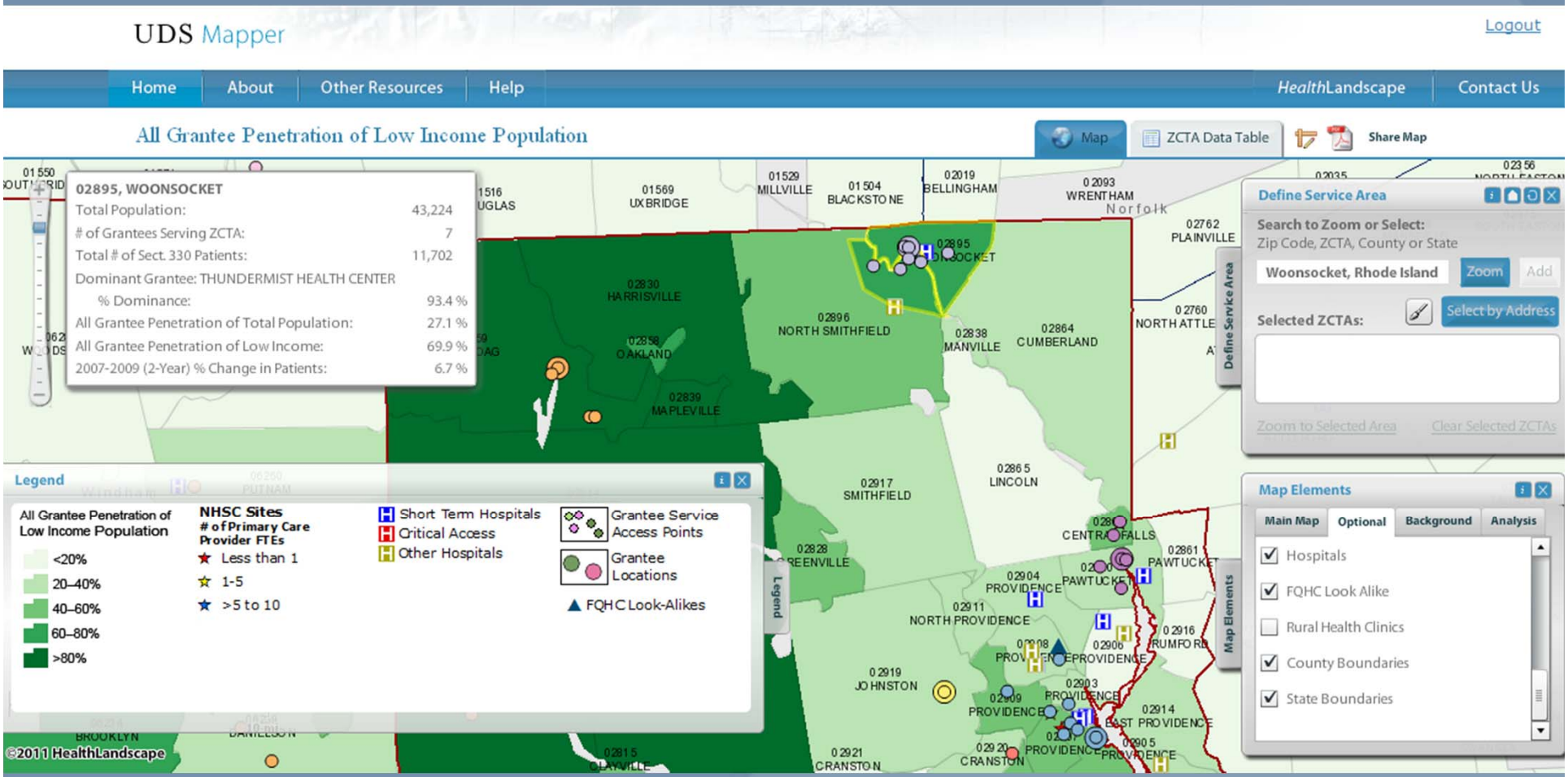

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UDS Mapper Data Table

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Map | ZCTA Data Table | Share Map

View Analysis Results

ZCTA	Post Office	State	# of Grantees	Dominant Grantee	Total Populatio	Low Income	Total # Sect. 330	Unserved (by	Penetration of Low	Penetrat ion of	08-09 Patient %	07-09 Patient %	07-09 Patient	% Pop. in Poverty	% Low-Income	% Non-White 2000	% Hispanic 2000
Summary:					126,5...	28,298	16,262	12,036	57.46%	12....	9.46%	15.65...	2,201...	9.66%	23.13%	8.20%	4.10%
02895	WOONSOCK...	RI	7	THUNDERMIST H...	43,224	16,735	11,702	5,033	69.92%	27....	7.48%	6.71%	736.00	19.41...	39.60%	16.80%	9.32%
02864	CUMBERLAN...	RI	7	THUNDERMIST H...	31,840	4,387	1,060	3,327	24.16%	3.3...	15.84...	32.99...	263.00	3.91%	13.88%	4.01%	2.14%
02865	LINCOLN	RI	6	THUNDERMIST H...	17,684	2,519	419	2,100	16.63%	2.3...	18.36...	27.74...	91.00	4.01%	14.39%	4.80%	0.77%
02917	SMITHFIELD	RI	5	NORTHWEST CO...	13,390	1,547	597	950	38.59%	4.4...	36.30...	65.83...	237.00	4.87%	14.17%	3.57%	0.91%
02838	MANVILLE	RI	3	THUNDERMIST H...	3,214	862	270	592	31.32%	8.4...	11.11...	20.00...	45.00	11.83...	26.85%	7.15%	2.67%
02896	NORTH SMIT...	RI	4	THUNDERMIST H...	10,332	1,232	689	543	55.92%	6.6...	23.47...	231.2...	481.00	3.58%	12.29%	1.43%	0.75%
02830	HARRISVILLE	RI	4	NORTHWEST CO...	6,860	1,016	1,525	-509	150.09...	22....	4.38%	29.56...	348.00	6.04%	14.90%	2.01%	0.84%

Define Service Area

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UDS Mapper- Analysis Functions

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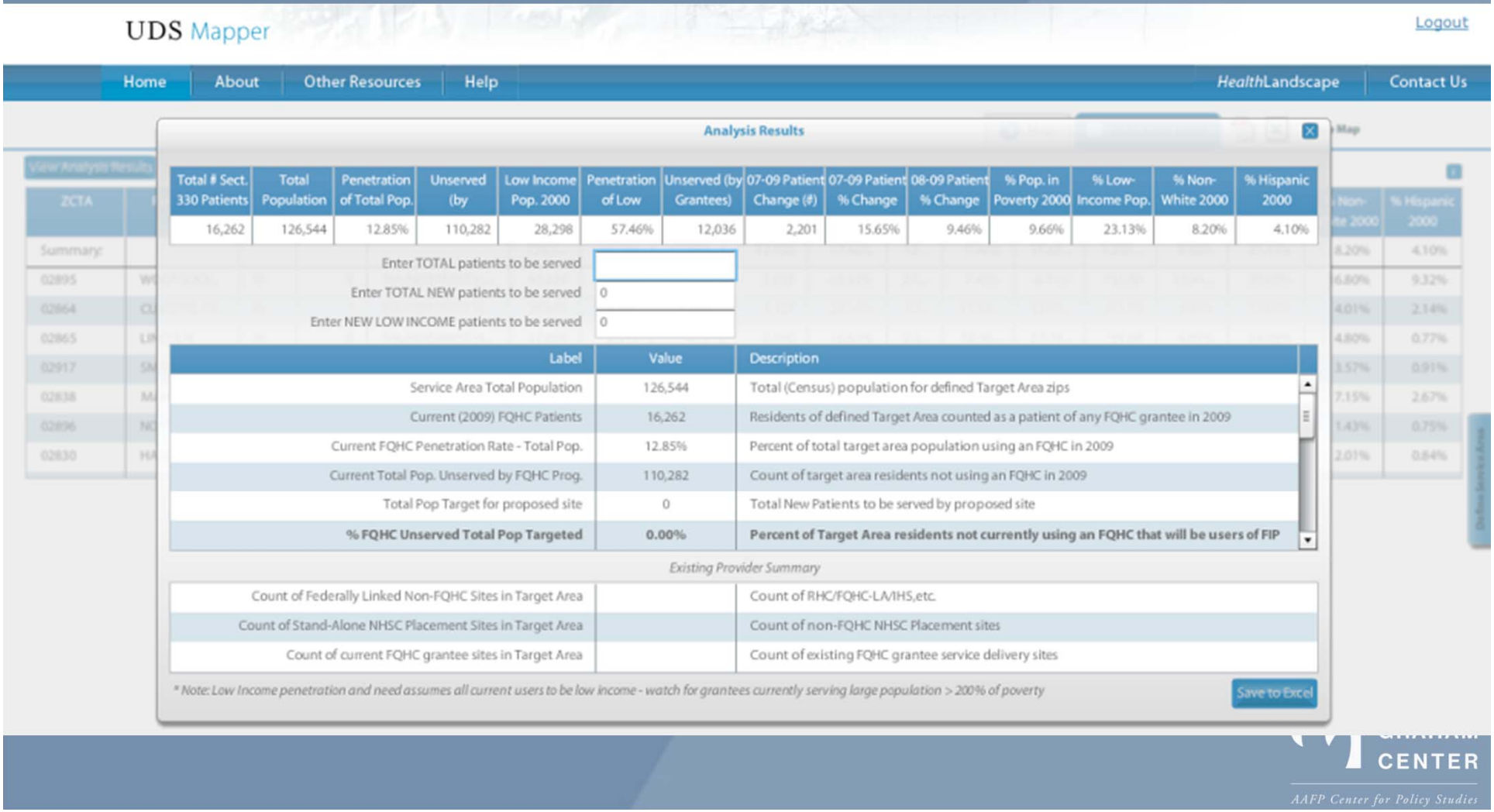
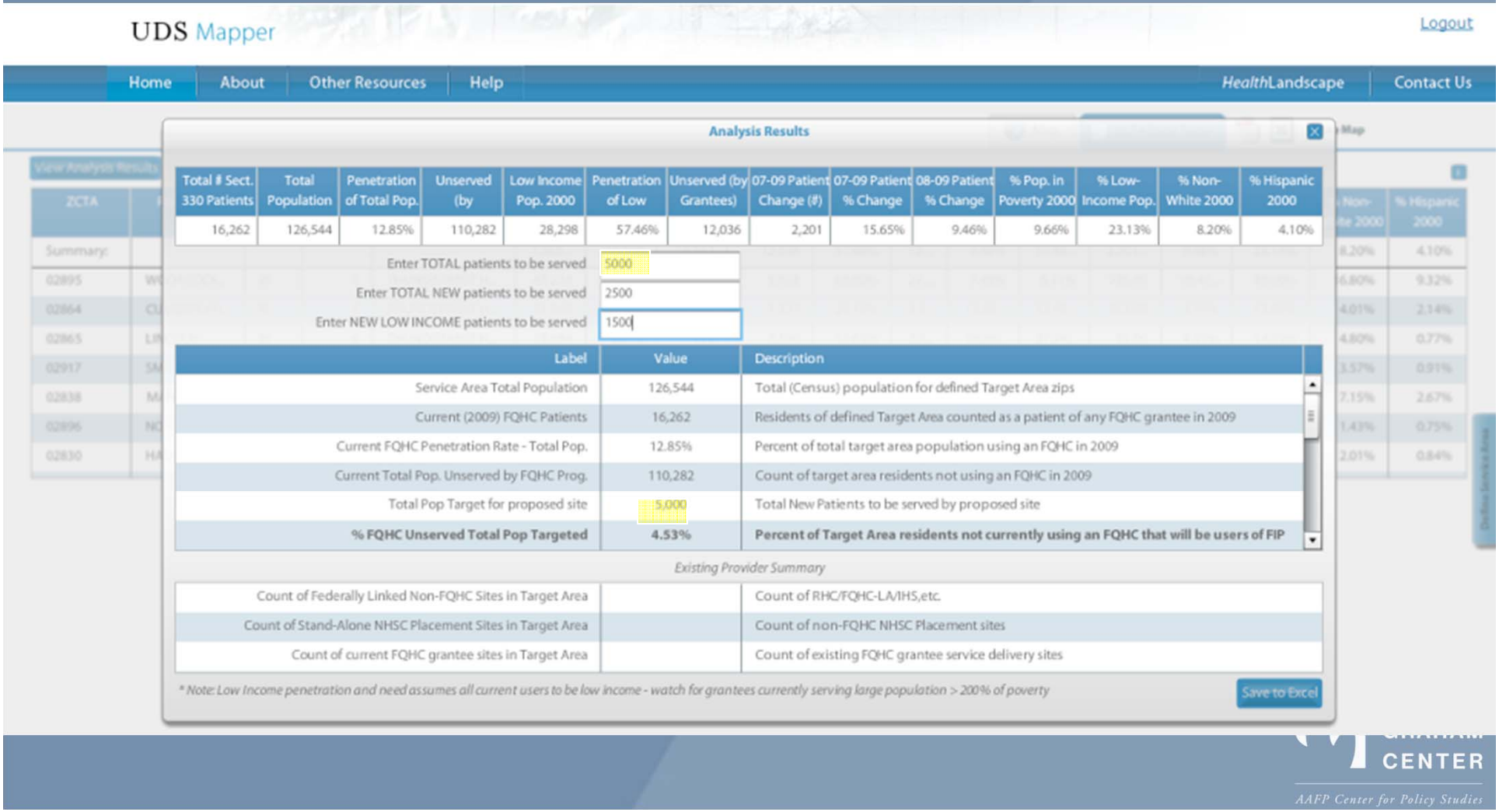


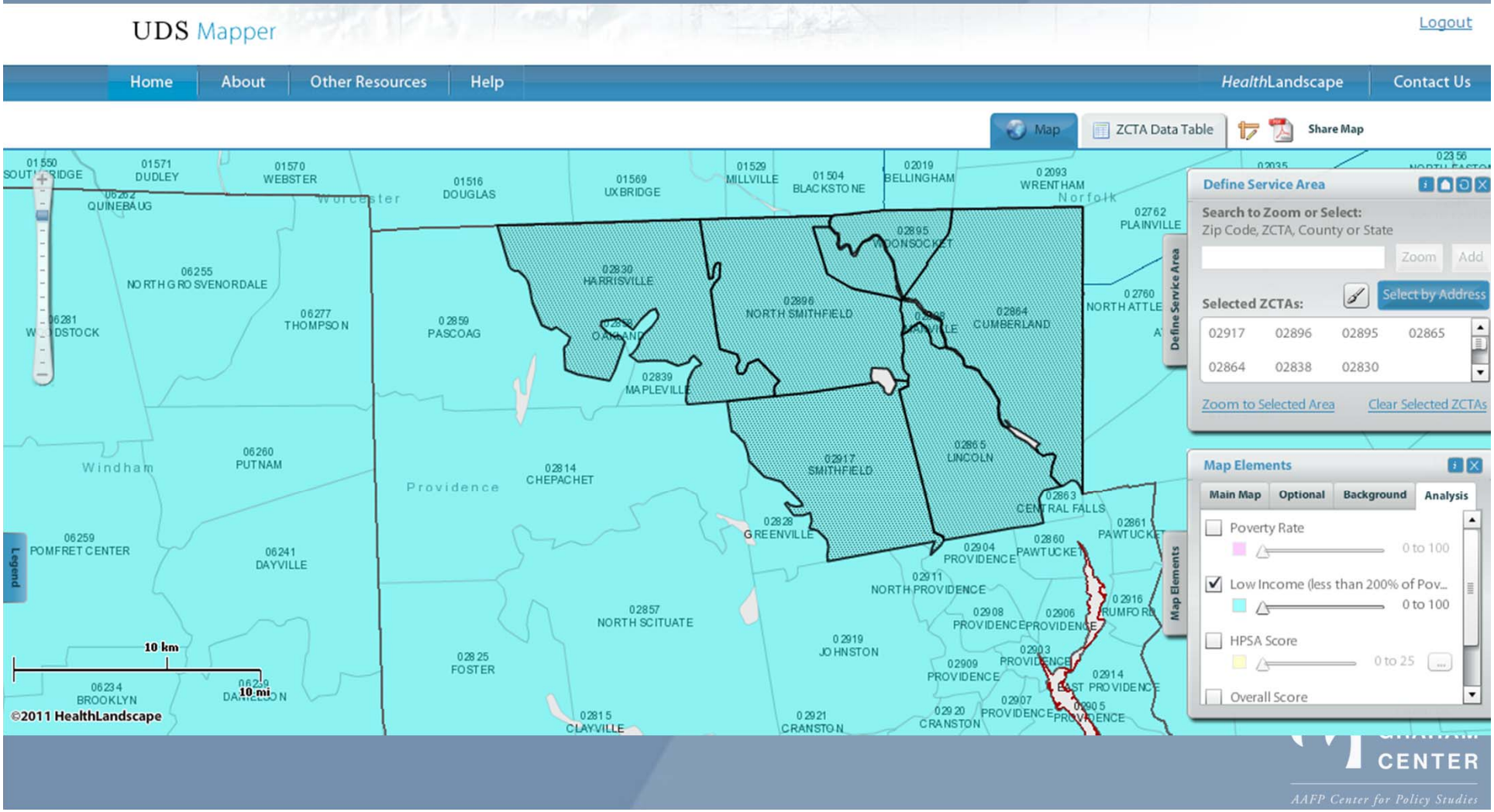
UDS Mapper- Analysis Functions

- Data entry table- with data entered



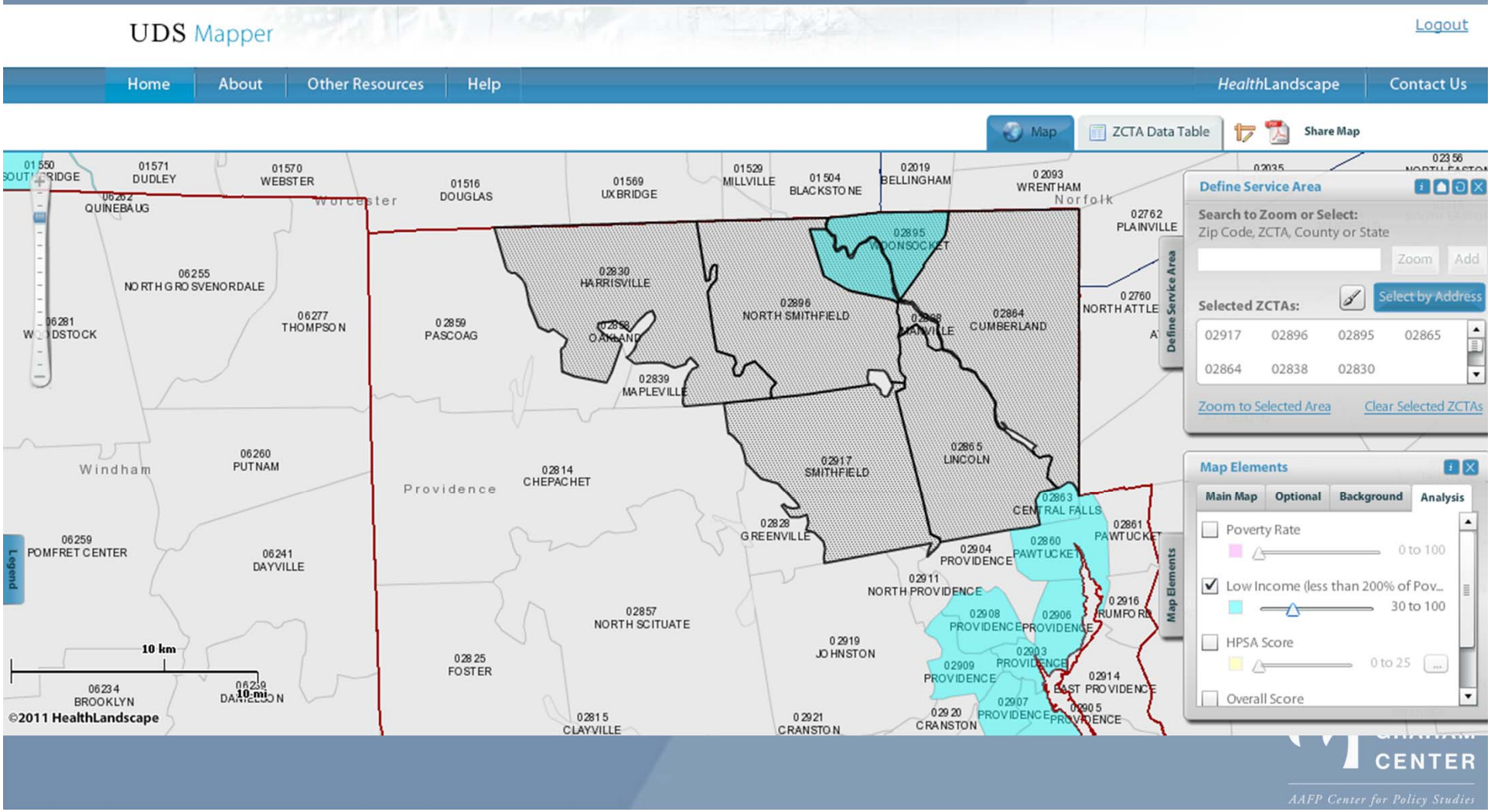
UDS Mapper- Analysis Functions

- Sliders- All Low Income (below 200% of poverty)



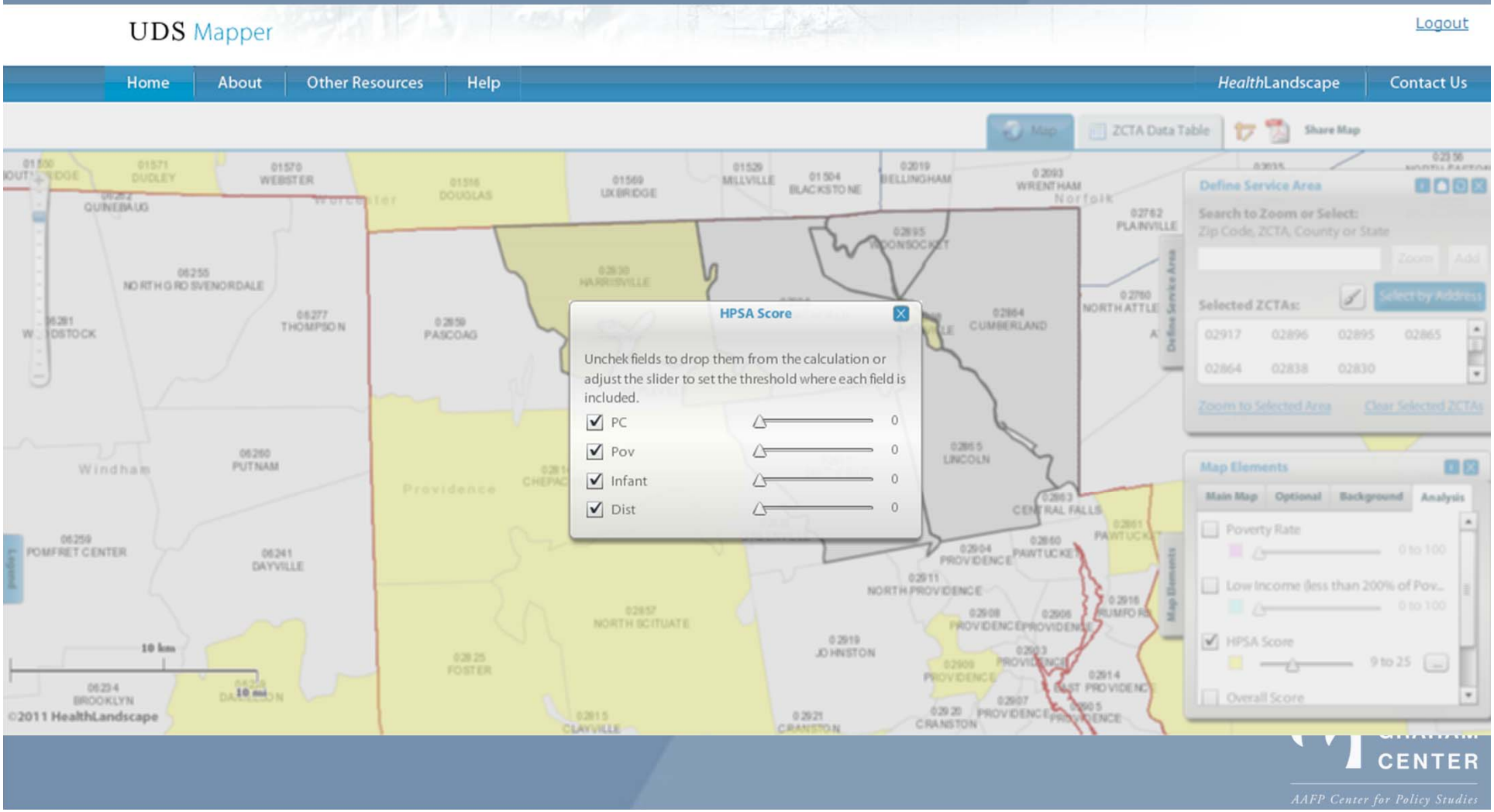
UDS Mapper- Analysis Functions

- Sliders- 30% Low Income (below 200% of poverty)



UDS Mapper- Analysis Functions

- Sliders- Composite Indices



Training and User Support

- UDS Mapper team provides user support
  - Currently ~3400 users
- Monthly+ training opportunities
  - 47 webinars to date
  - 4+ National conferences
  - Personalized/ one-on-one training opportunities (~70 people)
  - Train the Trainer
  - http://www.udsmapper.org/webinars.cfm

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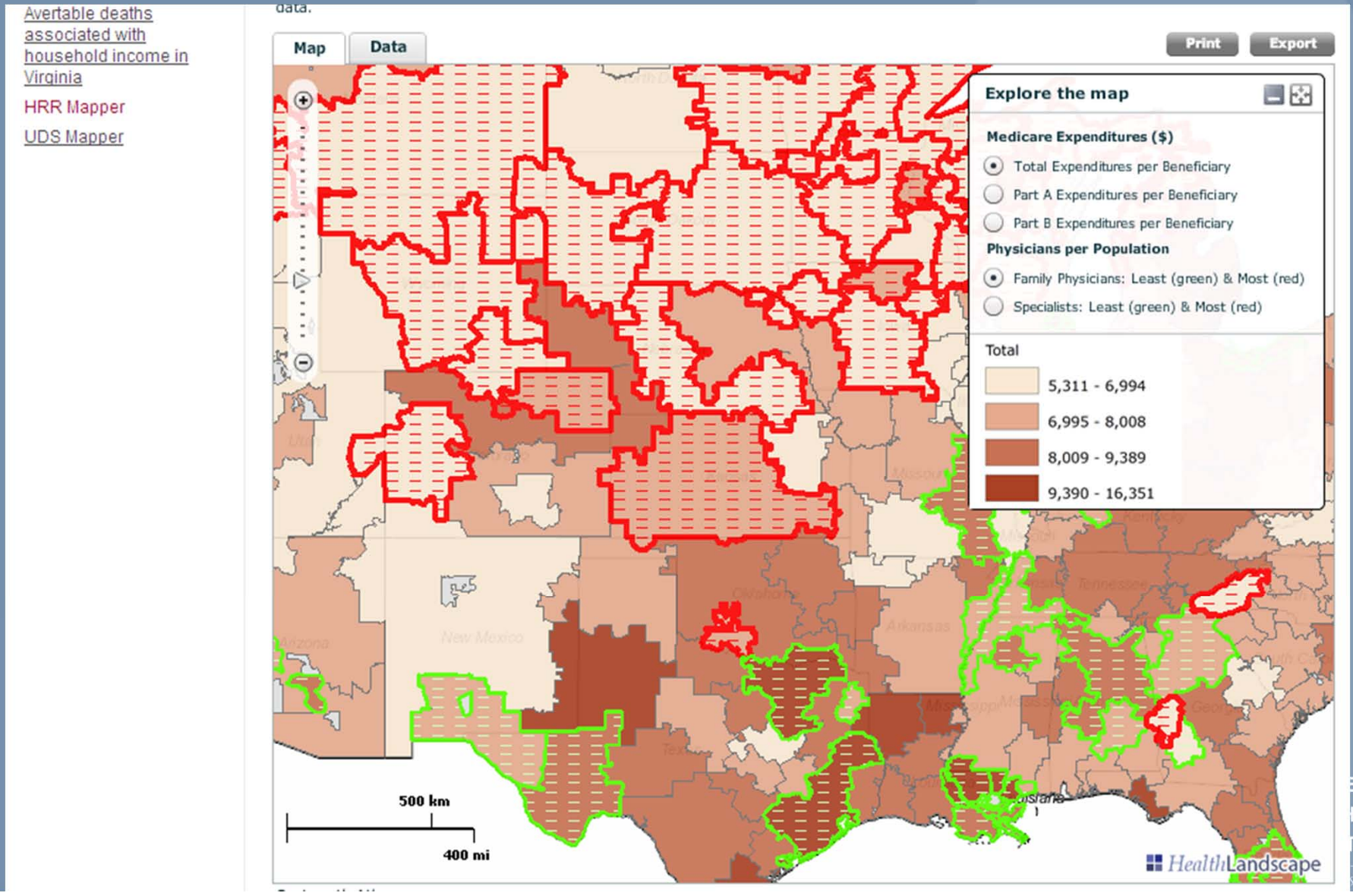
Hospital Referral Region Mapper



Thank You

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jrankin@aafp.org

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