

Interim Report: Medical Provider Access Concerns and Plans for Improvement by Specialty

By the Work Group for Improved Health Care

June 30, 2022



Background of Work Group for Improved Health Care

- ▶ Durangoans for Improved Health Care, a local group of retired Mercy physicians and others, began meeting in 2019 due to concerns over the apparent, dramatic loss in health care providers. This deficit of providers can have a substantial economic and health care impact of our entire region.
- ▶ An October 2021 invitation to select community members was issued with the intent of forming a work group to assess health care provider adequacy in our region and to establish a plan for improvement.
- ▶ Because Mercy is the area's largest employer of health care providers, the Work Group chose to begin its study in cooperation with Mercy. Other health care organizations will be integrated into our findings and recommendations in the future.
- ▶ The Work Group held its first meeting February 17, 2022 and approved the overall findings of provider deficits in select specialties at its April 8 meeting.
- ▶ Work Group and Mercy/Centura representatives met June 10, 2022 and agreed to modify this document, which was approved by the Work Group for Improved Health Care at its June 30, 2022 meeting.



Members of Work Group for Improved Health Care

First Name	Last Name	Position
Marsha	Porter-Norton	La Plata County Commissioner
Jessika	Buell	Durango City Councilor
Barbara	Noseworthy	Durango City Councilor
Lianne	Jollon	Executive Director, San Juan Basin Health Department
Steve	Lavengood	Family Practice Physician – Integrated Health Care
Patrick	Sharp	CEO, Mercy Hospital
Laura Lewis	Marchino	Executive Director, Region 9 Economic Development District
Bob	Goodman	Retired Orthopedic Surgeon
Bill	Willson	Retired Health Care Management Consultant
Jim	Birgenhier	Mercy Medical Staff President (anesthesiologist)
Richard	Miller	Mercy Hospital Board Chair
Rick	O’Block	Retired Health Care Manager, Mercy Hospital



Objectives of Work Group for Improved Health Care

- ▶ Establish a forum to promote a systematic engagement between select, major health care providers and community representatives and officials.
- ▶ Develop common, shared interests in ensuring that our community and county has a vibrant, resilient, and highly engaged health care-system.
- ▶ Develop a shared set of facts and estimates quantifying the need for and supply of medical professionals by specialty/type for our community.
- ▶ Identify high priority gaps between the aforementioned needs and supply.
- ▶ Explore opportunities for private and public assistance in narrowing the identified gaps including timelines and responsibilities when appropriate.



Work Group Study Process




- ▶ The first cut identification of physician specialty areas of unmet need was performed by comparing the number of physicians per 100,000 population for the specialty referral region of LaPlata, Archuleta, San Juan, and Montezuma counties with that of the State of Colorado and the United States.*
- ▶ Specialties below the national or state average were then assessed regarding their:
 - ▶ Time to schedule a new appointment
 - ▶ Open vs. closed status for new patients (primary care only)
 - ▶ Acceptance of new Medicare, Medicaid, or low-income uninsured patients (primary care only)
- ▶ The provider specialty access profile process, then, yielded 8 specialty areas of concern

* The market area for primary care providers (physicians plus advanced practice providers) is comprised of LaPlata County. See Appendix A for complete listing of specialties compared to Colorado and USA.



Specialty Areas of Concern (in order of concern)

- ▶ Primary care providers
 - ▶ Cardiology physicians
 - ▶ Medical oncology physicians (adult)
 - ▶ Pediatric medical oncology physicians
 - ▶ Urology physicians
 - ▶ Gastroenterology physicians
 - ▶ Neurology
 - ▶ Endocrinology
- 



Process of Reviewing and Developing Plans for Improvement – Specialty Areas of Concern

- ▶ Because our Work Group is a voluntary entity without budgeted funds or authority, we have relied upon a constructive dialogue with Mercy Hospital to seek consensus regarding plans for improvement. A similar, cooperative approach will be offered to other local health care organizations in the future.
- ▶ This consensus-building process yielded a commitment for improvement in six of the eight specialties of concern.
- ▶ Only neurology and endocrinology are not associated with a specific plan for improvement and are considered by the Work Group to be of lesser priority than other specialty areas of concern. While new providers from either specialty would be a welcome addition to our medical community, patient access appears to be reasonable in both areas:
 - ▶ Neurology has a comparatively short wait time for new patients (4 weeks for Dr. Edgar)
 - ▶ Endocrinology is accessible and widely practiced through tele-health



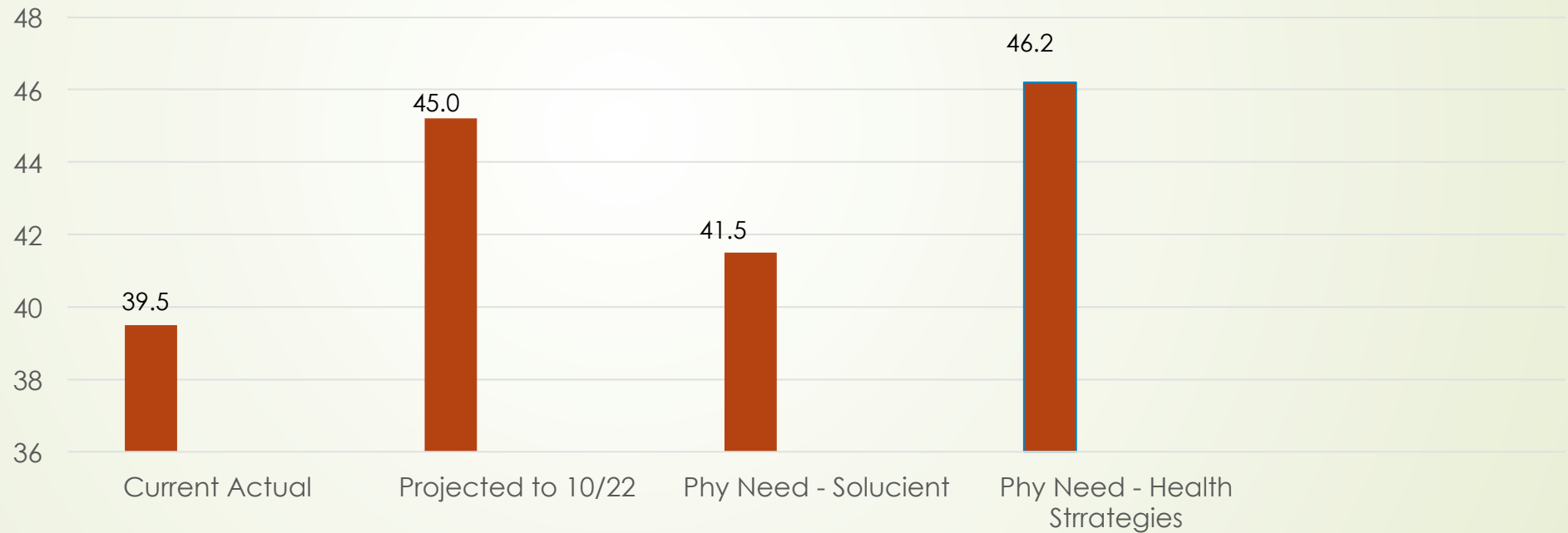
Adult Primary Care Supply

- ▶ 38 primary care providers practice in LaPlata County (family practice and general internal medicine as of June 30, 2022)
 - ▶ 26 MD/DOs (physicians)
 - ▶ 12 Advanced Practice Providers (APP) – nurse practitioners and physician assistants*
- ▶ National and state data are typically expressed as number of full-time-equivalent (FTE) providers per 100,000 population.
- ▶ Adjusting the LaPlata County primary care physician count to FTEs produces a rate **per 100,000 population of 39.5**

* No credible State or National benchmarks for primary care APPs were identified

LaPlata County Family Practice + Internal Medicine Physicians (FTEs) VS. Estimated Need

Adult Primary Care Physicians Per 100,000 Population

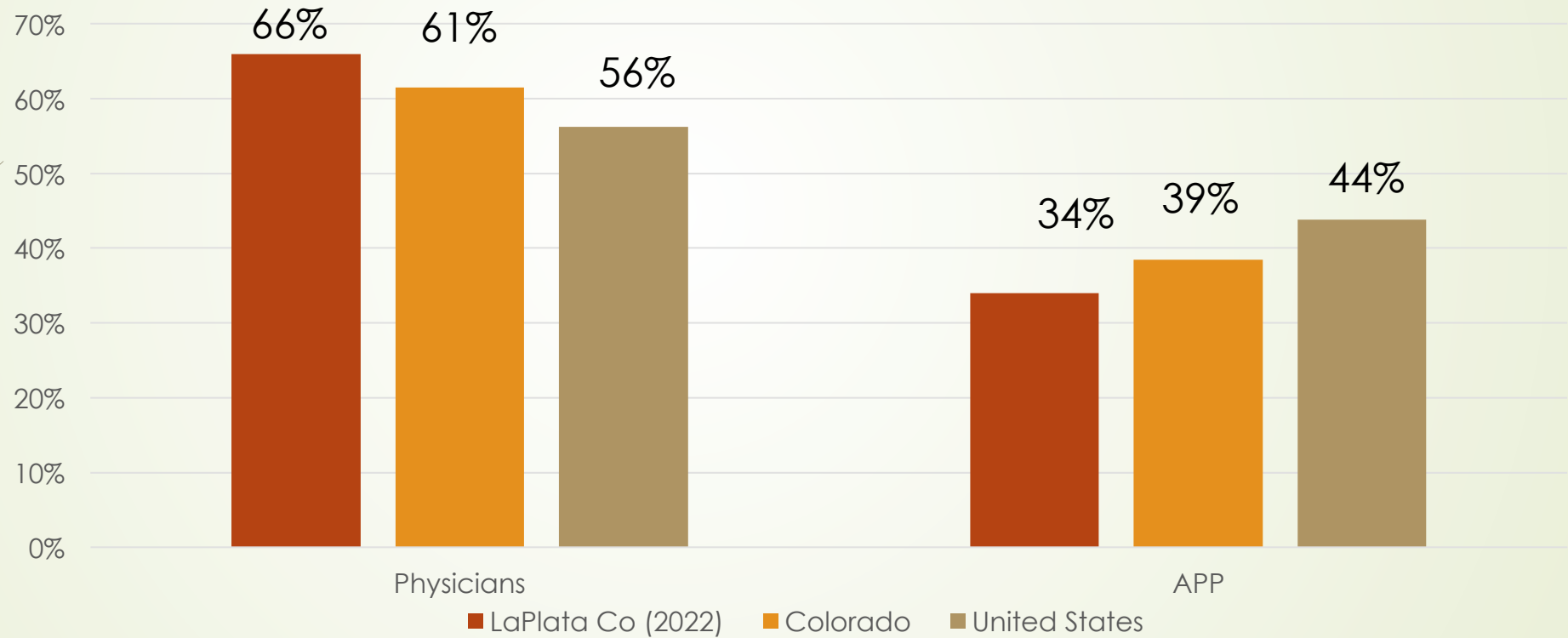




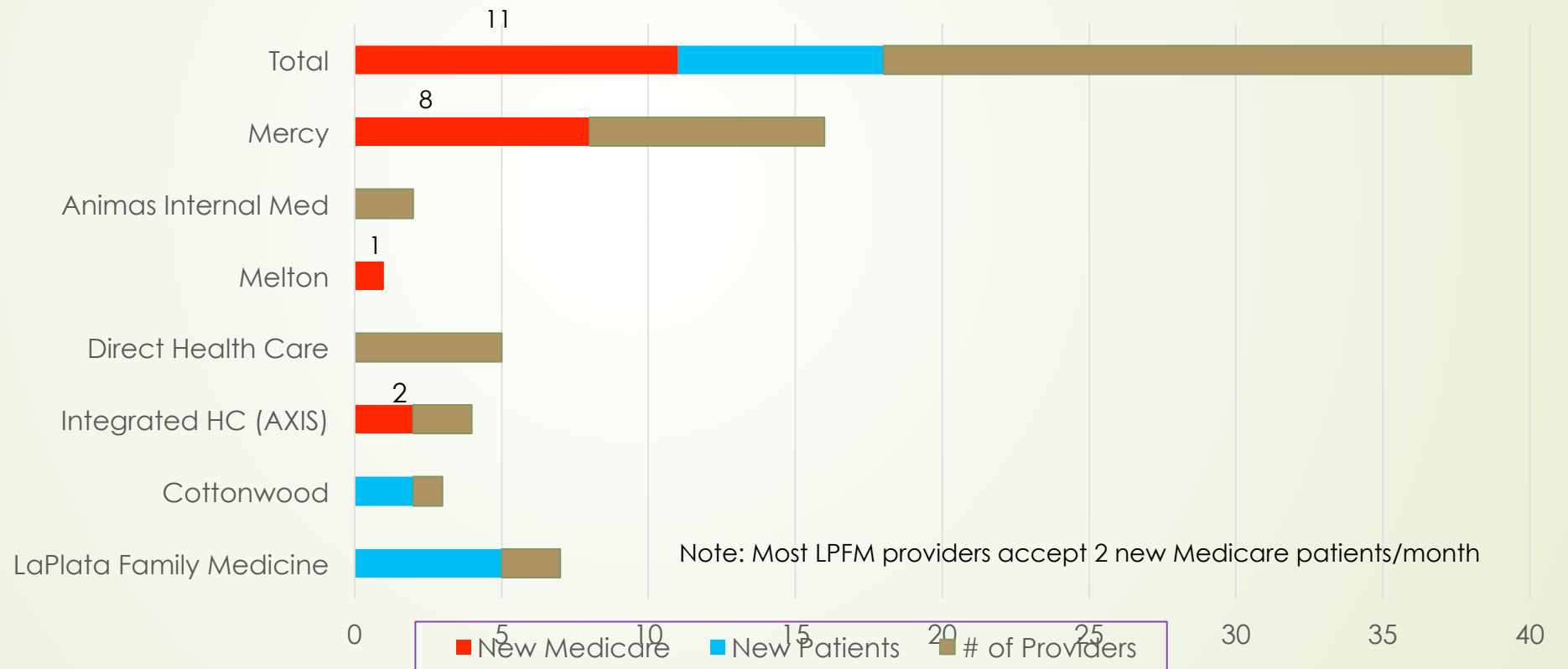
Adult Primary Care Physician Need Estimation

- ▶ Physician need estimates are typically expressed as full-time equivalents (FTEs) per 100,000 population
 - ▶ By Solucient **41.5/100,000** (2003)
 - ▶ Health Strategies* and Solutions **46.2/100,000** (2008)
- ▶ Thus, we need **5%-17% more** primary care physicians (**1.1-3.6 FTEs**) to meet the estimated need of LaPlata County residents.
- ▶ Based upon signed agreements, Mercy will have added a net of 3 primary care physicians FTEs by October, 2022 which produces a projected PCP FTE per 100,000 population of **45.0**.
- ▶ Recent primary care physician recruitment, predominately by Mercy, may have fully closed the primary care physician deficit.

Proportion of Physicians vs. Advanced Practice Providers by Region, 2019



Number of Adult Medicine Providers in LaPlata County, Open to New Patients, New Medicare Patients






Implications for the Medically Underserved

- ▶ The preceding chart illustrates the fact that only the two not-for-profit sponsoring health care organizations in LaPlata County (Mercy and Integrated Health Care) have open primary care practices for Medicare patients – with the notable exception of Dixie Melton in Ignacio and most LaPlata Family Medicine providers accepting a few new Medicare patients per month.
 - ▶ Of the 11 open primary care practices to new Medicare patients in LaPlata County, 8 are affiliated with Mercy and 3 with Integrated Health Care
- ▶ Since Medicare payment is generally higher than Medicaid and for low income uninsured patients, this report presumes providers who are not accepting new Medicare patients also don't accept new Medicaid or low-income, uninsured patients.
- ▶ Once Mercy's newly-contracted primary care providers have begun seeing patients and patient loads are shifted, most Mercy primary care providers are expected to be open to new patients including the Medically Underserved Population – addressing one of the key issues identified in this report.



Primary Care Provider Turnover

- ▶ High rate of turnover compromises quality of care
- ▶ Discontinuous primary care associated with higher levels of patient mortality (Sanjay Bantal, et al. JAMA Internal Medicine, 2019: Association of Primary Care Physician Supply with Population Mortality in the United States, 2005-2015).
- ▶ Because multiple patients in La Plata County report having 4-5 different primary care providers over the last 4 years, primary care provider turnover remains a key concern of the Work Group.
- ▶ Data to permit calculation of turnover is being compiled by this Work Group.



Specialty Care Situation and Plans for Improvement

- ▶ **Cardiology** – is shown to be in deficit by roughly 2 physicians compared with the national average (although approximately equal to Colorado). Mercy cardiology has exhibited significant turnover and new patients can face a 4 month wait time depending on patient acuity.
 - ▶ **Plan for improvement:** Mercy is in serious recruitment discussions with 3 additional cardiologists including cardiology subspecialists. Further, a PA for Mercy Cardiology Associates began practicing in September 2021.
- ▶ **Medical oncology** (adult) – only one permanent medical oncologist is located in our region compared a national and state average of nearly 5.
 - ▶ **Plan for improvement:** Mercy is seeking 1-3 additional oncologists and has reached verbal agreement with 1 medical oncologist.
- ▶ **Pediatric oncology** – The one, part-time physician in our region produces a higher than national average per 100,000 population.
 - ▶ **Plan for Stabilization** – Mercy has recently renewed its contract with a local pediatric oncologist.



Specialty Care – Areas of Concern

- ▶ **Urology** – 2 urologists practice at Animas Surgical Hospital compared with a state and national average of approximately 3.
 - ▶ **Plan for Improvement** – Mercy is **actively recruiting** at least one urologist to be permanently located in Durango – from the Colorado Springs urology group currently providing rotating urology service to our community.
- ▶ **Gastroenterology** – While the number of gastroenterologists is near the state and national average, there is a 4 month wait time for existing patients at Mercy for preventive screening.
 - ▶ **Plan for Improvement** – Mercy plans to recruit a GI physician and hired a physician assistant for this practice in September, 2021.



Summary of Mercy Recruiting Successes and Challenges

- Primary care providers – 6 physicians and 5 APPs have been recruited by Mercy in the last year and it appears LaPlata County is approaching a level of primary care supply so that patients of all types will soon be able to secure a timely appointment. It is estimated that at least 4 PCPs have left Mercy during this same time period.
- Specialty Providers
 - Cardiology physicians – Mercy is recruiting up to 3 additional physicians.
 - Medical oncology physicians (adult) - Mercy has secured the employment of 1 medical oncologist as is recruiting up to 3 additional physicians.
 - Pediatric medical oncology physicians – Renewal contract completed by Mercy.
 - Urology physicians – At least 1 urologist is being recruited by Mercy.
 - Gastroenterology physicians – At least 1 gastroenterologist is being recruited by Mercy.
 - Neurology – Not a high priority recruit for Mercy or Work Group
 - Endocrinology – Not a high priority recruit for Mercy or Work Group.
- High housing cost in the Durango area has proven to be the single largest barrier to successful recruitment by Mercy.



Next Steps



► Phase II – Expand Provider Participation and Monitor Improvement

- The Work Group will encourage the participation of Animas Surgical Hospital, Integrated Health Care, and LaPlata Family Medicine (and possibly others) within the next few months to explore additional opportunities to improve health care in our community with a particular focus on plans to expand primary care in general and for the medically underserved.
- The Work Group for Improved Health Care will meet once every 3-6 months over the next year or so to monitor progress in meeting the needs of our community with particular attention to the 8 specialties of most concern.
 - How successful are recruitment efforts in each specialty?
 - Is there a lack of retention that substantially hinders the provision of continuous care?
 - Has provider turnover prevented our community from having local access to the needed number of providers?
 - Has wait time for appointments improved?



APPENDIX A: Local Market Comparison of
Providers/100,000 Population to Colorado
and the U.S.



REGION COMPARED TO STATE OF COLORADO					
		Providers Per 100,000 Pop			
Primary Care*	# Providers in LaPlata Co	LaPlata County	2019 Colo Avg	+/_ to Colo	% Diff
	Family & General Practice	20	36.6	45.30	-8.7
Internal Medicine	5	9.2	30.1	-20.9	-70%
Subtotal	25	45.8	75.40	-29.6	-39%
Primary Care Nurse Practitioners	5	9.2	30.9	-21.7	-70%
Primary Care Physician Assistants	8	14.6	16.1	-1.5	-9%
Subtotal	13	23.8	47	-23.2	-49%
Non-Pediatric Primary Care Total	38	69.5	122.1	-52.6	-43%
Pediatrics**	10	74.7	61.5	13.20	21%
Pediatric APP	5	37.4	NA	NA	NA
Urgent Care					
Family & General Practice	1	1.8	NA	NA	NA
Physician Assistant	7	12.8	NA	NA	NA
Subtotal	8	14.6	NA	NA	NA
		Physicians Per 100,000 Pop			
Specialty Care	# Physicians in 4 County Region	Region	2019 Colo Avg	+/_ to Colo	% Diff
	Allergy	1	1.0	1.9	-0.9
Cardiology	4	4.2	4.5	-0.3	-7%
Interventional Cardiology	2	2.1	0.9	1.2	133%
Dermatology	3	3.1	4.0	-0.9	-22%
Endocrinology	0	0.0	1.9	-1.9	-100%
Gastroenterology	4	4.2	3.7	0.5	13%
Hematology/Oncology	1	1.0	3.9	-2.9	-73%
Infectious Disease	2	2.1	2.3	-0.2	-9%
Nephrology	3	3.1	2.5	0.6	26%
Neurology	1	1.0	1.9	-0.9	-45%
Ob/Gyn	10	10.5	13.3	-2.8	-21%
Psychiatry	9	9.4	10.5	-1.1	-10%
Pulmonary	2	2.1	1.6	0.5	31%
Pediatric Oncology**	1	7.5	NA	NA	NA
Rheumatology	2	2.1	1.7	0.4	23%
General Surgery	6	6.3	7.8	-1.5	-19%
Neurosurgery	2	2.1	1.9	0.2	10%
Ophthalmology	10	10.5	5.0	5.5	109%
Orthopedic Surgery & Sports Med	11	11.5	5.0	6.5	130%
Otolaryngology	3	3.1	3.2	-0.1	-2%
Plastic Surgery	2	2.1	2.1	0.0	0%
Urology	2	2.1	2.8	-0.7	-25%
Emergency	NA	NA			NA
Anesthesiology	NA	NA			NA
Radiology	8	8.4	8.1	0.3	3%
Pathology	1	1.0	3.5	-2.5	-71%
Physical Medicine	3	3.1	3.5	-0.4	-10%

* AAMC Number of People per Active Physician by Specialty, 2019

** Population under age 21 used in calculations for pediatrics and pediatric oncology

REGION COMPARED TO UNITED STATES					
		Providers Per 100,000 Pop			
Primary Care*	# Providers in LaPlata Co	LaPlata County	2019 US Avg*	+/_ to Natl	% Diff
		Family & General Practice	20	36.6	35.6
Internal Medicine	5	9.2	37.9	-28.7	-76%
Subtotal	25	45.8	73.5	-27.7	-38%
Primary Care Nurse Practitioners	5	9.2	28.8	-19.6	-68%
Primary Care Physician Assistants	8	14.6	12.9	1.7	14%
Subtotal	13	23.8	41.7	-17.9	-43%
Non-Pediatric Primary Care Total	38	69.5	115.2	-45.7	-40%
Pediatrics**	10	74.7	70.1	4.6	7%
Pediatric APP**	5	37.4	NA		
Urgent Care					
Family & General Practice	1	1.8	NA	NA	NA
Physician Assistant	7	12.8	NA	NA	NA
Subtotal	8	14.6	NA	NA	NA
		Physicians Per 100,000 Pop			
Specialty Care	# Physicians in 4 Counties	Region	2019 US Avg*	+/_ to Natl	% Diff
		Allergy	1	1.0	1.5
Cardiology	4	4.2	6.8	-2.6	-38%
Interventional Cardiology	2	2.1	1.3	0.8	57%
Dermatology	3	3.1	3.8	-0.6	-17%
Endocrinology	0	0	2.4	-2.4	-100%
Gastroenterology	4	4.2	4.7	-0.5	-10%
Hematology/Oncology	1	1.0	4.9	-3.9	-79%
Infectious Disease	2	2.1	2.9	-0.8	-28%
Nephrology	3	3.1	3.4	-0.3	-9%
Neurology	1	1.0	4.3	-3.2	-75%
Ob/Gyn	10	10.5	12.9	-2.4	-19%
Psychiatry	9	9.4	11.7	-2.3	-20%
Pulmonary	2	2.1	1.5	0.6	36%
Pediatric Oncology**	1	7.5	3.6	3.9	108%
Rheumatology	2	2.1	1.9	0.2	11%
General Surgery	6	6.3	7.7	-1.4	-19%
Neurosurgery	2	2.1	1.2	0.9	70%
Ophthalmology	10	10.5	5.8	4.6	80%
Orthopedic Surgery & Sports Med	11	11.5	6.6	4.9	74%
Otolaryngology	3	3.1	2.9	0.2	6%
Plastic Surgery	2	2.1	2.2	-0.1	-5%
Urology	2	2.1	3.1	-1.0	-32%
Emergency	NA	NA	13.6	NA	NA
Anesthesiology	NA	NA	12.8	NA	NA
Radiology	8	8.4	8.5	-0.1	-1%
Pathology	1	1.0	3.8	-2.8	-74%
Physical Medicine	3	3.1	2.9	0.2	7%

* AAMC Number of People per Active Physician by Specialty, 2019

** Population under age 21 used in calculations for pediatrics and pediatric oncology