PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406) 444-3036

Economic Affairs Interim Committee

62nd Montana Legislature

June 5, 2012

To: Economic Affairs Committee Members
From: Pat Murdo, Committee Staff
Re: Panel Discussion on Access to Primary Health Care in Montana in Fact and Data

This panel discussion has two components:
- an overview of how Montana is addressing primary health care needs; and
- information on the problems with data gathering for primary health care and the need for the data.

Panelists will discuss medical education residencies in Montana, the need for primary care providers in light of the primary care medical home model, and the problems with obtaining data on primary care. Attached to this memo are selected pages from the Montana Healthcare Workforce Plan, which is available online at: http://healthinfo.montana.edu/MTHWAC/FINAL_FINAL.pdf. The maps and information show shortage areas as well as data on where training is provided for various health care providers.

The workforce plan was put together in 2011 by the Montana Healthcare Workforce Advisory Committee, which was formed in the spring of 2006 after then Commissioner of Higher Education Sheila Stearns talked with the Montana Area Health Education Center (AHEC) and the Office of Rural Health about forming an advisory group focused on the future healthcare needs of Montana's population.

The Montana Healthcare Workforce Advisory Committee (MHWAC) worked in conjunction with the Montana Department of Labor and Industry and the State Workforce Investment Board to develop the plan with grant support from the U.S. Department of Health and Human Services' Health Resources and Services Administration / Office of Rural Health Policy.

One of the strategies identified by the Montana Healthcare Workforce Advisory Committee, on p. 7, is to "(B) Provide high quality data", which includes tracking licensure boards that collect Minimum Data Set information. Minimum Data Set information first started as a way of providing technical information to help assess nursing homes for Medicare. However, the term is being expanded by the Forum of State Nursing Workforce Centers, the National Council of State Boards of Nursing, the Federation of State Medical Boards, and others to help standardize information gathering related to medical practitioners.

The Federation of State Medical Boards in an April 2012 policy paper recommended that workforce questions be included on licensure renewal applications or a separate questionnaire tied directly to the application process. The "workgroup strongly recommends that the questions be a mandatory component [emphasis in the original] to the renewal process to stress the importance of the data and maximize the quantity and quality of data collected". A survey by the Federation of State Medical Boards indicated that of the 59 boards reviewed, only 37 boards collect some physician workforce data. And of those only 19% percent ask questions that are mandatory. See: http://www.fsmb.org/pdf/grpol-min-phy-dataset.pdf.

An effort by the Children, Families, Health and Human Services Committee during the 2009-2010 interim to get information during licensure renewals or original applications was voluntary and it is unclear who compiled the data, or if there were responses. The Committee wanted to know:
- whether a licensee is currently practicing and, if so, whether the person is working full or part time;
- the city or town in which the licensee in employed and whether the person is employed primarily in a hospital, private practice, community health center, or other setting;

- whether the licensee is accepting new patients;
- whether the licensee accepts Medicaid and Medicare patients; and
- when the licensee is planning to retire.

Another survey taken this spring of primary care providers and practices by the State Auditor's Office as part of its research into patient-centered medical homes asked practitioners how many years they have been in practice, among other questions (a plurality of 49% responded 16 or more years, with the second highest response at 8-15 years). Surveys of primary care practices apparently are common, taking time out of either the physician's day or that of the physician's staff if they choose to answer at all. If a survey is taken to determine health shortage areas, the information may translate to increased assistance from the federal government for health shortage areas.

The Board of Medical Examiners reviewed information from the Federation of State Medical Boards at its May 17-18 meeting. Some concerns were:

- cost to the Board of Medical Examiners of gathering the data (Jack Kane of the Business Standards Division noted that there is a new computer system that can be used for the data);
- privacy
- additional time for a licensee to respond to more questions.

Licensure/renewal applications to the Board of Medical Examiners now ask (in addition to personal data):

- Business Name and Address
- Home Address
- Intent to practice in Montana: yes (attach brief explanation) or no.
- Questions 12 through 34 related to previous licensure, denials, criminal charges, addiction diagnoses, and use of alcohol "or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession?"
- Undergraduate Education
- Medical School
- Postgraduate Training
- Fifth Pathway Program
- Exam taken for initial licensure
- Ever been certified by a specialty board - which ones? [The question does not ask for current certification. But it does ask if there was denial of or failure to pass a specialty certification exam or portion of exam.]
- Practice history
- Professional and character references.

The Federation of State Medical Boards suggested the following questions be asked by state boards (with comments in brackets):

- licensure status (active or inactive) - currently provided by state boards;
- date of birth - currently provided by state boards;
- medical school graduated and year of graduation - currently provided by state boards;
- specialty and subspecialty board certification [this can be obtained from certification groups]
- employment status [seeks to distinguish between retired and licensed from those with inactive license. What may be more helpful for knowing about access to primary care is knowing if a doctor is employed as a hospitalist and therefore not available to see patients generally].
- does physician provide clinical or patient care. [Does not necessarily separate out hospitalists.]
- areas of practice [easiest approach would be check-off.]
- practice settings [solo, partnership, single specialty, multiple specialty group, hospital, etc.]
- number of weeks worked during past year and average number of hours worked by activity
- clinical locations [may be in more than one location, recommended to obtain by hours per site]
- hours per week providing patient care by location.