A Report Prepared for the Virginia Department of Medical Assistance Services

Primary Care in Virginia

A Report Conducted On Providers' Perspectives Prior to Medicaid Expansion

Survey of Primary Care Practices and All Payer Claims Data

November 2019

VCU Family Medicine and Population Health School of Medicine

VCU Health Behavior and Policy School of Medicine

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This report was prepared by Alex Krist, MD MPH; Marshall Brooks, PhD; Erin Donahue, MS; Roy Sabo, PhD; Teresa Day, MS; Peter Cunningham, PhD; and Andrew Barnes, PhD, of the Department of Family Medicine and Population Health, Department of Biostatistics, and Department of Health Behavior and Policy, Virginia Commonwealth University School of Medicine. The conclusions in this report are those of the authors, and no official endorsement by the Virginia Commonwealth University School of Medicine or Virginia Department of Medical Assistance Services is intended or should be inferred.

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EXECUTIVE SUMMARY

On January 1, 2019, Virginia expanded Medicaid to cover up to 300,000 new adults previously excluded from coverage. Primary care provides most of the care for most Americans. It is an entry point for care and spans prevention, chronic disease management, acute care, and behavioral health. Patients with a usual source of primary care are healthier and are more likely to receive care that is both evidence-based and cost-effective. Adequate access to primary care is important for the program's success for both new and existing Medicaid enrollees.

The Department of Medical Assistance Services (DMAS) contracted with Virginia Commonwealth University (VCU) to conduct an evaluation to describe the current state of primary care in Virginia prior to Medicaid expansion and the existing provider workforce's capacity to care for Virginians, with a focus on Medicaid enrollees. The primary care workforce and its scope of practices is derived from the 2018 licensure records from the Virginia Department of Health Professions, an original survey of all primary care practices in the Commonwealth conducted by VCU, and claims data from the 2016 Virginia All Payer Claims Database (APCD). For this report, the analysis focuses on primary care for adults age 18 years and older. Practices include family medicine, general internal medicine, preventive medicine and geriatric care practices.

Highlights from the report include:

- Virginia has an adequate primary care workforce that includes 1,622 adult primary care practices and 5,338 primary care clinicians. This represents 83 primary care clinicians for every 100,000 Virginians. While this means that every primary care clinician would need to care for 1,225 patients per year for every Virginian to be seen in primary care, the size of the workforce is on par with other states. Virginia is ranked 25 of 50 states in terms of primary care workforce per capita. Analyses suggest this is likely a manageable patient panel for clinicians.
- Based on available data, 41% of Virginians saw a primary care clinician in 2016.
- The Virginia primary care workforce is aging, with 20% of clinicians over age 65 years and only 12% below the age of 40 years.
- Low-income and rural communities have fewer primary care clinicians per capita.
- Most of Virginia's primary care practices have implemented strategies to promote greater access to care, and many routinely address mental and behavioral health needs, including substance use disorders.
- Most primary care physicians report that they accept Medicaid (76%), and the majority report accepting new Medicaid patients (58%).
- Of practices willing to see more patients with Medicaid, 14% were actively expanding their capacity by hiring more staff or broadening services.
- The top three barriers practices identified as very important when considering whether to accept Medicaid were reimbursement rate, untimely reimbursement and prior authorizations. The relative importance of these factors did not vary even among practices that accepted high volumes of Medicaid patients or practices that did not accept Medicaid, suggesting these concerns are barriers among all primary care practices, regardless of willingness to care for Medicaid members.

INTRODUCTION

Primary care clinicians can provide first contact as well as continuous, coordinated, and comprehensive care for patients and populations.[1] Primary care can address prevention, chronic disease management and acute problems. Frequently, patients will first seek help from a primary care clinician when they develop new symptoms and concerns. In fact, primary care provides the majority of care for the majority of Americans.[2] The use of primary care has been shown to improve health outcomes, equity and more efficient use of limited health care resources.[3-5]

Good primary care provides four key functions:[6]

- Accessibility as the first contact with the health care system;
- Accountability for addressing a vast majority of personal health care needs;
- Coordination of care across settings, and integration of care for acute and (often comorbid) chronic illnesses, mental health, and prevention; and
- Sustained partnership and personal relationships over time with patients known in the context of family and community.

Like many states, Virginia has a longstanding issue with maintaining an adequate primary care clinician workforce.[2] Communities with a higher proportion of racial and ethnic minorities, lower median household incomes, and lower mean educational attainment have the fewest primary care clinicians per capita . Additionally, rural communities often lack primary care clinicians within reasonable travel distances for patients.

On January 1, 2019, Virginia became the 33rd state to expand Medicaid coverage to residents with family incomes less than or equal to 138 percent of the federal poverty line. Approximately 325,000 Virginians were enrolled as of October 2019. For newly insured individuals, Medicaid coverage is expected to increase the use of health care and improve health outcomes and well-being. A capable health care workforce is an important component for achieving these outcomes.

HOW THE ANALYSIS WAS CONDUCTED

Identifying Primary Care Clinicians

For the purposes of this report, adult primary care includes family medicine, general internal medicine, preventive medicine and geriatric practices. We excluded obstetrical and gynecologic practices, as we were not able to determine which practices and clinicians provided primary versus specialty care. We also excluded pediatric practices for the purposes of this report. Analyses of the active primary care workforce included physicians (e.g. MD and DO) and advanced practice providers (nurse practitioners [NP] and physician assistants [PA]).

First, we identified primary care clinicians from the Virginia Department of Health Professions licensure files using their self-designated specialty type.[7] Second, we reviewed practice names and excluded all those appearing to be specialists. For example, a self-designated primary care clinician in a practice with "cardiology care" in its name would have been excluded. Third, the remaining clinician list was cross-referenced with the most recently available data from the APCD.[8] Clinicians in the licensure files with no annual claims were excluded, since they were determined to be likely retired or non-active. Similarly, clinicians not in the licensure file or with no self-designated specialty type but with 50 or more annual claims identified as primary care visits defined by APCD criteria were manually reviewed using internet searches to consider for inclusion (n=715 clinicians added to workforce).

Identifying Primary Care Practices

To identify all primary care practices in Virginia, we assembled a list of practice names, addresses and clinician emails from the above final primary care clinician list. The practice list was queried and manually reviewed to remove duplicates and errors. For example, two clinicians may have shared the same address but listed their practice name slightly differently, or vice versa. Next, as nearly a third of clinicians did not report a practice affiliation, we conducted web searches of these clinicians to identify practices not included in our list or to match clinicians to a practice. Finally, the clinician and practice lists were further refined based on our communications with practices and survey responses, described below. This included adding practices that were not included but responded to the survey or excluding practices that reported not being a primary care practice or closing prior to 2018.

Practice Survey

Between October 15, 2018, and March 31, 2019, personnel with the VCU Department of Family Medicine and Population Health mailed or emailed a survey to all identified primary care practices. Practices were reminded up to six times to complete the survey, alternating contact between mail and telephone, including reaching out individually to non-responders. Additionally, the Virginia Academy of Family Physicians, Virginia Chapter of the American College of Physicians and the Medical Society of Virginia emailed all their primary care members an electronic survey for completion. In total, 481 practices of 1,622 responded to the survey, for a response rate of 30%.

The survey assessed scope of practice, activities to promote access to care, recent and anticipated practice stresses, intent to see more patients insured by Medicaid, and barriers to seeing patients with Medicaid (see Appendix 1). Questions were derived from other states' Medicaid expansion surveys and several existing primary care professional organization practice assessments.[2,9-11]

All-Payers Claims Database (APCD) Analysis

The Virginia APCD includes claims for nearly 5 million of Virginia's 8 million residents. The most recent APCD data file available for this analysis was from 2016. While not all parties are required to submit claims, all Medicaid managed care plans and fee-for-service Medicaid claims are submitted, along with Medicare fee-for-service, some Medicare Advantage Care claims, and many commercial claims. Reporting for commercial and self-insured plans was optional until June 2019 and will continue to be optional for self-insured employers.

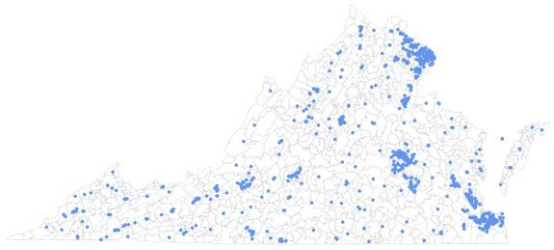
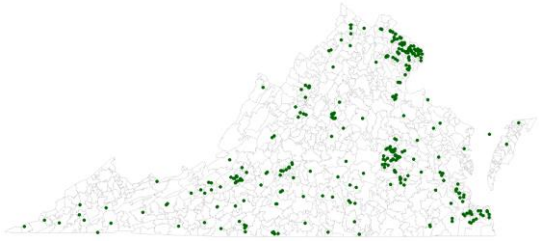
From the APCD, we calculated the number of patients with Medicaid, Medicare and commercial insurance seen by each clinician. We then geocoded the zip code of residence for all patient claims and compared this to American Community Survey data to identify the proportion of insured residents receiving primary care by zip code.[12] Because many advanced practices providers (NP/PA) can bill under a physician's name (MD/DO), we conducted some APCD analyses using just physicians.

Semi-Structured Interviews

To supplement the quantitative analysis and to obtain more in-depth understanding of primary care practices' experiences with Medicaid patients and other issues, one-hour interviews with 36 primary care clinicians were conducted by telephone. Clinicians selected for the interviews were geographically distributed throughout Virginia, with equal representation of those accepting new Medicaid patients and those not accepting new Medicaid patients. Practices included family medicine, general internal medicine, preventive medicine and geriatric practices.

Practice Survey Response Rates

Of the 1,622 adult primary care practices identified, 481 completed the survey (**30% practice response rate**). Overall, survey respondents were representative of primary care in Virginia for adults. Responding practices had a similar geographic distribution as all primary care practices in the Commonwealth.

All primary care practices in Virginia (n=1,622)	Survey respondents (n=481)
	

While responding practices were more likely to have a Medicaid claim in the APCD data, responders and non-responders were equally likely to report as part of their licensure information that they accept new patients with Medicaid. Additionally, non-responding practices on average saw a similar number of patients with Medicaid as non-responders.

	Responding Practices (n=481)	Non-Responding Practices (n=1,141)	P value
Percent of practices with any Medicaid claim	82%	74%*	<0.001
Percent of practices reporting that they accept new patients with Medicaid	58%	58%	0.99
Average number of patients with Medicaid that each clinician sees per year	52 patients	57 Patients	0.07

SUPPLY – VIRGINIA'S PRIMARY CARE WORKFORCE

We identified 1,622 primary care practices and 5,338 primary care clinicians (includes physicians, nurse practitioners, and physician assistants) that care for adults in Virginia. This is approximately **85 primary care clinicians per 100,000 adult residents**. If every clinician saw a similar number of patients per year, every clinician would need to care for 1,225 patients for every adult Virginian to have access to a primary care clinician. Some have estimated that primary care clinicians can effectively care for between 1,300 and 2,000 patients per year, with clinicians who delegate more tasks to non-clinician care team members being able to care for more patients.[13]

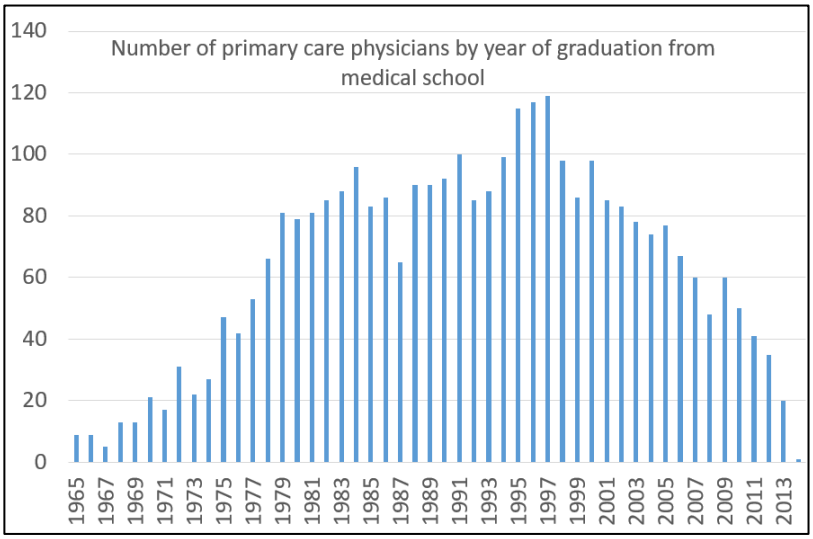
Our estimation of the primary care workforce is lower than estimates from the Association of American Medical Colleges (AAMC), which identified 91 primary care clinicians per 100,000 residents in Virginia.[11] We believe our methods have more accurately estimated the active primary care workforce in Virginia by only including clinicians with claims in the APCD, suggesting inclusion of only active providers, but overall, the estimates are similar. The AAMC estimated that Virginia was ranked 25th of the 50 states in terms of number of primary care clinicians.

The largest primary care specialty is family medicine, followed by general internal medicine. Of note, family medicine clinicians care for children and adolescents in addition to adults. This reduces the number of adult patients that a family medicine clinician can care for per year. There are currently 1,976 primary care nurse practitioners and physician assistants (36% of primary care clinicians).

Number of Clinicians (n=5,338)	
Family Medicine	3,462 (65%)
General Internal Medicine	1,859 (35%)
Preventive Medicine	17 (<1%)

Number of Clinicians (n=5,338)	
Physicians	3,432 (64%)
Nurse Practitioners	1,654 (31%)
Physician Assistants	252 (5%)

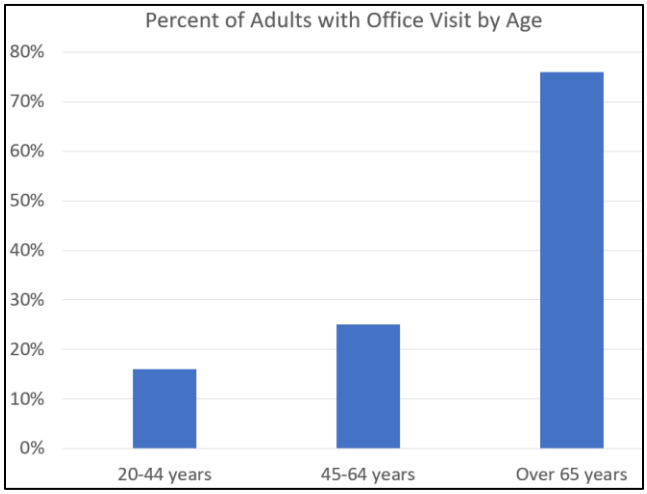
Based on year of medical school graduation, approximately 20% of Virginia's primary care workforce is age 60 years and older (n=1,052). The number of physicians (MD) based on the year they graduated from medical school is shown to the right. Clinicians graduating in 1985 and prior are likely age 60 years or older and at risk for retiring in the next five years. Conversely, only 12% of the physician workforce is likely under the age of 40 years.

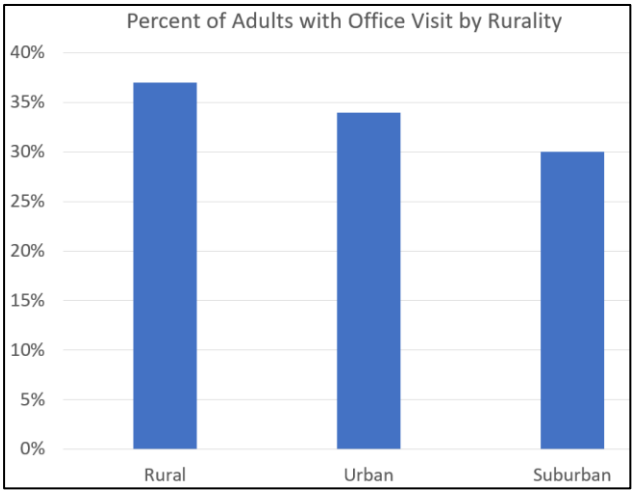


DEMAND – USE OF PRIMARY CARE IN VIRGINIA

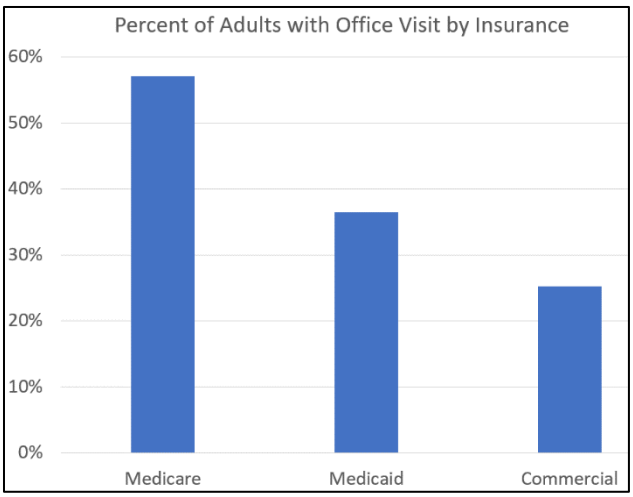
Based on the APCD claims data, 41% of all adult Virginians over the age of 18 years had a visit with a primary care clinician in 2016. This is fewer than the 56% of adults nationally who report seeing a primary care clinician in a year on surveys like the National Ambulatory Medical Care Survey or Medical Expenditure Panel Survey.[14-16] While the lower rate seen in Virginia may reflect a limitation with the APCD (i.e. only 60% of claims are reported), it is also possible that the rate of primary care use in Virginia is lower than the national average. This deserves more research and may be more accurately assessed as more payers are required to report to the APCD beginning in July 2019.

As illustrated in the graphs below, as people age, they are more likely to have a primary care visit, and there were only minor variations in the proportion of individuals who had a primary care visit living in rural (37%) versus urban (34%) and suburban (40%) communities.



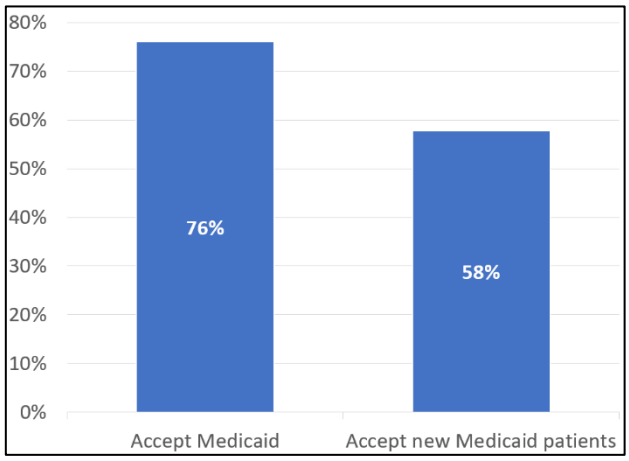


Also, in Virginia, persons with Medicare were most likely to have a primary care office visit (57%) followed by those with Medicaid (37%). Persons with commercial insurance were least likely to have a primary care visit (25%). Of note, submission of commercial insurance and self-insured plans was optional and thus may be incomplete.



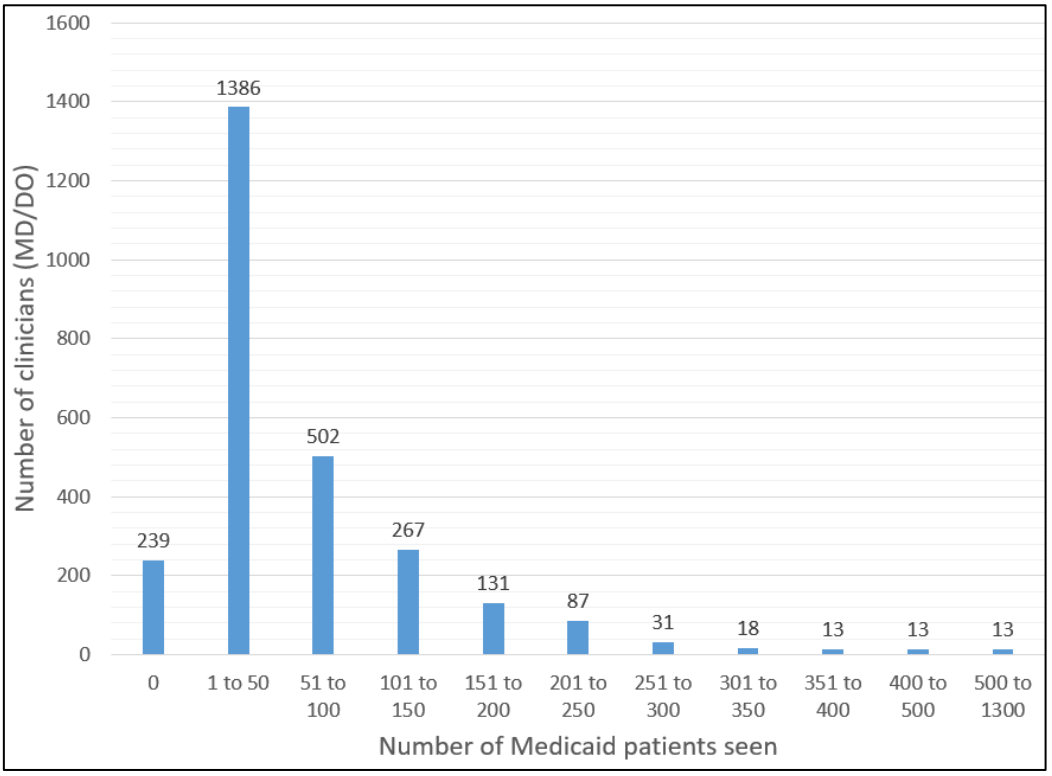
PRIMARY CARE MEDICAID ACCEPTANCE

From the Virginia Department of Health Professions licensure files, which asks physicians (MD/DO) if they accept Medicaid and are open to new Medicaid patients, **most primary care clinicians report that they accept Medicaid (76%), and a majority are accepting new patients with Medicaid (58%).**



Interestingly, APCD data shows that an even greater percentage of primary care physicians (MD/DO) actually filed a Medicaid claim than said that they accepted Medicaid in the licensure data – 82% vs. 76%. In other words, **82% of primary care physicians provided care to Medicaid patients in 2016.** Among all physicians, primary care physicians cared for an average of 51 patients with Medicaid. Among those with one or more Medicaid claims, primary care physicians saw an average of 57 patients with Medicaid.

While there was a wide range in the number of Medicaid patients seen by clinicians (1 to 1,300), **22% of physicians saw fewer than 10 patients with Medicaid per year**.



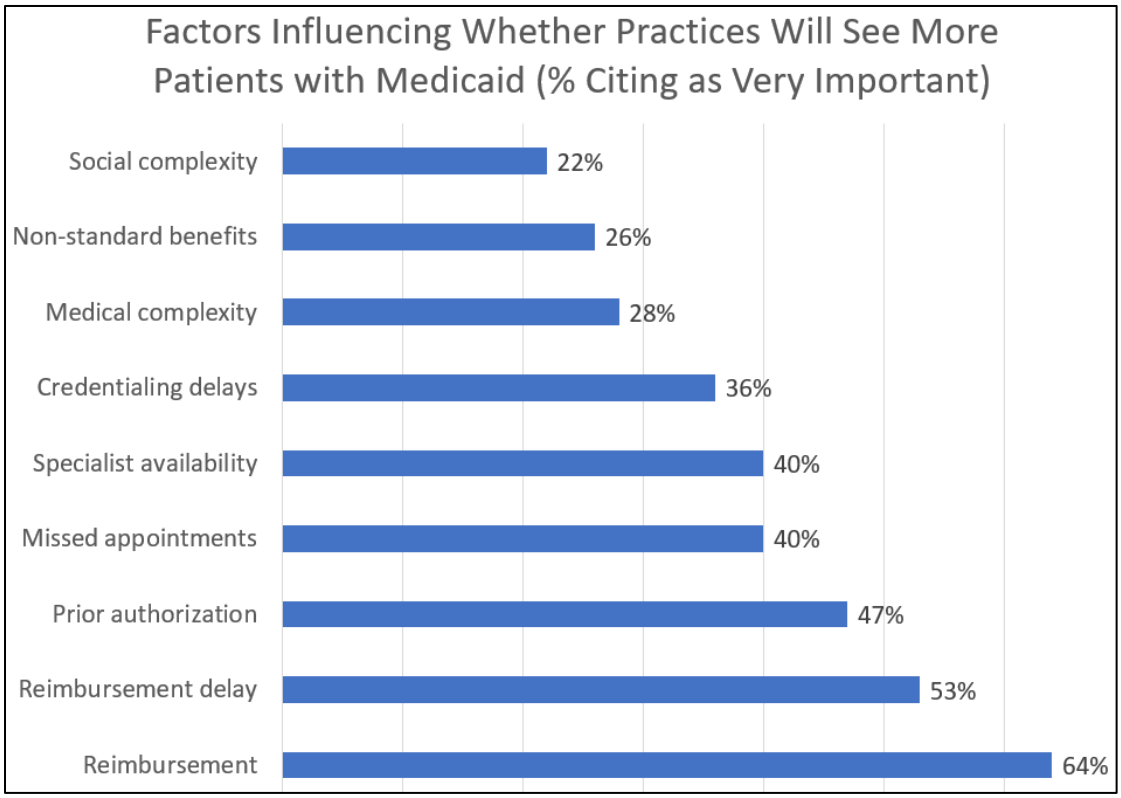
In contrast, 4% of physicians saw 250 or more Medicaid patients per year. These physicians, often in Federally Qualified Health Centers, expressed enthusiasm over taking new Medicaid members. As one physician respondent reported: *"We're a federally qualified community health center, so we happily accept Medicaid; in fact, it's one of our number one payers; it's probably our number one insurance."*

While 76% of primary care physicians report accepting Medicaid patients on licensure data, and 82% of primary care physicians submitted a claim for a Medicaid patient, respondents of our primary care practice

survey reported somewhat lower acceptance rates. Based on practice survey responses, **most primary care practices (68%) say that they accept at least some new patients with Medicaid**. Practices are more likely to accept new patients with commercial insurance (96%) or Medicare (88%) than Medicaid.

Based on the practice survey conducted by VCU, **14% of practices (n=68) reported that they planned to make changes to better care for patients in response to Medicaid expansion**. Among these practices, changes included hiring more clinicians (32%), hiring more staff (24%), hiring new provider types (9%), extending hours 16%) and adding new services (13%). Based on the practice survey, **health system-owned practices were more likely than clinician-owned practices to report that they accepted new patients with Medicaid (90% vs. 40%, p=0.02).**

The top three barriers practices identified as very important when considering whether to accept Medicaid were reimbursement rate, untimely reimbursement, and prior authorizations. 66% of practices rated it as very important. The social complexity of patients with Medicaid insurance were the least commonly reported "most important" barrier to seeing more Medicaid patients.

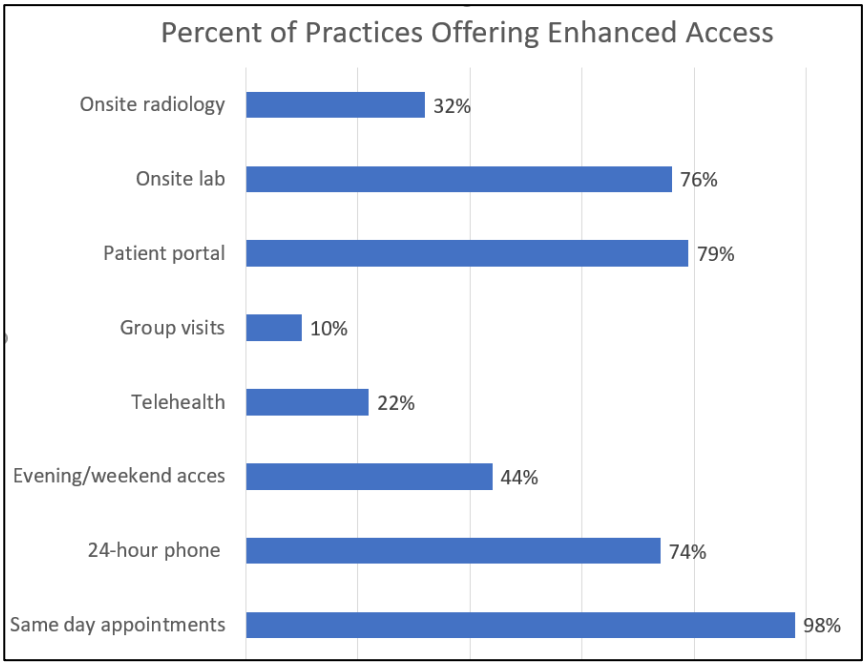


The results were not unique to practices not accepting Medicaid patients. The relative importance of these factors was unchanged for practices that currently see patients with Medicaid, practices willing to see more patients with Medicaid and practices that do not accept Medicaid. This means that problems with reimbursement, reimbursement delays and prior authorizations were consistently experienced by all primary care practices, regardless of whether they interacted with Medicaid.

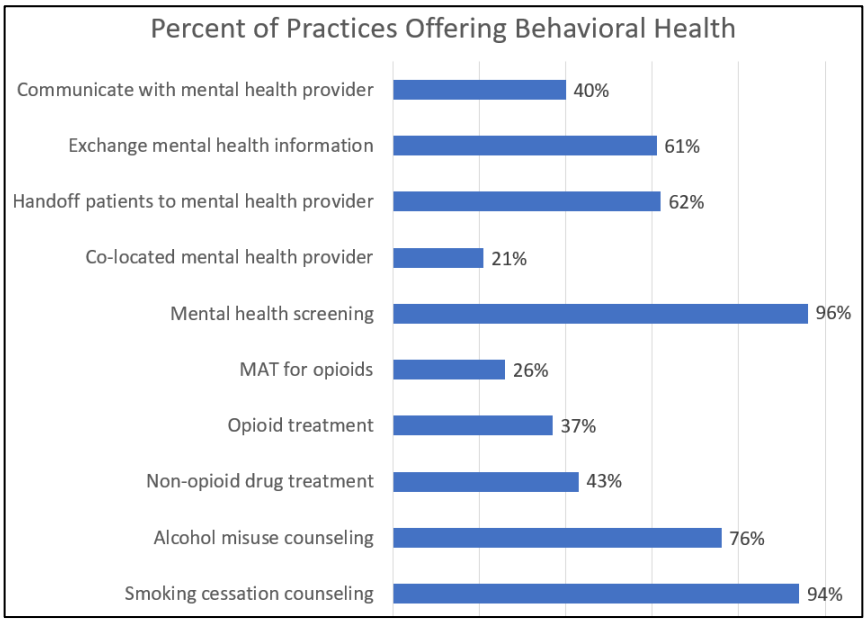
CHARACTERISTICS OF VIRGINIA'S PRIMARY CARE PRACTICES

Given the broad scope of primary care, in our primary care practice survey, we sought to understand several key elements of care and practice design (see practice survey section 5, appendix 1). Specifically, we asked practices about their strategies to improve access to care, accountability for addressing health behaviors and mental health, and the sustained partnerships practices were developing in helping their patients to address social risks that impact their health.

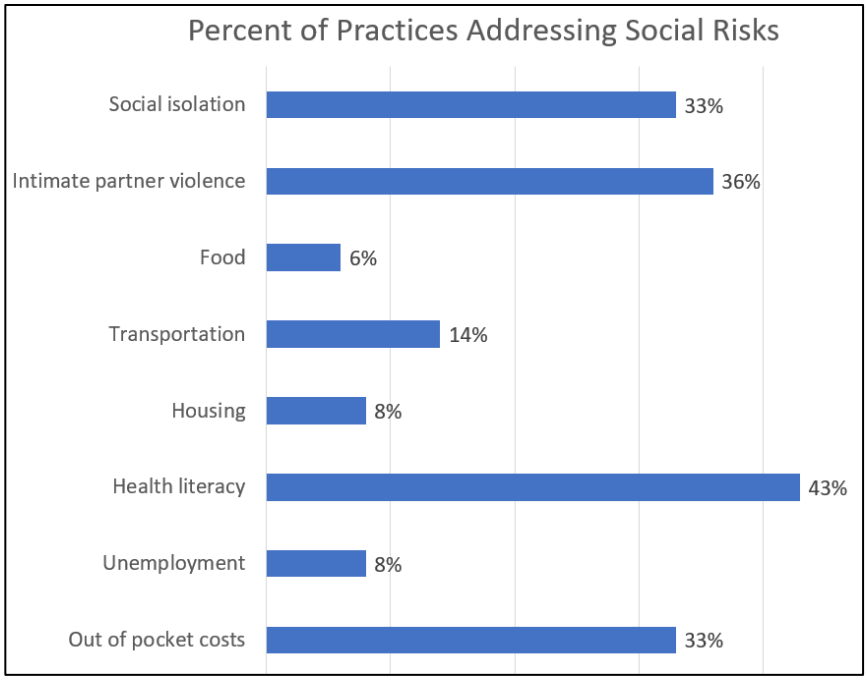
Survey respondents reported **multiple strategies to improve access to care for their patients,** including same-day appointments, 24-hour phone access, onsite services, and even telehealth and group visits.



Many **practices provided a range of mental health and substance use disorder services,** such as routine depression screening, diet and exercise counseling, smoking cessation counseling, medication-assisted treatment for opioids, and even elements of integrated mental health.

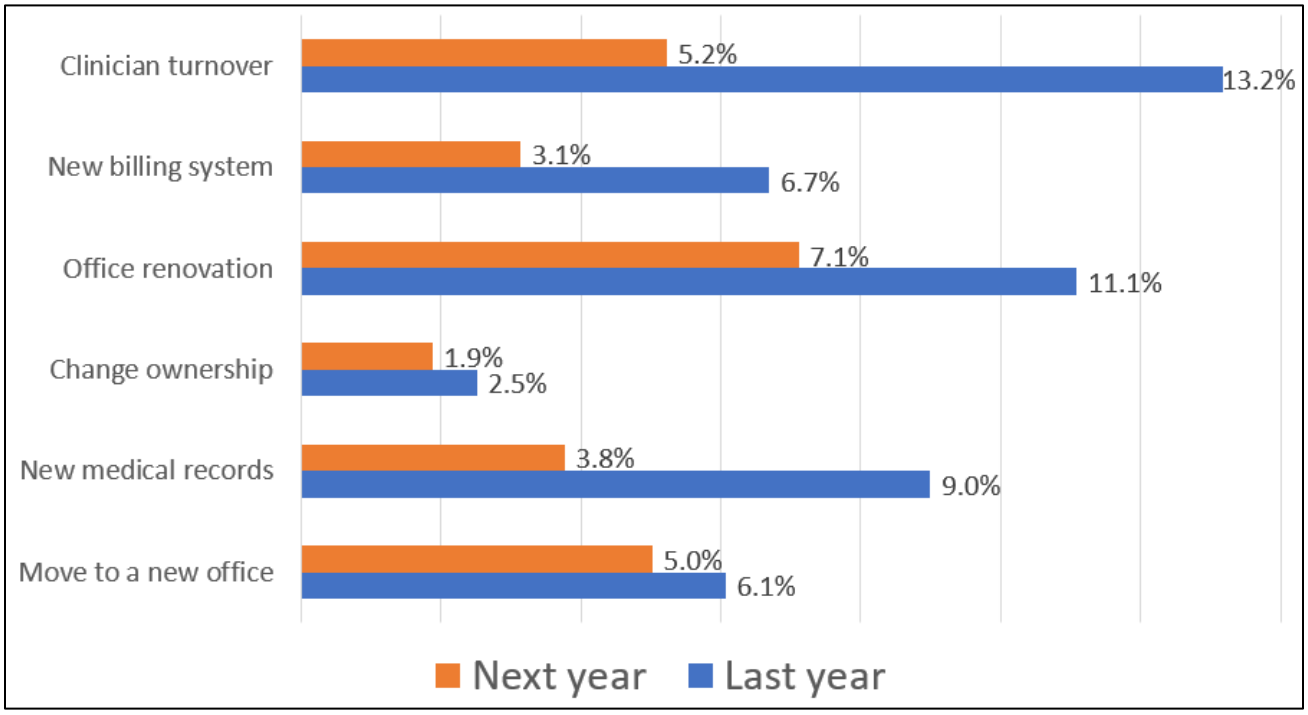


Practices also reported **efforts to help patients address social needs** that may impede the delivery of effective health care and contribute to poor health and well-being. Strategies included partnering with community programs to address social isolation, working to arrange transportation for patients to medical appointments, and using strategies to reduce out-of-pocket costs, like prescribing low-cost medications or searching for programs that provide financial assistance to patients for medications or care.

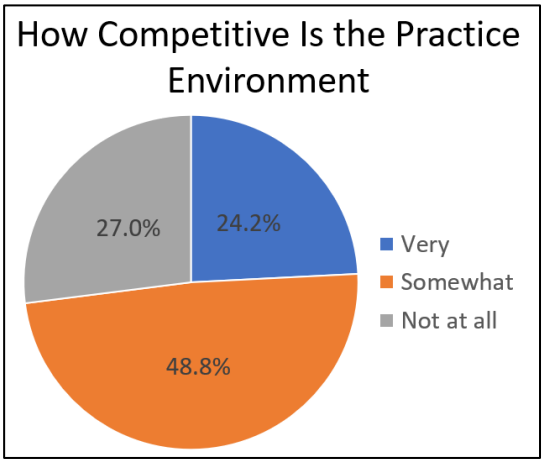


STRESSES IMPACTING VIRGINIA'S PRIMARY CARE PRACTICES

Primary care practices often encounter a variety of financial and administrative stresses due to staff turnover, upgrades to practice infrastructure, and the onset of new requirements or regulations. These stresses may impact both the type and volume of patients a practice sees. **Nearly a third of primary care practices experienced a significant stress or change in the past year (32%)**, with clinician turnover being the most common. However, only 19% of practices anticipated a stress or change in the upcoming year.



Physician practice behavior may also be influenced by the degree of competition in the practice environment, such as competition for patients and the leverage that practices have in negotiating payment rates with health insurance plans. Overall, **73% of practices described their practice environment as somewhat or very competitive.** This likely has an influence on the additional activities and risks that practices are willing to take – including caring for more Medicaid enrollees.



DISCUSSION

Virginia's primary care workforce is adequate to care for all Virginians, including those with new health care access through Medicaid expansion. Compared to other states, Virginia is average, ranked 25 of 50 states in terms of the number of primary care clinicians per 100,000 residents.[13] This represents 85 primary care clinicians per 100,000 adult residents and means that if every primary care clinician cared for at least 1,225 patients – which evidence suggests is a manageable patient panel size for a clinician – every adult Virginian could have a primary care clinician.[13,17] The largest primary care specialty in Virginia is family medicine, which represents 65% of primary care clinicians. One third of the workforce is composed of advanced practice providers, mainly nurse practitioners.

However, there are underlying concerns about the adequacy of the primary care workforce. First, **the assessment that the primary care workforce is adequate is dependent on a representative distribution of clinicians throughout the Commonwealth**. Yet we know from other studies that rural and low-income communities are more likely to have clinician shortages.[18] Second, **Virginia's primary care workforce is aging,** with 20% of primary care clinicians likely over the age of 60 years, but only 12% likely under the age of 40 years. In 2008, the Government Accountability Office reported that the primary care workforce had been increasing annually over the prior decade,[19] but our findings suggest that may not be true for Virginia in the future. Policies aimed at ensuring adequate supply of new primary care clinicians will be essential to maintain access to primary care in Virginia. Finally, **being average in terms of primary care workforce may not be desirable**. Evidence has demonstrated direct linkages between a more robust primary care workforce and lower mortality and cost of care.[3]

Primary care practice in Virginia appears to be highly innovative, and the scope of practice can meet the needs of the Medicaid population. Specifically, most primary care practices are working to improve access to care, such as offering same-day appointments, extending hours to weekends and evenings, integrating onsite ancillary services (e.g. radiology and laboratory services), and even providing telehealth and group visits. A broad scope of practice addresses the needs of the Medicaid population, including complex health issues like mental health and substance use disorder. Practices are even working to address social risks that can impede access to and delivery of effective care and may even influence health outcomes more than care delivery itself.[20]

The capacity for primary care clinicians assumes a willingness for practices to accept Medicaid insurance and see new beneficiaries. Indeed, **most primary care clinicians (82%) have a Medicaid claim, meaning they accept Medicaid and have seen a patient with Medicaid**, despite lower rates of acceptance reported on surveys. However, most clinicians only see a few patients per year

with Medicaid (i.e. 22% of physicians had claims for 10 or fewer patients with Medicaid). Low reimbursement, reimbursement delays and prior authorizations are the most common reasons given by providers when asked about barriers to accepting more patients with Medicaid. These concerns are reported regardless of whether or not a provider accepts high volumes of Medicaid members or no Medicaid members. A key challenge is that many practices report that once they stop taking Medicaid they become permanently closed to Medicaid.

Collectively, the primary care workforce in Virginia does appear able to care for new Medicaid beneficiaries as a result of expansion, although there are potential threats to primary care that can impede access. Long-term policies aimed at promoting primary care, especially in specific regions, may be necessary to ensure adequate access is maintained.

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APPENDIX 1: PRACTICE SURVEY

Medicaid Expansion Survey

Thank you for taking the time to complete this survey. It will greatly help in planning for Medicaid Expansion and to improve the care of patients throughout Virginia. The survey has seven sections and will take about 15 minutes to complete.

Section 1: Contact Information

_____
Practice Name

_____
Medical group name (if applicable)

_____
Health system name (if applicable)

_____
Practice Address

_____
Practice City Practice State Practice Zip Code

Best Point of Contact

Full Name:

_____

Contact's role:

- ☐ Office Manager
- ☐ Administrative personnel
- ☐ Clinician
- ☐ Nurse
- ☐ Other, please specify:

_____

Preferred method of communication:

- ☐ Mail
- ☐ Email
- ☐ Phone

Contact's phone number:

_____

Contact's email address:

Section 2: Practice Characteristics

2a. Is your practice primarily a…

- ☐ Primary care practice
- ☐ Specialty practice
- ☐ Mixed primary care and specialty practice

2b. Is your practice recognized as a Patient Centered Medical Home (PCMH)?

- ☐ Yes
- ☐ No

2c. Is your practice part of an Accountable Care Organization (ACO)?

- ☐ Yes
- ☐ No

2d. Does your practice provide Direct Primary Care (DPC) or charge your patients a monthly or membership fee?

- ☐ Yes, for all patients
- ☐ Yes, for some patients
- ☐ No

2e. Please provide the total number and full time equivalent (FTE) for each clinician type.

	Total Number	Total FTE
Family Medicine Physician		
Internal Medicine Physician		
Pediatrician		
Nurse Practitioner (NP)		
Physician Assistant (PA)		

2f. Please provide the total number and full time equivalent (FTE) for each integrated or co-located ancillary staff type.

	Total Number	Total FTE
Psychiatrist or Psychiatric Nurse Practitioner		
Psychologist		
Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC)		
Case Manager, Care Coordinator, or Patient Navigator		

2g. Please provide your best *estimate* for how many patients, <u>on average,</u> a clinician in your practice sees in a full day of patient care.

_____

2h. Please provide your best *estimate* for what <u>percentage</u> of your patients belong to each of the following groups.

	Percent (%)
African American or Black	
Hispanic or Latino	
Asian or Pacific Islander	
Native American or Alaska Native	

2i. Does any clinician in your practice provide care in a language other than English?

- ☐ Yes, Spanish
- ☐ Yes, other
- ☐ No

If other, what language(s)?

_____

2j. Does your practice use an electronic medical record (EMR)?

- ☐ Yes, all electronic
- ☐ Yes, part electronic and part paper
- ☐ No, all paper
- ☐ Don't know

If yes, what EMR does your practice use?

_____

<u>Section 3: Medicaid Expansion Plans</u>

In January 2019, Virginia will expand Medicaid coverage to all adults with family incomes at or below 138% of the federal poverty line. The next set of questions asks about how Medicaid Expansion will affect your practice.

3a. After Medicaid Expansion, will your practice accept more Medicaid patients?

- ☐ Yes
- ☐ No

3b. When deciding whether to accept new Medicaid patients, please indicate the importance of each of the following reasons for your practice's decision.

	Very important	Moderately important	Not very important	Not at all important
Medicaid reimbursement rates	☐	☐	☐	☐
Availability of specialists who see Medicaid patients	☐	☐	☐	☐
Medical complexity of Medicaid patients	☐	☐	☐	☐
Social complexity of Medicaid patients	☐	☐	☐	☐
Prior authorization process	☐	☐	☐	☐
Delays and/or difficulty in reimbursement	☐	☐	☐	☐
Frequency of missed appointments by Medicaid patients	☐	☐	☐	☐
Non-standardized benefits of Medicaid patients	☐	☐	☐	☐
Credentialing delays	☐	☐	☐	☐

3c. What <u>one</u> improvement could Medicaid make to increase the likelihood of your practice accepting new Medicaid patients?

_____
_____
_____
_____

3d. Does your practice plan on making any changes to prepare for Medicaid Expansion?

- ☐ Yes
- ☐ No

➡

If yes, what changes?

- ☐ Hire more clinicians
- ☐ Hire more staff
- ☐ Hire different provider types (e.g. social worker, mental health provider)
- ☐ Extend hours
- ☐ Add new services
- ☐ Other

If other, please specify:

_____

Section 4: Practice Operations

4a. Practice ownership:

- ☐ Hospital/Health System
- ☐ Clinician Owner
- ☐ Clinician Partially Owned
- ☐ Private Sponsor/Corporation
- ☐ Insurance Company
- ☐ University Owned

4b. Please provide your best *estimate* for what your practice's <u>current</u> payer mix is?
Please make sure the total adds up to 100.

	Percent (%)
Commercial or Private	
Medicaid	
Medicare	
Uninsured	

4c. Is your practice currently accepting <u>*new*</u> patients with the following insurance types?

	Accept ALL new patients	Accept MOST new patients	Accept SOME new patients	Accept NO new patients
Commercial or Private	☐	☐	☐	☐
Medicaid	☐	☐	☐	☐
Medicare	☐	☐	☐	☐
Uninsured	☐	☐	☐	☐

Section 5: Services Your Practice Provides

5a. Access to Care

Check all that apply

	Currently Provide	Plan to add in 2019
Same or next-day appointments	☐	☐
24-hour telephone triage	☐	☐
Appointments during evenings and weekends	☐	☐
Telehealth visits	☐	☐
Group visits	☐	☐
Patient portal	☐	☐
Onsite lab	☐	☐
Onsite radiology	☐	☐

5b. Population Health

Check all that apply

	Currently Provide	Plan to add in 2019
Care coordination, patient navigation, or case management	☐	☐
Use of a registry or list to identify patients in need of care	☐	☐
Routine measurement of quality or performance	☐	☐

5c. Improving Patient Health Behaviors *Check all that apply*		
	Currently Provide	Plan to add in 2019
Weight loss support	☐	☐
Nutrition counseling	☐	☐
Smoking cessation counseling	☐	☐
Alcohol misuse counseling	☐	☐
Medication assisted treatment (MAT) for opioid use	☐	☐

5d. Mental Health Integration *Check all that apply*		
	Currently Provide	Plan to add in 2019
Screen appropriate patients for mental health needs (e.g. depression)	☐	☐
Mental health providers physically or virtually located at your office	☐	☐
Partner or organization to handoff and/or refer patients for mental health services	☐	☐
Routinely exchange information with mental health providers and vice versa	☐	☐
Mental health and medical providers personally communicate on a regular basis about patient treatment issues	☐	☐

Section 6: Challenges Your Practice Faces

6a. Does your practice address the following patient needs?

	Yes, address in our practice	Yes, refer to health system resource	Yes, refer to community resource	No, we do not address this
Assistance with out-of-pocket medical costs	☐	☐	☐	☐
Unemployment	☐	☐	☐	☐
Health literacy	☐	☐	☐	☐
Unstable housing	☐	☐	☐	☐
Transportation	☐	☐	☐	☐
Food Security	☐	☐	☐	☐
Safety issues (e.g. intimate partner violence, unsafe community)	☐	☐	☐	☐
Social isolation or loneliness	☐	☐	☐	☐
Health behaviors (e.g. diet, exercise, weight loss)	☐	☐	☐	☐
Opioid use disorder	☐	☐	☐	☐
Non-opioid substance use disorder(s) (e.g. alcohol, illicit drugs, etc.)	☐	☐	☐	☐
Mental health issues (e.g. stress, anxiety, depression, trauma)	☐	☐	☐	☐

6a. The table below lists problems that may limit physicians' ability to provide high quality care. For each one, indicate whether you think it is a major problem, minor problem, or not a problem affecting your practice's ability to provide high quality care.

	Major problem	Minor problem	Not a problem
Inadequate time with patients during office visits	☐	☐	☐
Patients' inability to pay for needed care	☐	☐	☐
Rejections of care decisions by insurance companies	☐	☐	☐
Lack of qualified specialists in your area	☐	☐	☐
Not getting timely reports from other physicians and facilities	☐	☐	☐
Difficulties communicating with patients due to language or cultural barriers	☐	☐	☐
Lack of necessary resources to address patient mental health and social needs	☐	☐	☐

6c. Thinking about your practice specifically, how would you describe the competitive situation your practice faces?
(By competition among physicians, we mean the pressure to undertake activities to attract and retain patients)

☐ Very competitive
☐ Somewhat competitive
☐ Not at all competitive

6d. Please indicate in which time period your practice has experienced and/or anticipates any of the following major changes.
Check all that apply

	In the past 12 months	In 2019
Move to a new office	☐	☐
New medical records system	☐	☐
Change ownership	☐	☐
Office renovation	☐	☐
New billing system	☐	☐
Significant clinician turnover	☐	☐
Other	☐	☐

If other, please specify:

_____

6e. What are the biggest challenges that your practice currently faces?

_____
_____
_____
_____

6f. What kind of innovative changes has your practice implemented to address these challenges?

_____
_____
_____
_____

Interest in research

Would you be interested in participating in research that matters to primary care?

☐ Yes
☐ No

What kinds of research is your practice interested in participating? *Please check all that apply*

☐ Burnout
☐ Practice redesign
☐ Informatics
☐ Addressing social needs
☐ Chronic disease
☐ Health behavior change
☐ Mental Health
☐ Other topics

Thank you for taking the time to answer this survey. Your information will help to make sure we continue to provide the best care for Virginians possible