Medicaid Workforce Map Packet

Healthcare Workforce Data Center

September 2013

Virginia Department of Health Professions

Dianne L. Reynolds-Cane, M.D.
Director

Arne W. Owens
Chief Deputy Director

HWDC Staff:

Dr. Elizabeth Carter, Ph.D.
Executive Director

Justin Crow, MPA
Research Analyst

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

Data Sources for Medicaid Participation:

1. DMAS Records: The HWDC has been cooperating with Erik Beecroft Ph.D., Associate Methodologist with the Joint Legislative Audit and Review Commission, in his study of the Impact of Medicaid Rates on Access to Care, pursuant to Senate Joint Resolution 92 (2012). Dr. Beecroft is using DMAS records to identify providers who actually bill for Medicaid. ***We feel DMAS billing records provide the most accurate method of identifying providers who serve Medicaid beneficiaries.***

2. The Virginia Physician Profile: Maintained by the Board of Medicine, Physicians are required to keep their profile information updated, including information on Medicaid participation. Although required by law, there may be delays or underreporting by physicians.

3. HWDC Workforce Surveys: The HWDC administers workforce surveys during the renewal cycle of some regulated health professions. We achieve very high response rates, with completed surveys usually representing between 70-80% of licensees. We use completed surveys to make estimates about the licensees who do not complete surveys or did not have access to surveys.

Technical Notes

1. Provider location: Provider location is determined by primary practice location. If primary practice location was not available, address of record with the Department of Health Professions was substituted.

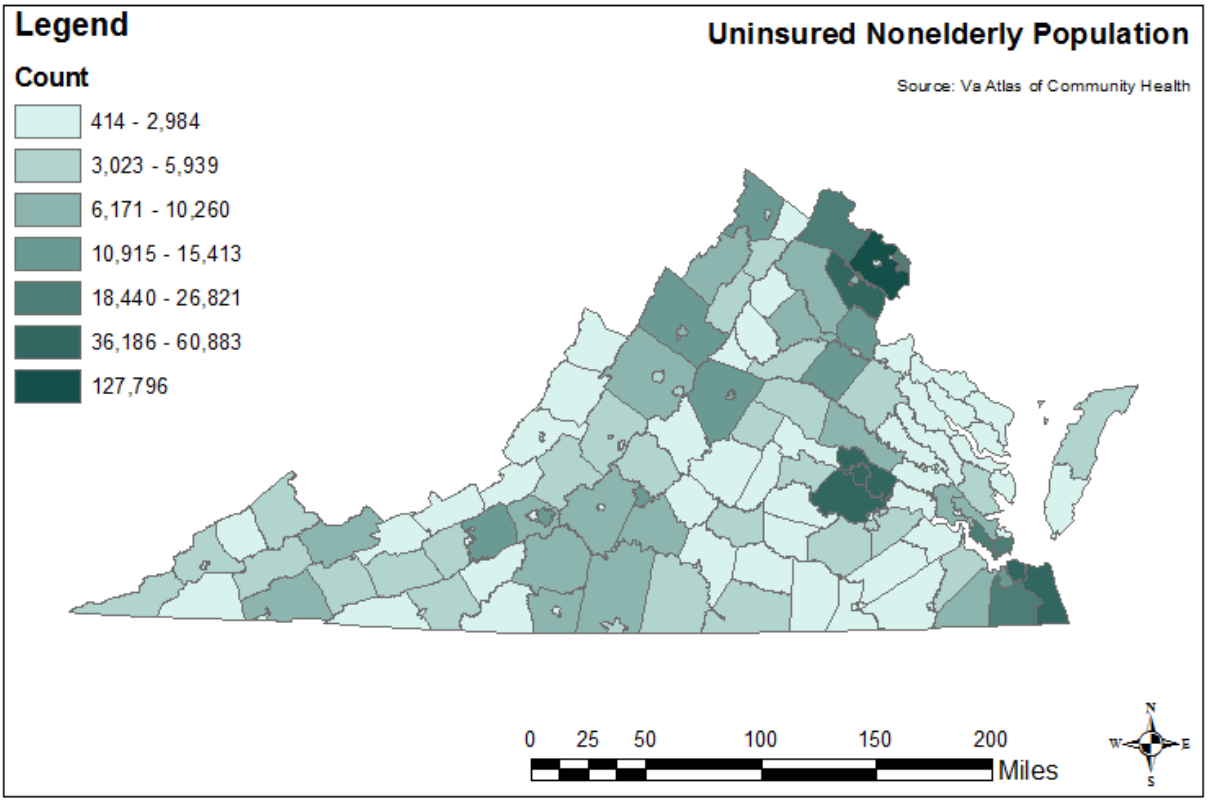
2. Medicaid Participation: For Physicians, Medicaid participation was determined using the physician profile. Only those who indicated they are accepting new Medicaid patients are included. Data is combined with Physician Workforce Survey data to make estimates for the licensee population. Due to the potential for underreporting in the physician profile, we feel estimates with respect to Medicaid participation of physicians are conservative. For Nurse Practitioners, Medicaid participation was estimated by whether the NP indicated having a Medicaid Provider number in the Nurse Practitioner Workforce Survey. For Physician Assistants, Medicaid participation was determined by whether the PA indicated serving Medicaid patients at his or her primary work location in the Physician Assistant Workforce Survey.

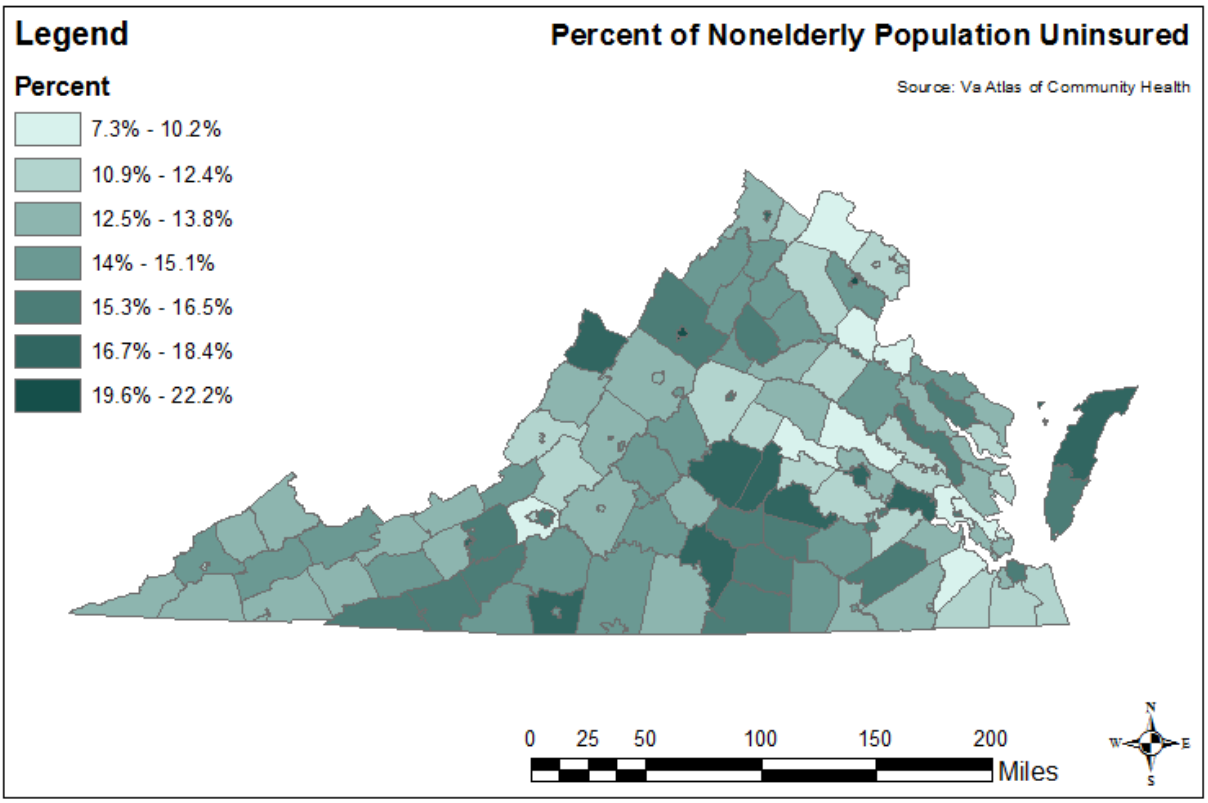
3. Primary Care: Physicians indicated whether or not their primary work location was predominantly primary care on the Physician workforce survey. Nurse Practitioners and Physician Assistants were defined as primary care if they indicated working in the following specialties:

Nurse Practitioners: Family, Adult, Pediatric, Women's Health, Geriatric

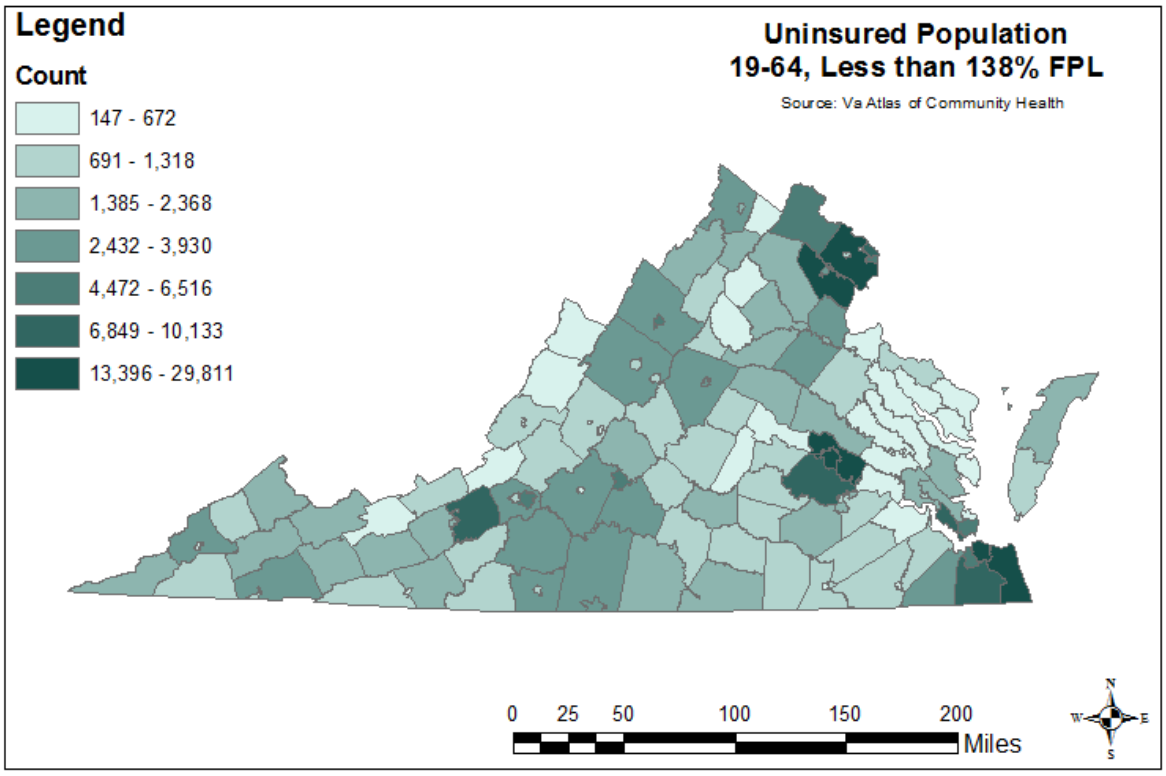
Physician Assistant: Family Medicine, Geriatric Medicine, Internal Medicine, OB/GYN, Pediatrics.

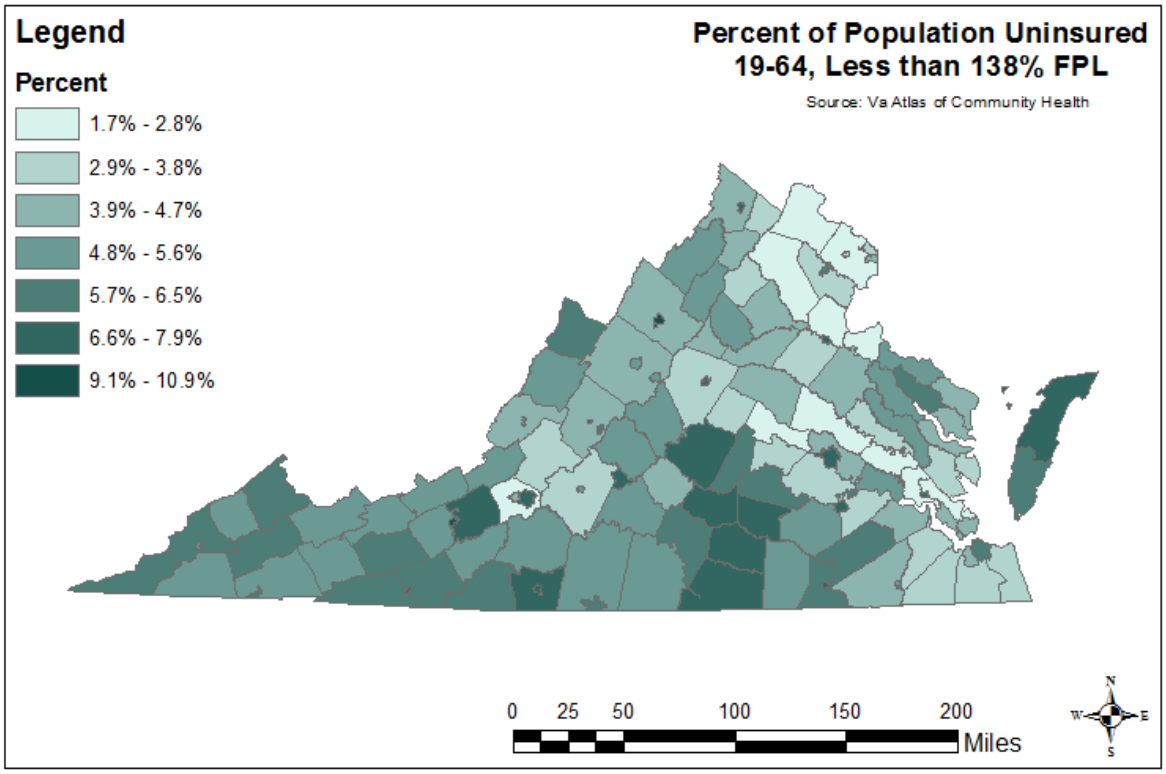
Map 1: The uninsured non-elderly population: These maps show the current distribution of the non-elderly uninsured—an indicator of people who will soon have access to insurance under the ACA. Areas with high counts may need a higher service level with the influx of newly insured, however, areas with a high percentage of non-elderly uninsured may face the greatest strain on existing health services. Areas in Southside, Southwest, Eastern and West Central Virginia, along with some urban areas, tend to have higher rates of uninsured.



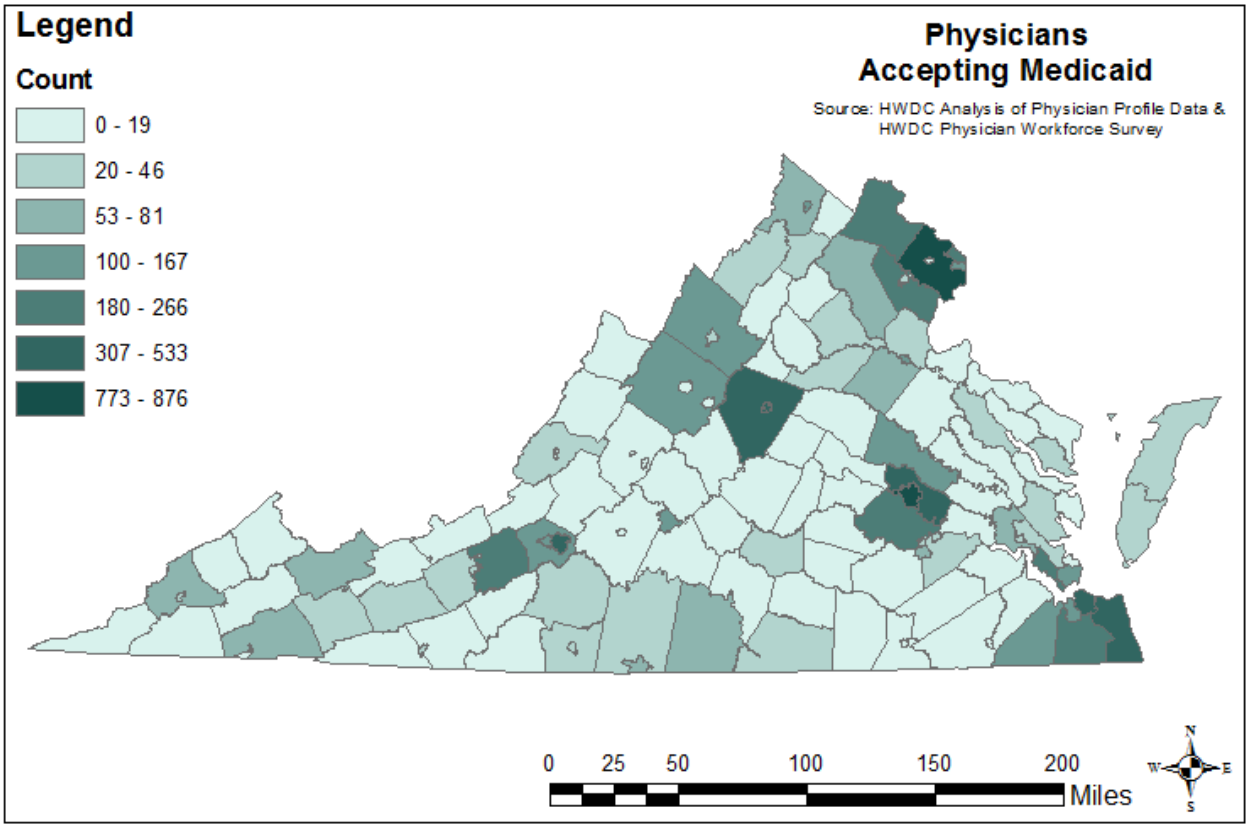


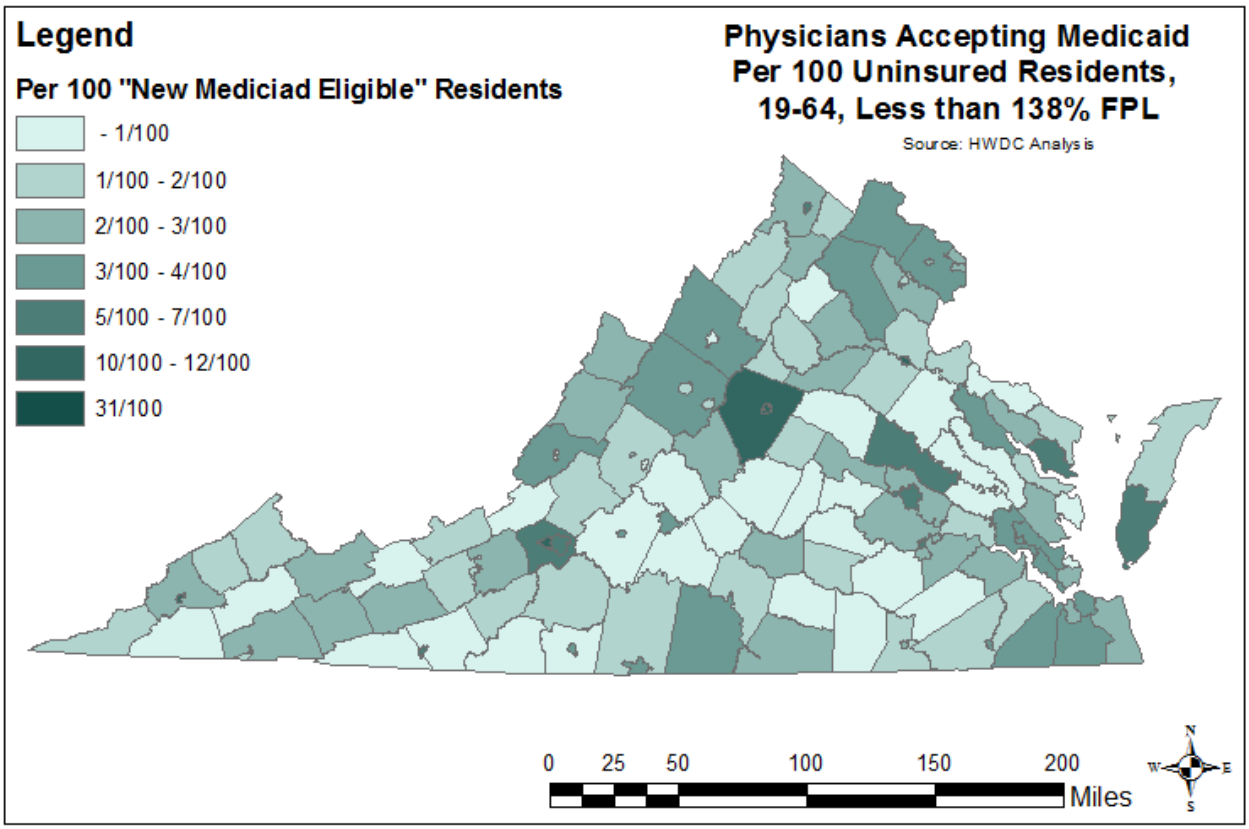
Map 2: The uninsured, non-elderly population, age 19-64, with incomes less than 138% of the Federal Population level. Although it is not a robust estimate, this provides an indication of the distribution of persons who may become eligible for Medicaid if it is expanded. Throughout this map packet we refer to this population as the "New Medicaid Eligible". Again, while level is a concern, a high proportion of "New Medicaid Eligible" may put more strain on existing Medicaid service providers. As before, areas in Southside, Southwest, Eastern and Shenandoah Virginia, along with some urban areas, tend to have higher rates of uninsured adults under 138% FPL. These areas may face the most strain on existing Medicaid providers if Medicaid is expanded. They also have the most to gain from the influx of health spending.



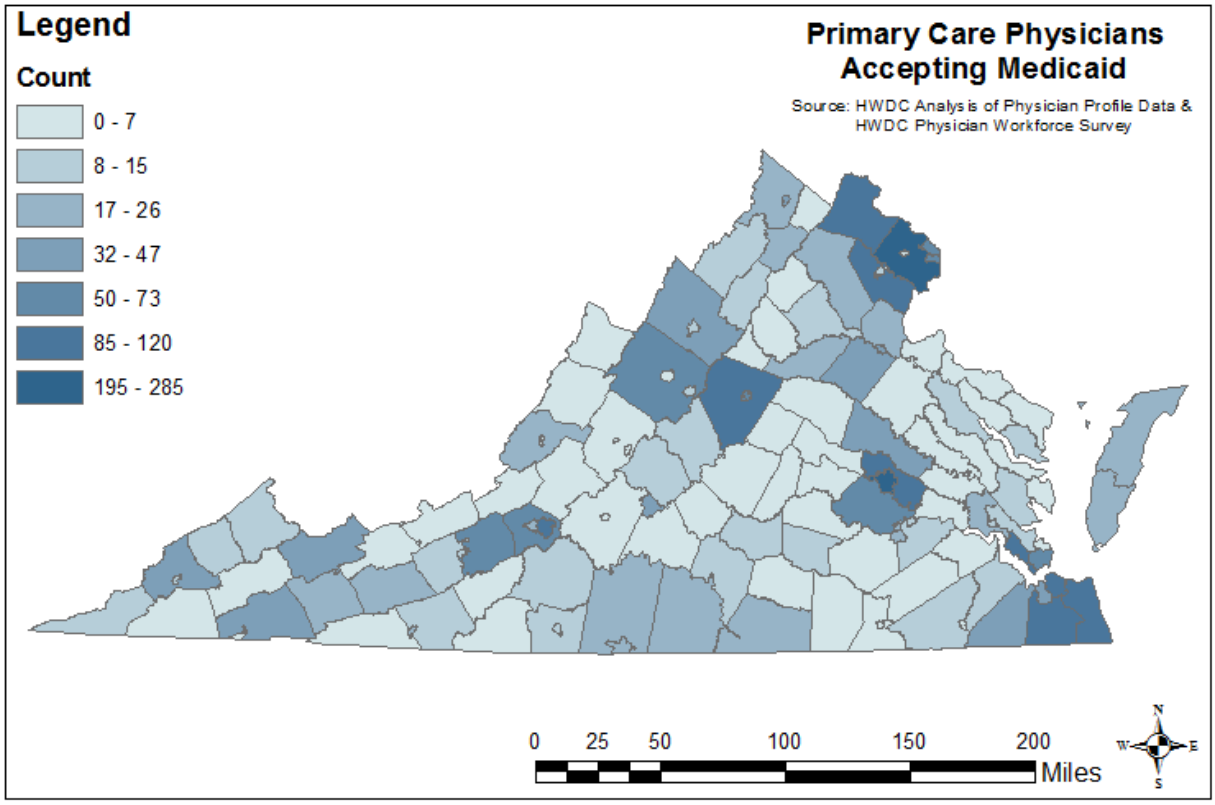


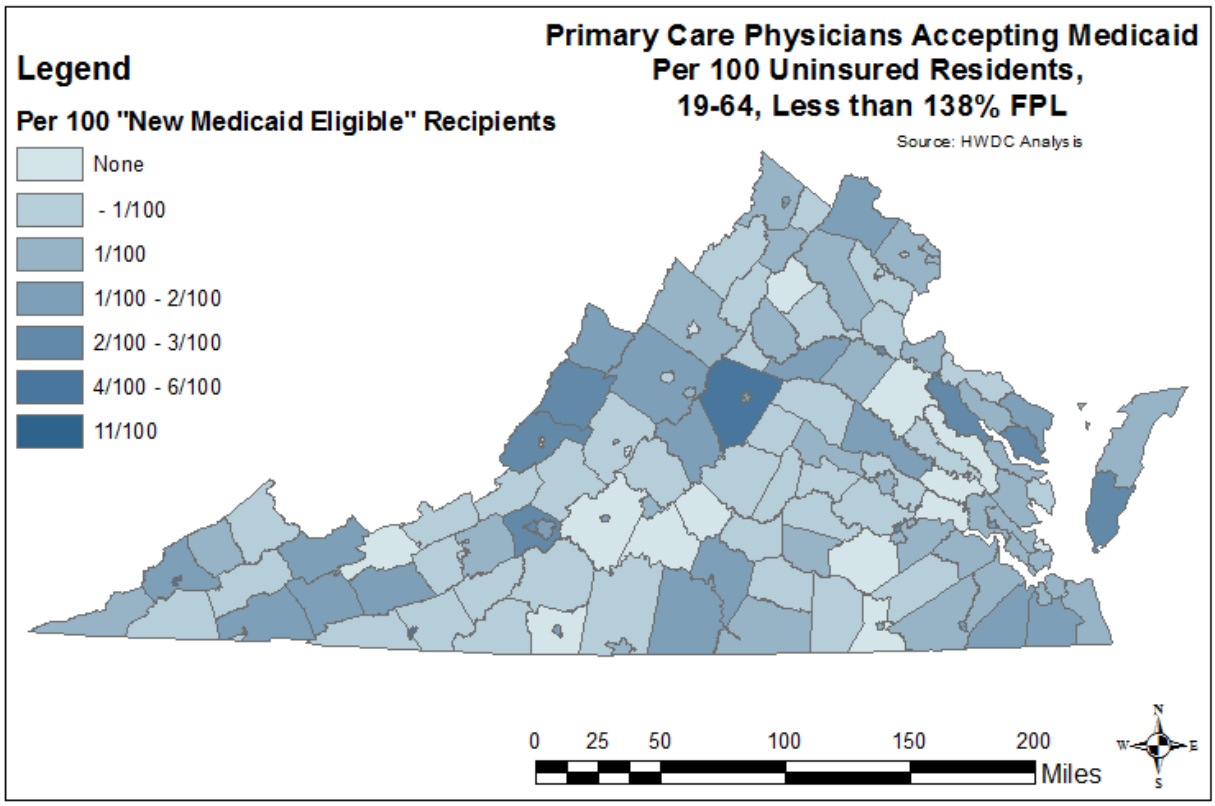
Map 3: Physicians Accepting Medicaid: These maps show the number of physicians accepting Medicaid, and the number per "New Medicaid Eligible" residents. Among the areas listed above, Southside & Southwest Virginia seem to have the lowest number of Medicaid accepting physicians per "New Medicaid Eligible" Resident (indicated by lighter colors in the map). Some urban cores are light, but these tend to be embedded in counties with higher numbers of Medicaid-accepting physicians (e.g., Harrisonburg in Rockingham County).



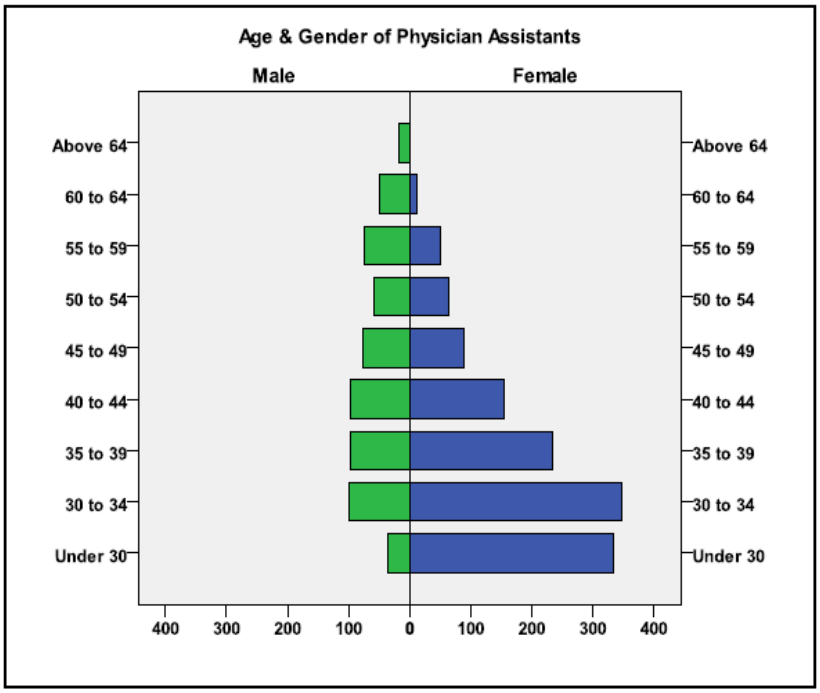


Map 4: Primary Care Physicians Accepting Medicaid: Primary care physicians are expected to see the largest strain as the newly insured begin to make regular doctor visits under the ACA. Better access to primary care for this population may ameliorate some of the strain on specialty and emergency services. Primary care physicians accepting Medicaid seem to be more evenly distributed in relation to the "New Medicaid Eligible" population. However some areas of Southside and Southwest Virginia appear to have availability of providers compared to the potential number of newly eligible.

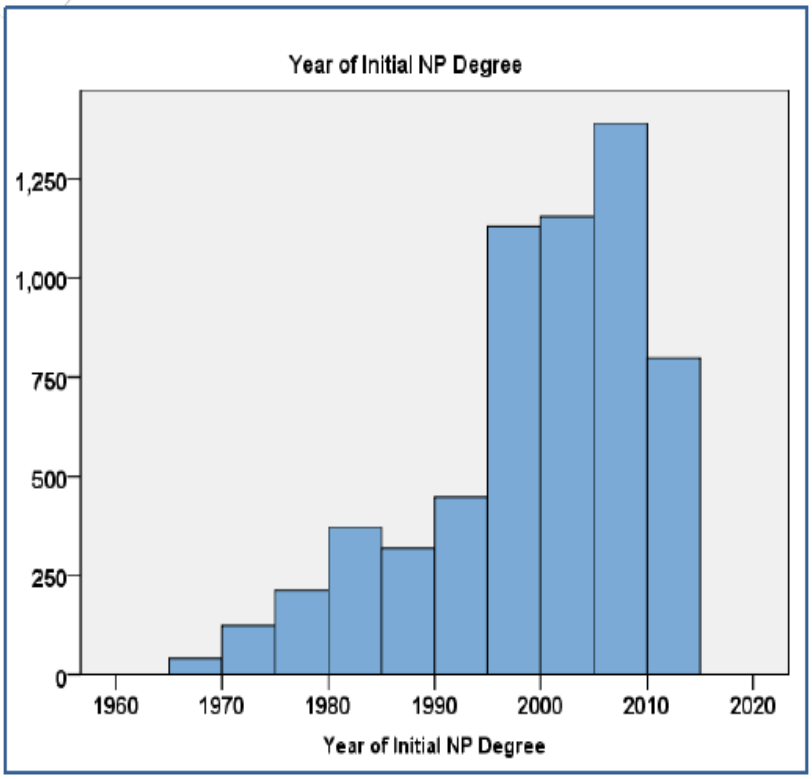




Figures: Mid-Level Providers. Physician Assistants (Pas) and Nurse Practitioners (NPs) provide many of the same services as physicians. However their scope is limited and they must work in collaboration with a physician or under physician supervision. PAs and NPs are often referred to as "physician extenders" or "mid-level providers". Combined, their numbers are equivalent to about 40% of the physician workforce--and they are growing rapidly. The median age of Physician Assistants is 37, with each new cohort of PAs larger than the previous one. Nurses often become Nurse Practitioners later in their nursing careers; however, their numbers are also growing. Half of the Nurse Practitioner workforce became NPs after 2000, and 75% after 1995. They are also inexpensive compared to physicians due to lower training costs and other considerations, increasing their importance in serving the Medicaid population.

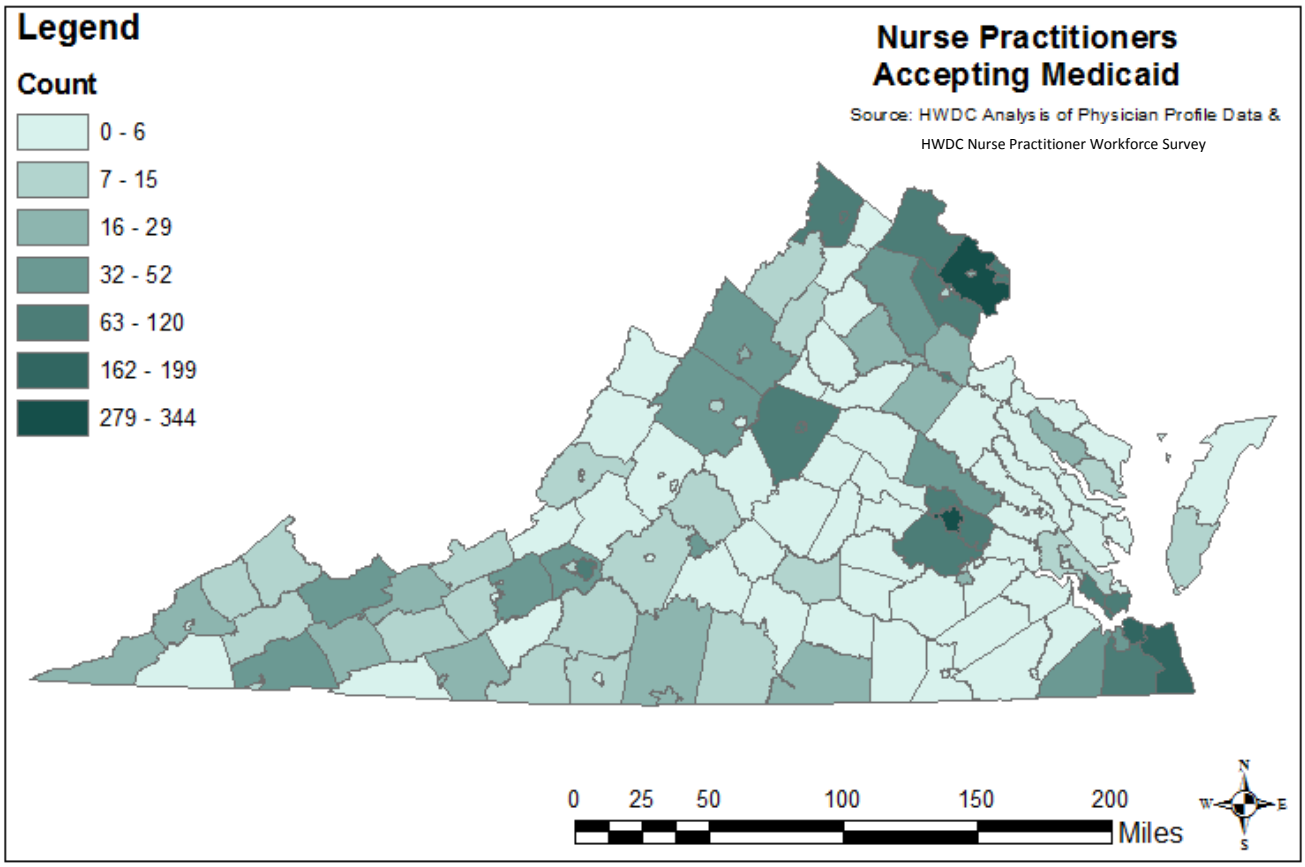


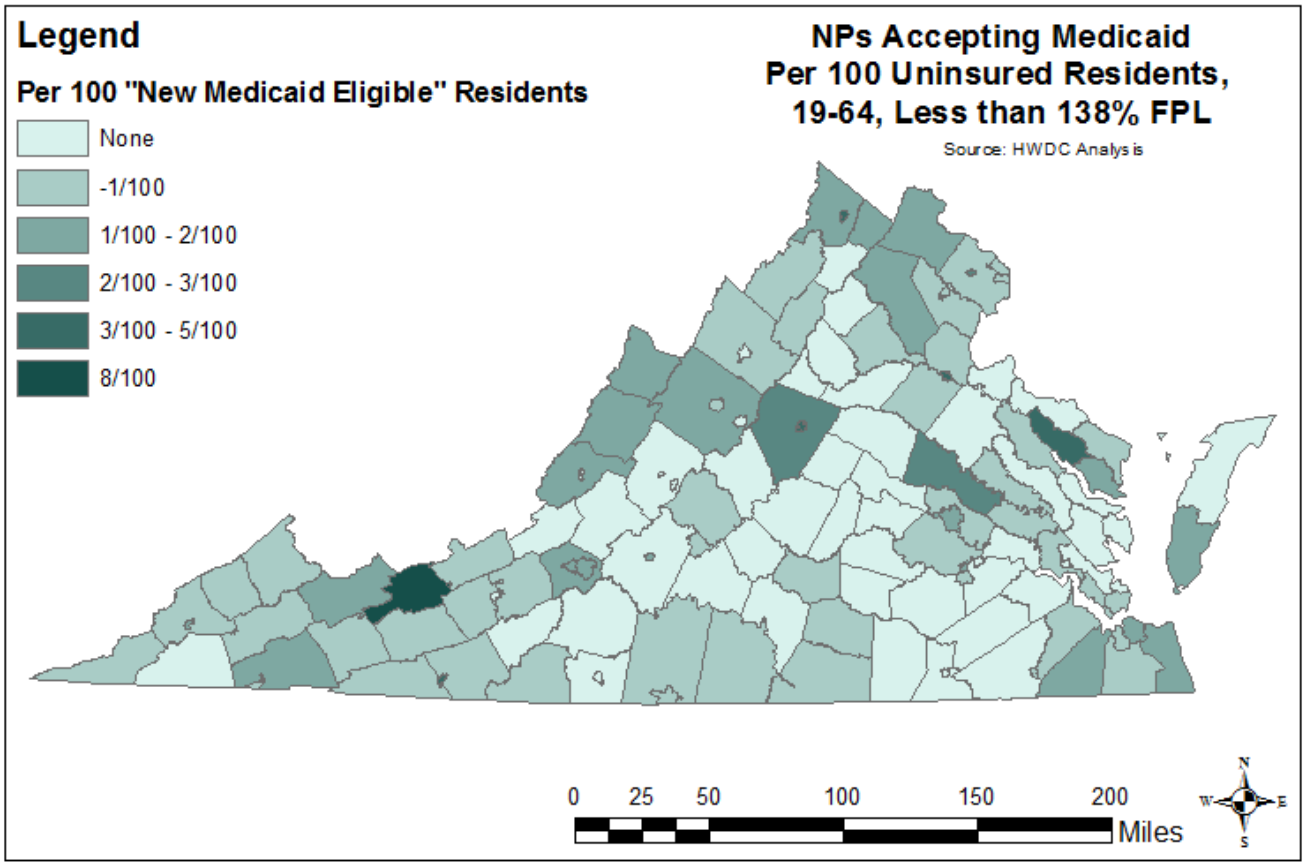
Physician Assistants
–1,891 in Workforce
–1,775 FTEs
–Median Age: 37



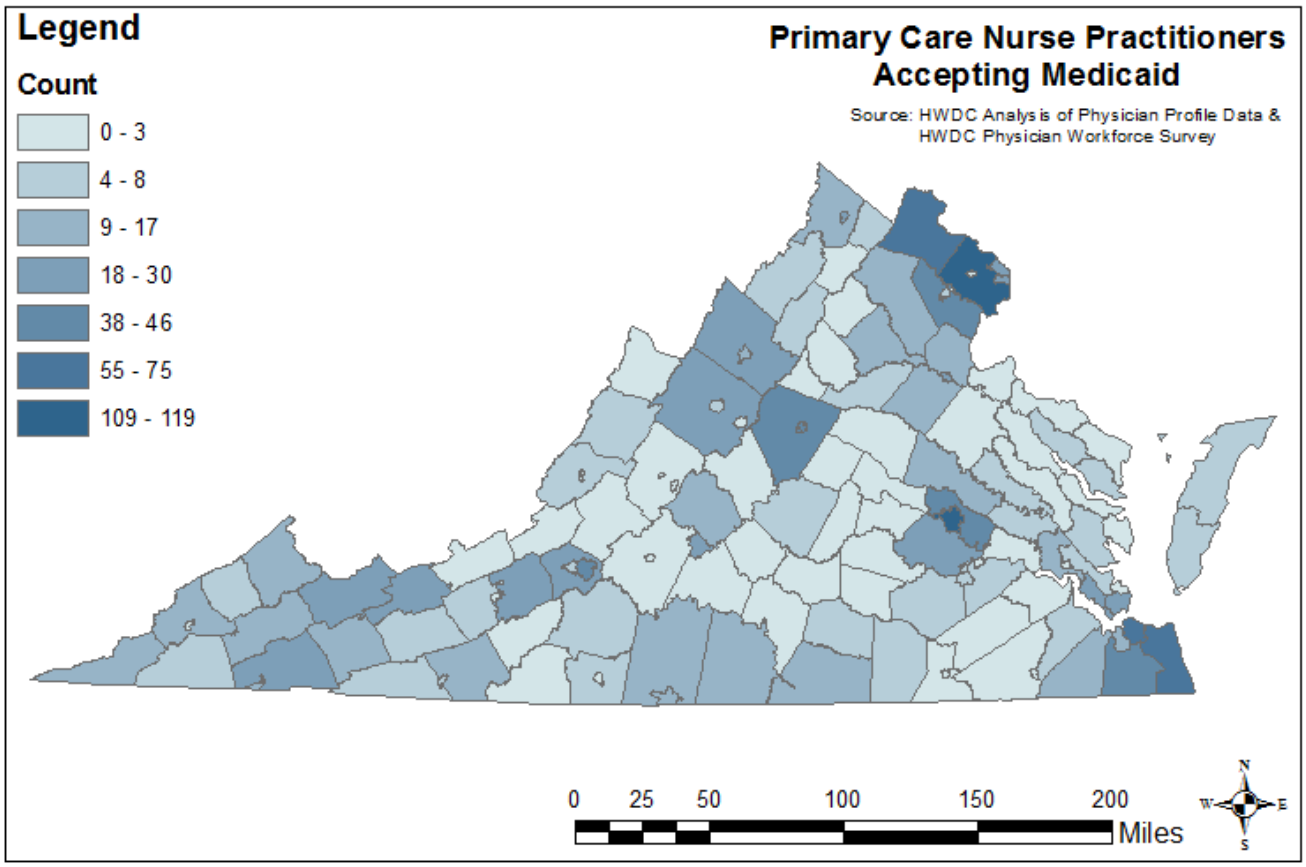
Nurse Practitioners
–6,056 in Workforce
–6,435 FTEs
Half became NPs after Y2000
75% after 1995

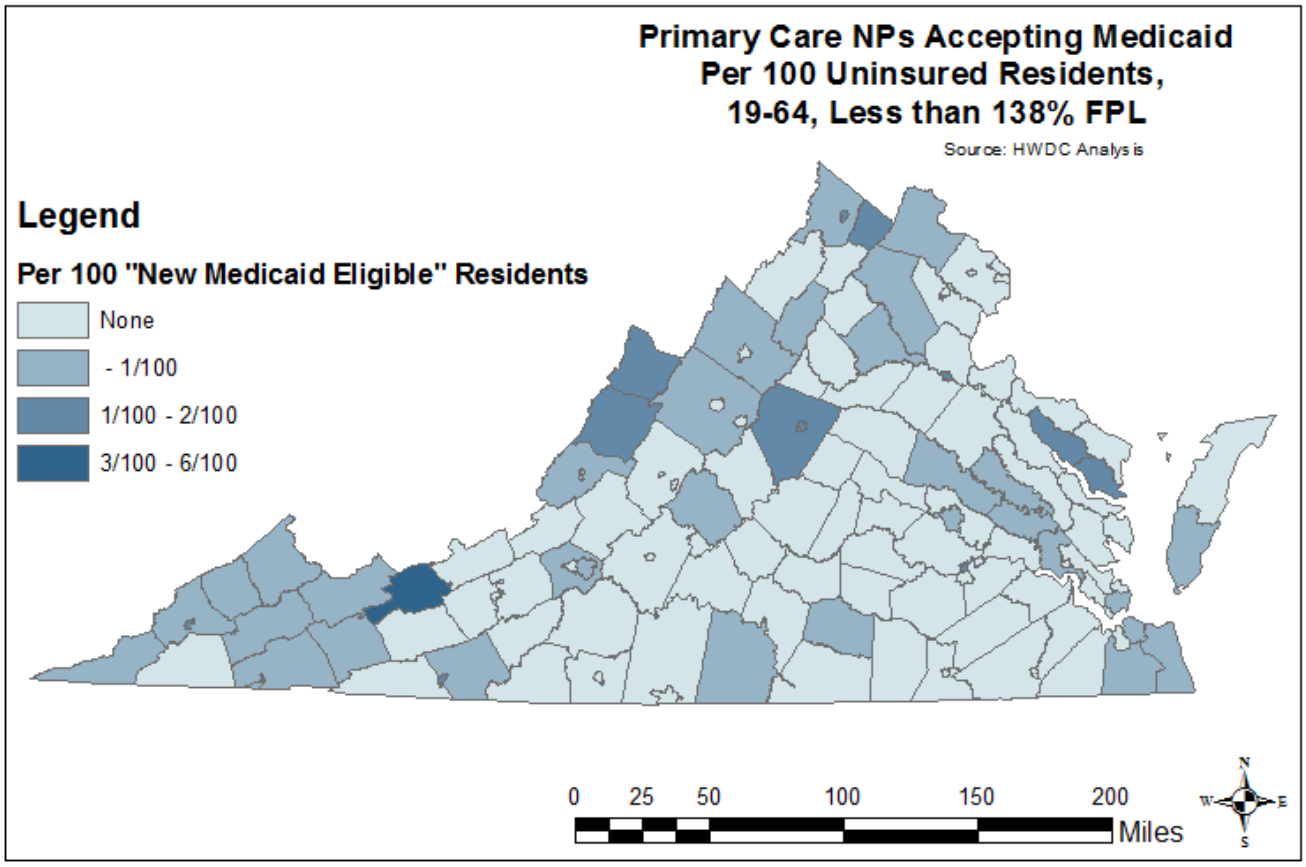
Map 5: Nurse Practitioners Accepting Medicaid. Compared to the physician population, Nurse Practitioners tend to be more available (on a per "New Medicaid Eligible" resident basis) in Southwest Virginia, and less available in West Central Virginia. Like physicians, availability is limited Southside Virginia.



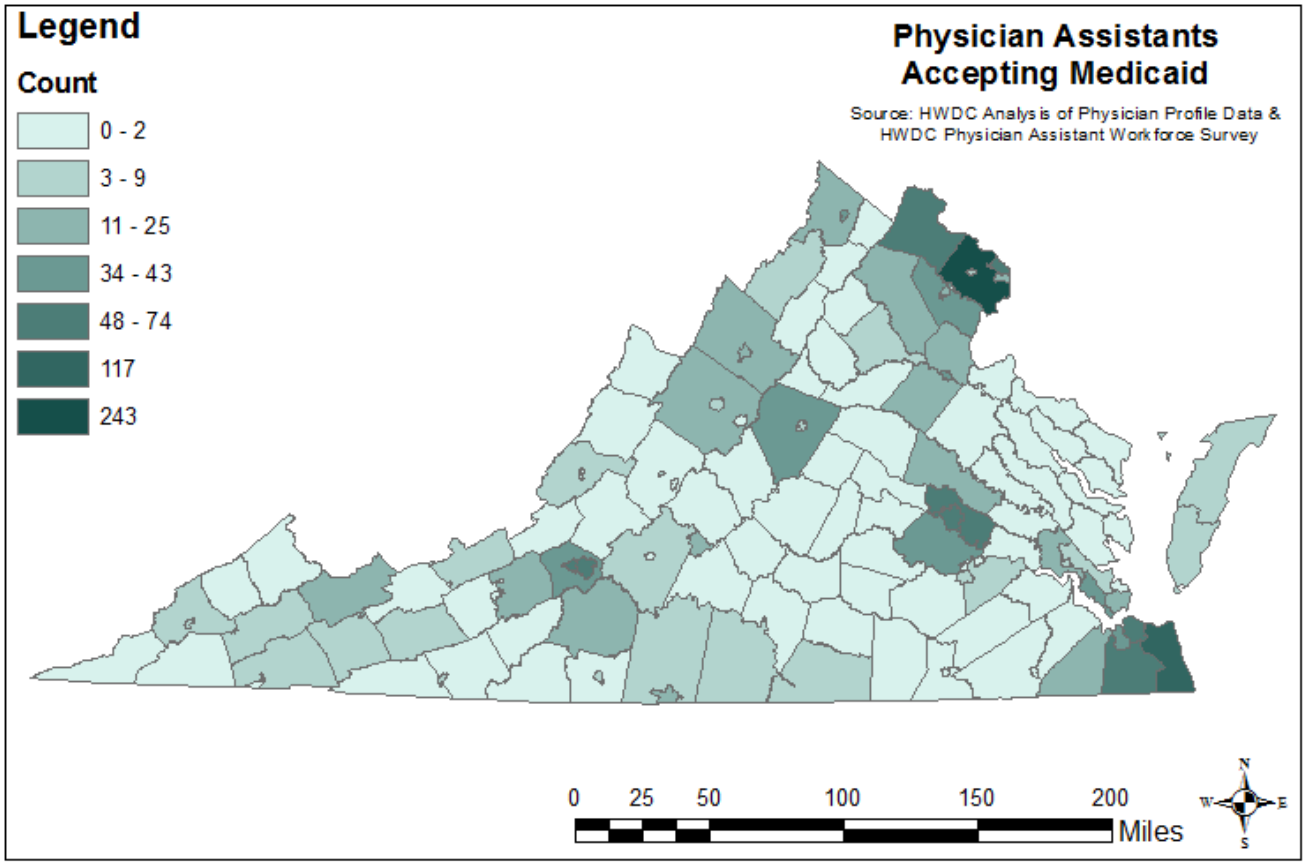


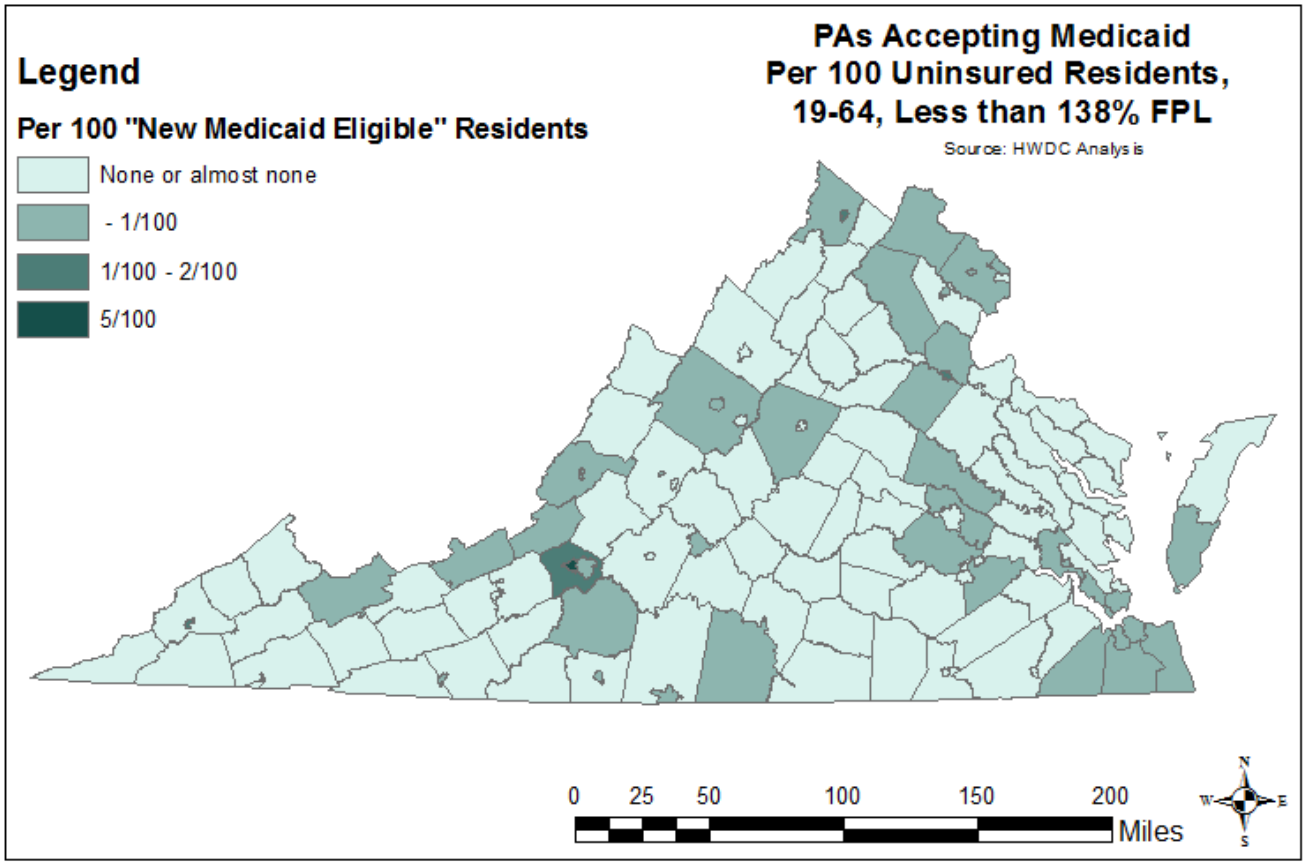
Map 6: Primary Care Nurse Practitioners Accepting Medicaid. About half of Virginia's Nurse Practitioners are in a primary care specialty. They are distributed similarly to Nurse Practitioners as a whole, except in Eastern Virginia which seems to have few primary care Nurse Practitioners per "New Medicaid Eligible" resident.



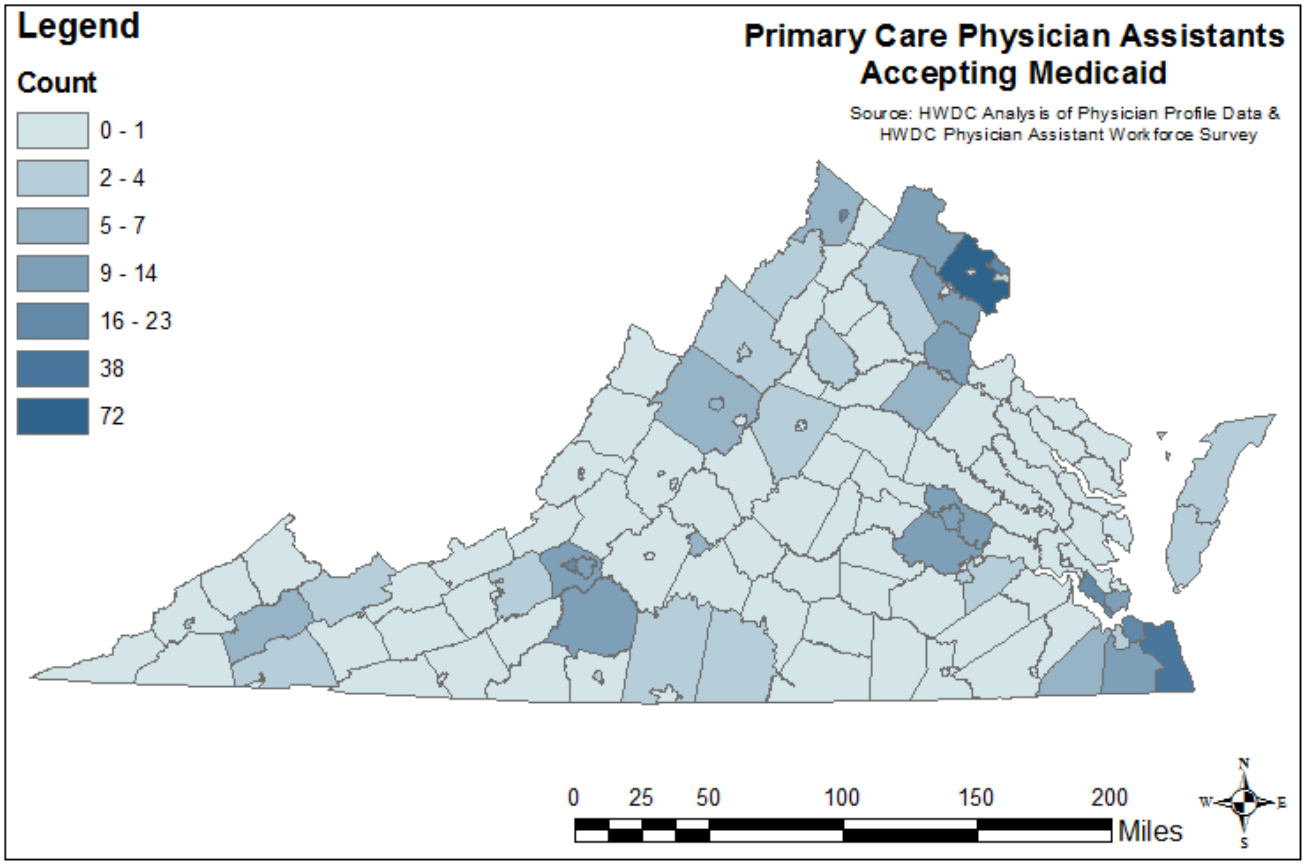


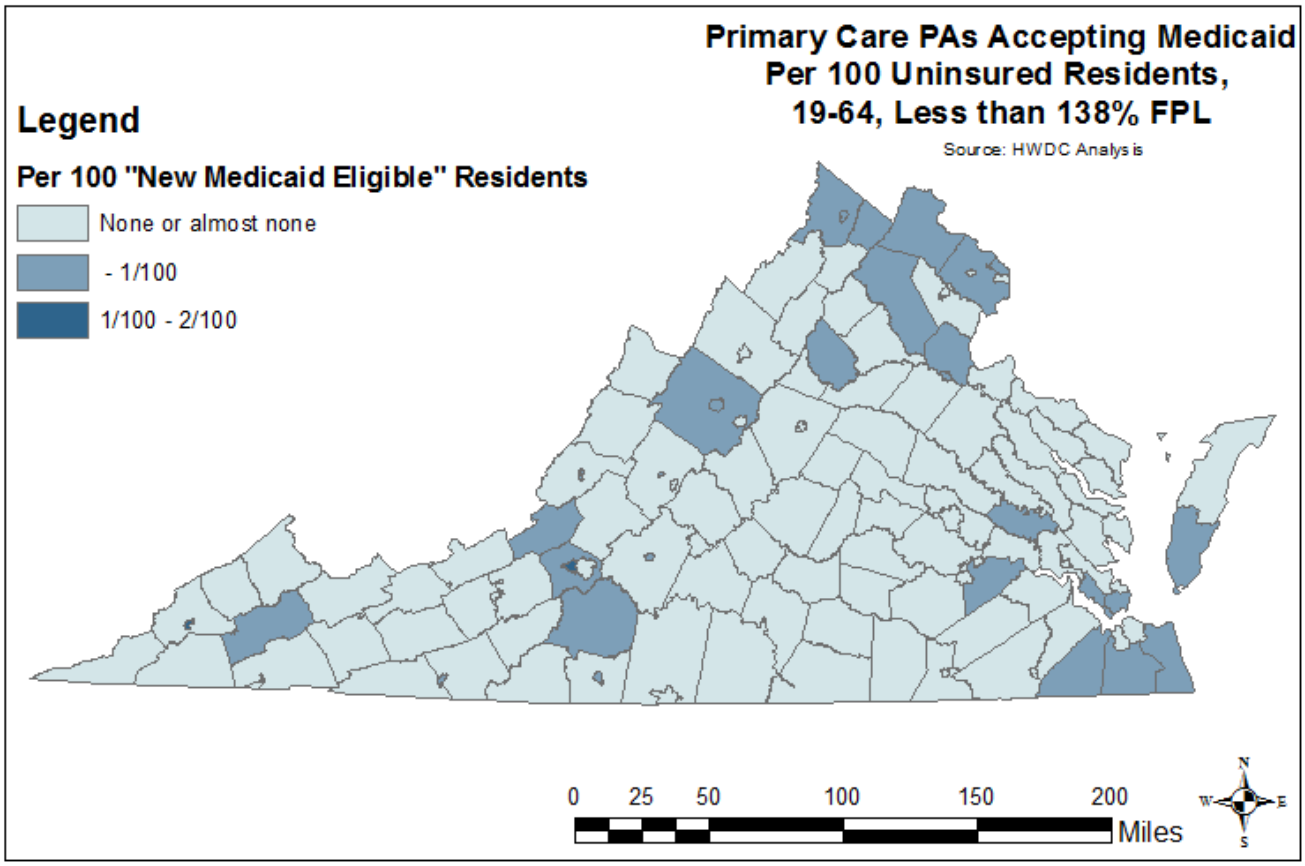
Map 7: Physician Assistants Accepting Medicaid. Physician Assistants make up an important but small (when compared to Physicians and NPs) part of the health services workforce. They tend to be concentrated around metro areas.



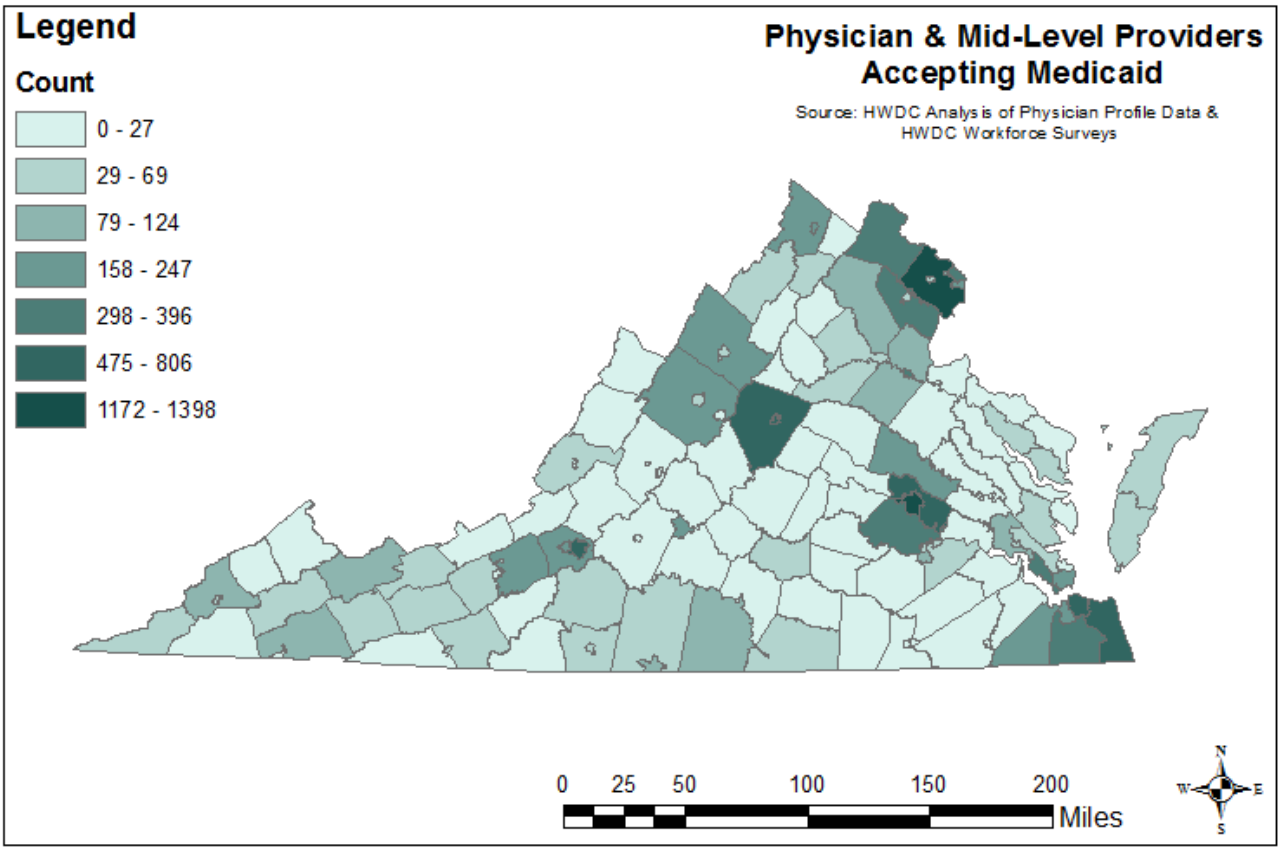


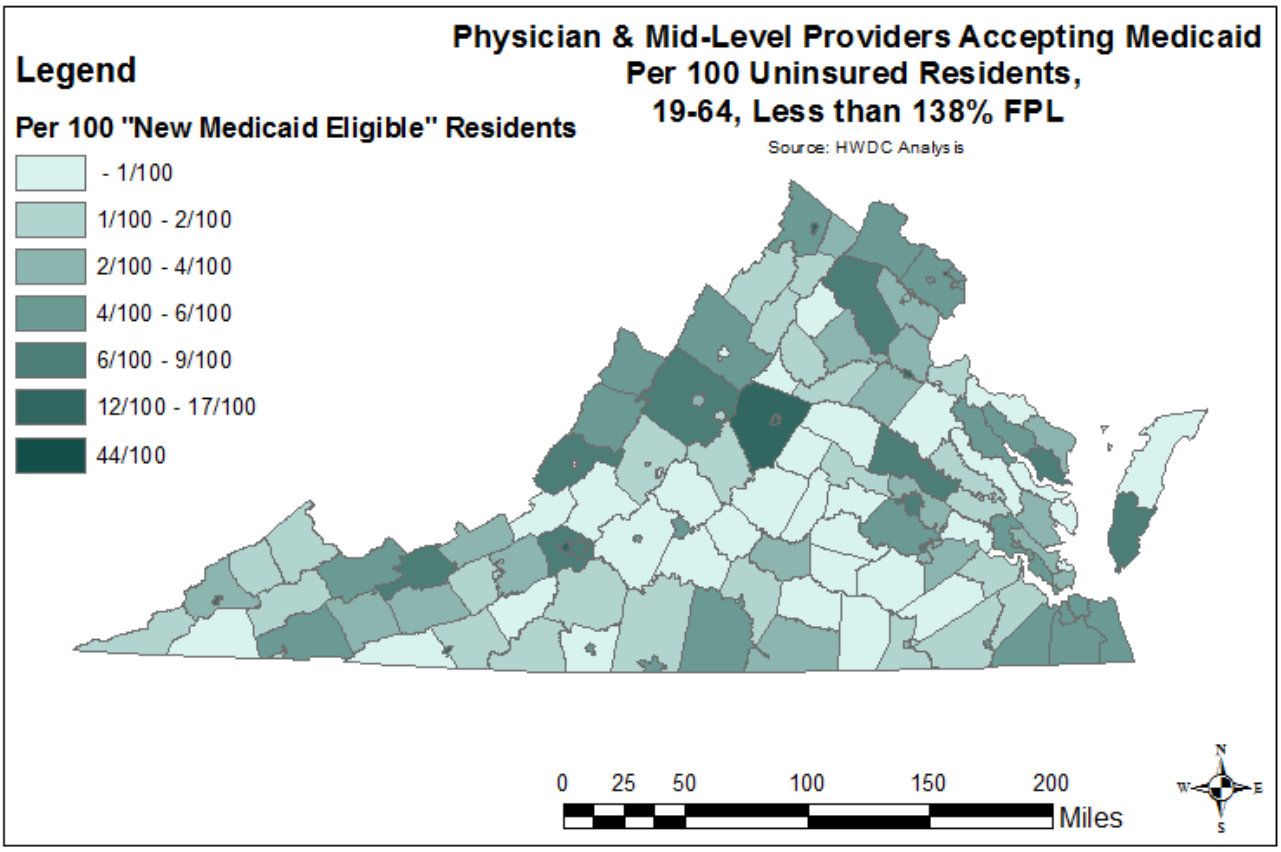
Map 8: Primary Care Physician Assistants.



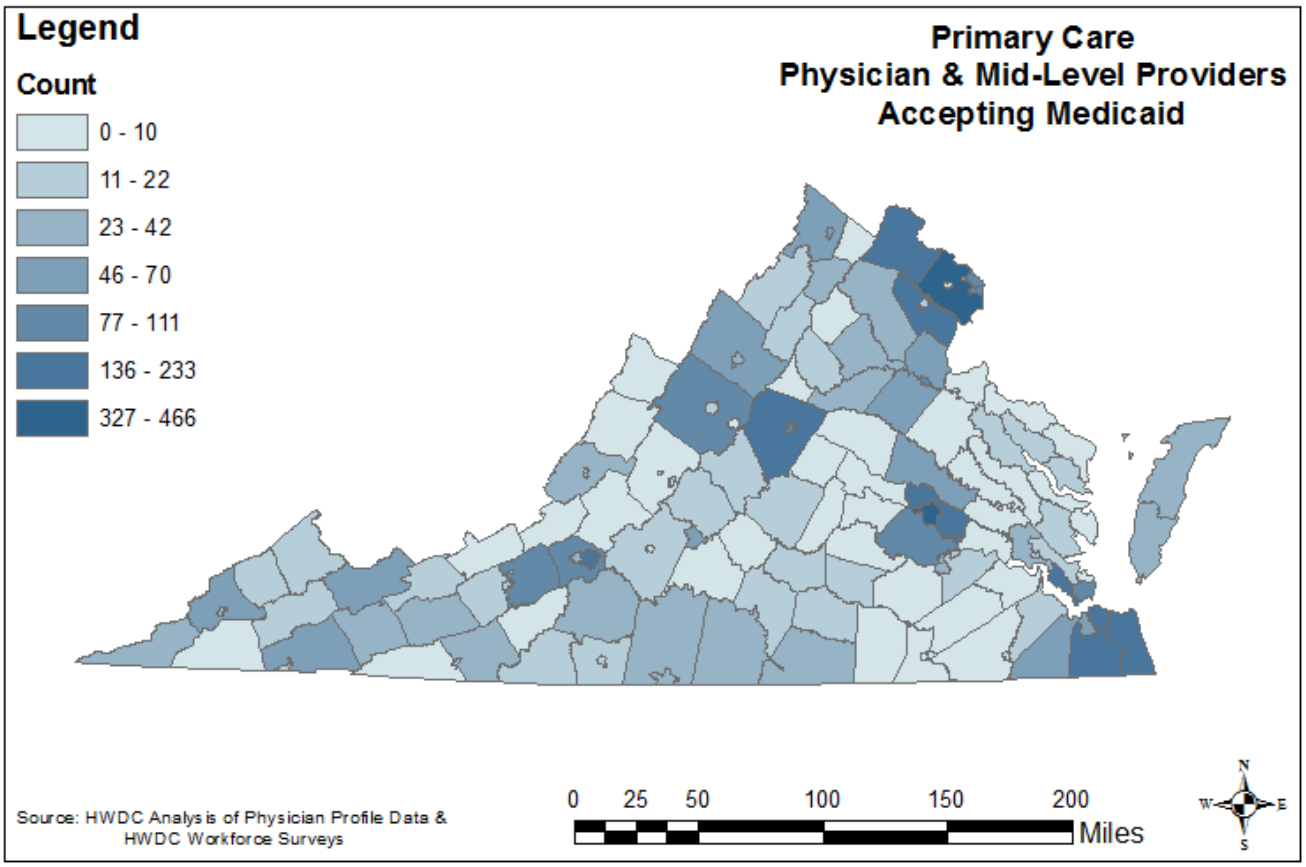


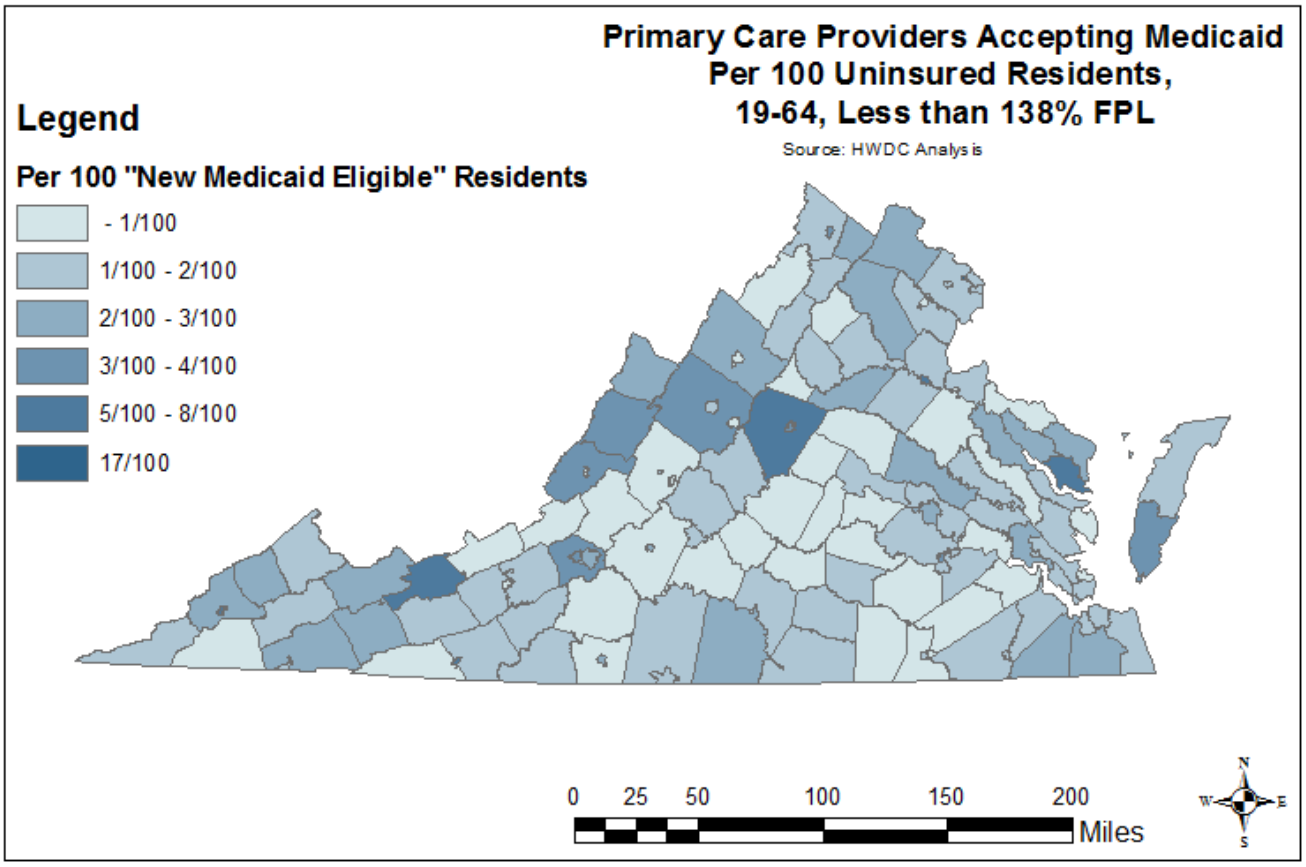
Map 9: Combined Providers Accepting Medicaid. When combined, the number of providers per "New Medicaid Eligible" resident is somewhat different than the parts. Southside Virginia and the area around Lynchburg appear to have fewer providers accepting Medicaid. Otherwise, practitioners appear more evenly distributed compared to the "New Medicaid Eligible" population.



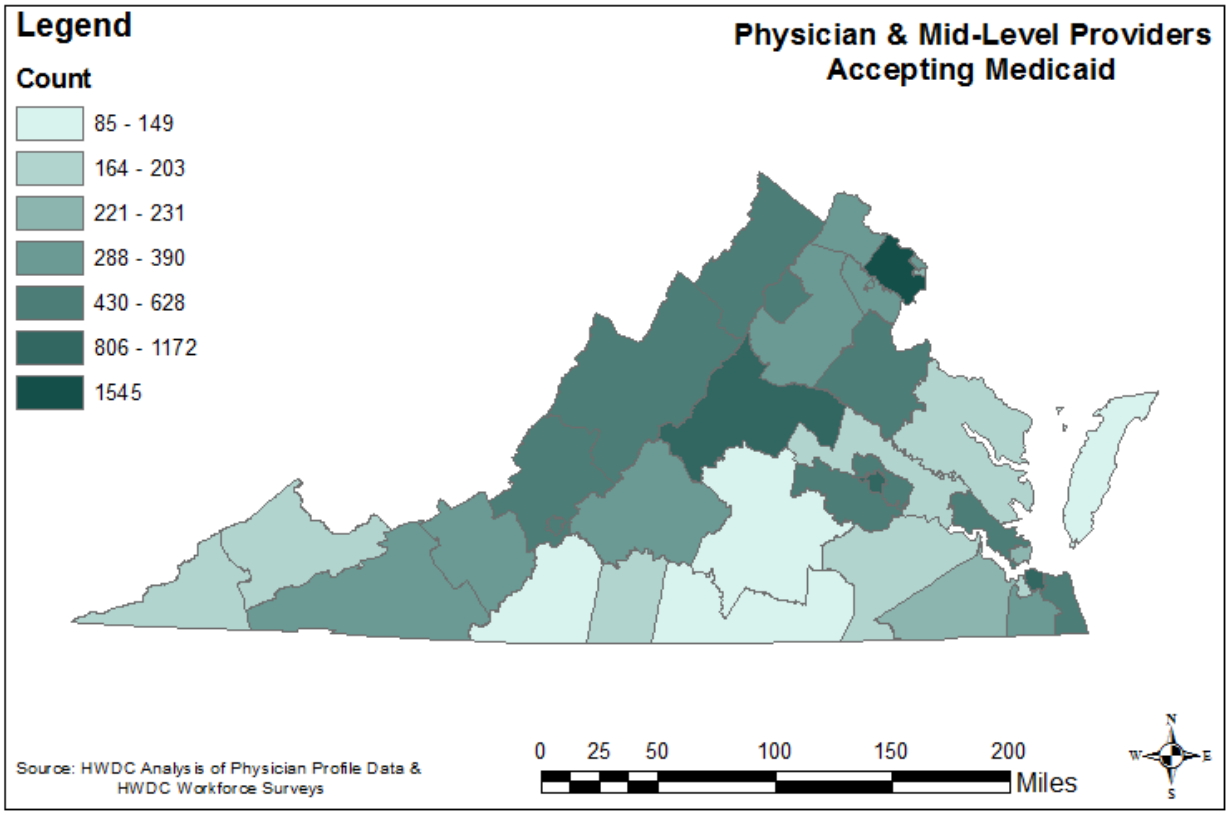


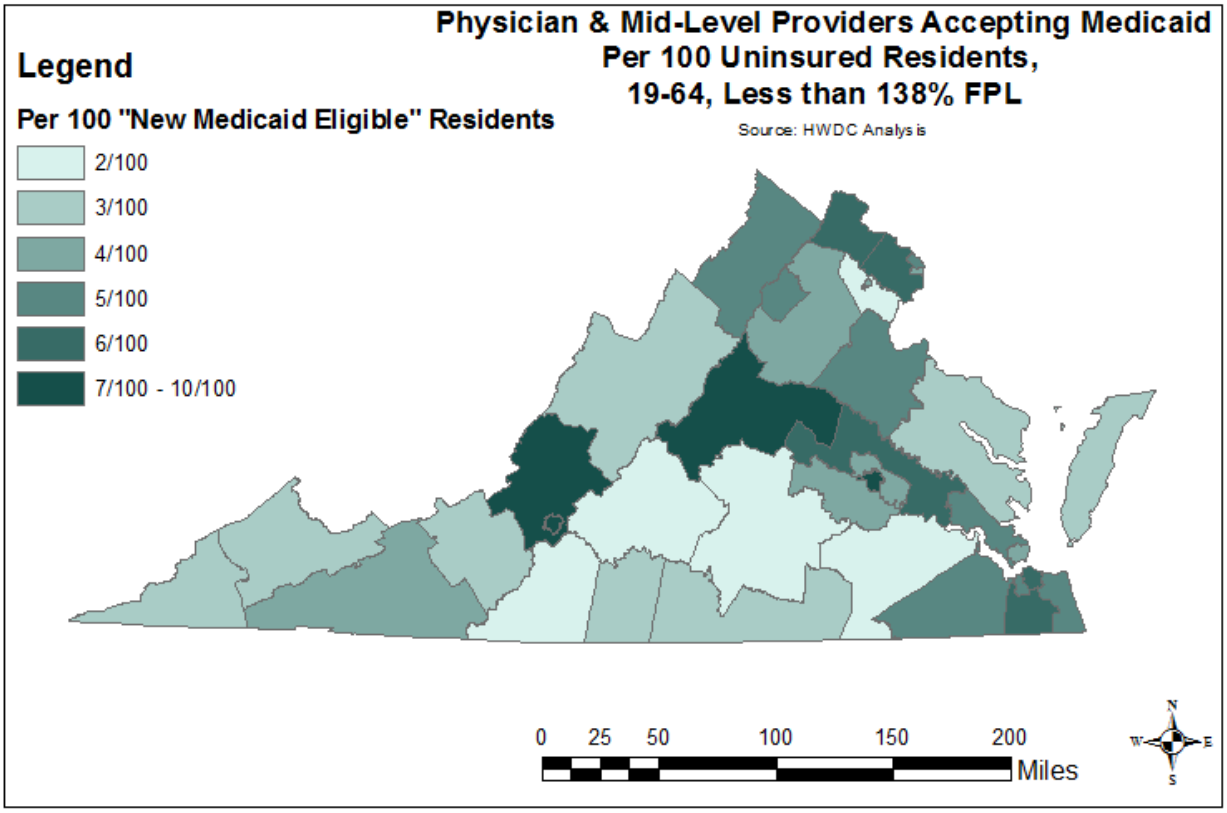
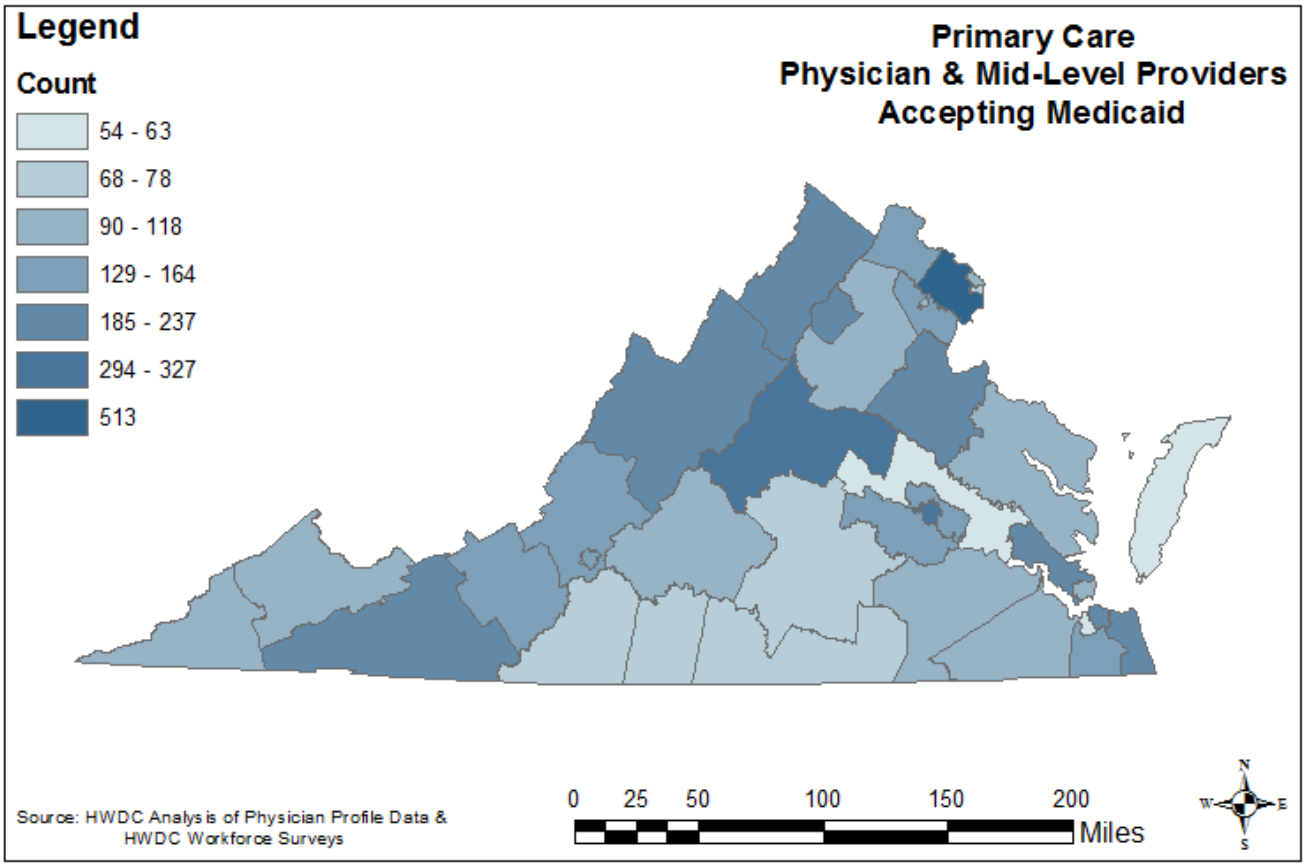
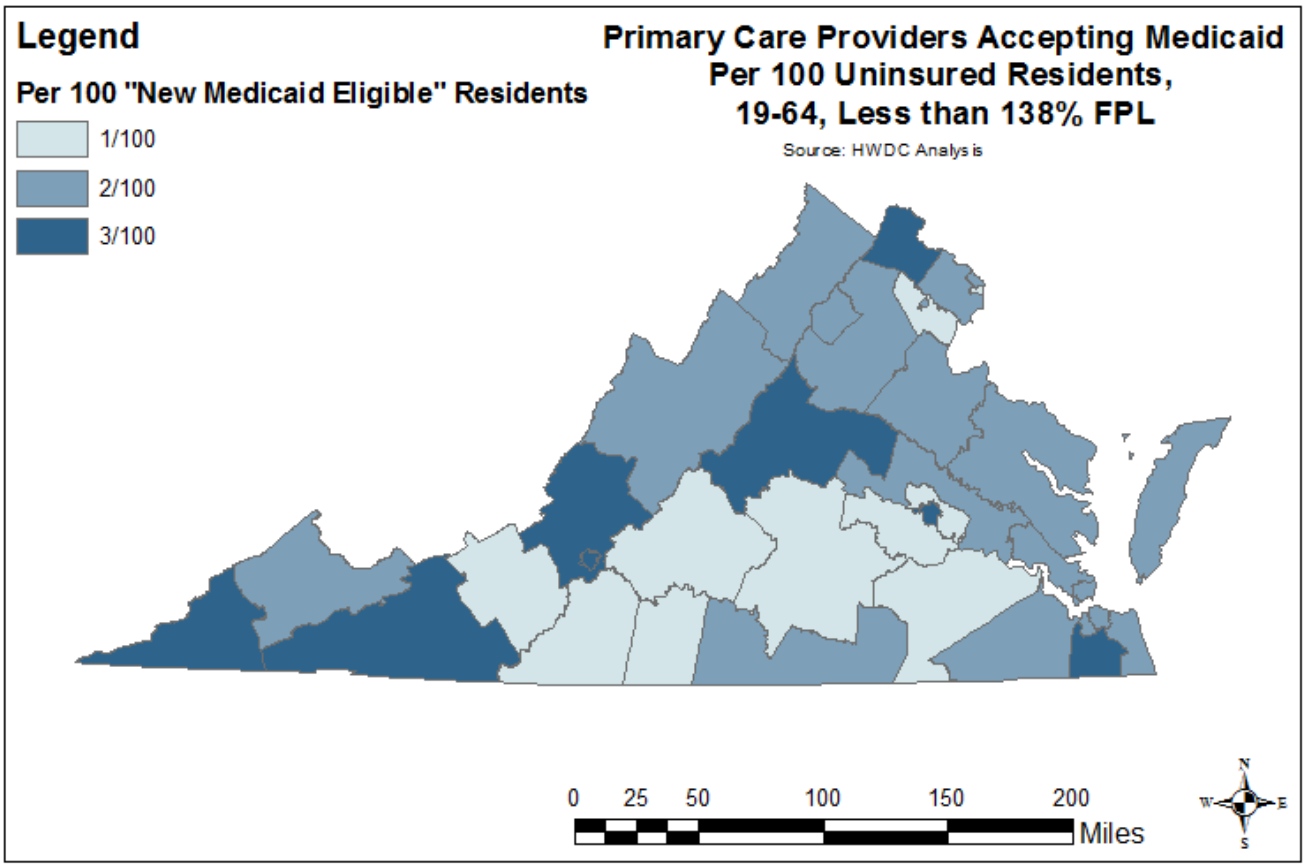
Map 10: Combined Primary Care Providers Accepting Medicaid. As with combined providers, combined primary care providers are also less well represented in Southside Virginia and the Lynchburg area compared to the "New Medicaid Eligible" population.





Map 11: Combined, by Local Health District. Providers often congregate in metro centers. For convenience, many patients seek out primary care near where they work instead of where they live. For these reasons, the HWDC prefers to provide data at the Local Health District Level. From this perspective, Southside Virginia seems to have the lowest level of providers per New Medicaid Eligible resident. Southwest, Eastern, and some parts of Shenandoah also have lower provider availability for this population.





Map 12: Combined Primary Care Providers, by Local Health District. Overall, Southwest Virginia appears to have a relatively large number primary care providers per "New Medicaid Eligible" resident. Southside Virginia and the Richmond suburbs appear to have less availability.