

**Mesa County
Geographic with High Needs
Health Professional Shortage Area (HPSA) Designation
New Application**

Introduction:

The Primary Care Physician shortage situation in Mesa County has recently reached “critical” levels. In the spring of 2006 Mesa County Health Department did a preliminary assessment of primary care data that would be necessary for HPSA designation. In the fall of 2006, while that assessment was in revision, a “Doc Shortage” group was established by local community agencies to identify solutions to the primary care physician shortage in Mesa County. In July 2007, in an effort to help the group address this shortage, Mesa County Health Department initiated the process of assessing the current shortage situation and completing the HPSA application¹.

Rational Service Area Description:

The application constitutes a whole county Geographic HPSA application. Mesa County is currently identified as a “Partial MUA (Medically Underserved Area)” as determined by census tracts in select portions of the county. A single census tract is classified as an MUA, and the other two are Governor’s Designated MUPs (Medically Underserved Populations). These areas are outside the Grand Junction population center (*Attachment A*). The Grand Junction area is a statistical metropolitan area and provides the core primary care medical services for the county and in large part the specialty medical services for the region. While the focus of research has been primary care services in Mesa County, the description of the rational service area show that the lack of primary care physician capacity in the contiguous areas to Mesa County has only exacerbated the shortage issue.

Population Summary:

Mesa County is situated equally between the major metropolitan areas of Denver, Colorado and Salt Lake City, Utah and home to approximately 143,611 people². The concentration of this population and majority of primary care physician offices are located in Grand Junction with a few offices located in the population centers of Fruita, Clifton, Collbran, and Palisade (*Attachment B*). All Emergency rooms, “After-hours,” and “Urgent Care” programs, however, are located within the city limits of Grand Junction and Fruita. Individuals in Gateway, DeBeque often drive more than one hour to reach a health care provider due to the constraints of mountain driving. In fact, the population centers beyond the Grand Junction area are often more than 1 hour drive time (*Attachment C*).

¹ Questions concerning this application can be directed to: Greg Rajnowski, Mesa County Health Department, 510 29 ½ Rd, Grand Junction, Colorado, 81504. Greg.Rajnowski@mesacounty.us, (970) 248-6929.

² 2007 Mesa County Environmental Scan, Section I: Growth and Demographics. Mesa County estimates its 2006 population to be 139,158 people (19 percent increase from 2000). These estimates are higher than Colorado Department of Local Affairs estimates and are based on school enrollment numbers, new housing permits, household increases, vacancy rate. Based on projections for the same factors Mesa County conservatively estimates a **3.2 percent growth rate** through 2020. (Mesa County Geographic Information Systems.)

Provider Survey Methods:

The Mesa County Primary Care Physician list was created and survey data was gathered over the course of 3 months (July-September, 2007). The process of refining and validating this data occurred during the next quarter (October-December, 2007). Results of the survey are provided in *Attachment D*. The primary purpose of the Medical Provider Capacity Survey was to identify the average direct patient contact time per week for primary care physicians in the county. Other information gathered included sub-specialty time, Medicaid/Medicare patient visits and other characteristics affecting primary care capacity. The response rate for the survey was nearly 100% and follow-up phone calls were effective in reducing obscuring factors in identification of the total primary care patient contact time for each physician (such as definitions of “FTE” and “Sub-specialty” that may have differing interpretations by physician’s practice.)

Population to Provider Ratio:

Given the near 100% participation in the survey, and based on the available data to date, there are **47.3 FTE** primary care physicians available to serve the primary care needs for the population of Mesa County, resulting in a population to provider ratio of **3035:1**. This ratio exceeds the required ratio for designation as a Geographic with High Needs Health Professional Shortage Area. This ratio reflects the current population to be designated (in this case the Mesa County population) divided by the sum of the primary care FTE’s (expressed in tenths of a percent between 0 and 1) in direct primary care in Mesa County.

Poverty:

Assuming the rate of increase in poverty is static, and that even the most conservative of these population forecasts are accurate, Mesa County currently has 46,363 people at 200% the federal poverty level as of January of 2008³. This factor adds an unknown dynamic to utilization of primary care in the Grand Junction area, likely affecting the utilization of emergency care mentioned below.

Insufficient Capacity:

An existing primary care provider will be considered to have met insufficient capacity if at least two of the eight criteria identified in the numbered sections below are met.⁴ Of the eight areas all but one exceeds the HPSA definition for insufficient capacity of a medical service area in Mesa County. The data demonstrated:

1. Outpatient visits per year per Primary Care Physician exceeds 15, 208 (an average of greater than 1250 visits/physician/month). This number reflects the excessive number of pediatric patients being seen locally and supported in large part by mid-level practitioners. The minimum for these criteria is 8,000 visits annually.

³ Using the 2007 Mesa County Environmental Scan population figures and the poverty rate applied by the 2000 U.S. Census the number of persons at 200% of the federal poverty level would be 47,966.

⁴ Community Guide for Health Professional Shortage Area Designation Applications, October 2007, Colorado Department of Public Health and Environment, Primary Care Office.

2. Wait-time for new patients is greater than 2 months – if the practice is “open” (defined as those practices receiving new patients) exceeding the 14 day insufficient capacity value.
3. Wait-time for established patients for “routine” appointments is greater than 2 months, exceeding the 7 day insufficient capacity value.
4. Average office wait-time for appointments is 52 minutes, falling slightly below the 1 hour insufficient capacity criteria. However, this value is not surprising considering most offices, as a matter of policy, do not take any “walk-in” patients.
5. Average office wait-time for “walk-ins” is irrelevant, since, as a matter of policy no patients are accepted in Mesa County offices without an appointment. That is, no “walk-ins,” unless the client is already a “patient” of the practice and the need is considered “urgent.”
6. Evidence of excessive use of ER services was gathered by a few direct methods. The 35% level in the insufficient capacity criteria was exceeded without question. In the case of the ER’s, the hospitals were able to generate usage reports by level of acuity. Where those types of reports were not available (as in the case of “Docs”), the usage reports were replaced by acuity category as determined by billing code. This data taken together, illustrated below, demonstrates that 82% of ER and “After-hours” visits are for low acuity/non-emergency patients. The table below is a capture of the data gathered for the emergency and after-hours facilities in Mesa County (the Grand Junction area and Fruita areas).

Summary of "ED" Visit Levels by Acuity/ER/Billing Codes	St. Mary's Hospital ER	"Docs on Call"	Family Health West "Urgent Care"	Community Hospital ER	Western Valley Family Practice- "After-hours"
ED/ACUITY LEVEL 1	21%	9%	68%	5%	3%
ED/ACUITY LEVEL 2	33%	16%	28%	9%	36%
ED/ACUITY LEVEL 3	21%	63%	4%	46%	50%
Total 1-3	76%	88%	100%	60%	89%
Avg. of Totals: 82%					
ED/ACUITY Level 1-3 is defined as patients presenting with: sore throats, Rx refills, headaches, abdominal pain, flu like symptoms, high blood pressure, glucose control, coumadin checks, wound checks and suture removals, bee stings, rash, allergy symptoms, minor procedures, etc. Any a combination thereof, or associations with higher acuity conditions, would increase the ED/acuity scoring level.					

7. Substantial portion of physicians don’t accept new patients, based on Survey information. At the time of the survey 49% of primary care physicians were not accepting new patients, however this number increases daily approaching the 65% insufficient capacity value.
8. Average visits on part of the area’s population show under-utilization characterized by insufficient capacity where physicians see an average of 2 visits per person or less (meeting the standard value for insufficient capacity as well.)

Contiguous Area Analysis:

The contiguous areas to Mesa County may be ruled out for providing primary care services as they are excessively distant (beyond 30 minutes drive time from the population center to the nearest source of care) and pose significant geographic barriers to travel (mountain driving and canyons that pose significant driving risks) and are shortage areas themselves (*Attachment A*). Of the counties immediately surrounding Mesa County, and within approximately 2 hours drive-time, each has been identified as having shortages of one sort or another and relies on Mesa County for regional medical support:

County ⁵	MUA/MUP	Geographic/Low-Income HPSA
Garfield	Full County MUP	Partial Geographic HPSA (West ½)
Delta	Full MUA	Low-Income HPSA
Montrose	½ MUA/ ½ MUP	Partial Geographic/Low-Income HPSA
Rio Blanco	No designation	½ Geographic/ ½ Low-Income HPSA
Moffat	Governor's MUP	½ Geographic/ ½ Low-Income HPSA
Eagle	No designation	Pending HPSA application
Ouray	Full MUA	Low-Income HPSA
Grand, Utah ⁶	Full MUP	Low-Income County HPSA

Nearest Source of Care:

The nearest source of primary medical care would be Delta County (city of Delta; approx 39 miles between population centers and 45 minutes drive time) and Garfield County (town of Rifle; approx. 60 miles between population centers and 1 hr. drive time.) A map illustrating this is provided in *Attachment C*.

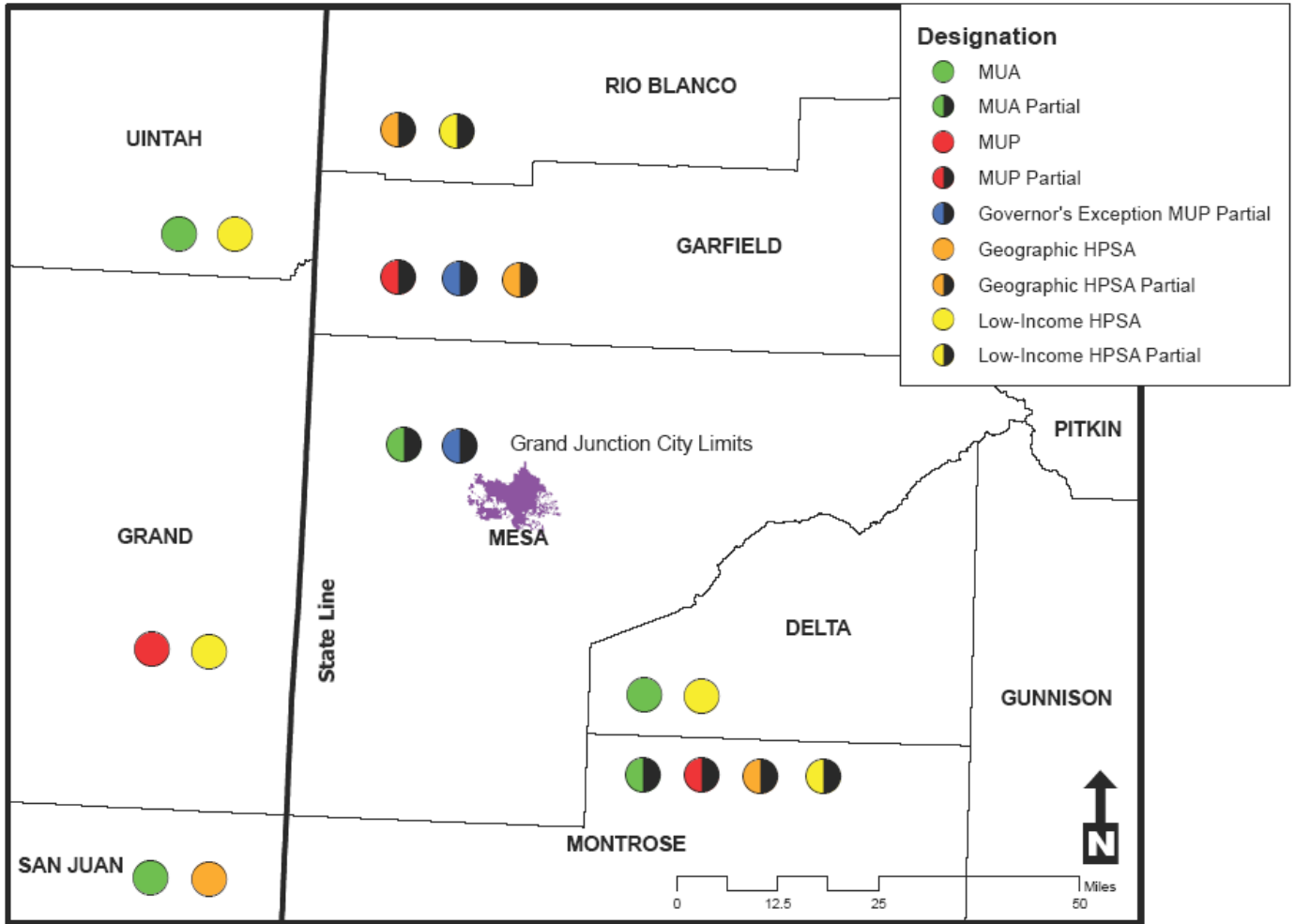
Delta County	Garfield County
Delta County Memorial Hospital 100 Stafford Lane Delta, CO 81416	Dr. Deborah Bishop-Brown Family Practice Physician 501 Airport Rd Rifle, CO Grand River Primary Care

⁵ Primary Care Health Professional Shortage Areas (PC-HPSA) — July 2007.

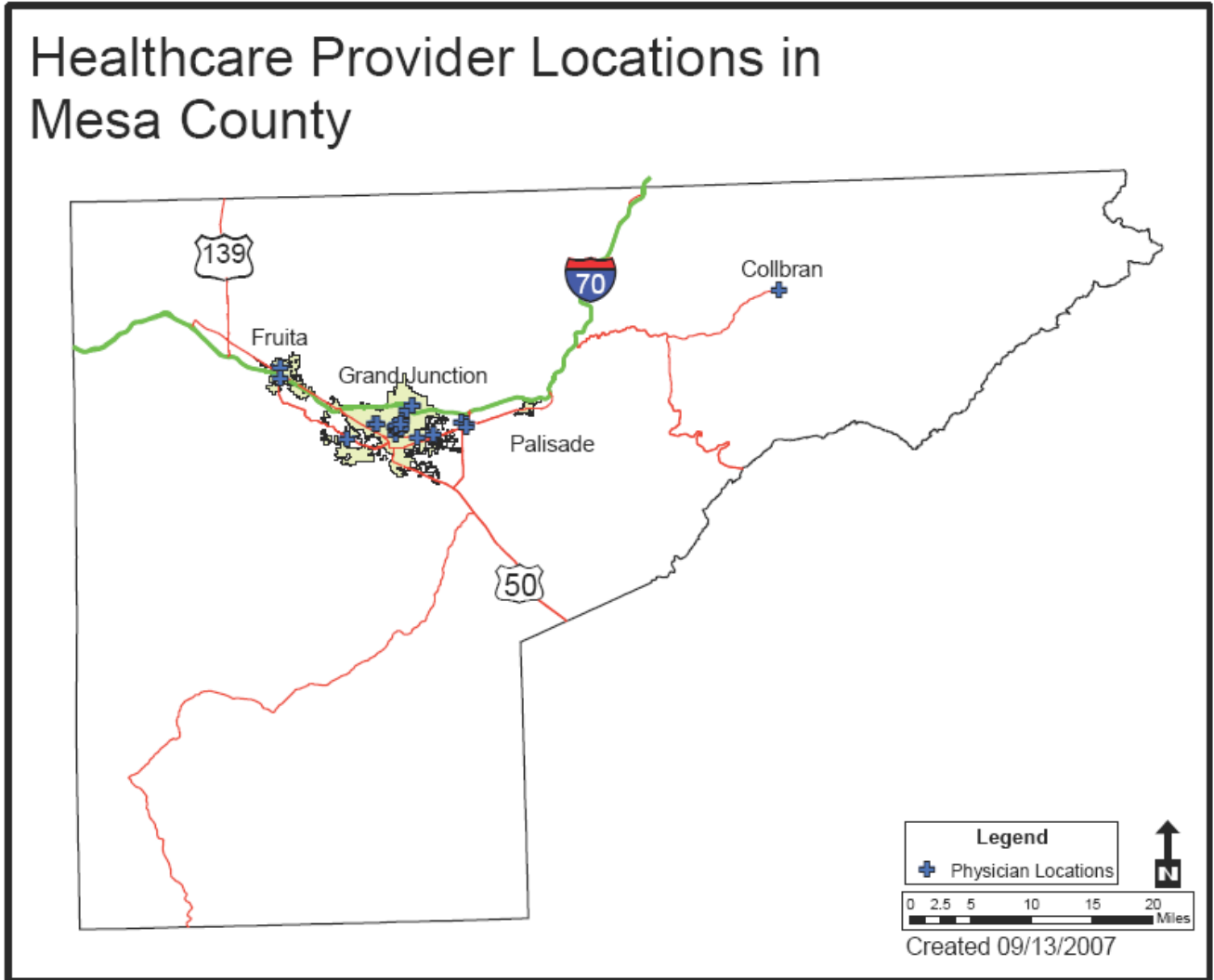
⁶ **Office of Primary Care and Rural Health;** <http://health.utah.gov/primarycare/hpsa.html>; Updated: June 6, 2006.

ATTACHMENT A: Rational Service Area Map

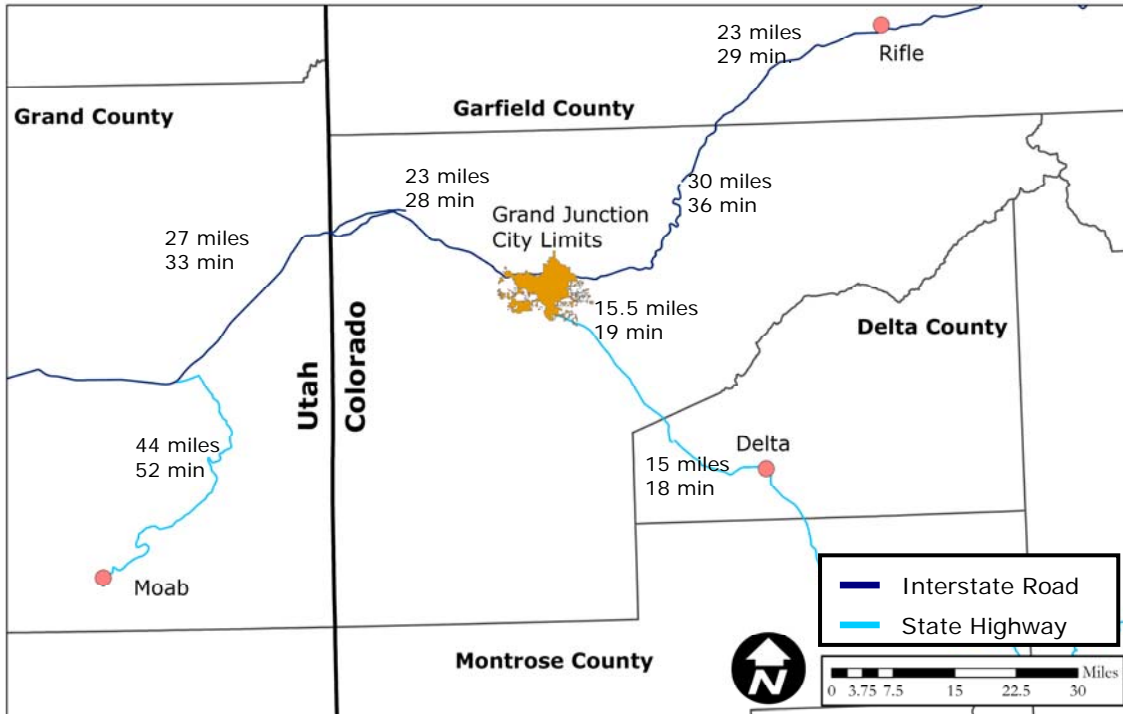
Medically Underserved Area, (MUA) Population (MUP), and Health Provider Shortage Area (HPSA) County Designations Western Colorado/Eastern Utah



ATTACHMENT B: Location of Physicians Offices in Mesa County



ATTACHMENT C: Contiguous Area Map



ATTACHMENT D: Primary Care Provider Spreadsheet

Please contact the Mesa County Health Department for this information.