



**Recent Trends:
Use of and Capacity for
Primary Health Care Services,
Travis County Safety Net Providers**

The Indigent Care Collaboration

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Executive Summary

Major Findings from Survey Data

1. Travis County safety net clinic providers each managed an average of 4,750 patient encounters per year, which is 5% more than the typical capacity for similar practices, as measured by the Medical Group Management Association 2004 Report.
2. The actual number of patients seen remained static from 2003 to 2004, despite increases in the number of new clinic facilities and exam rooms and increases in the overall number of medical appointments booked daily.
3. The average number of visits per patient continued to increase in 2004 - to 3.84, up from 3.1 visits per person in 2002.
4. The median no-show rate for appointments among providers increased slightly to 25%, from 24% in previous years (2002-2003).
5. Providers reported seeing just over 85,000 patients, which is consistent with ICare data for the number of encounters and patients at these facilities. In comparison, the Census Bureau estimates 106,929 individuals living below the federal poverty level in Travis County.
6. Survey data indicated that providers saw just over 85,000 patients. ICare data, however, indicates that nearly 32,000 of the patients seen by the surveyed primary care providers had encounters at two or more facilities.
7. While the average cost per visit among Travis County safety net providers has remained fairly consistent, the overall average cost per person has increased significantly from \$260.21 (2001) to \$351 (2004), according to survey data.

Discussion of Findings

These are highlights of the second annual survey of Travis County safety net providers conducted by the Indigent Care Collaboration (ICC). The survey reveals that these providers are predominantly serving uninsured pediatric and adult patients under age 65, a majority of who are non-English speaking patients. Data from these providers indicate:

- ❖ Over 85,000 patients were seen in CY 2004;



- ❖ Nearly one-third (30%) of patients were age 0 thru 18, and two-thirds (66%) were adults age 19-64; and
- ❖ More than three quarters (78%) have either no third party payment source, or are MAP or Seton Care Plus recipients, or are funded through other sources, such as Title V or Title X, which are not considered insurance.

Data from the providers also indicates that in 2004, Travis County safety net providers had the following capacity:

- ❖ 29 clinic facilities with 212 exam rooms;
- ❖ 68.9 FTE physician and mid-level providers;
- ❖ 968.5 clinical hours of operation each week;
- ❖ 1,031 medical slots available daily; and
- ❖ 1,314 medical appointments booked daily.

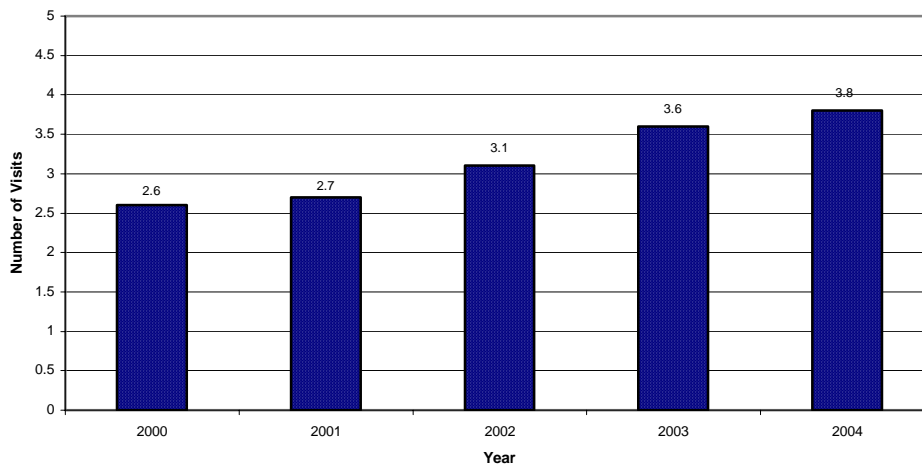
In calendar year 2004, key Travis County safety net providers added 5 new clinic facilities with 21 additional exam rooms, and increased the overall number of medical appointments booked daily by 2% from calendar year 2003. The actual number of patients seen remained static from 2003 to 2004, but the number of visits by these patients increased 6%.

If the MGMA Report is used as a standard for comparison purposes, the 69 FTE providers at the Travis County safety net clinics managed over 327,000 patient encounters in 2004, or 4,750 patient encounters per year, which is 5% over the typical capacity for similar practices. The Medical Group Management Association (MGMA) completes an annual survey of Physician Compensation and Production. The MGMA 2004 report based on 2003 data surveyed 2,654 family practice physicians in 255 practices and found that in a "typical" multi-specialty Family Practice environment (without OB services) a provider will manage an average of 4,495 ambulatory patient encounters per year.

Furthermore, the average number of visits per person among the Travis County safety net providers has been increasing steadily since 2000, the year survey data were first collected. ICC survey data indicate that member agencies experienced an average of 3.84 visits per patient, which is up from 3.1 visits per person in 2002 and 3.63 visits per person in 2003.



**Average Number of Visits Per Patient
CY 2000 - CY 2004**



Source: 2000, 2002, and 2004 Use & Capacity Surveys

The median no-show rate for appointments among providers was 25%, which is up slightly from 24% in previous years (2002 – 2003).

Texas continued to have the highest percentage of uninsured in the nation, with a three-year average rate of 25.1% from 2002 – 2004, according to the U.S. Census Bureau. The Census Bureau estimates the population for Travis County to be over 848,000 individuals, up from 812,000 in 2000. The percentage of individuals below poverty in Travis County in 2004 is estimated to be 12.6%, or 106,929 individuals.

Data from the 2004 Use & Capacity Survey indicate that the surveyed providers reported serving just over 85,000 patients, but nearly 32,000 of these patients (37%) had encounters at two or more of their facilities, based on data from the MPI/CDR. Some of this duplication, or overlap in patients between facilities is legitimate; for example, a patient may use one clinic system for sick care, and another for preventive dental or family planning services that are not available from their primary provider. However, the MPI/CDR is also able to identify patients and document their visits at a second provider within days, weeks or months of a visit at a first provider, where the diagnoses and procedures performed were nearly or exactly the same.

Providers also reported that while the average cost per visit among the Travis County safety net providers, based on the total number of visits and the total budgets for all clinics, has remained fairly consistent from 2001 to 2004, the overall average cost per person has increased significantly, according to data from the survey.



Survey Scope and Methodology

In this report, we set out to describe the 2004 use and capacity of the ICC's safety net primary care providers in Travis County only, based on actual visit data for calendar year 2004 as reported to us by these providers in a survey completed in February 2005. No ICC hospital members were included as part of this survey. Providers surveyed included:

- ❖ City of Austin Community Care Services Department
- ❖ El Buen Samaritano
- ❖ Planned Parenthood of the Texas Capital Region
- ❖ People's Community Clinic
- ❖ Seton Community Clinics
- ❖ Volunteer Healthcare Clinic

The ICC is a coalition of safety net providers in Travis, Hays, and Williamson counties. Many of these providers within Travis County also accept patients from Williamson and Hays counties, as well as the outlying counties of Bastrop, Burnet and Caldwell.



Introduction

Texas continued to have the highest percentage of uninsured in the nation, with a three-year average rate of 25.1% from 2002 – 2004, according to the U.S. Census Bureau¹. The three-year average for the nation as a whole during this same time was 15.5%. In addition, the number and percent of people in poverty also increased in the 2002 –2003 time frame.

None of these figures are news for the Travis County safety net providers who are members of the Indigent Care Collaboration, or ICC. The ICC is a coalition of safety net providers in Travis, Hays, and Williamson counties. Many of these providers within Travis County also accept patients from Williamson and Hays counties, as well as the outlying counties of Bastrop, Burnet and Caldwell.

In this report, we set out to describe the current use and capacity among the ICC's safety net primary care providers in Travis County only, based on actual visit data as reported to us by these providers in a survey completed in February 2005. Providers surveyed included:

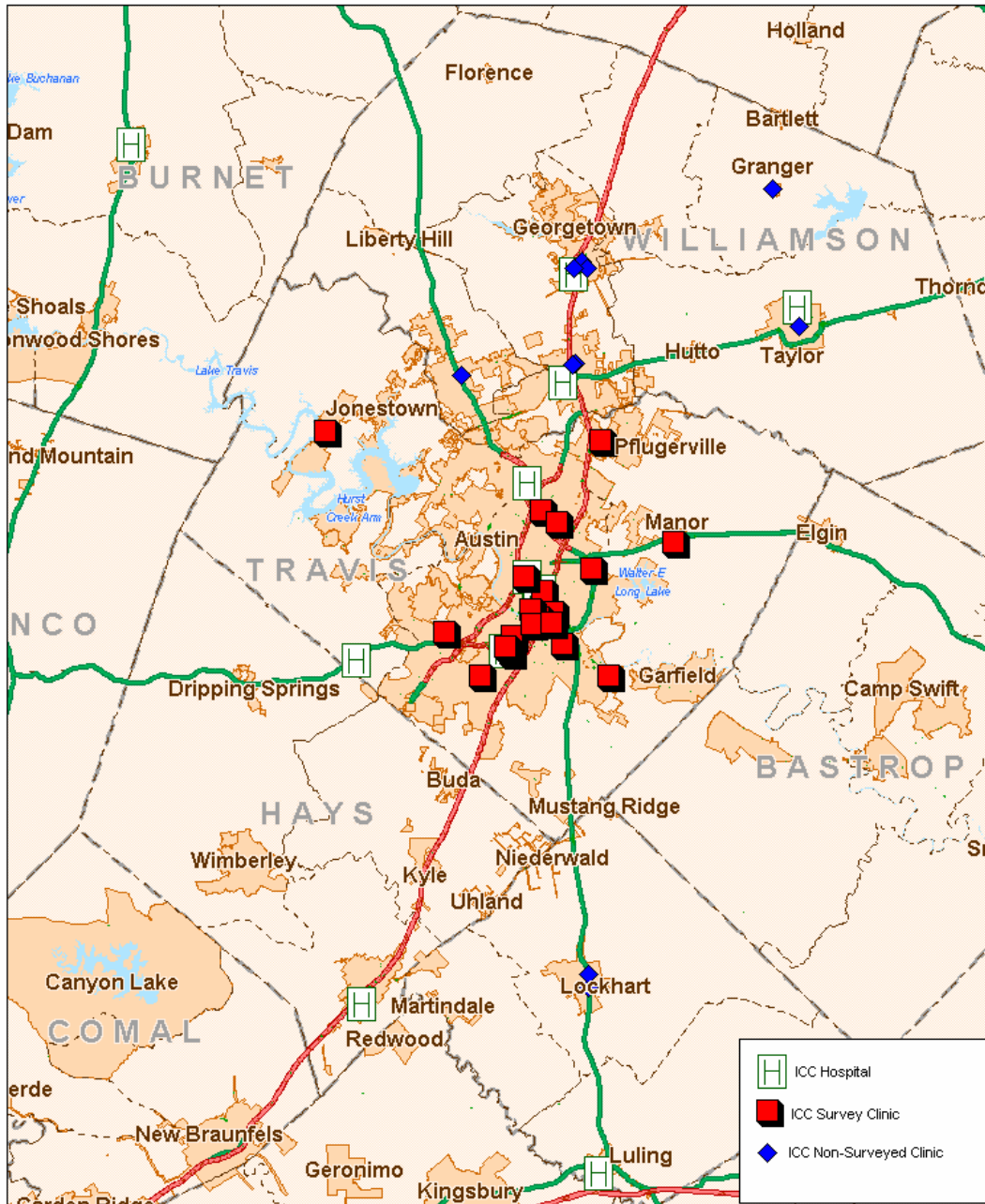
- ❖ City of Austin Community Care Services Department
- ❖ El Buen Samaritano
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- ❖ People's Community Clinic
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Collectively, these data continue to paint a compelling picture of the safety net utilization by uninsured individuals that has not varied significantly from 2001. A map of all ICC member agencies is provided below, with survey participant locations distinguished from ICC members who were not surveyed. No ICC hospital members were included as part of this survey. In addition, a copy of the survey tool is provided in the Appendix of this report.





Map of ICC Member Clinic and Hospital Locations



Community Needs and Utilization of Services

The U.S. Census Bureau 2004 estimates the population for Travis County to be over 848,000 individuals, up from 812,000 in 2000. The percentage of individuals below poverty in Travis County in 2004 is estimated to be 12.6, while the estimate for individuals below poverty in the State is 16.6%. The profile of the population of Travis County compared to the State of Texas is provided in Table 1.

**Table 1
Demographic Profile of Travis County
Compared to the State of Texas¹**

Category	Travis County	State of Texas
Population, 2004 estimate	848,649	21,912,164
Percent below poverty	12.6%	16.6%
Estimated number below poverty	106,929	3,637,419
Percent of persons under 5 years	8.4	8.4
Percent of persons 18 years and over	74.8	71.5
Percent of persons age 65 or over	6.6	9.5
Percent White persons	72.7	73.9
Percent Black or African American	8.2	11.0
Percent of Asian persons	5.2	3.2
Percent of Native Hawaiian and Other Pacific Islander	0.5	0.4
Percent reporting some other race	11.4	9.7
Percent reporting two or more races	1.9	1.7
Percent of Hispanic or Latino (of any race)	31.7	34.9

Source: U.S. Census Bureau

Data from the ICC's Master Patient Index/Clinical Data Repository (MPI/CDR), or iCare system, indicate over 300,000 office visits, lab, dental and other non-medical (i.e., nutritionist or behavioral health) encounters by approximately 86,000 uninsured and other low-income patients to the survey participants during calendar year 2004. These data from the MPI/CDR is consistent with the data submitted by the providers as part of the survey. As discussed later in this report, survey data does not account for approximately 32,000 'duplicated' patients, or those patients who have had encounters at 2 or more survey facilities, which indicates that there are still places within the safety net system where duplication of effort still needs to be addressed.



Patient income data are not currently captured or stored in the MPI/CDR so a comparison of the number of patients or visits in the MPI/CDR by poverty level unfortunately cannot be made. Demographics are available on patients utilizing services, however, and a comparison of Travis County patients and all patients within the MPI/CDR compared to the Census Bureau data for Travis County and the State of Texas is provided in Table 2.

Table 2
Demographic Profile of Travis County
and the State of Texas¹ Compared to ICC MPI/CDR Data

Category	Travis County (2004 estimate)	Travis Co MPI/CDR Population (2004)	State of Texas (2004 estimate)	Total MPI/CDR Population (as of 12/05)
Population	848,649	274,436	21,912,164	441,331
Percent below poverty	12.6%	N/A	16.6%	N/A
Estimated number below poverty	106,929	N/A	3,637,419	N/A
Percent of persons under 5 years	8.4	14	8.4	13
Percent of persons 18 years and over	74.8	68	71.5	68
Percent of persons age 65 or over	6.6	3	9.5	3
Percent White persons	72.7	30	73.9	33
Percent Black or African American	8.2	12	11.0	10
Percent of Asian persons	5.2	1.3	3.2	1
Percent of Native Hawaiian and Other Pacific Islander	0.5	.3	0.4	.3
Percent reporting some other race	11.4	8	9.7	16
Percent reporting two or more races	1.9	.1	1.7	.1
Percent of Hispanic or Latino (of any race)	31.7	49	34.9	39

Source: U.S. Census Bureau, ICC MPI/CDR. Note: The "Travis County MPI/CDR Population" includes all patients with a Travis County address and an encounter in the ICC MPI/CDR during 2004, at any ICC member provider, including hospitals.



While several ICC safety net members have restricted patient enrollment to Travis County only, the other primary care providers included in the survey who do not have restricted service areas reported in their surveys that between 5% and 18% of their clients were from outside of Travis County. The providers surveyed for this report are physically located within Travis County, but many of them nonetheless provide services to a population from outside of the county limits.

Data from the MPI/CDR for CY 2004 also supports the survey data that patients from cities within Bastrop, Burnet and Caldwell counties travel up to 40 miles to ICC safety net primary care clinic providers located in Travis County, perhaps because very few independent providers exist in these counties.

Table 3 provides a count of patients who had encounters at either the City/County FQHC clinic, Seton Community Clinics, Volunteer Clinic, El Buen Clinic, Planned Parenthood Clinics, or People's Community Clinic according to data from the MPI/CDR (based on a patient's residence zip code):

Table 3
2004 Out of County Patients and Visits to
Travis County ICC Primary Care Clinics

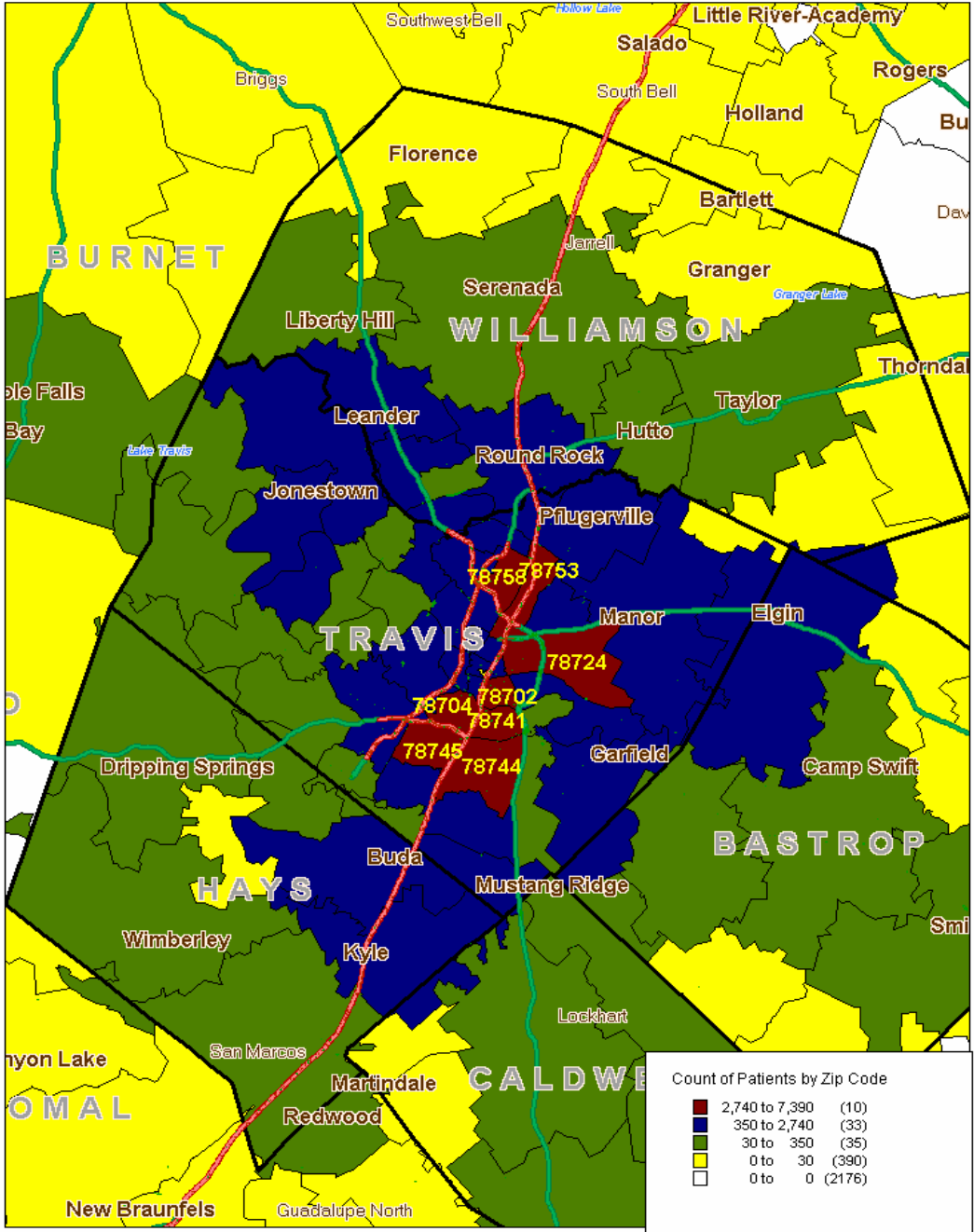
County	Number of Visits	Number of Patients
Bastrop	3,565	1,045
Blanco	30	9
Burnet	234	71
Caldwell	1,179	366
Hays	5,057	1,530
Williamson	11,497	3,640

Source: ICC MPI/CDR

In general, Travis County zip codes 78758, 78753, 78724, 78702, 78704, 78741, 78744, and 78745 had the greatest number of patients with utilization at the ICC safety net providers in the I-Care system. However, as Map 2 demonstrates, and as both the Use & Capacity Survey and MPI/CDR demonstrate, patients in 2004 traveled to Travis County safety net providers for services from many surrounding counties.



**Patient Count by Zip Code
For Patients with an Encounter in 2004
Source: ICC MPI/CDR**



The 2004 ICC Use & Capacity Survey reveals that Travis County safety net providers are serving patients that are primarily adults ages 18-64 (66%) and children age 0 –12 (20%). The majority of patients have no form of public or private insurance (80%) and a smaller percentage of patients have funding through Medicaid or SCHIP (16%) or Medicare (3%) than in 2001. A summary of the Travis County safety net provider patient population based on the survey is provided in Table 4.

Table 4
Summary of Travis County
Safety Net Provider Patient Population Data, 2004

Category	Number/Percent of Population
Pediatric Patients (age 0 –12)	20%
Adolescent Patients (13 –18)	10%
Adult Patients (19-64)	66%
Geriatric Patients (65 +)	4%
Patients with Medicaid	15%
Patients with CHIP	1%
Patients with City/County Medical Assistance Program (MAP)	6%
Patients with Seton Care Plus	3%
Patients with No Insurance	68%
Patients with Medicare	3%
Other (Title V, X, XX)	3%
Average number of visits per patient in 2004	3.8
Average number of visits per patient in 2003	3.6
Average number of visits per patient in 2002	3.1
Average cost per patient in 2004	\$351.00
Average cost per patient in 2003	\$315.31
Average cost per visit in 2004	\$ 91.31
Average cost per visit in 2003	\$ 82.14

Source: 2004 ICC Use & Capacity Survey

In 2004, according to the survey data, patients averaged 3.8 visits per person to the ICC member safety net providers. Data in the MPI/CDR as of December 2005 for calendar year 2004 indicate that patients have had an average of 3.4 visits per person, but this discrepancy

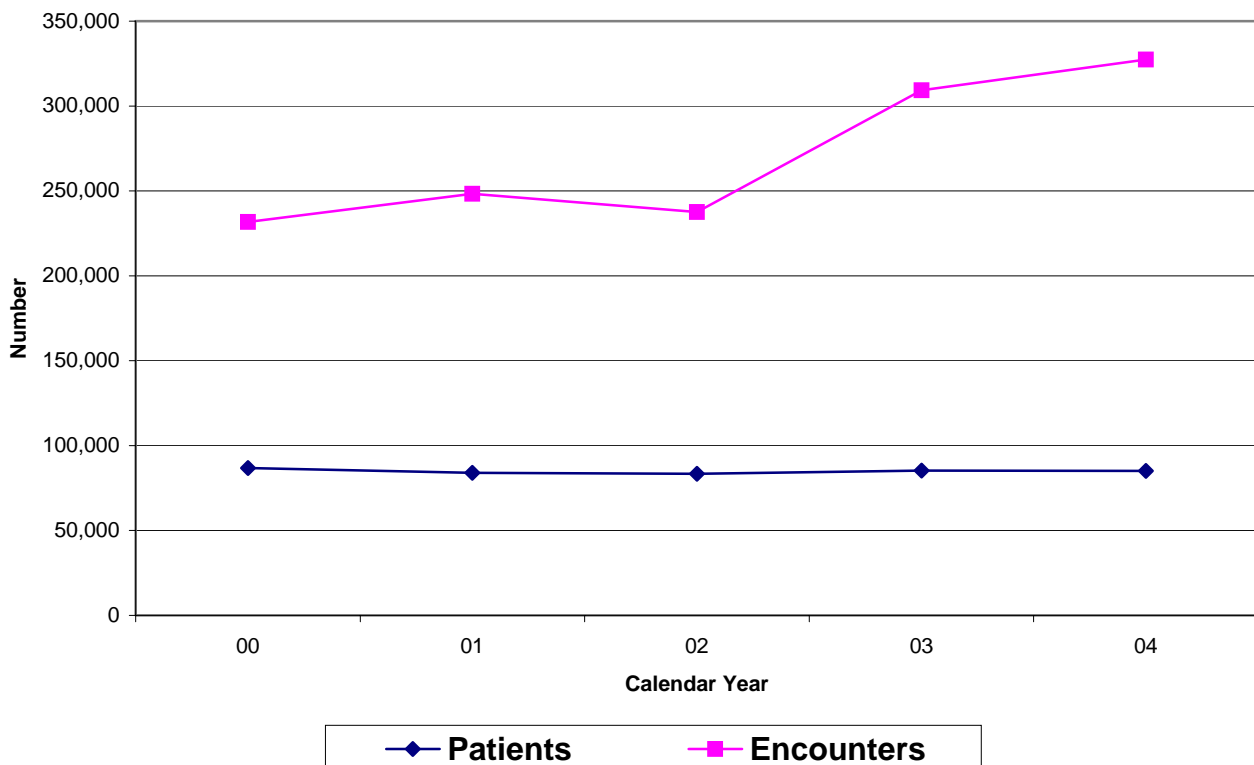


may be due in part to the fact that some providers exclude some encounters, based on age and/or diagnosis, from the MPI/CDR. Both of these figures are above the 3.2 national average number of physician office visits per person reported by the National Ambulatory Medical Care Survey (NAMCS) for 2003². However, the NAMCS, which collects utilization data provided by office-based physicians, also states in their survey that people without insurance had the lowest overall utilization (approximately 2 visits per person) among survey participants, so while this national average is one standard, it may not be the most appropriate comparison for safety net providers.

The average number of visits per person among the Travis County safety net providers has been increasing steadily since 2000 the year survey data were first collected. Since the total number of patients seen has remained fairly consistent from 2000 – 2004 (approximately 84,000 on average per year), but the number of visits or encounters has increased by nearly 100,000 in the same time period, the data seem to indicate that the same patients may be being seen more often. See Figure 1.

Figure 1

Total Number of Patients and Patient Encounters by Travis County Primary Care Safety Net Providers, 2000 - 2004



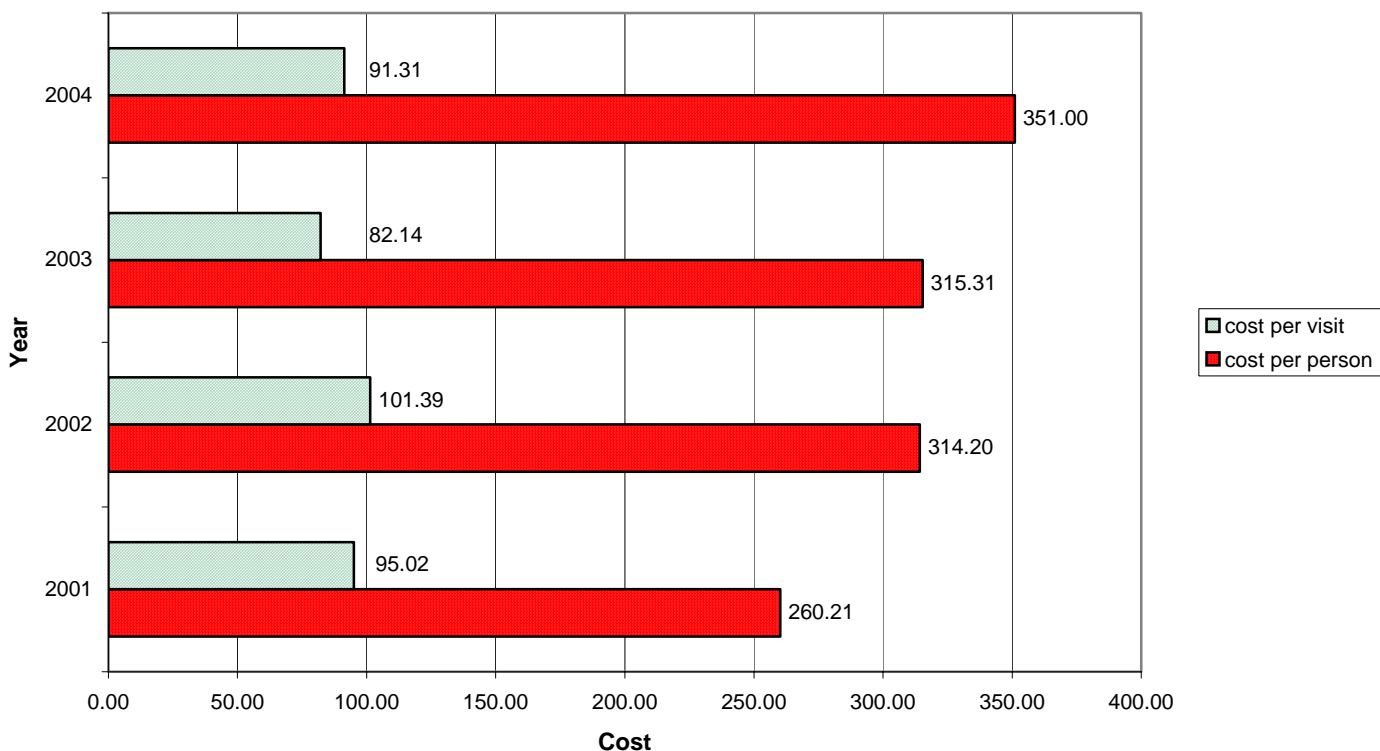
Source: 2000, 2002, and 2004 Use & Capacity Surveys



Similarly, while the average cost per visit among the Travis County safety net providers, based on the total number of visits and the total budgets for all clinics, has remained fairly consistent from 2001 to 2004, the overall average cost per person has increased significantly, according to data from the survey. See Figure 2.

Figure 2

**Cost per visit and per patient
CY 2001 - CY 2004**



Source: 2000, 2002, and 2004 Use & Capacity Surveys

One explanation for the increasing number of visits per person may be the number of chronic patients being served by these safety net providers. The NAMCS lists Essential Hypertension, Acute Upper Respiratory Infections, Arthropathies, and Diabetes Mellitus as the leading illness-related primary diagnoses in the 2003 NAMCS Survey. Diagnosis data are not collected as part of the Use & Capacity Survey however data from the MPI/CDR from 2004 indicate that patients utilizing the safety net clinic providers had some of the same top diagnoses. According to the MPI/CDR data, Acute Upper Respiratory, Benign Hypertension, Type II Diabetes and Allergic Rhinitis, Asthma and Acute Pharyngitis were among the Top 10 diagnoses, after routine child health exams, supervision of normal pregnancies and other preventive visits.



Capacity Data

The capacity for services in an area can be determined by a number of factors including the number of providers, number of exam rooms, hours of operation and scheduling policies. A summary of capacity data for Travis County safety net providers based on the survey data is listed below in Table 5.

Several ICC member agencies, including People's Community Clinic and the City of Austin Community Care Services Department added paid or volunteer provider staff from 2003 to 2004 in order to address capacity. Since 2002, Travis County ICC primary care providers have added 16% more clinics, 10% more exam rooms, and 32% more provider hours to the overall capacity of the County's primary care system as a response to the data that indicate that while the overall number of patients seen has remained fairly constant over the past two years, the number of patient visits has increased.

Table 5
Summary of Capacity Data for
Travis County Safety Net Providers

Category	Number/Percent
Number of Clinic facilities	29
Number of Exam rooms	212
Total Combined Hours of Operation (week)	968.5
Number of Direct care providers FTEs	68.9
Combined Clinical Hours (week)	748
Number of medical appointments (daily)	1,031
Number of medical appointments booked (daily)	1,314
No show rate (average)	25%
Annual Clinic budgets – Total all clinics	\$29,886,448

Source: 2004 ICC Use & Capacity Survey

The Medical Group Management Association (MGMA) completes an annual survey of Physician Compensation and Production. The MGMA 2004 Report based on 2003 data surveyed 2,654 family practice physicians in 255 practices and found that in a "typical" multi-specialty Family Practice environment (without OB services) a provider will manage an average of 4,496 ambulatory patient encounters per year. If used as a standard for comparison purposes, the 69 FTE providers at the Travis County safety net clinics managed over 327,000 patient encounters in 2004, or 4,750 patient encounters per year, which is 5% over the typical capacity for similar practices.



ICC Initiatives Related to Safety Net Capacity Issues

One of the ICC's goals is to assist safety net providers in more efficiently providing services, thereby having an impact on the providers' capacity to serve the uninsured in Travis County and Central Texas. One approach to increased efficiency is ensuring that appropriate information is readily available and easily accessible to providers, reducing provider and clinic staff preparation time and duplication of services. Another approach to increased efficiency is reducing duplication of effort that occurs when patients receive services from multiple providers within the regional healthcare system, and establishing one medical home for patients.

The ICC partners have pursued a number of projects designed to provide information and reduce duplication of services, discussed in this section. In addition, the ICC partners recently created a community wide planning effort, a Primary Care Capacity Team, at the request of the Travis County Hospital District. This ICC Team will focus on primary care capacity throughout the ICC region including Williamson and Hays Counties, though TCHD's focus will be on Travis County. Over the next six months, the ICC Team will be involved in analyzing information and developing a proposal to address primary care capacity issues.

ICare System

The ICC's internet-based Master Patient Index/Clinical Database Repository (MPI/CDR) provides the foundation for information regional safety net providers can use to increase efficiency. As of December 2005, the MPI/CDR contained over 442,000 patients and over 1.8 million clinical and pharmacy encounters. Data are currently collected from 46 locations including 13 hospitals, 30 clinics, and 2 physician networks.

As ICC staff and members continue to refine and develop this tool, the ICC is able to provide the regional safety net providers with realistic unduplicated counts of uninsured patients, and with more complete health records that include individual patient encounter histories drawn from the medical records of multiple safety net providers.

For example, data from the 2004 Use & Capacity Survey indicate that the surveyed providers reported serving just over 85,000 patients, but nearly 32,000 of these patients (37%) had encounters at two or more of their facilities, based on data from the MPI/CDR.

The ability to identify this duplication of services is one of the primary reasons for the development and implementation of the MPI/CDR. Most providers can only identify the unduplicated number of patients seen within their own facilities, while a system such as the MPI/CDR allows the collaboration and the safety net system as a whole to begin to measure the duplication across facilities.



Some of this duplication, or overlap in patients between facilities is legitimate; for example, a patient may use one clinic system for sick care, and another for preventive dental or family planning services that are not available from their primary provider. However, the MPI/CDR is also able to identify patients and document their visits at a second provider within days, weeks or months of a visit at a first provider, where the diagnoses and procedures performed were nearly or exactly the same. As the system is refined, more detailed information regarding such duplication will become available.

Disease Management Registry

In 2006, the ICC will launch a Care Coordination Project to develop and implement a second internet-based tool, a shared Disease Management Registry, that will further help to establish a medical home for the most complex chronic patients who are currently receiving case management and/or disease management services from a variety of providers and from a variety of sources.

By developing a shared tool for the collection and storage of the patient data, care managers will be better able to reduce duplication of effort, and coordinate care for patients, regardless of which managed care plan they are on at the time, or which clinic facility they visit that day. This shared information tool will also support documentation of cost savings to the system and to individual providers. Through this web-based tool, providers can more easily identify which tests and services have already been provided to their complex, chronic patients, reducing unnecessary repeat services.

In preparation for launching the Disease Management Registry, a team of clinical and data staff from the ICC partners worked over the past year to standardize data collection with a thorough review of all CPT-4 codes currently utilized by the partners. Upon completing this review, any differences among coding procedures were discussed with each member, and changes were made where appropriate. Throughout the next year these coding issues will be important as providers begin to record actual procedures (immunizations, foot or eye exams), and lab results (hemoglobin A1C levels, blood pressures, body mass index), develop care plans, and provide outreach services to complex, chronic patients identified as utilizing multiple providers within the safety net system.

Finally, ICC members continue to work collaboratively to reduce the number of uninsured patients, which also helps with capacity issues since identifying a funding source or third party payer source such as Medicaid and CHIP can mean access to additional private practice providers for individuals with these benefits. Using a common program eligibility tool, called Medicaider, ICC members and other community partners had completed over 200,000 eligibility screenings of uninsured patients since September 2003. Of those screened, approximately 10% were found eligible for a medical assistance program that provided a funding source, typically Medicaid or CHIP. The ICC partners have expanded Medicaider usage to more than 600 eligibility screeners in 110 different locations.



References:

1. U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, 2000 Census of Population and Housing, 1990 Census of Population and Housing, Small Area Income and Poverty Estimates, County Business Patterns, 1997 Economic Census, Minority- and Women-Owned Business, Building Permits, Consolidated Federal Funds Report, 1997 Census of Government.
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics: National Ambulatory Medical Care Survey: 2003 Summary. October 4, 2005.





APPENDIX:

2004 Use & Capacity Survey

Agency Name:

***PLEASE PROVIDE INFORMATION FOR BOTH CY 2003 and 2004 on Capacity data (number of exam rooms, providers, etc.)**

Number of Clinics (Facilities)						
Number of Exam Rooms						
Total Hours of Operation						
Scheduling Policy (on-demand, etc.)						
Number of Direct care providers (MD, NP, PA etc.)						
Hours of Direct care providers (Clinical Hours)						
Services Provided (pediatrics, lab, radiology, etc.)						
Funding Sources						
Annual Budget (Expenditures for Direct medical services)						
Number of Appointment Slots (Daily capacity)						
Number of appointments booked (Daily)						
Percentage of Appointment no-shows (Daily)						
Appointment mix (Percent of appointments scheduled for 15 minutes or 20/30/45 mins.)						
Total Number of Patients seen in CY 2003						
Total Number of patient <i>visits</i> in CY 2003						
Total Number of Patients seen in CY 2004 if available						
Total Number of patient <i>visits</i> in CY 2004 if available						



<p>Number of Unduplicated Patients in 03 and 04 that were:</p> <p><i>0 – 12 years</i></p> <p><i>13 – 18 years</i></p> <p><i>19 – 64 years</i></p> <p><i>65+ years</i></p>	
<p>Number of Unduplicated patients in 03 and 04 that had:</p> <p>Medicaid</p> <p>CHIP</p> <p>City or County MAP</p> <p>Seton Care Plus</p> <p>Private Insurance</p> <p>No Insurance</p> <p><i>Medicare</i></p> <p><i>Other</i></p>	
<p>Best Estimate of projected number of patients to be seen in CY 2005 (based upon last 12 months)</p>	
<p>Number/Percent of patients with primary language other than English</p>	
<p>Number/Percent of patients seeking services at facility who reside outside of Travis County</p>	
<p>Other internal data used to measure or gage demand</p>	
<p>Other qualitative perceptions of changes in demand and/or capacity within the past year</p>	

