New York PCMH Chartbook, 2018 Update
Growth by Region and Practice, 2013–2018

Introduction

This chartbook accompanies a UHF issue brief (*Patient-Centered Medical Homes in New York, 2018 Update: Drivers of Growth and Challenges for the Future*) reviewing broad trends in the adoption of the Patient-Centered Medical Home (PCMH) model in New York, noting the remarkable growth in the number of PCMH clinicians between 2017 and 2018—and the contribution of Performing Provider Systems (PPSs) participating in the state's Delivery System Reform Incentive Payment (DSRIP) program to that growth. Additionally, the brief describes variation in PCMH adoption by region and type of primary care practice. This chartbook more fully describes that variation.

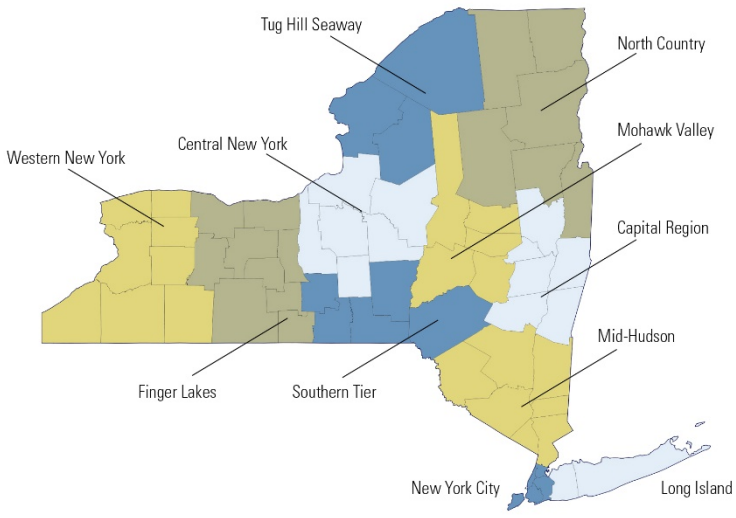
Data Sources

The Office of Quality and Patient Safety (OQPS) within the New York State Department of Health (DOH) receives monthly data files from the National Council on Quality Assurance (NCQA) with information on all practices in New York State that have achieved NCQA PCMH recognition, and on the clinical staff (physicians, nurse practitioners, and physician's assistants) working there. Each year for the past six years, OQPS has shared some of that information with UHF, which then analyzes the adoption of the PCMH model by region and practice type.

The Regions

As part of a 2015 initiative, the DOH divided the state into 11 regions (see Exhibit 1), funding regional planning agencies (Population Health Improvement Programs, or PHIPs) to develop plans for improving the health of their residents. Before 2015, UHF used New York's insurance rating regions to analyze PCMH growth; since then we have used the PHIP regions.

Exhibit 1: New York Population Health Improvement Program (PHIP) Regions



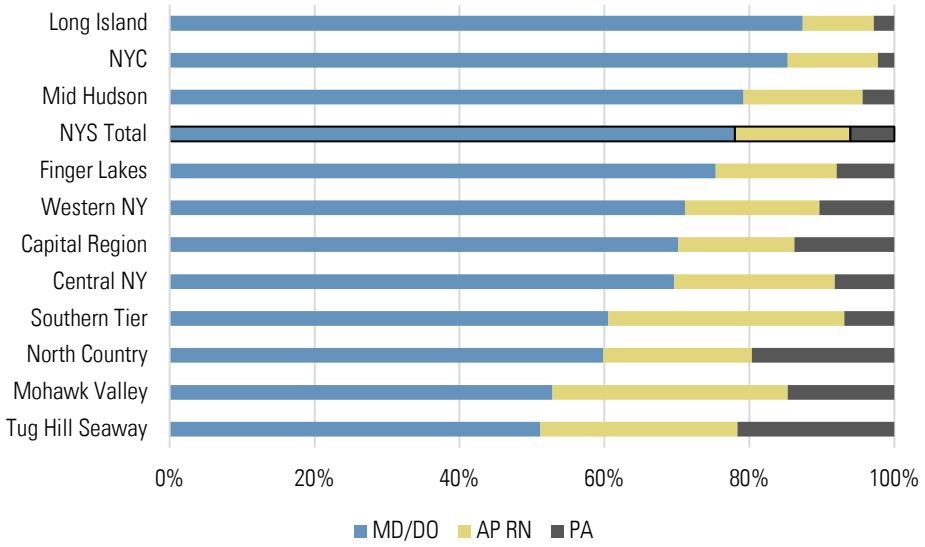
These regions vary substantially in population size and in the size and composition of their primary care base, which affects the numbers of PCMH clinicians in a given region. Similarly, prior adoption of the PCMH model by practices in a region—its existing "PCMH penetration"—can affect its potential for further growth. In regions like the North Country, where a high proportion of the primary care practices have already achieved NCQA recognition, fewer practices are available to contribute to additional growth.

Counting Clinicians vs. Practices

The data provide two possible ways of measuring medical home model adoption: the number of practices that have been recognized by NCQA as PCMHs; and the number of clinicians working in those practices. The main drawback in using practices as the unit of measure is that they vary substantially in size. In this and in prior reports, UHF has used the number of providers working in practices that have achieved NCQA PCMHs recognition because it provides a more accurate estimate of the availability of medical home care.

PCMH clinicians fall into three main subsets based on clinical licensure: physicians (MD or DO), advanced practice nurses (APRNs), and physician's assistants (PAs). Across the state, physicians account for 78% of PCMH clinicians, APRNs 16% and PAs 6%. As is shown in Exhibit 2, however, there is substantial regional variation in the percentage of mid-level providers (APRNs and PAs) in practices recognized as PCMHs.

Exhibit 2. PCMH Clinicians: Physicians, RNs, and PAs, by Region, May 2018



Practice Type and Size

In New York State, primary care services are offered by different types and sizes of practices, and there is substantial variation in PCMH adoption for different practices. UHF analyzes the number of PCMH clinicians according to the type of practice in which they worked.

- Health Center: Article 28-licensed Diagnostic and Treatment Center (DTC) or Federally-Qualified Health Center (FQHC) and/or of extension clinic of a DTC/FQHC, as listed on the DOH website https://www.healthdata.gov/dataset/health-facility-general-information as of 6/21/18
- Hospital Clinic: Article 28-licensed clinic or extension clinic included in the DOH website, https://profiles.health.ny.gov/ as of 6/21/18
- NYC H+H: Licensed clinic operated by NYC Health + Hospitals
- Hospital / AMC Practice: Practice name includes the name of a hospital or academic medical center and/or website refers to hospital ownership, but the practice site is not listed as an Article 28 clinic
- Larger Practice or Group: Five or more PCMH clinicians included in the NCQA database for a given private practice name
- Small Practice: Four or fewer PCMH clinicians included in the NCQA database for a particular private practice

Organization of the Chartbook

This chartbook profiles the growth in PCMH clinicians by practice type across the state, and across the different regions between 2017 and 2018, and over the five-year period from 2013 to 2018. The chartbook is organized in three parts:

- Part I presents information on the 10 regions outside New York City (aka, "Rest of State", or ROS) depicting the size and nature of the recent growth at the PHIP region level
- Part II presents similar information on New York City and its five boroughs, to provide a sense of the diversity of PCMH adoption in and across the city
- Part III presents a more detailed view of the recent PCMH growth trajectory by practice type between 2017 and 2018, presented by PHIP region, and, within NYC, by borough.

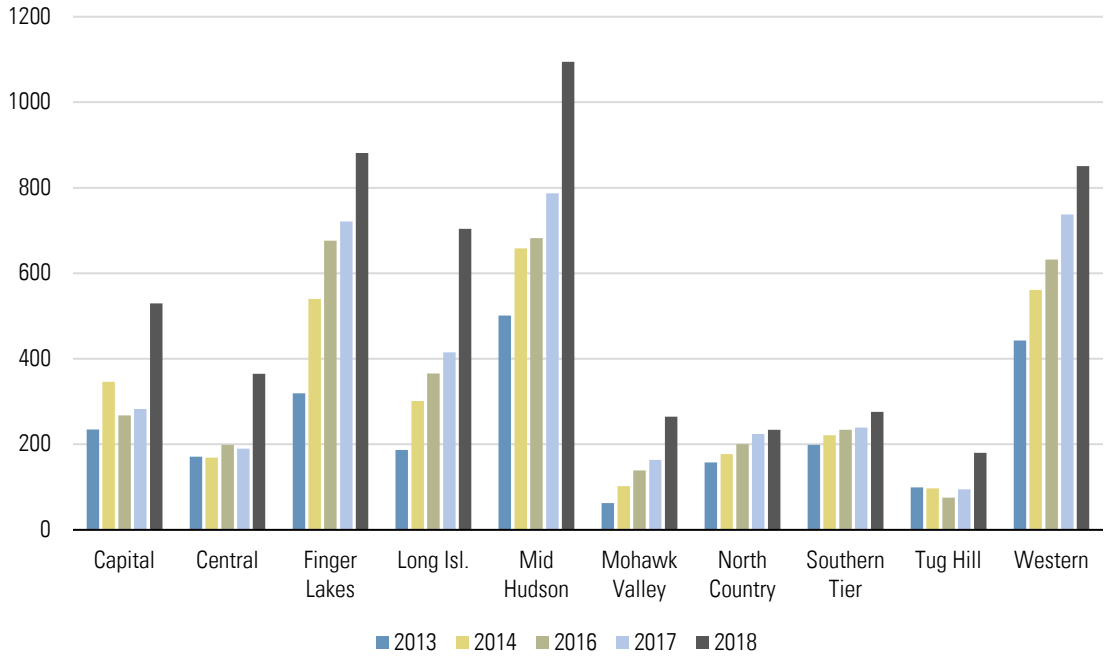
The brief that this chartbook accompanies, *Patient-Centered Medical Homes in New York, 2018 Update: Drivers of Growth and Challenges for the Future*, is available at https://uhfnyc.org/publications/publication/pcmh-new-york-2018-update/

Part I: PCMH Growth in Regions Outside New York City

The number of PCMH clinicians across New York State has continued to increase over each of the past five years, but at different rates in New York City and in the rest of the state (ROS). The two were essentially equal in 2013, but since then, the growth in PCMH clinicians in the ROS has consistently outstripped that in New York City. That gap widened in 2018. The brief accompanying this chartbook explores the factors affecting this growth.

As is shown in Exhibit 3, the number of PCMH clinicians has increased between 2013 and 2018 in each region. Recent growth, however, has been uneven.

Exhibit 3: Change in PCMH Clinicians in Regions Outside New York City, 2013–2018



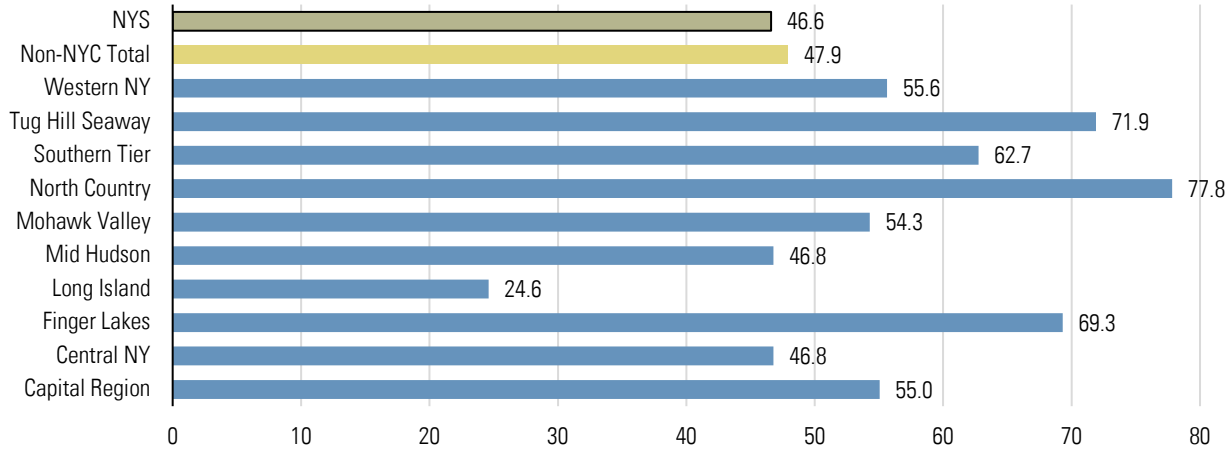
As is shown in Exhibit 4, three of the regions (Mid-Hudson, Long Island, and the and Capital Region) accounted for more than half (844 of 1,525, or 57%) of the total one-year growth in regions outside New York City.

Exhibit 4: Year-Over-Year PCMH Growth in Regions Outside New York City, 2017–2018

	May 2017	May 2018	# Change 2017-18	% Change 2017-18
Capital Region	283	530	247	87.3%
Central NY	190	365	175	92.1%
Finger Lakes	721	881	160	22.2%
Long Island	415	704	289	69.6%
Mid-Hudson	787	1,095	308	39.1%
Mohawk Valley	164	265	101	61.6%
North Country	224	234	10	4.5%
Southern Tier	239	276	37	15.5%
Tug Hill Seaway	95	180	85	89.5%
Western NY	738	851	113	15.3%
Non-NYC Total	3,856	5,381	1,525	39.5%

To provide a sense of the relative availability of primary care medical homes to the residents of different regions of the state, we developed a population-based measure of PCMH availability (PCMH clinicians per 100,000 residents) in those regions. Exhibit 5 depicts the availability of PCMH services by region in graphic form. It is important to note that this measure does not account for the fact that there is wide variation in the total number of physicians in any given region.

Exhibit 5: PCMH Clinicians per 100,000 Population in Regions Outside New York City, May 2018



PCMH Growth Outside NYC, by Practice Type

As is shown in Exhibit 6, much of the recent PCMH growth in regions outside New York City was concentrated in larger practices and practices sponsored by hospitals, with smaller increases among health centers and small practices.

Exhibit 6: Change in PCMH Clinicians by Practice Type in Regions Outside New York City, 2017–2018

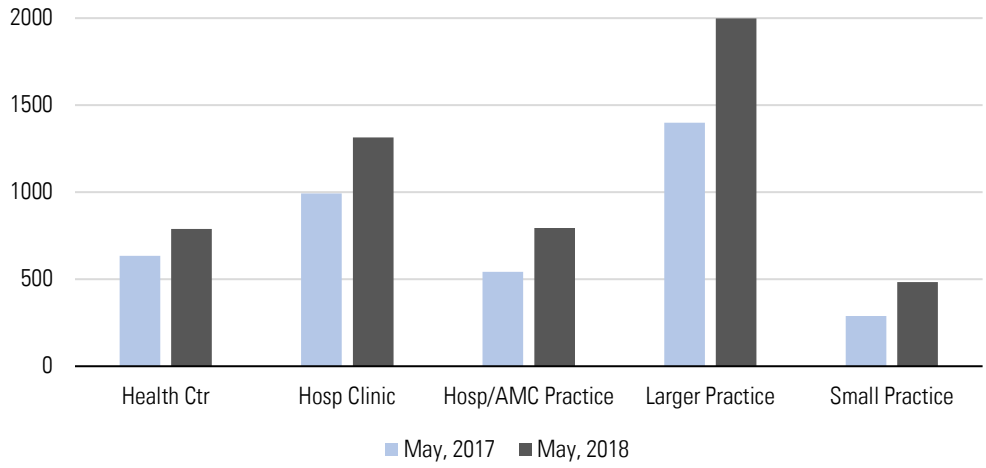


Exhibit 7 shows that the types of practices accounting for the recent growth varied substantially by region. These patterns reflect the confluence of a number of factors, including the fundamental configuration of the region's primary care base, the primary care investments by DSRIP PPSs operating in those regions, and the number of and type of practices interested in becoming PCMHs. In regions like Mid-Hudson, where the primary care system relies more on larger group practices, much of the growth occurred in that segment. In areas like the Mohawk Valley, which rely more on hospital clinics, much of the growth occurred in that segment.

Exhibit 7: Year-Over-Year PCMH Growth by Practice Type in Regions Outside NYC, 2017–2018

	Health Center	Hospital Clinic	Hosp./AMC Practice	Larger Practice	Small Practice	Total
Capital Region	6	65	107	68	1	247
Central NY	26	81	-20	80	8	175
Finger Lakes	3	3	52	80	22	160
Long Island	26	53	82	54	74	289
Mid Hudson	72	-6	30	192	20	308
Mohawk Valley	1	69	1	26	4	101
North Country	1	7	2	5	-5	10
Southern Tier		14		16	7	37
Tug Hill Seaway	-1	32	4	33	17	85
Western NY	21	4	-5	45	48	113
Non-NYC PHIPs Total	155	322	253	599	196	1,525

Part II: PCMH Growth in New York City

Between May 2017 and May 2018, the increase in the number of PCMH clinicians in New York City was somewhat slower than it was in the rest of the state, and it was spread fairly evenly across the five boroughs (see Exhibit 8). However, the availability of PCMH clinicians varied substantially from one borough to another (see Exhibit 9).

Exhibit 8: Change in PCMH Clinicians in New York City, by Borough, 2013-2018

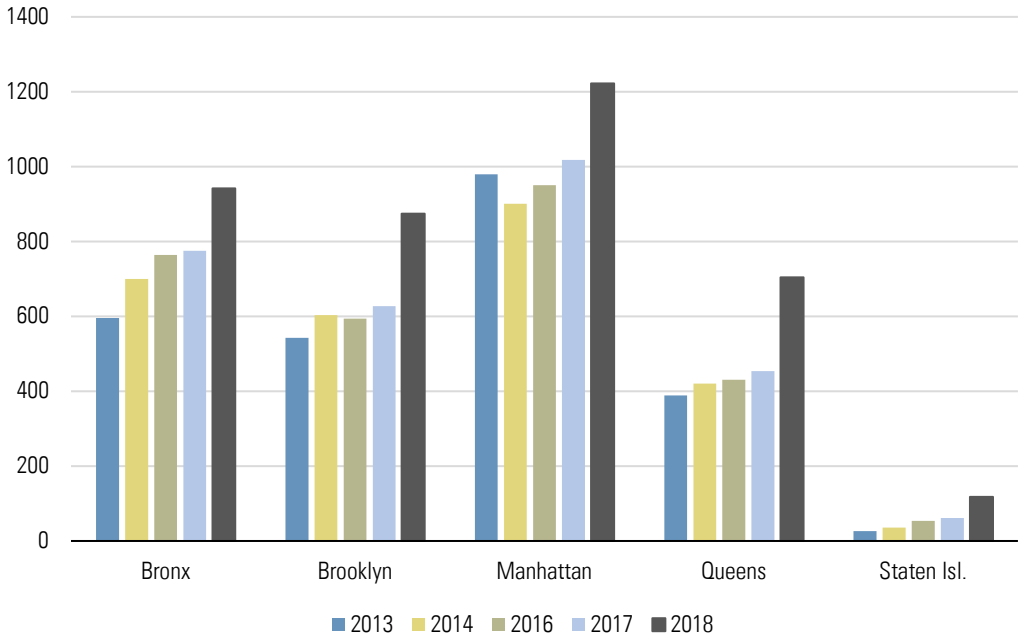
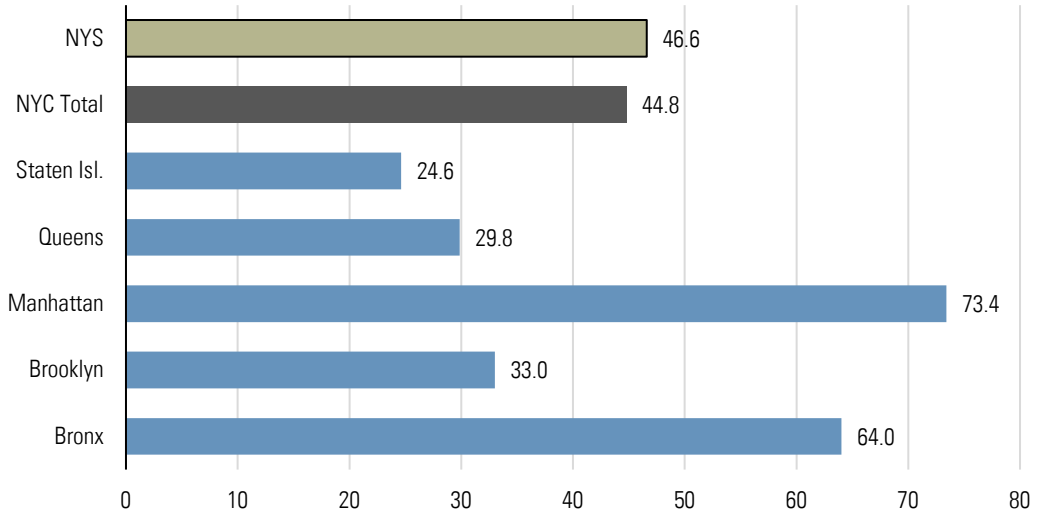


Exhibit 9: Year-Over-Year PCMH Growth in New York City, by Borough, 2017–2018

	May, 2017	May, 2018	# Change 2017-18	% Change 2017-18
Bronx	775	942	167	21.5%
Brooklyn	627	874	247	39.4%
Manhattan	1,018	1,222	204	20.0%
Queens	454	704	250	55.1%
Staten Island	61	118	57	93.4%
NYC Total	2,935	3,860	925	31.5%

Exhibit 10 depicts the availability of PCMH services by borough as of May 2018, using a population-based measure of PCMH availability (PCMH clinicians per 100,000 residents).

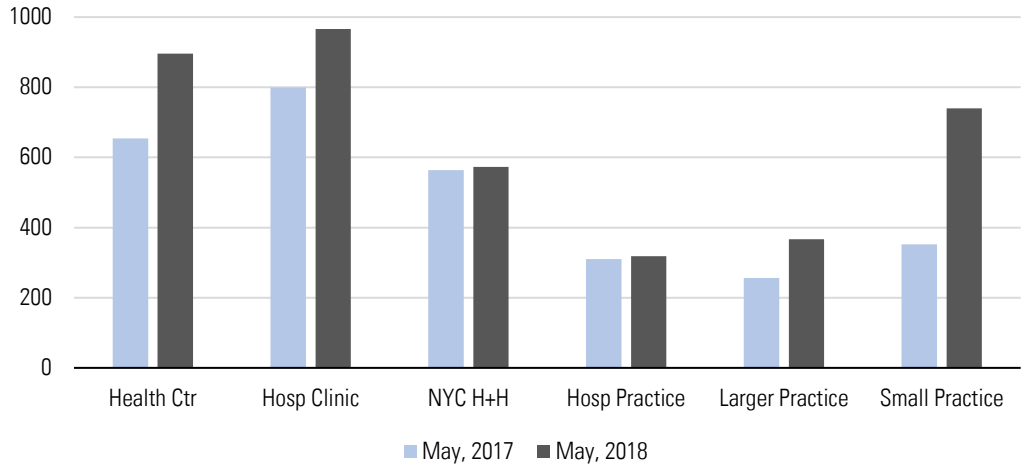
Exhibit 10: PCMH Clinicians per 100,000 Residents in New York City, by Borough, May 2018



PCMH Adoption by Practice Type, in New York City

In New York City, the growth in PCMH clinicians between May 2017 and May 2018 was concentrated in different practice types than it was in the rest of the state (see Exhibit 11; see Exhibit 6 for ROS comparison), with notable growth in hospital clinics, health centers, and small practices (a traditionally underrepresented practice type).

Exhibit 11. Change in PCMH Clinicians by Practice Type in New York City, 2017–2018



A closer look at the composition of recent growth in PCMH clinicians reveals substantial diversity among the city's boroughs, in the drivers of that growth. Over half of Manhattan's growth in PCMH clinicians came from health centers; in Brooklyn and Queens, the boroughs most reliant on small practices (those with four or fewer providers) for their primary care, there was a sharp increase in PCMH clinicians working in small practices.

Exhibit 12: Year-Over-Year PCMH Growth, by Borough and Practice Type in New York City, 2017–2018

	Health Center	Hospital Clinic	NYC H+H	Hospital/AMC Practice	Larger Practice	Small Practice	Total Increase
Bronx	63	34	-1	3	14	54	167
Brooklyn	42	60	-3	1	40	107	247
Manhattan	110	-3	0	30	19	48	204
Queens	23	24	13	-4	27	167	250
Staten Island	4	14	0	15	11	13	57
NYC Total	242	129	9	45	111	389	925

Part III. Region-Specific Growth by Practice Type, 2017-2018

The growth in the number of PCMH clinicians between May 2017 and May 2018 was extraordinary. As noted in the accompanying issue brief, the main driver of that growth appears to have been efforts by Performing Provider Systems (PPSs) participating in the state's Delivery System Reform Incentive Payment (DSRIP) program to help their partner practices achieve PCMH recognition.

Across New York's regions, however, there were marked differences in the baseline composition of PCMH providers, and different profiles of growth in terms of practice type. Presented below are charts depicting PCMH growth by practice type between May 2017 and May 2018

One-Year PCMH Growth by PHIP Region and Practice Type, Outside NYC

Exhibit 13. Capital Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

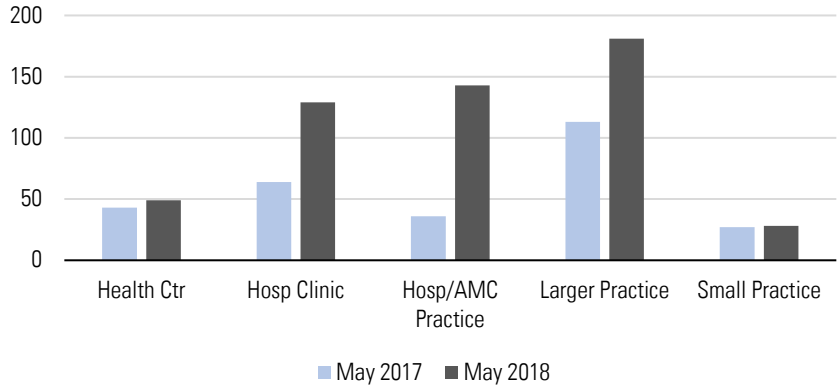


Exhibit 14. Central Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

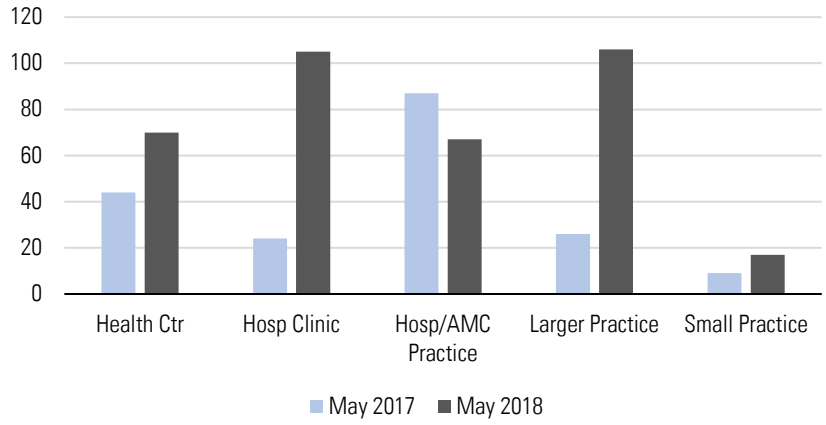


Exhibit 15. Finger Lakes Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

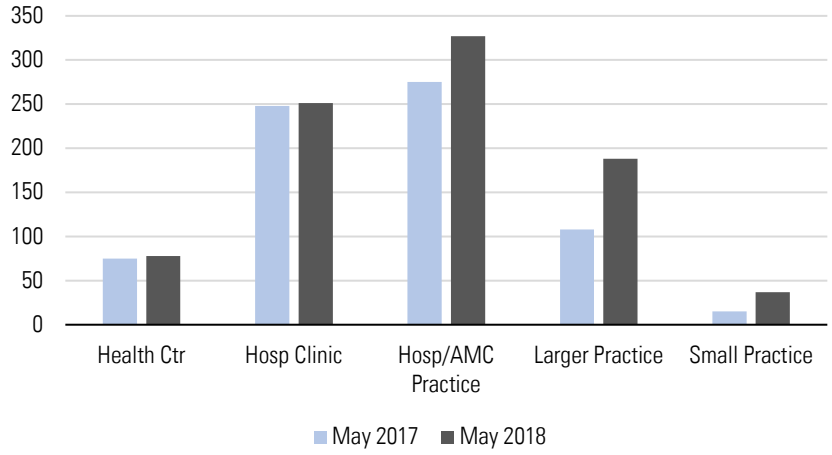


Exhibit 16. Long Island PCMH Providers by Practice Type, Changes between May 2017 and May 2018

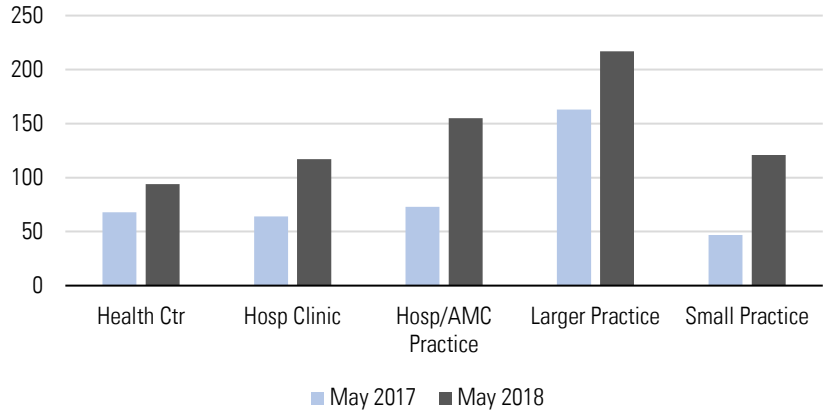


Exhibit 17. Mid-Hudson Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

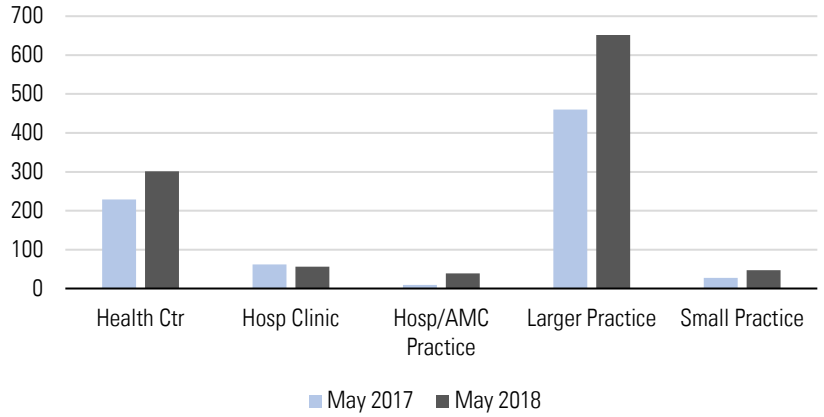


Exhibit 18. Mohawk Valley PCMH Providers by Practice Type, Changes between May 2017 and May 2018

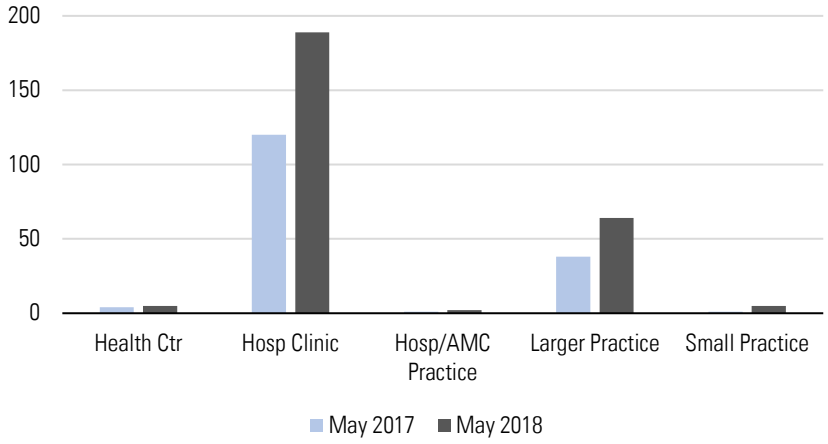


Exhibit 19. North Country PCMH Providers by Practice Type, Changes between May 2017 and May 2018

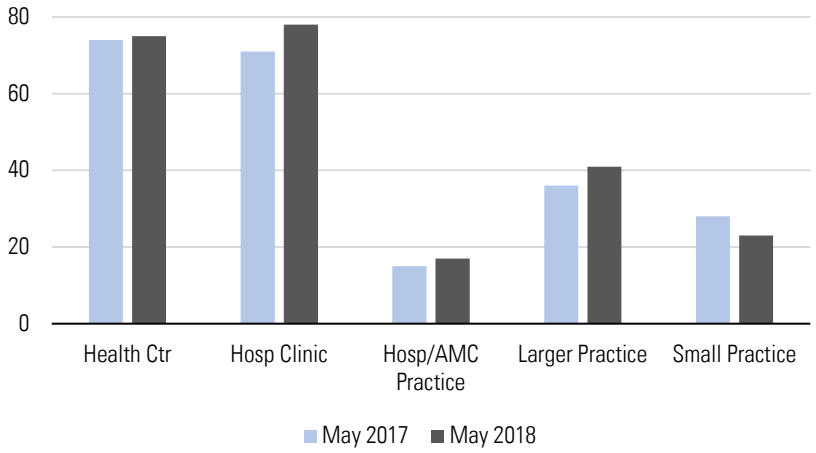


Exhibit 20. Southern Tier Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

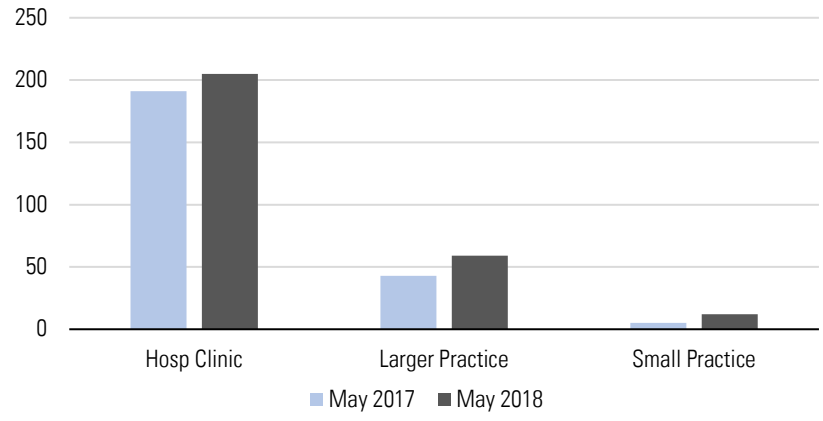


Exhibit 21. Tug Hill Seaway Region PCMH Providers by Practice Type, Changes between May 2017 and May 2018

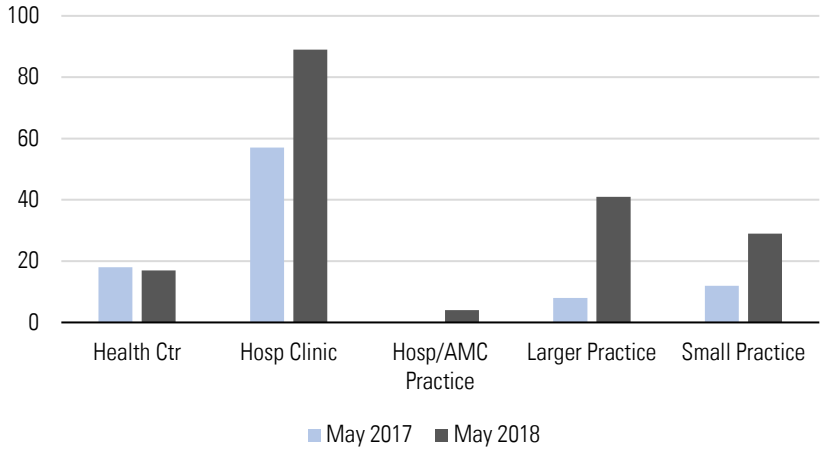
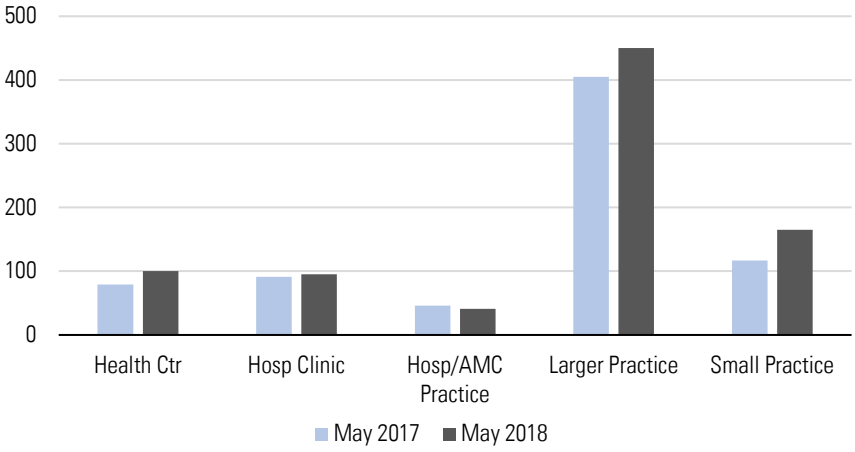


Exhibit 22. Western New York PCMH Providers by Practice Type, Changes between May 2017 and May 2018



One-Year PCMH Growth by NYC Borough and Practice Type

Within New York City, the five boroughs differ substantially in the baseline composition of their primary care system, and PCMH clinicians by practice type, and they also showed substantially different patterns of growth between 2017 and 2018.

The one-year increase in the number of PCMH clinicians in small practices (mainly in in Brooklyn and Queens) is particularly noteworthy.

Exhibit 23. New York City PCMH Providers by Practice Type, by Borough, Changes between May 2017 and May 2018

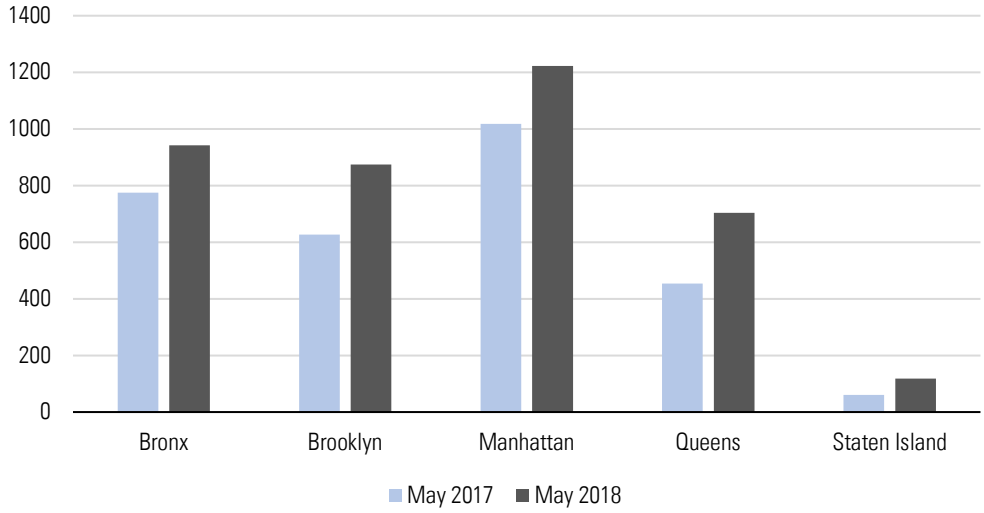


Exhibit 24. Bronx PCMH Providers by Practice Type, Changes between May 2017 and May 2018

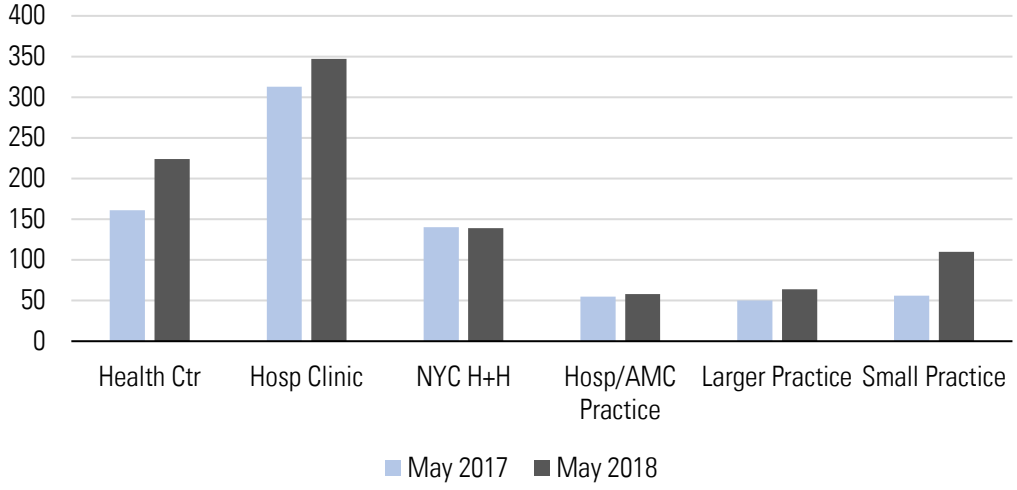


Exhibit 25. Brooklyn PCMH Providers by Practice Type, Changes between May 2017 and May 2018

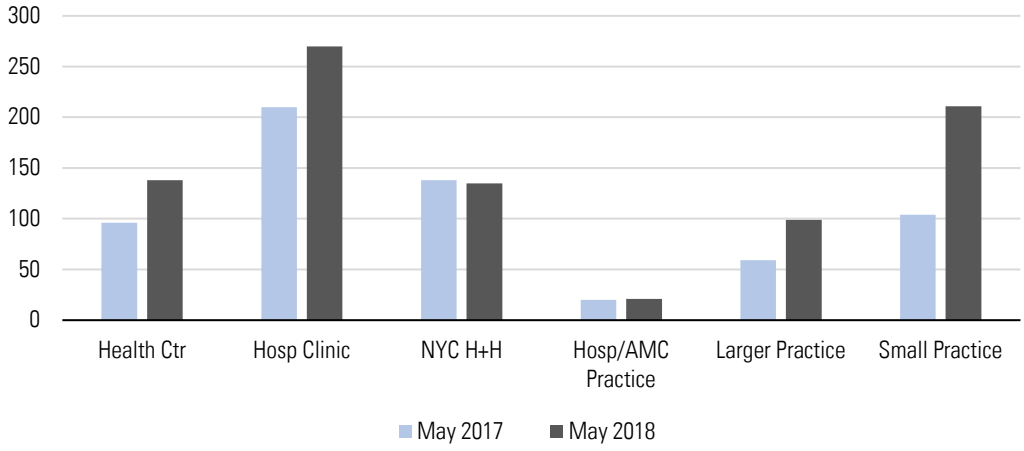


Exhibit 26. Manhattan PCMH Providers by Practice Type, Changes between May 2017 and May 2018

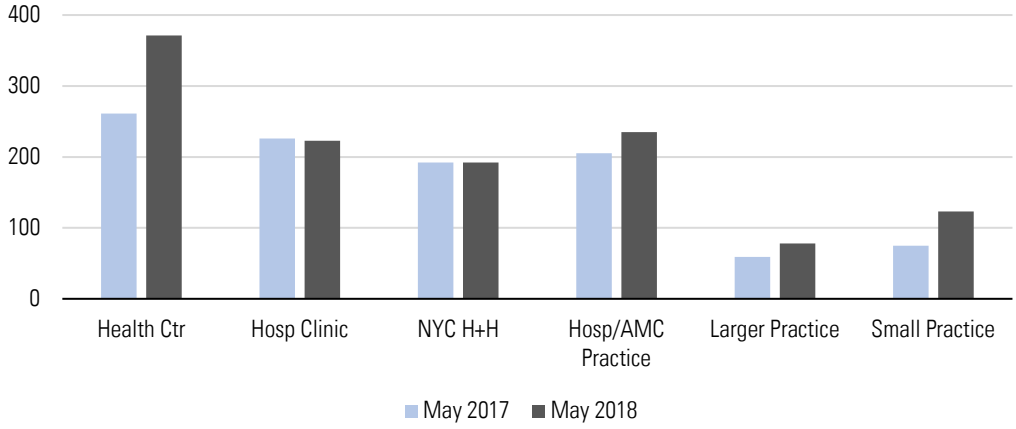


Exhibit 27. Queens PCMH Providers by Practice Type, Changes between May 2017 and May 2018

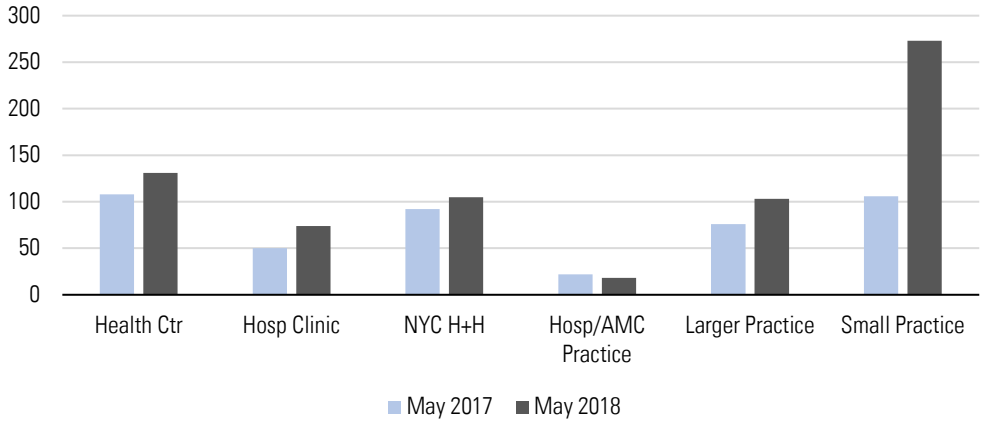


Exhibit 28. Staten Island PCMH Providers by Practice Type, Changes between May 2017 and May 2018

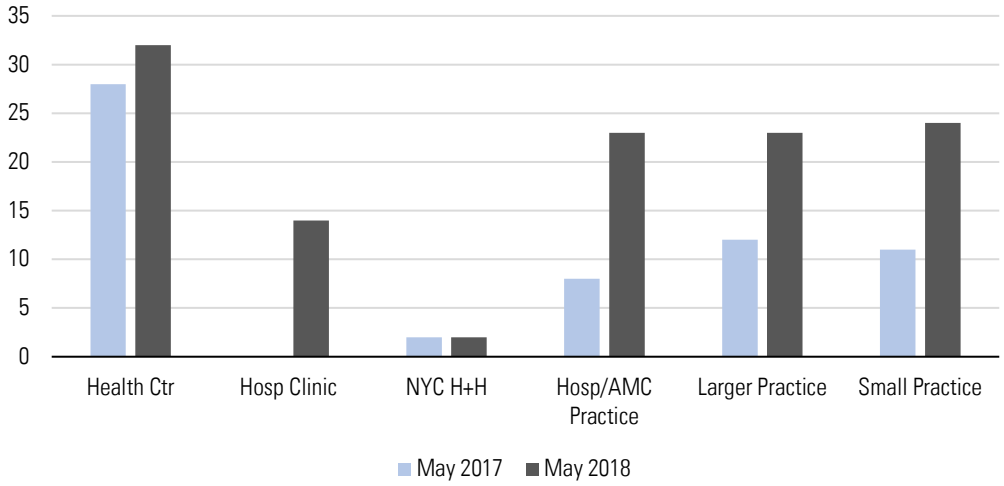


Exhibit 29. Total New York City PCMH Providers by Practice Type, Changes between May 2017 and May 2018