Service Area Status
Stakeholder Webinar
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Agenda

• Introduction to Service Area Status (SAS)
  ▪ Background
  ▪ Overview
  ▪ Proposed Measures and Weights

• Potential SAS Use Cases

• Calculation of the SAS Score

• Comparison of SAS and Unmet Need Score (UNS)

• Next Steps
Background

• Need for a quantitative, standard way to understand a health center’s service area

• A measure-based service area score could be very helpful to HRSA, health centers, and others to understand the health, social, and economic status of a health center’s service area

• Development of the Service Area Needs Assessment Methodology (SANAM) and utilization of the Unmet Need Score (UNS) in the 2019 New Access Point (NAP) funding opportunity demonstrated the value of a quantitative, standard approach for assessing unmet primary and preventive care need
Service Area Status (SAS) Overview

• Describes health, social, and economic status of communities served by a health center

• Methodology
  ▪ Leverages SANAM and the data used in the calculation of the UNS
  ▪ Information on SANAM measures used for the UNS in the 2019 NAP funding and proposed changes to the measure set for UNS 2.0 are available on HRSA’s Health Center Program Strategic Initiatives website
Like the UNS, the SAS score is a weighted sum of measures.

SAS uses UNS 2.0 measure set without Health Center Penetration:
- Includes key measures of health determinants and health status.
- SAS focuses on the status of the community, regardless of the presence of a health center.
- Maintains relative weights of measures, after removing Health Center Penetration measure.

Measures presented here based on draft UNS 2.0 measure set.
Potential SAS Use Cases (1/2)

1. Assess need for, and provision of, Training and Technical Assistance (TTA)
   - Overall, measure group, and individual measure scores can provide insights into issues that might be influencing health or access in service areas
   - *Examples:* provision of a specific type of technical assistance by a Primary Care Association (PCA); facilitate connections among health centers that have common challenges to share lessons learned

2. Provide additional information to inform funding decisions
   - Could add additional insight from key measures of health determinants and health status for communities served by health centers to inform funding decisions
   - *Examples:* could help identify need for specific supplemental funding such as expanded services; could help identify need to fund additional/new technical assistance partner organizations
3. Contextualize health center challenges and performance
   - Can track overall, measure group, and individual measure scores over time and can provide standardized overview of health profiles of service areas
   - *Example:* provide context for various domains in the “Advancing Health Center Excellence” framework, especially Population Health and Social Determinants of Health domain

4. Provide additional context for acute public health emergencies
   - Informs priority areas for mitigation and recovery to avoid exacerbating existing disparities
   - *Example:* advise mitigation and recovery for natural disasters, localized outbreaks, etc.

5. Use as component of Needs Assessment for compliance requirement

6. Potentially serve as a public tool that can be utilized by external entities
Polling Questions: Potential Use Cases

- Training and Technical Assistance (TTA)
- Funding Decisions
- Contextualize Health Center Challenges and Performance
- Acute Public Health Emergencies
- Needs Assessment Component
Calculation of the SAS Score for a Health Center’s Service Area

1. Compute ZIP Code scores using the measures and their respective weights for each ZIP Code in the health center’s service area

2. Compute the overall SAS score by weighting each ZIP Code score and summing all the ZIP Code scores
ZIP Code Weighting: Patient vs Population

The SAS score uses a **patient-weighted** method, which weighs ZIP Code 2 more than ZIP Code 1.

In comparison, the UNS uses a **population-weighted** method, which weights ZIP Code 1 more than ZIP Code 2.

Health Center Patients represented in Yellow
SAS Score ranges between 0 – 100 points
Comparison of SAS and UNS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Service Area Status (SAS)</th>
<th>Unmet Need Score (UNS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Describes the health, social, and economic status for communities served by current health centers</td>
<td>Describes the community need for a proposed health center site</td>
</tr>
<tr>
<td>Health Center Penetration Measure</td>
<td>Not included</td>
<td>Included</td>
</tr>
<tr>
<td>Geographic Areas Scored</td>
<td>Calculated for current health center service areas</td>
<td>Calculated for proposed service areas</td>
</tr>
<tr>
<td>ZIP Code Weighting for Score</td>
<td>Patient-weighted scoring</td>
<td>Population-weighted scoring</td>
</tr>
<tr>
<td>Use Cases</td>
<td>Potential uses include TTA, funding decisions, contextualize health center challenges, acute public health emergencies, needs assessment component</td>
<td>NAP Funding</td>
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</table>
Next Steps

• Obtain and consider feedback from stakeholders on use cases of SAS
• Continue to explore use cases of SAS
• Finalize SAS Scores
Thank You!

Strategic Initiatives Team
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

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