

Office for Oregon Health Policy and Research

The Healthcare Indicator Project (HIP): Measuring and Assessing Primary Care Service Delivery in Oregon

Over a year ago the Office for Oregon Health Policy and Research (OHPR), working with stakeholders on the Oregon Safety Net Policy Team, began the process of understanding capacity and demand in Oregon's health care system by gathering and analyzing the following information:

- Demand for health care services, defining particular indicators, community characteristics, and measures of outcomes.
- Capacity of providers, focusing on services provided, hours of operation, organizational structure, and other information.

To continue with that work, *OHPR, working collaboratively with the Office of Health Systems Planning and other key informants and stakeholders, will develop a set of indicators measuring primary health care capacity, access and outcomes.* OHPR is using funding it has received for this project through Oregon's State Planning Grant (SPG) program administered by the Health Resources and Services Administration (HRSA). The overall goal underlying this grant's work is to provide data that would help to inform Oregon policymakers to incrementally expand health care coverage to all Oregonians.

To assist with the development of the indicators and to improve measurement of capacity and demand, OHPR will focus initially on strategies for defining urban primary care data analysis boundaries (DABs). These DABs will provide a meaningful unit of analysis and are needed to complement the rural primary care service areas (PCSAs) developed by the Office of Rural Health (ORH). HRSA has already defined PCSAs nationwide by aggregating Zip Code Tabulation Areas (ZCTAs). However, the HRSA PCSAs may be too highly aggregated to meet the State's needs for assessment of primary care access. For example, the HRSA PCSAs split Portland into just two service areas. This level of aggregation does not allow for sufficient community-level analysis of potential differences in access to primary care across the city.

Major Urban Areas

Bend
Corvallis (includes Albany)
Eugene (includes Springfield)
Medford
Portland/Tri-county metropolitan area
Salem

Source: [*Office of Rural Health \(2003\)*](#)

The first step for the urban DABs work is to bring together some technical experts in Oregon's delivery systems to discuss the potential strategies and reach consensus. Once the urban DABs are defined, OHPR will be better positioned to determine both the supply of primary care health services and the demand for these services within each urban DAB, much as ORH has previously done for rural PCSAs. By using these access and capacity indicators, the State can then better assess the level of unmet need for primary care health services within urban areas, again complementing ORH's work in rural areas. This will help to inform the work of the Oregon Safety Net Advisory Council and the Oregon Health Policy Commission.

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Once the urban DABs are defined, the next step for the technical workgroup will be to discuss definitions of primary care outcome measurements. This work will also be brought to other groups for input including the Safety Net Advisory Council and the Health Policy Commission. Examining outcomes will allow the State, informed by the expertise of the technical workgroup and collaboration with other key stakeholders, to develop primary care performance benchmarks. This work will place the State in a stronger position to design and implement data-driven healthcare policy that best utilizes scarce funding resources.