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MassHealth Primary Care Services Assessment Tool

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Background: The UMass Center for Health Policy and Research (CHPR) has been retained by the state's MassHealth office to analyze its current service delivery system and recommend potential areas of improvement. In response to a proposal by the governor of Massachusetts to require all MassHealth members to receive their care at community health centers (CHCs), the first phase of this project, the "Community Health Center Capacity Assessment," assessed CHC enrollment, distribution, and capacity for expansion in a restructured MassHealth service delivery system. This report, presented in June 2004, surprisingly revealed that Massachusetts' 73 CHCs and hospital-licensed health centers (HLHCs), while operating at or near capacity, collectively enrolled only 28% of the MassHealth population. Large group practices accounted for the majority, 55%, and independent providers and hospital outpatient departments enrolled the remaining 17%. Relying solely on CHCs to deliver primary care services to MassHealth members would thus require significant and expensive expansion.

In light of these findings, the state reconsidered its approach and acknowledged that other types of practice sites should be included in any redesign. Despite the fact that group practices were the sites of care for the majority of MassHealth members, however, there was a dearth of data about their operations, especially relative to that available for CHCs. Some may provide services to the MassHealth population on a par with or even exceeding many CHCs, while others may be less well equipped to meet this population's unique health care needs. Similar variability may exist in the care provided by independent providers and hospital outpatient departments. In order for the state to redesign, support, and improve its MassHealth service delivery system, it first must better understand the medical practices and sites of care that enroll the bulk of MassHealth members. Armed with this information, the state would be better able to efficiently and effectively direct its resources in any potential redesign of the delivery of primary care services to MassHealth members.

Objectives: Develop and validate a methodology that characterizes and quantifies the clinical, social, and support services that are available at medical practices and primary care sites serving MassHealth members and the uninsured.

Methods:

1. Literature review of previous relevant work on primary care assessment tools.

2. Literature review of previous relevant work on the best practices in caring for the key health care needs of Medicaid and uninsured populations, including whether the site of care affects the treatment outcomes.
3. Consultation with investigators experienced in the field.
4. Consultation with Research and Design Methods study group and internal project advisory group to determine a feasible scope/structure of the survey tool.
5. Draft a pilot survey tool and propose a method for field-testing and modification.
6. Review with MassHealth and EOHHS to ensure maximum utility of the survey tool.
7. Pilot the survey tool with selected primary care sites serving MassHealth members, to include one CHC, one HLHC, one hospital-based group practice, and one non-hospital based group practice.
8. Analyze results of the pilot study data and assess validity of survey tool/potential for wider implementation.

Results: Two Primary Care Services Assessment Tools were developed, one specific to medical (group) practices and one to sites of care (i.e. a specific office or clinic). A third version that eliminated redundancies for single-site practices was also created. Due to circumstances at the state MassHealth office beyond our control, piloting of these tools has been indefinitely delayed.

Conclusion: A significant knowledge gap exists in regards to the breadth and depth of the primary care services obtained by the 72% of MassHealth members who are enrolled outside of the community health center system. Based on previously validated primary care assessment tools and the information currently collected from community health centers, we have developed a pair of survey tools. We believe piloting, refinement, and subsequent broad deployment of these tools would greatly advance the state's understanding of the services provided at the various practice and practice site types, which in turn would inform any proposal to redesign the delivery of these services.