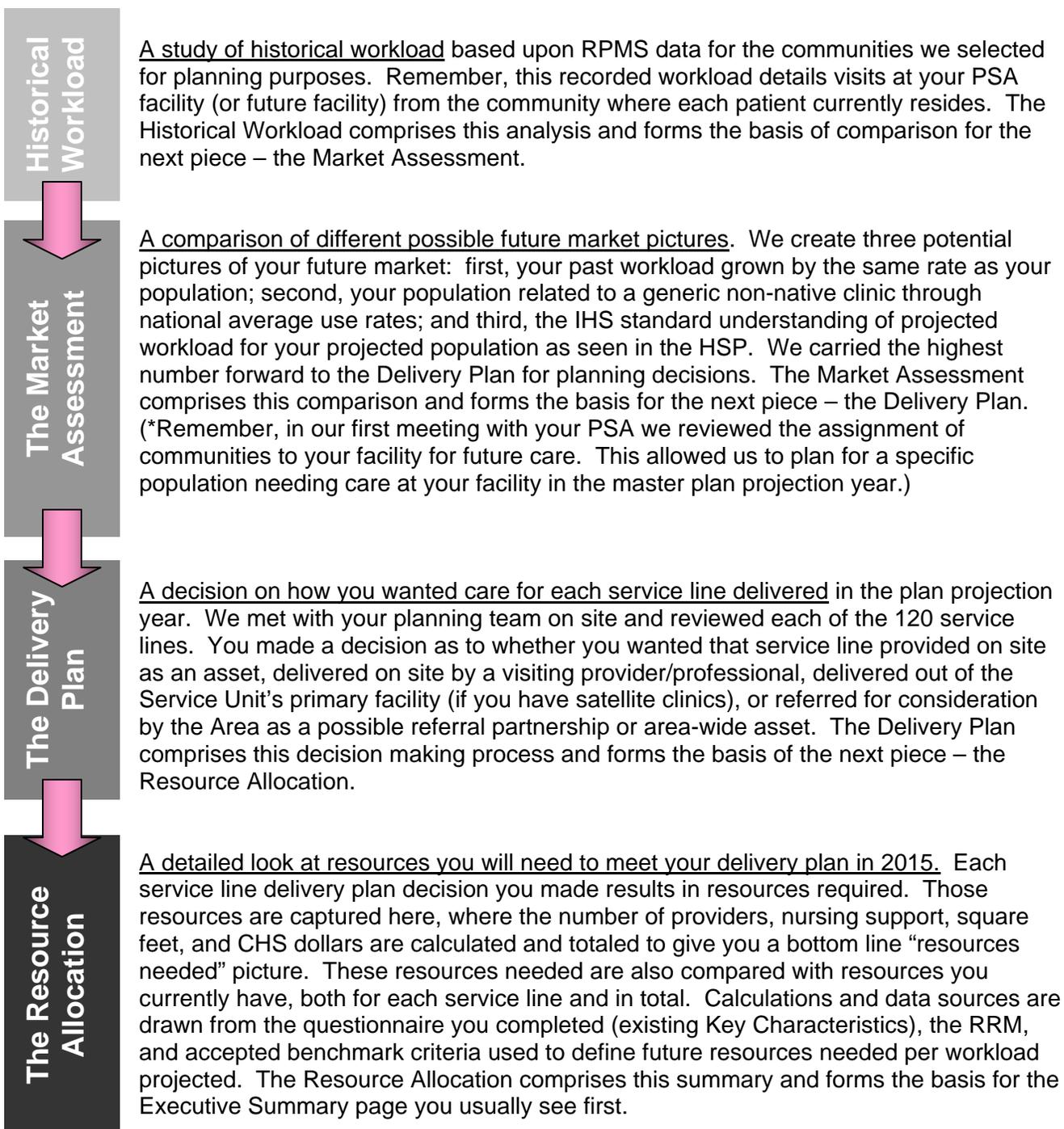




How to Read Your Primary Service Area Document

While supporting explanation of your PSA document is found throughout the master plan document, you may find this condensed, pictorial guide helpful as you thoughtfully study your own PSA's plan. Remember, it is your plan. You worked with an Innova Group consultant through an ordered path to arrive where you are. These steps included:





RPMS and the Nashville Area

The Nashville Area presented unique challenges in planning workload due to inconsistent data set in RPMS for the three years typically considered on the Historical Workload section of each PSA document. In response to this, planners for this document also considered the RPMS data from 2003 and compared it to the 2000-2002 data set averaged to one year.

Whichever historical workload result better reflected the present reality of that service area was utilized and carried forward into the Market Assessment piece and on into the Delivery Plan and Resource Allocation.

For many PSAs, the change was negligible. But for those where gaps in the data seemed apparent the 2003 data was utilized. The change is noted as follows. If the typical 3 year set is utilized, the Historical Workload headers will appear as shown below:

Historical Workloads by Community of Residence

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Discipline	Direct or Tribal Health Care				Contract Health Care					
	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care	
	Provider Visits Only				Provider Visits Only					
Primary Care										
Family Practice	19,555	16,887	19,452	18,631	0	0	0	0	0.0%	

If a 2003 data set was used instead of the 3 year data set, the Historical Workload headers will appear as shown below.

Historical Workloads by Community of Residence

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Discipline	Direct or Tribal Health Care			Contract Health Care						
	Tan cells retain 2000, 2001, 2002 data		2003	Average	Tan cells retain 2000, 2001, 2002 data		2003	Average	% Contract Care	
	Provider Visits Only			Provider Visits Only						
Primary Care										
Family Practice			20,334	20,334			0	0	0.0%	

In either case, the ancillary workload collected and shown in the salmon color cells on the Historical Workload pages remain unchanged and reflect 3 years of data.



A Guide to the Historical Workloads Page

**Sample Portion of a
Typical Historical
Workload Page**

Historical Workloads by Community of Residence

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Discipline	Direct or Tribal Health Care				Contract Health Care				
	2000	2001	2002	Average	2000	2001	2002	Average	% Contract Care
	Provider Visits Only				Provider Visits Only				
Primary Care									
Family Practice	19,555	16,887	19,452	18,631	0	0	0	0	0.0%
Internal Medicine	1,698	1,645	1,538	1,627	0	0	0	0	0.0%
Pediatric	427	1,376	1,263	1,022	0	0	0	0	0.0%
Ob/Gyn	351	299	298	316	3	55	4	21	6.1%
Emergency Care									
Emergency/Urgent ER/Non-urgent	6,968	6,904	9,218	7,697	0	0	0	0	0.0%
	0	0	0	0	0	0	0	0	0%
Specialty Care									
Orthopedics	571	646	772	663	40	81	22	48	6.7%
Ophthalmology	1,804	1,582	1,678	1,688	47	118	11	59	3.4%
Dermatology	0	0	0	0	0	2	0	1	100.0%
General Surgery	0	0	0	0	134	310	35	160	100.0%
Otolaryngology	216	209	247	224	65	187	24	92	29.1%
Cardiology	0	14	6	7	51	93	13	52	88.7%
Urology	133	128	122	128	0	0	0	0	0.0%
Neurology	0	0	7	2	23	54	11	29	92.6%
Nephrology	0	0	19	6	18	53	1	24	79.1%

These 3 blue columns detail your Historical Workload for the years shown at the top of the page. These numbers are from the RPMS data set and represent visits by community of residence for communities assigned to your facility for future planning purposes. That list of communities can be found in the Service Area Community Assumptions pages of the Area analysis.

These yellow columns average the 3 year workloads for Direct and Contract Care.

These 3 blue columns detail your Historical Workload for the years shown referred for Contracted Care. If that care was paid for by a third party instead of IHS, then that visit will not be reflected here. You should not be overly concerned since the Market Assessment provides an alternative and generous method of projecting what is missed here.

This yellow column shows the % of Workload historically referred to Contract Care for the past three years.



A Guide to the Market Assessment Page

**Sample Portion of a
Typical Market
Assessment Page**

Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Discipline	2001			2015			2015 Planning Assumption		
	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
HSP User Pop. - PSA	8,093			9,659					
	Provider Visits Only			Provider Visits Only			Provider Visits Only		
Primary care									
Family Practice	18,631	8,933		22237	10,662		25,182	25,182	0
Internal Medicine	1,627	3,369		1942	4,022	Cell = Sub-Total less PC Specialties	4,022	4,022	0
Pediatric	1,022	4,324		1220	5,160		5,160	5,160	0
Ob/Gyn	337	3,323		402	3,965		3,965	3,965	0
Primary Care Sub-Tot.	21,617	19,950	33,455	25,800	23,809	38,329	38,329	38,329	0
Emergency Care									
Emergency/Urgent	7,697	2,151		9186	2,473	Cell = Sub-Total less E/U	9,186	9,186	0
ER/Non-urgent	0	1,434		0	1,648		0	0	0
Emerg. Care Sub-Tot.	7,697	3,585	4,223	9,186	4,121	4,834	9,186	9,186	0
Specialty Care									
Orthopedics	711	1,821		848	2,083		2,083	2,083	0
Ophthalmology	1,747	1,308		2085	1,481		2,085	2,085	0
Dermatology	1	1,423		1	1,626		1,626	1,626	0
General Surgery	160	1,397		191	1,597		1,597	1,597	0
Otolaryngology	316	835		377	958		958	958	0
Cardiology	59	417		70	469		469	469	0
Urology	128	479		152	544		544	544	0
Neurology	32	385		38	440		440	440	0
Other Specialties		3,075		0	3,505		3,505	3,505	0

These two population numbers form the reference point for the columns underneath. Remember, the user pop here may or may not be the same as your service unit pop. It depends on how many points of care have been established and are being planned for. These numbers are for your specific PSA.

These yellow columns represent the Historical Workload average from the previous page carried forward and grown to the projection year by the same rate as your user pop is expected to grow.

These yellow columns represent your user population related to National Utilization rates by service line to create a US National Average hypothetical workload for comparing to your historical workload. Often these numbers are higher than yours, particularly in Specialty Care lines.

These pink cells represent a third way of assessing your future market – what the HSP would expect to see in terms of workload for the population under consideration, both in 2001 and the projection year targeted. The HSP represents the IHS understanding of native health care use rates.

This yellow column is typically the largest of the three projection numbers considered under the projection year. This becomes your planning assumption. The green columns split that planning assumption into direct care you will choose a delivery plan for, and contracted care that is not considered due to acuity/threshold issues.



A Guide to the Delivery Plan Page

Sample Portion of a Typical Delivery Plan Page

Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

Discipline	Projected Need			Delivery Options					
	Planned Direct Care	Key Characteristics (KC)	# Req'd in 2015	PSA			Referrals due to Threshold		Remarks
				On Site	On Site VP	CHS*	Srv Unit	Region	
Primary Care (Provider Visits) Migration % 2.0% <i>Primary Care Clinic examines, diagnoses, and referral to other health professionals and ad appropriate. Primary Care Clinic assesses, physical, assessment and treatment of com</i>				Sometimes the workload numbers do not match the Market Assessment line because the HSP Sub-total on the Market Assessment has been carried forward and the service lines subtracted out to provide maximum benefit. Call your Innova Group planner if you have a question on this.					
Family Practice	25,685	Providers	5.7	25,685					
Internal Medicine	4,103	Providers	1.1	4,103					Support SU
Pediatric	5,263	Providers	1.2	5,263					
Ob/Gyn	4,045	Providers	1.3	4,045					Support SU
Primary Care Total	39,096	Providers	9.3	39,096	0	0	0	0	
Emergency Care Migration % 3.0% <i>The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.</i>									
Emergency/Urgent	9,462	Patient Spaces	4.9						
ER/Non-urgent	0	Providers	0.0						
Emergency Care Total	9,462	Patient Spaces	4.9	9,462					
Specialty Care <i>Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.</i>									
Orthopedics	2,083	Providers	0.8	2,083					Eastern Area Resource
Ophthalmology	2,085	Providers	0.6	2,085					Area Wide Resource
Dermatology	1,626	Providers	0.4	1,626					Telemedicine
		Providers	0.6	1,597					Eastern Area Resource
		Providers	0.4	958					Area Wide Resource
		Providers	0.2	958					Local Contract
		Providers	0.2						Local Contract
		Providers	0.2						Local Contract

These green cells are the direct care planning assumption number carried forward from the market assessment page. For certain service lines an appropriate crossover / migration rate is applied (the pink box) that will inflate the workload number.

These columns identify the number of that specific Key Characteristic needed to service the green cell workload number to the left.

These columns identify your delivery planning decision – that is, where you desire the care to be delivered in your projection year: on-site (as an asset or by visiting provider), purchased through CHS funds, handled at the Service Unit (if you have satellite clinics) or referred to the area/referral area for consideration there.

This column notes remarks that often provide clarification on the planning decision made.

