

# **APPENDIX C**

## **2003 Market Assessment Study Physician FTE Supply Analysis Methodology**

To determine Physician FTE Supply for each survey community, the following methodology was followed:

1. Four full days per week was utilized to define a 1.0 full time equivalent physician (FTE). If a physician was available in a community more than 4 full days, that individual was still only counted as 1.0 FTE.
2. Where community hospitals supplied FTE levels, those levels were used. However, where it appeared that FTE level substantially conflicted with the “days per week” noted, adjustments were made to establish congruence.
3. Where no FTE level was provided, the “days per week in service area” information was utilized to establish FTE basis. Unless partial day was noted, it was assumed that each day in the service area was a full day.
4. No specialty crossover was assumed (e.g., General Surgery doing Gastroenterology, Family Practice doing OB/Gyn).
5. Where physicians were noted as “call only” or “as needed”, they were excluded from FTE totals.
6. Urgent Care capacity was ignored when calculating primary care provider capacity.
7. Non-physician providers (e.g., NP, PA, CNM) were not included in physician FTE determination.
8. Family physicians noted as doing OB/Gyn were only counted as primary care and were not included in OB/Gyn FTE determination.
9. Individual physicians who were claimed as FTE’s in multiple survey hospitals were reconciled such that the aggregate FTE for that physician was no greater than 1.0.
10. The FTE supply analysis was based on survey hospital responses supplied from October – December 2002.

**Table 1****Population Based MD Staffing Needs  
MD FTE Supply Per 100,000 Population**

Primary Care Specialty	Median of All Models	Solucient	Longshore/ Simmons (Base Moderate)	Mulhausen (FFS)	GMENAC	Hicks & Glenn
IM/FP	44	41.3	35	44	57	50
OB/Gyn	10.3	12.0	10.3	9.9	9.9	11.1
Pediatrics	13.1	10.7	13.1	12.4	15	12.9
Medical Specialty	Median of All Models	Solucient	Longshore/ Simmons (Base Moderate)	Mulhausen (FFS)	GMENAC	Hicks & Glenn
Cardiology	3.2	6.0	2.6	3.2	3.2	3.8
Dermatology	2.9	3.4	2.3	2.9	2.9	2.1
GI	2.7	4.6	1.6	2.7	2.7	1.7
Neurology	2.3	2.4	1.4	2.3	2.3	2.2
Oncology	2.3	1.9	1.9	3.7	3.2	2.3
Physical Medicine	1.3	1.8	N/A	1.3	1.3	N/A
Rheumatology	0.7	0.7	0.6	0.7	0.7	0.7
Surgical Specialty	Median of All Models	Solucient	Longshore/ Simmons (Base Moderate)	Mulhausen (FFS)	GMENAC	Hicks & Glenn
ENT	3.1	3.1	2.8	3.3	3.3	2.4
General Surgery	9.2	8.7	5.7	9.7	9.2	13.6
Ophthalmology	4.8	4.2	3.4	4.8	4.8	4.8
Orthopedics	6.1	6.5	4.8	6.2	6.1	5.4
Urology	3.2	3.2	2.7	3.2	3.2	2.9

**Table 2**  
**2003 Market Assessment Study**  
**Primary Care Service Area Population – PCSA and Self Defined Service Areas**

**Springfield Hospital**

Town	Population
Cavendish	760
Chester	4,605
Grafton	619
Londonderry PCSA	3,696
Ludlow	2,668
<b>Perkinsville</b>	<b>1,315</b>
<b>Proctorsville</b>	<b>833</b>
<b>Bellows Falls PCSA</b>	<b>5,362</b>
<b>Springfield/N. Springfield</b>	<b>9,828</b>
Total	29,686

**Table 5**  
**2003 Market Assessment Study**  
**Springfield Hospital**  
**Physician Supply Analysis**

<b>Primary Care Specialty</b>	<b>Current MD FTE</b>	<b>Predicted Need – PCSA</b>	<b>Variance ( ) = Shortfall</b>
OB/Gyn	3.0	3.0	-
Primary Care – Adult	16.3	13.0	3.3
Primary Care – Pediatric	4	3.9	0.1
<b>Medical Specialty</b>			
Cardiology	0.1	0.9	(0.8)
Dermatology	0	0.9	(0.9)
GI	0.8	0.8	-
Neurology	0.5	0.7	(0.2)
Oncology	0.5	0.7	(0.2)
Physical Medicine	0	0.4	(0.4)
Rheumatology	0	0.2	(0.2)
<b>Surgical Specialty</b>			
ENT	0	0.9	(0.9)
General Surgery	3	2.7	0.3
Ophthalmology	0.2	1.4	(1.2)
Orthopedics	1.4	1.8	(0.4)
Urology	0.5	0.9	(0.4)