



Community Needs Assessment June 2023

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FRISBIE MEMORIAL HOSPITAL COMMUNITY NEEDS ASSESSMENT

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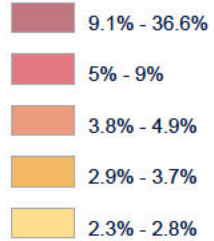
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Frisbie Memorial Hospital GSA

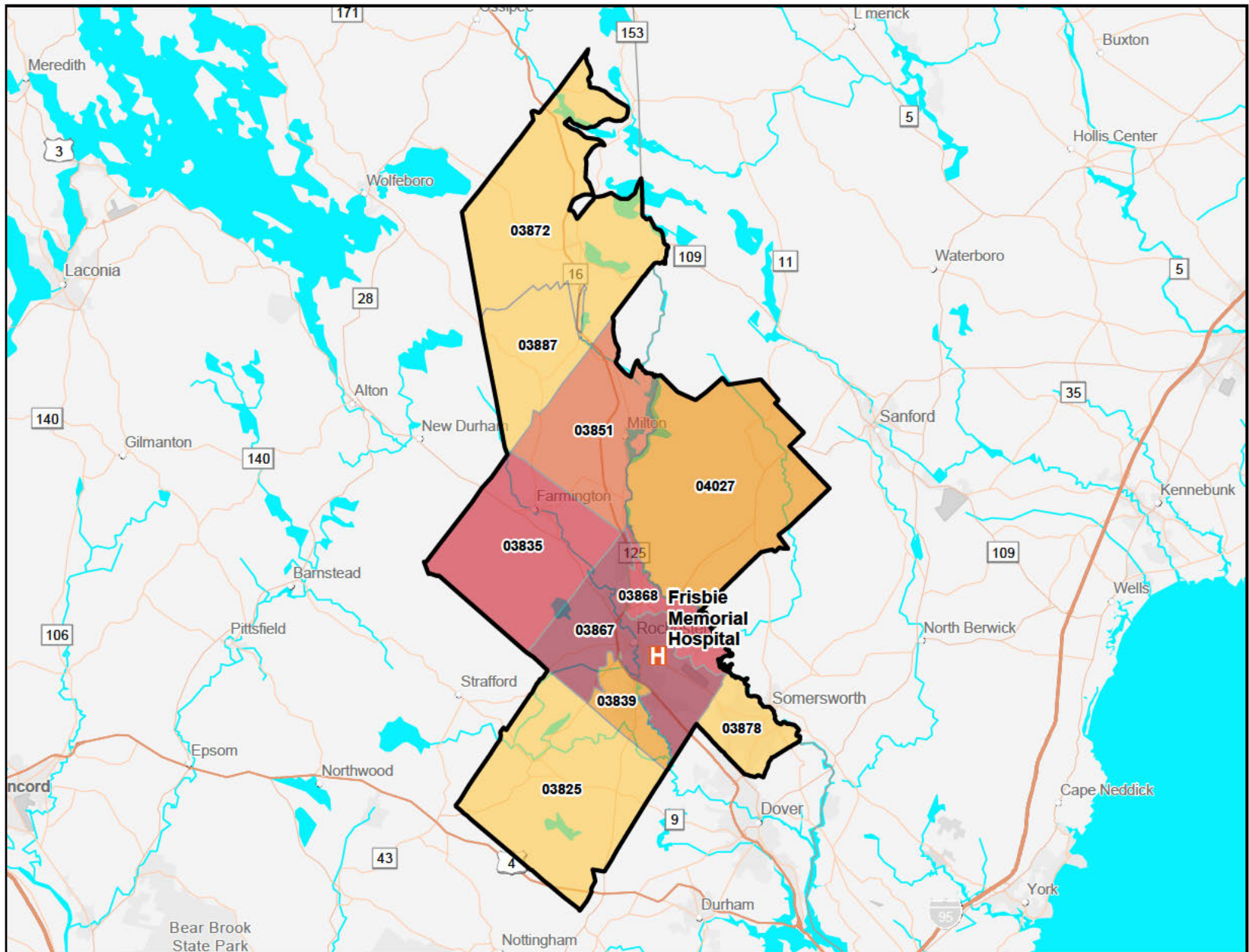
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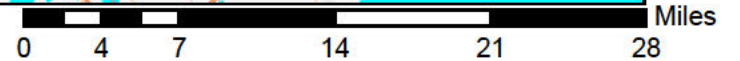
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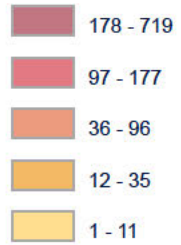


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Frisbie Memorial Hospital Inpatient Origin

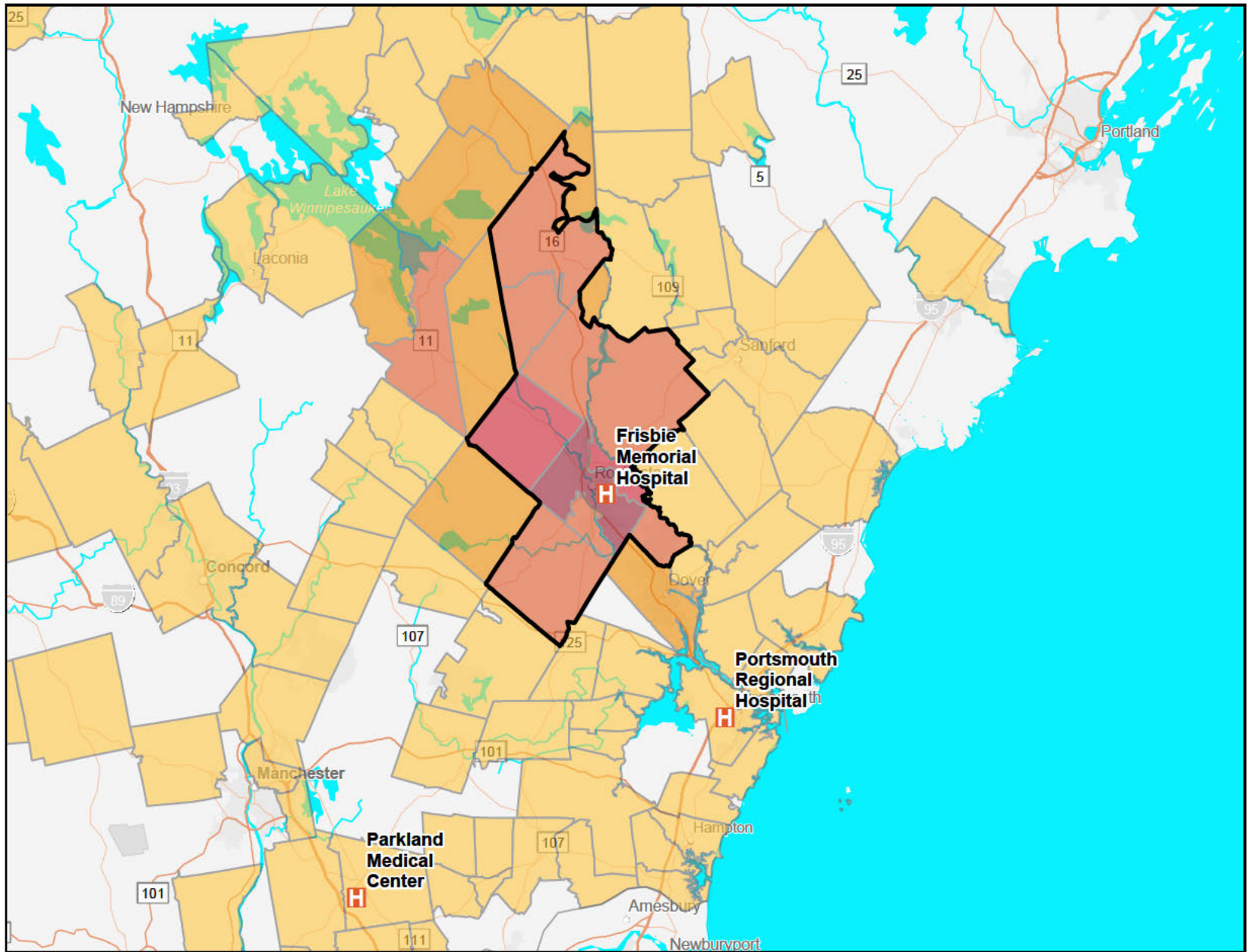
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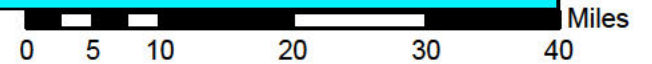
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Area Hospitals



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**FRISBIE MEMORIAL HOSPITAL
INPATIENT ORIGIN**

Service Area	ZIP Code	County	2020		2020-2021		2021		2021-2022		2022	
			Volume	% of Total	Change	% Change	Volume	% of Total	Change	% Change	Volume	% of Total
1 GSA	03867 - Rochester	Strafford	744	32.5%	161	21.6%	905	32.5%	-186	-20.6%	719	36.6%
2 GSA	03835 - Farmington	Strafford	190	8.3%	67	35.3%	257	9.2%	-80	-31.1%	177	9.0%
3 GSA	03868 - Rochester	Strafford	150	6.6%	10	6.7%	160	5.7%	-7	-4.4%	153	7.8%
4 GSA	03851 - Milton	Strafford	90	3.9%	45	50.0%	135	4.9%	-39	-28.9%	96	4.9%
5 GSA	03839 - Rochester	Strafford	78	3.4%	66	84.6%	144	5.2%	-72	-50.0%	72	3.7%
6 GSA	04027 - Lebanon	York	94	4.1%	25	26.6%	119	4.3%	-52	-43.7%	67	3.4%
7 GSA	03825 - Barrington	Strafford	59	2.6%	4	6.8%	63	2.3%	-7	-11.1%	56	2.8%
8 GSA	03872 - Sanbornville	Carroll	92	4.0%	-8	-8.7%	84	3.0%	-29	-34.5%	55	2.8%
9 GSA	03887 - Union	Strafford	66	2.9%	-2	-3.0%	64	2.3%	-18	-28.1%	46	2.3%
10 GSA	03878 - Somersworth	Strafford	59	2.6%	-4	-6.8%	55	2.0%	-10	-18.2%	45	2.3%
GSA Total			1,622	70.8%	364	22.4%	1,986	71.4%	-500	-25.2%	1,486	75.6%
Non-GSA Total			668	29.2%	129	19.3%	797	28.6%	-318	-39.9%	479	24.4%
GRAND TOTAL			2,290	100.0%	493	21.5%	2,783	100.0%	-818	-29.4%	1,965	100.0%

Source: HCA Healthcare Casemix without detail Data, 1/1/2020 to 12/31/2022. Inpatient volumes do not include normal newborns. 2020 Data is from 3/1/2020 to 12/31/2020

NOTE: The Geographic Service Area is based on 1/1/2022 to 12/31/2022 inpatient discharge data.

FRISBIE MEMORIAL HOSPITAL GSA (NH)
Physician Deficits/(Surpluses)

US Population: 333,934,112
 State Population: 1,399,122
 GSA Population: 78,898
 Population Growth: 3.6%

Specialty	Supply			Physician Deficit/(Surplus) Effective:			GAO Average Supply Numbers **				
	2023	Age	2025	June 2023	June 2024	June 2025	US MDs		NH MDs		
		65+*		Median	Median	Median	All	Non-Metro	All	Non-Metro	Non-Metro
Generalists											
Family Practice/General Practice	19	0	19	10.0	10.8	11.7					
Internal Medicine	5	2	3	21.2	21.9	24.6					
Pediatrics	3	0	3	9.8	9.9	10.1					
Sum	27	2	25	40.9	42.6	46.3	**	**			
Generalists per 100,000 people	34.2		31.7	51.9	54.0	58.7	87	94	59	72	119
Specialists											
Addiction Medicine	1	1	0	(0.7)	0.3	0.3					
Allergy/Immunology	0	0	0	0.9	0.9	0.9					
Anatomic/Clinical Pathology	2	0	2	1.8	1.9	1.9					
Anesthesiology	8	0	8	3.3	3.5	3.8					
Cardiovascular Disease	2	0	2	4.7	4.9	5.0					
Colon & Rectal Surgery	0	0	0	0.5	0.5	0.5					
Critical Care	1	0	1	0.2	0.2	0.3					
Dermatology	0	0	0	3.0	3.0	3.1					
Emergency Medicine	6	0	6	7.7	8.1	8.4					
Endocrinology, Diabetes and Metabolism	1	0	1	0.6	0.6	0.7					
Gastroenterology	5	0	5	(1.5)	(1.4)	(1.4)					
General Surgery	4	1	3	3.9	5.0	5.2					
Geriatric Medicine	0	0	0	0.7	0.7	0.7					
Geriatric Psychiatry	2	0	2	(1.7)	(1.7)	(1.7)					
Hand Surgery	1	0	1	(0.6)	(0.6)	(0.6)					
Hepatology	0	0	0	0.3	0.3	0.4					
Hospice & Palliative Medicine	0	0	0	0.8	0.8	0.9					
Hospitalist	2	0	2	7.6	7.9	8.1					
Infectious Disease	1	0	1	0.6	0.6	0.7					

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	2023	Age	2025	June 2023	June 2024	June 2025	US MDs		NH MDs
		65+*		Median	Median	Median	All Metro	Non-Metro	Non-Metro
Maternal/Fetal Medicine	0	0	0	0.1	0.1	0.1			
Medical Oncology (Includes Hematology)	1	0	1	2.4	2.5	2.6			
Neonatal-Perinatal Medicine	0	0	0	0.8	0.8	0.8			
Nephrology	0	0	0	1.7	1.8	1.8			
Neurological Surgery	0	0	0	1.5	1.5	1.5			
Neurology	1	1	0	3.5	4.6	4.7			
Obstetrics & Gynecology	4	0	4	5.3	5.4	5.4			
Ophthalmology	4	0	4	(0.2)	(0.1)	0.0			
Oral and Maxillofacial Surgery	1	0	1	(0.8)	(0.8)	(0.8)			
Orthopedic Surgery	4	0	4	1.9	2.1	2.3			
Otolaryngology	2	0	2	0.4	0.5	0.5			
Pain Medicine	3	0	3	(1.9)	(1.9)	(1.8)			
Pediatric Critical Care Medicine	0	0	0	0.4	0.4	0.4			
Pediatric Emergency Medicine	0	0	0	0.3	0.3	0.3			
Pediatric Orthopedics	0	0	0	0.1	0.1	0.1			
Pediatric Otolaryngology	0	0	0	0.1	0.1	0.1			
Pediatric Pulmonary	0	0	0	0.1	0.1	0.1			
Pediatric Surgery (Surgery)	0	0	0	0.3	0.3	0.3			
Physical Medicine & Rehabilitation	4	0	4	(1.6)	(1.5)	(1.5)			
Plastic Surgery	0	0	0	1.4	1.4	1.5			
Psychiatry	2	0	2	7.9	8.0	8.0			
Public Health & Gen Preventive Medicine	0	0	0	0.1	0.1	0.1			
Pulmonary Diseases	1	0	1	1.6	1.6	1.7			
Radiation Oncology	0	0	0	1.3	1.3	1.3			
Radiology	2	0	2	6.8	7.0	7.2			
Rheumatology	2	0	2	(0.8)	(0.7)	(0.7)			

FRISBIE MEMORIAL HOSPITAL GSA (NH)
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Specialty	Supply			Physician Deficit/(Surplus) Effective:			GAO Average Supply Numbers **				
	2023	Age 65+*		June 2023	June 2024	June 2025	US MDs			NH MDs	
		2025	Median	Median	Median	All Metro	Non-Metro	Non-Metro	Metro	Metro	
Sleep Medicine	0	0	0	0.3	0.3	0.3					
Sports Medicine	2	0	2	(1.5)	(1.5)	(1.5)					
Surgical Oncology	0	0	0	0.2	0.2	0.2					
Thoracic Surgery	0	0	0	0.9	1.0	1.0					
Urology	1	0	1	1.5	1.6	1.6					
Vascular and Interventional Radiology	0	0	0	0.5	0.5	0.5					
Vascular Surgery	2	0	2	(0.6)	(0.5)	(0.5)					
Sum	72	3	69	65.8	71.8	74.9	**	**			
Specialists per 100,000 people	91.3		87.5	83.4	91.1	94.9	150	171	63	119	230
Unspecified/Other Specialty											
Other Specialty	2	1	1	11.9	12.3	13.6					
Sum	2	1	1	11.9	12.3	13.6	**	**			
Unspecified/Other Specialty per 100,000 people	2.5		1.3	15.1	15.5	17.2	N/A	N/A	N/A	N/A	N/A
Grand Total	101	6	95	118.7	126.7	134.8	**	**			
Total per 100,000 people	128.0		120.4	150.4	160.6	170.8	239	267	122	192	353

*Physicians age is calculated based on June 15, 2023. It is anticipated that physicians of age 65 and over may retire in the next 2 years.

**Frisbie Memorial Hospital's GSA is located within Carroll, Strafford, and York counties, which are predominantly within the Boston - Cambridge - Newton and Portland - South Portland Metropolitan Statistical Areas; therefore, metro benchmarks should be used as point of reference for the local physician supply.

NOTE: The need is calculated based on six different models using the GMENAC and Hicks and Glenn rates, the US physician population ratio, US population ratio adjusted for gender and age utilization, New Hampshire physician population ratio, and New Hampshire population ratio adjusted by physician utilization by age group. The Median Physician Deficit/(Surplus) three-year schedule is based on a five-year linear increase of the Median Need and a projected yearly decrease in the physician supply based on the Retirement Projections of physicians age 67 and over.

SOURCES: Population data for 2021 overall estimates was from ESRI. Physician supply counts were from Definitive Healthcare updated December 26, 2022. Benchmark information for the state of New Hampshire was from Definitive Healthcare updated December 26, 2022 and benchmarks for the US were from Definitive Healthcare updated December 26, 2022. 2001 MD Comparisons from the United States General Accounting Office, Report to the Chairman, Committee on Health, Education, Labor, and Pensions, U.S. Senate. "Physician Workforce Report", October 2003. Physician utilization by population age group data was based on 2020 New Hampshire State Hospital Inpatient Data.

**FRISBIE MEMORIAL HOSPITAL GSA
Physicians by Age Group**

Specialty	30 to 39	40 to 49	50 to 59	60 to 66	Total Physicians	Average Age	Retirement Projections based on Physician Age					
							66	65	64	63	62	62+
Generalists												
1 Family Practice/General Practice	1	4	10	4	19	53	0	0	0	3	0	3
2 Internal Medicine	1	1	1	2	5	54	0	2	0	0	0	2
3 Pediatrics		1	1	1	3	54	0	0	0	0	0	0
Specialists												
4 Addiction Medicine				1	1	66	1	0	0	0	0	1
5 Anatomic/Clinical Pathology		1	1		2	53	0	0	0	0	0	0
6 Anesthesiology		3	2	3	8	53	0	0	0	1	0	1
7 Cardiovascular Disease		2			2	49	0	0	0	0	0	0
8 Critical Care		1			1	43	0	0	0	0	0	0
9 Emergency Medicine		5		1	6	48	0	0	0	0	0	0
10 Endocrinology, Diabetes and Metabolism			1		1	50	0	0	0	0	0	0
11 Gastroenterology	2		1	2	5	48	0	0	0	0	1	1
12 General Surgery				4	4	64	1	0	1	0	2	4
13 Geriatric Psychiatry		1	1		2	47	0	0	0	0	0	0
14 Hand Surgery		1			1	42	0	0	0	0	0	0
15 Hospitalist		1		1	2	54	0	0	0	0	1	1
16 Infectious Disease			1		1	57	0	0	0	0	0	0
17 Medical Oncology (Includes Hematology)		1			1	49	0	0	0	0	0	0
18 Neurology				1	1	66	1	0	0	0	0	1
19 Obstetrics & Gynecology		2	1	1	4	52	0	0	0	0	0	0
20 Ophthalmology	1	1	2		4	49	0	0	0	0	0	0
21 Oral and Maxillofacial Surgery		1			1	43	0	0	0	0	0	0
22 Orthopedic Surgery		1		3	4	59	0	0	1	1	0	2
23 Otolaryngology			2		2	56	0	0	0	0	0	0
24 Pain Medicine		1	1	1	3	56	0	0	0	1	0	1
25 Physical Medicine & Rehabilitation	1	1	1	1	4	47	0	0	0	0	1	1
26 Psychiatry		2			2	45	0	0	0	0	0	0

**FRISBIE MEMORIAL HOSPITAL GSA
Physicians by Age Group**

Specialty	30 to 39	40 to 49	50 to 59	60 to 66	Total Physicians	Average Age	Retirement Projections based on Physician Age					
							66	65	64	63	62	62+
27 Pulmonary Diseases			1		1	50	0	0	0	0	0	0
28 Radiology			2		2	53	0	0	0	0	0	0
29 Rheumatology	1	1			2	42	0	0	0	0	0	0
30 Sports Medicine			2		2	53	0	0	0	0	0	0
31 Urology			1		1	55	0	0	0	0	0	0
32 Vascular Surgery		1	1		2	48	0	0	0	0	0	0
Unspecified/Other Specialty												
33 Other Specialty				2	2	64	0	1	0	1	0	2
Grand Total					101	52	3	3	2	7	5	20

NOTE: Physicians age is calculated based on June 14, 2023.

SOURCES: Physician counts from Definitive Healthcare updated December 26, 2022.

Frisbie Memorial Hospital Community Needs Assessment

Definition of Terms

- **Geographic Service Area**

The reports in this document encompass a designated geographic service area (GSA). HCA Healthcare Physician Services Group defines the GSA according to the Stark Regulations as the area composed of the lowest number of contiguous ZIP Codes from which the hospital draws at least 75 percent of its inpatients.

- **Community Need**

The community need represents the “physician need” as calculated by HCA Healthcare Physician Services Group using six different methodologies: the U.S. population/physician ratio, the U.S. Adjusted Utilization Ratio for the community’s unique distribution by gender and age group, the state population/physician ratio for the state in which the facility is located, the state age adjusted utilization ratio for the hospital’s community service area, the GMENAC ratio, and the Hicks and Glenn ratio. The median, average, and range need figures are based on the value of these ratios.

- **Community Supply**

Non-federal direct patient care physicians, excluding residents, are included in the supply numbers. Data is provided by Definitive Healthcare.

- **Median Physician Deficit/(Surplus)**

The Median Physician Deficit/(Surplus) is a conservative figure determined as the difference between the median of the six need benchmarks and the physician supply. The Median Physician Deficit/(Surplus) three-year schedule is based on a five-year linear increase of the Median Need and a projected yearly decrease in the physicians age 67 and over.

- **Projected Growth in Need by Specialty**

The projected growth in need by specialty was estimated by applying current and projected three-year population growth figures to inpatient data from HCA Healthcare hospitals within the market.

- **HPSA/MUA**

Some neighborhoods throughout the region are designated as underserved. Health professional shortage areas (HPSAs) and medically underserved areas (MUAs) are federal geographic area designations as established under the U.S. Public Health Service Act as having an inadequate number of primary care physicians. In addition, some areas can be eligible for automated payment of the HPSA bonus. More information on the HPSA and MUA/MUP¹ areas and HPSA Bonus eligibility² is accessible on Health Resources and Services Administration (HRSA) website.

- **General Accounting Office**

The Physician Deficits/(Surpluses) report contains 2001 GAO physician-to-population comparisons per 100,000 people, which provides a point of reference for the local physician supply. It can be useful for comparing the community physicians to national or state supply numbers in the same demographic grouping.

For comparison to the GAO supply numbers, the total generalist and specialist community need volumes are scaled to reflect a “per one hundred thousand” population. Frisbie Memorial Hospital’s GSA is located within Carroll, Stafford, and York counties which fall predominantly within Boston – Cambridge – Newton and Portland – South Portland Metropolitan Statistical Areas; therefore, metro benchmarks should be used as point of reference for the local physician supply.³

¹ <https://data.hrsa.gov/tools/shortage-area>

² <https://data.hrsa.gov/tools/medicare/physician-bonus>

³ Office of Management and Budget, OMB Bulletin No. 20-01, March 2020.
<https://www.whitehouse.gov/wp-content/uploads/2020/03/Bulletin-20-01.pdf>

- **ZIP Code**

ZIP Codes define the physical boundary of a given area. P.O. Boxes are assigned to the parent ZIP Code. Patient and Physician data reported under the P.O. Boxes are reassigned to the physical ZIP Code.

- **Service Line**

The Service Line mapping used for this study purposes resembles the CMS most current service line mapping known as “MS DRGs”. Service Line and Physician Specialty crosswalk reports are available upon request.

Limitations

Figures for the projected percentage growth in need by specialty were calculated using 2022 data from HCA Healthcare hospitals within the market and were used as the non-displayed adjustment factor in the Need Analysis for All Community Specialties reports.

The determination of physician supply is a critical factor of the analysis. The primary office location is the physician address used in this study. Physicians over 66 years of age are excluded from the analysis. Differences in specialty counts between the supply list and the local market can sometimes occur. Examples of reasons for such variances can include differences in the designation of physician specialties. For instance, a hospital medical staff roster may classify a physician as an internist/rheumatologist, while the data we are provided may classify a physician as an internist. Some specialties in Definitive Healthcare are categorized differently than MMS, our prior vendor. In some cases, the sub-specialty of a provider may be assigned a more general category. Examples include Pulmonary Critical Care and Gynecologic Oncology. Pulmonary Critical Care is consolidated into Critical Care and Gynecologic Oncology is consolidated into Obstetrics and Gynecology. In cases where the exact sub-specialty is not visible in Definitive Healthcare data, Definitive Healthcare can be asked to provide information on where the sub-specialty is considered. A list of these groupings is available upon request.

Some GMENAC ratios were not included in calculations for certain specialties due to analysis limitations acknowledged in the original GMENAC study. For some specialties, only Physician to Population Ratios – National, State and Age Adjusted Utilization, can be calculated.

Physician utilization figures were determined using 2020 New Hampshire Hospital Inpatient Data.