



Assessing the Physician Workforce in the United States: National and State Initiatives

Pre-conference Session: Data

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Overview of Presentation

- Current issues and concerns
- National data: the view from 30,000 feet
- State data collection and analysis: a more in depth understanding of state medical workforce issues
- Planning for the future



The Center for Health Workforce Studies at the University at Albany

- A center of the School of Public Health at New York's State University at Albany
- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public



Health Workforce Problems and Solutions

- Problems are defined as **national** in scope
- But the impacts are **local** (e.g. limited access to care in communities and facilities)
- States and institutions are left to find their own solutions

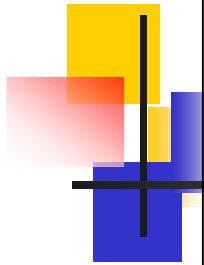
Source: Tom Ricketts, Sheps Center, UNC Chapel Hill



Inconvenient Truths vs. The Health Professions

- **Inconvenient truths**
 - The same work can be done by different professions
 - There are less expensive ways to educate health professionals
- **The health professions**
 - Practice acts
 - Professional identity
 - Credential creep

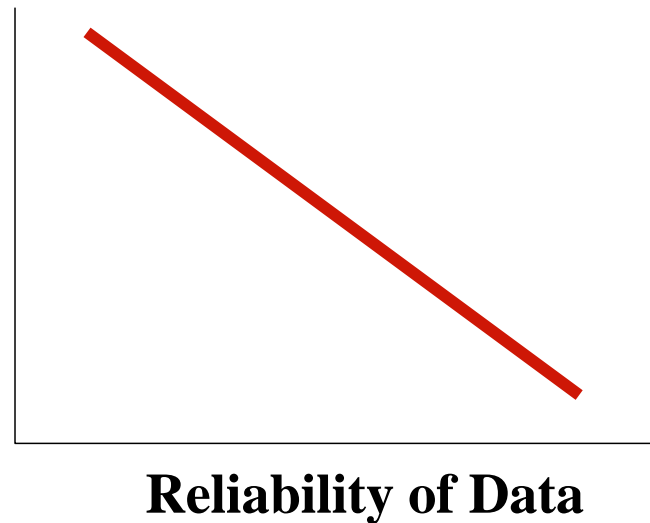
Source: Tom Ricketts, Sheps Center, UNC Chapel Hill



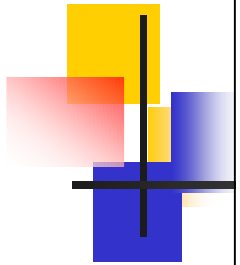
The missing data

- ❖ **Regularly collected inventories that yield timely projections of supply and need**

**Rhetoric
of Shortage**



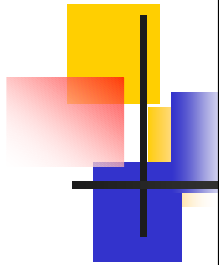
Source: Tom Ricketts, Sheps Center, UNC Chapel Hill



The missing policy

- ❖ **Support for independent, ongoing, longitudinal research capacity in health workforce.**
- ❖ **Yes, money.**

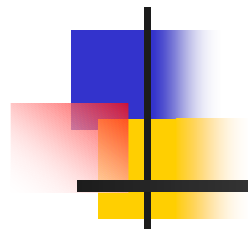
Source: Tom Ricketts, Sheps Center, UNC Chapel Hill



First steps to wisdom

- ❖ **How many practitioners are there?**
- ❖ **When to they enter and leave practice?**
- ❖ **Where do they practice?**
- ❖ **What do they practice?**

Source: Tom Ricketts, Sheps Center, UNC Chapel Hill



The US Health Workforce Profile

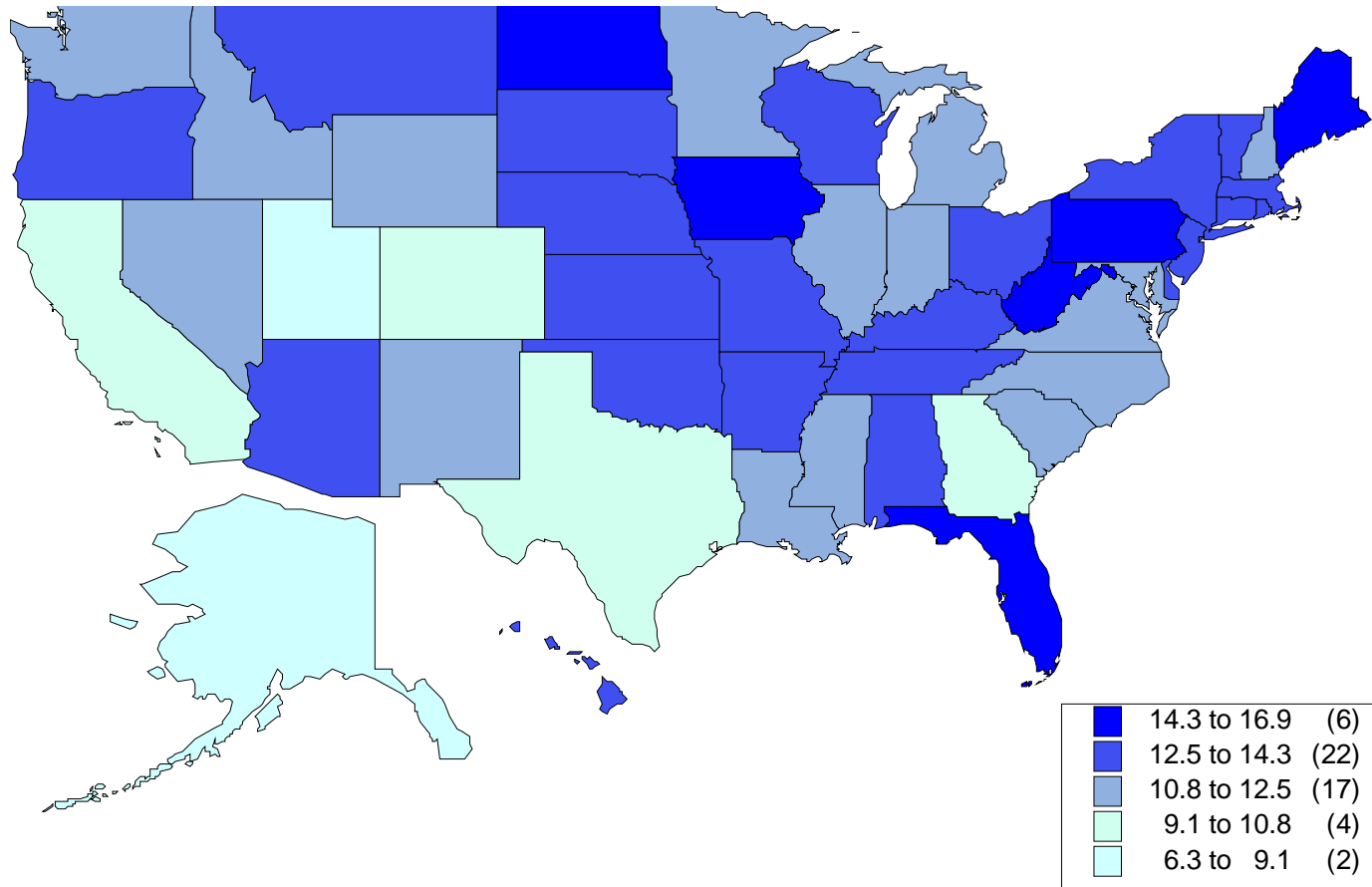


US Health Workforce Profile

- ❑ Background data on population demographics and health status
- ❑ Health services infrastructure data, including employment by setting
- ❑ Supply, trend, educational pipeline and demographic characteristics data on more than 25 health professions



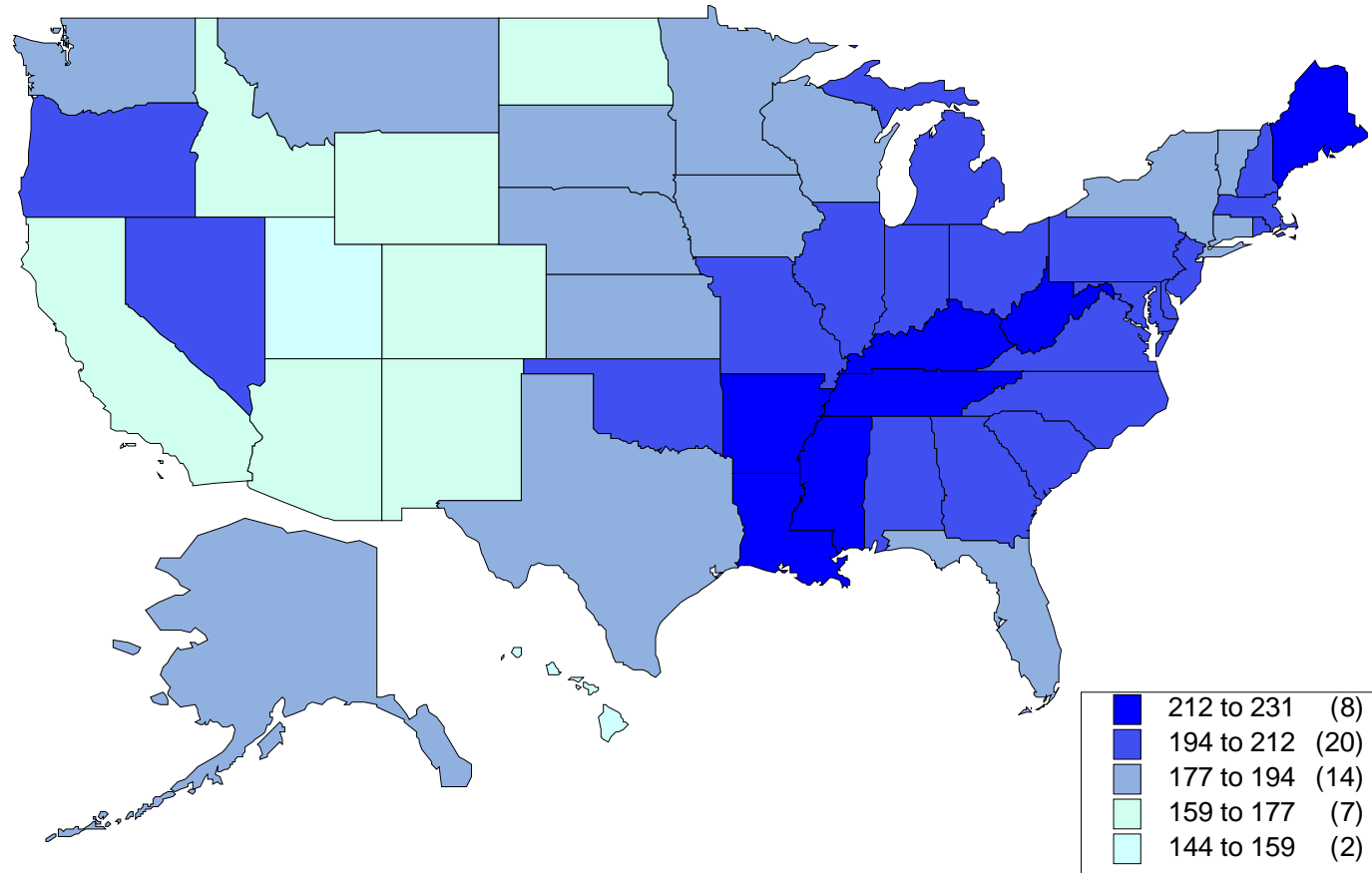
Percent of Population 65+, 2004



Source: U.S. Census Bureau.

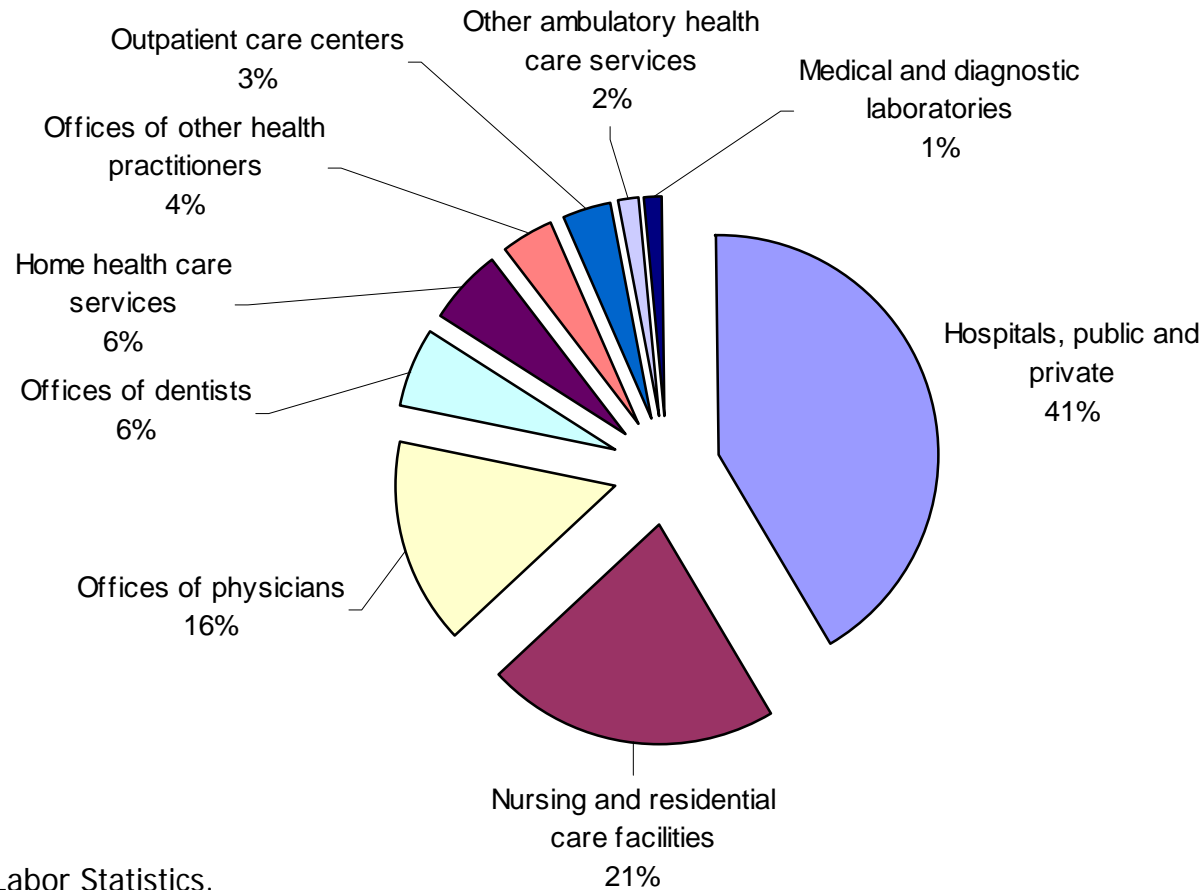
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Number of Cancer Deaths Per 100,000 population, 2002



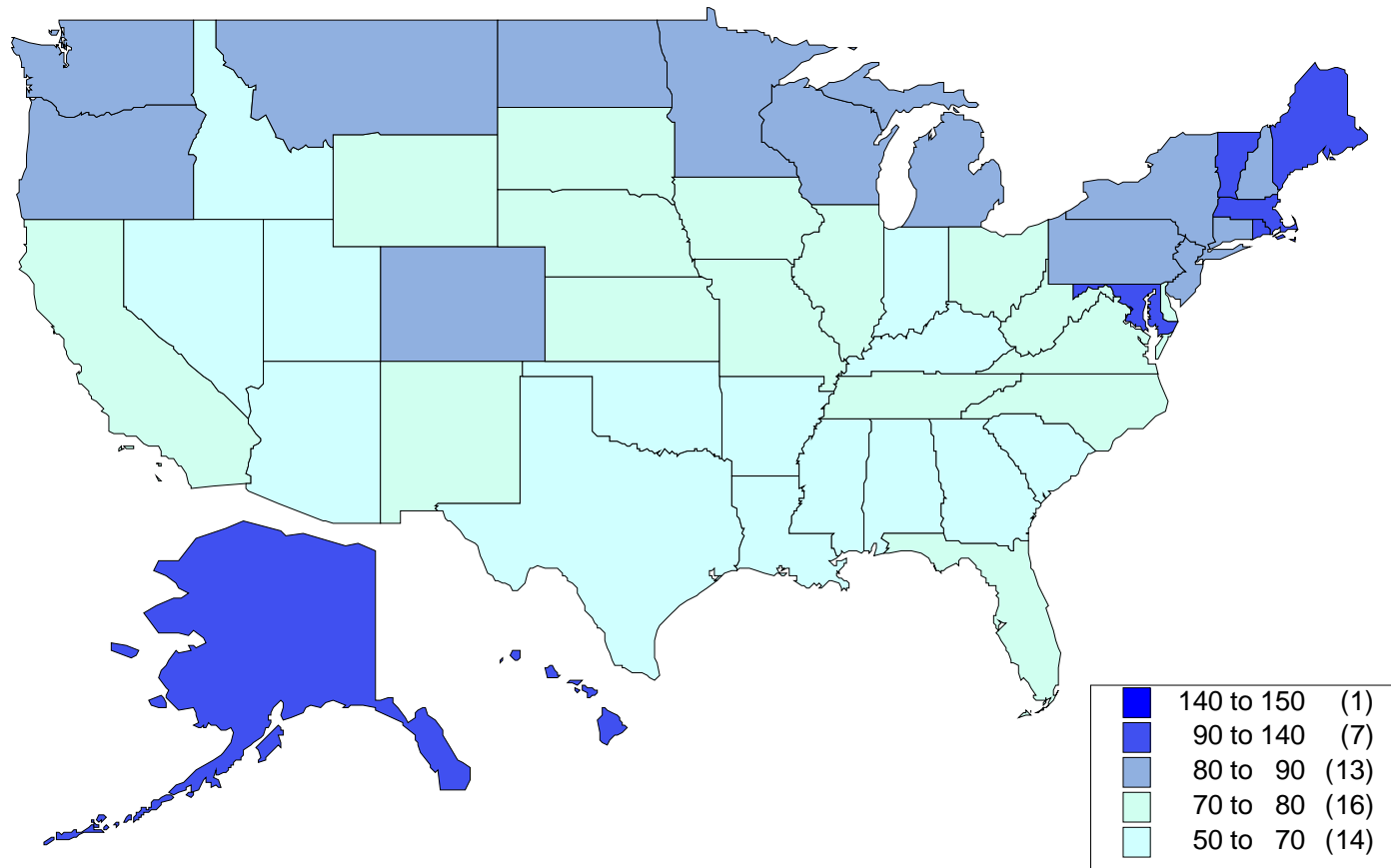
Source: National Center for Health Statistics.

Percentage Distribution of Employment in Health Services, 2004



Source: Bureau of Labor Statistics.

Primary Care Physicians per 100,000 Population

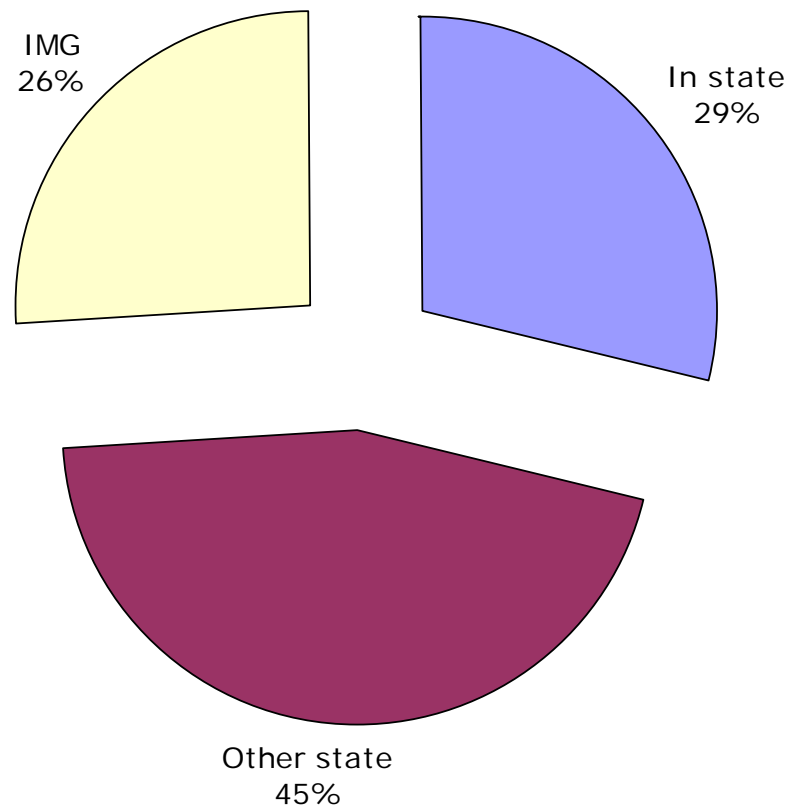


Source: American Medical Association; American Osteopathic Association; U.S. Census Bureau.

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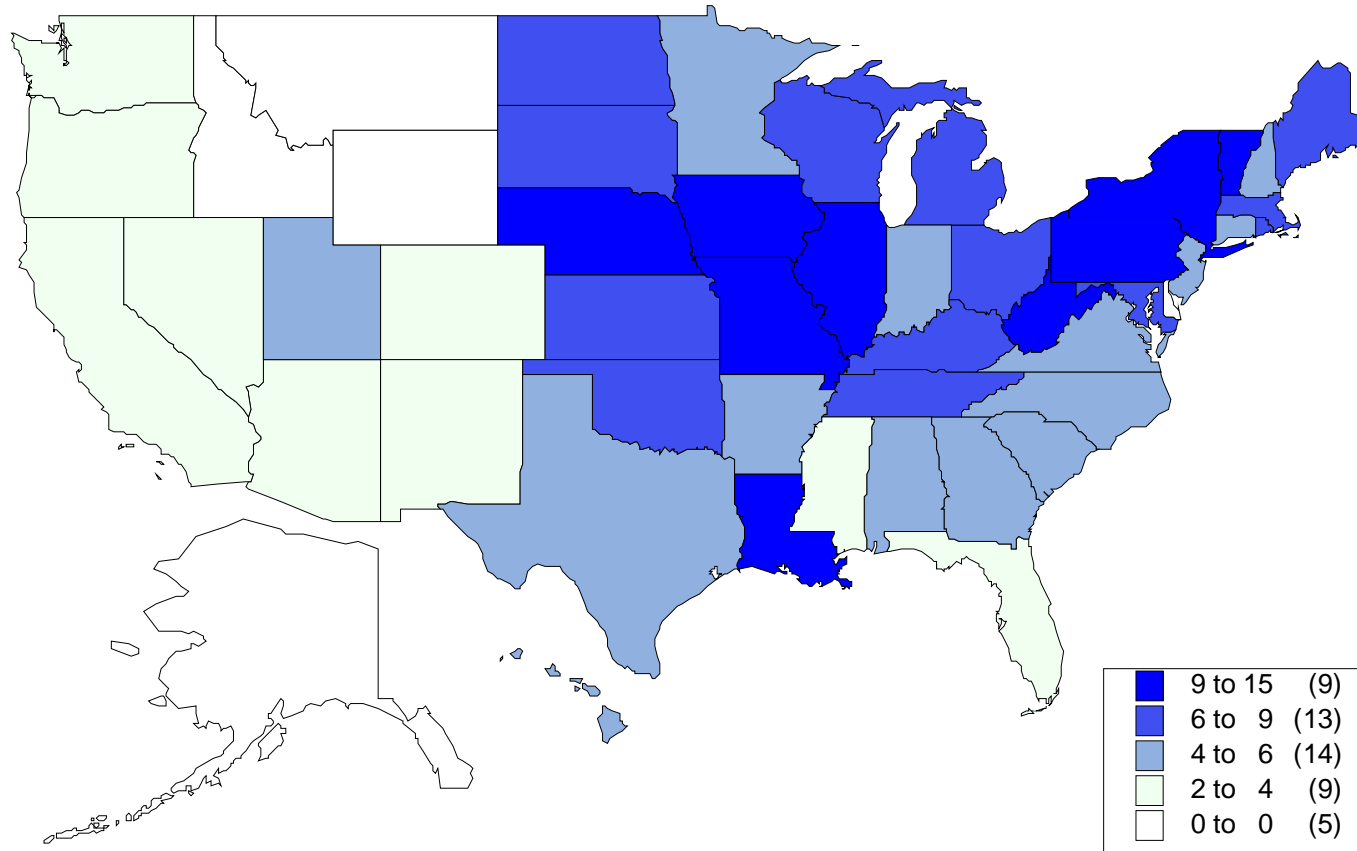


Location of Medical School Attended by Physicians Currently Practicing, 2004



Source: American Medical Association; American Osteopathic Association.

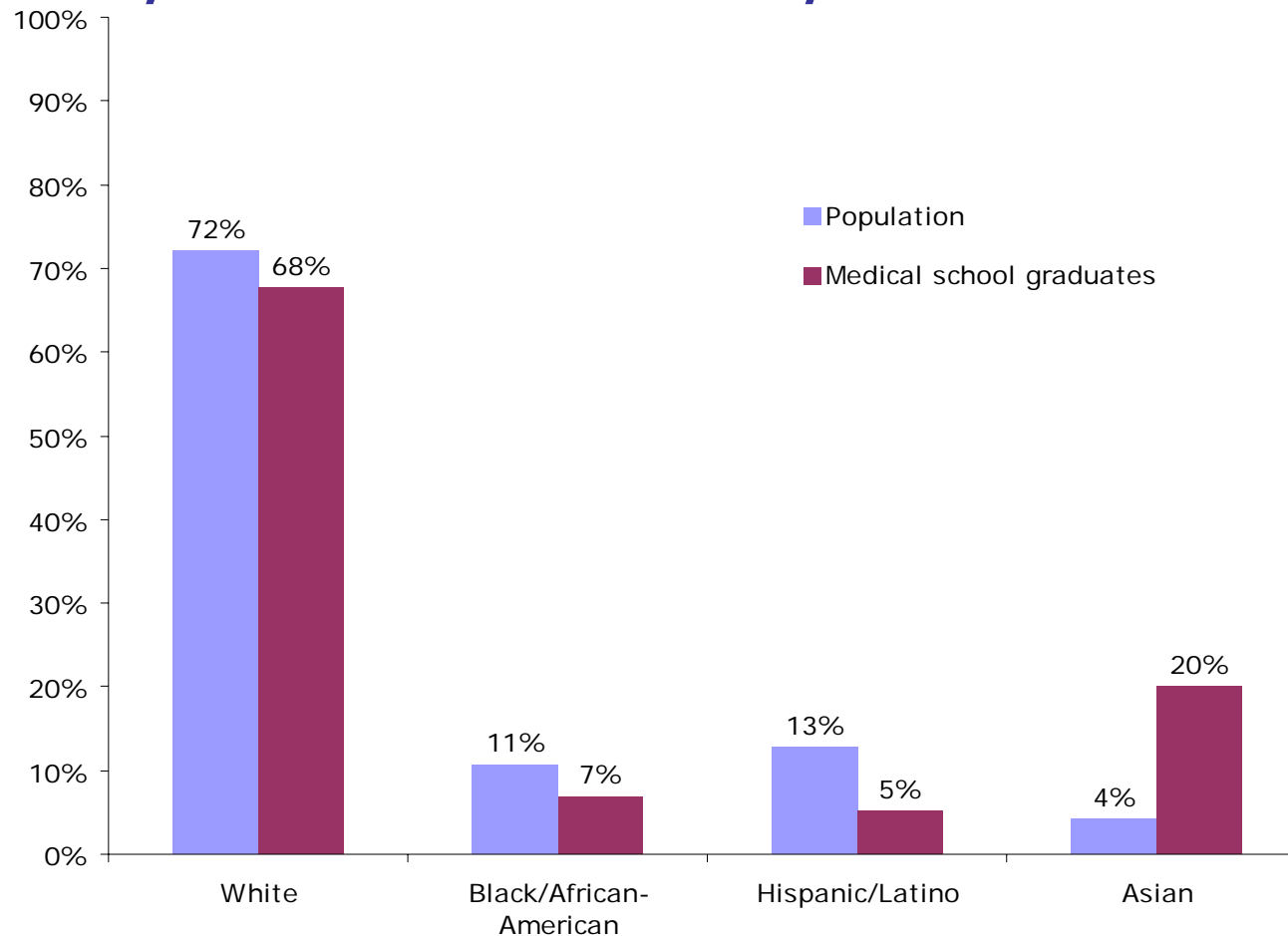
Total Medical School Graduates per 100,000 Population, 2004



Source: American Medical Association; American Osteopathic Association; U.S. Census Bureau.

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Race/Ethnicity of Medical School Degree Recipients and the Population, 2003-04



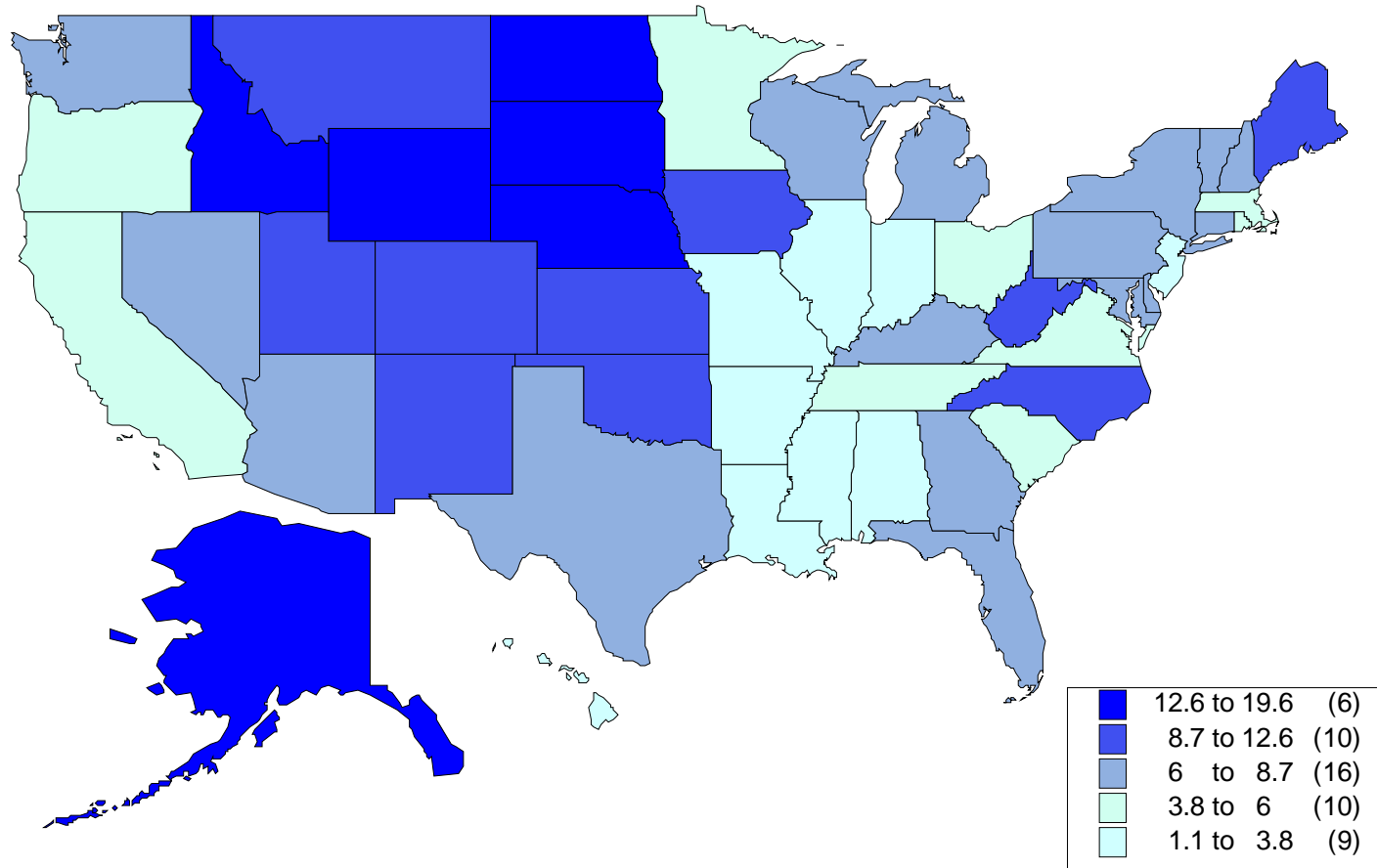
Source: National Center for Education Statistics; U.S. Census Bureau.

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Physician Assistants per 100 Physicians, 2004



Source: American Academy of Physician Assistants; U.S. Census Bureau.

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Advanced Practice Nurses, 2004

State	<i>NPs per 100K</i>	<i>CRNAs per 100K</i>	<i>CNMs per 100K</i>
Alabama	22.07	0.95	31.59
Alaska	129.68	7.78	38.14
Arizona	45.74	2.75	5.50
Arkansas	52.39	0.84	22.27
California	34.94	2.44	4.82
Colorado	50.40	4.93	13.71
Connecticut	73.78	4.28	12.84
Delaware	97.55	2.77	0.00
District of Columbia	142.54	5.42	39.02
Florida	58.06	2.87	16.15
Georgia	35.82	3.73	15.57
Hawaii	31.67	2.85	0.87
Idaho	53.62	1.44	23.61
Illinois	19.83	2.31	0.00
Indiana	2.40	1.35	0.00
Iowa	49.45	2.03	13.20
Kansas	45.73	1.61	25.33
Kentucky	37.22	2.29	22.58
Louisiana	25.67	0.84	24.49
Maine	68.63	5.09	32.57



The North Carolina Health Professions Data System

Components of Change, Physicians, 2001-2005

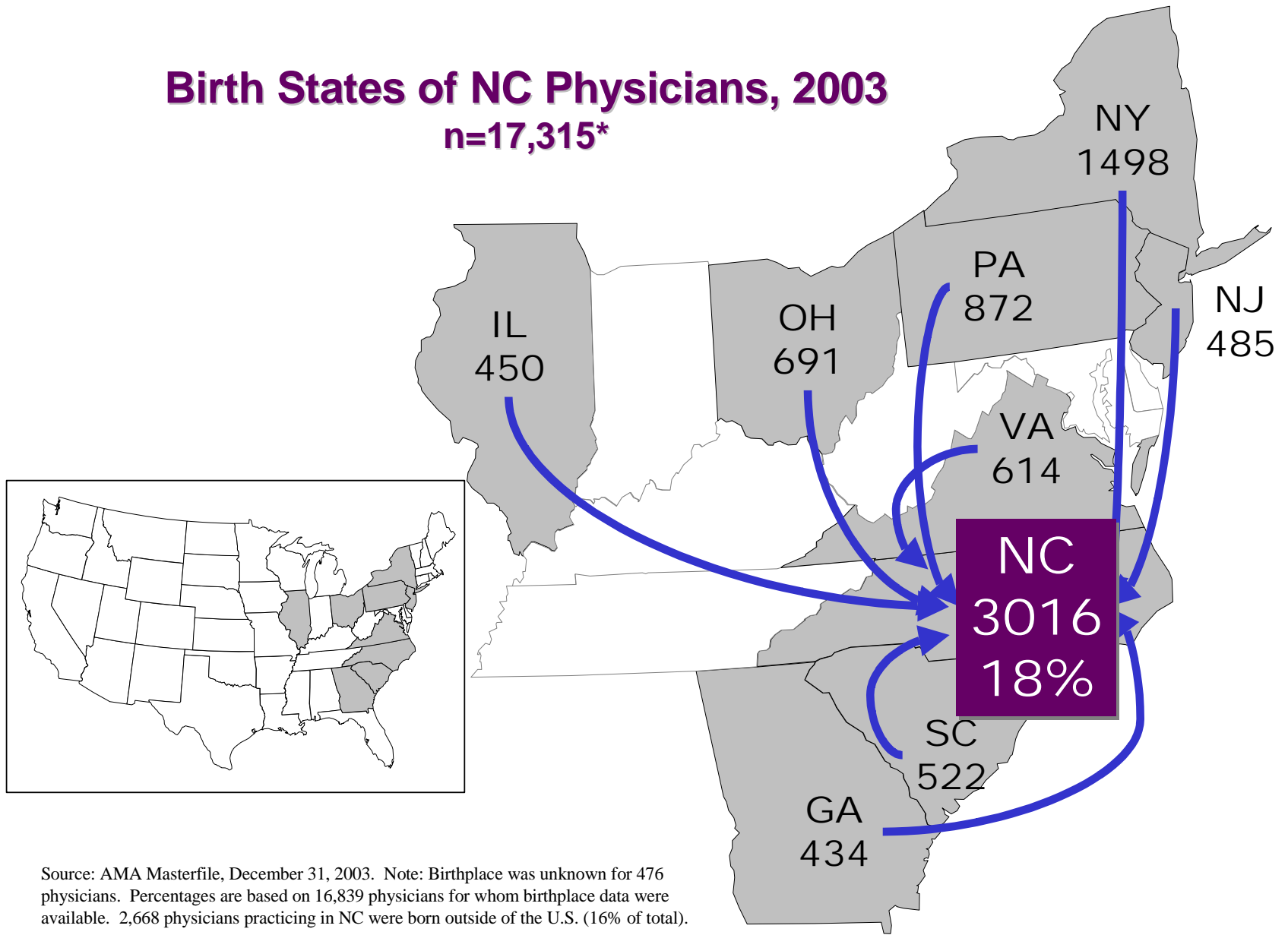


Source: NC Health Professions Data System, with data provided by the North Carolina Medical Board.

Note: Newly licensed physicians are those who are new to file with a license date in the current or previous year. Status change physicians are those who were licensed in NC in an earlier year but were either inactive or active out of state in the previous year.

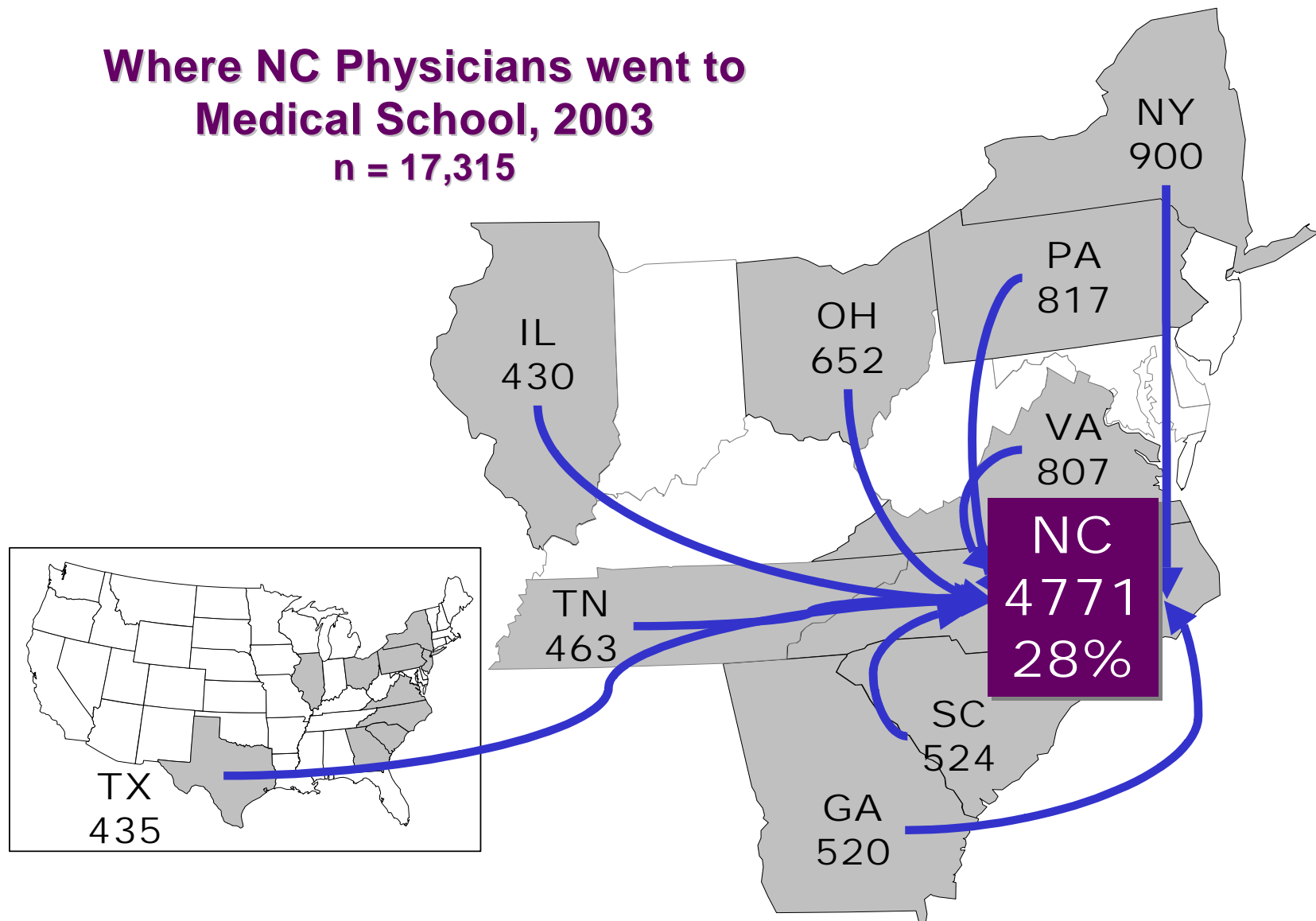
Birth States of NC Physicians, 2003

n=17,315*



Source: AMA Masterfile, December 31, 2003. Note: Birthplace was unknown for 476 physicians. Percentages are based on 16,839 physicians for whom birthplace data were available. 2,668 physicians practicing in NC were born outside of the U.S. (16% of total).

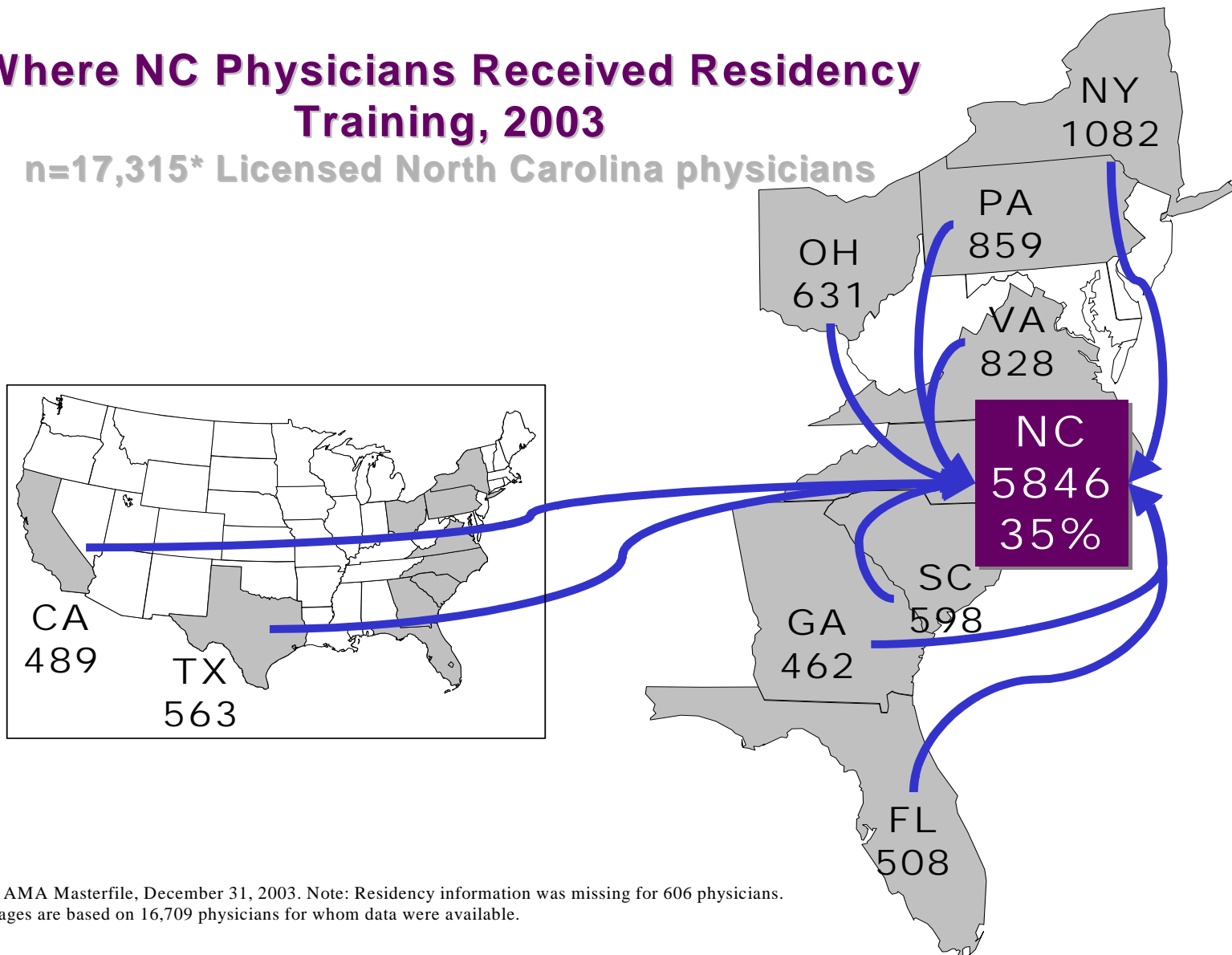
Where NC Physicians went to Medical School, 2003 n = 17,315



Source: AMA Masterfile, December 31, 2003. Note: 2,303 physicians practicing in NC went to medical schools outside the U.S. (13% of total).

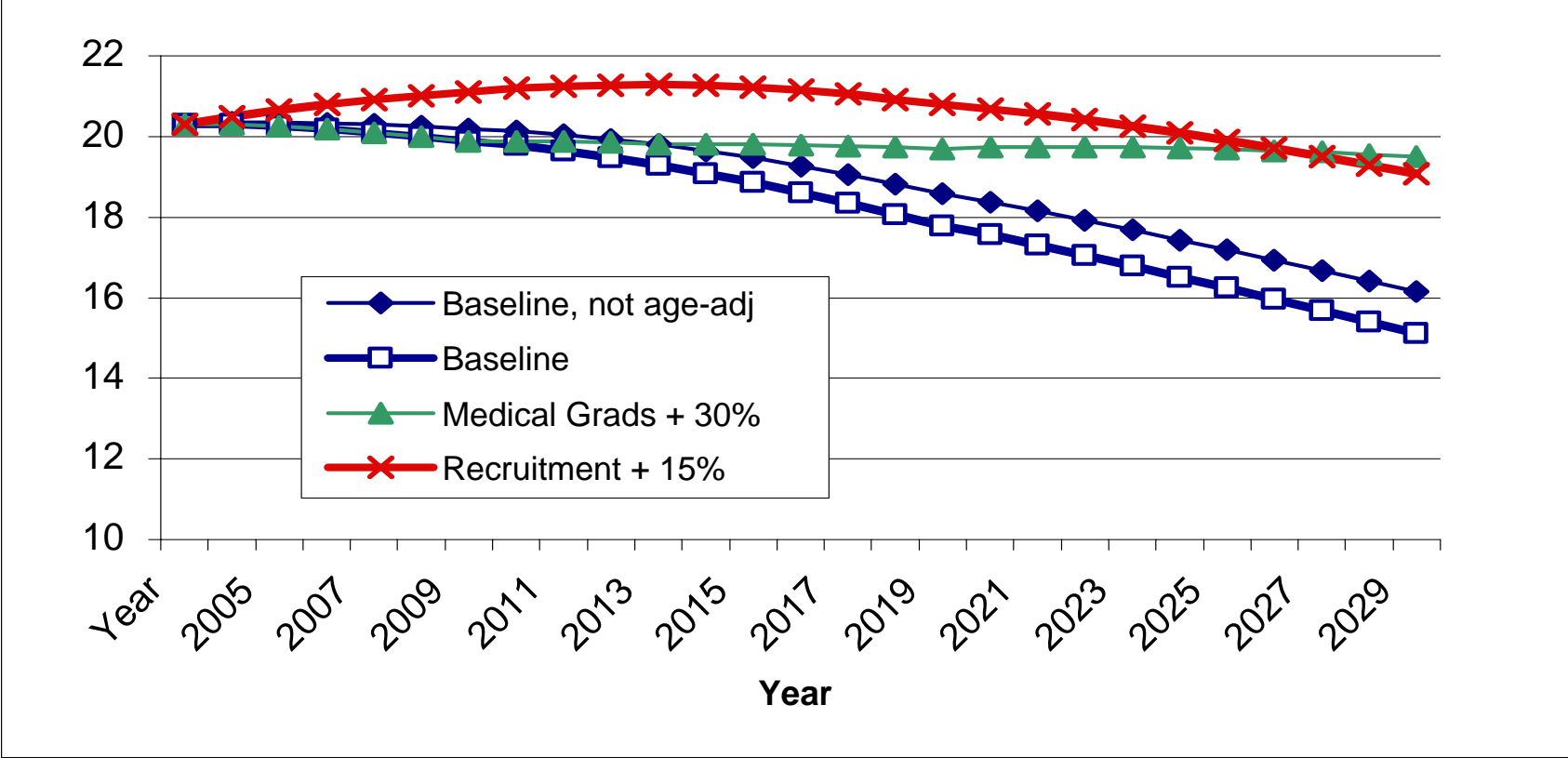
Where NC Physicians Received Residency Training, 2003

n=17,315* Licensed North Carolina physicians

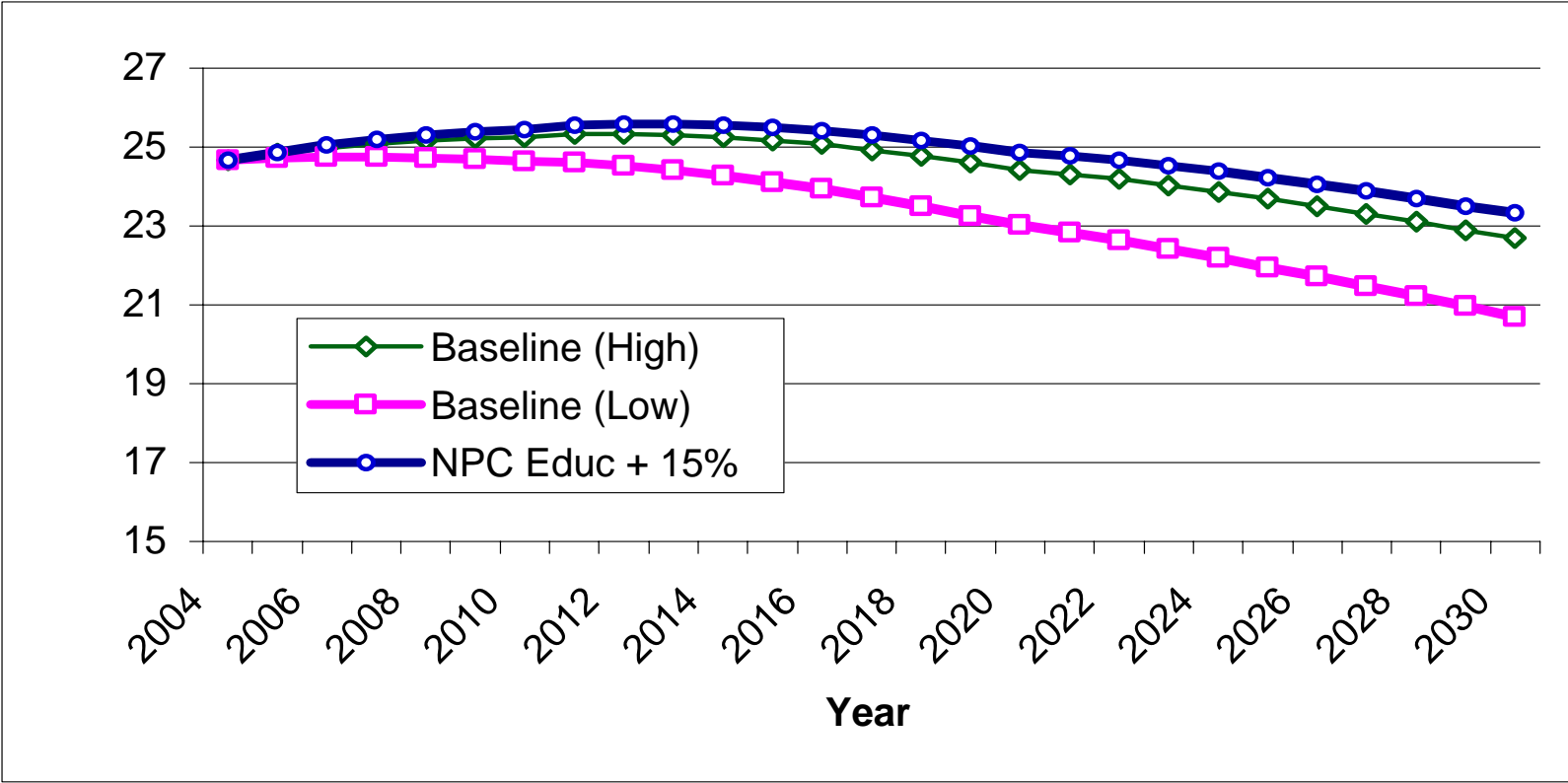


Source: AMA Masterfile, December 31, 2003. Note: Residency information was missing for 606 physicians. Percentages are based on 16,709 physicians for whom data were available.

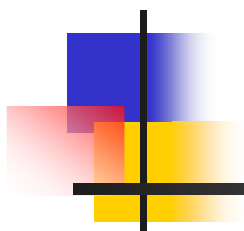
Projections: Physicians



Projections: All Practitioners



2006 Profile of New York State Physicians





The Supply and Distribution of Physicians in NY, 2005

- Data drawn from the 2004-06 Physician Re-registration Survey
- 84% survey response rate
- Based on survey responses, it is estimated that there were:
 - 77,471 licensed physicians
 - 61,931 active physicians



Overall Growth in NY Physician Supply

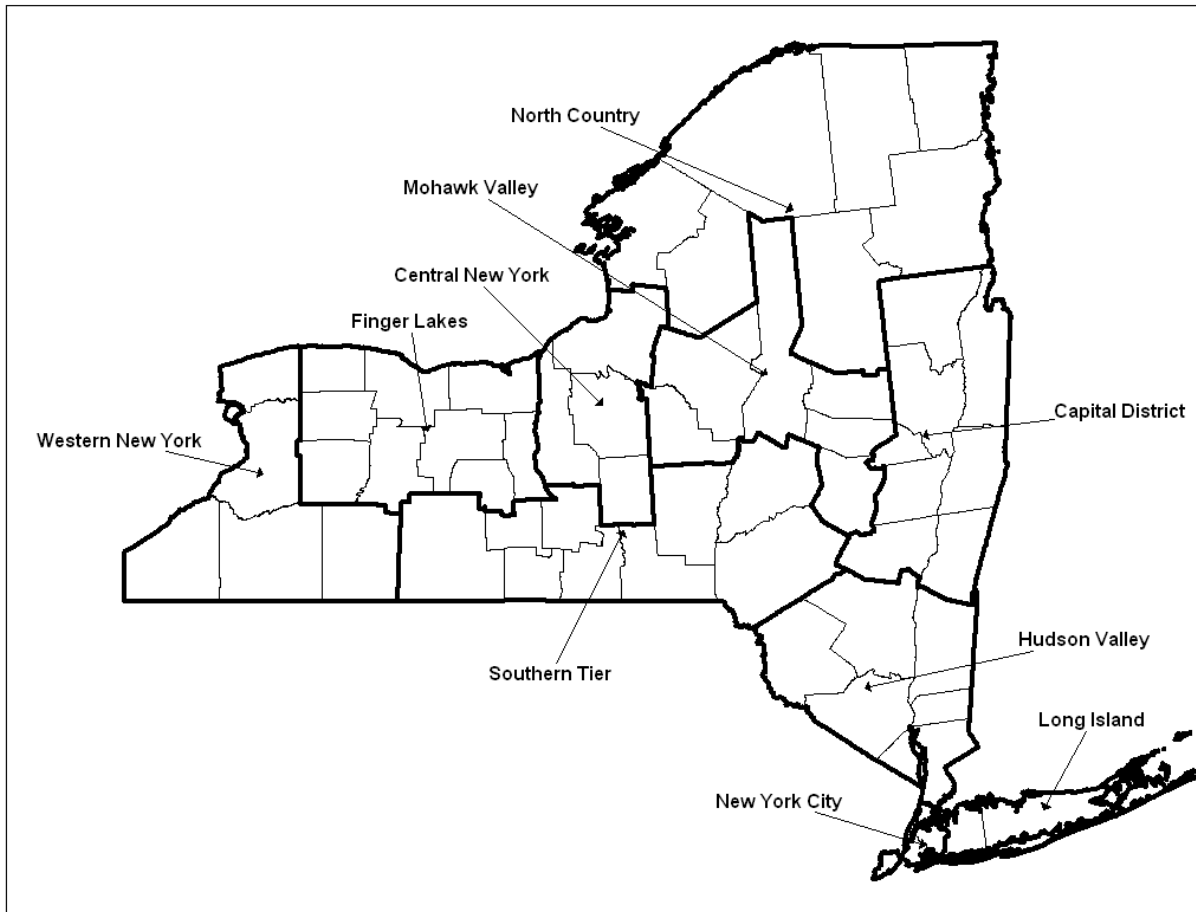
- Between 2001 and 2005, FTE active patient care physicians per capita grew by 5%
- Not all specialties experienced growth over that time period
 - General surgeons declined by 14%
 - Ob/Gyns and psychiatrists declined slightly by 1%



There Was Wide Regional Variation in Physician Distribution

- Ratio of FTE physicians per capita highest in Long Island (323) and lowest in the Mohawk Valley (150)
- Some regions saw declines in physicians per capita between 2001 and 2005
 - Overall decline – Western NY & Finger Lakes
 - Decline in primary care physicians – North Country
 - Decline in non-primary care physicians – Mohawk Valley

Per Capita FTE Physician Supply and Change 2001 – 2005



Region	Supply	Change
Capital District	248	15%
Central NY	230	5%
Finger Lakes	227	-8%
Hudson Valley	291	9%
Long Island	323	19%
Mohawk Valley	150	0%
NYC	311	2%
North Country	173	3%
Southern Tier	245	1%
Western NY	204	-11%

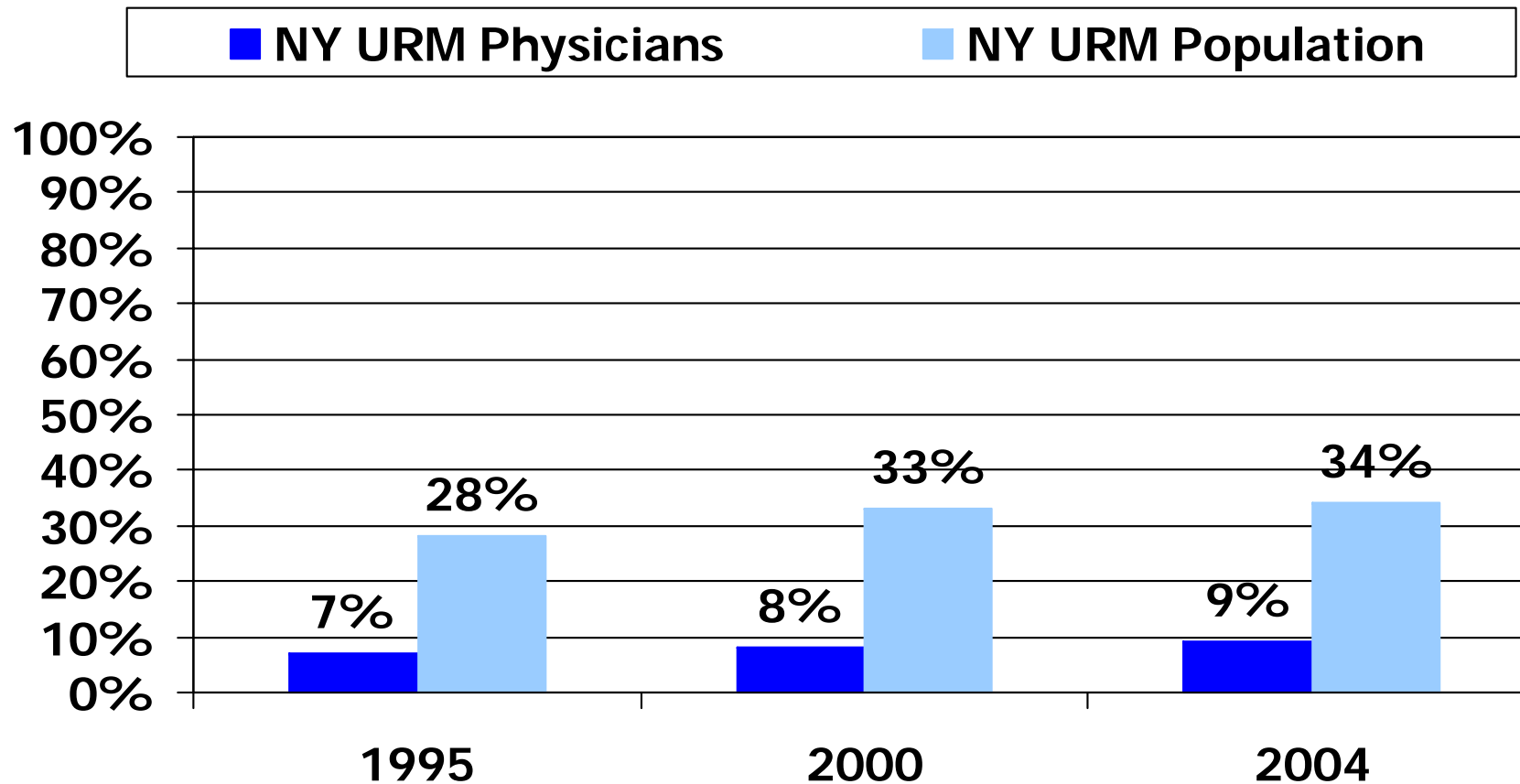


Characteristics of Active Physicians in New York

- **Average age 51**
- **Nearly 30% women**
- **35% International Medical Graduates**
- **Nearly 30% reported primary care specialties**
- **More than a third worked in a group practice**
- **Plans to reduce hours or retire varied by specialty**
 - **General surgeons, ob-gyns and neurologists were most likely to report plans to reduce hours and retire**

New York's Physicians are not Representative of Its Population

Percent URM of Active Patient Care Physicians in New York by Year





Characteristics of URM Physicians in New York

- Half were younger than 45 years of age compared to 38% of non-URM physicians
- 44% were women compared to 27% of non-URM physicians
- More likely to report a primary care specialty
- More likely to practice in hospitals and clinics
- More likely to serve Medicaid patients
- For those in NYC, more likely to practice in primary care shortage areas



Looking Ahead.....

- There is fragmented and limited national focus on health workforce policy
- An increasing number of states want better data and information to inform policy decisions, but resources are limited
 - But do they ask the right questions?
- Workforce researchers may need to focus on new important questions:
 - Given the needs of the population, what is the right mix of skills and services?
 - How can we support the development and effective use of interdisciplinary teams?