

BACKGROUND

State and federal health reform efforts place increasing emphasis on affordable and accessible primary care services. Primary care is designed to be the first point of contact with the health system and includes a range of services that focus on disease prevention and health promotion as well as the diagnosis and treatment of acute and chronic diseases. This research brief examines the supply and distribution of the state's primary care workforce. Primary care providers include physicians, nurse practitioners (NPs), physician assistants (PAs), and midwives. While these health professionals are trained to provide primary care, many of them do not work in primary care settings. In order to fully assess primary care capacity, it is essential to consider both the primary care specialty and the practice setting of the health professional.

Data for this research brief were drawn from surveys of licensed physicians, NPs, PAs, and midwives conducted by the Center. The identification of primary care specialties was profession-specific.¹ Primary care practice settings included private practitioner offices, community health centers, hospital-based outpatient clinics and free-standing clinics. This research brief assesses the state's current primary care capacity and considers the contributions of physicians as well as NPs, PAs, and midwives, in providing primary care services to New Yorkers.

KEY FINDINGS

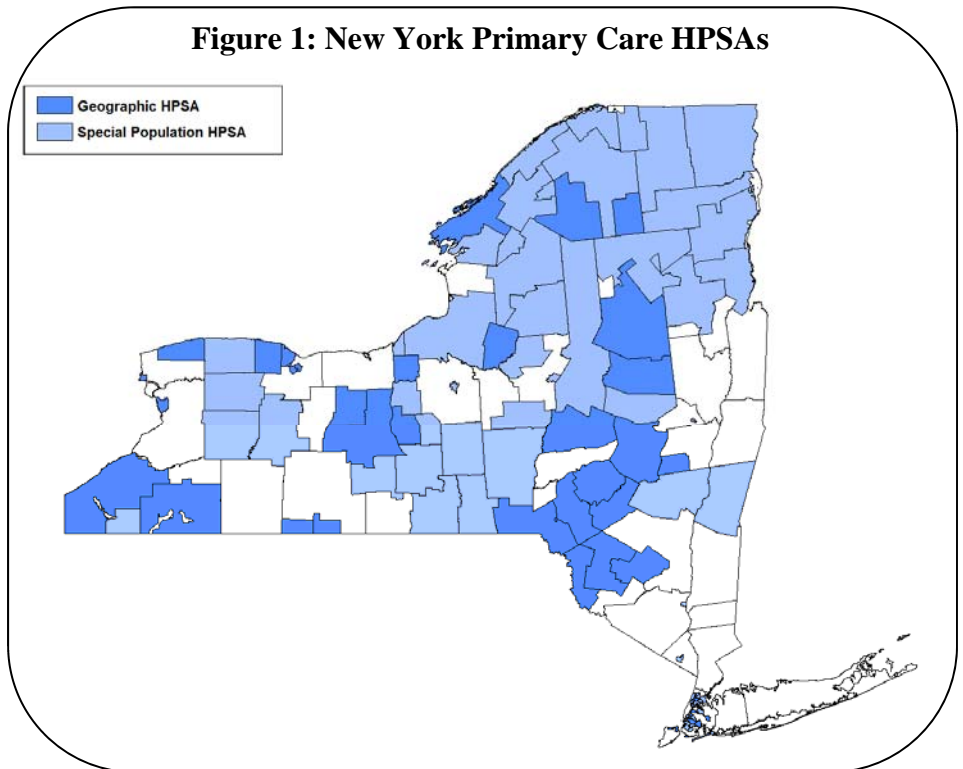
One in five New Yorkers reside in federally designated primary care shortage areas.

Currently, over 3.9 million New Yorkers reside in geographic (service area or whole county) or special population health professional shortage areas (HPSAs), or about 20% of New York's total population. There are 41 geographic primary care HPSAs and 58 special population primary care HPSAs, with the majority of special population HPSAs designated for either Medicaid-eligible or low income populations.

In all, there are primary care HPSAs in 52 of New York's 62 counties. According to the federal Office of Shortage Designation, 450 full-time equivalent (FTE) practitioners would be needed to remove all primary care shortage designations in New York, but over 1,100 FTEs would be needed to achieve a 2,000:1 population to primary care provider ratio for these currently designated shortage areas.^{2,3}

Under the current HPSA designation rules, only primary care physicians are counted when assessing primary care capacity in an area. New HPSA designation rules that are expected to be released later this year are likely to broaden the definition of primary care providers to include NPs, PAs, and midwives and require that the primary care contributions of these providers be included in the analysis.

Figure 1: New York Primary Care HPSAs



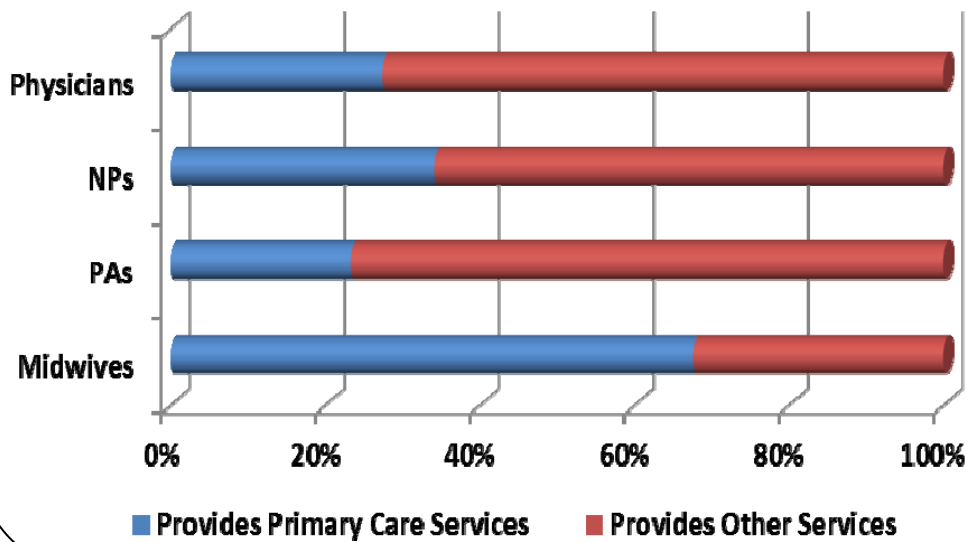
¹Physician primary care specialties included family practice, general practice, general internal medicine, general pediatrics, and obstetrics/gynecology. Primary care specialties for NPs and PAs were based on the specialty of the collaborating or supervising physician as listed above.

²http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2, accessed 6/21/2012.

³To remove a geographic primary care designation, a ratio of less than 3,500 people to 1 FTE primary care provider is required. To remove a special population designation, a ratio of less than 3,000 people per 1 FTE primary care provider is required.

Approximately one-third or less of active physicians, PAs, and NPs in New York provide primary care services.

Figure 2: Percentage of Physicians, NPs, PAs, and Midwives Who Provide Primary Care Services



Of those providers actively practicing in New York, over 34% of NPs, nearly 28% of physicians, and more than 23% of PAs provide primary care services. Nearly 68% of actively practicing midwives in New York provide primary care services.

Midwives who provide primary care services work an average of 45 hours per work, compared to 40 hours per week for PAs, and 34 hours per week for NPs. Physicians who provide primary care services work on average 38 hours per week.

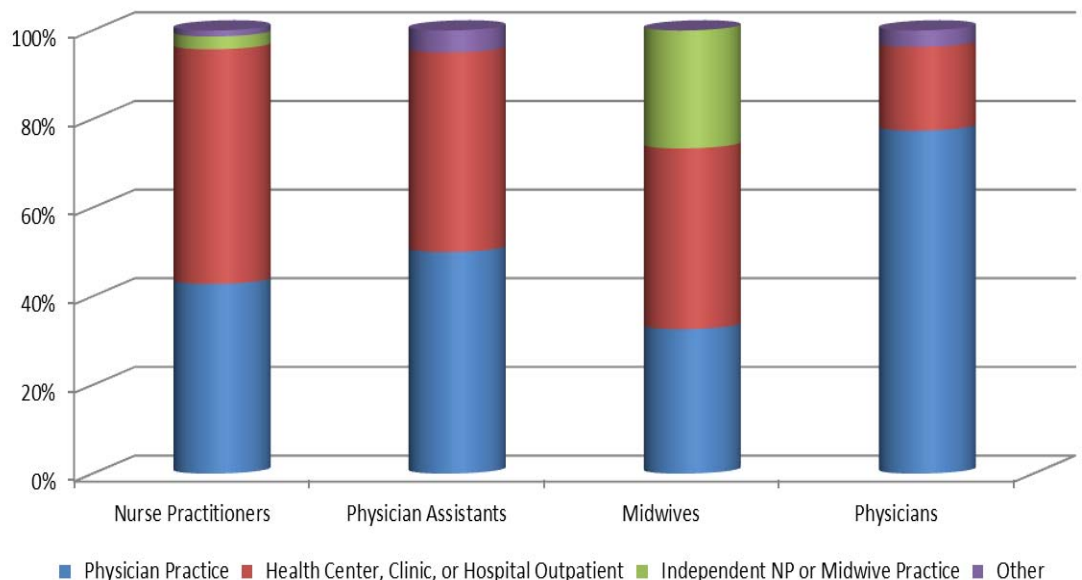
There is wide variation in the practice settings of primary care providers.

More than 75% of physicians who provide primary care services practice in private physician offices, while less than 20% work in health centers and clinics.

NPs and midwives who provide primary care services are most likely to work in health centers and clinics (53% and 41%, respectively) followed by private physician offices (43% and 33%, respectively). About half of PAs work in physician offices, followed by health centers and clinics (45%).

Over one-quarter of midwives and 3% of NPs who provide primary care services work in independent practices.

Figure 3: Distribution of Primary Care Providers By Practice Setting

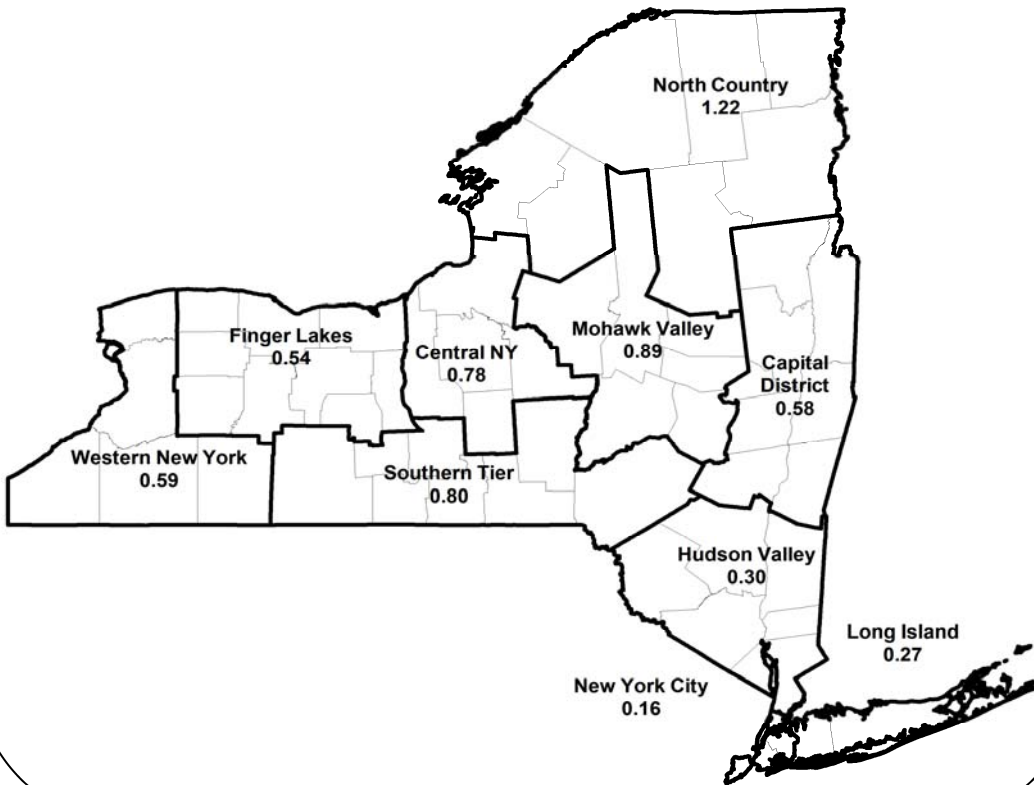


Center for Health Workforce Studies

This brief was prepared by Robert Martiniano, Jean Moore, and David Armstrong at the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. Support for this analysis was provided by the New York State Department of Health. The data are from surveys that are part of the Center's New York Health Workforce Data System, which is designed to support ongoing monitoring of the state's health workforce. The content of this report reflects the work of the Center, exclusively. For more information about the Center, visit our Web site at: <http://chws.albany.edu>.

NPs, PAs, and midwives who provide primary care services are more likely to work in areas with lower rates of primary care physicians per capita.

Figure 4: The Number of NPs, PAs, and Midwives per Primary Care Physician by Region



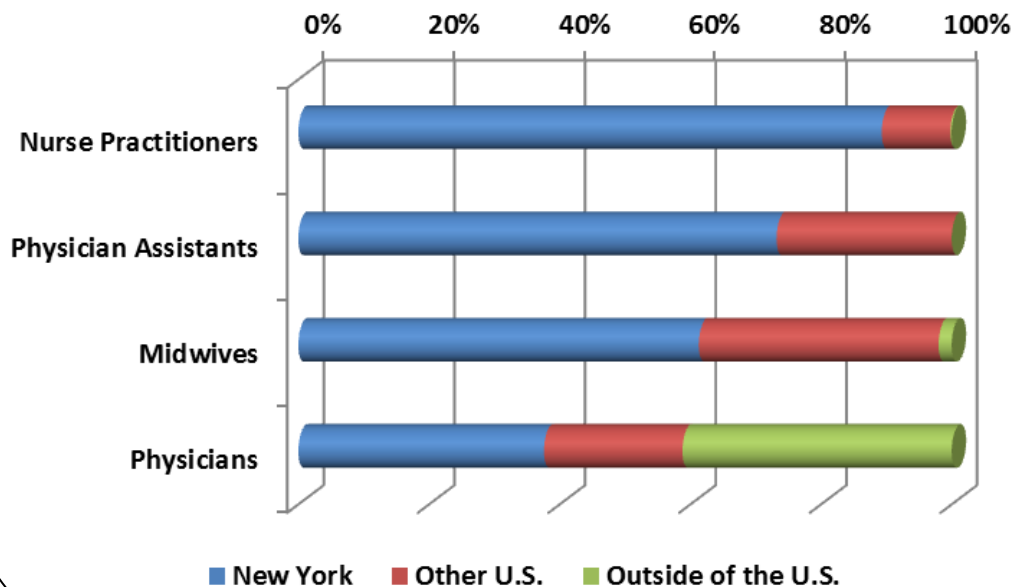
In total, there are an estimated 6,300 NPs, PAs, and midwives providing primary care services in New York, or about 32 per 100,000 population. Statewide, there is 0.33 NP, PA, and midwife for each primary care physician in the state. New York City has the lowest rate of NPs, PAs, and midwives per primary care physician at 0.16, followed by Long Island (0.27) and Hudson Valley (0.30).

The North Country (1.22) has the highest ratio of NPs, PAs, and midwives per primary care physician, followed by Mohawk Valley (0.89), Southern Tier (0.80), and Central New York (0.78).

NPs, PAs, and midwives who provide primary care services in the state are more likely to have completed their professional training in New York compared to physicians who provide primary care services.

Nearly 90% of NPs who provide primary care services received their NP training in New York, while only 81% of them completed their RN training in the state. Seventy-three percent of PAs and 61% of midwives who provide primary care services in New York received their professional training in New York. In contrast, only 38% of physicians who provide primary care services in the state attended a New York medical school, while over 40% of physicians providing primary care services in the state attended a foreign medical school. Eighty percent of physicians who provide primary care services completed residency training in New York.

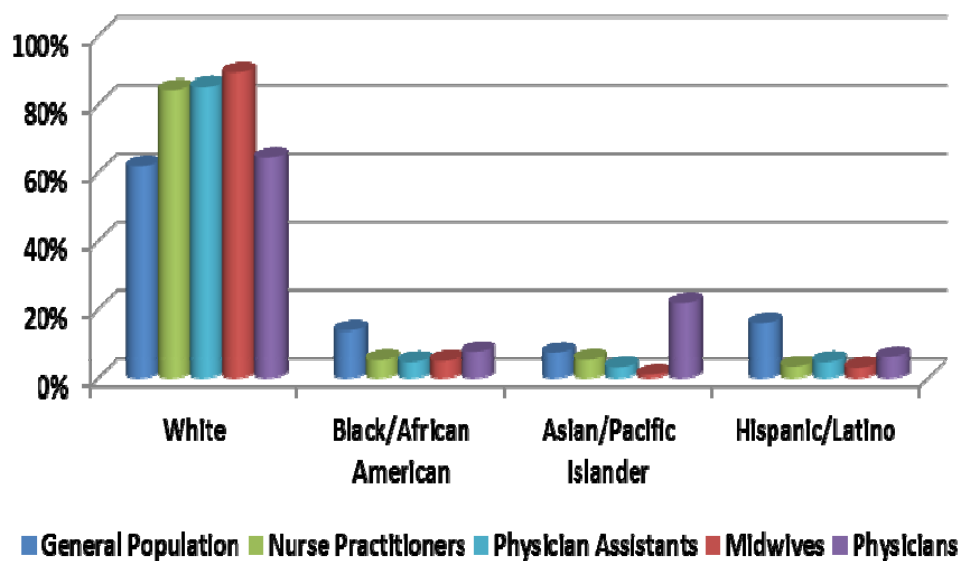
Figure 5: Where NPs, PAs, Midwives, and Physicians Received Their Training



Primary care providers are older than the civilian labor force and are not as diverse as the state's population.

NPs (53.0), physicians (52.0), and midwives (49.0) providing primary care services have much higher median ages than the civilian labor force (43.0), while PAs (44.0) have a slightly higher median age. Nearly 62% of NPs are 50 years of age or older, compared to 56% of physicians, 48% of midwives, and 36% of PAs. Over 92% of midwives and 82% of NPs who provide primary care services are female, compared to 65% of PAs and 40% of physicians.

Figure 6: Racial/Ethnic Distribution of Primary Care Providers Compared to the General Population in New York



Primary care providers in the four professions are less diverse than the state's population. Blacks/African Americans⁴ and Hispanics/Latinos are underrepresented in the primary care workforce compared to their presence in the population. Also Asian/Pacific Islanders⁴ are underrepresented in all professions but medicine. Whites⁴ are overrepresented in all four professions.

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METHODS

As of January 2012, there were over 87,000 physicians, nearly 17,000 NPs, over 11,200 PAs, and more than 1,000 midwives licensed to practice in New York. Data for this research brief were drawn from ongoing re-registration surveys of the four professions as well as 2011 surveys of NPs, PAs, and midwives conducted by the Center. All surveys are voluntary and collect information on demographic, professional, and practice characteristics of these health professionals. The response rates for the four surveys were: physicians (76%), NPs (18%), PAs (13%), and midwives (20%). Given the low response rates to the NP, PA, and midwife surveys, the geographic distribution of the responses was compared to the geographic distribution in their respective licensure files and found to be reasonably similar. Caution, however, should still be taken when interpreting the results of these analyses.

This research brief is based on analyses of licensed and/or certified individuals in the four professions that were actively practicing in their respective profession in New York. A respondent was determined to be active if he or she reported actively working in paid or unpaid positions in New York. The region of practice was based on the reported county of the principal practice zip code. If the principal practice zip code field was either incomplete or missing, the county listed on the New York State Education Department licensure database was used as the region of employment.

DISCUSSION

State and federal reforms are expected to result in increased demand for primary care services. An initial assessment of the state's primary care workforce capacity suggests that NPs, PAs, and midwives have important roles in the delivery of primary care services, particularly in areas of the state where there are fewer physicians per capita. There are differences in the practice settings for primary care providers, with NPs, PAs, and midwives more likely to work in health centers and clinics, and physicians more likely to practice in private offices.

Findings from the re-registration surveys of physicians, NPs, PAs, and midwives contribute to a better understanding of the primary care workforce in the state. Collectively, data from these surveys will be useful in future assessments of primary care capacity, particularly with anticipated changes to federal shortage designation rules and can help inform programs and policies aimed at increasing access to primary care services for underserved populations in New York.

⁴ These racial categories exclude any individual who identified themselves as Hispanic/Latino.