



Highlights

- There are more than twice as many physicians per 100,000 population in urban counties than in rural counties.
- Physicians practicing in rural counties are more likely to be male and non-Hispanic White compared to physicians practicing in urban counties.
- Physicians in urban counties are much more likely to have completed a New York residency program than physicians in rural counties.
- Rural physicians are more likely to practice primary care compared to urban physicians.

Background

The vast majority of active patient care physicians in New York practiced in urban counties in 2010. Previous research has found important differences in the demographic, educational, and practice characteristics of physicians who practice in urban versus rural areas. This research brief compares and contrasts the active physician workforce in urban and rural counties in the state.¹ Data for this research brief were drawn from the Center for Health Workforce Studies' New York physician re-registration survey (2005-2010).

Key Findings

There are more than twice as many physicians per 100,000 population in urban counties than in rural counties.

There were 381 active patient care physicians per 100,000 population in urban counties in 2010 (a 7% increase since 2006) and 185 physicians per 100,000 population in rural counties (an 8% increase since 2006). The median patient care hours per week was lower for physicians practicing in urban counties (38) compared to physicians practicing in rural counties (44).

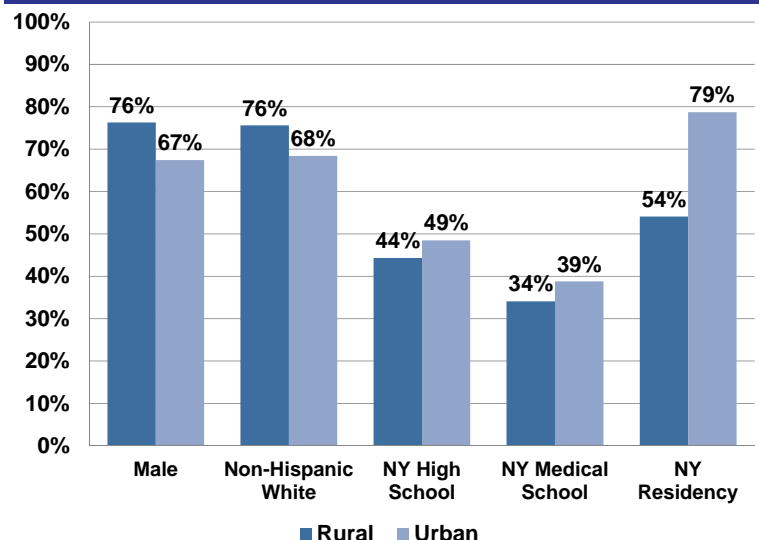
Physicians practicing in rural counties are more likely to be male and non-Hispanic White compared to physicians practicing in urban counties.

Seventy-six percent of physicians practicing in rural counties were male and 76% of them were non-Hispanic White. In contrast, 67% of physicians practicing in urban counties were male and 68% of them were non-Hispanic White. The median age for physicians in rural counties was higher (53) than for physicians in urban counties (51).

Physicians in urban counties are much more likely to have completed a New York residency program than physicians in rural counties.

Almost 80% of physicians practicing in urban counties were trained in New York residency programs compared to 54% of physicians in rural counties.

Physician Characteristics by Geographic Location, 2010



¹ Counties with populations of less than 200,000 are considered rural. This definition is based on "Eberts' typology" and cited in New York State Public Health Law: Article 2, Title 2C, Section 235.

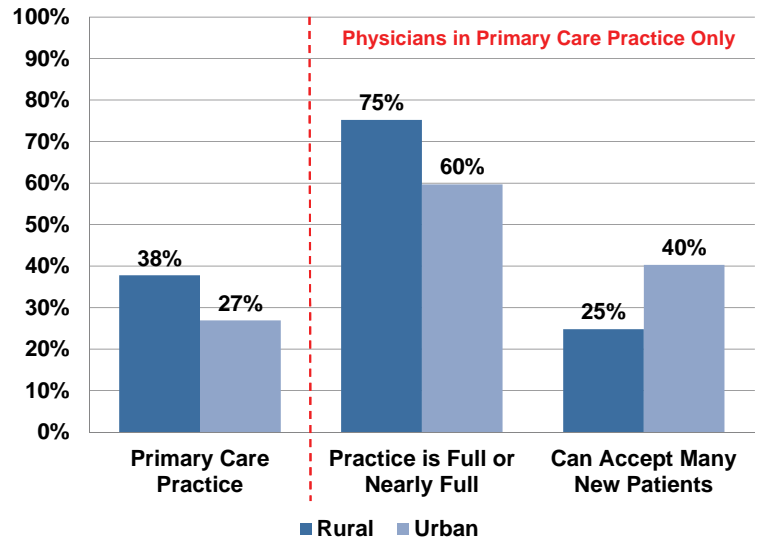
Rural physicians are more likely to practice primary care compared to urban physicians.

Thirty-eight percent of rural physicians reported a principal specialty in primary care² and practiced in a primary care setting³ that was accessible to the general public compared to 27% of urban physicians. Since 2006, the number of primary care physicians in primary care practices per 100,000 population has increased by less than 1% in both rural and urban counties.

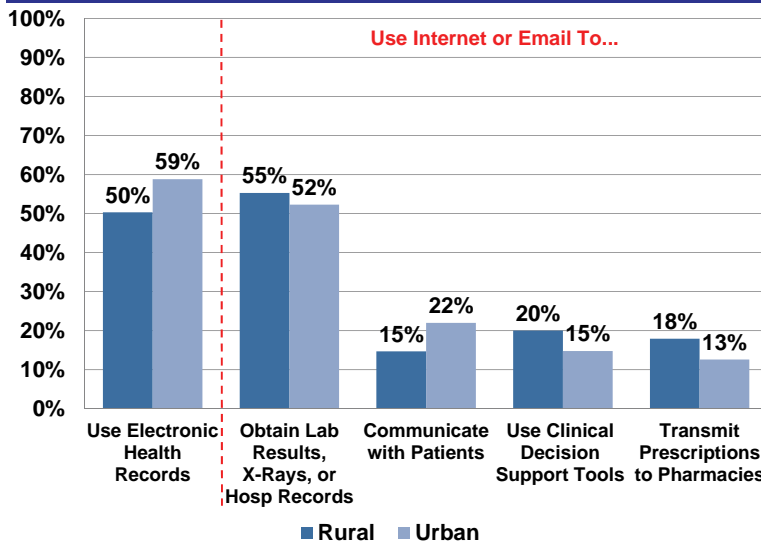
More primary care physicians in rural counties report a full or nearly full practice compared to their urban counterparts.

Seventy-five percent of physicians in rural counties in primary care practices indicated that their practice was full or nearly full compared to 60% of physicians in urban counties.

Physician Specialty and Practice Capacity, 2010



Use of Electronic Health Records and Internet or Email by Geographic Location, 2010



Urban physicians are more likely to use electronic health records compared to rural physicians.

Fifty-nine percent of physicians practicing in urban counties reported using electronic health records compared to 50% of physicians practicing in rural counties. Physicians in urban counties were also more likely to communicate with patients by Internet or email than physicians in rural counties (22% compared to 15%). Physicians in urban counties were less likely than physicians in rural counties, however, to use the Internet or email to obtain lab results, x-rays, or hospital records (52% compared to 55%), use clinical decision support tools (15% compared to 20%), or transmit prescriptions to pharmacies (13% compared to 18%).

Conclusion

There are fewer physicians per capita in rural counties compared to urban counties. Rural physicians are slightly older and less diverse than their urban counterparts. They are less likely to have completed graduate medical education in New York. Rural physicians are more likely to report a primary care practice, work longer hours, and report a full or nearly full practice compared to urban physicians. As demand for primary care services grow, shortages of primary care physicians are expected to worsen. Strategies designed to ease shortages must consider the unique demographic, educational, and practice characteristics of rural physicians compared to physicians in urban areas and develop incentives that can effectively recruit and retain primary care physicians to work in both rural and urban areas of New York.

The Center for Health Workforce Studies

This brief was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. Center staff who worked on this brief included David Armstrong, Gaetano Forte, and Jean Moore. The New York physician re-registration survey is part of the Center’s New York Health Workforce Data System, which is designed to support ongoing monitoring of the state’s health workforce. Web site: <http://chws.albany.edu>

² Primary care specialties include: family medicine general practice, general internal medicine, general pediatrics, and obstetrics and gynecology.

³ Primary care settings include private offices, free standing health centers or clinics, hospital satellites, and hospital outpatient clinics.