



Highlights

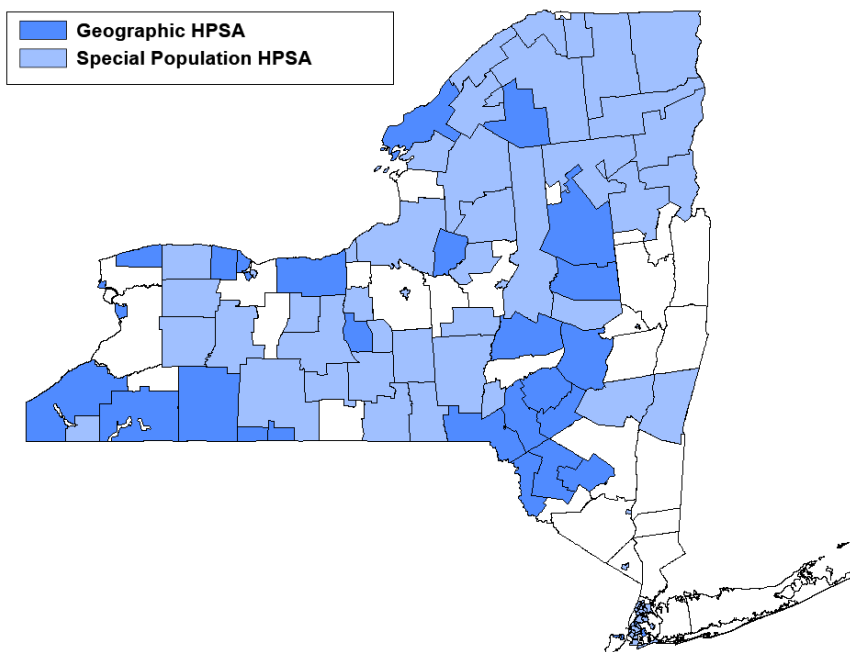
- More than 3 million New Yorkers lack access to primary care services.
- Less than one-third of active health professionals provide primary care services in New York.
- Nurse practitioners, physician assistants, and midwives are more likely to provide primary care services in health centers, clinics, and hospital outpatient settings than physicians.
- Primary care providers are older than and not as racially and ethnically diverse as the state's population.

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 assesses the state's current primary care capacity and considers the contributions of physicians as well as nurse practitioners (NPs), physician assistants (PAs), and midwives, in providing primary care services to New Yorkers.

In 2013, there were 99 primary care health professional shortage areas (HPSAs) in New York. Sixty-eight of the HPSAs were Medicaid-eligible or low-income special population HPSAs serving 1.9 million people. The remaining 31 HPSAs were geographic designations and they served a population of approximately 1.4 million.

New York Primary Care HPSAs



Defining Primary Care Providers

Primary care providers include physicians, NPs, PAs, and midwives. As of April 2013, there were more than 91,000 physicians, 18,000 NPs, 12,000 PAs, and 1,000 midwives licensed to practice in New York. While these health professionals are trained to provide primary care, many of them are specialists and do not work in primary care settings. In order to accurately assess primary care capacity, it is essential to consider both the primary care specialty and the practice setting of the health professional. Primary care specialties include family medicine, general practice, general internal medicine, general pediatrics, and obstetrics/gynecology.¹ Primary care practice settings include private practitioner offices, community health centers, hospital-based outpatient clinics and free-standing clinics.

¹Primary care specialties for NPs and PAs are based on the specialty of the collaborating or supervising physician.

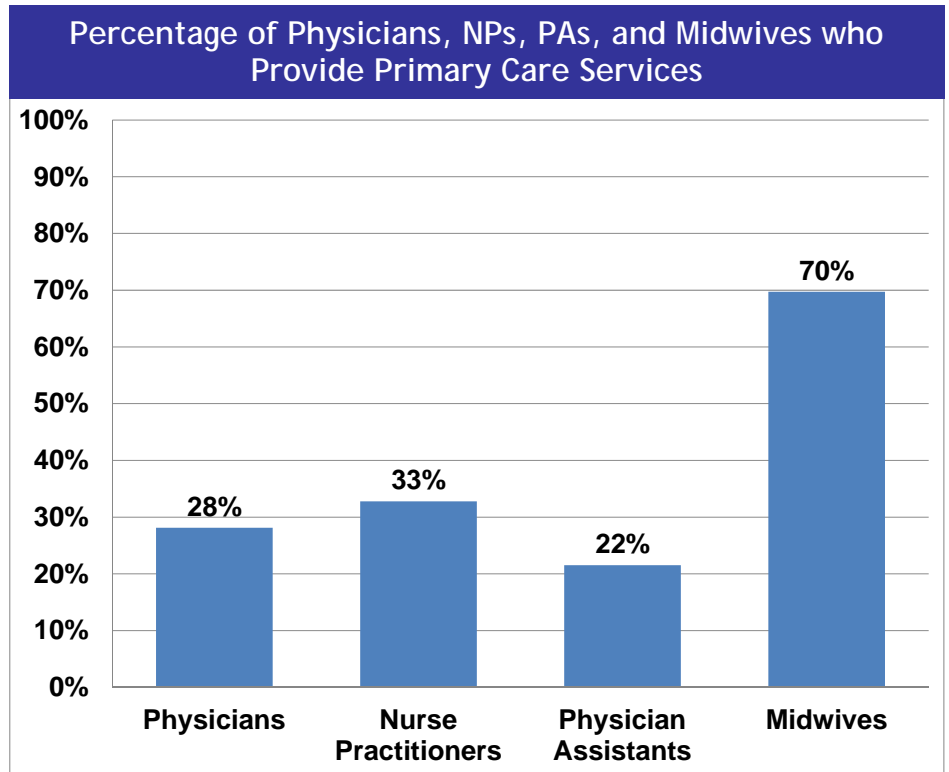
²Information on New York's HPSAs were obtained from HRSA's Geospatial Data Warehouse (May 2013).

Under the current HPSA designation rules, only primary care physicians are counted when assessing primary care capacity in an area. Anticipated revisions to the current HPSA designation methodology will broaden the definition of primary care to include NPs, PAs, and midwives and require that the primary care contributions of these providers be counted towards capacity.

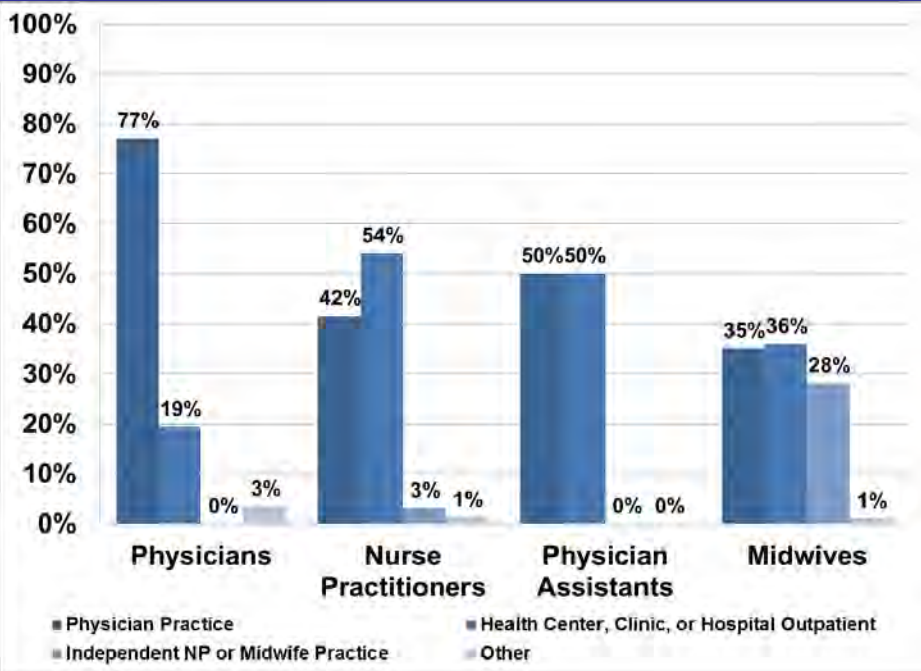
Less than one-third of active health professionals provide primary care services in New York.

Of those providers actively practicing in New York in 2012, 33% of NPs, 28% of physicians, and 22% of PAs provided primary care services. Seventy percent of actively practicing midwives in New York provided primary care services.

PAs who provided primary care services worked an average of 41 hours per work, compared to 38 hours per week for NPs, and 37 hours per week for midwives. Physicians who provided primary care services worked 38 hours per week, on average .



Distribution of Primary Care Providers by Practice Setting



Practice setting varies widely among primary care providers.

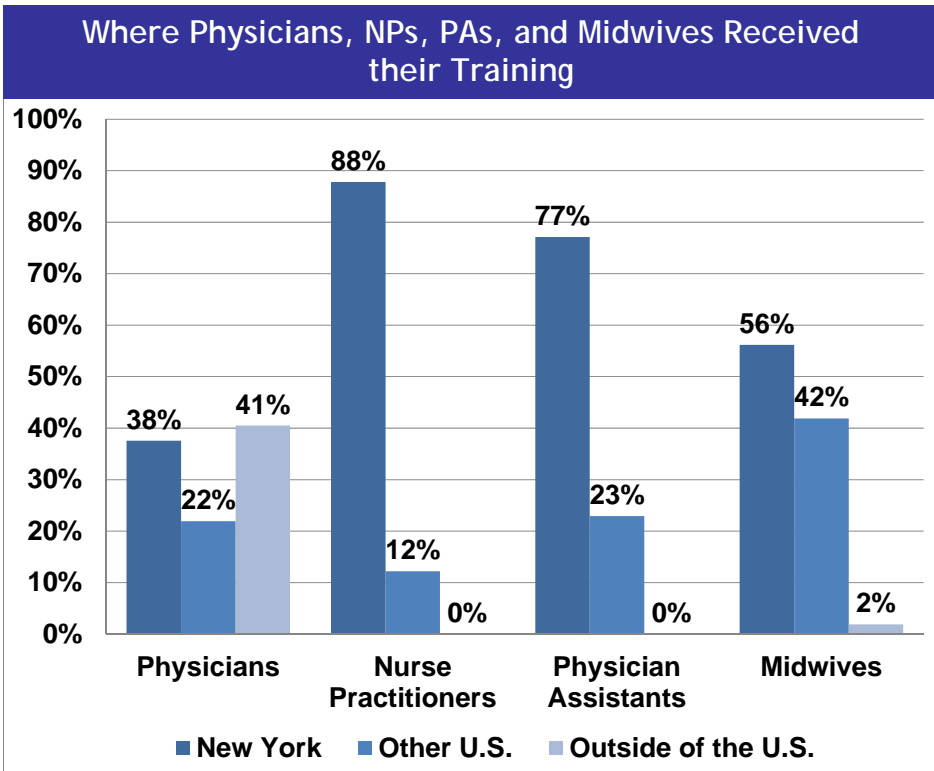
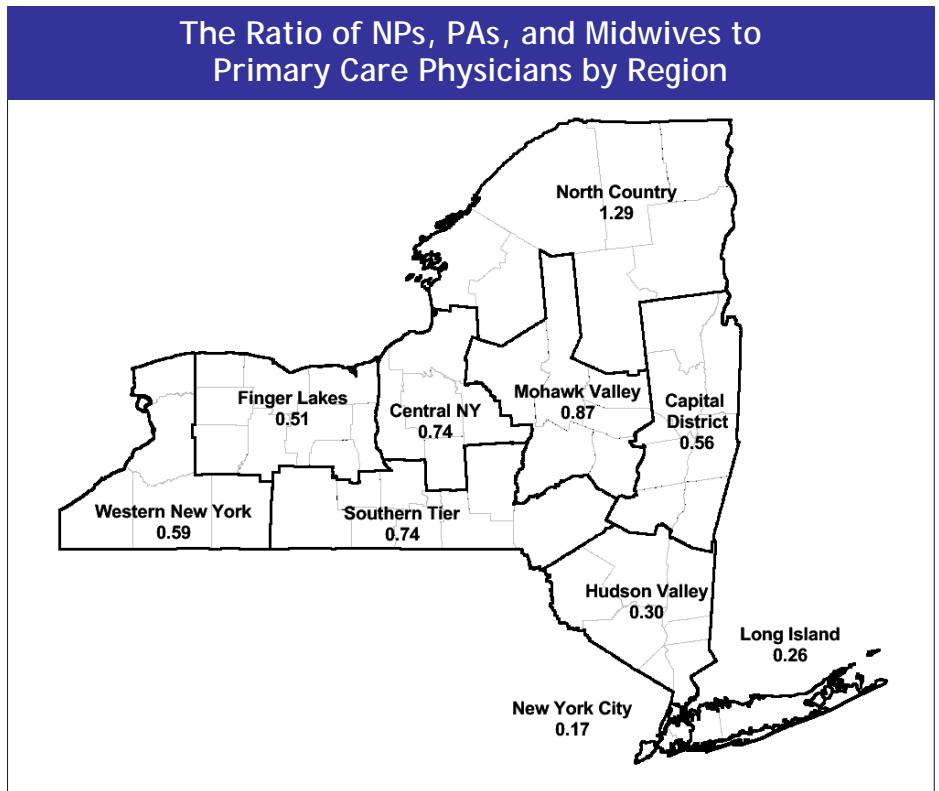
Seventy-seven percent of physicians who provided primary care services worked in physician practices, while less than 20% worked in health centers, clinics, or hospital outpatient settings.

NPs and PAs who provided primary care services were most likely to work in health centers and clinics (54% and 50%, respectively) followed by private physician offices (42% and 50%, respectively).

Midwives had the most varied practice settings with 36% working in health centers and clinics, 35% in physician practices, and 28% in independent midwife practices.

NPs, PAs, and midwives are more likely than physicians to provide primary care services in New York's least populated regions.

In 2012, it is estimated that 6,300 NPs, PAs, and midwives provided primary care services in New York. Statewide, the ratio of NPs, PAs, and midwives to primary care physicians in the state was 0.33:1. The four least populated regions of the state had the four highest ratios of NPs, PAs, and midwives to physicians: North Country (1.29:1), Mohawk Valley (0.87:1), Southern Tier (0.74:1), and Central New York (0.74:1). At the same time, the three most populous regions of the state had the lowest ratio of NPs, PAs, and midwives to primary care physicians: New York City (0.17:1), Long Island (0.26:1), and Hudson Valley (0.30:1).



The majority of NPs, PAs, and midwives completed their professional training in New York. Less than 40% of physicians attended medical school in the state.

Nearly 90% of NPs who provided primary care services in New York received their NP training in the state and 80% of them also completed their RN training in the state. Seventy-seven percent of PAs and 56% of midwives who provided primary care services in New York received their professional training in New York.

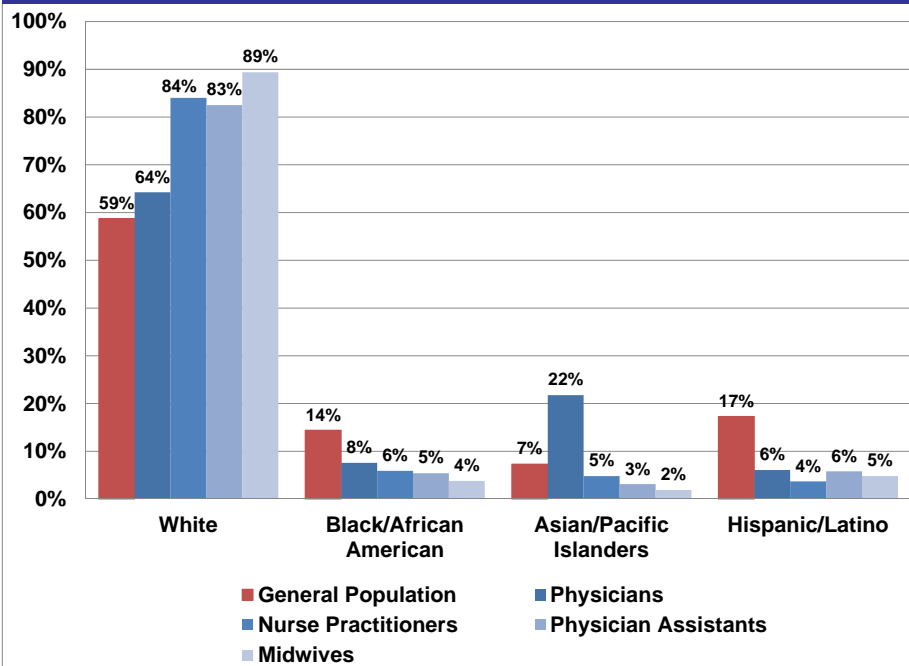
In contrast, only 38% of physicians who provided primary care services in New York attended a New York medical school, while over 41% of physicians providing primary care services in the state attended a foreign medical school. Eighty percent of physicians who provided primary care services completed residency training in New York.

Primary care providers are older than and not as racially and ethnically diverse as the state's population.

Primary care providers in the four professions were less diverse than the state's population. Blacks/African Americans and Hispanics/Latinos were underrepresented in the primary care workforce compared to their presence in the population. Also Asian/Pacific Islanders were underrepresented in each profession except physicians. Whites were overrepresented in all four professions compared to their presence in the state's population.

In addition, the median ages of NPs (53), physicians (52), and midwives (49) who provided primary care services were older than the median age of the civilian labor force (43), while PAs (44) had just a slightly higher median age. Nearly 62% of NPs were age 50 or older, compared to 56% of physicians, 48% of midwives, and 36% of PAs. Over 92% of midwives and 82% of NPs who provided primary care services were female, compared to 65% of PAs and 40% of physicians.

Percentage of Physicians, NPs, PAs, and Midwives who Provide Primary Care Services



Methods

Data for this research brief were drawn from ongoing re-registration surveys of the four professions. 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%). Caution should be taken when interpreting the results of these analyses.

Discussion

Recent state and federal reforms have resulted 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 less populated areas of the state. NPs, PAs, and midwives also provide services in different settings than their physician counterparts, being more likely to work in health centers, clinics, or hospital outpatient settings, while physicians are more likely to provide services 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.

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 J. Forte, Robert Martiniano, 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>