

The Primary Care Workforce in New York State

Highlights

- More than one-third of nurse practitioners (NPs) in New York provide primary care services, while 29% of physicians and 24% of PAs provide primary care services.
- Primary care physicians and PAs are more likely to work in private physician practices, while primary care NPs are more likely to work in health centers, clinics, or hospital outpatient settings.
- Slightly less than 13% of primary care practitioners are underrepresented minorities (URMs).^a

Background

State and federal health reform initiatives are driving dramatic changes in health service delivery in New York, with increased focus on population health and cost-effective, quality care in appropriate settings. Since the implementation of the Affordable Care Act, 2.1 million¹ New Yorkers have signed up for health insurance. In addition, the Medicaid Waiver Delivery System Reform Incentive Payment (DSRIP) program is designed to reduce the number of avoidable hospitalizations for the state's Medicaid patients, and an important part of the strategy is to develop the services as well as the workforce needed to achieve this goal. Further, New York's State Health Improvement Plan (SHIP) aims to promote an "advanced primary care model" that supports health service integration, including primary care and behavioral health. Collectively, these programs will reshape the state's health care delivery system with an increased focus on accessible, high-quality, and cost-effective primary care and preventive health services. The ultimate goal of these programs is improved population health.

Although the need to expand primary care services is widely acknowledged, there is concern that primary care practitioners are not well distributed across the state. At present, New York has 93 federally designated primary care health professional shortage areas (HPSAs), with 70 special population designations (ie, low-income or Medicaid-eligible populations) and

23 geographic designations. More than 4 million New Yorkers reside in these primary care HPSAs.

Understanding the supply and distribution of primary care providers is necessary to ensure that the health care needs of all New Yorkers are met in an evolving health care delivery system.

This brief describes New York's current primary care workforce capacity and selected characteristics. Primary care providers include physicians, nurse practitioners (NPs), physician assistants (PAs), and midwives. For this analysis, primary care is defined using both specialty and practice setting. Primary care practitioners must work in (or have a collaboration agreement with) a primary care specialty that includes family practice, general practice, general internal medicine, obstetrics/gynecology, and general pediatrics and provide care in ambulatory settings, such as private practitioner offices and clinics.

Data for this research brief were drawn from the ongoing re-registration surveys of the midwives, NPs, and PAs. These surveys are voluntary and collect information on demographic, professional, and practice characteristics of their respective health professionals. The physician data were obtained from the Center for Health Workforce Studies' (CHWS) physician relicensure data and SK&A,^b a third-party vendor.

^a Underrepresented minorities include black/African Americans, Hispanic/Latinos, and Native Americans/Alaska Natives.

^b For more information about SK&A's outpatient physician database, see http://www.skainfo.com/physician_database/physician_database.php.

Data, Methods and Limitations

As of April 2014, there were 92,984 physicians, 19,610 NPs, 12,736 PAs, and 1,104 midwives licensed in New York. Data for this research brief were drawn from the ongoing re-registration surveys of the midwives, NPs, and PAs. These surveys are voluntary and collect information on demographic, professional, and practice characteristics of their respective health professionals. Response rates for these 3 surveys were low: NP survey, 15%; PA survey, 12%; and midwife survey, 21%.

Data for physicians were taken from a combined data set that included the Center's physician relicensure data and outpatient physician data purchased from SK&A. Information was available on approximately 65% of physicians licensed to practice in the state, although response rates for certain questions were substantially lower, including practice setting, race/ethnicity, work status, and clinical hours. Data for all 4 professions were adjusted for nonrespondents.

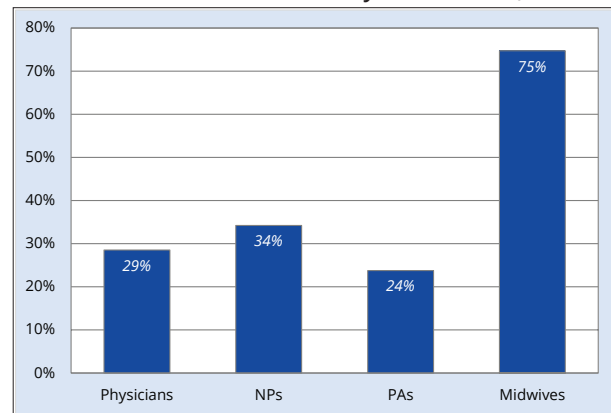
Given the low response rates among the surveys, it was not possible to conduct substate analysis, calculate full-time equivalent statistics (a key measure of provider supply), or present trends and comparisons over time. Efforts were made to present as much data as possible. Unless the response rate to the re-registration surveys increases or some alternative data collection solution is implemented, the quality of the primary care provider data will continue to decline. Eventually, this report will no longer be viable, because the necessary data to support it will not be available.

Findings

More than one-third of NPs in New York provide primary care services, while 29% of physicians and 24% of PAs provide primary care services.

Among providers actively practicing in New York in 2014, 24% of PAs, 29% of physicians, and 34% of NPs provided primary care services (Figure 1). In contrast, 75% of actively practicing midwives in New York provided primary care services.

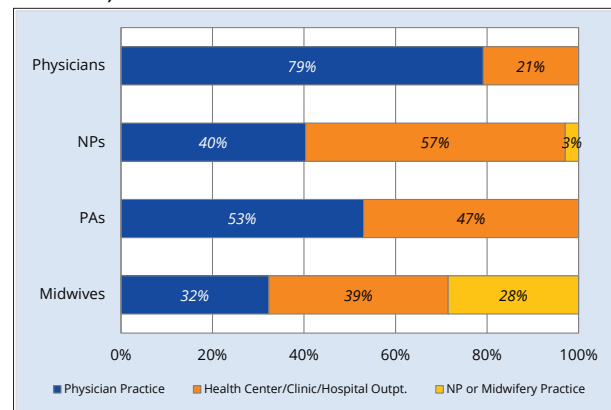
Figure 1. Percentage of New York's Physicians, NPs, PAs, and Midwives That Provide Primary Care Services, 2014



Primary care physicians and PAs are more likely to work in private physician practices, while primary care NPs are more likely to work in health centers, clinics, or hospital outpatient settings.

In 2014, 79% of physicians who provided primary care services worked in private physician practices, while 21% worked in health centers, clinics, or hospital outpatient settings (Figure 2).

Figure 2. Practice Settings of New York's Primary Care Providers, 2014

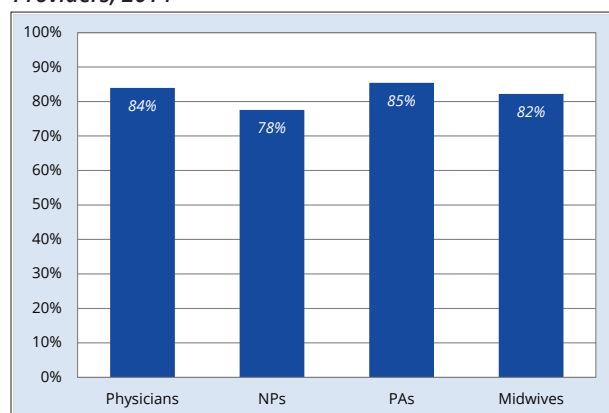


NPs who provided primary care services were most likely to work in health centers, clinics, or hospital outpatient settings (57%), while primary care PAs were closely divided between private physician practices (53%) and health centers, clinics, or hospital outpatient settings (47%). Midwives had the most varied practice settings, with 32% working in physician practices, 39% in health centers, clinics, or hospital outpatient settings, and 28% in independent midwifery practices.

More than 80% of primary care providers worked full

time in 2014, ranging from 78% for NPs to 85% for PAs (Figure 3).

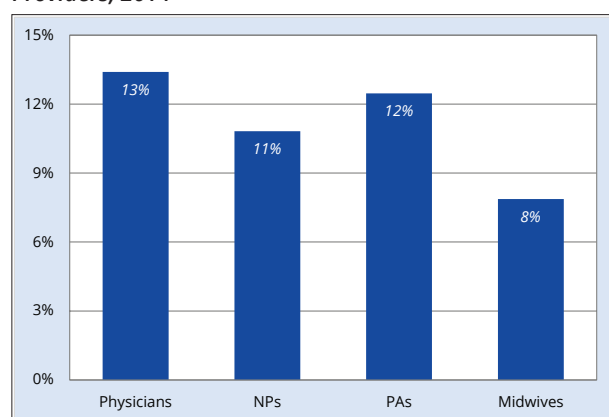
Figure 3. Percentage of New York's Full-Time Primary Care Providers, 2014



Slightly less than 13% of primary care practitioners are underrepresented minorities (URMs). Of all primary care practitioners, physicians are the most likely (13%) to be URMs.

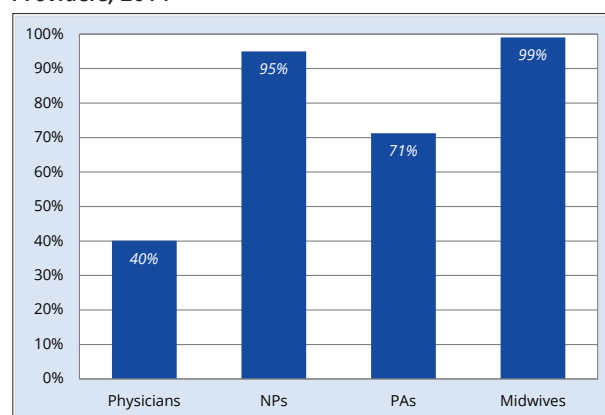
In 2014, 13% of primary care physicians, 12% of PAs, 11% of NPs, and 8% of midwives were URMs (Figure 4). URM representation among primary care providers was in stark contrast with that of New York's population, of which 34% were URMs.

Figure 4. Percentage of New York's URM Primary Care Providers, 2014



Women made up 95% or more of primary care NPs and midwives (Figure 5). Among primary care PAs and physicians, 71% and 40%, respectively, were women.

Figure 5. Percentage of New York's Female Primary Care Providers, 2014



Discussion

Timely data and information on the supply and distribution of the state's primary care providers are critical for effective health workforce planning, particularly at a time when demand for primary care services is expected to grow dramatically. To assess primary care provider capacity, data that describe the location of practice, the amount of time spent providing patient care, and characteristics of the patients served are required. However, voluntary re-registration surveys of physicians, NPs, PAs, and midwives may not be sufficient to obtain the data needed to inform programs and policies designed to expand primary care capacity in underserved communities across the state.

This research was conducted at the Center for Health Workforce Studies (CHWS) by Robert Martiniano, Erin Roberts, and Rakkoo Chung. Support for this analysis was provided by the New York State Department of Health.

CHWS, established in 1996, is based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels.

References

1. NY State of Health ends second open enrollment with more than 2.1 million enrollees [news release]. New York State of Health; February 18, 2015. <http://www.health-benefitexchange.ny.gov/news/press-release-ny-state-health-ends-second-open-enrollment-more-21-million-enrollees>. Accessed June 10, 2015.
2. U.S. Department of Health and Human Services; Health Resources and Services Administration. Designated health professional shortage areas statistics: second quarter of fiscal year 2015 designated HPSA quarterly summary. https://ersr.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false. Published March 31, 2015. Accessed June 10, 2015.