Urban/Rural Differences in the Profile of Emergency Department Physicians: A Three-State Study

AAMC Physician Workforce Research Conference

May 4-5, 2006

Sandra McGinnis, Ph.D.

Center for Health Workforce Studies
UAlbany School of Public Health

http://chws.albany.edu

The Center for Health Workforce Studies at the 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
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions

Introduction

- Objective:
  - Comparison of ED physicians in metropolitan, micropolitan, and small town/rural areas in three states
  - Data pooled from New York, Nebraska, New Mexico

Background

- Emergency departments (EDs) are a central source of both emergency and basic care in urban and rural areas
- It is important to understand who is fulfilling this role in different types of areas

Data Sources

- 2001-2003 New York State Physician Licensure Re-registration Survey
- 2001 New Mexico Physician Survey
- Nebraska Medical Center's Health Professions Tracking Center data

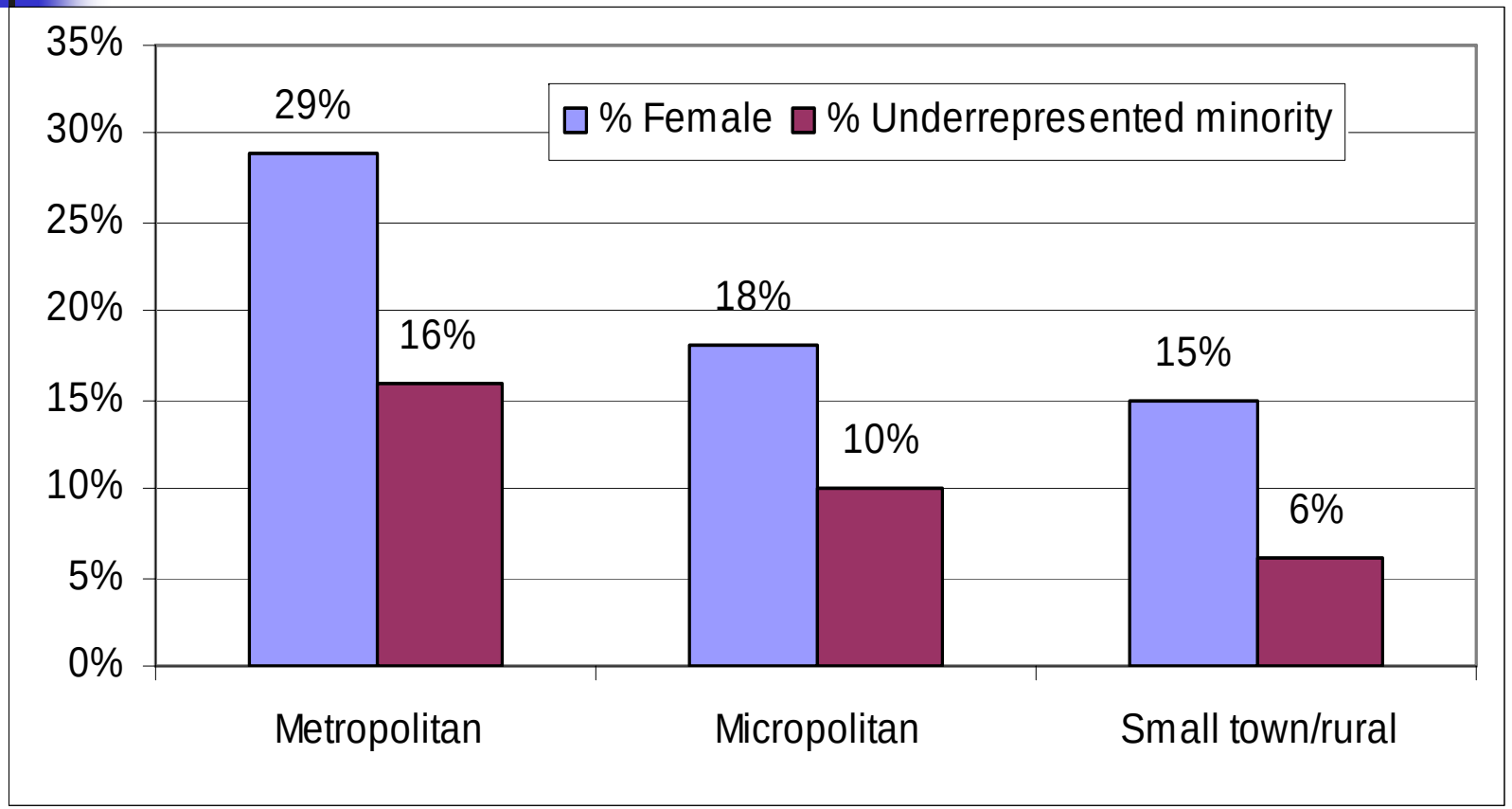
Categories of Rural/Urban

- Based on Rural-Urban Commuting Areas (RUCAs)
  - Metropolitan (Codes 1.0 – 3.0)
    - Primary flow within or to an urbanized area
  - Micropolitan (Codes 4.0 – 6.1)
    - Primary flow within or to a large urban cluster (population 10,000 – 49,999)
  - Small town/Rural area (Codes 7.0 – 10.6)
    - Primary flow within or to a small urban cluster or to a tract outside an urban area or urban cluster

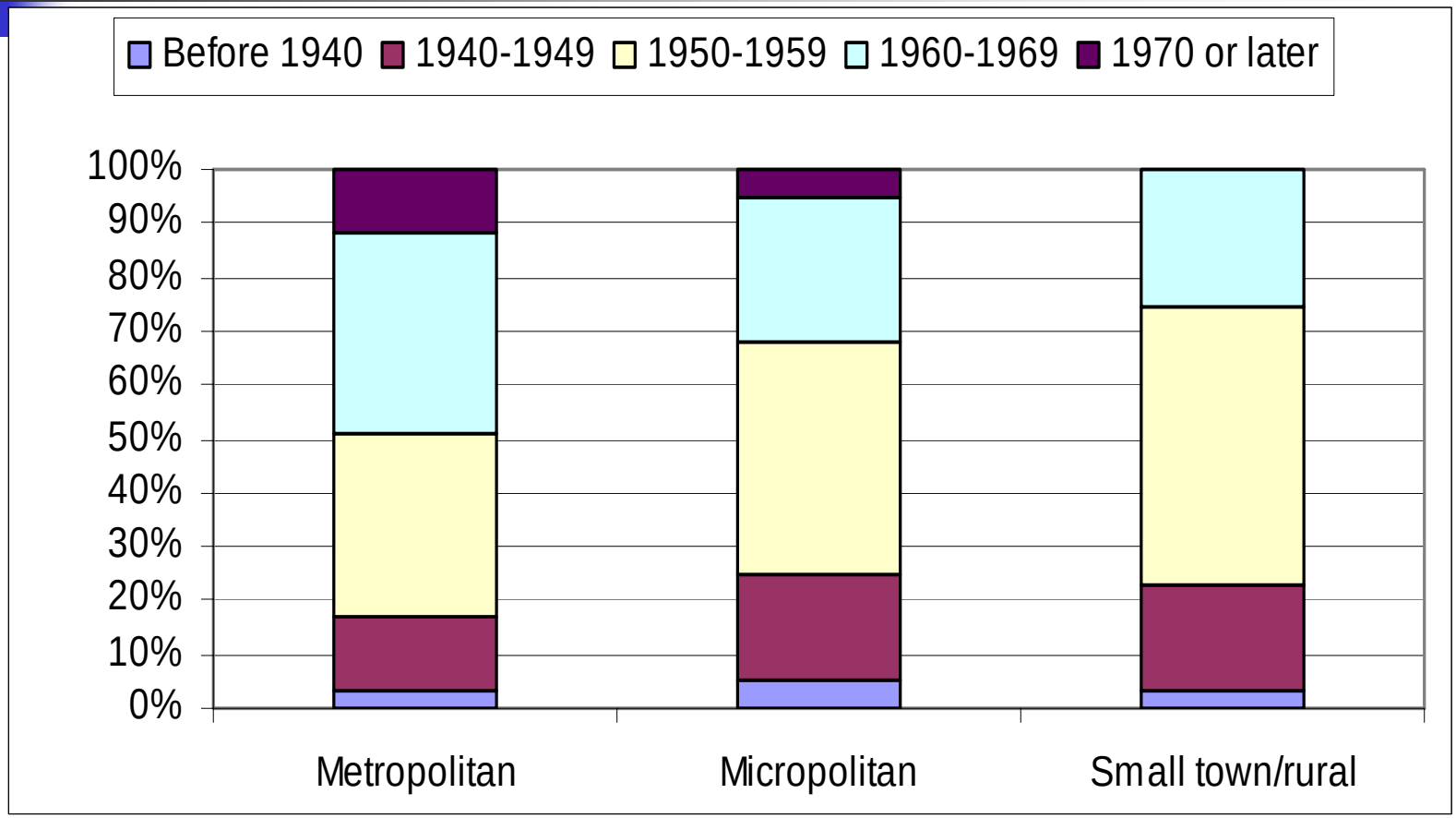
ED Positions in New York, New Mexico, Nebraska

	Metropolitan	Micropolitan	Small town/rural	State totals
New York	2313 (88%)	201 (8%)	110 (4%)	2,624
New Mexico	70 (59%)	42 (35%)	7 (6%)	119
Nebraksa	75 (33%)	4 (2%)	145 (65%)	224
Totals	2458 (83%)	247 (8%)	262 (9%)	2,967

Metropolitan ED physicians are most likely to be women or underrepresented minorities



Metropolitan ED physicians are younger than others



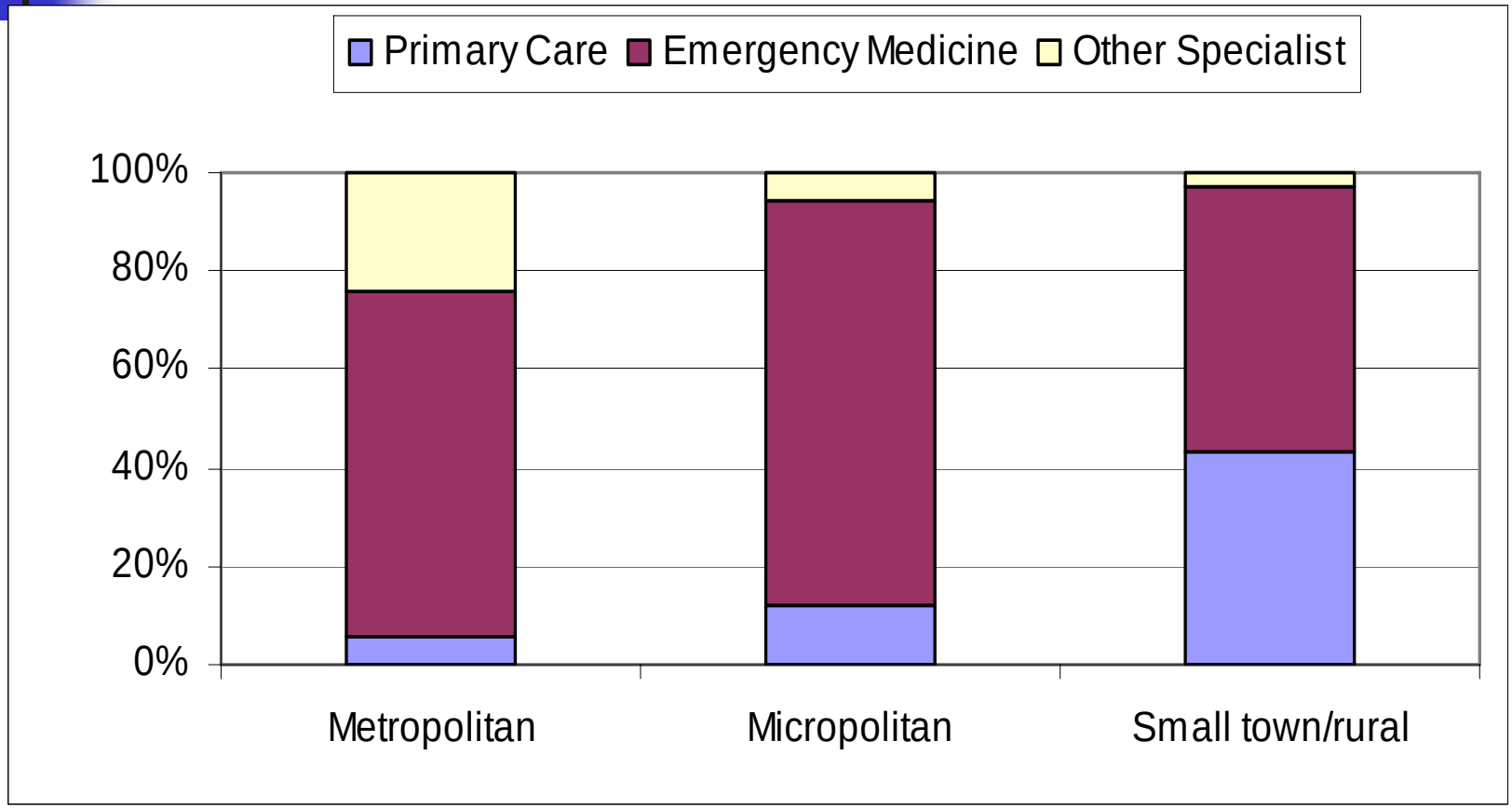
Small town/rural ED physicians are most likely to be graduates of in-state medical schools

	Metropolitan	Micropolitan	Small town/rural
In-State	45%	20%	53%
Other U.S./Canada	51%	74%	37%
Other Foreign Country	4%	7%	10%

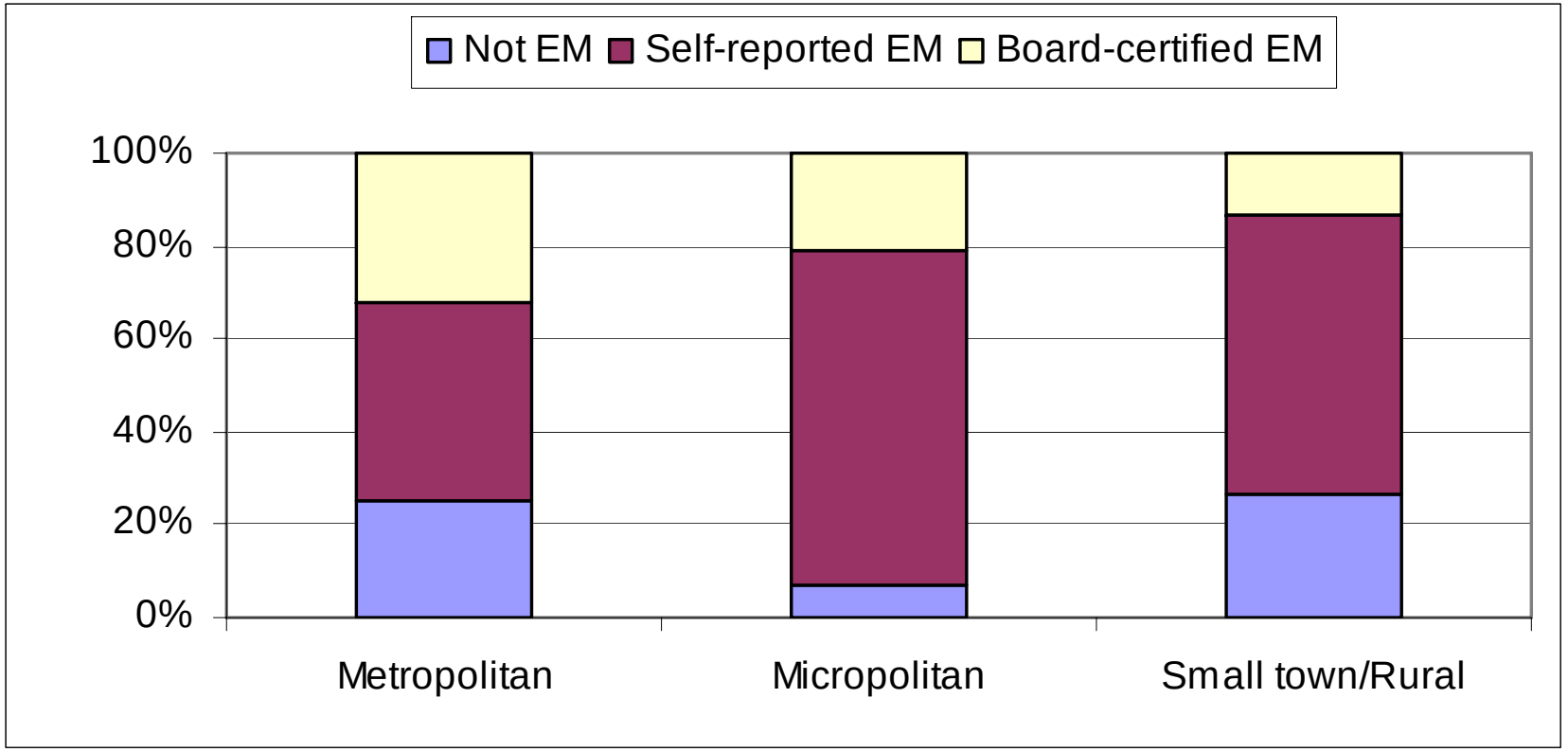
Residents and fellows contribute much more to ED staffing in metropolitan areas

- 8% of ED physician positions in metropolitan areas are filled by either residents (4%) or fellows (4%)
- Only about 1% of ED physician positions in micropolitan areas or small/town/rural areas are filled by residents or fellows

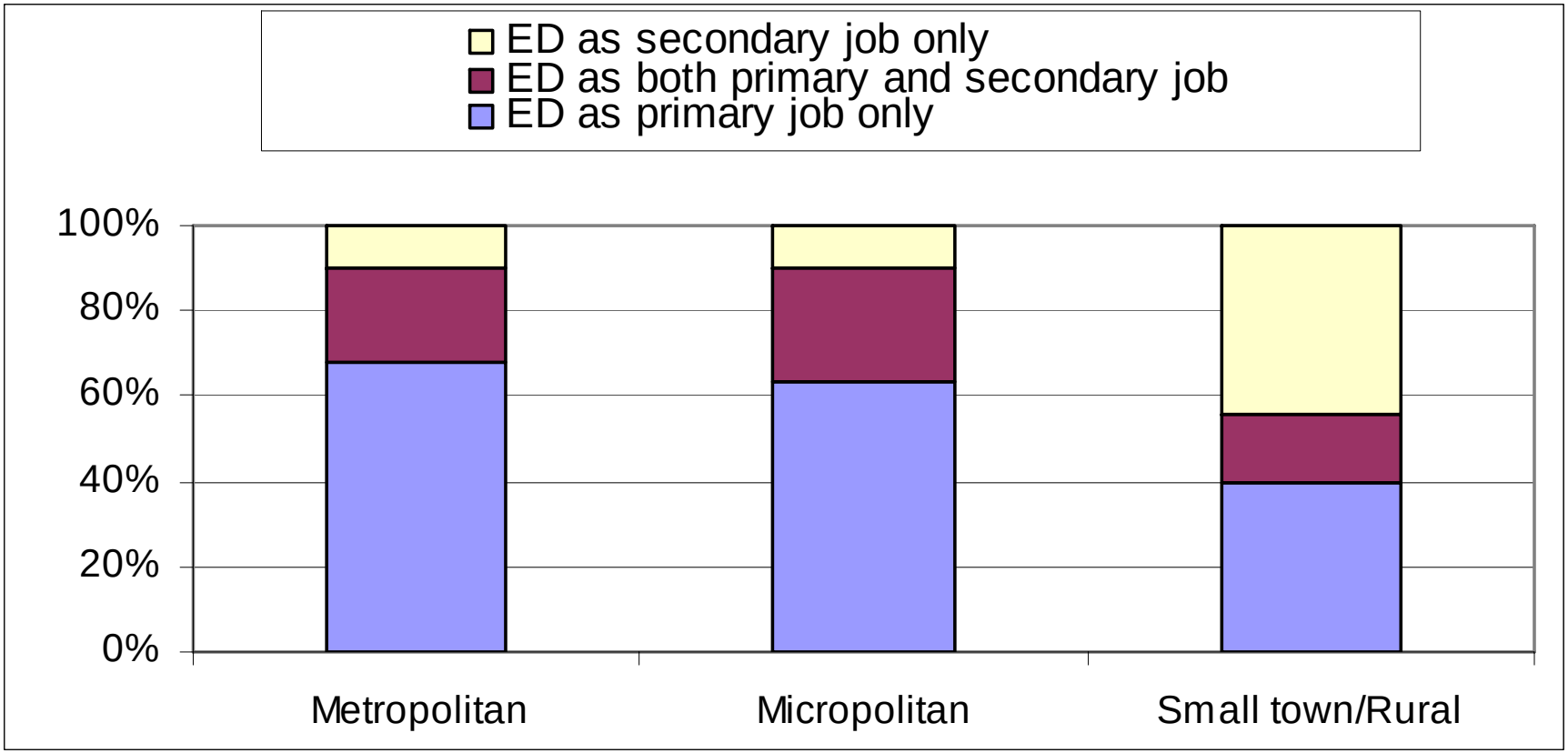
Physicians in rural EDs are more likely than others to report primary care as their principal specialty



Metropolitan ED physicians are more likely than others to be board-certified in Emergency Medicine



Physicians in rural EDs were more likely to work in the ED as a secondary job



Limitations

- Small numbers within Nebraska and New Mexico
  - Consequently, unable to separate small town and rural and to directly compare states
- Data from various years; slightly different questions
- New York survey included only 2 practice sites and specialties

Conclusions

- Rural EDs draw physicians from a very different supply pool than metropolitan EDs
- This has important implications for the successful recruitment and retention of ED physicians and for the planning of ED staffing

Questions for Future Research

- Need to better understand how variations in training and reported specialty relate to variations in the roles served by ED physicians
- Need to understand role of locum tenens physicians in EDs