

An Update on New York's Physicians From the Center for Health Workforce Studies: Findings from Recent Research

NYS Physicians in the Healthcare Workforce
December 14, 2006

Jean Moore, Director
Center for Health Workforce Studies
School of Public Health, SUNY at Albany
<http://chws.albany.edu>



The Center for Health Workforce Studies

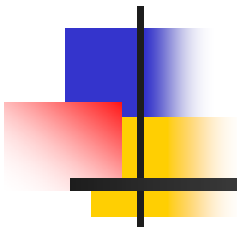
- Based at the School of Public Health at SUNY Albany
- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public



Selected Recent Reports

- 2006 Profile of Physicians in New York State, publication pending
- A Profile of New York's Underrepresented Minority Physicians, 2006
- Resident Training Outcomes by Specialty in 2005: Findings from the New York Resident Exit Survey, 2006
- Summary of Trends for New Physicians in 35 Specialties: Resident Exit Surveys 2000 – 2005

2006 Profile of New York State Physicians





The Supply and Distribution of Physicians in NY, 2005

- Data drawn from the 2004-06 Physician Re-registration Survey
- 84% survey response rate
- Based on survey responses, it is estimated that there were:
 - 77,471 licensed physicians
 - 61,931 active physicians



Overall Growth in NY Physician Supply

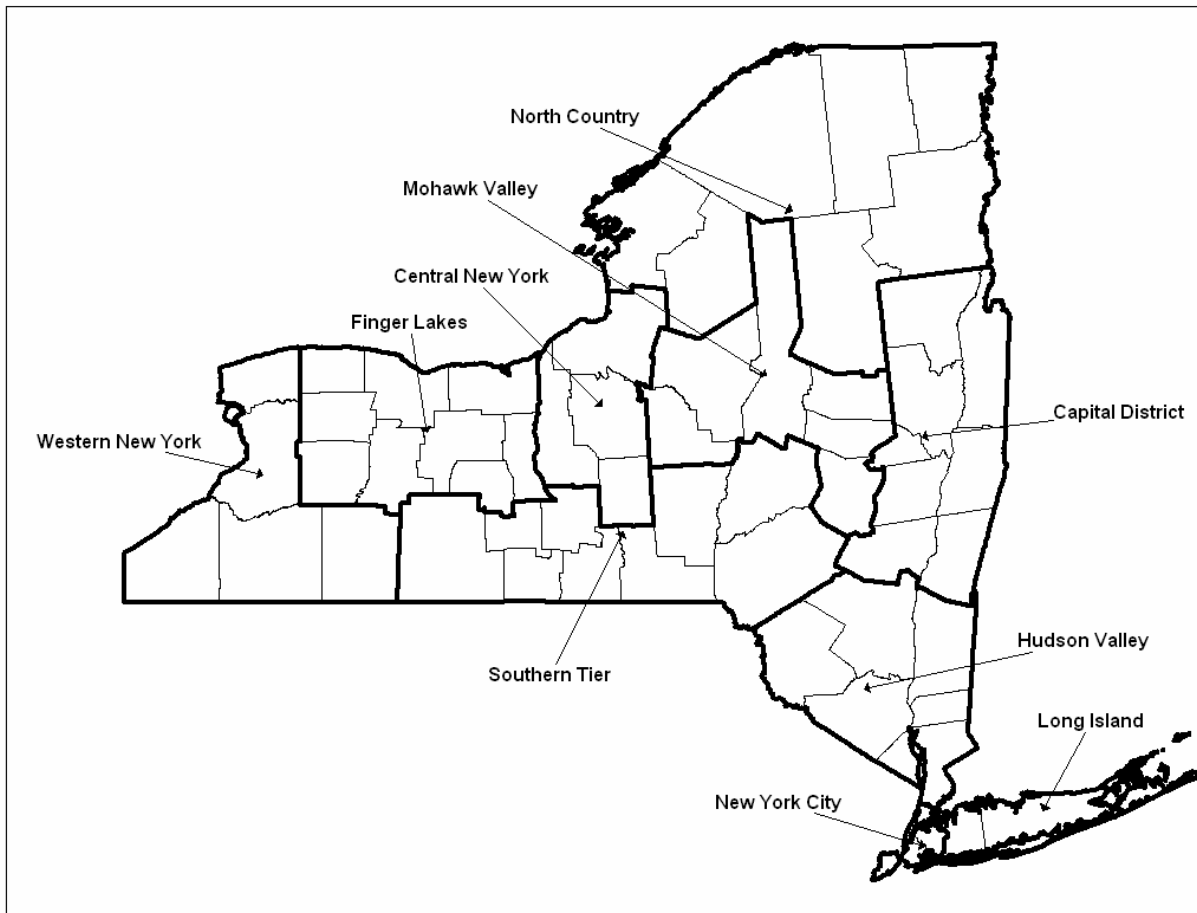
- Between 2001 and 2005, FTE active patient care physicians per capita grew by 5%
- Not all specialties experienced growth over that time period
 - General surgeons declined by 14%
 - Ob/Gyns and psychiatrists declined slightly by 1%



There Was Wide Regional Variation in Physician Distribution

- Ratio of FTE physicians per capita highest in Long Island (323) and lowest in the Mohawk Valley (150)
- Some regions saw declines in physicians per capita between 2001 and 2005
 - Overall decline – Western NY & Finger Lakes
 - Decline in primary care physicians – North Country
 - Decline in non-primary care physicians – Mohawk Valley

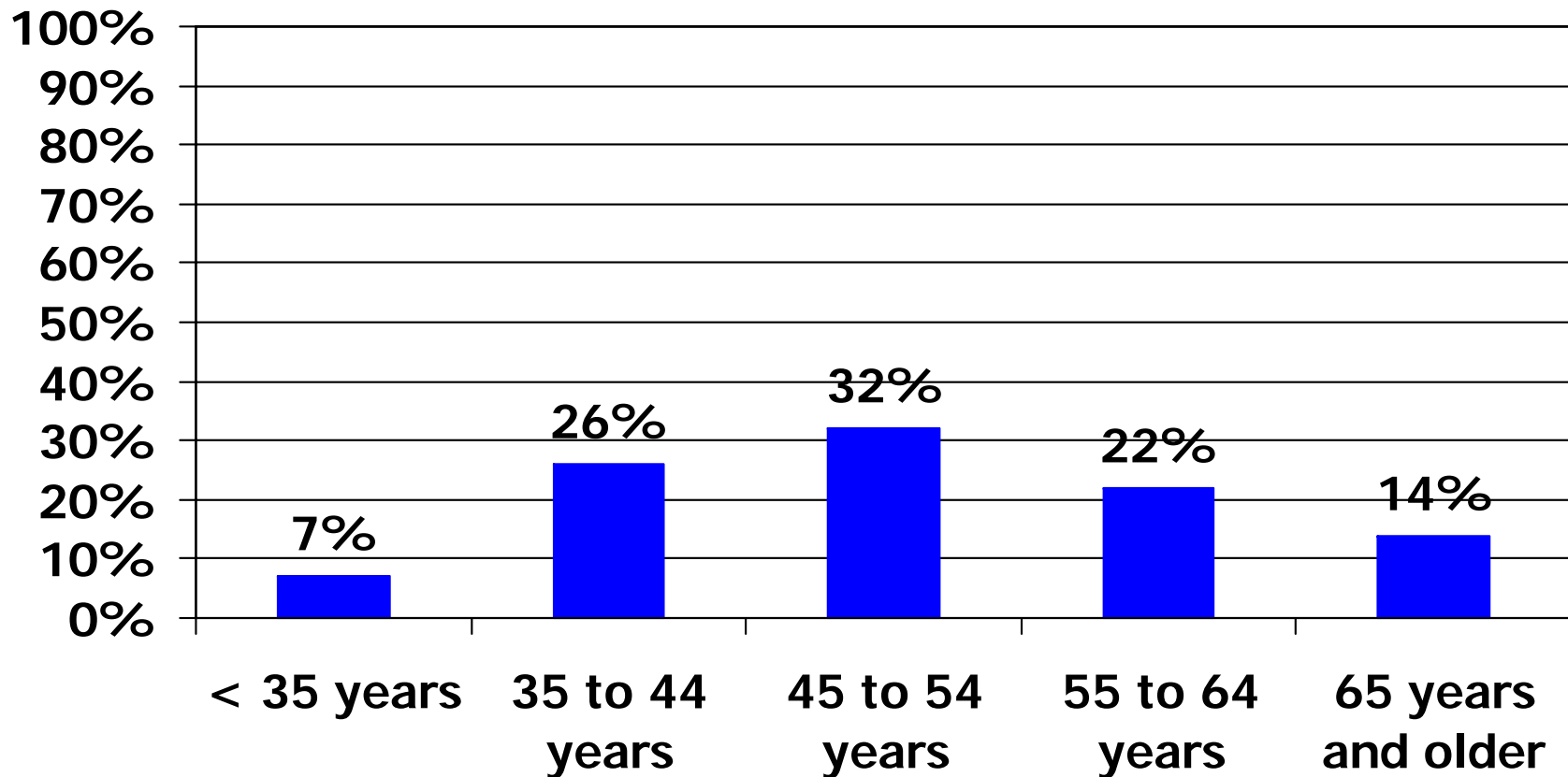
Per Capita FTE Physician Supply and Change 2001 – 2005



Region	Supply	Change
Capital District	248	15%
Central NY	230	5%
Finger Lakes	227	-8%
Hudson Valley	291	9%
Long Island	323	19%
Mohawk Valley	150	0%
NYC	311	2%
North Country	173	3%
Southern Tier	245	1%
Western NY	204	-11%

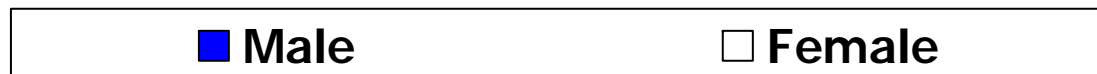
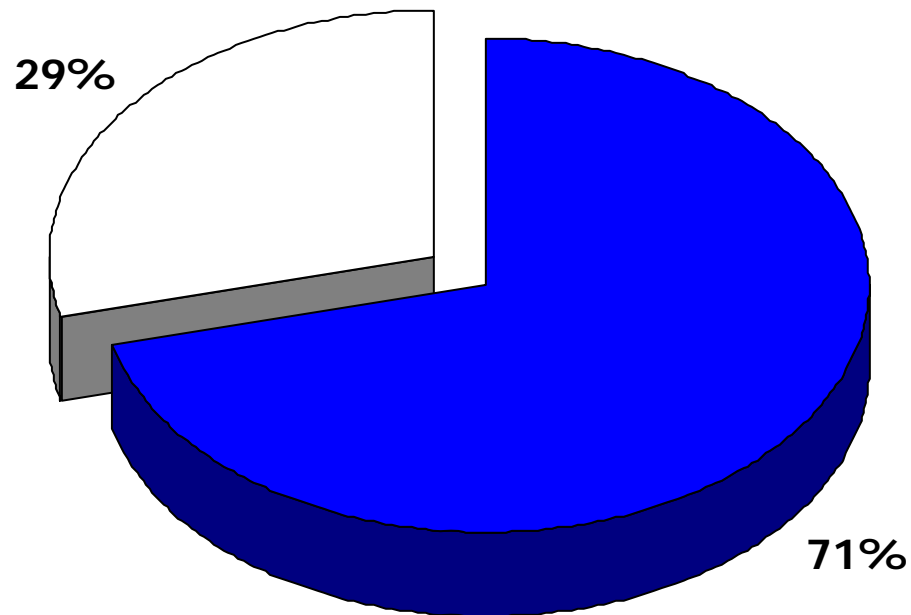
The Average Age of an Active Physician in NY Was 51

Age of Active Patient Care Physicians



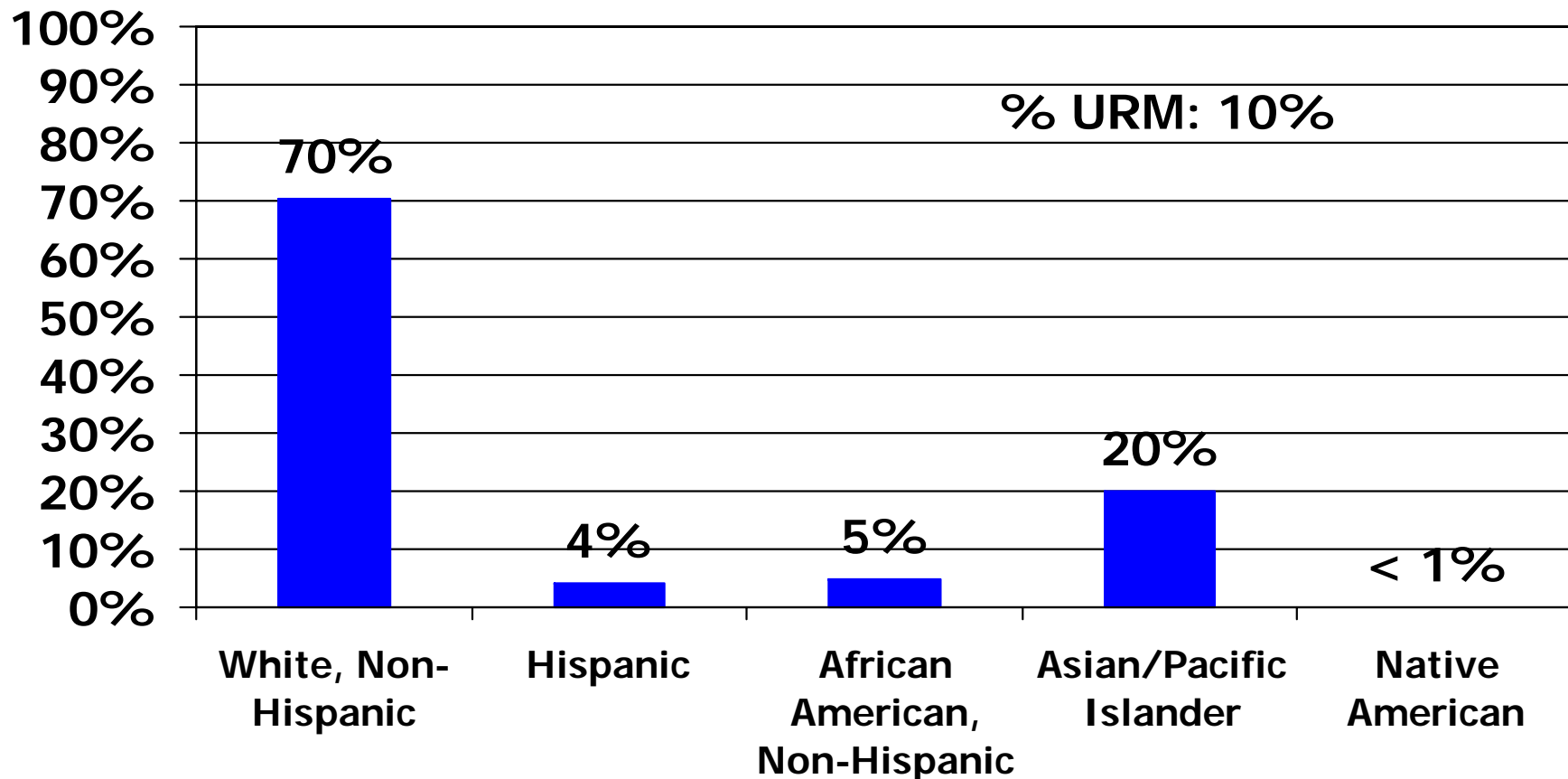
Nearly 30% of NY's Active Physicians Were Women

Gender of Active Patient Care Physicians



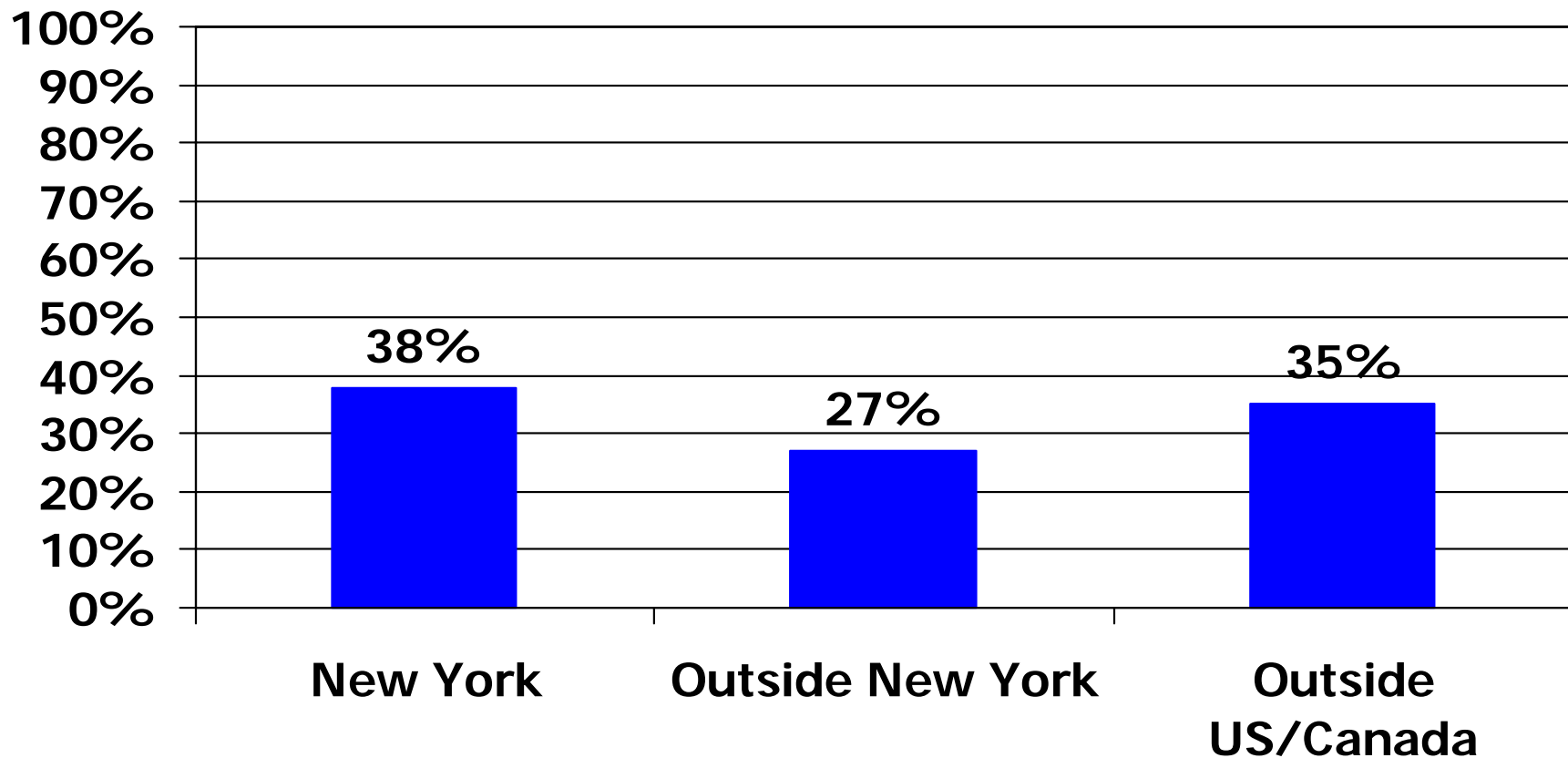
10% of Active Physicians Were Underrepresented Minorities

Race/Ethnicity of Active Patient Care Physicians



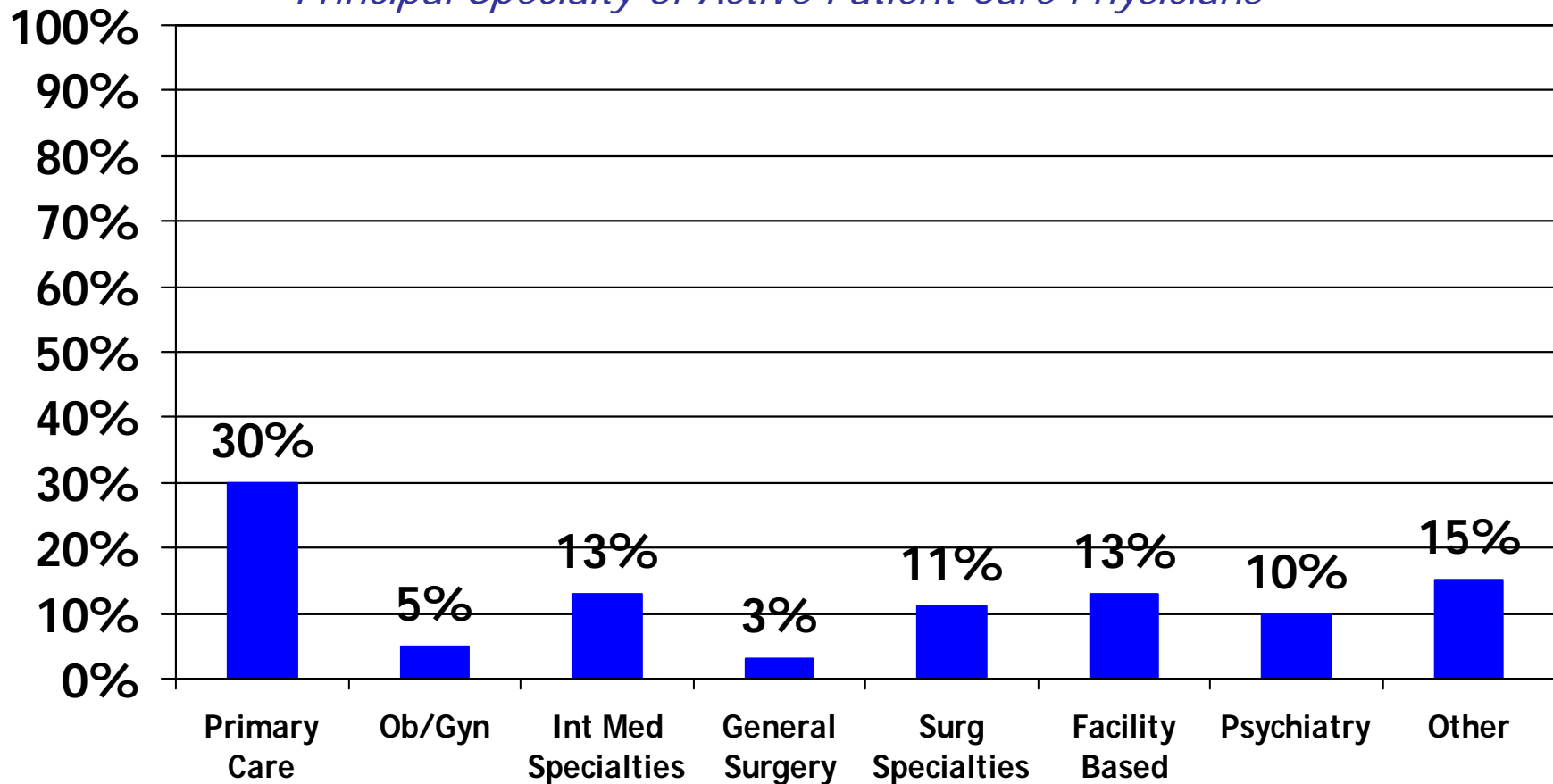
35% of Active Physicians Were International Medical Graduates

Medical School Location of Active Patient Care Physicians



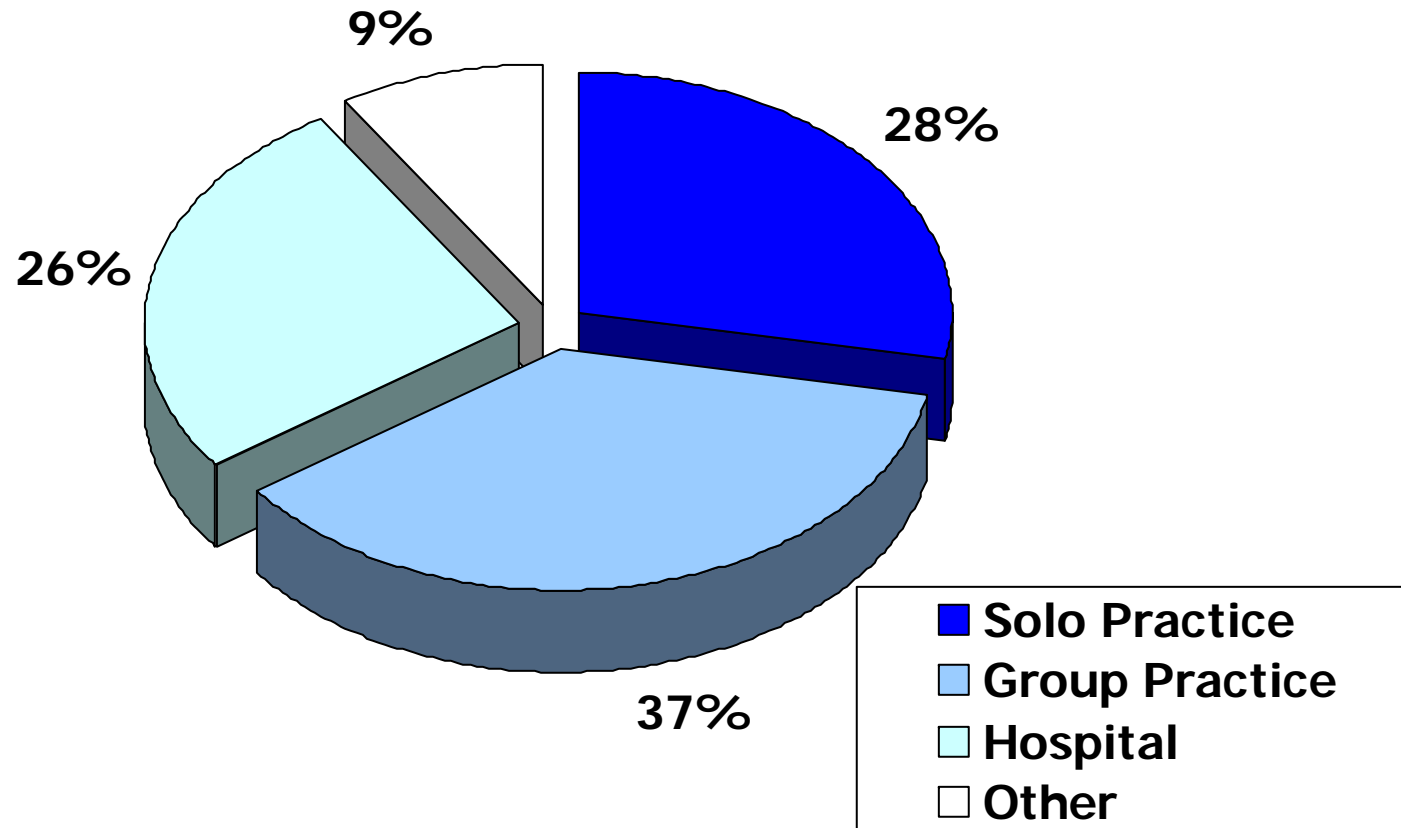
Nearly 30% of Active Physicians Reported Primary Care Specialties

Principal Specialty of Active Patient Care Physicians



More Than a Third of Active Physicians Reported Working in a Group Practice

Practice Setting of Active Patient Care Physicians





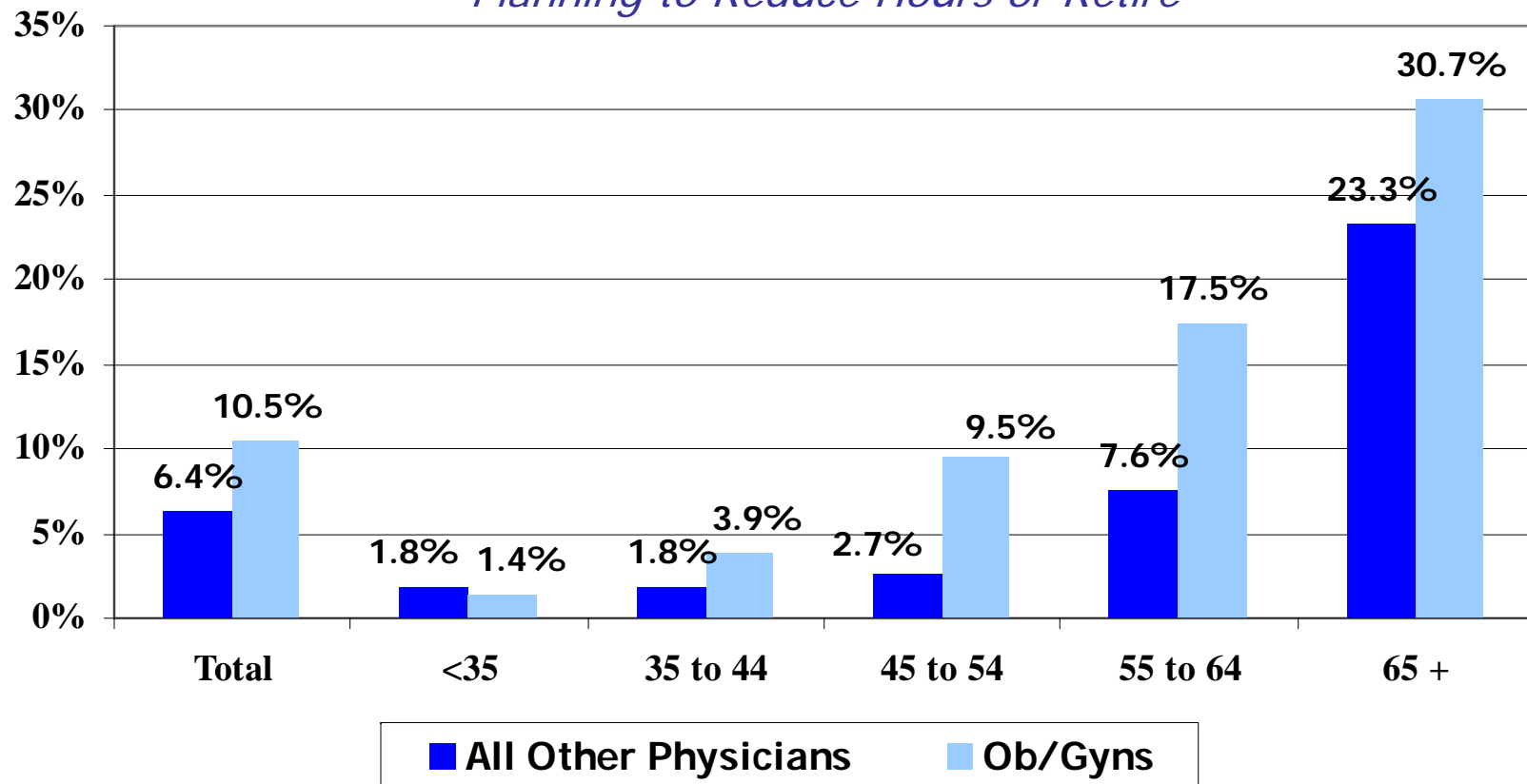
Plans to Reduce Hours or Retire Varied by Specialty

Specialties with the Highest Rates of Retirement or Reduction of Practice

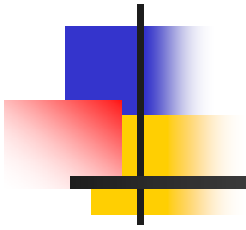
Specialty	1999	2000	2001	2002	2003	2004	2005	7-yr Avg
General Surgery	13%	11%	11%	13%	10%	11%	12%	12%
Obstetrics and Gynecology	10%	10%	8%	11%	11%	12%	11%	11%
Neurological Surgery	11%	6%	9%	9%	10%	11%	6%	9%
Family Practice	7%	10%	8%	9%	10%	8%	9%	9%

Ob/Gyns Planned to Reduce Hours or Retire at a Higher Rate Than Other Physicians

Percentage of Active Patient Care Physicians who are Planning to Reduce Hours or Retire

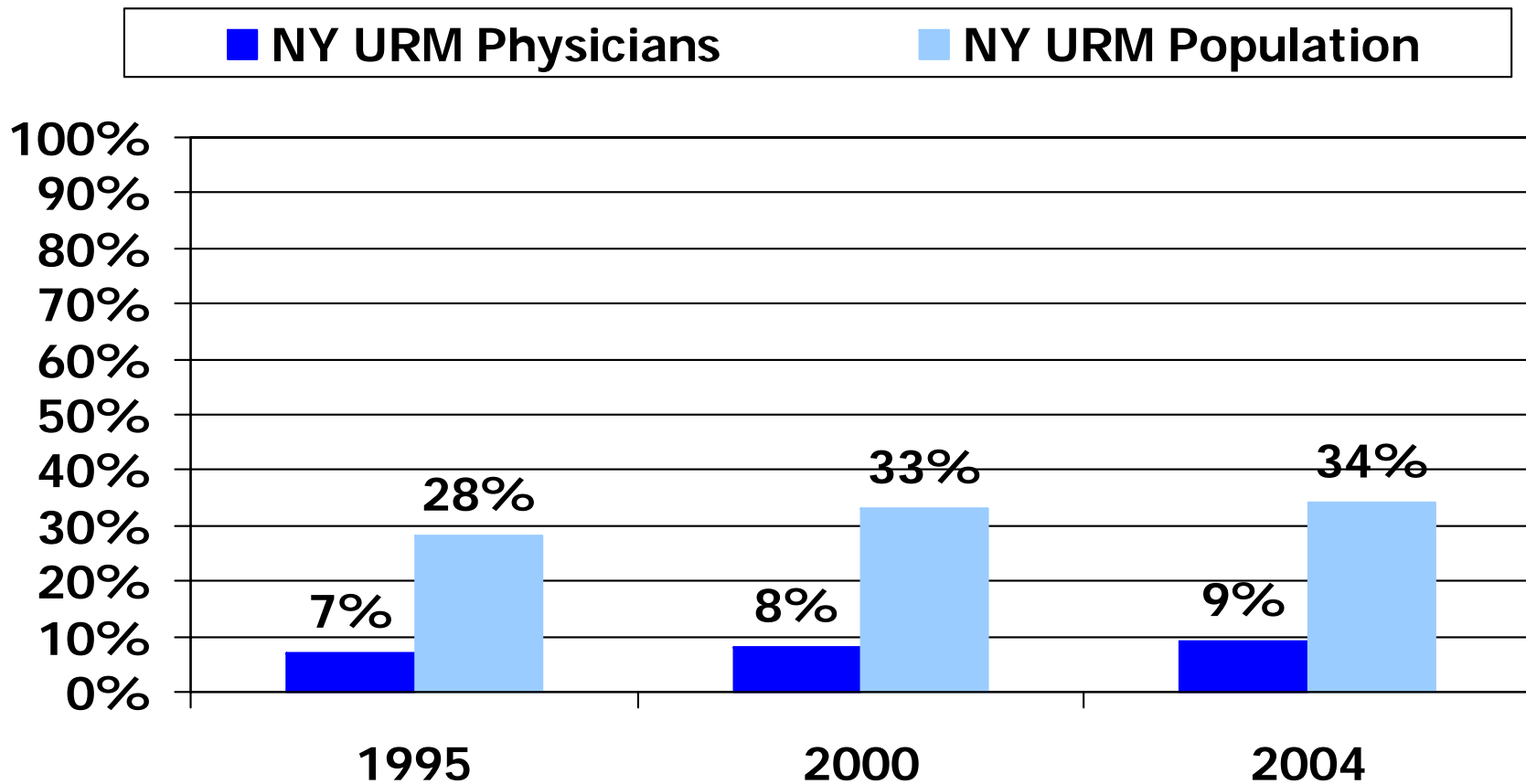


A Profile of New York's Underrepresented Minority Physicians, 2006



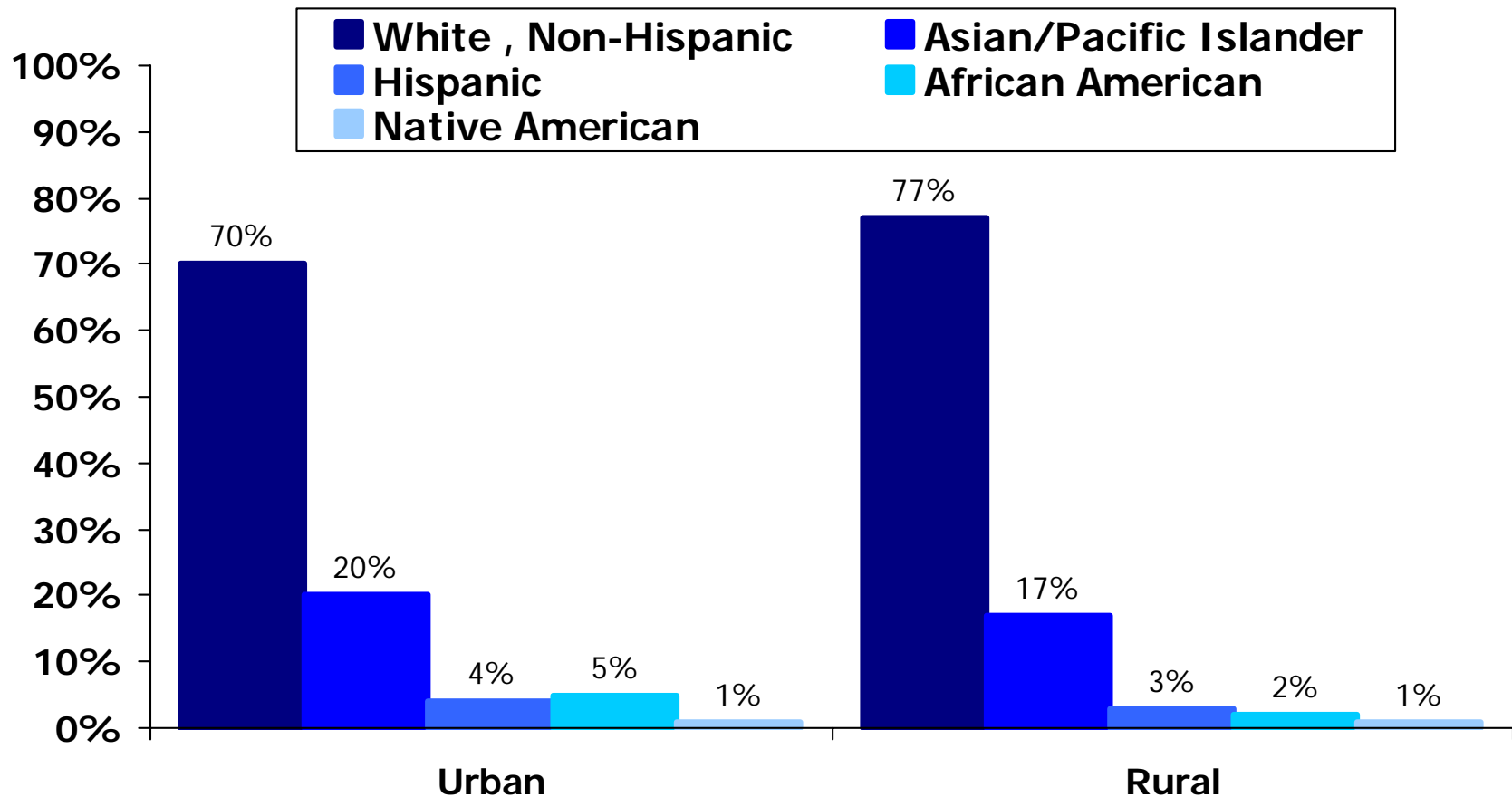
New York's Physicians are not Representative of Its Population

Percent URM of Active Patient Care Physicians in New York by Year



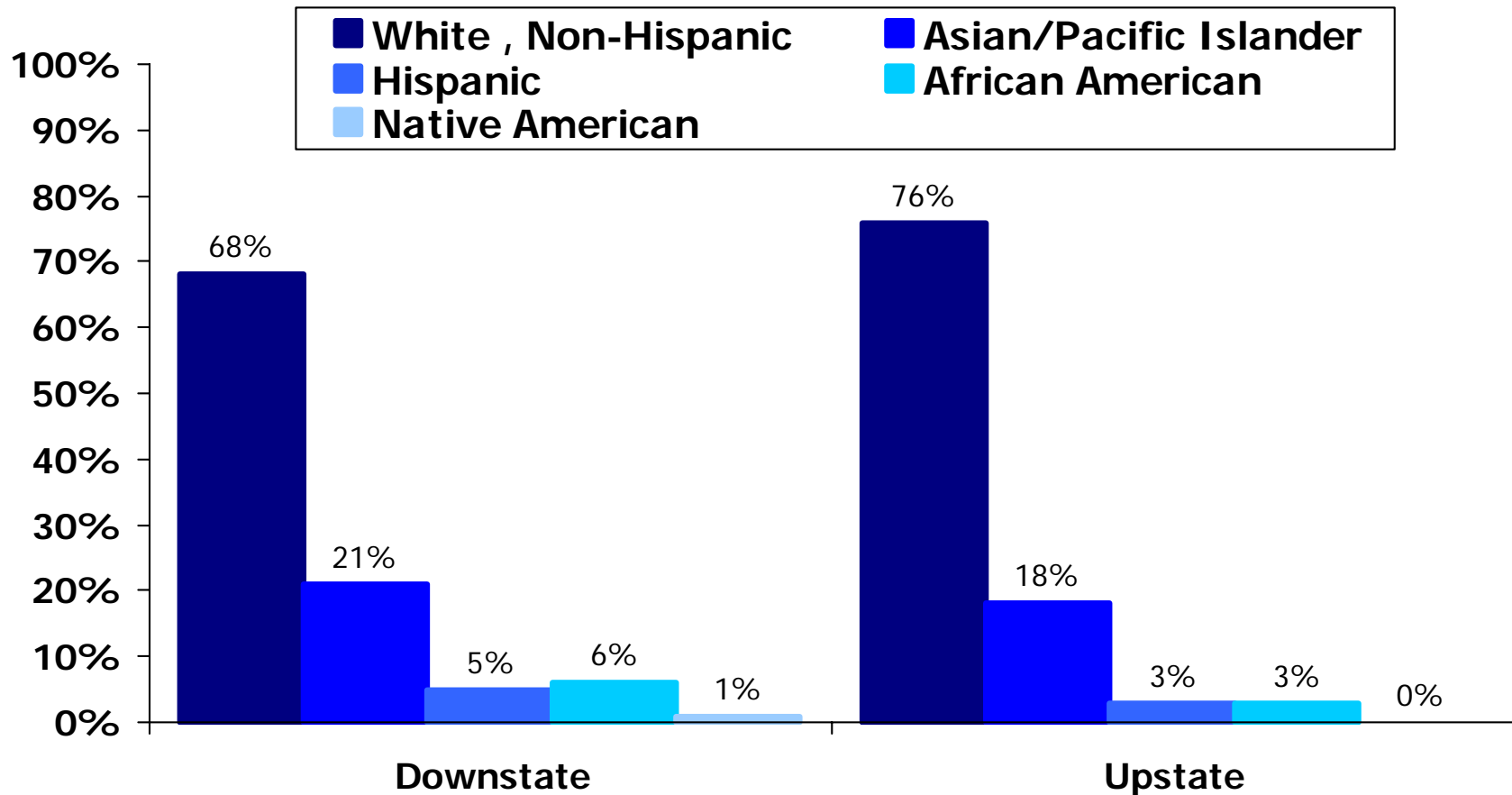
10% of Physicians in Urban Counties Were URM's Compared to 7% in Rural Counties

Race/Ethnicity of Active Patient Care Physicians by Urban and Rural Counties



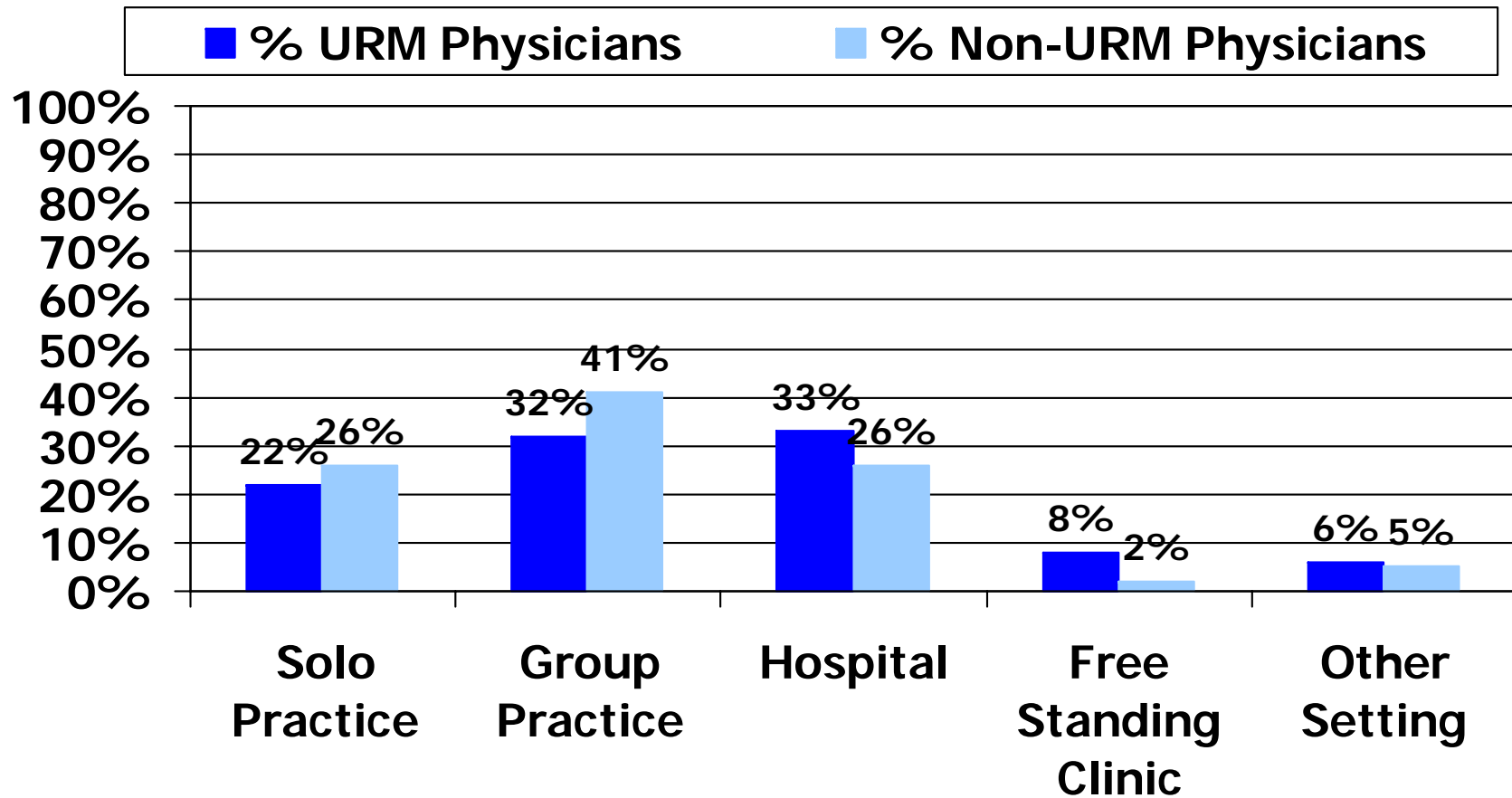
12% of Physicians in Downstate New York Were URM's Compared to Only 6% Upstate

Race/Ethnicity of Active Patient Care Physicians by Upstate and Downstate



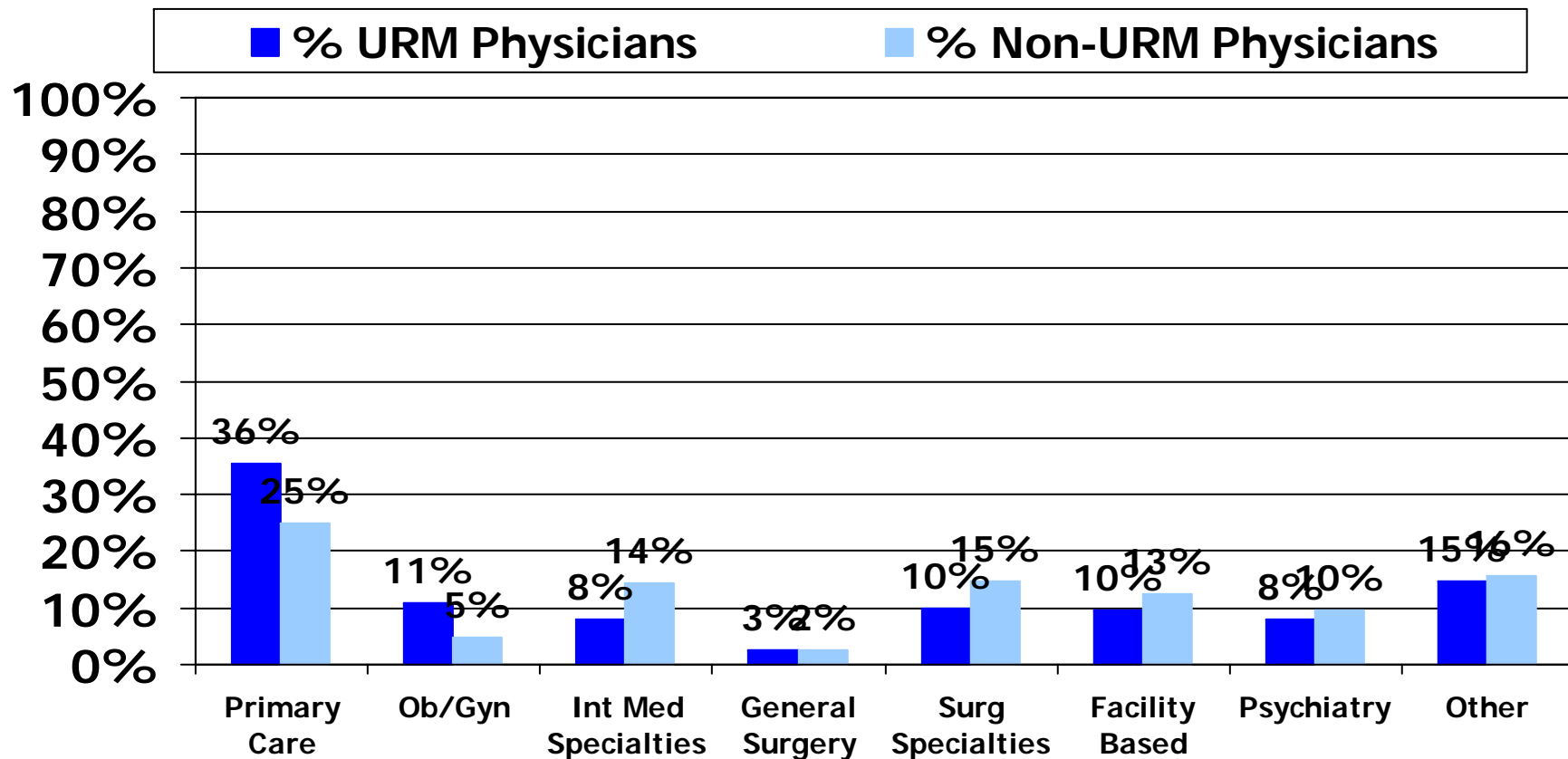
URMs Were More Likely to Practice in Hospitals and Clinics

Race/Ethnicity of Active Patient Care Physicians by Principal Practice Setting



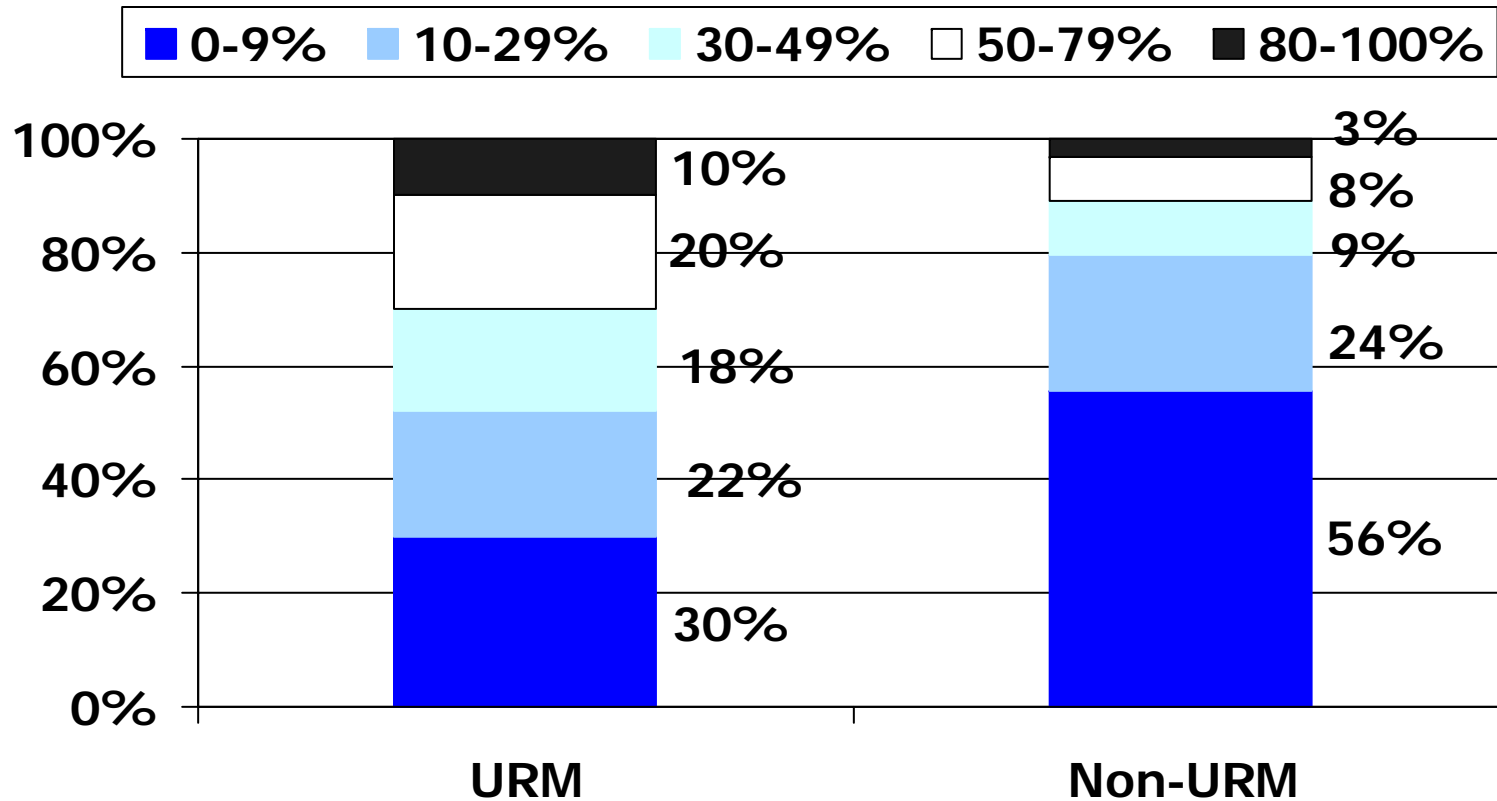
URMs Were More Likely to Report a Primary Care Specialty

Race/Ethnicity of Active Patient Care Physicians by Specialty



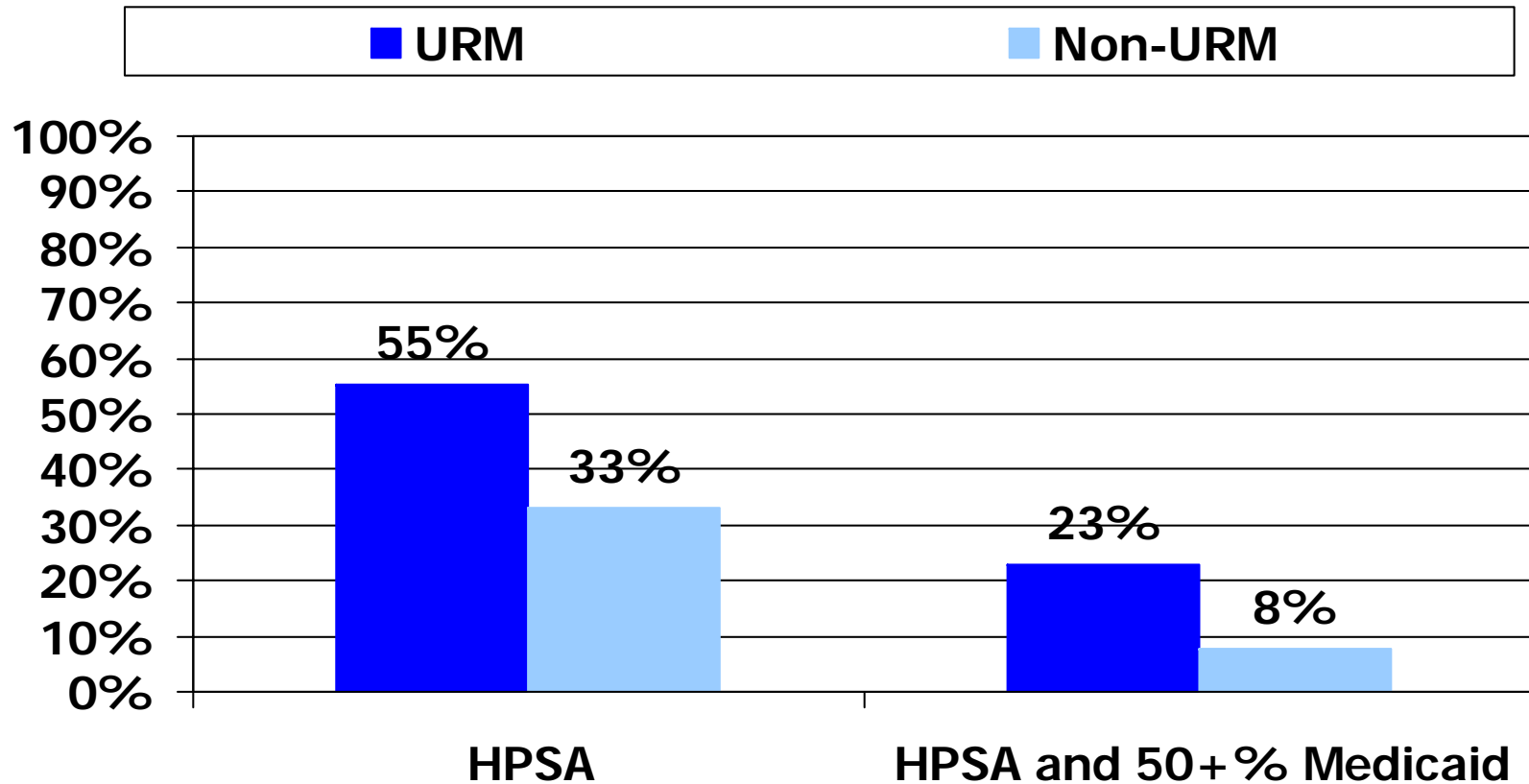
URM Physicians Were More Likely to Serve Medicaid Patients

Percent of Medicaid Patients Served by Race/Ethnicity of Active Patient Care Physicians



URM Physicians in NYC Were More Likely to Practice in HPSAs

Percent of Active Patient Care Physicians who Practice in NYC HPSAs by Race/Ethnicity

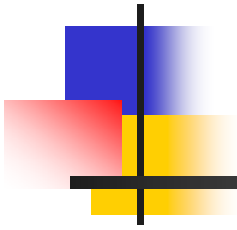




Implications

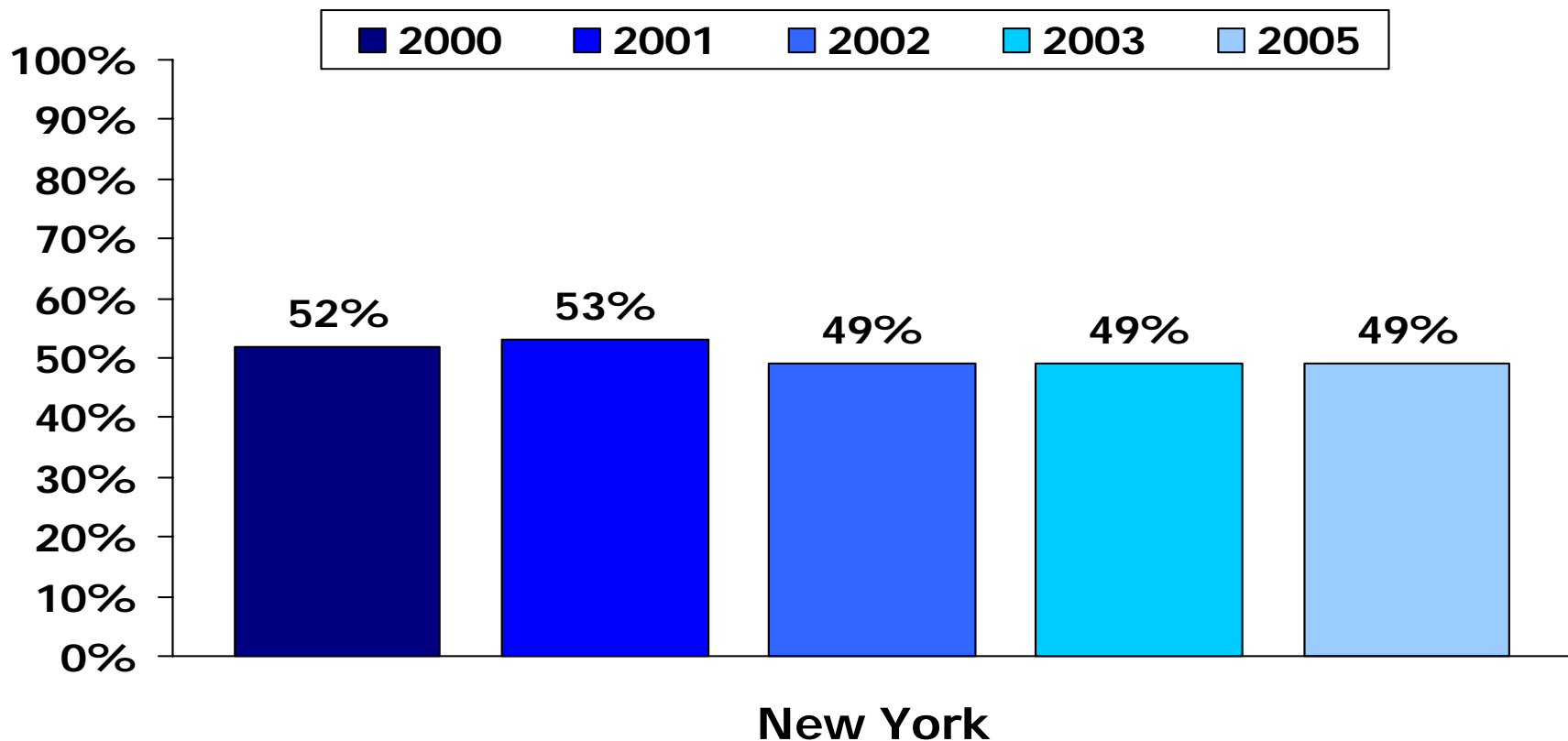
- Increasing the number of URM physicians in NY has the potential to
 - Expand capacity for basic health care services
 - Increase the availability of health care services for underserved residents of the state
 - Reduce health disparities
 - Improve the cultural competence of the medical workforce

New York State Resident Exit
Survey, 2000-2005:
Trends in Demand for New
Physicians



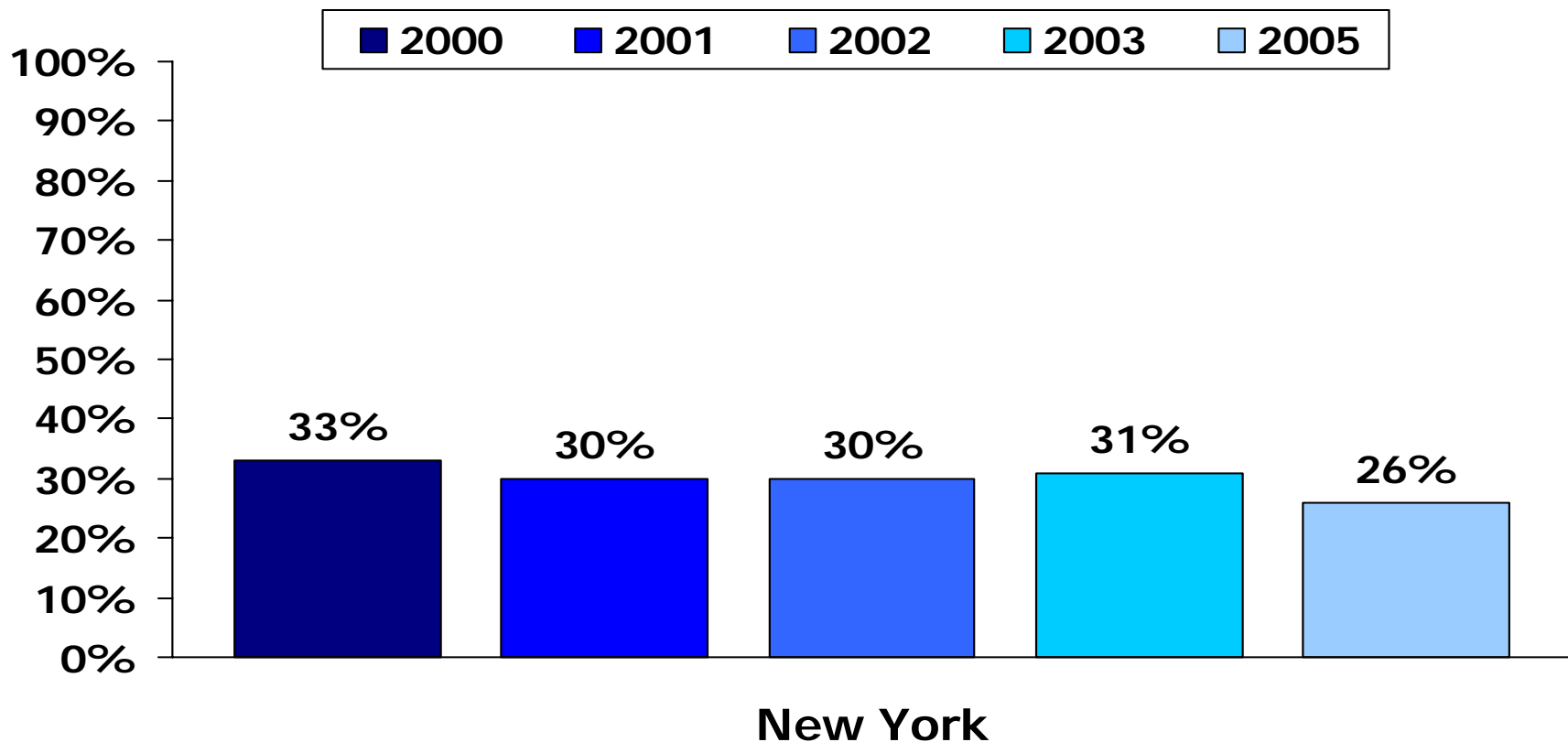
New York Retains Half of Residents Completing Training

Percent of Graduates whose Primary Activity after Completing Training is in New York of Grads with Confirmed Practice Plans



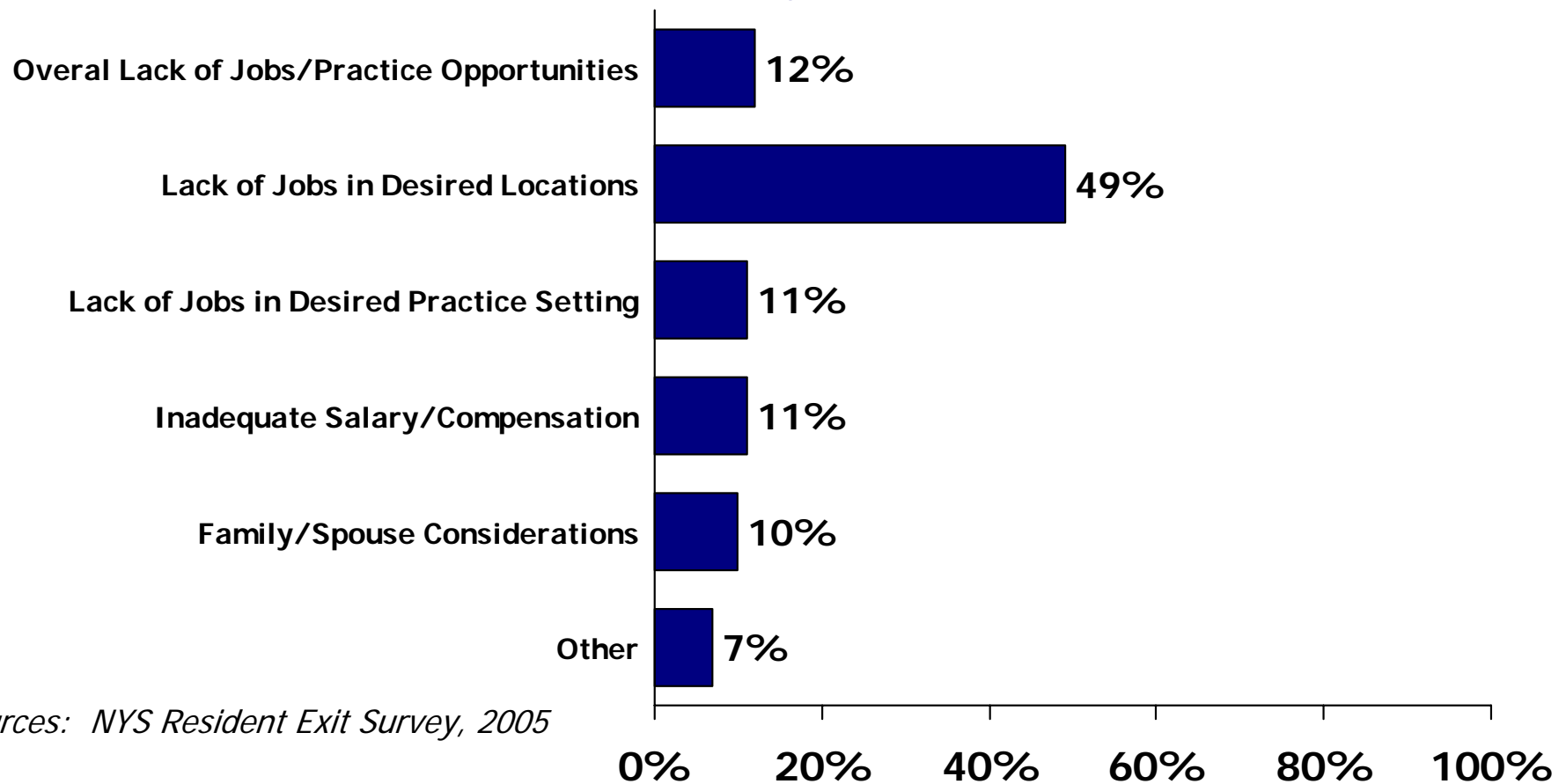
Overall, the Job Market for Physicians in NY Continued to be Good

Percent of Graduates Having Difficulty Finding a Satisfactory Practice Position of Grads who have Searched for a Job, IMGs on Temp Visas Excluded



The Main Reason for Difficulty Finding a Job Was 'Lack of Jobs in Desired Locations'

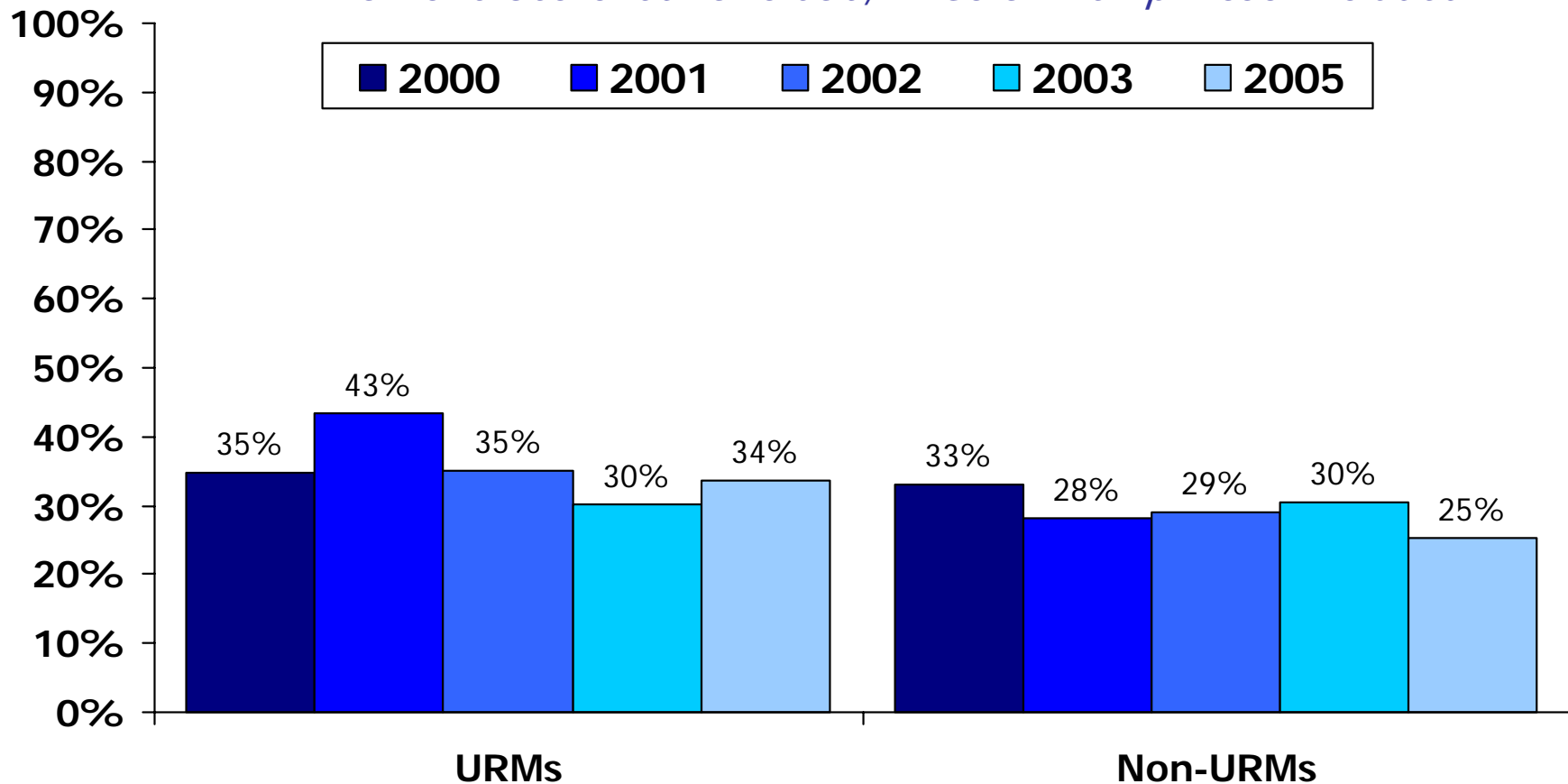
Main Reason for Difficulty Finding a Satisfactory Practice Position of 2005 Grads who had Difficulty, IMGs on Temp Visas Excluded



Sources: NYS Resident Exit Survey, 2005

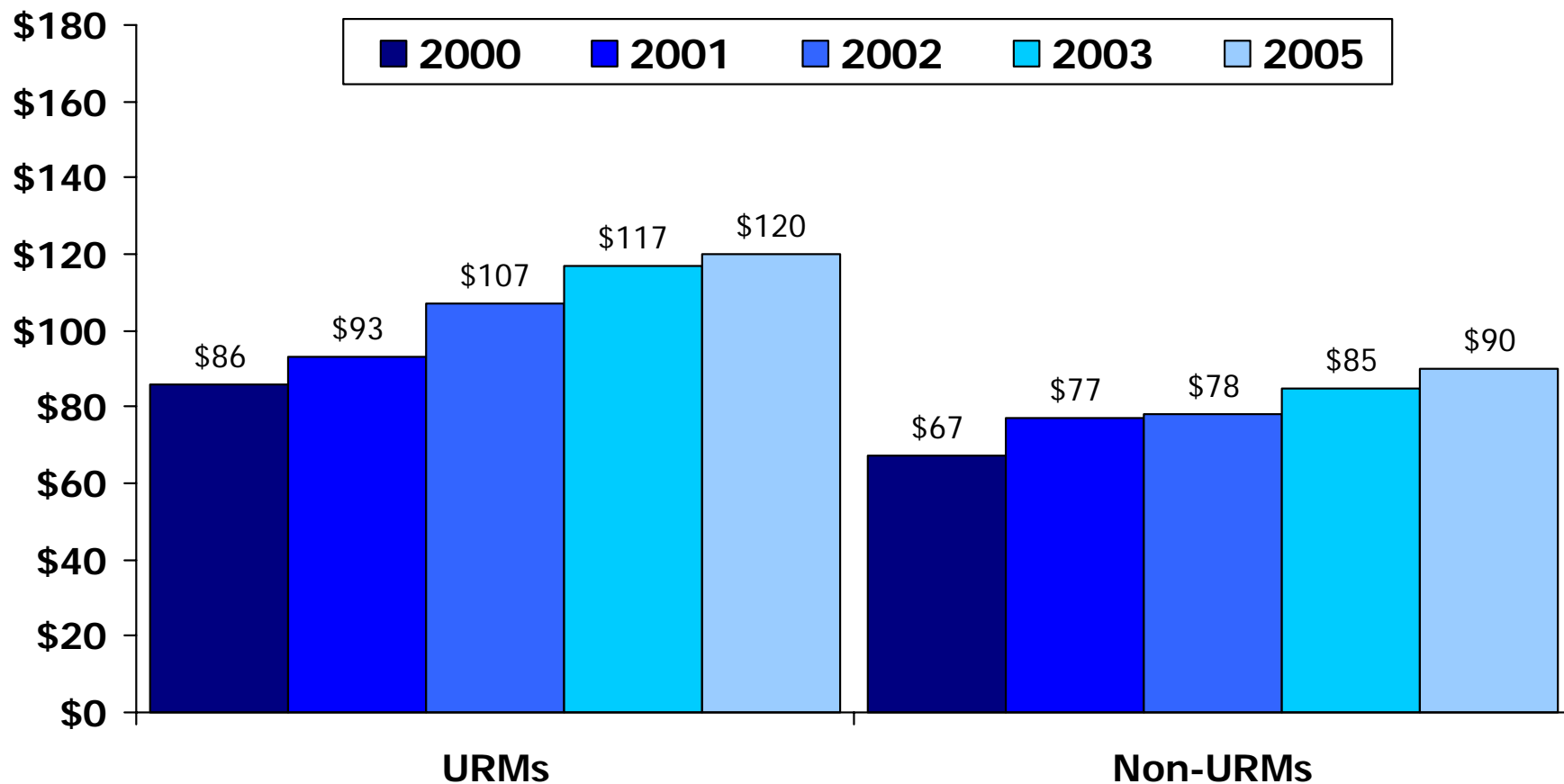
More URMs Reported Difficulty Finding a Satisfactory Practice Position, Compared to All other Physicians

Difficulty Finding a Satisfactory Practice Position of Grads who Have Searched for a Job, IMGs on Temp Visas Excluded



URM Physicians Had More Educational Debt Compared to Non-URM Physicians (in \$1,000s)

Educational Debt of USMGs





New Primary Care Physicians....

- Were more likely than specialists to change plans due to limited job opportunities
- Reported higher levels of educational debt than specialists
- Were more likely to report plans to fulfill a service obligation in federally designated shortage areas
- Saw faster growth in starting salaries in recent years than specialists



Median Starting Income for New Patient Care Physicians in 2005 Was Higher for Specialists

Specialty	Median Starting Income
IM-Cardiology (n=17)	\$219.4
Anesthesiology (n=29)	\$214.3
Radiology (n=14)	\$212.0
Surg-Orthopedic (n=5)	\$211.1
Dermatology (n=10)	\$199.8
Surg-Urology (n=7)	\$194.2
IM-Pulmonary Disease (n=23)	\$191.9
Gastroenterology (n=22)	\$183.6
Emergency Medicine (n=59)	\$182.4
General Surgery (n=7)	\$174.0



Median Starting Was Lower for Most Primary Care Physicians

Specialty	Median Starting Income
Ob/Gyn (n=45)	\$155.0
General Internal Med (n=151)	\$140.2
Psychiatry (n=29)	\$135.0
Ophthalmology (n=7)	\$134.1
Pathology (n=6)	\$124.9
Physical Med & Rehab (n=10)	\$124.6
Child & Adolescent Psych (n=19)	\$122.7
Geriatrics (n=19)	\$122.3
Family Practice (n=51)	\$122.1
Pediatrics (n=49)	\$105.0



There Were Some Changes in Relative Demand for Specialties Based on Responses to the NYS Resident Exit Survey, 2005

Strong Relative Demand

Surg-Urology
Cardiology
Anesthesiology
Dermatology
Gastroenterology
Psych-Child & Adol
Pulmonary Disease

Moderately Strong Demand

Neurology
Psychiatry
Surg-Orthopedic
Radiology
Hematology/Oncology
Surg-Otolaryngology

Moderately Weak Demand

Emergency Medicine
Ob/Gyn
Surgery-General
Family Practice
IM & Pediatrics (Combined)
Internal Medicine

Weak Relative Demand

Pediatric Subspecialties
Geriatrics
Pediatrics
Ophthalmology
Pathology
Physical Med & Rehab



Possible Implications of Changes in Physician Supply, Distribution & Demand

- Do more areas of the state qualify for federal designation as a shortage area?
- Can we expect to lose an increasing number of physicians to retirement?
- Will shortages in other states affect NY's ability to retain physicians trained in NY?
- Are current programs and policies encouraging physicians to practice in areas where changing distribution may affect access to health care services?



As We Plan Ahead.....

- Physician shortages are likely in the future
- Reliable data are needed to inform decisions on the programs and policies needed to address physician maldistribution and shortages
- It will also be critical to evaluate the effectiveness of these programs in the recruitment and retention of physicians in the state
- New York's stakeholders must work collaboratively to support data collection and analysis on trends in the state's medical workforce