

IDAHO PRIMARY CARE PHYSICIANS



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IDAHO PRIMARY CARE PHYSICIANS WORKFORCE OVERVIEW



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INTRODUCTION

The Idaho Department of Labor, under a Health Resources and Services Administration planning grant, is assessing the adequacy of medical care by estimating the current supply and demand for physicians in Idaho. The Idaho Board of Medicine facilitated the analysis by sharing its publically available licensure data during the winter of 2012, and the Idaho Medical Association provided its membership list in spring 2012 to supplement the analysis. The department also collected information about medical schools educating Idaho students and the residency programs training physicians in the state.

Those considered primary care physicians are family medicine and general practice physicians, general internists, pediatricians, gynecologists and obstetricians. Psychiatrists will also be studied as part of this report because mental health practitioners are also included on HRSA's list of primary care practitioners.

This report begins with an overview of the elements of supply and demand for primary care physicians in the state. For supply, the career pathway to becoming a physician is detailed along with opportunities for Idahoans to receive that training. The number of Idahoans attending medical school and the number of physicians receiving residency training in the state are estimated. Factors related to the supply of physicians in Idaho are included. Two sources for identifying occupational demand are reviewed followed by identification of trends expected to impact demand for physicians.

The second part of the report provides a baseline for the current workforce status for each type of primary care physician. The number of each type of primary care physician, their locations in the state and a ranking based on provider-to-population ratio is provided. Demographics, source of original medical training and available wage information are also provided. Finally, information regarding the initial supply of practitioners to the state is added.

KEY FINDINGS

OVERALL

- Primary care physicians – family medicine and general practitioners, internists, obstetricians and gynecologists and pediatricians - make up 44 percent of Idaho’s physician workforce.
- Idaho ranked at the bottom of the 50 states and the District of Columbia for the number of primary care physicians per capita.
- Idaho provides opportunities for a limited number of Idaho residents to attend medical school at the University of Washington or the University of Utah.
- Graduate medical education is available in Idaho for family medicine, internal medicine and psychiatry.
- Idaho is second to last in the nation for both the number of physician residents overall and the number of physician residents in primary care.

FAMILY MEDICINE AND GENERAL PRACTICE PHYSICIANS

- Family medicine and general practice physicians made up 25 percent of Idaho’s physician workforce.
- Idaho ranks 17th in the nation for the number of family and general practice physicians per 100,000 population.
- The average age for family and general practitioners in Idaho was 49.8.
- The Idaho Department of Labor long-term occupational projections show that family and general practitioners are expected to grow 25 percent from 2008 to 2018.
- Approximately 20 family medicine physicians complete their residency in Idaho each year.

GENERAL INTERNISTS

- Internists were 9 percent of Idaho’s physician workforce.
- Idaho ranked last in the nation for the number of internists per 100,000 population.
- The average age for internists in Idaho was 50.8.
- According to the Idaho Department of Labor long- term occupational projections, the number of internists is expected to grow 23 percent from 2008 to 2018.
- Approximately eight internal medicine physicians complete a residency in Idaho each year.

OBSTETRICIANS AND GYNECOLOGISTS

- Five percent of Idaho's physician workforce were gynecologists or obstetricians.
- Idaho ranks 47th in the nation and the District of Columbia for the number of active obstetricians and gynecologists per 100,000 population.
- The average age for obstetricians and gynecologists in Idaho was 53.6.
- Obstetricians and gynecologists were expected to grow 27 percent from 2008 to 2018, according to the Idaho Department of Labor long-term occupational employment projections.
- Idaho has no residency programs specifically for obstetricians and gynecologists.

PEDIATRICIANS

- Pediatricians comprised 5 percent of Idaho's physician workforce.
- Idaho ranked last in the nation for the number of active pediatricians per 100,000 population.
- The average age for pediatricians in Idaho was 49.6.
- The number of persons employed as pediatricians is expected to grow 31 percent from 2008 to 2018, according to the Idaho Department of Labor long-term occupational employment projections.
- Idaho has no residency programs for pediatricians.

PSYCHIATRISTS

- Psychiatrists made up 3 percent of Idaho's physician workforce.
- Idaho ranked last in the nation for the number of psychiatrists per 100,000 population.
- The average age of Idaho's active psychiatrists was 55.8.
- The number of psychiatrists is expected to grow 18 percent from 2008 to 2018, according to the Idaho Department of Labor long-term occupational projections.
- Approximately two or three psychiatry residents complete a program in Idaho each year.

SECTION 1: SUPPLY

The estimated supply sources for Idaho physicians are difficult to determine. The pathway to becoming a physician is long and multifaceted. The education and training pathway to becoming a licensed practicing physician – not including specialty training such as fellowships – is detailed in the section below. The opportunities where Idaho intersects with the physician training pathway are described. And a report on the Idaho affiliated medical school program graduates follows.

EDUCATION AND TRAINING

The educational and training requirements for becoming a physician are extremely rigorous compared to other occupations. The typical pathway requires multiple steps. First, a student must graduate from high school with academic performance to attend college. Next the student must obtain a bachelor's degree from an accredited college or university with coursework emphasizing mathematics and sciences – biology and chemistry including labs.

Then the student must graduate from an accredited medical school. Acceptance to medical school is highly competitive, and many highly qualified students are not able to attend. On average, only 8.9 percent of applicants are admitted to American medical schools.¹

There are two types of medical schools in the United States: allopathic and osteopathic. Allopathic training leads to a traditional medical degree, or M.D., while osteopathic training leads to a D.O. degree. Historically, osteopathic medical schools have taken a holistic view of the patient and with additional emphasis on the musculoskeletal system and osteopathic manipulative treatment. There are fewer osteopathic schools, and approximately 20 percent of medical students enter a D.O. program each year.² There are no professional distinctions between the M.D. and the D.O. degrees. D.O.s comprise 6 percent of active U.S. physicians and 9 percent of active Idaho physicians. For primary care, 10 percent of active U.S. physicians³ and 14 percent of Idaho active primary care physicians are D.O.s.⁴

A secondary option for students seeking a medical degree is to attend a foreign medical school, which may have a higher acceptance rate. Approximately 24 percent of active U.S. physicians are graduates of international medical schools.⁵ However, Idaho ranked last in the nation in the percentage of active physicians who are international medical graduates.⁶

¹U.S. News & World Report. 2012. "10 Medical Schools With Lowest Acceptance Rates." <http://www.usnews.com/education/best-graduate-schools/articles/2011/04/05/10-medical-schools-with-lowest-acceptance-rates>. Accessed Sept. 10, 2012.

²Kuther, Tara, Ph.D. "What's the Difference Between Allopathic and Osteopathic Medicine." About.com Guide. <http://gradschool.about.com/od/medicalschoo/f/osteoaallo.htm>. Accessed Sept. 10, 2012.

³Association of American Medical Colleges. 2011 *State Physician Workforce Databook*. Table 1: Active Physicians per 100,000 Population by Degree Type, 2010. (Percent calculated from data in table). Accessed Sept. 10, 2012.

⁴Idaho Board of Medicine licensure database, Feb. 2012.

⁵Association of American Medical Colleges. 2011 *State Physician Workforce Databook*. Table 6. Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2010. <https://www.aamc.org/download/263512/data/statedata2011.pdf>. Accessed Sept. 10, 2012.

⁶Association of American Medical Colleges. 2011 *State Physician Workforce Databook*. Table 6. Percentage of Active Physicians Who Are International Medical Graduates (IMGs) 2010. <https://www.aamc.org/download/263512/data/statedata2011.pdf>. Accessed Sept. 10, 2012.

Medical school is typically four years long, and the curriculum consists of preclinical or classroom courses and clinical work. During the third and fourth years, students begin rotations or clerkships at teaching hospitals to become familiar with various hospital settings and medical specialties.

The fourth step to becoming a physician is to complete a residency also known as graduate medical education, or GME. A residency is concentrated training in a designated medical specialty and can last for three or more years. To become licensed to practice medicine as a physician in the United States, medical school graduates must complete an accredited residency. Residency programs are competitive and are assigned via a match system, where residents and programs select preferences for each other. There is no guarantee that a medical school graduate will be accepted into any residency program. The National Resident Matching Program assigns residents for the Accreditation Council for Graduate Medical Education accredited residencies. In 2012, 31,355 medical school graduates applied for 24,034 available first-year and 2,738 second-year residency positions. Ninety-five percent of U.S. allopathic seniors – fourth-year MD medical school students – matched to a first-year residency position. Osteopathic students/graduates matched to a first-year residency position at a rate of nearly 75 percent. Osteopathic seniors have options to complete American Osteopathic Association accredited residencies as well. U.S. citizen students/graduates of international medical schools had a match rate of 41 percent.⁷

Before becoming licensed, physicians must successfully complete an examination, usually the multipart United States Medical Licensing Exam.

IDAHO PHYSICIAN TRAINING OPPORTUNITIES – MEDICAL SCHOOL

Idaho is one of five states that has neither a medical nor an osteopathic school. The others are Alaska, Delaware, Montana and Wyoming. However, Idaho does have associations and agreements with the University of Washington School of Medicine and the University of Utah School of Medicine to educate a certain number of Idaho students at in-state tuition rates. In addition to the opportunity to attend medical school, students may receive school-affiliated clinical training at sites in Idaho.

University of Utah

The state of Idaho annually sponsors a class of eight Idaho students to attend the University of Utah School of Medicine at in-state tuition rates. Those eight Idaho medical students are required to spend two of the third-year required rotations in Idaho. The Family Practice Clinical Clerkship is four weeks and the Internal Medicine Internal Clerkship is 12 weeks with three weeks spent in an Idaho ambulatory clinic. Additional opportunities for clinical education in Idaho are a four-week Public/Community Project, which may be completed in Utah or Idaho, and a six-week Primary Care Preceptorship.⁸

⁷National Residency Matching Program. *Results and Data 2012 Main Residency Match*. P. 11. <http://www.nrmp.org/data/resultsanddata2012.pdf>. Accessed Sept. 11, 2012.

⁸Idaho State Board of Education Annual Report 2011. University of Utah, School of Medicine. http://www.boardofed.idaho.gov/meetings/board/archive/2011/12_7-8_11/agenda_all.pdf. Accessed Sept. 13, 2012.

University of Washington - WWAMI

The University of Washington School of Medicine established the WWAMI program in 1971 to provide regional medical education to the states of Washington, Wyoming, Alaska, Montana and Idaho. The state currently sponsors 20 Idaho students to attend medical school at the University of Washington at in-state tuition rates.

The first year of medical school training for the Idaho-sponsored students takes place at the University of Idaho's Moscow campus, sharing faculty and resources with the joint program at Washington State University in Pullman, Wash. The second year of training takes place in Seattle at the medical school. WWAMI students have the opportunity to obtain clinical training in Idaho, particularly during the third and fourth years of medical school.

The Idaho Track is a way for the medical students to complete all of their third-year clerkships and fourth-year requirements and electives at Idaho locations. Students who choose to sign up for at least five of the six required third-year clerkships are considered "Idaho Trackers." However, other WWAMI medical students may rotate through clerkships and electives in Idaho.

The WRITE program – WWAMI Rural Integrated Training Experience – also provides students with an opportunity to receive clinical education in Idaho. It is a 20-week clinical training to provide expanded primary care and rural training options for third-year medical students. Students with an interest in rural primary care apply for the program, which includes Idaho training locations in Hailey, Sandpoint and McCall.

The RUOP, or Rural/Underserved Opportunities Program, is a four-week elective immersion in community medicine for students between their first and second years of medical school. The program is open to all University of Washington medical students. The Idaho locations available for RUOP are Sandpoint, Plummer, St. Maries, Moscow, Orofino, Lapwai, Cottonwood, McCall, Cascade, Emmett, Weiser, Nampa, Boise, Hailey, Shoshone, Jerome, Twin Falls, Rupert, Rexburg, Blackfoot and Montpelier.⁹

Another opportunity for Idaho students to receive medical training in Idaho is Idaho TRUST, or Targeted Rural Underserved Track. Prospective Idaho WWAMI students, particularly those with rural or underserved community backgrounds, may apply to become TRUST scholars as part of a separate admissions process. TRUST scholars spend their entire medical education focused on rural and underserved communities with emphasis on continuity with a single community. Existing University of Washington medical education components such as WRITE and RUOP are incorporated into the program. The sites affiliated with Idaho TRUST are in Hailey, McCall, Sandpoint and, pending approval, Jerome and Nampa.¹⁰ The Idaho State Board of Education is requesting the 2013 Idaho Legislature fund five additional seats for Idaho students in the WWAMI program.¹¹

⁹University of Washington School of Medicine. WWAMI R/UOP Site Map 2010-2011. https://depts.washington.edu/fammed/files/RUOP_Map_rev12.15.11%202.pdf. Accessed Sept. 13, 2012.

¹⁰University of Washington School of Medicine WWAMI-Idaho. <http://www.uwmedicine.org/Education/MD-Program/Current-Students/WWAMI/Pages/Idaho.aspx>. Accessed Sept. 13, 2012.

¹¹Roenigk, Katie. "Focusing on Rural Medicine." Moscow-Pullman Daily News. Saturday May 26, 2012. <http://www.idahostatesman.com/2012/06/25/2167390/trying-to-give-rural-medicine.html>. Accessed Sept. 13, 2012.

Pacific Northwest University Medical Student Program

Pacific Northwest University of Health Science is an accredited private, non-profit osteopathic medical school in Yakima, Wash. The school was started in 2008, and its first class of D.O.s graduated in 2012. Its stated goal is to provide care to communities in the Pacific Northwest, particularly rural and underserved populations. It is not affiliated with the state of Idaho as the University of Utah and the University of Washington are. However, it does provide its students with clinical training opportunities in Idaho. The Idaho locations where third- and fourth-year clinical training is coordinated are Blackfoot and Boise.

RESIDENCIES

Idaho has several opportunities for physicians to receive graduate medical education in the state. It is hoped that these residency programs will help recruit physicians to remain and practice permanently in Idaho. In fact, the number of physicians retained from residency programs in Idaho is 57 percent, which is higher than the national average of 48 percent. Idaho ranked eighth in the nation for retention of its residents.¹²

There are currently two family medicine residencies in Idaho. Family Medicine Residency of Idaho is based in Boise, and the Idaho State University Family Medicine Residency program is based in Pocatello. A third family medicine residency program is expected to start in 2014 in Coeur d'Alene. These residency programs are affiliated with the University of Washington Family Medicine Residency Network.¹³

The University of Washington also sponsors the Boise Internal Medicine Residency. Additionally, the University of Washington Psychiatry Residency Program offers the Idaho Advanced Clinician Track, where the last two years of the residency are spent in Boise.

Details on these specific residency programs will be elaborated within the respective occupational sections of the paper.

In general, the number of residency seats available in Idaho is not comparable to the rest of the nation. Idaho ranked second to last in the number of residents overall¹⁴ and second to last in the number of residents in primary care residencies.¹⁵ However, Idaho is playing catch-up. By adding 22 graduate medical education seats, it ranked second in the nation for the percentage increase from 2000-2010.¹⁶

¹²Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 19. Physicians Retained from GME.

¹³University of Washington School of Medicine. Family Medicine Residency Network. <http://depts.washington.edu/fammed/network/>. Accessed Sept. 13, 2012.

¹⁴Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 12. Residents and Fellows on Duty as of Dec. 31, 2010 in an ACGME-Accredited Program per 100,000 Population by Degree Type.

¹⁵Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 13. Residents and Fellows on Duty as of Dec. 31, 2010 in an ACGME-Accredited Primary Care Program per 100,000 Population by Degree Type.

¹⁶Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 16. Change in the Number of Residents and Fellows in ACGME-Accredited Programs, 2000-2010.

SUPPLY OF MEDICAL SCHOOL GRADUATES

The total number of Idaho-sponsored medical students admitted at both the University of Utah and the University of Washington medical schools is 28 per year. Nationally, the average rate for students to return to their home state after medical school is 39 percent. Both programs return students at a greater rate than the national average.¹⁷

University of Utah

At the University of Utah School of Medicine, eight students are currently sponsored per academic class. A small number of Idaho residents have also attended the medical school over the years as unsponsored students. The university estimated the number of Idaho-sponsored students matriculating through the University of Utah School of Medicine from 1953 through 2011 as 216.¹⁸

The university's Office of Graduate Medical Education provided a breakdown of the specialties of the sponsored students currently in practice. The data were only available for graduates of academic years 2004-2005 through 2006-2007. There were a total of 19 graduates with the following specialties: two in internal medicine, four in pediatrics, one in pediatric hematology/oncology, one in pediatric psychiatry, three in dental, two in sports medicine, one in pulmonary, one in pathology, one in anesthesiology, one in cardiology, one in gastroenterology and one in physical medicine. Although the sample was very small, the number of graduates working in primary care – internal medicine and pediatrics – was 32 percent and the graduate working in pediatric psychiatry represents 5 percent working in psychiatry.¹⁹

The University of Utah medical school graduates practicing in Idaho have a similar breakdown. According to the Idaho Board of Medicine as of February 2012, there were 330 physicians licensed in Idaho who were graduates of the University of Utah School of Medicine. Those graduates working in primary care – family medicine, internal medicine, obstetrics/gynecology or pediatrics – were 37 percent of all the University of Utah graduates. Those working in psychiatry represent 3 percent.

University of Washington - WWAMI

The state of Idaho sponsors 20 students to attend the University of Washington School of Medicine each year. This program has been in place with varying levels of sponsorship since 1971. The Idaho WWAMI office reports that there were 515 Idaho WWAMI graduates currently practicing, and 254, or 49 percent, have practiced in Idaho. In addition, 118 non-Idaho WWAMI graduates have practiced in Idaho.²⁰

¹⁷Idaho Division of Financial Management. *University of Idaho-WWAMI Medical Education Performance Measurement Report*. http://www.dfm.idaho.gov/Publications/BB/PerfReport/pr2013/Education/PerfRpt_WWAMI.pdf. Accessed Sept. 17, 2012.

¹⁸Idaho State Board of Education Annual Report 2011. Op. cit.

¹⁹Ibid.

²⁰Idaho WWAMI Medical Education Program. *Idaho WWAMI Newsletter*. Winter 2012.

The target goal is for 50 percent of Idaho WWAMI graduates to choose primary care specialties for residency training. Currently, that number is lower than the target, but slightly higher than the University of Utah's Idaho graduates. The share choosing primary care was 47 percent in fiscal year 2008, 43 percent in fiscal year 2009, 35 percent in fiscal year 2010 and 39 percent in fiscal year 2011.²¹

Idaho Board of Medicine reports 421 licensed physicians who graduated from the University of Washington School of Medicine and reported a specialty. Currently 46 percent of them are working in family medicine, internal medicine, obstetrics or gynecology or pediatrics. Those working in psychiatry represent 2 percent.

SUPPLY IMPACTS

PHYSICIAN SPECIALIZATION

Large amounts of debt upon graduating from medical school combined with lower pay rates for primary care create a disincentive for physicians to practice primary care. There are several initiatives to counteract this trend. Federal graduate medical education, or GME, funding was enhanced to encourage more primary care residency training.²² Also, increases in reimbursement rates, particularly for federal programs such as Medicare and Medicaid, have been either proposed or implemented for primary care physicians.

Since women are a growing percentage of U.S. medical school graduates,²³ there should be an increase in the number of graduates selecting primary care. Women are more likely to choose primary care specialties over surgical or other subspecialties. Nationally, the specialties with the highest proportion of female physicians are pediatrics and obstetrics and gynecology.²⁴ However, Idaho has the lowest percent of female physicians in the nation at 21 percent. Nationally, 30 percent of physicians are women.²⁵

PRACTICE PATTERNS

Women and older physicians are a growing proportion of the physician workforce, and they tend to provide fewer patient care hours on average compared to male and younger physicians. In addition, younger professionals of both sexes tend to work fewer hours than

²¹Idaho Division of Financial Management. *University of Idaho-WWAMI Medical Education Performance Measurement Report*. http://www.dfm.idaho.gov/Publications/BB/PerfReport/pr2013/Education/PerfRpt_WWAMI.pdf. Accessed Sept. 17, 2012.

²²U.S. Department of Health and Human Services. Health Resources and Services Administration. Bureau of Health Professions. *The Physician Workforce*. 2008. <http://bhpr.hrsa.gov/healthworkforce/reports/physwfiissues.pdf>. Accessed Oct 30, 2012.

²³Catalyst. "Women in Medicine." 2012. <http://www.catalyst.org/publication/208/women-in-medicine>. Accessed Oct 30, 2012.

²⁴U.S. Department of Health and Human Services. Health Resources and Services Administration. Bureau of Health Professions. *The Physician Workforce*. 2008. <http://bhpr.hrsa.gov/healthworkforce/reports/physwfiissues.pdf>. Accessed Oct 30, 2012.

²⁵Association of American Medical Colleges. *2011 State Physician Workforce Data Book*. <https://www.aamc.org/download/263512/data/statedata2011.pdf>. Accessed Oct 31, 2012.

previous generations of health professionals. This leads to a decreased amount of care for the same number of professionals traditionally provided.²⁶

However, the incorporation of health information technology and the trend of consolidating physicians into the larger hospital-based practices may improve physician productivity, allowing them to spend more time in direct patient care.

RURAL RECRUITMENT

Idaho ranked last in the nation including the District of Columbia for the number of primary care physicians per capita.²⁷ This shortage is exacerbated by the fact that Idaho is a predominantly rural state and its supply of the physicians is not distributed in a manner that provides adequate access to those living in geographically isolated areas.

According to a survey conducted by a physician search firm, less than 1 percent of medical residents want to practice in a community of fewer than 10,000 people.²⁸ Given such a small pool of potential physicians, a great deal of effort goes into recruiting and retaining rural physicians. In fact, studies show that those physicians most likely to become rural physicians come from a rural background themselves. So a shift has occurred to begin recruitment of medical students from rural areas.²⁹

Rural recruitment and retention tools used in Idaho include:

AHEC

Idaho's Area Health Education Center is part of the University of Washington School of Medicine WWAMI program. The center is part of a network of organizations developed by the federal government to recruit, train and retain health care workers in underserved populations. Idaho's center provides links to Idaho institutions offering health career programs, links to state and national health care resources for recruitment and retention of the health care workforce and information on pre-med shadowing experiences in Idaho. There is also a pilot project with the Health Occupations Students of America to expose health care careers to rural middle school and secondary students.³⁰

WWAMI TRUST

The University of Washington WWAMI TRUST program develops an indelible link between a medical student and a community in hope that the student will later return to that community or a similar one to practice professionally.

²⁶U.S. Department of Health and Human Services. Health Resources and Services Administration. Bureau of Health Professions. *The Physician Workforce*. 2008.

²⁷Kaiser Family Foundation. Statehealthfacts.org. Primary Care Physicians by Field, Aug. 2012. Accessed Oct 24, 2012. (See Appendix E for state rankings.)

²⁸Merritt Hawkins. *2011 Survey of Final-Year Medical Residents*. <http://www.merrithawkins.com/pdf/mha2011residentsurvpdf.pdf>. Accessed Oct 30, 2012.

²⁹American Medical Association. *American Medical News*. "Who still wants to be a country doctor?" 2012. http://www.ama-assn.org/amednews/2012/10/22/bisa1022.htm?goback=%2Egde_1840_member_178026488. Accessed Oct 30, 2012.

³⁰Idaho Area Health Education Center. <http://idahoahhec.org/>. Accessed Oct 30, 2012.

Community Apgar

The Community Apgar tool was developed by health care professionals and researchers in Idaho to provide concrete data about a rural community and the health care facility amenities available to physicians there. The Community Apgar Questionnaire is modeled after the neonatal Apgar score, which is a serial score based on a number of factors. The Community Apgar is based on 50 factors related to quality of life in five classes: geographic, economic, scope of practice, medical support and hospital and community support. Communities and health care facilities may use the test results in physician recruitment to highlight favorable amenities or address shortcomings.³¹

FINANCIAL INCENTIVES FOR PHYSICIANS IN IDAHO

National Health Service Corps

One of the main federal loan repayment programs for primary care physicians is the National Health Service Corps. This program requires a practitioner to work in an approved facility in a designated Health Professional Shortage Area, or HPSA, for at least two years.³² Much of Idaho is designated either a population or geographic HPSA for primary care. A map of the Idaho primary care HPSA designations is available in Appendix C.

Rural Physician Incentive Program

As part of a Rural Physician Incentive Program, Idaho charges an extra fee to state-sponsored students in the WWAMI and University of Utah programs that goes to the Rural Physician Incentive Trust Fund. Trust proceeds are used to pay down qualified educational debts of rural physicians who practice in a designated Health Professional Shortage Area that needs assistance in physician recruitment. Students who return to Idaho and practice in an underserved community will be eligible to receive up to \$50,000 over five years to repay their student loans. Physicians who are currently receiving federal loan repayment funds may not receive payment from the Rural Physician Incentive Program.³³

Rural Health Care Access Program

The Rural Health Care Access Program is a state program that grants nonprofits up to \$35,000 per year to improve primary medical and dental health care access in a Health Professional Shortage Area or Medically Underserved Area. Grant funds may be used for recruitment and retention of health care professionals.³⁴

³¹Family Medicine Residency of Idaho. Community Apgar Program. <http://www.fmridaho.org/rural-outreach/workforce/community-apgar-program.aspx>. Accessed Oct 30, 2012.

³²National Health Service Corps. Loan Repayment. <http://nhsc.hrsa.gov/loanrepayment/>. Accessed Sept. 18, 2012.

³³Idaho State Board of Education. Rural Physicians Incentive Program. http://www.boardofed.idaho.gov/public_col_univ/rural_phys.asp. Accessed Sept. 18, 2012.

³⁴Idaho State Office of Rural Health & Primary Care. Rural Health Care Access Program – RHCAP. <http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/HealthCareAccessPhysicianIncentiveProgram/tabid/409/Default.aspx>. Accessed Oct 30, 2012.

SECTION 2: DEMAND

Two devices are used to illuminate the demand for physicians in Idaho – the long-term occupational employment projections produced by the Idaho Department of Labor and the Health Profession Shortage Area designations developed by the U.S. Department of Health and Human Services’ Health Resources and Services Administration.

IDAHO DEPARTMENT OF LABOR LONG-TERM OCCUPATIONAL EMPLOYMENT PROJECTIONS

The Idaho Department of Labor publishes long-term occupational projections that can be used to estimate the demand for a particular occupation. The demand impacts delineated in that section of the report may alter the projected rates of growth depicted here.

The employment projections are based on current estimated employment and historical growth trends for the state. The employment projections do not address the adequacy of health care. The projected growth for the occupation is not the same as the number of providers necessary to alleviate the shortage of medical care provided by that profession.

These projections provide estimates of employment and growth for occupations 10 years into the future. The rise and fall of the business cycle is factored out in the long-term projections to highlight growth and contraction of industry employment itself and changing staffing patterns within industries. These projections use a standardized methodology from the Bureau of Labor Statistics that allows comparisons among occupations and across geography.

In the calculation projected annual openings are estimates of employment growth and replacement over a 10-year period. The annual replacements are an estimate of openings created by workers leaving the occupation for various reasons including retirement. This estimate is an annual average and will not necessarily reflect actual available job openings on any given calendar date.

Idaho Statewide Primary Care Physician Employment Projections					
Physicians	2008	2018	Percent Change	Annual Replacements	Annual Openings*
Family Medicine and General Practice	690	862	24.91%	12	29
Internists	259	319	23.21%	5	11
Obstetricians and Gynecologists	168	213	26.62%	3	7
Pediatricians	142	186	30.77%	2	7
Psychiatrists	113	133	17.86%	2	4

Idaho Department of Labor 2008-2018 Long-Term Occupational Projections.

*Annual openings include replacements.

All of the primary care physician occupations have an expected growth rate higher than the statewide average for all occupations of 15.58 percent.³⁵ In fact pediatricians have nearly double the statewide average expected growth rate. The projected growth rates for each of the physician types by statewide region are available in the physician occupations section of the paper.

Hot Jobs

Family and general practice physicians are number 14 on the Idaho Department of Labor's biannual list of "Hot Jobs." Comparing all of the occupations' rates of growth from the department's long-term occupational projections, "Hot Jobs" are ranked based on high projected growth, a large proportion of all jobs and high wages.

HEALTH PROFESSIONAL SHORTAGE AREAS

The Health Resources and Services Administration of the U.S. Department of Health and Human Services establishes guidelines for defining Health Professional Shortage Areas, or HPSAs. In short, an HPSA designation is given to a service delivery area with a ratio of full-time equivalent practitioners to population that is less than the published standard. HPSAs are designated for primary medical care based on the number of primary care physicians – general and family practice, internists, gynecologists or obstetricians and pediatricians – for dental care based on the number of dentists and for mental health care based on the number of psychiatrists.

For primary care, HPSAs are defined as geographic, population or institutional. Generally, the primary care HPSAs have a population to full-time equivalent primary care physician ratio of at least 3,500 to one or 3,000 to one if there are usually high needs for primary care services or insufficient capacity of existing primary care providers.

A map of the primary care geographic and population HPSA designations for Idaho is in Appendix C. Much of Idaho is considered a health professions shortage area for primary medical care. Eleven counties and two partial counties are designated as geographic HPSAs. The remainder of the counties, except for Ada and parts of Blaine and Bonneville, are designated as population HPSAs, which means there are not enough providers serving the low-income population in those areas.

All of Idaho is considered a geographic mental health professional shortage area based on the number of psychiatrists. A map of the Idaho mental health HPSA areas is located in Appendix D.

³⁵Idaho Department of Labor. 2008-2018 Long-Term Occupational Projections.

DEMAND IMPACTS

Numerous trends and policy changes will impact the demand for primary care physicians in Idaho over the next decade. The identified trends are 1) demographics, 2) impacts from the implementation of the Patient Protection and Affordable Care Act and 3) the provision of health care.

POPULATION GROWTH

Assuming that Idahoans access medical care at the same rate they do currently, an increase in population will cause a corresponding increase in consumption of medical care. Idaho's population is expected to grow by 12 percent from 2008 to 2018.³⁶

However, the population 65 and over is expected to increase 45 percent during that same period.³⁷ This population group is a higher user of medical care.³⁸ A significant increase in the number of older and elderly Idahoans during the next 10 years will undoubtedly require increased services from primary care physicians, particularly those who accept Medicare payments.

AFFORDABLE CARE ACT

The stated end of the Health Resources and Services grant that funded this research was to anticipate a 10 percent to 25 percent increase in the number of primary care providers due to the increase in health care demand from implementing the provisions of the Patient Protection and Affordable Care Act. A central premise of the Affordable Care Act is to improve access to health insurance for millions of Americans currently without health insurance. The estimated number of Idahoans currently without medical insurance is nearly 20 percent.³⁹ Obviously access to health care will be gained by a significant portion of the population that has previously been unserved or underserved by primary care physicians.

³⁶Economic Modeling Specialists Inc., 2011, 4th Quarter.

³⁷Ibid.

³⁸U.S. Department of Health and Human Services, Centers for Disease Control and prevention, National Center for Health Statistics. *Health, United States 2011*. Table 83. Health care visits to doctor offices, emergency departments and home visits within the past 12 months, by selected characteristics, selected years 1997-2010. <http://www.cdc.gov/nchs/data/hus/hus11.pdf#096>. Accessed Sept. 10, 2012.

³⁹Gallup-Healthways Well-Being Index. Percentage Uninsured by State 2008-2011. March 2, 2012. <http://www.gallup.com/poll/153053/Texas-Widens-Gap-States-Percentage-Uninsured.aspx#2>. Accessed Sept. 10, 2012.

HEALTH CARE DELIVERY

COORDINATED CARE

The medical care provision model is currently in flux. An example is the introduction of the patient-centered medical home, or PCMH, which coordinates a patient's medical care through a dedicated medical team. The team is usually headed by a primary care physician. This coordinated approach to health care is intended to mitigate the high costs of health care related to the procedure-driven reimbursement model and to shift emphasis from specialty care to primary care. Because of the cost-savings model, accountable care organizations using the PCMH concept are expected to play a large role in federal health care reform. An increase in demand for primary care physicians is expected to coincide with an increase in the number of PCMHs.

NONPHYSICIAN CLINICAL PROVIDERS

Idaho ranked second to last among the states for the number of active physicians per capita.⁴⁰ Depending on the source, Idaho also ranked 47th of 50 for the number of primary care physicians per capita⁴¹ or last among the states and the District of Columbia.⁴² What is unknown is the effect of nonphysician clinicians such as physician assistants and nurse practitioners in mitigating the unmet demand for primary care physicians. For example, the number of physician assistants in Idaho has skyrocketed in the last decade,⁴³ while the number of physicians has not increased to a similar degree. In 2010, Idaho ranked 15th in the nation including the District of Columbia in number of physicians assistants per 100,000.⁴⁴ Nurse practitioners have practiced in Idaho since 1972, and the number of academic programs in Idaho for producing nurse practitioners is increasing.⁴⁵

⁴⁰Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 1. Active Physicians per 100,000 Population by Degree Type, 2010. <https://www.aamc.org/download/263512/data/statedata2011.pdf>. Accessed Sept. 10, 2012.

⁴¹Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 4. Active Patient Care Primary Care Physicians per 100,000 Population by Degree Type, 2010.

⁴²Kaiser Family Foundation. *Statehealthfacts.org*. Primary Care Physicians by Field, Aug. 2012. Accessed Oct. 24, 2012. (See Appendix E for state rankings.) <https://www.aamc.org/download/263512/data/statedata2011.pdf>. Accessed Sept. 10, 2012.

⁴³*Idaho Physician Assistant Workforce Overview*. Idaho Department of Labor. 2012. pg. 10.

⁴⁴Kaiser Family Foundation. *Statehealthfacts.org*. Physicians Assistants per 100,000 Population by Primary State of Employment 2010.

⁴⁵Idaho Health Professions Education Council. 2011 Annual Report to Governor C.L. "Butch" Otter. Jan. 2012. <http://gov.idaho.gov/HealthCare/PDF/2011%20IHPECReporr.pdf>. Accessed Oct. 30, 2012.

SECTION 3: PHYSICIANS

The Idaho Department of Labor produces labor market information using Bureau of Labor Statistics protocols, which allow labor market information to be compared consistently among occupations and across geographies. Employment, wages and projected employment growth are published for each occupation by Standard Occupation Code. In some cases data are not published due to small numbers of employment in an occupation or due to other confidentiality concerns.

To augment and inform its own occupational information, the Idaho Department of Labor obtained data from the Idaho Board of Medicine and the Idaho Medical Association on the physicians practicing in Idaho. The Board of Medicine provided its publically available information to the department for analysis. For all physicians licensed to practice within the state, the board provided addresses, dates of birth and medical training, additional state licenses and specialty information. The Idaho Medical Association provided information about its membership including company names and locations, dates of birth, medical training, primary specialty and board certification.

This section of the paper briefly analyzes the primary care physician workforce overall and each physician occupation identified as primary care provider. For each occupation, information from the Idaho Board of Medicine and the Idaho Medical Association is analyzed to provide a detailed picture of Idaho's providers. Available occupational labor market information from the Idaho Department of Labor such as wages and employment growth is provided, and any relevant sources of supply such as residency programs are described.

PRIMARY CARE PHYSICIANS WORKFORCE OVERALL

Primary care physicians – family and general practice, internists, obstetricians and gynecologists and pediatricians – made up 44 percent of Idaho’s physician workforce.⁴⁶ The chart breaks down the physician types according to Standard Occupation Codes.

At 44 percent, a greater proportion of Idaho doctors were in primary care than the 37 percent nationally.⁴⁷ However, for the number of primary care physicians per population, Idaho ranked last in the nation. The U.S. average is 127.8 primary care physicians per 100,000 population. Idaho ranked 51st including the District of Columbia with 88.9 providers per 100,000 population. See Appendix E.

Idaho’s Physician Workforce		
Physicians	Count	Percent
Anesthesiologists	122	4%
Family Medicine and General Practice	758	25%
Internists	270	9%
Obstetricians and Gynecologists	155	5%
Pediatricians	145	5%
Psychiatrists	100	3%
Surgeons	367	12%
All Other Physicians	1,116	37%
TOTAL	3,033	100%

Idaho Medical Association, May 2012.

⁴⁶Idaho Medical Association membership database, May 2012.

⁴⁷Primary Care Shortage. <http://www.kaiseredu.org/Issue-Modules/Primary-Care-Shortage/Background-Brief.aspx?p=1>. Accessed Nov. 1, 2012.

FAMILY AND GENERAL PRACTITIONERS

For the purpose of this analysis, physicians specializing in family medicine and general practice were combined. The Standard Occupational Classification code combined both types of physicians into a single occupation – Family and General Practitioners defined as “Physicians who diagnose, treat and help prevent diseases and injuries that commonly occur in the general population. May refer patients to specialists when needed for further diagnosis or treatment.”

Family medicine and general practice physicians made up 25 percent of Idaho’s physician workforce.⁴⁸

EMPLOYMENT BENCHMARK

According to the Idaho Board of Medicine licensure database in February 2012, the number of family and general practitioners licensed to practice in Idaho was 916. Of those, 911 maintained an active license. Of those, 721 provided Idaho addresses of record.

As of May 2012, the Idaho Medical Association has 778 members that list family medicine or general practice as a primary specialty. Eliminating retired members and others indicating non-active practice, there were 758 practitioners, and 739 of those provided an Idaho office address. Family medicine or general practice physicians make up 25 percent of the active physician members.

Figures from both the board and the association were similar for several regions of Idaho. But the Idaho Medical Association membership for the southeastern region was nearly 25 percent higher than the Board of Medicine licensure information. The primary difference is the Idaho State University medical residents were not included in the Board of Medicine physician database provided to the Idaho Department of Labor.

Board of Medicine Licensure and Idaho Medical Association Counts Family and General Practice		
Location	BOM	IMA
Total Counts	916	778
Total Active	911	758[^]
Total Active Idaho	721	739
Northern	123	113
North Central	62	61
Southwestern	331	334
South Central	73	80
Southeastern	78	97
Eastern	54	54

Idaho Board of Medicine licensure database, January 2012.

Idaho Medical Association membership database, May 2012.

[^]includes residents and part-time practitioners.

Primary specialties include family medicine, general practice.

⁴⁸Idaho Medical Association membership database, May 2012.

OUT-OF-STATE PHYSICIANS

Over 20 percent of the Board of Medicine’s general and family practice licensees provided out-of-state addresses in 38 states, the District of Columbia and military installations. The Idaho Medical Association’s out-of-state members provided Washington and Oregon addresses.

Family and General Practitioners Providing Out-of-State Addresses		
	BOM	IMA
Washington	41	15
Utah	18	0
Oregon	15	3
California	12	0
Texas	11	0
All Others	93	0
TOTAL	190	18

Idaho Board of Medicine licensure database, January 2012. Active licenses.

Idaho Medical Association membership database, May 2012.

Primary specialties include family medicine, general practice.

IDAHO REGIONS

The Idaho Medical Association database⁴⁹ of actively practicing members was used to calculate a ratio of providers to population. There were 48.4 family and general practice physicians for every 100,000 residents or one practitioner for every 2,068 Idaho residents.

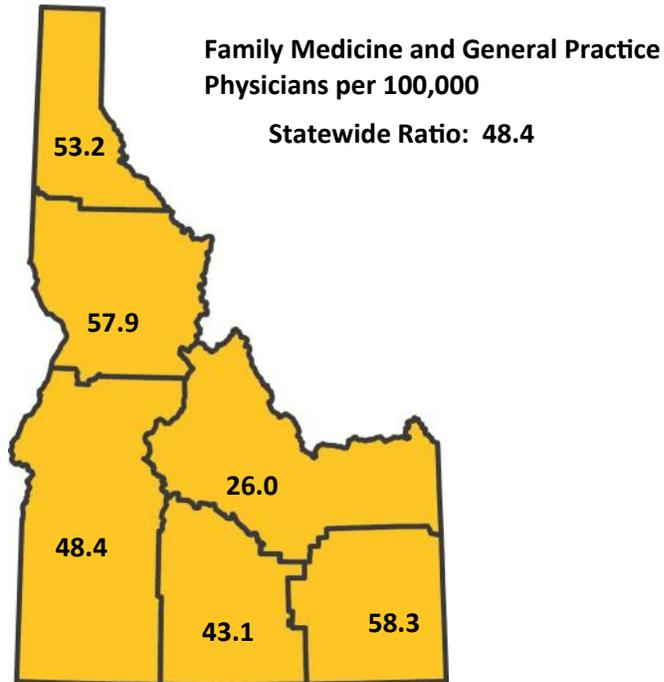
Eastern Idaho has by far the smallest number of family and general practice physicians at 26 per 100,000. This was less than half the ratios of the north central and southeastern regions, which have ratios in the upper 50s per 100,000.

Active Family and General Practice Physicians by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	113	212,393	53.2
North Central	62	105,358	58.8
Southwestern	334	690,258	48.4
South Central	80	185,790	43.1
Southeastern	97	166,284	58.3
Eastern	54	207,499	26.0
Total Active Idaho	740	1,567,582	47.2
Out of State	18	NA	NA
Total Active	758	1,567,582	48.4

Idaho Medical Association, May 2012. Active licenses only. U.S. Census 2010.

⁴⁹The Idaho Medical Association numbers instead of the Board of Medicine’s were used for this calculation for three reasons. The IMA collects information on “primary specialty” so that information is considered a more accurate indication of actual practice. The Board of Medicine reports all specialty information without regard to primacy. Second, the Idaho Medical Association membership primarily consists of Idaho-based physicians while the Board of Medicine database contains physicians licensed to practice in Idaho regardless of where they are based. Third, the American Medical Association, of which the IMA is a chapter, produces a master file used by physician workforce researchers. The AMA master file is the original source used for the state comparison table on the following page and for many other references cited within this report.

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NATIONAL COMPARISON

The Kaiser Family Foundation publishes the number of physicians by state. For Idaho the numbers were obtained from the American Medical Association, which includes the Idaho Medical Association membership. Using those numbers, the number of family and general practitioners was 49.6 per capita compared to the national ratio of 38.0. Idaho ranked 17th in the country for the number of family medicine and general practice physicians per capita. Idaho’s ratio ranked in the middle of its neighboring states.⁵⁰

Active Family and General Practice Physicians by State		
State	Rank	Per 100,000 Population
Idaho	17	49.6
Washington	8	54.4
Oregon	24	45.3
Nevada	45	28.9
Utah	43	31.2
Wyoming	12	52.5
Montana	13	50.5
United States	-	38.0

Primary Care Physicians by Field, August 2012.
Kaiser Family Foundation.
Statehealthfacts.org.

⁵⁰Kaiser Family Foundation. Primary Care Physicians by Field, August 2012. Statehealthfacts.org. Accessed Oct. 24, 2012. (See Appendix E for rankings.)

DEMOGRAPHICS

Family medicine and general practice physicians ranged from 28 to over 90 years old. The largest age demographic was 35 to 44. Eleven percent of active family and general practitioners were 65 and older, and 35 percent were 55 and older.

Age Distribution Family and General Practitioners		
Age Ranges	Count	Percent
Younger than 35	62	9%
35-44	214	30%
45-54	192	27%
55-64	175	24%
65-74	57	8%
75 and older	21	3%
TOTAL	721	100%*

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

*May not equal 100% due to rounding.

The average age for family and general practitioners in Idaho was 49.8. The average age was higher in four of the six geographic regions.

Average Age Family and General Practice	
	Average Age
Total Idaho	49.8
Northern	53.6
North Central	52.7
Southwestern	47.5
South Central	52.2
Southeastern	46.4
Eastern	54

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

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From the Idaho Medical Association’s 754 family medicine and general practice physicians reporting gender, approximately 70 percent were male. A regional breakdown of male and female doctors was overwhelmingly male.

Gender — Family and General Practice			
	Male	Female	M/F Ratio
Total Active Idaho	531	223	70/30%
Northern	86	26	77/23%
North Central	40	21	66/34%
Southwestern	205	127	62/38%
South Central	59	21	74/26%
Southeastern	80	17	82/18%
Eastern	49	5	91/9%
Out of State	12	6	67/33%

Missing: 4. Idaho Medical Association, May 2012.

EDUCATION AND TRAINING

There are two types of physicians licensed in Idaho – allopathic and osteopathic. Eighteen percent of Idaho’s family and general practice physicians were doctors of osteopathy compared to 9 percent of Idaho physicians overall.⁵¹ Nationally 39 percent of osteopathic physicians are family and general practitioners.⁵²

Type of Physician — Family and General Practice			
	M.D.	D.O.	M.D./ D.O. Ratio
Total Active Idaho	590	131	83/18%
Northern	108	15	88/12%
North Central	53	9	85/15%
Southwestern	281	50	85/15%
South Central	56	17	77/23%
Southeastern	52	26	67/33%
Eastern	40	14	74/26%

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

⁵¹Association of American Medical Colleges. *2011 State Physician Workforce Databook*. Table 1. Active Physicians per 100,000 Population by Degree Type, 2010. (Percent calculated from data in table.)

⁵²American Osteopathic Association. *2011 Osteopathic Medical Profession Report*. <http://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Documents/2011-OMP-report.pdf>. Accessed Sept. 18, 2012.

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Idaho physicians report the medical school they attended to the Board of Medicine to obtain licensure. Sixteen foreign countries, 43 U.S. states, the District of Columbia and a U.S. territory educated Idaho’s family medicine and general practice physicians. The state providing the most graduates was Washington at 13 percent, primarily through the state-sponsored program at the University of Washington School of Medicine.

State Where Graduated Med School Family and General Practitioners		
Location	Count	Percent
Washington	94	13%
Missouri	65	9%
California	61	8%
Utah	51	7%
Foreign	46	6%
Iowa	39	5%
Other States or Territories	365	51%
TOTAL	721	100%*

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.
*May not equal 100% due to rounding.

WAGES

The Idaho Department of Labor produces an Occupational Employment & Wage Release that reports wages by occupations statewide, regionally and by metropolitan statistical area. The entry wage is the average of the bottom 33 percent of workers in an occupation. Because of the small number of physicians reporting wages in certain areas, data are not releasable due to confidentiality constraints.

Hourly Wages by Region — Family and General Practitioners					
Region	Entry Wage	Midpoint (Median)	Average (Mean)	Beg Middle Range	End Middle Range
State	\$56.86	*	\$90.70	\$64.88	*
Northern	\$38.66	\$78.99	\$74.40	\$61.30	*
North Central	*	*	\$108.45	*	*
Southwestern	\$57.87	*	\$91.74	\$62.90	*
South Central	*	*	*	*	*
Southeastern	\$51.38	\$70.34	\$73.32	\$60.96	*
Eastern	\$58.74	*	\$92.47	\$66.84	*

Idaho Department of Labor Occupational Employment & Wage Release 2011.
* Suppressed for confidentiality.

Three of Idaho’s metropolitan statistical areas did not have releasable wage information for family and general practitioners. However, the reported wages for the Boise-Nampa MSA and the Idaho Falls MSA were similar.

Hourly Wages by MSA Family and General Practitioners					
MSA	Entry Wage	Midpoint (Median)	Average (Mean)	Beg Middle Range	End Middle Range
Boise-Nampa	\$58.24	*	\$92.49	\$63.21	*
Coeur d'Alene	*	*	*	*	*
Idaho Falls	\$58.53	\$79.99	\$89.77	\$64.83	*
Lewiston	*	*	*	*	*
Pocatello	*	*	*	*	*

Idaho Department of Labor Occupational Employment & Wage Release 2011.

*Suppressed for confidentiality.

DEMAND

According to the Idaho Department of Labor 2008-2018 long-term Occupational Employment Projections, the number of family and general practitioners is expected to grow nearly 25 percent statewide. The average growth rate for all occupations is 16 percent. The estimated number of annual openings is 29 with nearly half of those being replacements. The north central region has the smallest expected growth rate. However, it is currently the region with the highest per capita number of family medicine and general practice physicians.

A discussion of general demand and impacts on demand for physicians is discussed in a previous section of the paper.

2008-2018 Long-Term Occupational Employment Projections Family and General Practitioners					
Region	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings*
Statewide	690	862	24.91%	12	29
Northern	115	140	22.35%	2	5
North Central	61	67	8.95%	1	2
Southwestern	308	398	29.30%	5	14
South Central	75	92	22.11%	1	3
Southeastern	78	96	22.87%	1	3
Eastern	54	70	29.96%	1	3

Idaho Department of Labor 2008-2018 Long-Term Occupational Projections.

*Annual Openings include replacements.

SUPPLY

INITIAL LICENSES

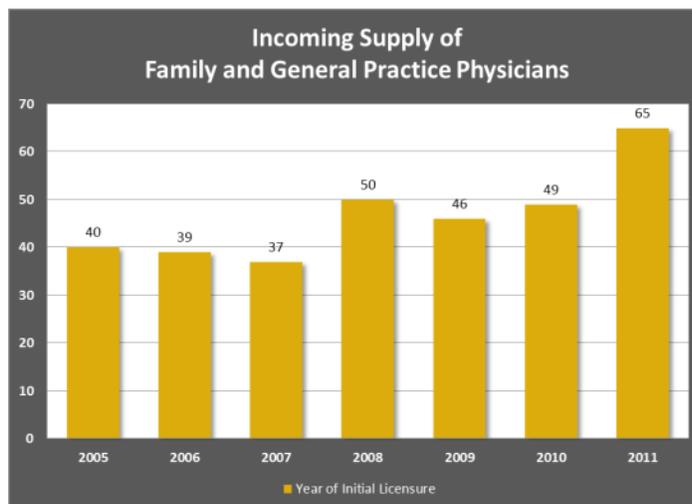
To gauge the actual supply of physicians coming into the state, the year of initial licensure in the Board of Medicine database is used as a proxy for the number of physicians entering practice in the state. This method does not take into account physicians who may have been initially licensed prior to 2011 but were not practicing in Idaho in 2011.

The table below categorizes the years of initial licensure by five- and 10-year increments. More of the actively practicing family medicine and general practice physicians, 29 percent, have been licensed in the most recent five years.

Year of Initial Licensure Family and General Practitioners		
Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	211	29%
1/1/2001 - 12/31/2005	145	20%
1/1/1991 - 12/31/2000	195	27%
1/1/1981 - 12/31/1990	101	14%
Before 1981	69	10%
Total	721	100%

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

The number of physicians licensed annually has been rising over the past seven years, according to the Idaho Board of Medicine. Again, this does not take into account physicians who may have originally obtained licensure in a given year but were no longer currently licensed.



Idaho Board of Medicine, February 2012.

RESIDENCIES

Idaho is privileged to have residency programs to train family medicine physicians. Policy makers hope that once residents complete their training they stay and practice in the state. The residency programs maintain data on the retention of their residents.

Family Medicine Residency of Idaho

Family Medicine Residency of Idaho (FMRI) was established in 1975 as a three-year family medicine residency program sponsored by the University of Washington. The main residency is located in a federally designated Teaching Health Center in Boise. The residency has a strong rural focus. There are two dedicated rural residency tracks – one based in Caldwell and the other based in south central Idaho. Additionally FMRI has 28 rural rotation training sites where first-year interns spend two weeks training and second- and third-year residents rotate for four weeks each. Additionally FMRI has fellowships available in Sports Medicine, HIV Primary Care and Geriatrics beginning in 2013.⁵³

FMRI currently has 45 residents in training. In 2012, the residency matched 11 for its family medicine residency, three for its rural track in Caldwell and one for its rural track in south central Idaho.⁵⁴

Since 1975, 266 family medicine physicians have graduated from the Family Medicine Residency of Idaho. Of these graduates 54 percent – 144 physicians – have remained in Idaho. Forty percent of those physicians have chosen to serve rural and underserved areas in Idaho.⁵⁵

Idaho State University Family Medicine Residency

Idaho State University Family Medicine Residency began in 1992 and is affiliated with Idaho State University, University of Washington and the University of Utah. It also has a rural component with second- and third-year four-week rotations done at rural locations.⁵⁶

The program currently has a capacity of 20 seats, matching approximately six residents per year. The program expects to add a single seat within the next five years to increase the capacity to 21 seats.⁵⁷

The program has graduated 90 physicians with about half remaining in Idaho.⁵⁸ Since 2005, the program has graduated 41 residents with 20 choosing to practice in Idaho after completing their residency.⁵⁹

⁵³Family Medicine Residency of Idaho. <http://www.fmrIdaho.org>. Accessed Nov. 2, 2012.

⁵⁴National Resident Matching Program. Results and Data: 2012 Main Residency Match. <http://www.nrmp.org/data/resultsanddata2012.pdf>. Accessed Nov. 2, 2012.

⁵⁵Idaho Health Professions Education Council. July 23, 2012 meeting minutes. <http://labor.idaho.gov/wia1/meetings/081312/IHPECMminutes.pdf>. Accessed Oct. 29, 2012.

⁵⁶Idaho State University Family Medicine Residency Program. <http://www.fimed.isu.edu/curriculum/>. Accessed Nov. 2, 2012.

⁵⁷Survey of Idaho Regional Residency Education Programs 2012.

⁵⁸Idaho Health Professions Education Council. July 23, 2012 meeting minutes. <http://labor.idaho.gov/wia1/meetings/081312/IHPECMminutes.pdf>. Accessed Oct. 29, 2012.

⁵⁹Survey of Idaho Regional Residency Education Programs 2012.

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Kootenai Family Medicine Coeur d'Alene Residency

There is an FY 2015 budget request to the Idaho State Board of Education to fund a family medicine residency program in Coeur d'Alene.⁶⁰ The University of Washington School of Medicine is the residency sponsor. Kootenai Medical Center will host the inaugural class of six residents in 2014.⁶¹

⁶⁰Idaho Health Professions Education Council. July 23, 2012 meeting minutes. <http://labor.idaho.gov/wia1/meetings/081312/IHPECMinutes.pdf>. Accessed Oct. 29, 2012.

⁶¹University of Washington School of Medicine. Residency Management Resources. <http://depts.washington.edu/resinfo/>. Accessed Nov. 3, 2012.

INTERNISTS, GENERAL

Physicians specializing in internal medicine are classified by the Standard Occupational Classification Code as Internists, General: “Physicians who diagnose and provide nonsurgical treatment of diseases and injuries of internal organ systems. Provide care mainly for adults who have a wide range of problems associated with the internal organs.” This profession does not include subspecialists such as cardiologists and gastroenterologists.

General Internists made up 9 percent of Idaho’s physician workforce.⁶²

EMPLOYMENT BENCHMARK

According to the Idaho Board of Medicine licensure database in February 2012, there were 403 general internists licensed to practice in Idaho, of whom 402 maintained an active license but only 264 provided an Idaho address.

In May 2012, the Idaho Medical Association had 277 members with an internal medicine primary specialty. The number of actively practicing internist members with an Idaho address was 247.

The only significant differences between the two sets of numbers was in the southwestern region, which has 19 percent more internists in the Board of Medicine’s database, and the northern region, which has 24 percent more in the Idaho Medical Association database.

Board of Medicine Licensure and Idaho Medical Association Counts Internists, General		
Location	BOM	IMA
Total Counts	403	277
Total Active	402	270[^]
Total Active Idaho	264	247
Northern	29	36
North Central	19	19
Southwestern	146	123
South Central	27	27
Southeastern	23	20
Eastern	20	22

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

[^]Includes residents and part-time practitioners.

⁶²Idaho Medical Association membership database, May 2012.

OUT-OF-STATE PHYSICIANS

The internists who did not provide an Idaho address to either the Board of Medicine or the Idaho Medical Association were mostly located in Washington. However, 34 percent of internists licensed by the Board of Medicine provided out-of-state addresses including military addresses, a foreign country and 29 other states.

Out-of-State Internists, General		
Locations	BOM	IMA
Washington	42	19
Utah	16	0
Oregon	11	4
California	9	0
Nevada	7	0
All Others	53	0
TOTAL	138	23

Idaho Board of Medicine, February 2012.
Idaho Medical Association, May 2012.
Active practice.

IDAHO REGIONS

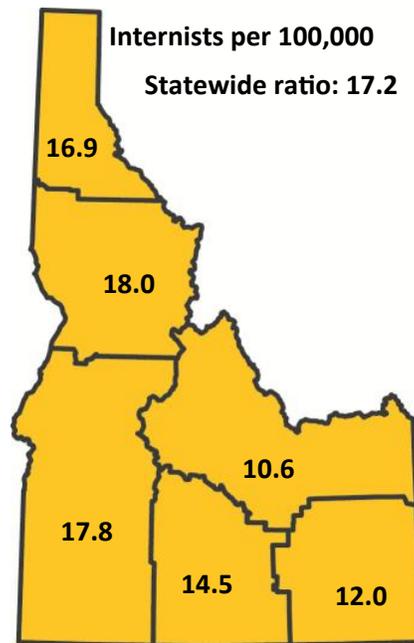
The Idaho Medical Association database of actively practicing members was used to calculate a ratio of internists to population.⁶³ There were 17 general internists for every 100,000 residents or one practitioner for every 5,806 Idaho residents. Eastern Idaho has the smallest ratio with just under 11 internists per 100,000 population. North central Idaho has the largest ratio at 18 internists per 100,000.

Active Internists by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	36	212,393	16.9
North Central	19	105,358	18
Southwestern	123	690,258	17.8
South Central	27	185,790	14.5
Southeastern	20	166,284	12
Eastern	22	207,499	10.6
Total Active Idaho	247	1,567,582	15.8
Out of State	23	NA	NA
Total Active	270	1,567,582	17.2

Idaho Medical Association, May 2012.
U.S. Census 2010.

⁶³See footnote 49 on page 22.

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NATIONAL COMPARISON

From the rankings developed using the Kaiser Family Foundation numbers of physicians by state and the District of Columbia, Idaho ranked last in the number of internists per 100,000 population at 20.9. This ratio was less than half of the national ratio of 52.4 per 100,000. Most of Idaho’s neighboring states except Washington and Oregon also ranked in the bottom half.⁶⁴

Active Internists by State		
State	Rank	Per 100,000 Population
Idaho	51	20.9
Washington	23	46.8
Oregon	14	54.7
Nevada	31	41.6
Utah	47	28.9
Wyoming	50	22.9
Montana	45	30.6
United States	-	52.4

Primary Care Physicians by Field, August 2012. Kaiser Family Foundation. Statehealthfacts.org.

⁶⁴Kaiser Family Foundation. Primary Care Physicians by Field, August 2012. Statehealthfacts.org. Accessed Oct. 24, 2012. (See Appendix E for rankings.)

DEMOGRAPHICS

Idaho’s internists ranged from 31 to 84 years old. The two largest age cohorts were ages 35 to 44 and 45 to 54.

The average age for general internists in Idaho was 50.8. By region, only southwestern and southeastern Idaho have younger averages.

Age Distribution Internists, General		
Age Ranges	Count	Percent
Younger than 34	13	5%
35-44	78	30%
45-54	78	30%
55-64	58	22%
65-74	27	10%
75 and older	10	4%
TOTAL	264	100%*

Idaho Board of Medicine, February 2012. Active licenses. Idaho addresses.

*May not equal 100% due to rounding.

Average Age Internists, General	
Area	Avg. Age
Total Active Idaho	50.8
Northern	54.2
North Central	52.9
Southwestern	49.5
South Central	53.3
Southeastern	49.9
Eastern	51.2

Idaho Board of Medicine, February 2012. Active licenses. Idaho addresses.

According to the Idaho Medical Association, there were nearly twice as many male internists as female internists statewide. The southwestern region has a higher ratio of female internists than elsewhere in the state at 41 percent. Eastern Idaho has a single female internist, who accounts for 8 percent of the region’s total.

Gender — Internists, General			
	Male	Female	M/F Ratio
Total Active Idaho	172	88	66/34%
Northern	24	12	67/33%
North Central	14	5	74/26%
Southwestern	70	51	58/42%
South Central	18	8	69/31%
Southeastern	12	6	67/33%
Eastern	21	1	95/5%
Out of State	13	5	72/28%

Missing: 10

Idaho Medical Association, May 2012. Active practice.

EDUCATION AND TRAINING

Ten percent of Idaho’s internists were osteopathic doctors, compared to 9 percent of all Idaho physicians. Nationally, 13 percent of D.O.s specialize in internal medicine.⁶⁵

Type of Physician — Internists, General			
	M.D.	D.O.	M.D./D.O. Ratio
Total Active Idaho	240	24	91/9%
Northern	28	1	97/3%
North Central	16	3	84/16%
Southwestern	135	11	92/8%
South Central	24	3	89/11%
Southeastern	20	3	87/13%
Eastern	17	3	85/15%

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

More of Idaho’s internists went to medical school in Washington – 13 percent. However, nearly as many, 12 percent, graduated from medical school overseas.

State Where Graduated Med School Internists, General		
Location	Count	Percent
Washington	35	13%
Foreign	32	12%
California	19	7%
Illinois	16	6%
Missouri	15	6%
Utah	13	5%
Other States or Territories	134	51%
TOTAL	264	100%

Idaho Board of Medicine, February 2012. Active licenses, Idaho addresses.

⁶⁵American Osteopathic Association. 2011 Osteopathic Medical Profession Report. <http://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Documents/2011-OMP-report.pdf>. Accessed Sept. 18, 2012.

WAGES

The available wage data for internists shows the average wage in Idaho was \$90.66 per hour.

Hourly Wages — Internists, General					
	Entry Wage	Midpoint (Median)	Average (Mean)	Beg Middle Range	End Middle Range
Statewide	\$53.34	*	\$90.66	\$60.56	*

**Suppressed for confidentiality. Idaho Department of Labor Occupational Employment & Wage Release 2011.*

DEMAND

Statewide, the number of internists is expected to grow 23 percent by 2018, nearly 1.5 times the average growth rate for all occupations of 16 percent. However, there is an extremely wide variation in the expected growth rate among the regions. Southwestern Idaho is expected to grow only 5 percent while eastern Idaho is expected to grow 80 percent. South central is expected to grow nearly 50 percent and southeastern 55 percent.

2008-2018 Idaho Long-Term Occupational Employment Projections — Internists, General					
Location	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings*
Statewide	259	319	23.21%	5	11
Northern	28	34	21.74%	0	1
North Central	22	28	27.47%	0	1
Southwestern	138	145	5.15%	2	3
South Central	27	40	49.96%	0	2
Southeastern	21	33	54.80%	0	2
Eastern	22	39	79.92%	0	2

*Annual Openings include replacements.

SUPPLY

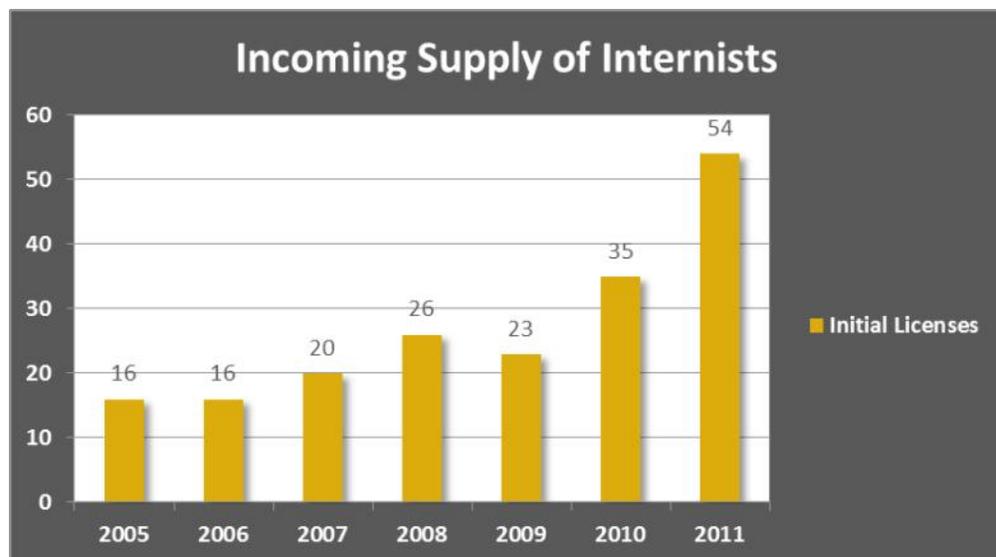
INITIAL LICENSES

Using the year of in the Board of Medicine licensure database as a proxy for the number of physicians coming into the state, it appears that over a third of Idaho’s general internists have joined Idaho’s workforce in the past five years.

Year of Initial Licensure Internists, General		
Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	89	34%
1/1/2001 - 12/31/2005	52	20%
1/1/1991 - 12/31/2000	67	25%
1/1/1981 - 12/31/1990	31	12%
Before 1981	25	9%
Total	264	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

Based on initial licensure, the number of internists licensed in Idaho has more than doubled between 2005 and 2010.



Idaho Board of Medicine, February 2012.

INTERNAL MEDICINE RESIDENCY PROGRAM

The University of Washington School of Medicine sponsors an internal medicine residency in Boise. Internal medicine residency training in Idaho began in 1977 as the “Boise Track” of the University of Washington’s internal medicine residency and was one of the nation’s first primary care internal medicine tracks. It was a three-year track with the first year in Seattle, the second year at the Boise VA Medical Center and the third year in Seattle.

Starting with the 2011-2012 academic year, the Boise Internal Medicine Residency was its own residency sponsored by the University of Washington with all three years in Boise. The residency has three tracks: office-based, hospitalist or subspecialty. The residency would also like to require a rural month but is struggling to find funding.⁶⁶

The program accepts eight residents per year with a current capacity of 24 seats - eight interns (first-year residents), eight second-year residents and eight third-year residents. The residency anticipates adding six more seats in the next five years to increase the capacity to 30.⁶⁷

The Boise internal medicine residency track has been highly successful at retaining physicians in Idaho. Since 1977, the internal medicine residency program has graduated 223 residents, of whom 31 percent practice internal medicine or a specialty in Idaho.⁶⁸

Information about the Boise Internal Medicine Residency program may be found in Appendix H.

⁶⁶Barinaga, Dr. Mary. Report to Idaho Health Professions Education Council. July 23, 2012.

⁶⁷Survey of Idaho Regional Residency Education Programs 2012.

⁶⁸Barinaga, op. cit.

OBSTETRICIANS AND GYNECOLOGISTS

For the purpose of this analysis, physicians practicing obstetrics and gynecology are combined. The Standard Occupational Classification has combined both types of physicians into a single occupation: Obstetricians and Gynecologists, defined as “Physicians who provide medical care related to pregnancy or childbirth and those who diagnose, treat, and help prevent diseases of women, particularly those affecting the reproductive system. May also provide general medical care to women.”

Obstetricians and gynecologists were 5 percent of Idaho’s physician workforce.⁶⁹

EMPLOYMENT BENCHMARK

According to the Idaho Board of Medicine licensure database, in February 2012 the number of physicians with active licenses specializing in obstetrics and gynecology was 234. However, 167 of those provided Idaho addresses. The Idaho Medical Association has 160 obstetricians and gynecologists, 155 of whom were active with 148 of them providing Idaho addresses.

Board of Medicine Licensure and Idaho Medical Association Counts Obstetricians and Gynecologists		
	BOM	IMA
Total Counts	234	160
Total Active	234	155^Δ
Total Active Idaho	167	148
Northern	22	20
North Central	4	8
Southwestern	93	78
South Central	14	12
Southeastern	15	15
Eastern	19	15

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

^Δincludes residents and part-time practitioners.

Out-of-State Obstetricians and Gynecologists		
	BOM	IMA
Washington	12	4
Utah	12	0
Wyoming	5	2
Oregon	4	1
All Others	34	0
Total	67	7

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

Active practice only.

OUT-OF-STATE PHYSICIANS

Those physicians providing addresses outside of Idaho were more likely to provide a Washington or a Utah address to the Board of Medicine.

⁶⁹Idaho Medical Association membership database, May 2012.

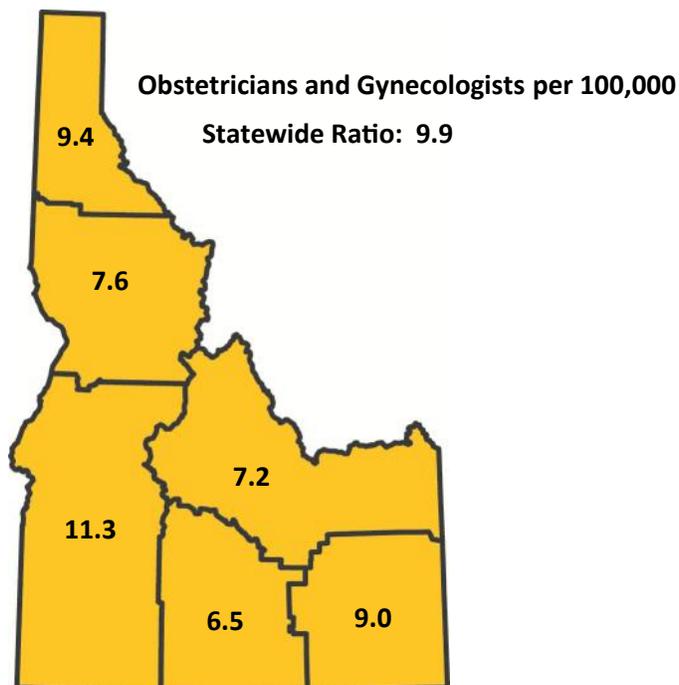
**Idaho
Primary Care
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IDAHO REGIONS

The Idaho Medical Association’s database of actively practicing members was used to calculate a ratio of obstetricians and gynecologists to the population.⁷⁰ There were 10 practitioners for every 100,000 residents or one practitioner for every 10,113 Idaho residents. Southwestern Idaho has the largest number of practitioners and the highest ratio at 11.3 per 100,000. South central Idaho has the smallest ratio at 6.5 per 100,000.

Active Obstetricians and Gynecologists by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	20	212,393	9.4
North Central	8	105,358	7.6
Southwestern	78	690,258	11.3
South Central	12	185,790	6.5
Southeastern	15	166,284	9
Eastern	15	207,499	7.2
Total Active Idaho	148	1,567,582	9.4
Out of State	7	NA	NA
Total Active	155	1,567,582	9.9

Idaho Medical Association, May 2012.Active licenses only.
U.S. Census 2010.



NATIONAL COMPARISON

From the rankings developed using the Kaiser Family Foundation numbers for physicians by state and the District of Columbia, Idaho ranked 47th in the number of obstetricians and gynecologists per 100,000 population at 9.4. This ratio was about 50 percent less than the national ratio of 14.5 per 100,000. Most of Idaho’s neighboring states except for Oregon also ranked in the bottom third.⁷¹

Active Obstetricians and Gynecologists by State		
State	Rank	Per 100,000 Population
Idaho	47	9.4
Washington	33	12.6
Oregon	22	14.1
Nevada	45	10.8
Utah	34	12.5
Wyoming	46	10.3
Montana	43	11.2
United States	-	14.5

Primary Care Physicians by Field, August 2012.
Kaiser Family Foundation. Statehealthfacts.org.

DEMOGRAPHICS

Obstetricians and gynecologists ranged in age from below 34 to over 75. The largest age cohort of physicians at 32 percent was 45 to 54.

The average age of obstetricians and gynecologists in Idaho was 53.6. Every region in Idaho has an average age of practitioner greater than 50.

Age Distribution Obstetricians and Gynecologists		
Age Ranges	Count	Percent
Younger than 34	5	3%
35-44	37	22%
45-54	53	32%
55-64	37	22%
65-74	28	17%
75 and older	7	4%
Total	167	100%

Idaho Board of Medicine, February 2012.
Active licenses, Idaho addresses.

Average Age — Obstetricians and Gynecologists	
Location	Average Age
Total Idaho	53.6
Northern	56.3
North Central	51.5
Southwestern	52.4
South Central	54.9
Southeastern	55.7
Eastern	53.9

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

⁷¹Kaiser Family Foundation. Primary Care Physicians by Field, Aug. 2012. Statehealthfacts.org. Accessed Oct. 24, 2012. (See Appendix E for rankings.)

According to the Idaho Medical Association, 63 percent of obstetricians and gynecologists in Idaho were male.

Gender — Obstetricians and Gynecologists			
Location	Male	Female	M/F Ratio
Total Active Idaho	98	57	63/37%
Northern	13	7	65/35%
North Central	5	3	63/38%
Southwestern	43	35	55/45%
South Central	11	1	92/8%
Southeastern	11	4	73/27%
Eastern	12	3	80/20%
Out of State	3	4	43/57%

Idaho Medical Association, May 2012. Active practice.

EDUCATION AND TRAINING

The vast majority – 91 percent – of obstetricians and gynecologists in Idaho have an M.D. degree. But in southeastern Idaho, exactly one-third of the practitioners have a D.O. degree. Over one-fifth of obstetricians and gynecologists in eastern Idaho were osteopathic physicians.

Type of Physician Obstetricians and Gynecologists			
Location	M.D.	D.O.	M.D./D.O. Ratio
Total Active Idaho	153	14	92/8%
Northern	21	1	95/5%
North Central	3	1	75/25%
Southwestern	92	1	99/1%
South Central	12	2	86/14%
Southeastern	10	5	67/33%
Eastern	15	4	79/21%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

**Idaho
Primary Care
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Idaho obstetricians and gynecologists have graduated from schools around the country and the world. The largest number – 11 percent – graduated from medical school in Utah.

State Where Graduated Med School Obstetricians and Gynecologists		
State	Count	Percent
Utah	19	11%
California	16	10%
Washington	14	8%
Texas	11	7%
Missouri	9	5%
Other States, Territories or Nations	98	59%
Total	167	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

WAGES

Idaho statewide and regional wages for obstetricians and gynecologists are suppressed with the exception of the southwestern region. The average wage was \$124.75 per hour.

DEMAND

Demand for the number of obstetricians and gynecologists can be estimated from the Idaho Department of Labor 2008-2018 long-term Occupational Employment Projections. These projections provide a useful comparison among major occupations within the state and across the nation. For example, the projected growth rate for all occupations from 2008-2018 is 16 percent. The employment demand for obstetricians and gynecologists is projected much higher at nearly 27 percent.

Idaho Department of Labor 2008-2018 Long-Term Occupational Employment Projections — Obstetricians and Gynecologists					
Location	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings**
Statewide	168	213	26.62%	3	7
Northern	*	*	*	*	*
North Central	*	*	*	*	*
Southwestern	92	115	24.95%	2	4
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*

*Suppressed for confidentiality.

**Annual Openings includes replacements.

SUPPLY

INITIAL LICENSES

Because there is no medical school or residency program in Idaho to train physicians specializing in obstetrics and gynecology, there is not a supply pipeline of physicians to measure. However, the Board of Medicine tracks the date of initial licensure, which can be used as a proxy for incoming supply.

More active Idaho obstetricians and gynecologists have been licensed since 2001 – about 44 percent.

Year of Initial Licensure Obstetricians and Gynecologists		
Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	46	28%
1/1/2001 - 12/31/2005	28	17%
1/1/1991 - 12/31/2000	47	28%
1/1/1981 - 12/31/1990	20	12%
Before 1981	26	16%
Total	167	100%*

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

*May not equal 100% due to rounding.

Using the year of initial license, the number of obstetricians and gynecologists coming into Idaho’s workforce is shown in the chart below.



Idaho Board of Medicine, February 2012.

PEDIATRICIANS, GENERAL

Physicians who specialize in general pediatrics are defined by the Standard Occupational Classification system as “Physicians who diagnose, treat and help prevent children’s diseases and injuries.” This occupation does not include specialists such as pediatric oncologists or pediatric cardiologists.

Pediatricians made up 5 percent of Idaho’s physician workforce.⁷²

EMPLOYMENT BENCHMARK

The Idaho Board of Medicine and the Idaho Medical Association provided their licensure and membership databases, respectively, to the Idaho Department of Labor to research the number and kinds of physicians practicing in Idaho.

According to the Board of Medicine, there were 191 pediatricians licensed in Idaho, 190 of them with an active license. Of those, 146 provided an Idaho address.

The Idaho Medical Association has 150 pediatricians in its membership, 145 who were actively practicing. Of those, 130 provided an Idaho address.

Board of Medicine Licensure and Idaho Medical Association Counts Pediatricians		
	BOM	IMA
Total Counts	191	150
Total Active	190	145[^]
Total Active Idaho	146	130
Northern	15	13
North Central	8	5
Southwestern	79	80
South Central	14	7
Southeastern	13	10
Eastern	17	15

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

[^] Includes residents and part-time practitioners.

Primary specialties include pediatrics and adolescent medicine.

⁷²Idaho Medical Association membership database May 2012.

OUT-OF-STATE PHYSICIANS

The Idaho-licensed physicians who provided out-of-state addresses were more often from Washington.

Out-of-State Pediatricians		
Location	BOM	IMA
Washington	12	13
Utah	5	0
Oregon	5	0
Wyoming	4	2
All Others	18	0
Total	44	15

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

Active practitioners.

IDAHO REGIONS

The Idaho Medical Association database of actively practicing members was used to calculate a ratio of pediatricians to the population.⁷³ There were 9.2 pediatricians for every 100,000 residents or one practitioner for every 10,810 Idaho residents. South central and north central Idaho have the smallest numbers and ratios of pediatricians with 3.8 and 4.7 per 100,000, respectively. These were less than half the ratio of the southwestern region at 11.6 per 100,000.

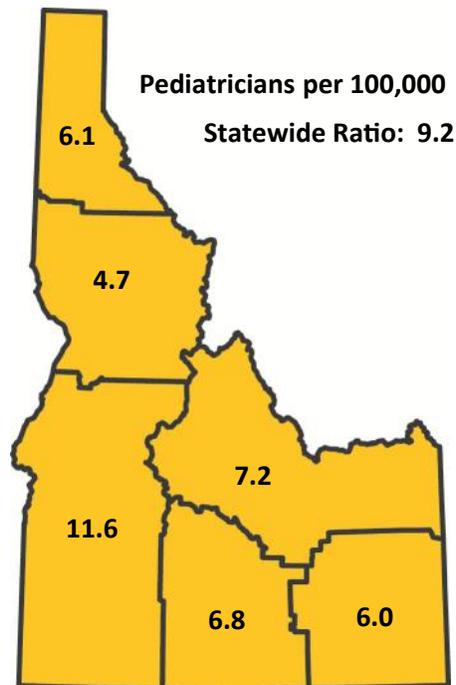
Active Pediatricians by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	13	212,393	6.1
North Central	5	105,358	4.7
Southwestern	80	690,258	11.6
South Central	7	185,790	3.8
Southeastern	10	166,284	6
Eastern	15	207,499	7.2
Total Active Idaho	130	1,567,582	8.3
Out of State	15	NA	NA
Total Active	145	1,567,582	9.2

Idaho Medical Association, May 2012.

U.S. Census Bureau 2010,

⁷³See footnote 49 on page 22.

**Idaho
Primary Care
Physicians
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Overview**



NATIONAL COMPARISON

From the rankings developed using the Kaiser Family Foundation number for physicians by state and the District of Columbia, Idaho ranked last in the number of per 100,000 population at 8.9. This ratio was less than half the national ratio of 22.8 per 100,000. Most of Idaho’s neighboring states except Washington ranked in the bottom half.⁷⁴

Active Pediatricians by State		
State	Rank	Per 100,000 Population
Idaho	51	8.9
Washington	24	20.7
Oregon	34	18
Nevada	47	13
Utah	29	19.8
Wyoming	50	9.2
Montana	49	9.9
United States	-	22.8

Primary Care Physicians by Field, August 2012. Kaiser Family Foundation. Statehealthfacts.org.

⁷⁴Kaiser Family Foundation. Primary Care Physicians by Field, August 2012. Statehealthfacts.org. Accessed Oct. 24, 2012. (See Appendix E for rankings.)

DEMOGRAPHICS

The average age for pediatricians in Idaho was 49.6.

Although the average age of pediatricians was nearly 50, by far the largest age cohort was 35 to 44.

Average Age — Pediatricians	
Location	Average Age
Total Idaho	49.6
Northern	49.2
North Central	55.1
Southwestern	47.5
South Central	55.1
Southeastern	51.5
Eastern	50.9

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

Age Distribution — Pediatricians		
Age Ranges	Count	Percent
Younger than 35	10	7%
35-44	53	36%
45-54	29	20%
55-64	37	25%
65-74	13	9%
75 and older	4	3%
Total	146	100%

Idaho Board of Medicine, February 2012.

Overall, 62 percent of Idaho Medical Association active-practice pediatricians were male. In the northern region, that percentage was reversed to 62 percent of practitioners were female.

Gender — Pediatricians			
	Male	Female	M/F Ratio
Total Idaho	89	55	62/38%
Northern	5	8	38/62%
North Central	3	2	60/40%
Southwestern	46	33	58/42%
South Central	5	2	71/29%
Southeastern	9	1	90/10%
Eastern	14	1	93/7%
Out of State	7	8	47/53%

Missing: 1

Idaho Medical Association May 2012. Active practice.

EDUCATION AND TRAINING

A little more than 10 percent of pediatricians were doctors of osteopathy. Most of them were in the southwestern and eastern regions. There were no pediatric osteopath physicians in northern or north central Idaho.

Type of Physician — Pediatricians			
Location	M.D.	D.O.	M.D./D.O.
Total Active Idaho	132	14	90/10%
Northern	15	0	100/0%
North Central	8	0	100/0%
Southwestern	72	7	91/9%
South Central	13	1	93/7%
Southeastern	12	1	92/8%
Eastern	12	5	91/29%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

The two states that have graduated more Idaho pediatricians are Washington and California with 16 each. Utah graduated 14 and Texas 12.

State Where Graduated Med School Pediatricians		
Location	Count	Percent
Washington	16	11%
California	16	11%
Utah	14	10%
Texas	12	8%
Missouri	10	7%
Other States or Nations	78	53%
Total	146	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

WAGES

There are no publishable wages for pediatricians in Idaho.

DEMAND

The Idaho Department of Labor long-term occupational employment projections show a nearly 31 percent increase in pediatricians. The southwestern region has a 50 percent projected growth rate for pediatricians.

Idaho Department of Labor 2008-2018 Long-Term Occupational Employment Projections — Pediatricians					
Location	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings[^]
Statewide	142	186	30.77%	2	7
Northern	*	*	*	*	*
North Central	8	8	0.00%	0	0
Southwestern	74	111	50.00%	1	5
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*
Eastern	*	*	*	*	*

[^] Annual openings include replacements.

* Suppressed for confidentiality.

SUPPLY

INITIAL LICENSES

Over half of Idaho’s actively licensed pediatricians obtained licensure since 2001.

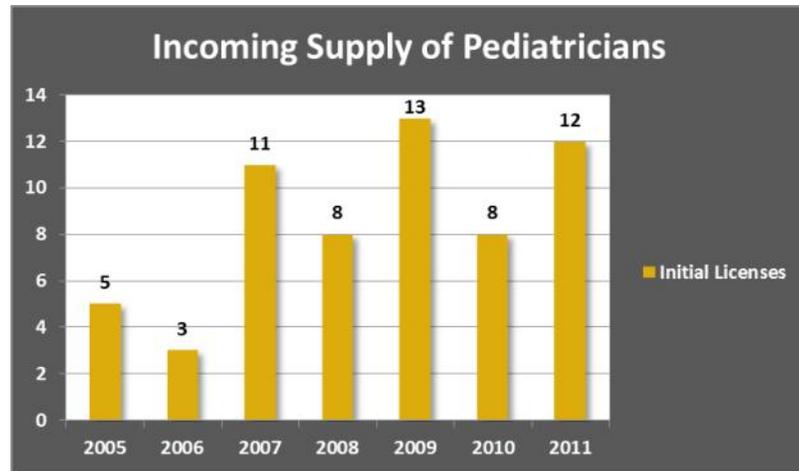
Year of Initial Licensure — Pediatricians		
Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	49	34%
1/1/2001 - 12/31/2005	28	19%
1/1/1991 - 12/31/2000	36	25%
1/1/1981 - 12/31/1990	16	11%
Before 1981	17	12%
Total	146	100%*

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

*May not equal 100% due to rounding.

**Idaho
Primary Care
Physicians
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Overview**

Based on initial licensure, the number of pediatricians joining the workforce each year has been highly variable with a low of three in 2006 to a high of 13 in 2009.



Idaho Board of Medicine, February 2012.

SUPPLY IMPACTS

RESIDENCIES

There are no residency programs for pediatricians based in Idaho. However the University of Washington School of Medicine has a pediatric residency rotation for six residents per year to spend two months in Pocatello and Sandpoint.⁷⁵

⁷⁵WWAMI Office of Graduate Medical Education – Idaho JFAC Presentation 1/24/2012. <http://legislature.idaho.gov/budget/JFAC/presentations/WWAMI.pdf>. Accessed Nov. 2, 2012.

PSYCHIATRISTS

The Standard Occupational Classification system defines psychiatrists as “Physicians who diagnose, treat and help prevent disorders of the mind.”

Psychiatrists made up 3 percent of Idaho’s physician workforce.⁷⁶

EMPLOYMENT BENCHMARK

From the Idaho Board of Medicine licensure database, physicians with specialties in psychiatry, child and adolescent psychiatry, addiction psychiatry and geriatric psychiatry were counted as psychiatrists.

From the Idaho Medical Association database, physicians with specialties in psychiatry including addiction psychiatry, child and adolescent psychiatry and forensic psychiatry were counted.

The primary distinction between the two databases is that the Board of Medicine includes nearly 60 psychiatrists who were licensed to practice in Idaho but do not report an Idaho address. Looking only at the Idaho psychiatrists, the numbers between the two databases were similar.

Board of Medicine Licensure and Idaho Medical Association Counts — Psychiatrists		
	BOM	IMA*
Total Counts	162	103
Total Active	160	100^
Total Active Idaho	104	99
Northern	16	15
North Central	5	7
Southwestern	50	48
South Central	11	8
Southeastern	12	12
Eastern	10	9

Idaho Board of Medicine, February 2012.

Idaho Medical Association, May 2012.

^includes residents and part-time practitioners.

*Includes as Primary Specialties: Addiction Psychiatry, Child & Adolescent Psychiatry, Forensic Psychiatry and Psychiatry.

⁷⁶Idaho Medical Association membership database, May 2012.

**Idaho
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OUT-OF-STATE PHYSICIANS

The Board of Medicine’s out-of-state psychiatrists come from a myriad of states. Of the 56 out-of-state psychiatrists, 25 percent were from Washington.

Out-of-State Psychiatrists		
State	BOM	IMA
Washington	14	1
Utah	6	0
California	5	0
All Others	31	0
TOTAL	56	1

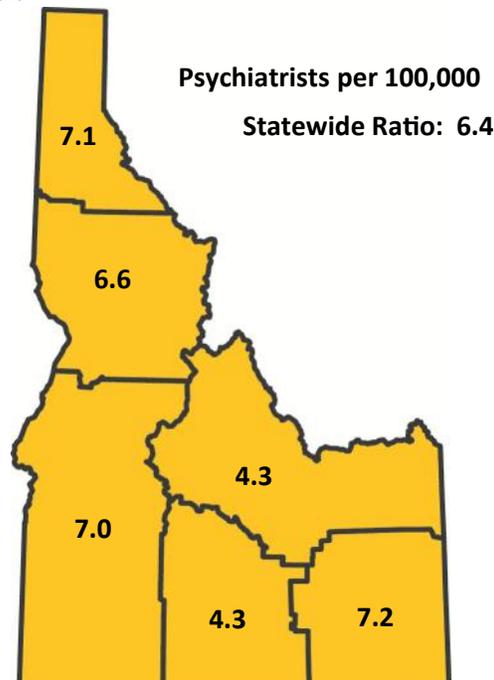
Idaho Board of Medicine, February 2012.

IDAHO REGIONS

The Idaho Medical Association’s database of actively practicing members was used to calculate a ratio of psychiatrists to the population.⁷⁷ There were 6.4 psychiatrists for every 100,000 residents or one practitioner for every 15,676 Idaho residents. Eastern and south central Idaho have the smallest numbers of practitioners and ratios at 4.3 per 100,000 each.

Active Psychiatrists by Region			
Region	Count	2010 Regional Population	Per 100,000 Population
Northern	15	212,393	7.1
North Central	7	105,358	6.6
Southwestern	48	690,258	7
South Central	8	185,790	4.3
Southeastern	12	166,284	7.2
Eastern	9	207,499	4.3
Total Active Idaho	99	1,567,582	6.3
Out of State	1	NA	NA
Total Active	100	1,567,582	6.4

Idaho Medical Association, May 2012.
U.S. Census 2010.



⁷⁷See footnote 49 on page 22.

**Idaho
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NATIONAL COMPARISON

From the rankings developed using the Kaiser Family Foundation number of physicians by state and the District of Columbia, Idaho ranked last in the number of psychiatrists per 100,000 population at 6.3. This ratio was less than half the national ratio of 15.2 per 100,000. Most of Idaho’s neighboring states except for Oregon and Washington also ranked in the bottom third.⁷⁸

Active Psychiatrists by State		
State	Rank	Per 100,000 Population
Idaho	51	6.3
Washington	23	13.8
Oregon	17	15.5
Nevada	48	8.4
Utah	44	9.6
Wyoming	50	7.3
Montana	38	10.2
United States	-	15.2

Primary Care Physicians by Field, August 2012. Kaiser Family Foundation. Statehealthfacts.org.

DEMOGRAPHICS

The average age of psychiatrists in Idaho was nearly 56. South central Idaho had the highest average age at 61.5 while the southeastern region had the lowest at 52.3.

The distribution of psychiatrists by age found no psychiatrists under the age of 35 in the Board of Medicine database.

Average Age Psychiatrists	
Location	Average Age
Total Idaho	55.8
Northern	54.1
North Central	56.2
Southwestern	55.6
South Central	61.5
Southeastern	52.3
Eastern	56.9

Idaho Board of Medicine, February 2012. Active licenses.

Age Distribution Psychiatrists		
Age Ranges	Count	Percent
Younger than 35	0	0%
35-44	19	18%
45-54	31	30%
55-64	30	29%
65-74	18	17%
75 and older	6	6%
Total	104	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

⁷⁸Kaiser Family Foundation. Primary Care Physicians by Field, August 2012. Statehealthfacts.org. Accessed Oct. 24, 2012. (See Appendix E for rankings.)

**Idaho
Primary Care
Physicians
Workforce
Overview**

Over two-thirds of Idaho psychiatrists were male, according to the Idaho Medical Association. The gender ratio by region heavily favors males except in eastern Idaho.

Gender — Psychiatrists			
Location	Male	Female	M/F Ratio
Total Idaho	70	28	71/29%
Northern	12	3	80/20%
North Central	4	3	57/43%
Southwestern	31	17	65/35%
South Central	7	1	88/13%
Southeastern	8	2	80/20%
Eastern	6	6	50/50%
Out of State	1	0	100/0%

Missing: 2
Idaho Medical Association, May 2012. Active practice.

EDUCATION AND TRAINING

The vast majority of practicing psychiatrists in Idaho have a doctor of medicine degree. At 91 percent it matched the ratio as for all physicians in the state.

Type of Physician — Psychiatrists			
Location	M.D.	D.O.	M.D./D.O. Ratio
Total Active Idaho	95	9	91/9%
Northern	14	2	88/13%
North Central	5	0	100/0%
Southwestern	48	2	96/4%
South Central	8	3	73/27%
Southeastern	10	2	17/83%
Eastern	10	0	100/0%

Idaho Board of Medicine, February 2012. Active licenses. Idaho addresses.

No one state or medical school supplies a plurality of psychiatrists to Idaho. The largest number – 9 percent – came from California.

State Where Graduated Med School Psychiatrists		
Location	Count	Percent
California	9	9%
Foreign	8	8%
Texas	8	8%
Washington	7	7%
Utah	7	7%
Other States or Territories	65	63%
Total	104	100%

Idaho Board of Medicine, February 2012. Active, Idaho addresses.

WAGES

The Idaho Department of Labor data on wages for psychiatrists are limited. The statewide average wage was over \$71 an hour.

Hourly Wages — Psychiatrists					
Location	Entry Wage	Midpoint (Median)	Average (Mean)	Beg Middle Range	End Middle Range
State	\$33.44	\$77.67	\$71.42	\$37.63	*
Northern	*	*	*	*	*
North Central	*	*	*	*	*
Southwestern	\$28.98	\$34.19	\$49.98	\$29.28	\$77.67
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*
Eastern	*	*	*	*	*

Idaho Department of Labor Occupational Employment & Wage Release 2011.

*Suppressed for confidentiality.

DEMAND

It is possible to estimate the demand for an occupation from the Idaho Department of Labor long-term employment projections.

Idaho Department of Labor 2008-2018 Long-Term Occupational Employment Projections — Psychiatrists					
Region	2008 Employment	2018 Employment	Percent Change	Annual Replacements	Annual Openings [^]
Statewide	113	133	17.86%	2	4
Northern	*	*	*	*	*
North Central	*	*	*	*	*
Southwestern	54	69	26.84%	1	2
South Central	*	*	*	*	*
Southeastern	*	*	*	*	*
Eastern	*	*	*	*	*

Idaho Department of Labor 2008-2018 Long-Term Occupational Projections

[^]Annual Openings include replacements.

*Suppressed for confidentiality.

DEMAND IMPACTS

According to many sources, Idaho ranked last among the 50 states for the number of psychiatrists per capita.

The entire state of Idaho is designated a mental health geographic professional shortage area by the Health Resources and Services Administration. That means there are an inadequate number of psychiatrists for the population. The adequate number would be one per 10,000.⁷⁹

⁷⁹Health Resources and Services Administration. Professional Shortage Areas & Medially Underserved Areas/Populations. <http://bhpr.hrsa.gov/shortage/>. Accessed Sept. 14, 2012.

The introduction of telepsychiatry in smaller communities will positively impact the number of patients who can receive care from a psychiatrist. Telepsychiatry uses videoconferencing technology to connect psychiatrists with patients for medical care.

SUPPLY

INITIAL LICENSES

The Board of Medicine’s year of initial licensure is used as a proxy for the number of practitioners entering the workforce in Idaho. This method does not take into account psychiatrists who have been licensed in Idaho in previous years and were no longer licensed in Idaho. It also does not take into account recent licensees who do not intend to remain practicing in Idaho.

Year of Initial Licensure Psychiatrists		
Year of Initial Licensure	Count	Percent
1/1/2006 - 2/13/2012	25	24%
1/1/2001-012/31/2005	22	21%
1/1/1991-12/31/2000	31	30%
1/1/1981 - 12/31/1990	22	21%
Before 1981	4	4%
Total	104	100%

Idaho Board of Medicine, February 2012.

Approximately 45 percent of psychiatrists have become licensed in Idaho since 2001.

The annual supply of psychiatrists into Idaho from the past seven years peaked at 12 in 2008.



Idaho Board of Medicine licensure database, February 2012. Active licenses.

PSYCHIATRY RESIDENCY PROGRAM

The University of Washington Psychiatry Residency Program is a four-year residency program that offers an Advanced Clinician Psychiatry Track for residents to spend their third and fourth years in Boise. The Idaho Advanced Clinician Track started in 2007-2008 and is its own separate residency program with its own curriculum and separate match number. The program emphasizes training psychiatrists in a variety of medical and community settings.⁸⁰

The program has a capacity for 11 residents. The resident group is extremely small, accepting two or three residents per year. However, there are plans to add four more seats within the next five years.⁸¹

The program has successfully retained psychiatrists who practice in Idaho after completing their residency. Of the eight psychiatrists who completed the fourth year of the program, four have remained in Idaho.

The full results from the Survey of Idaho Regional Residency Education Programs are available in Appendix I.

⁸⁰University of Washington School of Medicine. Psychiatry Residency Training Program. <http://depts.washington.edu/psychres/tracks.shtml>. Accessed Sept. 14, 2012.

⁸¹Survey of Idaho Regional Residency Education Programs 2012.

APPENDIX A — PHYSICIANS METHODOLOGY

The Idaho Department of Labor obtained the publically available licensure information on physician assistants from the Idaho Board of Medicine in February 2012 to analyze the physician workforce in Idaho. Researchers cleaned and analyzed the licensure data for this report.

The Idaho Department of Labor also established a memorandum of understanding with the Idaho Medical Association to receive information about its members. Researchers used that data to supplement what was received from the Board of Medicine. The membership information is invaluable because it may be used as a proxy for physicians who practice within Idaho. The Idaho Medical Association records are especially robust with regard to area of specialty. The American Medical Association Masterfile is also well-known as a resource for providing national level information about the physician workforce.

Under a Health Resources and Services Administration planning grant to evaluate primary care occupations including primary care physicians, the department developed a baseline for tracking projected increases in employment over the next 10 years. The workforce overview for physicians in Idaho was conducted using information from the Idaho Department of Labor, the Idaho Board of Medicine, the Idaho Medical Association, the University of Washington WWAMI program, the University of Utah School of Medicine, and the family medicine, internal medicine and psychiatry residency programs in the state.

Wherever possible, Idaho Department of Labor uses its own labor market information for workforce analysis. However, department researchers use supplemental sources such as licensure information to collect precise numbers and additional information not available from their own estimates. The updated information was used to develop employment baselines for physician reported to the Health Resources and Services Administration. These numbers were subsequently used to augment the department's Long-Term Occupational Employment Projections.

It was the researchers' original intent to use Social Security numbers from the licensure database to match Idaho Department of Labor employment records to ascertain whether and where licensed physician assistants were practicing in Idaho. But the Board of Medicine was unable to share any information that was not publically available. In the future, should the board endeavor to share Social Security numbers from its licensure database, that analysis can be conducted to provide greater precision in employment counts.

APPENDIX A — (CONT.)

To study the supply of the physician entering Idaho's health care workforce, researchers requested information about the characteristics of Idaho's residency programs and physicians within those programs. Questionnaires were sent to the following residency programs: Family Medicine Residency of Idaho, Idaho State University Family Medicine Residency and University of Washington Advanced Clinician Psychiatry Residency and University of Washington Boise Internal Medicine Residency. The questionnaire and reported results are available in Appendices F through I.

NOTES

Researchers discovered belated that the medical residents receive a separate license from the Idaho Board of Medicine than other physicians. Medical residents are not included in any of the Board of Medicine analysis. However if residents are members of the Idaho Medical Association, they are included in those counts. This is significant because the Idaho Department of Labor reports occupations by Standard Occupation Codes, which counts residents as fully licensed physicians.

The Idaho Department of Labor publishes labor market information for a wide variety of occupations within the state. Labor market information is collected by the Department in conjunction with the Bureau of Labor Statistics. The Department collects information for 840 standard occupations. The occupations are classified based on the tasks the worker performs.

The labor market information collected, analyzed and published by the Department is standardized using Bureau of Labor Statistics methodology. This methodology allows occupational information to be comparable across occupations and geography.

The Occupational Employment and Wage Survey is the primary source of occupational information. It is a voluntary survey of Idaho establishments conducted biannually to obtain the counts, job descriptions and wages of Idaho workers. Wages, employment counts and projections are estimated from the survey results.

APPENDIX B — CONFIDENTIAL SAFEGUARDS

The Idaho Department of Labor is grateful to the licensure boards, professional associations, educational institutions and state government offices for sharing their information on primary care occupations being researched under a Health Resources and Services Administration workforce planning grant. The analysis conducted as part of this research would not have been possible without the information provided.

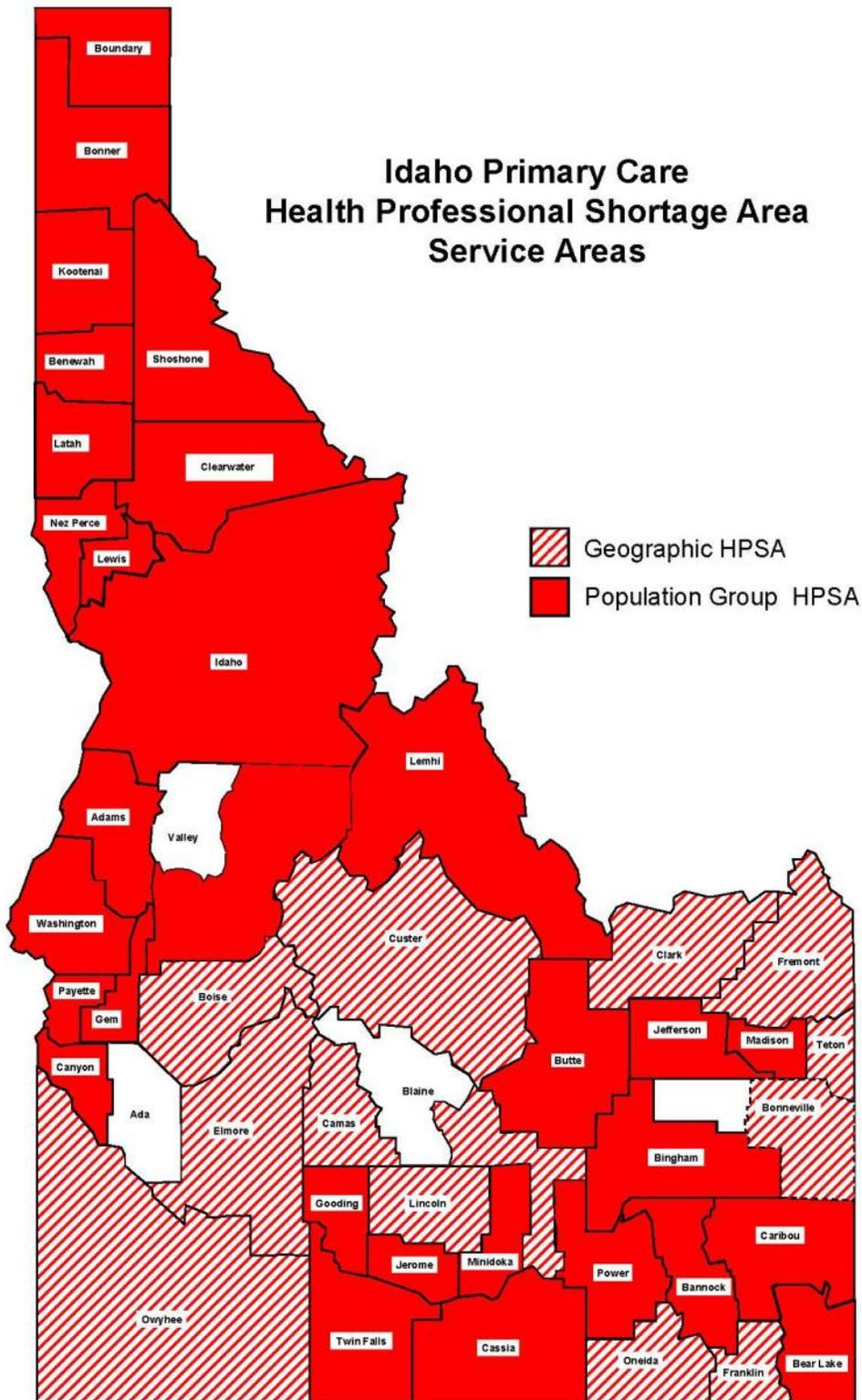
Most of the data provided to the Idaho Department of Labor are the result of a memorandum of understanding with the providing agency. These agreements may specify the level of reporting and analysis allowed by the providing agency. In any case, the department recognizes the sensitive nature of the data that are shared. Under no circumstances is individually identifying information ever disclosed. Data analysis and reporting are conducted at an aggregate level only.

The Idaho Department of Labor works extensively with confidential information in a variety of situations. As such, strict confidentiality procedures are engrained into all staff.

The Department's confidentiality procedures require:

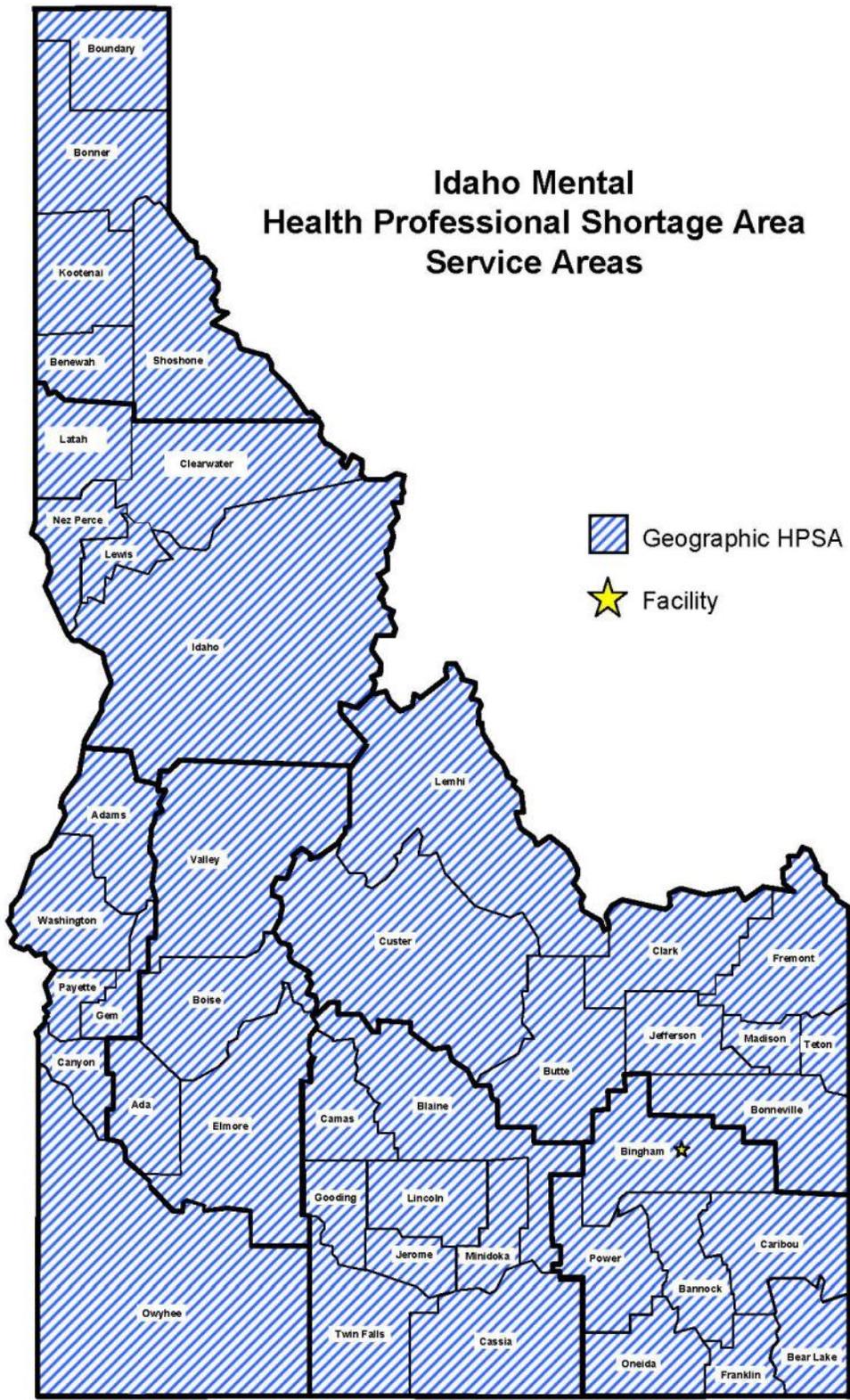
- All research staff to undergo confidentiality training every year.
- All research staff to sign a Confidential Information Protection and Statistical Efficiency Act (CIPSEA) agreement, which enforces felony criminal penalties for deliberate breaches of confidential labor market information.
- The Idaho Department of Labor to enforce internal confidentiality agreements specially created for those individuals working with sensitive records such as licensure records.
- The Department never publish identifying information that can be linked to an individual or business except with express consent from the individual or business.
- Sensitive information to be transferred electronically using a secure FTP connection.
- Electronic files with identifying information stored on a server to be password protected.
- Sensitive non-electronic records such as CDs and DVDs to be stored in locked file drawers accessible only by staff supervisors.

APPENDIX C — HPSA PRIMARY CARE



State Office of Rural Health and Primary Care, Division of Health, Department of Health and Welfare, 5/12 – please contact (208) 334-5993 for updates

APPENDIX D — MENTAL HEALTH HPSA



State Office of Rural Health and Primary Care, Division of Health, Department of Health and Welfare, 4/07 – please contact (208) 334-5993 for updates

APPENDIX E— STATE PHYSICIANS RANKINGS

The Kaiser Family Foundation publishes a website called statehealthfacts.org which disseminates health care from various sources categorized by state. A data mining company Redi-Data, Inc. supplied the information on the numbers of primary care and specialty physicians using the American Medical Association Masterfile as a source.

Idaho Department of Labor researchers developed a population ratio for each state by provider type using the numbers of physicians published on the website's tables and 2010 US Census state population. The ratios were then ranked to provide a comparison among states.

The data are current for August 2012.

Counts of Providers by State						
	Family Medicine/ General Practice	Internal Medicine	Obstetrics/ Gynecology	Pediatrics	Total Primary Care	Psychiatry
Alabama	1,573	1,986	586	834	4,979	436
Alaska	469	193	87	118	867	100
Arizona	2,373	2,942	846	1,239	7,400	744
Arkansas	1,425	726	273	460	2,884	264
California	12,709	18,947	5,162	8,668	45,486	6,258
Colorado	2,343	2,205	724	1,006	6,278	725
Connecticut	649	3,041	757	1,031	5,478	1,026
Delaware	336	451	139	340	1,266	143
District of Columbia	303	1,286	292	678	2,559	493
Florida	6,899	9,516	2,380	3,829	22,624	1,916
Georgia	2,888	4,261	1,464	2,057	10,670	1,080
Hawaii	444	735	243	308	1,730	268
Idaho	777	328	148	140	1,393	99
Illinois	4,829	7,769	2,038	3,030	17,666	1,792
Indiana	2,960	2,347	770	1,052	7,129	599
Iowa	1,840	1,049	287	501	3,677	291
Kansas	1,543	1,018	350	424	3,335	368
Kentucky	1,617	1,705	574	772	4,668	493
Louisiana	1,426	1,968	705	956	5,055	513
Maine	922	701	169	280	2,072	289
Maryland	1,437	4,656	1,109	1,831	9,033	1,416
Massachusetts	1,632	7,912	1,210	2,670	13,424	2,538
Michigan	4,876	5,999	1,808	2,112	14,795	1,339
Minnesota	3,024	2,722	683	999	7,428	679
Mississippi	1,033	999	376	435	2,843	245

Table continued on next page.

APPENDIX E — (CONT.)

Table continued from previous page.

Counts of Providers by State						
	Family Medicine/ General Practice	Internal Medicine	Obstetrics/ Gynecology	Pediatrics	Total Primary Care	Psychiatry
Missouri	2,291	3,179	850	1,554	7,874	818
Montana	500	303	111	98	1,012	101
Nebraska	974	713	227	351	2,265	204
Nevada	781	1,123	293	352	2,549	226
New Hampshire	532	735	183	291	1,741	221
New Jersey	2,179	5,690	1,433	2,601	11,903	1,464
New Mexico	950	804	239	415	2,408	332
New York	4,706	15,308	3,598	6,305	29,917	5,558
North Carolina	4,318	3,359	1,354	2,067	11,098	1,332
North Dakota	457	256	54	93	860	109
Ohio	4,633	6,447	1,738	3,131	15,949	1,483
Oklahoma	1,869	1,130	413	621	4,033	361
Oregon	1,736	2,094	540	690	5,060	593
Pennsylvania	5,878	8,470	2,016	2,924	19,288	2,444
Rhode Island	217	1,120	220	420	1,977	226
South Carolina	1,958	1,736	641	831	5,166	601
South Dakota	475	308	73	103	959	83
Tennessee	2,198	3,098	938	1,441	7,675	679
Texas	8,246	9,057	3,303	5,002	25,608	2,518
Utah	863	798	346	546	2,553	264
Vermont	332	364	98	180	974	166
Virginia	3,123	3,684	1,181	1,884	9,872	1,186
Washington	3,655	3,150	848	1,395	9,048	927
West Virginia	1,010	777	220	317	2,324	209
Wisconsin	2,836	2,635	690	1,075	7,236	745
Wyoming	296	129	58	52	535	41
United States	117,340	161,929	44,845	70,509	394,623	47,005

statehealthfacts.org; Kaiser Family Foundation.

Special data request on State Licensure Information from Redi-data, Inc.; Data for August 2012.

APPENDIX E — (CONT.)

Total Primary Care per 100,000 Population		
Ranking	State	Total Primary Care
1	District of Columbia	425.3
2	Massachusetts	205.0
3	Rhode Island	187.8
4	Maryland	156.5
5	Maine	156.0
6	Vermont	155.7
7	New York	154.4
8	Connecticut	153.3
9	Pennsylvania	151.8
10	Michigan	149.7
11	Delaware	141.0
12	Minnesota	140.0
13	Ohio	138.2
14	Illinois	137.7
15	New Jersey	135.4
16	Washington	134.6
17	New Hampshire	132.2
18	Oregon	132.1
19	Missouri	131.5
20	North Dakota	127.9
	United States	127.8
21	Wisconsin	127.2
22	Hawaii	127.2
23	West Virginia	125.4
24	Colorado	124.8
25	Nebraska	124.0
26	Virginia	123.4
27	California	122.1
28	Alaska	122.1
29	Tennessee	120.9
30	Iowa	120.7
31	Florida	120.3
32	South Dakota	117.8
33	New Mexico	116.9
34	Kansas	116.9
35	North Carolina	116.4
36	Arizona	115.8
37	South Carolina	111.7
38	Louisiana	111.5
39	Georgia	110.1
40	Indiana	110.0
41	Kentucky	107.6
42	Oklahoma	107.5
43	Alabama	104.2
44	Montana	102.3
45	Texas	101.8
46	Arkansas	98.9
47	Mississippi	95.8
48	Wyoming	94.9
49	Nevada	94.4
50	Utah	92.4
51	Idaho	88.9

Family Medicine/ General Practice per 100,000 Population		
Ranking	State	Family Practice/General Practice
1	Maine	69.4
2	North Dakota	67.9
3	Alaska	66.0
4	Iowa	60.4
5	South Dakota	58.3
6	Minnesota	57.0
7	West Virginia	54.5
8	Washington	54.4
9	Kansas	54.1
10	Nebraska	53.3
11	Vermont	53.1
12	Wyoming	52.5
13	Montana	50.5
14	District of Columbia	50.4
15	Wisconsin	49.9
16	Oklahoma	49.8
17	Idaho	49.6
18	Michigan	49.3
19	Arkansas	48.9
20	Colorado	46.6
21	Pennsylvania	46.3
22	New Mexico	46.1
23	Indiana	45.7
24	Oregon	45.3
25	North Carolina	45.3
26	South Carolina	42.3
27	New Hampshire	40.4
28	Ohio	40.2
29	Virginia	39.0
30	Missouri	38.3
	United States	38.0
31	Illinois	37.6
32	Delaware	37.4
33	Kentucky	37.3
34	Arizona	37.1
35	Florida	36.7
36	Mississippi	34.8
37	Tennessee	34.6
38	California	34.1
39	Alabama	32.9
40	Texas	32.8
41	Hawaii	32.6
42	Louisiana	31.5
43	Utah	31.2
44	Georgia	29.8
45	Nevada	28.9
46	Massachusetts	24.9
47	Maryland	24.9
48	New Jersey	24.8
49	New York	24.3
50	Rhode Island	20.6
51	Connecticut	18.2

APPENDIX E — (CONT.)

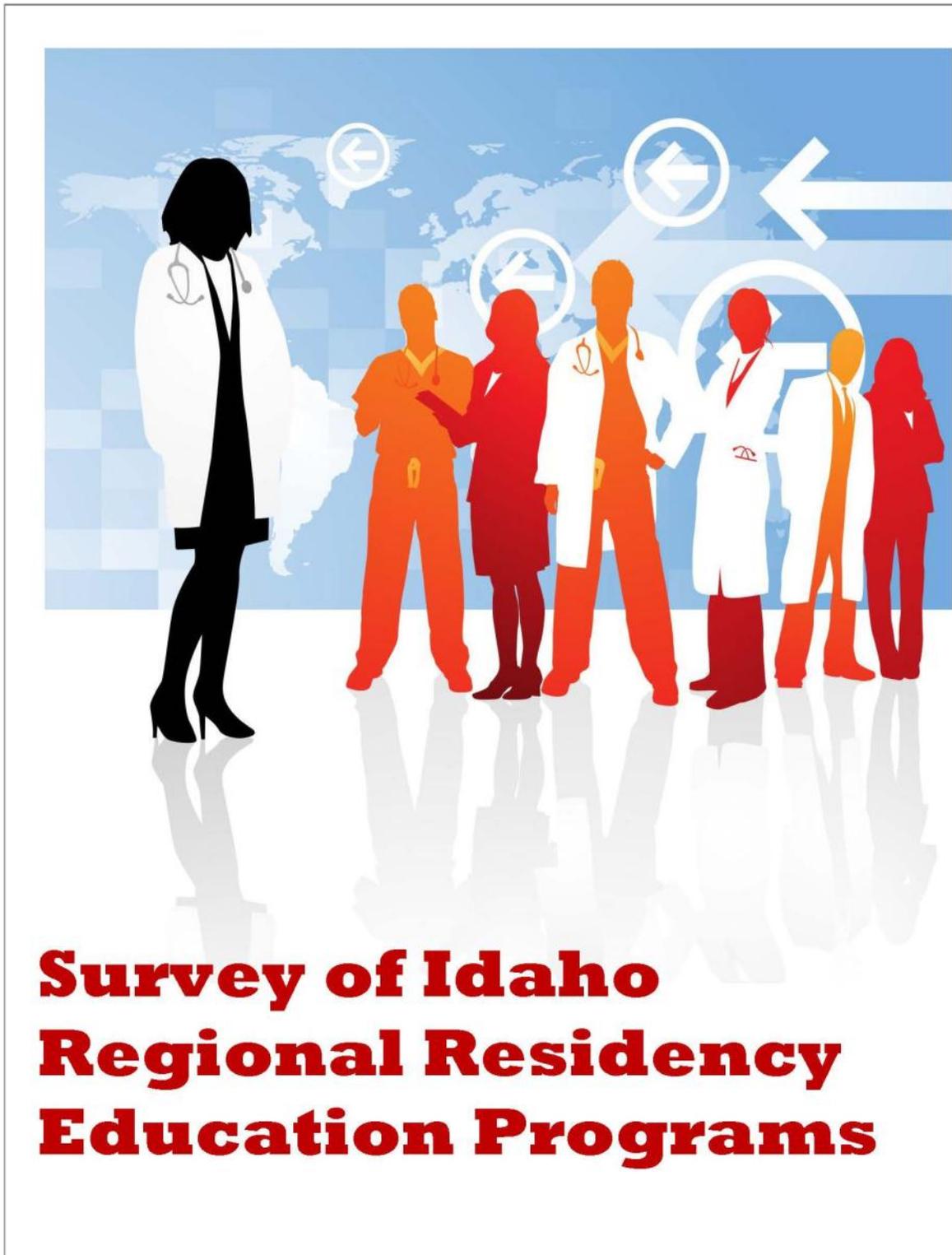
Internists per 100,000 Population		
Ranking	State	Internal Medicine
1	District of Columbia	213.7
2	Massachusetts	120.8
3	Rhode Island	106.4
4	Connecticut	85.1
5	Maryland	80.6
6	New York	79.0
7	Pennsylvania	66.7
8	New Jersey	64.7
9	Michigan	60.7
10	Illinois	60.6
11	Vermont	58.2
12	Ohio	55.9
13	New Hampshire	55.8
14	Oregon	54.7
15	Hawaii	54.0
16	Missouri	53.1
17	Maine	52.8
	United States	52.4
18	Minnesota	51.3
19	California	50.9
20	Florida	50.6
21	Delaware	50.2
22	Tennessee	48.8
23	Washington	46.8
24	Wisconsin	46.3
25	Virginia	46.0
26	Arizona	46.0
27	Georgia	44.0
28	Colorado	43.8
29	Louisiana	43.4
30	West Virginia	41.9
31	Nevada	41.6
32	Alabama	41.6
33	Kentucky	39.3
34	New Mexico	39.0
35	Nebraska	39.0
36	North Dakota	38.1
37	South Dakota	37.8
38	South Carolina	37.5
39	Indiana	36.2
40	Texas	36.0
41	Kansas	35.7
42	North Carolina	35.2
43	Iowa	34.4
44	Mississippi	33.7
45	Montana	30.6
46	Oklahoma	30.1
47	Utah	28.9
48	Alaska	27.2
49	Arkansas	24.9
50	Wyoming	22.9
51	Idaho	20.9

Obstetricians and Gynecologists per 100,000 Population		
Ranking	State	Obstetrics/ Gynecology
1	District of Columbia	48.5
2	Connecticut	21.2
3	Rhode Island	20.9
4	Maryland	19.2
5	New York	18.6
6	Massachusetts	18.5
7	Michigan	18.3
8	Hawaii	17.9
9	New Jersey	16.3
10	Illinois	15.9
11	Pennsylvania	15.9
12	Vermont	15.7
13	Louisiana	15.6
14	Delaware	15.5
15	Georgia	15.1
16	Ohio	15.1
17	Tennessee	14.8
18	Virginia	14.8
	United States	14.5
19	Colorado	14.4
20	North Carolina	14.2
21	Missouri	14.2
22	Oregon	14.1
23	New Hampshire	13.9
24	South Carolina	13.9
25	California	13.9
26	Arizona	13.2
27	Kentucky	13.2
28	Texas	13.1
29	Minnesota	12.9
30	Maine	12.7
31	Mississippi	12.7
32	Florida	12.7
33	Washington	12.6
34	Utah	12.5
35	Nebraska	12.4
36	Kansas	12.3
37	Alabama	12.3
38	Alaska	12.2
39	Wisconsin	12.1
40	Indiana	11.9
41	West Virginia	11.9
42	New Mexico	11.6
43	Montana	11.2
44	Oklahoma	11.0
45	Nevada	10.8
46	Wyoming	10.3
47	Idaho	9.4
48	Iowa	9.4
49	Arkansas	9.4
50	South Dakota	9.0
51	North Dakota	8.0

APPENDIX E — (CONT.)

Pediatricians per 100,000 Population		
Ranking	State	Pediatrics
1	District of Columbia	112.7
2	Massachusetts	40.8
3	Rhode Island	39.9
4	Delaware	37.9
5	New York	32.5
6	Maryland	31.7
7	New Jersey	29.6
8	Connecticut	28.8
9	Vermont	28.8
10	Ohio	27.1
11	Missouri	25.9
12	Illinois	23.6
13	Virginia	23.5
14	California	23.3
15	Pennsylvania	23.0
	United States	22.8
16	Tennessee	22.7
17	Hawaii	22.6
18	New Hampshire	22.1
19	North Carolina	21.7
20	Michigan	21.4
21	Georgia	21.2
22	Louisiana	21.1
23	Maine	21.1
24	Washington	20.7
25	Florida	20.4
26	New Mexico	20.2
27	Colorado	20.0
28	Texas	19.9
29	Utah	19.8
30	Arizona	19.4
31	Nebraska	19.2
32	Wisconsin	18.9
33	Minnesota	18.8
34	Oregon	18.0
35	South Carolina	18.0
36	Kentucky	17.8
37	Alabama	17.4
38	West Virginia	17.1
39	Alaska	16.6
40	Oklahoma	16.6
41	Iowa	16.4
42	Indiana	16.2
43	Arkansas	15.8
44	Kansas	14.9
45	Mississippi	14.7
46	North Dakota	13.8
47	Nevada	13.0
48	South Dakota	12.7
49	Montana	9.9
50	Wyoming	9.2
51	Idaho	8.9

Psychiatrists per 100,000 Population		
Ranking	State	Psychiatry
1	District of Columbia	81.9
2	Massachusetts	38.8
3	Connecticut	28.7
4	New York	28.7
5	Vermont	26.5
6	Maryland	24.5
7	Maine	21.8
8	Rhode Island	21.5
9	Hawaii	19.7
10	Pennsylvania	19.2
11	California	16.8
12	New Hampshire	16.8
13	New Jersey	16.7
14	North Dakota	16.2
15	New Mexico	16.1
16	Delaware	15.9
17	Oregon	15.5
	United States	15.2
18	Virginia	14.8
19	Colorado	14.4
20	Alaska	14.1
21	North Carolina	14.0
22	Illinois	14.0
23	Washington	13.8
24	Missouri	13.7
25	Michigan	13.5
26	Wisconsin	13.1
27	South Carolina	13.0
28	Kansas	12.9
29	Ohio	12.9
30	Minnesota	12.8
31	Arizona	11.6
32	Kentucky	11.4
33	Louisiana	11.3
34	West Virginia	11.3
35	Nebraska	11.2
36	Georgia	11.1
37	Tennessee	10.7
38	Montana	10.2
39	South Dakota	10.2
40	Florida	10.2
41	Texas	10.0
42	Oklahoma	9.6
43	Iowa	9.6
44	Utah	9.6
45	Indiana	9.2
46	Alabama	9.1
47	Arkansas	9.1
48	Nevada	8.4
49	Mississippi	8.3
50	Wyoming	7.3
51	Idaho	6.3



APPENDIX F — (CONT.)

About the Survey

Thank you for your participation. This survey will help us provide a comprehensive picture of Idaho's capacity to train physicians. Data will be used by the Idaho Health Care Workforce Planning Committee to develop a comprehensive approach to reducing the statewide physician shortage and by the Idaho Department of Labor to assess the future supply of medical personnel.

Please submit survey results to Polly Lorenz at the Idaho Department of Labor by Monday, April 16, 2012.

SECTION: SURVEY TERMINOLOGY

Faculty- Attending physician who supervises or teaches residents.

Full-time Faculty- Full-time status is based on the on the institution's definition.

Part-time Faculty- Instructors whose primary position is not considered full-time based on the institution's definition.

Persistence Rate- A measure of how many residents return from one year to the next year.

SECTION 1: RESIDENCY INFORMATION

1.1. What is the current capacity (number of seats) for residents in your program?

1.1.1. Total seats _____

1.2. What is the average age of first year residents? _____

1.3. What is the total number of residents in your program for the 2011-2012 year?

	Total
1 st Year	_____
2 nd Year	_____
3 rd Year	_____

1.4. Please provide counts by gender for the 2011-2012 year.

	Female	Male
1 st Year	_____	_____
2 nd Year	_____	_____
3 rd Year	_____	_____

1.5. What is the persistence rate for the residency program for the following years?

Year	1 st Year	2 nd Year	3 rd Year
2005-2006	_____	_____	_____
2006-2007	_____	_____	_____
2007-2008	_____	_____	_____
2008-2009	_____	_____	_____
2009-2010	_____	_____	_____
2010-2011	_____	_____	_____
2011-2012	_____	_____	_____

APPENDIX F — (CONT.)

1.6 How many residents choose to practice in Idaho after completing their residency program?

Year	Practice in Idaho
2005-2006	_____
2006-2007	_____
2007-2008	_____
2008-2009	_____
2009-2010	_____
2010-2011	_____
2011-2012	_____

SECTION 2: PROGRAM CAPACITY

2.1. Do you plan to increase the capacity of your residency program over the next five years? Yes / No

2.1.1. If **yes**, how many new seats do you plan to add?

a. Total Seats _____

2.2. Please rank the following capacity constraints by order of importance, with 1 being the most important.

Rank	
_____	Qualified Faculty
_____	Clinical Site Availability
_____	Funding
_____	Campus Facilities and Equipment
_____	Operating Support
_____	Scheduling Constraints for Classes
_____	Other (please specify) _____

SECTION 3: FACULTY INFORMATION

2.3. What is the average age of your faculty? _____

2.4. What is the total number of full-time faculty? _____

2.5. What is the total number of part-time faculty? _____

2.6. How many hours per week do medical faculty work? _____

2.7. How many faculty are projected to retire in the next five years? _____

APPENDIX F — (CONT.)

SECTION 3: CONCLUSION

Would you be interested in receiving a copy of the final report? **YES/NO**

I certify that the information submitted in this form is complete and accurate to the best of my knowledge.

Signature of Respondent:

Date:

Respondent Name Printed

Name of School

Contact Phone Number

Please submit survey responses in the return envelope provided to
Polly Lorenz
Idaho Department of Labor
Communications & Research
317 W. Main St.
Boise, ID 83703



Polly.Lorenz@labor.idaho.gov
Office: (208) 332-3570 x 3244
Fax: (208) 334-6455

APPENDIX G — ISU FAMILY MEDICINE RESIDENCY

Idaho State University Family Medicine Residency – Pocatello Idaho

Three year family medicine residency based in Pocatello
 Affiliated with the University of Washington, University of Utah and Idaho State University
<http://www.fmed.isu.edu/>

Total Number of seats in Program 20
 Average age of first year residents 31

Plan to increase capacity in next five years? Yes
 Total Seats 1 new seat for a total of 21

Total Number of residents for the 2011-2012 year

	<u>Female</u>	<u>Male</u>
1 st year	1	5
2 nd Year	2	4
3 rd Year	1	6

Capacity Constraints

Qualified Faculty	2	Operating Support	-
Clinical Site Availability	4	Clinic Capacity	3
Funding	1		
Campus Facilities& Equip	-		
Scheduling constraints for classes	-		

Persistence rate for residency program

<u>Year</u>	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
2005-06	100%	100%	100%
2006-07	100%	100%	100%
2007-08	100%	100%	100%
2008-09	83%	100%	100%
2009-10	88%	100%	100%
2010-11	83%	100%	100%
2011-12	86%	100%	100%

Faculty Information

Average age of faculty	51
Full-time faculty	6
Part-time faculty	3
Hours a week	~65
Projected Retirements	4

How many residents choose to practice in Idaho after completing their residency program?

<u>Year</u>	
2005-06	2/5
2006-07	3/6
2007-08	5/6
2008-09	2/6
2009-10	4/6
2010-11	2/5
2011-12	2/7 (predicted)

Main Training Sites:

Portneuf Medical Center

Additional Training Facilities

Southeastern Idaho District Health Department (STD Clinic), Pocatello
 12-15 rural hospitals and clinics in Southeast Idaho
 St. Luke's Regional Medical Center, Boise
 Primary Children's Hospital, Salt Lake City
 Student Health Center, ISU Campus, Pocatello
 Health West, Pocatello
 Free Clinic, Pocatello

APPENDIX H — BOISE INTERNAL MEDICINE RESIDENCY

Boise Internal Medicine Residency Program- WWAMI Boise VA

Boise Internal Medicine Residency Program established for 2011-2012 year for three years in Boise.
 Prior years reflect Boise Track of UW Internal Medicine Residency Program which is the second year only in Boise.
 Training for office-based internal medicine, hospital medicine or further sub-specialty training.
<http://www.boiseinternalmedicine.com/Home.aspx>

Total Number of seats in Program 24
 Average age of first year residents 27

Total Number of residents for the 2011-2012 year

	<u>Female</u>	<u>Male</u>
1 st year	4	8
2 nd Year	6	4
3 rd Year	0	1
4 th Year	0	1

Persistence rate for residency program

<u>Year</u>	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
2005-06	100	100	100
2006-07	100	100	100
2007-08	100	100	100
2008-09	100	100	100
2009-10	100	90	100
2010-11	90	100	100
2011-12	100		

How many residents choose to practice in Idaho after completing their residency program?

<u>Year</u>	
2005-06	6
2006-07	2
2007-08	2
2008-09	2
2009-10	2
2010-11	3
2011-12	NA

Plan to increase capacity in next five years? Yes
 Total Seats 6

Capacity Constraints

Qualified Faculty	5	Operating Support	2
Clinical Site Availability	3	Scheduling Constraints	6
Funding	1		
Campus Facilities& Equip	4		

Average age of faculty 48
 Full-time faculty 31
 Part-time faculty 05
 Hours a week 50-70
 Projected Retirements 03

Residency Sites Listed on [website](#)

Main Training Sites:

Boise VA Medical Center
 St. Al's Regional Medical Center
 St. Luke's Regional Medical Center

Community Based Training Sites

Internal Medicine Associates (Sandpoint)
 Long Valley Clinic (McCall)
 Terry Reilly (Nampa)
 Saint Luke's Internal Medicine (Boise)
 Saint Luke's Wood River (Sun Valley)
 Saint Luke's Magic Valley (Twin Falls)

APPENDIX I — PSYCHIATRY RESIDENCY

Psychiatry Residency Program- WWAMI- Boise VA

Idaho program is the *Clinician Track*
 University of Washington sponsored residency
 First two years: Seattle Washington, third and fourth years in Idaho
<http://advancedclinicianpsychiatry.info/>

Total Number of seats in Program 11
 Average age of first year residents 30

Plan to increase capacity in next five years? Yes
 Total Seats 4

Total Number of residents for the 2011-2012 year

	<u>Female</u>	<u>Male</u>
1 st year	1	2
2 nd Year	2	0
3 rd Year	0	3
4 th Year	2	0

Capacity Constraints

Qualified Faculty	2
Clinical Site Availability	3
Funding	1
Operating Support	4
Average age of faculty	55
Full-time faculty	0.8 1 admin faculty
Part-time faculty	30+ All volunteers
Hours a week	40 for admin faculty, 2-5 for volunteer
Projected Retirements	3-5

Persistence rate for residency program

<u>Year</u>	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	
2005-06	x	x	x	1	transfer
2006-07	x	x	x	1	transfer
2007-08	2	3	0	0	
2008-09	2	2	2	0	
2009-10	3	2	2	2	
2010-11	2	3	2	2	
2011-12	3	2	3	2	

Residency Sites Listed on [website](#)

Main Training Sites:

Boise VA Medical Center
 St. Al's Regional Medical Center
 St. Luke's Regional Medical Center
 Family Medicine Outpatient Clinic

Other Training Sites

University Health Services at Boise State
 Idaho Elk's Rehabilitation Hospital
 Idaho State Correctional Institute
 Center for Behavioral Health
 Portneuf Behavioral Health
 State Hospital South in Blackfoot

How many residents choose to practice in Idaho after completing their residency program?

<u>Year</u>		
2005-06	1	transfers from other programs
2006-07	1	transfers from other programs
2007-08	0	Program started in 2007-2008
2008-09	0	Program started in 2007-2008
2009-10	0	
2010-11	1	
2011-12	1	