2005 Generalist Physician Supply and Distribution in Rural United States

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Research Objective
To describe the 2005 supply and distribution of generalist physicians in the rural United States in order to facilitate addressing the problem of physician shortages in rural areas. Also, to examine the contribution of generalist osteopaths and international medical graduates (IMGs) in the rural United States.

Study Design
This descriptive study examined the distribution and supply of rural generalist physicians in rural areas overall and within large, small, and isolated small rural areas at the national and state levels. Rural categories were defined using the Rural-Urban Commuting Areas (RUCA) taxonomy.

Study Population
2005 Rural Generalists (n=30,847):
• Clinically active, excluding residents, federally employed, and 70 years of age or older.
• Specialists include family medicine/general practice, general internal medicine, and general pediatrics.

Rural generalist physicians include:
• US-educated allopaths (MDs): n=21,682.
• Foreign-educated MDs (IMGs) (educated outside the US, Puerto Rico, or Canada, regardless of country of birth): n=5,952.
• Osteopaths (DOs): n=3,213.

Data Sources
2005 American Medical Association (AMA) and 2005 American Osteopathic Association Masterfiles and US population data from Claritas.

Policy Implications
Rural areas, especially isolated small ones, continue to have low supplies of generalist physicians. Research has shown that situation is likely to be exacerbated by such things as fewer US-educated physicians selecting family medicine residencies, Title VII funding reductions, reductions in J-1 visa waiver applications, and post-9/11 impediments for IMGs entering the country.

Because of the importance of these physicians to rural care, efforts to recruit and retain them in rural locations are critical. This study indicates that attracting DOs and IMGs, both important contributors to rural health care, to rural-oriented, generalist residency programs should be a priority.

Consideration must also be given to the professional, economic, and social needs of rural physicians. Policies to address rural health care problems should be sensitive to the many ways in which rural areas vary from each other across the country and should also be responsive to local conditions.

Definition of Rural Categories
The Rural Urban Commuting Areas (RUCA) taxonomy, version 2.0, was used to define the four RUCA-based categories.

RURAL AND URBAN PHYSICIANS
As rurality increases, physician/population ratios decline

As rurality increases, generalists comprises a greater proportion of the physician workforce

RURAL GENERALIST PHYSICIANS
Family practitioner/population ratios are smaller in persistent poverty areas than in areas located 68 minutes or greater travel time to an urbanized area

Rural generalist DOs were more likely than MDs to practice in small and isolated small rural areas

The relative contribution of DOs... ...and IMGs varied geographically

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