WWAMI RURAL HEALTH RESEARCH CENTER

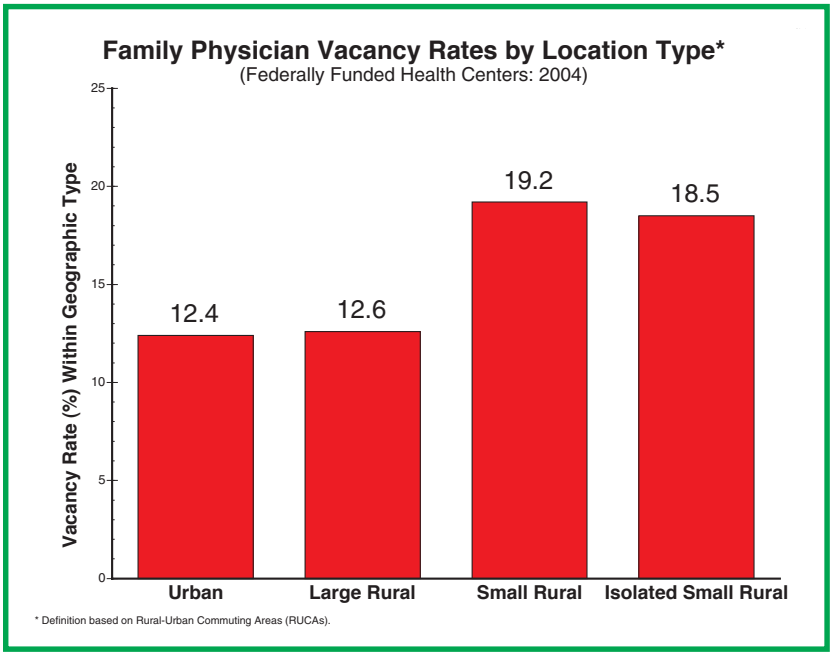
Project Summary

November 2005

Family Physician Vacancies in Federally Funded Health Centers

Background

Federally funded health centers (HCs) are the backbone of the nation's formal safety net, with over 5,000 health care delivery sites. The Federal government is expanding the capacity of HCs to provide care to rural and urban underserved populations.



Methods

During 2004, all of the nation's HCs were surveyed regarding their workforce circumstances and issues. The questionnaire included questions on the supply of specific types of health care providers, provider vacancy rates, reasons for difficulty recruiting providers, and providers currently working off Federal and State service obligations. The response rate was 79% of the 846 HC grantees that met the survey inclusion criteria (98% of the rural HCs responded). Response data were linked to the Bureau of Primary Health Care's (BPHC's) Uniform Data Set on the HCs and other community data. Weights were created to make the findings nationally representative. Full-time equivalent (FTE) vacancies are defined as positions for which there are current and active recruitment activities.

Selected Survey Findings Regarding Family Physicians

The HCs had 6,561 FTE physicians practicing in them (78% urban and 22% rural). Of all the physician FTEs, 47% were family physicians (FPs), 19% were general pediatricians, 22% were general internists, 8% were obstetrician/gynecologists, 3% were psychiatrists, and only 1% were other types of specialists. By way of comparison, there were 3,429 registered nurse (RN), 2,103 nurse practitioner (NP), 1,095 physician assistant (PA), 1,125 dentist, and 439 pharmacist FTEs.

Key findings include the following:

- FPs comprised 61% of all rural HC physicians and 43% of all urban physicians.
- While the overall national HC vacancy rate for FPs was 13.3%, the FP vacancy rates for rural areas increase with their degree of rurality—12.6% in large rural town, 19.2% in small rural town, and 18.5% in isolated small town areas (see graph). The overall HC vacancy rate for RNs was 10.4%.
- There were 426 *current* vacancies for which FPs were being recruited (compared to 102 general pediatrician, 115 general internist, 116 obstetrician/gynecologist, 47 psychiatrist, 379 RN, 195 NP, 80 PA, and 310 dentist FTE vacancies).
- 28.4% of the FP vacancies had been vacant for longer than six months at the time of the survey.

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fact sheet

- FP vacancy rates vary dramatically across the nation's states (e.g., 4% in Hawaii and 30% in Kansas).
- The FP vacancy rate in urban Persistent Poverty Counties is 29% (15 responding grantees located in these counties).
- While the HC administrators indicated that being able to pay increased salaries would be the most helpful way to improve their ability to recruit (77%), they also indicated that the following were important: more training loan repayment slots (64%), greater visibility during training (64%), and more minority training (39%).
- Isolated small rural HC administrators indicated that recruiting was especially difficult because of few spousal employment opportunities, lack of adequate cultural activities, and poor schools and housing.

Core funding for this study was provided to the rural health research centers at the University of Washington and South Carolina by HRSA's Office of Rural Health Policy (ORHP). The National Association of Community Health Centers' (NACHCs') study participation was funded by HRSA's Bureau of Primary Health Care (BPHC). In addition, ORHP, BPHC, and HRSA's Bureau of Health Professions each collaborated on the study and provided in-kind support.

For questions about this study and results, contact Gary Hart, PhD, at the WWAMI Rural Health Research Center.

Policy Implications: HCs face many challenges in providing care for the nation's underserved populations as their role is being expanded. It is clear that the rural HCs are dependent on FPs for a substantial proportion of their physician workforce and that there are significant numbers of vacancies, with especially high vacancy rates within the nation's more rural areas and urban persistent poverty areas. As the HCs expand their capacity to care for the nation's underserved, the need for a well-trained cadre of FPs and other physician and nonphysician generalist providers will increase. As illustrated in a previous brief based on these same data, the HCs are already heavily dependent on physicians *currently* fulfilling National Health Service Corps, state loan, and J-1 visa waiver program service obligations (e.g., 30% overall and 57% of isolated small rural area physician FTEs). The policy options regarding the HC shortages of FPs include but are not limited to: increased production of FPs, substitution of other provider types for FPs, training of FPs more willing to practice in HCs, HC funding that allows higher salaries for FPs, expanded loan repayment programs, increased visibility of HCs during FP predoctoral and residency training, expanded minority FP training, and higher reimbursement for FP services. Regardless of the policy option or options favored, action is needed to facilitate the current and expanded role of the HCs to care for the nation's underserved.

Rural Idaho