### **Data Snapshot • September 2009**

## Wyoming Physician Assistants, 2009

#### **Licensed Physician Assistants**

Physician assistants (PAs) must hold an active Wyoming license to practice in Wyoming. The following Wyoming statistics were calculated based on data from PA licensing records and a survey of all licensees conducted for the Wyoming Healthcare Commission in early 2009.

■ There were an estimated 32 licensed PAs with a Wyoming address per 100,000 Wyoming state residents in 2009. According to data from the American Academy of Physician Assistants, there were 26 PAs per 100,000 U.S. population who were eligible to practice in 2008 (the most recent year of available data).

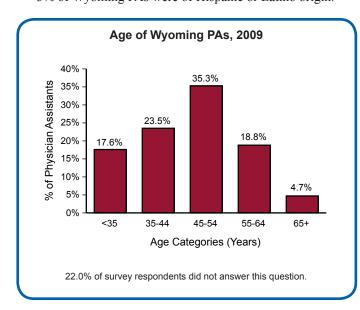
Wyoming PA Licenses, 2009		
Total physician assistant licenses*	207	
With Wyoming addresses	169	(81.6%)
With Montana addresses	8	(3.9%)
With South Dakota addresses	8	(3.9%)
With Utah addresses	5	(2.4%)
With other addresses†	17	(8.2%)
* Accessed from 2009 licensing records. † States each with fewer than 2% of licenses.		

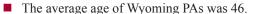
#### Physician Assistants with a Primary Practice Location in Wyoming

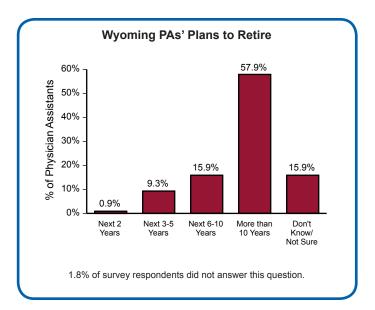
■ 85% of licensed PAs responding to the survey reported that they were practicing and their primary work location was in Wyoming. The following findings are based only on the survey responses of PAs with a primary practice location in Wyoming, referred to as "Wyoming PAs."

#### Wyoming Physician Assistant Demographics

- 44% of Wyoming PAs were female.
- 99% of Wyoming PAs recorded their race as white, in combination with no other races.
- 3% of Wyoming PAs were of Hispanic or Latino origin.



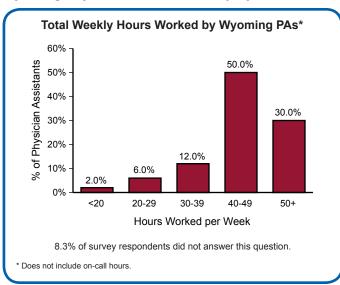




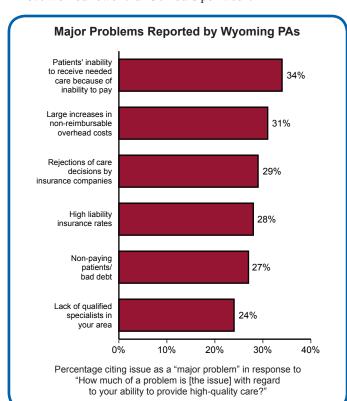
■ 10% of Wyoming PAs planned to retire in the next five years.

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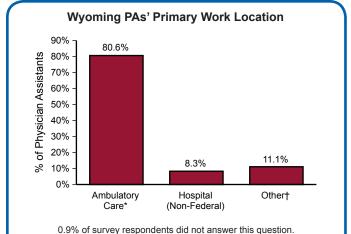
#### Wyoming Physician Assistants' Employment Characteristics



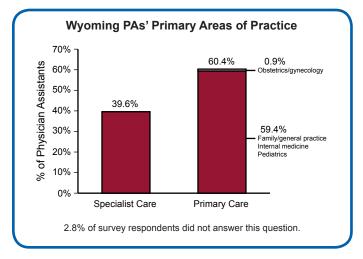
- Wyoming PAs in active practice worked an average of 44 total hours weekly.
- 8% worked fewer than 30 hours per week.



- More than a third of Wyoming PAs reported that patients' inability to receive needed care because of inability to pay was a major problem for their ability to provide highquality care.
- Nearly a third reported that large increases in nonreimbursable overhead costs and rejections of care decisions by insurance companies were major problems.



- Includes free-standing and hospital-associated clinics, Federally Qualified Health
- Centers, Rural Health Clinics, and office practices.
  † Includes colleges/universities, state institutions, Veterans Administration and Indian Health Service facilities, health departments, and all other practice settings not included in the ambulatory care and non-federal hospital categories.



Data and Funding Sources: Licensing data are from the Wyoming Board of Medicine. The University of Washington Center for Health Workforce Studies (UW CHWS) developed the survey questionnaire, and the Wyoming Survey & Analysis Center at the University of Wyoming conducted the survey March-May 2009 (response rate 62%). Population data are from the U.S. Census Bureau. National PA data are from the American Academy of Physician Assistants, "2008 AAPA Physician Assistant Census Report." The analyses for this report were conducted by the UW CHWS with funding from the Wyoming Healthcare Commission.

**Authors:** Davis G. Patterson, Research Scientist; Susan M. Skillman, Project Director; C. Holly A. Andrilla, Research Scientist. This report was produced at UW CHWS by Martha Reeves.

**For More Information:** Contact the UW CHWS or Wyoming Office of Rural Health, 307-777-7293.