

The Aging of the Primary Care Physician Workforce: Are Rural Locations Vulnerable?

Background

Large numbers of primary care physicians (PCPs) are approaching retirement as fewer new U.S. medical graduates are choosing primary care careers. Shortages brought on by retirement will coincide with accelerating demand for health care as the number of elderly Americans aged 65 and older doubles between 2000 and 2030.¹ Primary care is a core element of the rural health care workforce, so knowledge of where “near retirement”-age PCPs work when combined with information about where rural populations most need access to primary care services may help planners avert impending shortages.

Evidence²

■ Near-retirement PCPs (age 56 or older) constitute 25.5% of the urban vs. 27.5% of the rural, clinically active, PCP workforce (Figure 1). In remote rural locations, this proportion is 28.9%. In contrast, young PCPs (age 39 or younger) make up 22.5% of the urban PCP workforce and only 20.5% of the rural PCP workforce.

■ States with the highest percentages of near-retirement PCPs tended to be located in New England, the lower Midwest, the South, and the West Coast (Figure 2). Massachusetts (42.1%), West Virginia (36.1%), California (34.2%) and Connecticut (33.2%) had the highest percentages

Figure 1: Percentage of Primary Care Physicians Aged 56 and Older and Aged 39 and Younger, 2005

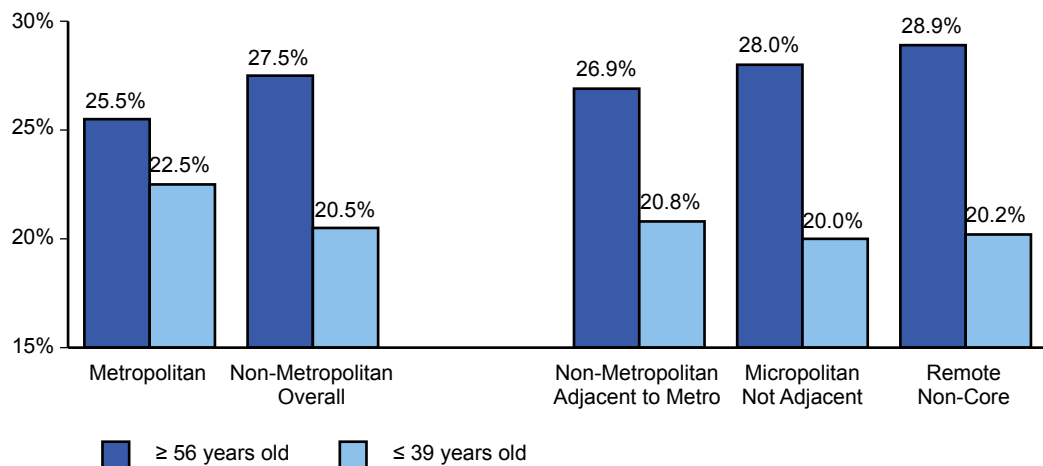
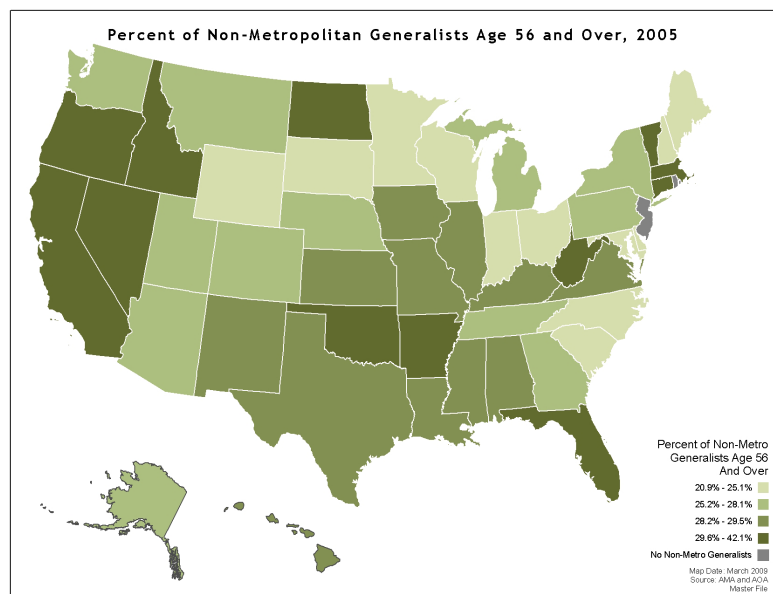


Figure 2



of near-retirement rural PCPs. In contrast, Delaware (28.4%), South Carolina (27.4%), Georgia (26.8%) and Louisiana (26.4%) had the highest percentages of young rural PCPs. (Figure 2 depicts the distribution of near-retirement rural PCPs by state.)

Solutions

The retirement of large numbers of rural PCPs will exacerbate rural shortages unless steps are taken to replenish the rural primary care workforce. Broad efforts are needed to:

- Bolster the numbers of graduates entering rural primary care practice in schools of medicine as well as in nurse practitioner (NP) and physician assistant (PA) programs. These efforts require more K-12 and college student preparation for rural health care careers, promotion of admissions policies that serve rural health care needs, expansion of rural health care training opportunities as part of core educational curricula, and the availability of financial and life-style support for those in rural primary care practice.

Targeted efforts also may help rural communities successfully manage PCP retirement. Accurate data are needed to identify rural communities most at risk for shortages due to PCP retirement. Once high-risk communities are identified, impending primary care shortages could be prevented by:

- Recruiting a new physician, NP or PA before PCP retirement occurs to prevent prolonged gaps in service delivery.
- Supporting transitional work arrangements for near-retirement PCPs that might help postpone full retirement. Locum tenens arrangements, after-hours call coverage, and shared practice arrangements could help delay retirement and smooth the transition to new primary care providers.
- Determining communities' future primary care needs and prioritizing options for addressing these needs. For example, younger PCPs may work fewer hours and take less call than their predecessors, so whether a retiring PCP should be replaced by more than one PCP, an interdisciplinary team, or individual NPs or PAs should be assessed. The merit of outsourcing to larger systems or networking with other rural communities also could be an option for many locally-provided primary care services (after-hours telephone triage, emergency department and inpatient services).

References

1. U.S. Census Bureau. National population projections (2000). Available at: <http://www.census.gov/population/www/projections/usinterimproj/natprojtab02a.pdf>. Accessed June 9, 2009.
2. Doescher MP, Fordyce M, Skillman SM. *The aging of the rural generalist physician workforce: will some locations be more affected than others?* RHRC Final Report #127. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; in press.