

A REVIEW OF PHYSICIAN-TO-POPULATION RATIOS

A variety of sources purport to show the number of physicians in various specialties required to meet the needs of a population of 100,000 people. Physician needs assessment data have become increasingly important to hospitals developing strategic physician recruitment plans and seeking to comply with federal recruiting regulations. A review of the most recognized of these sources and a breakdown of the physician-to-population ratios each suggests is included below.

These ratios serve as a useful starting point in assessing community need for physicians, but alone they do not constitute the basis of a comprehensive medical staff plan. Patient demographics, physician demographics, physician practice styles, payment systems and disease incidence vary widely from market to market. While the ratios shown offer a general range of physicians needed per 100,000 population, they reflect national numbers and may not be indicative of physician need in particular markets. For example, the community need for general pediatrics will be considerably less in a largely older community – such as Sarasota, Florida – than it will be for comparatively more youthful areas such as the border region of Texas.

A complete medical staff plan, therefore, takes into account a rigorous and comprehensive evaluation of local physician FTEs, patient demographics, disease incidence and a variety of other factors. Nevertheless, referenced collectively, the ratios provide a general framework that hospitals and other healthcare providers can use as one method for determining physician need in their service areas.

If you would like additional information regarding physician needs assessment, physician recruiting incentives, federal physician recruiting regulations or related physician staffing matters, contact Merritt Hawkins at **(800) 876-0500**.

SOURCES:

GMENAC (Graduate Medical Education National Advisory Committee)

GMENAC was a one-time, ad hoc committee of health care experts convened by Congress to assess U.S. health care manpower needs. In 1980, GMENAC issued estimates of the number of physicians needed per 100,000 population. No such estimates have been issued from the government or from government-sponsored agencies since. The GMENAC numbers are nearly 30 years old and are considered dated by many.

GOODMAN

Writing in the December 11, 1996 issue of JAMA, David Goodman, MD, et al, project physician-per-population needs based on three different types of service populations: the patient panel of a large HMO, the population of a community with a high level of managed care, and the population of a mostly fee-for-service community. The numbers above reflect need in a mostly fee-for-service community.

HICKS & GLENN

Writing in an 1989 edition of the *Journal of Health Care Management*, Hicks and Glenn, two PhD's affiliated at that time with the University of Missouri School of Medicine, project physician-per-population needs based on the current rate of patient visits generated to particular specialists as determined by the Department of Health and Human Services' National Ambulatory Healthcare Administration report divided by the number of patient visits physicians typically handle, as determined by the Medical Group Management Association.

SOLUCIENT

Solucient (now Thomson Healthcare) is a health care consulting firm. Its numbers are based on a 2003 study and are, therefore, the most recent of the figures provided herein. Solucient employed a methodology similar to Hicks & Glenn which analyzed National Ambulatory Health Care Administration patient/physician visits data, Medical Group Management Association physician productivity data and private and public claims data showing patient/physician visit rates by age.

**PHYSICIANS REQUIRED PER
100,000 POPULATION**

Following are suggested estimates for the number of physicians required per 100,000 population.

SPECIALTIES	GMENAC	GOODMAN	HICKS & GLENN	SOLUCIENT
Primary Care				
Family Practice	25.2	NA	16.2	22.53
Internal Medicine	28.8	NA	11.3	19.01
Pediatrics	12.8	NA	7.6	13.90
Medical Specialties				
Allergy/Immunology	0.8	1.3	NA	1.72
Cardiology	3.2	3.6	2.6	4.22
Dermatology	2.9	1.4	2.1	3.13
Endocrinology	0.8	NA	NA	NA
Gastroenterology	2.7	1.3	NA	3.50
Hematology/Oncology	3.7	1.2	NA	1.08
Infectious Disease	0.9	NA	NA	NA
Nephrology	1.1	NA	NA	0.73
Neurology	2.3	2.1	1.4	1.79
Psychiatry	15.9	7.2	3.9	5.73
Pulmonology	1.5	1.4	NA	1.30
Rheumatology	0.7	0.4	NA	1.33
Other Medical Specialties	NA	NA	NA	2.01
Surgical Specialties				
General Surgery	9.7	9.7	4.1	6.01
Neurosurgery	1.1	0.7	NA	NA
OB/GYN	9.9	8.4	8.0	10.17
Ophthalmology	4.8	3.5	3.2	4.71
Orthopedic Surgery	6.2	5.9	4.2	6.12
Plastic Surgery	1.1	1.1	2.3	2.22
Urology	3.2	2.6	1.9	2.86
Other Surgical Specialties	NA	NA	NA	2.20
Hospital-Based				
Emergency	8.5	2.7	NA	12.4
Anesthesiology	8.3	7.0	NA	NA
Radiology	8.9	8.0	NA	NA
Pathology	5.6	4.1	NA	NA
Pediatric Subspecialties				
Pediatric Cardiology	NA	NA	NA	0.20
Pediatric Neurology	NA	NA	NA	0.12
Pediatric Psychiatry	NA	NA	NA	0.45
Other Pediatric Subspecialties	NA	NA	NA	0.89

Information provided by:



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