



# PHYSICIAN ACCESS INDEX<sup>®</sup>

A State-by-State Compilation of Benchmarks and Metrics Influencing Patient Access to Physicians and Advanced Practitioners



A Resource Provided by Merritt Hawkins, the Nation's Leading Physician Search and Consulting Firm and A Company of AMN Healthcare (NYSE: AHS), the Largest Healthcare Workforce Solutions Organization in the United States.





## ABOUT MERRITT HAWKINS

Established in 1987, Merritt Hawkins is the leading physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions organization in the nation. Merritt Hawkins produces a series of surveys, white papers, books, and speaking presentations internally and also produces research and thought leadership for third parties. Organizations for which Merritt Hawkins has completed research and analysis projects include **The Physicians Foundation: The Indian Health Service: Trinity University: The American Academy of Physician Assistants: The**

**Association of Academic Surgical Administration: and The North Texas Regional Extension Center.**

This is one in a series of Merritt Hawkins' surveys, white papers, and reports examining a variety of topics directly or indirectly affecting the recruitment and retention of physicians and advanced practice professionals, including physician assistants (PAs) and nurse practitioners (NPs).

See pages 21 and 22 for a list of additional Merritt Hawkins whitepapers, surveys, books, and speaking presentations.

## INTRODUCTION: ACCESS--THE NEW MANTRA IN HEALTHCARE

Healthcare delivery in the United States is following a pattern present in the wider culture in which consumers demand (and generally receive) increasingly rapid access to information, goods and services of all types.

In healthcare, this pattern can be seen in the rapid proliferation of sites of service -- or technology based resources -- that offer patients greater convenience when accessing physicians or other clinicians, such as nurse practitioners (NPs) and physician assistants (PAs).

The "convenient care movement" is most visible in the growing number of urgent care centers, retail clinics, community health centers, free standing emergency departments, ambulatory surgery centers, telehealth services, and online physician appointment services that are being established nationwide. Convenience and accessibility are seen as the keys to capturing market share as larger, integrated healthcare systems, investors and other entities seek to be "everywhere, all the time." More information about this trend

is available in the Merritt Hawkins' white paper, ***Convenient Care: The Growth and Staffing of Urgent Care Centers and Retail Clinics.***

In this document, Merritt Hawkins examines on a state-by-state basis the demographic, economic, health insurance coverage, physician, NP, and PA workforce factors that influence and at times determine patient access to medical services.

Merritt Hawkins' **Physician Access Index (PAI)** includes 33 of these benchmarks and metrics that contribute to the relative ease or difficulty patients may have in accessing the services of physicians and other healthcare professionals. Merritt Hawkins PAI is provided as a resource to healthcare facility administrators, physicians, policy makers, academics, media members and others who track trends in physician, NP, and PA supply, demand and accessibility.

States are ranked from 1-50 based on the presence or absence of factors tending to promote patient access to physicians or to inhibit such access.

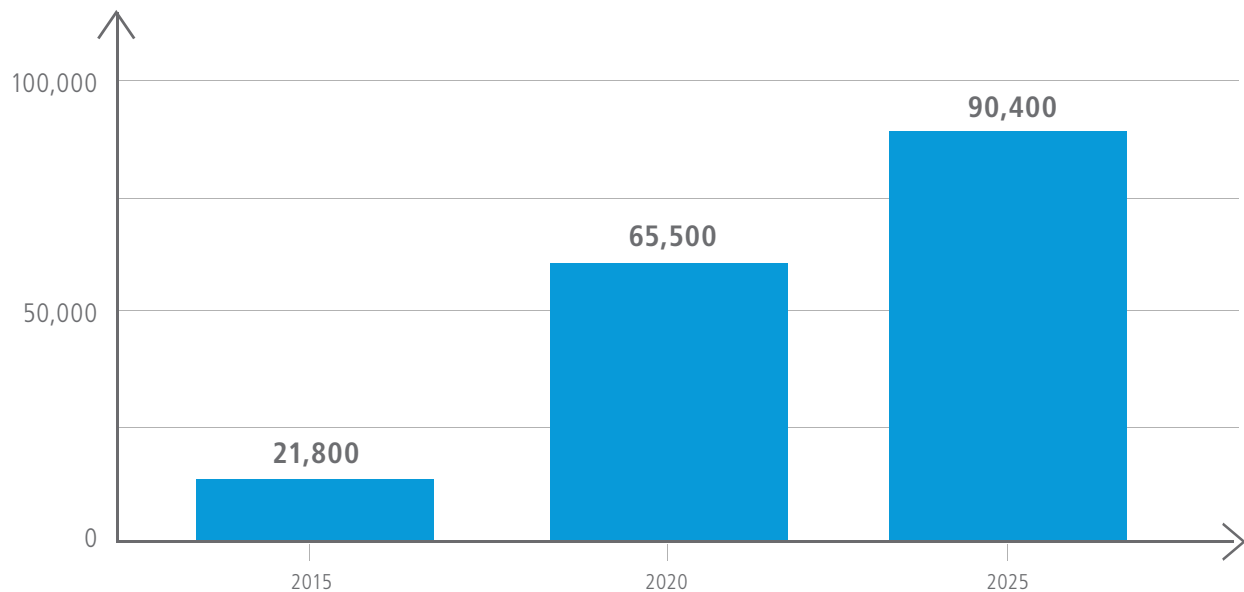
## WHO WILL OBTAIN ACCESS?

The services provided by physicians, NPs, PAs and the facilities in which they work are like many other goods and services available to consumers: there is a finite supply but a virtually unlimited demand.

Access to healthcare and other services is largely determined by the consumer's ability to pay, though other factors come into play, including the number and distribution of healthcare professionals in a given area, their practice plans and patterns, patient and provider demographics, and available social resources.

Access to physicians has become a particular concern among healthcare professionals, policy makers, and patients as the supply of newly trained physicians remains flat, while demand generated by population aging, population growth and other factors accelerates. As a result of these trends, the Association of American Medical Colleges projects a deficit of up to 90,400 physicians nationwide by 2025 (see following chart).

## PHYSICIAN DEFICITS THROUGH 2025



Source: Association of American Medical Colleges

The factors driving the physician shortage, and additional shortage metrics and statistics by state, are included in the Merritt Hawkins' white papers, **The Physician Shortage: Data Points and**

**State Rankings; The Aging Physician Workforce: A Demographic Dilemma;** and **Physician Supply Considerations: The Emerging Shortage of Medical Specialists.**

## MERRITT HAWKINS PHYSICIAN ACCESS INDEX<sup>©</sup>

Listed below are 33 benchmarks and metrics that influence patient access to physicians, PAs, and NPs, by state. The charts on pages 4, 5 and 6 indicate the numerical data per each of the 33 benchmark categories. For example, Alabama has 180.8 physicians per 100,000 population, as seen in category 1 on page 4, Alaska has 223.8 physicians per 100,000 population, Arizona 206.6 per 100,000 population, etc. The charts on pages 7, 8, and 9 indicate where each state ranks per category. As seen in category 1 on page 7, Alabama, with 180.8 physicians per 100,000 population, ranks 44th out of 50 states in

physicians per capita, Alaska, with 223.8 physicians per 100,000 population, ranks 22nd, Arizona, with 206.6 physicians per population, ranks 31st, etc. A low score indicates a relatively positive effect on patient access. For example, Massachusetts has the highest ratio of physicians per population of any state, and therefore is given a numerical score of 1 in this category. Mississippi has the lowest ratio of physicians per population and therefore is given a 50. States with the lowest cumulative scores have the most favorable physician access metrics and those with the highest have the least favorable.

# PHYSICIAN ACCESS METRICS AND DATA BY STATE

State	1 Physicians per 100,000 Population	2 PCPs per 100,000 Population	3 Medical Residents per 100,000 Population	4 % of Residents Retained	5 Health Professional Shortage Area per Capita (Primary Care)	6 Practitioners Needed to Remove HPSA Designations per Capita	7 % of Primary Care Need Met	8 Health Professional Shortage Areas per Capita (Mental Health)	9 Practitioners Needed to Remove Mental Health HPSA Designations per Capita	10 % of Mental Health Need Met	11 % of Adults 18-64 w/ Health Insurance
Alabama	180.8	72.8	26.8	48.0%	0.0017%	0.0032%	79.3%	0.0010%	0.0017%	45.6%	79.6
Alaska	223.8	102.5	4.6	67.8%	0.0116%	0.0041%	36.0%	0.0086%	0.0011%	22.7%	74.2
Arizona	206.6	79.2	23.5	48.4%	0.0023%	0.0063%	53.4%	0.0014%	0.0031%	24.1%	77.3
Arkansas	174.4	75.9	25.7	56.8%	0.0025%	0.0016%	65.3%	0.0015%	0.0011%	63.3%	74.5
California	224.9	91.0	26.3	69.5%	0.0014%	0.0017%	68.6%	0.0009%	0.0004%	43.9%	75.1
Colorado	237.0	94.6	23.8	47.6%	0.0021%	0.0026%	58.1%	0.0012%	0.0004%	76.5%	79.5
Connecticut	281.3	104.4	61.4	35.1%	0.0010%	0.0031%	14.8%	0.0008%	0.0018%	32.0%	87.2
Delaware	232.4	94.3	39.3	29.3%	0.0010%	0.0004%	93.8%	0.0011%	0.0007%	25.6%	86.2
Florida	226.4	84.8	19.0	58.7%	0.0013%	0.0047%	42.6%	0.0007%	0.0004%	49.8%	70.7
Georgia	188.5	76.1	21.8	48.3%	0.0019%	0.0028%	59.0%	0.0009%	0.0012%	42.3%	73.8
Hawaii	250.8	111.0	28.2	38.7%	0.0017%	0.0004%	60.6%	0.0019%	0.0003%	64.0%	89.4
Idaho	173.3	70.1	4.8	56.0%	0.0046%	0.0037%	62.9%	0.0023%	0.0015%	58.0%	75.9
Illinois	223.8	95.7	46.1	48.5%	0.0018%	0.0034%	60.4%	0.0010%	0.0006%	69.5%	80.6
Indiana	199.6	78.1	20.8	55.9%	0.0017%	0.0021%	72.3%	0.0008%	0.0016%	43.4%	80.3
Iowa	182.4	83.6	27.0	36.4%	0.0038%	0.0025%	68.4%	0.0022%	0.0010%	60.8%	87.2
Kansas	190.7	84.0	25.9	39.4%	0.0054%	0.0023%	70.5%	0.0022%	0.0006%	56.5%	81.6
Kentucky	195.8	77.6	25.1	45.5%	0.0030%	0.0017%	79.1%	0.0021%	0.0008%	72.0%	78.8
Louisiana	210.0	78.4	43.0	46.9%	0.0026%	0.0032%	78.1%	0.0024%	0.0018%	41.6%	74.5
Maine	275.7	124.0	24.2	49.6%	0.0050%	0.0009%	56.3%	0.0038%	0.0006%	35.8%	85.4
Maryland	284.6	114.0	47.1	37.9%	0.0008%	0.0027%	55.3%	0.0008%	0.0005%	66.3%	84.5
Massachusetts	324.1	131.9	83.7	44.3%	0.0010%	0.0011%	56.3%	0.0009%	0.0003%	55.0%	93.9
Michigan	234.4	96.4	49.7	44.8%	0.0030%	0.0021%	63.6%	0.0019%	0.0007%	41.4%	82.1
Minnesota	243.2	104.5	42.2	44.1%	0.0022%	0.0009%	59.9%	0.0011%	0.0006%	61.4%	88.3
Mississippi	164.4	63.4	18.7	50.3%	0.0036%	0.0077%	59.8%	0.0014%	0.0020%	77.8%	74.6
Missouri	218.9	86.0	44.7	37.1%	0.0033%	0.0060%	38.6%	0.0014%	0.0015%	69.1%	81.5
Montana	213.4	86.4	2.0	63.3%	0.0101%	0.0046%	51.9%	0.0069%	0.0021%	25.5%	76.4
Nebraska	194.2	83.5	37.4	42.0%	0.0056%	0.0002%	43.2%	0.0040%	0.0005%	76.3%	83.5
Nevada	175.4	69.4	10.1	55.8%	0.0026%	0.0029%	53.4%	0.0011%	0.0016%	59.2%	72.0
New Hampshire	265.8	109.3	29.8	26.1%	0.0019%	0.0005%	58.2%	0.0014%	0.0001%	94.9%	85.2
New Jersey	254.8	96.2	31.4	45.3%	0.0003%	0.0001%	59.9%	0.0003%	0.0000%	71.9%	82.2
New Mexico	201.3	91.2	25.8	39.1%	0.0046%	0.0078%	42.6%	0.0030%	0.0022%	29.5%	72.6
New York	287.9	108.9	82.2	45.1%	0.0009%	0.0031%	45.3%	0.0008%	0.0006%	43.1%	83.7
North Carolina	205.3	82.9	31.7	41.6%	0.0013%	0.0019%	48.9%	0.0009%	0.0003%	52.2%	77.1
North Dakota	216.3	91.9	17.2	40.5%	0.0116%	0.0049%	39.3%	0.0071%	0.0013%	83.1%	86.9
Ohio	228.5	91.6	49.2	43.9%	0.0011%	0.0011%	71.7%	0.0008%	0.0005%	56.6%	82.9
Oklahoma	182.2	75.3	21.9	51.6%	0.0045%	0.0036%	63.8%	0.0028%	0.0017%	25.2%	73.9
Oregon	248.8	105.9	22.3	52.6%	0.0028%	0.0034%	56.3%	0.0019%	0.0011%	50.5%	76.7
Pennsylvania	253.0	98.9	60.1	41.7%	0.0012%	0.0007%	64.2%	0.0009%	0.0003%	61.9%	86.0
Rhode Island	279.1	114.4	74.1	30.6%	0.0012%	0.0034%	33.4%	0.0010%	0.0000%	100.0%	83.8
South Carolina	197.3	77.5	25.4	45.4%	0.0019%	0.0023%	75.5%	0.0010%	0.0008%	55.0%	76.3
South Dakota	203.3	89.3	14.1	43.0%	0.0102%	0.0032%	44.7%	0.0059%	0.0026%	15.2%	82.5
Tennessee	214.7	84.6	35.4	43.7%	0.0016%	0.0014%	73.7%	0.0010%	0.0014%	38.6%	79.5
Texas	182.6	70.1	28.1	57.9%	0.0014%	0.0020%	71.1%	0.0013%	0.0007%	46.8%	68.9
Utah	180.4	65.2	26.7	42.3%	0.0020%	0.0021%	67.5%	0.0013%	0.0016%	62.9%	80.6
Vermont	279.2	128.9	44.2	31.6%	0.0048%	0.0002%	55.0%	0.0037%	N/A	N/A	88.1
Virginia	222.1	89.6	26.8	38.8%	0.0011%	0.0012%	73.5%	0.0006%	0.0004%	61.0%	83.1
Washington	233.0	99.1	25.8	49.2%	0.0021%	0.0033%	46.7%	0.0016%	0.0010%	40.4%	81.0
West Virginia	211.1	94.2	37.2	39.0%	0.0057%	0.0014%	75.6%	0.0045%	0.0012%	66.1%	79.0
Wisconsin	232.0	95.1	31.7	46.4%	0.0018%	0.0014%	71.0%	0.0018%	0.0037%	20.8%	87.1
Wyoming	179.4	75.6	7.2	27.7%	0.0068%	0.0031%	64.1%	0.0028%	0.0010%	73.9%	79.7

Sources: **1.** AAMC 2013 State Physician Workforce Data Book **2.** AAMC 2013 State Physician Workforce Data Book **3.** AAMC 2013 State Physician Workforce Data Book **4.** AAMC 2013 State Physician Workforce Data Book **5-10.** Health Resources and Services Administration **11.** The Commonwealth Fund, Health System Data Center, <http://datacenter.commonwealthfund.org/#ind=526/sc=38>

# PHYSICIAN ACCESS METRICS AND DATA BY STATE

State	12 % of Children 0-17 with Health Insurance	13 % of Population without Health Insurance	14 % of Adults with a Usual Source of Care	15 Poverty Rate	16 Median Household Income	17 % of Population That Did Not See Physician in the Last 12 Months Due to Lack of Finances	18 % Population on Medicare	19 Physician Medicare Acceptance Rates	20 % Population on Medicaid	21 Physician Medicaid Acceptance Rates	22 States That Expanded Medicaid Eligibility Through the ACA
Alabama	94.1	12.1%	82.8	16.7%	\$41,381	20.0%	18.1%	88.0%	21.8%	80.4%	No
Alaska	87.1	17.2%	69.1	10.0%	\$61,137	14.0%	9.5%	89.5%	19.0%	97.4%	Yes
Arizona	87.6	13.6%	81.4	15.2%	\$50,602	19.8%	14.9%	90.0%	19.3%	86.6%	Yes
Arkansas	93.6	11.8%	82.8	15.9%	\$39,919	21.2%	18.7%	87.6%	24.3%	92.3%	Yes
California	90.8	12.4%	73.0	13.2%	\$57,528	17.1%	13.1%	84.9%	30.7%	74.2%	Yes
Colorado	89.9	10.3%	80.0	11.4%	\$63,371	16.0%	12.9%	86.6%	14.4%	81.2%	Yes
Connecticut	96.6	6.9%	87.7	9.7%	\$67,781	12.1%	16.3%	86.2%	21.9%	85.0%	Yes
Delaware	94.6	7.8%	89.4	9.2%	\$52,219	12.9%	17.2%	90.4%	26.5%	89.5%	Yes
Florida	86.2	16.6%	79.5	11.1%	\$47,886	20.8%	18.3%	84.8%	19.2%	70.6%	No
Georgia	89.6	15.8%	80.6	14.4%	\$47,439	19.9%	13.3%	83.2%	19.5%	79.0%	No
Hawaii	96.9	5.3%	86.2	8.6%	\$61,408	9.3%	15.6%	80.9%	20.4%	78.9%	Yes
Idaho	89.1	13.6%	74.8	9.9%	\$51,767	17.7%	15.2%	93.7%	17.0%	95.3%	No
Illinois	95.5	9.7%	84.6	11.5%	\$57,196	14.1%	14.8%	87.7%	22.7%	81.0%	Yes
Indiana	91.1	11.9%	83.5	12.6%	\$50,553	15.9%	16.0%	84.2%	18.8%	90.0%	Yes
Iowa	95.7	6.2%	85.7	11.3%	\$54,855	10.5%	17.3%	82.2%	19.5%	89.3%	Yes
Kansas	91.8	10.2%	85.5	12.5%	\$51,485	15.0%	15.5%	87.3%	13.7%	86.1%	No
Kentucky	93.8	8.5%	84.1	14.8%	\$42,158	19.1%	18.1%	89.6%	21.6%	87.6%	Yes
Louisiana	94.0	14.8%	79.4	18.3%	\$39,622	18.7%	15.6%	86.3%	27.9%	70.8%	No
Maine	95.2	10.1%	88.9	12.6%	\$50,121	11.2%	20.8%	90.8%	28.3%	93.9%	No
Maryland	95.2	7.9%	84.9	9.7%	\$65,262	11.7%	14.1%	85.8%	16.6%	80.7%	Yes
Massachusetts	98.5	3.3%	90.2	10.1%	\$62,963	9.2%	16.6%	93.1%	22.7%	91.9%	Yes
Michigan	95.7	8.5%	86.7	12.0%	\$48,801	15.1%	17.5%	89.4%	23.8%	85.6%	Yes
Minnesota	93.4	5.9%	78.9	8.1%	\$60,907	10.7%	15.2%	91.4%	20.5%	94.2%	Yes
Mississippi	90.6	14.5%	78.9	20.1%	\$40,850	21.7%	17.3%	87.3%	26.2%	84.7%	No
Missouri	93.4	11.7%	82.6	11.6%	\$50,311	15.3%	17.3%	91.1%	19.1%	84.9%	No
Montana	87.3	14.2%	74.2	13.8%	\$44,132	14.6%	17.7%	94.0%	12.8%	98.0%	Yes
Nebraska	94.1	9.7%	84.9	9.5%	\$53,774	12.8%	15.5%	88.8%	14.9%	91.4%	No
Nevada	82.4	15.2%	70.9	10.6%	\$45,369	18.5%	13.8%	84.1%	14.1%	82.3%	Yes
New Hampshire	95.3	9.2%	90.2	5.6%	\$71,322	12.9%	17.5%	87.5%	13.0%	89.0%	Yes
New Jersey	93.8	10.9%	86.1	6.8%	\$61,782	14.9%	15.5%	86.9%	11.9%	67.3%	Yes
New Mexico	89.2	14.5%	75.6	17.9%	\$42,127	18.6%	15.8%	84.6%	27.6%	87.7%	Yes
New York	95.3	8.7%	86.4	14.5%	\$53,843	15.5%	15.8%	87.4%	29.7%	79.1%	Yes
North Carolina	92.0	13.1%	78.0	13.1%	\$41,208	18.9%	16.1%	88.0%	20.0%	88.6%	No
North Dakota	93.9	7.9%	78.7	11.2%	\$52,888	8.1%	15.8%	95.0%	12.2%	95.0%	Yes
Ohio	93.8	8.4%	86.0	12.3%	\$46,398	14.5%	17.1%	88.7%	19.5%	89.9%	Yes
Oklahoma	89.4	15.4%	77.8	15.6%	\$43,777	18.1%	16.4%	87.4%	22.5%	86.9%	No
Oregon	90.4	9.7%	80.7	12.0%	\$56,307	17.7%	16.8%	92.7%	18.7%	91.7%	Yes
Pennsylvania	94.7	8.5%	89.0	11.2%	\$53,952	12.8%	18.4%	91.0%	19.8%	86.5%	Yes
Rhode Island	94.5	7.4%	88.6	12.1%	\$57,812	13.4%	17.9%	82.2%	20.2%	81.2%	Yes
South Carolina	90.3	13.6%	82.8	15.0%	\$43,749	20.5%	17.4%	89.1%	20.4%	87.4%	No
South Dakota	92.1	9.8%	80.9	11.8%	\$54,453	10.8%	16.9%	91.9%	16.4%	92.9%	No
Tennessee	94.4	12.0%	83.4	15.0%	\$42,499	19.2%	17.2%	85.6%	23.9%	83.8%	No
Texas	84.6	19.1%	76.0	16.2%	\$53,027	20.9%	12.2%	81.7%	18.6%	69.0%	No
Utah	89.4	12.5%	76.7	9.2%	\$62,967	15.4%	10.5%	87.0%	12.2%	90.3%	No
Vermont	97.4	5.0%	88.3	7.6%	\$54,842	10.0%	18.8%	92.6%	32.0%	100.0%	Yes
Virginia	93.4	10.9%	80.8	9.2%	\$67,620	15.2%	14.7%	82.2%	13.1%	81.2%	No
Washington	93.4	9.2%	77.8	10.2%	\$60,106	15.8%	14.9%	89.9%	20.3%	88.0%	Yes
West Virginia	95.0	8.6%	77.6	15.4%	\$40,241	19.1%	21.1%	82.1%	23.6%	81.2%	Yes
Wisconsin	95.0	7.3%	85.4	10.2%	\$55,258	13.0%	16.6%	93.6%	22.7%	95.6%	No
Wyoming	91.6	12.0%	74.2	10.6%	\$55,700	14.8%	14.6%	91.2%	15.5%	97.1%	No

Sources: **12.** The Commonwealth Fund **13.** United States Census Bureau **14.** The Commonwealth Fund **15.** United States Census Bureau **16.** United States Census Bureau **17.** Henry J. Kaiser Family Foundation **18.** Henry J. Kaiser Family Foundation **19.** Physicians Foundation 2014 Survey of America's Physicians **20.** Henry J. Kaiser Family Foundation **21.** Physicians Foundation 2014 Survey of America's Physicians **22.** 24/7 Wall Street/HHS

# PHYSICIAN ACCESS METRICS AND DATA BY STATE

State	23 FQHCs Patient Encounters per Capita	24 NPs per 100,000 Population	25 States Where NPs Have Practice Autonomy	26 PAs per 100,000 Population	27 % of Population 65+	28 % of Physician Population 60 or Older	29 % of Physicians Planning to Retire in the Next 1-3 Years	30 % of Physicians Overworked or Overextended	31 States Incorporating Telehealth (Grade)	32 Urgent Care Centers per Capita	33 Retail Clinics per Capita
Alabama	20.5%	57.1	Medium	15.0	14.9%	27.0%	7.3%	73.4%	B	0.0019%	0.000000%
Alaska	63.9%	86.4	High	63.0	9.0%	26.4%	11.1%	81.1%	B	0.0029%	0.000000%
Arizona	25.0%	64.2	High	33.0	15.4%	26.5%	8.5%	82.2%	B	0.0021%	0.001144%
Arkansas	19.1%	56.6	Medium	10.0	15.4%	28.6%	11.0%	85.0%	C	0.0012%	0.000203%
California	38.8%	45.1	Low	25.0	12.5%	31.5%	9.4%	81.8%	B	0.0018%	0.000181%
Colorado	38.5%	66.6	High	48.0	12.3%	25.6%	5.8%	84.2%	B	0.0017%	0.000675%
Connecticut	44.6%	98.8	High	49.0	15.2%	28.8%	10.0%	83.9%	F	0.0030%	0.000724%
Delaware	15.8%	97.6	Medium	31.0	15.9%	24.2%	6.8%	80.2%	B	0.0021%	0.000218%
Florida	22.2%	79.4	Low	32.0	18.7%	29.4%	7.6%	79.1%	C	0.0022%	0.000782%
Georgia	10.8%	56.9	Low	33.0	12.0%	24.7%	8.2%	78.1%	B	0.0024%	0.001119%
Hawaii	48.5%	29.6	High	16.0	15.6%	30.5%	17.6%	77.0%	C	0.0019%	0.000431%
Idaho	32.7%	53.3	High	46.0	13.8%	24.6%	21.3%	72.1%	C	0.0026%	0.000000%
Illinois	31.7%	55.5	Medium	21.0	13.5%	26.2%	11.9%	78.9%	C	0.0012%	0.000994%
Indiana	19.1%	55.2	Medium	16.0	13.9%	25.4%	6.9%	77.8%	C	0.0014%	0.001285%
Iowa	19.6%	62.5	High	33.0	15.6%	25.1%	6.5%	80.7%	C	0.0017%	0.000000%
Kansas	17.5%	77.8	Medium	37.0	14.0%	27.9%	12.0%	76.0%	B	0.0019%	0.001109%
Kentucky	27.3%	82.2	Medium	27.0	14.4%	25.9%	7.3%	79.9%	B	0.0016%	0.001575%
Louisiana	20.9%	54.5	Medium	19.0	13.3%	29.2%	10.9%	73.5%	B	0.0024%	0.000304%
Maine	63.5%	92.2	High	57.0	17.7%	30.5%	14.1%	77.6%	A	0.0034%	0.000075%
Maryland	23.2%	68.5	High	47.0	13.4%	29.4%	8.8%	82.5%	B	0.0020%	0.000731%
Massachusetts	50.3%	108.6	Low	36.0	14.8%	26.8%	5.4%	86.8%	B	0.0011%	0.000797%
Michigan	21.0%	47.3	Low	41.0	15.0%	28.0%	7.2%	83.3%	B	0.0031%	0.000182%
Minnesota	12.0%	59.7	High	33.0	13.9%	23.7%	11.1%	85.7%	B	0.0014%	0.001171%
Mississippi	30.0%	82.0	Medium	5.0	13.9%	28.0%	10.8%	79.9%	B	0.0024%	0.000268%
Missouri	26.6%	64.2	Low	15.0	15.0%	26.2%	7.9%	83.0%	B	0.0018%	0.001079%
Montana	36.2%	62.4	High	50.0	16.2%	31.2%	19.2%	82.3%	B	0.0018%	0.000000%
Nebraska	13.4%	64.3	High	52.0	14.1%	24.3%	8.6%	79.3%	B	0.0017%	0.000377%
Nevada	6.9%	34.8	High	24.0	13.7%	25.0%	7.8%	82.6%	C	0.0018%	0.000979%
New Hampshire	22.1%	96.4	High	47.0	15.4%	25.3%	7.8%	78.9%	A	0.0026%	0.000454%
New Jersey	19.5%	63.7	Medium	26.0	14.4%	30.1%	12.2%	80.6%	C	0.0019%	0.000429%
New Mexico	55.9%	64.8	High	35.0	14.7%	33.3%	18.2%	81.2%	A	0.0017%	0.000192%
New York	39.7%	69.8	Medium	55.0	14.4%	30.0%	7.9%	79.4%	B	0.0020%	0.000082%
North Carolina	16.0%	55.0	Low	50.0	14.3%	22.6%	7.8%	83.0%	C	0.0018%	0.000759%
North Dakota	15.5%	85.0	High	47.0	14.2%	25.9%	9.7%	79.1%	B	0.0020%	0.000000%
Ohio	15.1%	57.5	Medium	25.0	15.1%	24.9%	9.0%	85.4%	B	0.0017%	0.001204%
Oklahoma	14.6%	37.5	Low	35.0	14.3%	29.7%	7.8%	77.6%	C	0.0024%	0.000183%
Oregon	39.4%	65.1	High	31.0	15.5%	26.7%	13.7%	81.1%	B	0.0025%	0.000000%
Pennsylvania	17.8%	58.4	Medium	52.0	16.4%	27.3%	7.9%	86.2%	B	0.0015%	0.000650%
Rhode Island	57.3%	80.0	High	29.0	15.5%	26.0%	6.3%	79.3%	F	0.0022%	0.000571%
South Carolina	24.8%	54.3	Low	26.0	15.2%	25.2%	8.1%	78.5%	B	0.0023%	0.001037%
South Dakota	23.5%	62.5	Medium	60.0	14.9%	25.7%	4.8%	81.0%	B	0.0013%	0.000240%
Tennessee	19.4%	103.9	Low	24.0	14.7%	26.5%	8.4%	82.1%	A	0.0024%	0.001533%
Texas	16.2%	42.5	Low	26.0	11.2%	25.1%	11.7%	78.6%	B	0.0019%	0.000602%
Utah	14.3%	53.0	Medium	33.0	9.8%	24.2%	4.6%	80.1%	B	0.0030%	0.000000%
Vermont	87.8%	84.2	High	49.0	16.4%	28.3%	10.4%	87.2%	B	0.0018%	0.000000%
Virginia	12.5%	61.4	Low	31.0	13.4%	25.8%	6.3%	79.3%	A	0.0021%	0.000770%
Washington	47.7%	55.4	High	36.0	13.6%	27.8%	11.6%	84.4%	B	0.0025%	0.000043%
West Virginia	78.0%	65.2	Medium	51.0	17.3%	30.1%	6.3%	79.3%	C	0.0015%	0.000108%
Wisconsin	19.5%	54.2	Medium	35.0	14.8%	23.3%	7.5%	78.5%	C	0.0018%	0.000611%
Wyoming	10.9%	54.0	High	40.0	13.5%	29.2%	8.8%	97.1%	B	0.0028%	0.000000%

Sources: **23.** National Association of Community Health Centers **24.** American Medical Association Master File/IMMS **25.** American Association of Nurse Practitioners **26.** American Medical Association Master File/IMMS **27.** United States Census Bureau **28.** AAMC 2013 State Physician Workforce Data Book **29.** Physicians Foundation 2014 Survey of America's Physicians **30.** Physicians Foundation 2014 Survey of America's Physicians **31.** American Telemedicine Association **32.** Urgent Care Association of America **33.** Convenient Care Association

# PHYSICIAN ACCESS RANKINGS BY STATE

State	1 Physicians per 100,000 Population	2 PCPs per 100,000 Population	3 Medical Residents per 100,000 Population	4 % Residents Retained	5 Health Professional Shortage Areas Per Capita (Primary Care)	6 Practitioners Needed to Remove HPSA Designations Per Capita	7 % of Primary Care Need Met	8 Health Professional Shortage Areas Per Capita (Mental Health)	9 Practitioners Needed to Remove Mental Health HPSA Designations Per Capita	10 % of Mental Health Need Met	11 % of Adults 18-64 with Health Insurance
Alabama	44	45	25	18	17	35	2	18	41	31	29
Alaska	22	12	49	2	50	43	48	50	28	47	44
Arizona	31	36	37	16	28	48	36	28	48	46	34
Arkansas	48	42	32	6	29	16	17	29	29	15	42
California	21	25	28	1	13	18	14	10	10	32	40
Colorado	14	19	36	19	25	27	30	22	11	5	30
Connecticut	4	11	4	45	6	31	50	5	42	41	5
Delaware	17	20	14	48	4	5	1	19	20	43	9
Florida	20	30	42	4	11	45	44	3	9	29	49
Georgia	40	41	40	17	23	29	28	13	32	35	46
Hawaii	11	6	22	41	16	4	23	34	6	14	2
Idaho	49	46	48	7	40	42	22	38	36	22	39
Illinois	22	17	9	15	19	40	24	15	15	10	25
Indiana	35	38	41	8	18	22	9	6	38	33	27
Iowa	42	33	24	44	37	26	15	36	25	20	5
Kansas	39	32	29	37	43	24	13	37	17	24	22
Kentucky	37	39	34	22	34	17	3	35	23	8	33
Louisiana	30	37	12	20	30	34	4	39	43	36	42
Maine	7	3	35	13	42	8	31	44	18	40	11
Maryland	3	5	8	42	2	28	34	7	14	12	13
Massachusetts	1	1	1	27	5	11	33	9	5	25	1
Michigan	15	15	6	26	33	21	21	33	21	37	21
Minnesota	13	10	13	28	27	9	26	20	16	18	3
Mississippi	50	50	43	12	36	49	27	25	44	4	41
Missouri	25	29	10	43	35	47	47	26	35	11	23
Montana	28	28	50	3	47	44	38	48	45	44	37
Nebraska	38	34	15	33	44	3	43	45	12	6	16
Nevada	47	48	46	9	31	30	37	21	37	21	48
New Hampshire	8	7	21	50	21	6	29	27	3	2	12
New Jersey	9	16	20	24	1	1	25	1	2	9	20
New Mexico	34	24	30	38	39	50	45	42	46	42	47
New York	2	8	2	25	3	33	41	4	19	34	15
North Carolina	32	35	18	35	12	19	39	11	4	27	35
North Dakota	26	22	44	36	49	46	46	49	33	3	8
Ohio	19	23	7	29	8	10	10	8	13	23	18
Oklahoma	43	44	39	11	38	41	20	41	40	45	45
Oregon	12	9	38	10	32	38	32	32	30	28	36
Pennsylvania	10	14	5	34	10	7	18	12	7	17	10
Rhode Island	6	4	3	47	9	39	49	14	1	1	14
South Carolina	36	40	33	23	22	25	6	16	24	25	38
South Dakota	33	27	45	31	48	36	42	47	47	49	19
Tennessee	27	31	17	30	15	15	7	17	34	39	30
Texas	41	46	23	5	14	20	11	23	22	30	50
Utah	45	49	27	32	24	23	16	24	39	16	25
Vermont	5	2	11	46	41	2	35	43	N/A	N/A	4
Virginia	24	26	25	40	7	12	8	2	8	19	17
Washington	16	13	30	14	26	37	40	30	26	38	24
West Virginia	29	21	16	39	45	14	5	46	31	13	32
Wisconsin	18	18	18	21	20	13	12	31	49	48	7
Wyoming	46	43	47	49	46	32	19	40	27	7	28

Sources: **1.** AAMC 2013 State Physician Workforce Data Book **2.** AAMC 2013 State Physician Workforce Data Book **3.** AAMC 2013 State Physician Workforce Data Book **4.** AAMC 2013 State Physician Workforce Data Book **5-10.** Health Resources and Services Administration **11.** The Commonwealth Fund, Health System Data Center, <http://datacenter.commonwealthfund.org/#ind=526/sc=38>



# PHYSICIAN ACCESS RANKINGS BY STATE

State	12 % of Children 0-17 with Health Insurance	13 % of Population without Health Insurance	14 % of Adults with a Usual Source of Care	15 Poverty Rate	16 Median Household Income	17 % of Population That Did Not See Physician in the Last 12 Months Due to Lack of Finances	18 % Population on Medicare	19 Physician Medicare Acceptance Rates	20 % Population on Medicaid	21 Physician Medicaid Acceptance Rates	22 States That Expanded Medicaid Eligibility Through the ACA
Alabama	18	34	23	47	45	45	8	23	18	42	31
Alaska	47	49	50	13	10	17	50	18	33	3	1
Arizona	45	38	27	42	30	43	39	15	30	27	1
Arkansas	25	30	23	45	49	49	4	26	9	11	1
California	35	35	48	35	14	32	46	39	2	46	1
Colorado	39	26	32	23	5	31	47	34	42	36	1
Connecticut	4	6	8	10	2	10	25	36	17	31	1
Delaware	15	9	3	6	27	11	18	14	7	18	1
Florida	48	48	33	19	35	47	6	40	31	48	31
Georgia	40	47	31	37	36	44	45	44	29	44	31
Hawaii	3	3	11	5	9	3	31	50	22	45	1
Idaho	44	38	45	12	28	33	37	3	37	6	31
Illinois	7	18	19	24	15	18	40	25	13	40	1
Indiana	34	31	21	32	31	30	27	42	34	16	1
Iowa	5	5	14	22	19	5	15	46	28	19	1
Kansas	32	25	15	31	29	23	34	30	44	29	31
Kentucky	22	13	20	39	43	40	7	17	19	24	1
Louisiana	20	44	34	49	50	38	32	35	5	47	31
Maine	8	24	5	32	33	8	2	13	4	9	31
Maryland	8	10	17	10	4	9	43	37	38	41	1
Massachusetts	1	1	1	14	7	2	22	5	14	12	1
Michigan	5	13	9	27	34	24	12	19	11	30	1
Minnesota	26	4	35	4	11	6	36	9	20	8	1
Mississippi	36	42	35	50	47	50	14	31	8	33	31
Missouri	26	29	26	25	32	26	16	11	32	32	31
Montana	46	41	46	36	39	20	10	2	47	2	1
Nebraska	18	18	17	9	24	11	35	21	41	14	31
Nevada	50	45	49	15	38	36	44	43	43	35	1
New Hampshire	8	18	1	1	1	11	11	27	46	20	1
New Jersey	22	27	12	2	8	22	33	33	50	50	1
New Mexico	43	42	44	48	44	37	29	41	6	23	1
New York	8	17	10	38	23	28	30	28	3	43	1
North Carolina	31	37	38	34	46	39	26	24	25	21	31
North Dakota	21	10	37	20	26	1	28	1	49	7	1
Ohio	22	12	13	30	37	19	19	22	27	17	1
Oklahoma	41	46	39	44	40	35	24	29	16	26	31
Oregon	37	18	30	27	16	33	21	6	35	13	1
Pennsylvania	14	13	4	20	22	11	5	12	26	28	1
Rhode Island	16	8	6	29	13	16	9	45	24	37	1
South Carolina	38	38	23	40	41	46	13	20	21	25	31
South Dakota	30	23	28	26	21	7	20	8	39	10	31
Tennessee	17	32	22	40	42	42	17	38	10	34	31
Texas	49	50	43	46	25	48	48	49	36	49	31
Utah	41	36	42	6	6	27	49	32	48	15	31
Vermont	2	2	7	3	20	4	3	7	1	1	1
Virginia	26	27	29	6	3	25	41	47	45	38	31
Washington	26	18	39	15	12	29	38	16	23	22	1
West Virginia	8	16	41	43	48	40	1	48	12	39	1
Wisconsin	8	7	16	15	18	15	23	4	15	5	31
Wyoming	33	32	46	15	17	21	42	10	40	4	31

Sources: **12.** The Commonwealth Fund **13.** United States Census Bureau **14.** The Commonwealth Fund **15.** United States Census Bureau **16.** United States Census Bureau **17.** Henry J. Kaiser Family Foundation **18.** Henry J. Kaiser Family Foundation **19.** Physicians Foundation 2014 Survey of America's Physicians **20.** Henry J. Kaiser Family Foundation **21.** Physicians Foundation 2014 Survey of America's Physicians **22.** 24/7 Wall Street/HHS

# PHYSICIAN ACCESS RANKINGS BY STATE

State	23 FQHCs Patient Encounters per Capita	24 NPs per 100,000 Population	25 States Where NPs Have Practice Autonomy	26 PAs per 100,000 Population	27 % of Population 65+	28 % of Physician Population 60 or Older	29 % of Physicians Planning to Retire in the Next 1-3 Years	30 % of Physicians Overworked or Overextended	31 States Incorporating Telehealth	32 Urgent Care Centers per Capita	33 Retail Clinics per Capita	Total
Alabama	29	32	22	47	30	29	13	2	6	26	41	916
Alaska	3	7	1	1	1	24	39	29	6	5	41	843
Arizona	21	23	1	25	37	25	26	34	6	19	6	948
Arkansas	35	34	22	49	37	36	37	44	36	49	32	988
California	13	46	39	39	6	49	31	32	6	31	36	873
Colorado	14	17	1	12	5	16	4	42	6	37	19	727
Connecticut	10	3	1	10	35	37	33	41	49	4	18	635
Delaware	40	4	22	31	44	4	9	25	6	20	31	565
Florida	25	13	39	30	50	40	15	15	36	17	14	966
Georgia	49	33	39	25	4	8	24	9	6	13	7	989
Hawaii	8	50	1	45	42	46	47	5	36	25	25	692
Idaho	16	43	1	16	14	7	50	1	36	8	41	936
Illinois	17	35	22	43	10	22	42	13	36	48	11	730
Indiana	34	37	22	45	15	15	10	8	36	46	3	845
Iowa	30	26	1	25	42	11	8	27	36	41	41	774
Kansas	37	14	22	19	18	32	43	4	6	29	8	872
Kentucky	19	10	22	35	23	19	12	23	6	42	1	742
Louisiana	28	39	22	44	7	38	36	3	6	11	28	974
Maine	4	6	1	3	49	46	46	7	1	1	39	623
Maryland	24	16	1	13	8	40	29	36	6	23	17	599
Massachusetts	7	1	39	20	28	28	3	48	6	50	13	442
Michigan	27	45	39	17	32	33	11	40	6	2	35	721
Minnesota	47	29	1	25	15	3	38	46	6	45	5	603
Mississippi	18	11	22	50	15	33	35	22	6	15	29	1015
Missouri	20	22	39	47	32	22	22	39	6	35	9	910
Montana	15	27	1	8	45	48	49	35	6	32	41	1009
Nebraska	45	21	1	5	19	6	27	19	6	39	27	744
Nevada	50	49	1	41	13	10	19	37	36	34	12	1076
New Hampshire	26	5	1	13	37	14	18	14	1	7	24	491
New Jersey	32	24	22	36	23	44	44	26	36	28	26	729
New Mexico	6	20	1	22	26	50	48	31	1	38	33	1071
New York	11	15	22	4	23	43	21	21	6	24	38	643
North Carolina	39	38	39	8	21	1	17	38	36	30	16	902
North Dakota	41	8	1	13	20	19	32	16	6	22	41	783
Ohio	42	31	22	39	34	9	30	45	6	40	4	689
Oklahoma	43	48	39	22	21	42	16	6	36	12	34	1096
Oregon	12	19	1	31	40	27	45	30	6	9	41	795
Pennsylvania	36	30	22	5	46	30	20	47	6	44	20	606
Rhode Island	5	12	1	34	40	21	7	20	49	18	23	621
South Carolina	22	40	39	36	35	13	23	10	6	16	10	874
South Dakota	23	25	22	2	30	17	2	28	6	47	30	899
Tennessee	33	2	39	41	26	25	25	33	1	14	2	828
Texas	38	47	39	36	3	11	41	12	6	27	22	1041
Utah	44	44	22	25	2	4	1	24	6	3	41	869
Vermont	1	9	1	10	46	35	34	49	6	36	41	508
Virginia	46	28	39	31	8	18	6	18	1	21	15	737
Washington	9	36	1	20	12	31	40	43	6	10	40	781
West Virginia	2	18	22	7	48	44	5	17	36	43	37	867
Wisconsin	31	41	22	22	28	2	14	11	36	33	21	672
Wyoming	48	42	1	18	10	38	28	50	6	6	41	963

Sources: **23.** National Association of Community Health Centers **24.** American Medical Association Master File/IMMS **25.** American Association of Nurse Practitioners **26.** American Medical Association Master File/IMMS **27.** United States Census Bureau **28.** AAMC 2013 State Physician Workforce Data Book **29.** Physicians Foundation 2014 Survey of America's Physicians **30.** Physicians Foundation 2014 Survey of America's Physicians **31.** American Telemedicine Association **32.** Urgent Care Association of America **33.** Convenient Care Association

## PHYSICIAN ACCESS INDEX: CUMULATIVE SCORES BY STATE

The chart below ranks the 50 states, from those with the lowest PAI scores, and hence the most positive physician access metrics, to those with the

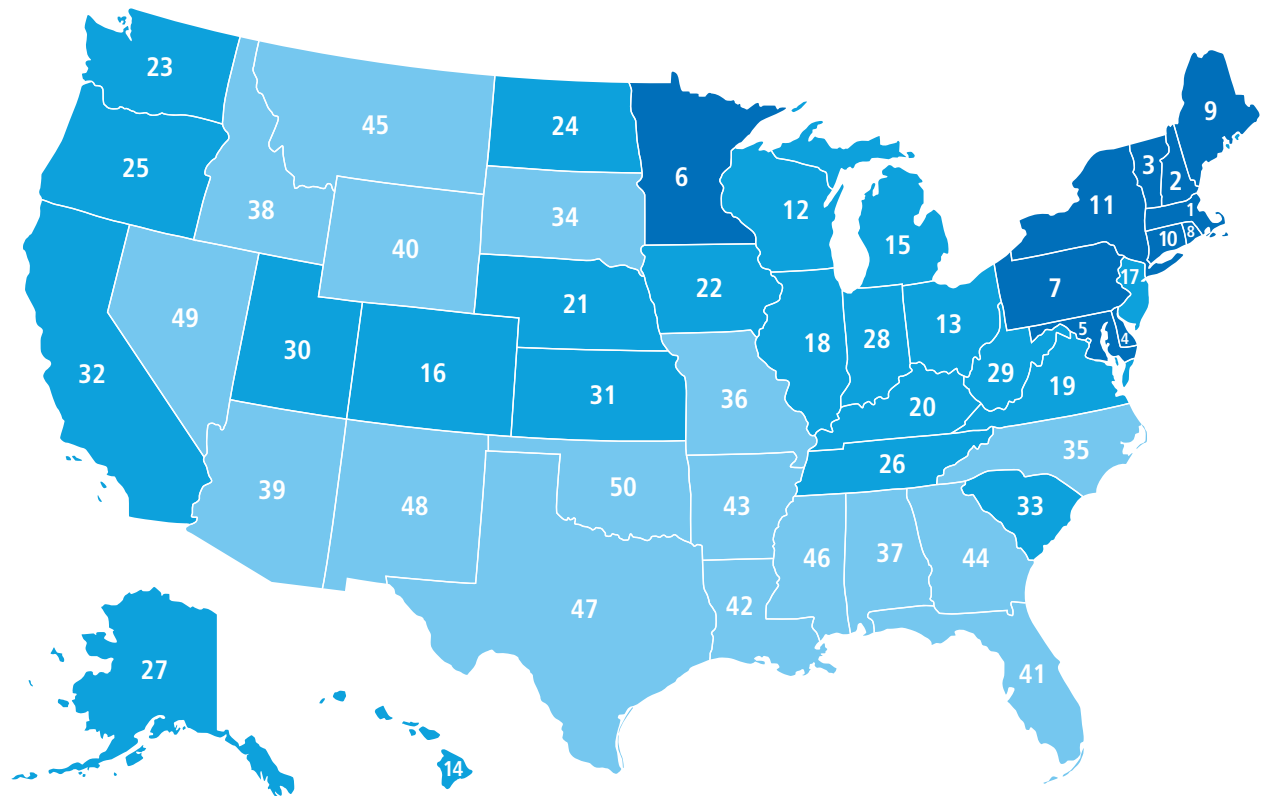
highest PAI scores, and hence the least positive physician access metrics (NP and PA access metrics also are included).

### PHYSICIAN ACCESS INDEX BY STATE: CUMULATIVE SCORES FROM 1 TO 50

	State	Cumulative Score
1	Massachusetts	442
2	New Hampshire	491
3	Vermont	508
4	Delaware	565
5	Maryland	599
6	Minnesota	603
7	Pennsylvania	606
8	Rhode Island	621
9	Maine	623
10	Connecticut	635
11	New York	643
12	Wisconsin	672
13	Ohio	689
14	Hawaii	692
15	Michigan	721
16	Colorado	727
17	New Jersey	729
18	Illinois	730
19	Virginia	737
20	Kentucky	743
21	Nebraska	743
22	Iowa	775
23	Washington	782
24	North Dakota	783
25	Oregon	796

	State	Cumulative Score
26	Tennessee	828
27	Alaska	844
28	Indiana	846
29	West Virginia	868
30	Utah	869
31	Kansas	872
32	California	873
33	South Carolina	874
34	South Dakota	899
35	North Carolina	902
36	Missouri	910
37	Alabama	916
38	Idaho	936
39	Arizona	949
40	Wyoming	963
41	Florida	966
42	Louisiana	974
43	Arkansas	989
44	Georgia	989
45	Montana	1010
46	Mississippi	1014
47	Texas	1041
48	New Mexico	1072
49	Nevada	1077
50	Oklahoma	1096

# PHYSICIAN ACCESS INDEX MAP



As the chart indicates, Massachusetts has the most positive physician access metrics of the 50 states, while Oklahoma has the fewest. Large states with disparate populations such as California, Florida and Texas tend to have fewer positive metrics while smaller states tend to have the most.

The three tiers of patient access were determined by finding the difference in the cumulative score of the first ranked state (Massachusetts

– 442) and the last ranked state (Oklahoma – 1096). Next, the difference of 654 was divided by 3 to establish the tier index indicator. The end of the first tier was set at 660, the sum of Massachusetts score (442) and the tier index indicator (218). The second tier cutoff point was set at 878, the sum of the first tier cutoff point (660) and the tier index indicator (218).



# BENCHMARKS AND METRICS

Below is a brief description of each of the 33 benchmarks and metrics cited above and their potential effect on patient access to medical services.

## 1. PHYSICIANS PER 100,000 POPULATION

*Source: Association of American Medical Colleges 2013 State Physician Workforce Data Book.*

An indicator of per capita physician supply, this metric shows pronounced disparities between states. Massachusetts, for example, has 324 physicians per 100,000 population while Texas has only 183. However, it cannot be concluded from these numbers that access to medical professionals is uniformly poor in Texas and uniformly good in Massachusetts. In its *2014 Survey of Physician Appointment Wait Times*, Merritt Hawkins found that Boston has the highest average wait times to see a physician while Dallas has the lowest among 15 large metropolitan areas. Other factors cited in Merritt Hawkins' PAI also can affect access and create disparities within a state. Nevertheless, a high ratio of physicians per capita tends to promote access. Massachusetts, which has the highest ratio of physicians per capita, therefore is ranked 1st in this metric by Merritt Hawkins' PAI, while Mississippi, which has the lowest ratio, is ranked 50th.

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## 2. PRIMARY CARE PHYSICIANS PER 100,000 POPULATION

*Source: Association of American Medical Colleges 2013 State Physician Workforce Data Book.*

Primary care physicians, such as family physicians and general internists, are the key to emerging delivery models that promote access, quality, and cost effectiveness, as they act as care coordinators who provide preventive services, chronic care services, and help ensure patients have appropriate access to medical specialists. A high number of primary care physicians per capita therefore is likely to increase access to specialty services and other medical services. Massachusetts has the highest number of primary care physicians per capita and is ranked 1st by Merritt Hawkins' PAI while Mississippi has the lowest and is ranked 50th.

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## 3. MEDICAL RESIDENTS PER 100,000 POPULATION

*Source: Association of American Medical Colleges 2013 State Physician Workforce Data Book.*

This metric indicates the number of physicians per capita being trained within a state and reflects the state's ability to "grow its own" physician workforce. Historically, the Northeast has been the center of physician training in the United States, with Massachusetts and New York ranked one and two for most physicians trained. Large states in the West, such as Texas and California, have not added medical residents commensurate with population growth, nor has Florida in the Southeast. Low population Western states such as Montana and Wyoming may not have the resources or population to maintain large teaching facilities and must recruit virtually all of their physicians from out of state. Massachusetts has the most medical residents per capita and is ranked 1st by Merritt Hawkins' PAI, while Montana has the fewest and is ranked 50th.

#### 4. PERCENTAGE OF RESIDENTS RETAINED

*Source: Association of American Medical Colleges 2013 State Physician Workforce Data Book.*

This metric indicates the net number of medical residents being added to the physician workforce of each state. Some states are more successful in holding onto the physicians they train than are others. California, for example, is in the middle of the pack in number of physicians trained per capita but is number one in percent of residents retained. By contrast, Massachusetts and New York are in the middle of the pack in number of medical residents retained though they are first and second respectively in residents trained per capita. Retention rates can be affected by relative competition in each state, reimbursement rates, cost of practice/cost of living, state funding for physician retention and related matters.

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#### 5. HEALTH PROFESSIONAL SHORTAGE AREAS/PRIMARY CARE PER CAPITA

*Source: Health Resources and Services Administration (HRSA).*

Health Professional Shortage Areas (HPSAs) for primary care, as tracked by the federal government, are areas in which the ratio of primary care physicians falls below one per 3,500 population. There now are over 6,080 primary care HPSAs in the United States, double the number tracked approximately 15 years ago. As is to be expected, larger states such as California have the most, while smaller states have fewer. Merritt Hawkins' PAI therefore ranks number of primary care HPSAs per capita, providing an indication of which states have the largest percent of population in underserved areas and which the fewest. New Jersey has the fewest primary care HPSAs per capita and therefore is ranked 1st in this metric, while Alaska has the most per capita and is ranked 50th.

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#### 6. PRACTITIONERS NEEDED TO REMOVE PRIMARY CARE HPSA DESIGNATIONS PER CAPITA

*Source: Health Resources and Services Administration/Merritt Hawkins.*

HRSA indicates the number of primary care physicians needed per state to remove the state's HPSA designations. Texas, for example, has 375 primary care HPSA designations and requires 514 primary care physicians to remove these designations, according to HRSA. Merritt Hawkins' PAI ranks each state by the number of primary care physicians needed to remove these designations per capita, providing a further indication of the percent of population by state with limited access to physicians. New Jersey requires the fewest physicians per capita to remove its designations and is ranked 1st in Merritt Hawkins' PAI, while New Mexico requires the most and is ranked 50th.

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#### 7. PERCENTAGE OF PRIMARY CARE NEED MET

*Source: Health Resources and Services Administration.*

This metric shows which states have met the most primary care needs of their populations and which have met the least. Delaware is ranked 1st in Merritt Hawkins' PAI and has met the most needs while Connecticut is ranked 50th and has met the fewest needs.

## 8. HEALTH PROFESSIONAL SHORTAGE AREAS/MENTAL HEALTH PER CAPITA

Source: Health Resources and Services Administration.

Health Professional Shortage Areas for mental health as tracked by HRSA are areas in which the ratio of psychiatrists falls below one per 30,000 population. There are now approximately 4,900 mental health HPSAs nationwide. This metric ranks states by fewest mental HPSAs per capita to most per capita, providing an indication of which states have the greatest percent of population living in mental health shortage areas. As with primary care HPSAs, New Jersey has the fewest mental health HPSAs per capita and is ranked 1st, while Alaska has the most and is ranked 50th.

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## 9. PRACTITIONERS NEEDED TO REMOVE MENTAL HEALTH HPSA DESIGNATIONS PER CAPITA

Source: Health Resources and Services Administration/Merritt Hawkins.

HRSA indicates the number of psychiatrists needed per state to remove the state's mental health HPSA designations. Merritt Hawkins' PAI ranks each state by the number of psychiatrists needed to remove these designations per capita. Rhode Island requires the fewest psychiatrists per capita to remove its designations and is ranked 1st in Merritt Hawkins' PAI, while Wisconsin requires the most and is ranked 49th (no data is available for Vermont for this metric, therefore 49 represents the lowest ranking).

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## 10. PERCENTAGE MENTAL HEALTH NEED MET

Source: Health Resources and Services Administration.

This metric indicates which states have met the most mental health care needs and which have met the least. Rhode Island is ranked first in Merritt Hawkins' PAI and has met the most needs while South Dakota is ranked 49th and has met the fewest needs (no data is available on Vermont for this metric, therefore 49 represents the last ranking).

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## 11. PERCENTAGE OF ADULTS 18-64 WITH HEALTH INSURANCE

Source: The Commonwealth Fund, Health System Data Center, <http://datacenter.commonwealthfund.org/#ind=526/sc=38>.

Access to health care services can be significantly influenced by a given population's ability to pay for such services. Merritt Hawkins' PAI ranks states by percent of adults below the age of Medicare eligibility who have health insurance. Massachusetts has the highest rate of insured adults and is ranked 1st while Texas has the lowest rate and is ranked 50th.

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## 12. % OF CHILDREN 0-17 WITH HEALTH INSURANCE

Source: The Commonwealth Fund, Health System Data Center, <http://datacenter.commonwealthfund.org/#ind=526/sc=38>.

Massachusetts has the highest percent of children with health insurance and is ranked 1st by Merritt Hawkins' PAI while Nevada has the lowest percent and is ranked 50th.

### 13. PERCENTAGE OF POPULATION WITHOUT HEALTH INSURANCE

Source: *United States Census Bureau.*

Of the total population, including the Medicare eligible, Massachusetts has the highest rate of insured and is ranked 1st in Merritt Hawkins' PAI while Texas has the fewest and is ranked 50th.

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### 14. PERCENTAGE OF ADULTS WITH A USUAL SOURCE OF CARE

Source: *The Commonwealth Fund, Health System Data Center, <http://datacenter.commonwealthfund.org/#ind=526/sc=38>.*

While health insurance coverage can be an important avenue to care, not all those who are insured (and many of the uninsured) do not have a regular care provider. New Hampshire and Massachusetts have the highest rate of residents with a usual source of care and are ranked 1st in Merritt Hawkins' PAI while Alaska has the lowest rate and is ranked 50th.

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### 15. POVERTY RATE

Source: *United States Census Bureau.*

The poverty rate in a given state or location may limit the ability of the population to access goods and services, including physician and other medical services. However, poverty also drives utilization of health services (see *Poverty, Wealth, and Healthcare Utilization*, Richard Cooper, MD, et al, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol 89, No 5, Nov 2015.), which also may limit patient access by raising demand. Whether it reduces access or increases utilization, poverty rate is a negative access metric. New Hampshire has the lowest poverty rate and is ranked 1st by Merritt Hawkins' PAI while Mississippi has the highest poverty rate and is ranked 50th.

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### 16. MEDIAN HOUSEHOLD INCOME

Source: *United States Census Bureau.*

Populations with relatively high incomes typically have greater access to goods and services than those in lower income areas, including physician and other medical services, though need and utilization for such services generally is lower among the affluent than the poor. Whether it increases access or reduces utilization, high median household income is a positive access metric. New Hampshire has the highest median household income and is ranked 1st by Merritt Hawkins' PAI while Louisiana has the lowest and is ranked 50th.

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### 17. PERCENT OF ADULTS REPORTING NOT SEEING A DOCTOR IN THE PAST 12 MONTHS BECAUSE OF COST

Source: *The Henry J. Kaiser Family Foundation, 2013.*

Both the insured and the uninsured may find lack of finances to be an impediment to care, in the case of the insured if deductibles or co-pays are prohibitive. North Dakota has the fewest percent of residents who did not see a physician in the last 12 months for financial reasons and is ranked 1st in Merritt Hawkins' PAI, while Mississippi has the most and is ranked 50th.



## 18. MEDICARE BENEFICIARIES AS A PERCENT OF TOTAL POPULATION

Source: *The Henry J. Kaiser Family Foundation, 2012.*

The availability of health insurance coverage, including government sponsored Medicare for those eligible, generally has the effect of increasing access to physicians and other medical services. West Virginia has the highest rate of Medicare coverage per capita at 21.1% and is ranked 1st by Merritt Hawkins PAI, while Alaska has the lowest rate of Medicare coverage per population and is ranked 50th.

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## 19. PHYSICIAN MEDICARE ACCEPTANCE RATES

Source: *The Physicians Foundation/Merritt Hawkins 2014 Survey of America's Physicians.*

Healthcare coverage, including government funded programs such as Medicare and Medicaid, while generally a positive access indicator, is not a guarantee of access because not all physicians accept these insurance programs. Physicians indicated their rate of Medicare acceptance in national survey of over 20,000 doctors conducted by Merritt Hawkins for The Physicians Foundation ([www.physiciansfoundation.org](http://www.physiciansfoundation.org)). North Dakota has the highest rate of Medicare acceptance by physicians at 95% and is ranked 1st in Merritt Hawkins' PAI, while Hawaii has the lowest rate at 80.9% and is rated 50th.

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## 20. MEDICAID BENEFICIARIES AS A PERCENT OF TOTAL POPULATION

Source: *The Henry J. Kaiser Family Foundation, 2012.*

The availability of health insurance coverage, including Medicaid, generally is considered a positive access indicator. Vermont has the highest per capita rate of Medicaid coverage at 32% and is ranked 1st by Merritt Hawkins PAI, while New Jersey has the lowest rate at 11.9% and is ranked 50th.

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## 21. PHYSICIAN MEDICAID ACCEPTANCE RATES

Source: *The Physicians Foundation/Merritt Hawkins 2014 Survey of America's Physicians.*

As referenced above, Medicare coverage does not guarantee access to physicians, and the same statement is even more applicable to Medicaid coverage, as fewer physicians accept Medicaid as a form of payment than accept Medicare. In The Physicians Foundation/Merritt Hawkins' survey referenced above, doctors indicated their rate of Medicaid acceptance, and there is considerable variation by state. Vermont has the highest rate of physician Medicaid acceptance at 100% and is ranked 1st in Merritt Hawkins' PAI while New Jersey has the lowest physician Medicaid acceptance rate at 67.3% and is ranked 50th.

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## 22. STATES THAT EXPANDED MEDICAID ELIGIBILITY THROUGH THE AFFORDABLE CARE ACT (ACA)

Source: *24/7 Wall Street/Department of Health and Human Services, July 2014.*

While Medicaid coverage does not guarantee care, such coverage is considered preferable in Merritt Hawkins' PAI to no coverage. Twenty-nine states elected to expand Medicaid eligibility through the Affordable Care Act, providing coverage to several million people who previously lacked health insurance. Each of these states was allotted a 1st ranking, while the remaining states were allotted a 30th ranking.

### **23. FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER PATIENT ENCOUNTERS PER CAPITA**

*Source: National Association of Community Health Centers.*

Now in their 50th year, Federally Qualified Community Health Centers (FQHCs) provide care through approximately 1,300 Health Center organizations nationwide with sites in more than 9,200 rural and urban communities. The mission of FQHCs is to deliver quality, accessible care to traditionally underserved populations regardless of the patient's ability to pay. The presence of high FQHC utilization per capita by state is considered a positive physician, PA and NP access metric in Merritt Hawkins' PAI. Vermont is experiencing the most FQHC patient encounters per capita and is therefore ranked first, while Nevada is experiencing the fewest and is ranked 50th.

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### **24. NURSE PRACTITIONERS PER 100,000 POPULATION**

*Source: American Medical Association Master File.*

Advanced practice professionals such as nurse practitioners (NPs) are supplementing the physician workforce by performing some of the tasks and treatments that physicians perform. A high number of NPs per capita is considered by Merritt Hawkins' PAI to increase access to medical services. Massachusetts has both the highest number of physicians and the highest number of NPs per capita and is ranked 1st by Merritt Hawkins' PAI while Hawaii has the fewest and is ranked 50th.

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### **25. STATES WHERE NURSE PRACTITIONERS HAVE PRACTICE AUTONOMY**

*Source: American Association of Nurse Practitioners.*

Full practice autonomy for nurse practitioners is considered a positive access metric in Merritt Hawkins' PAI, though no quality of care implications either positive or negative are implied. Twenty-one states offer NPs full practice autonomy and each is ranked first in Merritt Hawkins' PAI. Those 17 states that offer somewhat limited practice autonomy to NPs are ranked 22nd and the remaining 12 states that offer the most limited practice autonomy to NPs are ranked 39th.

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### **26. PHYSICIAN ASSISTANTS PER 100,000 POPULATION**

*Source: American Medical Association Master File.*

Physician assistants (PAs) also are increasing overall clinician resources by performing some of the tasks and treatments physicians perform. A high number of PAs per capita therefore is considered by Merritt Hawkins' PAI likely to increase access to medical services. Alaska has the highest rate of PAs per capita and is ranked 1st by Merritt Hawkins' PAI, while Mississippi has the lowest and is ranked 50th.

## 27. PERCENTAGE OF POPULATION 65 OR OLDER

Source: *United States Census Bureau.*

Approximately 14% of the U.S. population is made up of people 65 or older who are eligible for Medicare. This population group accounts for a disproportionate amount of physician visits (twice the number of the national average for all population groups), 37.4% of all in-patient procedures and 47.1% of all diagnostic treatments and tests, according to the Center for Disease Control. States with the youngest populations therefore are likely to have relatively less demand for physician services than states with relatively old populations and potentially better access. At 9%, Alaska has the lowest percent of population 65 or older and is ranked 1st, while Florida has the oldest at 18.7% and is ranked 50th.

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## 28. PERCENTAGE OF PHYSICIAN WORKFORCE 60 OR OLDER

Source: *Association of American Medical Colleges 2013 State Physician Workforce Data Book.*

Physicians, like the general population, are growing older on average, and a larger number of physician retirements can be expected in the next five to ten years than number of new physicians entering the workforce (for a more detailed discussion of this topic, see Merritt Hawkins' white paper *The Aging Physician Workforce: A Demographic Dilemma.*) A high percentage of physicians 60 or older therefore is likely to reduce patient access to medical services. At 22.6%, North Carolina has the fewest physicians 60 or older and is ranked 1st in Merritt Hawkins' PAI, while at 33.3%, New Mexico has the most and is ranked 50th.

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## 29. PERCENTAGE OF PHYSICIANS PLANNING TO RETIRE IN THE NEXT ONE TO THREE YEARS.

Source: *The Physicians Foundation/Merritt Hawkins 2014 Survey of America's Physicians.*

In this survey of over 20,000 physicians, doctors indicated whether or not they are planning to retire in the next one to three years. A low percent of physicians planning to retire by state is considered by Merritt Hawkins' PAI as a positive access indicator. At 4.6%, Utah has the fewest physicians planning to retire in the next one to three years and is ranked 1st by Merritt Hawkins' PAI, while at 21.3% Idaho has the most and is ranked 50th.

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## 30. PERCENTAGE OF PHYSICIANS OVERWORKED OR OVEREXTENDED

Source: *The Physicians Foundation/Merritt Hawkins 2014 Survey of America's Physicians.*

In this survey of over 20,000 physicians, physicians indicated whether or not they are at capacity or are overextended in their practices and cannot take on new duties. States with the lowest number of physicians indicating they are at capacity or are overextended are given a low ranking by Merritt Hawkins' PAI while those with a relatively high number are given a high ranking. At 72.1%, Idaho has the fewest physicians who indicate they are overextended and is ranked 1st in Merritt Hawkins' PAI, while at 97.1%, Wyoming has the most and is ranked 50th.

### 31. STATES INCORPORATING TELEHEALTH

Source: *American Telemedicine Association (TMA)*.

In March, 2015, the TMA released an analysis of state-by-state incorporation of telehealth services based on number of telehealth “originating sites” in the state, eligible technology, eligible providers, insurance coverage and related factors. States were given A, B, C, or F grades for telehealth incorporation by the TMA based on these metrics. In Merritt Hawkins’ PAI, those states receiving an A grade were ranked first and those given lesser grades were assigned higher numerical rankings as appropriate.

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### 32. URGENT CARE CENTERS PER CAPITA

Source: *Urgent Care Association of America (UCAOA)*.

The UCAOA projects there currently are 6,900 urgent care centers in the United States. These centers offer care for non-life threatening conditions such as sprains, broken bones, flu colds, infections, cuts and others and typically are staffed by primary care physicians, PAs and NPs. Typically, urgent care centers are open seven days a week with evening and weekend hours and are part of the “convenient care” movement in which consumers select sites of service based in part on ease of access. In Merritt Hawkins PAI, those states with the greatest number of urgent care centers per capita receive a low numerical ranking and those with a low number are given a high ranking. Maine has the highest number of urgent care centers per capita and is ranked 1st in Merritt Hawkins PAI while Massachusetts has the fewest and is ranked 50th.

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### 33. RETAIL CLINICS PER CAPITA

Source: *Convenient Care Association*.

A growing number of retail and pharmacy chains, including Walmart, CVS, Target and others, are opening walk-in clinics providing care for routine conditions such as sore throat, ear infections, and colds, as well as preventive services such as flu shots and screening for hypertension and cholesterol. Retail clinics generally are open seven days a week from approximately 8 a.m. to 8 p.m., with more limited hours on weekends, with appointments not required. The great majority of care in these settings is provided by PAs and NPs. Kentucky has the most retail clinics per capita and is ranked first by Merritt Hawkins’ PAI, while each state with no retail clinics is ranked 41st. For more information on urgent care centers and retail clinics see the Merritt Hawkins’ white paper *Convenient Care: Growth and Staffing Trends in Urgent Care and Retail Medicine*.



## CONCLUSION: ENHANCING PHYSICIAN ACCESS

While the scores and rankings in Merritt Hawkins' Physician Access Index provide indicators of the potential ease or difficulty patients may have in each state accessing the services of physicians, nurse practitioners and physician assistants, it should be noted that the access, quality, and cost of physician services varies from region to region within the nation and within given states. Within any given state, region, or community, economically advantaged urban dwellers and the Medicare eligible generally are likely to have greater access to medical services than economically disadvantaged urban dwellers, rural dwellers in general and the Medicaid eligible.

In addition, the availability or rate of insurance coverage does not always translate to positive physician access. Though Massachusetts has the most positive physician access metrics of any state, including a high percent of insured population, there have been reports of long physician appointment wait times in the state, including Merritt Hawkins' *2014 Survey of Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates*. Multiple factors come into play, including insurance acceptance rates and practice patterns among physicians, that may cause patient access to physicians to vary.

Nevertheless, the specific variations within states regarding their physician resources, their ability to grow those resources, the practice patterns and demographics of their physicians and their patient populations, insurance coverage rates, income levels, autonomy levels of non-physician clinicians, and the other metrics tracked in Merritt Hawkins' PAI are worth enumerating. By identifying these metrics, Merritt Hawkins' PAI offers policy makers, healthcare administrators, physicians, academics and others who track physician access issues a reference point for determining which physician access factors states may be able to influence to enhance access to physicians and other clinicians.

These factors include:

- **Physicians per 100,000 population, a ratio than can be improved where needed through the addition of new medical schools and residency positions.**
- **Medicaid expansion to provide coverage for the previously uninsured.**
- **Increased autonomy for nurse practitioners and physician assistants.**
- **Increased coverage of and provider reimbursement for telehealth services.**
- **The addition of Federally Qualified Community Health Centers and other social support services, which may include funding for physician retention and for rural physician training programs.**
- **The development of additional urgent care centers and retail clinics.**

Other measures to increase access to physician services are more difficult to address and will require broad, societal solutions, primary among these the growth of economic opportunities for less affluent members of society. Increased affluence promotes health and reduces utilization of physician and other medical services, while allowing access to those services when needed. The connection between poverty and healthcare utilization is explored in more detail in the paper by Richard Cooper, MD cited above and in Dr. Cooper's book, *Poverty and the Myths of Health Care Reform: Why Poverty and Income Inequality Are at the Core of America's High Health Care Spending*, to be available through Johns Hopkins Press in 2016.

Access to physician services is likely to vary by state, by community, by economic status and other factors tracked in Merritt Hawkins' PAI for the indefinite future, but can be enhanced most effectively in all locations and circumstances by accelerating economic progress.

## MERRITT HAWKINS' ADDITIONAL DISCUSSION GROUPS/SURVEYS/WHITE PAPERS

Merritt Hawkins' hosts a professional Discussion Group on LinkedIn to review and discuss matters pertaining to physician recruiting, compensation, workforce solutions and related healthcare trends. To join, visit <http://linked.in/AB6mOC>.

Merritt Hawkins is an AMN Healthcare company. AMN Healthcare, the largest healthcare staffing organization in the United States, is the industry innovator of healthcare workforce solutions. Surveys and white papers completed by Merritt Hawkins or other AMN companies include:

- Survey of Physician Appointment Wait Times
- A Survey of America's Physicians: Practice Patterns and Perspectives (**in partnership with The Physicians Foundation**).
- Physician Inpatient/Outpatient Revenue Survey
- Survey of Final Year Medical Residents
- Survey of Physician Assistant Salaries, Signing Bonuses and Related Incentives (**in collaboration with the American Academy of Physician Assistants**)
- Clinical Staffing and Recruiting Survey/Survey of Physician Practice Patterns & Satisfaction (**in collaboration with the Indian Health Service**)
- Survey of Alumni Satisfaction and Health System Trends (**in collaboration with Trinity University**)
- Survey of Membership Compensation, Career Satisfaction, and Personal Perspectives (**in partnership with the American Academy of Surgical Administrators**)
- White Paper: Physician Aging, A Demographic Dilemma.
- White Paper: Women In Medicine
- White Paper: The Physician Shortage, Data Points and State Rankings
- White Paper: Nurse Practitioners and Physician Assistants, Supply, Demand and Scope of Practice
- White Paper: Incentive-Based Physician Compensation
- Hospital-Specific Physician Requirements Model (**in conjunction with Richard "Buz" Cooper, M.D., University of Pennsylvania**)
- White Paper: Ten Keys to Physician Retention
- White Paper: The Cost of A Physician Vacancy
- White Paper: RVU-Based Physician Compensation
- White Paper: The Economic Impact of Physicians
- Curriculum: Physician Recruiting, The University of Florida
- Review of Temporary Healthcare Staffing Trends & Incentives
- Review of Temporary Healthcare Staffing Trends & Incentives (Mid-level Providers)
- Survey of Chief Nursing Officers
- Survey Registered Nurses
- Survey of Travel Nurses

### BOOKS WRITTEN BY MERRITT HAWKINS:

- Will the Last Physician in America Please Turn Off the Lights? A Look at America's Looming Physician Shortage, Fourth Edition
- Merritt Hawkins Guide to Physician Recruiting
- In Their Own Words: 12,000 Physicians Reveal Their Thoughts on Medical Practice in America (**in partnership with The Physicians Foundation**).

For additional information about this survey or other information generated by Merritt Hawkins or AMN Healthcare, please contact:

Merritt Hawkins / Corporate  
8840 Cypress Waters Blvd, Ste 300  
Dallas, TX 75019  
(800) 876-0500

Merritt Hawkins / Atlanta  
7000 Central Parkway, NE, Ste 850  
Atlanta, GA 30328  
(800) 306-1330

# SPEAKING PRESENTATIONS FROM MERRITT HAWKINS AND AMN HEALTHCARE

## An Educational Resource

Merritt Hawkins and AMN Healthcare are committed to providing survey data and other information of use to healthcare executives, physicians, policy makers and members of the media.

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Phillip Miller  
Phil.Miller@amnhealthcare.com  
(800) 876-0500



8840 Cypress Waters Blvd  
Suite 300  
Dallas, TX 75019  
(800) 876-0500  
[www.merritthawkins.com](http://www.merritthawkins.com)



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