

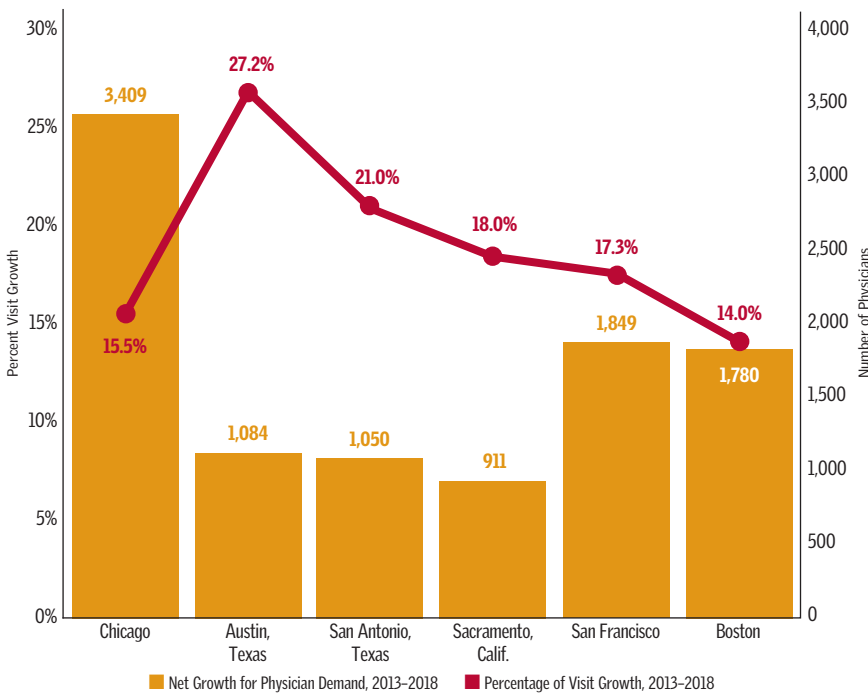
# FACTFILE

## Trends in Physician Demand

Truven Health Analytics research shows that physician productivity among those in Generation X (ages 34–49 in 2014) and the Millennial Generation (ages 18–33) is significantly less than the average productivity of retiring Baby Boomer physicians (ages 50–68). Replacing a Baby Boomer internist will require 1.6 younger physicians, while replacing a Baby Boomer pediatrician will require 2.0 younger physicians. Physician demand planning calls for staffing based on productivity, and organizations can't assume that productivity will be the same from one physician to another. For this study, six markets that have different characteristics were selected from across the United States, including a range of city populations: San Francisco (825,863) and Sacramento (457,516) in California, which has highly managed payer and provider systems; Boston (636,479) in Massachusetts, where the legislature approved PPACA-like programs in 2006; Austin (842,592) and San Antonio (1,382,951) in Texas, which chose to not implement Medicaid expansion under PPACA; and Chicago (2,714,856) in Illinois, which chose to implement Medicaid expansion under PPACA.

### PHYSICIAN DEMAND: ALL SPECIALTIES

While visits for all specialties are forecasted to grow approximately the same amount in Chicago (15.5%) and Boston (14%), we see that the increase in services in Chicago will require just over 3,400 more physicians and Boston will require just under 1,800 more physicians. The local market demand is influenced by the size of the population, the influx of the newly insured, and provider access.



SOURCE: Truven Health MarketDiscovery® Planning.

**ABOUT THE DATA:** Truven Health MarketDiscovery® Planning provides local market intelligence. The Physician Planning module provides current year visit estimates with physician FTE demand for each of four productivity levels. Visit forecasts are available annually for 10 years and factor in the impact of chronic disease, local insurance coverage change by age group, and gender at the ZIP code level in the forecast years. Markets with rapid population growth, high chronic conditions, a larger portion of the market moving from uninsured to coverage, and aging populations will tend to have higher visit growth rates, and in turn higher physician demand, depending upon practice patterns in the market. The data assumes the median (or 50%) physician productivity level and doesn't include consideration for physician time spent in research or teaching responsibilities. While data in this report are aggregated to the core-based statistical level, Truven Health Planning Solutions provide information at the ZIP code level or grouped ZIP codes into user market-defined areas. For more information, email [info@truvenhealth.com](mailto:info@truvenhealth.com), call 1-800-366-7526, or visit [www.truvenhealth.com](http://www.truvenhealth.com).

### Cost as a Barrier to Care

While access to healthcare can be hampered by a shortage of primary and specialty care physicians, cost is also a barrier to care for 16.5% of Americans. The percentage of residents reporting that they did not see a doctor in the past 12 months because of cost varies by state or territory, with a high of 22.1% in Guam to a low of 8.1% in North Dakota.

1. Guam	22.1%
2. Mississippi	21.7%
3. Arkansas	21.2%
4. Texas	20.9%
5. Florida	20.8%
6. South Carolina	20.5%
7. Alabama	20.0%
8. Georgia	19.9%
9. Arizona	19.8%
10. Tennessee	19.2%
11. Kentucky	19.1%
11. West Virginia	19.1%
13. North Carolina	18.9%
14. Louisiana	18.7%
15. New Mexico	18.6%
16. Nevada	18.5%
17. Oklahoma	18.1%
18. Idaho	17.7%
18. Oregon	17.7%
20. California	17.1%
<b>United States</b>	<b>16.5%</b>
21. Colorado	16.0%
22. Indiana	15.9%
23. Washington	15.8%
24. New York	15.5%
25. Utah	15.4%
26. Missouri	15.3%
27. Virginia	15.2%
28. Michigan	15.1%
28. Puerto Rico	15.1%
30. Kansas	15.0%
31. New Jersey	14.9%
32. Wyoming	14.8%
33. Montana	14.6%
34. Ohio	14.5%
35. Illinois	14.1%
36. Alaska	14.0%
37. Rhode Island	13.4%
38. Wisconsin	13.0%
39. Delaware	12.9%
39. New Hampshire	12.9%
41. Nebraska	12.8%
41. Pennsylvania	12.8%
43. Connecticut	12.1%
43. District of Columbia	12.1%
45. Maryland	11.7%
46. Maine	11.2%
47. South Dakota	10.8%
48. Minnesota	10.7%
49. Iowa	10.5%
50. Vermont	10.0%
51. Hawaii	9.3%
52. Massachusetts	9.2%
53. North Dakota	8.1%

NOTES: U.S. total includes territories. Data represent adults who reported that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Percentages are weighted to reflect population characteristics. Data based on the Behavioral Risk Factor Surveillance System, an ongoing, state-based, random-digit-dialed telephone survey of noninstitutionalized civilian adults aged 18 years and older. Information about the BRFSS is available at <http://www.cdc.gov/brfss/index.htm>.

SOURCE: Kaiser State Health Facts, *Percentage Reporting Not Seeing a Doctor in the Past 12 Months Because of Cost*, <http://kff.org/other/state-indicator/could-not-see-doctor-because-of-cost/>; Kaiser Commission on Medicaid and the Uninsured analysis of the Centers for Disease Control and Prevention's BRFSS 2012 survey results.

### Upcoming Topic:

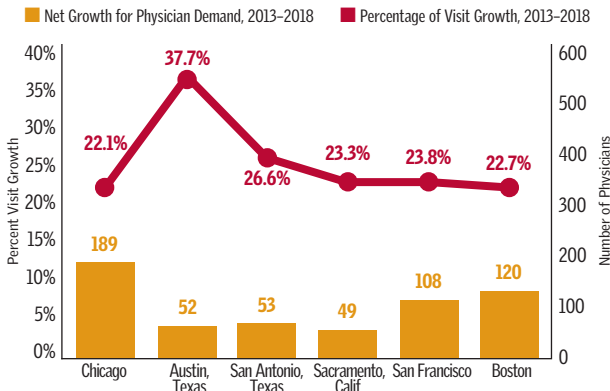
> 15 Top Health Systems Performance

### FACT FILE PARTNER:

**TRUVEN**  
HEALTH ANALYTICS

### PHYSICIAN DEMAND: CARDIOLOGY

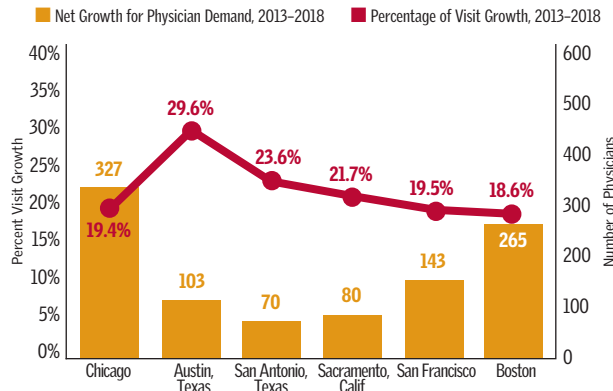
While cardiology visits are forecasted to increase significantly in Austin, Texas (37.7%), only an additional 52 physicians will be needed to satisfy demand. The larger city of San Antonio will need about the same number of new cardiologists (53), although as a percentage, the increase in visits is not as great (26.6%).



SOURCE: Truven Health MarketDiscovery® Planning.

### PHYSICIAN DEMAND: EMERGENCY, CRITICAL CARE

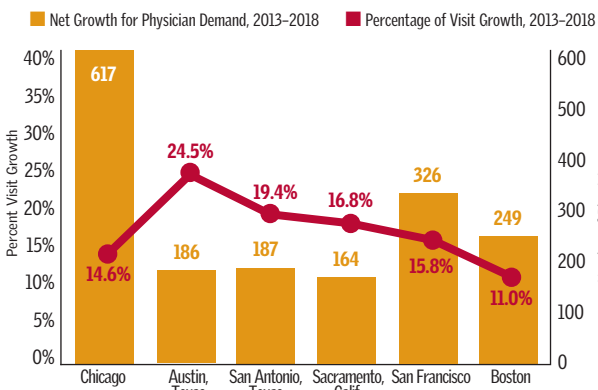
For all cities studied, emergency and critical care visits are expected to see double-digit growth, mostly around 20%. In terms of physician demand, Chicago will need about 327 more specialists in this area. Visit growth is based on the market size, the aging of the population, the shifting payer mix, and the local provider community.



SOURCE: Truven Health MarketDiscovery® Planning.

### PHYSICIAN DEMAND: GENERAL, FAMILY PRACTICE

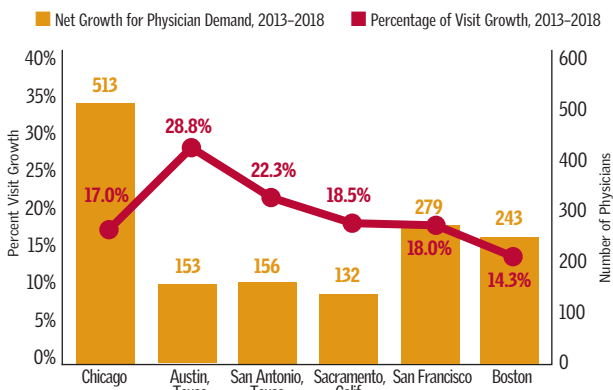
Although the increase in demand in general and family practice physicians is a slightly lower percentage than the overall demand for physicians, in terms of volume, this specialty is among those with the highest numbers of new physicians needed.



SOURCE: Truven Health MarketDiscovery® Planning.

### PHYSICIAN DEMAND: INTERNAL MEDICINE

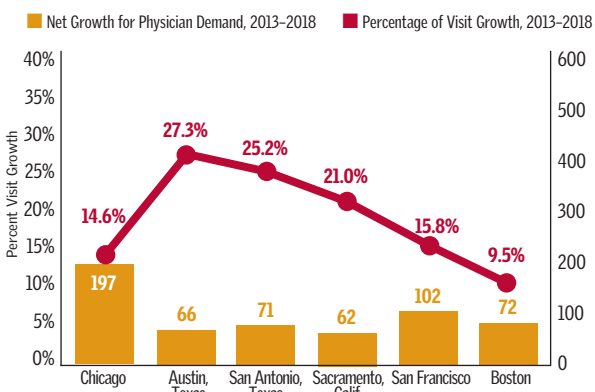
The demand for internal medicine specialists tracks closely to the percentage of expected physician visits overall. In terms of volume, this specialty is among those with the highest numbers of new physicians needed.



SOURCE: Truven Health MarketDiscovery® Planning.

### PHYSICIAN DEMAND: OB-GYN

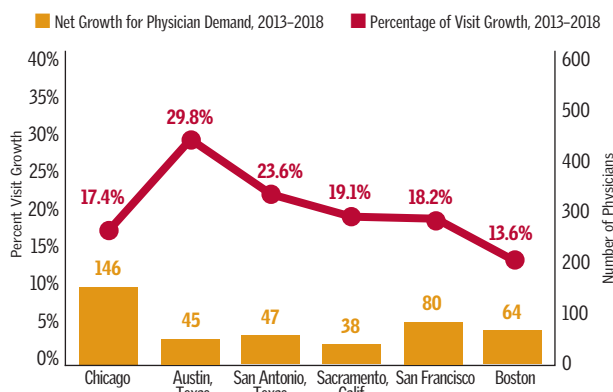
Demand for obstetricians is closely related to the number of child-bearing women in the market. Texas, which has a younger demographic, will have a larger increase in visit growth than in Boston, which is an older market.



SOURCE: Truven Health MarketDiscovery® Planning.

### PHYSICIAN DEMAND: ORTHOPEDIC SURGERY

The large and aging Baby Boomer population will drive the need for more orthopedic surgery. In most cases, the expected increase in patient visits for orthopedic surgeons exceeds the increases expected for all specialties.



SOURCE: Truven Health MarketDiscovery® Planning.

