

Physician Workforce in Oregon 2004: A Snapshot

Oregon Health & Science University Center for Rural Health

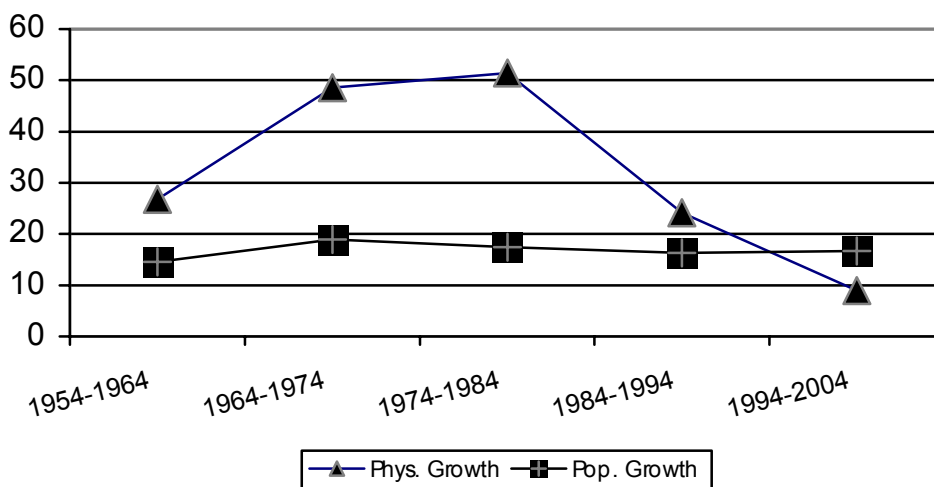
Oregon Health & Science University has been studying physician workforce in the state since the mid-1970s. We have witnessed and documented various trends that began with critical shortages, turned into a decade of profound growth, signaled a decline in primary care, demonstrated unusual growth in internal medicine specialties, warned of severe shortages in rural communities, suggested a recovery in primary care and finally – an unprecedented decline in overall growth and a possible shortage in availability of various specialties.

Using data obtained via electronic transfer from the Oregon Board of Medical Examiners, we have consistently tabulated numbers of licensed physicians who report being in “active practice” and whose primary practice address is located in Oregon. The most recent data were transferred in May 2004, when Oregon reported a total of 8,292 licensed, active resident physicians.

An examination of these data reveals the following current trends:

- **For the first time since we have been monitoring physician workforce, Oregon’s population is growing faster than its numbers of physicians.** Chart 1 illustrates the percentage growth by decade in population and plots it against the percentage growth of physicians during the same period. While Oregon's population growth has remained reasonably consistent, the growth in physician numbers declined precipitously between 1994 and 2004.

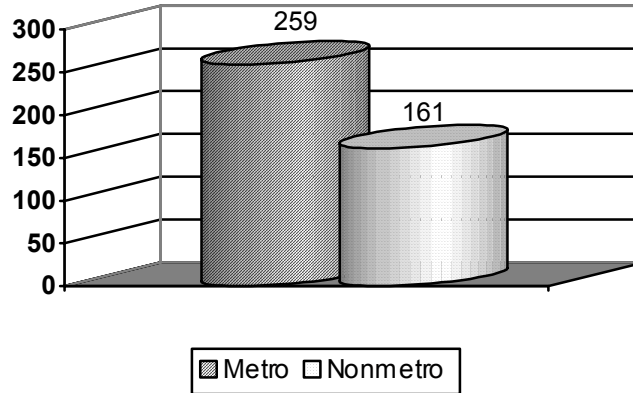
Chart 1. Percent growth in population and number of physicians, 1954-2004



- **Rural Oregonians continue to be less well-served than those who live in metropolitan areas.** In 2004, the Portland area (Multnomah, Clackamas and Washington counties, had 302 physicians per 100,000 population, while the

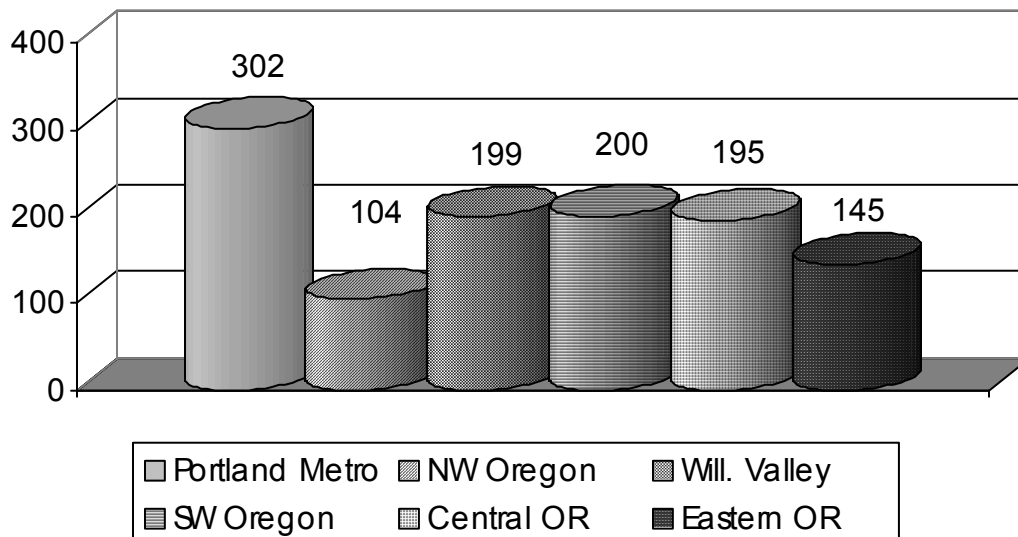
rural counties of northwest Oregon (Clatsop, Columbia, Lincoln, Polk, Tillamook and Yamhill) had only 104 physicians per 100,000 population. Chart 2 represents the disparities graphically by showing the difference in numbers of physicians per 100,000 between Oregon's metro (Metropolitan Statistical Areas) and nonmetro counties:

Chart 2. Physicians per 100000 population, Oregon 2004, metro vs. nonmetro



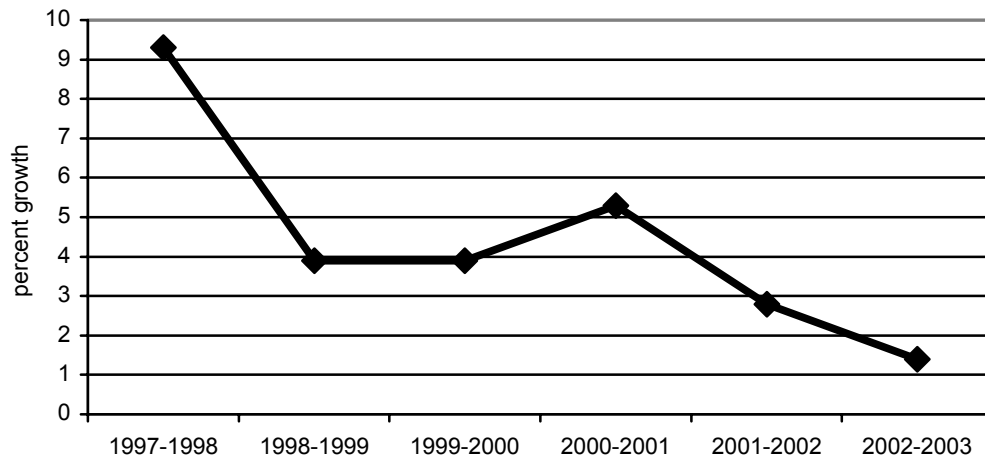
- **Regional variations are apparent**, with Northwest Oregon and Eastern Oregon showing the fewest numbers of physicians per 100,000 population:

Chart 3. Physicians per 100000 population by region, Oregon 2004



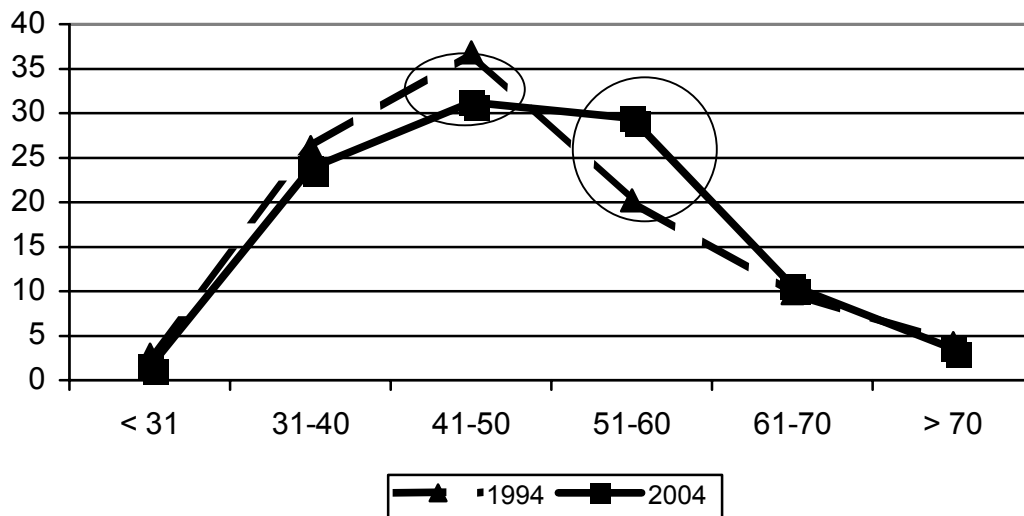
- **Since the year 2000, there has been a steady decline in numbers of physicians willing to practice in Oregon's rural communities**, as evidenced by the decline in growth of the rural practitioner tax credit program administered by the Office of Rural Health:

Chart 4. Growth decline in rural practitioner tax credit program, 1997-2003



- Oregon's physicians are growing older.** Chart 5 illustrates the percentage of physicians in each age group in 1994 and 2004. The circled areas of the chart show the dramatic changes: many more Oregon physicians are now in the 51-60 age group than in 1994, and fewer in the 41-50 age group. While the same trend is slightly evident in the general Oregon population, it is not nearly so remarkable.

Chart 5. Age distribution of ALL OREGON physicians, 1994 and 2004

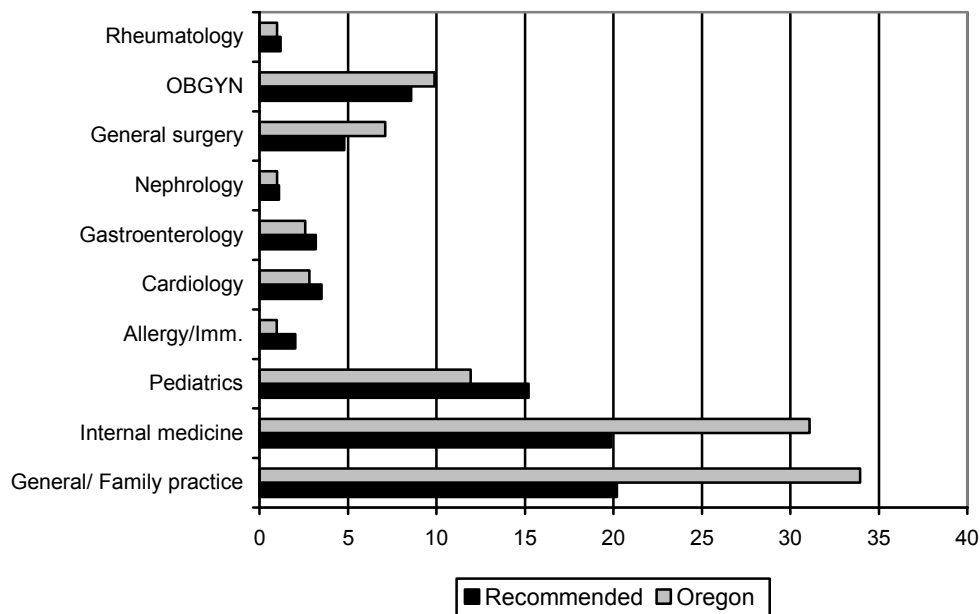


- Shortages in some specialties are already becoming evident.** Using a model developed by Solucient, LLC ¹ estimating Oregon's physician full time equivalent (FTE) requirements, it becomes clear that we are experiencing shortages in several specialties, including rheumatology, nephrology,

¹ "Physician Community Requirements in the 21st Century: A Report from Solucient, LLC, 2004" Constructed using claims and population data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey

gastroenterology, cardiology, allergy-immunology and pediatrics (see chart below). In Chart 6, we are utilizing an assumption that 15% of Oregon's physicians are in part-time practice, government or administrative positions, meaning that only 85% of the physician workforce is available to serve patients².

Chart 6. Recommended FTEs per 100000 population vs. Oregon FTEs by selected specialties, 2004



SUMMARY: Oregon has a distinct advantage over many other states because we have been collecting workforce data for decades, and can observe emerging trends. A convergence of individual observations appears to point to a looming shortage of physicians.

- Oregon's population is growing faster than its numbers of physicians.
- Oregon's rural areas are less well served by the current physician workforce than urban areas, pointing to increased risk for rural Oregonians.
- Oregon's physician workforce is aging, and younger physicians are not being recruited quickly enough to fill our needs; and
- Oregon is already experiencing shortages in several specialties.

RECOMMENDATION: while OHSU medical school has already begun to increase its class size to accommodate the impending shortage, space and resource constraints combined with the many years' duration of medical education make it unlikely that Oregon's physician workforce needs will be met in the near future. Policymakers may wish to consider modifying Oregon's practice environment to attract additional physicians from other states, especially to our rural communities.

For further information, contact [Karen Whitaker](#), Vice-Provost for Rural Health Oregon Health and Science University 503-494-4450
Additional detailed workforce information available at <http://www.ohsu.edu/oregonruralhealth>

² MaryAnn Evans, PhD, MBA, Oregon Public Health Services, Oregon Department of Human Services, 2004