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Where to Practice? Factors to Consider

For the new medical school graduate, there are potentially a number of factors to consider when deciding where to practice. This article offers information newly licensed physicians will find useful when evaluating geographic areas in which to practice. The data presented here were collected mainly from the Federation of State Medical Boards (“FSMB”) and the Kaiser Family Foundation (“Kaiser”). These data highlight the following areas:

- State medical board disciplinary actions
- Patient demographics
- Physician/Facility demographics

This article does not attempt to draw any conclusions as to which areas are best suited to a new physician. Rather, it merely offers information in order to assist with what is certainly a personal decision.

State Medical Board Disciplinary Actions

Each state maintains a medical board to oversee licensure and discipline of physicians licensed to practice in the state. While these boards all have similar disciplinary processes, their respective disciplinary rates vary from year to year. There are various reasons for the variation including funding, staffing, and evidentiary requirements. Each year, the FSMB publishes statistics on disciplinary actions in each of the fifty states and U.S. territories. According to the FSMB, disciplinary actions fall into one of two categories:

- Prejudicial Actions - Includes revocation, suspension, surrender or mandatory retirement of license, loss of privileges, probation, limitation, or restriction of license, or licensed privileges, modification of license resulting in a penalty or reprimand.

- Non-prejudicial Actions – Actions that do not result in modification or termination of a license. Typically, these are administrative actions resulting in reinstatement.ⁱ

While the FSMB cautions against comparing states' medical board actions due to the various factors affecting a state's enforcement ability, a comparative analysis does show the relative diligence with which each state enforces its disciplinary policies. A comparison of the last four years, 2006 – 2009, shows that certain states stand out from the rest in percentage of physicians disciplined. While most states fall below 1% of physicians disciplined by either prejudicial or non-prejudicial action, Alaska, Nebraska, and Arizona report near the top of the scale. Among the most populous states of California, New York, and Texas, Texas consistently ranks highest (~1% for 2009) and California consistently ranks lowest (~.56% for 2009). See Figures 1 through 4 below for Actions by State.ⁱⁱ

These may seem like small percentages when taken out of context. Defending against a disciplinary charge, however, is an expensive proposition. Just like lawsuits, defending against complaints can involve paying expert witnesses, incurring travel expenses, obtaining medical records, and hiring a defense attorney. Considering the potential cost of defending against a disciplinary charge, the prudent practitioner should be aware of his or her state's prosecutorial rate as this represents only the physicians disciplined; the number grieved is much higher. For example, in 2009, the Texas Medical Board opened 2741 physician investigations.ⁱⁱⁱ That means that almost 6% of the 48,373 physicians practicing in-state during 2009 were subject to investigation. And each of these physicians bore the cost of responding to the complaint. Thus, it is important for physicians to stay apprised of their state's disciplinary process and record.

Patient Demographics

For new medical graduates, particularly primary care physicians, finding populations in need of medical care may be critical to success. But what states have the highest percentage underserved populations?

Kaiser publishes a number of healthcare statistics including Underserved Populations living in Primary Care Health Professional Shortage Areas ("HPSA"). Kaiser defines these areas as "having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities."^{iv} Based on Kaiser's statistics, as of September 2008, Louisiana, New Mexico, and Mississippi top the list with over 30% of each state's underserved population living in HSPAs. The national average is only 11.8%. See Figure 5 below for a chart of Underserved Populations by State.^v

Additional information on HSPAs can be found on the U.S. Department of Health and Human Services web site. This site includes a HSPA search tool. The address is: <http://hpsafind.hrsa.gov/HPSASearch.aspx>.

Physician/Facility Demographics

In addition to the patient demographic data presented above, Kaiser also reports on provider data. Two reports are particularly relevant to the availability of healthcare: Beds per 1,000 people and the Number of Nonfederal Physicians per 1,000 people.

As reported by Kaiser, Beds per 1,000 consists of "staffed beds for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals,

psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.”^{vi} As of 2008, the two states with the highest number of beds per 1,000 people were two of the least populous states – North and South Dakota. In contrast, California, one of the most populous states, had fewer than two beds per 1,000 people. Among the most populous states, New York ranks highest with over three beds per 1,000. See Figure 6 below for a chart of Beds per 1,000 Population by State.^{vii}

Nonfederal physicians, according to Kaiser, are physicians that are “not employed by the federal government and includes allopathic physicians (MDs) and osteopathic physicians (DOs).”^{viii} As of December 2008, Mississippi and Idaho had the lowest number of nonfederal physicians per 1,000 people at just over two. Among the most populous states, Texas had the fewest at just under 2.5 nonfederal physicians per 1,000 people. Massachusetts had the highest number of nonfederal physicians per 1,000 people at approximately 5.25. See Figure 7 below for a chart of Nonfederal Physicians per 1,000 Population by State.^{ix}

Summary

There are a number of factors a new physician must consider when deciding where to practice. As shown from these reports, there is no single best place in which to practice. Each state presents different opportunities and challenges from disciplinary rates to availability of services. Thus, it is up to each practitioner to consider which factors are most relevant for his or her practice.

Figures

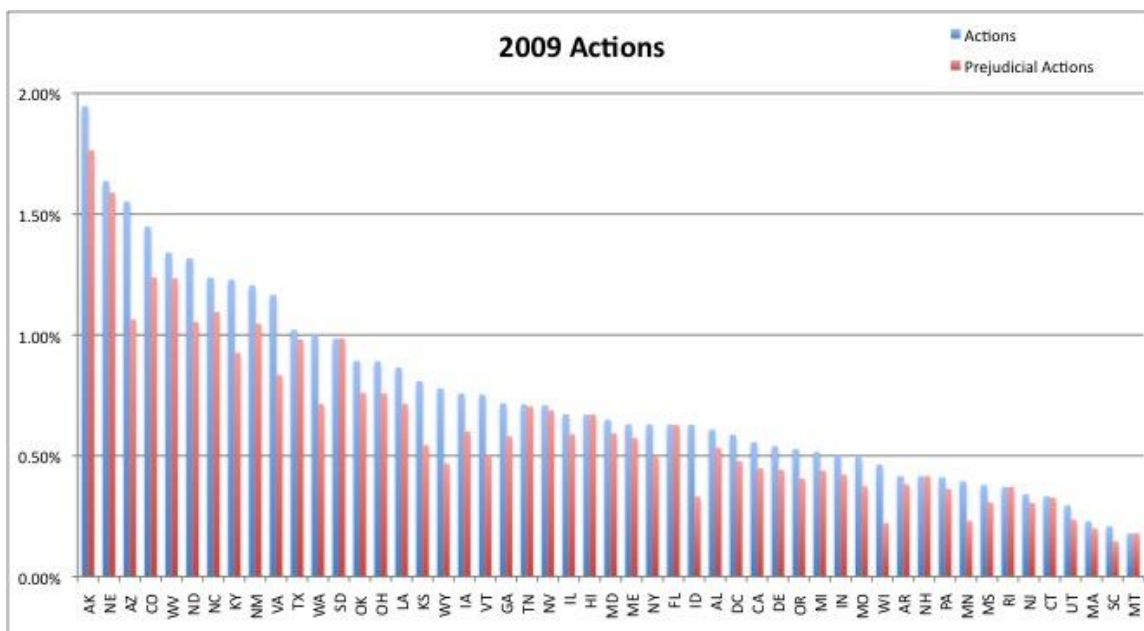


Figure 1: 2009 Actions by Rate

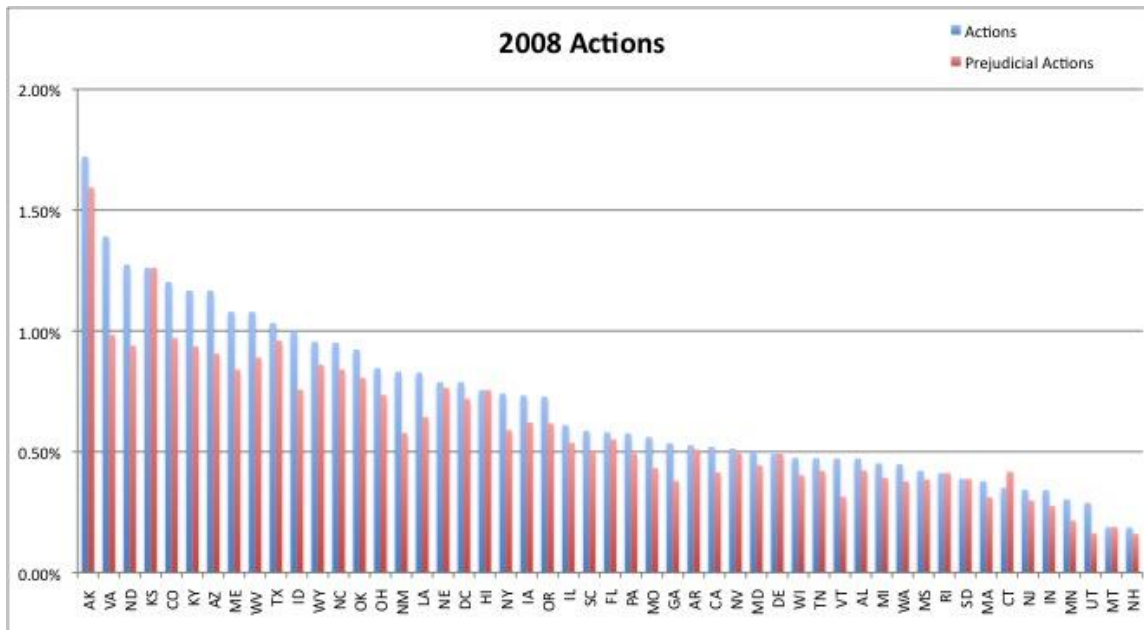


Figure 2: 2008 Actions by Rate

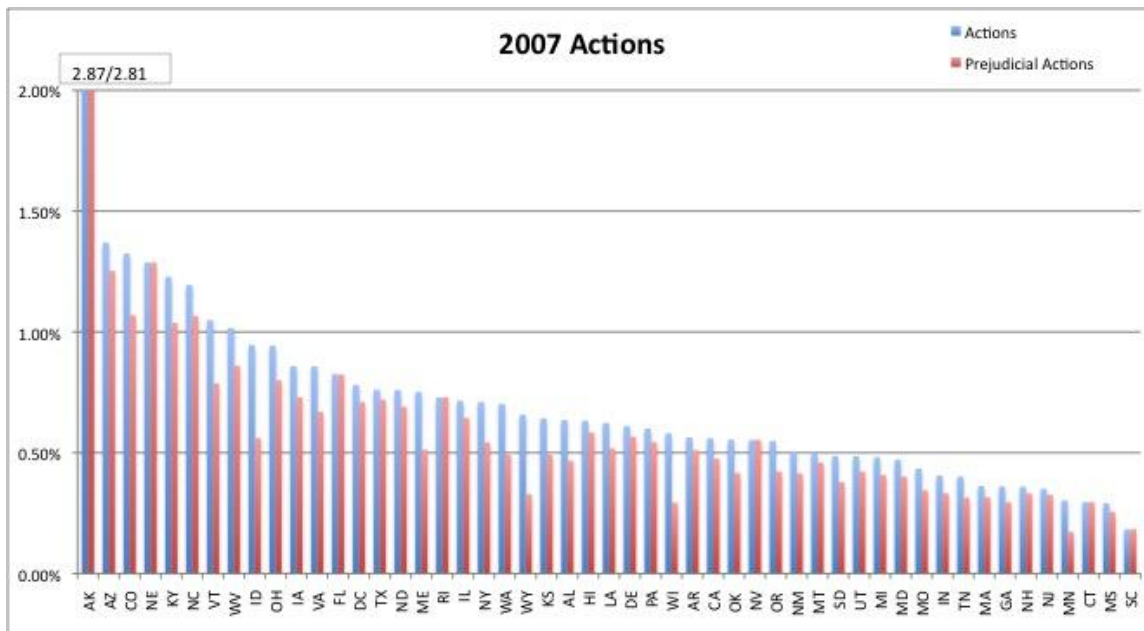


Figure 3: 2007 Actions by Rate

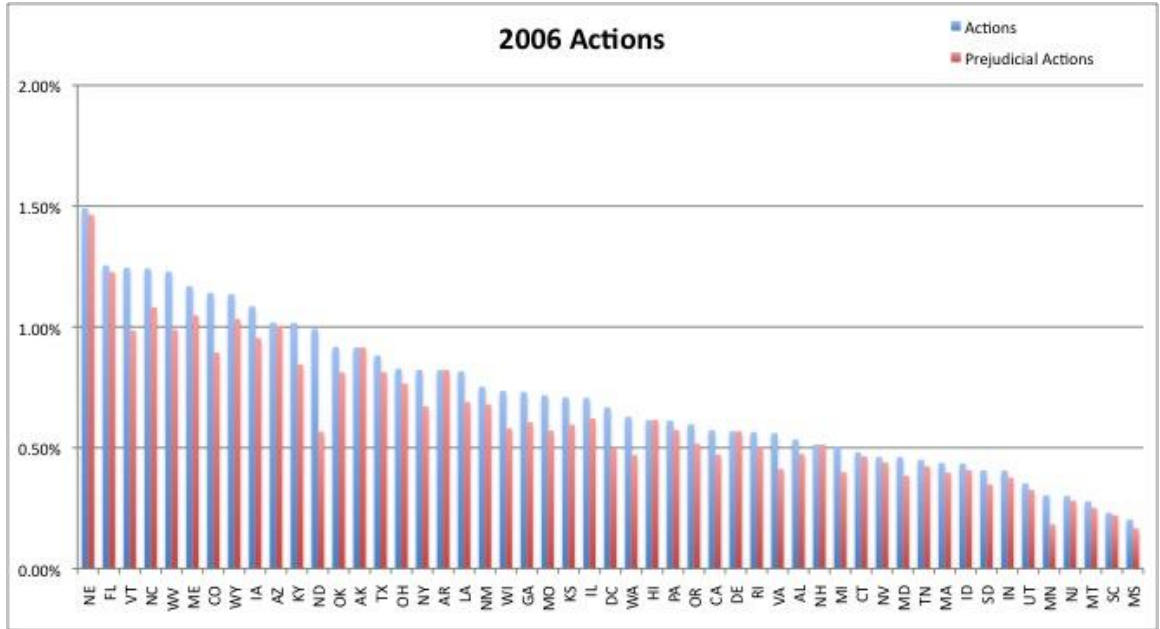


Figure 4: 2006 Actions by Rate

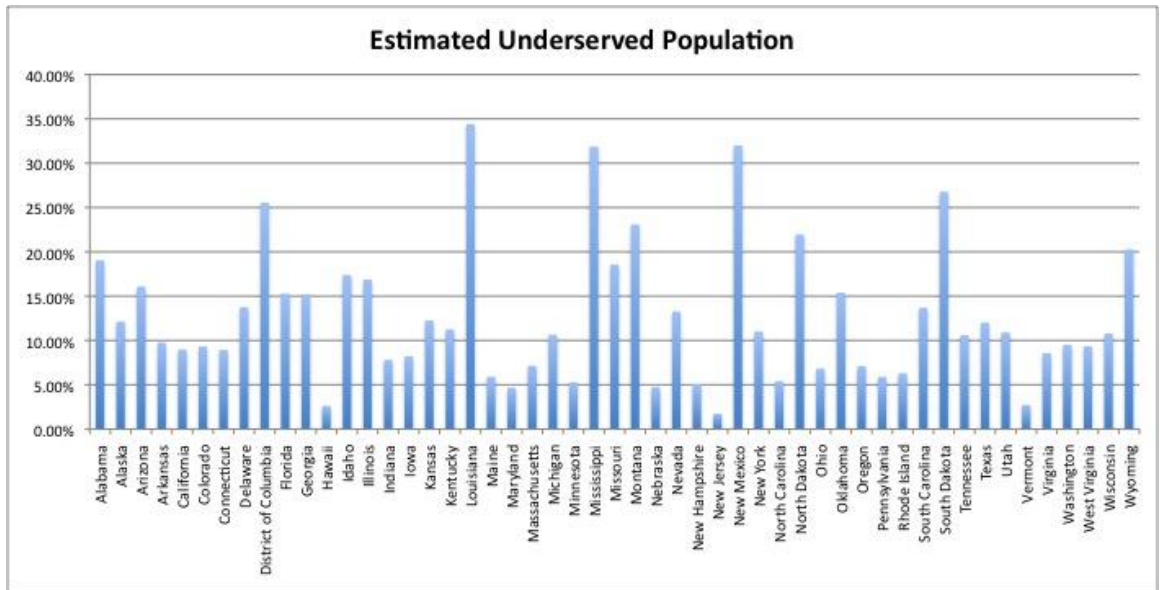


Figure 5: Underserved Populations by State, as of September 2008

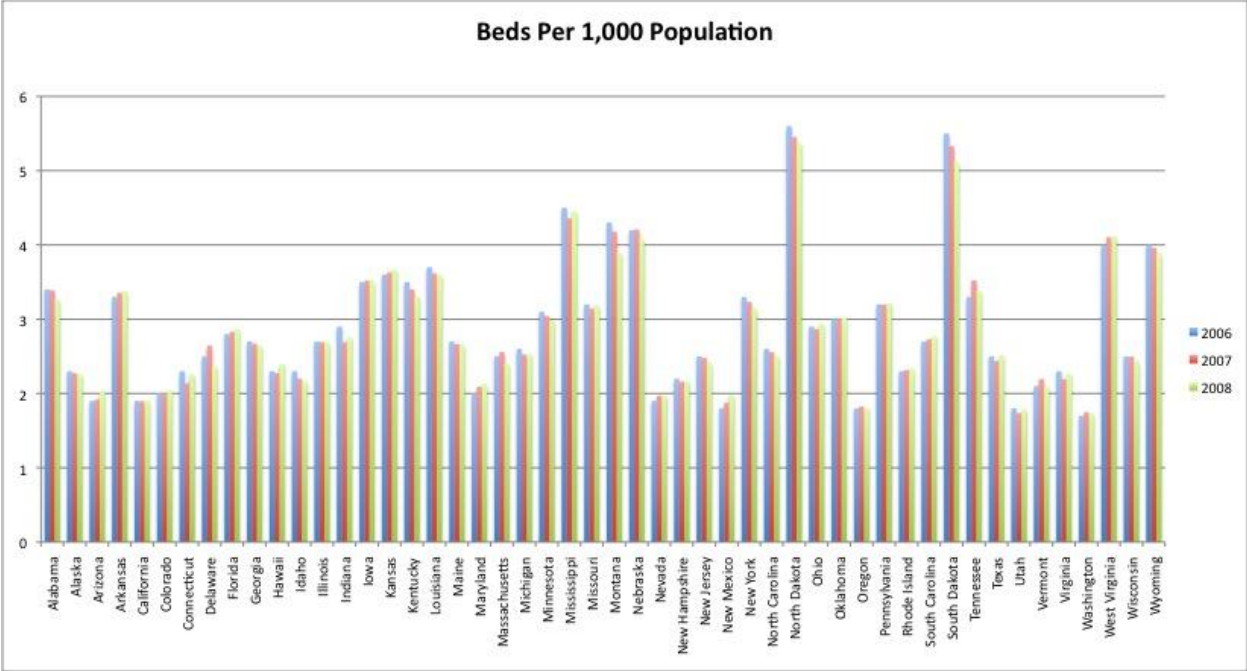


Figure 6: Beds per 1,000 Population

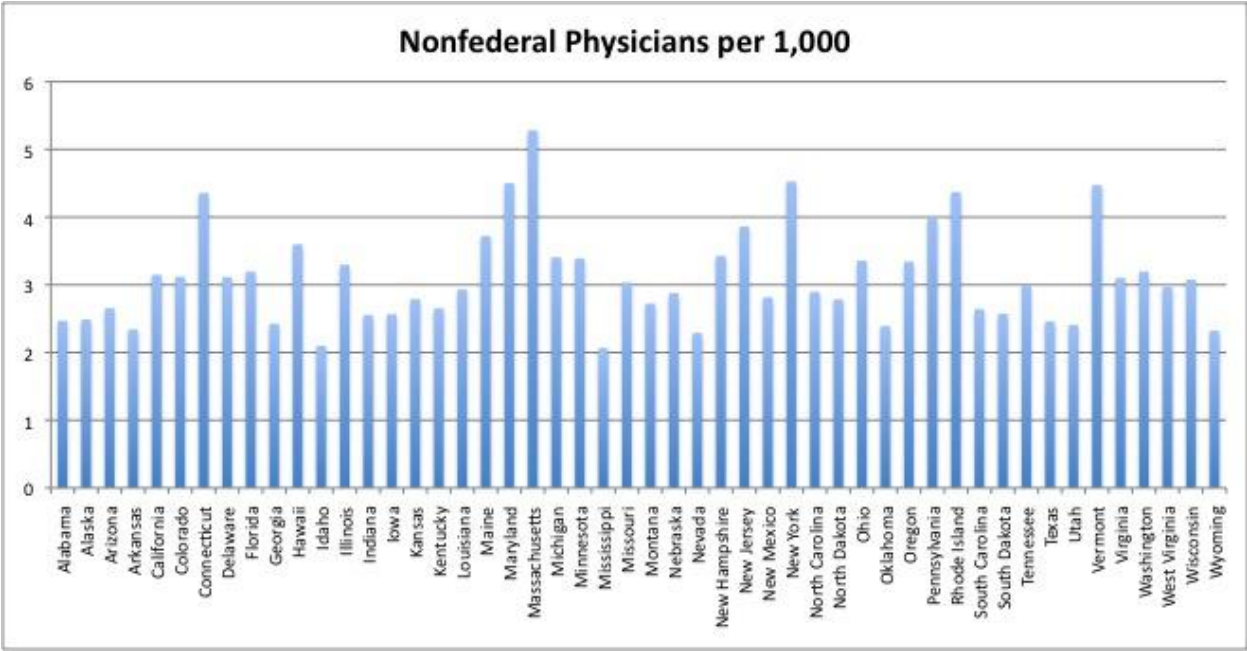


Figure 7: Nonfederal Physicians per 1,000 Population

Endnotes

- ⁱ Federation of State Medical Boards, Summary of 2009 Board Actions 3 (2010).
- ⁱⁱ Charts contain data consolidated from the FSMB Summary of 2009 Board Actions.
- ⁱⁱⁱ <http://www.tmb.state.tx.us/agency/statistics/enforce/inv.php>.
- ^{iv} <http://www.statehealthfacts.org/comparemactable.jsp?ind=682&cat=8>.
- ^v *Id.*
- ^{vi} <http://www.statehealthfacts.org/comparemactable.jsp?ind=384&cat=8>.
- ^{vii} *Id.*
- ^{viii} <http://www.statehealthfacts.org/comparemactable.jsp?ind=689&cat=8>.
- ^{ix} *Id.*