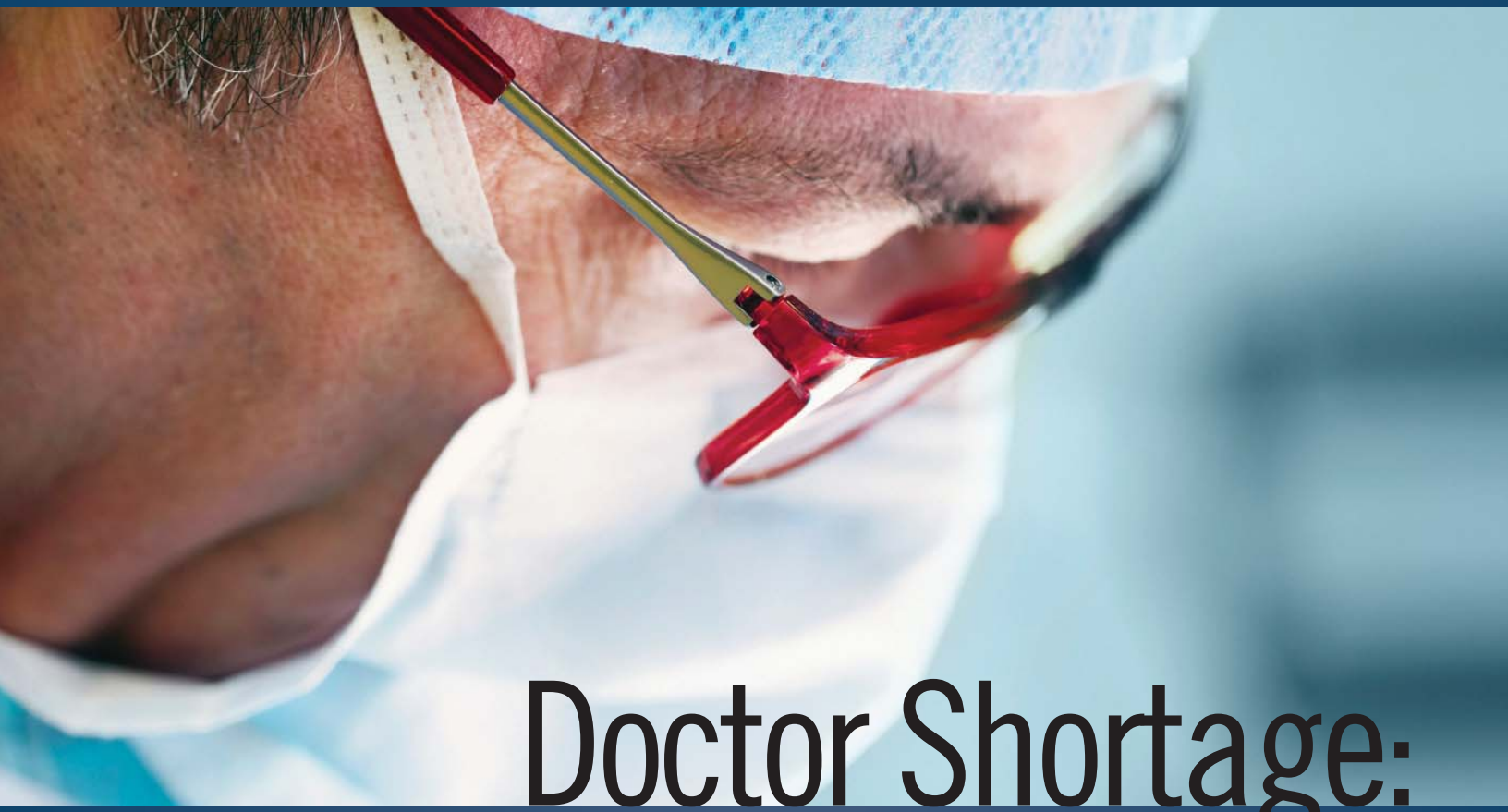


# Doctor Shortage: CONDITION CRITICAL

RESULTS OF HANYS' 2012
PHYSICIAN ADVOCACY
SURVEY

HANYS
Healthcare Association
of New York State

Primary care physicians are at the forefront of a physician shortage that continues to worsen in New York State, according to HANYS' 2012 *Physician Workforce Survey*. As the Affordable Care Act's (ACA) health insurance expansion takes effect and state Medicaid reform that encourages care coordination and population health is implemented, ensuring a sufficient number of physicians will be key to the success of these critical changes. It is vital that New York State have a comprehensive strategy to establish appropriate numbers of physicians to care for all New Yorkers.

Governor Andrew Cuomo and the state Department of Health have made a strong commitment to primary care, not only through the creation of the Office of Primary Care, but through the entire Medicaid redesign process and the 1115 waiver. Building on this commitment will go a long way to ameliorate the problems New York health care providers currently face. Doctors Across New York (DANY) must continue to be funded at a level that will attract hundreds of physicians needed in under-served areas in New York State.

# KEY FINDINGS

**1,200**
PHYSICIANS

More than 1,200 physicians are needed, including 374 primary care physicians (31%).

**2,500**
PHYSICIANS

While nearly 2,400 physicians were recruited in 2011, over 2,500 either left the area or retired, resulting in a net loss.

**75%**

Excluding the Nassau-Suffolk region, 75% of emergency departments had no coverage for certain specialties due to the shortage, resulting in the need to transfer patients to other hospitals.

**32%**

Thirty-two percent of hospitals had to either reduce or eliminate hospital services due to the physician shortage.

**73%**

One hundred and ten hospitals responded to this survey, for an overall response rate of 73% of New York State hospitals, excluding New York City.

# INTRODUCTION

As the ACA health insurance expansions are fully implemented in 2014, with millions of individuals gaining coverage, there is tremendous concern about the national shortage of primary care physicians (PCPs). While the Association of American Medical Colleges (AAMC) reported a slight uptick in the number of residency matches for primary care, AAMC still has serious concerns about the insufficient numbers to meet the nation's future health care needs.

Even with the nation's medical schools gradually increasing the number of medical school graduates to meet the growing demand (an anticipated 7,000 over the next ten years), without increased funding from Medicare to support more residency slots, this increase will be inadequate. The Balanced Budget Act of 1997 imposed caps on the number of residents for which teaching hospitals could receive Graduate Medical Education (GME) funding. While some of the ACA initiatives have provided flexibility for certain types of residency programs,

There is an intense focus on primary care, which has emerged as the major challenge for the success of health care reform and the ability of HANYS' members to serve their communities.

NYS urban teaching hospitals were excluded from receiving any increases under the ACA re-distribution. HANYS supports the reintroduction of legislation that would increase the number of residency positions eligible for GME funding.

In New York State, the Medicaid Redesign Team (MRT) has called for the expansion of primary care in the state. The MRT process is very focused on the triple aim of improving quality, improving health, and reducing per capita costs, and includes population health and care coordination as key elements to achieve these goals. The MRT and 1115 waiver are also focused on expansion of Patient Centered Medical Homes (PCMHs) and Health Homes (HHs), and the state is on a path

The survey was conducted in collaboration with:

Western New York Healthcare Association

Rochester Regional Healthcare Advocates

Iroquois Healthcare Alliance

Northern Metropolitan Hospital Association

Nassau-Suffolk Hospital Council

to ensure that all Medicaid recipients are enrolled in PCMHs and HHs to receive the benefits of high-quality primary care.

This report describes the physician climate in New York State, outside of NYC. A total of 110 member hospitals and health systems responded to this survey, for a response rate of 73%. The results of this survey confirm the serious nature of the physician shortage, particularly for primary care.

With 82% of New York's rural hospitals participating in the survey, this report includes a separate section highlighting rural findings.

HANYS has issued this annual report since 2008 to educate state and federal policymakers and the health care policy community about the challenges New York faces with respect to the future physician supply. Although our earliest report was influential in establishing DANY, and HANYS was instrumental in making critical statutory changes to that legislation last year, a more comprehensive statewide plan is needed to attract physicians to practice in New York State.

While this report will cover all physician specialties, there is an intense focus on primary care, which has emerged as the major challenge for the success of health care reform and the ability of HANYS' members to serve their communities. Mounting evidence has demonstrated that having a regular primary care physician is cost-effective and results in fewer preventable emergency visits, better adherence to medications for chronic diseases, better health outcomes, coordination of care, and reduced mortality.

# THE NATIONAL SHORTAGE OF PRIMARY CARE PHYSICIANS

AAMC predicts a national shortage of more than 46,000 primary care physicians (PCPs) by 2020. Those most affected by the primary care shortage are the most vulnerable populations, who have the greatest health needs and may already be under-served. A career in primary care medicine is challenged by inadequate pay and reimbursement, medical school debt (approximately 25% of residents graduate with debt in excess of $200,000), and the quality of life concerns of a demanding career. According to AAMC, unless the number of primary care residency training positions expands at the nation's teaching hospitals, we will face a per capita decline in the number of PCPs as "baby boomers" continue to swell the Medicare rolls.

According to a report by the National Residency Matching Program, while nearly 95% of the 2,740 residency posts in family medicine were filled, less than half were filled by graduates of U.S. medical schools. This underscores the increasing popularity of specialties that offer a more controllable lifestyle and above average incomes. Another report by the Accreditation Council on Graduate Medical Education states that primary care currently comprises 35% of all practicing physicians and is rapidly declining, as less than 20% of U.S. medical students now enter primary care fields.

In 2007, the American College of Physicians reported that only 2% of fourth year medical students planned to have a career in internal medicine. Dr. Atul Grover, AAMC's Chief Advocacy Officer, said it will take ten years to make a dent in the number of doctors needed. AAMC further cites reports by the U.S. Department of Health and Human Services

that estimate the physician supply will increase only 7% over the next ten years, as the number of Americans over the age of 65 grows by 36%. Another report by the Alliance for Health Reform[1] indicates that the first baby boomers turned 65 in January 2011, and that providers who serve this population are already in short supply. An aging population also includes an aging physician workforce, and about one-third of current physicians could also retire within the next ten years.

The Council on Graduate Medical Education (COGME) 2010 report on *Advancing Primary Care*[2] found only 32% of all physicians in the country are PCPs. COGME recommends an ideal percentage at 40%, which would equate to an additional 63,000 physicians nationally. That 8% increase, however, does not take into account the millions of people who will gain coverage through ACA. Based on COGME's calculations, an additional 122,000 PCPs would be needed to cover all the currently uninsured.

COGME also indicates that a strong investment in PCMH models will lead to effective practice frameworks for achieving optimal care coordination, while also acknowledging an overall aging of the PCP workforce, with more than 25% of PCPs over the age of 55. COGME states that expansion of sub-specialty training options, loss of primary care training positions, and alternate career options such as hospitalists have effectively reduced primary care by one-third over the past decade.

[1] *Alliance for Health Reform, April 2011*

[2] *Advancing Primary Care, COGME Twentieth Report, December 2010*

# THE PROMISE OF PRIMARY CARE IN IMPROVING POPULATION HEALTH THROUGH PCMHs

The Patient Centered Primary Care Collaborative states that "the PCMH improves health outcomes, enhances the patient and provider experience of care, and reduces expensive, unnecessary hospital and emergency department (ED) utilization." BlueCross BlueShield has tested the cost savings of the PCMH model and first year results show that nearly 60% of enrollees in PCMHs recorded lower than expected health care costs.

In fact, states with more primary care physicians have better outcomes and lower costs, as well as lower socioeconomic and racial disparities. Evidence shows that there are optimal health care outcomes and optimal health system efficiencies when at least 40% to 50% of the physician workforce is comprised of PCPs. A study[3] by Dr. Barbara Starfield of Johns Hopkins University also found that a greater orientation toward primary care results in lower per-capita costs and better outcomes.


Increasing evidence continues to suggest that models of care that rely on a greater role for PCPs in chronic care management show evidence of increased quality of care and lower costs. Numerous examples at the national level have shown the impact of the PCMH model on reducing ED visits and hospitalizations, as well as overall net savings. New York's 1115 waiver includes multiple PCMH examples across the country that have demonstrated cost savings and better health outcomes.

[3] *Philips, R., Starfield, B. Why does a U.S. primary care physician workforce crisis matter? American Family Physicians, August 1, 2004*

Adirondack Medical Home, a demonstration program in New York, is already showing great promise. This multi-payer project serves approximately 200,000 residents in a five-county region in the Adirondacks.[4] This model appeals to both providers and patients and it has a growing track record of success in improving care processes and outcomes. Preliminary evidence suggests that ED use and inpatient rates have both declined since the inception of the demonstration. Furthermore, it has increased reimbursement to PCPs and improved recruitment and retention.

In order to stimulate interest in primary care, COGME strongly believes that income levels for PCPs must be brought to the level of 70% of specialty incomes. Participation in a PCMH certainly enhances the income level of the PCP with per-member-per-month add-ons for each patient in the practice.

COGME further suggests the following:

- strategically increasing the number of primary care residency slots;
- increasing involvement of PCPs in medical training;
- requiring student participation in under-served areas;
- changing admission processes to increase likelihood of increasing interest in primary care;
- involving community collaboration in the residents' training;
- increasing training in ambulatory, community health centers, and medically underserved areas;
- rewarding teaching hospitals financially for producing more PCPs; and
- augmenting salaries of primary care residents.

[4] *The Adirondack Medical Home Demonstration: A Case Study, United Hospital Fund, 2011*

# THE PRIMARY CARE SHORTAGE IN NYS

The Center for Health Workforce Studies (CHWS) recently issued a research brief[5] on primary care in New York State. CHWS states that nearly 4 million residents of New York State reside in Health Professional Shortage Areas (HPSAs), which represents 20% of the state's population. To remove all the federal designations in NYS, an additional 450 full-time practitioners would be required. However, more than 1,100 would be needed to achieve a population-to-primary care ratio of 2,000:1. While there is no definitive, ideal ratio of patients to physicians, some researchers have indicated that 1,500:1 is ideal, and with an aging population and more people insured, that number has been lowered to 1,200:1. These numbers include the use of Nurse Practitioners (NPs), Physician Assistants (PAs), and nurse midwives to also provide primary care services. To be designated an HPSA, the population-to-physician ratio must be at 3,000:1. Further, CHWS reports that only 28% of physicians in New York (as opposed to 32% nationally) provide primary care. To make matters worse, the percentage of primary care physicians over the age of 65 is 15% or higher, which means that more than 3,000 primary care physicians will likely retire over the next few years.

Some researchers have indicated that 1,500:1 is an ideal ratio of patients to physicians; with an aging population and more people insured, that number has been lowered to 1,200:1.

The state Department of Health is making a significant investment in primary care expansion through the 1115 waiver. Through capital funding initiatives for primary care, all applicants will be required to be National Committee for Quality Assurance-accredited PCMHs. There is also a large emphasis on Health Home development for those Medicaid recipients who are diagnosed with multiple chronic conditions. The state is also investing in other models including telehealth, Accountable Care Organizations,

[5] *New York's Primary Care Workforce: Who contributes? A Preliminary Analysis, CHWS, July 2012*

and other partnerships designed to better manage care transitions.

These are all laudable goals, but cannot be fully accomplished without an adequate primary care workforce. The PCMHs and HHs provide for staffing flexibility and NPs and PAs can play a large role in the provision of primary care services. Part of the problem, however, is that increasingly these non-physician clinicians are not going into primary care practices, but rather into specialty practices. According to CHWS, less than one-third of NPs, PAs, and midwives provide primary care services. Also, NPs who provide primary care services are older, with the average age of NPs at 53, and 62% of NPs over 50 years old.

# SURVEY FINDINGS

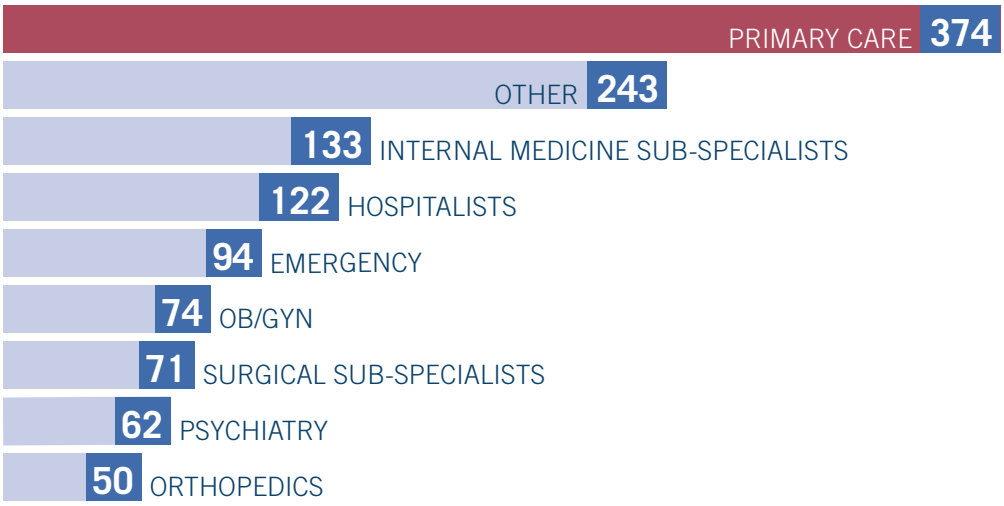
In years past, HANYS' survey has reported on shortages in multiple specialties. While HANYS' members continue to report shortages in a variety of specialties, the overwhelming shortage of PCPs prompted us to focus this report on the primary care shortage.

HANYS' 2012 survey findings identified a need for 374 primary care physicians, representing 31% of total need, compared to 18% in last year's survey. It was by far the largest percentage of need reported by hospitals/ health systems in recent years.

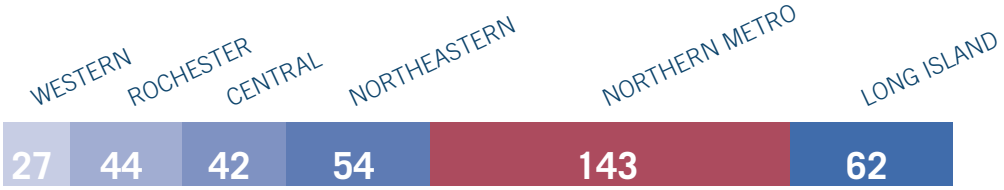
When asked about recruitment difficulties, 56% indicated that primary care physicians were either difficult or very difficult to recruit. Aging of the primary care workforce (67%) and shortages of primary care physicians (82%) were the reasons cited by all respondents.

## 64% increase in physician need between 2011 and 2012

### NEED FOR PHYSICIANS BY SPECIALTY

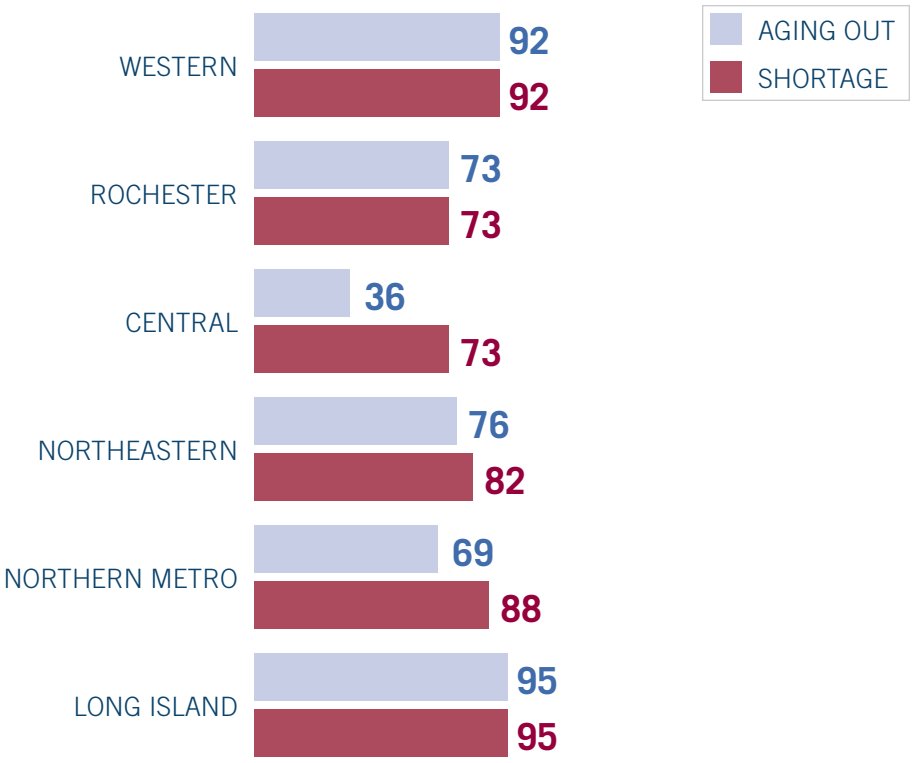



### PRIMARY CARE NEED BY REGION



The chart below reflects the percentage of respondents indicating that primary care physicians are aging out or are in short supply by region, regardless of ability to recruit.

## 56% said primary care physicians difficult to recruit



## Physician Employment by Hospitals Continues to Increase, But Supply Cannot Match Demand

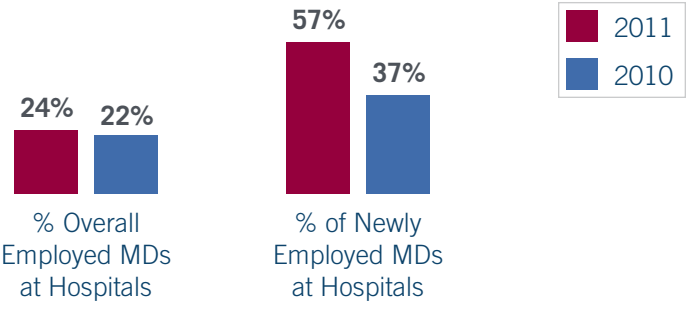
A 2011 *New England Journal of Medicine* article states that more than half the practicing physicians are now employed by hospitals or integrated health systems, a trend fueled by the creation of ACOs and more risk-based payment approaches. By hiring PCPs, hospitals can influence the flow of referrals to their own specialists. A recent survey by the Medical Group Management Association shows a 75% increase in the number of active doctors employed by hospitals since 2000. With payment systems moving toward population-health management and risk-based reimbursement, hiring PCPs makes sense for some hospitals.

The most recent recruitment survey by Merritt Hawkins, a national physician recruitment firm, found that the demand for primary care physicians was by far the highest of all specialties. Merritt Hawkins also notes that the trend toward hospital employment continues; 63% of their search assignments were for employed physicians, up from 56% the previous year. Their survey also indicated that the demand for searches in private practices has almost entirely abated.

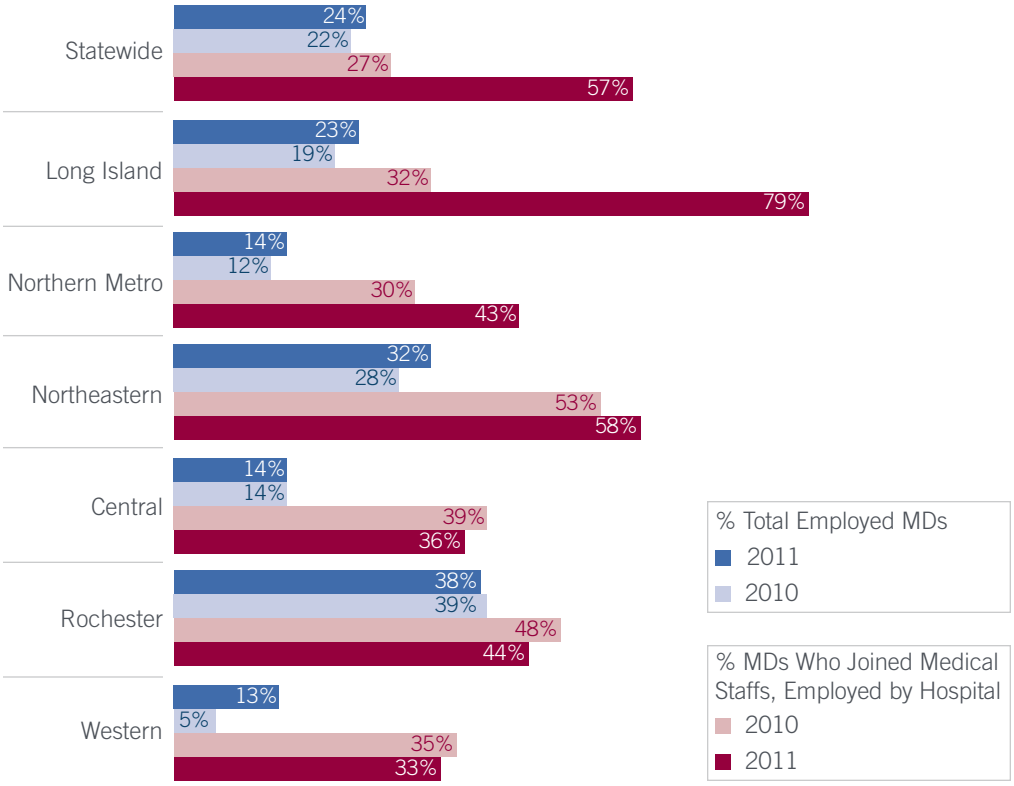
Respondents to HANYS' survey reported that of the nearly 2,400 physicians that joined the medical staff in 2011, 57% were directly employed by the hospital, up from 37% in 2010. This is an increasing national trend, and studies cite the reasons new physicians prefer hospital employment as more flexibility, shorter hours, and guaranteed income. With the need for integrated delivery systems, the uncertainty of the payment environment, and the need to manage populations, hospitals are recognizing the necessity to directly employ more physicians. Direct employment also helps with physician retention.

HANYS' survey asked providers if they were hiring more physicians directly and whether there was a trend by physicians to have hospitals purchase their practices. Providers overwhelmingly state that there has been a significant increase in both areas.

## CHANGES IN PHYSICIAN EMPLOYMENT, 2010-2011




## % OF MDs WHO JOINED MEDICAL STAFFS IN 2010 AND 2011 WHO ARE EMPLOYED BY THE HOSPITAL, BY REGION



## Recruitment Not Keeping Pace With Need

Respondents reported adding a total of 2,399 physicians to their medical staff. They also indicated that 2,283 physicians left their hospitals for employment elsewhere, 246 physicians retired in 2011, and an additional 281 would be retiring by the end of 2012.

**1,221**

**TOTAL NEED FOR NEW MDs**
**identified by survey respondents**

**(130)**

**NET LOSS IN 2011**



**2,399**

**# NEW MDs IN 2011**

LESS

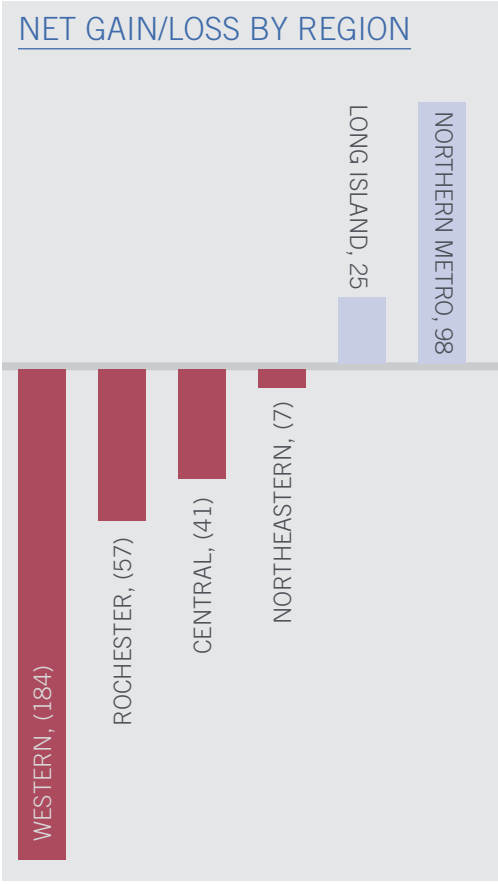
**2,529**

**# MDs WHO LEFT OR RETIRED IN 2011**

When asked about the most common reasons for separations from employment, respondents indicated the following:

| | |
|---|---|
| **Better economic opportunities elsewhere** | **57%** |
| **Aging out** | **53%** |
| **Better opportunity for spouse/ partner** | **50%** |
| **Pressures of practicing a specialty that is in demand** | **43%** |

HANYS asked members if the physician shortage and their ability to recruit physicians has improved, stayed the same, or worsened. Ninety-nine percent of respondents indicated that the physician shortage had remained the same or worsened in their community, and 90% indicated that their ability to recruit remained the same or worsened. This was an increase from last year, when 94% indicated that the shortage had remained the same or worsened and 85% reported that recruitment remained the same or worsened.



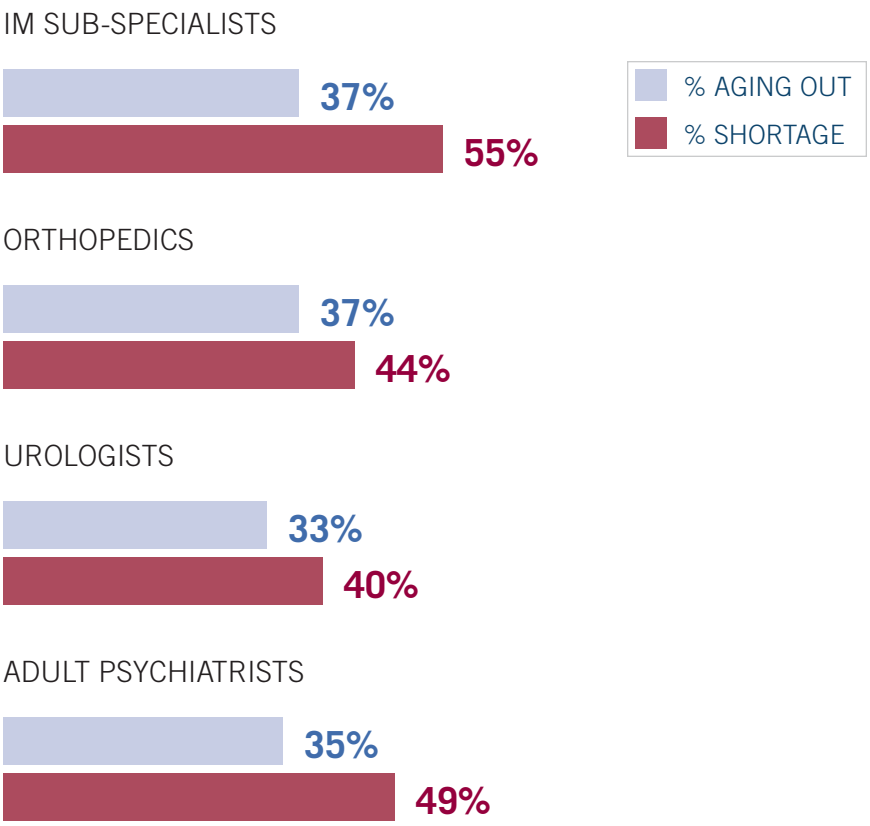
# Recruitment and Retention of Specialists

The reported total need for physicians was more than 1,200, compared to last year's 763, a 64% increase. Respondents were also asked about their difficulty recruiting and retaining specialists. Other than primary care, the specialists listed at right were reported as the most difficult to recruit:

## PERCENT REPORTING MOST DIFFICULT TO RECRUIT SPECIALISTS

| | |
|---|---|
| IM Sub-specialists | 55% |
| Orthopedics | 48% |
| Urologists | 43% |
| Adult Psychiatrists | 40% |

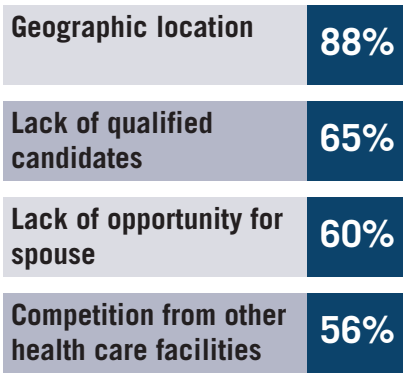
## CITED REASONS FOR RECRUITMENT DIFFICULTY BY RESPONDENTS



## Barriers to Recruiting

The most significant barriers identified this year are included in the chart at right.

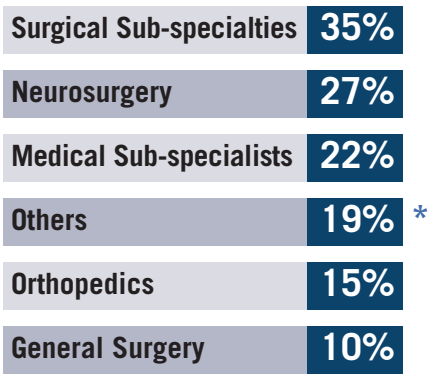
These numbers have been fairly consistent over the last few years.




## Access to Care

# The survey continues to identify barriers to ED care.

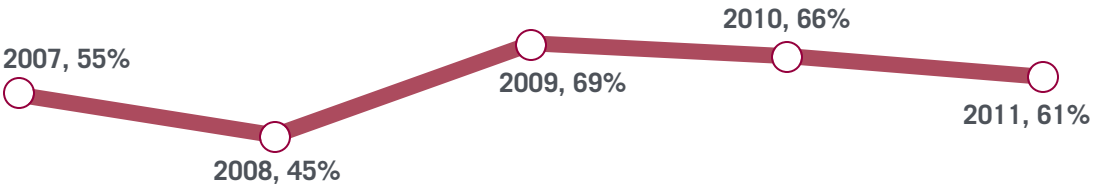
This year, 61% of all respondents indicated that there are times when their ED is not covered for certain specialties requiring their patients to be transferred to another facility. The specialties at right were reported as not always being available.



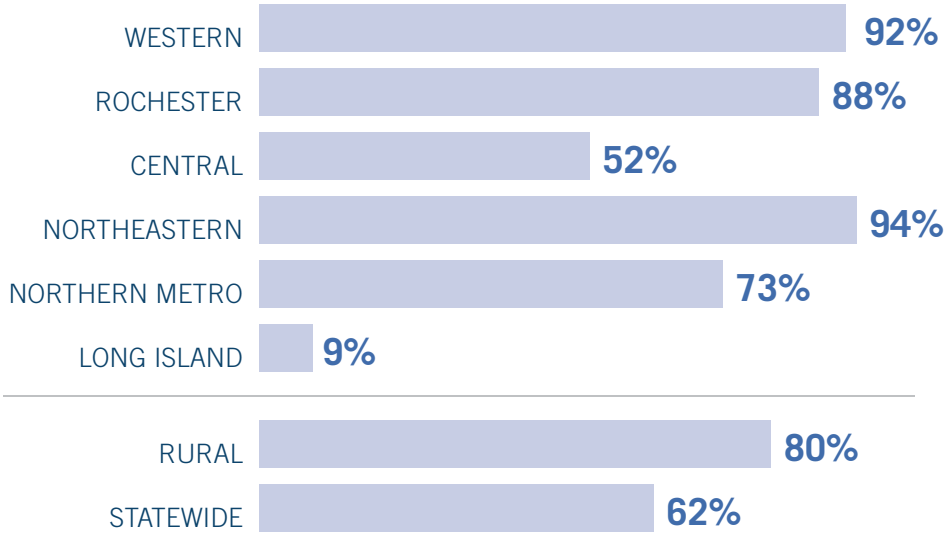

*These included ENT, psychiatry, pediatric surgery, thoracic surgery, interventional radiology, and urology.

The chart below shows the trend in access to care over the past five years.

## ED NOT COVERED FOR SOME SPECIALTIES

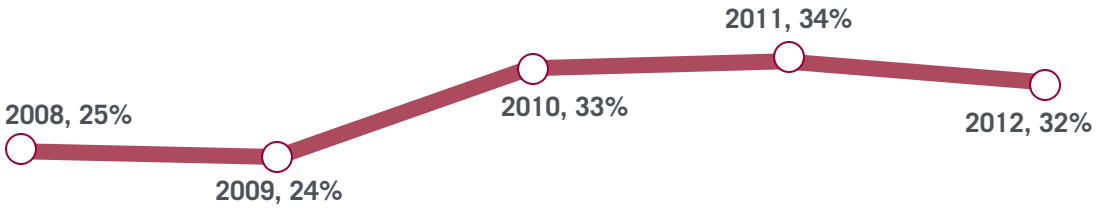



## ED NOT COVERED FOR SOME SPECIALTIES, BY REGION



Respondents were asked if they had to reduce and/or eliminate services at their hospital due to the physician shortage. This year, 22% of respondents indicated that they had to reduce services, 5% eliminated services, and 5% both reduced and eliminated services, for an overall total of 32%. This has been increasing over the last five years.

## REDUCE AND/OR ELIMINATE SERVICES




Further, 85% of respondents indicated that they provide some form of on-call pay for physicians, with the majority (62%) of respondents paying only for certain limited specialists.

# USE OF NON-PHYSICIAN CLINICIANS

Eighty-nine percent of respondents indicated that they have hired more non-physician clinicians (NPCs) who are either NPs or PAs in the last year, with 61% indicating it is because of a shortage of physicians. Given that 81% of respondents indicated anticipated growth in ambulatory care in our 2012 nursing and allied health survey (*A Changing Growing Health Care Sector*), it is not surprising that the growth of NPCs would be so strong. HANYS reported that 71% of upstate respondents anticipate growth for NPs and 62% for PAs. Downstate, which includes NYC, 46% anticipated growth for NPs and 51% for PAs. The reasons cited for hiring more NPCs in this survey include:

| REASON | % REPORTING |
|---|---|
| **NPCs are more cost effective** | **87%** |
| **NPCs provide high-quality care** | **63%** |
| **Physician shortage** | **61%** |
| **Willing to work off-shifts** | **47%** |

One-third of respondents also indicated that they had experienced difficulty recruiting both NPs and PAs.

An adequate number of NPCs will be critical to the success of the PCMH model. As stated earlier, many NPCs are not working in primary care settings, but rather in sub-specialty care. The Primary Health Services Corps, if adequately funded, could go a long way in recruiting NPCs to primary care by offering loan repayment. While this program received federal matching funds, more funding is needed at the state level to attract more NPCs to primary care.

# RURAL FINDINGS

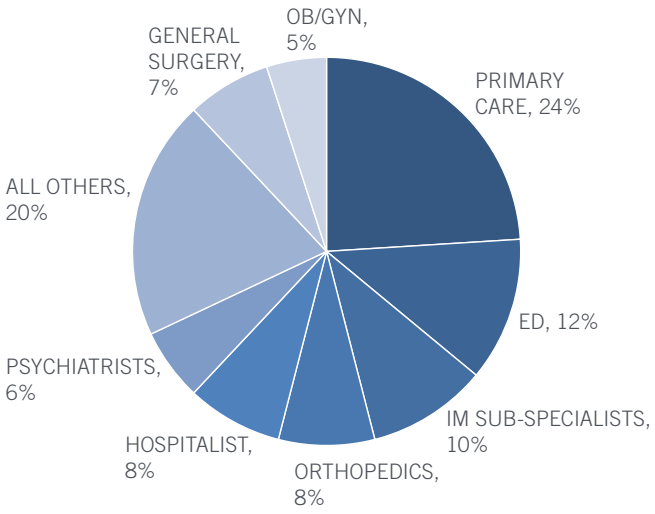
## RECRUITMENT IS NOT KEEPING UP WITH DEMAND IN RURAL HOSPITALS

| | |
|---|---|
| **NEED** | **309** |
| # MDs who joined medical staff | 390 |
| PLUS | |
| # MDs directly employed | 145 |
| LESS | |
| # MDs who left community | 418 |
| LESS | |
| # MDs who retired | 48 |
| LESS | |
| Anticipated retirements in 2012 | 49 |
| **NET LOSS** | **(76)** |

HANYS' response rate from rural hospitals was 84%, with 42 rural hospitals responding to the survey. Rural hospitals reported a net loss of 76 physicians in 2011, and a current need for nearly 309 physicians. Seventy-six primary care physicians are needed, nearly a quarter of the total physicians needed. Sixty-two percent of rural hospitals reported that primary care physicians are aging out of their community. With respect to the need for other specialty physicians, the breakdown was as follows:

| SPECIALTY | # NEEDED |
|---|---|
| **Emergency MDs** | **36** |
| **IM sub-specialists** | **31** |
| **Orthopedics** | **25** |
| **Hospitalists** | **25** |
| **General surgeons** | **21** |
| **Psychiatrists** | **19** |
| **OB/GYN** | **16** |

While 390 physicians joined the medical staff at rural hospitals in 2011, 466 physicians left or retired in the same year. Our rural hospitals anticipate an additional 49 physicians will retire in 2012. While a smaller percentage of physicians hired by rural hospitals were directly employed (37% vs. 60% non-rural), 64% of rural hospitals indicated that they are hiring more hospital-employed physicians, and that physicians are approaching them to purchase their practices (81%) or seek employment (81%). Most physicians leave rural areas because they have better economic opportunities elsewhere, or they are seeking better opportunities for their spouse or partner.



Survey results found physicians leaving rural areas for the following reasons:

| REASONS | % REPORTING |
|---|---|
| Better opportunity for spouse/partner | 71% |
| Better economic opportunities elsewhere | 67% |
| Aging out | 52% |
| Practice pressures (long hours, on-call) | 50% |

Rural hospitals report that geographic location (95%) remains their biggest barrier to recruitment, followed by a lack of qualified candidates (76%), and a lack of opportunity for their spouse/partner (76%). All respondents reported that the physician shortage had either worsened or remained the same, and 88% felt that recruitment of physicians had worsened or remained the same.

Fifty percent of rural hospitals report that recruitment of primary care physicians is difficult or very difficult. Other physicians that are very difficult to recruit in rural areas include:

| | |
|---|---|
| IM Sub-specialists | 55% |
| Orthopedics | 52% |
| OB/GYN | 40% |
| Emergency Physicians | 40% |
| Urologists | 40% |

## Coping Mechanisms

A slightly higher percentage of rural hospitals are hiring more NPCs, as compared to hospitals in non-rural areas (90% vs. 88%), listing their reasons as:

| | |
|---|---|
| More cost effective | 71% |
| Shortage of physicians | 67% |
| Provide high quality of care | 62% |

# CONCLUSION

# HANYS' ADVOCACY

- This year, HANYS' workforce focus will be on improved implementation and additional funding for DANY and the Primary Care Services Program. While the 1115 waiver includes funding for DANY, it is probable that these will be matching funds. HANYS will advocate for funding for at least 250 physicians per year. Currently, there are only adequate funds for 75 new awards, as the appropriation is being depleted by multi-year commitments for prior awards.

- HANYS has recently created a new Workforce Advisory Group that includes many of the same stakeholders as the Physician Workforce Planning Group. Part of the mission of the newly-formed group will be to identify new strategies to enable more recruitment to New York State. HANYS supports the development of a statewide job bank for physicians, as well as funds to support regional recruitment efforts.

- HANYS will partner with stakeholders on the development of a strong marketing strategy that will encourage residents to stay and practice in New York State.

- HANYS is partnering with Community Health Center Association of New York State on ways to attract primary care providers to underserved areas, including non-physician clinicians.

- At the federal level, HANYS will continue to advocate for additional Graduate Medical Education slots for primary care in New York State.

- HANYS supports the advancement of telemedicine as a tool to gain access to needed specialty physicians. With the passage of legislation that eliminates the duplicative credentialing requirement for the originating site hospital, HANYS will continue to promote the use of telemedicine and work to eliminate other barriers.

# HOW TO ATTRACT MORE PHYSICIANS TO PRACTICE IN NEW YORK STATE

New York State is the physician training capital of the country, with more than 16% of the nation's doctors completing their residencies here. Because New York has so many high-quality teaching hospitals, it is a magnet for medical residents who are not from the state. The clinic care provided to the uninsured and underinsured patients in these teaching hospitals is largely provided by these residents. New York State had a history of retaining approximately 50% of its residents, but that number has been steadily decreasing over the years and is now at 45%. Research indicates that physicians who are from New York and train here are more likely to stay and practice medicine here. Since many of the residents who come to train in New York are from other parts of the country, they have no intention of staying here after they complete their residencies, as most want proximity to family.

In an effort to identify incentives to retain more physicians in New York State, HANYS included a number of questions related to enhanced recruitment in our survey.

New York State had a history of retaining approximately 50% of its Medicaid residents, but that number has been steadily decreasing over the years and is now at 45%.

One question focused on an interest in a statewide job bank for physicians, an idea prompted by a discussion among various stakeholders to create an "I Love New York"-type campaign to attract physicians to practice here. An overwhelming 94% of all respondents and 100% of rural respondents indicated an interest in a job bank of this type. Approximately 54% of respondents are part of the Upstate New York Physician Recruiters, which maintains a Web site that lists all physician openings at each of their member facilities.

In trying to determine the impact of the DANY program on recruitment, HANYS' survey found:

- of the 46 respondents who indicated that they had received a DANY award, 55% were in rural hospitals;
- 13% applied but did not receive an award;
- 10% received an award that they could not use because they were unsuccessful at recruiting the specific specialist for which they applied;
- 31% did not apply; and
- 35% indicated that they would apply if the process was made simpler.

Members were also asked about their interest in investing in a regional partnership with other stakeholders such as insurers, providers, government, business, and other community partners to develop a local physicians' recruitment program, including loan repayment or practice support. Eighty-eight percent of respondents statewide indicated an interest in this type of strategy.

It is clear from the survey findings that a comprehensive approach is needed to attract more physicians to practice in under-served parts of the state. Loan repayment or practice supports are proven incentives that could encourage physicians to remain in the state.

There also needs to be a strategy to attract more New York State residents to medical schools. Research shows that students who grow up in a rural community and attend medical school are highly likely to practice in a rural community. Medical schools also continue to struggle with diversity, and minority physicians are greatly needed in many under-served urban areas. Programs such as one run by the Associated Medical Schools of New York are successful in preparing many of these students for medical school with a one-year, pre-med program, but more efforts are needed to identify students through the Area Health Education Center system, as they have the ability to attract students in high school to careers in medicine and health care, especially in rural and under-served urban areas.

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