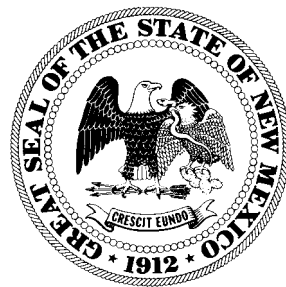




Physician Supply In New Mexico: 2002



Published May 2003



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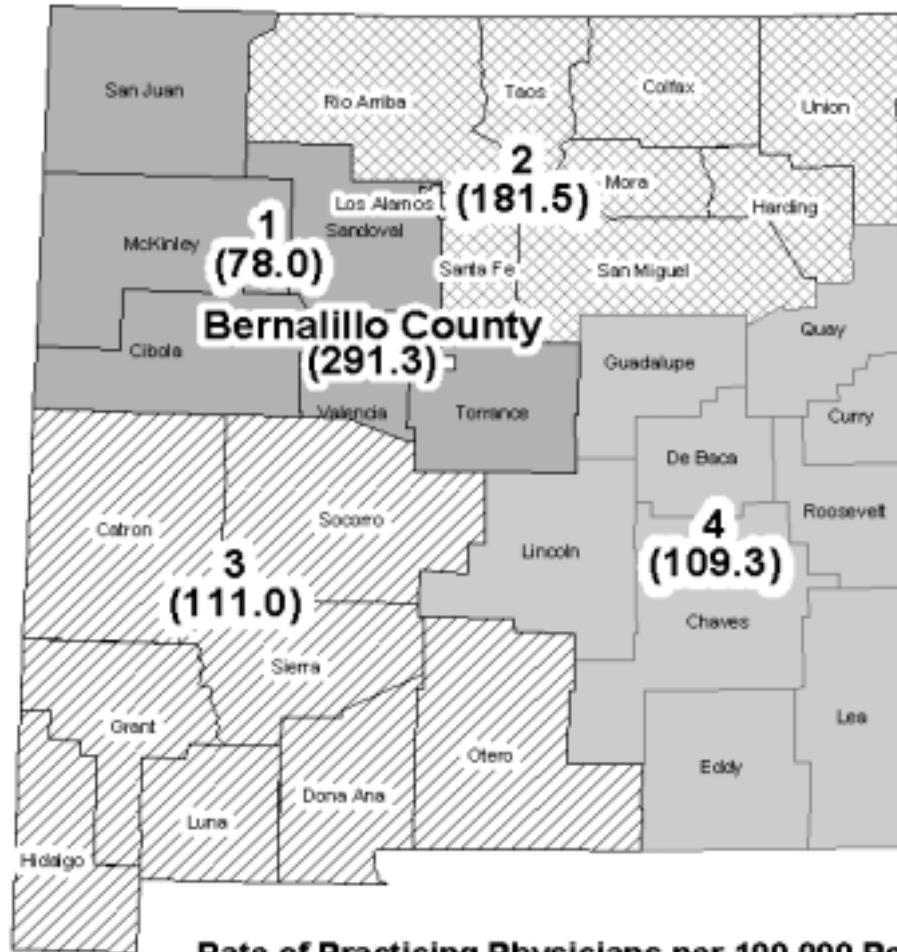
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New Mexico Health Policy Commission
Physician Supply in New Mexico

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Estimated New Mexico Practicing Physicians, 2002
Center for Health Workforce Studies Data – 3,186 Physicians
Rate per 100,000 Population by Public Health District



Rate of Practicing Physicians per 100,000 Population

- Public Health District 1 Except Bernalillo County
- Bernalillo County
- Public Health District 2
- Public Health District 3
- Public Health District 4

Total New Mexico Population in 2001: 1,820,000
 Total Number of New Mexico Practicing Physicians per 100,000 Population: 1.69*
 United States Number of Practicing Physicians* per 100,000 Population: 2.42*
 *Excludes residents

Executive Summary

This report provides statewide and regional snapshots of physician supply and capacity.

The purpose of this report is three-fold. First, it summarizes the Health Policy Commission's physician licensing data from the Geographic Access Database System (GADS). Secondly, the report provides a synopsis of the findings and estimations by the Center for Health Workforce Studies (CHWS), University at Albany, State University of New York, School of Public Health, and, thirdly, it reports findings of the New Mexico Physician Survey.

A GADS 10-year licensing trend is used to demonstrate past and current physician supply. The licensing database has information on all *actively licensed* allopathic and osteopathic physicians, which does not necessarily signify that the physician is engaged in active *practice* or what the scope of active practice might be.

The physician survey was undertaken in 2002 as a collaborative effort of the New Mexico Health Policy Commission (HPC), New Mexico Medical Society, New Mexico Board of Medical Examiners, University of New Mexico, New Mexico Health Resources, Inc., New Mexico Osteopathic Examiners Board, Greater Albuquerque Medical Association, and the New Mexico Department of Health. Task Force members are listed in Appendix A.

The physician survey, conducted under a contract with the Center for Health Workforce Studies (CHWS), was mailed to the 6,176 Allopathic and Osteopathic physicians holding active New Mexico licenses as of June 2001, excluding post graduate training licensees (residents at the University of New Mexico School of Medicine). Ninety-three percent (5,757) of these physicians were located and received a survey. **The survey resulted in a 68% response rate, or 3,920 of 5,757 physicians.**

Based upon the survey and American Medical Association data, the Center for Workforce Studies **estimated** that there were 3,186 active practicing physicians in New Mexico in 2002. However, of the 3,920 physicians who responded to the survey, **2,179 are actively practicing in New Mexico.**

Findings for the **2,179** survey respondents actively practicing in New Mexico included:

- By gender - 70% (1,518) are male, 25% (553) are female, 5% (108) did not answer. (*AMA Socioeconomic data: 74% male, 26% female*)
- By Age – 27% are 24-44 years old, and 64% are between 45-64 years old.
- By ethnicity - 73% (1,583) are non-Hispanic White, 10% (212) are Hispanic Latino, 6% (124) are Asian or Pacific Islander, 2% (35) are African American, 1% (19) are Native American or Alaskan native, 9% (206) did not answer.
- By specialty - 39% (847) are Primary Care Physicians, 50% (1,084) are Specialty and Surgical Care Physicians, 11% did not answer (*See Appendix 3 for specialty definitions*).
- By practice location - 47% (1,025) work in Urban areas, 24% (525) work in Mixed areas, 13% (290) work in Rural areas, 4% (91) work in Frontier areas, and 12% did not answer (*See Appendix 4 for density definitions*).
- By practice capacity - 59% of General and Specialty Physicians report that their practices are full (19%) or nearly full (40%).
- By education – 18% of practicing physicians attended New Mexico high schools, and 35% attended some or all medical school and/or residency training in New Mexico.

While 79% of practicing physicians reported no significant practice changes in the next 12 months, **21% reported that they were planning to make significant changes** by *retiring, leaving the state to continue their practice, reducing patient care hours or relocating* to another part of the state. The most frequently noted factors influencing change decisions included the **Gross Receipts Tax, Administrative/Regulatory Burden, and Reimbursement Issues**.

In addition to the survey data, the GADS Licensing Database shows that the actively licensed physician population is growing in absolute numbers. However, the physician population is actually growing at a slower rate than the state's population, and is aging, which is effectively reducing relative supply.

Other findings from GADS show substantial increases in the numbers of primary care providers since 1996 while the number of licensed surgical and internal medicine specialty providers has remained relatively flat.

Data provided by the University of New Mexico School of Medicine shows that while the number of UNM graduates increased 40% between 1994-1999, there has only been a 2% increase between 2000-2002.

As mentioned in the Conclusions Section of this report, the current survey and historical licensing data supports the generally held assumption that the great majority of New Mexico, especially rural New Mexico, is experiencing a physician supply shortage.

Part One: Physicians Licensed In New Mexico Geographic Access Database System (GADS) Licensure Data

Licensure Data Limitations

While licensure data does not accurately depict the number of actively practicing physicians in New Mexico, its value is longitudinal in nature and it can consistently measure aspects of the licensed physician population over time. The physician survey suggests that only about 50% of actively licensed physicians are actively practicing in New Mexico (2,179 of 3,920), providing a benchmark for estimating actual supply.

It is important to clarify that the data presented here is licensure data for all *actively licensed* allopathic and osteopathic physicians. The holding of an active license does not necessarily signify that the physician is engaged in active *practice* or what the scope of active practice may be. Physicians holding active New Mexico licenses may, for example, hold administrative positions, teach, or reside and practice out of state (36% of the total 2002 licensed population).

This Geographic Access Database System (GADS) data presentation is not intended to determine whether physician/population ratios are of the “right size” or distribution for any particular specialty type in any particular district: rather, it is intended only to show significant trends of the demographics of the New Mexico active licensed physician population.

Active Licensed Physician Data

A ten-year trend of licensed New Mexico allopathic and osteopathic physicians, excluding postgraduate resident licensees, tracking the number of new and expired licenses per year by specialty type, is shown on the following page.

Physician Licensing Data: Health Policy Commission GADS

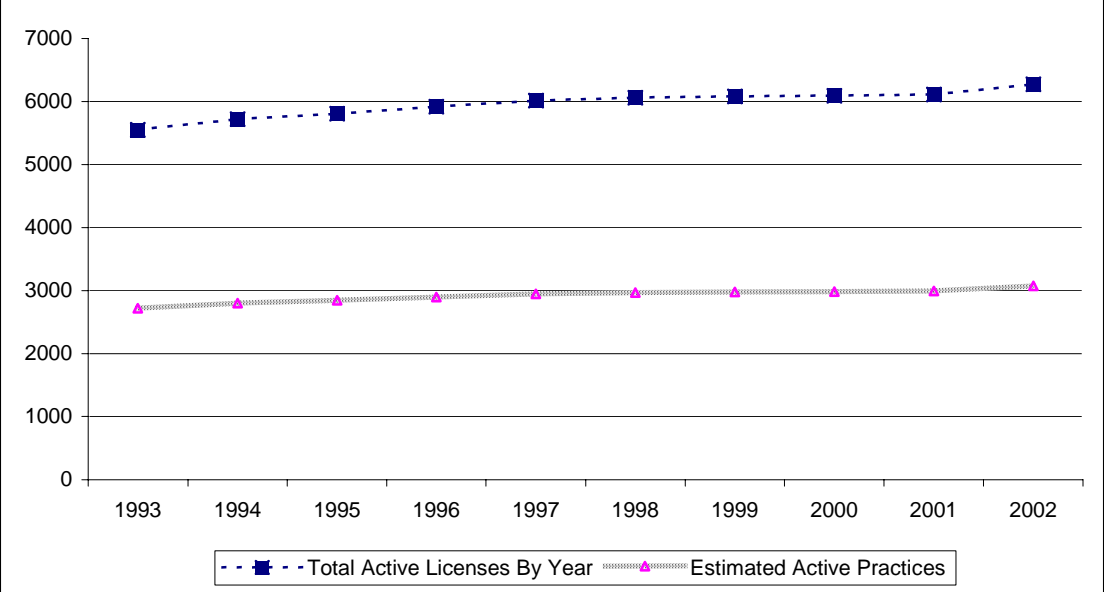
		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
NEW LICENSES ISSUED											
Primary Care		173	183	182	215	216	227	173	162	174	248
Internal Medicine Specialty		9	13	9	0	4	2	1	3	4	9
Surgery		64	58	25	42	63	48	41	32	52	55
Other Specialty		156	142	116	115	124	114	118	126	121	191
Unknown		15	30	25	20	21	23	24	16	30	31
Total Issued		417	426	357	392	428	414	357	339	381	534
EXPIRED LICENSES											
Primary Care		124	99	110	124	137	160	152	137	141	179
Internal Medicine Specialty		6	4	3	4	5	6	7	4	8	8
Surgery		57	55	38	43	48	59	35	41	58	49
Other Specialty		100	97	101	92	115	121	115	125	130	106
Unknown		3	3	15	19	27	20	29	22	24	27
Total Expired		290	258	267	282	332	366	338	329	361	369
Active Licenses By Year		5549	5717	5807	5917	6013	6061	6080	6090	6110	6275
Census Bureau Pop Est. (in 1000s)		1615	1653	1682	1706	1723	1734	1740	1819	1829	1855
Licensed Physicians/1000 pop.		3.44	3.46	3.45	3.47	3.49	3.50	3.49	3.35	3.34	3.38

The number of licensed physicians per 1,000 population defines the relationship between physician supply and population growth. From 1993 to 2002, there was a high of 3.5 active physician licenses per 1000 population in 1998 and a low of 3.34 in 2001. The average for the ten years is 3.44.

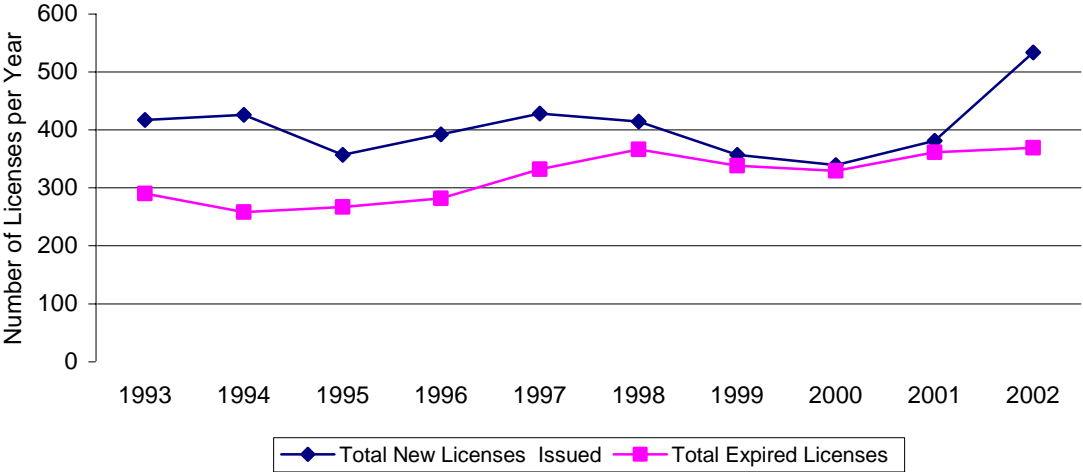
In 2002, there was a dramatic increase in the number of newly issued licenses compared to previous years. This event bears follow-up to see if an upward trend continues. Though much of the 2002 increase was in Primary Care, the “Other Specialty” category increased as well. There was a large increase in expired licenses for primary care in 2002.

While there has been an increase in the number of active licensees each year, the ratio of licensees per 1,000 population peaked in 1998 and decreased each year until 2002. Assuming that active licensure is a proxy measure for access to services, New Mexico residents are, therefore, experiencing a decrease in the availability of physicians relative to population growth.

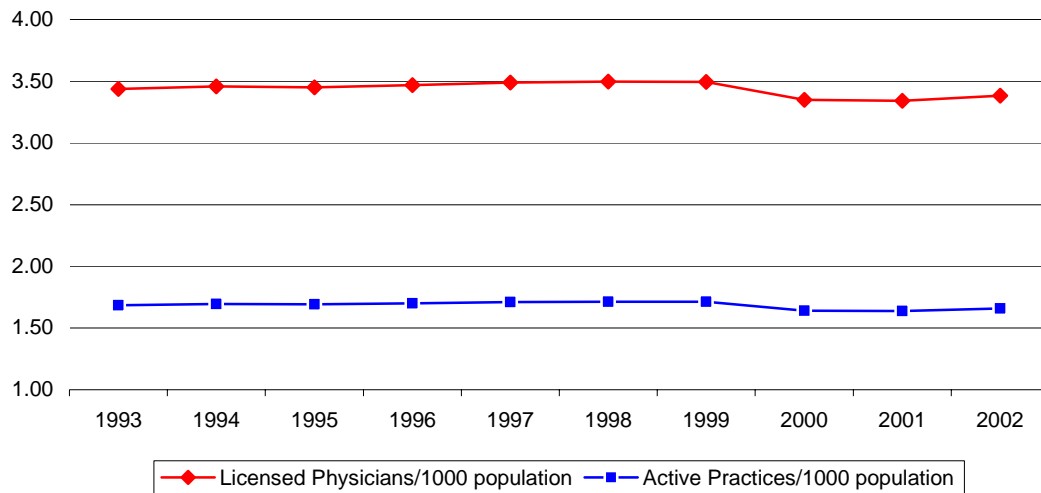
GADS Licensure Data-Total Active Licenses and Estimated Active NM Practices/1993-2002



GADS Licensure Data-Total New and Expired Licenses/1993-2002



GADS Active Licenses & Practices/1000 Population 1993-2002



For a comparison of physician licenses and practices in conjunction with the average number of University of New Mexico School of Medicine School (UNM SOM) graduates per year, the following graph shows a 2% growth between 2000-2002 compared to a 40% increase between 1994-1999.

UNM Resident and Medical School Graduates.

The approximate number of UNM residents graduating per year is 100.

	Total UNM Resident and Medical School Graduates	UNM Graduates with a License to Practice in New Mexico	% Total UNM Graduates in New Mexico	Growth in % Graduates in NM
1994		819		'94-'99 40% ↑
1999		1,190		
2000	4,665	1,222	25%	'00-'02 2% ↑
2002	4,949	1,237	26%	

Data from the UNM SOM Location Report. Daniel Derksen, MD, UNM Center for Community Partnerships.

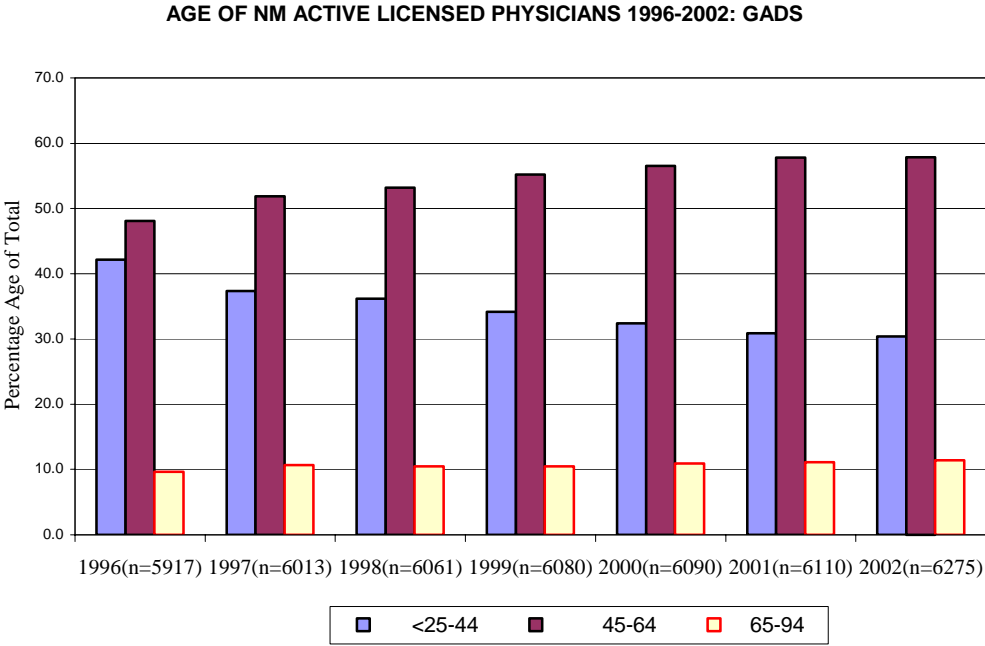
Age Distribution of Active Licensees

The licensure data collection includes the specialty and date of birth of each physician. Below is the age distribution of active licensees from 1996 through 2002. Most notable is the upward change in age distribution of the physician population since 1996. The second and third columns (ages 25-34 and 35-44) show flat or decreasing numbers of physicians in the younger age categories compared with increasing numbers of physicians in the remaining older categories over this seven-year period.

GADS Age Distribution of Active Licensees By Year, Excluding Medical Residents

Year	Age	<25	25-34	35-44	45-54	55-64	65-74	75-84	85-94	Unknown
1996		4	559	1,935	1,892	953	454	108	7	5
1997		6	434	1,811	2,013	1,105	504	124	13	3
1998		7	421	1,772	2,049	1,177	488	134	11	2
1999		7	403	1,675	2,126	1,231	488	132	16	2
2000		7	385	1,588	2,185	1,259	510	141	13	2
2001		7	390	1,496	2,199	1,335	525	140	14	4
2002		7	418	1,485	2,190	1,436	561	141	12	25

The following graph collapses physician age categories into three groups: less than age 44, ages 45 to 64, and above 65.



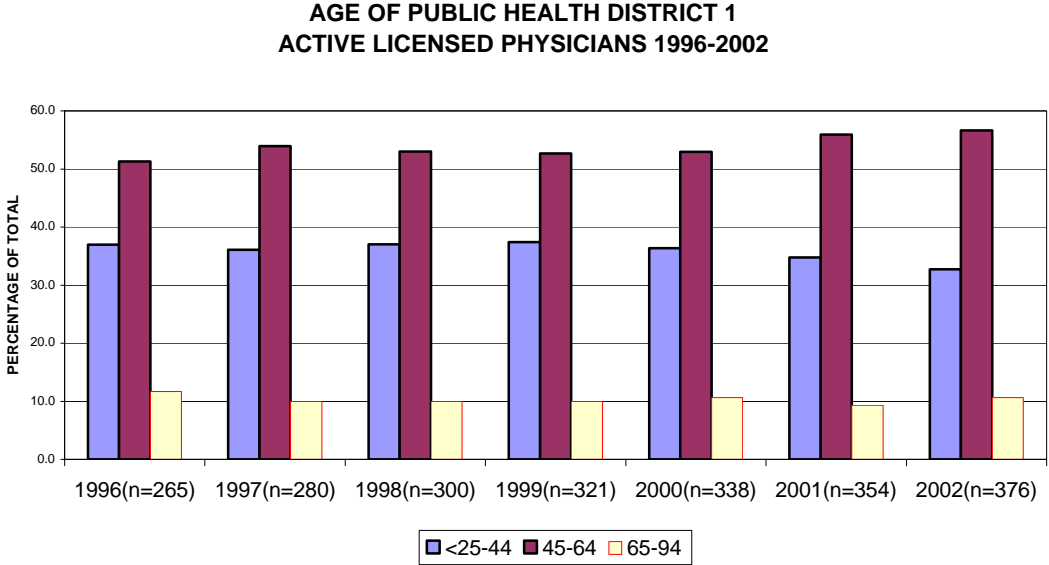
(N=active licenses by year)

Between 1996 and 2002, the percentage of New Mexico’s active licensed physicians under age 44 decreased from 42.2 to 30.4 percent of the total population of active licenses; those between age 45 to 64 increased from 48.1 to 57.9 percent, and those above age 65 grew from 9.6 to 11.4 percent.

Age Distribution by Public Health Districts

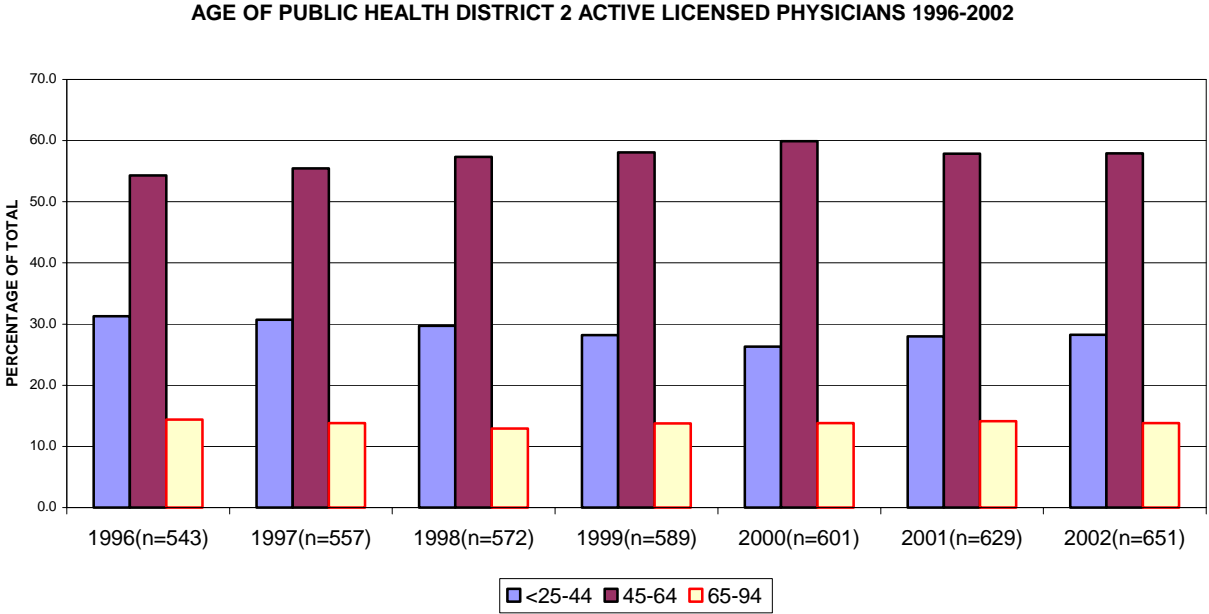
For the 64% of actively licensed physicians with a New Mexico address, the following graphs describe age distribution by Department of Health Public Health District since 1996. Due to its unique status as the only urban county in the state, Bernalillo County has been separated from the other District 1 counties in this analysis. (Public Health District county compositions are listed in Appendix 2.)

The pattern of aging in **Public Health District 1's** physician population has increased the percent of the total in the 45 to 64 age group from 51.3% in 1996 to 56.9% in 2002.



(N=active licenses by year)

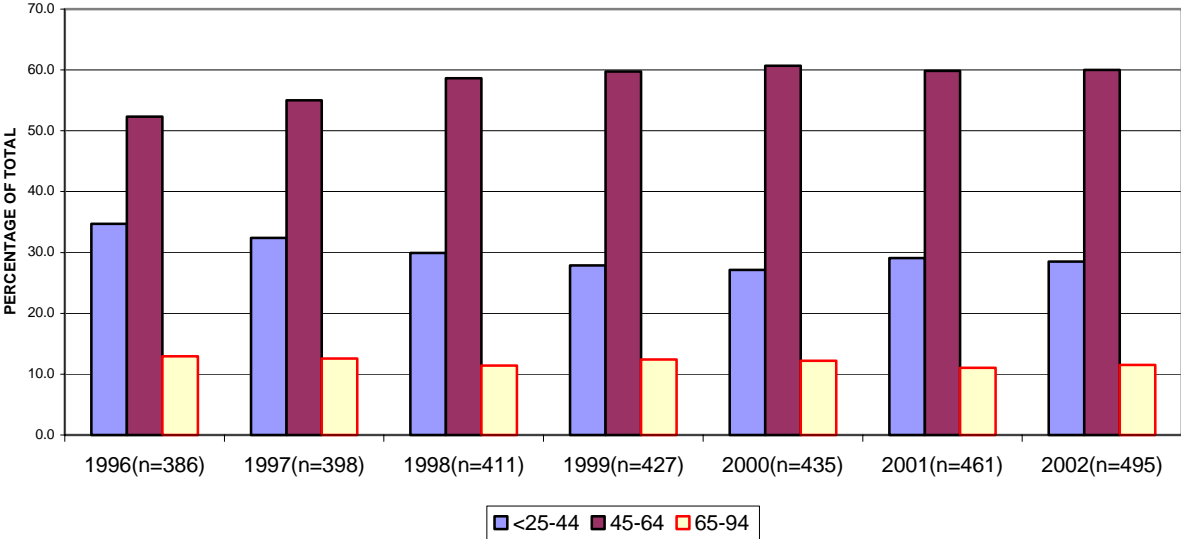
In **Public Health District 2**, the 45 to 64 age group has increased from 54.3% of the total physician population in 1996 to 57.9% in 2002.



(N=active licenses by year)

In **Public Health District 3**, the percentage of total physician population in the 45 to 64 age group has grown from 52.3 % in 1996 to 60.0% in 2002.

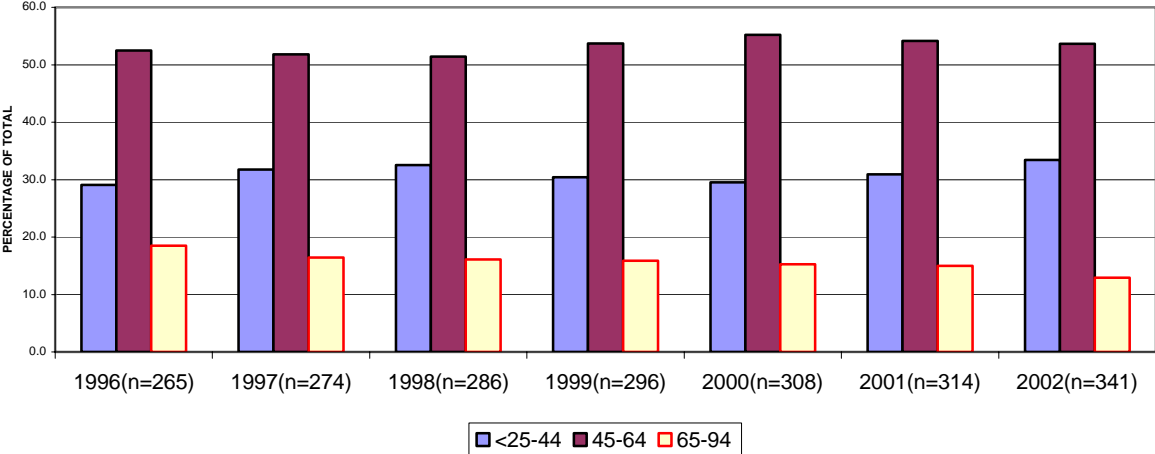
AGE OF PUBLIC HEALTH DISTRICT 3 ACTIVE LICENSED PHYSICIANS 1996-2002



(N=active licenses by year)

Public Health District 4 differs from the rest of the state in that the total number in the 45-64 age group remained relatively flat from 1996 to 2002. The 25 to 44 age group, however, increased from 29.1% of the District’s active licenses to 33.4% in the same period.

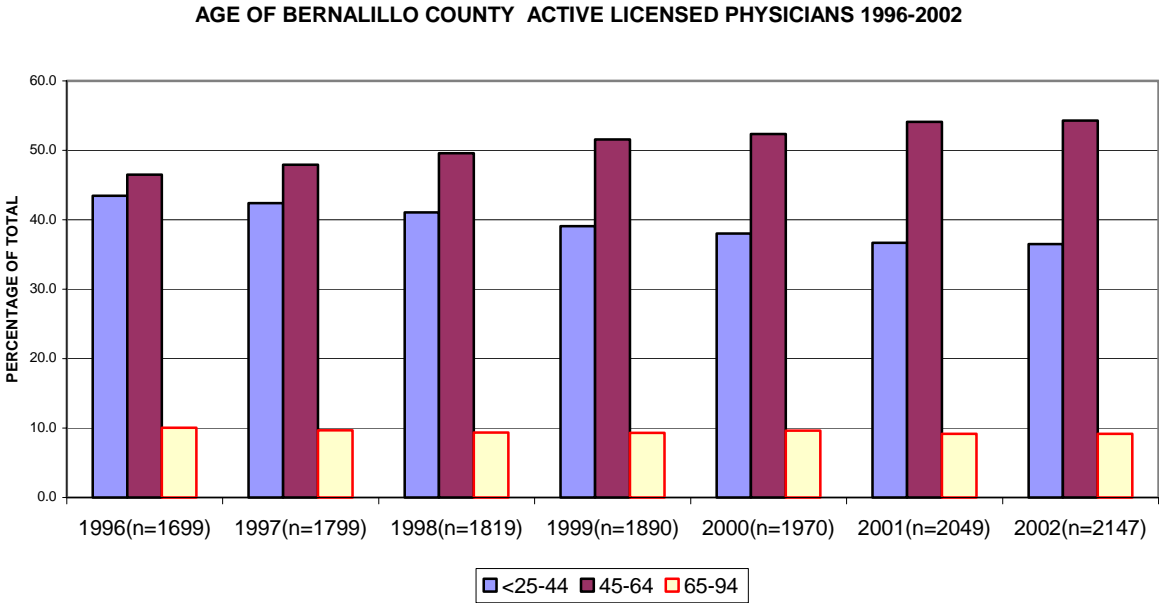
AGE OF PUBLIC HEALTH DISTRICT 4 ACTIVE LICENSED PHYSICIANS 1996-2002



(N=active licenses by year)

Bernalillo County is also experiencing an aging phenomenon within its physician population: the 45 to 64-age category increased from 46.5% of the total in 1996 to 54.3% in 2002. County specific data for each NM county is available, but has not been compiled or portrayed here.

(N=active licenses by year)

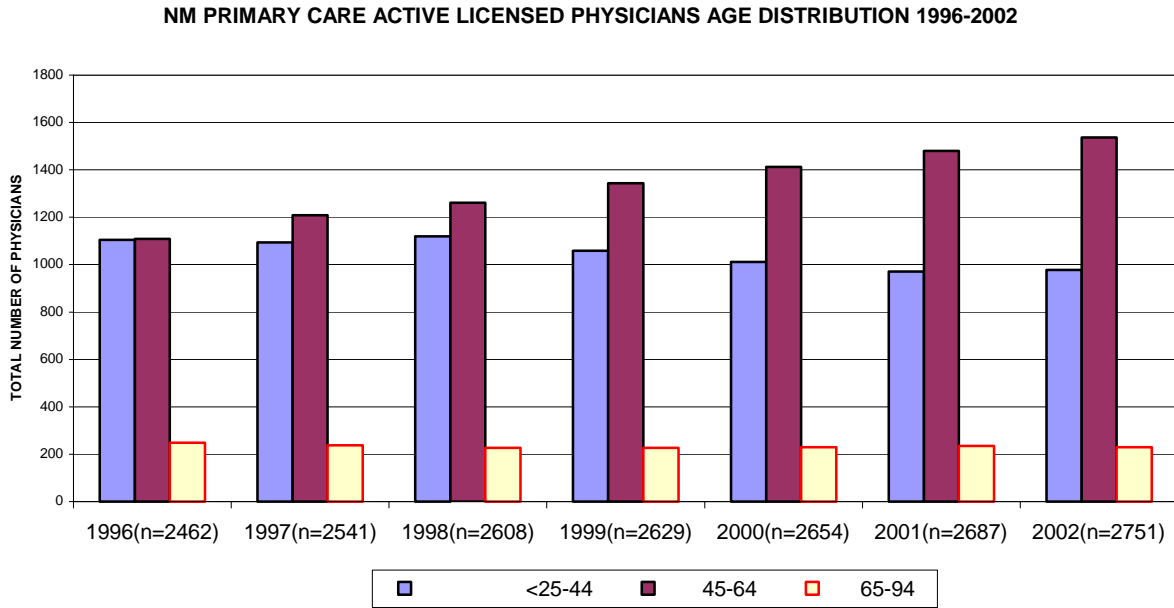


Specialty Distribution by Age

Licensure data has also been analyzed by age distribution for four specialty groups: primary care, internal medicine specialties, surgical specialties and other specialties. (Appendix 3 lists the specialty areas included in each group for this report.)

The total population of active licenses in primary care has increased from 2,462 in 1996 to 2,751 in 2002. (Primary Care includes Family Medicine, General Internal Medicine, General Pediatrics, General Practice, Gynecology and Obstetrics and Gynecology.) Of the four specialty groups, Primary Care has the greatest increase of the New Mexico licensed physician population from 1996 to 2002, and this increase has also occurred within the 45-54 age group.

The total number of *Primary Care* licenses by age group distribution from 1996 to 2002 is shown in the following graph.

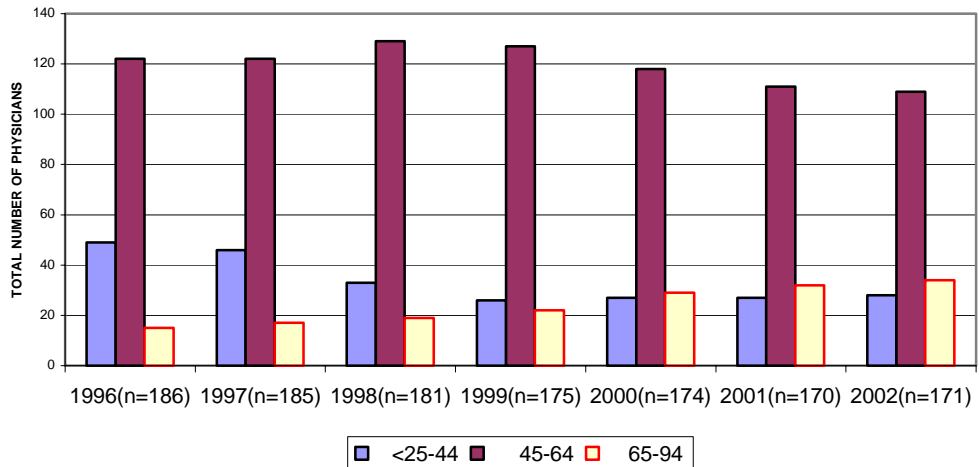


(N=active licenses by year)

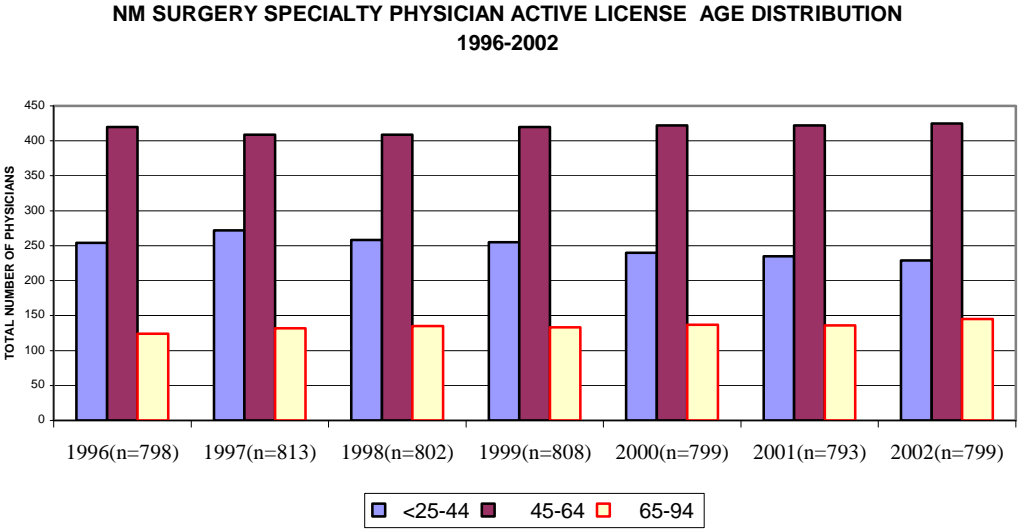
Internal Medicine specialties include cardiovascular diseases, critical care medicine, endocrinology, gastroenterology, geriatrics, hematology/oncology, infectious diseases, nephrology, pulmonary diseases, and rheumatology. While total numbers in the state have remained small, there has been a decrease from 186 to 171 physicians with internal medicine specialties since 1996. When examined by age distribution, these decreases have primarily occurred in the 45-54 group.

NM INTERNAL MEDICINE SPECIALTY PHYSICIAN ACTIVE LICENSES AGE DISTRIBUTION 1996-2002

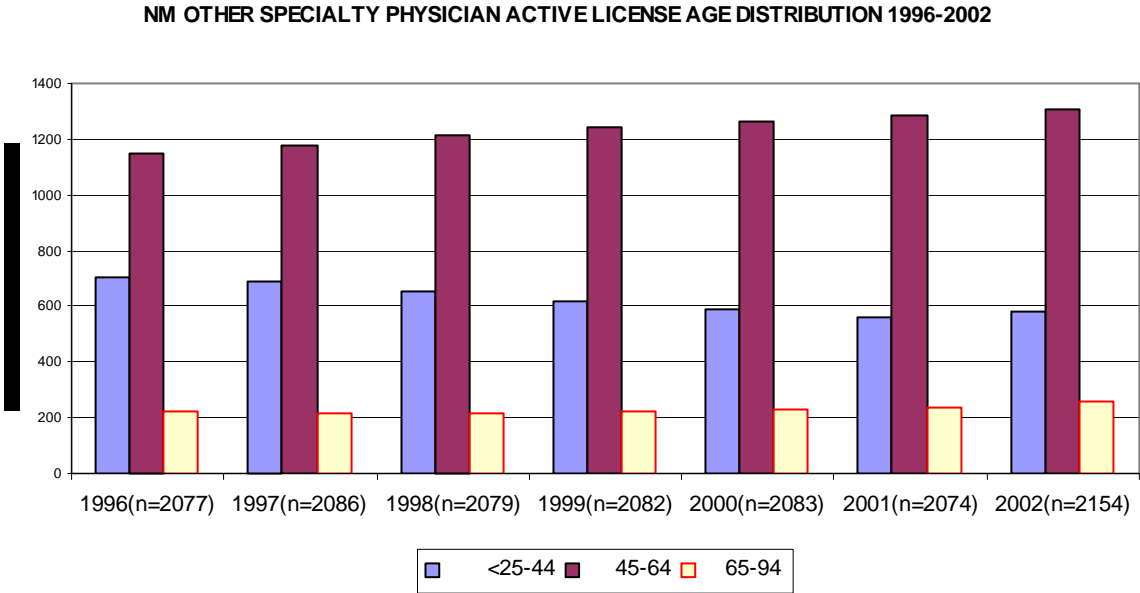
N=active licenses by year



The *Surgical Specialties* category consists of general surgery, neurological surgery, orthopedic surgery, otolaryngology, plastic surgery, surgery-other sub specialty, thoracic surgery and urology. For the 1996 to 2002 period, there has been a decrease in the number within this category who are age 25-44 and an increase of surgeons age 55-94. The overall growth of this specialty category has been flat since 1996.



The “*other specialties*” group consists of allergy and immunology, anesthesiology, child and adolescent psychiatry, dermatology, emergency medicine, neurology, occupational medicine, ophthalmology, pathology, pediatric subspecialties, physical medicine and rehabilitation, preventive medicine, psychiatry, and diagnostic and therapeutic radiology. The population of this category increased from 2,077 to 2,154 during the 1996 to 2002 period. Most of the growth was in the 45-54 age category.



(N=active licenses by year)

Variables of the Supply and Demand for Physician Services

A large number of variables influence the supply of and demand for physician services.

Demand variables include, but are not limited to:

- Age, sex and size of the population served,
- Service utilization rate of that population,
- Population's type of insurance coverage and insurance benefits or lack thereof (fee for service versus managed care versus uninsured),
- Income and education of the population, and
- Presence or absence of a supply induced demand.

Supply variables include, but are not limited to:

- All of the above demand variables,
- Existing supply of physicians within a particular specialty,
- Age and gender distribution of the physicians,
- Productivity and efficiency of the practice,
- Organizational structure of the physician's practice setting (solo and independent versus large group HMO or hospital employed).

Other variables include the availability of and changes in technology and pharmacology, the overall economy within the service area, the availability of physician extenders or substitutes such as Physician Assistants, Family Nurse Practitioners, Nurse Midwives and "alternative providers," the presence of "any Willing Provider" laws, services provided by medical residents, state licensure requirements, and managed care provider panels.

Summary

In summary, the HPC physician licensing data reveals that New Mexico's actively licensed physician population is growing in absolute numbers, but is growing at a slower rate than the state's population, and is aging, effectively reducing relative supply.

Substantial increases in the numbers of primary care providers have occurred since 1996, but the number of licensed surgical and internal medicine specialty providers have remained relatively flat.

In terms of statewide distribution, growth of the physician supply is primarily focused in Bernalillo County. Between 2001 and 2002, the state had an increase of 165 licensed practitioners, of which more than half occurred in Bernalillo County.

Part Two: Physician Survey Distribution and Response Rate

The Physician Survey was mailed to the 6,176 New Mexico licensed Allopathic and Osteopathic physicians, excluding postgraduate training licensees. 66% of respondents have New Mexico mailing addresses. 7% (419) were not located for survey participation.

Survey Distribution	Population	% Population
Current License	6,176	100%
Unable to Locate	419	7%
Received Survey	5,757	93%

The physician survey response rate was 68%.

Received Survey	Population	Respondents	Percentage of Return
NM Mail Address	3,583	2,364	66%
Non-NM Mail Address	2,174	1,556	72%
Total	5,757	3,920	68%

- Of the 3,920 survey respondents, 3,496 (89%) reported being in active practice.
- Of the 3,496 actively practicing respondents, 2,179 (62%) are active practitioners in New Mexico; 38% practice in other states.

Practice Location <i>By Practice Type</i>	Number of Physicians	Percentage of Total
New Mexico Practice Location		
Primary Care Physicians	847	24%
Specialty & Surgical Physicians	1,084	31%
Unspecified	248	7%
Subtotal New Mexico Location	2,179	62%
Non-New Mexico Practice	1,317	38%
Total Respondents Reporting Active Practice	3,496	100%

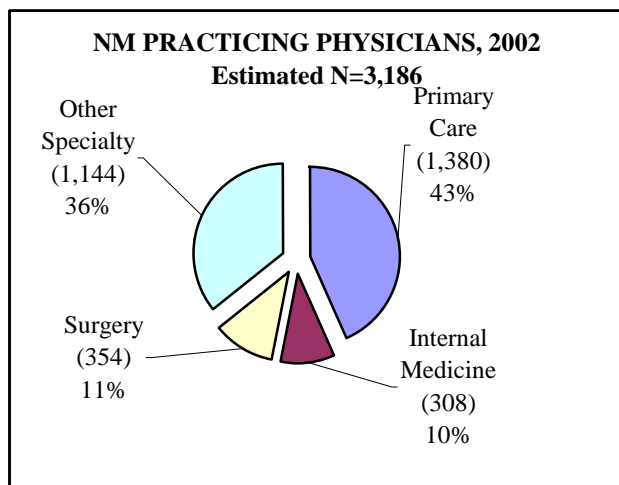
Part Three: Data from the Center for Health Workforce Studies (CHWS)

New Mexico Physician Supply

While the HPC's analysis is focused on survey data specific to New Mexico practicing physicians, the Center for Health Workforce Studies (CHWS), University at Albany, State University of New York, School of Public Health provided an *estimate* of the number of practicing physicians in the state by combining survey results with American Medical Association data. HPC identified **2,179** survey respondents actively practicing in the state. According to the CHWS estimates, **3,186 physicians were actively practicing in New Mexico in 2002.**

Number and Specialty Group of Estimated New Mexico Practicing Physicians

Center for Health Workforce Studies Data



CHWS estimates that Primary Care physicians comprise 43% of practicing physicians, followed by Other Specialties, 36%, Internal Medicine Specialties, 10%, and Surgical Specialties, 11%. See Appendix 3 for Specialty Groups.

By New Mexico Department of Health Public Health Districts, CHWS found that **60% of Full Time Equivalent (FTE) physicians practice in District 1, 17% in District 2, 13% in District 3, and 10% in District 4.** Unlike the HPC, the CHWS did not separate Bernalillo County in its analysis. See Appendix 2 for the breakdown of counties by Public Health Districts.

According to CHWS, more than 80% of physicians with an active patient care practice were trained or received their medical school education outside of New Mexico. 18% physicians reported having attended high school in New Mexico. Approximately 13% of active practitioners reported that they graduated from a medical school in a foreign country; i.e., International Medical School Graduates (IMGs). Districts 3 and 4, largely comprised of frontier and rural counties in southern New Mexico, have the highest percentages of practicing IMGs. See Appendix 4 for definitions of geographic areas.

District 1 is the most densely populated New Mexico district and has the greatest rate of physicians per 1,000 population (2.91 / 1,000). The average age of New Mexico physicians across districts range from 51.4 to 52.9.

PERCENTAGE OF PRACTICING PHYSICIANS BY FULL-TIME-EQUIVALENT (FTE), AGE, RATE PER POPULATION, AND MEDICAL SCHOOL GRADUATE STATUS (CHWS DATA)

Districts	% of Total FTEs	Average Age	Rate per 1,000 pop. 2001 Census	% NM Graduates MDs	% of Foreign Graduates MDs
1 (Includes Bernalillo*)	60%	51.4	1.62	19%	9%
2	17%	52.9	1.54	15%	9%
3	13%	51.2	.96	14%	27%
4	10%	51.6	.92	15%	30%

Note: Full Time Equivalent (FTE) counts are calculated by hours worked per week/40, capped at 1.0 for a specific physician.

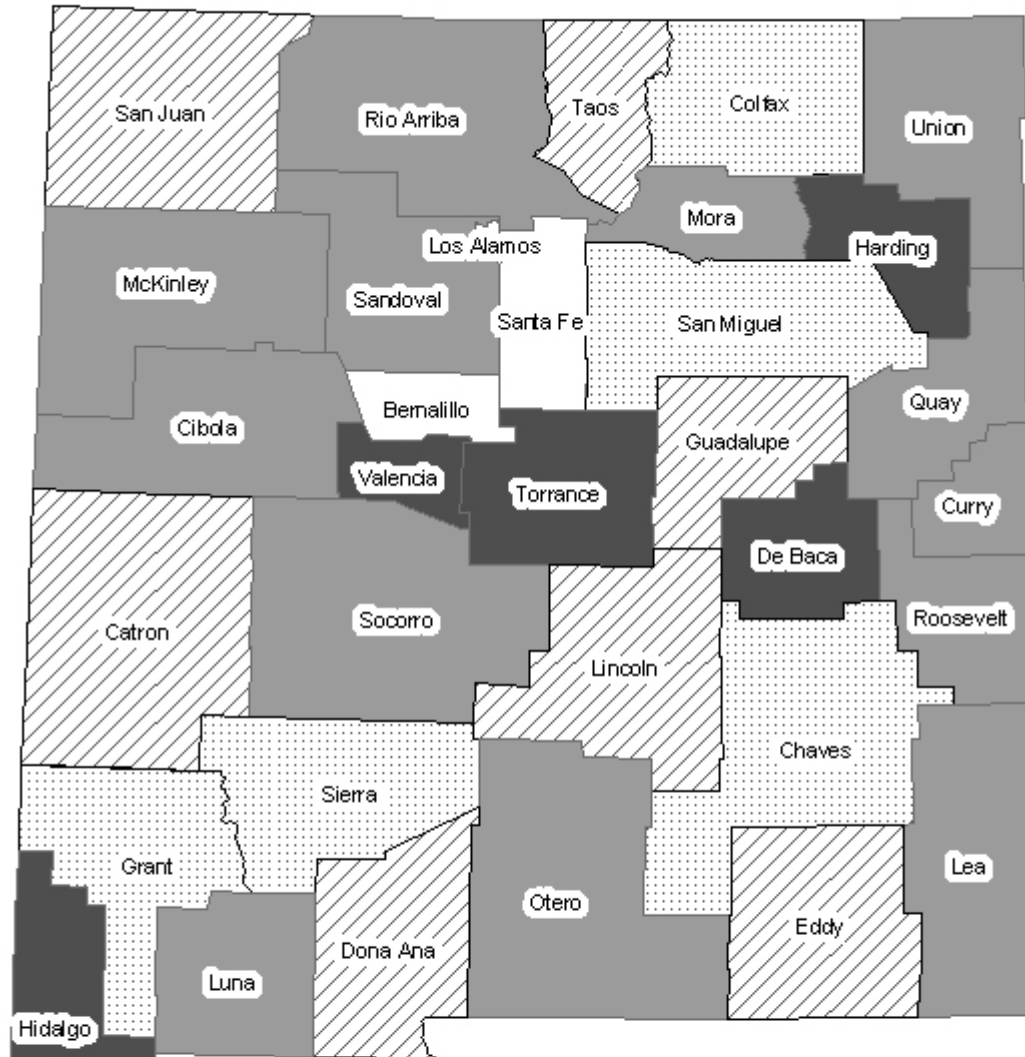
* CHWS did not separate Bernalillo County from District 1 in its overall statistical calculations.

SELECTED SPECIALTIES BY FULL TIME EQUIVALENT STATUS, AGE, GENDER, FOREIGN GRADUATES, & BOARD CERTIFICATION (CHWS DATA)

(See Appendix 3 for Specialty Definitions)

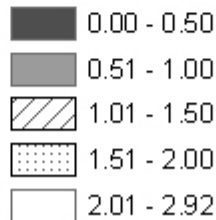
Specialty	# & % of Totals FTEs		Average Age	% Female Practitioners	% Foreign Graduates	% Board Certified
General Family Practice	534	16.8%	49.7	32%	13%	61%
General Internal Medicine	276	8.7%	52.2	35%	18%	44%
General Pediatrics	174	5.5%	51.9	43%	16%	73%
Anesthesiologist	144	4.5%	49.3	19%	17%	80%
Emergency Medicine	143	4.5%	50.8	24%	6%	68%
Psychiatry-Adult	123	3.9%	51.5	34%	12%	64%
Obstetrics/Gynecology	114	3.6%	52.1	38%	10%	77%
General Surgery	99	3.1%	52.8	15%	10%	69%
Orthopedics	96	3.0%	55.4	7%	8%	74%
Ophthalmology	73	2.3%	56.4	9%	6%	74%
Cardiology	66	2.1%	51.1	15%	15%	82%
Urology	46	1.4%	53.7	6%	13%	68%
Pathology	44	1.4%	49.7	27%	13%	65%
Gastroenterology	36	1.1%	52.4	17%	40%	45%

ESTIMATED RATE PER 1,000 POPULATION OF
 NEW MEXICO PRACTICING PHYSICIANS BY NEW MEXICO COUNTIES
 Data from the Center for Health Workforce Studies, 2002



Rate of Practicing Physicians per 1,000 Population
n = 3186

Estimated Rate per 1,000 Population of
 New Mexico Practicing Physicians by County-
 Data from the Center for Health Workforce
 Studies, April 2002



National rate of physicians per 1,000 population: 2.42*
 *Excludes residents.

New Mexico physician per 1,000 population: 1.69*

Source: Health Affairs, Sept-Oct 2002

ESTIMATED NEW MEXICO PRACTICING PHYSICIANS
NUMBERS AND RATES PER 100K POPULATIONS BY COUNTY, 2002

	POPULATION (*2002 Per Business Bureau of Economic Research, UNM)	PRACTICING PHYSICIANS		NUMBER PRACTICING PHYSICIANS BY SPECIALTY				RATE PER 1000 POPULATION BY SPECIALTY			
		Total	Rate Per 1000 Pop	Primary Care	Internal Medicine Specialty	Surgical Specialty	Other Specialty	Primary Care	Internal Medicine Specialty	Surgical Specialty	Other Specialty
National **			2.42								
NM Total	1,884,617	3,186	1.69	1,380	308	354	1,144	0.73	0.16	0.19	0.61
By County											
Bernalillo	573,626	1,671	2.91	637	200	173	661	1.11	0.35	0.30	1.15
Catron	3,677	4	1.09	3	-	-	1	0.82	-	-	0.27
Chaves	62,225	95	1.53	41	14	10	30	0.66	0.22	0.16	0.48
Cibola	26,133	14	0.54	11	1	1	1	0.42	0.04	0.04	0.04
Colfax	14,458	22	1.52	17	-	1	4	1.18	-	0.07	0.28
Curry	45,479	43	0.95	26	-	11	6	0.57	-	0.24	0.13
De Baca	2,253	1	0.44	-	1	-	-	-	0.44	-	-
Dona Ana	184,387	220	1.19	100	22	26	72	0.54	0.12	0.14	0.39
Eddy	52,450	56	1.07	29	3	11	13	0.55	0.06	0.21	0.25
Grant	31,639	52	1.64	24	3	7	18	0.76	0.09	0.22	0.57
Guadalupe	4,824	6	1.24	1	1	-	4	0.21	0.21	-	0.83
Harding	819	-	-	-	-	-	-	-	-	-	-
Hidalgo	5,912	1	0.17	1	-	-	-	0.17	-	-	-
Lea	55,353	51	0.92	24	3	13	11	0.43	0.05	0.23	0.20
Lincoln	20,500	26	1.27	15	-	7	4	0.73	-	0.34	0.20
Los Alamos	18,504	54	2.92	28	4	3	19	1.51	0.22	0.16	1.03
Luna	26,563	24	0.90	15	2	2	5	0.56	0.08	0.08	0.19
McKinley	77,638	78	1.00	38	6	11	23	0.49	0.08	0.14	0.30
Mora	5,405	3	0.56	1	-	-	2	0.19	-	-	0.37
Otero	63,489	53	0.83	27	2	7	17	0.43	0.03	0.11	0.27
Quay	10,141	9	0.89	6	-	1	2	0.59	-	0.10	0.20
Rio Arriba	42,021	39	0.93	29	2	2	6	0.69	0.05	0.05	0.14
Roosevelt	18,485	10	0.54	9	-	1	-	0.49	-	0.05	-
San Juan	117,132	125	1.07	53	12	21	39	0.45	0.10	0.18	0.33
San Miguel	31,153	49	1.57	24	-	7	18	0.77	-	0.22	0.58
Sandoval	97,913	74	0.76	45	3	2	24	0.46	0.03	0.02	0.25
Santa Fe	135,519	302	2.23	117	23	29	133	0.86	0.17	0.21	0.98
Sierra	14,049	22	1.57	11	2	1	8	0.78	0.14	0.07	0.57
Socorro	18,822	11	0.58	8	1	-	2	0.43	0.05	-	0.11
Taos	31,161	42	1.35	21	1	6	14	0.67	0.03	0.19	0.45
Torrance	18,070	4	0.22	2	1	-	1	0.11	0.06	-	0.06
Union	4,220	3	0.71	1	1	1	-	0.24	0.24	0.24	-
Valencia	70,597	22	0.31	16	-	-	6	0.23	-	-	0.08

Note: Data represent number of licensed physicians practicing in a given county. However, the county of practice may not necessarily be the county of residence.

*Estimates from the Business Bureau of Economic Research, University of New Mexico, are consistently higher than those of the U.S. Census.

**According to *Trends in the Physician Workforce, 1980 – 2000*, the national rate of physicians per 1000 population is 2.42 (Salsberg, Edward S. and Forte, Gaetano, J. Health Affairs, Volume 21, Number 5, September-October 2002). In New Mexico, only two counties exceed this rate: Bernalillo and Los Alamos, each just over 2.9 per 1000 population. The third highest county in the state, Santa Fe, 2.23 per 1000 population, is just below the national rate.

Part Four: Survey Results for 2,179 New Mexico Practicing Physicians – Statewide Data

A. Education, Practice Locations, Specialties, Practice Capacities, & Recruitment and Retention Issues

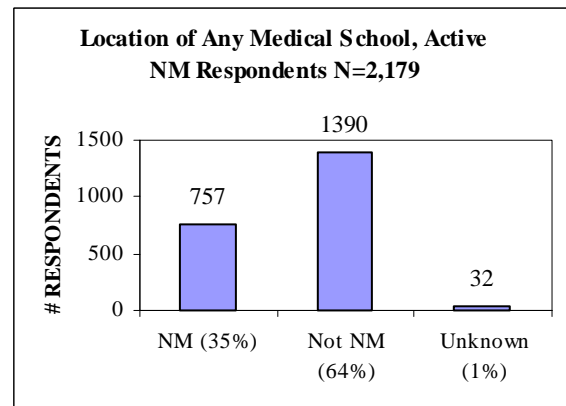
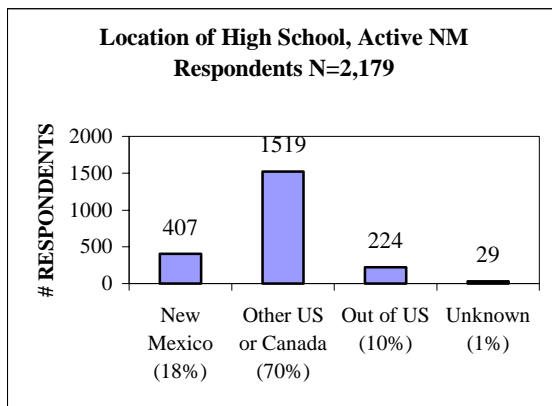
Of 3,920 survey respondents, 2,179 are actively practicing in New Mexico. Further analyses in this report will concentrate on these 2,179 actively practicing respondents.

In this analysis, specialties are represented by four major categories: Primary Care, Internal Medicine, Surgical, and Other Specialties. In keeping with the Federal definition, Primary Care includes Family and General Practice, General Internal Medicine, General Pediatrics, Obstetrics and Gynecology and Gynecology practices. See Appendix 3 for detailed descriptions of specialties included in each group.

State district divisions within this analysis are the same as those used by the New Mexico Department of Health with the exception of District 1. Bernalillo County has been separated from District 1 due to its unique concentration of population, survey respondents and health services. (See Appendix 2.)

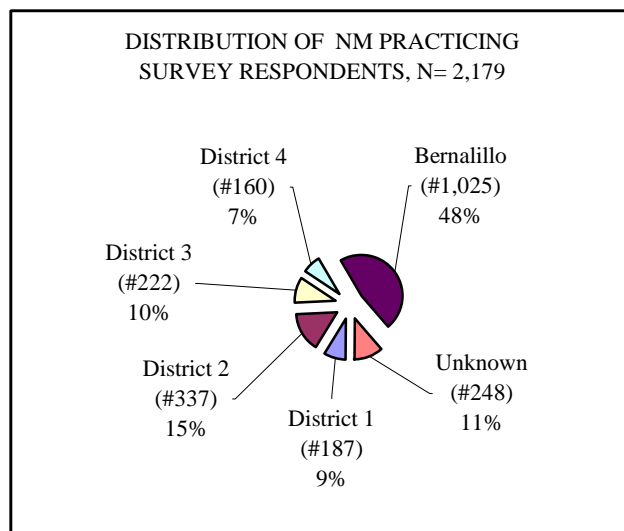
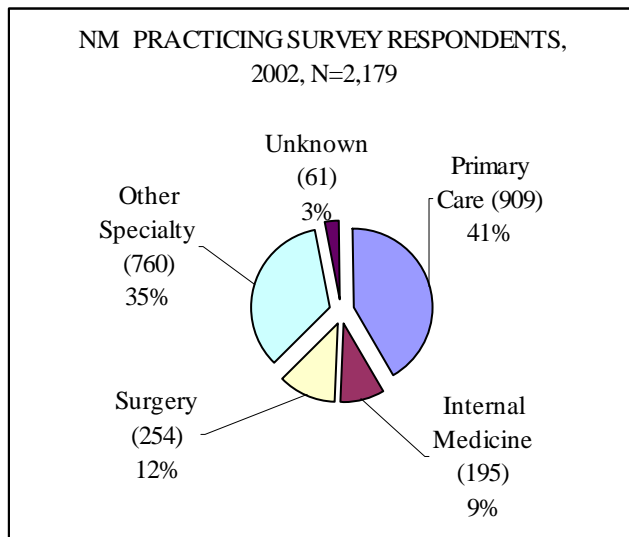
Education

18% of the 2,179 New Mexico practicing physicians responding to the survey attended a New Mexico high school. 35% of the same survey group received some or all of their medical school and/or residency training in the state.



Practice Locations and Specialties

The charts below describe the distribution of New Mexico's actively practicing survey respondents by primary specialty and primary practice location by Public Health Districts.



64% of active New Mexico respondents are 45-64 years old, and 27% are 25-44 years old.

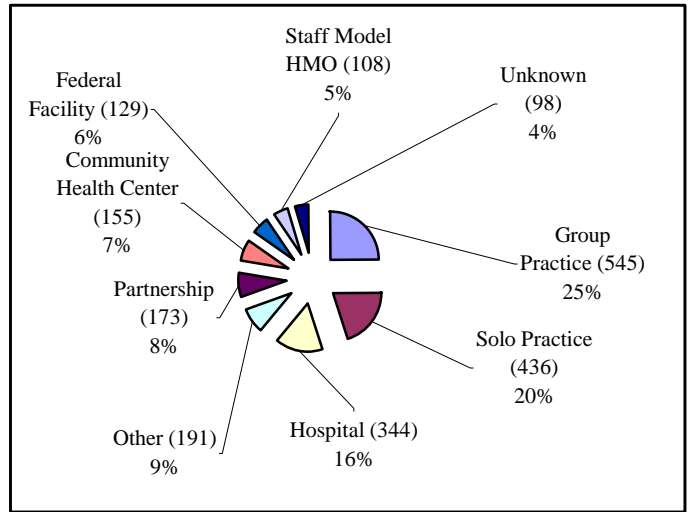
ACTIVE NEW MEXICO RESPONDENTS BY SPECIALTY TYPE AND AGE GROUP, N= 2,179

Age Group	Total Respondents	% Total	SPECIALTY TYPE				
			Primary Care	Internal Medicine	Surgery	Other Specialty	Unknown
25-34	86	4%	50	8	6	21	1
35-44	505	23%	224	42	62	168	9
45-54	850	39%	386	71	93	277	23
55-64	541	25%	186	54	60	227	14
65-74	160	7%	53	19	28	52	8
75-84	30	1%	7	1	5	12	5
85-94	5	0%	3	0	0	1	1
Unknown	2	0%	0	0	0	2	0
TOTAL	2,179	100%	909	195	254	760	61
% TOTAL	100%		42%	9%	12%	35%	3%

**ACTIVE PRACTICING NEW MEXICO
RESPONDENTS BY PRACTICE SETTING,
N= 2,179**

The most frequent types of practice settings are:

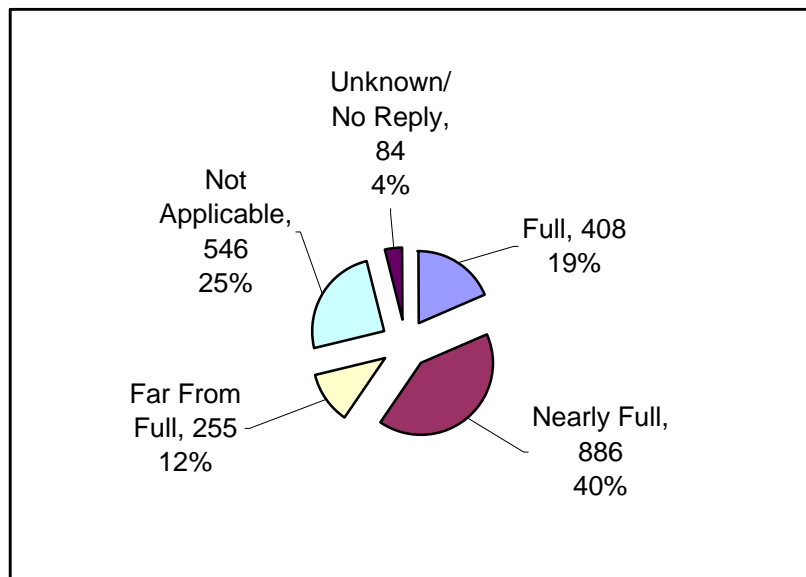
- 25% (545) Group Practice
- 20% (436) Solo Practice
- 16% (344) Hospital Practice



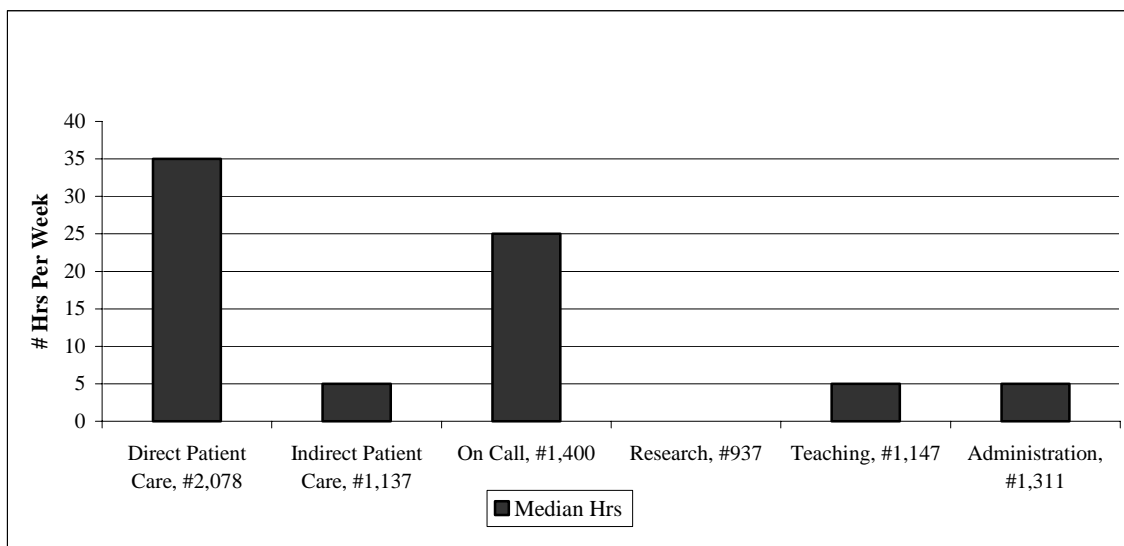
Practice Capacity & Average Work Hour Weeks

19% of respondents reported “full” practice capacities. 40% reported “nearly full” capacities, and 12% reported “far from full capacities.”

**PRACTICE CAPACITY OF PHYSICIANS WITH ACTIVE
NEW MEXICO GENERAL OR SPECIALTY PRACTICE
N = 2,179**



**Median Number Hours per Week for 6 Major Activities:
Survey Responses by Active Practitioners, N = 2,179**



The median Direct Patient care activity for 2,078 (95%) of responding physicians is 35 hours per week of direct patient care activity. 64% (1,400) are on call a median of 25 hours per week. Median weekly indirect patient care is 5, and administrative hours are 5 hours each. Only 8% work 36 or fewer weeks per year.

Recruitment Issues

The study found that all geographic areas experience similar problems in recruiting health care professionals.

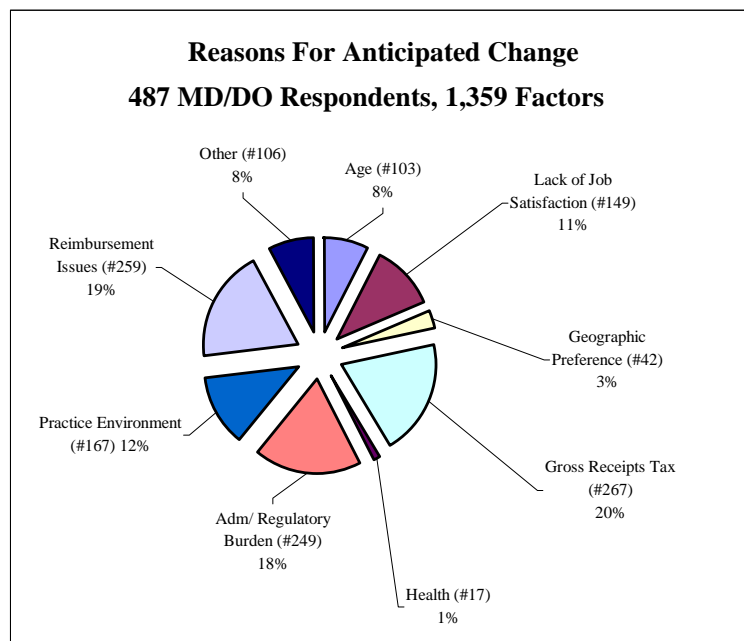
- 49% (1,059) of respondents experience difficulties in the recruitment of physicians
- 37% (816) of respondents experience difficulty in recruiting nurses.

No. Of Respondents Experiencing Professional Recruitment Difficulties N = 2,179			Population Density Area				
Professional	Total	%	Urban (# 1,025)	Mixed (#525)	Rural (#290)	Frontier (#91)	Unk (#248)
MD	1,059	48.6	509	263	156	52	79
Nurse	816	37.4	431	168	127	37	53
Nurse Practitioner	347	15.9	187	71	56	14	19
Physician Asst.	298	13.6	149	66	51	14	18
Other Practitioner	397	18.2	195	85	67	21	29

B. Respondents Anticipating Practice Changes

Twenty-two percent (487) of the survey's New Mexico practicing respondents anticipated making significant changes in their practices in the next 12 months, which will result in significant reductions in patient care hours. Of this group:

- 43% (210) plan to leave the state, but are not leaving active practice
- 37% (179) plan to reduce patient care hours in their current location
- 12% (58) plan retirement from all practice
- 8% (40) plan relocation in New Mexico



Respondents were able to identify up to 9 non-prioritized factors resulting in their decision to make changes in their practice. 487 physicians selected 1,359 factors as reasons for change.

- 29% of the 447 respondents who anticipate a significant change (excluding the 40 planning relocation in New Mexico) that will result in reduced patient care hours cited gross receipts tax, reimbursement issues, and administrative and regulatory burdens as influencing factors.
- An additional 137 (30%) included at least two of these factors in their response.

RETIRING PHYSICIANS – based on Survey Respondents

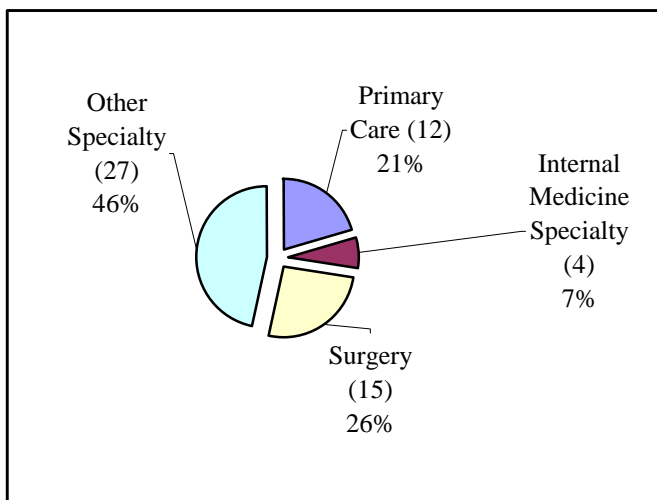
Of the 58 physicians planning to retire-

- 84% are 55 years and older
- 29% have a Solo Practice, 19% are in Group Practice
- 46% have a “Other Specialty”, 26% have a Surgery Specialty
- Of 168 responses to the 9 given choices, the leading reasons for retiring were:
 - Age, 53%,
 - Administration/regulatory burden, 59%
 - Reimbursement issues, 48%
 - Gross receipts tax, 47%

Retiring Physicians			AGE (#31)	LACK OF JOB SATISFACTION (#13)	GEOGRAPHIC PREFERENCE (#3)	GROSS RECEIPTS TAX (#27)	HEALTH (#3)	ADM/REGULATORY BURDEN (#34)	PRACTICE ENVIRONMENT (#19)	REIMBURSEMENT ISSUES (#28)	OTHER (#10)
Age Group	Total	% TOTAL									
35-44	2	3%		1							1
45-54	7	12%		1		6	1	6	2	6	
55-64	31	53%	16	8	2	13	2	18	15	18	5
65-74	13	22%	10	3	1	7		9	1	2	3
75-84	4	7%	4			1		1		1	1
85-94	1	2%	1						1	1	
Total	58	100%	31	13	3	27	3	34	19	28	10
% Total			53%	22%	5%	47%	5%	59%	33%	48%	17%

Retiring Physicians by Specialty and Practice Setting:

By Specialty



By Practice Setting

Practice Setting	Total	% Total
Solo Practice	17	29%
Group Practice	11	19%
Hospital	9	16%
Partnership	7	12%
Federal Facility	6	10%
Community Health Center	4	7%
Other	3	5%
Unknown	1	2%
Total	58	100%

PHYSICIANS LEAVING NEW MEXICO, based on Survey Respondents

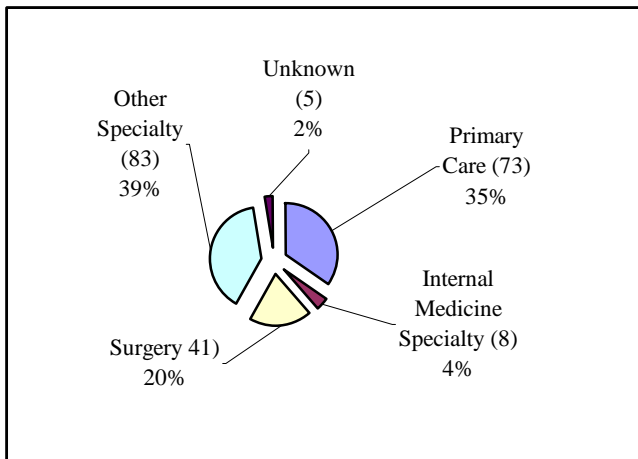
Of the 210 physicians who are leaving New Mexico

- 23% are 55 years and older, 77% are 25-54 years old
- 25% have a Solo Practice, 22% are in Hospital Practice
- 39% have a “Other Specialty”, 35% have a Primary Care Specialty
- Of 637 responses to the 9 given choices, the leading reasons to leave NM were:
 - Gross receipts tax, 75%
 - Reimbursement issues, 70%
 - Administrative/regulatory burden, 48%
 - Practice environment, 44%

Physicians Leaving			AGE	LACK OF JOB SATISFACTION	GEOGRAPHIC PREFERENCE	GROSS RECEIPTS TAX	HEALTH	ADM/REGULATORY BURDEN	PRACTICE ENVIRONMENT	REIMBURSEMENT ISSUES	OTHER
Age Group	Total	% TOTAL									
25-34	17	8%	1	3	6	10		2	5	9	4
35-44	60	29%		17	6	47		28	24	36	16
45-54	85	40%	2	22	8	66	1	47	43	65	21
55-64	41	20%	3	16	4	30		20	19	30	8
65-74	7	3%		2		5	1	3	2	6	
75-84	0	0%									
85-94	0	0%									
Total	210	100%	5	60	24	158	2	100	93	146	49
% Total			2%	29%	11%	75%	1%	48%	44%	70%	23%

Physicians leaving New Mexico by Specialty and Practice Setting:

By Specialty



By Practice Setting

Practice Setting	Total	% Total
Solo Practice	52	25%
Hospital	46	22%
Group Practice	39	19%
Partnership	23	11%
Community Health Center	17	8%
Other	14	7%
Federal Facility	10	5%
Staff Model HMO	6	3%
Unknown	2	1%
Nursing Home	1	0%
Total	210	100%

PHYSICIANS REDUCING HOURS- based on Survey Respondents

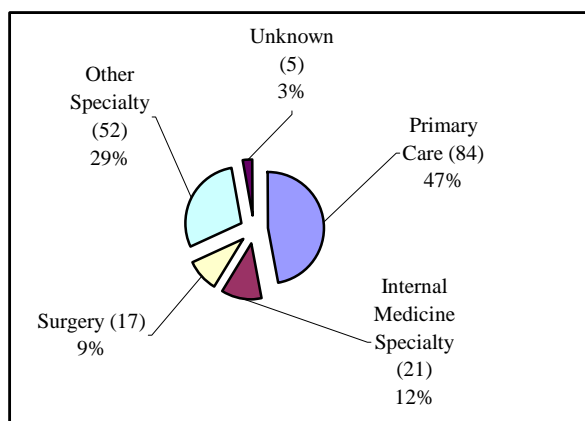
Of the 179 physicians who anticipate reduction in-patient care hours

- 53.6% are 55 years and older, 45.8% are 25-54 years old
- 29% have a Group Practice, 21% are in Solo Practice
- 47% have a Primary Care Specialty, 29% have “Other Specialty”
- Of 481 responses to the 9 given choices, the leading reasons to reduce hours were:
 - Administrative/regulatory burden, 59%
 - Reimbursement issues, 45%
 - Gross receipts tax, 42%
 - Age, 36%

Physicians Reducing Hours			AGE	LACK OF JOB SATISFACTION	GEOGRAPHIC PREFERENCE	GROSS RECEIPTS TAX	HEALTH	ADM/REGULATORY BURDEN	PRACTICE ENVIRONMENT	REIMBURSEMENT ISSUES	OTHER
Age Group	Total	% TOTAL									
25-34	2	1%		1	1	1		1	1		
35-44	23	13%		10	1	8	3	10	8	8	5
45-54	57	32%	12	24		31	5	37	15	28	11
55-64	64	36%	29	22	3	21	3	41	18	27	12
65-74	30	17%	21	5		14		17	5	15	2
75-84	1	1%	1								
85-94	1	1%	1							1	
Unknown	1	1%				1				1	
Total	179	100%	64	62	5	76	11	106	47	80	30
% Total	100%		36%	35%	3%	42%	6%	59%	26%	45%	17%

Physicians Reducing their Hours in New Mexico by Specialty and Practice Setting:

By Specialty



By Practice Setting

Practice Setting	Total	% Total
Group Practice	52	29%
Solo Practice	37	21%
Hospital	28	16%
Community Health Center	16	9%
Other	16	9%
Staff Model HMO	11	6%
Partnership	9	5%
Federal Facility	6	3%
Unknown	3	2%
Nursing Home	1	1%
Total	179	100%

PHYSICIANS RELOCATING IN NEW MEXICO – based on Survey Respondents

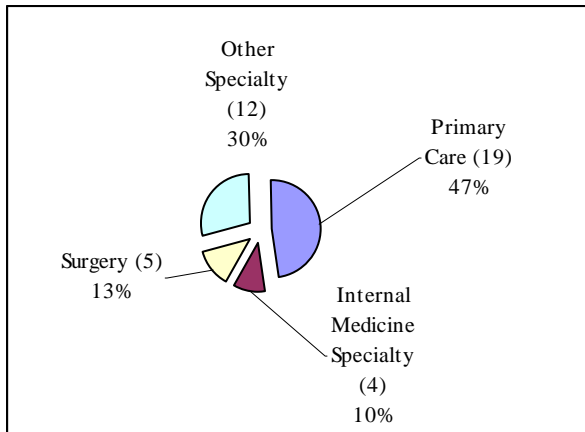
Of the 40 physicians anticipating relocation in New Mexico

- 23% are 55 years and older, 78% are 25-54 years old
- 28% have a Hospital Practice, 18% are in Community Health Center Practice
- 47% have a Primary Care Specialty, 30% have “Other Specialty”
- Of 72 responses to the 9 given choices, the leading reasons to relocate were:
 - Other, 43%
 - Lack of Job Satisfaction, 35%
 - Geographic Preference, 25%
 - Reimbursement Issues, 23%

Relocating											
Age Group	Total	% TOTAL	AGE	LACK OF JOB SATISFACTION	GEOGRAPHIC PREFERENCE	GROSS RECEIPTS TAX	HEALTH	ADM/REGULATORY BURDEN	PRACTICE ENVIRONMENT	REIMBURSEMENT ISSUES	OTHER
25-34	5	13%		1	2			1	1		3
35-44	6	15%		2	1			1			2
45-54	20	50%	1	8	5	4	1	6	6	3	8
55-64	8	20%	1	3	2	2		2	1	2	3
65-74	1	3%									1
Total	40	100%	2	14	10	6	1	9	8	5	17
% Total			5%	35%	25%	15%	3%	23%	20%	13%	43%

Physicians Relocating in New Mexico by Specialty and Practice Setting:

By Specialty



By Practice Setting

Practice Setting	Total	% Total
Hospital	11	28%
Community Health Center	7	18%
Group Practice	7	18%
Other	5	13%
Solo Practice	5	13%
Staff Model HMO	2	5%
Federal Facility	1	3%
Partnership	1	3%
Nursing Home	1	3%
Total	40	100%

Part Five: Survey Respondent Physicians by New Mexico Public Health Districts

A. Bernalillo County

For the purposes of this report, Bernalillo County has been separated from the rest of Public Health District 1.

By age groups–

31% of physicians are 25-44 years old

62% of physicians are 45-64 years old

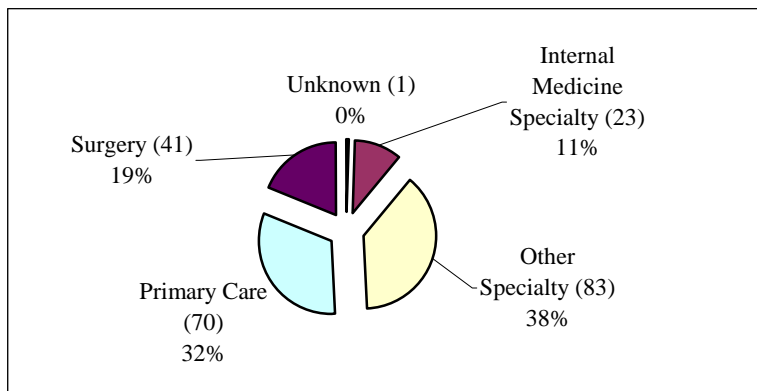
6% of physicians are 65-94 years old

1% of physicians did not answer.

Bernalillo County had the highest number of respondents for all specialty categories – 47% (1,025).

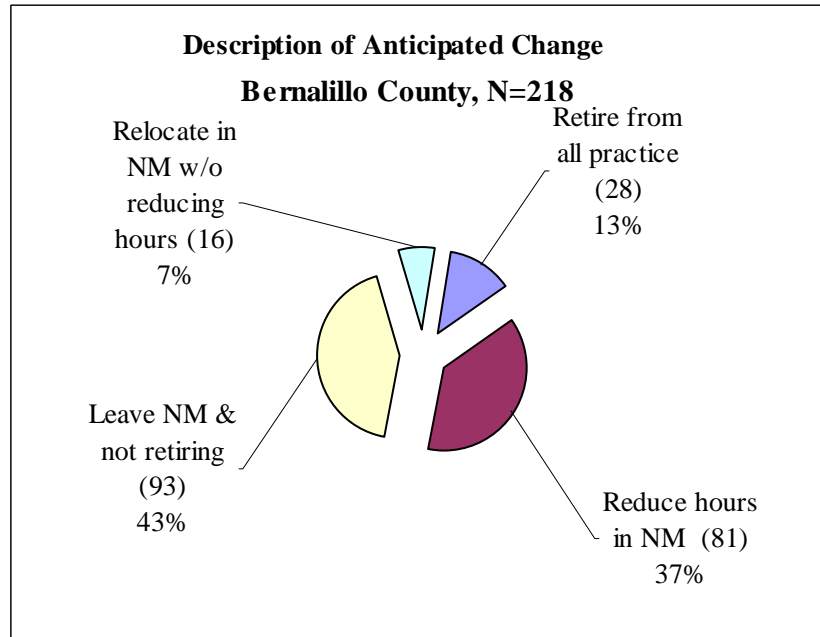
Specialty	State Total	Bernalillo Total	% of State Total
Primary Care	909	402	44%
Internal Medicine	195	111	57%
Surgery	254	118	46%
Other	760	387	51%
Unknown	61	7	11%
Total	2,179	1,025	47%

While 80% (807) of respondents did not anticipate changes, 218 (21%) respondents from Bernalillo County anticipated a change in their practice that will result in reduction of patient care hours within the next 12 months. The chart below shows the distribution of practice specialties affected by these changes.



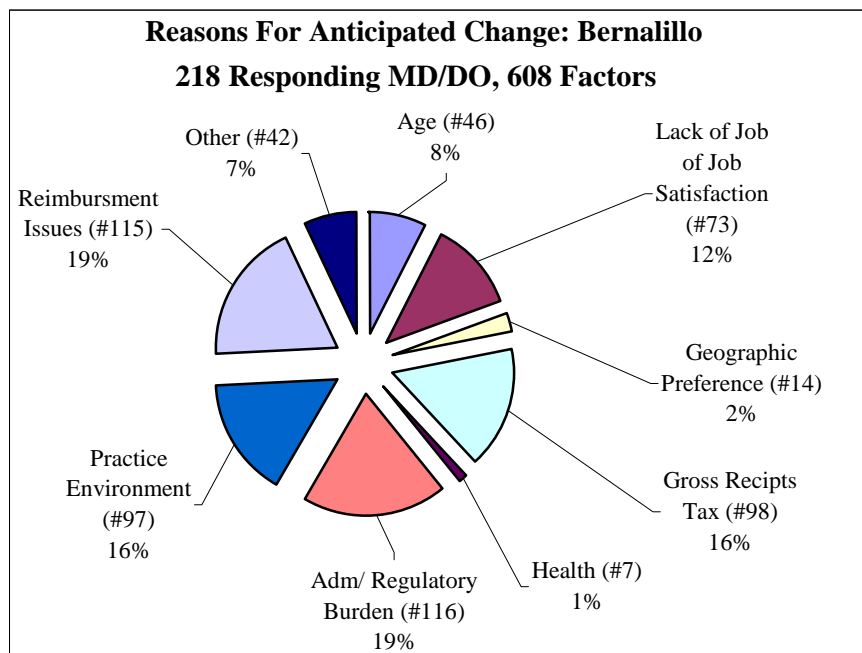
**Anticipated Changes:
Distribution of
Practices, N= 218**

Anticipated changes included: Relocating to another New Mexico county, Retiring from Practice, Leaving New Mexico, Reducing Hours in New Mexico.



Of 9 factors affecting practice change decisions, the most frequently cited by Bernalillo County respondents were:

- Administrative/ Regulatory Burden, 19%
- Reimbursement Issues, 19%
- Practice Environment, 16%
- Gross Receipts Tax, 16%



The following table illustrates future practice plans of Bernalillo respondents by practice settings.

	Total in Bernalillo County	Not Anticipating Changes	Retiring	Leaving NM, Not Retiring	Reducing Hours	Relocating in NM
Community Health Center	63	45	2	9	6	1
Federal Facility	76	67	1	5	2	1
Group Practice	276	222	6	17	27	4
Hospital Practice	205	156	5	21	17	6
Nursing Home	1	0	0	0	0	1
Other	79	64	1	6	7	1
Partnership Practice	75	55	2	13	5	0
Solo Practice	142	107	11	16	7	1
Staff Model HMO	93	77	0	6	9	1
Unknown	15	14	0	0	1	0
Total	1025 100%	807 79%	28 3%	93 9%	81 8%	16 1%

Anticipating practice changes in Bernalillo County, **218 physicians:**

For physicians planning to **retire (28)**, the most frequently cited reasons for retiring were: Administrative/Regulatory Burden (31%), Reimbursement Issues (31%), Gross Receipts Tax (22%), and Age (22%).

For physicians planning to **leave the state (93)**, the most frequently cited reasons were: Reimbursement Issues (31%), Gross Receipts Tax (29%), Practice Environment (25%), and Administrative/Regulatory Burden (20%).

For physicians planning to **reduce their hours (81)**, the most frequently cited reasons were: Administrative/Regulatory Burden (28%), Age (17%), Lack of Job Satisfaction (17%), and Reimbursement Issues (17%).

For physicians planning to **relocate in New Mexico (16)**, the most frequently cited reasons were: Lack of Job Satisfaction (38%), Administrative/Regulatory Burden (31%), Practice Environment (31%), and Other (31%).

B. Public Health District 1 (Excluding Bernalillo County)

Public Health District 1 is comprised of San Juan, McKinley, Cibola, Valencia, Sandoval, Torrance, and Bernalillo Counties. District 1, as defined in this report, omits Bernalillo County.

By age groups–

28% of physicians are 25-44 years old

65% of physicians are 45-64 years old

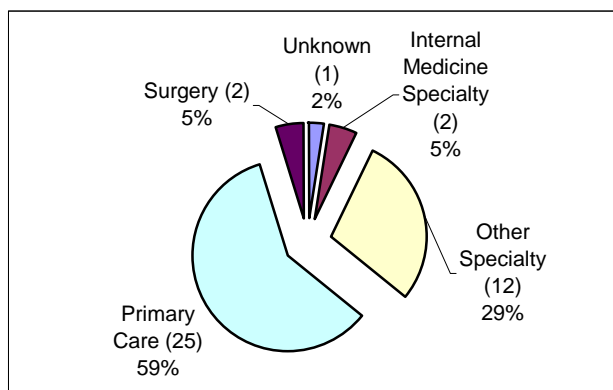
7% of physicians are 65-94 years old

After exclusion of Bernalillo County, District 1 had the 2nd lowest number of respondents for all specialty categories – 8.5% (187 / 2,179).

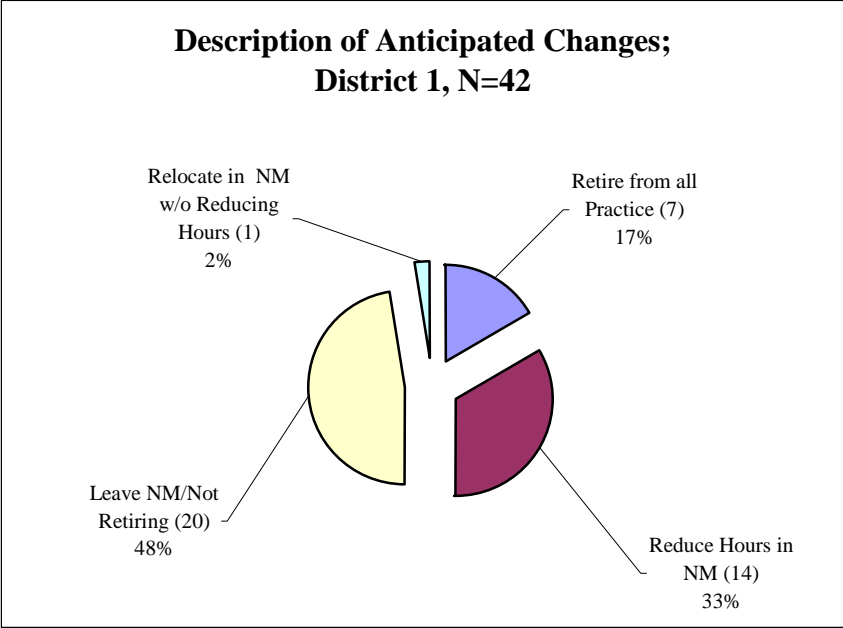
Specialty	State Total	District 1 Total	% of State Total
Primary Care	909	105	11.5%
Internal Medicine	195	12	6.1%
Surgery	254	20	7.8%
Other	760	49	6.4%
Unknown	61	1	1.6%
Total	2,179	187	8.5%

While 77.5% (145) of respondents did not anticipate changes, 42 (22%) respondents from District 1 anticipated a change in their practice, resulting in a reduction of patient care hours within the next 12 months. The chart below shows the distribution of practice specialties that are affected by these changes.

**Anticipated Changes:
Distribution of Practices, N= 42**

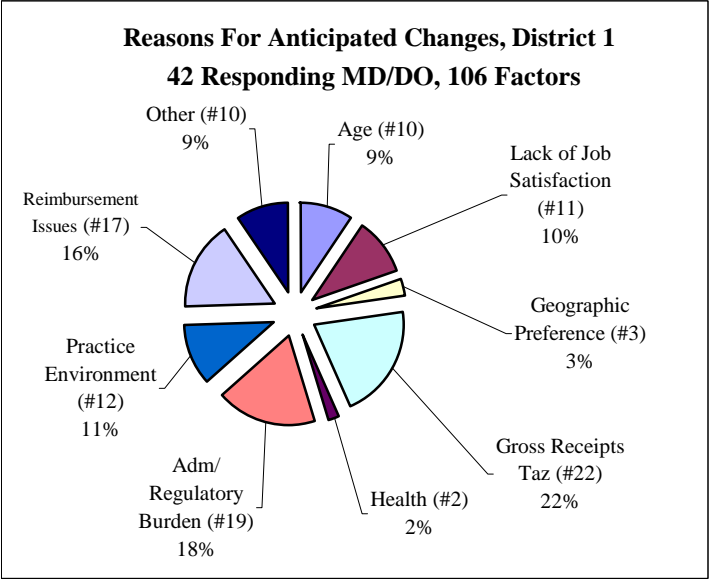


Anticipated changes included: Leaving New Mexico, Reducing hours in New Mexico, Retiring from Practice and Relocating in New Mexico.



Of 9 factors for practice changes, the most frequently cited by District 1 respondents were:

- Gross Receipts Tax, 22%
- Administrative/Regulatory Burden, 18%
- Reimbursement Issues, 16%
- Practice Environment, 11%



The following table illustrates future practice plans by practice settings.

	Total in District 1	Not Anticipating Changes	Retiring	Leaving NM, Not Retiring	Reducing Hours	Relocating in NM
Community Health Center	14	10	0	1	3	0
Federal Facility	33	23	3	4	3	0
Group Practice	55	51	2	1	1	0
Hospital Practice	30	22	1	6	1	0
Nursing Home	2	2	0	0	0	0
Other	12	10	0	0	2	0
Partnership Practice	9	5	1	1	2	0
Solo Practice	28	20	0	7	1	0
Staff Model HMO	4	2	0	0	1	1
Unknown	0	0	0	0	0	0
Total	187 100%	145 77%	7 4%	20 11%	14 7%	1 1%

Anticipating practice changes in District 1, 42 physicians:

For physicians planning to **retire (7)**, the most frequently cited reasons for retiring were: Age (9%), Administrative/Regulatory Burden (7%), Gross Receipts Tax (3%), and Lack of Satisfaction (3%).

For physicians planning to **leave the state (20)**, the most frequently cited reasons were: Gross Receipts Tax (7%), Administrative/Regulatory Burden (5%), Reimbursement Issues (5%) and Practice Environment (2%)

For physicians planning to **reduce their hours (14)**, the most frequently cited reasons were: Lack of Job Satisfaction (3%), Gross Receipts Tax (3%), Administrative/Regulatory Burden (3%), Practice Environment (3%).

For physicians planning to **relocate in New Mexico (1)**, the cited reason was: Lack of Job Satisfaction.

C. Public Health District 2

Public Health District 2 is comprised of Rio Arriba, Taos, Colfax, Union, Mora, Harding, San Miguel, Santa Fe, and Los Alamos Counties.

By age groups –

25% of physicians are 25-44 years old

67% of physicians are 45-64 years old

7% of physicians are 65-94 years old

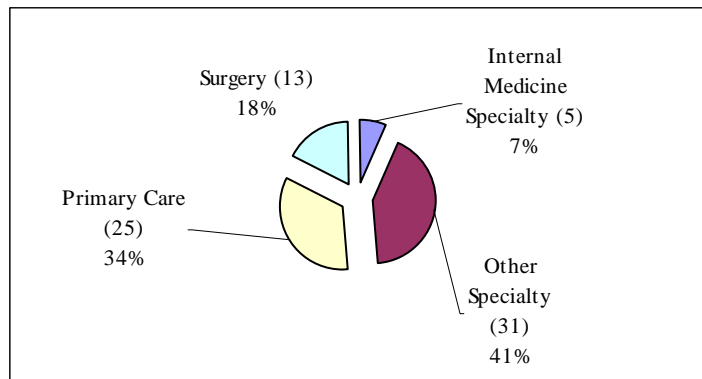
1% of physicians did not answer.

District 2 had the 2nd highest number of respondents for all specialty categories – 15% (337 / 2,179)

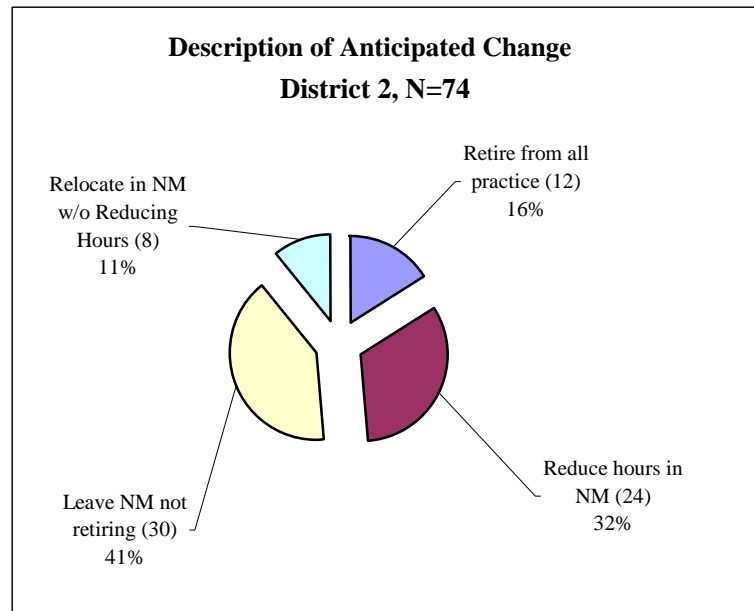
Specialty	State Total	District 2 Total	% of State Total
Primary Care	909	153	17%
Internal Medicine	195	24	12%
Surgery	254	35	14%
Other	760	124	16%
Unknown	61	1	2%
Total	2,179	337	15%

74 (22%) respondents from District 2 anticipated a change in their practice within the next 12 months, resulting in a reduction of patient care hours. The chart below shows the distribution of practice specialties that are affected by these changes.

**Anticipated Changes:
Distribution of Practices, N= 74**



Anticipated changes included: Relocating to another New Mexico county, Retiring from practice, Leaving New Mexico, Reducing hours.



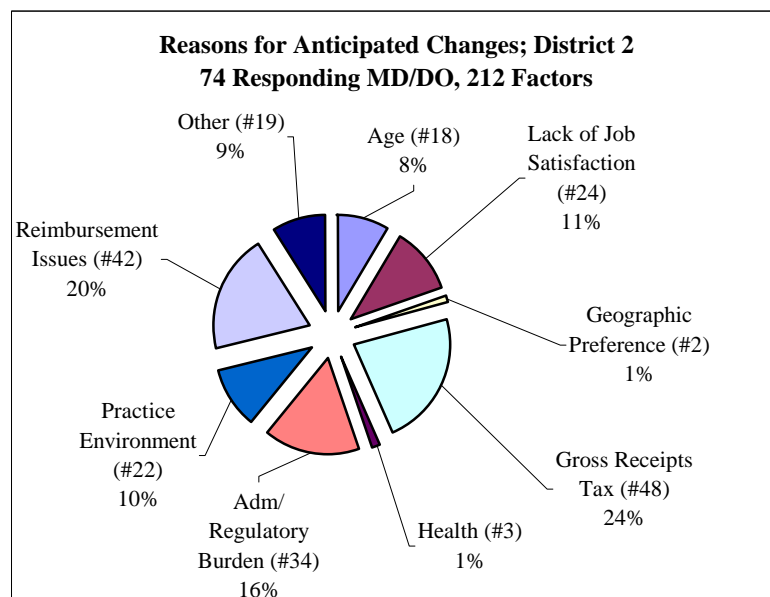
Of 9 factors for practice changes, the most frequently cited by District 2 respondents were:

Gross Receipts Tax, 24%

Reimbursement Issues, 20%

Administrative/Regulatory Burden, 16%

Lack of Job Satisfaction, 11%



The following table illustrates future practice plans by practice settings.

	Total in District 2	Not Anticipating Changes	Retiring	Leaving NM, Not Retiring	Reducing Hours	Relocating in NM
Community Health Center	32	25	1	2	2	2
Federal Facility	5	4	1	0	0	0
Group	87	71	1	6	7	2
Hospital	42	25	3	8	3	3
Nursing Home	5	5	0	0	0	0
Other	18	14	0	3	1	0
Partnership	40	32	2	4	2	0
Solo Practice	100	79	4	7	9	1
Staff Model HMO	7	7	0	0	0	0
Unknown	1	1	0	0	0	0
Total	337	263	12	30	24	8
	100%	78%	3%	9%	8%	2%

Anticipated changes in District 2, **74 Physicians:**

For physicians planning to **retire (12)**, the most frequently cited reasons were: Age (14%), Gross Receipts Tax (9%), Administrative/Regulatory Burden (9%), and Reimbursement Issues (9%).

For physicians planning to **move outside of the state (30)**, the most frequently cited reasons were: Gross Receipts Tax (12%), Reimbursement Issues (11%), Administrative/Regulatory Burden (7%), and Lack of Job Satisfaction (6%).

For physicians planning to **reduce their hours (24)**, the most frequently cited reasons were: Gross Receipts Tax (10%), Administrative/Regulatory Burden (7%), Reimbursement Issues (7%), and Age (4%).

For physicians planning to **relocate in New Mexico (8)**, the most frequently cited reasons were: Other (63%), Lack of Job Satisfaction (50%), and Practice Environment (25%).

D. Public Health District 3

Public Health District 3 is comprised of Catron, Socorro, Sierra, Grant, Hidalgo, Dona Ana, Luna, and Otero Counties.

By age groups –

22% of physicians are 25-44 years old

69% of physicians are 45-64 years old

8% of physicians are 65-94 years old

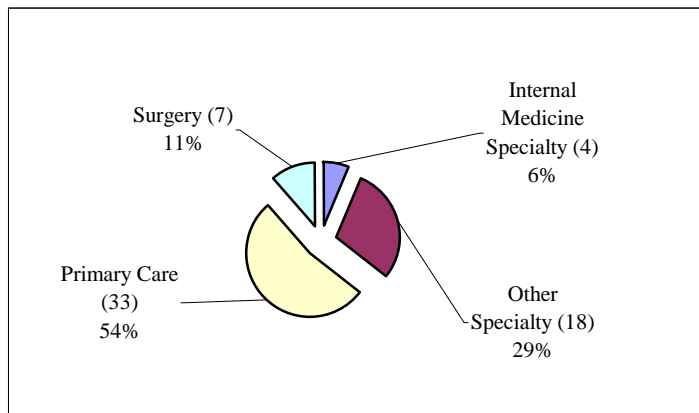
1% of physicians did not answer.

District 3 had the 3rd highest number of respondents for all specialty categories – 10% (222 / 2,179).

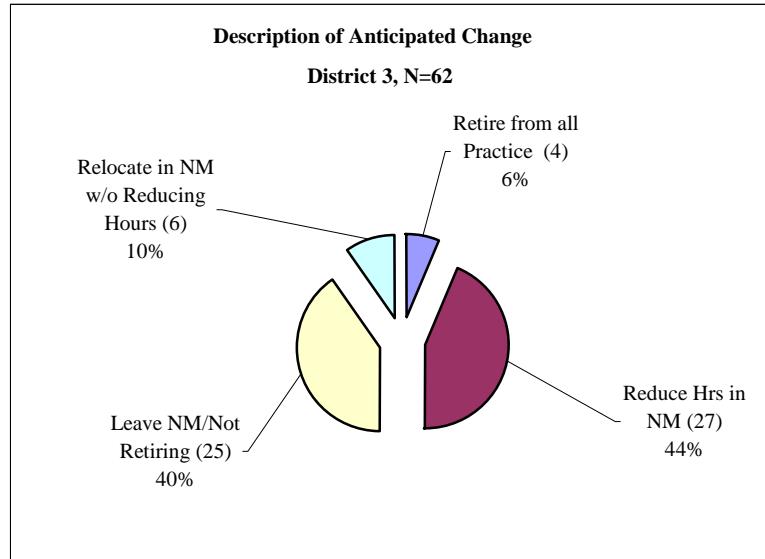
Specialty	State Total	District 3 Total	% of State Total
Primary Care	909	110	12%
Internal Medicine	195	18	9%
Surgery	254	28	11%
Other	760	164	21%
Unknown	61	2	3%
Total	2,179	222	10%

While 72% (160) respondents did not anticipate any changes, 62 (28%) respondents from District 3 anticipated practice changes that will result in reduced patient care hours within the next 12 months. The chart below shows the distribution of practice specialties that are affected by these changes.

**Anticipated Changes:
Distribution of Practices, N= 62**



Anticipated changes included: Reducing hours in New Mexico, Leaving New Mexico, and Relocating in New Mexico.



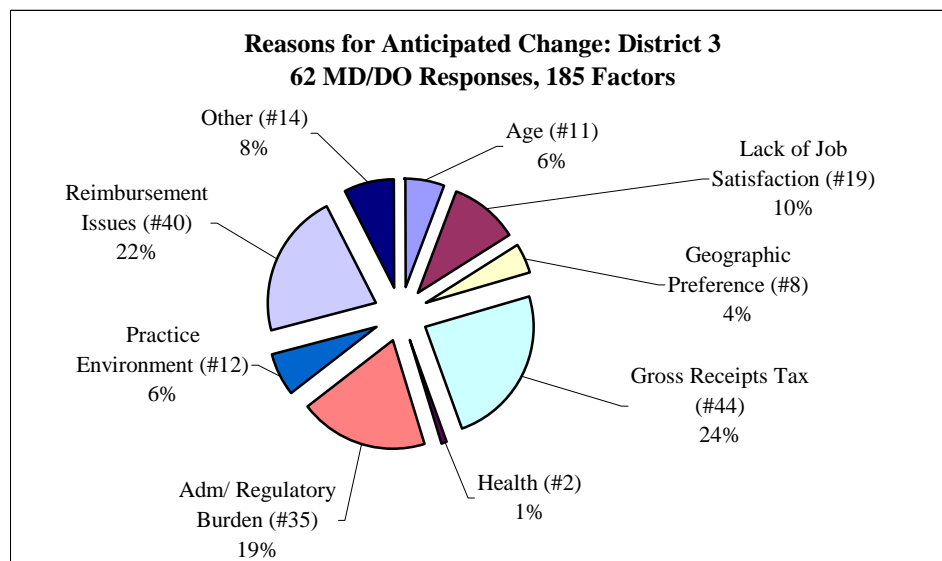
Of 9 factors for practice changes, the most frequently cited by District 3 respondents were:

Gross Receipts Tax, 24%

Reimbursement Issues, 22%

Administrative/Regulatory Burden, 19%

Lack of Job Satisfaction, 10%



The following table illustrates future practice plans by practice settings.

	Total in District 3	Not Anticipating Changes	Retiring	Leaving NM, Not Retiring	Reducing Hours	Relocating in NM
Community Health Center	21	17	0	1	1	2
Federal Facility	5	4	0	0	1	0
Group	59	41	2	6	10	0
Hospital	27	18	0	4	3	2
Nursing Home	2	1	0	0	1	0
Other	13	12	0	0	1	0
Partnership	21	17	1	3	0	0
Solo Practice	73	49	1	11	10	2
Staff Model HMO	0	0	0	0	0	0
Unknown	1	1	0	0	0	0
Total	222 100%	160 72%	4 2%	25 11%	27 12%	6 3%

Anticipated practice changes in District 3, **62 physicians**:

For physicians planning to **retire (4)**, the most frequently cited reasons were:

Administrative/Regulatory Burden (7%), Age (3%), Lack of Job Satisfaction (3%), and Gross Receipts Tax (3%).

For physicians planning **leave the state (25)**, the most frequently cited reasons were:

Gross Receipts Tax (10%), Reimbursement Issues (8%), Administrative/Regulatory Burden (4%), and Lack of Job Satisfaction (3%).

For physicians planning to **reduce their hours (27)**, the most frequently cited reasons

were: Reimbursement Issues (12%), Administrative/Regulatory Issues (12%), Gross Receipts Tax (10%), and Lack of Job Satisfaction (5%).

For physicians planning to **relocate in New Mexico (6)**, the most frequently cited

reasons were: Geographic Preference (67%), Other (50%), and Lack of Job Satisfaction (33%).

E. Public Health District 4

Public Health District 4 is comprised of Quay, Guadalupe, Curry, DeBaca, Roosevelt, Chaves, Lincoln, Eddy, and Lea Counties.

By age groups –

22% of physicians are 25-44 years old

65% of physicians are 45-64 years old

12% of physicians are 65-94 years old

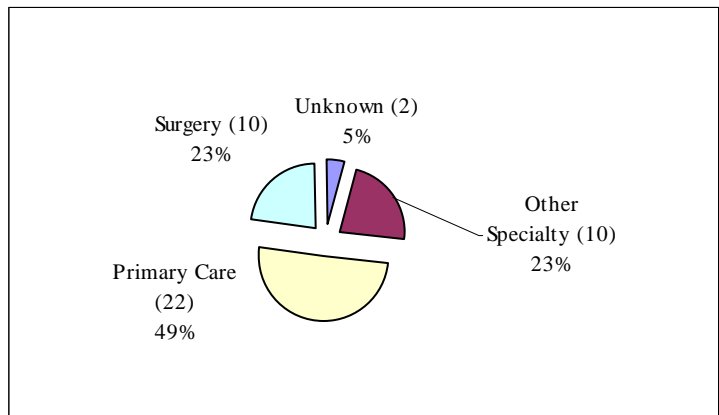
1% of physicians did not answer.

District 4 has the least number of respondents for all specialty categories – 7% (160 / 2,179).

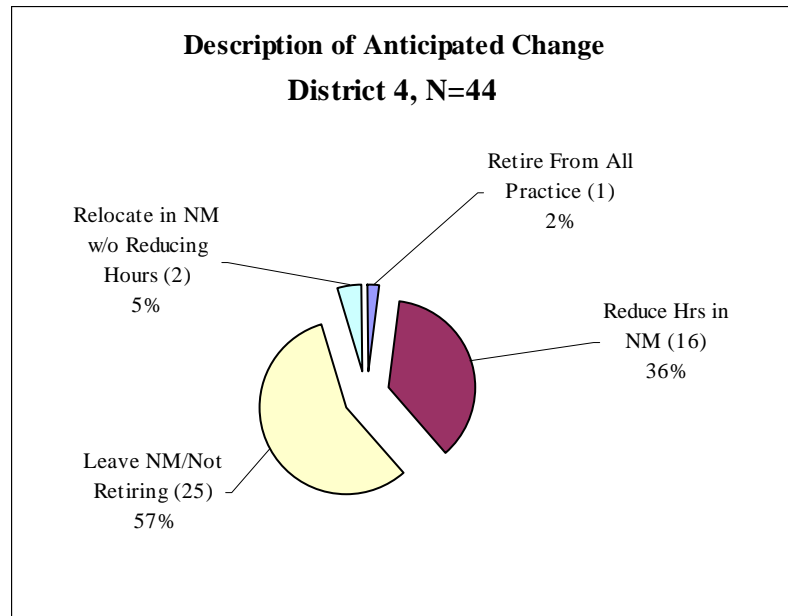
Specialty	State Total	District 4 Total	% of State Total
Primary Care	909	77	8%
Internal Medicine	195	13	7%
Surgery	254	31	12%
Other	760	32	4%
Unknown	61	7	11%
Total	2,179	160	7%

While 72% (116) of respondents are not anticipating a change, 44 (27%) respondents from District 3 anticipated practice changes that will result in a decrease in patient care hours within the next 12 months. The chart below shows the distribution of practice specialties that are affected by these changes.

**Anticipated Changes:
Distribution of Practices, N= 44**



Anticipated changes included: Relocating to another New Mexico county, Retiring from practice, Leaving New Mexico, Reducing hours.



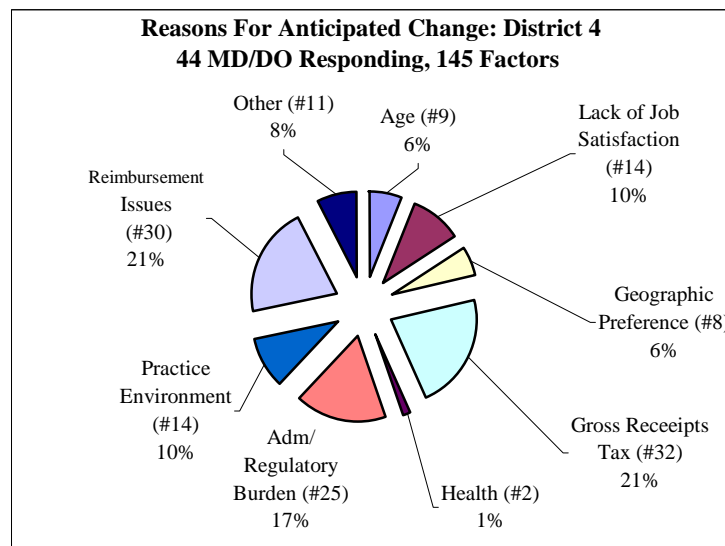
Of 9 factors for practice changes, the most frequently cited by District 4 respondents were:

Gross Receipts Tax, 21%

Reimbursement Issues, 21%

Administrative/Regulatory Burden, 17%

Lack of Job Satisfaction, 10%



The following table illustrates future practice plans by practice settings.

	Total in District 4	Not Anticipating Changes	Retiring	Leaving NM, Not Retiring	Reducing Hours	Relocating in NM
Community Health Center	14	8	1	3	2	0
Federal Facility	1	1	0	0	0	0
Group	34	26	0	5	3	0
Hospital	21	14	0	6	1	0
Nursing Home	1	0	0	1	0	0
Other	8	6	0	0	1	1
Partnership	10	8	0	2	0	0
Solo Practice	70	52	0	8	9	1
Staff Model HMO	1	1	0	0	0	0
Unknown	0	0	0	0	0	0
Total	160 100%	116 73%	1 0%	25 16%	16 10%	2 1%

Anticipated practice changes in District 4, **44 physicians**:

For physicians planning to **retire** (1), the cited reasons for retiring were: Age, Lack of Job Satisfaction and Geographic Preference.

For physicians planning to **leave the state (25)** the most frequently cited reasons were: Gross Receipts Tax (11%), Reimbursement Issues (10%), Administrative/Regulatory Burden (8%), and Practice Environment (4%).

For physicians planning to **reduce their hours (16)**, the most frequently cited reasons were: Gross Receipts Tax (5%), Administrative/Regulatory Burden (5%), Reimbursement Issues (5%), and Age (4%).

For physicians planning to **relocate in New Mexico (2)** the most frequently cited reasons were: Lack of Job Satisfaction (50%) and Geographic Preference (50%).

Part Six: Conclusions

Of the state's 6,275 actively licensed allopathic and osteopathic physicians in 2002, **only about half**, excluding residents, are engaged in active practice in New Mexico. While 11% are retired or inactive, nearly 40% of physicians holding active New Mexico licenses are practicing in other states.

Licensing data reveals an average of 357 expired licenses per year since 1998 (approximately 6% of average annual licensees). An annual average of 402 new licenses has been issued in the same 5-year period. These annual changes, however, when analyzed relative to New Mexico's population growth, have resulted in a net *reduction* of physician supply per 1000 population to 3.38 in 2002 from a high of 3.50 in 1998.

Licensing data can be utilized to point out the growth and aging of the actively licensed physician population as well as the concentration of licensed physicians by specialty area and location, but caution must be taken when licensing data counts are used to estimate actual physician supply.

Demographics of New Mexico Physicians

Overall data shows:

- The total number of New Mexico physicians per 1000 population (1.69) significantly lags behind the national benchmark (2.42).

Licensing data shows that New Mexico's active licensed physician population

- is growing but aging,
- is growing at a rate slower than the state's population growth,
- is growing substantially in primary care while surgery and internal medicine specialties are not growing, and,
- over half of the total physicians have a mailing address within Bernalillo County.

In New Mexico, only two counties exceed the year 2000 national rate of physicians per 1,000 population of 2.42: Bernalillo and Los Alamos, each just over 2.9 per 1000

population. The third highest county in the state, Santa Fe, 2.23 per 1000 population, is just below the national rate.

Practice Setting, Activity and Capacity of Actively Practicing Physicians

Responses from the 2,179 New Mexico practicing physicians show that New Mexico retains a large percentage of independent practitioners-

- 20% (436) of NM practicing respondents report having a solo practice setting,
- 8% (173) report practicing in a partnership,
- 25% practice in a group setting.

The 2,179 respondents reported spending an average of 36.5 hours per week (median = 35) in direct patient care activities-

- 64% are on call an average of 25.6 hours per week (median = 25)
- 8% of respondents work 36 or less weeks per year,

59% of the 2,179 respondents report that their practice capacities are full (19%) or nearly full (40%).

From these data, we can conclude that there is little additional practice capacity in our currently practicing physician pool.

The demographics of practicing physicians in the U.S. are changing. As more women enter the physician workforce, trends show fewer hours worked per week and fewer weeks worked per year. The UNM School of Medicine medical school class was 55% female and 45% male in 2002.

Recruitment and Retention Issues of Actively Practicing Physicians

Of the 2,179 survey respondents

- 49% (1,059) of respondents experience difficulties in the recruitment of physicians
- 37% (816) of respondents experience difficulties recruiting nurses.

New Mexico physicians also note that they experience difficulty with referral of patients to specialists and other primary care providers. 12% of these survey respondents included Primary Care practitioners in their identified referral difficulties by specialty.

When asked to identify “near future practice plans,” 22% (487/ 2179) of the NM active practitioners anticipated changes in the next 12 months to include:

- 43% (210) leaving New Mexico
- 37% (179) reduction of patient care hours
- 12% (58) retirement
- 8% (40) relocating within New Mexico

The 487 respondents were able to select up to 9 reasons for making these practice changes.

The most frequently cited were:

- 20% (267) gross receipts tax
- 19% (259) reimbursement issues
- 18% (249) administrative and regulatory burdens
- 12% (167) practice environment

With the exception of the gross receipts tax, none of these causes for change are unique to New Mexico.

New Mexico Educational Experience of Actively Practicing Physicians

Of the 2,179 survey respondents who actively practice in New Mexico, 18% attended a New Mexico high school, and 35% received part or all of their medical school and/or residency training in New Mexico.

From this data, it appears that promotion of the medical profession among New Mexico high school students and participation in a New Mexico medical school experience are both positive indicators towards increasing the physician supply in the state. However, in-state educational experience alone will not satisfy the need for additional physicians.

Analysis of the UNM School of Medicine Location Report data show that in the five years between 1994 to 1999, there was a 40% increase in the number of UNM trained medical

students and/or residents with active licenses practicing in the state. However, in the three years between 2000 and 2002, the percentage grew only 2%. Overall, only about a quarter of those graduating from UNM School of Medicine medical school or residency training programs remain to practice in New Mexico According to the same UNM report, 40% of U.S. medical school and 47% U.S. residency graduates remain in the state where they received their training. However, programs in rural, sparsely populated states have substantially fewer of their graduates remaining in the state to practice.

The need for specialist physicians is relatively greater than the need for additional primary care physicians. This likely reflects the success of NM's physician education and incentive programs, such as Loan Repayment, scholarships, and recruitment efforts through programs such as:

- National Health Service Corps
- New Mexico Health Service Corps
- J-1 Visa Waiver
- New Mexico Commission on Higher Education

Implications for the Future

Many factors affect location of practice decisions. More intensive and comprehensive efforts to retain our own medical students and residency graduates in New Mexico practices must be made. Recruitment strategies include targeting selection of those students and residents most likely to stay in N.M. to practice; streamlining licensing and credentialing; and increasing out-of-state physician recruitment. Retention strategies include minimizing administrative burdens, and reducing or eliminating the gross receipts tax on health services.

The U.S. and N.M. medical school class size and number of resident slots has remained relatively flat over the last five years. The number of US medical school graduates is 5000 less than the number of our nation's available first year residency slots. While the medical school class size has been constant, other US trainees have proliferated in the 1990s: Nurse Practitioners increased 200%, Physician Assistants 97%, Doctors of Osteopathy (65%), and MDs trained abroad (45%). U.S. and N.M. medical school class size and residency size may

need to grow to meet population growth demands. In addition, new interdisciplinary practice models may help address the demands created by rural and underserved populations.

New Mexico's population growth was the 12th fastest of the states, increasing 15% over the last 10 years, and another 15% growth over the next 10 years is anticipated. Only seven NM cities have populations exceeding 30,000. While 60% of New Mexico's population lives outside these cities, only 40% of New Mexican's physicians practice outside these cities. The geographic maldistribution of physicians and other health professionals is increasing. While the per capita physician supply doubled from 1929 to 2000 in the U.S., access to care in rural and underserved, inner-city areas has not improved. The aging of the existing physician workforce compounds this situation.

New Mexico has long acknowledged the difficulties of obtaining and retaining an adequate supply of physicians, especially in rural locations. Often there is disagreement about the definition of “adequate” in terms of the right number and specialty of physicians in the right locations at the right time.

While the use of national rates of physician supply does provide a benchmark for comparison to that found in specific New Mexico counties, the results should not be viewed as definitive. The New Mexico rate per 1,000 population for all physicians is less than the national rate in all but two counties, Bernalillo and Los Alamos, but the exclusion of out-of-state physicians serving New Mexico patients may create an understatement of supply in border and other counties (i.e. Dona Ana and San Juan Counties) in this report.

Likewise, the national rate is in large part generated by the demographics of large urban areas with different issues of geographic access than those found in New Mexico. The reader must also keep in mind that optimal rates are not the same as existing rates, and definitions of “optimal” are subject to interpretation relative to population characteristics, coverage patterns, geographic access and many other related factors.

The 1997 federal Balance Budget Amendment effectively capped the growth of the number of residency positions funded by Medicare to the level in place at that time. This policy has

halted the growth in residency positions with very few hospitals or training programs increasing residency positions without receiving more Medicare Graduate Medical Education reimbursement. With residency training output now level, the expansion era of physician supply that started in the early 1960s has come to an end and the source for previous answers to a large part of New Mexico's physician supply problems will be diminished in the future as well.

The current survey and historical licensing data, as compiled in this report, does support the generally held assumption that the great majority of New Mexico, especially rural New Mexico, is experiencing the effects of a physician supply shortage and will do so for years to come in the absence of interventions designed to change the status quo. The data is troublesome in its indication that the supply shortages may become worse in the near and long term.

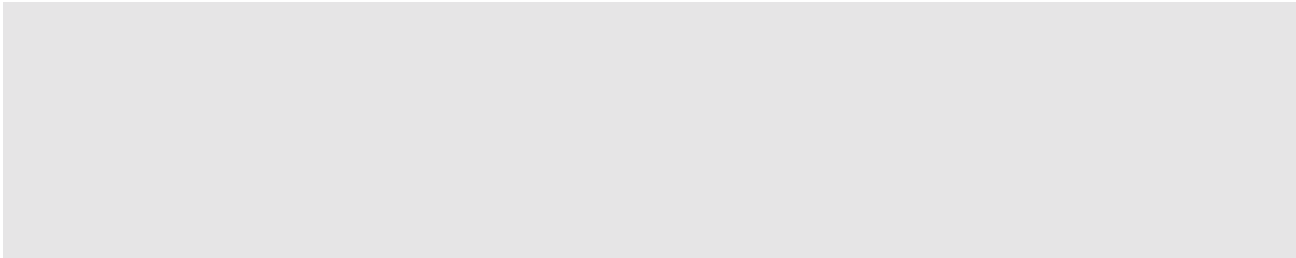
This report does not attempt to define further approaches for rectifying this problem or to identify the party or parties responsible for correcting it. Without active intervention, however, the State of New Mexico will continue to be passively reliant on self-correction of the market. Historically, the outcome of such a hands-off approach is not optimistic.

New Mexico most recently examined Health Care Workforce issues at a Department of Health statewide conference held in June 2001. Among their recommendations were:

- *Improve Tax Policy And Structure*
- *Develop State Workforce Partnerships*
- *Promote Improved Methods Of Practice Management In All Settings*
- *Establish Enhanced Recruitment/Retention Incentives*
- *Establish incentives for professional relocation*
- *Provide management support to practices*
- *Establish cooperative support services for practice*
- *Expand The Health Professional Student Pipeline Through All Levels Of Schooling*

While there has been limited implementation of some of these recommendations, many remain to be achieved. This report should be viewed as a call to action not only to implement the existing recommendations, but to develop new interventions as well. New Mexicans face a negative impact

on their health due to a shortage of physicians. Our state's economic development is also affected by the influence of the physician shortage on worker productivity and recruitment of new industry, as well as retention of existing industry, including the growing health care sector of New Mexico's economy.



APPENDICES

Appendix 1: List of Task Force Members

Bonnie Smith, New Mexico Medical Society

New Mexico Health Policy Commission
Physician Supply in New Mexico

Randy Marshall, New Mexico Medical Society
Charlotte Kinney, Board of Medical Examiners
Dan Derksen, MD, University of New Mexico
Melissa Manlove, New Mexico Health Resources, Inc.
Jerry Harrison, New Mexico Health Resources, Inc.
Liz Montoya, New Mexico Osteopathic Examiners Board
Thomas Bodner, Greater Albuquerque Medical Association
Harvey Licht, New Mexico Department of Health

HPC Staff

Beverly Russell

Susan DeGrand

Dot Ball

Shaun Meeks

Kevin McMullan

Leticia Rutledge

Appendix 2: New Mexico Public Health Districts

District	County
1 (excludes Bernalillo)	CIBOLA MCKINLEY SAN JUAN SANDOVAL TORRANCE VALENCIA
2	COLFAX HARDING LOS ALAMOS MORA RIO ARRIBA SAN MIGUEL SANTA FE TAOS UNION
3	CATRON DONA ANA GRANT HIDALGO LUNA OTERO SIERRA SOCORRO
4	CHAVES CURRY DE BACA EDDY GUADALUPE LEA LINCOLN QUAY ROOSEVELT
And	Bernalillo County

* Because of its unique provider and population characteristics relative to the other counties of New Mexico, Bernalillo County is analyzed separately rather than as a member of District 1.

Appendix 3: Specialty Groupings

<p>SPECIALTY GROUPS:</p> <p>Primary Care (Federal Definition): FAMILY PRACTICE GENERAL INTERNAL MEDICINE GENERAL PEDIATRICS GENERAL PRACTICE GYNECOLOGY (ONLY) OBSTETRICS AND GYNECOLOGY</p>
<p>Internal Medicine Specialties: CARDIOVASCULAR DISEASES CRITICAL CARE MEDICINE (INTERNAL MED) ENDOCRINOLOGY GASTROENTEROLOGY GERIATRICS HEMATOLOGY/ONCOLOGY INFECTIOUS DISEASES INTERNAL MEDICINE - OTHER SUB-SPEC NEPHROLOGY PULMONARY DISEASES RHEUMATOLOGY</p>
<p>Other Specialties: ALLERGY AND IMMUNOLOGY ANESTHESIOLOGY CHILD & ADOLESCENT PSYCHIATRY DERMATOLOGY EMERGENCY MEDICINE NEUROLOGY OCCUPATIONAL MEDICINE OPHTHALMOLOGY OTHER PATHOLOGY - GENERAL PATHOLOGY SUB-SPEC PEDIATRIC SUB-SPEC PHYSICAL MEDICINE AND REHAB PREVENTIVE MEDICINE PSYCHIATRY -ADULT RADIOLOGY - DIAGNOSTIC RADIOLOGY - THERAPEUTIC</p>
<p>Surgical Specialties: GENERAL SURGERY NEUROLOGICAL SURGERY ORTHOPAEDIC SURGERY OTOLARYNGOLOGY PLASTIC SURGERY SURGERY - OTHER SUB-SPEC THORACIC SURGERY UROLOGY</p>

Appendix 4: Definitions of Geographic Areas

Urban areas > 99 people per square mile

Bernalillo County

Rural 7-99 people per square mile

Curry, Eddy, Grant, Lea, Lincoln, Luna, McKinley, Otero, Roosevelt, Taos, Valencia Counties

Frontier <= 6 people per sq. mile

Catron, Cibola, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, San Miguel, Sierra, Socorro, Torrance, Union Counties

Mixed Frontier/Rural w/ dense population center

Chaves, Dona Ana, Los Alamos, Rio Arriba, San Juan, Sandoval, Santa Fe Counties

Appendix 5

Survey Tool

NEW MEXICO PHYSICIAN SURVEY – 2001

New Mexico Health Policy Commission

Please complete and return this survey in the envelope provided. The information requested in this survey is collected by the New Mexico Health Policy Commission under the Health Information Systems Act (24-14A-1 to 24-14A-10, NMSA 1978) and is strictly confidential and shall not be a matter of public record or accessible to the public or subject to inspection. Item number 1 asks for your New Mexico license number. The number has been clearly indicated on the attached cover letter.

MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not tear or mutilate this form.

CORRECT: ●

INCORRECT: ✓ ✗ ◐ ◑

1

NEW MEXICO LICENSE NUMBER

				-			
0	0	0	0		0	0	0
1	1	1	1		1	1	1
2	2	2	2		2	2	2
3	3	3	3		3	3	3
4	4	4	4		4	4	4
5	5	5	5		5	5	5
6	6	6	6		6	6	6
7	7	7	7		7	7	7
8	8	8	8		8	8	8
9	9	9	9		9	9	9

4

How many weeks per year do you actively practice medicine in New Mexico:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2

CURRENT WORK STATUS IN MEDICINE

Mark all that apply.

Practice Medicine in New Mexico
 Practice Medicine in another state: TX CO AZ Other
 Permanently or Temporarily Inactive in Medicine
 Retired

NOTE: If you are **inactive in medicine, retired, or practicing medicine exclusively outside New Mexico, STOP HERE** and return the questionnaire to the New Mexico Health Policy Commission.

5

LOCATION OF SCHOOLING

	New Mexico	Other United States/ Canada	Other Foreign Country
Location of the High School from which you graduated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Medical School from which You Graduated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Primary Specialty Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Secondary Specialty Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Tertiary Specialty Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

CURRENT ACTIVITIES IN MEDICINE IN NEW MEXICO

For your New Mexico medical practice, please indicate hours per week for which the major activity is:
(Mark all that apply.)

	Hours/Week						
	None	1-9	10-19	20-29	30-39	40-49	50+
Direct Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this questionnaire in the enclosed envelope to:

New Mexico Health Policy Commission
2055 South Pacheco, Suite 200
Santa Fe, NM 87505

If you have any questions please call:
(505) 424-3200

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

PATIENT CARE: Practice Locations

Location of sites where you spend the most time providing direct patient care. Print the address of your primary practice location including the 5-digit zip code. For any additional practice locations, please indicate the 5-digit zip codes only. Also indicate the average hours per week you spend at each practice location and the average number of patient encounters you have per week at each practice location.

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PATIENT CARE: Practice Settings

What best describes the patient care practices in question 11?
(Mark one oval for each of the locations identified in question 11.)

	Primary	Secondary	Tertiary	Quaternary
Solo Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Practice-Owner/Operator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Practice-Employee/Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free-Standing Health Center or Clinic (D&TC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Model HMO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-Inpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-OPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-Satellite Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military/VA Health Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public or Nonprofit Community-based Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Licensed Community Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locum Tenens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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REFERRAL DIFFICULTIES

Identify the specialties that you or your patients have the greatest difficulty scheduling/obtaining/arranging a timely appointment, when making referrals? (Mark up to 3 specialties.)

- Allergy & Immunology
Anesthesiology
Dermatology
Emergency Medicine
Family Practice
General Practice
Internal Medicine
Cardiovascular Disease
Critical Care Medicine
Endocrinology and Metabolism
Gastroenterology
General
Geriatrics
Infectious Disease
Nephrology
Oncology/Hematology
Pulmonary Disease
Rheumatology
Other Internal Medicine Sub-specialty
Neurology
Obstetrics and Gynecology
Gynecology (Only)
Occupational Medicine
Ophthalmology
Otolaryngology
Pathology (General)
Pathology Sub-specialty
Pediatrics (General)
Pediatric Sub-specialty
Physical Medicine and Rehabilitation
Preventive Medicine
Psychiatry-Adult
Psychiatry-Child & Adolescent
Radiology-Diagnostic
Radiology-Therapeutic
Surgery
General
Neurological
Orthopedic
Plastic
Thoracic
Surgical Sub-specialty
Urology
Other, specify:

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NEAR FUTURE PRACTICE PLANS

In the next 12 months, I plan to: (Mark all that apply.)

- Retire from patient care
Significantly reduce patient care hours
Move my practice to another geographical location in New Mexico
Move my practice out of the state
None of the above

If you are retiring, moving, or reducing your patient care hours, what are the factors that led to this decision? (Mark all that apply.)

- Age
General Lack of Job Satisfaction
Geographic Preference
Gross Receipts Tax
Health
Increasing Administrative/Regulatory Burden
Practice Environment
Reimbursement Issues
Other, specify:

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CURRENT PRACTICE CAPACITY

Which response best describes your patient care practice capacity?

- My practice is full; I cannot accept any new/additional patients.
My practice is nearly full; I can accept a few new/additional patients.
My practice is far from full; I can accept many new/additional patients.
Not applicable

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ELECTRONIC MEDIA USE IN MEDICAL PRACTICE

In your medical practice, do you use electronic media (Internet/email) to: (Mark all that apply.)

- Obtain lab results, x-rays or hospital records?
Obtain information about treatment alternatives?
Communicate with/answer questions from your patients?
Obtain Continuing Medical Education credits?
Transmit prescriptions to pharmacies?
Advertise your practice?
Telemedicine
PALS (Physician Access Line Service)
Electronic Claims Submission

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RECRUITMENT EXPERIENCES

How would you describe your experience in recruiting:

Table with 5 columns: Easy, Moderate, Difficult, Not Applicable/Unknown. Rows include Physicians, Nurses, Nurse Practitioners, Physician Assistants, and Other Health Professionals.

18

GENDER

- Male
Female

20

INCOME

Please indicate your salary and/or your net income after expenses but before taxes from your practice of medicine.

Income grid with dollar sign and a 10x10 grid of circles for digits 0-9.

19

RACE/ETHNICITY

Please mark ONE only:

- Alaskan Native or Native American
Asian or Pacific Islander
Black/African American (not Hispanic)
Hispanic/Latino
White (not Hispanic)

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

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