

Kansas



**The Aging of the Kansas Primary Care Physician Workforce
and Vulnerability of Counties for Access to Health Care, Kansas 2008**

**Research
Summary**

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Our Vision – Healthy Kansans Living in Safe and Sustainable Environments

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

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Background

As the Kansas population continues to increase and to age, primary care physicians (PCPs) are becoming less plentiful. Although the number of Kansas full-time equivalency (FTE) PCPs increased 2 percent from 2007 to 2008 (1,545.32 to 1,577.61) [1], the number of physicians indicating primary care specialties decreased 7.6 percent for the same period (2,356 to 2,177) [2].

Objective

Access to primary care physician services is an important issue critical to addressing the health needs of our population. Between 2000 and 2020 the Kansas population is projected to increase 12 percent, while the population age 65 and over, the age segment needing the most medical care, will grow 46 percent [3]. Knowledge of where our primary care physicians nearing retirement work and where our populations of most need are located may help planners better understand issues surrounding the state's physician supply and demand.

Method

Data used to prepare the Kansas Primary Care Physician FTE Report by County 2008 data are used for this analysis. These data are licensure and practice location data obtained courtesy of the Kansas State Board of Healing Arts via the Kansas Health Policy Authority and maintained at the Office of Health Assessment, Kansas Department of Health and Environment. Calculations of full-time equivalents (FTEs) and ratios are prepared according to the guidelines set forth by the Code of Federal Regulations for physicians [4]. Primary Care physicians are defined as those individuals practicing in one or more of the following specialties and one or more of the following work settings as shown in Table 1.

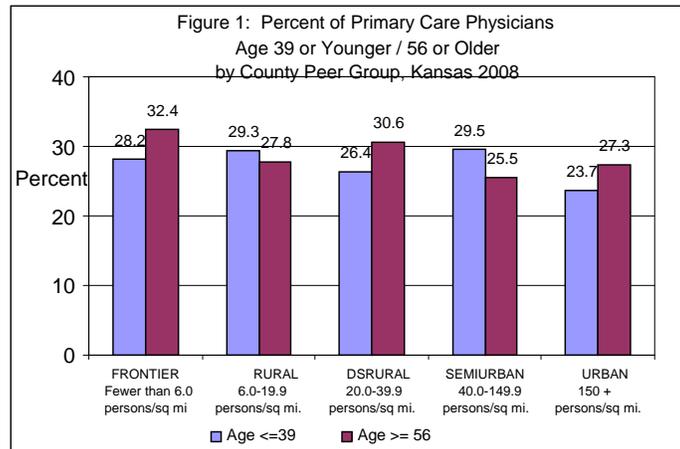
Table 1; Primary Care Specialties and Work settings

Specialties	Work settings
Adolescent Medicine	Federally Qualified Health Center
Family Practice	Free Standing Clinic
General Practice	General Hospital
Internal Medicine	Self-Employed, Solo Practice
Obstetrics	Local Health Department
Obstetrics/Gynecology	Partnership/Group Practice Office
Pediatrics	Rural Health Clinic
	Medical School/Teaching Hospital

The Kansas Information for Communities population data were used to prepare the dependency ratios by age category and peer groups [5].

Results

In Kansas 27.6 percent of primary care physician Full Time Equivalents (FTEs) are physicians age 56 or older. Kansas County peer group data show that rural and semi-urban groups have a greater percent of primary care physician FTEs that are age 39 or younger than they have primary care physician FTEs that are age 56 or older. Frontier, densely settled rural and urban groups have a smaller percent of primary care physician FTEs that are age 39 or younger than they have primary care physician FTEs that are age 56 or older (see Figure 1).



As illustrated in Figure 2, light shading indicates that 53 (50.5 percent) Kansas counties have a greater proportion of primary care physician FTEs who are age 56 or older (for example, Shawnee County has 4.14 more FTEs that are => Age 56). The heavy shading indicates that 44 (41.9 percent) Kansas counties have a greater proportion of primary care physician FTEs who are age 39 or younger (for example Jackson County 2.04 more FTEs that are =<Age 39). The medium shaded counties represent seven counties that have FTEs only between the ages of 40-55; among them, just Norton county has 0.63 FTEs that occur in both the younger and older age categories.

a result of expansion of practice opportunities and educational programs in geographically contiguous states and nationwide” [6].

Conclusion

It is particularly critical that those counties in peer groups that have older physicians focus heavily on recruiting younger primary care physicians for practice in their area just to meet the current demand. All Kansas counties will need to focus on training, recruiting and retention of younger primary care physicians both to replace those who are retiring and to address the rising demand for primary care services due the expansion and the aging of the Kansas population.

References

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