

Highlights of GAO-04-124, a report to the Chairman, Committee on Health, Education, Labor, and Pensions, U.S. Senate

Why GAO Did This Study

Through a variety of programs, the federal government supports the training of physicians and encourages physicians to work in underserved areas or pursue primary care specialties. GAO was asked to provide information on the physician supply and the generalist and specialist mix of that supply in the United States and the changes in and geographic distribution of physician supply in metropolitan and nonmetropolitan areas. To address these objectives, GAO analyzed data on physician supply and geographic distribution from 1991 and 2001.

PHYSICIAN WORKFORCE

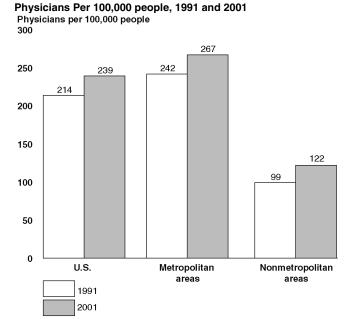
Physician Supply Increased in Metropolitan and Nonmetropolitan Areas but Geographic Disparities Persisted

What GAO Found

The U.S. physician population increased 26 percent, which was twice the rate of total population growth, between 1991 and 2001. During this period the average number of physicians per 100,000 people increased from 214 to 239 and the mix of generalists and specialists in the national physician workforce remained about one-third generalists and two-thirds specialists. Growth in physician supply per 100,000 people between 1991 and 2001 was seen in historically high-supply metropolitan areas as well as low-supply statewide nonmetropolitan areas.

Between 1991 and 2001, all statewide nonmetropolitan areas and 301 out of the 318 metropolitan areas gained physicians per 100,000 people. Of those 17 metropolitan areas that experienced declines in the number of physicians per 100,000 people, only 2 had fewer total physicians in 2001 than 1991. Overall, nonmetropolitan areas experienced higher proportional growth in physicians per 100,000 people than metropolitan areas, but the disparity in the supply of physicians per 100,000 people between nonmetropolitan and metropolitan areas persisted. Nonmetropolitan counties with a large town (10,000 to 49,999 residents) had the biggest increase in physicians per 100,000 people of all county categories but their supplies per 100,000 people were still less than large and small metropolitan counties' supplies in 1991 and 2001.

In written comments on a draft of this report, the Health Resources and Services Administration agreed with GAO findings of persisting disparities between metropolitan and nonmetropolitan areas.



www.gao.gov/cgi-bin/getrpt?GAO-04-124.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Laura A. Dummit at (202) 512-7119.

Sources: American Medical Association, American Osteopathic Association, Bureau of Census, and Centers for Medicare & Medicaid Services.