

CALIFORNIA HEALTH CARE ALMANAC



California Physician Facts and Figures

JULY 2010

Introduction

California’s supply of physicians has been growing faster than the overall population in recent years, rising 7 percent since 1998. Demand for physicians is expected to rise, as the senior population grows, and as more individuals obtain health insurance as a result of health care reform. With large numbers of physicians nearing retirement, and not all doctors taking patients with private or public insurance, those seeking care, especially in some regions, could have difficulty finding a provider. This report draws from numerous sources to describe the market landscape for physician services in California.

KEY FINDINGS INCLUDE:

- California barely meets the nationally recognized standard for supply of primary care physicians. Only the Orange, Sacramento, and Greater Bay Area regions meet the recommended supply.
- Eighty-four percent of PCPs are accepting new patients, and just over half are accepting new Medi-Cal patients.
- Nearly 30 percent of physicians are over 60 years old — a higher percentage than any other state.
- While Latinos represent almost 40 percent of the population, only 5 percent of the state’s physicians are Latinos, which could have implications for language and cultural aspects of care.
- California draws a substantial portion of physicians, especially PCPs, from foreign and out-of-state medical schools.
- While family and general practitioner compensation has been rising, they earned only 88 percent of the national average in 2008.

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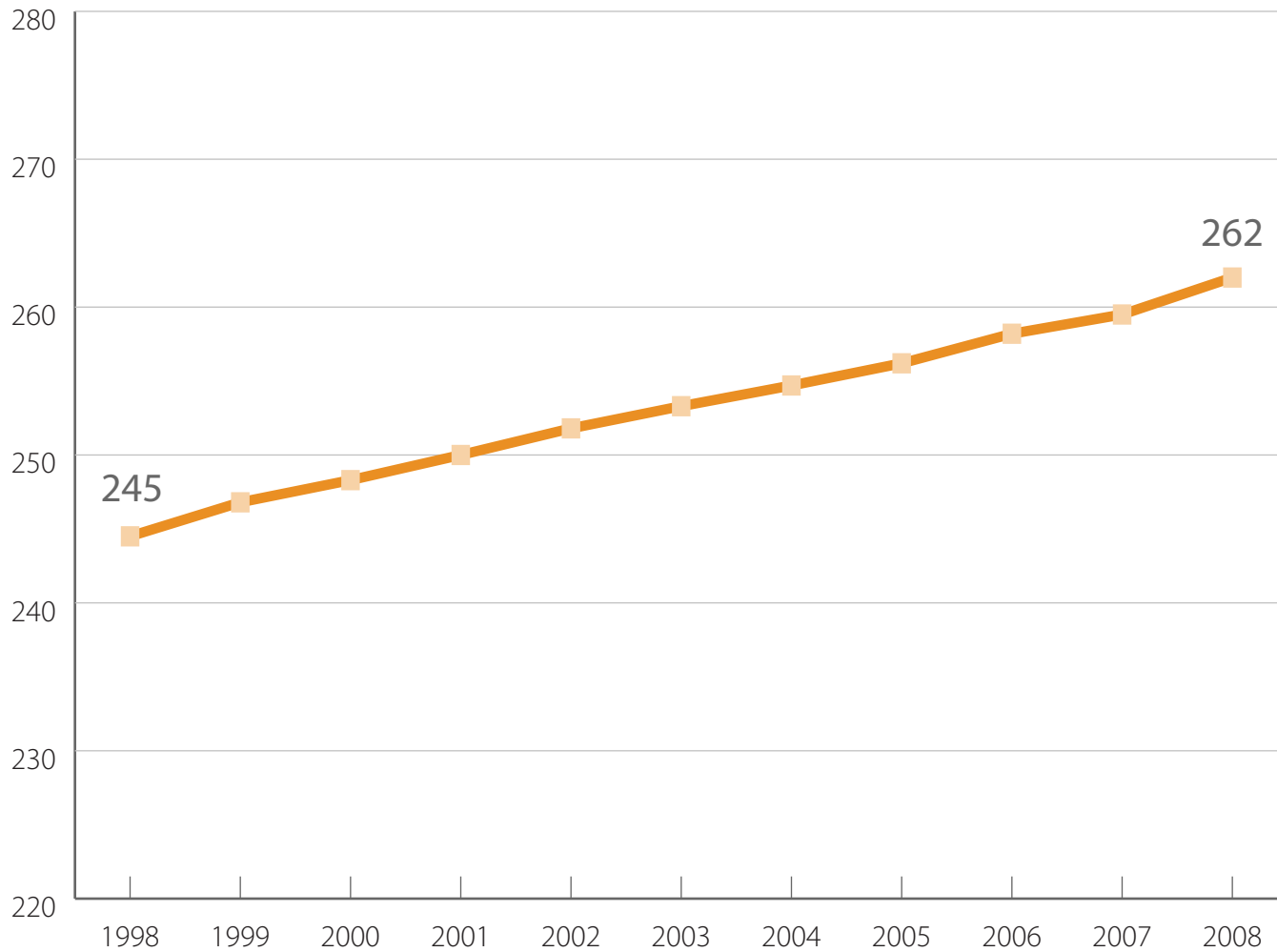
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Physicians per 100,000 Population,
by Patient Age, United States, 2000

Physicians per 100,000 Population, California, 1998–2008



The ratio of physicians to population climbed 7 percent in the decade from 1998 to 2008. The population as a whole grew by 16 percent during this period, while those over age 65 — the highest users of physician services — increased 22 percent.*

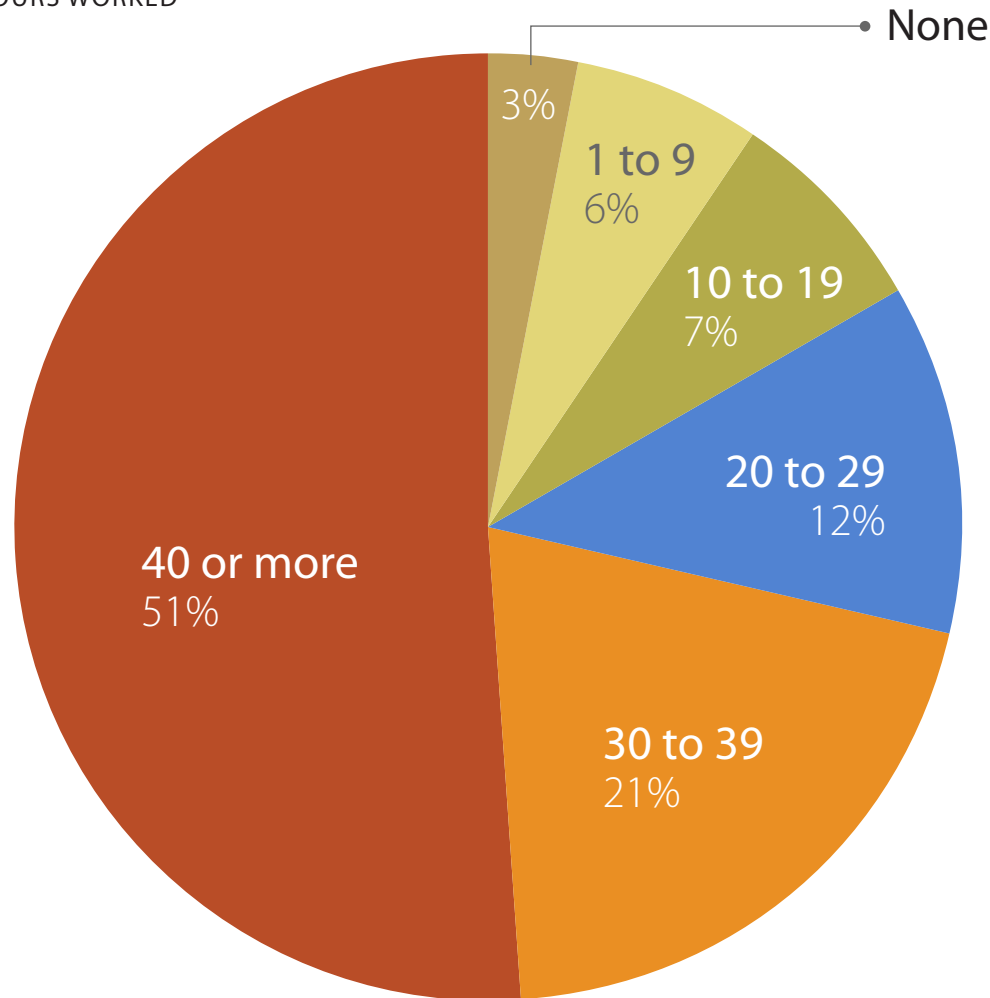
Note: Data includes only MDs with active licenses and includes residents, fellows, and fee-exempt MDs. Excludes MDs with out-of-state zip code and doctors of osteopathy (DOs).

Sources: RAND California, Number of Physicians and Surgeons, ca.rand.org. State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 1990–1999*. Sacramento, CA, May 2009. State of California, Department of Finance, *E-3 Race/Ethnic Population Estimates with Age and Sex Detail, 2000–2008*. Sacramento, CA, June 2010.

*See **Appendix C** for estimated requirements for physicians by patient age.

Physicians, by Average Weekly Patient Care Hours Worked, California, 2009

NUMBER OF HOURS WORKED

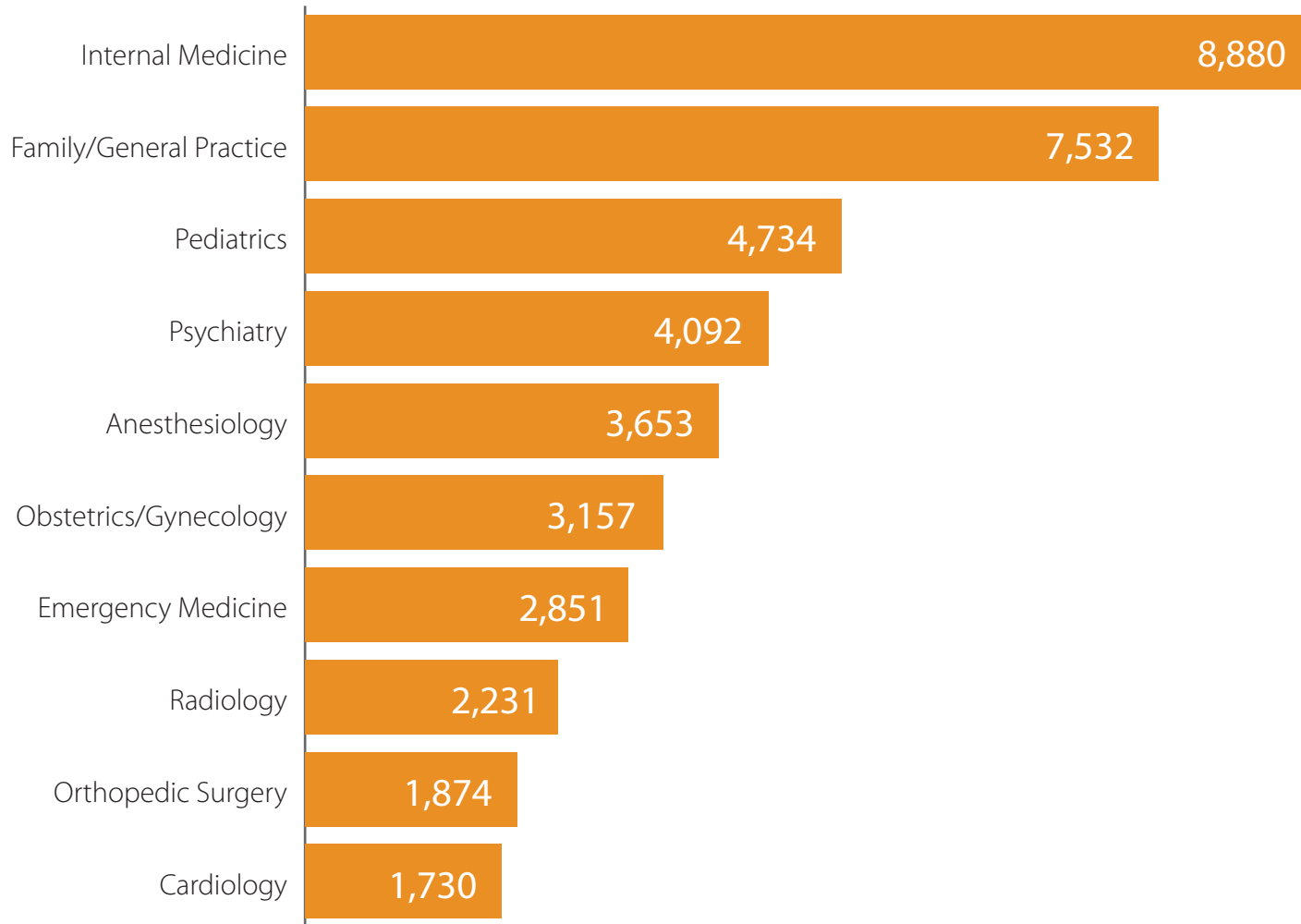


Notes: Data includes only active California-based MDs who answered relevant questions. Excludes residents, fellows, and DOs.

Source: Medical Board of California, Survey of Licensees, private tabulation, 2009.

The total number of California physicians does not accurately reflect the availability of physicians to provide care. Only half of the state's physicians work full-time in patient care. Other activities include research, teaching, and administration.

Top Ten Specialties, by Number of Active Patient Care Physicians, California, 2009

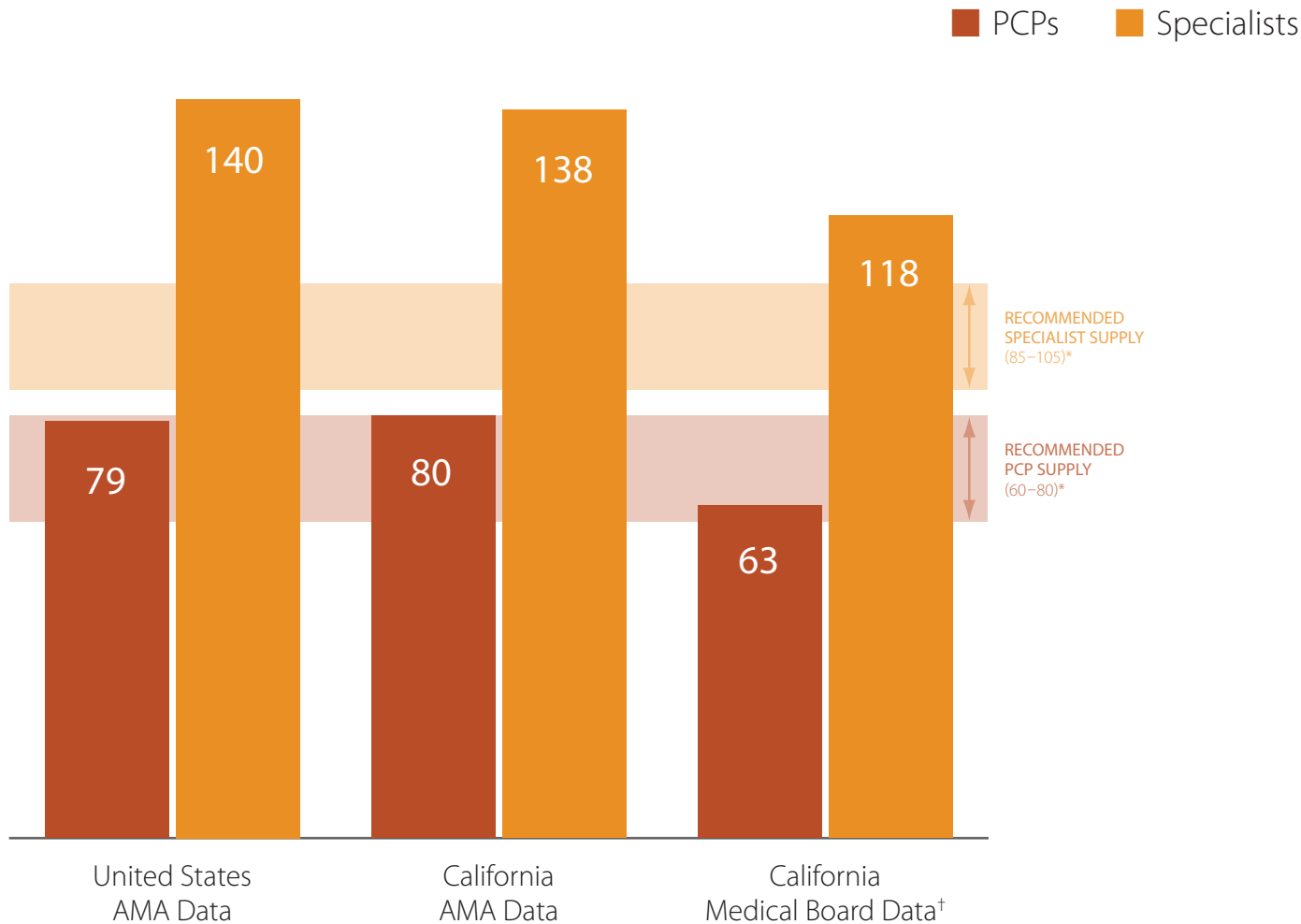


Active patient care physicians — those who practice at least 20 hours a week in patient care — are concentrated in a handful of specialties. Nearly half work in five specialty areas, and over two-thirds work in ten specialties. The top three specialties are in primary care.

Notes: Data includes only active California-based MDs who answered relevant questions. Excludes residents, fellows, and DOs.

Source: Medical Board of California, Survey of Licensees, private tabulation, 2009.

Active PCPs and Specialists per 100,000 Population, California vs. United States, 2008



California and the nation have similar per-capita ratios of primary care physicians and specialists. However, the state barely meets the nationally recognized standard for supply of primary care physicians, based on California Medical Board data.

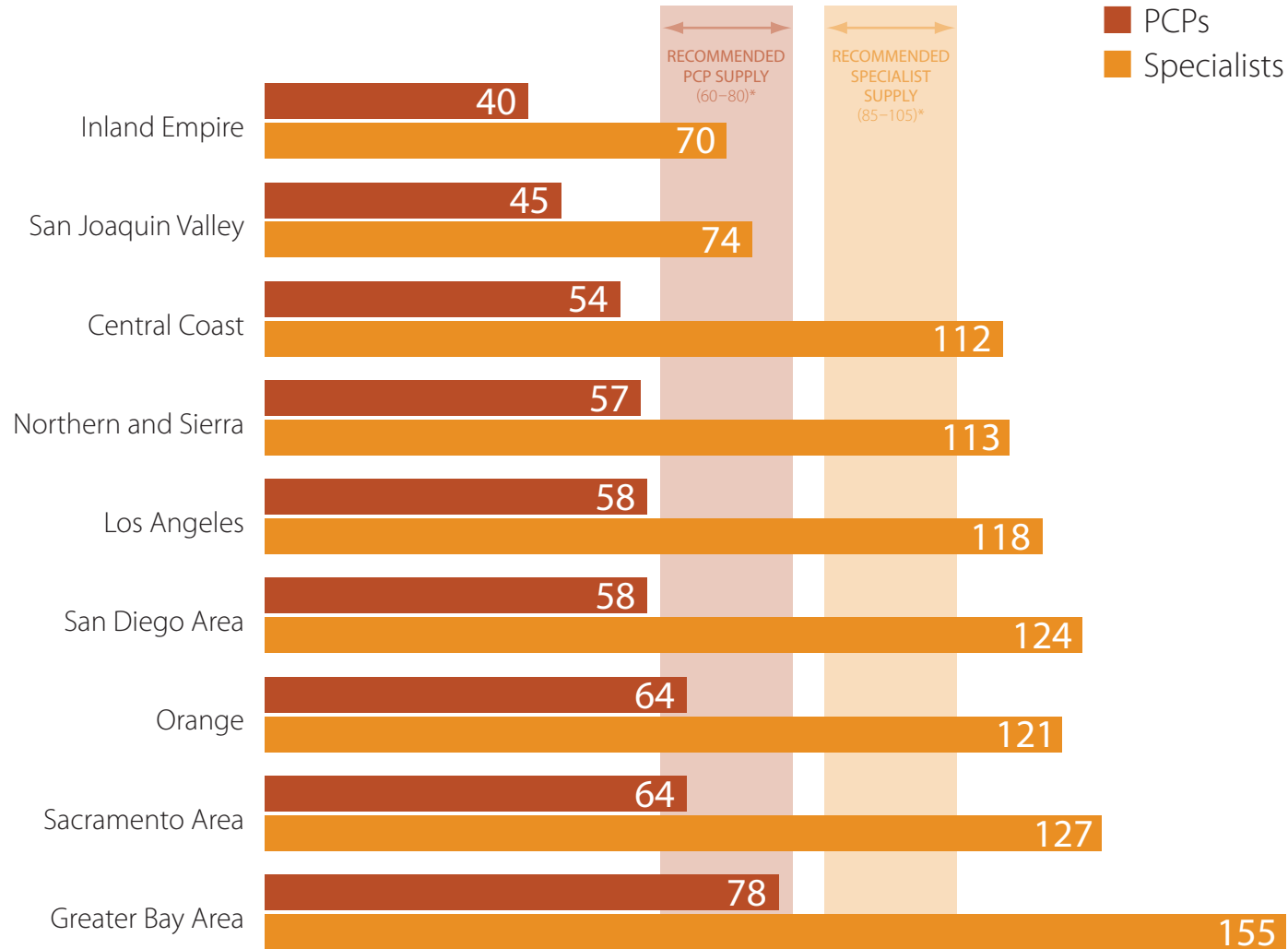
*The Council on Graduate Medical Education (COGME), part of the U.S. Department of Health and Human Services, studies physician workforce trends and needs. The latest COGME benchmarks are 60 to 80 PCPs per 100K population, and 85 to 105 specialists per 100K population. COGME ratios include DOs. The AMA defines active patient care as 20 hours or more a week with a plurality of hours in patient care.

[†]Supply number includes an estimate of DOs using AMA data.

Note: See [Appendix A](#) for PCP specialties.

Sources: California HealthCare Foundation, *Fewer and More Specialized: A New Assessment of Physician Supply in California*, June 2009, www.chcf.org. Association of American Medical Colleges, *2009 State Physician Workforce Data Book*.

Active PCPs and Specialists per 100,000 Population, California Regions, 2008



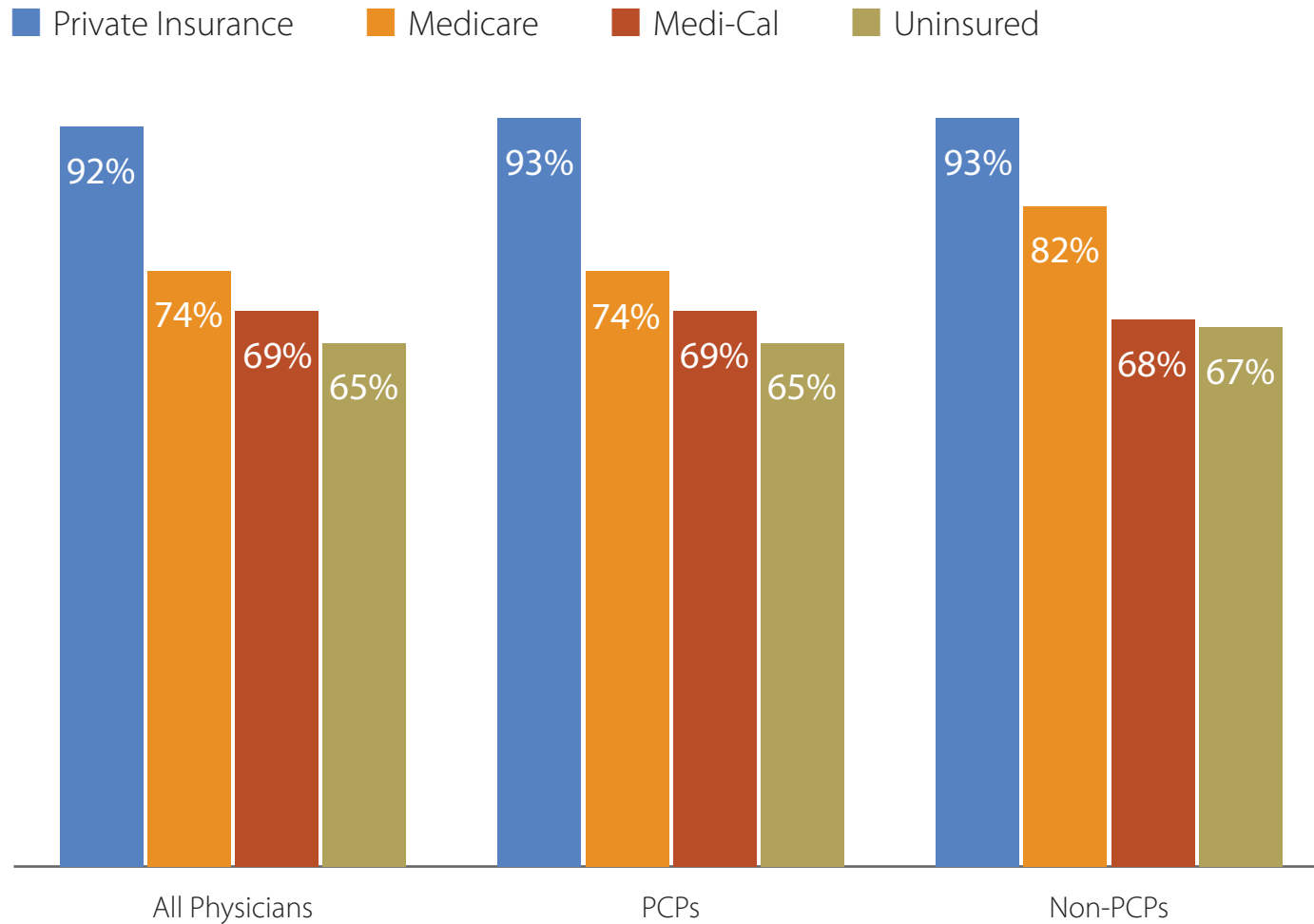
Physician supply varies by region. Some areas of California do not have sufficient numbers of physicians. Both San Joaquin Valley and the Inland Empire have fewer PCPs and specialists than are recommended by nationally recognized benchmarks.

*The Council on Graduate Medical Education (COGME), part of the U.S. Department of Health and Human Services, studies physician workforce trends and needs. The latest COGME benchmarks are 60 to 80 PCPs/100K population, and 85 to 105 specialists/100K population. COGME ratios include DOs.

Notes: Data does not include DOs. The most recent California data shows 4.3 PCP DOs and 3.5 specialist DOs per 100,000 population. See [Appendix A](#) for PCP specialties and [Appendix B](#) for a list of counties within each region.

Source: California HealthCare Foundation, *Fewer and More Specialized: A New Assessment of Physician Supply in California*, June 2009, www.chcf.org.

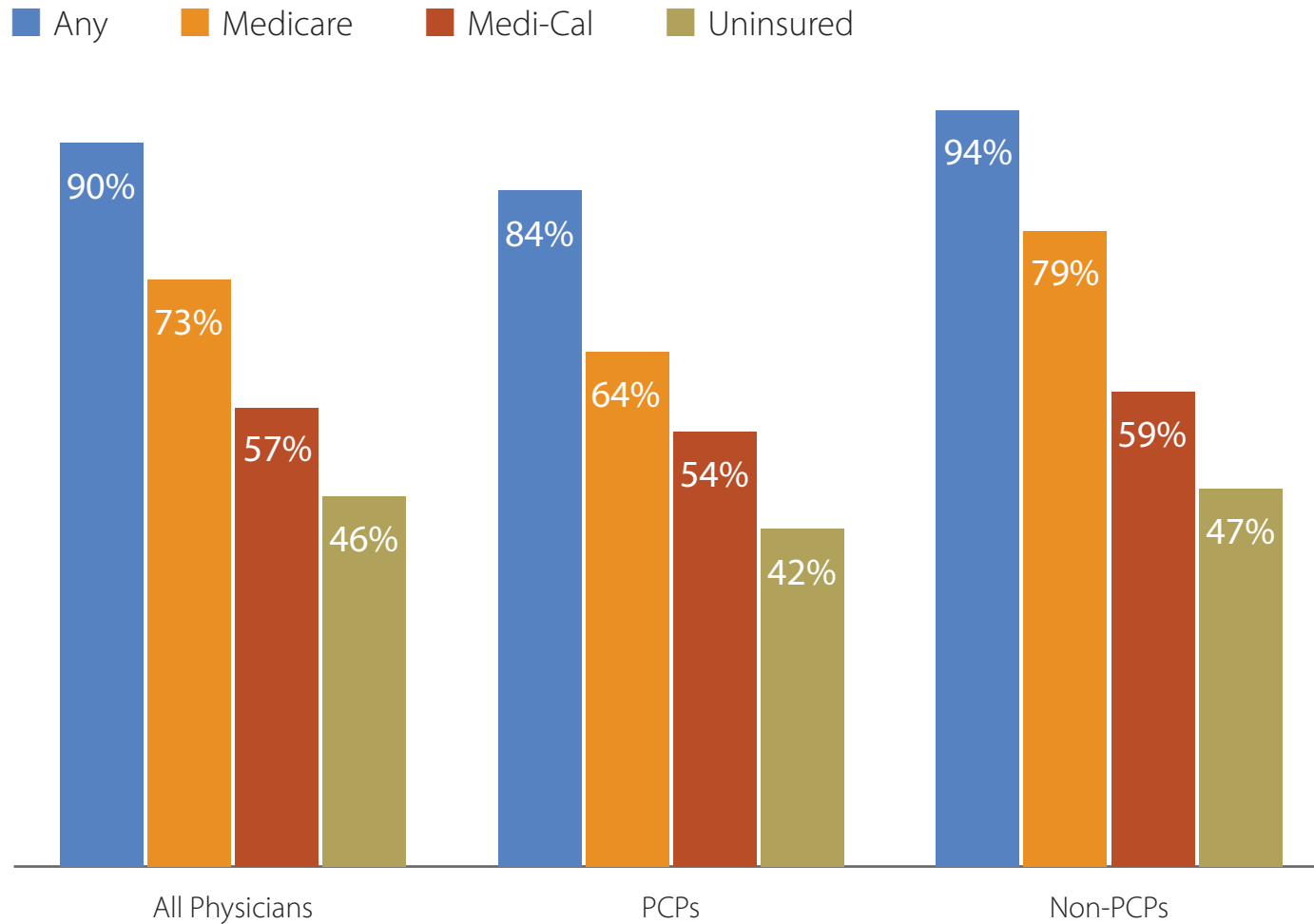
Physicians with Insured Patients in Practice, by Coverage Type, California, 2008



Uninsured Californians and those with public coverage have less access to physician care than those with private insurance. While over 90 percent of California physicians have patients with private insurance in their practices, just 69 percent have any Medi-Cal patients, and only 65 percent have any uninsured patients.

Source: *Physician Participation in Medi-Cal, 2008*, California HealthCare Foundation, July 2010.

Physicians Accepting New Patients, by Insurance Coverage, California, 2008

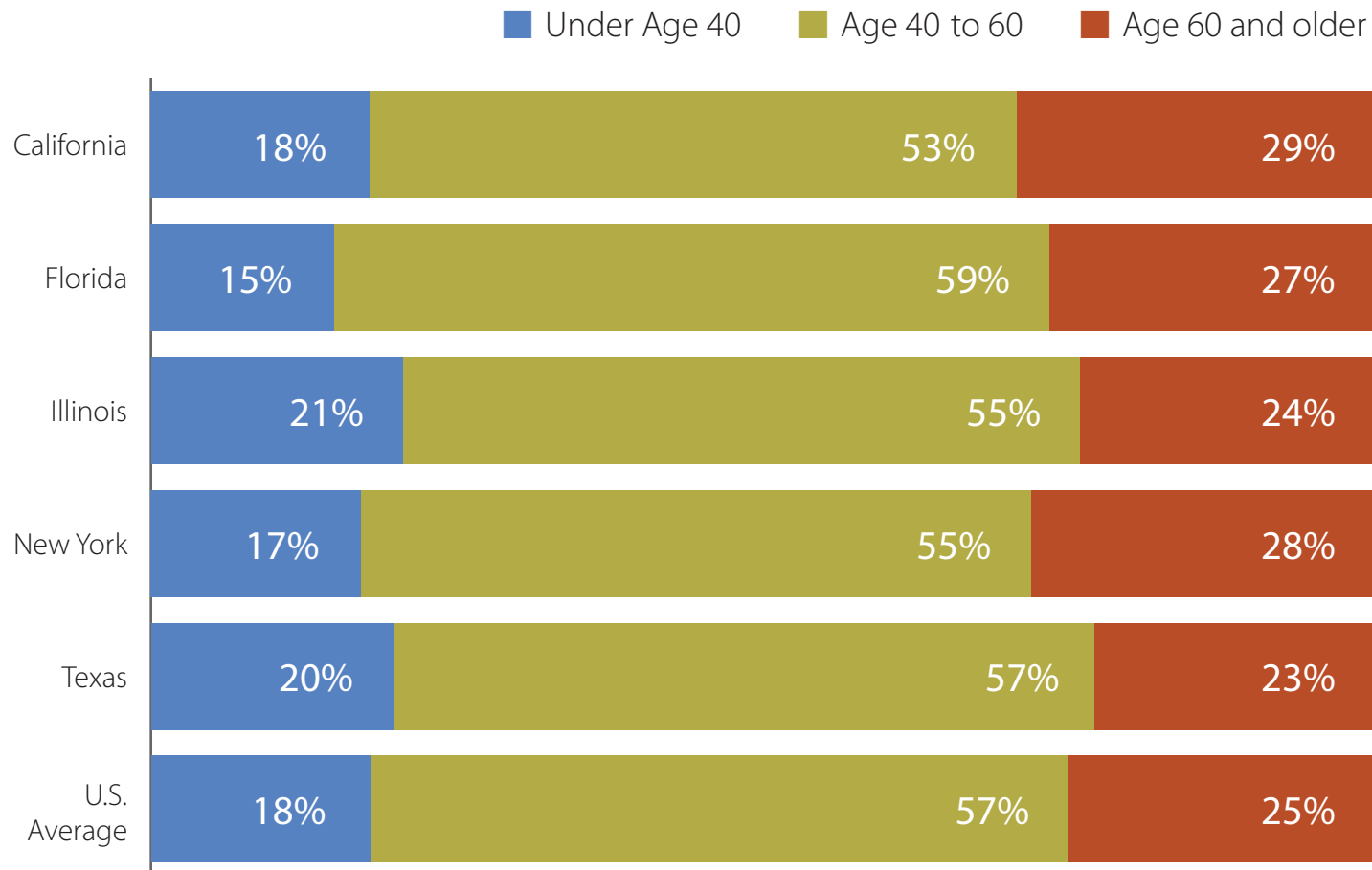


For the many Californians who will become insured through the expansion of public programs due to national health care reform, access to physicians may be limited. Only 84 percent of PCPs are accepting new patients, and just over half are accepting new Medi-Cal patients.

Source: *Physician Participation in Medi-Cal, 2008*, California HealthCare Foundation, July 2010.

Active Physicians, by Age, California vs. Select States and United States, 2008

PERCENT OF TOTAL PHYSICIANS

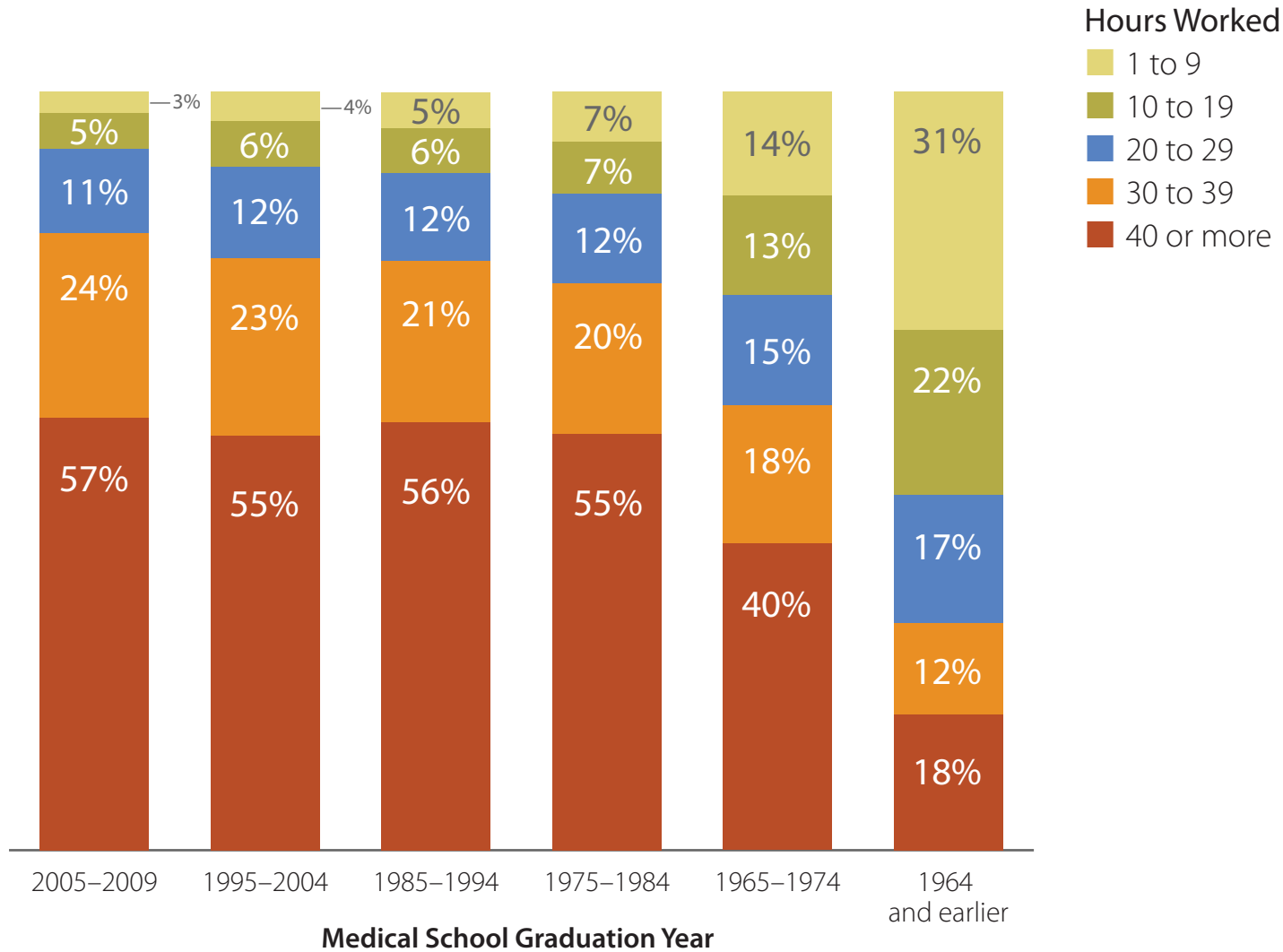


Nearly 30 percent of California's physicians are over age 60, the largest proportion of any state. This raises concerns about physician supply as older physicians begin to retire.

Notes: Includes only MDs practicing at least 20 hours a week. Segments may not add to 100 percent due to rounding.

Source: Association of American Medical Colleges, 2009 State Physician Workforce Data Book.

Patient Care Hours Worked, by Medical School Graduation Year, California, 2009



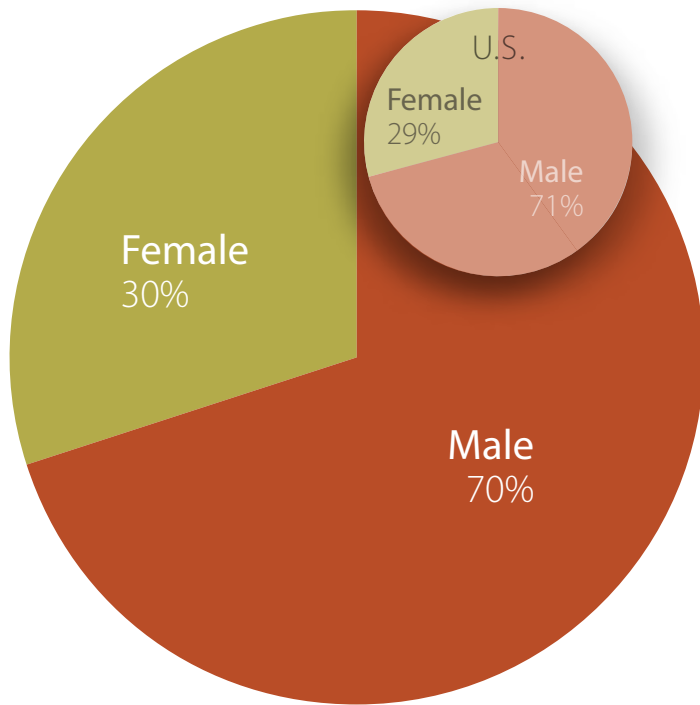
Later in their careers, physicians tend to work fewer hours a week in patient care.

Notes: Data includes only active California-based MDs who answered relevant questions and worked at least one hour in patient care. Excludes residents, fellows, and DOs. Segments may not add to 100 percent due to rounding.

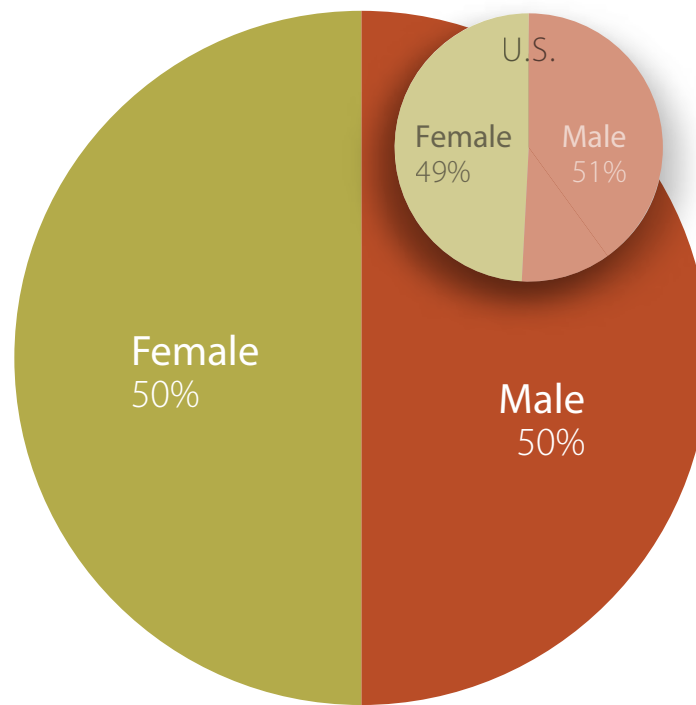
Source: Medical Board of California, Survey of Licensees, private tabulation, 2009.

Physicians and Medical School Graduates, by Gender, California vs. United States, 2008

CALIFORNIA
ACTIVE PHYSICIANS



CALIFORNIA
MEDICAL SCHOOL GRADUATES

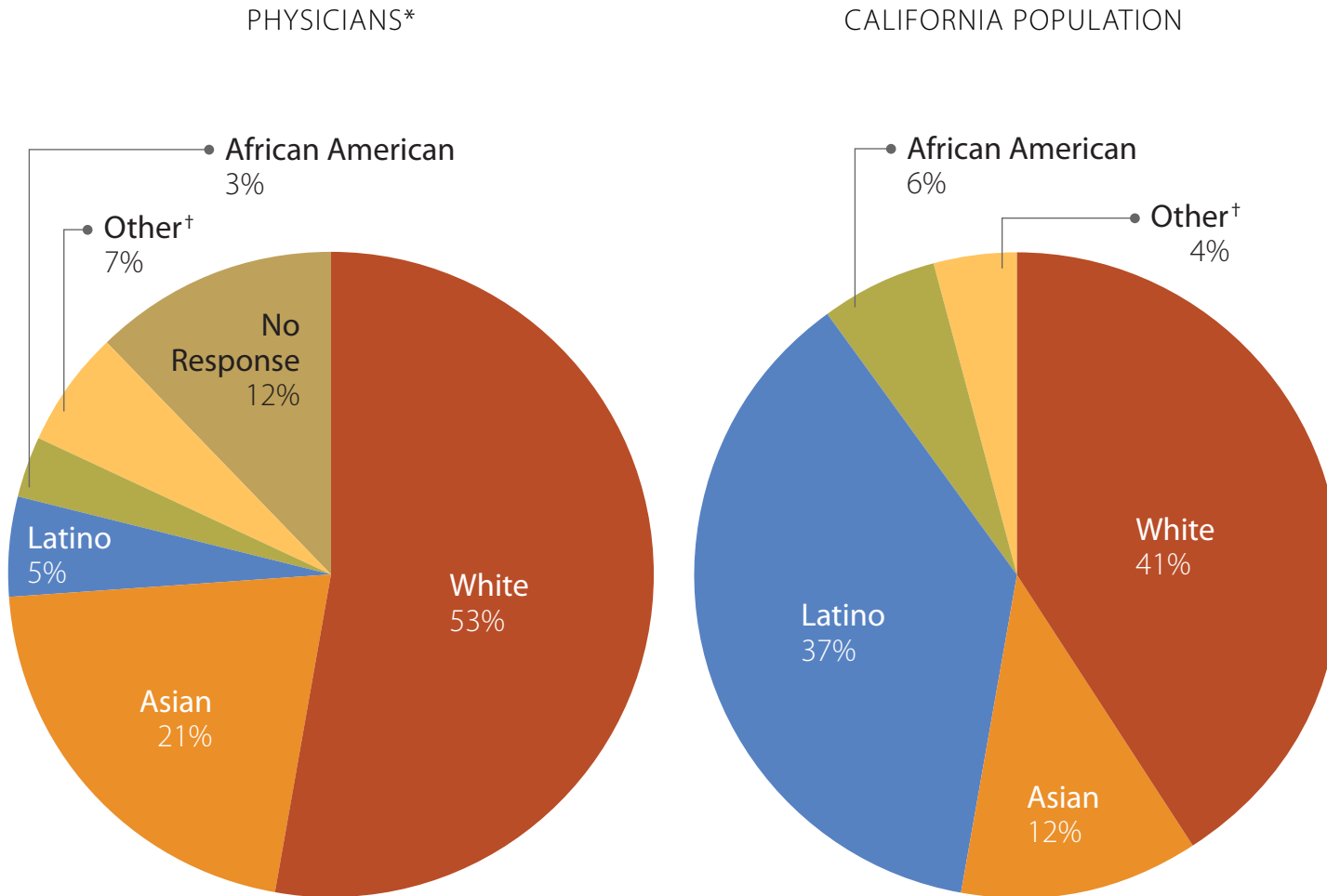


Despite gender parity among medical school graduates in California and the nation, the physician workforce is still dominated by men, with women representing less than one-third of the total. As more women graduate, that proportion is likely to grow.

Sources: Association of American Medical Colleges (AAMC), 2009 State Physician Workforce Data Book. AAMC Data Warehouse, Table 27: Total Graduates by U.S. Medical School and Sex, 2002–2009.

Race/Ethnicity of Physicians and Population, California, 2008

The racial/ethnic composition of California's physician workforce does not reflect the state's diversity. While Latinos represent almost 40 percent of the population, only 5 percent of the state's physicians are Latinos.



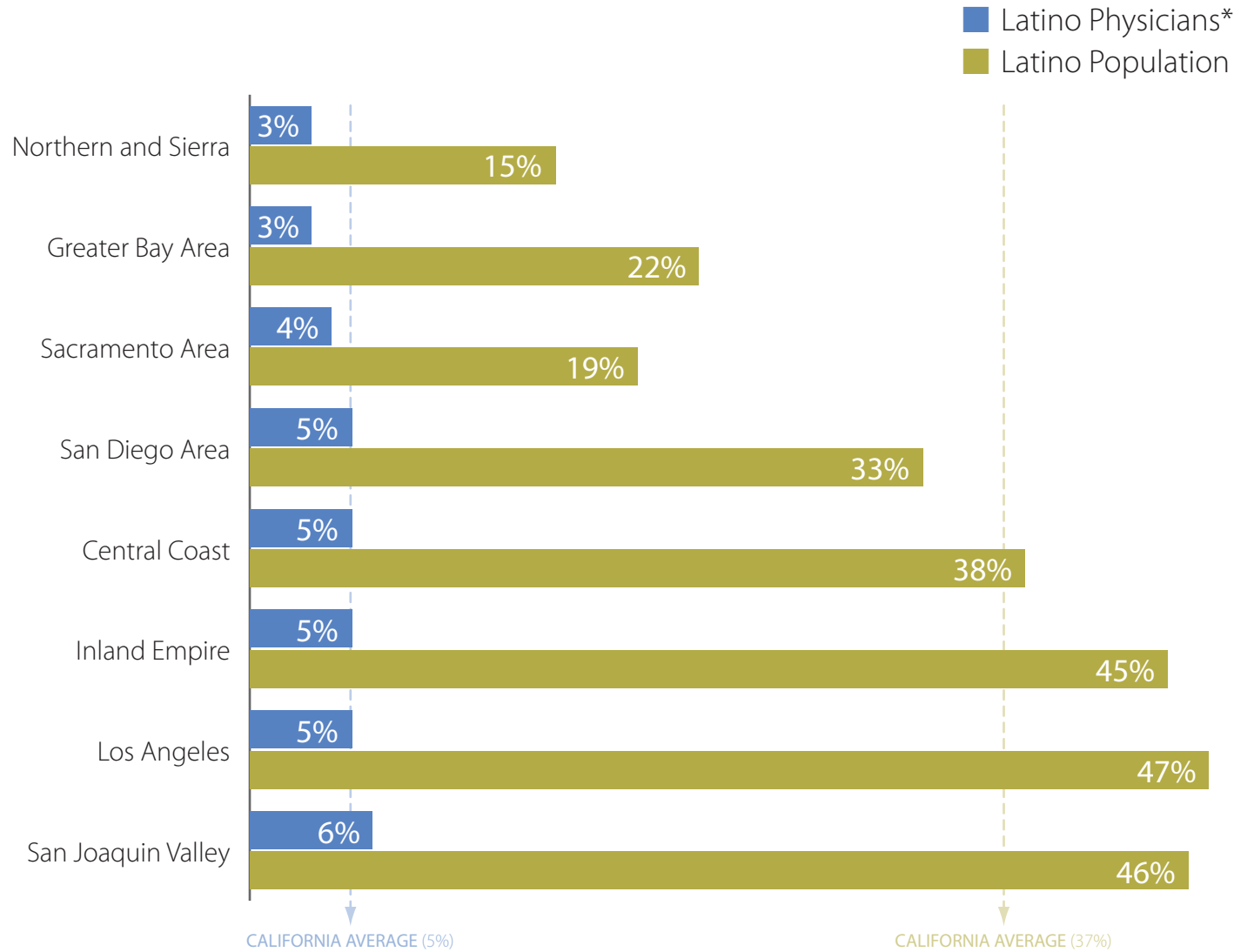
*Includes only MDs.

[†]Other includes American Indian, Native American, Alaskan Native, Native Hawaiian, and other.

Note: Segments may not add to 100 percent due to rounding.

Sources: Medical Board of California, 2008 Cultural Background Survey Statistics, www.mbc.ca.gov. U.S. Census Bureau, American Community Survey, population estimates, series GCT-T1-R, factfinder.census.gov.

Latino Physicians and Population, California Regions, 2008



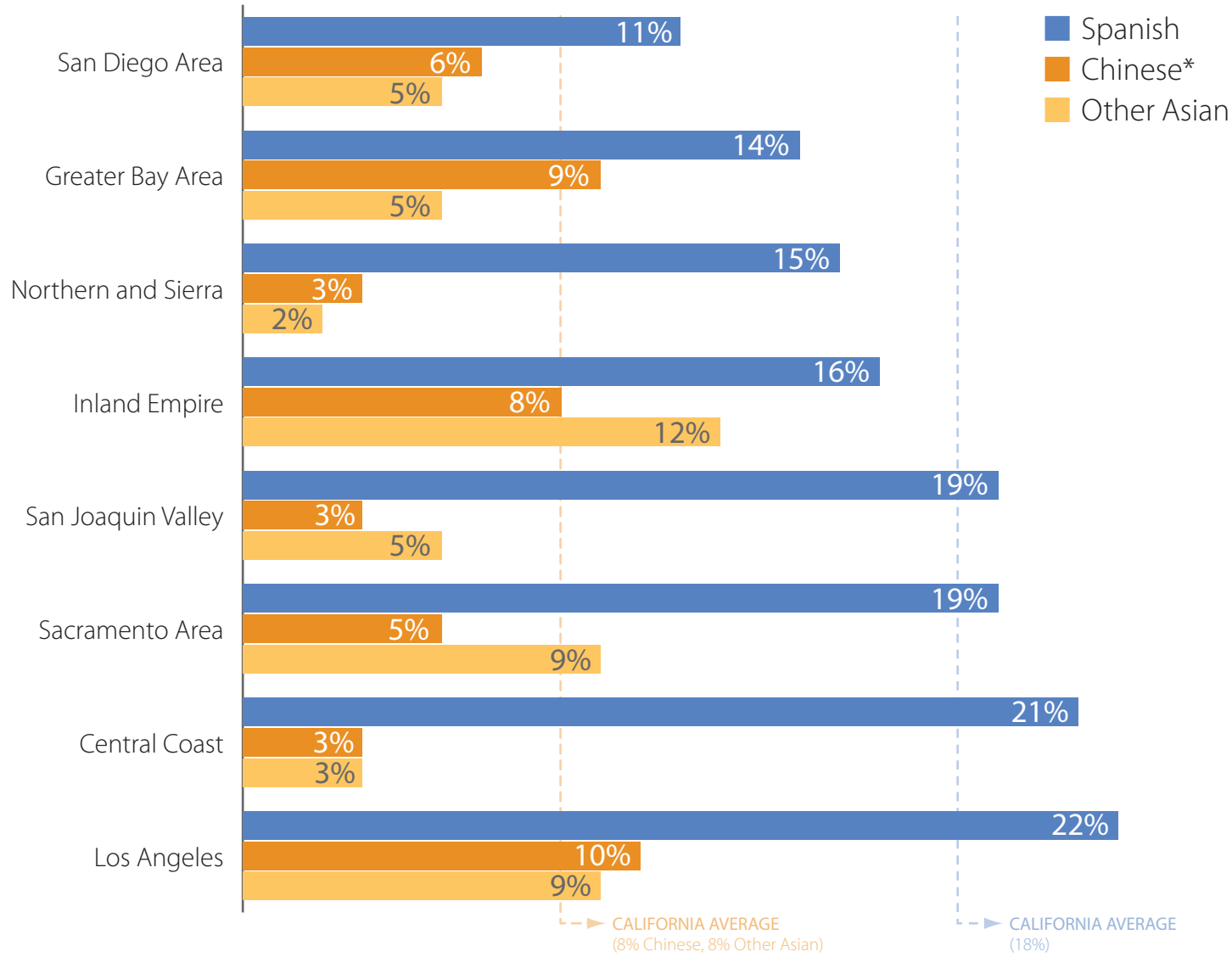
The Latino physician underrepresentation is most pronounced in the Inland Empire, Los Angeles, and San Joaquin Valley. In these regions, the population is at least 45 percent Latino but only 5 to 6 percent of physicians are Latino.

*Includes only MDs.

Note: See [Appendix B](#) for a list of counties within each region.

Sources: Medical Board of California, *2008 Cultural Background Survey Statistics*, www.mbc.ca.gov. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Race Alone or in Combination, and Hispanic Origin for Counties in California: April 1, 2000 to July 1, 2008, www.census.gov.

Non-English Languages Spoken by Physicians, California Regions, 2008



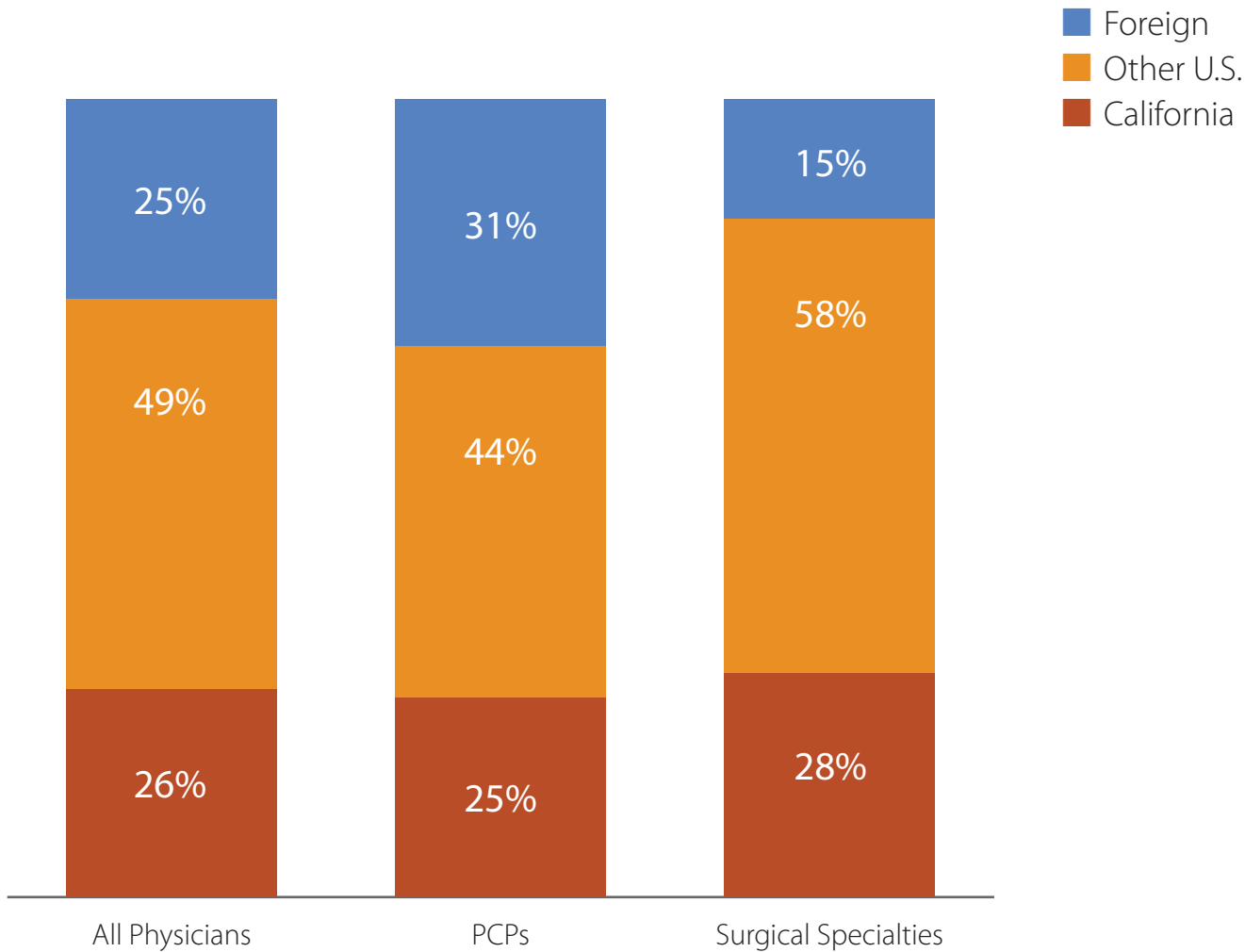
For patients, not having access to a provider who speaks their language can have a negative impact on quality of care. Statewide, less than 20 percent of physicians speak Spanish. In Los Angeles, where the population is 47 percent Latino, 22 percent of physicians speak Spanish. Physicians who speak Chinese or other Asian languages are far less prevalent than Spanish speakers.

*Chinese includes Mandarin, Cantonese, and other Chinese.

Notes: Includes only MDs. See Appendix B for a list of counties within each region.

Sources: Medical Board of California, 2008 Cultural Background Survey Statistics, www.mbc.ca.gov.

Physicians, by Medical School Location and Specialty, California, 2009

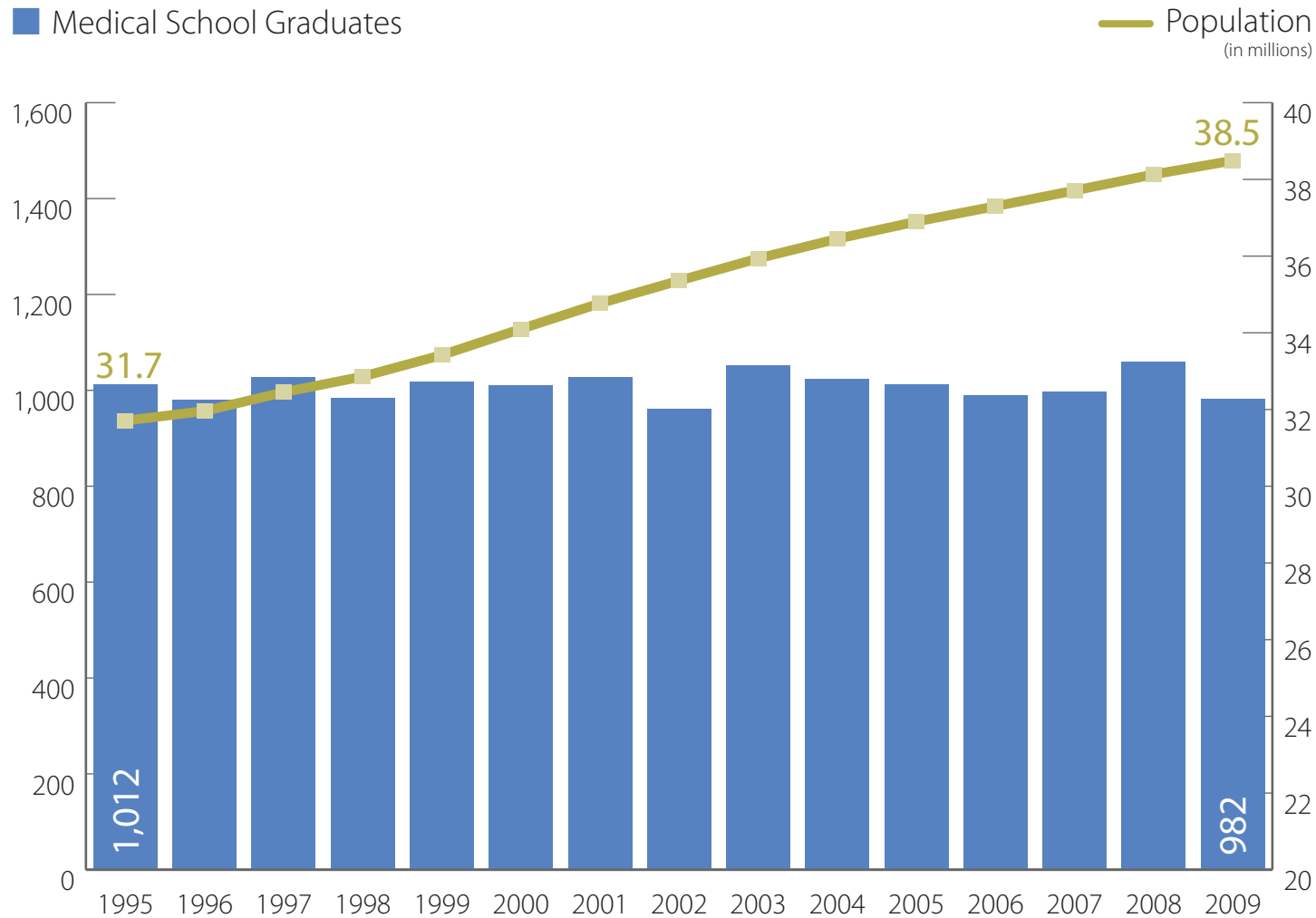


California draws a substantial portion of physicians from foreign and out-of-state medical schools. Nearly three-quarters of California’s physicians attended medical school out of state, with one in four studying outside the United States. Almost one in three California PCPs attended medical school abroad.

Note: See Appendix A for PCP and surgical specialties. Segments may not add to 100 percent due to rounding.

Sources: California Department of Consumer Affairs, physician databases, 2004 and 2009, private tabulation. Centers for Medicare and Medicaid, NPI database, May 2009, private tabulation.

Medical School Graduates and Population, California, 1995–2009



The number of graduates from California’s eight medical schools has remained relatively flat over the last 15 years, in spite of the 20 percent growth in population. The University of California, which operates five of the programs, has announced plans to expand enrollment in existing programs in addition to opening two new medical schools.

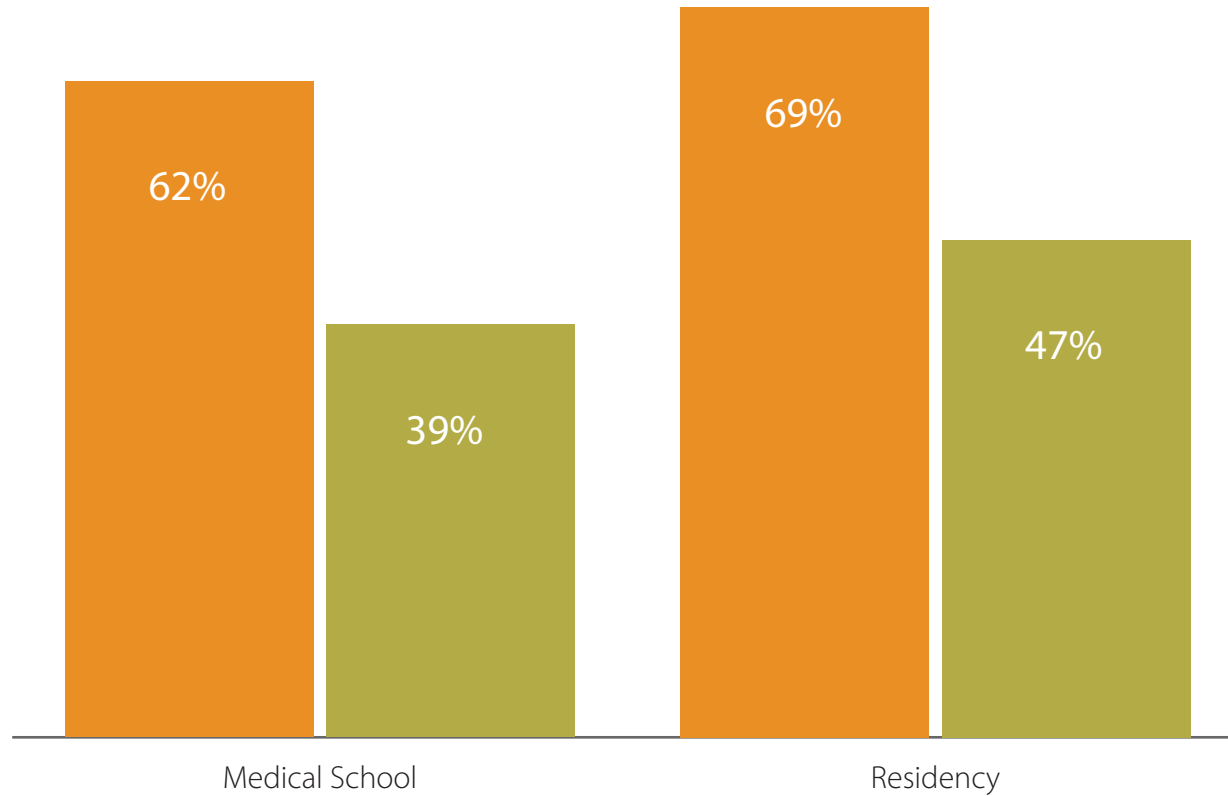
Sources: Association of American Medical Colleges, Data Warehouse, Table 27, 2009. State of California, Department of Finance (DOF), California County Population Estimates and Components of Change by Year, July 1, 2000–2009; Sacramento, CA, December 2009. DOF Race/Ethnic Population with Age and Sex Detail, 1990–1999, revised May 2009. DOF E-3 Race/Ethnic Population Estimates with Age and Sex Detail, 2000–2007; Sacramento, CA, May 2009.

Retention of Medical Students and Residents, California vs. United States, 2008

PERCENT OF PHYSICIANS PRACTICING IN SAME STATE WHERE EDUCATED

California

United States

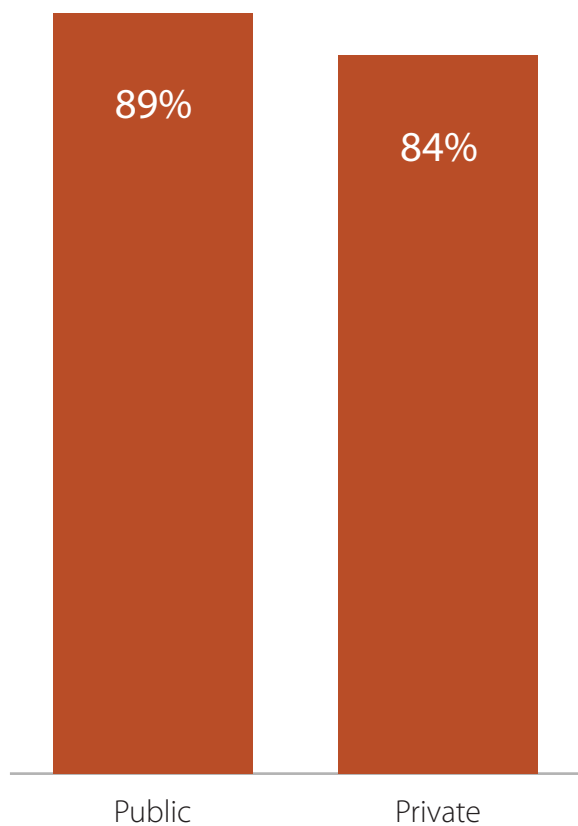


California retains a high proportion of students who pursued their education and residency in the state. In 2008, California ranked first in the nation for medical school student retention, and second for resident retention.

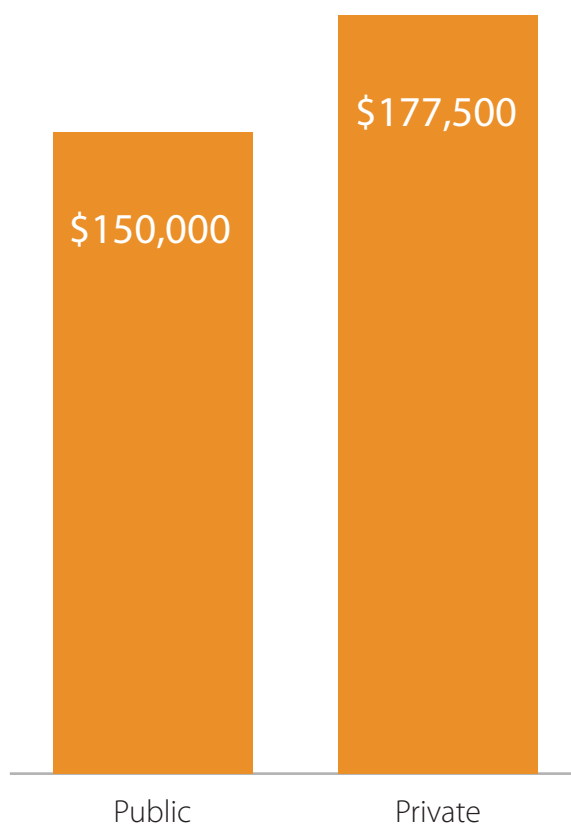
Source: Association of American Medical Colleges (AAMC), 2009 State Physician Workforce Data Book.

Medical School Debt, United States, 2009

**Medical School Graduates
with Education Debt**



Median Total Debt

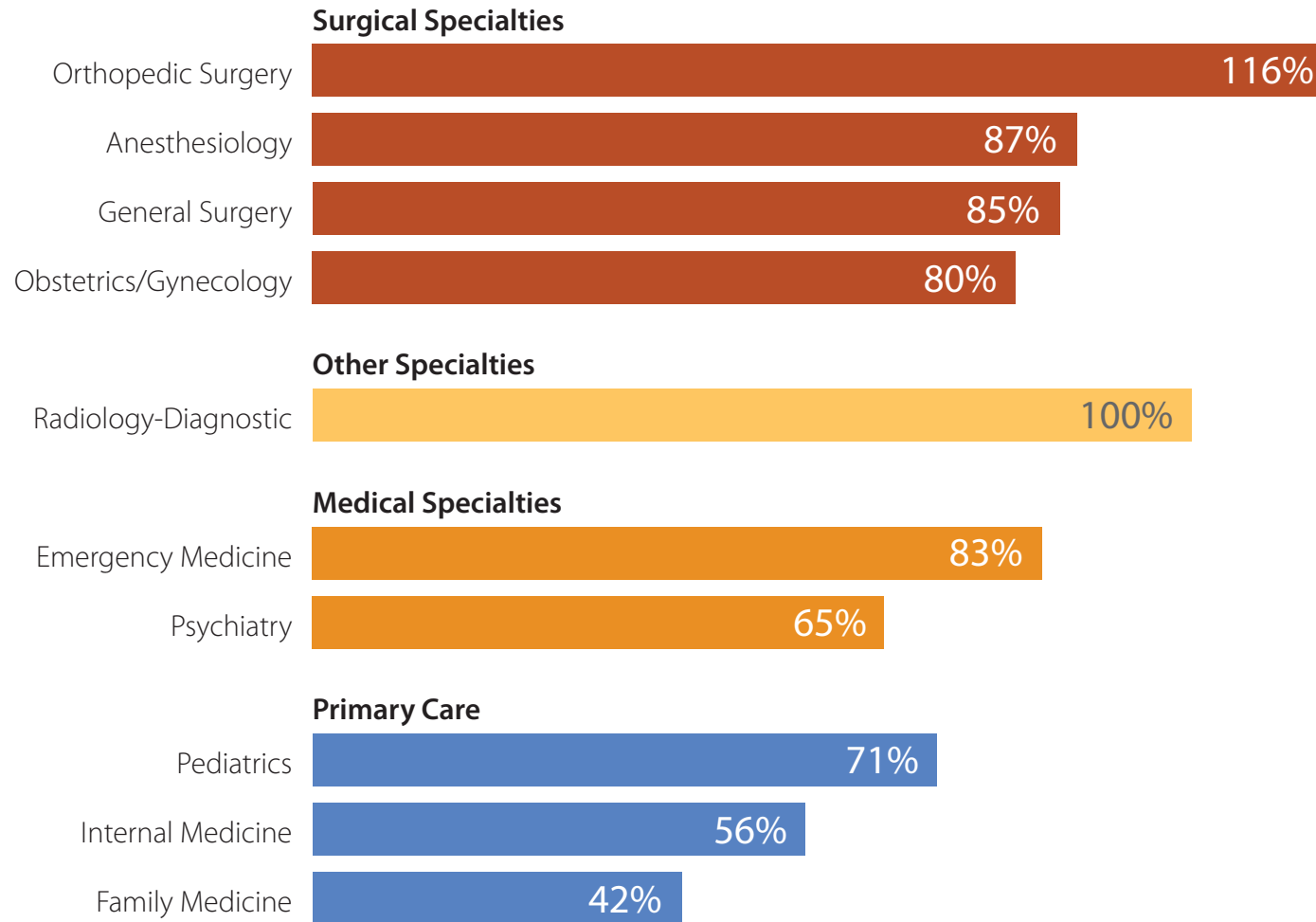


New physicians begin their careers with significant educational debt. In 2009, over 80 percent of U.S. medical students graduated with debt. The median debt for graduates of public institutions was \$150,000, while the median for those from private schools was \$177,500.

Source: Association of American Medical Colleges, *Medical Student Education: Costs, Debt, and Loan Repayment Facts*, October 2009.

Medical Student Specialty Choices Compared to Available Slots, United States, 2009

PERCENT OF STUDENTS WHO RANKED ONLY THIS SPECIALTY OR RANKED IT FIRST COMPARED TO AVAILABLE SLOTS



Among U.S. medical school seniors ranking residency choices, surgical specialties tend to be more popular than primary care specialties. Seniors choosing family medicine as their first or only choice fill only 42 percent of the available slots.

Note: Data exclude transitional and preliminary residencies.

Source: National Resident Matching Program, *NRMP Program Results 2005–2009 Specialties Matching Service*, www.nrmp.org.

Average Annual Employed Physician Earnings, Select Specialties, California, 2004–2008

	2004	2005	2006	2007	2008	CHANGE 2004–2008
Primary Care						
Family and General Practitioners	\$119,010	\$133,420	\$136,290	\$139,130	\$142,620	19.8%
Internists, General	\$168,820	\$149,600	\$162,340	\$160,460	\$172,560	2.2%
Pediatricians, General	\$139,020	\$145,210	\$148,250	\$155,230	\$156,830	12.8%
Specialists						
Anesthesiologists	\$196,250	\$186,390	\$193,780	\$201,170	\$209,900	7.0%
Obstetricians/Gynecologists	\$181,070	\$179,270	\$178,160	\$173,870	\$181,520	0.2%
Psychiatrists	\$180,550	\$171,590	\$176,700	\$151,680	\$155,190	– 14.0%
Surgeons	\$168,220	\$158,980	\$165,570	\$171,200	\$202,940	20.6%
Consumer Price Index (CPI) (\$100,000 base)	\$100,000	\$103,057	\$103,419	\$103,175	\$103,494	3.5%

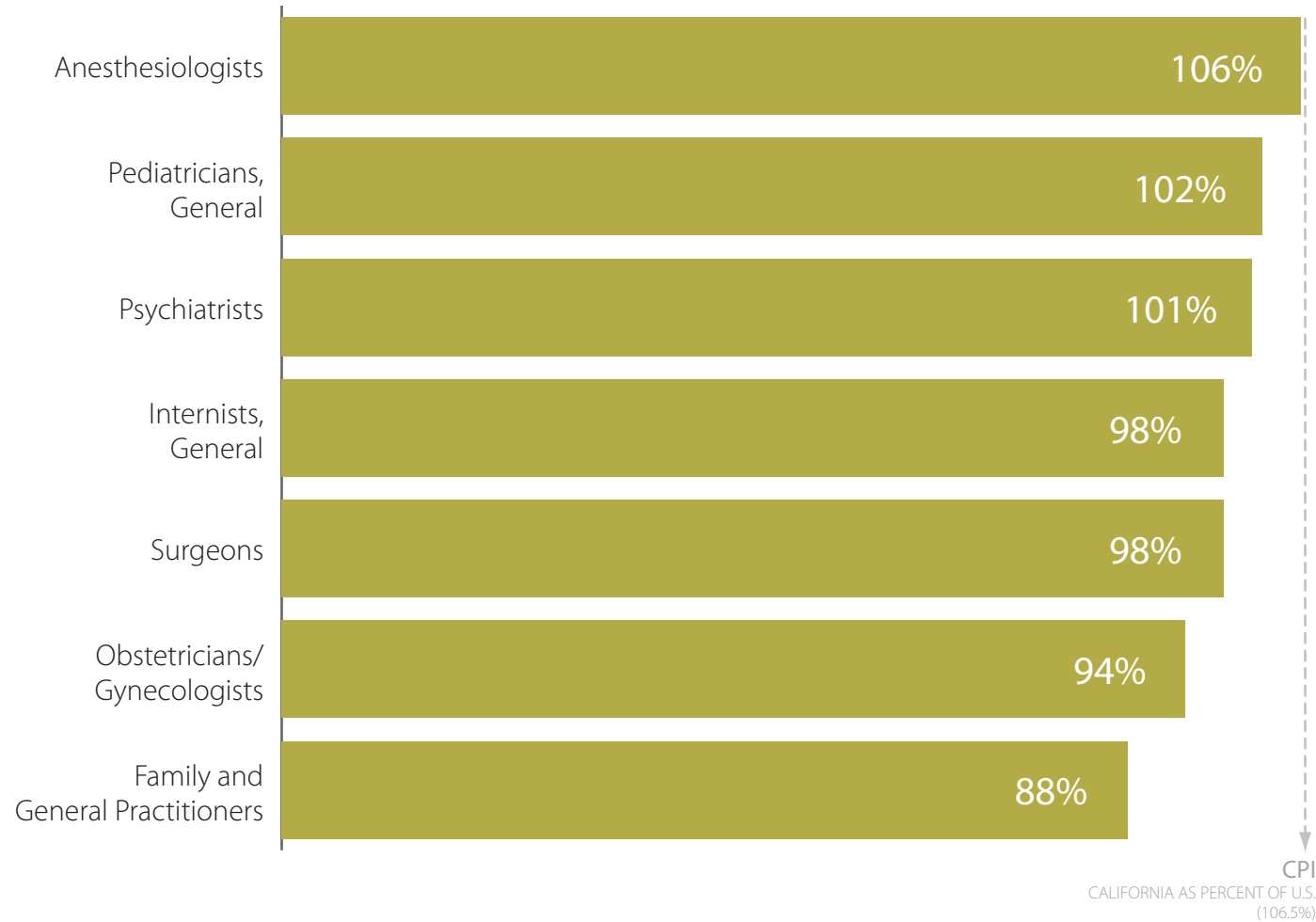
Family and general practitioners' salaries lagged other specialties, despite a large increase between 2004 and 2008. During the same time, psychiatrists saw a decline in income while salaries for surgeons, pediatricians, and anesthesiologists rose more than the CPI.

Notes: Includes only practicing physicians. Does not include self-employed or government-employed physicians. In 2008, salary data for all physicians was based on 53,450 physicians practicing in California. It does not include ancillary income from sources such as directorships, call coverage, etc.

Source: Bureau of Labor Statistics (BLS), Occupational Employment Statistics Surveys, May 2000–2008; BLS All Urban Consumers, All Items, Western U.S. CPI – annual (series CUUS0400SA0), www.bls.gov.

Physician Earnings, by Select Specialties, California vs. United States, 2008

AVERAGE ANNUAL EMPLOYED PHYSICIAN EARNINGS AS A PERCENT OF NATIONAL AVERAGE

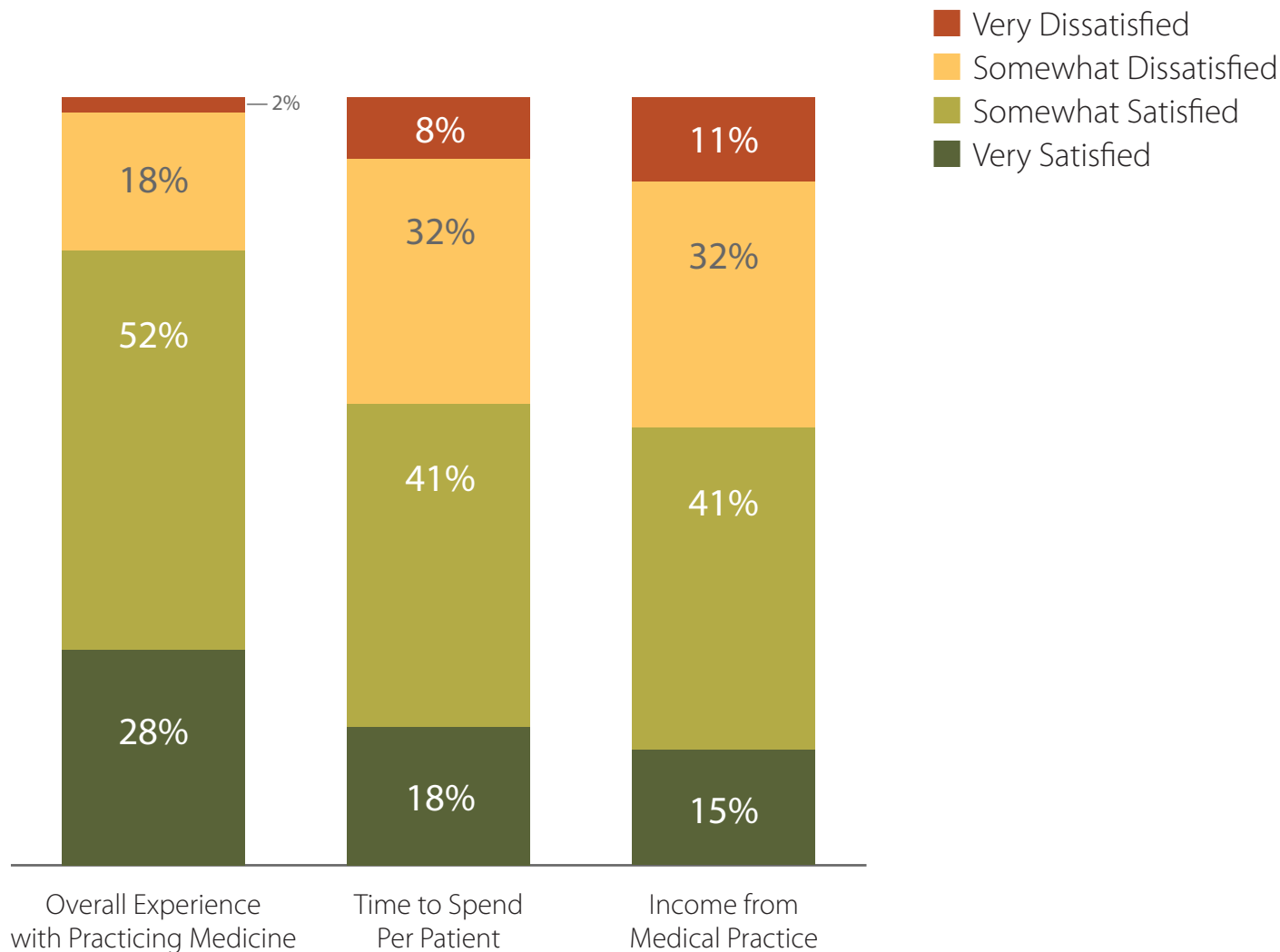


In 2008, most of California's specialists averaged earnings similar to their national peers, without adjusting for California's higher cost of living. The largest outlier was family and general practitioners, who earned less than 90 percent of the national average.

Notes: Includes only practicing physicians. Does not include self-employed or government-employed physicians. Does not include ancillary income from sources such as directorships, call coverage, etc. Comparison is in nominal dollars; all bars would be 6.5 percent lower if adjusted for the higher cost of living in California.

Sources: Bureau of Labor Statistics (BLS), Occupational Employment Statistics Surveys, May 2000–2008, www.bls.gov. BLS, Consumer Price Index, 2009–2010, www.dir.ca.gov.

Primary Care Physician Satisfaction, California, 2007

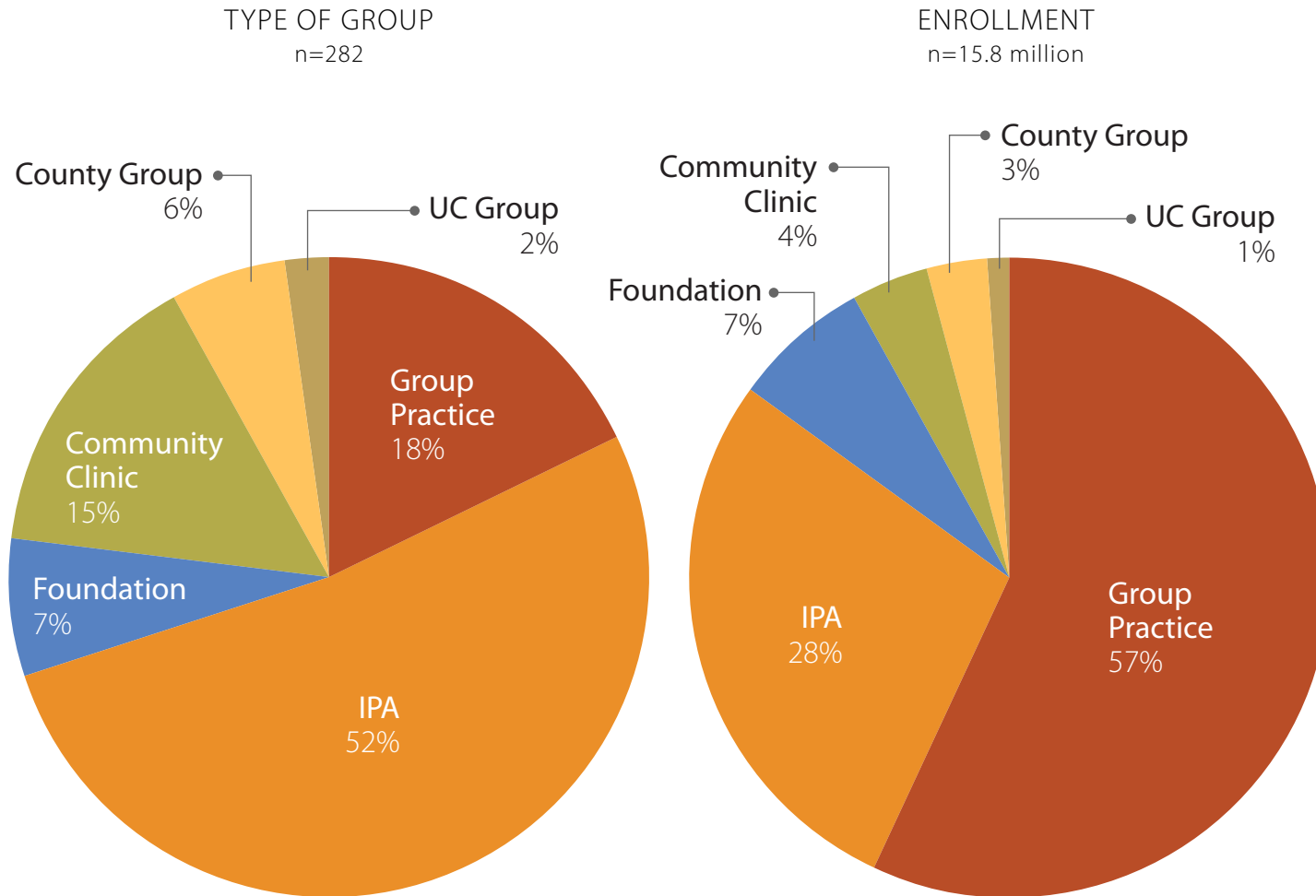


A survey of California primary care physicians found that four in five were either somewhat or very satisfied with their overall experience practicing medicine. However, two in five were somewhat or very dissatisfied with their medical practice incomes.

Note: Segments may not add to 100 percent due to rounding.

Source: *Health Perspectives in California, 2007 Survey of Primary Care Physicians*. Harris Interactive. June 2007.

Medical Groups, by Type and Enrollment, California, 2009



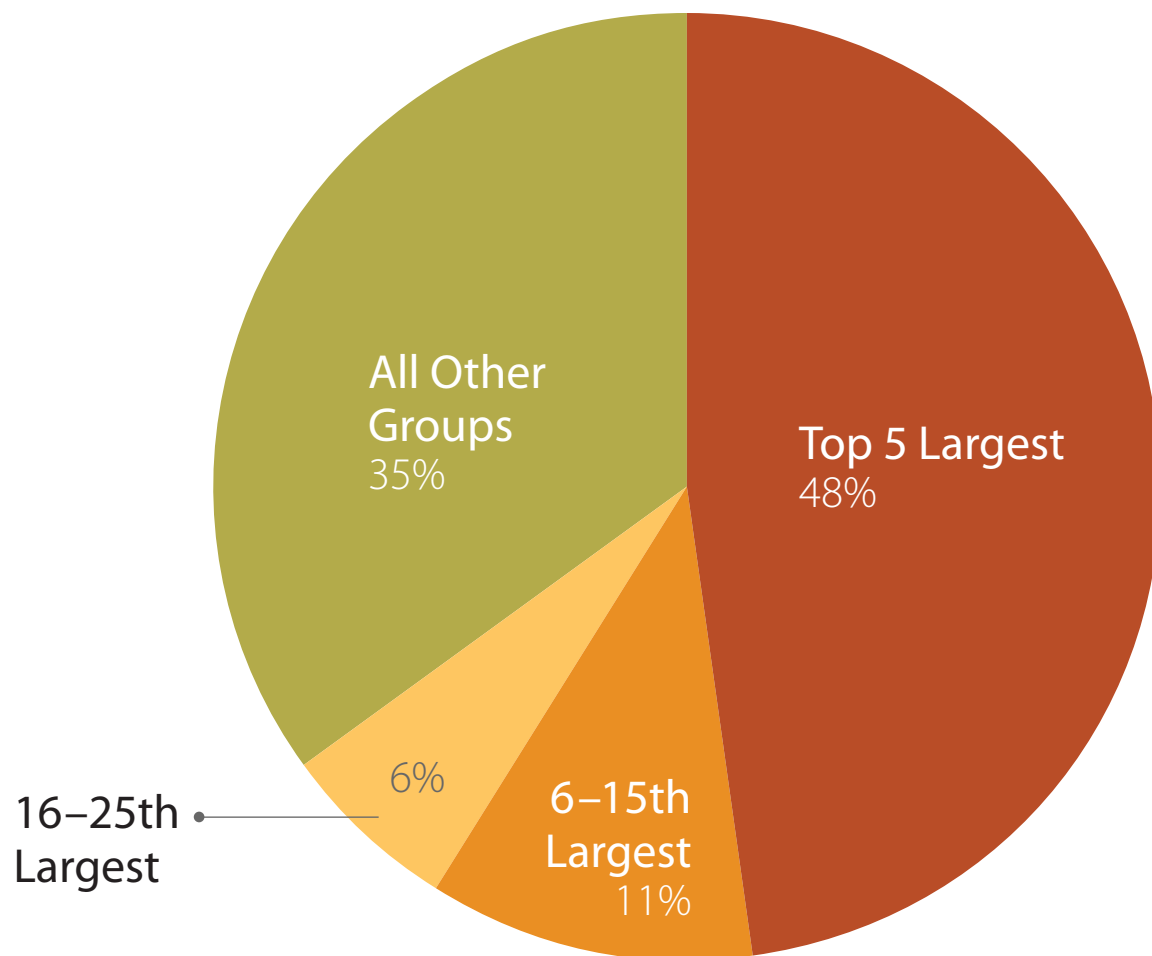
Physicians are often part of medical groups. Over 280 medical groups provide care to nearly 16 million health maintenance organization (HMO) enrollees in California. While half of these groups are independent practice associations (IPAs), group practices have the largest total enrollment.

Notes: Includes medical groups with at least six PCPs and accepting contracts directly from HMOs. Physicians frequently participate in more than one IPA. See [Appendix A](#) for definitions of medical groups. Segments may not add to 100 percent due to rounding.

Source: Cattaneo & Stroud, Medical Group Survey; September 2009, www.cattaneostroud.com.

Medical Groups, by Member Enrollment, California, 2009

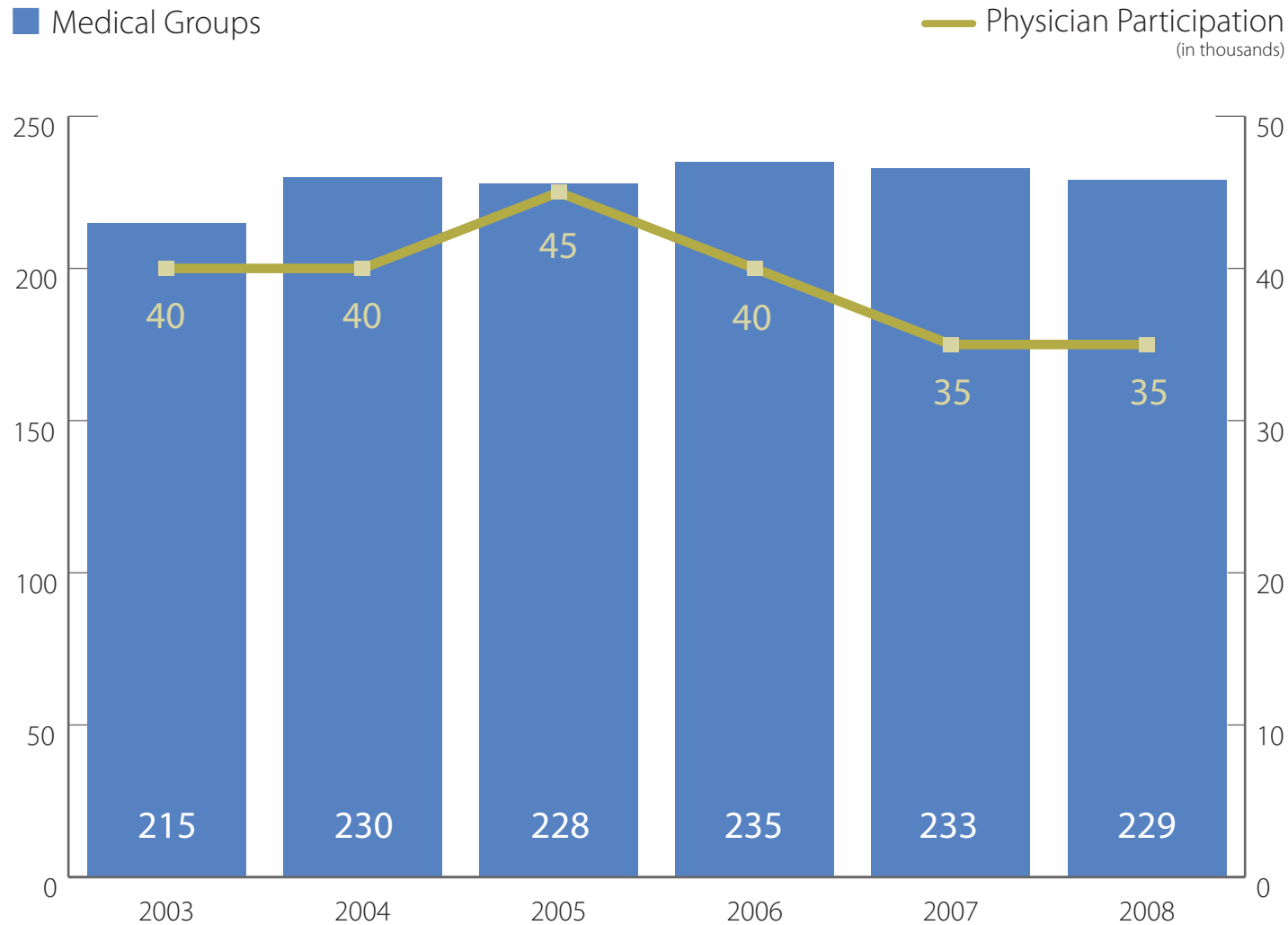
PERCENT OF TOTAL HMO ENROLLMENT



Notes: Includes medical groups with at least six PCPs and accepting contracts directly from HMOs.
Source: Cattaneo & Stroud, Medical Group Survey; September 2009, www.cattaneostroud.com.

California's managed care enrollees are highly concentrated in a handful of medical groups, with the top five groups enrolling almost half of all members.

Medical Groups and Physician Participation in Pay for Performance, California, 2003–2008

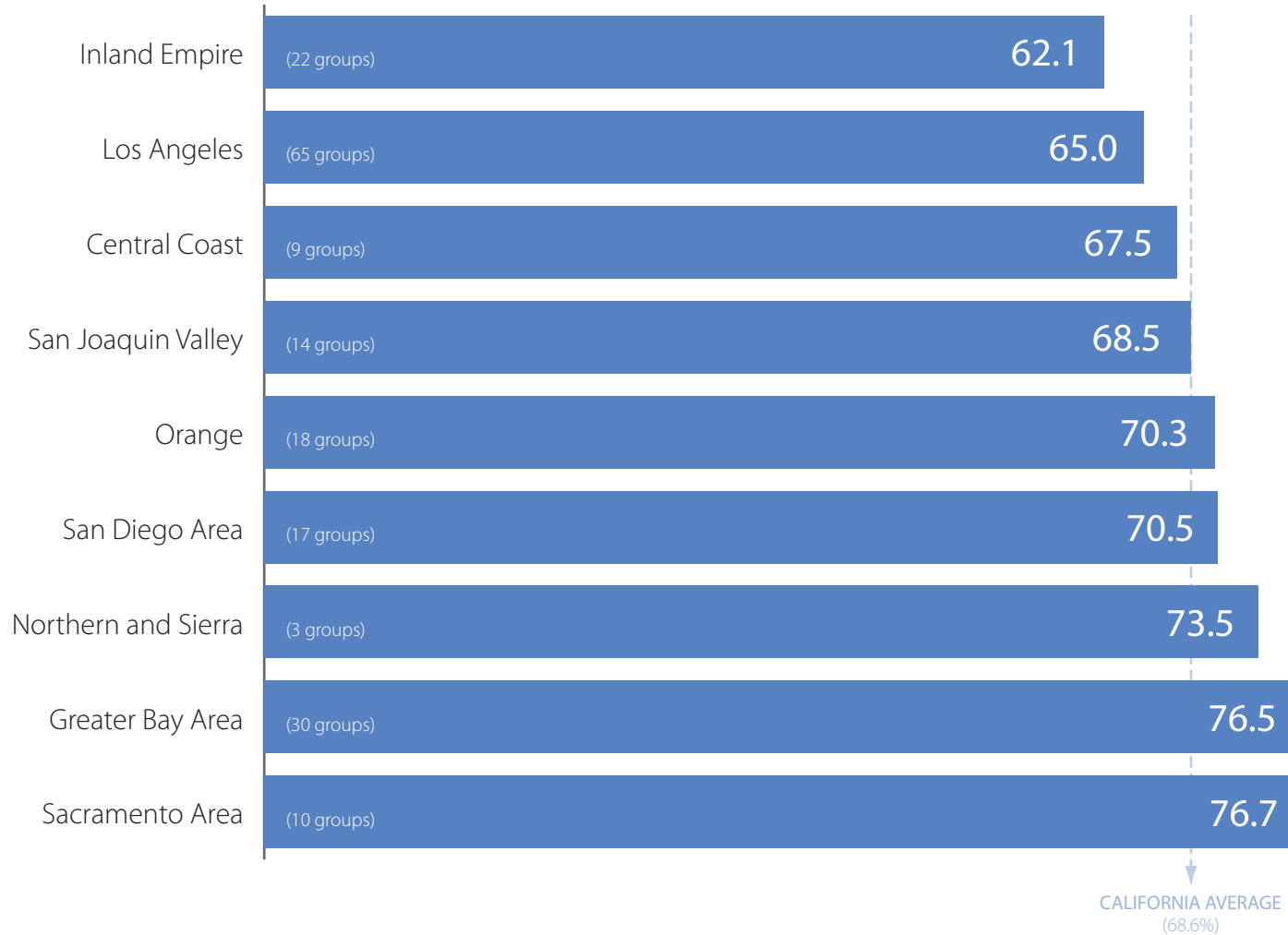


Many California medical groups and physicians participate in Pay for Performance (P4P), a program that provides financial incentives for meeting quality-of-care and efficiency targets. The number of physicians participating in P4P peaked at 45,000 in 2005 and has since dropped to 35,000.

Notes: The Integrated Healthcare Association, which provides oversight to the Pay for Performance (P4P) program, is a group of health plans, physician groups, and systems that promotes quality, affordability, and accountability of health care providers. Its goal is to create incentives that will drive improvements in clinical quality, efficiency, and the patient experience through a common set of measures, a public report card, and health plan incentive payments.

Source: Integrated Healthcare Association, www.ihc.org, accessed March 24, 2010.

P4P Physician Group Clinical Quality Scores, California Regions, 2008

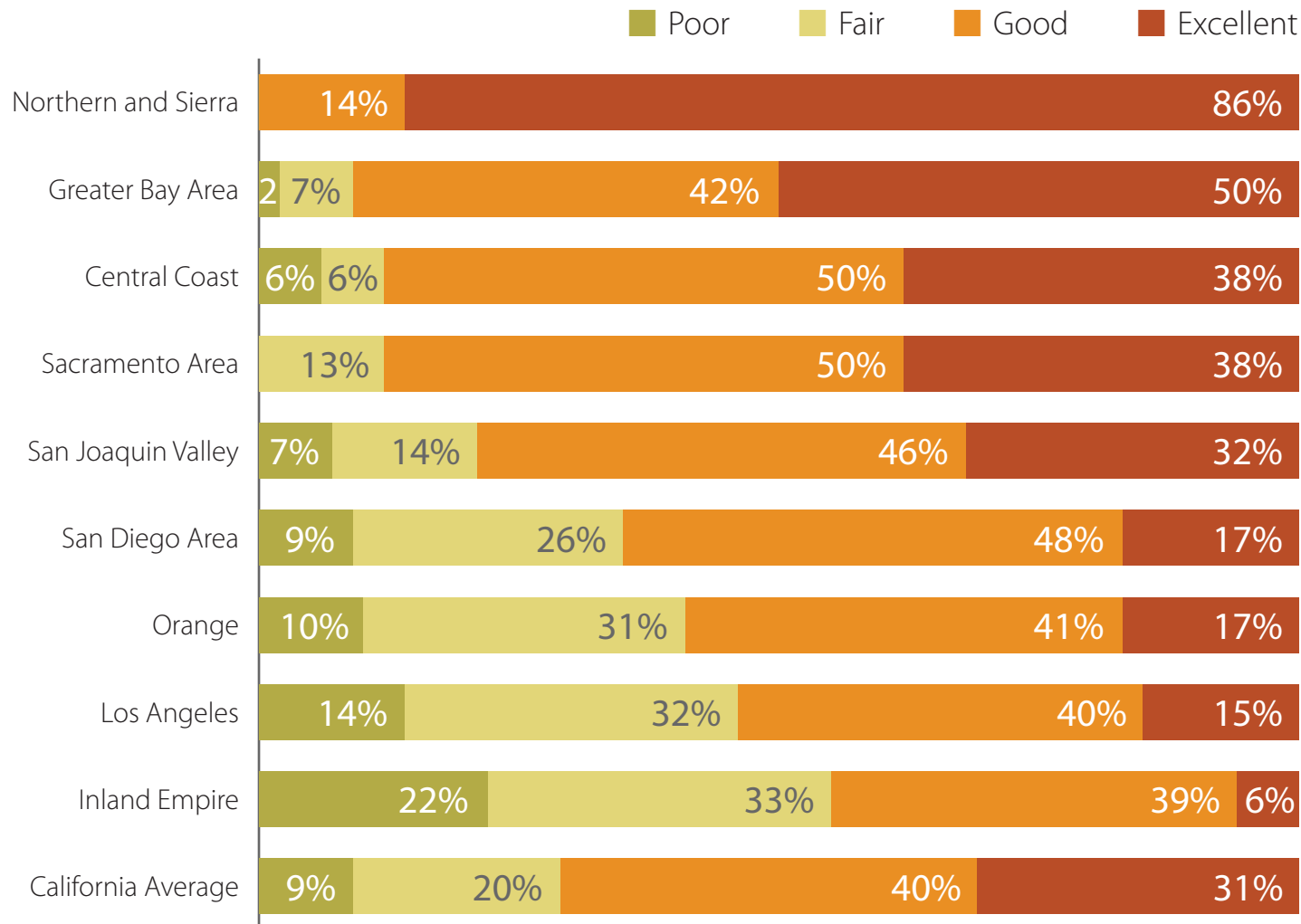


Physician group performance on Pay for Performance (P4P) clinical quality measures varies widely by region. Greater Bay Area physician groups participating in P4P averaged 76.5 on a composite quality score, while Los Angeles groups performed more than ten points lower.

Notes: The clinical composite scores in the chart are based on 16 eligible clinical measures in measurement year 2008 ("MY 2008"). The measures are equally weighted to form a clinical composite. For any eligible physician organization that had missing data, an adjusted half-scale rule was applied. See Appendix B for a list of counties within each region.

Source: Integrated Healthcare Association Pay for Performance Data, Measurement Year 2008.

P4P Physician Groups Meeting National Standards of Care, California Regions, 2008

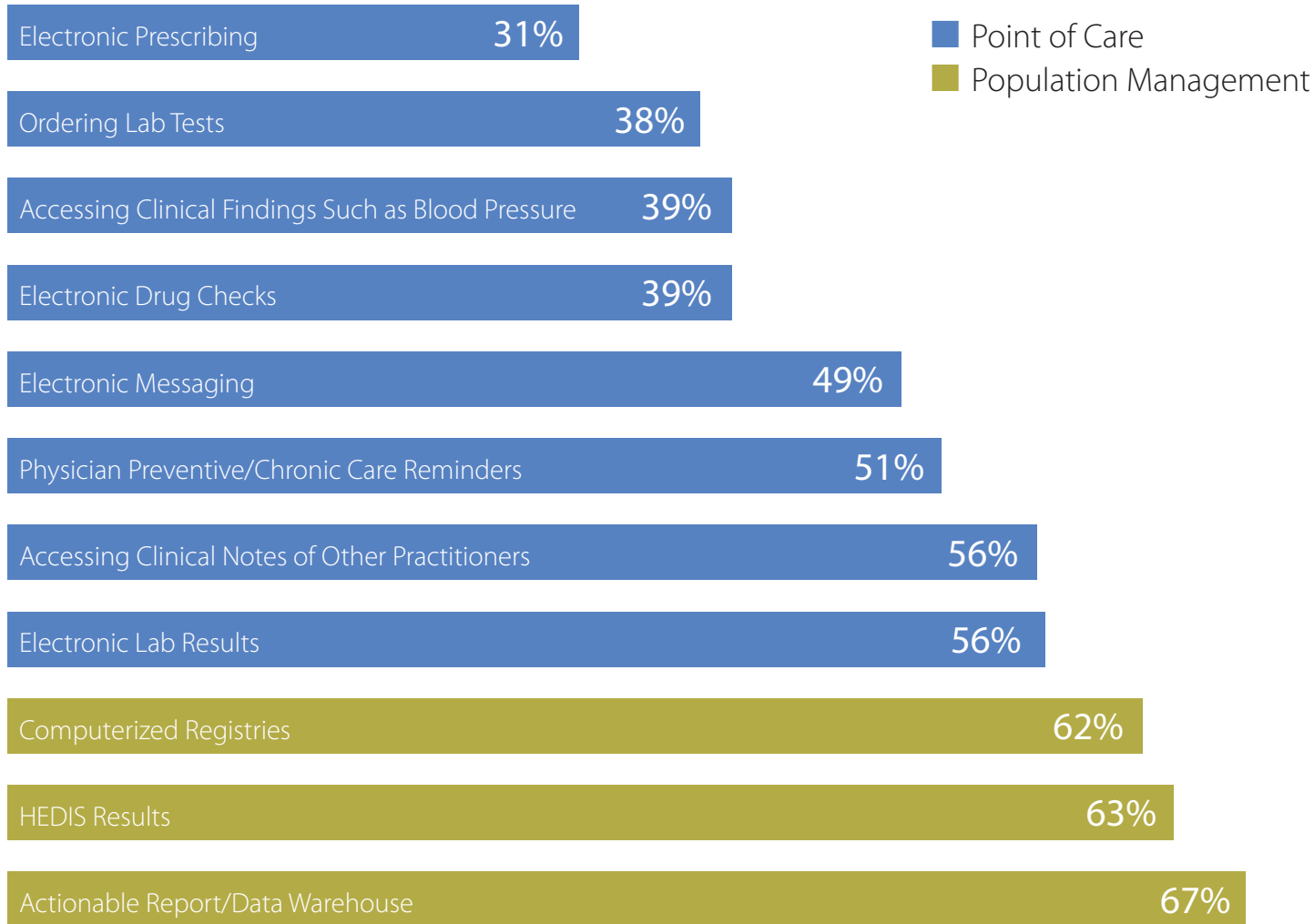


An annual public report card issued by California’s Office of the Patient Advocate shows how well groups participating in P4P have performed on 16 quality measures. In 2009, Greater Bay Area medical groups scored well on these measures — 92 percent of groups received a “Good” or “Excellent” rating. Only 45 percent did so in the Inland Empire.

Notes: Each medical group’s patient records are compared to a set of national standards for quality of care on an annual basis. Sixteen quality measures such as immunizations for children, cholesterol tests for people with heart disease and diabetes, and pap smears for women are evaluated. Each group is awarded an aggregate quality score of Excellent, Good, Fair, or Poor. Segments may not add to 100 percent due to rounding. See [Appendix B](#) for a list of counties within each region.

Source: Office of the Patient Advocate, Medical Group Ratings, May 2009 ratings based on 2008 data, www.opa.ca.gov.

P4P Physician Groups Using Health Information Technology, California, 2008



Physician groups participating in Pay for Performance (P4P) are measured and rewarded for their use of health information technology (IT). Almost 62 percent of these groups use IT to create patient registries. Use of IT at the point of care is less well-established within P4P groups, although over half use some of these technologies such as accessing electronic lab results and clinical notes of other practitioners.

Source: Integrated Healthcare Association, *Pay for Performance (P4P) 2008 Results Report*, August 2009.

Author

Craig Paxton, Ph.D., Cattaneo & Stroud, Inc.

Acknowledgments

The author would like to thank Emily Willig for diligent data compilation, and partners Penny Stroud and Grant Cattaneo for critical expertise.

Data Resources

Association of American Medical Colleges

Semi-annual reports on state physician workforce, as well as data on medical school students and graduates, and medical student tuition and debt.

www.aamc.org

California Department of Consumer Affairs

Physician licensing data on Medical Doctors and Osteopathic Doctors.

www.dca.ca.gov

California HealthCare Foundation

"Fewer and More Specialized: A New Assessment of Physician Supply in California." The first comprehensive study of the Medical Board of California survey data on practicing physicians in the state, with an Excel spreadsheet showing the number of physicians, by specialty, for each California county.

www.chcf.org

Cattaneo & Stroud

Medical group survey reports.

www.cattaneostroud.com

Integrated Healthcare Association

Reports on physician participation and performance in California's Pay for Performance program.

www.iha.org

Medical Board of California

Annual reports on physician cultural background and foreign language proficiency, by zip code and county; physician level survey data.

www.medbd.ca.gov

Office of the Patient Advocate

Reports on medical group ratings.

www.opa.ca.gov

FOR MORE INFORMATION



California HealthCare Foundation

1438 Webster Street, Suite 400

Oakland, CA 94612

CALIFORNIA
HEALTHCARE
FOUNDATION

510.238.1040

www.chcf.org

Definitions

Medical Groups

Medical groups are organized and managed in several different ways:

- **Community Clinic.** A clinic that operates under California Health and Safety Code 1204(a), which requires that it provide care to low-income and underserved populations, and charge fees based on patients' ability to pay. A community clinic is operated by a tax-exempt nonprofit corporation, supported by either public or private donations and contributions.
- **County Group.** A county-formed group of physicians that typically provides services through the county health department.
- **Foundation.** A type of group practice under California Health and Safety Code 1206(l), which stipulates that a medical foundation must operate a not-for-profit, tax-exempt clinic, conducting research as well as providing patient care and health education. The foundation must have at least 40 physicians, at least ten of whom have to be board certified, and at least two-thirds of all physicians must practice on a full-time basis at the clinic. The physicians are independent contractors to the foundation, but the foundation owns the facilities, equipment and supplies, and employs all non-physician personnel.
- **Group Practice.** A corporation, foundation, partnership, or other type of organization formed for the purpose of providing patient care. Group practices are more regulated than IPAs. To be recognized by CMS as a group practice, the organization must direct the majority of its physicians' bills through the organization, pay for their own overhead, and follow other regulations specified under California Health and Safety Code 1206(l).
- **Independent Practice Association (IPA).** An association that contracts with independent physician practices so that they may work together as one when contracting with HMOs and other payers.
- **University of California Medical Center.** A medical group operated by the University of California as part of one of its medical schools.

Specialties

Medical Specialties include: Aerospace Medicine, Allergy and Immunology, Cardiology, Complementary and Alternative Medicine, Critical Care, Dermatology, Emergency Medicine, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Genetics, Neonatal-Perinatal Medicine, Nephrology, Neurology, Occupational Medicine, Oncology, Other Medical Practice, Pain Medicine, Physical Medicine and Rehabilitation, Psychiatry, Public Health and General Preventive, Pulmonology, Rheumatology, and Sleep Medicine.

PCP Specialties include: Family/General Practice, Internal Medicine, Pediatrics, Adolescent Medicine, and Geriatric Medicine.

Surgical Specialties include: Anesthesiology, Colon and Rectal Surgery, Cosmetic Surgery, Facial, Plastic and Reconstructive Surgery, General Surgery, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Spine Surgery, Surgical Oncology, Thoracic Surgery, Urology, and Vascular Surgery.

Other Specialties include: Nuclear Medicine, Pathology, Radiation Oncology, and Radiology.

Region Counties

Central Coast

Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura

Greater Bay Area

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

Inland Empire

Riverside, San Bernardino

Los Angeles

Los Angeles

Northern and Sierra

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba

Orange

Orange

Sacramento Area

El Dorado, Placer, Sacramento, Yolo

San Diego Area

Imperial, San Diego

San Joaquin Valley

Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Estimated Requirements for Physicians per 100,000 Population, by Patient Age, United States, 2000

AGE GROUP	PRIMARY CARE ¹	MEDICAL SPECIALTIES ²	SURGICAL SPECIALTIES ³	OTHER SPECIALTIES ⁴	TOTAL
0 to 17	95	10	16	29	149
18 to 24	43	15	54	48	159
25 to 44	59	23	52	62	196
45 to 64	89	41	59	81	270
65 to 74	175	97	125	145	543
75 and older	270	130	161	220	781

Notes: Authors calculated ratios based on physician use patterns and patterns of care in 2000.

1. Includes general and family practice, general internal medicine, and pediatrics.

2. Includes cardiology and other internal medicine subspecialties.

3. Includes general surgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology, urology, and other surgical specialties.

4. Includes anesthesiology, emergency medicine, pathology, psychiatry, radiology, and other specialties.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, *The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand*, December 2008.