Primary care physicians (PCP) workforce shortages challenge the long term viability of U.S. primary care, a foundation of the Triple Aim for U.S. health care. The Triple Aim envisions primary care as an integrating component working across its three goals of improving the quality of care, improving health of populations, and reducing per capita health care costs.\(^1\) Studies of the future need for primary care providers indicate that demographic and policy trends will only strain a workforce already struggling to meet national needs.\(^2\) Other analyses document geographic maldistribution of PCPs, within states as well as across states.\(^3\) Addressing both physician shortages and maldistribution requires analysis and action on the state level.

**Methods.** The Robert Graham Center projected the Ohio PCP workforce necessary to maintain current primary care utilization rates, accounting for increased demand due to aging, population growth, and an increasingly insured population due to the Affordable Care Act (ACA). Primary care use was estimated with 2010 Medical Expenditure Panel Survey (MEPS) data. Current active PCPs within Ohio were identified using the 2010 American Medical Association (AMA) Masterfile, adjusting for retirees and physicians with a primary care specialty but not practicing in primary care settings. Ohio population projections are from those produced by the state based on the 2010 Census.\(^4\)

**Workforce Projections 2010-2030**

To maintain current rates of utilization, Ohio will need an additional 681 primary care physicians by 2030, a 8% increase compared to the state’s current (as of 2010) 7,783 PCP workforce.

**Ohio Projected Primary Care Physicians Need**

![Graph showing projected primary care physicians need in Ohio from 2015 to 2030. The graph illustrates the need for 700 additional physicians by 2030, with contributions from population change, aging, and ACA effect.]
Physician Shortage Comparison – State, Region, Nation

To maintain the status quo, Ohio will require an additional 681 primary care physicians by 2030, a 8% increase of the state’s current (as of 2010) 7,783 practicing PCPs. The current population to PCP ratio of 1482:1 is greater than the national average of 1463:1. The 2030 projection stands below the Midwest overall and below the nation overall. Components of Ohio’s increased need for PCPs include 410 PCPs from increased utilization due to aging and 218 PCPs due to a greater insured population following the Affordable Care Act (ACA). These increases are offset by the lower demand for PCPs (53 PCPs) attributable to the projected decrease in state population.

Pressures from a growing, aging, increasingly insured population call on Ohio to address current and growing demand for PCPs to adequately meet health care needs. Policymakers in Ohio should consider strategies to bolster the primary care pipeline including reimbursement reform, dedicated funding for primary care Graduate Medical Education (GME), increased funding for primary care training and medical school debt relief.

Highlights: Ohio’s Projected Primary Care Physician Shortage

Additional PCPs Required by 2030
681
Or, 8% of current workforce, due to an aging, growing and increasingly insured population.

The state’s PCP ratio of 1482:1 is greater than the national average of 1463:1.

Potential Solutions –
Bolster the Primary Care Pipeline

- Physician reimbursement reform
- Dedicated funding for primary care Graduate Medical Education (GME)
- Increased funding for primary care training (Title VII, Section 747)
- Medical school student debt relief