ROBERT GRAHAM CENTER

Policy Studies in Family Medicine and Primary Care

The State of Primary Care Physician Workforce Methods Appendix

The primary care physician (PCP) workforce is integral to the U.S. healthcare system. In order to address primary care workforce shortages and distribution challenges, stakeholders at the state level need accurate information on their respective PCP workforce. With greater demands on the health system and projected PCP shortages, advocates and policymakers must be equipped with the tools to address these challenges. Up to date and relevant data is needed for informed policy decisions.

To meet this need, the Robert Graham Center created The State of Primary Care Physician Workforce series to equip state and national policymakers and practitioners with state-level information on primary care physician characteristics. Using comprehensive national data, we describe the landscape of the primary care physician workforce in all 50 states and District of Columbia. This series highlights age, gender, training origin, migration, and distribution of physicians, all in context of the states' census division and national averages.

I. Main Data

A. 2018 American Medical Association (AMA) Physician Masterfile

The AMA Physician Masterfile is a proprietary data set maintained by the American Medical Association (AMA) that includes a near complete listing of all physicians in the United States. More than 1.4 million physicians, residents, and medical students in the United States have current and historical data in the AMA Physician Masterfile. The AMA Physician Masterfile includes detailed information about each individual, including their age, gender, self-reported specialty, practice address, type of medical degree (MD or DO), medical school identification, residency institution, practice type, specialty, and home address.[1] The Robert Graham Center holds AMA Physician Masterfile data for each year between 2000 and 2018 with the exception of 2003. The Robert Graham Center geo-codes the addresses in the file (98% match rate) and can readily match the addresses with other geographic data.

- Primary Care Physicians Estimates: The methods used for estimating the number of primary care physicians (PCPs) are based on the 2018 American Medical Association (AMA) Physician Masterfile and described in literature.[2] The following section describes similar methods used to update those estimates based on the 2018 AMA Physician Masterfile. Primary care physicians were identified by selecting physicians in direct patient care with a primary, self-designated specialty of family medicine, general practice, general internal medicine, general pediatrics, or geriatrics. Note that it is assumed that physicians reporting these specialties have not further specialized. In the AMA Physician Masterfile, physicians who first trained in internal medicine and then obtained further training are not still classified in internal medicine. Total counts of PCPs were adjusted for retirement not captured in the AMA Masterfile. For more information on this process, see II.A.

- Age and Gender: The 2018 AMA Physician Masterfile identifies age and gender of each physician. We incorporated the age and gender information for additional DOs using the 2018 Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) file.

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- PCP Distribution: To find the number of primary care physicians per 100,000 persons in each state, region, and nationwide, we used adjusted primary care physician totals from the 2018 AMA Physician Masterfile and divided this by population totals from the 2010 US Census (see part C). We then multiplied this rate by 100,000. This process was repeated for census division and the United States as a whole.

- Osteopaths: We used the 2018 AMA Physician Masterfile to obtain a baseline count of osteopaths. However, the AMA Physician Masterfile undercounts osteopaths, so we conducted further analysis using the Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) and CMS Physician Compare. See II.B. for further information.

- International Medical School Graduates: We used the 2018 AMA Physician Masterfile to identify international medical school graduates through their medical school identification information.

- Resident Graduate Movement: To account for movement of family physicians who graduated from residency from 2011-2017, we matched the residency program state to their practice state in the 2018 AMA Physician Masterfile. This identified the family physicians that remained, left, and entered the state.

B. 2017 AMA Historical License and Residency File

The April 2017 AMA Historical License and Residency File is a supplementary file to the AMA Physician Masterfile and contains information on graduate medical training specialty, years in program, and institution code.

- Resident Graduates: Data from residency graduates from 2011-2016 was available in the April 2017 AMA Historical License and Residency File. We used this supplemental file to identify residents, their residency institution, and their residency graduation year. We included data from the 2018 AMA Physician Masterfile to account for residency graduates in calendar year 2017.

C. 2016 Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES)

The Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File (2008-present) is a freely available public data set that contains rich information on health care providers, including the National Provider Identifier (NPI), practice address, and practice arrangements.[3] The NPPES data also contain more precise physician address information than the AMA Physician Masterfile data. A drawback of the NPPES data is the lack of an indicator for currently active providers.

- Identifying Additional Osteopaths: We used the NPPES December 2016 dataset to identify additional osteopaths using the NPI and health provider taxonomy code variables. For a full explanation of this process, see II.B.

D. 2016 Centers for Medicare & Medicaid Services (CMS) Physician Compare

The Centers for Medicare and Medicaid Services (CMS) Physician Compare includes data from the PECOS dataset which is verified using claims data and supplemented with Board Certification details from American Board of Medical Specialties, American Osteopathic Association, American Board of Optometry, and American Board of

Wound Medicine and Surgery. Relevant variables include physician name, practice location, primary and secondary specialties, education, and board certifications. The data is publicly available and includes data from 2012-present, reported annually.[4]

- Identifying Additional Osteopaths: We used the Physician Compare September 2016 data to identify additional osteopaths using the medical school identification and primary specialty variables. For a full explanation of this process, see II.B.

E. Population Data

The population data comes from the United States 2010 Census. This source supplies county-level population data.

F. United States Department of Agriculture 2013 Rural-Urban Continuum Codes

Every county in the United States is assigned a Rural-Urban Continuum Code by the United States Department of Agriculture.[5] The latest version was updated in 2013. There are 9 codes, three of which are metro (codes 1, 2, and 3) and six are nonmetro (codes 4 through 9). We designated metro-coded counties as urban, and nonmetro counties as rural. We used this classification system to designate counties as rural, to find the percent of the population as rural, and to record the percent of family physicians practicing in rural counties in each state, region, and in the nation. To find the percent of the population living in underserved counties, we constructed a ratio of county populations to the number of primary care providers practicing in the county. Those living in counties with greater than 2,000 people per 1 PCP were denoted as underserved; the percent living in underserved counties was assessed at the state, regional, and national levels.

G. United States Census Bureau 2010 Census Divisions and Census Regions

We aggregated states at the regional level based on the U.S. Census Bureau 2010 census regions.[6] We then further aggregated states at the census division level based on the U.S. Census Bureau 2010 census divisions. There are four census regions: Northeast, Midwest, South, and West. Within each of the four census regions, there are two to three census divisions (9 census divisions total).

Region 1: Northeast

Division 1: New England	Division 2: Middle Atlantic
Connecticut	New Jersey
Maine	New York
Massachusetts	Pennsylvania
New Hampshire	
Rhode Island	
Vermont	

Region 2: Midwest

Division 3: East North Central	Division 4: West North Central
Indiana	Iowa
Illinois	Kansas
Michigan	Minnesota
Ohio	Missouri
Wisconsin	Nebraska
	North Dakota
	South Dakota

Region 3: South

Division 5: South Atlantic	Division 6: East South Central	Division 7: West South Central
Delaware	Alabama	Arkansas
District of Columbia	Kentucky	Louisiana
Florida	Mississippi	Oklahoma
Georgia	Tennessee	Texas
Maryland		
North Carolina		
South Carolina		
Virginia		
West Virginia		

Region 4: West

Division 8: Mountain	Division 9: Pacific
Arizona	Alaska
Colorado	California
Idaho	Hawaii
Montana	Oregon
Nevada	Washington
New Mexico	
Utah	
Wyoming	

U.S. Census Bureau 2010 Census Regions and Census Divisions.

H. 2016 Centers for Medicare and Medicaid Services (CMS) Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File

The 2016 Centers for Medicare and Medicaid Services Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File includes physician services provided to Medicare beneficiaries using CMS administrative claims data.[7] It includes 100% of the non-institutional line items for Medicare fee-for-service population. It contains information on physician National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) codes.

- Identifying Hospitalists: We used the 2016 CMS Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File to identify hospitalists using the NPI and HCPCS variables. For a full explanation of this process, see II.C.

I. American Medical Association FREIDA Residency & Fellowship Database

We used the American Medical Association (AMA) FREIDA Residency & Fellowship database to account for all Accreditation Council for Graduate Medical Education (ACGME)-accredited family medicine residency programs.[8] We selected for residency programs for family medicine. The AMA FREIDA database provides the Program ID number, the program name, and the state.

II. Adjustments to Count of Physicians

A. Adjusting for Retirees

To adjust for retired PCPs designated as in direct patient care in the AMA Physician Masterfile, we used a method developed by Petterson et al. (2016).[9] Starting at age 55, the count of practicing PCPs was weighted using average cohort retirement rates. The weights were as follows:

Age	Weight	Interpretation
55-59	0.97	Assumes AMA Masterfile over-reports practicing physicians by 3%.
60-64	0.913	Assumes AMA Masterfile over-reports practicing physicians by 8.7%.
65-69	0.799	Assumes AMA Masterfile over-reports practicing physicians by 20.1%.
70-74	0.738	Assumes AMA Masterfile over-reports practicing physicians by 26.2%.
75-79	0.616	Assumes AMA Masterfile over-reports practicing physicians by 38.4%.
80-84	0.457	Assumes AMA Masterfile over-reports practicing physicians by 54.3%.
85-89	0.294	Assumes AMA Masterfile over-reports practicing physicians by 70.6%.
90-98	0.186	Assumes AMA Masterfile over-reports practicing physicians by 81.4%.
99+	0.00	Assumes AMA Masterfile over-reports practicing physicians by 100%.

B. Adjusting for Underrepresentation of Doctors of Osteopathy (DOs) in AMA Masterfile

The AMA Physician Masterfile undercounts the Doctors of Osteopathy (DOs) in direct patient care. To address this, we utilized the NPPES and Physician Compare data to supplement the AMA Physician Masterfile figures.

We identified DOs in the NPPES using the Provider Credential Text. This variable includes respondent self-identification of their title. We included those with some variant of “DO” in their title for the identification of

doctors of osteopathy. A limitation of this method is the possible undercount of DOs who self-identified without using this text extract.

Next, we matched these newly identified DOs to the 2018 AMA Physician Masterfile using their NPI number. We kept only those DOs whose NPI numbers were not already included in the AMA Masterfile.
Then, to narrow the identified DOs to those in primary care practice, we identified those with primary care specialties. The NPPES features healthcare provider taxonomy codes to identify state licensed allopathic and osteopathic physician by specialties and subspecialties.[10] Physicians may list more than one specialty, and therefore may have many taxonomy codes. We used only the primary taxonomy for each physician, identified by the Primary Taxonomy Switch Code. Specialties included are family physician [207Q00000X], general practice [20800000X], pediatrics [208000000X], and general internal medicine [207R00000X].

Then, we incorporated an additional data source to identify DOs: 2016 CMS Physician Compare. Physician Compare features information on physicians' credentials and medical schools. First, we identified DOs, MDs, and their corresponding medical schools using the Credential and Medical School Name variables. Medical schools with a greater total of DO graduates than MD graduates were designated as DO schools. In cases where DOs identified in the NPPES were not categorized as physicians in the NPPES, we used Physician Compare specialty information instead. From the NPPES and Physician Compare we identified 4,566 DO primary care physicians. These DOs not in the AMA Masterfile are generally younger, with 73% under the age of 35 and 96% under the age of 39, indicating that DOs that are missing in the AMA Masterfile are at the start of their careers. Finally, we added these DOs to the MDs and DOs in the AMA Masterfile.

C. Hospitalists

Working as a hospitalist is a rising trend among family physician residency graduates. In 2016, 9 percent of family physicians self-identified as hospitalists in a survey conducted 3 years after respondents' completion of residency training.[11] Hospitalists practice in non-primary care settings, thus we corrected to remove hospitalists from PCP estimations.

To identify hospitalists, we used a method developed by Kuo (2009).[12] Using the 2016 CMS Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File, for each PCP we obtained a count of the number of office evaluation and management visits (E&M) [HCPCS codes 99201-99205 for new patients and 99211-99215 for established patients] as well as a count of the number of hospital visits [HCPCS codes 99221-99223, 99231-99233, 99251-99255]. Physicians are classified as hospitalists if hospital visits accounted for more than 90% of the sum of office and hospital visits.

III. Total Count of Primary Care Physicians (PCP) (Non-Hospitalists), 2018

Census Area (Country, Region, Division)	State	PCP (All)	PCP - Family Medicine	PCP - Internal Medicine	PCP - Pediatrics	PCP - General Practice	PCP - Geriatrics	PCP per 100,000
United States		217,207.7	86,957.5	72,404.3	49,409.8	4,619.9	3,816.3	75.6
Northeast		42,990.0	12,216.2	18,068.4	11,085.2	601.4	1,018.7	85.9
New England		12,631.5	3,479.8	5,606.6	3,145.7	113.2	286.2	98.0
	CT	2,586.5	509.3	1,303.0	689.1	14.3	70.8	72.1
	MA	6,237.1	1,295.0	3,098.8	1,651.6	46.4	145.2	90.9
	ME	1,261.5	679.5	318.2	214.1	24.1	25.5	94.4
	NH	1,028.9	471.8	305.1	225.0	9.5	17.4	76.6
	RI	904.5	245.6	402.4	226.6	12.4	17.6	85.4
	VT	613.0	278.6	179.1	139.3	6.4	9.6	98.3
Middle Atlantic		30,358.5	8,736.4	12,461.9	7,939.5	488.2	732.5	81.6
	NJ	6,581.8	1,590.5	2,809.6	1,931.1	103.2	147.3	73.1
	NY	14,709.4	3,355.3	6,682.5	4,099.8	174.8	396.9	74.1
	PA	9,067.3	3,790.6	2,969.7	1,908.6	210.1	188.3	70.8
Midwest		45,342.8	21,280.8	13,248.3	9,132.8	977.0	704.1	76.1
East North Central		31,545.7	13,845.5	10,033.5	6,460.1	709.8	496.8	75.9
	IL	8,962.0	3,404.6	3,302.0	1,951.6	153.8	150.0	70.0
	IN	3,910.4	2,136.1	923.0	733.8	69.7	47.8	58.7
	MI	6,852.2	2,950.5	2,273.6	1,281.5	235.2	111.5	68.8
	OH	7,821.1	3,214.1	2,534.9	1,746.1	199.5	126.5	67.1
	WI	4,000.0	2,140.1	999.9	747.2	51.6	61.0	69.0
West North Central		13,797.1	7,435.2	3,214.8	2,672.6	267.2	207.3	76.5
	IA	1,907.5	1,199.3	346.7	302.7	35.9	22.8	60.6
	KS	1,793.2	1,030.5	364.0	327.6	49.3	21.9	61.6
	MN	4,195.0	2,392.1	955.6	753.4	26.9	67.0	75.2
	MO	3,715.7	1,548.4	1,071.5	895.5	128.2	72.0	60.8
	ND	480.5	298.4	95.0	75.7	5.5	5.9	63.6
	NE	1,175.4	655.3	257.3	239.5	9.6	13.7	61.2
	SD	529.9	311.3	124.6	78.2	11.8	3.9	60.9
South		74,814.4	30,659.7	23,430.2	17,677.2	1,827.1	1,220.2	69.1
South Atlantic		42,292.7	16,112.0	14,325.4	10,048.3	1,031.4	775.6	74.5
	DC	937.3	184.3	410.8	312.9	10.4	18.8	135.1
	DE	640.5	269.3	180.8	172.3	7.6	10.5	66.6
	FL	13,661.8	4,913.7	4,908.7	2,947.8	592.0	299.6	65.1
	GA	5,992.6	2,260.5	1,998.6	1,552.7	100.1	80.8	57.5
	MD	4,811.1	1,213.5	2,175.6	1,249.3	72.1	100.5	79.5
	NC	6,324.1	2,782.9	1,815.5	1,557.8	53.1	114.8	61.6
	SC	2,929.2	1,429.3	746.6	662.4	49.9	41.1	58.3
	VA	5,743.0	2,397.4	1,773.7	1,389.9	86.4	95.7	67.8
	WV	1,253.2	661.2	315.1	203.2	60.0	13.8	69.0

Total Count of Primary Care Physicians (PCP) (Non-Hospitalists), 2018, Continued

Census Area (Country, Region, Division)	State	PCP (All)	PCP - Family Medicine	PCP - Internal Medicine	PCP - Pediatrics	PCP - General Practice	PCP - Geriatrics	PCP per 100,000
East South Central		10,725.0	4,592.8	3,367.5	2,436.1	229.0	99.6	64.9
	AL	2,774.0	1,202.7	877.6	615.9	50.5	27.3	56.9
	KY	2,486.6	1,091.6	716.5	598.2	57.5	22.8	55.8
	MS	1,317.7	626.0	354.2	284.0	37.6	15.9	44.2
	TN	4,146.8	1,672.5	1,419.2	938.0	83.4	33.6	61.7
West South Central		21,796.7	9,954.9	5,737.2	5,192.9	566.6	345.1	62.5
	AR	1,782.1	1,065.6	303.7	328.0	43.8	41.0	59.3
	LA	2,745.5	1,096.5	827.2	721.5	77.0	23.3	58.6
	OK	2,112.6	1,164.1	443.1	384.9	100.5	19.9	53.7
	TX	15,156.5	6,628.7	4,163.2	3,758.4	345.3	260.9	53.5
West		54,060.5	22,800.8	17,657.4	11,514.6	1,214.5	873.2	78.0
Mountain		13,252.2	6,485.5	3,604.3	2,703.3	253.3	205.8	69.2
	AZ	4,001.4	1,713.0	1,234.6	880.0	98.0	75.7	57.0
	CO	4,136.2	2,078.3	1,110.7	821.8	60.4	65.0	73.8
	ID	948.1	603.5	174.7	143.7	18.3	8.0	55.2
	MT	702.3	419.5	162.8	99.1	16.6	4.3	66.9
	NV	1,522.7	626.0	544.5	276.0	44.4	31.9	50.8
	UT	1,621.8	842.0	318.1	433.2	9.5	18.9	52.3
	WY	319.7	203.3	58.9	49.5	6.0	2.0	55.2
Pacific		40,808.3	16,315.3	14,053.2	8,811.3	961.2	667.4	81.5
	AK	617.1	394.4	90.1	108.7	20.0	4.0	83.4
	CA	28,644.1	10,363.0	10,688.7	6,417.7	723.7	451.0	72.4
	HI	1,171.6	379.7	428.4	272.8	48.3	42.5	82.1
	NM	1,394.3	717.8	323.9	300.5	29.7	22.4	66.8
	OR	3,413.3	1,563.3	1,093.2	653.0	51.7	52.2	82.4
	WA	5,567.8	2,897.2	1,429.0	1,058.6	87.9	95.2	75.2

IV. Primary Care Physician (PCP) and Family Physician (FP) Characteristics and Distribution, 2018

Census Area (Country, Region, Division)	State	Characteristics				Distribution		
		PCPs	FPs					
		Percent over 55 (%)	Percent FP Female (%)	Percent FP DO (%)	Percent FP IMG (%)	Percent of Total Pop. Rural (%)	Percent FP Rural (%)	Percent of Total Pop. Underserved County* (%)
United States		44.1	45.2	11.7	12.1	14.2	14.5	18.3
Northeast		47.8	47.6	13.2	14.1	8.1	10.8	6.9
New England		45.7	50.8	8.0	9.0	11.7	20.2	1.1
	CT	47.5	45.5	5.8	13.1	5.1	3.9	4.2
	MA	44.2	54.6	4.5	8.8	1.5	1.8	0.0
	ME	47.5	47.4	25.1	4.5	40.8	40.5	0.0
	NH	46.0	47.1	13.9	7.1	37.2	45.8	0.0
	RI	44.0	48.0	10.2	11.6	0.0	0.0	0.0
	VT	52.3	51.8	4.7	1.8	65.1	59.3	2.1
Middle Atlantic		48.7	46.3	15.3	16.1	6.8	7.2	9.0
	NJ	49.2	47.5	14.6	21.5	0.0	0.0	8.9
	NY	50.2	47.1	9.5	18.0	7.0	8.1	7.1
	PA	45.8	44.3	25.0	9.3	11.5	9.4	12.0
Midwest		43.1	44.7	14.9	11.3	22.1	21.1	22.3
East North Central		43.6	44.7	14.7	13.3	18.3	17.3	22.6
	IL	43.1	47.4	10.5	17.8	11.5	10.7	23.7
	IN	42.6	42.0	9.8	10.6	22.0	18.0	27.6
	MI	46.6	43.4	23.3	14.8	18.1	17.5	19.6
	OH	43.4	43.6	16.4	10.5	20.3	17.6	25.4
	WI	40.6	45.4	10.2	8.8	25.9	26.7	13.8
West North Central		41.8	44.6	15.3	6.6	30.5	28.2	21.8
	IA	39.3	43.6	29.7	5.7	40.7	35.3	22.1
	KS	42.9	43.0	17.1	5.8	32.1	25.8	15.5
	MN	41.1	48.5	6.3	6.4	22.4	22.8	13.5
	MO	44.0	43.3	21.7	7.7	25.3	26.3	34.4
	ND	38.2	44.3	6.5	9.6	50.2	36.2	30.5
	NE	41.3	40.4	6.1	4.7	35.0	35.0	14.3
	SD	42.7	43.0	11.2	6.9	51.1	36.6	15.2
South		43.8	43.2	10.1	12.0	16.1	14.6	24.9
South Atlantic		44.6	44.8	9.6	12.4	11.5	10.8	19.0
	DC	38.2	57.9	3.5	6.9	0.0	0.0	0.0
	DE	40.1	50.4	17.2	14.3	0.0	0.0	0.0
	FL	48.6	40.3	12.8	16.9	3.4	2.8	6.4
	GA	41.7	45.6	6.9	11.3	17.2	16.5	31.7
	MD	47.8	50.8	5.2	14.1	2.5	3.5	9.2
	NC	40.9	46.1	7.1	6.7	21.7	17.9	27.1
	SC	42.0	40.5	8.2	6.7	15.1	14.7	34.1
	VA	42.4	49.0	8.3	11.1	12.4	10.7	23.8
	WV	42.7	39.8	27.0	11.9	38.3	33.6	30.5

Primary Care Physician (PCP) and Family Physician (FP) Characteristics and Distribution, 2018, Continued

Census Area (Country, Region, Division)	State	Characteristics				Distribution		
		PCPs	FPs					
		Percent over 55 (%)	Percent FP Female (%)	Percent FP DO (%)	Percent FP IMG (%)	Percent of Total Pop. Rural (%)	Percent FP Rural (%)	Percent of Total Pop. Underserved County* (%)
East South Central		46.0	37.9	8.3	8.5	32.1	28.2	35.8
	AL	46.9	37.6	7.6	9.7	23.6	21.4	33.7
	KY	42.7	41.3	9.1	9.2	41.3	36.8	35.9
	MS	50.1	32.7	10.5	6.9	53.9	50.8	49.5
	TN	46.1	37.8	7.5	7.8	22.5	19.1	31.1
West South Central		41.2	42.5	11.8	13.0	15.9	14.4	29.2
	AR	44.0	32.0	7.7	8.0	38.0	32.9	29.6
	LA	42.2	39.7	1.9	10.3	16.2	13.8	39.6
	OK	48.3	36.6	30.4	7.9	34.2	29.2	35.1
	TX	39.6	45.2	11.3	14.9	10.9	8.7	26.5
West		42.3	46.5	10.1	11.2	8.7	10.3	12.5
Mountain		40.4	41.9	15.4	8.4	15.1	18.4	16.9
	AZ	44.2	42.2	17.3	13.1	5.0	6.7	11.8
	CO	38.6	49.1	14.2	4.1	12.6	15.2	3.3
	ID	38.2	35.2	18.9	3.0	33.1	32.1	34.9
	MT	43.4	41.8	11.2	2.1	64.7	64.2	8.9
	NV	41.6	38.9	15.9	19.3	9.2	9.5	6.8
	UT	34.7	30.7	13.8	3.5	10.6	13.0	53.3
	WY	38.8	36.8	11.8	6.6	69.4	65.9	29.9
Pacific		42.9	48.0	8.4	12.1	6.2	7.0	10.8
	AK	38.1	50.6	17.7	3.0	31.5	35.7	4.7
	CA	43.0	47.3	7.9	14.2	2.1	2.4	12.1
	HI	50.4	45.1	7.4	9.3	18.9	24.4	0.0
	NM	49.8	49.3	8.7	8.2	33.0	26.2	17.3
	OR	40.4	50.2	11.1	5.5	16.2	16.0	4.8
	WA	41.2	50.1	8.9	8.4	10.0	7.9	8.1

*Underserved counties had a population to PCP ratio greater than 2,000:1
DO: Doctor of Osteopathy. IMG: International Medical School Graduate.

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