Background

In the United States, primary care physicians (PCPs) currently represent less than one-third of the total physician workforce. States are under increasing pressure to create solutions that bolster the number of physicians practicing primary care in both rural and urban settings. This factsheet characterizes the primary care physician workforce in Wyoming.

We used data mainly from the 2018 American Medical Association (AMA) Physician Masterfile. Physicians were classified as primary care if their primary specialty is family medicine, internal medicine, pediatrics, general practice or geriatrics. We restricted our counts to PCPs in direct patient care. With Centers for Medicare and Medicaid Services data, we identified PCPs that work mainly as hospitalists and excluded them from our analysis. Finally, we used additional data sources to identify osteopaths excluded from the AMA Masterfile.

Current Workforce

In 2018, Wyoming had 320 PCPs in direct patient care, of which 203 were family physicians. In other words, 64% of its primary care workforce consisted of family physicians, compared to 40% in the Mountain Census Division and 38% nationwide. On a per capita basis, there were about 55 PCPs per 100,000 persons in Wyoming, compared to 69 per 100,000 in the Mountain and 76 per 100,000 in the U.S. as a whole. The state’s family medicine workforce was 37% female, which was less than the percentage nationwide (45%). Consistent with national trends, younger family physicians were more likely to be female than their older counterparts. About 39% of family physicians were over the age of 55, less than the nationwide percentage of 44%.
In 2018, about 7% of family physicians in the state were international medical school graduates and 12% were trained as osteopaths. While 69% of Wyoming’s population lived in rural counties, 66% of family physicians work in these counties. Approximately 30% of Wyoming’s residents live in underserved counties with more than 2,000 persons per PCP.

**Future Workforce**

Evidence indicates that physicians are more likely to practice in the state in which they completed residency. National PCP deficits have stimulated the growth of in-state residency programs to replenish the aging generation of physicians leaving the workforce. Understanding current primary care residency programs can help Wyoming assess its future primary care workforce to meet the health care needs of its population.

There are 2 family medicine residency training programs in Wyoming. Nationally, the number of family physicians graduating from the Accreditation Council for Graduate Medical Education-accredited programs declined from 3,225 in 2005 to 2,970 in 2012, then increased to 3,383 by 2017. Trends for Wyoming over the same period are shown in the adjacent figure.

Between 2011 and 2017, the state produced a total of 90 family physicians; of these, 30 (33%) stayed in-state. The loss of state-trained family physicians is offset by the in-migration of 23 family physicians trained in other states. Through elevated support of family medicine residency programs, Wyoming can work to replenish the PCP pipeline practicing in local communities.

