ROBERT GRAHAM CENTER

South Dakota: Projecting Primary Care Physician Workforce

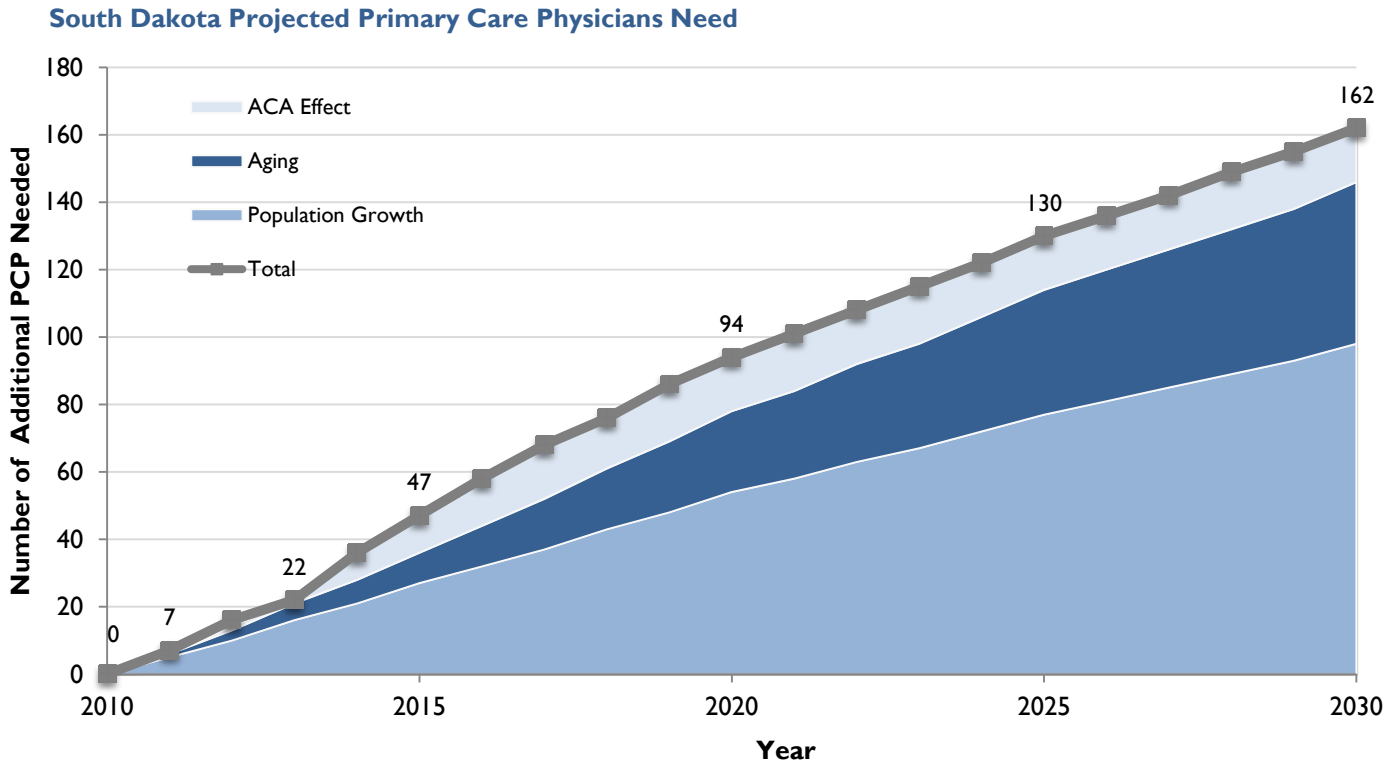
Background

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 South Dakota 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 South Dakota 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. South Dakota 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, South Dakota will need an additional 162 primary care physicians by 2030, a 27% increase compared to the state's current (as of 2010) 580 PCP workforce.



Suggested citation: Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

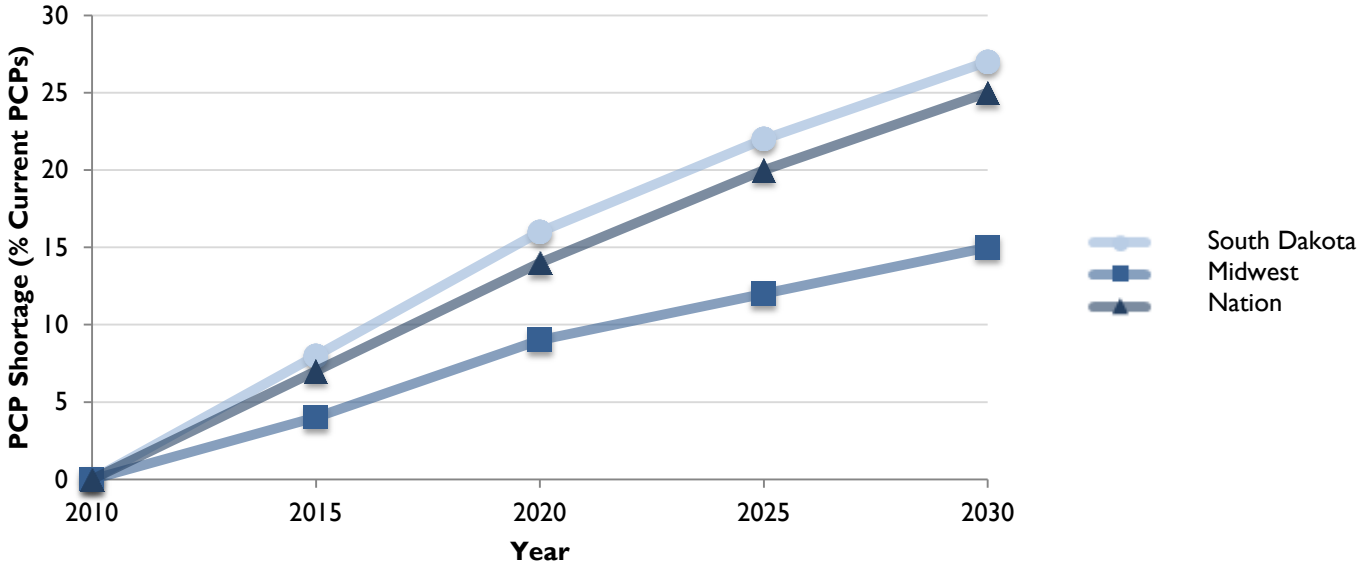
[1] Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health Affairs*, *27*(3), 759–69. doi:10.1377/hlthaff.27.3.759

[2] Petterson, S. M., Liaw, W. R., Phillips, R. L., Rabin, D. L., Meyers, D. S., & Bazemore, A. W. (2012). Projecting US Primary Care Physician Workforce Needs : physician supply meet demands of an increasing and aging population? *Health Affairs*, *27*(3), w232–w241. Also see Colwill, J., Cultice, J., & Kruse, R. (2008). Will generalist physician supply meet demands of an increasing and aging population? *Health Affairs*, *27*(3), w232–w241.

[3] *Council on Graduate Medical Education Tenth Report: Physician Distribution and Health Care Challenges in Rural and Inner-city Areas*. (1998). Washington, D.C.

[4] http://www.sdstate.edu/soc/rlcdc/generaldemographicdata/age-and-sex-structure.cfm. For full description of the methodology, see http://www.graham-center.org/tools-resources/state-projections.htm.

Physician Demand Comparison – State, Region, Nation



Implications for South Dakota

To maintain the status quo, South Dakota will require an additional 162 primary care physicians by 2030, a 27% increase of the state's current (as of 2010) 580 practicing PCPs. The current population to PCP ratio of 1402:1 is lower than the national average of 1463:1. The 2030 projection stands above the Midwest overall and above the nation overall. Components of South Dakota's increased need for PCPs include 29% (48 PCPs) from increased utilization due to aging, 60% (98 PCPs) due to population growth, and 9% (16 PCPs) due to a greater insured population following the Affordable Care Act (ACA).

Pressures from a growing, aging, increasingly insured population call on South Dakota to address current and growing demand for PCPs to adequately meet health care needs. Policymakers in South Dakota 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: South Dakota's Projected Primary Care Physician Demand

Additional PCPs Required by 2030

162

Or, **27%** of current workforce, due to an aging, growing and increasingly insured population.

Current Primary Care Physician Workforce

580

The state's PCP ratio of 1402:1 is lower 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

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