



# Fact Sheet

## Providers in Demand: North Carolina's Primary Care and Specialty Supply

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Fact Sheet 1 of 5

### Current Provider Growth is Insufficient to Meet North Carolina's Growing Healthcare Needs

Access to healthcare providers, including physicians, physician assistants, nurse practitioners, and certified nurse midwives, is very important to the health of individuals and populations. In the past 20 years, the ratio of providers-to-population has increased in North Carolina, but the rate of increase recently has slowed. In 2005, the state had 18.9 physicians to every 10,000 people, which is about average compared to all US states. However, in the future, North Carolina will face challenges meeting the population's demands for care. The state's healthcare needs are expected to increase due to population growth, aging of the population, and increased prevalence of chronic diseases. If nothing is done to improve growth in provider supply in North Carolina, the ratio of physicians to population is expected to drop 8% by 2020 and 21% by 2030. (See Table 1.) The ratio of all providers-to-population, including physician assistants, nurse practitioners, and certified nurse midwives, is expected to drop between 2% and 13% by 2030. The problem is projected to grow even more acutely if projections factor in increased needs due to aging of the population (adjusted population figures).

Many areas of our state are currently experiencing provider shortages. Access to healthcare in rural areas and in some inner-city areas has historically been a challenge. Eleven North Carolina counties and parts of 40 other counties were considered primary care health professional shortage areas in 2005.<sup>a</sup> Of these, 38 counties have failed to meet the minimum primary care provider-to-population ratio for six of the last seven years.

There are significant maldistribution problems among certain specialties, including psychiatry, general surgery, and providers that deliver babies.

- Between 2000 and 2005, 32 counties experienced a decline in the proportion of psychiatrists-to-population, and 24 counties had no psychiatrist in either year. The supply of child psychiatrists is even more limited. In 2004, 43 counties had no child psychiatrists, and another 42 counties had fewer than one child psychiatrist per 10,000 children. Further, the number of child psychiatrists has declined 24% over the past decade.
- From 2000 to 2005, 53 counties experienced a loss in general surgeons relative to population, and five counties lost all general surgeons. Losing a general surgeon in a rural community can have a large impact because general surgery is often a key component to a rural hospital's financial sustainability.<sup>1</sup>
- From 2000 to 2004, more than half (52) of North Carolina counties experienced a decline in the ratio of physicians delivering babies to women of child bearing years or had no physicians providing deliveries.

**Table 1.**  
Projected Change in Provider-to-Population Ratios, North Carolina, 2020 and 2030

	Projected Change in Provider-to-Population Ratios		Projected Change in Provider-to-Adjusted Population Ratios	
	2020	2030	2020	2030
Physicians only	-8%	-21%	-12%	-26%
All providers				
Best case	4%	-2%	-1%	-8%
Worst case	-4%	-13%	-8%	-19%

Source: North Carolina Institute of Medicine and the North Carolina Health Professions Data System.

<sup>a</sup> The Bureau of Health Professions in the US Department of Health and Human Services has designated certain communities, population groups, and medical facilities as Health Professional Shortage Areas (HPSAs). Certain counties, or parts thereof, are considered HPSAs if they have fewer than one primary care provider per 3,500 people or only one primary care provider per 3,000 people in high-needs areas.

**North Carolina has a shortage of underrepresented minority providers.** Studies suggest minority patients are generally more satisfied with care received from providers of similar race and/or ethnicity.<sup>2</sup> Furthermore, underrepresented minorities are more likely to practice in underserved areas, which could lessen the maldistribution problem.<sup>3,4,5</sup> However, the state is producing far too few providers from underrepresented minority populations to meet the needs of North Carolina. African Americans and Hispanics are particularly underrepresented among physicians, nurse practitioners, physician assistants, and certified nurse midwives relative to the population. Furthermore, as the cultural and linguistic diversity of the state increases, providers who can communicate effectively in other languages will be critical.

The state should develop a comprehensive plan that addresses overall provider shortages and shortages of specific specialties, maldistribution problems, and underrepresentation of minorities in health professions. Some strategies to address these problems include restructuring the healthcare delivery and finance system to create new and more efficient systems of care, increasing provider supply, incentivizing providers to work in underserved areas, providing additional support to underrepresented minority health professional students and providers, and modifying training environments to encourage work in underserved areas or specialties. These options are not mutually exclusive and should be targeted in a strategic way to address the variety of challenges facing North Carolina.

## References

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For more information about North Carolina's Primary Care and Specialty Supply visit [http://www.nciom.org/projects/supply/primary\\_specialty.html](http://www.nciom.org/projects/supply/primary_specialty.html) or contact Pam Silberman, JD, DrPH, President & CEO. North Carolina Institute of Medicine. 5501 Fortunes Ridge Drive, Suite E, Durham, NC 27713. 919-401-6599 ext 23. [pam\\_silberman@nciom.org](mailto:pam_silberman@nciom.org).