



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

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Fact Sheet 4 of 5

North Carolina Lacks Primary Care Providers and Certain Specialists in Parts of the State

Growth in the number of primary care providers per population is decreasing and is unlikely to keep pace with the growing population in coming years. Primary care providers are not well distributed across the state. In many counties, the supply of primary care providers to population is getting worse. Between 2001 and 2005, 30 North Carolina counties experienced a decrease in their primary care providers-to-population ratio compared to 11 counties between 1996 and 2000. Fourteen of the 30 counties with a decrease in primary care providers per population are persistent health professional shortage areas, meaning they have been designated as primary care health professional shortage areas in six of the past seven years. While the scope of primary care practice has increased, inflation-adjusted reimbursement for primary care services has decreased over the last ten years.¹ As a result, fewer physicians, physician assistants, and nurse practitioners are choosing to enter primary care fields, instead moving towards specialization.^{2,3} Fortunately, osteopathic physicians, physician assistants, and nurse practitioners are experiencing rapid growth and offer some opportunity to address the shortage of allopathic physicians entering primary care.

Access to prenatal and delivery services varies widely across North Carolina. Eight counties have no providers offering prenatal care and 19 counties have no physicians delivering babies. Furthermore, between 2000 and 2004, more than 50% of counties in the state experienced a drop in the number of providers delivering babies (40) or had no provider delivering babies in either year (12). However, the loss of physicians delivering babies appears to have a minimal impact on the average distance traveled to deliver babies.⁴ Although the number of practitioners delivering babies (OB/GYNs, family physicians, and certified nurse midwives) has grown over the last five years, their practices are poorly distributed across the state.

The current supply of general surgeons is adequate at the aggregate level, but general surgeons are not well distributed across the state. Twenty-two North Carolina counties had no general surgeon in 2005, and ratios are decreasing in many other counties. Between 2000 and 2005, 53 counties experienced a decline in the number of general surgeons per population and five counties lost all general surgeons. Furthermore, trends indicate fewer medical graduates are choosing to practice in general surgery. For most entering surgeons, progressive specialization is narrowing their scope of practice. A decline in general surgeons will likely have the largest negative impact on rural areas, where general surgeons are viewed by hospital administrators as a key component of the rural hospital's financial viability.⁵

North Carolina has a shortage of child psychiatrists, and access to adult psychiatrists generally varies based on the area of the state. In 2004, 43 counties had no child psychiatrists, and another 42 counties had fewer than one child psychiatrist per 10,000 children. Furthermore, the supply of physicians with a primary specialty in child psychiatry has declined 24% over the past decade. Adult psychiatrists also are difficult to access in many parts of the state. In 2004, there were 17 counties with no psychiatrists, and another 27 counties with ratios low enough to be designated as mental health professional shortage areas.⁶ Between 1999 and 2004, nearly two-thirds of all North Carolina counties either saw a decrease in their psychiatrist-to-population ratio or had no psychiatrist. Psychiatrists are less likely to locate in rural and health professional shortage areas, making access a serious problem for many in the state. Furthermore, between 2003 and 2005, the public mental health system saw a 16% decrease in the number of psychiatrists serving patients.⁷

To address these issues related to primary care and specialty care, the Task Force encouraged action upon the following priority recommendations:

- Enhance payments to primary care providers to incentivize the provision of a medical home and chronic disease management services;
- Fund malpractice premium subsidies for providers delivering babies in medically underserved areas;
- Target support to establish new models of care to serve publicly-funded mental and behavioral health patients in rural and underserved communities;
- Provide reimbursement for psychiatric consultations for primary care providers and other clinicians and psychiatric care provided by primary care providers;
- Evaluate reimbursement levels for mental and behavioral health services and assure they are adequate for care in underserved areas; and
- Provide financial incentives to North Carolina health professions schools that produce professionals practicing in the state's specialty shortage areas.

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 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.