

Submission Id: 5062

Title

Physician career pathways: Does birth in rural or physician shortage areas determine eventual practice in shortage areas?

Priority 1 (Research Category)

Education and training

Presenters

Mark Carrozza, MA, Michael Topmiller, PhD, Jennifer Rankin, PhD, MHA, MPH, MS, Jené Grandmont, Morgan Walker, Jessica McCann, MA

Abstract

Context: The US healthcare safety net requires a steady inflow of primary care physicians over time. Initiatives to grow the physician workforce from birth to elementary/secondary education, college/medical school, and residency require understanding of the life course paths that physicians take. Objective: Are physicians more likely to work in primary care shortage areas if they were born in shortage areas or rural areas, controlling for age (birth cohort), gender, and race? Study Design and Analysis: We calculated risk ratios for practicing in health professional shortage area for family physicians in the US by birth in a county-level shortage area, birth in a rural (non-metro) county, birth cohort measured by decade of birth, and physician race and gender. Setting or Dataset: Data are from the 2023 American Medical Association Master File and the ABFM Examination Application Practice Demographic Questionnaire, 2013 to 2021. Population Studied: Family physicians born 1950 to 1989. Outcome Measures: Whether physicians practice in 2022 Health Professional Shortage Areas (HPSA). Results: Birth in a shortage area county, and birth in a non-metro (rural) county are significant, independent predictors of eventual practice in a HPSA. Black providers, and physicians from the 1980 cohort are also more likely to practice in a shortage area. Female and Asian family physician providers are less like to practice in a HPSA, controlling for other measures. Conclusions: Area of birth (rural and shortage areas) are positive valid predictors of eventual practice in a health professional shortage area.