

Nevada's challenge of becoming average

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From time to time, I'm asked how many doctors Nevada needs. My honest response is that I haven't a clue. When pressed, my best answer is some variation on "we need a hell of a lot more physicians, we need more in just about every specialty area of medicine, and we need them right now."

Attempting to divine what constitutes an appropriate number of physicians in Nevada is complicated by a multitude of factors that include rapid changes in medical technology and changes in Nevada law permitting nurse practitioners to practice independently of physicians. It is also complicated by abundant unmet health care needs and the uncertain amount of demand for physician services resulting from the recent expansion of health insurance coverage in Nevada.

Nonetheless, with the exception of forensic medicine and plastic surgery, all of the available evidence points to severe physician workforce shortages in primary care medicine and most medical specialties in Nevada – shortages that are particularly acute in Las Vegas.

In searching for a better guidepost for policymakers struggling to improve the physician workforce supply in Nevada, my colleagues and I have come up with a simple, yet powerful way of framing physician workforce needs in Nevada. The question we now attempt to answer is "how many additional physicians would Nevada need to be comparable to the US average?"

According to the most current data from the American Medical Association, there are 6,135 allopathic physicians or MDs with an active license to practice in Nevada. In per capita terms, that figure translates to 224 MDs per 100,000 residents in Nevada. By comparison, the per capita number of MDs in the US is an estimated 327 MDs per 100,000 residents.

To meet or exceed the national per capita rate, Nevada would need an additional 2,829 MDs. In other words, the supply of MDs in Nevada would need to increase by 46 percent to reach the national average.

The same logic can be applied to physician workforce needs in any medical specialty area. For instance, AMA data indicates that Nevada has 2,350 MDs in primary care specialties – family medicine, general practice, pediatrics, internal medicine, and obstetrics/gynecology – or about 85 primary care MDs per 100,000 residents in Nevada.

To reach the national per capita rate of 121 primary care MDs per 100,000 population, Nevada would need to produce or recruit an additional 1,108 primary care MDs. In other words, the supply of primary care MDs in Nevada would need to increase by 47 percent just to meet the national average.

Becoming “average” doesn’t provide a completely satisfactory answer to the question of what constitutes an adequate physician workforce in Nevada. Rather, it simply points to the heavy lifting that will be required of state policymakers and educators if Nevada is ever to simply move from the bottom of the heap to the middle of the pack in state health workforce rankings.

That task is imminently doable over the next decade, yet will require “above-average” leadership from state lawmakers and a public willing to underwrite the expansion of medical education in Nevada.

John Packham, PhD is Director of Health Policy Research at the University of Nevada School of Medicine and Past President of the Nevada Public Health Association.