		2	008 Actual		2015 Projected
Physician Specialty	Physician Specialty		Physicians	/100k	Population
Emergency Medicine	Emergency Medicine		3	26.3	13,045
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
AMA	10.5	1	Surplus:	2	1
Two Mature HMO	5.5	1	Surplus:	2	1
Adjusted FTE	5.2	1	Surplus:	2	1
GMENAC	5.4	1	Surplus:	2	1
Kaiser Portland	6.7	1	Surplus:	2	1
7 Kaiser Plans	5.3	1	Surplus:	2	1
GHC Seattle					
Three HMOs					
Goodman	2.7	0	Surplus:	3	0
Hicks & Glenn					
Solucient	12.4	1	Surplus:	2	2
Average Requirement	6.2	1	Surplus:	2	1

			2	008 Actual		2015 Projected
Physic	Physician Specialty Endocrinology, Diabetes & Metabolism		Population 11,395	Physicians 1	/100k 8.8	Population 13,045
Endoc						
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
	AMA	1.8	0	Surplus:	1	0
	Two Mature HMO	1.1	0	Surplus:	1	0
	Adjusted FTE	1.0	0	Surplus:	1	0
	GMENAC	0.8	0	Surplus:	1	0
	Kaiser Portland	0.9	0	Surplus:	1	0
	7 Kaiser Plans	1.1	0	Surplus:	1	0
	GHC Seattle					
	Three HMOs	0.6	0	Surplus:	1	0
	Goodman					
	Hicks & Glenn					
	Solucient					
	Average Requirement	0.9	0	Surplus:	1	0

			2	008 Actual		2015 Projected
Physician Specialty		Population	Physicians	/100k	Population	
Family Praction	Family Practice		11,395	4	35.1	13,045
	ional Physician ndards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
AM	A	31.5	4	Adequate	0	4
Twe	o Mature HMO	45.6	5	Deficit:	-1	6
Adj	usted FTE	42.6	5	Deficit:	-1	6
GM	IENAC	25.2	3	Surplus:	1	3
Kai	ser Portland	16.7	2	Surplus:	2	1
7 K	aiser Plans	11.0	1	Surplus:	3	1
GH	C Seattle					
Thr	ee HMOs	9.2	1	Surplus:	3	1
Go	odman					
Hic	ks & Glenn	16.2	2	Surplus:	2	2
Sol	ucient	22.5	3	Surplus:	1	3
Ave	erage Requirement	23.6	3	Surplus:	1	3

			2	008 Actual		2015 Projected
Physic	Physician Specialty Internal Medicine		Population 11,395	Physicians 2	/100k 17.6	Population 13,045
Intern						
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
	AMA	53.1	6	Deficit:	-4	7
	Two Mature HMO	21.4	2	Adequate	0	3
	Adjusted FTE	20.0	2	Adequate	0	3
	GMENAC	28.8	3	Deficit:	-1	4
	Kaiser Portland	28.1	3	Deficit:	-1	4
	7 Kaiser Plans	30.3	3	Deficit:	-1	4
	GHC Seattle					
	Three HMOs	16.7	2	Adequate	0	2
	Goodman					
	Hicks & Glenn	11.3	1	Surplus:	1	1
	Solucient	19.0	2	Adequate	0	2
	Average Requirement	22.0	3	Deficit:	-1	3

			2	008 Actual		2015 Projected
Physician Specialty		Population	Physicians	/100k	Population	
OB/GYN			11,395	2	17.6	13,045
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
_	AMA	14.1	2	Adequate	0	2
-	Two Mature HMO	12.1	1	Surplus:	1	2
-	Adjusted FTE	11.3	1	Surplus:	1	1
-	GMENAC	9.9	1	Surplus:	1	1
=	Kaiser Portland	11.6	1	Surplus:	1	2
-	7 Kaiser Plans	11.5	1	Surplus:	1	2
-	GHC Seattle	10.0	1	Surplus:	1	1
=	Three HMOs	8.8	1	Surplus:	1	1
-	Goodman	8.4	1	Surplus:	1	1
_	Hicks & Glenn	8.0	1	Surplus:	1	1
_	Solucient	10.2	1	Surplus:	1	1
_	Average Requirement	10.2	1	Surplus:	1	1

			2	008 Actual		2015 Projected
Physic	Physician Specialty		Population	Physicians	/100k	Population
Gener	General Surgery		11,395	1	8.8	13,045
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Sta	tus	Physician Need
	AMA	12.5	1	Adequate	0	2
	Two Mature HMO	9.4	1	Adequate	0	1
	Adjusted FTE	8.8	1	Adequate	0	1
	GMENAC	9.7	1	Adequate	0	1
	Kaiser Portland	7.0	1	Adequate	0	1
	7 Kaiser Plans	6.2	1	Adequate	0	1
	GHC Seattle	5.9	1	Adequate	0	1
	Three HMOs	4.2	0	Surplus:	1	1
	Goodman	9.7	1	Adequate	0	1
	Hicks & Glenn	4.1	0	Surplus:	1	1
	Solucient	6.0	1	Adequate	0	1
	Average Requirement	7.1	1	Adequate	0	1

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- *Standards are presented as rates per 100,000 population
- (1) McClendon, B., R.Polizer, E. Christain, and E. Fernandez. 1997. Downsizing the Physician Workforce. Public Health Reports. May/June 112:231-239.
- (2) Graduate Medical Education National Advisory Committee Summary Report. 1981. Pub. No. (HRA) 81-651. Washington: Government Printing Office.
- (3) American Medical Association. 1996. Physician Characteristics and Distribution in the US: 1995/1996. Chicago.
- (4) American Osteopathic Association, 1993, 1994 Yearbook and Directory of Osteopathic Physicians, Chicago,
- (5) Hart, L., E. Wagner, J. Parzada, A.Nelson, and R.Rosenblah. 1997. Physician Staffing Ratios in Staff- Model HMO's: A Cautionary Tale, Health Affairs 16, no. 1:55-70.
- (6) Weiner, J.P. 1994 Forecasting the Effects of Health Reform on U.S. Physician Workforce Requirement. JAMA 272, no. 3:222-230.
- (7) Steinwachs, D., J.P. Weiner, S. Shapiro, et al. 1986. A Comparison of the Requirements for Primary Care Physicians in with Projections Made by the Graduate Medical National Advisory Committee. New England Journal of Medicine 314:217-222.
- (8) Kronick, R., D.C. Goodman, J. Wennberg, and E.Wagner. 1993. The Marketplace in Health Care Reform: The Demographic Limitations of Managed Competition. New England Journal of Medicine 328:1480152. See also, related NAPS Document 04998.
- (9) Vansdow, N.A. The Physician Workforce: Issues for Academic Medical Centers. Forum on the Future of Academic Medicine. December 2, 1996.
- (10) Forte, G.J., Dionne, M., Beaulieu, M., and Salsberg, E. Profile of New York State Physicians. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. April 2001.
- (11) A Review of Physician-to-Population Ratios. Merritt Hawkins & Associates. GMENAC, Goodman (Dec. 11, 1996 JAMA), Hicks & Glenn (1989 Journal of Health Care Management), Solucient (2003).
- (12) American Medical Association. Physician Characteristics and Distribution in the US, 2010 Edition; 2010.