

62 PCSA Physician Standard Report

Included Counties: Dodge

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Physician Need | Population |
| Emergency Medicine | | 19,613 | 2 | 10.2 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 10.5 | 2 | Adequate 0 | 2 | |
| Two Mature HMO | 5.5 | 1 | Surplus: 1 | 1 | |
| Adjusted FTE | 5.2 | 1 | Surplus: 1 | 1 | |
| GMENAC | 5.4 | 1 | Surplus: 1 | 1 | |
| Kaiser Portland | 6.7 | 1 | Surplus: 1 | 1 | |
| 7 Kaiser Plans | 5.3 | 1 | Surplus: 1 | 1 | |
| GHC Seattle | | | | | |
| Three HMOs | | | | | |
| Goodman | 2.7 | 1 | Surplus: 1 | 1 | |
| Hicks & Glenn | | | | | |
| Solucient | 12.4 | 2 | Adequate 0 | 2 | |
| Average Requirement | 6.2 | 1 | Surplus: 1 | 1 | |

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Physician Need | Population |
| Family Practice | | 19,613 | 9 | 45.9 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 31.5 | 6 | Surplus: 3 | 6 | |
| Two Mature HMO | 45.6 | 9 | Adequate 0 | 9 | |
| Adjusted FTE | 42.6 | 8 | Surplus: 1 | 8 | |
| GMENAC | 25.2 | 5 | Surplus: 4 | 5 | |
| Kaiser Portland | 16.7 | 3 | Surplus: 6 | 3 | |
| 7 Kaiser Plans | 11.0 | 2 | Surplus: 7 | 2 | |
| GHC Seattle | | | | | |
| Three HMOs | 9.2 | 2 | Surplus: 7 | 2 | |
| Goodman | | | | | |
| Hicks & Glenn | 16.2 | 3 | Surplus: 6 | 3 | |
| Solucient | 22.5 | 4 | Surplus: 5 | 4 | |
| Average Requirement | 23.6 | 5 | Surplus: 4 | 4 | |

62 PCSA Physician Standard Report

Included Counties: Dodge

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Population | |
| Internal Medicine | | 19,613 | 6 | 30.6 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 53.1 | 10 | Deficit: -4 | 10 | |
| Two Mature HMO | 21.4 | 4 | Surplus: 2 | 4 | |
| Adjusted FTE | 20.0 | 4 | Surplus: 2 | 4 | |
| GMENAC | 28.8 | 6 | Adequate 0 | 5 | |
| Kaiser Portland | 28.1 | 6 | Adequate 0 | 5 | |
| 7 Kaiser Plans | 30.3 | 6 | Adequate 0 | 6 | |
| GHC Seattle | | | | | |
| Three HMOs | 16.7 | 3 | Surplus: 3 | 3 | |
| Goodman | | | | | |
| Hicks & Glenn | 11.3 | 2 | Surplus: 4 | 2 | |
| Solucient | 19.0 | 4 | Surplus: 2 | 4 | |
| Average Requirement | 22.0 | 4 | Surplus: 2 | 4 | |

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Population | |
| OB/GYN | | 19,613 | 3 | 15.3 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 14.1 | 3 | Adequate 0 | 3 | |
| Two Mature HMO | 12.1 | 2 | Surplus: 1 | 2 | |
| Adjusted FTE | 11.3 | 2 | Surplus: 1 | 2 | |
| GMENAC | 9.9 | 2 | Surplus: 1 | 2 | |
| Kaiser Portland | 11.6 | 2 | Surplus: 1 | 2 | |
| 7 Kaiser Plans | 11.5 | 2 | Surplus: 1 | 2 | |
| GHC Seattle | 10.0 | 2 | Surplus: 1 | 2 | |
| Three HMOs | 8.8 | 2 | Surplus: 1 | 2 | |
| Goodman | 8.4 | 2 | Surplus: 1 | 2 | |
| Hicks & Glenn | 8.0 | 2 | Surplus: 1 | 2 | |
| Solucient | 10.2 | 2 | Surplus: 1 | 2 | |
| Average Requirement | 10.2 | 2 | Surplus: 1 | 2 | |

62 PCSA Physician Standard Report

Included Counties: Dodge

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Physician Need | Population |
| Ophthalmology | | 19,613 | 1 | 5.1 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 6.0 | 1 | Adequate 0 | 1 | |
| Two Mature HMO | 5.9 | 1 | Adequate 0 | 1 | |
| Adjusted FTE | 5.5 | 1 | Adequate 0 | 1 | |
| GMENAC | 4.6 | 1 | Adequate 0 | 1 | |
| Kaiser Portland | 2.4 | 0 | Surplus: 1 | 0 | |
| 7 Kaiser Plans | 3.1 | 1 | Adequate 0 | 1 | |
| GHC Seattle | 5.0 | 1 | Adequate 0 | 1 | |
| Three HMOs | | | | | |
| Goodman | 3.5 | 1 | Adequate 0 | 1 | |
| Hicks & Glenn | 3.2 | 1 | Adequate 0 | 1 | |
| Solucient | 4.7 | 1 | Adequate 0 | 1 | |
| Average Requirement | 4.2 | 1 | Adequate 0 | 1 | |

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Physician Need | Population |
| Orthopedic Surgery | | 19,613 | 1 | 5.1 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 8.3 | 2 | Deficit: -1 | 2 | |
| Two Mature HMO | 6.8 | 1 | Adequate 0 | 1 | |
| Adjusted FTE | 6.4 | 1 | Adequate 0 | 1 | |
| GMENAC | 6.0 | 1 | Adequate 0 | 1 | |
| Kaiser Portland | 5.9 | 1 | Adequate 0 | 1 | |
| 7 Kaiser Plans | 4.2 | 1 | Adequate 0 | 1 | |
| GHC Seattle | 6.7 | 1 | Adequate 0 | 1 | |
| Three HMOs | 3.0 | 1 | Adequate 0 | 1 | |
| Goodman | 5.9 | 1 | Adequate 0 | 1 | |
| Hicks & Glenn | 4.2 | 1 | Adequate 0 | 1 | |
| Solucient | 6.1 | 1 | Adequate 0 | 1 | |
| Average Requirement | 5.5 | 1 | Adequate 0 | 1 | |

62 PCSA Physician Standard Report

Included Counties: Dodge

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|------------|----------------|
| | | Population | Physicians /100k | Population | |
| Pathology | | 19,613 | 1 | 5.1 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | | Physician Need |
| AMA | 6.3 | 1 | Adequate 0 | | 1 |
| Two Mature HMO | 1.9 | 0 | Surplus: 1 | | 0 |
| Adjusted FTE | 1.8 | 0 | Surplus: 1 | | 0 |
| GMENAC | 6.4 | 1 | Adequate 0 | | 1 |
| Kaiser Portland | 3.3 | 1 | Adequate 0 | | 1 |
| 7 Kaiser Plans | 1.8 | 0 | Surplus: 1 | | 0 |
| GHC Seattle | | | | | |
| Three HMOs | | | | | |
| Goodman | 4.1 | 1 | Adequate 0 | | 1 |
| Hicks & Glenn | | | | | |
| Solucient | | | | | |
| Average Requirement | 3.2 | 1 | Adequate 0 | | 1 |

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|-------------|----------------|
| | | Population | Physicians /100k | Population | |
| Pediatrics | | 19,613 | 5 | 25.5 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | | Physician Need |
| AMA | 24.9 | 5 | Adequate 0 | | 5 |
| Two Mature HMO | 16.6 | 3 | Surplus: 2 | | 3 |
| Adjusted FTE | 15.5 | 3 | Surplus: 2 | | 3 |
| GMENAC | 12.4 | 2 | Surplus: 3 | | 2 |
| Kaiser Portland | 11.9 | 2 | Surplus: 3 | | 2 |
| 7 Kaiser Plans | 16.0 | 3 | Surplus: 2 | | 3 |
| GHC Seattle | | | | | |
| Three HMOs | 9.8 | 2 | Surplus: 3 | | 2 |
| Goodman | | | | | |
| Hicks & Glenn | 7.6 | 1 | Surplus: 4 | | 1 |
| Solucient | 13.9 | 3 | Surplus: 2 | | 3 |
| Average Requirement | 13.0 | 3 | Surplus: 2 | | 2 |

62 PCSA Physician Standard Report

Included Counties: Dodge

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Population | |
| Psychiatry | | 19,613 | 2 | 10.2 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 13.6 | 3 | Deficit: -1 | 3 | |
| Two Mature HMO | 7.7 | 2 | Adequate 0 | 1 | |
| Adjusted FTE | 7.2 | 1 | Surplus: 1 | 1 | |
| GMENAC | 15.4 | 3 | Deficit: -1 | 3 | |
| Kaiser Portland | 5.2 | 1 | Surplus: 1 | 1 | |
| 7 Kaiser Plans | 4.1 | 1 | Surplus: 1 | 1 | |
| GHC Seattle | | | | | |
| Three HMOs | | | | | |
| Goodman | 7.2 | 1 | Surplus: 1 | 1 | |
| Hicks & Glenn | 3.9 | 1 | Surplus: 1 | 1 | |
| Solucient | 5.7 | 1 | Surplus: 1 | 1 | |
| Average Requirement | 7.1 | 1 | Surplus: 1 | 1 | |

| Physician Specialty | | 2008 Actual | | | 2015 Projected |
|-------------------------------|----------------------------|----------------|------------------|----------------|----------------|
| | | Population | Physicians /100k | Population | |
| General Surgery | | 19,613 | 1 | 5.1 | 18,992 |
| National Physician Standards* | Standard Phys/100,000 Pop. | Physician Need | Status | Physician Need | |
| AMA | 12.5 | 2 | Deficit: -1 | 2 | |
| Two Mature HMO | 9.4 | 2 | Deficit: -1 | 2 | |
| Adjusted FTE | 8.8 | 2 | Deficit: -1 | 2 | |
| GMENAC | 9.7 | 2 | Deficit: -1 | 2 | |
| 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 | 1 | Adequate 0 | 1 | |
| Goodman | 9.7 | 2 | Deficit: -1 | 2 | |
| Hicks & Glenn | 4.1 | 1 | Adequate 0 | 1 | |
| Solucient | 6.0 | 1 | Adequate 0 | 1 | |
| Average Requirement | 7.1 | 1 | Adequate 0 | 1 | |

62 PCSA Physician Standard Report

Included Counties: Dodge

Report created by Georgia Board for Physician Workforce, State of Georgia

*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 328:1480-152. 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.