## 80 PCSA Physician Standard Report

Included Counties: Cook

		2008 Actual			2015 Projected
Physician Specialty		Population	Physicians	/100k	Population
Emergency Medicine		16,291	3	18.4	16,369
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	6	Physician Need
AMA	10.5	2	Surplus:	1	2
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	2	Surplus:	1	2
Average Requirement	6.2	1	Surplus:	2	1

			2	2015 Projected Population		
Physician Specialty		Population	Physicians		/100k	
Family	Family Practice		16,291	8	49.1	16,369
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	S	Physician Need
	AMA	31.5	5	Surplus:	3	5
	Two Mature HMO	45.6	7	Surplus:	1	7
	Adjusted FTE	42.6	7	Surplus:	1	7
	GMENAC	25.2	4	Surplus:	4	4
	Kaiser Portland	16.7	3	Surplus:	5	3
	7 Kaiser Plans	11.0	2	Surplus:	6	2
	GHC Seattle					
	Three HMOs	9.2	1	Surplus:	7	2
	Goodman					
	Hicks & Glenn	16.2	3	Surplus:	5	3
	Solucient	22.5	4	Surplus:	4	4
	Average Requirement	23.6	4	Surplus:	4	4

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		2008 Actual			2015 Projected
Physician Specialty Internal Medicine		Population 16,291	Physicians 2	/100k <b>12.3</b>	Population 16,369
AMA	53.1	9	Deficit:	-7	9
Two Mature HMO	21.4	3	Deficit:	-1	4
Adjusted FTE	20.0	3	Deficit:	-1	3
GMENAC	28.8	5	Deficit:	-3	5
Kaiser Portland	28.1	5	Deficit:	-3	5
7 Kaiser Plans	30.3	5	Deficit:	-3	5
GHC Seattle					
Three HMOs	16.7	3	Deficit:	-1	3
Goodman					
Hicks & Glenn	11.3	2	Adequate	0	2
Solucient	19.0	3	Deficit:	-1	3
Average Requirement	22.0	4	Deficit:	-2	4

			20	008 Actual		2015 Projected
Physician Specialty		Population	Physicians	/100k	Population	
OB/GYN			16,291	1	6.1	16,369
	National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Statu	S	Physician Need
•	AMA	14.1	2	Deficit:	-1	2
-	Two Mature HMO	12.1	2	Deficit:	-1	2
<del>-</del>	Adjusted FTE	11.3	2	Deficit:	-1	2
-	GMENAC	9.9	2	Deficit:	-1	2
-	Kaiser Portland	11.6	2	Deficit:	-1	2
=	7 Kaiser Plans	11.5	2	Deficit:	-1	2
-	GHC Seattle	10.0	2	Deficit:	-1	2
-	Three HMOs	8.8	1	Adequate	0	1
-	Goodman	8.4	1	Adequate	0	1
-	Hicks & Glenn	8.0	1	Adequate	0	1
-	Solucient	10.2	2	Deficit:	-1	2
-	Average Requirement	10.2	2	Deficit:	-1	2

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Physician Specialty		2008 Actual			2015 Projected
		Population	Physicians	/100k	Population
Psychiatry		16,291	1	6.1	16,369
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	3	Physician Need
AMA	13.6	2	Deficit:	-1	2
Two Mature HMO	7.7	1	Adequate	0	1
Adjusted FTE	7.2	1	Adequate	0	1
GMENAC	15.4	3	Deficit:	-2	3
Kaiser Portland	5.2	1	Adequate	0	1
7 Kaiser Plans	4.1	1	Adequate	0	1
GHC Seattle					
Three HMOs					
Goodman	7.2	1	Adequate	0	1
Hicks & Glenn	3.9	1	Adequate	0	1
Solucient	5.7	1	Adequate	0	1
Average Requirement	7.1	1	Adequate	0	1

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

- (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.

<sup>\*</sup>Standards are presented as rates per 100,000 population