

## Screven County Physician Standard Report

Physician Specialty		2008 Actual			2015 Projected
		Population	Physicians /100k		Population
<b>Emergency Medicine</b>		<b>15,047</b>	<b>1</b>	<b>6.6</b>	<b>16,657</b>
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	Physician Need	
AMA	10.5	2	Deficit: -1	2	
Two Mature HMO	5.5	1	Adequate 0	1	
Adjusted FTE	5.2	1	Adequate 0	1	
GMENAC	5.4	1	Adequate 0	1	
Kaiser Portland	6.7	1	Adequate 0	1	
7 Kaiser Plans	5.3	1	Adequate 0	1	
GHC Seattle					
Three HMOs					
Goodman	2.7	0	Surplus: 1	0	
Hicks & Glenn					
Solucient	12.4	2	Deficit: -1	2	
Average Requirement	6.2	1	Adequate 0	1	

Physician Specialty		2008 Actual			2015 Projected
		Population	Physicians /100k		Population
<b>Family Practice</b>		<b>15,047</b>	<b>2</b>	<b>13.3</b>	<b>16,657</b>
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	Physician Need	
AMA	31.5	5	Deficit: -3	5	
Two Mature HMO	45.6	7	Deficit: -5	8	
Adjusted FTE	42.6	6	Deficit: -4	7	
GMENAC	25.2	4	Deficit: -2	4	
Kaiser Portland	16.7	3	Deficit: -1	2	
7 Kaiser Plans	11.0	2	Adequate 0	2	
GHC Seattle					
Three HMOs	9.2	1	Surplus: 1	2	
Goodman					
Hicks & Glenn	16.2	2	Adequate 0	3	
Solucient	22.5	3	Deficit: -1	4	
Average Requirement	23.6	4	Deficit: -2	4	

## Screven County Physician Standard Report

Physician Specialty	2008 Actual			2015 Projected
	Population	Physicians /100k		Population
<b>Internal Medicine</b>	<b>15,047</b>	<b>1</b>	<b>6.6</b>	<b>16,657</b>
National Physician Standards*	Standard Phys/100,000 Pop.	Physician Need	Status	Physician Need
AMA	53.1	8	Deficit: -7	9
Two Mature HMO	21.4	3	Deficit: -2	4
Adjusted FTE	20.0	3	Deficit: -2	3
GMENAC	28.8	4	Deficit: -3	5
Kaiser Portland	28.1	4	Deficit: -3	5
7 Kaiser Plans	30.3	5	Deficit: -4	5
GHC Seattle				
Three HMOs	16.7	3	Deficit: -2	3
Goodman				
Hicks & Glenn	11.3	2	Deficit: -1	2
Solucient	19.0	3	Deficit: -2	3
Average Requirement	22.0	3	Deficit: -2	4

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.