

Michigan Department of Community Health

Survey of Physician Assistants

Special Report—September 2011

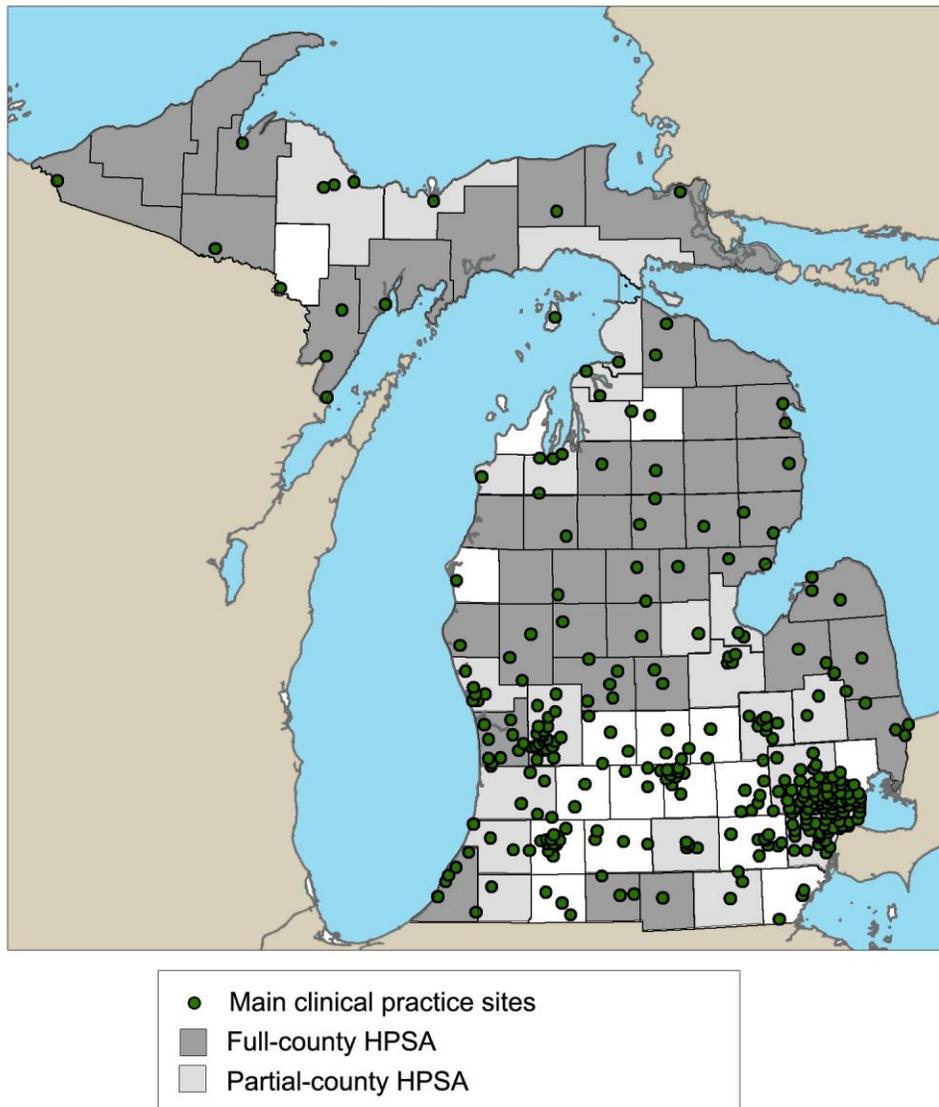
LOCATION OF MAIN CLINICAL PRACTICE SITE

In its annual survey of licensed physician assistants (PAs), the Michigan Department of Community Health (MDCH) asks PAs to provide the ZIP Code of their main clinical practice site. Routine analysis of geographic location of PAs is not conducted; however, given the hope that physician assistants will help address the needs of the underserved, MDCH asked Public Sector Consultants Inc. (PSC) to identify the extent to which PAs practice in counties that have a health professional shortage area (HPSA).

The two most common types of HPSAs in Michigan are geographic and population HPSAs. A *geographic* HPSA is an area where there is an inadequate ratio of primary care professionals to the entire population. HPSA designations can also be made based on the ratio of a particular *population* group (e.g., low-income individuals or migrant farmworkers) to the number of providers who serve that population group. Within these two categories there are full-county HPSAs and partial-county HPSAs. In addition, a *facility* can be designated as a HPSA if it meets certain criteria. Institutions that can receive this designation are correctional or youth detention facilities, and public or nonprofit medical facilities.

Since physician assistants renew their license every two years, PSC combined the data from the 2009 and 2010 surveys to conduct the analysis of PA practice locations. This results in a dataset that represents a full cohort of physician assistants. Using geographic information system (GIS) software, PSC was able to match the ZIP Codes of 1,116 survey respondents' main clinical practice sites with their respective counties (see Exhibit 1). A list of counties with geographic and population HPSA designations was obtained from the MDCH. Combining the information from each data source enables an analysis of the percentage of survey respondents who practice in counties with full and partial HPSA designations.

EXHIBIT 1 Distribution of Respondent ZIP Codes



SOURCE: Public Sector Consultants Inc., 2011.

- Almost three-quarters of respondents (72 percent) have a main clinical practice site in a county with either a full-county or partial-county HPSA designation (see Exhibit 2).
 - About one in seven practice in a county with a full-county HPSA designation.
 - More than half practice in a county with a partial-county HPSA designation.

EXHIBIT 2
Main Clinical Practice Site, by HPSA Designation

County HPSA designation	Percentage of active PAs
Full-county	15%
Partial-county	57
None	28

SOURCE: Michigan Department of Community Health Survey of Physician Assistants 2009 and 2010.

PA ORIGINS AND PRACTICE SETTINGS

Due to the prevalence of HPSAs in rural areas and urban centers in Michigan, the MDCH asked PSC to conduct an analysis of survey data to learn the extent to which PAs practice in areas that are similar to the areas where they grew up. Again, to provide a larger sample for analysis, PSC combined responses from the 2009 and 2010 surveys of physician assistants.

More than two-fifths (45 percent) of active PAs grew up in a suburban area; two-fifths (40 percent) grew up in a rural area or small town; and only 15 percent grew up in an urban area. When asked how they would describe the area of their primary practice, two-fifths (41 percent) of PAs say they practice in a suburban area; a little less than one-third (31 percent) practice in an urban area; and 28 percent say they work in a rural area or small town (see Exhibit 3).

EXHIBIT 3
Origins and Practice Settings of Active Physician Assistants in Michigan

	Origin	Main Practice Setting
Rural area/small town	40%	28%
Suburban area	45	41
Urban Area	15	31

SOURCE: Michigan Department of Community Health Survey of Physician Assistants 2009 and 2010.

While the percentage of PAs who grew up in suburban areas is similar to the percentage that practice in suburban areas, the percentage who practice in rural areas is quite a bit smaller than the percentage who grew up in rural areas, and the percentage who practice in urban areas is almost twice the percentage that grew up in urban areas. To gain a better understanding of the difference between where physician assistants grew up and where they practice, PSC cross-tabulated responses to the two questions. In this way, PSC could identify the extent to which PAs who grew up in a particular setting are practicing in that same type of setting. The results suggest that there is a correlation between where PAs grew up and where they practice, although there is greater movement out of rural areas than vice versa, and a fair amount of movement into urban areas.

About three-fifths of PAs who grew up in either an urban or suburban area currently practice in similar settings. However, while more than two-fifths (44 percent) of PAs who grew up in a rural setting have gone on to practice in a rural setting, more than half of these PAs are now practicing in either a suburban (29 percent) or urban (27 percent) setting. At the same time, less than a fifth of PAs from either suburban or urban areas currently practice in a rural area (see Exhibit 4).

EXHIBIT 4
PA Practice Settings by PA Origins

Where PAs Grew Up	Area of Practice		
	Rural/small town	Suburban	Urban
Rural/small town	44%	29%	27%
Suburban	16	60	25
Urban	19	19	61

SOURCE: Michigan Department of Community Health Survey of Physician Assistants 2009 and 2010.
NOTE: Percentages do not sum to 100 due to rounding.

Movement out of rural areas without much movement in results in fewer PAs practicing in rural areas than in suburban or urban areas. Also, the percentage of PAs who practice in an urban area is significantly greater than the percentage who grew up in an urban area because approximately one-quarter of PAs who grew up in either a rural or suburban area now practice in an urban setting. This results in a relatively large influx of PAs into urban settings.