

THE UTAH MEDICAL EDUCATION COUNCIL



UTAH'S PHYSICIAN WORKFORCE, 2016:

A Study on the Supply and Distribution of Physicians in Utah

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The Utah Medical Education Council



State of Utah

www.utahmec.org

2016

Prepared by:

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Utah's Physician Workforce, 2016: A Study of the Supply and Distribution of Physicians in Utah
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THE UTAH MEDICAL EDUCATION COUNCIL

The Utah Medical Education Council (UMEC) was created in 1997 by H.B.141 out of a need to secure and stabilize the state's supply of healthcare clinicians. This legislation authorized the UMEC to conduct ongoing healthcare workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies. The UMEC is presided over by an eight member board appointed by the Governor to bridge the gap between public/private health care workforce and education interests.

Our Mission:

To conduct health care workforce research, to advise on Utah's health care training needs, and to influence graduate medical education (GME) financing policies.

Core Responsibilities - Healthcare Workforce

- Assess supply and demand
- Advise/develop policy
- Seek and disburse Graduate Medical Education (GME) funds
- Facilitate training in rural locations

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ADDITIONAL RESOURCES

Healthcare Workforce Reports

Since its establishment, the UMEC has completed multiple reports on healthcare workforce in Utah, including:

- Advanced Practice Nurses (CNM, CNS, CRNA, NP)
- Dentists
- Medical Technologists
- Mental Health Professionals
- Pharmacists
- Podiatrists
- Physicians
- Physician Assistants
- Radiology Technologists
- Registered Nurses

For access to any of these reports, please log on to our website at: www.utahmec.org

PHYSICIAN JOB OPPORTUNITIES IN UTAH

The UMEC conducts annual job fairs for Physicians and Advanced Practitioners (PAs, APRNs including CNAs, CNMs, CRNAs, and NPs) attending training programs and/or practicing in Utah. These job fairs are free of cost for attendees and are geared towards promoting retention of Utah trained workforce in Utah. Major health care employers in Utah are invited to recruit at the fairs. As a part of its rural workforce initiative, the UMEC encourages rural and frontier hospitals, clinics, and practices to take part in these job fairs by discounting their participation fees.

In addition, the UMEC also hosts a job board on its website. For a listing of Utah physician jobs by specialty, please access our website at: http://www.utahmec.org/jobboard.php

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Executive Summary

- As of January 2015 there were 9,990 (9,318 allopathic and 672 osteopathic) physicians licensed in the state of Utah. This is an increase of 11.8% from the 8,936 physicians licensed to practice in Utah in 2010.
- Of the total physicians licensed in the state, 6,035 report to be practicing medicine in Utah. This means that 60.4% of physicians licensed in Utah actually practice here. This is a drop in percent of physicians licensed in Utah who practice here from 67.1% in 2010.
- The ratio of providers practicing in Utah to 100,000 population calculated from this survey's results comes to 198. The American Association of Medical Colleges calculates Utah's physician to 100,000 population ratio at 207.5 and the national physician to 100,000 population ratio at 265.5. (AAMC, 2015).
- Of physicians who are practicing in Utah, 75.1% (4,528) spend 50% or more of their time in direct patient care or teaching. This is a decline from 2010 when 82.9% (4,971) of Utah practicing physicians were spending 50% or more of their time in the same activities.
- The median age for physicians practicing in Utah has increased to 53 years of age with a standard deviation of 12.3 years (from 48.7 years of age with a standard deviation of 11.7 in 2010). According to the Federation of State Medical Boards, the average age of a physician nationally in 2015 is 52 years.
- The self-reported average age of intended retirement for physicians practicing in Utah is 65.7 years (S.D. of 7.2 years and median of 65). There are 1,577 physicians (1,504 FTEs) in Utah who are 55 years of age or older who report intentions to retire within the next 10 years.
- Racial and ethnic diversity of the state's physician population has improved over time. From just over 5% of Utah's physicians from minority race and ethnicity in 1998 to just over 12% of the State's physicians from minority race and ethnicity in 2015.
- Asians continue to be the only group of minorities in Utah's population to have proportionately
 adequate representation in the Utah workforce. Hispanics are grossly underrepresented in the
 state's physician workforce in comparison to their percentage share of the state's population.
 While other minorities are under represented by no more than a multiple of two, Hispanics are
 underrepresented in the physician population by a multiple of 8 in comparison to their
 representation in the state's population.
- The ratio of male to female providers is slowly creeping toward more similarity with the national workforce although still lagging behind the national number. In 2015, 22% of Utah's physician workforce is female, in comparison to 32% of the national workforce. Physicians on the younger end of the workforce are distributed by gender more closely to the national workforce.
- Median income adjusted for hours worked for physicians in Utah is \$175,000 annually for primary care physicians and \$221,000 for specialist physicians. Income varies considerably by specialty. According to the Medical Group Management Association 2015 Provider Compensation and Production survey, national median compensation for a primary care provider is \$263,307 and for a specialist it is \$360,367. For physicians working in the western region of the U.S. the median income for a primary care provider is \$261,536 and for a specialist it is \$376,837. Physicians in Utah continue to make less in comparison to physicians in the nation and in the western region of the U.S. This difference in pay may contribute to the factors influencing fewer physicians to practice in Utah than in other parts of the country. It also

- presents a challenge as employers in the state attempt to recruit physicians from an increasingly competitive national pool.
- Overall, regardless of specialty, 24.0% of Physicians practicing in Utah report having graduated from medical school with no debt (in comparison to 19% of physicians nationwide graduating with no debt, according to the AAMC in 2015). Of those providers who reported graduating with any amount of debt from medical training, specialists report a median of \$152,000 in debt at the time of graduation vs. primary care providers who report a median of \$165,000 in debt. The AAMC reports median debt for 2015 medical graduates nationwide at \$183,000.
- The percent of physicians reporting a full practice that cannot accept new patients has increased from 5.4% in 2010 to 6.4% in 2015. The percentage of nearly full practices has decreased over time (from 34.1% in 2010 to 32.6% in 2015). However, the percentage of practices reporting that they are far from full has increased from 27.4% in 2010 to 31.3% in 2015. The percent of practices reporting either full or nearly full practices combined is 39.0%. The story changes looking at primary care. In primary care 50% or more of practices report being either full or nearly full. This percentage has increased across the board, most astoundingly in Internal Medicine with 73.8% of practices reporting being full or nearly full.
- Overall, the most commonly reported technology in use is an electronic medical record (76.9% of providers). The least commonly reported technology in use is telemedicine (13.1% of providers reporting its use). An interesting pattern arises when technology usage is broken down by urban/rural practice setting. Specialists in Urban practice settings report using technology in their practice at a higher rate than primary care providers. In contrast, in rural areas, primary care providers report utilization of technology at a higher rate.
- From 2003-2015, in the three point in time surveys the UMEC has done on Utah's Physician workforce, an average of 83% of physicians practicing in the state have at least one tie to the state, either through upbringing, medical education or residency. An average of 17% of physicians practicing in Utah over time have no ties to Utah at all and are being imported from the national pool of physicians. On average over the span of time from 2003 to 2015, the single most common tie a physician practicing in Utah has to the state is having done a residency or fellowship in Utah (54%).
- The state needs an average of 379 new physicians each year to keep up with population growth, age polarization and physician retirement. The state averages 387 new physicians per year coming into the state from physicians trained elsewhere coming back to Utah, Residents/Fellows trained in the state and physicians recruited to practice in Utah that have no ties to the state. Assuming recruitment from the national pool of physicians can be maintained at current levels, the State's current annual supply of physicians is sufficient to meet the demands of simple factors of population growth and change in the workforce. However, Utah is already well below national averages for physician-to-population ratios and the State is currently relying on physicians trained out of state for approximately 60% of its annual workforce needs.

Policy Recommendations

With its mission to conduct workforce studies and advise on Utah's health care training needs and GME policies, the UMEC is uniquely positioned to facilitate communication and collaboration between stakeholders among the State's medical workforce. As such, the UMEC recommends support of the following policies, aimed at developing and maintaining a sustainable, efficient and effective medical workforce supply for the state:

I. Support of Pipeline Development for Medical Careers.

It is important to introduce medicine as a career choice early on in the educational pipeline and then mentor students through their education experience. Focus placed on geographic and ethnic diversity along with gender parity will result in a workforce that reflects the culture and needs of the state's population. The Area Health Education Centers in Utah and the Southern Utah University's Center for Rural Health are two agencies that are actively engaged in this process. The UMEC recommends that continued support be provided to these agencies in order to strengthen their efforts.

II. Support For State Recruitment and Retention Efforts For Physicians with Utah Ties UMEC data shows that individuals with Utah ties are more likely to practice in Utah. The UMEC recommends the following efforts to strengthen physician ties to the State and thus strengthen workforce supply:

A. Master Database of Utah Students in Non-Utah Training Programs

The UMEC recommends that the state, in collaboration with the UMEC and the Board of Regents, develop a database that identifies applicants and/or enrollees from Utah to all medical schools and residency programs across the nation. Such a database can be populated with information from the American Association of Medical Colleges Application Service and the American Association of Colleges of Osteopathic Medicine Application Service. This data can be used to target future professionals being trained outside of Utah with professional opportunities in Utah, such as clinical rotations, networking and job listings.

B. Resident Retention Tracking

The UMEC must continue tracking both residents/ fellows trained in the state and medical professionals participating in rural rotation opportunities who stay in Utah to practice. The goal of this tracking is to understand trends and factors that impact workforce retention and turnover over time. This data is also used in UMEC supply and demand projection models.

III. Workforce Training Development

Utah faces a severe maldistribution problem in terms of both specialty and geographic location of physician practice. Efforts must be maintained to train not just more physicians but the right types of physicians to meet the needs of the population. According to the most recent rankings by the American Association of Medical Colleges (AAMC), Utah is ranked 43rd in the nation for lowest physician-per-100,000 population ratio and 49th in the nation for lowest primary care physician-per-100,000 population ratio. The UMEC recommends the following actions:

A. Develop and Expand Programs to Accommodate the Needs of the State.

The UMEC recommends expansion of residency/ fellowship programs specifically in primary care and most acutely in Internal Medicine and Family Medicine. The UMEC will continue to facilitate communication among training programs to fund additional training positions in identified areas of need based on analysis of UMEC data on provider-to-population ratios.

B. Create a Relationship With New Medical Schools in Utah

Rocky Vista University will open the state's second medical school (first osteopathic medical school) and begin admitting students in the summer of 2017 in Washington County. According to the American Osteopathic Association, 56% of DO's practicing in the country in 2015 are practicing in primary care. Rocky Mountain University of Health Professions has announced they will open a medical school in Utah County. The state's two new medical schools stand to possibly impact the state's workforce in a variety of ways. These students may be prime candidates for recruitment into the state's medical workforce in the most needed areas if they can be tracked through residency and into the job market.

IV. Collect and Update Core Workforce Data More Frequently

Access to timely information is critical for policy makers and industry leaders to make effective decisions. Improvement to data collection will allow for a more complete picture of the workforce, gathered at more regular intervals.

The UMEC continues to collect demographic and practice information from healthcare providers in Utah through periodic paper surveys. While this method has resulted in high response rates and statistically sound data, it is time intensive, requiring multiple surveys sent out to each provider to increase response rates. It is also more prone to introduction of human error in the handling of surveys and processing of data. A core set of questions, based on national minimum data set recommendations for what is important to track about the workforce could be added to the license and renewal process. This change would require a sponsor from the medical professional community to call for legislative direction to change the rules governing what data is collected by DOPL at the time of licensure and renewal and to direct that this data be managed by the UMEC. Automating the data collection process would allow the UMEC to produce analysis on a two year cycle rather than the current five year cycle.

Characteristics of the Physician Workforce in Utah

Aggregate Supply

As of January 2015, there were 9,990 (9,318 allopathic and 672 osteopathic) physicians licensed in the state of Utah. This is an increase of 11.8% from the 8,936 physicians licensed to practice in Utah in 2010. Of the total 9,990 physicians holding a Utah license, 6,035 report to be practicing medicine in Utah. This means that 60.4% of physicians licensed in Utah actually practice here. This is a drop in percent of physicians licensed in Utah who practice here from 67.1% in 2010. The ratio of providers practicing in Utah to 100,000 population calculated from this survey's results comes to 198. The American Association of Medical Colleges calculates Utah's physician to 100,000 population ratio at 207.5 and the national physician to 100,000 population ratio at 265.5. (AAMC, 2015).

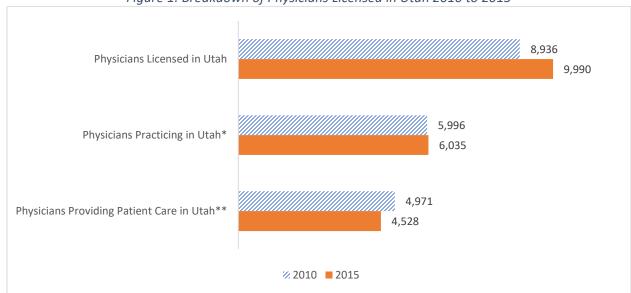


Figure 1: Breakdown of Physicians Licensed in Utah 2010 to 2015

Of physicians who are practicing in Utah, 75.1% (4,528) spend 50% or more of their time in direct patient care or teaching. This is a decline from 2010 when 82.9% (4,971) of Utah practicing physicians were spending 50% or more of their time in the same activities. While the absolute number of physicians licensed in Utah and practicing in the state has grown, it has been at a slower rate than in the years between the last survey of the workforce (2003-2009). The percentage of total Utah licensed physicians who are practicing in state and the percentage of the total with 50% or more of their time spent in patient care and teaching has declined over the last 5 years.

^{*}Including all activities: teaching, research and administrative roles.

^{** 50%} or more of their time reported being spent in direct patient care or teaching.

Full Time Equivalents (FTE)

There are approximately 6,035 physicians practicing in Utah, although not all are working the same number of hours each week. (See the section on work hours for more detail). A good way to account for this variation in the number of hours worked is to use a Full Time Equivalent (FTE). There are three different FTE adjustments used in making comparisons across the physician workforce. The first is the "Standardized FTE" This is the methodology used by the U.S. Health Resources and Services Administration (HRSA). According to this method, physicians working 40 or more hours per week are counted as 1 FTE. Physicians working less than 40 hours a week are counted as a percentage of the total 40 hour standard for 1 FTE (20 hours per week is equal to .5 FTEs). The UMEC uses a variation of the standardized FTE in its specialty needs and assessment model. It is referred to as an "Adjusted Standardized FTE". This is where physicians reporting hours worked in a secondary setting in Utah, with no hours worked in a primary setting in Utah are assigned .33 of an FTE. See the section on workforce requirements by specialty.

The second FTE adjustment is the "Total Hour FTE". This calculation does not cut off percentage calculation of a 40 hour standard at 1 FTE. Rather, a percentage is calculated for all hours worked using a 40 hour work week as a denominator (60 hours worked per week would be 1.5 FTEs and 20 hours worked per week would be .5 FTEs). This approach provides a more comprehensive measure of available physician capacity based on the number of hours a physician has reported working.

Using a standardized FTE, there are 4,805 FTEs practicing in Utah in 2015. There were 4,746 FTEs practicing in Utah in 2015 using an adjusted standardized calculation. There were 6,396 FTEs practicing in Utah in 2015 using the total hour FTE adjustment. ¹

Specialty Distribution

Specialties evolve and change over time. One example is the specialty of hospitalist. Previous to the 2015 survey hospitalist was not included as an option in the survey for physicians to select when reporting their specialty. It was a developing new trend in physician specialties. Analysis of the 2010 survey data included hospitalists in with the primary care count in the report. With the 2015 survey, options for hospitalist in internal medicine and hospitalist in pediatrics were included in the survey based on specialty categories from the American Board of Medical Specialties. These specialties have been separated out of the primary care category for the current analysis. Primary care specialists are in a slight decline in the workforce from 2010 to 2015 (from 35.6% to 34.4% respectively).

Table 1: Distribution	of I Itah Prima	ry Care and Specia	ilist Providers	2010 to 2015
Tubic 1. Distribution	oi otali i illila	v care and specia	IIISE I TOVIUCIS	

	2010 N	2010 %	2015 N	2015 %
Primary Care	2136	35.6%	2,078	34.4%
Specialty Care	3796	63.3%	3,801	63.0%
Unreported Specialty	65	1.1%	156	2.6%

According to the AMA Physician Characteristics and Distribution in the U.S.- 2015 edition, 38.2% of the nation's physicians practice in primary care and 61.8% practice in a specialty.

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¹ FTE adjustments by specialty can be found in the specialty appendix

Table 2: Utah Physician Specialty Distribution 2003, 2010 and 2015

Table 2. Otali i nysician s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ====	2010 to 2015	% board certified in
Specialty	2003	2010	2015	% change	primary specialty
Allergy and Immunology	17	34	36	6.7	93.8%
Anesthesiology (General)	243	409	400	(2.1)	90.2%
Anesthesiology-Pain Management	36	36	21	(40.1)	70.0%
Anesthesiology Subspecialties	26	10	< 5	(56.0)	100.0%
Cardiology	90	99	88	(11.4)	94.7%
Critical Care Medicine	23	34	30	(12.1)	92.9%
Dermatology	76	130	139	7.1	91.4%
Emergency Care	253	362	383	5.7	82.8%
Endocrinology and Metabolism	19	24	32	31.9	100.0%
Family Medicine	654	899	954	6.2	89.0%
Gastroenterology	64	65	75	15.4	91.4%
Geriatrics	27	19	30	53.8	71.4%
Hematology/Oncology	50	70	54	(23.3)	80.0%
Hospice and Palliative Medicine	7	11	11	(5.8)	100.0%
Hospitalist (Internal Medicine)	-	-	101	-	80.4%
Hospitalist (internal Medianic)	_	_	17	_	87.5%
Infectious Diseases	30	36	39	7.9	94.4%
Internal Medicine (General)	326	472	366	(22.0)	86.1%
Internal Medicine and Pediatrics	29	42	30	(29.0)	92.9%
Other Internal Medicine Subspecialties	-	-	6	-	66.7%
Nephrology	26	41	26	(36.7)	91.7%
Neurology	72	99	116	16.7	88.9%
Obstetrics/Gynecology (General)	250	308	312	1.3	83.8%
Obstetrics/Gynecology (deficial) Obstetrics/Gynecology Subspecialties	50	34	58	69.5	88.9%
Obstetrics/ dyffecology Subspecialities Ophthalmology	127	177	193	8.9	92.0%
Otolaryngology	83	101	98	(2.2)	97.8%
Pathology (General)	83	122	103	(15.6)	95.5%
Pathology (General) Pathology Subspecialties	47	42	49	16.7	90.9%
Pediatrics (General)	326	456	445	1.4	91.0%
Pediatrics (General) Pediatrics Subspecialties	150	128	141	10.2	82.5%
Physical Medicine and Rehabilitation	73	91	94	3.6	88.1%
Preventive Med./ Public/ Occ. Health	43	57	58	1.7	71.0%
Psychiatry	160	195	193	(1.1)	71.0%
, ,	51	55	83	51.3	59.5%
Psychiatry-Child and Adolescent					71.4%
Psychiatry Subspecialties Pulmonary Disease/CCM	11	18	15	(16.1)	
Radiology (Diagnostic)	50	58	41	(30.4)	89.5%
	187	250	165	(34.1)	86.8%
Radiology (Therapeutic) Rheumatology	27	29	40	37.9	85.0%
	21	26	21	(17.6)	80.0%
Sleep Medicine	-	8	13	58.2	83.3%
Sports Medicine	124	15	24	61.2	81.8%
Surgery (General)	134	182	182	0.1	85.5%
Surgery-Cardio-Thoracic	11	32	41	25.3	94.7%
Surgery-Orthopedic	176	242	223	(8.0)	92.2%
Surgery-Plastic	63	88	88	0.1	87.5%
Surgery Subspecialties	80	114	86	(24.6)	86.5%
Urology	60	84	92	9.0	97.5%
Other Specialty	106	107	66	(38.3)	66.7%
Missing	46	65	156	N/A	-
Total	4484	5975	6035	1.4	N/A

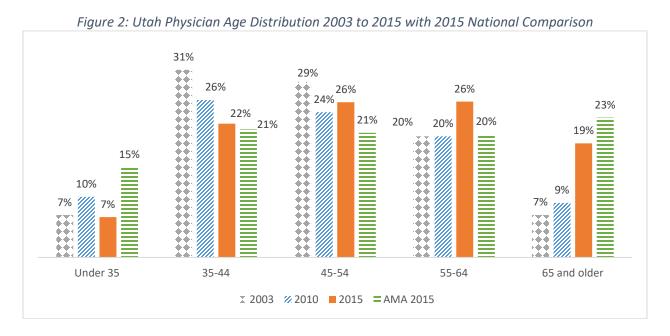
Primary care specialties all experienced some positive growth between 2010 and 2015, although not much. Family Medicine saw the largest percent growth since 2010 (6%). OB/GYN and Pediatrics both grew by just over 1% and Internal Medicine has remained almost static. The State's primary care provider to 100,000 population is calculated at 68. AAMC calculations put the same ratio at 65 and the national primary care provider to 100,000 population ratio at 91 (AAMC, 2015).

Among other specialties, Geriatrics (53%), OB/GYN subspecialties (69.5%), Child-Adolescent Psychiatry (51.3%), Sleep Medicine (58.2%) and Sports Medicine (61.2%) saw the greatest growth since 2010, all experienced growth above 50%. Three other specialties saw growth over approximately 25% (Endocrinology/Metabolism, Therapeutic Radiology and Cardio-Thoracic Surgery). Gastroenterology, Pathology subspecialties and Pediatric subspecialties all saw growth over 10%. Other specialties experiencing positive change in numbers were all under 10% growth. Anesthesiology-Pain Management (-40.1%), Anesthesiology subspecialties (-56%), Nephrology (-36.7%), Pulmonary Disease/Critical Care Medicine (-30.4%) and Diagnostic Radiology (-34.1%) experienced the greatest declines, all with workforce reductions of over negative 30%.

Demographic Characteristics

Age

The median age for physicians practicing in Utah has increased to 53 years of age with a standard deviation of 12.3 years (from 48.7 years of age with a standard deviation of 11.7 in 2010). According to a national census of the physician workforce published by the Federation of State Medical Boards in 2015, "The age composition of the actively licensed physician population continues to display a gradual, significant and certain shift from younger to older." The average age of a physician nationally according to their census is 52 years. The percentage of Utah's physicians under 35 has fallen from a 10 year high in 2010 at 10% down to 7%. The percentage of Utah Physicians in the 35-44 age range has also fallen, from 26% in 2010 to 22% in 2015. The percentages of physicians 45-54, 55-64 and 65 and older have all grown since 2010 with the percentage 65 years of age and older seeing the biggest increase at 10%.



Comparing Utah's workforce to national physician characteristics from the AMA, more of Utah's physician workforce is between the age of 35 and 65 than the national distribution. There are both more physicians under 35 and older than 65 in the national physician workforce than in Utah's. This distribution has remained the same since 2010, although the differences between Utah and national percentages has grown more pronounced.

Table 3: Percent of Utah's Physician Workforce 55 Years of Age or Older- 2010 to 2015

	2010			2015			2010-2015
	Urban	Rural	Overall	Urban	Rural	Overall	Overall % change
Primary Care	28.7%	33.3%	29.2%	41.2%	46.3%	41.8%	43.0%
Specialty Care	33.2%	34.7%	33.3%	46.1%	48.6%	46.2%	38.7%

Utah's physicians workforce has experienced a 43% overall increase in the number of physicians over the age of 55 (from 29.2% over the age of 55 in 2010 to 41.8% over the age of 55 in 2015).

Retirement

The self-reported average age of intended retirement for physicians practicing in Utah is 65.7 years (S.D. of 7.2 years and median of 65). There are 1,577 physicians (1,504 FTEs) in Utah who are 55 years of age or older who report intentions to retire within the next 10 years. This translates to an average loss of approximately 157 physicians per year over the next ten years from the Utah workforce due to retirement.

Retirement intentions have gone from the largest group of physicians (15%) intending to retire in the "31 years +" cohort in 2010 to the largest group intending to retire (18%) in the "5 years or less" cohort in 2015. The change in retirement intention trends since 2010 are obviously associated with the aging of the state's physician workforce but may be further inflated by economic recovery, allowing physicians who may have delayed retirement in 2010 to now feel more prepared to do so.

Figure 3: Years to Intended Retirement Reported by Utah Physicians, 2010 to 2015 18% 15% 13% 11% 11% 11% 11% 11% 9% 9% 5 or less 6 to 10 11 to 15 16 to 20 21 to 25 26 to 30 31+ **2010** ■ 2015

Of 417 physicians who reported intending to retire within 5 years in 2010, there are 260 (62%) who still held an active physician license in 2015. There is no perfect way of determining whether or not these physicians have retired and are simply keeping their license active or if they are still in the workforce. However, 75 of them responded to the 2015 survey. Seventeen percent of these physicians indicated that they have retired and 81% indicated that they are actively working in a position that requires a medical license. Their average age is 71 and they average working about 26 hours per week. This illustrates another factor that should be taken into account when considering physician workforce retirement loss namely, work reduction before retirement.

Of the aforementioned 1,577 physicians practicing in Utah who are 55 years of age or older and indicated intentions to retire within the next 10 years, 57.8% indicated that they intend to reduce the number of hours they work prior to retirement. This reduction in hours pre-retirement amounts to 389 FTEs over the next 10 years or 38.9 FTEs per year. In summary, the state faces an estimated workforce reduction of 189.3 FTEs per year over the next 10 years due to retirement or pre-retirement reduction in hours

Race

Racial and ethnic diversity of the state's physician population has improved over time. From just over 5% of Utah's physicians from minority race and ethnicity in 1998 to just over 12% of the State's physicians from minority race and ethnicity in 2015.

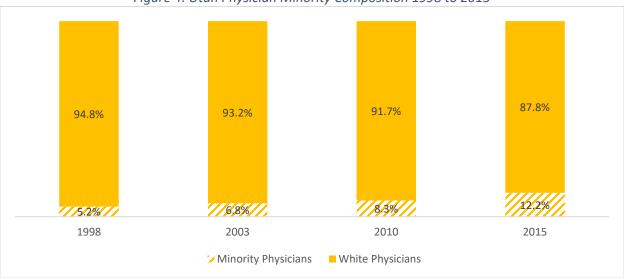


Figure 4: Utah Physician Minority Composition 1998 to 2015

The majority of both Utah's Population (91.4%) and Physician workforce (87.8%) and the national physician workforce (67.5%, AMA 2015) is of a White/Caucasian race. Comparing minority groups, Asians continue to be the only group of minorities in Utah's population to have proportionately adequate representation in the Utah workforce. Hispanics are grossly underrepresented in the state's physician workforce in comparison to their percentage share of the state's population. While other minorities are under represented by no more than a multiple of two, Hispanics are underrepresented in the physician population by a multiple of 8 in comparison to their representation in the state's population.

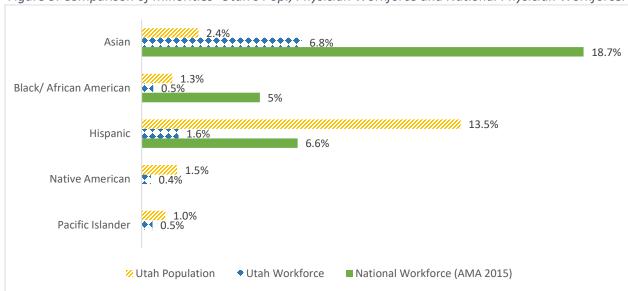


Figure 5: Comparison of Minorities- Utah's Pop., Physician Workforce and National Physician Workforce.

Physician diversity addresses health care disparities in at least three important ways; by improving access to care, increasing patient satisfaction and ensuring culturally competent care. Studies show that minority physicians are more likely to treat minority and indigent patients. (AAMC, 2014).

Gender

The ratio of male to female providers is slowly creeping toward more similarity with the national workforce although still lagging behind the national number. In 2015, 22% of Utah's physician workforce is female.

Table 4: Female Percent of Utah Physician Workforce 2003-2015 with 2015 National Comparison

2003	2010	2015	National (2015)-AMA
18%	21%	22%	32%

Looking at the workforce by age cohort reveals that there are more females in younger cohorts of the physician workforce, both in Utah and at the national level. Physicians in the < 35 year age range are distributed by gender similar to the national workforce.² Looking at the older cohorts of the workforce, the disparity in gender distribution grows larger.

² It should be noted that physicians under the age of 35 years old comprise just 7% of the total physician workforce. See the section on Age for a complete breakdown.

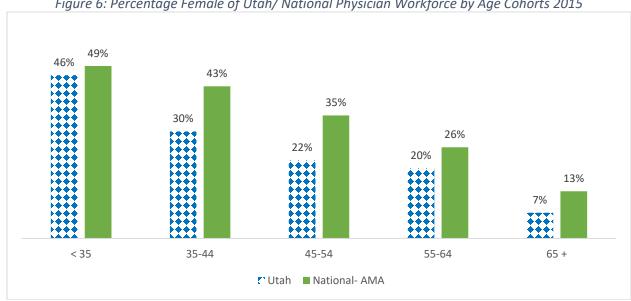


Figure 6: Percentage Female of Utah/ National Physician Workforce by Age Cohorts 2015

In total, 45% of female physicians in Utah are under the age of 44. Whereas only 24% of male physicians are in this same age range. Looking at survey respondents who are currently in residency or fellowship programs, 32% are female.

u	ible 5. Otali Physician Work Hours by Genaer, 201					
	Gender	Median				
	All Physicians	49.3 (18.3)	50			
	Male	49.8 (18.5)	50			
	Female	47.6 (17.6)	50			

Table 5: Litah Physician Work Hours by Gender 2015

There is little difference in the average number of hours worked per week by physicians when looking solely at the issue of gender. Female physicians work an overall average of just 2.1 fewer hours than male physicians in Utah. However, this difference is not by chance³. Further discussion can be found on hours worked in the Work Hours section of the report.

Practice Characteristics

Practice Setting

In order to match work settings to national recommendations, the 2015 survey provided options for work settings that were not provided in 2010. Because of this update, an analysis of how work settings in the physician workforce have changed over time cannot accurately be provided. Some who answered in the setting they felt best described their setting during the 2010 survey may answer differently now because their specific option has been provided. However, they may not have actually switched work settings.

Looking at settings by specialty and location shows that the largest percentage of primary care providers in both urban and rural settings is found in an office/clinic-single specialty group (35.3% and 47.7%

³ This difference is statistically significant, P < .001

respectively). The largest percentage of specialist providers are found in Hospital-Inpatient settings in an urban environment (18.8%) and Office/Clinic-Solo Practice (20.0%) in rural settings. Primary care providers are most concentrated in Office/Clinic settings where specialists are spread more evenly between Office/Clinic sites and Hospitals.

Table 6: Utah Physician Work Settings by Specialty and Geography, 2015

Setting	Prima	Primary Care		cialist
	Urban	Rural	Urban	Rural
Office/Clinic- Solo Practice	10.8%	15.6%	9.6%	20.0%
Office/Clinic- Single Specialty Group	35.3%	47.7%	18.8%	17.3%
Office/Clinic- Multi Specialty Group	29.0%	22.0%	14.3%	9.3%
Hospital- Inpatient	4.5%	.9%	20.7%	14.7%
Hospital- Outpatient	1.4%	0.0%	5.8%	12.0%
Hospital- Emergency Department	.3%	2.8%	7.8%	18.7%
Hospital- Ambulatory Care Center	.6%	0.0%	1.5%	0.0%
Federal Hospital (VA)	1.1%	0.0%	1.9%	0.0%
Research Laboratory	.4%	0.0%	.6%	0.0%
Medical School	1.4%	.9%	3.2%	1.3%
Nursing Home/ Ext. Care Fac.	.1%	0.0%	.1%	0.0%
Home Health Setting	.5%	0.0%	.1%	0.0%
Hospice Care	.3%	0.0%	.1%	0.0%
Federally Qualified Community Health Center	2.3%	4.6%	.5%	0.0%
Local Health Department	.1%	0.0%	.3%	0.0%
Academic Faculty	4.4%	0.0%	9.3%	2.7%
Volunteer in a Free Clinic	1.0%	.9%	.5%	1.3%
Correctional Facility	.1%	.9%	.2%	0.0%
University/College Student Health Fac.	1.5%	.9%	1.5%	0.0%
Other	5.0%	2.8%	3.3%	2.7%
Missing	0.0%	0.0%	.1%	0.0%

Work Setting Migration

There were 1,004 physicians who reported having voluntarily switched employers in the last 5 years. The most common setting for physicians to have moved from was a Single Specialty Group Practice. This is also the most common setting for a physicians to have moved to. In the majority of situations, physicians reporting a change of employers in the last 5 years have not reported a change of work setting. The most common setting reported as having been moved to, was usually the same setting the provider had left. In other words, providers are more commonly simply seeking to change employers when moving rather than changing work settings. The exceptions included physicians reporting having left a solo practice most commonly moved to a Multi-specialty group practice. Physicians reporting having left a VA hospital, most commonly moved to a single specialty group office. Physicians who reported leaving the health department most commonly reported moving to a Hospital Inpatient setting.

Table 7: Work Setting Migration of Utah's Physician Workforce over the last 5 years.

	Moved From	Moved To
Office/Clinic- Solo Practice	11.7%	8.5%
Office/Clinic- Single Specialty Group	27.3%	20.5%
Office/Clinic- Multi Specialty Group	13.6%	20.5%
Hospital- Inpatient	13.6%	14.0%
Hospital- Outpatient	3.8%	3.7%
Hospital- Emergency Department	6.2%	5.2%
Hospital- Ambulatory Care Center	NR	1.3%
Federal Hospital (VA)	2.3%	2.4%
Research Laboratory	1.1%	1.5%
Medical School	1.5%	2.0%
Nursing Home/ Ext. Care Fac.	NR	0.4%
Home Health Setting	NR	NR
Hospice Care	NR	NR
Federally Qualified Community Health Center	1.3%	2.4%
Local Health Department	0.9%	NR
Academic Faculty	6.0%	4.6%
Volunteer in a Free Clinic	NR	1.1%
University/College Student Health Fac.	1.1%	1.5%
Other	7.7%	8.5%
Missing	0.9%	1.1%

Work Hours

On average, specialists practicing in Utah work more hours than primary care providers. Residents and fellows work more hours than physicians in practice. Overall a physician in Utah works an average of 49 hours per week. In 2010 this number was 50.4 hours per week. As reported in the section on gender, hours do vary slightly based on gender. Hours worked per week also vary by age and specialty.

Table 8: Mean Total/Direct Patient Care Hours for Utah Physicians 2015

	Total Hours	Direct Patient Care Hours
Specialist	50	40
Primary Care	47	38
Resident	66	52
Fellow	62	53
Overall	49	40

Physicians under 35 years of age are most likely to still be in a residency or fellowship program. This would explain why they average more hours than other age groups. Physician reported work hours remain relatively stable (between 50 and 52 total hours per week) from ages 35 to 64. Average hours worked per week for physicians over the age of 65 drops to 40 hours per week. Many physicians intend to reduce their hours pre-retirement.

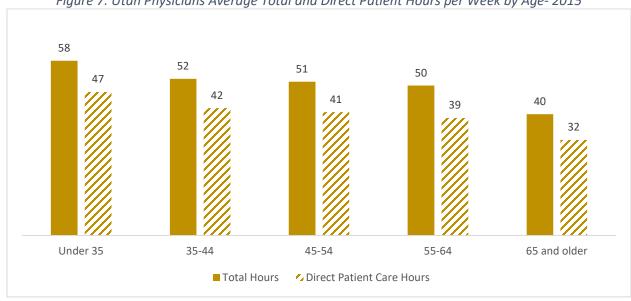


Figure 7: Utah Physicians Average Total and Direct Patient Hours per Week by Age- 2015

Physicians practicing in Utah spend the overwhelming majority of their time working in direct patient care. On average, specialists spend slightly more of their time in non-patient care activities than primary care providers do. This is likely simply due to the fact that specialists average slightly more hours worked per week than primary care providers⁴



Figure 8: Average Hours Spent in Non-Patient Care Activities by Primary vs Specialty Care Providers- 2015

When examining hours worked by gender, there is some difference between the number of hours worked each week. Male physicians work an average of 49.8 hours per week and female physicians

⁴ Differences between primary care and specialty providers in the average number of hours spent in direct patient care, classroom training, combined patient care/training, and consulting/research are statistically significant with p < .01. Difference between primary care and specialty providers in administration/management practice management and other activities is not statistically significant.

work an average of 47.6 hours per week. Female physicians work an average of 4.3% fewer hours than their male counterparts. The difference in hours worked by gender has changed slightly since 2010 (males averaged 51.2 and females averaged 47.1 hours per week). In 2010 female physicians reported working 8.7% fewer hours than male physicians. Looking at average hours worked by physicians working Full time (40 hours +), Part Time (< 40 hours and > 20 hours) and Semi- Retired (< 20 hours a week), the difference between genders narrows even further. While there is a difference between the hours worked between genders, this difference seems to be driven by choices between full-time and part-time work and specialty. A smaller percentage of female physicians work full time (67% of male physicians and 59% of female physicians). A larger percentage of female physicians work part time (39% of female physicians and 29% of male physicians).

Table 9: Average Hours Worked by Gender and Hour Cohorts for Utah Physicians- 2015

		Overall	Full Time	Part Time	Semi-Retired
Male	Mean	50	59	34	7
	SD	18	14	8	4
	%	78%	67%	29%	4%
Female	Mean	48	58	34	6
	SD	18	13	7	3
	%	22%	59%	39%	3%

A total of thirteen specialties experienced some sort of increase in the reported average hours worked per week for a physician practicing in that specialty from 2010 to 2015. The largest overall increase in hours worked was in Allergy and Immunology (15%). A total of 27 specialties decreased in the reported average number of hours worked for a physician practicing in that specialty from 2010 to 2015. Rheumatology experienced the largest drop in reported average hours worked per week. There were 10 specialties in which physicians reported working in 2015 that were not tracked in 2010. Physicians working in primary care specialties reported a reduction in the number of hours worked since 2010. Family medicine providers reported change in average hours worked of -3%, Internal Medicine specialists reported a -6% change in reported average hours worked per week. OB/GYN specialists reported the largest change at -12%. Pediatric specialists reported a change of -4% in the average number of hours they work in comparison to 2010. These changes in hours worked may be affected by a number of factors such as growth or reduction in the number of physicians in specific specialties as well as increased/reduced demand for specific medical services from the population. Average standard deviation across the mean hours worked for all specialties is 16 with only 5 specialties with a standard deviation 10 points or more plus or minus this average⁶. This indicates that while hours worked vary across specialties, within most specialties, providers work a similar number of hours.

⁵ This difference is statistically significant at p < .01

⁶ Namely, Pain Management (σ 4), Hospice and Palliative Medicine (σ 6), Internal Medicine and Pediatrics (σ 26), Psychiatry Subspecialties (σ 6) and Sleep Medicine (σ 37).

Figure 9: Comparison of Mean Hours Worked by Specialty of Utah Physicians 2010 to 2015

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	Mean	Mean			Mean	Mean	
	Total	Total	%		Total	Total	%
Specialty	Hours -2010	Hours -2015	Change	Specialty	Hours 2010	Hours 2015	Change
Allergy and Immunology	40	46	15%	OB/GYN Subspecialties	57	54	-6%
Anesthesiology (General)	52	56	7%	Ophthalmology	45	47	5%
AnesthPain Management	50	45	-9%	Otolaryngology	52	49	-5%
Other Anesth. Subspecialties	53	50	-7%	Pathology (General)	50	48	-4%
Cardiology	58	56	-4%	Pathology Subspecialties	47	52	10%
Critical Care Medicine	69	65	-6%	Pediatrics (General)	47	45	-4%
Dermatology	42	41	-3%	Pediatrics Subspecialties	55	59	8%
Emergency Care	41	39	-5%	Physical Med and Rehab	47	53	12%
Endocrinology and Metabolism	50	43	-15%	Preventive Med./Public or Occ. Health	41	37	-10%
Family Medicine	50	48	-3%	Psychiatry	45	43	-5%
Gastroenterology	50	52	3%	Psychiatry-Child and Adolescent	49	46	-5%
Geriatrics	57	49	-13%	Other Psychiatry Subspecialties	40	38	-5%
Hematology/Oncology	54	50	-8%	Pulmonary Disease/CCM	64	58	-10%
Hospice and Palliative Medicine	45	44	-1%	Radiology (Diagnostic)	49	51	3%
Hospitalist Internal Medicine	NA	47	-	Radiology (Therapeutic)	49	50	2%
Hospitalist Pediatrics	NA	47	-	Rheumatology	44	34	-22%
Infectious Diseases	56	50	-10%	Sleep Medicine	NA	72	-
Internal Medicine (General)	49	46	-6%	Sports Medicine	NA	48	-
Internal Medicine and Pediatrics	54	55	2%	Surgery (General)	62	63	1%
Other IM Subspecialties	NA	43	-	Surgery-Cardio-Thoracic	65	61	-5%
Nephrology	54	50	-8%	Surgery-Orthopedic	55	54	-3%
Neurology	54	51	-6%	Surgery-Plastic	51	52	2%
Nuclear Medicine	NA	63	-	Other Surgical Subspecialties	58	66	13%
OB/GYN (General)	57	50	-12%	Urology	53	53	0%

Income

Median income adjusted for hours worked for physicians in Utah is \$175,000 annually for primary care physicians and \$221,000 for specialist physicians. Income varies considerably by specialty. Excluding residents and fellows from the analysis, median hour adjusted income for primary care providers rises to \$178,000 and \$229,000 for specialists. Average median income by specialty can be found within the specialty profile appendices.

Table 10: Utah Physician Income Cohorts- 2015

Income	Prima	ary Care	Speci	alist		
Median Unadjusted	\$	196,750	\$	264,431		
Mean Unadjusted	\$	207,587	\$	261,683		
SD Unadjusted	\$	100,924	\$	114,158		
Median FTE Adjusted	\$	175,603	\$	221,557		
Mean FTE Adjusted	\$	196,879	\$	250,096		
SD FTE Adjusted	\$	150,726	\$	313,696		
MGMA National Median	\$	263,207	\$	360,367		
MGMA Western Region Median	\$	261,536	\$	376,837		
\$49,000 or Less		3.4%		2.5%		
\$50,000- \$99,000		10.9%		8.3%		
\$100,000-\$149,000		12.3%		6.5%		
\$150,000- \$199-000		24.8%		13.1%		
\$200,000- \$249,000		21.1%		16.1%		
\$250,000- \$299,000		10.6%		11.9%		
\$300,000 or More		16.9%		41.6%		

According to the Medical Group Management Association 2015 Provider Compensation and Production survey national median compensation for a primary care provider is \$263,307 and for a specialist it is at \$360,367. For physicians working in the western region of the U.S. the median income for a primary care provider is \$261,536 and for a specialist it is \$376,837. Physicians in Utah continue to make less in comparison to physicians in the nation and in the western region of the U.S. This difference in pay may contribute to the factors influencing fewer physicians to practice in Utah than in other parts of the country. It also presents a challenge as employers in the state attempt to recruit physicians from an increasingly competitive national pool.

Debt

According to the AAMC, medical school debt has increased by 6.3% since 1992 compared with a 2.5% increase in the Consumer Price Index. The AAMC also has reported that the median 4-year cost to attend medical school for the class of 2013 was \$278,455 at private schools and \$207,868 at a public school. Given these high tuitions, resident debt has risen much more rapidly than inflation or resident compensation.

Overall, regardless of specialty, 7.5% of Physicians practicing in Utah who graduated in the 5 years since the lastsurvey report having graduated from medical school with no debt (in comparison to 19% of

physicians nationwide graduating with no debt according to the AAMC in 2015). This figure varies slightly when broken down by primary care providers vs specialists. More specialists practicing in Utah who report having graduated in the last 5 years report having graduated with no debt (10.2% of specialists and 3.8% of primary care providers). Of those Utah providers graduating in the last five years who reported graduating with any amount of debt from medical training, specialists report a median of \$164,000 in debt at the time of graduation vs. primary care providers who report a median of \$194,000 in debt. Reported median total debt at graduation for Utah Physicians with less than 5 years of experience is \$178,000. The AAMC reports median debt for 2015 medical graduates nationwide at \$183,000.

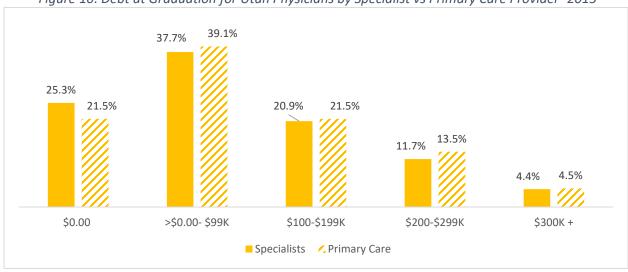


Figure 10: Debt at Graduation for Utah Physicians by Specialist vs Primary Care Provider - 2015

Median current debt for both primary care providers and specialists practicing in Utah is zero. An overall 65.9% of all providers currently practicing in Utah report currently having zero debt from their medical training (this is no surprise considering the average age of a physician in Utah at 53 years old). Of those with debt from medical training, primary care providers report a median of \$111,000 in current debt from medical training and specialists report a median of \$118,000 in current debt from medical training.

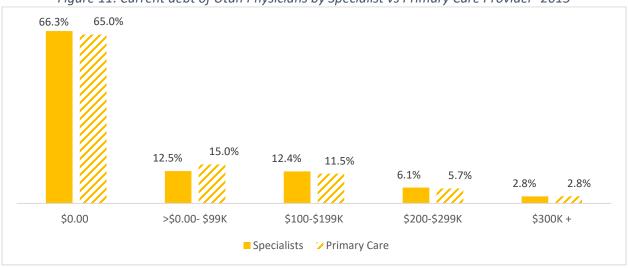


Figure 11: Current debt of Utah Physicians by Specialist vs Primary Care Provider- 2015

The amount of debt taken on for medical training continues to increase. For example, 81.5% of physicians who graduated 21 to 30 years ago reported having less than \$100,000 in debt from medical training at the time of their graduation. This compares to just 17.1% of physicians who graduated 0 to 10 years ago reporting \$100,000 or less in debt from medical training at the time of their graduation. Twelve point eight percent of physicians with 0 to 10 years since graduating from medical school report over \$300,000 in debt from medical training at the time of graduation in comparison to 1.2% of physicians who graduated 21 to 30 years ago.



Figure 12: Reported Medical Training Debt at Time of Graduation for Utah Physicians by Years Since Graduation- 2015

As expected, debt is paid off over time. Among physicians with 21 to 30 years since graduation from medical school, 93.4% report having zero debt from medical school. Among physicians with 11 to 20 years of experience, 51.4% report having zero debt, 27.7% report having \$100,000 or less in debt from medical school. Finally, 11.4% of physicians who graduated 0 to 11 years ago report having zero debt and 20.9% report currently having less than \$100,000 in debt from medical training.

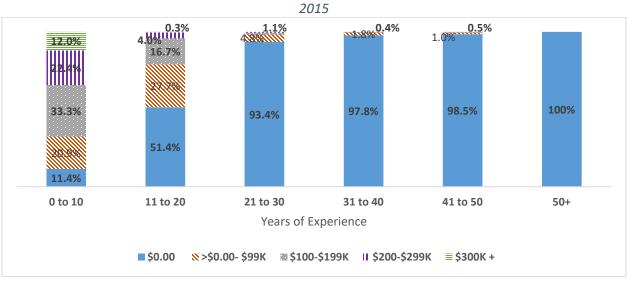


Figure 13: Current Reported Debt from Medical Training for Utah Physicians by Years since Graduation-2015

Practice Status

The percent of physicians reporting a full practice that cannot accept new patients has increased from 5.4% in 2010 to 6.4% in 2015. The percentage of nearly full practices has decreased over time (from 34.1% in 2010 to 32.6% in 2015). However, the percentage of practices reporting that they are far from full has increased from 27.4% in 2010 to 31.3% in 2015. The percent of practices reporting either full or nearly full practices combined is 39.0%.

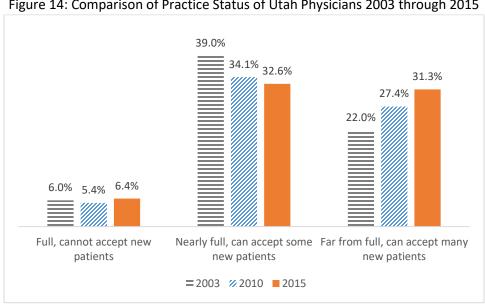


Figure 14: Comparison of Practice Status of Utah Physicians 2003 through 2015

The story changes looking at primary care. In primary care 50% or more of practices report being either full or nearly full. This percentage has increased across the board, most astoundingly in Internal Medicine with 73.8% of practices reporting being full or nearly full. A full breakdown of practice status change is included in the specialty profile appendices.

Table 11: Comp. of Practice Status- Utah Physicians in Primary Care and General Surgery 2010 to 2015

	Family		Internal						Gen	neral				
	Med	Medicine		Medicine		Medicine Medicine		icine	OB/GYN		Pediatrics		Surgery	
	2010	2015	2010	2015	2010	2015	2010	2015	2010	2015				
Full, cannot accept new patients	10.5%	10.5% 17.2%		23.4%	5.3%	3.8%	4.3%	5.5%	1.8%	2.7%				
Nearly full, can accept some new pts.	49.0%	45.8%	36.7%	50.4%	51.3%	53.0%	44.0%	47.5%	28.4%	32.9%				
Far from full, can accept many new pts.	28.3%	32.4%	13.9%	18.4%	34.4%	41.7%	28.2%	43.2%	40.4%	61.6%				

Another view on practice status is to look at it by geographic location. Primary care practices in rural areas of the state reporting being full increased by 99% from 6.0% in 2010 to 11.9% in 2015. There was a 50% decline in specialty practices in rural areas of the state reporting being full (from 3.6% to 1.8% of rural specialty practices). However there was a 96.4% increase in specialty practices reporting being nearly full in rural areas (from 20.0% in 2010 to 39.3% in 2015).

Table 12: Comp. of Practice Status by Geography and Primary vs Specialty Care- 2010 to 2015

		2010			2015		% change 2010 to 2015		
Practice Status	Urban	Rural	Overall	Urban	Rural	Total	Urban	Rural	Overall
				Primary Ca	re				
Full	9.2%	6.0%	8.8%	14.1%	11.9%	13.9%	54.5%	99.3%	57.9%
Nearly Full	45.0%	47.7%	45.3%	47.1%	56.4%	48.3%	4.7%	18.4%	6.6%
Far From Full	24.5%	34.4%	25.6%	34.1%	30.7%	33.7%	39.3%	-10.9%	31.3%
				Specialty Ca	are				
Full	3.1%	3.6%	3.2%	4.5%	1.8%	4.4%	43.6%	-50.9%	38.6%
Nearly Full	28.2%	20.0%	27.8%	38.9%	39.3%	38.9%	38.2%	96.4%	40.3%
Far From Full	28.1%	33.6%	28.3%	44.6%	53.6%	45.0%	58.9%	59.3%	58.8%

Patient Wait Time

Wait times for an appointment for both new and established patients has gone down by 16.5% and 25.6% respectively since 2010. Breaking reported wait times down by primary and specialty care, new patient appointment wait times in primary care have risen very slightly (0.7%). Breaking things down further by urban and rural practice settings, reported wait times have still gone down since 2010 in every category except for new patients seeking a primary care appointment in a rural area, where they have gone up by 2.0%. In urban areas, reported wait times have also decreased. However, reported wait times for new primary care patients in urban areas have decreased over time much less than established primary care patients as well as new and established specialty care patients.

Table 13: Comparison of Reported Patient Wait Times (In Days) to See a Utah Physician, Rural/Urban Providers and Primary/Specialty Care- 2010 to 2015

		2010			2015				% Change 2010 to 2015		
		Ne	ew	Estab	olished	Ne	ew	Estab	olished	New	Established
		μ	ь	μ	σ	μ	Ь	μ	σ		
Urban	Specialty Care	22	31	13	22	16	23	10	18	-27.3%	-24.4%
	Primary Care	17	31	10	23	16	46	6	13	-3.6%	-38.7%
	Total	20	31	12	23	16	34	9	16	-19.4%	-29.0%
Rural	Specialty Care	14	26	8	8	9	10	6	6	-33.5%	-18.7%
	Primary Care	9	15	4	6	9	14	4	6	2.0%	-6.4%
	Total	11	21	6	7	9	13	5	6	-16.8%	-18.6%
Total	Specialty Care	21	31	13	21	16	23	10	17	-25.6%	-21.8%
	Primary Care	15	28	9	21	15	43	6	12	0.7%	-33.8%
	Total	19	30	11	21	15	33	8	15	-16.5%	-25.6%

Technology Utilization

Overall, the most commonly reported technology in use is an electronic medical record (76.9% of providers). The least commonly reported technology in use is telemedicine (13.1% of providers reporting its use). An interesting pattern arises when technology usage is broken down by urban/rural practice setting. Specialists in Urban practice settings report using technology in their practice at a higher rate than primary care providers. In contrast, in rural areas, primary care providers report utilization of technology at a higher rate. These differences may be due to economic viability of a specialist practice

⁷ Wait times can vary significantly by specialty. For full detail on patient wait times by specialty see specialty profile appendices.

being greater in an urban area and viability of a primary care practice being greater in a rural area. This may also reflect an uptake of grant funding by rural providers to modernize their practices.

Table 14: Use of Tech. by Utah's Primary vs Specialty Care Physicians in Rural and Urban Settings- 2015

		Urb	an	Ru	ıral
Overall			Primary		Primary
Usage	Technology	Specialist	Care	Specialist	Care
76.9%	Electronic Medical Record	63.5%	36.5%	36.4%	63.6%
57.9%	e-Prescribing	57.9%	42.1%	28.8%	71.2%
15.0%	Health Information Exchange	59.1%	40.9%	35.3%	64.7%
15.3%	Electronic Patient Panel	54.6%	45.4%	38.5%	61.5%
13.1%	Telemedicine	82.0%	18.0%	33.3%	66.7%
7.2%	None	76.6%	23.4%	77.8%	22.2%

Utah Ties- Medical Education and Upbringing

From 2003-2015, in the three point in time surveys the UMEC has done on Utah's Physician workforce, an average of 83% of physicians practicing in the state have at least one tie to the state, either through upbringing, medical education or residency. In 2015, the largest single tie that a physician working in Utah has to the state is upbringing (29%). The second largest tie is those physicians who were brought up here and then came back for residency but did not go to medical school here (23%).

Table 15: Utah tie of Physicians practicing in Utah 23003 through 2015

No. of		Útah	Utah		3	
Utah	Utah	Medical	Residency/			
Factors	Upbringing	School	Fellowship	2003%	2010%	2015%
0	No	No	No	13%	27%	12%
	Yes	No	No	3%	11%	29%
1	No	Yes	No	1%	2%	12%
	No	No	Yes	26%	20%	6%
	Yes	Yes	No	5%	11%	3%
2	Yes	No	Yes	15%	6%	23%
	No	Yes	Yes	16%	4%	11%
3	Yes	Yes	Yes	20%	11%	4%

An average of 17% of physicians practicing in Utah over time have no ties to Utah at all and are being imported from the national pool of physicians. On average over the span of time from 2003 to 2015, the single most common tie a physician practicing in Utah has to the state is having done a residency or fellowship in Utah (54%). According to data from the University of Utah School of Medicine Alumni Association, 48% of graduates from Utah's only (current) medical school who graduated between 1970 and 2016 report a Utah address.

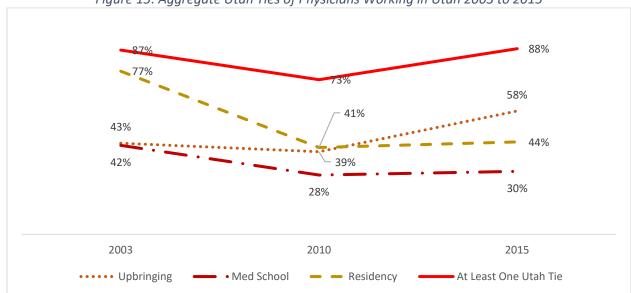


Figure 15: Aggregate Utah Ties of Physicians Working in Utah 2003 to 2015

Geographic Distribution

Most rural counties (70%) have a higher primary care provider to 100,000 population ratio than specialist to 100,000 population ratio. All of the state's urban counties have a higher specialist to 100,000 population ratio than primary care provider to 100,000 population ratio. In other words, specialists have a higher proportional representation in urban counties and primary care providers have a higher proportional representation in rural counties. Although approximately 15% of the state's population lives in a rural county, just 7.9% of the state's physicians work in a rural county. Breaking down practice location by specialist and primary care, 12.2% of the state's primary care providers and 5.4% of the state's specialists work in a rural county. This distribution of the physician workforce has remained essentially unchanged since the 2010 analysis.

Table 16: Primary and Specialty Care Physician counts and Population Ratios by County-2015

	,		, , , , , ,	Counts and rop	Specialist	Primary	Total
				Estimated Utah	to	Care to	Provider
		Primary	Total	Population by	100,000	100,000	to pop.
	Specialist	Care ⁸	Physicians	County ⁹	pop. ratio	pop. ratio	ratio
Beaver	Specialist	9	9	7,198	pop. ratio	119	119
	24	34	60		45	_	
Box Elder		64	175	52,338	45 81	65	114
Cache	103	_	_	126,250	_	51	139
Carbon	17	9	26	21,506	80	40	119
Daggett	-	-	-	1,253	-	-	-
Davis	197	178	385	332,263	59	53	116
Duchesne	24	6	32	20,720	114	31	155
Emery	-	-	-	11,105	-	-	-
Garfield	-	< 5	< 5	5,618	-	76	76
Grand	11	13	24	9,763	110	132	241
Iron	21	24	45	51,663	41	46	87
Juab	< 5	6	13	11,998	36	54	107
Kane	-	< 5	< 5	7,741	-	28	28
Millard	-	11	11	12,645	-	85	85
Morgan	6	6	13	10,707	60	60	120
Piute	-	-	-	1,596	-	-	-
Rich	< 5	< 5	9	2,398	89	178	357
Salt Lake	2,099	914	3,127	1,107,067	190	83	282
San Juan	6	15	21	15,195	42	99	141
Sanpete	-	17	17	29,768	-	58	58
Sevier	15	6	21	21,591	69	30	99
Summit	39	43	81	40,982	94	104	198
Tooele	15	19	36	66,647	22	29	55
Uintah	9	24	32	35,785	24	66	90
Utah	419	300	743	593,936	71	50	125
Wasatch	6	15	21	28,205	23	53	76
Washington	178	94	274	167,755	106	56	163
Wayne	-	NR	NR	2,812	-	76	76
Weber	255	146	407	245,260	104	59	166
Out of State	NA	NA	131	ŇA	NA	NA	NA
Missing	NA	NA	314	NA	NA	NA	NA
Total	3,677	2,202	6,035	3,041,759	121	72	198

About 39.3% (188) of the state's rural physicians are 55 years old or older. This is up from 31% of the rural physician workforce 55 years old and older. These physicians are likely to retire within the next 10 years, which means the rural workforce must look for ways to replace almost 19 physicians per year over the next decade.

⁸ See appendix on data verification for a description of how survey counts were checked against other data sources to assure that zero counts are accurate and not simply a result of no responses in a county with few providers.

⁹ Estimate from Utah GOPB Population by Age and Area 1990-2060

Projected Supply and Demand

Projected Demand for Physicians

Demand for physician services is driven by many factors. The most basic of which is simply how many physicians are needed to cover the anticipated number of visits that the population will make to a physician in any given year. As the population grows, the number of people seeking medical services will also increase. According to the U.S. Census Bureau as of December 2015 Utah has the 6th fastest growing population in the country at 1.75% per year (in comparison to the national growth rate of 0.79%). It is anticipated that Utah will continue to see a population growth rate higher than the nation due to natural increase and in-migration. According to the AAMC Physician Workforce Data Book for 2015, Utah has an active physician-to-100,000 population ratio of 207.5. The national ratio is 265.5 physicians per 100,000 population. Utah ranks 43rd for lowest active physician-to-population ratio in the nation. Utah's active primary care physician-to-100,000 population ratio is 65.0. The ratio for the nation for active primary care physicians is 91.1. Utah is ranked 49th in the nation for lowest active primary care physician-to-100,000 population (AAMC, 2015). In order to at minimum maintain Utah's current 100,000 population to physician ratio, the state will need to add an average of 116 new physicians to the workforce each year through 2030. If the state should decide to focus efforts on increasing its current provider-to-population ratio, then there would need to be a corresponding increase in the number of new physicians added to the State's workforce

As Utah continues to experience higher than national average growth, the state's population over the age of 65 years of age will also continue to grow faster than other portions of the population. Utah Governor's Office of Planning and Budget projections show that from 2015 to 2030, Utah's population under 18 will grow by 14%, population between the ages of 18 and 64 will grow by 27% and the state's population over the age of 65 will grow by 85%. This growth in population among a specific age group is referred to as age polarization. According to the national Centers for Disease Control, people over the age of 65 visit a physician at over twice the rate of people ages 18-44 (7.5 visits per year and 3.0 visits per year respectively).

Table 17: Physician Office and Hospital Outpatient and Emergency Visit Rates per Person- 2011, CD	Table 17: Ph	vsician Of	ffice and Hospital	Outpatient and	Emergence	v Visit Rates	per Person- 2011	. CDC
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Age	Visit Rate
0-17 years	3.6
18-44 years	3.0
45-54 years	3.9
55-64	4.8
65 years and over	7.5
All Ages	4.0

In order to accommodate age polarization with the accompanying anticipated increase in patient visits per person, Utah needs to add an additional 21 physicians to the workforce each year.

In addition to increased demand for new physicians from population growth factors, the physician workforce itself is aging. As previously explained, some physicians report intentions to reduce the hours they work prior to retirement. This reduction equates to an average of 67 physician FTEs per year through the year 2030. Survey respondents reported intentions to retire also equate to an average of 175 physician FTEs per year being lost to retirement through the year 2030. In total, Utah will need on

average, an additional 379 physicians each year through the year 2030 to account for population growth, age polarization, physician retirement and pre-retirement losses.

Projected Supply of Physicians

Utah's physician workforce comes from three primary sources. First, physicians who have trained in a Utah residency/fellowship program. Next, physicians with Utah ties such as med school or upbringing who leave the state for residency and or medical school, but then choose to return to Utah to practice. Finally, physicians with no ties to Utah that are attracted here from the national workforce pool.

An average of 202 residents and 84 fellows per year have completed a residency or fellowship in a Utah program over the last 10 years. According to UMEC retention study data, Utah has retained an average of 55% of these residents and 45.1% of these fellows in the state's physician workforce. This translates to 111 residents and 38 fellows for a total of 150 physicians (39% of estimated demand) entering the Utah workforce annually from Utah residency or fellowship programs.

Since 2010, Utah has issued an average of 688 new physician licenses per year. Of these, an estimated 63.8% are currently retained in the Utah workforce¹⁰. Others maintain a license in Utah for other reasons such as telemedicine, reading films from patients residing in Utah or a wish to return to live in the state in the future. This results in an average of 439 new physicians entering the Utah workforce each year. However, this number includes new residents entering into Utah training programs and not into the Utah workforce in general¹¹. This leaves 237 physicians entering the Utah workforce each year. Of these, on average about 61 of these new physicians has a tie to Utah other than residency, leaving an average of 176 physicians per year who enter the Utah workforce from the national pool with no other ties to the state.

¹⁰ Based on an average of the percent of Utah licensed physicians from 2010 and 2015 who reported specifically practicing in Utah (67% in 2010 and 60.6% in 2015).

¹¹ The average number of entrants into residency programs in the state over a 10 year period (202) is assumed to equal the average number coming out of residency each year. Fellows were excluded from the equation to provide a more conservative estimate.

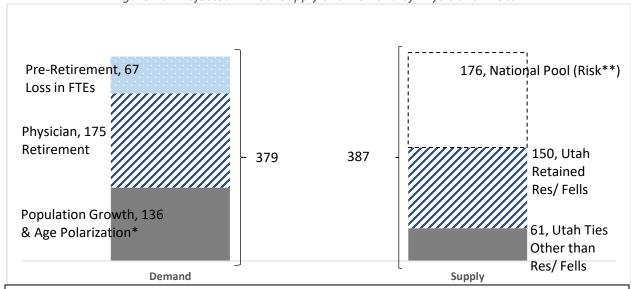


Figure 16: Projected Annual Supply and Demand of Physicians in Utah

Residency remains, as stated previously, on average the most common tie that a physician practicing in Utah has to the state (54%). However, an average of 83% of physicians practicing in Utah have some tie to the state whether through upbringing or education. It is important that efforts to recruit physicians to practice in the state focus on medical school graduates who end up leaving the state for residency and physicians who were brought up here in Utah and trained elsewhere. These physicians can be identified and tracked through their medical school applications and residency match data. The UMEC recommends that the State, in collaboration with the Board of Regents and the UMEC, develop a mechanism to track and court applicants from Utah to national medical schools and residency programs and provide them with opportunities to develop professional ties to Utah.

Assuming recruitment from the national pool of physicians can be maintained at current levels, the State's current annual supply of physicians is sufficient to meet the demands of simple factors of population growth, and change in the workforce. However, Utah is already well below national averages for physician-to-population ratios and the State is currently relying on physicians trained out of state for approximately 60% of its annual workforce needs. Competition for physicians from the national workforce is likely to continue to increase. It is imperative that the state pursue a strategy to strengthen the sources of physician supply.

Workforce Requirements by Specialty Area

While the basic factors of supply and demand for raw number of physicians in the workforce in the state are stable under present assumptions, meeting the needs of the population for specific services is a challenge. Looking at workforce supply and demand by specialty reveals that we are facing a serious problem in terms of sufficient providers at the level of some specific physician specialties.

With the previous update to this report, the UMEC developed an analysis of supply and demand for physicians at a specialty level. A review of the literature shows that a common method for assessing

^{*} Age Polarization: Accelerated growth in the 65+ segment of the population. This type of growth increases demand due to higher incidences of healthcare utilization

^{**} Physicians with no Utah ties and non-Utah training programs, coming to practice in Utah from the national

physician supply/demand is to calculate an optimum physician-to-population ratio based on patient utilization of physician services in a prepaid group practice or health maintenance organization where patient utilization tends to be conservative. Using this data allows for an estimate of the minimum number of physicians that would be necessary to serve 100,000 people in a given specialty. The UMEC aggregated physician-to-population ratio recommendations from several different sources to create an analysis of how the State's workforce is positioned to adequately meet demand. ¹²

The average (by specialty) of these physician-to-population ratios can be found in the table below under the column "Target Ratio (Average)" Assuming that Utah needs a physician-to-population ratio at least as high as the conservative average target ratio, it is possible to see whether Utah has sufficient doctors practicing in a particular specialty. Accounting for data about supply (retirement, training, recruitment and retention) by specialty allows for a more detailed forecast of shortfall/surplus. Within the columns in the following table, retirement rate is based on data from 2015 survey respondents who indicated intentions to retire within the next ten years. Population growth is simply the number of current physicians in a specialty multiplied by the average annual population growth rate for Utah (1.75%). Annual Training capacity, retention and recruitment is taken from UMEC survey and resident retention tracking data.

Looking at overall shortage/surplus of physicians by specialty as they stand now and in comparison with the initial standing from the previous report, it is possible to begin to develop a better picture of whether or not shortages are improving or becoming more exacerbated over time. It is important to remember that target ratios are conservative averages. A "surplus" in any particular specialty may indicate actual demand for that specialty in the State. Some specialties may also be covering for shortages in other specialties. For example, internal medicine was previously identified as a specialty in shortage with the previous report. Family medicine providers are likely covering for this shortage. In the initial study, family medicine was in a surplus of 50 providers. The shortage in internal medicine has grown from 179 providers in 2010 to 303 providers in 2015 (a 69.3% shortage increase). Family medicine has also now fallen into a shortage of 74 providers. Also, some shortages may be supplemented by outside forces (ex: Radiology (diagnostic) is identified as a shortage area however, it is likely that radiology services are being covered by out-of-state radiologists and technical advances)¹³.

The initial analysis (published with the previous report) reflected possible shortages greater than ten physicians in five different specialties (Cardiology, Gastroenterology, Internal Medicine, Radiology and General Surgery). In 2015, these same specialties remain identified as having possible shortages, along with seven additional specialties (Allergy and Immunology, Pulmonary Disease/CCM, Family Medicine, Hematology/Oncology, Psychiatry, Rheumatology, Surgery Subspecialties, Urology). It should be noted that Allergy and Immunology, Pulmonary Disease/CCM and Psychiatry were identified in the previous analysis not as specialties in shortage, but as specialties to pay close attention to based on their ratios and the fact that these specialties had high reported wait times.

¹² For a full discussion and citation of research behind this analysis see the Utah Medical Education Council's report entitled Utah's Physician Workforce, 2012 (pg. 35). Which can be found at www.utahmec.org

 $^{^{13}}$ Radiology (diagnostic) will be excluded from shortage/surplus analysis.

Table 18: Specialties with Identified Possible Shortage 2010 to 2015

Shortage Specialty*	2010	2015				
Allergy and Immunology		✓				
Cardiology	✓	✓				
Pulmonary Disease/ CCM		✓				
Family Medicine		✓				
Gastroenterology	✓	✓				
Hematology/Oncology		✓				
Internal Medicine	✓	✓				
Psychiatry		✓				
Radiology (Diagnostic)	✓	✓				
Rheumatology		✓				
Surgery (General)	✓	✓				
Surgery Subspecialties		✓				
Urology		✓				
* Shortage of 10 or more physicians per 100,000.						

Specialties with the top three longest wait times for new patients in 2015 are pulmonary disease/ccm, sleep medicine and urology. The top three specialties for the longest wait time for established patients are sleep medicine, neurology and endocrinology and metabolism. Full detail on patient wait times can be found by specialty in the appendices.

The specialties with the top five largest identified possible shortage in 2015 are internal medicine, family medicine, cardiology, surgery (general), and urology. Three of these were identified as shortages in the previous analysis.

Table 19: Physician Need, Supply and Demand in Utah by Specialty- 2015

Annual Population Growth Rate	1.75%	Phys	sician-to-P	opulation				Annual	Projecte	d Needs			
Primary Practice Specialty	Physician (FTEs)	Ratio for 100k Pop.	Target Ratio (Average)*	Ratio minus Target	Current Physician (Shortage) or Surplus	2010 Physician (Shortage) or Surplus	Retire Rate next 10 yrs	Retirees	Popul. Growth	Need (a)	Residency/ Fellowship Graduates^	Average Retention Rate	Nev Licens Trained of-Sta
Primary Care													
Family Medicine	789.7	26.0	28.3	(2.3)	(71)	40	3.5%	27	14	41	31	60.0%	20.0
Internal Medicine (General)	353.5	11.6	21.5	(9.9)	(301)	(191)	5.1%	18	6	24	32.2	58.4%	2.9
Pediatrics (General)	360.1	11.8	11.8	0.0	1	66	3.2%	12	6	18	21.8	70.6%	7.1
Pediatrics Subspecialties	120.7	4.0	1.4	2.6	78	68	3.8%	5	2	7	17.4	50.0%	5.0
Obstetrics/Gynecology	250.8	8.2	9.6	0.3	8	22	3.5%	9	4	13	6.4	75.0%	12.
Ob/Gyn Subspecialties	49.7	1.6	combined with C	B/Gyn			5.6%	3	1	4	2.6	84.6%	2.9
Medical				Ι .									
Allergy and Immunology	26.1	0.9	1.2	(0.3)	(10)	(6)	4.6%	1	0	2	0		1.4
Cardiology	68.1	2.2	4.0	(1.8)	(54)	(35)	6.6%	4	1	6	12.4	35.0%	2.9
Critical Care Medicine	22.1	0.7	1.2	-0.5	(14)	(4)	7.9%	2	0	2	3.3	44.4%	0.7
Dermatology	101.0	3.3	2.3	1.0	31	42	2.0%	2	2	4	3.2	68.8%	2.1
Endocrinology and Metabolism	24.1	0.8	0.8	0.0	0	(2)	2.2%	1	0	1	1.2	16.7%	2.1
Gastroenterology	54.9	1.8	2.4	(0.6)	(18)	(16)	3.9%	2	1	3	2.6	53.8%	2.1
Geriatrics	26.4	0.9				, ,	3.7%	1	0	1	1.8	88.9%	0.0
Hematology/Oncology	40.8	1.3	1.8	(0.5)	(14)	9	6.9%	3	1	4	4.2	61.9%	1.4
Infectious Diseases	31.4	1.0	0.6	0.4	13	8	5.3%	2	1	2	3.2	43.8%	3.6
Nephrology	20.9	0.7	1.0	(0.3)	(10)	5	3.7%	1	0	1	2.6	53.8%	1.4
Pulmonary Disease/CCM	40.1	1.3	1.5	(0.2)	(5)	1	4.9%	2	1	3	3.8	68.4%	2.1
Rheumatology	14.7	0.5	0.9	(0.4)	(13)	(7)	6.5%	1	0	1	1.4	28.6%	0.0
Surgical													
Surgery (General)	152.7	5.0	6.6	(1.6)	(48)	(30)	4.9%	8	3	10	8	47.5%	5.0
Cardio-Thoracic Surgery	32.1	1.1	1.2	(0.1)	(4)	(3)	5.8%	2	1	2	1.6	37.5%	1.4
Ophthalmology	168.4	5.5	4.0	1.5	47	28	4.2%	7	3	10	3	66.7%	4.3
Orthopedic Surgery	175.8	5.8	5.6	0.2	5	65	4.1%	7	3	10	18.8	24.5%	7.8
Otolaryngology	75.7	2.5	2.6	(0.1)	(3)	11	3.9%	3	1	4	3.4	38.8%	2.1
Plastic Surgery	77.9	2.6	1.2	1.4	41	45	4.3%	3	1	5	2.2	12.5%	1.4
Urology	67.2	2.2	2.7	(0.5)	(15)	(6)	5.7%	4	1	5	2.2	27.3%	0.7
Surgery Subspecialties	70.9	2.3	3.0	(0.7)	(20)	9	4.4%	3	1	4	3	41.7%	5.0
Hospital													
Anesthesiology	353.3	11.6	6.8	5.3	161	179	4.1%	14	6	21	13.4	72.5%	8.6
Anesthesiology-Pain Mgmt	15.0	0.5	combined with A	nesthesiology			0.0%	0	0	0	3.4	41.2%	0.7
Emergency Medicine	243.3	8.0	6.0	2.0	61	140	3.1%	8	4	12	8.2	65.9%	14.3
Pathology	77.6	2.5	2.4	0.1	5	63	3.3%	3	1	4	15	54.4%	3.6
Radiology (Diagnostic)	124.0	4.1	8.4	(3.2)	(98)	(37)	3.3%	4	2	6	8.4	47.6%	7.1
Radiology (Therapeutic)	34.0	1.1	combined with R	Radiology (Diagn	ostic)		1.7%	1	1	1	3	80.0%	1.4
Other					I								
Hospice and Palliative Medicine	10.7	0.4					6.6%	1	0	1	0	0.0%	0.7
Neurology	81.6	2.7	2.3	0.4	12	11	2.8%	2	1	4	10	64.0%	5.7
Physical Medicine and Rehab	86.2	2.8	1.0	1.8	56	53	3.5%	3	2	5	5.2	50.0%	4.3
Preventive/ Occupational/ Public	37.2	1.2	1.5	(0.3)	(8)	5	4.7%	2	1	2	3.2	43.8%	0.7
Psychiatry	154.1	5.1	5.5	(0.4)	(13)	19	3.8%	6	3	9	7.6	71.1%	5.0
Psychiatry-Child and Adolescent	68.8	2.3		, ,			3.1%	2	1	3	2	90.0%	1.4
Other Specialty	44.8	1.5			1		2.9%	1	1	2	2.5	46.8%	3.6

7 tilliadi Trali	Ing Capacity	, Retention, an New	I		Current	
Residency/ Fellowship Graduates^	Average Retention Rate	Licensees Trained Out- of-State ^{\$}	Entering Utah Workforce (b)	Annual (<mark>Shortfall)</mark> or Surplus (b - a)	Current Overall (Shortage) or Surplus	2010 Overa (Shortage) or Surplus
31	60.0%	20.0	39	(3)	(74)	50
32.2	58.4%	2.9	22	(3)	(303)	(179)
21.8	70.6%	7.1	23	5	6	79
17.4	50.0%	5.0	14	7	85	71
6.4	75.0%	12.1	17	4	14	24
2.6	84.6%	2.9	5	1		
0		1.4	1	(0)	(11)	(6)
12.4	35.0%	2.9	7	2	(52)	(32)
3.3	44.4%	0.7	2	0	(14)	(32)
3.2	68.8%	2.1	4	1	32	44
1.2	16.7%	2.1	2	1	1	(2)
	53.8%	2.1	4	0		
2.6	88.9%		2	0	(18)	(18)
1.8		0.0			(4.2)	0
4.2	61.9%	1.4	4	0	(13)	9
3.2	43.8%	3.6	5	3	16	8
2.6	53.8%	1.4	3	2	(8)	8
3.8	68.4%	2.1	5	2	(3)	4
1.4	28.6%	0.0	0	(1)	(13)	(8)
8	47.5%	5.0	9	(1)	(49)	(27)
1.6	37.5%	1.4	2	(0)	(5)	(3)
3	66.7%	4.3	6	(4)	43	33
18.8	24.5%	7.8	12	2	8	66
3.4	38.8%	2.1	3	(1)	(4)	10
2.2	12.5%	1.4	2	(3)	38	44
2.2	27.3%	0.7	1	(4)	(19)	(6)
3	41.7%	5.0	6	2	(18)	13
13.4	72.5%	8.6	18.3	(2)	161	188
3.4	41.2%	0.7	2.1	2		
8.2	65.9%	14.3	19.7	8	69	150
15	54.4%	3.6	11.7	8	12	68
8.4	47.6%	7.1	11.1	5	(90)	(27)
3	80.0%	1.4	3.8	3		
0	0.0%	0.7	0.7	(0)		
10	64.0%	5.7	12.1	8	20	15
5.2	50.0%	4.3	6.9	2	58	54
3.2	43.8%	0.7	2.1	(0)	(9)	6
7.6	71.1%	5.0	10.4	2	(11)	18
2	90.0%	1.4	3.2	(0)		
2.5	46.8%	3.6	4.7	5		

Physician FTE total does not include physicians who are practicing in Utah but whose primary practice location is out-of-state As a result, specialties that do not require the physician to be in the same location as the patient (e.g. radiology) may show shortages where there are none (since a portion of the Utah population is being served by out-of-state physicians).

* Target ratios are an average of several published physician-to-population ratios, including:

Lohkamp & Simmons 1995 (Longshore & Simmons base rates) Goodman et al. 1996 (national rates based on AMA Masterfile)

Hart et al. 1997 (HMO)

Solucient 2003 (national consulting company estimates)

Weiner 2004 (average of several large prepaid group practices)

Simmons & Harris 2004 (documented several of the above ratios)

^{^5} year average

^{\$3} year average

[±] U.S. Census Bureau Population Estimate for the State of Utah as of December 2015

Policy Recommendations

With its mission to conduct workforce studies, and advise on Utah's health care training needs and GME policies, the UMEC is uniquely positioned to facilitate communication and collaboration between stakeholders among the State's medical workforce. As such, the UMEC recommends support of the following policies, aimed at developing and maintaining a sustainable, efficient and effective medical workforce supply for the state:

I. Support of Pipeline Development for Medical Careers.

It is important to introduce medicine as a career choice early on in the educational pipeline and then mentor students through their education experience. Focus placed on geographic and ethnic diversity along with gender parity will result in a workforce that reflects the culture and needs of the state's population. The Area Health Education Centers in Utah and the Southern Utah University's Center for Rural Health are two agencies that are actively engaged in this process. The UMEC recommends that continued support be provided to these agencies in order to strengthen their efforts.

II. Support For State Recruitment and Retention Efforts For Physicians with Utah Ties UMEC data shows that individuals with Utah ties are more likely to practice in Utah. The UMEC recommends the following efforts to strengthen physician ties to the State and thus strengthen workforce supply:

A. Master Database of Utah Students in Non-Utah Training Programs

The UMEC recommends that the state, in collaboration with the UMEC and the Board of Regents, develop a database that identifies applicants and/or enrollees from Utah to all medical schools and residency programs across the nation. Such a database can be populated with information from the American Association of Medical Colleges Application Service and the American Association of Colleges of Osteopathic Medicine Application Service. This data can be used to target future professionals being trained outside of Utah with professional opportunities In Utah, such as clinical rotations, networking and job listings.

B. Resident Retention Tracking

The UMEC must continue tracking both residents/ fellows trained in the state and medical professionals participating in rural rotation opportunities who stay in Utah to practice. The goal of this tracking is to understand trends and factors that impact workforce retention and turnover over time. This data is also used in UMEC supply and demand projection models.

III. Workforce Training Development

Utah faces a severe maldistribution problem in terms of both specialty and geographic location of physician practice. Efforts must be maintained to train not just more physicians but the right types of physicians to meet the needs of the population. According to the most recent rankings by the American Association of Medical Colleges (AAMC), Utah is ranked 43rd in the nation for lowest physician-per-100,000 population ratio and 49th in the nation for lowest primary care physician-per-100,000 population ratio. The UMEC recommends the following actions:

A. Develop and Expand Programs to Accommodate the Needs of the State.

The UMEC recommends expansion of residency/fellowship programs specifically in primary care and most acutely in Internal Medicine and Family Medicine. The UMEC will continue to facilitate communication among training programs to fund additional training positions in identified areas of need based on analysis of UMEC data on provider-to-population ratios.

B. Create a Relationship With Rocky Vista's New Osteopathic Medical School

The state's second medical school stands to possibly impact the state's workforce in a variety of ways. According to the American Osteopathic Association, 56% of DO's practicing in the country in 2015 are practicing in primary care. Rocky Vista's medical students may be prime candidates for recruitment into the state's medical workforce in the most needed areas if they can be tracked through residency and into the job market.

IV. Collect and Update Core Workforce Data More Frequently

Access to timely information is critical for policy makers and industry leaders to make effective decisions. Improvement to data collection will allow for a more complete picture of the workforce, gathered at more regular intervals.

The UMEC continues to collect demographic and practice information from healthcare providers in Utah through periodic paper surveys. While this method has resulted in high response rates and statistically sound data, it is time intensive, requiring multiple surveys sent out to each provider to increase response rates. It is also more prone to introduction of human error in the handling of surveys and processing of data. A core set of questions, based on national minimum data set recommendations for what is important to track about the workforce could be added to the license and renewal process. This change would require a sponsor from the medical professional community to call for legislative direction to change the rules governing what data is collected by DOPL at the time of licensure and renewal and to direct that this data be managed by the UMEC. Automating the data collection process would allow the UMEC to produce analysis on a two year cycle rather than the current 5 year cycle.

Appendices

Data Collection

A survey was sent to all 9,990 physicians licensed in the state of Utah as of January 1, 2015. This data was provided through a memorandum of understanding the UMEC has with the Utah Department of Occupational & Professional Licensing (DOPL).

Three mailings were conducted to maximize survey response rate over a period of six months from January to June 2015. An electronic version of the survey was also sent out to every license file that contained an email address. A total of 4,641 paper surveys were returned, of these 99 were undeliverable. There were also 140 responses made through the online survey tool. There were 20 returned surveys with no data to enter. A total of 4,622 surveys contained data to be entered for analysis. Factoring out undeliverable surveys from the denominator, there was a response rate to the survey of 47%. This results in each survey being weighted by 2.14 to account for non-respondents. All numbers in the report reflect weighted data.

A comparison of license addresses by county for respondents and non-respondents was done after the second mailing. There were no counties that differed significantly from the overall response rate. After completion of data collection, a comparison of age and gender from the license file was done for responding vs non-responding licenses. No significant differences were found between the two groups by age or gender.

A database with a form for data entry was created using Microsoft Access. Data entry was contracted to All West Communications. Data entry was audited by UMEC staff for accuracy. Data entry was completed in January of 2016. Once data was complete and cleaned it was imported into the Statistical Package for Social Sciences (SPSS) for analysis.

Data Verification

A check on provider counts from survey data in counties with small populations was done with data from the Utah Office of Primary Care and Rural Health (OPCRH). This office tracks counts of primary care providers in the state for federal Health Professional Shortage Area designations. Data was compared to assure that a count of zero on the survey is accurate rather than a result of no providers responding to the survey in counties with small provider populations. Of three counties with a UMEC reported count of zero primary care providers (Daggett, Emery and Piute), OPCRH counts two providers in Emery county and zero providers in the other two counties. Since the OPCRH doesn't track specialists, a simple web search for specialists practicing in specific rural counties was done in an attempt to verify rural specialist counts. The UMEC survey reflects nine counties with a zero count for specialists. Of those counties, a simple web search for specialists practicing in those counties found specialist providers practicing in three of those counties (Garfield, Millard, and San Pete).

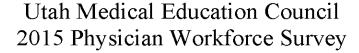
UMEC survey counts of providers in both primary and specialty care will differ from primary care counts done by OPCRH and specialist counts from clinic websites due to several factors including response weighting, dates of count and source of data. A clinical website may list a physician as practicing in a certain area, but there is no way to determine how much time a physician is spending in that area or when a website was last updated.

Survey Instrument

Utah Medical Education Council 230 South 500 East, Suite 210 Salt Lake City, Utah 84102



«FULL_NAME» «ADDR_LINE_1» «ADDR_LINE_2» «CITY», «STATE», «ZIP»



Dear «Prefix» «LAST NAME»

The Utah Medical Education Council, in conjunction with the Utah Division of Occupational and Professional Licensing and the Utah Medical Association requests your continued support and partnership in updating the status of Utah's physician workforce by completing the attached survey. Your participation in previous surveys has generated critical data for physician workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

We are committed to maintaining your privacy. Only de-identified, aggregate data will be published. For any further questions regarding this survey, please contact us at (801) 526-4550. Please return the completed survey in the envelope provided.

For any questions regarding this survey please contact the UMEC at 801-526-4564. **Please return the completed survey to the UMEC within 30 days** in the enclosed postage paid envelope.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Grant Cannon, M.D Associate Chief of Staff George E. Wahlen VAMC

Gull Canner 15

B. Dee Allred, M.D. President Utah Medical Association

Marc E. Babitz, M.D. Family Health and Preparedness Director, Utah Department of Health Michelle McOmber
Chief Executive Officer
Utah Medical Association



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Utah's Physician Workforce Survey 2015

SECTION 1: GENERAL INFORMATION, BACKGROUND AND EDUCATION Are you practicing medicine in Utah? Tyes No If NO, please specify why you maintain a Utah license. If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the b. individual factors that have influenced your choice to work outside of Utah: Family Wage/Pay scale Lifestyle Work Environment Other (specify) IF YOU DO NOT PRACTICE MEDICINE IN THE STATE OF UTAH, PLEASE STOP HERE AND RETURN THE SURVEY IN THE INCLUDED PRE-PAID ENVELOPE, THANK YOU FOR YOUR TIME. 2. Are you of Hispanic ethnicity? | | Yes No What is your race? (please mark only one) 3. American Indian/Alaska Native African American - Asian Native Hawaiian/Pacific Islander White/Caucasian Other (specify) 4. Please describe the area where you spent the majority of your upbringing (when you lived there): ⊟ Rural ⊟ Suburban Urban/Metropolitan Area State: The county, state and country where you attended high school: County (if in Utah): _____ State: ____ Country: The institution from which you received your | | MD or | DO degree (please check the degree that applies): Institution: _____City: ____ State: _____ Year: ____ 7. Please check the program(s) you have completed (or are currently in), list the specialties in which you have trained (or are training), name of the institution, state, and the year (or expected year) of completion: (please fill in details for all programs you have attended/are attending) □ Internship □ Residency □ Fellowship Specialty: State: Year of Completion: Institution: Residency Fellowship Specialty: b. Internship State: Year of Completion: Institution: c. Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your medical training. Also, please enter a code indicating the TOTAL educational debt you had for your medical training at the time of your graduation from medical school. (exclude any premedical and noneducation debt including residency relocation loans, cars and credit cards) Current:____ 01 = \$0.0004= \$75,000 to \$99,999 07= \$150,000 to \$174,999 10= \$250,000 to \$274,99 02 = > \$0.00 to \$49,99905= \$100,000 to \$124,999 08= \$175,000 to \$199,999 11= \$275,000 to \$299,999 03= \$50,000 to \$74,999 06= \$125,000 to \$149,999 09= \$200,000 to \$249,999 12 = \$300,000 or more9. Please enter a code indicating your <u>average annual gross compensation</u>? (before taxes AND excluding benefits) Compensation: 04= \$100,000 to \$124,999 01= \$49,999 or less 07= \$175,000 to \$199,999 10= \$250,000 to \$274,999

05= \$125,000 to \$149,999

06= \$150.000 to \$174.999

09= \$225.000 to \$249.999 12= \$300.000 or more

02= \$50,000 to \$74,999

03= \$75.000 to \$99.999

SECTION 2: YOUR WORK SETTING/ SPECIALTY

10. What is your primary work status? (p	lease check ONE of the following)			
☐ Actively working in a position that requires a medical license		_ Not currently _ Retired working		
11. Please enter a code from the list below settings:	to describe your <u>Primary</u>	and Secondary practice		
01= Office/Clinic- Solo Practice	08= Federal Hospital (VA)	15= Local Health Department		
02= Office/Clinic- Single Specialty Group	09= Research Laboratory	16= Academic Faculty		
03= Office/Clinic- Multi Specialty Group	10= Medical School	17= Volunteer in a Free Clinic		
04= Hospital- Inpatient	11= Nursing Home/ Ext. Care Fac.	18= Correctional Facility		
05= Hospital- Outpatient	12= Home Health Setting	19= University/College Student Health Fac.		
06= Hospital- Emergency Department	13= Hospice Care	20= Other (specify):		
07= Hospital- Ambulatory Care Center	14= Federally Qualified Community	· • • • • • • • • • • • • • • • • • • •		
12. Excluding residency/ fellowship, have ☐ YES ☐ NO a. If YES, please use the list of setti moved to: Setting Code Left:		g you left and the work setting you		
Moved Residence	Desire for Change _ Highe	rred hours Professional Advancement		
13. Please enter the code from the list below Primary specialty: Second	ow which most closely resembles you dary specialty:	r:		
	L8= Infectious Diseases	35= Preventive Med./Public or Occ. Health		
02= Anesthesiology (General)	19= Internal Medicine (General)	36= Psychiatry		
03= AnesthPain Management 2	20= Internal Medicine and Pediatrics	37= Psychiatry-Child and Adolescent		
04= Other Anesth. Subspecialties	21= Other IM Subspecialties	38= Other Psychiatry Subspecialties		
05= Cardio-Thoracic Surgery 2	22= Nephrology	39= Pulmonary Disease/CCM		
06= Cardiology	23= Neurology	40= Radiology (Diagnostic)		
07= Critical Care Medicine	24= Nuclear Medicine	41= Radiology (Therapeutic)		
08= Dermatology	25= OB/GYN (General)	42= Rheumatology		
09= Emergency Care	26= OB/GYN Subspecialties	43= Sleep Medicine		
10= Endocrinology and Metabolism 2	27= Ophthalmology	44= Sports Medicine		
11= Family Medicine	28= Otolaryngology	45= Surgery (General)		
12= Gastroenterology	29= Pathology (General)	46= Surgery-Cardio-Thoracic		
13= Geriatrics	30= Pathology Subspecialties	47= Surgery-Orthopedic		
14= Hematology/Oncology	31= Pediatrics (General)	48= Surgery-Plastic		
15= Hospice and Palliative Medicine	32= Pediatrics Subspecialties	49= Other Surgical Subspecialties		
16= Hospitalist Internal Medicine	33= Physical Med and Rehab	50= Urology		
17= Hospitalist Pediatrics	34= Plastic Surgery	51= Other Specialty		
a. If you indicated a Subspecialty o	•			
14. Are you currently board certified in the a. Primary specialty □ Yes ¬ No b		on 13:		

15. At what age do you	u plan to retire	?			
<i>If yes</i> , please specif a. How many ye	y: ars from now do	o reduce the number of looy you plan to reduce your lill you practice after reduce	nours? Yrs	S	- No
(if applicable) Also, ple AND the number of hours spent providing hours you work each we	O Code, of your case estimate the ours you spend patient care co	primary practice setting to total hours worked per in DIRECT PATIENT Combined with teaching or direct patient of direct patient the number of direct patient.	week (not including CARE each week, in training of other national training or	g on-call) at each pacluding charting, nedical profession inning of other medical	but excluding the als: (unless all of the
Primary Practice	Zip:	Total Hours/ wk:	Direct Patie	ent Care Hours/ wk	:
Secondary Practice	Zip:	Total Hours/ wk:	Direct Patie	ent Care Hours/ wk	: :
Primary Practi Secondary Pra b. If you DO NO 18. Please indicate the (The total number of	the following ty Ece: Section: OT provide direct average hours of hours distributed being spent	tient care, please indicate pes of care: reventative Care ect patient care, how many per week you spend in total ted between non-patient care per tin direct patient care per	Acute Care Acute Care y years has it been he following NON-1 activities should:	Chronic Care Chronic Care Since you did? PATIENT CARE not exceed the num	Total (100%) (100%) years. activities: ther of hours left over
(Clinical and/or b. Combined Pa (Supervising/tr. c. Administration (budgeting, per d. Practice Man (budgeting, plane) e. Consulting/Full (Reports, applied f. Other:	raining of other r classroom teace ntient Care with aining of resider on/ Manageme sonnel manager agement nning, activities Research	thing of students without p the Teaching/Training other thats/ students while delivered to the total support of part to maintain operation of a total, NOT in support of part, etc., NOT in support of part	er Physicians ing patient care) atient care) appractice)	Hrs./Wk. PRIMARY SITE	Hrs./Wk. SECONDARY SITE
19. In a typical day, he	ow many out-n	atients do you see per ho	ur? Office: I	Irgent Care:	ER:
	•	tients do you see per hou		Extended Care F	
20. In a cypical day, in	on many m pa	aches ao jou see per nou	· · 1105p1ttl1		wollities.

21.			entage (%) of pati tions. Sum for each				g age groups		
	Outpatients:	0 - 19	20-64	65-84	85.	+ (tot a	ıl 100%)		
	Inpatients:	0-19	20-64 20-64	65-84	85	+(tota	ıl 100%)		
22.	What percent	tage of vou	r patients are insu	red by: (pleas	e make sure	the percentag	ges add up to a 10	00%)	
	Medicaid	%	Self-Pay/Uninsure	ed	% (Charity Care	,	%	
	Medicare _	<u>%</u>	Self-Pay/Uninsure Private Ins./Manag	ged Care	% v	/A/Tri-Care (CHAMPUS)	%	
23.			of new patients in e Self Pay/Uni						
24.			lays must patients						
	Primary Practi	ce: Ne	w Patients:	days	Est	ablished Patie	ents:	_days	
	Secondary Pra	ctice: Ne	w Patients:	days	Est	ablished Patie	ents:	_days	
25.	$01 = \underline{\text{Full}} \text{ (cann)}$	ot accept ac	r the status of you lditional patients) pt a limited number		03= <u>Unfil</u>	<u>led</u> (can acce _l	ot many new pation	ents, far from f	
26.	_ Electron	ic (patient)	ogy(s) that you cur Medical Record (E n ⊔ Health Inform	MR) system	_ Elec	tronic Patient	Panel		
	TION 4: Health								
27.		-	ent care, what perc	ent of your ti	me is spent	working in a	team with each	of the followi	ng
	medical profe	essionals?	Mental			Design	Sub-		
		Care	Health			Primary	Suo- Specialist		
	APRN	Coordinat		PA	Pharmacist	Physician	n Physician	RN	
	%	o	% %		%	·	% %	%	
						·			
28.	clearly articul	lated, unde	eam works to esta	ted by all tea	m members	?			be
	☐ Strongly Di	·	_	□ Neutra		-	_ Strongl		
29.	accountabiliti	ies, which o	e are clear expecta Iften make it possi n the sum of its pa	ble for the tea			•		
	☐ Strongly Di	sagree	⁻ Disagree	□ Neutra	ı 1	⁻ Agree	 Strongl 	y Agree	
30.	opportunities	for shared	n members earn ea achievement?					_	
	□ Strongly Di	sagree	_ Disagree	⊔ Neutra	ıl	_ Agree	_ Strongl	y Agree	
31.	-	-	eam prioritizes an complete commun		-				he
	☐ Strongly Di	sagree	 Disagree 	□ Neutra	.1	- Agree	- Strongl	y Agree	
32.			eam agrees on and he team and achie						
			he team and achie ly and over time?	vanioni oi ine	ccam s goa	is, and that t	nese are useu tu	ti ack and illi	Prove
	☐ Strongly Di		_ Disagree	⊔ Neutra	ıl	_ Agree	_ Strongl	y Agree	

Thank you for your participation. Please return the survey in the enclosed envelope.

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Specialty Profiles

The specialty specific analysis provided in the section has been developed from a combination of UMEC survey data and national wage data from the Medical Group Management Association 2016 Provider Compensation and Production Report. Each specialty profile includes eight charts and two tables. The tabular data is self-explanatory. The charts contain slightly different information depending on the specialty. Any chart categories where the specific specialty had a zero value in that category have been omitted. A complete set of categories for each chart is included here.

Age Cohorts: Includes Under 35, 35-44, 45-54, 55-64, 65 and older

Gender: Male, Female

Practice Status: Full, Nearly Full, Unfilled, NA

Minorities: Hispanic, American Indian, Polynesian, African American, Asian, and Other. The survey asked about Hispanic ethnicity separate from race. The Hispanic percentage should not total with the other race categories. It merely shows what percentage of the specialty is Hispanic regardless of race. The Caucasian percent has been omitted from the chart for simplicity. The Caucasian percentage of any specialty can be calculated by summing the provided race categories, excluding the Hispanic category and subtracting from 100%.

Income/ Debt: 0, < 50K, 50-74K, 75-99K, 100-124K, 125-149K, 150-174K, 175-199K, 200-224K, 225-249K, 250-274K, 275-299K, 300K+

Hours: FT= 40+, PT= >20<40, Semi-Retired= < 20

Average Wait Time

Setting:

Office/Clinic- Solo Practice
Office/Clinic- Single Specialty Group
Office/Clinic- Multi Specialty Group
Hospital- Inpatient
Hospital- Outpatient

Hospital- Emergency Department Hospital- Ambulatory Care Center

Federal Hospital (VA) Research Laboratory Medical School Nursing Home/ Ext. Care Fac.

Home Health Setting

Hospice Care

Federally Qualified Community Health Center

Local Health Department

Academic Faculty

Volunteer in a Free Clinic

Correctional Facility

University/College Student Health Fac.

Other

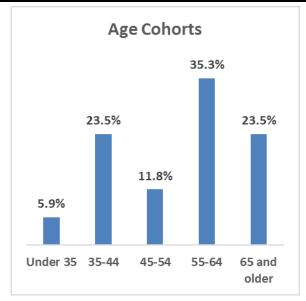
Specialty Profile Table of Contents

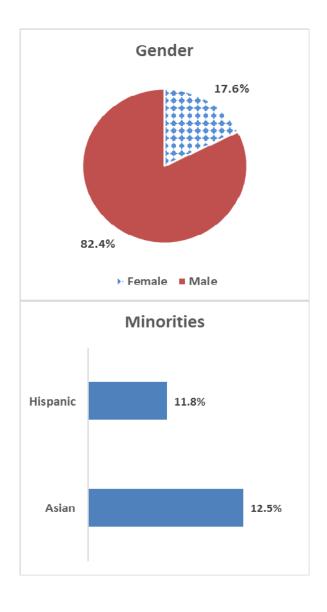
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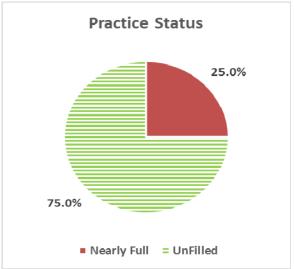
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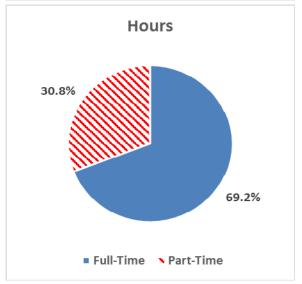
Specialty Profile: Allergy and Immunology

Count:	36
Standardized FTE:	26.05
Total Hour FTE:	31.94
Mean Reported Hours Per Week:	45.92
Average Age:	55
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$180,451
MGMA Median Income:	\$348,579
MGMA West. Reg. Median Income:	\$403,840
Median Reported Debt at Graduation:	\$35,837
Median Reported Current Debt:	\$74,569

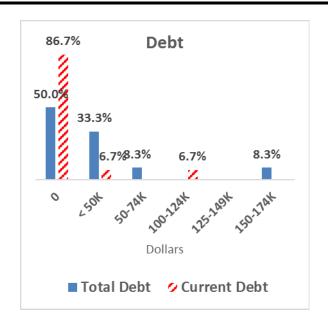


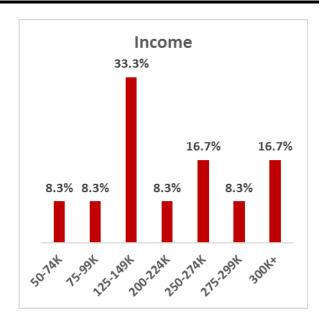


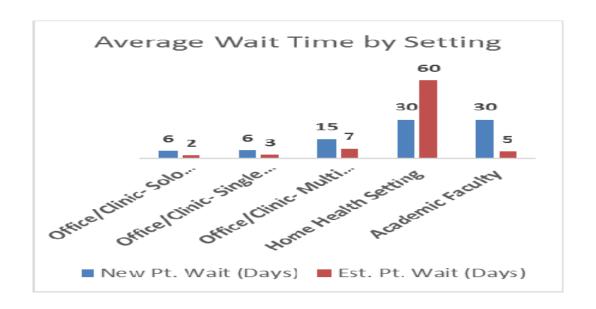




Specialty Profile: Allergy and Immunology





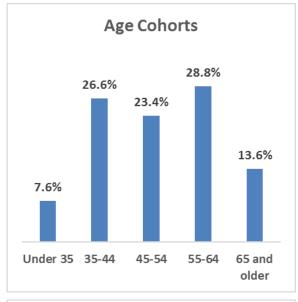


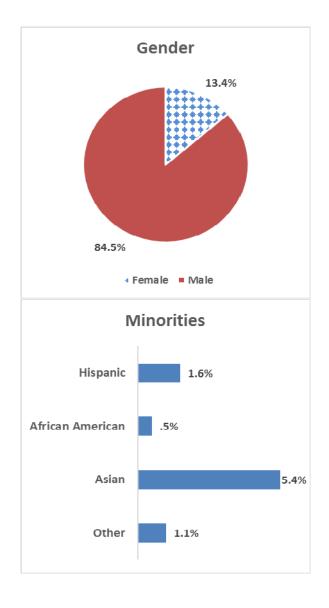
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	92.3%	7.7%	0.0%	0.0%	0.0%
Medicare	92.9%	0.0%	0.0%	0.0%	7.1%
Insured	0.0%	0.0%	57.1%	42.9%	0.0%
Uninsured	100.0%	0.0%	0.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%	0.0%	0.0%
VA	100.0%	0.0%	0.0%	0.0%	0.0%

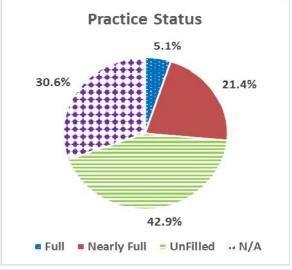
Local Health District	Percent of Physicians
Bear River	5.9%
Davis	11.8%
Salt Lake	47.1%
Southwest	5.9%
Utah	5.9%
Weber-Morgan	17.6%
Out of State	5.9%

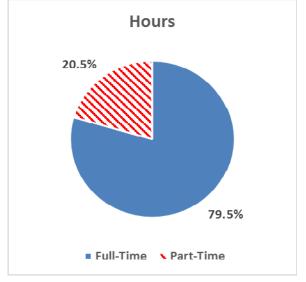
Specialty Profile: Anesthesiology (General)

Count:	400
Standardized FTE:	353.31
Total Hour FTE:	508.41
Mean Reported Hours Per Week:	55.57
Average Age:	51
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$248,992
MGMA Median Income:	\$453,687
MGMA West. Reg. Median Income:	\$454,653
Median Reported Debt at Graduation:	\$98,995
Median Reported Current Debt:	\$127,567

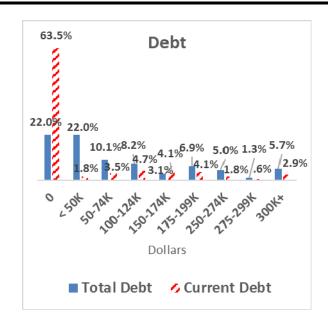


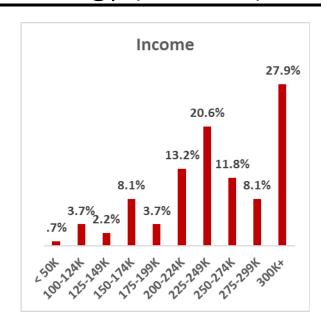


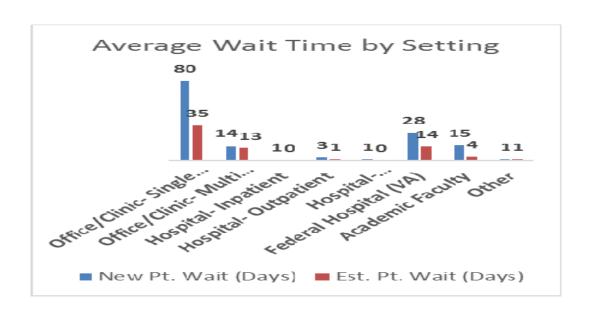




Specialty Profile: Anesthesiology (General)





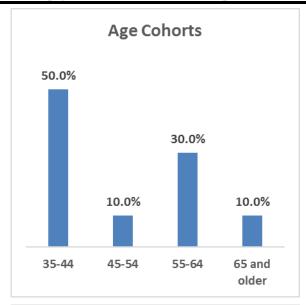


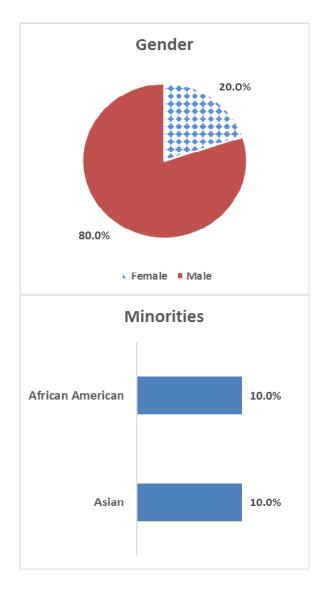
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	1.0%	86.0%	11.0%	1.0%	1.0%	0%
Medicare	5.7%	50.9%	36.8%	6.6%	0.0%	0%
Insured	0.0%	14.7%	38.9%	44.2%	2.1%	0%
Uninsured	2.1%	94.7%	1.1%	2.1%	0.0%	0%
Charity	12.5%	83.9%	1.8%	1.8%	0.0%	0%
VA	4.0%	88.0%	2.0%	4.0%	0.0%	2%

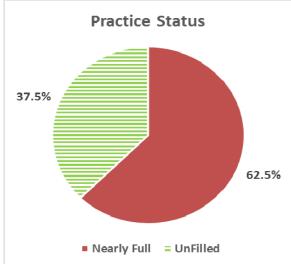
Local Health District	Percent of Physicians		
Bear River	3.9%		
Central	0.6%		
Davis	8.4%		
Salt Lake	41.9%		
Southeastern	1.1%		
Southwest	5.0%		
Summit	1.1%		
Utah	13.4%		
Wasatch	0.6%		
Weber-Morgan	6.7%		
Out of State	17.3%		

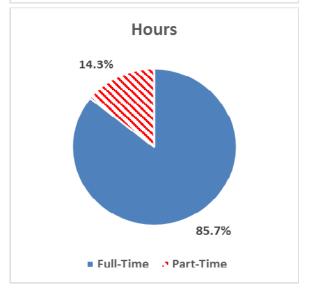
Specialty Profile: Anesthesiology-Pain Management

Count:	21
Standardized FTE:	14.98
Total Hour FTE:	16.96
Mean Reported Hours Per Week:	45.29
Average Age:	51
Median Reported Patients Per Hour	4.50
Median FTE Adj. Income:	\$270,679
MGMA Median Income:	\$440,661
MGMA West. Reg. Median Income:	\$535,971
Median Reported Debt at Graduation:	\$314,160
Median Reported Current Debt:	\$251,013

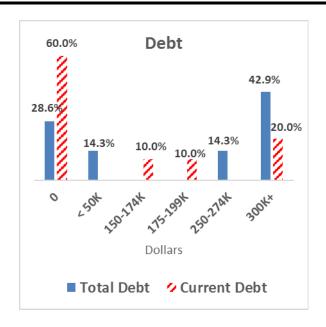


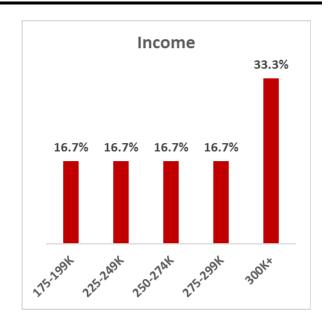


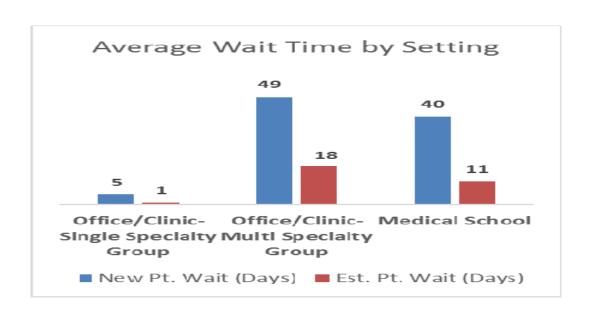




Specialty Profile: Anesthesiology-Pain Management





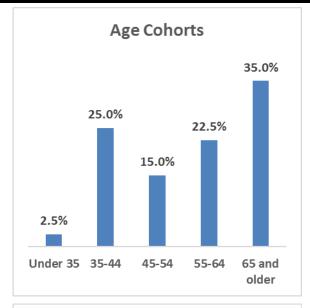


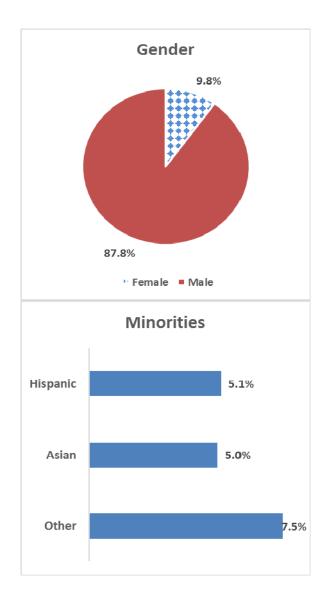
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	0.0%	71.4%	28.6%	0.0%	0.0%
Medicare	0.0%	25.0%	62.5%	12.5%	0.0%
Insured	0.0%	12.5%	50.0%	25.0%	12.5%
Uninsured	20.0%	80.0%	0.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%	0.0%	0.0%
VA	0.0%	100.0%	0.0%	0.0%	0.0%

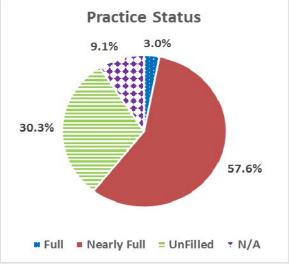
Local Health District	Percent of Physicians
Bear River	11.1%
Salt Lake	44.4%
Southwest	11.1%
Utah	11.1%
Out of State	22.2%

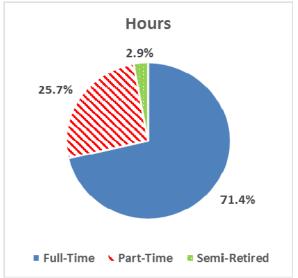
Specialty Profile: Cardiology

Count:	88
Standardized FTE:	70.46
Total Hour FTE:	104.65
Mean Reported Hours Per Week:	55.89
Average Age:	56
Median Reported Patients Per Hour	7.00
Median FTE Adj. Income:	\$217,919
MGMA Median Income:	\$542,447
MGMA West. Reg. Median Income:	\$518,056
Median Reported Debt at Graduation:	\$58,017
Median Reported Current Debt:	\$96,138

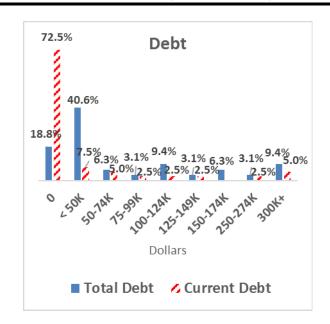


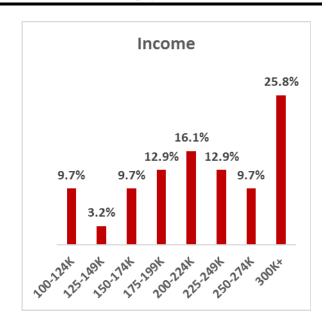


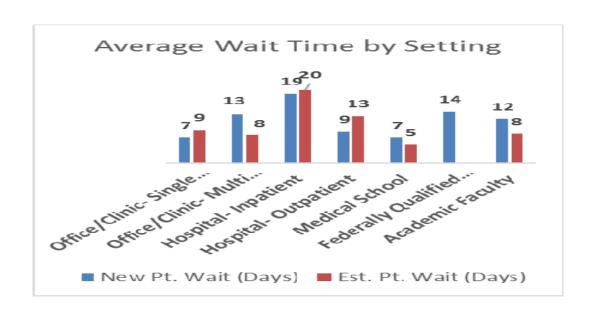




Specialty Profile: Cardiology





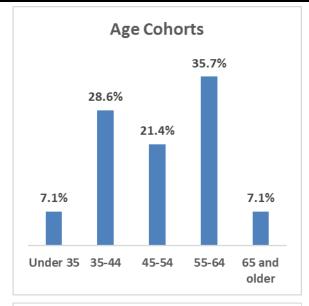


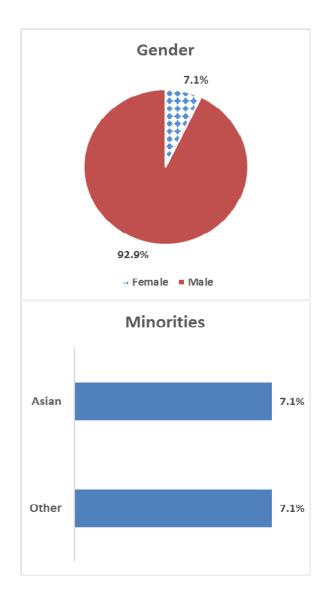
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	9.1%	86.4%	0.0%	4.5%	0.0%	0%
Medicare	0.0%	3.8%	23.1%	57.7%	15.4%	0%
Insured	0.0%	29.2%	62.5%	8.3%	0.0%	0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%	0%
Charity	8.3%	83.3%	0.0%	8.3%	0.0%	0%
VA	8.3%	75.0%	0.0%	8.3%	0.0%	8%

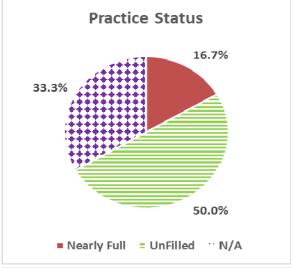
	Local Health District	Percent of Physicians
	Davis	9.8%
	Salt Lake	41.5%
Southeastern		2.4%
	Southwest	4.9%
	Utah	7.3%
Weber-Morgan Out of State		4.9%
		29.3%

Specialty Profile: Critical Care Medicine

Count:	30
Standardized FTE:	23.54
Total Hour FTE:	37.99
Mean Reported Hours Per Week:	64.55
Average Age:	52
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$222,671
MGMA Median Income:	\$398,173
MGMA West. Reg. Median Income:	\$505,456
Median Reported Debt at Graduation:	\$52,938
Median Reported Current Debt:	\$127,410

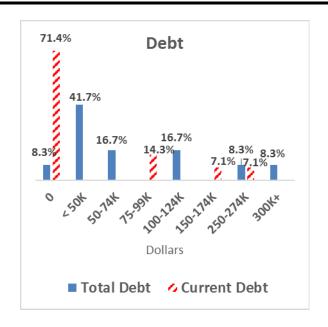


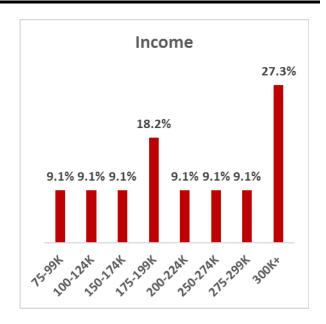


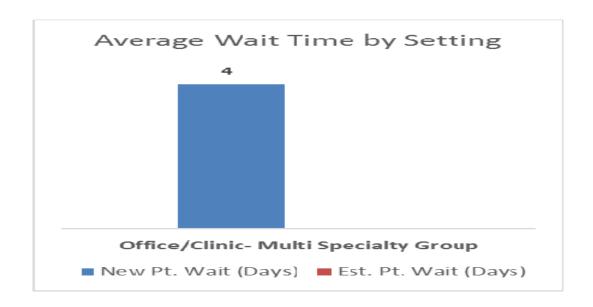




Specialty Profile: Critical Care Medicine





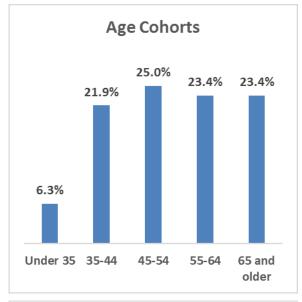


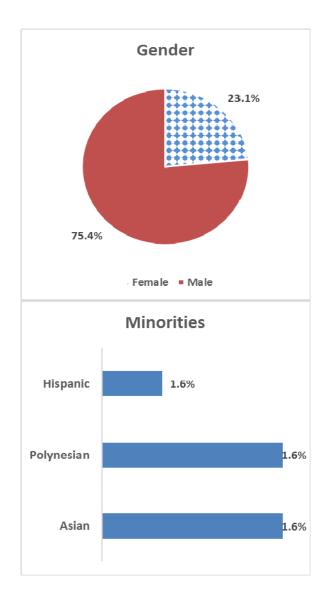
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	0.0%	100.0%	0.0%	0.0%	0.0%
Medicare	12.5%	12.5%	25.0%	37.5%	12.5%
Insured	0.0%	100.0%	0.0%	0.0%	0.0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%
Charity	20.0%	80.0%	0.0%	0.0%	0.0%
VA	50.0%	0.0%	25.0%	0.0%	25.0%

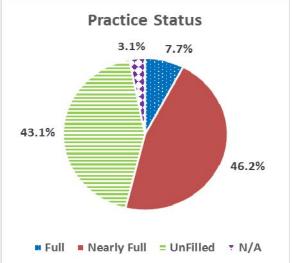
Local Health District	Percent of Physicians
Davis	8.3%
Salt Lake	33.3%
Utah	16.7%
Weber-Morgan	16.7%
Out of State	25.0%

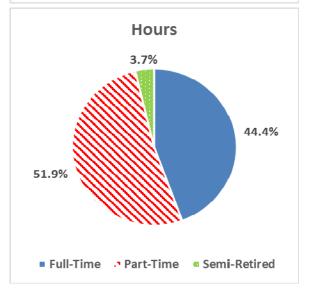
Specialty Profile: Dermatology

Count:	139
Standardized FTE:	101.01
Total Hour FTE:	118.24
Mean Reported Hours Per Week:	40.93
Average Age:	53
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$329,043
MGMA Median Income:	\$457,419
MGMA West. Reg. Median Income:	\$445,883
Median Reported Debt at Graduation:	\$121,801
Median Reported Current Debt:	\$113,238

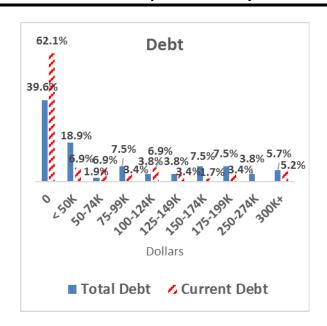


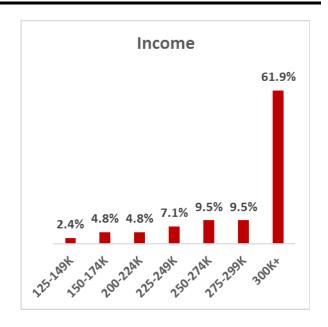


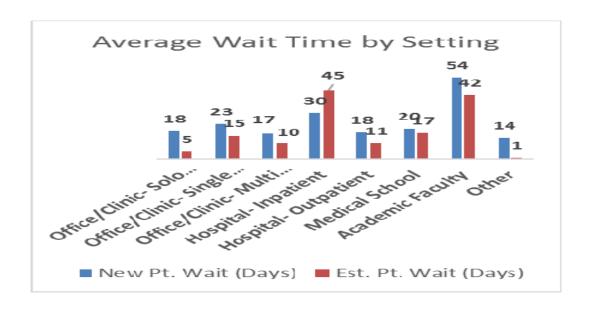




Specialty Profile: Dermatology





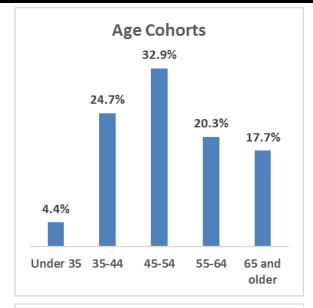


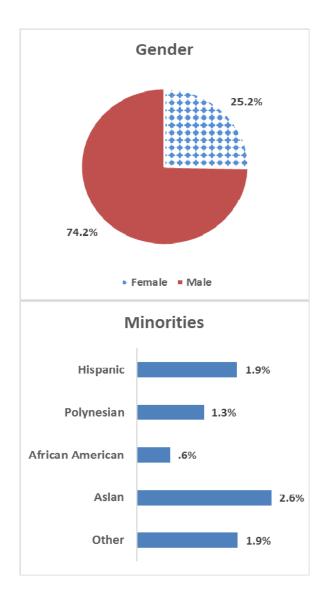
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	11.5%	84.6%	1.9%	1.9%	0.0%
Medicare	1.9%	24.1%	55.6%	16.7%	1.9%
Insured	0.0%	5.7%	52.8%	39.6%	1.9%
Uninsured	0.0%	96.2%	0.0%	1.9%	1.9%
Charity	19.4%	80.6%	0.0%	0.0%	0.0%
VA	13.5%	83.8%	2.7%	0.0%	0.0%

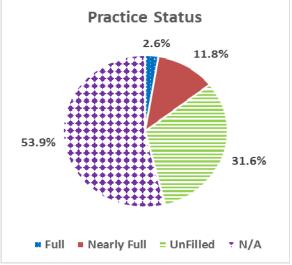
Local Health District	Percent of Physicians
Bear River	4.6%
Davis	16.9%
Salt Lake	26.2%
Southwest	7.7%
Tri-County	3.1%
Utah	16.9%
Weber-Morgan	4.6%
Out of State	20.0%

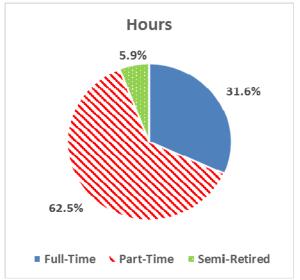
Specialty Profile: Emergency Care

Count:	340
Standardized FTE:	250.75
Total Hour FTE:	284.62
Mean Reported Hours Per Week:	39.12
Average Age:	52
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$326,409
MGMA Median Income:	\$311,859
MGMA West. Reg. Median Income:	\$307,585
Median Reported Debt at Graduation:	\$95,094
Median Reported Current Debt:	\$122,169

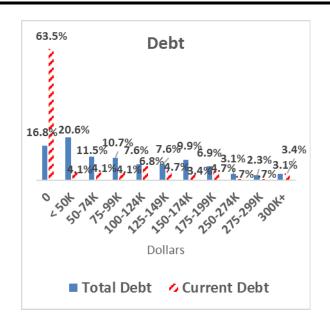


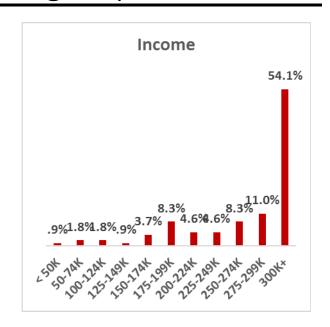


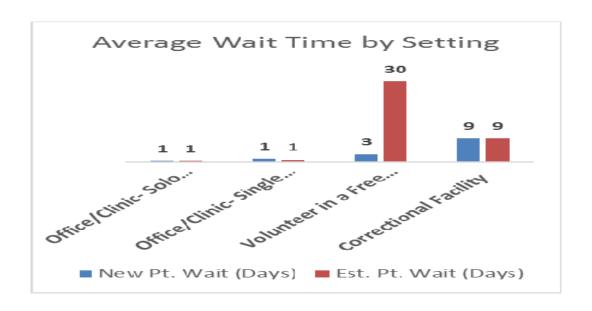




Specialty Profile: Emergency Care





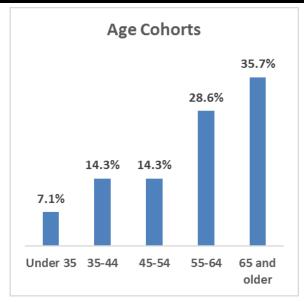


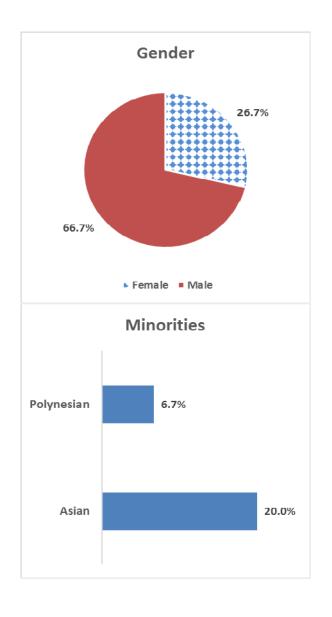
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	2.6%	75.3%	14.3%	6.5%	0.0%	1%
Medicare	11.7%	66.2%	15.6%	6.5%	0.0%	0%
Insured	1.3%	31.6%	47.4%	15.8%	1.3%	3%
Uninsured	1.3%	84.0%	12.0%	1.3%	1.3%	0%
Charity	40.0%	50.0%	3.3%	0.0%	0.0%	7%
VA	6.3%	81.3%	6.3%	3.1%	0.0%	3%

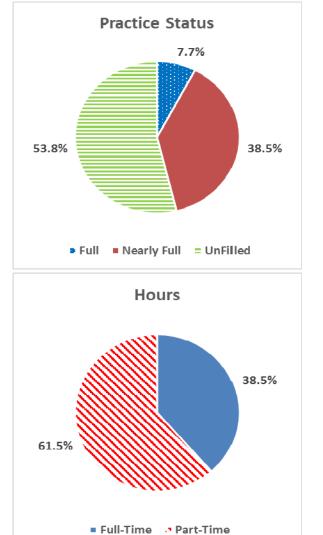
Local Health District	Percent of Physicians
Bear River	3.3%
Central	1.3%
Davis	9.3%
Salt Lake	43.0%
Southeastern	2.6%
Southwest	4.6%
Summit	1.3%
Tooele	2.0%
Tri-County	2.0%
Utah	9.9%
Wasatch	0.7%
Weber-Morgan	6.6%
Out of State	13.2%

Specialty Profile: Endocrinology and Metabolism

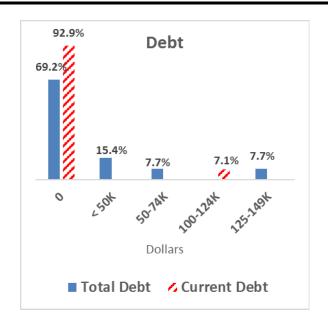
Count:	32
Standardized FTE:	24.08
Total Hour FTE:	29.59
Mean Reported Hours Per Week:	42.54
Average Age:	59
Median Reported Patients Per Hour	3.50
Median FTE Adj. Income:	\$207,974
MGMA Median Income:	\$240,322
MGMA West. Reg. Median Income:	\$231,618
Median Reported Debt at Graduation:	\$50,500
Median Reported Current Debt:	\$100,769

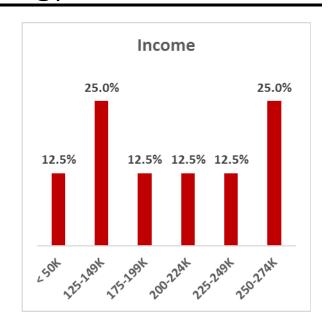


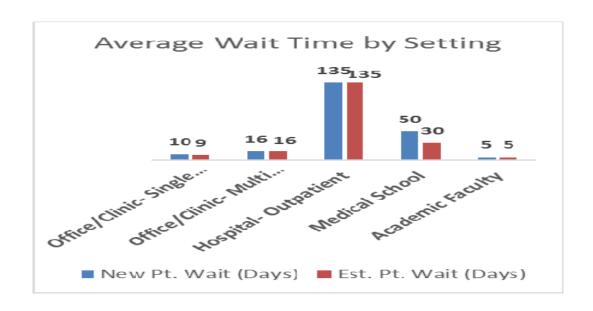




Specialty Profile: Endocrinology and Metabolism





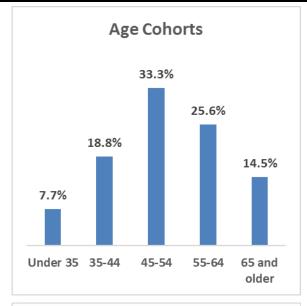


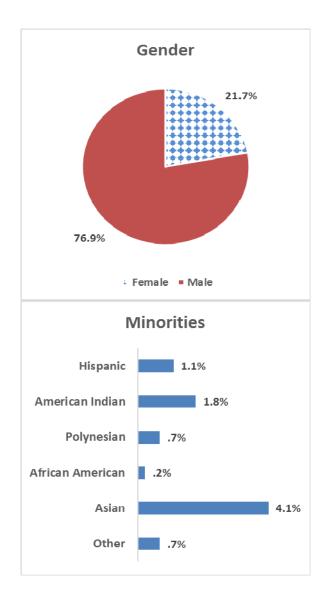
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	100.0%	0.0%	0.0%	0.0%
Medicare	70.0%	30.0%	0.0%	0.0%
Insured	0.0%	20.0%	60.0%	20.0%
Uninsured	100.0%	0.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%	0.0%
VA	100.0%	0.0%	0.0%	0.0%

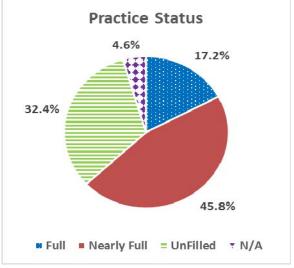
Local Health District	Percent of Physicians
Salt Lake	80.0%
Utah	6.7%
Weber-Morgan	13.3%

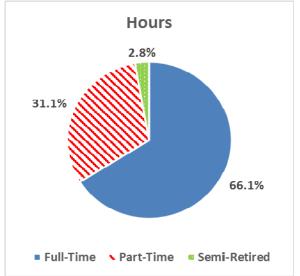
Specialty Profile: Family Medicine

Count:	954
Standardized FTE:	792.98
Total Hour FTE:	1020.24
Mean Reported Hours Per Week:	48.28
Average Age:	52
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$175,334
MGMA Median Income:	\$243,176
MGMA West. Reg. Median Income:	\$234,432
Median Reported Debt at Graduation:	\$98,472
Median Reported Current Debt:	\$111,445

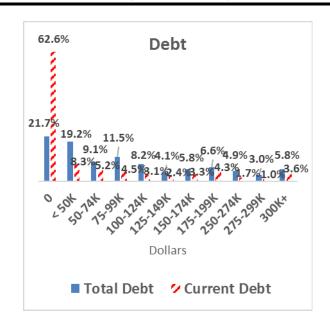


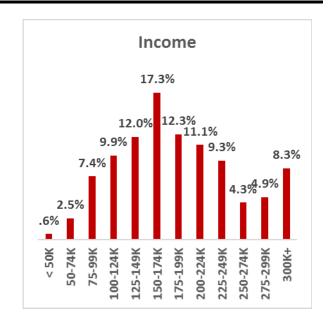


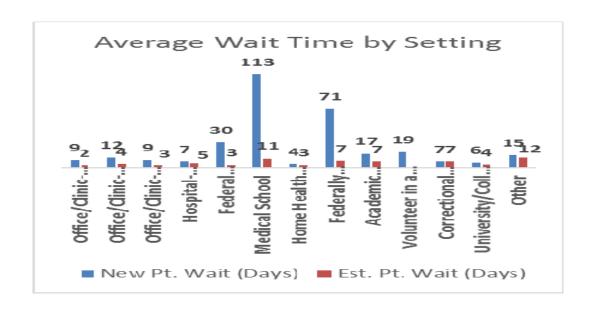




Specialty Profile: Family Medicine





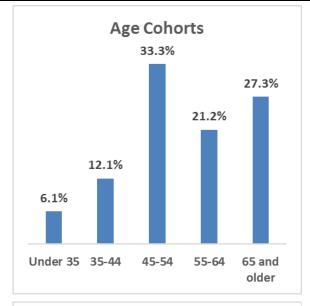


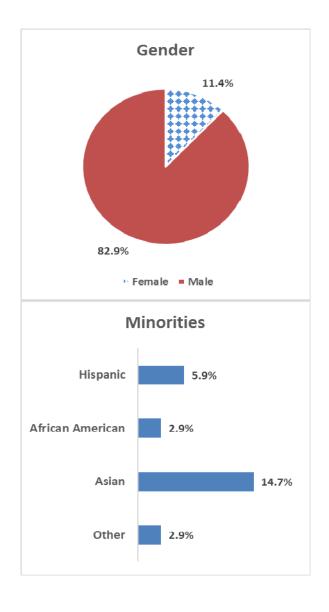
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	3.0%	76.9%	17.1%	1.8%	1%	0.6%
Medicare	3.8%	64.7%	25.7%	3.5%	1%	0.9%
Insured	0.6%	20.0%	31.3%	38.8%	8%	1.2%
Uninsured	1.2%	87.4%	3.5%	4.7%	2%	1.5%
Charity	18.2%	77.9%	0.6%	0.6%	0%	2.8%
VA	10.1%	88.9%	0.0%	0.0%	0%	1.1%

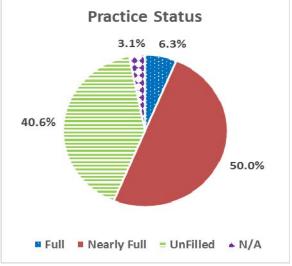
Local Health District	Percent of Physicians
Bear River	5.9%
Central	4.5%
Davis	11.8%
Salt Lake	32.0%
Southeastern	3.6%
Southwest	7.3%
Summit	2.3%
Tooele	0.9%
Tri-County	1.8%
Utah	17.5%
Wasatch	1.4%
Weber-Morgan	8.6%
Out of State	2.3%

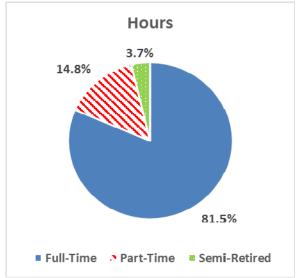
Specialty Profile: Gastroenterology

Count:	75
Standardized FTE:	54.89
Total Hour FTE:	74.58
Mean Reported Hours Per Week:	51.63
Average Age:	55
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$254,960
MGMA Median Income:	\$529,233
MGMA West. Reg. Median Income:	\$514,924
Median Reported Debt at Graduation:	\$78,964
Median Reported Current Debt:	\$154,433

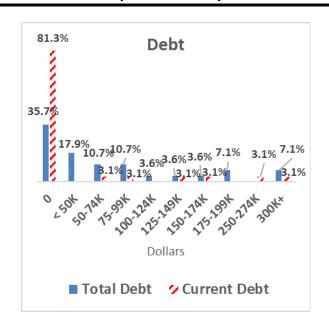


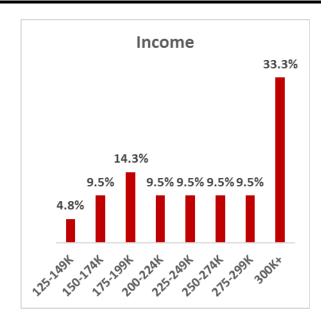


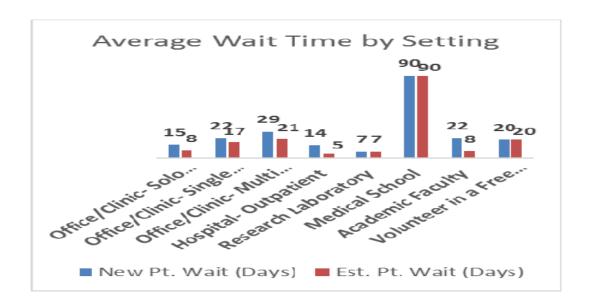




Specialty Profile: Gastroenterology





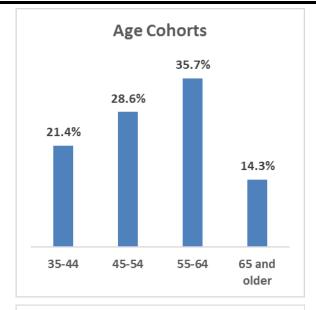


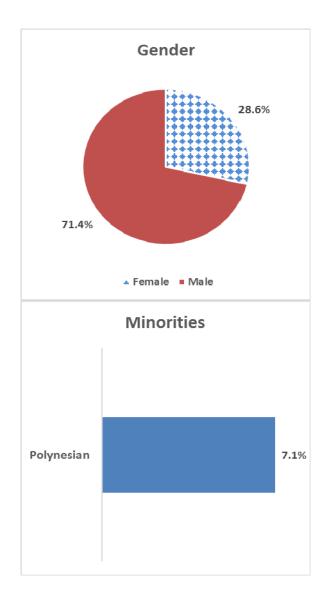
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	0.0%	90.5%	9.5%	0.0%	0%	0.0%
Medicare	0.0%	65.0%	30.0%	5.0%	0%	0.0%
Insured	0.0%	5.3%	31.6%	57.9%	5%	0.0%
Uninsured	9.1%	77.3%	4.5%	9.1%	0%	0.0%
Charity	23.1%	69.2%	0.0%	0.0%	0%	7.7%
VA	18.2%	81.8%	0.0%	0.0%	0%	0.0%

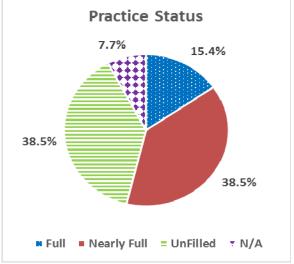
Local Health District	Percent of Physicians
Bear River	8.8%
Davis	8.8%
Salt Lake	41.2%
Southwest	8.8%
Tri-County	2.9%
Utah	8.8%
Weber-Morgan	5.9%
Out of State	14.7%

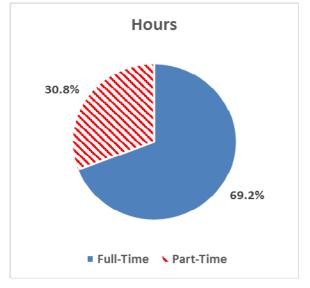
Specialty Profile: Geriatrics

Count:	30
Standardized FTE:	26.43
Total Hour FTE:	34.35
Mean Reported Hours Per Week:	49.38
Average Age:	53
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$161,822
MGMA Median Income:	\$231,199
MGMA West. Reg. Median Income:	\$270,726
Median Reported Debt at Graduation:	\$67,834
Median Reported Current Debt:	\$19,174

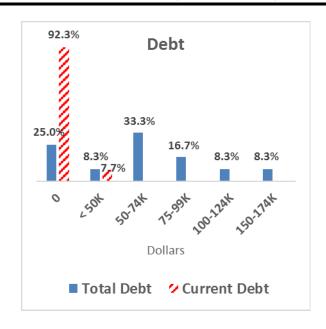


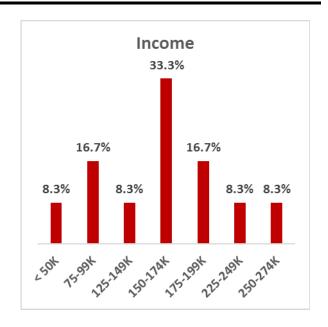


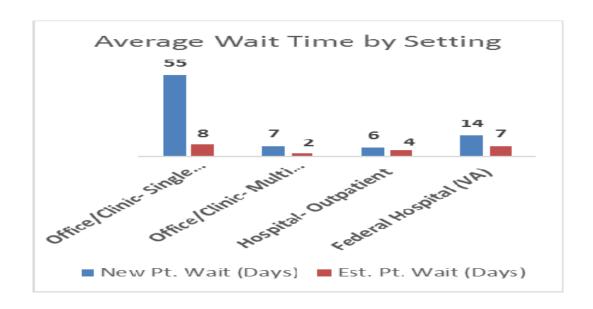




Specialty Profile: Geriatrics





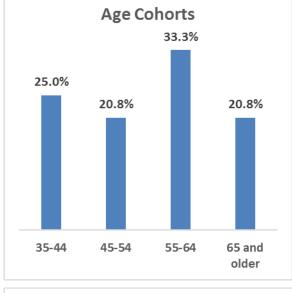


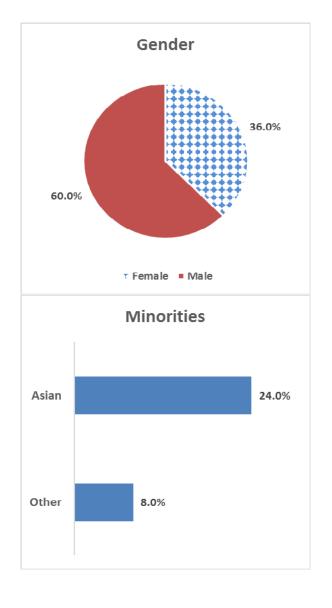
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	11.1%	88.9%	0.0%	0.0%	0.0%	0.0%
Medicare	0.0%	0.0%	27.3%	18.2%	36.4%	18.2%
Insured	0.0%	37.5%	37.5%	12.5%	0.0%	12.5%
Uninsured	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%
Charity	25.0%	75.0%	0.0%	0.0%	0.0%	0.0%
VA	16.7%	66.7%	0.0%	16.7%	0.0%	0.0%

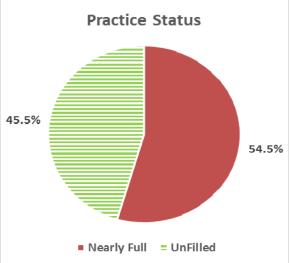
Local Health District	Percent of Physicians
Salt Lake	76.9%
Summit	7.7%
Out of State	15.4%

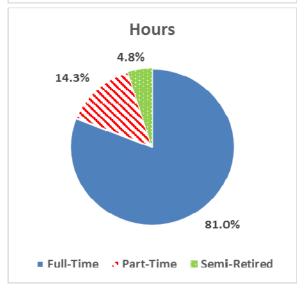
Specialty Profile: Hematology/Oncology

Count:	54
Standardized FTE:	42.21
Total Hour FTE:	55.91
Mean Reported Hours Per Week:	49.76
Average Age:	54
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$248,608
MGMA Median Income:	\$450,000
MGMA West. Reg. Median Income:	\$411,100
Median Reported Debt at Graduation:	\$106,451
Median Reported Current Debt:	\$127,369

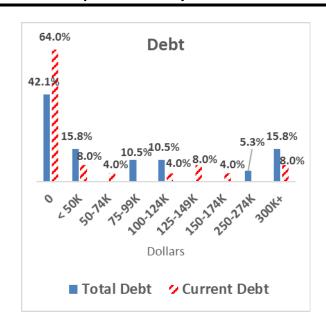


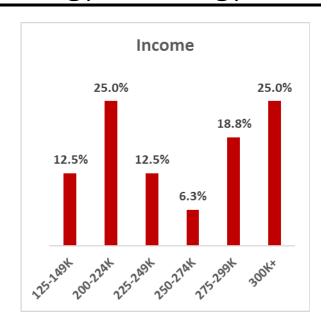


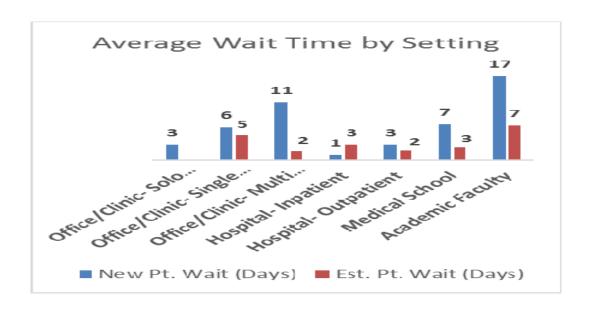




Specialty Profile: Hematology/Oncology





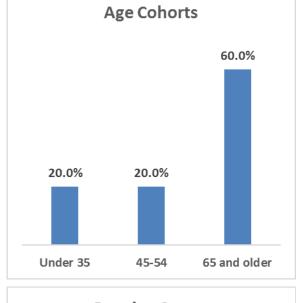


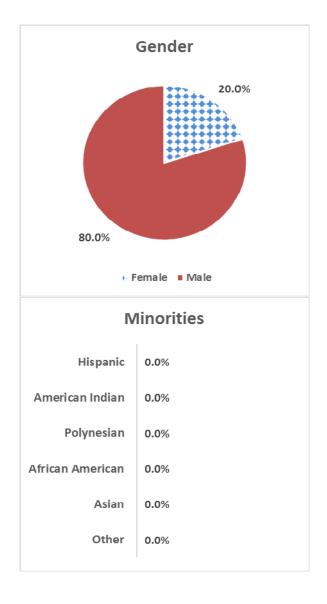
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients
Medicaid	0.0%	92.3%	0.0%	7.7%
Medicare	0.0%	7.7%	38.5%	53.8%
Insured	0.0%	41.7%	41.7%	16.7%
Uninsured	0.0%	100.0%	0.0%	0.0%
Charity	20.0%	80.0%	0.0%	0.0%
VA	0.0%	100.0%	0.0%	0.0%

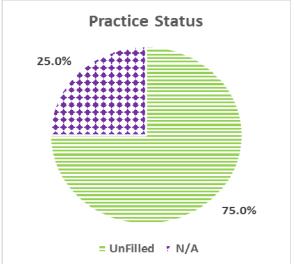
Local Health District	Percent of Physicians
Salt Lake	50.0%
Southwest	20.8%
Utah	8.3%
Weber-Morgan	4.2%
Out of State	16.7%

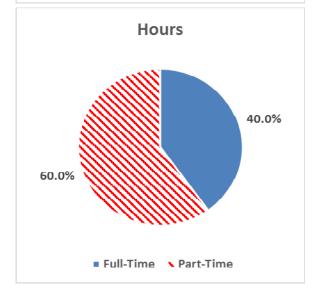
Specialty Profile: Hospice and Palliative Medicine

Count:	11
Standardized FTE:	10.70
Total Hour FTE:	11.88
Mean Reported Hours Per Week:	44.40
Average Age:	55
Median Reported Patients Per Hour	3.50
Median FTE Adj. Income:	\$254,966
MGMA Median Income:	\$238,000
MGMA West. Reg. Median Income:	\$243,354
Median Reported Debt at Graduation:	\$82,814
Median Reported Current Debt:	\$167,574

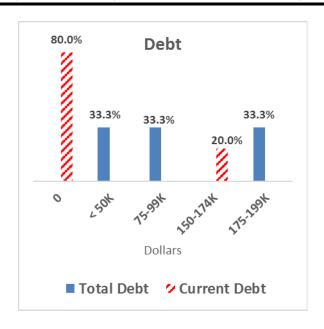


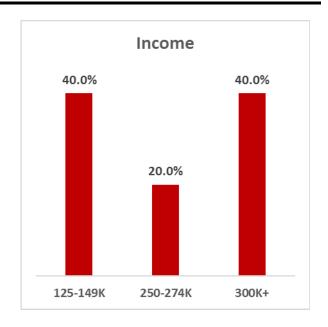


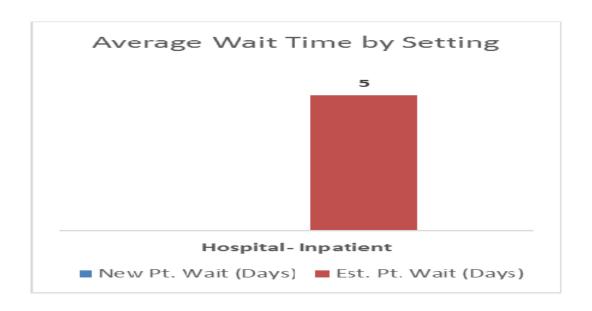




Specialty Profile: Hospice and Palliative Medicine





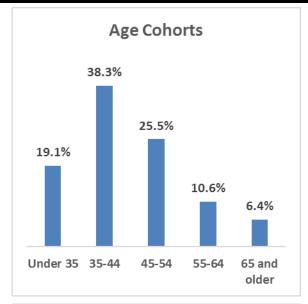


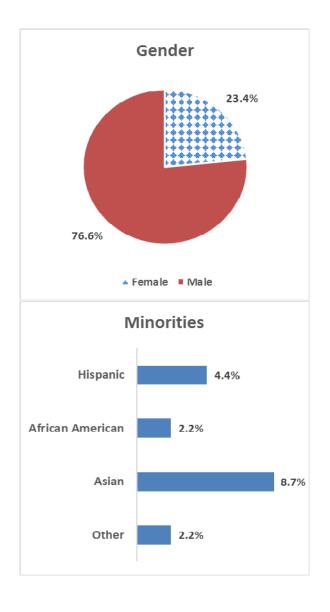
% of Patients	Less Than 25% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	66.7%	33.3%	0.0%
Medicare	50.0%	0.0%	50.0%
Insured	100.0%	0.0%	0.0%
Uninsured	100.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%
VA	50.0%	50.0%	0.0%

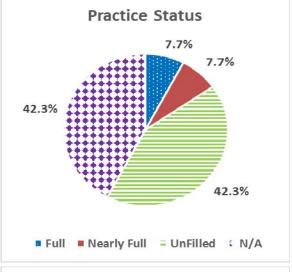
Local Health District	Percent of Physicians
Davis	20.0%
Salt Lake	60.0%
Out of State	20.0%

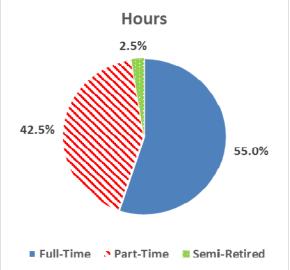
Specialty Profile: Hospitalist Internal Medicine

Count:	101
Standardized FTE:	80.89
Total Hour FTE:	101.17
Mean Reported Hours Per Week:	47.28
Average Age:	45
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$213,409
MGMA Median Income:	\$278,471
MGMA West. Reg. Median Income:	\$275,658
Median Reported Debt at Graduation:	\$106,632
Median Reported Current Debt:	\$116,650

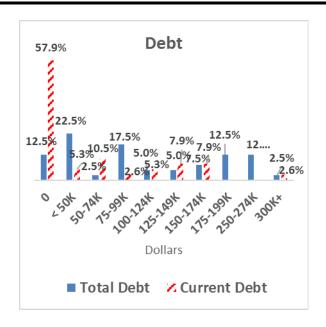


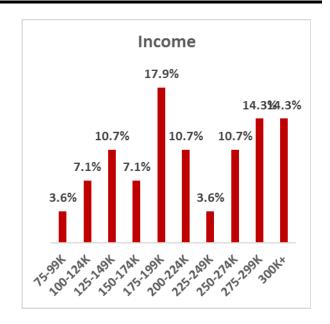


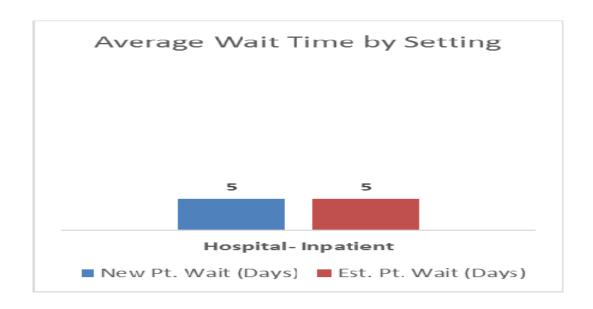




Specialty Profile: Hospitalist Internal Medicine





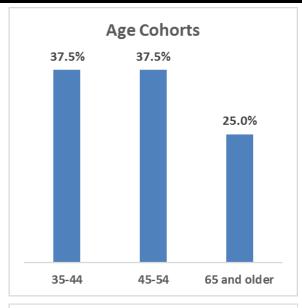


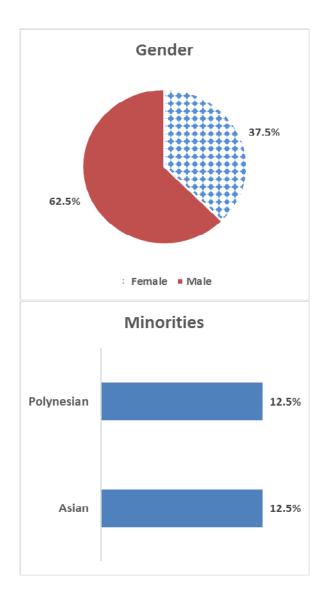
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	100% of Patients
Medicaid	0.0%	88.9%	11.1%	0.0%	0.0%
Medicare	0.0%	21.4%	32.1%	46.4%	0.0%
Insured	0.0%	67.9%	28.6%	3.6%	0.0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%
Charity	7.7%	92.3%	0.0%	0.0%	0.0%
VA	25.0%	58.3%	0.0%	8.3%	8.3%

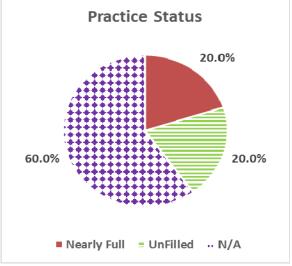
Local Health District	Percent of Physicians
Bear River	6.7%
Davis	2.2%
Salt Lake	35.6%
Southwest	2.2%
Tri-County	2.2%
Utah	20.0%
Weber-Morgan	6.7%
Out of State	24.4%

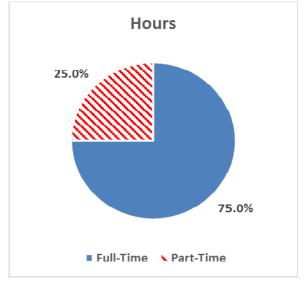
Specialty Profile: Hospitalist Pediatrics

Count:	17
Standardized FTE:	15.41
Total Hour FTE:	20.12
Mean Reported Hours Per Week:	47.00
Average Age:	50
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$121,134
MGMA Median Income:	\$196,662
MGMA West. Reg. Median Income:	\$200,414
Median Reported Debt at Graduation:	\$90,313
Median Reported Current Debt:	\$98,438

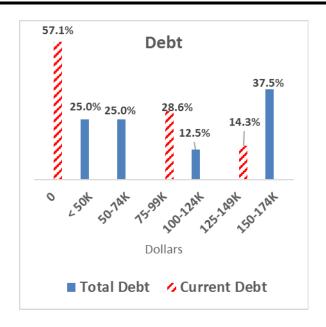


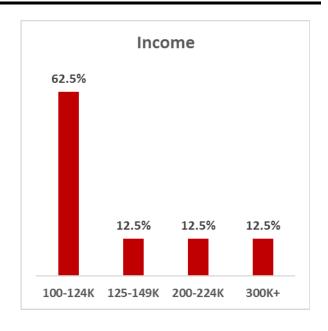






Specialty Profile: Hospitalist Pediatrics



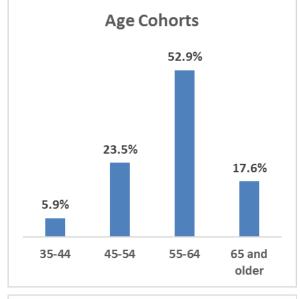


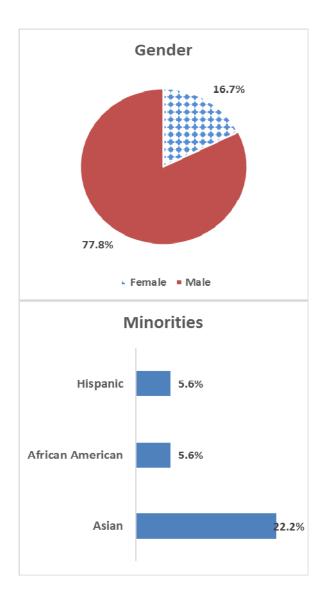
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	0.0%	0.0%	50.0%	0.25	25.0%
Medicare	50.0%	50.0%	0.0%	0	0.0%
Insured	0.0%	50.0%	0.0%	0.5	0.0%
Uninsured	0.0%	100.0%	0.0%	0	0.0%
Charity	33.3%	66.7%	0.0%	0	0.0%
VA	50.0%	50.0%	0.0%	0	0.0%

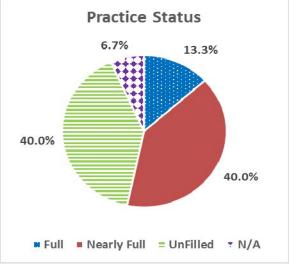
Local Health District	Percent of Physicians
Davis	12.5%
Salt Lake	75.0%
Utah	12.5%

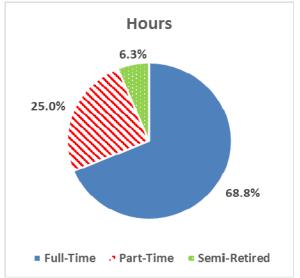
Specialty Profile: Infectious Diseases

Count:	39
Standardized FTE:	31.35
Total Hour FTE:	43.12
Mean Reported Hours Per Week:	50.38
Average Age:	58
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$147,622
MGMA Median Income:	\$258,218
MGMA West. Reg. Median Income:	\$256,121
Median Reported Debt at Graduation:	\$56,559
Median Reported Current Debt:	\$281,296

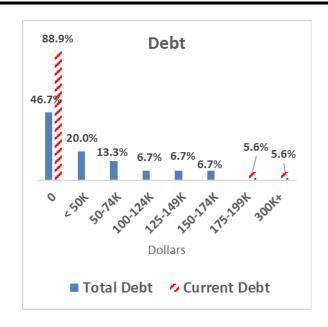


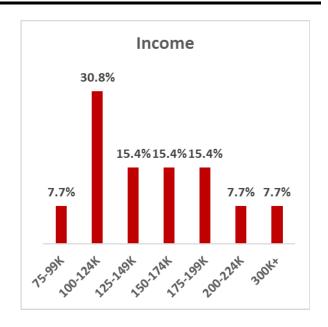


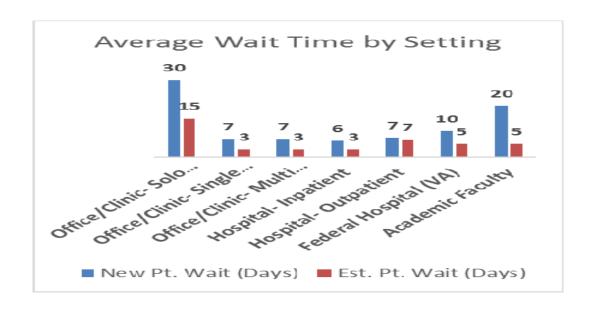




Specialty Profile: Infectious Diseases





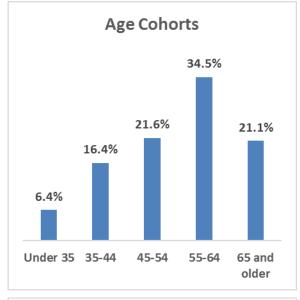


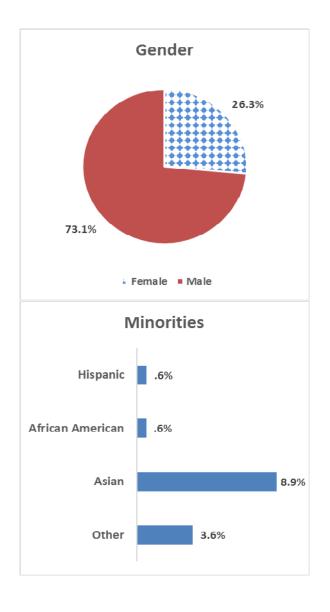
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients
Medicaid	80.0%	20.0%	0.0%
Medicare	36.4%	45.5%	18.2%
Insured	18.2%	45.5%	36.4%
Uninsured	100.0%	0.0%	0.0%
Charity	80.0%	20.0%	0.0%
VA	66.7%	0.0%	33.3%

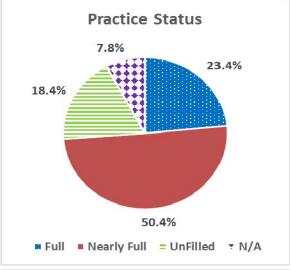
Local Health District	Percent of Physicians
Salt Lake	29.4%
Utah	5.9%
Weber-Morgan	5.9%
Out of State	58.8%

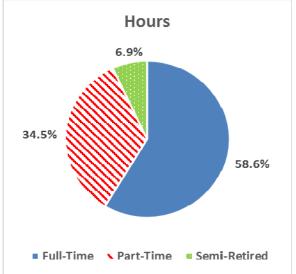
Specialty Profile: Internal Medicine (General)

Count:	366
Standardized FTE:	275.47
Total Hour FTE:	356.15
Mean Reported Hours Per Week:	45.91
Average Age:	54
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$174,762
MGMA Median Income:	\$247,319
MGMA West. Reg. Median Income:	\$240,595
Median Reported Debt at Graduation:	\$60,629
Median Reported Current Debt:	\$91,831

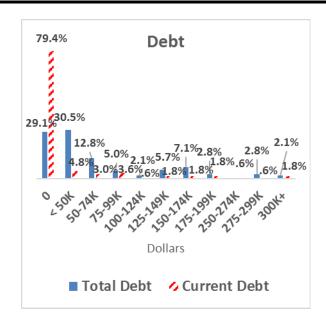


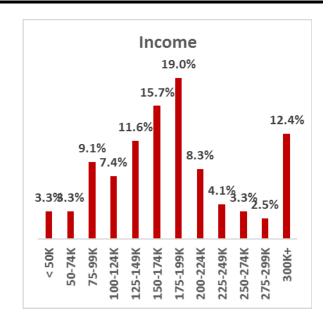


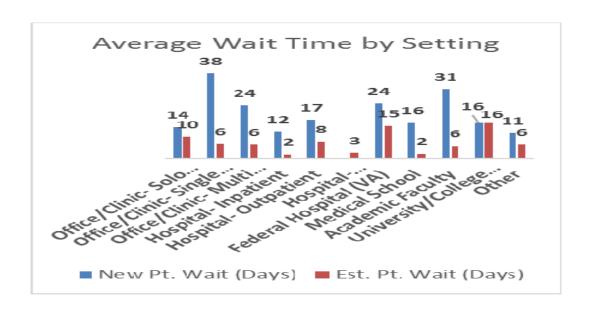




Specialty Profile: Internal Medicine (General)





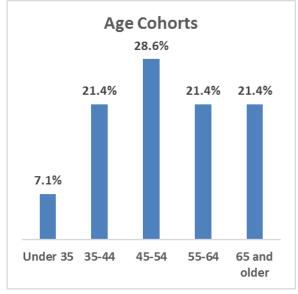


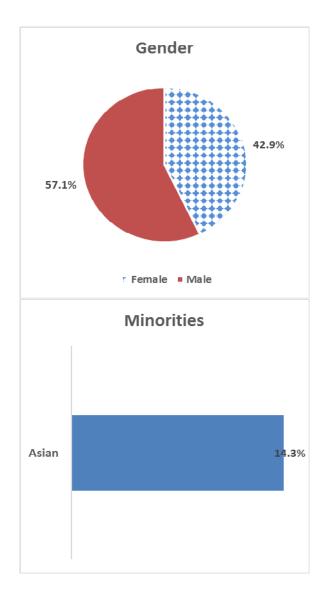
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	6.3%	84.7%	5.4%	1.8%	1.8%	0.0%
Medicare	4.1%	15.7%	31.4%	43.0%	5.8%	0.0%
Insured	2.6%	25.6%	46.2%	19.7%	4.3%	1.7%
Uninsured	1.9%	96.2%	1.0%	0.0%	1.0%	0.0%
Charity	28.6%	66.1%	1.8%	0.0%	0.0%	3.6%
VA	9.2%	69.2%	1.5%	0.0%	1.5%	18.5%

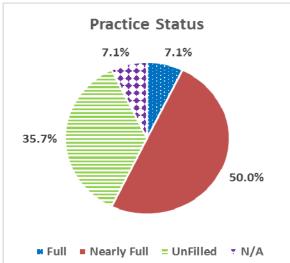
Local Health District	Percent of Physicians
Bear River	3.7%
Davis	8.0%
Salt Lake	58.0%
Southwest	4.9%
Summit	1.9%
Tooele	0.6%
Tri-County	0.6%
Utah	9.3%
Weber-Morgan	1.2%
Out of State	11.7%

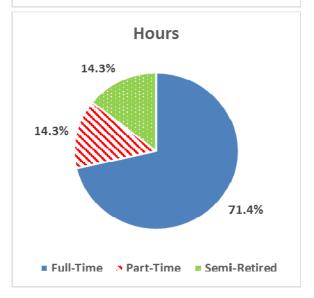
Specialty Profile: Internal Medicine and Pediatrics

Count:	30
Standardized FTE:	25.73
Total Hour FTE:	41.14
Mean Reported Hours Per Week:	54.93
Average Age:	52
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$185,047
MGMA Median Income:	\$249,995
MGMA West. Reg. Median Income:	\$269,291
Median Reported Debt at Graduation:	\$76,074
Median Reported Current Debt:	\$44,374

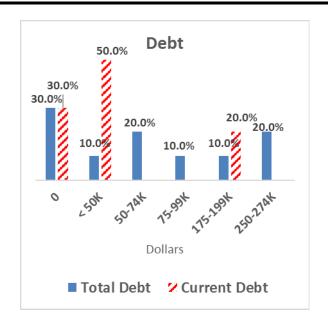


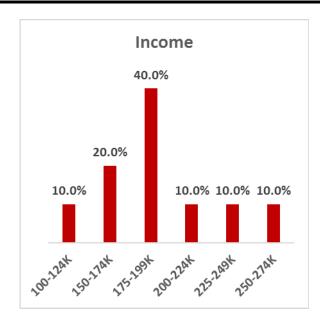


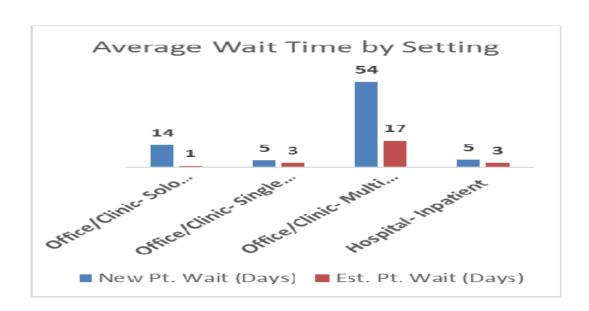




Specialty Profile: Internal Medicine and Pediatrics





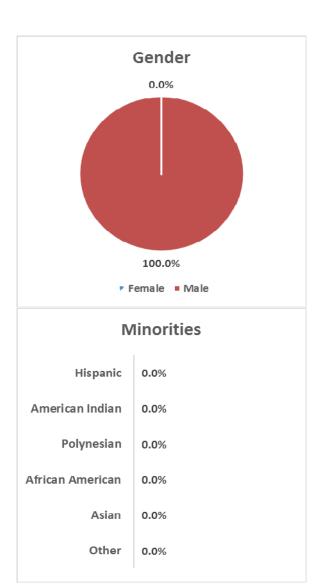


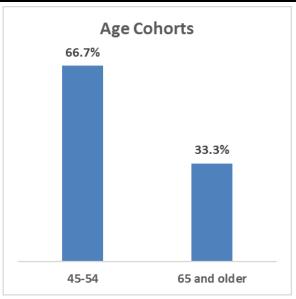
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	70.0%	0.0%	20.0%	10.0%
Medicare	88.9%	0.0%	11.1%	0.0%
Insured	30.0%	40.0%	30.0%	0.0%
Uninsured	100.0%	0.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%	0.0%
VA	100.0%	0.0%	0.0%	0.0%

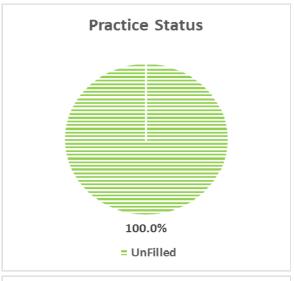
Local Health District	Percent of Physicians
Davis	7.1%
Salt Lake	64.3%
Southwest	7.1%
Tri-County	7.1%
Utah	7.1%
Out of State	7.1%

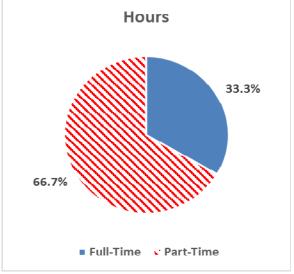
Specialty Profile: Other IM Subspecialties

Count:	6
Standardized FTE:	6.42
Total Hour FTE:	6.96
Mean Reported Hours Per Week:	43.33
Average Age:	57
Median Reported Patients Per Hour	2.50
Median FTE Adj. Income:	\$232,101
MGMA Median Income:	
MGMA West. Reg. Median Income:	
Median Reported Debt at Graduation:	\$84,334
Median Reported Current Debt:	

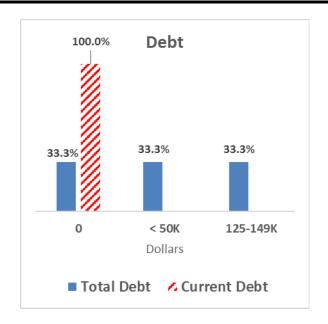


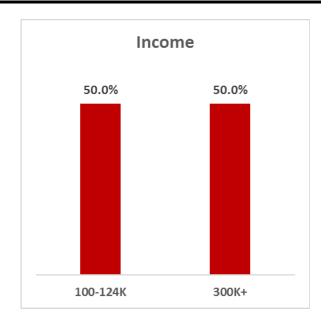


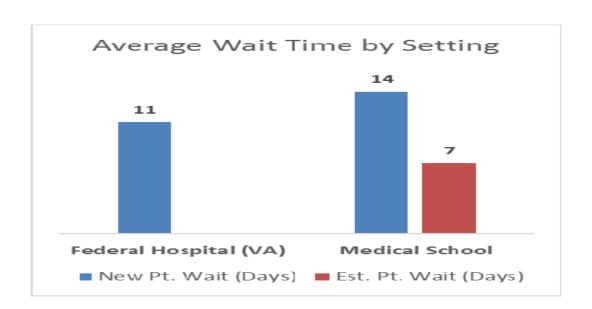




Specialty Profile: Other IM Subspecialties





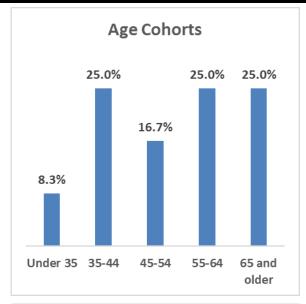


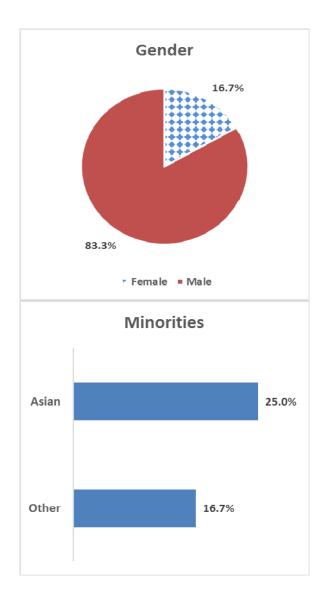
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	100% of Patients
Medicaid	0.0%	50.0%	50.0%	0.0%	0.0%
Medicare	50.0%	0.0%	50.0%	0.0%	0.0%
Insured	0.0%	0.0%	0.0%	100.0%	0.0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%
Charity	50.0%	50.0%	0.0%	0.0%	0.0%
VA	0.0%	66.7%	0.0%	0.0%	33.3%

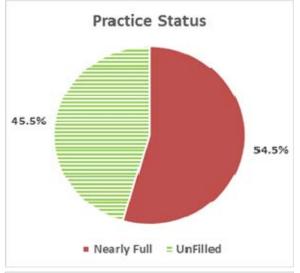
Local Health District	Percent of Physicians
Salt Lake	66.7%
Out of State	33.3%

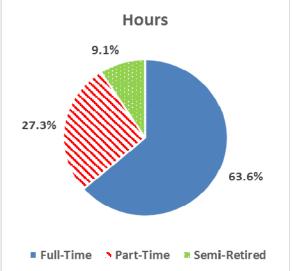
Specialty Profile: Nephrology

Count:	26
Standardized FTE:	20.87
Total Hour FTE:	29.26
Mean Reported Hours Per Week:	49.73
Average Age:	52
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$225,398
MGMA Median Income:	\$322,024
MGMA West. Reg. Median Income:	\$417,309
Median Reported Debt at Graduation:	\$90,269
Median Reported Current Debt:	\$153,037

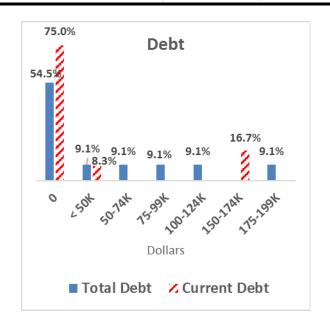


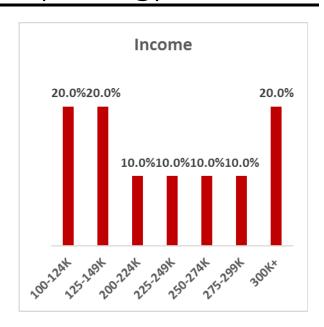


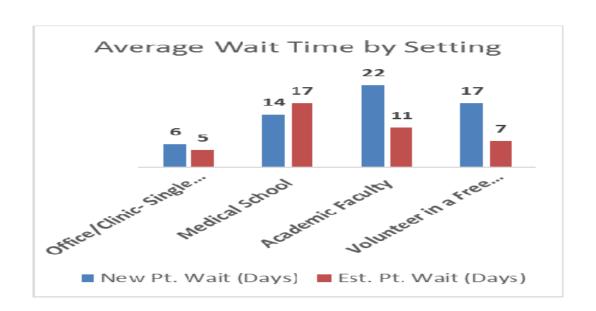




Specialty Profile: Nephrology





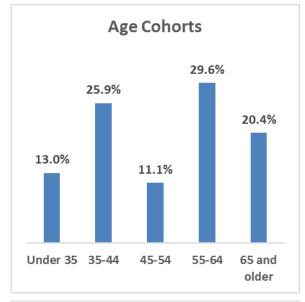


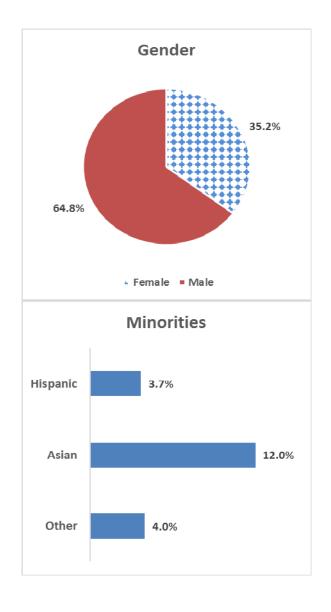
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	100% of Patients
Medicaid	85.7%	14.3%	0.0%	0.0%
Medicare	14.3%	28.6%	57.1%	0.0%
Insured	42.9%	42.9%	14.3%	0.0%
Uninsured	100.0%	0.0%	0.0%	0.0%
Charity	66.7%	0.0%	0.0%	33.3%
VA	100.0%	0.0%	0.0%	0.0%

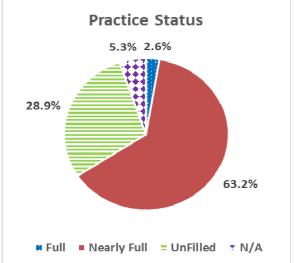
Local Health District	Percent of Physicians
Bear River	8.3%
Davis	8.3%
Salt Lake	50.0%
Southwest	8.3%
Utah	8.3%
Out of State	16.7%

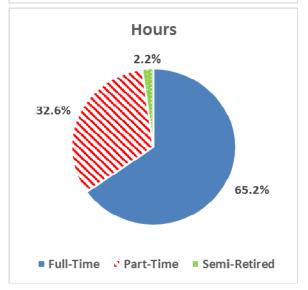
Specialty Profile: Neurology

Count:	116
Standardized FTE:	89.67
Total Hour FTE:	125.14
Mean Reported Hours Per Week:	50.85
Average Age:	52
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$200,624
MGMA Median Income:	\$286,008
MGMA West. Reg. Median Income:	\$284,684
Median Reported Debt at Graduation:	\$145,381
Median Reported Current Debt:	\$120,586

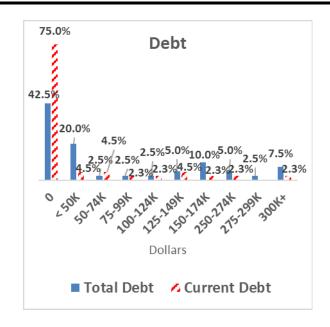


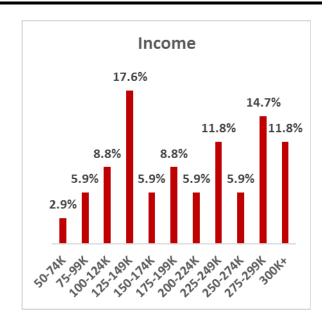


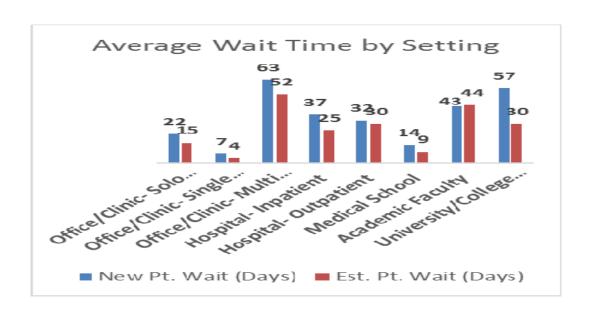




Specialty Profile: Neurology





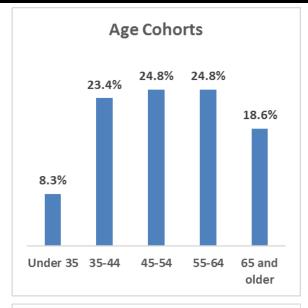


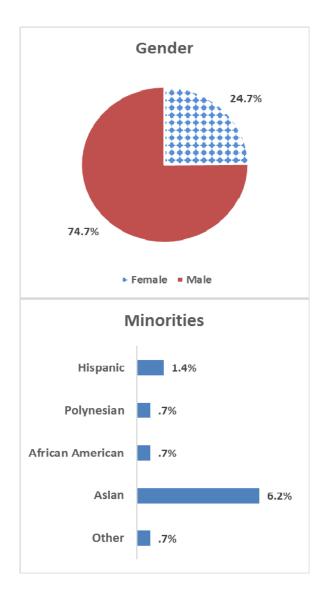
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	3.3%	70.0%	23.3%	3.3%	0.0%
Medicare	0.0%	24.1%	41.4%	31.0%	3.4%
Insured	0.0%	40.0%	33.3%	20.0%	6.7%
Uninsured	10.3%	86.2%	0.0%	3.4%	0.0%
Charity	21.4%	78.6%	0.0%	0.0%	0.0%
VA	20.0%	73.3%	0.0%	6.7%	0.0%

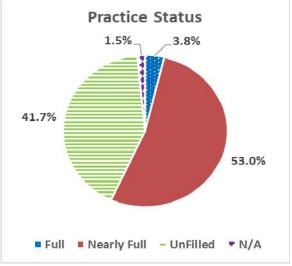
Local Health District	Percent of Physicians
Davis	2.0%
Salt Lake	54.0%
Southwest	4.0%
Utah	2.0%
Weber-Morgan	2.0%
Out of State	36.0%

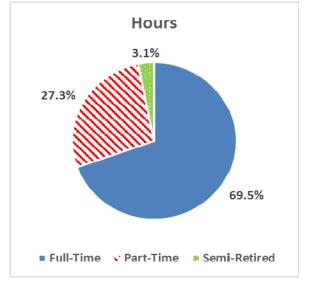
Specialty Profile: OB/GYN (General)

Count:	312
Standardized FTE:	253.00
Total Hour FTE:	343.74
Mean Reported Hours Per Week:	50.20
Average Age:	52
Median Reported Patients Per Hour	6.50
Median FTE Adj. Income:	\$239,476
MGMA Median Income:	\$330,696
MGMA West. Reg. Median Income:	\$330,090
Median Reported Debt at Graduation:	\$102,725
Median Reported Current Debt:	\$138,292

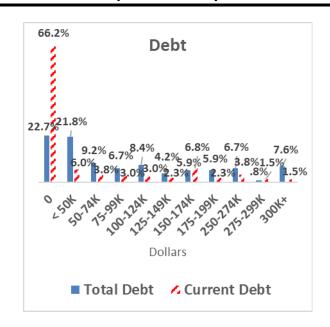


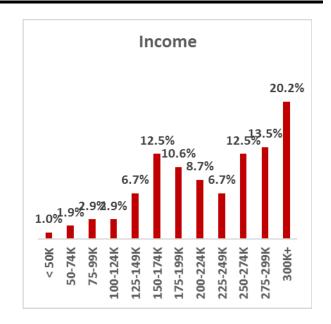


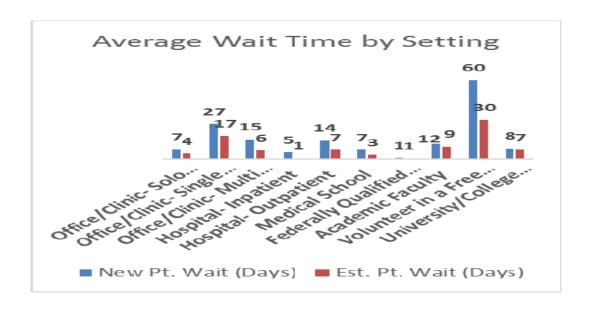




Specialty Profile: OB/GYN (General)





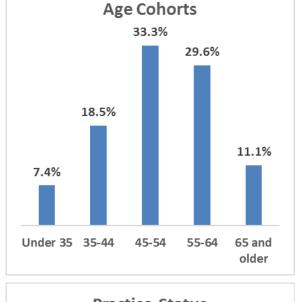


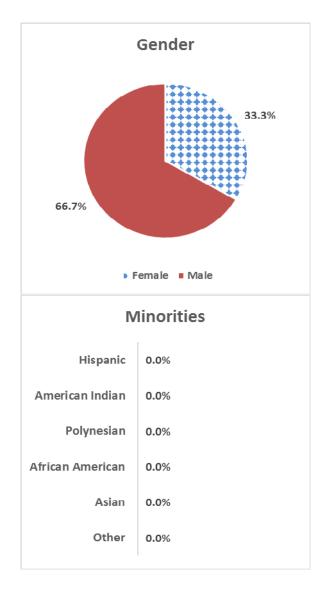
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	0.9%	57.9%	32.5%	8.8%	0.0%	0.0%
Medicare	7.3%	87.5%	4.2%	1.0%	0.0%	0.0%
Insured	0.0%	8.5%	23.6%	40.6%	27.4%	0.0%
Uninsured	0.0%	91.9%	1.0%	5.1%	1.0%	1.0%
Charity	24.1%	72.4%	0.0%	1.7%	0.0%	1.7%
VA	12.3%	87.7%	0.0%	0.0%	0.0%	0.0%

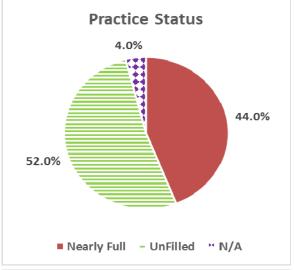
Local Health District	Percent of Physicians		
Bear River	7.7%		
Davis	9.1%		
Salt Lake	40.6%		
Southeastern	0.7%		
Southwest	9.1%		
Summit	1.4%		
Tooele	0.7%		
Tri-County	2.1%		
Utah	15.4%		
Weber-Morgan	5.6%		
Out of State	7.7%		

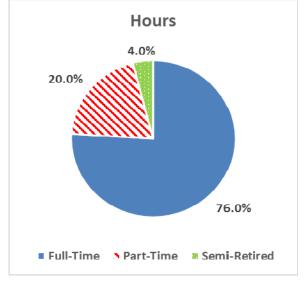
Specialty Profile: OB/GYN Subspecialties

Count:	58
Standardized FTE:	51.09
Total Hour FTE:	71.58
Mean Reported Hours Per Week:	53.52
Average Age:	51
Median Reported Patients Per Hour	4.50
Median FTE Adj. Income:	\$175,530
MGMA Median Income:	\$386,888
MGMA West. Reg. Median Income:	\$373,053
Median Reported Debt at Graduation:	\$72,809
Median Reported Current Debt:	\$98,949

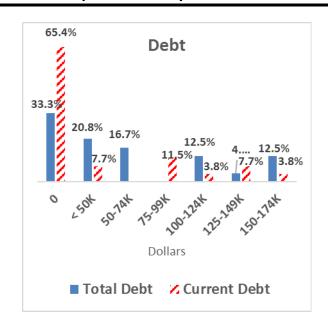


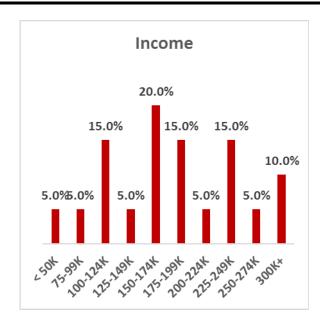


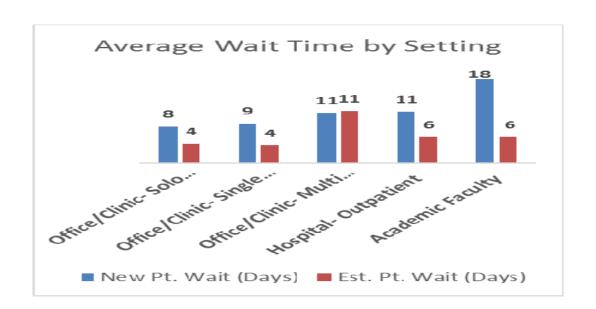




Specialty Profile: OB/GYN Subspecialties





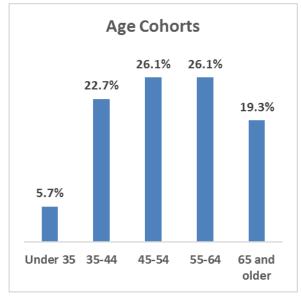


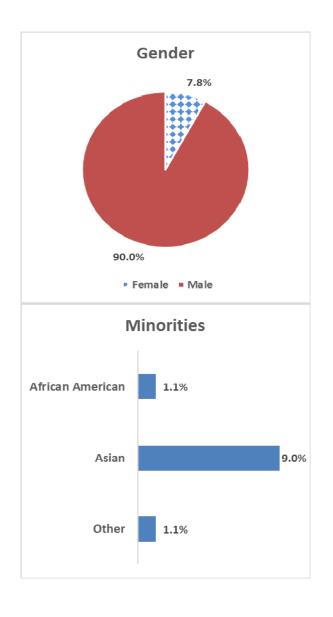
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	0.0%	68.4%	15.8%	10.5%	5.3%	0.0%
Medicare	20.0%	46.7%	20.0%	6.7%	0.0%	6.7%
Insured	0.0%	20.0%	25.0%	40.0%	15.0%	0.0%
Uninsured	0.0%	78.3%	8.7%	4.3%	4.3%	4.3%
Charity	8.3%	83.3%	8.3%	0.0%	0.0%	0.0%
VA	14.3%	71.4%	14.3%	0.0%	0.0%	0.0%

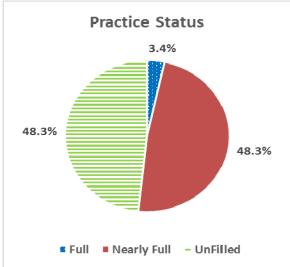
Local Health District	Percent of Physicians
Davis	3.7%
Salt Lake	40.7%
Summit	3.7%
Utah	22.2%
Weber-Morgan	3.7%
Out of State	25.9%

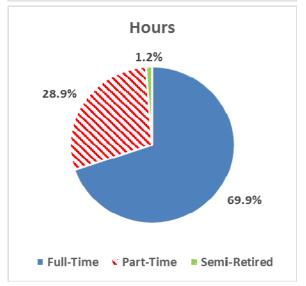
Specialty Profile: Ophthalmology

Count:	193
Standardized FTE:	168.36
Total Hour FTE:	210.09
Mean Reported Hours Per Week:	47.31
Average Age:	53
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$245,092
MGMA Median Income:	\$407,272
MGMA West. Reg. Median Income:	\$462,875
Median Reported Debt at Graduation:	\$65,373
Median Reported Current Debt:	\$149,632

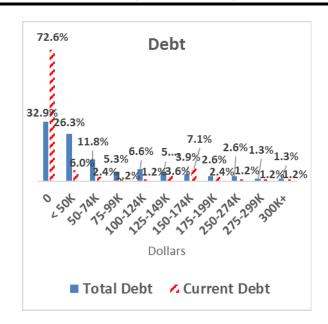


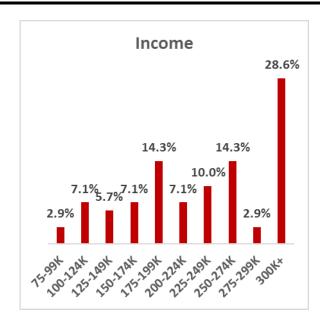


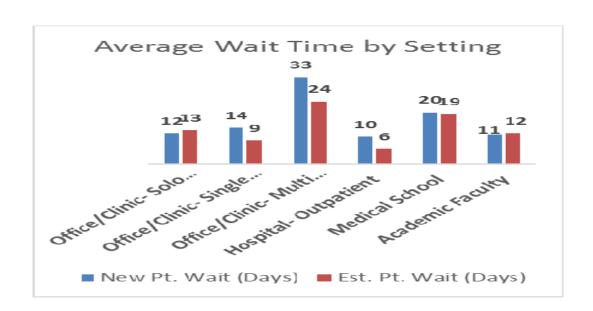




Specialty Profile: Ophthalmology





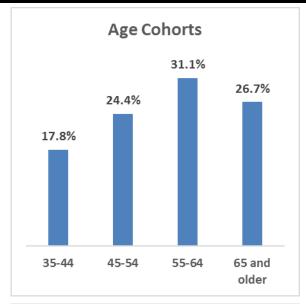


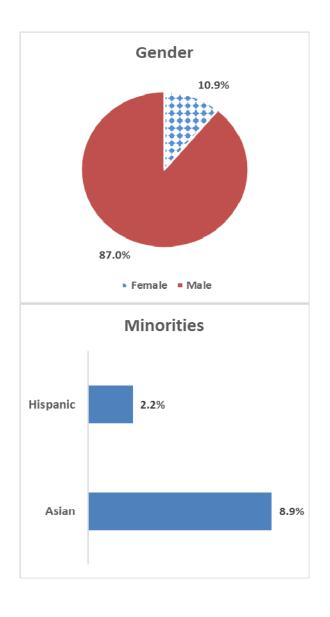
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	2.6%	92.3%	5.1%	0.0%	0.0%	0.0%
Medicare	0.0%	21.3%	32.5%	42.5%	3.8%	0.0%
Insured	0.0%	30.4%	50.6%	15.2%	3.8%	0.0%
Uninsured	1.4%	95.9%	1.4%	0.0%	0.0%	1.4%
Charity	4.5%	93.2%	2.3%	0.0%	0.0%	0.0%
VA	10.2%	89.8%	0.0%	0.0%	0.0%	0.0%

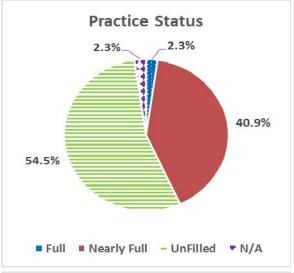
Local Health District	Percent of Physicians		
Bear River	5.6%		
Davis	8.9%		
Salt Lake	34.4%		
Southeastern	2.2%		
Southwest	5.6%		
Summit	1.1%		
Tooele	1.1%		
Tri-County	1.1%		
Utah	14.4%		
Weber-Morgan	11.1%		
Out of State	14.4%		

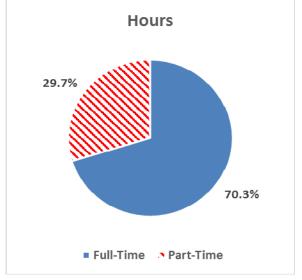
Specialty Profile: Otolaryngology

Count:	98
Standardized FTE:	75.70
Total Hour FTE:	97.37
Mean Reported Hours Per Week:	49.19
Average Age:	56
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$271,281
MGMA Median Income:	\$444,348
MGMA West. Reg. Median Income:	\$456,282
Median Reported Debt at Graduation:	\$60,147
Median Reported Current Debt:	\$76,450

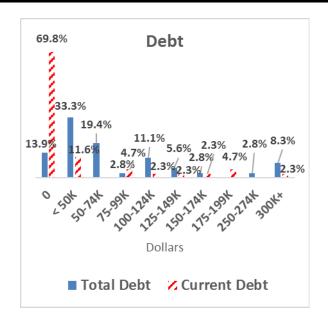


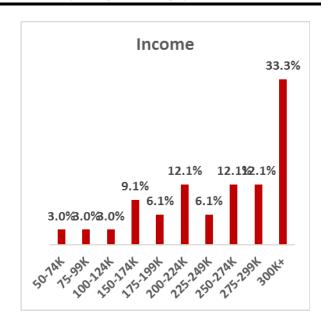


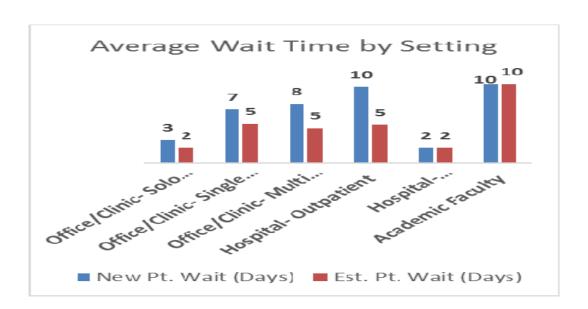




Specialty Profile: Otolaryngology





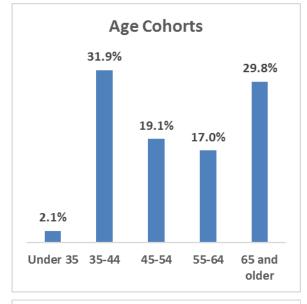


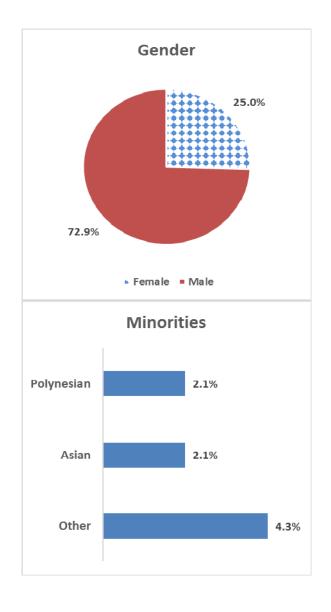
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	70.6%	23.5%	0.0%	2.9%	2.9%
Medicare	73.5%	23.5%	2.9%	0.0%	0.0%
Insured	8.3%	36.1%	50.0%	5.6%	0.0%
Uninsured	97.1%	0.0%	0.0%	0.0%	2.9%
Charity	100.0%	0.0%	0.0%	0.0%	0.0%
VA	100.0%	0.0%	0.0%	0.0%	0.0%

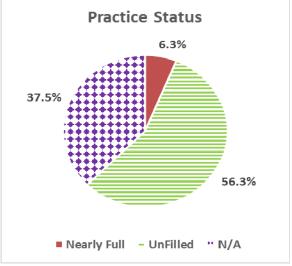
Local Health District	Percent of Physicians
Bear River	4.3%
Central	2.2%
Davis	13.0%
Salt Lake	41.3%
Southwest	6.5%
Utah	19.6%
Weber-Morgan	4.3%
Out of State	8.7%

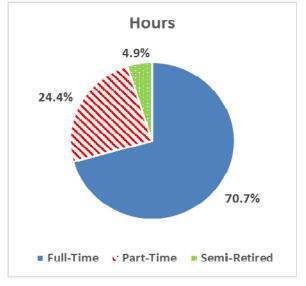
Specialty Profile: Pathology (General)

Count:	103
Standardized FTE:	81.16
Total Hour FTE:	104.97
Mean Reported Hours Per Week:	47.85
Average Age:	53
Median Reported Patients Per Hour	9.50
Median FTE Adj. Income:	\$238,928
MGMA Median Income:	
MGMA West. Reg. Median Income:	
Median Reported Debt at Graduation:	\$96,234
Median Reported Current Debt:	\$123,902

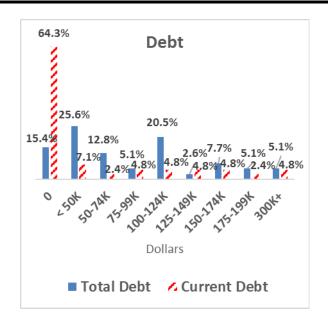


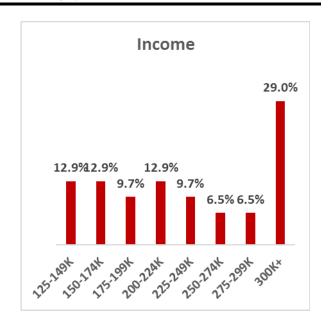






Specialty Profile: Pathology (General)



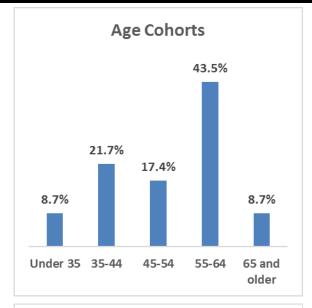


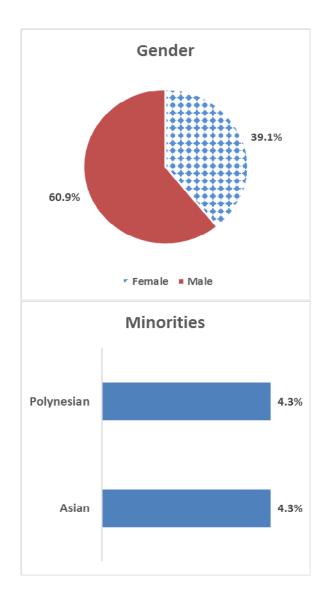
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	8.3%	75.0%	0.0%	8.3%	8.3%	0.0%
Medicare	8.3%	25.0%	33.3%	25.0%	8.3%	0.0%
Insured	9.1%	36.4%	18.2%	36.4%	0.0%	0.0%
Uninsured	9.1%	90.9%	0.0%	0.0%	0.0%	0.0%
Charity	25.0%	75.0%	0.0%	0.0%	0.0%	0.0%
VA	33.3%	0.0%	0.0%	0.0%	33.3%	33.3%

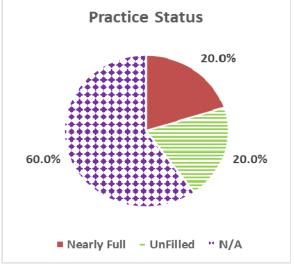
Local Health District	Percent of Physicians
Davis	6.5%
Salt Lake	50.0%
Southwest	8.7%
Tri-County	2.2%
Utah	13.0%
Weber-Morgan	6.5%
Out of State	13.0%

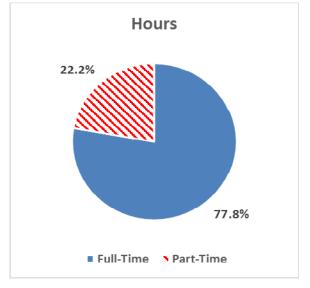
Specialty Profile: Pathology Subspecialties

Count:	49
Standardized FTE:	37.88
Total Hour FTE:	49.81
Mean Reported Hours Per Week:	51.72
Average Age:	52
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$244,044
MGMA Median Income:	\$329,430
MGMA West. Reg. Median Income:	\$385,000
Median Reported Debt at Graduation:	\$101,823
Median Reported Current Debt:	\$90,436

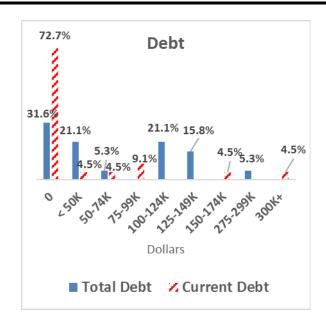


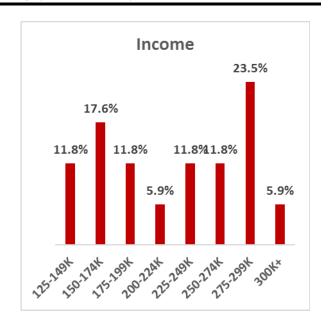


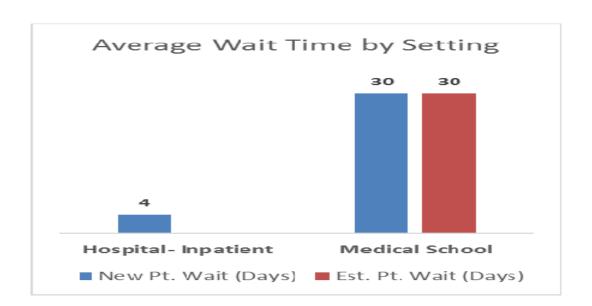




Specialty Profile: Pathology Subspecialties





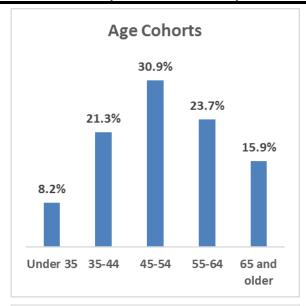


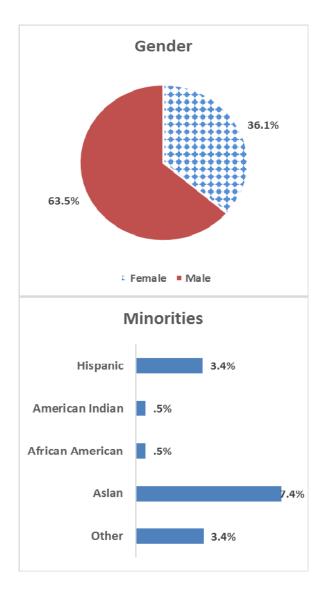
% of Patients	Do not Accept	Less Than 25% of Patients		50-74% of Patients
Medicaid	0.0%	80.0%	20.0%	0.0%
Medicare	16.7%	16.7%	50.0%	16.7%
Insured	16.7%	16.7%	16.7%	50.0%
Uninsured	0.0%	60.0%	40.0%	0.0%
Charity	25.0%	50.0%	25.0%	0.0%
VA	0.0%	100.0%	0.0%	0.0%

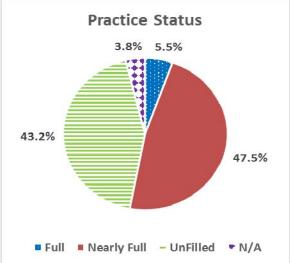
Local Health District	Percent of Physicians
Salt Lake	63.2%
Out of State	36.8%

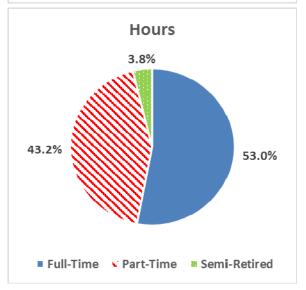
Specialty Profile: Pediatrics (General)

Count:	445
Standardized FTE:	360.91
Total Hour FTE:	447.26
Mean Reported Hours Per Week:	45.19
Average Age:	52
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$181,658
MGMA Median Income:	\$231,637
MGMA West. Reg. Median Income:	\$241,027
Median Reported Debt at Graduation:	\$85,230
Median Reported Current Debt:	\$110,628

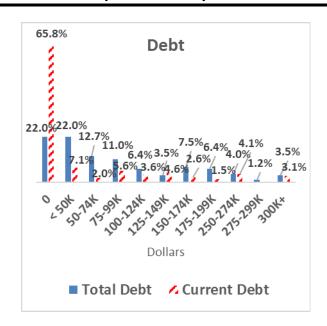


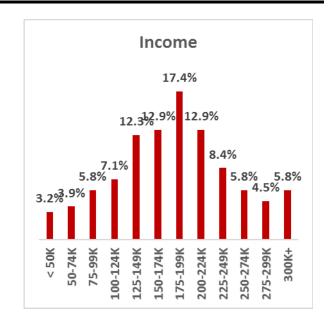


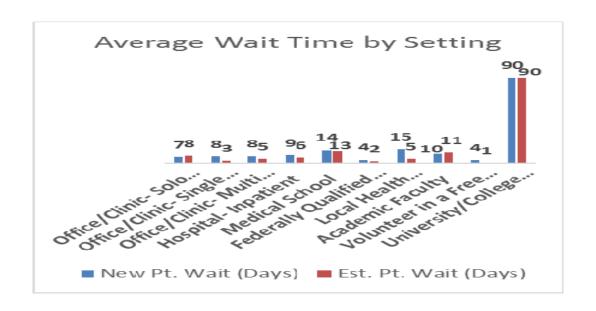




Specialty Profile: Pediatrics (General)





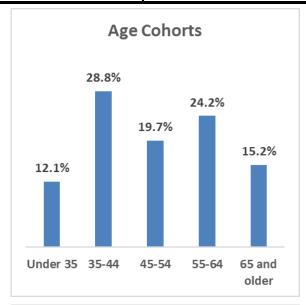


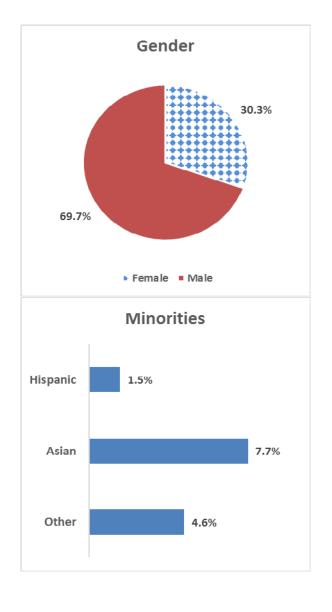
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	1.8%	53.9%	31.1%	10.2%	3.0%	0.0%
Medicare	86.5%	13.5%	0.0%	0.0%	0.0%	0.0%
Insured	0.6%	8.8%	16.4%	48.4%	25.8%	0.0%
Uninsured	1.3%	94.9%	1.3%	1.3%	0.6%	0.6%
Charity	31.6%	63.2%	0.0%	5.3%	0.0%	0.0%
VA	10.6%	88.3%	1.1%	0.0%	0.0%	0.0%

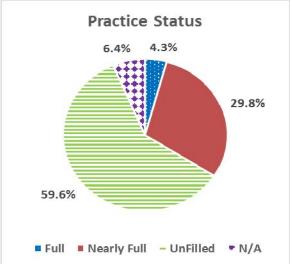
Local Health District	Percent of Physicians
Bear River	3.0%
Davis	9.9%
Salt Lake	50.7%
Southwest	4.4%
Summit	2.5%
Tooele	1.5%
Tri-County	1.0%
Utah	12.8%
Wasatch	0.5%
Weber-Morgan	5.4%
Out of State	8.4%

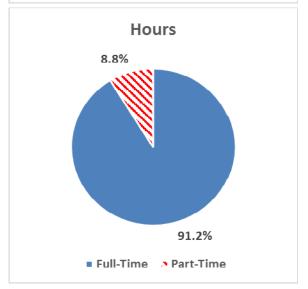
Specialty Profile: Pediatrics Subspecialties

Count:	141
Standardized FTE:	120.70
Total Hour FTE:	181.31
Mean Reported Hours Per Week:	59.46
Average Age:	50
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$151,883
MGMA Median Income:	\$290,602
MGMA West. Reg. Median Income:	\$318,251
Median Reported Debt at Graduation:	\$92,323
Median Reported Current Debt:	\$79,505

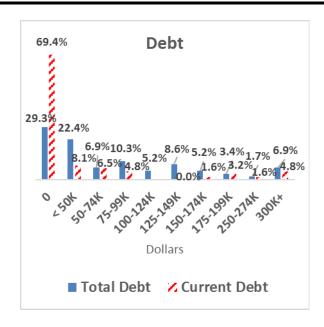


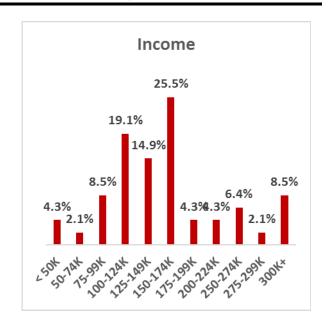


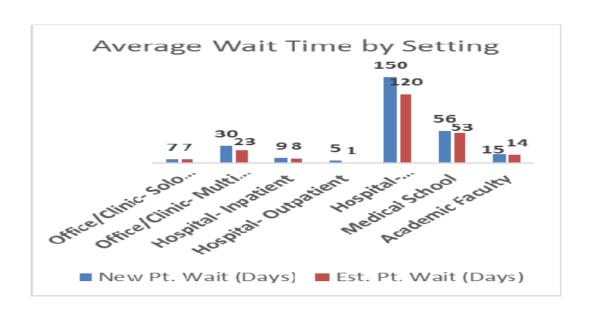




Specialty Profile: Pediatrics Subspecialties





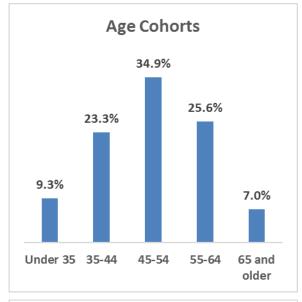


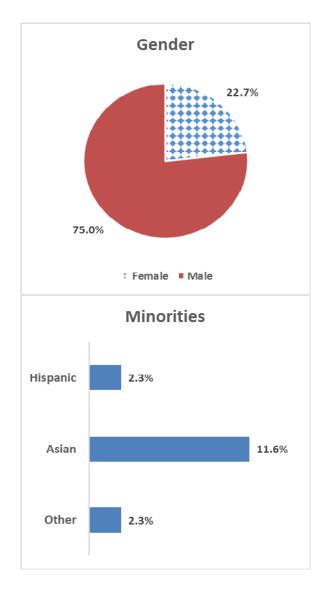
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	0.0%	14.7%	58.8%	17.6%	8.8%	0.0%
Medicare	80.0%	13.3%	0.0%	0.0%	6.7%	0.0%
Insured	0.0%	16.1%	25.8%	51.6%	6.5%	0.0%
Uninsured	0.0%	93.9%	0.0%	6.1%	0.0%	0.0%
Charity	37.5%	56.3%	0.0%	0.0%	0.0%	6.3%
VA	23.1%	76.9%	0.0%	0.0%	0.0%	0.0%

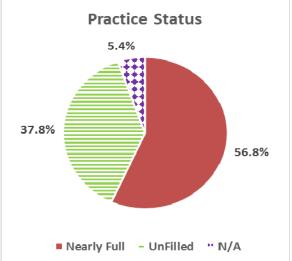
Local Health District	Percent of Physicians
Salt Lake	68.9%
Southeastern	1.6%
Southwest	1.6%
Utah	9.8%
Weber-Morgan	3.3%
Out of State	14.8%

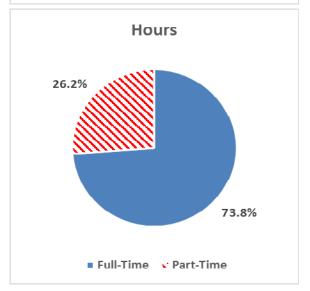
Specialty Profile: Physical Med and Rehab

Count:	94
Standardized FTE:	86.19
Total Hour FTE:	118.50
Mean Reported Hours Per Week:	52.74
Average Age:	49
Median Reported Patients Per Hour	4.00
Median FTE Adj. Income:	\$177,265
MGMA Median Income:	\$276,510
MGMA West. Reg. Median Income:	\$289,070
Median Reported Debt at Graduation:	\$111,103
Median Reported Current Debt:	\$198,898

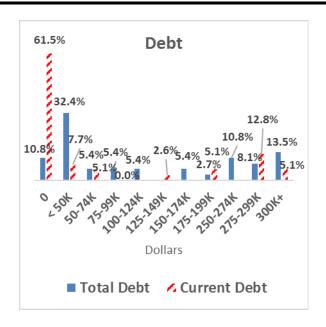


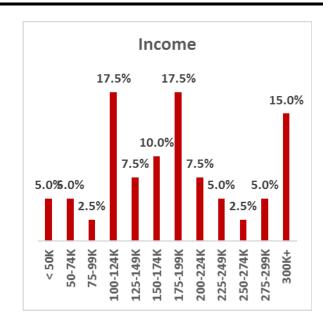


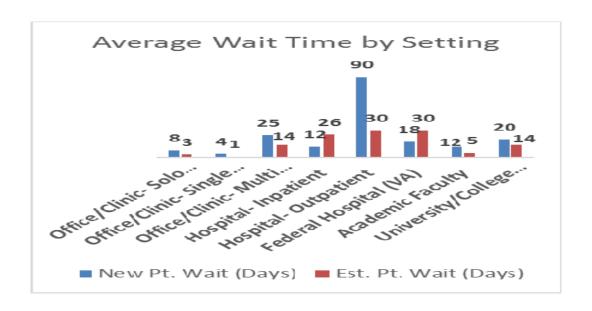




Specialty Profile: Physical Med and Rehab





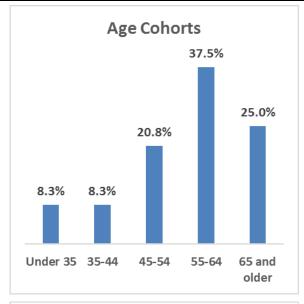


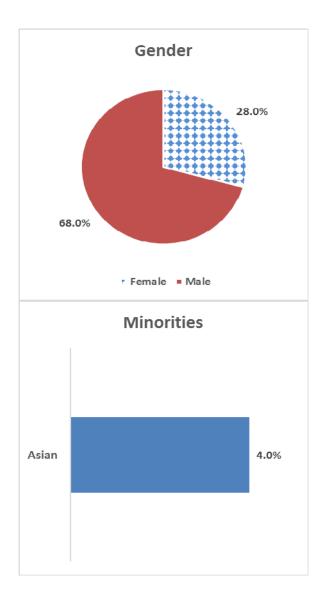
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	6.7%	83.3%	3.3%	6.7%	0.0%	0.0%
Medicare	0.0%	14.7%	61.8%	23.5%	0.0%	0.0%
Insured	0.0%	30.3%	33.3%	33.3%	3.0%	0.0%
Uninsured	7.1%	85.7%	7.1%	0.0%	0.0%	0.0%
Charity	17.6%	82.4%	0.0%	0.0%	0.0%	0.0%
VA	19.0%	66.7%	4.8%	0.0%	0.0%	9.5%

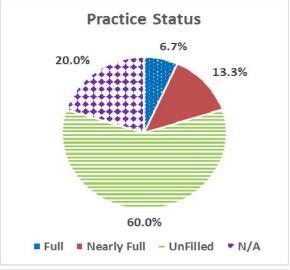
Local Health District	Percent of Physicians
Bear River	11.4%
Davis	9.1%
Salt Lake	47.7%
Southeastern	2.3%
Southwest	2.3%
Tri-County	2.3%
Utah	6.8%
Weber-Morgan	6.8%
Out of State	11.4%

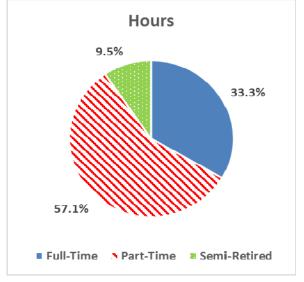
Specialty Profile: Preventive Med./Public or Occ. Health

Count:	54
Standardized FTE:	37.18
Total Hour FTE:	41.62
Mean Reported Hours Per Week:	37.05
Average Age:	56
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$188,691
MGMA Median Income:	\$244,024
MGMA West. Reg. Median Income:	\$280,428
Median Reported Debt at Graduation:	\$57,443
Median Reported Current Debt:	\$58,721

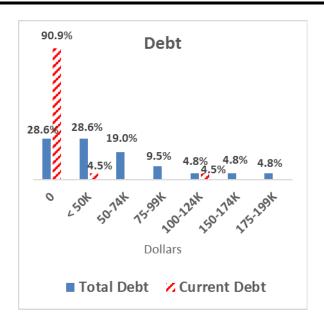


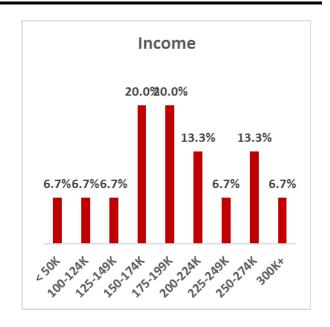


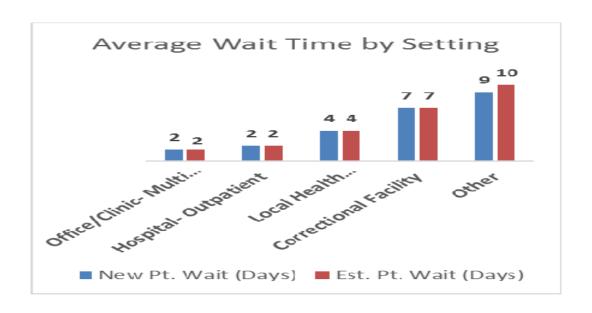




Specialty Profile: Preventive Med./Public or Occ. Health





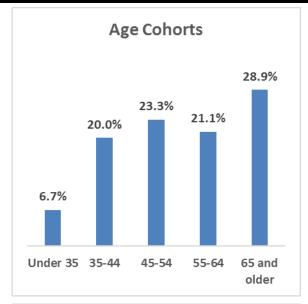


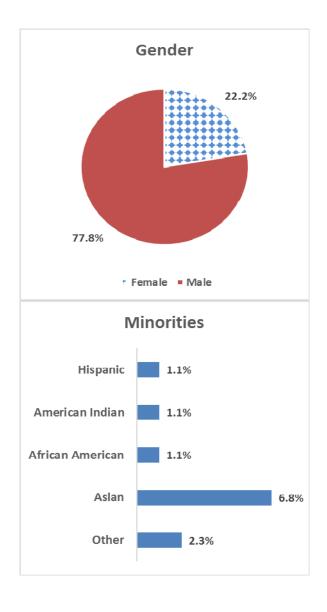
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	62.5%	37.5%	0.0%	0.0%	0.0%	0.0%
Medicare	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%
Insured	26.7%	13.3%	0.0%	13.3%	6.7%	40.0%
Uninsured	20.0%	50.0%	10.0%	0.0%	10.0%	10.0%
Charity	85.7%	14.3%	0.0%	0.0%	0.0%	0.0%
VA	66.7%	0.0%	0.0%	16.7%	0.0%	16.7%

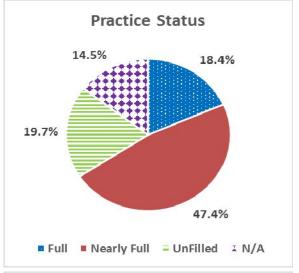
Local Health District	Percent of Physicians
Bear River	4.0%
Davis	4.0%
Salt Lake	72.0%
Utah	12.0%
Out of State	8.0%

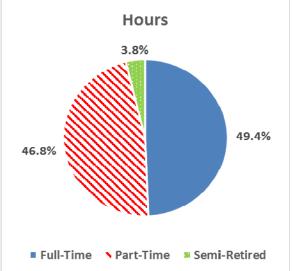
Specialty Profile: Psychiatry

Count:	193
Standardized FTE:	154.08
Total Hour FTE:	179.76
Mean Reported Hours Per Week:	42.53
Average Age:	55
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$193,676
MGMA Median Income:	\$276,510
MGMA West. Reg. Median Income:	\$289,070
Median Reported Debt at Graduation:	\$85,936
Median Reported Current Debt:	\$123,438

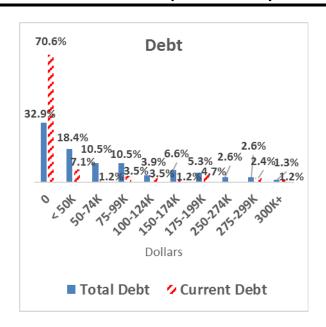


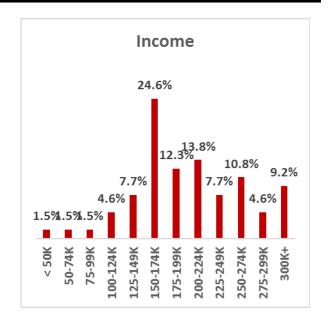


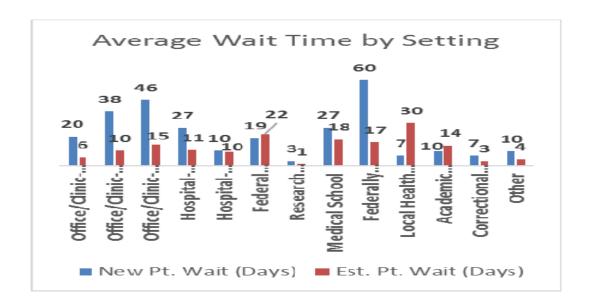




Specialty Profile: Psychiatry





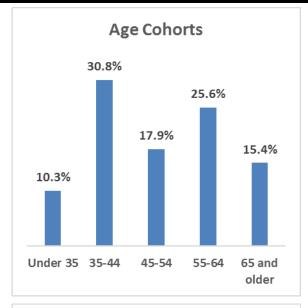


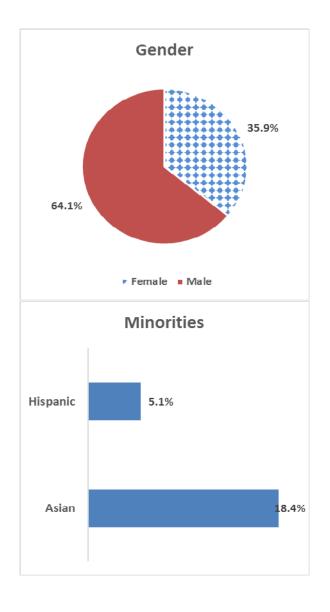
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	23.2%	48.2%	10.7%	0.0%	17.9%	0.0%
Medicare	11.1%	70.4%	9.3%	3.7%	5.6%	0.0%
Insured	3.8%	20.8%	17.0%	35.8%	20.8%	1.9%
Uninsured	4.8%	72.6%	4.8%	3.2%	6.5%	8.1%
Charity	29.7%	62.2%	0.0%	2.7%	2.7%	2.7%
VA	30.0%	46.7%	3.3%	0.0%	3.3%	16.7%

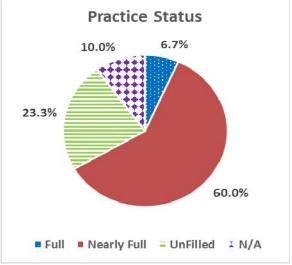
Local Health District	Percent of Physicians
Bear River	4.7%
Davis	2.4%
Salt Lake	54.1%
Southwest	3.5%
Summit	2.4%
Utah	15.3%
Weber-Morgan	7.1%
Out of State	10.6%

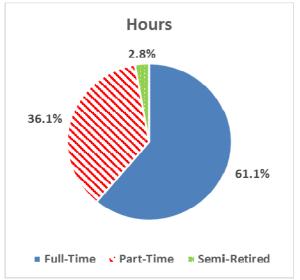
Specialty Profile: Psychiatry-Child and Adolescent

Count:	83
Standardized FTE:	68.75
Total Hour FTE:	89.40
Mean Reported Hours Per Week:	46.42
Average Age:	50
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$174,970
MGMA Median Income:	\$264,812
MGMA West. Reg. Median Income:	\$266,922
Median Reported Debt at Graduation:	\$100,862
Median Reported Current Debt:	\$89,151

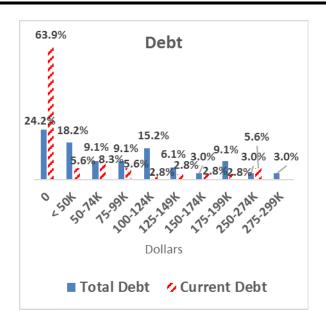


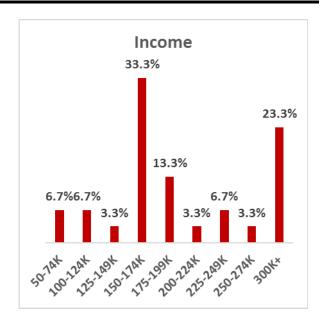


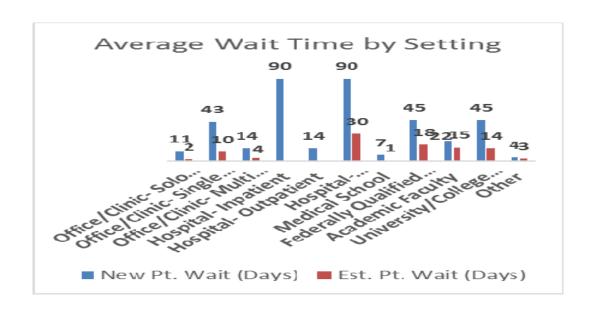




Specialty Profile: Psychiatry-Child and Adolescent





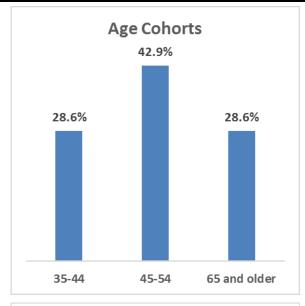


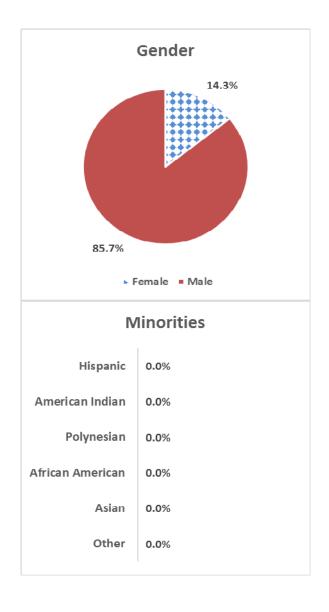
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	14.3%	28.6%	28.6%	14.3%	7.1%	7.1%
Medicare	46.7%	46.7%	0.0%	6.7%	0.0%	0.0%
Insured	0.0%	17.2%	17.2%	24.1%	41.4%	0.0%
Uninsured	3.7%	92.6%	3.7%	0.0%	0.0%	0.0%
Charity	31.3%	68.8%	0.0%	0.0%	0.0%	0.0%
VA	35.7%	64.3%	0.0%	0.0%	0.0%	0.0%

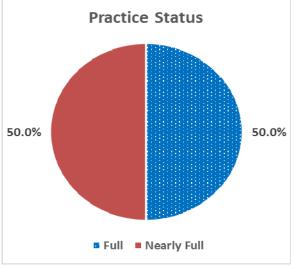
Local Health District	Percent of Physicians
Davis	5.6%
Salt Lake	75.0%
Southwest	5.6%
Utah	8.3%
Weber-Morgan	5.6%

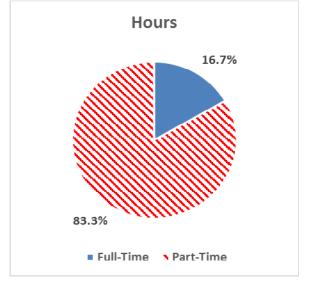
Specialty Profile: Other Psychiatry Subspecialties

Count:	15
Standardized FTE:	11.98
Total Hour FTE:	12.25
Mean Reported Hours Per Week:	38.17
Average Age:	55
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$174,711
MGMA Median Income:	
MGMA West. Reg. Median Income:	
Median Reported Debt at Graduation:	\$46,095
Median Reported Current Debt:	\$172,544

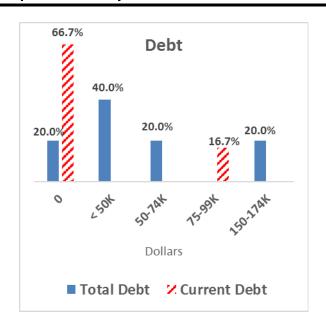


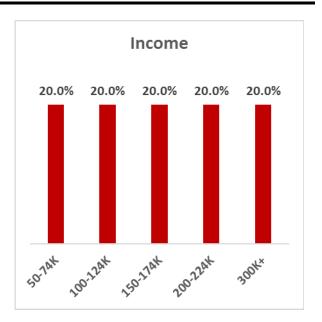


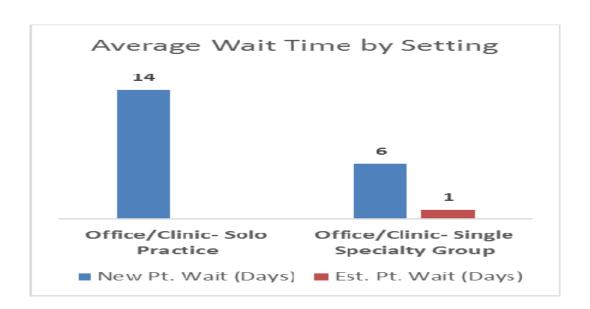




Specialty Profile: Other Psychiatry Subspecialties





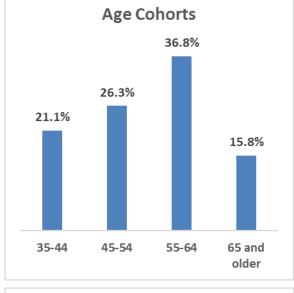


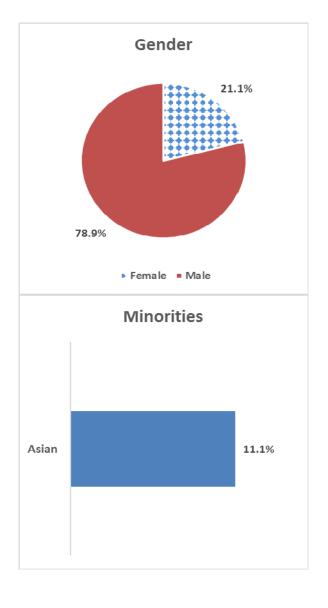
% of Patients	Do not Accept	Less Than 25% of Patients	75-99% of Patients	100% of Patients
Medicaid	33.3%	33.3%	33.3%	0.0%
Medicare	0.0%	100.0%	0.0%	0.0%
Insured	0.0%	33.3%	66.7%	0.0%
Uninsured	0.0%	100.0%	0.0%	0.0%
VA	0.0%	33.3%	0.0%	66.7%

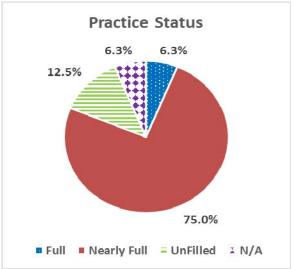
Local Health District	Percent of Physicians
Salt Lake	50.0%
Out of State	50.0%

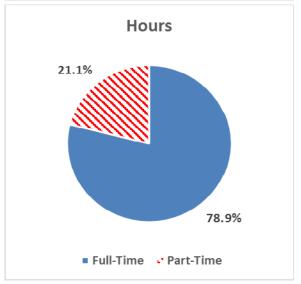
Specialty Profile: Pulmonary Disease/CCM

Count:	41	
Standardized FTE:	40.13	
Total Hour FTE:	58.80	
Mean Reported Hours Per Week:	57.84	
Average Age:	56	
Median Reported Patients Per Hour 4.		
Median FTE Adj. Income:	\$174,863	
MGMA Median Income: \$400,36		
MGMA West. Reg. Median Income: \$420,522		
Median Reported Debt at Graduation: \$98,752		
Median Reported Current Debt: \$148,797		

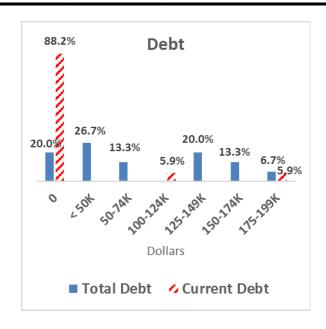


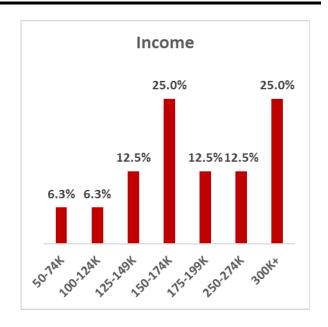


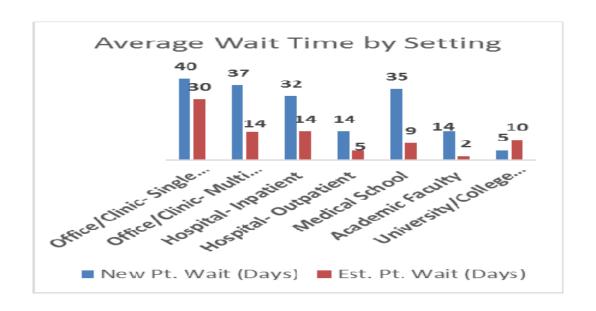




Specialty Profile: Pulmonary Disease/CCM





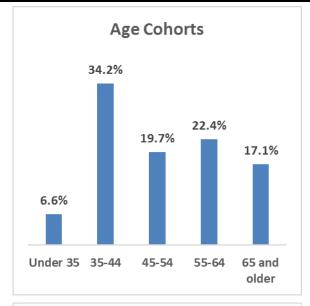


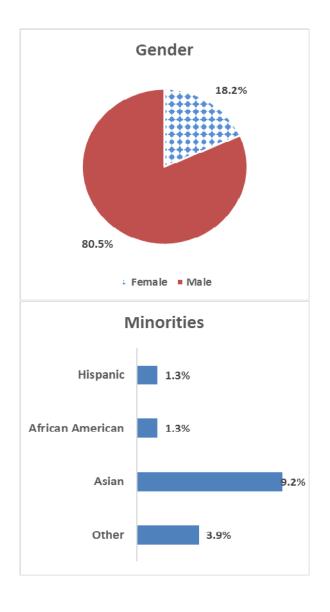
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	8.3%	75.0%	0.0%	16.7%	0.0%
Medicare	0.0%	35.7%	50.0%	7.1%	7.1%
Insured	0.0%	7.1%	50.0%	42.9%	0.0%
Uninsured	14.3%	71.4%	14.3%	0.0%	0.0%
Charity	50.0%	50.0%	0.0%	0.0%	0.0%
VA	0.0%	100.0%	0.0%	0.0%	0.0%

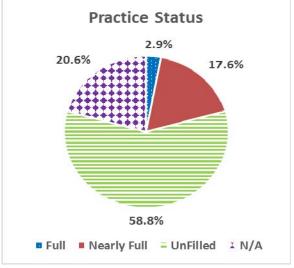
Local Health District	Percent of Physicians
Salt Lake	57.9%
Summit	5.3%
Utah	10.5%
Weber-Morgan	5.3%
Out of State	21.1%

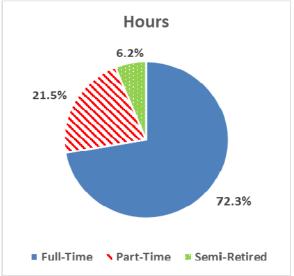
Specialty Profile: Radiology (Diagnostic)

Count:	165
Standardized FTE:	129.63
Total Hour FTE:	175.75
Mean Reported Hours Per Week:	50.54
Average Age:	52
Median Reported Patients Per Hour	10.00
Median FTE Adj. Income:	\$273,911
MGMA Median Income:	\$478,165
MGMA West. Reg. Median Income:	\$501,977
Median Reported Debt at Graduation:	\$84,329
Median Reported Current Debt:	\$86,259

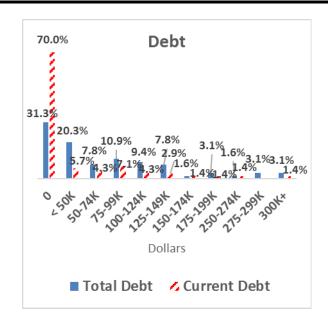


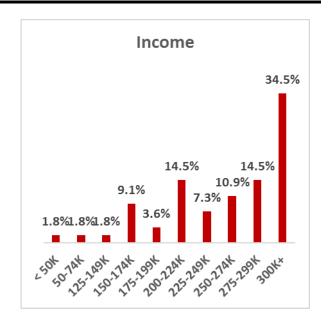


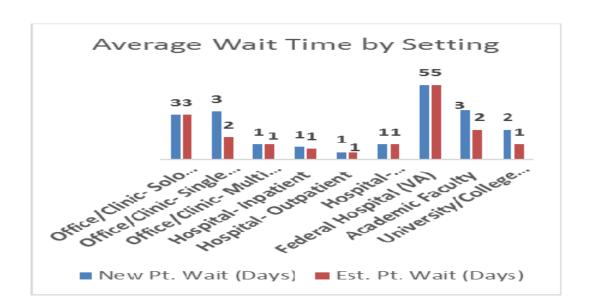




Specialty Profile: Radiology (Diagnostic)





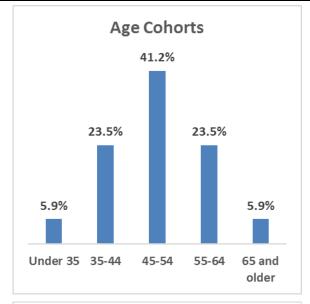


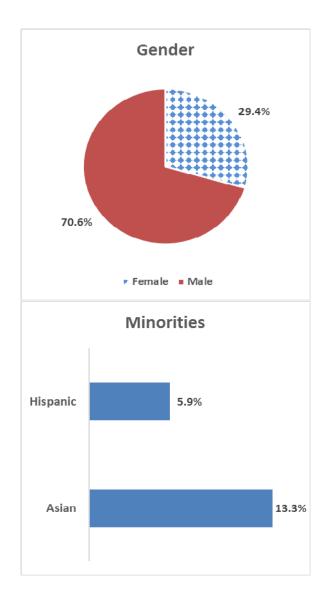
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	8%	92%	0%	0%	0%	0%
Medicare	27%	23%	33%	17%	0%	0%
Insured	0%	15%	38%	42%	4%	0%
Uninsured	0%	83%	9%	0%	4%	4%
Charity	32%	63%	5%	0%	0%	0%
VA	22%	67%	0%	0%	0%	11%

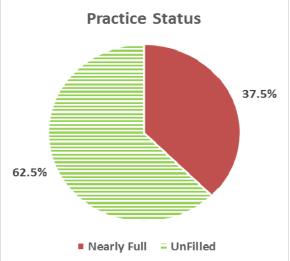
Local Health District	Percent of Physicians
Bear River	4.3%
Central	2.9%
Davis	5.8%
Salt Lake	30.4%
Southeastern	1.4%
Southwest	8.7%
Summit	1.4%
Tri-County	1.4%
Utah	13.0%
Weber-Morgan	1.4%
Out of State	29.0%

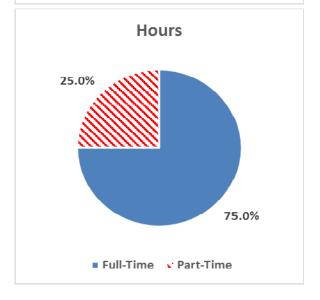
Specialty Profile: Radiology (Therapeutic)

Count:	36
Standardized FTE:	33.97
Total Hour FTE:	42.80
Mean Reported Hours Per Week:	50.00
Average Age:	50
Median Reported Patients Per Hour	3.00
Median FTE Adj. Income:	\$290,549
MGMA Median Income:	
MGMA West. Reg. Median Income:	
Median Reported Debt at Graduation:	\$74,454
Median Reported Current Debt:	\$77,471

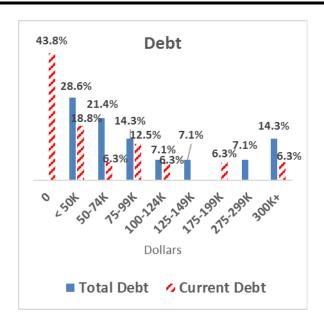


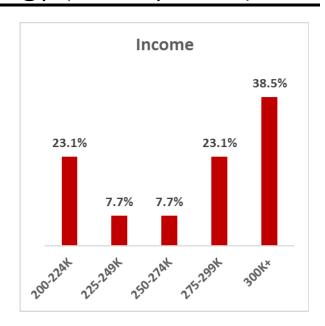


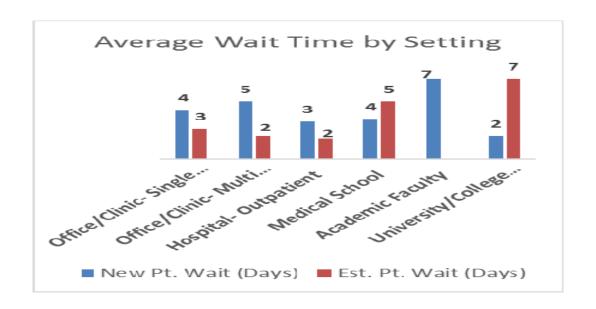




Specialty Profile: Radiology (Therapeutic)





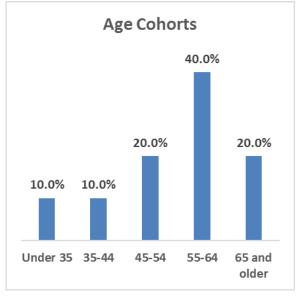


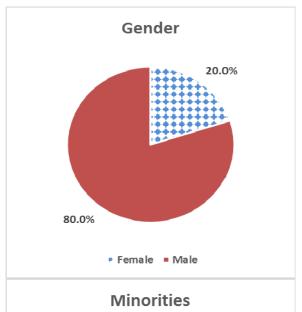
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients
Medicaid	92.9%	7.1%	0.0%
Medicare	28.6%	14.3%	57.1%
Insured	28.6%	28.6%	42.9%
Uninsured	100.0%	0.0%	0.0%
Charity	100.0%	0.0%	0.0%
VA	80.0%	20.0%	0.0%

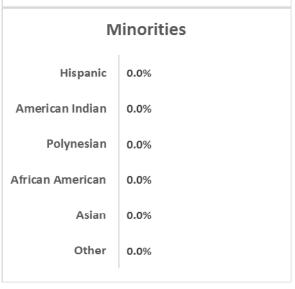
Local Health District	Percent of Physicians
Davis	5.9%
Salt Lake	58.8%
Southwest	17.6%
Utah	5.9%
Weber-Morgan	5.9%
Out of State	5.9%

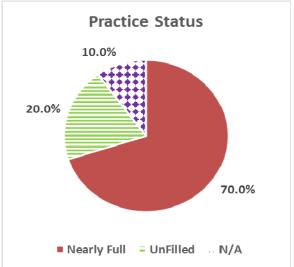
Specialty Profile: Rheumatology

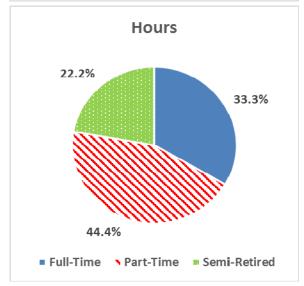
Count:	21	
Standardized FTE:	14.71	
Total Hour FTE:	16.59	
Mean Reported Hours Per Week:	34.44	
Average Age:	55	
Median Reported Patients Per Hour	4.50	
Median FTE Adj. Income:	\$280,809	
MGMA Median Income:	\$255,560	
MGMA West. Reg. Median Income:	\$245,167	
Median Reported Debt at Graduation:	\$25,974	
Median Reported Current Debt: \$218,59		



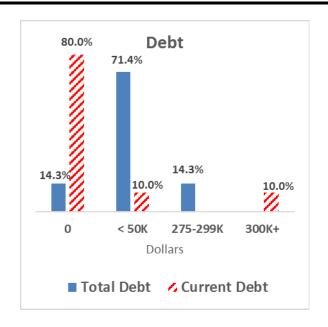


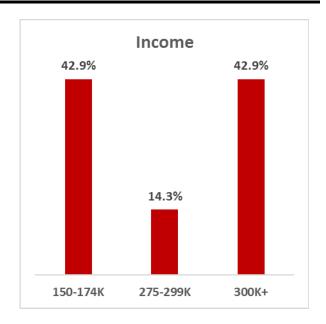


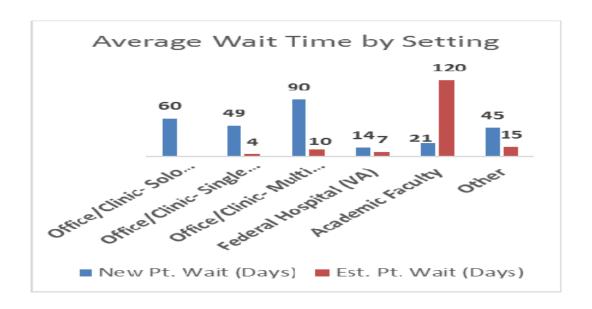




Specialty Profile: Rheumatology





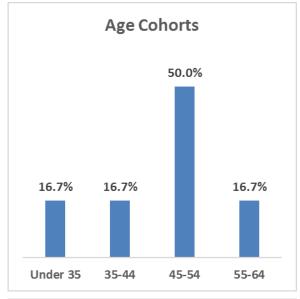


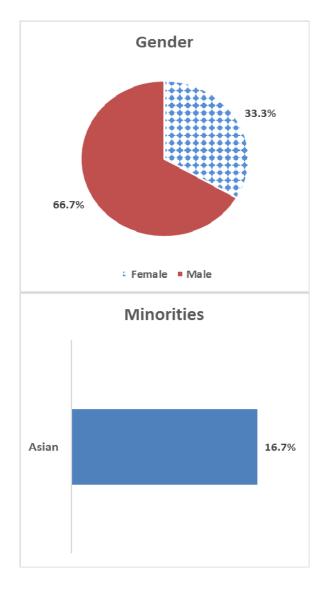
% of Patients	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	100.0%	0.0%	0.0%	0.0%	0.0%
Medicare	16.7%	50.0%	33.3%	0.0%	0.0%
Insured	16.7%	33.3%	50.0%	0.0%	0.0%
Uninsured	100.0%	0.0%	0.0%	0.0%	0.0%
Charity	80.0%	0.0%	0.0%	20.0%	0.0%
VA	80.0%	0.0%	0.0%	0.0%	20.0%

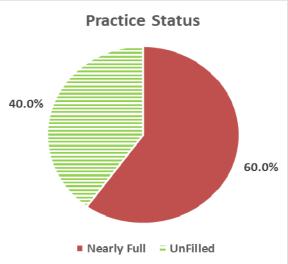
Local Health District	Percent of Physicians
Davis	10.0%
Salt Lake	40.0%
Utah	10.0%
Weber-Morgan	20.0%
Out of State	20.0%

Specialty Profile: Sleep Medicine

Count:	13
Standardized FTE:	10.70
Total Hour FTE:	19.15
Mean Reported Hours Per Week:	71.60
Average Age:	46
Median Reported Patients Per Hour	2.00
Median FTE Adj. Income:	\$162,789
MGMA Median Income:	\$280,000
MGMA West. Reg. Median Income:	\$283,279
Median Reported Debt at Graduation:	\$108,707
Median Reported Current Debt:	\$144,104

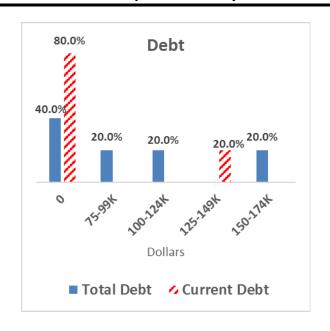


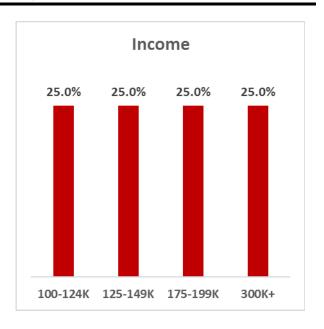


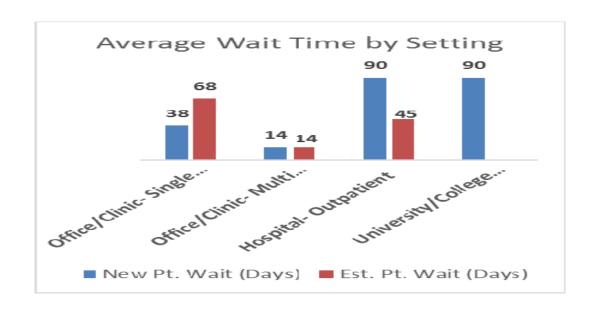




Specialty Profile: Sleep Medicine





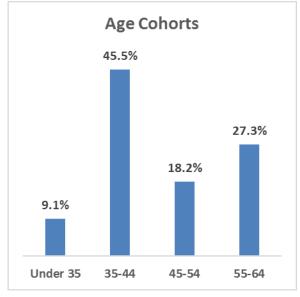


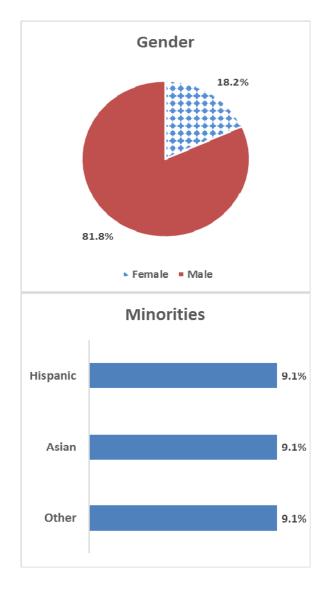
% of Patients	Less Than 25% of Patients	25-49% of Patients
Medicaid	100.0%	0.0%
Medicare	0.0%	100.0%
Insured	0.0%	100.0%
Uninsured	100.0%	0.0%
Charity	100.0%	0.0%
VA	100.0%	0.0%

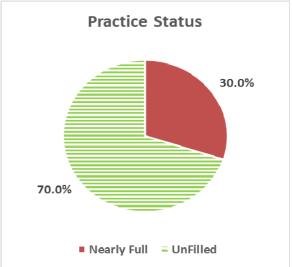
Local Health District	Percent of Physicians
Salt Lake	66.7%
Southwest	16.7%
Out of State	16.7%

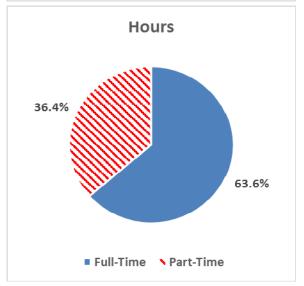
Specialty Profile: Sports Medicine

Count:	24
Standardized FTE:	23.33
Total Hour FTE:	28.25
Mean Reported Hours Per Week:	48.00
Average Age:	45
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$275,816
MGMA Median Income:	\$267,998
MGMA West. Reg. Median Income:	\$262,845
Median Reported Debt at Graduation:	\$199,446
Median Reported Current Debt:	\$346,505

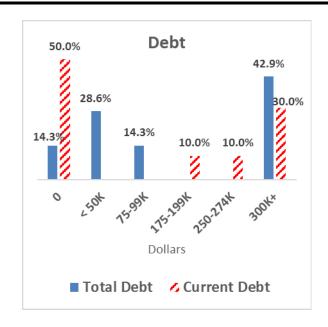


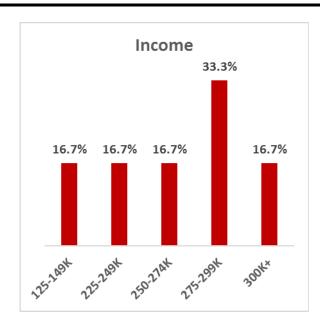


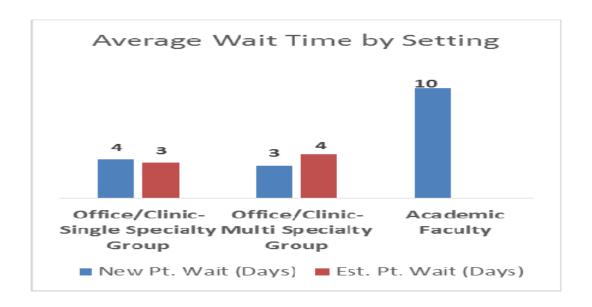




Specialty Profile: Sports Medicine





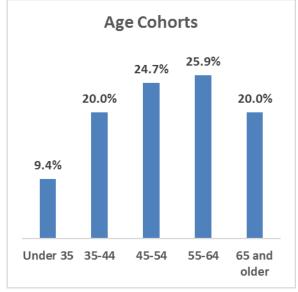


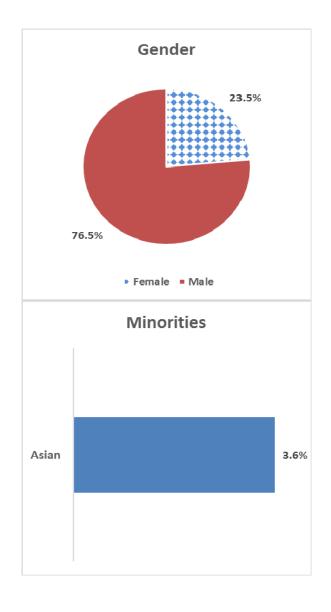
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	11.1%	77.8%	11.1%	0.0%	0.0%
Medicare	0.0%	77.8%	22.2%	0.0%	0.0%
Insured	0.0%	10.0%	10.0%	60.0%	20.0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%
Charity	33.3%	33.3%	0.0%	33.3%	0.0%
VA	16.7%	83.3%	0.0%	0.0%	0.0%

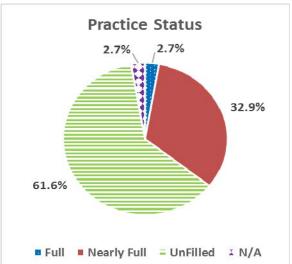
Local Health District	Percent of Physicians
Salt Lake	60.0%
Utah	30.0%
Out of State	10.0%

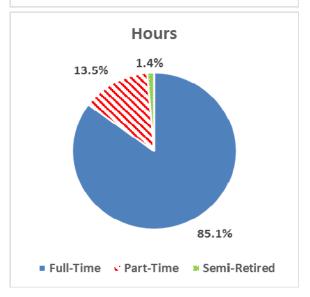
Specialty Profile: Surgery (General)

Count:	182
Standardized FTE:	152.74
Total Hour FTE:	248.13
Mean Reported Hours Per Week:	62.68
Average Age:	53
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$224,990
MGMA Median Income:	\$409,665
MGMA West. Reg. Median Income:	\$393,032
Median Reported Debt at Graduation:	\$83,205
Median Reported Current Debt:	\$110,037

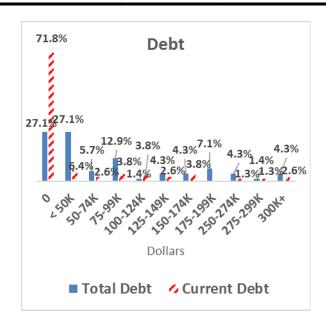


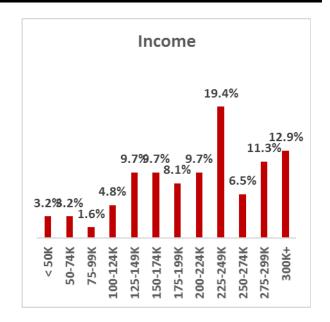


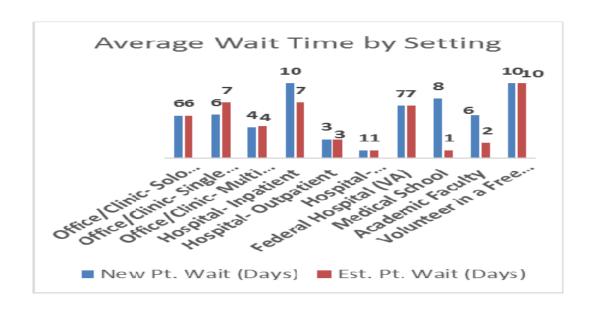




Specialty Profile: Surgery (General)





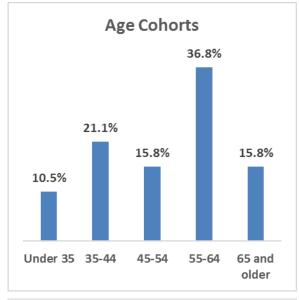


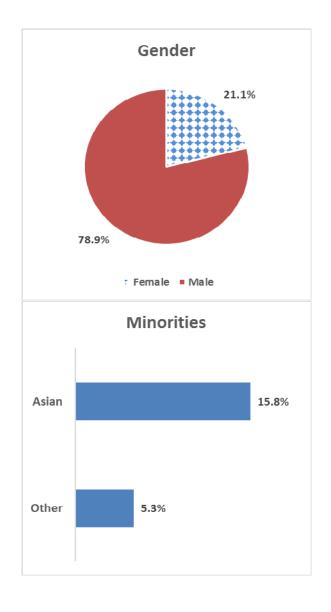
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	2.2%	91.3%	6.5%	0.0%	0.0%	0.0%
Medicare	4.1%	61.2%	28.6%	6.1%	0.0%	0.0%
Insured	0.0%	10.9%	30.4%	56.5%	2.2%	0.0%
Uninsured	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Charity	12.9%	83.9%	0.0%	0.0%	0.0%	3.2%
VA	3.8%	92.3%	0.0%	0.0%	0.0%	3.8%

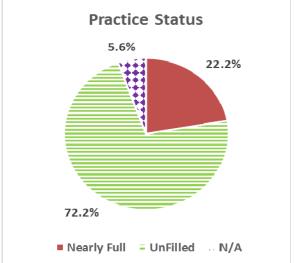
Local Health District	Percent of Physicians		
Bear River	6.2%		
Central	2.5%		
Davis	4.9%		
Salt Lake	43.2%		
Southeastern	2.5%		
Southwest	7.4%		
Summit	1.2%		
Tooele	2.5%		
Tri-County	2.5%		
Utah	12.3%		
Weber-Morgan	3.7%		
Out of State	11.1%		

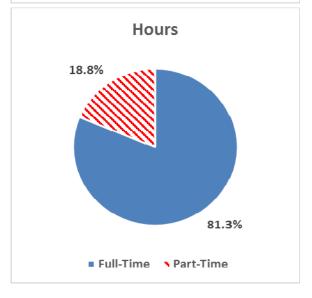
Specialty Profile: Surgery-Cardio-Thoracic

Count:	41
Standardized FTE:	32.10
Total Hour FTE:	52.59
Mean Reported Hours Per Week:	61.44
Average Age:	53
Median Reported Patients Per Hour	7.00
Median FTE Adj. Income:	\$255,920
MGMA Median Income:	\$632,392
MGMA West. Reg. Median Income:	\$675,783
Median Reported Debt at Graduation:	\$75,391
Median Reported Current Debt:	\$153,541

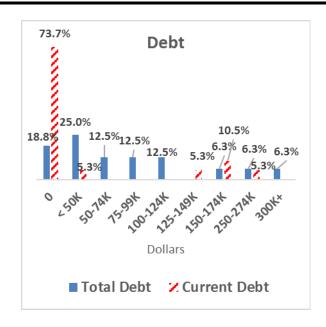


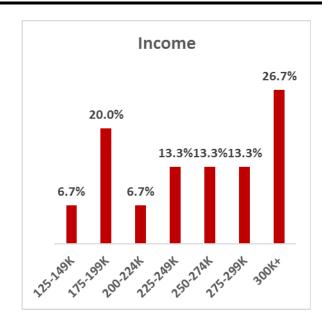


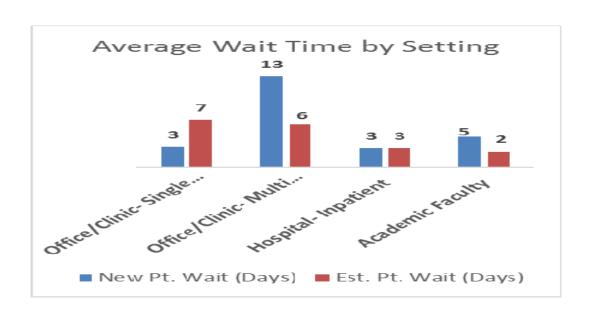




Specialty Profile: Surgery-Cardio-Thoracic





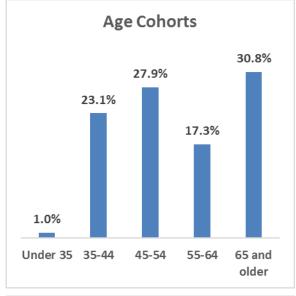


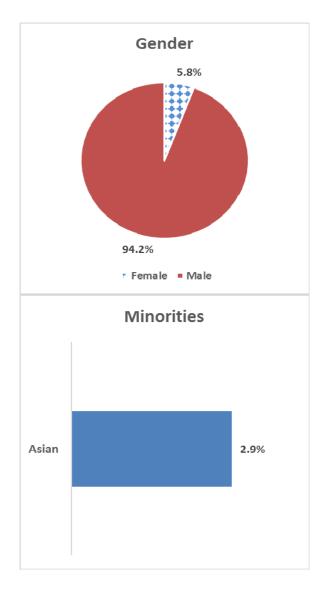
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	7.1%	78.6%	14.3%	0.0%	0.0%	0.0%
Medicare	14.3%	7.1%	21.4%	42.9%	14.3%	0.0%
Insured	0.0%	53.3%	33.3%	13.3%	0.0%	0.0%
Uninsured	0.0%	91.7%	0.0%	0.0%	8.3%	0.0%
Charity	11.1%	77.8%	0.0%	0.0%	0.0%	11.1%
VA	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%

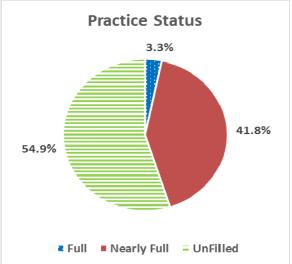
	Local Health District	Percent of Physicians
Davis Salt Lake		5.6%
		44.4%
	Southwest	11.1%
	Utah	5.6%
	Weber-Morgan	11.1%
	Out of State	22.2%

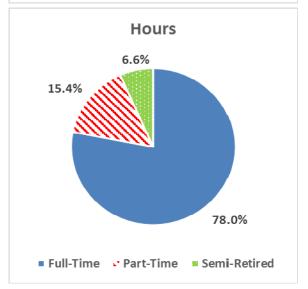
Specialty Profile: Surgery-Orthopedic

Count:	223
Standardized FTE:	180.08
Total Hour FTE:	261.03
Mean Reported Hours Per Week:	53.62
Average Age:	56
Median Reported Patients Per Hour	7.00
Median FTE Adj. Income:	\$253,953
MGMA Median Income:	\$576,677
MGMA West. Reg. Median Income:	\$587,558
Median Reported Debt at Graduation:	\$105,834
Median Reported Current Debt:	\$115,602

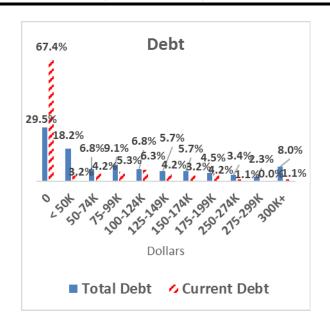


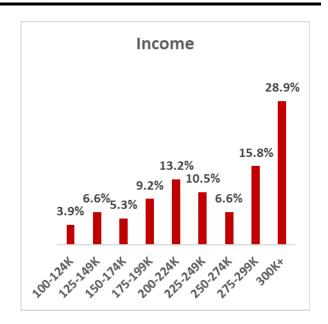


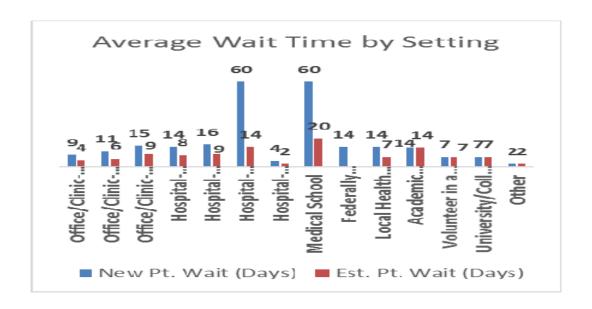




Specialty Profile: Surgery-Orthopedic





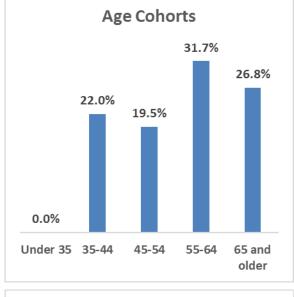


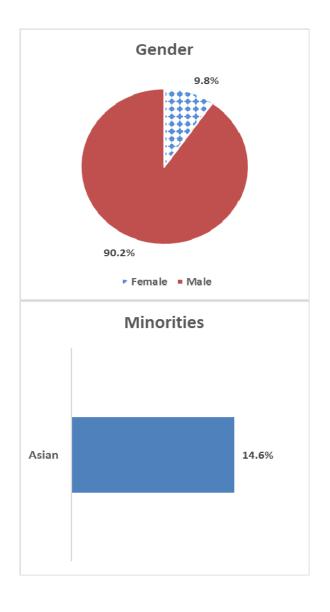
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	8.1%	82.4%	4.1%	4.1%	1.4%	0.0%
Medicare	2.6%	41.0%	35.9%	20.5%	0.0%	0.0%
Insured	0.0%	11.5%	42.3%	39.7%	5.1%	1.3%
Uninsured	2.9%	92.8%	1.4%	1.4%	1.4%	0.0%
Charity	14.0%	83.7%	0.0%	0.0%	0.0%	2.3%
VA	9.6%	90.4%	0.0%	0.0%	0.0%	0.0%

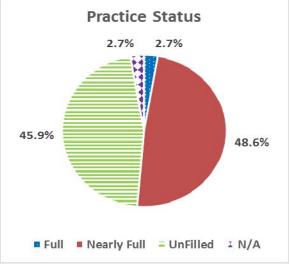
Local Health District	Percent of Physicians
Bear River	9.0%
Central	1.0%
Davis	9.0%
Salt Lake	44.0%
Southeastern	2.0%
Southwest	8.0%
Summit	2.0%
Tooele	2.0%
Tri-County	1.0%
Utah	8.0%
Wasatch	1.0%
Weber-Morgan	9.0%
Out of State	4.0%

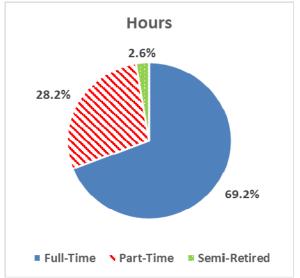
Specialty Profile: Surgery-Plastic

Count:	88
Standardized FTE:	79.29
Total Hour FTE:	108.23
Mean Reported Hours Per Week:	51.87
Average Age:	57
Median Reported Patients Per Hour	6.00
Median FTE Adj. Income:	\$223,916
MGMA Median Income:	\$496,243
MGMA West. Reg. Median Income:	\$531,935
Median Reported Debt at Graduation:	\$109,264
Median Reported Current Debt:	\$175,703

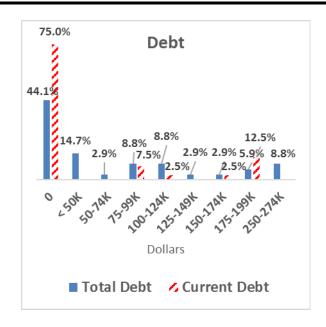


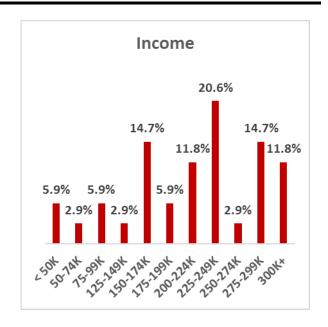


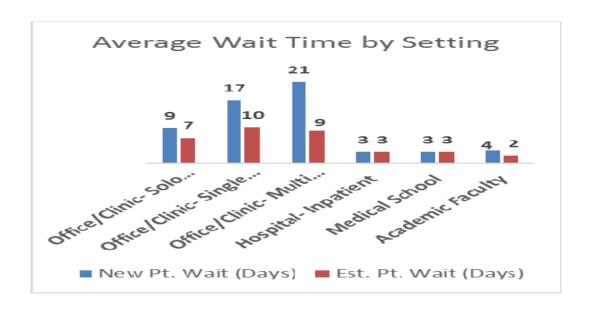




Specialty Profile: Surgery-Plastic





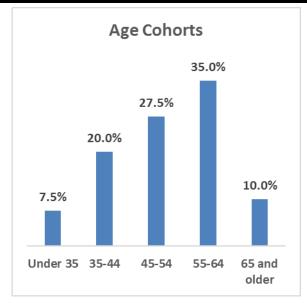


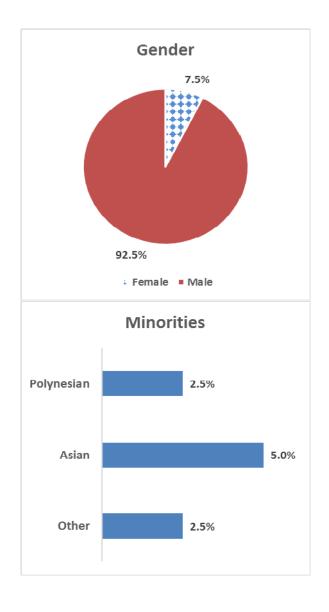
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	14.3%	82.1%	3.6%	0.0%	0.0%	0.0%
Medicare	10.3%	72.4%	13.8%	3.4%	0.0%	0.0%
Insured	6.7%	30.0%	20.0%	36.7%	6.7%	0.0%
Uninsured	3.1%	43.8%	18.8%	6.3%	15.6%	12.5%
Charity	20.0%	75.0%	5.0%	0.0%	0.0%	0.0%
VA	19.0%	81.0%	0.0%	0.0%	0.0%	0.0%

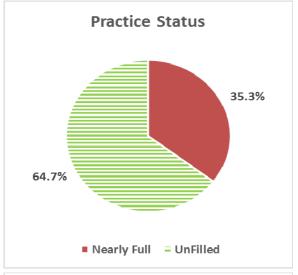
Local Health District	Percent of Physicians
Bear River	5.0%
Davis	15.0%
Salt Lake	40.0%
Southwest	5.0%
Utah	17.5%
Weber-Morgan	5.0%
Out of State	12.5%

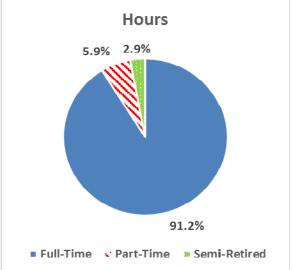
Specialty Profile: Other Surgical Subspecialties

Count:	86
Standardized FTE:	70.94
Total Hour FTE:	119.31
Mean Reported Hours Per Week:	65.59
Average Age:	51
Median Reported Patients Per Hour	8.00
Median FTE Adj. Income:	\$203,070
MGMA Median Income:	\$480,424
MGMA West. Reg. Median Income:	\$530,620
Median Reported Debt at Graduation:	\$135,926
Median Reported Current Debt:	\$155,627

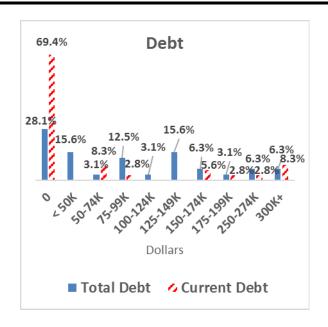


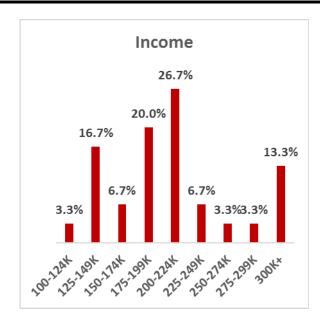


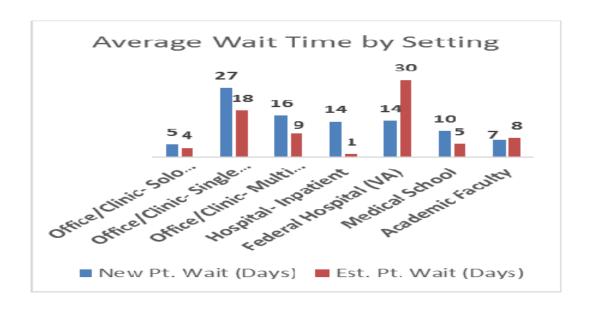




Specialty Profile: Other Surgical Subspecialties





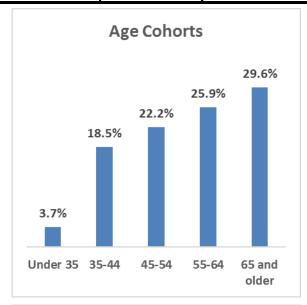


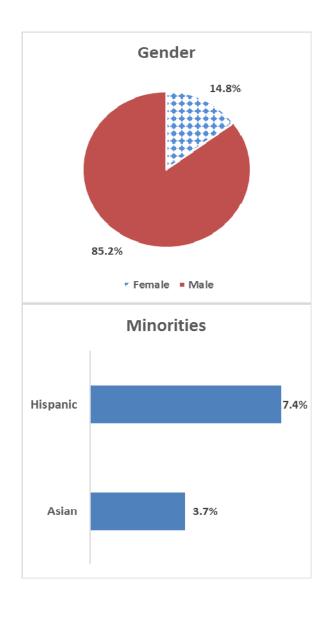
% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients
Medicaid	3.1%	90.6%	6.3%	0.0%	0.0%
Medicare	6.1%	54.5%	18.2%	21.2%	0.0%
Insured	0.0%	24.2%	24.2%	42.4%	9.1%
Uninsured	0.0%	87.9%	3.0%	9.1%	0.0%
Charity	15.8%	84.2%	0.0%	0.0%	0.0%
VA	16.7%	79.2%	0.0%	4.2%	0.0%

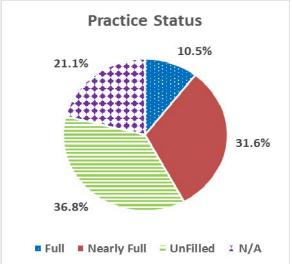
Local Health District	Percent of Physicians
Davis	5.0%
Salt Lake	52.5%
Southwest	2.5%
Summit	2.5%
Utah	12.5%
Weber-Morgan	5.0%
Out of State	20.0%

Specialty Profile: Other Specialty

Count:	58
Standardized FTE:	45.48
Total Hour FTE:	61.95
Mean Reported Hours Per Week:	48.25
Average Age:	55
Median Reported Patients Per Hour	5.00
Median FTE Adj. Income:	\$223,803
MGMA Median Income:	
MGMA West. Reg. Median Income:	
Median Reported Debt at Graduation:	\$52,242
Median Reported Current Debt:	\$143,453

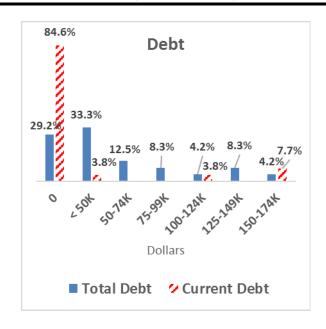


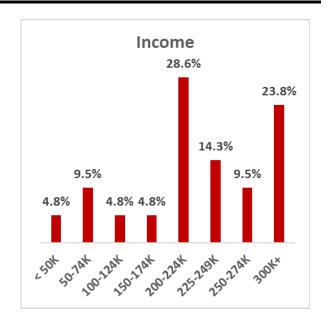


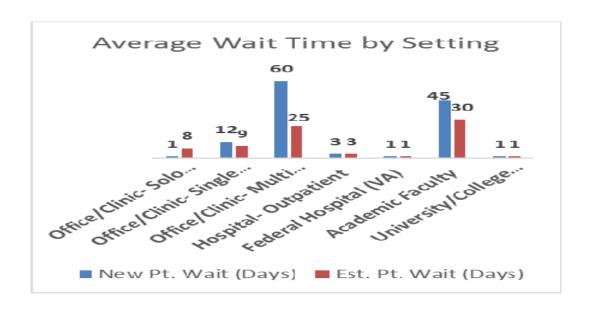




Specialty Profile: Other Specialty







% of Patients	Do not Accept	Less Than 25% of Patients	25-49% of Patients	50-74% of Patients	75-99% of Patients	100% of Patients
Medicaid	30.0%	50.0%	20.0%	0.0%	0.0%	0.0%
Medicare	16.7%	8.3%	33.3%	41.7%	0.0%	0.0%
Insured	7.1%	35.7%	14.3%	21.4%	21.4%	0.0%
Uninsured	9.1%	81.8%	0.0%	0.0%	9.1%	0.0%
Charity	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%
VA	40.0%	20.0%	0.0%	0.0%	0.0%	40.0%

Local Health District	Percent of Physicians
Bear River	3.7%
Davis	7.4%
Salt Lake	33.3%
Southwest	11.1%
Summit	3.7%
Utah	11.1%
Weber-Morgan	11.1%
Out of State	18.5%



The 2016 publication of *Utah's Physician Workforce:*A Study on the Supply and Distribution of Physicians in *Utah* is the most comprehensive statistical reference available on the supply and distribution of physicians licensed in Utah.

This resource presents detailed tabulations on the aggregate physician workforce as well as summary profiles on each of the subspecialties available in Utah. The analysis serves as a guide for comparing national and regional differences in the physician workforce and the implications of such on the population in Utah.

Data for this report are obtained from the Utah Medical Education Council's (UMEC) 2015 survey of physicians licensed in Utah by the Division of Occupational and Professional Licensing (DOPL).

For more information on other UMEC publications and additional data on the physician workforce in Utah, visit the UMEC website at www.utahmec.org.

