

## The Changing Landscape of Primary Care HPSAs and the Influence on Practice Location

SEAN C. FINNEGAN, MS; NEWTON CHENG, MS; ANDREW W. BAZEMORE, MD, MPH; JENNIFER L. RANKIN, PhD, MPH, MHA; and STEPHEN M. PETTERSON, PhD

Health professional shortage area (HPSA) designations were created to highlight areas of primary care shortage and direct incentives to physicians willing to practice in these areas. We demonstrate the volatility of these geographies by examining the HPSA status of primary care physicians whose practice locations were the same in 2008 and 2013. Although the change in the percentage of physicians practicing in HPSAs over this period was negligible, approximately 28% of the stationary physicians lost a primary care HPSA designation, whereas about 21% gained a designation.

Policy measures to encourage physicians to practice in shortage areas have been in place for decades, but questions have surfaced about their effectiveness.<sup>1</sup> We studied a cohort of physicians (graduates of U.S. medical schools between 1980 and 2001) from the American Medical Association Masterfile who did not move practice locations from 2008 to 2013 (see accompanying table). When looking at the total cohort, there was a 2.4% decrease in physicians practicing in HPSAs, whereas the population residing in HPSAs decreased by 8.6%.

When comparing the physicians in the cohort who were practicing in HPSAs in 2008 with those who were practicing in HPSAs in 2013, we observed a much greater fluctuation. Of the 16,443 physicians practicing in an HPSA in 2008, 4,580 (27.9%) lost the HPSA designation by 2013. On the other hand, 3,232 (21.4%) of physicians who were not practicing in an HPSA in 2008 gained the designation by 2013 without actively moving into an HPSA.

Although strong conclusions based on this sample and single time frame may be premature, this volatility may add to a list of reasons why previous studies have found current incentives to be insufficient to drive physicians to practice in HPSAs.<sup>2</sup> HPSAs should be dynamic enough to acknowledge when physician movement has corrected a shortage; however, policy makers should also

**Table. HPSA Designation Changes from 2008 to 2013**

No. in 2008 HPSA	No. not in 2013 HPSA	Percentage losing designation
16,443 (28.0%)	4,580	27.9%
No. in 2013 HPSA	No. not in 2008 HSPA	Percentage gaining designation
15,095 (25.7%)	3,232	21.4%

NOTE: We evaluated 58,741 physicians who graduated medical school between 1980 and 2001 and practice in direct patient care, primary care, and who did not move practice locations from 2008 to 2013.

HPSA = Health Professional Shortage Area.

Data from the American Medical Association Masterfile.

recognize and address how volatility in HPSA designations may undermine physician incentives to practice in these locations and render such incentives ineffective.

The information and opinions contained in research from the Graham Center do not necessarily reflect the views or the policy of the AAFP.

A collection of Graham Center Policy One-Pagers published in *AFP* is available at <http://www.aafp.org/afp/graham>.

Policy One-Pagers are available from the Graham Center at <http://www.graham-center.org>.

Author disclosure: No relevant financial affiliations.

### REFERENCES

1. U.S. Government Accountability Office. Health care shortage areas: designations not a useful tool for directing resources to the underserved. September 8, 1995. <http://www.gao.gov/products/HEHS-95-200>. Accessed February 14, 2014.
2. Zhang X, Phillips RL Jr, Bazemore AW, et al. Physician distribution and access: workforce priorities. *Am Fam Physician*. 2008;77(10):1378. ■