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. 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. 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. HPSAs should be dynamic enough to acknowledge when physician movement has corrected a shortage; however, policy makers should also recognize and address how volatility in HPSA designations may undermine physician incentives to practice in these locations and render such incentives ineffective.

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