



2005 ANNUAL REPORT

**FAMILY PRACTICE
PHYSICIAN RECRUITMENT
AND
RETENTION ADVISORY
COMMITTEE**

OCTOBER 2005

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The opinions expressed in this report are those of the Family Practice Physician Recruitment and Retention Advisory Committee and do not necessarily reflect the opinions of the Agency for Health Care Administration or its staff. The Agency assumes no responsibility for any statements made in this report.

Executive Summary

Florida continues to experience a major shortage of family physicians. Since its inception in 1994, the Family Practice Physician Recruitment and Retention Advisory Committee has reported to the Legislature on the recruitment, retention, and training in family medicine residency programs in the state. Florida's changing population will require significantly more family physicians in coming years.

At least 29 Florida counties experience health professions shortages due to geographic location or low income populations, according to the Florida Department of Health. Rural communities are in need of family physicians. In many rural communities, the family physician is the only source of health care. Therefore, there is a need to recruit both genders and all ethnicities for family medicine residency programs.

Several major issues impact a medical student's decision to enter a Florida family medicine residency program. Such issues as high medical student debt and low practice reimbursement may encourage students to choose high salary specialties to pay back student loans.

Recommendations

The Family Practice Physician Recruitment and Retention Advisory Committee recommends that special efforts be undertaken to address, but not be limited to, the following issues:

- The resumption of funding for the Florida Health Service Corps and Medical Education Reimbursement and loan repayment programs.
- The provision of adequate funding for family medicine residency programs.
- The pursuit of medical liability reform.
- An increase in reimbursement for Medicare and Medicaid.
- The recruitment of more underrepresented minorities to attend Florida's medical schools and family medicine residency programs.
- Increased efforts to recruit more students into medical schools who are likely to choose family medicine as a specialty.

Introduction

In 1994, the Florida Legislature passed legislation to track the development of the state's family physician workforce, and established the Family Practice Physician Recruitment and Retention Advisory Committee. This committee was tasked with identifying strategies to increase minority participation in the state's family medicine residency programs and to increase the number of graduates choosing to practice in Florida. The Committee is also responsible for annually reporting those strategies to the Legislature, as well as documenting the current status of family medicine residency programs in Florida.

Since 1995, Florida's family medicine residency programs have been surveyed to track residency program size, recruitment policies, resident retention, and minority recruitment and participation. This detailed report has been developed to reflect the current trends in Florida's family medicine residency programs, as well as to offer advisory comments and recommendations regarding opportunities for enhancing family physician recruitment and retention in the state of Florida.

National and State Demographic Trends

Florida, along with the rest of the nation, will experience dynamic population shifts over the next 25 years. The 2000 U.S. Census Bureau report estimated America's population at more than 281 million, with a median age of 35.3 years. Citizens age 65 or older comprised 12.4 percent of the nation's population. Caucasians made up 75 percent of the population, with 12.5 percent Latino (the Census Bureau counts "Hispanic" or "Latino" as an ethnicity rather than a race); 12.3 percent African American; 3.6 Asian; and 0.9 percent Native American.

An April 2005 Census Bureau report estimates that one in every seven people in the U.S. is Latino. Latinos accounted for one-half of the overall population growth of 2.9 million between July 2003 and July 2004. There are an estimated 41.3 million Latinos in the U.S.

The Latino growth rate for the twelve months starting July 2003 was 3.6 percent, compared with the overall population growth of one percent. The growth rate was 3.4 percent for Asians, 1.7 percent for native Hawaiians and other Pacific Islanders, 1.3 percent for African Americans, 1 percent for Native Americans, and 0.8 percent for Caucasians.

Currently, Florida is the fourth most populous state in the nation and home to more than 15 million residents. Caucasian citizens make up about 78 percent of the population, with 17 percent of Latino ethnicity; 15 percent African American; and two percent Asians.¹

By 2030, Florida is expected to edge past New York to become the third most populous state in the nation, gaining more than 12 million citizens over the next 25 years. When the oldest members of the baby boom generation become senior citizens in 2011, the age 65 and over population is predicted to grow faster than the total population in every state. By 2030, more than one in every four Florida residents will be age 65 or older.

With health care chief among its concerns, Florida's aging population will require an increase in the number of accessible family physicians and other primary care providers in the next 30 years. Likewise, as Florida's population continues to diversify, there will be an increased need for minority physicians.

Florida's Health Professions Shortage Areas

The Florida Department of Health tracks Health Professions Shortage Areas (HPSA's), which are defined as:

- An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services);
- A population group;
- A public or nonprofit private medical facility.

HPSA's are assigned scores which range from 25 to 0, with 25 reflecting the highest need.

¹ The numbers for all groups do not add up to the total because four million people listed themselves as having more than one ethnicity.

In 2002 (the latest year for which data are available), twelve counties in Florida were classified as geographic-whole county HPSA's: According to the Department of Health, the HPSA criteria require three basic determinations for a geographic area request:

1. The geographic area involved must be rational for the delivery of health services.
2. A specified population-to-practitioner ratio representing shortage must be exceeded within the area.
3. Resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise inaccessible.

Florida Whole-County Health Professions Shortage Areas		
Dixie	Holmes	Sumter
Gadsden	Lafayette	Suwannee
Glades	Liberty	Wakulla
Hamilton	Madison	Washington

Source: Florida Department of Health

Residents of rural communities face unique problems in obtaining needed health services. They often suffer from significant health problems, especially chronic illnesses, and they often cope with fewer local health care providers and greater distances to travel in order to obtain needed care. Primary care physicians are twice as available in urban areas as in rural areas.

Studies done at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care indicate that Florida, along with several other states, is significantly at risk for further decreasing access to health care in underserved areas, as the number of family physicians in these areas continue to decrease. This is clearly illustrated in the maps on page five.

Family physicians are more likely than those with less general training to go into rural practice, and physicians with rural backgrounds are more likely to locate in rural areas than those with urban backgrounds. Other factors associated with

Florida Counties with HPSA Score 15 or Higher*			
Alachua	Columbia	Hernando	Okeechobee
Bay	Dade	Hillsborough	Orange
Broward	Escambia	Lake	Palm Beach
Calhoun	Franklin	Levy	Pinellas
			Polk

*Scores are derived based on 100 percent poverty, infant mortality or low birth weight, the population-to-primary care physician ratio, and travel time or distance to the next undesignated source of care.

Source: Florida Department of Health

The Need for Rural Physicians

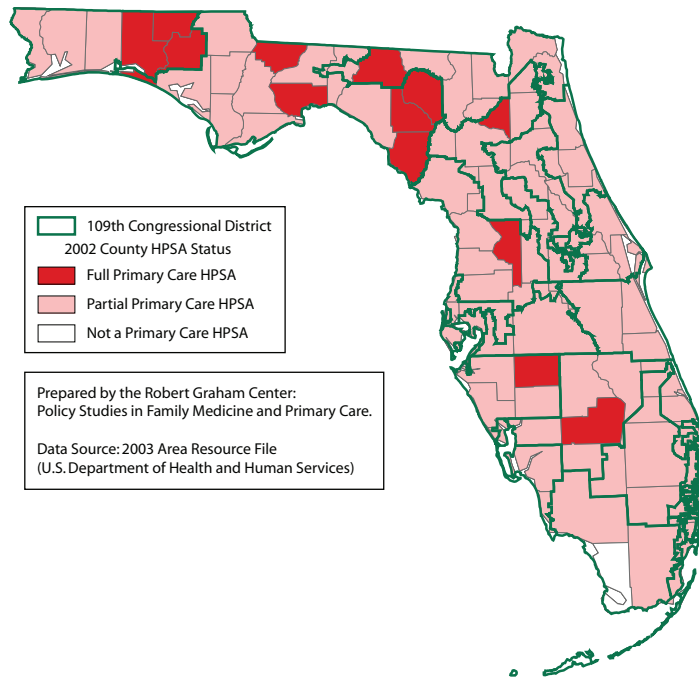
Despite the fact that approximately 20 percent of the U.S. population lives in rural areas, rural physicians comprise only approximately ten percent of the total number of working physicians in the country. In rural communities of fewer than 10,000 inhabitants, there are approximately 90 physicians per 100,000 persons. In major metropolitan areas, the ratio is approximately 300 physicians to every 100,000 persons. Extreme poverty, high proportions of racial and ethnic minorities, and lack of physical and cultural amenities characterize rural communities most likely to suffer from a shortage of physicians.

increased likelihood that a physician will choose rural practice include:

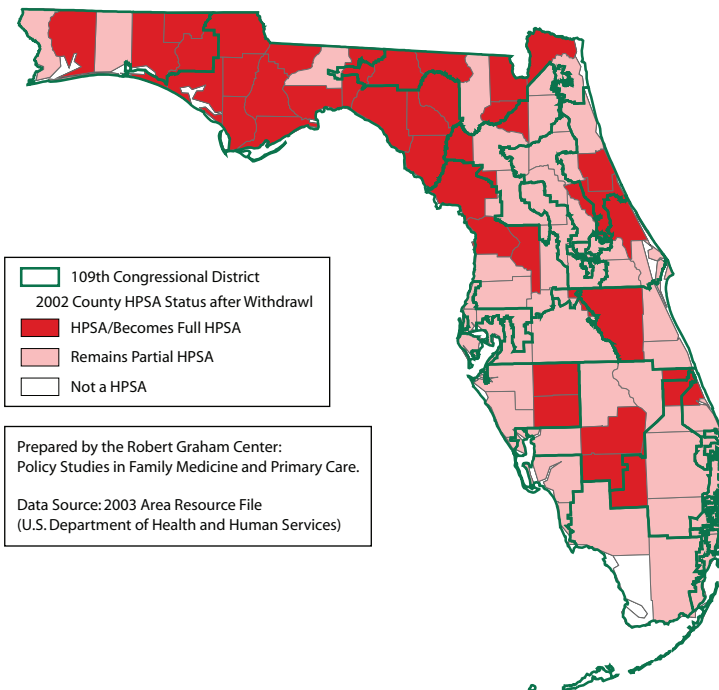
- Training at a medical school with a mission to train rural physicians. Such schools are more likely to graduate students who go into rural practice than schools that do not have a rural mission.²
- Osteopathic training. Osteopathic medical schools have a long tradition in rural communities. The Florida Society of the American College of Osteopathic Physicians

² Geyman, Hart, Norris, Coombs, Lishner: (2000). Educating generalist physicians for rural practice: How are we doing? *Journal of Rural Health*, 16, 56-78.

Florida: Primary Care Health Professional Shortage Areas



Florida: Primary Care Health Professional Shortage Areas If Family Physicians Were Withdrawn



estimates ten percent of its membership practices in rural areas. According to the Florida Osteopathic Association and the Department of Health, approximately 25 osteopathic physicians licensed in the state practice in rural and HPSA-designated counties.

- Training that includes rural components. According to the American Academy of Family Physicians, rural rotations and other curricular elements in medical school and residency training are critical to keeping students who have an interest in rural practice from looking elsewhere.
- Medical students who come from a rural background are more likely to locate in rural areas than those with urban backgrounds³.

The key determinant of retaining family physicians in rural areas is their ability to adapt to a rural lifestyle and practice.⁴ Physicians who felt prepared for small town living were more than twice as likely to remain in a rural area for at least six years.

Major Issues that Impact Medical Students' Career Choice

Prospective students face issues that can impact their decision to enter medical school or a Florida family medicine residency program. Other issues are leading family physicians to move to other states or discontinue practicing medicine in Florida. These issues are likely contributors to the current shortage of primary care physicians in Florida. The following brief descriptions highlight many of the issues affecting recruitment and retention of family physicians:

Medical Student Debt

One of the most daunting challenges facing would-be physicians is the cost of obtaining a medical education. According to the Association of American Medical Colleges (AAMC), the cost for one year at Florida's three public allopathic medical schools exceeds \$17,000. Out-of-state students (Florida non-residents) pay significantly more, averaging \$46,172 in tuition and \$3,596 for fees.

Tuition at Florida's only private allopathic medical school, the Leonard M. Miller School of Medicine at the University of Miami, averages \$28,670 for

Current Tuition & Fees for Florida Medical Schools, One Year		
	Florida Non-Resident Tuition & Fees	Florida Resident Tuition & Fees
<i>Allopathic Medical Schools</i>		
University of Miami	\$37,940.00	\$29,010.00
University of Florida	\$50,115.00	\$20,085.00
University of South Florida	\$50,515.05	\$18,431.59
Florida State University	\$52,121.77	\$17,570.58
<i>Osteopathic Medical Schools</i>		
Nova Southeastern University	\$32,375.00	\$25,785.00
Lake Erie College, Bradenton Branch Campus	\$26,220.00	\$26,220.00

in-state-students and \$37,600 for out-of-state students. At Nova Southeastern University's College of Osteopathic Medicine, yearly tuition and fees for in-state students is \$25,785, while out-of-state students pay \$32,375. All osteopathic students at Lake Erie College of Osteopathic

³ Verby, Newell, et al. (1991). *Changing the medical school curriculum to improve patient access to primary care. Journal of the American Medical Association, 1991; 226: 110-113.*

⁴ Pathman, Steiner, Jones, et al. (1999). *Preparing and retaining rural physicians through medical education.. Acad Med, 74, 810-820.*

Medicine's Bradenton branch campus pay \$25,000 for tuition and \$1,220 in fees per year.

In-state tuition and fees at some public schools exceed the amount that can be borrowed through Stafford loans, forcing students to finance their educations through high interest rate private debt. Increasing numbers of students are reaching their maximum loan amounts before graduation. Upon completion of medical school, some new graduates have accumulated debt loads in excess of \$100,000. According to the AAMC's Task Force on Medical Student Debt, loan payments consume between 40 and 50 percent of the average resident physician's after-tax salary. Further, the AAMC estimates that:

- Medical education debt was 4.5 times as high in 2003 as it was in 1984, growing well beyond the consumer price index.
- Over 80 percent of medical school graduates carry educational debt.
- The median debt burden for graduates of public medical institutions has risen to \$100,000, while debt for private school graduates has increased to \$135,000.
- 25 percent of students with educational debt report principle in excess of \$150,000 and a significant minority report debt as high as \$350,000.

When physicians in other specialties have the capacity to earn significantly larger incomes, medical school graduates are more likely to seek higher paying specialty fields rather than apply to family medicine residency programs, according to the American Medical Student Association (AMSA).

Residency program directors throughout Florida have strongly favored a federal or state funded loan forgiveness program as a recruitment incentive. There are presently two loan forgiveness repayment resources that could tremendously increase the number of students who enroll in family medicine residency programs: Florida Health Services Corps and the Medical Education Reimbursement and Loan Repayment Programs. Both programs were established by the Florida Legislature, but are presently unfunded.

Professional Liability Insurance Crisis

The lack of available and affordable professional liability insurance (PLI) continues to challenge Florida physicians and hospitals. A recent Congressional Budget Office (CBO) report found PLI premiums rose 15 percent nationwide for physicians between 2000 and 2002, with higher rates for select specialties.⁵

A 2003 investigation by the Government Accountability Office (GAO, formerly the General Accounting Office) found PLI premiums for physicians in some states increased dramatically since 1999; and that premium levels varied greatly from state to state, across medical specialties, and even among areas within states.⁶

According to the GAO report, the largest writer of medical malpractice insurance in Florida increased premium rates for general surgeons in Dade County by approximately 75 percent from 1999 to 2002, while the largest insurer in Minnesota increased premium rates for the same specialty by about two percent over the same period.

A 2003 study of rural Florida physicians by Florida State University found that PLI premiums increased by 94 percent from the previous year. Ten percent of responding physicians reported an increase of 250 percent from the previous year.⁷

According to the Center for Studying Health System Change (HSC), a non-partisan policy research organization primarily funded by the Robert Wood Johnson Foundation, physicians have responded to skyrocketing insurance premiums by practicing "defensive medicine," including ordering excessive tests and services; giving up certain high-risk practices, such as delivering babies; referring more patients to emergency departments, safety net hospitals and academic health centers; refusing to provide on-call emergency department coverage; and declining elective referrals from safety net providers.

The HSC's 2003 site visit to Miami (one of twelve nationally representative communities the group has studied biennially since 1997) found the

⁵ Congressional Budget Office. (January 8, 2004). *Limiting tort liability for medical malpractice. Economic and Budget Issue Brief.*

⁶ General Accounting Office. (October 1, 2003). *Medical malpractice insurance: multiple factors have contributed to premium rate increases. Testimony before the Subcommittee on Wellness and Human Rights, Committee on Government Reform, House of Representatives.*

⁷ Brooks, et al. (2004). *Impact of the medical professional liability insurance crisis on access to care in Florida. Arch Intern Med/Vol. 164: 2217-2222.*

liability crisis was most severe in Miami, where many physicians have responded to the high cost of premiums by dropping malpractice coverage, or “going bare.” Many Miami obstetricians have practiced without liability coverage since the 1980s, but now other specialists, especially neurosurgeons, and even some primary care physicians, have dropped coverage.⁸

Medical schools and teaching hospitals across the nation are struggling with increasing liability insurance premiums that, together with other budgetary pressures, may eventually compromise academic medical centers’ educational and patient care missions. The large increases have added to medical schools’ budgetary woes, forcing officials to reduce faculty salaries and cut programs.⁹ The professional liability insurance crisis has also affected postgraduate medical education in terms of decreased opportunities to learn selected procedures.

Consequently, physicians struggle to pay for liability insurance and provide a full complement of services for patients, including high risk services. Many retire early, move to another state with lower premiums, or discontinue providing certain services.

Scope of Practice and Supervision of Mid-Level Providers

Family physicians, more than any other specialty, are routinely faced with the myriad of issues surrounding nurse practitioners, physician assistants, and other mid-level providers. Some mid-level providers have pursued expanding their scope of practice, allowing for less supervision and more independence outside the traditional medical team. Some in the medical field have tried to stop these expansions of the scope of practice due to perceived concerns over training standards and patient safety.

Some medical students who show interest in a primary care field have stated that they have been dissuaded from pursuing family medicine because there is a feeling among some that family doctors

⁸ Center for Studying Health System Change. (Summer 2003). *Premium hikes and malpractice insurance disrupt Miami health care market. Community Report #11.*

⁹ *Malpractice insurance is a growing concern for academic medical centers. (July 2002). AAMC Reporter.*

will eventually be replaced by the changing role of mid-level providers. There are prevalent anecdotal reports that some practices may be hiring a mid-level provider to expand their primary care services at a lower cost than hiring a family physician.

Historically, the jurisdiction regulating the supervision of mid-level providers has been maintained by the primary treating physician, who is highly regulated by the state’s Board of Medicine and Board of Osteopathic Medicine. Increasingly, the lines of responsibility for supervision of the medical team have become blurred when mid-level provider medical boards assume regulatory authority over specific licensees. This issue has been debated in the Florida Legislature as well for over 15 years.

Given today’s medical liability climate, the increased emphasis on eliminating medical errors, and further prescription drug regulation aimed at preventing abuse, establishing clear definitions of the supervisory role of the physician over the medical team is worthy of discussion. Since the treating physician is responsible for the care provided to their patients by all mid-level providers, the responsibility for governing supervision should rest solely with the Board of Medicine and Board of Osteopathic Medicine.

Complexities Involved in Addressing Maternity Health Care Issues

Maternity care presents challenges for family physicians today. Although obstetrics and gynecology is regarded as a specialty in its own right, many family physicians perform obstetrics or maternity care services, often as the sole provider in rural areas. However, the number of family physicians who provide maternity care services is waning in Florida and across the nation for a variety of reasons. Decreasing birth rates, low reimbursement, excessive professional demands, and the rising cost of professional liability insurance have all contributed to this decline.¹⁰

A 2003 study by researchers at Florida State University found that 61.3 percent of the state’s rural physicians who performed maternity care

¹⁰ The National Advisory Committee on Rural Health and Human Services. *The 2005 Report to the Secretary: rural health and human service issues. (2005).*

services decreased or eliminated vaginal deliveries and 52.6 percent decreased or eliminated Cesarean sections. This was especially evident in parts of the Florida Keys, the western Panhandle, and North Central Florida, making the risk of adverse outcomes for infants and mothers even higher in these areas.¹¹

The challenge of providing maternity care within a rural setting adds another layer of complexity. According to a study by the Walsh Center for Rural Health Analysis in Washington, DC, of the 2,306 rural counties in the U.S. with adequate data, 117 counties lost local access to maternity care services between 1994 and 2000. In the majority of rural hospitals, there are no obstetricians on staff and the responsibility falls upon family physicians and mid-level providers.

Anecdotal evidence suggests the training family medicine residents receive in obstetrics is often based on an urban practice model that assumes ready access to specialty services. Some highly experienced rural physicians who participated in the FSU study expressed concern about the training of current residents in family medicine. Some observed that they felt a number of new family physicians do not have sufficient experience in performing Cesarean sections to feel comfortable with the procedure, particularly in settings where specialty back up support is not readily available.¹²

Complexity of State Medical Licensure for Residents

After successfully completing their first year of residency, residents who graduated from U.S. schools are eligible for licensure. In the state of Florida, the medical licensure process is very complex. In addition to the very thorough investigative process, including an FBI criminal background check, residents in all of Florida's residency programs face other potential difficulties in obtaining their medical license. Recent history of mental health problems or adverse academic evaluations can prolong the process. Residents with adverse evaluations by a residency faculty

member will be asked to provide an explanation to the Board. Resident physicians and residency directors would benefit from having better defined criteria for adverse evaluations that would not inappropriately hinder licensure applications. In addition, it would be beneficial to assign specific personnel at the Department of Health to deal with resident physician licensure.

Decreasing Physician Reimbursement

Many family physicians find it increasingly difficult to continue providing Medicare and Medicaid services because reimbursements have not kept pace with the cost of providing care. The Centers for Medicare and Medicaid Services (CMS) projects physician fee schedule updates to be about negative five percent for six consecutive years, beginning in 2006. The result is a cumulative reduction in the payment rates for physician services of roughly 26 percent from 2005-2011. In contrast, the Medicare Economic Index (MEI), a measure of inflation in physician practice costs and general wage levels, is expected to increase by 15 percent over the same time frame.¹³

Medicaid reimbursements for hospitals are calculated on a cost-based system. Beginning July 1, 1995, the Florida Legislature limited an annual increase in Medicaid payments to approximately two-thirds of their actual cost. Many of the Florida hospitals participate in the Medicaid program and their reimbursement rates are limited to the lower of cost, target rate or ceiling. Currently, there are 53 hospitals that are exempt from targets and ceiling caps. Every legislative session qualification for exemption is defined and historically includes CHEP (Community Hospital Education Program), statutory teaching, and specialized hospital providers.

Other exemption categories include trauma facilities with at least 7.3% Medicaid utilization and providers with 11% Medicaid and charity care patient days as a percentage of total adjusted patient days.¹⁴

¹¹, ¹² Brooks, Menachemi, Hughes, Clawson. (2004). Impact of the medical professional liability insurance crisis on access to care in Florida. *Arch Intern Med*/Vol. 164: 2217-2222.

¹³ 2005 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

¹⁴ For further language concerning exemptions please refer to Florida General Appropriations Act - SB 2600 - Appropriation 190 - FY 2005-2006.

Through the Medicaid Hospital Inpatient Upper Payment Limit, the Statutory Teaching Hospitals (6) and the Family Medicine Teaching Hospitals (11) receive a Special Medicaid Payment (SMP) per Senate Bill 2600 State Fiscal Year (SFY) 2005-2006. The SMP for statutory teaching hospitals is based on a formula using the total number of residents in the program. The appropriated amount for SFY 2005-2006 is \$12,203,921. However, the appropriation for the Family Medicine Teaching Hospital is equally distributed among the participants. The appropriated amount for state fiscal year 2005-2006 is \$2,330,882.

Before the Upper Payment Limit Program was created, the Department of Health (DOH) sent funds directly to the residency programs for state fiscal years 1999-2000. However, when the UPL Program was created, DOH realized it could maximize its resources by channeling the funds through the Agency for Health Care Administration to be matched with federal funds. For state fiscal year 2005-2006 the FMAP (Federal Matching Assistance Percentage) is 58.89% and the SMAP (State Matching Assistance Percentage) is 41.11%. Therefore, the funds are no longer sent directly to the residency programs, but are included in the Medicaid rates paid to hospitals for each Medicaid admission.

Florida's Statutory & Family Medicine Teaching Hospitals	
Statutory Teaching Hospitals	Family Medicine Hospitals
Shands at UF	Bayfront Medical Center
Jackson Memorial Hospital	Broward General Medical Center
Mt. Sinai Medical Center	Florida Hospital Orlando
Shands, Jacksonville	Halifax Medical Center
Tampa General Hospital	Morton Plant Mease Health Care
Orlando Regional Medical Center	Palmetto General Hospital
	St. Luke's Hospital
	St. Vincent's Medical Center
	Sun Coast Hospital
	Tallahassee Memorial Hospital
	Northside Hospital & Heart Institute

The Role of the Family Physician

Family physicians are the quintessential primary care providers because of their emphasis on prevention and health maintenance for people of all ages. Without a primary care provider who is familiar with a patient's history and able to coordinate service delivery and provide a medical home, quality of care can suffer while limited resources are wasted.

While it is true that limited primary care services may be provided by some sub-specialists, they do not normally do so and often fail to provide important preventative care services. There is also a greater potential for the duplication of expensive services, as well as an increased likelihood of dangerous health outcomes if patients are unable to completely and accurately report all of the specialized services/medications they receive to each health care provider.

Family physicians significantly impact their communities in several ways. Researchers from Johns Hopkins University found that adding one family physician per 10,000 people generates a nine percent reduction in mortality rates.¹⁵ Family physicians have an economic impact as well. A study by the Oklahoma Physician Manpower Training Commission found that each rural family physician generated an estimated 50 full time jobs, which produced over \$1.1 million in annual income.¹⁶

Within the family medicine specialty, minority physicians play a growing and increasingly significant role. Florida's large population, with rapidly expanding and diversifying minority groups, will require professional diversity for its future primary care system. Since Florida's minority populations are affected disproportionately by a variety of diseases and conditions, strategies that have the potential to improve minority health can quickly improve overall public health statistics. As a group, minority physicians have demonstrated a much greater likelihood of practicing in rural and/or minority population areas that have often been designated as underserved.

¹⁵ Starfield et al. (March 2005). *The effects of specialist supply on populations' health: Assessing the evidence. Health Affairs 2005; 0. 5971*

¹⁶ *Oklahoma State University Center for Health Sciences; University of Oklahoma Health Sciences Center. 2001.*

Family Medicine Residency Programs

Family medicine is one of 24 medical specialties recognized by the American Board of Medical Specialties. Board certification may be granted by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians.

Family physicians complete a three year residency that covers all aspects of the delivery of health care in ambulatory and inpatient settings. They are eligible for board certification as family physicians after completing residency training and passing a comprehensive examination. Family medicine board certification must be renewed every seven years.

The National Resident Matching Program (NRMP) matches the preferences of applicants from osteopathic, allopathic, and international medical schools to fill the available allopathic training positions at U.S. teaching hospitals.

According to the NRMP, the number of available family medicine residency positions in the U.S. peaked in 1998 at 3,293 and has declined steadily every year. Although 82 percent of the 2,761 available residency positions were filled in 2005 – an increase from the 79 percent fill rate of 2004 – 103 fewer positions were offered. Graduates of U.S. medical schools filled 41 percent (1,117) of available family medicine residency positions, while international students filled the remainder. International students often return to their country of origin following training and are less likely to practice in rural, underserved areas if they remain in the U.S, according to the American Academy of Family Physicians.¹⁷

Osteopathic medical students undergo a similar matching process, under the auspices of the American Osteopathic Association's (AOA) National Matching Services. According to the AOA, family medicine residencies were offered at 84 programs in 2005. There were 252 residency positions funded, which were filled with 136 applicants, leaving 116 positions open.

¹⁷ Match Day 2005: Family Medicine Gains Positions, Loses U.S. Seniors. AAFP Monitor. April 2005. Retrieved 8/15/05 from www.aafp.org.

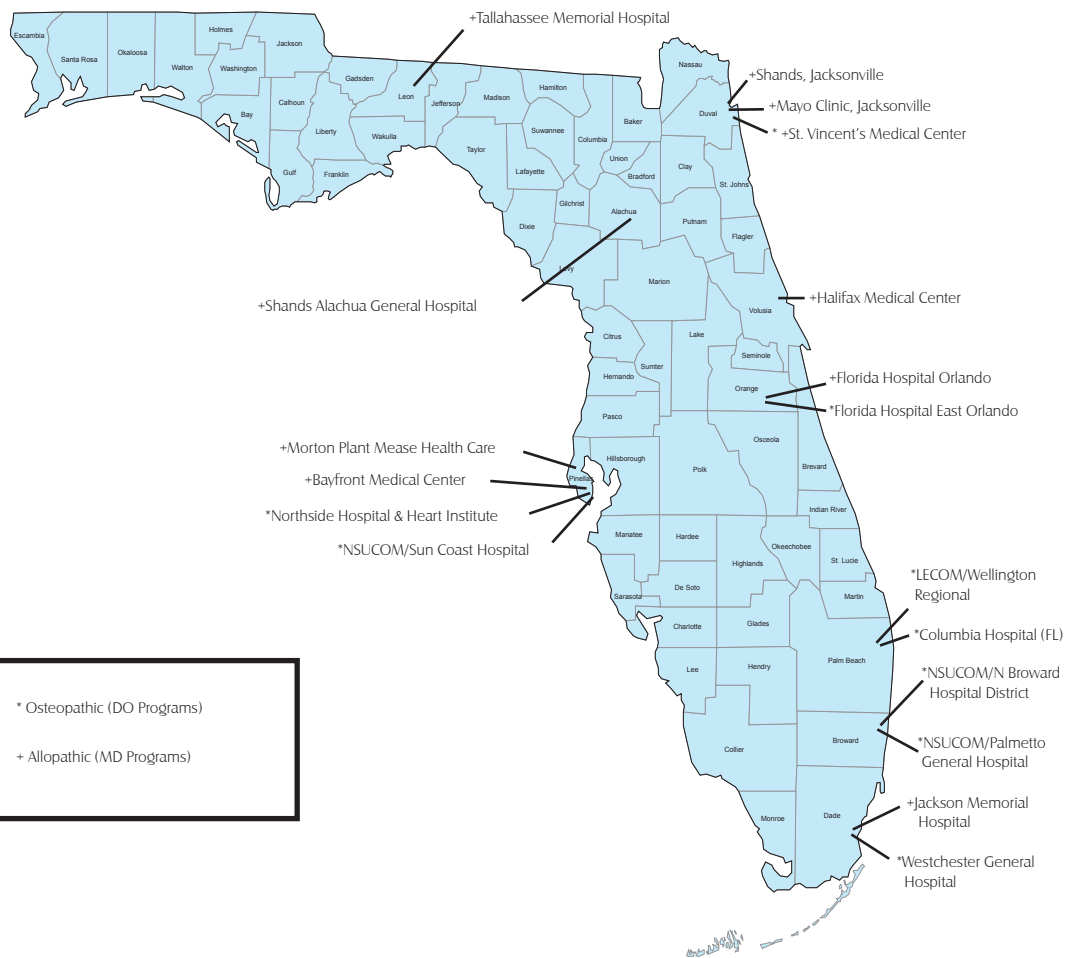
Florida's Family Medicine Residency Programs

The next section of the report includes a map showing the locations of the allopathic and osteopathic family medicine residency programs in the state, as well as the size and growth of the programs. It also provides charts, which help depict the gender and ethnic demographics of the residents in those programs. The final table reflects the number of graduating residents in 2005 moving out of state vs. establishing a practice in the state.

Location of Florida's Family Medicine Residency Programs

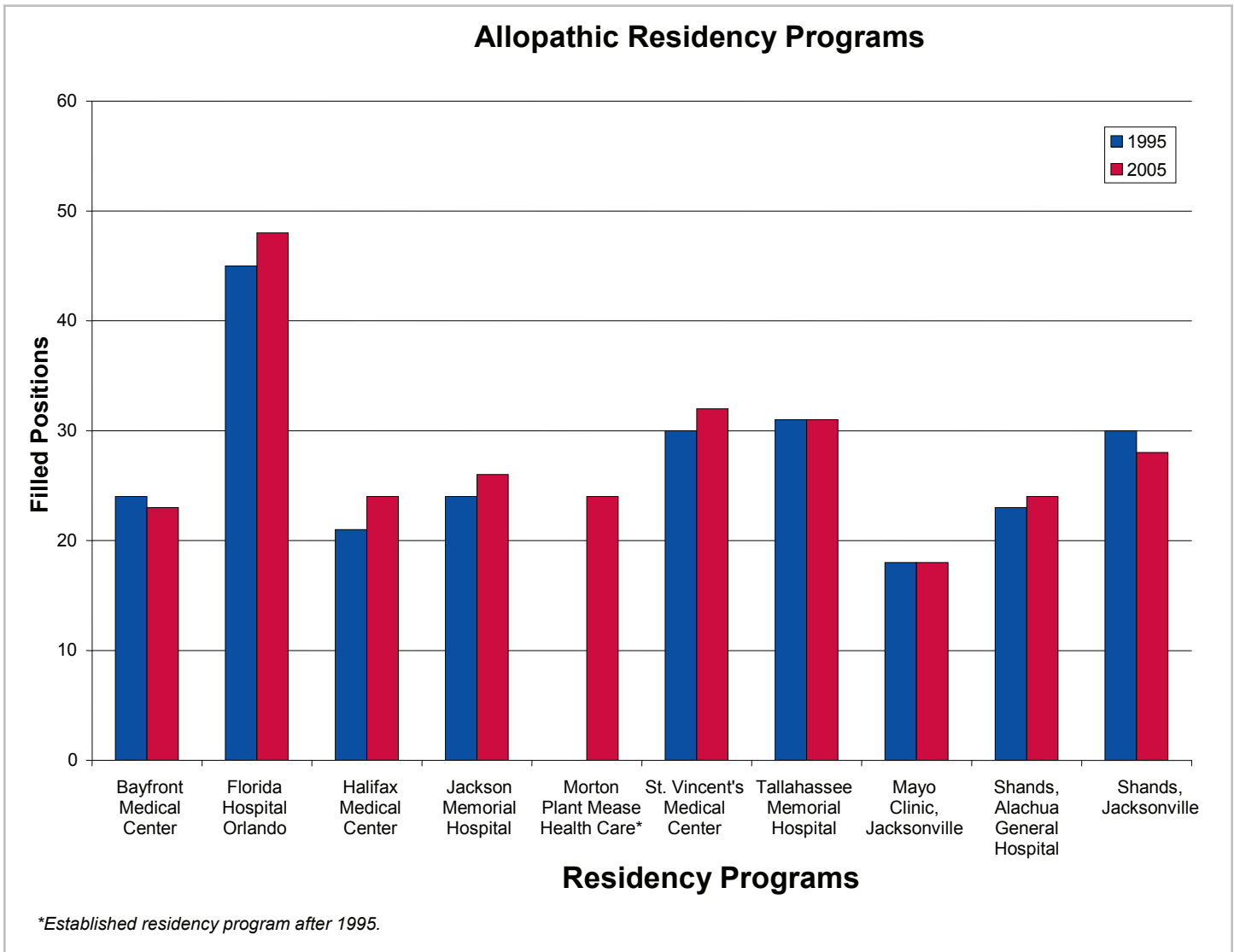
There are currently 19 hospitals in Florida that have family medicine residency programs. Ten hospitals offer allopathic programs, and nine offer osteopathic programs. St. Vincent's Hospital in Jacksonville added an osteopathic family medicine program to its existing allopathic residency since the last report. While many teaching hospitals throughout the state offer primary care training as part of their subspecialty programs, these 19 programs focus on family medicine training throughout the resident's tenure at the hospital. The following map shows the locations of hospitals with family medicine residency programs as of July 1, 2005.

Hospitals With Family Practice Residency Programs as of July 1, 2005.



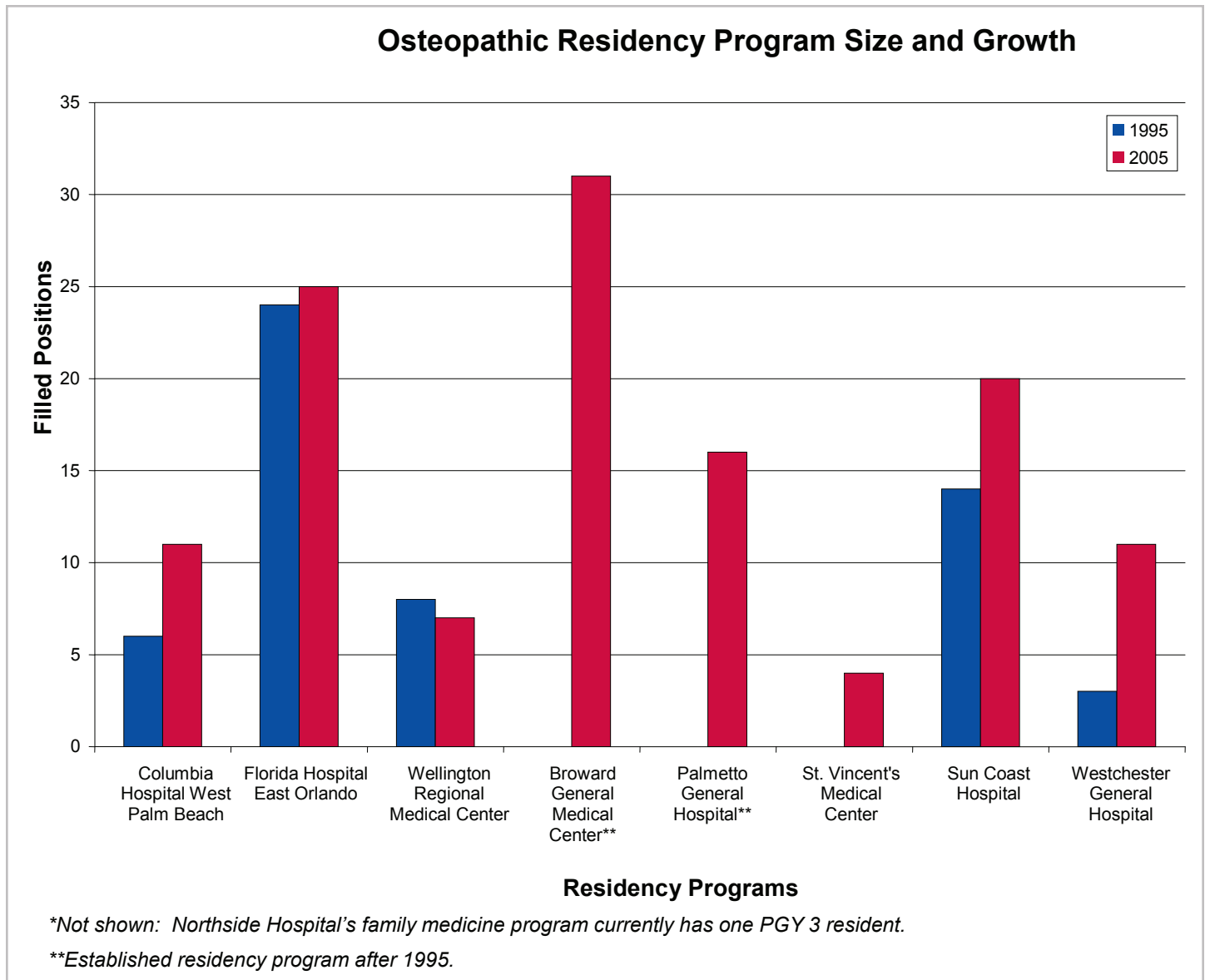
Florida's Allopathic Family Medicine Residency Programs

The number of filled family medicine residency positions in Florida increased from 233 to 278 over a ten year period, with the addition of 45 new residents. In 2005, all the allopathic family medicine programs filled every open residency position. However, this increase in total allopathic positions in the state falls short of the significantly increased need for family physicians.



Florida's Osteopathic Family Medicine Residency Programs

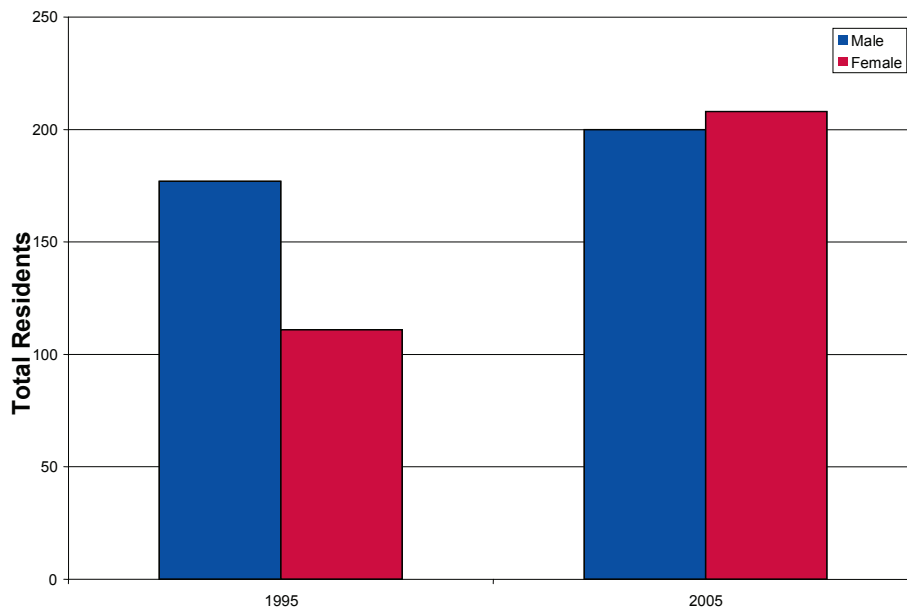
The number of osteopathic family medicine residents in Florida has grown over the last ten years, with the addition of 70 filled residency positions. However, these increases are not keeping up with Florida's population growth. There is still a great need for additional family physicians in most areas of Florida. The following table reflects the information from the osteopathic family medicine residency programs.



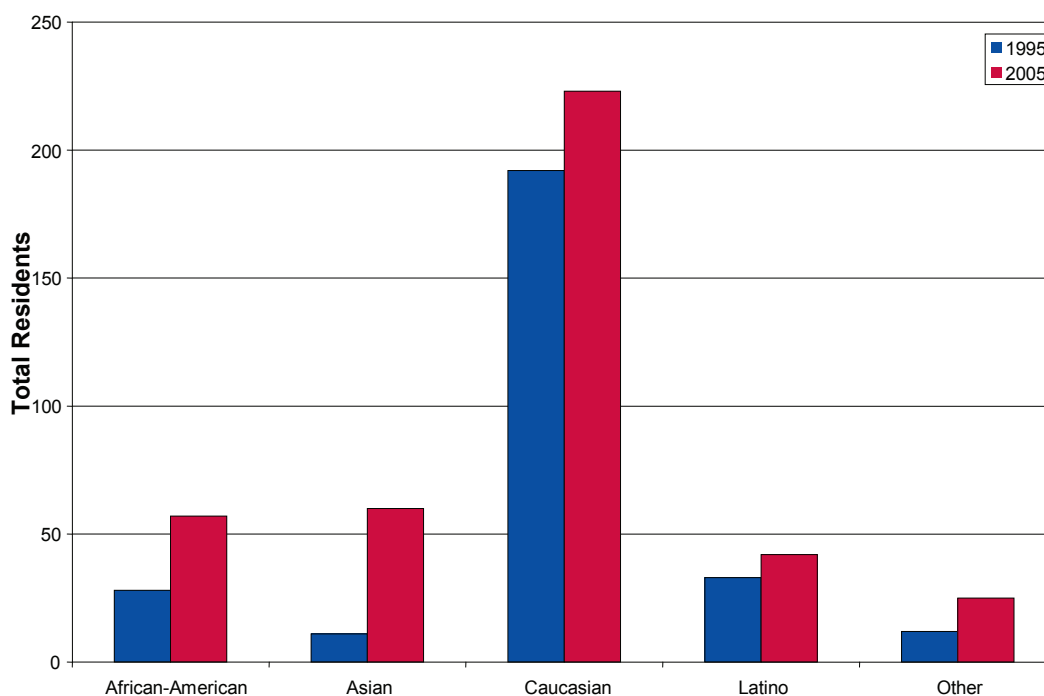
Demographics of Florida's Family Medicine Residency Programs

In 2005, females slightly outnumbered males (208 vs. 200) with regard to gender representation in both allopathic and osteopathic residency programs. Caucasians accounted for the largest ethnic group among the residents (223) in both programs, followed by Asian-Americans (60), African-Americans (57), and Latinos (42). East Indian residents accounted for most of the ethnic groups comprising the "Other" category (24), along with Middle Eastern, African, and Caribbean residents. Therefore, there continues to be a need to recruit students of both genders and all ethnicities into the family medicine specialty.

Gender Distribution in Residency Programs



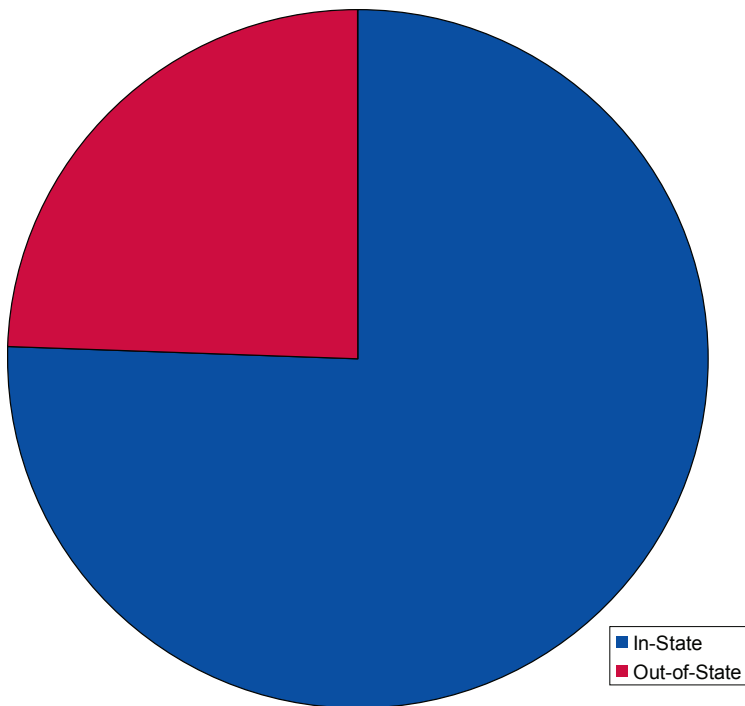
Ethnic Distribution in Residency Programs



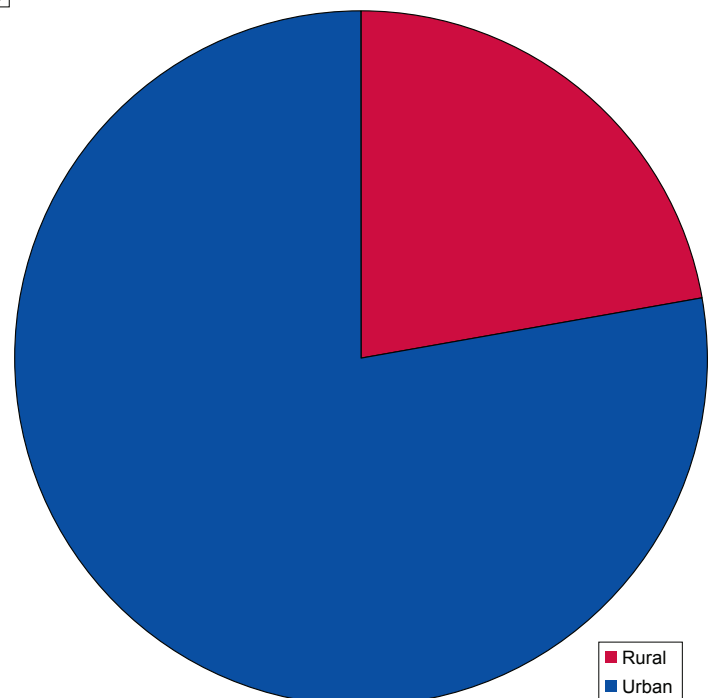
Destination of Family Medicine Residency Graduates in 2005

Overall, 102 of the residents graduating in 2005 from Florida's family medicine residency programs plan to establish a practice in Florida, while 33 residents indicated they plan to leave the state. Allopathic physicians accounted for all 19 residents who plan to establish a rural practice. A total of 42 allopathic physicians intend to establish an urban family medicine practice, while 25 osteopathic physicians intend to do the same.

In-State vs. Out-of-State



Rural vs. Urban



Conclusion

This report of the Family Practice Physician Recruitment and Retention Advisory Committee to the Legislature provides baseline information and figures that enable past and future tracking of the recruitment and retention of the state's family medicine residents. The report describes the major issues that influence a medical student's decision to enter a Florida family medicine residency program, which include medical student debt and the rising costs of professional liability insurance, among others.

Florida's rural communities are affected most by the shortage of family physicians. The American Academy of Family Physicians reports "family physicians constitute nearly 90 percent of all primary care rural physicians and are the only source of medical care in many remote rural communities."

The Family Practice Physician Recruitment and Retention Advisory Committee believes the recommendations set forth in the beginning of this report will help the state of Florida address the need for recruiting, training, and retaining an adequate pool of family physicians to meet the state's needs.

Family Practice Physician Recruitment and Retention Advisory Committee Membership

Alma B. Littles, M.D., Chair **Professor, Department of Family Medicine And Rural Health**

Associate Dean for Academic Affairs
Florida State University College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300
(850) 644-1855
alma.littles@med.fsu.edu

Members

Bruce Flareau, M.D.

Residency Director

Morton Plant Mease Family Medicine
Residency Program
807 North Myrtle Avenue
Clearwater, FL 33755
(727) 467-2501 bruce.flareau@baycare.org

Randy Shuck, D.O.

Treasurer, FL Society of American College of Osteopathic Family Physicians

Program Director, Family Practice Residency
Director of Medical Education
Northside Hospital
1202 66th Street North
St. Petersburg, FL 33710
(727) 345-1332 rashuck@tampabay.rr.com

Mary Montsko, M.D.

Third Year Resident

Morton Plant Mease Family Practice
Residency Program
807 North Myrtle Avenue
Clearwater, FL 33755
(727) 467-2501 mmontsko@hsc.usf.edu

Carlos A. Labrador, M.D.

Carlos A. Labrador, M.D., P.A.
6560 9th Avenue North
St. Petersburg, FL 33710
(727) 381-8006 calabrador@hotmail.com

Cyneetha A. Strong, M.D.

Urban Private Practice Physician

Vice-President, FAFP
505 Appleyard Drive
Tallahassee, FL 32304
(850) 576-8988 castrong@comcast.net

Gregory K. Sloan, M.D.

Rural Private Practice Physician

Family Care Associates of N.W. Florida
925 Carlisle Road
Chipley, FL 32428
(850) 638-9399 ca@digitalexp.com

Daniel J. Van Durme, M.D.

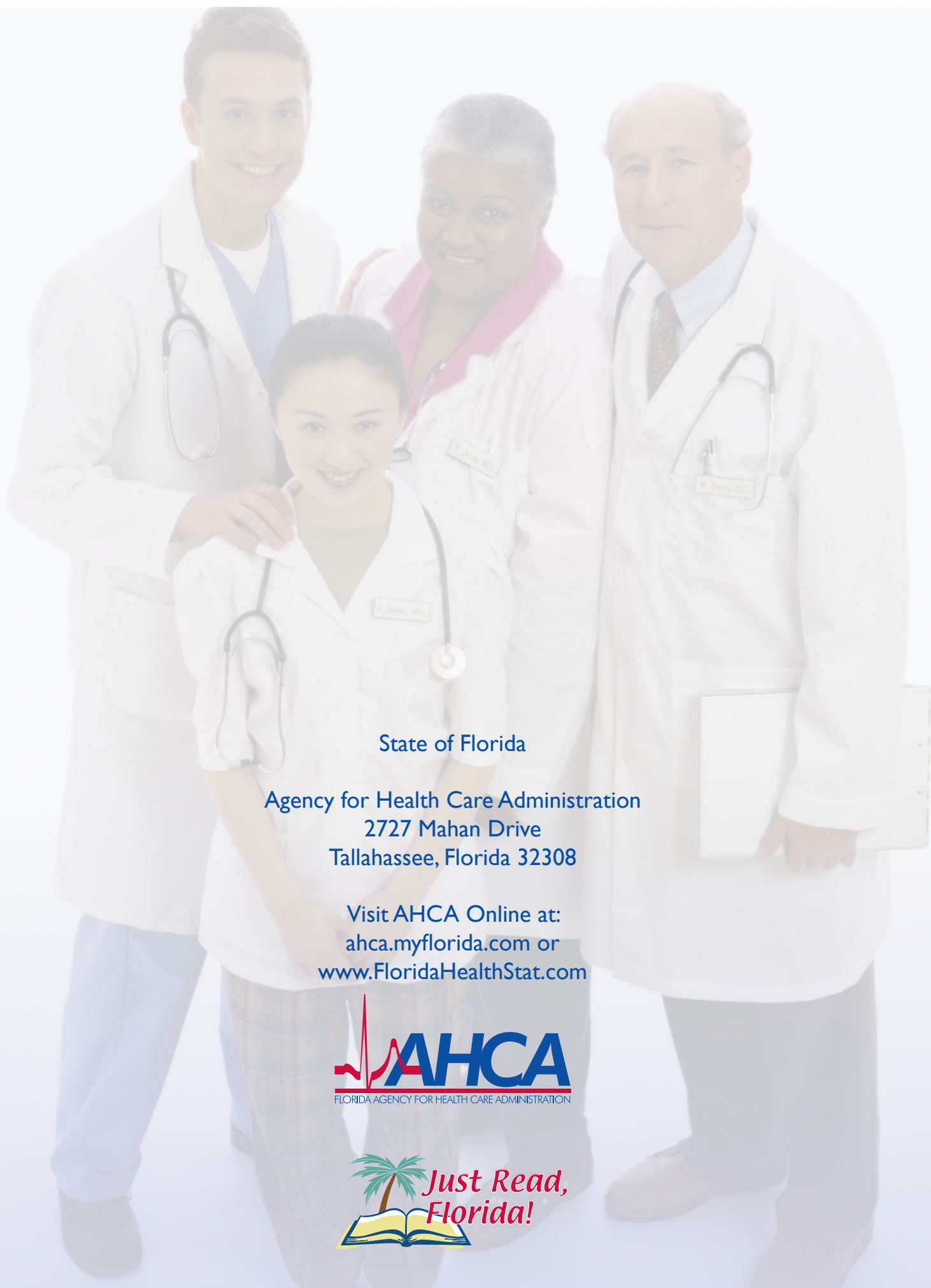
Family Medicine Department Chair

Professor and Chairman
Department of Family Medicine
and Rural Health
Florida State University College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300
(850) 644-1855 daniel.vandurme@med.fsu.edu

Margaret Cavendish

Staff Liaison

Agency for Health Care Administration
2727 Mahan Drive, MS 55
Tallahassee, FL 32308
(850) 921-5505 cavendim@ahca.myflorida.com



State of Florida

Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308

Visit AHCA Online at:
ahca.myflorida.com or
www.FloridaHealthStat.com

