



Highlights of [GAO-08-472T](#), a testimony before the Committee on Health, Education, Labor, and Pensions, U.S. Senate

Why GAO Did This Study

Most of the funding for programs under title VII of the Public Health Service Act goes toward primary care medicine and dentistry training and increasing medical student diversity. Despite a longstanding objective of title VII to increase the total supply of primary care professionals, health care marketplace signals suggest an undervaluing of primary care medicine, creating a concern about the future supply of primary care professionals—physicians, physician assistants, nurse practitioners, and dentists. This concern comes at a time when there is growing recognition that greater use of primary care services and less reliance on specialty services can lead to better health outcomes at lower cost.

GAO was asked to focus on (1) recent supply trends for primary care professionals, including information on training and demographic characteristics; (2) projections of future supply for primary care professionals, including the factors underlying these projections; and (3) the influence of the health care system’s financing mechanisms on the valuation of primary care services.

GAO obtained data from the Health Resources and Services Administration (HRSA) and organizations representing primary care professionals. GAO also reviewed relevant literature and position statements of these organizations.

To view the full product, including the scope and methodology, click on [GAO-08-472T](#). For more information, contact A. Bruce Steinwald, (202) 512-7114, or steinwalda@gao.gov.

PRIMARY CARE PROFESSIONALS

Recent Supply Trends, Projections, and Valuation of Services

What GAO Found

In recent years, the supply of primary care professionals increased, with the supply of nonphysicians increasing faster than physicians. The numbers of primary care professionals in training programs also increased. Little information was available on trends during this period regarding minorities in training or actively practicing in primary care specialties. For the future, health professions workforce projections made by government and industry groups have focused on the likely supply of the physician workforce overall, including all specialties. Few projections have focused on the likely supply of primary care physician or other primary care professionals.

Health professional workforce projections that are mostly silent on the future supply of and demand for primary care services are symptomatic of an ongoing decline in the nation’s financial support for primary care medicine. Ample research in recent years concludes that the nation’s over reliance on specialty care services at the expense of primary care leads to a health care system that is less efficient. At the same time, research shows that preventive care, care coordination for the chronically ill, and continuity of care—all hallmarks of primary care medicine—can achieve improved outcomes and cost savings. Conventional payment systems tend to undervalue primary care services relative to specialty services. Some physician organizations are proposing payment system refinements that place a new emphasis on primary care services.

Supply of Primary Care Professionals

	Number of primary care professionals		Number of primary care professionals per 100,000 people		Average annual percentage change per capita
	Base year	Recent year	Base year	Recent year	
Primary care physicians	208,187	264,086	80	90	1.17
Physician assistants	12,819	23,325	5	8	3.89
Nurse practitioners	44,200	82,622	16	28	9.44
Dentists	118,816	138,754	46	47	0.12

Sources: GAO analysis of data from HRSA’s Area Resource File and organizations representing primary care professionals.

Notes: Data on primary care physicians are from 1995 and 2005. Data on physician assistants are from 1995 and 2007. Data on nurse practitioners are from 1999 and 2005. Data on dentists are from 1995 and 2007. Data for identical time periods were not available. The average annual percentage change is not sensitive to these time period differences.

GAO discussed the contents of this statement with HRSA officials and incorporated their comments as appropriate.