The shifting culture of rural health providers: Physicians, physician assistants and nurse practitioners

Rural America differs substantially from urban settings in healthcare access and culture. Physicians, historically the ready source for rural settings throughout the 20th century are being complemented, and at times substituted, by physician assistants (PAs) and nurse practitioners (NPs) often the result of policies. For the purposes of this study, we conducted spatial and statistical analysis on 18 states that have varying length of existing Scope of Practice legislation to determine the impact the laws were having upon access to care. When conducting workforce migration trend analysis for use in small area geographic analysis (e.g. county or sub-county level), which is necessary to accurately gage rural versus urban impact, assessing the data initially at the individual provider practice location is required for accurately integrating with the geography of the rural definition used in the analysis. This type of analysis allows for more accurate measurement of the shift in providers’ practice patterns in rural as a portion of the total change as oppose to the total change in rural as others have measured. For the initial 18 states analyzed, from 2008 to 2015, total Physicians in Rural Areas increased by 4%, while total PA/NPs increased by only 3%. While there were three states (Maine, Nebraska, and New Hampshire) that showed decrease in physicians but increase in PAs/NPs in rural areas, in most cases where there was a decrease in Physicians practicing in rural areas there was decrease in PAs/NPs as well (Arizona, Iowa, Maryland, Nevada and Wyoming).

Biography

Ann K Peton established and is the Director of the National Center for the Analysis of Healthcare Data (NCAHD) located in Blacksburg, Virginia. The mission of NCAHD is to provide data mapping and analysis support of advocacy, healthcare education planning/expansion, research, and other healthcare workforce planning at the national, state and local levels using the nation’s most complete collection of physician and non-physician data, demographic, socio-economic and political data. With over 30 years’ experience in both the public and private sectors creating unique healthcare workforce datasets and tools to share with the public.

Notes: