

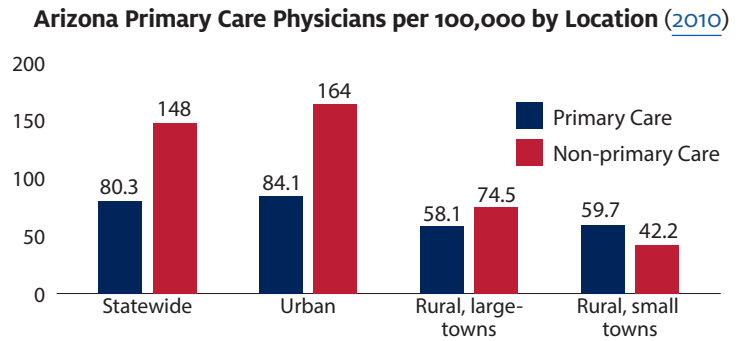
Tackling Arizona's Primary Care Physician (PCP) Shortage

The Problem: Arizona has primary care physician shortages in all counties and they are worse in rural areas.

- Arizona meets **just 41.7% of its PCP need**.
- Arizona ranks **44th of 50 states** in total active PCPs at 77.9 per 100,000 [population](#) (U.S. is 91.7).
- Arizona ranks **31st in total active physicians** at 235.8 per 100,000 [population](#) (U.S. is 271.6).
- Arizona is the **fourth fastest growing state** in population; Phoenix the fastest growing U.S. city.

Distribution: Most PCPs work in the two largest urban-metro counties, Maricopa and Pima. PCP shortages for underserved populations combined with unequal geographic and specialty distribution create barriers to health services.

▶ Arizona has many **fewer PCPs** compared to specialists per 100,000 [population](#).



Current and Projected Need:

The Health Resources and Services Administration (HRSA) estimates that Arizona needs **563 primary care physicians** to eliminate its PCP [shortages](#).

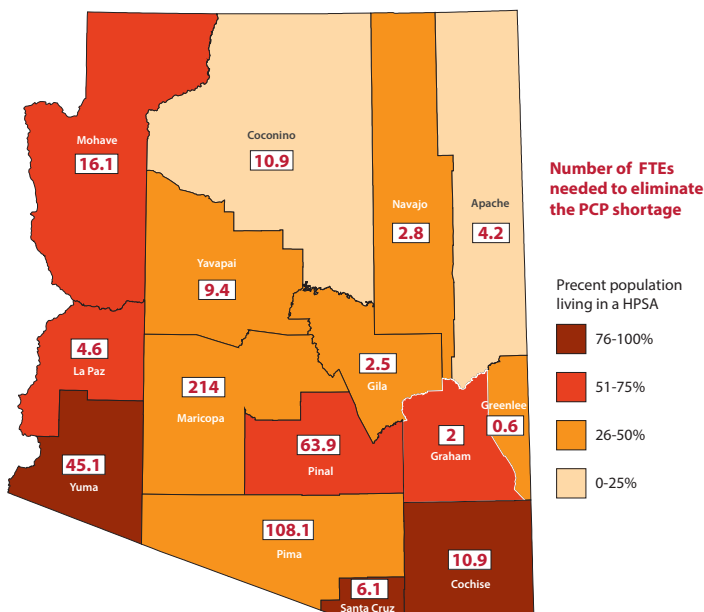
Arizona will need an additional **1,941 PCPs by 2030**, a 50% increase compared to the state's current (as of 2010) workforce of 3,808 PCPs.

563

1,941

Primary Care Physicians needed now and by 2030

Percent Living in Primary Care Shortage Areas (HPSAs) and Number of Providers Needed to Eliminate Shortage (2018)



AZ Tribal Nations Primary Care Physician Shortage (2018)

TRIBAL NATION	HPSA SCORE	PCPs SHORT
White Mountain Apache	20	4.69
San Carlos Apache	20	3.44
Gila River	20	3.35
Tohono O'odham	20	2.56
Navajo	20	40.58
Pascua Yaqui	20	1.09
Hopi	19	2.57
Salt River Pima-Maricopa	18	1.17
Colorado River	17	1.57
Hualapai	12	0.34
Fort McDowell Yavapai	10	0.17

Reasons for Arizona PCP Shortages:

- Arizona's PCPs **are aging**, especially those practicing in rural and underserved [areas](#).
- **One-quarter** of rural Arizona PCPs **plan to retire** in the next five years.
- Arizona is the **fifth fastest growing state**, and third for low income elderly population growth.
- PCPs **earn half the compensation** of specialist physicians – an income gap of \$3.5 million over a career – but graduate with the same debt burden. Medical students cite lower pay as a deterrent to choosing primary care careers. Public medical schools can maintain a strong research portfolio and [successfully train more students to be PCPs](#) by making tuition affordable, offering loan repayment, and supporting meaningful primary care experiences in rural and underserved urban areas.

Ready Access to Primary and Preventive Care:

- Improves **health [outcomes](#)**
- Enhances access to early prenatal care for expectant mothers which can **decrease complications**, morbidity and mortality for both the mother and [baby](#)
- **Lowers the cost** of health [care](#)
- **Decreases emergency department [visits](#)** and hospital [readmission](#)

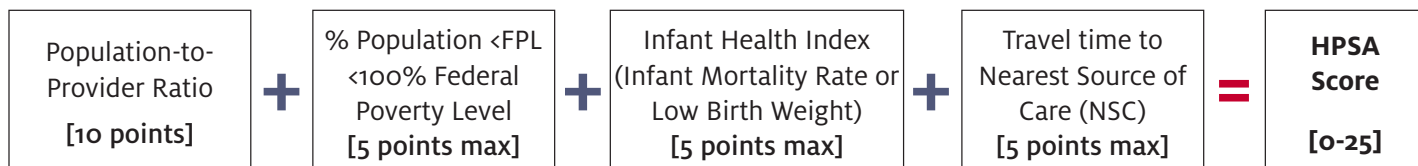
Recommendation: Grow the Network of Primary Care Physicians and Providers in Arizona's High Need Areas

Placing and retaining primary care physicians in Arizona's underserved areas **creates jobs** in these communities, improves access to health services, and grows the number of field faculty to mentor, precept and train other needed providers including nurse practitioners, physician assistants and allied health providers.

Definition:

HPSAs are a geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. HPSAs are based on factors illustrated below. The data in the charts are from the HRSA quarterly report. The percentage of the population living in a HPSA area was calculated by adding the population reported in each HPSA type (geographic, low-income, correctional facility) and then dividing by the total population in the county (extracted from: American Community Survey, 2017).

HPSA Score Formula:



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