

Introduction

Knowledge will forever govern ignorance; and a people who mean to be their own governors must arm themselves with the power that knowledge gives.

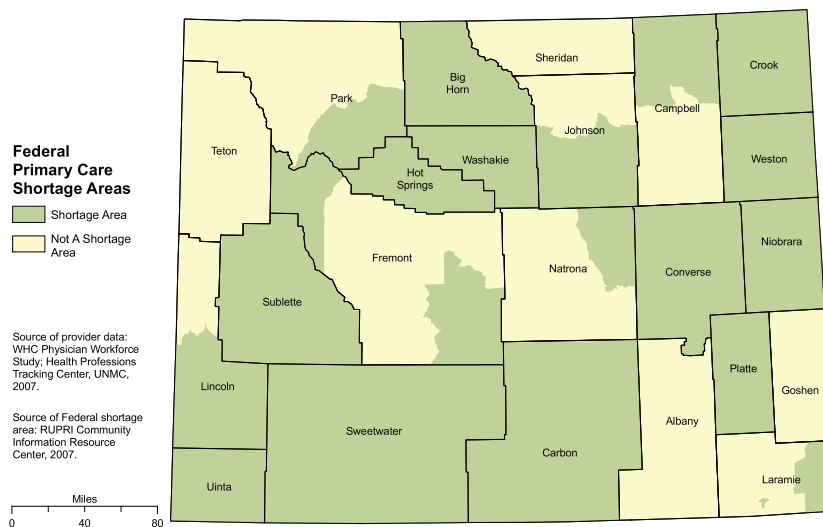
~James Madison, 1822

Wyoming is a frontier state, where an estimated 515,004 people live in 97,100 square miles (5.3 persons per square mile).¹ Due to Wyoming's rural setting, its policymakers, educators, and health care professionals face a complex, difficult, and critical mission in meeting the health care workforce needs of its residents. The shortage of health professionals in Wyoming is evident. According to the U.S. Census Bureau, Wyoming ranks forty-fifth in the country in number of physicians per 100,000 population with 188 (the national average is 266).²

For additional confirmation of provider shortages in Wyoming, one need look no further than the number of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) in Wyoming. The U.S. Department of Health Resources and Services Administration (HRSA) of the Department of Health and Human Services has developed criteria to determine whether a geographic area is considered a HPSA or MUA. The purpose of these designations is to determine eligibility for "funding preferences"—to incentivize professionals locating to underserved areas. Twelve of Wyoming's twenty-three counties are designated as single county Primary Medical Care HPSAs, which means these counties contain less than one primary care physician per 3,500 population. Another seven Wyoming counties are designated as partial-county or special designation HPSAs for primary medical care. Twelve Wyoming counties are designated as single-county HPSAs for Dental Services. Finally, all twenty-three Wyoming counties are classified as HPSAs for Mental Health Services.³

Figures 1, 2, and 3 display Wyoming's federal shortage areas:

Figure 1: Federal Primary Care Shortage Areas



¹ U.S. Census Bureau. Retrieved on October 5, 2007 from www.census.gov. This data excludes doctors of osteopathy and physicians with addresses unknown.

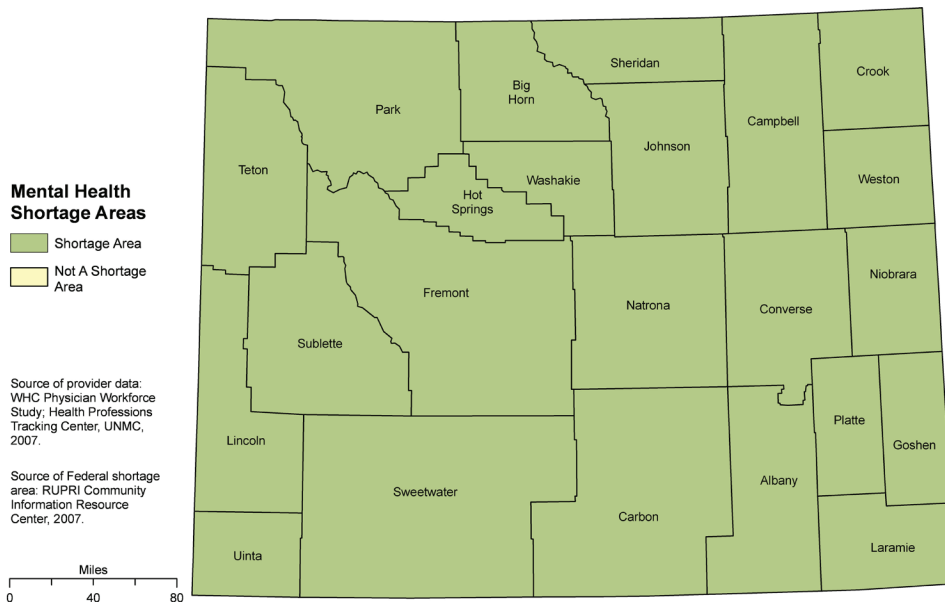
² U.S. Census Bureau. Retrieved (October 8, 2007) from www.census.gov/compendia/statab/healthnutrition/ on.

³ RUPRI Center for Rural Health Policy Analysis. (June 2007). Status and future of health care delivery in rural Wyoming. Omaha, NE.

Figure 2: Federal Dentist Shortage Areas



Figure 3: Federal Mental Health Shortage Areas



The shortage of health care professionals is not a new issue facing Wyoming or the nation. The concern over physician supply is long-standing. The Council on Graduate Medical Education (COGME), created by the US Congress to provide health workforce policy recommendations to the federal government, estimates a critical shortage of physicians nationwide by the year 2020 due to issues such as population growth and the aging of the population.⁴ This situation is expected to be especially severe, however, in rural and non-metropolitan areas, which traditionally experience greater shortages than metropolitan areas.⁵

In July 2004, in response to concern over these and other health workforce projections, the Wyoming Legislative Service Office (LSO) gathered and summarized the available data on physicians providing direct patient care in the state. The LSO report highlighted the clear realities facing health care delivery in Wyoming, such as the fact that Wyoming ranked 49th in the country in the number of physicians per 100,000 population in 2002. However, the lack of sufficient, up-to-date data on Wyoming physicians permitted the report to draw only limited conclusions. For example, the researchers surveyed only hospitals, not private practices or public clinics; and they relied upon the Board of Medicine's data on physicians, which includes all licensed physicians in Wyoming, rather than those licensed and currently practicing.⁶

In October 2004, another study of Wyoming's health care workforce was completed for the Office of Rural Health. This study found 836 physicians, 120 physician assistants, 81 nurse practitioners, and over 3,000 nurses providing direct patient care in Wyoming.⁷ This study underscored the need for additional research on Wyoming's health care workforce by providing credible data on the number of providers planning to leave practice and the number of vacancies by provider type in each Wyoming county.⁸

In the face of growing recognition that the absence of an accurate, comprehensive repository of health workforce information hampers efforts to address workforce shortages, measure the success of programs aimed at improving the situation, and forecast future health workforce trends, the Wyoming Healthcare Commission (WHCC), under the direction of the Wyoming State Legislature, contracted with the Health Professions Tracking Center™ (HPTC) at the University of Nebraska to develop an effective health care workforce information system. This handbook presents a snapshot of the collected data.

⁴ The 16th COGME Report can be accessed at <http://www.cogme.gov/report16.htm#sumrec>.

⁵ See E. Salzberg and G. Forte. (2002). Trends in physician workforce, 1980-2000. *Health Affairs*, 21 (5), pp. 165-173.

⁶ The complete LSO study can be obtained at <http://legisweb.state.wy.us/pubresearch/2004/04rm018.pdf>

⁷ Wyoming Medical Professional Survey. (October, 2004). Wyoming Health Resources Network and Wyoming Center for Business & Economic Analysis, LLC.

⁸ The Wyoming Department of Employment is conducting a nursing shortage study. Preliminary data can be found at: <http://wydoe.state.wy.us/lmi/1107/toc.htm>.