
# Outpatient Provider Workforce Characterization

## 2018-2023
## Georgia All-Payer Claims Database

Georgia Tech Research Institute
Center for Health Analytics and Informatics

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# Background

Access to healthcare is an important part of maintaining and improving population health. It enables individuals to receive timely and appropriate medical services, which facilitates the prevention, treatment, and management of disease. Key components of healthcare access include affordability, proximity to care, transportation, and provider availability.[1,2] Lack of provider availability has been identified as a significant barrier to healthcare access in Georgia, where the majority of counties are considered medically underserved.[3]

Provider availability is often estimated from licensing, survey, or geolocation data, which can provide a broad view of the number of providers operating in a specific region. Claims data allow for more granular perspectives of provider activity, such as the number of days a provider worked, the number of visits a provider had, or the distance their patients traveled.[4,5] In addition, license-related information like provider type (e.g., physician, nurse practitioner, etc.) or specialty (e.g., cardiology, pediatrics, etc.) can be used investigate provider density or service shortages. In light of recent trends towards part-time work for physicians, claims data can also provide nuanced estimation of the 'active' healthcare workforce and identify where care is actually being delivered.[6]

This report uses data from the Georgia All-Payer Claims Database (GA APCD) to characterize outpatient provider availability and highlight trends, shortages, and various utilization metrics across the state. The focus of this report is on the physician workforce in 2023, but the data released does include information across multiple provider types and all complete years in the GA APCD (2018-2023) for primary care.

## Provider Availability Metrics

There are many ways to evaluate how much care a physician delivers beyond their registered location. Our objective was to construct metrics complementary to existing methods of estimating provider availability that characterize the number of active providers, the amount of care being delivered, where care was delivered, and if the care delivered met geographic demand.

**State of Georgia Physician Workforce Survey**
Existing provider information was based on Georgia Board of Healthcare Workforce data of the actively practicing physician workforce.[7]

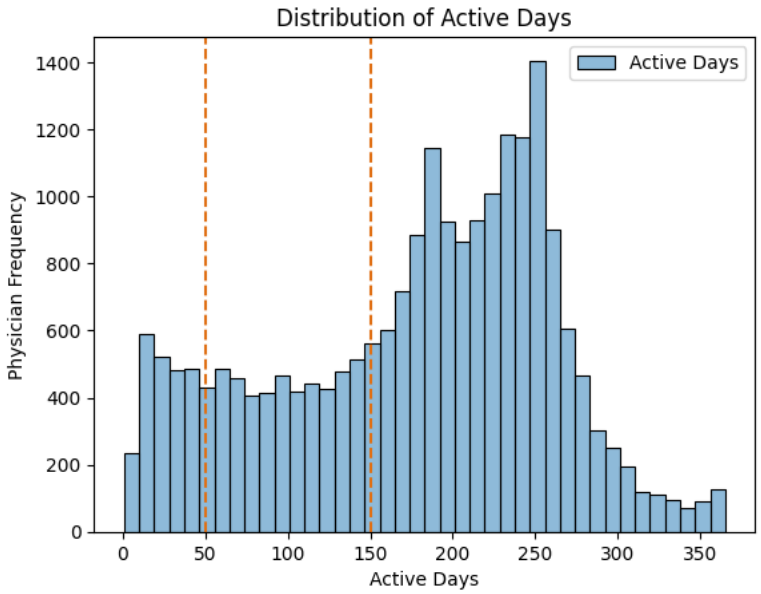
**National Plan and Provider Enumeration System (NPPES) Licensed Provider Count**
Existing licensure information was based on NPPES National Provider Information (NPI) practice locations.[8]

**GA APCD Providers**
Providers were identified in the GA APCD if they had at least one professional claim in a given year.

**Active GA APCD Providers**
Not all providers that are present in the GA APCD regularly deliver care. To filter out providers who delivered services very infrequently, providers were considered active if they had at least ten visits (unique patient, claim start date, and claim end date) across all settings in a given year.

**Active Outpatient Providers**
Outpatient providers were providers who had at least one claim limited to offices, rural health clinics, mental health clinics, and federally qualified health centers.

**Active Days**
A provider was considered to have an 'Active Day' at a location if they saw at least one patient on a given day.




**Volume as Visits**
Volume was measured by the count of unique visits for a given year.

**Full-Time Equivalents (FTEs)**
An FTE is a unit of measurement that combines the hours worked by part-time providers to represent the workload of a full-time provider, allowing us to estimate true full-time availability from care delivered. FTEs were defined based on active days (**FTE by Days**) and specialty visit volume (**FTE by Volume)**. FTE by Days measures provider equivalents based on time commitment to the location. FTE by Volume measures provider equivalents based on clinical output relative to specialty norms.

$$\text{FTE by Days} = \begin{cases} 1, & \text{if number of days worked } >= \text{ 150 active days} \\ \dfrac{\text{number of days worked}}{150}, & \text{if number of days worked } < \text{ 150 active days} \end{cases}$$

$$\text{FTE by Volume} = \begin{cases} 1, & \text{if annual visit count } >= \text{ median visits for specialty} \\ \dfrac{\text{number of visits}}{\text{median visits for specialty}}, & \text{if annual visit count } < \text{ median visits for specialty} \end{cases}$$

A provider was assigned 1 FTE by Days if they had at least 150 active days in a given year, otherwise, they were assigned a proportional FTE based on of the number of active days divided by 150. Volume was based on the median visit count for each provider-county combination, where a provider was assigned 1 FTE by Volume if they had at least the median visit count for a given specialty and reporting year, otherwise, they were assigned a proportional FTE based on the visit count divided by the median visit count for a given specialty and reporting year. That is, if the number of visits a provider delivered was 75% of the median visit count for that specialty and year, they would be assigned 0.75 FTE.

***Care Delivered vs Care Obtained, Percent Visit Difference***

While healthcare providers in a given county may see a substantial number of patients from within their own county, in many cases, patients may travel outside of their county for care. In an effort to measure the supply of a given service against the demand within a county, we calculated the percent visit difference between the number of specialty visits delivered by providers in a given county and the number of specialty visits obtained by patients from the same county. Visit percent differences greater than 0% indicate counties where providers saw more patient visits than the patients in the county sought care. That is, these counties delivered more care than their county alone had demand for. Conversely, visit percent differences less than 0% indicate counties where patients sought more care than care was provided within the county, suggesting patients were often seeking care outside of the county.

$$\text{Percent Visit Difference} = \frac{\text{number of specialty visits delivered by providers} - \text{number of specialty visits obtained by patients}}{\text{number of specialty visits obtained by patients}}$$

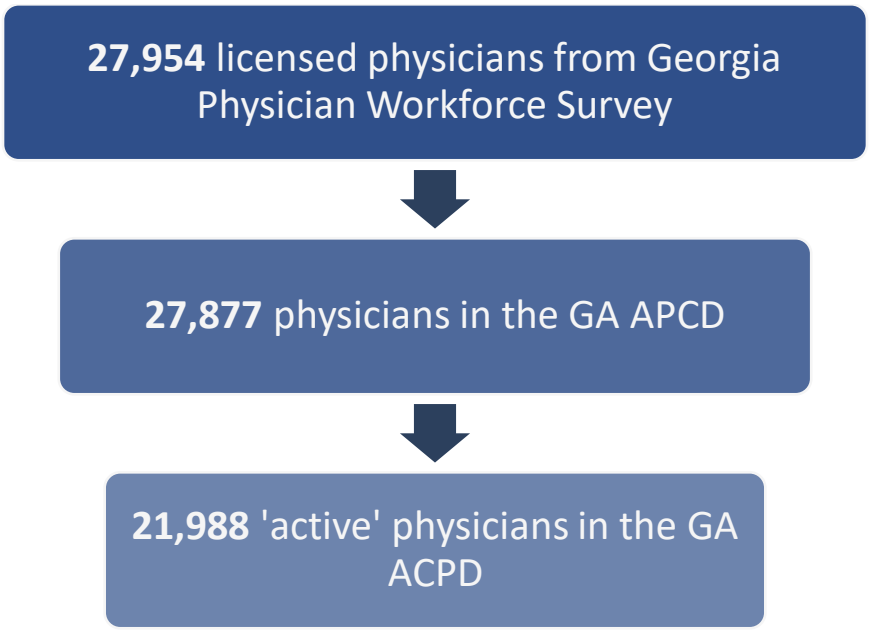
***Distance to Service***

Distance to service was calculated in miles for each claim using the distance from the provider's ZIP Code Tabulation Area (ZCTA) centroid to the patient's ZCTA centroid. If the ZCTAs were the same, I.E., care occurred in the patient's home ZCTA, then distance to service was imputed with half of the ZCTA's area to indicate that the patient traveled *some* distance. ZCTA distance-to-service values were crosswalked to counties and averaged.

## Data Highlights

***Licensure and Claims***

According to the Georgia Physician Workforce Survey, 27,954 physicians had licensure information in Georgia.[7] In the GA APCD, 27,877 physicians had at least one professional claim in any setting and 21,988 of those were considered 'active' physicians who had at least 10 visits in 2023.




***Physician Availability Metrics Across All Specialties***

Table 1 summarizes physician availability metrics across specialties. Active Physicians and FTEs were generally lower than physician counts from the Georgia Physician Workforce Survey and NPPES, suggesting current availability methods, especially from licensure, may overestimate the availability of care. The specialties with the biggest decline from active physicians to FTEs by days were preventative medicine, transplant hepatology (a small specialty), and plastic surgery, each with approximately a 30% decline. In contrast, the specialties with the smallest decline were heart failure, gastroenterology, and nephrology, each with around an 8% decline.

**Table 1. Physician Availability Metrics by Specialty (2023)**
***Approximate Taxonomy Mappings between Georgia Physician Workforce data and GA APCD**

| Specialty | Georgia Physician Workforce Survey* | NPPES Physician Count | APCD Physician Count | Active Physician Count | Full-Time Equivalents by Days | Full-Time Equivalents by Volume |
|---|---|---|---|---|---|---|
| Adolescent Medicine | 9 | 114 | 90 | 80 | 68.71 | 56.66 |
| Allergy and Immunology | 119 | 142 | 124 | 108 | 97.59 | 72.02 |

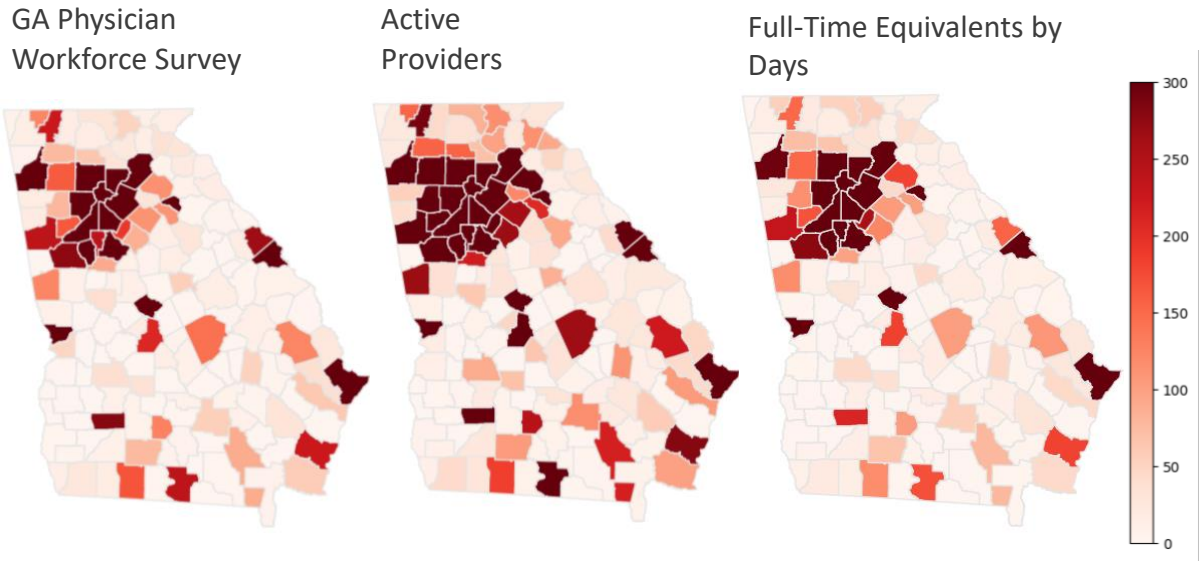
| | | | | | | |
|---|---|---|---|---|---|---|
| Anesthesiology | 1255 | 1513 | 1399 | 1151 | 914.91 | 835.61 |
| Cardiology | 486 | 670 | 710 | 581 | 511.89 | 403.91 |
| Colon and Rectal Surgery | 58 | 47 | 43 | 40 | 34.95 | 31.1 |
| Critical Care Medicine | 0 | 199 | 228 | 196 | 153.05 | 133.15 |
| Dermatology | 349 | 364 | 338 | 275 | 239.77 | 202.46 |
| Endocrinology | 169 | 193 | 179 | 160 | 137.43 | 115.03 |
| Family Medicine | 3348 | 4037 | 3618 | 2674 | 2271.65 | 1869.58 |
| Gastroenterology | 440 | 420 | 389 | 339 | 312.5 | 248.8 |
| Geriatric Medicine | 42 | 96 | 94 | 73 | 63.25 | 52.61 |
| Heart Failure | 32 | 18 | 23 | 18 | 16.91 | 13.51 |
| Hematology and Oncology | 396 | 402 | 361 | 311 | 269.75 | 224.6 |
| Infectious Disease | 314 | 256 | 185 | 161 | 126.43 | 104.63 |
| Internal Medicine | 4619 | 4878 | 4872 | 3965 | 3325.59 | 2831.64 |
| Interventional Cardiology | 153 | 98 | 105 | 81 | 73.62 | 58.16 |
| Nephrology | 346 | 319 | 307 | 280 | 256.43 | 204.6 |
| Neurological Surgery | 168 | 183 | 168 | 150 | 125.97 | 112.26 |
| Nuclear Medicine | 28 | 44 | 56 | 33 | 29.53 | 23.56 |
| Obstetrics and Gynecology | 1369 | 1698 | 1426 | 1169 | 1021.37 | 844.2 |
| Ophthalmology | 499 | 557 | 521 | 447 | 394.71 | 320.63 |
| Orthopedic Surgery | 125 | 914 | 852 | 719 | 641.37 | 515.27 |
| Other | 1984 | 13 | 11 | 7 | 6.11 | 5.35 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Otolaryngology | 343 | 412 | 339 | 303 | 260.71 | 214.21 |
| Palliative Medicine | 82 | 63 | 54 | 45 | 33.51 | 34.37 |
| Pathology | 432 | 555 | 480 | 334 | 295.17 | 231.96 |
| Pediatrics | 2506 | 2728 | 2376 | 2076 | 1694.84 | 1458.31 |
| Physical Medicine and Rehabilitation | 449 | 456 | 395 | 343 | 275.55 | 234.84 |
| Plastic Surgery | 246 | 230 | 155 | 127 | 92.26 | 90.68 |
| Preventive Medicine | 157 | 238 | 62 | 44 | 29.17 | 29.61 |
| Psychiatry and Neurology | 1729 | 1862 | 1658 | 1216 | 903.2 | 793.96 |
| Pulmonary Disease | 335 | 242 | 228 | 194 | 167.52 | 139.65 |
| Radiology | 1167 | 1183 | 2163 | 1330 | 1098.15 | 816.21 |
| Rheumatology | 156 | 147 | 120 | 105 | 93.29 | 78.64 |
| Sleep Medicine | 47 | 50 | 54 | 44 | 36.58 | 30.64 |
| Sports Medicine | 36 | 192 | 158 | 123 | 105.24 | 85.43 |
| Surgery | 1874 | 1377 | 1142 | 977 | 800.88 | 693.67 |
| Transplant Hepatology | 1 | 3 | 2 | 2 | 1.35 | 1.32 |
| Urology | 315 | 376 | 328 | 269 | 241.4 | 197.59 |

***County-Level Perspectives***

Additionally, we can compare these same licensure counts, GA APCD counts, and FTEs on the county level. We see an increase in the availability of active physicians as compared to the Physician Workforce Survey on the county level, indicating that the claims data is able to capture part-time physician work more robustly, as many physicians work across multiple counties. However, county-level FTEs by days is much more aligned with the Physician Workforce data, although generally lower, suggesting the primary place-of-work is preserved in the Physician Workforce data.

**Physician Counts and FTEs Across Georgia Counties (2023)**




***County Comparisons: Lee and Banks Counties***

Divergence between Georgia Physician Workforce survey data and GA APCD availability metrics can offer insight into county-level differences in the volume of care delivered. For example, Banks County and Lee County are two similarly-sized nonmetropolitan counties each with two pediatricians according to state licensure. GA APCD metrics revealed that Banks County had four active pediatricians, while Lee County had five. Despite both having a similar number pediatricians, Banks County had a higher outpatient FTE by Volume at 2.09 compared to 0.72 FTE by Volume for Lee County, indicating differences in true availability of pediatric care.

**Table 2. Pediatric Availability Metrics in Banks and Lee Counties (2023)**

| County | Georgia Physician Workforce Survey | APCD Provider Count | Active Outpatient Provider Count | Outpatient FTE by Days | Outpatient FTE by Volume |
|---|---|---|---|---|---|
| Banks County | 2 | 10 | 4 | 2.15 | 2.09 |
| Lee County | 2 | 11 | 5 | 1.71 | 0.72 |

***Characterizing Provider Time Across Locations***

Other metrics of care can be used to demonstrate differences in volume across specialties and counties, such as median active days. Table 3 displays the county-level median of active days for outpatient psychiatrists and neurologists in 2023. Fulton County, for example, had over 200 active outpatient psychiatrists and neurologists who practiced in the county, but their median number of active days within the county was 45 days, whereas Lowndes County had 11 active outpatient psychiatrists and neurologists whose median number of active days was 228 days. This may indicate that outpatient psychiatrists and neurologists in Fulton County more often split their time across other counties, while psychiatrists and neurologists in Lowndes County spend most of their time working within the county.

**Table 3. Psychiatry and Neurology Services Provided per County (2023)**

| County | Active Outpatient Provider Count | Outpatient FTE by Days | Outpatient FTE by Volume | Median Outpatient Active Days |
|---|---|---|---|---|
| Fulton | 204 | 87.79 | 80.23 | 45 |
| Glynn | 14 | 8.57 | 8.33 | 109 |
| Gordon | 4 | 1.38 | 1.34 | 25.5 |
| Gwinnett | 100 | 63.05 | 59.5 | 135 |
| Habersham | 3 | 0.08 | 0.16 | 1 |
| Hall | 28 | 18.05 | 17.56 | 161 |
| Haralson | 1 | 0.61 | 0.47 | 92 |
| Henry | 23 | 9.67 | 9.27 | 41 |
| Houston | 10 | 6.39 | 5.78 | 127 |
| Jackson | 11 | 3.07 | 2.56 | 25 |
| Johnson | 1 | 0.01 | 0.03 | 1 |
| Laurens | 2 | 1.41 | 1.29 | 165 |
| Liberty | 1 | 1 | 1 | 209 |
| Lowndes | 11 | 10.88 | 11 | 228 |
| Lumpkin | 2 | 1.59 | 1.42 | 128.5 |
| Murray | 1 | 0.58 | 0.4 | 87 |
| Muscogee | 26 | 19.73 | 18.54 | 176.5 |
| Oconee | 5 | 3.52 | 3.25 | 161 |
| Paulding | 8 | 2.33 | 1.8 | 31 |
| Pickens | 1 | 1 | 1 | 187 |
| Richmond | 56 | 33.39 | 29.56 | 93.5 |
| Rockdale | 12 | 5.06 | 5.21 | 30 |
| Spalding | 3 | 1.12 | 1.14 | 12 |
| Stephens | 1 | 0.03 | 0.05 | 4 |
| Sumter | 6 | 2.25 | 1.64 | 66 |
| Thomas | 5 | 2.96 | 2.9 | 95 |
| Tift | 6 | 4.19 | 3.56 | 114.5 |
| Toombs | 1 | 0.61 | 1 | 91 |

***County-Level Care Delivered vs County-Level Care Obtained***

Beyond the number of providers and amount of care delivered, we can also assess how well the needs of a community are being met by measuring the supply of a given service against the demand within a geographic region. The Percent Visit Difference of Visits Provided vs Visits Obtained metric is computed as the percent difference between the number of specialty visits delivered by providers and the number of specialty visits obtained by patients from the same county, although the visits may not necessarily be within the county. In Table 4, we can see an example of endocrinology visits. Some counties saw much a higher volume of endocrinology visits than their county alone demanded. Providers in Bibb County delivered over 5,000 visits in 2023, while patients in the county only sought around 1,500 visits, a 228% difference. Providers in other counties saw lower volume like in Paulding County, where patients from Paulding sought 2,422 visits from endocrinologists while only 11 visits occurred within the county. One possible explanation is that patients in Paulding County may be traveling to nearby counties like Cobb, Fulton, Bartow, or Floyd, which all deliver more endocrinology visits than are demanded in-county.

**Table 4. Endocrinology Care Delivered vs Care Obtained (2023)**

| County | Visits Provided | Visits Obtained | Percent Visit Difference: Visits Provided vs Visits Obtained |
|---|---|---|---|
| Bibb | 5034 | 1536 | 227.73 |
| Fulton | 35915 | 16816 | 113.58 |
| Clarke | 2640 | 1258 | 109.86 |
| Rockdale | 4353 | 2090 | 108.28 |
| Lowndes | 5311 | 2619 | 102.79 |
| Hall | 14561 | 7668 | 89.89 |
| Chatham | 10704 | 5639 | 89.82 |
| Bartow | 4658 | 2760 | 68.77 |
| Whitfield | 5286 | 3137 | 68.5 |
| Floyd | 4144 | 2481 | 67.03 |
| Columbia | 2298 | 1522 | 50.99 |
| Glynn | 1163 | 780 | 49.1 |
| Muscogee | 10920 | 7813 | 39.77 |
| Coweta | 2871 | 2259 | 27.09 |
| Fayette | 3474 | 2825 | 22.97 |
| Gwinnett | 32346 | 26605 | 21.58 |
| Richmond | 2122 | 1757 | 20.77 |
| Carroll | 3130 | 2618 | 19.56 |
| Clayton | 3862 | 3341 | 15.59 |
| Cobb | 16572 | 15238 | 8.75 |
| DeKalb | 16475 | 16172 | 1.87 |
| Forsyth | 3132 | 4381 | -28.51 |
| Cherokee | 5161 | 8006 | -35.54 |
| Dougherty | 166 | 291 | -42.96 |
| Henry | 2800 | 5000 | -44 |
| Gordon | 74 | 1086 | -93.19 |

***Barrow and Clarke Counties***

We can also compare counties directly across all specialties. Take, for example, two similarly-sized, adjacent counties like Clarke and Barrow with approximately 74,000 and 62,000 respective members. The median percent visit difference across all specialties was 142% for Clarke County and -72% for Barrow County. In Clarke County, obstetrics and gynecology (OB/GYN) physicians had over twice as many visits as patients obtained in the county, 116%, and OB/GYNs in Barrow had 96% fewer visits than patients obtained in the county.

**Table 5. Percent Visit Differences by Specialty (2023)**

**Clarke County**

| Specialty | Percent Visit Difference |
|---|---|
| Preventive Medicine | 5241.67 |
| Hematology and Oncology | 388.45 |
| Neurological Surgery | 343.79 |
| Orthopedic Surgery | 284.63 |
| Critical Care Medicine | 275.03 |
| Cardiology | 255.24 |
| Radiology | 253.06 |
| Interventional Cardiology | 247.14 |
| Colon and Rectal Surgery | 206.43 |
| Sleep Medicine | 200.52 |
| Gastroenterology | 196.28 |
| Pulmonary Disease | 194.13 |
| Anesthesiology | 180.75 |
| Otolaryngology | 170.59 |
| Ophthalmology | 168.16 |
| Psychiatry and Neurology | 164.97 |
| Nephrology | 161.44 |
| Physical Med. and Rehab. | 141.37 |
| Allergy and Immunology | 133.76 |
| Plastic Surgery | 132.61 |
| Obstetrics and Gynecology | 116.95 |
| Endocrinology | 109.86 |
| Internal Medicine | 98.41 |
| Sports Medicine | 95.98 |

**Barrow County**

| Specialty | Percent Visit Difference |
|---|---|
| Geriatric Medicine | 15.85 |
| Hematology and Oncology | -18.96 |
| Family Medicine | -37.04 |
| Orthopedic Surgery | -39.77 |
| Internal Medicine | -58.3 |
| Interventional Cardiology | -62.81 |
| Ophthalmology | -65.49 |
| Nephrology | -71.45 |
| Pediatrics | -71.55 |
| Neurological Surgery | -74.87 |
| Endocrinology | -80.25 |
| Otolaryngology | -86.89 |
| Heart Failure | -88.58 |
| Cardiology | -91.63 |
| Radiology | -92.17 |
| Allergy and Immunology | -94.65 |
| Surgery | -95.58 |
| Obstetrics and Gynecology | -96.2 |
| Urology | -96.6 |
| Psychiatry and Neurology | -96.67 |
| Sports Medicine | -96.91 |
| Physical Med. and Rehab. | -98.55 |
| Anesthesiology | -98.77 |
| Dermatology | -99.26 |

We can directly observe how far patients in each county are traveling for specialty care. For example, people in Barrow County travel further than people in Clarke County for many specialties like Cardiology, where patients traveled on average about 7 miles more than patients in Clarke County. This suggests that the people in Barrow County were most likely traveling for specialty care to nearby counties like Clarke or Gwinnet.

**Table 6. Average Patient Distance to Service by Specialty (2023)**

**Clarke County**

| Specialty | Percent Visit Difference | Average Patient Distance to Service (miles) |
|---|---|---|
| Cardiology | 255.24 | 10.91 |
| Dermatology | 25.86 | 12.36 |
| Family Medicine | 31.86 | 13.62 |
| Internal Medicine | 98.41 | 11.14 |
| Obstetrics and Gynecology | 116.95 | 16.23 |
| Pediatrics | 41.14 | 11.28 |

**Barrow County**

| Specialty | Percent Visit Difference | Average Patient Distance to Service (miles) |
|---|---|---|
| Cardiology | -91.63 | 17.64 |
| Dermatology | -99.26 | 20.48 |
| Family Medicine | -37.04 | 12.59 |
| Internal Medicine | -58.3 | 16.62 |
| Obstetrics and Gynecology | -96.2 | 20.61 |
| Pediatrics | -71.55 | 15.75 |

However, not all counties with lower percent visit differences are in close proximity to high volume-per-demand counties. Washington County, a county with about 14,000 members in the GA ACPD, has a median percent visit of -52% and is surrounded by counties with similarly low demand metrics. Cardiology is a specialty that is particularly low. In Washington County alone, 1,649 outpatient visits were obtained by patients but only 57 visits were delivered by physicians in the county. Across Washington and all the surrounding counties (Baldwin, Glascock, Hancock, Jefferson, Johnson, Laurens, and Wilkinson) there are over 110,000 members. There were 17,289 cardiology visits obtained by patients from these counties with an average distance traveled of 44 miles, while only 3,694 visits were delivered by providers in these counties, indicating that there may be unmet demand for cardiology specialists in the area.

**Table 7. Cardiology Specialty Care in Washington and Surrounding Counties, 2023**

| County | Outpatient Provider Visit Count | Outpatient Patient Visit Count | Percent Visit Difference: Care Delivered vs Care Obtained | Average Patient Distance to Service (miles) |
|---|---|---|---|---|
| Baldwin | 1205 | 5548 | -78.28 | 37.0 |
| Glascock | 0 | 206 | -100 | 38.7 |
| Hancock | 0 | 1122 | -100 | 51.5 |
| Jefferson | 0 | 837 | -100 | 39.0 |
| Johnson | 0 | 932 | -100 | 55.6 |
| Laurens | 2432 | 5783 | -57.95 | 45.1 |
| Washington | 57 | 1649 | -96.54 | 53.7 |
| Wilkinson | 0 | 1212 | -100 | 27.9 |

## Summary

Claims data can be a powerful complementary source of information for evaluating healthcare provider availability, demonstrating that actual provider availability is often less than what licensure data alone might suggest. This disparity highlights the importance of using claims data to gain more accurate insights into the true active workforce. Furthermore, similarly-sized counties can experience varying levels of provider availability, underscoring the need for localized analyses. The metrics created here can be used to inform state-level initiatives to expand the provider workforce as well as investments by health systems.

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