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Media Contacts:

Deborah Kimbell
(603) 653-0877
deborah.kimbell@dartmouth.edu

Eva Fowler
(202) 261-2868
eva.fowler@mslgroup.com

More Physician Supply Doesn't Lead to Higher Patient Satisfaction

Health Affairs Study Questions if Increasing the Number of Physicians Improves Seniors' Access to Health Care

Lebanon, N.H. (February 3, 2011) – Medicare patients living in areas with a higher supply of physicians were no more satisfied with their care than patients living in regions with a lower physician supply, according to a new study released today by Dartmouth investigators and the Centers for Medicare and Medicaid Services and published in the February 2011 issue of *Health Affairs*.

The study also found that seniors living in areas with a high supply of physicians were no more likely to report having a primary care physician as their personal doctor. In addition, there were no significant differences in the amount of time spent with a physician, or access to tests or specialists.

“The study shows that having a higher regional supply of physicians has strikingly little effect on patients’ perceptions of their access to care or their satisfaction with the care they receive,” said David C. Goodman, M.D., M.S., report author and co-principal investigator for the Dartmouth Atlas Project, and director of the Center for Health Policy Research at the Dartmouth Institute for Health Policy and Clinical Practice. “Although much focus is on a potential physician shortage, we found that having more physicians overall is unlikely to lead to improved access to care, higher satisfaction, or greater assurance of having a personal physician.”

Researchers surveyed 2,515 Medicare patients about their perceptions of access and satisfaction with their health care, and directly compared the relationship between physicians per capita in designated geographic areas and respondents’ ratings of the care they received.

While physician supply varied almost 70 percent across the country, the authors found little evidence that increasing physician supply alone will resolve the problems associated with a physician shortage. “We will not drastically improve patients’ perception of access and quality by increasing the number of clinicians providing care,” said David J. Nyweide, Ph.D., report author and social science research analyst at the Office of Research, Development and Information, Centers for Medicare and Medicaid Services. “We can meet these goals by less costly means, by addressing the quality of care delivered and the organization of physician care within the larger health care system.”

The authors conclude that increased integration in health systems and streamlining administrative practices will better improve patients’ access to care and their experiences of care.

Previous research had found drastic variation in physician supply across the country, as well as a weak relationship between physicians per capita and population mortality. For more information about geographic variations in Medicare patients' access to and use of primary care, see the recent Dartmouth Atlas Project report, "[Regional and Racial Variation in Primary Care and the Quality of Care Among Medicare Beneficiaries](#)." The Dartmouth Atlas Project is run by the Dartmouth Institute for Health Policy and Clinical Practice and principally funded by the Robert Wood Johnson Foundation.

An abstract of the *Health Affairs* study, "Seniors' Perceptions Of Health Care Not Closely Associated With Physician Supply," can be found at <http://content.healthaffairs.org/content/30/2/219.abstract>. Report authors also included Denise L. Anthony, associate professor in the Department of Sociology at Dartmouth College and Chiang-Hua Chang, research instructor at the Center for Health Policy Research, Dartmouth Institute for Health Policy and Clinical Practice.

About the Dartmouth Atlas Project

For more than 20 years, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide comprehensive information and analysis about national, regional, and local markets, as well as individual hospitals and their affiliated physicians. These reports, used by policymakers, the media, health care analysts and others, have radically changed our understanding of the efficiency and effectiveness of our health care system.

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