August 2020

Mission Matters: Trends in Graduates Practicing in Primary Care, Rural and Underserved Areas, and In State

The AAMC developed the Missions Management Tool (MMT) in 2009 to help medical school deans understand their institution’s performance across various mission areas, including graduating a workforce that addresses the priority health needs of the nation. This Data Snapshot compiles data from the AAMC Student Records System and the American Medical Association (AMA) Masterfile, as reported in the 2016-2020 MMTs, to illustrate recent trends in the specialty and practice locations of recent graduates. Data were examined alongside the stated public missions of each medical school to determine any growth among the percentages of new physicians practicing in four key mission areas: primary care, rural areas, underserved areas, and within the state of their undergraduate medical education (UME) (refer to the glossary for definitions).

Key Findings

- Between MMT years 2016 and 2020, rates of graduates from academic years 2000-01 through 2008-09 entering these four mission areas have declined, with the rate entering primary care declining by 3.4 percentage points.

- On average, public schools (60% of schools in the overall dataset) graduated more physicians to these mission areas than private schools (data not shown).

Note: Of 141 medical schools in the dataset, 125 schools provided consecutive years of data on these mission areas for academic years 2000-2001 through 2008-2009 and were included in this analysis. Each figure and corresponding MMT report includes five academic years of data. For example, the 2020 MMT report includes data from academic years 2004-2005 through academic years 2008-2009. Mission statements were collected in 2015 and were qualitatively coded for this analysis.
Key Findings

- Medical schools with a stated mission of increasing the supply of primary care (PC) providers performed at or above the 86th percentile across all five years.
- Overall, public schools averaged roughly 5% more graduates practicing in PC than private schools. However, there was less than a 1% difference when comparing public and private schools with a stated PC mission.

Key Findings

- Medical schools with a stated mission of graduating physicians to practice in rural areas performed at or above the 83rd percentile across all five years.
- Schools with a stated rural mission graduated nearly twice the percentage of students now practicing in rural areas than schools without a stated rural mission.
The percentage of medical school graduates now practicing primary care, in rural and underserved communities, and in the state of their UME training is lower than in the previous four years. However, schools with a current stated mission in these areas have graduated a higher percentage of students now practicing across these missions. Medical schools that strive to produce graduates who will serve the priority health needs of our nation may choose to monitor these trends and explicitly align their missions and strategic goals to that end.²⁻⁵
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Glossary: Definitions Used in the Missions Management Tool

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<thead>
<tr>
<th>Percentage of graduates practicing in primary care</th>
<th>The practice specialty in 2018 was taken from the AMA Physician Masterfile for physicians providing direct patient care who graduated from academic years 2004-2005 through 2008-2009. Primary care includes the specialties of internal medicine, internal medicine/family medicine, internal medicine/pediatrics, pediatrics, family medicine, and general practice.</th>
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<tr>
<td>Percentage of graduates practicing in-state</td>
<td>The practice location in 2018 was taken from the AMA Physician Masterfile for physicians providing direct patient care who graduated from academic years 2004-2005 through 2008-2009. The practice state was compared with the state in which the medical school of graduation is located.</td>
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<tr>
<td>Percentage of graduates practicing in rural areas</td>
<td>The practice location in 2018 was taken from the AMA Physician Masterfile for physicians providing direct patient care who graduated from academic years 2004-2005 through 2008-2009. Rural areas are defined as areas with primary Rural-Urban Commuting Area (RUCA) codes between 4 and 10. Geocoded practice locations include the 50 states, the District of Columbia, and Puerto Rico.</td>
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<tr>
<td>Percentage of graduates practicing in medically underserved areas</td>
<td>The practice location in 2018 was taken from the AMA Physician Masterfile for physicians providing direct patient care who graduated from academic years 2004-2005 through 2008-2009. Underserved areas are geographically defined Medically Underserved Areas (MUAs) as of July 5, 2019, but excludes other types of MUAs (refer to <a href="https://bhw.hrsa.gov/shortage-designation/muap">https://bhw.hrsa.gov/shortage-designation/muap</a>). MUA designation is based on an Index of Medical Underservice, which is derived from an area's ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Geocoded practice locations include the 50 states, the District of Columbia, and Puerto Rico. The shapefiles were downloaded from the Health Resources and Services Administration data warehouse as of July 5, 2019.</td>
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References