

Alaska Health Care Workforce Update and Regional Analysis

Division of Public Health, Alaska Department of Health & Social Services



Changes in Number of Licensed Active Resident Health Care Providers in Alaska (Selected Categories), 2007–2011, by Labor Market Area

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Concerns about adequacy and distribution of the health care workforce in Alaska continue to receive much attention from the Governor, the Alaska Health Care Commission, the Legislature, State and federal loan repayment programs, and the training programs directed toward improving the supply of health professionals to meet the needs of the population. In the past year the Alaska Health Workforce Coalition¹ has examined the policies and programs that affect current and future needs and supply. In recent years the legislature has looked into ways to secure adequate supply, and has expanded funding for the family practice residency program,² provided additional slots for Alaska students of the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) Medical School, and held hearings on other potential initiatives.³

Health care is the fastest growing sector of Alaska's economy. Total employment in health care has increased by 46% since 2000, reaching 31,800 in 2010.⁴ In that period the population age 65 and over (and eligible for Medicare) increased by 54%. In the middle of the decade (2006), Medicare reimbursement cuts for physicians caused many to refuse to serve Medicare patients. Although the rates were revised upward dramatically as of January 2009, limited access to care for Medicare patients has persisted, especially in the Anchorage and Fairbanks areas. Aging of the workforce is a concern for the future supply of primary care, oral health, community mental health, and pharmacy and facility-based workers in various occupational categories.

To see how the supply of practitioners has changed since the [Physician Supply Task Force Report](#) (2006) and the [Alaska Health Care Data Book](#) (2007) were published, we examined the regional distribution of 12 provider types who are licensed by the State of Alaska. The list of licensees is continuously updated, so it is possible to take a periodic "snapshot" and to count the active (status "AA") resident (address in Alaska) providers with permanent licenses (rather than *locum tenens* or temporary). Some of the providers thus counted may be keeping their licenses active despite being otherwise employed or retired. Therefore, the count of such licensees exceeds the number in direct patient care. However for comparison over time (given no major changes in cost or conditions

¹ The Alaska Health Workforce Coalition is a public-private partnership created in 2010 to address health workforce issues. *Action Agenda, Alaska Health Workforce Plan*, other resources available at <https://sites.google.com/site/alaskahealthworkforcecoalition/>

² Providence based Alaska Family Medicine Residency Program, Anchorage (<http://www.akfmr.org/>)

³ See http://www.hss.state.ak.us/dph/Healthplanning/workforce/workforce_home.htm Add ref for bills referenced

⁴ Stimpfle, E. and Rasmussen, D., Alaska's Health Care Industry, *Alaska Economic Trends* (Juneau) August 2011, p. 4. <http://www.labor.state.ak.us/trends/aug11.pdf>

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of maintaining a license) the licensee count is the most efficient way available to check on changes in “supply” of providers in the state and labor market areas.

Highlights

In the four-year period examined (2007-2011), the number of physicians has increased by 112, or 7%, while the total population grew by about 5%. The Southeast and Southwest labor market areas both had a net loss of eight physicians, while the Anchorage/Matanuska-Susitna Gulf Coast regions gained 97 and 14 respectively, Interior region gained eight, and the Northern region gained one.⁵ Physician assistants and nurse practitioners increased statewide by 159, or 22%. Seventy-eight of those additional workers were physician assistants (27% increase) and 81 were nurse practitioners (18% increase).⁶

Table 1. Active Alaska Licensees by Provider Type

<i>Provider Type</i>	<i>Feb/March 2007</i>	<i>April 2011</i>	<i>Increase/ Decrease</i>	<i>Percent Change</i>
Physicians	1,545	1,657	112	7%
Psychologists	138	146	8	6%
Physician Assistants	284	362	78	27%
Nurse Practitioners	450	531	81	18%
Registered Nurses	5,796	6,742	946	16%
Certified Nurse Assistants (CAN, NA)	2,520	2,961	441	18%
Dentists	467	498	31	7%
Dental Hygienists	426	454	28	7%
Professional Counselors	356	453	97	27%
Pharmacists	421	508	87	21%
Pharmacy Technicians	958	1,139	181	19%
Physical & Occupational Therapists	598	685	87	15%

The rates of increase in the numbers of physician assistants and of professional counselors outpace the other groups of licensees with 27% growth over the four-year period in each of those groups.

Population changes in different parts of the state would be expected to affect demand for care, and for the services of health care workers. Given the perceived and reported shortages, and the increase in elderly population, it is hoped that growth in the health care workforce would help address region-specific and overall deficits. Overall, Alaska’s population has grown about 6 percent from 2006–2010, while the elderly population grew by nearly 21 percent.⁷ Regionally, Southeast and Southwest grew more slowly, while Interior and Northern

⁵ Alaska State Medical Association (ASMA) reports 1,357 physicians practicing as of December 2008, a decline from the 1,381 listed two years earlier. Their hypothetical explanation is that retirements are affecting the supply. A number of physicians who report to ASMA being retired have kept their licenses active. Neither ASMA nor licensing databases have all of the federal employee and military physicians who may practice in the state for a period of time.

⁶ Data source for licensees is <http://www.commerce.state.ak.us/occ/search3.htm>, Web site of Division of Corporations, Business and Professional Licensing

⁷ In this data brief, licensing data is current through April 2011, but population estimates and employment data have a lag time before they become available, so 2010 data is generally the most current that can be referenced.

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grew somewhat faster than the state as a whole. The Southwest and Gulf Coast regions had the largest percent increases in numbers of elderly individuals.

Table 2. Population by Labor Market (All Ages)

Labor Market Area	2006	2010 (census)	'06-'10 Change #	'06-'10 Change %
Anchorage/Mat-Su	359,987	380,820	20,833	6%
Gulf Coast	74,611	78,628	4,017	5%
Interior	102,276	112,024	9,748	10%
Northern	23,676	26,445	2,769	12%
Southeast	70,053	71,664	1,611	2%
Southwest	39,450	40,649	1,199	3%
Total	670,053	710,231	40,178	6%

Table 3. Alaska Population 65+

Labor Market Area	2006	2010 (census)	'06-'10 Change #	'06-'10 Change %
Anchorage/Mat-Su	22,886	28,208	5,322	23%
Gulf Coast	6,335	7,989	1,654	26%
Interior	6,123	7,176	1,053	17%
Northern	1,411	1,460	49	3%
Southeast	6,540	7,166	626	10%
Southwest	2,117	2,939	822	39%
Total	45,412	54,938	9,526	21%

Source: Alaska Department of Labor, Research and Analysis Section, Table 06CAGE6x.xls⁸

As shown in the following tables, the Anchorage/Matanuska-Susitna labor market area was the only region to gain in every professional group — the Southwest had net losses of physicians, psychologists, and pharmacists, but gained pharmacy technicians so that total pharmacy-related licensees increased in the region from 21 to 28. The Northern region lost one of its three 2007 licensed psychologists and three professional counselors, down from 10 to seven, which indicates a deficit in these behavioral health service professionals in the region that has historically experienced the highest suicide rates in the state.⁹

Federal dollars for loan repayment programs support recruitment and retention of providers. Starting in 2009, “American Recovery and Reinvestment Act” added funding for three such programs: the National Health Service Corps, Indian Health Service loan repayment program, and Alaska State Loan Repayment Program (initiated fall 2009).¹⁰ The State of Alaska provides university training programs for nursing professions, medical technicians, and many other occupational groups. The state now supports 20 slots for Alaska medical students in each class of medical students at WWAMI¹¹ and it supports the Family Medicine Residency Program. State appropriations have increased for such programs in the last decade, but level of funding is reconsidered every year. Nationally and in Alaska, concern has continued to rise about workforce shortages, especially in light of potential impact of health insurance reform to cover more Americans.

⁸ <http://almis.labor.state.ak.us/?PAGEID=67&SUBID=115> and <http://live.laborstats.alaska.gov/cen/dp.cfm>

⁹ Alaska Suicide Rates (and Numbers) by Region, 2000-2009, <http://www.hss.state.ak.us/dph/healthplanning/movingforward/charts/6.htm>

¹⁰ <http://www.hss.state.ak.us/dhcs/healthplanning/primarycare/loans/>

¹¹ WWAMI regional medical education program is a partnership between the University of Washington School of Medicine and the states of Washington, Wyoming, Alaska, Montana and Idaho.

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Active Licensed Health Care Providers (Selected Categories) by Labor Market Area (Region), Increases/Decreases since 2007

Table 4. Physicians

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage /Mat-Su	1,014	1,111	97	10%
Gulf Coast	117	131	14	12%
Interior	178	186	8	4%
Northern	21	22	1	5%
Southeast	176	173	-3	-2%
Southwest	39	34	-5	-13%
Total	1,545	1,657	112	7%

Table 5. Psychologists

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage /Mat-Su	88	99	11	13%
Gulf Coast	11	11	0	0%
Interior	18	17	-1	-6%
Northern	3	2	-1	-33%
Southeast	15	15	0	0%
Southwest	3	2	-1	-33%
Total	138	146	8	6%

Table 6. Physician Assistants

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/ Mat-Su	136	194	58	43%
Gulf Coast	28	35	7	25%
Interior	52	64	12	23%
Northern	17	10	-7	-41%
Southeast	28	30	2	7%
Southwest	23	29	6	26%
Total	284	362	78	27%

Table 7. Professional Counselors

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage /Mat-Su	195	257	62	32%
Gulf Coast	29	36	7	24%
Interior	51	64	13	25%
Northern	10	7	-3	-30%
Southeast	55	69	14	25%
Southwest	16	20	4	25%
Total	356	453	97	27%

Table 8. Advanced Nurse Practitioners

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/ Mat-Su	305	343	38	12%
Gulf Coast	41	54	13	32%
Interior	34	46	12	35%
Northern	7	13	6	86%
Southeast	42	52	10	24%
Southwest	21	23	2	-10%
Total	450	531	81	18%

Table 9. Pharmacists

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage /Mat-Su	244	311	67	27%
Gulf Coast	47	59	12	26%
Interior	60	62	2	3%
Northern	3	3	0	0%
Southeast	49	58	9	18%
Southwest	18	15	-3	-17%
Total	421	508	87	21%

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Table 10. Registered Nurses (incl. ANP)

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	3,702	4,326	624	17%
Gulf Coast	547	676	129	24%
Interior	669	791	122	18%
Northern	105	109	4	4%
Southeast	646	692	46	7%
Southwest	127	148	21	17%
Total	5,796	6,742	946	16%

Table 11. Pharmacy Techs

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	594	722	128	22%
Gulf Coast	100	121	21	21%
Interior	126	135	9	7%
Northern	26	27	1	4%
Southeast	109	121	12	11%
Southwest	3	13	10	333%
Total	958	1,139	181	19%

Table 12. Certified Nurse Assistants (CNA)

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	1,156	1,301	145	13%
Gulf Coast	462	589	127	27%
Interior	365	470	105	29%
Northern	56	59	3	5%
Southeast	448	507	59	13%
Southwest	33	35	2	6%
Total	2,520	2,961	441	18%

Table 13. Physical and Occupational Therapists

Labor Market Area	Mar 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	376	436	60	16%
Gulf Coast	72	89	17	24%
Interior	72	75	3	4%
Northern	3	2	-1	-33%
Southeast	65	73	8	12%
Southwest	10	10	0	0%
Total	598	685	87	15%

Table 14. Dentists (General)

Labor Market Area	Feb 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	278	295	17	6%
Gulf Coast	46	56	10	15%
Interior	63	69	6	11%
Northern	9	6	-3	11%
Southeast	49	54	5	12%
Southwest	22	18	-4	-14%
Total	467	498	31	7%

Table 15. Dental Hygienists

Labor Market Area	Feb 07	Apr 11	Change #	Change %
Anchorage/Mat-Su	268	285	17	6%
Gulf Coast	43	56	13	30%
Interior	44	52	8	18%
Northern	2	3	1	50%
Southeast	47	51	4	9%
Southwest	22	7	-15	-68%
Total	426	454	28	7%

Licensed professionals and paraprofessionals not included in the tables above are: specialist dentists, chiropractors, naturopaths, acupuncturists, speech and language pathologists, optometrists, dispensing opticians, audiologists, licensed practical nurses, paramedics, and several categories of behavioral

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health counselors: bachelor degree counselors, psychological associates, those with a master's in social work, licensed clinical social workers (LCSW), and licensed therapists.

Table 16 shows the count and distribution of several provider types, as well as the unadjusted provider per 1,000 population ratio. These are "unadjusted" in that we do not have information available about the level of activity of the licensees in their profession. We are aware that some are working as teachers or administrators, or are retired or partially retired. Nonetheless, the data indicate that the Northern labor market area (made up of Nome Census Area, Northwest Arctic Borough, and North Slope Borough) has the fewest providers per 1,000 people in every category, followed by the Southwest labor market area (Wade Hampton Census Area, Bethel Census Area, Dillingham Census Area, Bristol Bay Borough, Lake and Peninsula Borough, Aleutians West Census Area, and Aleutians East Borough).

**Table 16. Alaska Population and Selected Providers (Active, with Alaska Addresses):
Distribution by Labor Market Area**

Labor Market Area	Population		Physicians		Providers per 1,000
	2010 (census)	2010 Distribution	MD & DO Licensees (AK)	2011 Distribution	
Anchorage/Mat-Su	380,821	54%	1,111	67%	2.92
Gulf Coast	78,628	11%	131	8%	1.67
Interior	112,024	16%	186	11%	1.66
Northern	26,445	4%	22	1%	0.83
Southeast	71,664	10%	173	10%	2.41
Southwest	40,649	6%	34	2%	0.84
Total	710,231	100%	1,657	100%	2.33

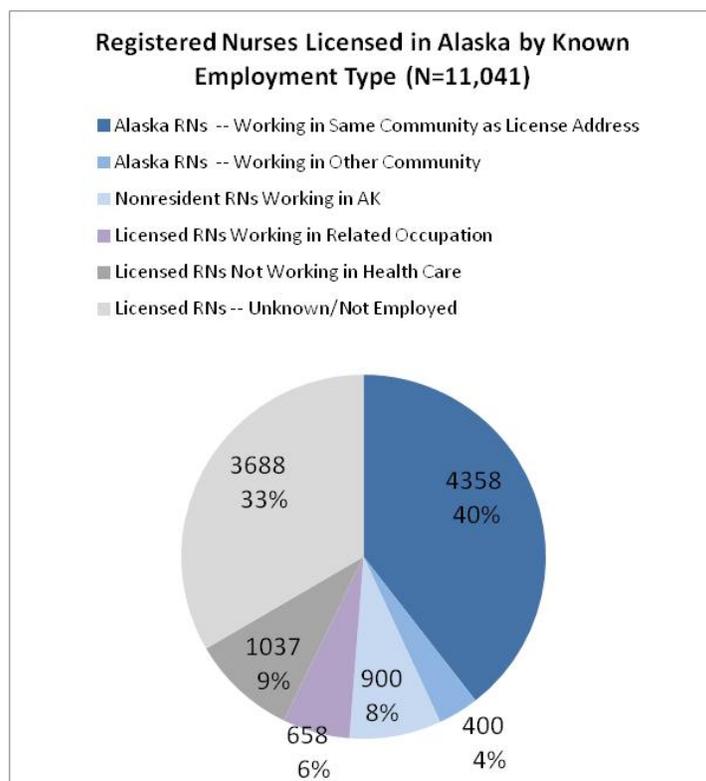
Labor Market Area	Dentists (General)			Mid-Level Providers		
	Dentist Licensees (AK)	2011 Distribution	Providers per 1,000	NP+PA Licensees (AK)	2011 Distribution	Providers per 1,000
Anchorage/Mat-Su	295	59%	0.77	537	60%	1.41
Gulf Coast	56	11%	0.71	89	10%	1.13
Interior	69	14%	0.62	110	12%	0.98
Northern	6	1%	0.23	23	3%	0.87
Southeast	54	11%	0.75	82	9%	1.14
Southwest	18	4%	0.44	52	6%	1.28
Total	498	100%	0.70	893	100%	1.26

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Turnover – Two Professional Groups: Registered Nurses and Physicians

Recruitment of health care workers from the qualified in-state and out-of-state pools has been one focus of workforce development in Alaska, but **retention** of those recruited has also been critical to maintaining a high quality health care system, and to avoiding the high cost of recruiting new staff.^{12,13}

Recent exploratory investigation of the relationship between license lists and employment reports, by the Alaska Department of Labor and Workforce Development (DOLWD) Research and Analysis Section, has found that about three-quarters of registered nurses who were licensed in 2010 with Alaska addresses (4,770 of 6,550) were employed in the same communities in which they had been licensed, and that about two-thirds (4,282) of those licensed with Alaska addresses actually are employed in nursing. Another 6% (about 400) were employed in another health care occupation. DOLWD also reports in the August 2011 issue of *Alaska Economic Trends* on Alaska's health care industry that in 2009, 17% of nurses working in Alaska were nonresidents (close to 900 of more than 5,000 total employed), based on the determination they had not appeared in the Permanent Fund Dividend application file. Numbers are not precise because of the use of different data sets. However, the pie chart illustrates the general findings.



Comparing one year's licensee list to the next provides a glimpse of turnover: among registered nurses, turnover appears to be high in the first few years of practice. For example, between 2009 and early 2011, the loss of RNs licensed between 1999 and 2008 was 10 percent (313 individuals), in contrast to the loss of only about 6% of those licensed in the previous two decades (173 individuals). For those who had been licensed more than 30 years in 2011, the losses were somewhat higher (10%) for nurses who were likely 50 years old and over. These retirements and departures amounted to 65 departures from the base of 642 in those cohorts. Of all licenses not renewed, the older workers accounted for about 12%. It appears that retention efforts could be productive with registered nurses of all ages and years of experience.

¹² DHSS, *Securing an Adequate Number of Physicians for Alaska's Need*, Report of the Alaska Physician Supply Task Force, August, 2006.

¹³ DHSS, *Status of Recruitment Resources and Strategies, 2005-2006*, June 2006.

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In contrast, the physician cohorts appear to have stabilized with loss of only about 4% licensed in Alaska more than two years. About 26 of the 681 licensed between 1999 and 2008 and practicing in 2009 had dropped their licenses in 2011.

From 2005 to 2009, Alaska gained more physicians than it lost, gaining about 100 per year and losing about 50 per year (2:1). Between early 2009 and early 2011, the gain compared to loss improved over the previous several years – the gain was less at about 85 a year, with loss reduced to about 28 a year (3:1), with net annual gain of about 57 compared with net annual gain of about 50 for the previous four years.

The DOLWD data on employment of physicians captures just those with salaries — that is, it excludes private practitioners. The data on locations of practice for salaried physicians cover fewer than half of licensed physicians with Alaska addresses. The *Trends* article on Alaska's health care industry (August 2011)¹⁴ states that nonresident physicians fill a high percentage of salaried positions: about two in 10 obstetrician/gynecologists, almost a third of salaried internists, and about a quarter of family practitioners.

Future analyses may provide more in-depth comparisons between employment records and licensing data. If employers, educators and policymakers want more information on the flow of health care workers geographically and by employment status from time of licensure through departure or retirement, they may benefit from both longitudinal studies and snapshot periodic reports on such topics as place of employment vs. licensee addresses, percentages (by profession) of licensees who are currently working in professions for which they are licensed, and percentages working in some other health care profession, or in a different line of work. Analyses of turnover, retirement patterns, and factors supporting retention in jobs and in communities could provide additional insights that would support workforce development and planning in Alaska.

¹⁴ Stimpfle, E. and Rasmussen, D., op. cit.