Specialty Choice and Choice of Geographic Setting for Practice of KYCOM Graduates: Have they changed?

Candice Chen and her associates (2013) investigated whether there were differences in graduate medical education (GME) training levels between the three time periods of (1) prior to the Medicare Modernization Act’s redistribution (1998), (2) at redistribution (2002-2004), and (3) post-redistribution (2008). They discovered that while the net number of primary care training positions grew in 2008, the non-primary care positions grew twice as fast. Among the reasons cited included that hospitals received more income from specialty resident procedures and graduates earned more as specialists than primary care physicians.

What about Kentucky College of Osteopathic Medicine (KYCOM) graduates? Has there been a difference in their choice of specialty after completing their residency programs during the two time periods that the COM has produced graduates? Of equal importance to the COM’s mission, has there been a change in geographic setting of its graduates during these two time periods?

The graduates were separated into two groups: graduates who graduated from 2001-2007 (n = 404) to represent the “at redistribution” group and graduates who graduated from 2008-2012 (n = 343) to represent the post-redistribution group. Data was purchased from the National Center for the Analysis of Healthcare Data (NCAHD) on KYCOM graduates from 2001-2012 to determine active practice specialty and geographic location of the graduates’ licensure and medical practices. This research was partially funded by an American Association of Colleges of Osteopathic Medicine (AACOM) Medical Education Research Grant.

There was not a difference in specialty choice for practice after residency between KYCOM graduates at redistribution (2001-2007) and post-redistribution (2008-2012). However, there was a statistically significant difference in choice of geographic setting for practice after residency between KYCOM graduates at redistribution (2001-2007) and post-redistribution (2008-2012). (p<.01) While 44 percent of graduates are licensed to practice medicine in rural areas for graduates from 2001-2007, only 24 percent of recent graduates are practicing in rural areas post-redistribution.

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The average population of the cities and towns are smaller for graduates practicing primary care medicine compared to those who are practicing in non-primary care specialties for the two different graduate groups. For the graduates from 2008-2012, the population is statistically significantly smaller for those practicing primary care medicine than the non-primary care specialties. (p<.01)

Regardless of the specialty of medicine in which KYCOM graduates are licensed to practice, graduates from 2008-2012 are practicing in statistically larger cities and towns than those who graduated before 2008. Specifically, graduates from 2008-2012 who are practicing primary care medicine are in larger cities on average than those graduates from 2001-2007 who are practicing primary care medicine. (p<.01) Similarly, graduates from 2008-2012 who are practicing non-primary care specialty medicine are in larger cities on average than those graduates from 2001-2007 who are practicing non-primary care specialty medicine. (p<.01)

A corresponding finding pertains to KYCOM graduates serving in rural versus urban areas. Regardless of the geographic setting in which KYCOM graduates are licensed to practice, graduates from the 2008-2012 group are practicing in larger cities and towns than those who graduated before 2008. Graduates from 2008-2012 who are practicing in rural areas (19,673) are in larger cities on average than those graduates from 2001-2007 who are practicing in rural areas (17,141). Graduates from 2008-2012 who are practicing in urban areas (344,492) are in statistically larger cities on average than those graduates from 2001-2007 who are practicing in urban areas (252,198). (p<.01)

Clearly KYCOM continues to recruit students who graduate and meet its mission of developing primary care physicians. However, there may be cause for concern that a smaller share of graduates are practicing in rural communities after completing their GME experiences. One of the COM’s goals is to recruit and graduate osteopathic medical students who are dedicated to alleviating the shortage of medical services in rural and underserved areas of Kentucky, Appalachia and the nation. The average distance between the cities and towns from which the graduates came to the institution at the time of admissions and the cities and towns in which KYCOM graduates are licensed to practice is shorter for those practicing in rural areas.
compared to those who are practicing in urban areas. For graduates from the 2001-2007 group, the average distance for those practicing in rural areas is statistically shorter than those practicing urban areas. ($p<.01$) For graduates from the 2008-2012 group, the average distance for those practicing in rural areas is statistically shorter than for those practicing in urban areas. ($p<.01$)

The average distance between the cities and towns from which the graduates came to the institution at the time of admissions and the cities and towns in which the KYCOM graduates are licensed to practice is shorter for those practicing primary care medicine compared to those who are practicing non-primary care specialty medicine. For graduates from the 2001-2007 group, the average distance for those practicing primary care medicine (158 miles) is statistically shorter than those practicing non-primary care specialty medicine (324 miles). ($p<.01$) For graduates from the 2008-2012 group, the average distance for those practicing primary care medicine (223 miles) is statistically shorter than for those practicing non-primary care specialty medicine (341 miles). ($p<.05$)

So, what does this tell us? When focusing on the geographic setting in which KYCOM graduates are licensed to practice, graduates from 2008-2012 are practicing in cities and towns closer to their permanent residences at the time of admissions than those who graduated before 2008. When focusing on the specialty of medicine KYCOM graduates are licensed to practice, graduates from 2008-2012 are practicing in cities and towns farther from their permanent residences at the time of admissions than those who graduated before 2008.

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