

In the increasingly fragmented world of health care, one thing remains constant: family physicians are dedicated to treating the whole person and serving the individual and population health needs of the communities in which they practice. Family medicine's cornerstone is a continuous, comprehensive and connected personal patient-physician relationship. Family physicians deliver a range of acute, chronic, and preventive medical care services while providing patients and their caregivers with a patient-centered medical home. They also serve an important role as community leader.

In addition to the vast array of health care services they provide, family physicians are significant generators of positive economic activity in their communities. They serve as employers, consumers of goods and services, and generators of income to other health care organizations and businesses. As *Table 1* demonstrates, family physicians serve as significant economic engines for their communities and state. This economic stimulation is more impactful in rural communities where a family physician often serves as one of a few economic generators.

Enacting laws and regulations that facilitate stable practice environments for family physicians not only ensures health benefits to the residents of the community served, but also serves as an economic generator for those communities and other businesses.

Methods & Results

The Robert Graham Center for Policy Studies used economic data from the IMPLAN database to evaluate the annual economic impact of family physicians on a state-by-state basis. Using Medical Group Management Association data, one full time family physician was estimated to create an average of five full-time supporting staff positions. Using a linear input-output social accounting matrix, the direct, indirect, induced and total economic impacts of a family physician on their community were estimated.

In 2007, the economic impact of one family physician in the United States was \$904,696 on average, with sizable state to state variation. Multiplied by their total number nationally (according to the American Medical Association Masterfile), family physicians generate a nationwide economic impact of \$46,183,968,060 per year. This is a conservative estimate, and doesn't include a number of intangible and tangible economic benefits of FPs, such as their contribution to the generation of income for other local health care organizations such as hospitals and nursing homes.

Table 1. Economic Impact of Family Physicians by State

| State | Impact per Family Physician per Year | Total Impact per Year |
|-------------------|--------------------------------------|-------------------------|
| US Average | \$904,696 | \$46,183,968,060 |
| Alabama | \$776,585 | \$779,691,512 |
| Alaska | \$682,597 | \$168,601,563 |
| Arizona | \$845,862 | \$950,748,643 |
| Arkansas | \$845,862 | \$787,497,279 |
| California | \$985,881 | \$8,286,328,413 |
| Colorado | \$892,177 | \$1,142,878,408 |
| Connecticut | \$1,090,818 | \$527,955,975 |
| Delaware | \$886,681 | \$146,302,383 |
| Dist. of Columbia | \$782,228 | \$89,956,253 |
| Florida | \$940,606 | \$3,542,320,963 |
| Georgia | \$1,028,774 | \$1,674,844,376 |
| Hawaii | \$801,960 | \$236,578,326 |
| Idaho | \$812,189 | \$350,053,555 |
| Illinois | \$1,049,198 | \$2,908,376,996 |
| Indiana | \$949,269 | \$1,723,872,029 |
| Iowa | \$931,341 | \$837,275,159 |
| Kansas | \$878,642 | \$727,515,645 |
| Kentucky | \$878,642 | \$955,962,533 |
| Louisiana | \$938,117 | \$932,488,096 |
| Maine | \$829,391 | \$372,396,496 |
| Maryland | \$884,592 | \$914,668,659 |
| Massachusetts | \$959,812 | \$900,303,978 |
| Michigan | \$907,296 | \$1,790,095,645 |
| Minnesota | \$1,041,982 | \$2,204,834,326 |
| Mississippi | \$1,259,838 | \$818,894,845 |
| Missouri | \$1,048,595 | \$1,038,108,561 |
| Montana | \$759,497 | \$256,709,892 |
| Nebraska | \$893,118 | \$599,281,821 |
| Nevada | \$959,118 | \$401,870,278 |
| New Hampshire | \$969,658 | \$342,289,301 |
| New Jersey | \$1,021,432 | \$1,233,889,991 |
| New Mexico | \$660,392 | \$355,951,393 |
| New York | \$1,036,179 | \$2,928,242,253 |
| North Carolina | \$964,271 | \$2,023,039,748 |
| North Dakota | \$737,560 | \$199,878,798 |
| Ohio | \$923,043 | \$2,422,066,737 |
| Oklahoma | \$892,189 | \$702,153,484 |
| Oregon | \$853,226 | \$852,373,048 |
| Pennsylvania | \$986,483 | \$2,845,019,533 |
| Rhode Island | \$757,605 | \$122,732,035 |
| South Carolina | \$908,512 | \$1,038,429,374 |
| South Dakota | \$920,053 | \$270,495,624 |
| Tennessee | \$1,164,224 | \$1,725,380,596 |
| Texas | \$1,114,843 | \$5,370,200,197 |
| Utah | \$716,449 | \$376,851,933 |
| Vermont | \$752,108 | \$182,010,171 |
| Virginia | \$931,989 | \$1,804,332,507 |
| Washington | \$818,353 | \$1,811,014,242 |
| West Virginia | \$764,244 | \$393,585,486 |
| Wisconsin | \$1,016,094 | \$1,857,421,386 |
| Wyoming | \$689,897 | \$129,700,586 |

Source: Robert Graham Center for Policy Studies – www.graham-center.org