

Mississippi Ranks Number One as Best State for Physicians



Mississippi Earns Gold Medal as Best State for Physician Opportunities

A recent Wallet-Hub study that looked at the best and worst states for physicians has ranked Mississippi Number 1, overall. The study looked at data set ranges from “physicians’ mean annual wage” to “number of physicians per capita” to “malpractice award payouts per capita.”

Doctors are among the most highly paid, educated and celebrated professionals in the U.S. Just consider the fact that “physician” is the most popular profession within the top 1 percent of earners. Doctors are deserving, after all, given the importance of their life-saving work and all of the struggles associated with life in the medical profession. Not only does the average medical-school graduate leave campus with roughly \$180,000 in debt, but the medical profession has also been undergoing intense transformation in recent years. The Affordable Care Act, the rise of branded hospital networks and the retirement of Baby Boomers are all complicating the lives of doctors and warranting pause from potential whitecoats.

With all of this being said, it’s fair to expect a certain measure of difference in terms of the working environments faced by doctors across the nation. So in order to help doctors make the most informed decisions regarding where to practice, WalletHub’s analysts compared the 50 states and the District of Columbia across 11 key metrics.

Our data set ranges from “physicians’ mean annual wage” to “number of physicians per capita” to “malpractice award payouts per capita.” Check out the complete ranking, additional expert commentary to help local governments identify policy initiatives and our detailed methodology below.

Main Findings

| Overall Rank | State | Total Score | ‘Opportunity & Competition’ Rank | ‘Medical Quality’ Rank |
|--------------|----------------|-------------|----------------------------------|------------------------|
| 1 | Mississippi | 70.07 | 1 | 17 |
| 2 | Iowa | 69.28 | 3 | 9 |
| 3 | Minnesota | 66.54 | 17 | 1 |
| 4 | North Dakota | 65.81 | 5 | 10 |
| 5 | Idaho | 65.41 | 4 | 15 |
| 6 | Texas | 65.27 | 13 | 4 |
| 7 | Kansas | 65.26 | 8 | 6 |
| 8 | Wisconsin | 64.61 | 23 | 2 |
| 9 | Tennessee | 64.59 | 6 | 14 |
| 10 | Alabama | 63.36 | 11 | 12 |
| 11 | South Carolina | 62.70 | 18 | 3 |
| 12 | South Dakota | 61.18 | 2 | 49 |
| 13 | Georgia | 60.63 | 14 | 19 |
| 14 | Montana | 60.46 | 15 | 21 |
| 15 | Arkansas | 59.91 | 22 | 8 |
| 16 | Florida | 59.85 | 10 | 24 |
| 17 | North Carolina | 58.40 | 26 | 11 |
| 18 | Nebraska | 58.37 | 9 | 37 |
| 19 | Louisiana | 58.08 | 7 | 34 |
| 20 | California | 58.06 | 31 | 5 |
| 21 | Virginia | 57.00 | 25 | 16 |
| 22 | Indiana | 56.98 | 19 | 23 |
| 23 | Nevada | 56.74 | 36 | 7 |
| 24 | Kentucky | 54.86 | 20 | 27 |

| Overall Rank | State | Total Score | 'Opportunity & Competition' Rank | 'Medical Quality' Rank |
|--------------|----------------------|-------------|----------------------------------|------------------------|
| 25 | Missouri | 54.14 | 33 | 20 |
| 26 | Michigan | 53.58 | 24 | 28 |
| 27 | Washington | 53.50 | 28 | 25 |
| 28 | New Mexico | 53.31 | 16 | 42 |
| 29 | Wyoming | 52.89 | 12 | 50 |
| 30 | Colorado | 51.69 | 34 | 26 |
| 31 | Ohio | 51.62 | 29 | 32 |
| 32 | Oklahoma | 51.50 | 32 | 31 |
| 33 | Arizona | 51.12 | 30 | 33 |
| 34 | Pennsylvania | 51.10 | 21 | 40 |
| 35 | Utah | 48.84 | 37 | 22 |
| 36 | Illinois | 46.35 | 27 | 48 |
| 37 | Hawaii | 46.09 | 39 | 30 |
| 38 | West Virginia | 45.76 | 35 | 45 |
| 39 | New Hampshire | 44.58 | 38 | 36 |
| 40 | Oregon | 44.21 | 47 | 18 |
| 41 | Alaska | 43.43 | 40 | 41 |
| 42 | Maine | 41.40 | 41 | 47 |
| 43 | Delaware | 41.03 | 42 | 43 |
| 44 | Massachusetts | 40.62 | 46 | 29 |
| 45 | Vermont | 40.25 | 49 | 13 |
| 46 | New Jersey | 38.30 | 45 | 39 |
| 47 | Connecticut | 38.14 | 44 | 38 |
| 48 | Maryland | 37.42 | 43 | 44 |
| 49 | Rhode Island | 31.63 | 50 | 46 |
| 50 | New York | 29.56 | 48 | 51 |
| 51 | District of Columbia | 27.81 | 51 | 35 |

Highest Cost of Living-Adjusted Mean Annual Wage for Physicians

1. Mississippi
2. Indiana
3. Georgia
4. Iowa
5. Alabama



Lowest Cost of Living-Adjusted Mean Annual Wage for Physicians

47. Connecticut
48. New York
49. Vermont
50. Hawaii
51. District of Columbia

Lowest Competition (i.e. Fewest Physicians per Capita – 2022)

1. Mississippi
2. Idaho
3. Alaska
4. Hawaii
5. Nevada



Best States
vs
Worst States

Highest Competition (i.e. Most Physicians per Capita – 2022)

44. Missouri
45. New York
- T-46. District of Columbia
- T-46. Rhode Island
- T-46. Vermont

6x Difference

Least Punitive State Medical Boards

1. South Carolina
2. District of Columbia
3. Minnesota
4. Massachusetts
5. Connecticut



Best States
vs
Worst States

Most Punitive State Medical Boards

47. New Mexico
48. Delaware
49. Ohio
50. Louisiana
51. Wyoming

5x Difference

Lowest Malpractice Award Payouts per Capita

Highest Malpractice Award Payouts per Capita

Ask the Experts: The Future of the Medical Profession

Medicine is changing rapidly, and the manner in which it is taught and practiced must adapt accordingly. The industry faces not only an aging population as well as new regulations, but it must also keep pace with technological breakthroughs and make sense of hospital reorganization and rebranding. With that in mind, we sought insight from medical professionals, business experts and public policy researchers into the future of the medical profession. You can check out our panel as well as the questions we asked them below.

1. What are the biggest issues facing doctors today?
2. How do state and local policies influence the lives of doctors and other medical professionals?
3. How can localities attract more primary care physicians?
4. What tips can you offer current medical students about what specialty to pursue and where to practice?
5. Taken altogether, has the Affordable Care Act (ACA) proven to be a net positive or net negative for physicians?

Mark Dame

Assistant Professor in the Clinical Services Management Program at Texas Tech University Health Sciences Center



What are the biggest issues facing doctors today?

Reimbursement. The rules continually change and many specialties receive cuts years after year. We are at the infancy of a pay for performance model, but so far, the results have been mixed at best. Many are working longer hours just to keep even with last year's income.

How does state and local policy influence the lives of doctors and other medical professionals?

Malpractice laws have some influence on work satisfaction. As insurance is an expense, states with high rates place a burden on the physician. Licensing guidelines can limit care (such as telemedicine) or suppress creativity. Health insurance laws are state-

driven and many would prefer more competition. Medicaid is a huge state-led effort. The state influences panel sizes and reimbursement. Many see that the cost of billing for Medicaid exceeds reimbursement.

How can localities attract more primary care physicians?

One can invest in bright students at the time of undergraduate studies and bring these future graduates home. Frankly, telemedicine and e-medicine may be more of solution than actual on-site physicians. Advanced practitioners can also fill in some gaps.

What tips can you offer current medical students about what specialty to pursue and where to practice?

One really needs to know oneself. Explore as much as possible while a medical student and talk to as many practicing physicians as possible in order to ascertain what will excite oneself for years to come. Sure, income is important for many. One must be realistic of the tradeoffs with income and lifestyle. All of these determinants apply to specialty and location. Yet, it is easier to change location than specialty.

Taken altogether, has the Affordable Care Act (ACA) proven to be a net positive or net negative for physicians?

When one considers a physician is a citizen as well as a physician, the ACA has been a net negative. Incomes have gone down, investment gains have decreased or have gone into the red, and work life balance is increasingly unbalanced to the negative. I have seen frustration and depression on the increase as many seem to think there is nothing they can do to stop the assault on their practice and livelihoods. Despite many have been absorbed by health systems, this has not alleviated root concerns.

Holly J. Mattix-Kramer

Associate Professor in the Medical Center and in the Stritch School of Medicine at Loyola University Chicago



What are the biggest issues facing doctors today?

The practice of medicine is changing extremely rapidly and it is very difficult to keep up

with these changes. Payments will be based on quality of the care and not just the volume of care delivered. In the long run this is a good thing for patients but the rapidity of these changes and lack of ancillary support for doctors to make these changes is very challenging.

How does state and local policy influence the lives of doctors and other medical professionals?

States that are reducing support for public health issues such as closing down mental health clinics or senior care services (Illinois) creates a big burden for physicians. These gaps in ambulatory care are then replaced by higher emergency room visits, increased hospitalizations and repeat hospitalizations.

How can localities attract more primary care physicians?

If the community demonstrates support for physicians and public health, then they may attract primary care physicians. Lifestyle, school quality and pay will always be issues for all physicians.

What tips can you offer current medical students about what specialty to pursue and where to practice?

Internal medicine is a great specialty and affords a physician the ability to subspecialize in multiple areas. Internal medicine provides physicians training to care for very complex conditions as well as prevention and primary care.

Taken altogether, has the Affordable Care Act (ACA) proven to be a net positive or net negative for physicians?

I have witnessed improved access to complex care due to the ACA. I have also noted patients who have obtained insurance through the ACA and ended up not being able to get care because no physicians or medical centers will take the insurance. I still see a lot of patients who have no insurance.

Susan Giaimo

Visiting Assistant Professor in the Departments of Political Science and Biomedical Sciences at Marquette University



What are the biggest issues facing doctors today?

The biggest issue is for doctors (particularly primary care doctors) to gain a solid understanding of the social determinants of health and to incorporate this understanding into their practice and treatment of patients. This is critical to achieving good health outcomes.

How does state and local policy influence the lives of doctors and other medical professionals?

It has a big impact. Decisions about the state budget affect programs like Medicaid and other safety net programs. For instance, reimbursement rates and coverage decisions for Medicaid are determined largely by state actors. If the rates are set too low, then providers will choose not to participate, and many patients with Medicaid insurance will have a difficult time accessing health care in a timely fashion. Wisconsin's Medicaid reimbursement rate for dental care is one of the lowest in the nation. This has led to long waits to obtain care from dentists for Medicaid patients, since not enough dentists participate in the program due to the low reimbursement rate.

The governor's decision to not accept the federal funds associated with the Medicaid expansion under the Affordable Care Act has led to many more people remaining uninsured. Even with premium subsidies on the state exchange, many of these people still cannot afford the premiums and cost sharing. This means that doctors and other health care providers must continue to treat the uninsured as charity cases, or not at all, or in expensive ER settings.

Local governments and city health departments can encourage innovations in coverage and public health, and can fund and partner with nonprofits like United Way and community organizations to reduce infant mortality, obesity, and build safe and healthy neighborhoods.

How can localities attract more primary care physicians?

I think that working with state and federal programs that offer loan forgiveness programs to graduating med students who practice in underserved areas would be effective. The

state and localities should also work with the federal government to establish more community health centers in rural areas.

What tips can you offer current medical students about what specialty to pursue and where to practice?

I encourage them to go into primary care and to practice in inner cities and rural areas, since these areas have a need for such providers. But at least half of them have already chosen primary care, so I think they know this already.

Taken altogether, has the Affordable Care Act (ACA) proven to be a net positive or net negative for physicians?

It is a positive for doctors. More of their patients now have insurance coverage. Primary care doctors receive higher Medicaid reimbursements, and there are several programs that encourage students to pursue primary care careers. Electronic medical records and government encouragement and financing of pilot programs in coordinated care (ACOs, medical homes) will help physicians provide more coordinated care. The dissemination of clinical guidelines will also aid physicians in treating populations and those with chronic diseases. It is an exciting time for physicians, and I think the ACA has set our health care system in the right direction, toward more patient-centered, coordinated, and evidence-based care.

Methodology

In order to identify the best states for doctors to practice, WalletHub's analysts compared the 50 states and the District of Columbia across two key dimensions, namely "Opportunity & Competition" and "Medical Quality."

We first compiled 11 relevant metrics, which are listed below with their corresponding weights. Each metric was given a value between 0 and 100, wherein 100 corresponds with the best state for doctors and 0 with the worst.

We then calculated the overall score for each state using the weighted average across all metrics and ranked the states accordingly.

Opportunity & Competition – Total Points: 70

- Physicians' Mean Annual Wage, Adjusted for Cost of Living: Double Weight (~15.56 Points)
- Physicians' Monthly Average Starting Salary, Adjusted for Cost of Living: Full Weight (~7.78 Points)
- Number of Hospitals per 100,000 Residents: Full Weight (~7.78 Points)
- Insured Population Rate: Full Weight (~7.78 Points)
- Medically Underserved Areas or Populations: Full Weight (~7.78 Points)
- Future Elderly Population: Full Weight (~7.78 Points)

Note: This metric measures the projected percentage of the population aged 65 & older by 2030.

- **Current Competition: Full Weight (~7.78 Points)**

Note: This metric measures the number of physicians per 1,000 Residents.

- **Future Competition: Full Weight (~7.78 Points)**

Note: This metric measures the projected percentage of physicians per 1,000 Residents by 2022.

Medical Quality – Total Points: 30

- **Punitive State Medical Boards: Full Weight (~10.00 Points)**

Note: This metric measures the number of state medical boards' serious disciplinary actions per 1,000 physicians.

- **Malpractice Award Payouts per Capita: Full Weight (~10.00 Points)**

- **Malpractice Liability Insurance Rate: Full Weight (~10.00 Points)**

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Source:Wallet Hub. Data used to create these rankings were collected from the U.S. Census Bureau, Bureau of Labor Statistics, Department of Health and Human Services, Missouri Economic Research & Information Center, Citizen.org and Diederich Healthcare.