

# Physician Growth Spiking, Especially in Central Texas

**San Antonio, TX**-Texas physician supply grew twice as fast as the state's population since passage of health care liability reforms in 2003, according to a [just-published study](#).

“This is just one more piece of evidence to verify what we've been observing for years,” said Dr. Howard Marcus, an Austin internist and chair of Texas Alliance For Patient Access. “Texas' 2003 reforms have kept their promise. Sick and injured Texans today have more physicians to see when they need medical care.”

According to a study published this month in the [Journal of Gastrointestinal Surgery](#), 20 of the state's 22 trauma service areas had an increase in both number of physicians and physicians per capita, with five of these regions showing an increase in active physicians of more than 50 percent.

The growth was most pronounced among primary care physicians and surgeons, according to lead author Ronald Stewart, M.D., professor and chair of surgery at UT Health Science Center in San Antonio. Statewide, this growth resulted in 30 more physicians per 100,000 residents.

The larger metropolitan areas in central Texas enjoyed the greatest increase in physicians per capita, said Dr. Stewart, while the less populous western and eastern borders of Texas had the lowest per-capita physician growth.

Stewart noted the total number of active physicians per capita grew twice as fast during the period after tort reform (2004-2012) as it did during the seven years prior to tort reform (1995-2002).

Stewart's study counted in-state active physicians, which he said provided the most consistent definition of physicians in the workforce. Previous studies from those critical of tort reform have used the Texas Department of State Health Services definition of Direct Patient Care Physician which Stewart noted was at best an antiquated definition which fails to account for large numbers of physicians practicing in Texas.

As a concrete example, Stewart said, “over the past year the faculty of The University of Texas Health Science Center at San Antonio Department of Surgery provided approximately 86,000 patient visits and performed more than 6,000 operations. Over the course of the study, using the Direct Patient Care Physician definition would have failed to account for these patients' care, as teaching faculty are excluded from the Direct Patient Care Physician definition.

“A significant portion of this care was for patients with limited or no health care funding, or for patients from rural South Texas.”

Stewart acknowledged that an increase in per-capita physicians alone does not prove that patients had more access to physicians, and he noted that his data do not prove cause and effect. However, survey data from Texas hospitals and his own personal experience with decreased transfers from underserved areas, particularly among the most sick and injured patients, “is consistent with actual improvements in access in those areas.”

Among the notable findings from a Texas Hospital Association survey, Dr. Stewart pointed to:

- 52% of hospitals reported being able to expand emergency or specialized services due to more physician call availability or physicians' willingness to expand their practice.
- 34% reported an ability to maintain or expand services due to a larger number of neonatologist and obstetrician/gynecologists.
- 30% reported they were able to expand or maintain services due to a larger number of neurosurgeons and anesthesiologists willing to take call or expand their practice.

Dr. Stewart cited growth in academic medical centers in Temple, Round Rock, El Paso and Austin, population growth, economic growth and tort reform as factors contributing to the strong increase in the Texas physician workforce.