

And The Best States To Practice Medicine Are...



By *Jamie Wells, M.D.* — October 20, 2017



Credit: Wikimedia [1]

Where is the best state to practice medicine? I would argue the [latest study](#) [2] on the topic does little to answer the question given the metrics chosen. But, the project does provide a template and way to calculate your personal level of interest in the pre-selected benchmarks. The result is a starting point that guides your thought process more than it might firm up any decisive actions on the subject.

Given the parameters of cost of living, residency retention rate, tax climate, physician density, malpractice premiums (averages) and Medicare's Geographic Cost Index (1), [Physicians Practices](#) [2] deemed:

Top 5 States to Practice Medicine

1. Mississippi
2. Texas
3. Alaska
4. California
5. Arkansas

Recognizing some limitations of their own design, the [organization](#) [2] writes, “What our metrics don’t capture are things like collegiality of the healthcare community, the local arts and entertainment scene, or access to various recreational activities. So to add a little more commentary to the numbers, Physicians Practice spoke to physicians in the five states that ranked the highest this year in terms of being physician friendly.”

For the top 5, some of the themes identified were (summarized from [this link](#) [3]):

1. Mississippi

- The state’s actions in tort reform & helping underserved communities
- Attribute infrequent outbreaks to state’s strict vaccine laws, high vaccination rate
- Generous hospitality
- Rich history, culture (arts/music/food) and beautiful landscape (Magnolia blossoms, parks, coastline, lakes)
- Patient population hungry for therapeutic, long-lasting physician relationship

2. Texas

- Texas Medical Association’s (TMA) reduction of regulations has allowed friendlier climate for physicians to open up solo and small group practices-- high rates compared to others
- The “[state](#) [4] legislators also passed the most sweeping bill in the country to reduce maintenance of certification requirements.”
- TMA continues to work towards more tort reforms for physician and patient
- Culturally richness and diversity along with mixture of urban and rural life draw many to the state
- Ability to provide care for underserved communities
- New medical schools and growing research opportunities
- Also loyal, die-hard Texans devoted to the state

3. Alaska

- Low tax collection, favorable Medicare fee schedule, high residency retention rate
- Projects in place bringing pre-medical students to the area for training-- many wind up loving the beauty of the region and staying
- The great outdoors, skiing to fishing etc.
- One interviewee maintains “Alaska has fewer of the problems of the lower 48 states, with an abundance of private practice opportunities and smaller rates of burnout.”
- It seems the ability for a doctor to practice medicine and focus on the joy of that

experience is more facilitated in the state.

4. California

- Weather and forgiving climate
- High-tech environment
- Great place to live, good schools, unlimited leisure activities from hiking to surfing etc.
- Large number of medical schools and residency programs with tech influence keeps at forefront of fields
- Emphasis on advocacy
- Belief that younger physicians more engaged with greater intensity than other states
- Excitement of diversity of cultures along with intellectual curiosity deepened by wide range of pathology such heterogeneity brings

5. Arkansas

- Small state leads to greater congeniality--- knowing more colleagues throughout
- Ease of walking to work and being close with community and family allows for increased allows for greater quality of life and time for leisure activities
- Close working relationship with government officials who are often physicians which creates climate for helping patients (as opposed to allowing business interests to hijack conversation)
- Dedication to being able to have hospital-employed opportunities as well as private practice ones depending on your interest-- all practice environments are encouraged
- Great outdoors are highlighted too

In Summary...

So much more goes into where a physician practices, therefore, reducing the complexity of this decision to a few measures is not the most accurate of tools. There is serendipity in the choice. The field of medicine desired plays a profound role. If a close relationship with a mentor is cultivated while a medical student, then staying on at that location for residency is a frequent outcome. Meeting a future spouse or marrying while in training exerts a tremendous influence from wanting to return to one's respective childhood community to accommodating job placements especially if both are in the medical field. Being single can influence where one might focus their pursuits on residency training. Fellowship training often is guided by which program has the most super-specialized option or is deemed the best in that discipline than it does geography unless opting between two places it might account for the final push. A high residency retention rate isn't often indicative of a love for the institution, but often more due to the working relationships already forged and ease of transition. Many in the profession are risk averse, in fact, I would argue that is why many are drawn to it.

For those applying to more competitive residencies, matching in the field takes precedence over geography. And so on...

I could go on endlessly about what factors into where a physician practices and the personal nature of these decisions. This just published project does little to inform on the topic, but reflects a beginning to the discussion.

Note(s):

(1) This adjusts physician reimbursement based on regional variation in the cost to treat patients by using Medicare Fee Schedule, see [here](#) [5].

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Links

[1] https://commons.wikimedia.org/wiki/File:Gold_Trophy.jpg

[2] <http://www.physicianspractice.com/best-states-practice/find-your-best-state-to-practice-medicine>

[3] <http://www.physicianspractice.com/best-states-practice/2017-best-states-practice-top-five>

[4] <http://www.physicianspractice.com/cme/physicians-take-moc-trials-state-level>

[5] <http://www.e-mds.com/gpci>