

California's Psychiatry Workforce Challenges

Janet Coffman, MPP, PhD
March 2020

SUMMARY

This issue brief describes the pipeline of psychiatry residents in California, the state's current psychiatrist workforce, forecasts of future supply and demand for psychiatrists, and recommendations for increasing the supply of psychiatrists in California.

- California has 22 general psychiatry residency programs, most of which are located in the Greater Bay Area or in metropolitan areas of Southern California.
- In 2015, California had 5,809 active licensed psychiatrists, which is five percent fewer than the number needed to meet projected demand.
- Only two-thirds of psychiatrists provided patient care at least 20 hours per week in 2015, which effectively reduces statewide access to psychiatric care.
- Coastal and urban areas of California have higher supplies of psychiatrists per capita than inland and rural areas.
- 45 percent of psychiatrists in California were over 60 years old in 2015.
- Forecasts of supply and demand for psychiatrists suggest that California will have a severe shortage of psychiatrists by 2028 unless policymakers take action because the number of people training to become psychiatrists is not sufficient to replace older psychiatrists who are expected to reduce their work hours or retire.

PSYCHIATRY EDUCATION

Most psychiatrists complete a four-year general psychiatry residency program following graduation from an allopathic (MD) or osteopathic (DO) medical school. Some complete one or more additional years of training in subspecialties such as: addiction, child and adolescent, consultation–liaison, forensic, or geriatric psychiatry. A few complete combined programs in psychiatry and family medicine, internal medicine, or neurology. Combined programs prepare physicians for board certification in psychiatry and another medical specialty which enables them to treat patients' physical needs as well as their behavioral health needs.

California has a total of 25 residency programs in psychiatry, of which 22 are general psychiatry residency programs. Two are combined psychiatry-family medicine programs and one is a combined psychiatry-internal medicine program.¹

The number of first-year residents in general psychiatry in California increased from 121 to 178 between 2008 and 2019 (47 percent).² The largest growth in the number of psychiatry residents occurred between 2018 and 2019 and was due to the opening of three new general psychiatry programs. Two of the new programs are sponsored by Kaiser Permanente and are located in Oakland and Santa Clara. One new program is sponsored by Olive View – UCLA Medical Center in Los Angeles. Between 2008 and 2019, the number of first-year residents in combined programs increased from four to six residents due to the opening of a new psychiatry – internal medicine program at the University of California, Davis in 2015.

Forty percent of psychiatry residency programs are sponsored by the University of California (UC); 28 percent are sponsored by other public institutions (i.e., county hospitals or county

mental health agencies); 12 percent are sponsored by Kaiser Permanente; and 20 percent are sponsored by other private institutions (i.e., private hospitals or private universities).³

As Figure 1 illustrates, psychiatry residency programs are concentrated in the Greater Bay Area and metropolitan areas in Southern California. There are no psychiatry residency programs in the Central Coast region or north of Sacramento.

Figure 1
Location of Psychiatry Residency Programs, California, 2019

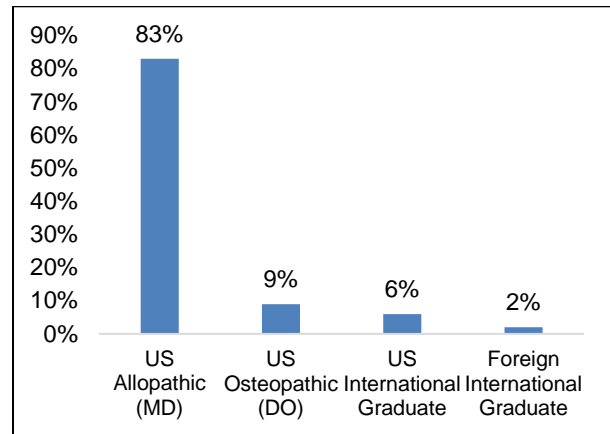


Source: National Resident Matching Program

All of the first-year positions in California psychiatry residency programs that were offered in the National Resident Matching Program (NRMP) in 2019 were filled. During every year of the past decade, 98 to 100 percent of first-year psychiatry residency positions in California that were offered through the match were filled.

Figure 2 displays first-year psychiatry residents by type of medical school attended. Most of these positions (83 percent) were filled by graduates of MD-granting medical schools located in the US. Nine percent of positions were filled by graduates of US DO-granting medical schools, six percent were filled by US citizens or permanent residents who graduated from international medical schools, and two percent were filled by foreign nationals who graduated from international medical schools.⁴

Figure 2
First-Year Psychiatry Residents by Type of Medical School Attended, California, 2019



Source: National Resident Matching Program

PSYCHIATRIST WORKFORCE

Supply

According to the Medical Board of California's records, California had 5,809 psychiatrists in 2015. Approximately 3,900 provided patient care at least 20 hours per week.⁵ Statewide California has a ratio of 16 psychiatrists per 100,000 population. This ratio is slightly higher than the national average (14 psychiatrists per 100,000 population) but California nonetheless has five percent fewer psychiatrists than needed to meet demand.⁶

Geographic Distribution

Ratios of psychiatrists per capita vary widely across California. In 2015, the number of psychiatrists per 100,000 population ranged from a high of 25 per 100,000 population in the Greater Bay Area to a low of 7 per 100,000 population in the San Joaquin Valley.⁷ (A list of counties in each region can be found in the appendix.) The Inland Empire and the San Joaquin Valley have half as many psychiatrists per capita as California overall, which indicates these regions already have severe shortages of psychiatrists. A few small, rural counties (Alpine, Glenn, Lake, Modoc, Plumas, Sierra, and Trinity) had no psychiatrists at all.

Table 1
Ratio of Psychiatrists per 100,000 Population by Region, 2015

Region	Psychiatrists per 100,000 Pop.
Central Coast	15
Greater Bay Area	25
Inland Empire	8
Los Angeles County	15
Northern and Sierra	9
Orange County	10
Sacramento Area	15
San Diego Area	16
San Joaquin Valley	7

Source: Medical Board of California, mandatory survey, 2015; private tabulation.

Acceptance of Health Insurance

Findings from a 2015 survey of California physicians suggest that 77 percent of California psychiatrists have patients with private health insurance. Only 55 percent have any Medicare patients and only 46 percent have any Medi-Cal patients.⁸ Some psychiatrists who do not accept any form of health insurance practice in settings in which providers do not bill insurers, such as correctional facilities, but others only accept patients who can pay for their care out-of-pocket. The survey also found that psychiatrists were less likely to accept new Medi-Cal patients than physicians in any other specialty.⁹

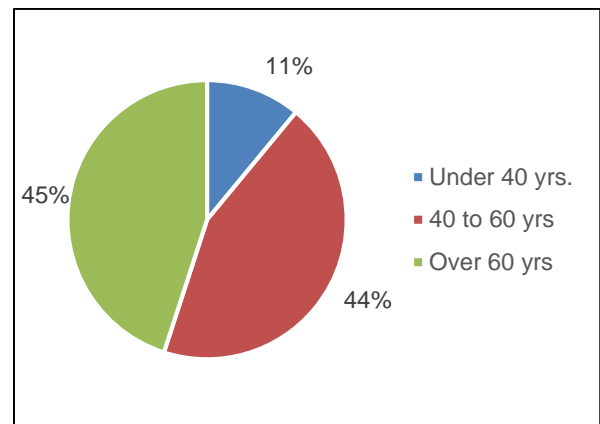
Demographic Characteristics

The racial and ethnic distribution of California's psychiatrists differs substantially from that of the population. In 2015, the percentage of Latinos among psychiatrists was much lower than the percentage of California's population that is Latino (4 percent vs. 38 percent). African-Americans accounted for 6 percent of the population but only 2 percent of psychiatrists.¹⁰

Among all psychiatrists in California in 2015, 63 percent were male and 37 percent were female. Male psychiatrists were older than female psychiatrists, largely due to the increase in the percentage of medical students who are women since the 1970s.¹¹

As Figure 3 indicates, forty-five percent of psychiatrists in California in 2015 were over age 60 years old.¹² Many of them will work fewer hours or retire within the next decade.

Figure 3
California Psychiatrists by Age Group 2015



Source: Medical Board of California, Core License File, May 2015; private tabulation.

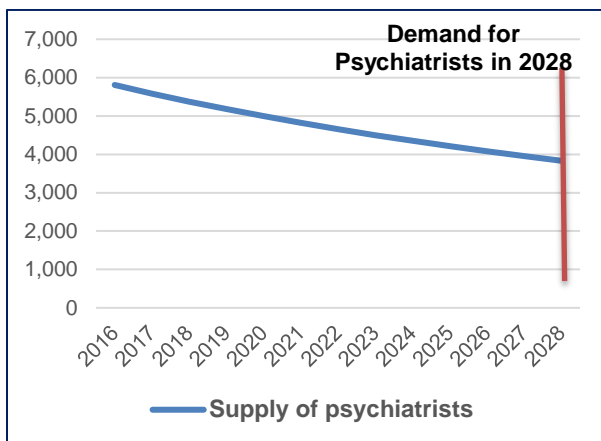
FUTURE SUPPLY AND DEMAND FOR PSYCHIATRISTS

National projections indicate that the United States had 11 percent fewer psychiatrists than the nation needed in 2016 and will have 39

percent fewer psychiatrists than needed to meet demand among adults in 2030, if current patterns of utilization of behavioral health services continue.¹³

Forecasts of supply and demand for psychiatrists in California are consistent with national forecasts and suggest that California will have a severe shortage of psychiatrists. The supply of California psychiatrists in 2028 is projected to be 41 percent lower than the number of needed to maintain current utilization patterns.¹⁴ California is projected to have a supply of 3,833 psychiatrists in 2028 but will need an estimated 6,515 psychiatrists to maintain current access and utilization. Additional psychiatrists will be needed to alleviate unmet demand for psychiatrists. Distribution also needs to improve, particularly in the Inland Empire and the San Joaquin Valley, which already have severe shortages of psychiatrists.

Figure 4
Projected Supply of Psychiatrists in California, 2016 to 2028



Source: Coffman et al., California’s Current and Future Behavioral Health Workforce, 2018.

The projected shortages in California and the US overall are largely due to the aging of the psychiatrist workforce. **The number of new psychiatrists projected to enter the workforce per year is not sufficient to replace psychiatrists who are projected to retire.**¹⁵

The California Future Health Workforce Commission estimated that California would need to train 527 additional first-year psychiatry residents per year from 2025 to 2029 to alleviate 56 percent of the projected shortage of psychiatrists. The Commission assumed, based on historical estimates of migration of physicians to California from other states, that 19 percent of projected demand could be met via migration. The Commission also noted that 25 percent of projected demand for psychiatrists could be met by other health professionals, such as non-physician behavioral health professionals and primary care providers.¹⁶

RECOMMENDATIONS

The California Future Health Workforce Commission recommends that California invest \$741.7 million to achieve the goal of training 527 first-year psychiatry residents per year from 2025 to 2029, of which \$38.4 million would be used to provide start-up funds to hospitals and community health centers that have not previously had residency programs and \$703.3 million would be used to fund new psychiatry residency positions in new programs and existing programs.¹⁷

Given the magnitude of the projected shortage of psychiatrists, the Commission also recommends increasing funding for the UC-Irvine/UC-Davis Train New Trainers Primary Care Psychiatry Fellowship Program to expand the number of participants who practice in safety-net settings. This program trains primary care physicians, physician assistants, and nurse practitioners to identify symptoms of common mental health conditions, to treat people with mild to moderately severe mental health conditions, and to teach their colleagues what they have learned.¹⁸ Primary care providers who complete this training can manage many patients with mental health conditions in partnership with non-physician mental health professionals, freeing up psychiatrists to focus on caring for people with severe conditions. In addition, the Commission recommends developing an online, post-master’s certificate program offered by UC nursing schools to prepare psychiatric mental health nurse

practitioners (PMHNPs) for practice in underserved areas of California. The program was launched in January 2020 and will enroll its first class in fall 2020.¹⁹ Additional funding will be needed to reach the Commission's goal of preparing a total of 300 PMHNPs over five years.

The CalMedForce program is a potential source of funding for expansion of psychiatry residency training in California. Although CalMedForce currently only funds residency programs in emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics/gynecology, Proposition 56 requires that the University of California conduct regular physician workforce assessments. This requirement is intended to provide a means by which Proposition 56 funding could be utilized to expand training for other medical specialties facing (or projected to face) shortages. Psychiatry meets this criterion because many Californians live in areas with existing shortages of psychiatrists and because the state will likely experience a severe shortage in the coming decade unless more psychiatrists are trained to replace those who reach retirement age.

To maximize the number of additional psychiatrists trained and to address well-documented current and future shortages, CalMedForce should assess the feasibility of securing new resources to invest in psychiatry training and to sustain and expand existing programs. Providing existing programs with funding for expansion would be the quickest way to increase the number of psychiatry residents trained. Existing programs are already accredited by the Accreditation Council for Graduate Medical Education (ACGME) and only need to obtain permission to increase the number of residents trained. Consistent with its guidelines for funding residency programs in other specialties, CalMedForce should consider prioritizing funding the expansion of psychiatry

residency programs that serve medically underserved areas and populations.²⁰

CalMedForce should also seek to fund new psychiatry residency programs at hospitals and community health centers that have not previously had residency programs. Existing psychiatry residency programs may not be able to add enough new positions to achieve the goal of training 527 first-year residents per year. In addition, existing programs are concentrated in the Greater Bay Area and urban areas of Southern California. There are only three psychiatry residency programs in the San Joaquin Valley and no programs north of Sacramento or in the Central Coast region. Expanding psychiatry training in these parts of the state will require the establishment of residency programs in "GME naïve" hospitals and community health centers. These facilities will likely need start-up funding to cover costs associated with obtaining accreditation.²¹

Access to future CalMedForce resources to help "GME naïve" hospitals launch residency programs also would enable California to draw down more Medicare funding for residency training. The Balanced Budget Act of 1997, capped the number of residency positions that Medicare paid for in hospitals that operated residency programs in 1996. These teaching hospitals cannot obtain additional Medicare revenue if they expand psychiatry residency programs. In contrast, "GME naïve" hospitals have up to five years from the time a new program is established to reach the cap on the number of residency positions Medicare will fund.²² Thus, investing CalMedForce resources in "GME naïve" hospitals would yield a large return on investment in the form of Medicare funds that would sustain these new residency programs in the future.

Appendix: Counties Included in California Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Source: California Physicians: Surplus or Scarcity. Oakland, CA: California Health Care Foundation, 2014.

References

- ¹ National Resident Matching Program (NRMP). Program Results 2015-2019 Main Residency Match. <https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/04/Program-Result-2015-2019.pdf>
- ² NRMP. Program Results 2015-2019 Main Residency Match.
- ³ NRMP. Program Results 2015-2019 Main Residency Match.
- ⁴ NRMP. 2019 NRMP Main Residency Match: Match Rates by Specialty and State. <https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/04/Match-Rate-by-Specialty-and-State-2019-1.pdf>
- ⁵ Medical Board of California, mandatory survey, private tabulation as cited in Coffman J, Bates T, Geyn I, and Spetz J. California's Current and Future Behavioral Health Workforce, San Francisco: Healthforce Center at UCSF, 2018. <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/California%E2%80%99s%20Current%20and%20Future%20Behavioral%20Health%20Workforce.pdf>
- ⁶ Health Resources and Services Administration (HRSA). 2018. State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030, Rockville, Maryland. https://bhwh.hrsa.gov/sites/default/files/bhw/nc_hwa/projections/state-level-estimates-report-2018.pdf, and U.S Census Bureau. Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2016 (NST-EST2016-01)
- ⁷ Medical Board of California, mandatory survey, private tabulation as cited in Coffman et al., 2018.
- ⁸ Coffman J and Fix M, Physician Participation in Medi-Cal: Is Supply Meeting Demand, Oakland: California Health Care Foundation, 2017. https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/PDF%20PhysicianParticipationMediCal2017_0.pdf
- ⁹ Coffman and Fix, 2017.
- ¹⁰ Medical Board of California, mandatory survey, private tabulation as cited in Coffman et al., 2018.
- ¹¹ Medical Board of California, mandatory survey, private tabulation as cited in Coffman et al, 2018.
- ¹² Medical Board of California, mandatory survey, private tabulation as cited in Coffman et al., 2018.
- ¹³ HRSA. Behavioral Health Workforce Projections, 2016-2030: Psychiatrists (Adult), Child and Adolescent Psychiatrists. Rockville, MD: HRSA, 2018. <https://bhwh.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/Behavioral-Health-Workforce-Projections.pdf>
- ¹⁴ Coffman et al., 2018.
- ¹⁵ Coffman et al., 2018.
- ¹⁶ California Future Health Workforce Commission. Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission, 2019. <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>
- ¹⁷ California Future Health Workforce Commission. Meeting the Demand for Health, 2019.
- ¹⁸ University of California, Irvine, Department of Psychiatry and Human Behavior. Train New Trainers Primary Care Psychiatry Fellowship. <http://www.psychiatry.uci.edu/fellowship/train-new-trainers-primary-care-psychiatry.asp>.
- ¹⁹ California Health Care Foundation. Training Psychiatric Mental Health Nurse Practitioners: University of California Online Certificate Program. <https://www.chcf.org/wp-content/uploads/2020/01/TrainingPsychMentalHealthNPOnlineProgram.pdf>
- ²⁰ Physicians for a Healthy California. CalMedForce Application Cycle 2018-19 Frequently Asked Questions <https://www.phcdocs.org/Portals/0/assets/docs/calhealthcares/CalMedForce-FAQs-2018-19.pdf?ver=2019-05-02-141759-833>
- ²¹ Rittenhouse D, Ament A, and Grumbach K. Guide to Graduate Medical Education Funding in California. Oakland, CA: California Health Care Foundation, 2018. <https://www.chcf.org/wp-content/uploads/2018/08/GuideGraduateMedicalEducationFunding.pdf>
- ²² Rittenhouse, Ament, and Grumbach, 2018.