Florida Department of Health

2009 Florida Physician Workforce Annual Report

In Response to the Provisions of Section 381.4018, Florida Statutes

November 1, 2009

Florida Department of Health • 4052 Bald Cypress Way, Bin C15 • Tallahassee, FL 32399-1735

FLORIDA DEPARTMENT OF HEALTH

To: The Honorable Charlie Crist
The Honorable Jeff Atwater, Senate President
The Honorable Larry Cretul, House Speaker

I am very proud of the progress we have made in addressing access to care issues for Floridians, particularly in our implementation and development of physician workforce issues. In only a few years the progress of the Physician Workforce Survey and the data analysis have already contributed substantially to policy discussions related to the attraction and retention of physicians in Florida. These data are integral to our ability to strategically develop both short and long term plans to assure the ongoing, quality care for all people in Florida. Our work does not stop here though. Per our statutory mandate, the department has actively worked with stakeholders to broaden the scope of physicians' workforce issues and draw in as many community and state partners to participate in dialogue.

This past year I have also had the privilege of meeting with many of our public and private partners. In today's current economic environment working on these collaborations has allowed the state to utilize every resource to meet our goals. The collegial partnerships have resulted in what I feel are some exciting and innovative recommendations to improve Florida's physician workforce. I find the most rewarding experience are not just in the development of these ideas, but in the willingness of those involved in physician workforce development, from the Florida medical school deans to the Florida Hospital Association, to come to the table and offer their time and expertise.

This report is focused on data and analysis of the workforce survey. This tool, developed by experts, is a real attempt to assess the practitioner's practice, specialty and, if applicable, reasons for leaving practice in Florida. Work on the survey has been an adventure in capturing the most pertinent facts to keeping doctors in Florida. I would like to acknowledge Program Administrator, Jessica Rivenbark, whose tireless efforts made this process a success and Deputy Secretary Kimberly A. Berfield for her leadership. This method is very involved and we know that with as much as we have advanced, we still have much opportunity that awaits us. Our next steps will be working with policymakers to implement our recommendations, but also to continue down our path of data analysis by taking the next steps into working more closely with a model that can predict practice patterns of physicians and trend information. This will allow the state to better understand our long-range needs and tailor planning to meet those needs. All of this is happening within inter-agency collaborations and governmental and non-governmental consortiums.

Thank you for taking the time to review this report.

Sincerely,
Ana M. Viamonte-Ros, M.D., M.P.H.
Chairperson, Healthcare Practitioner Ad Hoc Committee
State Surgeon General, Florida Department of Health

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Preface

Pursuant to Sections 381.4018, 458.3192 and 459.0082, Florida Statutes, the Department of Health is responsible for assessing the state's current and future physician workforce needs and preparing an annual report on the physician workforce in Florida. This report is provided to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually on November 1.

The Department presents the 2009 annual report, along with recommendations from the Healthcare Practitioner Ad Hoc Committee. The recommendations are based on the collaborative effort of the committee and do not necessarily represent those of the State Surgeon General or the Florida Department of Health. Also presented in this report is the analysis of the Physician Workforce Survey, which provides data by geographic area and specialty physicians, who:

a. Perform deliveries of children

b. Read mammograms and perform breast-imaging-guided procedures

c. Perform emergency care on an on-call basis for a hospital emergency department

d. Plan to reduce or increase emergency on-call hours in a hospital emergency department

e. Plan to relocate their allopathic or osteopathic practice outside the state

Committee Members

The Department of Health extends a sincere thank you to those who give so generously of their time and talents to ensure the success of physician workforce planning in Florida.

Healthcare Practitioner Ad Hoc Committee:

Douglas Beach, Ph.D., Secretary, Department of Elder Affairs

Mathis L. Becker, M.D., Director of Professional Relations, University of South Florida, Chair, Graduate Medical Education Committee

Robert G. Brooks, M.D., M.B.A., M.P.H., Professor, University of South Florida College of Medicine

Diane Davis Davey, M.D., Assistant Dean, Graduate Medical Education and Professor, University of Central Florida

Liz Dudek, Deputy Secretary, Agency for Health Care Administration

Timothy C. Flynn, M.D., Professor and Associate Dean, University of Florida College of Medicine

Arthur Fournier, M.D., University of Miami College of Medicine, Director University of Miami Area Health Education Center Program

Pascal J. Goldschmidt, M.D., Dean, Senior Vice President University of Miami Leonard M. Miller School of Medicine

Ed Homan, M.D., Representative, Florida House of Representatives

Richard E. LeMon, Ph.D., Board of Governors

David Moorhead, M.D., Chief Medical Officer, Florida Hospital

Jennifer Roberts, Florida Department of Education

Barbara Lea Sharp, M.D., Mori, Bean & Brooks Radiology, P.A.

Anthony Silvagni, D.O., Dean, Nova Southeastern University College of Osteopathic Medicine

George A. W. Smith, M.D., Escambia Community Clinic

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Fernando Valverde, M.D., Associate Dean for Community and Clinical Affairs, Strand Leader for Professional Development, Florida International University

Claude Earl Fox, M.D., MPH, Director, Florida Public Health Institute

Acknowledgements

Staff:

The Florida Department of Health provided staff to support the Committee as well as the Committee meetings. Staff included:

Kimberly A. Berfield, Vice Chair, Deputy Secretary, Florida Department of Health

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Myung H. Jin, Ph.D., M.P.A., Program Consultant, Division of Health Access and Tobacco

Participating Experts:

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Ms. Terry Meek, Executive Director, Council of Florida Medical School Deans

Robert Watson, M.D., Executive Associate Dean for Administrative Affairs, Florida State University College of Medicine

Executive Summary

This report discusses the continued effort of the Healthcare Practitioner Ad Hoc Committee.

This report discusses the continued effort of the Healthcare Practitioner Ad Hoc Committee. The State Surgeon General reappointed the committee to work for another year in order to finalize recommendations on the strategies to address physician workforce development. These recommendations focus on the overall goal of improving access to care in the state by developing primary and specialty care coverage across Florida. The group has focused on three major aspects of workforce development, medical education, graduate medical education and attracting and retaining physicians in Florida.

The Department of Health has worked closely with the Healthcare Practitioner Ad Hoc Committee and the physician workforce stakeholders this past year to refine the data collection and analysis of the physician workforce survey and to build recommendations to address physician workforce development in the state. Through the efforts of the past 5 years, the governmental and nongovernmental stakeholder involvement, and the progress in data collection, the State of Florida has emerged to the forefront nationally in physician workforce efforts.

The physician workforce survey, instituted in 2006 as a voluntary instrument, has evolved into a comprehensive tool for data collection. Working with experts in the field, the department has asked questions of practitioners that will provide critical information to policymakers, allowing consistent and reliable data on practice status, specialty mix and geographic distribution, as well as a better understanding of why physicians are making the decision to retire or leave practice in Florida. This report is an attempt to present a succinct accounting of the 2009 survey results, as well as combined 2008-2009 data. The combined data is a true census of practicing physicians in the state, accounting for all allopathic and osteopathic physicians renewing licenses in the past two years. This number represents over 90% of all physicians currently practicing in the state of Florida.

Interesting survey results at a glimpse include:

- **Of all the allopathic and osteopathic physicians renewing their license,** 99% responded to the survey in 2008 and 2009.
- **There are 56,197 physicians on file** (91% are allopathic & 9% are osteopathic physicians) for use in this analysis.
- **Among the practicing physicians in Florida** who responded to the survey (2008 and 2009):

  Age: Only 5% were in the 24-35 age category, while more than 35% were 56 years or older.

  Gender: 77% (n=29,078) were male.

  Race: White (n=23,856, 65%), Hispanic (n=5,503, 15%), Asians/Pacific Islander (n=4,091, 11%), Black (n=1,637, 4.5%), American Indian (n=42, .1%) and Other (n=1,613, 4.4%).

- **Emergency Call:** Thirty-eight percent of those working in a rural area took emergency call, compared to 33 percent of those in a non-rural area.
- **Obstetrics:** Among those who provide obstetric services (1,984), only 1,037 (52%) physicians indicated they deliver babies.
- **Specialty Areas:** Among the currently practicing physicians in Florida, the top five specialties were: Family Medicine (14.6%), Medical Specialist (14.2%), Surgical Specialist (13.4%), Internal Medicine (12.8%), and Anesthesiology (6.2%).
- **Based on the combination of 2008 and 2009 survey data and the national figure from the Association of American Medical Colleges (AAMC)** 2007 report (people per physician), Florida was lacking a substantial number of physicians in Family Medicine, Internal Medicine, Pediatrics, OB/GYN, General Surgery, Psychiatry, Emergency Medicine, and Neurology per 100,000 population. Direct comparisons for Medical Specialists and Surgical Specialists were not available.

- **Of those physicians who have a Florida license but do not practice medicine** in Florida, the reasons were other reasons made up (32.25), "Not maintaining a full-time residence in Florida" (30.5%), "Planning to move to Florida" (23.8%), "Retired" (11.7%), "Liability" (1.5%), and "Reimbursement" (.4%).
- **Newly licensed physicians are not included in the survey data,** but since January 1, 2007 there have been 7,179 physicians with new licenses. Further analysis will be conducted to categorize those newly licensed physicians to determine if they are residents, interns or fellows and if they have actual clinical practices in Florida.
- **Number of Patients:** About 52% of the practicing physicians indicated that they see 76 or more patients per week.
- **Thirteen point two percent of the physicians** from the 2009 survey indicated that they plan to retire in the next 5 years.
- **Nationally, according to the AAMC 2007data report,** there are 249.7 physicians per 100,000 population and in Florida there are 244.7. These data are from the American Medical Association Masterfile, and consider an active physician as one who has a license and works in patient care more than 20 hours per week.

The Physician workforce initiative in Florida has many opportunities to take significant next steps. Future progress includes the continuation of the ad hoc committee's efforts; working with the department's partners in healthcare workforce development is the most direct path to continuing the progress made, as it encourages collaborations and consortia aimed at the best use of resources to meet the state's goals. In addition, the department has actively been exploring options to improve workforce development by evaluating funding sources and working on policy development.

Finally, the continued progression of the workforce survey and data analysis will grow to include the potential to forecast physician practice status and understand trends in the state over time. This forecasting will be a key piece in furthering strategic planning and resource development, supported by accurate and complete data. While additional data is needed for trends, this report will offer the precursor to forecasting by providing the overall statistics and reporting for this year.

Introduction

The Department of Health has worked for the past 5 years on the development and implementation of a comprehensive physician workforce initiative. This effort, per the legislative intent of section 381.4018, Florida Statutes, has included a comprehensive look at strategies to address Florida's physician workforce. The Department of Health, in consultation with governmental and nongovernmental stakeholders, has worked to assess and develop the physician workforce through data analysis and a discussion of strategies to address opportunities for growth and development. These strategies should target three main areas of: medical education, graduate medical education and attracting and retaining physicians in Florida. This report will focus on the results from the workforce survey and a discussion of the Healthcare Practitioner Ad Hoc Committee's work and recommendations.

Method

SAMPLE AND STUDY DESIGN

The Physician Workforce Survey is a direct attempt to address the concern of policymakers and stakeholders regarding the availability of data needed to assess the adequacy of the physician workforce by geographic distribution and specialty mix. The survey is a compilation of questions asking specifics of a physician's practice status and projected changes to practice, coupled with demographic information from the statutorily mandated Practitioner Profile. These data create the basis for a centralized repository for a statewide health workforce data system that offers a source of valid data to make policy decisions that impact access to quality care for Floridians.

For the purpose of analysis, this report includes physicians who met the following inclusion criteria:

- **Practice address in Florida**
- **Doctorate of Medicine (M.D.) or Doctorate of Osteopathy (D.O.)**
- **Primary work location in Florida**
- **Primary specialty of clinical practice**
- **Practiced medicine at any time during the year in Florida**
- **Currently not enrolled in an internship, residency, or fellowship program at the time of survey**

Physicians with missing data for primary specialty area of clinical practice were retained because it is possible they have a primary specialty area of clinical practice. Physicians with missing information for primary work location were also retained because it is possible they have a primary work location in Florida. The subsequent analyses are based on these criteria unless otherwise specified. The total counts may differ between tables and/or figures in this report, as a result of missing information in the data file. For example, to determine the percentage of active physicians who are male, the total number of active physicians excludes people whose gender was not reported in the data file.

SURVEY INSTRUMENT

The survey was developed by the Department in collaboration with the Healthcare Practitioner Ad Hoc Committee Members. The reporting for this annual report includes the 2007-2008 (half of MD & all DO) and the 2008-2009 (half of MD only) physician renewal cycle, which represents all allopathic and osteopathic physicians renewing licenses during this two year period. The surveys were incorporated in the online physician license renewal web site, by connecting to the survey and printing the paper format to return with the renewal document, or as a stand-alone document. Paper surveys were then entered into the system. The survey was reworked from the original voluntary survey (from 2007) with physician workforce stakeholders, including the medical schools, graduate medical education representatives, the Florida Medical Association, Florida Osteopathic Medical Association, the Florida Hospital Association, other governmental agencies, physician specialty groups including the Radiological Society, the Florida Society of Obstetrics and Gynecology, emergency physicians groups, and many others.

The analysis comes from a combination of the 2008 and 2009 mandatory physician workforce surveys, which consisted of 12 core questions for the 2008 (half of MD and all DO) and 18 core questions for the 2009 (half of MD only) that inquired about the physician's duration of practice in a given year, their county of practice, medical specialty, allotment of work hours per week, number of patients serviced per week, type of work settings, coverage of emergency departments, coverage of Medicare and Medicaid for new patients, and plans to retire, relocate, or reduce work within the next five years. A series of specialty questions, directed by statute, for physicians taking emergency call, radiologists, and obstetrics/gynecologists, are also included in this report. The list of specialty questions were expanded for the 2009 survey.

DATA ANALYSIS

The Department of Health is reporting on a combined database of both the 2008 and 2009 physician workforce survey, and the physician profile data provided by the Division of Medical Quality Assurance, incorporated into the physician renewal cycle. These data represent almost all allopathic and osteopathic physicians renewing their licenses in the state of Florida. This will be the first major report that will uniquely address the current state of the entire physician workforce in the state of Florida. Additional new items that were developed in the 2009 physician workforce survey (half of MD only) are also added in this year's 2009 report.

Based on the intent of section 381.4018, Florida Statute, the Department of Health has worked to provide detailed information from the survey using the additional resources of the State's Physician Practitioner Profile, mandated in sections 456.039, 456.041, 456.043 & 456.045, F.S. The combination of data sets allows the department to include demographic, medical education and additional information to create a more comprehensive overview of the workforce landscape.

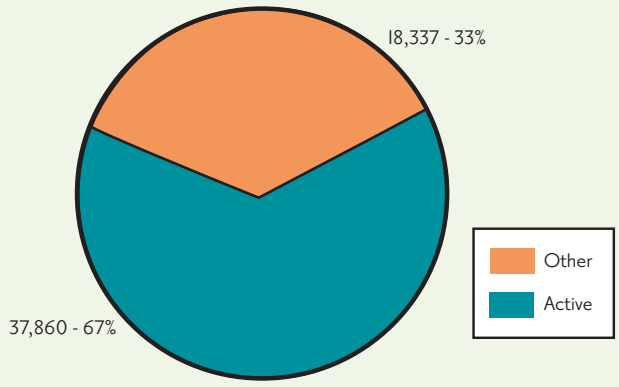
As part of the analysis conducted in this report, and under the guidance and expertise of the Healthcare Practitioner Ad Hoc Committee, there were decisions made in reporting the data in a succinct and direct manner. One of these decisions was the combination of similar specialties to collapse categories for reporting. Descriptions of each code are available in the survey questionnaire:

- **Family Medicine: 120, 127, 125**
- **Internal Medicine: 140, 151**
- **Pediatrics: 320, 321, 333**
- **Pediatric Subspecialist: 329, 325, 323, 324, 326, 332, 327, 335, 328, 330, 331, 336, 288, 485, 114, 185, 042, 346**
- **OB/GYN: 220**
- **Medical Specialist: 020, 141, 154, 142, 143, 144, 145, 155, 146, 152, 148, 147, 149, 156, 150, 157, 520**
- **General Surgery: 440**
- **Surgical Specialist: 060, 160, 240, 260, 261, 262, 263, 270, 268, 267, 269, 265, 280, 360, 361, 363, 443, 445, 442, 450, 460, 480**
- **Psychiatry: 400, 401, 405, 406, 407, 402, 409**
- **Radiology: 420, 421, 429, 422, 426, 423, 425, 424, 427**
- **Emergency Medicine: 110, 118, 116, 119**
- **Pathology: 300, 305, 306, 307, 310, 311, 314, 315, 316, 301**
- **Dermatology: 080, 100, 081**
- **Neurology: 180, 187, 183, 186, 181, 188**
- **Anesthesiology: 040, 045, 048**
- **Other: 345, 380, 399, 398, 430, 999**

SECTION I: Results of Combined 2008 and 2009 Physician Workforce Data

Of 56,197 total physicians on file for 2008 and 2009 (91% are allopathic, and 9% are osteopathic physicians), only 67.4% (n=37,860) were currently practicing in Florida (see Figure 1-1).[1]

Figure I-1. Distribution of Physicians by Status



Source: Statewide Physician Workforce Survey (2008-2009), Florida Department of Health

[1] The definition of 'active' physician is based on those who indicated in the survey that they practice any time during the year in Florida, with valid practice address and a specialty of clinical practice. For the purpose of analysis, those who were in training (internship, residency, or fellowship) were not included here.

SECTION IA: Demographic Profile of Active Physicians (Combined 2008 and 2009)

Table 1a-1 presents the basic demographic profile of the active, practicing physicians who underwent relicensure and responded to the survey in 2008 and 2009. The sample was 77% male. By profession, 92% were allopathic physicians. The vast majority of physicians were clustered in Broward, Dade, Duval, Hillsborough, and Orange Counties. The top three specialties by the number of physicians were family medicine (15%), medical specialist (14%), and surgical specialist (13%). In order to maintain anonymity, those counties with less than 8 physicians are marked as an "*".

Table 1a-1. Demographic characteristics of the active physicians (N = 37,860)

Category		N		Category		N	%
Gender	Male	29078	76.86	**County**	ALACHUA	1168	3.15
	Female	8754	23.14		BAKER	51	0.14
	Total	37832	100		BAY	309	0.83
					BRADFORD	30	0.08
Profession	MD	34813	91.95		BREVARD	1137	3.07
	DO	3047	8.05		BROWARD	4033	10.89
	Total	37860	100		CALHOUN	8	0.02
					CHARLOTTE	361	0.97
Age	24-35	1909	5.07		CITRUS	228	0.62
	36-45	9758	25.92		CLAY	266	0.72
	46-55	12591	33.44		COLLIER	701	1.89
	56-65	8717	23.15		COLUMBIA	115	0.31
	66-75	3750	9.96		DADE	5513	14.88
	76-85	849	2.25		DESOTO	32	0.09
	86-98	78	0.21		DIXIE	*	0.02
	Total	37652	100		DUVAL	2158	5.82
					ESCAMBIA	715	1.93
Race	American Indian	42	0.11		FLAGLER	101	0.27
	Asians/Pacific Islander	4091	11.13		FRANKLIN	8	0.02
	Black	1637	4.46		GADSDEN	51	0.14
	Hispanic	5503	14.98		GILCHRIST	*	0.02
	Other	1613	4.39		GLADES	*	0.01
	White	23856	64.93		GULF	*	0.02
	Total	36742	100		HAMILTON	*	0.02
					HARDEE	19	0.05
Specialty	Anesthesiology	2149	6.21		HENDRY	23	0.06
	Dermatology	792	2.29		HERNANDO	290	0.78
	Emergency Medicine	1796	5.19		HIGHLANDS	165	0.45
	Family Medicine	5062	14.64		HILLSBOROUGH	2824	7.62
	General Surgery	867	2.51		HOLMES	12	0.03
	Internal Medicine	4412	12.76		INDIAN RIVER	318	0.86
	Medical Specialist	4896	14.16		JACKSON	43	0.12
	Neurology	757	2.19		JEFFERSON	*	0.02
	OB/GYN	1663	4.81		LAFAYETTE	*	0.01
	Other	824	2.38		LAKE	519	1.4
	Pathology	732	2.12		LEE	1009	2.72
	Pediatric Subspecialist	909	2.63		LEON	528	1.43
	Pediatrics	2045	5.91		LEVY	15	0.04
	Psychiatry	1638	4.74		LIBERTY	*	0.01
	Radiology	1403	4.06		MADISON	12	0.03
	Surgical Specialist	4640	13.42		MANATEE	489	1.32
	Total	34585	100.02		MARION	497	1.34
					MARTIN	327	0.88
					MONROE	148	0.4
					NASSAU	56	0.15
					OKALOOSA	355	0.96
					OKEECHOBEE	56	0.15
					ORANGE	2165	5.84
					OSCEOLA	289	0.78
					PALM BEACH	2987	8.06
	(Continued next page)				PASCO	614	1.66
					PINELLAS	2190	5.91

Table 1a-1. Demographic characteristics of the active physicians (N = 37,860)							
Category		N		Category		N	%
	(Continued from previous page)			County	POLK	849	2.29
					PUTNAM	75	0.2
					SANTA ROSA	128	0.35
					SARASOTA	932	2.52
					SEMINOLE	493	1.33
					ST. JOHNS	245	0.66
					ST. LUCIE	314	0.85
					SUMTER	69	0.19
					SUWANNEE	17	0.05
					TAYLOR	16	0.04
					UNION	19	0.05
					VOLUSIA	840	2.27
					WAKULLA	8	0.02
					WALTON	56	0.15
					WASHINGTON	12	0.03
					Total	37049	100

Demographic Breakdown by Age Category

Tables 1a-1 presents age distribution by gender. Substantial variations in gender were noted by age group, as physicians were more likely to be male as they got older. While 46% of those in the 24-35 age group were female, the gap by gender widened as physicians got older, with only 1% of physicians being female in the 86-98 age group.

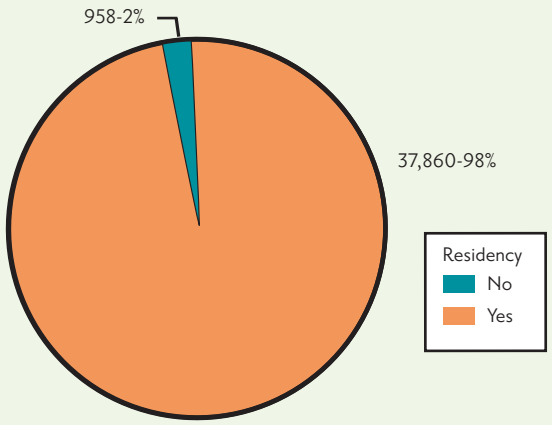
Table 1a-2. Gender by Age

			GENDER		TOTAL
			F	M	
Age Category	24-35	Count	882	1027	1909
		Percent	46.2%	53.8%	100.0%
	36-45	Count	3188	6570	9758
		Percent	32.7%	67.3%	100.0%
	46-55	Count	2948	9643	12591
		Percent	23.4%	76.6%	100.0%
	56-65	Count	1334	7383	8717
		Percent	15.3%	84.7%	100.0%
	66-75	Count	341	3409	3750
		Percent	9.1%	90.9%	100.0%
	76-85	Count	45	804	849
		Percent	5.3%	94.7%	100.0%
	86-98	Count	1	77	78
		Percent	1.3%	98.7%	100.0%
TOTAL		Count	8739	28913	37652
		Percent	23.2%	76.8%	100.0%

SECTION IB: Characteristics of Physicians Currently Enrolled in Residency

Of those who indicated that they practice in Florida with valid practice address and a specialty of clinical practice in Florida, 2.5% (n=958) were currently enrolled in an internship, residency, or fellowship program (see Figure 1b-1).[2]

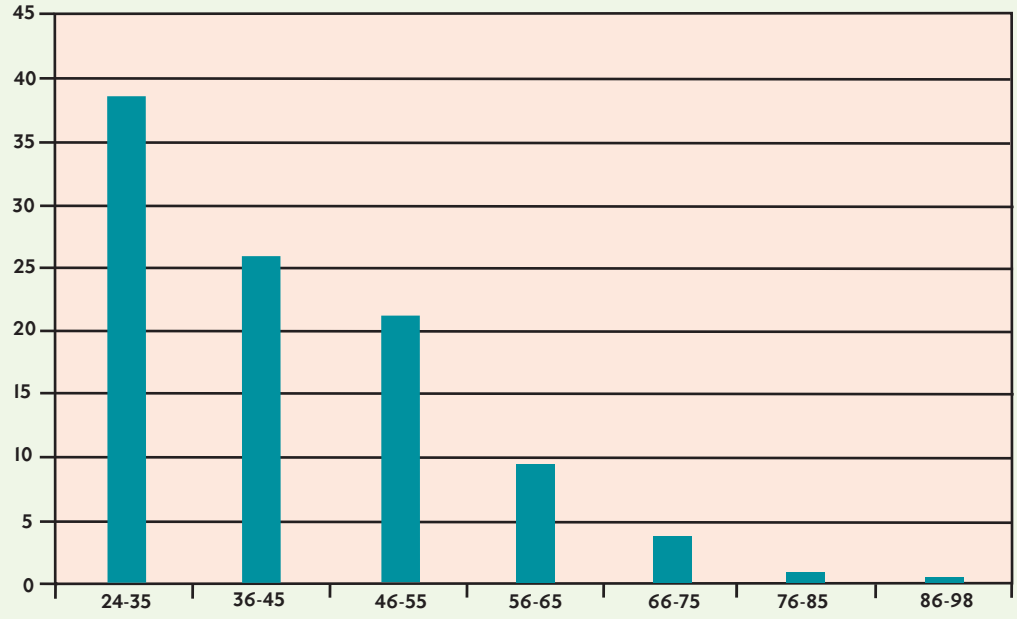
Figure Ib-1. Physicians Currently Enroled in Residency



Source: Physician Workforce Survey (2008, 2009)

Of those physicians in residency by age (Figure 1b-2), more than 35% were 46 or older.

Figure Ib-2. Distribution of Physicians in Residency by Age

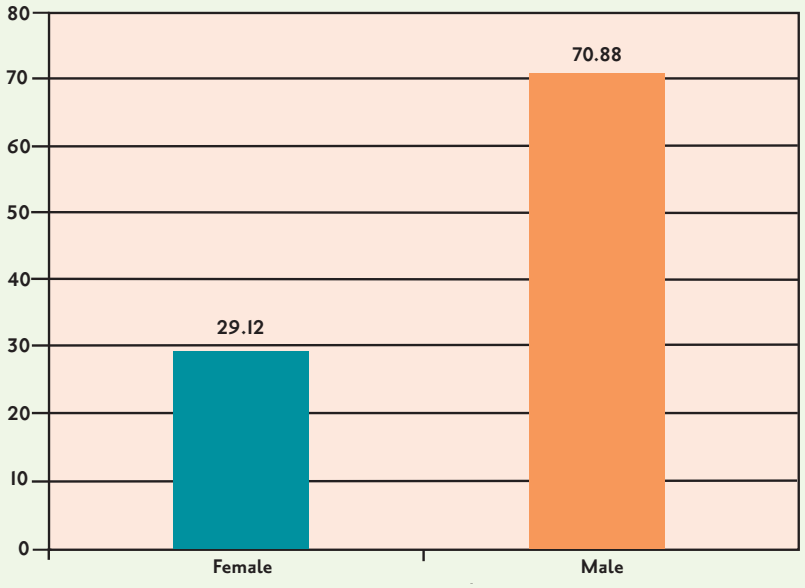


Source: Physician Workforce Survey (2008 & 2009)

[2] The figure is from the combined survey data of 2008 and 2009, which includes all relicensing MDs and DOs in Florida.

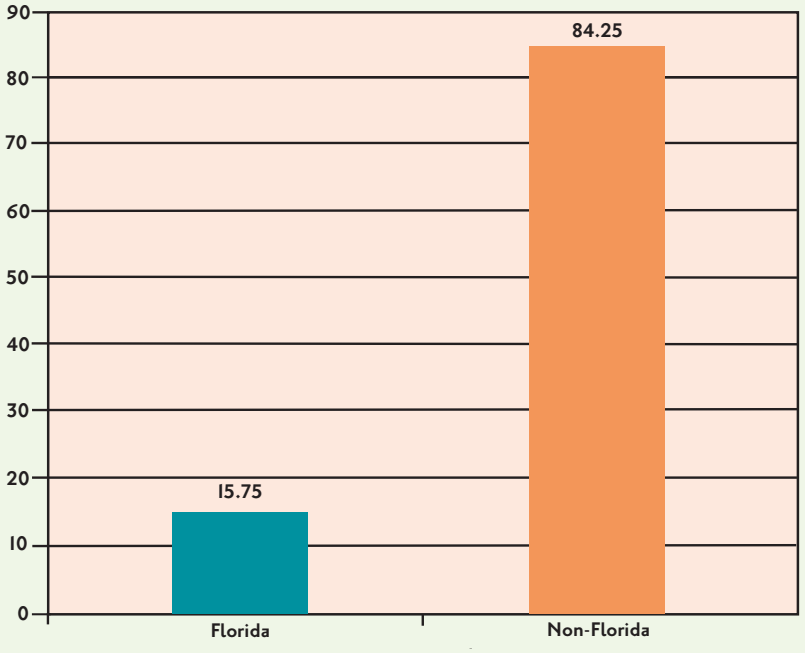
Gender distribution for physicians in training (Figure 1b-3) was similar to the gender ratio of active physicians, with 71% representing male physicians (n=958). Also, more than 84% of those currently in residency or fellowship programs graduated from medical schools that were not in Florida (see Figure 1b-4, n=838).

Figure 1b-3. Distribution of Physicians in Residency by Gender



Source: Combined Physician Workforce Survey (2008 & 2009)

Figure 1b-4. Distribution of Physicians in Residency by Medical School

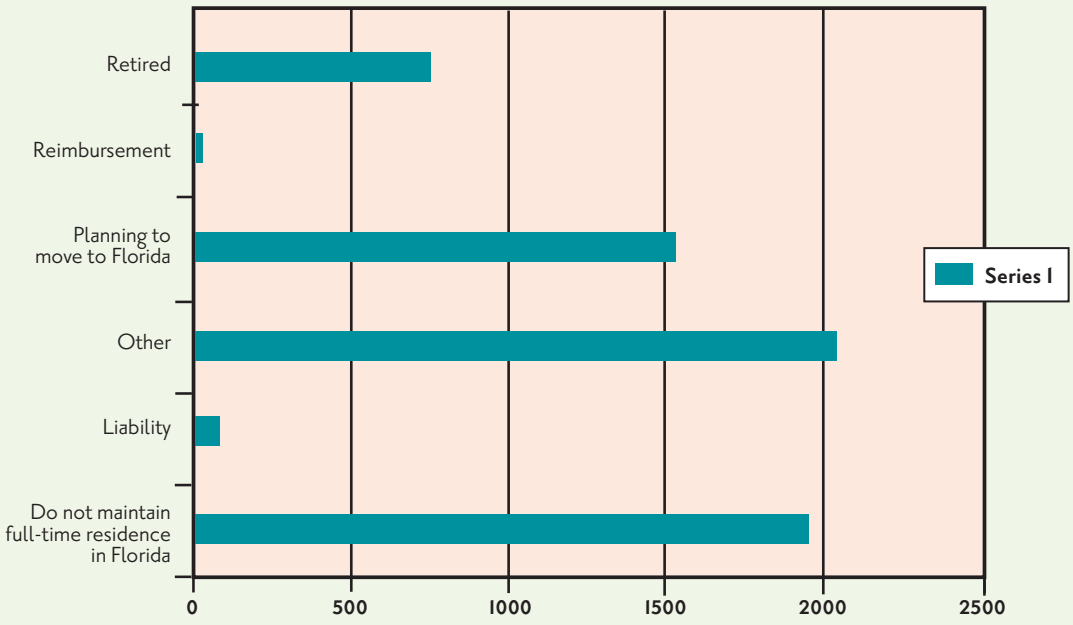


Source: Combined Physician Workforce Survey (2008 & 2009)

SECTION 2A: Demographic Profile of Physicians Who Have a License, but Do Not Practice in Florida

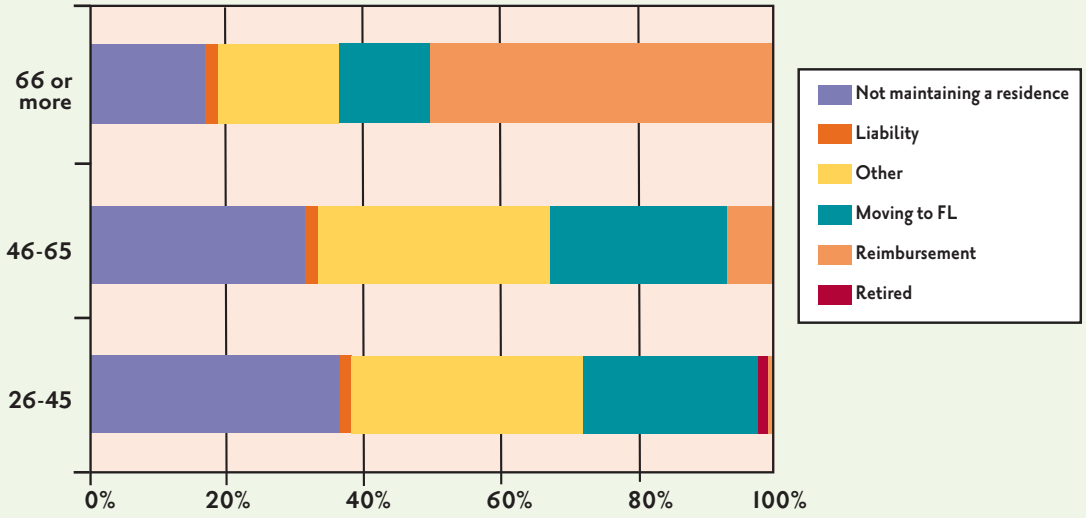
When asked to indicate the main reason they have a Florida license but do not practice medicine in Florida, of identifiable cases (n = 18,337), 30.5% cited not maintaining a full-time residence in Florida was the main reason (see Figure 2a-1).[3] Those citing liability or reimbursement as reasons for not practicing in Florida made up less than 2% in total. Figure 2a-2 represents the main reasons that those having a license but are not practicing in Florida by age.

Figure 2a-1. Main Reason for Having a Florida License but Not Practicing in the State



Source: Statewide Physician Workforce Survey (2008 & 2009)

Figure 2a-2. Reasons for Not Practicing in Florida by Age



Source: Statewide Physician Workforce Survey (2009, 1/2 MD)

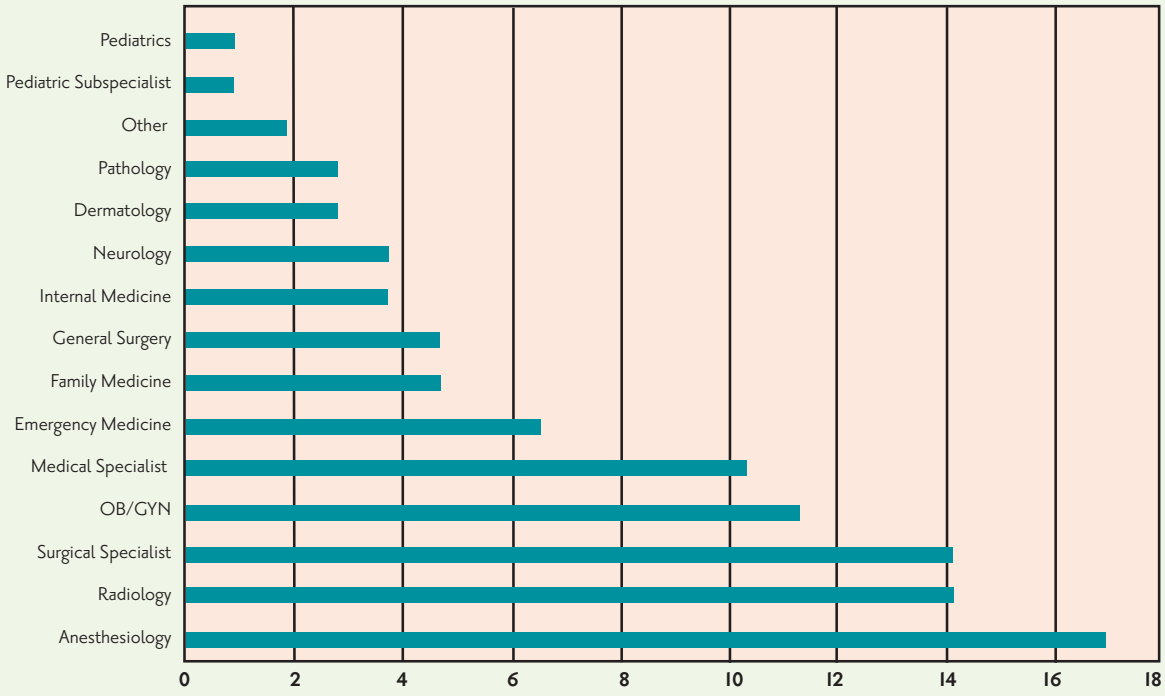
[3] Includes ½ allopathic physicians who participated in the 2009 survey. The figure excludes 94 missing cases.

As Figure 2a-3 shows those not actively practicing in Florida but having a Florida license by specialty (n=5,691). Figure 2a-4 represents those who cited either liability or reimbursement as the main reason for not practicing in Florida (n = 106), the bulk of physicians were anesthesiologists (16.98%), followed by radiologists (14.15%), surgical specialists (14.15%), obstetricians/gynecologists (11.32%), and medical specialists (10.38%).

Figure 2a-3. Physicians Not Activly Practicing in Florida by Specialty Area

Source: Statewide Physician Workforce Survey, 2009

Figure 2a-4. Physicians Who Cited Reimbursement or Liability as the Main Reason for Not Practicing in Florida by Specialty

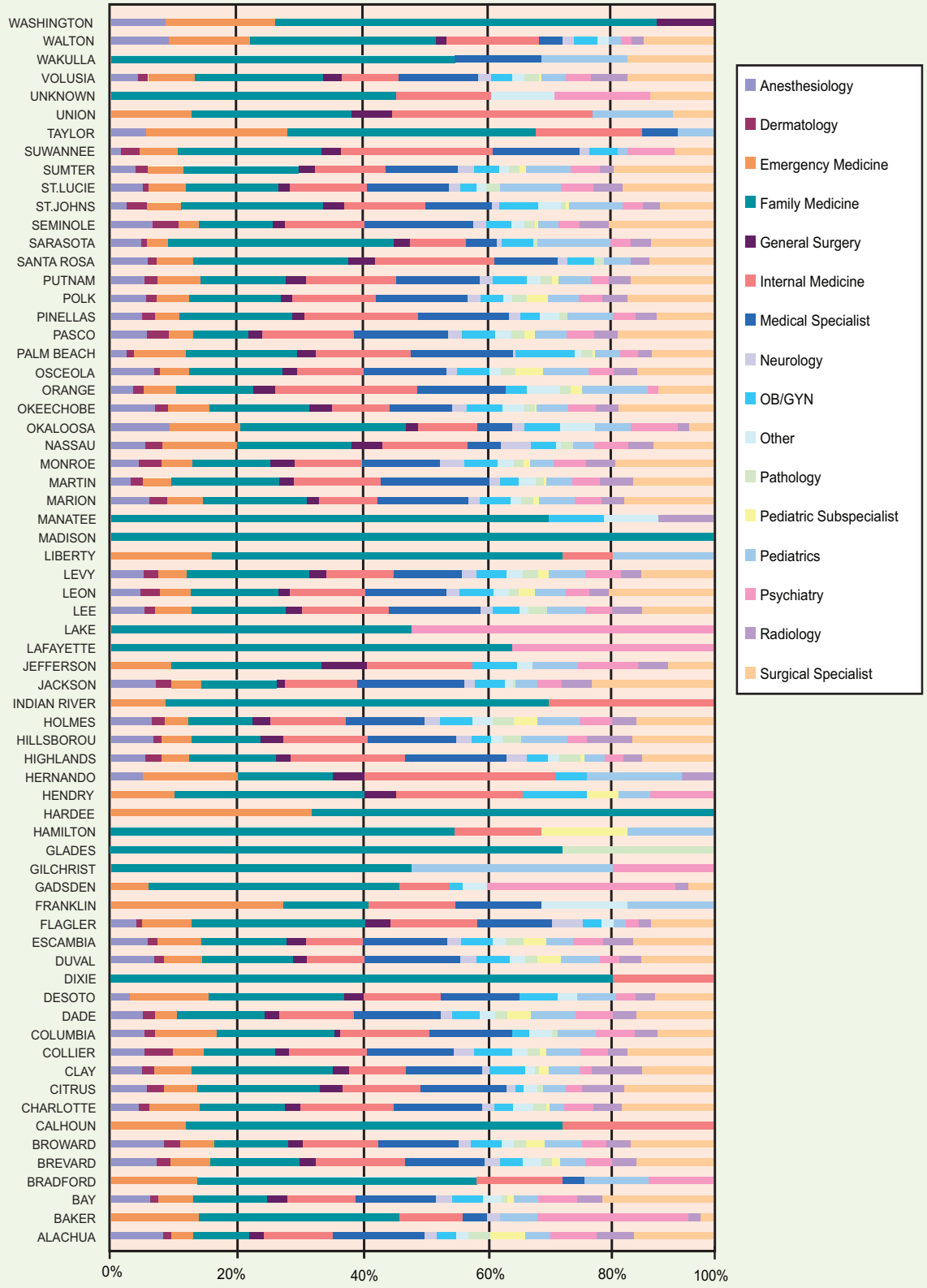


Source: Statewide Physician Workforce Survey (2009, 1/2 MD)

SECTION 2B: Characteristics of Physicians by Primary Work Locations and Specialty Areas

Interesting characteristics by county were observed in specialty areas.

Figure 2b-1. Distribution of Specialty by Location



Source: Physician Workforce Survey, 2009

The new 2009 survey looked at the distribution of primary work locations and hours associated with it per week.[4] Due to the fact that many physicians practice in more than one location, claiming that a physician works full-time or part-time based on the hours assigned for the one primary work location is difficult.

Table 2b-1. Total Hours Per Week By Practice Location

		HOURS PER WEEK						
		0-10	11-20	21-30	31-40	41-50	More than 50	Total
ALACHUA	Count	41	35	38	84	129	242	569
	Percent	7.21	6.15	6.68	14.76	22.67	42.53	
BAKER	Count	1	3	0	9	7	2	22
	Percent	4.55	13.64	0	40.91	31.82	9.09	
BAY	Count	11	9	10	24	31	59	144
	Percent	7.64	6.25	6.94	16.67	21.53	40.97	
BRADFORD	Count	1	0	1	4	3	0	9
	Percent	11.11	0	11.11	44.44	33.33	0	
BREVARD	Count	29	24	29	98	127	173	480
	Percent	6.04	5	6.04	20.42	26.46	36.04	
BROWARD	Count	104	115	131	377	382	560	1669
	Percent	6.23	6.89	7.85	22.59	22.89	33.55	
CALHOUN	Count	0	0	0	2	1	0	3
	Percent	0	0	0	66.67	33.33	0	
CHARLOTTE	Count	9	7	10	22	32	50	130
	Percent	6.92	5.38	7.69	16.92	24.62	38.46	
CITRUS	Count	4	5	4	17	21	28	79
	Percent	5.06	6.33	5.06	21.52	26.58	35.44	
CLAY	Count	5	4	1	17	25	47	99
	Percent	5.05	4.04	1.01	17.17	25.25	47.47	
COLLIER	Count	20	23	22	49	87	116	317
	Percent	6.31	7.26	6.94	15.46	27.44	36.59	
COLUMBIA	Count	1	1	2	21	15	11	51
	Percent	1.96	1.96	3.92	41.18	29.41	21.57	
DADE	Count	169	158	190	507	554	861	2439
	Percent	6.93	6.48	7.79	20.79	22.71	35.3	
DESOTO	Count	1	1	3	0	3	8	16
	Percent	6.25	6.25	18.75	0	18.75	50	
DIXIE	Count	0	1	0	0	1	1	3
	Percent	0	33.33	0	0	33.33	33.33	
DUVAL	Count	50	40	72	183	229	347	921
	Percent	5.43	4.34	7.82	19.87	24.86	37.68	
ESCAMBIA	Count	19	13	19	53	83	118	305
	Percent	6.23	4.26	6.23	17.38	27.21	38.69	
FLAGLER	Count	0	5	1	7	8	17	38
	Percent	0	13.16	2.63	18.42	21.05	44.74	
FRANKLIN	Count	1	1	1	0	1	2	6
	Percent	16.67	16.67	16.67	0	16.67	33.33	
GADSDEN	Count	2	1	0	21	3	2	29
	Percent	6.9	3.45	0	72.41	10.34	6.9	
GILCHRIST	Count	0	0	0	1	0	0	1
	Percent	0	0	0	100	0	0	
GLADES	Count	1	0	0	0	0	0	1
	Percent	100	0	0	0	0	0	
HAMILTON	Count	0	0	0	0	2	0	2
	Percent	0	0	0	0	100	0	
HARDEE	Count	1	1	0	3	1	1	7
	Percent	14.29	14.29	0	42.86	14.29	14.29	
HENDRY	Count	1	1	2	4	2	4	14
	Percent	7.14	7.14	14.29	28.57	14.29	28.57	
HERNANDO	Count	5	6	3	18	22	52	106
	Percent	4.72	5.66	2.83	16.98	20.75	49.06	
HIGHLANDS	Count	3	2	5	12	32	30	84
	Percent	3.57	2.38	5.95	14.29	38.1	35.71	

(Continued next page)

[4] The coding and intervals used for the categories of hours per week in 2009 survey were different but more extensive than the 2008 survey. Thus, for the purpose of analysis, the method used in the 2009 survey was used to examine the work hours associated with each county and specialty area.

Table 2b-1. Total Hours Per Week By Practice Location (Continued from previous page)								
		HOURS PER WEEK						
		0-10	11-20	21-30	31-40	41-50	More than 50	Total
HILLSBOROUGH	Count	62	62	99	238	311	435	1207
	Percent	5.14	5.14	8.2	19.72	25.77	36.04	
HOLMES	Count	0	1	1	0	1	0	3
	Percent	0	33.33	33.33	0	33.33	0	
INDIAN RIVER	Count	13	4	12	30	31	53	143
	Percent	9.09	2.8	8.39	20.98	21.68	37.06	
JACKSON	Count	0	0	0	3	8	7	18
	Percent	0	0	0	16.67	44.44	38.89	
JEFFERSON	Count	0	0	0	2	0	1	3
	Percent	0	0	0	66.67	0	33.33	
LAFAYETTE	Count	0	1	0	0	0	0	1
	Percent	0	100	0	0	0	0	
LAKE	Count	6	10	23	43	70	93	245
	Percent	2.45	4.08	9.39	17.55	28.57	37.96	
LEE	Count	21	20	22	89	134	117	403
	Percent	5.21	4.96	5.46	22.08	33.25	29.03	
LEON	Count	18	11	13	51	61	75	229
	Percent	7.86	4.8	5.68	22.27	26.64	32.75	
LEVY	Count	0	1	1	1	1	2	6
	Percent	0	16.67	16.67	16.67	16.67	33.33	
LIBERTY	Count	0	0	0	0	0	0	0
	Percent	.	.	.	.	.	.	
MADISON	Count	2	1	0	0	1	1	5
	Percent	40	20	0	0	20	20	
MANATEE	Count	11	15	11	28	54	87	206
	Percent	5.34	7.28	5.34	13.59	26.21	42.23	
MARION	Count	7	9	8	47	51	81	203
	Percent	3.45	4.43	3.94	23.15	25.12	39.9	
MARTIN	Count	8	6	12	29	36	52	143
	Percent	5.59	4.2	8.39	20.28	25.17	36.36	
MONROE	Count	8	5	6	11	11	23	64
	Percent	12.5	7.81	9.38	17.19	17.19	35.94	
NASSAU	Count	2	2	1	7	4	10	26
	Percent	7.69	7.69	3.85	26.92	15.38	38.46	
OKALOOSA	Count	6	7	14	21	44	68	160
	Percent	3.75	4.38	8.75	13.13	27.5	42.5	
OKEECHOBEE	Count	0	1	1	8	8	9	27
	Percent	0	3.7	3.7	29.63	29.63	33.33	
ORANGE	Count	62	44	62	183	238	359	948
	Percent	6.54	4.64	6.54	19.3	25.11	37.87	
OSCEOLA	Count	4	8	7	24	44	42	129
	Percent	3.1	6.2	5.43	18.6	34.11	32.56	
PALM BEACH	Count	88	81	92	221	301	462	1245
	Percent	7.07	6.51	7.39	17.75	24.18	37.11	
PASCO	Count	8	16	13	68	82	86	273
	Percent	2.93	5.86	4.76	24.91	30.04	31.5	
PINELLAS	Count	58	59	69	163	223	335	907
	Percent	6.39	6.5	7.61	17.97	24.59	36.93	
POLK	Count	6	26	32	82	78	125	349
	Percent	1.72	7.45	9.17	23.5	22.35	35.82	
PUTNAM	Count	0	0	0	9	12	12	33
	Percent	0	0	0	27.27	36.36	36.36	
SANTA ROSA	Count	3	4	2	12	15	23	59
	Percent	5.08	6.78	3.39	20.34	25.42	38.98	

(Continued next page)

Table 2b-1. Total Hours Per Week By Practice Location (Continued from previous page)								
		HOURS PER WEEK						
		0-10	11-20	21-30	31-40	41-50	More than 50	Total
SARASOTA	Count	33	30	37	66	89	150	405
	Percent	8.15	7.41	9.14	16.3	21.98	37.04	
SEMINOLE	Count	7	16	8	49	56	75	211
	Percent	3.32	7.58	3.79	23.22	26.54	35.55	
ST.JOHNS	Count	7	11	4	25	22	45	114
	Percent	6.14	9.65	3.51	21.93	19.3	39.47	
ST.LUCIE	Count	8	2	14	33	35	56	148
	Percent	5.41	1.35	9.46	22.3	23.65	37.84	
SUMTER	Count	0	1	3	11	10	8	33
	Percent	0	3.03	9.09	33.33	30.3	24.24	
SUWANNEE	Count	1	0	0	2	2	0	5
	Percent	20	0	0	40	40	0	
TAYLOR	Count	1	0	0	0	0	4	5
	Percent	20	0	0	0	0	80	
UNION	Count	0	0	1	2	2	0	5
	Percent	0	0	20	40	40	0	
UNKNOWN	Count	0	0	0	7	3	0	10
	Percent	0	0	0	70	30	0	
VOLUSIA	Count	19	23	23	70	94	131	360
	Percent	5.28	6.39	6.39	19.44	26.11	36.39	
WAKULLA	Count	0	0	0	0	0	1	1
	Percent	0	0	0	0	0	100	
WALTON	Count	2	0	0	6	3	8	19
	Percent	10.53	0	0	31.58	15.79	42.11	
WASHINGTON	Count	0	0	0	1	3	3	7
	Percent	0	0	0	14.29	42.86	42.86	
Total		950	933	1135	3175	3939	5770	15902
Frequency Missing = 1102								

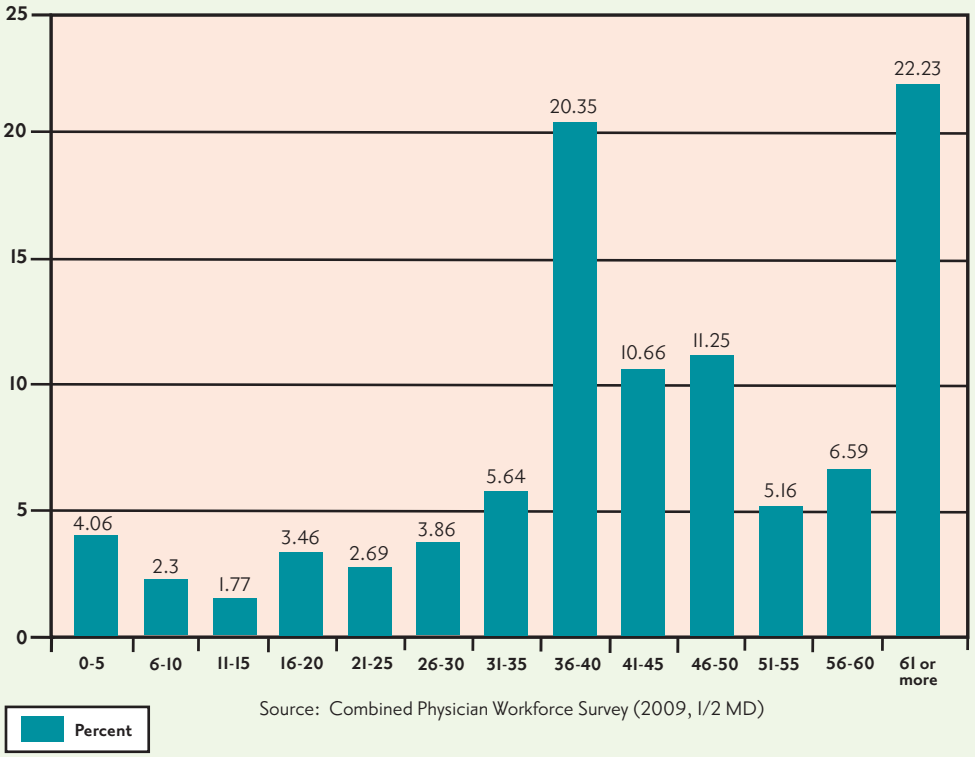
When referring to "specialty," it means a primary specialty that is considered to be the main areas of clinical practice for the physician.

Table 2b-2. Total Hours Per Week By Specialty							
	HOURS PER WEEK						
SPECIALTY	0-10	11-20	21-30	31-40	41-50	More than 50	Total
Anesthesiology	40	35	51	230	217	414	987
	4.05	3.55	5.17	23.3	21.99	41.95	
Dermatology	17	31	44	124	78	54	348
	4.89	8.91	12.64	35.63	22.41	15.52	
Emergency Medicine	26	27	58	300	218	119	748
	3.48	3.61	7.75	40.11	29.14	15.91	
Family Medicine	170	133	125	409	527	519	1883
	9.03	7.06	6.64	21.72	27.99	27.56	
General Surgery	29	15	29	39	61	213	386
	7.51	3.89	7.51	10.1	15.8	55.18	
Internal Medicine	68	101	95	263	412	682	1621
	4.19	6.23	5.86	16.22	25.42	42.07	
Medical Specialist	97	88	133	315	494	1188	2315
	4.19	3.8	5.75	13.61	21.34	51.32	
Neurology	20	24	29	59	75	126	333
	6.01	7.21	8.71	17.72	22.52	37.84	
OB/GYN	33	21	37	108	171	342	712
	4.63	2.95	5.2	15.17	24.02	48.03	
Other	20	16	12	44	63	60	215
	9.3	7.44	5.58	20.47	29.3	27.91	
Pathology	19	14	25	69	132	89	348
	5.46	4.02	7.18	19.83	37.93	25.57	
Pediatric Subspecialist	15	13	15	54	101	217	415
	3.61	3.13	3.61	13.01	24.34	52.29	
Pediatrics	47	60	62	276	284	173	902
	5.21	6.65	6.87	30.6	31.49	19.18	
Psychiatry	52	82	97	203	159	145	738
	7.05	11.11	13.14	27.51	21.54	19.65	
Radiology	38	56	72	104	142	163	575
	6.61	9.74	12.52	18.09	24.7	28.35	
Surgical Specialist	167	116	130	376	466	885	2140
	7.8	5.42	6.07	17.57	21.78	41.36	
Total	858	832	1014	2973	3600	5389	14666
Frequency Missing = 2338							

Characteristics Work Hours by Type [5]

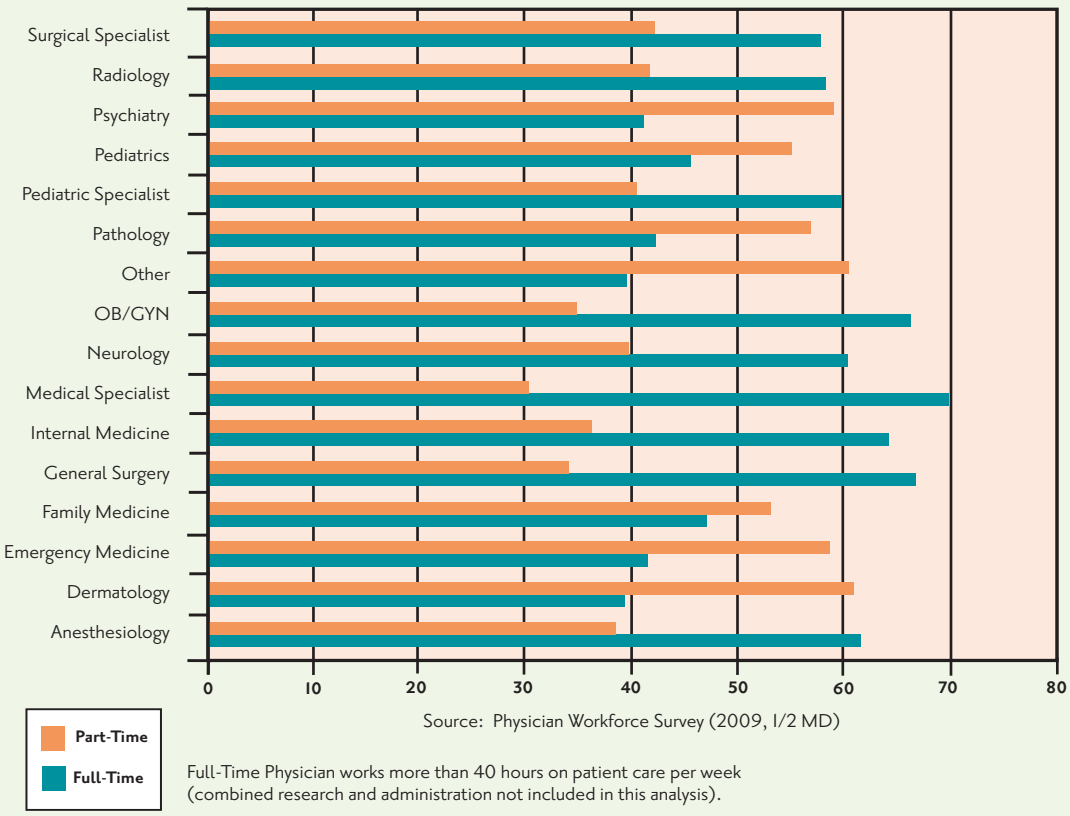
The majority of the physicians worked 61 hours or more (22%). As for the administrative matters, the majority of physicians (53%) spent no more than five hours, while 75% of the physicians surveyed spent up to five hours in research and teaching (n=16,768).

Figure 2c-1. Total Hours Per Week by Patient Care (Office and Hospital)



Source: Combined Physician Workforce Survey (2009, 1/2 MD)

Figure 2c-2. Percentage of Physicians in Patient Care by Specialty

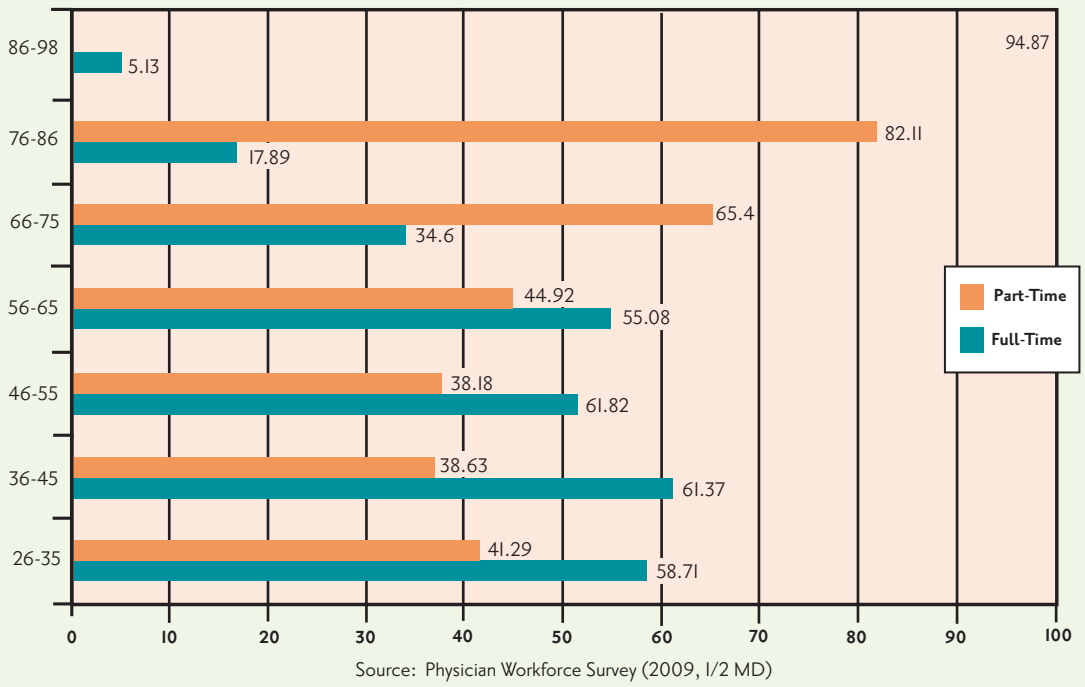


Source: Physician Workforce Survey (2009, 1/2 MD)

Full-Time Physician works more than 40 hours on patient care per week (combined research and administration not included in this analysis).

[5] Questions pertaining to the characteristics of work hours by patient care, administrative matters, and research and teaching were developed into three separate questions in the 2009 survey and therefore include only those MDs who participated in the 2009 survey.

Figure 2c-3. Percentage of Physicians in Patient Care by Age



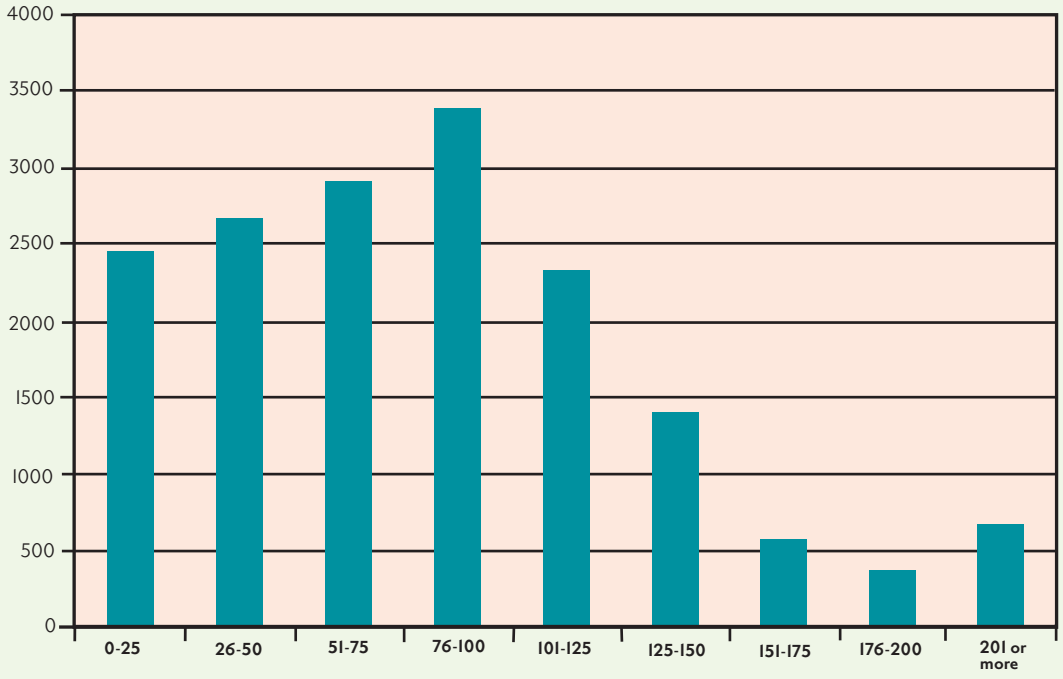
Source: Physician Workforce Survey (2009, I/2 MD)

Full-Time Physician works more than 40 hours on patient care only per week

Patients per Week

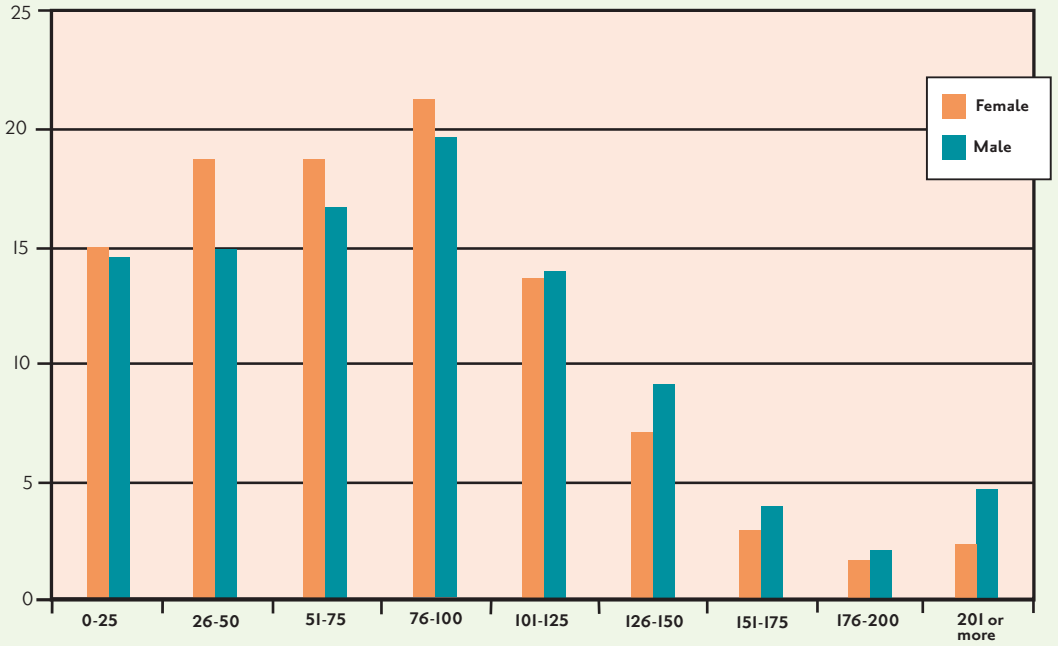
Physicians were also evaluated on how many patients they see per week in the 2009 survey (n=16,719). Physician workforce data for those responding in 2009 indicate that the average number of patients per week is 76. The American Medical Association reports in 2001 from a Patient Care Physician Survey that the average number of patients per week for male and female physicians is 94 (n=16,719).

Figure 2c-4. Number of Patients Seen Per Week



Source: Physician Workforce Survey (2009, I/2 MD)

Figure 2c-5. Percentage of Physicians Seen Per Week by Gender

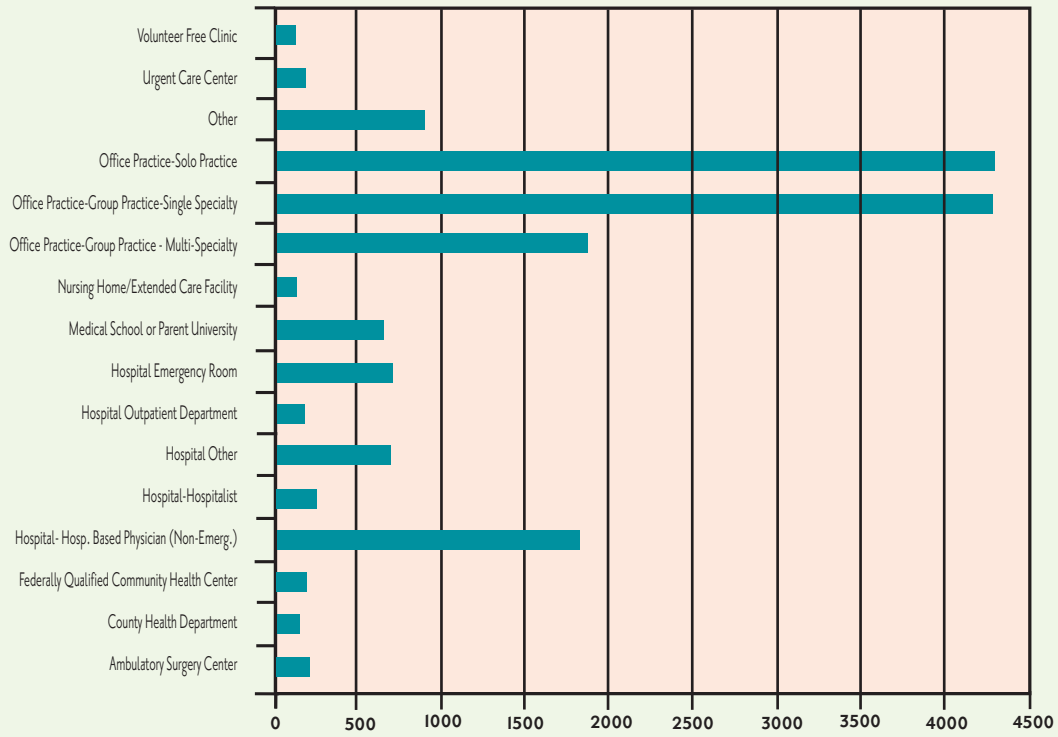


Source: Physician Workforce Survey (2009, 1/2 MD)

Work Settings

The 2009 survey has expanded on the list of practice settings to give a more accurate picture of the characteristics of work settings by the physicians. Figure 2c-6 indicates of those survey respondents in 2009 (n=16,498), the majority had his or her main work setting in a solo office practice or group office practice for a single specialty.

Figure 2c-6. Characteristics of Physician Work Settings

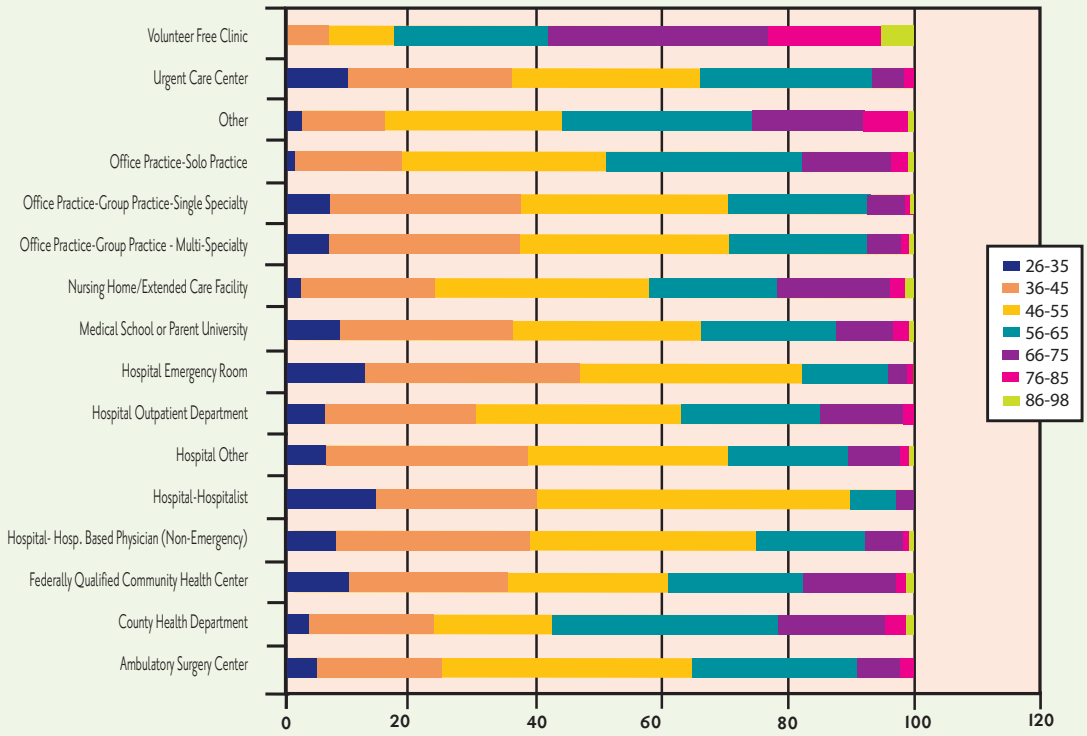


Source: Physician Workforce Survey (2009, 1/2 MD)

Figure 2c-7. Characteristics for Work Settings by Gender

Source: Physician Workforce Survey (2009, 1/2 MD)

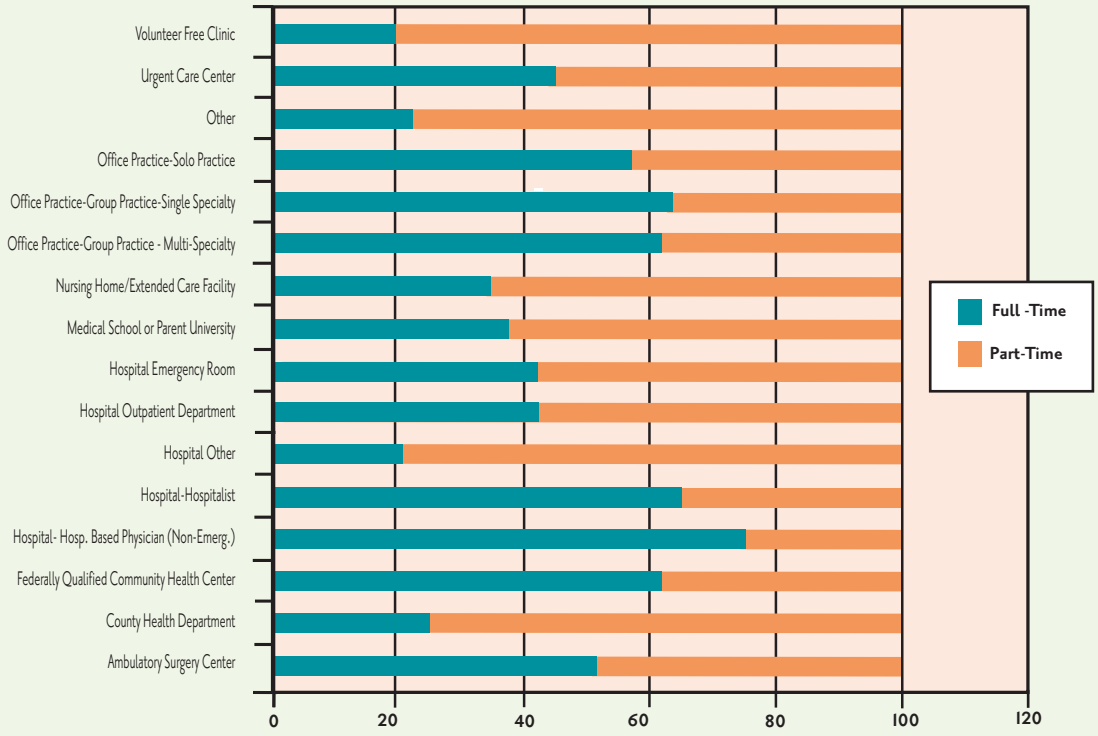
Figure 2c-8. Characteristics of Work Setting by Age



Source: Physician Workforce Survey (2009, 1/2 MD)

Work setting is an important determinant in access to care, particularly when evaluated by how many hours of patient care per week per site. For the purposes of Figure 5-8, full-time is the number of patient care hours reported in the survey as 40 or more per week. Physicians who split time between patient care and administrative or research/faculty duties whose patient care hours were less than 40 were counted as "part-time". Work setting analysis by specialty, gender, age and patient care hours could influence policy items like innovations in residency training programs and other incentives to practice, such as loan repayment or reimbursement in underserved areas.

Figure 2c-9. Characteristics of Work Setting by Hours of Patient Care per Week

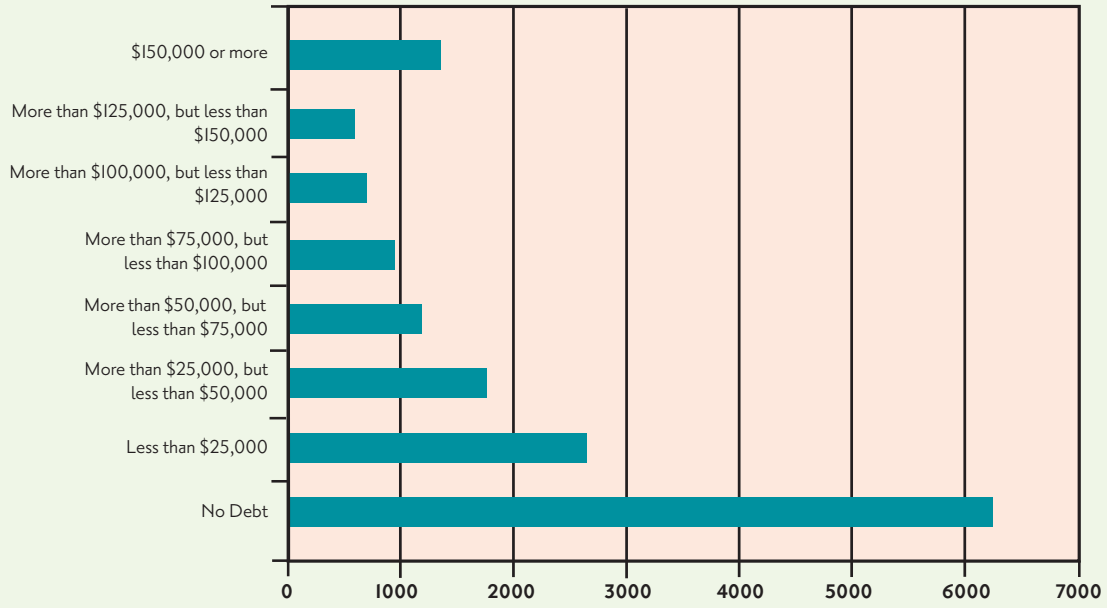


Source: Physician Workforce Surve, 2009
Full-Time means physicians who spend 400 hours or more per week on only patient care.

SECTION 2D: Characteristics of Physicians by Total Debt from Medical School

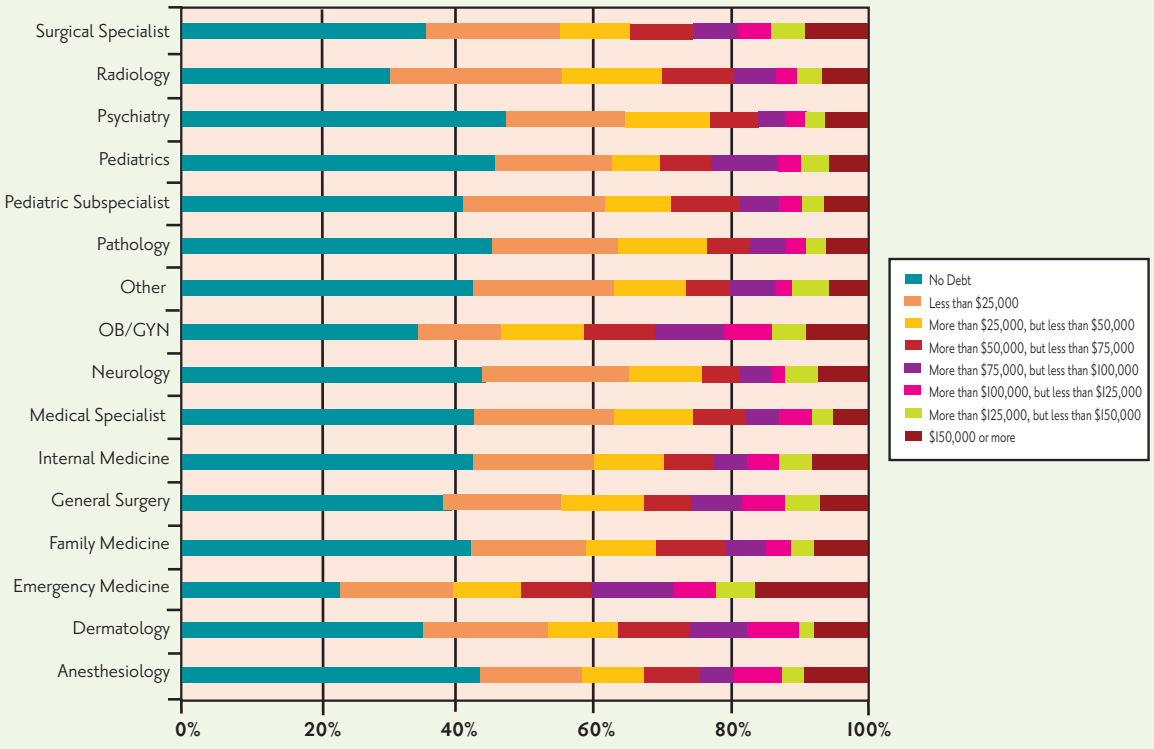
According to the Association of American Medical Colleges, the amount of debt a student carries after medical school can directly influence the specialty area that he or she chooses for a residency and in practice (2006). The evaluation of debt by age, gender and specialty can provide important information in developing incentive programs, such as scholarships or funding for residency programs that would support Florida's physician workforce.

Figure 2d-1. Physicians by the Total Debt at the Time of Graduation from Medical School



Source: Statewide Physician Workforce Survey (2009, 1/2 MD)

Figure 2d-2. Total Debt at the Time of Graduation from Medical School by Specialty

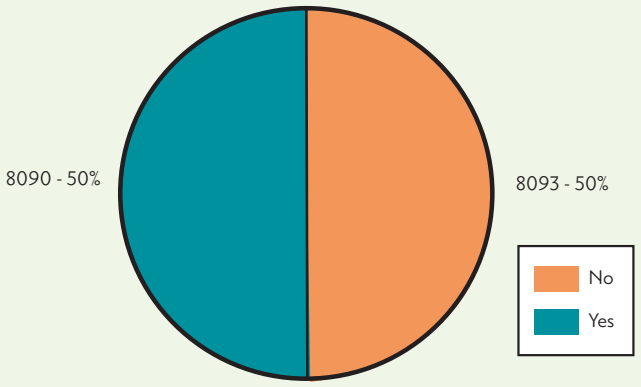


Source: Statewide Physician Workforce Survey, 2009

SECTION 2E: CHARACTERISTICS OF PHYSICIANS BY POST RESIDENCY OR SUB SPECIALTY FELLOWSHIP

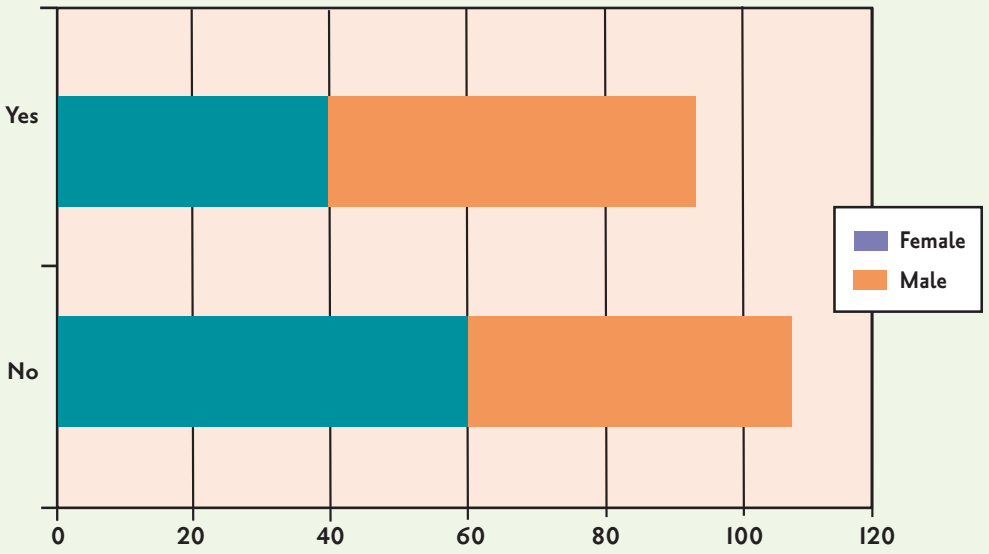
Physician Workforce Stakeholders have an interest in Graduate Medical Education (GME) and the expansion of GME positions and programs in Florida. Determining if a physician completed a post-residency or sub-specialty fellowship is a good indication of the level of specialty practice of a doctor in Florida. In Figure 7-1, 50% (n=8,090) indicated they did sub specialty training.

Figure 2e-1. Post Residency or Sub Specialty Fellowship



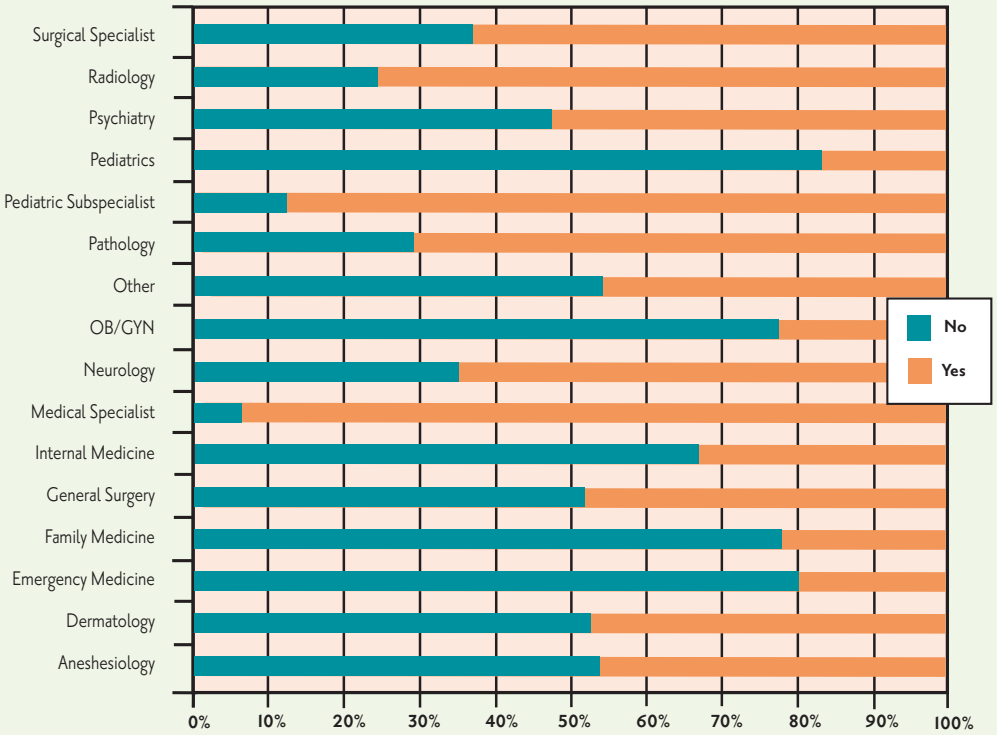
Source: Physician Workforce Survey (2009)

Figure 2e-2. Post Residency or Sub Specialty Fellowship by Gender



Source: Statewide Physician Workforce Survey (2009, 1/2 MD)

Figure 2e-3. Post Residency or Sub Specialty Fellowship by Specialty

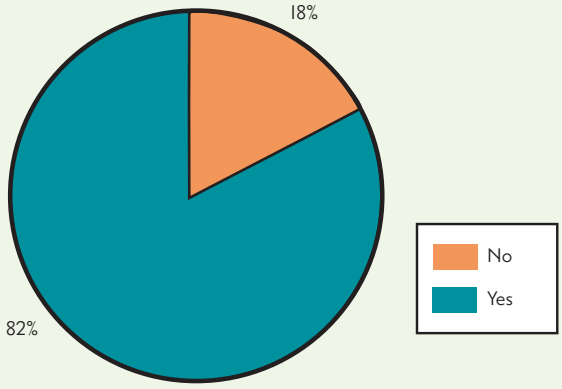


Source: Physician Workforce Survey (2009, 1/2 MD)

SECTION 2F: Characteristics of Physicians by Hospital Privileges

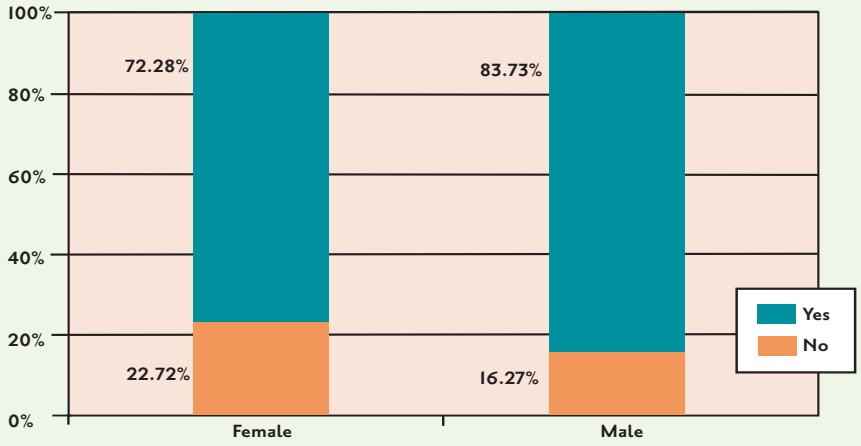
Hospital privileges are an important component in the continuity of care for patients. Privileging at hospitals is a fair process based on documentation, experience and current clinical competence. Hospital privileges impacts the scope of practice of a physician, and ensures that qualified, well-trained physicians are available to provide care. Figure 8-1 indicates that for those physicians responding to the 2009 Physician Workforce Survey, 82% have hospital privileges (n=16,795).

Figure 2f-1. Hospital Privileges



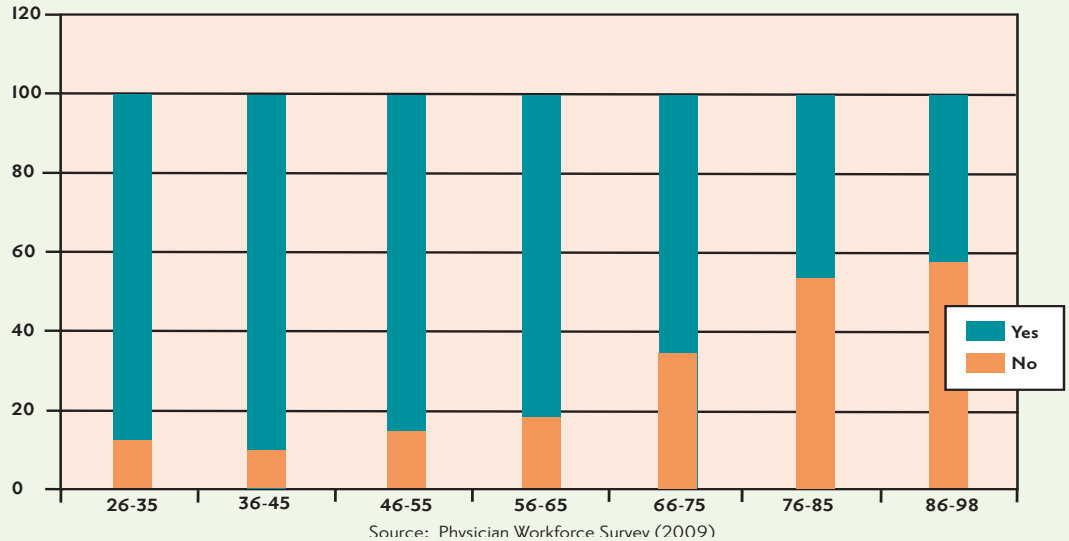
Source: Physician Workforce Survey, 2009

Figure 2f-2. Hospital Privileges by Gender



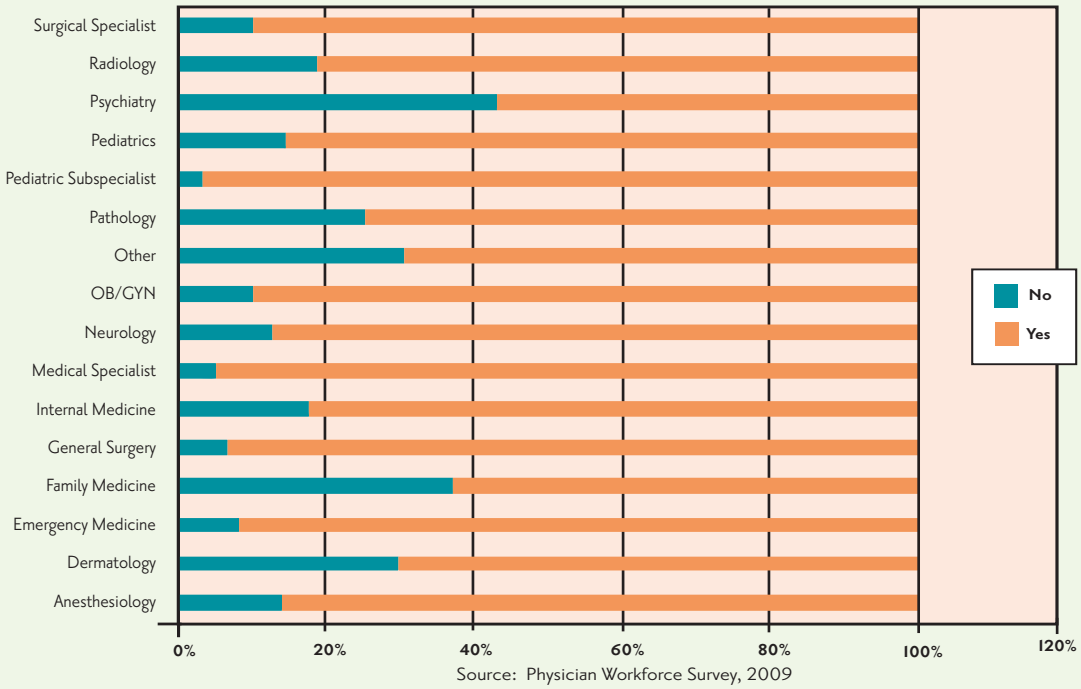
Source: Combined Physician Workforce Survey, 2009

Figure 2f-3. Hospital Privileges by Age



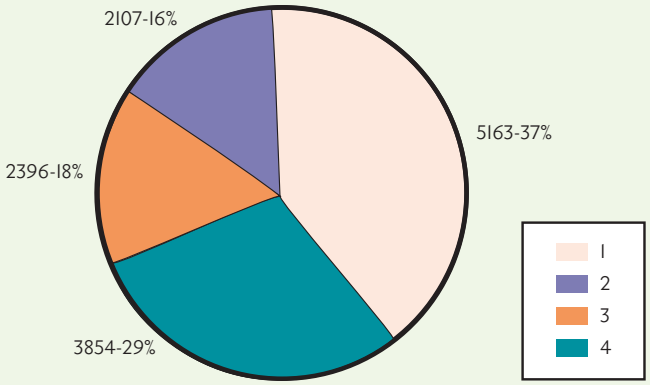
Source: Physician Workforce Survey (2009)

Figure 2f-4. Hospital Privileges by Specialty



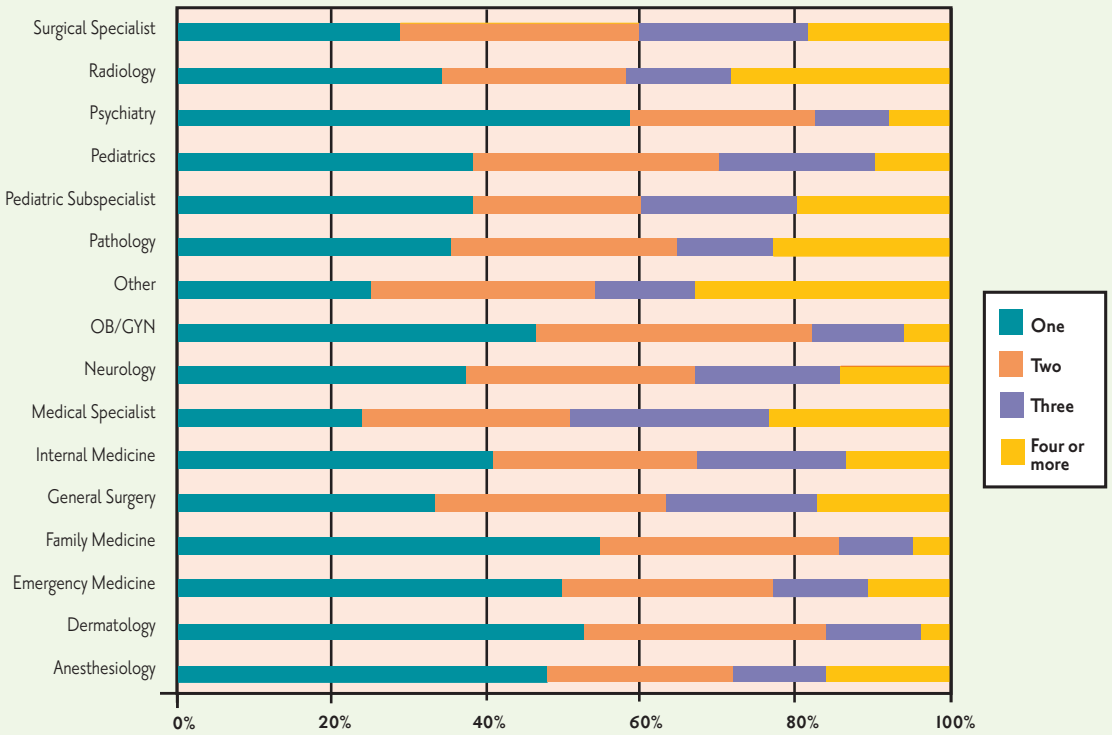
Source: Physician Workforce Survey, 2009

Figure 2f-5. Number of Hospitals Where Practitioner Has Privileges



Source: Physician Workforce Survey (2009)

Figure 2f-6. Number of Hospitals with Privileges by Specialty

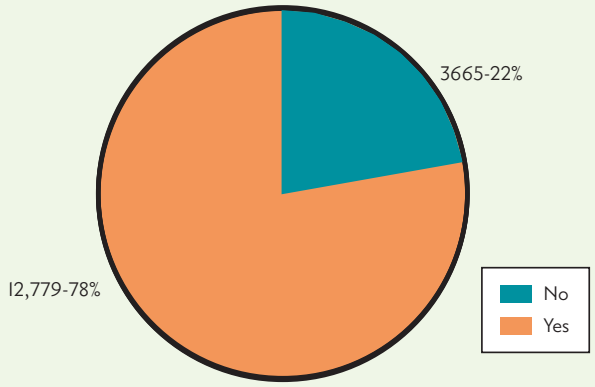


Source: Physician Workforce Survey (2009)

SECTION 2G: Characteristics of Physicians by Medicare and Medicaid

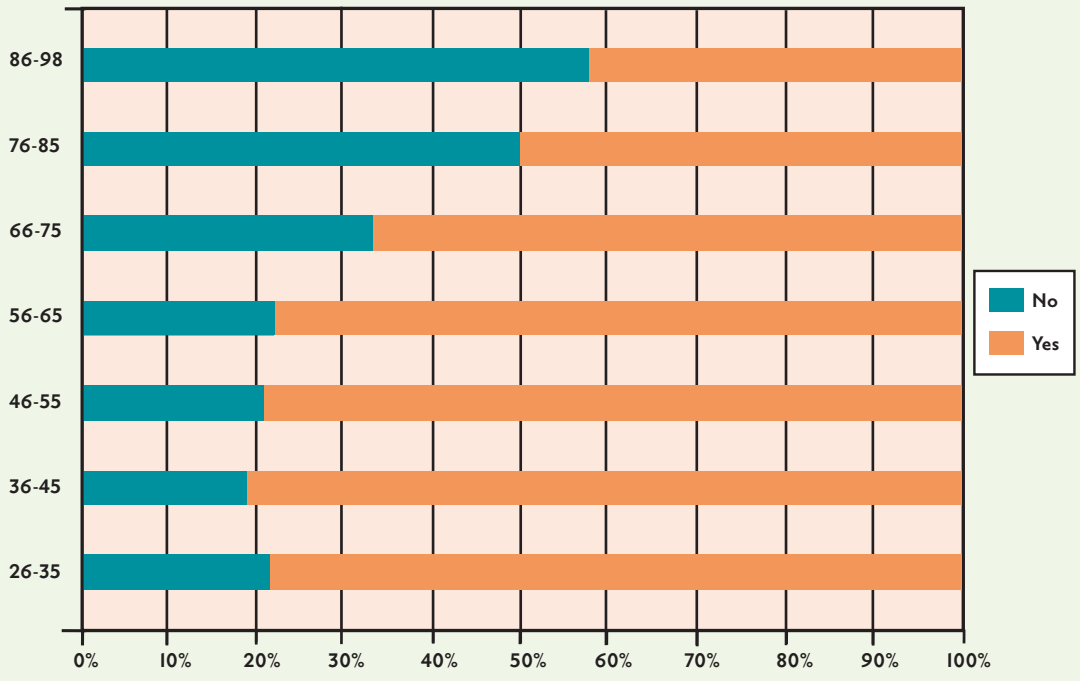
In 2007, Florida's Medicare enrollment (for people over 65) was almost 3 million people (Florida Medicare, 2007). The state has the 4th oldest population in the country, and the demand for health care increases with age. The Physician Workforce Survey asked responding, physicians if they were accepting new patients covered by Medicare, and those results were broken out by demographic factors and specialty (n=16,444).

Figure 2g-1. Physicians Accepting New Patients Covered by Medicare



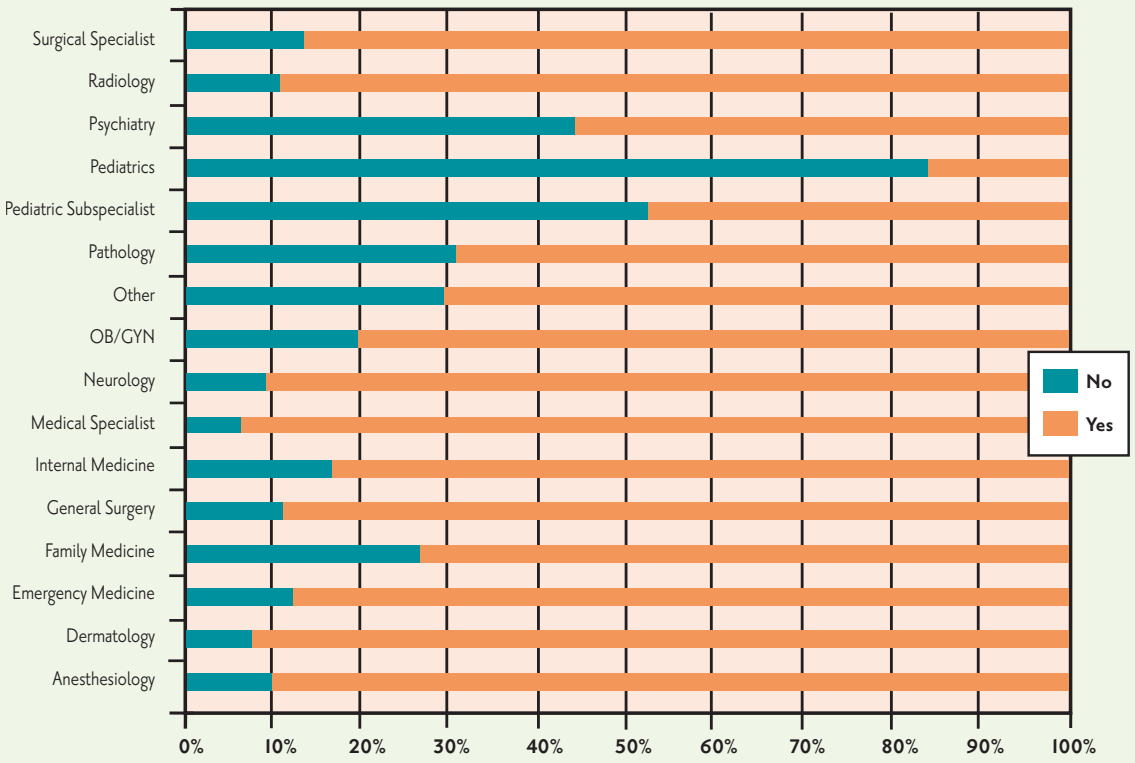
Source: Physician Workforce Survey, 2009

Figure 2g-2. Physicians Accepting New Patients Covered by Medicare by Age



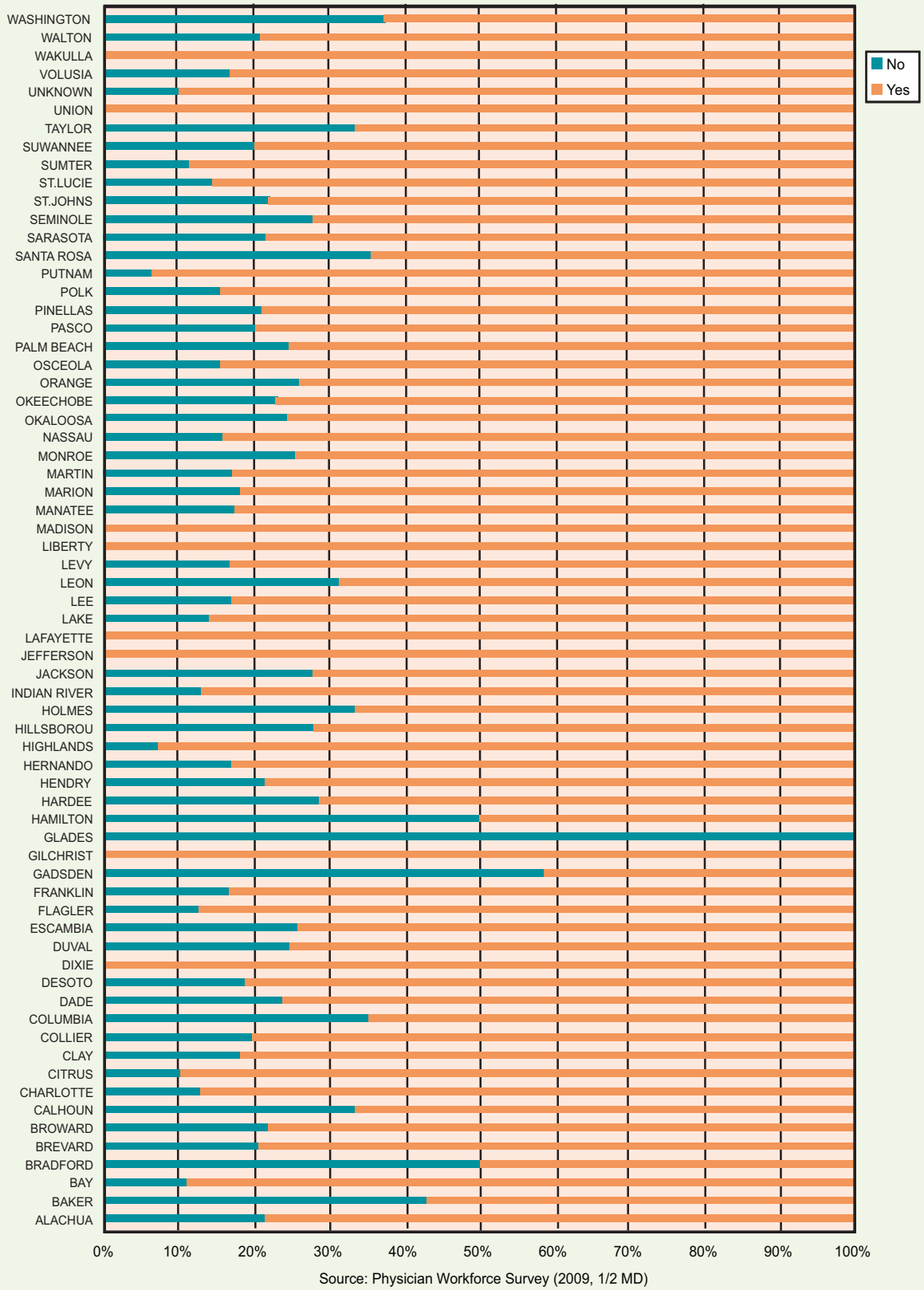
Source: Physician Workforce Survey, 2009

Figure 2g-3. Physicians Accepting New Patients Covered by Medicare by Specialty



Source: Physician Workforce Survey, 2009

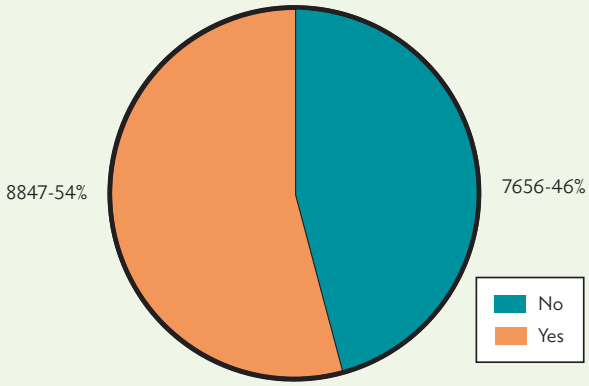
Figure 2g-4. Physicians Accepting New Patients Covered by Medicare by County



Source: Physician Workforce Survey (2009, 1/2 MD)

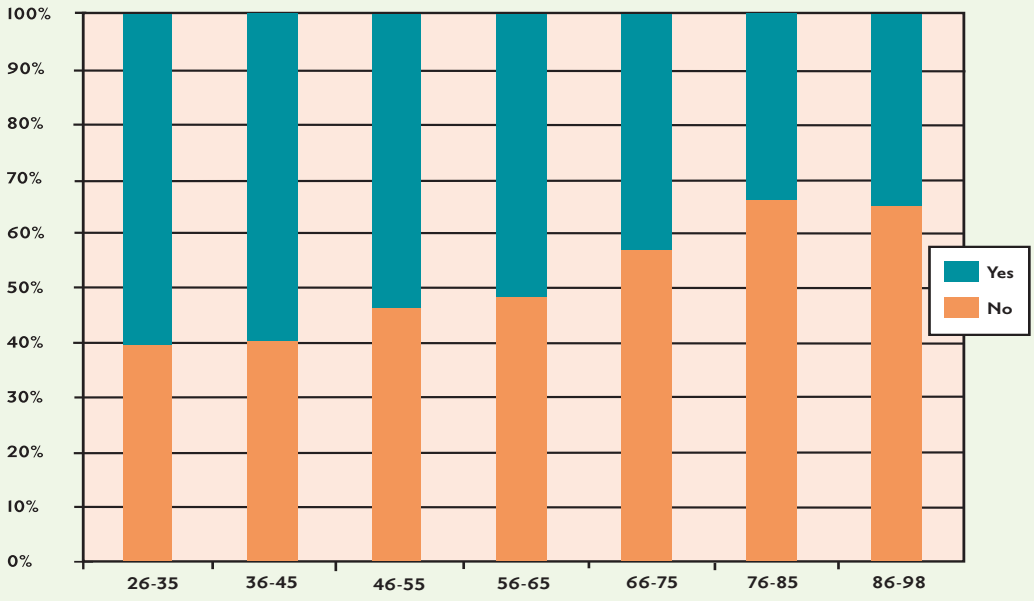
Medicaid is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. Medicaid is different in every state (AHCA, 2009). The following figures represent those physicians indicating they will accept new patients covered by Medicaid.

Figure 2g-5. Physicians Accepting New Patients Covered by Medicaid



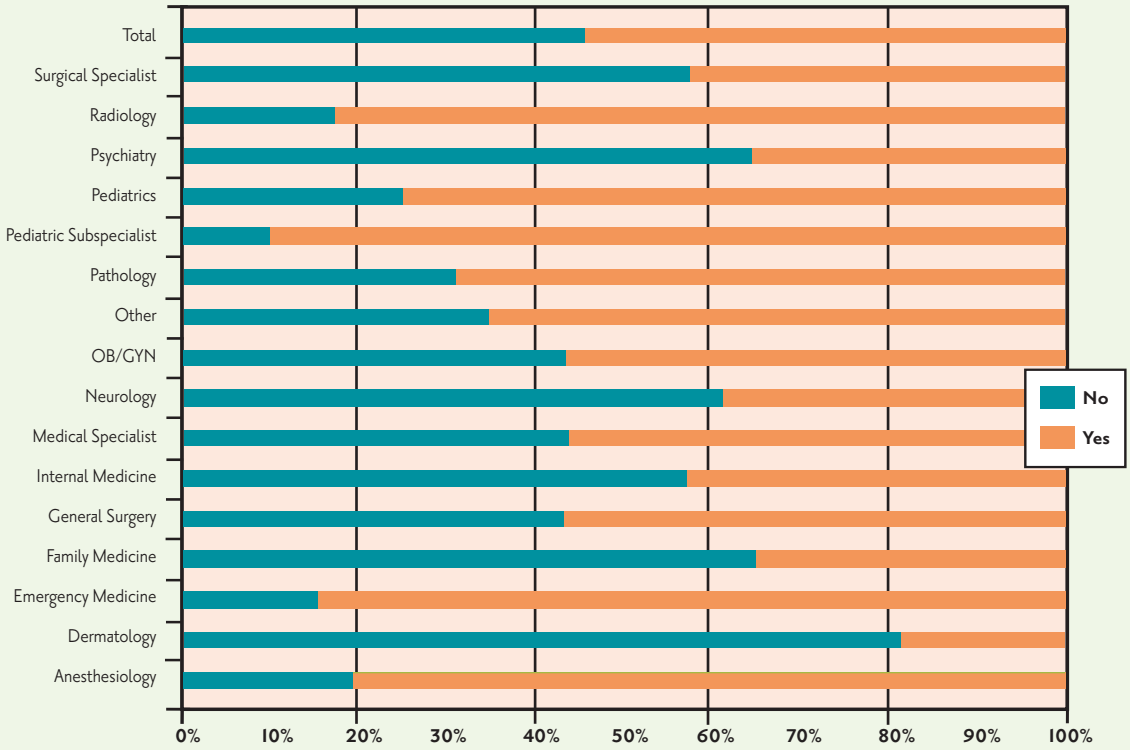
Source: Physician Workforce Survey, 2009

Figure 2g-6. Physicians Accepting New Patients Covered by Medicaid by Age



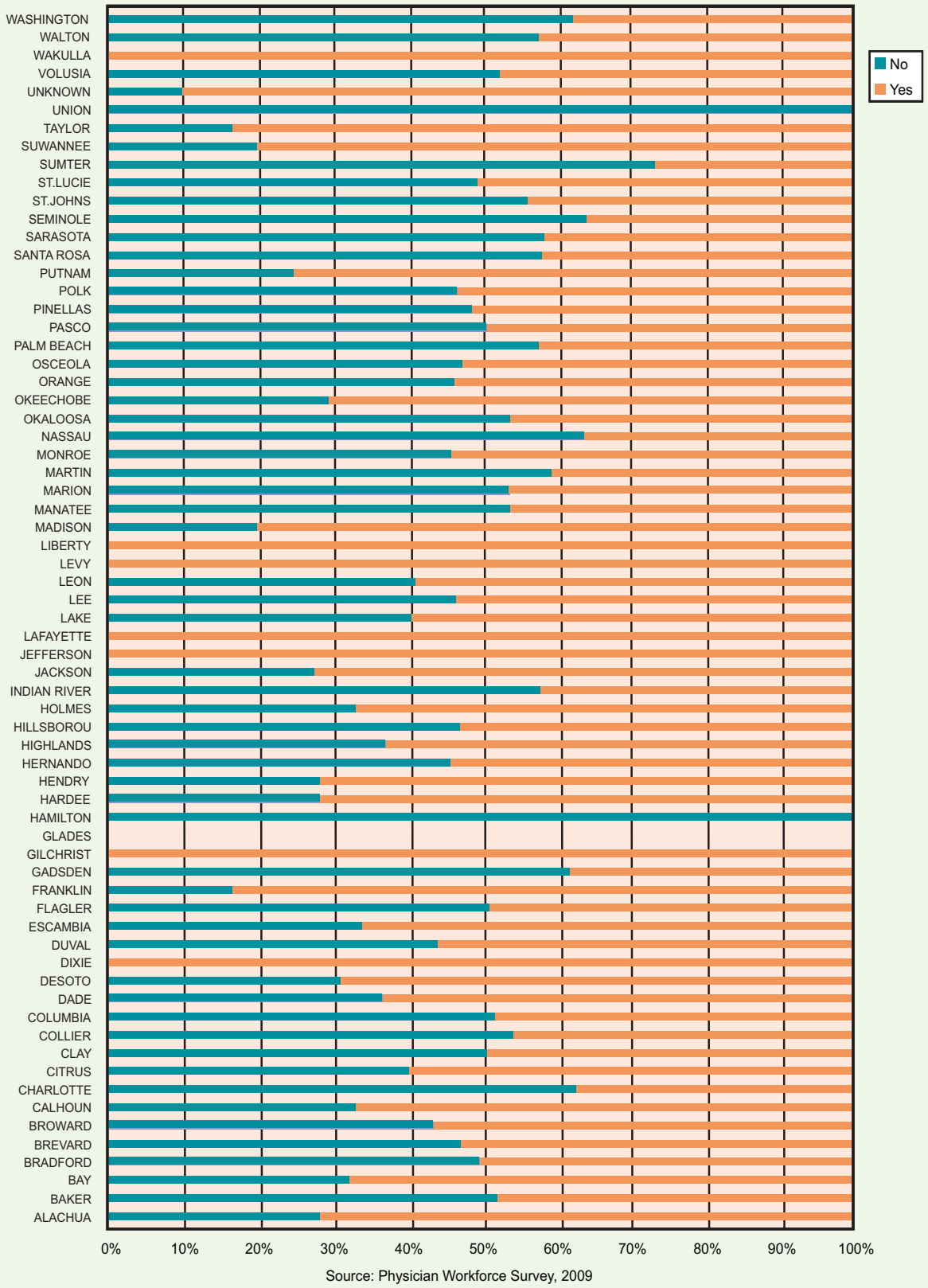
Source: Physician Workforce Survey, 2009

Figure 2g-7. Physicians Accepting New Patients Covered by Medicare by Specialty



Source: Physician Workforce Survey, 2009

Figure 2g-8. Physicians Accepting New Patients Covered by Medicaid by County

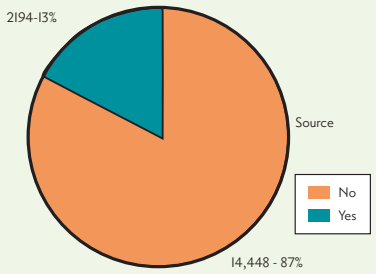


Source: Physician Workforce Survey, 2009

SECTION 2H: Characteristics of Physicians by Career Plans

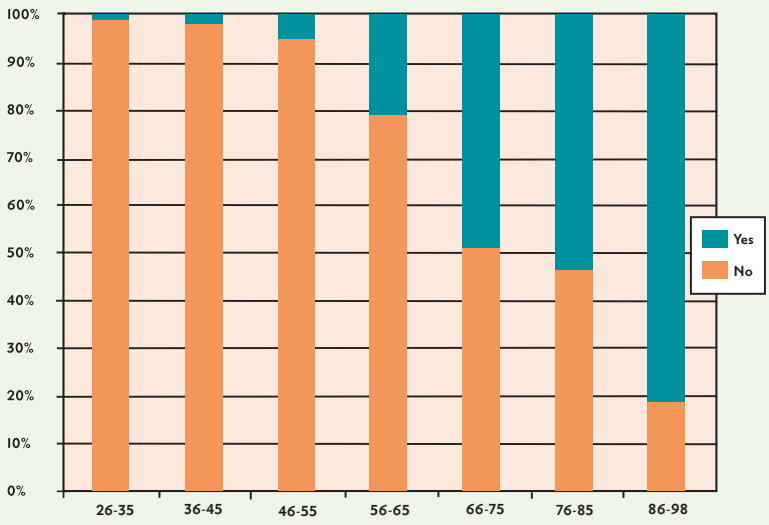
The Physician Workforce Survey attempts to capture information on projected changes in practice patterns of physicians. For the 2009 survey, questions related to retiring, moving and changing a physician's specialty were broken out into three parts. Those that indicated changes in practice patterns can help the physician workforce stakeholders and policymakers understand changes over time, develop innovative incentives to keep physicians in practice, and, when used with additional data, could aid in the projections of current and long-term shortages in Florida. Figure 11-1 indicates that 13% of physicians plan to retire in 5 years (n=2,194)., Figure 11- indicates that of those physician responding, 5% (n=791) plan to move to work in another stated and Figure 11-16 shows that 1% (n=233) plan to change specialties.

Figure 2h-1. Physicians Planning to Retire in the Next Five Years



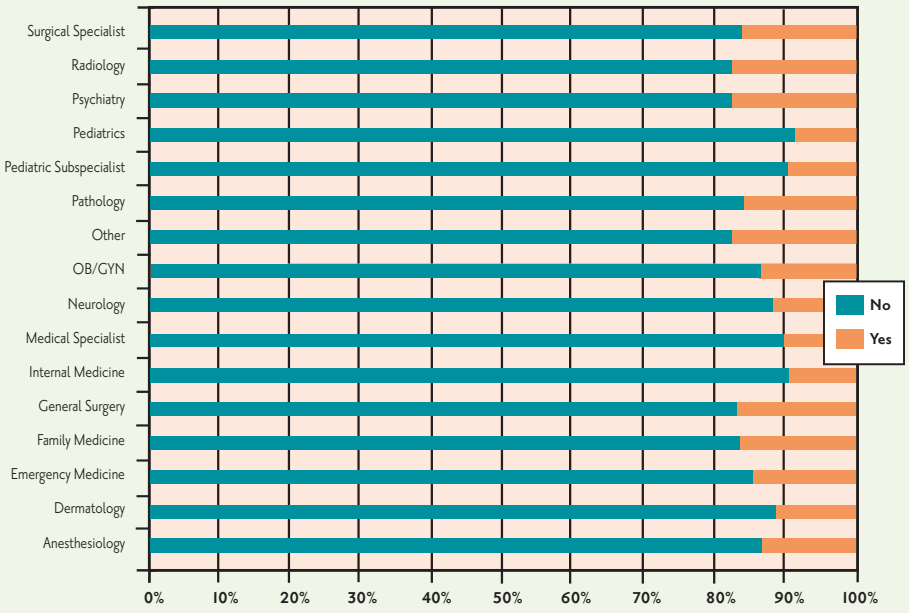
Source: Physician Workforce Survey, 2009

Figure 2h-2. Physicians Who Plan to Retire in the Next Five Years by Age



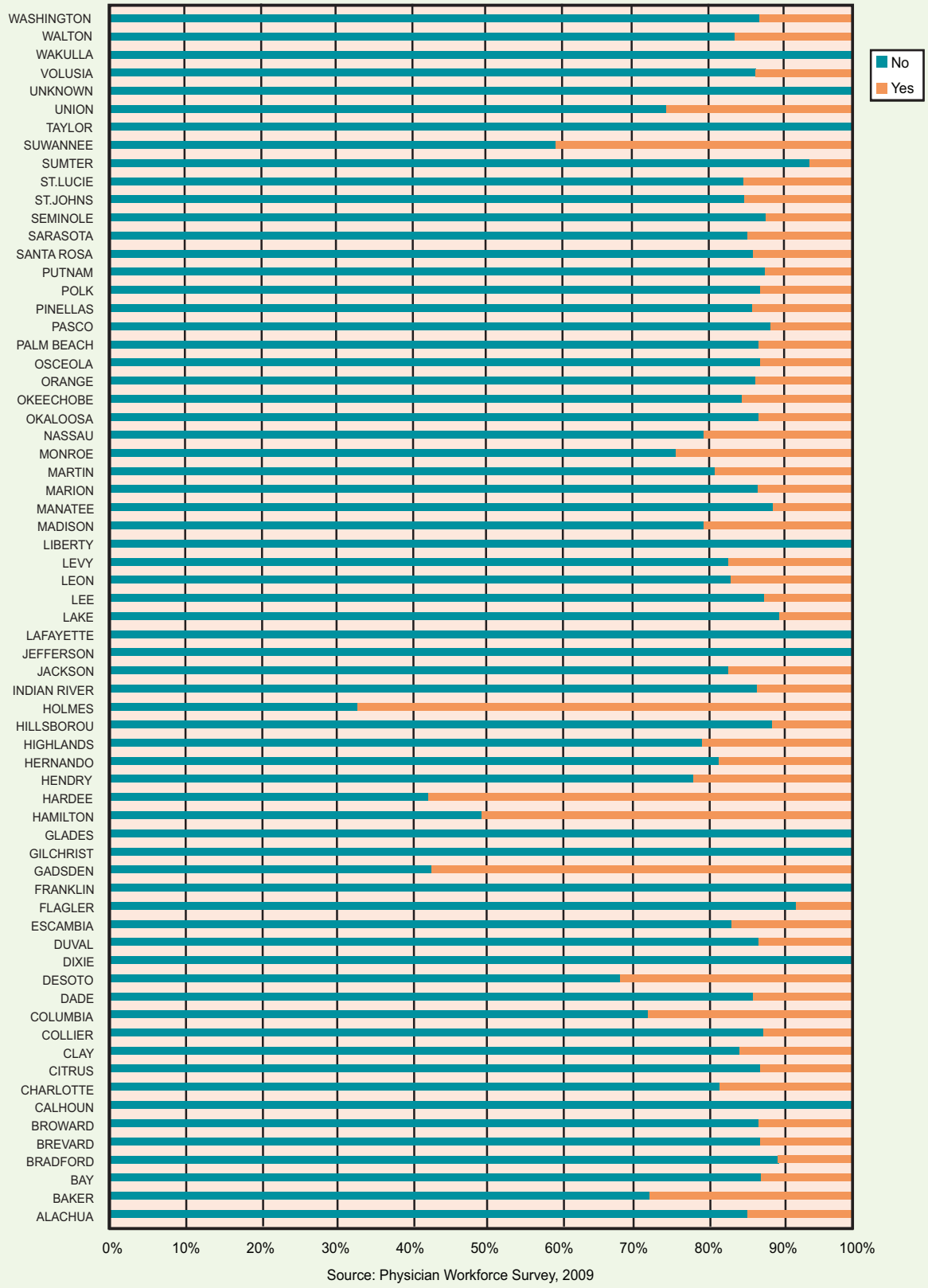
Source: Physician Workforce Survey, 2009

Figure 2h-3. Physicians Who Plan to Retire in the Next Five Years by Specialty



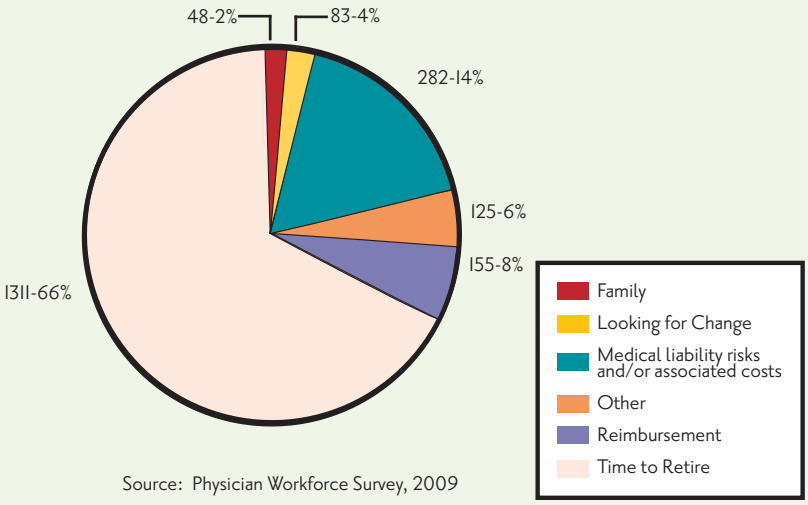
Source: Physician Workforce Survey, 2009

Figure 2h-4. Physicians Who Plan to Retire in the Next Five Years by County



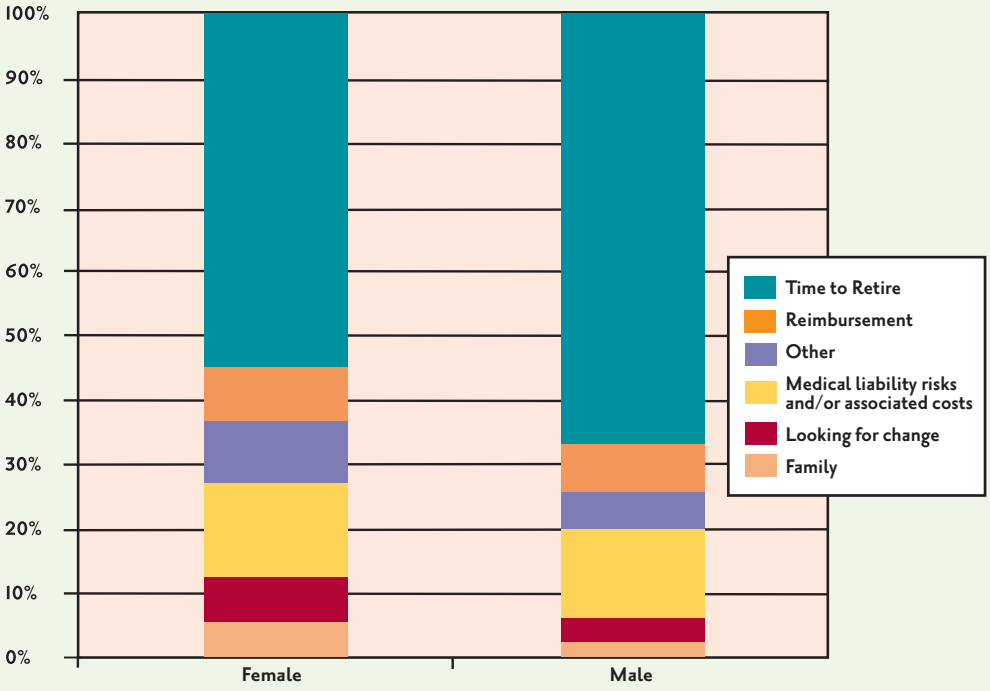
Source: Physician Workforce Survey, 2009

Figure 2h-5. The Main Reason Physicians Listed for Retiring



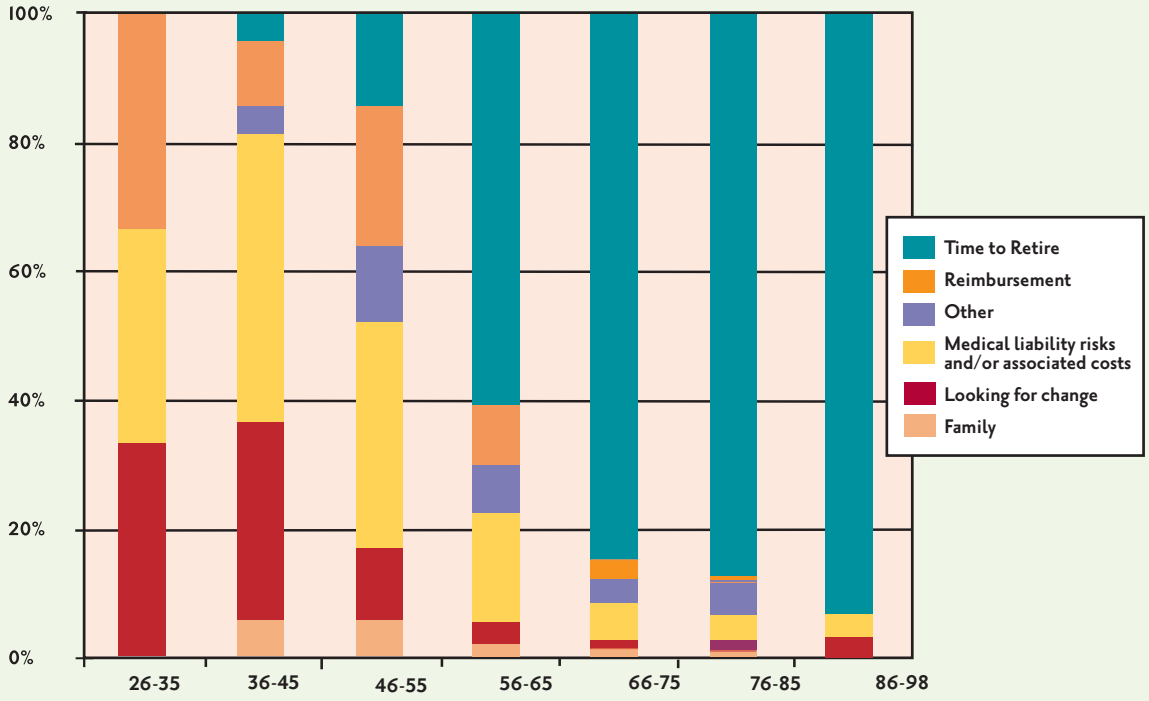
Source: Physician Workforce Survey, 2009

Figure 2h-6. The Main Reason Physicians Listed for Retiring by Gender



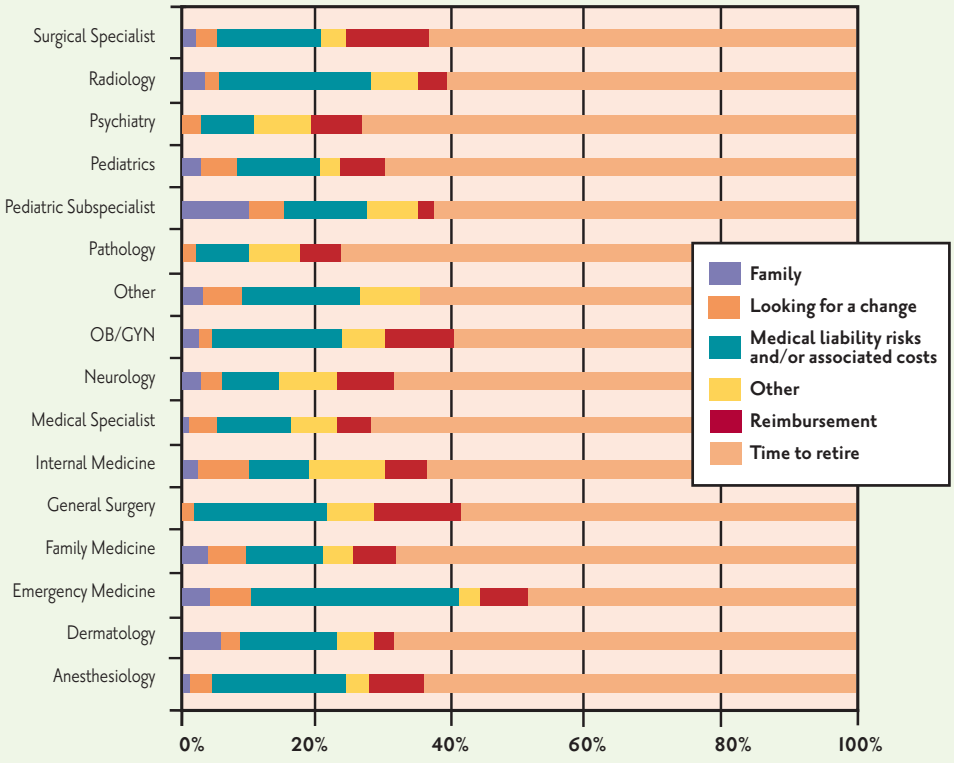
Source: Physician Workforce Survey, 2009

Figure 2h-7. The Main Reason Physicians Listed for Retiring by Age



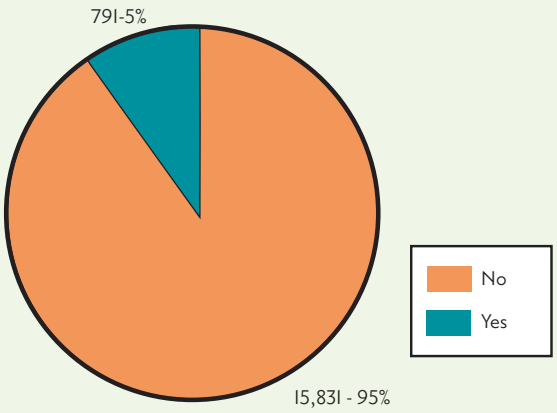
Source: Physician Workforce Survey, 2009

Figure 2h-8. The Main Reason Physicians Listed for Retiring by Specialty



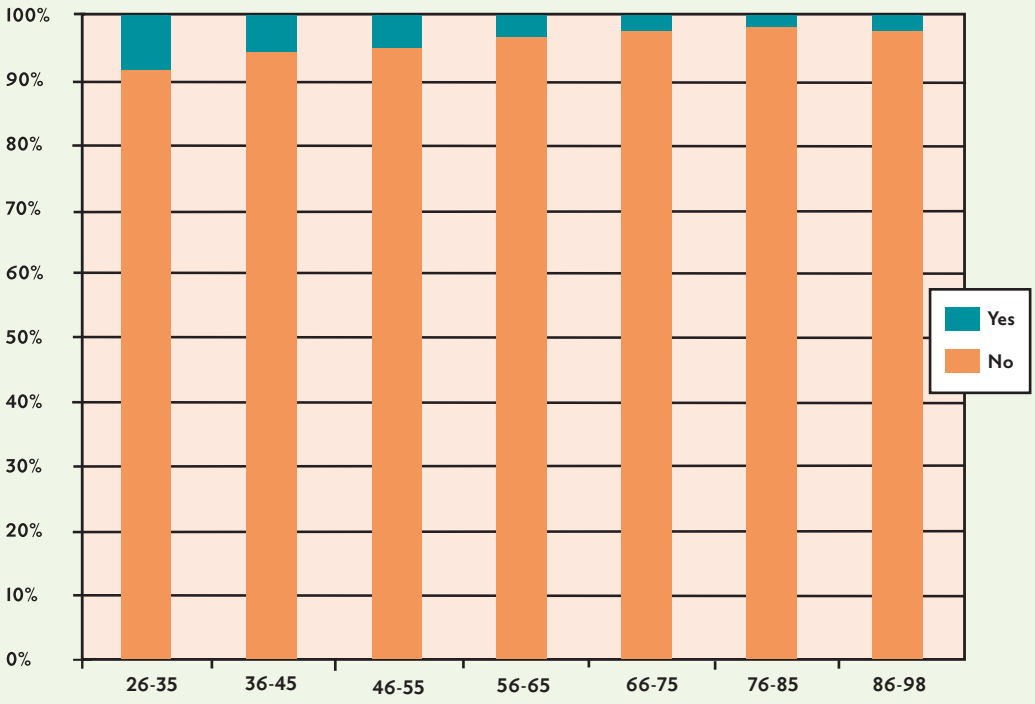
Source: Physician Workforce Survey, 2009

Figure 2h-9. Physicians Planning to Move to Work in Another State in the next Five Years



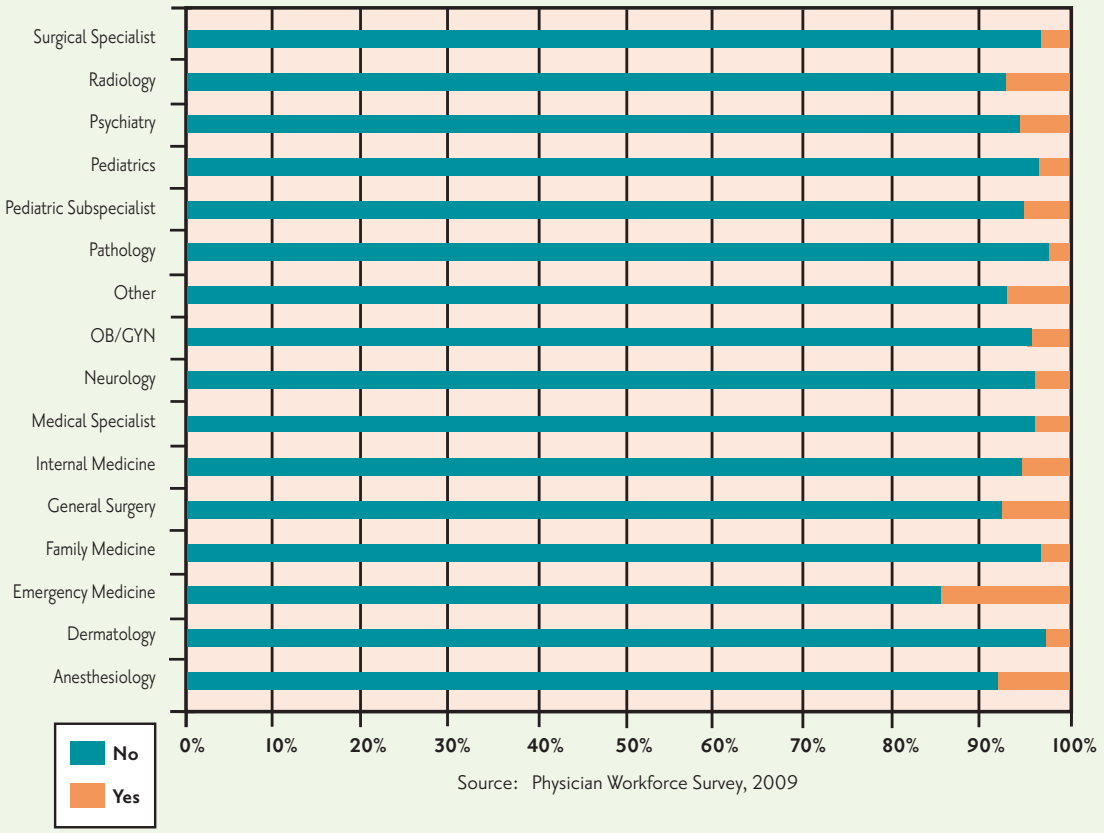
Source: Physician Workforce Survey, 2009

Figure 2h-10. Physicians Planning to Move to Work in Another State in the Next Five Years by Age



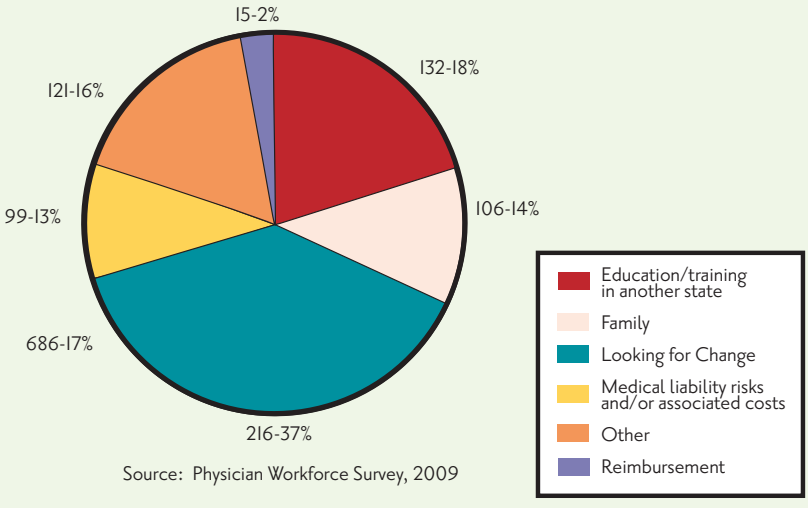
Source: Physician Workforce Survey, 2009

Figure 2h-11 Physicians Who Plan toWork in Another State in the Next Five Years by Specialty



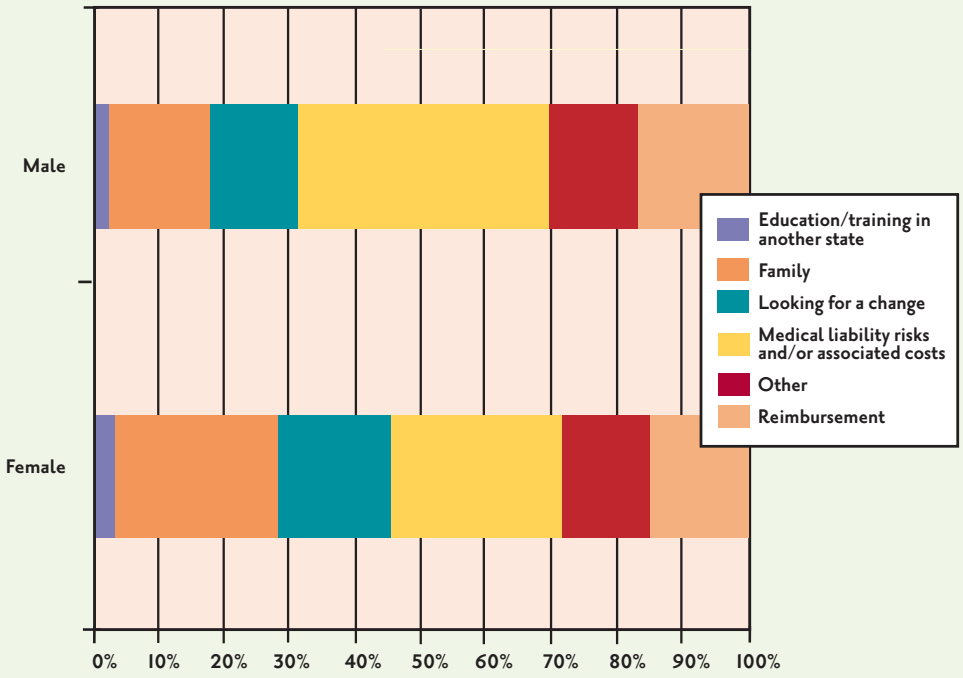
Source: Physician Workforce Survey, 2009

Figure 2h-12. The Main Reason Physicians Listed for Planning to Move to Work in Another State in the Next Five Years



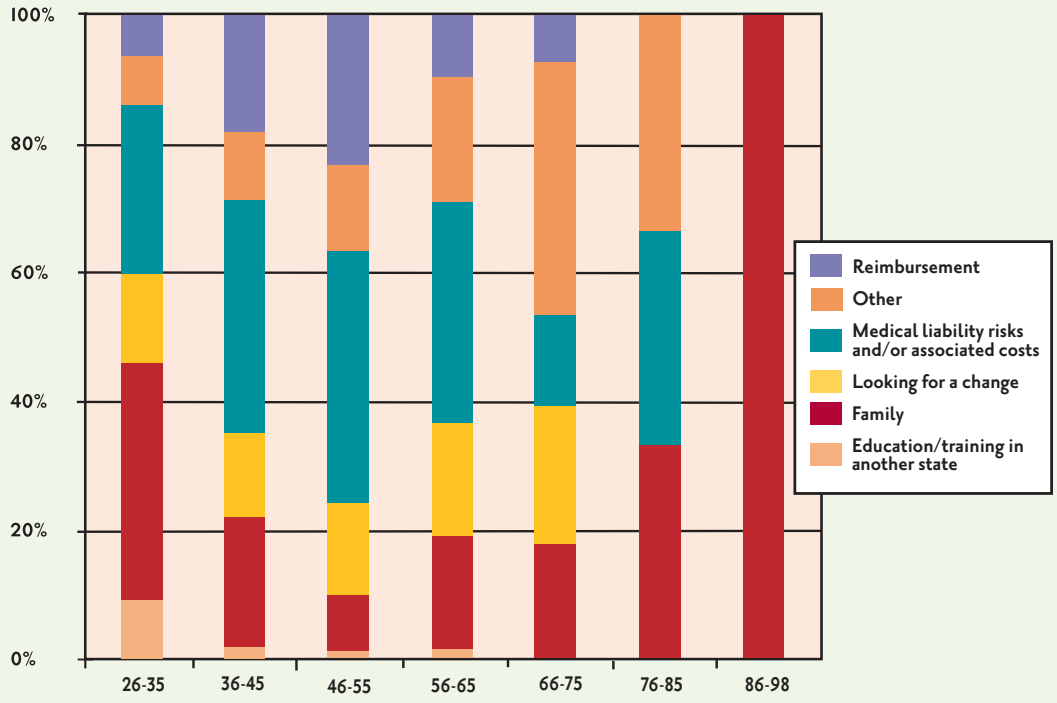
Source: Physician Workforce Survey, 2009

Figure 2h-13. The Main Reason Listed for Physicians Planning to Move to Work in Another State in the Next Five Years by Gender



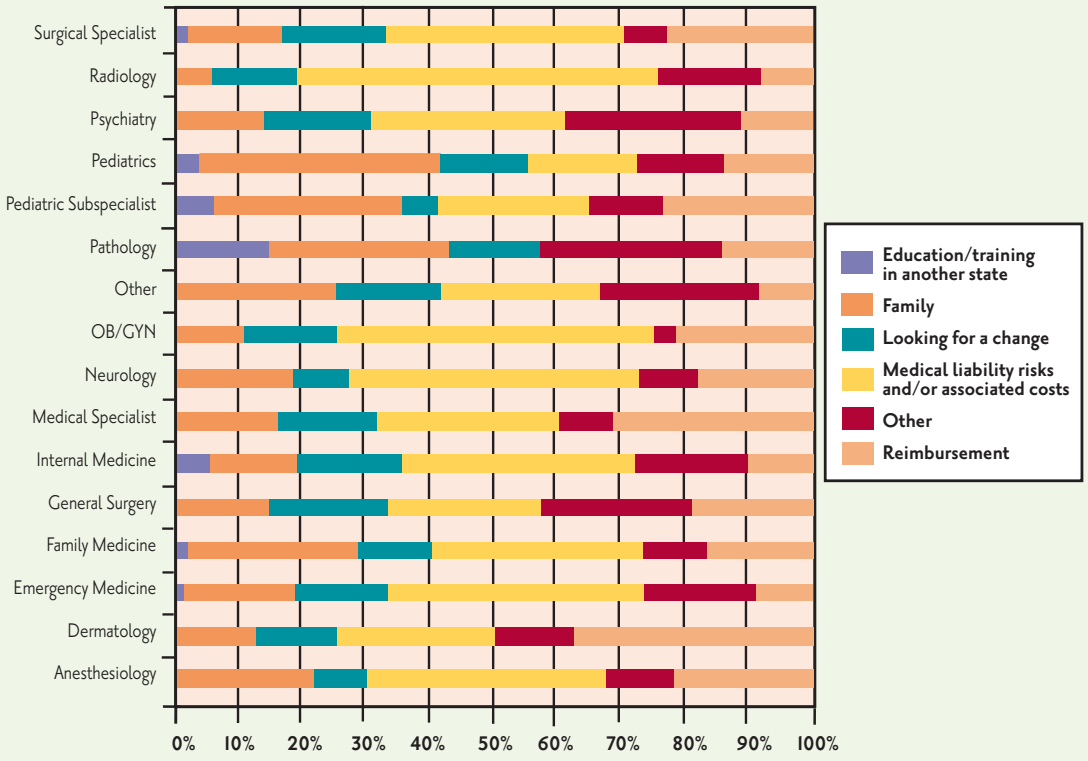
Source: Physician Workforce Survey, 2009

Figure 2h-14. The Main Reason Physicians Listed for Planning to Move to Work in Another State in the Next Five Years by Age



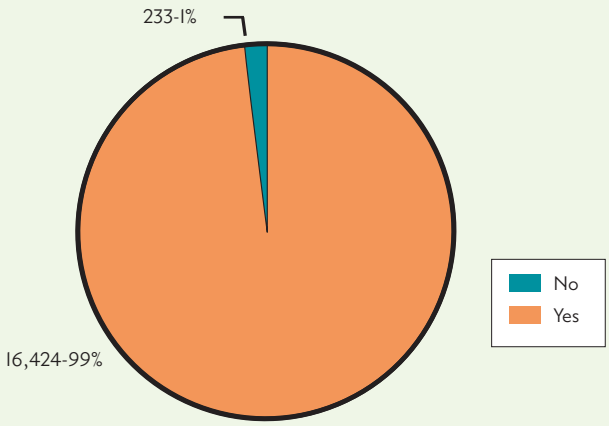
Source: Physician Workforce Survey, 2009

Figure 2h-15. The Main Reason Physicians Listed for Planning to Move to Work in Another State in the Next Five Years by Specialty



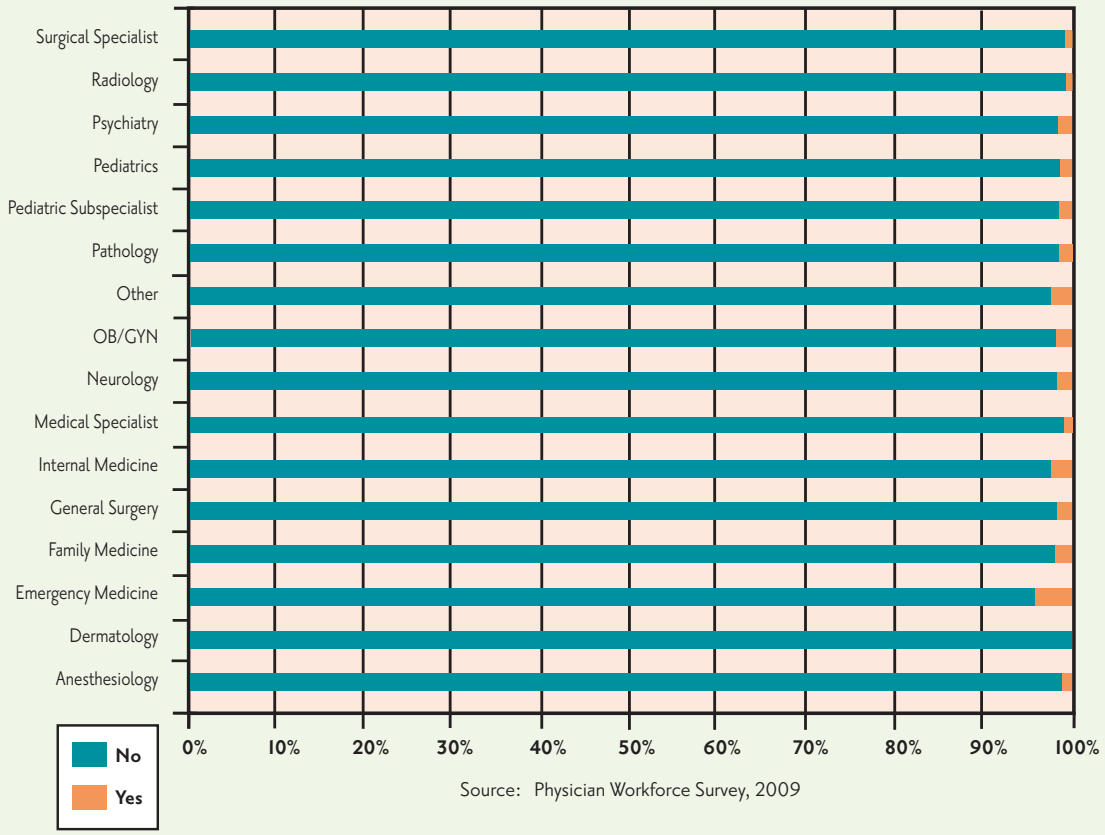
Source: Physician Workforce Survey, 2009

Figure 2h-16. Physicians Who Plan to Change Specialty in the Next Five Years



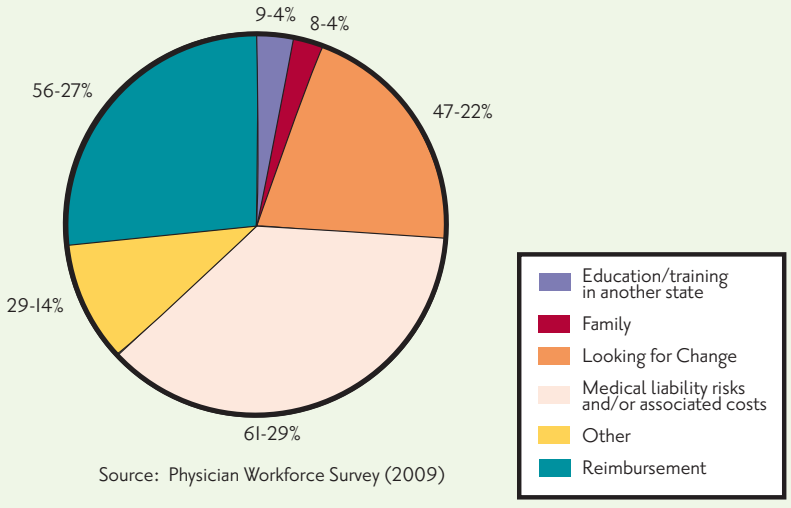
Source: Physician Workforce Survey, 2008

Figure 2h-17 Physicians Who Plan to Change Specialty in the Next Five Years by Specialty



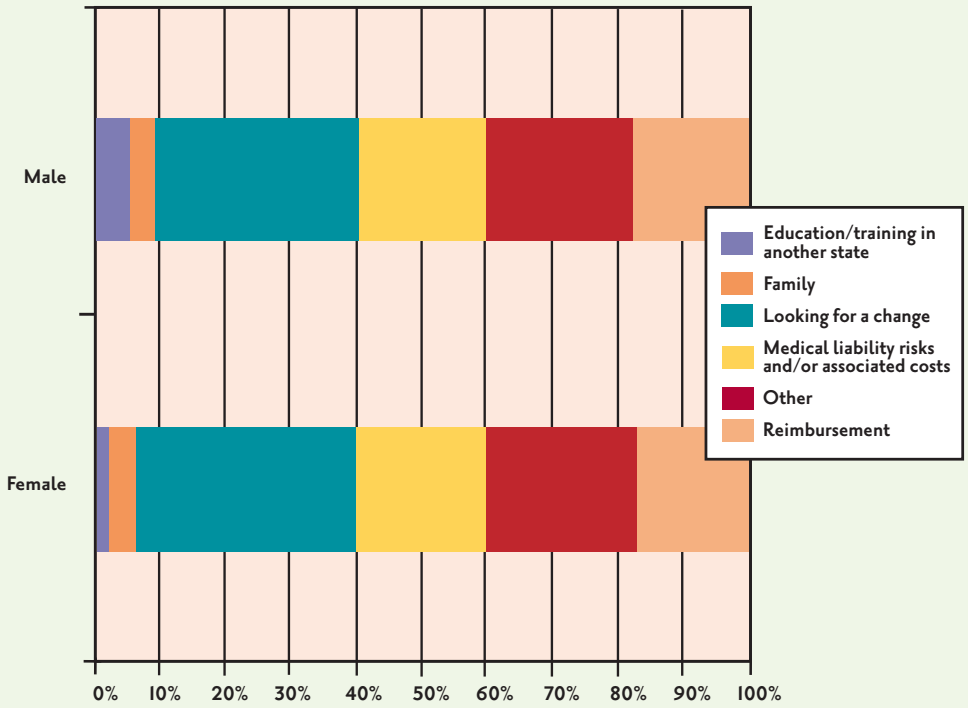
Source: Physician Workforce Survey, 2009

Figure 2h-18. The Main Reason Listed for Physicians Planning to Change Specialty in the Next Five Years



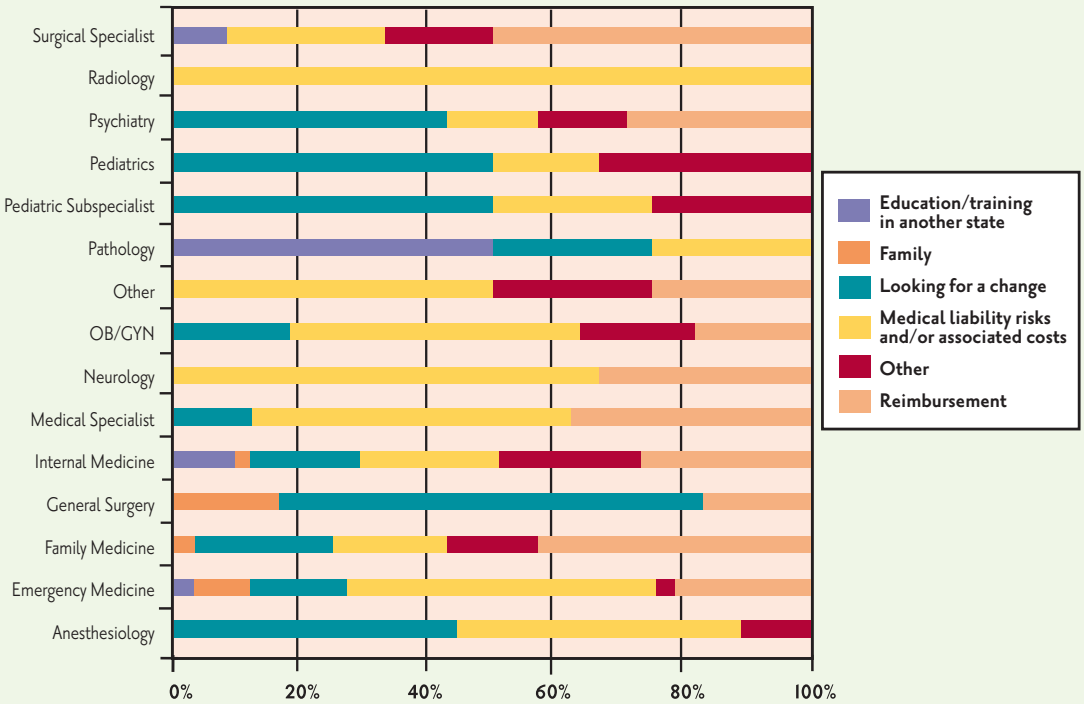
Source: Physician Workforce Survey (2009)

Figure 2h-19. The Main Reason Listed for Physicians Planning to Change Specialty in Five Years by Gender



Source: Physician Workforce Survey, 2009

Figure 2h-20. The Main Reason Listed by Physicians Planning to Change Specialty in Five Years by Gender

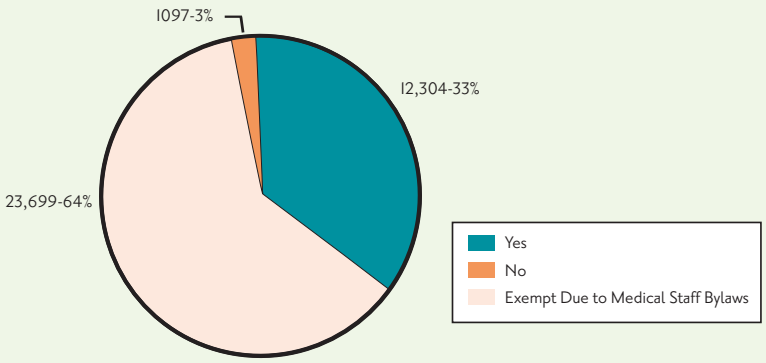


Source: Physician Workforce Survey, 2009

SECTION 3: Characteristics of Physicians by Emergency and Trauma Call

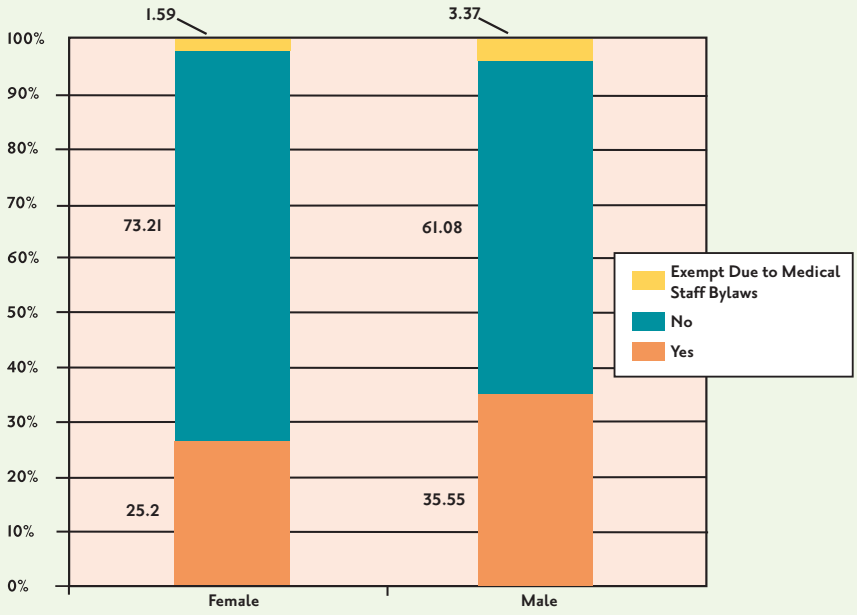
Providing clinical on-call coverage or trauma call coverage for certified trauma centers is an important issue for hospitals and in health care access issues. A number of specialties and physicians are not taking emergency on-call hours for a number of reasons. This requires hospitals to enforce bylaws requiring coverage or find other ways to meet the needs of patients. These options might include contracting for on-call hours with physician groups or paying monthly or daily on-call stipends, or in some instances hospitals may pay a physician for each uninsured patient he treats on-call. Hospital on-call care and trauma call care are incredibly important in meeting the overall emergency and long-term care provided in hospital facilities. In Florida, understanding the data provided can assist policymakers helping to ameliorate the situation through the development of incentives or opportunities that address the reasons that discourage specialist physicians from providing emergency on-call coverage. The following figures represent the numbers of physicians indicating they take emergency call or work clinically in a hospital emergency department from combined 2008 and 2009 survey data (n=37,100). Responses are broken out into age and gender categories, as both are influences of the willingness to take on-call coverage and the frequency of coverage.

Figure 3-1. Physicians Who Take Emergency Calls or Work Clinically in a Hospital Emergency Department



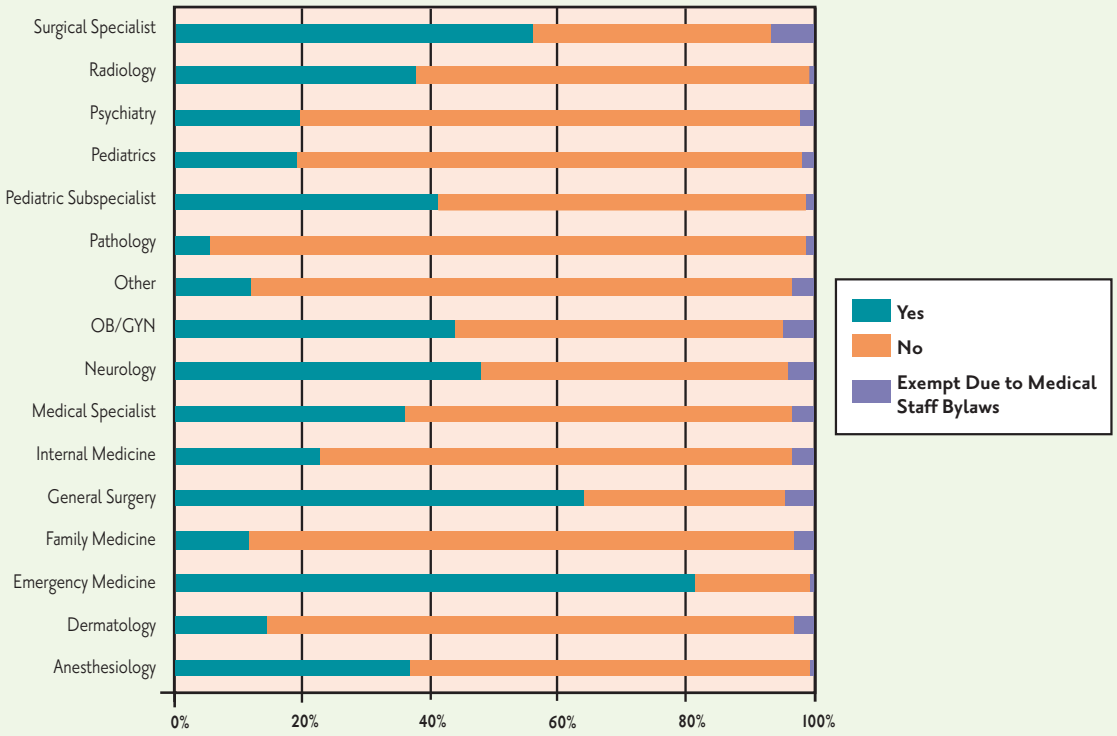
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-2. Physicians Taking Emergency Calls or Working Clinically in a Hospital by Gender



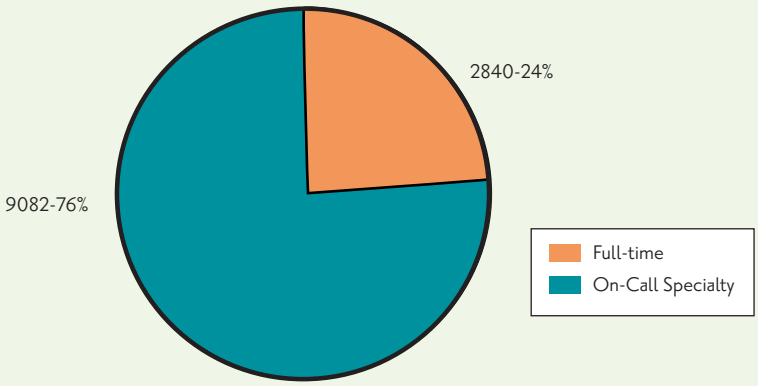
Source: Combined Physician Workforce Survey (2008 & 2009)

Figure 3-3. Physicians Taking Emergency Calls or Working Clinically in a Hospital Emergency Department by Specialty



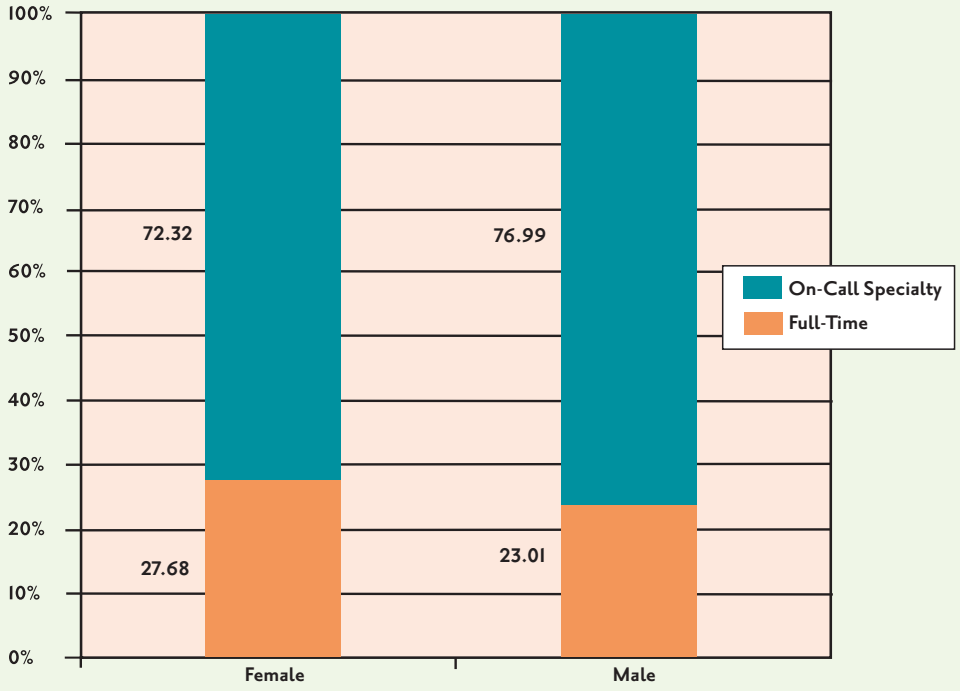
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-4. PhysiciansTaking Emergency Calls or Work Clinically in a Hospital Emergency Department by Full-Time or On-Call Specialty



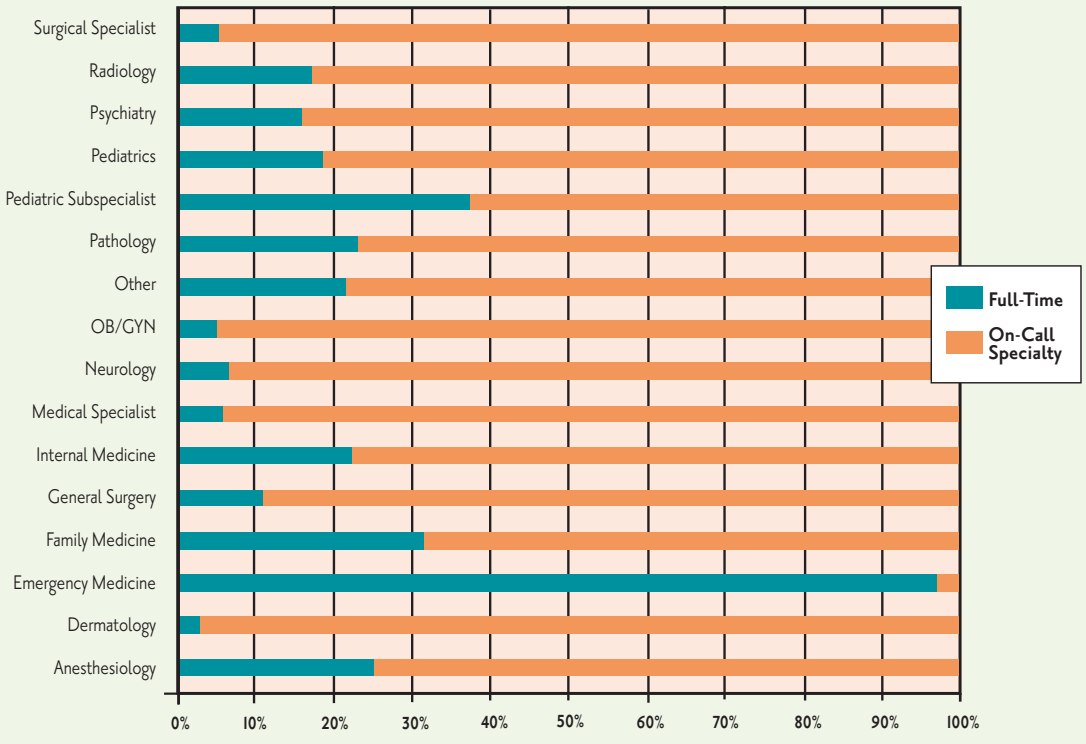
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-5. Physicians Taking Emergency Calls or Working Clinically in a Hospital Emergency Department by Gender



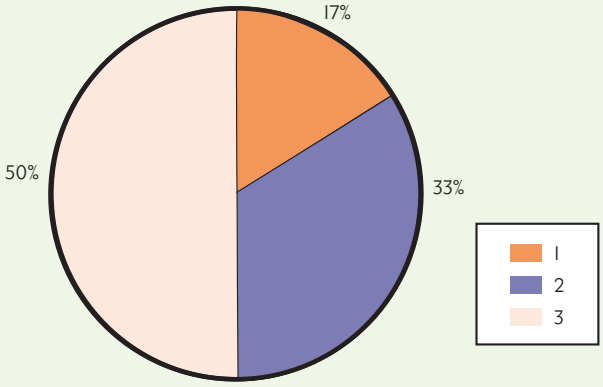
Source: Combined Physician Workforce Survey (2008 & 2009)

Figure 3-6. Full-Time and On-Call Physicians Taking Emergency Calls or Working Clinically in a Hospital Emergency Department by Specialty



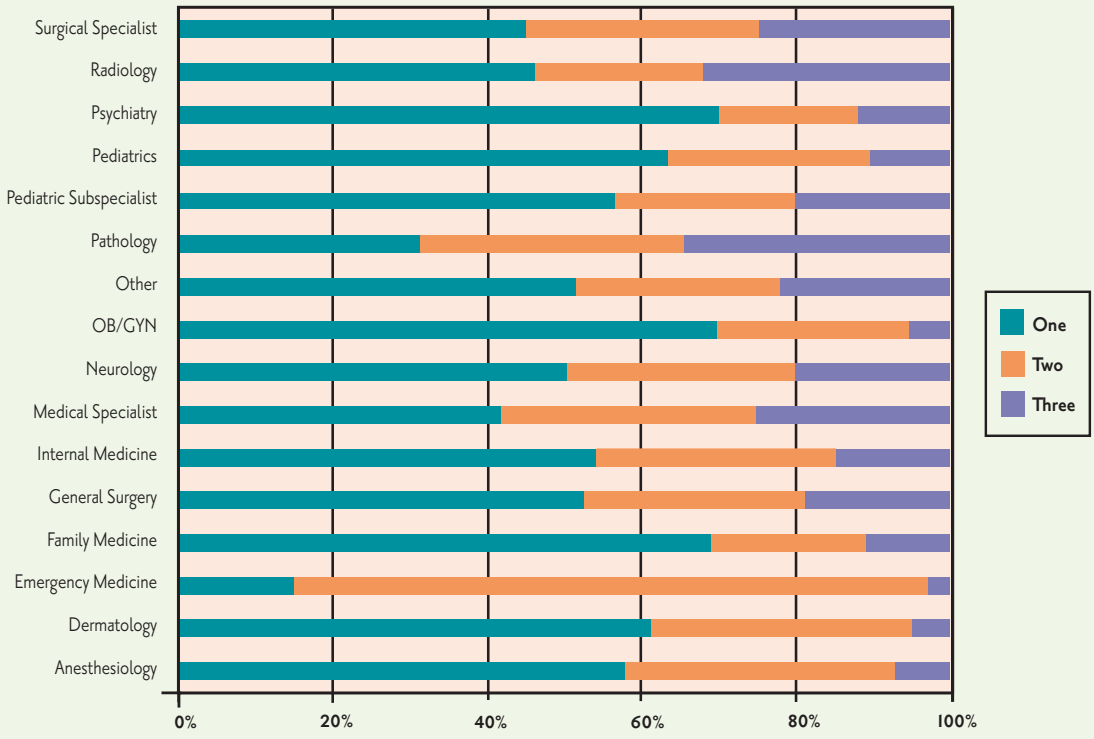
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-7. Physicians Who are On-Call Specialists by Number of Hospitals Taking Emergency Calls



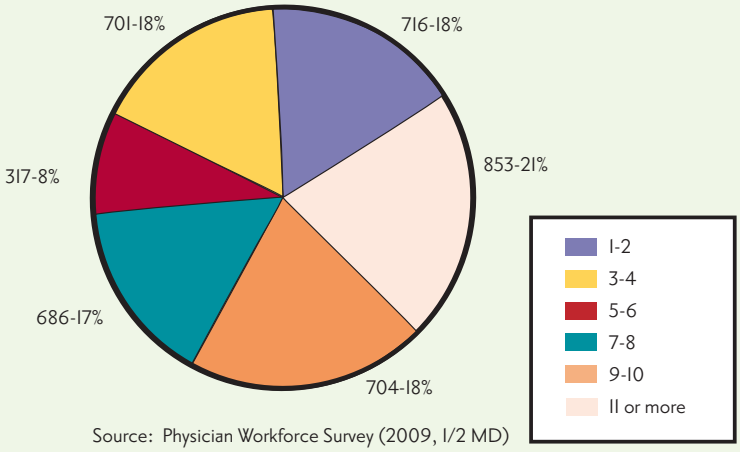
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-8. On-Call Specialists by Number of Hospitals Takng Specialty



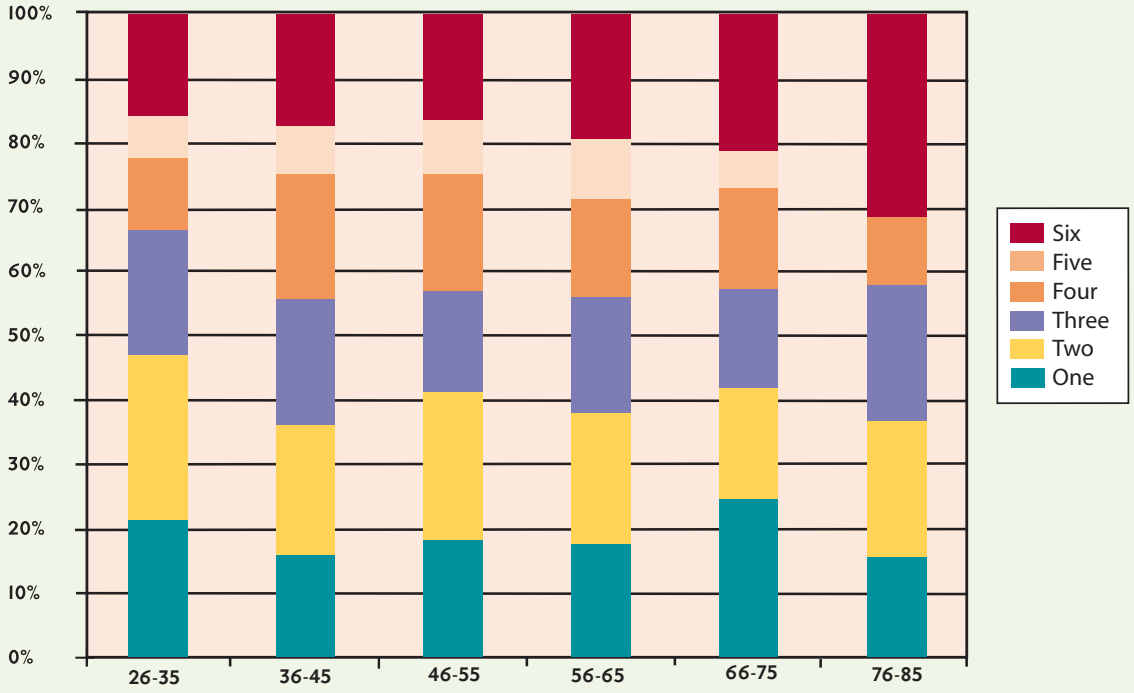
Source: Physician Workforce Survey (2008 & 2009)

Figure 3-9. Number of Days Per Month A Physician Takes Emergency Calls



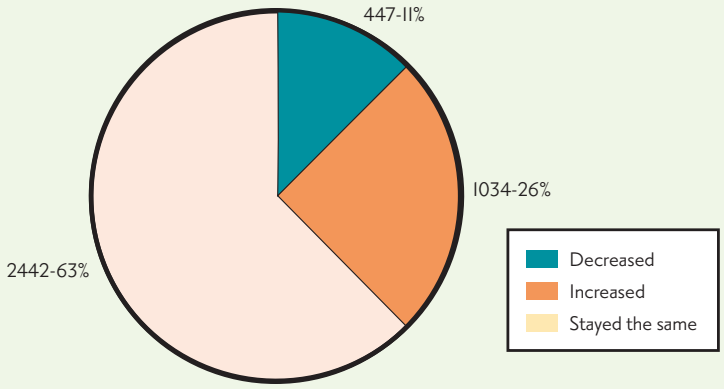
Source: Physician Workforce Survey (2009, 1/2 MD)

Figure 3-10. For Those On-Call Specialists, the Number of Days Taking Emergency Calls by Age



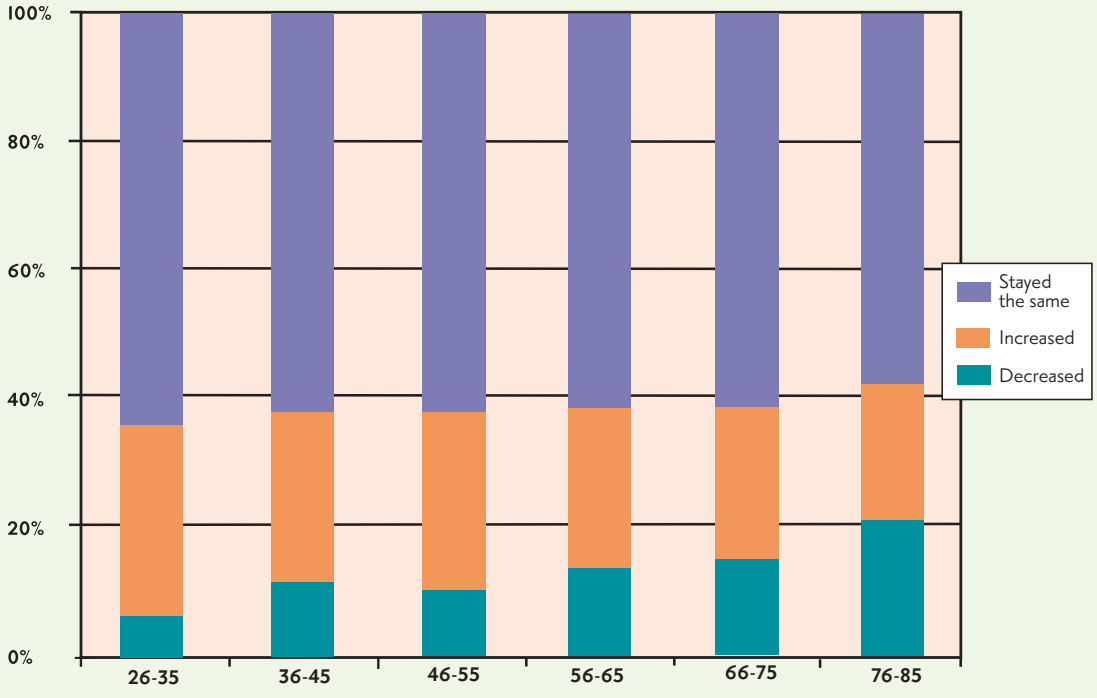
Source: Combined Physician Workforce Survey (2009, 1/2 MD)

Figure 3-11. On-Call Specialists Reporting If the Number of On-Call Days During the Past Two Years has Increased, Decreased or Stayed the Same



Source: Physician Workforce Survey (2009, 1/2 MD)

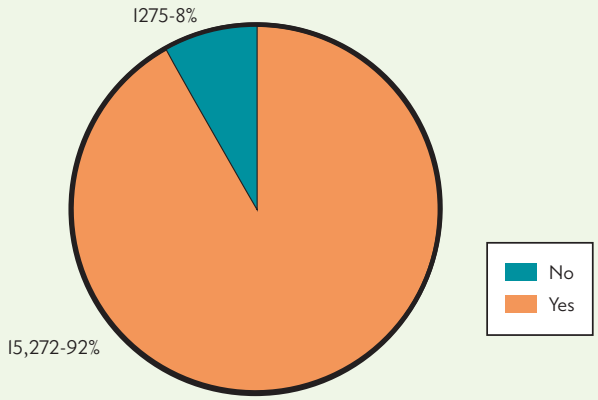
Figure 3-12. On-Call Number of Days for Specialists Reporting if Days Over the Past Two Years Have Increased, Decreased or Stayed the Same by Age



Source: Combined Physician Workforce Survey (2009, 1/2 MD)

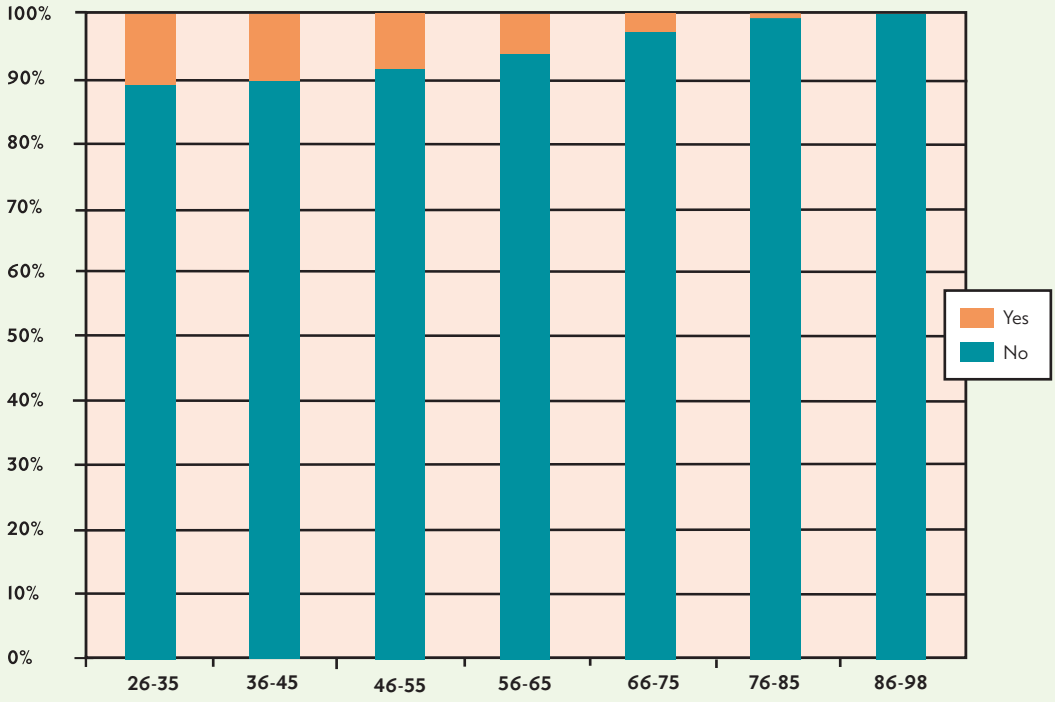
There are 24 Verified Level I, Level II and Pediatric Trauma Centers in Florida, treating over 42,000 patients a year. Trauma Centers are required by Florida Statutes to maintain certain levels of specialty coverage per the level of trauma verification they hold. Of those physicians responding to the 2009 Physician Workforce Survey, 8% indicate they take trauma call or attend to patients at a trauma center (n=1,275).

Figure 3-13. Physicians Taking Trama Calls or Attending to Trauma Patients at a Verified Trauma Center



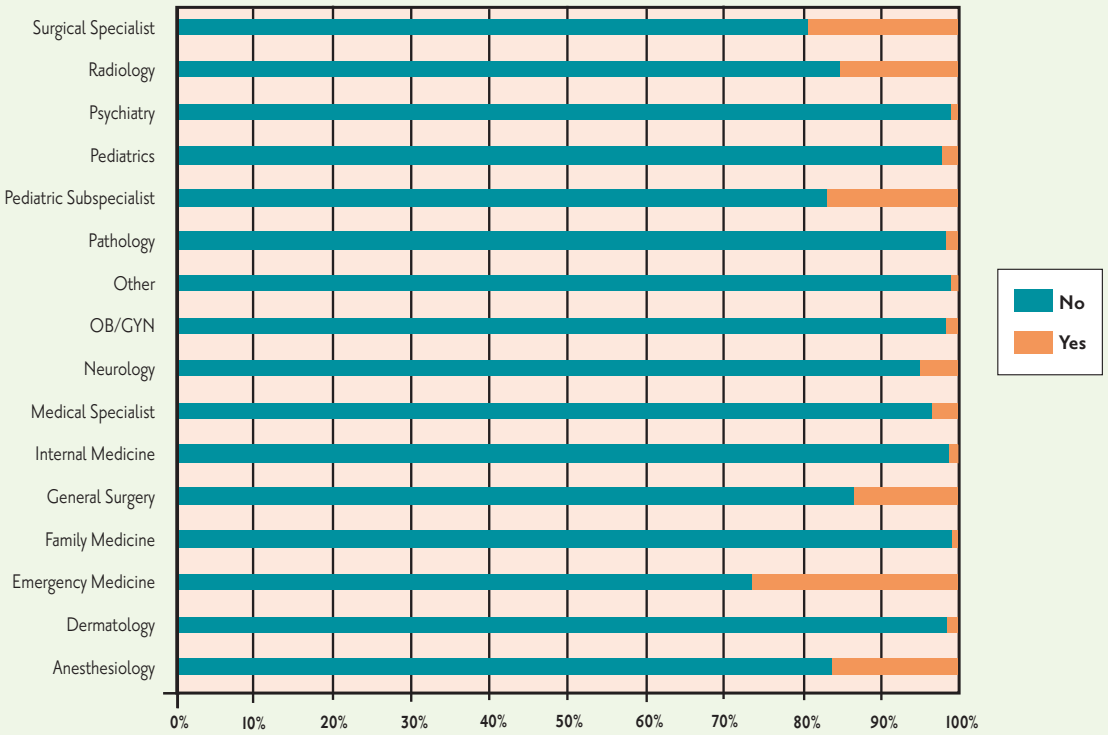
Source: Physician Workforce Survey (2009, 1/2 MD)

Figure 3-14. Physicians Taking Trauma Call or Attending to Trauma Patients at a Verified Trauma Center by Age



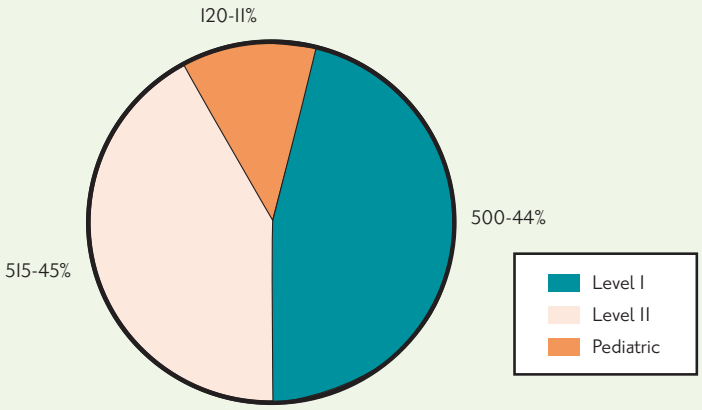
Source: Combined Physician Workforce Survey, 2009

Figure 3-15. Physicians Taking Trauma Calls or Attending to Trauma Patients as a Verified Trauma Center by Specialty



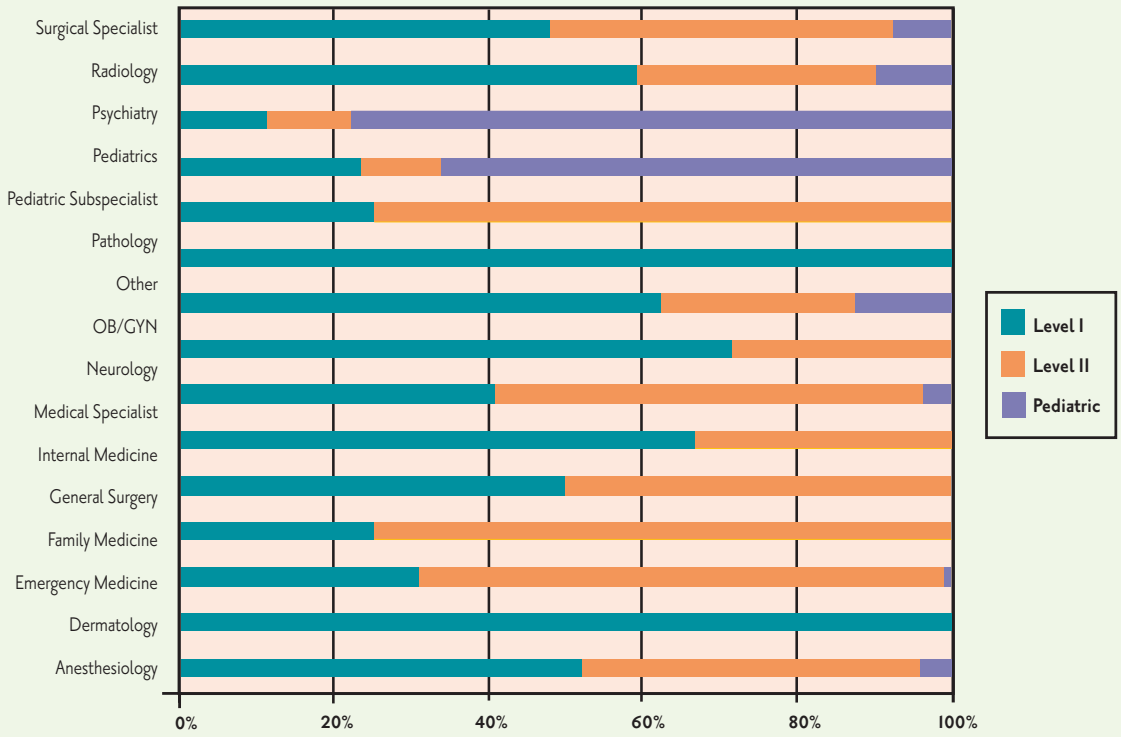
Source: Physician Workforce Survey (2009, 1/2 MD)

Figure 3-16. Type of Trauma Call



Source: Physician Workforce Survey (2009)

Figure 3-17. Type of Trauma Call by Specialty

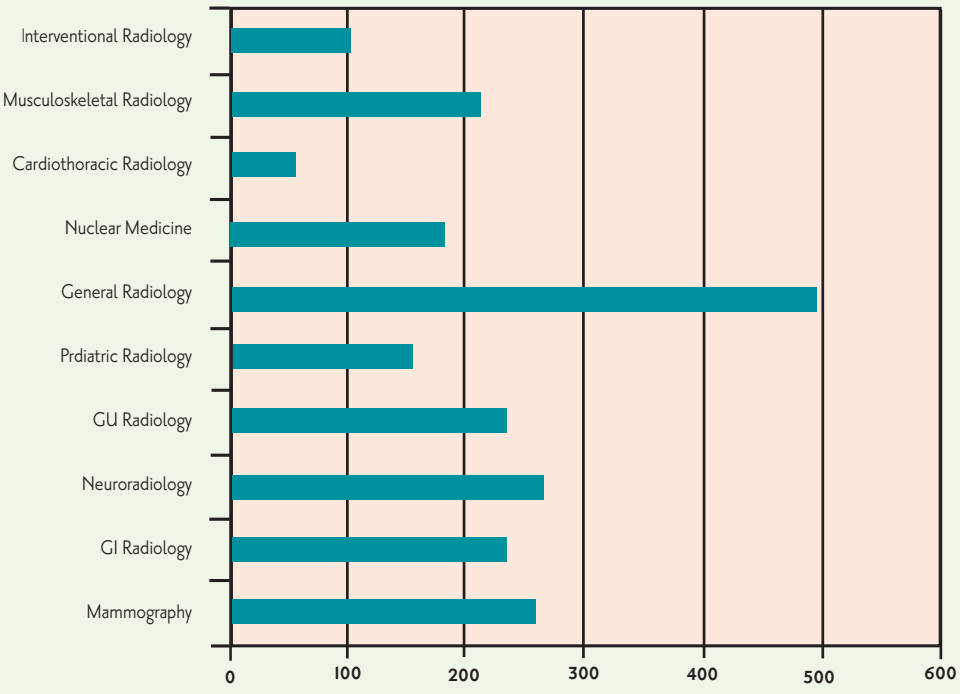


Source: Physician Workforce Survey (2009)

SECTION 4: Characteristics of Physicians Who Provide Radiological Services

One of the mandates of the Physician Workforce Report is to look at physicians who read mammograms and perform breast-imaging-guided procedures. The survey asks for those that provide radiological services to answer a series of questions. The following figure reports upon the categories of patients seen by those indicating they provide these services (n=1,801). Figure 4-2 shows specifically those reading mammograms or performing other breast imaging exams, and 72% of those answering the question (n=1,801) indicated they did not. Figure 4-3 indicates the main reason given for not reading mammograms or performing other breast-guided imagery is liability (61%).

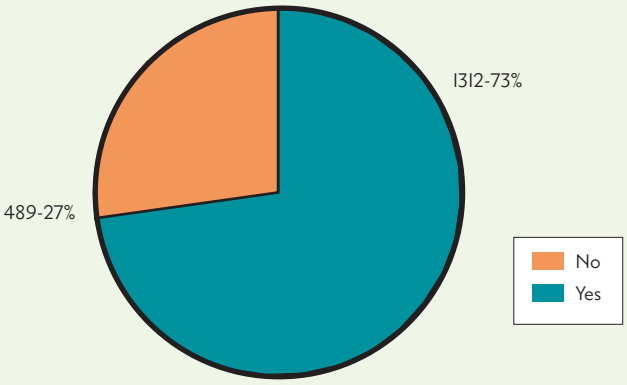
Figure 4-1. Categories of Patients Seen by Those Physicians Indicating They Provide Radiological Services



Source: Physician Workforce Survey, 2009

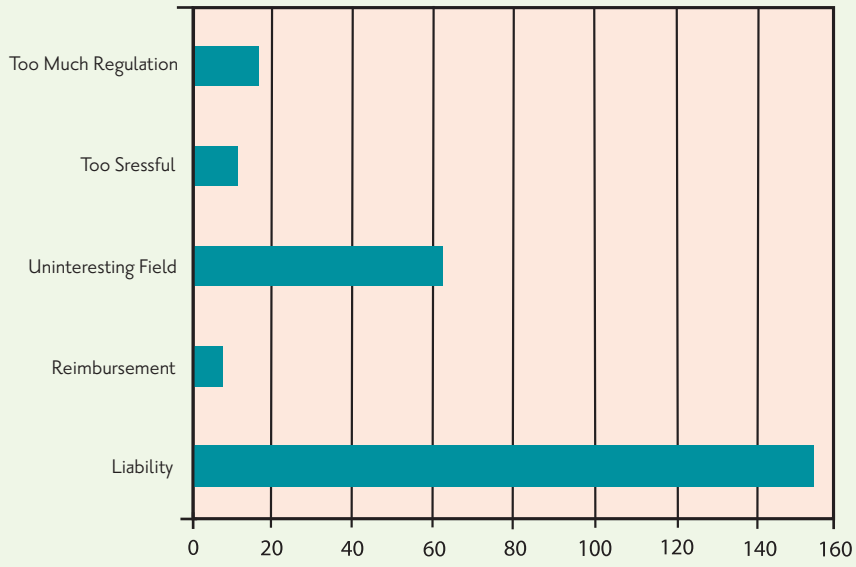
The response categories were not mutually exclusive. Precentages are based on the total counts of all categories.

Figure 4-2. Physicians Who Provide Radiological Services and Read Mammograms or Other Breast Imaging Exams



Source: Physician Workforce Survey, 2009

Figure 4-3. Reasons Why Physicians Who Provide Radiological Services Do Not Read Mammograms or Other Breast Imaging Exams

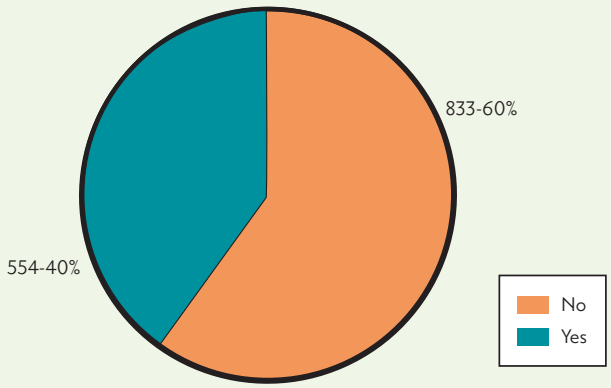


Source: Physician Workforce Survey, 2009

SECTION 5: Characteristics of Physicians Who .Provide Obstetric Services

The report is also required to report on those physicians who deliver babies in Florida. The survey asks those that indicate they perform obstetric services, if those physicians deliver babies. Forty percent (n=554) indicate they do deliver babies.

Figure 5-1. Physicians Who Deliver Babies



Source: Physician Workforce Survey 2008 & 2009 (Physicians who provide obstetric services)

CONCLUSIONS

STRATEGIES FOR THE PHYSICIAN WORKFORCE DEVELOPMENT

Strategies for Promoting Physician Workforce in Florida

Goal: To improve the overall geographic distribution and specialty mix of active, practicing Florida physicians to support the healthcare needs of all people in Florida.

The Florida Department of Health and the State Surgeon General established the Healthcare Practitioner Ad Hoc Committee after the passage of SB 770, codified into section 381.4018, Florida Statutes, on the dissection and discussion of short and long term strategies to support the development of Florida's physician workforce. These concepts build upon both the recommendations in the 2004 Council for Education Policy, Research and Improvement (CEPRI) Medical Education Needs Analysis and the Board of Governor's March 2006 Resolution.

Both the CEPRI report and the Board of Governor's 2006 Resolution indicate the need for a comprehensive and cohesive data needed to evaluate the state's physician workforce. Since 2004 there has been significant progress in both securing a source of objective and reliable data through the physician workforce survey and in the continued dialogue on the importance of residency positions to the state's expanded physician workforce. However, the Healthcare Practitioner Ad Hoc Committee further evaluated the roles of the medical education, including the medical education pipeline and the capacity and quality of medical education; and the recruitment and attraction of physicians to practice in Florida as part of the comprehensive strategies to achieve the appropriate balance both by location and specialty across the state.

Medical Education

The CEPRI report discussed the pipeline into medical education as a component of determining an adequate supply of physicians in Florida. The discussion focused on having enough "qualified" applicants to fill vacancies in medical schools. Since that time the state has expanded the number of medical schools and branch campuses to 9, and the Council of Florida Medical School Deans has studied submissions, applicants and matriculates for each of the schools. The Healthcare Practitioner Workforce Ad Hoc Committee had the benefit of these data, and has expanded upon the concept of the Medical Education Pipeline (pipeline) to include science and math education as early as middle school, pre-college, pre-medical education in undergraduate degrees through the completion of a graduate medical education or residency program.

The Healthcare Practitioner Ad Hoc Committee has also identified the need to address the capacity and quality of Florida Medical Schools as a component of comprehensive planning and a joint responsibility in analyzing the overall access to care for Floridians. The section of planning as it pertains to medical schools is the discussion of sufficient access to a qualified pool of applicants in Florida, increases in enrollments at existing and new Florida medical schools and the continued provision of quality medical education.

As this effort is collaborative and includes support and data from several stakeholders including, but not limited to the Council of Florida Medical School Deans, the Department of Education and the Florida Board of Governors, the data provided here are to assist in information sharing and laying the dynamic and multi-faceted action steps that will grow into a thorough data reporting for the strategies document.

These data are intended to offer a snapshot of Florida's current medical school applicants, admittances, enrollments and matriculates.

The Healthcare Practitioner Ad Hoc Committee approached the medical school component strategies development as an extension of the relevant groundwork laid by CEPRI. The intent of the group is twofold and focuses on first ensuring a sufficient supply of qualified medical school applicants to meet the capacity and requirements of the state's allopathic and osteopathic medical schools; and secondly to ensure a high-quality medical education in Florida's public and private, allopathic and osteopathic medical schools. The effort recognizes the need to provide a quantity, quality and diversity of graduates that are adequate to meet the state's physician workforce needs.

Ensuring that Florida's public and private, osteopathic and allopathic medical schools are able to provide quality educational programs to medical students and to be nationally competitive as institutions of medical education are considered by the ad hoc committee to be components of the national accreditation process of which each institute must partake. If a medical school has successfully completed the rigorous process to become accredited, then they have most assuredly proven educational merit and are in good standing. However, there are key elements that need attention on behalf of the medical schools to stay in good standing and remain competitive.

Strategies aimed at addressing the medical education include:

- **The preparation and recruitment of young students into the medical sciences,** including the recruitment of minority and underserved youth in a series of programs targeted at teenagers, such as health career camps and activities

- **The ability to participate in undergraduate programs that continue involvement** in health professions training, and may include internships or rotations through underserved communities.

- **Strengthening skills and education plans and to identify gaps** in early science and math education that make the transition to medical school easier.

- **The Development of undergraduate scholarships** for those interested in practicing in a certain area or profession.

- **The evaluation of grades kindergarten through completion of college for the understanding of math and sciences** as it relates to the recruitment and enrollment of Florida students into Florida medical schools and the long term impact on practicing physicians in the state.

- **Introducing health care as a profession** and strengthening skills needed for medical school from elementary school through pre-medical education.

- **Considering the development of post-baccalaureate programs** to help the transition from undergraduate education to medical school.

- **Develop transitional programs focused on underserved and/or minorities** interested in health professions training and education, particularly medical school.

- **Considering physician workforce information in addressing stateside medical needs,** for example, using data to target areas of need in training such as general surgery or to expose students to areas of need.

- **Discuss best practices and costs** associated with recruitment and retention of medical students.

- **The concept of using active, licensed physicians** in Florida as affiliates of medical schools or faculty.

- **Additional incentives for faculty in medical schools,** either as direct salaries, research incentives, tax break incentives or additional perks, such as waiving a licensing fee, etc.

Graduate Medical Education

The next step in the pipeline is graduate medical education or residency programs. The residency is the continuation of training upon graduation from a medical school where a physician hones his or her clinical skills. To address Florida's physician workforce and pipeline, it is important to first understand where Florida medical students are choosing to do there residencies, particularly, if they are opting for a residency program in the state. As discussed, physician workforce stakeholders and policymakers have agreement that the most appropriate means to address physician workforce is to attend to graduate medical education, including the expanded capacity of residency positions based on the need demonstrated in the Florida Physician Workforce Survey data analysis.

Again, the 2004 CEPRI report, the 2006 Board of Governor's Resolution and, most recently, the 2009 Medical Residency Programs: A Report of the Florida Board of Governors discusses the impact of Florida's capacity of residency programs. These reports address the need particular Florida's graduating medical students seeking first year residency positions and to the overall impact of available residency positions to Florida's physician workforce. There needs to be a both balance and long-term planning when developing new positions are in Florida. Arbitrarily adding new positions in an attempt to meet workforce needs is not the best solution for the state's residency programs, hospitals, residents or the access to care for citizens. Understanding the needs of the state's workforce and what motivates a resident to pick certain programs will help formulate better solutions for filling the gaps to meet the residents need and the need of the population served. In addition, creating programs that award innovative training would allow medical schools and residency training programs to broaden experiences, and potentially allow the resident to make choices about dual specialties or locations that he or she may otherwise not have chosen. The state has a new opportunity to support programs and collaborations that allow for out-of-hospital rotations and clinical experiences that still support the overall physician workforce in Florida.

Building on the identified need to support GME in Florida, the legislature approved a $2 million appropriation through the Medicaid program to support consortiums offering new GME positions or programs in the state. This appropriation recognized the need to develop partnerships as one means to allow accredited programs to exist in parts of the state that may not be able to otherwise support them. There is a focus on rural health and hospitals, working with residency rotations outside of hospitals through Veterans Affairs and Department of Health clinics and a focus on primary care. The appropriations is recognition that in a tougher economic climate and in a changing healthcare environment the need exists to create innovative opportunities for residents to train and for the state to close the gap in funding programs. Creating new models of residency training encourages the sharing or resources and broadening the resident's experience, possibly enough to entice him or her to practice in a setting outside the hospital or metropolitan area.

The only other source of state funding for GME is through the Community Hospital Education program. This program has a $14.5 million dollar appropriation that becomes part of the intergovernmental transfer, allowing additional funding to be drawn down from the federally matched funding. The Healthcare Practitioner Ad Hoc Committee has discussed issues related to the GME funding being part of the Medicaid program specifically that payments are made directly to hospitals, rather than to the residency program directly, as was the intent of the legislature when the CHEP program was created. The statutory language is aimed at supporting the development of primary care programs and positions, but it might be time to evaluate the program's performance and possibly redirect the program or the dispersing of funds to ensure maximum outcomes are achieved.

Strategies that support the creation, expansion and maintenance of sufficient GME positions in the state include:

- **The exploration of funding alternatives for GME,** based on physician workforce data, which will include the continued focus on innovative training models and community collaborations and additional incentives for residents to practice in Florida.
- **The exploration of innovations in funding** related to allowing program directors discretion in the latitude and resources to provide innovative curricula in a variety of training settings.
- **The consideration of existing but unfunded state programs** such as loan forgiveness, loan reimbursement and GME Innovations, that would create, expand and maintain GME positions in Florida to meet physician workforce needs.
- **The consideration of how current state funding is being spent** and if there is an alternative approach to funding that would capture the innovation or best practices of other programs, maximizing the state's contribution to GME programs.
- **The creation of a strategic approach to additional residency positions** that may be awarded as the result of federal legislation, so there is a systematic and responsible approach that would allow residency growth.
- **The continued work of both GME and physician workforce stakeholders** to consider the role GME plays across the medical education pipeline and for the practicing physician workforce, which would include the continued meetings and dialogue on reforming and revitalizing GME in Florida.
- **Consider the concepts of collaborative efforts of community, state and federal partnerships** for the accreditation and payment of GME programs, including consortiums with non-traditional GME rotations or sponsors.
- **The evaluation of the Community Hospital Education Program** for performance and funding accountability.

Attract and Retain Physicians in Florida

The ability to attract and retain physicians in Florida is vital to a healthy workforce. For years policymakers and stakeholders have had limited data or anecdotal accounting of impact of certain issues that influence the state's ability to maintain a productive physician workforce by specialty mix and geographic distribution. Through the Physician Workforce Survey and the ability to collect and analyze various additional data sources, physician workforce stakeholders can now use valid, reliable data to plan for physician workforce development based on geographic and specialty mix need. The department has worked to compare Florida specialty numbers to national averages in an effort to identify these specialties, and the Healthcare Practitioner Ad Hoc Committee has worked tirelessly to identify issues that would impact the state's ability to recruit or retain those physicians in Florida.

Beyond the analysis of data, there are several issues relevant to a robust physician workforce that impact Florida and the country. There are several concerns of the practitioner as he or she evaluates practice decisions. The top three identified by the physician workforce survey are lifestyle considerations, reimbursement and liability. Other factors that influence the state's ability to attract and retain physicians in Florida include: licensure requirements, practice costs, the administrative burden of practice, emergency on-call requirements, the availability of telehealth/telemedicine, malpractice insurance, managed care, the numbers of uninsured/underinsured and many nuances in these general categories.

As with residency programs, attracting and retaining physicians in Florida requires a multifaceted and complex approach in strategic planning to support Florida's physician workforce. While the physician workforce survey data helps to quantify the supply and distribution of physicians across the state, it does not capture the motivations of physicians to practice in a specialty or location. The survey also does not include newly licensed physicians to the state which would provide additional information on those who did chose to come to Florida. The Healthcare Practitioner Ad Hoc Committee recognizes that in creating incentives for physicians to come to the state there, again, is limited funding and resources. The

Healthcare Practitioner Ad Hoc Committee also recognizes that some issues related to both attracting and retaining physicians and the overall satisfaction of practicing in Florida involve complicated systemic state and federal issues that relate to complicated reimbursement and liability formularies.

Strategies aimed at attracting and retaining physicians in Florida include, but are not limited to:

- **Maximizing federal and state programs that use incentives** to attract physicians to this state or retain physicians within the state. Strategies might include the use of programs such as the Florida Health Services Corps (s.381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (s. 1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.
- **The creation of additional scholarship or reimbursement programs** targeted at specific locations or specialties.
- **The creation of additional incentives for physicians** that may include expedited licensure, tax incentives, local and community perks that would encourage practice sharing, job sharing, or which might entice physicians into specialties or locations that would otherwise not be as appealing. These incentives may be the development of partnerships with medical schools, county health departments or hospitals and may consider issues of sovereign immunity.
- **Consider business functions of state entities** involved with the medical field, including licensure and governance of physicians.
- **Advocate for continued and objective dialogue** among physician workforce partners to ensure open communication and sharing of best practices.
- **Encourage cooperative efforts of government, hospitals and other interested parties** to create and disseminate a marketing or educational packet of informative information on the physician workforce environment in Florida.
- **Encourage the continued dialogue of governmental and non-governmental strategies** related to the overall impact of federal healthcare reform and federal and state legislation that impact workforce development.

Healthcare Practitioner Ad Hoc Committee Recommendations

The Healthcare Practitioner Ad Hoc Committee formally offers the following recommendations for action by the members involved, the State Surgeon General, the Governor of Florida and policymakers.

RECOMMENDATION 1

As residency rotations through rural and outpatient locations supports the overall experience of the resident, and as these experience can encourage a resident to practice in out patient or rural communities, the Healthcare Practitioner Ad Hoc Committee recommends that innovations in residency funding be secured to support the directors of residency programs identified as an area of need by state workforce data in achieving the latitude and resources to provide innovative curricula in a variety of training venues.

RECOMMENDATION 2

The Area Health Education Center (AHEC) Network currently supports the primary care rotations of residents and medical students in rural and underserved locations. The Healthcare Practitioner Ad Hoc Committee encourages the expanded work of the AHEC Network, focusing on the new medical schools in Florida, to expand the opportunities for new medical students and residents to participate in these rotations.

RECOMMENDATION 3

Further, the committee also recommends that to support physicians who would be interested in practicing in rural and underserved areas or areas of specialty need as identified by the physician workforce data that the state reinvigorates both the Graduate Medical Education Innovations Program (section 381.0406, F.S.) and the Medical Education Loan Reimbursement and Repayment Program (section 1009.65, F.S.). The combined impact of these two projects would result in exposure of residents in alternative settings and would offer incentives for physicians to practice in these areas. This recommendation includes the consideration of utilizing state match funds to leverage federal dollars through the Health Resources and Services Administration or National Health Service Corps funding that would encourage more physicians to practice in rural and underserved areas of the state.

RECOMMENDATION 4

Evaluation of the Community Hospital Education Program as a mechanism to fund primary care residency programs as defined in section 381.0404, Florida Statutes.

RECOMMENDATION 5

Collaborations and consortiums have proven successful partnerships in offering rotations for residents and placements of physicians in identified specialty and geographic areas. The Healthcare Practitioner Ad Hoc Committee recommends that these relationships be further explored for both the expanded capacity of federal and state partnerships and community-state partnerships. These collaborations would include, but need not be limited to Florida Department of Health partnering with the Health Resources and Services Administration to develop Florida as a Workforce Center to forge continued and enhanced partnerships with the State Office of Primary Care, Federally Qualified Health Centers, the Area Health Education Center Network, Community Health Centers, state licensing and regulatory boards, practitioners and others as a mechanism for exploring further avenues for access to healthcare is one option and to expand upon governmental-nongovernmental collaborations within Florida that would provide innovative approaches and incentives to support physicians, practices and residency rotations. In addition, the committee continues its support for the collaborative efforts of the Council of Florida Medical School Deans, the Veterans Affairs Administration, the Boards of Osteopathic Medicine and Board of Medicine, and Physician Workforce Stakeholders on the training of physicians wishing to reenter Florida's workforce based on geographic and specialty mix needs in Florida.

RECOMMENDATION 6

Further expanding upon the data needed to benchmark and trend physician specialty and location through the additional survey information collected from physicians applying for initial licensure in Florida.

RECOMMENDATION 7

Explore additional incentives for physicians, hospitals and those benefiting from medical education through tax exemptions or other state opportunities that would benefit the overall healthcare practitioner workforce.

RECOMMENDATION 8

Explore additional incentives or opportunities for areas of telemedicine and telehealth, including Medicaid Waivers or Insurance Reimbursements for an area that would directly impact health access through technology.

RECOMMENDATION 9

Maintain the statewide Healthcare Practitioner Ad Hoc Committee through statutory change that would support the effective and ongoing effort of a multitude of physician workforce stakeholders on a variety of issues, including, but not limited to medical education, graduate medical education and attracting and retaining physicians.

RECOMMENDATION 10

The Healthcare Practitioner Ad Hoc Committee firmly supports the training of retired physicians wishing to reenter Florida's physician workforce.

Limitations

The following caveats and limits are made with regard to the survey data:

- **Physician licensure data will be provided annually. "Point in time" verification will not be conducted.**
- **Physician licensure data and the Physician Workforce Survey are self reported data.**
- **The Department will work with stakeholders to define relevant terms and parameters for reporting.**
- **The Department will facilitate discussions and a strategic plan with stakeholders based on the analysis of data from the Physician Workforce Survey.**