



# Physician Workforce Annual Report 2011



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## Preface

The Department of Health presents the 2011 Physician Workforce Annual Report, established in section 381.4018, Florida Statutes. Pursuant to sections 381.4018, 458.3192, and 459.0082, Florida Statutes, the Department 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, which includes recommendations and an analysis of data by geographic area and specialty, is provided to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually on November 1.

The recommendations included are those of the Physician Workforce Advisory Council and do not necessarily represent those of the State Surgeon General or the Department.

## Acknowledgments

The Department of Health extends a sincere thank you to those who gave so generously of their time and talents to ensure the success of physician workforce planning in Florida. This includes the Physician Workforce Advisory Council Members, shown in Figure 1, and the Department staff, listed below, who supported the Council and attended Council meetings.

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Florida Department of Health

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1. A designee from the department who is a physician licensed under chapter 458 or chapter 459 and recommended by the State Surgeon General.	<b>Joanna Drowos, D.O.</b>
2. An individual who is affiliated with the Science Students Together Reaching Instructional Diversity and Excellence program and recommended by the area health education center network.	<b>Les Beitsch, M.D., J.D.</b>
3. Two individuals recommended by the Council of Florida Medical School Deans, one representing a college of allopathic medicine and one representing a college of osteopathic medicine.	<b>Robert Watson, M.D. Jim Howell, M.D.</b>
4. One individual recommended by the Florida Hospital Association, representing a hospital that is licensed under chapter 395, has an accredited graduate medical education program, and is not a statutory teaching hospital.	<b>Michael Epstein, M.D.</b>
5. One individual representing a statutory teaching hospital as defined in s. 408.07 and recommended by the Safety Net Hospital Alliance.	<b>Mathis Becker, M.D.</b>
6. One individual representing a family practice teaching hospital as defined in s. 395.805 and recommended by the Council of Family Medicine and Community Teaching Hospitals.	<b>Edwin Prevatte, M.D.</b>
7. Two individuals recommended by the Florida Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.	<b>Karl Altenburger, M.D. Ed Homan, M.D.</b>
8. Two individuals recommended by the Florida Osteopathic Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.	<b>Nicole Sirchio, D.O. Paul Seltzer, D.O.</b>
9. Two individuals who are program directors of accredited graduate medical education programs, one representing a program accredited by the Accreditation Council for Graduate Medical Education and one representing a program accredited by the American Osteopathic Association. The GME director of a Florida medical school may also serve.	<b>Diane Davey, M.D. Mark Gabay, D.O.</b>
10. An individual recommended by the Florida Association of Community Health Centers representing a federally qualified health center located in a rural area as defined in s. 381.0406(2)(a).	<b>Anita Riels</b>
11. An individual recommended by the Florida Academy of Family Physicians.	<b>Sandra Argenio, M.D.</b>
12. An individual recommended by the Florida Alliance for Health Professions Diversity.	<b>Alma Littles, M.D.</b>
13. The Chancellor of the State University System or his or her designee.	<b>R.E. LeMon, Ph.D.</b>
14. A layperson member as determined by the State Surgeon General.	<b>Jan Gorrie, J.D.</b>

*Figure 1: The Physician Workforce Advisory Council, established by the Legislature in 2010.*

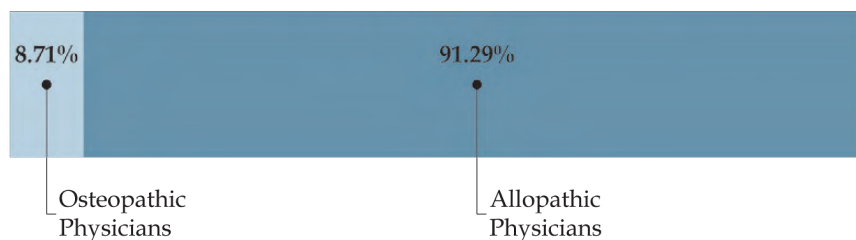
## Executive Summary

The Department of Health, in response to sections 458.3192, 459.0082 and 381.4018, Florida Statutes, presents the 2011 Physician Workforce Annual Report, which contains:

- Summary analysis of the 2010 and 2011 Physician Workforce Surveys;
- recommendations set forth by the Florida Physician Workforce Advisory Council concerning physician workforce assessment and development;
- introductory analysis of graduate medical education (GME) in Florida; and
- detailed analysis of Physician Workforce Survey responses concerning specific specialties and special topics.

Florida physicians renew their medical licenses biennially, a process managed by the Department's Division of Medical Quality Assurance (MQA). Half of all allopathic physicians (MDs) and all osteopathic physicians (DOs) renew in one year, followed by the remaining MDs in the next year.

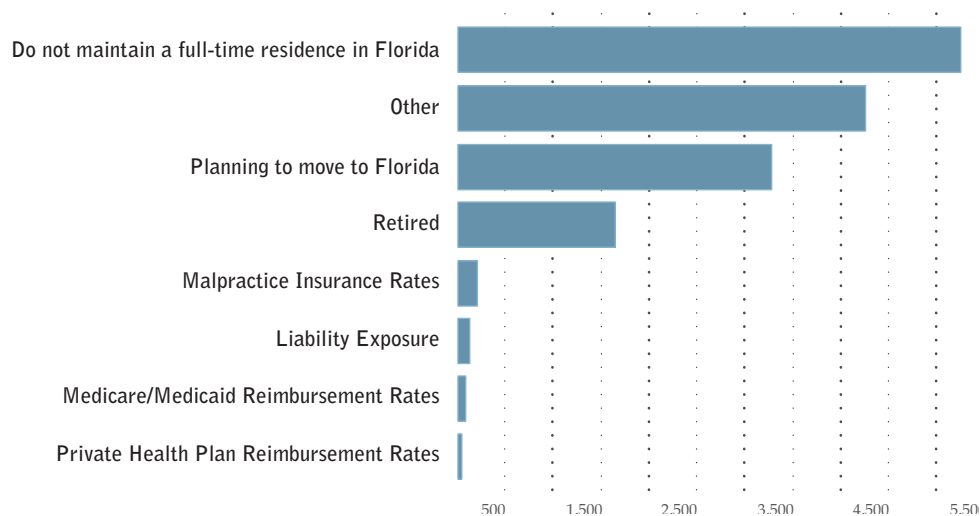
### Florida Physician Workforce Survey: All Respondents Physician Types



**Figure 2:** 54,218 of the survey respondents are MDs and 5,176 are DOs. Source: 2010 & 2011 Physician Workforce Surveys

The Florida Physician Workforce Survey is a mandatory component of the license-renewal process. The Department gathers a complete snapshot of the state’s physician workforce by combining survey responses from the two most recent renewal cycles with information from MQA’s licensure and profile databases. This report details responses to the 2010 and 2011 surveys. 59,394 physicians answered at least one survey question during the reporting period--an overall response rate of greater than 99 percent.

The first survey question asks respondents if they practice medicine at any time during the year in Florida, allowing the Department to distinguish the state’s practicing physicians from those not practicing in state. This non-practicing set represents an important source the Department can target when attempting to address healthcare capacity. Of the 2010 and 2011 survey respondents, almost 16,000 do not practice in Florida. Understanding the reasons cited for non-practice (Figure 3) is useful in considering physician attraction and retention initiatives.



**Figure 3:** Reasons cited by physicians reporting they had not practiced in Florida at any time during the year prior to license renewal.

Source: 2010 & 2011 Physician Workforce Surveys

The Department creates its licensed and practicing physicians data subset by excluding those respondents:

- Not practicing medicine in Florida;
- failing to provide a valid Florida practice location<sup>1</sup>;
- indicating enrollment in a residency, internship or fellowship program; and
- not practicing due to license status.

#### Florida Physician Workforce Survey: **All Respondents** Practicing v. Non-Practicing

Practicing Physicians 72.71%	Non-Practicing Physicians 27.29%
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*Figure 4:* 43,188 of the respondents to the 2010 and 2011 survey are considered by the Department to be practicing in Florida – 16,206 are counted as non-practicing for one of several possible reasons. Source: 2010 & 2011 Physician Workforce Surveys

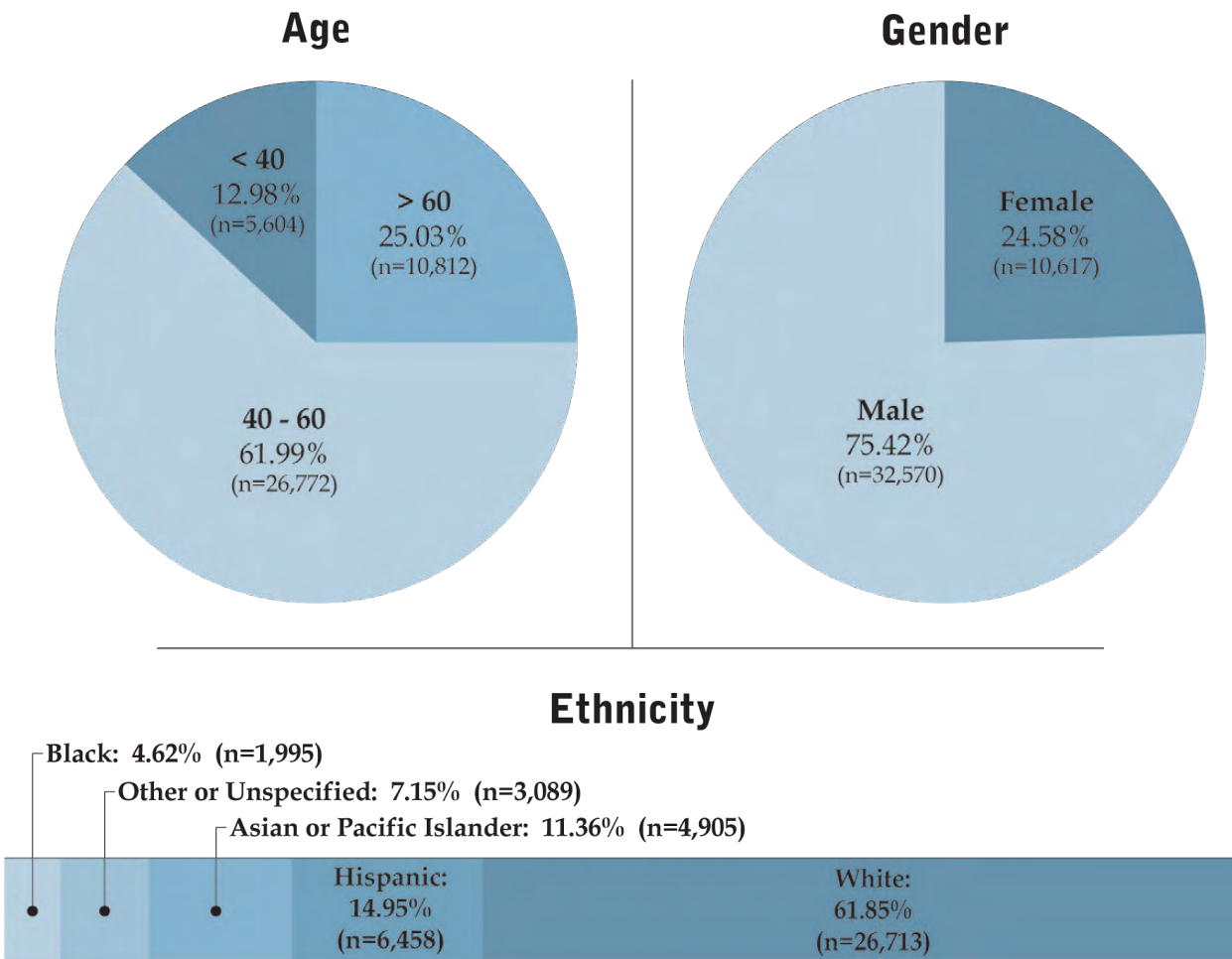
72.71 percent (n=43,188) of respondents in the reporting period meet the Department's criteria for inclusion in the licensed, practicing physicians data subset. The remaining 27.29 percent (n=16,206) of physicians are not considered in subsequent analyses in this report, unless otherwise noted.

The following summary analysis of the physician workforce, along with the eleven regional fact sheets, reveals the distribution of Florida's physicians by geography and specialty.

<sup>1</sup> Physician practice locations are checked against lists of Florida zip codes and cities to test validity



## Florida's Licensed, Practicing Physicians General Demographic Characteristics



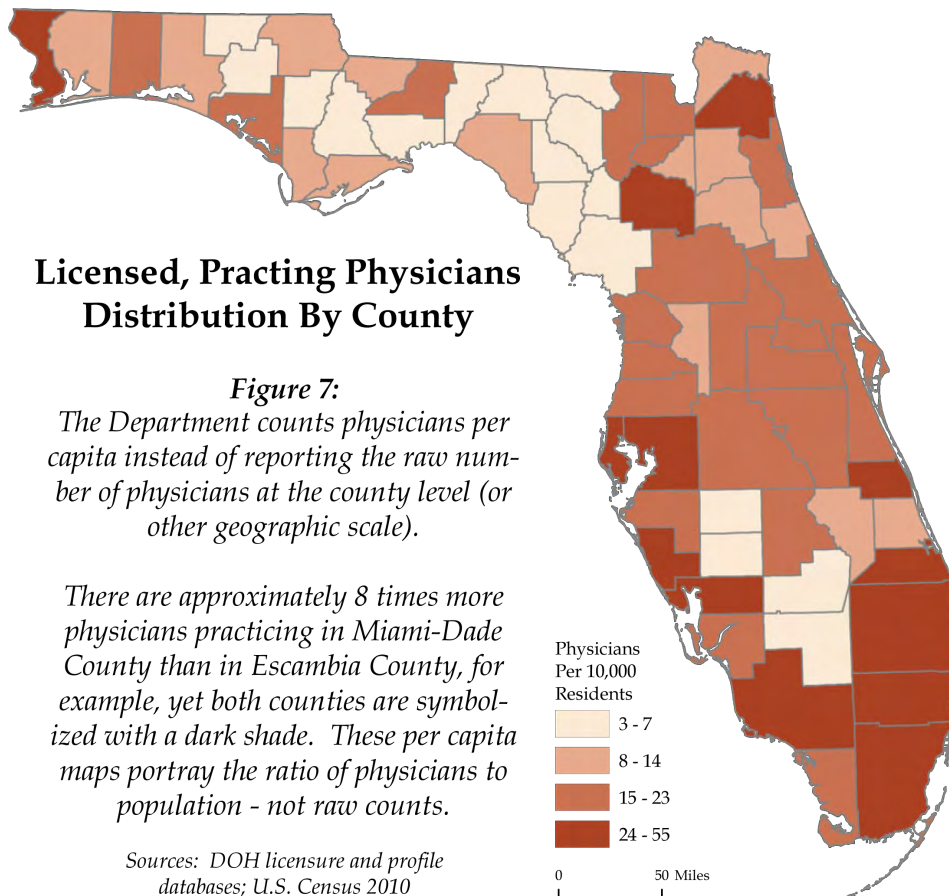
*Figure 5: Demographic data is drawn from the initial license applications and is stored in the Department's licensure database. These data are linked by license number to the survey respondents for 2010 and 2011.*

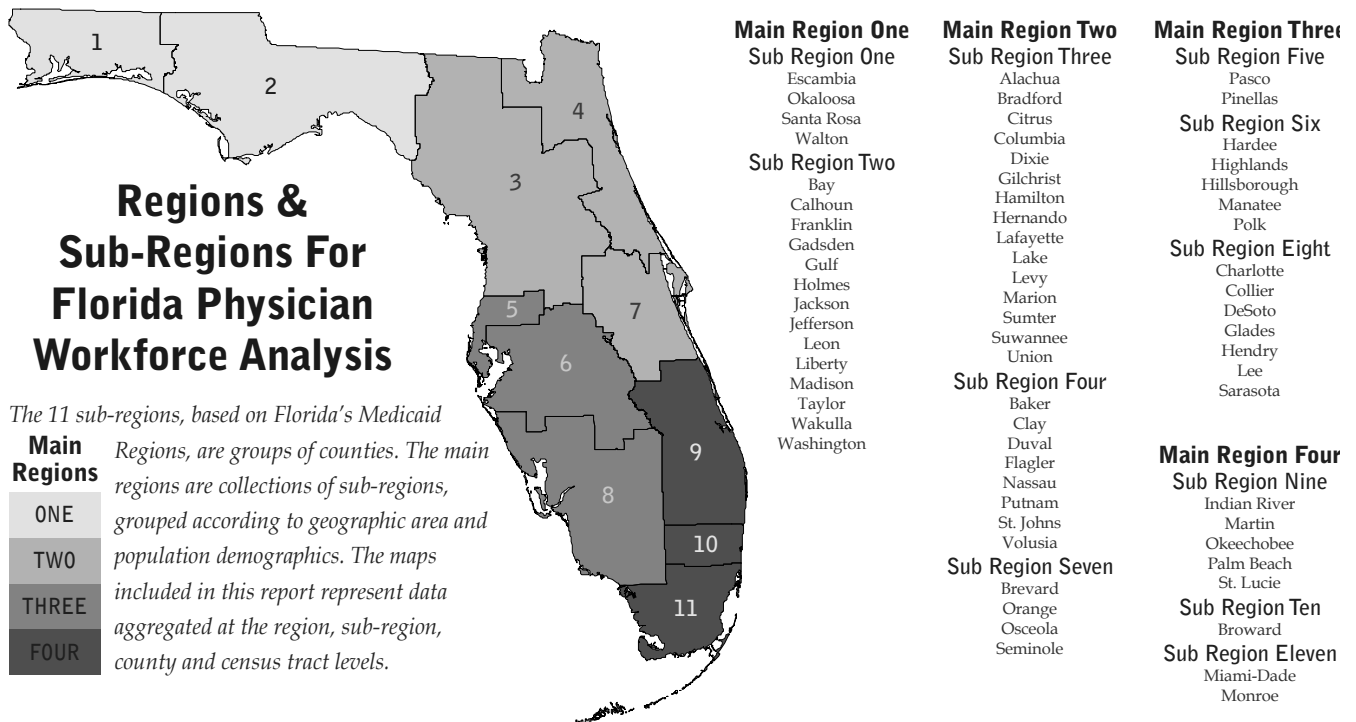
The eleven fact sheets that will lead the Key Findings section provide an overview of:

- Geographic distribution of primary care providers
- Physician demographics and specialty mix
- Levels of care by patient count and patient-care hours per week
- Acceptance of new Medicare and Medicaid patients
- Physicians' hospital practice characteristics

Medical Specialist	9076
Internal Medicine	5951
Family Medicine	5935
Surgical Specialist	3107
Anesthesiology	2461
Pediatrics	2281
Radiology	2121
Emergency Medicine	2080
Psychiatry	1914
OB-GYN	1877
Pediatric Subspecialist	1194
General Surgery	1029
Dermatology	930
Pathology	875
Neurology	866

**Figure 6:** The Department groups physicians according to primary specialty provided in response to Survey Question 3. For further explanation on specialty groupings, see Appendix A. Sources: 2010 & 2011 Physician Workforce Surveys; DOH profile database





*Figure 8: Spatial Aggregation Method. The eleven sub-regions are based on Florida's Medicaid Regions. Four main regions of Florida were determined by the Department according to geographic area and population demographics.*

Several of the analysis products presented after the fact sheets are meant not only to inform, but to illustrate newly developed data-mining capabilities the Department has applied to the Physician Workforce Database. The products include:

- In-depth examination of responses to OB-GYN and radiology specialty questions
- Upcoming scope of practice changes by current members of the physician workforce
- Samples of workforce breakdowns by health indicator
- Question-by-question reporting of all responses to the main section of the 2010 and 2011 Physician Workforce Surveys

The Department's discussion on GME follows the physician workforce analysis products. Ensuring continued expansion of Florida's GME opportunities is a concern shared almost universally within the medical community. The state invests heavily in the medical school education of new physicians, yet faces the prospect of medical school graduates outstripping available first-year residency positions. This year's report recaps the role of GME, addresses recent developments, and provides a snapshot of Florida's current GME programs, including some spatial analysis.

## Physician Workforce Advisory Council

The Physician Workforce Advisory Council is a 19-member body established by the Legislature in 2010 to advise the State Surgeon General and the Department on matters concerning current and future physician workforce needs in the state. The duties of the council include:

1. Review survey materials and survey-response-data reporting;
2. annually review the number, location, cost, and reimbursement of graduate medical education programs and positions;
3. provide recommendations to the Department regarding the survey completed by physicians licensed under chapters 458 and 459, Florida Statutes;
4. assist the Department in preparing the annual report to the Legislature pursuant to sections 458.3192 and 459.0082, Florida Statutes;
5. assist the Department in preparing an initial strategic plan, conduct ongoing strategic planning, and provide ongoing advice on implementing the strategic planning recommendations;
6. monitor the physician workforce and make recommendations to ensure the appropriate specialty mix and distribution of quality physicians, particularly those practicing in primary care; and
7. monitor graduate medical education programs and make recommendations regarding the state's current and future physician workforce needs.

The Department and the Council are together charged with a collaborative, ongoing strategic planning effort meant to evolve with Florida's ever-changing healthcare needs. The Florida Legislature and stakeholders throughout the medical community recognize that comprehensive physi-

cian workforce assessment and development planning is essential due to the expense and length of time required to educate and train new physicians.

The ongoing strategic planning process involves defining broad topics that influence the physician workforce, recommending action items which lay the groundwork for focused workforce development, and detailing strategic tasks the Department and state should undertake to accomplish the objectives set forth in section 381.4018, Florida Statutes.

### **Topics Influencing the Physician Workforce**

Since the 2004 Council for Education Policy Research and Improvement report, there have been three main areas identified that influence the overall physician workforce. Suggested by the Florida Board of Governors, Council of Florida Medical School Deans, and other key stakeholders, the Council agrees that the main factors influencing the overall physician workforce in Florida are:

#### *Graduate Medical Education (GME)*

The quantity, geographic distribution and specialty mix of residency positions influence the shape of the physician workforce due to the propensity of newly-trained physicians to enter practice near their residency programs. The quality, number, and location of available first-year residency opportunities help to determine the state's ability to retain graduates of Florida medical schools and attract the best out-of-state graduates.

#### *Attract, Retain & Retrain Physicians*

The Department and state can expand healthcare access by focusing physician attraction and retention efforts on areas of need as defined by geography, population demographics, or practice specialty. Renewed pro-

motion and support for Florida's currently unfunded incentive programs<sup>1</sup> is a suitable starting point. The state has the resources to expand the physician workforce by marketing such incentives to the group of licensed Florida physicians not currently practicing. The state can also expand the physician workforce in areas of need through increased funding for state-wide physician retraining programs.

*Medical Education & the "Pipeline"*

Florida's medical schools must reach out to students from all walks of life as early and often as possible in order to ensure a diverse applicant pool of qualified candidates. The Department can benchmark current best practices and should serve as a resource for both fledgling outreach programs and existing programs seeking to expand their scope.

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<sup>1</sup> Florida Health Services Corps (see s. 381.0302, Florida Statutes); Medical Education Reimbursement and Loan Repayment Program (see s. 1009.65, Florida Statutes); Florida Minority Medical Education Program (see s. 1009.68, Florida Statutes)

**Council for Education Policy, Research and Improvement  
(CEPRI)****Policy Recommendations from the 2004  
Medical Education Needs Analysis*****The Assessment of the Physician Workforce******POLICY RECOMMENDATION 1***

The Legislature should enact the Florida Health Care Practitioner Workforce Database, as outlined in House Bill 1075 and Senate Bill 1154 from the 2004 Legislative Session. The database would serve as the official statewide source of valid, objective and reliable data on the physician workforce.

***POLICY RECOMMENDATION 2***

As more reliable data becomes available, state policymakers should develop a model to quantify the adequacy of the state's physician workforce taking into account the following factors: demographics, physician practice status, specialty, place of education and training, quality of care and safety of practice, service delivery conditions, generational changes, public perception, population growth, economic indicators, and issues of the "pipeline" into medical education.

***The Expansion of Residency Positions******POLICY RECOMMENDATION 3***

To address the immediate and/or impending physician shortage in the state, the State of Florida should first pursue a policy of creating and expanding medical residency positions in the state.

***POLICY RECOMMENDATION 4***

Given the federal funding limitations on the expansion and creation of residency positions, the Legislature should provide direct state funding for the residency positions at a rate no less than half of the average estimated direct cost for residency training. Funding for residency positions should be targeted to areas of on-going critical need to the state.

***The Use of Incentives to Attract Physicians to Florida******POLICY RECOMMENDATION 5***

The Legislature should provide funding to the Florida Health Service Corps (381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.

***The Expansion of Medical School Capacity******POLICY RECOMMENDATION 6***

The expansion of medical school capacity should be pursued only after policies to immediately address a physician shortage have been implemented (increasing residency positions and funding scholarship and loan forgiveness programs).

*Figure 9: Policy recommendations developed by CEPRI in 2004.*



**Association of American Medical Colleges  
(AAMC)****Florida's national rankings excerpted from the  
2011 State Physician Workforce Data Book**

5th in percentage of active physicians who are age 60 or older
42nd in percentage of active physicians who are female
3rd in percentage of active physicians who are international medical graduates (IMGs)
42nd in residents & fellows on duty per 100,000 population
38th in students enrolled in public medical or osteopathic school per 100,000 population
4th in change in number of students enrolled in medical or osteopathic schools, 2000 - 2010 (87% increase)
29th in ratio of residents and fellows to medical and osteopathic students
8th in physicians retained from public undergraduate medical education (UME)
4th in physicians retained from graduate medical education (GME)
7th in physicians retained from UME and GME combined

*Figure 10: Florida's national rankings from the AAMC 2011  
State Physician Workforce Data Book.*

**Council Recommendations**

The Council convened as a whole and in working groups throughout the year to develop the set of initial strategies for the proposed Florida Physician Workforce Assessment and Development Plan. Members of the Council easily reached consensus on the first, most actionable steps required to begin shaping the physician workforce of tomorrow. These strategies will be presented in a formal assessment and development stra-

tegic plan, currently in development. The Council proposes the following recommendations addressing initial achievable goals:

#### *Graduate Medical Education*

1. Continue to develop the physician workforce database for the analysis and reporting of the numbers, specialties, and locations of physicians in the state of Florida.
2. Develop new GME programs based on needs identified by the physician workforce database and explore federal-state or state-community partnerships and establish funding for Florida's existing GME Innovations Program (see s. 381.0403(4), F.S.).
3. Analyze current funding sources and costs of GME specialty program types, including primary care, and determine future growth initiatives with constant and predictable funding sources.
4. Address the shortfall of first-year residency opportunities in Florida relative to the number of in-state medical school graduates.

#### *Attract, Retain & Retrain*

5. Renew temporary certification initiative for areas of critical need.
6. Support and expand the Florida CARES<sup>2</sup> physician evaluation and retraining program.
7. Continue to partner with organizations like the Professionals Resource Network, Inc. to return physicians who have successfully completed treatment to active practice.
8. Study the impact of medical malpractice, economics, and other factors on Florida's ability to attract and retain practicing physicians and continue to initiate strategies to adjust policies accordingly.

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2 Comprehensive Assessment, Remediation and Education Services

*Medical Education & Applicant Pipeline*

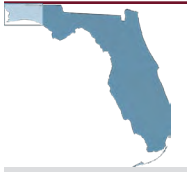
9. Document the best practices of Florida's medical schools' outreach efforts to increase the diversity of the applicant pool to Florida's medical schools and focus those efforts toward students of all age groups, under-represented minorities, and socio-economically disadvantaged backgrounds.

## Physician Workforce Survey: Key Findings

The Department presents the following maps, charts, tables, and analysis products detailing the results from the 2010 and 2011 Physician Workforce Surveys and the Department's profile and licensure databases:

- Eleven Sub-Region Fact Sheets
- Physician Workforce by County
- Physician Workforce by Census Tract
- Analysis of OB-GYN Specialty Questions
- Comparing the Distributions of Live Births and Physicians Performing Deliveries
- Analysis of Radiology Specialty Questions
- Retiring Physicians by County
- Planned Destinations of Physicians Reporting Impending Out-of-State Move





# Florida Sub-Region 1

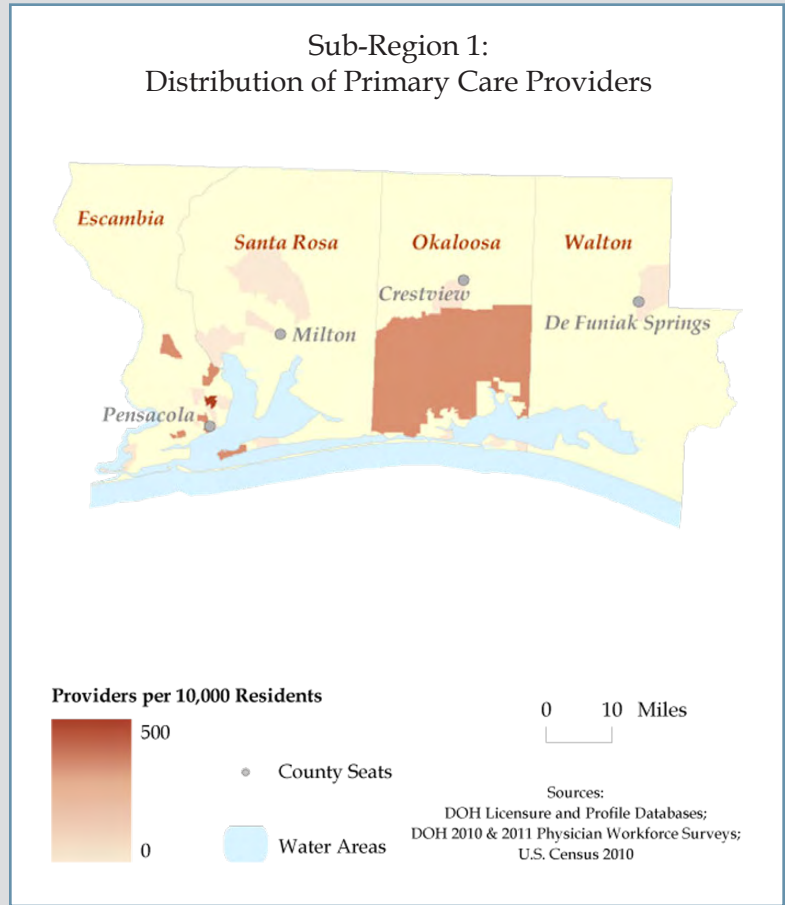
## Summary Analysis of the Physician Workforce

The “Physician Specialty Groups” table and all practice-related charts draw solely from the Department’s physician workforce database, focusing on 2010 and 2011 Physician Workforce Survey respondents. The specialty grouping method is described in Appendix A.

Charts concerning physician age, gender and ethnicity draw demographic details of the 2010 and 2011 survey respondents from the Department’s licensure database.

The “Distribution of Primary Care Providers” map is generated by plotting the practice location, drawn from the Department’s profile database, of all 2010 and 2011 survey respondents reporting a Family Medicine, Internal Medicine, or Pediatrics specialty.

The “Distribution of Population and Rural Areas” reference map portrays the areas of high (dark) and low (light) concentrations of people and highlights areas considered rural according to the U.S. Census Bureau’s Rural Urban Commuting Area (RUCA) scoring system.



**Data Sources:**

Florida DOH  
2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

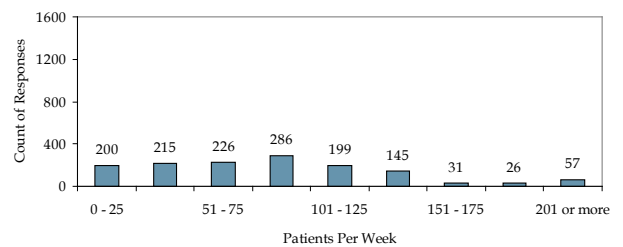
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

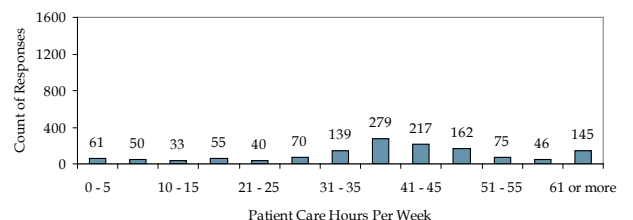
**Sub-Region 1:  
Physician Specialty Groups**

Medical Specialist	254
Family Medicine	249
Internal Medicine	152
Surgical Specialist	107
Anesthesiology	96
Emergency Medicine	96
OB-GYN	73
Pediatrics	73
Psychiatry	63
Radiology	63
General Surgery	48
Pediatric Subspecialist	33
Pathology	24
Neurology	23
Dermatology	22

**Sub-Region 1: How many patients on average do you see per week (office and hospital)?**



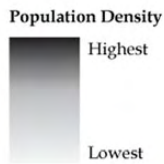
**Sub-Region 1: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



# Florida Sub-Region 1

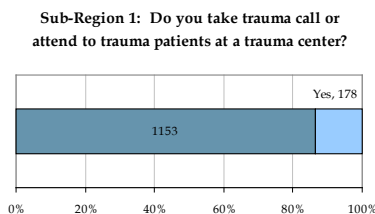
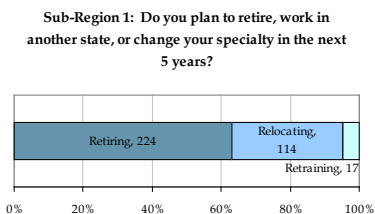
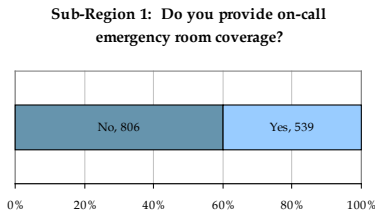
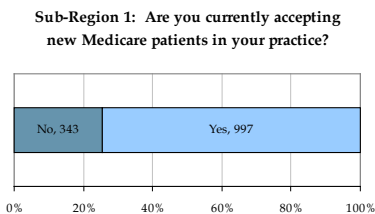
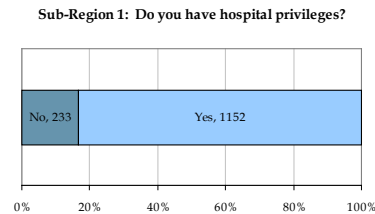
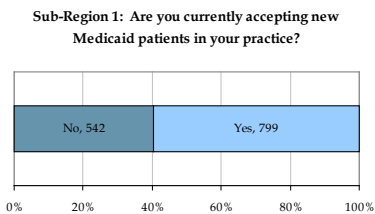
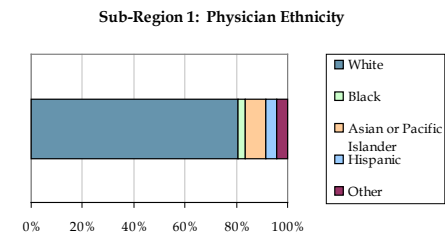
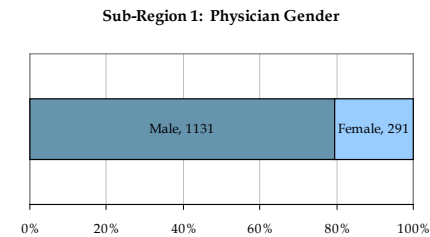
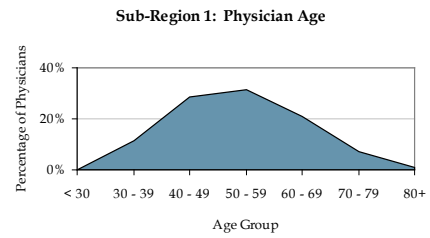


## Sub-Region 1: Distribution of Population & Rural Areas



0 10 Miles

Source:  
U.S. Census 2010



**Largest Places:**

- Pensacola
- Freeport
- Crestview
- De Funiak Springs
- Valparaiso
- Niceville
- Destin
- Fort Walton Beach
- Milton
- Gulf Breeze

**Total Population:**

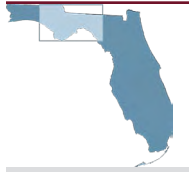
684,856

**Land Area (sq. miles):**

3,636

**Average Population Per Sq. Mile:**

188



# Florida Sub-Region 2

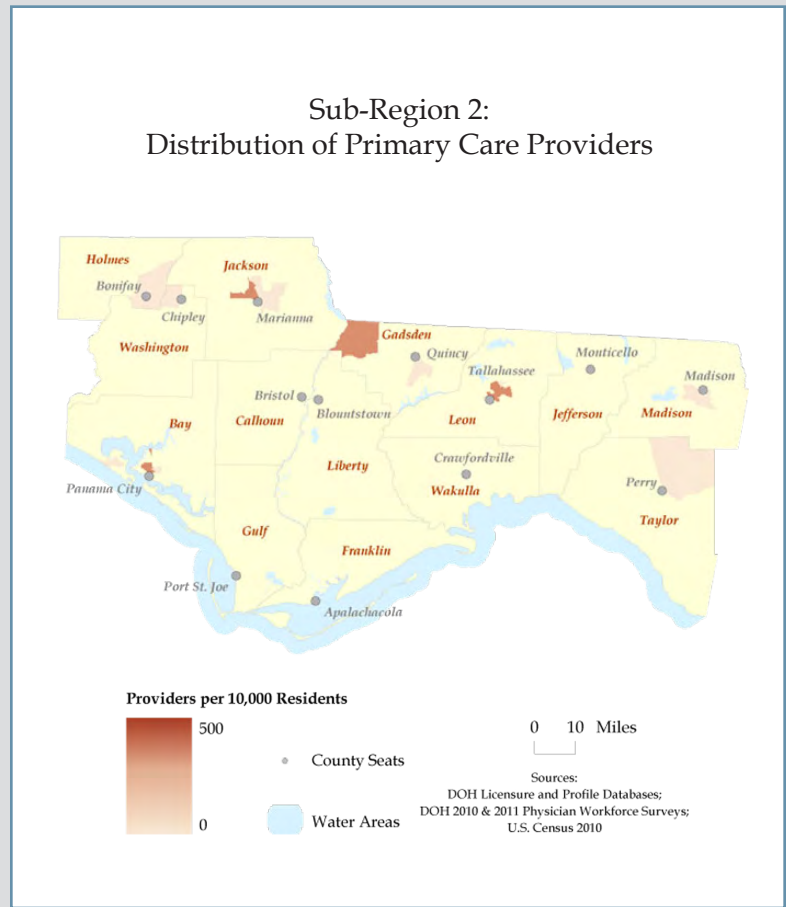
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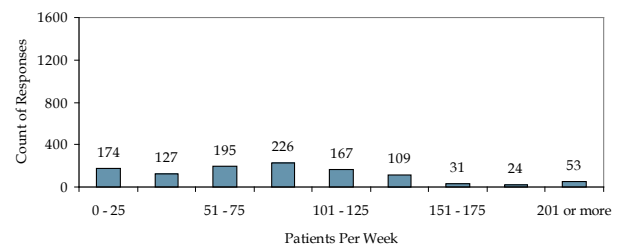
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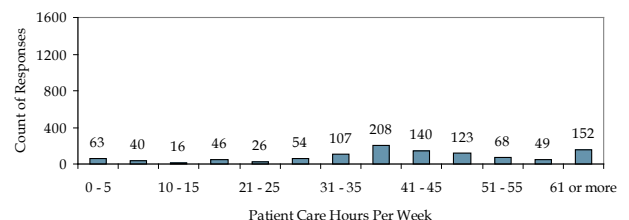
**Sub-Region 2:  
Physician Specialty Groups**

Family Medicine	265
Medical Specialist	185
Internal Medicine	135
Psychiatry	77
Surgical Specialist	77
Emergency Medicine	64
Pediatrics	53
Anesthesiology	51
OB-GYN	50
Radiology	46
General Surgery	27
Neurology	22
Dermatology	19
Pathology	19
Pediatric Subspecialist	10

**Sub-Region 2: How many patients on average do you see per week (office and hospital)?**



**Sub-Region 2: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**

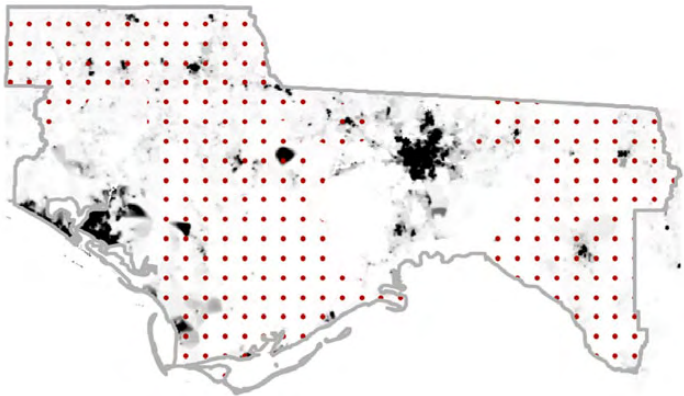




# Florida Sub-Region 2



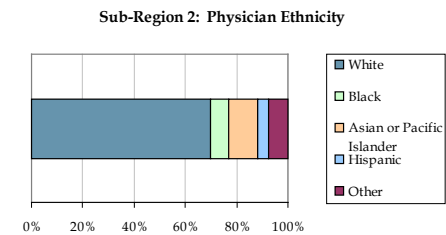
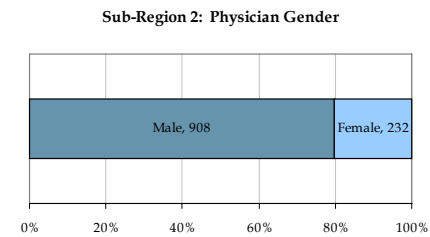
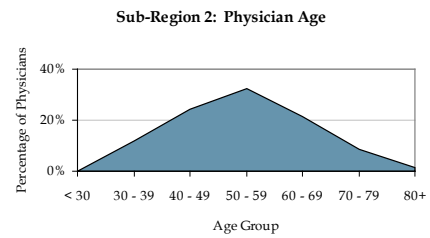
## Sub-Region 2: Distribution of Population & Rural Areas



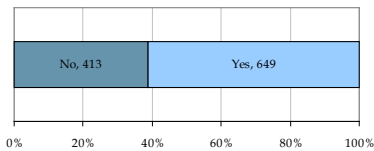
**Population Density**  
 Highest  
 Lowest

Rural  
 Census  
 Tracts

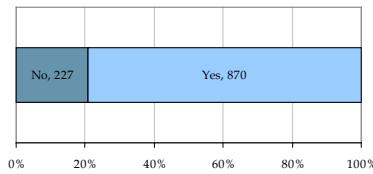
0 10 Miles  
 Source:  
 U.S. Census 2010



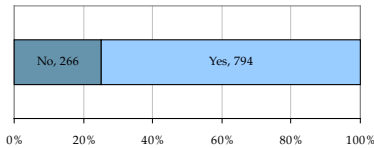
Sub-Region 2: Are you currently accepting new Medicaid patients in your practice?



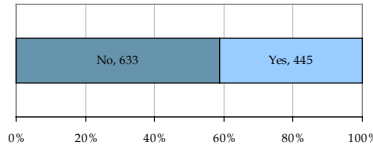
Sub-Region 2: Do you have hospital privileges?



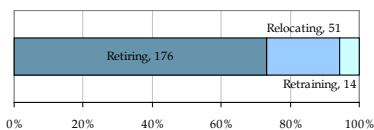
Sub-Region 2: Are you currently accepting new Medicare patients in your practice?



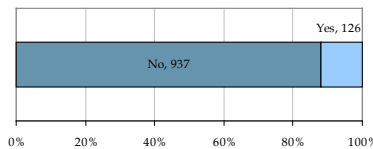
Sub-Region 2: Do you provide on-call emergency room coverage?



Sub-Region 2: Do you plan to retire, work in another state, or change your specialty in the next 5 years?



Sub-Region 2: Do you take trauma call or attend to trauma patients at a trauma center?



### Largest Places:

Tallahassee

Panama City

Panama City Beach

Tyndall AFB

Marianna

Lynn Haven

Port St. Joe

Perry

Midway

Callaway

### Total Population:

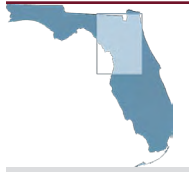
723,030

### Land Area (sq. miles):

9,366

### Average Population Per Sq. Mile:

77



# Florida Sub-Region 3

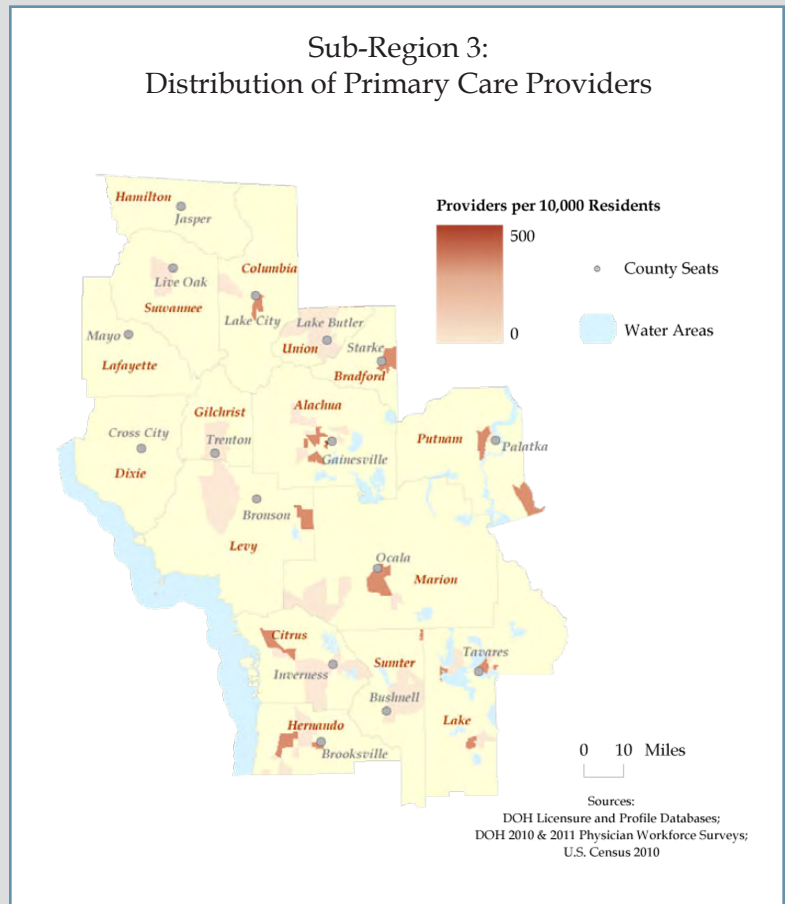
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**Data Sources:**

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2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

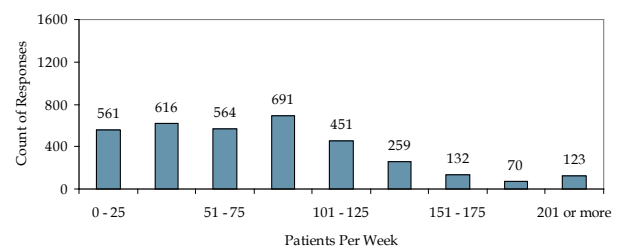
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

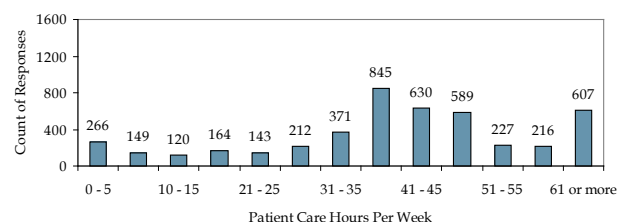
**Sub-Region 3:  
Physician Specialty Groups**

Medical Specialist	766
Family Medicine	552
Internal Medicine	517
Anesthesiology	231
Surgical Specialist	217
Psychiatry	190
Radiology	176
Emergency Medicine	164
Pediatrics	161
OB-GYN	120
General Surgery	86
Pediatric Subspecialist	85
Pathology	83
Neurology	68
Dermatology	49

**Sub-Region 3: How many patients on average do you see per week (office and hospital)?**



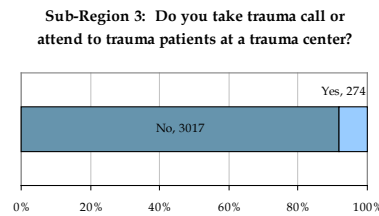
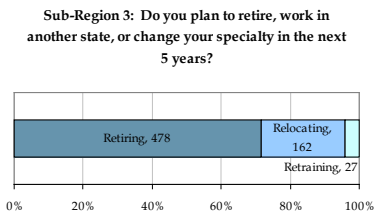
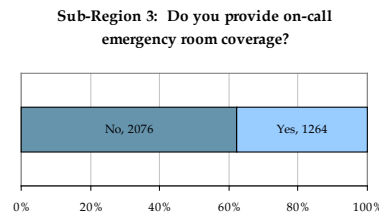
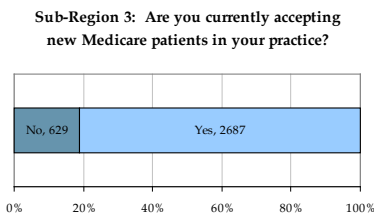
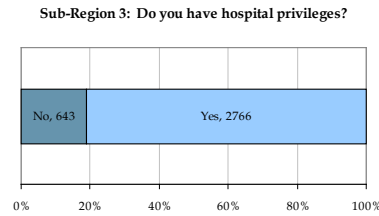
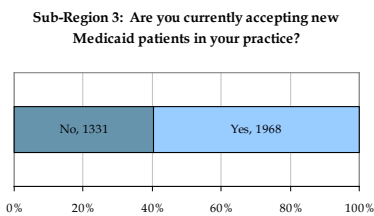
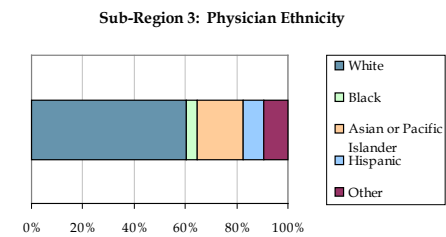
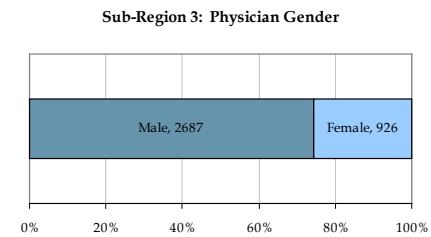
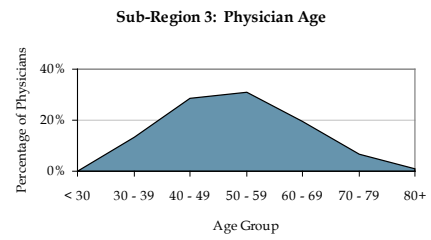
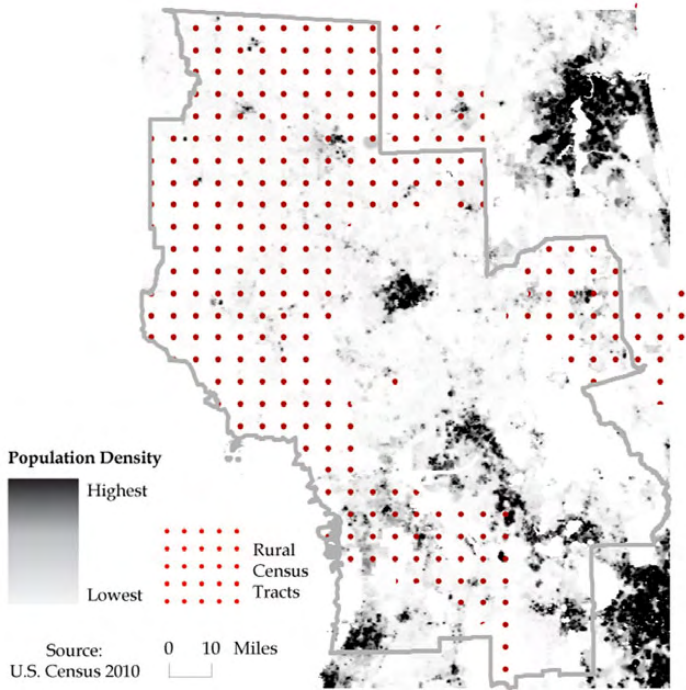
**Sub-Region 3: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



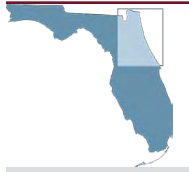
# Florida Sub-Region 3



## Sub-Region 3: Distribution of Population & Rural Areas



<b>Largest Places:</b>	<b>Total Population:</b>
Gainesville	1,608,452
Newberry	
Ocala	
Wildwood	<b>Land Area (sq. miles):</b>
Alachua	10,981
Leesburg	
High Springs	
Groveland	<b>Average Population Per Sq. Mile:</b>
Clermont	146
Lake City	



# Florida Sub-Region 4

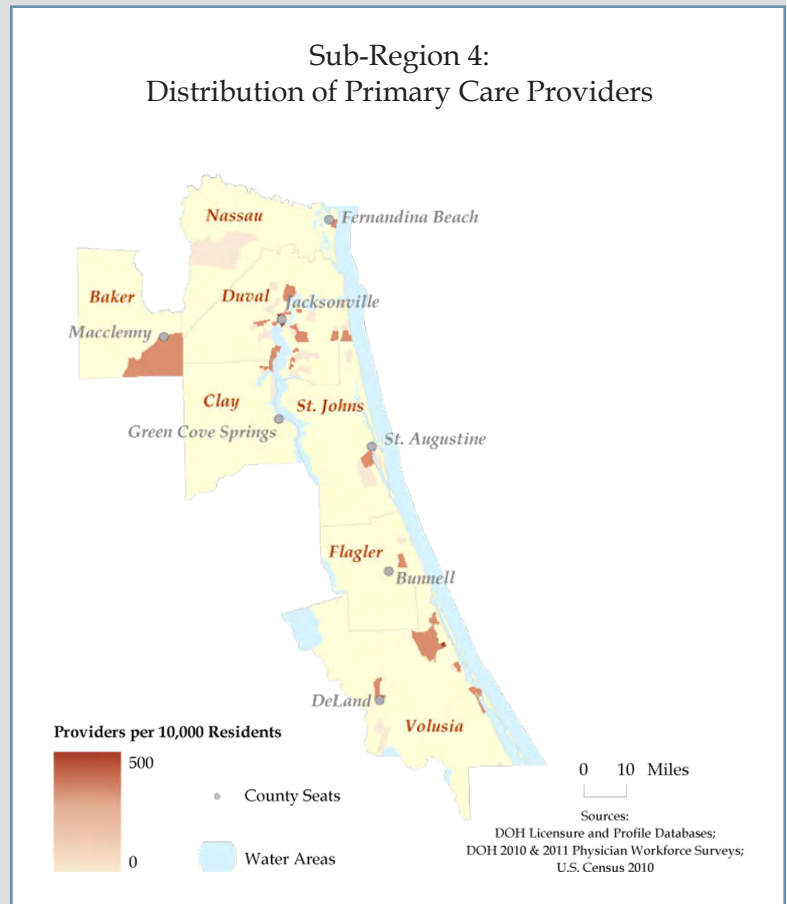
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**Data Sources:**

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2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

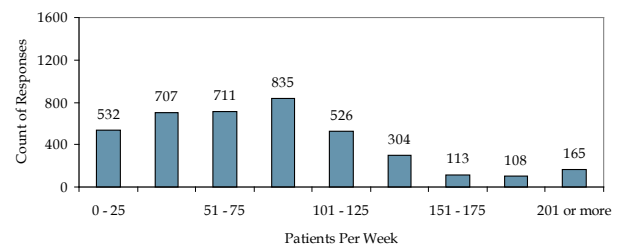
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

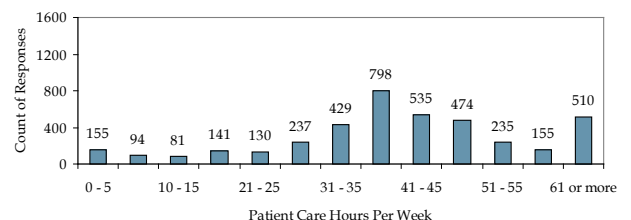
**Sub-Region 4:  
Physician Specialty Groups**

Medical Specialist	920
Family Medicine	679
Internal Medicine	435
Surgical Specialist	288
Emergency Medicine	270
Anesthesiology	248
Radiology	231
Pediatrics	222
OB-GYN	159
Psychiatry	141
Pediatric Subspecialist	121
General Surgery	114
Neurology	96
Pathology	71
Dermatology	59

**Sub-Region 4: How many patients on average do you see per week (office and hospital)?**



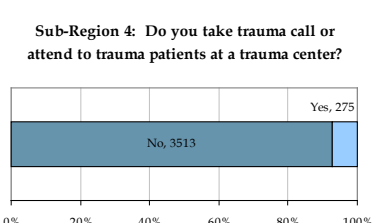
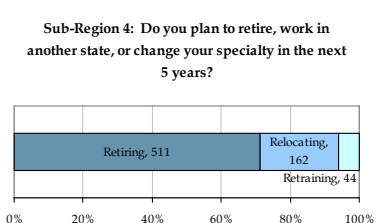
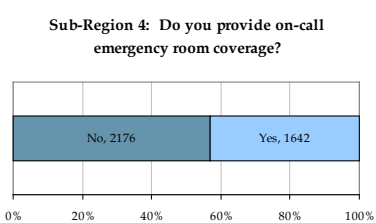
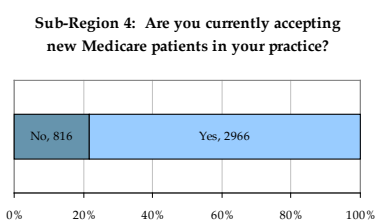
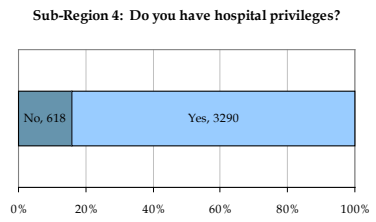
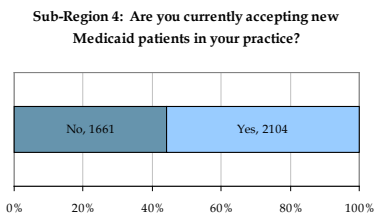
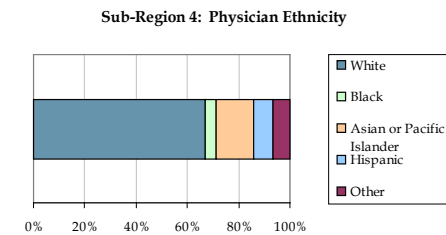
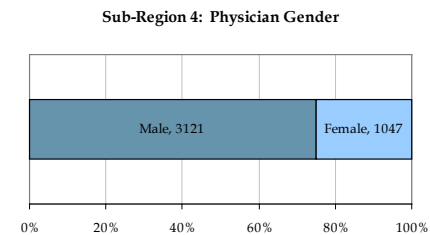
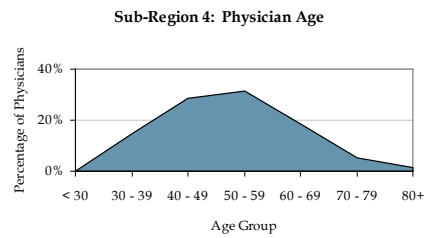
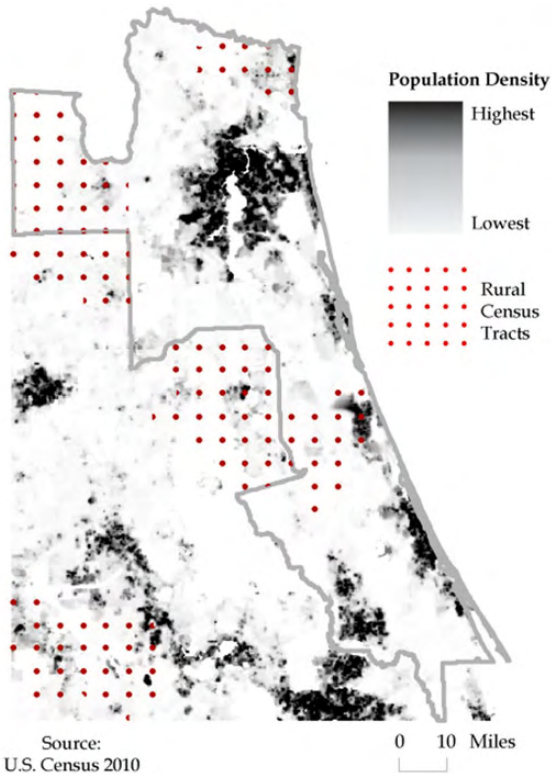
**Sub-Region 4: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



# Florida Sub-Region 4



**Sub-Region 4:  
Distribution of Population & Rural Areas**



<b>Largest Places:</b>	<b>Total Population:</b>
Jacksonville	1,935,885
Bunnell	
Palm Coast	
Daytona Beach	<b>Land Area (sq. miles):</b>
Deltona	4,788
New Smyrna Beach	
Ormond Beach	
Port Orange	<b>Average Population Per Sq. Mile:</b>
Edgewater	404
DeBary	



# Florida Sub-Region 5

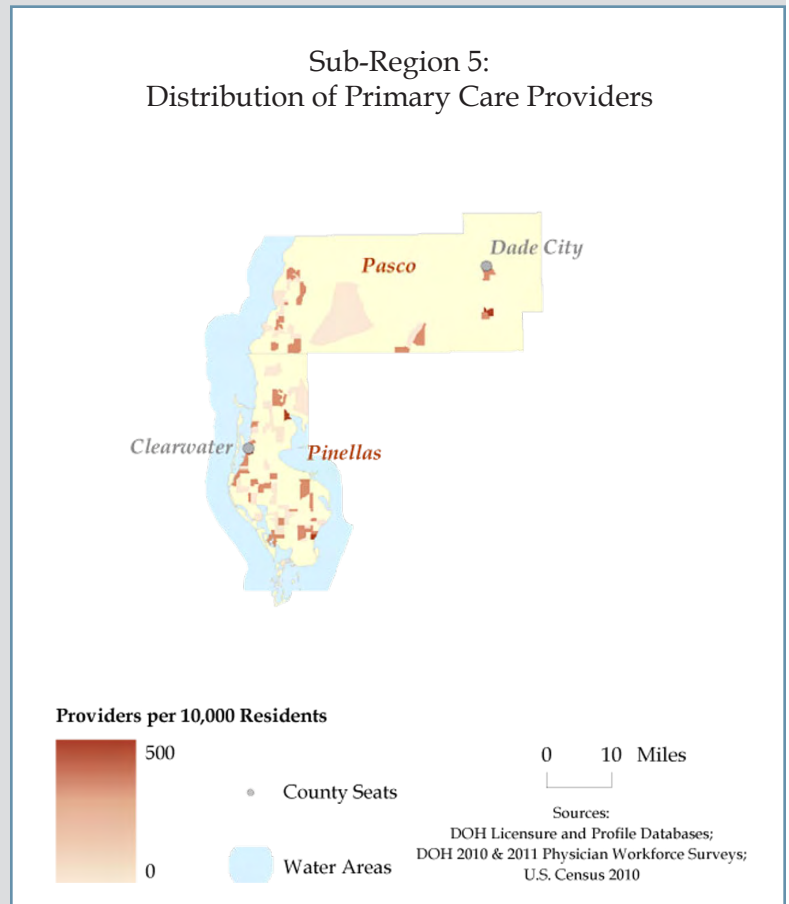
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**Data Sources:**

Florida DOH  
2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

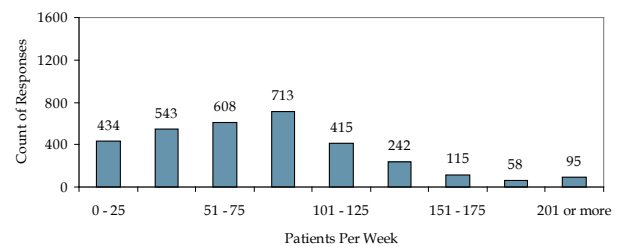
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

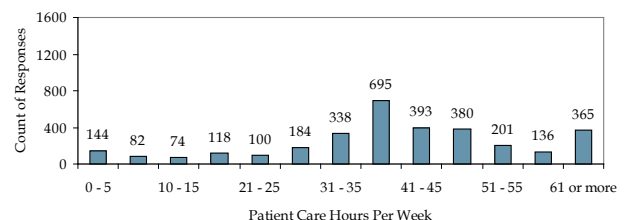
**Sub-Region 5:  
Physician Specialty Groups**

Medical Specialist	733
Internal Medicine	539
Family Medicine	487
Surgical Specialist	224
Emergency Medicine	173
Anesthesiology	169
Pediatrics	160
Radiology	145
Psychiatry	122
Pediatric Subspecialist	113
OB-GYN	110
General Surgery	71
Dermatology	66
Pathology	66
Neurology	60

**Sub-Region 5: How many patients on average do you see per week (office and hospital)?**



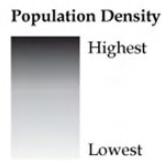
**Sub-Region 5: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



# Florida Sub-Region 5



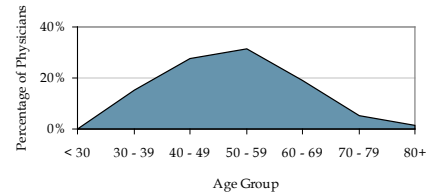
## Sub-Region 5: Distribution of Population & Rural Areas



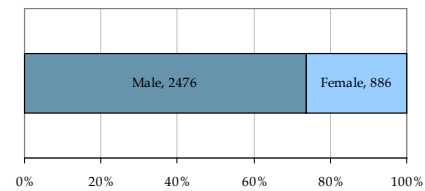
0 10 Miles

Source:  
U.S. Census 2010

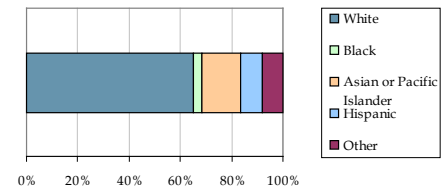
### Sub-Region 5: Physician Age



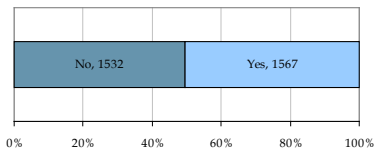
### Sub-Region 5: Physician Gender



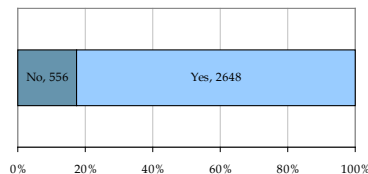
### Sub-Region 5: Physician Ethnicity



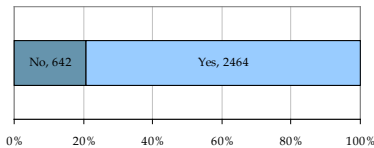
### Sub-Region 5: Are you currently accepting new Medicaid patients in your practice?



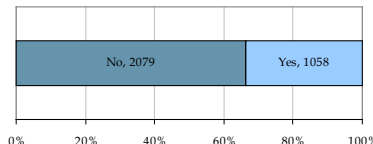
### Sub-Region 5: Do you have hospital privileges?



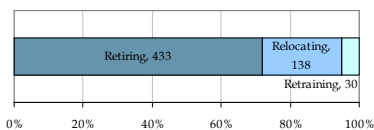
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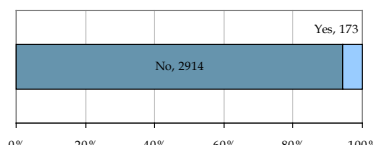
### Sub-Region 5: Do you provide on-call emergency room coverage?



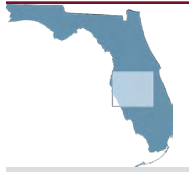
### Sub-Region 5: Do you plan to retire, work in another state, or change your specialty in the next 5 years?



### Sub-Region 5: Do you take trauma call or attend to trauma patients at a trauma center?



Largest Places:	Total Population:
St. Petersburg	1,381,239
Clearwater	
Largo	
Pinellas Park	Land Area (sq. miles):
Dunedin	1,021
Tarpon Springs	
Zephyrhills	
Oldsmar	Average Population Per Sq. Mile:
Dade City	1,353
Seminole	



# Florida Sub-Region 6

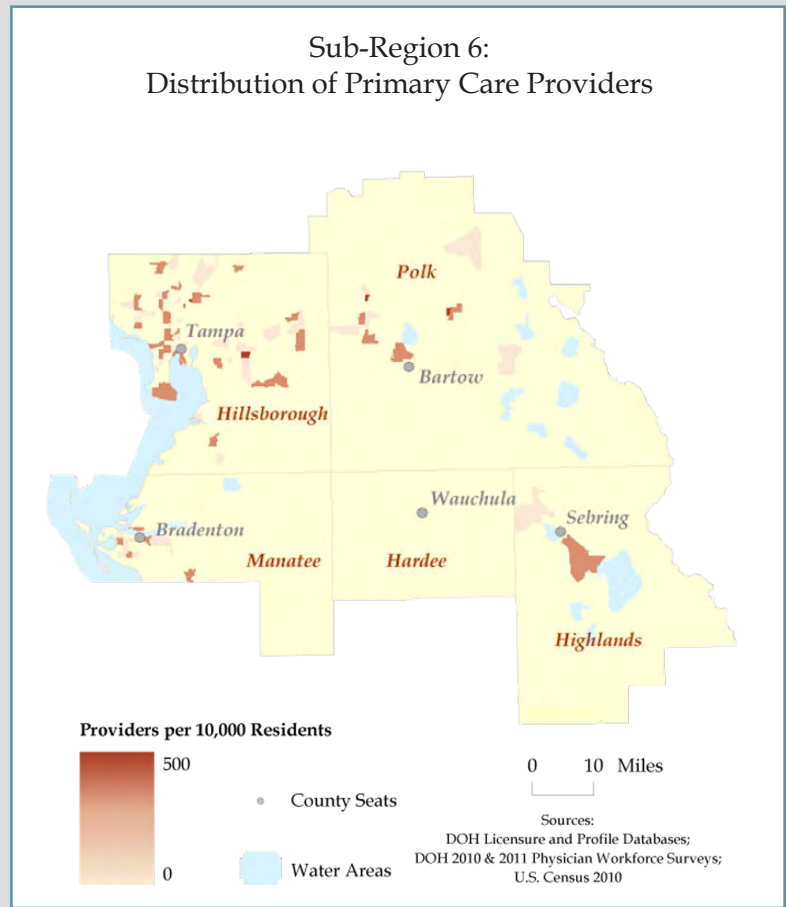
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databases

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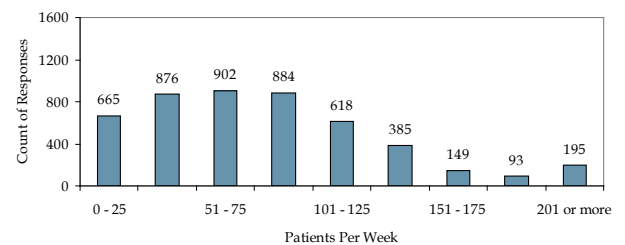
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

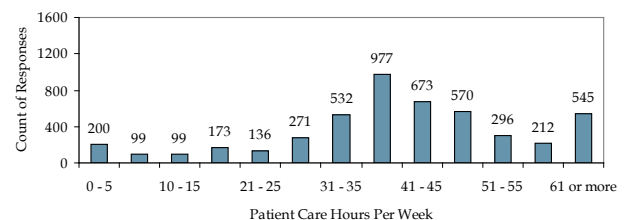
**Sub-Region 6:  
Physician Specialty Groups**

Medical Specialist	1089
Internal Medicine	698
Family Medicine	570
Surgical Specialist	348
Anesthesiology	284
Pediatrics	274
Radiology	250
OB-GYN	241
Psychiatry	235
Emergency Medicine	213
Pathology	144
General Surgery	137
Pediatric Subspecialist	114
Dermatology	110
Neurology	96

**Sub-Region 6: How many patients on average do you see per week (office and hospital)?**



**Sub-Region 6: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**

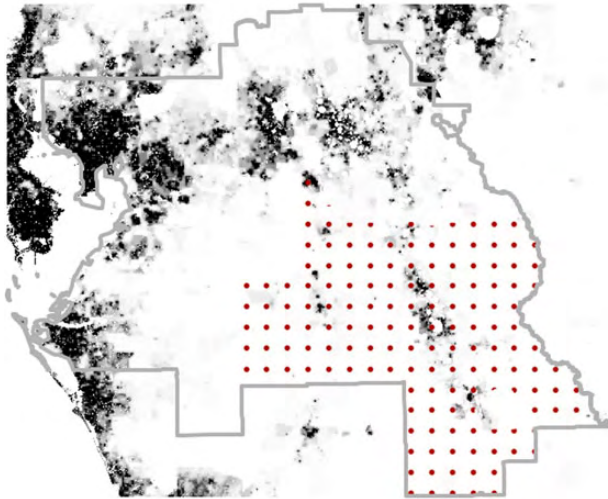




# Florida Sub-Region 6

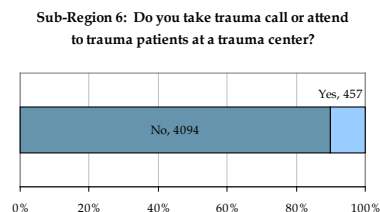
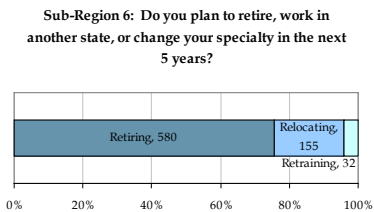
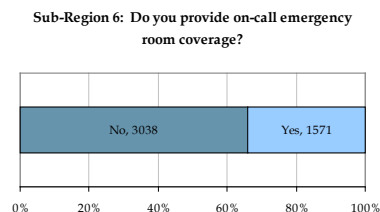
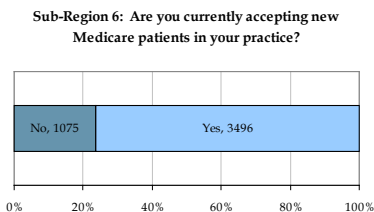
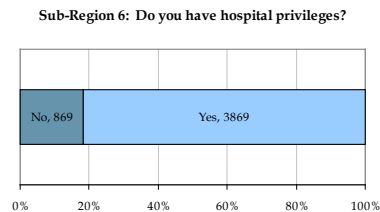
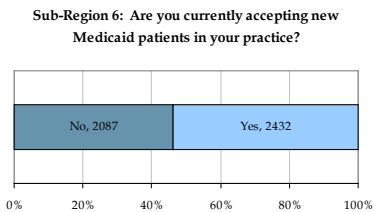
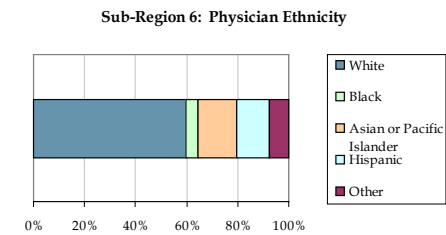
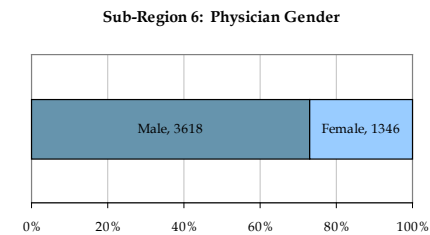
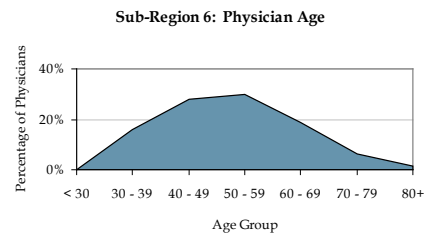


## Sub-Region 6: Distribution of Population & Rural Areas



0 10 Miles

Source:  
U.S. Census 2010



**Largest Places:**

- Tampa
- Lakeland
- Bartow
- Winter Haven
- Plant City
- Lake Wales
- Haines City
- Bradenton
- Auburndale
- Frostproof

**Total Population:**

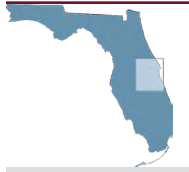
2,280,671

**Land Area (sq. miles):**

5,215

**Average Population Per Sq. Mile:**

437



# Florida Sub-Region 7

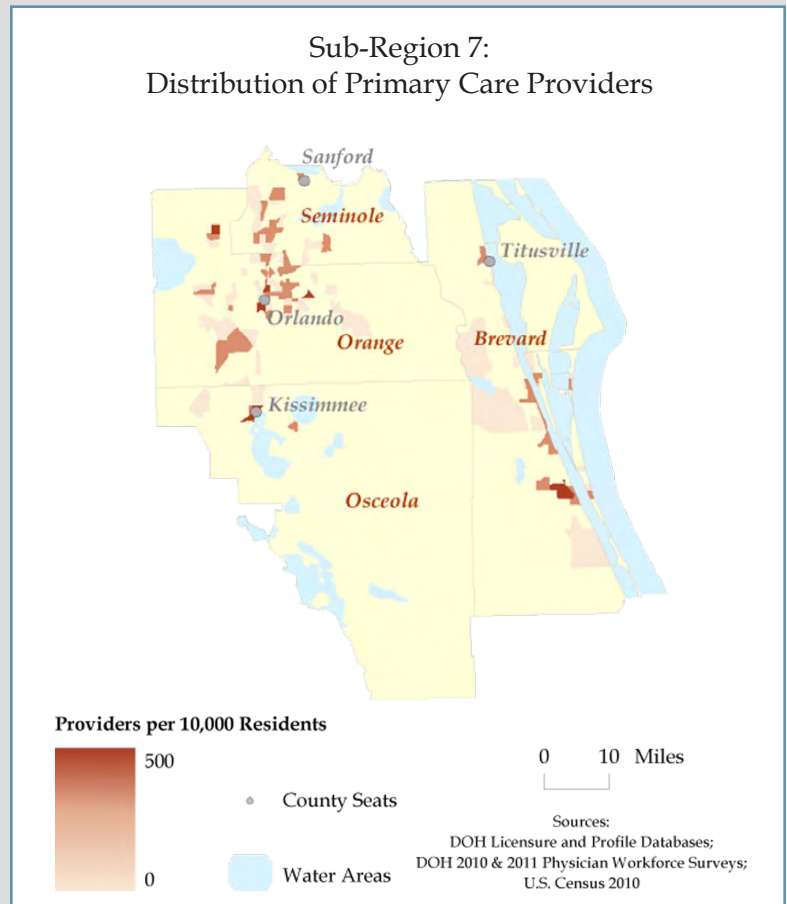
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**Data Sources:**

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2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

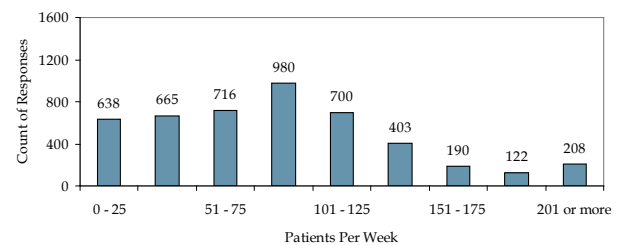
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

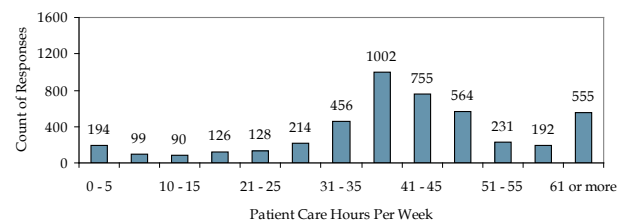
**Sub-Region 7:  
Physician Specialty Groups**

Medical Specialist	947
Family Medicine	760
Internal Medicine	643
Surgical Specialist	331
Pediatrics	299
Emergency Medicine	263
Anesthesiology	263
OB-GYN	249
Radiology	195
Psychiatry	176
Pediatric Subspecialist	143
General Surgery	118
Pathology	102
Neurology	85
Dermatology	78

**Sub-Region 7: How many patients on average do you see per week (office and hospital)?**



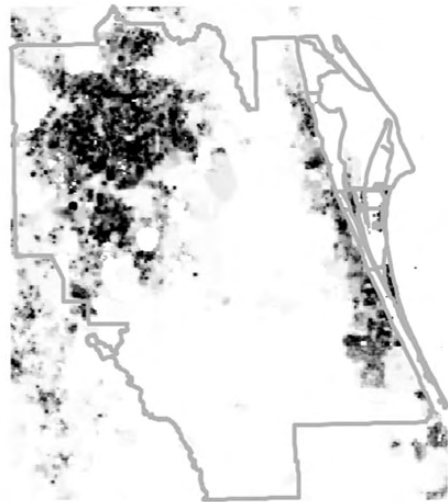
**Sub-Region 7: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



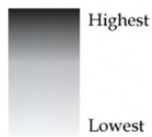
# Florida Sub-Region 7



## Sub-Region 7: Distribution of Population & Rural Areas

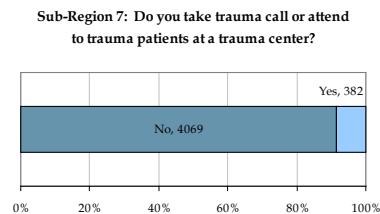
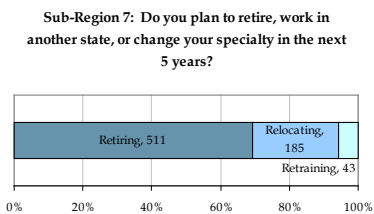
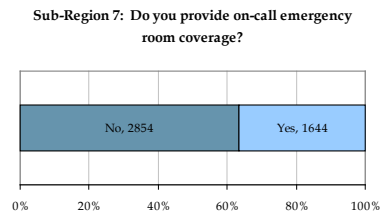
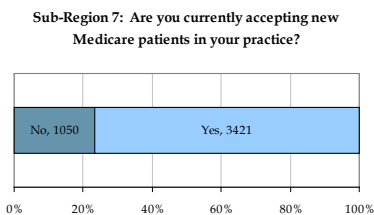
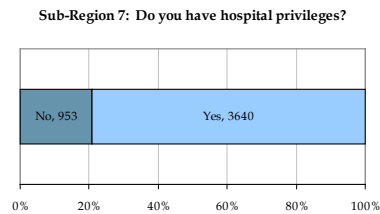
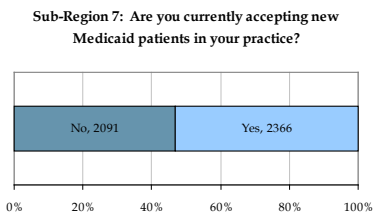
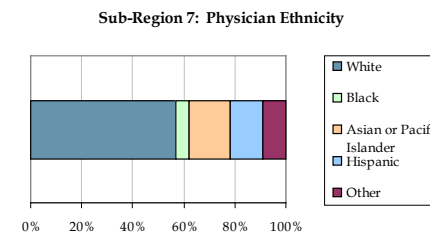
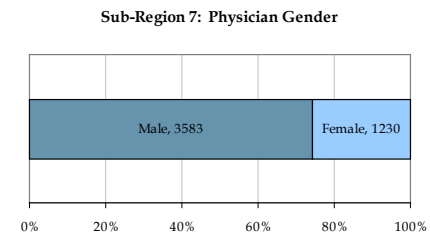
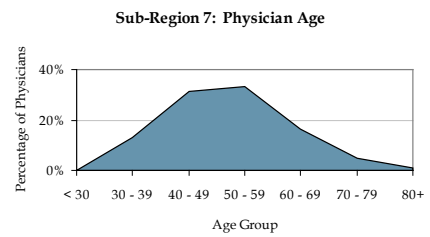


**Population Density**



0 10 Miles

Source:  
U.S. Census 2010



**Largest Places:**

- Orlando
- Palm Bay
- Melbourne
- Apopka
- Titusville
- Grant-Valkaria
- Sanford
- Bay Lake
- Kissimmee
- St. Cloud

**Total Population:**

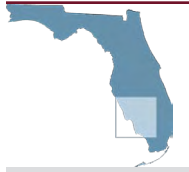
2,380,735

**Land Area (sq. miles):**

3,556

**Average Population Per Sq. Mile:**

670



# Florida Sub-Region 8

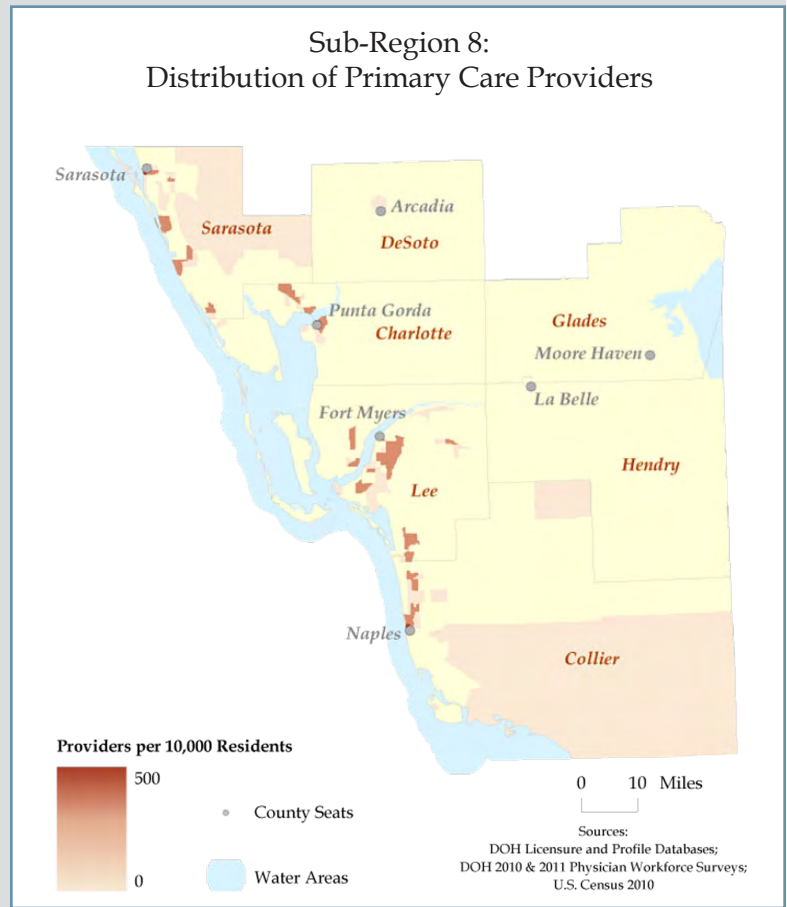
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Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

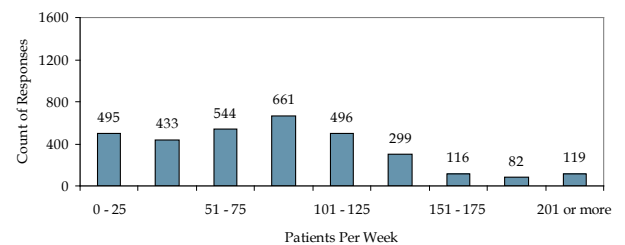
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

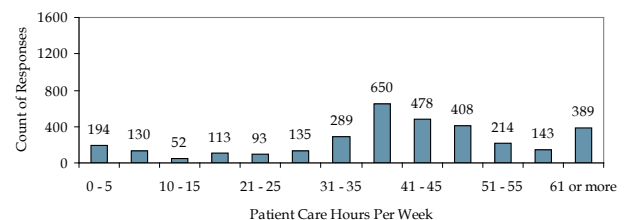
**Sub-Region 8:  
Physician Specialty Groups**

Medical Specialist	787
Internal Medicine	516
Family Medicine	471
Surgical Specialist	295
Anesthesiology	174
Radiology	161
OB-GYN	156
Pediatrics	155
Emergency Medicine	151
Psychiatry	150
Dermatology	111
Neurology	71
General Surgery	71
Pathology	53
Pediatric Subspecialist	38

**Sub-Region 8: How many patients on average do you see per week (office and hospital)?**



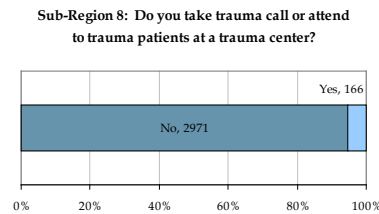
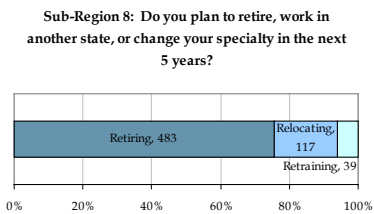
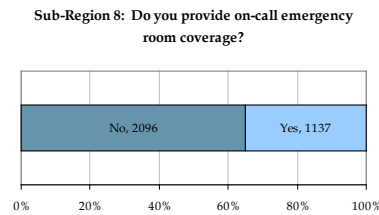
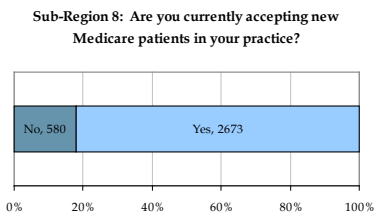
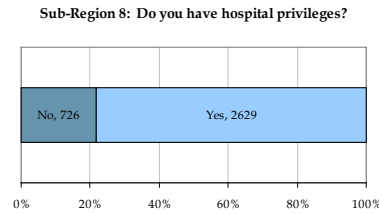
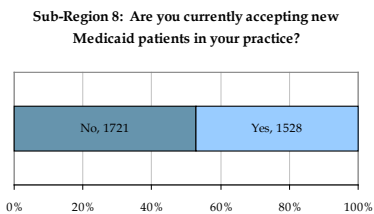
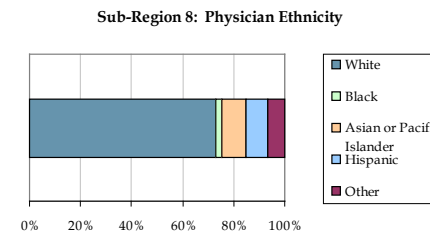
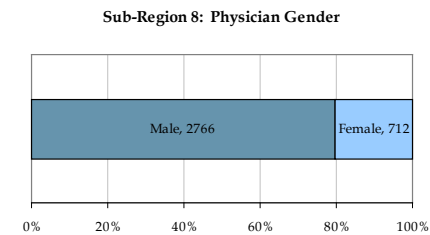
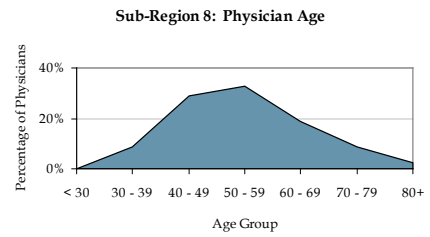
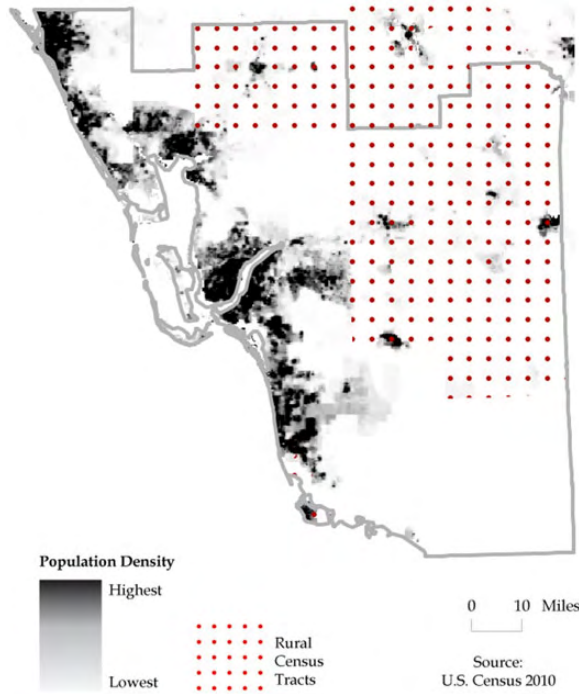
**Sub-Region 8: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



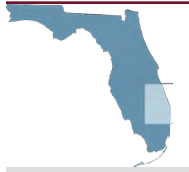
# Florida Sub-Region 8



Sub-Region 8:  
Distribution of Population & Rural Areas



<b>Largest Places:</b>	<b>Total Population:</b>
Cape Coral	1,566,586
North Port	
Fort Myers	
<b>Bonita Springs</b>	<b>Land Area (sq. miles):</b>
Sanibel	6,615
LaBelle	
Venice	
<b>Punta Gorda</b>	<b>Average Population Per Sq. Mile:</b>
Sarasota	237
Naples	



# Florida Sub-Region 9

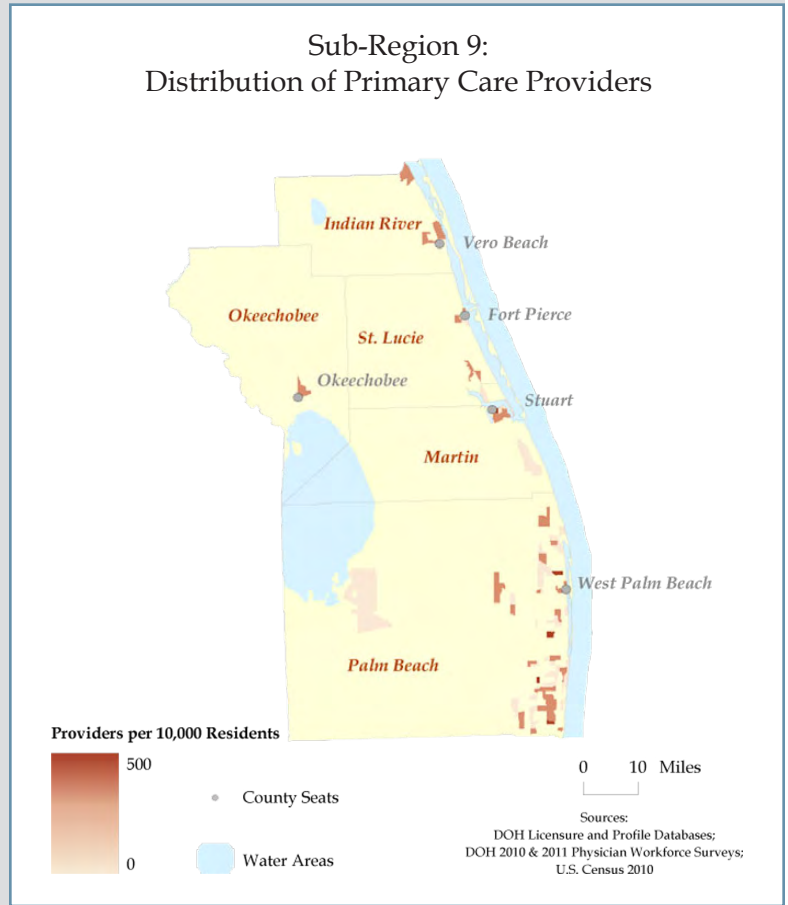
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Workforce Surveys

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licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

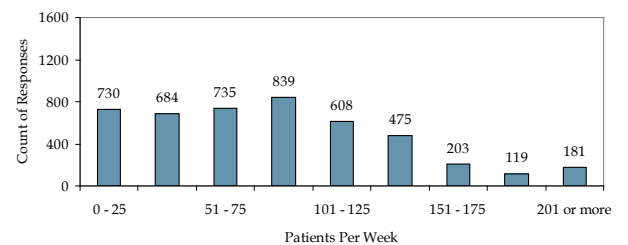
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

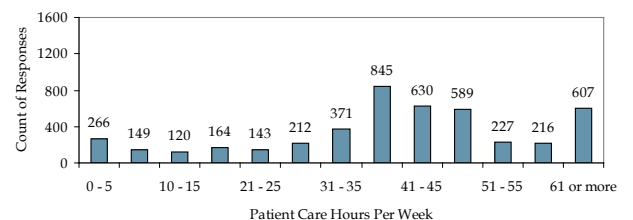
**Sub-Region 9:  
Physician Specialty Groups**

Medical Specialist	1119
Internal Medicine	727
Family Medicine	464
Surgical Specialist	385
Anesthesiology	271
OB-GYN	226
Pediatrics	219
Radiology	216
Psychiatry	212
Emergency Medicine	189
Dermatology	164
General Surgery	106
Neurology	103
Pediatric Subspecialist	73
Pathology	68

**Sub-Region 9: How many patients on average do you see per week (office and hospital)?**



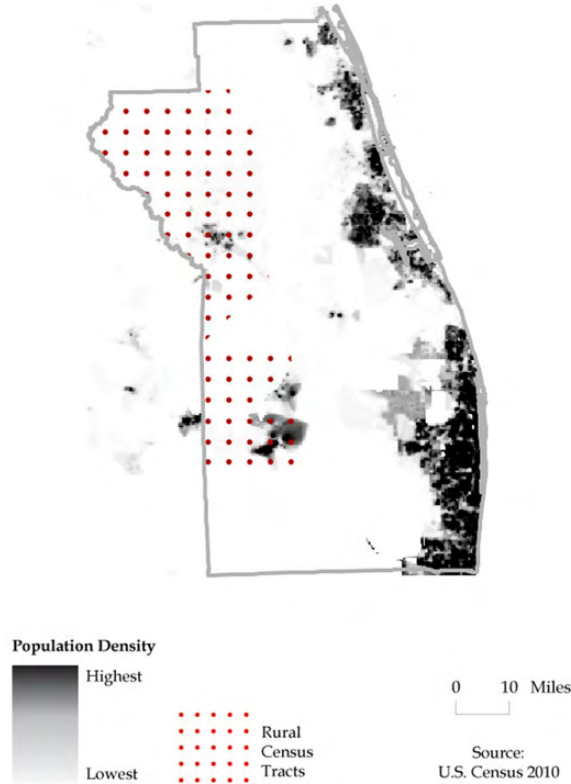
**Sub-Region 9: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



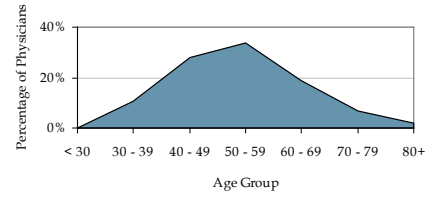
# Florida Sub-Region 9



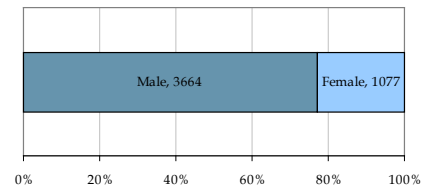
Sub-Region 9:  
Distribution of Population & Rural Areas



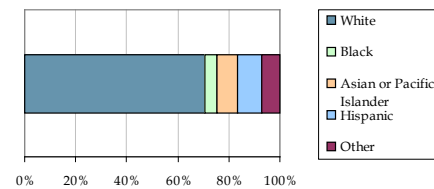
Sub-Region 9: Physician Age



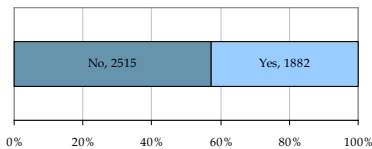
Sub-Region 9: Physician Gender



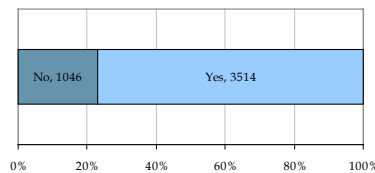
Sub-Region 9: Physician Ethnicity



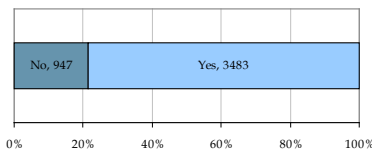
Sub-Region 9: Are you currently accepting new Medicaid patients in your practice?



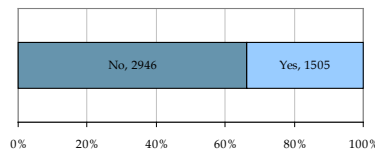
Sub-Region 9: Do you have hospital privileges?



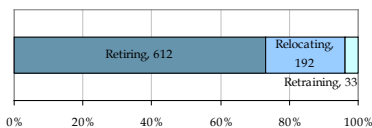
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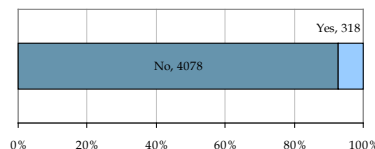
Sub-Region 9: Do you provide on-call emergency room coverage?



Sub-Region 9: Do you plan to retire, work in another state, or change your specialty in the next 5 years?



Sub-Region 9: Do you take trauma call or attend to trauma patients at a trauma center?



**Largest Places:**

- Port St. Lucie
- West Palm Beach
- Palm Beach Gardens
- Wellington
- Fellsmere
- Boca Raton
- Jupiter
- Fort Pierce
- Boynton Beach
- Delray Beach

**Total Population:**

1,922,265

**Land Area (sq. miles):**

4,357

**Average Population Per Sq. Mile:**

441



# Florida Sub-Region 10

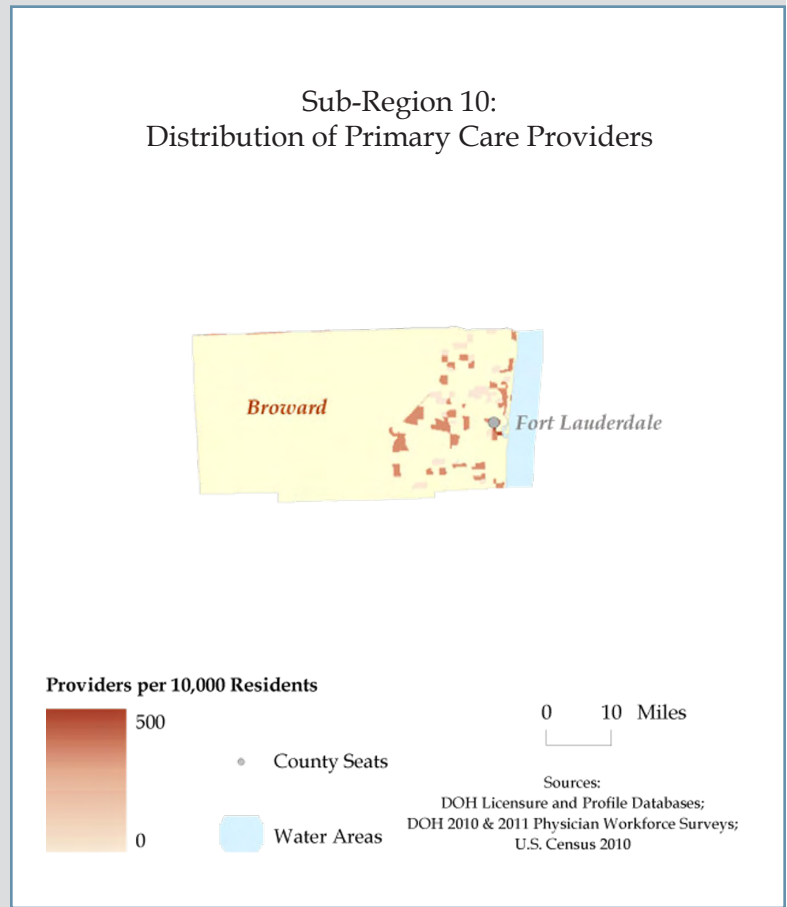
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Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

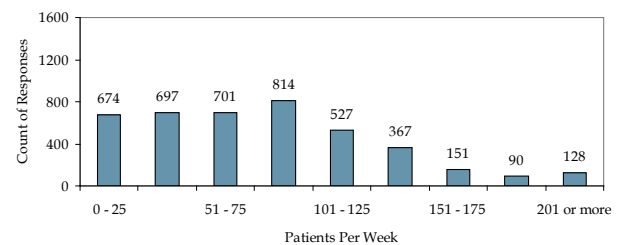
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

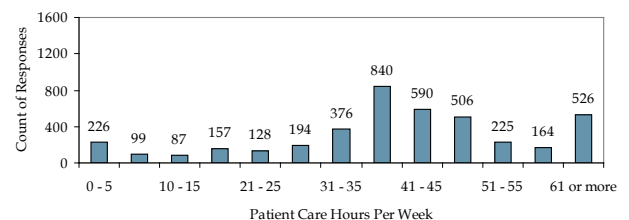
**Sub-Region 10:  
Physician Specialty Groups**

Medical Specialist	876
Internal Medicine	581
Family Medicine	501
Surgical Specialist	338
Anesthesiology	311
Emergency Medicine	236
OB-GYN	221
Pediatrics	216
Radiology	179
Psychiatry	163
Pediatric Subspecialist	156
Dermatology	109
General Surgery	93
Pathology	87
Neurology	75

**Sub-Region 10: How many patients on average do you see  
per week (office and hospital)?**



**Sub-Region 10: Of your total hours worked in a week,  
how many hours do you spend on patient care (office and  
hospital)?**





# Florida Sub-Region 10



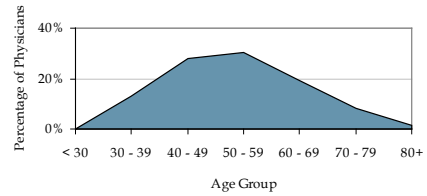
## Sub-Region 10: Distribution of Population & Rural Areas



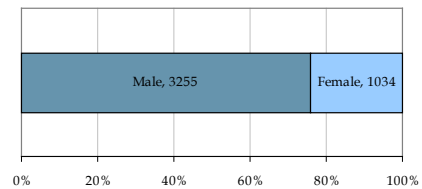
0 10 Miles

Source:  
U.S. Census 2010

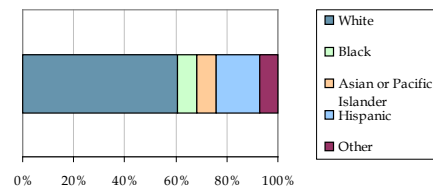
Sub-Region 10: Physician Age



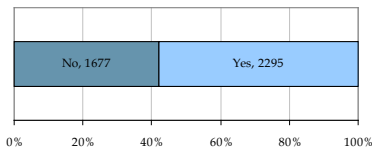
Sub-Region 10: Physician Gender



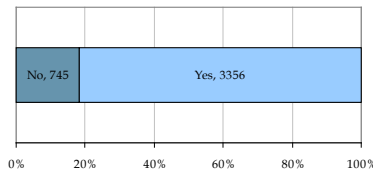
Sub-Region 10: Physician Ethnicity



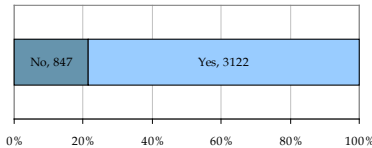
Sub-Region 10: Are you currently accepting new Medicaid patients in your practice?



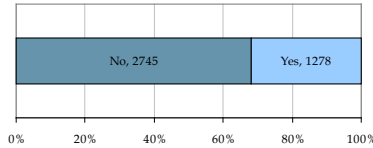
Sub-Region 10: Do you have hospital privileges?



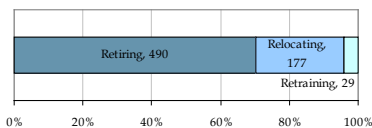
Sub-Region 10: Are you currently accepting new Medicare patients in your practice?



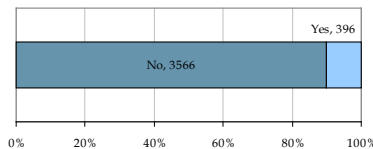
Sub-Region 10: Do you provide on-call emergency room coverage?



Sub-Region 10: Do you plan to retire, work in another state, or change your specialty in the next 5 years?



Sub-Region 10: Do you take trauma call or attend to trauma patients at a trauma center?



**Largest Places:**

- Davie
- Fort Lauderdale
- Pembroke Pines
- Miramar
- Hollywood
- Weston
- Pompano Beach
- Coral Springs
- Plantation
- Sunrise

**Total Population:**

1,748,066

**Land Area (sq. miles):**

1,210

**Average Population Per Sq. Mile:**

1,445



# Florida Sub-Region 11

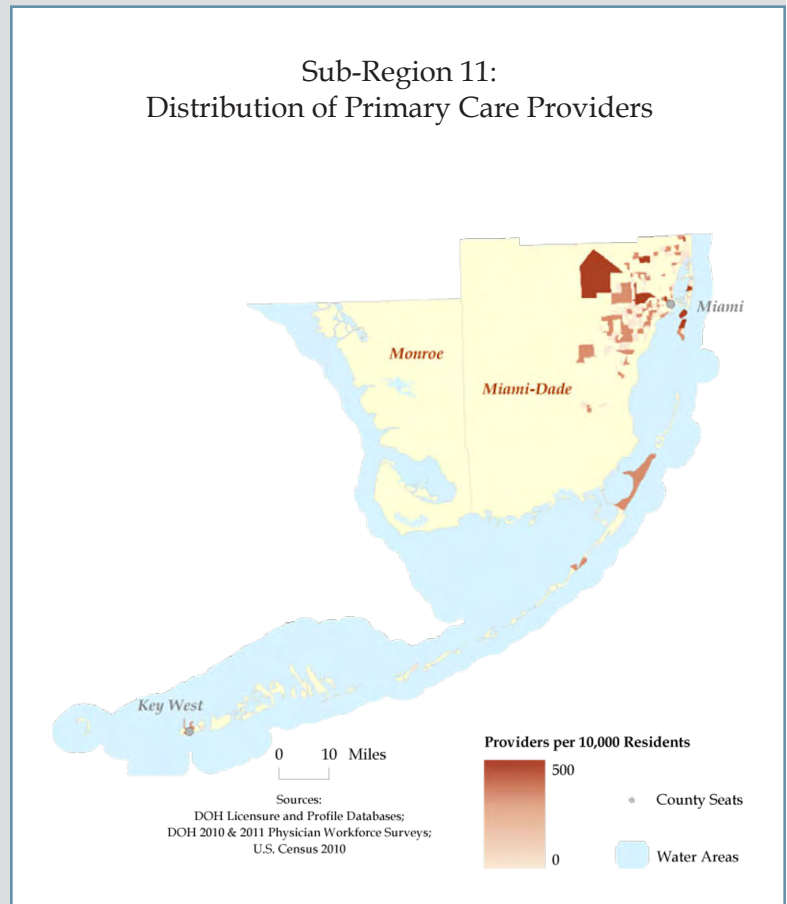
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The “Physician Specialty Groups” table and all practice-related charts draw solely from the Department’s physician workforce database, focusing on 2010 and 2011 Physician Workforce Survey respondents. The specialty grouping method is described in Appendix A.

Charts concerning physician age, gender and ethnicity draw demographic details of the 2010 and 2011 survey respondents from the Department’s licensure database.

The “Distribution of Primary Care Providers” map is generated by plotting the practice location, drawn from the Department’s profile database, of all 2010 and 2011 survey respondents reporting a Family Medicine, Internal Medicine, or Pediatrics specialty.

The “Distribution of Population and Rural Areas” reference map portrays the areas of high (dark) and low (light) concentrations of people and highlights areas considered rural according to the U.S. Census Bureau’s Rural Urban Commuting Area (RUCA) scoring system.



**Data Sources:**

Florida DOH  
2010 & 2011 Physician  
Workforce Surveys

Florida DOH  
licensure & profile  
databases

U.S. Census 2010

Florida DOH  
Office of Rural Health

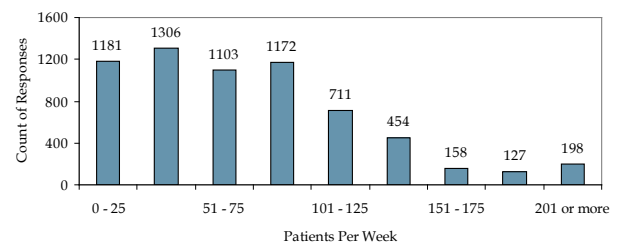
**Data Processing  
and Cartography:**

Florida DOH  
Division of Health  
Access & Tobacco

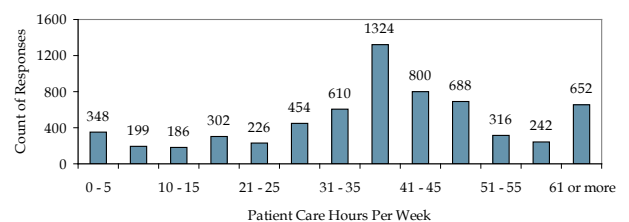
**Sub-Region 11:  
Physician Specialty Groups**

Medical Specialist	1358
Internal Medicine	989
Family Medicine	921
Surgical Specialist	482
Pediatrics	443
Psychiatry	361
Anesthesiology	345
Pediatric Subspecialist	304
OB-GYN	269
Radiology	256
Emergency Medicine	234
General Surgery	152
Neurology	139
Dermatology	132
Pathology	114

**Sub-Region 11: How many patients on average do you see per week (office and hospital)?**



**Sub-Region 11: Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?**



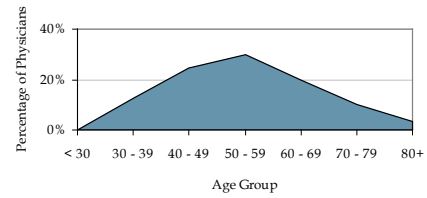
# Florida Sub-Region 11



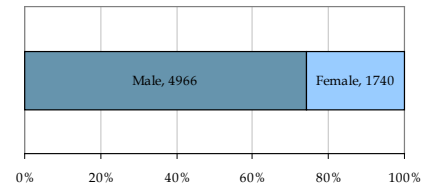
## Sub-Region 11: Distribution of Population & Rural Areas



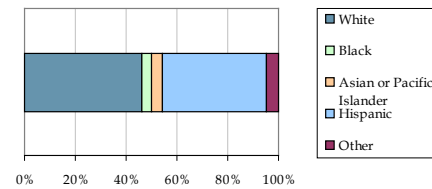
### Sub-Region 11: Physician Age



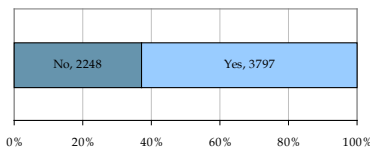
### Sub-Region 11: Physician Gender



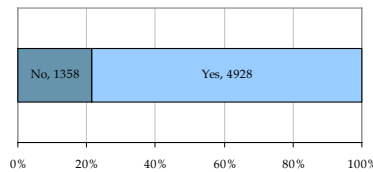
### Sub-Region 11: Physician Ethnicity



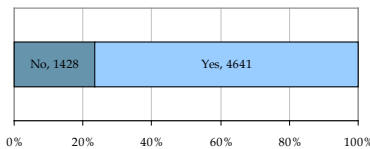
### Sub-Region 11: Are you currently accepting new Medicaid patients in your practice?



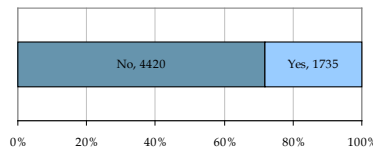
### Sub-Region 11: Do you have hospital privileges?



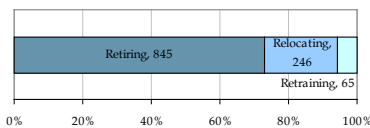
### Sub-Region 11: Are you currently accepting new Medicare patients in your practice?



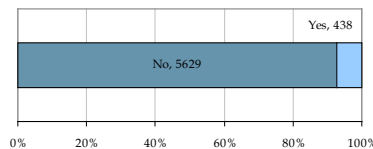
### Sub-Region 11: Do you provide on-call emergency room coverage?



### Sub-Region 11: Do you plan to retire, work in another state, or change your specialty in the next 5 years?



### Sub-Region 11: Do you take trauma call or attend to trauma patients at a trauma center?



### Largest Places:

- Miami
- Hialeah
- Miami Gardens
- Homestead
- Doral
- Coral Gables
- Cutler Bay
- Marathon
- North Miami
- Palmetto Bay

### Total Population:

2,569,525

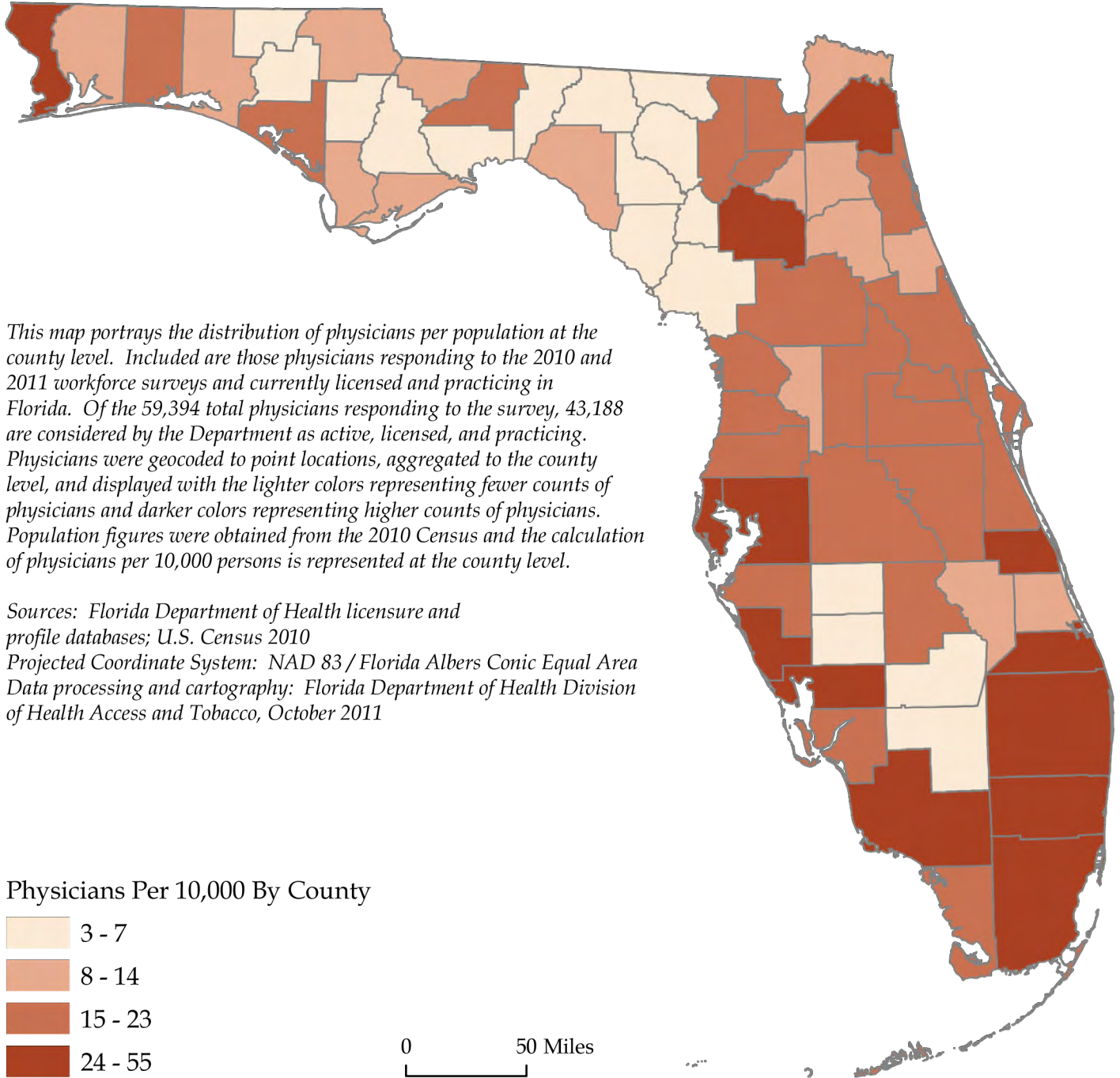
### Land Area (sq. miles):

2,881

### Average Population Per Sq. Mile:

892

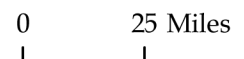
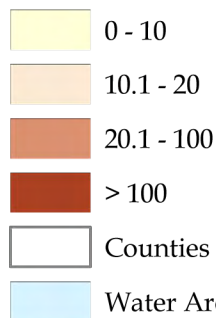
# Florida's Physician Workforce



# Main Region 1: Distribution of the Physician Workforce



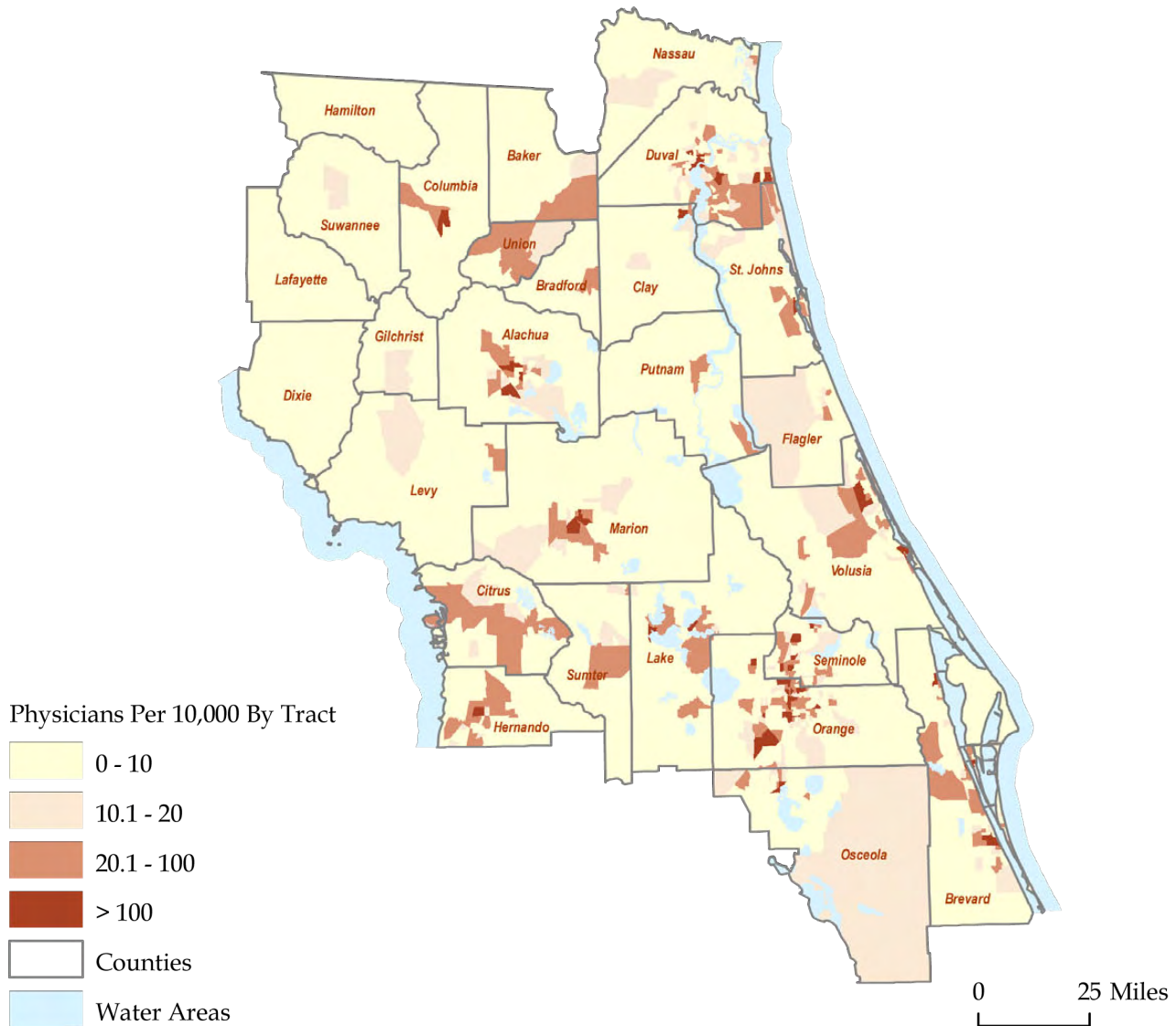
Physicians Per 10,000 By Tract



*This map portrays the distribution of all physicians per population at the Census tract level. Included are those physicians responding to the workforce survey and currently licensed and practicing in Florida. Of the 59,394 total physicians responding to the survey, 43,188 are considered by the Department as active, licensed, and practicing. Physicians were geocoded to point locations, aggregated to the Census tract level, and displayed with lighter colors representing fewer counts of physicians and darker colors representing higher counts of physicians. Population figures were obtained from the 2010 Census and the calculation of physicians per 10,000 persons is represented at the Census tract level.*

*Sources: Florida Department of Health licensure and profile databases; U.S. Census 2010  
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011*

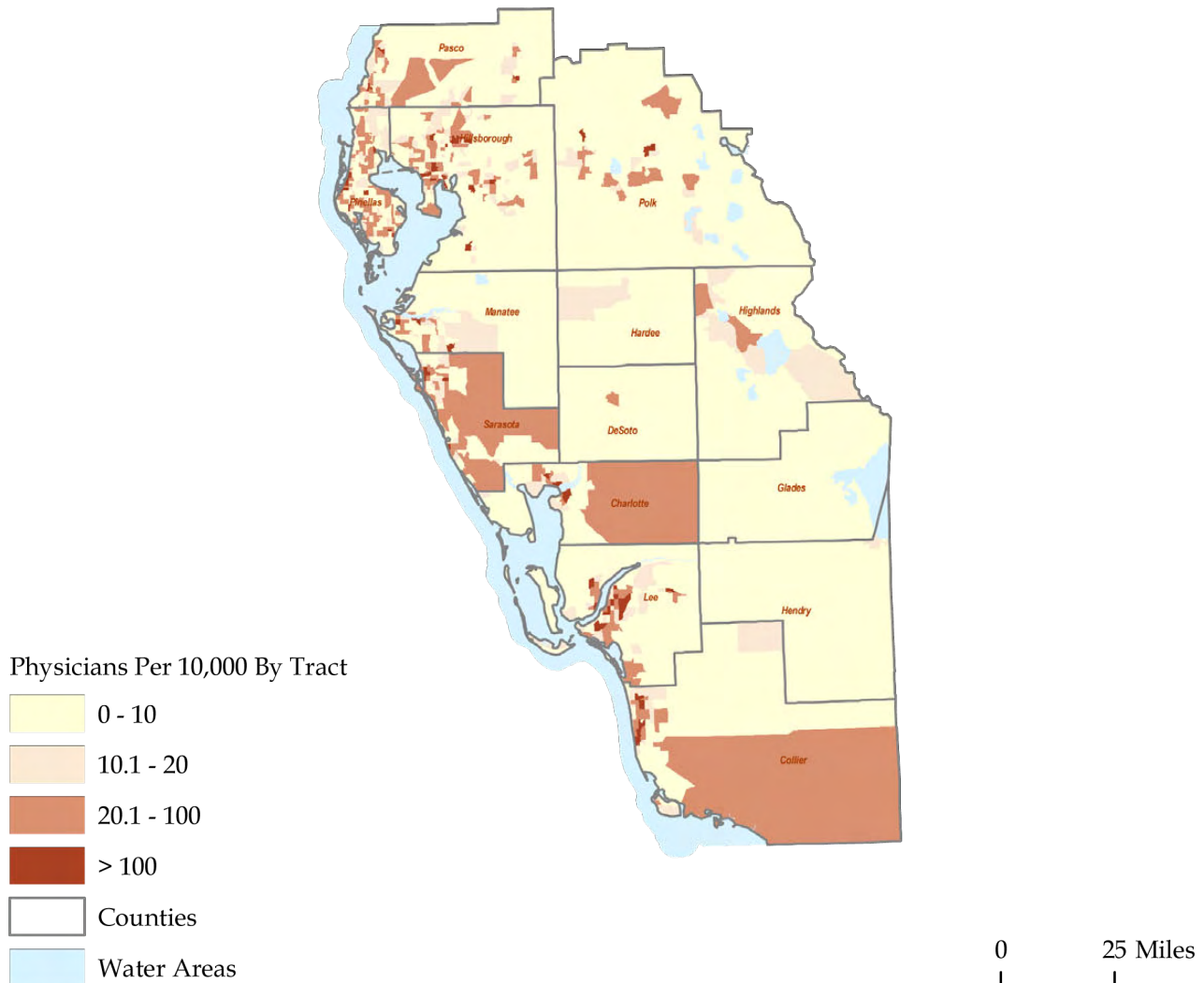
# Main Region 2: Distribution of the Physician Workforce



*This map portrays the distribution of all physicians per population at the Census tract level. Included are those physicians responding to the workforce survey and currently licensed and practicing in Florida. Of the 59,394 total physicians responding to the survey, 43,188 are considered by the Department as active, licensed, and practicing. Physicians were geocoded to point locations, aggregated to the Census tract level, and displayed with lighter colors representing fewer counts of physicians and darker colors representing higher counts of physicians. Population figures were obtained from the 2010 Census and the calculation of physicians per 10,000 persons is represented at the Census tract level.*

*Sources: Florida Department of Health licensure and profile databases; U.S. Census 2010  
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011*

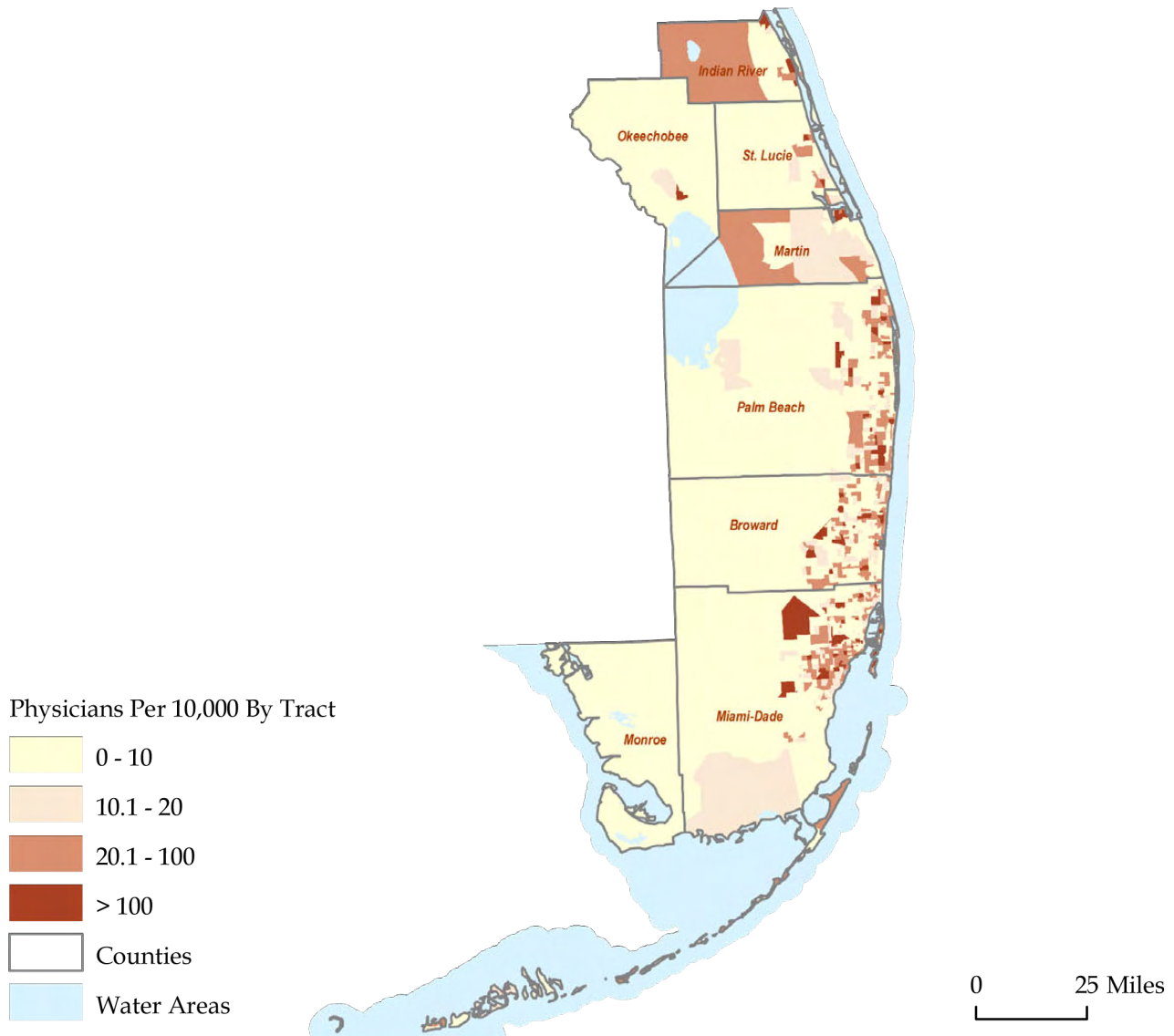
# Main Region 3: Distribution of the Physician Workforce



*This map portrays the distribution of all physicians per population at the Census tract level. Included are those physicians responding to the workforce survey and currently licensed and practicing in Florida. Of the 59,394 total physicians responding to the survey, 43,188 are considered by the Department as active, licensed, and practicing. Physicians were geocoded to point locations, aggregated to the Census tract level, and displayed with lighter colors representing fewer counts of physicians and darker colors representing higher counts of physicians. Population figures were obtained from the 2010 Census and the calculation of physicians per 10,000 persons is represented at the Census tract level.*

*Sources: Florida Department of Health licensure and profile databases; U.S. Census 2010  
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011*

# Main Region 4: Distribution of the Physician Workforce



*This map portrays the distribution of all physicians per population at the Census tract level. Included are those physicians responding to the workforce survey and currently licensed and practicing in Florida. Of the 59,394 total physicians responding to the survey, 43,188 are considered by the Department as active, licensed, and practicing. Physicians were geocoded to point locations, aggregated to the Census tract level, and displayed with lighter colors representing fewer counts of physicians and darker colors representing higher counts of physicians. Population figures were obtained from the 2010 Census and the calculation of physicians per 10,000 persons is represented at the Census tract level.*

*Sources: Florida Department of Health licensure and profile databases; U.S. Census 2010  
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011*



## Analysis of OB-GYN Specialty Questions

All respondents to the 2010 and 2011 Physician Workforce Surveys indicating an obstetrics and gynecology primary or sub-specialty were asked optional specialty-specific questions. Of the 59,394 physicians responding to the survey, 1,820 indicated “obstetrics and gynecology” as their primary specialty, with 1,801 currently licensed and practicing in Florida. The Department placed 1,877 respondents into the OB-GYN specialty group, which includes the following two sub-specialties:

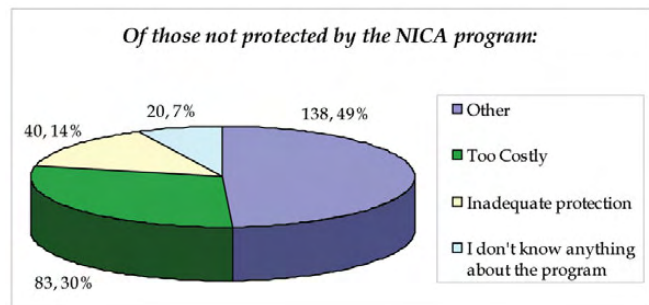
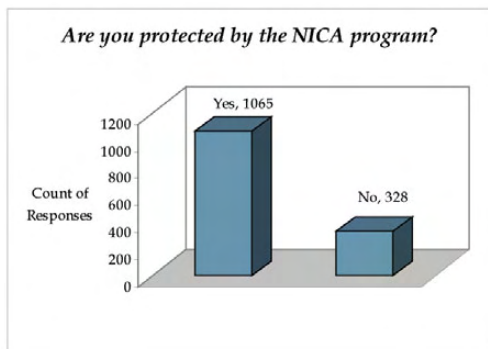
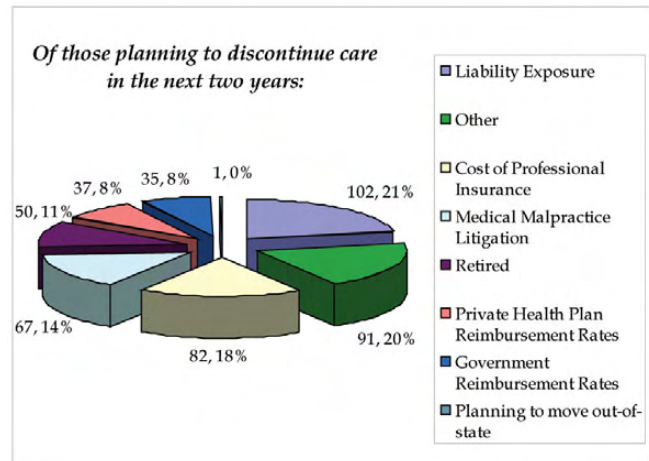
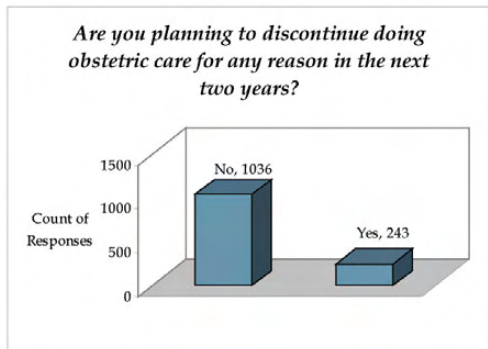
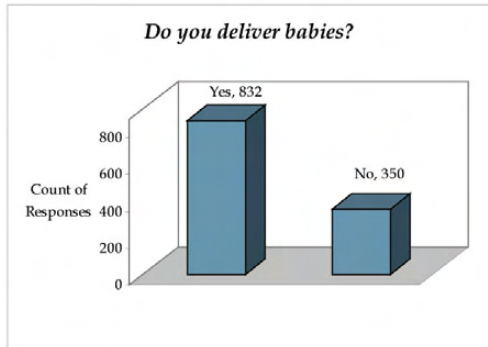
- Critical Care Medicine - OB-GYN
- Maternal and Fetal Medicine - OB-GYN

As previously stated, all specialty questions are optional and therefore, physicians can choose to respond to any number of these questions. Of the 43,188 licensed and practicing respondents, 3.39% (n=1,463) responded to the OB-GYN specialty questions. Of these, 1,364 are counted as OB-GYN specialists while 99 respondents come from 7 other specialty groups. 513 of the 1,877 in the OB-GYN specialty group did not respond to the OB-GYN specialty questions.

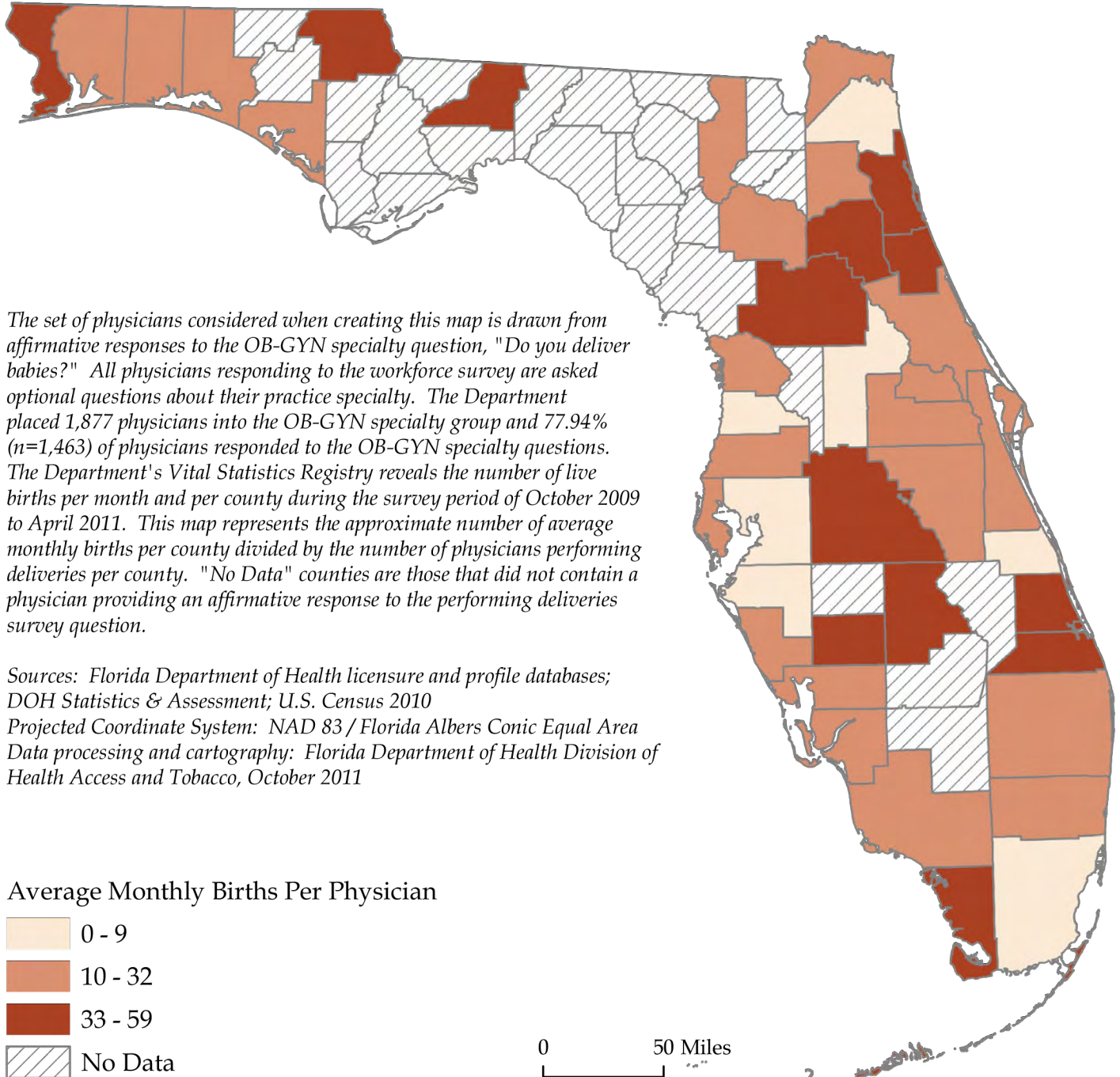
Of those respondents answering the OB-GYN specialty questions in the 2010 and 2011 Physician Workforce Surveys:

- 1,182 provided a response to the question, “Do you deliver babies?”
- 1,279 provided a response to the question, “Are you planning to discontinue doing obstetric care for any reason in the next two years?” Of those, 465 provided a reason.
- 1,393 provided a response to the question, “Are you protected by the NICA program?” Of those, 281 cite a reason for non-protection.

The following figures provide detailed information on the number of responses per response type for the three OB-GYN specialty questions.



# Comparing the Distributions of Live Births and Physicians Performing Deliveries



The set of physicians considered when creating this map is drawn from affirmative responses to the OB-GYN specialty question, "Do you deliver babies?" All physicians responding to the workforce survey are asked optional questions about their practice specialty. The Department placed 1,877 physicians into the OB-GYN specialty group and 77.94% (n=1,463) of physicians responded to the OB-GYN specialty questions. The Department's Vital Statistics Registry reveals the number of live births per month and per county during the survey period of October 2009 to April 2011. This map represents the approximate number of average monthly births per county divided by the number of physicians performing deliveries per county. "No Data" counties are those that did not contain a physician providing an affirmative response to the performing deliveries survey question.

Sources: Florida Department of Health licensure and profile databases; DOH Statistics & Assessment; U.S. Census 2010  
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011

### Average Monthly Births Per Physician

- 0 - 9
- 10 - 32
- 33 - 59
- No Data

0 50 Miles

## Analysis of Radiology Specialty Questions

All respondents to the 2010 and 2011 Physician Workforce Surveys indicating radiology or a radiology sub-specialty as a primary or secondary specialty were asked optional specialty-specific questions. Of the 59,394 physicians responding to the survey, 1,320 respondents indicated “radiology diagnostic” as their primary specialty, with 1,298 currently licensed and practicing in Florida. The Department placed 2,121 respondents into the radiology specialty group, which includes twelve radiology sub-specialties. These sub-specialties include:

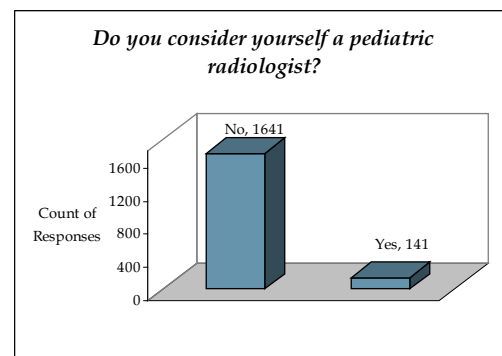
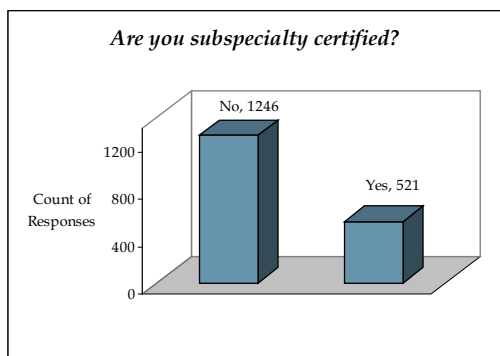
- Abdominal radiology
- Cardiothoracic radiology
- Diagnostic radiological physics
- Endovascular surgical neuroradiology
- General diagnostic radiology mammography
- Musculoskeletal radiology
- Neuroradiology
- Nuclear radiology
- Pain management
- Therapeutic radiological physics
- Vascular and interventional radiology

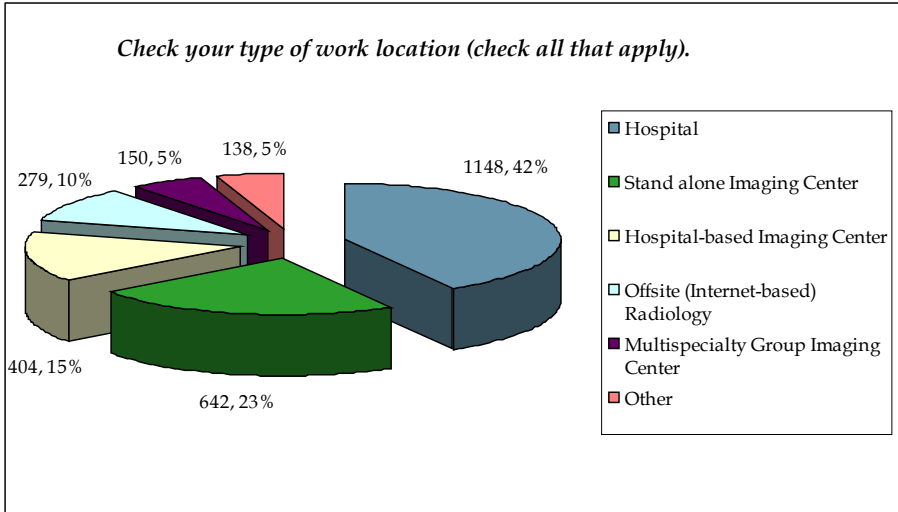
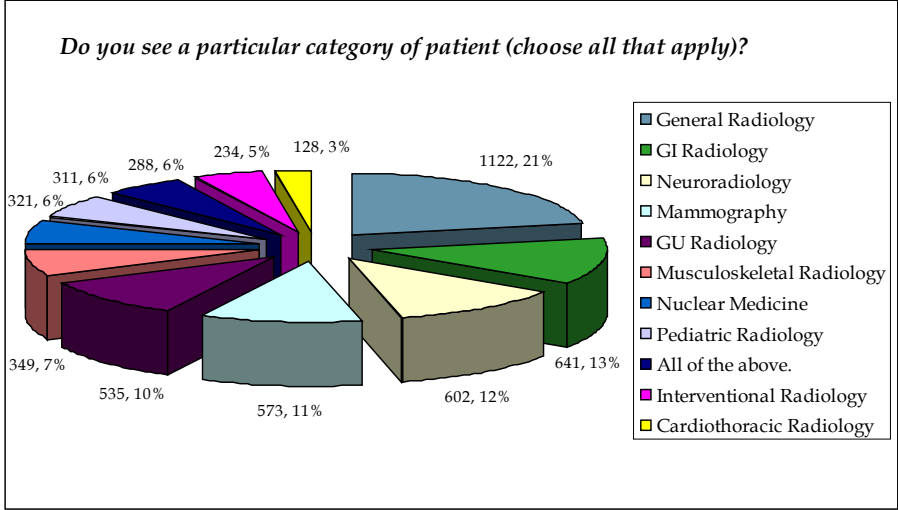
As previously stated, all specialty questions were optional and therefore, physicians could choose to respond to any number of the questions. Of the 43,188 respondents to the survey, 4.33% (n=1,871) responded to the radiology specialty questions. Of these, 1,801 respondents are counted as radiology specialists while 70 respondents come from 9 other specialty groups. 320 of the 2,121 physicians the Department counts as radiology specialists did not respond to the radiology specialty questions.

Of those respondents answering the radiology specialty questions in the 2010 and 2011 Physician Workforce Surveys:

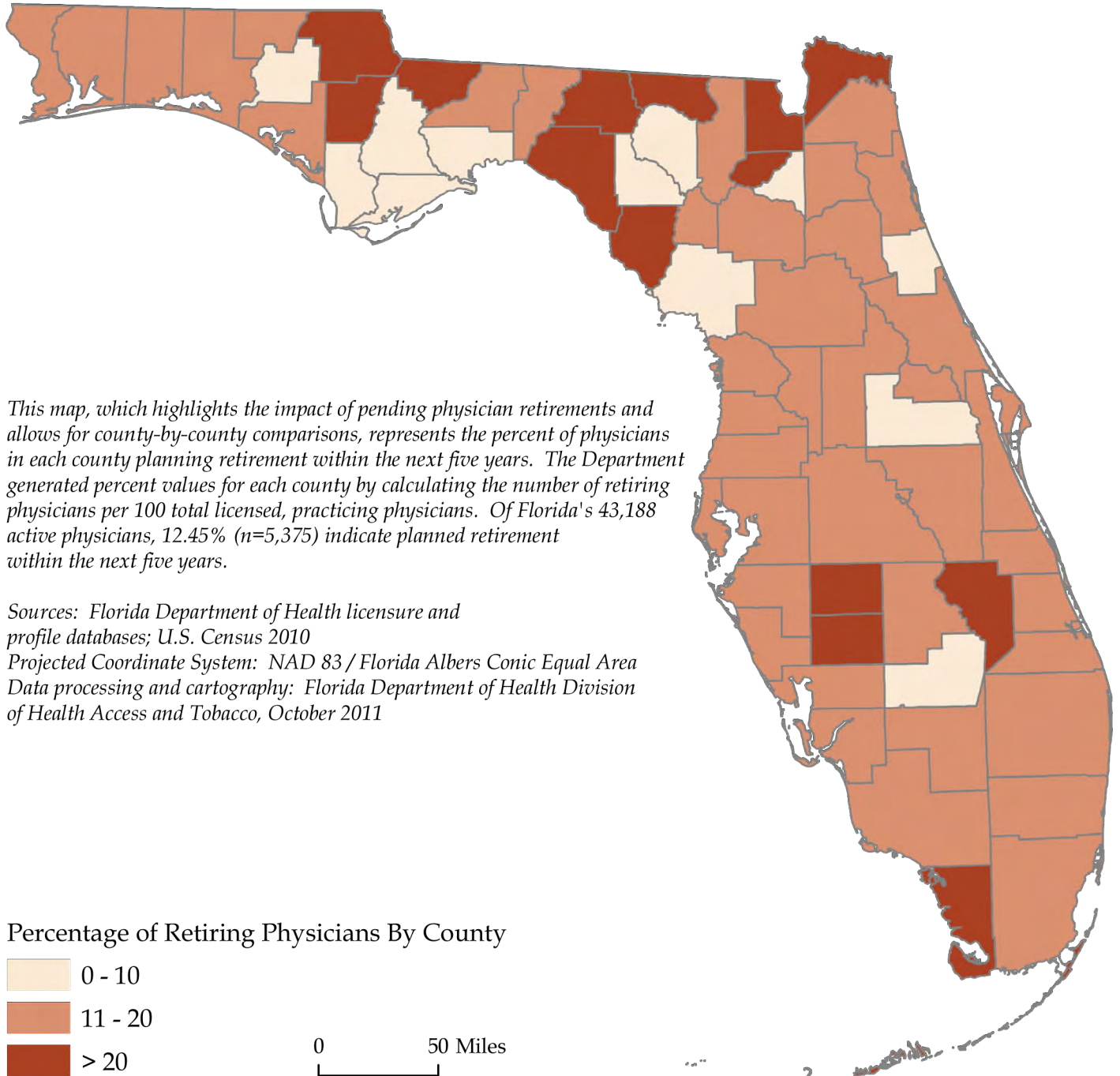
- a. 1,767 provided a response to the question, "Are you subspecialty certified?"
- b. 1,782 provided a response to the question, "Do you consider yourself a pediatric radiologist?"
- c. 5,104 provided a response to the question, "Do you see a particular category of patients? (Choose all that apply)."
- d. 2,761 provided a response to the question, "Check your type of work location (check all that apply)."

The following graphs and charts provide detailed information on the number of responses per response type for four select radiology specialty questions.

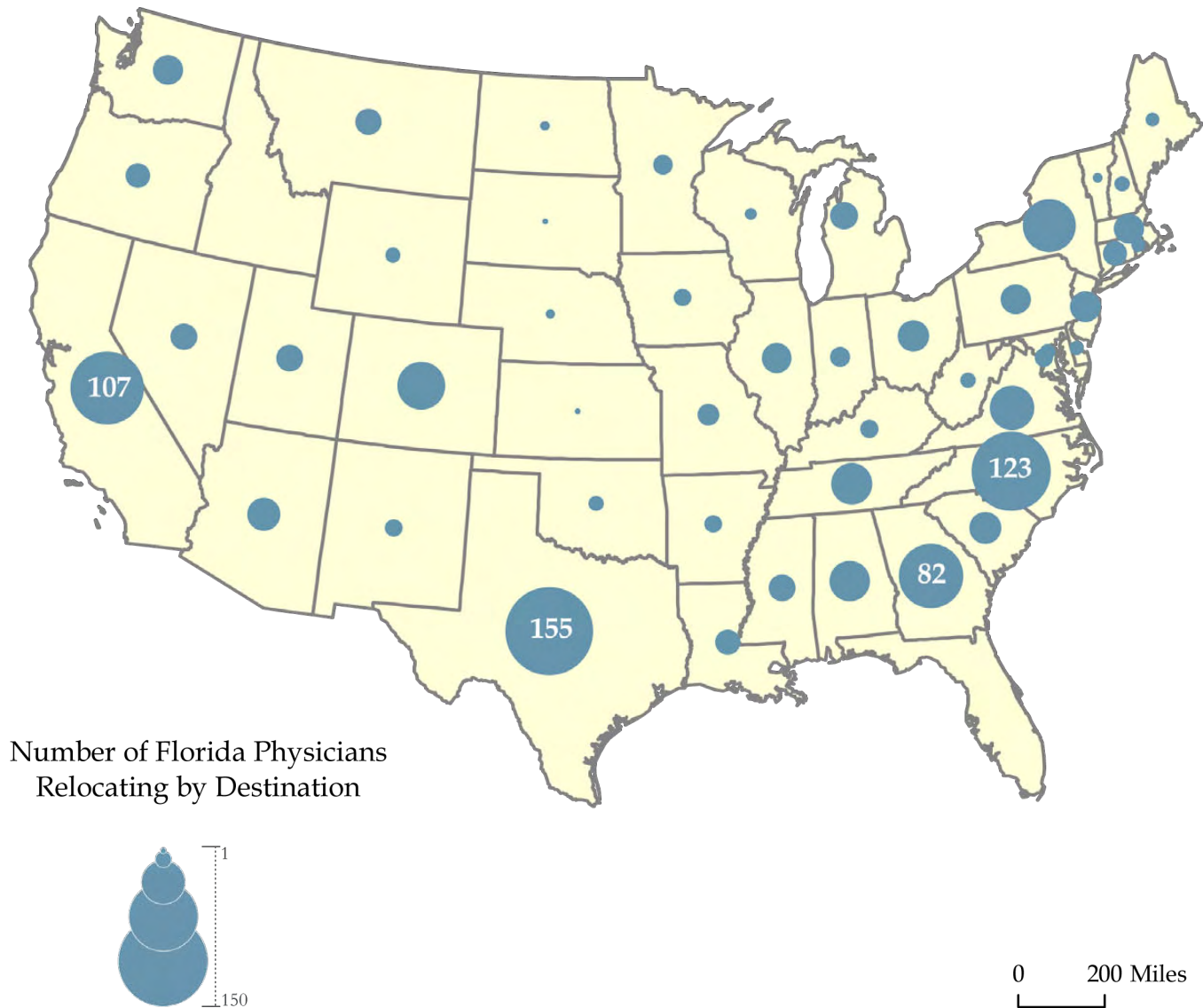




# Florida's Retiring Physicians



## Planned Destinations of Active, Licensed Physicians Reporting Impending Out-of-State Move



*This map represents the planned destinations of Florida physicians indicating they will move to practice in another state within the next five years. The symbols are displayed as proportional circles with larger circles representing higher counts of physicians planning to relocate to that particular state. While 4.12% (n=1,778) of Florida's 43,188 licensed, practicing physicians report a pending out-of-state move, only 2.96% (n=1,277) specify a planned destination.*

Sources: Florida Department of Health licensure and profile databases; U.S. Census 2010  
 Projected Coordinate System: North America Albers Equal Area Conic  
 Data processing and cartography: Florida Department of Health Division of Health Access and Tobacco, October 2011



## Graduate Medical Education (GME) in Florida

GME is the period of supervised, clinical training that allopathic and osteopathic medical school graduates must complete before beginning practice under their own credentials. GME programs (residencies, internships, and fellowships) are meant to refine the skills necessary to practice in a particular medical field, and range in length from three to six or more years.

The Department of Health presents this discussion on Graduate Medical Education (GME) as part of the 2011 Physician Workforce Annual Report. The purpose of this discussion is to: recap the important role of GME, both in the workforce development and the delivery of medical services; and provide a snapshot view of the state's current GME system.

GME training programs are crucial to Florida's healthcare system. The state's 346 programs contribute to the overall delivery of care in Florida through statutory teaching hospitals and clinical rotations in areas of need. Those completing GME programs that remain in the state combine to shape and feed the overall physician workforce. The state's ability to provide reliable data and recommendations to policymakers who influence the collective scope of these GME programs assists the State's ability to respond to the healthcare needs of Floridians through resource distribution and policy changes.

GME quality determines the skill level of specialists and sub-specialists in all fields. The best, most prestigious programs attract the brightest applicants, many of whom will eventually practice near the residency site. The American Association of Medical Colleges (AAMC) ranks Florida fourth highest in retaining residents upon GME completion, ninth in re-

taining medical school graduates, and seventh in retaining new physicians completing GME and medical school in the state (2011).

GME quantity determines adequacy of the specialty mix and geographic distribution of Florida physicians. Even after recent gains in residency positions<sup>1</sup>, Florida must increase the number of on-duty residents by about 75%<sup>2</sup> in order to meet the national average. Such a substantial increase would surely mandate the creation of new programs and positions where none currently exist, covering specialties in the greatest demand.

Combined, GME quality and quantity determine the strength and reach of the Florida's healthcare "safety net." Florida residents provide care for the state's indigent, uninsured, and underserved populations, protecting and promoting long term health through access to quality care. The creation of new GME positions also stimulates Florida's local economies. Texas Perspectives, Inc. estimates multi-million dollar growth for each new residency program, due to direct spending on education and program support as well as spin-off development in the life sciences.

The state must seek innovative approaches to GME expansion due to the cost and complexity of the endeavor. Individual residency positions cost upward of \$100,000 annually<sup>3</sup>, and new GME programs require years of planning to get off the ground. Nevertheless, leaders throughout Florida's medical community agree on the need to keep pressing toward expansion. The AAMC ranks Florida 42nd highest in the number of on-duty residents and fellows per 100,000 residents, ahead of less densely populated states like South Dakota, Wyoming, and Alaska. Florida, with approxi-

1 Redistribution of federal GME funding in 2011 has created the potential for up to 199 new positions in Florida

2 AAMC, 2011 State Physician Workforce Data Book

3 The total cost per resident averaged \$185,871 at selected Florida teaching hospitals in 2004 according to CEPRI's Medical Education Needs Analysis

mately 3,500 residency slots, must grow by 2,700 positions in order to meet the national average. Another motivating factor is that Florida's universities have opened four new medical schools in the past five years and the state risks becoming a net exporter of physicians without an adequate supply of first-year residency positions.

### **GME Data-Collection Methodology**

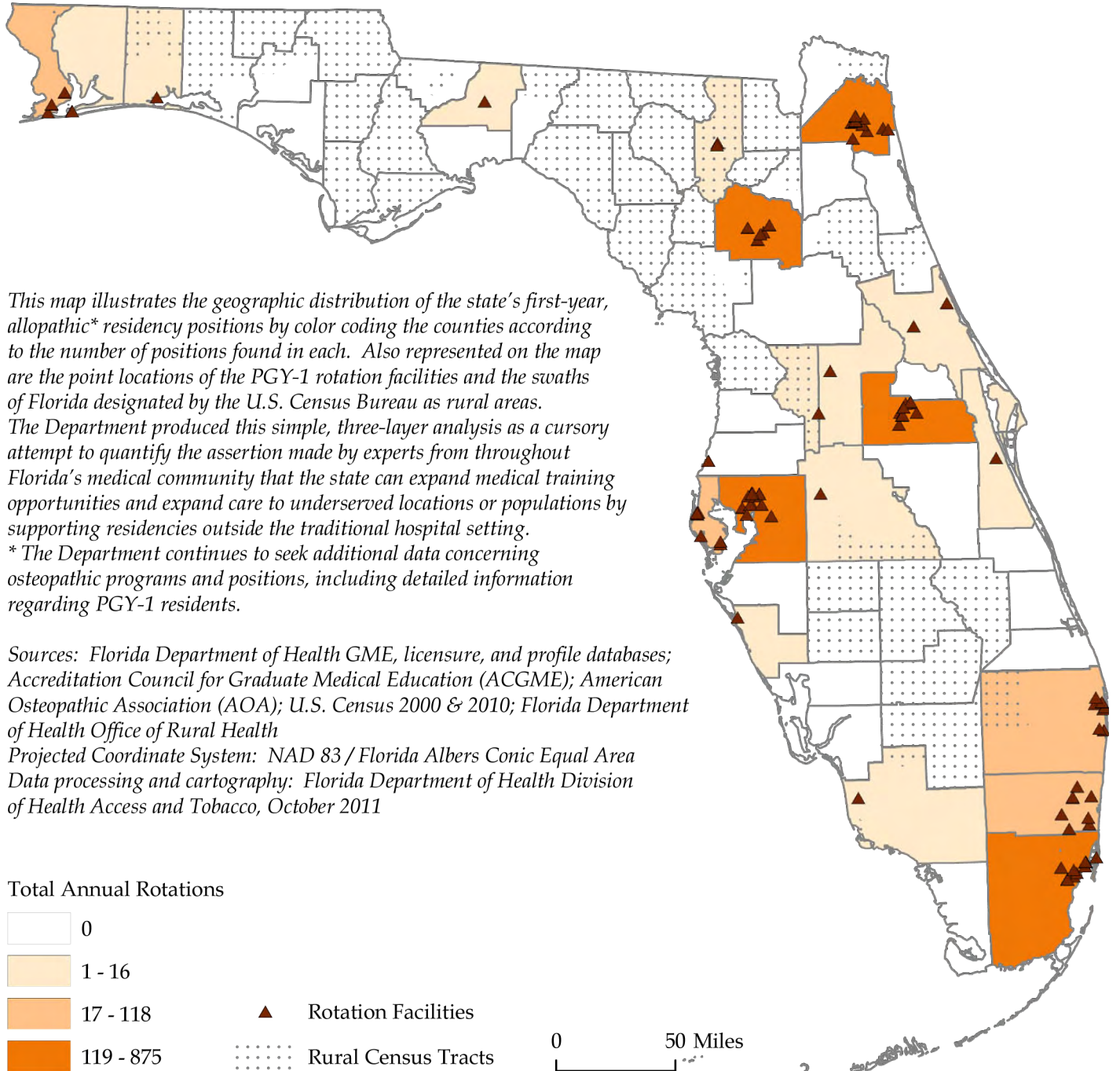
As the Council began considering physician workforce and GME concerns under one banner, the Department realized an opportunity to centralize information about each of Florida's GME programs. The detailed data referenced in this report was collected between January and April 2011 from the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) websites. The Department recorded each program's:

- Specialty or sub-specialty;
- sponsoring institutions;
- number of positions, total and filled, by post graduate year;
- rotations by location and post graduate year; and
- duration in years.

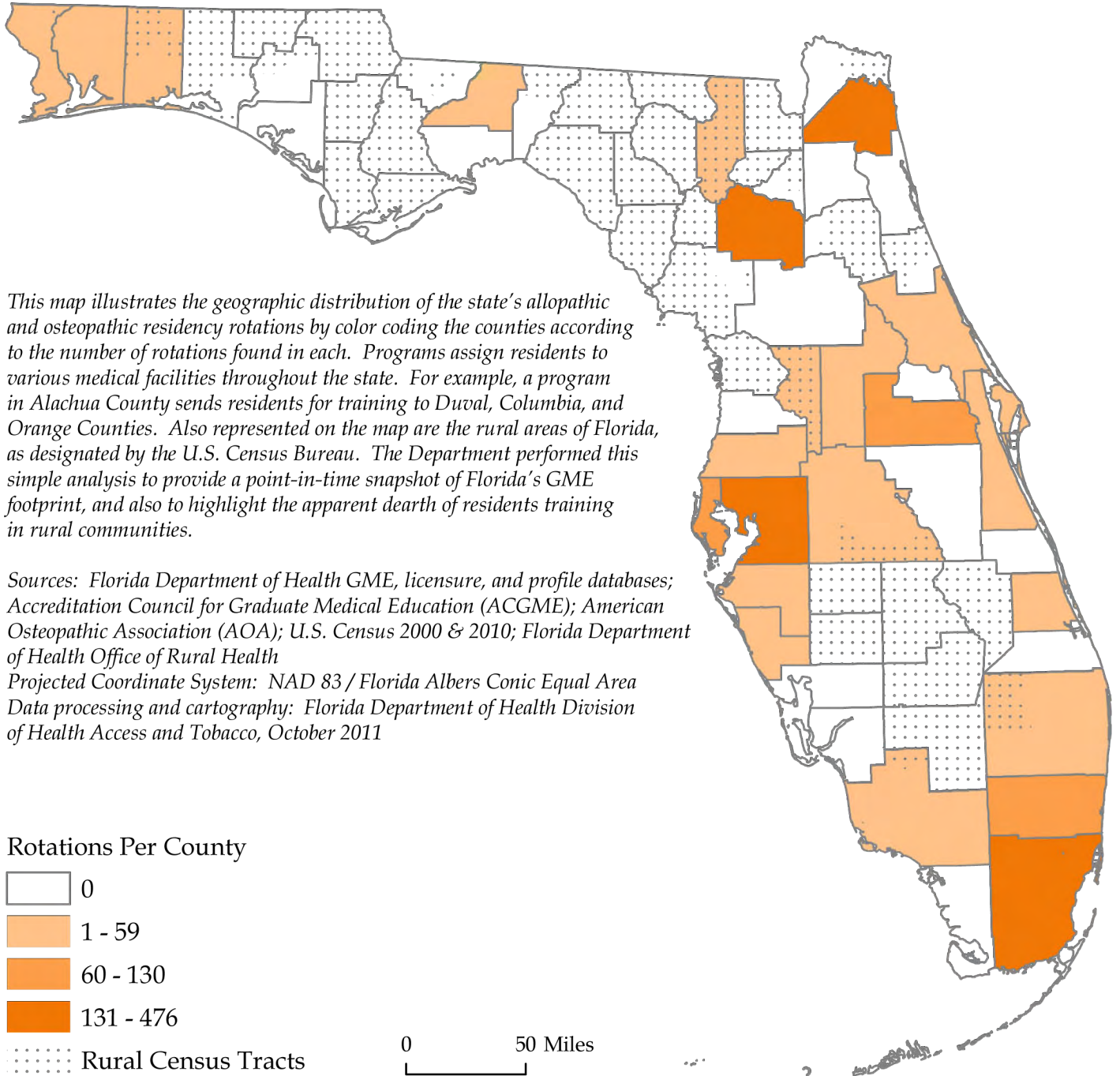
After organizing the data within the database, the Department geocoded the locations of each residency program and assigned a unique numeric identifier to each. This identifying key was shared across each dataset and used to link together the characteristics of each program. For example, to determine the rotation facilities for each medical school program, the Department linked the rotation facilities and programs datasets using the numeric identifier and limited the results to medical school programs.

The Department recognizes the risk of error having manually harvested the data from these two secondary sources. The University of Central Florida, Florida International University and Florida Atlantic University were not administering programs at the time of data collection and are therefore absent in the database. The current iteration of its GME Database represents the Department's initial effort to match the details and quality of the Physician Workforce Database. Potential error disclaimed, the following snapshot of Florida's GME programs could not have been generated without the unified record set. Further research and data mining techniques are being examined for future GME analysis.

# Florida GME: First Year (PGY-1) Positions By County



## Florida GME: Rotations By County



## Conclusions

The Department of Health renews its commitment to review and critique health care access for all Floridians and will support the efforts of the Physician Workforce Advisory Council throughout the upcoming year as a formal strategic plan is developed and further data is analyzed. Further, the Department will work to cement partnerships and collaborations by serving as a data clearinghouse, focusing activities on the creation of web-based applications to determine physician location and specialty by facility. The successful implementation of the physician workforce project has resulted in new information for policymakers on clinical practice, geographic location, and impending practice changes for Florida physicians. The Department will continue to refine analysis and reporting of this data to better assist in the state's effort to meet current and future physician workforce needs.

**Appendix A:**  
**Physician Workforce Report Methodology**



## Physician Workforce Report Methodology

The Physician Workforce Survey is required by law to be completed by all medical doctors biennially at license renewal. The survey targets currently practicing and renewing physicians; newly licensed physicians are not analyzed by the results of the survey. In the 2010-2011 renewal cycle, the Department received 59,394 individual responses, an overall response rate of greater than 99 percent of the physician workforce. Concluding the main portion of the survey are short sets of questions aimed at physicians of certain specialties.

A relational database management system (RDBMS) is used to store, organize, and analyze raw data. The Department utilizes PostgreSQL, an open source RDBMS, to house and analyze raw data due to the software's advanced support for geographic functions. The raw data stems from three main sources, which the Department organizes into these databases:

- DOH licensure database details license status and demographics
- DOH profile database details practice locations, education history, completed residencies, and board certifications
- DOH Physician Workforce Database details the results of the workforce survey
- DOH Vital Statistics Registry
- Other data comes from the United States Census Bureau and various other state and federal agencies

These input datasets require extensive processing before use. The tabular inputs from MQA's databases, while comprehensive, are not normalized to common database standards. The datasets are linked together by a unique numeric identifier that stems from each respondent's client code and file number. Establishing this numeric identifier allowed the Depart-

ment to “flatten out” the raw tabular inputs and more efficiently examine the data and perform analysis.

After acquiring and organizing the data, the Department began to determine and differentiate between the active, licensed physicians and the licensed, non-practicing physicians. The first survey question asks, “Do you practice medicine at anytime during the year in Florida?” All physicians answering “no” to this question were assigned to the licensed, non-practicing group. The physicians providing an affirmative response required two further checks using the respondent’s self-reported practice address. All survey respondents matching a current practice location in the Department’s profile database that indicated “FL” as the state and also indicating a known Florida zip code were retained and placed into the active, licensed group. Respondents failing either check were moved to the licensed, non-practicing group. The Department initially eliminated only those respondents indicating another state in their self-reported practice address but found that an unacceptable number of out-of-state and out-of-county physicians had mistakenly reported their state as “FL”. The zip code check was added to identify this small segment of respondents.

Respondents were also asked in the survey to indicate participation in a residency, internship, or fellowship. An affirmative response to this question sorted physicians into a residents, interns, and fellows group. Newly licensed physicians, not captured in the survey, are unreported.

Finally, respondents were checked against the Department’s licensure database. Physicians with a license status prohibiting practice<sup>1</sup> were removed from the finished result set.

The records included in this final result set of licensed, practicing phy-

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<sup>1</sup> Inactive, retired, delinquent, suspended

sicians were then sorted according to self-reported primary specialty. The Department collapsed the 157 unique specialties into 16 main specialty groups (Figure A) for reporting purposes.

It is important to note here that some Florida physicians practice in multiple medical fields. To prevent double counting, the Department only considers primary specialty when sorting physicians into their specialty groups, but Physician Workforce Survey respondents are encouraged to answer additional questions for as many as five specialty groups. This accounts for apparent inconsistencies when breaking down the responses to each set of specialty questions.

There are 5,951 physicians in the Internal Medicine specialty group, for example, while 5,051 physicians responded to the Internal Medicine specialty questions. It is tempting but incorrect to assume all of the specialty question respondents also fall into the related specialty group when, in fact, 946 of these respondents come from 14 other specialty groups. In other words, 1,846 of the 5,951 physicians the Department counts as Internal Medicine specialists did not respond to the Internal Medicine specialty questions.

The Department identifies primary care physicians, an important subset in the examination of access to healthcare, by grouping together those

Medical Specialist	9076
Internal Medicine	5951
Family Medicine	5935
Surgical Specialist	3107
Anesthesiology	2461
Pediatrics	2281
Radiology	2121
Emergency Medicine	2080
Psychiatry	1914
OB-GYN	1877
Pediatric Subspecialist	1194
General Surgery	1029
Dermatology	930
Pathology	875
Neurology	866

**Figure A:**  
The Department groups physicians according to primary specialty provided in response to Survey Question 3. The counts represent the number of physicians assigned to each specialty group. Sources: 2010 & 2011 Physician Workforce Surveys; DOH profile database

in the family medicine, internal medicine, and pediatrics specialty groups. While public interest groups vary in their definition of primary care, the Department relies on the simple standard put forth by the American Medical Association for the purpose of this report.

To allow for the mandated geographic analysis of the physician workforce, the Department employed geographic information systems (GIS) techniques using ESRI's ArcGIS suite of applications, the industry's standard software for cartography, ancillary data processing, and simple analysis. First, the Department geocoded the practice addresses of each physician. The geocoding processes returns an interpolated geographic location for each input address. Projecting the data allows for the accurate representation of flat maps. Projection selection is an important step in the analysis of any collection of spatial data. For all analysis and cartography, unless otherwise noted, the Department used the in-house standard Florida Albers Equal Area projection. Employing a standard PostGIS utility, the Department generated shapefiles from the flattened, sorted, spatially-enabled database tables. Putting the data in shapefile format, the most universal method for storing, sharing, and visualizing geographic data, allowed for the completion of the last remaining data processing task, relating the physician information to ancillary data sets by location.

With the raw physician and survey data flattened, grouped, geocoded, and projected, the Department can analyze the geographic location and distribution of the physician workforce.

**Appendix B:**  
**Physician Workforce Survey**  
**Response Counts by Question**

### *2010 and 2011 Physician Workforce Survey Response Counts By Question*

<i>Question</i>	<i>Response</i>	<i>Count</i>
1. Do you practice medicine at any time during the year in Florida?	Yes	43710
	No	15006
1a. If no, the main reason you have a Florida license, but don't practice medicine is	Do not maintain a full-time residence in Florida	5303
	Other	4605
	Planning to move to Florida	3268
	Retired	1882
	Malpractice Insurance Rates	206
	Liability Exposure	178
	Medicare/Medicaid Reimbursement Rates	29
	Private Health Plan Reimbursement Rates	16
1b. If no, do you plan to relocate to Florida?	Do not plan to relocate	8505
	In 3 - 4 years	4695
	In 1 - 2 years	1883
1c. If no, my specialty is		29396 (158 unique specialties)
2. How many months did you practice in Florida in the last 12 months?	11 - 12 months	39775
	1 - 2 months	1123
	9 - 10 months	783
	5 - 6 months	649
	7 - 8 months	523
	3 - 4 months	447
3a. Primary specialty of current clinical practice		43217 (158 unique specialties)
3b. Total hours per week for primary specialty	More than 50	12855
	41 - 50	12222
	31 - 40	9606
	21 - 30	2308
	0 - 10	2258
	10 - 20	2014
4a. Non primary specialties of current clinical		9990 (161 unique specialties)
4b. Total hours per week for non primary specialties	0 - 10	3131
	10 - 20	2070
	31 - 40	1267
	41 - 50	1230
	More than 50	1172
21 - 30	1120	
5a. Primary work location by county		42608 (69 unique counties)
5b. Total hours per week at primary work location	More than 50	12744
	41 - 50	12135
	31 - 40	9682
	21 - 30	2649
	0 - 10	2303
	10 - 20	2160
6a. Non primary work locations by county		8685 (69 unique counties)
6b. Total hours per week at non primary work locations	0 - 10	4972
	10 - 20	1734
	21 - 30	675
	31 - 40	509
	41 - 50	411
More than 50	384	

Source: DOH 2010 / 2011 Physician Workforce Surveys

### 2010 and 2011 Physician Workforce Survey Response Counts By Question

<i>Question</i>	<i>Response</i>	<i>Count</i>
7a. Of your total hours worked in a week, how many hours do you spend on patient care (office and hospital)?	36 - 40	8580
	41 - 45	5811
	61 or more	4958
	46 - 50	4932
	31 - 35	4091
	51 - 55	2310
	26 - 30	2300
	0 - 5	2147
	56 - 60	1750
	16 - 20	1582
	21 - 25	1321
	6 - 10	1176
	11 - 15	929
7b. Of your total hours worked in a week, how many hours do you spend on administrative matters?	0 - 5	22120
	6 - 10	8760
	11 - 15	2503
	16 - 20	1576
	21 - 25	649
	26 - 30	379
	36 - 40	346
	31 - 35	203
	46 - 50	151
	61 or more	138
	41 - 45	129
	56 - 60	39
	51 - 55	37
7c. Of your total hours worked in a week, how many hours do you spend on research and teaching?	0 - 5	25165
	6 - 10	4071
	11 - 15	1210
	16 - 20	941
	21 - 25	439
	26 - 30	301
	36 - 40	208
	31 - 35	162
	46 - 50	94
	41 - 45	90
	61 or more	75
	56 - 60	34
	51 - 55	26
8. How many patients on average do you see per week (office and hospital)?	76 - 100	8262
	51 - 75	7128
	26 - 50	7065
	0 - 25	6621
	101 - 125	5520
	126 - 150	3494
	201 or more	1579
	151 - 175	1421
	176 - 200	944

### 2010 and 2011 Physician Workforce Survey Response Counts By Question

<i>Question</i>	<i>Response</i>	<i>Count</i>
9. Which setting best describes where the majority of your practice occurs?	Office Practice - Group Practice - Single Specialty	10793
	Office Practice - Solo Practice	10380
	Office Practice - Group Practice - Multi-Specialty	5289
	Hospital - Hospital Based Physician (Non-Emergency)	4073
	Hospital - Other	2927
	Other	2574
	Hospital Emergency Room	2112
	Hospital - Hospitalist	1390
	Hospital - Outpatient Dept	824
	Urgent Care Center	519
	Ambulatory Surgery Center	434
	Federally Qualified Community Health Center	418
	County Health Department	387
Volunteer Free Clinic	315	
Nursing Home / Extended Care Facility	259	
10. If you are an employed physician, is your employer	Other	17573
	Medical School or Parent University	2831
	Government Agency	2749
	Staff or Group HMO	1204
11. Are you currently enrolled in an internship, residency, or fellowship program?	No	41436
	Yes	1371
11a. If yes, specialty		940 (106 unique specialties)
11b. If yes, year	PGY - 5	164
	PGY - 3	124
	PGY - 4	118
	PGY - 6	109
	PGY - 7	68
	PGY - 2	48
	PGY - 1	16
12. What was your total debt at the time of graduation from medical school?	No Debt	14488
	Less than \$25,000	5681
	\$150,000 or more	4713
	More than \$25,000, but less than \$50,000	3985
	More than \$50,000, but less than \$75,000	2732
	More than \$75,000, but less than \$100,000	2431
	More than \$100,000, but less than \$125,000	2023
	More than \$125,000, but less than \$150,000	1691
13. Do you have hospital privileges?	Yes	33455
	No	8387
13a. If yes, at how many individual hospitals do you have hospital privileges?	1	13186
	2	9267
	4 or more	5541
	3	5434
13b. If no, is the decision to not have hospital privileges voluntary?	Yes	5931
	No	292
14. Do you provide on-call emergency room coverage (NOT Emergency Department)?	No	26754
	Yes	14087
14a. If no, the main reason I do not provide on-call coverage is	Other	10673
	Exempt by hospital by-laws	4301
	Lifestyle Considerations	3641
	Emergency Department Physician	2008
	Liability Exposure	714
	Retired	643
	Work in an Urgent Care Clinic	619
	Compensation	239
	Malpractice Insurance	211
	Leaving for a Different Field	78
14b. If yes, at how many individual hospitals do you provide on-call emergency room coverage?	1	7713
	2	3534
	3	1462
	4 or more	1442

Source: DOH 2010 / 2011 Physician Workforce Surveys



### 2010 and 2011 Physician Workforce Survey Response Counts By Question

<b>Question</b>	<b>Response</b>	<b>Count</b>
14c. If yes, how many total days per month do you take emergency call?	1 - 2	2787
	3 - 4	2701
	11 or more	2612
	5 - 6	2355
	7 - 8	2276
	9 - 10	1159
14d. If yes, during the past 2 years, has the number of emergency on call days	Stayed the same	9215
	Increased	3168
	Decreased	1555
14e. If yes, if you are decreasing your on-call days, what is the main reason?	Other	1479
	Lifestyle Considerations	922
	Liability Exposure	349
	Compensation	248
	Retired	76
	Medicare/Medicaid Reimbursement Rates	71
	Malpractice Insurance Rates	67
	Work in an Urgent Care Clinic	22
	Leaving for a Different Field	20
	Private Health Plan Reimbursement Rates	17
15. Do you take trauma call, or attend to trauma patients, at a verified trauma center?	No	36951
	Yes	3280
15a. If yes, which type?	Level II	1201
	Level I	1113
	More than one of the above	473
	Pediatric	237
16. Are you currently accepting new Medicare patients in your practice?	Yes	31488
	No	8985
16a. If no, what is the main reason you are not accepting new Medicare patients?	Other	5856
	Low Compensation	846
	Practice is at full capacity	500
	Too Much Paperwork	310
	Billing Requirements	148
	Concerned about Fraud Issues	55
17. Are you currently accepting new Medicaid patients in your practice?	Yes	21953
	No	18339
17a. If no, what is the main reason you are not accepting new Medicaid patients?	Other	7030
	Low Compensation	6416
	Practice is at full capacity	981
	Too Much Paperwork	840
	Billing Requirements	385
	Concerned about Fraud Issues	94
18. Do you plan to retire in the next 5 years?	No	35153
	Yes	5535
18a. If yes, the main reason for retiring	Time to retire	3505
	Other	650
	Liability Exposure	384
	Medicare/Medicaid Reimbursement Rates	274
	Compensation	271
	Family	209
	Malpractice Insurance Rates	88
	Private Health Plan Reimbursement Rates	34
18b. If yes, do you plan to have a limited license for volunteering?	Yes	3246
	No	2163

Source: DOH 2010 / 2011 Physician Workforce Surveys

### 2010 and 2011 Physician Workforce Survey Response Counts By Question

<i>Question</i>	<i>Response</i>	<i>Count</i>
19. Do you plan to move to work in another state in the next 5 years?	No	38764
	Yes	1860
19. If yes, state		1341 (51 unique states)
19a. If yes, the main reason for moving to work in another state	Family	448
	Other	390
	Liability Exposure	334
	Compensation	332
	Looking for a Change	248
	Malpractice Insurance Rates	135
	Medicare / Medicaid Reimbursement Rates	73
	Education / Training in Another State	31
20. Do you plan to change your specialty in the next 5 years?	No	40482
	Yes	390
20. If yes, specialty		329 (77 unique specialties)
20a. If yes, the main reason for changing your specialty	Other	185
	Liability Exposure	87
	Compensation	61
	Potential for Higher Compensation	39
	Family	35
	Education / Training in another state	26
	Malpractice Insurance Rates	21
	Medicare / Medicaid Reimbursement Rates	13
Private Health Plan Reimbursement Rates	5	

Source: DOH 2010/2011 Physician Workforce Surveys