

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

BOARD OF MEDICINE



PHYSICIAN & PHYSICIAN ASSISTANT WORKFORCE CAPACITY REPORT 2.0

A Summary of Findings from the
Physician and Physician Assistant
2012 Workforce Survey
in the District of Columbia

September 2013

www.doh.dc.gov/bomed





Mission Statement

“To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting** evidence-based best practices in health regulation, high standards of quality care and implementing policies that **prevent** adverse events.”

ACKNOWLEDGEMENTS

The District of Columbia Board of Medicine gratefully acknowledges all those who participated in the development of this report. The Board especially thanks Deniz Soyer, MBA, Board of Medicine Health Licensing Specialist, for her hard work, dedication and contribution to this report. The Board also thanks, Eva Stern, GISP, GIS Analyst with the D.C. Office of the Chief Technology Officer, GIS Group, and Christine Clarke, Howard University PhD candidate, and Board of Medicine Health Policy Fellow, for their assistance and support.

The Board would also like to thank the members of the Healthcare Workforce Workgroup for their leadership and support throughout the development process.

Healthcare Workforce Workgroup Members:

- Yonatan Berhe – Information Technology Specialist, Health Regulation Licensing & Administration
- John Clark – D.C. Department of Health, Center for Policy Planning and Evaluation
- Christine Clarke – Health Policy Fellow, D.C. Board of Medicine
- Debra Herrmann, MSHS, MPH, PA-C – D.C. Board of Medicine Physician Assistant Advisory Committee Chair & Assistant Professor of Physician Assistant Studies, The George Washington University School of Medicine
- Gerald Lucas – D.C. Department of Health, Center for Policy Planning and Evaluation
- Rachelle Pierre-Matthieu, MD, MPP – Assistant Professor, The George Washington University, Department of Emergency Medicine
- Lauren Ratner, MPH, MSW – Bureau Chief, D.C. Department of Health Primary Care Community Health Administration
- Amha Selassie – D.C. Department of Health, Center for Policy Planning and Evaluation
- Deniz Soyer, MBA – Health Licensing Specialist, D.C. Board of Medicine
- Eva Stern, GISP – GIS Analyst, D.C. Office of the Chief Technology Officer, GIS Group
- Jacqueline A. Watson, DO, MBA – Executive Director, D.C. Board of Medicine

D.C. Department of Health Staff:

- Deborah Barnes – Executive Assistant to the Senior Deputy Director, Health Regulation & Licensing Administration
- Nancy Kofie – Editor
- Najma Roberts – Communications Director

The Board thanks all individuals and organizations who generously gave their time to contribute to this report.

D.C. Board of Medicine Members:

- Andrea Anderson, MD
- Bernard Arons, MD
- Kelly Colden, MD, MPH
- Thomas Dawson, III, Esq. – Consumer Board Member
- Anitra Denson, MD, MPH – D.C. Department of Health Director Designee
- Lisa Fitzpatrick, MD
- Brendan Furlong, MD
- Howard Liebers, MPH – Consumer Board Member
- John J. Lynch, MD*
- Lawrence Manning, MD
- Miriam Markowitz, MSc*
- Janis Orłowski, MD, MACP – Chairperson
- Mark Rankin, MD – Vice Chair
- Jeffrey Smith, MD

**denotes immediate past member of D.C. Board of Medicine*

Health Research and Services Administration: National Center for Workforce Analysis

- Ed Salsberg, MPA – Director
- Christina Hosenfeld, MPH

TABLE OF CONTENTS

Key Definitions7

Executive Summary9

Introduction13

Methods & Survey Response Rate.....15

Section 1 – Physician Workforce19

- **Comparison of 2010 vs. 2012**19
- **Physician Workforce Overview**23
- **Physician Survey Respondents**24
 - Demographics24
 - Age24
 - Gender.....25
 - Non-Clinical Activities of Physicians.....26
 - Clinical/Patient Care Hours29
 - Practice Specialty30
 - Board Certification31
 - Workforce Reduction & Retirement32
 - Continuing Medical Education.....34
- **Primary Care Physicians**36
 - Actively Practicing Primary Care Physician Demographics36
 - Age36
 - Gender.....39
 - Actively Practicing Primary Care Physician Practice Setting & Location
 - Clinical Practice Setting Type40
 - Location.....41
 - Actively Practicing Primary Care Physician Workforce Reduction & Retirement46
 - Accepting New Patients.....51
 - Scheduled Extended Care Hours & Weekend Hours52
 - Practice of Obstetrics.....54
- **Specialty Care Physicians**55
 - Actively Practicing Specialty Care Physician Demographics55
 - Age55
 - Gender.....56
 - Actively Practicing Specialty Care Physician Workforce Reduction & Retirement57
 - Actively Practicing Specialty Care Physician Practice Location.....59

Section 2 – Access to Care and Insurance Coverage61

- **D.C. Managed Care**61
- **Medicaid**.....62
- **Health Professional Shortage Areas (HPSAs)**.....64
- **Medicare**.....71

Section 3 – Physician Assistant Workforce	73
• Comparison of 2010 vs. 2012	73
• Physician Assistant Workforce Overview	75
• Physician Assistant Survey Respondents	76
o Demographics	76
▪ Age	76
▪ Gender	77
o Non-Clinical Activities of Physician Assistants	78
o Clinical & Patient Care Hours	81
o Practice Specialty	82
o Medicare, D.C. Managed Care, & Medicaid Participation	83
o Workforce Reduction & Retirement	84
o Continuing Medical Education.....	86
• Primary Care Physician Assistants	89
o Actively Practicing Primary Care Physician Assistant Demographics ..	89
▪ Age	89
▪ Gender	91
o Actively Practicing Primary Care Physician Assistant Practice Setting & Location.....	92
▪ Clinical Practice Setting Type	92
▪ Location	93
o Actively Practicing Primary Care Physician Assistant Medicare, D.C. Managed Care & Medicaid Participation	98
o Actively Practicing Primary Care Physician Assistant Workforce Reduction & Retirement	100
o Accepting New Patients.....	103
o Scheduled Extended Care Hours & Weekend Hours	104
o Practice of Obstetrics.....	105
• Specialty Care Physician Assistants	106
o Actively Practicing Specialty Care Physician Assistant Demographics	
▪ Age	106
▪ Gender	107
o Actively Practicing Specialty Care Physician Assistant Workforce Reduction & Retirement	108
o Actively Practicing Specialty Care Physician Assistant Medicare, D.C. Managed Care & Medicaid Participation	109
o Actively Practicing Specialty Care Physician Assistant Practice Location.....	111
Section 4 – Special Topics	113
• Social Media	113
• Telemedicine	116
• Advanced Practice Clinicians	119
• Electronic Health Records	121
• Patient Protection & Affordable Care Act	124
Section 5 – Postgraduate Physicians in Training	131
Section 6 – Limitations	133
Section 7 – Summary	135
Appendices	137

KEY DEFINITIONS

Actively Licensed Physician or Physician Assistant: Actively licensed physicians or physician assistants are defined as those who hold active licenses in the District.

Actively Practicing Physician or Physician Assistant: Actively practicing physicians or physician assistants are defined as those who reported that they were involved in clinical practice in the District for more than 20 hours per week.

Census Tracts: Census tracts are small, relatively permanent statistical subdivisions of a county or equivalent entity that are updated by local participants prior to each decennial census as part of the Census Bureau's Participant Statistical Areas Program. The Census Bureau delineates census tracts in situations where no local participant existed or where state, local, or tribal governments declined to participate. The primary purpose of census tracts is to provide a stable set of geographic units for the presentation of statistical data. Census tract boundaries are delineated with the intention of being maintained over a long period of time so that statistical comparisons can be made from census to census.

D.C. Managed Care (previously known as D.C. Healthcare Alliance): D.C. Managed Care is a program offering health coverage to low-income families. To be eligible, a family must reside in the District, have no health insurance (including Medicare and Medicaid), and may not have a family income exceeding 200% of the federal poverty level.

Geographic Information System (GIS): GIS is a technology that allows policy makers, planners, and managers in many fields, including healthcare, to process, analyze, and visualize data based on spatial location. The GIS analysis in this report was performed based on primary practice addresses provided by the respondents. Addresses were aggregated to the census tract for reporting purposes in most cases. Data representing Medicaid recipients were reported and mapped at the zip code level, per D.C. Department of Healthcare Finance requirements.

Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas/Populations (MUA/Ps): HPSAs are geographic areas, or populations within areas, that lack sufficient healthcare providers to meet the healthcare needs of the area or population. HPSAs are used by the Federal government to identify shortages of healthcare providers for geographic areas, populations or facilities, and to prioritize the allocation of Federal and local resources to address these shortages.

MUA/Ps refer only to primary (medical) care shortages. HPSAs can refer to shortages in any of three disciplines: primary (medical) care, mental health, and dental. The District has nine designated HPSAs. The D.C. Department of Health's Primary Care Bureau is responsible for assessing and ensuring designation of areas of D.C. that have a shortage of healthcare providers.

License Renewal Period: Under District regulations, Board of Medicine licensees are required to renew their licenses prior to 12:00 midnight of December 31st of each even-numbered year. The 2012 licensure renewal period took place between October 1, 2012 and December 31, 2012.

Medicaid: Medicaid is a federally and state-funded healthcare program that pays for medical services for qualified low-income and disabled people. Primary oversight of the program is handled at the federal level, but each state establishes its own eligibility standards, sets the rate of payment for services, and administers its own Medicaid program.

Medicare: Medicare is a federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans. The program consists of two main parts for hospital and medical insurance (Part A and Part B) and two additional parts that provide flexibility and prescription drugs (Part C and Part D).

Non-clinical activities: Non-clinical activities are defined as academic educational medicine, research medicine, and administrative medicine, which includes hospital administration, government administration, insurance company administration, or private practice administration.

Paid Inactive Status: Paid inactive status for a physician or physician assistant is defined as a licensure status during which an individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice medicine in the District.

Practice Setting/Location: A practice setting/location is a location identified by a physician or physician assistant as his or her physical work address. Please note: this address may not be exclusive to clinical practice.

Primary Care Physician or Physician Assistant: For the purposes of this report, primary care physicians were defined as those that were practicing general internal medicine, general pediatrics, family medicine, or obstetrics and gynecology (OB/GYN).

Specialty Physician or Physician Assistant: For the purposes of this report, specialty care physicians were defined as those that practicing medicine in specialties other than general internal medicine, general pediatrics, family medicine, and obstetrics and gynecology (OB/GYN).

Survey Respondents: Survey respondents are actively licensed physicians or physician assistants that responded to this survey.

Ward: A ward is an administrative division of a city and is represented by a councilmember. The District is divided into eight wards.

Zip Code: A zip code is a 5-digit code that generally identifies the individual Post Office or metropolitan delivery area associated with an address. The first three digits identify the delivery area of a sectional center facility or a major-city Post Office serving the deliver address area. The fourth and fifth digits identify the deliver area of a Post Office. Zip codes are frequently used to report population data in aggregate form.

EXECUTIVE SUMMARY

JACQUELINE A. WATSON, DO, MBA, EXECUTIVE DIRECTOR

The implementation of the Patient Protection and Affordable Care Act, signed into law in March 2010, and later upheld by the Supreme Court in June 2012, promises to transform the healthcare system in the United States. The transformation will undoubtedly result in an increased demand for healthcare services and access to healthcare providers. Many policy experts indicate that there will be a shortage of both primary care and specialty care physicians by 2020 and these gap projections have caused renewed interest in enumerating the healthcare workforce. As a result, states have begun to critically examine their current healthcare workforce capacity, and identify gaps, in order to effectively prepare for, and manage, the supply and demand challenges ahead in the new healthcare marketplace.

The D.C. Board of Medicine, a division within the D.C. Department of Health, Health Regulation and Licensing Administration, regulates over 12,000 healthcare professionals – physicians, physician assistants, acupuncturists, anesthesiologist assistants, naturopathic physicians, polysomnographers, and surgical assistants licensed in the District of Columbia.

In 2010, the D.C. Board of Medicine, recognizing that the licensure renewal period, conducted every two years on even numbered years, presented a unique opportunity to collect data for workforce research and analysis, embarked upon a three-phased project designed to collect demographic and practice characteristic information on licensed physicians and physician assistants under the Board's purview.¹ A multidisciplinary workforce workgroup was assembled by the Board that was tasked with developing survey questions and a method of data collection. The Health Resources Service Administration: National Center for Workforce Analysis Minimal Data Set was used as a guide in developing the survey.

The survey conducted was a voluntary survey and in 2010 received a 78% and 74% response rate for physicians and physician assistants respectively. In 2012, the survey received a 58% and 38% response rate for physicians and physician assistants respectively. The survey respondent population was found to be similar to the entire licensee population based on age and gender distribution.

Whereas in 2010, the survey focused on collecting general demographic information, such as race/ethnicity, languages spoken, educational and training background, the survey in 2012 sought to more critically examine the primary care workforce capacity, provider practice location, and number of clinical/patient care hours being provided in the District. In addition, the survey tried to examine behaviors around special topics such as Telemedicine/Telehealth, Electronic Health Records and Social Media Use.

PHYSICIANS (MD/DO)

In 2012, 8,466 of our actively licensed physicians renewed. 4,790 actively licensed physicians completed the workforce survey (physician survey respondents).

¹ The D.C. Board of Medicine's 2010 Physician & Physician Assistant Workforce Capacity Report is available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/bomed_workforce_survey_report-final.pdf.

The top 5 most commonly reported specialties were:

1. Internal Medicine (general)
2. Psychiatry
3. Radiology
4. Pediatrics (general)
5. Obstetrics & Gynecology

Primary Care²

- 1,354 (28%) of physician survey respondents identified as primary care physicians.
- 453 (33%) of primary care physicians indicated that they have a practice location in the District and spend 20 hours or more providing patient care (actively practicing primary care physicians).
- 318 (70%) of the 453 actively practicing primary care physicians indicated that they participate in Medicaid.
- 59% of actively practicing primary care physicians are female.
- 28% of actively practicing primary care physicians are between the ages of 31-40.
- 38% of actively practicing primary care physicians indicated that their clinical practice setting type was hospital/medical system based.
- The largest concentration of actively practicing primary care physicians was located in Wards 1, 2, 3 and 5.
- 11% of actively practicing primary care physicians have plans to reduce their patient hours and 2% indicated that they had plans to retire within the next two years.

Specialty Care

- 3,436 (72%) of survey respondents identified as specialty care physicians.
- 1,034 (30%) of these specialty care physicians indicated that they have a practice location in the District and spend 20 hours or more providing patient care (actively practicing specialty care physicians).

Special Topics³

- 12% of physician survey respondents indicated that they use telemedicine in their practice.
- 34% of physician survey respondents indicated that they are currently using electronic health records in their practice of medicine.
- 14% of physician survey respondents selected Facebook as the most common form of social media used.

PHYSICIAN ASSISTANTS (PA)

In 2012, 445 of our actively licensed physician assistants renewed. 173 (39%) actively licensed physician assistants completed the workforce survey.

² Primary Care Physicians and Physician Assistants were defined as those practicing general internal medicine, general pediatrics, family medicine, or obstetrics & gynecology.

³ The special topics section of the physician survey saw a decline in response rate compared to other sections of the survey. In the future, the entire survey should be made a mandatory part of the renewal process in order to capture further information about the supply of physicians and physician assistants.

The top 5 most commonly reported specialties were:

1. Internal Medicine
2. Emergency Medicine
3. Other⁴
4. Family Medicine
5. Critical Care

Primary Care

- 46 (27%) of physician assistant survey respondents identified as primary care physician assistants.
- 24 (52%) of primary care physician assistants indicated that they have a practice location in the District and spend 20 hours or more providing patient care (actively practicing physician assistants).
- 71% of actively practicing primary care physician assistants were female.
- 29% of actively practicing primary care physician assistants were between the ages of 31-40.

Specialty Care

- 107 (62%) of the physician assistant survey respondents identified as specialty care physician assistants.
- 60 (56%) of specialty care physician assistants indicated that they have a practice location in the District and spend 20 hours or more providing patient care (actively practicing specialty care physician assistants).

Special Topics

- 18% of physician assistant survey respondents indicated that they use telemedicine in their practice.
- 73% of physician assistant survey respondents are currently using electronic health records in their practice.
- 12% of physician assistant survey respondents selected Facebook as the most common form of social media used.

The D.C. Board of Medicine hopes that the information provided in this report will serve to inform decision makers, policy makers, legislators and other agencies. Attempts to comprehensively enumerate the public health workforce in the District are underway. Analysis of other sectors of the healthcare workforce is also being conducted by the respective licensing boards. Data from those surveys will be included in our 2014 report.

⁴ Survey respondents were asked to indicate their specialty. Respondents who selected “Other” were prompted to write in their specialty. These responses included correctional medicine, bariatric medicine, and pain medicine.

INTRODUCTION

This is the second physician survey report completed by the D.C. Board of Medicine. The surveys are administered at the time of relicensing which, in the District, occurs every two years.

The first survey, in 2010, provided the first ever look at the practice of medicine by those licensed in the District and included information on time in practice, specialty, and use of information technology.

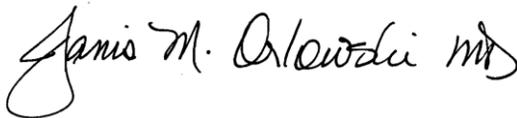
The Board of Medicine uncovered that, despite licensing nearly 10,000 physicians and physician assistants, there appeared to be a shortage of primary care physicians in specific areas of the city.

This second survey, in 2012, was designed to explore, to a greater degree, the number of physicians and physician assistants who are actively practicing primary care in the District of Columbia.

We believe this information will be helpful to leaders in the District in planning healthcare for its citizens.

We look forward to your feedback on the information derived from this second survey, not only for the value of the information obtained but for help in designing our third survey in 2014.

Best regards,

A handwritten signature in black ink that reads "Janis M. Orlowski MD". The signature is written in a cursive style with a large initial 'J' and 'M'.

Janis M. Orlowski, MD, MACP
Chair, D.C. Board of Medicine

METHODS & SURVEY RESPONSE RATE

All physicians and physician assistants licensed to practice medicine in the District are required to renew their license with the D.C. Board of Medicine on a biennial basis. The data from this report was obtained from survey instruments that were administered to eligible physicians and physician assistants who were renewing their license in the District during the renewal cycle, from October 1, 2012 through December 31, 2012. Licensees were also able to complete the survey during the late renewal cycle, from January 1, 2013 until February 28, 2013. Participants completed the survey documents online or by paper.

The physician survey was accessible to physicians that met the following eligibility criteria:

- MD or DO;
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2012.

Likewise, the physician assistant surveys were accessible to physician assistants that met the following eligibility criteria:

- PA-C;
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2012.*

**Due to a technical malfunction during the renewal period, the physician assistant workforce survey was subsequently resent to eligible physician assistant licensees using Survey Monkey.⁵ All data on physician assistants was obtained from the Survey Monkey responses.*

This workforce survey report is based on data collected from the 4,790 physician and 173 physician assistant survey respondents who were among those who elected to have their District medical license remain in an active status.

A comparison of the survey respondents to our entire eligible population of renewing providers shows that the survey respondents and the eligible population were similar in age and gender distribution (see Table 1) for physicians and slightly differed in age distribution for physician assistants (see Table 2).

TABLE 1 – RESPONDENTS COMPARED TO D.C. PHYSICIANS ELIGIBLE FOR LICENSE RENEWAL

	Sample N=10,071	Respondents N=4790
Gender		
Male	57.9%	57.0%
Female	42.1%	43.0%
Age		
30 & Under	1.5%	2.1%
31-40	26.5%	24.1%
41-50	24.0%	25.0%
51-60	22.2%	24.4%
Over 60	25.8%	24.4%

*Sample includes everyone that was eligible to renew their license in the 2012 renewal

⁵ Survey Monkey is a private American company that enables users to create their own Web-based surveys.

TABLE 2 – RESPONDENTS COMPARED TO D.C. PHYSICIAN ASSISTANTS ELIGIBLE FOR LICENSE RENEWAL

	Sample N=603	Respondents N=173
Gender		
Male	21%	26%
Female	79%	74%
Age		
30 & Under	18%	17%
31-40	37%	31%
41-50	22%	17%
51-60	13%	20%
Over 60	10%	16%

*Sample includes everyone that was eligible to renew their license in the 2012 renewal

Our respondents were also similar to a sample of D.C. providers using the 2008 AMA Masterfile (see Table 3).^{6, 7} Our response rate of 58% for physicians and 39% for physician assistants were similar to other reported response rates for large sample surveys.^{8,9} However, there was some potential for response bias in our survey results. Therefore, our report may not characterize all of the physicians or physician assistants in D.C.

Whenever possible, an attempt was made to find reliable responses to questions that were not fully answered on the survey by the survey respondents. The current HPLA database, MyLicense, was used to supply any missing basic demographic information among our survey respondents. MyLicense is the agency's application for licensing and enforcement and is used to support all of HPLA's professional health boards. One of its features is the ability to collect highly customized data for workforce surveys and to integrate the survey collection into the MyLicense online renewal process. Integrating the survey with online renewal helped to facilitate a high response rate but, nonetheless, had its limitations. As a result, the licensing database was used to supply answers for gender, age, and address only.

⁶ Characteristics of D.C. Physician. Prepared by the Center for Health Workforce Analysis from the 2008 AMA Physician Masterfile. June 2010. See Appendix C.

⁷ The AMA Physician Masterfile was established by the American Medical Association. The Masterfile contains current and historical data for more than 1.4 million physicians, residents, and medical students in the United States. It includes significant demographic, educational, training and professional certification information on virtually all physicians in the United States.

⁸ Cummings, S. et al. "Reported Response Rates to Mailed Physician Questionnaires." *HSR: Health Services Research* 35:6 2001.

⁹ Creavina, S. et al. "Do GPs Respond to Postal Questionnaire Surveys? A Comprehensive Review of Primary Care Literature" *Family Practice*. Published online Feb 2011. Available at <http://fampra.oxfordjournals.org/content/28/4/461.full.pdf>

TABLE 3 – DEMOGRAPHIC COMPARISON OF SURVEY RESPONDENTS TO 2008 AMA MASTERFILE DATA

	2008 AMA Masterfile Sample of All D.C. Physicians N=5076	Total 2012 Survey Respondents N=4790
Gender		
Male	62.27%	56.99%
Female	37.73%	43.01%
Age		
30 & Under	1.54%	2.13%
31-40	24.29%	24.11%
41-50	24.29%	24.97%
51-60	24.96%	24.36%
Over 60	24.92%	24.43%

Among our survey respondents, primary practice locations were analyzed using Geographic Information Systems (GIS). GIS is a technology that allows policy makers, planners, and managers in many fields, including healthcare, to process and visualize data based on spatial location. The GIS mapping was performed based on available complete addresses from survey respondents.

Data are displayed on tables and charts. Some percentages may not total 100 percent due to rounding.

SECTION I: PHYSICIAN WORKFORCE

PHYSICIAN WORKFORCE 2010 vs. 2012

This report is based on the second Physician and Physician Assistant Workforce Survey, which was administered to eligible physicians and physician assistants who were renewing their license in the District in 2012. The first Physician and Physician Assistant Workforce Survey was administered during the 2010 renewal cycle.

Between 2010 and 2012, the District experienced some slight changes in the makeup of its physician workforce. These changes are highlighted in this section.

District of Columbia License Renewal & Workforce Survey Response Rates

During the 2012 renewal, there were approximately 8466 physicians that applied for license renewal. Approximately, fifty-eight percent (58%) of these physicians participated in the workforce survey. This was a 20% decline in response rate compared to the 2010 response (see Table 4).

TABLE 4 – COMPARISON OF PHYSICIAN LICENSE RENEWAL & SURVEY RESPONSE RATES, 2010 v. 2012

	2010	2012
Renewal Eligible	9917	10071
Number Renewed	8940	8466
Renewal Rate	90%	84%
District of Columbia Physicians who Completed Survey	6945	4882
Survey Response Rate	78%	58%

Physician Demographics – Age & Gender Distribution

The majority of physician survey respondents were between the ages of 31 and 60 in both 2010 (75%) and 2012 (74%). Overall, the age distribution in both 2010 and 2012 was relatively equal (see Table 5). A higher percentage of male physicians responded to the survey in both years than the percentage of female physicians responding (see Table 6).

TABLE 5 – COMPARISON OF PHYSICIAN SURVEY RESPONDENT AGE DISTRIBUTION, 2010 v. 2012

	2010 N=6045	2012 N=4790
30 & Under	1.90%	2.10%
31-40	25.72%	24.10%
41-50	24.25%	25.00%
51-60	24.50%	24.40%
Over 60	23.70%	24.40%

TABLE 6 – COMPARISON OF PHYSICIAN SURVEY RESPONDENT GENDER DISTRIBUTION, 2010 v. 2012

	2010 N=6045	2012 N=4790
Male	60.00%	57.00%
Female	40.00%	43.00%

The 2012 survey focuses on the actively practicing primary care physician and physician assistant population. Data on the age distribution of actively practicing primary care physicians was not available from 2010, but data on the gender distribution of these physicians was available.

In 2010, the actively practicing primary care physician workforce continued to be predominantly female. Between 2010 and 2012, there was a four percent (4%) increase in the rate of females within the actively practicing primary care physician workforce (see Table 7).

TABLE 7 – COMPARISON OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN GENDER DISTRIBUTION, 2010 v. 2012

	2010 N=918	2012 N=453
Male	45%	41%
Female	55%	59%

Primary Care & Specialty Care

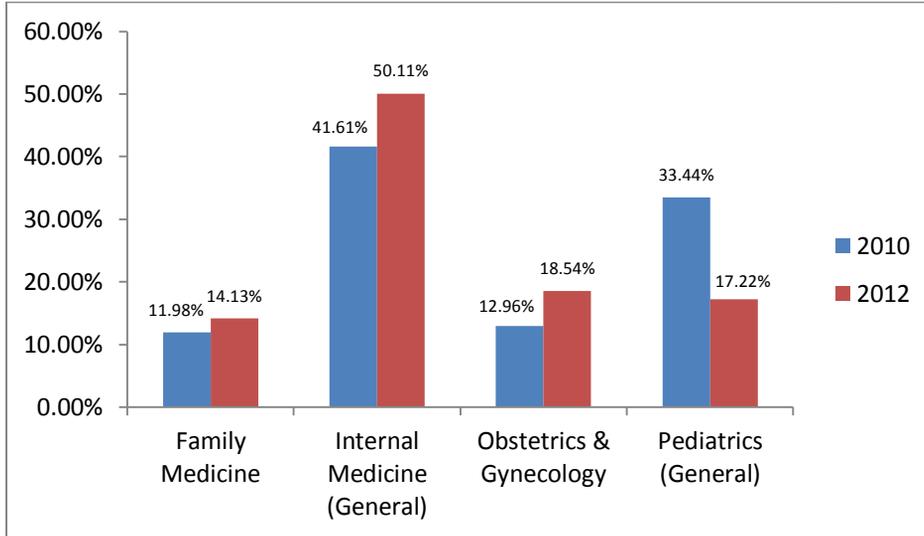
Between 2010 and 2012, there was minimal change in the rates of actively practicing primary care versus specialty care physicians. The composition of the actively practicing specialty care physicians was close to seventy percent (70%) in both years (see Table 8).

TABLE 8 – COMPARISON OF ACTIVELY PRACTICING PRIMARY CARE & SPECIALTY CARE PHYSICIAN RATES, 2010 v. 2012

Physician Specialty Information	2010 N=2821	2012 N=1487
Primary Care	32.54%	30.46%
Specialty Care	67.46%	69.54%

Between 2010 and 2012, there were significant shifts among actively practicing primary care physician specialties (see Figure 1). In 2010, the proportion of actively practicing general internal medicine physicians increased from roughly 42% (2010) to just over 50% (2012); actively practicing OB/GYNs increased from 13% (2010) of the actively practicing primary care population to 19% (2012). General pediatricians displayed the greatest shift among actively practicing primary care physicians. Between 2010 and 2012, the presence of general pediatricians declined by roughly sixteen percent (16%).

FIGURE 1- COMPARISON OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN RATES, 2010 v. 2012



Since 2010, general internal medicine remained the top specialty among actively practicing physicians (see Table 9). The distribution of general pediatricians among the actively practicing physician population shifted from 10.88 percent (2010) to 5.25 percent (2012). In both years, rates of actively practicing internal medicine physicians (15%) were comparable to 2007 national averages (14%).¹⁰

TABLE 9 – COMPARISON OF TOP SPECIALTIES AMONG ACTIVELY PRACTICING PHYSICIANS, 2010 v. 2012

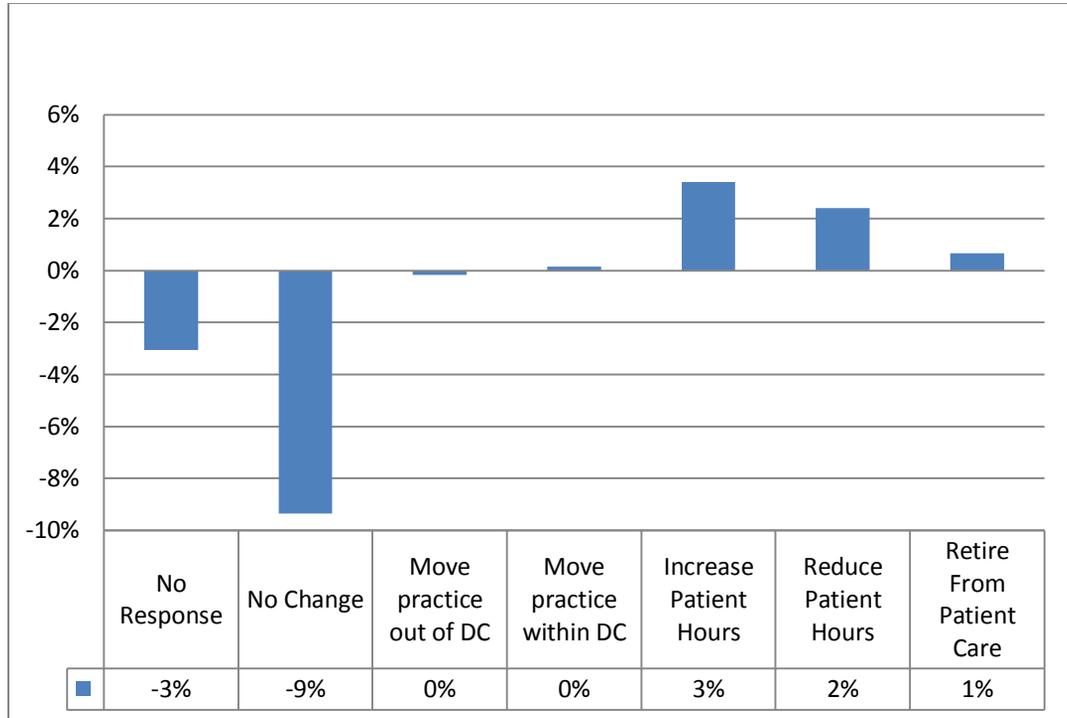
	2010 N=2821	2010 Distribution	2012 N=1487	2012 Distribution
1	Internal Medicine (General)	13.54%	Internal Medicine (General)	15.27%
2	Pediatrics (General)	10.88%	Psychiatry	8.27%
3	Psychiatry	8.97%	Anesthesiology	5.92%
4	Anesthesiology	6.24%	Obstetrics & Gynecology	5.65%
5	Radiology	4.61%	Pediatrics (General)	5.25%

¹⁰ 2008 Physician Specialty Data. AAMC Center for Workforce Studies. November 2008.
<http://www.omionline.org/newsite/docs/specialtyphysiciandatabook.pdf>

Workforce Reduction & Retirement

Seventy-eight percent (78%) of 2010 actively practicing physicians and sixty-nine (69%) percent of 2012 actively practicing physicians within our surveys had no future plans to change their practice hours or location within the next 2 years (see Figure 2). Although the majority of actively practicing physicians indicated no change, there was a slight increase in physicians who will be increasing patient hours (+3%), reducing patient hours (+2%) or retiring from patient care (+1%).

FIGURE 2: PERCENT CHANGE IN TWO-YEAR ACTIVELY PRACTICING PHYSICIAN, FUTURE PLANS BETWEEN 2010 v. 2012



2012 Physician Workforce Survey Overview

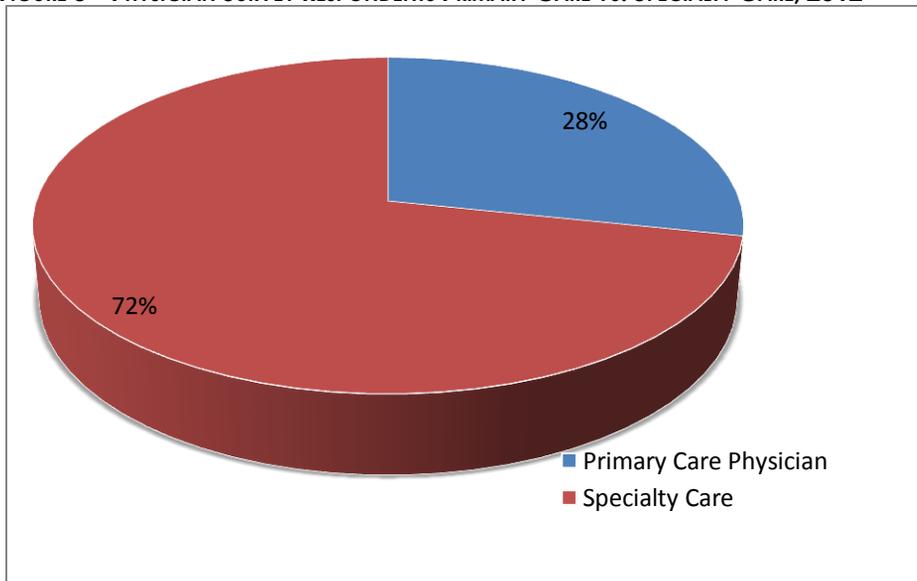
During the 2012 licensing renewal cycle, approximately 8,466 of the 10,071 eligible licensed physicians renewed their medical licenses. Fifty-eight percent (58% or 4,882) of the physicians responded to the 2012 Workforce Survey. Two percent (2% or 92) of the physician survey respondents requested to change their licensure status from active to paid inactive.

This workforce survey report is based on data collected from the remaining 4,790 physician survey respondents who elected to have their District medical license remain in an active status.

Among the 4,790 physician survey respondents, 28% (1,354) identified as primary care physicians and 72% (3,436) identified as specialty care physicians (see Figure 3).

Fifty percent (2,412) of all physician survey respondents indicated that they have a practice setting/location in the District. Among the 3,436 specialty care physician survey respondents, 53% (1,819) identified a practice setting/location in the District. Of the 1,354 primary care physician survey respondents, 56% (763) identified a practice setting/location in the District.

FIGURE 3 – PHYSICIAN SURVEY RESPONDENTS PRIMARY CARE VS. SPECIALTY CARE, 2012



Physician Demographics

Age

The majority of physicians (73%) in our survey were between the ages of 31 and 60. Only 2 percent (102) of the physician survey respondents were under the age of 30. However, 25% (1170) physician survey respondents were greater than 60 years of age. Overall, the age distribution was relatively equally distributed (see Figure 4).

FIGURE 4 – PHYSICIAN SURVEY RESPONDENT AGE DISTRIBUTION, 2012

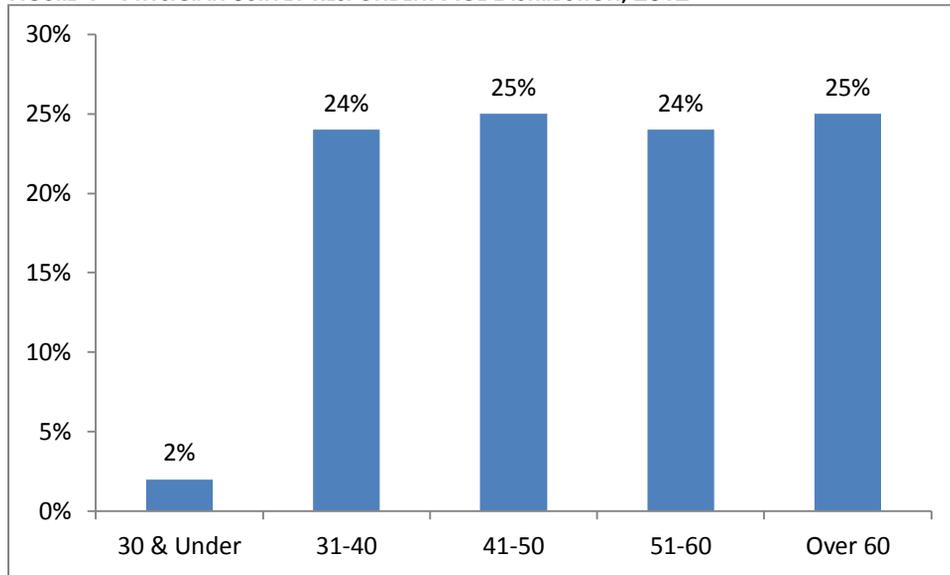


TABLE 10 – PRIMARY CARE PHYSICIAN SURVEY RESPONDENT AGE DISTRIBUTION, 2012

	Number of Respondents N=1354	Distribution of Respondents
30 & Under	24	2%
31-40	354	26%
41-50	349	26%
51-60	349	26%
Over 60	278	21%

TABLE 11 – SPECIALTY CARE PHYSICIAN SURVEY RESPONDENT AGE DISTRIBUTION, 2012

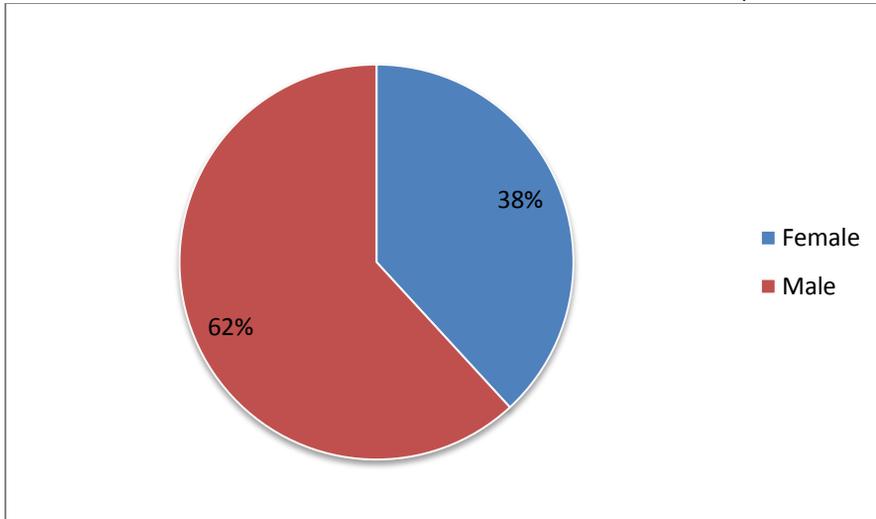
	Number of Respondents N=3436	Distribution of Respondents
30 & Under	78	2%
31-40	801	23%
41-50	847	25%
51-60	818	24%
Over 60	892	26%

Gender

The majority of physician survey respondents were male. Among the 4,790 physician survey respondents, 57 percent (2,730) were male and 43 percent (2,060) were female.

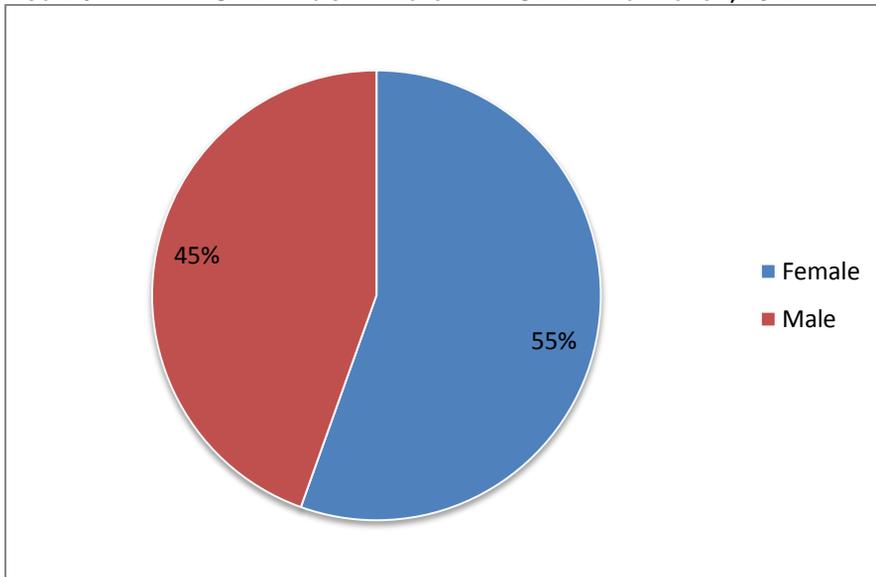
Males were also predominant among the 3,436 specialty care physician survey respondents (see Figure 5). Sixty-two percent (2,128) of specialty care physician survey respondents were male and 38 percent (1,310) were female.

FIGURE 5 – SPECIALTY CARE PHYSICIAN RESPONDENT GENDER DISTRIBUTION, 2012



However, among the 1,354 primary care physician survey respondents, females were more predominant (see Figure 6). Among primary care physicians, 55 percent were female (750) while 45 percent were male (602).

FIGURE 6 – PRIMARY CARE PHYSICIAN RESPONDENT GENDER DISTRIBUTION, 2012



Non-Clinical Activities of Physicians

This survey assessed both the clinical and non-clinical activities of physicians. Physicians were asked to indicate whether they were engaged in non-clinical activities: academic educational medicine, administrative medicine, preventive medicine and public health, and/or research medicine.

Forty-two percent (2,427) of physician survey respondents indicated that they engaged in academic educational medicine (see Figure 7). The most common professional activity of both primary care (32%) and specialty care (42%) physician survey respondents was academic educational medicine (see Figure 8).

FIGURE 7 – NON-CLINICAL ACTIVITIES OF PHYSICIAN SURVEY RESPONDENTS, 2012

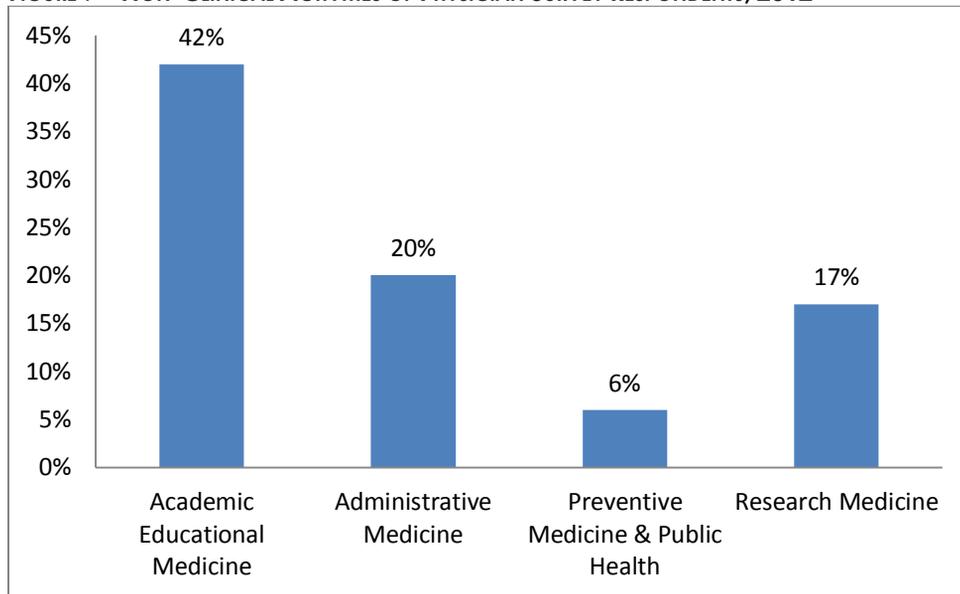


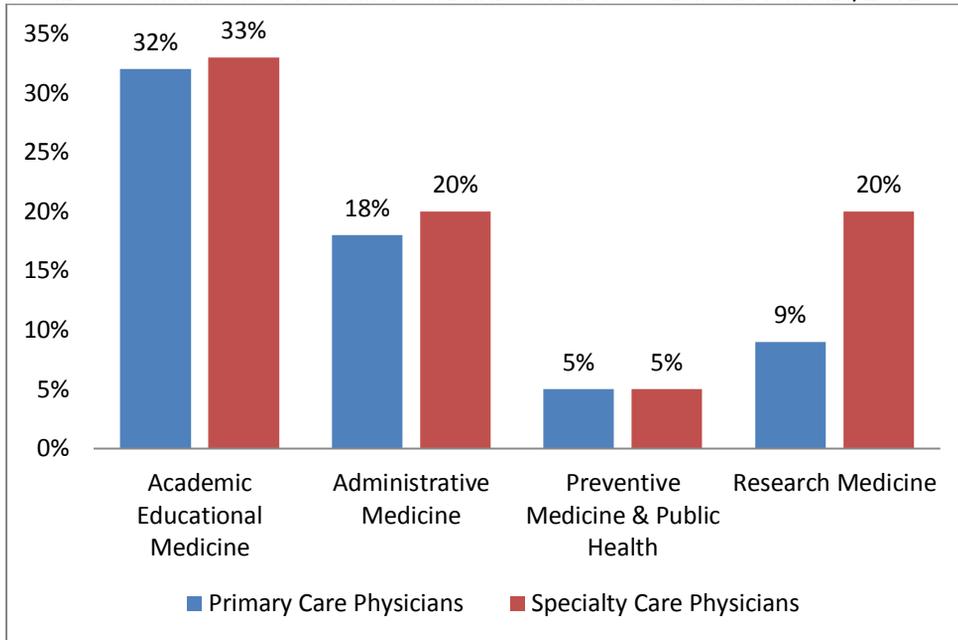
TABLE 12– NON-CLINICAL ACTIVITIES OF PRIMARY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

	Number of Respondents N=1354	Distribution of Respondents
Academic Educational Medicine	430	32%
Administrative Medicine	243	18%
Preventive Medicine & Public Health	119	9%
Research Medicine	118	9%

TABLE 13 – NON-CLINICAL ACTIVITIES OF SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

	Number of Respondents N=3436	Distribution of Respondents
Academic Educational Medicine	1997	42%
Administrative Medicine	695	20%
Preventive Medicine & Public Health	169	5%
Research Medicine	698	20%

FIGURE 8 – COMPARISON OF PRIMARY VS. SPECIALTY CARE NON-CLINICAL ACTIVITIES, 2012



Administrative Medicine

Eighteen percent (243) of primary care physicians and twenty percent (695) of specialty care physicians engaged in administrative medicine. These physician survey respondents were asked to indicate the type of administrative medicine that they practiced: insurance company administration, government administration, hospital administration, private practice administration, or other.

Hospital administration was the most common type of administrative medicine practiced (36%) by physician survey respondents (see Figure 9). Among physicians who indicated that they practiced administrative medicine, twenty-two percent of primary care physician survey respondents (see Table 14) and forty-one percent of specialty care physician respondents (see Table 15) practiced hospital administration.

FIGURE 9 – TYPE OF ADMINISTRATIVE MEDICINE PARTICIPATION OF PHYSICIAN SURVEY RESPONDENTS, 2012

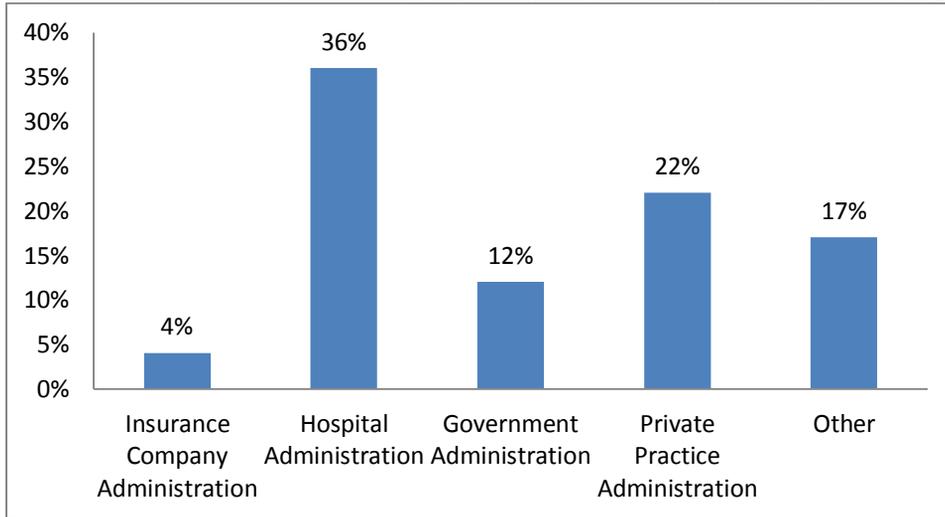


TABLE 14 – TYPE OF ADMINISTRATIVE MEDICINE PARTICIPATION BY PRIMARY CARE PHYSICIAN RESPONDENTS, 2012

	Number of Respondents N=243	Distribution of Respondents
Insurance Company Administration	17	7%
Government Administration	19	8%
Hospital Administration	54	22%
Private Practice Administration	57	23%
Other	54	22%

TABLE 15 – TYPE OF ADMINISTRATIVE MEDICINE PARTICIPATION BY SPECIALTY CARE PHYSICIAN RESPONDENTS, 2012

	Number of Respondents N=695	Distribution of Respondents
Insurance Company Administration	22	3%
Government Administration	97	14%
Hospital Administration	286	41%
Private Practice Administration	146	21%
Other	103	15%

Clinical/Patient Care Hours

The majority of primary care physician survey respondents (83% or 1,123) indicated that they engage in clinical/patient care hours. Sixty-two percent (839) of primary care physician survey respondents indicated that they engage in more than 20 hours of patient care per week (see Table 16).

TABLE 16 – CLINICAL/PATIENT CARE HOURS OF PRIMARY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

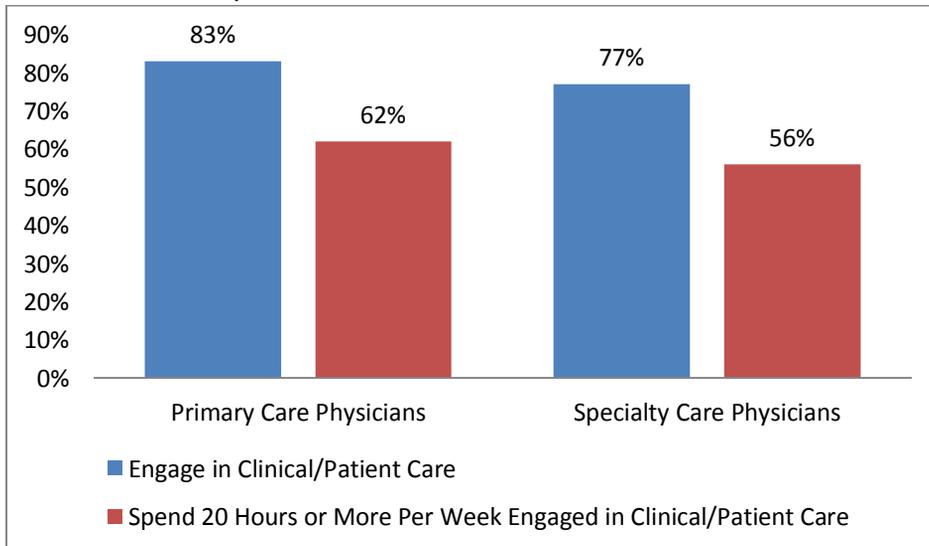
	Number of Respondents N=1354	Distribution of Respondents
Engage in clinical/patient care hours	1123	83%
Spend more than 20 hours per week engaging in clinical/patient care hours	839	62%

Similarly, the majority of specialty care physician survey respondents (77% or 2,644) indicated that they engage in clinical/patient care hours. Fifty-six percent (1,940) of specialty care physician survey respondents indicated that they engage in more than 20 hours of patient care per week (see Table 17).

TABLE 17 – CLINICAL/PATIENT CARE HOURS OF SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

	Number of Respondents N=3436	Distribution of Respondents
Engage in clinical/patient care hours	2644	77%
Spend more than 20 hours per week engaging in clinical/patient care Hours	1940	56%

FIGURE 10 – COMPARISON OF PRIMARY VS. SPECIALTY CARE PHYSICIAN SURVEY RESPONDENT CLINICAL CARE HOURS, 2012



Practice Specialty

Across all specialties, general internal medicine (12%) was the most common specialty among physician survey respondents. Psychiatry (9%) and radiology (6%) were the second and third most common specialties respectively (see Table 18).

TABLE 18 – PHYSICIAN SURVEY RESPONDENTS BY MOST COMMON SPECIALTY, 2012

Specialty	Number of Respondents N=4790	Distribution of Respondents
Internal Medicine (General)	593	12.38%
Psychiatry	417	8.71%
Radiology	297	6.20%
Pediatrics (General)	280	5.85%
Obstetrics & Gynecology	256	5.35%
Anesthesiology	232	4.84%
Family Medicine	219	4.57%
Emergency Medicine	188	3.93%
Pathology	146	3.05%
Cardiology	142	2.97%

TABLE 19 – PRIMARY CARE PHYSICIAN SURVEY RESPONDENTS BY MOST COMMON SPECIALTY, 2012

Specialty	Number of Respondents N=1354	Distribution of Respondents
Internal Medicine (General)	593	44%
Pediatrics (General)	280	21%
Obstetrics & Gynecology	256	19%
Family Medicine	225	17%

TABLE 20 – SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS BY MOST COMMON SPECIALTY, 2012

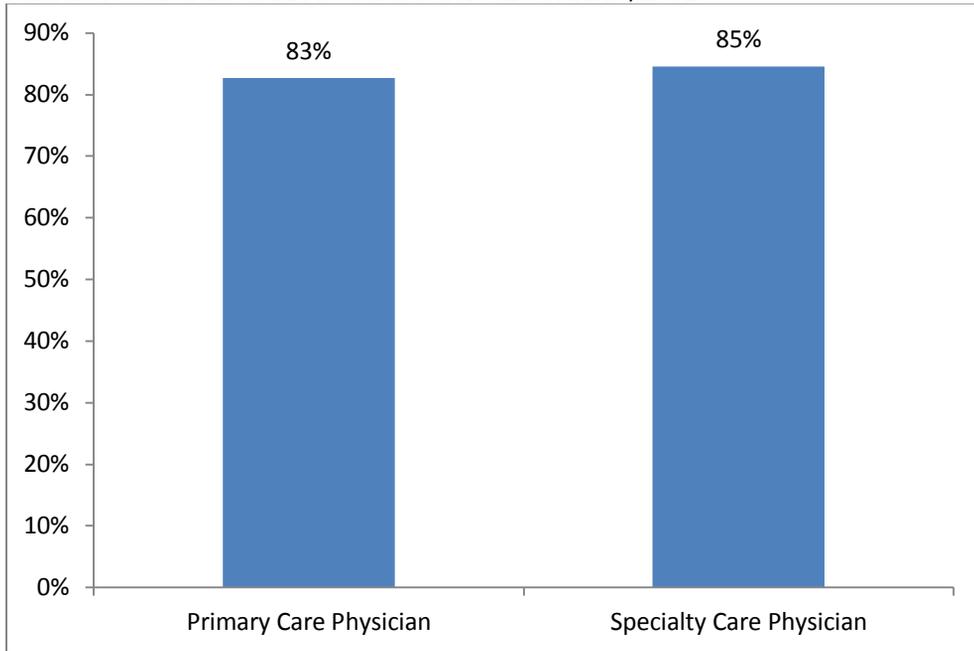
Specialty	Number of Respondents N=3436	Distribution of Respondents
Psychiatry	417	12.0%
Radiology	297	8.6%
Anesthesiology	232	6.8%
Emergency Medicine	188	5.4%
Pathology	146	4.2%

Board Certification

Board certification demonstrates a physician's expertise in a particular specialty and/or subspecialty of medical practice. According to the Federation of State Medical Boards, roughly 75% of physicians licensed in the United States are board certified.¹¹

Eighty-four percent (4,026) of physician survey respondents indicated that they were board certified in their primary specialty area of practice. The majority of primary care (83% or 1,119) and specialty care (85% or 2,907) survey respondents indicated that they were board certified in the primary specialty area of practice (see Figure 11).

FIGURE 11 – COMPARISON OF BOARD CERTIFICATION RATES FOR PRIMARY VS. SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

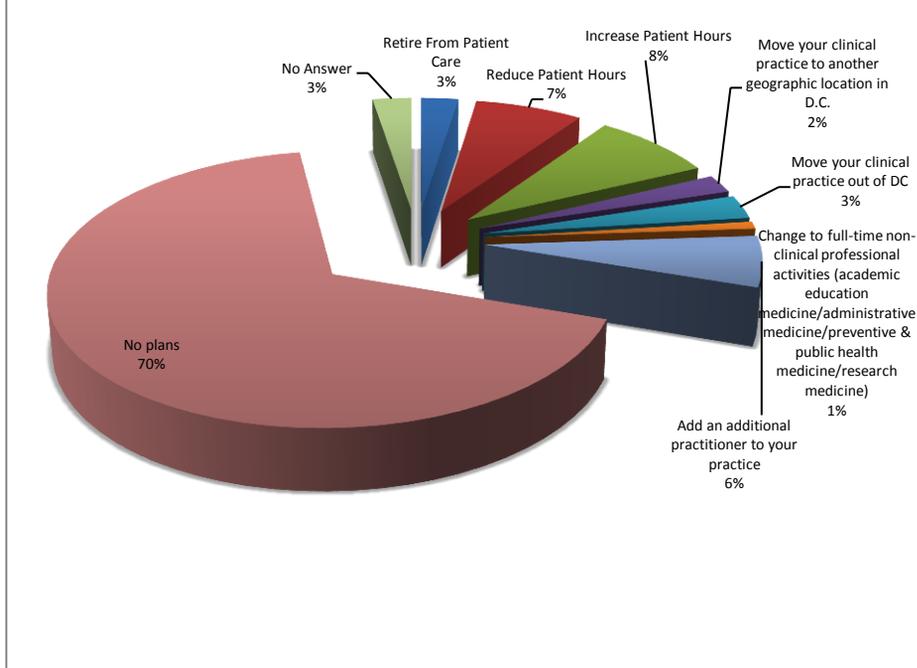


¹¹ Young, Aaron, et.al. "A Census of Actively Licensed Physicians in the United States, 2010." www.nationalahecc.org/pdfs/FSMBPhysicianCensus.pdf.

Workforce Reduction & Retirement

The majority of physician survey respondents (70%) had no future plans to change their practice hours or location within the next two years (see Figure 12).

FIGURE 12 – FUTURE PLANS OF PHYSICIAN SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012



Similarly, among both primary care and specialty care physician survey respondents, roughly seventy percent indicated that they anticipated no change to their practice in the next 2 years. A small proportion of primary care physician survey respondents indicated that they would decrease their patient hours (9%), increase their patient hours (7%), or retire (3%). The results for specialty care physician survey respondents (see Table 21) were similar to that of primary care physician survey respondents (see Table 22).

TABLE 21 – FUTURE PLANS OF PRIMARY CARE PHYSICIAN SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans of Primary Care Physician Survey Respondents within the Next 2 Years	Number of Respondents N=1354	Distribution of Respondents
No change	934	69%
Reduce patient hours	116	9%
Increase patient hours	98	7%
Add an additional practitioner to your practice	91	7%
Move clinical practice out of D.C.	49	4%
Retire from patient care	44	3%
No response	39	3%
Move clinical practice to another geographic location in D.C.	33	2%
Change to full-time non-clinical professional activities (academic education medicine/administrative medicine/preventive & public health medicine/research medicine)	14	1%

TABLE 22 – FUTURE PLANS OF SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans of Specialty Care Physician Survey Respondents within the Next 2 Years	Number of Respondents N=3436	Distribution of Respondents
No change	2409	70%
Increase patient hours	312	9%
Reduce patient hours	240	7%
Add an additional practitioner to your practice	219	6%
Move clinical practice out of D.C.	95	3%
No response	89	3%
Retire from patient care	79	2%
Move clinical practice to another geographic location in D.C.	78	2%
Change to full-time non-clinical professional activities (academic education medicine/administrative medicine/preventive & public health medicine/research medicine)	31	1%

Continuing Medical Education (CME)

Physicians licensed in the District are required to complete 50 CMEs per renewal cycle. Physician survey respondents were asked to identify where they obtain the majority of their CME credits. The majority of physician survey respondents (51% or 2,435) obtain their CMEs at professional conferences (see Figure 13). Twenty-three percent (1,089) of physician survey respondents obtain CMEs online, through webinars and distance learning.

FIGURE 13 – PRIMARY SOURCE OF OBTAINING CMEs FOR PHYSICIAN SURVEY RESPONDENTS, 2012

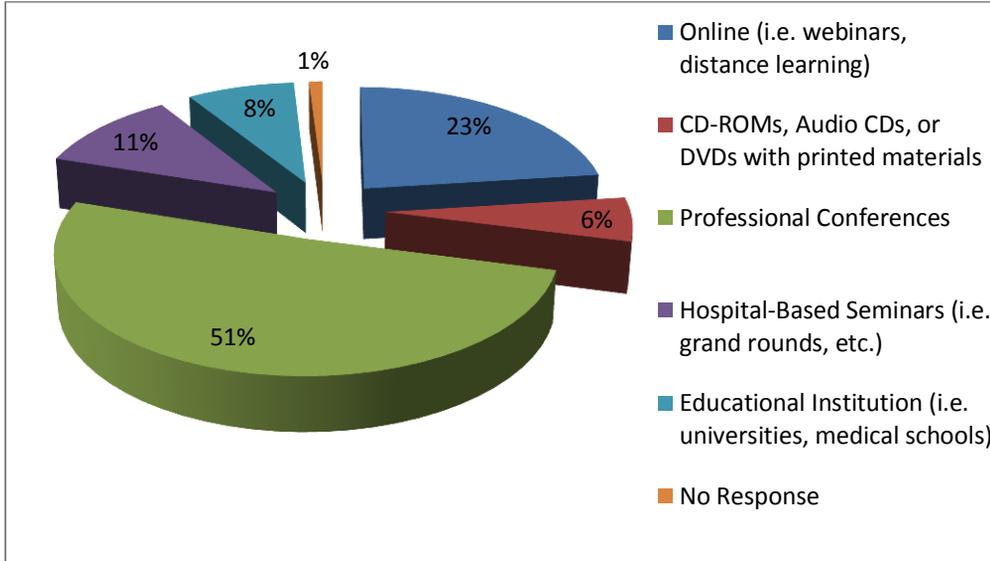


TABLE 23 – PRIMARY METHOD OF OBTAINING CMEs FOR PRIMARY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

Source of CME	Number of Respondents N=1354	Distribution of Respondents
Professional conferences	544	40%
Online (i.e. webinars, distance learning)	421	31%
Hospital-Based Seminars (i.e. grand rounds, etc.)	161	12%
CD-ROMs, Audio CDs or DVDs accompanied with printed materials	118	9%
Educational institution (i.e. universities, medical schools)	102	8%
No response	8	1%

TABLE 24 – PRIMARY METHOD OF OBTAINING CMEs FOR SPECIALTY CARE PHYSICIAN SURVEY RESPONDENTS, 2012

Source of CME	Number of Respondents N=3436	Distribution of Respondents
Professional Conferences	1891	55%
Online (i.e. webinar, distance learning)	668	19%
Hospital-Based Seminars (i.e. grand rounds, etc.)	377	11%
Educational Institution (i.e. universities, medical schools)	289	8%
CD-ROMs, Audio CDs or DVDs accompanied with printed materials	189	6%
No Response	22	1%

PRIMARY CARE PHYSICIANS

One thousand three hundred fifty-four (1,354) primary care physicians completed the workforce survey. Fifty-six percent (763) of primary care physician survey respondents indicated that they had a primary or secondary practice location in the District.

Among the 763 primary care physicians who indicated that they have a practice location in the District, fifty-nine percent (453) indicated that they engage in greater than 20 hours of clinical care per week.

Among the 453 D.C. primary care physicians who practice 20 hours or more of patient care, 50% are general internal medicine practitioners (227), 19% are OB/GYN (84), 17% are general pediatricians (78), and 14% are family medicine (64). These physicians are defined as actively practicing primary care physicians in the District.

Age

The majority of actively practicing primary care physicians (54%) are between the ages of 31 and 50 (see Table 25). Only 3% of actively practicing primary care physicians are under the age of 30 (see Figure 14).

TABLE 25 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN AGE DISTRIBUTION, 2012

	Number of Respondents N=453	Distribution of Respondents
30 & Under	20	2.62%
31-40	144	28.24%
41-50	123	25.42%
51-60	84	22.53%
Over 60	82	21.18%

FIGURE 14 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN AGE DISTRIBUTION, 2012

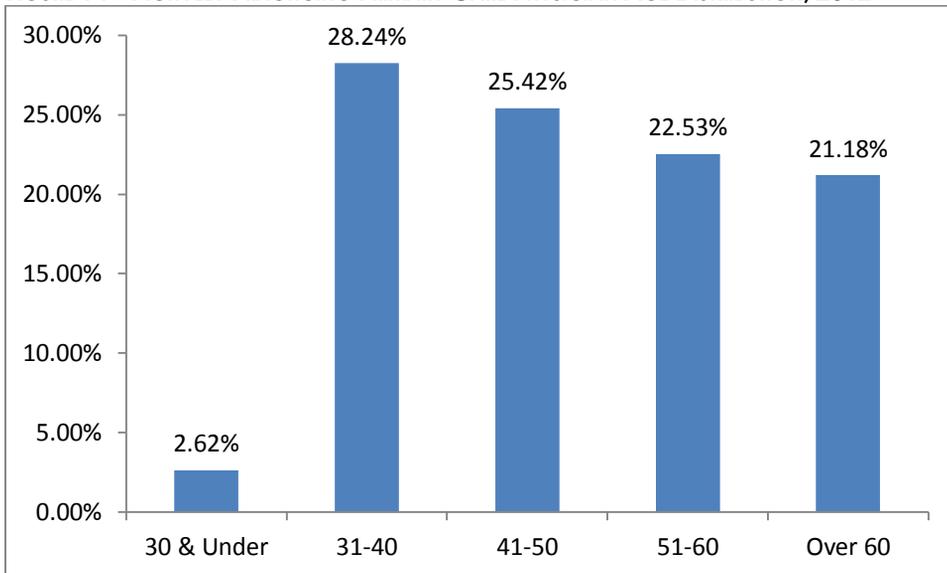


TABLE 26 – ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIANS, AGE DISTRIBUTION, 2012

	Number of Respondents N=227	Distribution of Respondents
30 & Under	14	6%
31-40	61	27%
41-50	56	25%
51-60	47	21%
Over 60	49	22%

TABLE 27– ACTIVELY PRACTICING OB/GYN AGE DISTRIBUTION, 2012

	Number of Respondents N=84	Distribution of Respondents
30 & Under	1	1%
31-40	27	32%
41-50	28	33%
51-60	18	21%
Over 60	10	12%

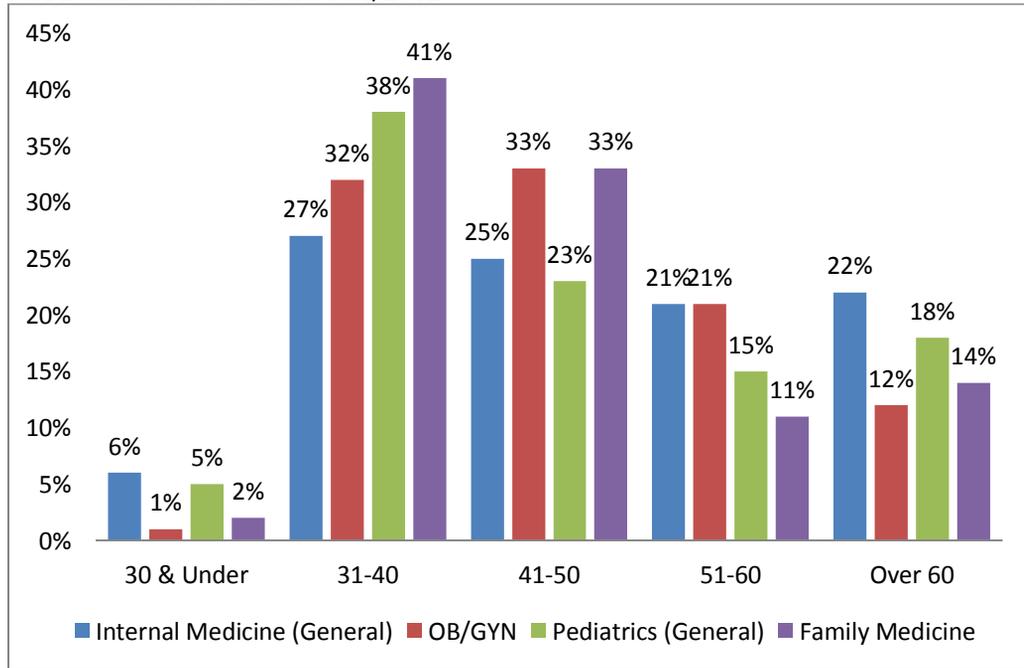
TABLE 28 – ACTIVELY PRACTICING GENERAL PEDIATRIC PHYSICIAN AGE DISTRIBUTION, 2012

	Number of Respondents N=78	Distribution of Respondents
30 & Under	4	5%
31-40	30	38%
41-50	18	23%
51-60	12	15%
Over 60	14	18%

TABLE 29 – ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIAN AGE DISTRIBUTION, 2012

	Number of Respondents N=64	Distribution of Respondents
30 & Under	1	2%
31-40	26	41%
41-50	21	33%
51-60	7	11%
Over 60	9	14%

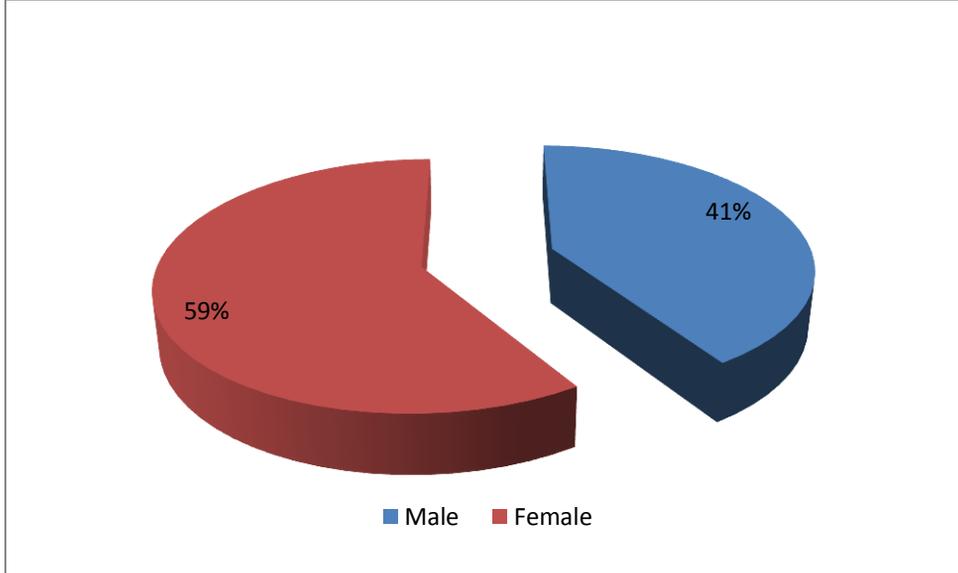
**FIGURE 15 - ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN
AGE DISTRIBUTION BY SPECIALTY TYPE, 2012**



Gender

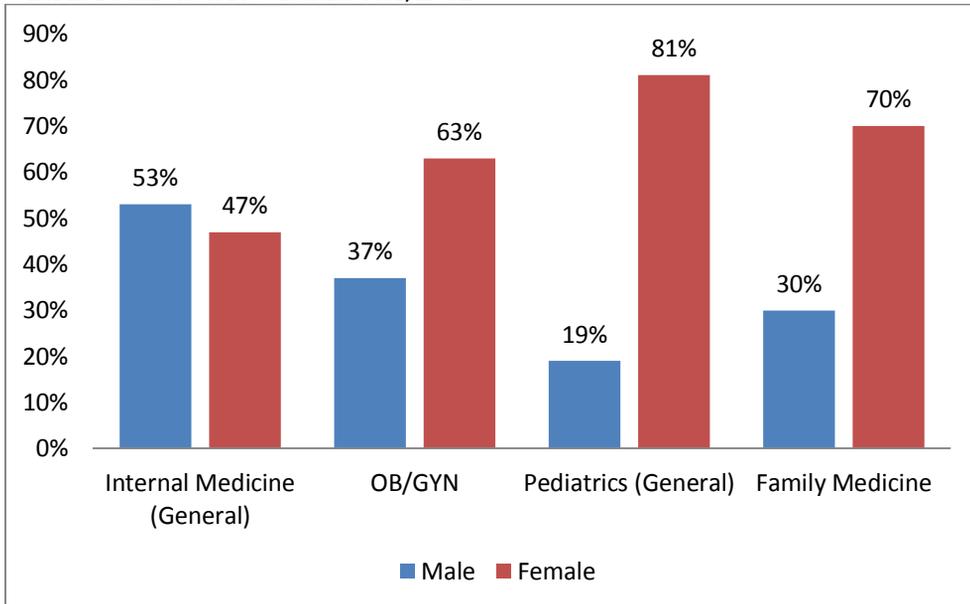
Females accounted for 59% (268) and males accounted for 41% (185) of all actively practicing primary care physicians (see Figure 16).

FIGURE 16 - ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN GENDER DISTRIBUTION, 2012



Among the 227 actively practicing general internal medicine practitioners, 53% (120) were male and 47% (107) were female (see Figure 17). Among the 84 actively practicing OB/GYNs 37% (31) were male and 63% (53) were female. Among the 78 actively practicing general pediatricians, 19% (15) were male and 81% (63) were female. Among the 64 actively practicing family medicine practitioners, 70% (45) were female and 30% (19) were male.

FIGURE 17 - ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN GENDER DISTRIBUTION BY SPECIALTY TYPE, 2012



Clinical Practice Setting Type

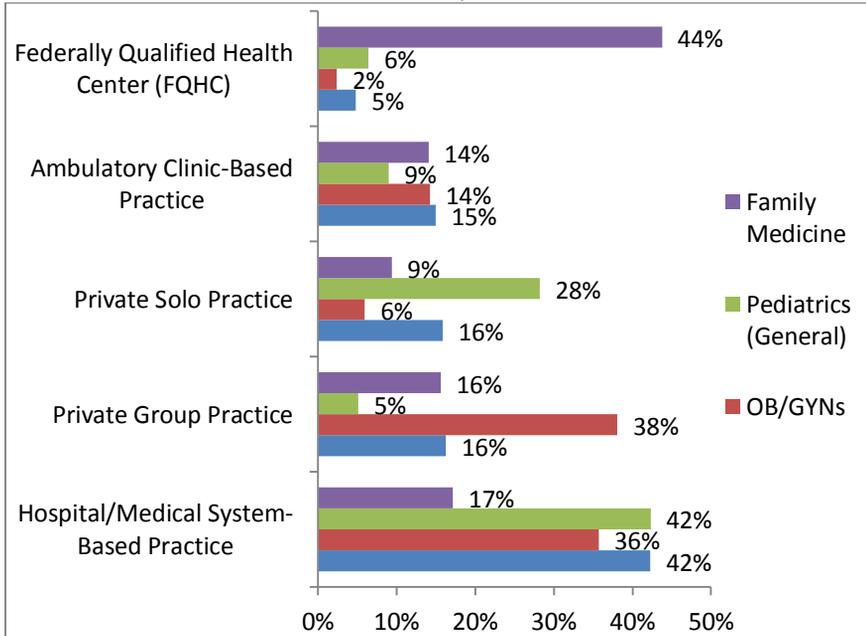
Hospital based practices were the most common practice setting for actively practicing primary care physicians. Thirty-eight percent of actively practicing primary care physicians worked in a hospital/medical system-based practice (see Table 30). An additional 22 percent of actively practicing primary care physicians indicated that they were based in a group practice. The remainder of the population worked in an ambulatory clinic-based practice (14%), solo practice (11%), or federally qualified health center (10%).

TABLE 30 – MOST COMMON PRACTICE SETTINGS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, 2012

	Number of Respondents N=453	Distribution of Respondents
Hospital/Medical System-Based Practice	170	38%
Private Group Practice	100	22%
Private Solo Practice	52	11%
Ambulatory Clinic-Based Practice	62	14%
Federally Qualified Health Center (FQHC)	46	10%

The majority of physicians practicing general internal medicine (42%) and general pediatrics (42%) indicated that they worked in a hospital/medical system-based practice (see Figure 18). The majority of actively practicing OB/GYNs (38%) indicated that they worked in a private group practice. Forty-four percent of actively practicing family medicine physicians indicated that they worked in a Federally Qualified Health Center.

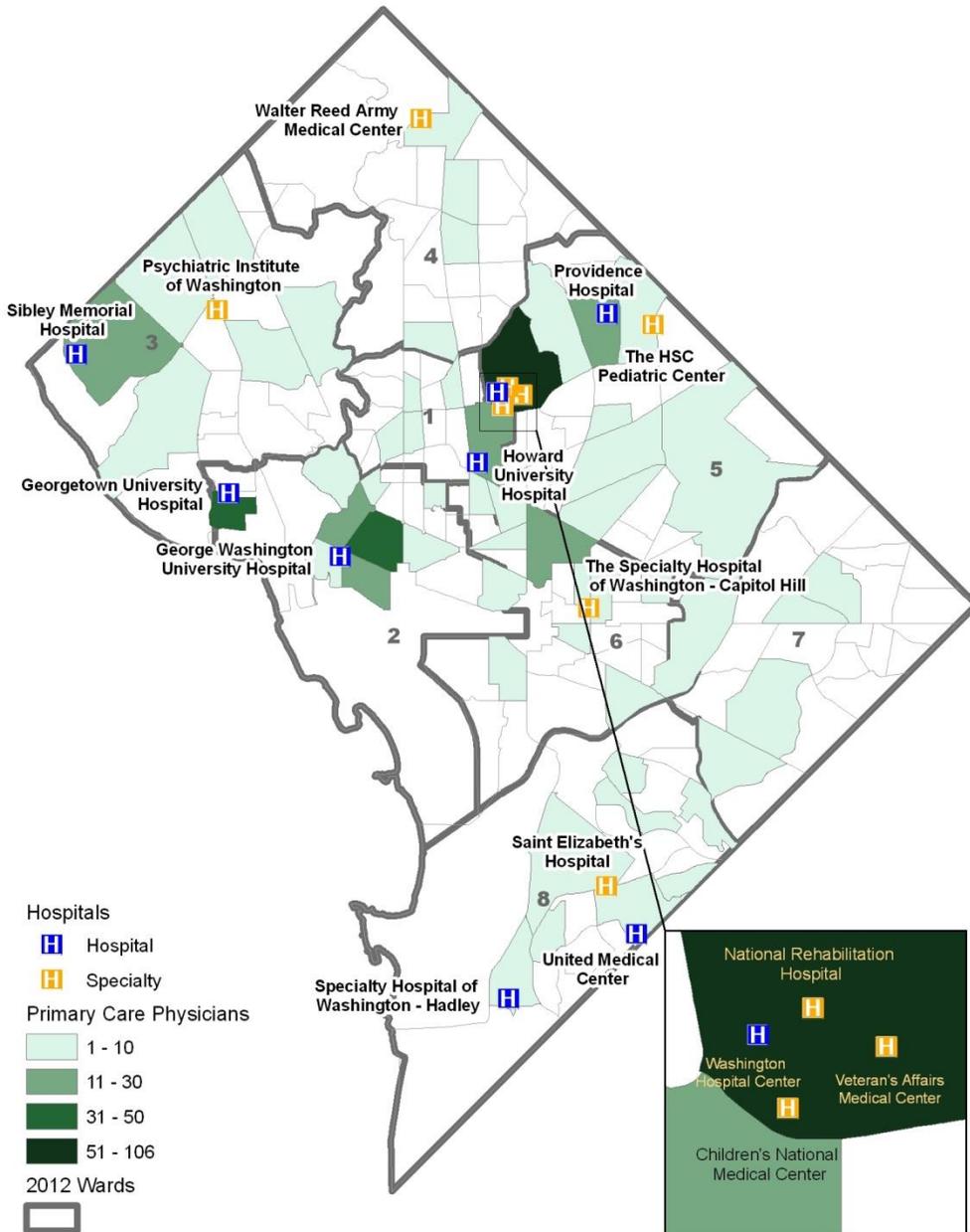
FIGURE 18 – MOST COMMON PRACTICE SETTINGS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS BY SPECIALTY TYPE, 2012



Location

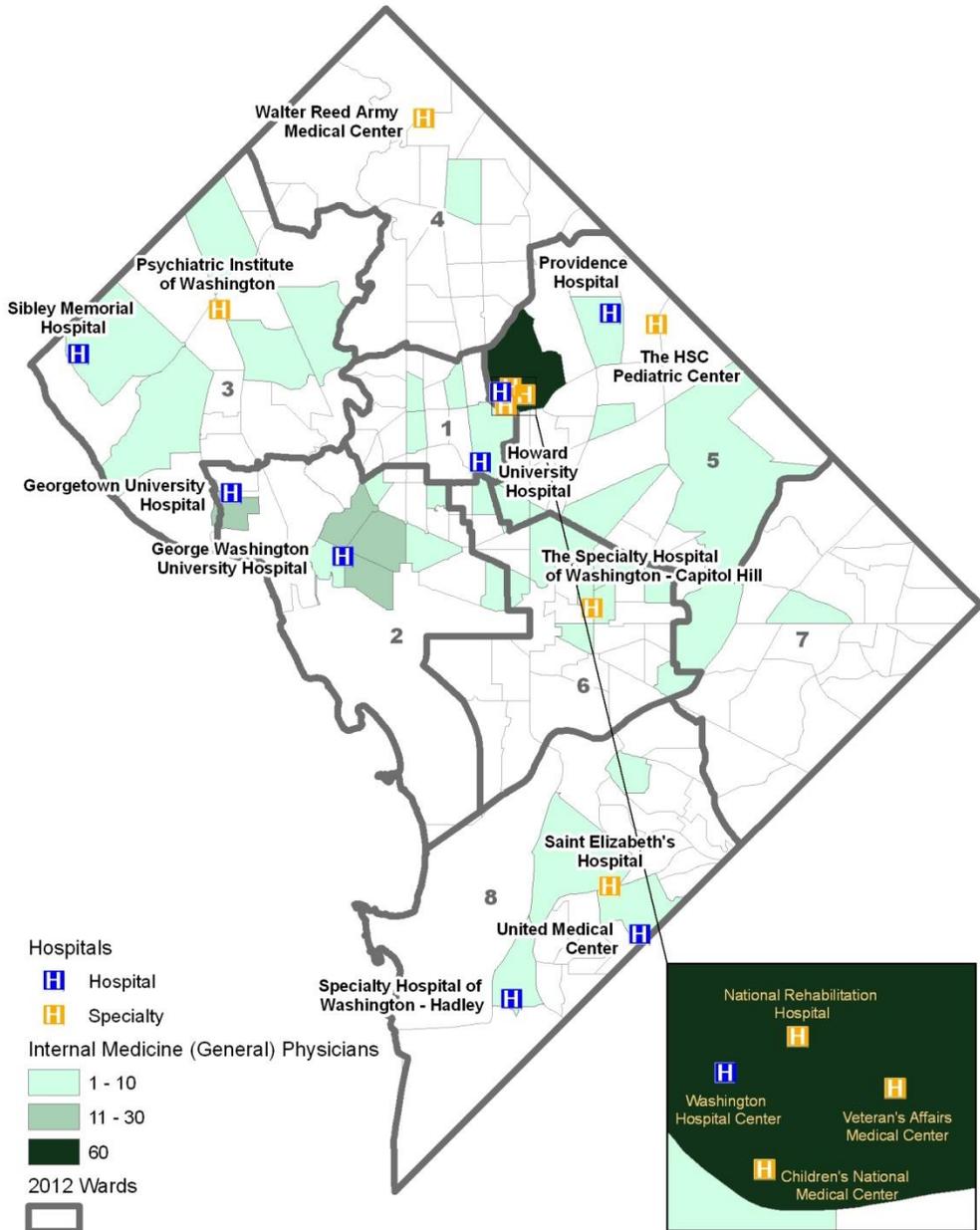
Physician primary practice locations were mapped using full addresses provided in the survey. The following maps depict the location of actively practicing primary care physicians. Among all actively practicing primary care physicians Wards, 1, 2, 3, and 5 had the largest concentration of practicing physicians (see Map 1).

MAP 1 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN PRACTICE LOCATIONS BY CENSUS TRACT, 2012



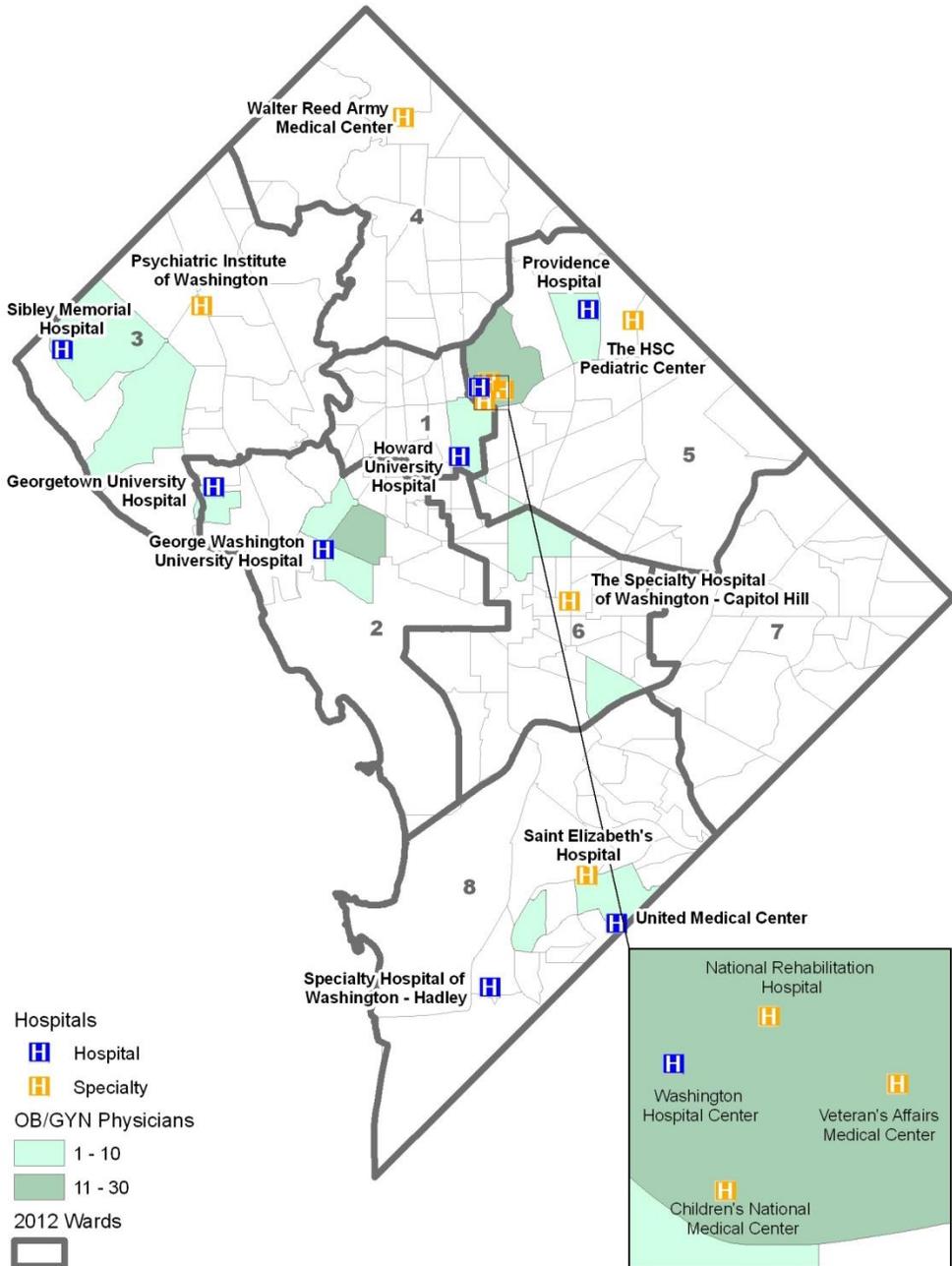
Among actively practicing general internal medicine physicians, Wards 1, 2, and 5 had the largest concentration of practicing physicians (see Map 2).

MAP 2 – ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIAN PRACTICE LOCATION BY CENSUS TRACT, 2012



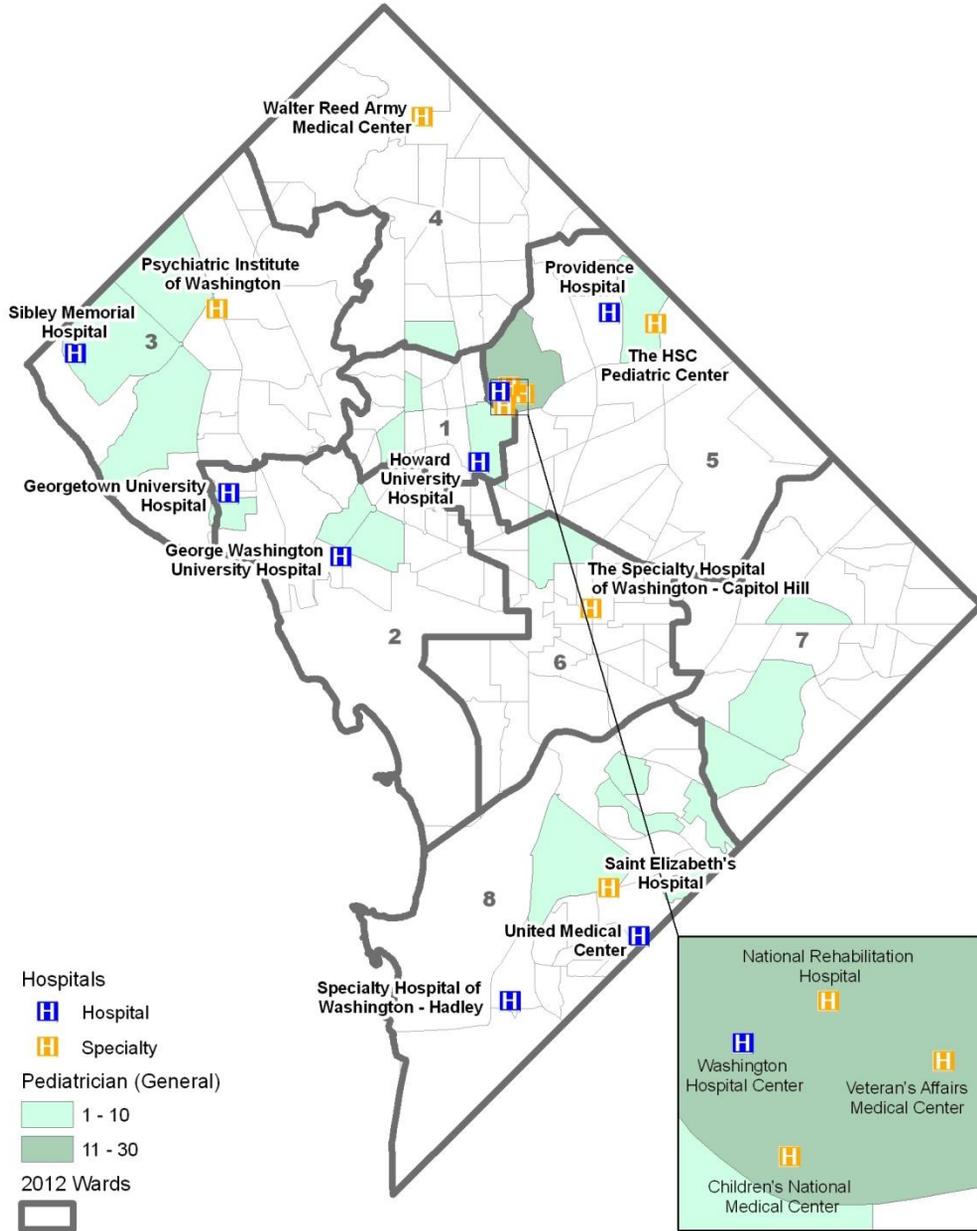
Among actively practicing OB/GYNs, Wards 1, 2, and 5 had the largest concentration of practicing physicians (see Map 3).

MAP 3 – ACTIVELY PRACTICING OB/GYN PRACTICE LOCATION BY CENSUS TRACT, 2012



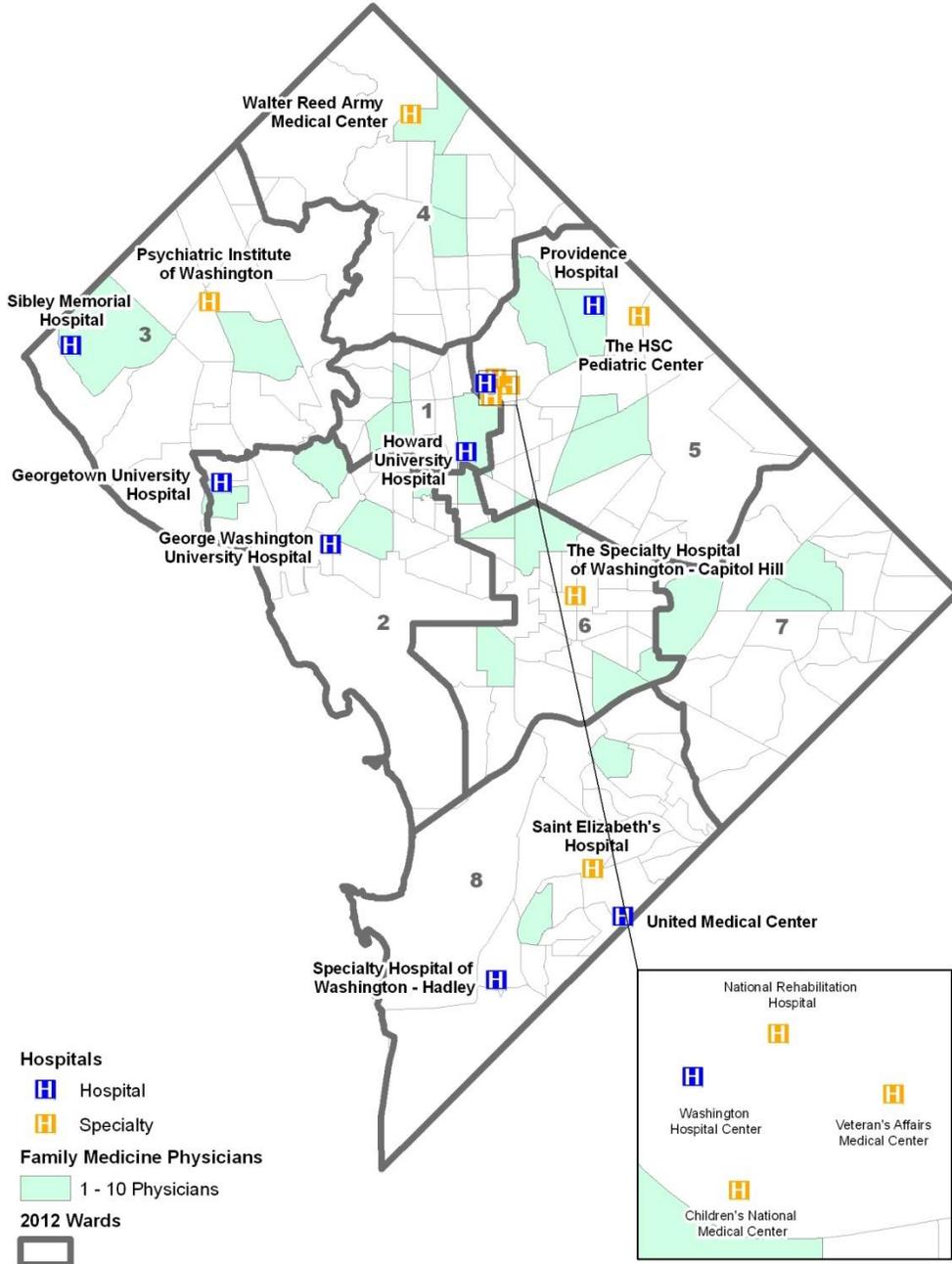
Among actively practicing general pediatricians, Wards 1, 2, 3, and 5 had the largest concentration of practicing physicians (see Map 4).

MAP 4 – ACTIVELY PRACTICING GENERAL PEDIATRICIAN PRACTICE LOCATION BY CENSUS TRACT, 2012



Among actively practicing family medicine practitioners, Wards 1, 2, 5, and 6 had the largest concentration of practicing physicians (see Map 5).

MAP 5 – ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIAN PRACTICE LOCATION BY CENSUS TRACT, 2012

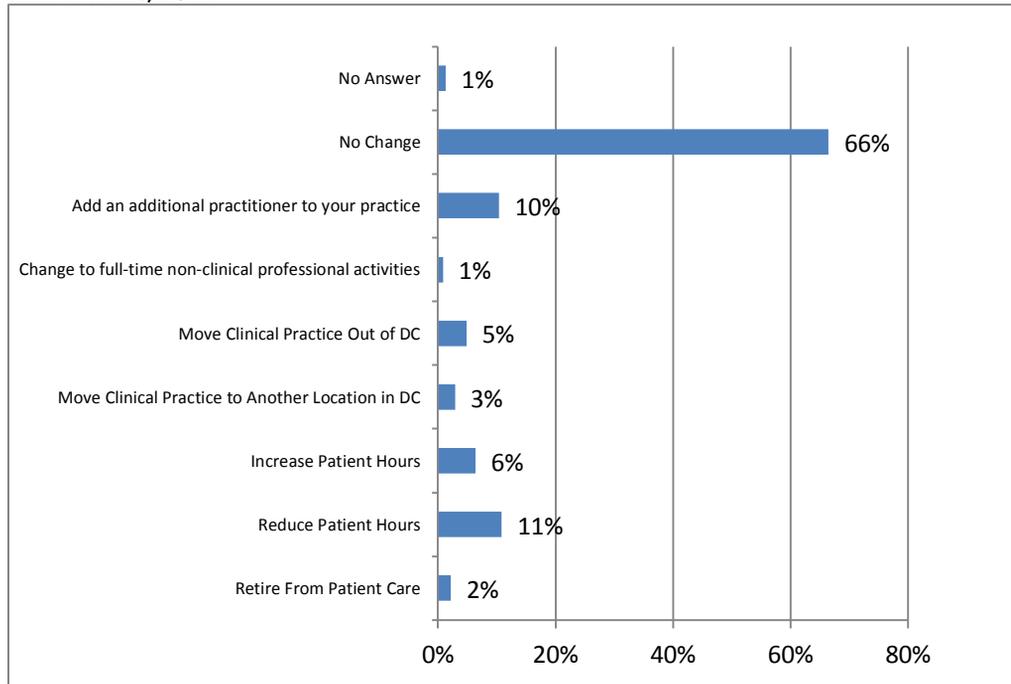


Workforce Reduction and Retirement

The availability of primary care physicians has been a major concern among health policy makers.¹² The Association of American Medical Colleges estimates that by 2015 there will be a national shortage of 29,800 primary care physicians.

The majority of actively practicing primary care physicians (66%) had no future plans to change their practice hours or location within the next two years (see Figure 19). A small amount of actively practicing primary care physicians indicated that they would increase their patient hours (6%) and add an additional practitioner to their practice (10%).

FIGURE 19 – FUTURE PLANS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS WITHIN THE NEXT 2 YEARS, 2012



¹² Association of American Medical Colleges. “The Impact of Health Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025.” June 2010. https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

A fraction of actively practicing primary care physicians indicated that they planned to reduce their patient hours (11%) or retire (2%) within the next two years. The highest concentration of actively practicing primary care physicians, who are reducing patient hours or retiring, are located in Wards 2 and 5 (see Map 6).

MAP 6 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS REDUCING PATIENT HOURS OR RETIRING, BY CENSUS TRACT, 2012

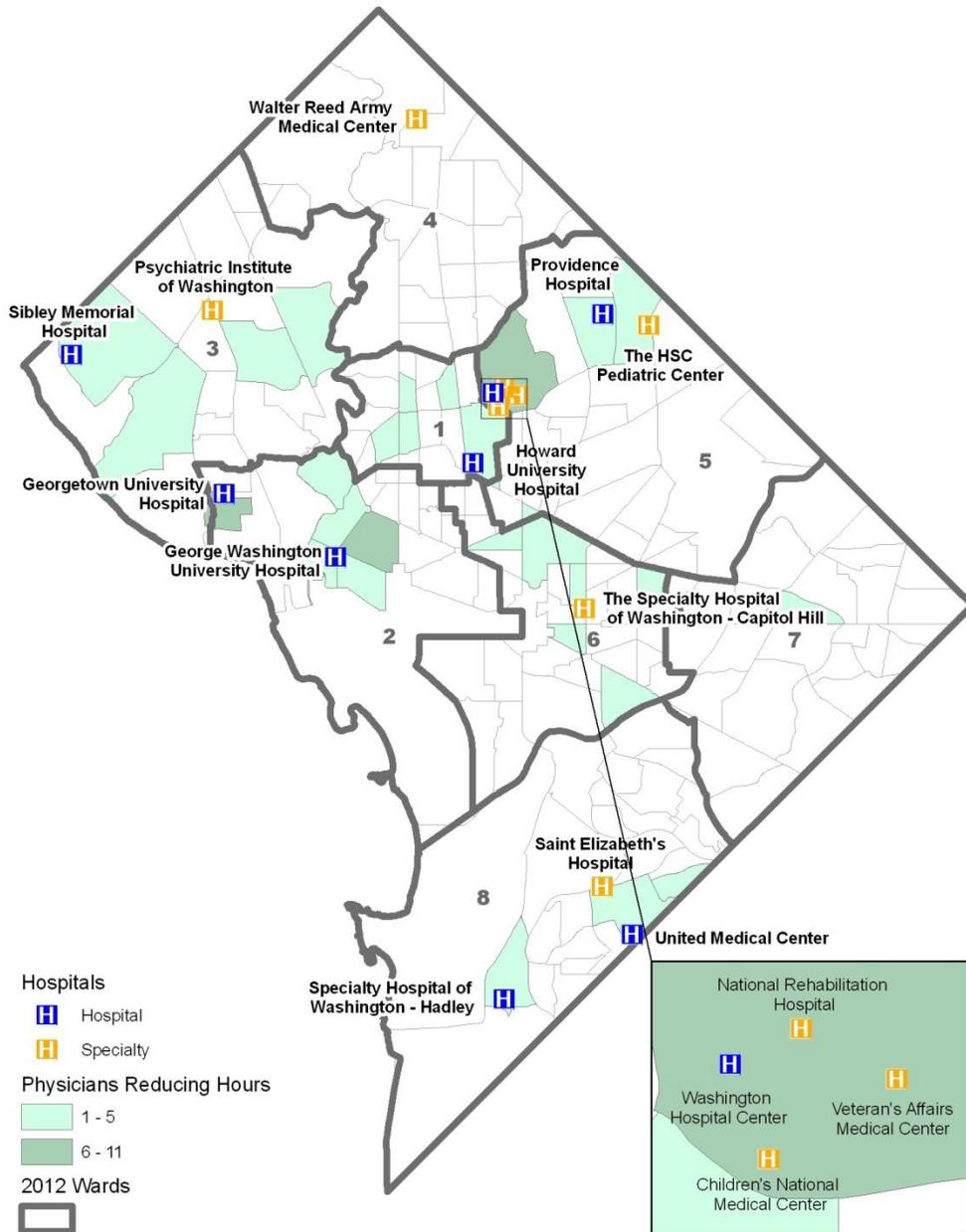


TABLE 31 – FUTURE PLANS OF ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIANS, WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Actively Practicing Internal Medicine (General) Respondents N=227	Distribution of Respondents
No Change	147	65%
Reduce Patient Hours	26	11%
Add an additional practitioner to your practice	24	11%
Increase Patient Hours	17	7%
Move Clinical Practice Out of D.C.	12	5%
Retire From Patient Care	8	4%
Move Clinical Practice to Another Geographic Location in D.C.	6	3%
No Response	2	1%
Change to full-time non-clinical professional activities	1	0%

TABLE 32 – FUTURE PLANS OF ACTIVELY PRACTICING OB/GYNs, WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Actively Practicing OB/GYN Respondents N=84	Distribution of Respondents
No Change	55	65%
Reduce Patient Hours	10	12%
Add an additional practitioner to your practice	10	12%
No Answer	4	5%
Increase Patient Hours	2	2%
Move Clinical Practice to Another Geographic Location in D.C.	2	2%
Move Clinical Practice Out of D.C.	2	2%
Change to full-time non-clinical professional activities	1	1%
Retire From Patient Care	0	0%

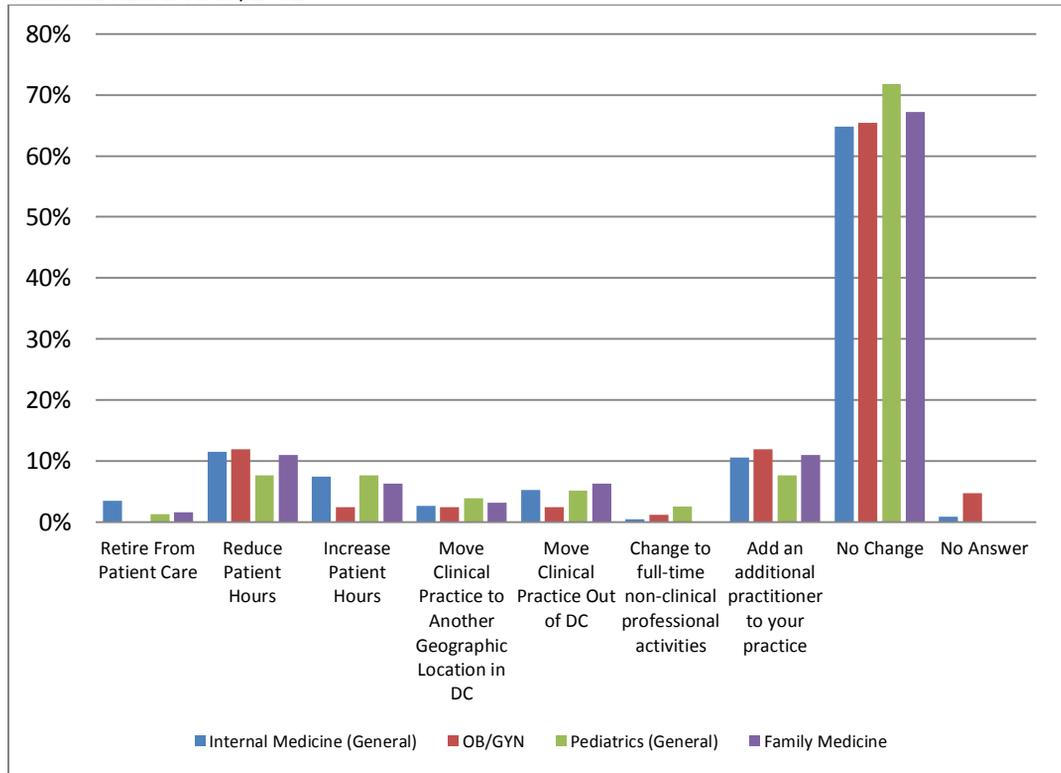
TABLE 33 – FUTURE PLANS OF ACTIVELY PRACTICING GENERAL PEDIATRICIANS, WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Actively Practicing Pediatrics (General) Respondents N=78	Distribution of Respondents
No Change	56	72%
Reduce Patient Hours	6	8%
Increase Patient Hours	6	8%
Add an additional practitioner to your practice	6	8%
Move Clinical Practice Out of D.C.	4	5%
Move Clinical Practice to Another Geographic Location in D.C.	3	4%
Change to full-time non-clinical professional activities	2	3%
Retire From Patient Care	1	1%
No Answer	0	0%

TABLE 34 – FUTURE PLANS OF ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIANS, WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Actively Practicing Family Medicine Respondents N=64	Distribution of Respondents
No Change	43	67%
Reduce Patient Hours	7	11%
Add an additional practitioner to your practice	7	11%
Increase Patient Hours	4	6%
Move Your Practice Out of D.C.	4	6%
Move Your Practice to Another Geographic Location in D.C.	2	3%
Retire From Patient Care	1	2%
Change to full-time non-clinical professional activities	0	0%
No Answer	0	0%

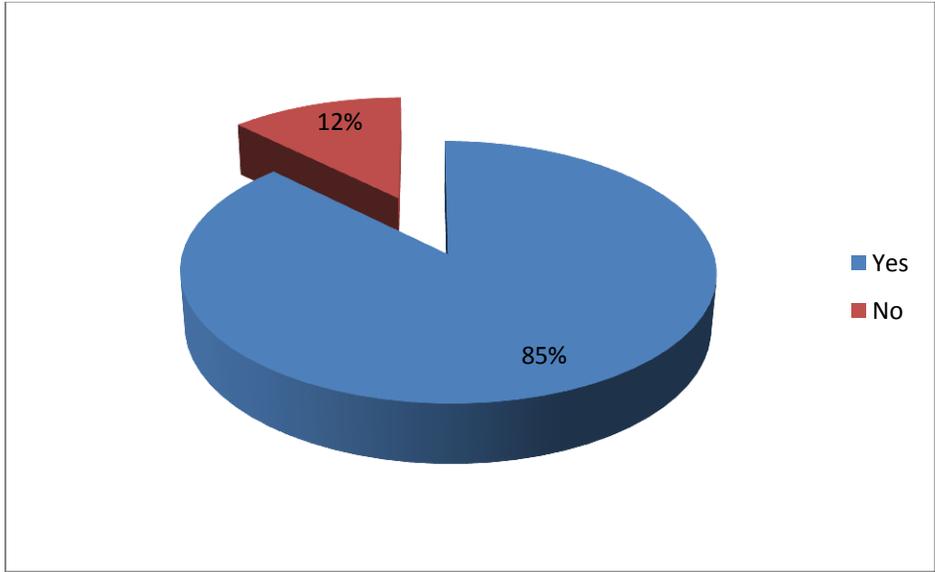
FIGURE 20 – FUTURE PLANS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, BY SPECIALTY, WITHIN THE NEXT 2 YEARS, 2012



Accepting New Patients

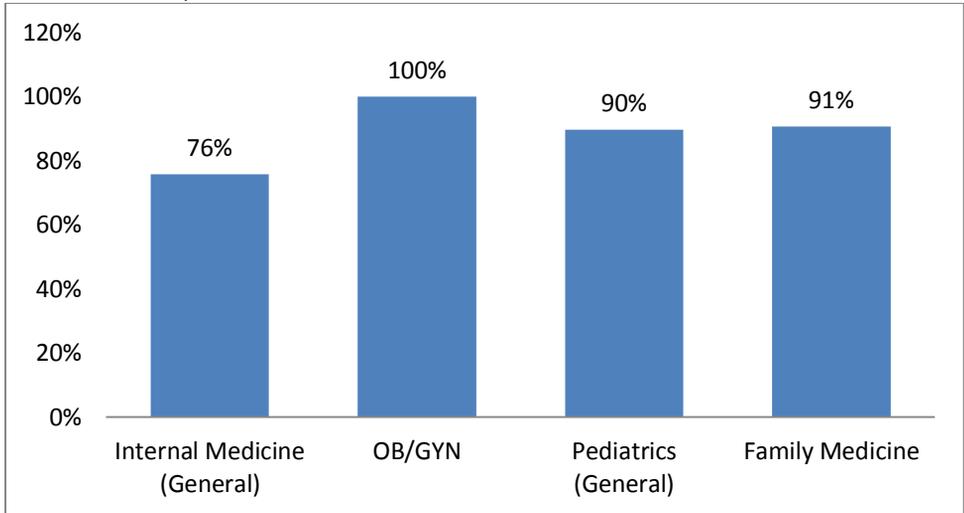
Among the 453 actively practicing primary care physicians, 85% (384) are accepting new patients at their practice locations (see Figure 21).

FIGURE 21 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS WHO ARE ACCEPTING NEW PATIENTS, 2012



Among actively practicing general internal medicine physicians, 75% (171) are accepting new patients at their practice locations (see Figure 22). Ninety percent (71) of actively practicing general pediatricians, 91% (58) of actively practicing family medicine physicians, and 100% (84) of actively practicing OB/GYNs are accepting new patients at their practice locations.

FIGURE 22 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS WHO ARE ACCEPTING NEW PATIENTS, BY SPECIALTY TYPE, 2012

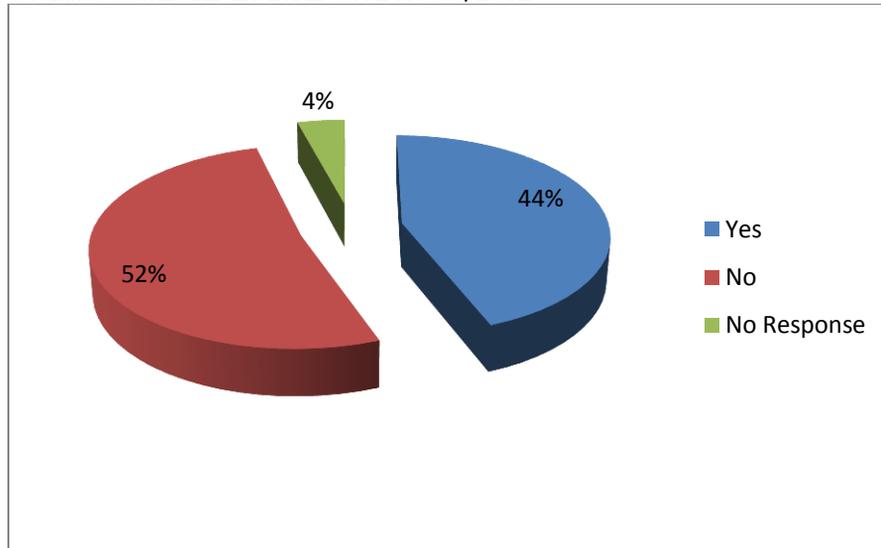


Scheduled Extended Care Hours & Weekend Hours

Primary care physician survey respondents were asked to indicate whether they offered scheduled extended hours, which are defined as Monday through Friday beyond the hours of 8:00 a.m. – 5:00 p.m., at their practice locations. Primary care physician survey respondents were also asked to indicate whether they offered scheduled weekend hours at their practice locations.

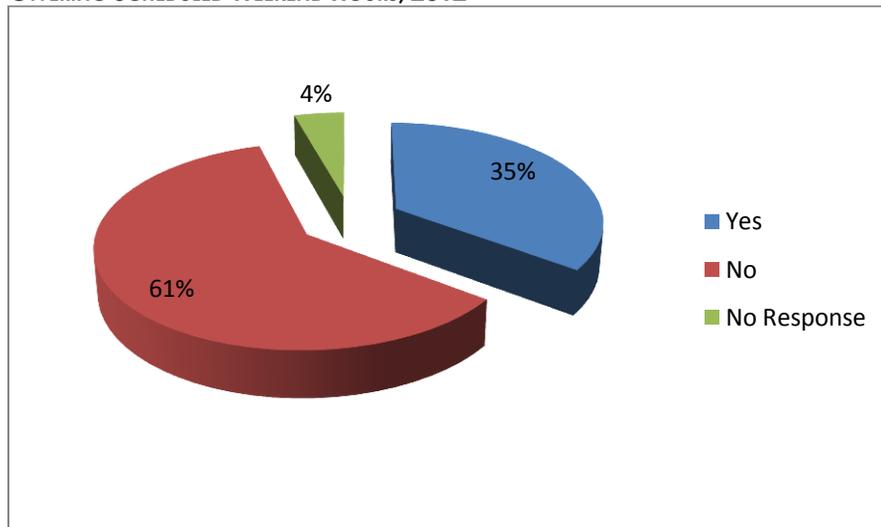
Forty-four percent (200) of actively practicing primary care physicians offer scheduled extended care hours at their practice locations (see Figure 23).

FIGURE 23 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS OFFERING SCHEDULED EXTENDED CARE HOURS, 2012



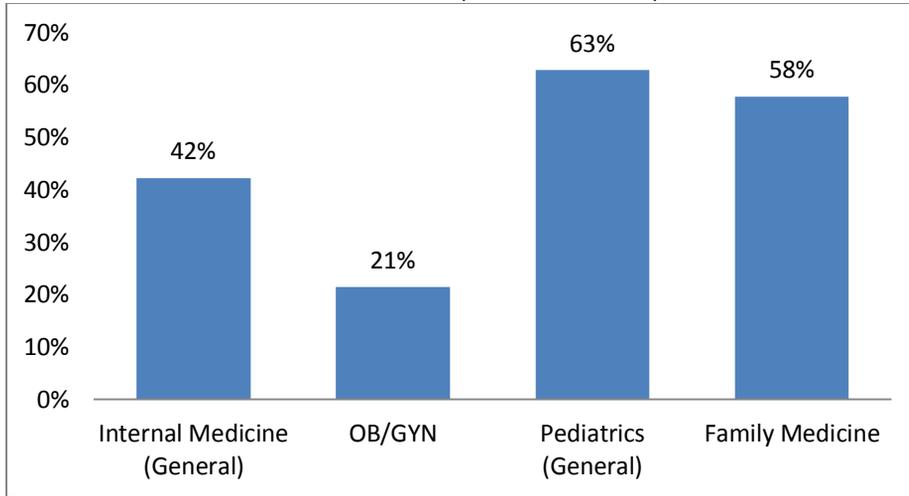
Thirty-five percent (159) of actively practicing primary care physicians indicated that they offer weekend hours at their practice locations (see Figure 24).

FIGURE 24 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS OFFERING SCHEDULED WEEKEND HOURS, 2012



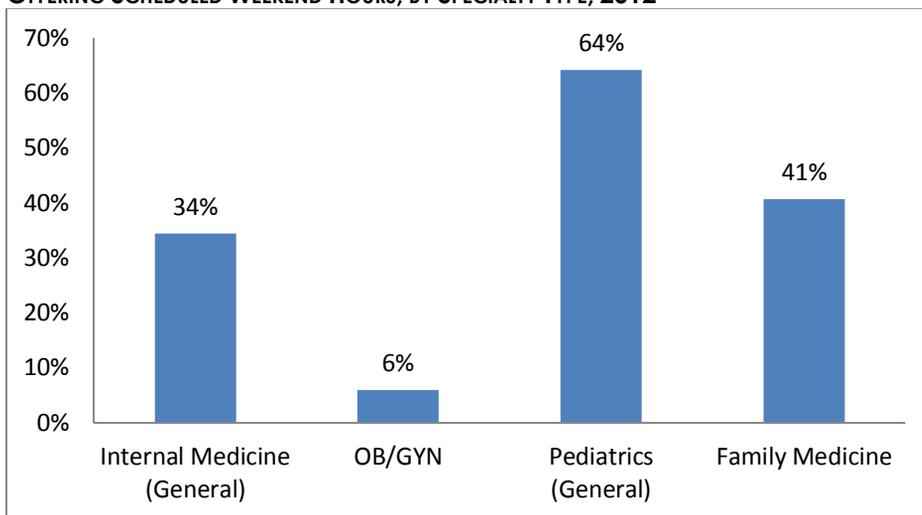
Forty-two percent (96) of actively practicing general internal medicine physicians offer scheduled extended care hours at their practice locations (see Figure 25). Twenty-one percent (18) of actively practicing OB/GYNs offer scheduled extended care hours at their practice locations. Sixty-three percent (49) of actively practicing general pediatricians offer scheduled extended care hours at their practice locations. Fifty-eight percent (37) of actively practicing family medicine physicians offer scheduled extended care hours at their practice locations.

FIGURE 25 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS OFFERING SCHEDULED EXTENDED CARE HOURS, BY SPECIALTY TYPE, 2012



Thirty-four percent (78) of actively practicing general internal medicine physicians indicated that they offer weekend hours at their practice locations (see Figure 26). Six percent (5) of actively practicing OB/GYNs indicated that they offer weekend hours at their practice locations. Sixty-four percent (50) of actively practicing general pediatricians indicated that they offer weekend hours at their practice locations. Forty-one percent (26) of actively practicing family medicine physicians indicated that they offer weekend hours at their practice locations.

FIGURE 26 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS OFFERING SCHEDULED WEEKEND HOURS, BY SPECIALTY TYPE, 2012

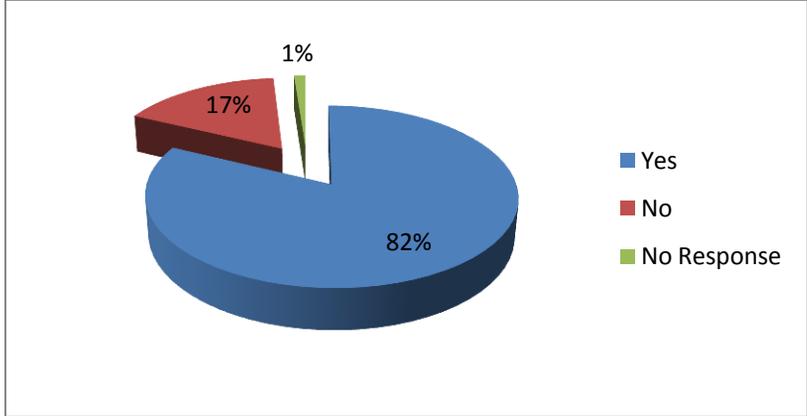


Practice of Obstetrics

Nationally, some OB-GYNs have opted to limit the scope of their practice to gynecology. A 2012 Survey issued by the American Congress of Obstetricians and Gynecologists (ACOG) reported that roughly twenty percent OB-GYNs are providing only gynecologic care, of which nearly eighty-nine percent had previously offered obstetric care.¹³

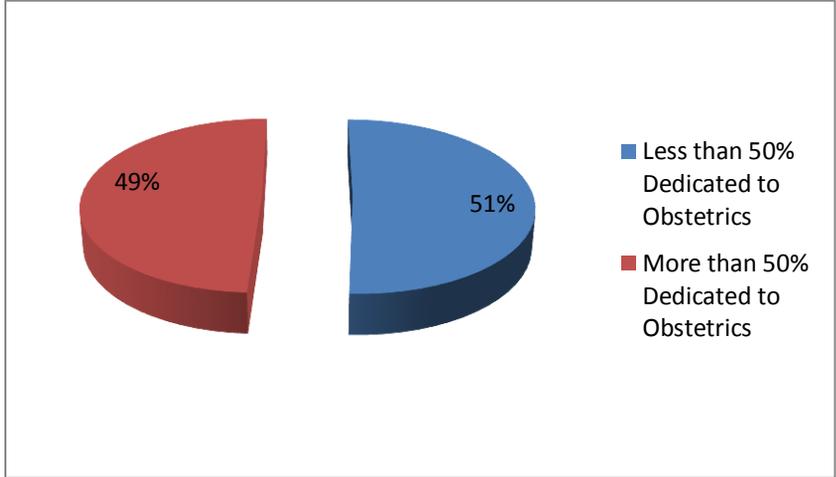
Among the 84 actively practicing OB/GYN in our survey, eighty-two percent (69) indicated that they currently provide care in obstetrics (see Figure 27). Seventeen percent indicated that they did not offer care in obstetrics.

FIGURE 27 – ACTIVELY PRACTICING OB/GYNS PROVIDING CARE IN OBSTETRICS, 2012



Of the sixty-nine actively practicing OB/GYNs, who indicated they were providing care in obstetrics, forty-nine percent (34) indicated that more than half their practice time was dedicated to practicing obstetrics (see Figure 28).

FIGURE 28 – PERCENTAGE OF PRACTICE DEDICATED TO OBSTETRICS AMONG ACTIVELY PRACTICING OB/GYNS PROVIDING CARE IN OBSTETRICS, 2012



¹³ Klagholz, J., Strunk, A.L. "Overview of the 2012 ACOG Survey on Professional Liability" *The American Congress of Obstetricians and Gynecologists*.

Specialty Care Physician

Three thousand four hundred thirty-six (3,436) specialty care physicians completed the workforce survey. Fifty-three percent (53%) of specialty care physician survey respondents (1,819) indicated that they had a primary or secondary practice location in the District.

Among the 1,819 specialty care physicians who indicated that they have a practice location in the District, fifty-seven percent (1,034) indicated that they engage in greater than 20 hours of clinical care per week. These physicians are defined as actively practicing specialty care physicians.

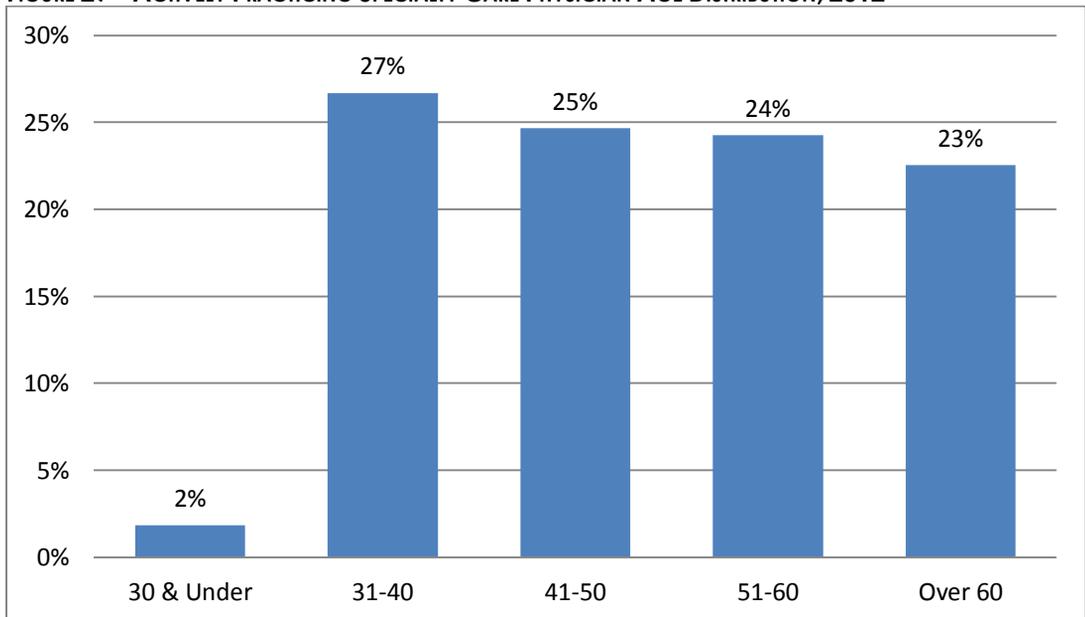
Age

The majority of actively practicing specialty care physicians (52%) are between the ages of 31-50 (see Table 35). Only 2% of actively practicing specialty care physicians were under the age of 30 (see Figure 29).

TABLE 35 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN AGE DISTRIBUTION, 2012

	Number of Respondents N=1034	Distribution of Respondents
30 & Under	19	2%
31-40	276	27%
41-50	255	25%
51-60	251	24%
Over 60	233	23%

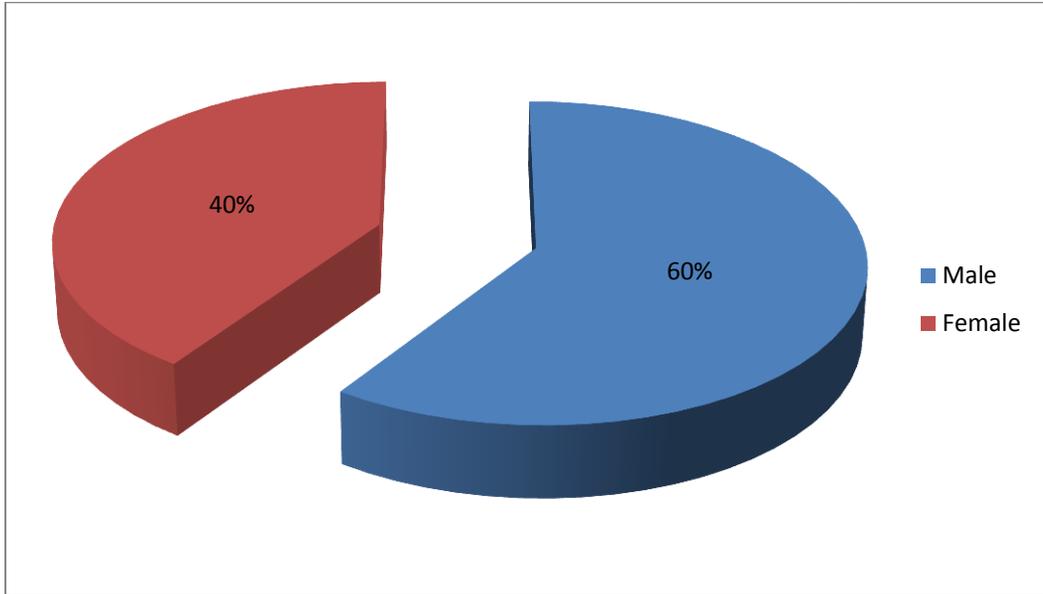
FIGURE 29 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN AGE DISTRIBUTION, 2012



Gender

Males accounted for 60% (616) and females accounted for 40% (418) of all actively practicing specialty care physicians (see Figure 30).

FIGURE 30 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN GENDER DISTRIBUTION, 2012



Workforce Reduction and Retirement

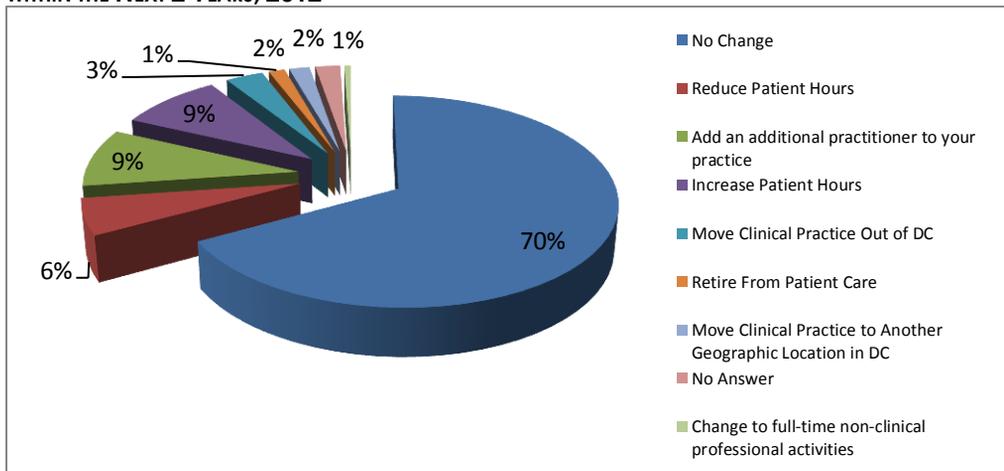
The availability of specialty care physicians has been a major concern among health policy makers.¹⁴ The Association of American Medical Colleges estimates that, by 2015, there will be a national shortage of 33,100 specialty care physicians.

Seventy percent (720) of actively practicing specialty care physicians had no future plans to change their practice hours or location within the next two years (see Table 36 and Figure 31). Six percent (61) indicated that they would reduce patient hours and 1% (15) indicated that they would retire from patient care. Nine percent of actively practicing specialty care physicians indicated that they planned to increase patient hours and add an additional practitioner to their practice within the next two years.

TABLE 36 – FUTURE PLANS OF ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Actively Practicing Specialty Physician Respondents N=1034	Distribution of Respondents
No change	720	70%
Reduce Patient Hours	61	6%
Add an additional practitioner to your practice	98	9%
Increase Patient Hours	96	9%
Move Clinical Practice Out of D.C.	35	3%
Retire From Patient Care	15	1%
Move Clinical Practice to Another Geographic Location in D.C.	19	2%
No Answer	23	2%
Change to full-time non-clinical professional activities	6	1%

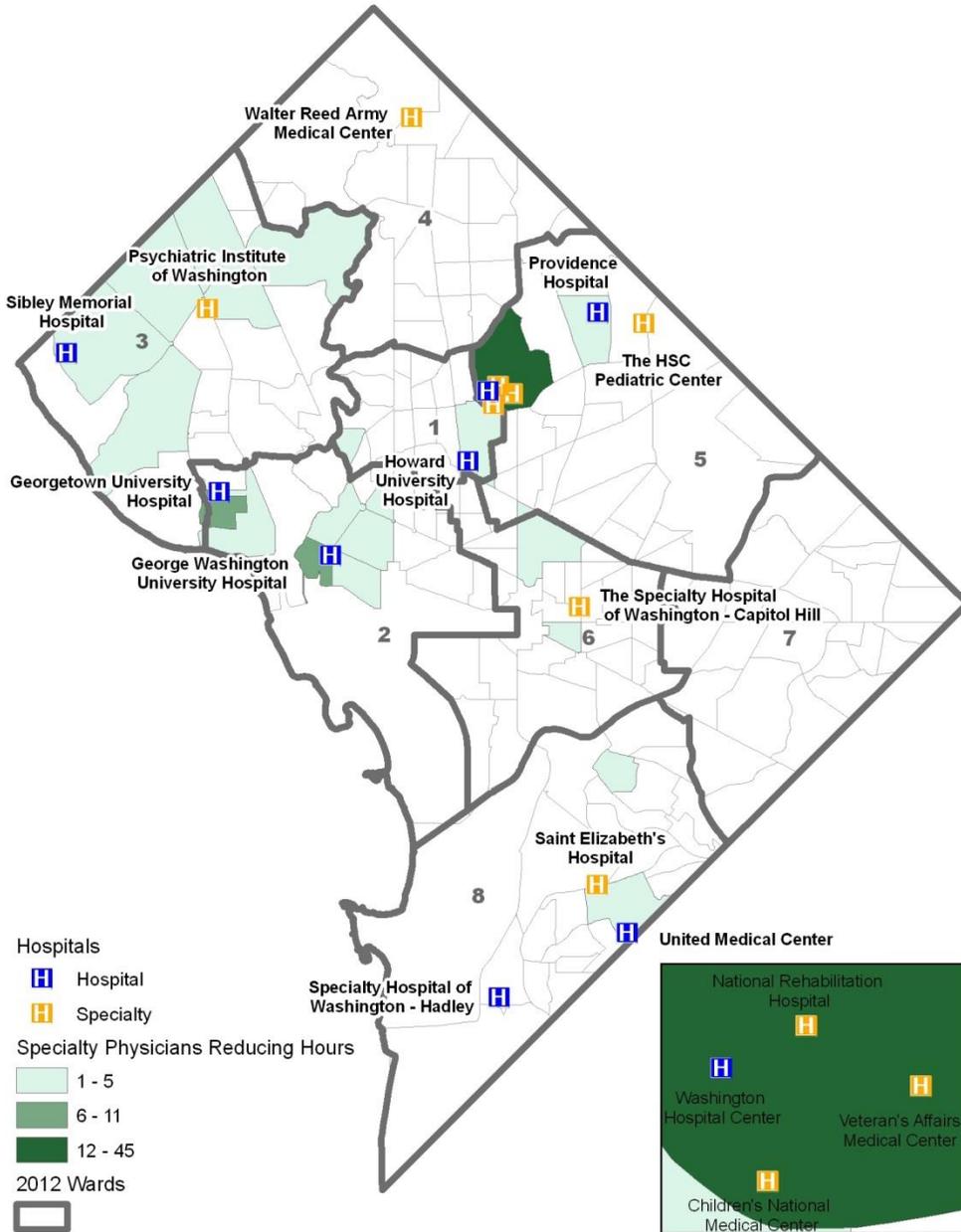
FIGURE 31 – FUTURE PLANS OF ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS WITHIN THE NEXT 2 YEARS, 2012



¹⁴ Association of American Medical Colleges. "The Impact of Health Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025." June 2010. https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

The highest concentration of actively practicing primary care physicians, who are reducing patient hours or retiring, are located in Wards 1, 2 and 5 (see Map 7).

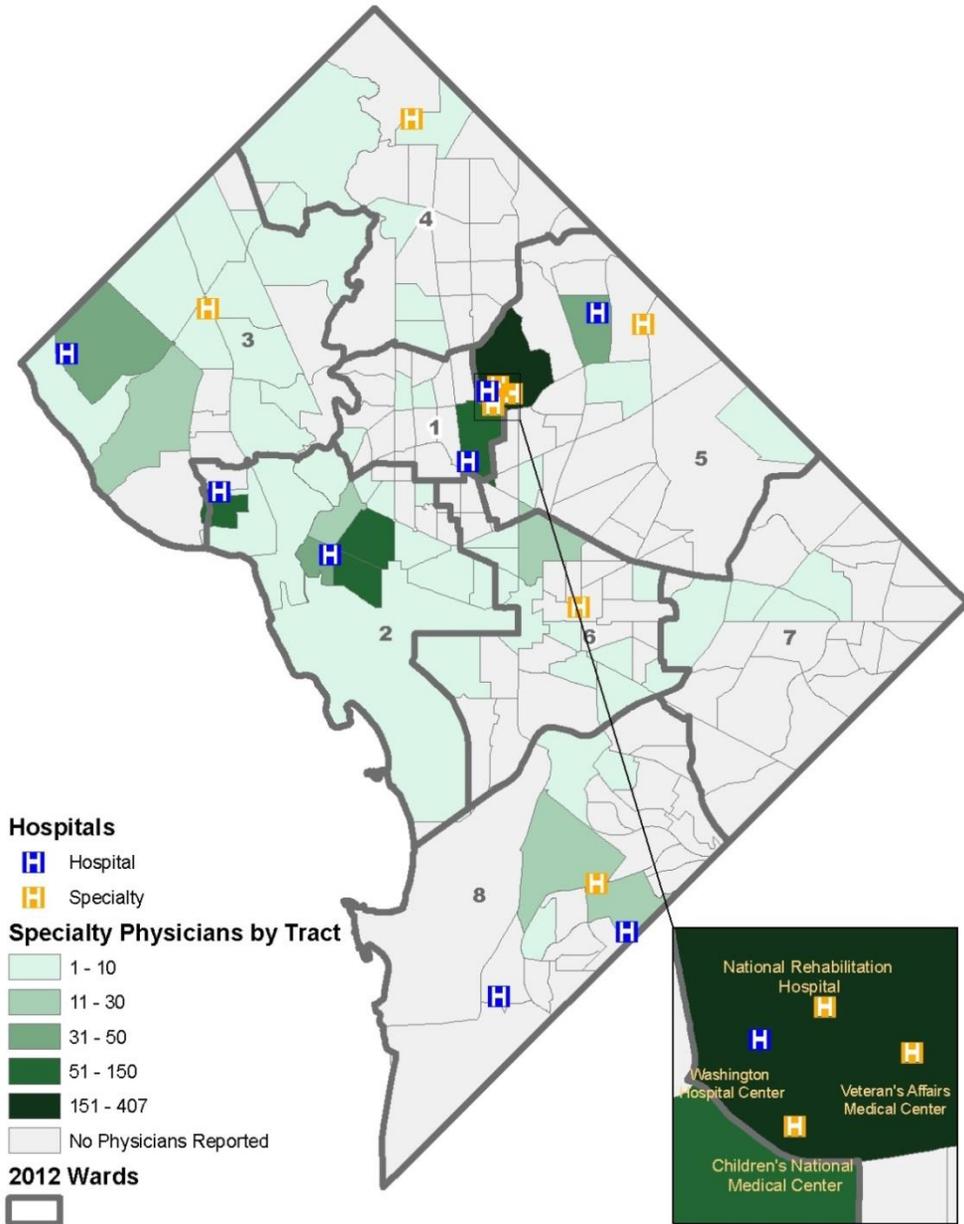
MAP 7 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS WHO ARE REDUCING PATIENT HOURS OR RETIRING, BY CENSUS TRACK, 2012



Location

Physician primary practice locations were mapped using full addresses provided by respondents in the survey. The following map depicts the location of actively practicing specialty care physicians. Among all actively practicing specialty care physicians, Wards 1, 2, 3, and 5 had the largest concentration of practicing physicians (see Map 8). Specialty care physicians were concentrated around hospitals.

MAP 8 - ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN PRACTICE LOCATIONS, BY CENSUS TRACT, 2012



SECTION 2: ACCESS TO CARE AND INSURANCE COVERAGE

D.C. MANAGED CARE

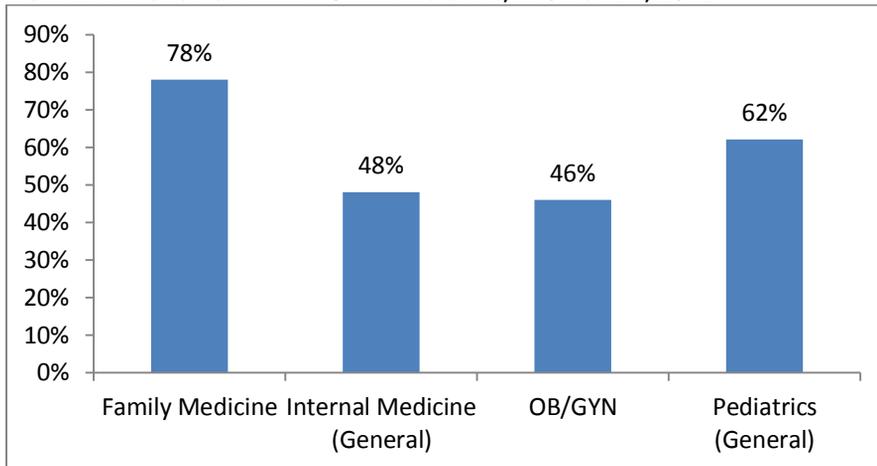
Among the 4,790 physician survey respondents, 39% (1884) indicated that they accept or participate with D.C. Managed Care. Thirty-four percent (456) of primary care physician survey respondents and 42% (1,428) accept or participate with D.C. Managed Care.

Among the 453 actively practicing primary care physicians, 54% (246) indicated that they accept or participate with D.C. Managed Care (see Table 37). Family medicine practitioners (78%) and pediatricians (62%) had the highest rates of D.C. Managed Care acceptance among primary care physicians (see Figure 32).

TABLE 37 – D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, 2012

	Number of Respondents N=453	Distribution of Respondents
Accept or Participate with D.C. Managed Care	246	54%
Do Not Accept or Participate with D.C. Managed Care	205	45%
No Response	2	0%

FIGURE 32 – D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION RATES AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, BY SPECIALTY, 2012



Among the 1,034 actively practicing specialty care physicians, 68% (707) indicated that they accept or participate with D.C. Managed Care (see Table 38).

TABLE 38 – D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS, 2012

	Number of Respondents N=1034	Distribution of Respondents
Accept or Participate with D.C. Managed Care	707	68%
Do Not Accept or Participate with D.C. Managed Care	325	31%
No Response	2	0%

MEDICAID

Among the 4,790 physician survey respondents, 63% (3,000) indicated that they accept or participate with Medicaid. Fifty-nine percent (793) of primary care physician survey respondents and 64% (2,207) of specialty care physician survey respondents accept or participate with Medicaid.

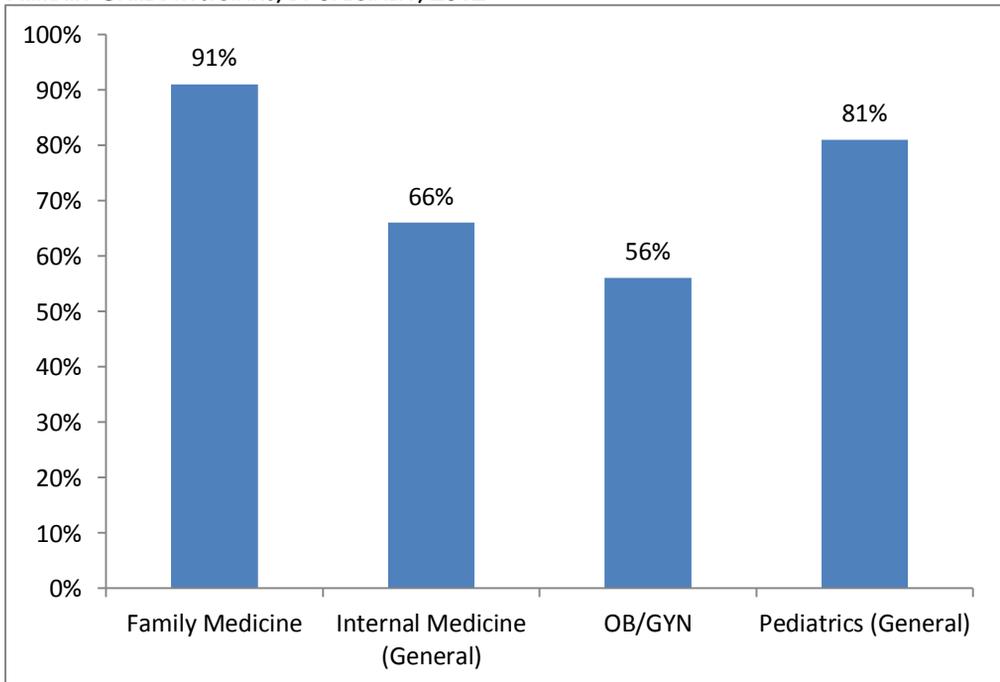
Among the 453 actively practicing primary care physicians, 70% (318) indicated that they accept or participate with Medicaid (see Table 39).

TABLE 39 – MEDICAID ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, 2012

	Number of Respondents N=453	Distribution of Respondents
Accept or Participate with Medicaid	318	70%
Do Not Accept or Participate with Medicaid	134	30%
No Response	1	0%

Family medicine practitioners (91%) and pediatricians (81%) had the highest rates of Medicaid acceptance among primary care physicians (see Figure 33).

FIGURE 33 – MEDICAID ACCEPTANCE & PARTICIPATION RATES FOR ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, BY SPECIALTY, 2012



Among the 1,034 actively practicing specialty care physicians, 82% (843) indicated that they accept or participate with Medicaid (see Table 40).

TABLE 40 – MEDICAID ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS, 2012

	Number of Respondents N=1034	Distribution of Respondents
Accept or Participate with Medicaid	843	82%
Do Not Accept or Participate with Medicaid	190	18%
No Response	1	0%

Actively practicing primary care and specialty care physicians, who accepted or participated with Medicaid, were concentrated in Wards 1, 2, and 5 (see Table 41).

TABLE 41 – ACTIVELY PRACTICING PHYSICIANS ACCEPTING OR PARTICIPATING WITH MEDICAID, BY WARD, 2012

Ward	Primary Care N=318	Specialty Care N=843
Incomplete Address	11	10
Ward 1	42	58
Ward 2	76	247
Ward 3	10	40
Ward 4	4	3
Ward 5	113	417
Ward 6	25	23
Ward 7	13	9
Ward 8	24	36

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are geographic areas, or populations within areas, that lack sufficient healthcare providers to meet the healthcare needs of the area or population. HPSAs are used by the Federal government to recognize shortages of healthcare providers for geographic areas, population or facilities and to prioritize the allocation of Federal and local resources to address these shortages.

HPSAs can refer to shortages in any of three disciplines: primary (medical) care, mental health, and dental. The District of Columbia has six designated primary (health) care Health Professional Shortage Areas (HPSA). A list of the District’s primary care HPSAs, designated scores, and census tract information can be found in Appendix E.

The majority of actively practicing physicians are located in the Columbia Heights/Fort Totten/Takoma HPSA (see Table 42). Seven percent (32) of actively practicing primary care physicians practice in the HPSA designated areas of Anacostia and East Capitol Southeast.¹⁵

TABLE 42 – ACTIVELY PRACTICING PHYSICIAN PRACTICE LOCATION BY HPSA, 2012

HPSA Name	Primary Care N=453	Specialty Care N=1034
Non-HPSA	111	264
Anacostia	25	41
East Capitol Southeast	7	3
Homeless - Downtown Washington	89	180
Low Income – Brentwood	36	34
Low Income - Columbia Heights/Ft. Totten/Takoma	181	511
South Capitol	4	1

The entirety of Wards 5 and 7 are designated HPSA areas. Sections of Wards 1, 2, 6, and 8 are also designated HPSA areas. Actively practicing primary care physicians were concentrated in Wards 1, 2, 5, and 6. Actively practicing specialty care physicians were concentrated in Wards 1, 2, 3, and 5 (see Table 43).

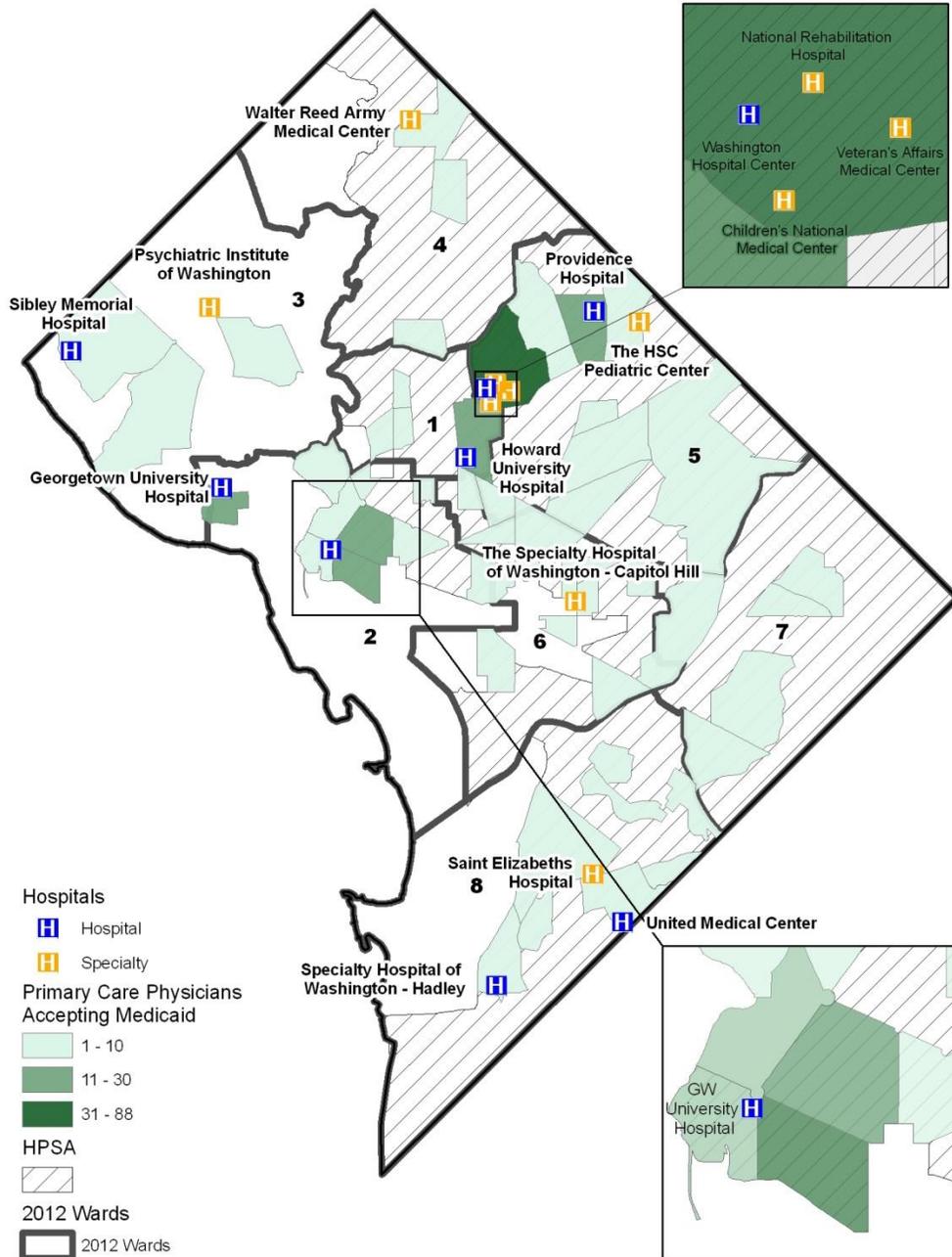
TABLE 43 – ACTIVELY PRACTICING PHYSICIANS PRACTICE LOCATIONS, BY WARD, 2012

Ward	Primary Care N=453	Specialty Care N=1034
Incomplete Address	14	25
Ward 1	44	57
Ward 2	143	331
Ward 3	31	73
Ward 4	7	6
Ward 5	134	451
Ward 6	41	40
Ward 7	14	10
Ward 8	25	41

¹⁵ Anacostia and East Capitol Southeast were assigned HPSA scores 19 and 18 respectively. HPSA scores indicate an area’s degree of shortage on a scale of 1 to 25, with “25” indicating the greatest shortage. A full list of the District’s HPSA regions and respective HPSA scores can be found in Appendix E.

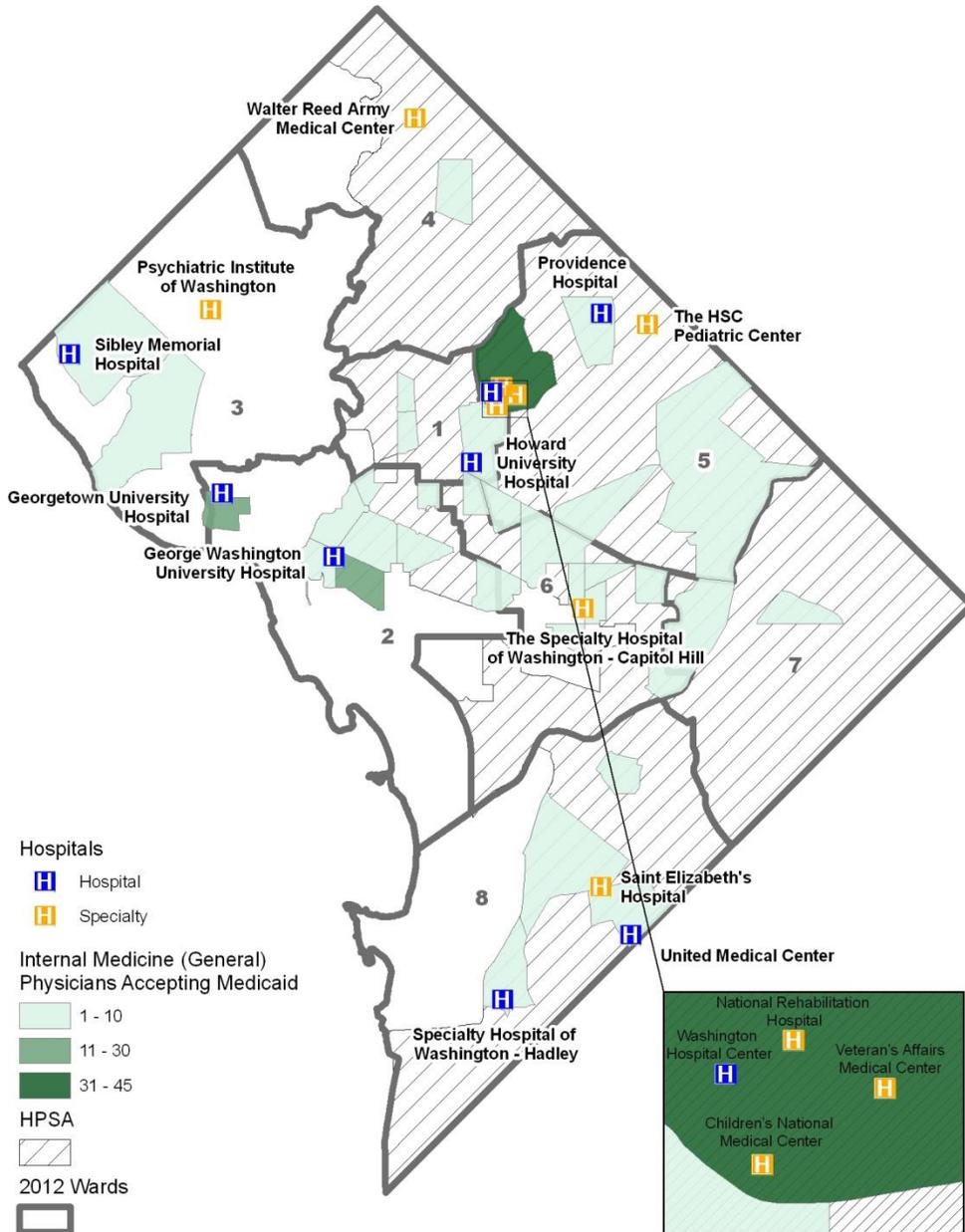
Primary care physicians were clustered around non-specialty hospitals and the HSC Pediatric Center. Wards 4, 7, and 8 had the fewest number of primary care physicians who participate in Medicaid (see Map 9).

MAP 9 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS WHO PARTICIPATE IN MEDICAID, 2012



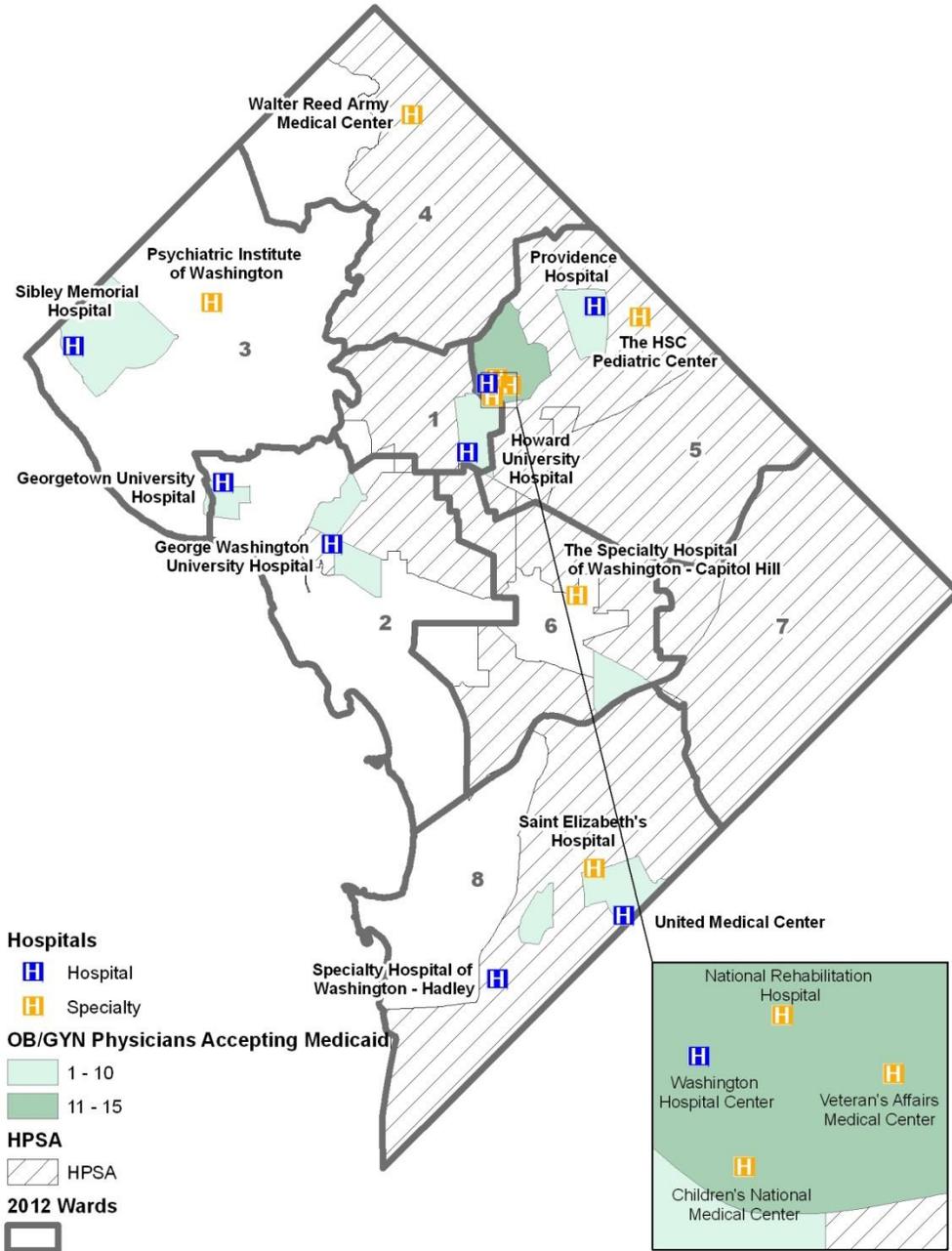
The smallest concentration of actively practicing general internal medicine physicians were located in Wards 4 and 7. The majority of actively practicing general internal medicine physicians were clustered around non-specialty hospitals (see Map 10).

MAP 10 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIANS, 2012



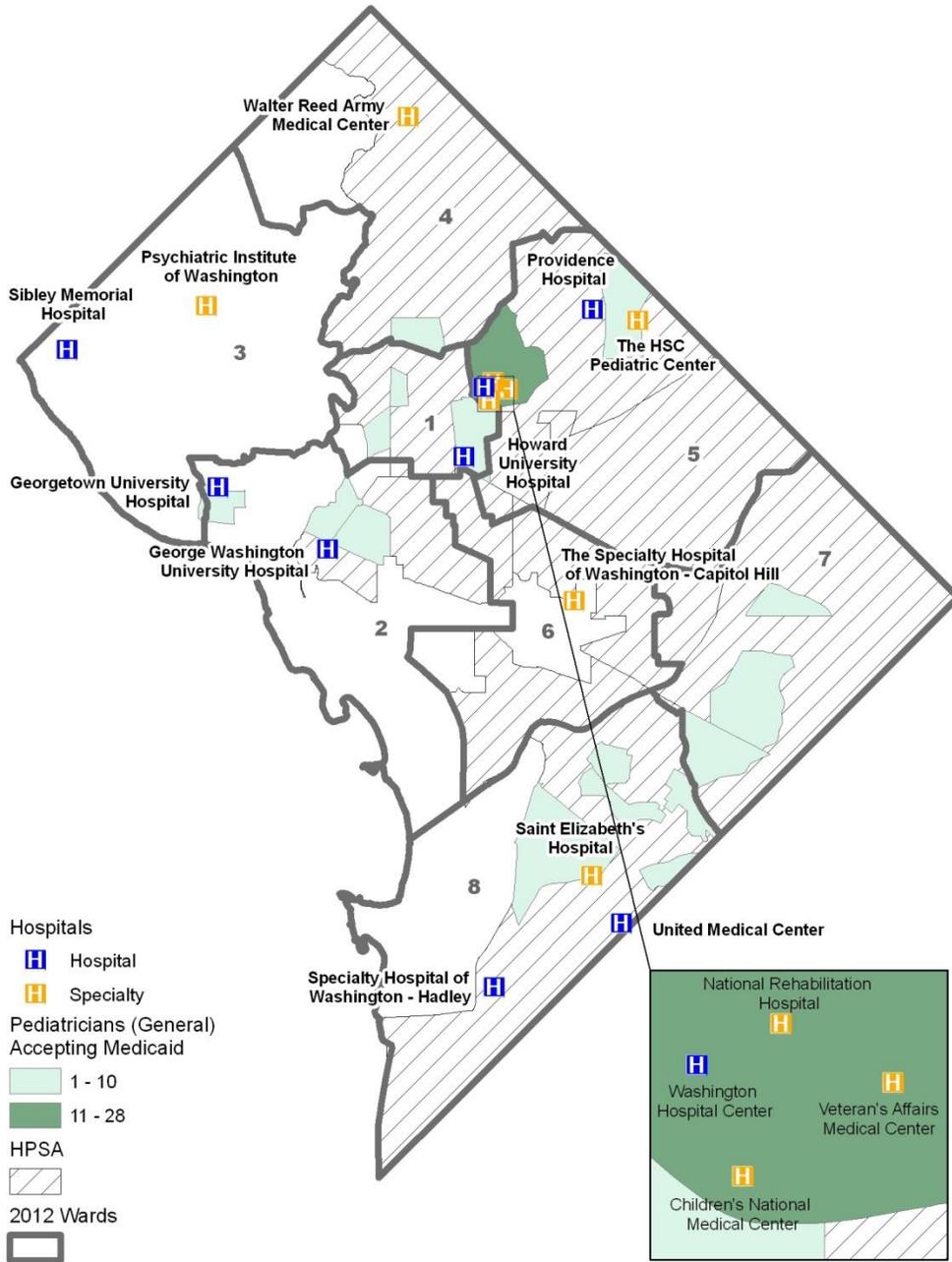
The largest concentration of actively practicing OB/GYNs was located in Wards 2 and 5 (see Map 11). The only census tracts with over ten OB/GYNs were located in these wards. Actively practicing OB/GYNs were clustered around non-specialty hospitals. Based on our data, Wards 4 and 7 did have any OB/GYNs who practice more than 20 hours of clinical care.

MAP 11 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING OBSTETRICS & GYNECOLOGY PHYSICIANS, 2012



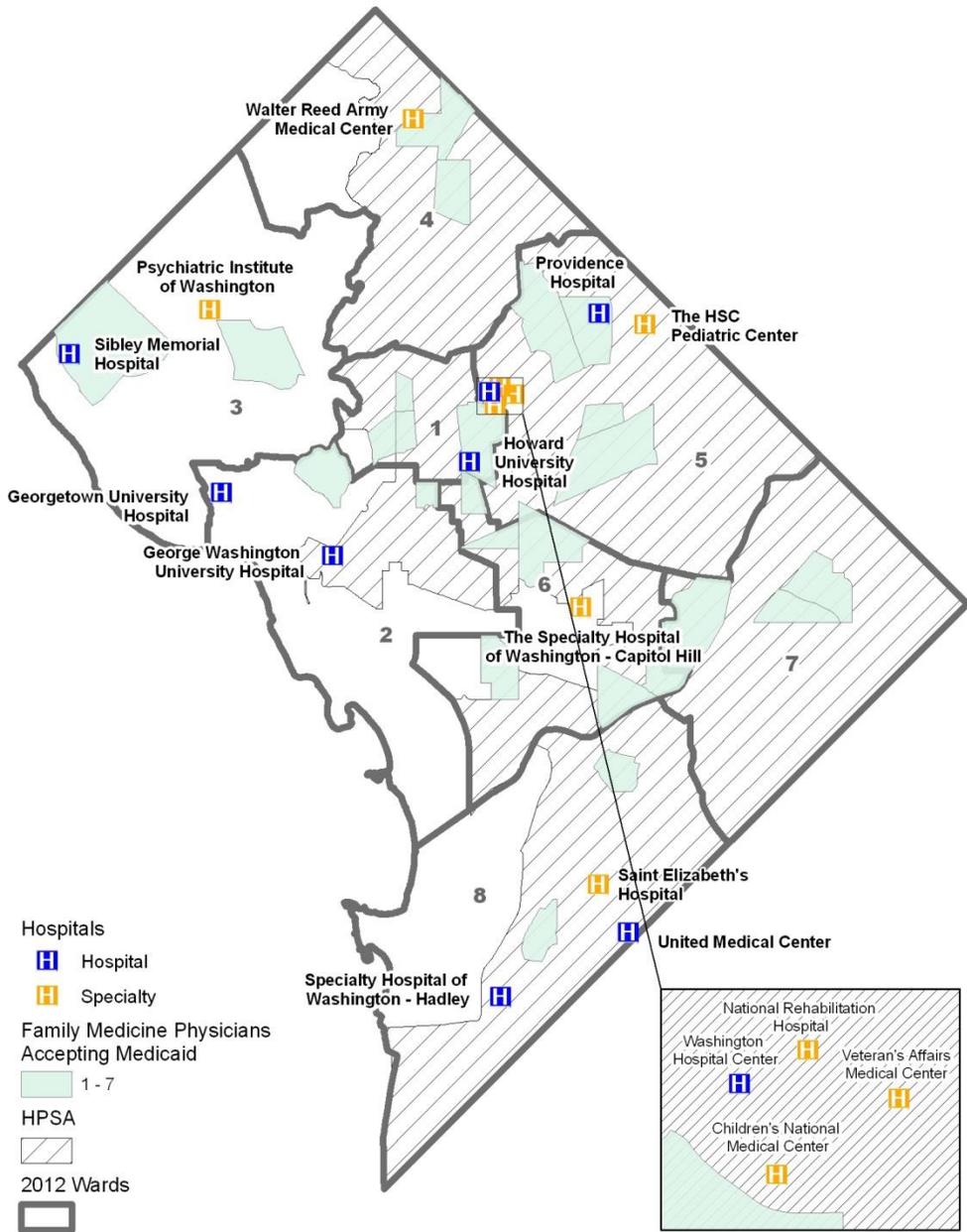
The census tracts with over ten actively practicing general pediatricians were located in Ward 5 (see Map 12). Actively practicing general pediatricians were clustered around hospitals, particularly MedStar Washington Hospital Center, Veterans Affairs Medical Center, and Children's National Medical Center. Ward 4 had the fewest number of pediatricians practicing more than 20 hours of clinical care.

MAP 12 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING GENERAL PEDIATRICIANS, 2012



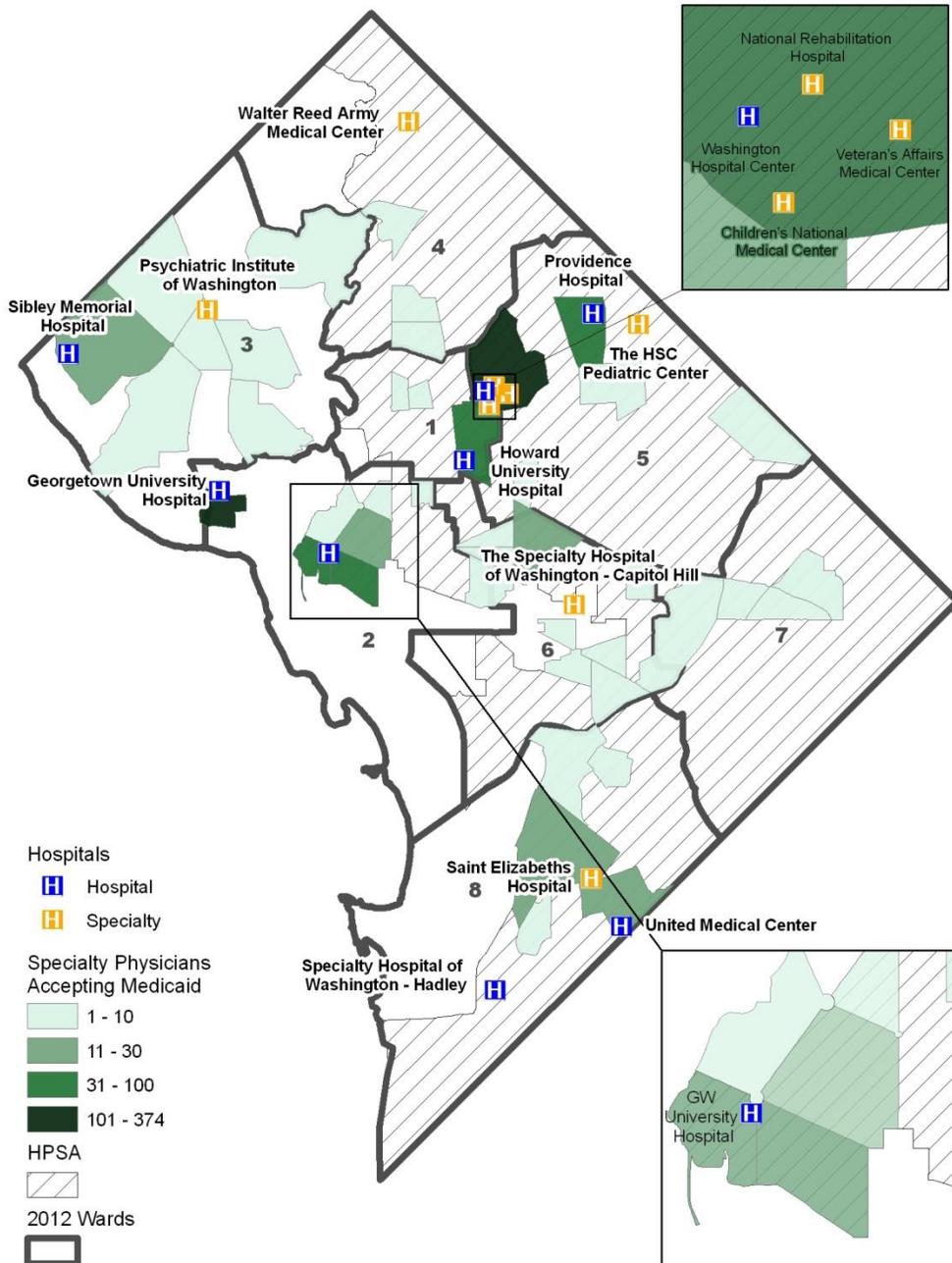
Actively practicing family medicine physicians are located in all eight wards of the District. However, no more than 10 actively practicing family medicine physicians are located within a census tract (see Map 13).

MAP 13 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIANS, 2012



Actively practicing specialty care physicians were clustered around hospitals (see Map 14). The largest concentration of actively practicing specialty care physicians was located near MedStar Washington Hospital Center, MedStar National Rehabilitation Hospital, Veteran's Affairs Medical Center, and Children's National Medical Center. Wards 4 and 7 had the fewest number of actively practicing specialty care physicians who participate with Medicaid.

MAP 14 – COMPARISON OF THE DISTRICT’S HPSAs AND THE DISTRIBUTION OF ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS WHO PARTICIPATE IN MEDICAID, 2012



MEDICARE

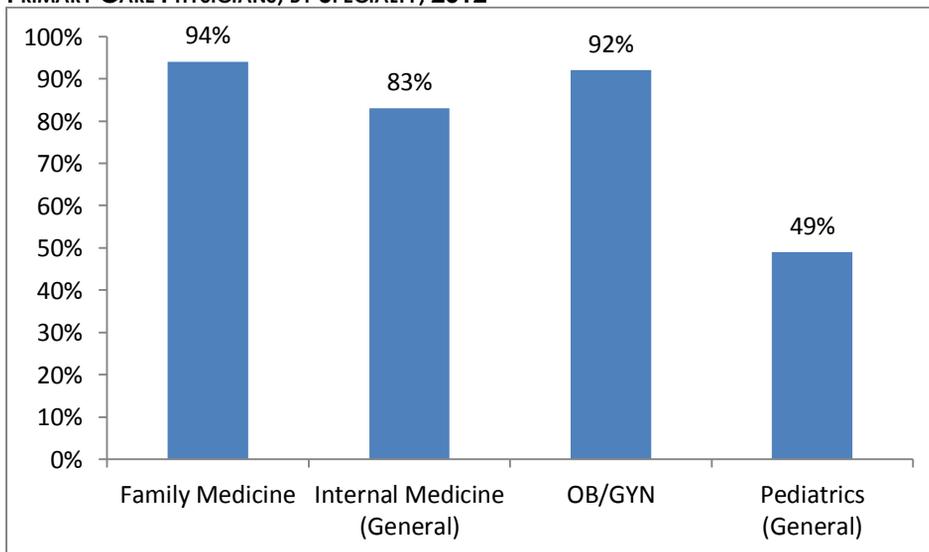
Among the 4,790 physician survey respondents, 73% (3,520) indicated that they accept or participate in Medicare. Seventy-one percent (968) of primary care physician survey respondents and 74% (2,552) of specialty care physician survey respondents indicated that they accept or participate with Medicare (see Table 44).

Among the 453 actively practicing primary care physicians, 80% (363) indicated that they accept or participate with Medicare (see Table). Actively practicing family medicine practitioners (94%) and OB/GYNs (92%) had the highest rates of Medicare participation among primary care physicians (Figure 34).

TABLE 44– MEDICARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, 2012

	Number of Respondents N=453	Distribution of Respondents
Accept or Participate with Medicare	363	80%
Do Not Accept or Participate with Medicare	89	20%
No Response	1	0%

FIGURE 34 – MEDICARE ACCEPTANCE & PARTICIPATION RATES FOR ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS, BY SPECIALTY, 2012



Among the 1,034 actively practicing specialty care physicians, 86% (889) indicated that they accept or participate with Medicare (see Table 45).

TABLE 45 – MEDICARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIANS, 2012

	Number of Respondents N=1034	Distribution of Respondents
Accept or Participate with Medicare	889	86%
Do Not Accept or Participate with Medicare	144	14%
No Response	1	0%

SECTION 3: PHYSICIAN ASSISTANT WORKFORCE

PHYSICIAN ASSISTANT WORKFORCE 2010 vs. 2012

Between 2010 and 2012, the District experienced some slight changes in the makeup of its physician assistant workforce. These changes are highlighted in this section.

District of Columbia License Renewal & Workforce Survey Response Rates

During the 2012 renewal, there were approximately 445 physician assistants that applied for license renewal. Approximately thirty-nine percent (39%) of these physician assistants participated in the workforce survey. This was a 35% decline in response rate compared to the 2010 response (see Table 46).

TABLE 46 – COMPARISON OF PHYSICIAN ASSISTANT SURVEY RESPONSE RATES, 2010 v. 2012

	2010	2012
Number Renewed	521	445
District of Columbia Physician Assistants who Completed Survey	388	173
Survey Response Rate	74%	39%

Physician Assistant Demographics – Age & Gender Distribution

The majority of physician assistant survey respondents were between the ages of 31-60 in both 2010 (74%) and 2012 (67%). There were slight shifts in age distribution in the 41-50, 51-60, and Over 60 age brackets (see Table 47). A higher percentage of female physician assistants responded to the survey in both years than the percentage of male physician assistants responding (see Table 48).

TABLE 47 – COMPARISON OF PHYSICIAN ASSISTANT SURVEY RESPONDENT AGE DISTRIBUTION, 2010 v. 2012

	2010 N=388	2012 N=173
30 & Under	18.00%	16.76%
31-40	34.30%	30.64%
41-50	25.30%	16.76%
51-60	14.40%	20.23%
Over 60	8.00%	15.61%

TABLE 48 – COMPARISON OF PHYSICIAN ASSISTANT SURVEY RESPONDENT GENDER DISTRIBUTION, 2010 v. 2012

	2010 N=388	2012 N=173
Male	21%	26%
Female	79%	74%

Primary Care & Specialty Care

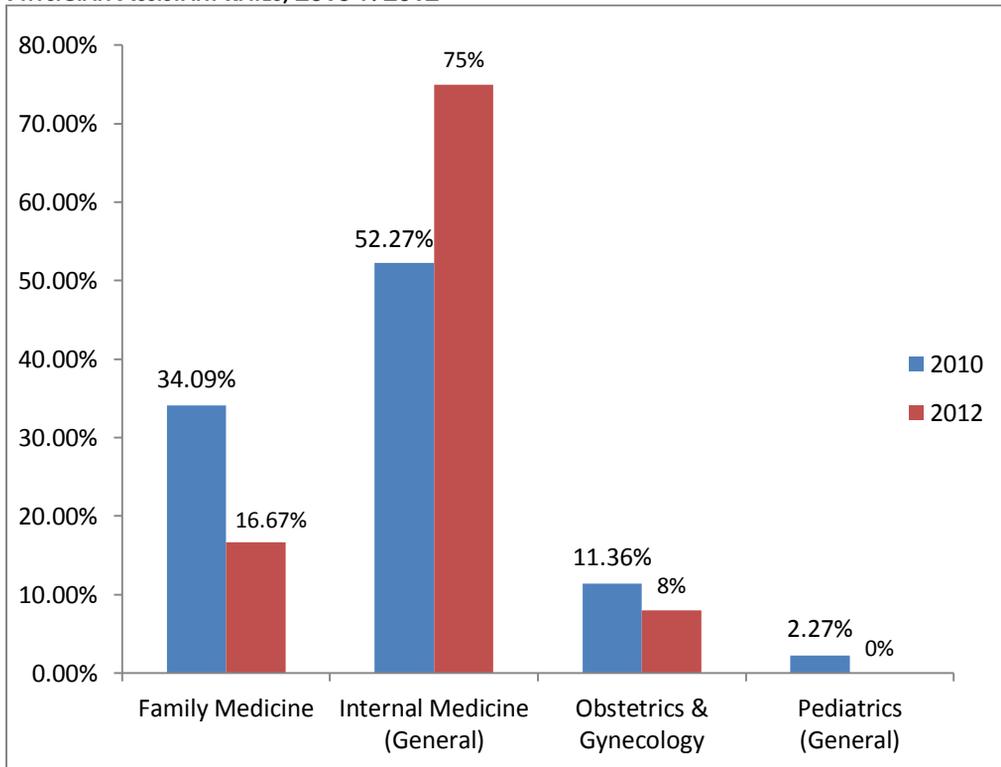
Between 2010 and 2012, there was a slight change in the rates of actively practicing primary care versus specialty care physician assistants. The proportion of actively practicing primary care physician assistants increased by roughly 10% (see Table 49).

TABLE 49 – COMPARISON OF ACTIVELY PRACTICING PRIMARY CARE & SPECIALTY CARE PHYSICIAN ASSISTANT RATES, 2010 v. 2012

Physician Assistant Specialty Information	2010 N=207	2012 N=84
Primary Care	18.36%	28.57%
Specialty Care	81.16%	71.43%

Between 2010 and 2012, there were significant shifts among actively practicing primary care physician assistant specialties (see Figure 35). In 2010, the proportion of actively practicing general internal medicine physician assistants increased from roughly 52% (2010) to 75% (2012); actively practicing general pediatric physician assistants decreased from 34% (2010) of the actively practicing primary care population to roughly 17% (2012). In 2010, only 2% of actively practicing primary care physician assistants practiced general pediatrics. In 2012, no actively practicing physician assistants identified their specialty as pediatrics.

FIGURE 35 – COMPARISON OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANT RATES, 2010 v. 2012



Since 2010, general internal medicine and emergency medicine have remained the top specialties among actively practicing physician assistants (see Table 50).

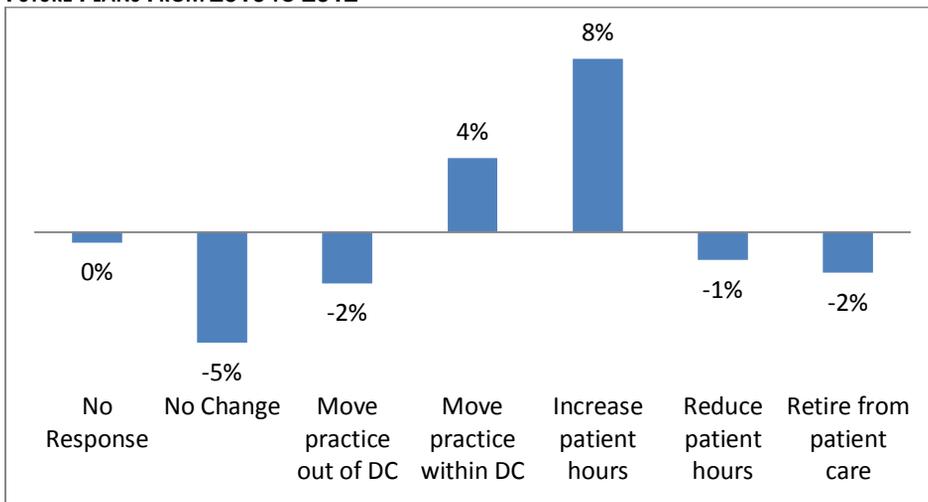
TABLE 50 – COMPARISON OF TOP SPECIALTIES AMONG ACTIVELY PRACTICING PHYSICIAN ASSISTANTS, 2010 v. 2012

	2010 N=207	2010 Distribution	2012 N=84	2012 Distribution
1	Emergency Medicine	13%	Internal Medicine (General)	21%
2	Internal Medicine (General)	11%	Emergency Medicine	15%
3	Neurological Surgery	8%	Other	12%
4	Critical Care	5%	Critical Care	10%
5	Infectious Disease	5%	Neurological Surgery	5%

Workforce Reduction & Retirement

Eighty percent of 2010 actively practicing physician assistants and seventy-five percent of 2012 actively practicing physician assistants within our surveys had no future plans to change their practice hours or location within the next 2 years. Although the majority of actively practicing physician assistants indicated no change, there was a slight increase in the number of physician assistants who will be increasing patient hours (+8%) or moving to another practicing location in D.C. (+4%) (see Figure 36).

FIGURE 36 – PERCENT CHANGE FOR ACTIVELY PRACTICING PHYSICIAN ASSISTANTS FUTURE PLANS FROM 2010 TO 2012



2012 Physician Assistant Workforce Survey Overview

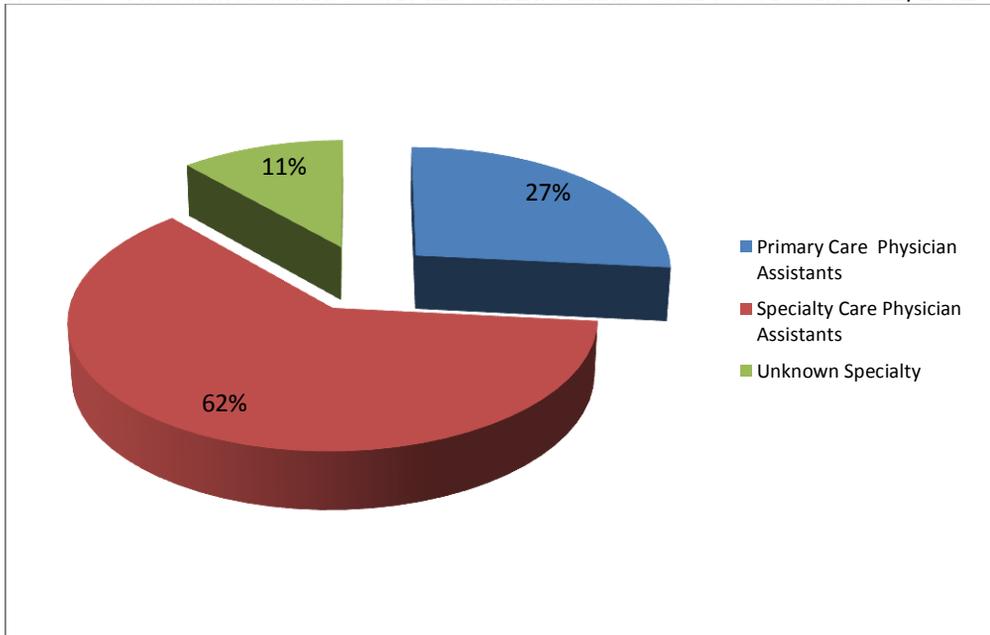
During the 2012 licensing renewal cycle, approximately 445 of the 603 eligible licensed physician assistants renewed their licenses. Forty percent (40% or 179) of the physician assistants responded to the 2012 Workforce Survey. One percent (1% or 6) of the physician assistant survey respondents requested to change their licensure status from active to paid inactive.

This workforce survey report is based on data collected from the 173 physician assistant survey respondents who elected to have their District physician assistant license remain in an active status.

Among the 173 physician assistant survey respondents, 27% (46) identified as primary care physician assistants and 62% (107) identified as specialty care physician assistants (see Figure 37). Eleven percent (11% or 20) of survey respondents did not indicate a specialty and did not complete the survey.

Sixty-six percent (114) of all physician assistant survey respondents indicated that they have a practice location in the District. Among the 46 primary care physician assistant survey respondents, 74% (34) identified a practice location in the District. Of the 107 specialty care physician assistant survey respondents, 76% (81) identified a practice location in the District.

FIGURE 37– PHYSICIAN ASSISTANT SURVEY RESPONDENT PRIMARY CARE VS. SPECIALTY CARE, 2012



Physician Assistant Demographics

Age

The majority of physician assistants (68%) in our survey were between the ages of 31-60. Seventeen percent of the physician assistant survey respondents were 30 years of age and under. Sixteen percent (27) physician assistant survey respondents were greater than 60 years of age. With the exception of the 31-40 age group, the overall age distribution was relatively equal (see Figure 38).

FIGURE 38 – PHYSICIAN ASSISTANT SURVEY RESPONDENT AGE DISTRIBUTION, 2012

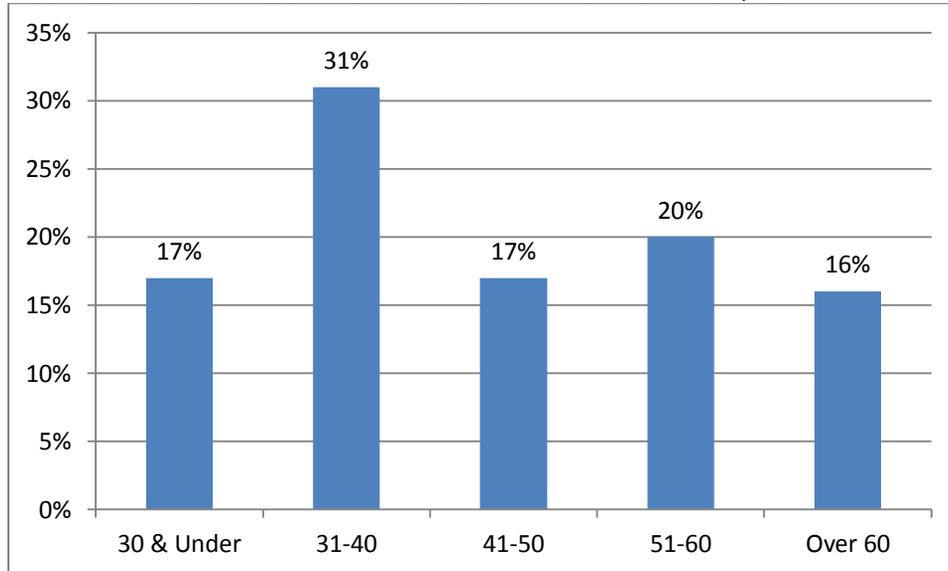


TABLE 51 – PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENT AGE DISTRIBUTION, 2012

	Number of Respondents N=46	Distribution of Respondents
30 & Under	6	13%
31-40	10	22%
41-50	9	20%
51-60	13	28%
Over 60	8	17%

TABLE 52 – SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENT AGE DISTRIBUTION, 2012

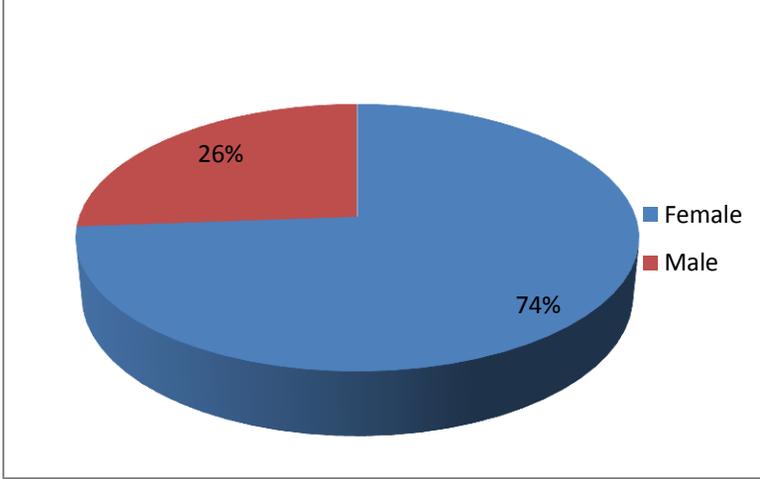
	Number of Respondents N=107	Distribution of Respondents
30 & Under	22	21%
31-40	43	40%
41-50	16	15%
51-60	13	12%
Over 60	13	12%

Gender

The majority of physician assistant survey respondents were predominantly female. Among the 173 physician assistant survey respondents, 74% (128) were female and 26% (45) were male.

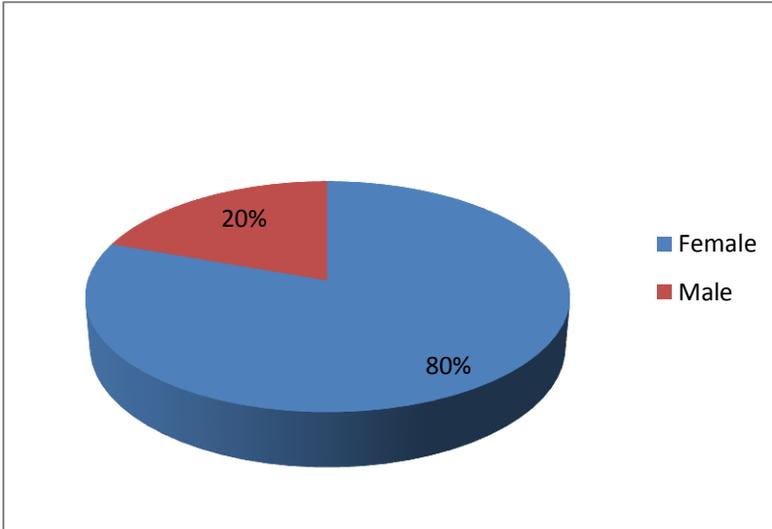
Females were also predominant among the 107 specialty care physician assistant survey respondents (see Figure 39). Seventy-four percent (79) of specialty care physician assistant survey respondents were female and 26% (28) only were male.

FIGURE 39 – SPECIALTY CARE PHYSICIAN ASSISTANT RESPONDENT GENDER DISTRIBUTION, 2012



A similar trend was evident among the primary care physician assistant survey respondents (see Figure 40). Eighty percent were female (37) and 20 percent (9) were male.

FIGURE 40 – PRIMARY CARE PHYSICIAN ASSISTANT RESPONDENT GENDER DISTRIBUTION, 2012



Non-Clinical Activities of Physician Assistants

This survey assessed both the clinical and non-clinical activities of physician assistants. Physician assistants were asked to indicate whether they were engaged in non-clinical activities: academic educational medicine, administrative medicine, preventive medicine and public health, and/or research medicine.

Twenty percent (34) of physician assistant survey respondents indicated that they engage in academic educational medicine (see Figure 41). Twenty-two percent (10) of primary care physician assistant survey respondents indicated that they engage in preventive medicine & public health (see Table 53). Twenty-seven percent (29) of specialty care physician assistant survey respondents indicated that they engage in academic educational medicine (see Table 54).

FIGURE 41 – NON-CLINICAL ACTIVITIES OF PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

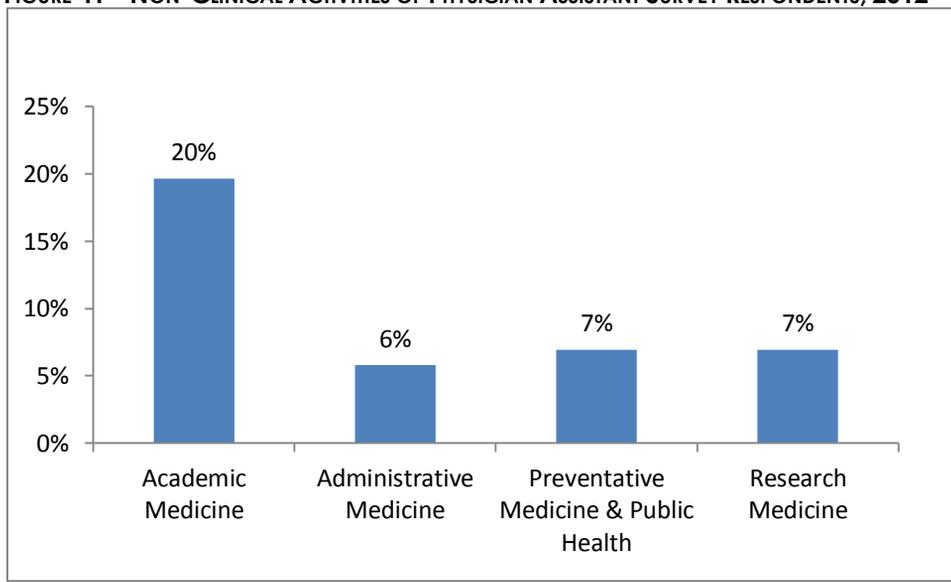


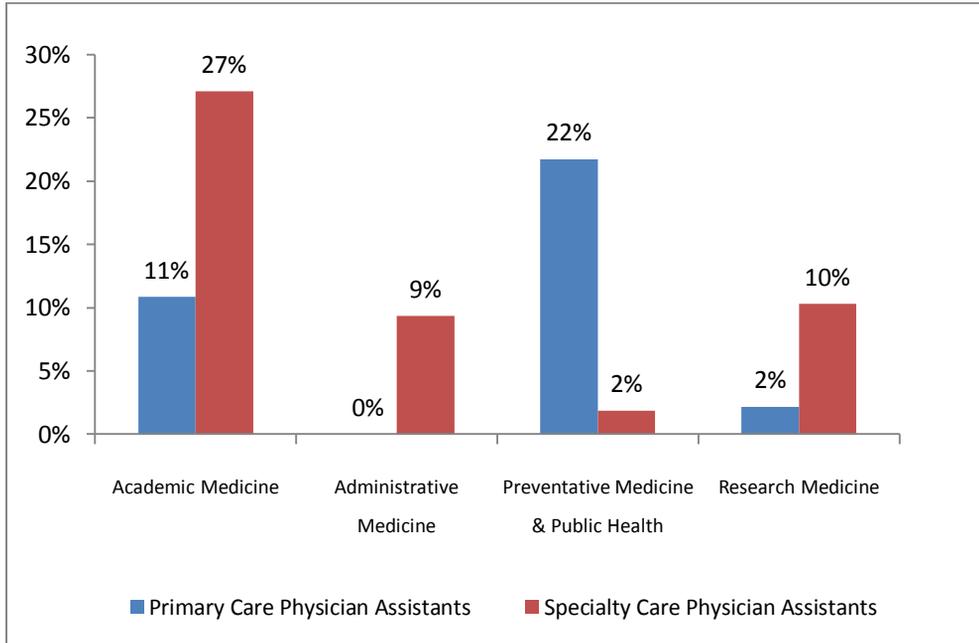
TABLE 53 – NON-CLINICAL ACTIVITIES OF PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

	Number of Respondents N=46	Distribution of Respondents
Academic Educational Medicine	5	11%
Administrative Medicine	0	0%
Preventive Medicine & Public Health	10	22%
Research Medicine	1	2%

TABLE 54 – NON-CLINICAL ACTIVITIES OF SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

	Number of Respondents N=107	Distribution of Respondents
Academic Educational Medicine	29	27%
Administrative Medicine	10	9%
Preventive Medicine & Public Health	2	2%
Research Medicine	11	10%

FIGURE 42 – COMPARISON OF PRIMARY VS. SPECIALTY CARE NON-CLINICAL ACTIVITIES, 2012



Administrative Medicine

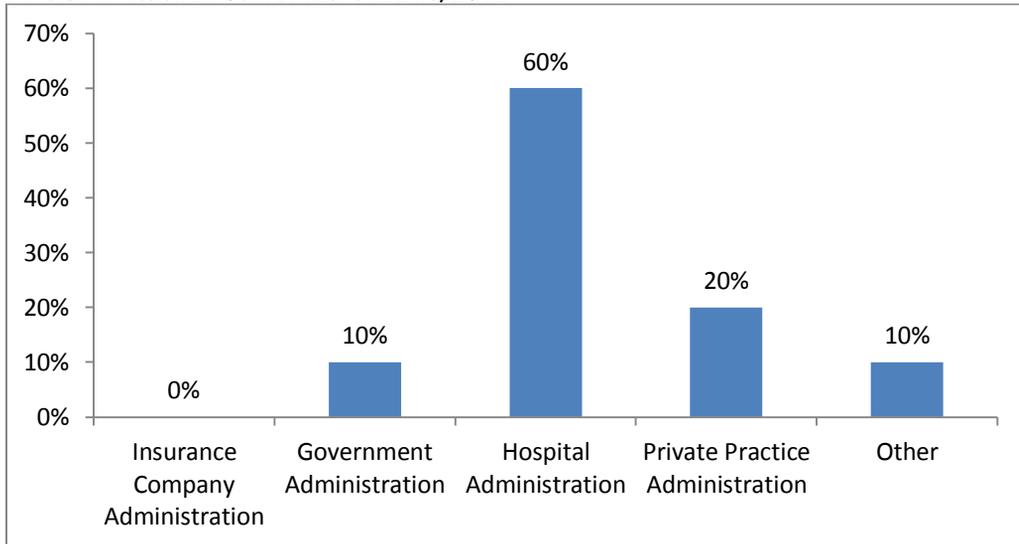
Nine percent (10) of specialty care physician assistant survey respondents were engaged in administrative medicine (see Table 55). Of the 46 primary care physician assistant survey respondents, none (0) were engaged in administrative medicine.

Among specialty care physician assistant survey respondents who indicated that they practiced administrative medicine, sixty percent (6) indicated that they practiced hospital administration (see Figure 43).

TABLE 55 – TYPE OF ADMINISTRATIVE MEDICINE PARTICIPATION BY SPECIALTY CARE PHYSICIAN ASSISTANT RESPONDENTS, 2012

	Number of Respondents N=10	Distribution of Respondents
Insurance Company Administration	0	0%
Government Administration	1	10%
Hospital Administration	6	60%
Private Practice Administration	2	20%
Other	1	10%

FIGURE 43 – TYPE OF ADMINISTRATIVE MEDICINE PARTICIPATION BY SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012



Clinical/Patient Care Hours

All primary care physician survey respondents (46) indicated that they engage in clinical/patient care hours. Seventy-eight percent of primary care physician assistant survey respondents indicated that they engage in more than 20 hours of patient care per week (see Table 56).

TABLE 56 – CLINICAL/PATIENT CARE HOURS OF PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

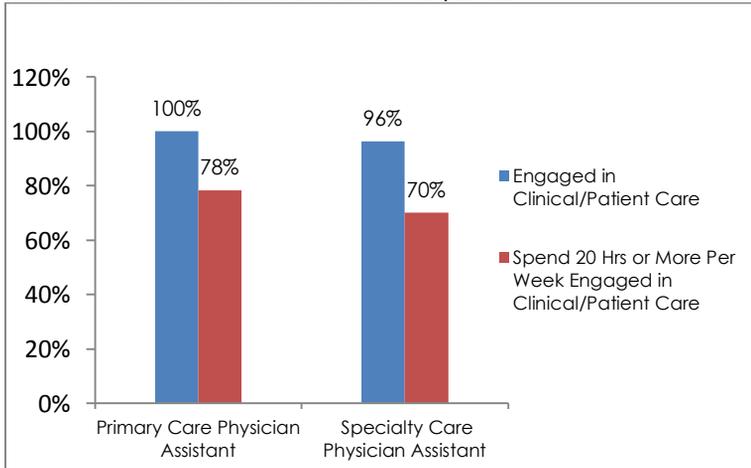
	Number of Respondents N=46	Distribution of Respondents
Engage in Clinical/Patient Care Hours	46	100%
Spend More than 20 Hours Per Week Engaging in Clinical/Patient Care Hours	36	78%

The majority of specialty care physician assistant survey respondents (96%) indicated that they engage in clinical/patient care hours. Seventy percent of specialty care physician assistant survey respondents indicated that they engage in more than 20 hours of patient care per week (see Table 57).

TABLE 57 – CLINICAL/PATIENT CARE HOURS OF SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

	Number of Respondents N=107	Distribution of Respondents
Engage in Clinical/Patient Care Hours	103	96%
Spend More than 20 Hours Per Week Engaging in Clinical/Patient Care Hours	75	70%

FIGURE 44 – COMPARISON OF PRIMARY VS. SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENT CLINICAL CARE HOURS, 2012



Practice Specialty

Across all specialties, general internal medicine (17%) was the most common specialty among physician assistant survey respondents. Emergency medicine (13%) was the second most common specialty (see Table 58).

TABLE 58 – PHYSICIAN ASSISTANT SURVEY RESPONDENTS BY MOST COMMON SPECIALTY, 2012

Specialty	Number of Respondents N=173	Distribution of Respondents
Internal Medicine (General)	29	17%
Emergency Medicine	23	13%
Other Specialty	21	12%
Family Medicine	14	8%
Critical Care	11	6%
Orthopedic Surgery	7	4%
Urology	7	4%
Surgery (General)	4	2%
Neurological Surgery	4	2%
Gastroenterology	4	2%

TABLE 59 – PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS BY MOST COMMON AREA OF PRACTICE, 2012

Specialty	Number of Respondents N=46	Distribution of Respondents
Internal Medicine (General)	30	65%
Pediatrics (General)	12	26%
Obstetrics & Gynecology	3	7%
Family Medicine	1	2%

TABLE 60 – SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS BY MOST COMMON SPECIALTY, 2012

Specialty	Number of Respondents N=107	Distribution of Respondents
Emergency Medicine	23	21%
Other/Unidentified Specialty	20	19%
Critical Care	11	10%
Orthopedic Surgery	7	7%
Surgery/Urology	6	6%

Medicare, Medicaid, and D.C. Managed Care

Medicare

Among the 173 physician assistant survey respondents, 74% (128) accept or participate with Medicare. Seventy-eight percent (36) of primary care physician assistant survey respondents and 86% (92) of specialty care physician assistant survey respondents indicated that they accept or participate with Medicare.

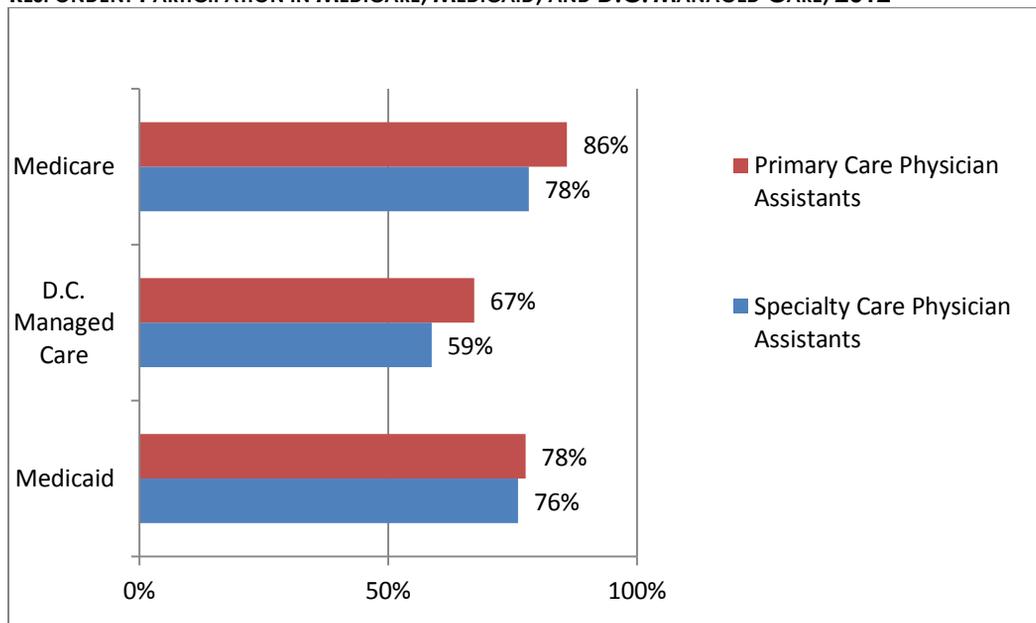
D.C. Managed Care

Among the 173 physician assistant survey respondents, 57% (99) accept or participate with D.C. Managed Care. Fifty-nine percent (27) of primary care physician assistant survey respondents and 67% (72) of specialty care physician assistant survey respondents indicated that they participate with D.C. Managed Care.

Medicaid

Among the 173 physician assistant survey respondents, 68% (118) indicated that they accept or participate with Medicaid. Seventy-six percent (35) of primary care physician assistant survey respondents and 78% (83) of specialty care physician assistant survey respondents accept or participate with Medicaid.

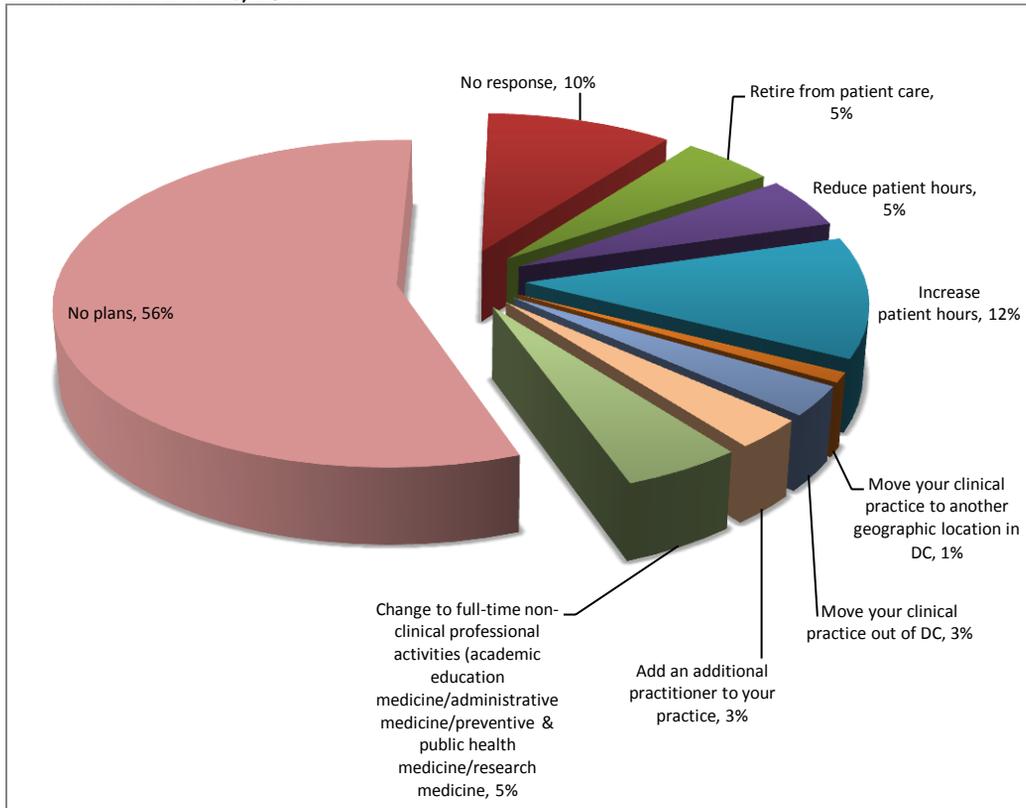
FIGURE 45 – COMPARISON OF SPECIALTY CARE VS. PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENT PARTICIPATION IN MEDICARE, MEDICAID, AND D.C. MANAGED CARE, 2012



Workforce Reduction & Retirement

The majority of physician assistant survey respondents (56%) had no future plans to change their practice hours or location within the next two years (see Figure 46).

FIGURE 46 – FUTURE PLANS OF PHYSICIAN ASSISTANT SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012



Roughly 59% of primary care physician assistant survey respondents and 63% of specialty care physician assistant respondents indicated that they anticipated no change to their practice in the next 2 years.

Thirteen percent of primary care physician assistant survey respondents indicated that they would reduce their patient hours, 20% plan to increase their patient hours, and 2% indicated plans to retire within the next two years (see Table 61).

Three percent of specialty care physician assistant survey respondents indicated plans to reduce their patient hours, 11% plan to increase patient care, and 7% indicated plans to retire within the next two years (see Table 62).

TABLE 61 – FUTURE PLANS OF PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans of Primary Care Physician Assistant Survey Respondents within the Next 2 Years	Number of Respondents N=46	Distribution of Respondents
No change	27	59%
Reduce Patient Hours	6	13%
Increase Patient Hours	9	20%
Add an additional practitioner to your practice	2	4%
Move clinical practice out of D.C.	0	0%
Retire from Patient Care	1	2%
No response	0	0%
Move clinical practice to another geographic location in D.C.	1	2%
Change to full-time non-clinical professional activities (academic education medicine/administrative medicine/preventive & public health medicine/research medicine)	1	2%

TABLE 62 – FUTURE PLANS OF SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans of Specialty Care Physician Assistant Survey Respondents within the Next 2 Years	Number of Respondents N=107	Distribution of Respondents
No change	67	63%
Increase Patient Hours	12	11%
Reduce Patient Hours	3	3%
Add an additional practitioner to your practice	7	7%
Move clinical practice out of D.C.	5	5%
Retire From Patient Care	8	7%
Move clinical practice to another geographic location in D.C.	0	0%
Change to full-time non-clinical professional activities (academic education medicine/administrative medicine/preventive & public health medicine/research medicine)	4	4%

Continuing Medical Education (CME)

Physician assistants were asked to identify where they obtain the majority of their CME credits. The majority of physician assistant survey respondents (50%) obtain their CMEs at professional conferences (see Figure 47). Twenty-seven percent (27%) of physician assistant survey respondents obtain their CMEs online, through webinars and distance learning.

FIGURE 47 – PRIMARY SOURCE OF OBTAINING CMEs FOR PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

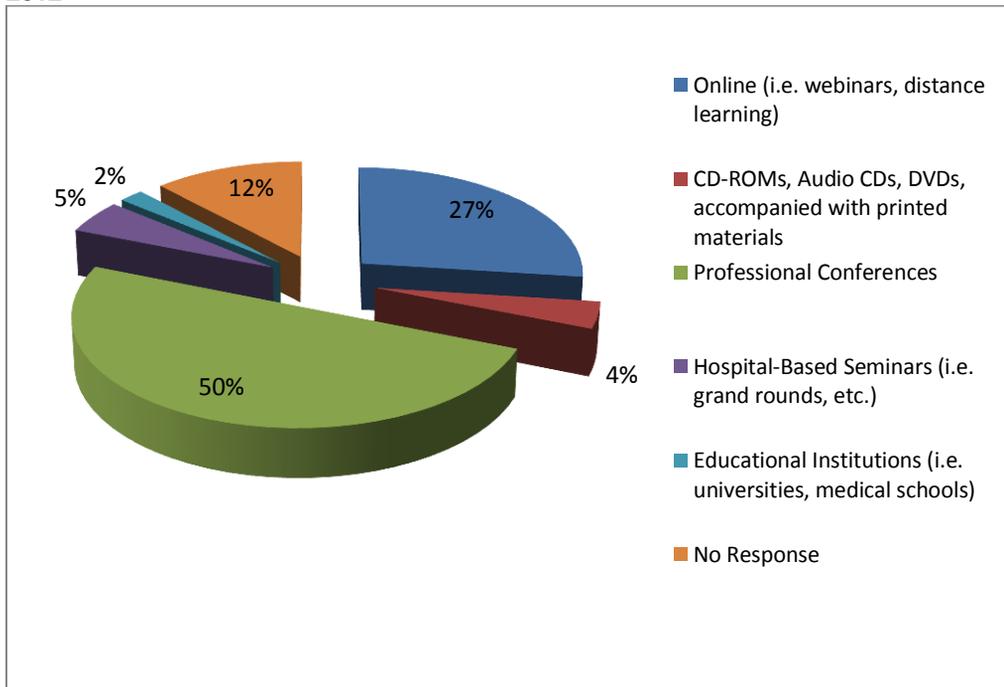


TABLE 63 – PRIMARY METHOD OF OBTAINING CMEs FOR PRIMARY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

Source of CME	Number of Respondents N=46	Distribution of Respondents
Professional Conferences	32	70%
Online (i.e. webinars, distance learning)	11	24%
Hospital-Based Seminars (i.e. grand rounds, etc.)	3	7%
CD-ROMs, Audio CDs or DVDs accompanied with printed materials	0	0%
Educational Institution (i.e. universities, medical schools)	0	0%
No Response	0	0%

**TABLE 64 – PRIMARY METHOD OF OBTAINING CMEs FOR
SPECIALTY CARE PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012**

Source of CME	Number of Respondents N=107	Distribution of Respondents
Professional Conferences	54	50%
Online (i.e. webinars, distance learning)	35	33%
CD-ROMs, Audio CDs or DVDs accompanied with printed materials	7	7%
Hospital-Based Seminars (i.e. grand rounds, etc.)	6	6%
Educational Institution (i.e. universities, medical schools)	4	4%
No Response	1	1%

Primary Care Physician Assistants

Forty-six primary care physician assistants completed the workforce survey. Seventy-four percent (34) of primary care physician assistant survey respondents indicated that they had a primary or secondary practice location in the District.

Among the 34 primary care physician assistants who indicated that they have practice location in the District, seventy-one percent (24) indicated that they engage in greater than 20 hours of clinical care per week.

Among the 24 D.C. primary care physician assistants who practice 20 hours or more of clinical care, 75% (18) are general internal medicine practitioners, 17% (4) practice family medicine, 8% (2) are OB/GYN, and none (0%) practice general pediatrics. These physician assistants moving forward will be referred to as actively practicing primary care physician assistants in the District.

Age

The majority of actively practicing primary care physician assistants (67%) were between the ages of 31 and 60 (see Table 65). Forty-six percent (46%) of actively practicing primary care physician assistants were over the age of 50 (see Figure 48).

TABLE 65 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

	Number of Respondents N=24	Distribution of Respondents
30 & Under	3	13%
31-40	7	29%
41-50	3	13%
51-60	6	25%
Over 60	5	21%

FIGURE 48 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

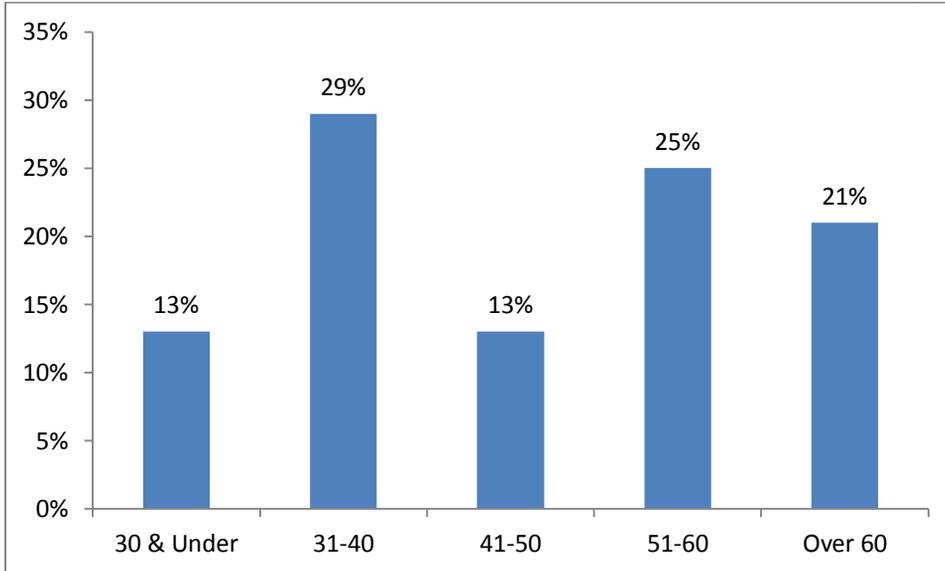


TABLE 66 – ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

	Number of Respondents N=18	Distribution of Respondents
30 & Under	2	11%
31-40	4	22%
41-50	2	11%
51-60	5	28%
Over 60	5	28%

TABLE 67 – ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

	Number of Respondents N=4	Distribution of Respondents
30 & Under	1	25%
31-40	2	50%
51-60	1	25%

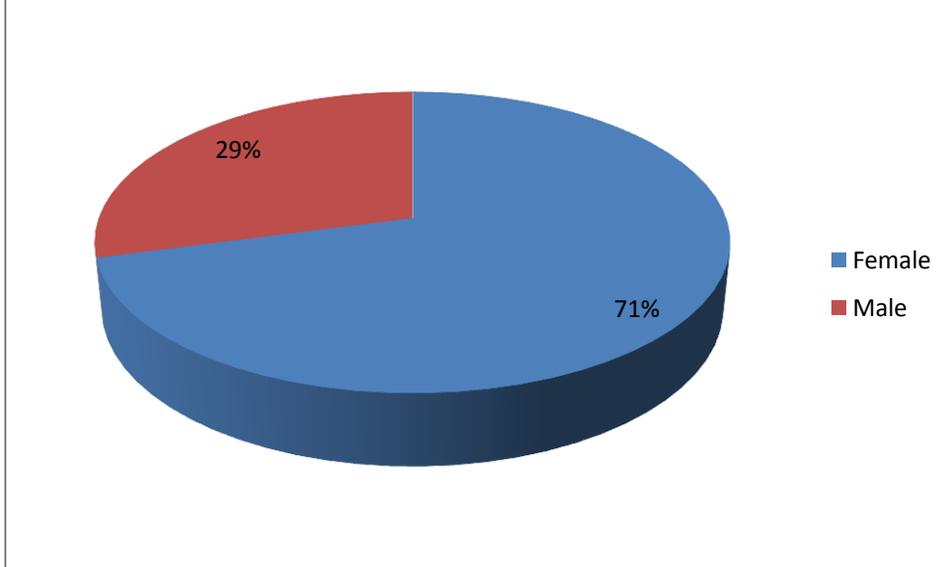
TABLE 68 – ACTIVELY PRACTICING OB/GYN PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

	Number of Respondents N=2	Distribution of Respondents
31-41	2	100%

Gender

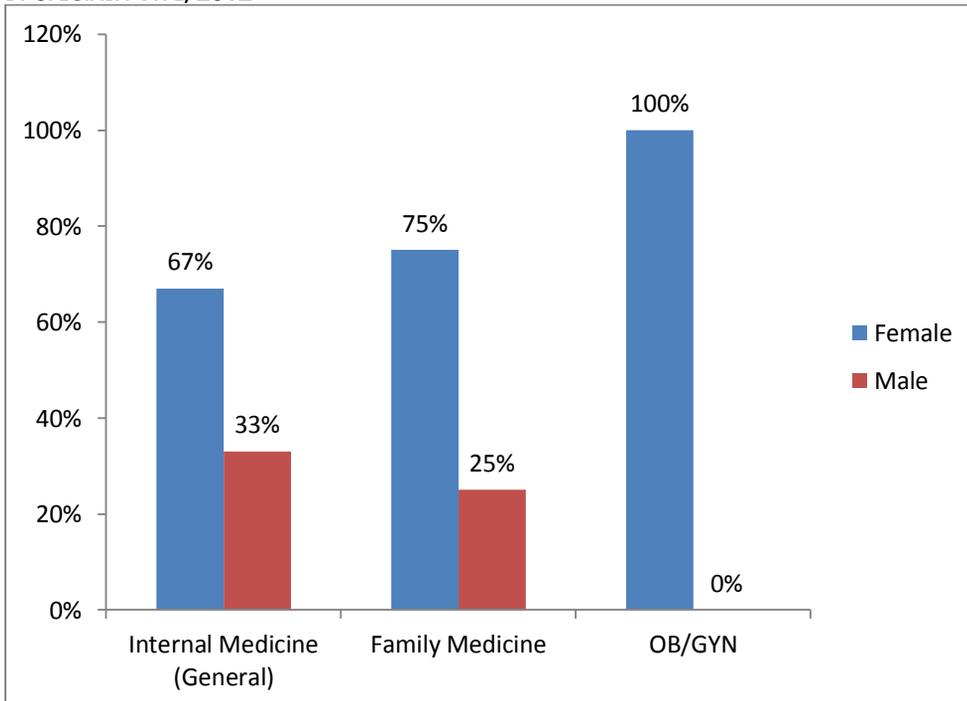
Among the twenty-four (24) actively practicing primary care physician assistants, 71% (17) were female and 29% (7) were male (see Figure 49).

FIGURE 49 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANT GENDER DISTRIBUTION, 2012



Of the 18 actively practicing general internal medicine practitioners, 33% (6) were male and 67% (12) were female. Among the 4 actively practicing family medicine practitioners, 75% (3) were female and 25% (1) were male. Of the 2 actively practicing OB/GYNs, both 100% (2) were female (see Figure 50).

FIGURE 50 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANT GENDER DISTRIBUTION BY SPECIALTY TYPE, 2012



Clinical Practice Setting Type

Ambulatory clinic-based practices were the most common practice setting for actively practicing primary care physician assistants. Forty-two percent of actively practicing primary care physician assistants worked in an ambulatory clinic-based practice (see Table 69). Hospital/medical system-based practice (17%) and private solo practices (17%) were the second most common practice settings for actively practicing primary care physician assistants.

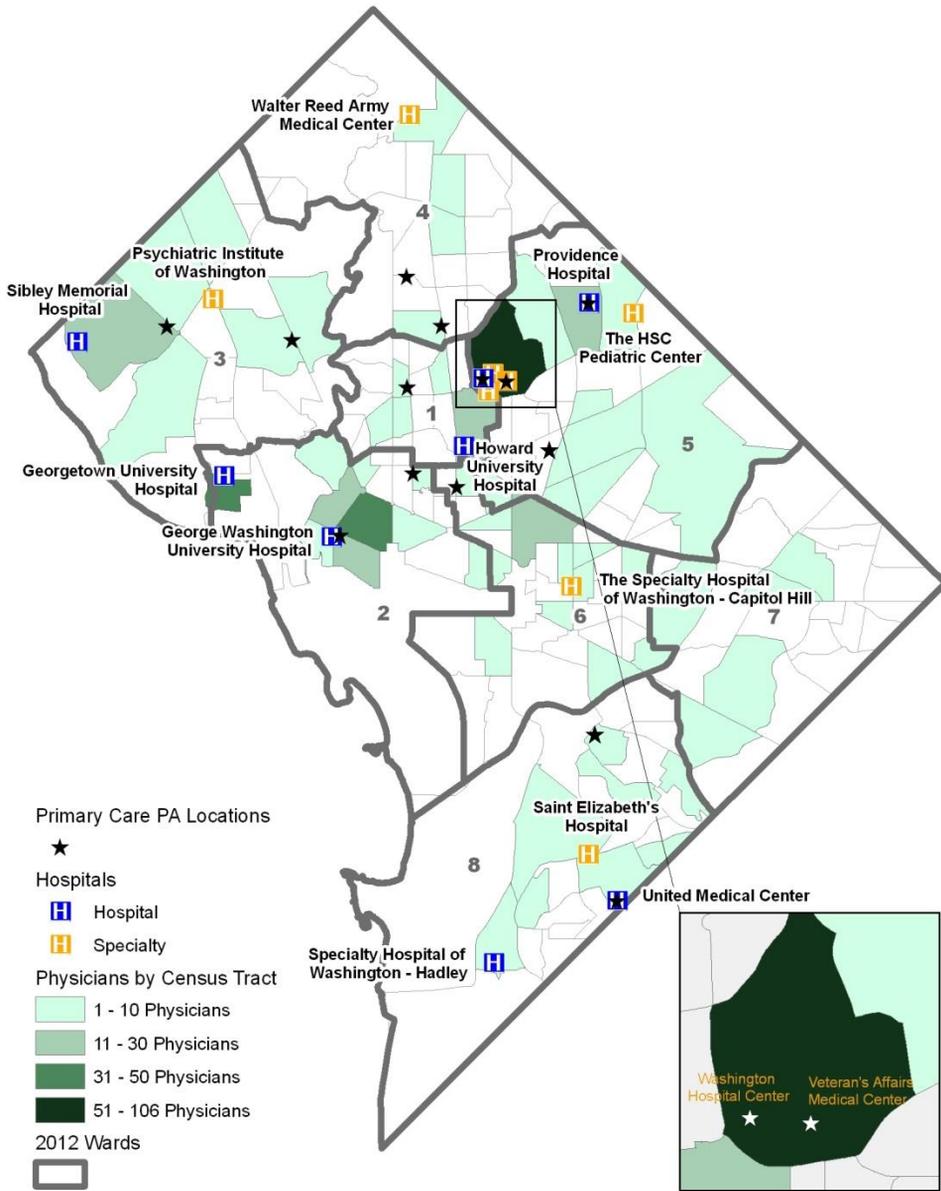
TABLE 69 – MOST COMMON PRACTICE SETTINGS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=24	Distribution of Respondents
Hospital/Medical System Based Practice	4	17%
Private Group Practice	2	8%
Private Solo Practice	4	17%
Ambulatory Clinic-Based Practice	10	42%
Federally Qualified Health Center (FQHC)	2	8%

Location

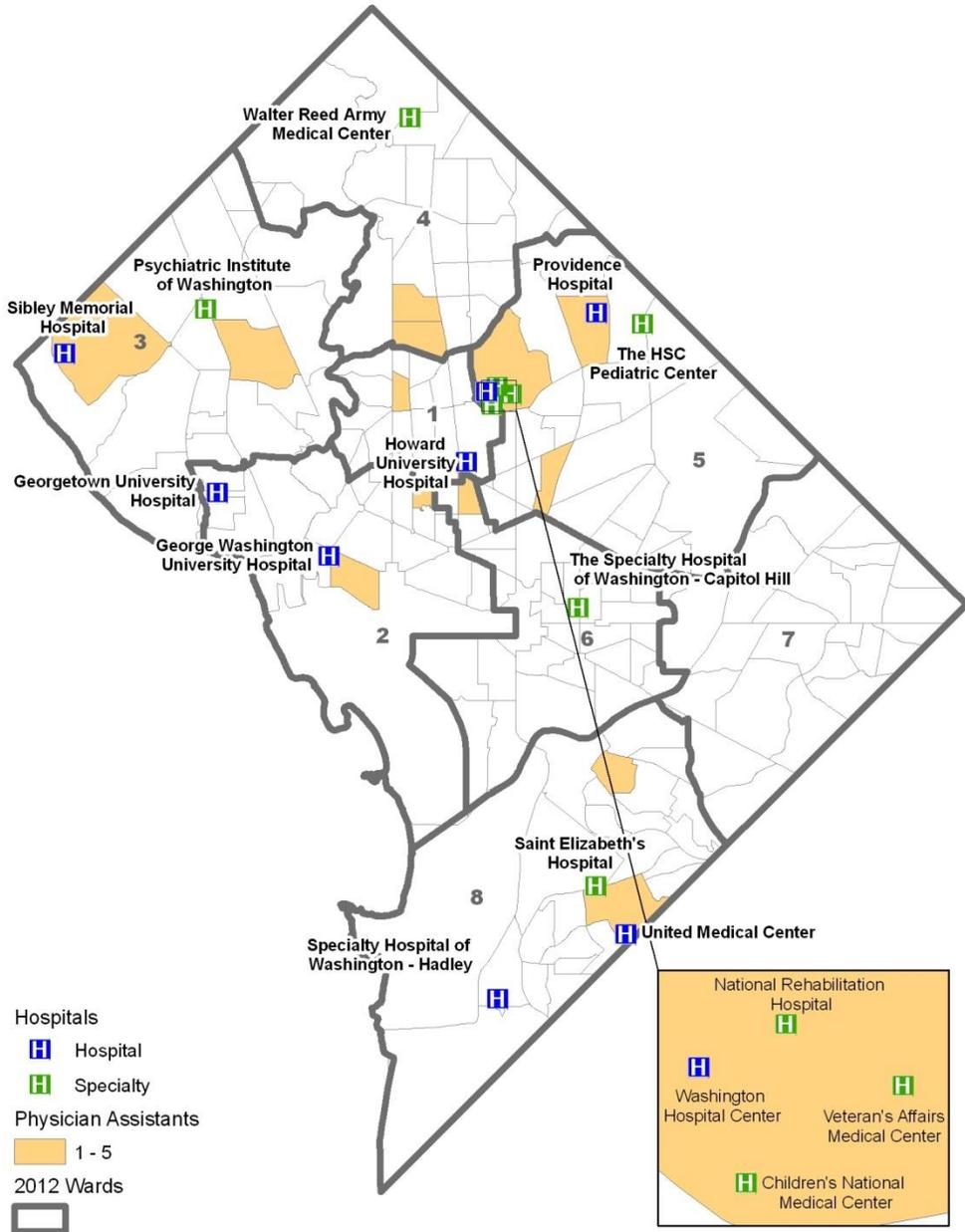
The largest concentration of actively practicing primary care physician assistant practice locations were found in Wards 2, 3, 4, and 5. A significant number of actively practicing primary care physician assistant practice locations were distributed around regions of Ward 5, which contain the largest concentration of actively practicing primary care physician practice locations, as well as two major hospitals, MedStar Washington Hospital Center and Veterans Affairs Medical Center (see Map 15).

MAP 15 – COMPARISON OF THE DISTRIBUTION OF PRIMARY CARE PHYSICIAN ASSISTANT AND PHYSICIAN LOCATIONS WITHIN THE DISTRICT, 2012



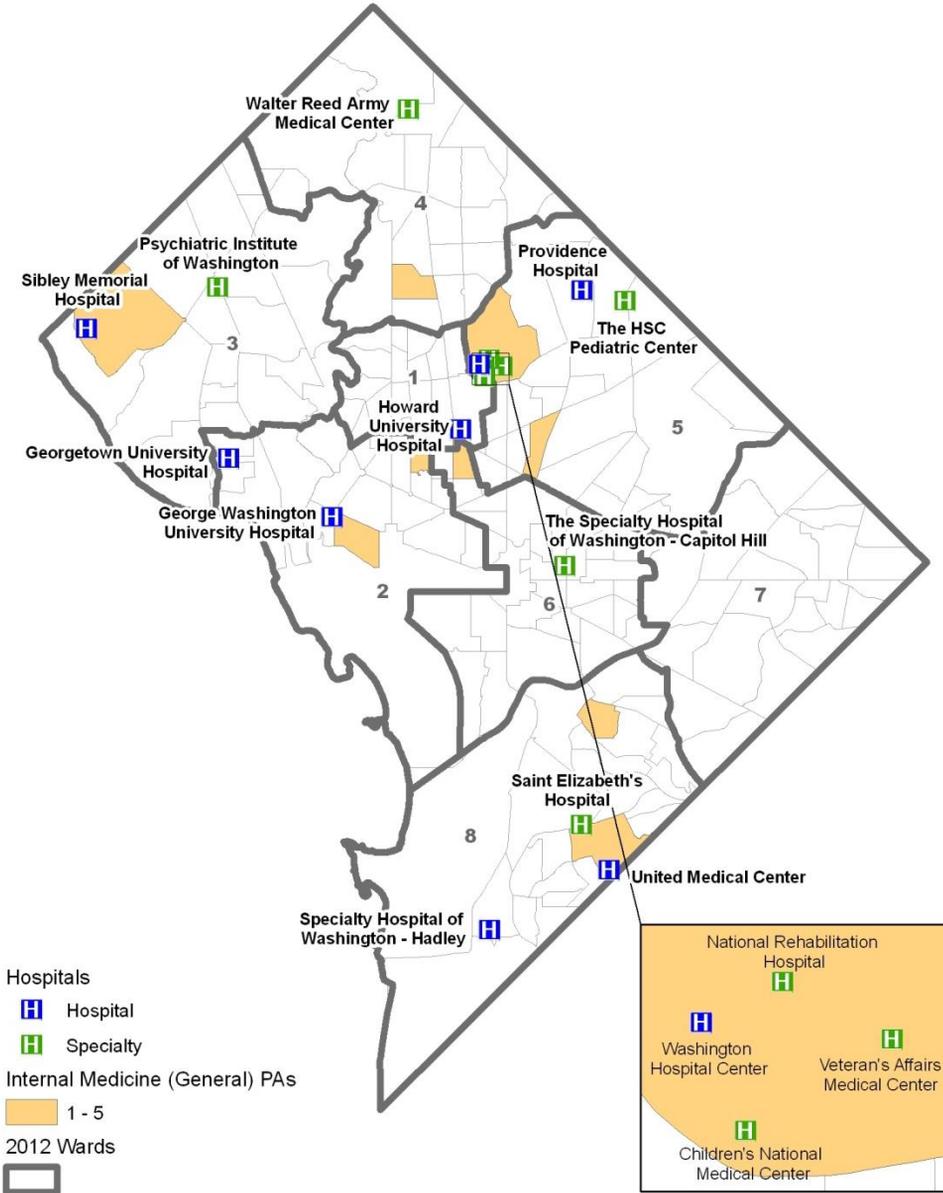
The following maps depict the location of actively practicing primary care physician assistants. Among all wards, the largest concentrations of actively practicing primary care physician assistants were found among Wards 2, 3, 4, and 5 (see Map 16).

MAP 16 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS BY CENSUS TRACT, 2012



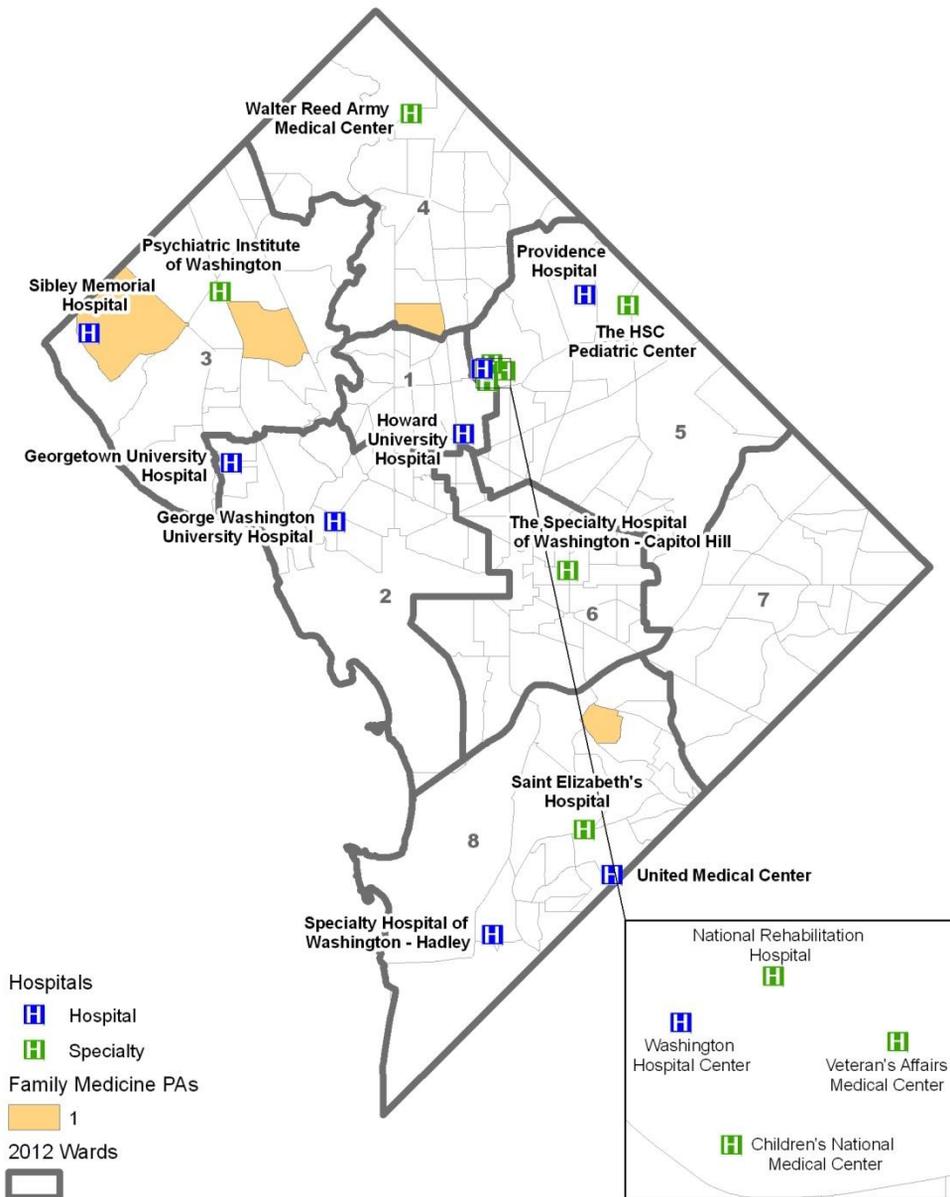
Among actively practicing general internal medicine physician assistants, Wards 2, 5 and 8 had the largest concentration of practicing physician assistants (see Map 17).

MAP 17 – ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIAN ASSISTANTS BY CENSUS TRACT, 2012



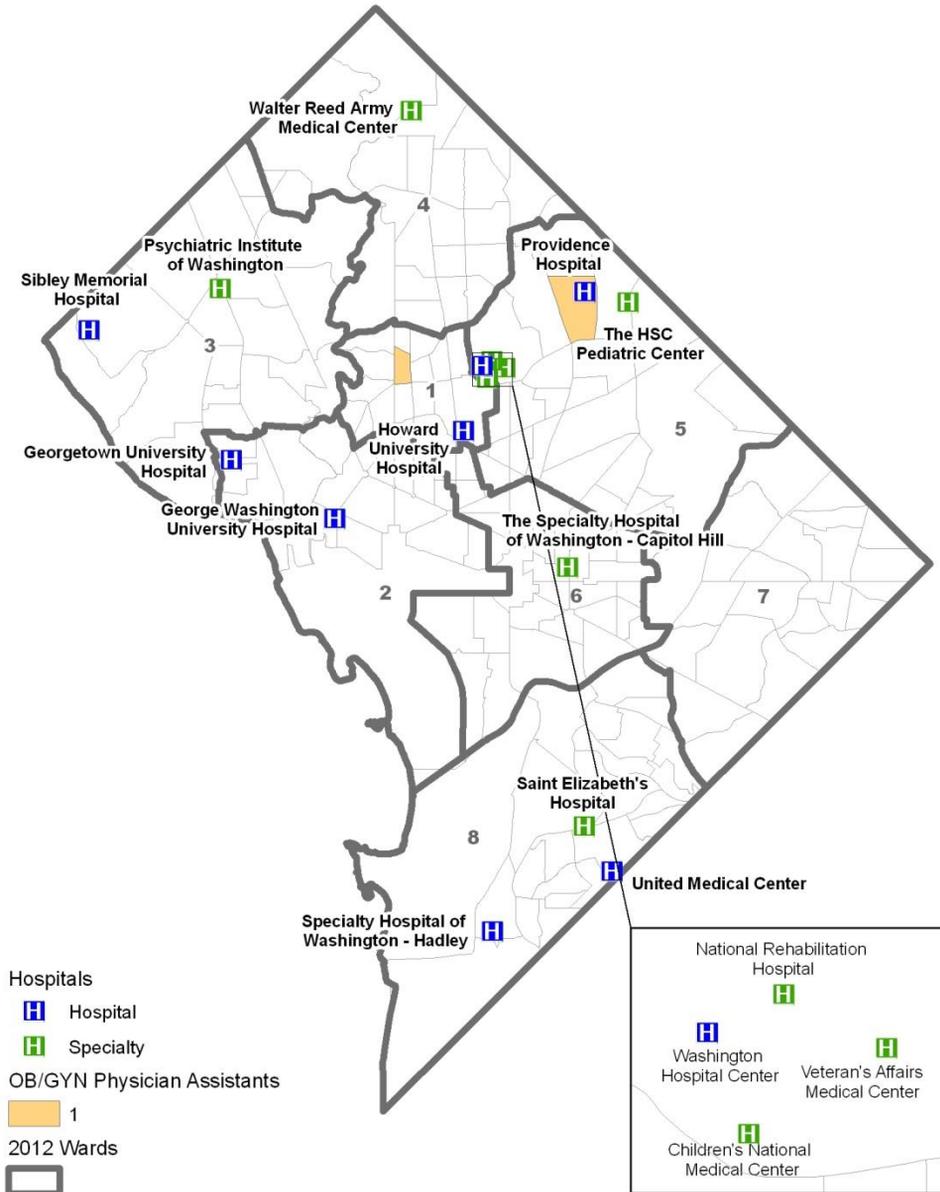
Actively practicing family medicine physician assistants were distributed among Wards 3, 4 and 8 (see Map 18).

MAP 18 – ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIAN ASSISTANTS BY CENSUS TRACT, 2012



The actively practicing OB/GYN physician assistants were distributed between Wards 1 and 5 (see Map 19).

MAP 19 – ACTIVELY PRACTICING OB/GYN PHYSICIAN ASSISTANTS BY CENSUS TRACT, 2012



Medicare/Medicaid/D.C. Managed Care

Among actively practicing primary care physician assistants, 92% (22) indicated that they participated with Medicare, D.C. Managed Care, or Medicaid (see Table 70-72).

TABLE 70 – MEDICARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=24	Distribution of Respondents
Accept or Participate with Medicare	22	92%
Do Not Accept or Participate with Medicare	2	8%

TABLE 71 – D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS, 2012

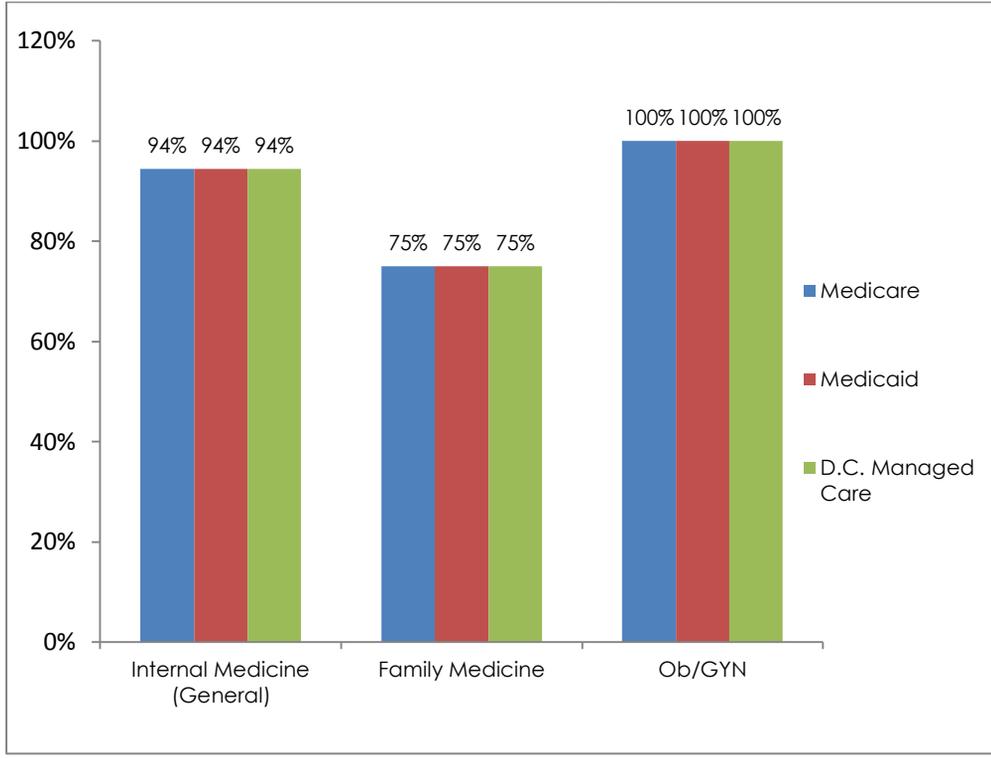
	Number of Respondents N=24	Distribution of Respondents
Accept or Participate with D.C. Managed Care	22	92%
Do Not Accept or Participate in D.C. Managed Care	2	8%

TABLE 72 – MEDICAID ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=24	Distribution of Respondents
Accept or Participate with Medicaid	22	92%
Do Not Accept or Participate with Medicaid	2	8%

Among practicing primary care physician assistants, OB/GYNs had the highest rate of Medicare, Medicaid and D.C. Managed Care acceptance. Within each primary care specialty, the acceptance rates were the same for Medicare, Medicaid, and D.C. Managed Care (see Figure 51).

FIGURE 51 – MEDICARE/MEDICAID/D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION RATES FOR ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS, 2012



Workforce Reduction and Retirement

The majority of actively primary care physician assistant survey respondents (71%) had no future plans to change their practice hours or location within the next two years (see Figure 52). Seventeen percent of actively practicing primary care physician assistants indicated that they would increase patient hours within the next two years (see Table 73).

FIGURE 52 – FUTURE PLANS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012

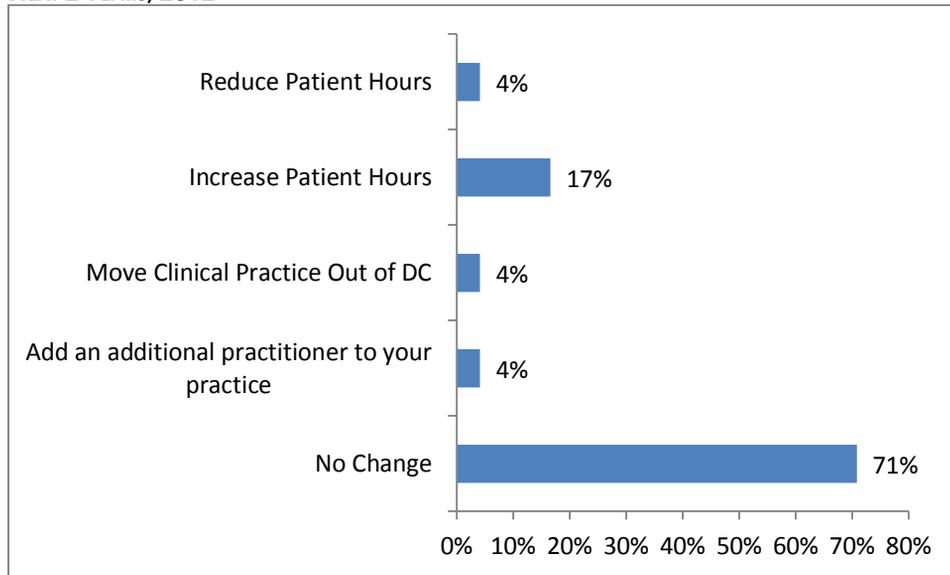


TABLE 73 – FUTURE PLANS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans Within the Next 2 Years	Number of Respondents N=24	Distribution of Respondents
No Change	18	75%
Reduce Patient Hours	1	4%
Add an additional practitioner to your practice	1	4%
Increase Patient Hours	3	13%
Move Clinical Practice Out of D.C.	0	0%
Retire From Patient Care	0	0%
Move Clinical Practice to Another Geographic Location in D.C.	1	4%
No response	0	0%
Change to full-time non-clinical professional activities	0	0%

The majority of actively practicing general internal medicine (50%), OB/GYN (100%), and family medicine (72%) physician assistants indicated that they had no future plans to change their practice hours or location within the next two years (see Table 74-76 and Figure 53).

TABLE 74 – FUTURE PLANS OF ACTIVELY PRACTICING GENERAL INTERNAL MEDICINE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans Within the Next 2 Years	Number of Actively Practicing Internal Medicine (General) Physician Assistant Respondents N=18	Distribution of Respondents
No Change	13	72%
Reduce Patient Hours	1	6%
Add an additional practitioner to your practice	0	0%
Increase Patient Hours	3	17%
Move Clinical Practice Out of D.C.	0	0%
Retire From Patient Care	0	0%
Move Clinical Practice to Another Geographic Location in D.C.	1	6%
No Response	0	0%
Change to full-time non-clinical professional activities	0	0%

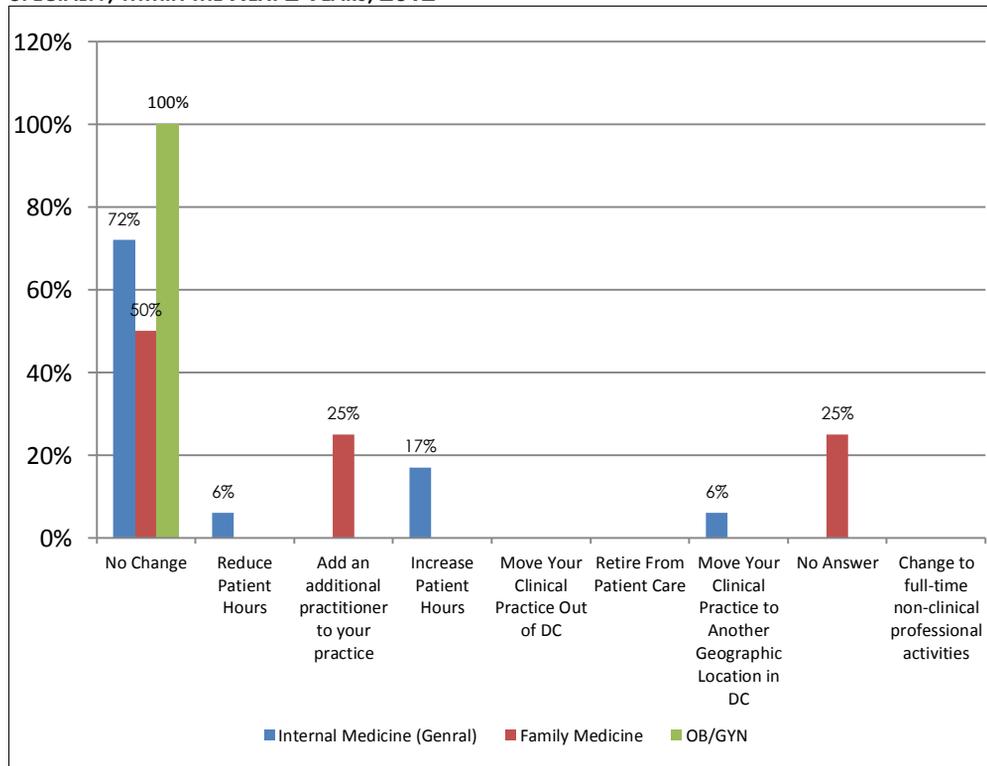
TABLE 75 – FUTURE PLANS OF ACTIVELY PRACTICING FAMILY MEDICINE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012

Future Plans Within the Next 2 Years	Number of Actively Practicing Family Medicine Physician Assistant Respondents N=4	Distribution of Respondents
No Change	2	50%
Reduce Patient Hours	0	0%
Add an additional practitioner to your practice	1	25%
Increase Patient Hours	0	0%
Move Clinical Practice Out of D.C.	0	0%
Retire From Patient Care	0	0%
Move Your Clinical Practice to Another Geographic Location in D.C.	0	0%
No Response	1	25%
Change to full-time non-clinical professional activities	0	0%

TABLE 76 – FUTURE PLANS OF ACTIVELY PRACTICING OB/GYN PHYSICIAN ASSISTANTS, WITHIN THE NEXT 2 YEARS, 2012

Future Plans Within the Next 2 Years	Number of Actively Practicing OB/GYN Physician Assistant Respondents N=2	Distribution of Respondents
No Change	2	100%
Reduce Patient Hours	0	0%
Add an additional practitioner to your practice	0	0%
Increase Patient Hours	0	0%
Move Clinical Practice Out of D.C.	0	0%
Retire From Patient Care	0	0%
Move Clinical Practice to Another Geographic Location in D.C.	0	0%
No Response	0	0%
Change to full-time non-clinical professional activities	0	0%

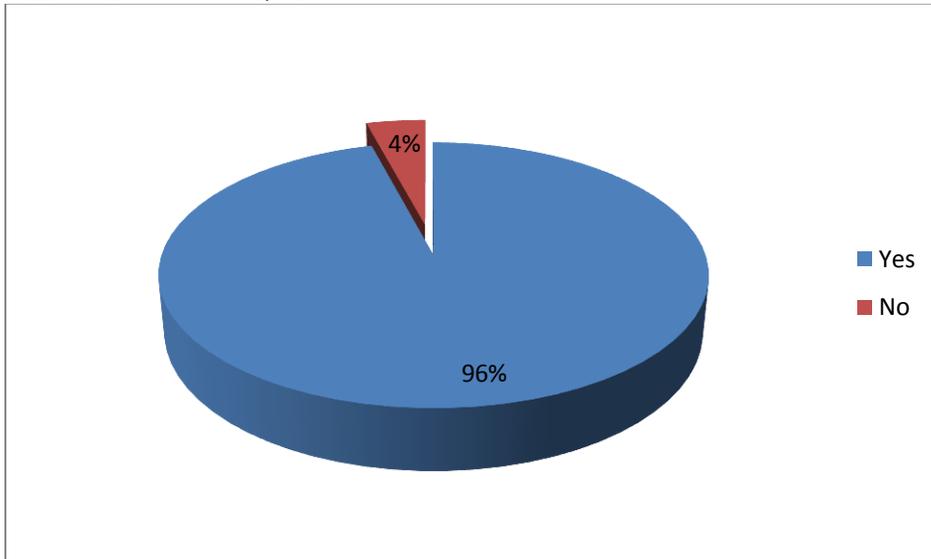
FIGURE 53 – FUTURE PLANS OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS ASSISTANTS, BY SPECIALTY, WITHIN THE NEXT 2 YEARS, 2012



Accepting New Patients

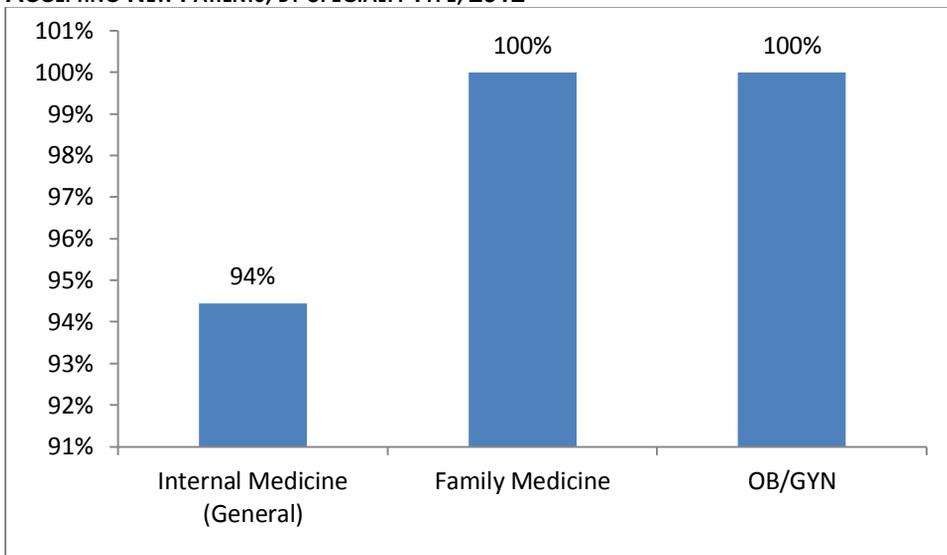
Among the 24 actively practicing primary care physician assistants, 96% (23) are accepting new patients at their practice locations (see Figure 54).

FIGURE 54 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS ACCEPTING NEW PATIENTS, 2012



Among actively practicing general internal medicine physician assistants, 94% (17) are accepting new patients at their practice locations. One hundred percent (2) actively practicing OB/GYN physician assistants and 100% (4) of actively practicing family medicine physician assistants are accepting new patients at their practice locations (see Figure 55).

FIGURE 55 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS ACCEPTING NEW PATIENTS, BY SPECIALTY TYPE, 2012



Scheduled Extended Care Hours & Weekend Hours

Primary care physician assistant survey respondents were asked to indicate whether they offered scheduled extended hours, which are defined as Monday through Friday, outside of the hours of 8:00 a.m. to 5:00 p.m., at their practice locations. Primary care physician assistant survey respondents were also asked to indicate whether they offered scheduled weekend hours at their practice locations.

Among the twenty-four actively practicing primary care physician assistants, 50% (12) indicated that they offered scheduled extended care hours at their practice location (see Figure 56). Forty-six percent (11) of actively practicing primary care physician assistants offered scheduled weekend hours (see Figure 57).

FIGURE 56 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS OFFERING SCHEDULED EXTENDED CARE HOURS, 2012

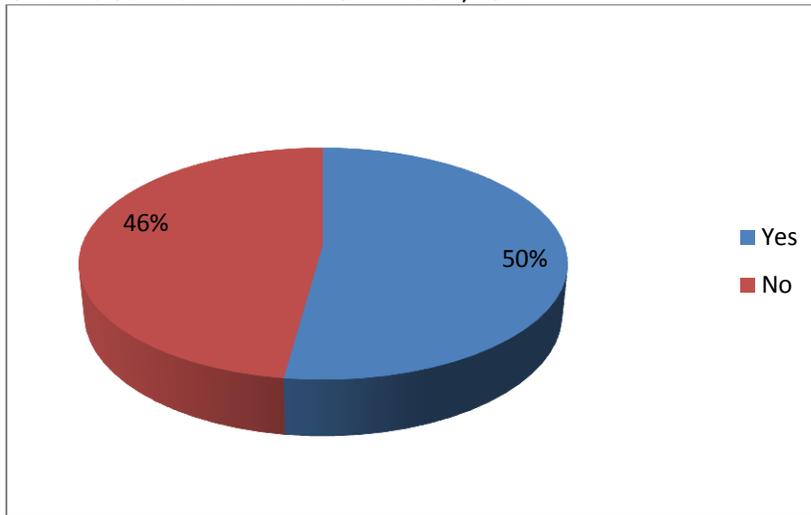
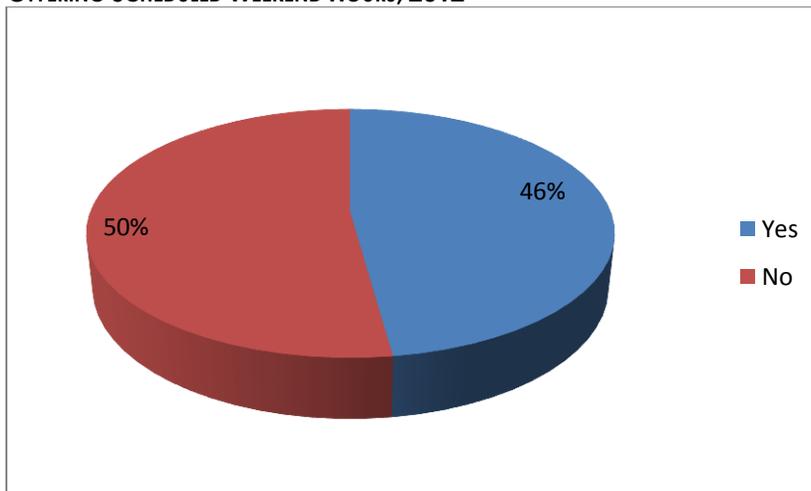


FIGURE 57 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS OFFERING SCHEDULED WEEKEND HOURS, 2012



Among the eighteen actively practicing general internal medicine physician assistants, 39% (7) indicated that they offer scheduled extended care hours at their practice location. Twenty-two percent (4) offer scheduled weekend hours (see Figure 58 and Figure 59).

Of the two actively practicing OB/GYN physician assistants, both indicated that they offer scheduled extended care hours at their practice location and one indicated that they offer scheduled weekend hours.

Among the four actively practicing family medicine physician assistants, 75% (3) indicated that they offer scheduled extended care hours at their practice location. Fifty percent (2) offer scheduled weekend hours.

FIGURE 58 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS OFFERING SCHEDULED EXTENDED CARE HOURS, BY SPECIALTY TYPE, 2012

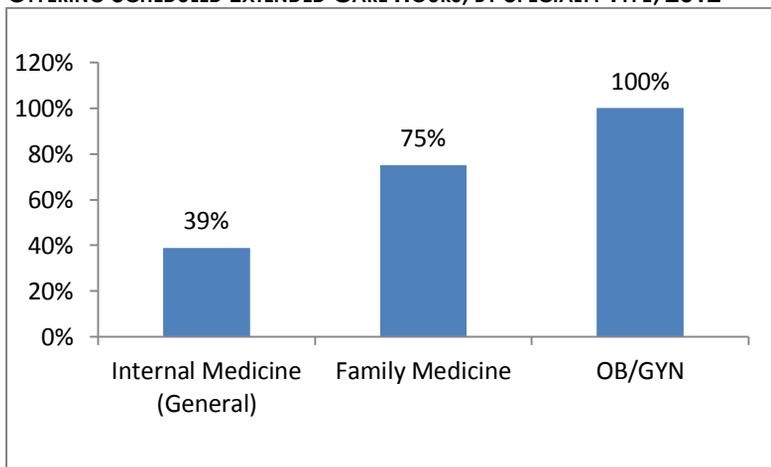
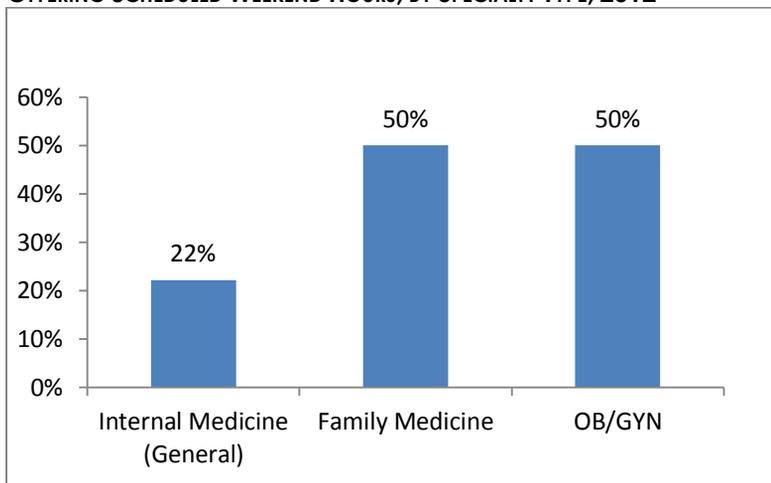


FIGURE 59 – ACTIVELY PRACTICING PRIMARY CARE PHYSICIAN ASSISTANTS OFFERING SCHEDULED WEEKEND HOURS, BY SPECIALTY TYPE, 2012



Practice of Obstetrics

Of the 2 actively practicing physician assistants specialized in obstetrics and gynecology, 50% (1) indicated that they practice obstetrics. This physician assistant also indicated that more than 50% of their practice was dedicated to obstetrics.

Specialty Care Physician Assistants

One hundred and seven specialty care physician assistants completed the workforce survey. Seventy-seven percent (82) of specialty care physician assistant survey respondents indicated that they had a primary or secondary practice location in the District.

Seventy-three percent (60) of specialty care physician assistants who practice in the District indicated that they engage in greater than 20 hours of clinical care per week. These physician assistants are defined as practicing specialty care physician assistants.

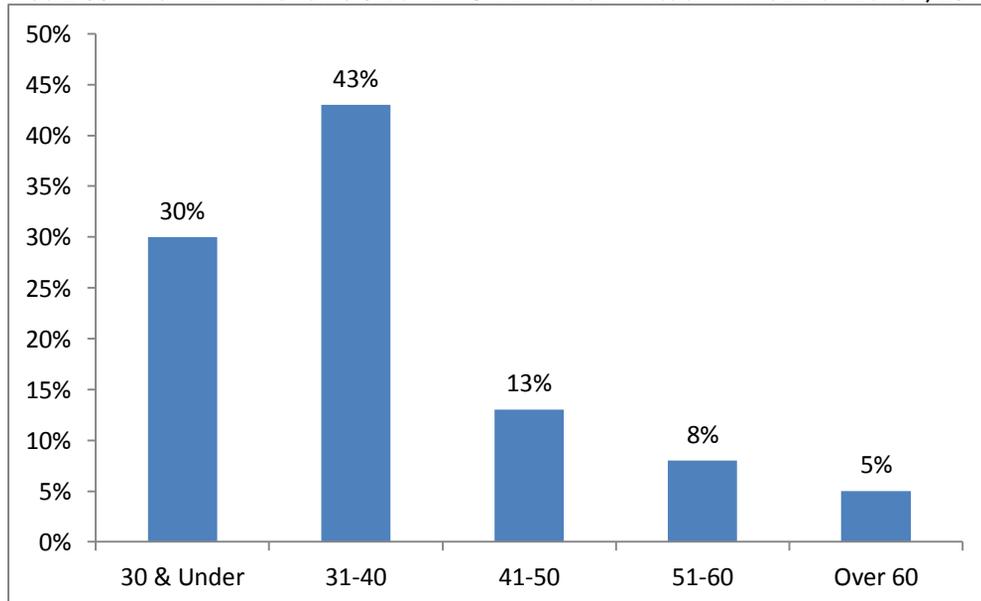
Age

The majority of actively practicing specialty care physician assistants (43%) were between the ages of 31 and 40. Only 5% of actively practicing specialty care physician assistants were over the age of 60 (see Table 77 and Figure 60).

TABLE 77 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012

	Number of Respondents N=60	Distribution of Respondents
30 & Under	18	30%
31-40	26	43%
41-50	8	13%
51-60	5	8%
Over 60	3	5%

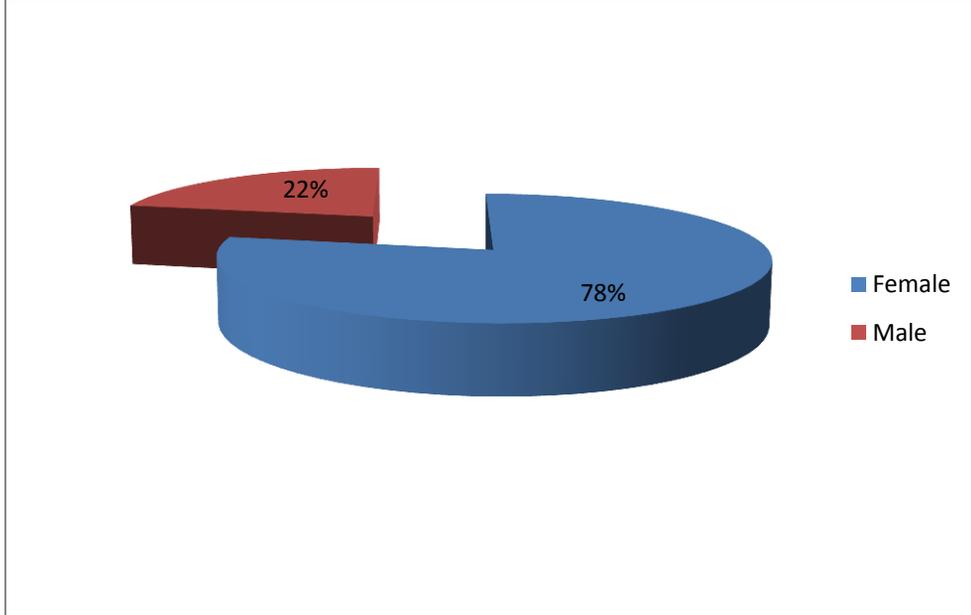
FIGURE 60 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANT AGE DISTRIBUTION, 2012



Gender

Females accounted for 78% (47) and males accounted for 22% (13) of all actively practicing specialty care physician assistants (see Figure 61).

FIGURE 61 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANT GENDER DISTRIBUTION, 2012



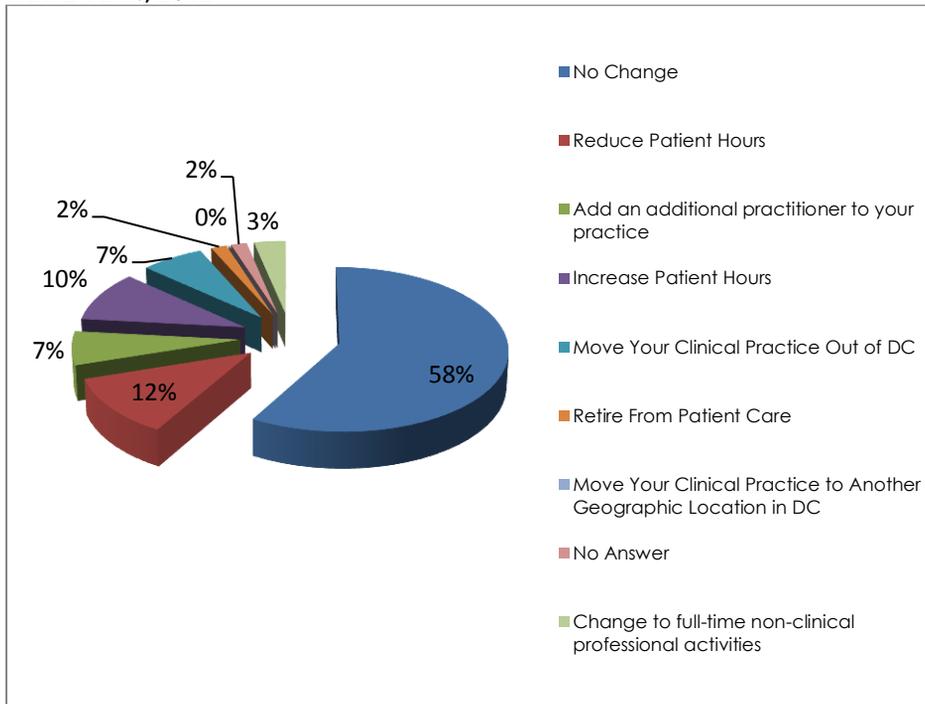
Workforce Reduction and Retirement

Fifty-eighty percent (35) of actively practicing specialty care physician assistants had no future plans to change their practice hours or location within the next two years (see Table 78 and Figure 62). Twelve percent (7) indicated that they would reduce patient hours. Ten percent (6) of actively practicing specialty care physician assistants indicated that planned to increase patient hours.

TABLE 78 – FUTURE PLANS OF ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012

Future plan within the next 2 years	Number of Respondents N=60	Distribution of Respondents
No Change	35	58%
Reduce Patient Hours	7	12%
Add an additional practitioner to your practice	4	7%
Increase Patient Hours	6	10%
Move Your Clinical Practice Out of D.C.	4	7%
Retire From Patient Care	1	2%
Move Your Clinical Practice to Another Geographic Location in D.C.	0	0%
No Answer	1	2%
Change to full-time non-clinical professional activities	2	3%

FIGURE 62 – FUTURE PLANS OF ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS WITHIN THE NEXT 2 YEARS, 2012



Medicare, Medicaid, and D.C. Managed Care

Among actively practicing specialty care physician assistants, 82% (49) indicated that they participated with Medicare, 72% (43) indicated that they participated with D.C. Managed Care, and 78% (47) indicated that they participated with Medicaid (see Table 79-81 and Figure 63).

TABLE 79 – MEDICARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=60	Distribution of Respondents
Accept or Participate with Medicare	49	82%
Do Not Accept or Participate with Medicare	11	18%
No Response	0	0%

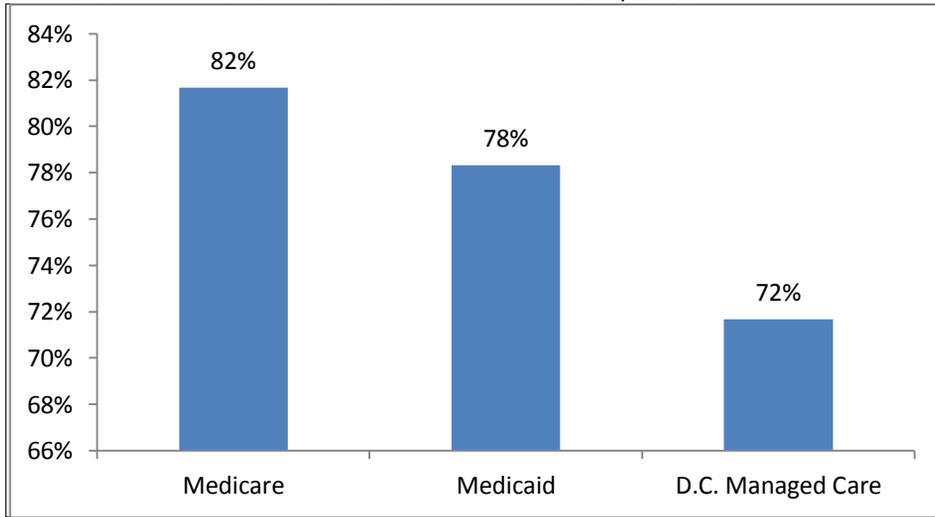
TABLE 80 – D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=60	Distribution of Respondents
Accept or Participate with D.C. Managed Care	43	72%
Do Not Accept or Participate with D.C. Managed Care	17	28%
No Response	0	0%

TABLE 81 – MEDICAID ACCEPTANCE & PARTICIPATION AMONG ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS, 2012

	Number of Respondents N=60	Distribution of Respondents
Accept or Participate with Medicaid	47	78%
Do Not Accept or Participate with Medicaid	13	22%
No Response	0	0%

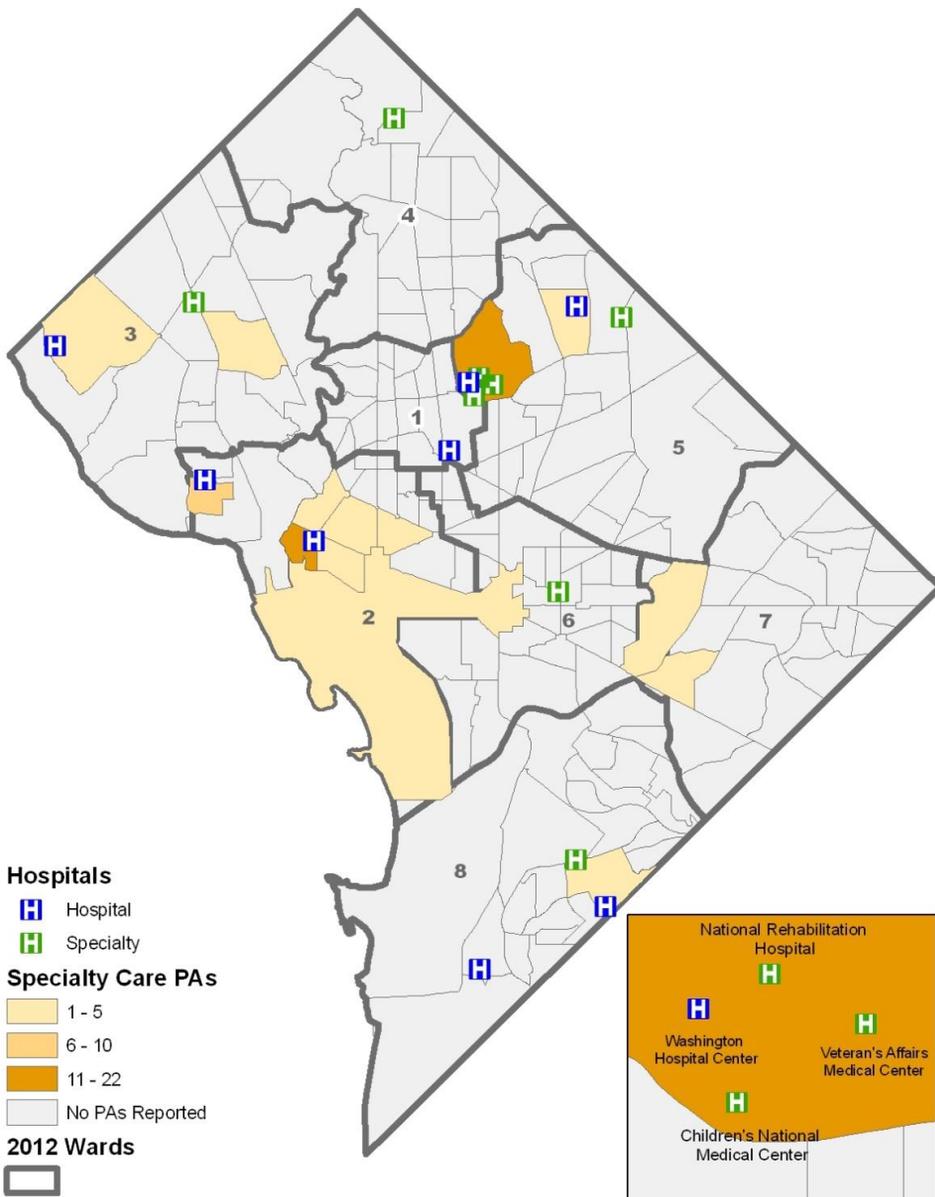
FIGURE 63 – MEDICARE/MEDICAID/D.C. MANAGED CARE ACCEPTANCE & PARTICIPATION RATES FOR ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANTS, 2012



Location

Physician assistant primary practice locations were mapped using addresses provided in the survey. The following maps depict the location of actively practicing specialty care physician assistants. Among all actively practicing specialty care physician assistants, Wards 2 and 5 had the largest concentration of practicing physician assistants. Specialty care physician assistants were concentrated primarily around hospitals (see Map 20).

MAP 20 – ACTIVELY PRACTICING SPECIALTY CARE PHYSICIAN ASSISTANT PRACTICE LOCATIONS BY CENSUS TRACT, 2012



SECTION 4 – SPECIAL TOPICS

Social Media

There are a wide variety of social media ranging from YouTube to social networks, such as Facebook, Twitter, and LinkedIn, that facilitate dialogue and communicate information. Social media is an emerging area in medical regulation and more research and information is needed in order to determine its appropriate use in healthcare and the practice of medicine.

Among physician survey respondent Facebook (14%) was the most commonly used form of social media, which was followed by blogs (3%) and LinkedIn (2%). The most commonly used forms of social media among physician survey respondents are listed in Table 82.

TABLE 82 – MOST COMMONLY USED FORMS OF SOCIAL MEDIA AMONG PHYSICIAN SURVEY RESPONDENTS, 2012

Social Media Type	Number of Respondents N=4790	Distribution of Respondents
No Response	3448	72.0%
Facebook	675	14.1%
Blogs	157	3.3%
LinkedIn	109	2.3%
None of the Above	97	2.0%
Physician Communities	95	2.0%
Twitter	59	1.2%
Google+	56	1.2%
YouTube	51	1.1%
Patient Communities	24	0.5%
Other	19	0.4%

In 2010, the D.C. Board of Medicine's physician workforce survey had asked physicians to indicate the type of social media used in their practice of medicine. There seems to be commonality between the 2010 and 2012 trends for social media types (see Table 83). In both surveys, Facebook was the most commonly used form of social media, followed by other forms of social media, such as LinkedIn and Twitter.

TABLE 83 – A COMPARISON OF THE TYPES OF SOCIAL MEDIA USED AMONG PHYSICIAN SURVEY RESPONDENTS BETWEEN 2010 AND 2012

Social Media Type	2010	2012
No Response	1%	79%
Facebook	19%	14%
Blogs	N/A	3%
LinkedIn	3%	2%
Physician Communities	N/A	2%
None of the Above	75%	2%
Twitter	1%	1%
Google+	N/A	1%
YouTube	N/A	1%
Patient Communities	N/A	1%
Other	1%	0%

Among physician assistant survey respondents, physician communities (13%) and Facebook (12%) were the most commonly used form of social media (see Table 84). The majority of physician assistant survey respondents (58%) indicated that they did not use social media in their practice of medicine.

TABLE 84 – MOST COMMONLY USED FORMS OF SOCIAL MEDIA AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

Social Media Type	Number of Respondents N=173	Distribution of Respondents
Blogs	8	5%
Facebook	20	12%
Twitter	11	6%
LinkedIn	10	6%
Google+	12	7%
YouTube	14	8%
Physician Communities	23	13%
Patient Communities	10	6%
Other	4	2%
None of the Above	101	58%
No Response	22	13%

In 2010, the D.C. Board of Medicine's physician assistant workforce survey had asked physician assistants to indicate the type of social media used in their practice of medicine. There is commonality between the 2010 and 2012 trends for social media types. In both surveys, Facebook was the most commonly used form of social media. The use of LinkedIn and Twitter increased slightly between the two years. The most commonly used forms of social media among physician assistant survey respondents are listed in Table 85.

TABLE 85 – A COMPARISON OF THE TYPES OF SOCIAL MEDIA USED AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS BETWEEN 2010 AND 2012

Social Media Type	2010%	2012%
Blogs	3%	5%
Facebook	32%	12%
Twitter	1%	6%
LinkedIn	4%	6%
Google+	N/A	7%
YouTube	N/A	8%
Physician Communities	N/A	13%
Patient Communities	N/A	6%
Other	0%	2%
None of the Above	62%	58%
No Response	1%	13%

Physician and physician assistant survey respondents were also asked to provide their opinion on whether they believe social media added communicative value to the physician-patient relationship.

Twenty-three percent (1,122) of physicians indicated that they believed social media has communicative value within a physician-patient relationship (see Table 86).

TABLE 86 – COMMUNICATIVE VALUE OF SOCIAL MEDIA IN PHYSICIAN-PATIENT RELATIONSHIP, 2012

Social Media Communicative Value	Number of Respondents N=4790	Distribution of Respondents
Yes	1122	23.4%
No	1093	22.8%
No Response	2575	53.8%

Forty-five percent (78) of physician assistants indicated that they believed social media has communicative value within a physician assistant-patient relationship (see Table 87).

TABLE 87 – COMMUNICATIVE VALUE OF SOCIAL MEDIA IN PHYSICIAN ASSISTANT-PATIENT RELATIONSHIP, 2012

Social Media Communicative Value	Number of Respondents N=173	Distribution of Respondents
Yes	78	45%
No	73	42%
No Response	22	13%

Telemedicine (Technology Assisted Medicine)

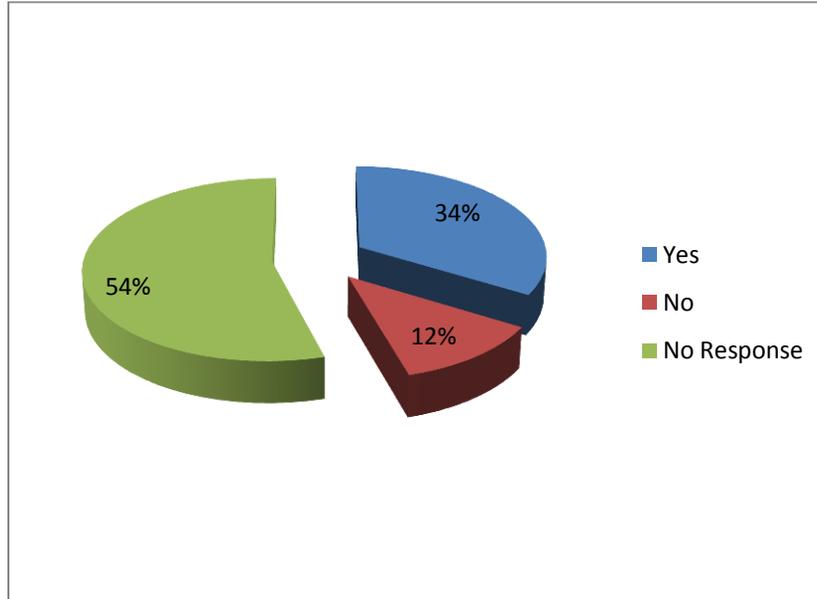
The D.C. Board of Medicine defines the practice of telemedicine as, “the practice of medicine by a licensed practitioner to provide patient care, treatment, or services from any distance, through the use of health information and technology communication.”

Thirty-four percent (1,608) of physician survey respondents agreed that telemedicine is the practice of medicine (see Table 88 and Figure 64).

TABLE 88 – PHYSICIAN VIEW ON WHETHER TELEMEDICINE IS THE PRACTICE OF MEDICINE, 2012

Do you believe telemedicine is the practice of medicine?	Number of Respondents N=4790	Distribution of Respondents
Yes	1608	34%
No	563	12%
No Response	2628	55%

FIGURE 64 – PHYSICIAN VIEW ON WHETHER TELEMEDICINE IS THE PRACTICE OF MEDICINE, 2012



Only twelve percent (594) of physician survey respondents indicated that they currently used telemedicine in their practice (see Table 89).

TABLE 89 – USE OF TELEMEDICINE AMONG PHYSICIANS, 2012

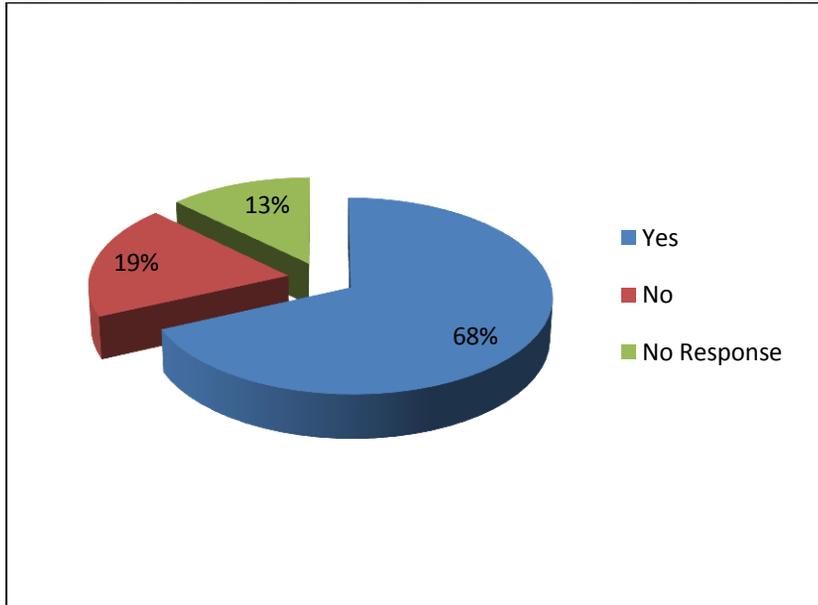
Do you currently use telemedicine in your practice?	Number of Respondents N=4790	Distribution of Respondents
Yes	594	12%
No	1615	34%
No Response	2581	54%

Sixty-eight percent (118) of physician assistant survey respondents agreed that telemedicine is the practice of medicine (see Table 90 and Figure 65).

TABLE 90 – PHYSICIAN ASSISTANT VIEW ON WHETHER TELEMEDICINE IS THE PRACTICE OF MEDICINE, 2012

Do you believe telemedicine is the Practice of Medicine?	Number of Respondents N=173	Distribution of Respondents
Yes	118	68%
No	33	19%
No Response	22	13%

FIGURE 65 – PHYSICIAN ASSISTANT VIEW ON WHETHER TELEMEDICINE IS THE PRACTICE OF MEDICINE, 2012



Despite the acceptance of role of telemedicine in the practice of medicine, only 18% physician assistants (31) used telemedicine in their practice of medicine (see Table 91).

TABLE 91 – USE OF TELEMEDICINE AMONG PHYSICIAN ASSISTANTS, 2012

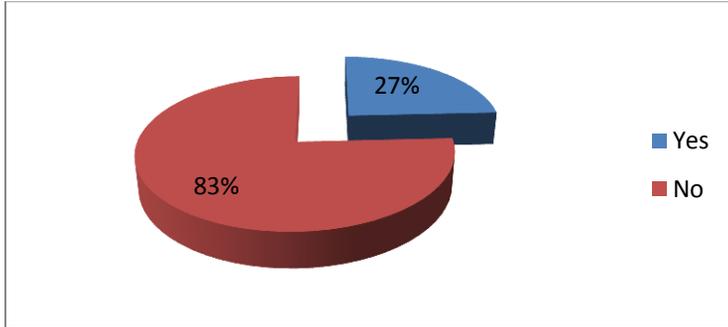
Do you currently use telemedicine in your practice?	Number of Respondents N=173	Distribution of Respondents
Yes	31	18%
No	120	69%
No Response	22	13%

Among the 1,615 physician survey respondents who indicated that they do not currently use telemedicine in their practice, twenty-seven percent (428) indicated that they anticipate incorporating telemedicine in their practice within the next five years (see Table 92 and Figure 66).

TABLE 92 – PHYSICIAN ANTICIPATED USE OF TELEMEDICINE WITHIN THE NEXT 5 YEARS, 2012

Do you anticipate incorporating telemedicine in your practice within the next 5 years?	Number of Respondents N=1615	Distribution of Respondents
Yes	428	27%
No	1338	83%

FIGURE 66 – PHYSICIAN ANTICIPATED USE OF TELEMEDICINE WITHIN THE NEXT 5 YEARS, 2012

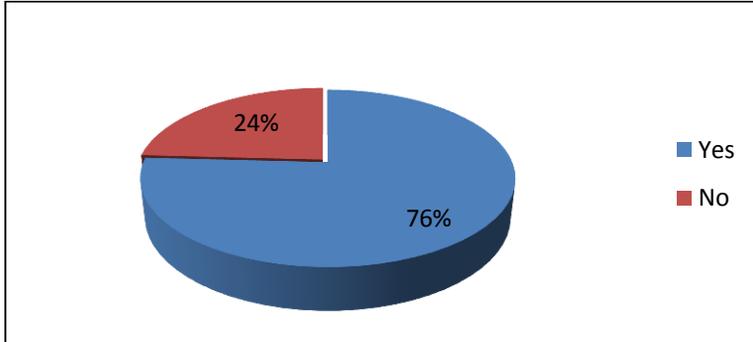


Although 69% (120) of physician assistant survey respondents indicated that they do not currently use telemedicine in their practice of medicine, ninety-one (91) physician assistants, or 76%, indicated that they anticipate incorporating telemedicine into their practice within the next five years (see Table 93 and Figure 67).

TABLE 93 – PHYSICIAN ASSISTANT ANTICIPATED USE OF TELEMEDICINE WITHIN THE NEXT 5 YEARS, 2012

Do you anticipate incorporating telemedicine in your practice within the next 5 years?	Number of Respondents N=120	Distribution of Respondents
Yes	91	76%
No	29	24%

FIGURE 67 – PHYSICIAN ASSISTANT ANTICIPATED USE OF TELEMEDICINE WITHIN THE NEXT 5 YEARS, 2012



Advanced Practice Clinicians (APCs)

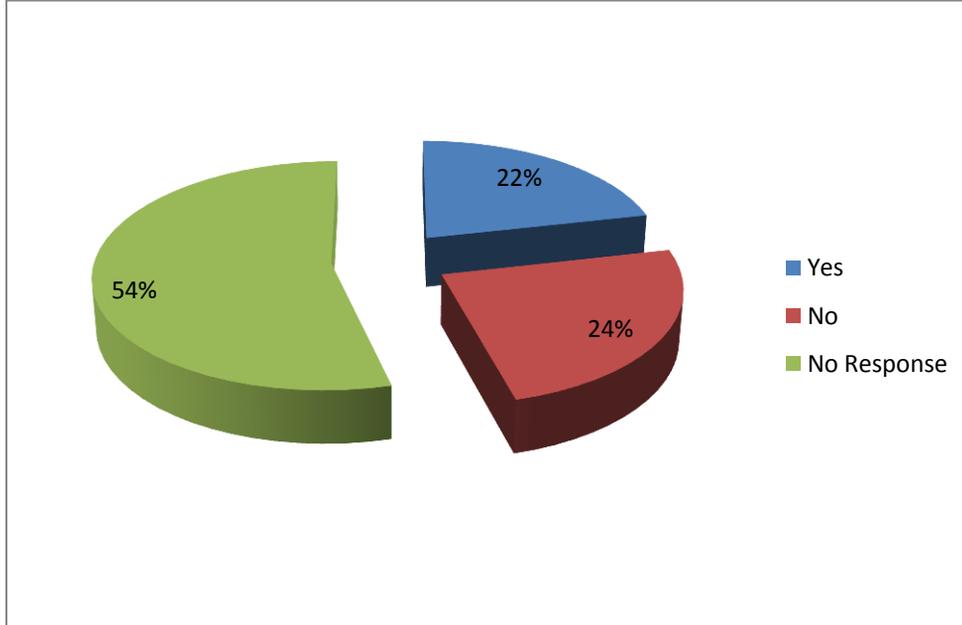
The urgency to address workforce capacity gaps has resulted in groups lobbying to expand the scope of practice for non-physician providers, including advanced practice clinicians. The National Conference of State Legislatures reports that as of February 2012, 245 bills had been introduced in various state legislatures related to changing scopes of practice.¹⁶ For the purposes of our survey, an advanced practice clinician (APC) was defined as physician assistant (PA), nurse practitioner (NP), midwife, or certified nurse specialist.

Among physician survey respondents, twenty-two percent (1,031) indicated that they currently supervise or work closely with an APC (see Table 94 and Figure 68).

TABLE 94 – PHYSICIAN SURVEY RESPONDENTS WHO SUPERVISE OR WORK CLOSELY WITH ADVANCED PRACTICE CLINICIANS (APCs), 2012

Physicians Supervising or Working Closely with APCs	Number of Respondents N=4790	Distribution of Respondents
Yes	1031	22%
No	1168	24%
No Response	2591	54%

FIGURE 68 – PHYSICIAN SURVEY RESPONDENTS WHO SUPERVISE OR WORK CLOSELY WITH ADVANCED PRACTICE CLINICIANS (APCs), 2012



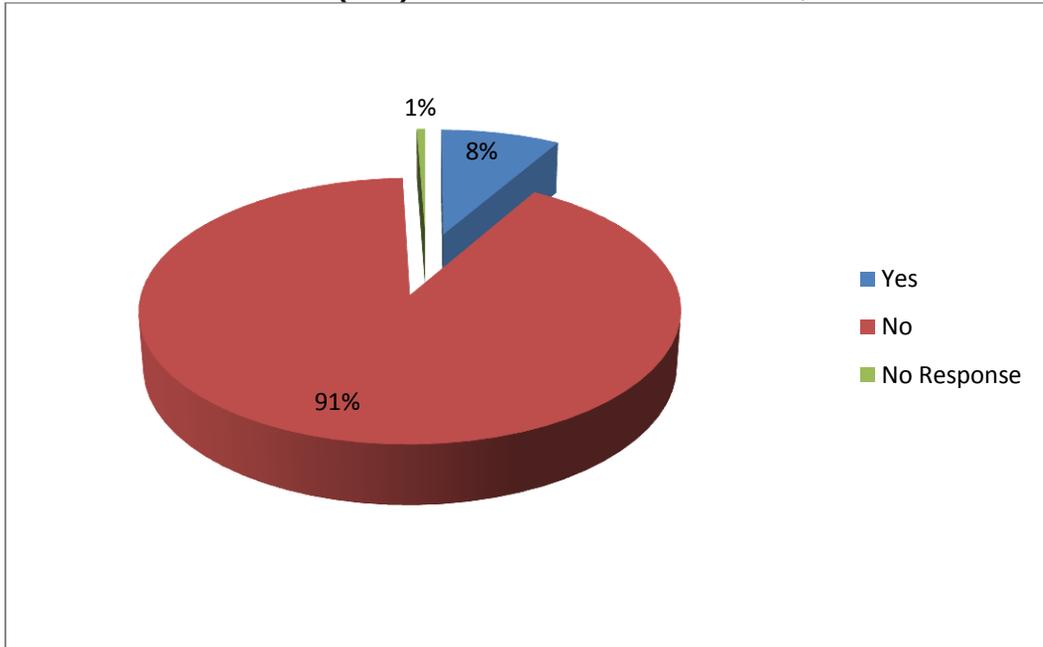
¹⁶ Cassidy, Amanda. "Nurse Practitioners and Primary Care" *Health Affairs*. October 25, 2013. http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=79

Among the physicians who do not currently work with or supervise an APC, only eight percent (98), indicated that they anticipate adding an APC to their practice within the next two years (see Table 95 and Figure 69).

TABLE 95 – PHYSICIAN SURVEY RESPONDENTS WHO ANTICIPATE ADDING AN ADVANCED PRACTICE CLINICIAN (APC) TO THEIR PRACTICE IN THE NEXT 2 YEARS, 2012

Physicians Planning to Add an APC to their Practice in the Next 2 Years	Number of Respondents N=1168	Distribution of Respondents
Yes	98	8%
No	1063	91%
No Response	7	1%

FIGURE 69 – PHYSICIAN SURVEY RESPONDENTS WHO ANTICIPATE ADDING AN ADVANCED PRACTICE CLINICIAN (APC) TO THEIR PRACTICE IN THE NEXT 2 YEARS, 2012



Electronic Health Record

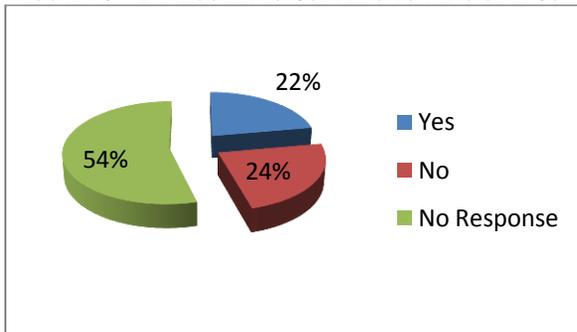
The Centers for Medicare & Medicaid Services defines e-prescribing as a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care.

Twenty-two percent (1,065) of physicians indicated that they currently use e-prescribing (see Table 96 and Figure 70).

TABLE 96 – E-PRESCRIBING USE AMONG PHYSICIAN SURVEY RESPONDENTS, 2012

Use of e-prescribing	Number of Respondents N=4790	Distribution of Respondents
Yes	1065	22%
No	1126	24%
No Response	2599	54%

FIGURE 70 – E-PRESCRIBING USE AMONG PHYSICIAN SURVEY RESPONDENTS, 2012

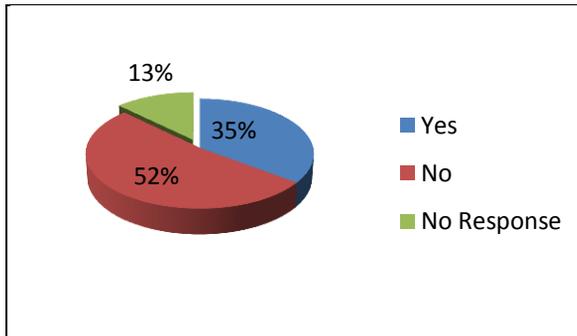


Thirty-five percent (61) of physician assistants indicated that they currently use e-Prescribing (see Table 97 and Figure 71).

TABLE 97 – E-PRESCRIBING USE AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

Use of e-Prescribing	Number of Respondents N=173	Distribution of Respondents
Yes	61	35%
No	90	52%
No Response	22	13%

FIGURE 71 – E-PRESCRIBING USE AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

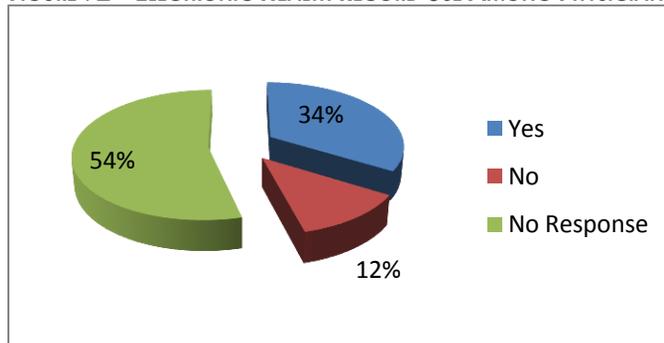


The electronic health record (EHR) is an electronic collection of patient health information.¹⁷ There are multiple models of EHR systems currently in use and they vary by the quantity of information collected and the degree of accessibility of information. Thirty-four percent (1,616) physicians indicated that they are currently using electronic health records in their practice of medicine (see Table 98 and Figure 72).

TABLE 98 – ELECTRONIC HEALTH RECORD USE AMONG PHYSICIAN SURVEY RESPONDENTS, 2012

Use of EHR	Number of Respondents N=4790	Distribution of Respondents
Yes	1616	34%
No	584	12%
No Response	2590	54%

FIGURE 72 – ELECTRONIC HEALTH RECORD USE AMONG PHYSICIAN SURVEY RESPONDENTS, 2012



Among the physicians who use electronic health records, forty-two percent (1616) indicated that their EHRs allow patient access (see Table 99).

TABLE 99 – USE OF EHR PATIENT ACCESS AMONG PHYSICIAN SURVEY RESPONDENTS, 2012

EHR Patient Access	Number of Respondents N=1616	Distribution of Respondents
Yes	677	42%
No	858	53%
No Response	81	5%

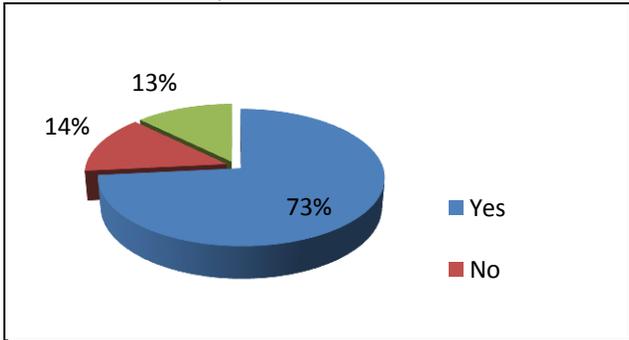
¹⁷ Gunter, T, et al. “The emergence of national electronic health record architectures in the United States and Australia: Models, costs, and questions.” *Journal of Medical Internet Research*. 7:1, 2005.

The majority of physician assistants (73%) are currently using electronic health records in their practice of medicine (see Table 100 and Figure 73).

TABLE 100 – ELECTRONIC HEALTH RECORD USE AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

Use of EHR	Number of Respondents N=173	Distribution of Respondents
Yes	127	73%
No	24	14%
No Response	22	13%

FIGURE 73 – ELECTRONIC HEALTH RECORD USE AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

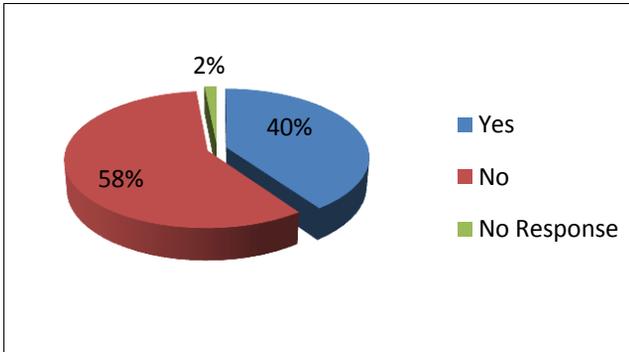


Among the physician assistants who use electronic health records (127), forty percent (51) use EHRs that allow patient access (see Table 101 and Figure 74).

TABLE 101 – USE OF EHR PATIENT ACCESS AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012

EHR Patient Access	Number of Respondents, N=127	Distribution of Respondents
Yes	51	40%
No	74	58%
No Response	2	2%

FIGURE 74 – USE OF EHR PATIENT ACCESS AMONG PHYSICIAN ASSISTANT SURVEY RESPONDENTS, 2012



Patient Protection & Affordable Care Act

According to the Congressional Budget Office, the Patient Protection & Affordable Care Act will extend health insurance coverage to 32 million people by 2019.

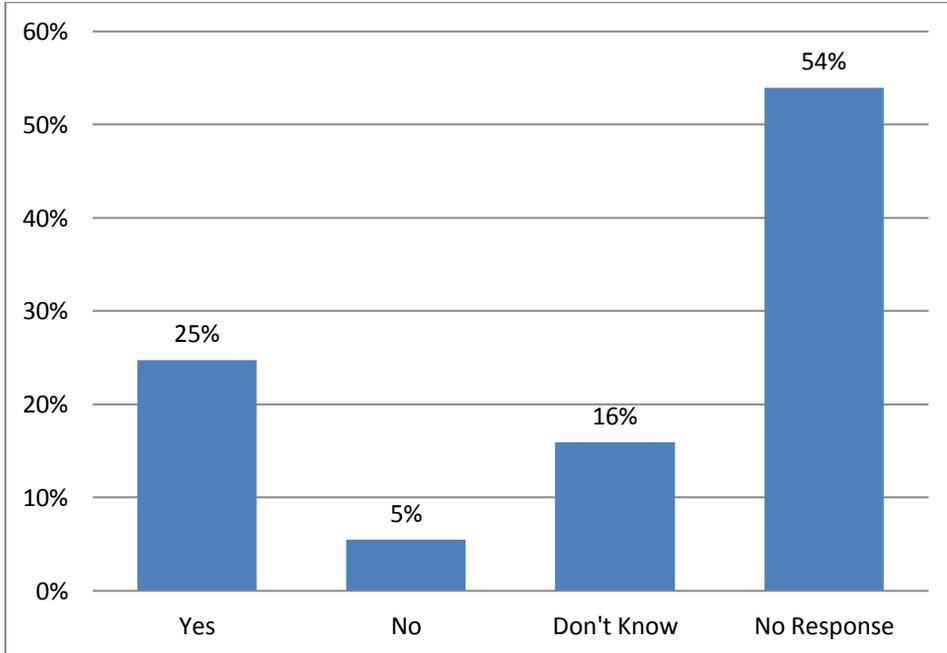
Physicians and physician assistants were asked whether they believed that the Patient Protection & Affordable Care Act would have a positive effect on healthcare in the District.

Twenty-five percent (1,181) physician survey respondents indicated that they believed the Act would have a positive effect on healthcare in the District (see Table 102 and Figure 75).

TABLE 102 – PHYSICIAN VIEW ON WHETHER THE PATIENT PROTECTION & AFFORDABLE CARE ACT WILL HAVE A POSITIVE EFFECT ON HEALTHCARE IN THE DISTRICT, 2012

	Number of Respondents N=4790	Distribution of Respondents
Yes	1181	25%
No	261	5%
Don't Know	760	16%
No Response	2588	54%

FIGURE 75 – PHYSICIAN VIEW ON WHETHER THE PATIENT PROTECTION & AFFORDABLE CARE ACT WILL HAVE A POSITIVE EFFECT ON HEALTHCARE IN THE DISTRICT, 2012

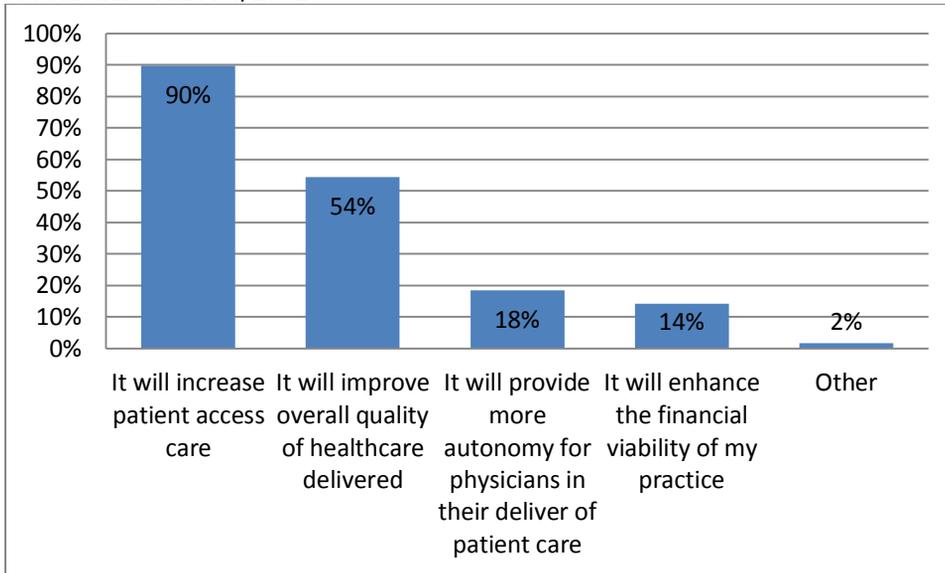


Physicians who indicated that the Act would have a positive effect in the District (1,181) were asked to indicate why. Physicians were allowed to select from five options (see Table 103). Physicians were able to select more than one option. Ninety percent (1,059) of these physicians believed that the Act would have positive effect, because it would increase patient access to care (see Figure 76).

TABLE 103 – PHYSICIAN OPINION ON POTENTIAL IMPACT OF PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

	Number of Respondents N=1181	Distribution of Respondents
It will increase patient access to care	1059	90%
It will improve the overall quality of healthcare delivered	643	54%
It will provide more autonomy for physicians in their delivery of patient care	218	18%
It will enhance the financial viability of my practice	168	14%
Other	19	2%

FIGURE 76 – PHYSICIAN OPINION ON POTENTIAL IMPACT OF PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

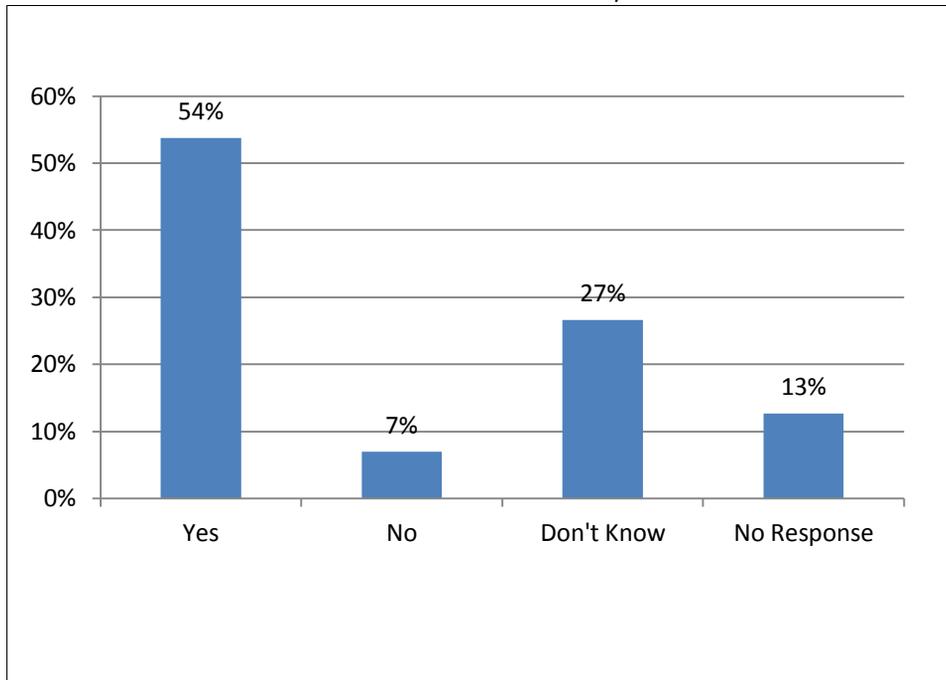


Fifty four percent (93) of physician assistant survey respondents indicated that they believed the Patient Protection & Affordable Care Act would have a positive effect on healthcare in the District (see Table 104 and Figure 77).

TABLE 104 – PHYSICIAN ASSISTANT VIEW ON WHETHER THE PATIENT PROTECTION & AFFORDABLE CARE ACT WILL HAVE A POSITIVE EFFECT ON HEALTHCARE IN THE DISTRICT, 2012

	Number of Respondents N=173	Distribution of Respondents
Yes	93	54%
No	12	7%
Don't Know	46	27%
No Response	22	13%

FIGURE 77 – PHYSICIAN ASSISTANT VIEW ON WHETHER THE PATIENT PROTECTION & AFFORDABLE CARE ACT WILL HAVE A POSITIVE EFFECT ON HEALTHCARE IN THE DISTRICT, 2012

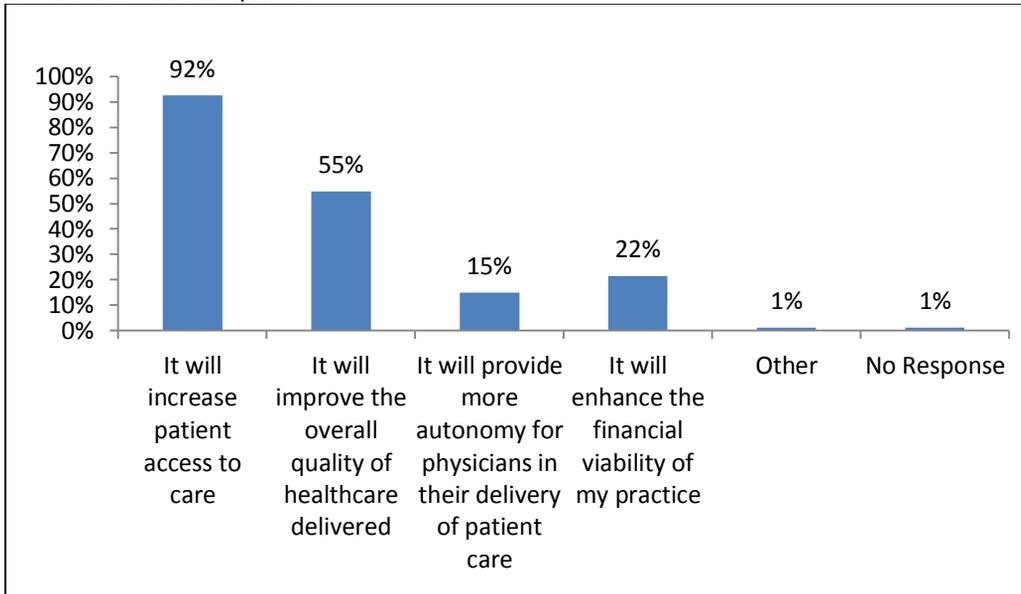


Physician assistants who indicated that the Act would have a positive effect on the District (93) were asked to indicate why they believed as such. Physician assistants were allowed to make multiple selections from among five options (see Table 105). Ninety-two percent (86) of these physician assistants believed that the Patient Protection & Affordable Care Act would have a positive effect, because it would increase patient access to care (see Figure 78).

TABLE 105 – PHYSICIAN ASSISTANT OPINION ON POTENTIAL IMPACT OF PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

	Number of Respondents N=93	Distribution of Respondents
It will increase patient access to care	86	92%
It will improve the overall quality of healthcare delivered	51	55%
It will provide more autonomy for physicians in their delivery of patient care	14	15%
It will enhance the financial viability of my practice	20	22%
Other	1	1%
No Response	1	1%

FIGURE 78 – PHYSICIAN ASSISTANT OPINION ON POTENTIAL IMPACT OF PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012



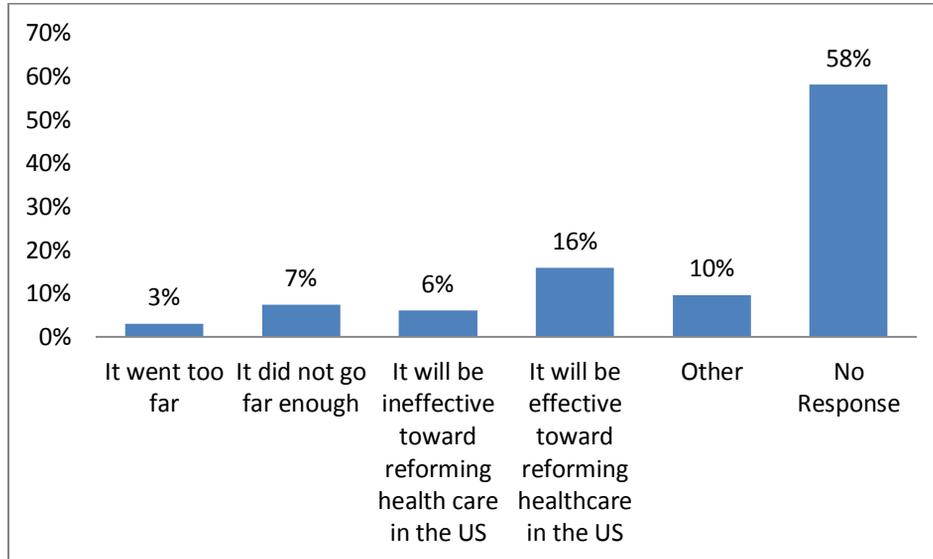
All physicians and physician assistants were asked to provide their overall opinion of the Patient Protection & Affordable Care Act. Fifty-eight percent of physicians did not respond to this question (see Table 106).

Sixteen percent (764) of physicians believed that it will be effective toward reforming healthcare in the District (see Figure 79).

TABLE 106 – PHYSICIAN OVERALL OPINION OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

	Number of Respondents N=4790	Distribution of Respondents
It went too far	143	3%
It did not go far enough	353	7%
It will be ineffective toward reforming healthcare in the U.S.	289	6%
It will be effective toward reforming healthcare in the U.S.	764	16%
Other	458	10%
No Response	2783	58%

FIGURE 79 – PHYSICIAN OVERALL OPINION OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

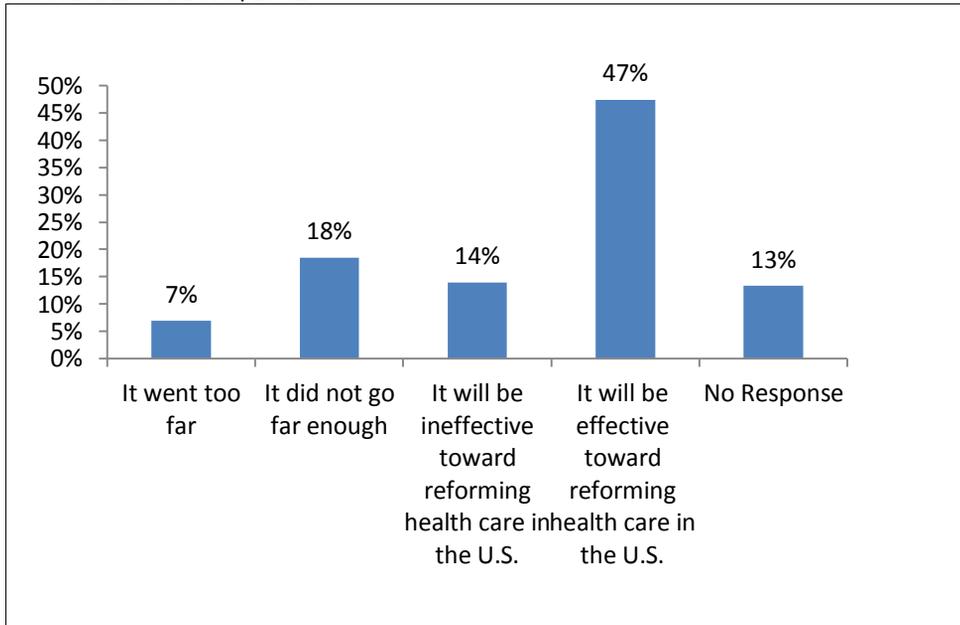


Forty-seven percent (82) of physician assistant respondents believed that it will be effective toward reforming healthcare in the United States (see Table 107 and Figure 80).

TABLE 107 – PHYSICIAN ASSISTANT OVERALL OPINION OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012

	Number of Respondents N=173	Distribution of Respondents
It went too far	12	7%
It did not go far enough	32	18%
It will be ineffective toward reforming healthcare in the U.S.	24	14%
It will be effective toward reforming healthcare in the U.S.	82	47%
No Response	23	13%

FIGURE 80 – PHYSICIAN ASSISTANT OVERALL OPINION OF THE PATIENT PROTECTION & AFFORDABLE CARE ACT, 2012



SECTION 5 – POSTGRADUATE PHYSICIANS IN TRAINING

Postgraduate physicians are physicians in training in the eight accredited teaching hospitals in the District of Columbia:

1. Children's National Medical Center (CNMC)
2. George Washington University Hospital (GWUH)
3. Howard University Hospital (HUH)
4. MedStar Georgetown University Hospital (GUH)
5. MedStar National Rehabilitation Hospital (NRH)
6. MedStar Washington Hospital Center (WHC)
7. St. Elizabeths Hospital (SEH)
8. Providence Hospital (PH)

The passage of the Board of Medicine Membership and Licensing Amendment Act of 2012 requires that all medical residents and fellows be licensed before commencing their training. The new regulations replaced the existing Postgraduate Physician Training program, an enrollment process, with the Medical Training License (MTL) program.

The Medical Training License (MTL) requires all postgraduate physicians to annually apply for and receive a medical license before commencing or resuming their training.

Medical Training Licenses are classified as follows:

- o **MTL Type I(A)** – for those individuals who are U.S. or Canadian medical school-trained postgraduate physicians;
- o **MTL Type I(B)** – for those individuals who are foreign medical school-trained postgraduate physicians enrolled in a postgraduate clinical training residency program;
- o **MTL Type II** – for those individuals who are foreign trained medical physicians participating in an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Board-approved postgraduate clinical training fellowship program.

As of December 31, 2012, the District had issued 1,171 MTLs to postgraduate physicians, of which 863 were Type I(A), 288 were Type I(B), and 20 were Type II. Postgraduate physicians are eligible for full licensure in the District after completing one year of postgraduate training, if a United States graduate, or after three years of training, if an international graduate. Postgraduate physicians with MTLs were not included in the workforce survey. Though a vast majority of postgraduate physicians do not have a full license to practice, they contribute significantly to the healthcare workforce capacity in the District.

SECTION 6 - LIMITATIONS

This report is an analysis of the responses of the D.C. Board of Medicine's workforce survey respondents only. Although our respondent population was demographically similar to the entire licensee population, this report does not characterize all physicians or physician assistants within D.C. In addition, our report had the following limitations:

- The survey was voluntary and the survey respondents did not answer every question within our survey. Therefore, some questions had a significant level of non-responders. Non-response rates were indicated if applicable within the report. Specifically, the special topics section of the physician survey, examining such areas as telemedicine and social media, saw a decline in response rate compared to other sections of the survey. In the future, the entire survey should be made a mandatory part of the renewal process in order to capture further information about the supply of physicians and physician assistants.
- During the 2012 renewal period, information regarding racial/ethnic demographics and foreign language proficiency was not obtained.
- Due to a technical malfunction during the renewal period, the physician assistant workforce survey was subsequently resent to eligible physician assistant licensees using Survey Monkey. All data on physician assistants was obtained from the Survey Monkey responses. This technical malfunction may have affected the survey response rate for physician assistants.
- Missing specialty information for physician assistants that responded to our survey could not be obtained.
- Respondents completed the survey documents online or by paper. One hundred twenty-three surveys were completed by paper.
- Providing a comparison between 2010 and 2012 survey data was difficult due to differing sets of survey questions. Additionally, 2010 physician and physician assistant practice locations were mapped based on zip codes, while 2012 physician practice locations were mapped based on complete street addresses.
- Physicians and physician assistants who obtained a new license during the licensing renewal period were not part of the renewal process and therefore were not included in this report.
- This report did not examine the location of physician assistant in relation to Health Professional Shortage Areas (HPSAs).
- Medicaid beneficiary data, considered protected health information (PHI), was not available by the Department of Healthcare Finance due to patient confidentiality regulations, as outlined in HIPAA.
- This report focused only on physicians and physician assistants in the District. However, the Board of Medicine recognizes that there are other healthcare professionals in the healthcare workforce that are essential to the D.C. workforce capacity. Data from other professions must also be collected in order to comprehensively analyze the District's workforce capacity and needs.

SECTION 7 - SUMMARY

Thirty million uninsured Americans are expected to gain coverage under the Patient Protection and Affordable Care Act. With the implementation of the Act, it is projected that, by 2015, there will be a shortage of approximately 30,000 primary care physicians in some parts of the nation.¹⁸ The urgency to address these gaps has resulted in special interest groups lobbying to expand the scope of practice for non-physician providers, such as nurse practitioners and physician assistants, as well as other allied health professionals.

This report primarily summarizes the demographic information collected from physicians and physician assistants during the 2012 license renewal cycle in the District. In addition, the report addressed some comparisons to the 2010 physician and physician assistant survey findings.¹⁹

Attempts to comprehensively enumerate the public health workforce in the District are underway. Analyses of other sectors of the healthcare workforce are being conducted by the respective licensing boards and will be crucial to fully assessing the District's overall healthcare workforce capacity.

The D.C. Board of Medicine will complete the third phase of its analysis of the District's physician and physician assistant healthcare workforce during the 2014 license renewal period and a report will be published in 2015.

Physicians

Fifty percent (2,412) of our physician survey respondents indicated that they had a practice setting or location in the District. Fifty-six percent (763) of primary care physician survey respondents and fifty-three percent (1,819) of specialty care physician survey respondents practiced in the District.

Over a quarter (28%) of physician survey respondents identified as primary care physicians. Thirty-three percent (453) of primary care physicians indicated that they have at least one practice location in the District and spend 20 hours or more providing patient care in the District. These primary care physicians were defined as actively practicing primary care physicians. In general, actively practicing primary care physicians were roughly equally distributed by age. The most common age range (28%) for actively practicing primary care physicians was between the ages of 31 and 40. The majority of actively practicing primary care physicians (59%) are female.

Actively practicing primary care physicians were concentrated in hospital/medical system based practices. Actively practicing primary care physicians were mostly located in Wards 1, 2, 3, and 5. Practice locations were clustered around the major hospitals in the area: Howard University Hospital (Ward 1), MedStar Georgetown University Hospital (Ward 2), The George Washington University Hospital (Ward 2), Sibley Memorial Hospital (Ward 3), MedStar Washington Hospital Center (Ward 5), and Children's National Medical Center (Ward 5).

The majority of actively practicing primary care physicians (70%) accept or participate with Medicaid and are located in Wards 1, 2, and 5. A section of this report was dedicated to examining the location of Health Professional Shortage Areas (HPSA) in relation to the distribution of actively practicing physicians in the District. 32 actively practicing primary care physicians practice in the HPSA designated areas of Anacostia and East Capitol Southeast. HPSA information was provided by the D.C. Department of Health, Community Health Administration.

¹⁸ Association of American Medical Colleges. "The Impact of Health Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025." June 2010.

https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

¹⁹ The D.C. Board of Medicine's 2010 Physician & Physician Assistant Workforce Capacity Report is available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/bomed_workforce_survey_report-final.pdf.

Most actively practicing primary care physicians (66%) did not plan to change their clinical hours or locations of their practices over the next two years. Eleven percent of actively practicing primary care physicians had plans to reduce their patient hours and 2% indicated plans to retire in the next two years.

Specialty care physicians made up nearly three quarters (72%) of the physician survey respondent population. General internal medicine was the most common specialty among physician survey respondents and, similar to national estimates, it was the most common specialty among actively practicing physicians.²⁰

Less than one-third of specialty care physicians indicated that they have at least one practice location in the District and spend 20 hours or more providing patient care in the District. These specialty care physicians were defined as actively practicing specialty care physicians.

Twelve percent of physician survey respondents indicated that they use telemedicine in their practice. One-third of physician survey respondents indicated that they are using electronic health records in their practice.

Physician Assistants

Sixty-six percent (114) of physician assistant survey respondents indicated that they had a practice setting or location in the District. Seventy-six percent (107) of specialty care physician assistant survey respondents and seventy-four percent (34) of primary care physician assistant survey respondents practiced in the District.

Over a quarter (27%) of physician assistant survey respondents identified as primary care physician assistants. This was slightly lower than the national average of 31%.²¹ Fifty-two percent (24) of primary care physician assistants indicated that they have at least one practice location in the District and spend 20 hours or more providing patient care in the District. These primary care physician assistants were defined as actively practicing primary care physician assistants.

Similar to physicians, actively practicing primary care physician assistants were roughly equally distributed by age. The most common age range (29%) for actively practicing primary care physician assistants was between the ages of 31 and 40. The majority of actively practicing primary care physician assistants (56%) are female.

Specialty care physician assistants made up sixty-two percent of the physician assistant survey respondent population. The most common specialties among physician assistants were general internal medicine (21%) and emergency medicine (15%). Ten percent of physician assistants were practicing critical care. More than half of specialty care physician assistants (56%) indicated that they have at least one practice location in the District and spend 20 hours or more providing patient care in the District. These specialty care physician assistants were defined as actively practicing specialty care physician assistants.

Eighteen percent of physician assistant survey respondents indicated that they use telemedicine. The majority of physician assistant survey respondents (73%) indicated that they are using electronic health records in their practice.

²⁰ 2008 Physician Specialty Data. AAMC Center for Workforce Studies. November 2008.
<http://www.omionline.org/newsite/docs/specialtyphysiciandatabook.pdf>.

²¹ National Physician Assistant Census Report, 2010. American Association of Physician Assistants.
http://www.aapa.org/uploadedFiles/content/Research/2010%20Census%20Report%20National%20_Final.pdf

APPENDIX A:
PHYSICIAN SURVEY INSTRUMENT

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health**



2012 Physician Workforce Census Survey

Medical License Number: _____

Section A: PRACTICE INFORMATION

1. What is the purpose of your application?
 - Active License Renewal
 - Paid Inactive Status Request

2. Are you engaged in (check all that apply):
 - Academic Educational Medicine
 - Administrative Medicine
 - Clinical/Patient Care Hours
 - Preventive Medicine and Public Health
 - Research Medicine
 - None of the above

3. Please indicate the average number of hours spent per week on these activities (check all that apply):

Academic Educational Medicine	Administrative Medicine	Clinical/Patient Care Hours	Preventive Medicine & Public Health	Research Medicine
<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours
Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No

3b. If you engage in Administrative Medicine, please specify the type (check all that apply):

- Private Practice Administration
- Hospital Administration
- Government Administration
- District of Columbia Government Administration
- Insurance Company Administration
- Other: _____

4. What is the full address of your primary practice setting?

City _____ State _____ Zip Code _____

4b. How many hours per week are you practicing at this primary practice setting?

- Under 20 hours
- Greater than or equal to 20 hours

5. What is your primary specialty of practice?

- | | | |
|---|---|--|
| <input type="checkbox"/> AC - Academic Medicine | <input type="checkbox"/> ENT - Otolaryngology | <input type="checkbox"/> SU/GE - Surgery (General) |
| <input type="checkbox"/> ADM - Administrative Medicine | <input type="checkbox"/> PA - Pathology | <input type="checkbox"/> Surgery (Specialized) |
| <input type="checkbox"/> AI - Allergy/Immunology | <input type="checkbox"/> PED - Pediatrics (General) | <input type="radio"/> SU/BT Burn/Trauma Surgery |
| <input type="checkbox"/> AN - Anesthesiology | <input type="checkbox"/> Pediatrics (Specialized): | <input type="radio"/> SU/CS Cardiac Surgery |
| <input type="checkbox"/> DE - Dermatology | <input type="radio"/> PED/AD Adolescent Medicine | <input type="radio"/> SU/CO Colon/Rectal Surgery |
| <input type="checkbox"/> EM - Emergency medicine | <input type="radio"/> PED/CA Cardiology | <input type="radio"/> SU/NE Neurological Surgery |
| <input type="checkbox"/> FM - Family Medicine | <input type="radio"/> PED/CC Critical Care | <input type="radio"/> SU/OR Orthopedic Surgery |
| <input type="checkbox"/> GE - Geriatrics | <input type="radio"/> PED/EN Endocrinology | <input type="radio"/> SU/PL Plastic Surgery |
| <input type="checkbox"/> IM - Internal Medicine (General) | <input type="radio"/> PED/GI Gastroenterology | <input type="radio"/> SU/TH Thoracic Surgery |
| <input type="checkbox"/> IM - Internal Medicine (Specialized): | <input type="radio"/> PED/HEM Hematology | <input type="radio"/> SU/TP Transplant Surgery |
| <input type="radio"/> IN/CA Cardiology | <input type="radio"/> PED/ID Infectious Disease | <input type="radio"/> SU/UR Urology |
| <input type="radio"/> IN/CC Critical Care | <input type="radio"/> PED/NEO Neonatology | <input type="radio"/> SU/VA Vascular |
| <input type="radio"/> IN/EN Endocrinology | <input type="radio"/> PED/NEP Nephrology | <input type="checkbox"/> Other: _____ |
| <input type="radio"/> IN/GI Gastroenterology | <input type="radio"/> PED/NEU Neurology | |
| <input type="radio"/> IN/HEM Hematology | <input type="radio"/> PED/ONC Oncology | |
| <input type="radio"/> IN/ID Infectious Disease | <input type="radio"/> PED/PC Palliative Care | |
| <input type="radio"/> IN/NEP Nephrology | <input type="radio"/> PED/PCC Pulmonary Critical Care | |
| <input type="radio"/> IN/NEU Neurology | <input type="radio"/> PED/PUD Pulmonary Disease | |
| <input type="radio"/> IN/ONC Oncology | <input type="radio"/> PED/RH Rheumatology | |
| <input type="radio"/> IN/PC Palliative Care | | |
| <input type="radio"/> IN/PCC Pulmonary Critical Care | | |
| <input type="radio"/> IN/PUD Pulmonary Disease | | |
| <input type="radio"/> IN/RH Rheumatology | | |
| <input type="checkbox"/> MG - Medicine Genetics | <input type="checkbox"/> PMR - Physical Medicine & Rehabilitation | |
| <input type="checkbox"/> NU - Nuclear Medicine | <input type="checkbox"/> PR - Preventive Medicine/Public Health | |
| <input type="checkbox"/> OC - Occupational Health | <input type="checkbox"/> PSY - Psychiatry | |
| <input type="checkbox"/> OB - Obstetrics & Gynecology | <input type="checkbox"/> RA - Radiology | |
| <input type="checkbox"/> OP - Ophthalmology | <input type="checkbox"/> REM - Research Medicine | |
| <input type="checkbox"/> OMT - Osteopathic Manipulative Treatment | | |

5b. Are you providing patient care in your primary specialty area of practice?

- Yes
- No

5c. Are you Board Certified in your primary specialty area of practice?

- Yes
- No

5d. If no, are you Board Eligible in your primary specialty area of practice?

- Yes
- No

5e. How many hours per week do you spend in your primary specialty area of practice?

- Less than 20 hours
- Greater than or equal to 20 hours

6. Do you accept or participate with Medicare?

- Yes
- No

6b. Do you accept or participate with Medicaid?

- Yes
- No

6c. Do you accept or participate with D.C. Healthcare Alliance?

- Yes
- No

7. Within the next 2 years, do you plan to (check any that apply):

- Retire from patient care
- Reduce patient hours
- Increase patient hours
- Move your clinical practice to another geographic location in D.C.
- Move your clinical practice out of D.C.
- Change to full-time non-clinical professional activities (academic educational medicine/administrative medicine/preventive & public health medicine/research medicine)
- Add an additional practitioner to your practice
- None of the above

8. Where do you obtain the **majority** of your CME credits? (please select one)

- Online (i.e. webinars, distance Learning)
- CD-ROMs, Audio CDs, or DVDs accompanied with printed materials
- Professional Conferences
- Hospital-Based Seminars (i.e. grand rounds, etc.)
- Educational Institution (i.e. universities, medical schools)

8b. Of the CMEs completed for the current renewal cycle, what percentage were in:

- General medicine _____%
 - Your primary area of specialty _____%
 - Ethics _____%
 - Practice Management _____%
 - Other: _____%
- Total: 100%

Section B: PRIMARY CARE PHYSICIAN WORKFORCE

Only complete this section if your specialty area of practice is in ONE OF THE FOLLOWING AREAS: Internal Medicine (General), Family Medicine, Pediatrics (General), or Obstetrics & Gynecology.

If your primary specialty area of practice is NOT in one of these four areas, please proceed to "Section C: Special Topics."

9. Which of the following settings serves as the primary location where you conduct the majority of your clinical/patient care?

- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

9b. Are you currently accepting new patients?

- Yes
- No

10. If you have more than one clinical/patient care practice location, what is your secondary practice setting?

- I do not have a secondary practice setting
- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

10b. What is the full address of your secondary practice location?

City _____ State _____ Zip Code _____

10c. Are you currently accepting new patients at this secondary practice location?

- Yes
- No

10d. How many hours per week are you practicing at this secondary practice location?

- Under 20 hours
- Greater than or equal to 20 hours

11. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?

- Yes
- No

11b. Do you offer scheduled weekend hours at your practice location(s)?

- Yes
- No

If you do NOT practice Obstetrics & Gynecology, please skip ahead to Section C: Special Topics.

12. If you are an OB/GYN, do you practice Obstetrics?

- Yes
- No

12b. What percentage of your practice is dedicated to Obstetrics?

- Greater than 50%
- Less than 50%

Section C: SPECIAL TOPICS

TELEMEDICINE (Technology Assisted Medicine)

The D.C. Board of Medicine defines “Telemedicine” as “the practice of medicine by a licensed practitioner to provide patient care treatment or services, from any distance, through the use of health information and technology communications.”

13. Do you agree that telemedicine is the practice of medicine?

- Yes
- No

13b. Do you currently use telemedicine in your practice?

- Yes
- No

13c. If no, do you anticipate incorporating telemedicine in your practice within the next 5 years?

- Yes
- No

SOCIAL MEDIA

14. Which of the following forms of social media do you use in your practice of medicine (professional use only)? Please select all that apply:

- Blogs
- Facebook
- Twitter
- LinkedIn
- Google+
- YouTube
- Physician Communities
- Patient Communities
- Other: _____
- None of the Above

14b. Do you believe that social media use has communicative value within a physician-patient relationship?

- Yes
- No

ADVANCED PRACTICE CLINICIANS (APCs)

15. Do you supervise or work closely with an Advanced Practice Clinician – *defined as a Physician Assistant (PA), Nurse Practitioner (NP), Midwife, or Certified Nurse Specialist* – in your practice?

- Yes
- No

15b. If you answered “no,” do you plan to add an Advanced Practice Clinician to your practice in the next two years?

- Yes
- No

ELECTRONIC MEDICAL RECORD USE

16. Do you use e-prescribing?

- Yes
- No

16b. Do you use electronic health records (EHR)?

- Yes
- No

16c. Does your EHR allow patient access, (i.e. patient portal)?

- Yes
- No

PATIENT PROTECTION & AFFORDABLE CARE ACT

17. Do you believe that the Patient Protection & Affordable Care Act will have a positive effect on healthcare in the District of Columbia?

- Yes
- No
- Don't know

17b. If yes, how do you believe the Patient Protection & Affordable Care Act will impact healthcare in the District of Columbia (select all that apply)?

- It will increase patient access to care
- It will improve the overall quality of healthcare delivered
- It will provide more autonomy for physicians in their deliver of patient care
- It will enhance the financial viability of my practice
- Other: _____

17c. What is your overall opinion of the Patient Protection & Affordable Care Act?

- It went too far
- It did not go far enough
- It will be ineffective toward reforming healthcare in the US
- It will be effective toward reforming healthcare in the US

Thank you for your time and effort in completing the 2012 Physician Workforce Survey!

APPENDIX B:
PHYSICIAN ASSISTANT SURVEY INSTRUMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



2012 Physician Assistant Workforce Census Survey

Section A: PRACTICE INFORMATION

3. What is the purpose of your application?
 - Active License Renewal
 - Paid Inactive Status Request

4. Which of the following describes the degree or certificate you were awarded upon completion of your PA training?
 - Certificate/Diploma
 - Bachelor’s degree
 - Military Training Certification
 - Associate Degree
 - Master’s Degree
 - Other: _____

5. Are you engaged in (check all that apply):
 - Academic Education Medicine
 - Administrative Medicine
 - Clinical/Patient Care Hours
 - Preventive Medicine and Public Health
 - Research Medicine
 - None of the above

4. Please indicate the average number of hours spent per week on these activities (check all that apply):

Academic Educational Medicine	Administrative Medicine	Clinical/Patient Care Hours	Preventive Medicine & Public Health	Research Medicine
<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours	<input type="radio"/> 0 hours <input type="radio"/> <20 hours <input type="radio"/> >=20 hours
Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are greater than 50% of these hours spent in D.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No

4b. If you engage in Administrative Medicine, please specify the type (check all that apply):

- Private Practice Administration
- Hospital Administration
- Government Administration
- District of Columbia Government Administration
- Insurance Company Administration
- Other: _____

5. What is the full address of your primary practice setting?

City _____ State _____ Zip Code _____

5b. How many hours per week are you practicing at this primary practice setting?

- Under 20 hours
- Greater than or equal to 20 hours

6. What is your primary specialty of practice?

- | | | |
|--|---|--|
| <input type="checkbox"/> AC - Academic Medicine | <input type="checkbox"/> OMT - Osteopathic Manipulative Treatment | <input type="checkbox"/> PSY - Psychiatry |
| <input type="checkbox"/> ADM - Administrative Medicine | <input type="checkbox"/> ENT - Otolaryngology | <input type="checkbox"/> RA - Radiology |
| <input type="checkbox"/> AI - Allergy/Immunology | <input type="checkbox"/> PA - Pathology | <input type="checkbox"/> REM - Research Medicine |
| <input type="checkbox"/> AN - Anesthesiology | <input type="checkbox"/> PED - Pediatrics (General) | <input type="checkbox"/> SU/GE - Surgery (General) |
| <input type="checkbox"/> DE - Dermatology | <input type="checkbox"/> Pediatrics (Specialized): | <input type="checkbox"/> Surgery (Specialized) |
| <input type="checkbox"/> EM - Emergency medicine | <input type="radio"/> PED/AD Adolescent Medicine | <input type="radio"/> SU/BT Burn/Trauma |
| <input type="checkbox"/> FM - Family Medicine | <input type="radio"/> PED/CA Cardiology | <input type="radio"/> SU/CS Cardiac Surgery |
| <input type="checkbox"/> GE - Geriatrics | <input type="radio"/> PED/CC Critical Care | <input type="radio"/> SU/CO Colon/Rectal Surgery |
| <input type="checkbox"/> IM - Internal Medicine (General) | <input type="radio"/> PED/EN Endocrinology | <input type="radio"/> SU/NE Neurological Surgery |
| <input type="checkbox"/> IM - Internal Medicine (Specialized): | <input type="radio"/> PED/GI Gastroenterology | <input type="radio"/> SU/OR Orthopedic Surgery |
| <input type="radio"/> IN/CA Cardiology | <input type="radio"/> PED/HEM Hematology | <input type="radio"/> SU/PL Plastic Surgery |
| <input type="radio"/> IN/CC Critical Care | <input type="radio"/> PED/ID Infectious Disease | <input type="radio"/> SU/TH Thoracic Surgery |
| <input type="radio"/> IN/EN Endocrinology | <input type="radio"/> PED/NEO Neonatology | <input type="radio"/> SU/TP Transplant Surgery |
| <input type="radio"/> IN/GI Gastroenterology | <input type="radio"/> PED/NEP Nephrology | <input type="radio"/> SU/UR Urology |
| <input type="radio"/> IN/HEM Hematology | <input type="radio"/> PED/NEU Neurology | <input type="radio"/> SU/VA Vascular |
| <input type="radio"/> IN/ID Infectious Disease | <input type="radio"/> PED/ONC Oncology | <input type="checkbox"/> Other: _____ |
| <input type="radio"/> IN/NEP Nephrology | <input type="radio"/> PED/PC Palliative Care | |
| <input type="radio"/> IN/NEU Neurology | <input type="radio"/> PED/PCC Pulmonary Critical Care | |
| <input type="radio"/> IN/ONC Oncology | <input type="radio"/> PED/PUD Pulmonary Disease | |
| <input type="radio"/> IN/PC Palliative Care | <input type="radio"/> PED/RH Rheumatology | |
| <input type="radio"/> IN/PCC Pulmonary Critical Care | | |
| <input type="radio"/> IN/PUD Pulmonary Disease | | |
| <input type="radio"/> IN/RH Rheumatology | | |
| <input type="checkbox"/> MG - Medicine Genetics | <input type="checkbox"/> PMR - Physical Medicine & Rehabilitation | |
| <input type="checkbox"/> NU - Nuclear Medicine | <input type="checkbox"/> PR - Preventive Medicine/Public Health | |
| <input type="checkbox"/> OC - Occupational Health | | |
| <input type="checkbox"/> OB - Obstetrics & Gynecology | | |
| <input type="checkbox"/> OP - Ophthalmology | | |

6b. Are you providing patient care in your specialty area?

- Yes
- No

6c. How many hours per week do you spend in your primary area of practice?

- Less than 20 hours
- Greater than or equal to 20 hours

6d. Which of the following best describes the primary area of practice of your supervising physician?

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> AC - Academic Medicine <input type="checkbox"/> ADM - Administrative Medicine <input type="checkbox"/> AI - Allergy/Immunology <input type="checkbox"/> AN - Anesthesiology <input type="checkbox"/> DE - Dermatology <input type="checkbox"/> EM - Emergency medicine <input type="checkbox"/> FM - Family Medicine <input type="checkbox"/> GE – Geriatrics <input type="checkbox"/> IM - Internal Medicine (General) <input type="checkbox"/> IM - Internal Medicine (Specialized): <ul style="list-style-type: none"> <input type="radio"/> IN/CA Cardiology <input type="radio"/> IN/CC Critical Care <input type="radio"/> IN/EN Endocrinology <input type="radio"/> IN/GI <input type="radio"/> Gastroenterology <input type="radio"/> IN/HEM Hematology <input type="radio"/> IN/ID Infectious Disease <input type="radio"/> IN/NEP Nephrology <input type="radio"/> IN/NEU Neurology <input type="radio"/> IN/ONC Oncology <input type="radio"/> IN/PC Palliative Care <input type="radio"/> IN/PCC Pulmonary Critical Care <input type="radio"/> IN/PUD Pulmonary Disease <input type="radio"/> IN/RH Rheumatology <input type="checkbox"/> MG - Medicine Genetics <input type="checkbox"/> NU – Nuclear Medicine | <ul style="list-style-type: none"> <input type="checkbox"/> OC – Occupational Health <input type="checkbox"/> OB - Obstetrics & Gynecology <input type="checkbox"/> OP - Ophthalmology <input type="checkbox"/> OMT – Osteopathic Manipulative Treatment <input type="checkbox"/> ENT – Otolaryngology <input type="checkbox"/> PA - Pathology <input type="checkbox"/> PED - Pediatrics (General) <input type="checkbox"/> Pediatrics (Specialized): <ul style="list-style-type: none"> <input type="radio"/> PED/AD Adolescent Medicine <input type="radio"/> PED/CA Cardiology <input type="radio"/> PED/CC Critical Care <input type="radio"/> PED/EN Endocrinology <input type="radio"/> PED/GI Gastroenterology <input type="radio"/> PED/HEM Hematology <input type="radio"/> PED/ID Infectious Disease <input type="radio"/> PED/NEO Neonatology <input type="radio"/> PED/NEP Nephrology <input type="radio"/> PED/NEU Neurology <input type="radio"/> PED/ONC Oncology <input type="radio"/> PED/PC Palliative Care <input type="radio"/> PED/PCC Pulmonary Critical Care <input type="radio"/> PED/PUD Pulmonary Disease | <ul style="list-style-type: none"> <input type="radio"/> PED/RH Rheumatology <input type="checkbox"/> PMR – Physical Medicine & Rehabilitation <input type="checkbox"/> PR – Preventive Medicine/Public Health <input type="checkbox"/> PSY – Psychiatry <input type="checkbox"/> RA – Radiology <input type="checkbox"/> REM – Research Medicine <input type="checkbox"/> SU/GE - Surgery (General) <input type="checkbox"/> Surgery (Specialized) <ul style="list-style-type: none"> <input type="radio"/> SU/BT Burn/Trauma <input type="radio"/> SU/CS Cardiac Surgery <input type="radio"/> SU/CO Colon/Rectal Surgery <input type="radio"/> SU/NE Neurological Surgery <input type="radio"/> SU/OR Orthopedic Surgery <input type="radio"/> SU/PL Plastic Surgery <input type="radio"/> SU/TH Thoracic Surgery <input type="radio"/> SU/TP Transplant Surgery <input type="radio"/> SU/UR Urology <input type="radio"/> SU/VA Vascular <input type="checkbox"/> Other: _____ |
|--|--|--|

7. Do you accept or participate with Medicare?

- Yes
- No

7b. Do you accept or participate with Medicaid?

- Yes
- No

7c. Do you accept or participate with D.C. Healthcare Alliance?

- Yes
- No

8. Within the next 2 years, do you plan to (check any that apply):

- Retire from patient care
- Reduce patient hours
- Increase patient hours
- Move your clinical practice to another geographic location in D.C.
- Move your clinical practice out of D.C.
- Change to full-time non-clinical professional activities (administrative/academic educational/research medicine/public health)
- Add additional practitioner to your practice
- None of the above

9. Where do you obtain the **majority** of your CME credits? (please select one)

- Online (i.e. webinar, distance Learning)
- CD-ROMs, Audio CDs, or DVDs accompanied with printed materials
- Professional Conferences
- Hospital-Based Seminars (i.e. grand rounds, etc.)
- Educational Institution (i.e. universities, medical schools)

9b. Of the CMEs completed for the current renewal cycle, what percentage were in:

- General medicine _____%
 - Your primary area of specialty _____%
 - Ethics _____%
 - Practice Management _____%
 - Other: _____%
- Total: 100%

Section B: PRIMARY CARE PHYSICIAN ASSISTANT WORKFORCE

Only complete this section if your specialty area of practice is in ONE OF THE FOLLOWING AREAS: Internal Medicine (General), Family Medicine, Pediatrics (General), or Obstetrics & Gynecology.

If your primary specialty area of practice is NOT one of these four areas, please proceed to “Section C: Special Topics.”

10. Which of the following settings serves as the primary location where you conduct the majority of your clinical/patient care?

- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

10b. Are you currently accepting new patients?

- Yes
- No

11. If you have more than one clinical/patient care practice location, what is your secondary practice setting?

- Private Solo Practice
- Private Group Practice
- Non-Profit Ambulatory Clinic-Based Practice
- For-Profit Ambulatory Clinic-Based Practice
- Hospital/Medical System Based Practice
- Federally Qualified Health Center (FQHC)
- Medical School or Parent University
- Other: _____

11b. What is the full address of your secondary practice location?

City _____ State _____ Zip Code _____

11c. Are you currently accepting new patients at this secondary practice location?

- Yes
- No

11d. How many hours per week are you practicing at this secondary practice location?

- Under 20 hours
- Greater than or equal to 20 hours

12. Do you offer scheduled extended hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?

- Yes
- No

12b. Do you offer scheduled weekend hours at your practice location(s)?

- Yes
- No

If you do NOT practice Obstetrics & Gynecology, please skip ahead to Section C: Special Topics.

13. If your specialty is Obstetrics & Gynecology, do you practice Obstetrics?

- Yes
- No

13b. What percentage of your practice is dedicated to Obstetrics?

- Greater than 50%
- Less than 50%

Section C: Special Topics

TELEMEDICINE (Technology Assisted Medicine)

14. Do you agree that telemedicine is the practice of medicine?

The D.C. Board of Medicine defines “Telemedicine” as “the practice of medicine by a licensed physician to provide patient care treatment or services, from any distance, through the use of health information and technology communications.”

- Yes
- No

14b. Do you currently use telemedicine in your practice?

- Yes
- No

14c. If no, do you anticipate incorporating telemedicine in your practice within the next 5 years?

- Yes
- No

SOCIAL MEDIA

15. Which of the following forms of social media do you use in your practice of medicine (professional use only)? Please select all that apply:

- Blogs
- Facebook
- Twitter
- LinkedIn
- Google+
- YouTube
- Physician Communities
- Patient Communities
- Other: _____
- None of the Above

15b. Do you believe that social media use has communicative value within a physician-patient relationship?

- Yes
- No

ELECTRONIC MEDICAL RECORD USE

16. Do you use e-prescribing?

- Yes
- No

16b. Do you use electronic health records (EHR)?

- Yes
- No

16c. Does your EHR allow patient access, (i.e. patient portal)?

- Yes
- No

PATIENT PROTECTION & AFFORDABLE CARE ACT

17. Do you believe that the Patient Protection & Affordable Care Act will have a positive effect on healthcare in the District of Columbia?

- Yes
- No
- Don't know

17b. If yes, how do you believe the Patient Protection & Affordable Care Act will impact healthcare in the District of Columbia (select all that apply)?

- It will increase patient access to care
- It will improve the overall quality of healthcare delivered
- It will provide more autonomy for physicians in their deliver of patient care
- It will enhance the financial viability of my practice
- Other: _____

17c. What is your overall opinion of the Patient Protection & Affordable Care Act?

- It went too far
- It did not go far enough
- It will be ineffective toward reforming healthcare in the US
- It will be effective toward reforming healthcare in the US

Thank you for your time and effort in completing the 2012 Physician Assistant Workforce Survey!

APPENDIX C:
PHYSICIAN SENSITIVITY ANALYSIS

Demographic Comparison of Survey Respondents to 2008 AMA Masterfile Data

		2008 AMA Masterfile Sample of All D.C. Physicians N=5076	Total 2012 Survey Respondents N=4790
Gender	Male	62.27%	56.99%
	Female	37.73%	43.01%
Age	30 & Under	1.54%	2.13%
	31-40	24.29%	24.11%
	41-50	24.29%	24.97%
	51-60	24.96%	24.36%
	Over 60	24.92%	24.43%

		2008 AMA Masterfile Sample of All Actively Practicing D.C. Physicians N=4821	Total 2012 Survey Respondents N=1487
Gender	Male	61.90%	53.87%
	Female	38.10%	46.13%
Age	30 & Under	1.60%	2.62%
	31-40	25.43%	28.24%
	41-50	25.18%	25.42%
	51-60	25.68%	22.53%
	Over 60	22.11%	21.18%

APPENDIX D:
LIST OF FIGURES, TABLES, & MAPS

List of Figures

Number	Title	Page
Figure 1	Comparison of Actively Practicing Primary Care Physician Rates, 2010 v. 2012	21
Figure 2	Percent Change in Two-Year Actively Practicing Physician, Future Plans Between 2010 v. 2012	22
Figure 3	Physician Survey Respondents Primary Care vs. Specialty Care, 2012	23
Figure 4	Physician Survey Respondent Age Distribution, 2012	24
Figure 5	Specialty Care Physician Respondent Gender Distribution, 2012	25
Figure 6	Primary Care Physician Respondent Gender Distribution, 2012	25
Figure 7	Non-Clinical Activities of Physician Survey Respondents, 2012	26
Figure 8	Comparison of Primary vs. Specialty Care Non-Clinical Activities, 2012	27
Figure 9	Type of Administrative Medicine Participation of Physician Survey Respondents, 2012	28
Figure 10	Comparison of Primary vs. Specialty Care Physician Survey Respondents, Clinical Care Hours, 2012	29
Figure 11	Comparison of Board Certification Rates for Primary vs. Specialty Care Physician Survey Respondents, 2012	31
Figure 12	Future Plans of Physician Survey Respondents within the Next 2 years, 2012	32
Figure 13	Primary Source of Obtaining CMEs for Physician Survey Respondents, 2012	34
Figure 14	Actively Practicing Primary Care Physician Age Distribution, 2012	36
Figure 15	Actively Practicing Primary Care Physician Age Distribution by Specialty Type, 2012	38
Figure 16	Actively Practicing Primary Care Physician Gender Distribution, 2012	39
Figure 17	Actively Practicing Primary Care Physician Gender Distribution, by Specialty Type, 2012	39
Figure 18	Most Common Practice Settings of Actively Practicing Primary Care Physicians by Specialty Type, 2012	40
Figure 19	Future Plans of Actively Practicing Primary Care Physicians within the Next 2 Years, 2012	46
Figure 20	Future Plans of Actively Practicing Primary Care Physicians, by Specialty, within the Next 2 Years, 2012	50
Figure 21	Actively Practicing Primary Care Physicians Who Are Accepting New Patients, 2012	51
Figure 22	Actively Practicing Primary Care Physicians Who Are Accepting New Patients, by Specialty Type, 2012	51
Figure 23	Actively Practicing Primary Care Physicians Offering Scheduled Extended Care Hours, 2012	52
Figure 24	Actively Practicing Primary Care Physicians Offering Scheduled Weekend Hours, 2012	52
Figure 25	Actively Practicing Primary Care Physicians Offering Scheduled Extended Care Hours, by Specialty Type, 2012	53
Figure 26	Actively Practicing Primary Care Physicians Offering Scheduled Weekend Hours, by Specialty Type, 2012	53
Figure 27	Actively Practicing OB/GYNs Providing Care in Obstetrics, 2012	54
Figure 28	Percentage of Practice Dedicated to Obstetrics Among Actively Practicing OB/GYNs Providing Care in Obstetrics, 2012	54
Figure 29	Actively Practicing Specialty Care Physician Age Distribution, 2012	55
Figure 30	Actively Practicing Specialty Care Physician Gender Distribution, 2012	56
Figure 31	Future Plans of Actively Practicing Specialty Care Physicians within the Next 2 Years, 2012	57
Figure 32	D.C. Managed Care Acceptance & Participation Rates Among Actively Practicing Primary Care Physicians, by Specialty, 2012	61
Figure 33	Medicaid Acceptance & Participation Rates for Actively Practicing Primary Care Physicians, by Specialty, 2012	62
Figure 34	Medicare Acceptance & Participation Rates for Actively Practicing Primary Care Physicians, by Specialty, 2012	71
Figure 35	Comparison of Actively Practicing Primary Care Physician Assistant Rates, 2010 v. 2012	74

Figure 36	Percent Change for Actively Practicing Physician Assistants Future Plans From 2010 to 2012	75
Figure 37	Physician Assistant Survey Respondent Primary Care vs. Specialty Care, 2012	76
Figure 38	Physician Assistant Survey Respondent Age Distribution, 2012	77
Figure 39	Specialty Care Physician Assistant Respondent Gender Distribution, 2012	78
Figure 40	Primary Care Physician Assistant Respondent Gender Distribution, 2012	78
Figure 41	Non-Clinical Activities of Physician Assistant Survey Respondents, 2012	79
Figure 42	Comparison of Primary vs. Specialty Care Non-Clinical Activities, 2012	80
Figure 43	Type of Administrative Medicine Participation by Specialty Care Physician Assistant Survey Respondents, 2012	81
Figure 44	Comparison of Primary vs. Specialty Care Physician Assistant Survey Respondent Clinical Care Hours, 2012	82
Figure 45	Comparison of Specialty Care vs. Primary Care Physician Assistant Survey Respondent Participation in Medicare, Medicaid, and D.C. Managed Care, 2012	84
Figure 46	Future Plans of Physician Assistant Survey within the Next 2 years, 2012 Respondents	85
Figure 47	Primary Source of Obtaining CMEs for Physician Assistant Survey Respondents, 2012	87
Figure 48	Actively Practicing Primary Care Physician Assistant Age Distribution, 2012	89
Figure 49	Actively Practicing Primary Care Physician Assistant Gender Distribution, 2012	91
Figure 50	Actively Practicing Primary Care Physician Assistant Gender Distribution by Specialty Type, 2012	91
Figure 51	Medicare/Medicaid/D.C. Managed Care Acceptance & Participation Rates for Actively Practicing Primary Care Physician Assistants, 2012	99
Figure 52	Future Plans of Actively Practicing Primary Care Physician Assistants Within the Next 2 Years, 2012	100
Figure 53	Future Plans of Actively Practicing Primary Care Physician Assistants, by Specialty, within the Next 2 Years, 2012	102
Figure 54	Actively Practicing Primary Care Physician Assistants Accepting New Patients, 2012	103
Figure 55	Actively Practicing Primary Care Physician Assistants Accepting New Patients, by Specialty Type, 2012	103
Figure 56	Actively Practicing Primary Care Physician Assistants Offering Scheduled Extended Care Hours, 2012	104
Figure 57	Actively Practicing Primary Care Physician Assistants Offering Scheduled Weekend Hours, 2012	104
Figure 58	Actively Practicing Primary Care Physician Assistants Offering Scheduled Extended Care Hours, by Specialty Type, 2012	105
Figure 59	Actively Practicing Primary Care Physician Assistants Offering Scheduled Weekend Hours, by Specialty Type, 2012	105
Figure 60	Actively Practicing Specialty Care Physician Assistant Age Distribution, 2012	106
Figure 61	Actively Practicing Specialty Care Physician Assistant Gender Distribution, 2012	107
Figure 62	Future Plans of Actively Practicing Specialty Care Physician Assistants within the Next 2 Years, 2012	108
Figure 63	Medicare/Medicaid/D.C. Managed Care Acceptance & Participation Rates for Actively Practicing Primary Care Physician Assistants, 2012	110
Figure 64	Physician View on Whether Telemedicine is the Practice of Medicine, 2012	116
Figure 65	Physician Assistant View on Whether Telemedicine is the Practice of Medicine, 2012	117
Figure 66	Physician Anticipated Use of Telemedicine Within the Next 5 Years, 2012	118
Figure 67	Physician Assistant Anticipated Use of Telemedicine Within the Next 5 years, 2012	118
Figure 68	Physician Survey Respondents Who Supervise or Work Closely with Advanced Practice Clinicians (APCs), 2012	119
Figure 69	Physician Survey Respondents Who Anticipate Adding an Advanced Practice Clinician (APC) to Their Practice in the Next 2 years, 2012	120
Figure 70	e-Prescribing Use Among Physician Survey Respondents, 2012	121
Figure 71	e-Prescribing use Among Physician Assistant Survey Respondents, 2012	121

Figure 72	Electronic Health Record Use Among Physician Survey Respondents, 2012	122
Figure 73	Electronic Health record Use Among Physician Assistant Survey Respondents, 2012	123
Figure 74	Use of EHR Patient Access Among Physician Assistant Survey Respondents, 2012	123
Figure 75	Physician View on Whether the Patient Protection & Affordable Care Act Will Have a Positive Effect on Healthcare in the District, 2012	124
Figure 76	Physician Opinion on Potential Impact of Patient Protection & Affordable Care Act, 2012	125
Figure 77	Physician Assistant View on Whether the Patient Protection & Affordable Care Act Will Have a Positive Effect on Healthcare in the District, 2012	126
Figure 78	Physician Assistant Opinion on Potential Impact of Patient Protection & Affordable Care Act, 2012	127
Figure 79	Physician Overall Opinion of the Patient Protection & Affordable Care Act, 2012	128
Figure 80	Physician Assistant Overall Opinion of the Patient Protection & Affordable Care Act, 2012	129

List of Tables

Number	Title	Page
Table 1	Respondents Compared to D.C. Physicians Eligible for License Renewal	15
Table 2	Respondents Compared to D.C. Physician Assistants Eligible for License Renewal	16
Table 3	Demographic Comparison of Survey Respondents to 2008 AMA Masterfile Data	17
Table 4	Comparison of Physician License Renewal & Survey Response Rates, 2010 v. 2012	19
Table 5	Comparison of Physician Survey Respondent Age Distribution, 2010 v. 2012	19
Table 6	Comparison of Physician Survey Respondent Gender Distribution, 2010 v. 2012	20
Table 7	Comparison of Actively Practicing Primary Care Physician Gender Distribution, 2010 v. 2012	20
Table 8	Comparison of Actively Practicing Primary Care & Specialty Care, Physician Rates, 2010 v. 2012	20
Table 9	Comparison of Top Specialties Among Actively Practicing Physicians, 2010 v. 2012	21
Table 10	Primary Care Physician Survey Respondent Age Distribution, 2012	24
Table 11	Specialty Care Physician Survey Respondent Age Distribution, 2012	24
Table 12	Non-Clinical Activities of Primary Care Physician Survey Respondents, 2012	26
Table 13	Non-Clinical Activities of Specialty Care Physician Survey Respondents, 2012	26
Table 14	Type of Administrative Medicine Participation by Primary Care Physician Respondents, 2012	28
Table 15	Type of Administrative Medicine Participation by Specialty Care Physician Respondents, 2012	28
Table 16	Clinical/Patient Care Hours of Primary Care Physician Survey Respondents, 2012	29
Table 17	Clinical/Patient Care Hours of Specialty Care Physician Survey Respondents, 2012	29
Table 18	Physician Survey Respondents by Most Common Specialty, 2012	30
Table 19	Primary Care Physician Survey Respondents by Most Common Specialty, 2012	30
Table 20	Specialty Care Physician Survey Respondents by Most Common Specialty, 2012	30
Table 21	Future Plans of Primary Care Physician Survey Respondents within the Next 2 Years, 2012	32
Table 22	Future Plans of Specialty Care Physician Survey Respondents within the Next 2 Years, 2012	33
Table 23	Primary Method of Obtaining CMEs for Primary Care Physician Survey Respondents, 2012	34
Table 24	Primary Method of Obtaining CMEs for Specialty Care Physician Survey Respondents, 2012	35
Table 25	Actively Practicing Primary Care Physician Age Distribution, 2012	36
Table 26	Actively Practicing General Internal Medicine Physicians, Age Distribution, 2012	37
Table 27	Actively Practicing OB/GYN Age Distribution, 2012	37
Table 28	Actively Practicing General Pediatric Physician Age Distribution, 2012	37
Table 29	Actively Practicing Family Medicine Physician Age Distribution, 2012	37
Table 30	Most Common Practice Settings of Actively Practicing Primary Care Physicians, 2012	40
Table 31	Future Plans of Actively Practicing General Internal Medicine Physicians, within the Next 2 Years, 2012	48
Table 32	Future Plans of Actively Practicing OB/GYNs, within the Next 2 Years, 2012	48
Table 33	Future Plans of Actively Practicing General Pediatricians, within the Next 2 years, 2012	49
Table 34	Future Plans of Actively Practicing Family Medicine Physicians, within the Next 2 Years, 2012	49
Table 35	Actively Practicing Specialty Care Physician Age Distribution, 2012	55
Table 36	Future Plans of Actively Practicing Specialty Care Physicians within the Next 2 Years, 2012	57
Table 37	D.C. Managed Care Acceptance & Participation Among Actively Practicing Primary Care Physicians, 2012	61

Table 38	D.C. Managed Care Acceptance & Participation Among Actively Practicing Specialty Care Physicians, 2012	61
Table 39	Medicaid Acceptance & Participation Among Actively Practicing Primary Care Physicians, 2012	62
Table 40	Medicaid Acceptance & Participation Among Actively Practicing Specialty Care Physicians, 2012	63
Table 41	Actively Practicing Physicians Accepting or Participating in Medicaid, by Ward, 2012	63
Table 42	Actively Practicing Physician Practice Location by HPSA, 2012	64
Table 43	Actively Practicing Physicians Practice Locations, by Ward, 2012	64
Table 44	Medicare Acceptance & Participation Among Actively Practicing Primary Care Physicians, 2012	71
Table 45	Medicare Acceptance & Participation Among Actively Practicing Specialty Care Physicians, 2012	71
Table 46	Comparison of Physician Assistant Survey Response Rates, 2010 v. 2012	73
Table 47	Comparison of Physician Assistant Survey Respondent Age Distribution, 2010 v. 2012	73
Table 48	Comparison of Physician Assistant Survey Respondent Gender Distribution, 2010 v. 2012	73
Table 49	Comparison of Actively Practicing Primary Care & Specialty Care Physician Assistant Rates, 2010 v. 2012	74
Table 50	Comparison of Top Specialties Among Actively Practicing Physician Assistants, 2010 v. 2012	75
Table 51	Primary Care Physician Assistant Survey Respondent Age Distribution, 2012	77
Table 52	Specialty Care Physician Assistant Survey Respondent Age Distribution, 2012	77
Table 53	Non-Clinical Activities of Primary Care Physician Assistant Survey Respondents, 2012	79
Table 54	Non-Clinical Activities of Specialty Care Physician Assistant Survey Respondents, 2012	79
Table 55	Type of Administrative Medicine Participation by Specialty Care Physician Assistant Respondents, 2012	81
Table 56	Clinical/Patient Care Hours of Primary Care Physician Assistant Survey Respondents, 2012	82
Table 57	Clinical/Patient Care Hours of Specialty Care Physician Assistant Survey Respondents, 2012	82
Table 58	Physician Assistant Survey Respondents by Most Common Specialty, 2012	83
Table 59	Primary Care Physician Assistant Survey Respondents by Most Common Area of Practice, 2012	83
Table 60	Specialty Care Physician Assistant Survey Respondents by Most Common Specialty, 2012	83
Table 61	Future Plans of Primary Care Physician Assistant Survey Respondents within the Next 2 years, 2012	86
Table 62	Future plans of Specialty Care Physician Assistant Survey Respondents within the Next 2 Years, 2012	86
Table 63	Primary Method of Obtaining CMEs for Primary Care Physician Assistant Survey Respondents, 2012	87
Table 64	Primary Method of Obtaining CMEs for Specialty Care Physician Assistant Survey Respondents, 2012	88
Table 65	Actively Practicing Primary Care Physician Assistant Age Distribution, 2012	89
Table 66	Actively Practicing General Internal Medicine Physician Assistant Age Distribution, 2012	90
Table 67	Actively Practicing Family Medicine Physician Assistant Age Distribution, 2012	90
Table 68	Actively Practicing OB/GYN Physician Assistant Age Distribution, 2012	90
Table 69	Most Common Practice Settings of Actively Practicing Primary Care Physician Assistants, 2012	92
Table 70	Medicare Acceptance & Participation Among Actively Practicing Primary Care Physician Assistants, 2012	98
Table 71	D.C. Managed Care Acceptance & Participation Among Actively Practicing Primary Care Physician Assistants, 2012	98
Table 72	Medicaid Acceptance & Participation Among Actively Practicing Primary Care Physician Assistants, 2012	98
Table 73	Future Plans of Actively Practicing Primary Care Physician Assistants within the Next 2 Years, 2012	100
Table 74	Future Plans of Actively Practicing General Internal Medicine Physician Assistants within the Next 2 Years, 2012	101

Table 75	Future Plans of Actively Practicing Family Medicine Physician Assistants within the Next 2 Years, 2012	101
Table 76	Future Plans of Actively Practicing OB/GYN Physician Assistants, within the Next 2 Years, 2012	102
Table 77	Actively Practicing Specialty Care Physician Assistant Age Distribution, 2012	106
Table 78	Future Plans of Actively Practicing Specialty Care Physician Assistants within the Next 2 years, 2012	108
Table 79	Medicare Acceptance & Participation Among Actively Practicing Specialty Care Physician Assistants, 2012	109
Table 80	D.C. Managed Care Acceptance & Participation Among Actively Practicing Specialty Care Physician Assistants, 2012	109
Table 81	Medicaid Acceptance & Participation Among Actively Practicing Specialty Care Physician Assistants, 2012	109
Table 82	Most Commonly Used Forms of Social Media Among Physician Survey Respondents, 2012	113
Table 83	A Comparison of the Types of Social Media Used Among Physician Survey Respondents Between 2010 and 2012	113
Table 84	Most Commonly Used Forms of Social Media Among Physician Assistant Survey Respondents, 2012	114
Table 85	A Comparison of the Types of Social Media Used Among Physician Assistant Survey Respondents Between 2010 and 2012	114
Table 86	Communicative Value of Social Media in Physician-Patient Relationship, 2012	115
Table 87	Communicative Value of Social Media in Physician Assistant-Patient Relationship, 2012	115
Table 88	Physician View on Whether Telemedicine is the Practice of Medicine, 2012	116
Table 89	Use of Telemedicine Among Physicians, 2012	116
Table 90	Physician Assistant View on Whether Telemedicine is the Practice of Medicine, 2012	117
Table 91	Use of Telemedicine Among Physician Assistants, 2012	117
Table 92	Physician Anticipated Use of Telemedicine Within the Next 5 Years, 2012	118
Table 93	Physician Assistant Anticipated Use of Telemedicine Within the Next 5 years, 2012	118
Table 94	Physician Survey Respondents Who Supervise or Work Closely with Advanced Practice Clinicians (APCs), 2012	119
Table 95	Physician Survey Respondents who Anticipate Adding an Advanced Practice Clinician (APC) to Their Practice in the Next 2 years, 2012	120
Table 96	e-Prescribing Use Among Physician Survey Respondents, 2012	121
Table 97	e-Prescribing use Among Physician Assistant Survey Respondents, 2012	121
Table 98	Electronic Health Record Use Among Physician Survey Respondents, 2012	122
Table 99	Use of EHR Patient Access Among Physician Survey Respondents, 2012	122
Table 100	Electronic health record use among physician assistant survey respondents, 2012	123
Table 101	Use of EHR Patient Access Among Physician Assistant Survey Respondents, 2012	123
Table 102	Physician View on Whether the Patient Protection & Affordable Care Act Will Have a Positive Effect on Healthcare in the District, 2012	124
Table 103	Physician Opinion on Potential Impact of Patient Protection & Affordable Care Act, 2012	125
Table 104	Physician Assistant View on Whether the Patient Protection & Affordable Care Act Will Have a Positive Effect on Healthcare in the District, 2012	126
Table 105	Physician Assistant Opinion on Potential Impact of Patient Protection & Affordable Care Act, 2012	127
Table 106	Physician Overall Opinion of the Patient Protection & Affordable Care Act, 2012	128
Table 107	Physician Assistant Overall Opinion of the Patient Protection & Affordable Care Act, 2012	129

List of Maps

Number	Title	Page
Map 1	Actively Practicing Primary Care Physician Practice Locations by Census Tract, 2012	41
Map 2	Actively Practicing General Internal Medicine Physician Practice Location, by Census Tract, 2012	42
Map 3	Actively Practicing OB/GYN Practice Location by Census Tract, 2012	43
Map 4	Actively Practicing General Pediatrician Practice Location by Census Tract, 2012	44
Map 5	Actively Practicing Family Medicine Physician Practice Location by Census Tract, 2012	45
Map 6	Actively Practicing Primary Care Physicians Reducing Patient Hours or Retiring, by Census Tract, 2012	47
Map 7	Actively Practicing Specialty Care Physicians Who Are Reducing Patient Hours or Retiring, by Census Tract, 2012	58
Map 8	Actively Practicing Specialty Care Physician Practice Locations, by Census Tract, 2012	59
Map 9	Comparison of the District's HPSAs and the Distribution of Actively Practicing Primary Care Physicians who Participate in Medicaid, 2012	65
Map 10	Comparison of the District's HPSAs and the Distribution of Actively Practicing General Internal Medicine Physicians, 2012	66
Map 11	Comparison of the District's HPSAs and the Distribution of Actively Practicing Obstetrics & Gynecology Physicians, 2012	67
Map 12	Comparison of the District's HPSAs and the Distribution of Actively Practicing General Pediatricians, 2012	68
Map 13	Comparison of the District's HPSAs and the Distribution of Actively Practicing, Family Medicine Physicians, 2012	69
Map 14	Comparison of the District's HPSAs and the Distribution of Actively Practicing Specialty Care Physicians who Participate in Medicaid, 2012	70
Map 15	Comparison of the Distribution of Primary Care Physician Assistant and Physician Locations within the District, 2012	93
Map 16	Actively Practicing Primary Care Physician Assistants by Census Tract, 2012	94
Map 17	Actively Practicing General Internal Medicine Physician Assistants by Census Tract, 2012	95
Map 18	Actively Practicing Family Medicine Physician Assistants by Census Tract, 2012	96
Map 19	Actively Practicing OB/GYN Physician Assistants by Census Tract, 2012	97
Map 20	Actively Practicing Specialty Care Physician Assistant Practice Locations by Census Tract, 2012	111

APPENDIX E:
D.C. PRIMARY (MEDICAL) CARE
HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)

HPSA scores indicate an area’s degree of shortage on a scale of 1 to 25, with “25” indicating the greatest shortage. A shortage designation can refer to a gross shortage of providers available to the overall population in an area – “geographic area” – or a net shortage of providers available to a specific population in an area – “population.”

**DC’s PRIMARY CARE
HEALTH PROFESSIONAL SHORTAGE AREAs (HPSA)**

Name	East Capitol Southeast	Anacostia	Homeless - Downtown Washington	South Capitol	Low Income - Brentwood	Low Income Columbia Heights/Ft Totten/Takoma	
Type	Geographical Area	Geographical Area	Population	Geographical Area	Population	Population	
Score	18	19	19	17	21	18	
ID#	1119991101	1119991106	1119991108	1119991110	1119991113	1119991123	
C.T.	0076.03	0073.04	0046.00	0064.00	0068.01	0016.00	0038.00
	0076.04	0074.01	0047.01	0071.00	0068.02	0017.02	0039.00
	0077.03	0074.03	0047.02	0072.00	0068.04	0018.03	0043.00
	0077.07	0074.04	0048.01	0105.00	0069.00	0018.04	0044.00
	0077.08	0074.06	0048.02	0110.00	0079.01	0019.01	0087.01
	0077.09	0074.07	0049.01		0079.03	0019.02	0087.02
	0078.03	0074.08	0049.02		0080.01	0020.01	0092.01
	0078.04	0074.09	0050.01		0080.02	0020.02	0092.03
	0078.06	0075.02	0050.02		0083.01	0021.01	0092.04
	0078.07	0075.03	0052.01		0083.02	0021.02	0093.01
	0078.08	0075.04	0053.01		0084.02	0022.01	0093.02
	0078.09	0076.01	0056.00		0084.10	0022.02	0094.00
	0096.01	0076.05	0058.00		0088.02	0023.01	0095.01
	0096.02	0097.00	0059.00		0088.03	0023.02	0095.03
	0096.03	0098.01	0101.00		0088.04	0024.00	0095.04
	0096.04	0098.02	0107.00		0089.03	0025.01	0095.05
	0099.01	0098.03	0108.00		0089.04	0025.02	0095.07
	0099.02	0098.04			0090.00	0026.00	0095.08
	0099.03	0098.07			0091.02	0027.01	0095.09
	0099.04	0098.10			0092.04	0027.02	0103.00
	0099.05	0098.11			0106.00	0028.01	
	0099.06	0104.00			0111.00	0028.02	
	0099.07	0109.00				0029.00	
						0030.00	
						0031.00	
						0032.00	
						0033.01	
						0033.02	
						0034.00	
						0035.00	
						0036.00	
						0037.00	

C.T. = Census Tract