



**Bowen Center for
Health Workforce**
—Research & Policy—
Indiana University School of Medicine

Data Report

2016 Indiana Physician Assistant Licensure Survey

November 2016



Acknowledgements

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Bowen Center for Health Workforce Research and Policy

The Bowen Center for Health Workforce Research and Policy (Bowen Center) aims to improve population health by informing health workforce policy through data management, community engagement and original research. The Bowen Center has a rich history of collecting, analyzing, and disseminating health workforce data and research for the State of Indiana. Understanding Indiana's health care workforce status is critical to ensuring that Indiana residents have access to high quality care, to developing programs that will train practitioners to meet future needs, and to recruiting and retaining health care professionals in Indiana.



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Executive Summary

Identifying supply and distribution of the Physician Assistant (PA) workforce is crucial in understanding the capacity to meet health care needs and improve overall population health of Indiana citizens. Data presented in this report provide a snapshot of key demographic and practice characteristics for Indiana's PA workforce.

The 2016 Indiana Physician Assistant Data Report presents information derived from data collected from the PA re-licensure survey administered by the Indiana Professional Licensing Agency (IPLA) during the biennial license renewal period. In 2016, 1,346 PAs renewed their professional licenses. Of these, 806 (59.9%) reported having a verified Indiana practice address and are included in this report.

An uneven geographic distribution of PAs is reflected by the fact that the highest PA full-time equivalent (FTE) was found in Marion County while over one-third of Indiana counties (37.0%) do not have any reported PA FTE. As with other health workforce professions, the greatest need for PAs exists in rural area, as over three-quarters (79.4%) of those counties are absent any reported PA FTE.

This report details important demographic and practice characteristics for the PA workforce, examining these data specifically in relation to PA supply and distribution. The 2016 Indiana Physician Assistant Data Report provides stakeholders with information needed to improve the quality of and accessibility to primary care for Indiana residents through policymaking, workforce development and resource allocation. Additional analyses and reports may be made available through the Bowen Center's website at family.medicine.iu.edu/hws.



Introduction

The 2016 Indiana Physician Assistant Licensure Survey Data Report presents key information and data collected from the PA re-licensure survey administered by the Indiana Professional Licensing Agency (IPLA) during the biennial license renewal period. This report includes data on a sample of PAs that may be used to promote meaningful policy discussion and to inform evidence-based health workforce policy development. The data presented herein describe PA demographic, educational and professional characteristics, as well as essential supply and geographic distribution information.

Methods

Survey Administration

Indiana's PA re-licensure survey was adapted from the PA Minimum Data Set (MDS) created by the Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis. HRSA has established MDS tools for many licensed health professionals to facilitate the establishment of national databases with consistent core data elements covering demographics, educational, credentialing, and practice characteristics. Indiana's PA re-licensure survey was administered by the IPLA during the biennial licensure renewal period. All PAs who renewed their license electronically (n=1,252) were invited to complete the voluntary survey.

Dataset Construction

The data used for this report were extracted from the PA base license files and the PA survey data files provided by the IPLA. The base license file contains administrative data such as license status, expiration date, license number, and date of birth. These data are important for calculating additional demographic variables such as age and applying the inclusion and exclusion criteria used for this report. The base license files were merged with the survey files by unique license numbers.

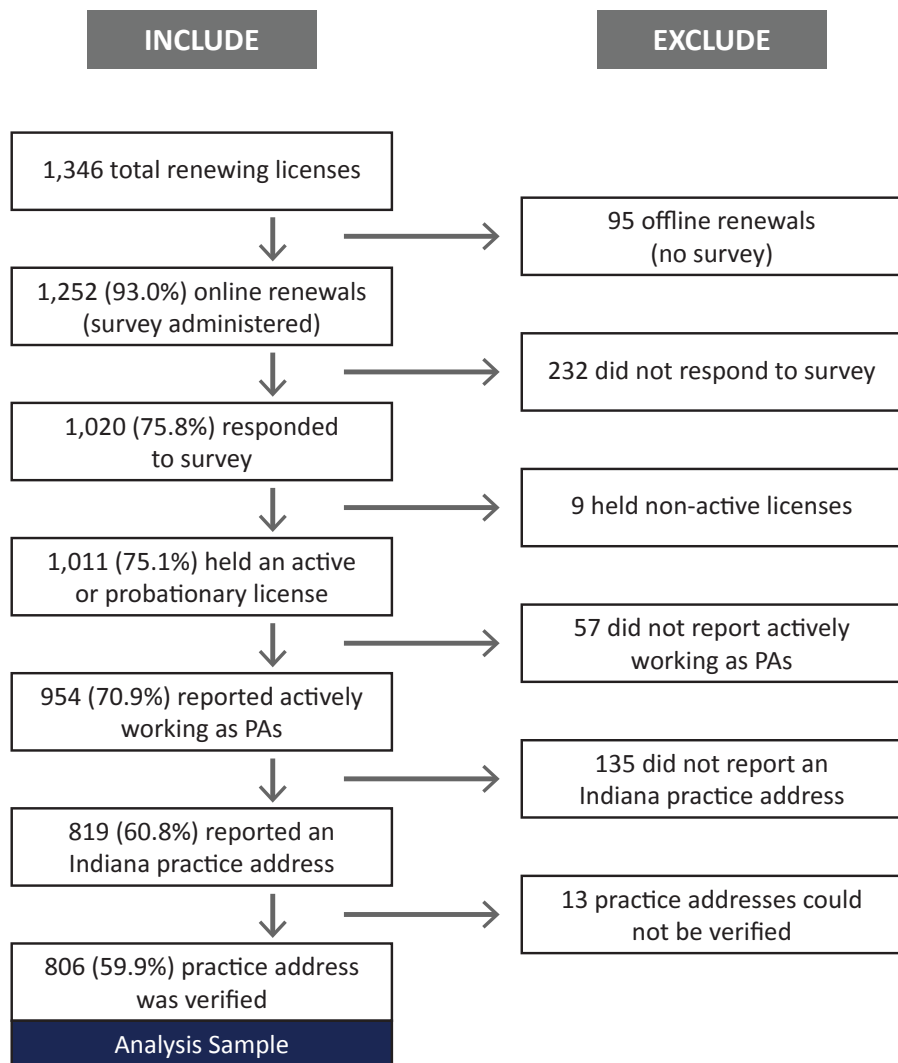
Inclusion and exclusion criteria were applied to the two datasets to determine the samples of PAs actively practicing in Indiana:

1. PA renewed license electronically in 2016;
2. PA responded to the 2016 re-licensure survey;
3. PA holds an active, 'valid to practice while reviewed' or probationary license;
4. PA reported actively working as a PA;
5. PA reported an Indiana practice address; and
6. PA whose practice address could be confirmed.



Physician Assistants who did not meet the inclusion criteria were excluded from the sample. The final sample in this report includes 806 PAs. The inclusion and exclusion criteria applied to the merged datasets for PAs are presented below.

Figure 1.1 Physician Assistant Workforce Inclusion and Exclusion Criteria



Practice Address Cleaning

Self-reported practice addresses were cleaned by correcting spelling of street names and removing suite, building, apartment and room numbers. Addresses were then geocoded using SAS 9.4 to confirm the reported address was a valid practice location. Respondents whose practice address could not be confirmed through geocoding were not included in the analysis sample for this report.

FTE Assignment

A full-time equivalent (FTE) was assigned to each individual based upon the survey response indicating average number of hours per week spent in direct patient care. To accurately map the distribution of the PA workforce throughout Indiana, FTEs were assigned to each individual practitioner. Geographic information system (GIS) maps present the distribution of the PA workforce by FTE in this report. Table 1.1 outlines the FTE assignment to each hourly category.

Table 1.1: FTE Calculation for Reported Based on Hours per Week in Patient

| Hours per Week in Patient Care | Assigned FTE |
|--------------------------------|--------------|
| 0 | 0 |
| 1 – 4 | 0.1 |
| 5 – 8 | 0.2 |
| 9 – 12 | 0.3 |
| 13 – 16 | 0.4 |
| 17 – 20 | 0.5 |
| 21 – 24 | 0.6 |
| 25 – 28 | 0.7 |
| 29 – 32 | 0.8 |
| 33 – 36 | 0.9 |
| 37 – 40 | 1 |
| 40 or more | 1 |

Rurality

Rurality was determined by whether an area is considered “urban” or “non-urban.” The Office of Management and Budget (OMB) defines an area as a metropolitan statistical area (MSA) with the following definition:

- one city with a population of 50,000 or more; or
- an urbanized area (as defined by the Bureau of the Census) with a population of at least 50,000 and a total MSA population of at least 100,000.¹

¹See census.gov/population/metro for further information.

Each MSA must include the county in which the central city is located and additional contiguous counties, if these are economically and socially integrated with the central county. Any county not included within an MSA is considered non-metro or “rural.”

Limitations

The data presented in this report have several significant limitations that should be taken into account when interpreting and utilizing these data. The information in this report was collected in self-reported response format as part of a voluntary survey. As is the case with all survey research, it is likely there is some level of response bias. In this case, it is possible responses to a question do not reflect the absolute practice characteristics of providers. Although these self-reported data may not be considered absolute, they provide a method of gauging PA practice characteristics. This report should only be used to inform policy discussion.

Additionally, the data presented in this report represent only a sample of the entire PA workforce. Due to missing data, the voluntary nature of the survey and the inclusion criteria many PAs are not represented in the final sample included in this report. Also, survey respondents did not answer every question, therefore the tables in this report include the number of non-respondents where applicable. Although this report contains a sample of PAs who renewed their license, this is a fairly large sample (59.9%) and may be valuable for informing health workforce policies.

Lastly, to meet state of Indiana needs and due to changes in the methodology for administration of the PA re-licensure survey, several updated versions have resulted over the years. Therefore, a conservative approach was taken and data trend analyses are not presented in this report.

Supplemental Data Tables

The primary purpose of the 2016 Indiana Physician Assistant Data Report is to provide an overview of key information pertaining to the PA workforce in Indiana. This report presents only highlights of the re-licensure survey data. Additional data tables may be requested online through the Bowen Center website: family.medicine.iu.edu/hws/workforce-form.



Physician Assistant Workforce

Highlights

- The mean age of the PA survey sample is 38.0 years
- Nearly all (92.8%) of PAs identified as White
- The majority (80.0%) of PAs reported practicing in only one location
- An equal proportion of PAs reported working in a hospital setting (47.0%) or an office setting (47.0%)
- Most (78.0%) PAs reported working at least 29 hours per week
- Almost all (94.9%) respondents qualified for the PA license by having earned a baccalaureate degree or higher level credential; 57.1% earned their credential in Indiana; and most (86.7%) PAs report no post-graduate training
- 34 Indiana counties had no reported PA FTE; an additional 9 counties have less than 1.0 reported PA FTE
- The population-to-PA FTE ratio is greater than 50,000:1 in five Indiana counties (Dearborn, Jasper, LaGrange, La Porte, Noble)
- The most commonly reported specialty for PAs was 'other' (28.0%) followed by Family Medicine/General Practice (18.5%)
- 89.4% of PAs reported having no planned changes in their career

Demographic Characteristics

Table 2.1: Physician Assistant Demographic Characteristics

| | Gender | | | | | | | |
|----------------------------------|------------|--------------|------------|--------------|-----------------|--------------|------------|--------------|
| | Female | | Male | | Non-Respondents | | Total | |
| Mean Age | 36.1 | | 42.3 | | 38.9 | | 38.0 | |
| | N | % | N | % | N | % | N | % |
| Age Group | | | | | | | | |
| Under 35 | 323 | 57.5 | 90 | 37.3 | 1 | 33.3 | 414 | 51.4 |
| 35 - 44 | 139 | 24.7 | 66 | 27.4 | 1 | 33.3 | 206 | 25.6 |
| 45 - 54 | 72 | 12.8 | 40 | 16.6 | 1 | 33.3 | 113 | 14.0 |
| 55 - 64 | 25 | 4.5 | 32 | 13.3 | 0 | 0.0 | 57 | 7.1 |
| 65 and Older | 3 | 0.5 | 13 | 5.4 | 0 | 0.0 | 16 | 2.0 |
| Total | 562 | 100.0 | 241 | 100.0 | 3 | 100.0 | 806 | 100.0 |
| Race | | | | | | | | |
| White | 522 | 92.9 | 223 | 92.5 | 3 | 100.0 | 748 | 92.8 |
| Asian | 11 | 2.0 | 5 | 2.1 | 0 | 0.0 | 16 | 2.0 |
| Black or African American | 9 | 1.6 | 4 | 1.7 | 0 | 0.0 | 13 | 1.6 |
| Multiracial | 11 | 2.0 | 1 | 0.4 | 0 | 0.0 | 12 | 1.5 |
| American Indian or Alaska Native | 3 | 0.5 | 1 | 0.4 | 0 | 0.0 | 4 | 0.5 |
| Non-Respondents | 6 | 1.1 | 7 | 2.9 | 0 | 0.0 | 13 | 1.6 |
| Total | 562 | 100.0 | 241 | 100.0 | 3 | 100.0 | 806 | 100.0 |
| Ethnicity | | | | | | | | |
| Not Hispanic or Latino | 509 | 90.6 | 209 | 86.7 | 2 | 66.7 | 720 | 89.3 |
| Hispanic or Latino | 9 | 1.6 | 3 | 1.2 | 0 | 0.0 | 12 | 1.5 |
| Non-Respondents | 44 | 7.8 | 29 | 12.0 | 1 | 33.3 | 74 | 9.2 |
| Total | 562 | 100.0 | 241 | 100.0 | 3 | 100.0 | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Notes: Gender was not answered by every survey respondent. Age was calculated by measuring the difference between the survey completion date and the respondent's date of birth provided by IPLA.



Professional and Practice Characteristics

Table 2.2: Physician Assistant Practice Setting/Hours in Direct Patient Care

| Practice Setting | Number of Practice Locations | | | | | |
|---|------------------------------|--------------|------------------------|--------------|------------|--------------|
| | One Practice Location | | Two Practice Locations | | Total | |
| | N | % | N | % | N | % |
| Hospital – Emergency Department | 136 | 21.1 | 41 | 25.5 | 177 | 22.0 |
| Hospital – Inpatient | 127 | 19.7 | 27 | 16.8 | 154 | 19.1 |
| Hospital – Outpatient | 29 | 4.5 | 5 | 3.1 | 34 | 4.2 |
| Hospital – Ambulatory Care Center | 7 | 1.1 | 4 | 2.5 | 11 | 1.4 |
| Office/Clinic – Single Specialty Group | 120 | 18.6 | 25 | 15.5 | 145 | 18.0 |
| Office/Clinic – Solo Practice | 67 | 10.4 | 11 | 6.8 | 78 | 9.7 |
| Office/Clinic – Multi Specialty Group | 57 | 8.8 | 25 | 15.5 | 82 | 10.2 |
| Office/Clinic – Partnership | 55 | 8.5 | 7 | 4.4 | 62 | 7.7 |
| Other | 20 | 3.1 | 10 | 6.2 | 30 | 3.7 |
| Federal/State/Community Health Center(s) | 6 | 0.9 | 2 | 1.2 | 8 | 1.0 |
| Local Health Department | 2 | 0.3 | 0 | 0.0 | 2 | 0.3 |
| Medical School | 2 | 0.3 | 0 | 0.0 | 2 | 0.3 |
| Nursing Home or Extended Care Facility | 1 | 0.2 | 2 | 1.2 | 3 | 0.4 |
| Federal Government Hospital | 1 | 0.2 | 1 | 0.6 | 2 | 0.3 |
| Research Laboratory | 1 | 0.2 | 0 | 0.0 | 1 | 0.1 |
| Home Health Setting | 1 | 0.2 | 0 | 0.0 | 1 | 0.1 |
| Non-Respondents | 13 | 2.0 | 1 | 0.6 | 14 | 1.7 |
| Total | 645 | 100.0 | 161 | 100.0 | 806 | 100.0 |
| Hours spent in Direct Patient Care | | | | | | |
| 0 hours per week | 4 | 0.6 | 2 | 1.2 | 6 | 0.7 |
| 1 – 4 hours per week | 4 | 0.6 | 2 | 1.2 | 6 | 0.7 |
| 5 – 8 hours per week | 11 | 1.7 | 5 | 3.1 | 16 | 2.0 |
| 9 – 12 hours per week | 10 | 1.6 | 8 | 5.0 | 18 | 2.2 |
| 13 – 16 hours per week | 20 | 3.1 | 11 | 6.8 | 31 | 3.9 |
| 17 – 20 hours per week | 29 | 4.5 | 16 | 9.9 | 45 | 5.6 |
| 21 – 24 hours per week | 25 | 3.9 | 28 | 17.4 | 53 | 6.6 |
| 25 – 28 hours per week | 37 | 5.7 | 11 | 6.8 | 48 | 6.0 |
| 29 – 32 hours per week | 94 | 14.6 | 20 | 12.4 | 114 | 14.1 |
| 33 – 36 hours per week | 126 | 19.5 | 21 | 13.0 | 147 | 18.2 |
| 37 – 40 hours per week | 183 | 28.4 | 22 | 13.7 | 205 | 25.4 |
| 41 or more hours per week | 96 | 14.9 | 14 | 8.7 | 110 | 13.7 |
| Non-Respondents | 6 | 0.9 | 1 | 0.6 | 7 | 0.9 |
| Total | 645 | 100.0 | 161 | 100.0 | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Notes: One and two practice locations are defined as having one or two valid practice addresses in Indiana.

Educational Characteristics

Table 2.3: Physician Assistant Education Characteristics

| Qualifying Degree | Indiana | | Contiguous States | | Other US States | | Non-Respondents | | Total | |
|---------------------|------------|--------------|-------------------|--------------|-----------------|--------------|-----------------|--------------|------------|--------------|
| | N | % | N | % | N | % | N | % | N | % |
| Certificate/Diploma | 7 | 1.5 | 6 | 4.0 | 10 | 5.5 | 1 | 7.1 | 24 | 3.0 |
| Associate's Degree | 1 | 0.2 | 14 | 9.3 | 0 | 0.0 | 0 | 0.0 | 15 | 1.9 |
| Bachelors | 138 | 30.0 | 22 | 14.7 | 44 | 24.2 | 8 | 57.1 | 212 | 26.3 |
| Masters | 312 | 67.8 | 108 | 72.0 | 128 | 70.3 | 4 | 28.6 | 552 | 68.5 |
| Other | 2 | 0.4 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 0.3 |
| Non-Respondent | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 7.1 | 1 | 0.1 |
| Total | 460 | 100.0 | 150 | 100.0 | 182 | 100.0 | 14 | 100.0 | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Notes: Contiguous states include Illinois, Kentucky, Michigan, and Ohio.



Supply and Geographic Distribution Characteristics

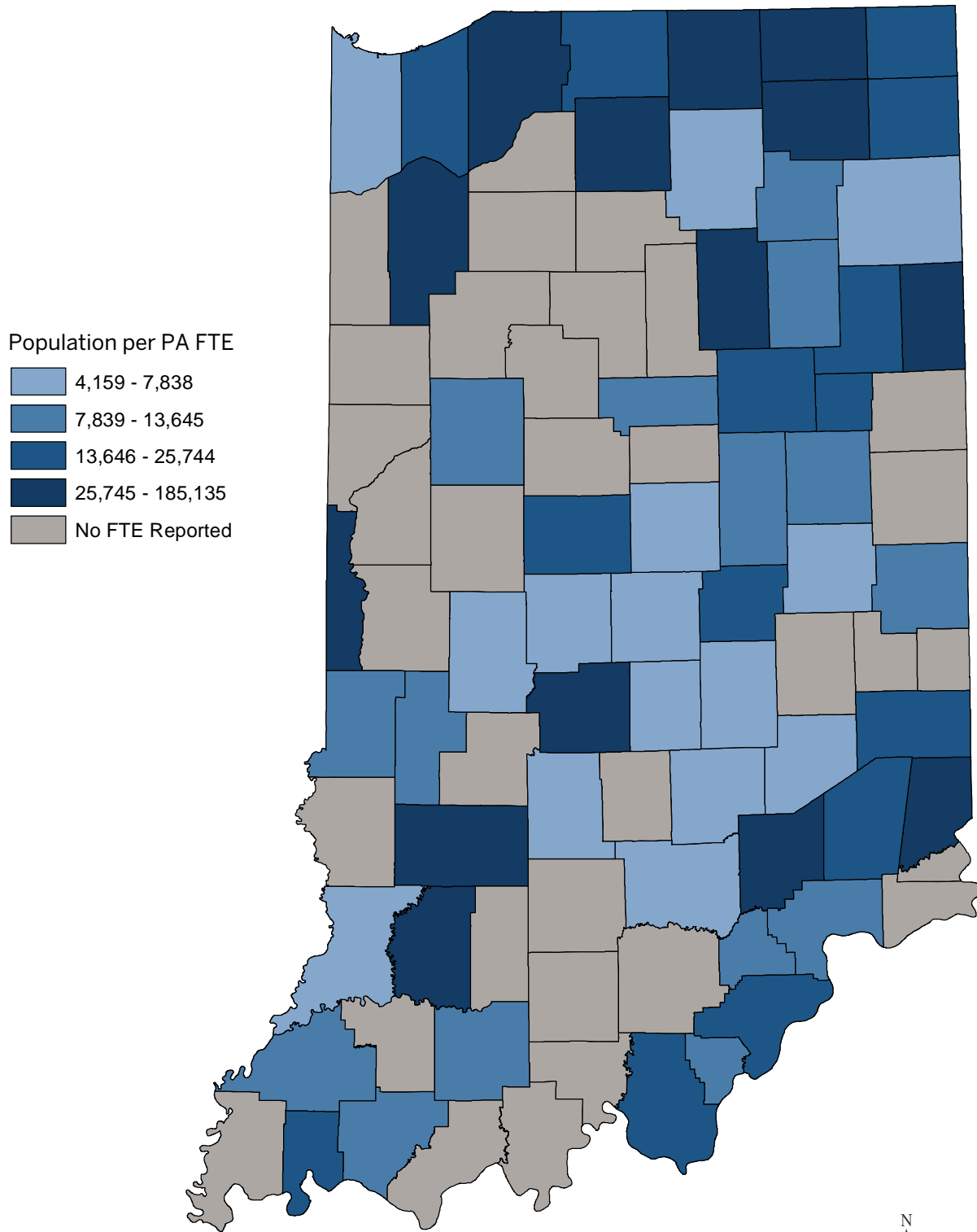
Table 2.4: Physician Assistant Geographic Distribution (Reported FTE)

| County Name | Rurality | FTE | Resident per FTE |
|-------------|----------|-------|------------------|
| Adams | Rural | 0.7 | 48,396 |
| Allen | Urban | 74.5 | 4,723 |
| Bartholomew | Urban | 9.9 | 7,726 |
| Benton | Rural | - | - |
| Blackford | Rural | 0.8 | 15,405 |
| Boone | Urban | 3.4 | 16,876 |
| Brown | Rural | - | - |
| Carroll | Rural | - | - |
| Cass | Rural | - | - |
| Clark | Urban | 5.7 | 19,220 |
| Clay | Rural | 2.4 | 10,978 |
| Clinton | Rural | - | - |
| Crawford | Rural | - | - |
| Daviess | Rural | 0.9 | 34,756 |
| DeKalb | Rural | 2.4 | 17,411 |
| Dearborn | Rural | 0.9 | 54,639 |
| Decatur | Rural | 3.9 | 6,544 |
| Delaware | Urban | 9.1 | 12,008 |
| Dubois | Rural | 3.6 | 11,441 |
| Elkhart | Urban | 3.9 | 49,973 |
| Fayette | Rural | - | - |
| Floyd | Urban | 7.9 | 9,360 |
| Fountain | Rural | - | - |
| Franklin | Rural | 1.0 | 22,910 |
| Fulton | Rural | - | - |
| Gibson | Rural | 3.3 | 9,881 |
| Grant | Urban | 4.7 | 13,656 |
| Greene | Rural | 0.9 | 36,229 |
| Hamilton | Urban | 48.8 | 5,756 |
| Hancock | Urban | 2.7 | 25,744 |
| Harrison | Rural | 1.8 | 21,438 |
| Hendricks | Urban | 23.2 | 6,257 |
| Henry | Rural | 8.5 | 5,407 |
| Howard | Urban | 8.7 | 9,341 |
| Huntington | Rural | 3.1 | 11,493 |
| Jackson | Rural | 6.5 | 6,410 |
| Jasper | Rural | 0.2 | 161,670 |
| Jay | Rural | - | - |
| Jefferson | Rural | 3.3 | 9,166 |
| Jennings | Rural | 1.0 | 27,866 |
| Johnson | Urban | 18.9 | 7,319 |
| Knox | Rural | 5.5 | 6,434 |
| Kosciusko | Urban | 9.7 | 7,838 |
| LaGrange | Rural | 0.2 | 185,135 |
| LaPorte | Urban | 4.0 | 122,056 |
| Lake | Urban | 24.7 | 4,159 |
| Lawrence | Rural | - | - |
| Madison | Urban | 14.1 | 8,794 |
| Marion | Urban | 203.8 | 4,383 |
| Marshall | Rural | 1.0 | 46,293 |
| Martin | Rural | - | - |
| Miami | Rural | - | - |
| Monroe | Urban | 20.7 | 6,042 |
| Montgomery | Rural | - | - |
| Morgan | Urban | 1.9 | 36,003 |
| Newton | Rural | - | - |
| Noble | Rural | 0.9 | 51,620 |
| Ohio | Rural | - | - |
| Orange | Rural | - | - |
| Owen | Rural | - | - |
| Parke | Rural | - | - |
| Perry | Rural | - | - |
| Pike | Rural | - | - |
| Porter | Urban | 7.5 | 21,500 |
| Posey | Rural | - | - |
| Pulaski | Rural | - | - |
| Putnam | Rural | 4.8 | 6,697 |
| Randolph | Rural | - | - |
| Ripley | Rural | 2.0 | 14,074 |
| Rush | Rural | - | - |
| Scott | Rural | 1.9 | 12,414 |
| Shelby | Rural | 8.7 | 5,011 |
| Spencer | Rural | - | - |
| St Joseph | Urban | 16.8 | 15,141 |
| Starke | Rural | - | - |
| Steuben | Rural | 1.9 | 17,249 |
| Sullivan | Rural | - | - |
| Switzerland | Rural | - | - |
| Tippecanoe | Urban | 14.3 | 11,308 |
| Tipton | Rural | - | - |
| Union | Rural | - | - |
| Vanderburgh | Urban | 12.1 | 14,314 |
| Vermillion | Rural | 0.5 | 31,434 |
| Vigo | Urban | 7.4 | 13,308 |
| Wabash | Rural | 1.0 | 30,709 |
| Warren | Rural | - | - |
| Warrick | Urban | 5.4 | 10,921 |
| Washington | Rural | - | - |
| Wayne | Urban | 6.3 | 10,447 |
| Wells | Rural | 1.9 | 14,214 |
| White | Rural | - | - |
| Whitley | Rural | 2.4 | 13,645 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Notes: Urban and rural are defined by the United States Office of Management and Budget (OMB). Population to provider ratio could not be counted in counties where there was no reported FTE.

Map 2.1 Population per Physician Assistant FTE



Source: Indiana Physician Assistant Re-Licensure Survey, 2016



Specialty and Practice Characteristics**Table 2.5: Physician Assistant, Post-Graduate Training Specialty**

| Physician Assistant Specialty | N | % |
|-------------------------------------|------------|--------------|
| No Post-Graduate Training Completed | 340 | 42.2 |
| Other | 18 | 2.2 |
| Family Medicine | 8 | 1.0 |
| Emergency Medicine | 5 | 0.6 |
| Orthopedic Surgery | 4 | 0.5 |
| Surgery | 4 | 0.5 |
| Internal Medicine | 3 | 0.4 |
| Neonatology | 3 | 0.4 |
| Cardiothoracic | 2 | 0.3 |
| Hospitalist | 2 | 0.3 |
| Urgent Care | 1 | 0.1 |
| Psychiatry | 1 | 0.1 |
| Pediatrics | 1 | 0.1 |
| Non-Respondents | 414 | 51.4 |
| Total | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Table 2.6: Physician Assistant, Employment Plans

| Employment Plans | N | % |
|--|------------|--------------|
| No planned change | 701 | 87.0 |
| Increase hours in the physician assistant field | 54 | 6.7 |
| Decrease hours in the physician assistant field | 27 | 3.4 |
| Leave employment in the field of physician assistant | 2 | 0.3 |
| Non-Respondents | 22 | 2.7 |
| Total | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016

Table 2.7: Physician Assistant, Specialty of Supervising Physician

| Supervising Physician Specialty | N | % |
|--|------------|--------------|
| Other | 224 | 27.8 |
| Family Medicine/General Practice | 148 | 18.4 |
| Surgery – Orthopedic | 128 | 15.9 |
| Hospital Medicine (Hospitalist) | 46 | 5.7 |
| Surgery – Cardiothoracic | 38 | 4.7 |
| Critical Care Medicine | 34 | 4.2 |
| Internal Medicine – General Practice | 31 | 3.9 |
| Surgery – General | 16 | 2.0 |
| Occupational Medicine | 12 | 1.5 |
| Internal Medicine – Cardiology | 12 | 1.5 |
| Internal Medicine – Gastroenterology | 10 | 1.2 |
| Pediatric Subspecialties | 9 | 1.1 |
| Physical Medicine/Rehabilitation | 8 | 1.0 |
| Psychiatry | 7 | 0.9 |
| Neurology | 7 | 0.9 |
| Surgery – Neurologic | 6 | 0.7 |
| Obstetrics & Gynecology | 6 | 0.7 |
| Radiology | 6 | 0.7 |
| General Pediatrics | 5 | 0.6 |
| Otolaryngology | 5 | 0.6 |
| Surgery – Urology | 5 | 0.6 |
| Internal Medicine – Nephrology | 4 | 0.5 |
| Surgery – Vascular | 4 | 0.5 |
| Surgery – Otorhinolaryngology | 4 | 0.5 |
| Internal Medicine – Pulmonology | 4 | 0.5 |
| Surgery – Plastic & Maxillofacial | 4 | 0.5 |
| Internal Medicine – Hematology | 4 | 0.5 |
| Internal Medicine – Geriatrics | 2 | 0.3 |
| Internal Medicine – Endocrinology | 2 | 0.3 |
| Internal Medicine – Oncology | 2 | 0.3 |
| Surgery – Obstetrics & Gynecology | 2 | 0.3 |
| Adolescent Medicine | 1 | 0.1 |
| Radiation Oncology | 1 | 0.1 |
| Internal Medicine – Infectious Disease | 1 | 0.1 |
| Pathology | 1 | 0.1 |
| Gynecology Only | 1 | 0.1 |
| Internal Medicine – Allergy & Immunology | 1 | 0.1 |
| Non-Respondent | 5 | 0.6 |
| Total | 806 | 100.0 |

Source: Indiana Physician Assistant Re-Licensure Survey, 2016



Closing Summary

The data presented in this report provided information on demographics and practice characteristics for the PA workforce of Indiana. Of the total PA workforce that renewed their license, 59.9% reported a verified Indiana employment address and were included as this report's data analysis sample.

The sample included in this report demonstrated that most PAs (79.0%) are younger than 45 years of age. Indiana's PA workforce lacks in diversity as 92.8% identified as White.

Regarding practice characteristics, most PAs (80.0%) reported working in a single practice location, typically in the hospital or office setting (47.0% each). Over three-quarters (78.0%) of PAs reported working at least 29 hours per week. The geographic distribution of reported PA FTE demonstrates that the majority of PA effort (89.2%) is in an urban setting.

Implications and recommendations from the data provided in this report are provided in the 2016 Physician Assistant Policy Report.