SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

Indiana Physician Workforce 2017

Publication Date: November 2018

INDIANA HEALTH WORKFORCE DATA

Data Sources

License: Collected at time of initial license application and updated at renewal.

Data points include:

- License status
- License address
- Demographic characteristics (selected, varies by profession)
- Initial license data
- License expiration date

Survey: Collected during online license renewal.

Data points include:

- Demographic characteristics
- Educational characteristics
- Practice characteristics

Key Information

Until 2019, license renewal surveys are voluntary (meaning key information has not been/is not available for non-respondents).[4]

Beginning in 2019, Senate Enrolled Act 223 (2018) will be implemented in Indiana and licensees will be required to provide certain information on the online renewal survey (meaning Indiana will have more comprehensive, high-quality data on the licensed health workforce than was previously available).[5]

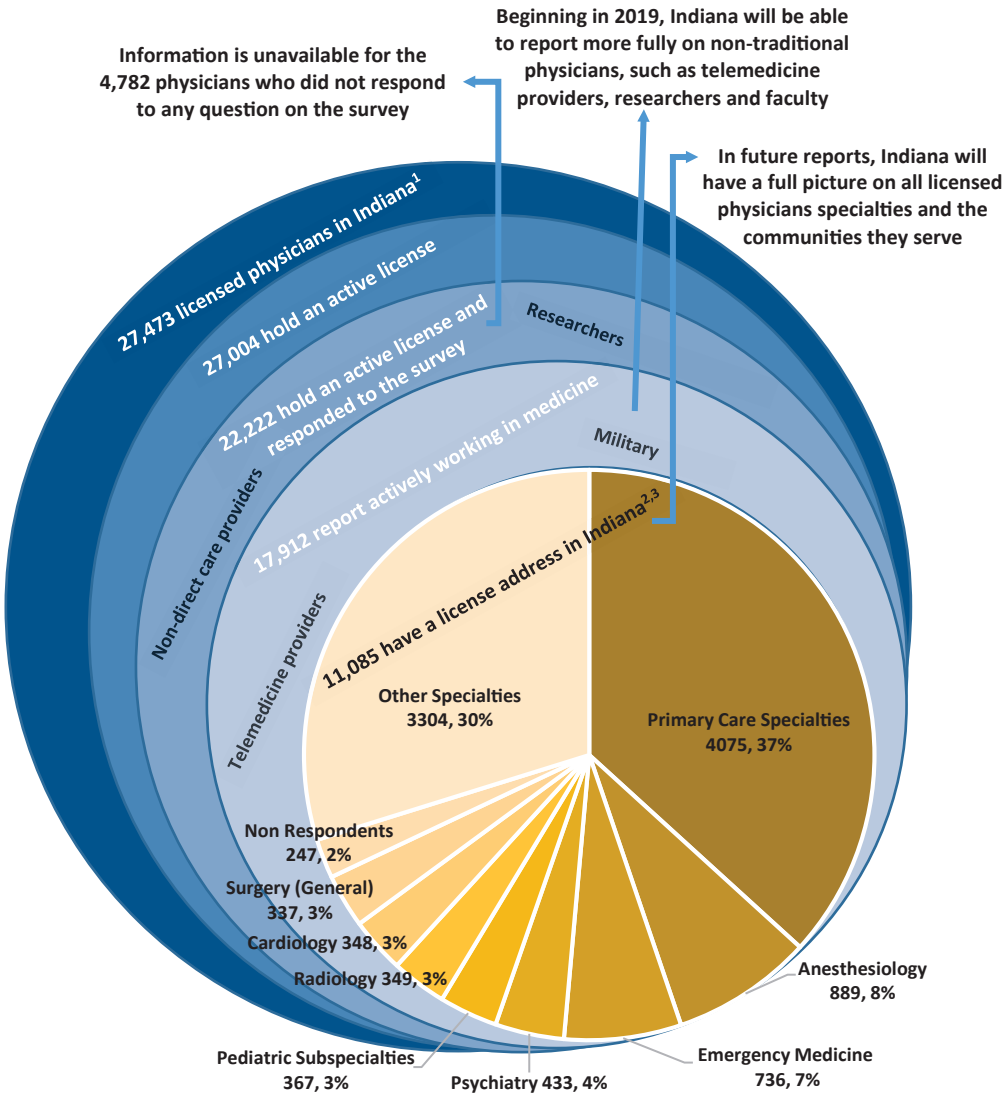


Figure 1: Inclusion/Exclusion Criteria

DATA AND POLICY INTERSECTION

What is a medical licensure compact?

A licensure compact is a legal agreement between states regarding licensure of physicians.[6] If a state participates in a licensure compact, an individual seeking licensure can easily obtain a license in all states that participate in the compact, enhancing portability of licensure. However, participation in a compact may affect a state's ability to quantify and report on physician workforce characteristics within the state, as physicians would not provide information on their practice characteristics to the Medical Licensing Board if they practice in Indiana but have a different state of principal licensure. A bill was introduced in the 2018 session for administration of the medical licensure compact in Indiana.[7] This bill was withdrawn.

ALL PHYSICIANS

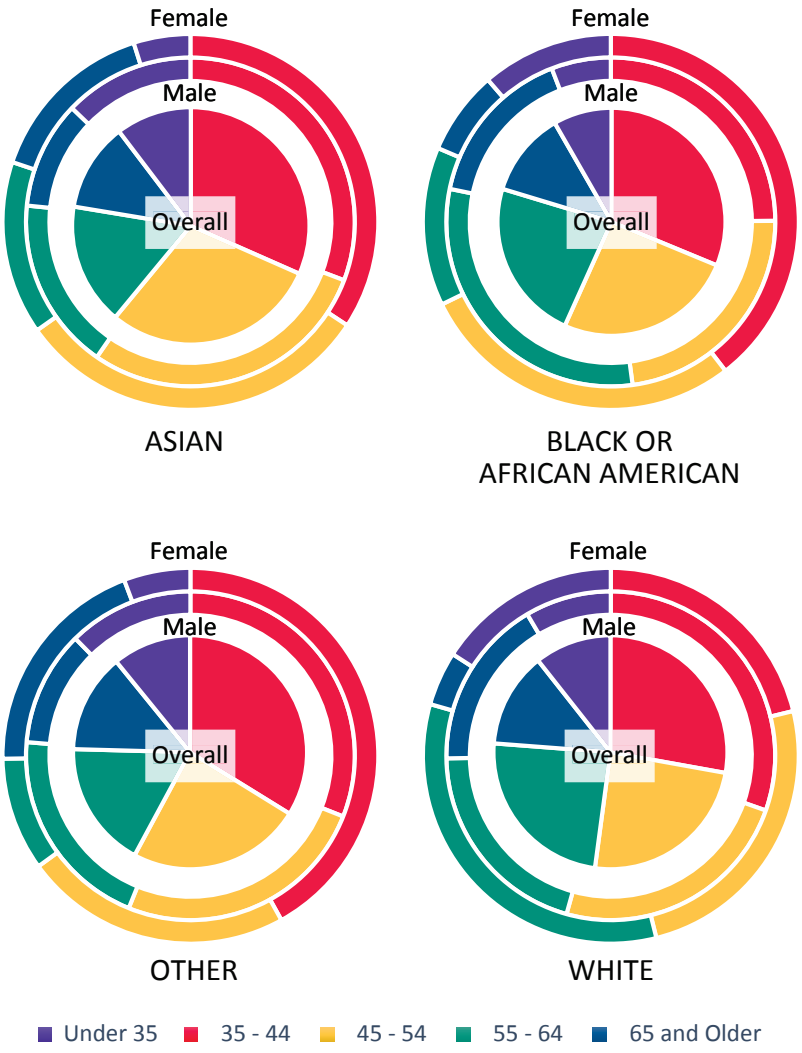


Figure 2: Race by Gender and Age Category, All Physicians

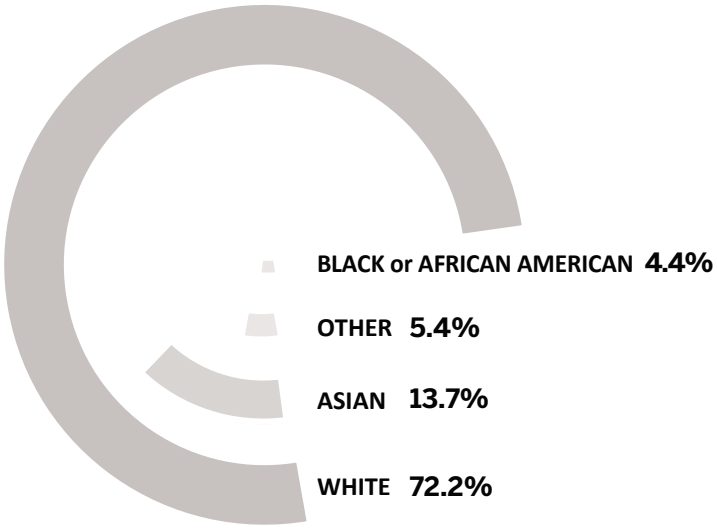


Figure 3: Racial Composition of All Physicians

DEMOGRAPHIC CHARACTERISTICS: KEY FINDINGS

As the general population becomes more racially and ethnically diverse, leaders are seeking strategies to increase physician workforce diversity to meet a community's needs. Racial concordance in patient-physician relationships is associated with higher levels of trust, satisfaction, and access to services among minority patients.[11]

Diversification is challenging and will take decades to achieve. Stepwise changes are evident when examining the data on race by age and gender. For example, younger (35-44 years) females represent the fastest growing proportion of minority (Black or African American, Asian, or other) physicians.

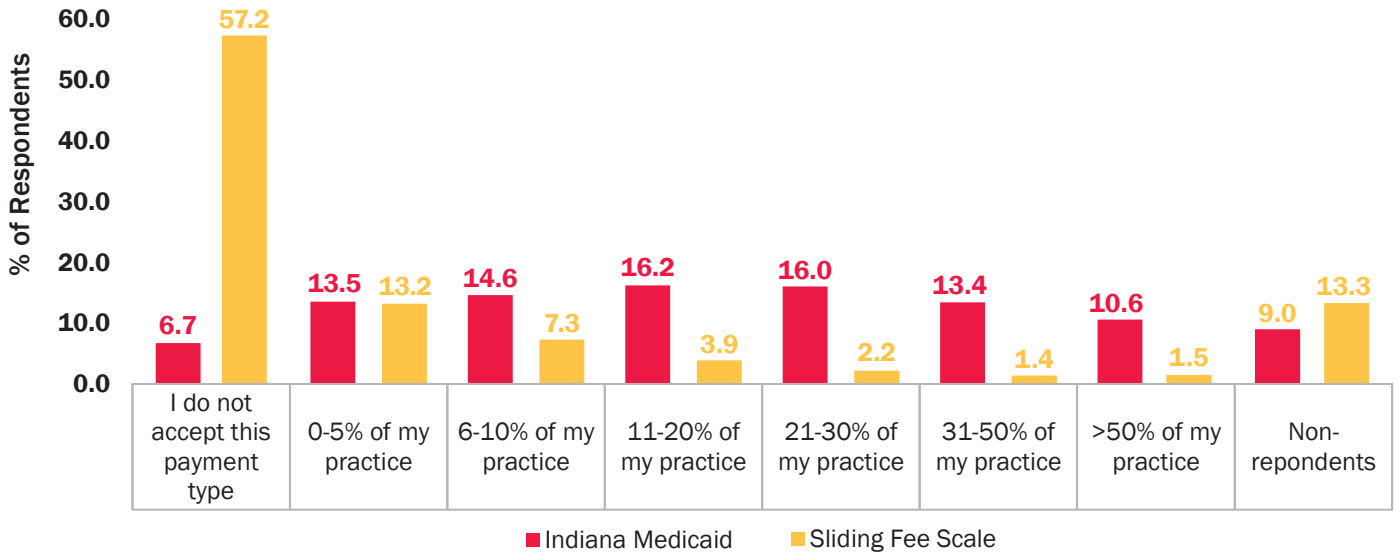
DATA AND POLICY INTERSECTION

A deeper dive into racial categories: who are "other"?

"Other" was the third highest race category self-reported by Indiana physicians. Race categories options include the five minimum categories required by the Office of Management and Budget (OMB): White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, as well as the sixth category permitted by OMB–Some Other Race.[12] The 2010 U.S. Census found that of those individuals who identified as "some other race," 97% identified as a Hispanic ethnicity. A follow-up study was conducted by Pew Research Center as to why Hispanicsself-identified as "some other race." Pew found that the majority of Hispanics expressed confusion about the race categories, or reported finding the categories insufficient to describe their identity.[13] Respondents indicated a preference to identify with their family's country of origin. Confusion and ambiguity between racial categories may be foreshadowing for a re-definition of demographic measures in future years.[14]

ALL PHYSICIANS

Figure 4: Proportion of Physician Workforce Serving Low-Income Patients



29.5% Of Indiana physicians report offering a sliding fee scale

Of Indiana physicians report serving Medicaid patients to any extent **84.3%**

PRACTICE CHARACTERISTICS: DATA AND POLICY INTERSECTION

How do practice characteristics relate to access to care?

In order for patients to receive needed health services, they must be able to access a provider that is accessible to them. Frequently, insurance acceptance dictates what providers are available and accessible to patients. Higher Medicaid acceptance rates are associated with a higher probability of patients having a usual source of care and a lower probability of having unmet medical needs or emergency department use. There are two levels of provider engagement required in order for a Medicaid patient to access services under a physician. First, a provider must be enrolled as a Medicaid provider. Then, the provider must not only be enrolled to serve Medicaid patients, but must also accept Medicaid patients in their panel. A recent evaluation of Medicaid providers in Indiana[15] found 89.5% of primary care physicians were enrolled as Indiana Medicaid providers, but more than 20% of those physicians were not associated with submitting a Medicaid claim in Fiscal Year 2015. Reference the full report to explore the geographic distribution of Indiana Medicaid physicians and to compare participation among psychiatrists and dentists.

Physician Specialty and Maintenance of Certification (MOC)

The state of Indiana requires at least one year of postgraduate training in the U.S. before issuing a license to practice medicine in Indiana.[8] Physicians then may elect to become Board Certified in a specialty. Indiana does not license physicians by specialty or maintain a list of physicians' board specialties/board certification status (however, this information is self-reported in the licensure survey). MOC refers to the continuous process of professional development to maintain board certification by the American Board of Medical Specialties.[9] Indiana does not currently require physicians to complete continuing education to renew their medical license, but many physicians complete CE in their specialty area for their MOC. Many of these specialty boards require MOC for board certification. Currently in Indiana, provider employers (such as hospitals or physician groups) determine whether they require MOC among their staff, and many do require it. In 2018, Senate Bill 208[10] was proposed to prohibit hospitals from denying staffing and/or admitting privileges to physicians based on MOC. This bill failed to leave the House Public Health Committee.

PRIMARY CARE PHYSICIANS

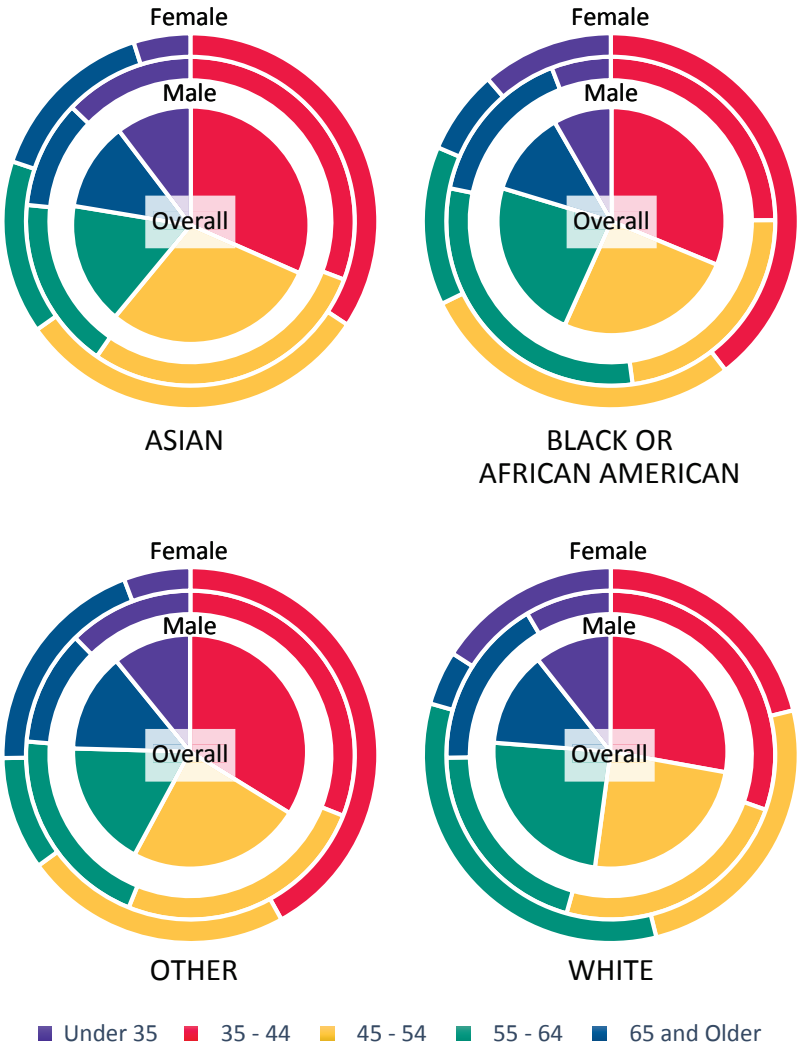


Figure 5: Race by Gender and Age Category, Primary Care Physicians

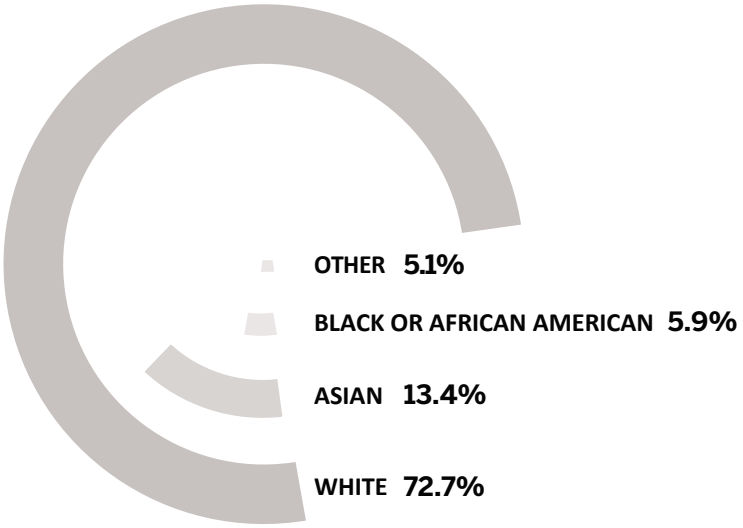


Figure 6: Racial Composition of Primary Care Physicians

DEMOGRAPHIC CHARACTERISTICS: KEY FINDINGS

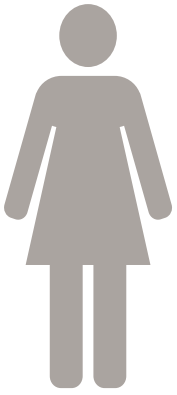
There is a larger representation of females in the PCP workforce (29.1%) compared to females in the total physician workforce (22.2%). This is consistent with findings nationally and in other states.[16,17]

DATA AND POLICY INTERSECTION

What are general trends in primary care physician demographics?

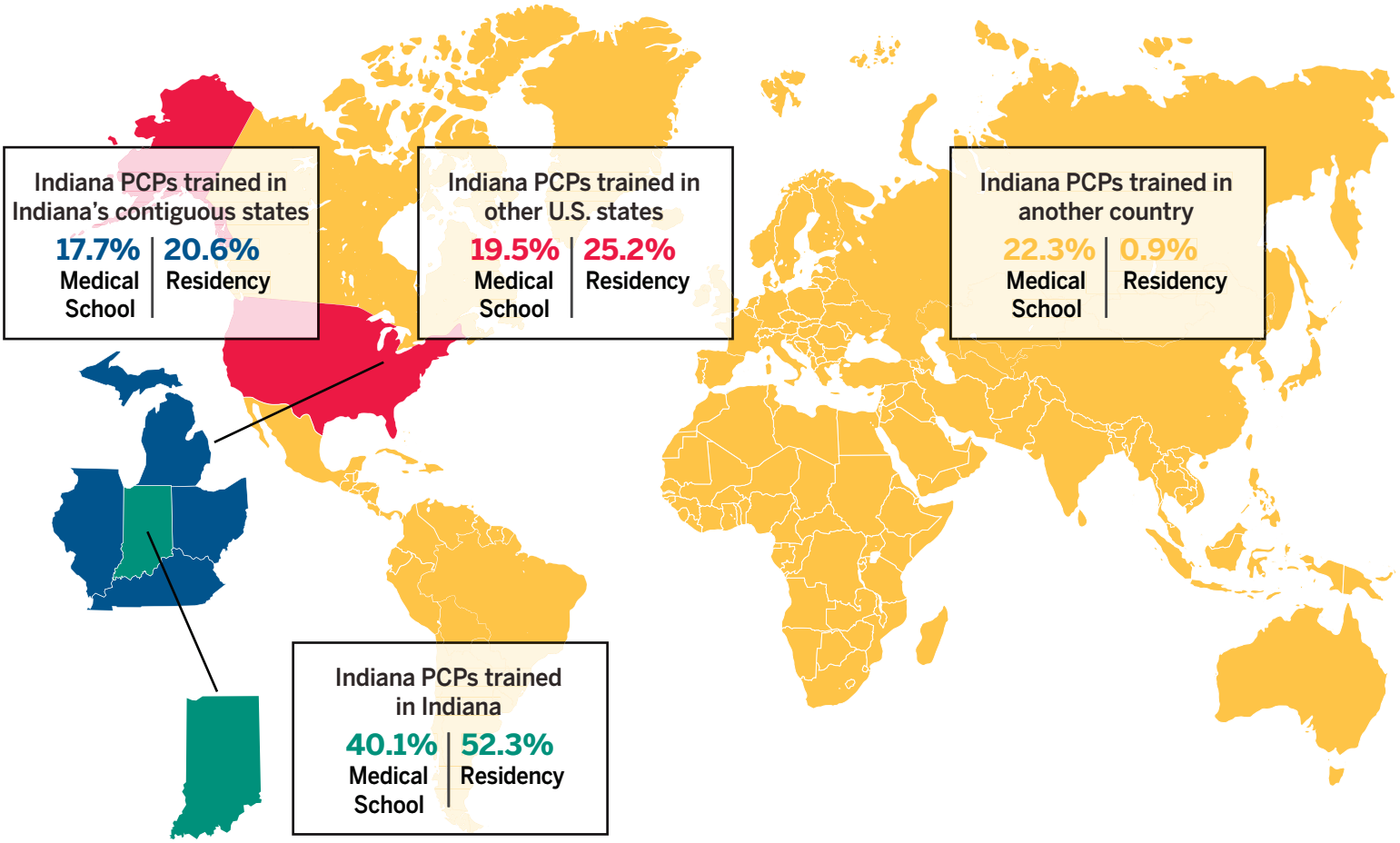
Similar to the overall physician workforce, the primary care physician (PCP) workforce is experiencing incremental changes in diversity over time. Younger PCPs are becoming increasingly diverse, especially among female PCPs.

Females represent
22.2%
of the total Physician Workforce



Females represent
29.1%
of the PCP Physician Workforce

PRIMARY CARE PHYSICIANS



EDUCATIONAL CHARACTERISTICS: KEY FINDINGS

Licensure survey data demonstrate that more than half of Indiana's primary care physicians completed residency in Indiana.[18] This may indicate the retention strength of Indiana's primary care training programs.

DATA AND POLICY INTERSECTION

What recent policy initiatives relate to the primary care workforce?

Investments in primary care residencies and training programs are a well-known strategy to enhancing the primary care workforce.[19] Indiana will have more primary care residency positions in coming years, as the Indiana Graduate Medical Education Board recently awarded funding for primary care residency expansion in Richmond, Fort Wayne and Indianapolis.[20] In addition to expanded residency slots, Marian University's College of Osteopathic Medicine graduated its first class of medical students in 2017. Marian reports that 63% of their 2017 class were placed in a primary care residency (38% of which were in Indiana).[21]

PRIMARY CARE PHYSICIANS

Who is considered "Primary Care"?

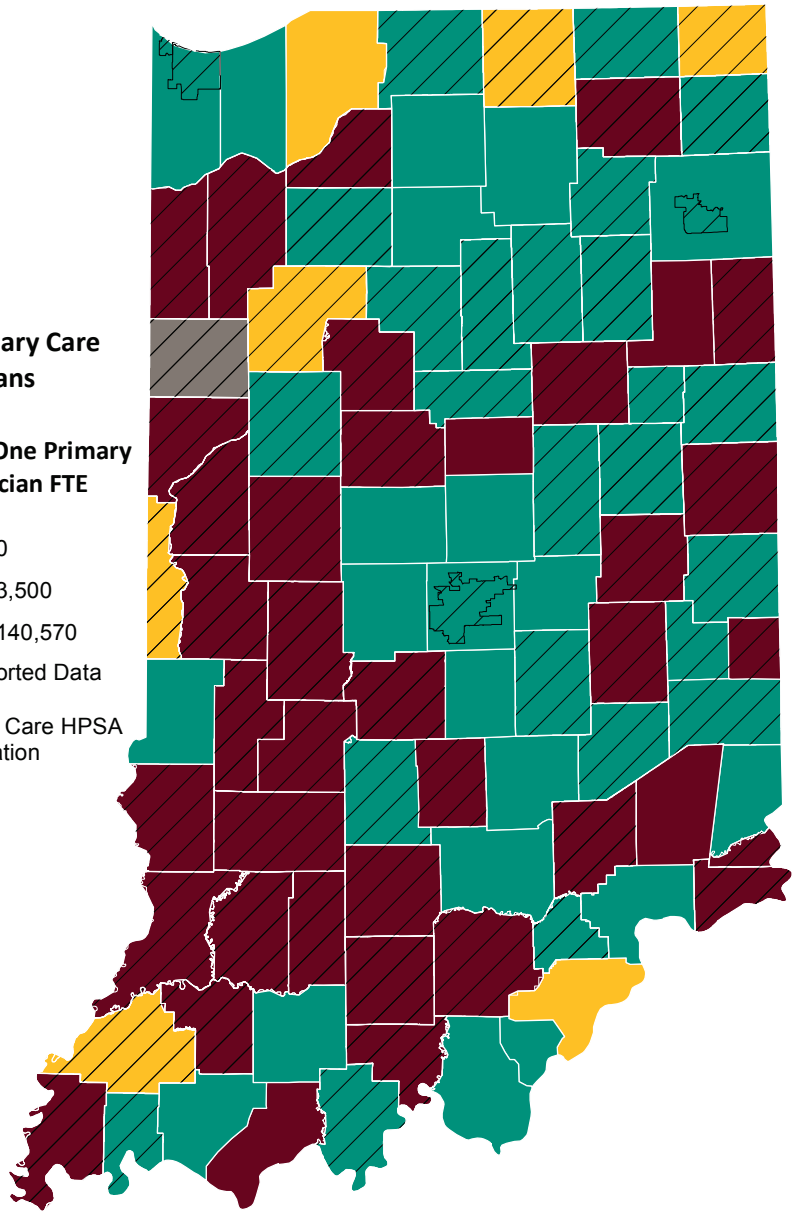
Primary Care Specialty Breakdown

1,899
Family Medicine
General Practice

1,161
Internal Medicine
General Practice

593
Pediatrics
General

422
Obstetrics &
Gynecology



Source: Indiana Physician Re-Licensure Survey, 2017; American Coummunity Survey, 2015 5-year estimate. HRSA Data Warehouse, 2018

PRACTICE CHARACTERISTICS: KEY FINDINGS

The Health Resources and Services Administration (HRSA) sets a benchmark for sufficient capacity for population to provider ratios at 3,500 residents to 1 PCP. As demonstrated by the map, Indiana PCPs are distributed throughout the state, but some counties experience more favorable population-to- provider ratios than others. Many western Indiana counties have less than sufficient primary care capacity. Benton County is the only Indiana county without a PCP reporting a license address within the county borders.

DATA AND POLICY INTERSECTION

What are Health Professional Shortage Area (HPSA) designations?

Health Professional Shortage Area (HPSA) designations provide federal incentives to alleviate the burden of health care provider shortages.[22] The Bowen Center partners with the Indiana State Department of Health Office of Primary Care to prepare HPSA applications and facilitate the designation process for communities that need additional support. Any questions on HPSAs can be directed to bowenctr@iu.edu.

PSYCHIATRISTS

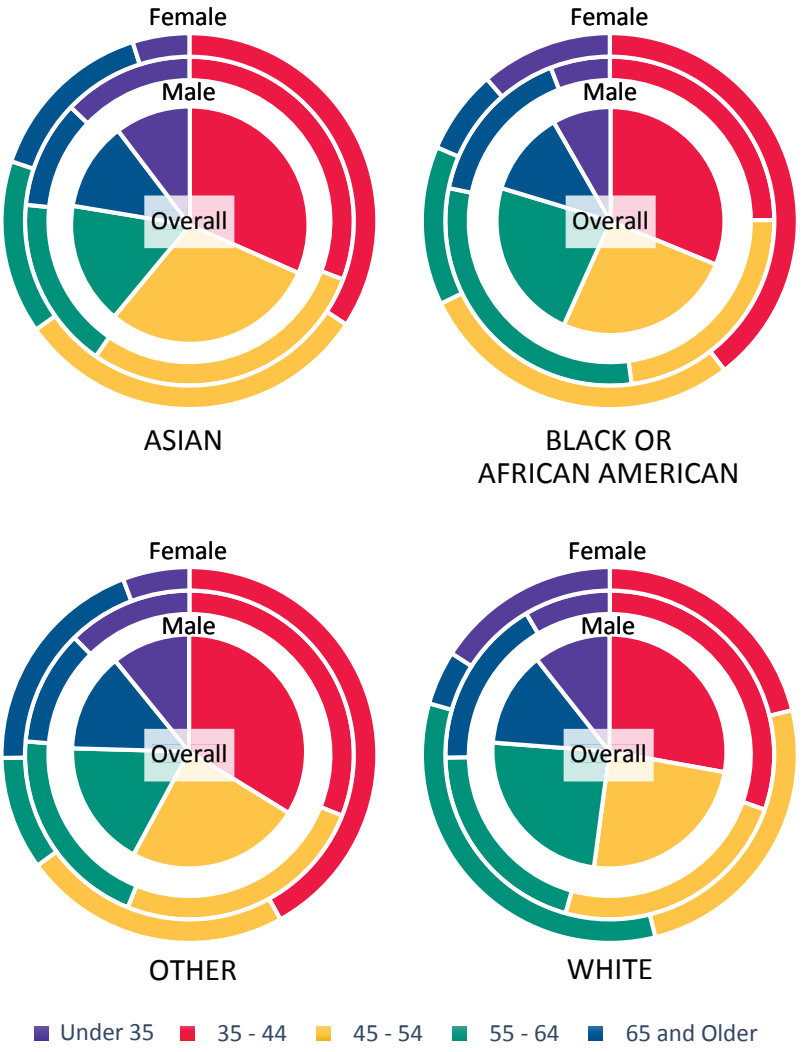


Figure 7: Race by Gender and Age Category, Psychiatrists

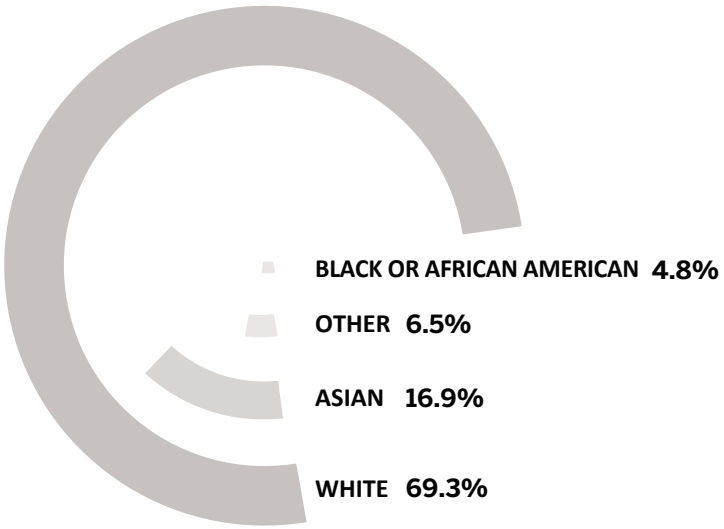


Figure 8: Racial Composition of Psychiatrists

DEMOGRAPHIC CHARACTERISTICS: KEY FINDINGS

Age

Nearly one in five psychiatrists are 65 or older. In the context of a workforce that is already experiencing a shortage, psychiatrists soon transitioning to retirement may present an additional concern.

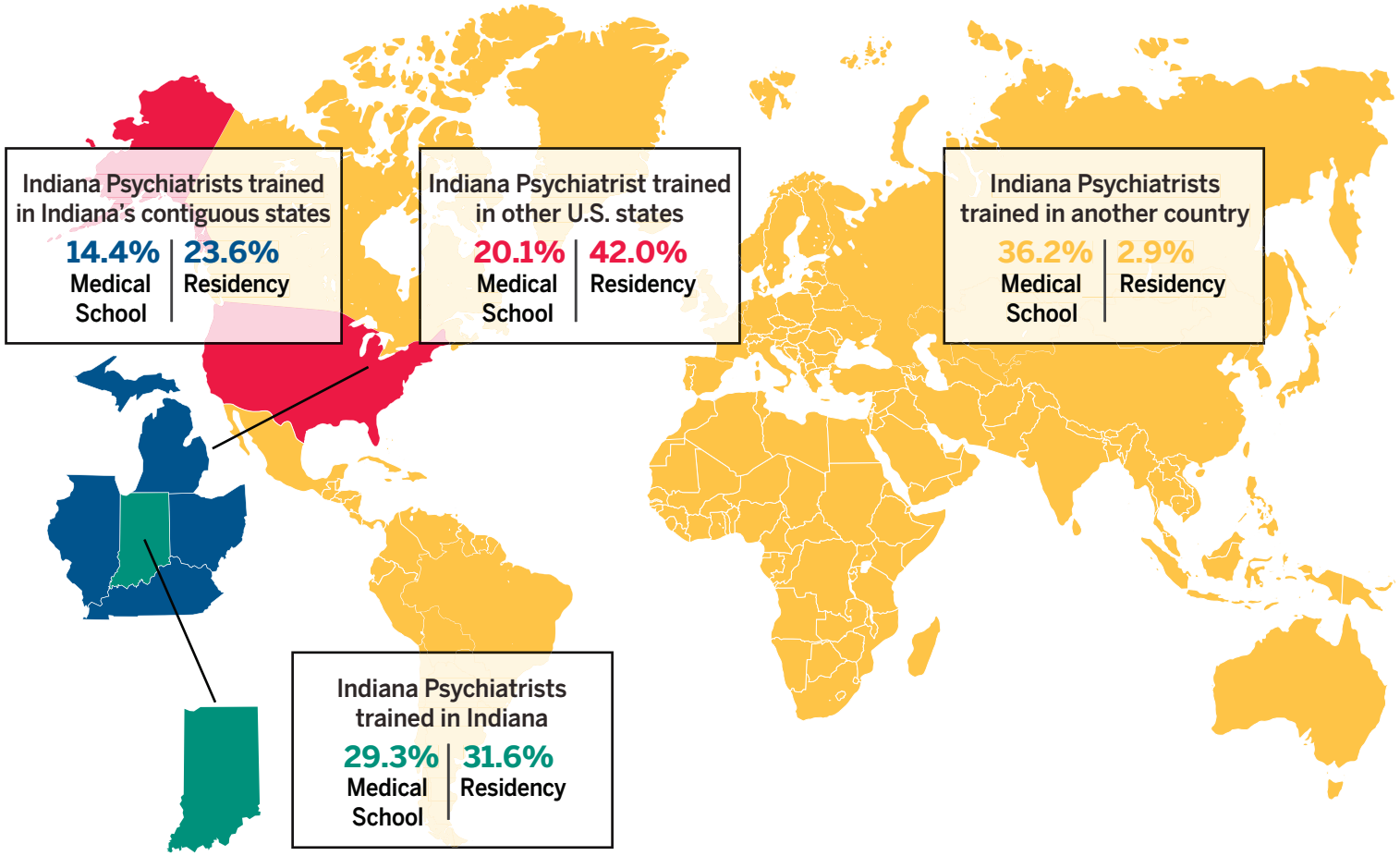
Gender

The psychiatrist workforce is not experiencing the same feminization trend that is present in the overall physician workforce and among primary care physicians. Females under the age of 44 make up 15.6% of all physicians and 21.2% of primary care physicians, but only 10.3% of psychiatrists.

Race

Diversity in psychiatrists has remained consistent in recent years, with Asian as the largest minority represented in this workforce in both males and females.

PSYCHIATRISTS



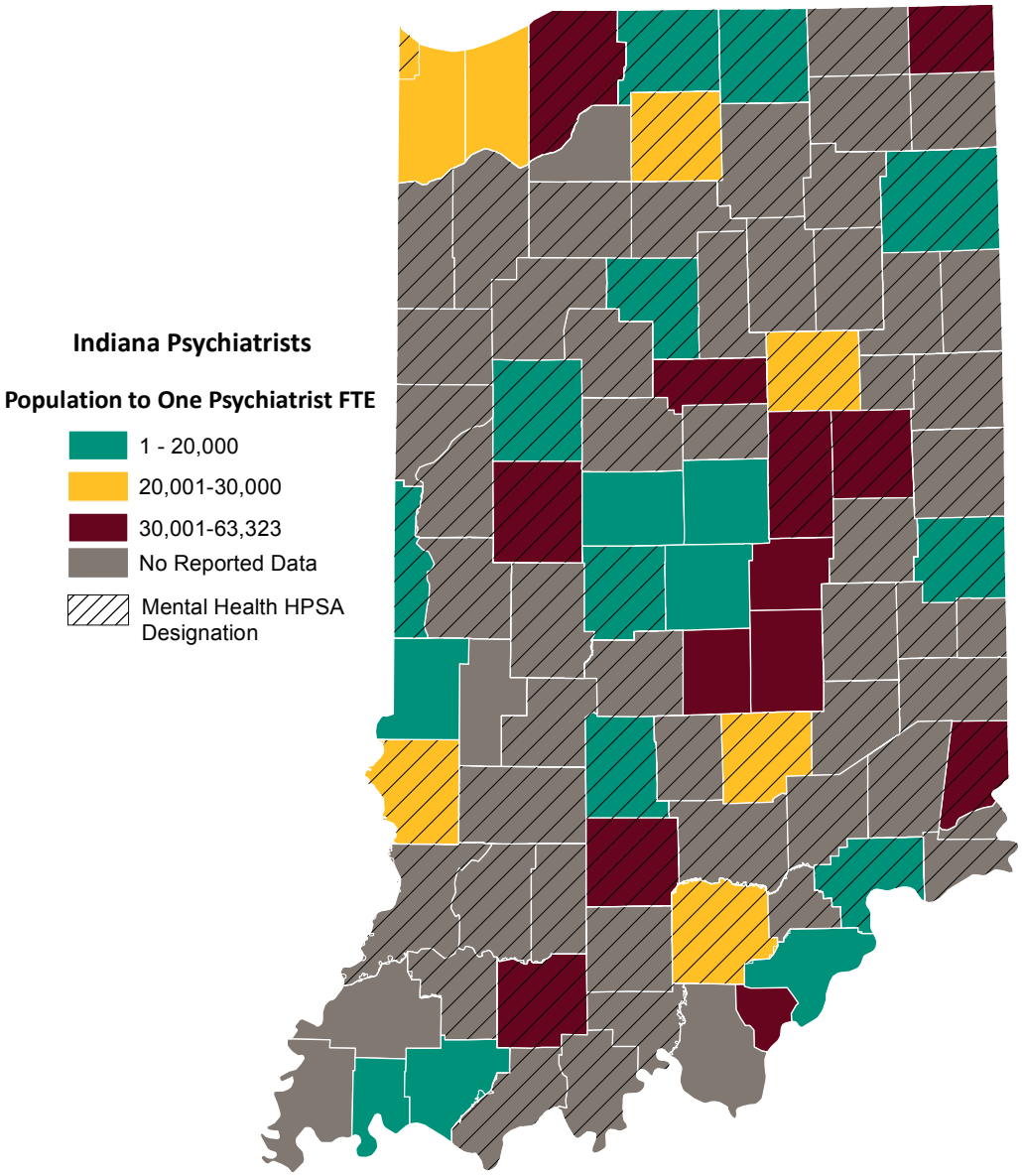
EDUCATIONAL CHARACTERISTICS: KEY FINDINGS

Indiana's psychiatrists are more likely to have completed their medical school and residency outside of Indiana. In fact, the majority of our psychiatrists completed medical school in a country outside of the United States.

DATA AND POLICY INTERSECTION

When it comes to residency, Indiana's psychiatrists are more likely to complete the last step of the medical training outside of Indiana or our contiguous states. Recent policy advancements, such as the expansion of Indiana's psychiatry residency slots[23,24] is a step in growing our Indiana's psychiatrist workforce and may help alleviate our reliance on recruitment from other states.

PSYCHIATRISTS



Source: Indiana Physician Re-Licensure Survey, 2017; American Coummunity Survey, 2015 5-year estimate. HRSA Data Warehouse, 2018

PRACTICE CHARACTERISTICS: KEY FINDINGS

The HRSA benchmark for sufficient capacity of psychiatrists is 30,000 residents per 1 psychiatrist. As demonstrated by the map, a shortage of psychiatrists persists in many Indiana communities. With only 433 psychiatrists distributed throughout the state, 55 counties are left without a single practicing psychiatrist. Of these counties, 39 are rural, suggesting a shortage of psychiatrists in Indiana's rural communities.

DATA AND POLICY INTERSECTION

As a result of state's investments in health workforce data infrastructure, Indiana was able to demonstrate this shortage to HRSA and secure shortage designations status. In Fiscal Year 2018, Indiana acquired 60 mental health HPSA designations throughout the state.

SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY

Bowen Center for Health Workforce Research & Policy
1110 W. Michigan Street, LO 200
Indianapolis, IN 46202-5100

Citations:

[1] According to the Indiana Professional Licensing Agency, 27,473 physicians renewed their license in 2017.
[2] See Data Report: 2017 Physician Re-Licensure Survey for full inclusion/exclusion criteria and survey methodology.
[3] See Data Report: 2017 Physician Re-Licensure Survey for full list of specialties
[4] What does this mean for this report? The information contained in this fact sheet is representative of the sample of physicians that renewed their Indiana physician license in 2017 and responded to the voluntary survey that they were actively engaged in patient care. Future reports will contain a more complete picture of the Indiana physician workforce.
[5] Senate Enrolled Act 223 (2018) https://iga.in.gov/static-documents/b/0/6/0/b0603ddf/SB0223.06.ENRH.pdf
[6] http://www.imlcc.org/
[7] Senate Bill 408 (2018). https://iga.in.gov/legislative/2018/bills/senate/408#document-f00fa43d
[8] IC 25-22.5-3-1-(i)
[9] https://www.abms.org/board-certification/
[10] Senate Bill 208 (2018). https://iga.in.gov/legislative/2018/bills/senate/208
[11] American Association of Medical Colleges. 2006. Diversity in the physician workforce: Facts & Figures 2006.
Available from: https://www.rwjf.org/content/dam/farm/reports/charts/2006/rwjf12748
[12] United States Census Bureau. 2011. Overview of race and Hispanic origin: 2010. Available from: https://www.census.govprod/cen2010/briefs/c2010br-02.pdf
[13] Pew Research Center. 2012. When labels don't fit: Hispanics and their view of identity.
Available from: http://www.pewhispanic.org/2012/04/04/when-labels-dont-fit-hispanics-and-their-views-of-identity/
[14] Hayes-Bautista, David E. 1987. Latina Terminology: Conceptual Bases for Standardized Terminology.
Available from: https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.77.1.61
[15] Bowen Center for Health Workforce Research & Policy. 2017. Indiana Medicaid: Provider Recruitment and Participation.
Available from: https://scholarworks.iupui.edu/handle/1805/15012
[16] Association of American Medical Colleges. 2015. Primary Care Physicians Who Graduated from U.S. Medical Schools: Trends in Specialty, Gender, and Race and Ethnicity. Analysis in Brief 15(9). Available from: https://www.aamc.org/download/446464/data/
[17] Healthforce Center at University of California San Francisco. 2017. California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees.
Available from: https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/ iles/publication-pdf/Research-Report_CA-Primary-Care-Workforce.pdf
[18] Bowen Center for Health Workforce Research & Policy. 2018. Data Report: 2017 Physician Licensure Survey.
[19] National Conference of State Legislatures. 2013. Primary Care Workforce. Available from: http://www.ncsl.org/documents/health/PCWorkforceTK13.pdf
[20] Statewide Graduate Medical Education Committee. 2017. Cultivating the Physicians of the Future through Targeted Funding Initiatives: A Roadmap to Measurably Expand Graduate Medical Education (GME) in Indiana.
Available from: https://www.in.gov/che/files/Indiana%20GME%20Expansion%20Webinar%20PP%20(FINAL).pdf
[21] Marian University College of Osteopathic Medicine. DO Class of 2017 Residency Placement.
Available from https://marian.edu/docs/default-source/College-of-Osteopathic-Medicine-Admissions/class-of-2017-residency-placement.pdf?sfvrsn=2
[22] Health Resources and Services Administration, Bureau of Health Workforce. 2016. Health Professional Shortage Areas (HPSAs).
Available from: https://bhw.hrsa.gov/shortage-designation/hpsas
[23] Community Health Network Foundation. 2016. Community Health Network Foundation receives $2,454,400 grant for psychiatry residency program.
Available from: https://www.ecommunity.com/news/2017/community-health-network-foundation-receives-2454400-grant-psychiatry-residency-program
[24] Indiana University School of Medicine. 2017. IU School of Medicine adds residency positions.
Available from: http://news.medicine.iu.edu/releases/2017/07/iu-school-of-medicine-adds-residency-positions.shtml