



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

2018 Physician Assistant Licensure Survey Data Report

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Executive Summary

Identifying supply and distribution of the physician assistant workforce is crucial in understanding the capacity to meet medical needs and improve overall population health of Indiana citizens. The emergence of physician assistants in the health care setting has been seen as a response to the shortage of physicians, particularly in primary care settings. Data presented in this report provide a snapshot of key demographic and practice characteristics for the physician assistant workforce in Indiana.

The 2018 Indiana Physician Assistant Licensure Survey Data Report presents key information derived from data collected from the Indiana Physician Assistants (PAs) re-licensure survey administered by the Indiana Professional Licensing Agency (IPLA) during the license renewal period. In 2018, 1,679 PAs renewed their professional licenses. Of those who renewed their license, 1,004 (59.8%) had an active license status, reported actively practicing, had a valid Indiana license address and were included in this report.

There are several highlights found from the Indiana PA licensure survey. As with many other licensed health professions in Indiana, the PA workforce shows a lack of racial and ethnic diversity. However, this is a young workforce with half of survey respondents being under the age of 35. While the majority of PAs reported having an advanced graduate degree (72.2%), very few reported having completed post-graduate training (6.5%). More than half of PAs reported spending 33 hours or more per week in direct patient care (56.6%); however, 25 rural counties in Indiana had no reported PA FTE.

This report details important demographic and practice characteristics for the physician assistant workforce and examines these data specifically for physician assistants. The 2018 Physician Assistant Licensure Survey Data Report presents a snapshot of data on the physician assistant profession to provide stakeholders with information needed to improve the quality and accessibility of PA care for Indiana residents through policymaking, workforce development, and resource allocation. Additional analyses and reports may be made available upon submission of a technical assistance request at medicine.iu.edu/research/centers-institutes/bowen-health-workforce.

Section I: Background Information

Introduction

The Bowen Center for Health Workforce Research and Policy (Bowen Center) aims to advance policies which improve human health and well-being through commitment to service and research contributions. The Bowen Center has a rich history of collecting, analyzing, and disseminating health workforce data and research for the State of Indiana. Understanding the status of Indiana's health care workforce 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.

The 2018 Indiana Physician Assistant Licensure Survey Data Report presents key information and data collected from the Indiana Physician Assistant (PA) re-licensure surveys administered by the Indiana Professional Licensing Agency (IPLA) during the biennial license renewal period. The report includes data on a large sample of PAs that may be used to promote meaningful policy discussion and to inform evidence-based health workforce policy development.

Methods

Survey Administration

Indiana's physician assistant 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 physician assistant re-licensure survey was administered by the IPLA during the biennial licensure renewal period. All PAs who renewed their license electronically 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 physician assistant 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 survey file underwent cleaning and coding procedures developed by the Bowen Center. After these procedures were completed, the base license file was merged with the survey file by license number to create a PA Master File. This master files was then imported into the Indiana Health Professions Database.

License address data were cleaned and geocoded using 360Science software and locator software. These procedures returned the geographical coordinates of the license address as well as the county federal information processing standards (FIPS) code and census block ID. These values are then returned to the Indiana Health Professions Database to be used for data reporting.

2018 Indiana Physician Assistant Licensure Survey

Sample selection criteria were applied to the master file to determine the samples of physician assistants actively practicing in Indiana. The following criteria were applied:

1. Physician assistant renewed license online in 2018;
2. Physician assistant holds an active, probationary or valid to practice while reviewed license;
3. Physician assistant responded to the 2018 re-licensure survey;
4. Physician assistant reported actively working as a PA;
5. Physician assistant reported an Indiana license address; and
6. Physician assistant whose license address could be confirmed through geocoding.

Physician assistants who did not meet the inclusion criteria were excluded from the sample. The final sample includes 1,004 PAs who held an active, valid to practice while reviewed or probationary license; reported actively working as a PA; and provided an Indiana practice location that could be geocoded. The inclusion and exclusion criteria applied to the merged datasets for PAs are presented in Figure 1.1.

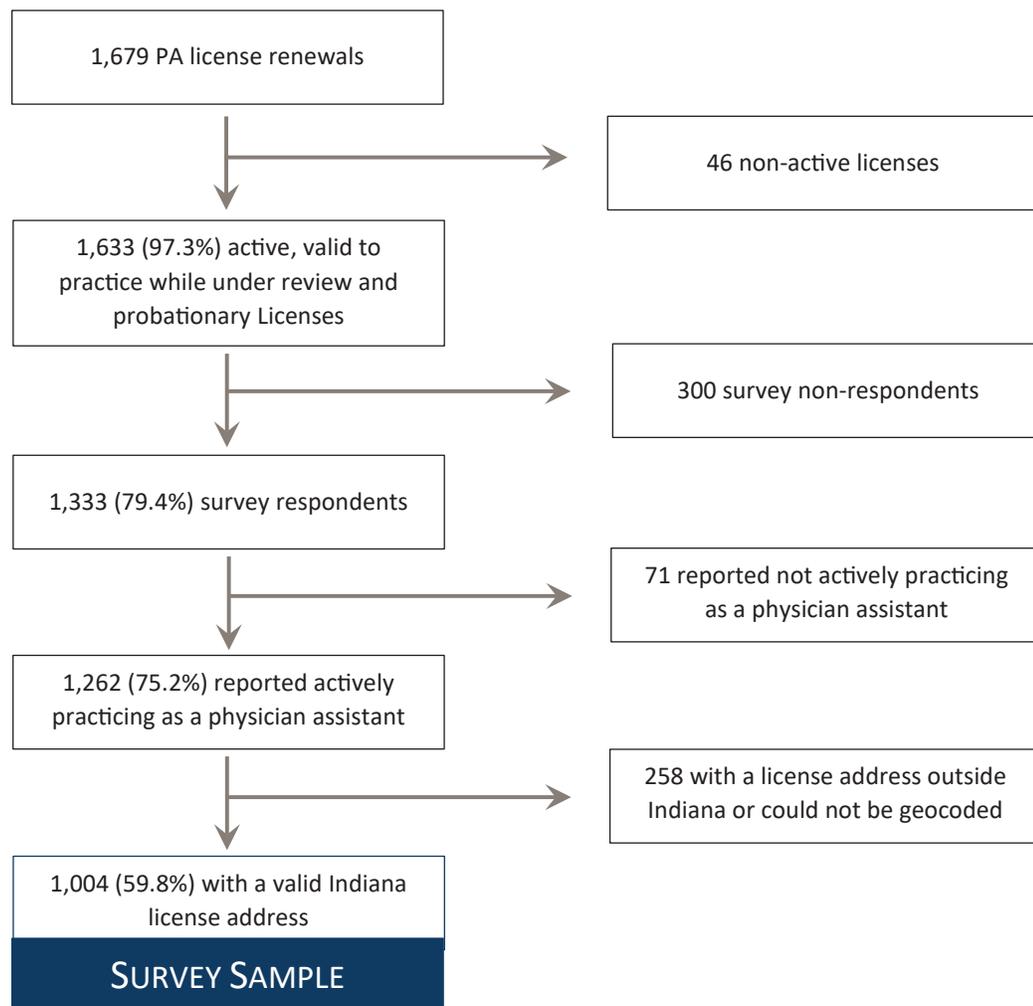


Figure 1.1: Sample Selection Criteria for Indiana Physician Assistants

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 and capacity of the physician assistant workforce throughout Indiana, FTEs were assigned to each individual practitioner. Geographic information system (GIS) maps present the distribution of the physician assistant workforce by FTE throughout the report. Table 1.1 outlines the FTE assignment to each hourly category.

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

Reported 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
41 or more	1

Rurality

County rurality was determined by population. If a county had a population of at least 50,000 it was designated as “urban”. If the county population was less than 50,000 the county was designated as “rural”.

Limitations

The analyses and data presented in this report have several key limitations that should be taken into account when utilizing and interpreting 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 a provider. Although these self-reported data may not be considered absolute, they provide a method of gauging practice characteristics. This report should only be used to inform policy discussion.

Additionally, the data presented in this report only represent a sample of the entire physician assistant workforce. Due to missing data and the voluntary nature of the survey it is likely many PAs are not represented in the final samples of this report. Also, many survey respondents did not answer every question, therefore the tables in this report include non-respondents to the questions represented. Although this report contains a sample of the PAs who renewed their license, it represents a considerable proportion of the workforce (59.8%) and may be valuable for informing health workforce policies.

Lastly, to meet State of Indiana needs and because of changes in the methodology for administration of the PAs re-licensure surveys, 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 2018 Physician Assistant Licensure Survey Data Report is to provide a snapshot of key information pertaining to the physician assistant workforce in Indiana. This report only presents highlights of the re-licensure survey data. Additional data tables can be requested online through the Bowen Center website: medicine.iu.edu/research/centers-institutes/bowen-health-workforce.

Section II: Physician Assistant Workforce

Demographic Characteristics

Physician assistants are a relatively young workforce. The average age of physician assistants is 38 years. Male physician assistants have an average age of 41.5 with 39.2% under the age of 35. In comparison, their female counterparts have an average age of 36.3 with 55.3% under the age of 35.

The physician assistant workforce self-reported demographic data demonstrate little diversity. The majority identified as non-Hispanic (83.3%) and white (92.9%). Black or African American physician assistants make up the largest minority at 1.7%. Table 2.1 provides more details on the demographic characteristics of the physician assistant workforce.

Table 2.1: Physician Assistant Demographic Characteristics

Mean Age	Female		Male		Non- Respondents		Total	
	36.3		41.5		48.9		38.0	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	379	55.3	121	39.2	2	20.0	502	50.0
35 - 44	186	27.2	79	25.6	2	20.0	267	26.6
45 - 54	86	12.6	60	19.4	3	30.0	149	14.8
55 - 64	27	3.9	33	10.7	2	20.0	62	6.2
65 and Older	4	0.6	13	4.2	1	10.0	18	1.8
Non-Respondents	3	0.4	3	1.0	0	0.0	6	0.6
Total	685	100.0	309	100.0	10	100.0	1,004	100.0
Race								
White	641	93.6	284	91.9	8	80.0	933	92.9
Asian	10	1.5	6	1.9	0	0.0	16	1.6
Black or African American	12	1.8	5	1.6	0	0.0	17	1.7
Multiracial	7	1.0	3	1.0	1	10.0	11	1.1
American Indian or Alaska Native	1	0.1	2	0.6	0	0.0	3	0.3
Other	8	1.2	6	1.9	0	0.0	14	1.4
Non-Respondents	6	0.9	3	1.0	1	10.0	10	1.0
Total	685	100.0	309	100.0	10	100.0	1,004	100.0
Ethnicity								
Not Hispanic or Latino	586	85.5	249	80.6	1	10.0	836	83.3
Hispanic or Latino	10	1.5	3	1.0	0	0.0	13	1.3
Non-Respondents	89	13.0	57	18.4	9	90.0	155	15.4
Total	685	100.0	309	100.0	10	100.0	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

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. Data on gender, race and ethnicity were derived from question 1, 2, and 3 on the survey.

Educational Characteristics

Tables 2.2 and 2.3 provide details on the education and training characteristics of the physician assistant workforce. Self-reported educational characteristics indicate that the majority of PAs obtained their professional training in Indiana (631; 63%). Moreover nearly three-quarters reported qualifying for their first PA license with a master's degree (72.2%).

Only 4.7% of PAs reported completing post-graduate training. The most commonly reported specialty for post graduate training was family medicine (1.8%), followed by 1.7% reporting receiving post-graduate training in another specialty not listed. Table 2.3 provides further details on post-graduate training for Indiana PAs.

Table 2.2: Physician Assistant Education Characteristics

	Indiana		Contiguous States		Other US State		Another County (not US)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Certificate/Diploma	16	2.5	8	5.0	6	2.9	0.0	0.0	0	0.0	30	3.0
Associate's Degree	1	0.2	16	10.1	1	0.5	0.0	0.0	0	0.0	18	1.8
Bachelor's Degree	154	24.4	28	17.6	47	22.7	0.0	0.0	1	14.3	230	22.9
Master's Degree	459	72.7	107	67.3	153	73.9	0.0	0.0	6	85.7	725	72.2
Military training certification	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	0.2	0	0.0	0	0.0	0.0	0.0	0	0.0	1	0.1
Non-Respondent	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	631	100.0	159	100.0	207	100.0	0.0	0.0	7	100.0	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Contiguous states include Illinois, Kentucky, Michigan, and Ohio. Data on qualifying education and education location were derived from questions 4 and 5 on the survey.

Table 2.3: Physician Assistant Post-Graduate Training

Post-Graduate Training Specialty	N	%
No Post-Graduate Training Completed	545	54.3
Family Medicine	18	1.8
Other	17	1.7
Emergency Medicine	7	0.7
Orthopedic Surgery	4	0.4
Hospitalist	3	0.3
Internal Medicine	2	0.2
Neonatology	2	0.2
Psychiatry	2	0.2
Surgery	2	0.2
Acute Care Medicine	1	0.1
Cardiology	1	0.1
Cardiothoracic	1	0.1
Hematology/Oncology	1	0.1
Neurosurgery	1	0.1
Otolaryngology	1	0.1
Pediatrics	1	0.1
Urgent Care	1	0.1
OB-GYN	0	0.0
Critical Care/Trauma	0	0.0
Urology	0	0.0
Non-Respondent	394	39.2
Total	1,004	100

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on post-graduate training were derived from question 7 on the survey.

Professional and Practice Characteristics

Details on employment characteristics of physician assistants can be found in Tables 2.4 – 2.6. Nearly all PAs reported their primary field as patient care/documentation (96.0%). Additionally, the majority (88.4%) of physician assistants reported they have no plans to change their employment status for the next 12 months, while a small percentage reported plans to increase hours in patient care (7.9%).

A small proportion of PAs reported delivering services to Indiana patients through the use of telemedicine (3.8%). Regarding practice setting, the largest proportion of physician assistants reported their primary practice setting as office/clinic – single specialty group (22.2%), followed by hospital - inpatient (19.9%) and hospital - emergency department (19.4%).

When asked about the specialty of their supervising physician, around one-quarter of PAs reported this specialty as emergency medicine (25.1%).

Table 2.4: Physician Assistant Employment Characteristics

Primary Field	N	%
Patient Care/Documentation	964	96.0
Teaching/Precepting/Orienting	8	0.8
Supervision/Management/Administration	7	0.7
Research	0	0.0
Other	6	0.6
Non-Respondent	19	1.9
Total	1,004	100.0
Employment Plans	N	%
No planned change	888	88.4
Increase hours in the physician assistant field	79	7.9
Decrease hours in the physician assistant field	16	1.6
Leave employment in the field of physician assistant	2	0.2
Non-Respondents	19	1.9
Total	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on primary field and employment plans are derived from questions 9 and 15 on the survey.

Table 2.5: Physician Assistant Practice Characteristics

Delivery of Telemedicine Services	N	%
Yes	38	3.8
No	962	95.8
Non-Respondents	4	0.4
Total	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on delivery of telemedicine services and practice setting were derived from questions 6 and 17 on the survey.

Table 2.5 (cont.): Physician Assistant Practice Characteristics

Practice Setting	N	%
Office/Clinic – Single Specialty Group	223	22.2
Hospital – Inpatient	200	19.9
Hospital – Emergency Department	195	19.4
Office/Clinic – Multi Specialty Group	87	8.7
Office/Clinic – Solo Practice	78	7.8
Office/Clinic – Partnership	74	7.4
Hospital – Outpatient	51	5.1
Other	41	4.1
Federal/State/Community Health Center(s)	11	1.1
Hospital – Ambulatory Care Center	10	1.0
Federal Government Hospital	6	0.6
Nursing Home or Extended Care Facility	4	0.4
Home Health Setting	4	0.4
Medical School	3	0.3
Local Health Department	1	0.1
Research Laboratory	0	0.0
Hospice Care	0	0.0
Telemedicine	0	0.0
Volunteer in a Free Clinic	0	0.0
Non-Respondents	16	1.6
Total	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on delivery of telemedicine services and practice setting were derived from questions 6 and 17 on the survey.

Table 2.6: Physician Assistant, Specialty of Supervising Physician

Supervising Physician Specialty	N	%	Supervising Physician Specialty	N	%
Emergency Medicine	252	25.1	Gynecology Only	4	0.4
Family Medicine/General Practice	178	17.7	Internal Medicine – Endocrinology	4	0.4
Surgery – Orthopedic	157	15.6	Internal Medicine – Geriatrics	4	0.4
Hospital Medicine (Hospitalist)	62	6.2	Internal Medicine – Hematology	4	0.4
Surgery - Cardiothoracic	39	3.9	Internal Medicine – Infectious Diseases	3	0.3
Critical Care Medicine	37	3.7	Surgery – Obstetrics & Gynecology	3	0.3
Internal Medicine – Cardiology	28	2.8	Surgery – Plastic & Maxillofacial	3	0.3
Internal Medicine – General Practice	28	2.8	Adolescent medicine	2	0.2
Surgery – General	27	2.7	Internal Medicine – Allergy & Immunology	2	0.2
Occupational Medicine	16	1.6	Internal Medicine – Oncology	2	0.2
Internal Medicine – Gastroenterology	15	1.5	Internal Medicine – Sports Medicine	2	0.2
Psychiatry	12	1.2	Pathology	2	0.2
Pediatric Subspecialties	11	1.1	Radiation Oncology	2	0.2
Neurology	10	1.0	Surgery – Otorhinolaryngology	2	0.2
Physical Medicine/Rehabilitation	10	1.0	Anesthesiology	1	0.1
Radiology	9	0.9	Internal Medicine – Rheumatology	0	0.0
Internal Medicine – Pulmonology	8	0.8	Ophthalmology	0	0.0
Otolaryngology	8	0.8	Dermatology	0	0.0
Surgery – Urology	8	0.8	Surgery – Colon & Rectal	0	0.0
Internal Medicine – Nephrology	7	0.7	Surgery – Ophthalmic	0	0.0
Surgery – Neurologic	7	0.7	Surgery – Oral & Maxillofacial	0	0.0
Surgery – Vascular	6	0.6	Surgery – Pediatric	0	0.0
Obstetrics & Gynecology	5	0.5	Other	0	0.0
General Pediatrics	4	0.4	Non-Respondent	20	2.0
			Total	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on supervising physician specialty were derived from question 16 on the survey.

Workforce Capacity and Distribution

Table 2.7 presents details on reported hours per week in direct patient care. The majority of PAs reported working more than 32 hours per week (56.6%). Another 14.3% reported working 29 – 32 hours per week in direct patient care. This would indicate that more than two-thirds of Indiana PAs work at least four days per week. Despite this potentially high capacity, further analysis shows a distinct maldistribution of capacity.

As is presented in Table 2.8 on the following page, urban counties were found to have around nine times more physician assistant FTE than rural counties (713.4 total FTE in urban counties vs. 81.5 total FTE in rural counties). As a result, rural counties were generally found to have higher PPRs than urban counties. Moreover, the 25 counties that were identified as having no reported PA FTE were all designated as rural. This disparity in distribution can also be seen in Map 2.1 on page 11.

Table 2.7: Physician Assistant Hours per Week in Patient Care

Hours spent in Direct Patient Care	N	%
0 hours per week	12	1.2
1 – 4 hours per week	8	0.8
5 – 8 hours per week	14	1.4
9 – 12 hours per week	24	2.4
13 – 16 hours per week	31	3.1
17 – 20 hours per week	52	5.2
21 – 24 hours per week	46	4.6
25 – 28 hours per week	82	8.2
29 – 32 hours per week	144	14.3
33 – 36 hours per week	225	22.4
37 – 40 hours per week	240	23.9
41 or more hours per week	103	10.3
Non-Respondents	23	2.3
Total	1,004	100.0

Source: Indiana Physician Assistant Re-Licensure Survey, 2018

Notes: Data on reported hours per week in direct patient care were derived from question 14 on the survey.

Data Report

Table 2.8: Physician Assistant Workforce Capacity and Distribution

County Name	Rurality	FTE	Resident per PA FTE	County Name	Rurality	FTE	Resident per PA FTE
Adams	Rural	1.3	26,647	Lawrence	Rural	0.9	50,904
Allen	Urban	86.7	4,192	Madison	Urban	6.2	21,012
Bartholomew	Urban	14.3	5,558	Marion	Urban	198.8	4,659
Benton	Rural	0.0	—	Marshall	Rural	0.0	—
Blackford	Rural	0.8	15,595	Martin	Rural	0.0	—
Boone	Urban	17.1	3,538	Miami	Rural	1.0	36,211
Brown	Rural	0.0	—	Monroe	Urban	22.0	6,472
Carroll	Rural	0.0	—	Montgomery	Rural	1.7	22,454
Cass	Rural	0.9	42,751	Morgan	Urban	3.8	18,263
Clark	Urban	5.4	20,959	Newton	Rural	0.0	—
Clay	Rural	1.0	26,686	Noble	Rural	4.2	11,320
Clinton	Rural	0.8	41,043	Ohio	Rural	0.0	—
Crawford	Rural	0.0	—	Orange	Rural	0.0	—
Daviess	Rural	1.5	21,607	Owen	Rural	0.0	—
DeKalb	Rural	0.9	47,165	Parke	Rural	0.3	57,023
Dearborn	Rural	0.3	165,596	Perry	Rural	0.0	—
Decatur	Rural	0.0	—	Pike	Rural	0.0	—
Delaware	Urban	13.3	8,822	Porter	Urban	16.6	10,034
Dubois	Rural	4.0	10,572	Posey	Rural	0.0	—
Elkhart	Urban	4.7	42,698	Pulaski	Rural	0.0	—
Fayette	Rural	0.0	—	Putnam	Rural	3.2	11,765
Floyd	Urban	5.2	14,596	Randolph	Rural	0.0	—
Fountain	Rural	1.0	16,888	Ripley	Rural	0.9	31,791
Franklin	Rural	0.0	—	Rush	Rural	0.0	—
Fulton	Rural	0.7	29,324	Scott	Rural	2.7	8,808
Gibson	Rural	3.3	10,202	Shelby	Rural	5.5	8,080
Grant	Urban	1.3	52,996	Spencer	Rural	0.0	—
Greene	Rural	1.0	32,815	St Joseph	Urban	21.7	12,315
Hamilton	Urban	142.9	2,075	Starke	Rural	0.0	—
Hancock	Urban	8.5	8,391	Steuben	Rural	5.0	6,853
Harrison	Rural	1.0	39,230	Sullivan	Rural	0.0	—
Hendricks	Urban	36.2	4,238	Switzerland	Rural	0.0	—
Henry	Rural	2.0	24,573	Tippecanoe	Urban	8.3	21,801
Howard	Urban	5.4	15,326	Tipton	Rural	0.8	19,466
Huntington	Rural	7.6	4,850	Union	Rural	1.0	7,299
Jackson	Rural	4.7	9,249	Vanderburgh	Urban	15.5	11,697
Jasper	Rural	0.5	66,896	Vermillion	Rural	1.0	15,860
Jay	Rural	0.0	—	Vigo	Urban	13.3	8,140
Jefferson	Rural	1.4	23,180	Wabash	Rural	2.5	12,943
Jennings	Rural	1.9	14,796	Warren	Rural	0.0	—
Johnson	Urban	23.6	6,171	Warrick	Urban	2.9	21,032
Knox	Rural	5.5	6,920	Washington	Rural	1.0	27,930
Kosciusko	Urban	6.5	11,997	Wayne	Urban	5.9	11,502
LaGrange	Rural	0.9	42,315	Wells	Rural	1.6	17,372
LaPorte	Urban	4.8	23,183	White	Rural	1.8	13,548
Lake	Urban	22.5	21,848	Whitley	Rural	3.4	9,802

Source: Indiana Physician Assistant Re-Licensure Survey, 2018; American Community Survey 5-year estimate, 2015

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 physician assistant FTE. Data on FTE were based on answers from question 14 on the survey.

2018 Indiana Physician Assistant Licensure Survey

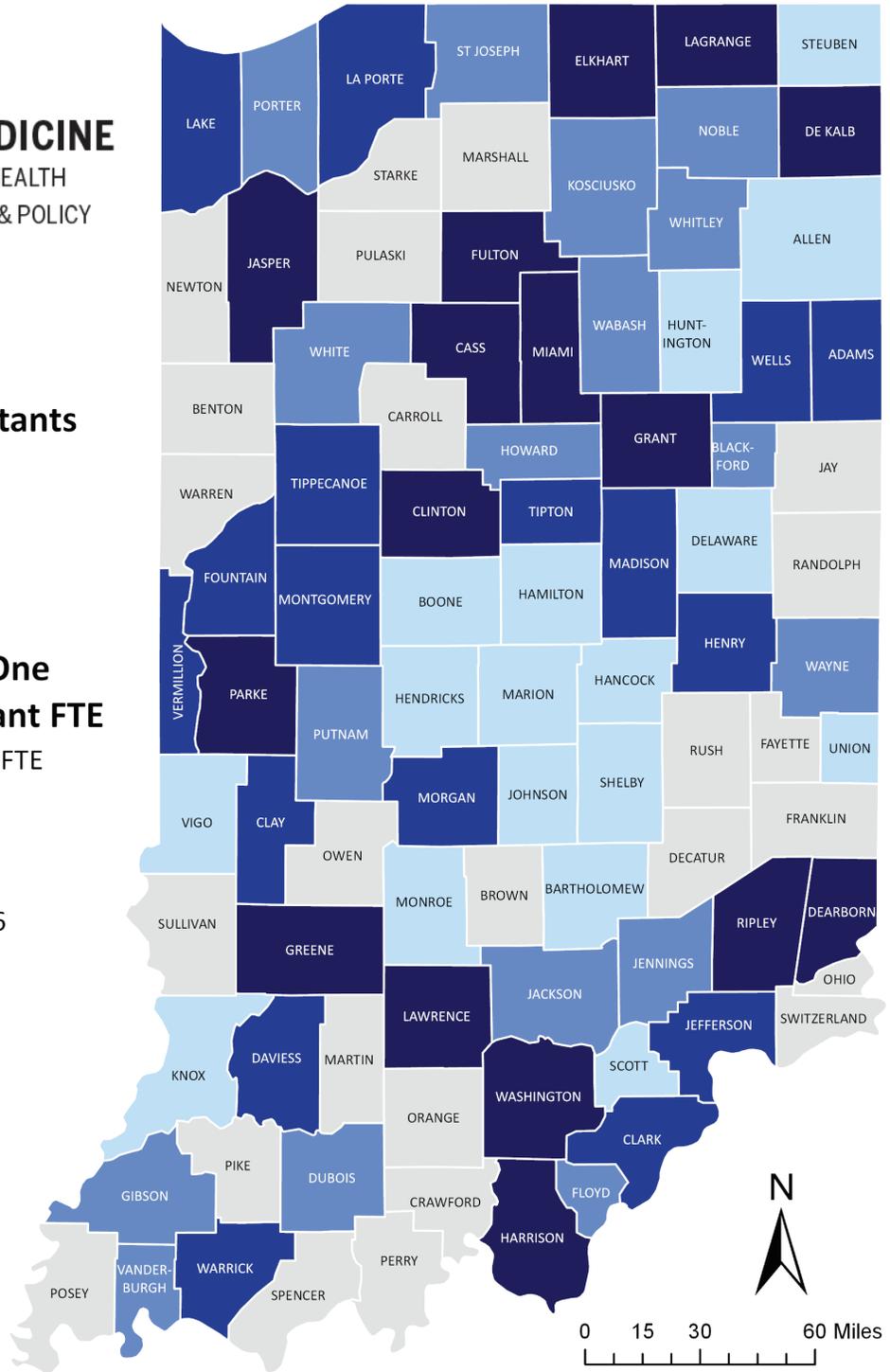


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Indiana Physician Assistants

Population per One Physician Assistant FTE

- No Reported PA FTE
- 2,075 - 8,822
- 9,249 - 15,595
- 15,860 - 26,686
- 27,930 - 165,596



Source: Indiana Physician Assistant Re-Licensure Survey, 2018; American Community Survey, 2015 5-year Estimate.
Notes: Population to provider FTE ratios cannot be calculated for counties with no reported PA FTE

Map 2.1: Geographic Distribution of Indiana Physician Assistant Workforce Capacity

Closing Summary

Physician assistants are a vital component in the health workforce. As presented in this report, Indiana's PA workforce practice in specialties such as emergency medicine and family medicine/general practice. Additionally, many PAs reported practicing full-time, and around 60% reported practicing in an outpatient setting. At the same time, around 40% reported practicing in an inpatient hospital or emergency department setting. Moreover, the demonstrated maldistribution among of Indiana PAs in rural and urban communities may also impact access to their services.

The demographic and professional data presented in this report can be used to inform workforce related initiatives. According to the Bureau of Labor Statistics, employment of physician assistants is expected to grow 37% from 2016-2026, and the largest employers of PAs are most likely to be physician offices¹. As the primary pipeline for Indiana's physician assistants, Indiana's educators can leverage these data to inform, advance, and evaluate initiatives aimed at improving workforce diversity and capacity.

This report provides a snapshot of the physician assistant workforce in Indiana. The Bowen Center is committed to continuous improvement in our reporting on Indiana's physician assistant workforce. We welcome feedback on this report and/or inquiries for customized reports through email at bowenctr@iu.edu.

¹ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Physician Assistants, on the internet at <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>