



INDIANA'S BEHAVIORAL HEALTH WORKFORCE REPORT SERIES

PSYCHIATRISTS AND PSYCHIATRIC APRNs

BOWEN CENTER FOR HEALTH WORKFORCE AND POLICY // JUNE 2020



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

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INTRODUCTION

BACKGROUND

Indiana's behavioral health workforce is comprised of several licensed health professions which are authorized to provide various specialized behavioral health services. Evaluating this workforce and identifying workforce shortages is crucial and informing workforce development and policy initiatives which address such issues as substance use disorder (SUD) and access to counseling services.

Over the last several years, significant strides have been made for collecting comprehensive, accurate and timely workforce data which support longitudinal workforce tracking. This effort has contributed to collaborative dialogue regarding health workforce policy and planning. The enactment of Indiana Senate Act 223 (SEA 223-2018) in January 2019, requires professionals regulated by selected professional licensing boards to provide information regarding employment and practice during the license renewal periods¹. The Indiana Medical Licensing Board and Indiana State Board of Nursing are two of the boards named in SEA 223-2018, which regulate, among other occupations, physicians and registered nurses (including advanced practice registered nurses (APRNs)).

This report is issued as part of the Behavioral Health Data Report Series, which highlights key information regarding licensed health professionals who provide behavioral health or psychiatric services. This report will provide summary information regarding physicians and APRNs who report having a practice specialty in psychiatry.

METHODOLOGY

DATA COLLECTION

See the 2019 Indiana Physician Workforce Data Report and the 2019 Indiana Registered Nurse Workforce Data Report for comprehensive summaries of respective data collection and management procedures. During the 2019 license renewal period, physicians and APRNs were able to provide information regarding their practice specialty and the services they provide.

REPORTING SAMPLE

The 2019 Physician and RN reporting sample included those who 1) had an active license status, 2) renewed their license online, 3) reported actively practicing in medicine, and 4) reported providing healthcare services to Indiana residents either in person or through telemedicine. The 2019 physician reporting sample includes 17,384 physicians or 61.1% of all physicians who renewed their licenses. Among these physicians, 660 (3.8%) reported their specialty as adult and/or child psychiatry. The 2019 RN reporting sample includes 7,746 APRNs, and 389 (5.0%) of these professionals reported a practice specialty in psychiatry.

LIMITATIONS

Limitations to this report are similar to those of the 2019 Indiana Physician Workforce Data Report and 2019 Indiana RN Workforce Data Report. The information presented in this report is based on self-reported data which introduces the potential for some level of response bias. However, it is expected that this bias will be minimal due to the legal requirements associated with providing supplemental data during online license renewal and the attestation regarding information accuracy.

¹ More information available at <http://hdl.handle.net/1805/20352>

REPORT STRUCTURE

This report includes two section of summary data:

- **Section I: Indiana Psychiatrists** includes a summary of physicians who self-reported having psychiatric specialties.
- **Section II: Indiana Psychiatric APRNs** includes a summary of APRNs who self-reported having psychiatric practice specialties.

This 2019 Indiana Behavioral Health Workforce Report issue provides key information on Indiana psychiatrists and psychiatric APRNs. Additional data can be viewed or requested online at www.bowenportal.org.

SECTION I: INDIANA PSYCHIATRISTS

SPECIALTY DISTRIBUTION

Psychiatrists represent a small portion of the total physician workforce (3.8%) in Indiana. However, these specialists are essential for ensuring timely access to psychiatric and behavioral healthcare services. This section examines the characteristics of physicians who reported having a specialty in psychiatry or child psychiatry (Figure 1.1). Overall, 661 physicians reported having a specialty in psychiatry. Among these, 51 (7.7%) report the subspecialty child psychiatry.

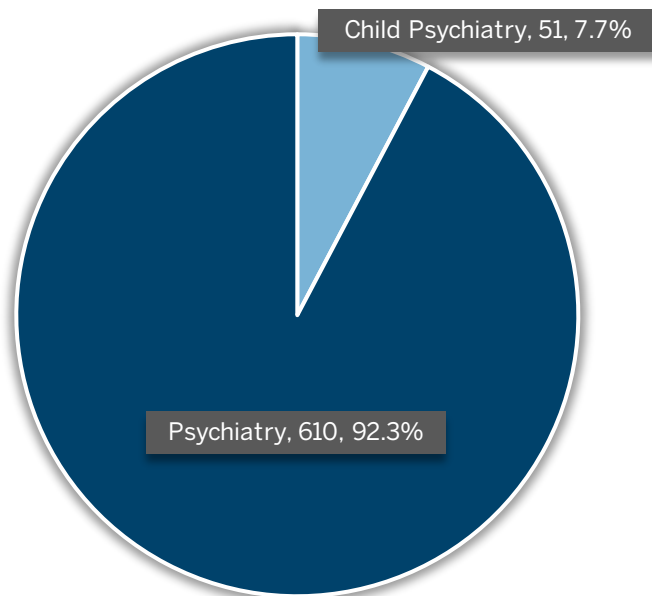


Figure 1.1 Distribution of specialty among psychiatrists.

DEMOGRAPHICS

Table 1.1 provides a summary of the demographic characteristics of Indiana psychiatrists. Overall, Indiana psychiatrists have an average age of 53.8, with the greatest percentage (26.0%) being between ages 55 and 64. Female psychiatrists are slightly younger than their male counterparts, with an average age of 51.0 (versus 55.5 among male psychiatrists). Regarding race and ethnicity, the majority of Indiana psychiatrists are non-Hispanic (95.8%) and white (63.2%). On the other hand, more than one-third (36.8%) identifying as non-White (vs. 29.4%). Furthermore, female psychiatrists were found to have greater racial diversity than their male counterparts, with 38.3% identifying as non-white (compared to 34.8% among male psychiatrists).

Table 1.1: Psychiatrist Demographic Characteristics

	Female		Male		Gender not Available		Total	
	N	%	N	%	N	%	N	%
Total	272		374		15.0		661	
Mean Age	51.0		55.5		63.1		53.8	
Age Groups								
Under 35	30	11.0	21	5.6	1.0	0.2	52	7.9
35-44	68	25.0	76	20.3	0.0	0.0	144	21.8
45-54	60	22.1	77	20.6	1.0	0.2	138	20.9
55-64	72	26.5	97	25.9	3.0	0.5	172	26.0
65 and Older	39	14.3	96	25.7	10.0	1.5	145	21.9
Age not Available	3	1.1	7	1.9	0.0	0.0	10	1.5
Ethnicity								
Hispanic or Latino	12	4.4	16	4.3	0.0	0.0	28	4.2
Not Hispanic or Latino	260	95.6	358	95.7	15.0	2.3	633	95.8
Race								
White	168	61.8	244	65.2	6.0	0.9	418	63.2
Asian	49	18.0	77	20.6	4.0	0.6	130	19.7
Black or African American	25	9.2	13	3.5	2.0	0.3	40	6.1
Native Hawaiian/Pacific Islander	1	0.4	0	0.0	0.0	0.0	1	0.2
American Indian or Alaska Native	0	0.0	0	0.0	0.0	0.0	0	0.0
Other	22	8.1	35	9.4	3.0	0.5	60	9.1
Multiracial	7	2.6	5	1.3	0.0	0.0	12	1.8

Source: Indiana Physician License and Supplemental Survey Data, 2019

Notes: Data on Gender was not provided for every professional by Indiana Professional Licensing Agency (IPLA). Age was calculated as the difference between the respondent's date of birth and the date of survey completion.

EDUCATION

Educational characteristics of Indiana psychiatrists are presented in Table 1.2. While a similar percentage of child and general psychiatrists report completing their medical education in Indiana (25.5% and 27.7%, respectively), a greater percentage of child psychiatrists (35.3%) reported completing their medical education outside Indiana and its contiguous states. Regarding self-reported location of residency training, a significant proportion of both child psychiatrists and general psychiatrists (47.1% and 43.6%, respectively) report training outside of Indiana and its contiguous states.

Table 1.2: Psychiatrist Education and Training Characteristics Based on Medical Specialty

Location of Training Program	Child Psychiatry		Psychiatry	
	N	%	N	%
Total	51		610	
Medical School				
Indiana	13	25.5	169	27.7
Contiguous State	8	15.7	104	17.1
Another US State	18	35.3	167	27.4
Another Country	12	23.5	170	27.9
Residency				
Indiana	17	33.3	189	31.0
Contiguous State	10	19.6	152	24.9
Another US State	24	47.1	266	43.6
Another Country	0	0.0	3	0.5

Source: Indiana Physician License and Supplemental Survey Data, 2019

Notes: Contiguous States include Michigan, Ohio, Kentucky and Illinois

PRACTICE CHARACTERISTICS

PRACTICE SETTING

Table 1.3 provides information on reported practice settings for psychiatrists' primary, secondary and tertiary practice locations. Nearly all psychiatrists (94.7%) reported having a primary practice in Indiana, 31% reported a secondary practice and 10.3% reported a tertiary practice. For all three practices, inpatient hospital was the most frequently reported setting type (22.2% primary practice; 22.2% secondary practice; and 22.1% tertiary practice), followed by a single-specialty office/clinic (16.9% for primary practice; 17.1% for secondary practice; and 17.6% for tertiary practice).

Table 1.3: Psychiatrist Practice Settings and Locations

Primary Practice Type	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Total	626		205		68	
Office/Clinic – Solo Practice	81	12.9	13	6.3	4	5.9
Office/Clinic – Partnership	17	2.7	5	2.4	0	0.0
Office/Clinic – Single Specialty Group	106	16.9	35	17.1	12	17.6
Office/Clinic – Multi Specialty Group	54	8.6	16	7.8	5	7.4
Hospital – Inpatient	139	22.2	47	22.9	15	22.1
Hospital – Outpatient	53	8.5	17	8.3	6	8.8
Hospital – Emergency Department	8	1.3	1	0.5	1	1.5
Hospital – Ambulatory Care Center	1	0.2	1	0.5	0	0.0
Federal Government Hospital	10	1.6	2	1.0	1	1.5
Research Laboratory	0	0.0	0	0.0	0	0.0
Medical School	16	2.6	1	0.5	0	0.0
Nursing Home or Extended Care Facility	1	0.2	3	1.5	3	4.4
Home Health Setting	0	0.0	0	0.0	0	0.0
Hospice Care	0	0.0	0	0.0	0	0.0
Federal/State/Community Health Center(s)	80	12.8	30	14.6	10	14.7
Local Health Department	0	0.0	0	0.0	0	0.0
Telemedicine	34	5.4	15	7.3	3	4.4
Volunteer in a Free Clinic	0	0.0	0	0.0	0	0.0
Other	26	4.2	19	9.3	8	11.8

Source: Indiana Physician License and Supplemental Survey Data, 2019

Notes: Counts for each practice exclude physicians who indicated 'Not Applicable' for their practice setting, as this would represent those without a primary, secondary or tertiary practice.

HOURS IN PATIENT CARE

As with those who reported their practice setting, nearly all (92.7%) reported their average hours per week in patient care at their primary practice, 29.8% reported this for their secondary practice and 8.6% reported this for their tertiary practice. Just under one-third (32.2%) of psychiatrists reporting on their primary practice hours reported spending more than 32 hours per week in patient care. The same percentage of those reporting on their secondary practice (33.0%) reported spending 5 – 8 hours per week at this location. The highest percentage of those reporting on hours at their tertiary practice (42.1%) also reported spending 5 – 8 hours per week in patient care at this location. Table 1.4 provides more information on psychiatrist capacity.

Table 1.4: Average hours per week in patient care, Psychiatrists

Average hours per week in patient care	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Total	613		197		57	
0 hours per week	11	1.8	15	7.6	3	5.3
1-4 hours per week	15	2.4	32	16.2	11	19.3
5-8 hours per week	31	5.1	65	33.0	24	42.1
9-12 hours per week	31	5.1	19	9.6	6	10.5
13-16 hours per week	40	6.5	26	13.2	4	7.0
17-20 hours per week	47	7.7	15	7.6	4	7.0
21-24 hours per week	41	6.7	9	4.6	1	1.8
25-28 hours per week	43	7.0	4	2.0	1	1.8
29-32 hours per week	61	10.0	4	2.0	1	1.8
33-36 hours per week	48	7.8	3	1.5	0	0.0
37-40 hours per week	153	25.0	4	2.0	2	3.5
41 or more hours per week	92	15.0	1	0.5	0	0.0

Source: Indiana Physician License and Supplemental Survey Data, 2019

Notes: Counts for each practice exclude physicians who indicated 'Not Applicable' for total hours per week in patient care, as this would represent those who do not have a clinical practice.

PATIENT PANEL

Table 1.5 provides a summary of reported patient panel characteristics among Indiana psychiatrists. Though the majority of psychiatrists reported not offering a sliding fee scale at any practice, those who did offer this payment method were likely to report have 5% or less of their patients on this payment method. With regards to Indiana Medicaid, 37.8% of psychiatrists reported 30% or more of their patients are covered by Indiana Medicaid for their primary practice; 14.6% reported the same for their secondary practice, as well as 5.2% for their tertiary practice.

Table 1.5: Patient Panel Characteristics, Psychiatrists

	Primary Practice		Secondary Practice		Tertiary Practice	
	N	%	N	%	N	%
Percent of Patients on a Sliding Fee Scale						
Do not offer a sliding fee scale	131	19.8	46	7.0	15	2.3
>0% - 5%	66	10.0	24	3.6	9	1.4
6% - 10%	54	8.2	18	2.7	5	0.8
11% - 20%	33	5.0	9	1.4	4	0.6
21% - 30%	17	2.6	8	1.2	1	0.2
31% - 50%	14	2.1	5	0.8	3	0.5
Greater than 50%	15	2.3	9	1.4	4	0.6
Not Applicable	331	50.1	542	82.0	620	93.8
Percent of Patient Panel who are Medicaid Recipients						
Do not have Medicaid Patients	62	9.4	17	2.6	3	0.5
>0% - 5%	50	7.6	8	1.2	7	1.1
6% - 10%	28	4.2	8	1.2	2	0.3
11% - 20%	42	6.4	13	2.0	2	0.3
21% - 30%	65	9.8	19	2.9	4	0.6
31% - 50%	94	14.2	38	5.8	7	1.1
Greater than 50%	156	23.6	58	8.8	27	4.1
Not Applicable	164	24.8	500	75.6	609	92.1

Source: Indiana Physician License and Supplemental Survey Data, 2019

When asked about accepting new Indiana Medicaid patients at any of their practices, 453 (68.5%) reported that they were accepting new Indiana Medicaid patients. This is lower than that which was reported by the overall physician workforce (82.2%). When asked to describe potential barriers to accepting new Medicaid patients, Indiana psychiatrists report reimbursement rates (20.8%) and practice policies (20.8%) as their major barriers. Having a practice location within a government facility (Veterans Administration Hospital, Correctional Facility, etc.) was reported as a barrier by some psychiatrists. More information on psychiatrists accepting new Medicaid patients can be found in Table 1.6.

Table 1.6: Psychiatrist Medicaid Participation Status

	N	%
Accepting new Indiana Medicaid patients	661	100.0
Accepting new Indiana Medicaid patients	453	68.5
Not accepting new Indiana Medicaid patients	208	31.5
Barriers to not Accepting New Medicaid Patients		
Practicing at Government Facility	9	18.8
Full Patient Panel	4	8.3
Acute Care/Specialist/Hospitalist	3	6.3
Reimbursement Rates	10	20.8
Administrative Burden	2	4.2
Policies of Practice	10	20.8
Not Currently Enrolled as a Medicaid Provider	2	4.2
Not Providing Direct Patient Care	3	6.3
Not Applicable (locum tenens, Planning to Retire)	5	10.4

Source: Indiana Physician License and Supplemental Survey Data, 2019

SERVICES PROVIDED

This part of Section I summarizes services psychiatrists reported to have provided. When reporting on services provided and populations services, psychiatrists could select more than one service or population. Therefore, only unique counts are provided for each type of service or population. The final column in each table provides unique number of total physicians across all reporting categories in the respective table.

TELEMEDICINE

Table 1.7 provides a summary of the response status of psychiatrists regarding whether they provide telemedicine services to Indiana residents. While a greater percentage of general psychiatrists reported providing telemedicine services when completed to child psychiatrists (31.6% vs. 19.6%), both specialists were more likely to report not providing telemedicine services to Indiana residents.

Table 1.7: Telemedicine services status by medical specialty, Indiana
Psychiatrists

Providing Telemedicine Services to Indiana Residents	Child Psychiatry		Psychiatry	
	N	%	N	%
Total	51		610	
Yes	10	19.61	193	31.64
No	41	80.39	417	68.36

Source: 2019 Indiana Physician License and Supplemental Survey Data

SERVICES PROVIDED

The 2019 physician supplemental license renewal survey allowed for respondents to indicate special psychiatric services they may provide. These special services were related to addiction, medication assisted treatment (MAT) and dementia and Alzheimer's disease. Table 1.8 provides a summary of the total number of psychiatrists that reported providing each service. Of the 661 psychiatrists in the 2019 reporting sample, 366 (55.4%) psychiatrists reported providing some type of special psychiatric service, with the highest number (n=280) reporting providing addiction counseling, and 157 reported providing addiction screening. The second highest number (n=174) reported providing services for dementia and Alzheimer's Disease.

Table 1.8: Specialty psychiatrist services provided, Indiana Psychiatrists

	Addiction Counseling		Addiction Screening		MAT - Methadone		MAT - Buprenorphine		MAT - Naltrexone		Services for Dementia and Alzheimer's Disease		Services for OUD-affected Pregnancy		Unique Number of Psychiatrists Reporting any Service	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child Psychiatry	13	4.6	6	3.8	0	0.0	3	2.3	4	2.6	5	2.9	2	4.6	15	3.9
Psychiatry	267	95.4	151	96.2	18	100.0	129	97.7	148	97.4	169	97.1	42	95.5	366	96.1
Total	280	100.0	157	100.0	18	100.0	132	100.0	152	100.0	174	100.0	44	100.0	381	100.0

Source: 2019 Indiana Physician License and Supplemental Survey data

POPULATIONS SERVED

Table 1.9 provides a summary of the total number of psychiatrists who reported providing services to selected populations. Overall, 644 (97.4%) psychiatrists reported offering services to specific populations, with the highest number (n=599) providing services to adults. The second highest number of psychiatrists (n=599) reported providing services to adolescents. The lowest number of psychiatrists reported providing services to inmates (n=96). It is important to note that those who reported having a specialty in child psychiatry also reported serving adults and geriatricians. Reasons for this are unknown.

Table 1.9: Populations served, Indiana Psychiatrists

	Children (ages 2 - 10)		Adolescents (ages 11 - 19)		Adults		Geriatric		Pregnant Women		Inmates		Disabled Persons		Individuals in Recovery		Unique Number of Psychiatrists	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child Psychiatry	47	23.5	49	16.0	31	5.2	14	3.4	12	5.6	3	3.1	16	5.6	11	3.8	50	7.8
Psychiatry	153	76.5	257	84.0	568	94.8	404	96.7	203	94.4	93	96.9	271	94.4	279	96.2	594	92.2
Total	200	100.0	306	100.0	599	100.0	218	100.0	215	100.0	96	100.0	287	100.0	290	100.0	644	100.0

Source: 2019 Indiana Physician License and Supplemental Survey Data

GEOGRAPHIC DISTRIBUTION

A summary of county-level psychiatrist capacity can be found in Table 1.10. A total of 22 Indiana counties (23.9%) have no reported FTE from physicians with a specialty in psychiatry or child psychiatry. Additionally, another 31 counties have PPRs that are greater than 30,000:1, the threshold determined to be sufficient capacity for psychiatry by HRSA², and 8 of these counties had PPRs greater than 100,000:1. Therefore, around 70% of Indiana counties either lack sufficient capacity of – or have no direct access to – psychiatrists.

Table 1.10 Geographic distribution of Indiana Psychiatrist supply and capacity

County	Population	Total Number of Psychiatrists	Total Psychiatrist FTE	Population to Psychiatrist FTE
Adams	35,777	0	0	—
Allen	379,299	42	29.1	13,034.30
Bartholomew	83,779	8	3.6	23,271.90
Benton	8,748	2	0.4	21,870.00
Blackford	11,758	0	0	—
Boone	67,843	10	5.7	11,902.30
Brown	15,092	1	0.2	75,460.00
Carroll	20,257	0	0	—
Cass	37,689	7	5.1	7,390.00
Clark	118,302	17	8.5	13,917.90
Clay	26,225	0	0	—
Clinton	32,399	1	0.6	53,998.30
Crawford	10,577	0	0	—
Daviess	33,351	2	1.2	27,792.50
Dearborn	49,458	10	5.7	8,676.80
Decatur	26,559	1	0.2	132,795.00
Dekalb	43,475	3	2	21,737.50
Delaware	114,135	11	5.7	20,023.70
Dubois	42,736	6	3.5	12,210.30
Elkhart	206,341	18	11.9	17,339.60
Fayette	23,102	0	0	—
Floyd	78,522	4	3.1	25,329.70
Fountain	16,346	1	0.5	32,692.00
Franklin	22,758	0	0	—
Fulton	19,974	2	0.3	66,580.00
Gibson	33,659	1	1	33,659.00
Grant	65,769	4	2.6	25,295.80
Greene	31,922	0	0	—
Hamilton	338,011	35	20.2	16,733.20
Hancock	78,168	8	5.8	13,477.20
Harrison	40,515	1	0.2	202,575.00
Hendricks	170,311	12	6.9	24,682.80
Henry	47,972	4	1.4	34,265.70
Howard	82,544	8	5.2	15,873.90
Huntington	36,520	2	0.9	40,577.80
Jackson	44,231	3	1.3	34,023.90
Jasper	33,562	1	0.2	167,810.00
Jay	20,436	1	0.6	34,060.00
Jefferson	32,308	8	4	8,077.00
Jennings	27,735	0	0	—
Johnson	158,167	6	2.5	63,266.80
Knox	36,594	5	3.3	11,089.10
Kosciusko	79,456	4	1.7	46,738.80
LaPorte	109,888	6	4.2	26,163.80

² 42 CFR part 5, Appendix C, Part 1, and A.4

Table 1.10 Geographic distribution of Indiana Psychiatrist supply and capacity

County	Population	Total Number of Psychiatrists	Total Psychiatrist FTE	Population to Psychiatrist FTE
LaGrange	39,614	1	0.2	198,070.00
Lake	485,493	56	35.8	13,561.30
Lawrence	45,370	2	1	45,370.00
Madison	129,569	14	8.1	15,996.20
Marion	964,582	228	131	7,363.20
Marshall	46,258	5	3.8	12,173.20
Martin	10,255	1	0	—
Miami	35,516	27	0.2	177,580.00
Monroe	148,431	4	17.9	8,292.20
Montgomery	38,338	3	2.4	15,974.20
Morgan	70,489	6	1.4	50,349.30
Newton	13,984	0	0	—
Noble	47,744	2	1.2	39,786.70
Ohio	5,875	0	0	—
Orange	19,646	1	0.7	28,065.70
Owen	20,799	1	0.2	103,995.00
Parke	16,937	1	0.2	84,685.00
Perry	19,169	0	0	—
Pike	12,389	0	0	—
Porter	170,389	16	9.1	18,724.10
Posey	25,427	0	0	—
Pulaski	12,353	1	0.2	61,765.00
Putnam	37,576	3	0.6	62,626.70
Randolph	24,665	1	0.3	82,216.70
Ripley	28,324	1	0.3	94,413.30
Rush	16,581	0	0	—
Scott	23,873	1	0.2	119,365.00
Shelby	44,729	2	0.6	74,548.30
St. Joseph	271,826	33	20.7	13,131.70
Spencer	20,277	0	0	—
Starke	22,995	1	1	22,995.00
Steuben	34,594	2	1.8	19,218.90
Sullivan	20,669	2	1.4	14,763.60
Switzerland	10,751	0	0	—
Tippecanoe	195,732	25	15.5	12,627.90
Tipton	15,148	1	0.1	151,480.00
Union	7,054	0	0	—
Vanderburgh	181,451	31	21.5	8,439.60
Vermillion	15,498	0	0	—
Vigo	107,038	18	13.7	7,813.00
Wabash	30,996	2	0.4	77,490.00
Warren	8,265	0	0	—
Warrick	62,998	6	3.9	16,153.30
Washington	28,036	1	1	28,036.00
Wayne	65,884	15	9	7,320.40
Wells	28,296	0	0	—
White	24,102	1	0.7	34,431.40
Whitley	33,964	2	0.6	56,606.70

Source: 2019 Indiana Physician License and Supplemental Survey Data; Annual Estimates of the Resident Population for Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Notes: Population to provider FTE ratios cannot be calculated for counties with no reported provider FTE.

Figure 1.2 provides the geographic distribution of psychiatric capacity throughout the State of Indiana. As can be seen, most of the state has been designated with mental HPSAs as part of mental health catchment areas MHCAs. These MHCAs encompass multiple counties and serve as service areas for state psychiatric hospitals.

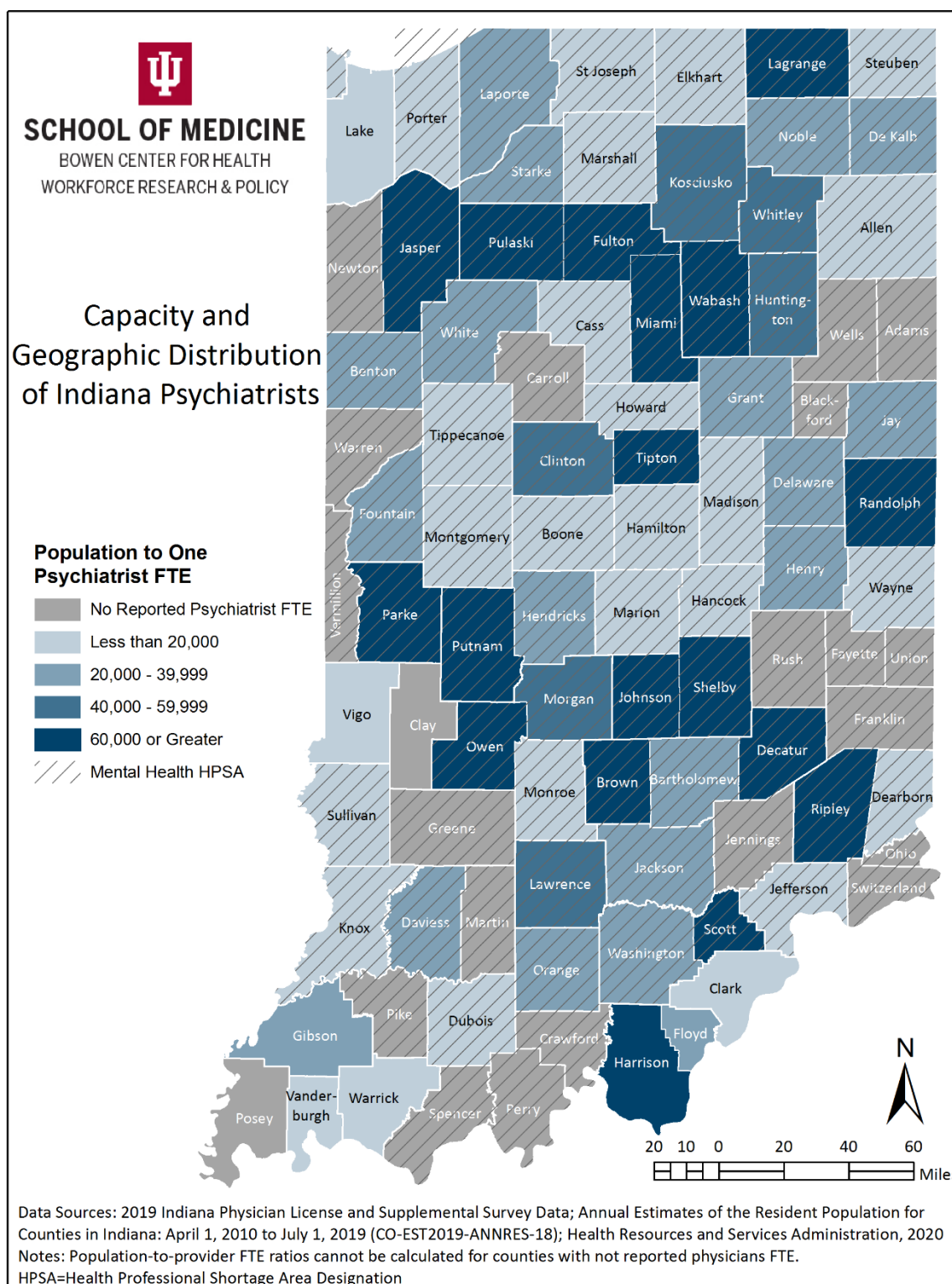


Figure 1.2 Geographic distribution of Indiana psychiatric workforce capacity

SECTION II: INDIANA PSYCHIATRIC APRNS

APRN POSITION BREAKDOWN

Of the 7,746 Indiana-licensed APRNs included in the 2019 reporting sample, 389 (5.0%) reported having a practice specialty in psychiatry. Figure 2.1 provides a breakdown of the reported role in which these psychiatric APRNs practice. As can be seen, 79.4% reported practicing as a nurse practitioner, followed by 19.8% who reported practicing as a clinical nurse specialist.

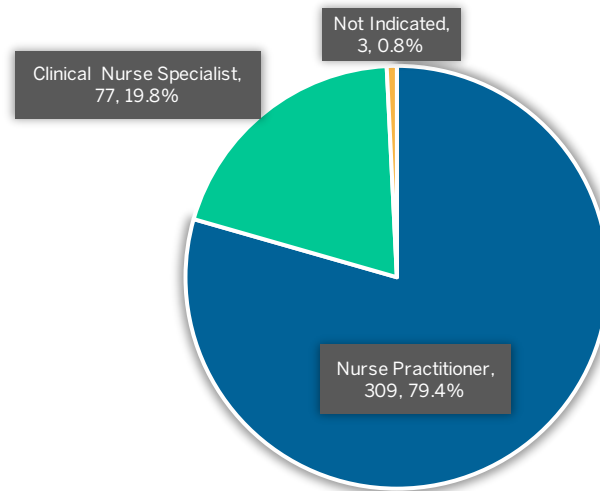


Figure 2.1 Role breakdown of psychiatric APRNs

DEMOGRAPHICS

Demographics characteristics of psychiatric APRNs is found in Table 2.1. Overall, the majority of APRNs are female (n=351; 92.1%), white (89.5%) and not Hispanic or Latino (99.2%). The average age of psychiatric APRNs is 50.1, with male APRNs being younger with an average age of 44.5. Male APRNs also have greater racial diversity, with 18.4% identifying as non-White (versus 9.6% among female APRNs).

Table 2.1: Demographic Characteristics, Indiana Psychiatric APRNs

	Male		Female		Total	
	N	%	N	%	N	%
Total	38		351		389	
Mean Age	44.5		50.7		50.1	
Age Category						
Under 35	7	18.4	40	11.4	47	12.1
35 - 44	14	36.8	88	25.1	102	26.2
45 - 54	12	31.6	84	23.9	96	24.7
55 - 64	5	13.2	89	25.4	94	24.2
65 and Older	0	0.0	50	14.3	50	12.9
Race						
White	31	81.6	317	90.3	348	89.5
American Indian/Alaska Native	0	0.0	0	0.0	0	0.0
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0
Black or African American	4	10.5	24	6.8	28	7.2
Asian	1	2.6	5	1.4	6	1.5
Some Other Race	0	0	4	1.1	4	1.03
Multiracial	2	5.3	1	0.3	3	0.8
Ethnicity						
Hispanic or Latino	1	2.6	2	0.6	3	0.8
Not Hispanic or Latino	37	97.4	349	99.4	386	99.2

Source: 2019 Indiana RN License and Supplemental Survey

EDUCATION

QUALIFYING EDUCATION

Reported qualifying education is summarized in Table 2.2. The majority of psychiatric APRNs received their qualifying education in Indiana (n=278; 73.8%). The greatest percentage of these APRNs (42.9%) reported qualifying for their initial nursing license with a baccalaureate degree in nursing (BSN), followed by 32.1% who reported qualifying with an associate degree in nursing (ASN). This trend continues among psychiatric APRNs who completed their education in other reported locations.

Table 2.2: Qualifying Education, Psychiatric APRNs

	Indiana		Contiguous States		Another State (not listed)		Another Country (not US)		Total	
	N	%	N	%	N	%	N	%	N	%
Diploma - nursing	10	3.5	3	6.1	6	12.0	0	0.0	19	4.9
Associate degree - nursing	92	32.1	17	34.7	8	16.0	1	33.3	118	30.3
Baccalaureate degree - nursing	123	42.9	21	42.9	21	42.0	2	66.7	167	42.9
Master's degree - nursing	58	20.2	7	14.3	15	30.0	0	0.0	80	20.6
Doctoral degree - nursing	4	1.4	1	2.0	0	0.0	0	0.0	5	1.3
Total	287	100.0	49	100.0	50	100.0	3	100.0	389	100.0

Source: 2019 Indiana RN License and Supplemental Survey

Notes: Contiguous States include Michigan, Illinois, Kentucky, Ohio

HIGHEST EDUCATION

The highest reported education is summarized in Table 2.3. Most psychiatric APRNs (93.8%) reported their highest nursing education to be a master's degree in nursing (MSN). Another 5.4% reported having a doctoral degree in Nursing. While a small number reported having a BSN as their highest education, this will most likely represent limitations to the survey data. The majority of psychiatric APRNs reported having additional education unrelated to nursing (65.3%). At the same time, though, 20.8% reported having a baccalaureate degree in a field unrelated to nursing.

Table 2.3: Highest Education, Psychiatric APRNs

	N	%
Total	389	
Highest Nursing Education		
Baccalaureate degree - nursing	3	0.8
Master's degree - nursing	365	93.8
Doctoral degree - nursing	21	5.4
Highest Non-Nursing Education		
Not Applicable	254	65.3
Diploma – non-nursing	14	3.6
Associate degree – non-nursing	4	1.03
Baccalaureate degree – non-nursing	81	20.8
Master's degree – non-nursing	31	8.0
Doctoral degree – non-nursing	5	1.3

Source: 2019 Indiana RN License and Supplemental Survey Data

PRACTICE CHARACTERISTICS

EMPLOYMENT CHARACTERISTICS

Table 2.4 provides a summary of employment characteristics. While most of psychiatric APRNs reported practicing in this advanced practice role (94.3%), others also reported serving as a staff nurse (3.9%), faculty (1.3%) or in another unlisted health-related role (0.5%). The majority of psychiatric APRNs reported having only one paid position (77.6%), followed by 18.5% who reported having two paid positions. Regarding employment plans, psychiatric APRNs primarily reported having no plans to change their current employment status (84.8%),

Table 2.4: Employment Characteristics, Psychiatric APRNs

	N	%
Total	389	
Primary Work Position		
Advanced Practice Nurse	367	94.3
Staff Nurse	15	3.9
Nurse Educator (faculty)	5	1.3
Other – Health Related	2	0.5
Total Number of Paid Positions		
1 position	302	77.6
2 positions	72	18.5
3 positions	12	3.1
4 or more positions	1	0.3
Not applicable	2	0.5
Employment Plans		
Continue as you are	330	84.8
Increase hours	19	4.9
Decrease hours	23	5.9
Retire	5	1.3
Unknown	12	3.1

Source: 2019 Indiana RN License and Supplemental Survey

PRIMARY PRACTICE SETTING

Reported primary practice setting if psychiatric APRNs is summarized in Table 2.5 based on whether they reported providing telemedicine. Seventy-nine of these APRNs (20.3%) reported providing telemedicine to Indiana residents, the majority of which (58.2%) reported practicing in an outpatient clinic. Similarly, 59.7% of those who do not provide telemedicine also reported practicing in an outpatient clinic.

Table 2.5: Primary Practice Setting, Psychiatric APRNs

Primary Work Setting	Providing Telemedicine		Not Providing Telemedicine	
	N	%	N	%
Total	79		310	
Hospital	18	22.8	52	16.8
Nursing Home/Extended Care Facility/Assisted Living Facility	2	2.5	22	7.1
Home Health	1	1.3	0	0.0
Correctional Facility	0	0.0	2	0.7
Academic Institution	0	0.0	3	1.0
Public/Community Health Agency	9	11.4	33	10.7
Outpatient Clinic	46	58.2	185	59.7
Other	2	2.5	12	3.9
Not applicable	1	1.3	1	0.3

Source: 2019 Indiana RN License and Supplemental Survey

SERVICES PROVIDED

Table 2.7 provides a summary of each of the psychiatric services APRNs reported providing based on their status of providing telemedicine. Of the 389 psychiatric APRNs actively practicing in Indiana, 241 (62.0%) reported providing some type of special psychiatric services, with the highest number (n=145) reporting providing addiction counseling and another 106 APRNs reporting providing addiction screening. Among those providing MAT, the largest number reported providing MAT through prescription of Naltrexone (n=101). The highest number of those providing telemedicine reported providing addiction counseling (n=33), followed by 27 who reported providing MAT through prescription of Naltrexone.

Table 2.7: Psychiatric Services Provided, Psychiatric APRNs

Providing Telemedicine Services	Addiction Screening		Addiction Counseling		MAT - Methadone		MAT - Buprenorphine		MAT - Naltrexone		Services for Dementia and Alzheimer's Disease		Services for OUD-affected Pregnancy		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	89	84.0	112	77.2	5	71.4	60	76.0	74	73.3	63	81.8	16	69.6	187	77.6
Yes	17	16.0	33	22.8	2	28.6	19	24.1	27	26.7	14	18.2	7	30.4	54	22.4
Total	106	100	145	100	7	100	79	100	101	100	77	100	23	100	241	100

Source: 2019 Indiana RN License and Supplemental Survey

POPULATIONS SERVED

A summary of populations which psychiatric APRNs reported serving are provided in Table 2.8. Overall, 184 (47.3%) psychiatric APRNs reported the populations they serve in their practice. The highest number (n=367) reported serving adults, followed by 275 serving geriatric patients and 241 serving adolescents ages 11 to 19. A similar trend was found when examining the populations served based on APRNs' status of providing telemedicine services.

Table 2.8: Populations served, Indiana Psychiatric APRNs

Providing Telemedicine Services	Children (ages 2 - 10)		Adolescents (ages 11 - 19)		Adults		Geriatric		Inmates		Disabled Persons		Individuals in Recovery		Total Unique APRNs	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	124	77.5	188	78.0	293	79.8	217	78.9	27	77.1	134	77.5	141	76.6	141	76.6
Yes	36	22.5	53	22.0	74	20.2	58	21.1	8	22.9	39	22.5	43	23.4	43	23.4
Total	160	100.0	241	100.0	367	100.0	275	100.0	35	100.0	173	100.0	184	100.0	184	100.0

Source: 2019 Indiana RN License and Supplemental Survey Data

GEOGRAPHIC DISTRIBUTION

Table 2.8 provides a summary of county-level capacity of psychiatric APRNs located in Indiana. Figure 2.2 also displays the geographic distribution of psychiatric APRN capacity. A total of 37 counties have no reported FTE by psychiatric APRNs. Moreover, 39 additional counties have population-to-provider ratios (PPRs) that are greater than 20,000:1. This would indicate that 82.6% of Indiana counties have low or non-existent capacity for psychiatric APRNs.

It's important to note that respondents to the 2019 Indiana RN Supplemental License Renewal Survey were able to provide hours in patient care for their primary practice only. Therefore, estimates in the table below may not reflect actual capacity for psychiatric APRNs practicing in Indiana.

Table 2.8: County-level capacity of Indiana Psychiatric APRNs

County	Population	Total Psychiatric APRNs	Total Psychiatric APRN FTE	Population to PSYCH APRN FTE
Adams	35,777	2	1.6	22,360.6
Allen	379,299	31	25.3	14,992.1
Bartholomew	83,779	6	4.8	17,454.0
Benton	8,748	0	0	—
Blackford	11,758	0	0	—
Boone	67,843	3	2.8	24,229.6
Brown	15,092	0	0	—
Carroll	20,257	1	1	20,257.0
Cass	37,689	2	1.9	19,836.3
Clark	118,302	8	5.7	20,754.7
Clay	26,225	0	0	—
Clinton	32,399	0	0	—
Crawford	10,577	0	0	—
Daviess	33,351	1	0.5	66,702.0
DeKalb	43,475	2	1.6	27,171.9
Dearborn	49,458	2	1.8	27,476.7
Decatur	26,559	1	1	26,559.0
Delaware	114,135	3	3	38,045.0
Dubois	42,736	2	2	21,368.0
Elkhart	206,341	9	8.1	25,474.2
Fayette	23,102	1	1	23,102.0
Floyd	78,522	7	5.5	14,276.7
Fountain	16,346	0	0	—
Franklin	22,758	0	0	—
Fulton	19,974	1	0.9	22,193.3
Gibson	33,659	1	1	33,659.0
Grant	65,769	7	6.5	10,118.3
Greene	31,922	1	1	31,922.0
Hamilton	338,011	10	7.7	43,897.5
Hancock	78,168	2	1.1	71,061.8
Harrison	40,515	0	0	—
Hendricks	170,311	7	6	28,385.2
Henry	47,972	1	1	47,972.0
Howard	82,544	6	5.4	15,285.9
Huntington	36,520	0	0	—
Jackson	44,231	2	1.4	31,593.6
Jasper	33,562	0	0	—
Jay	20,436	0	0	—
Jefferson	32,308	1	1	32,308.0
Jennings	27,735	1	0.9	30,816.7
Johnson	158,167	7	6.9	22,922.8
Knox	36,594	2	1.4	26,138.6
Kosciusko	79,456	2	1.4	56,754.3

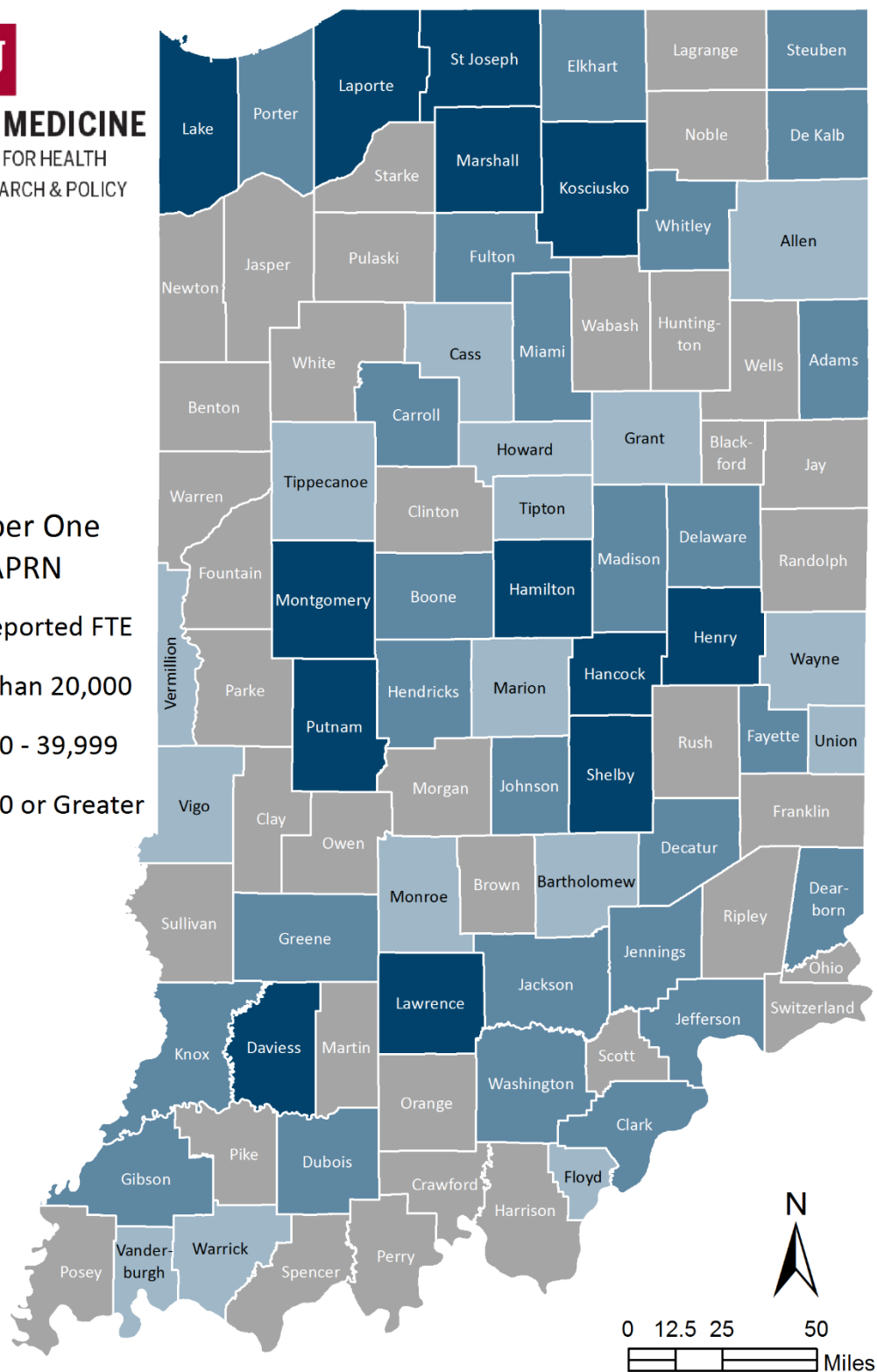
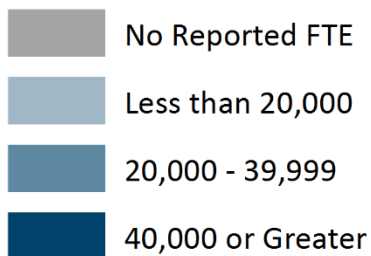
Table 2.8: County-level capacity of Indiana Psychiatric APRNs

County	Population	Total Psychiatric APRNs	Total Psychiatric APRN FTE	Population to PSYCH APRN FTE
LaGrange	39,614	0	0	—
LaPorte	109,888	2	1.7	64,640.0
Lake	485,493	13	10.9	44,540.6
Lawrence	45,370	1	1	45,370.0
Madison	129,569	6	5.4	23,994.3
Marion	964,582	113	96.8	9,964.7
Marshall	46,258	1	0.8	57,822.5
Martin	10,255	0	0	—
Miami	35,516	1	1	35,516.0
Monroe	148,431	16	12.2	12,166.5
Montgomery	38,338	1	0.2	191,690.0
Morgan	70,489	0	0	—
Newton	13,984	0	0	—
Noble	47,744	0	0	—
Ohio	5,875	0	0	—
Orange	19,646	0	0	—
Owen	20,799	0	0	—
Parke	16,937	0	0	—
Perry	19,169	0	0	—
Pike	12,389	0	0	—
Porter	170,389	6	5.1	33,409.6
Posey	25,427	0	0	—
Pulaski	12,353	0	0	—
Putnam	37,576	1	0.6	62,626.7
Randolph	24,665	0	0	—
Ripley	28,324	0	0	—
Rush	16,581	0	0	—
Scott	23,873	0	0	—
Shelby	44,729	1	0.8	55,911.3
Spencer	20,277	0	0	—
St. Joseph	271,826	5	3.1	87,685.8
Starke	22,995	0	0	—
Steuben	34,594	1	1	34,594.0
Sullivan	20,669	0	0	—
Switzerland	10,751	0	0	—
Tippecanoe	195,732	14	11.5	17,020.2
Tipton	15,148	1	1	15,148.0
Union	7,054	1	1	7,054.0
Vanderburgh	181,451	18	14.6	12,428.2
Vermillion	15,498	1	1	15,498.0
Vigo	107,038	12	10.9	9,820.0
Wabash	30,996	0	0	—
Warren	8,265	0	0	—
Warrick	62,998	4	3.5	17,999.4
Washington	28,036	1	1	28,036.0
Wayne	65,884	8	5.2	12,670.0
Wells	28,296	0	0	—
White	24,102	0	0	—
Whitley	33,964	2	1.5	22,642.7

Source: 2019 Indiana Physician License and Supplemental Survey Data; Annual Estimates of the Resident Population for Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Notes: Population to provider FTE ratios cannot be calculated for counties with no reported provider FTE.

**Population per One
Psychiatric APRN**



Source: 2019 Indiana RN License and Supplemental Survey Data; Annual Estimates of the Resident Population for Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Figure 2.2 Geographic distribution of psychiatric APRN in Indiana

CONCLUSION

This report is part of a series summarizing the demographic and professional characteristics of psychiatric and mental health licensed professionals actively practicing in Indiana. Among this workforce, psychiatrists and psychiatric APRNs have the unique role of providing medication management for persons receiving behavioral health care. Psychiatrists and psychiatric APRNs have an average age which is older than the overall physician and APRN workforce. However, these professionals have greater racial diversity than their overall profession.

While the largest proportion of psychiatric APRNs reported being trained in Indiana, the largest proportion of psychiatrists reported receiving their medical education and training in another state outside of Indiana and its contiguous states. Interestingly, while the greatest proportion of psychiatrists reported practicing in an inpatient setting, psychiatric APRNs were more likely to report practicing in outpatient settings. While the majority of both professions reported providing addiction counseling services, less than half reported providing MAT services.

The maldistribution of these professionals across Indiana is evident in the geographic analysis, and suggest strategies are needed to address accessibility of psychiatric services for selected communities. Telemedicine is an important factor in extending access to psychiatric services, and less than 30% of Indiana psychiatrists and psychiatric APRNs reported providing this service. Future work should be done to evaluate the impact of telemedicine on psychiatric workforce capacity.

The summary from this report provides key information which may be useful for workforce planning. More information on these professionals can be requested at www.bowenportal.org.