

Indiana Physician Workforce Brief

Bowen Center for Health Workforce Research and Policy // October 2020



INDIANA PHYSICIAN WORKFORCE THROUGH THE YEARS

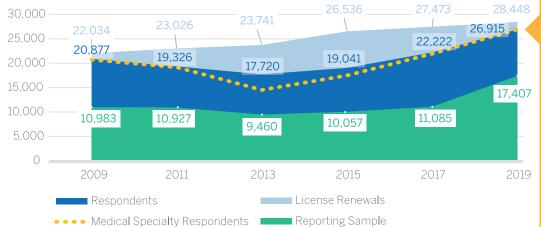
Indiana is fortunate to have a robust mechanism to identify, quantify, and describe physicians throughout the State. In Indiana, physicians are licensed and regulated by the Indiana Medical Licensing Board at the Indiana Professional Licensing Agency (PLA). The PLA is responsible for administering numerous health professions licenses, including physicians. For the past few decades, Indiana physicians have provided information on their demographic, education, and practice characteristics through a series of supplemental questions that were embedded within the license renewal process. In 2018, a law was enacted that required all physician licensees (and other selected health professions) who were completing online license renewal to provide key information in order to inform State policy and planning (Senate Enrolled Act/SEA 223-2018¹). This law went into effect for physicians beginning with their 2019 license renewals.

The figure below depicts the trends in total Indiana physician licenses, respondents to the supplemental questions, and the physicians that were included in the reporting sample (self-identified as actively practicing in Indiana) from 2009 to 2019. As evidenced by the trends, SEA 223-2018 resulted in a significant increase in the number of licensed physicians that were respondents and included in the reporting sample. Many of these physicians were previously non-respondents to the voluntary survey. NOTE: Physicians completing their renewal manually (on paper) do not receive the supplemental survey questions.

THE 2019 INDIANA PHYSICIAN WORKFORCE

In 2019, 28,448 physicians renewed their Indiana license. Of those renewals, 26,915 (94.6%) were active licenses that were renewed electronically. The remaining 5.3% (1,533) of renewals in 2019 were either inactive licenses or were renewed manually (paper applications) and did not have supplemental questions administered. SEA 223-2018 has resulted in complete information being

available on 94.6% of all licensed physicians in Indiana.



THE POWER OF COMPLETE DATA

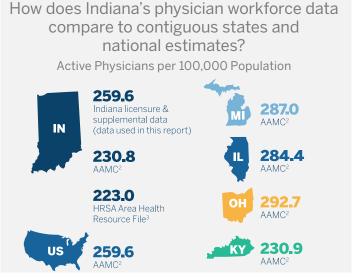
The dashed line exemplifies responses received on one question within the physician icensure survey: medical specialty. When the survey was voluntary, Indiana had information on a large proportion of respondents, but there were still over 4,000 physicians whose specialty characteristics were previously unknown.

WHO IS INCLUDED IN THE REPORTING SAMPLE?

- Active physicians who renewed their license online
- · Practicing in medicine
- Serving Hoosiers (either in-person or through telemedicine)
- The reporting sample is referred to as the "Indiana Physician Workforce"

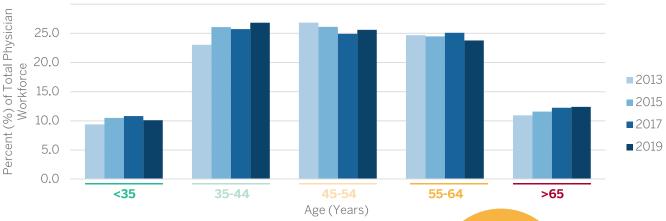
WHO IS NOT INCLUDED IN THE REPORTING SAMPLE?

- Physicians who renewed their licenses offline (paper renewals)
- Inactive providers
- Physicians who are located out of state and do not report serving Hoosiers



- 1. Indiana Senate Enrolled Act 223-2018. Available at: http://iga.in.gov/legislative/2018/bills/senate/223#document-b0603ddf
- 2. AAMC State Workforce Profiles. Available at: https://www.aamc.org/data-reports/workforce/data/2019-state-profiles
 3. Health Resources & Services Administration Area Health Resource File. Download at: https://data.hrsa.gov/topics/health-workforce/ahrf

DEMOGRAPHIC CHARACTERISTICS

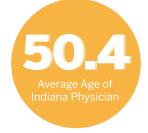


AGE DISTRIBUTION

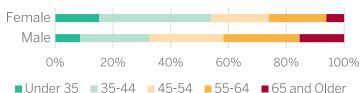
The greatest proportion of Indiana's physicians are between 35-44 years old. A large proportion (26.8%) are over the age of 65 years old and may be nearing retirement.

Workforce indicator: How does the average age of the 2019 physician workforce compare to previous years?

The age distribution of the 2019 Indiana physician workforce is similar to that of previous years. This may suggest that the workforce is stable (i.e. the rate of retirement is approximately equivalent to the rate of backfilling).



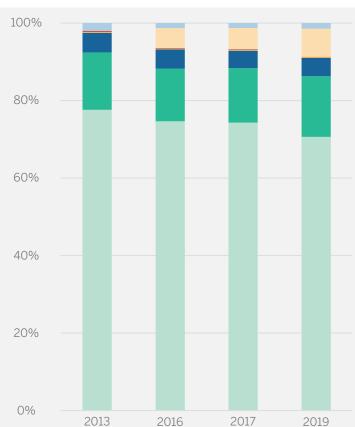




RACIAL DIVERSITY IN THE INDIANA PHYSICIAN WORKFORCE

Implementation of SEA 223 enables a greater ability to assess the diversity of Indiana's physician workforce.

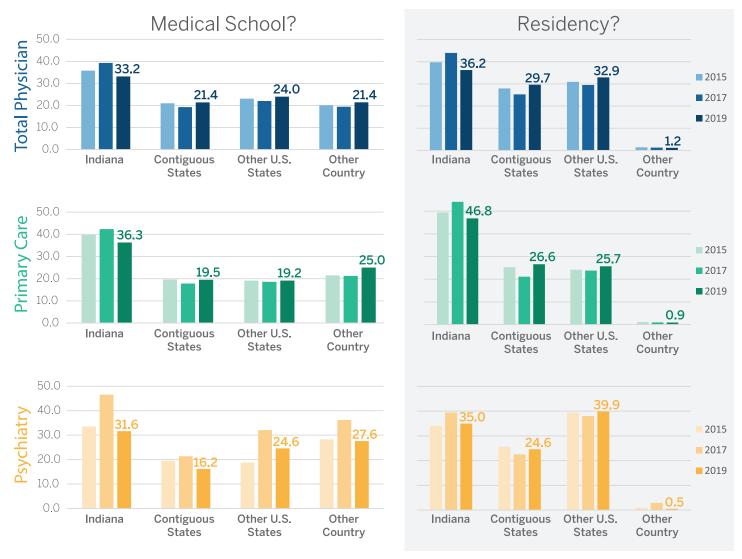
Whereas in 2013, only 21.9% of the workforce self-identified as being a race other than white, this increased to 29.4% in 2019.





EDUCATIONAL & PRACTICE CHARACTERISTICS

WHERE DID INDIANA-BASED* PHYSICIANS COMPLETE...



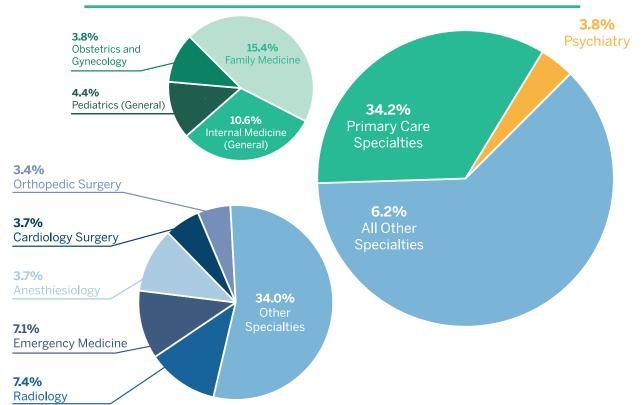
Monitoring the educational characteristics of physicians is critical to evaluating talent retention. Approximately one-third of all Indiana's physicians report completing medical school (33.2%) and/or residency (36.2%) within the State of Indiana, and nearly half (46.8%) of primary care physicians report completing their residency in the state. The above charts provide a longitudinal "look" at our Indiana-based physicians' self-reported educational characteristics over the past three license renewal cycles.

*IMPORTANT INFORMATION: As discussed earlier, SEA 223-2018 enables a comprehensive information on Indiana physicians. In previous years (2015 and 2017) physicians were included in supply reports if they had a license address in Indiana and they reported actively providing care. They may or may not have answered the questions regarding their educational characteristics. In 2019, physicians were included in workforce supply reporting if they had an Indiana-based practice address or reported providing healthcare services to residents of Indiana through telemedicine. In addition, many more physicians were included because all questions were required during the online renewal process. For the purpose of examining educational characteristics, we only included physicians with Indiana based practices (those located outside of the state that reported providing care to residents of Indiana through telemedicine were excluded) to make the historical data more comparable.

Bottom line: Regardless of historical reporting anomalies, beginning in 2019, Indiana will have a more complete picture of all physicians providing services to Hoosiers (via in-person practice addresses as well as telemedicine physicians).

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INDIANA PHYSICIAN SPECIALTIES



REGARDING MEDICAL SPECIALTIES

States license physicians, not medical specialties (example, cardiologists are licensed as "physicians" by the State of Indiana and not "cardiologists."). Specialty is regulated through third party certifying boards that are not governmental entities. In Indiana, physicians self-report their practice specialty at time of license renewal, but prior to the implementation of SEA 223-2018 we did not have a complete picture of this. Moving forward the supplemental survey administered in conjunction with license renewal will ensure Indiana has specialty information for all physicians that complete their license renewal online.

Physicians reporting primary care specialists, as defined by the Health Resources and Services Administration* (Family Medicine, General Internal Medicine, Obstetrics & Gynecology, or General Pediatrics), represent the largest specialty grouping in Indiana. Information on primary care physicians and psychiatrists are used to inform Health Professional Shortage Area designations for Indiana's Primary Care Office.** Below is information on the top physician specialties in Indiana. The full breakdown of physician specialties is available within the full data report.



Top 5 Specialties of Indiana
Telemedicine Physicians

12.7% Family Medicine/General Practice
9.0% Neurology
8.3% Internal Medicine (General)
5.3% Emergency Medicine
3.2% Cardiology

INDIANA TELEMEDICINE PHYSICIANS

Indiana does not have a separate license for telemedicine physicians, but any physician that provides telemedicine services to Hoosiers must hold an Indiana physician license. In accordance with SEA 223-2018, physicians must identify whether they provide telemedicine services. This allows the State the ability to identify and describe telemedicine physicians.

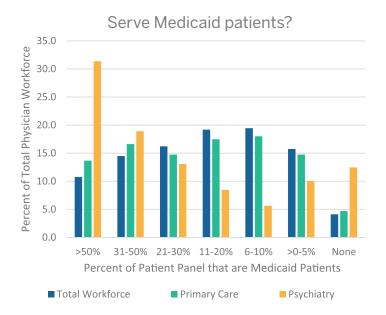
^{*}Primary Care specialties include Family Medicine, General Internal Medicine, Obstetrics & Gynecology, or General Pediatrics

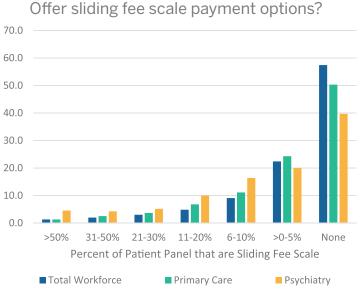
https://bhw.hrsa.gov/grants/resourcecenter/glossary#P.

**More information about Health Professional Shortage Areas available at: https://data.hrsa.gov/tools/shortage-area/hpsa-find

PRACTICE CHARACTERISTICS

HOW MANY INDIANA PHYSICIANS...





How many Indiana physicians report accepting new Medicaid patients?

82.2%Of all physicians

75.5% Of all primary care physicians 68.5% Of all psychiatrists

Physician-reported Barriers to Accepting New Medicaid Patients

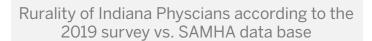


PRACTICE CHARACTERISTICS (CONT)

Understanding the availability of key health care services is important. In some instances, a physician's specialty can be used as a "proxy" for the types of services a physician provides (example: obstetrician = labor and delivery services) but this is not always accurate or the case. "Health care services provided" was one of the information fields required to be reported by physicians during their web-based license renewal process under Senate Enrolled Act 223-2018.

Substance use disorder, and specifically opioid use disorder (OUD), remains a top health priority in Indiana. Medication Assisted Treatment (MAT) is recognized as a best practice for OUD treatment, MAT for opioid dependency generally includes one of three prescription medications: naltrexone, methadone, or buprenorphine. The level of regulation and oversight vary for each of these medications. Whereas naltrexone may be prescribed by practitioners with authority to prescribe, methadone is only available through practitioners affiliated with an Opioid Treatment Program (OTP)1. Buprenorphine, on the other hand, may be prescribed by practitioners with a controlled substance registration who have met the specific requirements and been granted a waiver (commonly called DATA 2000 waiver) by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).2

SAMHSA maintains a database of practitioners who are authorized to prescribe buprenorphine and consented to having their practice information made publicly available.3 This information may be interpreted as a listing of providers who are legally permitted to prescribe buprenorphine, but this database 1) is not comprehensive (if a provider did not consent to his/her practice information being released publicly) and 2) may not reflect those providers who are actually engaged in delivering MAT-buprenorphine services. When Indiana physicians completed their license renewal, they had an opportunity to indicate whether or not they provide MATbuprenorphine services as a part of their practice. This information reflects those providers that are engaged in delivering MATbuprenorphine care. So, how does Indiana's information on MAT-buprenorphine participation compared to SAMHSA's provider listing? We compared the data to explore the differences. . .

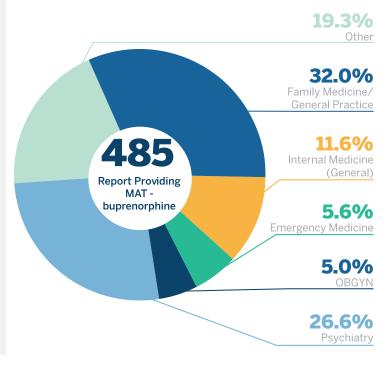






Note: Indiana physicians were assigned rurality based on the primary practice location. Metro and non-metro delineation was provided by the Office of Management and Budget (OMB). SAMHSA data may not be comprehensive, as providers must consent for their practice information to be publicly listed in order to be included within the Buprenorphine Practitioner Locator. Four providers from the SAMHSA dataset were unable to be located using their listed contact information.

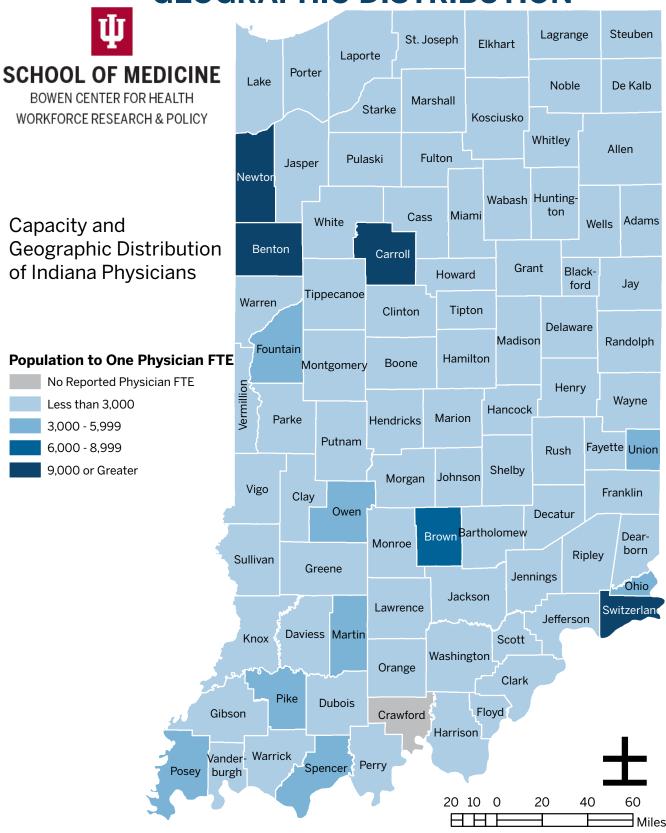
What are the specialties of physicians that provide MAT-buprenorphine Services?



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https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-program
https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner
SAMHSA's Buprenorphine Practitioner Locator may be found at: https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatmentpractitioner-locator

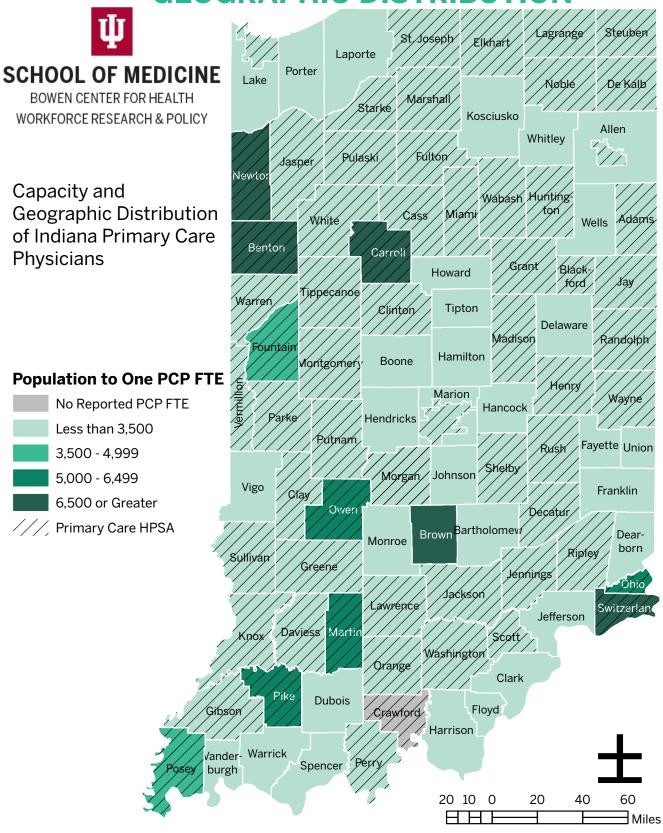
INDIANA TOTAL PHYSICIANS GEOGRAPHIC DISTRIBUTION



Data Sources: 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 resported physician FTE.

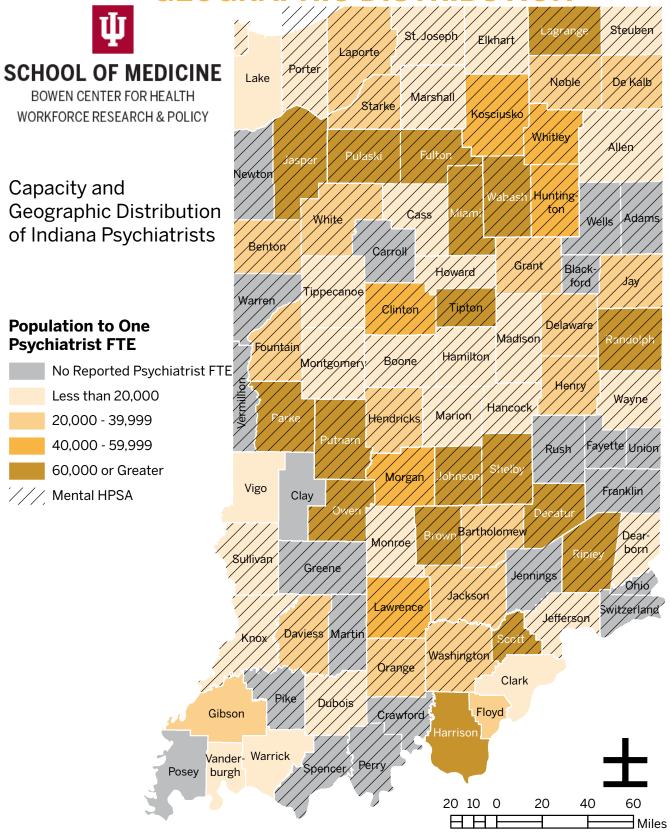
INDIANA PRIMARY CARE PHYSICIANS GEOGRAPHIC DISTRIBUTION



Data Sources: 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 resported physician FTE.

INDIANA PSYCHIATRISTS GEOGRAPHIC DISTRIBUTION



Data Sources: 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 resported physician FTE.

RELEVANT POLICIES

GOVERNOR'S HEALTH WORKFORCE COUNCIL

Upon implementation of SEA 223-2018, the Governor's Health Workforce Council was identified to serve in an advisory role to the Professional Licensing Agency. The Governor's Health Workforce Council is a body that was originally created by former Governor Michael Pence to coordinate health workforce-related policies, programs, and initiatives in order to reduce cost, improve access, and enhance quality of the health system in Indiana. The Council meets quarterly to review and approve health workforce surveys, advise on data visualizations, and coordinate policies and programming in order to effectively manage the health care workforce in Indiana. In addition to the Council, each workforce (including physicians) has an associated advisory group that provides profession-specific feedback and guidance for data tools and reports developed for that profession.

Additional information about the Governor's Health Workforce Council may be found at: https://www.in.gov/dwd/ghwc.htm

RECENT LEGISLATIVE INITIATIVES WITH IMPLICATIONS FOR PHYSICIANS

HEALTH CARE COSTS

Much of the discussion during Indiana's 2020 Legislative Session was focused on controlling health care costs (ex: SB 3, HB 1005). Some of the policy strategies that were discussed may have implications for physicians, including:

- Eliminating "surprise billing" by regulating the in- vs. out-ofnetwork provider costs for emergency services
- Requiring certain health care providers provide a good faith cost estimate to patients in advance of the service

PHYSICIAN NONCOMPETE AGREEMENTS

Although the 2020 session's health care discussions generally centered on costs, physician noncompete agreements were another major discussion point. Ultimately, language regarding noncompete agreements was updated in House Enrolled Act 1004-2020 to require such agreements to:

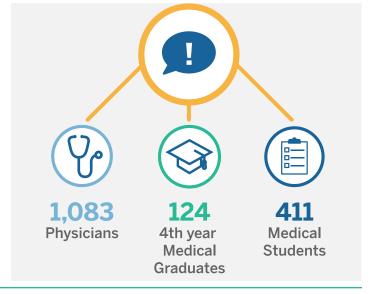
- Ensure departing physicians have a copy of the notice sent to patients
- Provide the departing physicians updated contact/location information to patients if requested or seen in the last 2 years
- Allow departing physicians have access to a patient's medical records if patient consents
- Allow a physician to purchase release from the agreement at a reasonable price

THE PHYSICIAN WORKFORCE RESPONSE TO COVID-19

As COVID-19 struck Indiana's homeland, Indiana implemented policies to enable physicians to serve in the COVID workforce response. These policies include:

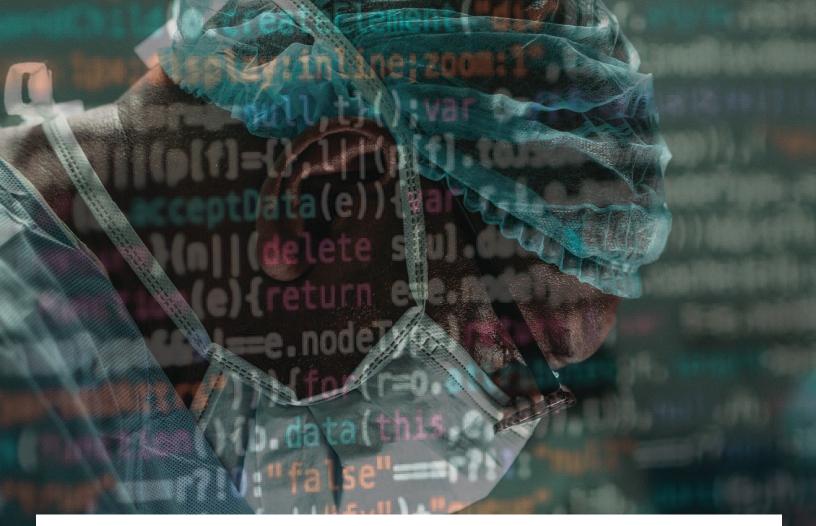
- Allowing out-of-state licensed physicians to practice in Indiana (Executive Order, EO 20-05)
- Permitting retired physicians to practice under their former license during the period of the emergency (EO 20-13)
- Allowing medical residents to practice under a full physician license (EO 20-13)
- Permitting 4th year medical students to obtain a Temporary Limited Scope Medical Permit to practice under the indirect supervision of a full physician licensee (EO 20-13)

In late March, the Indiana State Department of Health released a survey to identify health care professionals who may be interested in serving as a part of the COVID-19 response throughout the State. As a result many physicians answered the call:



^{*}Available at: Indiana University Answers the Call for Indiana's COVID-19 Workforce Needs. Bowen Center for Health Workforce Research & Policy. 2020. https://scholarworks.iupui.edu/bitstream/handle/1805/22867/ IU%20Workforce%20Response%20to%20COVID-19 5-18-20. pdf?sequence=1&isAllowed=y

To receive updated information on legislative initiatives related to the health workforce, subscribe to our mailing list at www.bowenportal.org to receive the Bowen Biweekly Bill Brief (B4) during the legislative session.



ACKNOWLEDGEMENTS

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