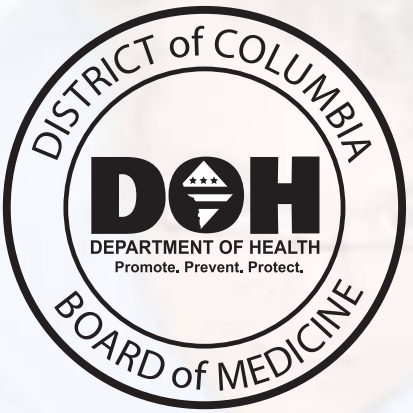
District of Columbia Board of Medicine

Physician & Physician Assistant Workforce Capacity Report



A Summary of Findings from the Physician and Physician Assistant 2010 Workforce Survey in the District of Columbia

www.hpla.doh.dc.gov/bomed

September 2011

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EXECUTIVE SUMMARY

The national Patient Protection Affordable Care Act will extend health insurance coverage to 32 million people by 2019. As a result, there will be an increased demand on the healthcare workforce. Effective workforce planning within the District of Columbia will require an accurate understanding of the practice characteristics and work behaviors, not just of the physicians and physician assistants that practice in the District, but of other essential non-physician healthcare providers as well.

This report summarized the responses to the 2010 District of Columbia Board of Medicine Physician and Physician Assistant Workforce Survey. The survey was administered to eligible physicians and physician assistants who were renewing their license in the District from October 1, 2010 until December 31, 2010. Licensees were also able to complete the survey during the late renewal cycle, from January 1, 2011 until February 28, 2011. Physicians that obtained new licenses during the renewal period did not participate in the survey. During the renewal cycle, there were approximately 8,940 physicians, and 521 physician assistants, that applied for license renewal. Approximately 78 percent (6,945) of these physicians participated in the workforce survey and 74 percent (388) of these physician assistants participated in the workforce survey.

The current D.C. Health Professional Licensing Administration's (HPLA) database, MyLicense, and Physician Profile were used when possible to supply any missing basic demographic information, specialty information, and zip codes of our survey respondents. Primary practice locations were displayed using Geographic Information Systems (GIS) mapping. Despite the use of the HPLA database, 19 percent of physician zip codes and 8 percent of physician assistant zip codes were unavailable for mapping.

According to our survey results, 58 percent (3,998) of physicians indicated that they were practicing in D.C. and 41 percent (2,821) stated they were practicing in D.C. greater than 20 hours per week, which for the rest of the report we define as "actively practicing" in the District. In addition, 4 percent (273) of our physicians indicated that they practiced clinically within D.C. but did not indicate their practice hours.

Among the 388 physician assistants included in our survey, sixty-six percent (258) of physician assistants were practicing in D.C. Fifty-three percent (207) of physician assistants were actively practicing within D.C. as well.

The remainder of the data focuses only on physicians and physician assistants that practice clinically within D.C. Several of the key observations about these data are summarized below:

Physicians

- Fifty-eight percent of physicians in our survey were practicing within the District. Forty-one percent of survey respondents spent more than 20 hours per week providing clinical care within D.C.
- Physicians were almost equally distributed by their age. Thirty percent of all practicing physicians within D.C. were between the ages of 31 and 40.Twenty-four percent were between the ages of 41 and 50, 23 percent were between 51 and 60, and 21 percent were greater than 60 years of age.
- The racial and ethnic composition of physicians within our survey was similar to national physician data. Black or African-American physicians had a higher representation than national averages (19% in D.C. vs. 4% nationally). Although the racial and ethnic composition of our survey respondents met or exceeded national norms, it did not reflect the diversity of the general D.C. population.
- Retention of D.C. medical graduates among the D.C. physician workforce in our survey was below the national average (20% vs. 40%, respectively).
- Seventy-five percent of practicing physicians commute to D.C. from neighboring states.
- Forty-four percent of physicians did not speak a foreign language. Spanish was the most common foreign language among those that did speak a foreign language followed by French (6%), Arabic (2%), and German (2%).
- The most common reported specialties among practicing physicians was internal medicine (14%). The next most common specialties were general pediatrics (11%) and psychiatry (10%). Three percent of practicing physicians were general surgeons. This was consistent with national estimates. There were slightly less actively practicing family medicine physicians (4%) among survey respondents than the 2007 national average of 13 percent.

- Sixty-one percent of practicing physicians within D.C. were using some form of an electronic health record.
- Overall, more than three quarters of practicing physicians were accepting new patients.
- Thirty-nine percent of practicing physicians were concentrated in hospital-based practices regardless of their specialty type.
- Most physicians (76% practicing and 78% actively practicing) did not plan to change their clinical hours or locations of their practices over the next 2 years. Ten percent of physicians had plans to leave the workforce in some capacity. Internal medicine and cardiology were the most common specialties of actively practicing physicians with plans to leave the D.C. workforce in some capacity.
- Twenty-one percent of physicians use some form of social media.

Physician Assistants

- Thirty-six percent of physician assistants were between the ages of 31 and 40. Twenty-four percent of practicing physician assistants were between the ages of 41-50. Twenty-one percent were under 30 years old, 23 percent were between the ages of 41 and 50, 13 percent were 51 and 60, and 7 percent were greater than 60 years of age. Seventy-nine percent of practicing physician assistants were female.
- The racial and ethnic composition of physician assistants was somewhat similar to national estimates. There were more African-American or Black physician assistants in D.C. than national estimates (30% in D.C. vs 3% nationally). In addition, there were less White or Caucasian physician assistants than national estimates as well (53% in D.C. vs. 89% nationally). The distribution of other racial groups was similar to national data. Similar to physicians, the racial distribution of physician assistants did not reflect the general D.C. population.
- Fifty-five percent of practicing physician assistants did not speak a foreign language. Spanish was the most common language (9%) among those that did speak a foreign language. French (4%) and Mandarin Chinese (1%) were the second and third most common languages, respectively.
- The most common specialties among practicing physician assistants were emergency medicine (16%) and general internal medicine (10%). Six percent of physician assistants were practicing general surgery. The percentage of physician assistants in family practice (9% overall), was lower than the national average (25%).
- The percentage of practicing physician assistants (24%) that were practicing primary care within D.C. was lower than the national average (36%).The two most common specialties among practicing physician assistants were emergency medicine (18%) and neurosurgery (12%).
- Sixty-three percent of actively practicing physician assistants worked in hospital-based practices.
- Seventy-nine percent of physician assistants did not plan to change their clinical hours or locations of their practices in the next 2 years. Only 9 percent of physician assistants had plans to retire or leave the D.C. physician assistant workforce.
- Thirty-six percent of physician assistants used some type of social media.

INTRODUCTION

The District of Columbia Board of Medicine, established in 1879, is a division within the DC Department of Health, Health Regulation and Licensing Administration (HRLA). The members of the Board, who are appointed by the Mayor, and the Board's administrative support staff, have the responsibility to regulate the practice of medicine in the District. The Board of Medicine's mission is *to protect and enhance the health, safety, and well-being of District of Columbia residents by promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events.* The Board regulates Physicians (MD & DO), and also oversees the regulation of Physician Assistants**,** Naturopathic Physicians**,** Anesthesiologist Assistants**,** Acupuncturists**,** Surgical Assistants**,** Polysomnographers**,** and Postgraduate Physicians in Training**.**

Under District regulations, as cited in DCMR § 4601.2, licensees are required to renew their licenses prior to 12:00 midnight of December 31st of each even-numbered year. During the most recent licensure renewal period, October 2010-December 31, 2010, the DC Board of Medicine conducted a survey of their physician and physician assistant licensed population.

The purpose of this report is to reveal the results of the survey so that the information may be used to initiate dialogue about the current capacity of the healthcare workforce in the District, and ultimately inform the Board, policy makers, stakeholders and the public about necessary steps that may need to be taken to protect the health and well-being of District residents.

METHODS AND SURVEY RESPONSE RATE

All physicians and physician assistants licensed to practice medicine in the District are required to renew their license with the D.C. Board of Medicine on a biennial basis. The data from this report was obtained from survey instruments (see Appendices A and B) that were administered to eligible physicians and physician assistants who were renewing their license in the District from October 1, 2010 through the December 31, 2010 renewal cycle. Licensees were also able to complete the survey during the late renewal cycle, from January 1, 2011 until February 28, 2011. Participants completed the survey documents online or by paper. The physician survey was accessible to physicians that met the following eligibility criteria:

- MD or DO;
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2010.

Likewise, the physician assistant surveys were accessible to physician assistants that met the following eligibility criteria:

- PA-C;
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2010.

In the 2010 licensing renewal cycle, there were approximately 8,940 physicians and 521 physician assistants that applied for license renewal. Seventy-eight percent (6,945) of these physicians participated in the workforce survey and 74 percent (388) of these physician assistants participated in the workforce survey. Only data from the respondents of the survey instruments were provided in this report.

A comparison of the survey respondents to our entire eligible population of renewing providers shows that the survey respondents and the eligible survey population were similar in age and gender distribution (see Tables 1 and 2). Our respondents were also similar to a sample of D.C. providers using the 2008 AMA Masterfile.[1] Our response rate of 78 percent for physicians and 74 percent for physician assistants was higher than other reported response rates. [2,3] However, there was some potential for response bias in our survey results. Therefore, our report does not characterize all of the physicians or physician assistants in D.C.

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[1] Characteristics of D.C. Physicians. Prepared by the Center for Health Workforce Analysis from the 2008 AMA Physician Masterfile. June 2010. See Appendix C.

[2] Cummings, S. et al. Reported Response Rates to Mailed Physician Questionnaires.HSR: Health Services Research 35:6, 2001.

[3] Creavina, S. et al. Do GPs respond to postal questionnaire surveys? A comprehensive review of primary care literature. *Family Practice.* Published online Feb 2011. Available at http://fampra.oxfordjournals.org/content/early/2011/02/18/fampra.cmr001.full.pdf+html (6/3/11)

Table 1 - Respondents compared to D.C. physicians eligible for license renewal

		Sample N=9917*	Respondents N=6945
Gender			
	Male	60.0%	60.0%
	Female	40.0%	40.0%
Age			
	Under 30	0.6%	1.9%
	31-40	24.3%	25.72%
	41-50	24.4%	24.26%
	51-60	23.4%	24.5%
	Greater than 60	27.3%	23.7%

*Sample includes everyone that was eligible to renew their license in the 2010.

Table 2 - Respondents compared to D.C. physician assistants eligible for license renewal

		Sample N=537*	Respondents N=388
Gender			
	Male	21.6%	21.1%
	Female	78.4%	78.9%
Age			
	Under 30	15.7%	18.0%
	31-40	35.7%	34.3%
	41-50	23.4%	25.3%
	51-60	15.0%	14.4%
	Greater than 60	10.3%	8.0%

*Sample includes everyone that was eligible to renew their license in the 2010.

Whenever possible, an attempt was made to find reliable responses to questions that were not completely answered on the survey by the survey respondents. The current HPLA database, MyLicense, was used to supply any missing basic demographic information among our survey respondents. MyLicense is the agency's application for licensing and enforcement and is used to support all of HPLA's professional health boards. One of its features is the ability to collect highly customized data for workforce surveys and to integrate the survey collection into the MyLicense online renewal process. Integrating the survey with online renewals helped to facilitate a high response rate, but none-the-less, had limitations. As a result, the licensing database was used to supply missing answers for questions regarding gender, age, and location of medical school only. Missing information among physician survey respondents pertaining to primary specialty was retrieved from the HPLA's Physician Profile. The Physician Profile contains self-reported data that must be updated by each physician licensee during each renewal application cycle. Only physicians are required by law to update a profile. Missing physician assistant data was not available.

Among our survey respondents, primary practice locations were displayed using Geographic Information Systems (GIS). GIS is a technology that allows policy makers, planners, and managers in many fields, including healthcare, to process and visualize data based on spatial location. The GIS mapping was performed based on available zip codes from the survey. Among physicians indicating that they practiced within the District, there were missing or

incorrect zip codes (23%, 935). The Physician Profile was used to obtain missing zip codes, which left 19 percent (760) of zip codes unavailable. Therefore, these physicians were not included in the maps. Similarly, 8 percent (21) of physician assistants that indicated that they practiced in D.C. also had missing zip codes. We did not have updated data regarding their practice location. Subsequently, this subset was also excluded from the maps.

Data were displayed on tables and charts. Some percentages may not total 100 percent due to rounding.

KEY DEFINITIONS

Practicing Physician or Physician Assistant: Practicing physicians or physician assistants were defined as those that indicated that they worked clinically within D.C. for any period of time, regardless of their practice hours.

Actively Practicing Physician or Physician Assistant: Actively practicing physicians or physician assistants were defined as those that reported that they were involved in clinical practice more than 20 hours per week. Physicians and physician assistants that had a current D.C. medical license but reported that they did not practice clinically within Washington D.C. were excluded.

International Medical Graduate (IMG): International medical graduates are those that graduated from a medical school outside of the United States, Puerto Rico, or Canada.

Physician Profile: The Physician Profile is the Health Professional Licensing Adminsitration's database that allows the public to view a licensed physician's self-reported data.

Primary Care Physician: For the purposes of this report, primary care physicians were defined as those that were practicing internal medicine, pediatrics, family medicine, and obstetrics and gynecology (OB/GYN).

Specialty Physician: For the purposes of this report, specialty care physicians were defined as those that did not practice internal medicine, pediatrics, family practice, or obstetrics and gynecology (OB/GYN).

Geographic Information Systems (GIS): GIS is a technology that allows policy makers, planners, and managers in many fields, including healthcare, to process, analyze, and visualize data based on spatial location. The GIS analysis was performed based on available zip codes from the survey. Nineteen percent (19%) of practicing physician respondents and eight percent (8%) of practicing physician assistant respondents had missing zip codes.

Nonclinical activities: Nonclinical activities were defined as administrative medicine, research medicine, or academic medicine.

SECTION 1 – PHYSICIAN WORKFORCE

PRACTICING PHYSICIANS AND ACTIVELY PRACTICING PHYSICIANS

Among the 6,945 licensed physicians included in our survey, not all of them were actively practicing within the District. According to our survey, 58 percent (3,998) of physicians indicated that they were practicing in D.C. and 41 percent (2,821) stated they were practicing in D.C. greater than 20 hours per week, which for the rest of the report we define as "actively practicing" in the District. Among our survey participants, 2 percent (117) did not indicate whether they practiced in D.C. In addition, 4 percent (273) of our physicians indicated that they practiced clinically within D.C. but did not indicate their practice hours. The remainder of the data focuses only on physicians that practice clinically within D.C.

PHYSICIAN DEMOGRAPHICS

Age and Gender

The majority of the practicing (77%) and actively practicing (78%) physicians in our survey were between the ages of 31-60 and predominantly male. Only 3 percent of the practicing and actively practicing physicians were under the age of 30 (see Figure 1 and Figure 2). However, 21 percent (859) of all practicing physicians and 19 percent (548) of all actively practicing physicians were greater than 60 years old. Consequently, there is a significant population of clinically active physicians that may be approaching retirement age. Overall, the age distribution of both groups of physicians was relatively equal among physicians greater than 41 years of age. Males accounted for 59 percent (2374) and 58 percent (1647) of all practicing and actively practicing physicians, respectively.

Figure 1 - D.C. practicing physician age distribution, 2010

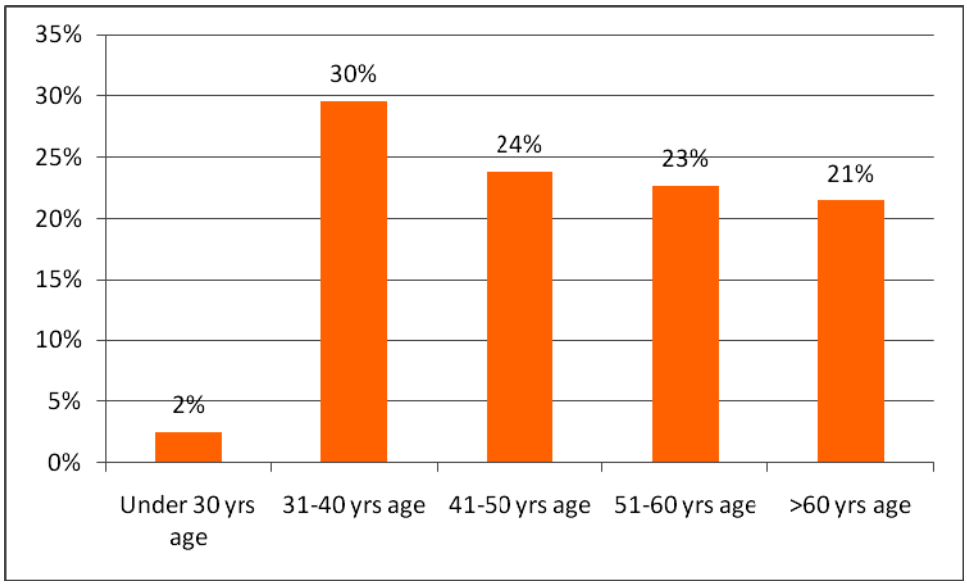
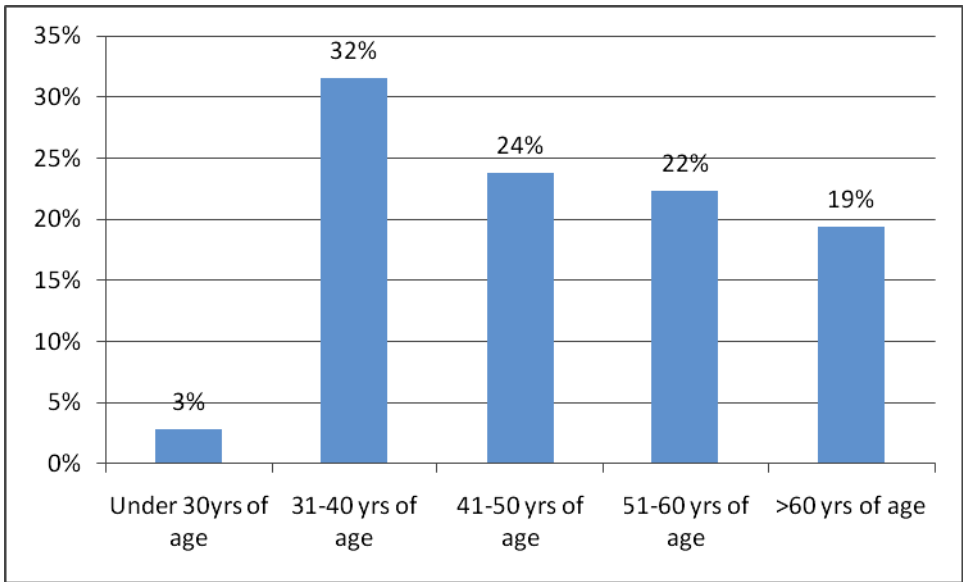


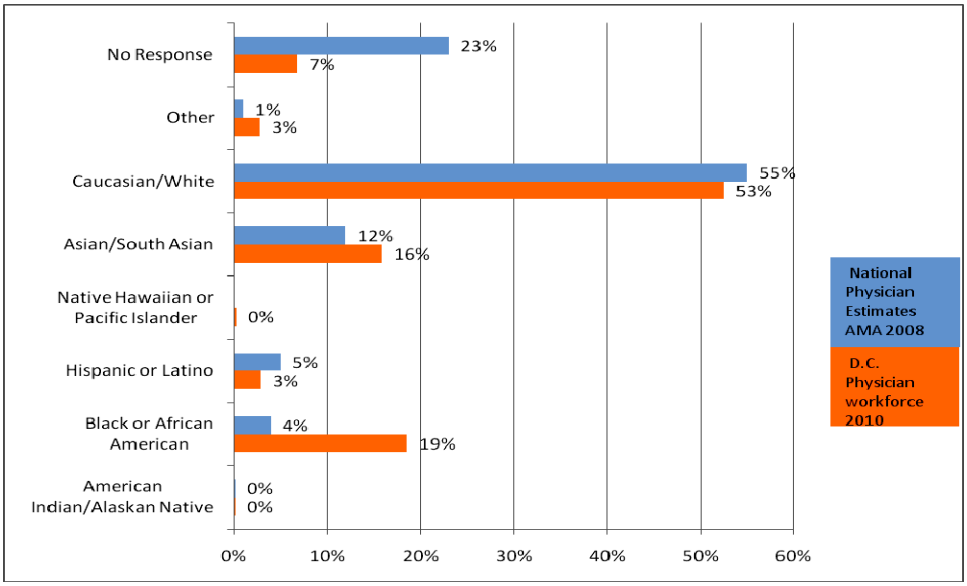
Figure 2 - D.C. actively practicing physician age distribution, 2010



Race and Ethnicity

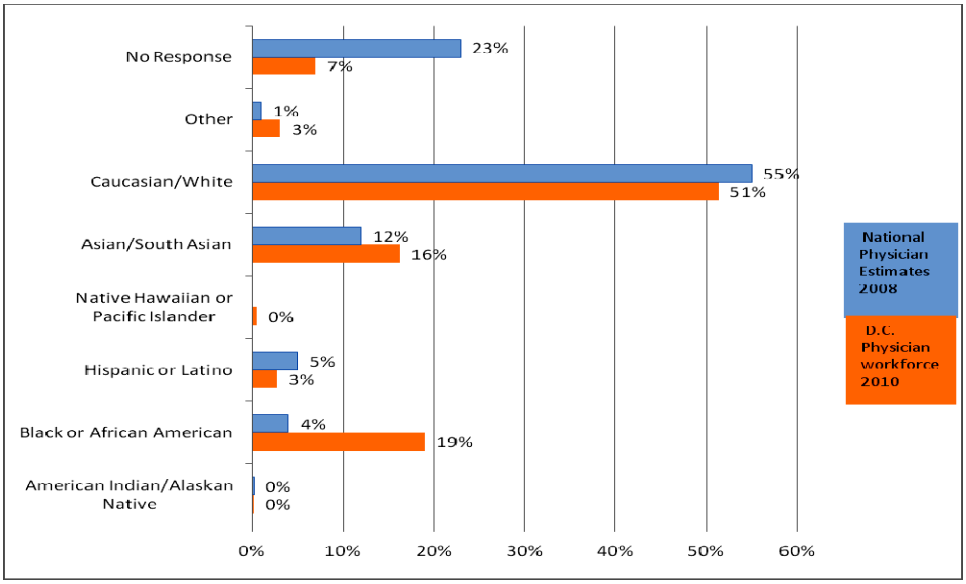
In general, the racial and ethnic distribution of our survey respondents was similar to national averages (see Figure 3 and Figure 4). The majority of the practicing physician population of our survey was Caucasian/White (53%). Black or African-American physicians (19% all practicing physicians and 19% of actively practicing physicians) comprised the second largest racial group of physicians. Nationally, Black or African-American physicians comprised 4 percent of all physicians, regardless of their clinical practice hours, in 2008.[4] Although this report focuses only on clinically active physicians, there still appears to be a higher percentage of Black or African-American physicians in D.C. than nationwide. Other racial groups were similar to national averages.

Figure 3 - D.C. practicing physician race compared to national estimates



[4] *Physician Characteristics and Distribution in the US, 2010 Edition.* American Medical Association. http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/minority-affairs-consortium/physician-statistics/total-physicians-raceethnicity.page (8/9/2011

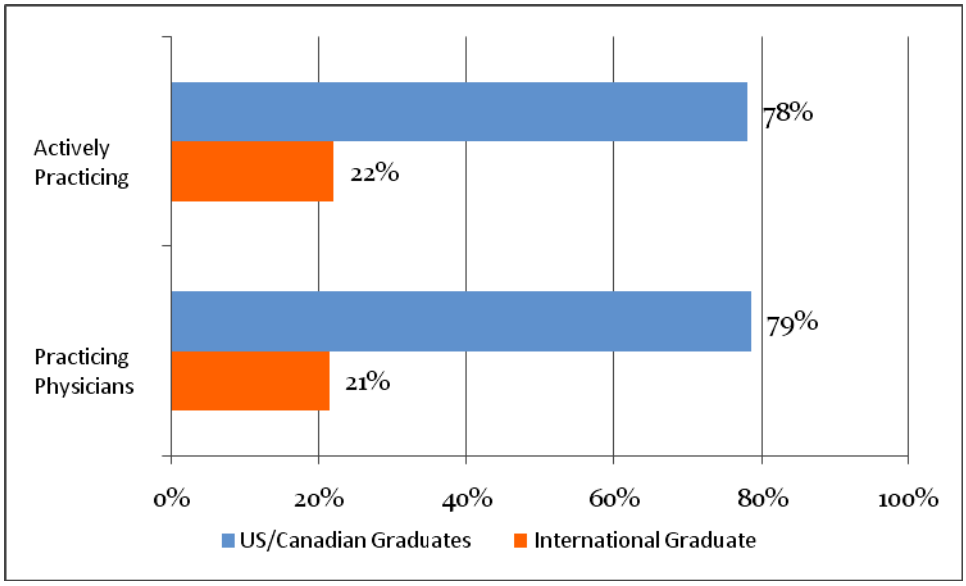
Figure 4 - D.C. actively practicing physician race compared to national estimates



Medical School Enrollment and Retention

Seventy-eight percent of all practicing physicians in our survey were graduates from medical schools within the United States or Canada (see Figure 5). Ninety-eight percent of practicing and actively practicing physicians held an M.D. degree while the remainder had a D.O. degree. Among practicing physicians, 38 percent designated themselves as international medical graduates and 22 percent of actively practicing physicians also identified themselves as international medical graduates. Approximately, 20 percent of practicing and actively practicing physicians were graduates from D.C. medical schools (see Figure 6 and Figure 7). This figure is lower than the national average (40%) and national median (37%) of actively practicing physicians indicating that they practice in the same state where they went to medical school. [5]

Figure 5 - D.C. physician graduate type, 2010



[5] 2009 State Physician Workforce Data Book. Center for Workforce Studies. AAMC.. 2009.

Figure 6 - D.C. practicing physicians that were D.C. medical school graduates

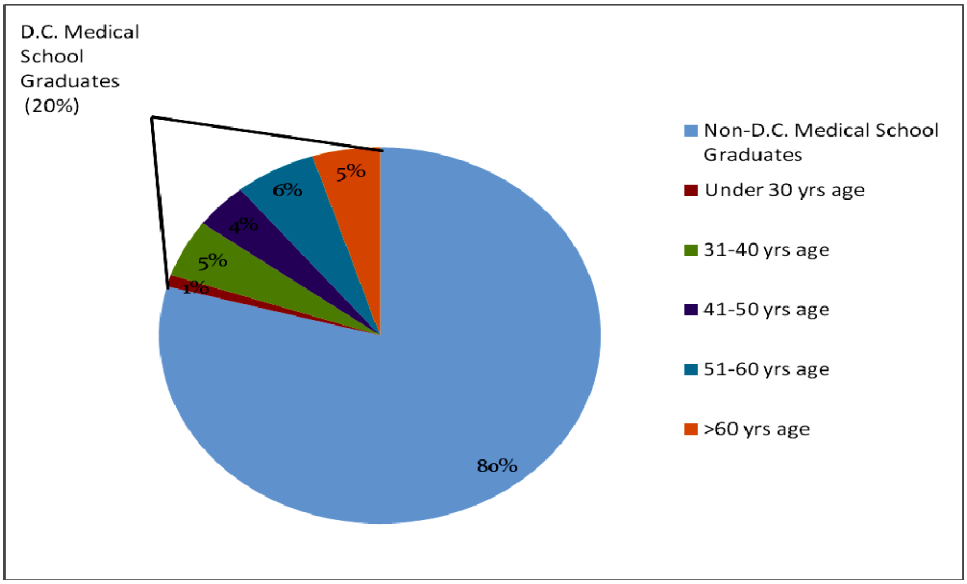
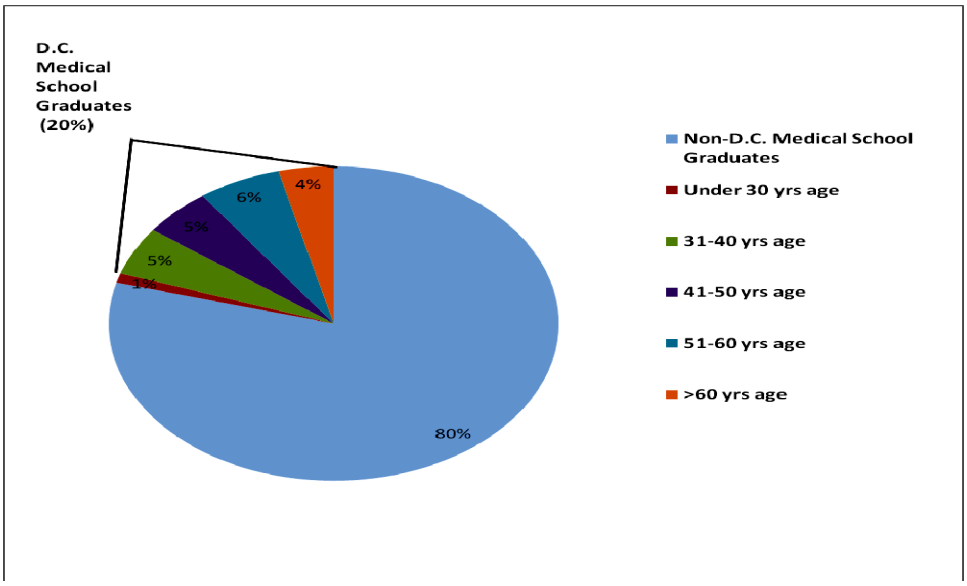


Figure 7 - D.C. actively practicing that were D.C. medical school graduates



D.C. Residency

Seventy-three percent of all practicing D.C. physicians did not live within D.C. (see Figure 8 and Figure 9). Only 27 percent of practicing physicians and 28 percent of actively practicing physicians lived within D.C. Therefore, the majority of all practicing and actively practicing physicians commute to their clinical practice areas from neighboring states.

Figure 8 - D.C. practicing physicians that were D.C. residents

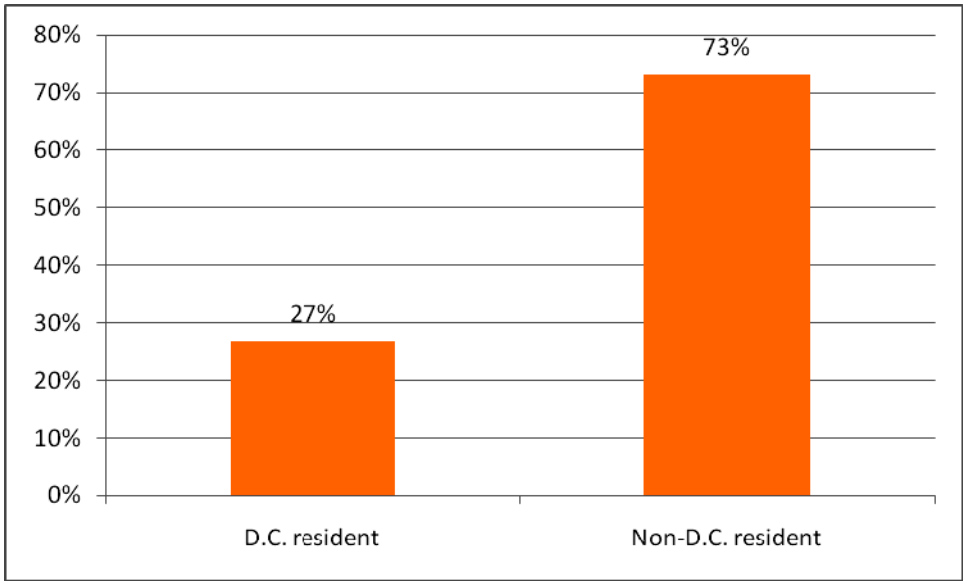
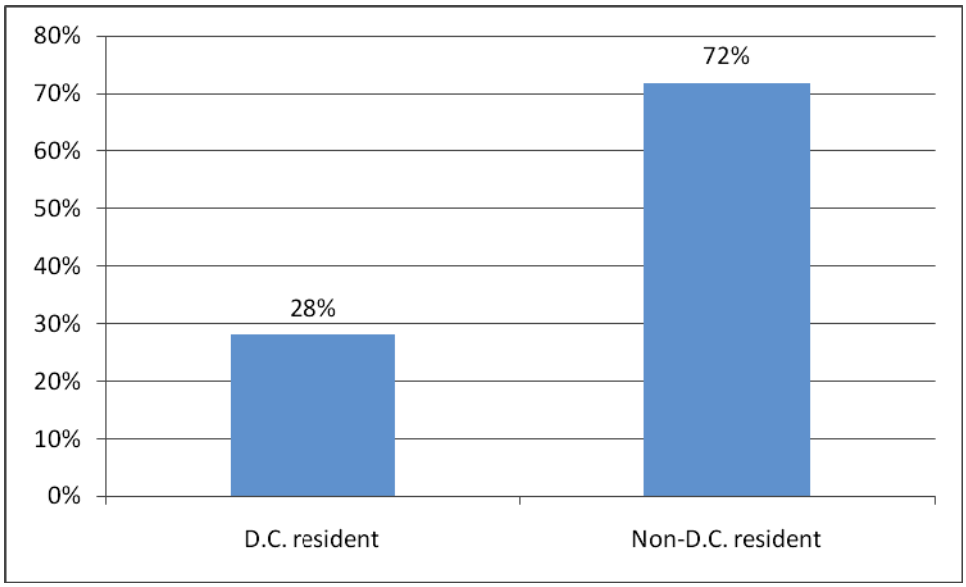


Figure 9 - D.C. actively practicing physicians that were D.C. residents



Foreign Languages

Physicians were also asked to indicate their proficiency in foreign languages. The majority (44%, 1762) of practicing physicians in our respondent group did not speak a foreign language (see Figure 10). However, thirteen percent of practicing respondents did not respond to this question. In cases where language proficiency was specified, Spanish was the most common foreign language spoken among all practicing physicians within our survey. The most common languages, following Spanish, were French (6%), Arabic (2%), and German (2%). The data was similar for actively practicing physicians (see Figure 11). Practicing physicians that were proficient in Spanish were concentrated in wards 1, 2, and 5 (see Map 1). Most of these areas were centered around some of the D.C. hospitals.

Figure 10 -D.C. practicing physicians and foreign language proficiency, 2010

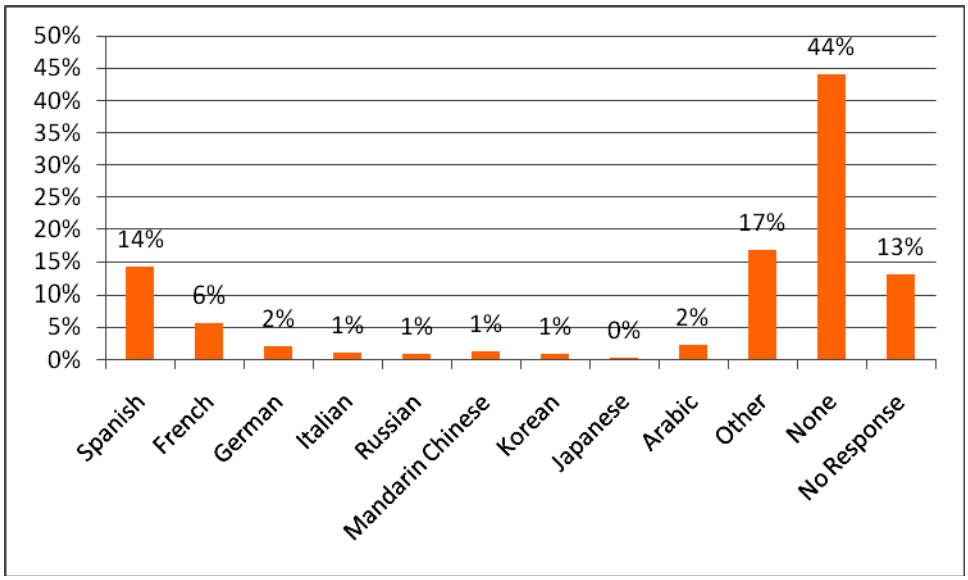
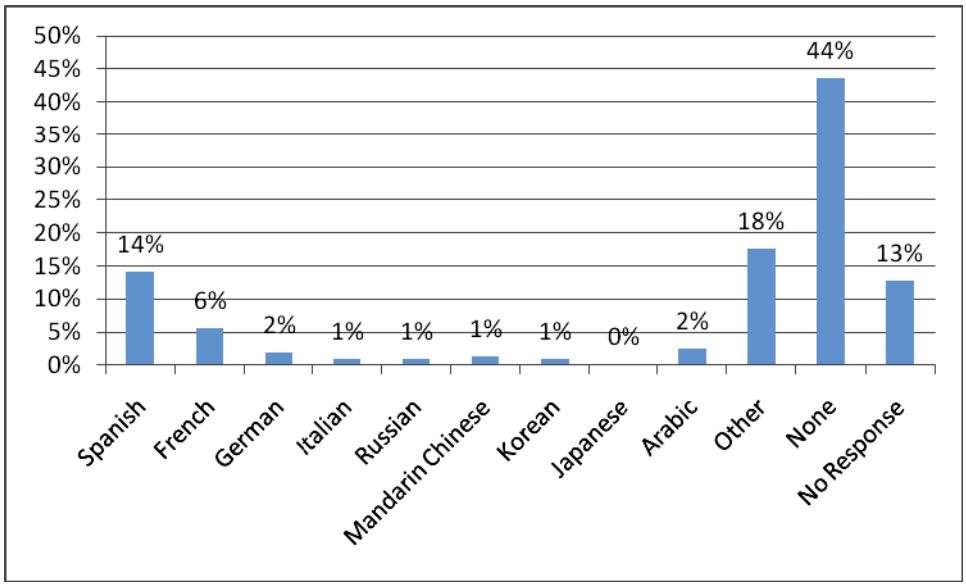
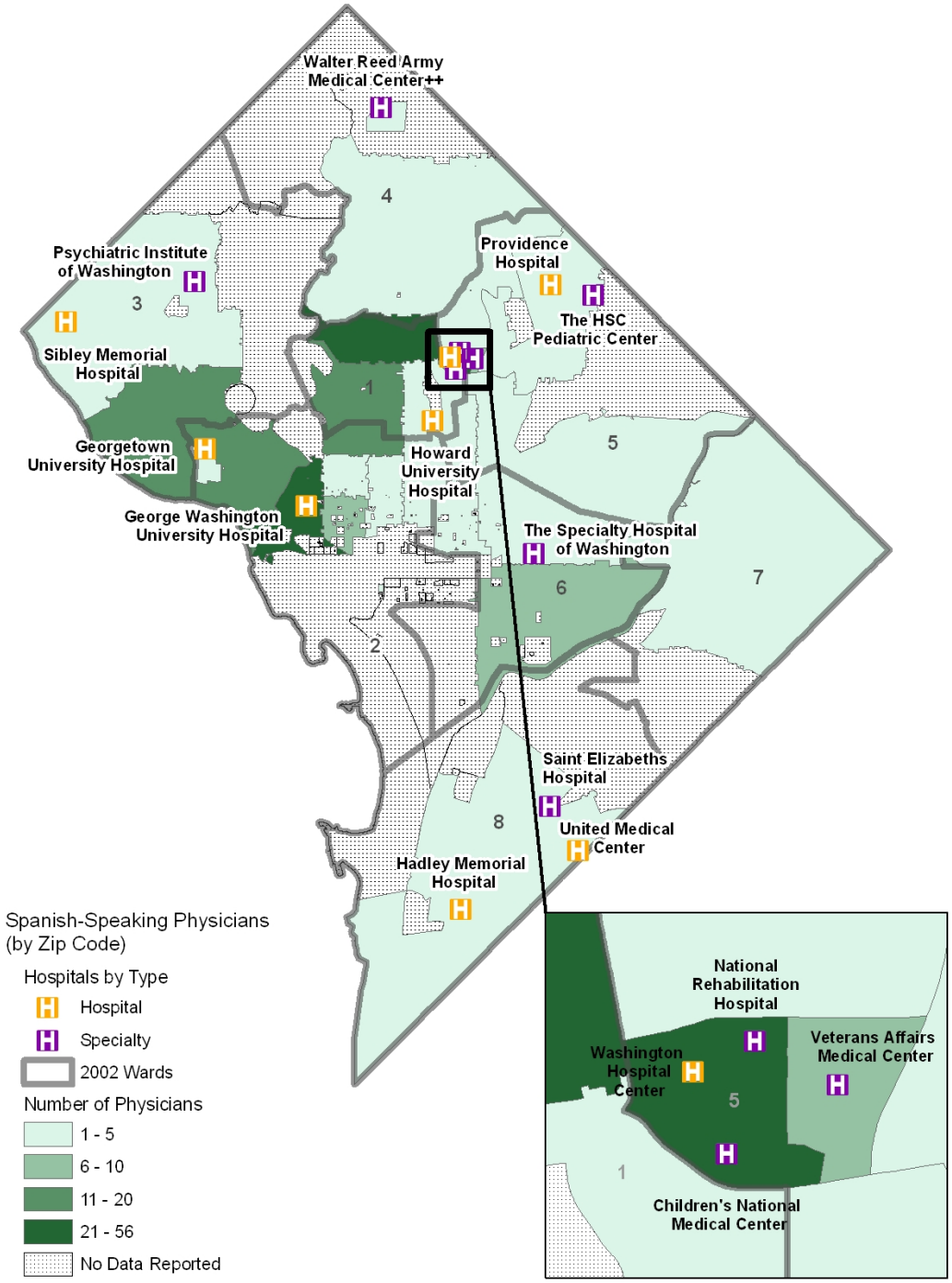


Figure 11 -D.C. actively practicing physicians and foreign language proficiency, 2010



Map 1 - Distribution of practicing physicians that were proficient in Spanish, 2010+



+ Nineteen percent of respondents had missing zip codes and 13% of respondents did not indiciate whether they spoke a foreign language.

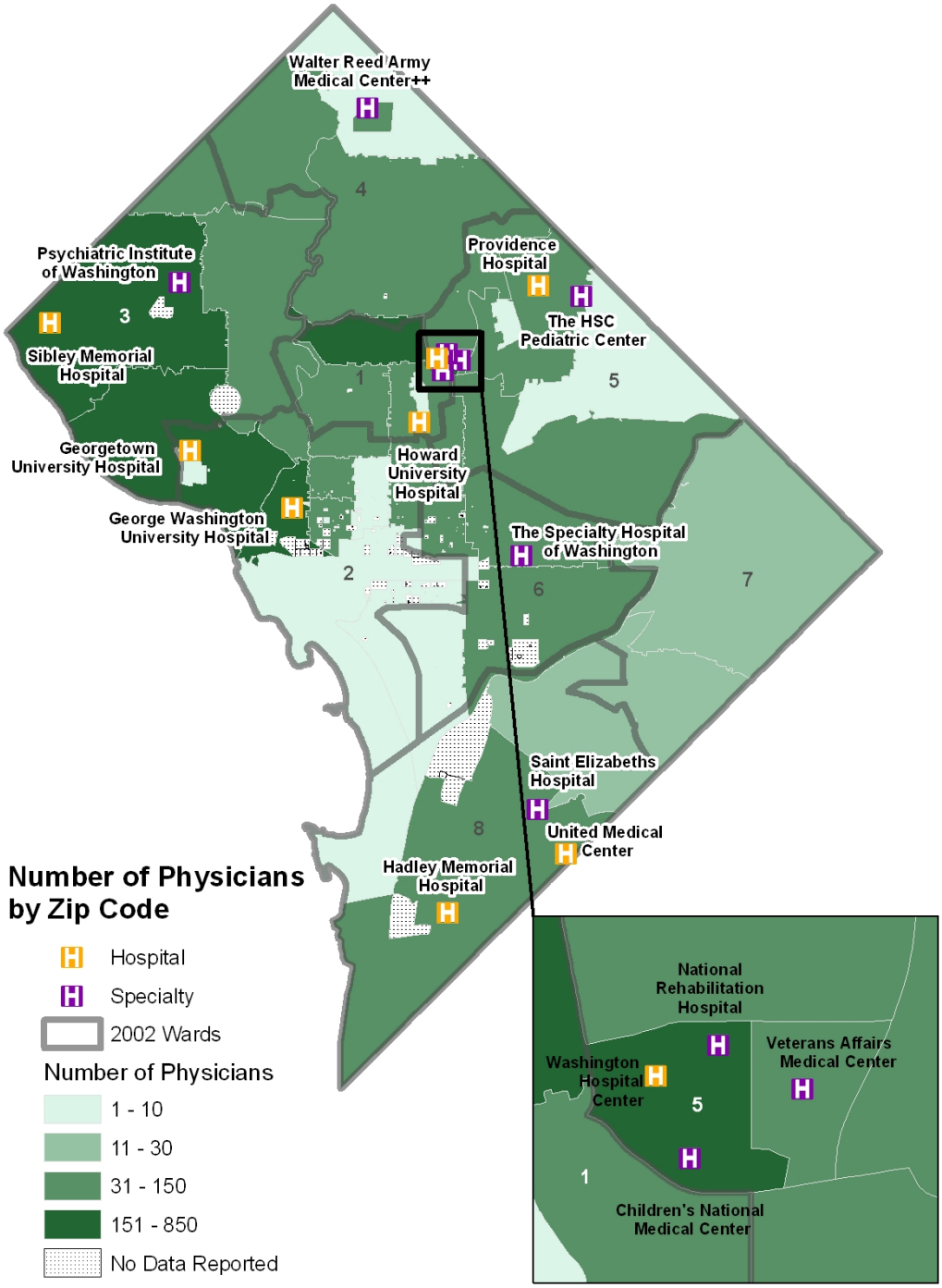
++ Closed in August 2011

PHYSICIAN LOCATION AND SPECIALTY

Location

Physician primary practice locations were mapped for available zip codes. The following map demonstrates the number of physicians per zip code (see Map 2). Among practicing physicians with available zip codes, wards 1, 2, 3, and 5 had the largest concentration of practicing physicians per zip code. Physicians were concentrated around hospitals.

Map 2 - Practicing physician distribution, 2010+



+ Map does not include 19 percent of respondents that had missing zip codes.
++ Closed in August 2011

Primary Care and Specialty Care

Across all specialties, internal medicine was the most common specialty among both practicing (15%) and actively practicing (14%) physicians (see Table 3 and Table 4). Pediatrics (11%) and psychiatry (10%) were the second and third most common specialties, respectively. Three percent of practicing physicians were general surgeons. The distribution of physicians by specialty was similar for actively practicing and practicing physicians. Rates of actively practicing internal medicine physicians (14%) were comparable to 2007 national averages (14%).[6] However, the prevalence of actively practicing family practice physicians within our survey (4%) was lower than the 2007 national average (13%). With the exception of family practice, the specialty distribution was similar to national data.

TABLE 3 - D.C. Practicing Physicians by Most Common Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Internal Medicine	540	15%
Pediatrics	444	11%
Psychiatry	383	10%
Anesthesiology	221	6%
Obstetrics and Gynecology	187	5%
Radiology	172	4%
Cardiology	160	4%
Emergency Medicine	157	4%
Family Practice	156	4%
General Surgery	120	3%
Neurology	115	3%
Ophthalmology	111	3%
Gastroenterology	97	2%
Oncology	95	2%
Pulmonary Critical Care	87	2%
Infectious Disease	78	2%
Orthopedic Surgery	75	2%
Nephrology	71	2%
Pathology	67	2%
Other	64	2%
Endocrinology	53	1%
Otolaryngology	52	1%
Urology Surgery	50	1%
Dermatology	45	1%
Plastic Surgery	41	1%
Hospitalist	37	1%
Total Practicing Physicians	**3998**	

[6] 2008 Physician Specialty Data. AAMC Center for Workforce Studies. November 2008. Available at http://www.omionline.org/newsite/docs/specialtyphysiciandatabook.pdf (7/7/11)

TABLE 4 - D.C. Actively Practicing Physicians by Most Common Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Internal Medicine	382	14%
Pediatrics	307	11%
Psychiatry	253	9%
Anesthesiology	176	6%
Radiology	130	5%
Obstetrics and Gynecology	119	4%
Family Practice	110	4%
Cardiology	108	4%
Emergency Medicine	99	4%
General Surgery	87	3%
Neurology	79	3%
Gastroenterology	71	3%
Oncology	71	3%
Pulmonary Critical Care	69	2%
Ophthalmology	66	2%
Pathology	60	2%
Orthopedic Surgery	58	2%
Nephrology	53	2%
Infectious Disease	52	2%
Other	45	2%
Otolaryngology	42	1%
Urology Surgery	38	1%
Endocrinology	34	1%
Rheumatology	29	1%
Plastic Surgery	28	1%
Hospitalist	27	1%
Physical Medicine and Rehabilitation	26	1%
Dermatology	25	1%
Total Actively Practicing Physicians	**2821**	

The availability of primary care physicians has been a major concern among health policy makers. [7] The Association of American Medical Colleges estimates that by 2015 there will be a national shortage of 29,800 primary care physicians. In our survey, primary care physicians were defined as internal medicine, obstetrics and gynecology, pediatrics, and family medicine. Among all practicing physicians, 31 percent (1238) were engaged in primary care as their primary specialty and 62 percent (2487) were engaged in specialty care (see Figure 12). Similar results were found among our actively practicing physician population. Approximately 14 percent of both practicing and actively practicing primary care physicians were engaged in internal medicine, 11 percent were engaged in pediatrics, and 5 percent were practicing family medicine (see Figure 13 and Figure 14). In addition, there were slightly more women practicing primary care than men (see Figure 15). Among survey respondents that had available zip codes for mapping, practicing primary care physicians were concentrated in Ward 1 (see Map 3). Primary care physicians were also concentrated around hospitals in Ward 5.

[7] Association of American Medical Colleges. The impact of health reform on the future supply and demand for physicians updated projections through 2025. June 2010. Available at https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf (7/10/11)

Figure 12- D.C. practicing physicians: primary care vs. specialty care, 2010

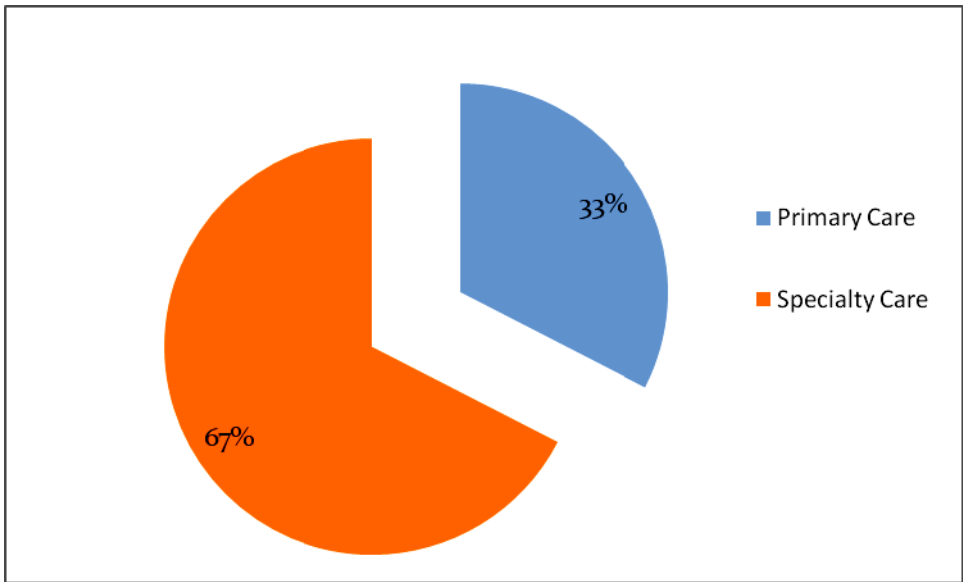


Figure 13 - D.C. practicing primary care physicians, 2010

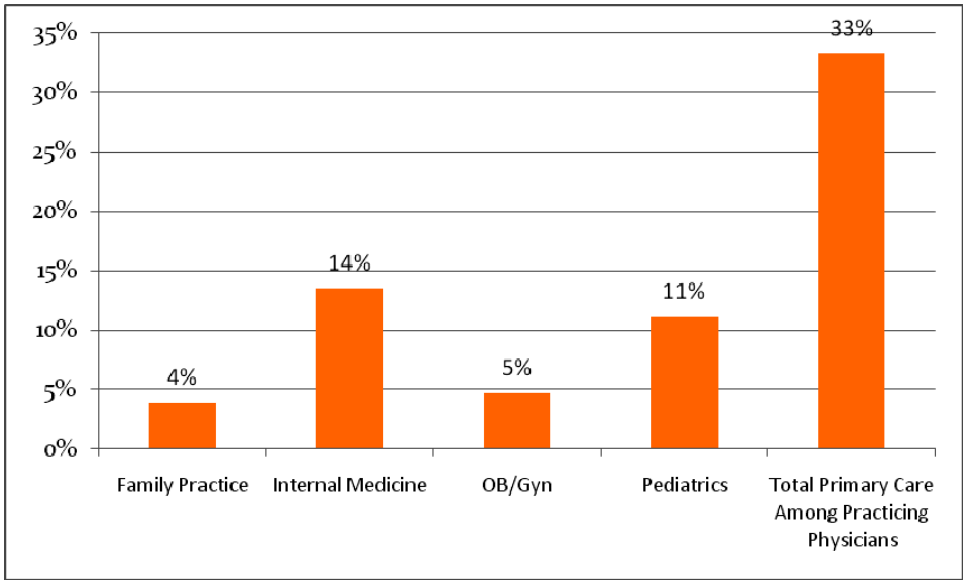


Figure 14 - D.C. actively practicing primary care physicians, 2010

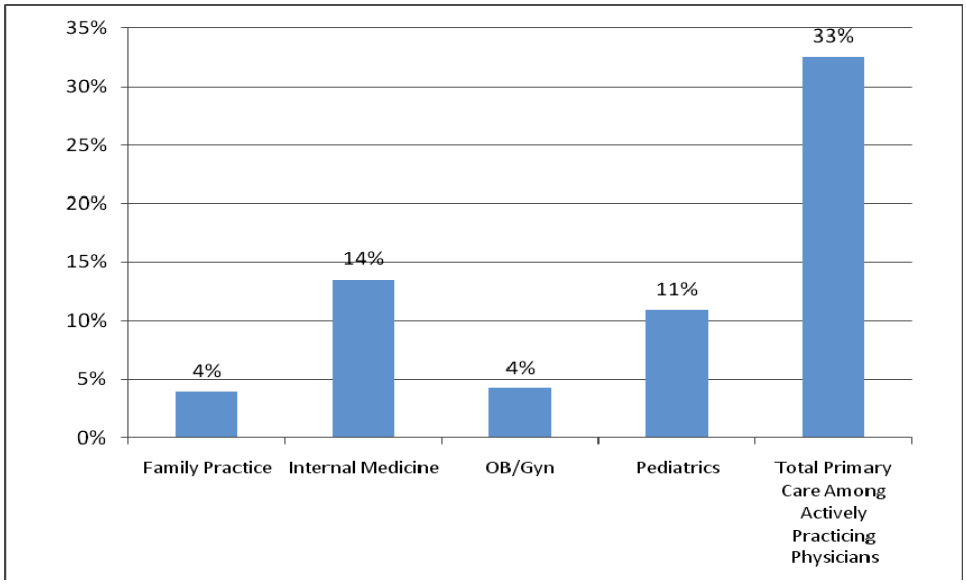
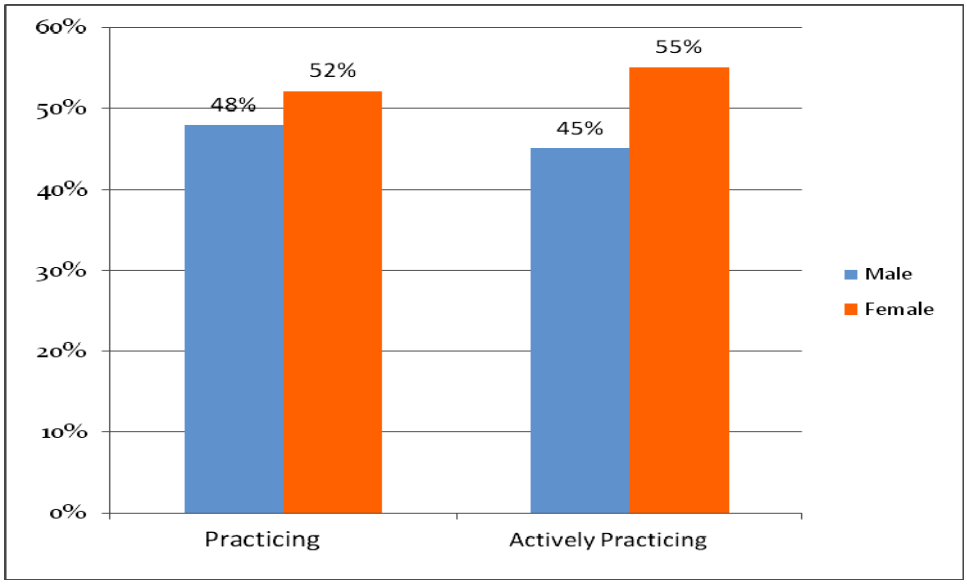
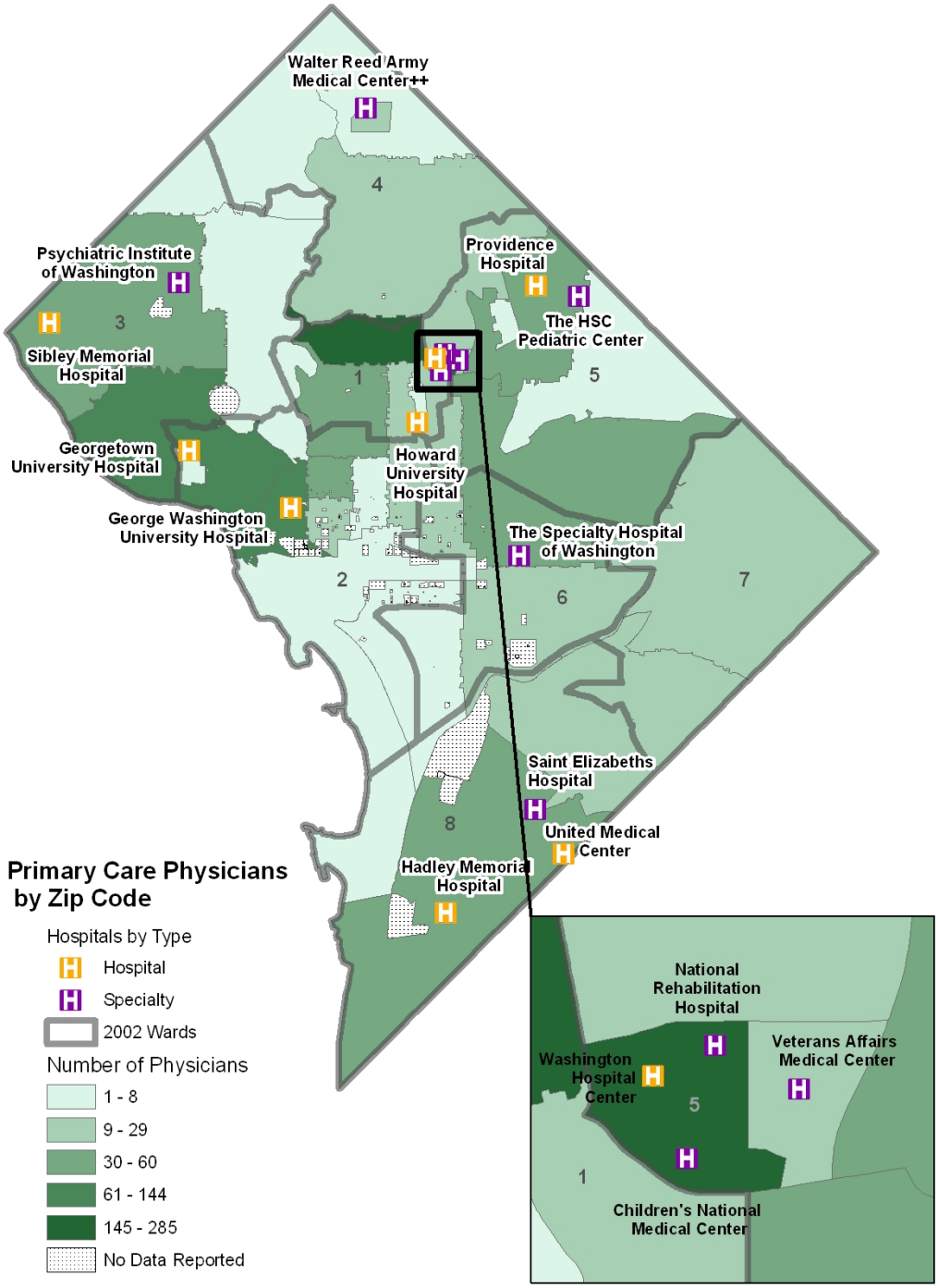


Figure 15 - D.C. primary care physicians by gender, 2010



Map 3 - Practicing primary care physicians, 2010+



+ Map does not include 19 percent of respondents that had missing zip codes.
++ Closed in August 2011

New Patients and Specialty

Overall, most physicians within our survey indicated that they are accepting new patients into their practice. Seventy-eight percent of practicing physicians and 88 percent of actively practicing physicians indicated they were accepting new patients. There was a non-response rate of 7.1 percent among all practicing physicians and 0.2 percent among all actively practicing physicians for this question.

Practice Setting and Specialty

Hospital based practices were the most common practice setting for both practicing and actively practicing physicians. Forty-six percent of actively practicing physicians worked in a hospital based practice. This was consistent with other national reports that demonstrate hospital owned practices were able to recruit forty-nine percent of physicians hired out of residency in 2009.[8] An additional 18 percent of actively practicing physicians within our survey were involved in a group practice. The remainder of the population worked in solo practices (12%), clinics (8%), university-based practices (13%), or another practice setting (3%). The results were similar for practicing physicians as well.

Among actively practicing physicians who indicated that they worked in hospital-based practices, pediatrics (15%), anesthesiology (12%), followed by internal medicine (9%) were the most common specialties (see Table 5). Pediatrics and internal medicine were the most common primary care specialties that were located within hospitals, as well. The data was similar for practicing physicians.

Table 5 - D.C.'s Most Common Specialties of Actively Practicing Physicians in Hospital Based Practices, 2010

SPECIALTY OF HOSPITAL BASED PHYSICIANS	Number of Respondents (N=1302)	Distribution of Respondents
Pediatrics	193	15%
Anesthesiology	150	12%
Internal Medicine (non-Hospitalists)	113	9%
Emergency Medicine	88	7%
Radiology	70	5%
Psychiatry	61	5%
Cardiology	53	4%
Obstetrics & Gynecology	43	3%
Neurology	39	3%
Surgery	38	3%

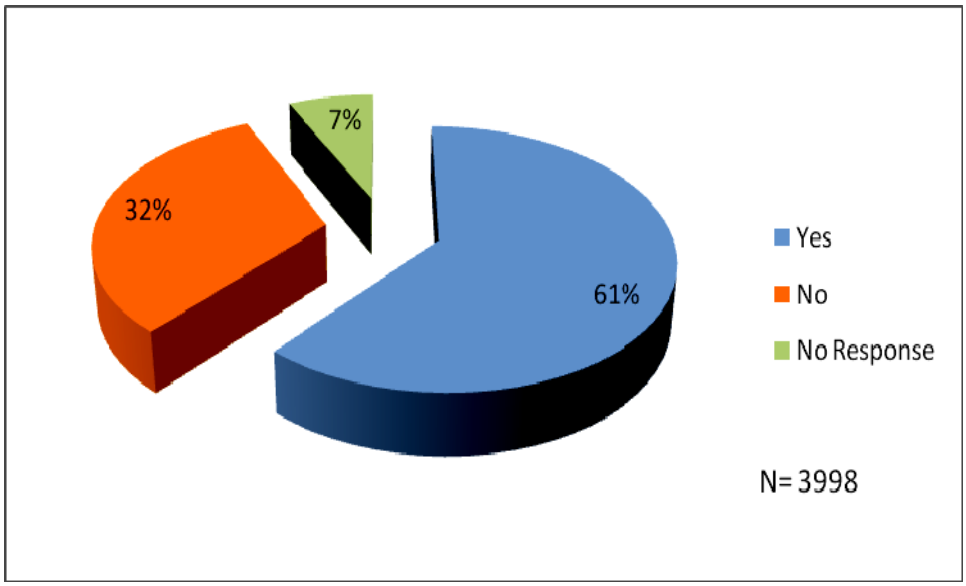
[8] Medical Group Management Association. Physician Placement Starting Salary Survey: 2010 Report Based on 2009 Data. . May 2010.

PRACTICE CHARACTERISTICS

Electronic Health Record (EHR)

An electronic health record (EHR) is an electronic collection of patient health information.[9] There are multiple models of HER systems currently in use and they vary by the quantity of information collected and the degree of accessibility of information. The majority of physicians within our survey group used EHR within their practices (see Figure 16 and Figure 17). Among all practicing physicians, 61 percent use some form of an EHR and 68 percent of actively practicing physicians also had an EHR system. Approximately 7% (277) of practicing physicians in our survey did not respond to this question. Nationally, 48.3 percent of physicians use a complete or partial EHR system in office-based practices. [10] In addition, 12 percent of U.S. hospitals have an EHR system.[11]

Figure 16 - D.C. practicing physicians that use an EHR, 2010

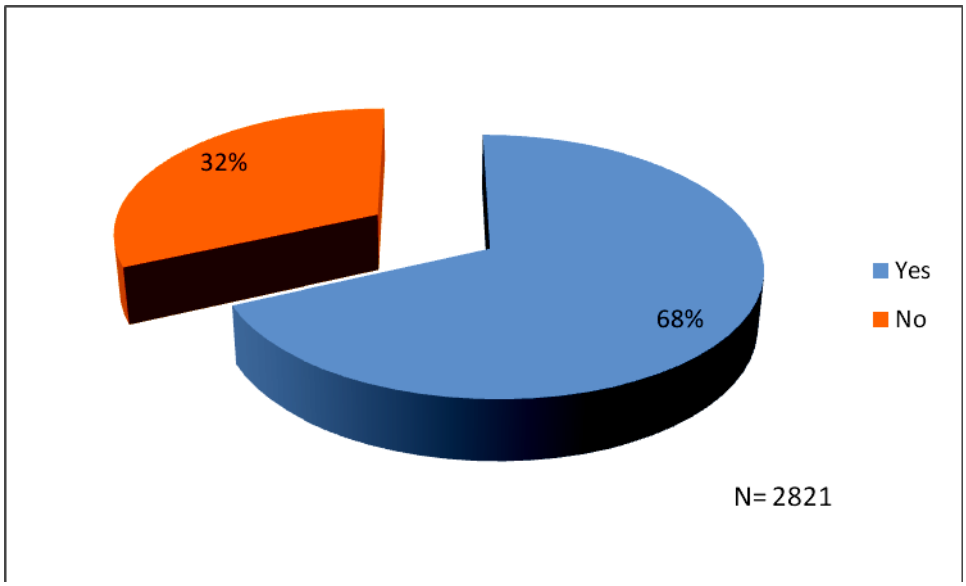


[9] Gunter, T, et al. The emergence of national electronic health record architectures in the United States and Australia: Models, costs, and questions. *Journal of Medical Internet Research*. 7:1, 2005.

[10] Hsiao, C et la. Electronic medical record/electronic health record systems of office-based physicians: United States, 2009 and preliminary 2010 state estimates. National Center for Health Care Statistics. Dec 2010.

[11] Jha, Ashish, et al. A progress report on electronic health records in U.S. Hospitals. *Health Affairs.*29:10, 2010.

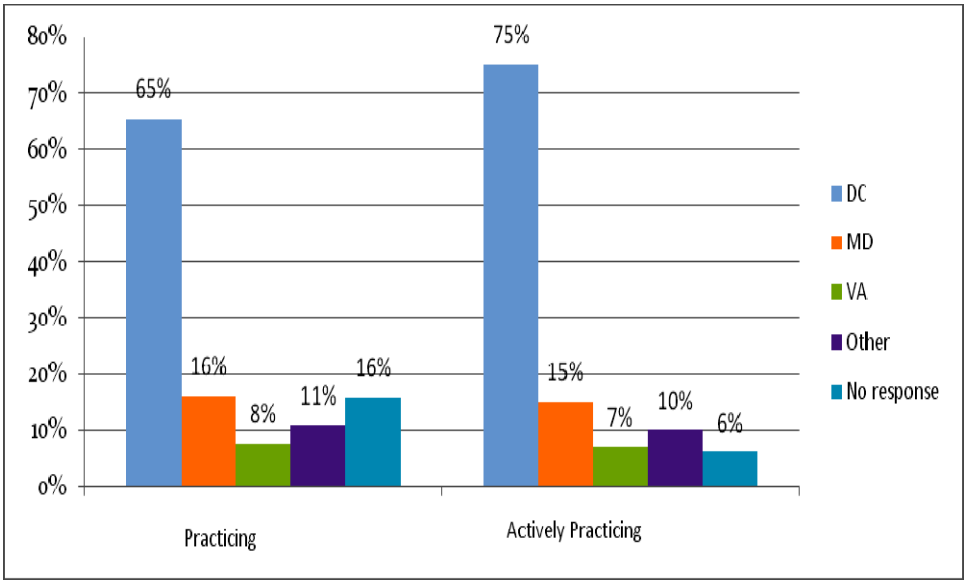
Figure 17 - D.C. actively practicing physicians that use an EHR, 2010



Admitting Privileges

The majority of practicing physicians within our survey had hospital admitting privileges within D.C. (see Figure 18). In 2010, 65 percent of all practicing physicians and 75 percent of actively practicing physicians within our survey had admitting privileges in D.C. hospitals. Few physicians had admitting privileges at hospitals outside of D.C. Among actively practicing physicians, 15 percent reported privileges in Maryland and 7 percent in Virginia. Primary care physicians had similar admitting privileges. In addition, the admitting privileges of primary care physicians were similar to that of all physicians. Approximately 16 percent of all practicing physicians and 6 percent of actively practicing physicians did not respond to this question on the survey.

Figure 18 - D.C. physician admitting privileges, 2010



Non-clinical Activities

This survey also assessed how many physicians were engaged in the non-clinical activities of academic medicine, research medicine, or administrative medicine. The majority of practicing physicians (57%) did not engage in any of the non-clinical activities above (see Figure 19).The most common professional activity of all practicing physicians was academic medicine for both groups (49% practicing vs. 54% actively practicing) (see Figure 20). Thirty-eight percent of actively practicing physicians indicated that they did not engage in non-clinical activities.

Figure 19 - D.C. non-clinical activities of practicing physicians

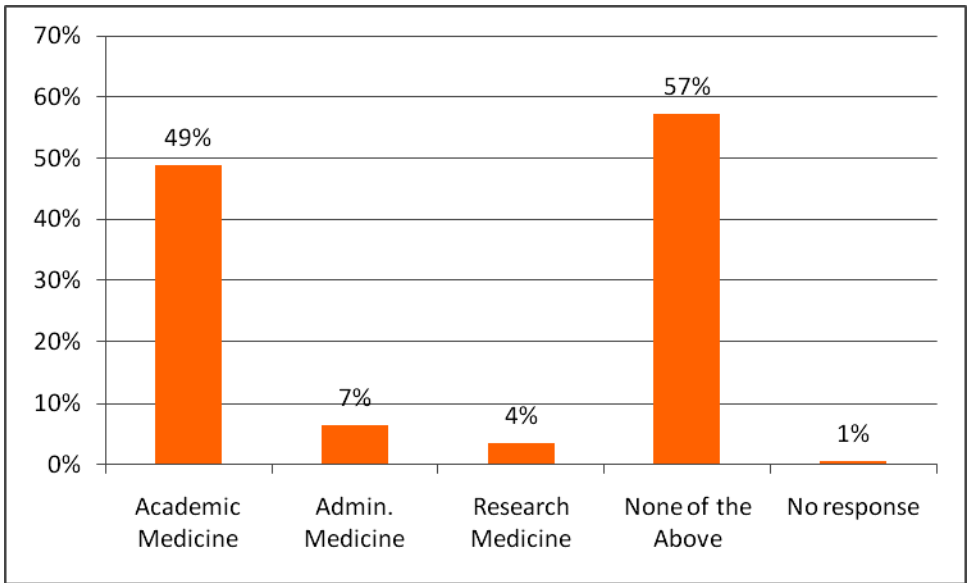
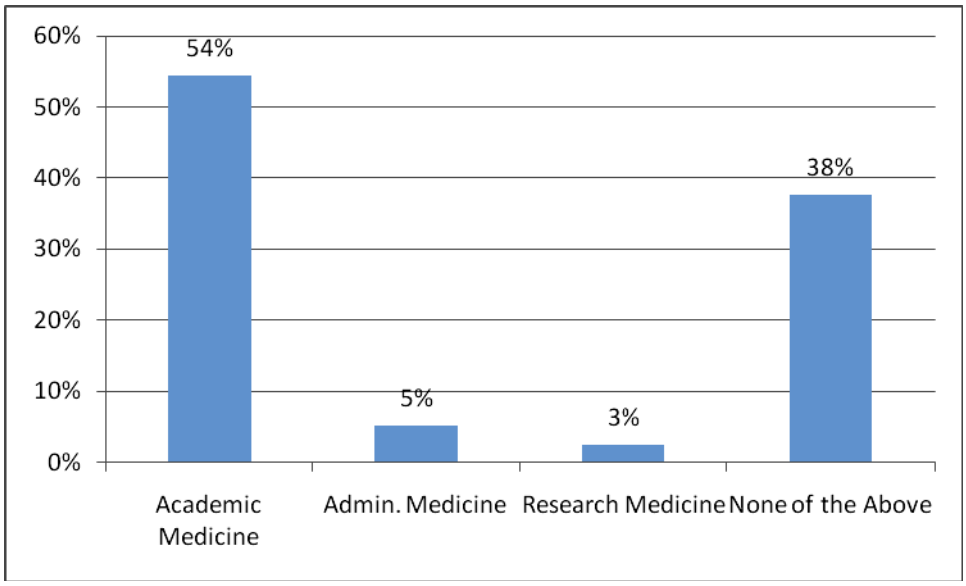


Figure 20 - D.C. non-clinical activities of actively practicing physicians



PAYER MIX

The survey attempted to assess the payer mix of physician practices. Respondents were asked to indicate the percentage of patients with various types of insurance seen in their practice. The non-response rate to questions regarding payer mix was approximately 17 percent among all practicing physicians and 10 percent among actively practicing physicians (see Figure 21 and Figure 22). Providers that indicated having more than 25 percent of patients with a specific insurance type were considered high volume providers versus low volume providers. Among respondents, all practicing physician practices were most commonly composed of patients that were insured by Medicare (39%), Medicaid (32%), and Managed Care (39%).

Figure 21 - D.C. practicing physicians: Percentage of physicians with a high vs. low volume of a specific insurance type within their practice

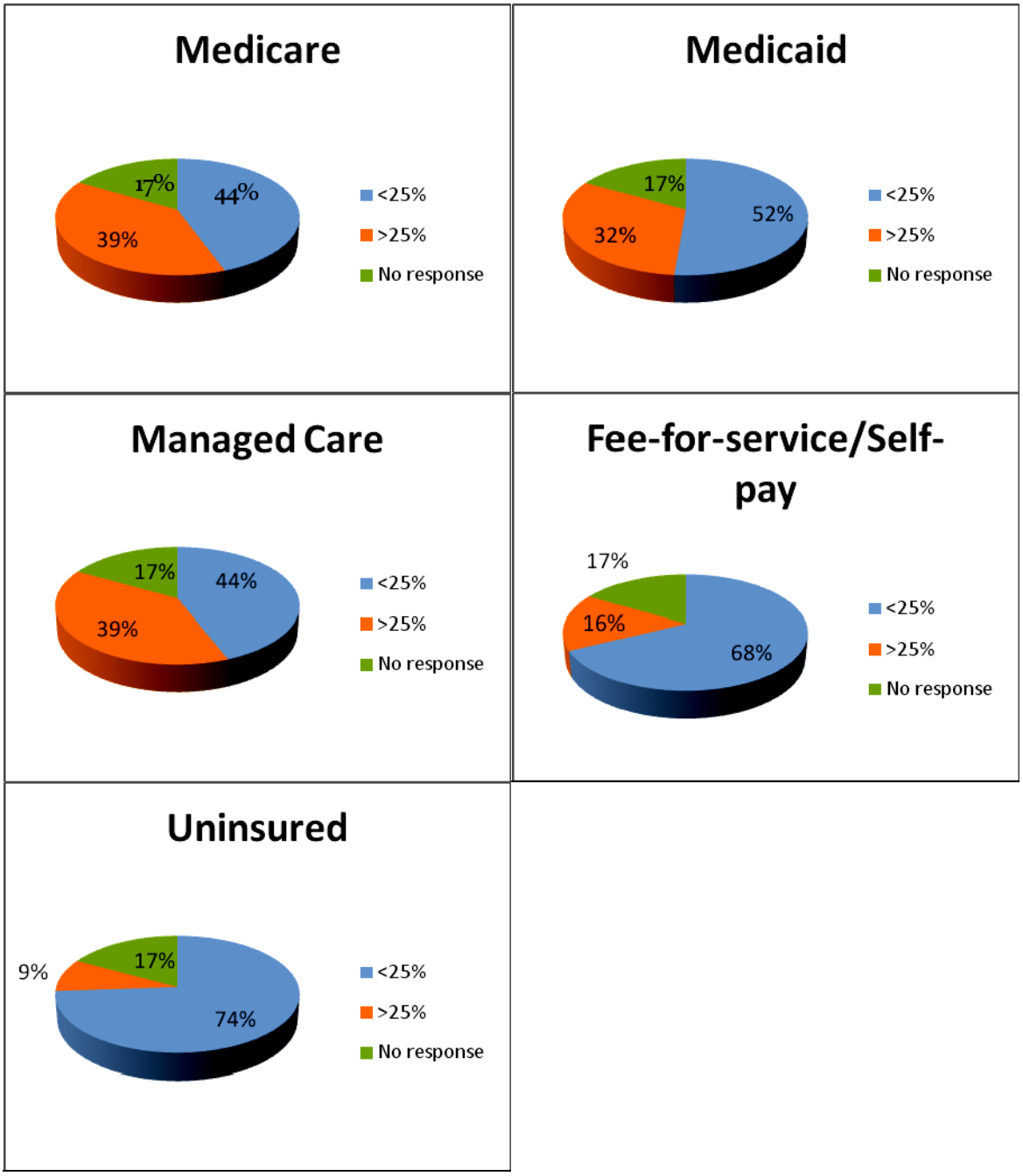
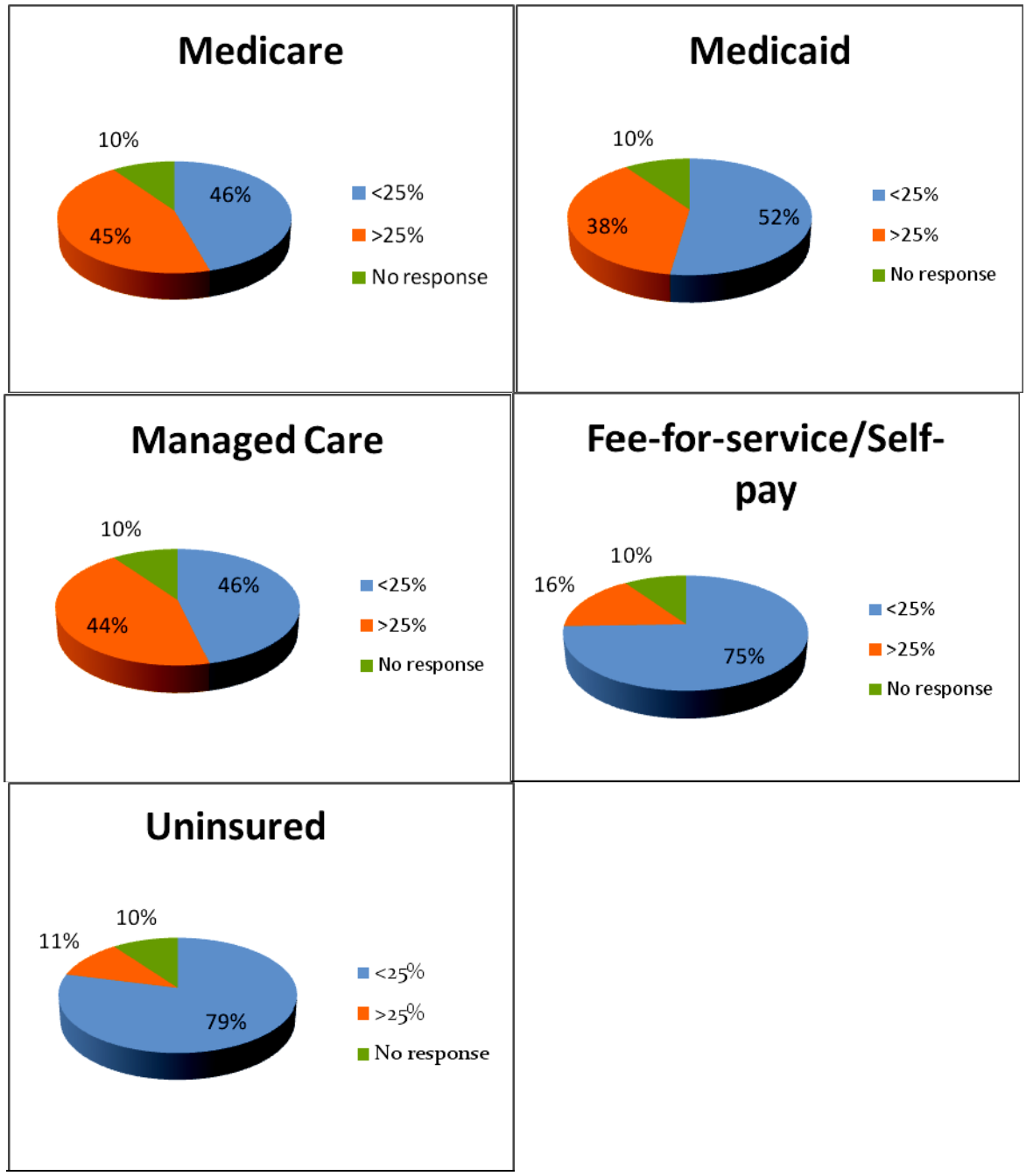


Figure 22 - D.C. actively practicing physicians: Percentage of physicians with a high vs. low volume of a specific insurance type within their practice



Historically, physician acceptance of Medicaid has been slowly declining. [12] In 2009, over 121,000 DC residents, or 21 percent of the DC population, were Medicaid beneficiaries. [13] Among actively practicing physicians within our survey, 38 percent reported that more than 25 percent of their practice were Medicaid patients. Although there are no current comparable benchmarks to our survey question, 40 percent of all actively practicing physicians in the U.S. reported accepting new Medicaid patients in 2008.[14] Among actively practicing providers that had greater than 25 percent of Medicaid patients within their practice, the most common specialties were Pediatrics (12%) and Psychiatry (7%).

[12] Cunningham, P et al. Medicaid patients increasingly concentrated among physicians. Center for Studying Health System Change Tracking Report: Access to Care. Results from the Community Tracking Study. V16. Aug 2006.

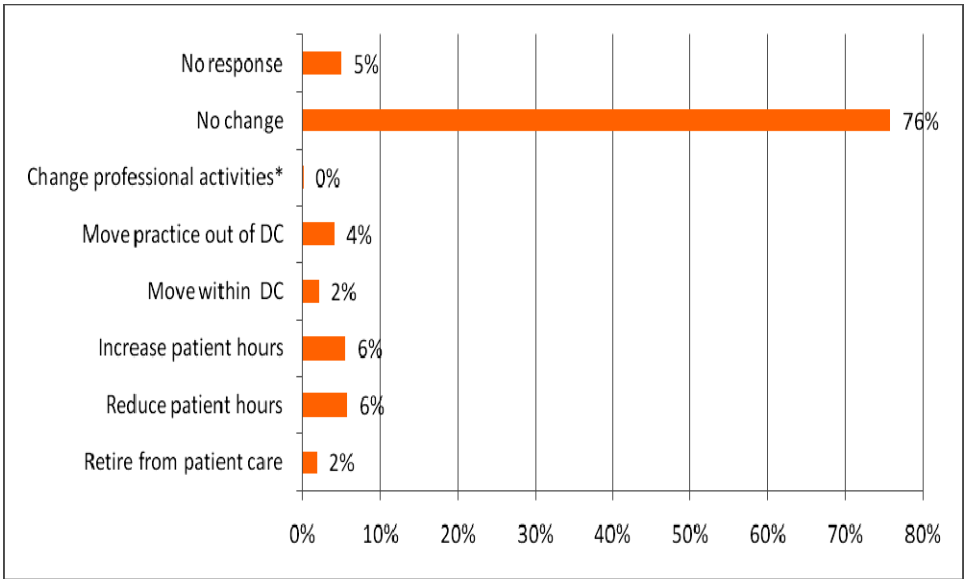
[13] Kaiser Family Foundation State Medicaid Fact Sheets, 2009. Available at http://www.statehealthfacts.org/mfs.jsp?rgn=10&rgn=1&x=15&y=4 (6/3/11).

[14] Boukus, E et al. A snapshot of U.S. physicians: Key findings from the 2008 Health Tracking Physician Survey.Center for Studying Health Systems Change Data Bulletin: Results from HSC Research. N35. Sept 2009.

WORKFORCE REDUCTION AND RETIREMENT

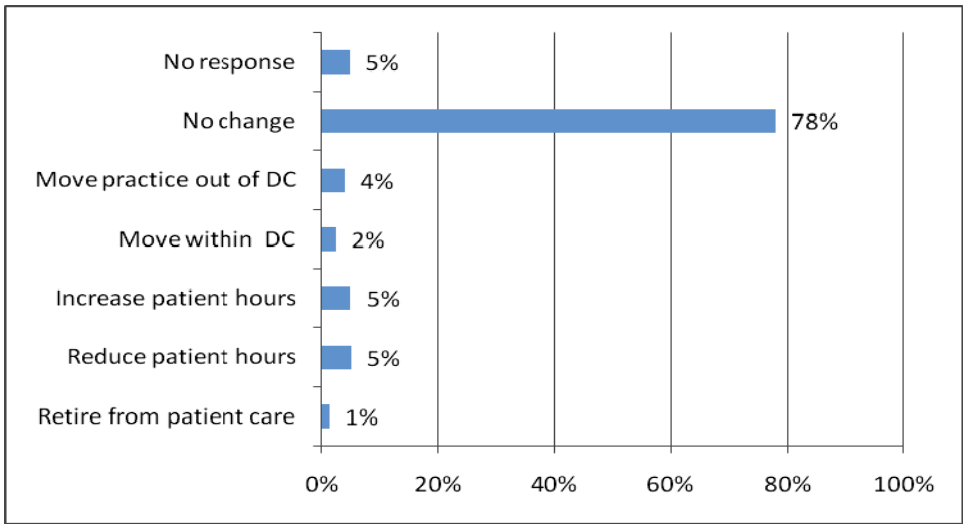
Seventy-six percent of all practicing physicians and seventy-eight percent of actively practicing physicians within our survey had no future plans to change their practice hours or location within the next 2 years (see Figure 23 and Figure 24). Five percent of both groups of physicians did not indicate their future plans. Overall, 12 percent (470) of all practicing and 10 percent (290) of actively practicing physicians planned on leaving the D.C. workforce in some capacity. The most common specialty of actively practicing physicians that planned to leave the workforce was internal medicine and cardiology. The practicing physicians who planned to leave the workforce were concentrated predominately in wards 1, 2, 3, and 5 (see Map 4). Physician loss was concentrated around hospitals.

Figure 23 - Future plans of D.C. practicing physicians within the next 2 years, 2010

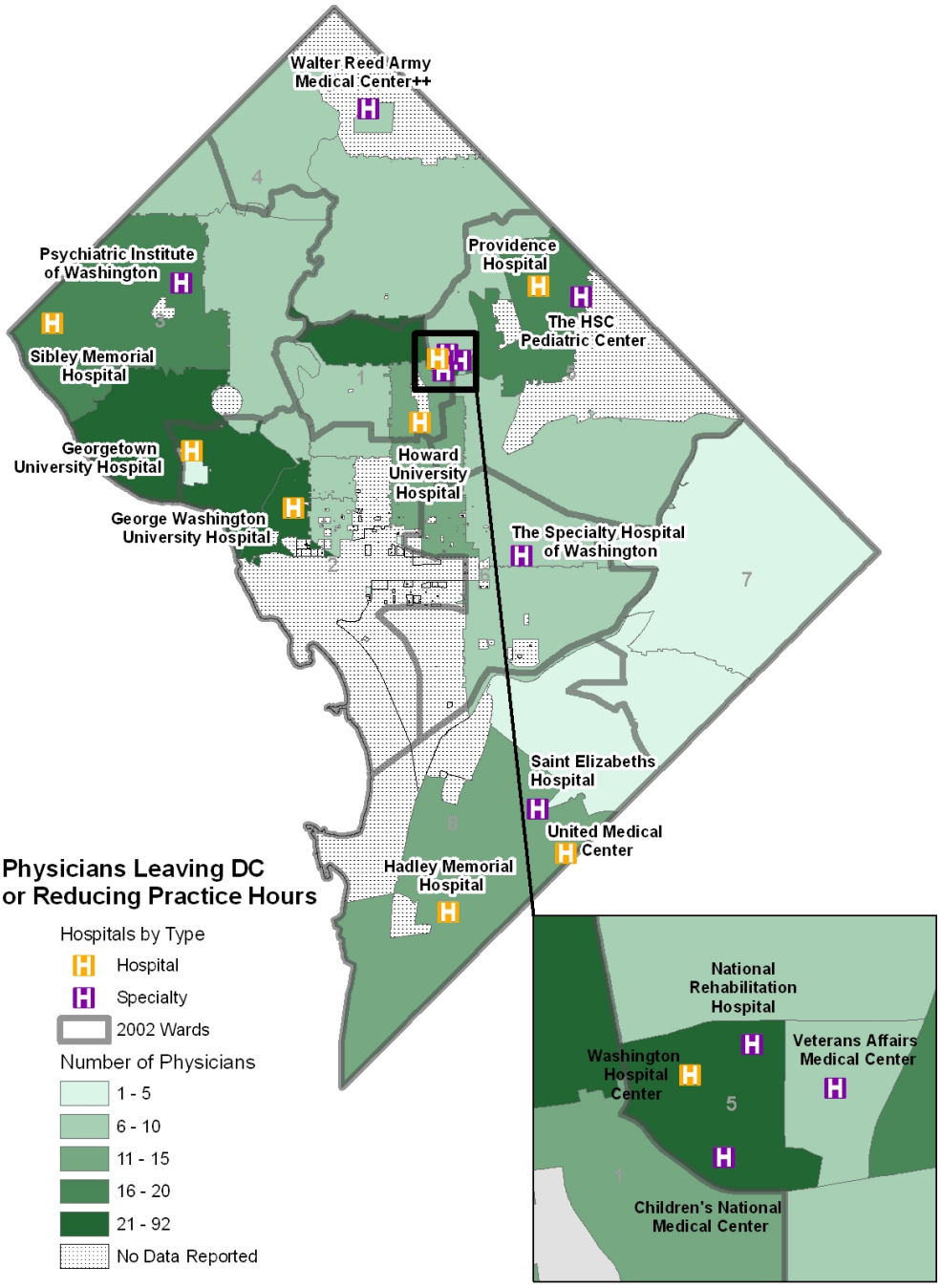


*Indicates physicians that plan on changing to administrative medicine, academic medicine, or research medicine.

Figure 24 - Future plans of D.C. actively practicing physicians within the next 2 years, 2010



Map 4 - Practicing physicians with plans to leave workforce in some capacity, 2010+



+ Map does not include 19 percent of respondents that had missing zip codes.
++ Closed in August 2011
*Total number of physicians leaving the workforce in some capacity from survey data is 470.

SOCIAL MEDIA USE

There are a wide variety of social media ranging from YouTube to social networks, such as Facebook, Twitter and LinkedIn that facilitate dialogue and communicate information. Social media is an emerging area in medical regulation and more research and information is needed in order to determine its appropriate use in healthcare and the practice of medicine. Emerging issues related to social media use in healthcare, range from privacy concerns to liability for physicians. Of our survey respondents, 25% of both practicing physicians and actively practicing physicians used some form of social media. Facebook (19%) was the most commonly used social media, which was followed by LinkedIn (3%). See Figure 25 and Figure 26.

Figure 25- Social media use among practicing physicians

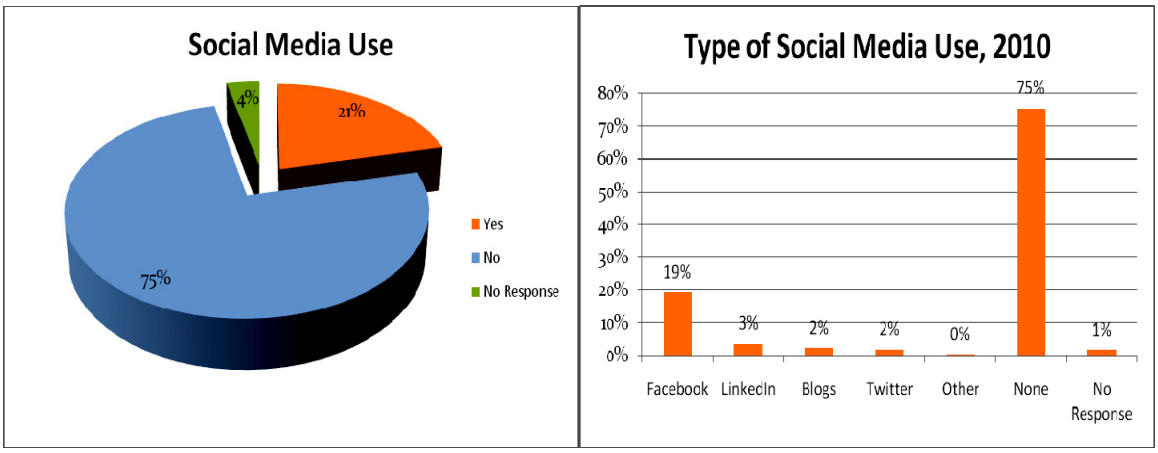
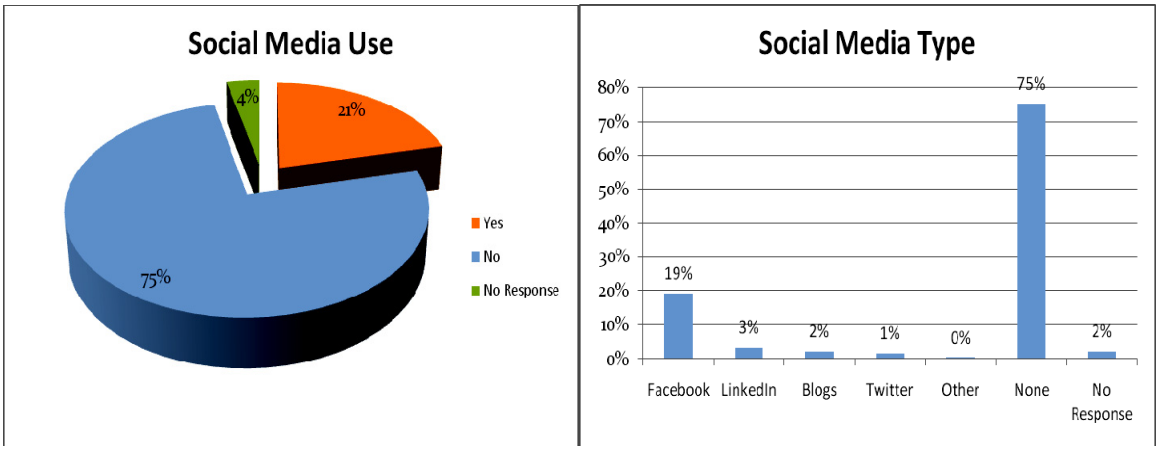


Figure 26 - Social media use among actively practicing physicians



SECTION 2 – PHYSICIAN ASSISTANT WORKFORCE

PRACTICING PHYSICIAN ASSISTANTS AND ACTIVELY PRACTICING PHYSICIAN ASSISTANTS

Among the 388 physician assistants included in our survey, sixty-six percent (258) of physician assistants were practicing in D.C. The non-response rate was 4 percent (16) for this survey question. Fifty-three percent (207) of physician assistants were actively practicing within D.C. as well. There was a non-response rate of slightly less than 2 percent (7) to the question of clinical hours among physician assistants practicing in D.C. The remainder of this report focuses on physician assistants that actively practice in D.C.

PHYSICIAN ASSISTANT DEMOGRAPHICS

Age and Gender

The majority of the practicing and actively practicing physician assistant survey respondents were between the ages of 31-40 and predominantly female. Among the 31-40 age group, 36 percent were practicing in some capacity and 39 percent were actively practicing (see Figure 27 and Figure 28). Few physician assistants were over the age of 60 (7% practicing physician assistants). Women accounted for the majority (79%, practicing; 78% actively practicing) of the physician assistants in our survey.

Figure 27 - D.C. practicing physician assistants by age, 2010

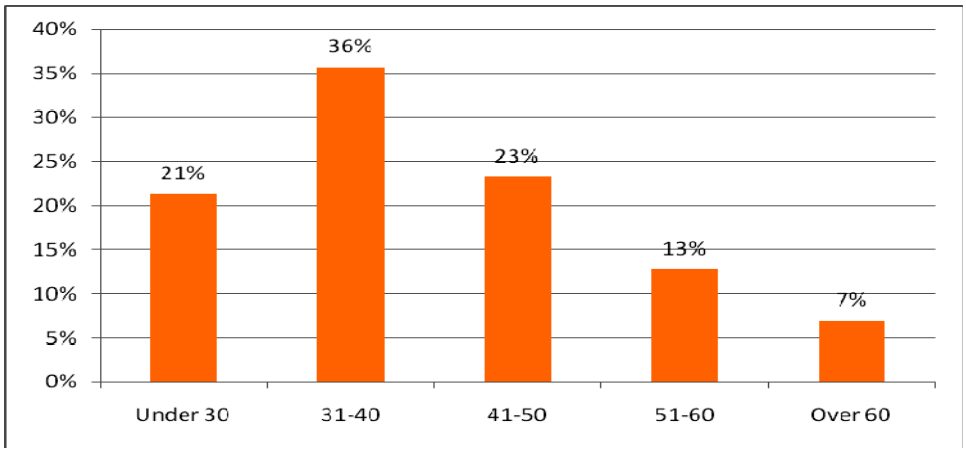
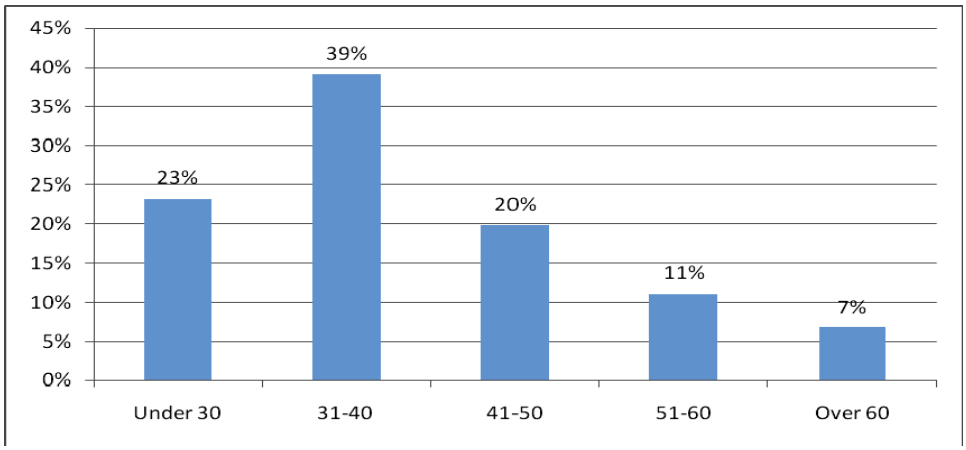


Figure 28 - D.C. actively practicing physician assistants by age, 2010



Race and Ethnicity

The racial and ethnic distribution of physician assistants in our survey was similar to national averages for some groups (see Figure 29 and Figure 30). There were less practicing Caucasian or White physician assistants (53%) than the 2009 national average of 89 percent.[15] Similar to our physician respondents, there were more practicing Black or African American physician assistants (30%) than the 2009 national average of 3 percent. Racial distribution was similar between practicing physician assistants and actively practicing physician assistants, and non-response rates were 9 percent for both groups.

Figure 29 - D.C. practicing physician assistant race compared to national estimates

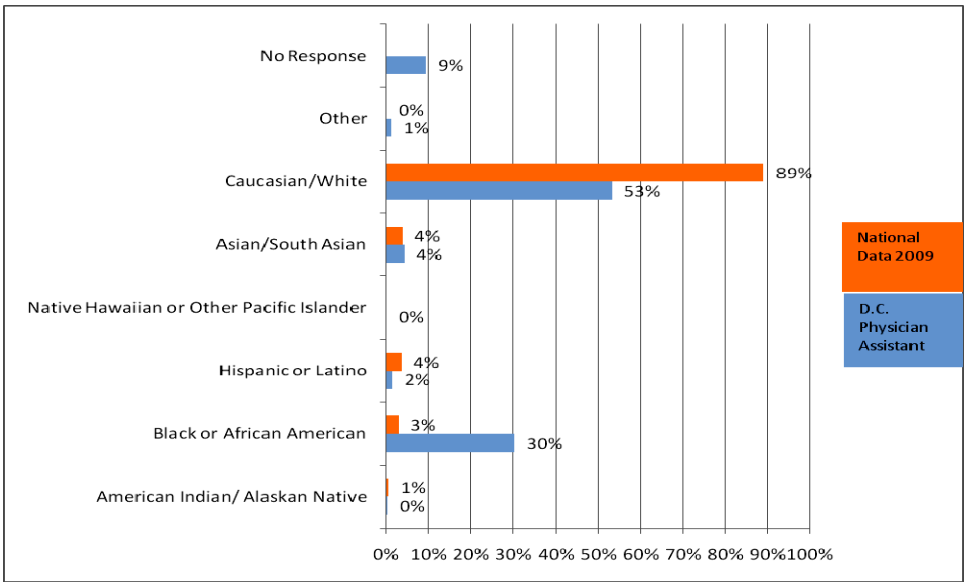
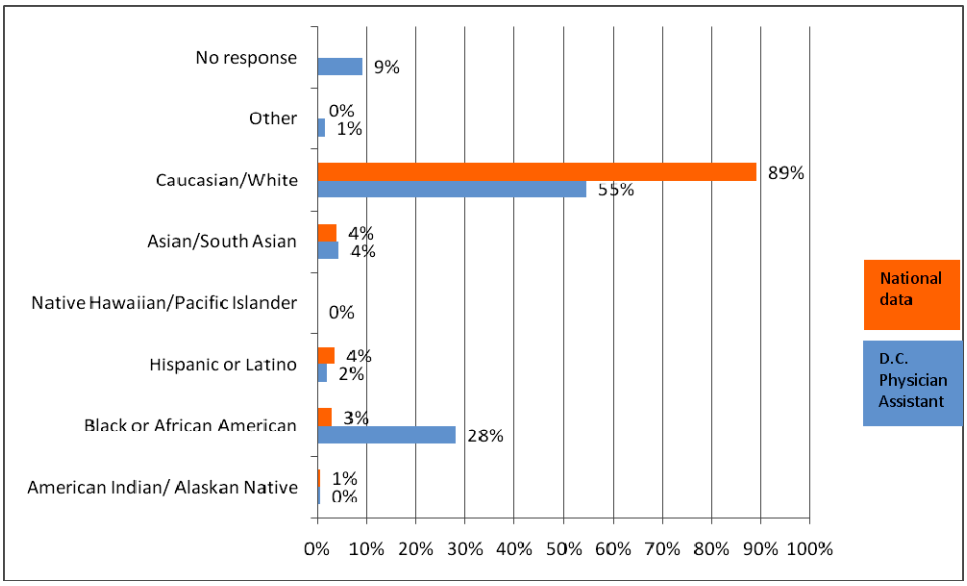


Figure 30 - D.C. actively practicing physician assistant race compared to national estimates

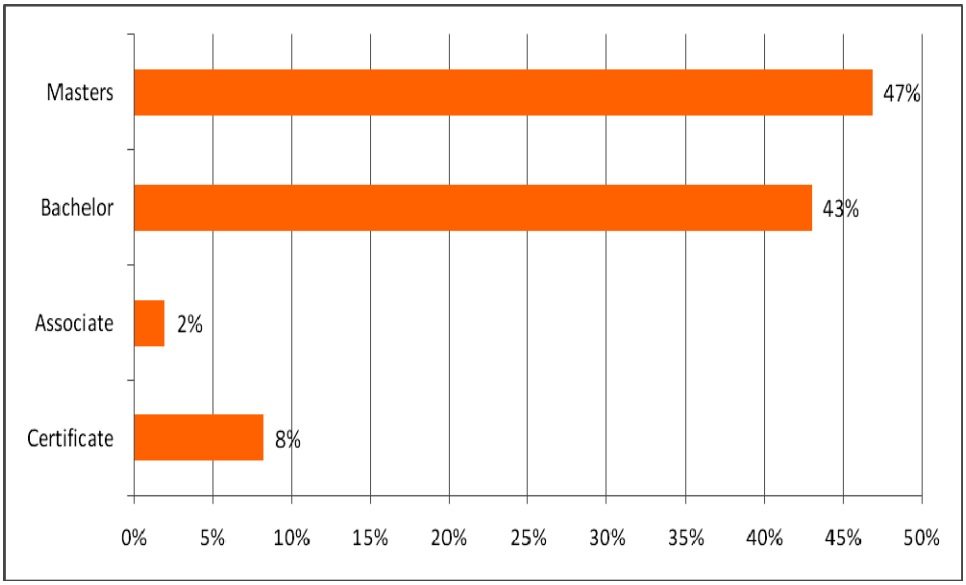


[15]National Physician Assistant Census Report, 2009. American Association of Physician Assistants. Available at http://www.aapa.org/images/stories/Data_2009/National_Final_with_Graphics.pdf. (6/3/11)

Educational Training

The majority of physician assistants in our survey had advanced practice degrees (see Figure 31). Almost half of actively practicing held a master's degree (47%) and a similar percentage held a bachelor's degree (43%).The distribution of degrees among practicing physician assistants was similar to those that were actively practicing.

Figure 31 - D.C. actively practicing physician assistants by degree type, 2010



D.C. Residency

Similar to physicians, the majority of physician assistants that provided clinical care in D.C. did not live in D.C. (see Figure 32 and Figure 33). Twenty percent of practicing physician assistants and 22 percent of actively practicing physician assistants lived in D.C. Therefore, the majority of physician assistants commuted to their D.C. clinical sites from neighboring states.

Figure 32 - D.C. practicing physician assistants and D.C. residency status, 2010

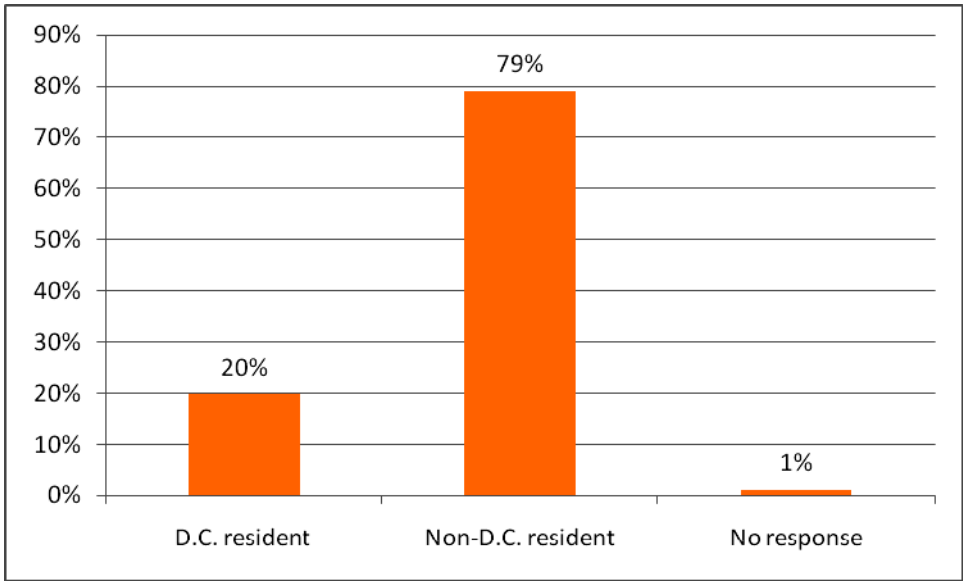
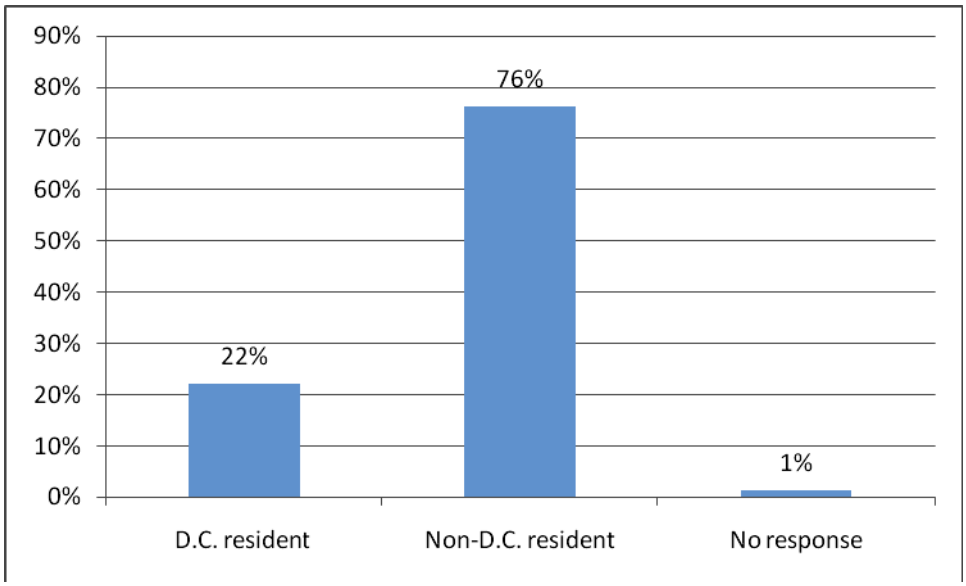


Figure 33 - D.C. actively practicing physician assistants and D.C. residency status, 2010



Foreign Languages

Fifty-five percent of physician assistants were not proficient in a foreign language. Nine percent (9%) of practicing physician assistants and eight (8 %) of actively practicing physician assistants spoke Spanish (see Figure 34 and Figure 35). The most common languages following Spanish were French (4%), Mandarin Chinese (1%), and Italian (1%). The findings were similar for both groups of physician assistants. The non-response rate was 19 percent between both groups. Physician assistants proficient in Spanish were practicing in all of the D.C. wards (see Map 5).

Figure 34 - D.C. practicing physician assistants by proficiency in a foreign language, 2010

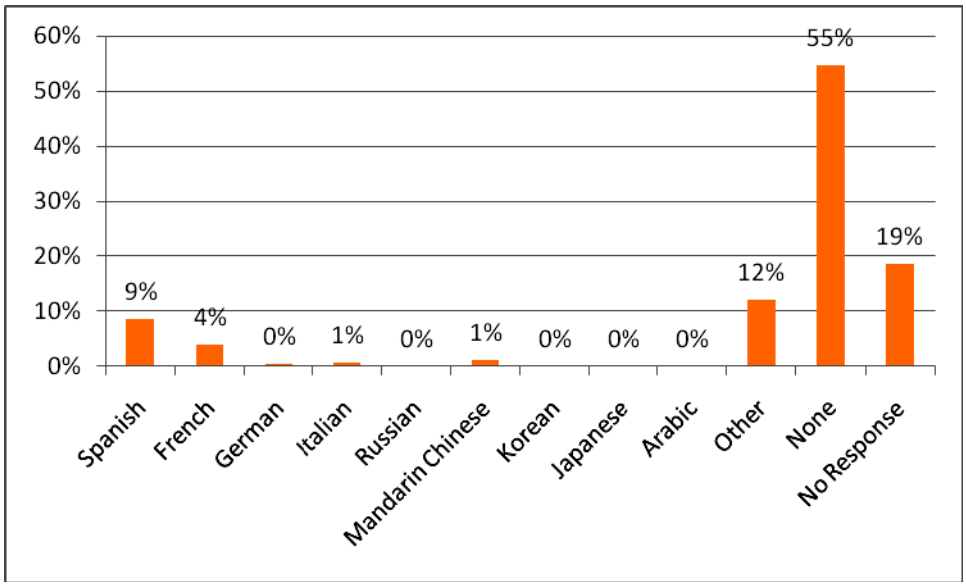
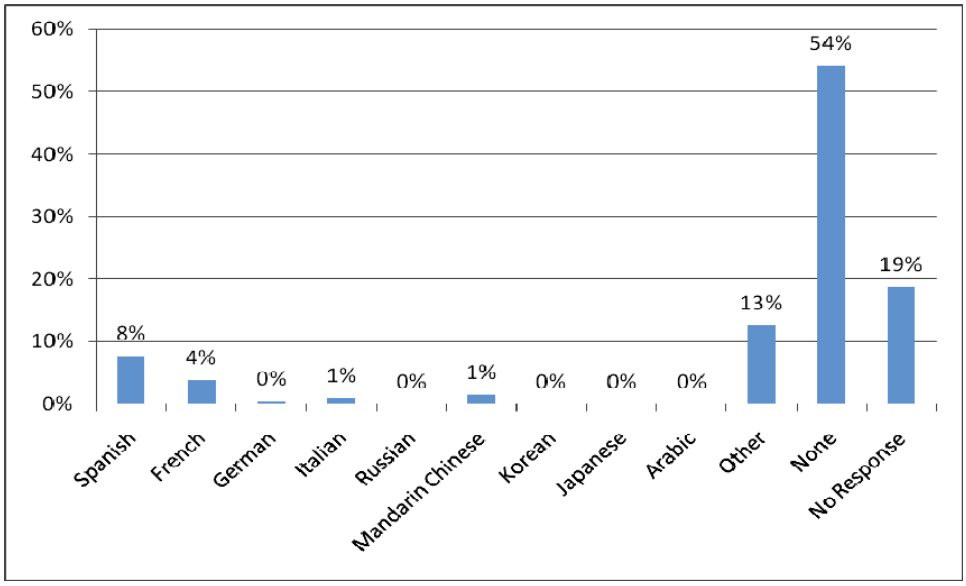
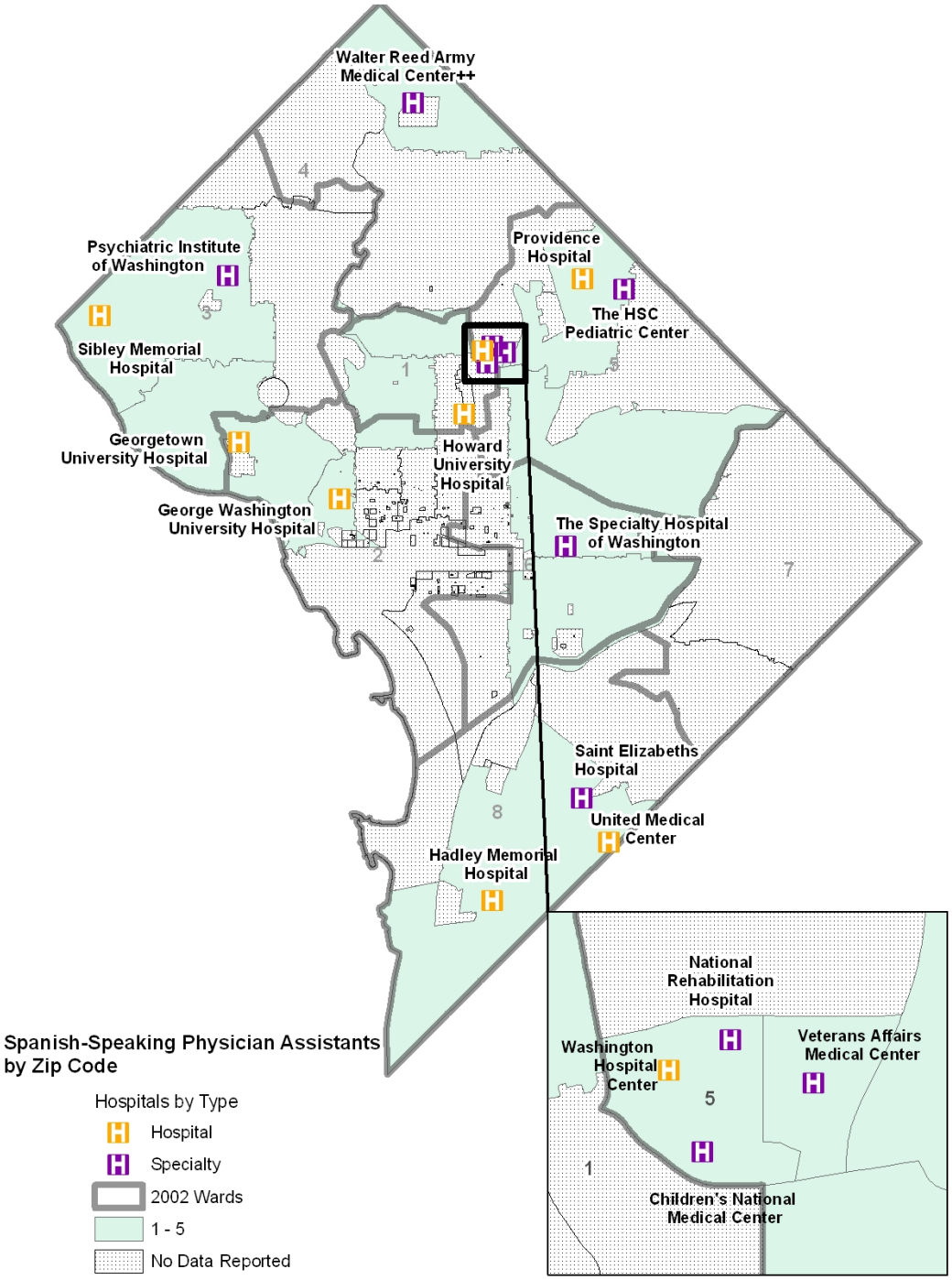


Figure 35- D.C. actively practicing physician assistants by proficiency in a foreign language, 2010



Map 5 - Distribution of practicing physician assistants that were proficient in Spanish, 2010+



+ 8 percent of respondents had missing zip codes and 19% of respondents did not identify if they were proficient in a foreign language.

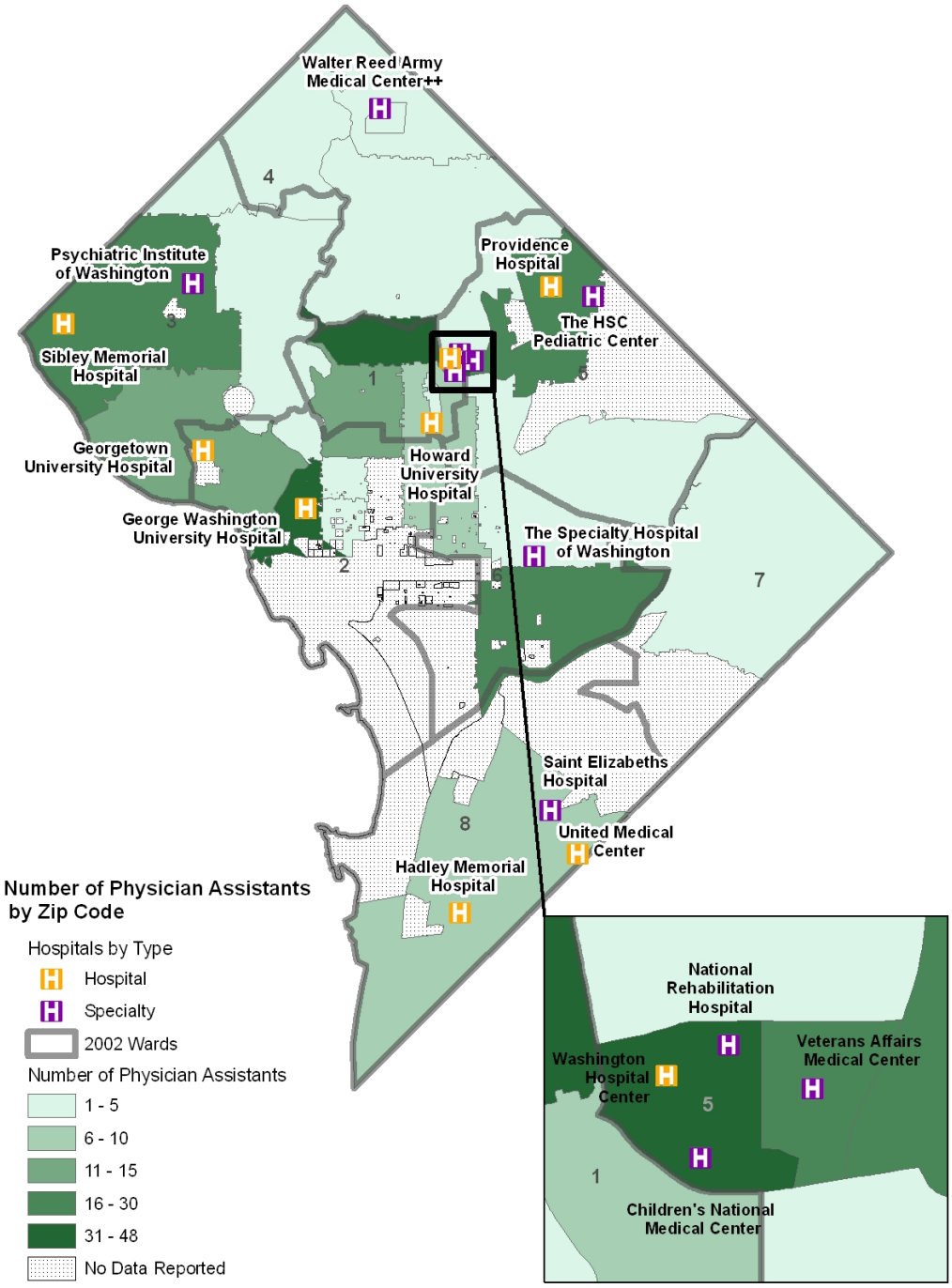
++ Closed in August of 2011

PHYSICIAN ASSISTANT LOCATION AND SPECIALTY

Location

Physician assistant practice locations were mapped for available zip codes. The available practice locations for physician assistants per zip code are displayed in Map 6. The highest number of physician assistants per zip code was seen in Ward 1, 2, and 5.

Map 6 - Practicing physician assistant distribution, 2010+



+Map does not include 8 percent of respondents that had missing zip codes.
++ Closed in August 2011

Primary Care and Specialty Care

The most common specialties among our survey respondents were emergency medicine (16%) and general internal medicine (10%). This was similar among practicing and actively practicing physician assistants. Six percent of physician assistants were involved in general surgery. Nationally, the most common specialty among clinically practicing physician assistants was family practice/general medicine (25%)[16]. Our survey shows a lower percentage of physician assistants in family practice. Emergency medicine and general surgery/surgical subspecialties were the second and third most prevalent specialties among physician assistants across the nation. The most common specialty distributions among our survey respondents are listed in Table 6 and Table 7.

TABLE 6 - D.C. Practicing Physician Assistants by Most Common Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Emergency medicine	40	16%
General Internal Medicine	27	10%
Family practice with urgent care	10	4%
Family practice without urgent care	14	5%
Neurosurgery	17	7%
General surgery	15	6%
Orthopedics	10	4%
Critical Care	12	5%
No Response	1	0%
Hospital medicine	5	2%
Infectious Disease	11	4%
Cardiology	7	3%
Obstetrics/gynecology	9	3%
Other	3	1%
Internal Medicine Other	5	2%

[16] National Physician Assistant Census Report, 2009. American Association of Physician Assistants. Available at http://www.aapa.org/images/stories/Data_2009/National_Final_with_Graphics.pdf. (6/3/11)

TABLE 7 - D.C. Actively Practicing Physician Assistants by Most Common Specialty, 2010

SPECIALTY	NUMBER OF RESPONDENTS N=207	DISTRIBUTION OF RESPONDENTS
Emergency Medicine	27	13%
General Internal Medicine	23	11%
Neurosurgery	17	8%
General Surgery	11	5%
Critical Care	10	5%
Infectious Disease	10	5%
Family Practice With Urgent Care	9	4%
Orthopedics	8	4%
Family Practice Without Urgent Care	6	3%
Cardiology	5	2%
Obstetrics/Gynecology	5	2%
Cardiothoracic Surgery	5	2%
Hospital Medicine	4	2%
Gastroenterology	4	2%
Oncology	4	2%

Traditionally, physician assistant training has been oriented towards primary care.[17] However, national data has shown a shift toward more specialty care among physician assistants. In our survey, similar results were obtained. More physician assistants worked in specialty care than in primary care. Among all practicing physician assistants, 24 percent were in primary care and 76 percent were involved in specialty care (see Figure 36). Similar results were found for actively practicing physician assistants (see Figure 37). The percentage of physician assistants in primary care among our survey respondents was lower than the national average of 36 percent.[18] Internal medicine was the most common primary care specialty among physician assistants that practiced primary care (see Figure 38 and Figure 39). Among primary care physician assistants, 44 percent of practicing physician assistants and 52 percent of actively practicing physician assistants were involved in internal medicine. Family practice was the second most common specialty. This differs from national estimates that demonstrate that primary care physician assistants were more commonly practicing family practice (25%) versus general internal medicine (6%).[19] Map 7 displays the number of primary care physician assistants per zip code. The highest concentration of physician assistants in primary care was concentrated in Wards 1, 2, 5 and 6.

[17] Jones PE. Physician assistant education in the U.S. *Academic Medicine*. 82:9, 2007.

[18] National Physician Assistant Census Report, 2009. American Association of Physician Assistants. Available at http://www.aapa.org/images/stories/Data_2009/National_Final_with_Graphics.pdf. (6/3/11)

[19] National Physician Assistant Census Report, 2009. American Association of Physician Assistants. Available at http://www.aapa.org/images/stories/Data_2009/National_Final_with_Graphics.pdf. (6/3/11)

Figure 36 D.C. - practicing physician assistants by specialty, 2010

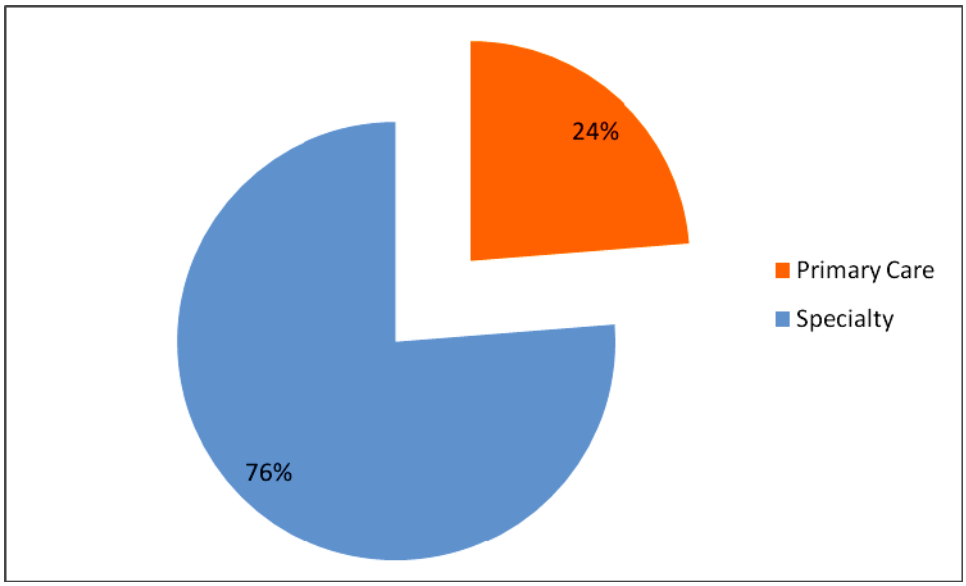
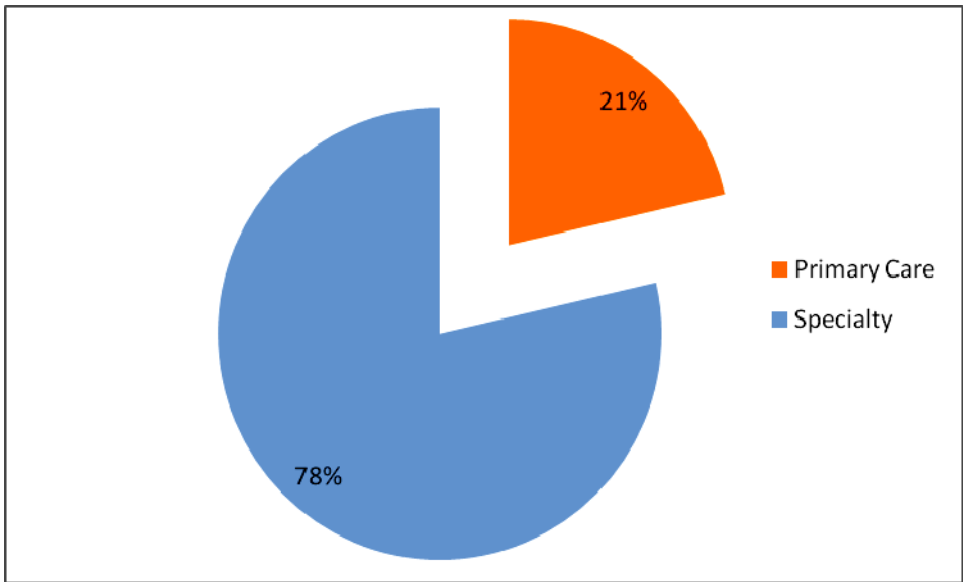
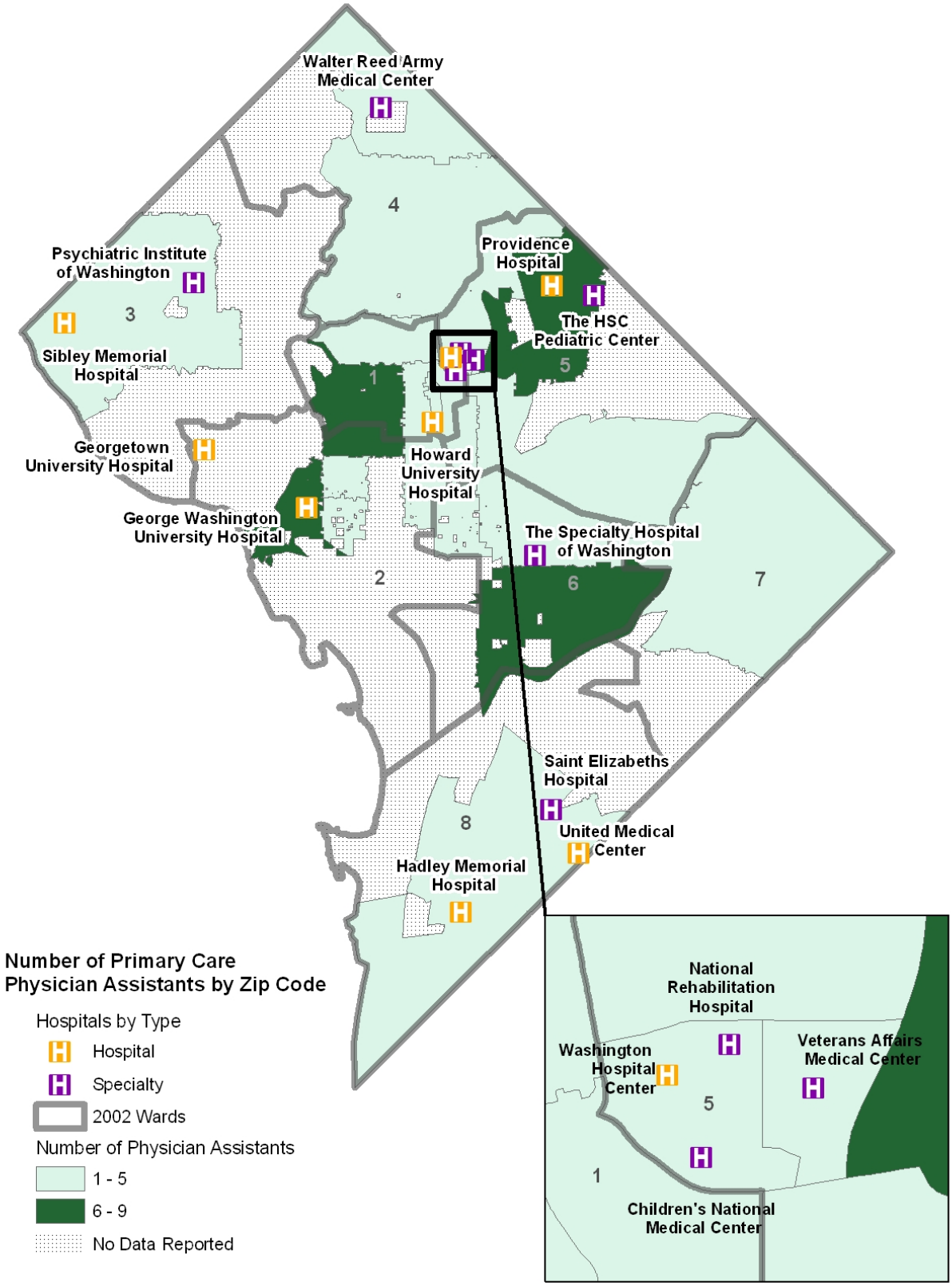


Figure 37 - D.C. actively practicing physician assistants by specialty, 2010



Map 7 - Practicing primary care physician assistants, 2010+



+ Map does not include 8 percent of respondents that had missing zip codes.

Figure 38 - D.C. practicing physician assistants by primary care specialty, 2010 (N=61)

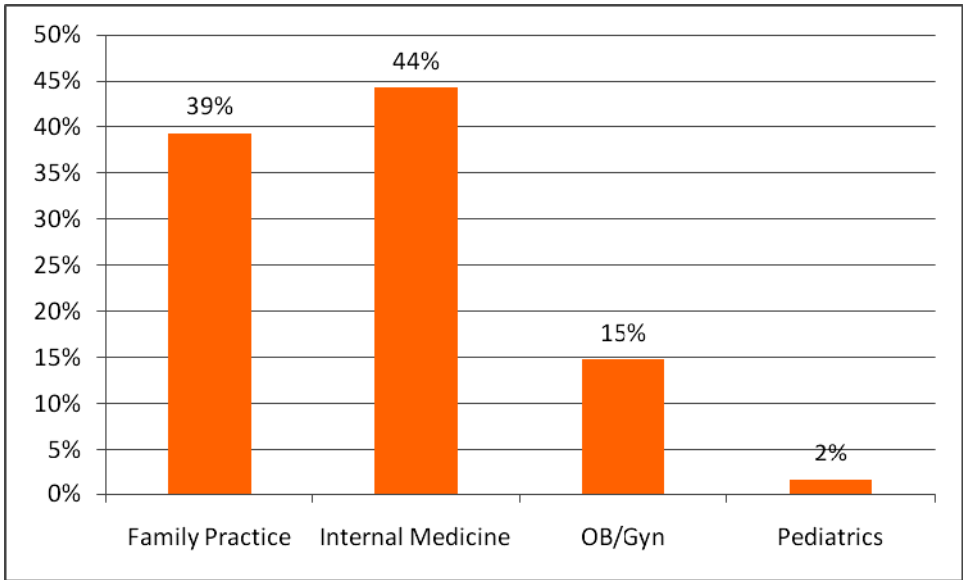
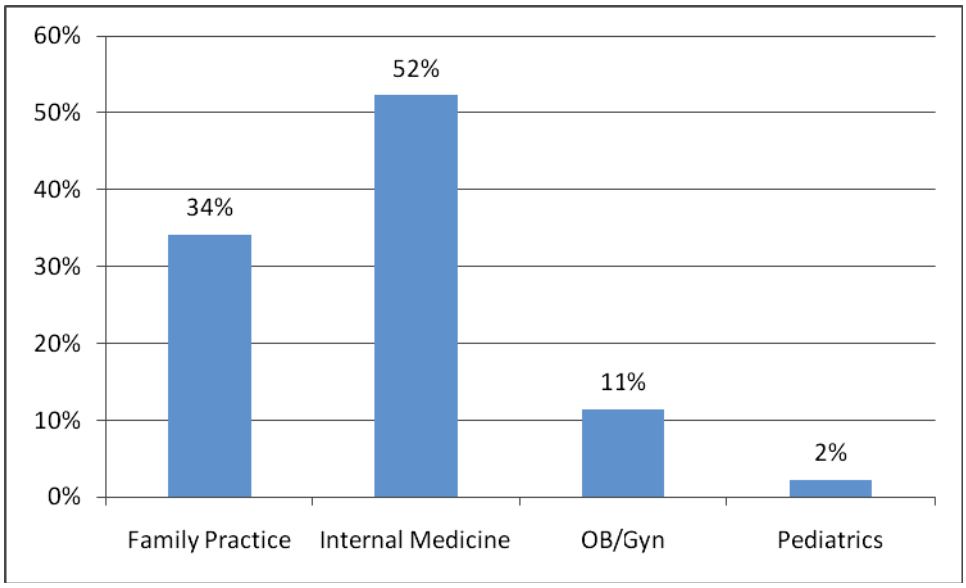


Figure 39 - D.C. actively practicing physician assistants by primare care specialty, 2010 (N=44)



Practice Setting and Specialty

Hospital-based practices were the most common practice settings for both practicing and actively practicing physician assistants. Among actively practicing physician assistants, 63 percent worked in a hospital based practice. An additional 15 percent were in clinic-based practices, 7 percent were involved in a group practice, 5 percent in a solo practice, and 3 percent in university-based practices. Only four percent indicated that they were involved in another practice setting and 3 percent did not respond to the question. Results were similar for practicing physician assistants. Among our actively practicing physician assistants working in hospital based practices, emergency medicine (19%) and neurosurgery (12%) were the most common specialties (see Table 8).

Table 8 - D.C.'s most common specialties of actively practicing physician assistants in Hospital-based practices, 2010

SPECIALTY OF HOSPITAL BASED PHYSICIAN ASSISTANTS	Number of Respondents N=130	Distribution of Respondents
Emergency medicine	24	18%
Neurosurgery	16	12%
Critical Care	10	8%
General surgery	8	6%
Orthopedics	7	5%
Cardiothoracic surgery	5	4%
Hospital medicine	4	3%
General Internal Medicine	4	3%
Vascular Surgery	4	3%
Obstetrics/gynecology	3	2%
Cardiology	3	2%
Pediatric Surgery	3	2%
Oncology	3	2%
Pediatric Gastroenterology	3	2%
Pediatric Neonatology	3	2%

WORKFORCE REDUCTION AND RETIREMENT

The majority of physician assistants within our survey had no future plans to change their practice hours or location within the next 2 years (see Figure 40 and Figure 41). Among both practicing and actively practicing respondents, eighty percent indicated that they anticipated no changes to their practice in the next 2 years. A small amount of all practicing physicians indicated that they would be decreasing their hours (5%), relocating their practice out of D.C. (2%), or retiring (2%). Overall, 9 percent (26) will be leaving the D.C. workforce in some capacity as described above. The results for actively practicing physician assistants were similar to that of practicing physician assistants (see Figure 36).

Figure 40 - Future plans of D.C. practicing physician assistants within next 2 years, 2010

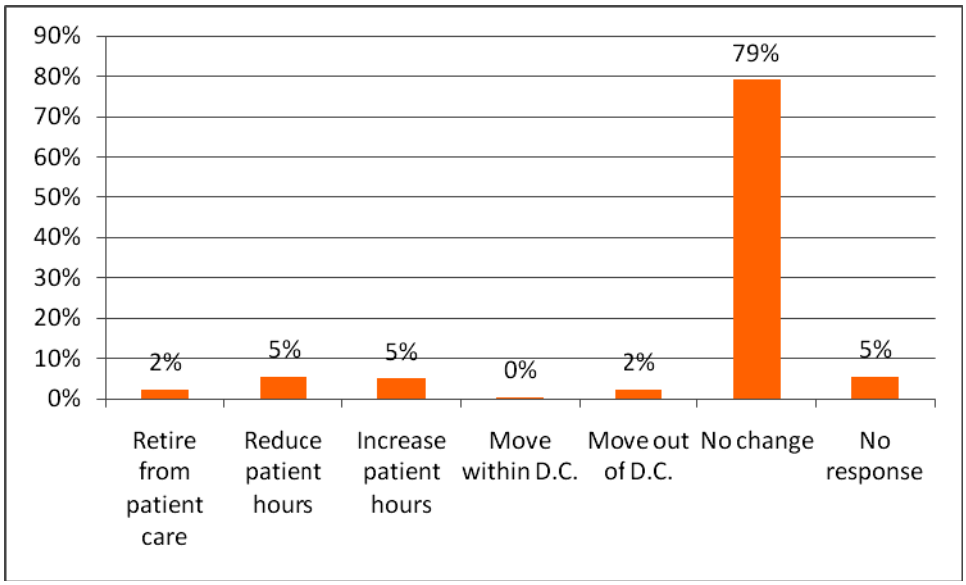
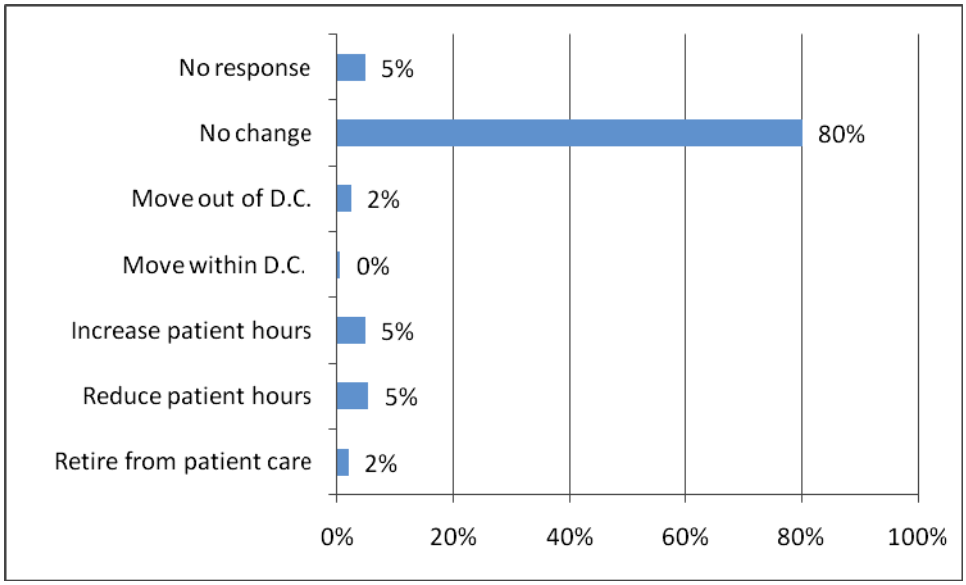


Figure 41 - Future plans of D.C. actively practicing physician assistants within next 2 years, 2010



SOCIAL MEDIA USE

Among all practicing and actively practicing physician assistants, social media use was 36 percent and 38 percent, respectively (see Figure 42 and Figure 43). This was slightly higher than physician usage. Facebook was the most popular social media type among both groups.

Figure 42. Social Media Use among Practicing Physician Assistants

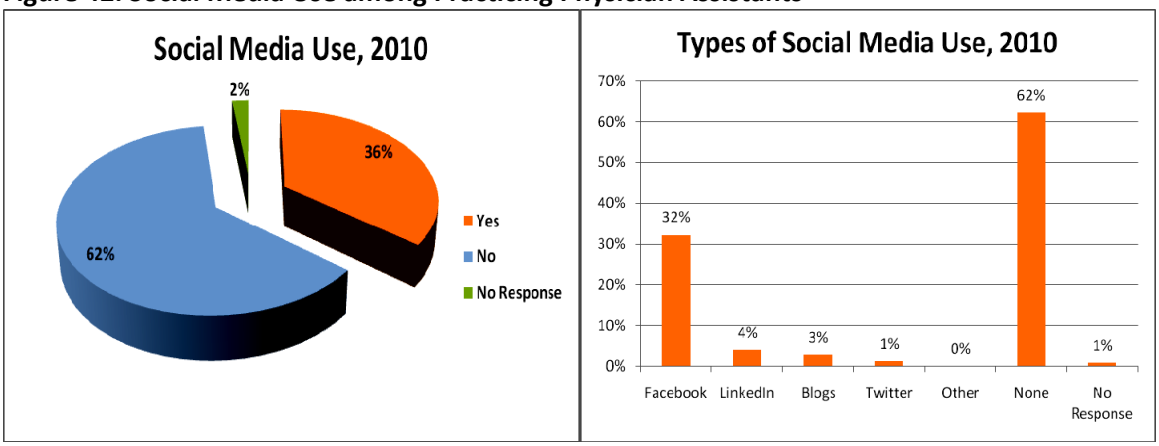
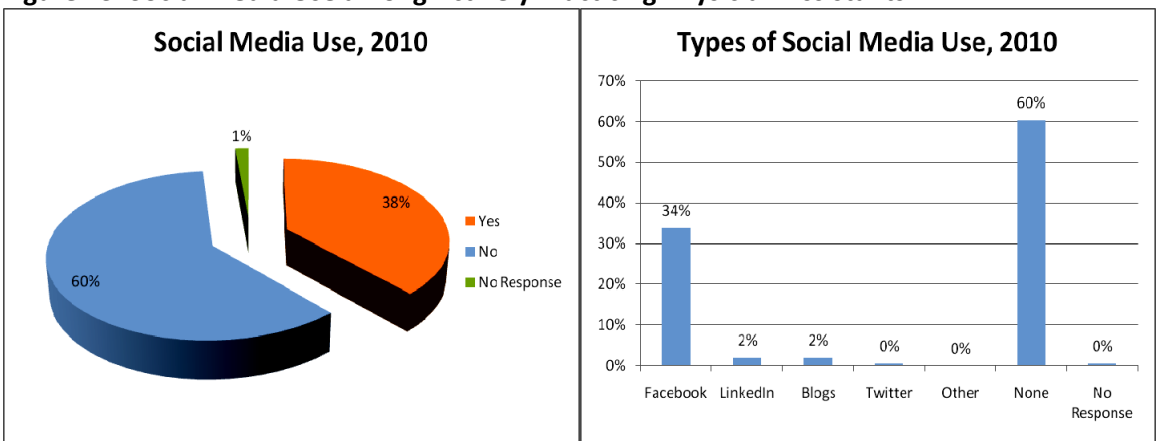


Figure 43. Social Media Use among Actively Practicing Physician Assistants



SECTION 3 - POSTGRADUATE PHYSICIANS IN TRAINING

Postgraduate Physicians (PPTs) are physicians in training (residents or fellows) in the eight accredited teaching hospitals in the District of Columbia.

1. Children's National Medical Center (CNMC),
2. George Washington University Hospital (GWU),
3. Georgetown University Hospital (GUH),
4. Howard University Hospital (HUH),
5. Providence Hospital (PH),
6. National Rehabilitation Hospital (NRH),
7. St. Elizabeth's Hospital (SEH)
8. Washington Hospital Center (WHC)

All PPTs are required to be registered by the Board before beginning each year of their training program. As of December 31, 2010, the District had 1,109 physicians in training. PPTs are eligible for full licensure in the District after completing one year of postgraduate training, if a United States graduate, or after three years of training, if an international graduate. 10 PPTs completed our survey. Though the vast majority of PPTs do not have a full license to practice, they contribute significantly to the healthcare workforce capacity in the District.

SECTION 4 – LIMITATIONS

As discussed, this report was an analysis of the responses of the D.C. Board of Medicine's workforce survey respondents only. Although our respondent population was demographically similar to the entire licensee population, this report does not characterize all physicians or physician assistants within D.C. In addition, our report had the following limitations.

- We were unable to obtain missing specialty information for physician assistants that responded to our survey.
- All GIS mapping was performed based on zip code. However, the maps do not accurately depict the entire survey population given that a significant amount of zip codes were missing or incorrect. The HPLA's Physician Profile was used to obtain some of the missing physician zip codes. However, nineteen percent (760) of zip codes remained unavailable and these physicians were not mapped. Similarly, 8 percent (21) of physician assistants that indicated that they practiced in D.C. also had missing zip codes. We did not have updated data regarding their practice location. Subsequently, this subset was also excluded from the maps.
- The survey was voluntary and the survey respondents did not answer every question within our survey. Therefore, some questions had a significant level of non-responders. Non-response rates were indicated if applicable within the report. Missing information for non-responders such as specialty or current primary practice location could not be obtained from the licensing database. In the future, the entire survey should be made a mandatory part of renewal process in order to capture further information about the supply of physicians and physician assistants.
- Physicians that obtained a new license during the licensing renewal period were not part of the renewal process and therefore were not included in this report.
- The survey was unable to adequately capture the payer mix of survey respondents. The survey question regarding payer mix did not clearly categorize traditional healthcare payment sources. The survey instrument also did not address the question of whether providers accepted new patients in different health insurance categories. This should be corrected in future surveys.
- This report focused only on physicians and physician assistants in D.C. However, the Board of Medicine recognizes that there are other members of the healthcare workforce that are essential to the D.C. workforce capacity.

SECTION 5 – SUMMARY

According to the Congressional Budget Office, the Patient Protection Affordable Care Act will extend health insurance coverage to 32 million people by 2019. As a result, there will be an increased demand on the health workforce, including physicians and physician assistants. Effective workforce planning within Washington D.C. will require an accurate understanding of the practice characteristics and work behaviors of the physicians and physician assistants that practice in D.C. This report summarized the responses to the 2010 Washington D.C. Board of Medicine Physician and Physician Assistant Workforce Survey.

Physicians

Approximately half (58%) of our physician survey respondents were practicing in D.C. Given D.C.'s proximity to several neighboring states and multiple academic institutions, it was not surprising that almost half of survey respondents were not engaged in clinical practice within the District. Among those that practiced in D.C., the majority (41%) engaged in clinical practice greater than 20 hours per week. In general, physicians in D.C. were equally distributed by their age. The most common (30%) age range of all clinically practicing physicians was between the ages of 31 to 40.

The racial and ethnic composition of physicians within our survey was somewhat similar to national data. Black or African-American physicians had a higher representation than national averages. This is likely due to the large Black or African American population (51%) within D.C.[20] Although the racial and ethnic composition of our survey respondents met or exceeded national norms, it did not reflect the diversity of the general D.C. population.

Retention of D.C. medical school graduates within the D.C. physician workforce was slightly below the national average. Twenty percent of our physician survey respondents were D.C. medical school graduates which was compared to a national average of 40 percent.

Forty-four percent of physicians did not speak a foreign language. Spanish was the most common foreign language among those that did speak a foreign language, followed by French (6%), Arabic (2%), and German (2%).

Similar to national estimates, internal medicine was the most common specialty among our respondents. The specialty distribution of our actively practicing physicians was similar to national averages with the exception of family practice. There were slightly less actively practicing family practice physicians (4%) among survey respondents than the 2007 national average of 13 percent. Electronic Health Records were in use by the majority of physician survey respondents. Sixty-one percent of all practicing physicians had an Electronic Health Record within their clinical practice.

Physicians in our survey were concentrated in hospital based practices. Forty-six percent of actively practicing physicians were in hospital based practices. This data was consistent with national estimates. In addition, the primary care specialties of pediatrics and internal medicine were some of the most common specialties of hospital based physicians in our survey.

General social media use among physician survey respondents was low. In 2009, approximately 79 percent of American adults used the internet and of those 49% used some form of social media.[21] Among our survey respondents, 21 percent of physician survey respondents stated that they used any type of social media.

Most physicians did not plan to change their clinical hours or locations of their practices over the next 2 years. Ten percent of physicians had plans to leave the workforce in some capacity. Internal medicine and cardiology were the most common specialties of actively practicing physicians with plans to leave the D.C. workforce in some capacity.

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[20] 2010 Census Results. Available at http://2010.census.gov/2010census/data/ (6/3/2011)

[21] Lenhart, A. Adults on social network sites, 2005-2009. Pew Internet and American Life Project. Available at http://www.pewinternet.org/Infographics/Growth-in-Adult-SNS-Use-20052009.aspxe democratization of online social networks. (7/7/11).

Physician Assistants

Sixty-six percent of physician assistants within our survey practiced clinically within D.C. Similar to the physician respondents, almost all practiced greater than 20 hours per week as well. Overall, physician assistants tended to be between the ages of 31 and 40 (36%) and predominantly female (79%). Compared to physicians, most physician assistants were not near the traditional retirement age and did not have any plans for retirement.

There were more African-American or Black physician assistants in D.C. than national estimates (30% practicing in D.C, vs. 3% nationally). In addition, there were less White or Caucasian physician assistants than national estimates as well (53% practicing in D.C. vs. 89% nationally). Other racial groups were similar to national averages. Similar to physicians, the racial distribution of physician assistants did not reflect the general D.C. population.

The majority of practicing physician assistants (55%) did not speak a foreign language. Spanish was the most common language (9%) among those that did speak a foreign language. French (4%) and Mandarin Chinese (1%) were the second and third most common languages, respectively.

The most common specialties among practicing physician assistants were emergency medicine (16%) and general internal medicine (10%). Six percent of physician assistants were practicing general surgery. Physician assistants were more likely to be involved in a non-primary care specialty. Twenty-four percent of practicing physician assistants were involved in primary care specialties. This was slightly lower than the national average of 36 percent. The percentage of physician assistants in family practice (9% overall) was lower than the national average (25%).

Similar to physicians, the physician assistants within our survey were also concentrated in hospitals (63% actively practicing). This finding was expected given that most physician assistants must practice with a physician. Furthermore, many physician assistants were engaged in non-primary care specialties such as emergency medicine and the surgical sub-specialties that require access to the resources of hospital based settings.

Most physician assistants did not plan to change their clinical hours or the location of their practices in the next 2 years (79%). Only 9 percent of physician assistants had plans to retire or leave the D.C. physician assistant workforce. Social media use was higher among physician assistants in comparison to our physician respondents.

Thirty-six percent of practicing physician assistants used social media. Facebook was the most common social media type.

Overall, the results of this report cannot be generalized to the entire physician or physician assistant workforce in D.C. However, some of our findings mirror national averages. These results will serve as a foundation towards understanding the composition of the physician and physician assistant workforce that is licensed by the D.C. Board of Medicine. Further analysis will be conducted during the 2012 licensure renewal period. In addition, analysis of other sectors of the health care workforce, such as nursing, will be conducted by the respective licensing boards and will be crucial to comprehensively assessing the District's overall workforce capacity.

SECTION 6

APPENDICES

APPENDIX A:

PHYSICIAN SURVEY INSTRUMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Physician Workforce Census Survey

General Demographics

1. Gender	2. Age	3. Please select licensure type:	4. Please select graduate type:
☐ Male ☐ Female	☐ Under 30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ Over 60	☐ MD ☐ DO	☐ US/Canadian Medical Graduate ☐ International Medical Graduate

5a. Where did you attend medical school (state/province/territory and country)?

_____

5b. In what year did you graduate from medical school?

_____

6. What is your birth country?	7. Are you a US Citizen?
_____	☐ Yes ☐ No

8. What is your race/ethnicity?	9. Other than English, what language(s) are you proficient in (can choose more than one)?
☐ American Indian/Alaska Native ☐ Black/African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ Asian/South Asian ☐ Caucasian/White ☐ Other:_____	☐ Spanish ☐ French ☐ German ☐ Italian ☐ Russian ☐ Mandarin Chinese ☐ Korean ☐ Japanese ☐ Arabic ☐ Other: _____

10a. Do you currently reside in DC?	10b. If yes, what is your ward of residence?
☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Professional Practice

11. When did you first become licensed in DC (year)?

_____

12a. Do you practice clinical medicine in the District of Columbia?
- ☐ Yes
- ☐ No (If "no," SKIP TO QUESTION 16)

12b. How many hours per week do you practice?
- ☐ Under 20
- ☐ Equal than or over 20

13a. What is your primary practice setting?	13b. What is the zip code of the primary practice setting?
☐ Solo practice ☐ Group practice ☐ Hospital-based practice ☐ Clinic-based practice ☐ Medical school or parent university ☐ Other	_____
	13c. Are you currently accepting new patients? ☐ Yes ☐ No

13d. Does your practice use electronic health records (EHR)?
- ☐ Yes
- ☐ No

13e. If "no," does your practice plan to adopt HER within the next:
- ☐ 1 year
- ☐ 2 years
- ☐ 3-5 years
- ☐ Never

14. Do you have hospital admitting privileges in DC, VA, or MD (check all that apply)?
- ☐ DC
- ☐ VA
- ☐ MD

15. What percentage of patients in your practice are:

Medicare:	Medicaid:	Managed Care:	Fee for service/self-pay:	Uninsured:
☐ < 25%	☐ < 25%	☐ < 25%	☐ < 25%	☐ < 25%
☐ 25-50 %	☐ 25-50%	☐ 25-50%	☐ 25-50%	☐ 25-50%
☐ > 50%	☐ > 50%	☐ > 50%	☐ > 50%	☐ > 50%

16. Are you engaged in: ☐ Administrative Medicine ☐ Academic Medicine ☐ Research Medicine ☐ None of the above

17a. What is your primary specialty of practice?

- ☐ Academic Medicine
- ☐ Administrative Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Geriatrics
- ☐ Hospitalist
- ☐ Internal Medicine (General)

Internal Medicine:

- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Medicine Genetics
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Occupational Health
- ☐ Ophthalmology
- ☐ Osteopathic Manipulative Treatment
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics (General)

Pediatrics:

- ☐ *Adolescent Medicine*
- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Neonatology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Physical Medicine and Rehabilitation
- ☐ Preventive Medicine and Public Health
- ☐ Psychiatry
- ☐ Radiology
- ☐ Research Medicine
- ☐ Surgery (General)

Surgery:

- ☐ *Burn/Trauma*
- ☐ *Cardiac Surgery*
- ☐ *Colon/Rectal Surgery*
- ☐ *Neurological Surgery*
- ☐ *Orthopedic Surgery*
- ☐ *Plastic Surgery*
- ☐ *Thoracic Surgery*
- ☐ *Transplant Surgery*
- ☐ *Urology*
- ☐ *Vascular*

17b. Are you Board certified in your primary specialty of practice? ☐ Yes ☐ No

17c. Percent of time engaged in your primary specialty of practice?
☐ < 25% ☐ 25-50% ☐ > 50% ☐ 100%

18a. What is your secondary specialty of practice?

- ☐ Academic Medicine
- ☐ Administrative Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Geriatrics
- ☐ Hospitalist
- ☐ Internal Medicine (General)

Internal Medicine:

- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Medicine Genetics
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Occupational Health
- ☐ Ophthalmology
- ☐ Osteopathic Manipulative Treatment
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics (General)

Pediatrics:

- ☐ *Adolescent Medicine*
- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Neonatology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Physical Medicine and Rehabilitation
- ☐ Preventive Medicine and Public Health
- ☐ Psychiatry
- ☐ Radiology
- ☐ Research Medicine
- ☐ Surgery (General)

Surgery:

- ☐ *Burn/Trauma*
- ☐ *Cardiac Surgery*
- ☐ *Colon/Rectal Surgery*
- ☐ *Neurological Surgery*
- ☐ *Orthopedic Surgery*
- ☐ *Plastic Surgery*
- ☐ *Thoracic Surgery*
- ☐ *Transplant Surgery*
- ☐ *Urology*
- ☐ *Vascular*

18b. Are you Board certified in your secondary specialty of practice? ☐ Yes ☐ No

18c. Percent of time engaged in your secondary specialty of practice?
☐ < 25% ☐ 25-50% ☐ > 50% ☐ 100%

19. Of the CME's completed for the current renewal cycle, how many were in your primary specialty? ☐ < 50% ☐ =/> 50% ☐ 100%

20. Within the next 2 years, do you plan to (check all that apply):

- ☐ retire from patient care
- ☐ reduce patient hours
- ☐ increase patient hours
- ☐ move practice out of DC
- ☐ move practice to another geographic location in DC
- ☐ change to administrative/academic/research medicine
- ☐ no change

Newsletter/Board Communication

21. The DC Board of Medicine newsletter is distributed in January, May, and September.
a. Do you read the newsletter? ☐ Yes ☐ No

b. If "yes," on a scale of 1-10, how useful is the information provided in the newsletter (with 10 being "very useful")?
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

22. How would you prefer to receive the newsletter?
- ☐ US Mail
- ☐ Email/Online

23. Please provide your email address:

_____

24. Do you use any social media networks or blogs (check all that apply)?
- ☐ Blogs
- ☐ Facebook
- ☐ Twitter
- ☐ Linkedin
- ☐ Other

25a. Are you willing to participate as a Medical Reserve Corps volunteer with the Department of Health: Health Emergency Preparedness and Response Administration?
- ☐ Yes
- ☐ No

25b. If "yes," you may register at www.dcresponds.dchealth.com

APPENDIX B:

PHYSICIAN ASSISTANT SURVEY INSTRUMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Physician Assistants Workforce Census Survey

1. Gender
   - Male
   - Female

2. Age
   - Under 30
   - 31-40
   - 41-50
   - 51-60
   - Over 60

3. Please select your birth country (list):

4. Are you a US citizen?
   - Yes
   - No

5. Race/Ethnicity
   - American Indian/Alaskan Native
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian or Other Pacific Islander
   - Asian/South Asian
   - Caucasian/White
   - Other

6. Other than English, what languages are you proficient in? (Can choose more than one)
   - Spanish
   - French
   - German
   - Italian
   - Russian
   - Mandarin Chinese
   - Korean
   - Japanese

- Arabic
- Other

7a. In what year did you graduate from PA school (drop down menu)?

7b. What was your degree upon graduation: Associate, Certificate, Bachelor, Masters

8. Do you currently reside in DC? Yes/No

a). If yes, what is your ward of residence. (Drop down Ward 1-8)

9. When did you first become licensed in DC (drop down menu)?

10. What is your practice area of specialty?

- Addiction medicine
- Allergy
- Anesthesiology
- Dermatology
- Emergency medicine
- Family practice w/o urgent care
- Family practice wt urgent care
- Genetics
- Geriatrics
- Obstetrics/gynecology
- Occupational medicine
- Ophthalmology
- Pain management
- Pathology
- Physical med rehab
- Psychiatry
- Public health
- Radiation oncology
- Radiology
- Interventional radiology
- Hospital medicine
- General surgery
- Surg: cardiovascular/cardiothoracic
- Surg: colon & rectal
- Surg: hand
- Surg: neurology
- Surg: oncology
- Surg: orthopedics
- Surg: otorhinolaryngology

- Surg: pediatric
- Surg: plastic
- Surg: thoracic
- Surg: transplant
- Surg: trauma
- Surg: urology
- Surg: vascular
- Surg: bariatric
- Surg: spine
- Surg: other
- General pediatrics
- Ped: adolescent medicine
- Ped: allergy
- Ped: cardiology
- Ped: critical care
- Ped: endocrinology
- Ped: gastroenterology
- Ped: hematology/oncology
- Ped: infectious disease
- Ped: neonatal-perinatal
- Ped: nephrology
- Ped: neurology
- Ped: pulmonology
- Ped: rheumatology
- Ped: oncology
- Ped: Emergency Medicine
- Ped: other
- General internal medicine
- IM: cardiology
- IM: critical care
- IM: endocrinology
- IM: gastroenterology
- IM: hematology/oncology
- IM: immunology
- IM: infectious disease
- IM: nephrology
- IM: neurology
- IM: pulmonology
- IM: rheumatology
- IM: oncology
- IM: other
- Other

11a. Do you practice clinically in the District of Columbia?

- Yes
- No

11b. If yes, What is the zip code for your practice?

11c. How many hours per week do you practice?

- < 20 hours/week
- =/> 20 hours/week

11d. What is your primary practice setting?

- solo practice
- group practice
- hospital-based practice
- clinic-based practice
- academic institution
- other

12. Within the next 2 years, do you plan to (check any that apply):

- retire from patient care
- reduce patient hours
- increase patient hours
- move to another geographic location in DC
- move out of DC
- no change

13. The DC Board of Medicine newsletter is distributed in January, May, and September.
a. Do you read the newsletter? Yes/No
b. If yes, On a scale of 1-10 how useful is the information provided in the newsletter?

14a. How would you prefer to receive the newsletter?

- US Mail
- Email/Online

b) Do you use any social media networks or blogs? Yes/No If Yes, check those that apply

- Blogs
- Facebook
- Twitter
- LinkedIn
- Other

14c. Please provide your email address:

15a. Are you willing to participate as a Medical Reserve Corps volunteer with the Department of Health: Health Emergency Preparedness and Response Administration (HEPRA)?

- Yes
- No

15b. If yes, please click the following link to register:

http://bioterrorism.dc.gov/biot/cwp/view,a,1252,q,553885,biotNav,%7C31411%7C.asp

APPENDIX C:

PHYSICIAN SENSITIVITY ANALYSIS

Demographic Comparison of Survey Respondents to 2008 AMA Masterfile Data.

		2008 AMA Masterfile Sample of All D.C. Physicians N=5076	Total 2010 Survey Respondents N=6945
Gender			
	Male	62.27%	60.00%
	Female	37.73%	40.00%
Age			
	Under 30	1.54%	1.90%
	31-40	24.29%	25.72%
	41-50	24.29%	24.26%
	51-60	24.96%	24.50%
	Greater than 60	24.92%	23.70%

		2008 AMA Masterfile Sample of all Actively Practicing D.C. Physicians N=4821	Total Actively Practicing Physicians within D.C. from 2010 Survey N=2821
Gender			
	Male	61.90%	60.00%
	Female	38.10%	40.00%
Age			
	Under 30	1.60%	1.90%
	31-40	25.43%	25.72%
	41-50	25.18%	24.26%
	51-60	25.68%	24.50%
	Greater than 60	22.11%	23.70%

APPENDIX D:

PHYSICIAN DATA TABLES

PRACTICING PHYSICIANS

AGE	Total	%
Under 30	98	2.5%
31-40	1182	29.6%
41-50	953	23.8%
51-60	906	22.7%
>60	859	21.5%
Grand Total	**3998**	100.0%

GENDER	Total	%
Female	1624	40.6%
Male	2374	59.4%
Grand Total	**3998**	100.0%

RACE/ETHNICITY	Total	%
American Indian/Alaskan Native	8	0.2%
Black or African American	742	18.6%
Hispanic or Latino	118	3.0%
Native Hawaiian or Pacific Islander	13	0.3%
Asian/South Asian	633	15.8%
Caucasian/White	2099	52.5%
Other	111	2.8%
No Response	274	6.9%
Grand Total	**3998**	100.0%

LICENSURE TYPE	Total	%
DO	79	2.0%
MD	3918	98.0%
Unknown	1	0.0%
Grand Total	**3998**	100.0%

GRADUATE TYPE	Total	%
International Graduate	858	21.5%
US/Canadian Graduates	3140	78.5%
Grand Total	**3998**	100.0%

DC MEDICAL SCHOOL GRADUATES	Total	%
DC Medical Graduates	812	20.3%
Out of State/Country Graduates	3186	79.7%
Grand Total	**3998**	100.0%

PRACTICING D.C. MEDICAL SCHOOL GRADUATES BY AGE	Total	%
Under 30	20	0.5%
31-40	205	5.1%
41-50	175	4.4%
51-60	224	5.6%
>60	187	4.7%
Total D.C. Medical School Graduates	811	20.3%
Total Number of Practicing Physicians in D.C.	**3998**	79.7%

PRACTICING PHYSICIANS THAT WERE D.C. RESIDENTS	Total	%
D.C. resident	1072	26.8%
Non-D.C. resident	2921	73.1%
No response	5	0.1%
Total	**3998**	100.0%

PRACTICING PHYSICIANS AND LOCATION OF HOME RESIDENCE	Total	%
Ward 1	143	3.6%
Ward 2	233	5.8%
Ward 3	344	8.6%
Ward 4	138	3.5%
Ward 5	63	1.6%
Ward 6	113	2.8%
Ward 7	18	0.5%
Ward 8	18	0.5%
Unknown Ward	7	0.2%
Non-D.C. resident	2916	72.9%
No response	5	0.1%
Total	**3998**	100.0%

NUMBER OF PRACTICING PHYSICIANS PROFICIENT IN FOREIGN LANGUAGES	Total	%
Spanish	570	14.3%
French	225	5.6%
German	85	2.1%
Italian	41	1.0%
Russian	39	1.0%
Mandarin Chinese	52	1.3%
Korean	33	0.8%
Japanese	10	0.3%
Arabic	90	2.3%
Other	674	16.9%
None	1762	44.1%
No Response	521	13.0%
Total in Practice	**3998**	

PHYSICIAN SPECIALTY INFORMATION	Total	%
Primary Care	1327	33.19%
Specialty Care	2671	66.81%
No Response	0	0.00%
Grand Total	**3998**	100.00%

PHYSICIAN SPECIALTY INFORMATION	Total	%
Family Practice	156	3.9%
Internal Medicine	540	13.5%
OB/Gyn	187	4.7%
Pediatrics	444	11.1%
Total Primary Care Among Practicing Physicians	**1327**	33.2%

PRIMARY CARE PHYSICIANS BY GENDER	Total	%
Male	636	47.9%
Female	691	52.1%
Total Primary Care	**1327**	100.0%

D.C. Practicing Physicians by Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Internal Medicine	540	13.51%
Pediatrics	444	11.11%
Psychiatry	383	9.58%
Anesthesiology	221	5.53%
Obstetrics and Gynecology	187	4.68%
Radiology	172	4.30%
Cardiology	160	4.00%
Emergency Medicine	157	3.93%
Family Practice	156	3.90%
General Surgery	120	3.00%
Neurology	115	2.88%
Ophthalmology	111	2.78%
Gastroenterology	97	2.43%
Oncology	95	2.38%
Pulmonary Critical Care	87	2.18%
Infectious Disease	78	1.95%
Orthopedic Surgery	75	1.88%
Nephrology	71	1.78%
Pathology	67	1.68%
Other	64	1.60%
Endocrinology	53	1.33%
Otolaryngology	52	1.30%
Urology Surgery	50	1.25%
Dermatology	45	1.13%
Plastic Surgery	41	1.03%
Hospitalist	37	0.93%
Rheumatology	37	0.93%
Physical Medicine and Rehabilitation	33	0.83%
Neurological Surgery	27	0.68%
Allergy/Immunology	23	0.58%
Vascular Surgery	23	0.58%
Hematology	18	0.45%
Pediatric Neonatology	18	0.45%
Thoracic Surgery	18	0.45%
Occupational Health	15	0.38%
Geriatrics	13	0.33%
Medicine Genetics	12	0.30%
Cardiac Surgery	12	0.30%
Adolescent Medicine	10	0.25%
Preventative Medicine and Public Health	10	0.25%

Colon and Rectal Surgery	9	0.23%
Nuclear Medicine	8	0.20%
Burn/Trauma	8	0.20%
Transplant Surgery	8	0.20%
Administrative Medicine	5	0.13%
Pediatric Cardiology	4	0.10%
Pediatric Neurology	3	0.08%
Pediatric Oncology	3	0.08%
Pediatric Pulmonary Critical Care	2	0.05%
Osteopathic Manipulative Treatment	1	0.03%
Pediatric Endocrinology	0	0.00%
Pediatric Gastroenterology	0	0.00%
Pediatric Hematology	0	0.00%
Pediatric Nephrology	0	0.00%
Pediatric Rheumatology	0	0.00%
Total	**3998**	100.00%

PHYSICIANS ACCEPTING NEW PATIENTS	Total	%
Yes	3122	78.1%
No	594	14.9%
No Response	282	7.1%
Grand Total	**3998**	100.0%

TYPE OF PRACTICE	Total	%
Solo Practice	566	14.2%
Group Practice	719	18.0%
Hospital-based Practice	1540	38.5%
Clinic-based Practice	326	8.2%
Medical School or Parent University	442	11.1%
Other	132	3.3%
No Response	273	6.8%
Grand Total	**3998**	100.0%

SPECIALTY OF HOSPITAL BASED PHYSICIANS	Number of Respondents (N=1539)	Distribution of Respondents
Pediatrics	244	15.9%
Anesthesiology	165	10.7%
Internal Medicine	137	8.9%
Emergency Medicine	111	7.2%
Psychiatry	79	5.1%
Radiology	77	5.0%
Cardiology	63	4.1%
Obstetrics and Gynecology	53	3.4%
Surgery	52	3.4%
Neurology	49	3.2%
Oncology	42	2.7%
Pulmonary Critical Care	42	2.7%
Pathology	33	2.1%
Hospitalist	30	1.9%
Infectious Disease	29	1.9%
Other	25	1.6%
Gastroenterology	22	1.4%
Endocrinology	20	1.3%
Nephrology	20	1.3%
Physical Medicine & Rehabilitation	20	1.3%
Orthopedic Surgery	18	1.2%
Family Practice	16	1.0%
Neonatology	15	1.0%
Ophthalmology	15	1.0%
Otolaryngology	15	1.0%
Rheumatology	14	0.9%
Urology	14	0.9%
Hematology	11	0.7%
Neurological Surgery	11	0.7%
Dermatology	10	0.6%
Vascular	10	0.6%
Plastic Surgery	8	0.5%
Adolescent Medicine	7	0.5%
Burn/Trauma	7	0.5%
Geriatrics	7	0.5%
Nuclear Medicine	7	0.5%
Thoracic Surgery	7	0.5%
Transplant	7	0.5%
Allergy/Immunology	5	0.3%
Colon and Rectal Surgery	5	0.3%
Cardiac Surgery	3	0.2%

Pediatric Neurology	3	0.2%
Pediatric Cardiology	2	0.1%
Pediatric Pulmonary Critical Care Medicine	2	0.1%
Pediatric Oncology	2	0.1%
Pediatric Surgery	2	0.1%
Preventive Medicine & Public Health	2	0.1%
Occupational Health	1	0.1%
Grand Total	**1539**	100.0%

PHYSICIANS THAT USE EHR	Total	%
Yes	2450	61.3%
No	1271	31.8%
No Response	277	6.9%
Grand Total	**3998**	100.0%

ADMITTING PRIVILEGES	Total	%
DC	2616	65.4%
MD	646	16.2%
VA	305	7.6%
Other	435	10.9%
No response	631	15.8%
Total Number of Actively Practicing Physicians	**3998**	

ADMITTING PRIVILEGES OF PRACTICING PRIMARY CARE PHYSICIANS	Total	%
DC	881	66.4%
MD	179	13.5%
VA	78	5.9%
Other	165	12.4%
No response	163	12.3%
Total Number of Actively Practicing Primary Care Physicians	**1327**	

D.C. Practicing Physicians: Percentage of Patients within a Physician Practice with Medicare

MEDICARE	Total	%
<25%	1773	44.3%
>25%	1562	39.1%
No response	663	16.6%
Total	**3998**	100.0%

D.C. Practicing Physicians: Percentage of Patients within a Physician Practice with Medicaid

MEDICAID	Total	%
<25%	2059	51.5%
>25%	1268	31.7%
No response	671	16.8%
Total	**3998**	100.0%

D.C. Practicing Physicians: Percentage of Patients within a Physician Practice with Managed Care

MANAGED CARE	Total	%
<25%	1753	43.8%
>25%	1572	39.3%
No response	673	16.8%
Total	**3998**	100.0%

D.C. Practicing Physicians: Percentage of Patients within a Physician Practice with Fee-for-Service/Self pay insurance

FEE FOR SERVICE/ SELF PAY	Total	%
<25%	2718	68.0%
>25%	620	15.5%
No response	660	16.5%
Total	**3998**	100.0%

D.C. Practicing Physicians: Percentage of Patients within a Physician Practice that were Uninsured

UNINSURED	Total	%
<25%	2942	73.6%
>25%	377	9.4%
No response	679	17.0%
Total	**3998**	100.0%

FUTURE PLANS	Total	%
Retire from patient care	73	1.8%
Reduce patient hours	230	5.8%
Increase patient hours	220	5.5%
Move within DC	84	2.1%
Move practice out of DC	164	4.1%
Change professional activities*	3	0.1%
No change	3032	75.8%
No response	201	5.0%
Total Practicing Physicians	**3998**	

SOCIAL MEDIA	Total	%
Yes	854	21.4%
No	2978	74.5%
No Response	166	4.2%
Grand Total	**3998**	100.0%

SOCIAL MEDIA TYPES	Total	%
Facebook	765	19.1%
LinkedIn	139	3.5%
Blogs	84	2.1%
Twitter	62	1.6%
Other	8	0.2%
None	3015	75.4%
No Response	59	1.5%
Total in Active Practice	3998	

ACTIVELY PRACTICING PHYSICIANS

AGE	Total	%
Under 30yrs of age	80	2.8%
31-40 yrs of age	891	31.6%
41-50 yrs of age	671	23.8%
51-60 yrs of age	631	22.4%
>60 yrs of age	548	19.4%
Grand Total	**2821**	100.0%

GENDER	Total	%
Female	1174	41.6%
Male	1647	58.4%
Grand Total	**2821**	100.0%

RACE/ETHNICITY	Total	%
American Indian/Alaskan Native	4	0.1%
Black or African American	537	19.0%
Hispanic or Latino	78	2.8%
Native Hawaiian or Pacific Islander	12	0.4%
Asian/South Asian	459	16.3%
Caucasian/White	1450	51.4%
Other	86	3.0%
No Response	195	6.9%
Grand Total	**2821**	100.0%

LICENSURE TYPE	Total	%
DO	61	2.2%
MD	2760	97.8%
Grand Total	**2821**	100.0%

GRADUATE TYPE	Total	%
International Graduate	624	22.1%
US/Canadian Graduates	2197	77.9%
Grand Total	**2821**	100.0%

DC MEDICAL SCHOOL GRADUATES	Total	%
DC Medical Graduates	577	20.5%
Out of State/Country Graduates	2244	79.5%
Grand Total	**2821**	100.0%

ACTIVELY PRACTICING D.C. MEDICAL SCHOOL GRADUATES BY AGE	Total	%
Under 30	16	0.6%
31-40	150	5.3%
41-50	129	4.6%
51-60	164	5.8%
>60	110	3.9%
Total D.C. Medical School Graduates	569	20.2%
Total Number of Actively Practicing Physicians in D.C.	**2821**	

ACTIVELY PRACTICING PHYSICIANS AND HOME RESIDENCE	Total	%
D.C. resident	791	28.0%
Non-D.C. resident	2027	71.9%
No response	3	0.1%
Total	**2821**	100.0%

ACTIVELY PRACTICING PHYSICIANS AND LOCATION OF HOME RESIDENCE	Total	%
Ward 1	115	4.1%
Ward 2	166	5.9%
Ward 3	253	9.0%
Ward 4	93	3.3%
Ward 5	49	1.7%
Ward 6	87	3.1%
Ward 7	12	0.4%
Ward 8	14	0.5%
Unknown Ward	5	0.2%
Non-D.C. resident	2024	71.7%
No response	3	0.1%
Total	**2821**	**100.0%**

NUMBER OF ACTIVE PHYSICIANS PROFICIENT IN FOREIGN LANGUAGES	Total	%
Spanish	398	14.1%
French	160	5.7%
German	54	1.9%
Italian	29	1.0%
Russian	25	0.9%
Mandarin Chinese	38	1.3%
Korean	27	1.0%
Japanese	4	0.1%
Arabic	70	2.5%
Other	499	17.7%
None	1231	43.6%
No Response	359	12.7%
Total in Active Practice	2821	

PHYSICIAN SPECIALTY INFORMATION	Total	%
Primary Care	918	32.54%
Specialty Care	1903	67.46%
No Response	0	0.00%
Grand Total	**2821**	100.00%

PHYSICIAN SPECIALTY INFORMATION	Total	%
Family Practice	110	3.9%
Internal Medicine	382	13.5%
OB/Gyn	119	4.2%
Pediatrics	307	10.9%
Total Primary Care Among Actively Practicing Physicians	**918**	32.5%

PRIMARY CARE PHYSICIANS BY GENDER	TOTAL	%
Male	415	45.2%
Female	503	54.8%
Total Primary Care	**918**	100.0%

D.C. Actively Practicing Physicians by Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Internal Medicine	382	13.5%
Pediatrics	307	10.9%
Psychiatry	253	9.0%
Anesthesiology	176	6.2%
Radiology	130	4.6%
Obstetrics and Gynecology	119	4.2%
Family Practice	110	3.9%
Cardiology	108	3.8%
Emergency Medicine	99	3.5%
General Surgery	87	3.1%
Neurology	79	2.8%
Gastroenterology	71	2.5%
Oncology	71	2.5%
Pulmonary Critiical Care	69	2.4%
Ophthalmology	66	2.3%
Pathology	60	2.1%
Orthopedic Surgery	58	2.1%
Nephrology	53	1.9%
Infectious Disease	52	1.8%
Other	45	1.6%
Otolaryngology	42	1.5%
Urology Surgery	38	1.3%
Endocrinology	34	1.2%
Rheumatology	29	1.0%
Plastic Surgery	28	1.0%
Hospitalist	27	1.0%
Physical Medicine and Rehabilitation	26	0.9%
Dermatology	25	0.9%
Neurological Surgery	20	0.7%
Vascular Surgery	18	0.6%
Pediatric Neonatology	17	0.6%
Thoracic Surgery	16	0.6%
Allergy/Immunology	13	0.5%
Hematology	13	0.5%
Geriatrics	9	0.3%
Colon and Rectal Surgery	9	0.3%
Medicine Genetics	8	0.3%

Cardiac Surgery	8	0.3%
Transplant Surgery	8	0.3%
Occupational Health	7	0.2%
Adolescent Medicine	7	0.2%
Burn/Trauma	7	0.2%
Nuclear Medicine	6	0.2%
Preventative Medicine and Public Health	3	0.1%
Pediatric Cardiology	2	0.1%
Pediatric Neurology	2	0.1%
Pediatric Pulmonary Critical Care	2	0.1%
Administrative Medicine	1	0.0%
Osteopathic Manipulative Treatment	1	0.0%
Pediatric Endocrinology	0	0.0%
Pediatric Gastroenterology	0	0.0%
Pediatric Hematology	0	0.0%
Pediatric Nephrology	0	0.0%
Pediatric Oncology	0	0.0%
Pediatric Rheumatology	0	0.0%
Total Actively Practicing Physicians	**2821**	100.0%

PHYSICIANS ACCEPTING NEW PATIENTS	Total	%
Yes	2479	87.9%
No	336	11.9%
No Response	6	0.2%
Grand Total	**2821**	100.0%

TYPE OF PRACTICE	Total	%
Solo Practice	352	12.5%
Group Practice	511	18.1%
Hospital-based Practice	1302	46.2%
Clinic-based Practice	224	7.9%
Medical School or Parent University	353	12.5%
Other	78	2.8%
No Response	1	0.0%
Grand Total	**2821**	100.0%

SPECIALTY OF HOSPITAL BASED PHYSICIANS	Number of Respondents (N=1302)	Distribution of Respondents
Pediatrics	193	14.8%
Anesthesiology	150	11.5%
Internal Medicine	113	8.7%
Emergency Medicine	88	6.8%
Radiology	70	5.4%
Psychiatry	61	4.7%
Cardiology	53	4.1%
Obstetrics and Gynecology	43	3.3%
Neurology	39	3.0%
Surgery	38	2.9%
Pulmonary Critical Care	36	2.8%
Pathology	33	2.5%
Oncology	32	2.5%
Hospitalist	24	1.8%
Infectious Disease	22	1.7%
Gastroenterology	21	1.6%
Physical Medicine & Rehabilitation	19	1.5%
Nephrology	18	1.4%
Orthopedic Surgery	18	1.4%
Other	16	1.2%
Otolaryngology	15	1.2%
Neonatology	14	1.1%
Family Practice	13	1.0%
Endocrinology	13	1.0%
Rheumatology	13	1.0%
Ophthalmology	12	0.9%
General Surgery	11	0.8%
Urology	11	0.8%
Vascular	10	0.8%
Hematology	9	0.7%
Neurological Surgery	9	0.7%
Plastic Surgery	8	0.6%
Burn/Trauma	7	0.5%
Geriatrics	7	0.5%
Thoracic Surgery	7	0.5%
Transplant	7	0.5%
Medical Genetics	6	0.5%
Adolescent Medicine	6	0.5%
Psychiatry	6	0.5%

Colon and Rectal Surgery	5	0.4%
Nuclear Medicine	5	0.4%
Dermatology	4	0.3%
Radiation Oncology	4	0.3%
Allergy/Immunology	3	0.2%
Cardiac Surgery	3	0.2%
Interventional Radiology	2	0.2%
Pediatric Pulmonology and Critical Care	2	0.2%
Child Neurology	1	0.1%
Pediatric Cardiology	1	0.1%
Pediatric Neurology	1	0.1%
Grand Total	**1302**	**100.0%**

PHYSICIANS THAT USE EHR.	Total	%
Yes	1923	68.2%
No	896	31.8%
No Response	2	0.1%
Grand Total	**2821**	100.0%

NON-CLINICAL ACTIVITIES	Total	%
Academic Medicine	1536	54.4%
Administrative Medicine	146	5.2%
Research Medicine	72	2.6%
None of the Above	1060	37.6%
No response	13	0.5%
Total Active Physicians	**2821**	

ADMITTING PRIVILEGES	Total	%
DC	2105	74.6%
MD	412	14.6%
VA	211	7.5%
Other	296	10.5%
No response	182	6.5%
Total Number of Actively Practicing Physicians	**2821**	

ADMITTING PRIVILEGES OF ACTIVELY PRACTICING PRIMARY CARE PHYSICIANS	Total	%
DC	700	76.3%
MD	107	11.7%
VA	59	6.4%
Other	109	11.9%
No response	41	4.5%
Total Number of Actively Practicing Primary Care Physicians	**918**	

NON-CLINICAL ACTIVITIES	Total	%
Academic Medicine	1536	54.4%
Admin. Medicine	146	5.2%
Research Medicine	72	2.6%
None of the Above	1060	37.6%
No response	13	0.5%
Total Active Physicians	**2821**	

D.C. Actively Practicing Physicians: Percentage of Patients within a Physician Practice with Medicare

MEDICARE	Total	%
<25%	1287	45.6%
>25%	1258	44.6%
No response	276	9.8%
Total	**2821**	100.0%

D.C. Actively Practicing Physicians: Percentage of Patients within a Physician Practice with Medicaid

MEDICAID	Total	%
<25%	1480	52.5%
>25%	1062	37.6%
No response	279	9.9%
Total	**2821**	100.0%

D.C. Actively Practicing Physicians: Percentage of Patients within a Physician Practice with Managed Care

MANAGED CARE	Total	%
<25%	1308	46.4%
>25%	1234	43.7%
No response	279	9.9%
Total	**2821**	100.0%

D.C. Actively Practicing Physicians: Percentage of Patients within a Physician Practice with Fee-for-service/Self pay

FEE FOR SERVICE/SELF PAY	Total	%
<25%	2110	74.8%
>25%	439	15.6%
No response	272	9.6%
Total	**2821**	100.0%

D.C. Actively Practicing Physicians: Percentage of Patients within a Physician Practice that were Uninsured

UNINSURED	Total	%
<25%	2231	79.1%
>25%	306	10.8%
No response	284	10.1%
Total	**2821**	100.0%

SOCIAL MEDIA	Total	%
Yes	600	21.3%
No	2122	75.2%
No Response	99	3.5%
Grand Total	**2821**	100.0%

SOCIAL MEDIA TYPES	Total	%
Facebook	543	19.2%
LinkedIn	88	3.1%
Blogs	58	2.1%
Twitter	41	1.5%
Other	5	0.2%
None	2122	75.2%
No Response	57	2.0%
Total in Active Practice	**2821**	

APPENDIX E:

PHYSICIAN ASSISTANT DATA TABLES

PRACTICING PHYSICIAN ASSISTANTS

GENDER	Total	%
Female	205	79.5%
Male	53	20.5%
Grand Total	**258**	100.0%

AGE	Total	%
Under 30	55	21.3%
31-40	92	35.7%
41-50	60	23.3%
51-60	33	12.8%
Over 60	18	7.0%
Grand Total	**258**	100.0%

RACE/ETHNICITY	Total	%
American Indian/ Alaskan Native	1	0.4%
Black or African American	78	30.2%
Hispanic or Latino	4	1.6%
Native Hawaiian or Other Pacific Islander	0	0.0%
Asian/South Asian	11	4.3%
Caucasian/White	137	53.1%
Other	3	1.2%
No response	24	9.3%
Grand Total	**258**	100.0%

DEGREE	Total	%
Certificate	23	8.9%
Associate	4	1.6%
Bachelor	118	45.7%
Masters	113	43.8%
Grand Total	**258**	100.0%

PRACTICING PHYSICIAN ASSISTANTS THAT WERE D.C. RESIDENTS	Total	%
D.C. resident	51	19.8%
Non-D.C. resident	204	79.1%
No response	3	1.2%
Total Primary Care	**258**	100.0%

PRACTICING PHYSICIAN ASSISTANTS AND LOCATION OF HOME RESIDENCE	Total	%
Ward 1	6	2.3%
Ward 2	8	3.1%
Ward 3	10	3.9%
Ward 4	8	3.1%
Ward 5	5	1.9%
Ward 6	8	3.1%
Ward 7	4	1.6%
Ward 8	1	0.4%
Unknown Ward	1	0.4%
Non-D.C. resident	204	79.1%
No response	3	1.2%
Total	**258**	100.0%

PROFICIENCY IN A FOREIGN LANGUAGE	Total	%
Spanish	22	8.5%
French	10	3.9%
German	1	0.4%
Italian	2	0.8%
Russian	0	0.0%
Mandarin Chinese	3	1.2%
Korean	0	0.0%
Japanese	0	0.0%
Arabic	0	0.0%
Other	31	12.0%
None	141	54.7%
No Response	48	18.6%
Total Practicing	**258**	

SPECIALTY	Total	%
Primary Care	61	23.6%
Specialty	196	76.0%
No Response	1	0.4%
Grand Total	**258**	100.0%

PRIMARY CARE SPECIALTY DISTRIBUTION	Total	%
Family Practice	24	39.3%
Internal Medicine	27	44.3%
OB/Gyn	9	14.8%
Pediatrics	1	1.6%
Total Primary Care	**61**	100.0%

D.C. Practicing Physician Assistants by Specialty, 2010

SPECIALTY	Number of Respondents	Distribution of Respondents
Emergency medicine	40	15.5%
General Internal Medicine	27	10.5%
Family Practice with urgent care	10	3.9%
Family Practice without urgent care	14	5.4%
Neurosurgery	17	6.6%
General surgery	15	5.8%
Orthopedics	10	3.9%
Critical Care	12	4.7%
No Response	1	0.4%
Hospital medicine	5	1.9%
Infectious Disease	11	4.3%
Cardiology	7	2.7%
Obstetrics/gynecology	9	3.5%
Other	3	1.2%
Internal Medicine Other	5	1.9%
Occupational medicine	4	1.6%
Pain management	3	1.2%
Plastic Surgery	6	2.3%
Cardiothoracic surgery	5	1.9%
Vascular Surgery	4	1.6%
Gastroenterology	4	1.6%
Pediatric Surgery	3	1.2%
Dermatology	2	0.8%
Neurology	3	1.2%

Oncology	4	1.6%
Psychiatry	3	1.2%
Endocrinology	3	1.2%
Pediatric Gastroenterology	3	1.2%
Pediatric Neonatology	3	1.2%
Spinal Surgery	2	0.8%
Allergy	1	0.4%
Public Health	1	0.4%
Pediatrics	1	0.4%
Pediatrics Other	2	0.8%
Surgical Oncology	1	0.4%
Transplant Surgery	2	0.8%
Addiction medicine	0	0.0%
Anesthesiology	2	0.8%
Geriatrics	1	0.4%
Nephrology	1	0.4%
Pediatric Cardiology	1	0.4%
Pediatric Emergency Medicine	0	0.0%
Pediatric Hematology/oncology	1	0.4%
Other Surgery	3	1.2%
Otolaryngology	1	0.4%
Thoracic Surgery	1	0.4%
Urology	1	0.4%
Trauma Surgery	0	0.0%
Total	**258**	100.0%

TYPE OF PRACTICE	Total	%
Solo Practice	18	7.0%
Group Practice	17	6.6%
Hospital-based Practice	156	60.5%
Clinic-based Practice	41	15.9%
Medical School or Parent University	9	3.5%
Other	10	3.9%
No Response	7	2.7%
Grand Total	**258**	100.0%

SPECIALTY OF HOSPTIAL BASED PHYSICIAN ASSISTANTS	Number of Respondents	Distribution of Respondents
Emergency medicine	35	22.4%
Neurosurgery	16	10.3%
General surgery	12	7.7%
Critical Care	12	7.7%
Orthopedics	8	5.1%
Hospital medicine	5	3.2%
Obstetrics/gynecology	5	3.2%
Cardiothoracic surgery	5	3.2%
General Internal Medicine	4	2.6%
Vascular Surgery	4	2.6%
Family Practice without urgent care	3	1.9%
Cardiology	3	1.9%
Plastic Surgery	3	1.9%
Pediatric Surgery	3	1.9%
Oncology	3	1.9%
Pediatric Gastroenterology	3	1.9%
Pediatric Neonatology	3	1.9%
Other Surgery	3	1.9%
Gastroenterology	2	1.3%
Neurology	2	1.3%
Spinal Surgery	2	1.3%
Transplant Surgery	2	1.3%
Family Practice with urgent care	1	0.6%
Internal Medicine Other	1	0.6%
Occupational medicine	1	0.6%
Pain management	1	0.6%
Dermatology	1	0.6%
Psychiatry	1	0.6%
Endocrinology	1	0.6%
Allergy	1	0.6%
Pediatrics	1	0.6%
Pediatrics Other	1	0.6%
Surgical Oncology	1	0.6%
Anesthesiology	1	0.6%
Nephrology	1	0.6%
Pediatric Cardiology	1	0.6%
Pediatric Hematology/oncology	1	0.6%
Otolaryngology	1	0.6%
Thoracic Surgery	1	0.6%
Urology	1	0.6%
No Response	0	0.0%
Infectious Disease	0	0.0%
Other	0	0.0%

Public Health	0	0.0%
Addiction medicine	0	0.0%
Geriatrics	0	0.0%
Pediatric Emergency Medicine	0	0.0%
Trauma Surgery	0	0.0%
Total	**156**	100.0%

FUTURE PLANS	Total	%
Retire from patient care	6	2.3%
Reduce patient hours	14	5.4%
Increase patient hours	13	5.0%
Move within D.C.	1	0.4%
Move out of D.C.	6	2.3%
No change	204	79.1%
No response	14	5.4%
Total Actively Practicing Physicians	**258**	

SOCIAL MEDIA	Total	%
Yes	92	35.7%
No	161	62.4%
No Response	5	1.9%
Total	**258**	100.0%

SOCIAL MEDIA TYPES	Total	%
Facebook	83	32.2%
LinkedIn	10	3.9%
Blogs	7	2.7%
Twitter	3	1.2%
Other	0	0.0%
None	161	62.4%
No Response	2	0.8%
Total Practicing	**258**	

ACTIVELY PRACTICING PHYSICIAN ASSISTANTS

GENDER	Total	%
Female	165	0.8
Male	42	0.2
Grand Total	**207**	1.0

AGE	Total	%
Under 30	48	0.2
31-40	81	0.4
41-50	41	0.2
51-60	23	0.1
Over 60	14	0.1
Grand Total	**207**	1.0

RACE/ETHNICITY	Total	%
American Indian/ Alaskan Native	1	0.5%
Black or African American	58	28.0%
Hispanic or Latino	4	1.9%
Native Hawaiian or Other Pacific Islander	0	0.0%
Asian/South Asian	9	4.3%
Caucasian/White	113	54.6%
Other	3	1.4%
No response	19	9.2%
Grand Total	**207**	100.0%

DEGREE	Total	%
Certificate	17	8.2%
Associate	4	1.9%
Bachelor	89	43.0%
Masters	97	46.9%
Grand Total	**207**	100.0%

ACTIVELY PRACTICING PHYSICIAN ASSISTANTS AND HOME RESIDENCE	Total	%
D.C. resident	46	22.2%
Non-D.C. resident	158	76.3%
No response	3	1.4%
Total	**207**	100.0%

ACTIVELY PRACTICING PHYSICIAN ASSISTANTS AND LOCATION OF RESIDENCE	Total	%
Ward 1	6	2.9%
Ward 2	7	3.4%
Ward 3	9	4.3%
Ward 4	7	3.4%
Ward 5	5	2.4%
Ward 6	7	3.4%
Ward 7	3	1.4%
Ward 8	1	0.5%
Unknown Ward	1	0.5%
Non-D.C. resident	158	76.3%
No response	3	1.4%
Total	**207**	100.0%

PROFICIENCY IN A FOREIGN LANGUAGE	Total	%
Spanish	16	7.7%
French	8	3.9%
German	1	0.5%
Italian	2	1.0%
Russian	0	0.0%
Mandarin Chinese	3	1.4%
Korean	0	0.0%
Japanese	0	0.0%
Arabic	0	0.0%
Other	26	12.6%
None	112	54.1%
No Response	39	18.8%
Total in Active Practice	**207**	

SPECIALTY	Total	%
Primary Care	38	18.4%
Specialty	168	81.2%
No Response	1	0.5%
Grand Total	**207**	100.0%

PRIMARY CARE SPECIALTY DISTRIBUTION	Total	%
Family Practice	15	34.1%
Internal Medicine	23	52.3%
OB/Gyn	5	11.4%
Pediatrics	1	2.3%
Total Primary Care	**44**	100.0%

D.C. Actively Practicing Physician Assistants by Specialty, 2010

SPECIALTY	Number of Respondents N=207	Distribution of Respondents
Emergency medicine	27	13.0%
General internal medicine	23	11.1%
Neurosurgery	17	8.2%
General surgery	11	5.3%
Critical Care	10	4.8%
Infectious Disease	10	4.8%
Family Practice w/o urgent care	9	4.3%
Orthopedics	8	3.9%
Family Practice wt urgent care	6	2.9%
Cardiology	5	2.4%
Obstetrics/gynecology	5	2.4%
Cardiothoracic surgery	5	2.4%
Hospital medicine	4	1.9%
Gastroenterology	4	1.9%
Oncology	4	1.9%
Vascular Surgery	4	1.9%
Endocrinology	3	1.4%
Neurology	3	1.4%
Occupational medicine	3	1.4%
Pain management	3	1.4%
Pediatric gastroenterology	3	1.4%

Pediatric Neonatology	3	1.4%
Other Surgery	3	1.4%
Pediatric Surgery	3	1.4%
Plastic Surgery	3	1.4%
Other	3	1.4%
Allergy	2	1.0%
Dermatology	2	1.0%
Internal Medicine Other	2	1.0%
Pediatrics Other	2	1.0%
Psychiatry	2	1.0%
Spinal Surgery	2	1.0%
Transplant Surgery	2	1.0%
Anesthesiology	1	0.5%
Public Health	1	0.5%
Pediatrics	1	0.5%
Geriatrics	1	0.5%
Nephrology	1	0.5%
Pediatric Cardiology	1	0.5%
Pediatric hematology/oncology	1	0.5%
Surgical Oncology	1	0.5%
Thoracic Surgery	1	0.5%
Urology	1	0.5%
No Response	1	0.5%
Addiction medicine	0	0.0%
Pediatric Emergency Medicine	0	0.0%
Otolaryngology	0	0.0%
Trauma Surgery	0	0.0%
Total	**207**	100.0%

TYPE OF PRACTICE	Total	%
Solo Practice	11	5.3%
Group Practice	15	7.2%
Hospital-based Practice	130	62.8%
Clinic-based Practice	30	14.5%
Medical School or Parent University	7	3.4%
Other	8	3.9%
No Response	6	2.9%
Grand Total	**207**	100.0%

SPECIALTY OF HOSPITAL BASED PHYSICIAN ASSISTANTS	Number of Respondents	Distribution of Respondents
Emergency medicine	24	18.5%
Neurosurgery	16	12.3%
Critical Care	10	7.7%
General surgery	8	6.2%
Orthopedics	7	5.4%
Cardiothoracic surgery	5	3.8%
Hospital medicine	4	3.1%
General Internal Medicine	4	3.1%
Vascular Surgery	4	3.1%
Obstetrics/gynecology	3	2.3%
Cardiology	3	2.3%
Pediatric Surgery	3	2.3%
Oncology	3	2.3%
Pediatric Gastroenterology	3	2.3%
Pediatric Neonatology	3	2.3%
Other Surgery	3	2.3%
Family Practice without urgent care	2	1.5%
Gastroenterology	2	1.5%
Neurology	2	1.5%
Spinal Surgery	2	1.5%
Transplant Surgery	2	1.5%
Plastic Surgery	1	0.8%
Internal Medicine Other	1	0.8%
Occupational medicine	1	0.8%
Pain management	1	0.8%
Dermatology	1	0.8%
Psychiatry	1	0.8%
Endocrinology	1	0.8%
Allergy	1	0.8%
Pediatrics	1	0.8%
Pediatrics Other	1	0.8%
Surgical Oncology	1	0.8%
Anesthesiology	1	0.8%
Nephrology	1	0.8%
Pediatric Cardiology	1	0.8%
Pediatric Hematology/oncology	1	0.8%
Thoracic Surgery	1	0.8%
Urology	1	0.8%
Family Practice with urgent care	0	0.0%
Otolaryngology	0	0.0%
No Response	0	0.0%
Infectious Disease	0	0.0%
Other	0	0.0%
Public Health	0	0.0%

Addiction medicine	0	0.0%
Geriatrics	0	0.0%
Pediatric Emergency Medicine	0	0.0%
Trauma Surgery	0	0.0%
Total	130	100.0%

FUTURE PLANS	Total	%
Retire from patient care	4	1.9%
Reduce patient hours	11	5.3%
Increase patient hours	10	4.8%
Move within D.C.	1	0.5%
Move out of D.C.	5	2.4%
No change	166	80.2%
No response	10	4.8%
Total Actively Practicing Physicians	**207**	

SOCIAL MEDIA	Total	%
Yes	79	38.2%
No	125	60.4%
No Response	3	1.4%
Total	**207**	100.0%

SOCIAL MEDIA TYPES	Total	%
Facebook	70	33.8%
LinkedIn	4	1.9%
Blogs	4	1.9%
Twitter	1	0.5%
Other	0	0.0%
None	125	60.4%
No Response	1	0.5%
Total Actively Practicing	**207**	

APPENDIX F:

PUBLIC HEALTH CLINICS

Sexually Transmitted Disease Clinic:

Southeast Clinic
DC General Hospital Campus
1900 Massachusetts Ave., SE
Building #8
Washington, DC 20003
(202) 698-4050; 311 (after hours)

Tuberculosis Clinic:

Tuberculosis Control and Chest Clinic
DC General Hospital Campus
1900 Massachusetts Ave SE, Bldg. 15
Washington DC 20003
Phone: (202) 698-4046

Immunization Clinics:
A list is available at: http://doh.dc.gov/doh/cwp/view,a,1374,q,604159,dohNav_GID,1824.asp

APPENDIX G:

PRIMARY CARE CENTERS

DC HEALTH CARE SITES

The information below is self-reported from the health sites and has not been independently verified by the Department of Health. The inclusion of these health centers does not constitute a recommendation of the health centers on the part of the Department of Health.
Please contact the Primary Care Bureau at 202-442-9168 if you find any of the information contained on this list to be incorrect.
Please refer back soon to the Primary Care Bureau website for a map of these and other health cate sites.

Site name	See Patients Regardless of Ability to Pay	Address	Ward	Phone	Populations served	See Walk-In/ Unscheduled Patients	Insurance Accepted	Services Available
Andromeda Transcultural Health	Waiver of fee under special circumstances	1400 Decatur Street NW, Washington, DC 20011	4	202-291-4707	Children, Adults, Elderly (65+), HIV+, Homeless, (With) Severe Mental, Illness, Uninsured	Yes (for established patients)	Medicaid, Medicare, Private insurance	Primary Care, Specialty Care (psychiatry, infectious disease), Health Education, Mental Health Counseling, Mobile Services, STI Testing/Treatment (HIV inclusive), Social Services
Bread for the City	Yes	1525 Seventh Street NW, Washington, DC 20001	2	202.265.2400	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Mental Illness, (With) Severe Disability, Uninsured	Yes	Medicaid, Alliance	Primary Care, Chronic Care Management, STI Testing/Treatment (HIV inclusive), Insurance Screening/Enrollment, Social Services, gynecology
Bread for the City	Yes	1640 Good Hope Road SE, Washington, DC 20020	7	202.561.8587	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Mental Illness, (With) Severe Disability, Uninsured	Yes	Medicaid, Alliance	Primary Care, Chronic Care Management, STI Testing/Treatment (HIV inclusive), Insurance Screening/Enrollment, Social Services, gynecology
Capitol Health Management Services	No	1160 Varnum Street NE Washington DC 20017	5	202-636-1131	Adults, Elderly (65+), HIV+, Pregnant Women, Uninsured	Yes	Medicaid, Medicare, Alliance, Private insurance	Primary Care, Obstetrics, Chronic Care Management, Specialty Care, Health Education, Dental Care, Programs for Teens, Podiatry, Endocrinology, Neurology, Cardiology, Urology, Ophthalmology, Orthopedics, Gastroenterology
Carl Vogel Center	Yes	1012 14th Street NW Suite 700, Washington, DC 20005	2	202-638-0750	Adults, Elderly (65+), HIV+, Homeless, (With) Severe Mental Illness, Uninsured	Yes	Medicaid, Alliance, Ryan White Care Act Eligible	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, Mobile Services, STI Testing/ Treatment (HIV inclusive), Insurance Screening/ Enrollment, Social Services, Food Bank, Infectious Disease
Chartered Family Health	Yes	3924 Minnesota Avenue NE, Washington, DC 20019	7	202.398.8683	Children, Adults, HIV+, Homeless, Pregnant Women, Uninsured	Until 10am daily	Medicaid, Alliance, Private Insurance	Primary Care, Obstetrics, Chronic Care, Management, Specialty Care (Asthma/Allergy), Health Education, STI Testing/Treatment (HIV inclusive), WIC, Social Services, Nutrition
Children's National Medical Center (CNMC) - Children's Health Center at Good Hope Road	Yes	2501 Good Hope Road SE, Washington, DC 20020	8	202-476-6900	Children, Children with Special Health Care Needs (CSHCN)	Yes (for established patients)	Medicaid, Private Insurance	Primary Care, Health Education, STI Testing/Treatment (HIV inclusive) WIC
CNMC - Adams Morgan Clinic at Dorchester House-	Yes	1630 Euclid Street NW, Washington, DC 20009	1	202-476-5580	Children	No	Medicaid, Medicare, Alliance, Private insurance	Primary Care Health Education WIC
CNMC - Adolescent Health Center- CHC	Yes	111 Michigan Avenue NW, Washington, DC 20010	5	202-476-5464	Children, Adults, HIV+, Homeless, Pregnant Women, (With) Severe Disability, Uninsured	Yes	Medicaid, Alliance, Private Insurance	Primary Care, Obstetrics, Chronic Care Management, Specialty Care, Health Education, Mental Health Counseling, Dental Care, STI Testing/Treatment (HIV
CNMC - Children's Health Center	Yes	111 Michigan Avenue NW, Washington, DC 20010	5	202-476-2123	Children, HIV+, Homeless, (With) Severe Disability, Uninsured	Yes	Medicaid, Alliance, Private Insurance	Primary Care, Chronic Care Management, Specialty Care, Health Education, Mental Health Counseling, Dental Care, STI Testing/Treatment (HIV inclusive),
CNMC - Children's Health Center at Martin Luther King Jr Ave	Yes	3029 Martin Luther King Jr Ave. SE, Washington, DC 20032	8	202-476-6575	Children	No	Medicaid, Alliance, Private Insurance	Primary Care Health Education
CNMC - Children's Health Center at Shaw	Yes	2220 11th Street NW, Washington, DC 20001	1	202-476-5500	Children	Yes	Medicaid, Medicare, Alliance, Private Insurance	Primary Care WIC
Columbia Road Health Services	Yes	1660 Columbia Road NW, Washington, DC 20009	1	202-328-3717	Children, Adults, Elderly (65+), Homeless, Pregnant Women, Uninsured	Limited	Medicaid, Alliance, Private Insurance	Primary Care, Obstetrics, Chronic Care Management, Health Education, Mental Health Counseling, Insurance Screening/Enrollment, Social Services

Site name	See Patients Regardless of Ability to Pay	Address	Ward	Phone	Populations served	See Walk-In/ Unscheduled Patients	Insurance Accepted	Services Available
Community of Hope - Marie Reed	Yes	2250 Champlain Street NW, Washington, DC 20009	1	202-232-9022	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Mental Illness, (With) Severe Disability, Uninsured	Yes	Alliance, Medicaid	Primary Care, Obstetrics, Chronic Care Management, Health Education, Mental Health Counseling (psychiatry inclusive), Dental Care, STI Testing/Treatment (HIV inclusive), Programs for Teens, WIC, Insurance Screening/Enrollment, Social Services
Ethio-American Health Center, Inc	Yes	4515 14th Street NW, Washington, DC 20011	4	(202)722-2999	Adults, Elderly (65+), HIV+, Homeless, Uninsured	Yes	Alliance	Primary Care, Health Education, Infectious Disease
Family Health and Birth Center	Yes	801 17th Street NE, Washington, DC 20002	5	202-398-5520	Children, Adults, HIV+, Homeless, Pregnant Women, Uninsured	Yes	Medicaid, Alliance, Private Insurance	Primary Care, Obstetrics, Chronic Care Management, Health Education, Mental Health Counseling, STI Testing/Treatment (HIV inclusive), Programs for Teens, Insurance Screening/Enrollment, Social Services, Childcare
La Clinica Del Pueblo	Yes	1470 Irving Street NW, Washington, DC 20010	1	202-462-4788	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Mental Illness, Uninsured	Yes	Medicaid, Medicare, Alliance, Sliding Fee Scale	Primary Care, Health Education, Mental Health Counseling, STI Testing/Treatment (HIV inclusive), Programs for Teens, Insurance Screening/Enrollment, Social Services, Infectious Disease
Mary's Center	Yes	2333 Ontario Road NW, Washington, DC 20009	1	(202) 483-8196	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (with) Severe Mental Illness, (with) Severe Disability, Uninsured	Yes	Sliding Fee Scale	Primary Care, Obstetrics, Health Education, Mental Health Counseling, Dental Care, Mobile Services, STI Testing/Treatment (HIV inclusive), Programs for Teens, WIC, Insurance Screening/Enrollment, Social Services, Childcare
Planned Parenthood - Marjorie Schumacher Center	Yes	1108 16th Street NW, Washington, DC 20036	2	202-347-8512	Adults, Uninsured, Adolescents, Men and women of reproductive age, menopausal women	Yes	Private Insurance	Health Education, STI Testing/Treatment (HIV inclusive), Programs for Teens, Reproductive Healthcare, Abortion (med/surgical), Colposcopy, LEEP, Pregnancy testing, cancer screening, limited immunization, well-woman care
Planned Parenthood - Ophelia Egypt Center	Yes	3937A Minnesota Avenue NE, Washington, DC 20019	7	202-388-4770	Adults, Uninsured, Adolescents, Men and women of reproductive age, menopausal women	Yes	Private Insurance	Health Education, STI Testing/Treatment (HIV inclusive), Programs for Teens, Reproductive Healthcare, Abortion (med/surgical), Colposcopy, LEEP, Pregnancy testing, cancer screening, limited immunization, well-woman care
Providence Hospital - Center for Life	Yes	1150 Varnum Street NE, Washington, DC 20017	5	202-269-7074	Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Disability, Uninsured	No	Medicaid, Medicare, Alliance, Private Insurance	Primary Care, Obstetrics, Specialty Care, Health Education, STI Testing/Treatment (HIV inclusive), Programs for Teens, Insurance Screening/Enrollment
Providence Hospital - Perry Family Health Center	Payment plans and financial assistance available	128 M Street NW, Suite 050 Washington, DC 20001	6	202-682-3840	Children, Adults, Elderly (65+), HIV+, Homeless, Pregnant Women, (With) Severe Disability, Uninsured, Adolescents	Yes	Medicaid, Medicare, Alliance, Private insurance, All HMOs,PPOs	Primary Care, Obstetrics, Chronic Care Management, Health Education, Mental Health Counseling, STI Testing/Treatment, Programs for Teens, ENT, Clinical Social Services, Gynecological services, Otolaryngology (ENT)
SOME (So Others Might Eat) Medical Clinic	Yes	71 'O' Street NW, Washington, DC 20001	5	202-797-1043	Adults, HIV+, Homeless, Uninsured	Yes	Alliance, Medicaid	Primary Care, Specialty Care (Podiatry, Psychiatry, Ophthalmology), Mental Health Counseling, Dental Care, Insurance Screening/Enrollment, Social Services, Addcition Treatment
Spanish Catholic Center	Yes	1618 Monroe St NW, Washington, DC 20010	1	202-939-2400	Adults, Homeless, Uninsured	No	Alliance	Primary Care, Chronic Care Management, Specialty Care (Nephrology, Otolaryngology (ENT), Orthopedics, General Surgery, Dermatology), Health Education, Dental Care, Social Services
UHC- 801 East	Yes	2700 Martin L. King Jr. Ave SE, Washington, DC 20032	8	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics

Site name	See Patients Regardless of Ability to Pay	Address	Ward	Phone	Populations served	See Walk-In/ Unscheduled Patients	Insurance Accepted	Services Available
UHC - Anacostia	Yes	1328 W Street SE, Washington, DC 20020	8	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, WIC, Podiatry, Psychiatry, Infectious Disease, Dermatology
UHC- Blair Shelter	Yes	635 I Street, NE Washington, DC 20002	6	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Brentwood Square	Yes	1201 Brentwood Road, NE Washington, DC 20018	5	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Central Union Mission	Yes	1631 14th Street, NW Washington, DC 20009	2	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Christ House	Yes	1717 Columbia Rd, NW Washington, DC 20009	1	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Congress Heights	Yes	3720 Martin L. King Avenue SE, Washington, DC 20032	8	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, Infectious Disease, Podiatry, Dermatology, Opthalmology, Psychiatry
UHC- DC General	Yes	1900 Massachusetts Ave SE Bldg 29 Washington, DC 20003	6	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, Infectious Disease, Podiatry, Pulmonology, Dermatology, Nephrology, Neurology, Opthalmology, Psychiatry, Gastroenterology, ENT, Urology, General Surgury, Cardiology
UHC- East of the River	Yes	123 45th Street NE, Washington, DC 20019	7	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics Dental, WIC, Podiatry, Psychiatry, Infectious Disease, Dermatology
UHC- Federal City-CCNV	Yes	425 2nd Street NW, Washington, DC 20001	6	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, ENT, Pulmonology, Cardiology, Podiatry, Psychiatry, Infectious Disease, Dermatology

Site name	See Patients Regardless of Ability to Pay	Address	Ward	Phone	Populations served	See Walk-In/ Unscheduled Patients	Insurance Accepted	Services Available
UHC- Friendship Place	Yes	4713 Wisconsin Avenue NW, Washington, DC 20016	3	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Good Hope	Yes	1638 Good Hope Road SE, Washington, DC 20020	7	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Harbor Lights	Yes	2100 New York Avenue NE, Washington, DC 20002	5	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Hunt Place	Yes	4130 Hunt Place NE, Washington, DC 20019	7	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Infectious Disease, Podiatry, Dermatology, Opthalmology, Psychiatry
UHC- N Street Village	Yes	1333 N Street NW, Washington, DC 20005	1	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- New York Avenue	Yes	1355 New York Avenue NE, Washington, DC 20002	5	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women, Homeless	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Southwest	Yes	850 Delaware Avenue SW, Washington, DC 20024	6	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, WIC, Infectious Disease, Podiatry, Dermatology, Psychiatry
UHC- Stanton Road	Yes	3240 Stanton Avenue SE, Washington, DC 20020	8	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics
UHC- Walker-Jones	Yes	40 Patterson Street NE, Washington, DC 20002	6	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, WIC, Podiatry, Psychiatry, Infectious Disease, Dermatology
UHC-Upper Cardozo	Yes	3020 14th Street NW, Washington, DC 20009	1	202-469-4699 (scheduling center)	children, adults, elderly, HIV+, severe mental illness, severe disability, and uninsured, Pregnant women	Limited	Medicaid, Medicare, Managed Care Organizations, DC Healthcare Alliance, and other private insurance plans	Primary Care, Chronic Care Management, Health Education, Mental Health Counseling, STI/HIV Testing/Treatment, Programs for Teens, Insurance Screening/Enrollment, Social Services, Obstetrics, Dental, WIC, Podiatry, Psychiatry, Infectious Disease, Dermatology, Rheumatology

Site name	See Patients Regardless of Ability to Pay	Address	Ward	Phone	Populations served	See Walk-In/ Unscheduled Patients	Insurance Accepted	Services Available
Whitman-Walker - Elizabeth Taylor Medical Center	Yes	1701 14th Street NW, Washington, DC 20009	2	202-745-7000	Children, Adults, Elderly (65+), HIV+ , Homeless, Pregnant Women, (with) Severe Mental Illness, (with) Severe Disability, Uninsured	Yes	Alliance, Medicare, Medicaid, Carefirst BlueCross/BlueShield	Primary Care, Gynecology, Chronic Care Management, Specialty Care (Psychiatry, Infectious Disease, Nephrology, Otolaryngology (ENT), Oncology/Hematology, Pulmonary Medicine), Health Education, Mental Health Counseling, Dental Care, STI Testing/Treatment (HIV inclusive), Insurance Screening/Enrollment, Legal Services
Whitman-Walker Clinic, Inc. - Max Robinson Center	Yes	2301 Martin Luther King Jr. Ave SE, Washington, DC 20020	8	202-745-7000	Children, Adults, Elderly (65+), HIV+ , Homeless, Pregnant Women, (with) Severe Mental Illness, (with) Severe Disability, Uninsured	Yes	Alliance, Medicare, Medicaid, Carefirst BlueCross/BlueShield	Primary Care, Gynecology, Chronic Care Management, Specialty Care (Psychiatry, Infectious Disease, Nephrology, Otolaryngology (ENT), Oncology/Hematology, Pulmonary Medicine), Health Education, Mental Health Counseling, Dental Care, STI Testing/Treatment (HIV inclusive), Insurance Screening/Enrollment, Legal Services