GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

BOARD OF MEDICINE

PHYSICIAN & PHYSICIAN ASSISTANT WORKFORCE CAPACITY REPORT 3.0

A Summary of Findings from the Physician and Physician Assistant 2014 Workforce Survey in the District of Columbia

September 2015

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DEPARTMENT OF HEALTH
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MURIEL BOWSER, MAYOR

Mission Statement

"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."

ACKNOWLEDGEMENTS

Healthcare Workforce Workgroup Members:

- Rikin S. Mehta, PharmD, JD, LLM – Senior Deputy Director
- Janis M. Orlowski, MD, MACP – Chairperson, Board of Medicine
- Andrea A. Anderson, MD – Physician Member, Board of Medicine
- Jacqueline A. Watson, DO, MBA – Department of Health Chief of Staff
- Rita A. Habib, PharmD, MPH – Health Policy Fellow, Health Regulation and Licensing Administration
- Rowena Samala – Supervisory Statistician- CPPE
- Marvin Romero – Health Licensing Specialist
- Aisha Nixon, MA – Health Licensing Specialist
- Deniz Soyer, MBA – Data Analyst – Health Care Finance
- Eva Stern, GISP – GIS Analyst and Training Specialist – OCTO
- Aaron Young, PhD – Assistant Vice President, Research and Data Integration- FSMB

D.C. Department of Health Staff:

- Sheila Ford-Murphy – Executive Assistant to the Senior Deputy Director, Health Regulation and Licensing Administration
- Yonatan Berhe

D.C. Board of Medicine Members:

- Andrea A. Anderson, MD
- Kelly Ann Colden, MD, MPH
- Thomas J. Dawson, III, Esq.
- Anitra Denson, MD, MPH
- Vikisha Fripp, MD
- Treazure R. Johnson, Esq.
- Robyn Macsata, MD
- Lawrence A. Manning, MD
- Janis M. Orlowski, MD, MACP
- Marc Rankin, MD
- Jeffrey Smith, MD
- Terrence Straub

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I. KEY ACRONYMS

AMA	American Medical Association
AAMC	Association of American Medical Colleges
AAPA	American Academy of Physician Assistants
FSMB	Federation of State Medical Boards
GIS	Geographic Information System
HRSA	Health Resources and Services Administration
HPSA	Health Professional Shortage Area
MUA	Medically Underserved Area
MUP	Medically Underserved Population

II. KEY DEFINITIONS

Actively Licensed Physician or Physician Assistant: Actively licensed physicians or physician assistants are defined as those who hold active licenses in the District.

Actively Practicing Physician or Physician Assistant: Actively practicing physicians or physician assistants are defined as those who reported that they were involved in clinical practice in the District for equal to or greater than twenty hours per week.

Board Certified: Designation attained when a physician has passed an examination and met the standards of a professional organization representing a particular medical specialty. Physicians are eligible to take the exam after completing postgraduate training in the area and may be board certified in more than one specialty.

Board Eligible: Designation attained when a physician has completed a residency in a certain specialty or subspecialty and is eligible to take the board exam for certification but has either not taken or has not passed the test.

Census Tracts: Census tracts are small, relatively permanent statistical subdivisions of a county or equivalent entity that are updated by local participants prior to each decennial census as part of the Census Bureau's Participant Statistical Areas Program. The Census Bureau delineates census tracts in situations where no local participant existed or where state, local, or tribal governments declined to participate. The primary purpose of census tracts is to provide a stable set of geographic units for the presentation of statistical data. Census tract boundaries are delineated with the intention of being maintained over a long period of time so that statistical comparisons can be made from census to census.

D.C. Healthcare Alliance: D.C. Healthcare Alliance is a program offering health coverage to low-income families. To be eligible, a family must reside in the District, have no health insurance (including Medicare and Medicaid), and may not have a family income exceeding 200% of the federal poverty level.

Geographic Information System (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 in this report was performed based on primary practice addresses provided by the respondents. Addresses were aggregated to the census tract for reporting purposes in most cases. Data representing Medicaid recipients were reported and mapped at the ZIP code level, per D.C. Department of Healthcare Finance requirements. The boundaries of eight wards in D.C. are updated every ten years based on the results of the latest decennial census. The ward boundaries shown on the maps within this report were approved on June 21, 2011, and took effect on January 1, 2012.

Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas/Populations (MUA/Ps): HPSAs are geographic areas, or populations within areas, that lack sufficient healthcare providers to meet the healthcare needs of the area or population. HPSAs are used by the federal government to identify shortages of healthcare providers for geographic areas, populations or facilities, and to prioritize the allocation of federal and local resources to address these shortages.

MUA/Ps refer only to primary (medical) care shortages. HPSAs can refer to shortages in any of these three disciplines: primary (medical) care, mental health, and dental. The District has nine designated HPSAs. The D.C. Department of Health's Primary Care Bureau is responsible for assessing and ensuring designation of areas of D.C. that have a shortage of healthcare providers.

Hospital Admitting Privileges: Admitting privileges are defined as the right of a doctor, by virtue of membership as a hospital's medical staff, to admit patients to a particular hospital or medical center for providing specific diagnostic or therapeutic services to such patient in that hospital.

License Renewal Period: Under District regulations, Board of Medicine licensees are required to renew their licenses prior to 12:00 midnight of December 31st of each even-numbered year. The 2014 licensure renewal period took place between October 1, 2014 and December 31, 2014.

Medicaid: Medicaid is a federally and state-funded healthcare program that pays for medical services for qualified low-income and disabled individuals. Primary oversight of the program is handled at the federal level, but each state establishes its own eligibility standards, sets the rate of payment for services, and administers its own Medicaid program.

Medicare: Medicare is a federal health insurance program that pays for hospital and medical care for elderly and certain disabled Americans. The program consists of two main parts for hospital and medical insurance (Part A and Part B) and two additional parts that provide flexibility and prescription drugs (Part C and Part D).

Non-clinical Activities: Non-clinical activities are defined as academic educational medicine, research medicine, and administrative medicine, which includes hospital administration, government administration, insurance company administration, or private practice administration.

Paid Inactive Status: Paid inactive status for a physician or physician assistant is defined as a licensure status during which an individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice medicine in the District.

Practice Setting/Location: A practice setting/location is a location identified by a physician or physician assistant as his or her physical work address. Please note: this address may not be exclusive to clinical practice.

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

Specialty Physician or Physician Assistant: For the purposes of this report, specialty care physicians were defined as those that were practicing medicine in specialties other than general internal medicine, general pediatrics, family medicine, and obstetrics and gynecology (OB/GYN).

Survey Respondents: Survey respondents are actively licensed physicians or physician assistants that responded to this survey.

Ward: A ward is an administrative division of a city and is represented by a councilmember. The District is divided into eight wards.

ZIP Code: A ZIP code is a 5-digit code that generally identifies the individual Post Office or metropolitan delivery area associated with an address. The first three digits identify the delivery area of a sectional center facility or a major-city Post Office serving the deliver address area. The fourth and fifth digits identify the delivery area of a Post Office. ZIP codes are frequently used to report population data in aggregate form.

III. EXECUTIVE SUMMARY

The District of Columbia Board of Medicine is a division within the D.C. Department of Health, Health Regulation and Licensing Administration (HRLA). The Board licenses over 12,000 healthcare professionals including physicians, physician assistants, anesthesiologist assistants, acupuncturists, naturopathic physicians, and surgical assistants. In 2010, the Board set out to utilize the biennial licensure renewal period as an opportunity to collect data for workforce research and analysis.

The Board of Medicine embarked upon a three-phased project designed to collect demographic and practice characteristic information on licensed physicians and physician assistants under the Board's purview.[1] A multidisciplinary workforce workgroup was assembled by the Board that was tasked with developing survey questions and a method of data collection. The Health Resources Service Administration: National Center for Workforce Analysis Minimal Data Set was used as a guide in developing the survey.

In 2010 and 2012 the survey was administered to recipients on a voluntary basis to physicians and physician assistants who were eligible to renew their license. During the first year there was a 78% and 74% survey response rate for physicians and physician assistants respectively. In 2012, the survey received a 58% and 38% response rate for physicians and physician assistants respectively.

In the first phase the focus of the survey was general demographics including race and ethnicity, foreign languages spoken, and educational background. The 2012 survey sought to more critically examine the primary care workforce capacity, provider practice location, and number of clinical/patient care hours being provided in the District. In addition, the survey tried to examine viewpoints on special topics such as Telemedicine, Electronic Health Records and Social Media Use.

In 2014 the survey was a mandatory component of the licensure renewal process and therefore had a 100% response rate. The questionnaire explored demographics in addition to workforce capacity, access to care and special topics including Electronic Health Records, Social Media, Advanced Practice Clinicians, Collaborative Practice Agreements, Medical Marijuana, Aging Physicians and Working with Postgraduate Physicians. Comparisons to 2010 and 2012 were made when applicable and if data was available. Further assessments were made to compare the D.C. workforce with national trends including physician specialties, education and training and insurance providers accepted.

[1] The D.C. Board of Medicine's 2010 Physician & Physician Assistant Workforce Capacity Report is available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/ bomed_workforce_survey_report-final.pdf.

Physicians

In 2014, 9,174 of the 10,509 physicians who were eligible renewed their medical license. Of those, 8,934 elected to maintain an active status and were included in the survey report.

The top 5 most commonly reported specialties were:

1. Internal Medicine (General)
2. Psychiatry
3. Anesthesiology
4. Pediatrics (General)
5. Emergency Medicine

Primary Care

- Primary care physicians were defined as those practicing Internal Medicine (General), Pediatrics (General), Family Medicine, or Obstetrics and Gynecology.
- 2,585 (29%) of actively licensed physician survey respondents identified as primary care physicians.
- 780 (30%) of primary care physicians indicated that they have a practice location in the District at which they provide patient care for greater than or equal to 20 hours per week. These were referred to as actively practicing primary care physicians.
- 57% of actively practicing primary care physicians were female.
- 39% of actively practicing primary care physicians were between the ages of 31 and 40.
- 45% of actively practicing primary care physicians indicated that their clinical practice setting was an office or clinic.
- The largest numbers of actively practicing primary care physicians were located in Wards 1, 2, 3 and 5.
- 64% of actively practicing primary care physicians had hospital admitting privileges.

Specialty Care

- 6,310 (71%) of actively licensed physician survey respondents identified as specialty care physicians.
- 2,030 (32%) of specialty care physicians indicated that they have a primary practice location in the District where they provide patient care for greater than or equal to 20 hours per week. These were referred to as actively practicing specialty care physicians.
- 58% of actively practicing specialty care physicians were male.
- 34% of actively practicing specialty care physicians were between the ages of 31 and 40.

Access to Care and Health Insurance

- 526 (67%) of actively practicing primary care physicians were accepting new Medicaid patients.
- 1,594 (79%) of actively practicing specialty care physicians were accepting new Medicaid patients.

Special Topics

- 2,503 (89%) of actively practicing physicians utilized Electronic Health Records.
- 5,958 (67%) of actively licensed physicians utilized some form of social media.
- 48% of actively practicing physicians worked with a Nurse Practitioner.
- 63% of actively practicing physicians reported that Collaborative Practice Agreements would improve patient care or access to care.
- 32% of actively practicing physicians utilized a clinical pathway for opioid prescribing.
- 62% of actively practicing physicians indicated that medical marijuana has therapeutic value in providing patient care.
- 53% of actively practicing physicians supported the need for age-based competency screening.

Physician Assistants

In 2014, 562 of the 667 physician assistants who were eligible renewed their license. Of those, 546 elected to maintain an active status and were included in the survey report.

The top 5 most commonly reported specialties were:

1. Internal Medicine (General)
2. Emergency Medicine
3. Family Medicine
4. Critical Care
5. Surgery (General)

Primary Care

- 162 (30%) of actively licensed physician assistant survey respondents identified as primary care physician assistants.
- 70 (43%) of primary care physician assistants indicated that they have a primary practice location in the District at which they provide greater than or equal to 20 hours of patient care per week.
- 77% of actively practicing primary care physician assistants were female.
- 41% of actively practicing primary care physician assistants were between the ages of 31 and 40.

Specialty Care

- 380 (70%) of actively licensed physician assistant survey respondents identified as specialty care physician assistants.
- 155 (41%) of actively licensed specialty care physician assistants indicated that they have a primary practice location in the District at which they spend 20 or more hours providing patient care per week. These were referred to as actively practicing specialty care physician assistants.
- 74% of actively practicing specialty care physician assistants was female.
- 41% of actively practicing specialty care physician assistants was between the ages of 31 and 40.

Special Topics

- 91% of actively practicing physician assistants was using Electronic Health Records in their practice.
- 62% of actively practicing physician assistants utilized some form of social media.
- 40% of actively practicing physician assistants reported using a clinical pathway for opioid prescribing.
- 59% of actively practicing physician assistants indicated the need for an age-based competency screening for physicians.

The D.C. Board of Medicine hopes that the information provided in this report will serve to inform decision makers, policy makers, legislators and other agencies.

IV. INTRODUCTION

This is the third physician and physician assistant survey report completed by the D.C. Board of Medicine. The surveys are administered at the time of relicensing which, in the District, occurs every two years.

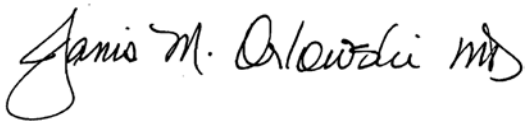
The first survey, in 2010, provided the first ever look at the practice of medicine by those licensed in the District and included information on time in practice, specialty, and use of information technology. From this survey, the Board of Medicine concluded that there appeared to be a shortage of primary care physicians in specific areas of the city.

This second survey, in 2012, was designed to explore, to a greater degree, the number of physicians and physician assistants who are actively practicing primary care in the District of Columbia.

With a 100 percent response rate, this third survey provides a more comprehensive look at the characteristics of physicians actively practicing in the District and their views on topics that will have an impact on the healthcare workforce for years to come.

We believe this information will be helpful to leaders in the District in planning healthcare for its citizens.

Best regards,



Janis M. Orlowski, MD, MACP
Chair, D.C. Board of Medicine

V. METHODS AND SURVEY RESPONSE RATE

All physicians and physician assistants licensed to practice in the District of Columbia (D.C.) are required to renew their license with the D.C. Board of Medicine on a biennial basis. The data in this report was obtained from survey instruments that were administered to eligible physicians and physician assistants when renewing their licenses during the designated renewal period of October 1, 2014 to December 31, 2014. Participants completed the survey documents online. The survey was a mandatory component of the license renewal process.

The physician survey was accessible to physicians that met the following eligibility criteria:

- Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO);
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2014.

The physician assistant survey was accessible to physician assistants that met the following eligibility criteria:

- Certified Physician Assistant (PA-C);
- Current license with D.C. Board of Medicine, in good standing, expiring December 31, 2014.

This workforce survey report is based on data collected from the 9,174 physician and 562 physician assistant survey respondents who renewed their District licenses and elected to maintain an active status. Age and gender comparisons of physicians actively licensed in the District and data available from the Federation of State Medical Boards (FSMB) revealed consistent trends (see Table 1).[2]

Table 1: Demographic Comparison of D.C. Physician Survey Respondents to FSMB Data

		2014 FSMB Census of Actively Licensed Physicians (N=10,623)	Actively Licensed Physicians in 2014 (N= 8,934)
Gender	**Male**	56.3%	56.3%
	Female	43.7%	43.7%
Age	**30 and under**	0.8%	2.0%
	31 – 40	27.0%	25.5%
	41 – 50	24.5%	24.2%
	51 – 60	21.0%	22.3%
	Over 60	26.5%	24.2%
	Unknown	0.2%	1.8%

[2] Although similar trends have been observed, data from FSMB and the District may vary slightly based on differences in methodology and license renewals.

VI. PHYSICIAN WORKFORCE

Comparison of 2010 vs. 2012 vs. 2014

This report is based on the third physician and physician assistant workforce surveys, which were established as a mandatory component of the physician and physician assistant license renewal application in 2014 in the District of Columbia (D.C.). The first and second physician and physician assistant workforce surveys were administered on a voluntary basis during the 2010 and 2012 renewal cycles.

Key changes in sample size and demographics of the physician workforce are highlighted in this section. Additional trends and comparisons are noted throughout the report.

District of Columbia License Renewal & Workforce Survey Response Rates

During the 2014 renewal there were approximately 9,174 physicians that applied for license renewal. In order to complete their application for licensure renewal, 100% of the participants responded to the workforce survey, a 28% and 42% increase from the 2010 and 2012 response rates, respectively (see Table 2).

Table 2: Comparison of Physician License Renewal & Survey Response Rates, 2010 vs. 2012 vs. 2014

	2010	2012	2014
Renewal Eligible	9,917	10,071	10,509
Number of Renewals	8,940	8,466	9,174
Renewal Rate	**90%**	**84%**	**87%**
Physicians Completing Survey	6,945	4,882	9,174
Physicians with Active Status License	6,945	4,790	8,934
Survey Response Rate	**78%**	**58%**	**100%**

Of the 9,174 physicians who renewed their license in 2014, 97% (8,934) had an active status. Based on physicians with an active license status, 49% had a primary work address in the District of Columbia and 31% practiced in a clinical capacity greater than or equal to twenty hours per week at this address. The two groups evaluated in this report are “physicians with active status license,” and “physicians actively practicing in clinical care greater than or equal to twenty hours per week” in the District (see Table 3).

Table 3: Distribution of Physicians Actively Practicing in the District, 2010 vs. 2012 vs. 2014

	2010		2012		2014	
	N	%	N	%	N	%
Physicians with Active Status License	6,945	100%	4,790	100%	8,934	100%
Physicians with a Primary Work Address in D.C.	3,998	58%	2,412	50%	4,418	49%
Physicians Actively Practicing in Clinical Care ≥20 Hours per Week in D.C.	2,821	41%	1,487	31%	2,810	31%

Demographics

The age distribution remained generally consistent between 2010 and 2014 with a majority of the physician population between the ages of 31 and 60 (see Table 4). Between 2010 and 2014, a decrease of 7% was seen in the population of male physicians while there was an increase in the percentage of female physicians (see Table 5). Less change was observed over the four year period when assessing the gender distribution of physicians actively practicing in the District (see Table 6).

Table 4: Comparison of Physician Survey Respondent Age Distribution, 2010 vs. 2012 vs. 2014

	2010 N=6,945	2012 N=4,790	2014 N=8,934
30 & Under	1.90%	2.10%	2.00%
31-40	25.72%	24.10%	25.48%
41-50	24.25%	25.00%	24.20%
51-60	24.50%	24.40%	22.32%
Over 60	23.70%	24.40%	24.18%

Table 5: Comparison of Physician Survey Respondent Gender Distribution, 2010 vs. 2012 vs. 2014

	2010 N=6,945	2012 N=4,790	2014 N=8,934
Male	60%	57%	56%
Female	40%	43%	44%

Table 6: Comparison of Actively Practicing Physician Gender Distribution, 2010 vs. 2012 vs. 2014

	2010 N=2,821	2012 N=1,487	2014 N=2,810
Male	58%	54%	54%
Female	42%	46%	46%

The distribution of race and ethnicity was surveyed in 2010 and in 2014 but was not assessed in 2012. When comparing all actively licensed physicians from 2010 to 2014 the most notable changes in distributions included a decrease of 3 percentage points in the Caucasian/White segment, a decrease of 1 percentage point in the Black/African American physicians and increase of 2 percentage points in the Asian/South Asian group (see Figure 1).

In the group of actively practicing physicians, the increase was 3 percentage points in the Asian/South Asian population with no change seen in the Black/African American group and a decrease of 1 percentage point in the Caucasian/White population (see Figure 2).

Figure 1: Distribution of Race/Ethnicity in Actively Licensed Physicians, 2010 vs. 2014

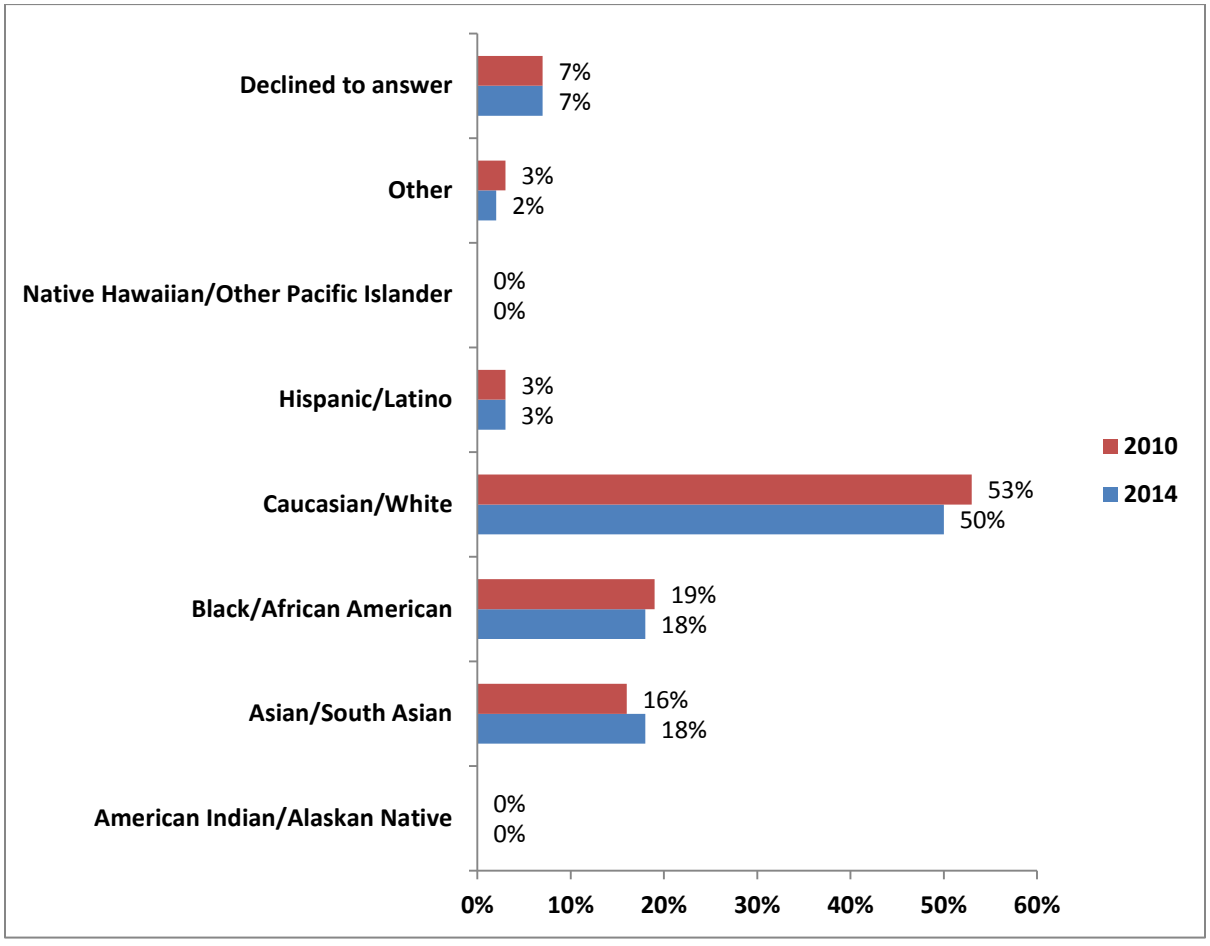
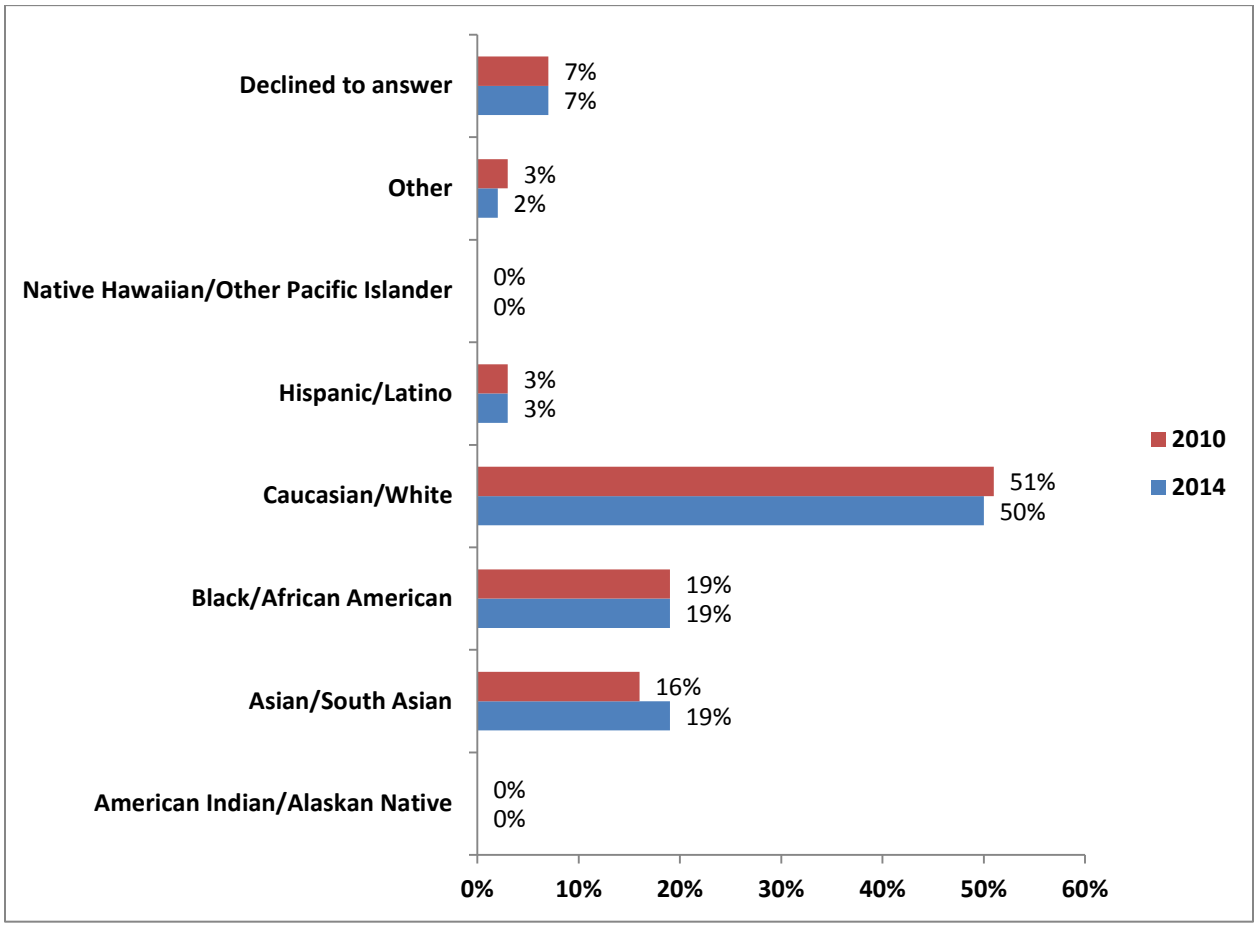


Figure 2: Distribution of Race/Ethnicity in Actively Practicing Physicians, 2010 vs. 2014



Medical Schools

The topic of medical schools was explored in the 2010 report and again in the 2014 survey. In 2014, 77% of all licensed physicians graduated from a medical school in the United States or Canada while 23% percent graduated from an international institution. This distribution is similar for actively practicing physicians in 2014. Between 2010 and 2014 a slight shift was seen in the increase of international graduates; 2% in actively licensed physicians (N=8,934) and 1% in actively practicing physicians (N=2,810) (see Figure 3 and Figure 4).

Figure 3: Distribution of Medical Schools for Actively Licensed Physicians, 2010 vs. 2014

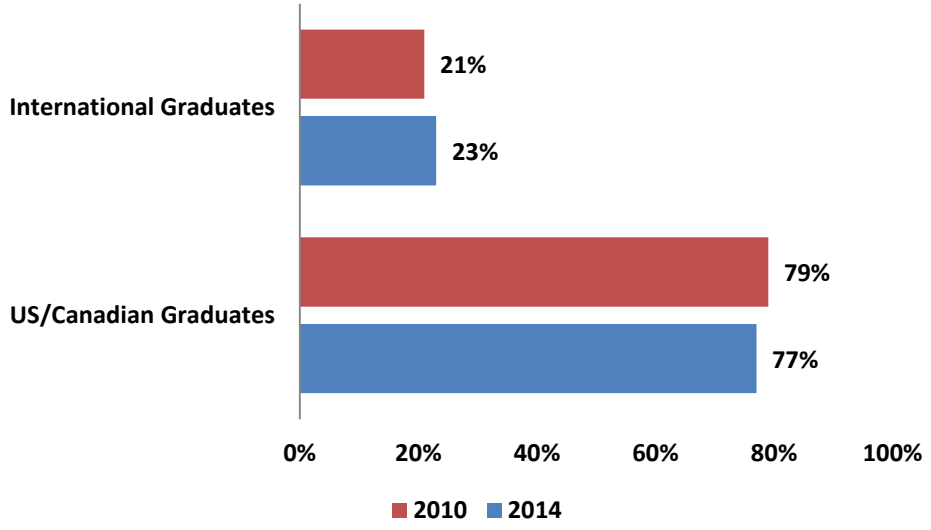
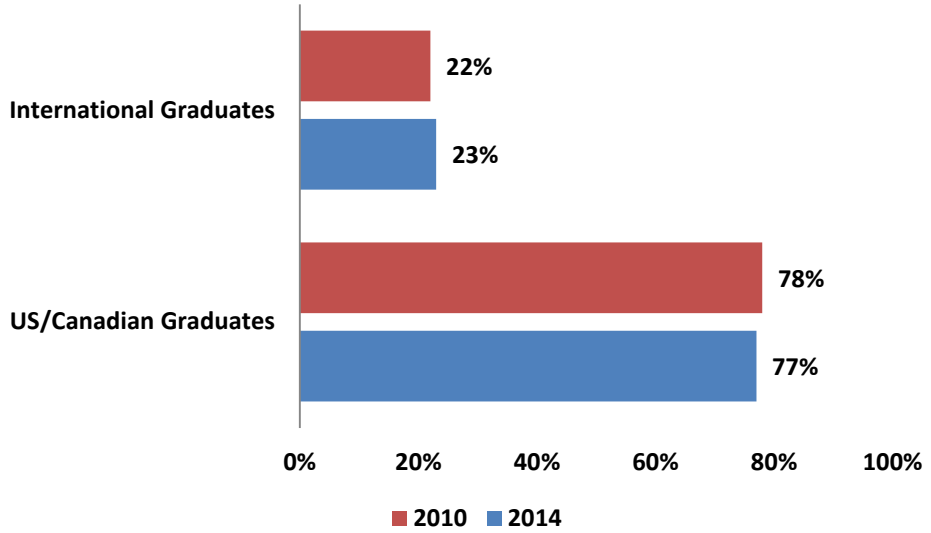


Figure 4: Distribution of Medical Schools for Actively Practicing Physicians, 2010 vs. 2014



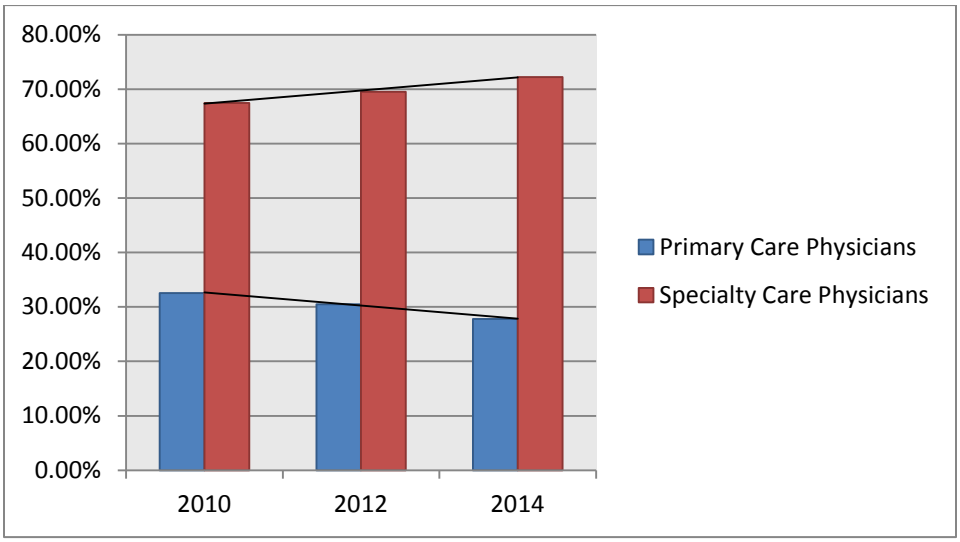
Primary & Specialty Care

In 2014, the distribution of actively practicing primary care and specialty care providers was 27.76% and 72.24% respectively. This is about a 15% decrease in primary care providers from since 2010. Conversely, the distribution of specialty care providers increased by about 7% (see Table 7 and Figure 5).

Table 7: Comparison of Actively Practicing Primary Care & Specialty Care Physician Rates

	2010 N=2821	2012 N=1487	2014 N=2810
Primary Care	32.54%	30.46%	27.76%
Specialty Care	67.46%	69.54%	72.24%

Figure 5: Comparison of Actively Practicing Primary Care & Specialty Care Physician Rates



According to the 2014 Medical School Enrollment Survey, published by the Association of American Medical Colleges (AAMC), an increasing number of medical schools are implementing programs or policies to promote interest in primary care specialties.[3] This is in response to projected national shortages of up to 31,100 primary care physicians by 2025.[4]

This workforce report defines primary care areas of practice as Internal Medicine (General), Pediatrics (General), Obstetrics and Gynecology (OB/GYN) and Family Medicine. In national projections of physician supply and demand, geriatrics may also be included within the purview of primary care. This workforce report categorized physicians actively practicing in geriatrics (N=11), as specialty care.

[3] Association of American Medical Colleges. "Results of the 2014 Medical School Enrollment Survey." April 2015.
[4] Association of American Medical Colleges. "The Complexities of Physician Supply and Demand: Projections from 2013 to 2025." March 2015.

In 2010, 2012 and 2014, Internal Medicine was the most common area of practice amongst all actively practicing physicians (N=2,810) and in the primary care subgroup (N=780). Psychiatry, Anesthesiology, and Pediatrics (General) remained in the top five most common specialties from 2010 through 2014. Emergency Medicine is noted amongst the most common specialties in 2014 while Obstetrics and Gynecology was no longer among the top five specialties (see Table 8 and Figure 6).

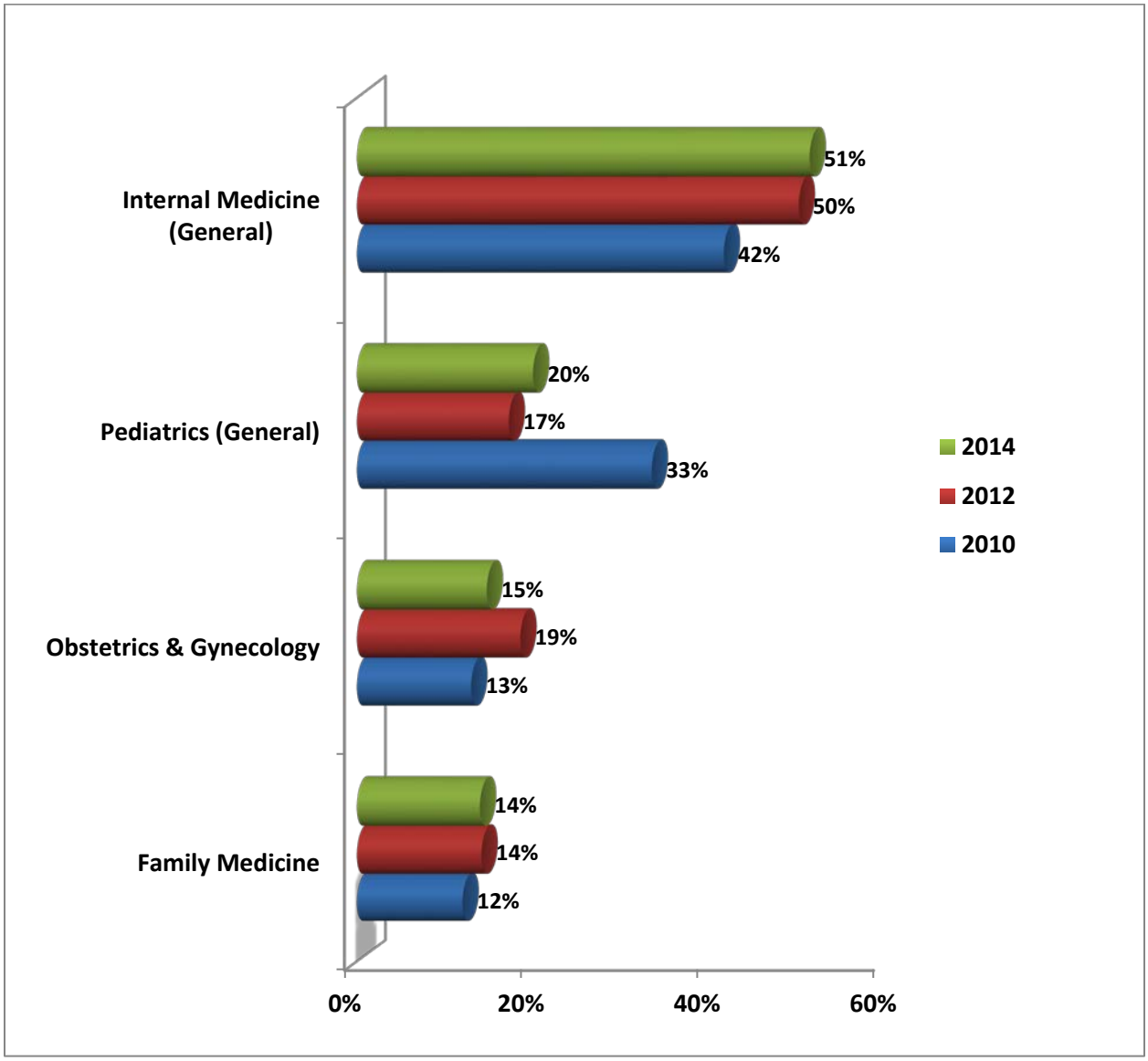
Based on data from the American Medical Association (AMA), U.S. Census Bureau population estimates and 2013 AAMC/AMA National Graduate Medical Education (GME) Census, the top three most common specialties on a national level are Internal Medicine, Family Medicine/General Practice, and Pediatrics.[5]

Table 8: Most Common Specialties – All Actively Practicing Physicians, 2010 vs. 2012 vs. 2014

	2010 N=2,821 [%]	2012 N=1,487 [%]	2014 N=2,810 [%]
1	Internal Medicine (General) [13.54%]	Internal Medicine (General) [15.27%]	Internal Medicine (General) [14.3%]
2	Pediatrics (General) [10.88%]	Psychiatry [8.27%]	Psychiatry [8.6%]
3	Psychiatry [8.97%]	Anesthesiology [5.92%]	Anesthesiology [6.2%]
4	Anesthesiology [6.24%]	Obstetrics & Gynecology [5.65%]	Pediatrics (General) [5.6%]
5	Radiology [4.61%]	Pediatrics (General) [5.25%]	Emergency Medicine [4.2%]

[5] Association of Medical Colleges – Center for Workforce Studies. "2014 Physician Specialty Data Book." November 2014.

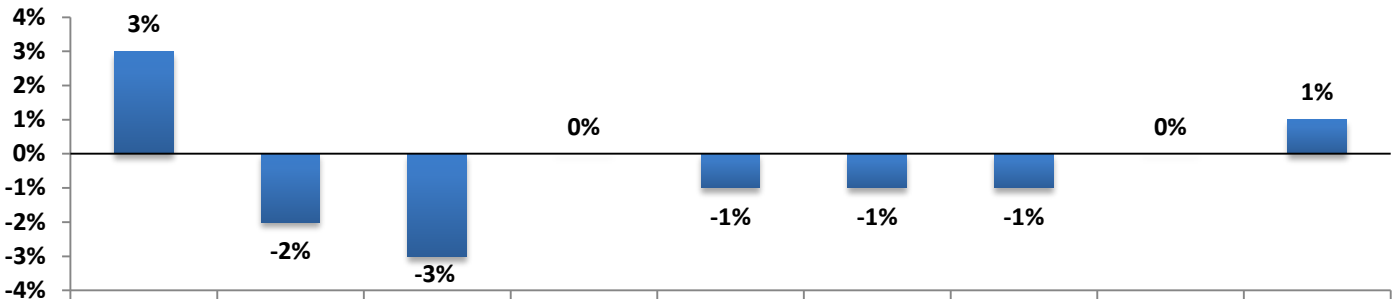
Figure 6: Comparison of Primary Care Specialties in Actively Practicing Physicians, 2010 vs. 2012 vs. 2014



Workforce Reduction and Retirement

In 2012, 70% of actively licensed physicians indicated they had no plans to change their practice in the next two years. Seventy-three percent of actively licensed physicians reported no change in 2014. Overall this was an increase of 3 percentage points. No change was seen in the distribution of actively licensed physicians who planned to add an additional practitioner to their practice or move their practice to another geographic location in D.C. There was a slight increase of 1 percentage point in physicians planning to change to full-time a non-clinical professional activity, which includes academic medicine, administrative medicine, preventive and public health medicine, and research medicine. In 2014, physicians were less likely to plan for changes that would impact the workforce including reducing/increasing patient hours, moving their practice, or retiring from patient care (see Figure 7).

Figure 7: Percent Change in Actively Licensed Physicians' Future Plans, 2012 vs. 2014



	No change	Reduce patient hours	Increase patient hours	Add an additional practitioner to your practice	Move clinical practice out of D.C.	Retire from patient care	No response	Move clinical practice to another geographic location in D.C.	Change to full-time non-clinical professional activities
Percent Change	3%	-2%	-3%	0%	-1%	-1%	-1%	0%	1%

Comparison to National Physician Workforce

Utilizing data from the Federation of State Medical Boards (FSMB), there are a few items to note in comparing the characteristics of physicians in the District with all physicians in the U.S. The gender distribution amongst D.C. physicians, which is comparable to data reported in this survey, is 43.7% female. In the U.S., 32% of physicians with an active license are female (see Table 9). There is a higher percentage of licensed physicians who are between the ages of 31 and 40 in the District as compared to the U.S. (see Table 9).

There is a higher percentage of licensed physicians who are board certified in D.C. as compared to the U.S. (see Table 10), although this varies from data reported in the workforce survey.

Overall, about 40% of D.C. actively licensed physicians hold 3 or more licenses, compared to almost 6% in the U.S. (see Table 10). The most common states where D.C. licensed physicians hold an additional license are Maryland and Virginia, followed by California, New York, Florida, Pennsylvania, and North Carolina (see Figure 8).

Table 9: Population Characteristics of Physicians having active licenses in D.C and U.S., 2014[6]

	2014 D.C. (N=10,623)*		2014 U.S. (N=916,264)	
	Number	**Distribution**	**Number**	**Distribution**
Degree Type				
Doctor of Medicine (MD)	10,346	97.4%	841,321	91.8%
Doctor of Osteopathic Medicine (DO)	262	2.5%	72,961	8.0%
Unknown	15	0.1%	1,982	0.2%
Age				
30 and under	86	0.8%	15,025	1.6%
31-40 years	2,872	27.0%	196,029	21.4%
41-50 years	2,599	24.5%	221,918	24.2%
51-60 years	2,236	21.0%	217,795	23.8%
Over 60 years	2,814	26.5%	260,297	28.4%
Unknown	16	0.2%	5,200	0.6%
Gender				
Male	5,978	56.3%	604,926	66.0%
Female	4,643	43.7%	293,565	32.0%
Unknown	2	0.0%	17,773	1.9%

[6] Data Source: 2014 FSMB Census of Licensed Physicians.

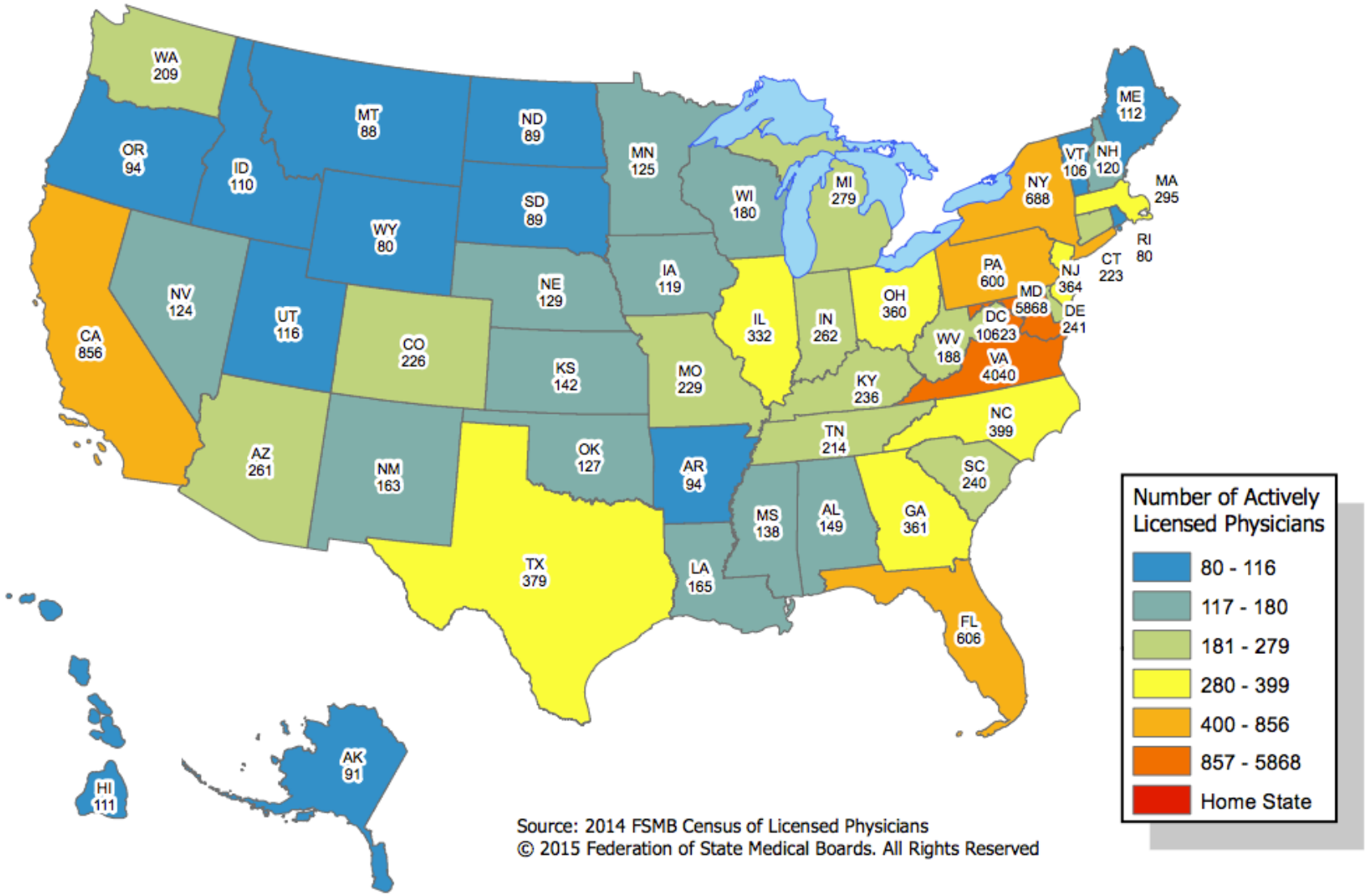
Table 10: Comparisons of Physicians having active licenses in D.C and U.S., 2014[7]

	2014 D.C. (N=10,623)*		2014 U.S. (N=916,264)	
	Number	Distribution	Number	Distribution
Medical School Type				
U.S. and Canadian Graduates (MD or DO)	8,093	76.2%	687,187	75.0%
International Medical Graduates	2,504	23.6%	207,840	22.7%
Unknown	26	0.2%	21,237	2.3%
Certified by an ABMS Specialty Board[8]				
Yes	9,120	85.9%	724,919	79.1%
No	1,503	14.1%	191,345	20.9%
Number of Active Licenses				
1	2,422	22.8%	720,599	78.6%
2	3,895	36.7%	142,023	15.5%
3 or more	4,306	40.5%	53,642	5.9%

[7] Data Source: 2014 FSMB Census of Licensed Physicians.

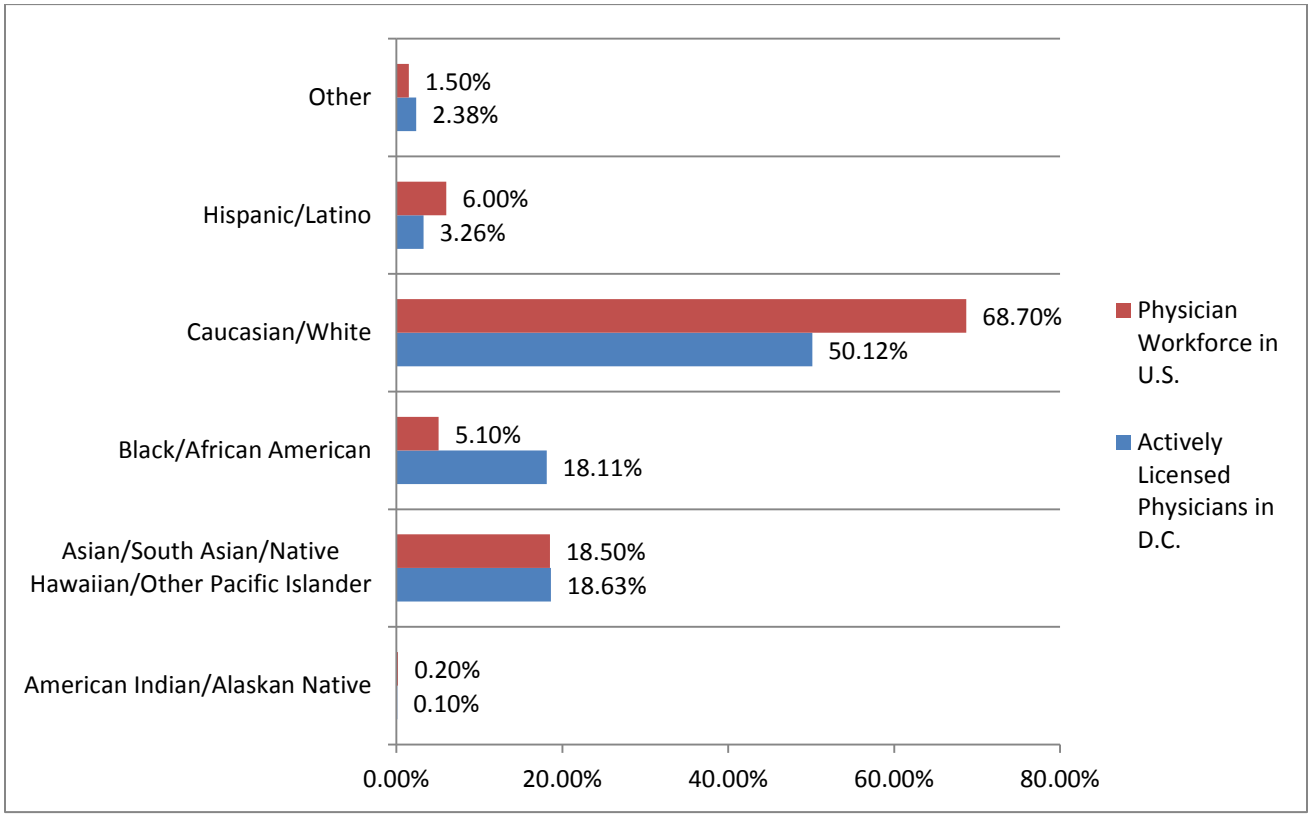
[8] The FSMB matched physician license data with ABMS certification data to obtain counts and percentages of physicians with a full and unrestricted license in the U.S. and District of Columbia who also hold one or more active specialty or subspecialty certificates from an ABMS member board. Based on this matching process, counts included in this census may vary from counts reported by the ABMS. ABMS Board Certification counts measure a broader geographic base and additional specialty related degrees. As with all counts and percentages in the 2014 FSMB Census, resident physician licenses were excluded when such licenses could be identified.

Figure 8: District of Columbia Board of Medicine Actively Licensed Physicians with Licenses in Other States



In comparison to the national physician workforce data from the Health Resources and Services Administration (HRSA), D.C. has a smaller percentage of physicians who are Caucasian/White, 50.12% compared to 68.70%. Similarly, 3.26% of actively licensed physicians in D.C. are Hispanic or Latino whereas 6.0% identify with those ethnicities on a national level. Additionally, there are a higher percentage of physicians who are Black or African American, 18.11% versus 5.10% nationally. In both groups there are comparable rates of individuals who identify as Asian, South Asian, Native Hawaiian, and other Pacific Islander as well as American Indian and Alaskan Native (see Figure 9).

Figure 9: Race/Ethnicity in Actively Licensed Physicians Compared to National Estimates[9]



[9] Health Resources and Services Administration (HRSA). "The U.S. Health Workforce Chartbook." November 2013.

The population of Washington D.C. in 2013 (646,449) was used to assess number of people per physician in the District by specialty. This was compared to people per physician by specialty in the U.S. For the most part, there are less people per physician in the District as compared to the U.S. In the case of Family Medicine however, there are approximately 5,931 individuals per physician whereas nationally there are 2,902 people per physician (see Table 11). Similarly amongst thoracic surgery specialists, there are 80,806 people per physician in the District and 69,925 people per physician in the U.S.

Table 11: People per Actively Practicing Physician by Specialty, D.C. vs. U.S.

	People Per Physician (D.C.)[10]	People Per Physician (U.S.)[11]
Allergy/Immunology	38,026	70,188
Anesthesiology	3,715	7,756
Cardiology	5,621	14,356
Critical Care	32,322	35,794
Dermatology	18,470	27,821
Emergency medicine	5,478	8,489
Endocrinology	18,470	48,493
Family Medicine	5,931	2,902
Gastroenterology	9,507	23,200
Geriatrics*	6,724	9,250
Hematology & Oncology	11,146	22,951
Infectious Disease	14,053	39,755
Internal Medicine	1,612	2,847
Nephrology	15,392	33,652
Neurological Surgery	24,863	61,135
Neurology	10,774	24,029
Obstetrics & Gynecology	5,671	7,743
Ophthalmology	13,754	17,259
Orthopedic Surgery	11,754	16,317
Otolaryngology	16,576	33,919
Palliative Care	58,768	78,757
Pediatrics*	922	1,622
Physical Medicine & Rehabilitation	24,863	35,496
Plastic Surgery	20,853	45,539
Psychiatry	2,682	8,476
Pulmonary Disease	40,403	55,209
Rheumatology	23,943	59,012
General Surgery	8,081	12,551
Thoracic Surgery	80,806	69,925
Urology	18,470	32,354
Vascular Surgery	53,871	101,000

[10] Data Source: U.S. Census Bureau. 2013 American Community Survey 1-Year Estimates. August 11, 2015

[11] Association of Medical Colleges – Center for Workforce Studies. "2014 Physician Specialty Data Book." November 2014.

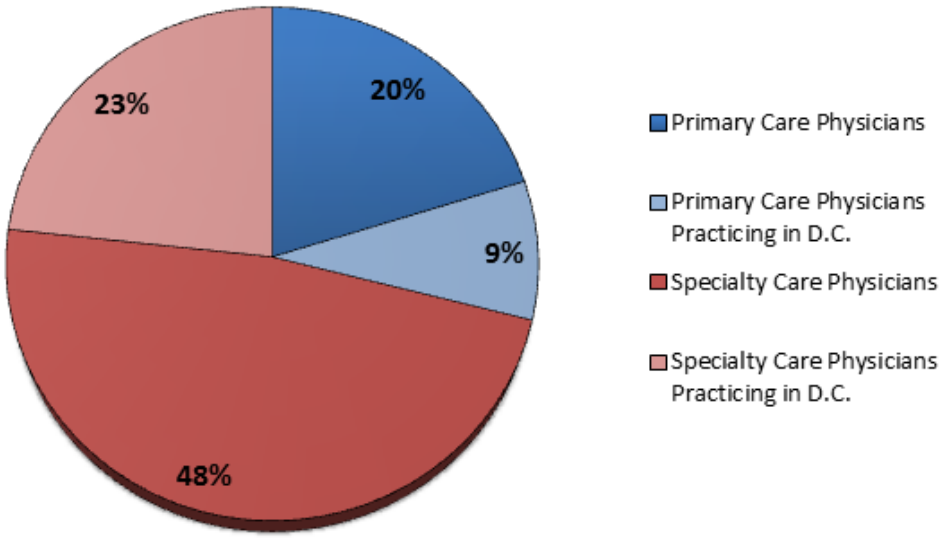
*Pediatrics and Geriatrics utilized populations of <21 and >64 respectively

2014 Physician Workforce Survey

The physician workforce survey was administered as a mandatory component of the physician license renewal application in 2014 in the District of Columbia. Based on the 9,174 physicians who renewed, 8,934 elected to renew with an Active Status License. Out of those physicians, 2,810 had a primary work address in D.C. and practiced in clinical care at least 20 hours per week.

Analysis in the workforce report is based on physicians who have an active status license as well as physicians who are actively practicing in the District (N=2,810). The four distinct groups include Primary Care Physicians (N=1,805), Primary Care Physicians Practicing in D.C. (N=780), Specialty Care Physicians (N=4,280), and Specialty Care Physicians Practicing in D.C. (N=2,030) (see Figure 10). There are 39 survey respondents who did not indicate a specialty.

Figure 10: Physician Survey Respondents by Primary and Specialty Care, 2014



Demographics:

Age

As seen in Figure 11, the majority of actively licensed physicians (N=8,934) are over the age of 30 while only 2% are 30 years of age or under. Although 24% of these respondents are over 60, a large amount of this subgroup is under 70 years of age (see Figure 12).

Figure 11: Physician Survey Respondent Age Distribution, 2014

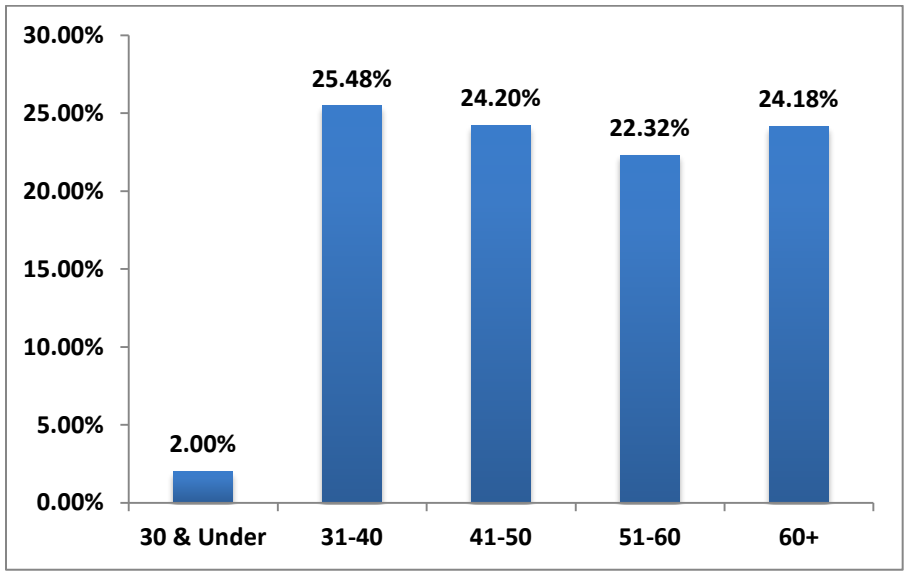
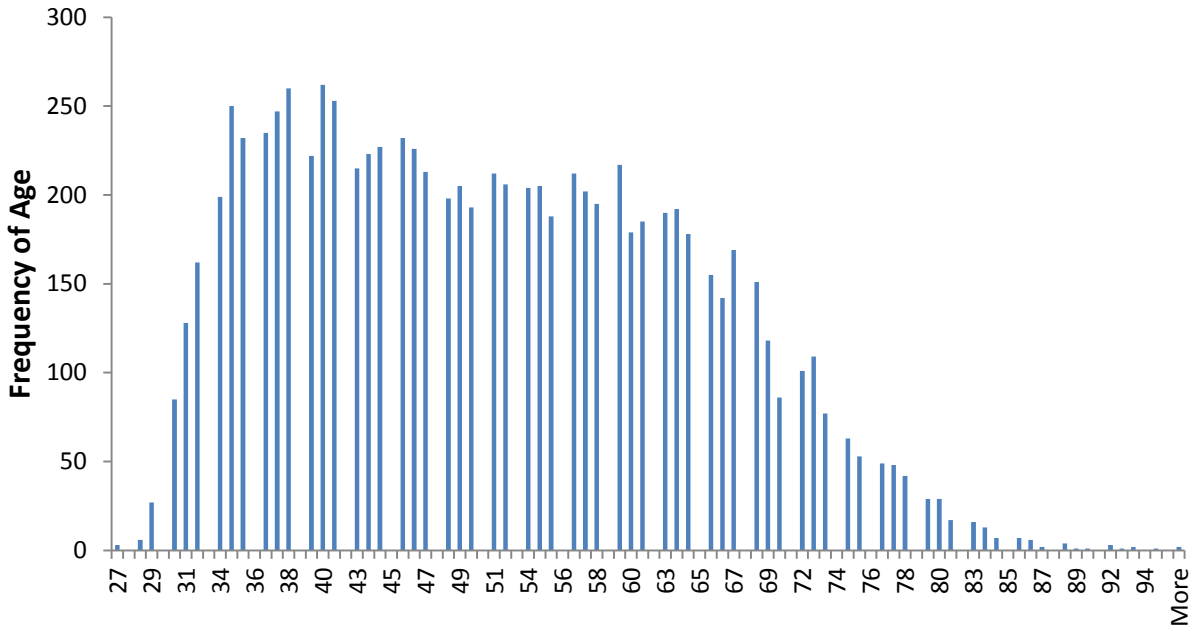


Figure 12: Physician Survey Respondent Frequency of Age, 2014



Additional comparisons in the primary and specialty care subgroups of actively licensed physicians show a consistent distribution of age in these two categories (see Figure 13). Actively practicing physicians, compared to those actively licensed, have a greater proportion of physicians who are 30 and under as well as 31 to 40. In the 51 to 60 and over 60 age groups, actively practicing physicians are not in the majority (see Figure 14).

Figure 13: Actively Licensed Primary and Specialty Care Physician Age Distribution, 2014

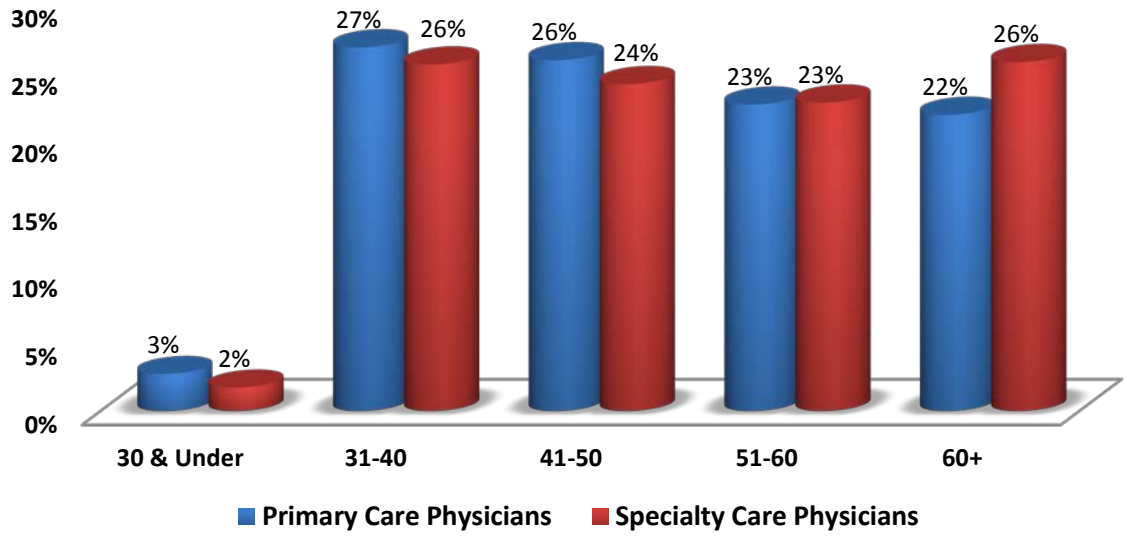
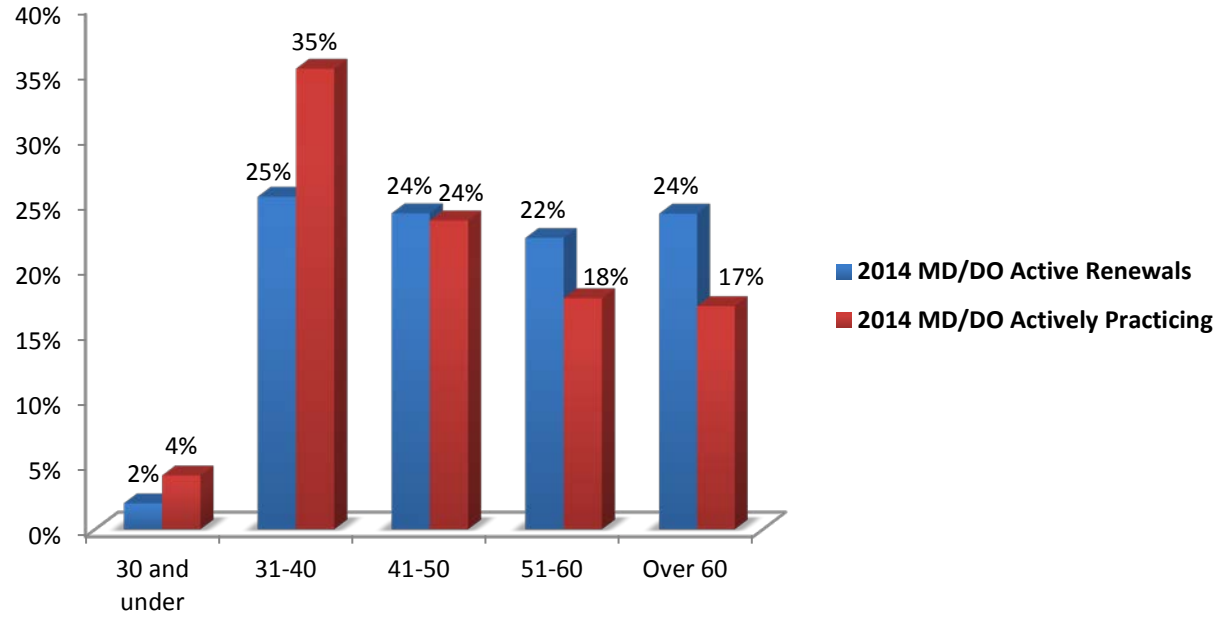


Figure 14: Comparison of Age for Active Renewals and Actively Practicing Physicians in 2014



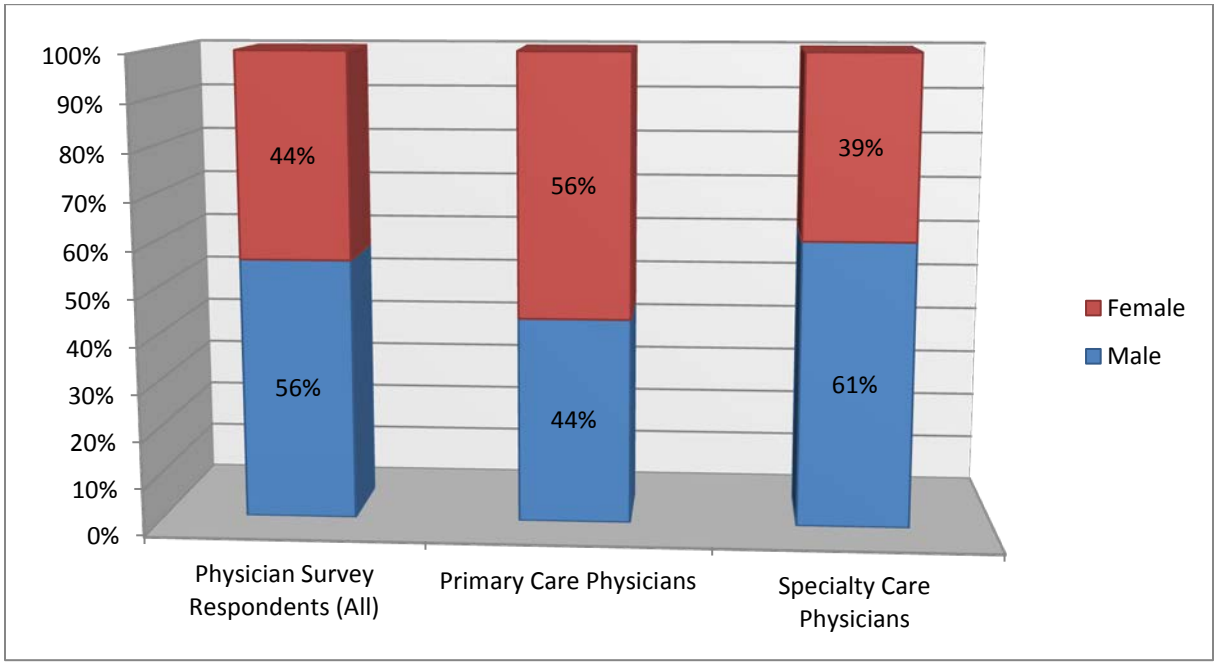
Gender

The distribution of male and female physicians is consistent when comparing the actively licensed physicians with those who are actively practicing (see Table 12). The distribution of male physicians is 44% amongst actively licensed primary care physicians and 61% amongst actively licensed specialty care physicians (see Figure 15). Female physicians were 56% and 39% of actively licensed primary care and specialty care physicians respectively.

Table 12: Gender Distribution in Active Licensed and Actively Practicing Physicians, 2014

	Actively Licensed Physicians N=8,934	Actively Practicing Physicians N=2,810
Male	56%	54%
Female	44%	46%

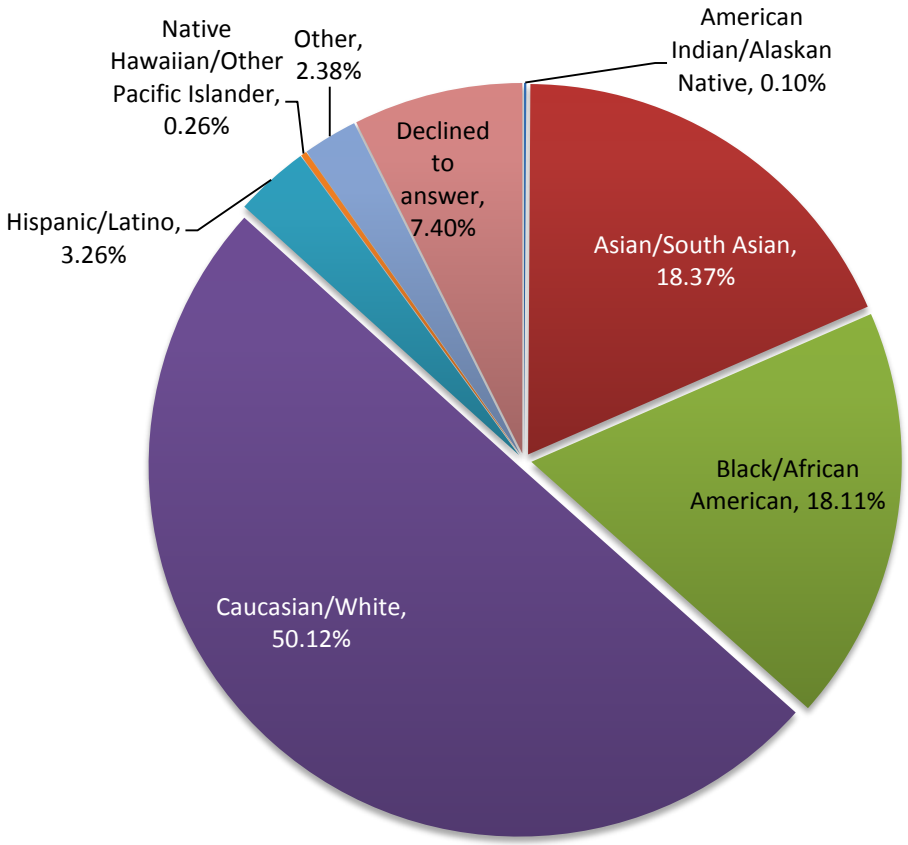
Figure 15: Gender Distribution in Actively Licensed Primary Care and Specialty Care Physicians, 2014



Race/Ethnicity

The majority of actively licensed physicians in the District of Columbia were Caucasian/White, slightly over 50% (see Figure 16). Black or African American physicians comprised the second largest racial group with 18%. The data collected on race and ethnicity in 2010 is comparable with the findings of this 2014 survey. In 2010, findings from the AMA revealed that nationally, Black or African American Physicians comprised 4% of all physicians, regardless of practice setting or number of hours in clinical care. There continues to be a higher percentage of Black and African American physicians in D.C. as compared to the distribution in the U.S. The variation in the distribution of race and ethnicity between actively licensed and actively practicing physicians is less than 1% in each subgroup.

Figure 16: Distribution of Race/Ethnicity in Actively Licensed Physicians, 2014



D.C. Residency

Amongst actively licensed physicians, 22% provided a home address within the District, a 19% decrease from the 27% of actively licensed physicians who lived in D.C. in 2010. Conversely, 34% of actively practicing physicians are D.C. residents which is a 21% increase from the 28% who indicated they were living within the District and actively practicing in 2010 (see Figure 17 and Figure 18).

Figure 17: Actively Licensed and Actively Practicing Physicians living in the District, 2014

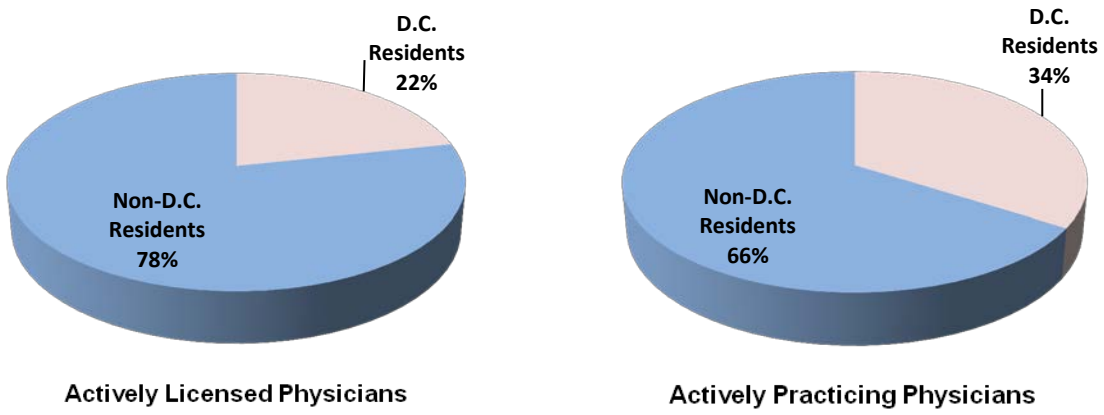
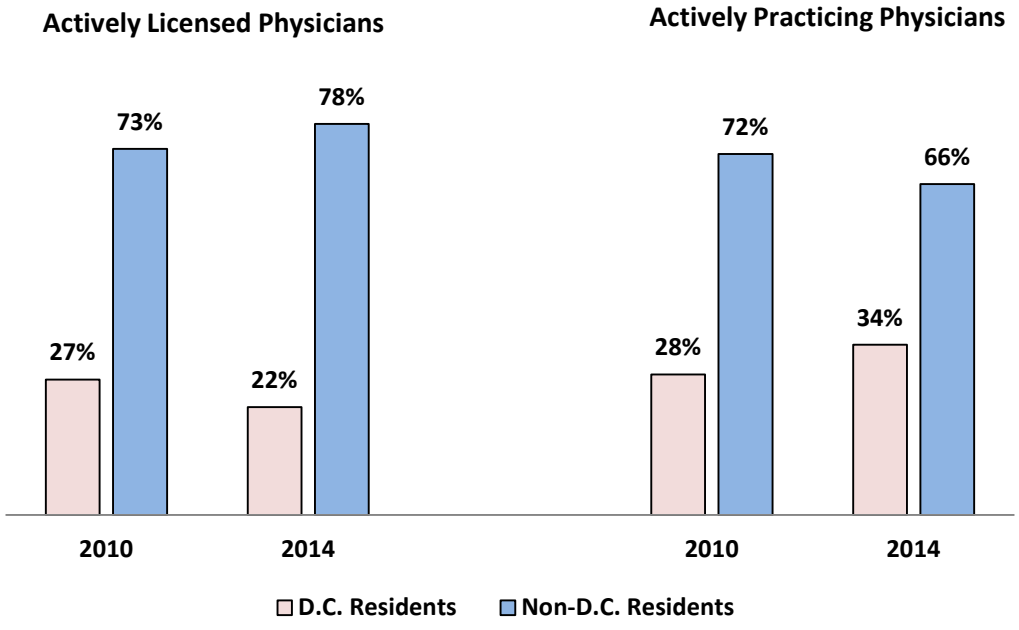


Figure 18: Actively Licensed and Actively Practicing Physicians living in the District, 2010 vs. 2014



Foreign Languages

In 2014 physicians were asked if they spoke another language fluently, in addition to English. Approximately 28% of actively licensed and actively practicing physicians responded that they are fluent in another language. This distribution is the same when analyzing primary care and specialty care physician subgroups. The top five most common foreign languages spoken include Spanish, Hindi, French, Arabic, and Farsi (see Figure 19). Additional common languages are outlined in Table 13.

Figure 19: Most Common Foreign Languages amongst Actively Licensed Physicians, 2014

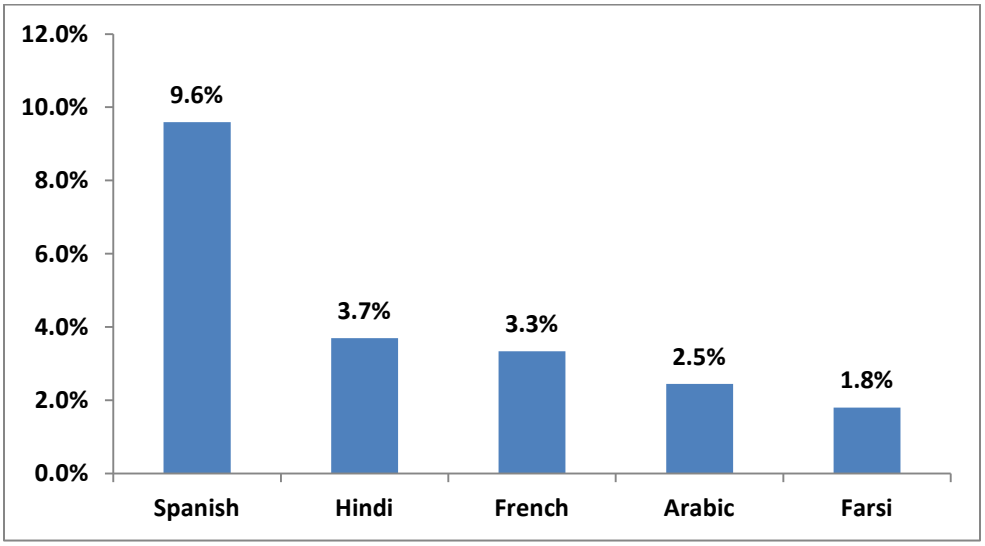


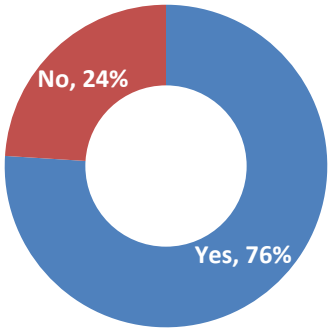
Table 13: Additional Common Foreign Languages amongst Actively Licensed Physicians, 2014

Language	Distribution
Urdu	1.2%
Mandarin	1.2%
Punjabi	1.1%
Amharic	1.0%
Tagalog	0.8%
German	0.8%
Korean	0.8%
Italian	0.7%
Gujarati	0.6%
Russian	0.6%
Portuguese	0.5%
Bengali	0.5%
Telugu	0.5%

Medical School

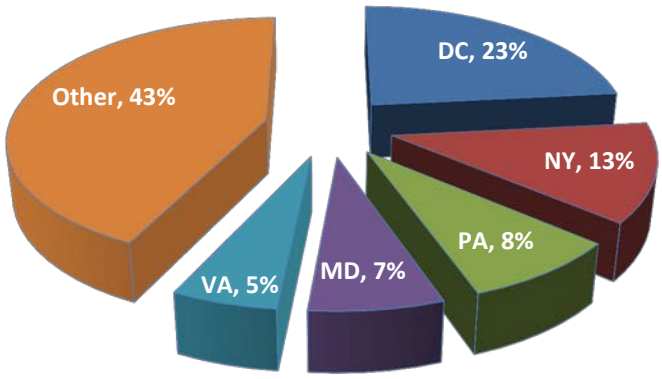
In order to be eligible to practice as a licensed physician in the United States, there are three distinct routes for medical education including graduation from a U.S. school of allopathic medicine, U.S. school of osteopathic medicine, or graduation from an international school of medicine. Seventy-six percent of physicians actively licensed in the District indicated that they graduated from a medical school in the U.S. (see Figure 20). For those physicians who did not complete medical school in the U.S., the top five countries where they attended an international school of medicine include India (19%), Pakistan (5%), Iran, Nigeria, and the Philippines (4% each).

Figure 20: Actively Licensed Physicians who are Graduates of U.S. Medical Schools, 2014



Amongst actively licensed physicians who completed medical school in the U.S., the top four states where the schools were located, in addition to the District of Columbia, were New York, Pennsylvania, Maryland, and Virginia (see Figure 21). A similar trend in the top five states is seen amongst actively practicing physicians.

Figure 21: Most Common States where Actively Licensed Physicians Completed Medical School, 2014



Non-Clinical Activities of Physicians:

In addition to clinical activities, the survey also addressed the type of non-clinical areas in which physicians were engaged. The most common non-clinical activity of all actively licensed physicians (N=8,934) was Teaching or Education (52%), followed by Administration (34%), Research Medicine (26%), medically-related Volunteering (9%), and Preventive Medicine and Public Health (9%) (see Figure 22). The largest difference between non-clinical activities of actively licensed primary care and specialty care physicians was Research Medicine with a 14% and 31% involvement rate, respectively (see Table 14 and Table 15).

Figure 22: Non-Clinical Activities of Actively Licensed Physicians, 2014

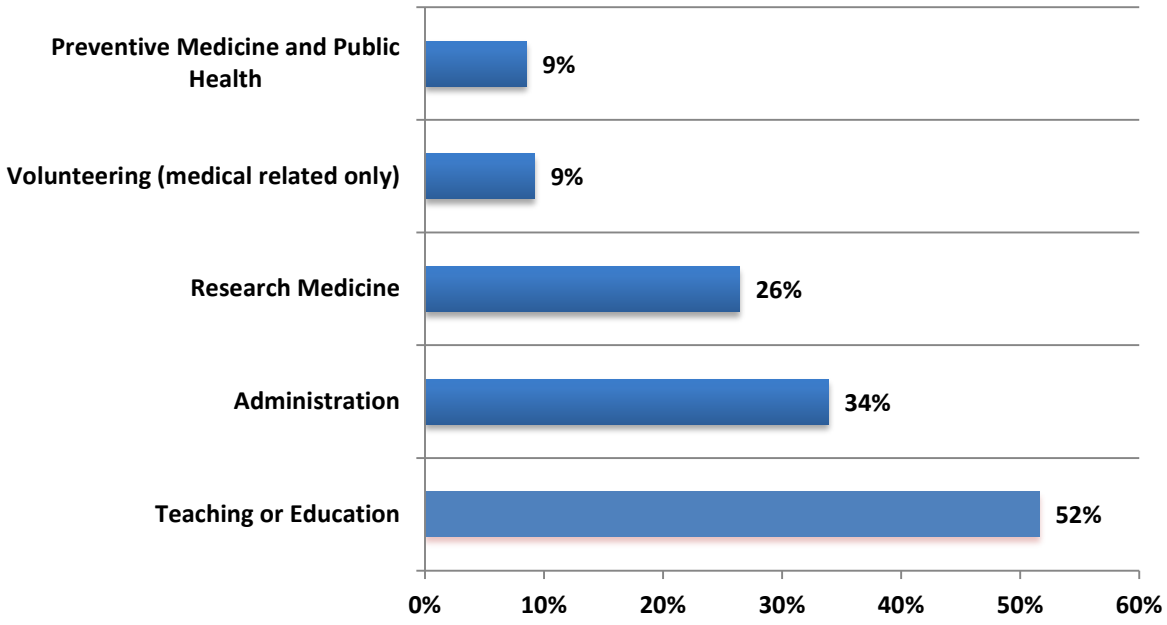


Table 14: Non-Clinical Activities of Primary Care Physician Survey Respondents, 2014

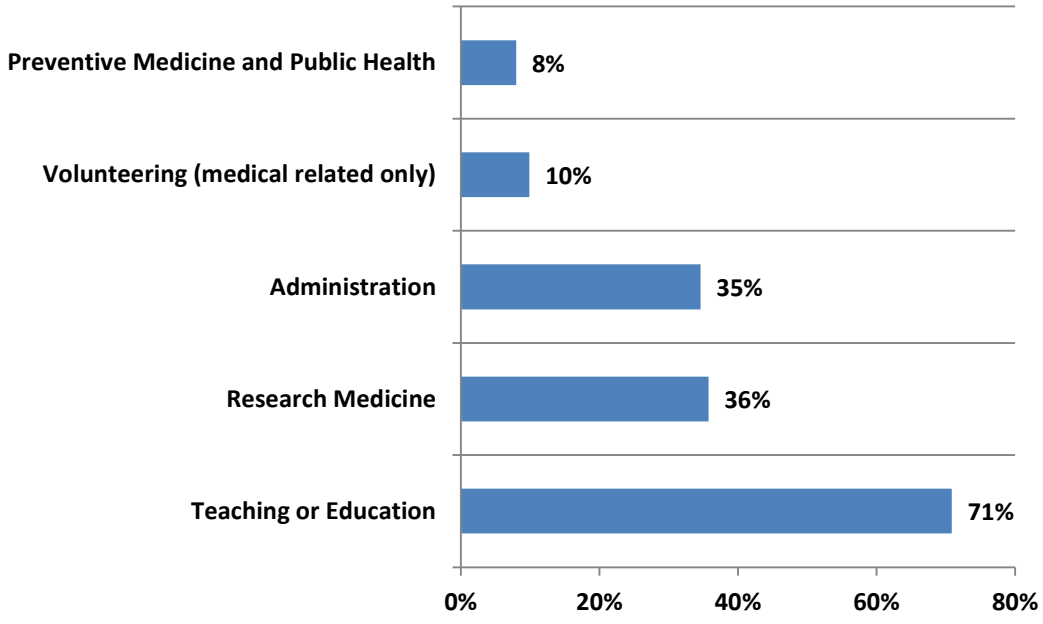
	Number of Respondents N=2,585	Distribution of Respondents
Teaching or Education	1,106	43%
Administration	766	30%
Research Medicine	372	14%
Preventive Medicine and Public Health	323	12%
Volunteering (medical related only)	236	9%

Table 15: Non-Clinical Activities of Specialty Care Physician Survey Respondents, 2014

	Number of Respondents N=6,310	Distribution of Respondents
Teaching or Education	3,495	55%
Administration	2,257	36%
Research Medicine	1,982	31%
Volunteering (medical related only)	582	9%
Preventive Medicine and Public Health	438	7%

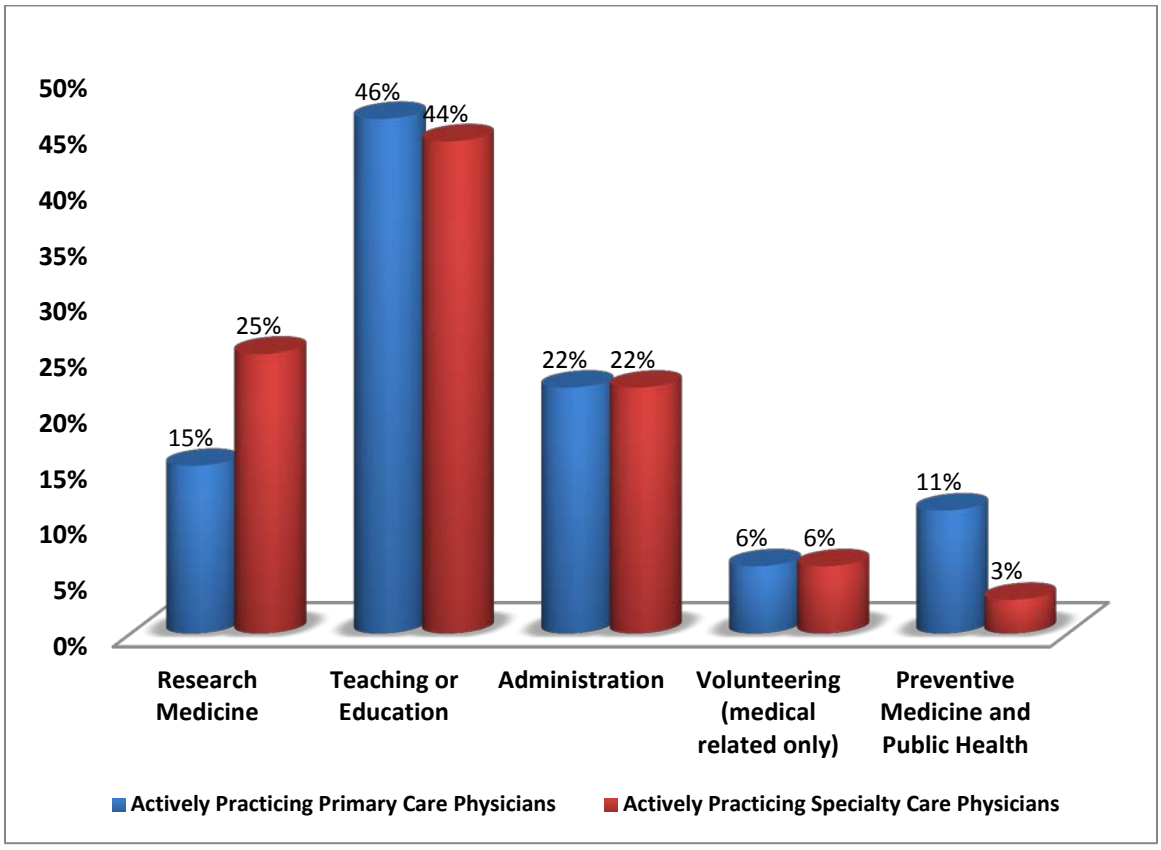
Actively practicing physicians were more commonly involved with Teaching and Education; 71% compared to 52% in the general group of licensed physicians (see Figure 23). Actively practicing physicians may be more likely to be involved with Teaching or Education if they interact with postgraduate physicians in their practice setting. Research Medicine was also more common in the actively practicing physician group, 36% compared to 26% of actively licensed physicians. Rates of involvement with Administration, medically-related Volunteering, and Preventive Medicine and Public Health, were similar (see Figure 22 and Figure 23).

Figure 23: Non-Clinical Activities of Actively Practicing Physicians, 2014



Further differences were assessed when comparing non-clinical activities of actively practicing primary care physicians with actively practicing specialty care physicians (see Figure 24). Approximately 11% of primary care physicians were involved with Preventive Medicine and Public Health while 3% of specialty care physicians selected this category. Twenty-five percent of actively practicing specialty care physicians were involved with Research Medicine, compared to 15% of actively practicing primary care physicians (see Figure 24).

Figure 24: Comparison of Non-Clinical Activities in Actively Practicing Primary Care and Specialty Care Physicians, 2014



Clinical/Patient Care Hours:

The majority of actively licensed physicians (89% [N=7,987]) indicated that they provide patient care in their primary area of practice. Ten percent did not provide patient care. Thirty-nine physicians did not respond to this question (see Figure 25). The distribution of the provision of patient care was similar in actively licensed primary and specialty care physicians (see Table 16 and Table 17).

Thirty percent and 32% of actively licensed primary and specialty care physicians, respectively, indicated that their primary business location was in the District and practiced greater than or equal to 20 hours per week (see Figure 26). This is a conservative estimate, as approximately 697 physicians reported a primary business location in D.C. and no responses were extracted for hours worked.

Figure 25: Actively Licensed Physicians Providing Patient Care in Primary Specialty Area of Practice, 2014

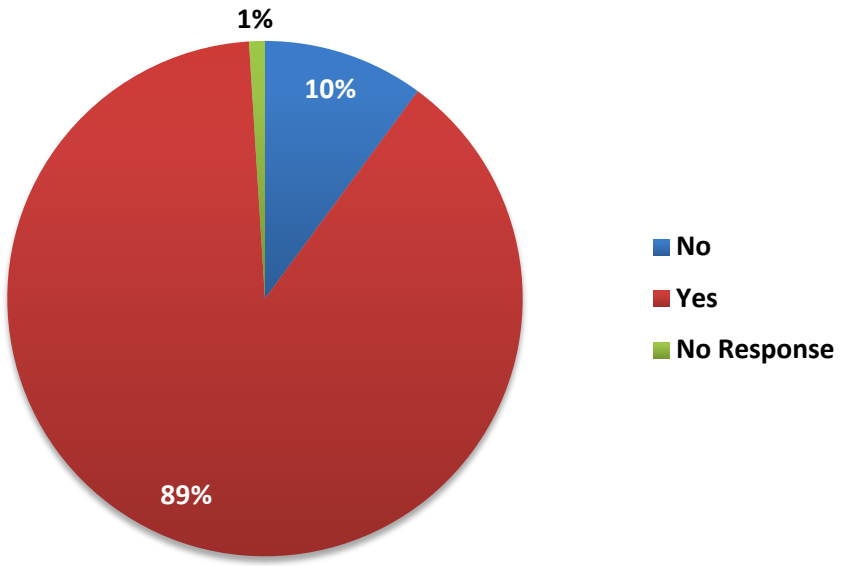


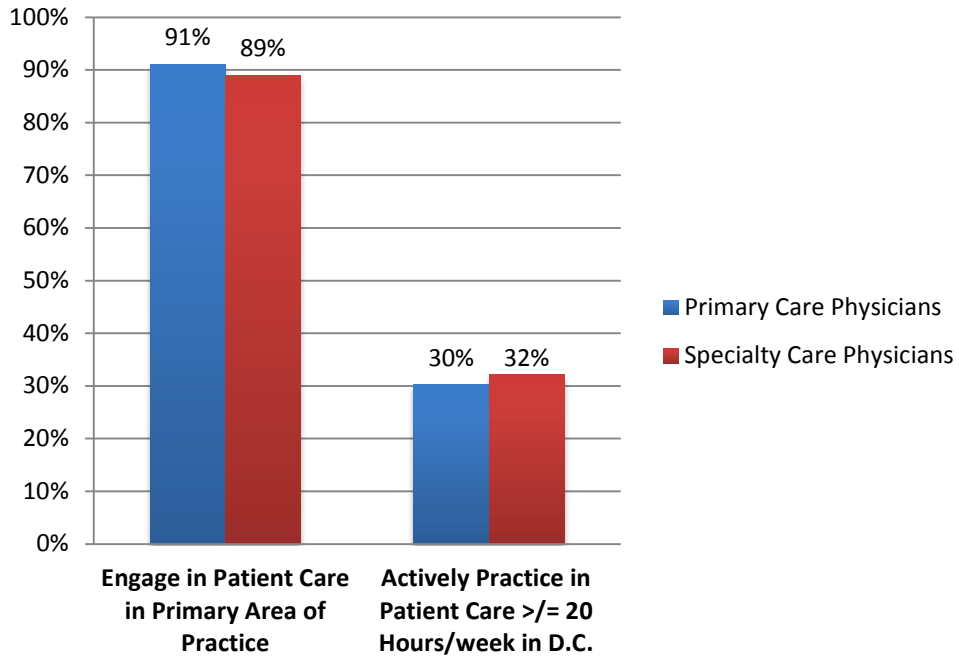
Table 16: Clinical/Patient Care Hours of Primary Care Physician Survey Respondents, 2014

	Number of Respondents (N=2,585)	Distribution of Respondents
Engage in Patient Care in Primary Area of Practice	**2,343**	**91%**
Actively Practice in Patient Care >20 Hours/week in D.C.	**780**	**30%**

Table 17: Clinical/Patient Care Hours of Specialty Care Physician Survey Respondents, 2014

	Number of Respondents (N=6,310)	Distribution of Respondents
Engage in Patient Care in Primary Area of Practice	**5,644**	**89%**
Actively Practice in Patient Care >20 Hours/week in D.C.	**2,030**	**32%**

Figure 26: Primary and Specialty Care Physicians Providing Patient Care, 2014



Practice Specialty:

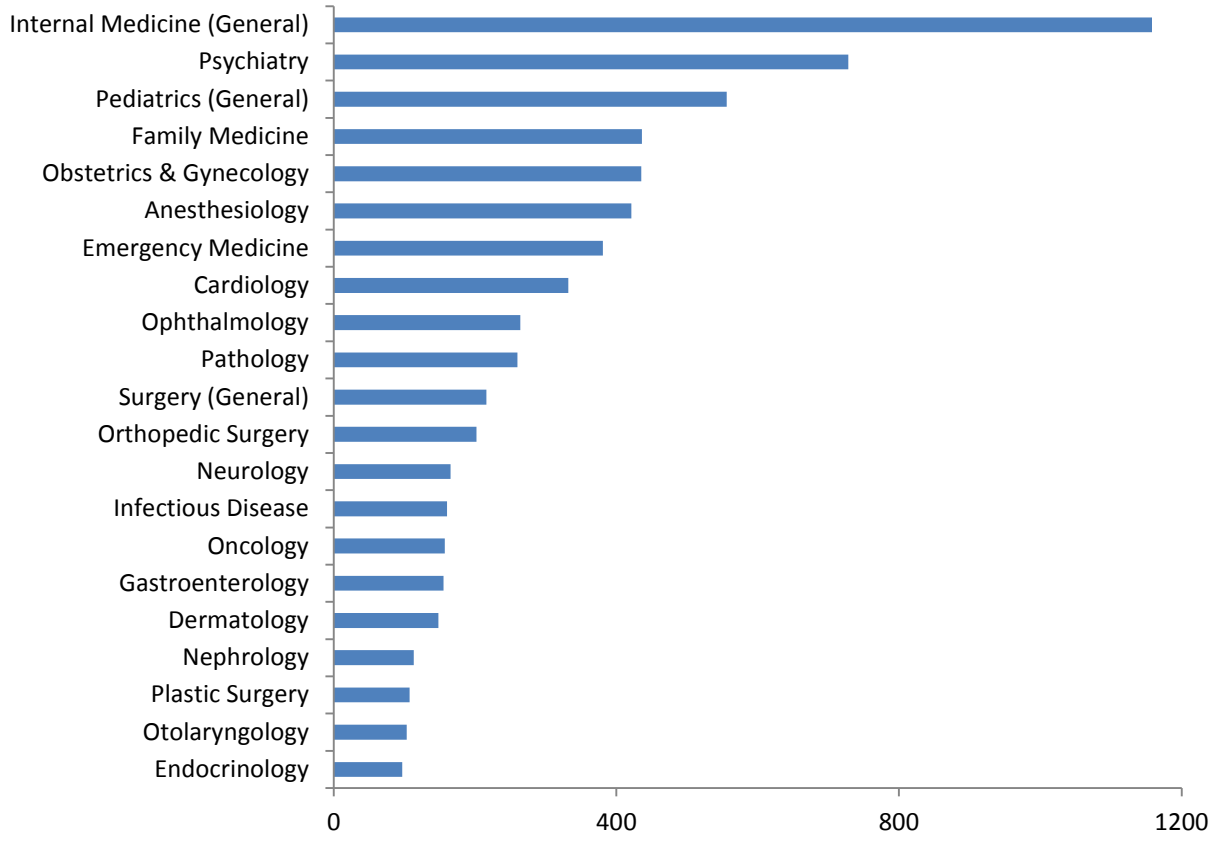
The top five most common specialties amongst actively licensed physicians are Internal Medicine (General), Psychiatry, Pediatrics (General), Family Medicine, and Obstetrics & Gynecology (see Table 18). Note that 4 out of the top 5 are within the primary care scope of practice. Approximately 9% (N=826) indicated "other." Additional specialties by the largest numbers of actively licensed physicians are listed in Figure 27 and are generally consistent with those identified in the AMA Physician Masterfile, with the exception of Pathology which was not reported in the national databases' most common specialties.[12]

Table 18: Actively Licensed Physicians by Most Common Specialty, 2014

	Number of Respondents (N=8,585)	Distribution of Respondents
Internal Medicine (General)	1,158	13.02%
Psychiatry	728	8.18%
Pediatrics (General)	556	6.25%
Family Medicine	436	4.90%
Obstetrics & Gynecology	435	4.89%
Anesthesiology	421	4.73%
Emergency Medicine	381	4.28%
Cardiology	332	3.73%
Ophthalmology	264	2.97%
Pathology	260	2.92%

[12] American Medical Association. "Physician Masterfile." December 2013.

Figure 27: Specialties with the Largest Numbers of Actively Licensed Physicians, 2014



Amongst actively licensed primary care physicians, the most common specialty was Internal Medicine (General) at 45% (see Table 19). Approximately 12% of actively licensed specialty care physicians selected Psychiatry as their main area of practice (see Table 20).

Table 19: Actively Licensed Primary Care Physicians by Most Common Area of Practice, 2014

	Number of Respondents (N=2,585)	Distribution of Respondents
Internal Medicine (General)	1,158	45%
Pediatrics (General)	556	22%
Family Medicine	436	17%
Obstetrics & Gynecology	435	17%

Table 20: Actively Licensed Specialty Care Physicians by Most Common Area of Practice, 2014

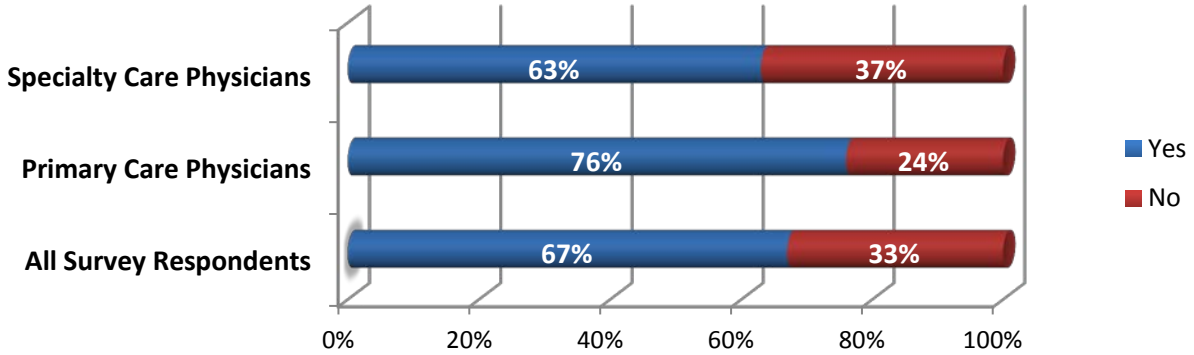
	Number of Respondents (N=6,310)	Distribution of Respondents
Psychiatry	**728**	**11.54%**
Anesthesiology	**421**	**6.67%**
Emergency Medicine	**381**	**6.04%**
Cardiology	**332**	**5.26%**
Ophthalmology	**264**	**4.18%**
Pathology	**260**	**4.12%**
Surgery (General)	**216**	**3.42%**
Orthopedic Surgery	**202**	**3.20%**
Neurology	**165**	**2.61%**
Infectious Disease	**160**	**2.54%**

Board Certification and Eligibility:

A physician who is Board Eligible has completed a residency in a certain specialty or subspecialty and is eligible to take the associated board exam for certification. The Board Certification status is attained when the physician has passed the examination and met the standards of a professional organization representing a particular medical specialty.

Based on survey results, 67% of actively licensed physicians indicated they are Board Certified. Amongst primary care and specialty care physicians, 76% and 63% respectively, are Board Certified in their primary specialty area of practice (see Figure 28). Amongst actively practicing physicians, 71% are Board Certified (N=1,986), with 78% (N=607) amongst actively practicing primary care physicians and 68% (N=1,379) amongst actively practicing specialty care physicians. Out of the physicians who are not Board Certified, 2 indicated that they are Board Eligible. Data provided by FSMB indicates that nationally, 79.1% physicians are Board Certified by an American Board of Medical Specialties (ABMS) specialty board (see Table 10). Based on their records, nearly 86% of actively licensed D.C. physicians are ABMS Board Certified. These percentages may vary due to the definition of "actively licensed physician." For instance, FSMB does not include physicians with primary roles in academia or administration in this definition, while they would have been included in the District's survey data if they had an active license.

Figure 28: Board Certification in Actively Licensed Physicians, 2014



Workforce Reduction and Retirement:

Survey respondents were asked to identify plans they had to change their practice within the next two years and were able to select more than one response. The majority of actively licensed physicians, 73%, indicated they had no plans to change their practice within the next two years (see Figure 29).

Amongst actively licensed primary and specialty care physicians, 72% and 73% of each group also had no plans to change practice in the next two years (see Table 21 and Table 22). Both groups have plans to add an additional practitioner to their practice (6% amongst primary care physicians and 5% amongst specialty care physicians). Plans to reduce patient hours may be offset by physicians who plan to increase hours.

Figure 29: Actively Licensed Physicians' Plans to Change Practice in Next Two Years, 2014

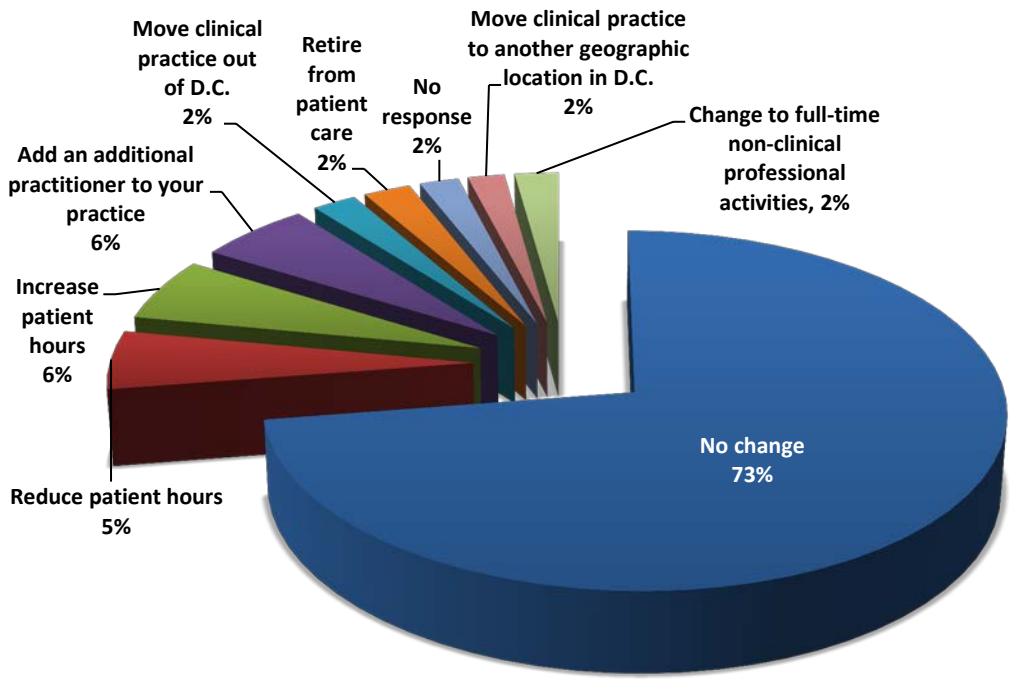


Table 21: Future Plans of Actively Licensed Primary Care Physicians within the Next 2 Years, 2014

	Number of Respondents N=2,585	Distribution of Respondents
No Change	1,939	72%
Increase patient hours	171	6%
Add an additional practitioner to practice	163	6%
Reduce patient hours	157	6%
Change to full-time non-clinical professional activities	77	3%
Retire from patient care	67	2%
Move clinical practice out of DC	50	2%
Move clinical practice to another geographic location in DC	40	1%
No Response	38	1%

Table 22: Future Plans of Actively Licensed Specialty Care Physicians within the Next 2 Years, 2014

	Number of Respondents N=6,310	Distribution of Respondents
No Change	4,797	73%
Increase patient hours	369	6%
Add an additional practitioner to practice	359	5%
Reduce patient hours	346	5%
Move clinical practice out of DC	155	2%
Retire from patient care	153	2%
Move clinical practice to another geographic location in DC	130	2%
Change to full-time non-clinical professional activities	126	2%
No Response	99	2%

Primary Care Physicians

The Institute of Medicine's Committee on the Future of Primary Care defines primary care as "the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." [13] The primary care workforce is inherent to meeting the diverse health needs of the public. To remain consistent with the 2010 and 2012 Physician & Physician Assistant Workforce Capacity Reports, primary care in this report includes Internal Medicine (General), Family Medicine, Pediatrics (General), and Obstetrics and Gynecology. Geriatrics, although included under specialty care physicians in this report, may also meet the definition of primary care.[14]

Two thousand, five hundred eighty-five (2,585) primary care physicians completed the workforce survey and elected to maintain an active license status. Sixty-six percent (N=1717) of primary care physician survey respondents indicated they had a primary or secondary practice location in the District. This was an increase from the 56% of primary care physician survey respondents who had a primary or secondary practice location in the District in 2012.

Among the 1,717 primary care physicians who indicated that they had a practice location in the District, 780 (45%) reported that they have a primary business location in which they engage in greater than or equal to 20 hours of clinical care per week in their primary area of practice.

The 780 primary care physicians were categorized as actively practicing in the District and consisted of 401 (51%) general internal medicine practitioners, 156 general pediatricians (20%), 114 (15%) obstetrics and gynecology (OB/GYN) practitioners, and 109 (29%) family medicine physicians.

Demographics:

Age

The majority of actively practicing primary care physicians (80%) is between the ages of 31 and 50 (see Table 23). The smallest segment of this group is physicians 30 years of age and under. Compared to the other primary care practice areas, Internal Medicine has the highest proportion of physicians over 60 years of age, approximately 19% or 1 out of every 5 practitioners (see Table 23). In 2012, 22% of Internal Medicine physicians were over 60 years of age. Also in 2012, 18% of pediatricians were over 60 while the current survey shows 10%. Collectively, 54% of actively practicing primary care physicians were between the ages of 31 and 50 in 2012, compared to 80% in 2014.

[13] Donaldson, MS, Yordy KD, Lohr KN, et al. Institute of Medicine, Division of Health Care Services, Committee on the Future of Primary Care. (1996). Primary Care: America's health in a new era. Washington, DC: National Academy Press. Available online at: www.Nap.edu/catalog.php?record_id=5152.

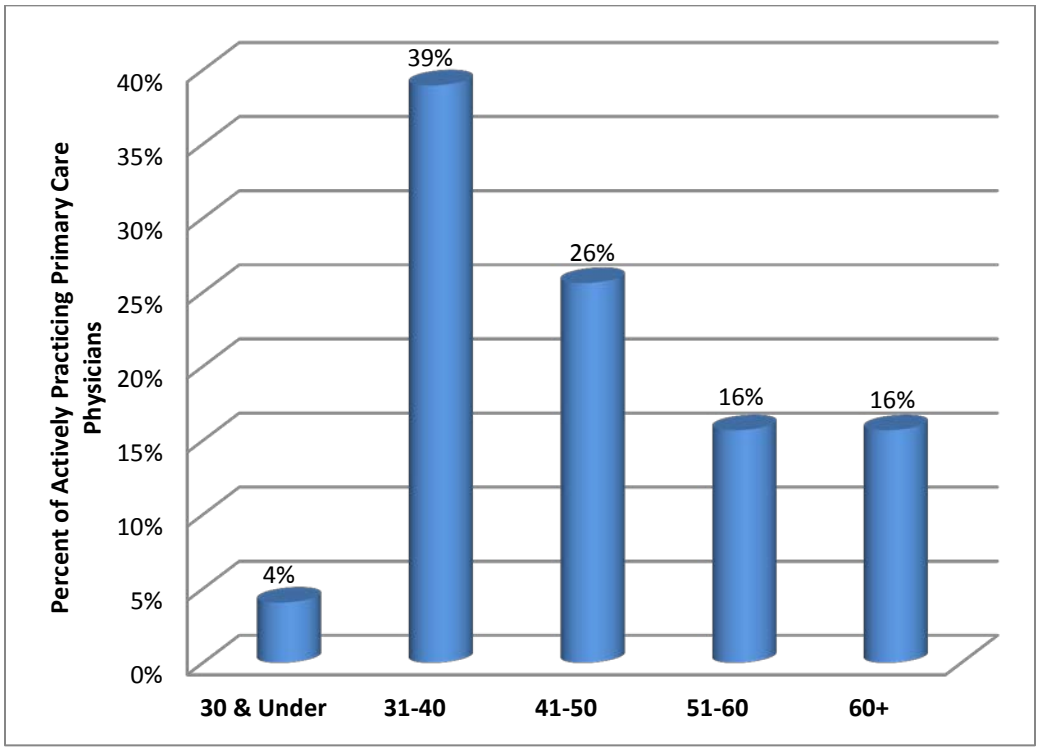
[14] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

Table 23: Age Distribution of Actively Practicing Primary Care Physicians, 2014

	Number of Respondents N=765*	Distribution of Respondents
30 & Under	31	4%
31-40	298	39%
41-50	196	26%
51-60	120	16%
Over 60	120	16%

***Date of birth not available for 15 respondents**

Figure 30: Age Distribution of Actively Practicing Primary Care Physicians, 2014



The age distribution for actively practicing primary care physicians was further assessed by practice areas (see Tables 24-27). Forty-nine percent of physicians specializing in pediatrics (N=75) and 45% of family medicine practitioners (N=49) were between the ages of 31 and 40. Thirty-four percent (N=134) of internal medicine physicians and 36% (N=40) of those specializing in obstetrics and gynecology were in the "31 to 40" age group (see Figure 31).

Table 24: Age Distribution for Actively Practicing General Internal Medicine Physicians, 2014

	Number of Respondents N=393*	Distribution of Respondents
30 & Under	18	5%
31-40	134	34%
41-50	102	26%
51-60	66	17%
Over 60	73	19%

***Date of birth data not available for 8 respondents**

Table 25: Age Distribution for Actively Practicing OB/GYN Physicians, 2014

	Number of Respondents N=110*	Distribution of Respondents
30 & Under	1	1%
31-40	40	36%
41-50	31	28%
51-60	22	20%
Over 60	16	15%

***Date of birth data not available for 4 respondents**

Table 26: Age Distribution for Actively Practicing General Pediatric Physicians, 2014

	Number of Respondents N=154	Distribution of Respondents
30 & Under	9	6%
31-40	75	49%
41-50	34	22%
51-60	16	10%
Over 60	20	13%

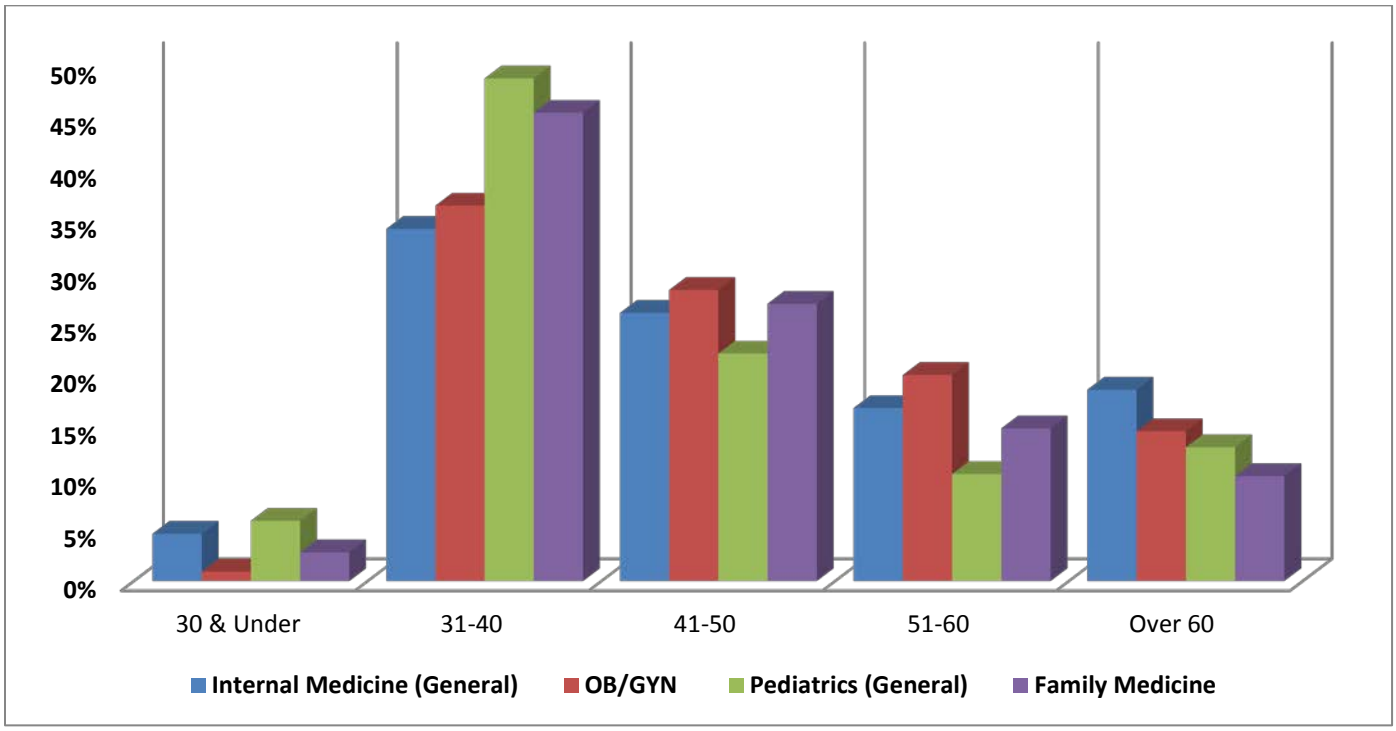
***Date of birth data not available for 2 respondents**

Table 27: Age Distribution for Actively Practicing Family Medicine Physicians, 2014

	Number of Respondents N=108*	Distribution of Respondents
30 & Under	3	3%
31-40	49	45%
41-50	29	27%
51-60	16	15%
Over 60	11	10%

***Date of birth data not available for 1 respondent**

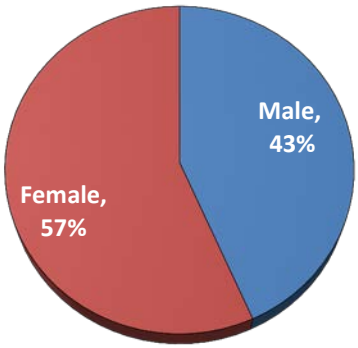
Figure 31: Age Distribution of Actively Practicing Primary Care Physicians by Practice Area, 2014



Gender

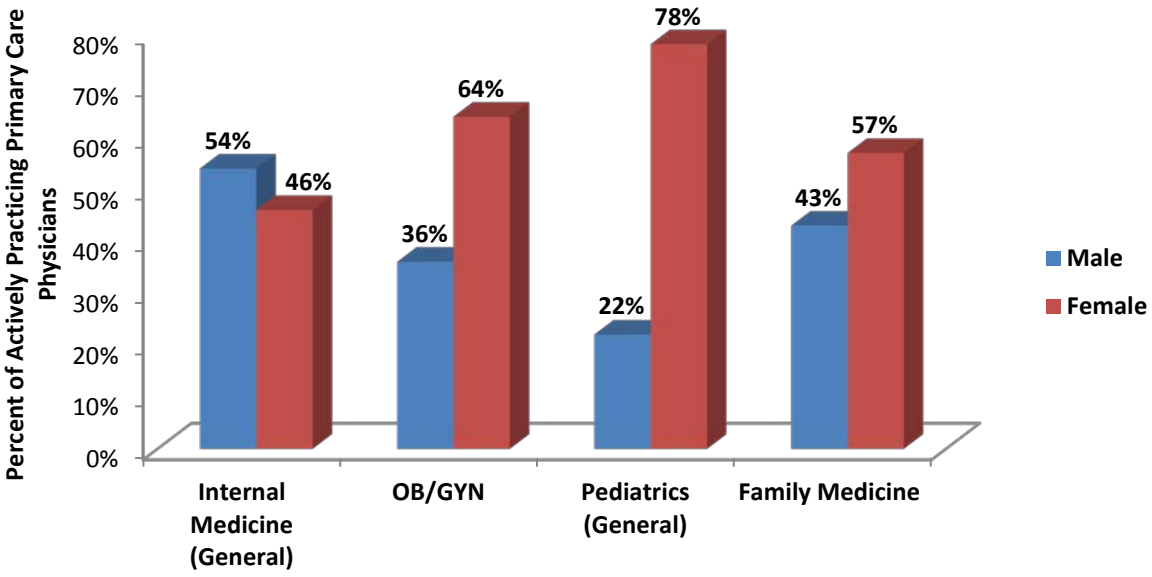
In actively practicing primary care physicians, females accounted for 57% while males accounted for 43% (see Figure 32).

Figure 32: Gender Distribution of Actively Practicing Primary Care Physicians, 2014



As was found in the 2012 data, Internal Medicine continued to be the one primary care specialty area with a greater distribution of males (53%) compared to females (47%). Females make up the majority in all other primary care practice areas, with the greatest proportion amongst pediatricians (see Figure 33).

Figure 33: Gender Distribution of Actively Practicing Primary Care Physicians by Practice Area, 2014



Clinical Practice Setting and Location:

When asked to select the best description for their primary practice or work setting, 45% of actively practicing primary care physicians selected a category related to Office/Clinic including Multi-Specialty Group, Partnership, Single Specialty Group, and Solo Practice (see Table 28). Hospital or Health-System Based Practice includes Federal Government Hospital, Ambulatory Care Center, Emergency Departments as well as Inpatient and Outpatient Center(s). These settings were selected by 42% of actively practicing primary care physicians. A closer look at the distribution of physicians who selected a hospital practice setting shows that 202 respondents identified their practice setting as inpatient, approximately 1 out of every 4 actively practicing primary care physician (see Table 29). Of the physicians who identified an Office/Clinic practice setting, 139 respondents or 18% of actively practicing primary care physicians indicated Multi-Specialty Group (see Table 30).

Table 28: Clinical Practice Settings amongst Actively Practicing Primary Care Physicians, 2014

	Number of Respondents N=780	Distribution of Respondents
Office/Clinic	350	45%
Hospital/Health-System Based Practice	325	42%
Federal/State/Community Health Center(s)	69	9%
Medical School	11	1%

Table 29: Hospital Practice Settings amongst Actively Practicing Primary Care Physicians, 2014

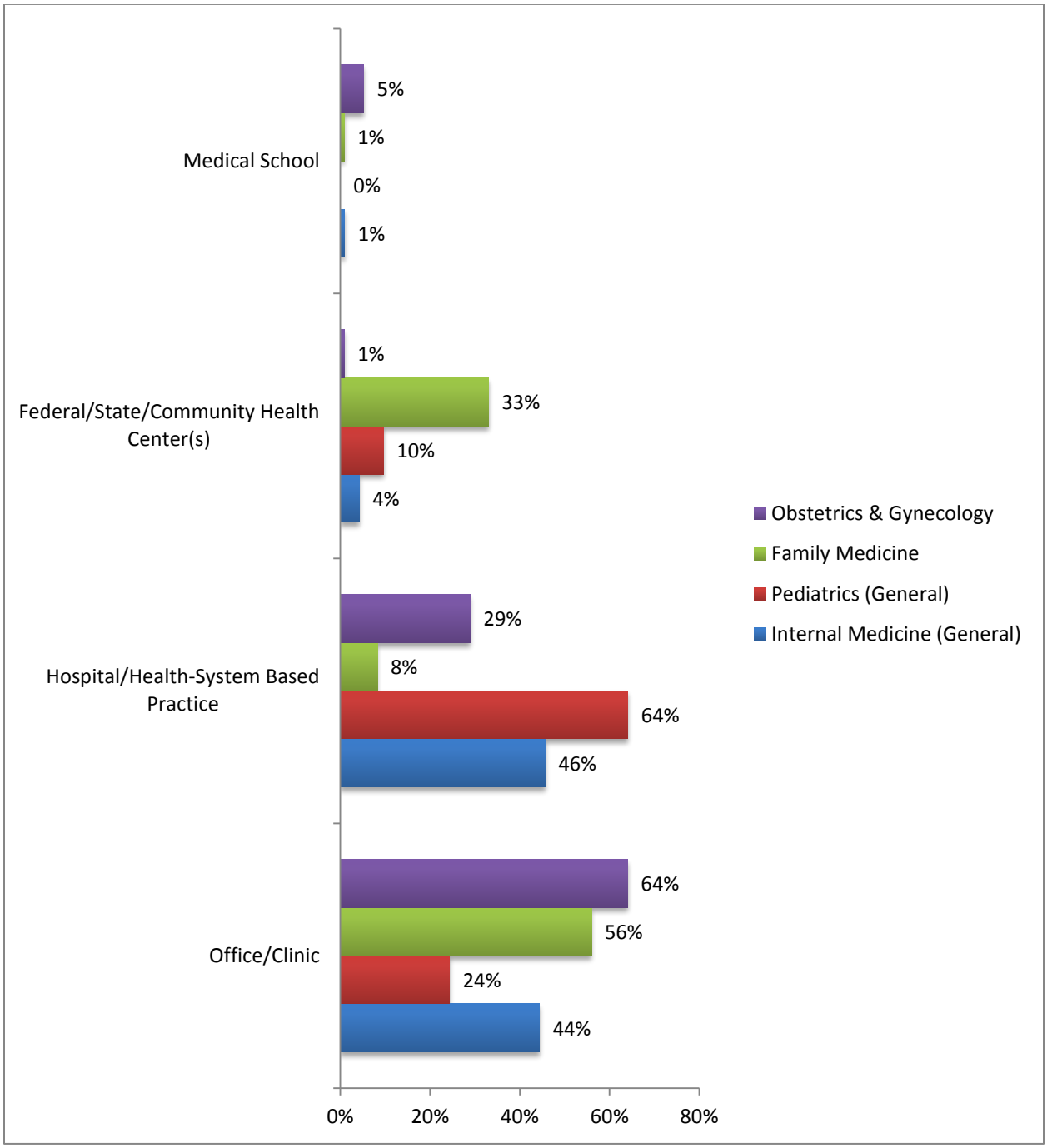
	Number of Respondents N=780	Distribution of Respondents
Hospital - Inpatient	202	26%
Hospital - Outpatient	57	7%
Hospital - Emergency Department	32	4%
Hospital - Ambulatory Care Center	23	3%
Federal Government Hospital	11	1%

Table 30: Office/Clinic Practice Settings amongst Actively Practicing Primary Care Physicians, 2014

	Number of Respondents N=780	Distribution of Respondents
Office/Clinic - Multi Specialty Group	139	18%
Office/Clinic - Single Specialty Group	84	11%
Office/Clinic - Solo Practice	77	10%
Office/Clinic - Partnership	50	6%

Practicing in a Federal, State, or Community Health Center was most common amongst Family Medicine physicians (see Figure 34). A Hospital or Health-System based practice was more prevalent amongst Pediatric and Internal Medicine physicians. Of the physicians who specialized in Obstetrics and Gynecology, 64% selected an office or clinic setting.

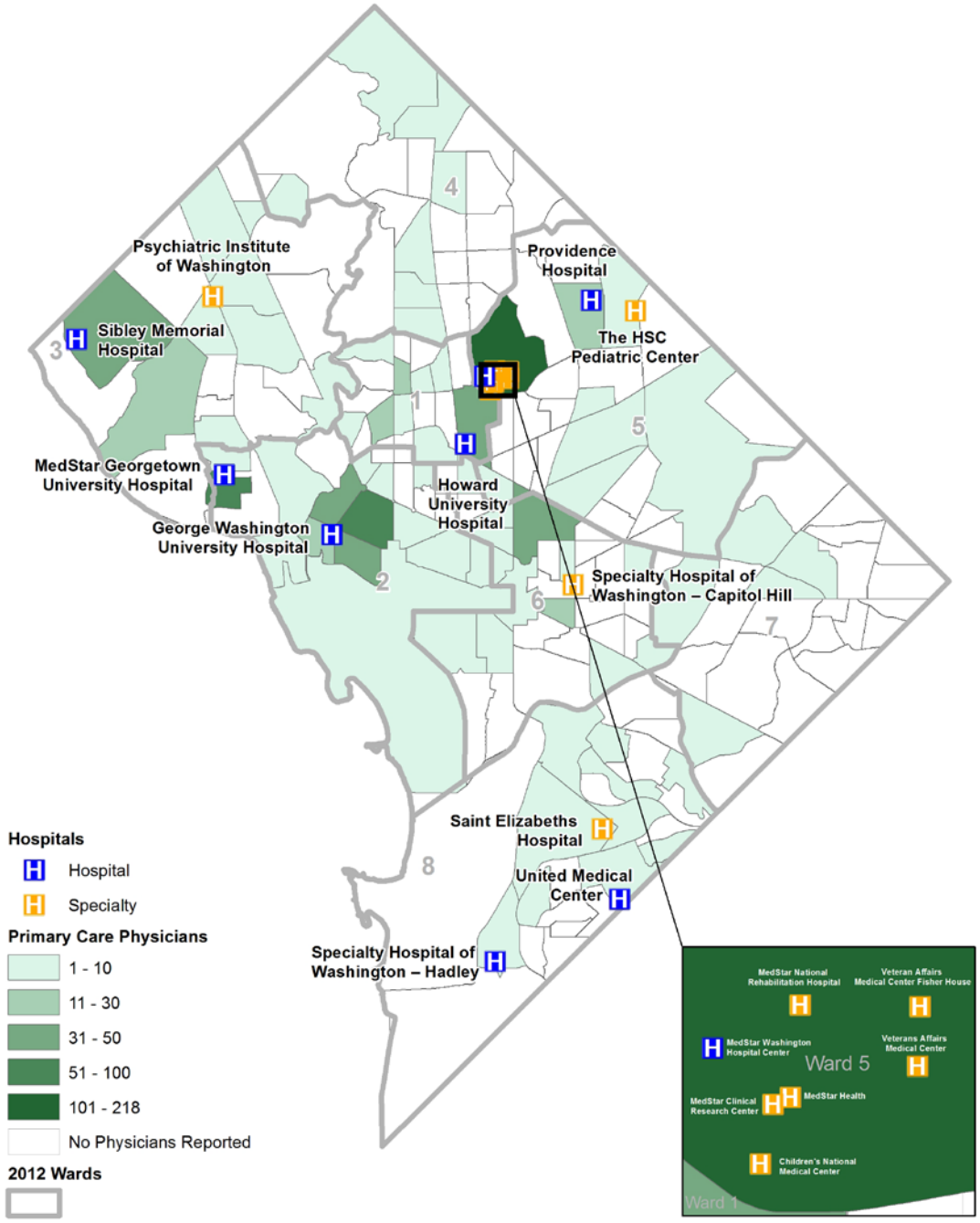
Figure 34: Clinical Practice Settings amongst Actively Practicing Primary Care Physicians by Specialty, 2014



Location

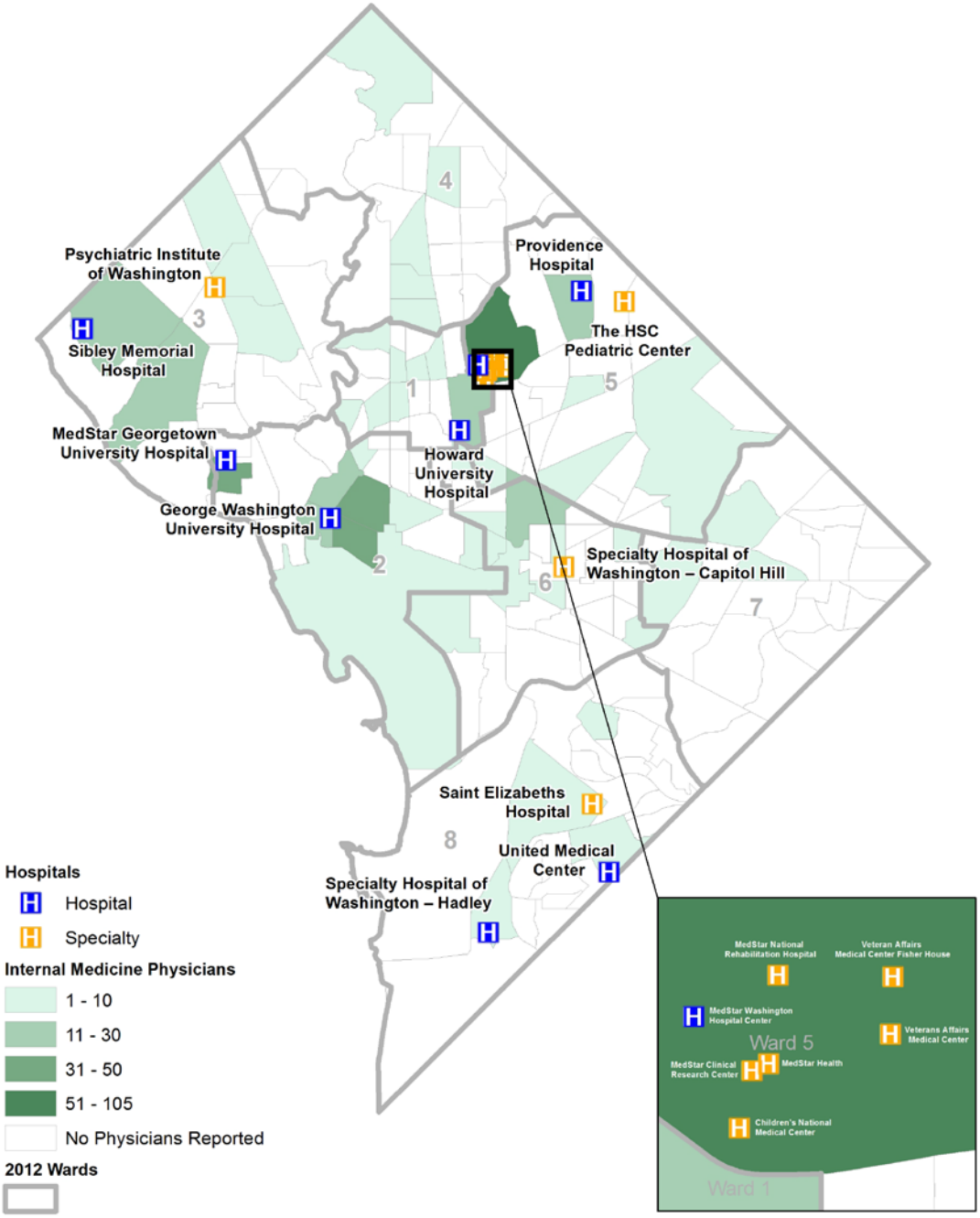
The highest number of actively practicing primary care physicians was in Wards 2 and 5 followed by Wards 1 and 3 (see Map 1).

Map 1 – Actively Practicing Primary Care Physician Practice Locations by Census Tract, 2014



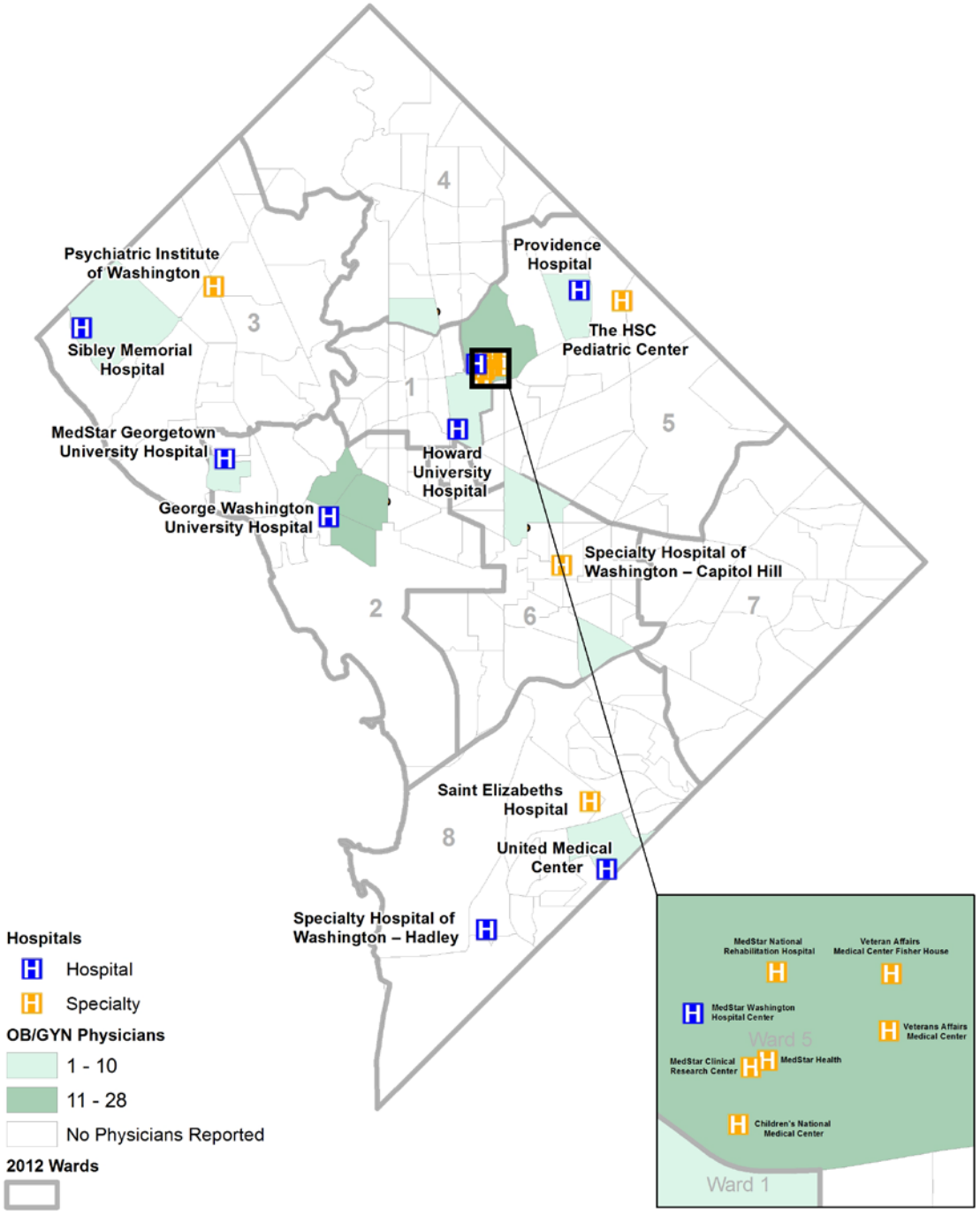
The highest number of actively practicing Internal Medicine (General) physicians was in Wards 2, 3, and 5 (see Map 2).

Map 2 – Actively Practicing Internal Medicine (General) Physician Practice Locations by Census Tract, 2014



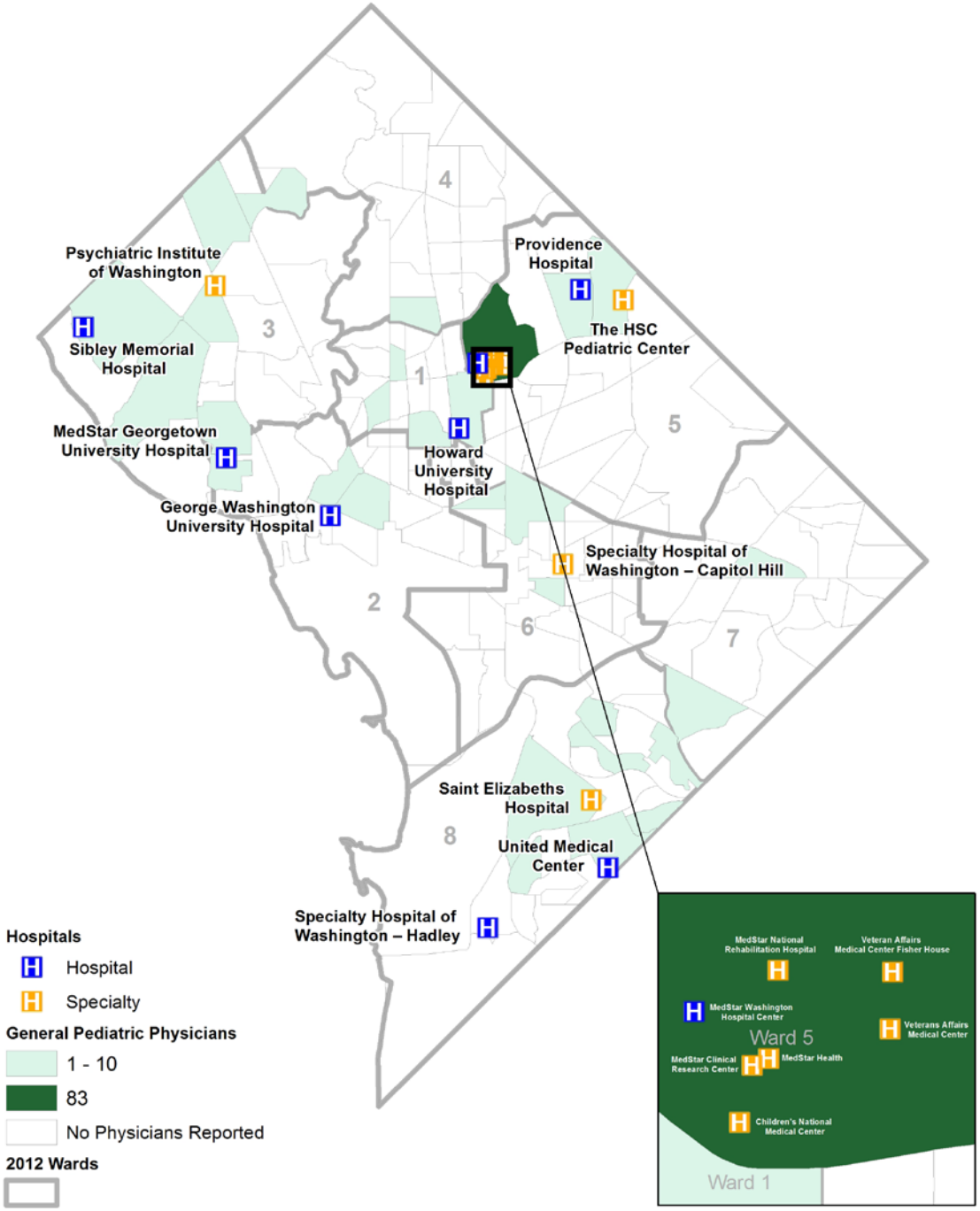
Amongst actively practicing OB/GYN physicians, the highest numbers of this group were located in Wards 2 and 5 (see Map 3).

Map 3 – Actively Practicing OB/GYN Physician Practice Locations by Census Tract, 2014



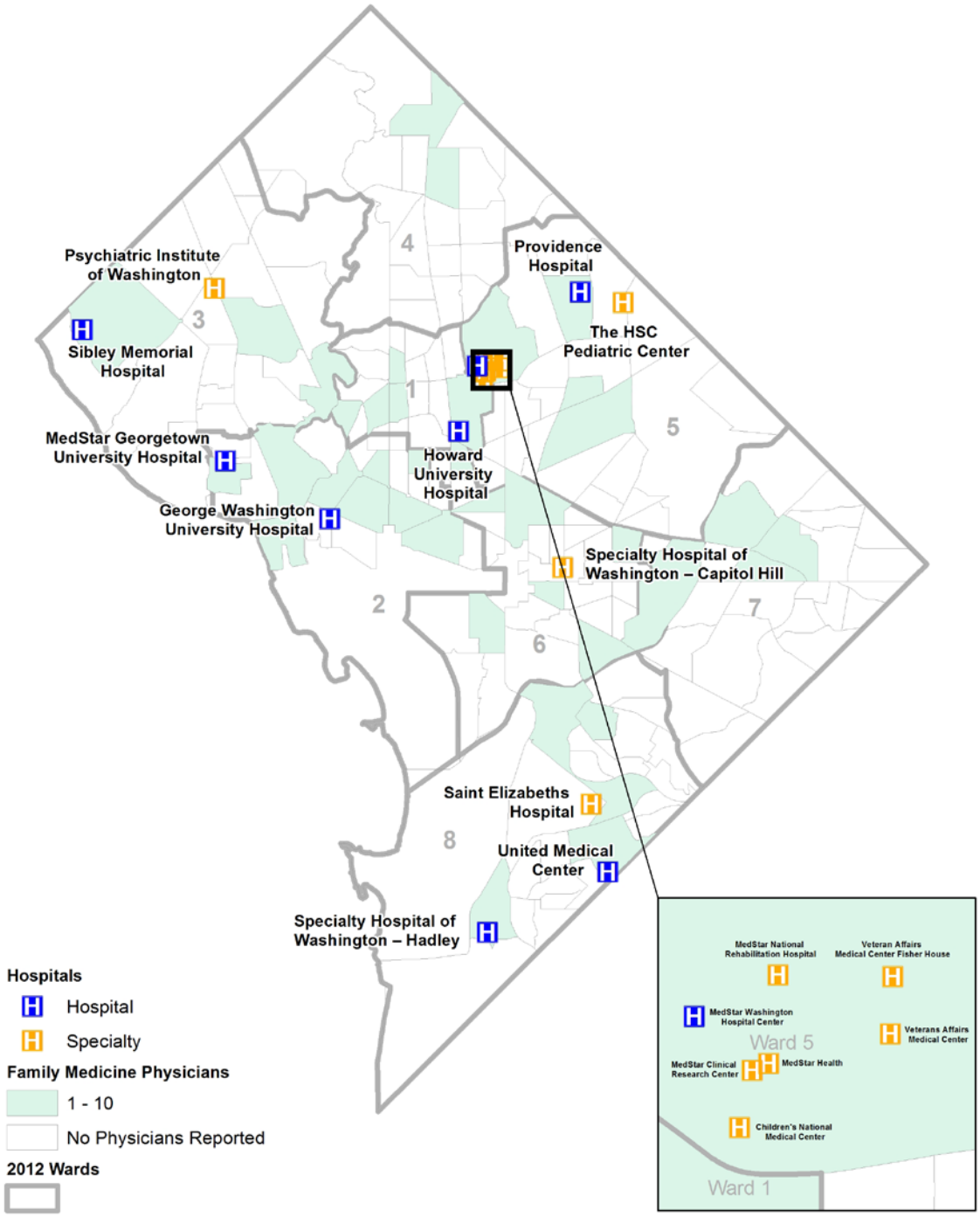
Amongst actively practicing Pediatric (General) physicians, the largest number of this group was located in Ward 5 (see Map 4).

Map 4 – Actively Practicing Pediatric (General) Physician Practice Locations by Census Tract, 2014



In general, actively practicing Family Medicine physicians are equally distributed in locations throughout the District, with the smallest number in Ward 4 (see Map 5).

Map 5 – Actively Practicing Family Medicine Physician Practice Locations by Census Tract, 2014



Workforce Reduction and Retirement:

The majority of actively practicing primary care physicians (78%) had no plans to change their practice hours or location within the next two years (see Figure 35 and Table 31). In 2012, 66% of actively practicing primary care physicians indicated no plans to make changes. A reduction in services to residents in the District may result from the 13% who have plans to reduce patient hours, move their clinical practice out of D.C., change to full-time non-clinical professional activities, or retire from patient care. This however may be offset by the 11% who have plans to increase patient hours or add an additional practitioner to their practice.

Figure 35: Future Plans of Actively Practicing Primary Care Physicians within the Next 2 Years, 2014

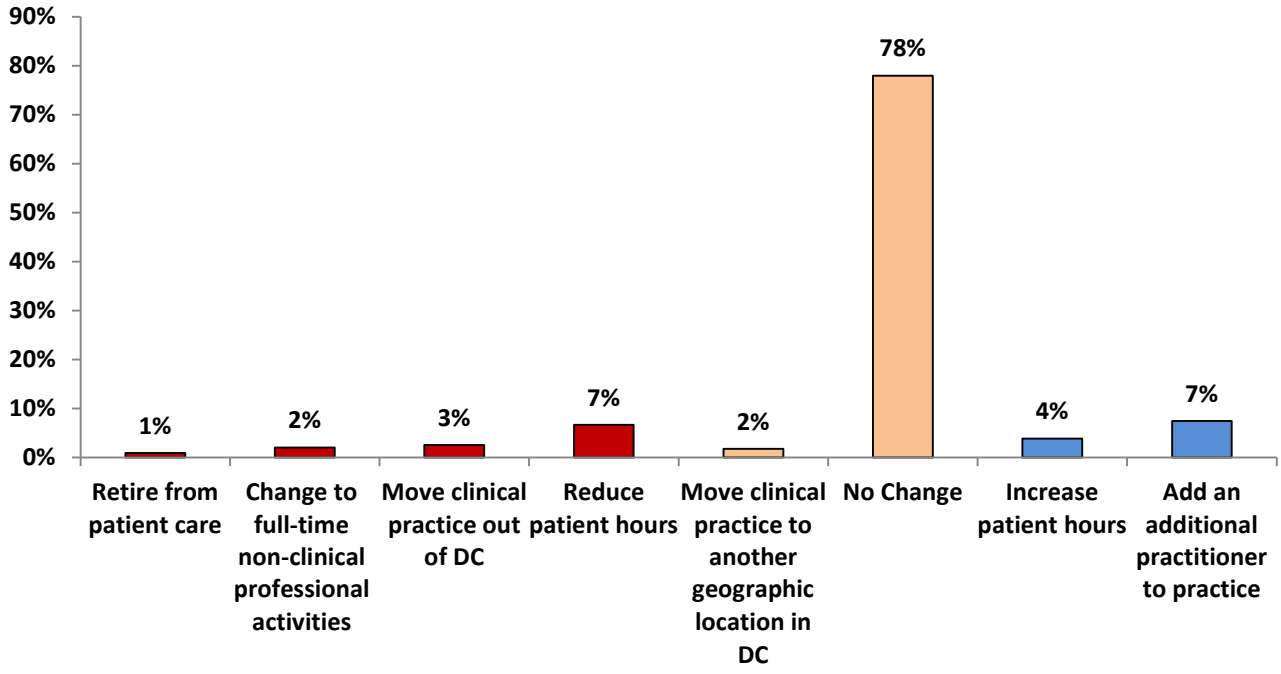


Table 31: Future Plans of Actively Practicing Primary Care Physicians within the Next 2 Years, 2014

	Number of Respondents N=780	Distribution of Respondents
No Change	608	78%
Add an additional practitioner to practice	58	7%
Reduce patient hours	52	7%
Increase patient hours	30	4%
Move clinical practice out of DC	20	3%
Change to full-time non-clinical professional activities	16	2%
Move clinical practice to another geographic location in DC	14	2%
No Response	7	1%
Retire from patient care	7	1%

The highest numbers of physicians who have plans to retire, reduce patient hours, or change to non-clinical activities full-time were located in Ward 5.

Map 6 – Actively Practicing Primary Care Physicians Reducing Patient Hours, Retiring or Changing to Non-clinical Activities, by Census Tract, 2014

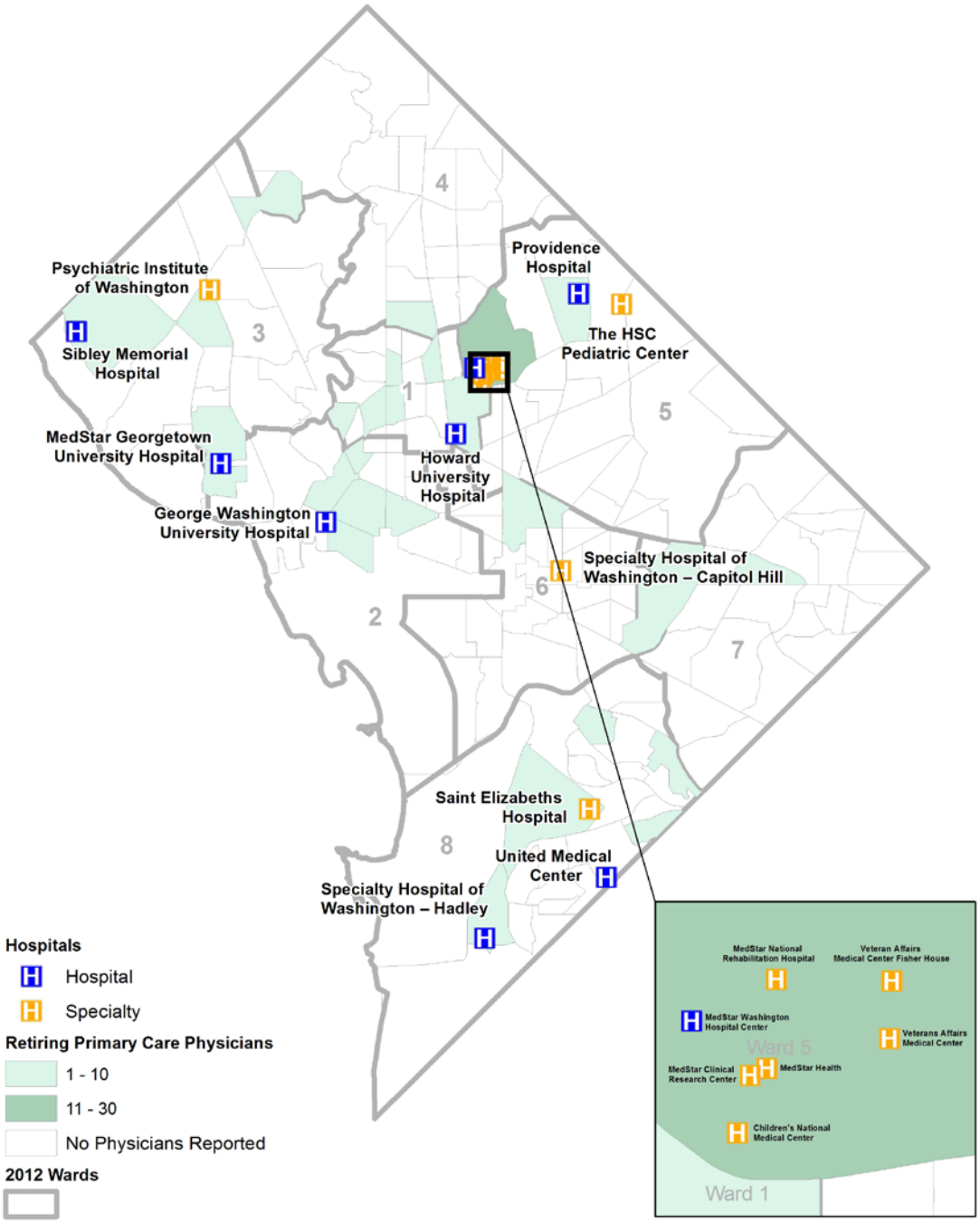


Table 32: Future Plans of Actively Practicing Internal Medicine (General) Physicians, Within the Next 2 Years, 2014

	Number of Respondents N=401	Distribution of Respondents
No Change	325	81%
Reduce patient hours	38	9%
Increase patient hours	16	4%
Change to full-time non-clinical professional activities	15	4%
Add an additional practitioner to practice	10	2%
Move clinical practice out of DC	5	1%
Retire from patient Care	5	1%
Move clinical practice to another geographic location in DC	5	1%
No Response	3	1%

Table 33: Future Plans of Actively Practicing OB/GYN Physicians, Within the Next 2 Years, 2014

	Number of Respondents N=114	Distribution of Respondents
No Change	85	75%
Add an additional practitioner to practice	10	9%
Reduce patient hours	7	6%
Move clinical practice out of DC	4	4%
Increase patient hours	3	3%
Change to full-time non-clinical professional activities	3	3%
Move clinical practice to another geographic location in DC	3	3%
Retire from patient care	1	1%
No Response	1	1%

Table 34: Future Plans of Actively Practicing Pediatric (General) Physicians, Within the Next 2 Years, 2014

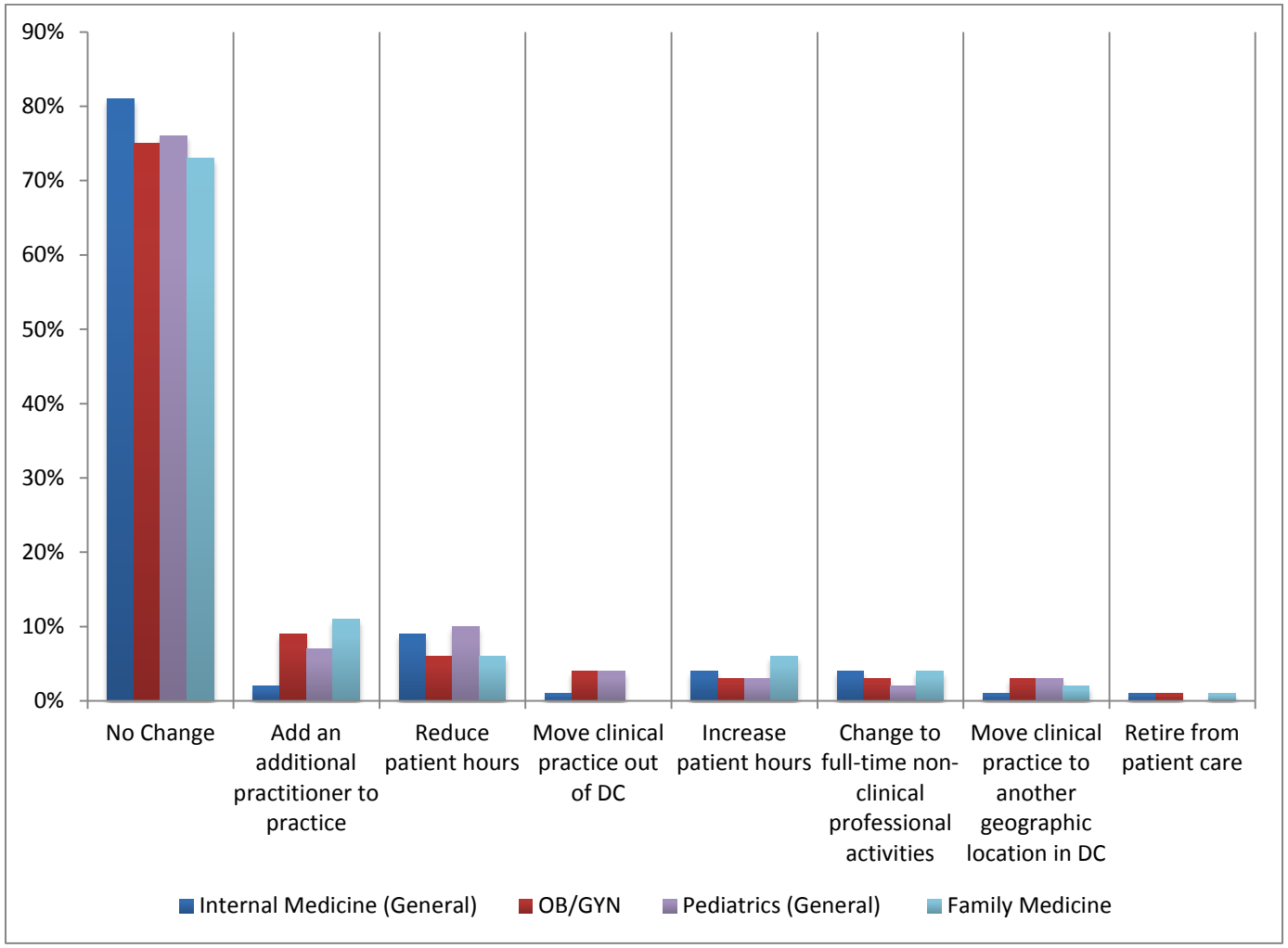
	Number of Respondents N=156	Distribution of Respondents
No Change	118	76%
Reduce patient hours	15	10%
Add an additional practitioner to practice	11	7%
Move clinical practice out of DC	7	4%
Increase patient hours	5	3%
Move clinical practice to another geographic location in DC	4	3%
Change to full-time non-clinical professional activities	3	2%
No Response	1	1%
Retire from patient care	0	0%

Table 35: Future Plans of Actively Practicing Family Medicine Physicians, Within the Next 2 Years, 2014

	Number of Respondents N=109	Distribution of Respondents
No Change	80	73%
Add an additional practitioner to practice	12	11%
Reduce patient hours	7	6%
Increase patient hours	6	6%
Change to full-time non-clinical professional activities	4	4%
Move clinical practice to another geographic location in DC	2	2%
No Response	2	2%
Retire from patient care	1	1%
Move clinical practice out of DC	0	0%

The primary care practice area with the highest distribution of physicians who had no plans to change their practice within the next two years was Internal Medicine (81%). Nine percent of Internal Medicine physicians planned to reduce patient hours. Family Medicine had the lowest distribution of physicians who did not intend to make changes (73%). Eleven percent of Family Medicine physicians planned to add an additional practitioner to their practice (see Figure 36).

Figure 36: Future Plans of Actively Practicing Primary Care Physicians within the Next 2 Years by Practice Area, 2014



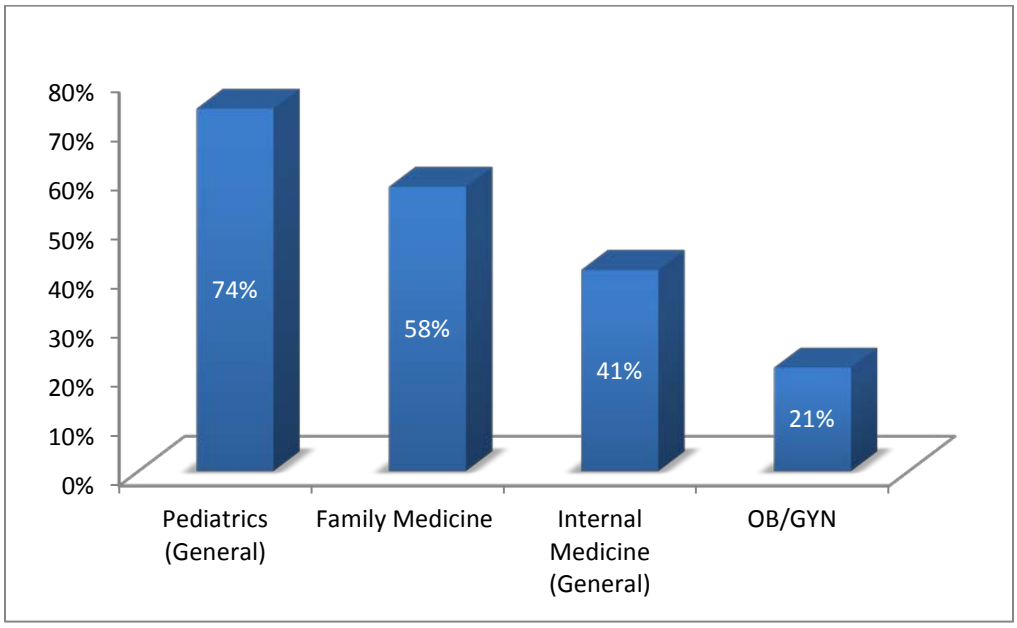
Extended Hours and Weekend Hours:

The survey defined extended hours as outside the hours of 8:00 AM to 5:00 PM on Monday through Friday. Physicians were asked to indicate whether they offer scheduled extended hours or weekend hours at their practice locations.

Amongst actively practicing primary care physicians, 47% indicated that they offered extended weekday hours, a 7% increase from the 44% who offered these hours in 2012. All physicians provided a response in 2014 while 4% of actively practicing primary care physicians did not respond to this question in 2012.

Further assessment by primary care specialty area shows that pediatricians have the largest proportion of physicians offering extended weekday hours at 74% while OB/GYN physicians had the smallest distribution with 21% (see Figure 37).

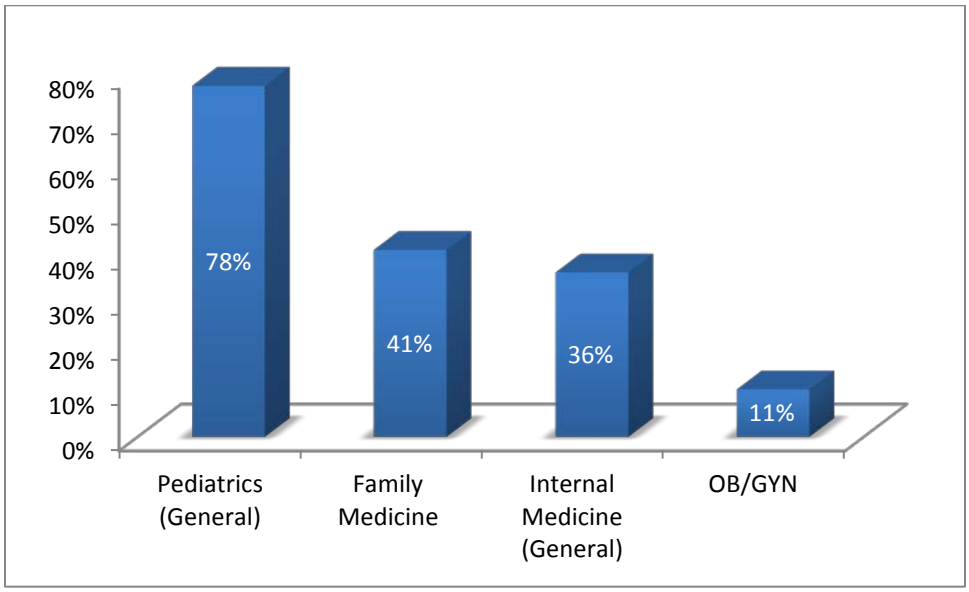
Figure 37: Actively Practicing Primary Care Physicians Scheduling Extended Weekday Hours by Specialty, 2014



Amongst actively practicing primary care physicians, 42% indicated that they offered weekend hours, a 20% increase from the 35% who offered these hours in 2012. All physicians provided a response in 2014 while 4% of actively practicing primary care physicians did not respond to this question in 2012.

Further assessment by primary care specialty area shows that pediatricians have the largest proportion of physicians offering extended weekday hours at 78% while OB/GYN physicians had the smallest distribution with 11% (see Figure 38). Trends in extended weekend hours are similar to 2012 survey results and observations in primary care physicians offering extended weekday hours.

Figure 38: Actively Practicing Primary Care Physicians Scheduling Extended Weekend Hours by Specialty, 2014



Hospital Admitting Privileges and Affiliations:

Admitting privileges are defined as the right of a doctor, by virtue of membership as a hospital's medical staff, to admit patients to a particular hospital or medical center for providing specific diagnostic or therapeutic services.

In actively practicing primary care physicians, 64% (N=502) indicated they have hospital admitting privileges in the District (see Figure 39). District hospitals where physicians have admitting privileges are outlined in Figure 40.

Figure 39: Actively Practicing Primary Care Physicians with Hospital Admitting Privileges in the District, 2014

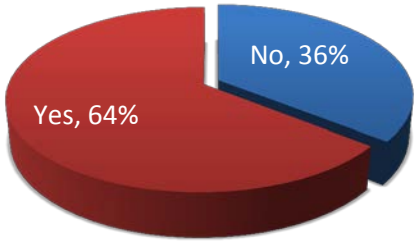
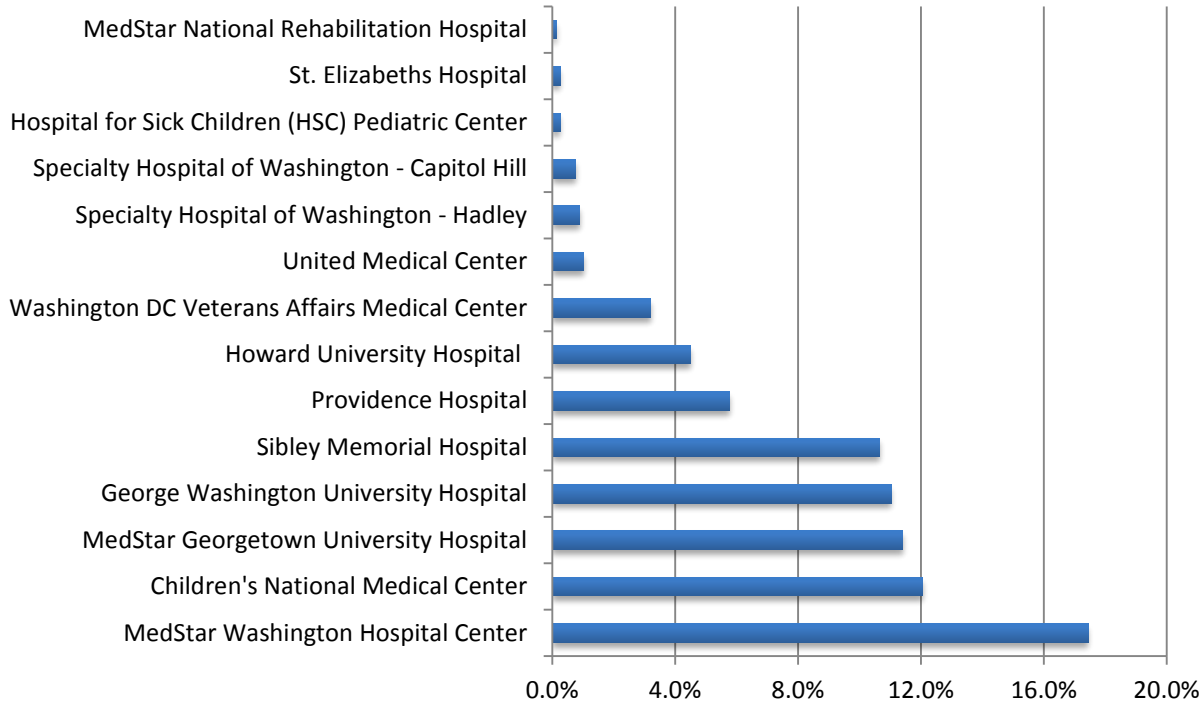


Figure 40: Distribution of D.C. Hospitals where Actively Practicing Primary Care Physicians have Admitting Privileges, 2014



As healthcare moves toward a value-based business model where proven quality and evidence-based outcomes are reimbursed, there is an increased interest in alignment between hospitals and physicians to optimize quality, outcomes, cost, and patient access.[15]

Amongst actively practicing primary care physicians, 71% indicated they have an affiliation with a hospital in the District (see Figure 41). The top five hospitals where physicians indicated an affiliation were the same as those at which actively practicing physicians had admitting privileges (see Figure 42). Approximately 50% of physicians who indicated they do not have admitting privileges, responded "yes" for having an affiliation with a hospital in the District.

Figure 41: Actively Practicing Primary Care Physicians with Hospital Affiliations, 2014

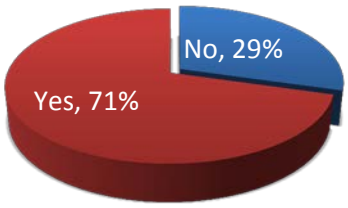
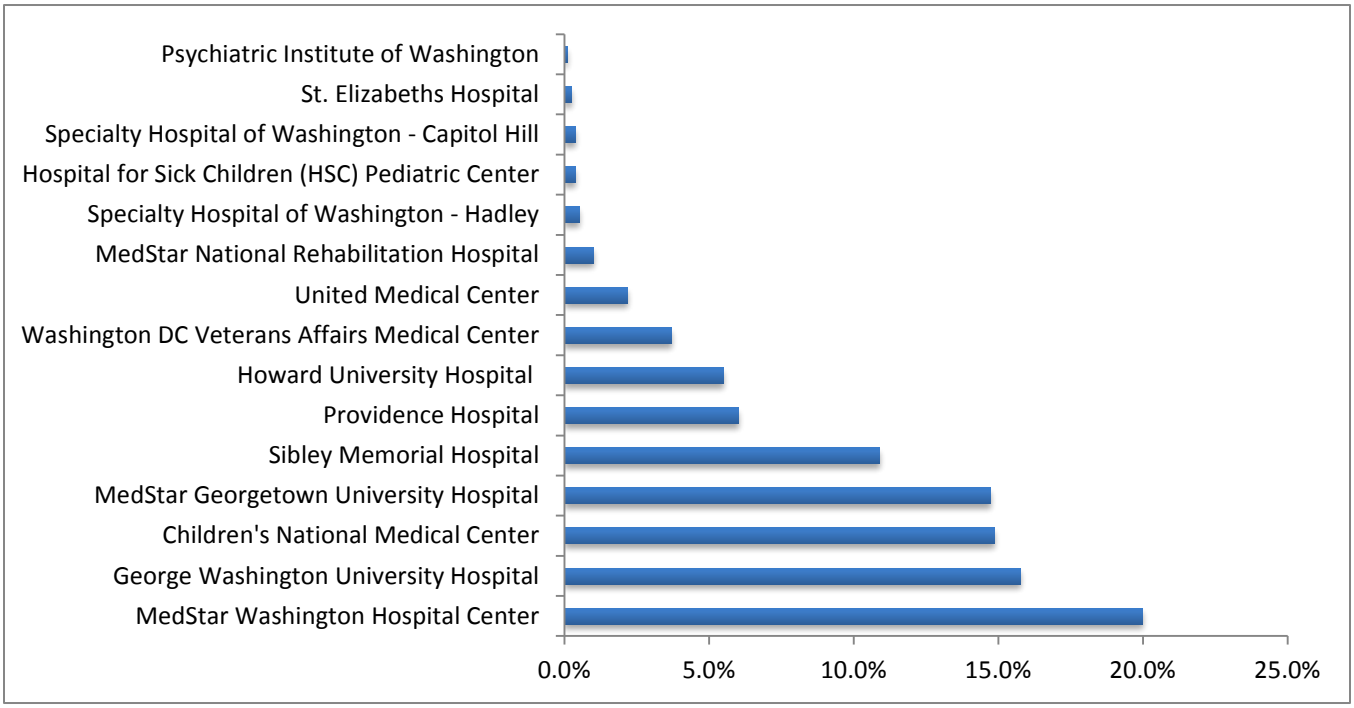


Figure 42: Distribution of D.C. Hospitals where Actively Practicing Primary Care Physicians are Affiliated, 2014



[15] Cullen SJ, Lambert MJ, Pizzo JJ. "A Guide to Physician Integration Models for Sustainable Success." September 2012.

Specialty Care Physicians

Amongst the 8,934 physicians who elected to maintain an active license status, 6,310 were identified as specialists based on their main area of practice. Sixty-seven percent (N=3,613) of specialty care physician survey respondents indicated they had a primary or secondary practice location in the District. In the workforce survey administered in 2012, 53% of specialty care physician survey respondents indicated they had a primary or secondary practice location in the District.

Among the 3,613 specialty care physicians who indicated that they had a practice location in the District, 2,030 (56%) indicated that they have a primary business location in which they engage in greater than or equal to 20 hours of clinical care per week in their primary area of specialty.

The 2,030 specialty care physicians were categorized as actively practicing in the District.

Demographics:

Age

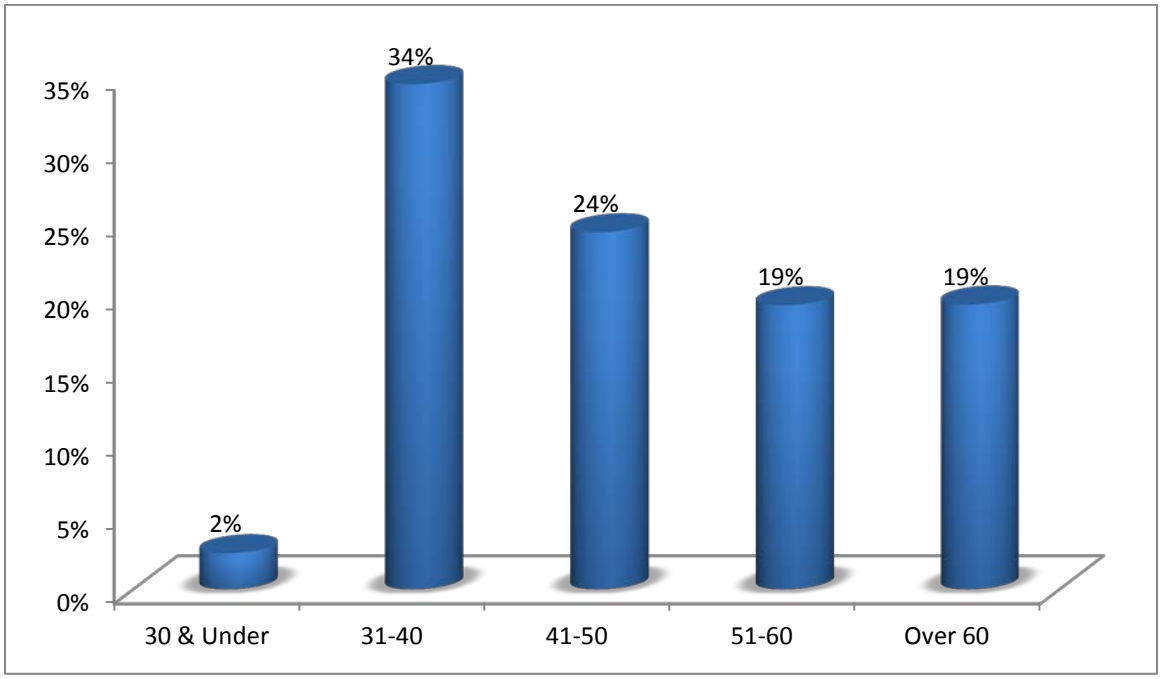
The majority of actively practicing specialty care physicians (58%) was between the ages of 31 and 50, a 12% increase from the 52% distribution of this age group in 2012. In 2014, 38% of physicians were in the 51 to 60 and over 60 age groups (see Table 36 and Figure 43). This was a 19% decrease from the 47% of physicians in those age groups in 2012.

Table 36: Age Distribution of Actively Practicing Specialty Care Physicians, 2014

	Number of Respondents N=1,989*	Distribution of Respondents
30 & Under	49	2%
31-40	685	34%
41-50	484	24%
51-60	385	19%
Over 60	386	19%

***Date of birth not available for 41 respondents**

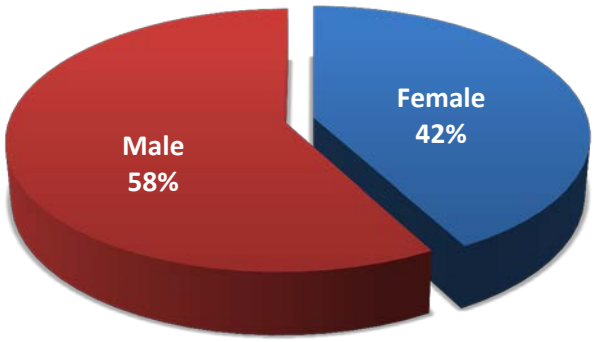
Figure 43: Age Distribution of Actively Practicing Specialty Care Physicians, 2014



Gender

Amongst actively practicing specialty care physicians, males accounted for 58% (N=1,186) of the group while females accounted for 42% (N=844), (see Figure 44).

Figure 44: Gender Distribution of Actively Practicing Specialty Care Physicians, 2014



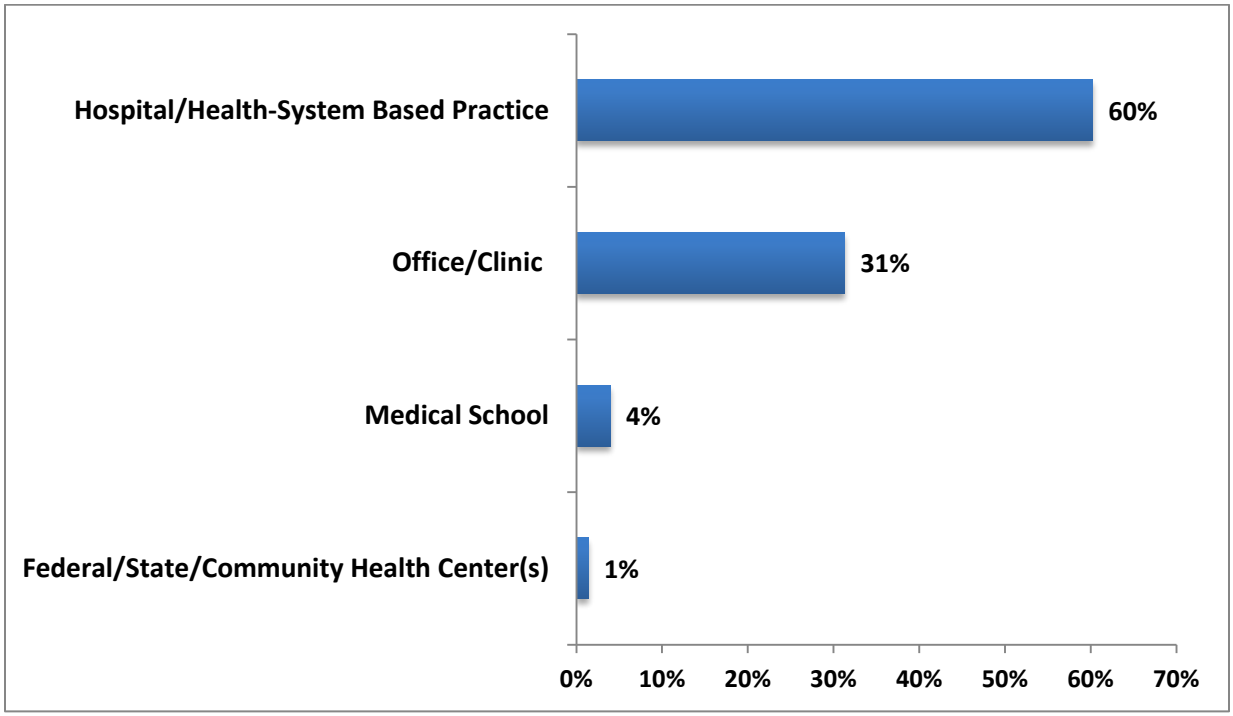
Clinical Practice Setting and Location:

In the group of actively practicing specialty care physicians, 60% identified a hospital-related setting as their primary site of practice (see Table 37 and Figure 45). Thirty-six percent (N=739) of the group selected a hospital inpatient setting, followed by 14% (N=294) who selected an outpatient site that is part of a hospital. A greater distribution of actively practicing specialty care physicians selected a medical school as their main site of practice as compared with primary care physicians, 4% versus 1% respectively. The proportion of physicians that selected a Federal, State, or Community Health Center, was the same in both primary care and specialty care physician groups, 1%.

Table 37: Clinical Practice Setting Types of Actively Practicing Specialty Care Physicians, 2014

	Number of Respondents N=2,030	Distribution of Respondents
Hospital/Health-System Based Practice	1,223	60%
Office/Clinic	636	31%
Medical School	80	4%
Federal/State/Community Health Center(s)	28	1%

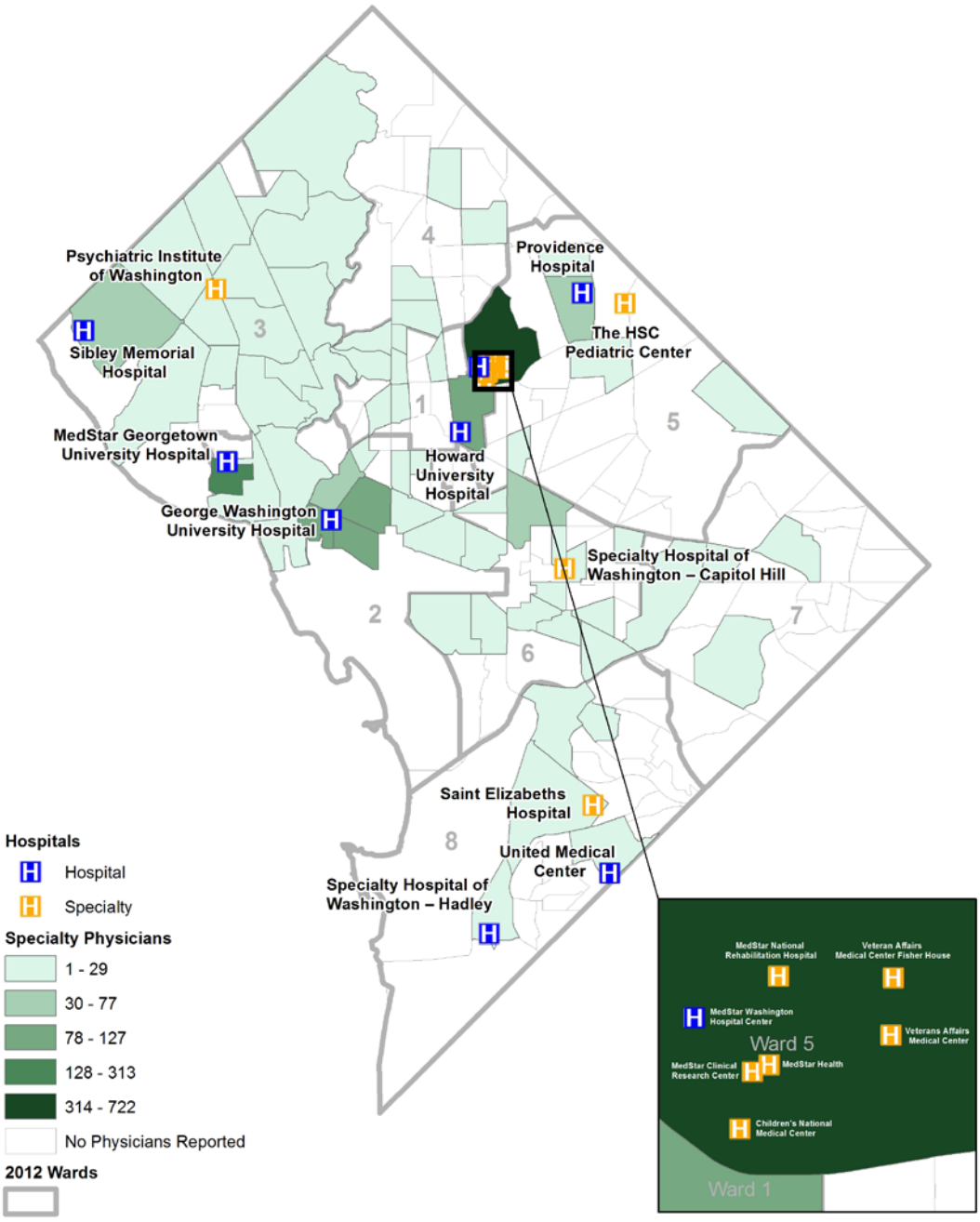
Figure 45: Clinical Practice Setting Types of Actively Practicing Specialty Care Physicians, 2014



Location

Among all actively practicing specialty care physicians, Wards 2 and 5 had the highest numbers of practicing physicians, followed by Wards 1, and 3 (see Map 7).

Map 7 – Actively Practicing Specialty Care Physician Practice Locations, by Census Tract, 2014



Workforce Reduction and Retirement:

Seventy-six percent (N=1,541) of actively practicing specialty care physicians had no plans to change their practice hours or location within the next two years (see Figure 46 and Table 38). This was a 9% increase in the distribution of specialty care physicians without plans to change their practice in 2012. Plans that would potentially reduce services for residents of the District included 5% who plan to reduce patient hours and 4% who plan to move their clinical practice out of D.C. These shifts may be countered by the 13% who plan to increase patient hours or add an additional practitioner to their practice (see Figure 46).

Figure 46: Future plans of Actively Practicing Specialty Care Physicians within Next 2 years, 2014

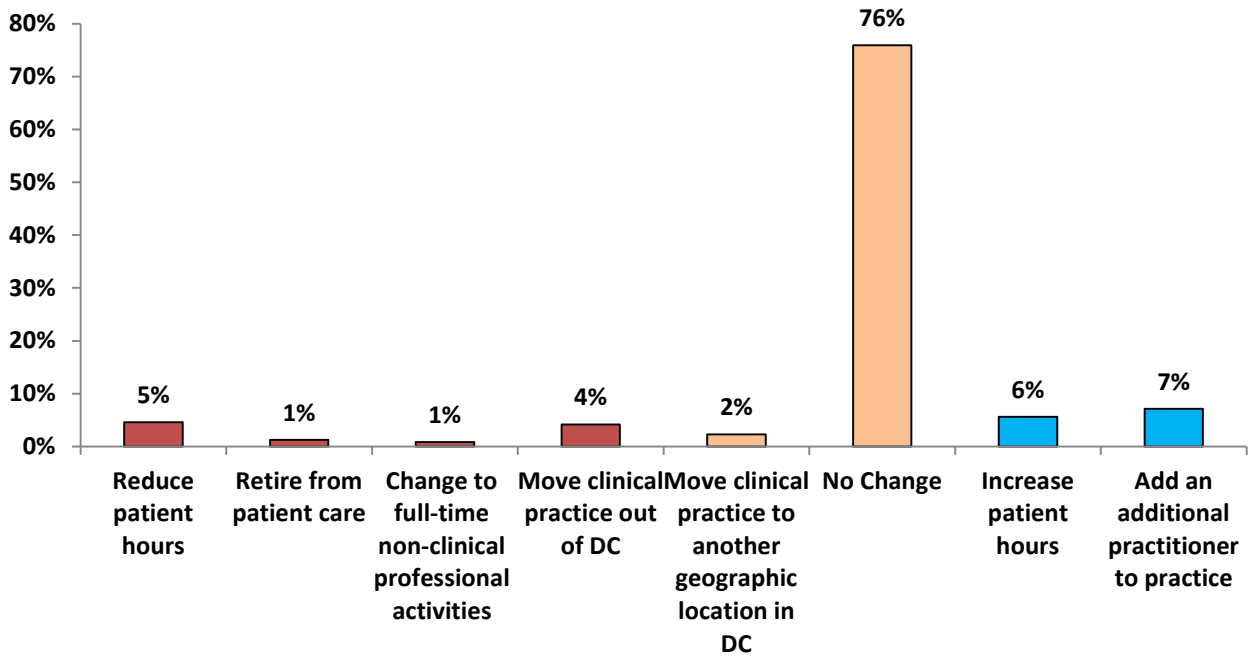
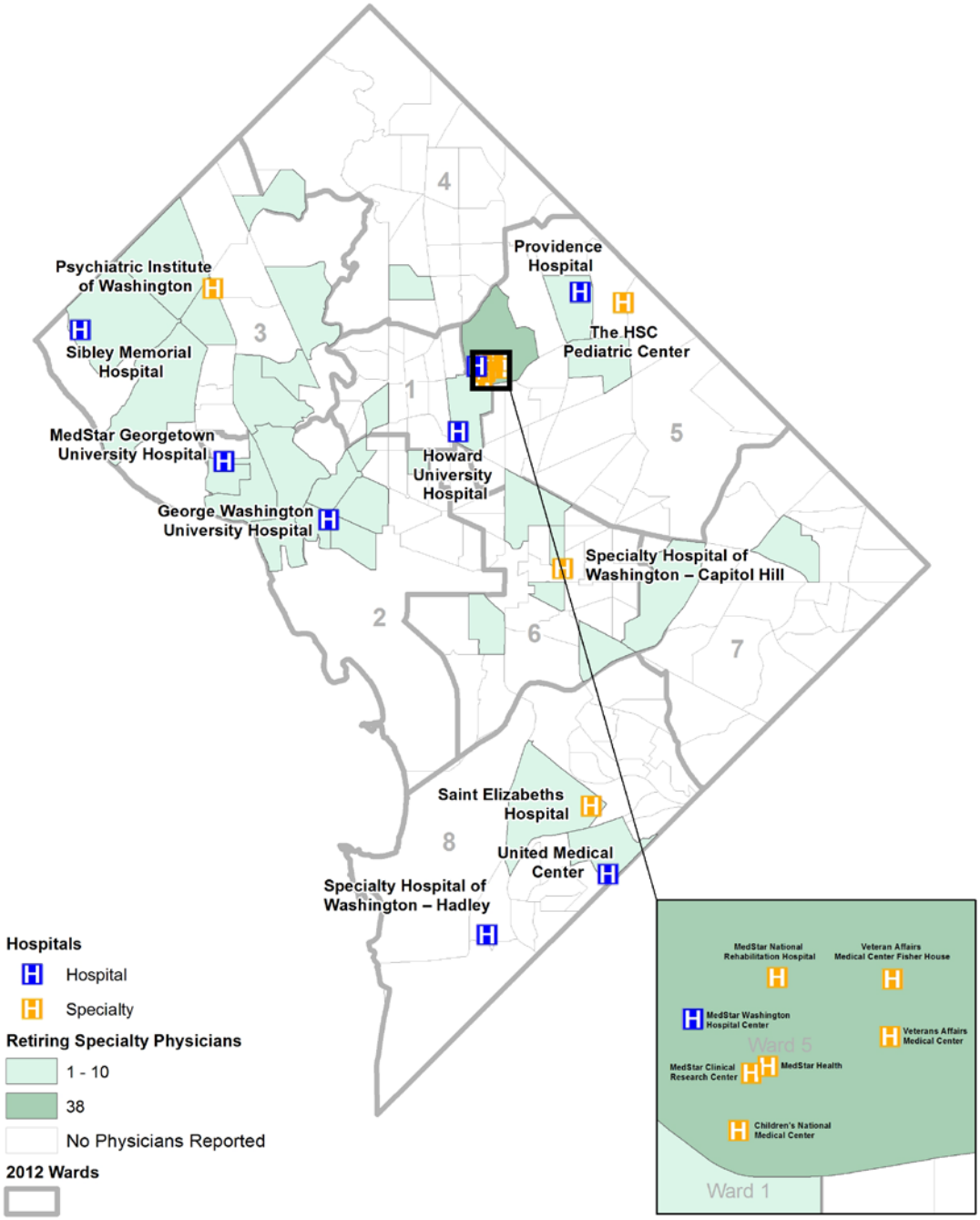


Table 38: Future Plans of Actively Practicing Specialty Care Physicians within the Next 2 Years, 2014

	Number of Respondents N=2,030	Distribution of Respondents
No Change	1,541	76%
Add an additional practitioner to practice	145	7%
Increase patient hours	114	6%
Reduce patient hours	93	5%
Move clinical practice out of DC	85	4%
Move clinical practice to another geographic location in DC	47	2%
No Response	27	1%
Retire from patient care	26	1%
Change to full-time non-clinical professional activities	17	1%

The highest concentration of actively practicing specialty care physicians who are reducing patient hours, switching to full-time non-clinical activities, or retiring, were located in Ward 5 (see Map 8).

Map 8 – Actively Practicing Specialty Care Physicians who are Reducing Patient Hours, Retiring, or Changing to Non-clinical Activities, by Census Tract, 2014



Extended Hours and Weekend Hours:

Physicians in a specialty area of practice were also asked to indicate if they offer scheduled extended hours or weekend hours at their practice locations. Amongst actively practicing specialty care physicians, 42% (N=843) indicated that they offered extended weekday hours. Thirty-two percent (N=648) reported that they offered weekend hours (see Figure 47).

Further analysis reveals a lower percentage of office-based actively practicing specialty care physicians (N=636) offered extended hours. Thirty percent (N=188) offered extended weekday hours and 16% (N=104) offered weekend hours (see Figure 48). Amongst those offering extended scheduled weekday hours, 74 were psychiatrists. Likewise, 31 physicians out of the 104 office-based who offered weekend hours were also psychiatrists.

Figure 47: Actively Practicing Specialty Care Physicians Offering Scheduled Extended Weekday Hours and Weekend Hours, 2014

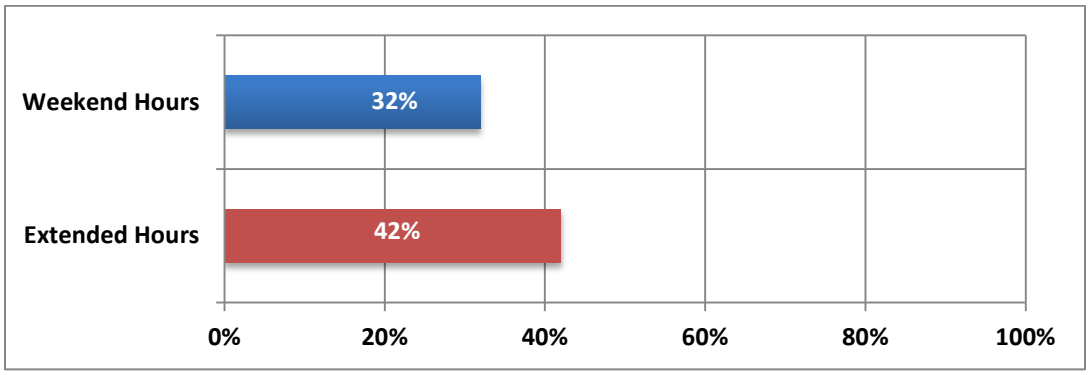
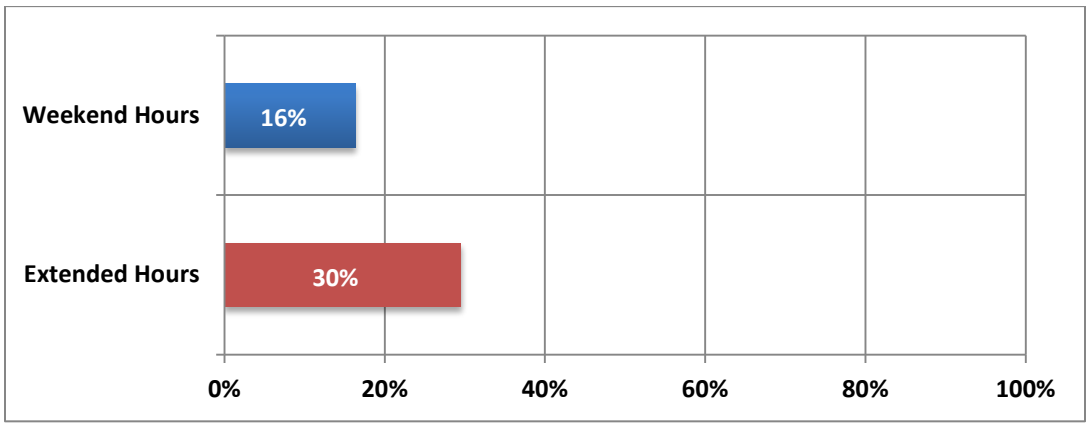


Figure 48: Actively Practicing Specialty Care Physicians Offering Scheduled Extended Weekday Hours and Weekend Hours, 2014



Hospital Admitting Privileges and Affiliations:

In actively practicing specialty care physicians, 66% (N=1,344) indicated they have hospital admitting privileges in the District (see Figure 49). District hospitals where physicians have admitting privileges are outlined in Figure 50.

Figure 49: Actively Practicing Specialty Care Physicians with Hospital Admitting Privileges in the District, 2014

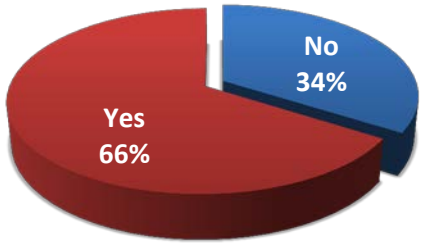
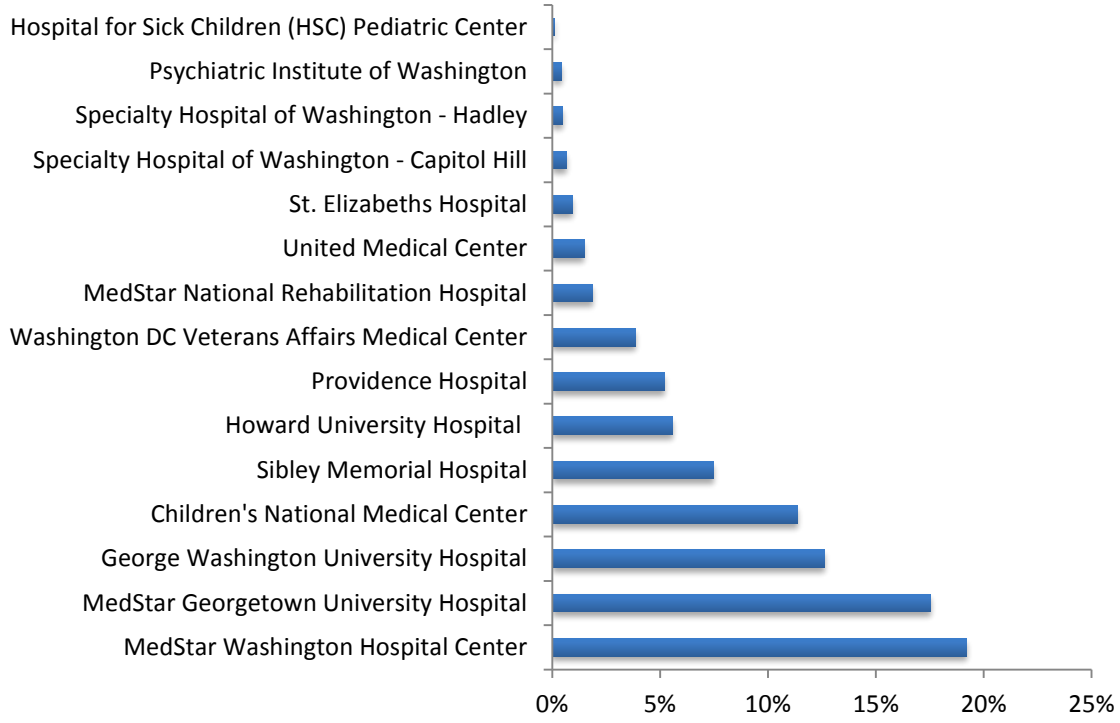


Figure 50: Distribution of D.C. Hospitals where Actively Practicing Specialty Care Physicians have Admitting Privileges, 2014



Amongst actively practicing specialty care physicians, 75% (N=1,514) indicated they have an affiliation with a hospital in the District (see Figure 51). The top five hospitals where physicians indicated an affiliation were the same as those at which actively practicing physicians had admitting privileges (see Figure 52).

Figure 51: Actively Practicing Specialty Care Physicians with Hospital Affiliations, 2014

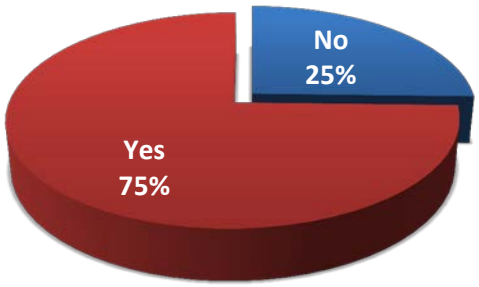
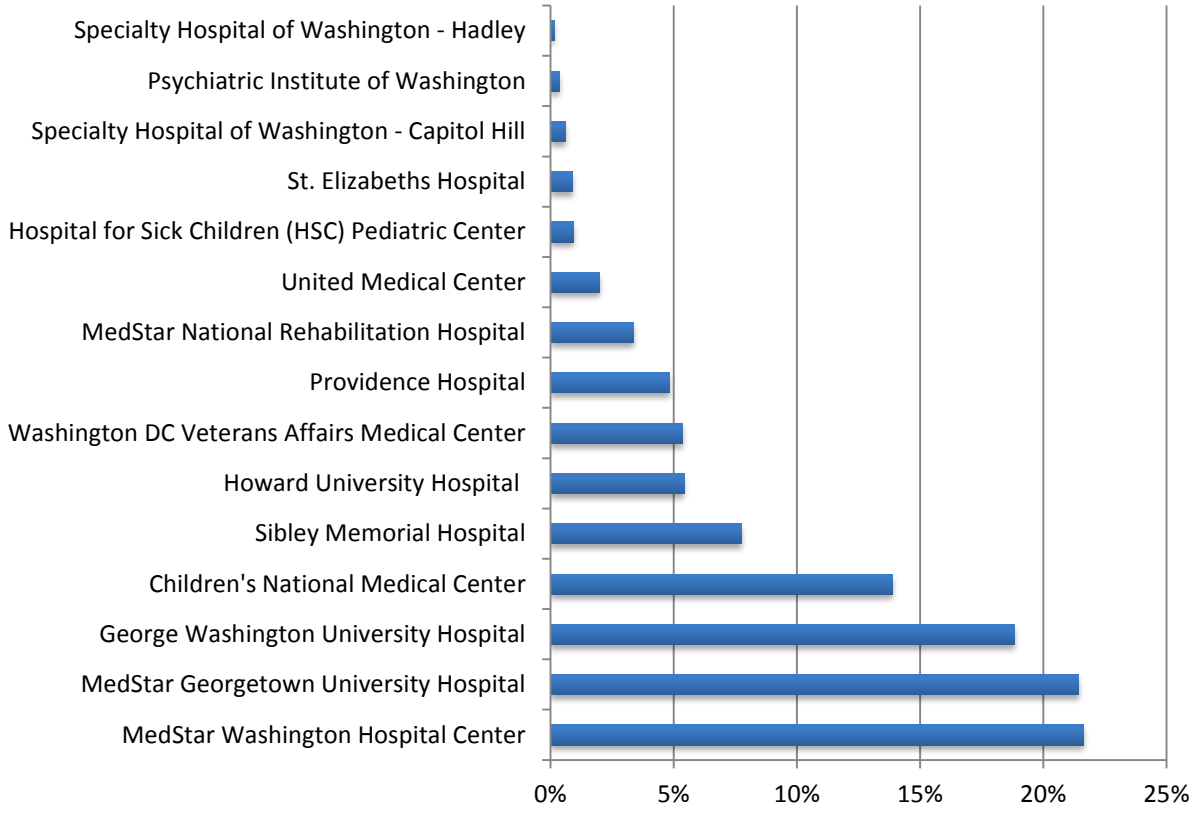


Figure 52: Distribution of D.C. Hospitals where Actively Practicing Specialty Care Physicians are Affiliated, 2014



Access to Care and Insurance Coverage

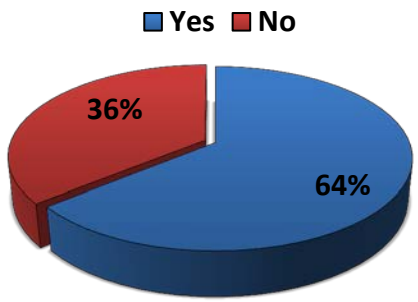
D.C. Healthcare Alliance:

The D.C. Healthcare Alliance (the "Alliance") program is designed to provide medical assistance to the indigent District residents who qualify for the program and are not eligible for federally financed Medicaid.[16] A range of healthcare services are offered including but not limited to inpatient care and outpatient care with preventive services.

When assessing all physician survey respondents who elected to renew an active status license, 39% (N=3,523) indicated that they do accept Alliance, while sixty percent (N=5,372) stated they do not accept this form of coverage. Approximately 0.5% (N=39) of physicians did not respond to this question. Amongst actively licensed primary care and specialty care subgroups, 35% (N=908) and 41% (N=2,615), respectively, indicated that they accept Alliance.

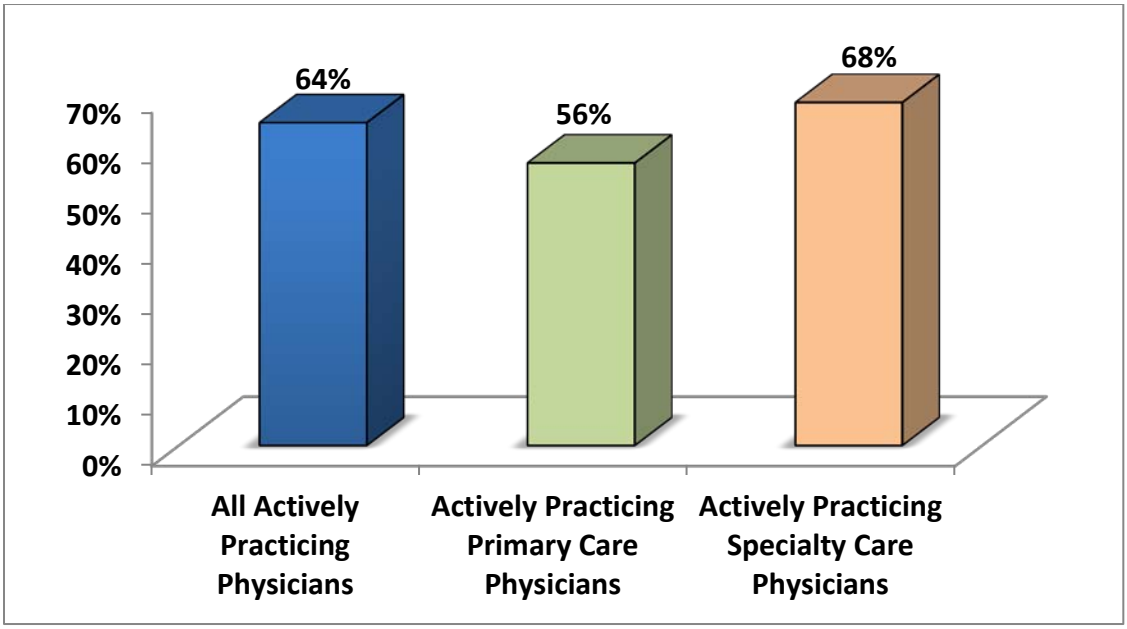
In the group of actively practicing physicians (primary care and specialty care) in the District, 64% (N=1,807) participated with or accepted Alliance (see Figure 53). This was 56% (N=436) amongst actively practicing primary care physicians and 68% (N=1,371) amongst actively practicing specialty care physicians (see Figure 54).

Figure 53: Actively Practicing Physicians Accepting Alliance, 2014



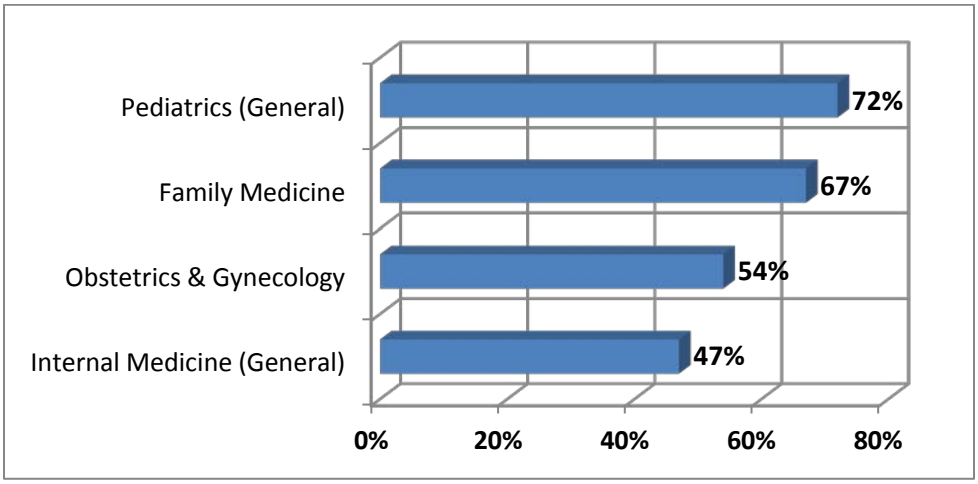
[16] D.C. Healthcare Alliance Program. Accessed at http://dhs.dc.gov/page/chapter-4-dc-healthcare-alliance-program.

Figure 54: Alliance Participation and Acceptance Rates Among Actively Practicing Primary Care and Specialty Care Physicians, 2014



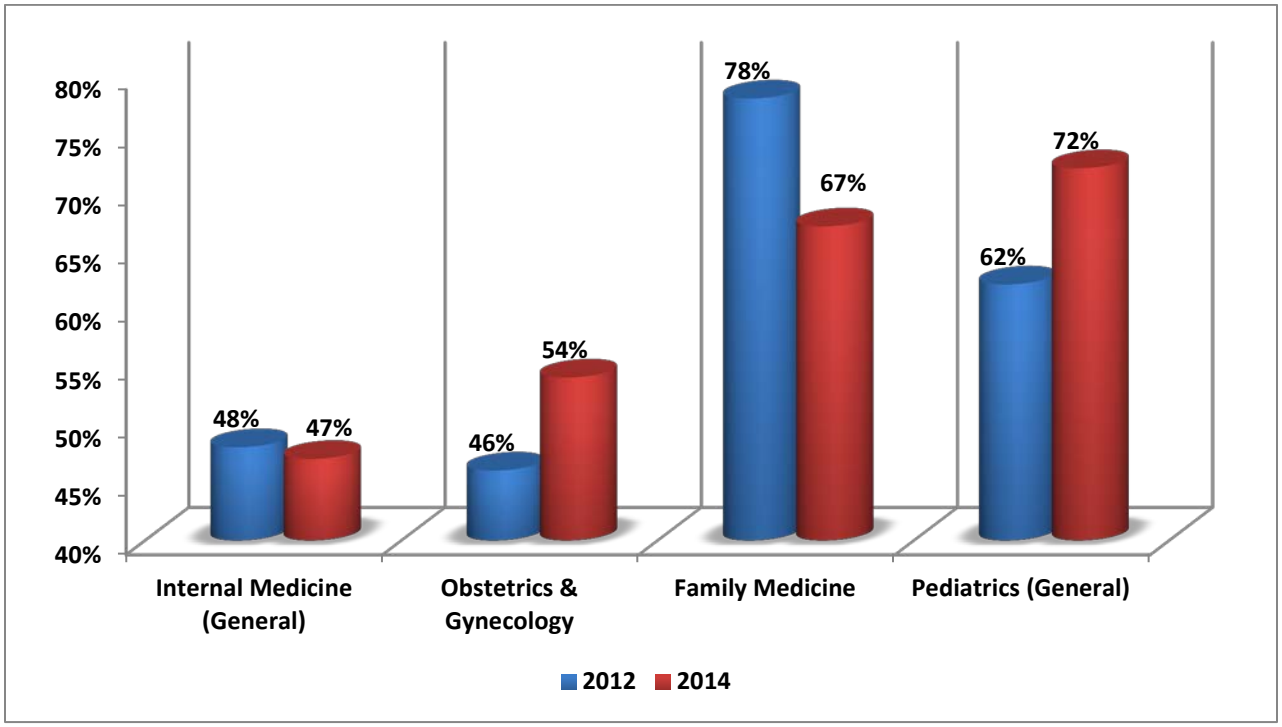
Amongst actively practicing primary care physicians, those specializing in General Pediatrics had the highest distribution (72%) of physicians who reported that they participated in Alliance (see Figure 55). Sixty-seven percent of physicians practicing Family Medicine, 54% of Obstetrics & Gynecology specialists and 47% of physicians specializing in General Internal Medicine indicated that they participated with D.C. Healthcare Alliance (see Figure 55).

Figure 55: Alliance Acceptance and Participation Rates Among Actively Practicing Primary Care Physicians by Area of Practice, 2014



In 2012, 54% (N=246) of actively practicing primary care physicians (N=453) indicated that they "accept or participate with Alliance." In the 2014 survey, 67% of Family Medicine physicians reported that they participated with D.C. Healthcare Alliance, which was a 14% decrease from the 78% in 2012 (see Figure 56). Amongst physicians actively practicing in Pediatrics (General), there was a 16% increase in the distribution of those who reported participating with Alliance between 2012 and 2014.

Figure 56: Alliance Acceptance and Participation Rates Among Actively Practicing Primary Care Physicians by Area of Practice, 2012 vs. 2014



No difference was seen in the percentage of actively practicing specialty care physicians accepting Alliance, as it was 68% in 2012 and 2014.

Accepting New Patients

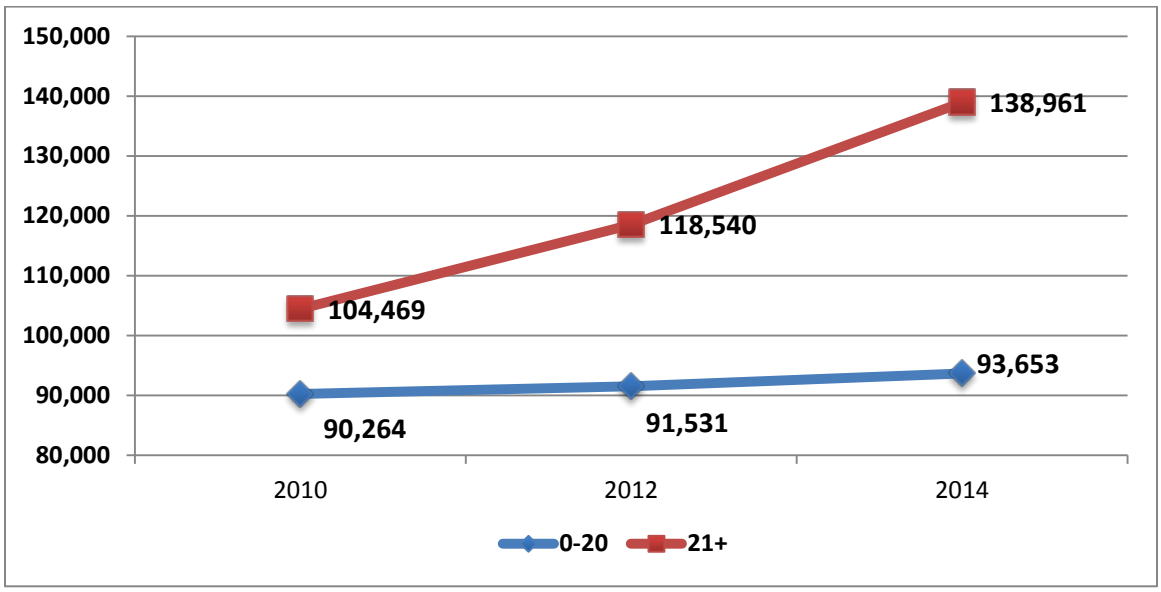
Approximately 94% (N=411) of actively practicing primary care physicians who accepted Alliance (N=618) are accepting new patients who hold this insurance. Amongst actively practicing specialty care physicians who accepted Alliance (N=1,371), 97% (N=1,336) are accepting new patients.

Medicaid:

In 2012, the Supreme Court's ruling on the Affordable Care Act provided states and the District of Columbia with the option to expand Medicaid coverage to adults who qualify with income no more than 133% of the federal poverty level. The District opted for this expansion, which also meant federal financing for new enrollees from 2014 through 2016, and as a result, an increase in the number of enrollees. Since newly enrolled patients will require a higher number of primary care services, there is concern that the primary care workforce may not meet their needs.[17]

In the District, the number of Medicaid beneficiaries who are 20 years of age or under has increased by approximately 3,400 since 2010. Likewise, the number of Medicaid beneficiaries who are 21 years of age or older has increased by about 34,500 (see Figure 57).

Figure 57: Medicaid Enrollment Rates in the District Among Ages 0-20 and 21+



Among the 8,934 physician survey respondents renewing an active status license, 67% (N=6,001) indicated that they accept or participate with Medicaid. Thirty-two percent (N=2,894) indicated that they do not accept or participate in Medicaid and approximately 0.5% (N=39) did not respond to the question.

When evaluating the primary care and specialty care physicians, 69% of respondents in each subgroup indicated that they participate with Medicaid.

[17] Ku L, Jones K, Shin P, et al. The States' Next Challenge – Securing Primary Care for Expanded Medicaid Populations. N Eng J Med 356;6:493-495.

In the group of physicians actively practicing (primary care and specialty care) in the District, 79% percent (N=2,233) participate with or accept Medicaid (see Figure 58). Amongst actively practicing primary care physicians, 74% (N=578) participate with or accept Medicaid. This is a 6% increase in distribution from the 70% of actively practicing primary care physicians who accepted Medicaid in 2012. Eighty-two percent of actively practicing specialty care physicians (N=1,655) reported that they accept or participate with Medicaid (see Figure 59). In 2012, 82% of actively practicing specialty care physicians also accepted Medicaid.

Figure 58: Actively Practicing Physicians Accepting Medicaid, 2014

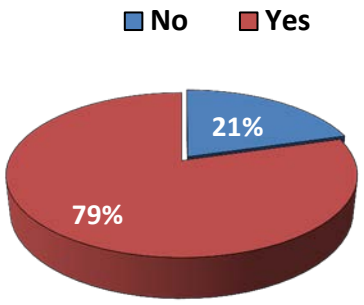
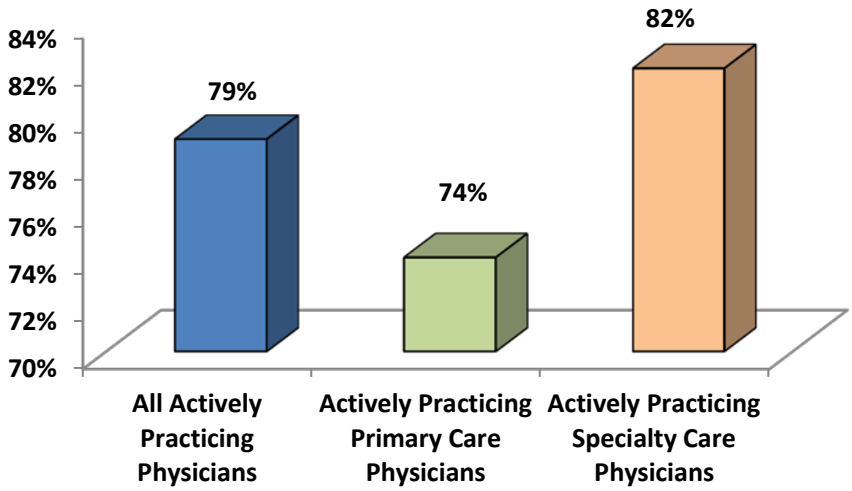


Figure 59: Medicaid Acceptance and Participation Rates Among Actively Practicing Primary Care and Specialty Care Physicians, 2014



In 2014 the highest distribution of actively practicing primary care physicians who accepted Medicaid were those specializing in General Pediatrics (88%) while the lowest was those practicing General Internal Medicine (68%), (see Figure 60).

From 2012 to 2014 the largest differences in accepting Medicaid was seen amongst physicians actively practicing in Obstetrics and Gynecology and Family Medicine. In the practice area of Obstetrics and Gynecology, 56% of physicians accepted Medicaid in 2012, increasing to 70% in 2014. Conversely, there was a decrease in the distribution of actively practicing Family Medicine physicians who accepted Medicaid, from 91% to 81% (see Figure 61).

Figure 60: Medicaid Acceptance and Participation Rates among Actively Practicing Primary Care Physicians by Area of Practice, 2014

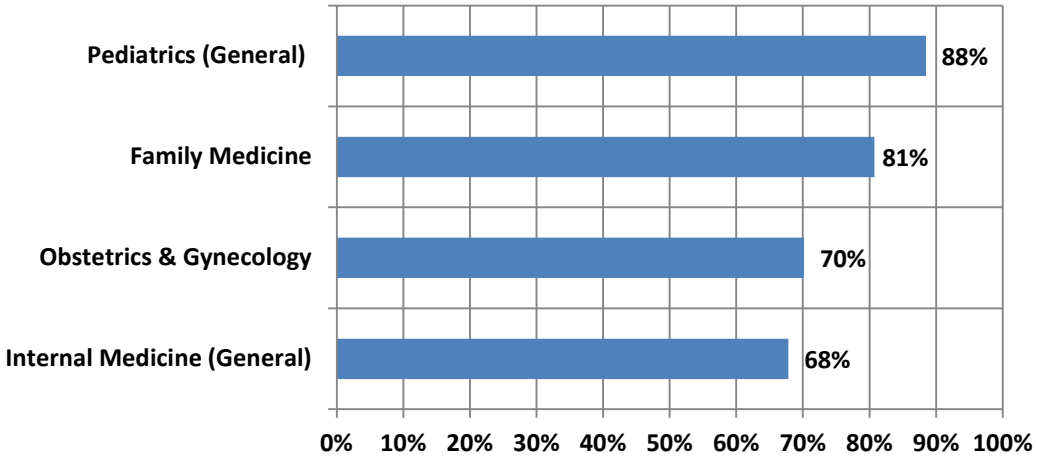
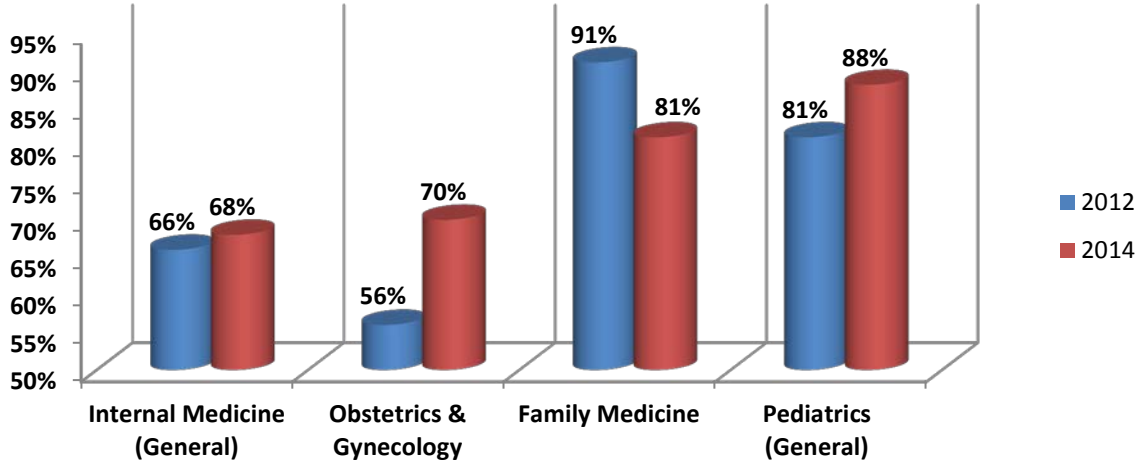
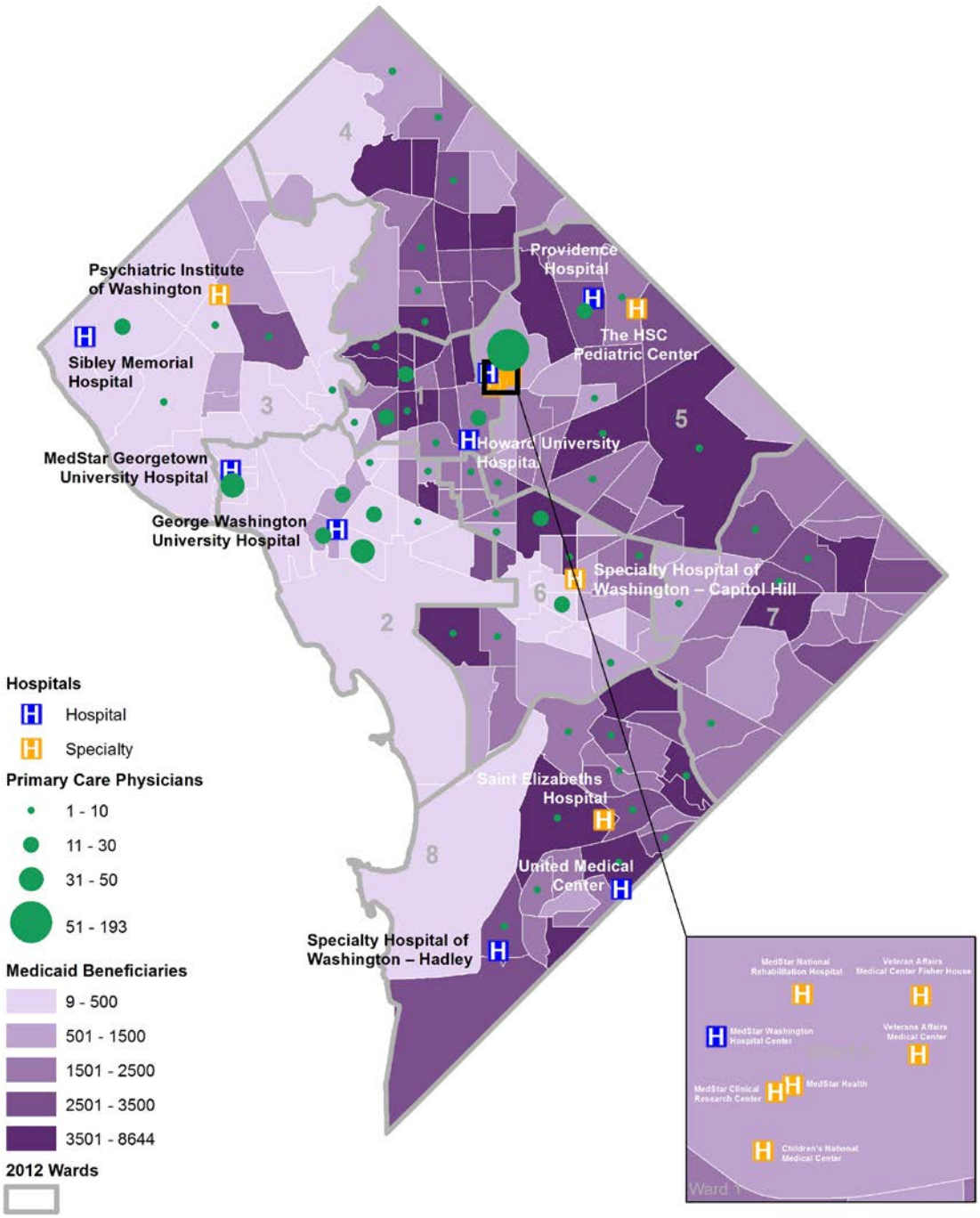


Figure 61: Medicaid Acceptance and Participation Rates among Actively Practicing Primary Care Physicians by Area of Practice, 2012 vs. 2014



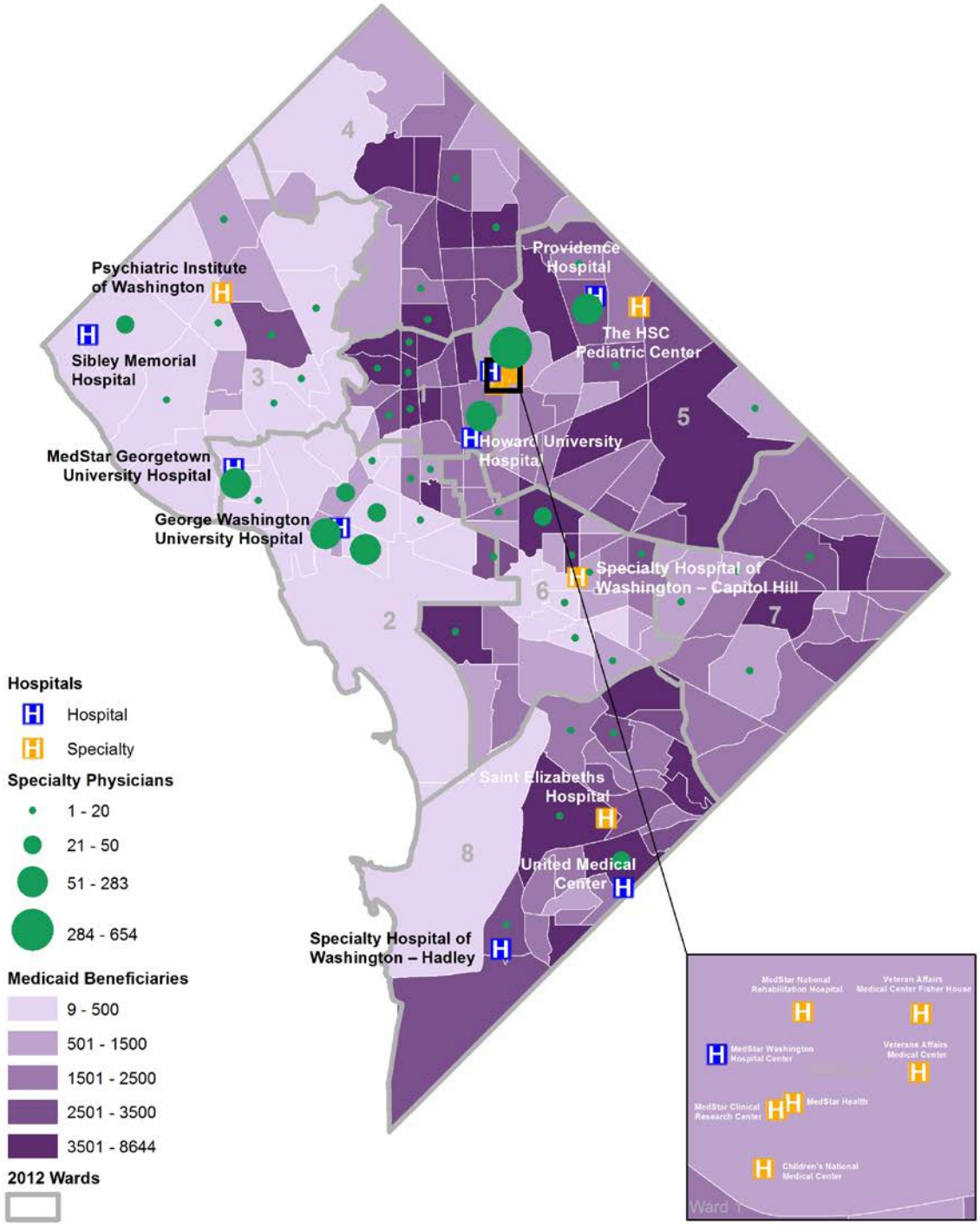
The highest numbers of primary care physicians who accepted Medicaid were located near a hospital but not necessarily in areas where Medicaid beneficiaries are located (see Map 9).

Map 9 – Actively Practicing Primary Care Physicians Accepting Medicaid Compared to Medicaid Beneficiaries, 2014



This trend was also seen with specialty care physicians who accepted Medicaid (see Map 10).

Map 10 – Actively Practicing Specialty Care Physicians Accepting Medicaid Compared to Medicaid Beneficiaries, 2014



The highest volume of actively practicing primary care and specialty care physicians who accepted Medicaid was located in Wards 2 and 5 (see Table 39). Part of Ward 2 and all of Ward 5 is considered a Health Professional Shortage Area.

Table 39: Actively Practicing Physicians Participating with Medicaid, By Ward, 2014

Location	Primary Care (N=590)*	Specialty Care (N=1,664)*
Ward 1	68	122
Ward 2	130	579
Ward 3	28	94
Ward 4	13	6
Ward 5	229	734
Ward 6	54	69
Ward 7	19	10
Ward 8	37	48
No Ward	12	2

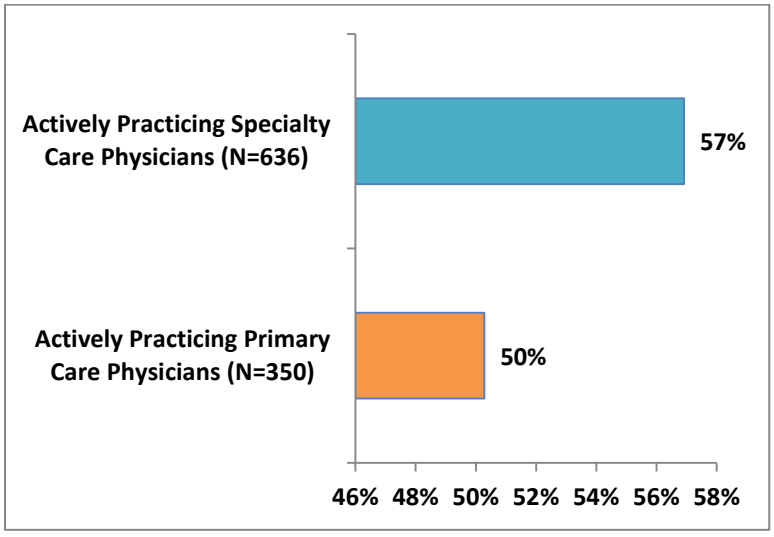
Accepting New Patients

Ninety-one percent (N=526) of actively practicing primary care physicians who participated with Medicaid are accepting additional patients. Ninety-six percent (N=1,594) of actively practicing specialty care physicians who accept Medicaid are accepting new patients with that insurance.

Based on data from the National Ambulatory Medical Care Survey (NAMCS) Electronic Medical Records Supplement, a study concluded that approximately one-third of primary care physicians who specialized in General and Family medicine, Internal Medicine did not accept new Medicaid Patients in 2011 to 2012.[18] The District of Columbia was grouped with states having a Medicaid acceptance rate that is not significantly different from the national average, defined as 21.8% to 44.0% of primary care physicians and 18.7% to 37.1% of physicians in other specialties not accepting new Medicaid patients. The data from NAMCS considered only office-based physicians.

Further analysis of actively practicing office-based physicians reveals that 50% (N=176) and 57% (N=362) of primary care and specialty care physicians are accepting new Medicaid patients (see Figure 62). This is in line with national trends of specialty care physicians reporting a higher rate of accepting new Medicaid patients as compared with primary care physicians.

Figure 62: Acceptance of New Medicaid Patients among Office-Based Actively Practicing Physicians in D.C., 2014



[18] Decker SL. Two-Thirds of Primary Care Physicians Accepted New Medicaid Patients In 2011-12: A Baseline to Measure Future Acceptance Rates. Health Affairs 2013;32:7.

Medicare:

Among the 8,934 physician survey respondents renewing an active status license, 73% (N=6,560) indicated that they accepted or participated with Medicare. Twenty-six percent (N=2,335) indicated that they did not accept or participate in Medicare and approximately 0.5% (N=39) did not respond to the question.

Seventy-one percent of primary care physicians and 75% of specialty care physicians indicated that they participate in or accept Medicare.

In the group of physicians actively practicing (primary care and specialty care) in the District, 83% (N=2,319) participated with or accepted Medicare (see Figure 63). Seventy-nine percent amongst actively practicing primary care physicians and 84% amongst actively practicing specialty care physicians (see Figure 64). This is a slight decrease from the distribution of actively practicing physicians accepting Medicare in 2012, which was 80% amongst primary care and 86% amongst specialty care physicians. Any changes in the distribution of physicians accepting Medicare within primary care practice areas from 2012 to 2014 are less than 10 percentage points.

Figure 63: Actively Practicing Physicians Accepting Medicare, 2014

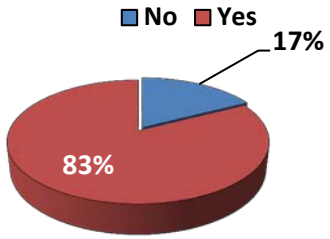


Figure 64: Medicare Acceptance and Participation Rates among Actively Practicing Primary Care and Specialty Care Physicians, 2014

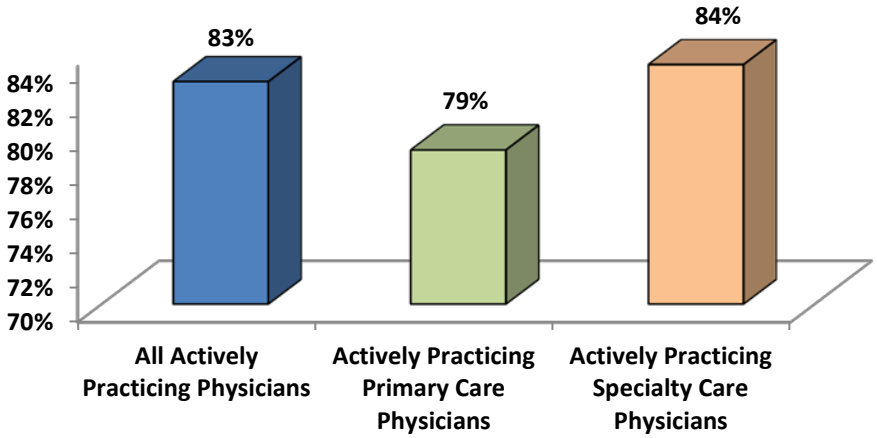
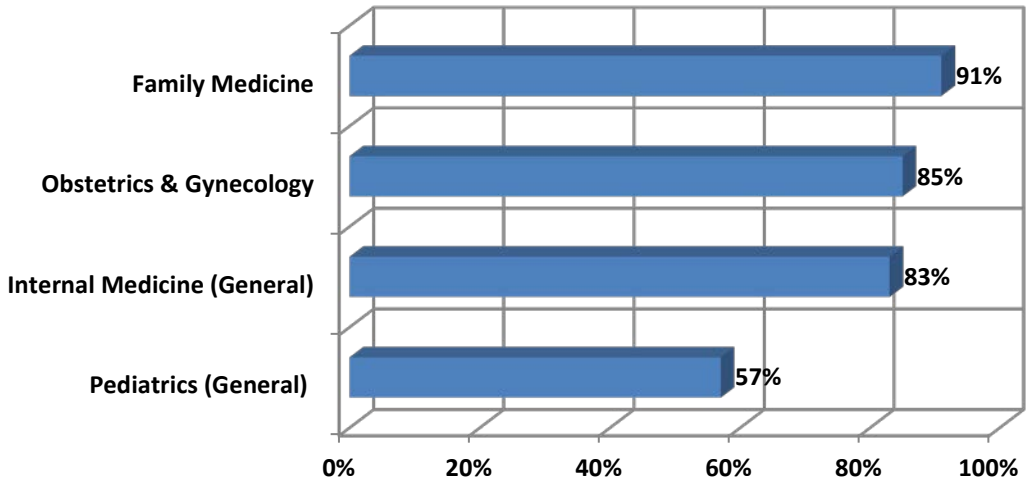


Figure 65: Medicare Acceptance and Participation Rates among Actively Practicing Primary Care Physicians, 2014



Accepting New Patients

Approximately 70% (N=561) of actively practicing primary care physicians were accepting new Medicare patients. Amongst actively practicing specialty care physicians, 81% (N=1,640) were accepting new Medicare patients.

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are geographic areas, or populations within areas, that lack sufficient healthcare providers to meet the healthcare needs of the area or population. HPSAs are designations used by the federal government to recognize shortages of healthcare providers for geographic areas, populations or facilities, and to prioritize the allocation of federal and local resources to address these shortages.

HPSAs can refer to shortages in any of three disciplines: primary (medical) care, mental health, and dental care. The District of Columbia has six designated Health Professional Shortage Areas. A list of the District's primary care HPSAs, designated scores, and census tract information can be found in the appendix.

In 2012, a majority of actively practicing physicians had business locations in the Columbia Heights/Fort Totten/Takoma HPSA. This is consistent with the 2014 survey data (see Table 40). Approximately 6% of actively practicing primary care physicians had a practice in Anacostia or East Capitol Southeast, compared to 7% in 2012.

Table 40: Actively Practicing Physician Practice Location by HPSA, 2014

Location	Primary Care (N=786)*	Specialty Care (N=2,042)*
HPSA		
Anacostia	35	53
East Capitol Southeast	12	3
Homeless – Downtown Washington	140	374
Low Income – Brentwood	56	67
Low Income – Columbia Heights/Ft. Totten/Takoma	333	935
South Capitol	4	5
Non-HPSA	206	605

The entirety of Wards 5 and 7 are designated HPSA areas as well as sections of Wards 1,2,4,6, and 8. Ward 3 is the only area without a designated HPSA. The highest volume of actively practicing physicians is located in Wards 2, 3, and 5 (see Table 41).

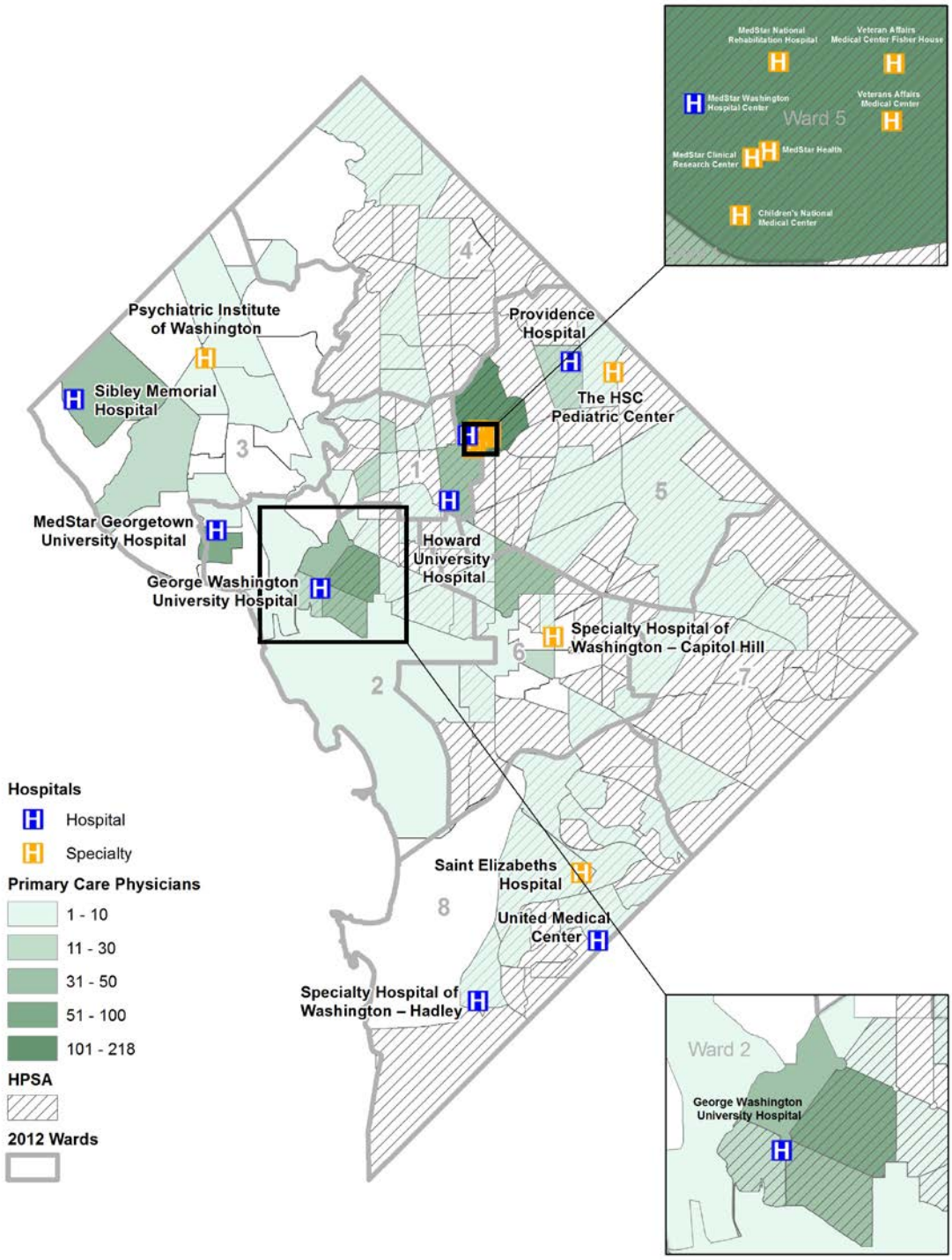
Table 41: Actively Practicing Physicians Practice Locations, By Ward, 2014

Location	Primary Care (N=786)*	Specialty Care (N=2,042)*
Ward 1	72	125
Ward 2	228	762
Ward 3	72	183
Ward 4	15	7
Ward 5	256	805
Ward 6	68	85
Ward 7	22	11
Ward 8	35	53
No Ward	18	11

*If a physician indicated greater than 1 primary practice area in the District where they practiced ≥ 20 hours/week, multiple locations were mapped.

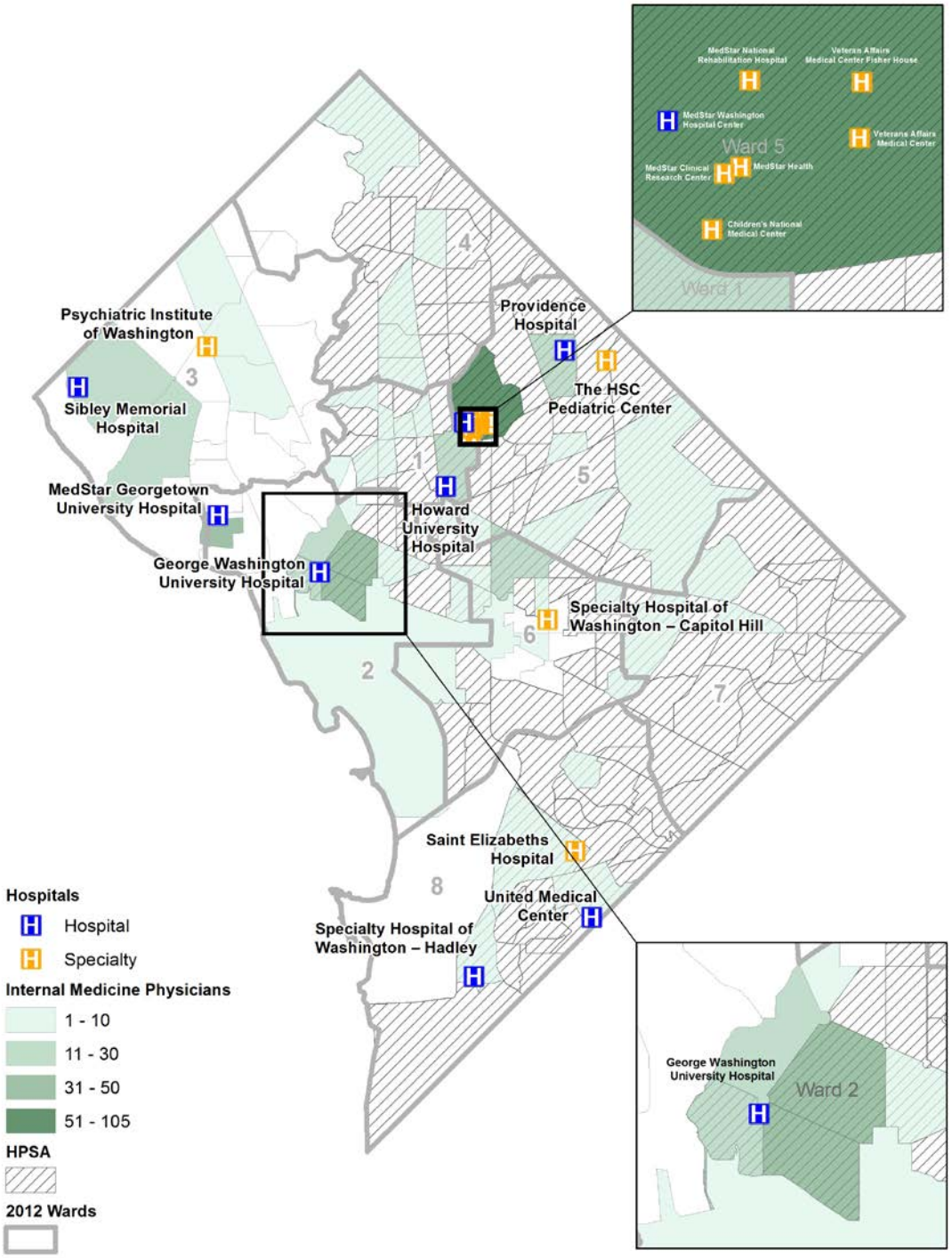
As in 2012, primary care physicians were clustered around non-specialty hospitals and the HSC Pediatric Center, which were not necessarily HSPAs (see Map 11).

Map 11 – Comparison of the District's HSPAs and the Distribution of Actively Practicing Primary Care Physicians who participate in Medicaid, 2014



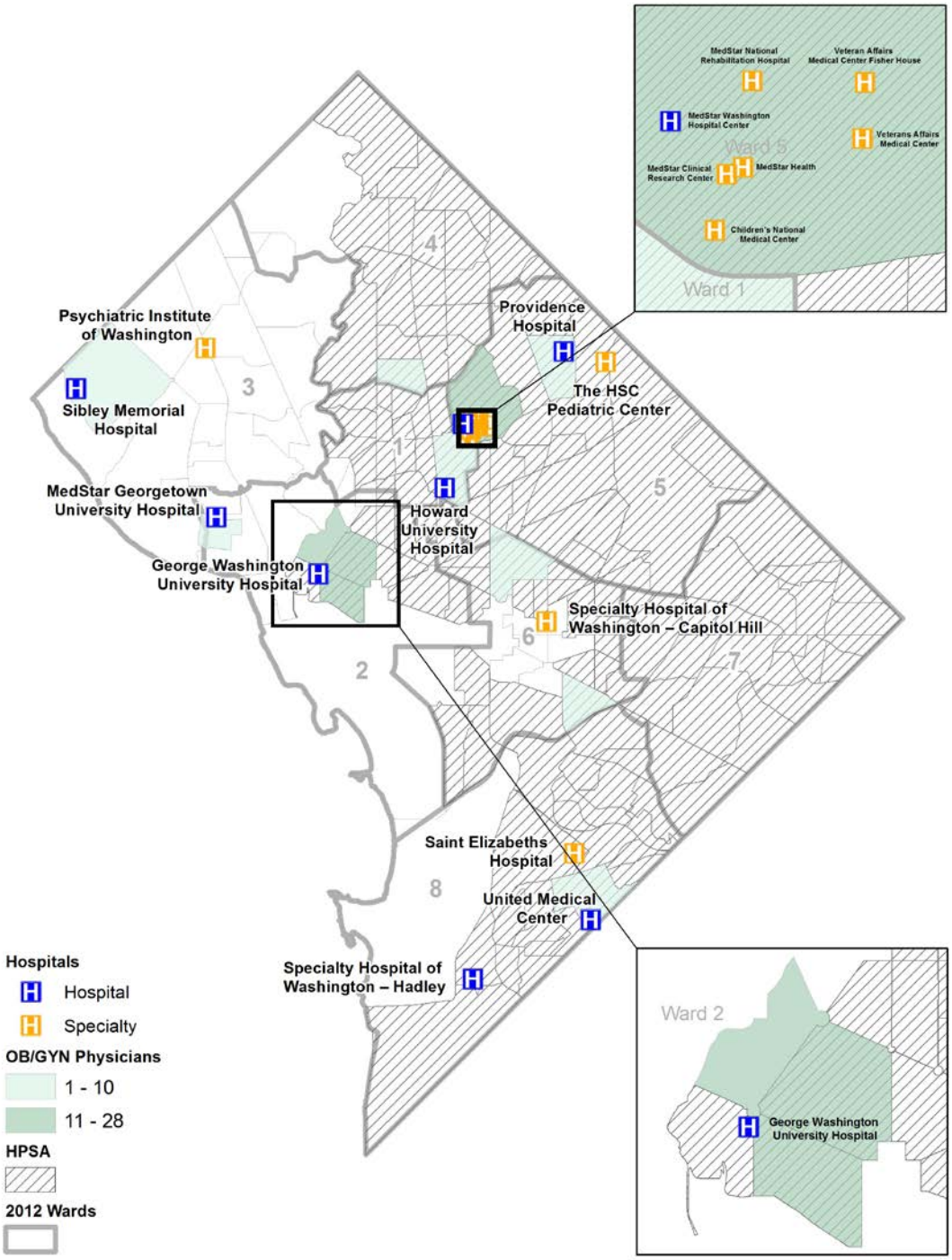
A similar trend was seen in actively practicing Internal Medicine (General) physicians and their location near non-specialty hospitals (Map 12).

Map 12 – Comparison of the District's HPSAs and the Distribution of Actively Practicing General Internal Medicine Physicians who Participate in Medicaid, 2014



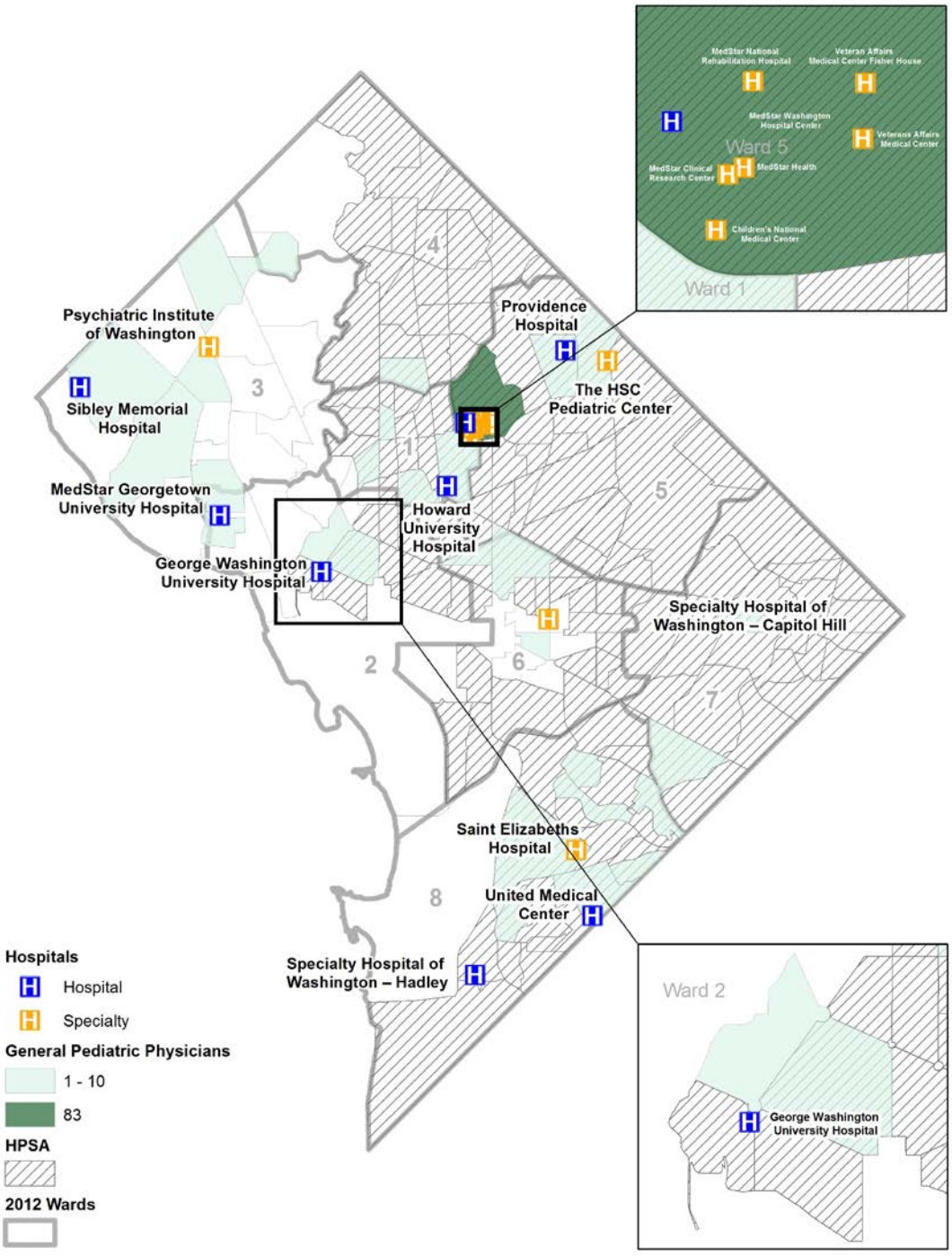
As in 2012, Wards 2 and 5 continued to have the highest numbers of actively practicing OB/GYNs. Ward 7 is the only ward without any OB/GYNs actively practicing greater than or equal to 20 hours per week in the District (see Map 13). Note that both Wards 4 and 7 had no actively practicing OB/GYNs in 2012.

Map 13 – Comparison of the District's HPSAs and the Distribution of Actively Practicing OB/GYN Physicians who Participate in Medicaid, 2014



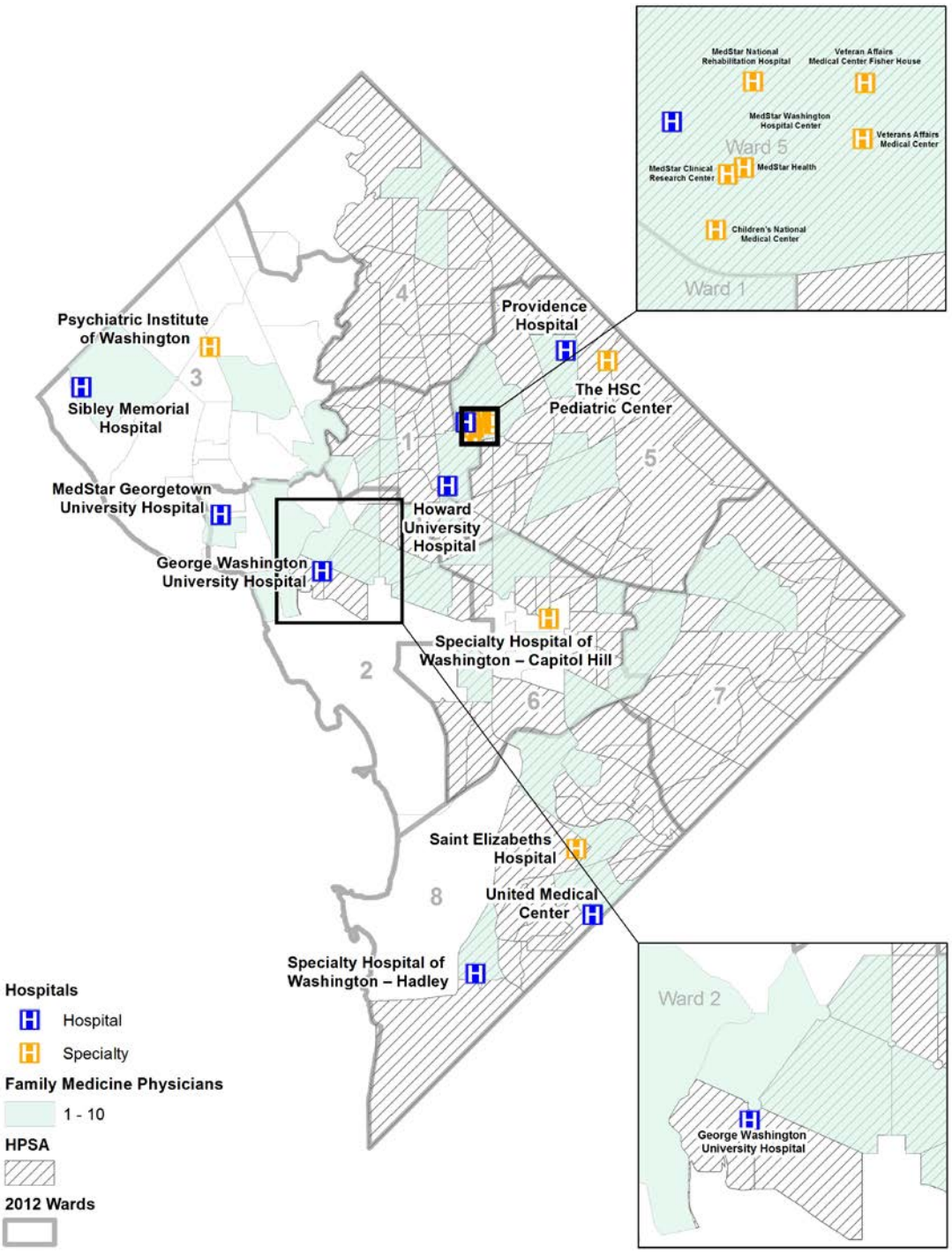
The highest number of physicians actively practicing in Pediatrics (General) who participated in Medicaid was in Ward 5, which is a HSPA (see Map 14).

Map 14 – Comparison of the District's HPSAs and the Distribution of Actively Practicing General Pediatric Physicians who Participate in Medicaid, 2014



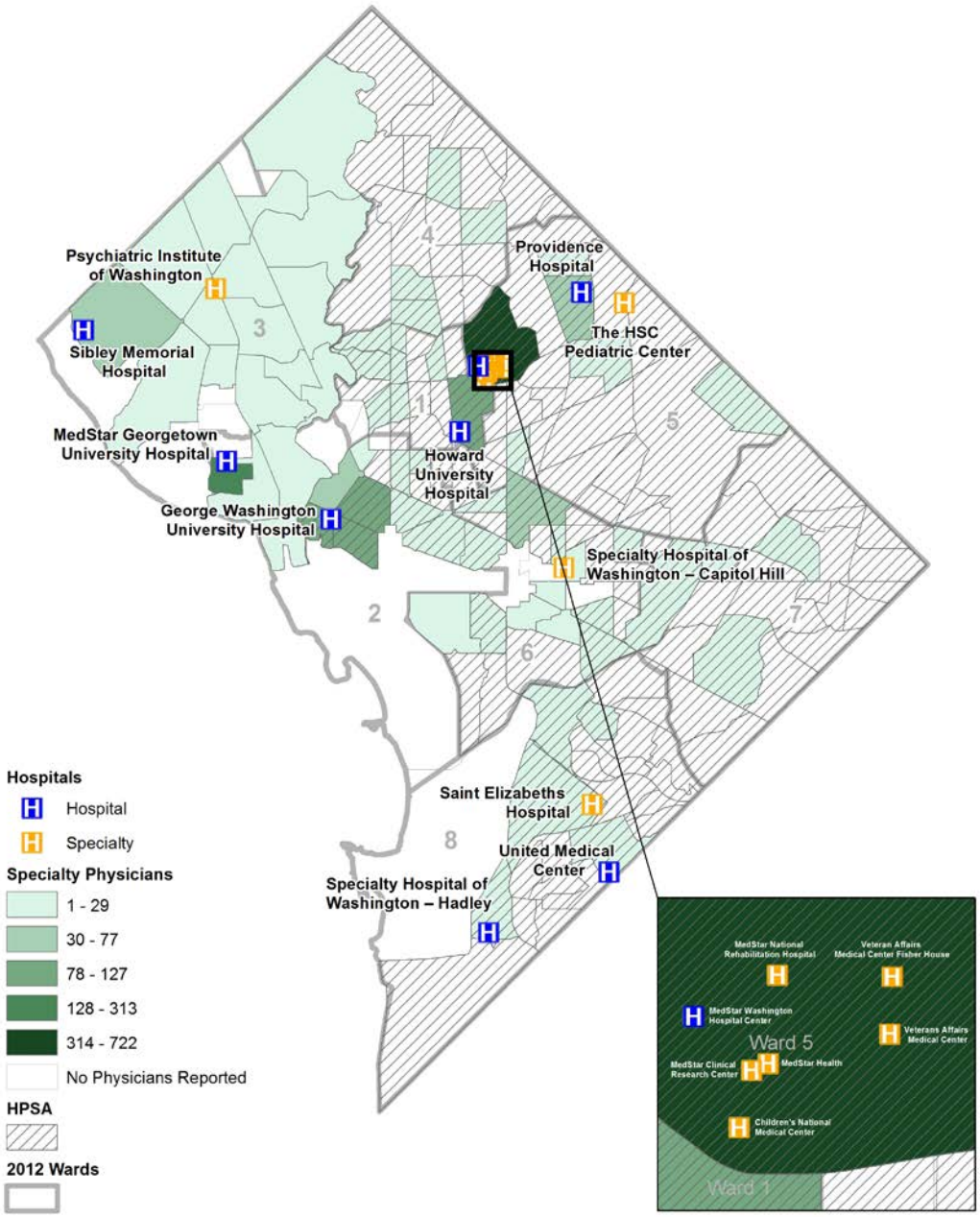
As in 2012, actively practicing Family Medicine physicians who accepted Medicaid were located in all eight wards of the District. However, no more than 10 actively practicing Family Medicine physicians were located within a census tract (see Map 15).

Map 15 – Comparison of the District's HPSAs and the Distribution of Actively Practicing Family Medicine Physicians, 2014



Higher numbers of actively practicing specialty care physicians who accepted Medicaid were located near hospitals including MedStar Washington Hospital Center, MedStar Georgetown University Hospital, George Washington University Hospital, Howard University Hospital and Sibley Memorial Hospital (see Map 16).

Map 16 – Comparison of the District's HPSAs and the Distribution of Actively Practicing Specialty Care Physicians, 2014



Special Topics

Continuing Medical Education:

Physicians who are renewing their license in the District are required to complete 50 credit hours of Continuing Medical Education (CME) per renewal cycle. Physicians renewing their license were asked to identify their primary source for obtaining CMEs. In 2012, 51% of actively licensed physicians indicated they obtained the majority of their CMEs from professional conferences while 42% selected that response in 2014 (see Figure 66). Additionally, in 2012, 23% of actively licensed physicians obtained CMEs from an online source, which is defined as webinars or another form of distance learning, while 31% selected that category in 2014.

When asked if 50 hours of CME over two years is a reasonable requirement for licensure renewal, 93% of actively licensed physicians responded "yes". Most actively licensed physicians (81%) indicated that there should be no topic-specific requirements for CME (see Table 42). Topics that garnered additional interest include diabetes, heart disease, hypertension, preventable cancer, and infant mortality.

Figure 66: Most Common Sources for Obtaining Continuing Medical Education amongst Actively Licensed Physicians, 2014

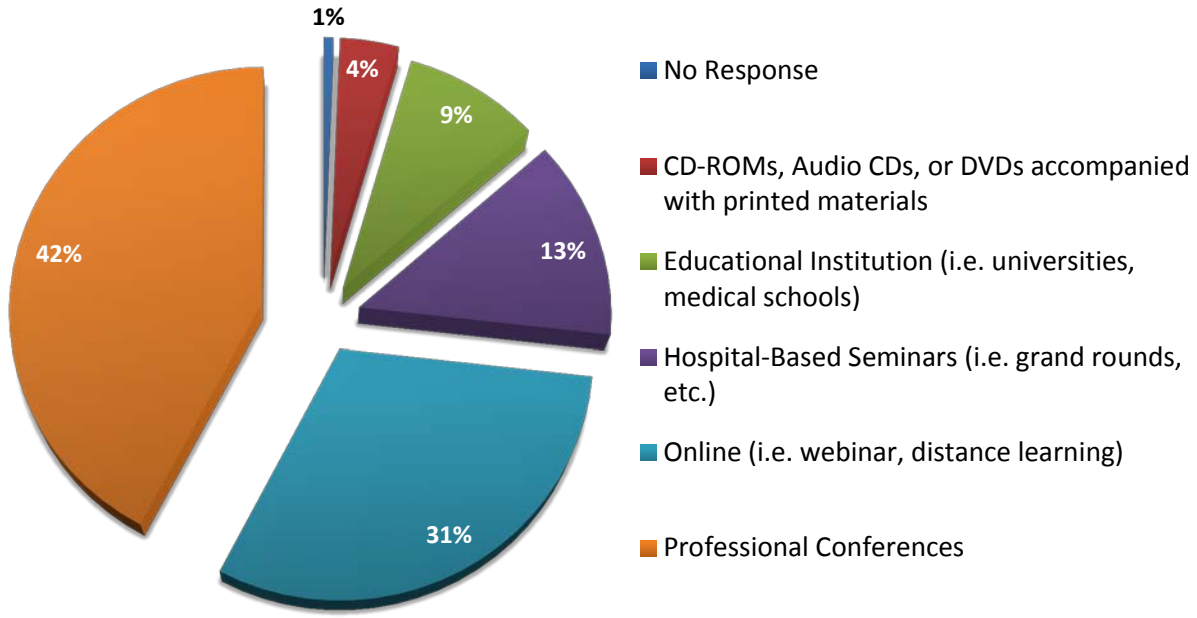


Table 42: Actively Licensed Physicians' Viewpoints on Topic-Specific Requirements for CMEs

	Number of Respondents N=8,934	Distribution
No topic specific requirements for CME	7,271	81%
Diabetes	593	7%
Heart Disease	522	6%
Hypertension	506	6%
Preventable Cancer	489	5%
Infant Mortality	197	2%

Electronic Medical Records:

In 2009, incentives to adopt and utilize electronic health records (EHRs) were authorized under the Health Information Technology for Economic and Clinical Health (HITECH) Act. In 2013, the National Ambulatory Medical Care Survey concluded that 8 in 10 physicians had adopted or were planning to adopt an EHR.[19] Amongst actively practicing physicians, 89% indicated that they utilized an EHR (see Table 43). Patient access of electronic health records was seen amongst 61% of actively licensed physicians and 58% amongst actively practicing physicians (see Table 44). Use of E-prescribing was also common with utilization at 73% amongst actively practicing physicians (see Table 45)**.**

In the 2013 national survey assessing characteristics of physicians by EHR adoption status, physicians in solo practice had the highest percentage of providers who were either uncertain or did not plan to adopt. Amongst the 263 actively practicing physicians with a solo practice in the District, 55% (N=144) were not currently utilizing an EHR, approximately 50% of the 304 actively practicing physicians who indicated they were not using EHRs (see Table 43).

Table 43: Physicians Utilizing Electronic Health Records, 2014

	Actively Licensed Physicians (N=8,934)		Actively Practicing Physicians (N=2,810)	
	N	%	N	%
Yes	7,260	81%	2,503	89%
No	1,609	18%	304	11%
No Response	65	1%	3	0%

Table 44: Physicians Utilizing an EHR with Patient Access, 2014

	Actively Licensed Physicians (N=7,260)*		Actively Practicing Physicians (N=2,503)*	
	N	%	N	%
Yes	4,447	61%	1,458	58%
No	2,813	39%	1,045	42%

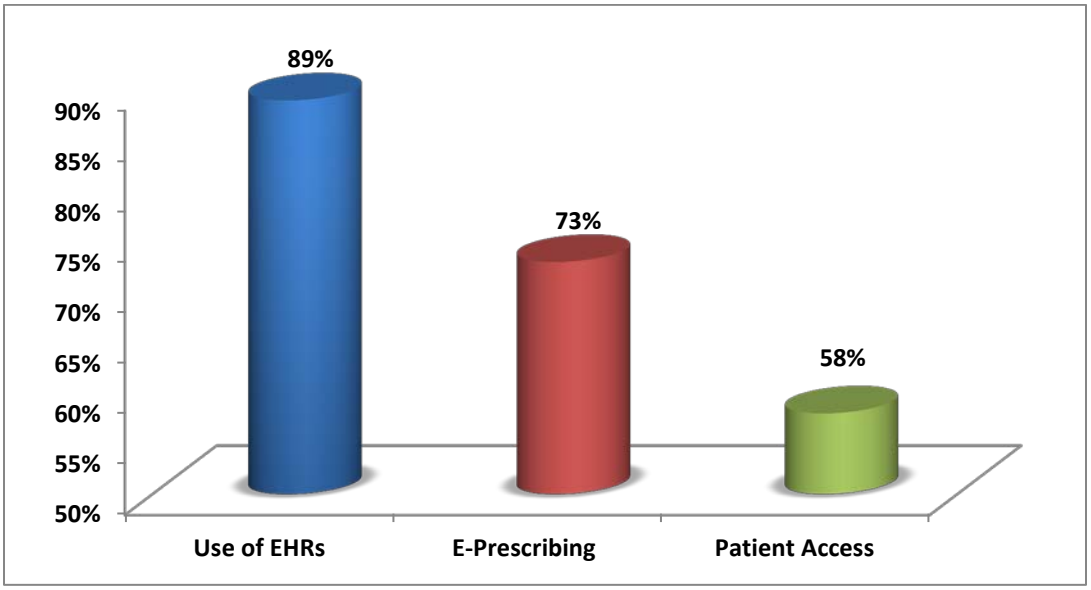
Table 45: Physicians Utilizing an EHR with E-Prescribing, 2014

	Actively Licensed Physicians (N=7,260)*		Actively Practicing Physicians (N=2,503)*	
	N	%	N	%
Yes	5,180	71%	1,825	73%
No	2,078	29%	678	27%
No Response	2	0%		

*** Question applies only to those who responded "yes" to utilizing Electronic Health Records**

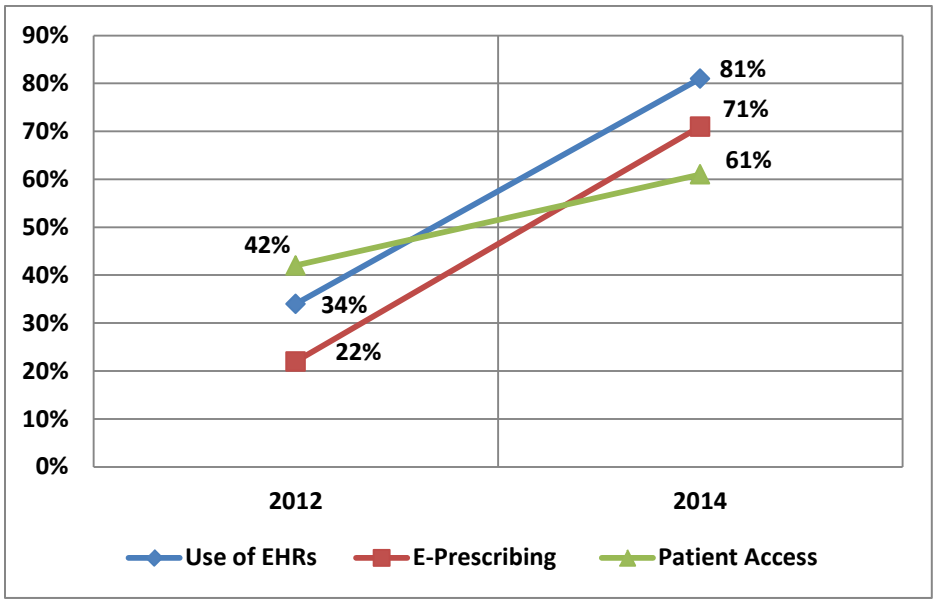
[19] Heisey-Grove D, Patel V. "Physician Motivations for Adoption of Electronic Health Records." ONC Data Brief. December 2014. Accessed at https://www.healthit.gov/sites/default/files/oncdatabrief-physician-ehr-adoption-motivators-2014.pdf.

Figure 67: Use of EHRs amongst Actively Practicing Physicians, 2014



When comparing utilization of electronic health records and related tools in 2012 and 2014, the greatest increase was seen in physician use of EHRs and E-prescribing. Less change was seen in the prevalence of patient access to EHRs (see Figure 68).

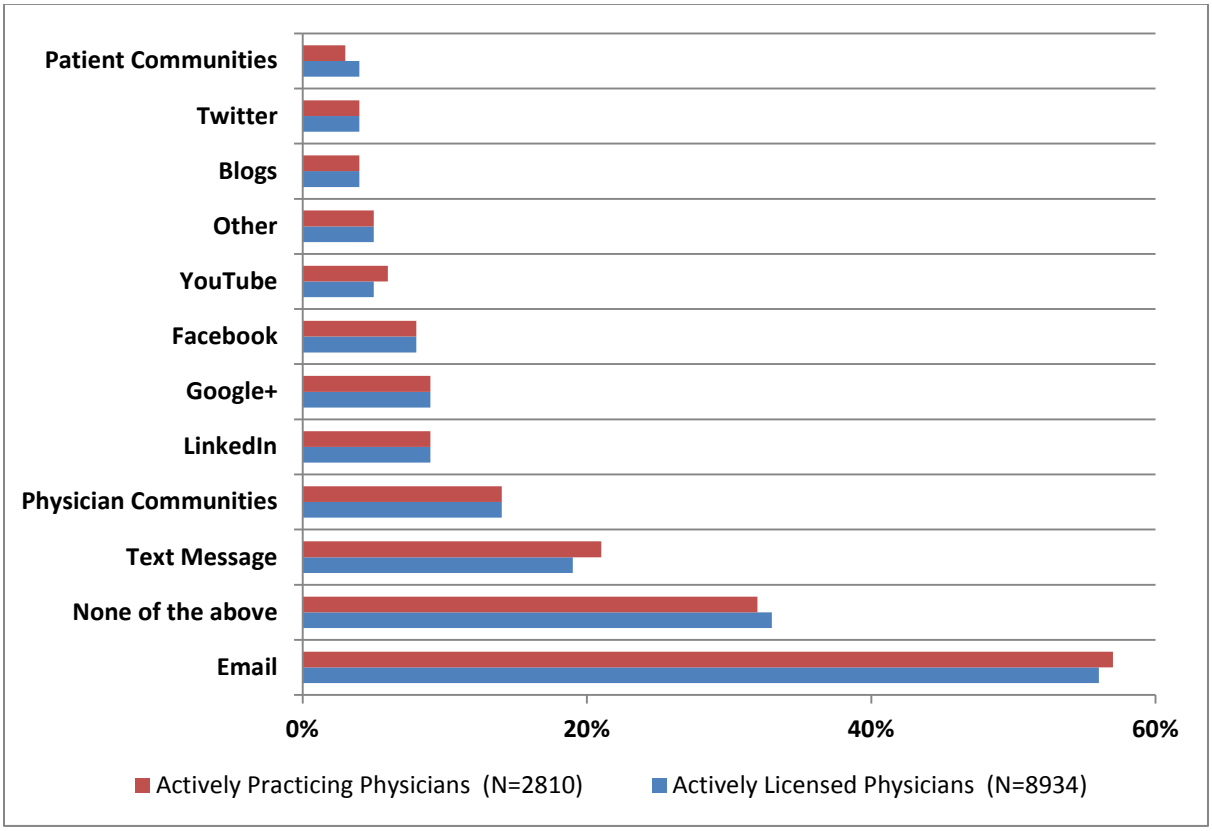
Figure 68: Use of EHRs amongst Actively Licensed Physicians, 2012 vs. 2014



Social Media:

Physicians frequently use social media to stay up to date with new information needed to provide quality care, to enhance professional networks, as well as for sharing views to educate patients and the community.[20] Physicians were asked to indicate which forms of social media they utilize in their practice of medicine, including Twitter, Facebook, LinkedIn, and others. Sixty-seven percent (N=5,958) of actively licensed physicians, and 68% (N=1,913) of actively practicing physicians indicated that they utilize some form of social media. The most common tools of communication utilized by physicians, both actively licensed and actively practicing, were Email, Text Messages, and Physician Communities while the least frequently used were Blogs, Twitter, and Patient Communities (see Figure 69 and Table 46). In 2014, the proportion of types of social media utilized was consistent between groups of actively licensed and actively practicing physicians.

Figure 69: Forms of Social Media used by Physicians, 2014



[20] American Academy of Family Physicians. "Social Media for Family Physicians." Accessed at http://www.aafp.org/about-site/about/contact/updates/social-media.html.

Table 46: Forms of Social Media used by Physicians, 2014

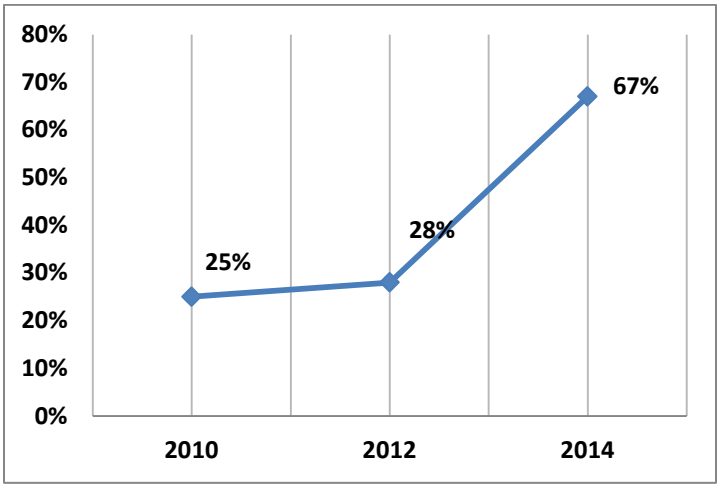
	Actively Licensed Physicians (N=8,934)	Actively Practicing Physicians (N=2,810)
Email	56%	57%
None of the above	33%	32%
Text Message	19%	21%
Physician Communities	14%	14%
LinkedIn	9%	9%
Google+	9%	9%
Facebook	8%	8%
YouTube	5%	6%
Other	5%	5%
Blogs	4%	4%
Twitter	4%	4%
Patient Communities	4%	3%

From 2010 to 2014, the proportion of physicians in the District utilizing Facebook for medical purposes has decreased while increases were seen in LinkedIn and Twitter use (see Table 47). Based on responses from each survey group, the utilization of social media by actively licensed physicians has increased from 25% to 67% (see Figure 55). Conclusions are limited due to the varying survey participation rates.

Table 47: Comparison of Social Media Utilized by Physicians, 2010 – 2014

	2010 (N=6,945)	2012 (N=4,790)	2014 (N=8,934)
Email	N/A	N/A	56%
None of the Above	75%	2%	33%
Text Messages	N/A	N/A	19%
Physician Communities	N/A	2%	14%
LinkedIn	3%	2%	9%
Google+	N/A	1%	9%
Facebook	19%	14%	8%
YouTube	N/A	1%	5%
Other	1%	0%	5%
Blogs	N/A	3%	4%
Twitter	1%	1%	4%
Patient Communities	N/A	1%	4%
No Response	1%	79%	2%

Figure 70: Social Media Utilization by Actively Licensed Physicians, 2010 – 2014



In March 2011, a survey assessing attitudes and usage of social media was administered to a random sample of 1,695 practicing oncologists and primary care physicians found in the AMA Physician Masterfile. One in four of the 485 physicians who responded indicated that they used social media at least once or multiple times a day. Approximately 60% of the physicians indicated that they believed that social media is beneficial and improves the quality of the patient care they deliver.[21] No conclusions were made as to the value of social media on the physician-patient relationship. In the 2014 D.C. Physician Workforce Survey, about 60% of respondents indicated that social media does have communicative value within the physician-patient relationship (see Table 48). This is an increase from the 23% of actively licensed physicians who indicated that social media adds to physician-patient communication in 2012.

Table 48: Communicative Value of Social Media within a Physician-Patient Relationship, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	61.4%	62.1%
No	37.8%	37.8%
No Response	0.7%	0.1%

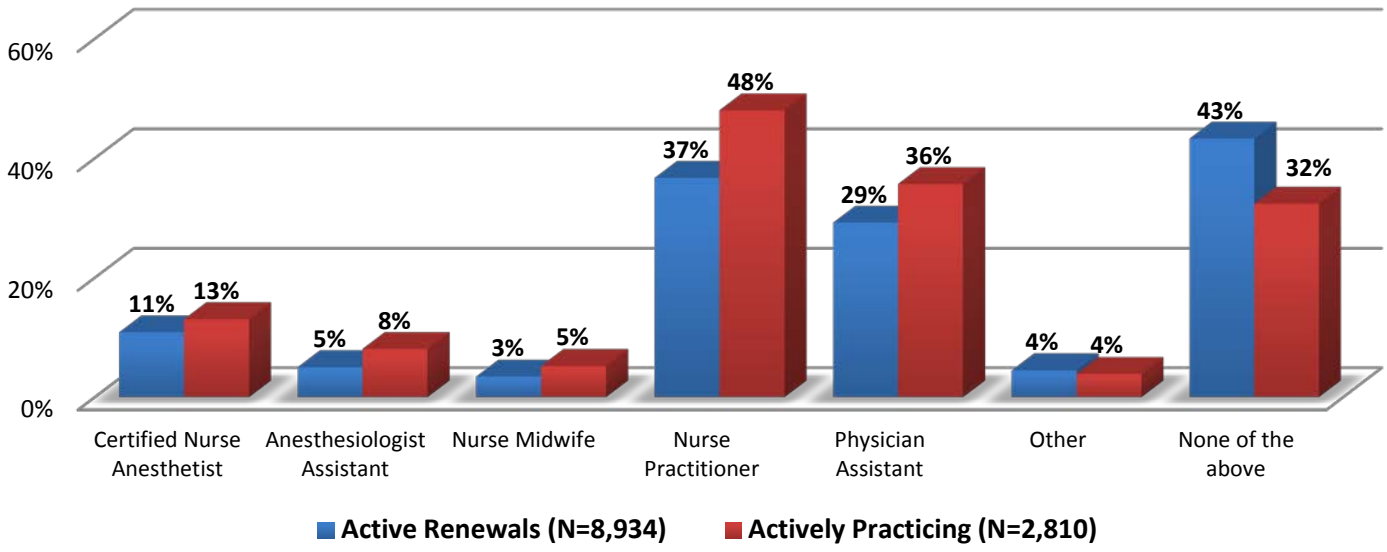
[21] Brian S McGowan, Molly Wasko, Bryan Steven Vartabedian, Robert S Miller, Desirae D Freiherr, Maziar Abdolrasulnia. Understanding the Factors That Influence the Adoption and Meaningful Use of Social Media by Physicians to Share Medical Information. *Journal of Medical Internet Research*, 2012; 14 (5): e117 DOI:10.2196/jmir.2138.

Advanced Practice Clinicians:

With expanded medical coverage through the Affordable Care Act, as well as the growing and aging population, there are projected shortages in primary care, ranging up to 31,100 physicians by 2025. In specialty care areas the shortage is expected to be up to 63,700 physicians. The evolving structure of the healthcare workforce, including increased practices of non-physician Advanced Practice Clinicians, may help mitigate these shortfalls. Currently, 18 states as well as the District of Columbia have enacted full practice for nurse practitioners. This model provides for nurse practitioners to evaluate patients including diagnosis, ordering and interpreting diagnostic tests, initiating and managing treatments, and prescribing medications.[22] A national survey conducted from 2011 to 2012 explored the perspectives of physicians and nurse practitioners on primary care practice and revealed varying views on the role of the nurse practitioner and the impact on patient care.[23]

Physicians were asked to identify which advanced practice clinicians they work with, in their respective areas of practice. Sixty-four percent (N=1,804) of actively practicing physicians indicated that they worked with an advanced practice clinician. In the group of actively practicing physicians, there was a higher distribution of respondents working with advanced practice clinicians, as compared to the actively licensed physician group (see Figure 71). Forty-eight percent of actively practicing physicians worked with a Nurse Practitioner, followed by 36% who worked with a Physician Assistant. Of the physicians who did work with one of the listed healthcare professionals (N=1,804), 26% (N=470) worked with both a Nurse Practitioner, and a Physician Assistant.

Figure 71: Physicians Working with Advanced Practice Clinicians in Respective Areas of Practice, 2014



[22] American Association of Nurse Practitioners. State Practice Environment. Accessed from http://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment.
[23] Donelan K, et al. Perspectives of Physicians and Nurse Practitioners on Primary Care Practice. N Eng J Med 2013. 368;20.

Collaborative Practice Agreements:

A "Collaborative Practice Agreement" (CPA) is defined as a "voluntary written agreement between a licensed physician, a licensed pharmacist, and patient that defines the scope of practice between the licensed pharmacist and licensed physician, for the initiation, modification, or discontinuation of a drug therapy regimen." In the District of Columbia, the Collaborative Care Expansion Amendment Act of 2012 was passed in May 2013. The workforce survey in 2014 was the first to assess viewpoints on collaborative practice agreements.

Collaborative practice agreements may include:

- Specification of the drug therapy to be provided and any tests that may be necessarily incident to its provision;
- Conditions for initiating, modifying, or discontinuing a drug therapy; and
- Directions concerning the monitoring of a drug therapy and the conditions that would warrant a modification.

Although a majority of physicians in both actively licensed and actively practicing groups indicated that collaborative practice agreements would result in improvement of patient care or access to care, there were more physicians who did not have interest in entering a voluntary agreement (see Table 49 and Table 50). Approximately 40% of physicians in each group expressed concern about entering a voluntary CPA (see Table 51). The highest concern was liability; this was followed by coordination between multiple health professionals, communication, patient safety, complicating the physician-patient relationship and, finally, the pharmacist scope of practice (see Figure 72).

Sixty-six percent (N=620) of physicians actively practicing in a hospital inpatient setting (N=941) did not have concerns about entering a voluntary CPA. Physicians practicing in an inpatient setting may have been more likely to interact with pharmacists on the healthcare team.

Table 49: Physician Viewpoints on CPAs in Improvement of Patient Care or Access to Care, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	60.6%	63.0%
No	38.6%	36.8%
No Response	0.8%	0.2%

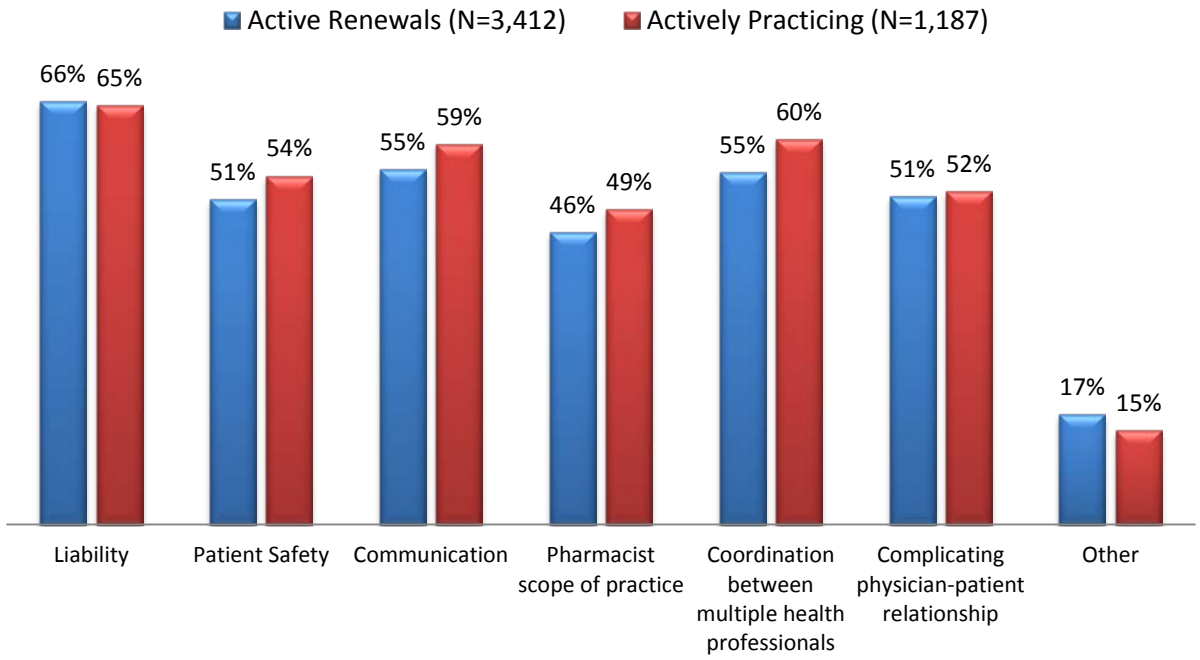
Table 50: Physician Interest in Entering a Voluntary CPA, 2014

	Actively Licensed Physicians N=8,934	Actively Practicing Physicians N=2,810
Yes	24.5%	29.3%
No	74.7%	70.6%
No Response	0.8%	0.2%

Table 51: Physician Concern in regards to Entering a Voluntary CPA, 2014

	Actively Licensed Physicians N=8934	Actively Practicing Physicians N=2810
Yes	38.2%	42.2%
No	61.0%	57.6%
No Response	0.8%	0.2%

Figure 72: Physicians who Expressed Concern Regarding Entering Collaborative Practice Agreement, 2014



Pain Management:

A clinical pathway for pain management or prescribing opioids is intended to provide safe and effective relief of symptoms while preventing misuse or abuse of the medications. The utilization of clinical pathways for opioid prescribing or pain management is not standard among physicians. Approximately 30% of physicians in the District who are either actively licensed or actively practicing indicated that they utilized a clinical pathway for opioid prescribing (see Table 52). All physicians who used a clinical pathway for opioid prescribing indicated that it was a pathway recommended by a professional medical organization (see Table 53). In the group of actively practicing physicians, the top two specialties who utilized a clinical pathway for opioid prescribing were Internal Medicine (General) (19% [N=165]) followed by Anesthesiology (10% [N=85]).

Amongst actively licensed and actively practicing physicians, approximately 30% prescribed pain medication for chronically ill patients (see Table 54). Twenty-nine percent (N=272) of actively practicing physicians who prescribed pain medication for chronically ill patients specialized in Internal Medicine (General), followed by 8% (N=73) in Emergency Medicine, 7% (N=67) in Family Medicine and 6% (N=52) in Pediatrics (General). Nearly 31% of actively practicing physicians who prescribed pain medication for chronically ill patients required a signed treatment agreement when prescribing an opioid (see Table 55). A treatment agreement ensures that the patient understands their role in the plan including, but not limited to, taking the medication as prescribed, utilizing one pharmacy, or keeping scheduled appointments with their physician.

Table 52: Physicians with a Clinical Pathway for Opioid Prescribing, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	27.3%	31.6%
No	71.9%	68.2%
No Response	0.8%	0.2%

Table 53: Physicians Utilizing a Clinical Pathway Recommended by a Professional Medical Organization, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	27.3%	31.6%
No	71.9%	68.2%
No Response	0.8%	0.2%

Table 54: Physicians Prescribing Pain Medications for Chronically Ill Patients, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	27.2%	33.2%
No	72.0%	66.6%
No Response	0.8%	0.2%

Table 55: Physicians Requiring a Signed Treatment Agreement Pursuant to an Opioid Prescription, 2014

	Actively Licensed Physicians N=2,429	**Actively Practicing Physicians** N=933
Yes	37.0%	30.7%
No	62.9%	69.2%
No Response	0.1%	0.1%

Medical Marijuana:

In the District of Columbia, a licensed physician in good standing to practice medicine or osteopathy may recommend therapy with medical marijuana in accordance with the District's Medical Marijuana Program.[24] As of August 2015, about 4,000 patients were registered. The program initially determined that patients diagnosed with certain medical conditions would qualify for therapy with medical marijuana. This included HIV or AIDS, glaucoma, conditions characterized by severe and persistent muscle spasms (such as multiple sclerosis), cancer or any other condition as determined by rulemaking that is:

(i) Chronic or long-lasting,
(ii) Debilitating or interferes with the basic functions of life,
(iii) A serious medical condition for which the use of medical marijuana is beneficial that cannot be effectively treated by any ordinary medical or surgical measure or for which there is scientific evidence that the use of medical marijuana is likely to be significantly less addictive than the ordinary medical treatment for that condition.

Subsequently, the Medical Marijuana Expansion Emergency Amendment Act of 2014 broadened the definition of a qualifying condition to mean "any condition for which treatment with medical marijuana would be beneficial, as determined by the patient's physician."[25]

On a national level, marijuana remains a Schedule I substance as determined by the Drug Enforcement Agency (DEA) meaning that it is classified as a drug with no currently accepted medical use along with a high potential for abuse. To date, the Food and Drug Administration (FDA) has not approved the use of botanical marijuana for any medical conditions and indicates that the lack of approval and oversight may lead to variations in the purity and potency of the drug.[26]

In a poll that was administered in 2013 via Clinical Decisions, an interactive element of the New England Journal of Medicine, 76% of respondents favored the use of medicinal marijuana. Although the survey was distributed in 72 countries, 74% of the 1,446 respondents were from the United States, Canada and Mexico with at least 10 participants from each state. Physicians who were in favor of marijuana for medicinal purposes indicated they felt a responsibility to alleviate suffering, support patient choice, or they noted anecdotal evidence of patient benefits from marijuana. On the other hand, physicians who opposed medicinal marijuana cited a lack of evidence, dosage inconsistency, and possible side effects.[27]

Amongst actively licensed and actively practicing physicians in the District, a majority of physicians (58.6% and 62.4% respectively) indicated that they believe medical marijuana has therapeutic value in providing patient care (see Table 56). However, greater than 75% of physicians in both groups would not recommend medical marijuana to their patients (see Table 57).

[24] District of Columbia Department of Health Medical Marijuana. Physician Frequently Asked Questions. Accessed at http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/120430FAQPhysicians%20Final.pdf.
[25] Medical Marijuana Expansion Emergency Amendment of 2014.
[26] FDA and Marijuana. Accessed from http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421163.htm.
[27] Medicinal use of marijuana. N Engl J Med 2013;368:866-8.

Table 56: Physician Views on whether Medical Marijuana has Therapeutic Value in Providing Patient Care, 2014

	Actively Licensed Physicians (N=8,934)	Actively Practicing Physicians (N=2,810)
Yes	58.6%	62.4%
No	40.6%	37.4%
No Response	0.8%	0.2%

Table 57: Physician Views on Recommending Medical Marijuana to Patients, 2014

	Actively Licensed Physicians (N=8,934)	Actively Practicing Physicians (N=2,810)
Yes	22.8%	24.7%
No	76.4%	75.1%
No Response	0.8%	0.2%

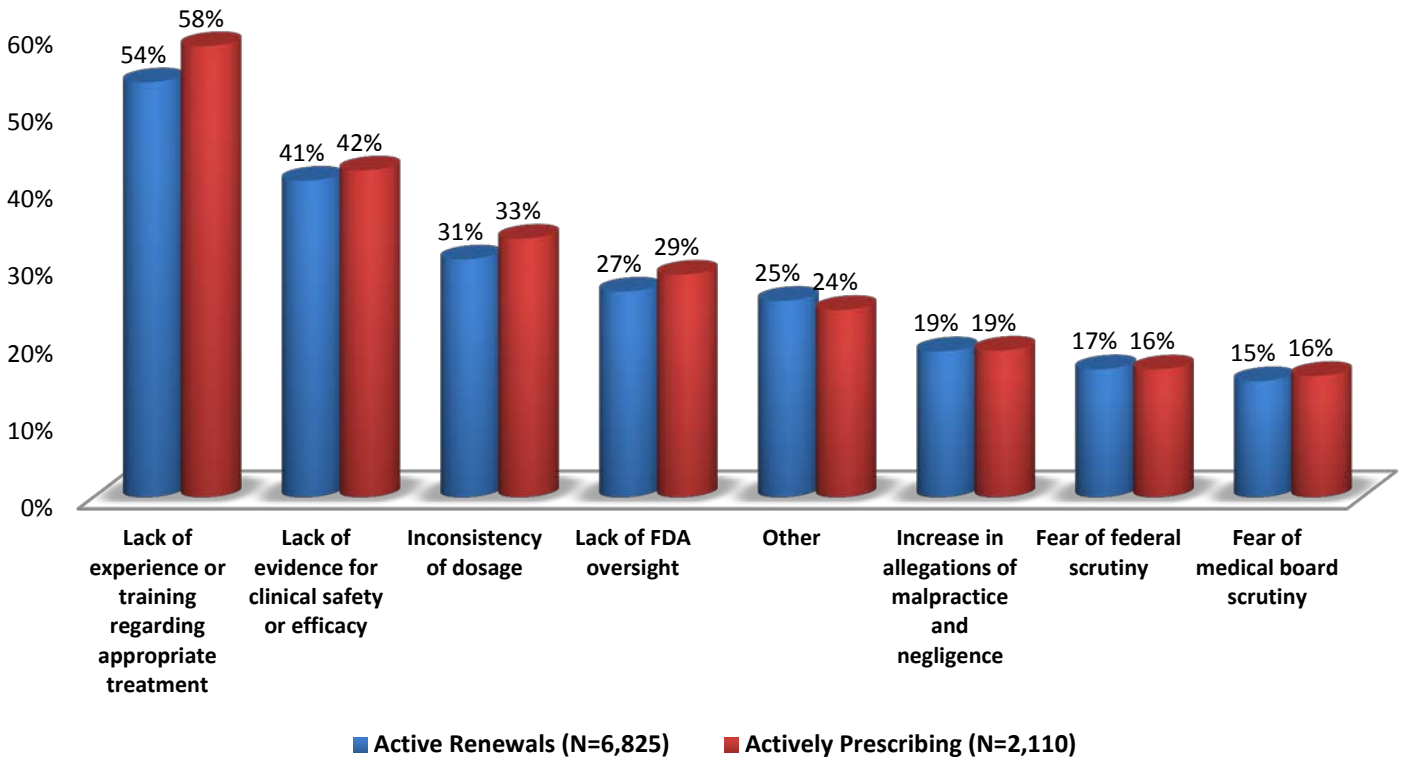
As of March 2015, 23 states and the District of Columbia had enacted legal guidance for medical marijuana.[28] As medical marijuana becomes more common in clinical practice, physicians are called upon to understand the rationale for treatment and to educate patients. Amongst physicians practicing in D.C., greater than 50% of those who would not recommend medical marijuana indicated a lack of experience or training regarding appropriate treatment (see Table 58 and Figure 73). Over 20% of physicians also reported lack of evidence for clinical safety or efficacy, inconsistency of dosage and lack of FDA oversight as reasons for not recommending the treatment (see Figure 73). Additional concerns include a potential increase in allegations of malpractice and negligence, fear of federal scrutiny, and fear of medical board scrutiny.

Table 58: Concerns Regarding Medical Marijuana, 2014

	Actively Licensed Physicians (N=6,825)		Actively Practicing Physicians (N=2,110)	
Lack of experience/training regarding	3,655	53.6%	1,229	58.2%
Lack of evidence for clinical safety or efficacy	2,789	40.9%	890	42.2%
Inconsistency of dosage	2,095	30.7%	704	33.4%
Lack of FDA oversight	1,812	26.6%	606	28.7%
Increase in allegations of malpractice and	1,285	18.8%	399	18.9%
Fear of federal scrutiny	1,127	16.5%	348	16.5%
Fear of medical board scrutiny	1,022	15.0%	330	15.6%
Other	1,729	25.3%	510	24.2%

[28] Hill KP. Medical Marijuana for Treatment of Chronic Pain and Other Medical Psychiatric Problems. A Clinical Review. JAMA. 2015;313(24):2474-2483.

Figure 73: Concerns Regarding Medical Marijuana, 2014



Postgraduate Physicians:

About 50% of actively licensed physicians indicated that they supervised residents or fellows in their clinical practice setting. In the group of actively practicing physicians, 70% supervised residents or fellows (see Table 59 and Figure 74). Amongst the actively practicing subgroup, the specialties where physicians most commonly supervised postgraduates were Internal Medicine (General) (10% [N=194]), Anesthesiology (7% [N=130]), Pediatrics (General) (6% [N=128]), and Psychiatry (6% [N=121]). From 2010 to 2014, the number of postgraduate physicians in training in the District has more than doubled (see Figure 75).

Table 59: Physicians Supervising Residents/Fellows in Clinical Practice Setting, 2014

	Actively Licensed Physicians N=8,934	Actively Practicing Physicians N=2,810
Yes	48.0%	70.2%
No	51.3%	29.6%
No Response	0.7%	0.1%

Figure 74: Physicians Supervising Residents/Fellows in Clinical Practice Setting, 2014

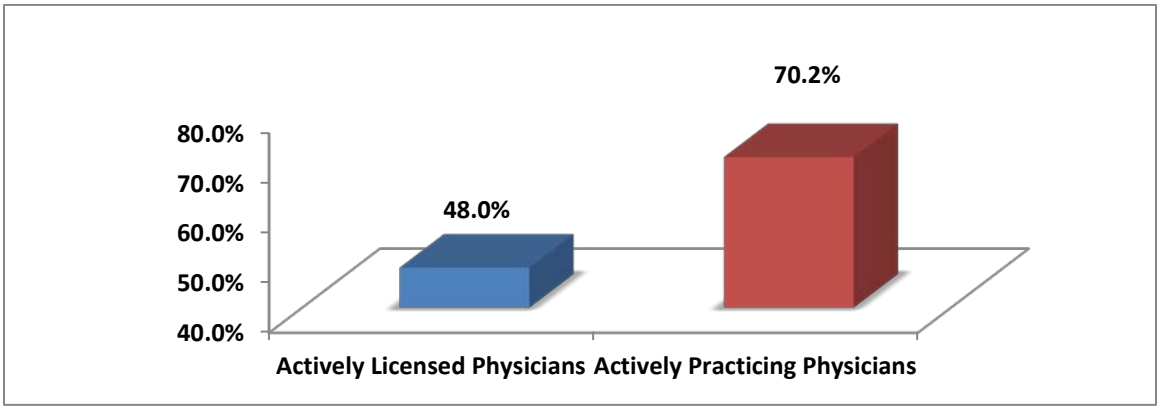
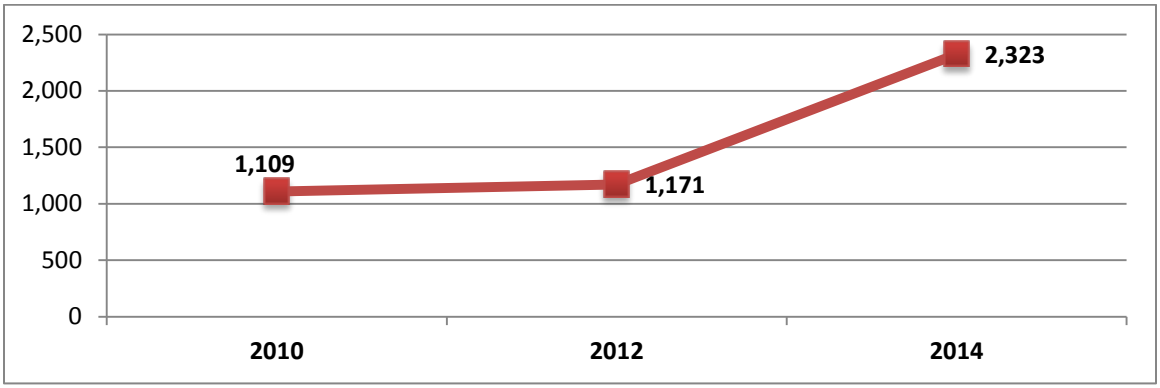


Figure 75: Postgraduate Physicians in Training in the District, 2010 – 2014



Age-Based Competency Screening:

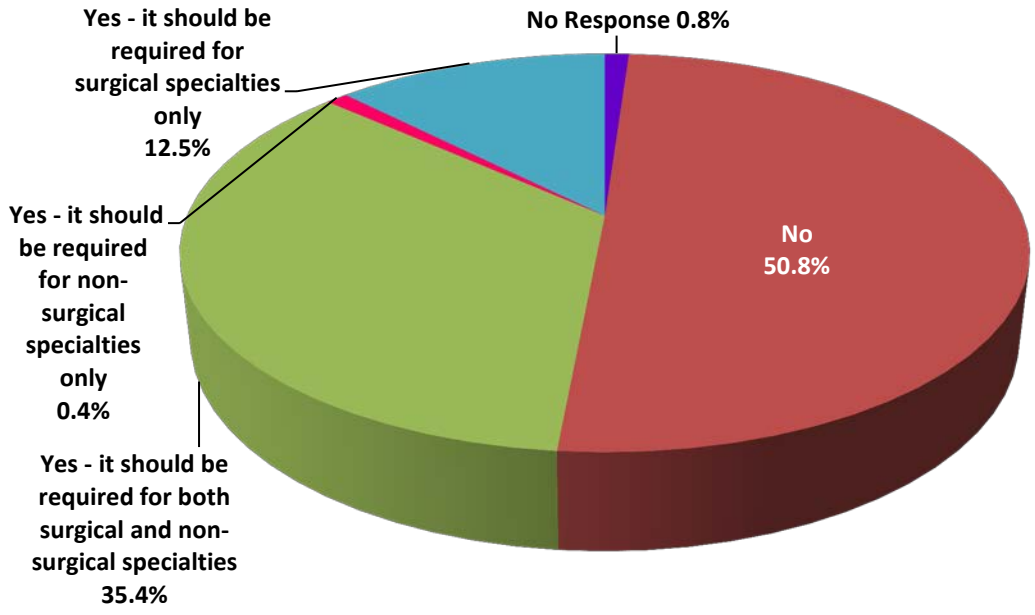
In June 2015 the AMA's House of Delegates voted to address the issue of aging physicians with required competency screenings. The AMA's Council on Medical Education referenced 72 peer-reviewed papers that explored physicians' decreased abilities with greater age.

According to estimates from FSMB, approximately 280,000 (30%) of physicians in the U.S. are 60 years of age or above. Twenty-six percent (N=2,334) of actively licensed physicians in the District are 60 years or age or over. When asked if physicians should be subject to some sort of age-based competency screening when they are older, 47% of actively licensed physicians and nearly 53% of actively practicing physicians responded "yes" (see Table 60). The average age of those who did not think physicians should complete an age-based competency was 53 while those who favored an age-based competency were, on average, 43 years of age. When asked if testing should be required for specific disciplines or practices, approximately 51% of actively licensed physicians selected "no" while 35% indicated that it should be required for both surgical and non-surgical specialties (see Figure 76).

Table 60: Physician Viewpoints on the Need for Age-Based Competency Screening, 2014

	Actively Licensed Physicians N=8,934	**Actively Practicing Physicians** N=2,810
Yes	47.1%	52.6%
No	52.1%	47.2%
No Response	0.8%	0.2%

Figure 76: Physician Viewpoints on Age-Based Competencies for Surgical vs. Non-surgical Specialties



VII. PHYSICIAN ASSISTANT WORKFORCE

Comparison of 2010 vs. 2012 vs. 2014

From 2010 to 2014 there were some changes in the demographics and number of physician assistants who renewed their license and responded to the workforce survey. These changes are highlighted in this section. Additional trends and comparisons are referenced throughout the report.

District of Columbia License Renewal & Workforce Survey Response Rates

In 2014, there were 667 physician assistants who were eligible to renew their license in the District. Eighty-four percent (N=562) renewed their license and responded to the workforce survey, as it was a mandatory component of licensure renewal. Survey response rates in the past were 74% in 2010 and 39% in 2012 (see Table 61).

Table 61: Comparison of Physician Assistant Survey Response Rate, 2010 vs. 2012 vs. 2014

	2010	2012	2014
Renewal Eligible	537	603	667
Number of Renewals	521	445	562
Renewal Rate	**97%**	**74%**	**84%**
Physician Assistants Completing Survey	388	173	562
Survey Response Rate	**74%**	**39%**	**100%**

Demographics

The majority of physician assistants in the 2014 renewal period were between the ages of 31 and 50, approximately 56%. From 2012 to 2014, there was an increase of physician assistants who were 30 years of age and under, and a decrease in those who were over 60 (see Table 62). In the distribution of gender, there continues to be a majority of female physician assistants, which was 78% in 2014 (see Table 63).

Table 62: Comparison of Physician Assistant Survey Respondent Age Distribution, 2010 vs. 2012 vs. 2014

	2010 N=388	2012 N=173	2014 N=546*
30 & Under	18.00%	16.76%	21.17%
31-40	34.30%	30.64%	38.56%
41-50	25.30%	16.76%	18.15%
51-60	14.40%	20.23%	13.80%
Over 60	8.00%	15.61%	8.32%

***Date of birth unavailable for 17 respondents**

Table 63: Comparison of Physician Assistant Survey Respondent Gender Distribution, 2010 vs. 2012 vs. 2014

	2010 N=388	2012 N=173	2014 N=546
Male	**21%**	**26%**	**22%**
Female	**79%**	**74%**	**78%**

Amongst actively licensed physician assistants, there was a decrease of 10% in the distribution of Black or African Americans between 2010 and 2014 (see Figure 77). A similar trend was seen in the group of actively practicing physician assistants (see Figure 78). An increase from 4% to 5% was seen amongst actively licensed physician assistants who identified as Asian or South Asian (see Figure 77).

Figure 77: Distribution of Race/Ethnicity in Actively Licensed Physician Assistants, 2010 vs. 2014

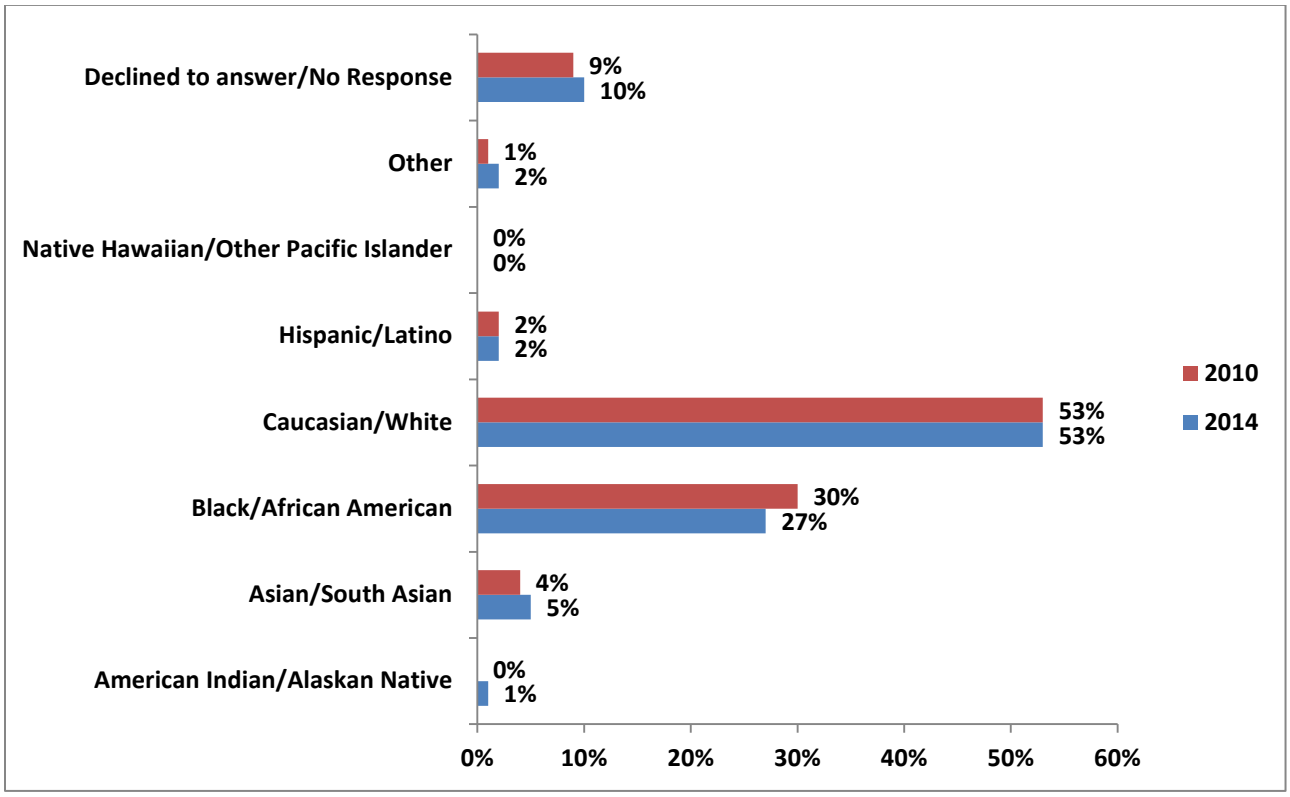
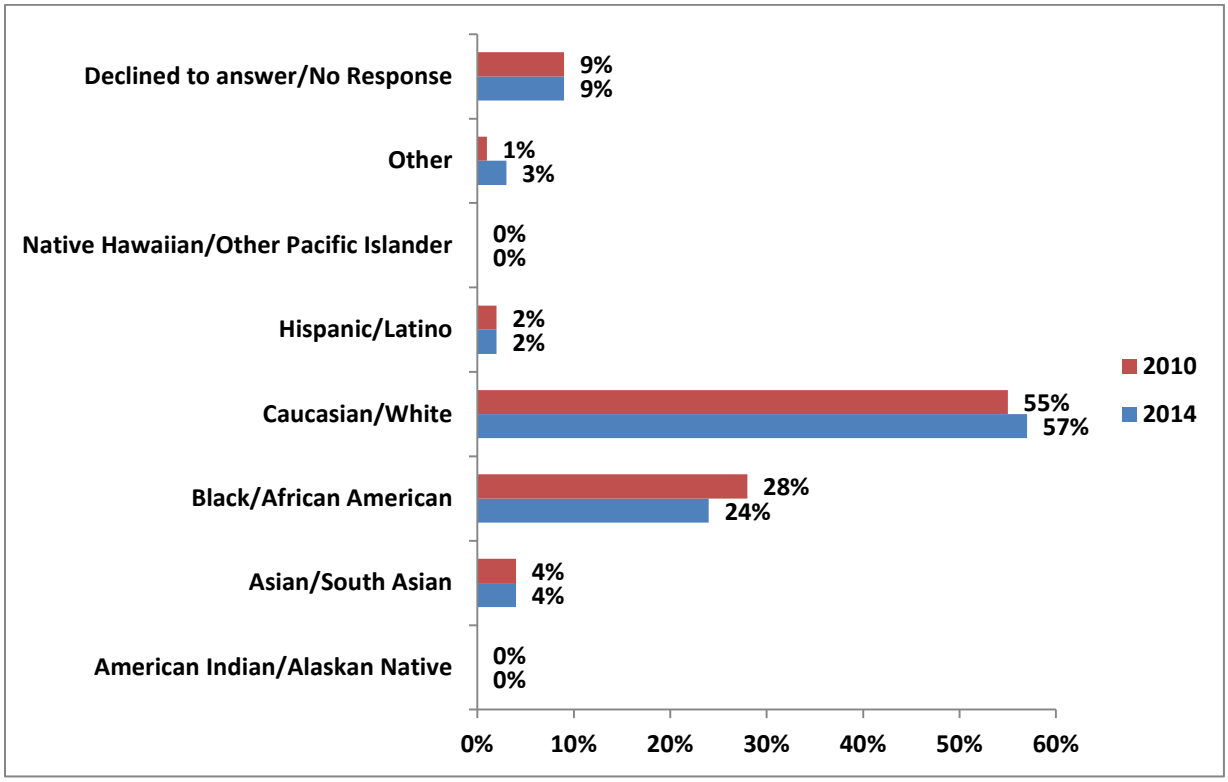


Figure 78: Distribution of Race/Ethnicity in Actively Practicing Physician Assistants, 2010 vs. 2014



Primary Care and Specialty Care

Actively practicing physician assistants are those with a primary business location in the District who practice in patient care greater than or equal to twenty hours per week. The proportion of actively practicing primary care physician assistants continues to increase since 2010 and was approximately 31% in 2014 (see Table 64).

Table 64: Comparison of Actively Practicing Primary Care & Specialty Care Physician Assistant Rates, 2010 vs. 2012 vs. 2014

	2010 N=207	2012 N=84	2014 N=225
Primary Care	**18.36%**	**28.57%**	**31.11%**
Specialty Care	**81.16%**	**71.43%**	**68.89%**

In 2014, the distribution of physician assistants in primary care practice areas was more consistent with numbers in 2010 for Family Medicine and Internal Medicine (General). The distribution of physician assistants specializing in Obstetrics and Gynecology continued to decrease, from 11% in 2010, to 6% in

2014. In 2012 there were no physician assistants with a Pediatric (General) specialty, while 7% selected this area in 2014 (see Figure 79). When comparing all actively practicing physician assistants, the top five most common specialties were Internal Medicine (General), Emergency Medicine, Family Medicine, Critical Care and Surgery (General) (see Table 65). Compared to 2010 and 2012 respondents, this workforce survey was the only to show two primary care practice areas amongst the most common specialties (Internal Medicine and Family Medicine).

Figure 79: Comparison of Actively Practicing Primary Care Physician Assistant Rates, 2010 vs. 2012 vs. 2014

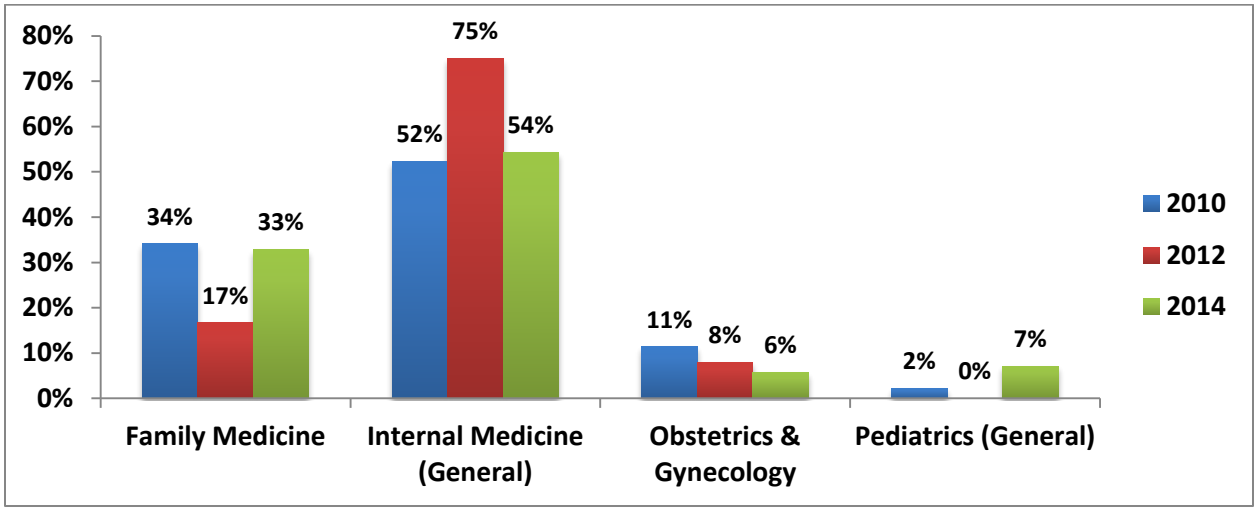


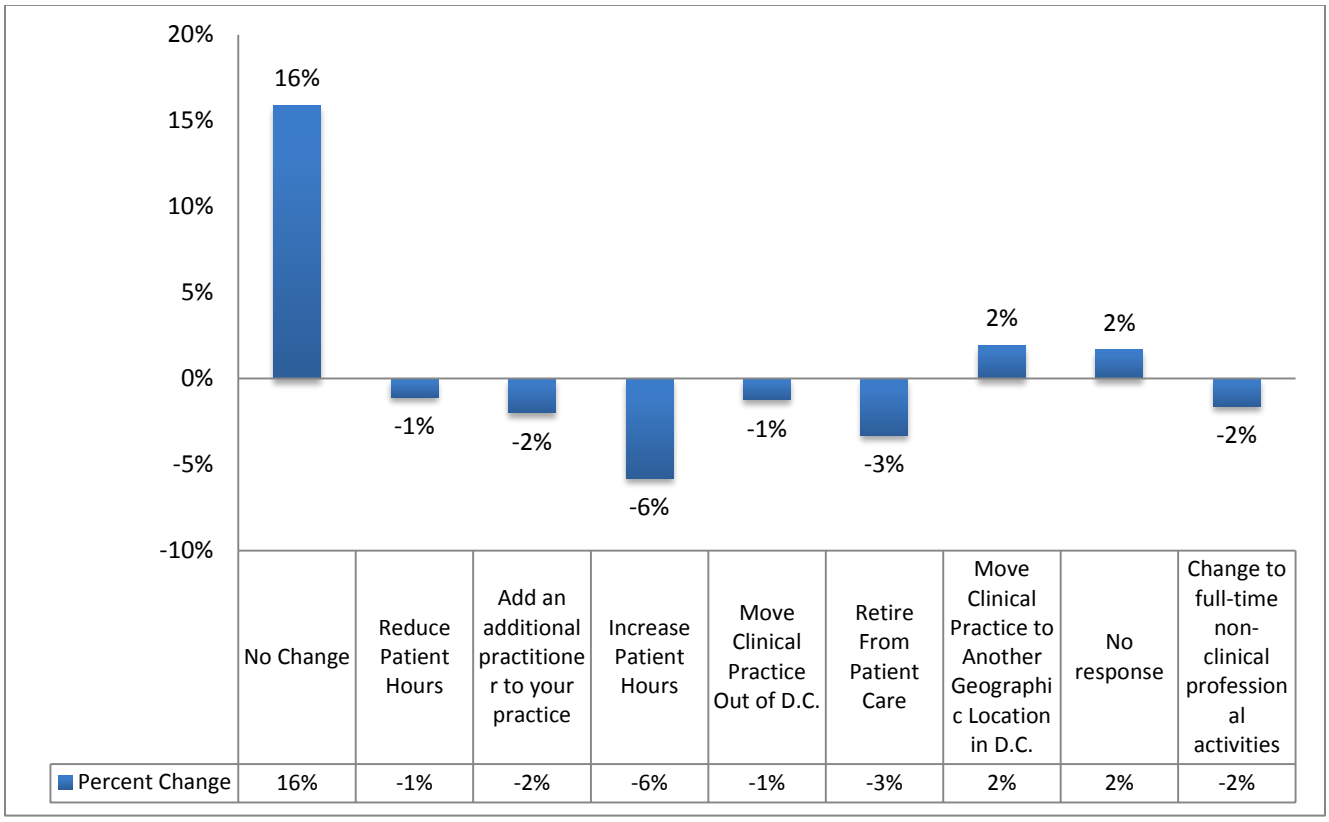
Table 65: Most Common Specialties Amongst Actively Practicing Physician Assistants, 2010 vs. 2012 vs. 2014

	2010 N=207 [%]	2012 N=84 [%]	2014 N=225 [%]
1	Emergency Medicine [13%]	Internal Medicine (General) [21%]	Internal Medicine (General) [17%]
2	Internal Medicine (General) [11%]	Emergency Medicine [15%]	Emergency Medicine [11%]
3	Neurological Surgery [8%]	Other [12%]	Family Medicine [10%]
4	Critical Care [5%]	Critical Care [10%]	Critical Care [10%]
5	Infectious Disease [5%]	Neurological Surgery [5%]	Surgery (General) [6%]

Workforce Reduction and Retirement

The most notable change when comparing future plans of physician assistants from 2012 with 2014 was the 16 percentage point increase in the distribution of those with no plans to change their practice in the next two years (see Figure 80).

Figure 80: Percent Change in Actively Licensed Physician Assistants' Future Plans, 2012 vs. 2014



	No Change	Reduce Patient Hours	Add an additional practitioner to your practice	Increase Patient Hours	Move Clinical Practice Out of D.C.	Retire From Patient Care	Move Clinical Practice to Another Geographic Location in D.C.	No response	Change to full-time non-clinical professional activities
Percent Change	16%	-1%	-2%	-6%	-1%	-3%	2%	2%	-2%

Comparison to National Physician Assistant Workforce

Utilizing data from the American Academy of Physician Assistants (AAPA), the physician assistant workforce in D.C. was compared to national figures. The age distribution of actively licensed physician assistants in D.C. was generally within 5% of the national breakdown (see Table 66). Approximately 78% of actively licensed physician assistants in the District were female, compared to 67% in the U.S. (see Table 67).

Table 66: Age Distribution, U.S. Physician Assistants vs. Actively Licensed Physician Assistants in D.C.[29]

	Physician Assistant Workforce in U.S. (N=15,802)		Actively Licensed Physician Assistants in D.C. (N=546)*	
	Number	**Distribution**	**Number**	**Distribution**
Under 30	2,995	18.95%	86	16.26%
30-39	5,805	36.74%	220	41.59%
40-49	3,166	20.04%	92	17.39%
50-59	2,500	15.82%	81	15.31%
60 and Over	1,336	8.45%	50	9.45%

*A date of birth was unavailable for 17 actively licensed physician assistant respondents

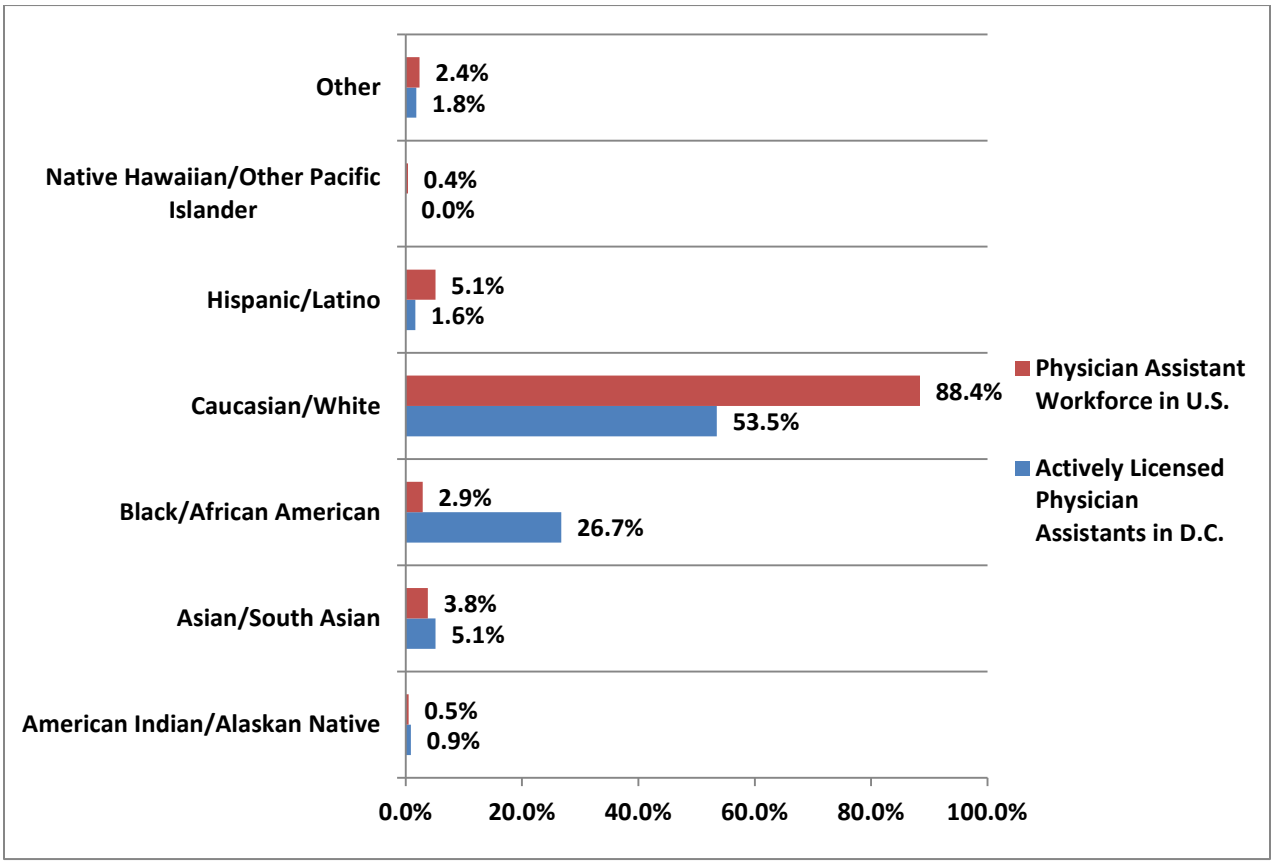
Table 67: Gender Distribution, U.S. Physician Assistants vs. Actively Licensed Physician Assistants in D.C.[27]

	Physician Assistant Workforce in U.S. (N=15,860)		Actively Licensed Physician Assistants in D.C. (N=546)	
	Number	**Distribution**	**Number**	**Distribution**
Female	10,670	67.28%	428	78.39%
Male	5,190	32.72%	118	21.61%

[29] American Academy of Physician Assistants. "2013 Annual Survey Report."

Key differences were seen in the distribution of race and ethnicity between D.C. and U.S. physician assistants. Nearly 54% of actively licensed physician assistants in D.C. were Caucasian/White, compared to 88% in the U.S. Approximately 3% of U.S. physician assistants are Black/African American, compared to 27% amongst actively licensed physician assistants in D.C. (see Figure 81).

Figure 81: Race/Ethnicity Distribution, U.S. Physician Assistants vs. Actively Licensed Physician Assistants in D.C.[30]



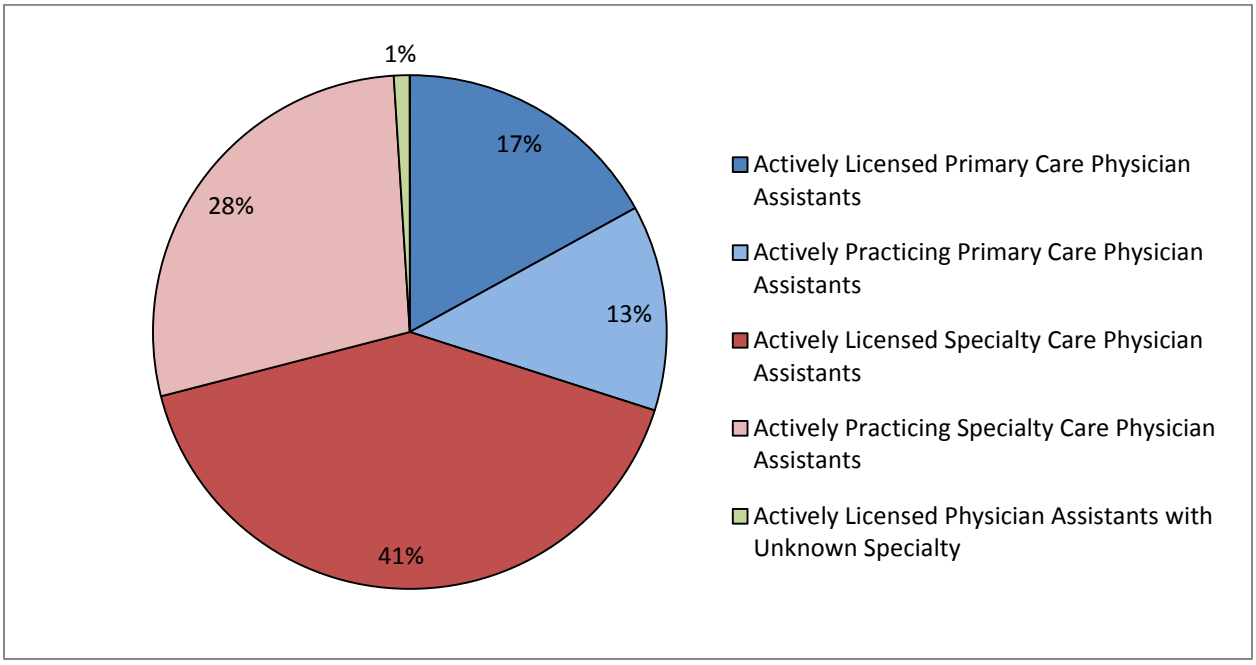
[30] American Academy of Physician Assistants. "2013 Annual Survey Report."

2014 Physician Assistant Workforce Survey

During the 2014 licensing renewal cycle, approximately 84% (N=562) of the 667 eligible licensed physician assistants renewed their license. As a mandatory component of the licensure renewal process, 100% of those who renewed responded to the 2014 Workforce Survey. Approximately 3% (N=16) physician assistants elected to change their licensure status from active to paid inactive.

The workforce survey report is based on the responses from 546 physician assistants who maintained an active license status in the District. Sixty-six percent (N=358) of physician assistants with an active status license in 2014 indicated that they have a primary or secondary practice location in the District. Further analysis concludes that 225 physician assistants have a primary business location in D.C. and actively practice in a clinical capacity greater than or equal to twenty hours per week, in their primary area of specialty. The distribution of physician assistants was comprised of 30% (N=162) actively licensed primary care physicians including 13% (N=70) who are actively practicing, and 69% (N=380) actively licensed specialty care physicians, 28% (N=155) who are actively practicing (see Figure 82). One percent (N=4) of physician assistants did not indicate a specialty.

Figure 82: Distribution of Physician Assistants in the District, 2014



Demographics:

Age

The majority of actively licensed physician assistants, 57% were between the ages of 31 and 50 (see Figure 83). One out of every five physician assistants was 30 years of age or under. Eight percent were over 60. No trends were seen when comparing the age distribution of primary care and specialty care physician assistants (see Table 68 and Figure 84). The average age for primary care physician assistants was 42 and approximately 40 for specialty care physician assistants.

Figure 83: Actively Licensed Physician Assistant Age Distribution, 2014

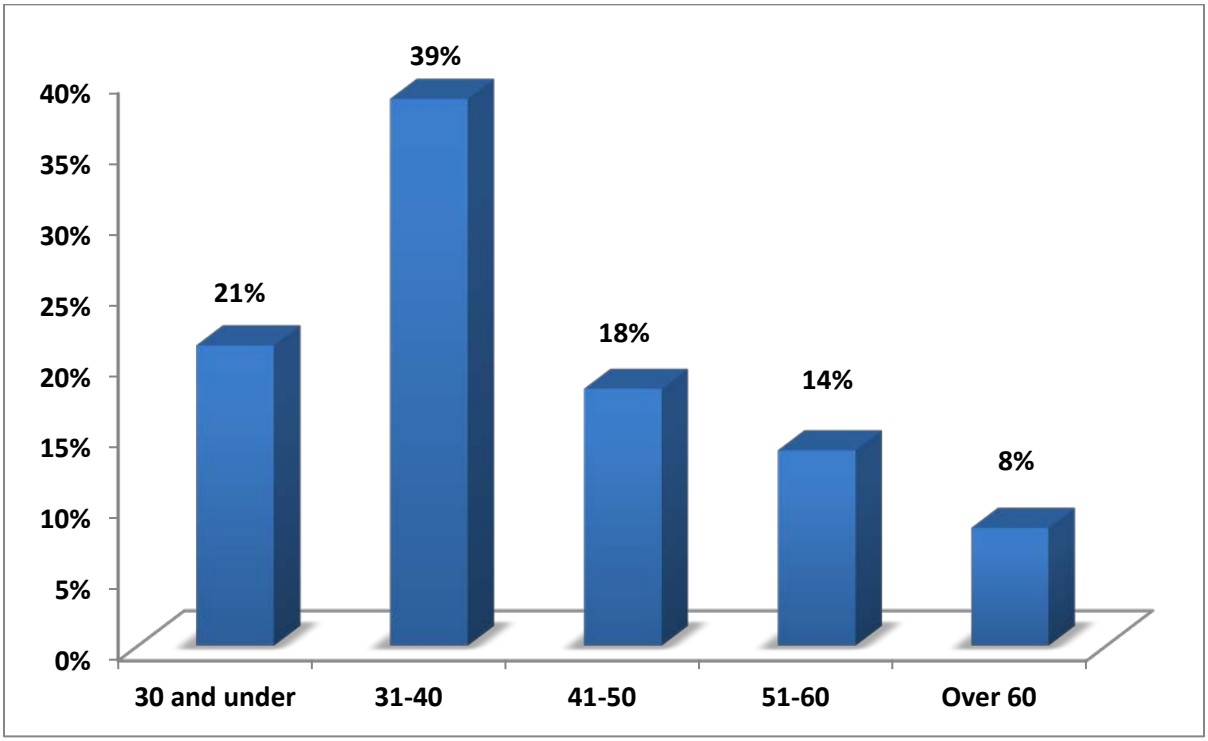
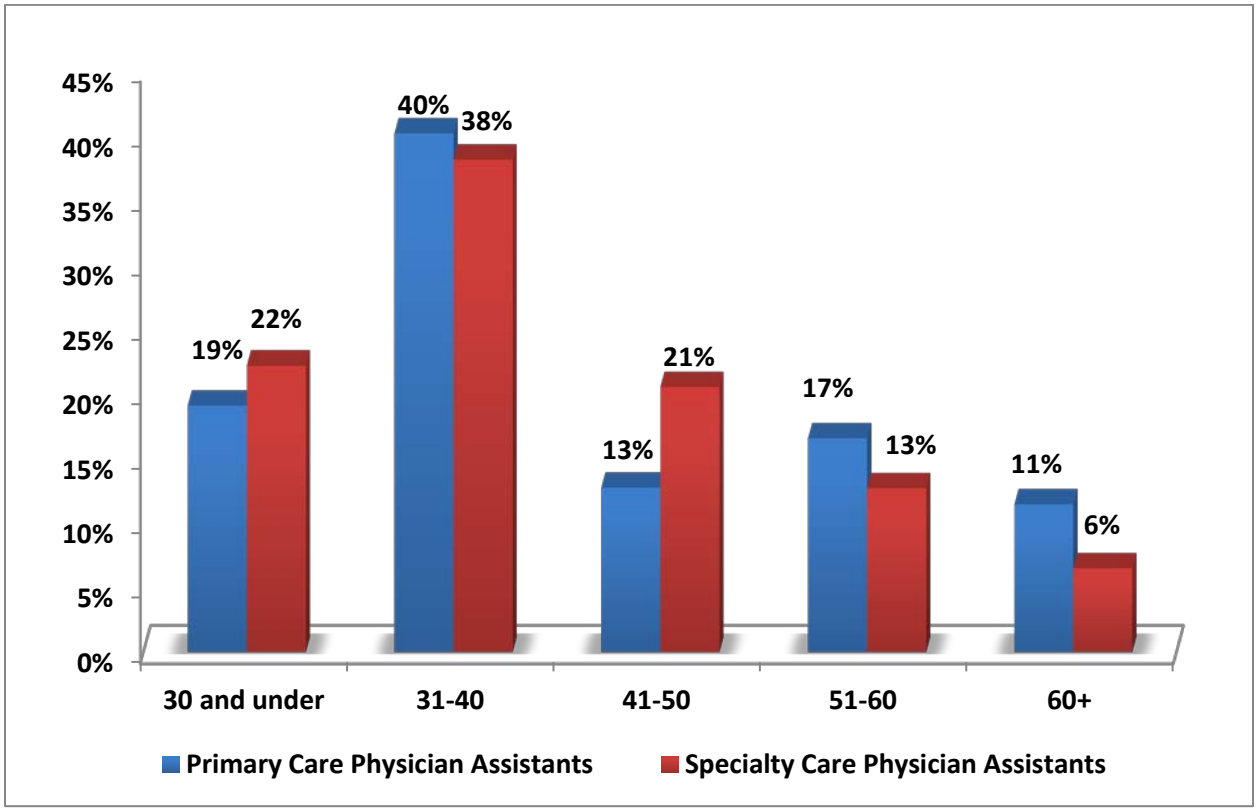


Table 68: Actively Licensed Primary vs. Specialty Care Physician Assistant Age Distribution, 2014

	Primary Care Physician Assistants Respondents (N=157)* [%]	Specialty Care Physician Assistants Respondents (N=370)* [%]
30 and under	30 [19%]	82 [22%]
31-40	63 [40%]	141 [38%]
41-50	20 [13%]	76 [21%]
51-60	26 [17%]	47 [13%]
Over 60	18 [11%]	24 [6%]

***Date of birth unavailable for 15 respondents**

Figure 84: Actively Licensed Primary vs. Specialty Care Physician Assistant Age Distribution, 2014



Gender

Of the 546 physician survey respondents who renewed their license and chose to maintain an active status, 78% (N=428) were female and 22% (N=118) were male (see Figure 85). The primarily female gender distribution was also seen when comparing primary care and specialty care physician assistants (see Figure 86).

Figure 85: Actively Licensed Physician Assistant Gender Distribution, 2014

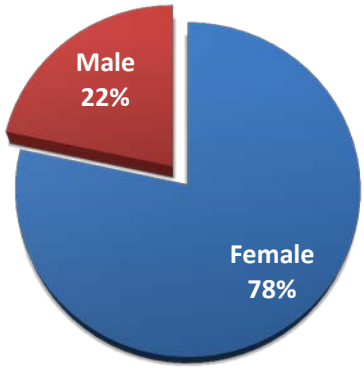
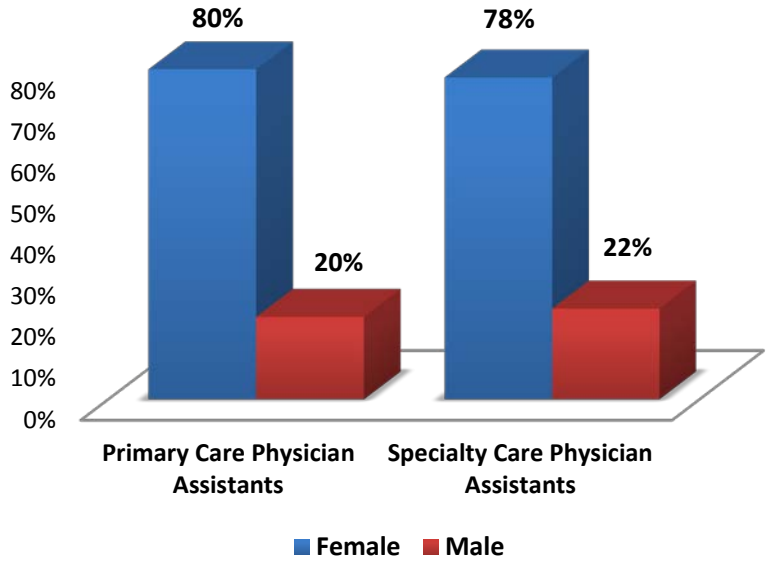


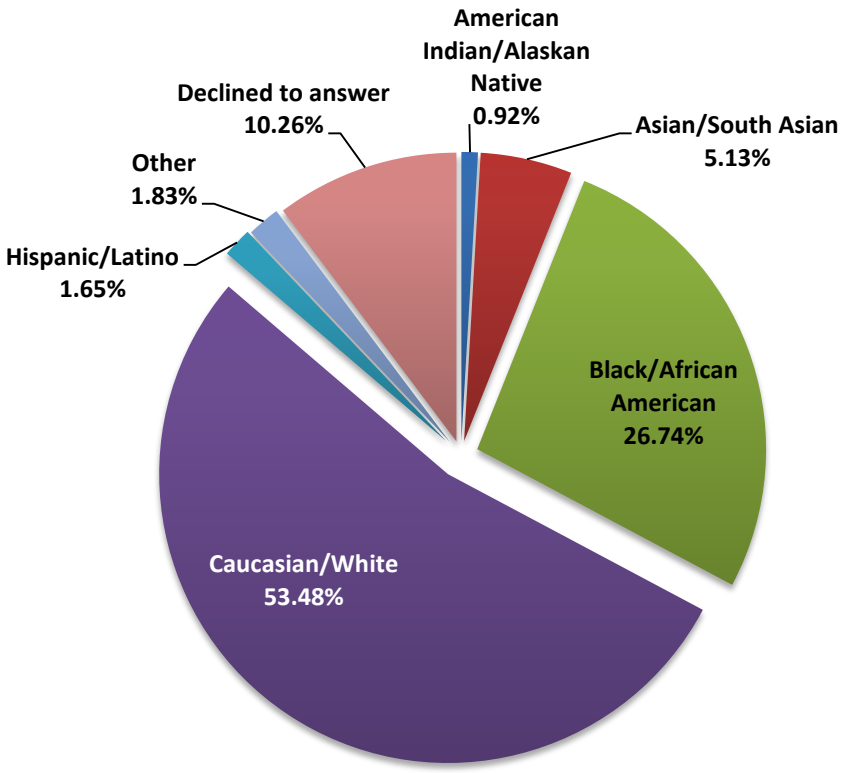
Figure 86: Actively Licensed Primary vs. Specialty Care Physician Assistant Gender Distribution, 2014



Race/Ethnicity

A majority of actively licensed physician assistants were either Caucasian/White (53.48%) or Black/African American (26.74%) (see Figure 87).

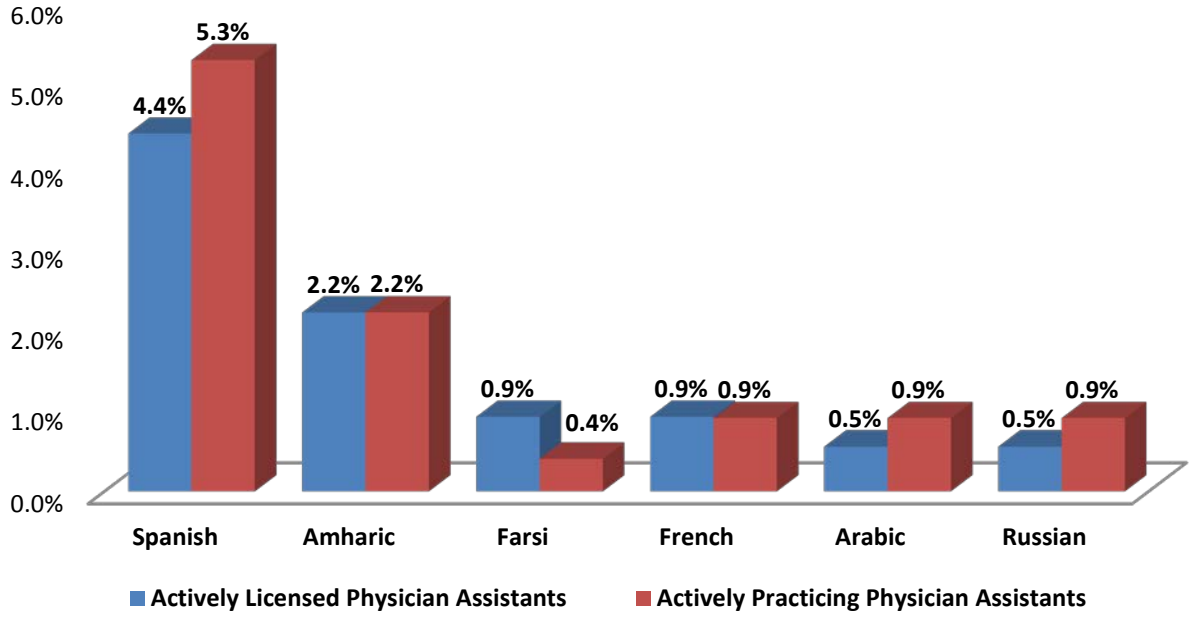
Figure 87: Distribution of Race/Ethnicity in Actively Licensed Physician Assistants, 2014



Foreign Languages

Thirteen percent (N=71) of actively licensed physician assistants and 14% (N=32) of actively practicing physician assistants indicated that they spoke a foreign language fluently, aside from English. The most common languages spoken fluently amongst actively licensed and actively practicing physician assistants were Spanish, Amharic, Farsi, French, Arabic, and Russian (see Figure 88).

Figure 88: Most Common Foreign Languages amongst Physician Assistants, 2014



D.C. Residency

Twenty-five percent and 32% of actively licensed and actively practicing physician assistants identified a home address within the District (see Figure 89). Compared to 2012, this is a 25% increase amongst those actively licensed and a 45% increase in the group of actively practicing physician assistants who live in D.C. (see Figure 90).

Figure 89: Actively Licensed and Actively Practicing Physician Assistants living in the District, 2014

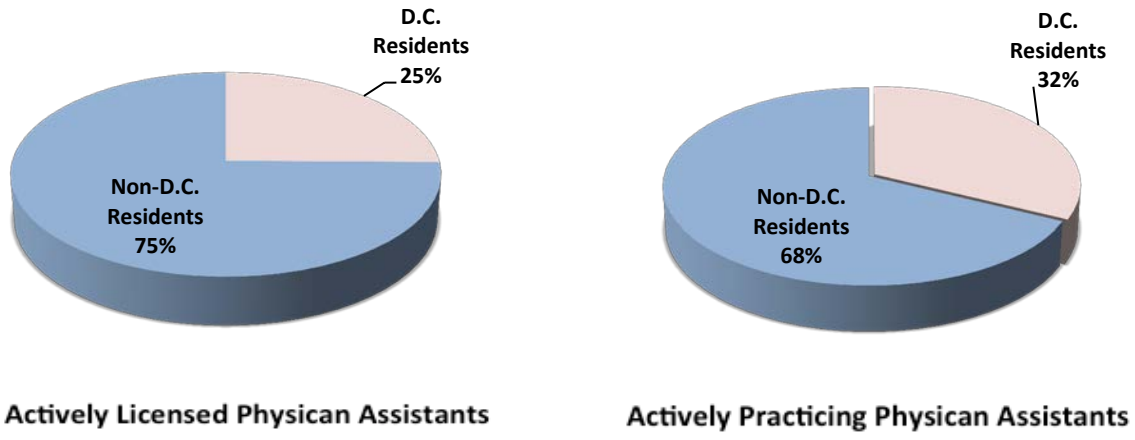
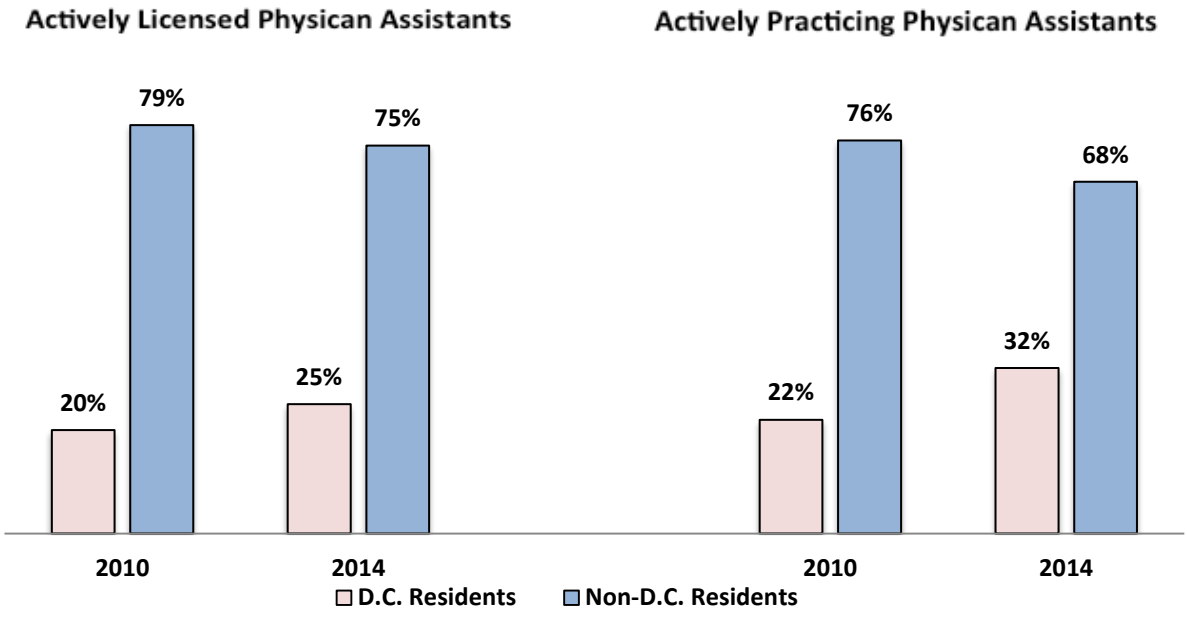


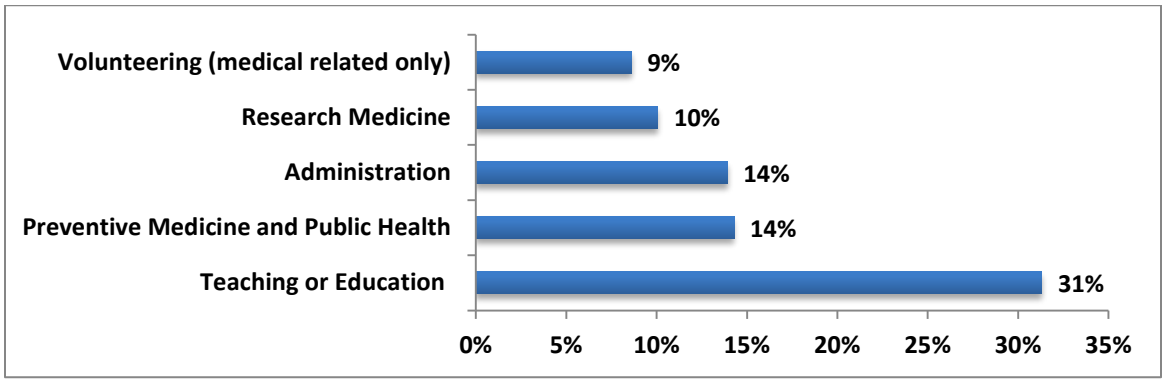
Figure 90: Actively Licensed and Actively Practicing Physician Assistants living in the District, 2012 vs. 2014



Non-Clinical Activities of Physician Assistants:

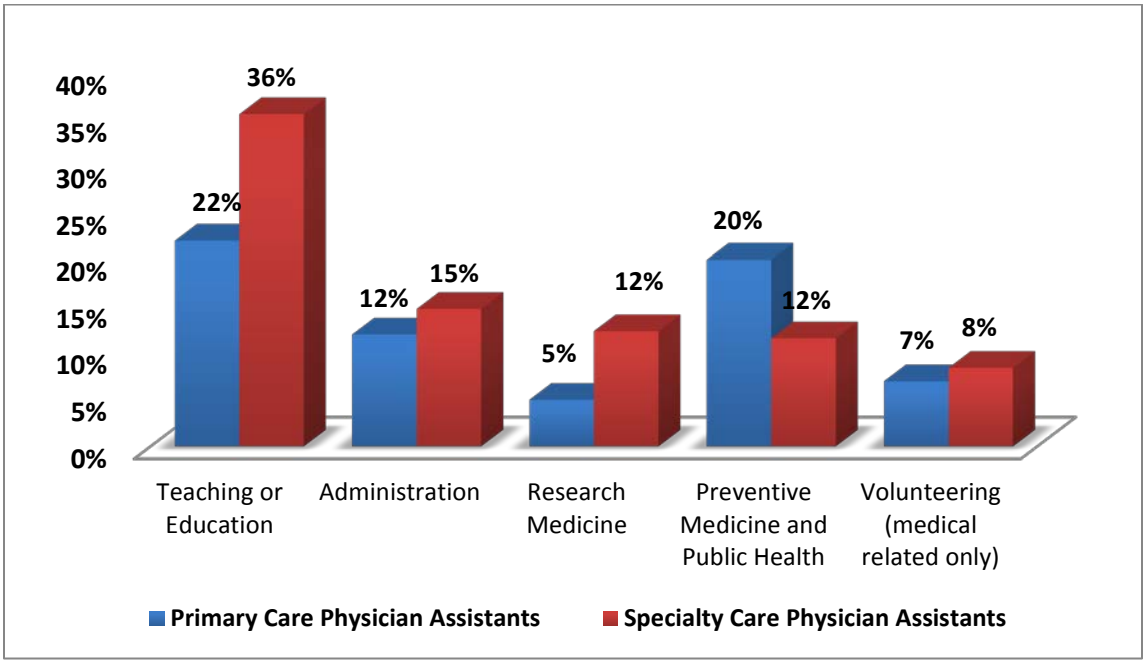
In addition to clinical practice, physician assistants were also asked to indicate non-clinical activities in which they engaged including medically related volunteering, research medicine, administration, preventive medicine and public health, and teaching or education. Thirty-one percent of actively licensed physician assistants were involved with teaching or education, 14% in preventive medicine and public health, 14% in administration, 10% in research medicine, and 9% in volunteering (see Figure 91).

Figure 91: Non-Clinical Activities of Actively Licensed Physician Assistants, 2014



When comparing primary care to specialty care physician assistants, more physician assistants in a primary area of practice were involved in preventive medicine and public health. Non-clinical activities such as teaching or education, administration, or research medicine, had a higher percentage of specialty care physician assistants (see Figure 92).

Figure 92: Non-Clinical Activities of Primary Care vs. Specialty Care Physician Assistants, 2014



Clinical/Patient Care Hours:

Physician assistants were asked to indicate if they provided patient care in their primary area of practice. In the group of actively licensed physician assistants, 92% (N=504) indicated that they provided patient care (see Figure 93 and Table 69). One percent (N=5) of physician assistants did not respond. Although 92% indicated that they provided patient care, 41% (N=225) provided patient care for greater than or equal to twenty hours per week in a D.C. primary business location (see Table 70). Similar proportions were seen in the subgroups of primary care and specialty care physician assistants with 41% (N=70) and 43% (N=155) actively practicing in each group respectively (see Table 70 and Table 71).

Figure 93: Actively Licensed Physician Assistants Providing Patient Care, 2014

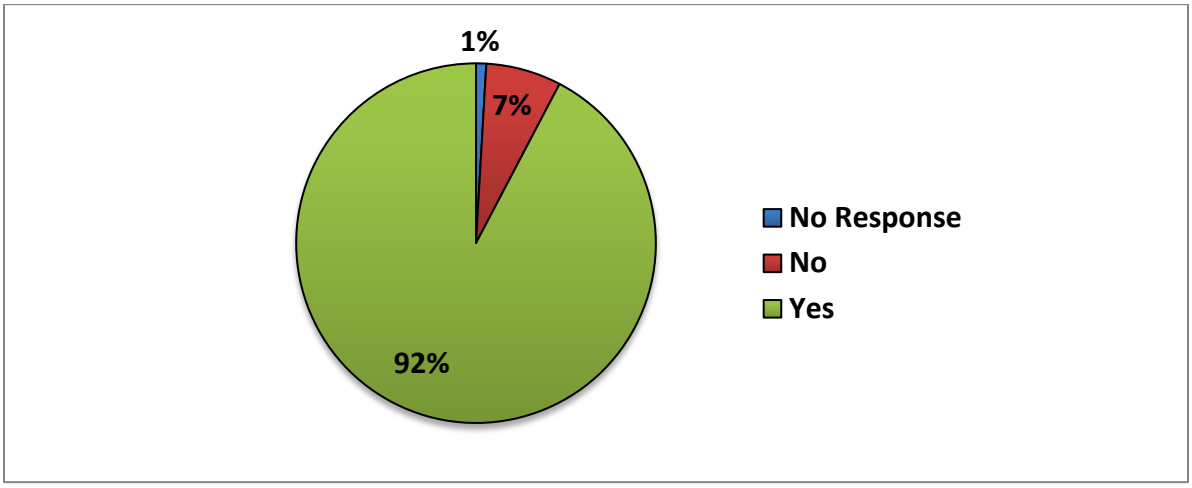


Table 69: Actively Licensed Physician Assistants Providing Patient Care, 2014

	Number of Respondents (N=546)	Distribution of Respondents
Engage in Patient Care in Primary Area of Practice	504	92%
Actively Practice in Patient Care >/= 20 Hours/week in D.C.	225	41%

Table 70: Actively Licensed Primary Care Physician Assistants Providing Patient Care, 2014

	Number of Respondents (N=162)	Distribution of Respondents
Engage in Patient Care in Primary Area of Practice	153	94%
Actively Practice in Patient Care >/= 20 Hours/week in D.C.	70	43%

Table 71: Actively Licensed Specialty Care Physician Assistants Providing Patient Care, 2014

	Number of Respondents (N=380)	Distribution of Respondents
Engage in Patient Care in Primary Area of Practice	351	92%
Actively Practice in Patient Care >/= 20 Hours/week in D.C.	155	41%

Practice Specialty:

Approximately 30% of all actively licensed physician assistants reported that they specialized in Internal Medicine (General) or Emergency Medicine (see Table 72). Amongst primary care physician assistants, 55% specialized in Internal Medicine (General), followed by 36% in Family Medicine (see Table 73). Six percent and 3% of primary care physician assistants selected Obstetrics and Gynecology and Pediatrics (General). One in five specialty care physician assistants who were actively licensed specialized in Emergency Medicine (see Table 74). Additional specialties amongst the most common included Orthopedic Surgery, General Surgery, Critical Care, and Neurological Surgery.

Table 72: Actively Licensed Physician Assistants by Specialty, 2014

	Number of Respondents (N=546)	Distribution of Respondents
Internal Medicine (General)	89	16%
Emergency Medicine	82	15%
Family Medicine	58	11%
Orthopedic Surgery	32	6%
Surgery (General)	30	5%
Critical Care	29	5%
Neurological Surgery	26	5%
Dermatology	13	2%
Cardiology	13	2%
Plastic Surgery	11	2%
Obstetrics & Gynecology	10	2%

Table 73: Actively Licensed Primary Care Physician Assistants by Area of Practice, 2014

	Number of Respondents (N=162)	Distribution of Respondents
Internal Medicine (General)	89	55%
Family Medicine	58	36%
Obstetrics & Gynecology	10	6%
Pediatrics (General)	5	3%

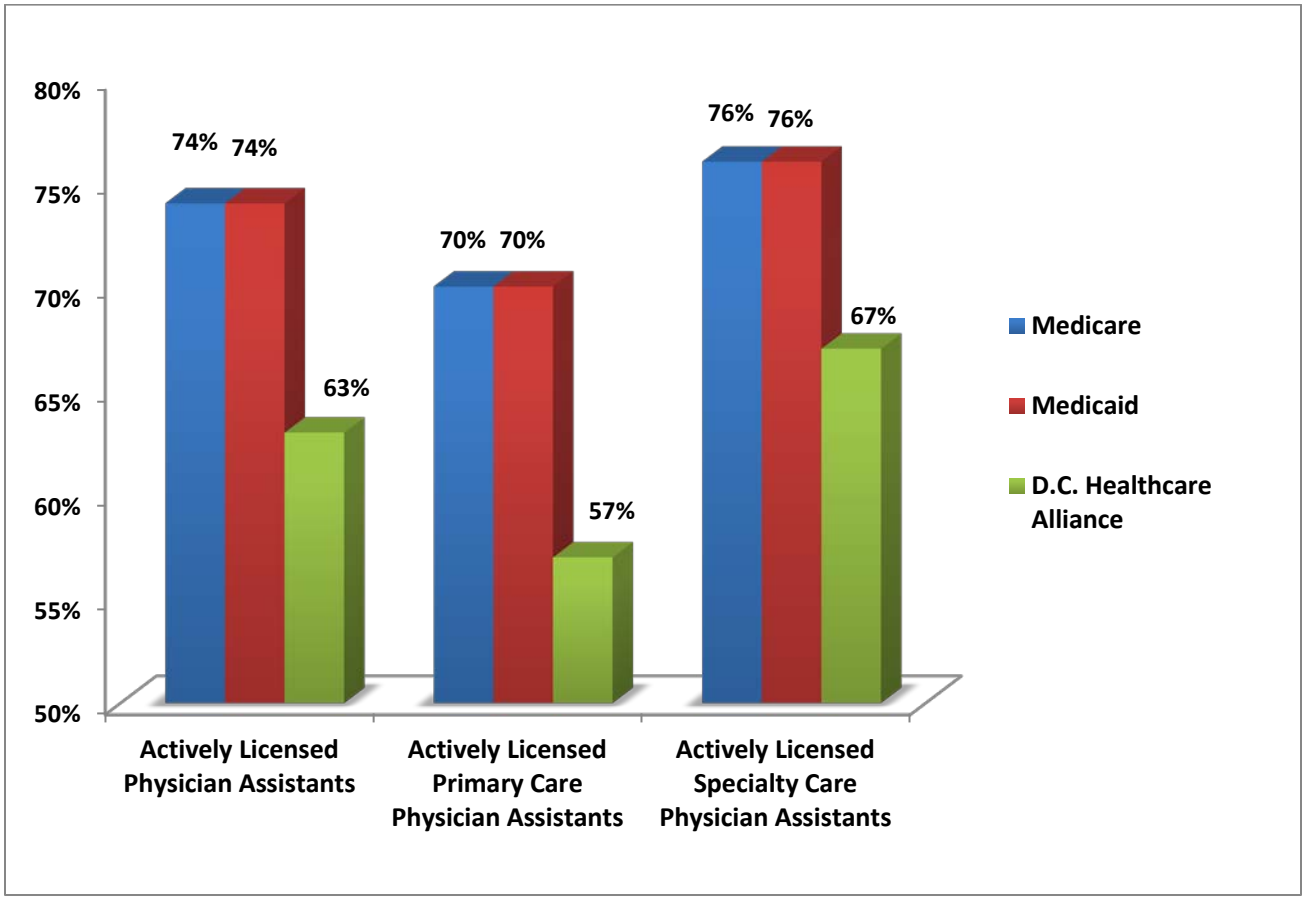
Table 74: Actively Licensed Specialty Care Physician Assistants by Area of Practice, 2014

	Number of Respondents (N=380)	Distribution of Respondents
Emergency Medicine	82	22%
Orthopedic Surgery	32	8%
Surgery (General)	30	8%
Critical Care	29	8%
Neurological Surgery	26	7%

Medicare, Medicaid, and D.C. Managed Care (D.C. Healthcare Alliance):

Among all actively licensed physician assistants, 74% (N=403) participated in or accepted Medicare or Medicaid, while 63% (N=346) indicated that they participated in or accepted D.C. Alliance (see Figure 94). Physician Assistants in specialty care practice areas had higher participation rates than those in primary care for Medicare, Medicaid, as well as D.C. Alliance. In the group of actively licensed primary care physician assistants, 70% (N=114) participated with Medicare or Medicaid while 57% (N=93) accepted D.C. Alliance. Amongst actively licensed specialty care physician assistants 76% (N=289) participated with Medicare or Medicaid and 67% (N=253) accepted D.C. Alliance. There are 5 actively licensed physician assistants who did not respond to questions regarding health insurance; 4 of which had not selected a practice area and were not in either primary or specialty care groups and one of which was in specialty care.

Figure 94: Health Plan Participation Rates Amongst Actively Licensed Physician Assistants, 2014



Workforce Reduction and Retirement:

When asked to indicate future plans within the next two years, 77% of actively licensed physician assistants had no plans to change their practice (see Figure 95 and Table 75). Eight percent intended to increase patient hours while 5% planned to reduce patient hours and 4% selected adding an additional practitioner to their practice.

Figure 95: Future Plans of Actively Licensed Physician Assistants within the Next 2 Years, 2014

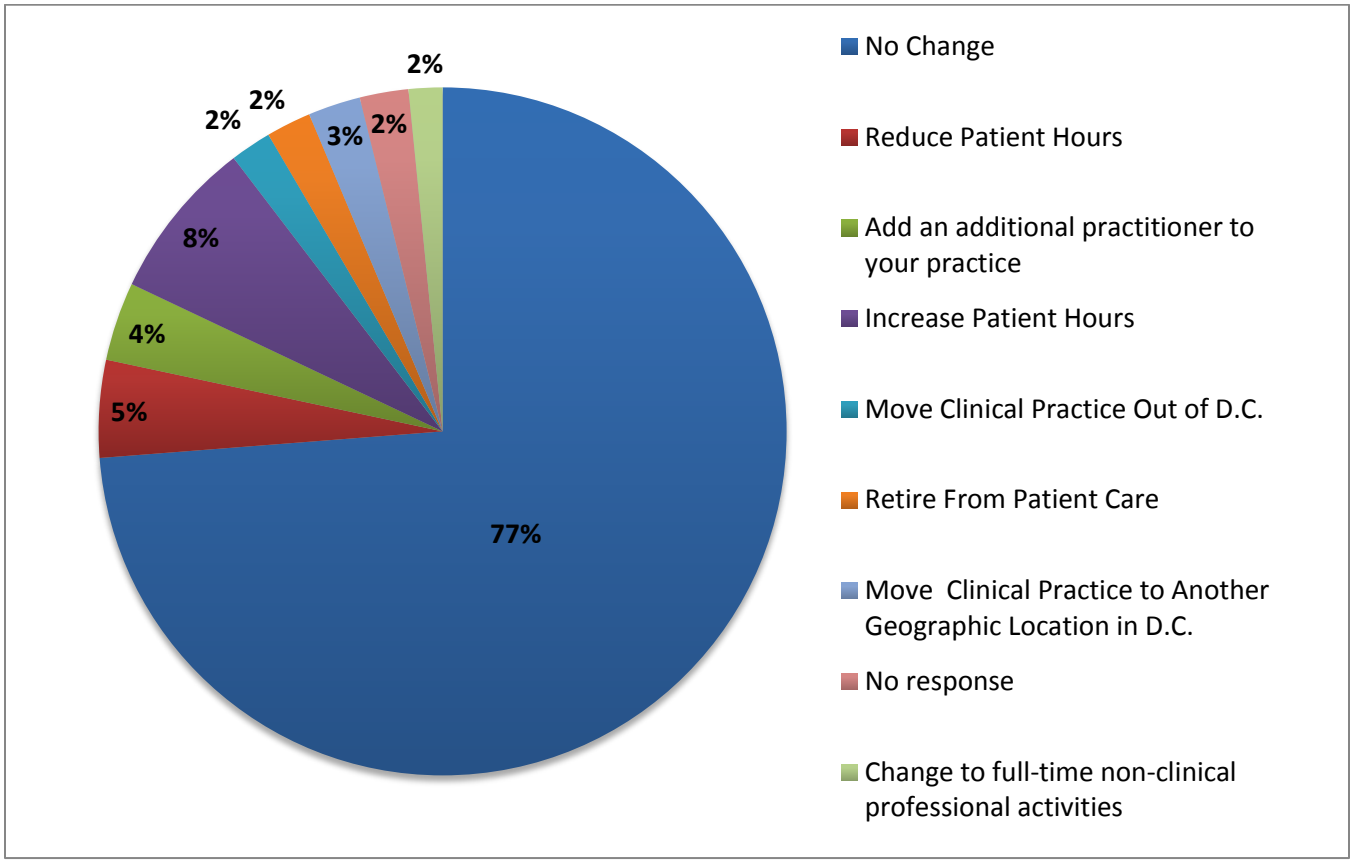


Table 75: Future Plans of Actively Licensed Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=546	Distribution of Respondents
No Change	419	77%
Increase Patient Hours	43	8%
Reduce Patient Hours	26	5%
Add an additional Practitioner to your Practice	21	4%
Move Clinical Practice to Another Geographic Location in D.C.	14	3%
No response	13	2%
Retire From Patient Care	12	2%
Move Clinical Practice Out of D.C.	11	2%
Change to full-time non-clinical professional activities	9	2%

In subgroups of actively licensed primary care and specialty care physician assistants, there was consistency in the breakdown of future plans within the next two years, including a majority of those who had no intention of making changes to their practice (see Table 76 and Table 77).

Table 76: Future Plans of Actively Licensed Primary Care Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=162	Distribution of Respondents
No Change	126	78%
Increase Patient Hours	14	9%
Reduce Patient Hours	8	5%
Add an additional Practitioner to your Practice	7	4%
Move Clinical Practice to Another Geographic Location in D.C.	6	4%
Move Clinical Practice Out of D.C.	5	3%
Retire From Patient Care	3	2%
No response	1	1%
Change to full-time non-clinical professional activities	1	1%

Table 77: Future Plans of Actively Licensed Specialty Care Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=380	Distribution of Respondents
No Change	293	77%
Increase Patient Hours	29	8%
Reduce Patient Hours	18	5%
Add an additional Practitioner to your Practice	14	4%
Retire From Patient Care	9	2%
Move Clinical Practice to Another Geographic Location in D.C.	8	2%
No response	8	2%
Change to full-time non-clinical professional activities	8	2%
Move Clinical Practice Out of D.C.	6	2%

Primary Care Physician Assistants

Of the 546 physician assistants who completed the survey and maintained an active license status, 162 selected an area of practice within the scope of primary care. Fifty-seven percent (N=92) of primary care physician assistant survey respondents indicated that they had a primary or secondary practice location in the District of Columbia.

Among the 92 primary care physician assistants who indicated that they had a practice location in the District, 76% (N=70) specified that they provided greater than 20 hours of direct clinical or patient care per week at their primary site. These 70 respondents were categorized as primary care physician assistants actively practicing in the District.

The areas of practice within this group included Internal Medicine (General), Family Medicine, Pediatrics (General), as well as Obstetrics & Gynecology (see Table 78).

Table 78: Actively Practicing Primary Care Physician Assistants by Area of Practice, 2014

	Number of Respondents (N=70)	Distribution of Respondents
Internal Medicine (General)	38	54%
Family Medicine	23	33%
Pediatrics (General)	5	7%
Obstetrics & Gynecology	4	6%

Demographics:

Age

The majority of actively practicing primary care physician assistants (51%) was in the 31 to 40 age group (see Table 79 and Figure 96). The smallest proportion of physician assistants was between 41 and 50 years of age. Approximately 29% (N=11) of Internal Medicine and 57% (N=13) of Family Medicine physician assistants were between the ages of 31 and 40 (see Table 80 and Table 81).

Table 79: Age Distribution of Actively Practicing Primary Care Physician Assistants, 2014

	Number of Respondents N=69*	Distribution of Respondents
30 & Under	15	22%
31-40	28	41%
41-50	7	10%
51-60	9	13%
Over 60	10	14%

***1 respondent did not have an available date of birth**

Figure 96: Age Distribution of Actively Practicing Primary Care Physician Assistants, 2014

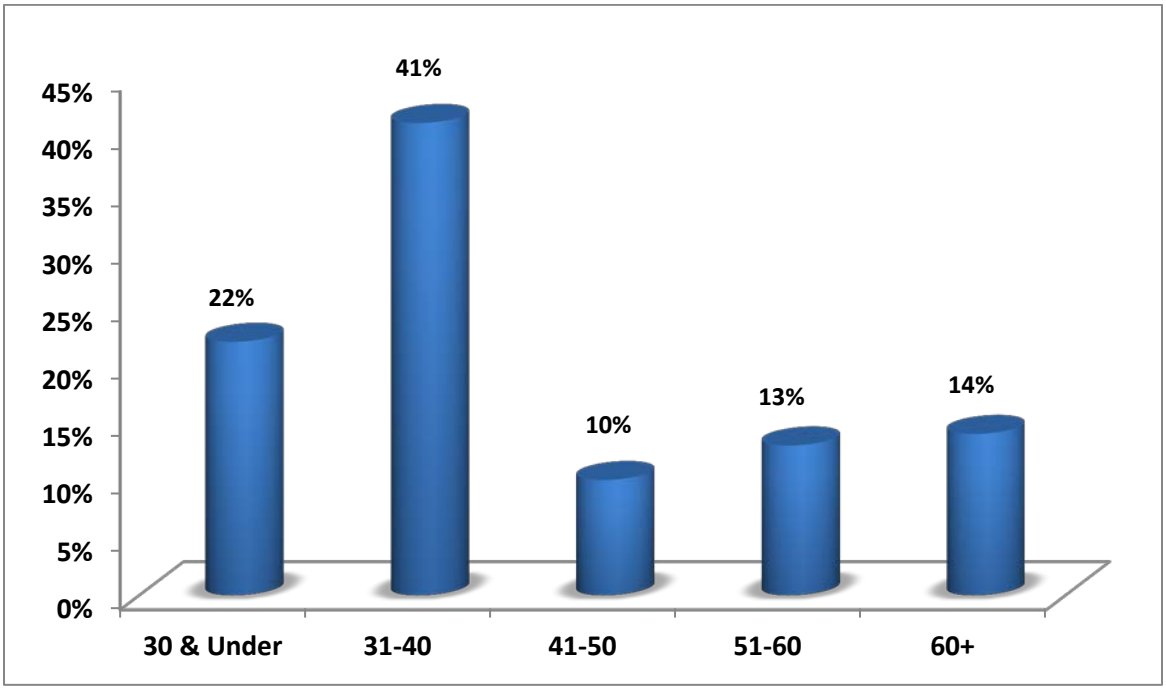


Table 80: Age Distribution of Actively Practicing General Internal Medicine Physician Assistants, 2014

	Number of Respondents N=38*	Distribution of Respondents
30 & Under	8	21%
31-40	11	29%
41-50	5	13%
51-60	5	13%
Over 60	8	21%

***Date of birth data unavailable for 1 physician assistant**

Table 81: Age Distribution of Actively Practicing Family Medicine Physician Assistants, 2014

	Number of Respondents N=23	Distribution of Respondents
30 & Under	6	26%
31-40	13	57%
41-50	0	0%
51-60	2	9%
Over 60	2	9%

Table 82: Age Distribution of Actively Practicing OB/GYN Physician Assistants, 2014

	Number of Respondents N=4	Distribution of Respondents
30 & Under	0	0%
31-40	2	50%
41-50	1	25%
51-60	1	25%
Over 60	0	0%

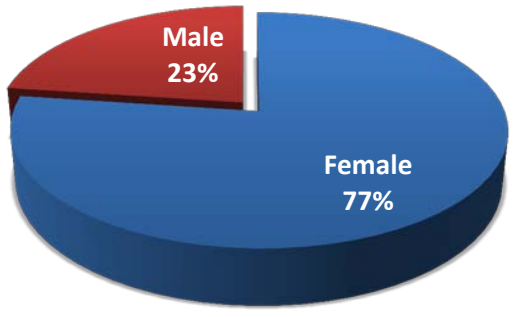
Table 83: Age Distribution of Actively Practicing General Pediatric Physician Assistants, 2014

	Number of Respondents N=5	Distribution of Respondents
30 & Under	1	20%
31-40	2	40%
41-50	1	20%
51-60	1	20%
Over 60	0	0%

Gender

The gender distribution of actively practicing primary care physician assistants was 77% (N=54) female and 23% (N=16) male (see Figure 97). All actively practicing primary care physician assistants who specialized in General Pediatrics (N=5) or Obstetrics and Gynecology (N=4) were female.

Figure 97: Gender Distribution of Actively Practicing Primary Care Physician Assistants, 2014



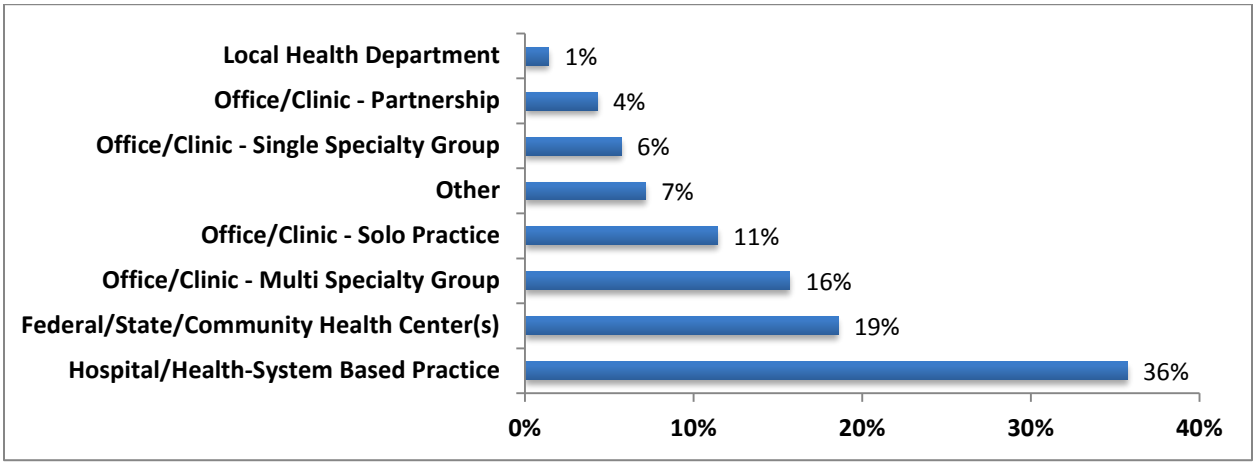
Clinical Practice Setting and Location:

In 2012, the most common practice setting for actively practicing primary care physician assistants was ambulatory clinic-based practices. Based on categories provided in the 2014 workforce survey, hospital or health-system based practice was the most common clinical setting type (36% [N=25]). Two of the respondents within a hospital-based practice were in an ambulatory care center. Other physician assistants affiliated with a hospital worked in an Emergency Department (N=3), Outpatient (N=2), or Inpatient (N=16) setting. Nineteen percent (N=13) of actively practicing primary care physician assistants worked in a Federal, State, or Community Health Center (see Table 84 and Figure 98). This was followed by 16% (N=11) who worked in an office or clinic capacity within a multi-specialty group and 11% (N=8) who worked in solo practice. Although "ambulatory care center" was not a distinct selection in this survey, there continues to be a trend of physician assistants working in outpatient or clinic settings as opposed to inpatient care.

Table 84: Practice Settings of Actively Practicing Primary Care Physician Assistants, 2014

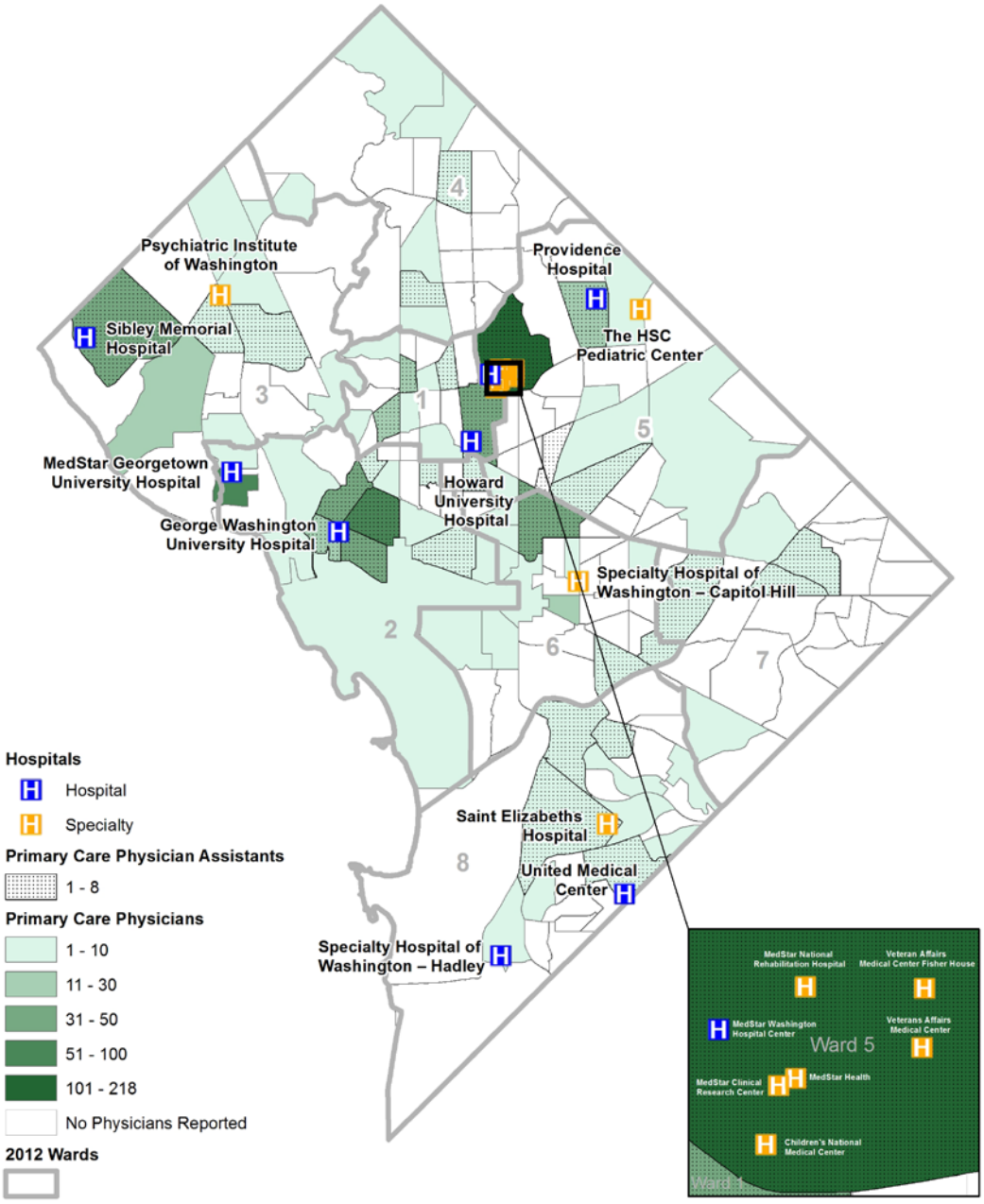
	Number of Respondents N=70	Distribution of Respondents
Hospital/Health-System Based Practice	25	36%
Federal/State/Community Health Center(s)	13	19%
Office/Clinic - Multi Specialty Group	11	16%
Office/Clinic - Solo Practice	8	11%
Other	5	7%
Office/Clinic - Single Specialty Group	4	6%
Office/Clinic - Partnership	3	4%
Local Health Department	1	1%

Figure 98: Practice Settings of Actively Practicing Primary Care Physician Assistants, 2014



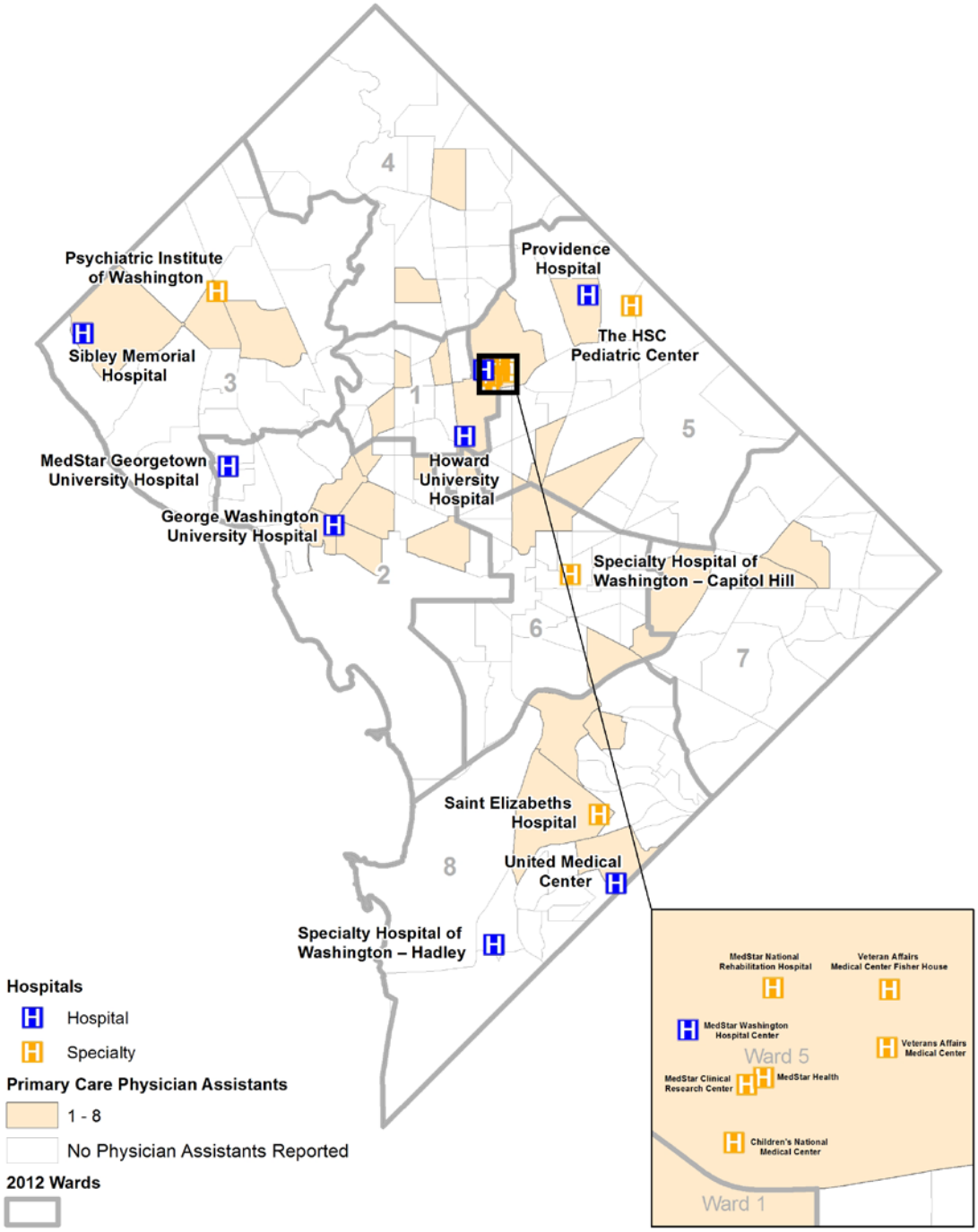
In general, physician assistant practices were located in areas with a higher number of physicians (see Map 17).

Map 17 – Comparison of the Distribution of Primary Care Physician Assistant and Physician Locations within the District, 2014



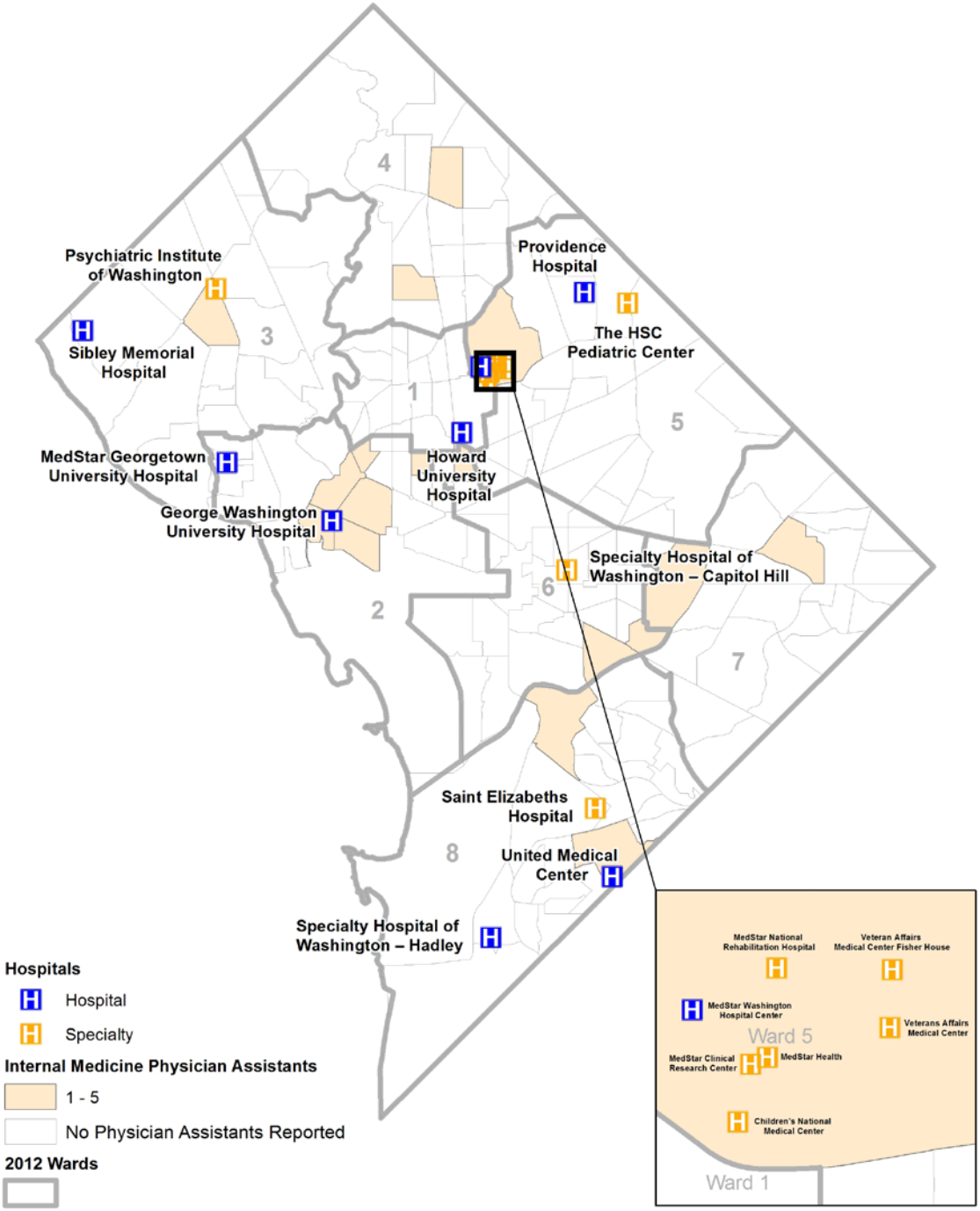
The highest numbers of actively practicing primary care physician assistants were located in Ward 2 and Ward 4 (see Map 18).

Map 18 – Actively Practicing Primary Care Physician Assistants by Census Tract, 2014



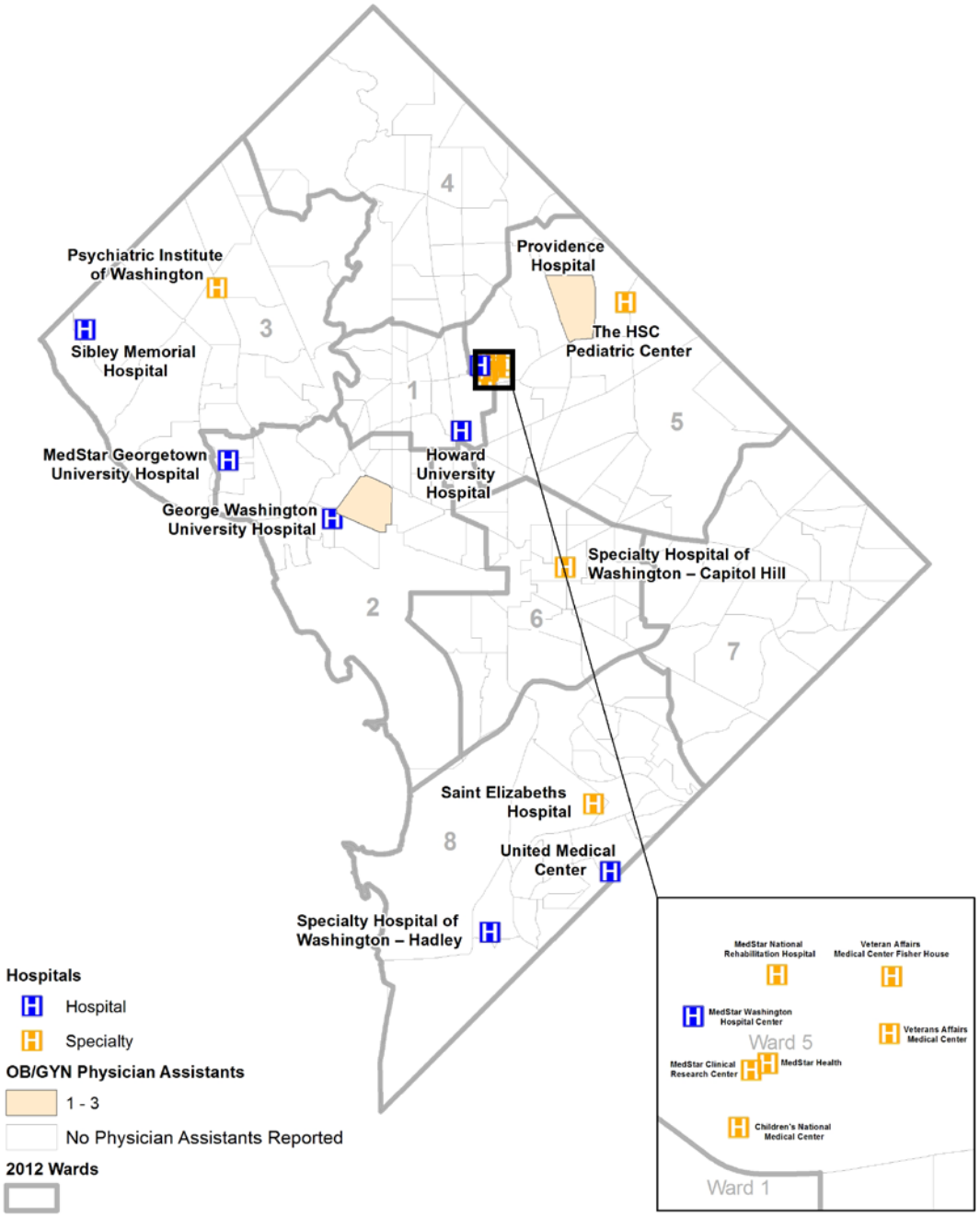
Actively practicing Internal Medicine physician assistants were located in every Ward, however no census tract had greater than 5 (see Map 19).

Map 19 – Actively Practicing Internal Medicine Physician Assistants by Census Tract, 2014



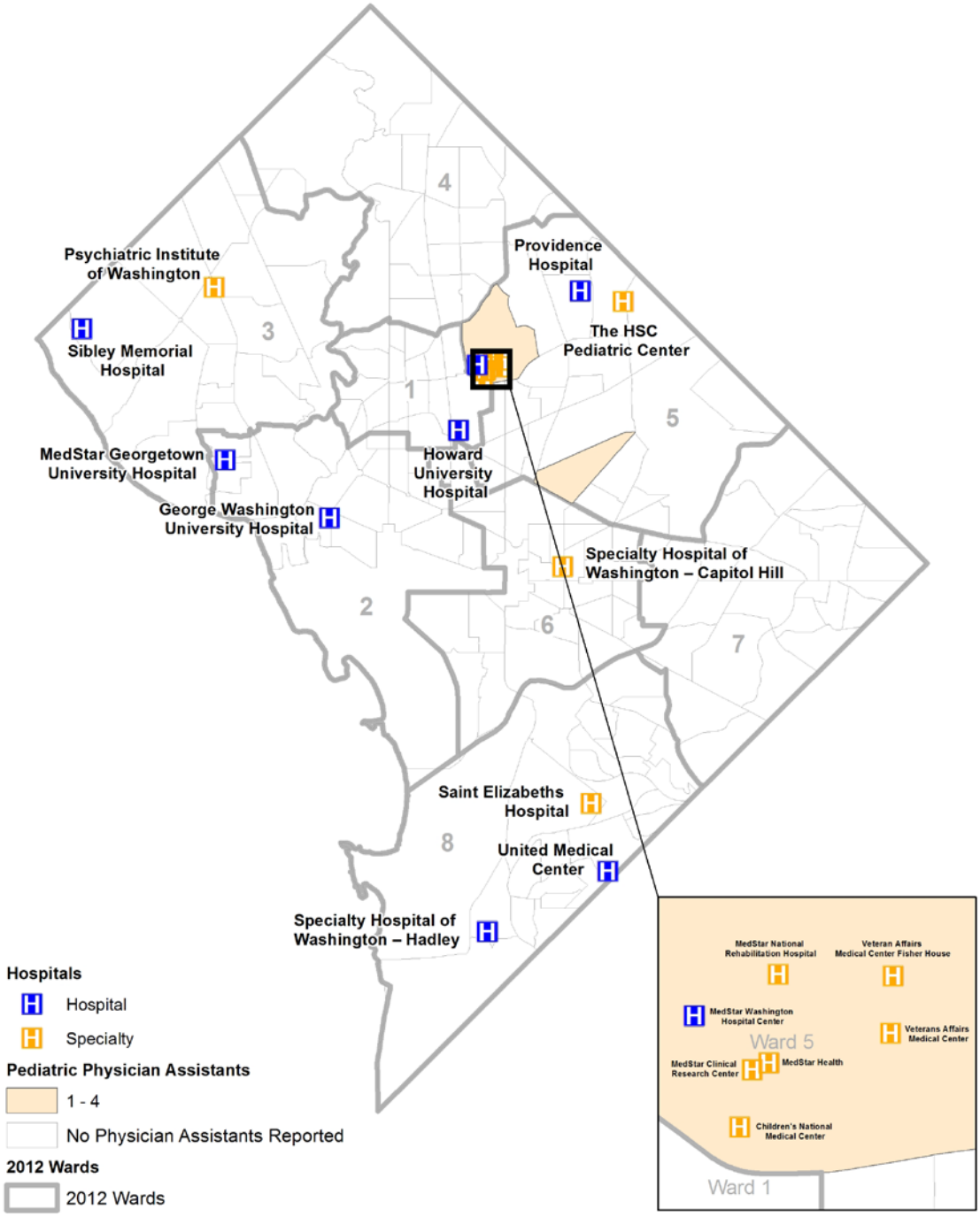
Actively practicing primary care physician assistants specializing in Obstetrics and Gynecology were located in Wards 2 and 5 (see Map 20), whereas in 2012, they were located in Wards 1 and 5.

Map 20 – Actively Practicing OB/GYN Physician Assistants by Census Tract, 2014



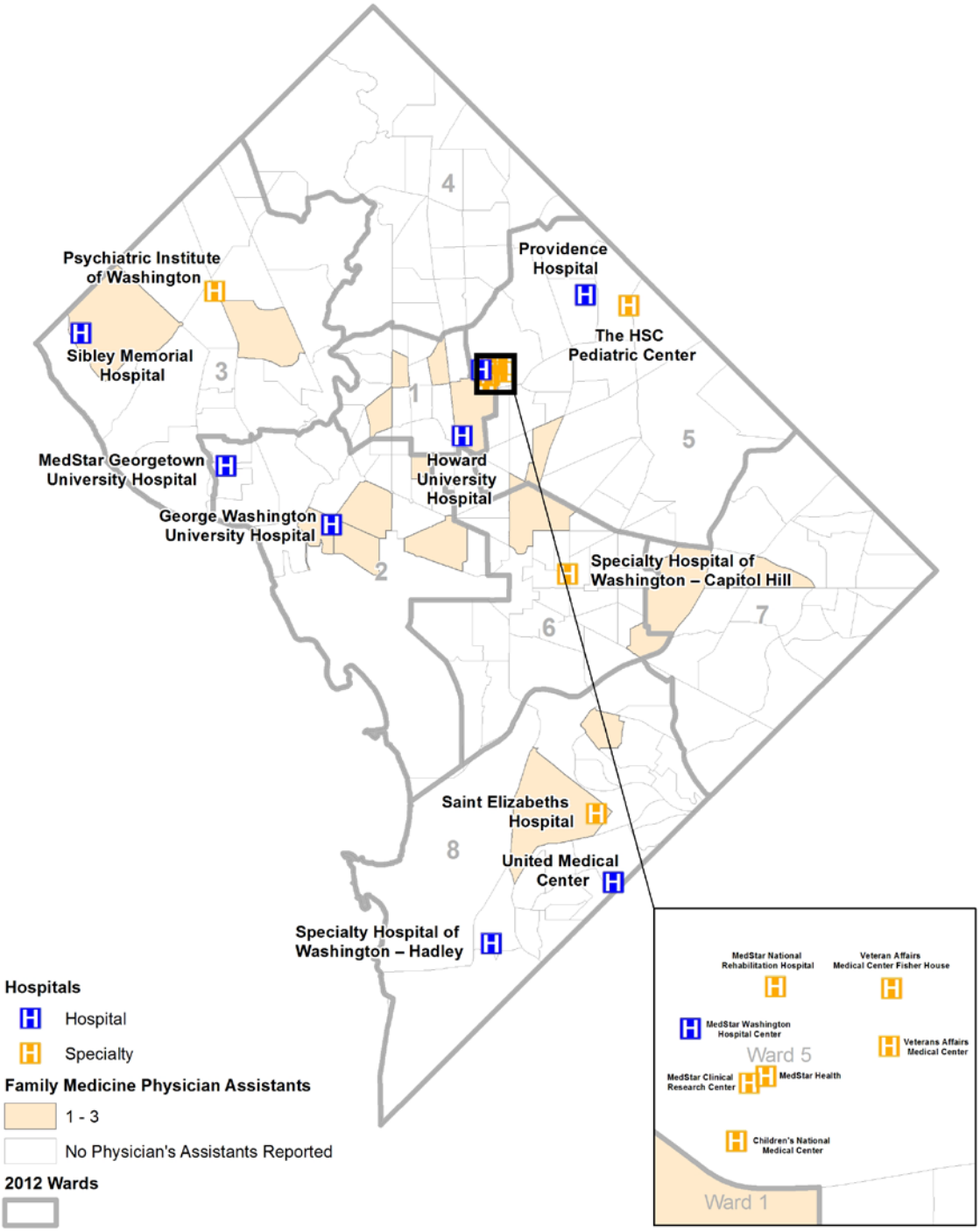
Actively practicing primary care physician assistants specializing in General Pediatrics were located in Ward 5 (see Map 21). There were no physician assistants who specialized in general pediatrics in 2012.

Map 21 – Actively Practicing General Pediatric Physician Assistants by Census Tract, 2014



Actively practicing Family Medicine physician assistants are located in all Wards except for Ward 4 (see Map 22).

Map 22 – Actively Practicing Family Medicine Physician Assistants by Census Tract, 2014



Workforce Reduction and Retirement:

The majority of actively practicing primary care physician assistants, 70% (N=49) had no plans to make changes to their clinical practices within the next two years. Eleven percent (N=8) were planning to increase patient hours and 7% (N=5) had plans to add an additional practitioner to their practice (see Figure 99 and Table 85). Those who wanted to add additional practitioners were practicing either Internal Medicine or Family Medicine (see Table 86 and Table 89). Amongst actively practicing pediatric physician assistants, 1 planned to increase patient hours and 1 planned to move their practice out of D.C. (see Table 88). Physician assistants practicing in Obstetrics and Gynecology had no plans to change their practice within the next two years (see Table 87).

Figure 99: Future Plans of Actively Practicing Primary Care Physician Assistants within the Next 2 Years, 2014

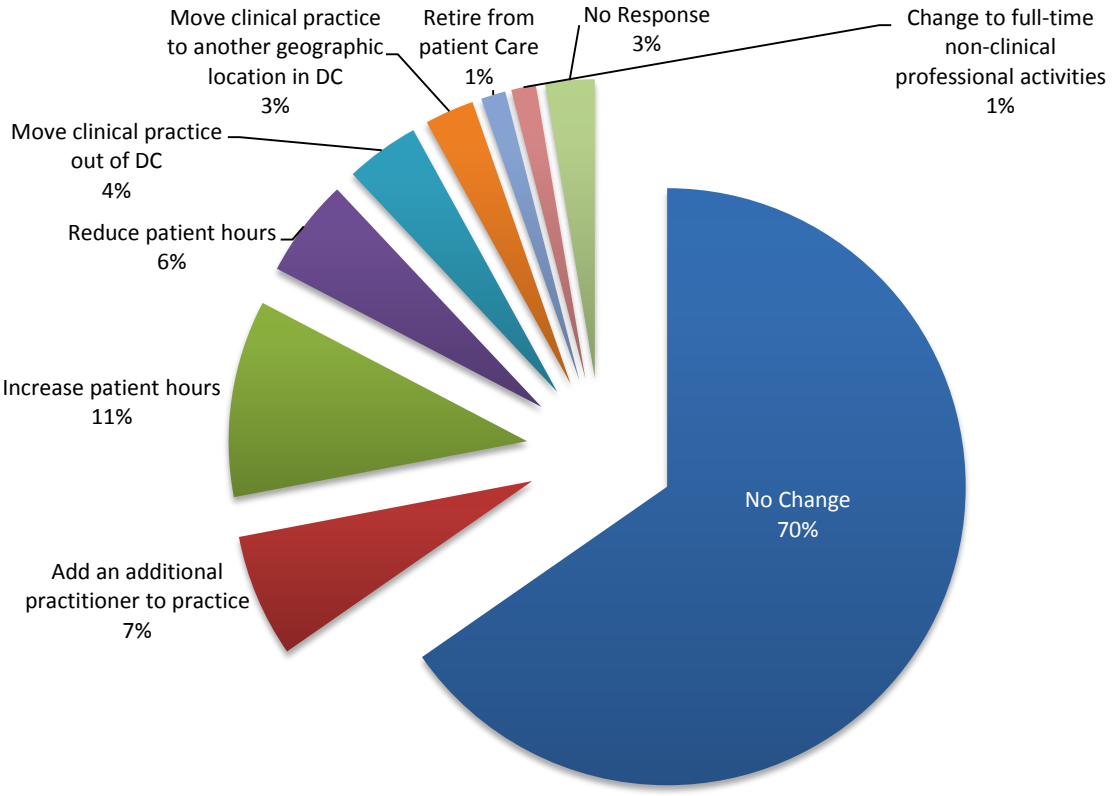


Table 85: Future Plans of Actively Practicing Primary Care Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=70	Distribution of Respondents
No Change	49	70%
Increase patient hours	8	11%
Add an additional practitioner to practice	5	7%
Reduce patient hours	4	6%
Move clinical practice out of DC	3	4%
Move clinical practice to another geographic location in DC	2	3%
No Response	2	3%
Retire from patient care	1	1%
Change to full-time non-clinical professional activities	1	1%

Table 86: Future Plans of Actively Practicing Internal Medicine (General) Physician Assistants within the Next 2 Years

	Number of Respondents N=38	Distribution of Respondents
No Change	27	71%
Increase patient hours	3	8%
Add an additional practitioner to practice	2	5%
Reduce patient hours	2	5%
Move clinical practice out of DC	2	5%
Move clinical practice to another geographic location in DC	1	3%
Retire from patient care	1	3%
No Response	1	3%

Table 87: Future Plans of Actively Practicing OB/GYN Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=4	Distribution of Respondents
No Change	3	75%
No Response	1	25%

Table 88: Future Plans of Actively Practicing Pediatric (General) Physician Assistants within the Next 2 Years, 2014

	Number of Respondents N=5	Distribution of Respondents
No Change	3	60%
Increase patient hours	1	20%
Move clinical practice out of DC	1	20%

Table 89: Future Plans of Actively Practicing Family Medicine Physician Assistants within the Next 2 Years, 2014

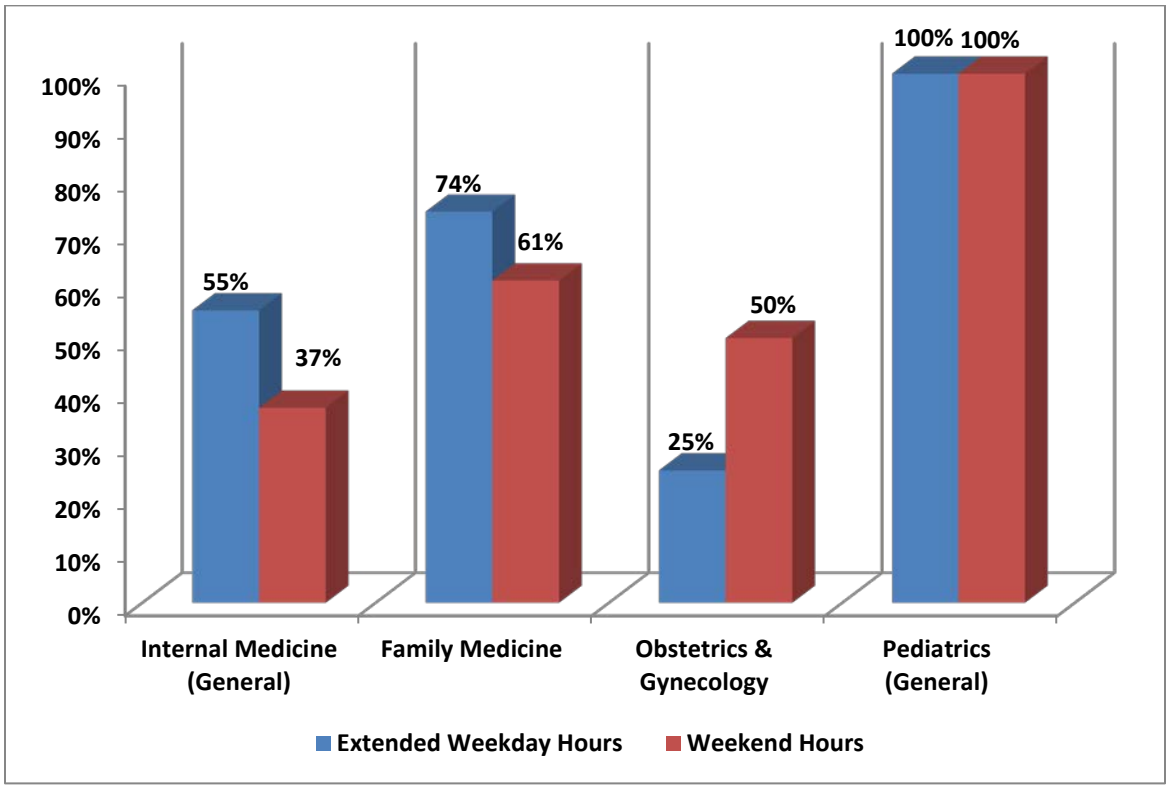
	Number of Respondents N=23	Distribution of Respondents
No Change	16	70%
Add an additional practitioner to practice	3	13%
Increase patient hours	4	17%
Reduce patient hours	2	9%
Move clinical practice to another geographic location in DC	1	4%
Change to full-time non-clinical professional activities	1	4%

Extended Care Hours and Weekend Hours:

Physician assistants were asked to indicate if they offered extended weekday hours, beyond 8:00 AM to 5:00 PM, as well as weekend hours. Amongst actively practicing primary care physician assistants, 63% (N=44) provided extended hours during the week. This includes 55% (N=21) in Internal Medicine, 74% (N=17) in Family Medicine, 25% (N=1) of those who specialize in Obstetrics and Gynecology, and 100% (N=5) of Pediatric physician assistants (see Figure 100).

Fifty percent of actively practicing primary care physicians (N=35) provided weekend hours. Amongst Internal Medicine and Family Medicine physician assistants, this option was offered less than extended weekday hours, with 37% (N=14) and 61% (N=14) holding weekend hours in each area of practice respectively. Two out of the four physician assistants who specialized in Obstetrics and Gynecology offered weekend hours. All 5 of the pediatric physician assistants provided this option for patients (see Figure 100).

Figure 100: Distribution of Primary Care Physician Assistants Providing Scheduled Extended Care Hours and Weekend Hours, 2014



Specialty Care Physician Assistants

Of the 546 physician assistants who completed the survey and maintained an active license status, 380 selected an area of practice within the scope of specialty care. Sixty-nine percent (N=264) of specialty care physician assistant survey respondents indicated that they had a primary or secondary practice location in the District of Columbia.

Among the 264 specialty care physician assistants who indicated that they had a practice location in the District, 59% (N=155) specified that they had a primary site in which they provided greater than or equal to 20 hours of direct clinical or patient care per week. These 155 respondents were categorized as specialty care physician assistants actively practicing in the District.

Demographics:

Age

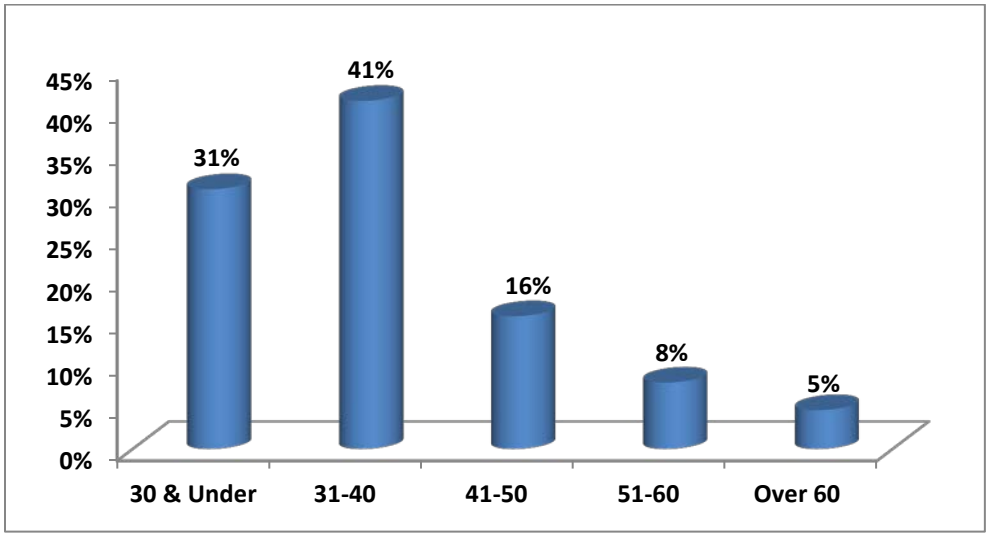
A vast majority of specialty care physician assistants (71%) were 40 years of age or under (see Table 90 and Figure 101).

Table 90: Age Distribution of Actively Practicing Specialty Care Physician Assistants, 2014

	Number of Respondents N=153*	Distribution of Respondents
30 & Under	47	31%
31-40	63	41%
41-50	24	16%
51-60	12	8%
Over 60	7	5%

***Date of birth unavailable for 2 respondents**

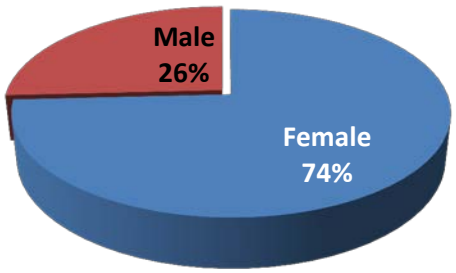
Figure 101: Age Distribution of Actively Practicing Specialty Care Physician Assistants, 2014



Gender

In the gender distribution of actively practicing specialty care physician assistants, 74% (N=115) of respondents were female and 26% (N=40) were male (see Figure 102).

Figure 102: Gender Distribution of Actively Practicing Specialty Care Physician Assistants, 2014



Clinical Practice Setting and Location:

For actively practicing specialty care physicians, 77% (N=119) practiced within a hospital or health-system based setting (see Figure 103). Within the scope of hospital practice, 55% (N=65) practiced in an inpatient setting (see Figure 104).

Figure 103: Clinical Practice Setting Type amongst Actively Practicing Specialty Care Physicians, 2014

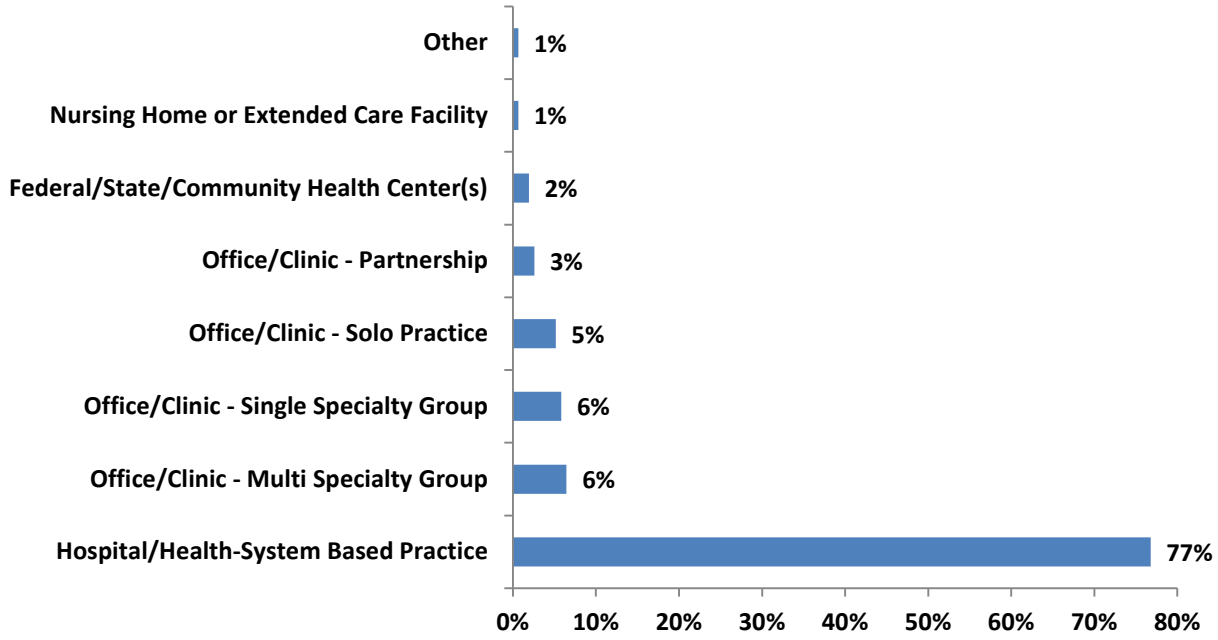
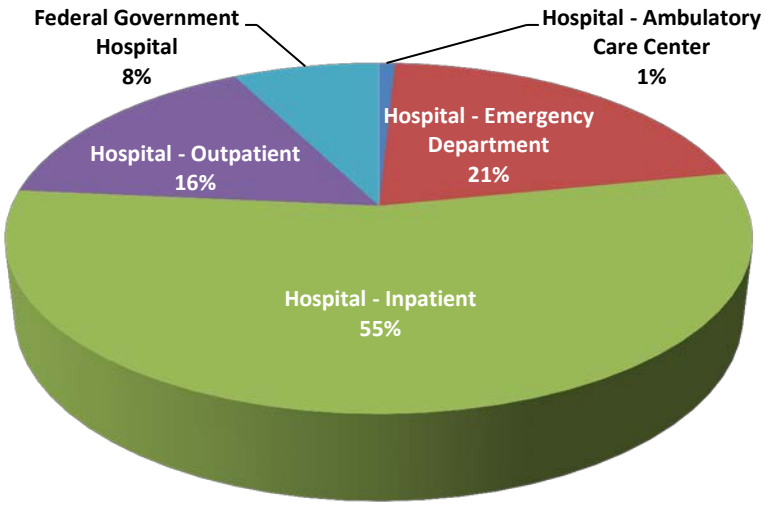
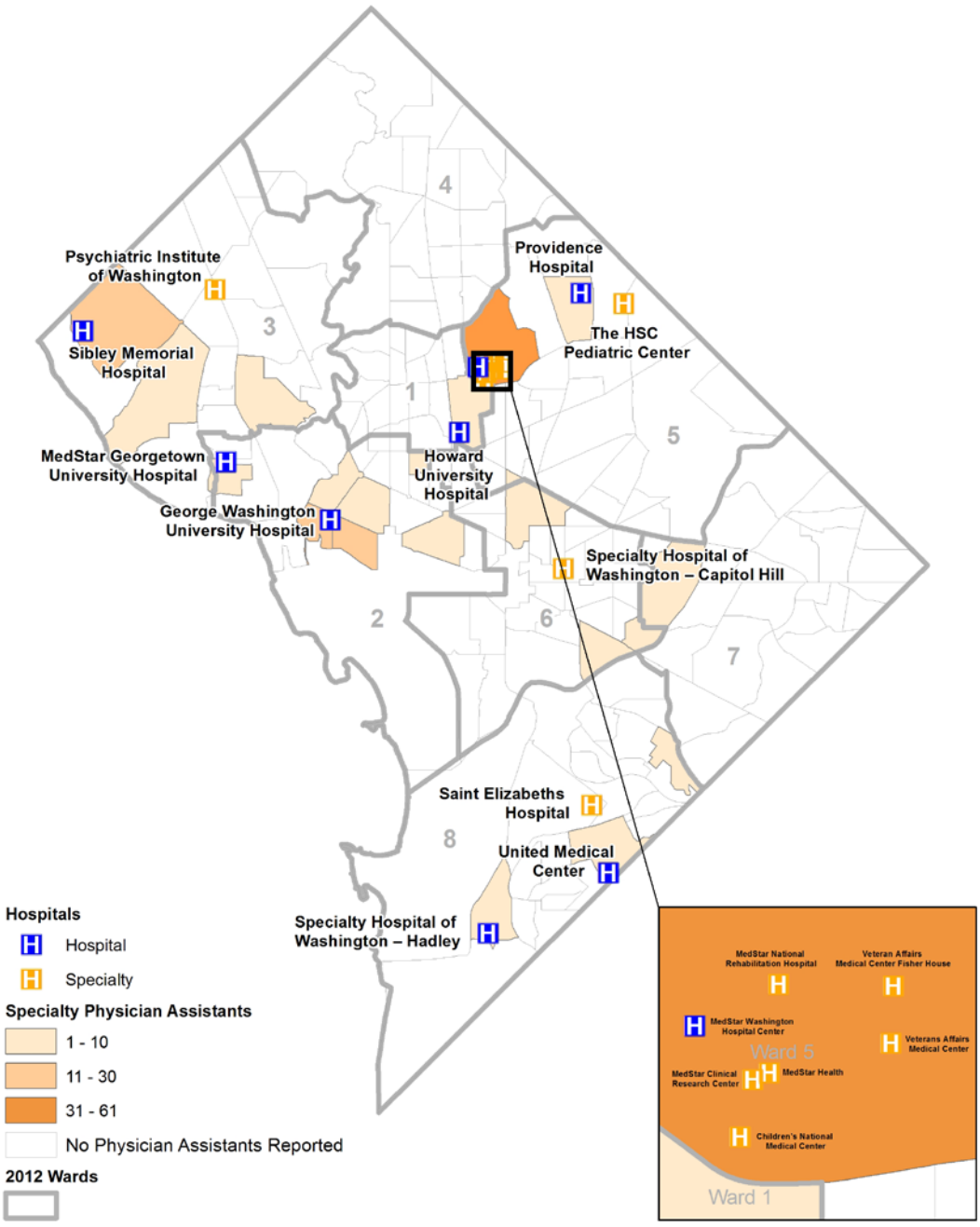


Figure 104: Hospital Practice Setting Type amongst Actively Practicing Specialty Care Physician Assistants, 2014



The highest numbers of actively practicing specialty care physician assistants were located in Wards 2, 3, and 5 (see Map 23). As with specialty care physicians, they were generally located near hospitals.

Map 23 – Actively Practicing Specialty Care Physician Assistant Practice Locations by Census Tract, 2014



Workforce Reduction and Retirement:

About 85% (N=131) of actively practicing specialty care physician assistants had no plans to change their practice within the next two years (see Figure 84 and Table 81). The 5% (N=8) who were interested in adding an additional practitioner to their practice were in areas of Critical Care, Cardiology, and Urology. Four percent (N=6) were planning to reduce patient hours and 3% (N=5) indicated a potential increase of patient hours (see Figure 105).

Figure 105: Future Plans of Actively Practicing Specialty Care Physician Assistants within the Next 2 Years, 2014

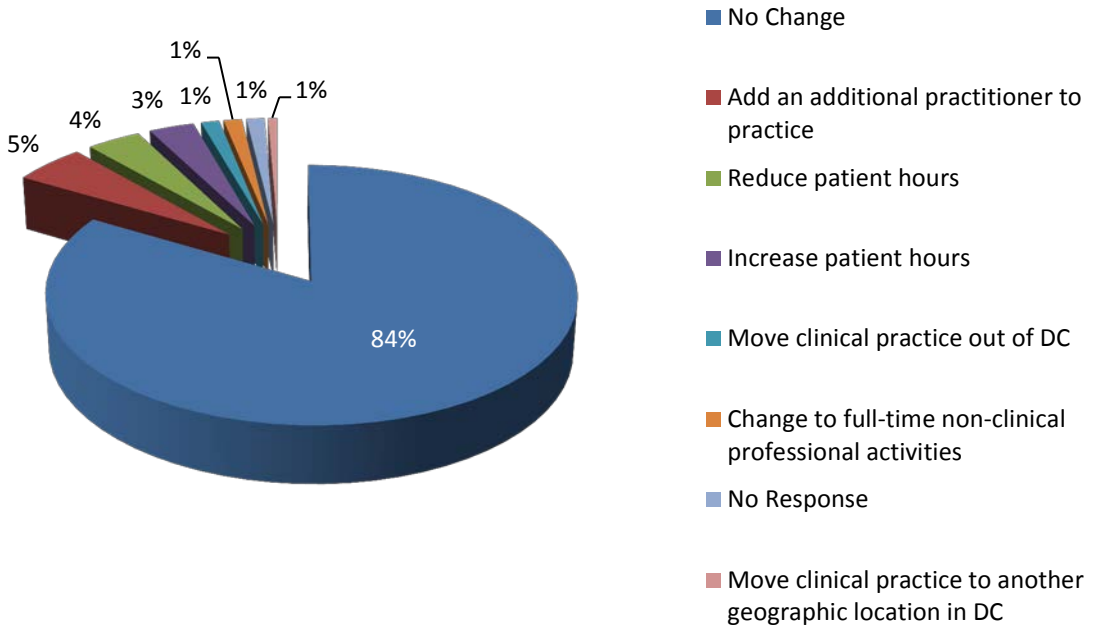


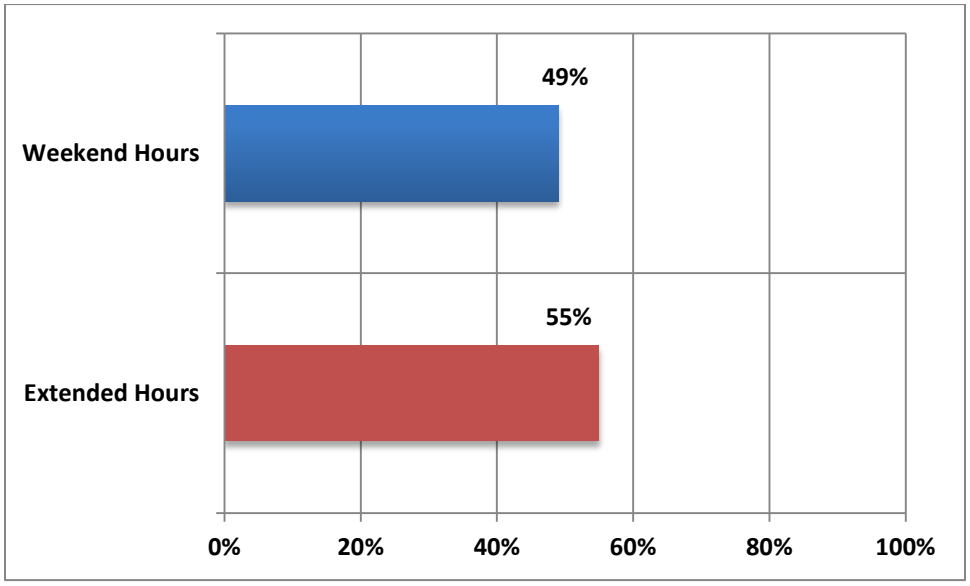
Table 91: Future Plans of Actively Practicing Specialty Care Physician Assistant Survey Respondents within the Next 2 Years, 2014

	Number of Respondents N=155	Distribution of Respondents
No Change	131	85%
Add an additional practitioner to practice	8	5%
Reduce patient hours	6	4%
Increase patient hours	5	3%
Move clinical practice out of DC	2	1%
Change to full-time non-clinical professional activities	2	1%
No Response	2	1%
Move clinical practice to another geographic location in DC	1	1%
Retire from patient care	0	0%

Extended Care Hours and Weekend Hours

Amongst actively practicing specialty care physician assistants, 55% (N=85) provided extended hours during the week. Almost 50% (N=76) of actively practicing specialty care physicians provided weekend hours (see Figure 106).

Figure 106: Distribution of Specialty Care Physician Assistants Providing Scheduled Extended Care Hours and Weekend Hours, 2014



Access to Care and Participating Providers

Primary Care Physician Assistants:

Amongst actively practicing primary care physician assistants, 70% (N=49) reported that they participated in or accepted Medicare or Medicaid and 63% (N=44) participated in D.C. Healthcare Alliance (see Figure 107). In 2012, 92% (N=22) of respondents in this group reported that they accepted Medicare, Medicaid, or D.C. Healthcare Alliance. Trending is limited due to the smaller sample size in 2012. Actively practicing physician assistants who specialized in Family Medicine had the least participation rates for any of the health plans assessed when compared with other primary care physician assistants (see Figure 108).

Figure 107: Actively Practicing Primary Care Physician Assistant Insurance Participation Rates, 2014

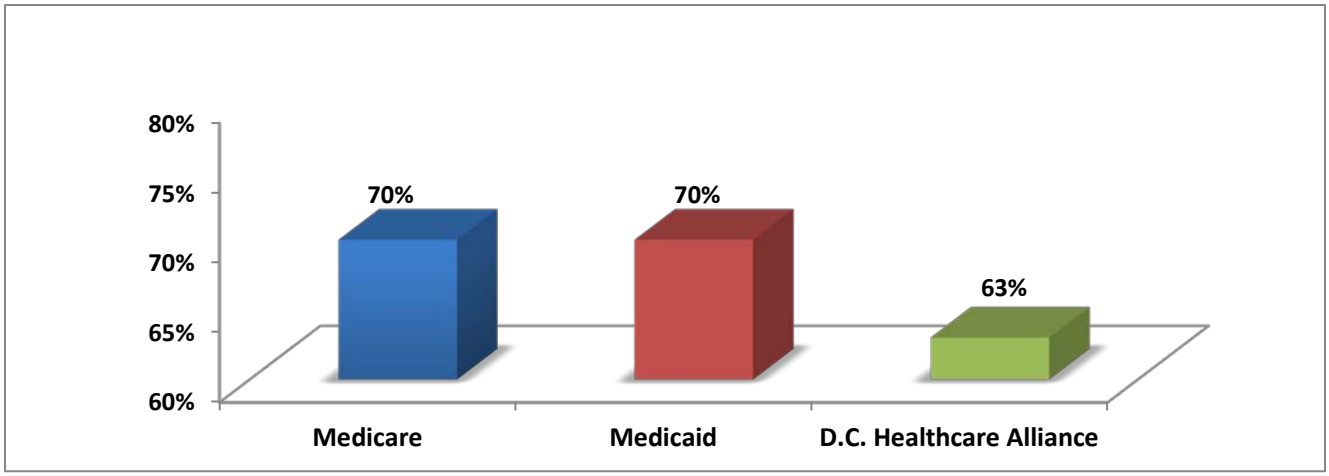
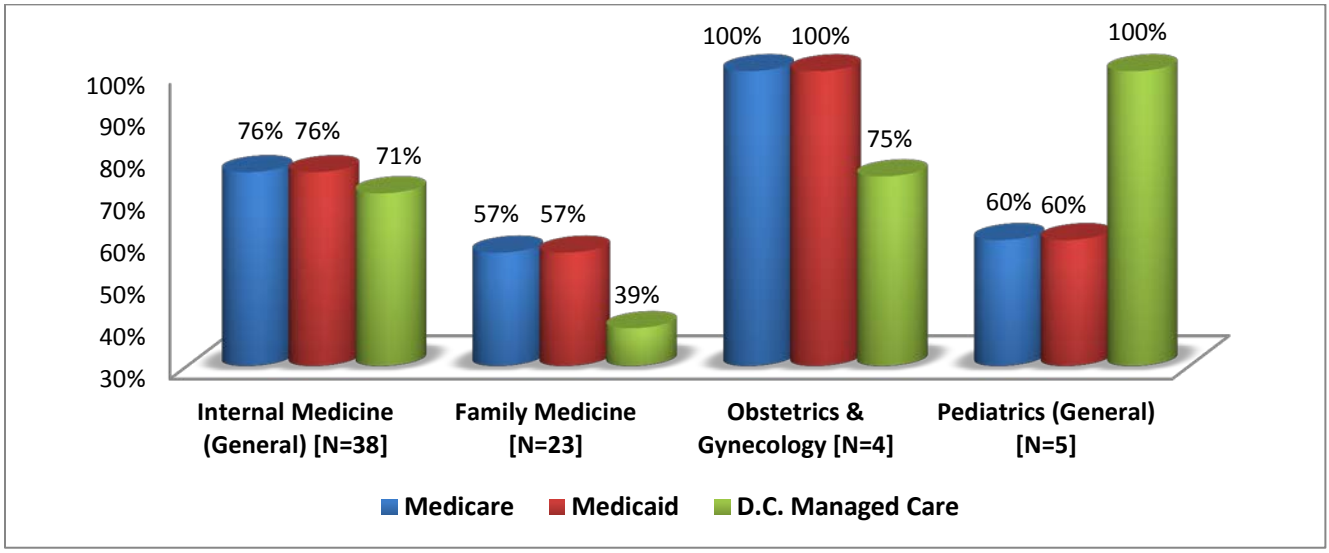


Figure 108: Actively Practicing Primary Care Physician Assistant Insurance Participation Rates by Area of Practice, 2014



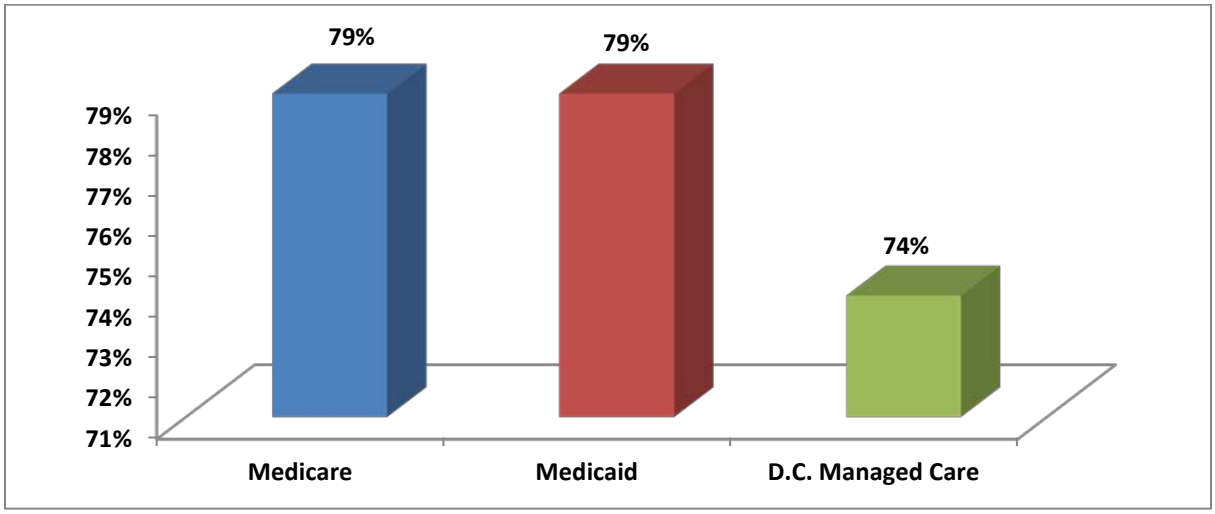
Accepting New Patients

Ninety-six percent (N=47) of actively practicing primary care physician assistants who participated with Medicare or Medicaid were accepting new patients with these plans. Ninety-five percent (N=42) of those accepting D.C. Healthcare Alliance were accepting new patients insured by this health insurance carrier.

Specialty Care Physician Assistants:

Amongst actively practicing specialty care physician assistants, 79% (N=123) reported that they participated in or accepted Medicare or Medicaid and 74% (N=114) participated in D.C. Healthcare Alliance (see Figure 109). This is consistent with distributions in 2012, where 82% (N=49) participated in Medicare, 78% (N=47) in Medicaid and 72% (N=43) with D.C. Managed Care.

Figure 109: Actively Practicing Specialty Care Physician Assistant Insurance Participation Rates, 2014



Accepting New Patients

Ninety-eight percent (N=112) of actively practicing specialty care physician assistants who participate with D.C. Healthcare Alliance, are accepting new patients insured by this provider. Similarly, ninety-eight percent (N=121) of actively practicing specialty care physician assistants participating with Medicare or Medicaid are accepting new patients with either plan.

Health Professional Shortage Areas

Physician assistants were also assessed in relation to Health Professional Shortage Areas (HPSAs).

Amongst actively practicing primary care physician assistants, approximately 33% (N=23) had a practice location within the Downtown Washington HSPA and 27% (N=19) in the Columbia Heights/Fort Totten/Takoma HPSA (see Table 92). Twenty-seven percent (N=42) and 45% (N=69) of actively practicing specialty care physicians had a primary business location within these HSPAs respectively.

Table 92: Actively Practicing Physician Assistant Practice Location by HPSA, 2014

Location	Primary Care (N=70)	Specialty Care (N=155)
HPSA		
Anacostia	5	9
East Capitol Southeast	2	0
Homeless – Downtown Washington	23	42
Low Income – Brentwood	7	4
Low Income – Columbia Heights/Ft. Totten/Takoma	19	69
South Capitol	2	1
Non-HPSA	12	30

As noted previously, the entirety of Wards 5 and 7 are designated HPSA areas as well as sections of Wards 1,2,4,6, and 8. Ward 3 is the only area without a designated HPSA. The majority of actively practicing physician assistants (primary care and specialty care) who accept Medicaid have a practice location within Ward 2 or Ward 5 (see Table 93).

Table 93: Actively Practicing Physician Assistants Accepting Medicaid Practice Locations, By Ward, 2014

Location	Primary Care (N=44)	Specialty Care (N=114)
Ward 1	3	3
Ward 2	12	39
Ward 3	4	9
Ward 4	2	0
Ward 5	12	50
Ward 6	3	3
Ward 7	4	0
Ward 8	4	8
No Ward	0	2

Special Topics

Electronic Medical Records:

In addition to physicians, physician assistants were also asked to indicate their utilization of Electronic Health Records (EHRs). Approximately 86% (N=469) of actively licensed and 91% (N=204) of actively practicing physician assistants indicated that they use EHRs (see Table 94). Amongst those using EHRs, 47% (N=218) and 42% (N=85) in each group, utilized a system with patient access (see Table 95). In addition, more than 60% of those utilizing EHRs also used electronic prescribing (see Table 96). Out of all actively practicing physician assistants (N=225), 58% (N=131) and 38% (N=85) utilized EHRs with patient access and E-prescribing respectively.

Table 94: Physician Assistants Utilizing Electronic Health Records, 2014

	Actively Licensed Physician Assistants (N=546)		Actively Practicing Physician Assistants (N=225)	
	N	%	N	%
Yes	469	86%	204	91%
No	67	12%	20	9%
No Response	10	2%	1	0.4%

Table 95: Physician Assistants Utilizing Electronic Health Records with Patient Access, 2014

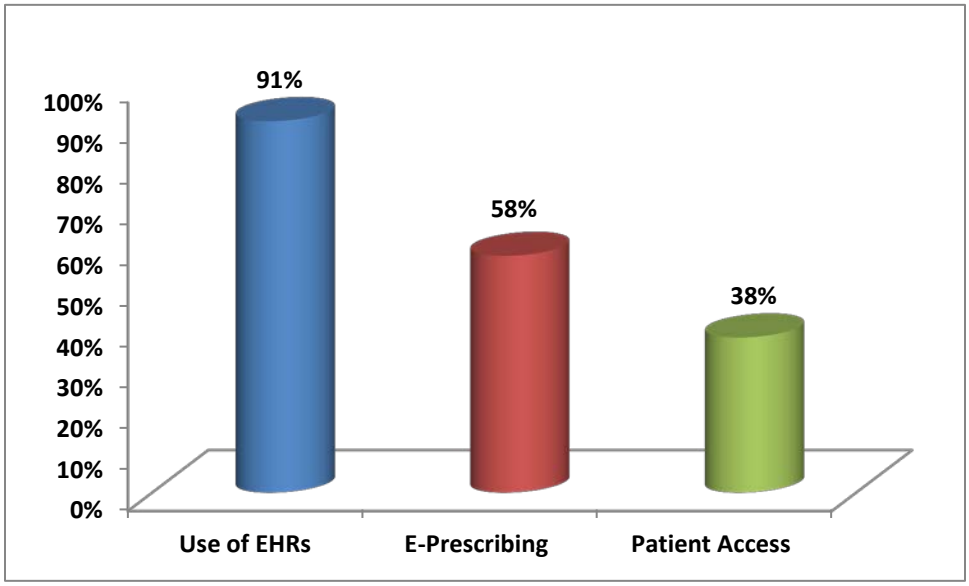
	Actively Licensed Physician Assistants (N=469)*		Actively Practicing Physician Assistants (N=204)*	
	N	%	N	%
Yes	218	47%	85	42%
No	251	54%	119	58%

Table 96: Physician Assistants Utilizing Electronic Health Records with E-Prescribing, 2014

	Actively Licensed Physician Assistants (N=469)*		Actively Practicing Physician Assistants (N=204)*	
	N	%	N	%
Yes	303	65%	131	64%
No	166	35%	73	36%
No Response	303	65%	131	64%

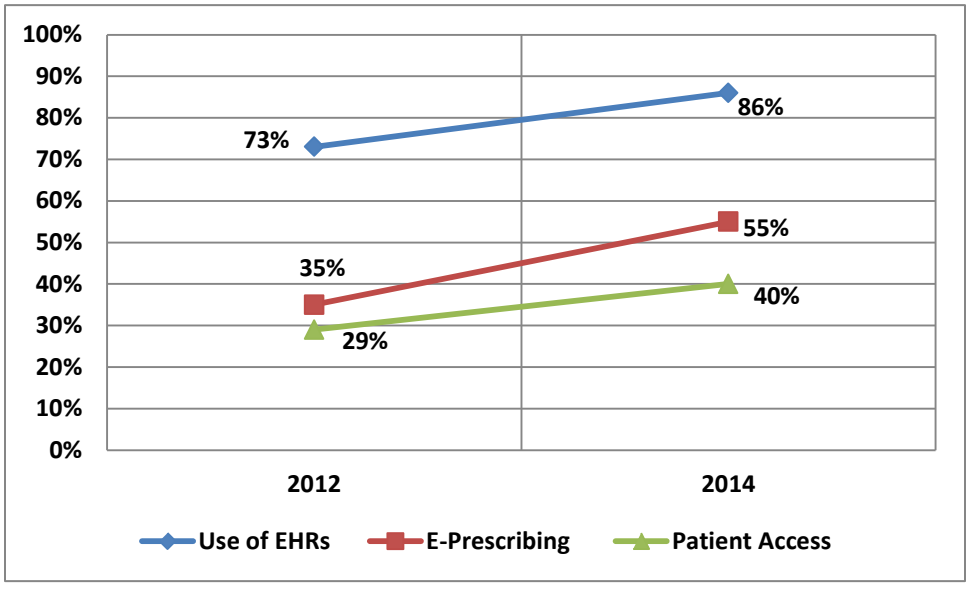
*** Question applies only to those who responded "yes" to utilizing Electronic Health Records**

Figure 110: Use of Electronic Health Records amongst Actively Practicing Physician Assistants, 2014



When comparing utilization of Electronic Health Records and related tools in actively licensed physician assistants between 2012 and 2014, the greatest increase, was seen in the use of E-prescribing (see Figure 111).

Figure 111: Use of Electronic Health Records amongst Actively Licensed Physician Assistants, 2012 vs. 2014



Social Media:

Physician assistants were also asked to select the forms of social media they utilized in their practice. Fifty-nine percent (N=321) of actively licensed physician assistants, and 62% percent (N=139) of actively practicing physician assistants indicated that they utilized some form of social media. The most common tools of communication utilized by physician assistants, both actively licensed and actively practicing, were Email, Text Messages, Facebook, Physician Communities, and Google+, while the least frequently used were Blogs and Twitter (see Table 97 and Figure 112). Between 2010 and 2014 there was a marked decrease in the use of Facebook with a slight increase in the use of LinkedIn and other social media (see Table 98).

Table 97: Forms of Social Media Used by Physician Assistants, 2014

	Actively Licensed Physician Assistants (N=546)	Actively Practicing Physician Assistants (N=225)
Email	48.0%	52.9%
None of the above	36.6%	35.1%
Text Messages	19.0%	17.3%
Facebook	11.2%	9.8%
Physician Communities	10.6%	10.2%
Google+	10.4%	9.3%
LinkedIn	7.0%	5.3%
YouTube	7.0%	9.3%
Patient Communities	4.4%	4.4%
No Response	4.2%	2.7%
Other	3.8%	4.0%
Twitter	3.1%	3.6%
Blogs	2.0%	3.1%

Figure 112: Forms of Social Media Used by Physician Assistants, 2014

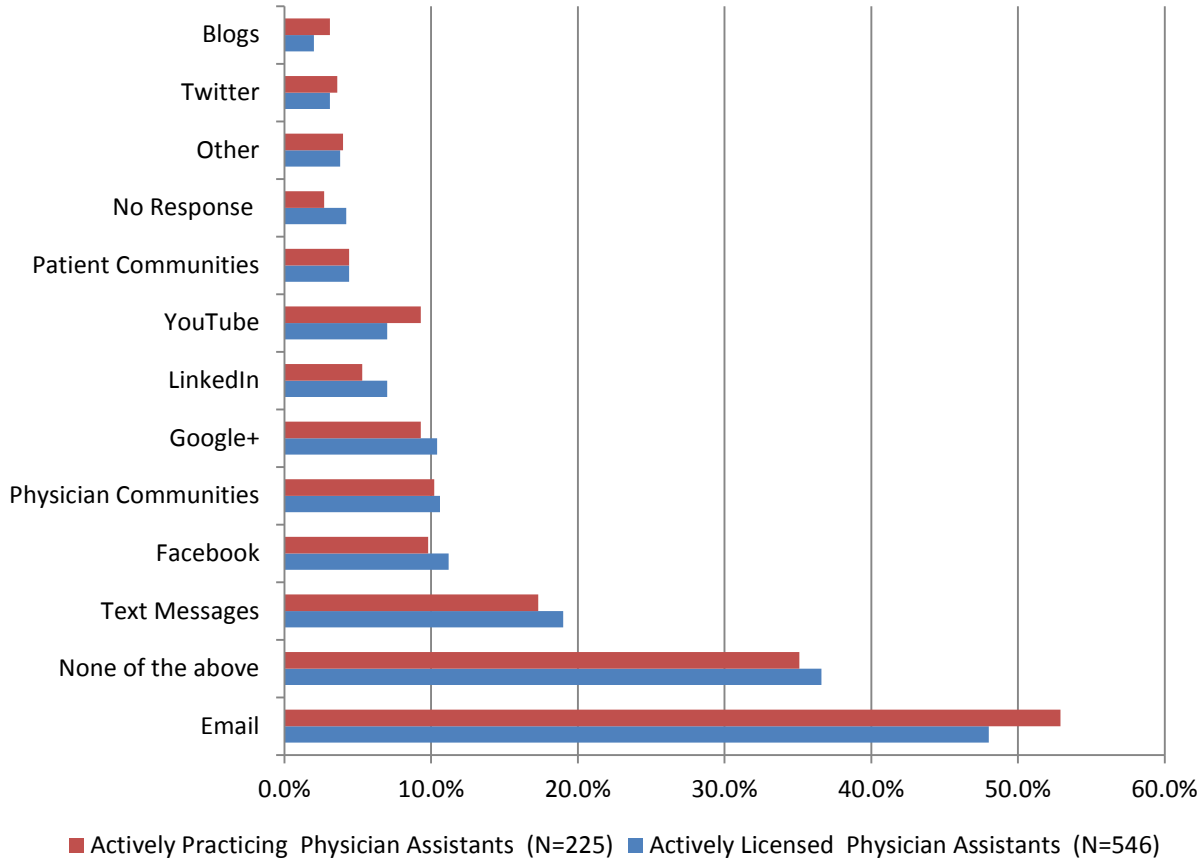


Table 98: Comparison of Social Media Utilized by Actively Licensed Physician Assistants, 2010 – 2014

	2010 (N=388)	2012 (N=173)	2014 (N=546)
No Response	1%	13%	4 %
Facebook	32%	12%	11 %
Blogs	3%	5%	2%
LinkedIn	4%	6%	7%
Physician Communities	N/A	13%	11%
None of the Above	62%	58%	36%
Twitter	1%	6%	3%
Google+	N/A	7%	10%
YouTube	N/A	8%	7%
Patient Communities	N/A	6%	4%
Text Messages	N/A	N/A	19%
Email	N/A	N/A	48%
Other	0%	2%	4%

When asked about the communicative value of social media within a provider-patient relationship, slightly over 60% in actively licensed or actively practicing physician assistants indicated that they believed social media to be a valuable tool (see Table 99). This was an increase from the 45% of actively licensed physician assistants who noted the value of social media in 2012.

Table 99: Communicative Value of Social Media within a Provider-Patient Relationship, 2014

	Actively Licensed Physician Assistants N=546	**Actively Practicing Physician Assistants** N=225
Yes	61.2%	62.2%
No	37.0%	37.3%
No Response	1.8%	0.4%

Pain Management:

Almost 40% of physician assistants, who are either actively licensed or actively practicing, utilized a clinical pathway for opioid prescribing (see Table 100). Amongst those who utilized a clinical pathway, approximately 71% of those actively licensed and 75% of physician assistants actively practicing indicated that it is a guide recommended by a professional medical organization (see Table 101).

One in three physician assistants indicated that they prescribed pain medications for chronically ill patients (see Table 102). Based on those respondents, 39% of those actively licensed and about 45% of those actively practicing required a signed treatment agreement pursuant to an opioid prescription (see Table 103).

Table 100: Physician Assistants Utilizing a Clinical Pathway for Opioid Prescribing, 2014

	Actively Licensed Physician Assistants N=546	**Actively Practicing Physician Assistants** N=225
Yes	38.6%	39.6%
No	59.5%	60.0%
No Response	1.8%	0.4%

Table 101: Physician Assistants Utilizing a Clinical Pathway Recommended by a Professional Medical Organization, 2014

	Actively Licensed Physician Assistants N=211	**Actively Practicing Physician Assistants** N=89
Yes	70.6%	75.3%
No	29.4%	24.7%
No Response	0.0%	0.0%

Table 102: Physician Assistants Prescribing Pain Medication for Chronically Ill Patients, 2014

	Actively Licensed Physician Assistants N=546	**Actively Practicing Physician Assistants** N=225
Yes	32.1%	32.9%
No	66.1%	66.7%
No Response	1.8%	0.4%

Table 103: Physician Assistants Requiring a Signed Treatment Agreement Pursuant to an Opioid Prescription, 2014

	Actively Licensed Physician Assistants N=175	**Actively Practicing Physician Assistants** N=74
Yes	39.4%	44.6%
No	60.6%	55.4%
No Response	0.0%	0.0%

Age-Based Competency Screening:

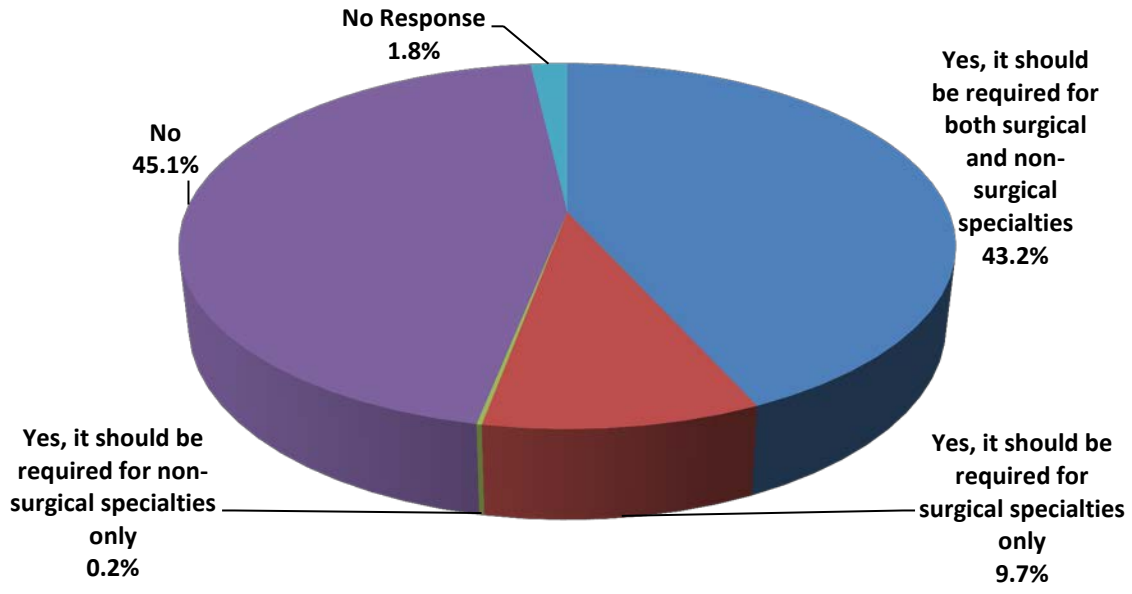
Physician assistants were also asked to provide input on the need for age-based competency screening for physicians. Almost 60% were in favor of age-based competency screening for physicians (see Table 104).

Table 104: Physician Assistant Viewpoints on the Need for Age-Based Competency Screening for Physicians, 2014

	Actively Licensed Physician Assistants N=546	Actively Practicing Physician Assistants N=225
Yes	57.1%	58.7%
No	41.0%	40.9%
No Response	1.8%	0.4%

When asked to differentiate the need for competencies between surgical and non-surgical specialties, 10% of physician assistants indicated that age-based screening should be required for only surgical specialties. Forty-three percent indicated that it should be required for both surgical and non-surgical specialties (see Figure 113). Note that a response of "no" in this question (45%) may have been intended to mean there should be no differentiation between specialties or there should be no age-based competency screening for older physicians.

Figure 113: Physician Assistant Viewpoints on Age-Based Competencies for Surgical vs. Non-surgical Specialties, 2014



VIII. POSTGRADUATE PHYSICIANS IN TRAINING

Postgraduate physicians are physicians in training in the nine accredited teaching hospitals or community health centers in the District of Columbia:

1. Children's National Medical Center (CNMC)
2. George Washington University Hospital (GWUH)
3. Howard University Hospital (HUH)
4. MedStar Georgetown University Hospital (GUH)
5. MedStar National Rehabilitation Hospital (NRH)
6. MedStar Washington Hospital Center (WHC)
7. St. Elizabeths Hospital (SEH)
8. Providence Hospital (PH)
9. Wright Center/Unity Health Care

The passage of the Board of Medicine Membership and Licensing Amendment Act of 2012 requires that all medical residents and fellows be licensed before commencing their training. The new regulations established Medical Training License (MTL) program, which has replaced the Postgraduate Physician Training registration program.

The Medical Training License (MTL) program requires all postgraduate physicians to annually apply for and receive a medical license before commencing or resuming their training.

Medical Training Licenses are classified as follows:

- **MTL Type I (A)** – for those individuals who are U.S. or Canadian medical school-trained postgraduate physicians;
- **MTL Type I (B)** – for those individuals who are foreign medical school-trained postgraduate physicians enrolled in a postgraduate clinical training residency program;
- **MTL Type II** – for those individuals who are foreign trained medical physicians participating in an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Board-approved postgraduate clinical training fellowship program.

By July 31, 2015 there were 1,602 postgraduate physicians registered in the District who were trained in a U.S. or Canadian medical school (MTL Type I (A)), 500 who were trained in a foreign medical school (MTL Type I (B)), and 144 physicians who completed training at an international institution but are completing a Board-approved postgraduate clinical training fellowship program (MTL Type II).

IX. ADDITIONAL HEALTHCARE PROFESSIONALS IN THE DISTRICT

The Office of Health Professional Licensing Boards within the Health Regulation and Licensing Administration provides certification to over 30 different license categories. The number of licensees in the D.C. healthcare workforce is listed in Table 105. The Board of Medicine recognizes that integration with other healthcare professionals in providing patient services is essential to optimizing the healthcare workforce.

Table 105: Breakdown of Additional Healthcare Professionals in the District of Columbia, 2014*

Board	License Type	Number of Licensees
Medicine (Not including physicians or physician assistants)	Anesthesiologist Assistants	45
	Acupuncturists	167
	Naturopathic Physicians	39
	Surgical Assistants	117
	Chiropractors	97
	Respiratory Care Practitioners	714
Nursing	Registered Nurses	23,661
	Licensed Practical Nurses	2,296
	Certified Nurse Midwives	108
	Clinical Nurse Specialists	55
	Nurse Practitioners	1,429
	Home Health Aids	9,812
Audiology	Audiologists	106
	Speech Language Pathologists	630
Dance Therapy	Dance Therapists	4
Dentistry	Dentists	1,406
	Dental Hygienists	558
	Dental Assistants Level I	34
	Dental Assistants Level II	575
Dietetics and Nutrition	Dieticians	483
	Nutritionists	62
Occupational Therapy	Occupational Therapists	692
	Occupational Therapy Assistants	42
Optometry	Optometrists	231
Physical Therapy	Physical Therapists	977
	Physical Therapist Assistants	61
Podiatry	Podiatrists	149
Pharmacy	Pharmacists	1,772
	Pharmacy Interns	425
Psychology	Psychologists	1,295

*Number of licensees as of August 26, 2015

X. LIMITATIONS

The 2010 and 2012 Physician and Physician Assistant Workforce Capacity Reports were based on voluntary surveys with response rates of 78% and 58% respectively. These reports therefore did not capture the views of all licensees in the District. The 2014 survey was a mandatory component of the licensure renewal process and consequently was answered by 100% of those who renewed their license in the District. Although the survey had a 100% response rate, other limitations were noted:

Gender, age, and date of birth were not collected at the time of the survey and were later extracted from the MyLicense database and matched with the physician and physician assistants' license numbers. Data for gender was matched for all physicians and physician assistants. Amongst actively licensed physicians, about 1.8% (N=162) were missing a date of birth. In the group of actively licensed physician assistants, 3.1% (N=17) did not have a date of birth in the MyLicense database. The date of birth was utilized to calculate ages for both groups. As a result, age was not calculated for individuals missing a date of birth.

A primary business location in the District was utilized to determine physicians and physician assistants who were actively practicing in D.C. Along with the primary business location, an actively practicing provider also needed a designation of greater than or equal to 20 hours dedicated to patient care at this setting. After the data was extracted, it was found that approximately 687 physicians had a primary business location in the District and no response for hours worked at that setting. Some of these physicians may have qualified in the actively practicing category but were not included as a result of the incomplete data. There were also 62 physician assistants who had a primary business location in the District but no responses were extracted for the number of hours worked per week.

For physicians or physician assistants with a primary business location outside the District, they were not included amongst those "actively practicing," regardless of if they spent any time practicing in a secondary location in D.C. This was a conservative approach to estimating the workforce, as physicians actively practicing in the District may also have practice locations in nearby states.

Further extraction of survey response data was also found to be incomplete for multiple questions, primarily the special topics. Most questions where 100% of the data was not extracted had a "no response" rate of equal to or fewer than 2%. When determining primary or specialty care physicians, 0.4% (N=39) did not indicate an area of practice and were not included in either category. There are 4 physician assistants who did not select an area of practice.

For questions where it was possible to select more than one response, physicians or physician assistants were permitted to select "none of the above" in addition to other responses, which may have not been intended.

National reports that address physician or provider supply and demand utilize full-time equivalents (FTEs) to determine supply, make projections, and compare FTEs to the population. FTEs were not calculated from the data provided in this survey since physicians and physician assistants selected responses from a range of hours.

Although comparisons were made when applicable and if the data was available, there were limitations. Certain assessments such as race/ethnicity and foreign languages were asked in 2010 and 2014, but not 2012. In addition, certain questions were only asked in 2012 and 2014 or 2014, alone. It was also limiting to make comparisons between data sets with differing survey response rates.

Physicians and physician assistants who 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 following questions were included in the survey but had no responses extracted at the end of the survey period: what “type of administrative medicine do you practice?” and “what type of specialty?” if respondent selected “other” when answering that question.

During the GIS mapping period it was found that six physicians who indicated a practice location in D.C. were located outside of the District boundaries.

XI. SUMMARY

The supply and demand of the healthcare workforce in the District takes several factors into consideration, most notably the expanded healthcare coverage and utilization of healthcare services through the Patient Protection and Affordable Care Act.[31] Key characteristics of the physician workforce include its size, composition (i.e. primary and specialty care), and geographic distribution. A shortage of physicians in a geographic area may lead to delays in care and potential to utilize more costly services such as Emergency Department visits and hospitalizations.[32]

Demographics of the population including size, age, socio-economic status and obesity or other prevalent diseases may also impact the demand for healthcare services. Between 2005 and 2020, the population under the age of 65 was projected to grow approximately 9%, compared to the population aged 65 and older, which was expected to grow by about 50%.[33] The growth and aging of the population is estimated to account for 81% of increased demand for primary care physicians.[34]

This report focuses primarily on the characteristics of the physician and physician assistant workforce based on data collected in the 2014 license renewal cycle in the District. Comparisons are made to the 2010 and 2012 workforce survey reports but are limited due to varying survey response rates in the previous license renewal cycles.

Physicians

Primary care physicians, identified as a practice area in Internal Medicine, Pediatrics, Family Medicine, or Obstetrics and Gynecology, accounted for 29% of actively licensed physicians in the District. Sixty-six percent and 67% of primary and specialty care physicians indicated that they had a primary or secondary practice location in the District.

Approximately 31% of actively licensed physicians (780 in primary care and 2,030 in specialty care) identified a primary practice in the District at which they provided patient care greater than or equal to 20 hours per week. These subgroups were referred to as actively practicing.

Between 2010 and 2014, the age and race/ethnicity distribution of physician respondents remained consistent. A slight increase was seen in the percentage of female physicians. There was also a minor increase in the percentage of physicians who graduated from an international medical school. Amongst actively practicing physicians, the percentage of primary care physicians is trending down while the distribution of specialty care physicians continues to increase.

[31] Association of American Medical Colleges. "The Complexities of Physician Supply and Demand: Projections from 2013 to 2025." March 2015.
[32] Heisler E. Congressional Research Service. Physician Supply and the Affordable Care Act. January 15, 2013.
[33] Health Resources and Services Administration. "The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand." December 2008.
[34] Health Resources and Services Administration. "Projecting the Supply and Demand for Primary Care Practitioners Through 2020." November 2013.

When comparing the D.C. physician workforce to U.S. physicians, notable differences were seen in the number of licenses held as well as the distribution of race/ethnicity. Additional analysis of people per physician in D.C. compared to the U.S. shows an estimate of 5,931 people per Family Medicine physician in the District and 2,902 people per physician nationally. The impact may or may not be significant as other primary care practice areas are taken into consideration.

A higher percentage of primary care physicians were involved with preventive medicine and public health while a larger distribution of specialty care physicians was involved in research medicine.

Forty-five percent of actively practicing primary care physicians identified an office or clinic as their clinical practice setting. One out of every four actively practicing primary care physicians practiced in an inpatient hospital setting. The highest numbers of actively practicing primary care physicians had practice locations near hospitals, specifically in Wards 1, 2, 3 or 5. Seventy-one percent had an affiliation with a hospital and 64% had hospital admitting privileges. The vast majority (78%) of this physician group had no plans to change their practice in the next 2 years.

Amongst actively practicing specialty care physicians 60% practiced in a hospital-based location. This was reflected in their distribution near hospitals, specifically in Wards 1, 2, 3, and 5. Seventy-five percent had an affiliation with a hospital and 66% had hospital admitting privileges. As seen in the primary care physician group, 76% of specialty care physicians had no plans to make a change in their practice within the next 2 years.

Although 79% of actively practicing physicians were accepting Medicaid, 75% are accepting new Medicaid patients. An analysis of office-based actively practicing physicians shows that 50% and 57% of actively practicing primary care and specialty care physicians are accepting new Medicaid patients. This is a measure of access to care and is also a national concern as Medicaid coverage expands.[35] The majority of actively practicing physicians located within a HSPA have a practice location in the Low Income - Columbia Heights/Ft. Totten/Takoma area.

In the special topics component of the survey physicians indicated their viewpoints on a range of topics. Utilization of Electronic Health Records and Social Media for providing patient care continues to increase. Twenty-six percent of actively practicing physicians worked with both a nurse practitioner and physician assistant, although 32% did not work with any advanced practice clinicians. A majority of actively practicing physicians (63%) indicated that collaborative practice agreements with pharmacists would improve patient care or access to care. However, approximately 71% would not be interested in entering a voluntary CPA and 42% have concerns including liability, coordination between multiple health professionals, and communication. In regards to medical marijuana, 62% of actively practicing physicians reported that it does have therapeutic value in providing patient care. Only 25% of actively practicing physicians would recommend medical marijuana. Amongst their concerns were lack of evidence for clinical safety or efficacy, lack of experience or training regarding appropriate treatment, inconsistency of dosage, and others.

[35] Decker SL. Two-Thirds of Primary Care Physicians Accepted New Medicaid Patients In 2011-12: A Baseline to Measure Future Acceptance Rates. Health Affairs 2013;32:7.

Physician Assistants

Of the 546 physician assistants who completed the survey and maintained an active license status, 162 selected an area of practice within the scope of primary care, and 380 in specialty care. Fifty-seven percent (N=92) of primary care physician assistant survey respondents indicated that they had a primary or secondary practice location in the district. Of the primary care physician assistant survey respondents, 76% (N=70) indicated that they provide patient care greater than or equal to 20 hours per week at their primary D.C. location. Seventy-nine percent (N=264) of specialty care physician assistants had a primary or secondary practice location in the District and 59% (N=155) of that group was actively practicing.

In regards to clinical practice location, a similar trend was seen with physician assistants as with physicians: higher provider volumes near hospitals in the District. Thirty-three percent of actively practicing primary care physician assistants had a practice location within the Downtown Washington HSPA and 27% in the Columbia Heights/Fort Totten/Takoma HPSA.

Physician assistant demographics including race/ethnicity were consistent with 2010 and 2012 figures. There was a slight increase in the distribution of female physician assistants as well as the percentage of those between the ages of 31 and 40. Amongst actively practicing physician assistants, approximately 31% were in a primary care area of practice and 69% identified their practice area as specialty care. The top five most common specialties amongst actively practicing physician assistants were Internal Medicine (General), Emergency Medicine, Family Medicine, Critical Care, and Surgery (General). As compared to 2012, there was a greater percentage of physician assistants who did not have plans to change their practice in the next two years.

Comparing the D.C. physician assistant workforce to U.S. data reveals differences in the gender and race distribution. Amongst actively licensed physician assistants in D.C., 27% were Black/African-American, compared to 3% in the U.S. The majority of U.S. physician assistants were also female, although less so than the distribution in the District (67% vs. 78%).

Nearly 91% of actively practicing physician assistants was utilizing Electronic Health Records. The use of social media for clinical practice has increased since 2010. Nearly 40% of actively practicing primary care physician assistants was prescribing opioids with a clinical pathway.

XII. APPENDICES

Appendix A: Physician Survey Instrument
Appendix B: Physician Assistant Survey Instrument
Appendix C: List of Figures, Tables, and Maps
Appendix D: D.C. Primary Care Health Professional Shortage Areas (HPSAs)

APPENDIX A:

PHYSICIAN SURVEY INSTRUMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

SECTION 1: GENERAL INFORMATION

1. Legal Name

_____ ____ _____

First Name MI Last Name

2. What is the purpose of this application?*(Drop down options)*

- o Active License Renewal
- o Paid Inactive Status Request

3. What is your gender?

- o Male
- o Female

4. Race/Ethnicity Designation *(Drop Down Options)*

- o American Indian/Alaskan Native
- o Black or African American
- o Hispanic or Latino
- o Native Hawaiian or Other Pacific Islander
- o Asian/South Asian
- o Caucasian/White

Other: _____

5. Do you fluently speak a language other than English in your clinical practice setting?

- o Yes
- o No – ***Should automatically move to Question #7***

5b. If yes, please select languages spoken: *(Drop down options)*

- o English
- o Amharic
- o Arabic
- o Bengali
- o Cantonese
- o Croatian
- o Czech
- o Dutch
- o Farsi
- o French

- o German
- o Greek
- o Gujarati
- o Hebrew
- o Hindi
- o Hungarian
- o Indonesian
- o Italian
- o Japanese
- o Korean
- o Kurdish
- o Mandarin
- o Marathi
- o Polish
- o Portuguese
- o Punjabi
- o Romanian
- o Russian
- o Spanish
- o Swedish
- o Tagalog
- o Telugu
- o Thai
- o Turkish
- o Urdu
- o Vietnamese
- o Yoruba
- o Other: _____

7. Did you complete medical school in the United States?

- o Yes
- o No – ***Skip to question 7d***

7b. If yes, in which state did you complete medical school? (*Drop down options- for all U.S. states and territories. Based on the selection in this question, the list of schools corresponding to the state should populate for 7c)*

7c. Please select which medical school you attended. *(Drop down based on state selected – once answer is selected, should skip to question 8)*

<u>Alabama</u>

- o University of Alabama School of Medicine
- o University of South Alabama College of Medicine

<u>Arizona</u>

- o A.T. Still University School of Osteopathic Medicine
- o Midwest University Arizona College of Osteopathic Medicine
- o University of Arizona College of Medicine

<u>Arkansas</u>

- o University of Arkansas for Medical Sciences

<u>California</u>

- o Keck School of Medicine of University of Southern California
- o Loma Linda School of Medicine
- o Stanford University School of Medicine
- o Touro University College of Osteopathic Medicine
- o UC San Diego School of Medicine
- o UC Davis School of Medicine
- o UC Irvine, School of Medicine
- o UCLA, David Geffen School of Medicine
- o University of California, San Francisco School of Medicine
- o Western University of Health Sciences College of Osteopathic Medicine of the Pacific

<u>Colorado</u>

- o Rocky Vista University College of Osteopathic Medicine
- o University of Colorado Denver School of Medicine

<u>Connecticut</u>

- o University of Connecticut School of Medicine
- o Yale University School of Medicine

<u>District of Columbia</u>

- George Washington University Medical School
- Georgetown University School of Medicine
- Howard University College of Medicine

Florida

- Florida International University College of Medicine
- Florida State University College of Medicine
- Lake Erie College of Osteopathic Medicine at Bradenton
- University of Miami, Miller School of Medicine
- Florida Atlantic University Schmidt College of Medicine
- Nova Southeastern College of Osteopathic Medicine
- University of Central Florida College of Medicine
- University of Florida College of Medicine
- University of South Florida College of Medicine

Georgia

- Emory University School of Medicine
- Medical College of Georgia
- Mercer University School of Medicine
- Morehouse School of Medicine
- Philadelphia College of Osteopathic Medicine – Georgia Campus

Hawaii

- University of Hawaii John A. Burns School of Medicine

Illinois

- Rosalind Franklin University – Chicago Medical School

Illinois *cont.*

- Northwestern University, Feinberg School of Medicine
- Midwestern University – Chicago College of Osteopathic Medicine
- University of Chicago, Pritzker School of Medicine
- Rush Medical College
- Southern Illinois University School of Medicine
- Loyola University Chicago Stritch School of Medicine
- University of Illinois College of Medicine

Indiana

- Indiana University School of Medicine

Iowa

- Des Moines University College of Osteopathic Medicine
- The University of Iowa Roy J. and Lucille A. Carver College of Medicine

Kansas

- University of Kansas School of Medicine

Kentucky

- University of Kentucky College of Medicine
- University of Louisville School of Medicine
- University of Pikesville Kentucky College of Osteopathic Medicine

Louisiana

- Louisiana State University School of Medicine in New Orleans
- Louisiana State University School of Medicine in Shreveport
- Tulane University School of Medicine

Maine

- University of New England College of Osteopathic Medicine

Maryland

- Johns Hopkins University School of Medicine

- Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine
- University of Maryland School of Medicine

Massachusetts

- Boston University School of Medicine
- Harvard Medical School
- Tufts University School of Medicine
- University of Massachusetts Medical School

Michigan

- Michigan State University College of Human Medicine
- Michigan State University College of Osteopathic Medicine
- University of Michigan Medical School
- Oakland University William Beaumont School of Medicine
- Wayne State University School of Medicine

Minnesota

- Mayo Clinic College of Medicine
- University of Minnesota Medical School

Mississippi

- University of Mississippi School of Medicine
- William Carey University College of Osteopathic Medicine

Missouri

- A.T. Still University Kirksville College of Osteopathic Medicine
- Kansas City University of Medicine and Biosciences College of Osteopathic Medicine
- Saint Louis University School of Medicine
- University of Missouri – Columbia School of Medicine
- University of Missouri – Kansas City School of Medicine
- Washington University School of Medicine

Nebraska

- Creighton University School of Medicine
- University of Nebraska College of Medicine

Nevada

- Touro University Nevada College of Osteopathic Medicine
- University of Nevada School of Medicine

New Hampshire

- Dartmouth Geisel School of Medicine

New Jersey

- University of Medicine and Dentistry of New Jersey – New Jersey Medical School

New Jersey *cont.*

- University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School
- Cooper Medical School at Rowan University
- University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine

New Mexico

- University of New Mexico School of Medicine

New York

- Albany Medical College
- Albert Einstein College of Medicine of Yeshiva University
- Columbia University College of Physicians and Surgeons
- Hofstra University North Shore – LIJ School of Medicine
- Mount Sinai School of Medicine
- New York Institute of Technology New York College of Osteopathic Medicine
- New York Medical College
- New York University School of Medicine
- State University of New York at Stony Brook School of Medicine

- State University of New York Upstate Medical University
- State University of New York Downstate Medical Center College of Medicine
- Touro College of Osteopathic Medicine – Manhattan
- University of Buffalo, The State University of New York School of Medicine & Biomedical Sciences
- University of Rochester School of Medicine and Dentistry
- Weill Cornell Medical College of Cornell University

North Carolina

- Brody School of Medicine at East Carolina University
- Duke University School of Medicine
- University of North Carolina School of Medicine
- Wake Forest School of Medicine

North Dakota

- University of North Dakota School of Medicine and Health Sciences

Ohio

- The Wright State University Boonshoft School of Medicine
- Case Western Reserve University School of Medicine
- Cleveland Clinic Lerner College of Medicine
- Northeast Ohio Medical University
- Ohio University College of Osteopathic Medicine
- The Ohio State University College of Medicine
- University of Cincinnati College of Medicine
- University of Toledo College of Medicine

Oklahoma

- Oklahoma State University Center for Health Sciences College of Osteopathic Medicine
- Oral Roberts University School of Medicine
- University of Oklahoma College of Medicine

Oregon

- Oregon Health and Science University School of Medicine
- College of Osteopathic Medicine of the Pacific, Northwest

Pennsylvania

- The Commonwealth Medical College
- Drexel University College of Medicine
- Jefferson Medical College of Thomas Jefferson University
- Lake Erie College of Osteopathic Medicine
- Medical College of Pennsylvania
- Pennsylvania State University College of Medicine
- Perelman School of Medicine at the University of Pennsylvania
- Philadelphia College of Osteopathic Medicine
- Temple University School of Medicine
- University of Pittsburgh School of Medicine

Puerto Rico

- Universidad Central del Caribe School of Medicine
- Ponce School of Medicine
- University of Puerto Rico School of Medicine

Rhode Island

- Warren Alpert Medical School of Brown University

South Carolina

- Medical University of South Carolina College of Medicine
- University of South Carolina School of Medicine
- Virginia College of Osteopathic Medicine: Carolinas Campus

South Dakota

- Sanford School of Medicine of the University of South Dakota

Tennessee

- East Tennessee State University James H. Quillen College of Medicine
- Lincoln Memorial University DeBusk College of Osteopathic Medicine
- Meharry Medical College School of Medicine
- University of Tennessee College of Medicine
- Vanderbilt University School of Medicine

Texas

- Baylor College of Medicine
- Texas A&M Health Science Center College of Medicine
- Texas Tech University Health Sciences Center Paul L. Foster School of Medicine
- Texas Tech University Health Sciences Center School of Medicine
- University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine
- University of Texas Medical School at Houston
- University of Texas Medical School at San Antonio
- University of Texas Medical Branch School of Medicine – Galveston
- University of Texas Southwestern Medical School at Dallas

Utah

- University of Utah School of Medicine

Vermont

- University of Vermont College of Medicine

Virginia

- Eastern Virginia Medical School
- University of Virginia School of Medicine
- Virginia Commonwealth University School of Medicine
- Edward Via Virginia College of Osteopathic Medicine
- Virginia Tech Carilion School of Medicine

Washington

- Pacifica Northwest University of Health Sciences
- University of Washington School of Medicine

West Virginia

- West Virginia School of Osteopathic Medicine
- West Virginia University School of Medicine
- Joan Edwards School of Medicine at Marshall University

Wisconsin

- Medical College of Wisconsin
- University of Wisconsin School of Medicine and Public Health

If you are a U.S. Medical Graduate and your school is not listed here, please enter it below

- Other: _____

7d Please enter the name of your medical school *(Should only appear if respondent answered "no" to question 7)*

_____

7e. In which country did you attend medical school? *(Should only appear if respondent answered "no" to question 7)*

_____

8. What year did you complete medical school *(Drop Down of Years 1950 to the present)*?

_____

9. Please indicate the name of the postgraduate medical or osteopathic education program attended:

Specialty _____

Program Name _____

City _____ State/Province_____ Country_____

Years Attended __(*drop down years 1950 to present)* to _(*drop down years 1950 to present)*

9b. Did you attend another postgraduate medical or osteopathic education program?

- o Yes – *Drop down below should appear*
- o No – *Skip to question 10*

Please indicate the name of the postgraduate medical or osteopathic education program attended

Specialty _____

Program Name _____

City _____ State/Province_____ Country_____

Years Attended (*drop down years 1950 to present)* to (*drop down years 1950 to present)*

10. Since completing postgraduate medical training, how long have you been practicing medicine?

- o Still in postgraduate medical training/fellowship
- o Under 5 years
- o 5–10 Years
- o 10–15 Years
- o 15–20 Years
- o 20–25 Years
- o 25–30 Years
- o 30-35 Years
- o 35-40 Years
- o Over 40 Years

11. How many weeks did you work in medical related positions in the past 12 months? _____*Drop down menu – 1 thru 52 should be listed*_____

12. For all medical related positions held, are you engaged in any of the following major activities (check all that apply):

- o Clinical or Patient Care
- o Research Medicine
- o Teaching/Education

- Administration
- Volunteering (medical related only)
- Preventive Medicine and Public Health
- None of the above – *Skip to question 13*

12b. Please indicate the average number of hours spent per week on these activities – *the options below should only appear based on the answers indicated in question #12*

Clinical or Patient Care	Research Medicine	Teaching/ Education	Administration	Preventive Medicine & Public Health Policy	Volunteering (Medical Related Only)
o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours

12c. If you engage in Administrative Medicine, please specify the type (check all that apply):

- Private Practice Administration
- Hospital Administration
- Federal Government Administration
- District of Columbia Government Administration
- Insurance Company Administration
- Other: ____________________________

13. What is your complete Home Address? *(P.O. Boxes will not be accepted)*
Address ____

Apartment/Suite Number ________

City __________________________________State _________ Zip Code ___________________

13b. What is the complete address of your primary practice/business location?

(P.O. Boxes will not be accepted)

This is the setting in which you spend the majority of your professional time

____

Number **Street**

____

Suite Number

____

City/Town **State** **Zip Code:** □□□□□

Direct clinical/patient care hours per week at site:

- o **0 hours**
- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

15c. Please indicate where you would like to receive formal correspondence and notices from the Board of Medicine:

☐Home Address ☐Primary Practice/Business Address

Please note that all formal correspondence will be sent through certified mail, which requires a signature to confirm receipt.

15d. Do you have a secondary practice setting?

- o **Yes**
- o **No – Skip to 15f**

Secondary Location Address

_____

Number Street

_____

Suite Number

_____

City/Town State Zip Code: □□□□□

Direct clinical/patient care hours per week at site:

- o **0 hours**
- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

15e. Do you have a tertiary practice setting?

- o **Yes**
- o **No – Skip to 15f**

Third Location Address

_____

Number Street

_____

Suite Number

_____

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site:

- o **0 hours**
- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

15f. Which of the following categories best describes your practice or work setting(s) where you work the most hours each week?

Practice Setting	Primary	Secondary	Tertiary
Office/Clinic – Solo Practice	o	o	o
Office/Clinic – Partnership	o	o	o
Office/Clinic – Single Specialty Group	o	o	o
Office/Clinic – Multi specialty Group	o	o	o
Hospital – Inpatient	o	o	o
Hospital – Outpatient	o	o	o
Hospital – Emergency Department	o	o	o
Hospital – Ambulatory Care Center	o	o	o
Federal Government Hospital	o	o	o
Research Laboratory	o	o	o
Medical School	o	o	o
Nursing Home or Extended Care Facility	o	o	o
Home Health Setting	o	o	o
Hospice Care	o	o	o
Federal/State/Community Health Center(s)	o	o	o
Local Health Department	o	o	o
Telemedicine	o	o	o
Volunteer in a Free Clinic	o	o	o
Other	o	o	o

16. Please provide your email address:

_____

SECTION 2: PRACTICE INFORMATION

1. What is your primary specialty of practice?(Drop Down Options)

- AC - Academic Medicine
- ADM - Administrative Medicine
- AI - Allergy/Immunology
- AN - Anesthesiology
- DE - Dermatology
- EM - Emergency medicine
- FM - Family Medicine
- GE – Geriatrics
- IM - Internal Medicine (General)
  - o IN/CA Cardiology
  - o IN/CC Critical Care
  - o IN/EN Endocrinology
  - o IN/GI Gastroenterology
  - o IN/HEM Hematology
  - o IN/ID Infectious Disease
  - o IN/NEP Nephrology
  - o IN/NEU Neurology
  - o IN/ONC Oncology
  - o IN/PC Palliative Care
  - o IN/PCC Pulmonary Critical Care
  - o IN/PUD Pulmonary Disease
  - o IN/RH Rheumatology
- MG - Medicine Genetics
- NU – Nuclear Medicine
- OC – Occupational Health
- OB - Obstetrics & Gynecology
- OP - Ophthalmology
- OMT – Osteopathic Manipulative Treatment
- ENT – Otolaryngology
- PA - Pathology
- PED - Pediatrics (General)
  - o PED/AD Adolescent Medicine
  - o PED/CA Cardiology
  - o PED/CC Critical Care
  - o PED/EN Endocrinology
  - o PED/GI Gastroenterology
  - o PED/HEM Hematology
  - o PED/ID Infectious Disease
  - o PED/NEO Neonatology
  - o PED/NEP Nephrology
  - o PED/NEU Neurology
  - o PED/ONC Oncology
  - o PED/PC Palliative Care
  - o PED/PCC Pulmonary Critical Care
  - o PED/PUD Pulmonary Disease
  - o PED/RH Rheumatology

- ☐ PMR – Physical Medicine & Rehabilitation
- ☐ PR – Preventive Medicine/Public Health
- ☐ PSY – Psychiatry
- ☐ SU/GE - Surgery (General)
  - o SU/BT Burn/Trauma
  - o SU/CS Cardiac Surgery
  - o SU/CO Colon/Rectal Surgery
  - o SU/NE Neurological Surgery
  - o SU/OR Orthopedic Surgery
  - o SU/PL Plastic Surgery
  - o SU/TH Thoracic Surgery
  - o SU/TP Transplant Surgery
  - o SU/UR Urology
  - o SU/VA Vascular
- ☐ Other: _____

1b. Are you providing patient care in your primary specialty area of practice?

- o Yes
- o No

1c. Are you Board Certified in your primary specialty area of practice?

- o Yes
- o No – ***skip to question 1e***

1d. If yes, are you required to re-certify your Board Certification?

- o Yes – ***skip to 1f***
- o No – ***skip to 1f***

1e. If no, are you Board Eligible in your primary specialty area of practice?

- o Yes
- o No

1f. How many hours per week do you spend in your primary specialty area of practice?

- o 0 hours
- o 1-9 hours
- o 10-19 hours
- o 20-29 hours
- o 30-39 hours
- o >= 40 hours

2. Do you offer scheduled extended weekday hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?

- o Yes
- o No

2b. Do you offer scheduled weekend hours at your practice location(s)?

- o Yes
- o No

5. Do you have hospital admitting privileges in the District of Columbia?

Admitting privileges are defined as the right of a doctor, by virtue of membership as a hospital's medical staff, to admit patients to a particular hospital or medical center for providing specific diagnostic or therapeutic services to such patient in that hospital.

- o Yes
- o No – ***skip to 3c***

3b. If yes, please select all District of Columbia hospitals/facilities at which you have admitting privileges:

- o Children's National Medical Center
- o George Washington University Hospital
- o Medstar Georgetown University Hospital
- o Hospital for Sick Children (HSC) Pediatric Center
- o Howard University Hospital
- o Medstar National Rehabilitation Hospital
- o Providence Hospital
- o Psychiatric Institute of Washington
- o Sibley Memorial Hospital
- o Specialty Hospital of Washington – Capitol Hill
- o Specialty Hospital of Washington – Hadley
- o St. Elizabeths Hospital
- o United Medical Center
- o Medstar Washington Hospital Center
- o Walter Reed Army Medical Center
- o Washington DC Veterans Affairs Medical Center

3c. Do you have hospital affiliations in the District of Columbia?

- o Yes
- o No – ***skip to 5***

3d. If yes, please indicate any other District of Columbia hospital privileges/affiliated

- o Children's National Medical Center
- o George Washington University Hospital
- o Medstar Georgetown University Hospital
- o Hospital for Sick Children (HSC) Pediatric Center
- o Howard University Hospital
- o Medstar National Rehabilitation Hospital
- o Providence Hospital
- o Psychiatric Institute of Washington
- o Sibley Memorial Hospital
- o Specialty Hospital of Washington – Capitol Hill
- o Specialty Hospital of Washington – Hadley
- o St. Elizabeths Hospital
- o United Medical Center
- o Medstar Washington Hospital Center
- o Walter Reed Army Medical Center
- o Washington DC Veterans Affairs Medical Center

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

- o Retire from patient care
- o Reduce patient hours
- o Increase patient hours
- o Move your clinical practice to another geographic location in DC
- o Move your clinical practice out of DC
- o Change to full-time non-clinical professional activities (administrative/academic educational/research medicine/public health)
- o Add an additional practitioner to your practi

5. Do you accept or participate with Medicare?

- o Yes
- o No – ***Skip to 6***

5b. If yes, are you accepting new Medicare patients?

- o Yes
- o No

6. Do you accept or participate with Medicaid?

- o Yes
- o No – ***Skip to 7***

6b. If yes, are you accepting new Medicaid patients?

- o Yes
- o No

7. Do you accept or participate with DC Managed Care (DC Healthcare Alliance)?

- o Yes
- o No – ***Skip to Continuing Education Screening Questions***

7b. If yes, are you accepting new DC Managed Care (DC Healthcare Alliance)?

- o Yes
- o No

CONTINUING EDUCATION SCREENING QUESTIONS

Please Note: Beginning with 2014, three (3) of your CME course hours must be completed in HIV/AIDS Education.

1. I have completed 50 hours of AMA or AOA approved Category 1 CMEs since January 1, 2013:

- o Yes
- o No

2. I have completed 3 hours of Category 1 CMEs in HIV/AIDS since January 1, 2013?

- o Yes
- o No

3. If you answered "no" to question 1 or 2, please select one of the following approved exemptions: *(Drop Down Options)*

- o Hardship
- o Disability
- o Serious Illness
- o Deployed in Armed Services
- o Serving in Congress
- o Enrolled in ACGME/AOA postgraduate training during the past two years (2013-2014)

4. Where do you obtain the majority of your CME credits? (please select one)

- o Online (i.e. webinar, distance learning)
- o CD-ROMs, Audio CDs, or DVDs accompanied with printed materials
- o Professional Conferences
- o Hospital-Based Seminars (i.e. grand rounds, etc.)
- o Educational Institution (i.e. universities, medical schools)

5. Of the CMEs completed for the current renewal cycle, what percentage were in:

- o General medicine _____%
- o Your primary area of specialty _____%
- o Ethics and professionalism _____%
- o Practice Management _____%
- o Other: _____ _____ %

Total: 100%

21. Do you believe that the current requirement for 50 hours of CME per 2 years is a reasonable requirement?

- o Yes
- o No

22. Do you believe that there should be more topic-specific requirements for CME in any of the following areas (*select all that apply)*?

- o Heart Disease
- o Diabetes
- o Infant Mortality
- o Hypertension
- o Preventable Cancer

SECTION 3: SPECIAL TOPICS

SOCIAL MEDIA

1. Which of the following forms of social media do you use in your practice of medicine (professional use only)? Please select all that apply:

- o Blogs
- o Facebook
- o Twitter
- o LinkedIn
- o Google+
- o YouTube
- o Physician Communities
- o Patient Communities
- o Other: _____
- o None of the Above

1b. Do you believe that social media use has communicative value within a physician-patient relationship?

- o Yes
- o No

ADVANCED PRACTICE CLINICIANS (APCs)

2. Do you work with any of the following types of advanced practice clinicians in your practice?

- o Clinical Nurse Specialist
- o Licensed Practical Nurse
- o Nurse Midwife
- o Nurse Practitioner
- o Physician Assistant
- o Other: _____

ELECTRONIC MEDICAL RECORD USE

The electronic health record is defined as an electronic collection of patient health information.

3. Do you use electronic health records (EHR)?

- o Yes
- o No – ***Skip to question 6***

4. Does your EHR allow patient access, (i.e. patient portal)?

- o Yes
- o No

5. Do you use e-prescribing?

- o Yes
- o No

WORK WITH POSTGRADUATE PHYSICIANS

6. Do you supervise resident/fellows in your clinical practice setting?

- o Yes
- o No

COLLABORATIVE PRACTICE

A "Collaborative Practice Agreement" is defined as a "voluntary written agreement between a licensed physician , a licensed pharmacist, and patient that defines the scope of practice between the licensed pharmacist and licensed physician, for the initiation, modification, or discontinuation of a drug therapy regimen."

7. Do you believe collaborative practice agreements would improve patient care or access to care?

- o Yes
- o No

7b. Would you be interested in entering into a voluntary collaborative practice agreement?

- o Yes
- o No

7c. Do you have any concerns about entering into a voluntary collaborative practice agreement?

- o Yes – ***Skip to 7d***
- o No – ***Go to 8***

7d. If no, what would be your concerns about entering into a collaborative practice agreement?

- o Liability
- o Patient Safety
- o Communication
- o Pharmacist scope of practice
- o Coordination between multiple health professionals
- o Complicating the physician-patient relationship
- o Other: _____

PAIN MANAGEMENT

8. Do you have a clinical pathway for opioid prescribing?

- o Yes – ***Go to 8b***
- o No – ***Skip to 9***

8b. If yes, do you use a clinical pathway recommended by a professional medical organization?

- o Yes - ***Go to 9***

- o No - ***Go to 9***

9. Do you prescribe pain medication for chronically ill patients?

- o Yes – ***Go to 9b***
- o No – ***Go to 10***

9b. If yes, do you require them to sign a treatment agreement when prescribing opioids?

- o Yes
- o No

MEDICAL MARIJUANA

10. Do you believe that medical marijuana has therapeutic value in providing patient care?

- o Yes
- o No

11. Would you recommend medical marijuana to your patients?

- o Yes – ***Skip to #13***
- o No

12. If no, which of the following describe your concerns (select all that apply)?

- o Lack of evidence for clinical safety or efficacy
- o Lack of experience/training regarding appropriate treatment using marijuana
- o Fear of medical board scrutiny
- o Fear of federal scrutiny
- o Lack of FDA oversight
- o Inconsistency of dosage
- o Increase in allegations of malpractice and negligence
- o Other: _____

AGING PHYSICIANS

As our society's population ages, so do physicians. According to the *Journal of Medical Regulation*, this has led to increasing numbers of older physicians in practice and new discussions in the health care community about physician competence and the maintenance of skills in older age.

13. Do you believe that older physicians should be subject of some form of age-based competency screening?

- o Yes
- o No

14. Do you believe that such retesting only be required for specific disciplines or practices?

- o Yes, it should be required for surgical specialties only
- o Yes, it should be required for non-surgical specialties only
- o Yes, it should be required for both surgical and non-surgical specialties
- o No

APPENDIX B:

PHYSICIAN ASSISTANT SURVEY INSTRUMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

SECTION 1: GENERAL INFORMATION

3. Legal Name

_____ ____ _____

First Name MI Last Name

4. What is the purpose of this application?*(Drop down options)*

- o Active License Renewal
- o Paid Inactive Status Request

3. What is your gender?

- o Male
- o Female

6. Race/Ethnicity Designation *(Drop Down Options)*

- o American Indian/Alaskan Native
- o Black or African American
- o Hispanic or Latino
- o Native Hawaiian or Other Pacific Islander
- o Asian/South Asian
- o Caucasian/White

  Other: _____

5. Do you fluently speak a language other than English in your clinical practice setting?

- o Yes
- o No – ***Should automatically move to Question #6***

5b. If yes, please select languages spoken: ***(Drop down options)***

- English
- Amharic
- Arabic
- Bengali
- Cantonese
- Croatian
- Czech
- Dutch
- Farsi
- French
- German
- Greek
- Gujarati
- Hebrew
- Hindi
- Hungarian
- Indonesian
- Italian
- Japanese
- Korean
- Kurdish
- Mandarin
- Marathi
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Spanish
- Swedish
- Tagalog
- Telugu
- Thai
- Turkish
- Urdu
- Vietnamese
- Yoruba
- Other: _____

6. How long have you been practicing medicine as a physician assistant?

- Under 5 years
- 5–10 Years
- 10–15 Years
- 15–20 Years
- 20–25 Years
- 25–30 Years
- 30-35 Years

- o 35-40 Years
- o Over 40 Years

7. How many weeks did you work in medical related positions in the past 12 months? _______*__Drop down menu – 1 thru 52 should be listed______*__

8. For all medical related positions held, are you engaged in any of the following major activities (check all that apply):

- o Clinical or Patient Care
- o Research Medicine
- o Teaching/Education
- o Administration
- o Volunteering (medical related only)
- o Preventive Medicine and Public Health
- o None of the above – *Skip to question 9*

8b. Please indicate the average number of hours spent per week on these activities – *the options below should only appear based on the answers indicated in question #8*

Clinical or Patient Care	Research Medicine	Teaching/ Education	Administration	Preventive Medicine & Public Health Policy	Volunteering (Medical Related Only)
o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours	o 0 hours o 1-9 hours o 10-19 hours o 20-29 hours o 30-39 hours o >=40 hours

8c. If you engage in Administrative Medicine, please specify the type (check all that apply):

- o Private Practice Administration
- o Hospital Administration
- o Federal Government Administration
- o District of Columbia Government Administration
- o Insurance Company Administration
- o Other: _____________________________

9. What is your complete Home Address? *(P.O. Boxes will not be accepted)*

Address _____

Apartment/Suite Number _____

City _____State _____ Zip Code _____

9b. What is the complete address of your primary practice/business location?

(P.O. Boxes will not be accepted)

This is the setting in which you spend the majority of your professional time

_____

Number Street

_____

Suite Number

_____

City/Town State Zip Code: □□□□□

Direct clinical/patient care hours per week at site:

- o **0 hours**
- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

9c. Please indicate where you would like to receive formal correspondence and notices from the Board of Medicine:

☐Home Address ☐Primary Practice/Business Address

Please note that all formal correspondence will be sent through certified mail, which requires a signature to confirm receipt.

9d. Do you have a secondary practice setting?

- o **Yes**
- o **No – Skip to 9f**

<u>Secondary Location Address</u>

_____

Number Street

_____

Suite Number

_____

City/Town State Zip Code: □□□□□

Direct clinical/patient care hours per week at site:

- o **0 hours**

- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

9e. Do you have a tertiary practice setting?

- o **Yes**
- o **No – Skip to 9f**

Third Location Address

_____

Number Street

_____

Suite Number

_____

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site:

- o **0 hours**
- o **Under 20 hours**
- o **Greater than or equal to 20 hours**

9f. Which of the following categories best describes your practice or work setting(s) where you work the most hours each week? – Note to SA: Secondary and Tertiary should only appear if the respondent has indicated they have a secondary and tertiary practice location.

Practice Setting	Primary	Secondary	Tertiary
Office/Clinic – Solo Practice	o	o	o
Office/Clinic – Partnership	o	o	o
Office/Clinic – Single Specialty Group	o	o	o
Office/Clinic – Multi specialty Group	o	o	o
Hospital – Inpatient	o	o	o
Hospital – Outpatient	o	o	o
Hospital – Emergency Department	o	o	o
Hospital – Ambulatory Care Center	o	o	o
Federal Government Hospital	o	o	o
Research Laboratory	o	o	o
Medical School	o	o	o
Nursing Home or Extended Care Facility	o	o	o
Home Health Setting	o	o	o
Hospice Care	o	o	o
Federal/State/Community Health Center(s)	o	o	o
Local Health Department	o	o	o
Telemedicine	o	o	o
Volunteer in a Free Clinic	o	o	o
Other	o	o	o

10. Please provide your email address:

_____

SECTION 2: PRACTICE INFORMATION

2. What is your primary specialty of practice?(Drop Down Options)

- ☐ AC - Academic Medicine
- ☐ ADM - Administrative Medicine
- ☐ AI - Allergy/Immunology
- ☐ AN - Anesthesiology
- ☐ DE - Dermatology
- ☐ EM - Emergency medicine
- ☐ FM - Family Medicine
- ☐ GE – Geriatrics
- ☐ IM - Internal Medicine (General)
  - o IN/CA Cardiology
  - o IN/CC Critical Care
  - o IN/EN Endocrinology
  - o IN/GI Gastroenterology
  - o IN/HEM Hematology
  - o IN/ID Infectious Disease
  - o IN/NEP Nephrology
  - o IN/NEU Neurology
  - o IN/ONC Oncology
  - o IN/PC Palliative Care
  - o IN/PCC Pulmonary Critical Care
  - o IN/PUD Pulmonary Disease
  - o IN/RH Rheumatology
- ☐ MG - Medicine Genetics
- ☐ NU – Nuclear Medicine
- ☐ OC – Occupational Health
- ☐ OB - Obstetrics & Gynecology
- ☐ OP - Ophthalmology
- ☐ OMT – Osteopathic Manipulative Treatment
- ☐ ENT – Otolaryngology
- ☐ PA - Pathology
- ☐ PED - Pediatrics (General)
  - o PED/AD Adolescent Medicine
  - o PED/CA Cardiology
  - o PED/CC Critical Care
  - o PED/EN Endocrinology
  - o PED/GI Gastroenterology
  - o PED/HEM Hematology
  - o PED/ID Infectious Disease
  - o PED/NEO Neonatology
  - o PED/NEP Nephrology
  - o PED/NEU Neurology
  - o PED/ONC Oncology
  - o PED/PC Palliative Care
  - o PED/PCC Pulmonary Critical Care
  - o PED/PUD Pulmonary Disease
  - o PED/RH Rheumatology
- ☐ PMR – Physical Medicine & Rehabilitation
- ☐ PR – Preventive Medicine/Public Health
- ☐ PSY – Psychiatry
- ☐ SU/GE - Surgery (General)
  - o SU/BT Burn/Trauma
  - o SU/CS Cardiac Surgery
  - o SU/CO Colon/Rectal Surgery
  - o SU/NE Neurological Surgery
  - o SU/OR Orthopedic Surgery
  - o SU/PL Plastic Surgery
  - o SU/TH Thoracic Surgery
  - o SU/TP Transplant Surgery
  - o SU/UR Urology
  - o SU/VA Vascular
- ☐ Other: _____

1b. Are you providing patient care in your primary specialty area of practice?

- o Yes
- o No

1c. How many hours per week do you spend in your primary specialty area of practice?

- o 0 hours
- o 1-9 hours
- o 10-19 hours
- o 20-29 hours
- o 30-39 hours
- o >= 40 hours

3. Do you offer scheduled extended weekday hours (outside of 8am-5pm) Monday through Friday, at your practice location(s)?

- o Yes
- o No

2b. Do you offer scheduled weekend hours at your practice location(s)?

- o Yes
- o No

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

- o Retire from patient care
- o Reduce patient hours
- o Increase patient hours
- o Move your clinical practice to another geographic location in DC
- o Move your clinical practice out of DC
- o Change to full-time non-clinical professional activities (administrative/academic educational/research medicine/public health)
- o Add an additional practitioner to your practice

5. Do you accept or participate with Medicare?

- o Yes
- o No – ***Skip to 5***

4b. If yes, are you accepting new Medicare patients?

- o Yes
- o No

6. Do you accept or participate with Medicaid?

- o Yes
- o No – ***Skip to 6***

5b. If yes, are you accepting new Medicaid patients?

- o Yes
- o No

6. Do you accept or participate with DC Managed Care (DC Healthcare Alliance)?

- o Yes
- o No – ***Skip to Continuing Education Screening Questions***

6b. If yes, are you accepting new DC Managed Care (DC Healthcare Alliance)?

- o Yes
- o No

CONTINUING EDUCATION SCREENING QUESTIONS

Please Note: Beginning with 2014, three (3) of your CME course hours must be completed in HIV/AIDS Education.

4. I have completed the required CE's or maintained valid certification of my profession (NCCPA) since January 1, 2013:

- o Yes
- o No

5. I have completed 3 hours of Category 1 CEs in HIV/AIDS since January 1, 2013?

- o Yes
- o No

6. If you answered "no" to question 1 or 2, please select one of the following approved exemptions: *(Drop Down Options)*

- o Hardship
- o Disability
- o Serious Illness
- o Deployed in Armed Services
- o Serving in Congress
- o I am exempt because this is my first renewal after initial licensure

4. Where do you obtain the majority of your CE credits? (please select one)

- o Online (i.e. webinar, distance learning)
- o CD-ROMs, Audio CDs, or DVDs accompanied with printed materials
- o Professional Conferences
- o Hospital-Based Seminars (i.e. grand rounds, etc.)
- o Educational Institution (i.e. universities, medical schools)

5. Of the CEs completed for the current renewal cycle, what percentage were in:

- o General medicine _____%
- o Your primary area of specialty _____%
- o Ethics and professionalism _____%
- o Practice Management _____%
- o Other: _____ _____ %

Total: 100%

6. Do you believe that the current requirement for 40 Category I CMEs per 2 years is a reasonable requirement?

- o Yes
- o No

7. Do you believe that there should be more topic-specific requirements for CME in any of the following areas (*select all that apply)*?

- o Heart Disease
- o Diabetes
- o Infant Mortality
- o Hypertension
- o Preventable Cancer

SECTION 3: SPECIAL TOPICS

SOCIAL MEDIA

15. Which of the following forms of social media do you use in your practice of medicine (professional use only)? Please select all that apply:

- o Blogs
- o Facebook
- o Twitter
- o LinkedIn
- o Google+
- o YouTube
- o Physician Communities
- o Patient Communities
- o Other: _____
- o None of the Above

1b. Do you believe that social media use has communicative value within a provider-patient relationship?

- o Yes
- o No

ELECTRONIC MEDICAL RECORD USE

The electronic health record is defined as an electronic collection of patient health information.

16. Do you use electronic health records (EHR)?

- o Yes
- o No – ***Skip to question 4***

17. Does your EHR allow patient access, (i.e. patient portal)?

- o Yes
- o No

18. Do you use e-prescribing?

- o Yes
- o No

PAIN MANAGEMENT

19. Do you have a clinical pathway for opioid prescribing?

- o Yes – ***Go to 5b***
- o No – ***Skip to 6***

5b. If yes, do you use a clinical pathway recommended by a professional medical organization?

- o Yes - ***Go to 6***
- o No - ***Go to 6***

20. Do you prescribe pain medication for chronically ill patients?

- o Yes – ***Go to 6b***
- o No – ***Go to 7***

6b. If yes, do you require them to sign a treatment agreement when prescribing opioids?

- o Yes
- o No

AGING PHYSICIANS

As our society's population ages, so do physicians. According to the *Journal of Medical Regulation*, this has led to increasing numbers of older physicians in practice and new discussions in the health care community about physician competence and the maintenance of skills in older age.

21. Do you believe that older physicians should be subject of some form of age-based competency screening?

- o Yes
- o No

22. Do you believe that such retesting only be required for specific disciplines or practices?

- o Yes, it should be required for surgical specialties only
- o Yes, it should be required for non-surgical specialties only
- o Yes, it should be required for both surgical and non-surgical specialties
- o No

APPENDIX C:

LIST OF FIGURES, TABLES & MAPS

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APPENDIX D:

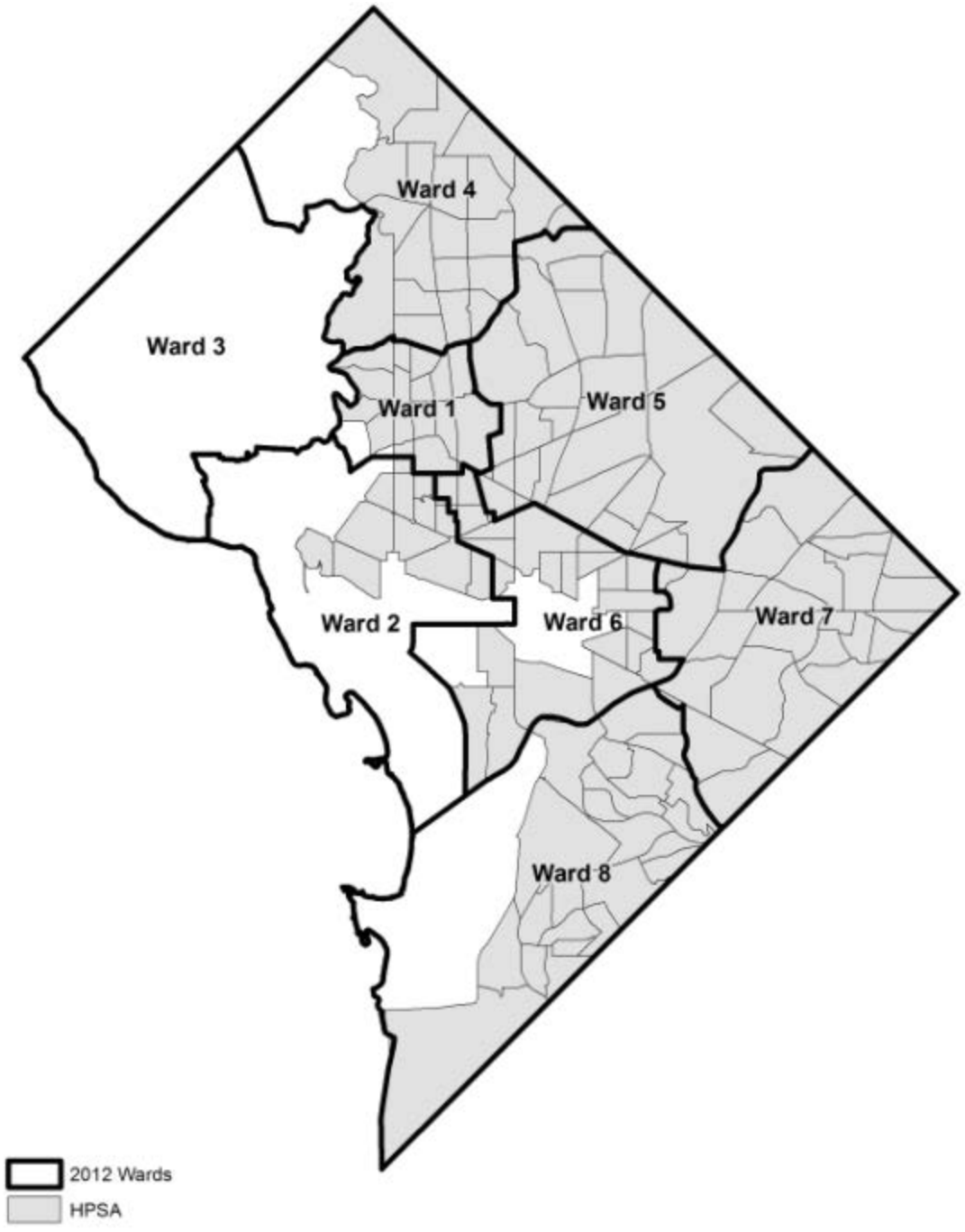
D.C. PRIMARY CARE

HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)

DC's PRIMARY CARE
HEALTH PROFESSIONAL SHORTAGE AREAs (HPSA)

Name	East Capitol Southeast	Anacostia	Homeless - Downtown Washington	South Capitol	Low Income - Brentwood	Low Income Columbia Heights/Ft Totten/Takoma	
Type	Geographical Area	Geographical Area	Population	Geographical Area	Population	Population	
Score	18	19	19	17	21	18	
ID#	1119991101	1119991106	1119991108	1119991110	1119991113	1119991123	
C.T.	0076.03	0073.04	0046.00	0064.00	0068.01	0016.00	0038.00
	0076.04	0074.01	0047.01	0071.00	0068.02	0017.02	0039.00
	0077.03	0074.03	0047.02	0072.00	0068.04	0018.03	0043.00
	0077.07	0074.04	0048.01	0105.00	0069.00	0018.04	0044.00
	0077.08	0074.06	0048.02	0110.00	0079.01	0019.01	0087.01
	0077.09	0074.07	0049.01		0079.03	0019.02	0087.02
	0078.03	0074.08	0049.02		0080.01	0020.01	0092.01
	0078.04	0074.09	0050.01		0080.02	0020.02	0092.03
	0078.06	0075.02	0050.02		0083.01	0021.01	0092.04
	0078.07	0075.03	0052.01		0083.02	0021.02	0093.01
	0078.08	0075.04	0053.01		0084.02	0022.01	0093.02
	0078.09	0076.01	0056.00		0084.10	0022.02	0094.00
	0096.01	0076.05	0058.00		0088.02	0023.01	0095.01
	0096.02	0097.00	0059.00		0088.03	0023.02	0095.03
	0096.03	0098.01	0101.00		0088.04	0024.00	0095.04
	0096.04	0098.02	0107.00		0089.03	0025.01	0095.05
	0099.01	0098.03	0108.00		0089.04	0025.02	0095.07
	0099.02	0098.04			0090.00	0026.00	0095.08
	0099.03	0098.07			0091.02	0027.01	0095.09
	0099.04	0098.10			0092.04	0027.02	0103.00
	0099.05	0098.11			0106.00	0028.01	
	0099.06	0104.00			0111.00	0028.02	
	0099.07	0109.00				0029.00	
						0030.00	
						0031.00	
						0032.00	
						0033.01	
						0033.02	
						0034.00	
						0035.00	
						0036.00	
						0037.00	

C.T. = Census Tract


Ward 4
Ward 3
Ward 1
Ward 5
Ward 2
Ward 6
Ward 7
Ward 8
2012 Wards
HPSA