2019 Physician Workforce Annual Report

November 2019

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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Executive Summary

The 2019 Physician Workforce Annual Report presents a summary and analysis of the 2018 and 2019 Physician Workforce Surveys.[1] Physicians are required to complete the survey every two years when they renew their license to practice; two years of survey responses represent the majority of physicians in the state of Florida.[2] This report helps policymakers make informed decisions and policies about Florida's current and future physician workforce and access to care.

During the 2018–2019 survey cycle, there were 87,276 physicians licensed in the state of Florida. Of those licensed physicians, 80,785 (92.6%) possess a license that allows them to practice in Florida. Of these physicians, 72,462 renewed their medical license during 2018 and 2019 and responded to the workforce survey. Of the physicians renewing their medical license, 52,936 (73.1%) physicians indicated they are actively practicing and/or providing direct patient care in Florida; unless specified, survey results presented in this report are based on these physicians. See page 3 for key definitions related to practicing physicians.

Key findings based on the 2018-2019 survey cycle include:

- The percentage of minority physicians has been steadily increasing since 2009 (page 8).
- Nearly two-thirds (61.7% or 32,635) of physicians are age 50 and older (page 9).
- Both the number and percentage of female physicians is increasing. For physicians under age 40, the percentage of female physicians is almost half (48.2%) (page 10).
- The top three specialty groups for physicians in Florida are internal medicine (27.9% or 14,153), family medicine (14.4% or 7,314), and pediatrics (8.0% or 4,081) (page 11).
- Primary care physicians account for 34.9% of the physician workforce (page 12).
- More than half (58.5% or 31,298) of the physicians practice in an office setting, and 22.3% (11,902) practice in a hospital (page 14).
- Over 80% of physicians report they accept Medicare patients (page 18).
- Almost 69% of physicians report they accept Medicaid (page 21).
- A total of 12.5% (6,633) of physicians plan to retire in the next five years (page 24).
- Over one-third (34.3%) of Florida's 67 counties have a per capita rate of less than 10 physicians per 10,000 population (Appendix A).

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[1] The 2018–2019 biennial survey cycle is from June 1, 2017 through May 31, 2019.
[2] Newly licensed physicians do not complete a survey.

During the last ten-year period, the total number of physicians licensed in Florida increased 39.9%, the number of physicians actively practicing in Florida increased 29.5%, and the total population of Florida increased 13.1%, as shown in the following chart.[3]

Actively Practicing Physicians in Florida from 2009-2010 to 2018-2019
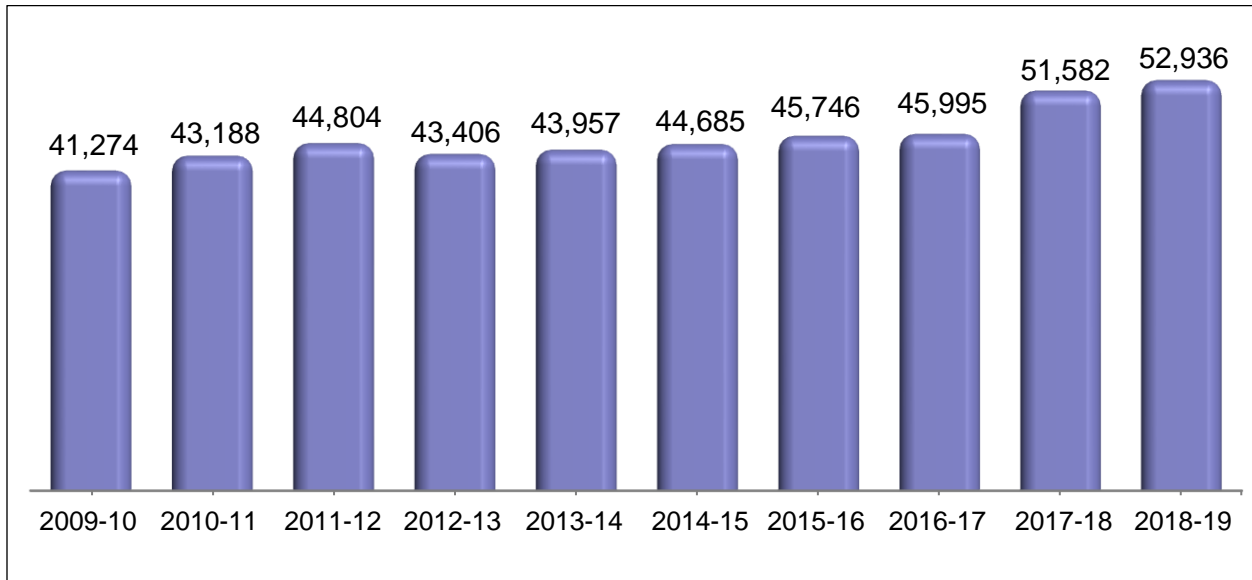
In October 2018, the Department of Health (Department) revised the Physician Workforce Survey.[4] The Physician Workforce Advisory Council (Council) initiated this effort. The Council sought to capture additional relevant information to assess Florida's physician workforce and advise policymakers. The Council recommended revisions to the survey to include information that will enhance the Council's ability to assess future workforce needs and identify gaps and trends. The Council approved revisions and recommended that the Department initiate the rule revision process to update the survey. This process was completed on October 18, 2018. This report includes physicians who renewed their licenses from June 1, 2017, through October 17, 2018, and responded to the prior survey (54.8%). It also includes physicians who renewed their licenses after October 17, 2018, and used the revised survey (45.2%). There were 41 osteopathic physicians who completed the revised survey. The rest were allopathic. The remainder of osteopathic physicians will complete the revised survey prior to the 2020 Annual Report. This report will note, when appropriate, which questions reflect the prior or revised surveys.

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[3] In contrast, two counties—Dixie and Lafayette—have experienced at least a 30% decrease in the number of practicing physicians since the 2017–2018 cohort. See Appendix B for information on changes in the number and percentages of practicing physicians by county.
[4] See Appendix C for revised survey.

2019 Florida Physician Workforce Annual Report

Introduction

The 2019 Physician Workforce Annual Report is based on responses to the Florida Physician Workforce Survey. The survey is part of the licensure renewal process for physicians and is administered by the Florida Department of Health's Division of Medical Quality Assurance. Physicians must renew their license every other year. Newly licensed physicians are not included in the analysis because the survey is only administered upon licensure renewal.[5]

A total of 80,785 physicians possess a license that allows them to practice in Florida. Of these physicians, 72,462 renewed their medical license during 2018 and 2019 and responded to the workforce survey. Of those surveyed, 52,936 are actively practicing and/or providing direct patient care.

From the 2009–2010 survey cohort to the 2018–2019 survey cohort, the number of actively practicing physicians increased 28.3%, from 41,274 to 52,936. During this same time, the population of Florida increased 13.1%, from 18.8 million to 21.3 million.[6]

Unless noted, this report presents survey results and analyzes actively practicing physicians and/or those providing direct patient care. These physicians are those who answered that they spent at least one month practicing in Florida or spent over 1% of their time in direct patient care in Florida in the last 12 months as shown in bar charts on page 2.

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[5] The Department revised the licensure renewal survey in October 2018. Physicians who renewed their licenses from June 1, 2017 through October 17, 2018 responded to the prior survey. Physicians who renewed their licenses on or after October 18, 2018 took the revised survey. This report will note, when appropriate, which survey the question was on: prior or revised.

[6] The 2019 Florida provisional population number is published on the Florida Health CHARTS webpage (www.flhealthcharts.com/FLQUERY/Population/PopulationRpt.aspx).

2009-2010 to 2018-19 Survey Cohort Comparison*

PRIOR SURVEY

How Many Months Did You Practice in Florida in the Last 12 Months?

Category	Percentage
1 to 2 months	1.6%
3 to 4 months	1.1%
5 to 6 months	1.2%
7 to 8 months	1.3%
9 to 10 months	1.8%
11 to 12 months	69.4%
Did not practice in Florida	23.3%
Did not answer question	0.3%

REVISED SURVEY

In the Last 12 Months, How Much Time Was Spent in Direct Patient Care?

Category	Percentage
1% to 25%	6.4%
26% to 50%	3.0%
51% to 75%	5.1%
76% to 100%	59.8%
Did not provide direct patient care in Florida in the last 12 months	25.0%
Did not answer question	0.7%

*The question used to determine whether a physician is actively practicing in the revised survey differs from the prior survey. The prior survey question includes physicians whose primary role is administrative, academic, or other non-direct patient care activities. The revised question also includes physicians who live outside of Florida but provide telemedicine to Florida residents as direct patient care.

Key Definitions

These definitions explain terms used in the report.

Physicians Actively Practicing/Providing Direct Patient Care in Florida: Physicians holding a Florida medical license who took the survey and indicated they practiced medicine in Florida during the twelve months prior to taking the survey (prior survey), physicians who reported they provided direct patient care in the last twelve months (new survey), have a valid practice address in a Florida county (prior survey), possess a valid license in active status, and are not classified as a current medical resident, intern, or fellow.

Physicians Not Actively Practicing/Not Providing Direct Patient Care in Florida: Physicians holding a Florida medical license who took the survey and indicated they did not practice medicine in Florida during the twelve months prior to taking the survey (prior survey), physicians who reported they did not provide direct patient care in the last twelve months (new survey), physicians with inactive licenses, physicians who did not answer enough questions in order to determine if they were practicing, and physicians whose license status as of May 31, 2019, does not authorize them to practice (administrative suspension, delinquent, emergency suspension, military active, retired, suspended, temporary military active, and voluntary withdrawal).

Physician Workforce Survey: The survey completed by all medical doctors (allopathic and osteopathic) biennially during the Florida medical license renewal process.

Primary Care Physicians: Physicians indicating they practice general internal medicine (0500-0501), family medicine (0400-0406), or general pediatrics (1400-1401) as a primary practice specialty, as defined by the American Academy of Family Physicians.

Primary Specialty: The primary practice specialty reported by the physician.

Physician Workforce Advisory Council

The Physician Workforce Advisory Council (the Council) is established in section 381.4018, Florida Statutes, and is charged with advising the State Surgeon General and the Department about the current and future physician workforce needs in the state. As shown in the table below, the Council comprises medical and academic stakeholders, and serves as a coordinating and strategic planning body to assess the state's physician workforce needs.

Physician Workforce Advisory Council Membership

Council Member	Name
State Surgeon General & Secretary – Council Chair	Scott A. Rivkees, MD
An individual recommended by the Florida Alliance for Health Professions Diversity – Council Vice Chair.	Alma Littles, MD
A designee from the Department who is a physician licensed under chapter 458 or chapter 459 and recommended by the State Surgeon General.	John Lanza, MD
An individual who is affiliated with the Science Students Together Reaching Instructional Diversity and Excellence program and recommended by the area health education center network.	Thesla Berne-Anderson, MS
An individual recommended by the Council of Florida Medical School Deans representing a college of allopathic medicine.	James O'Leary, MD, FACS
An individual recommended by the Council of Florida Medical School Deans representing a college of osteopathic medicine.	James T. Howell, MD, MPH
One individual recommended by the Florida Hospital Association, representing a hospital that is licensed under chapter 395, has an accredited graduate medical education program, and is not a statutory teaching hospital.	Saima Chaudhry, MD
One individual representing a statutory teaching hospital as defined in s. 408.07 and recommended by the Safety Net Hospital Alliance.	Edward Jimenez, MBA
An individual recommended by the Florida Medical Association representing a primary care specialty.	Sergio Seoane, MD
An individual recommended by the Florida Medical Association representing a nonprimary care specialty.	Ralph Nobo, MD
An individual recommended by the Florida Osteopathic Medical Association representing a primary care specialty.	Linda Delo, DO
An individual recommended by the Florida Osteopathic Medical Association representing a nonprimary care specialty.	Brett Scotch, DO
An individual who is a program director of an accredited graduate medical education program representing a program accredited by the Accreditation Council for Graduate Medical Education.	Joan St. Onge, MD
An individual who is a program director of an accredited graduate medical education program representing a program that is accredited by the American Osteopathic Association.	Mark Gabay, DO
An individual recommended by the Florida Association of Community Health Centers representing a federally qualified health center located in a rural area as defined in s. 381.0406(2)(a).	Debra Andree, MD
An individual recommended by the Florida Academy of Family Physicians.	Dennis Saver, MD
The Chancellor of the State University System or his or her designee.	Emily Sikes
A layperson member as determined by the State Surgeon General.	Michael Curtis, MBA

The Council continues to monitor the status of Graduate Medical Education (GME) programs in Florida. GME and residency programs are an important component of Florida's physician workforce. In 2013, the Florida Legislature created the Statewide Medicaid Residency Program and appropriated $80 million in recurring state and matching federal funds to the program. In 2015, the Legislature also created the GME Startup Bonus Program to provide resources for educating and training physicians in specialties that are in a statewide supply-and-demand deficit and appropriated $100 million to the program. The 2018 Legislature appropriated a total of $247.2 million to these programs.

In collaboration with the Council of Florida Medical School Deans, the Council reviewed recent developments regarding GME. During 2019 the Council learned there has been some expansion of existing programs and there are approximately 10 new hospitals since 2015 that now have GME positions. According to data provided by the Council of Florida Medical School Deans, Florida has gained 879 GME positions since 2016-2017 and currently has a total of 6,713 GME positions.

Physician Workforce Demographics

Gender

As shown in Figure 1, based on the 2018–2019 survey cohort, 30% of Florida's actively practicing physicians are female. This is a 65% increase from 2009–2010.

Figure 1: 2018-2019 Physician Gender

n = 52,807

Female 15,865

30%

70%

Male 36,942
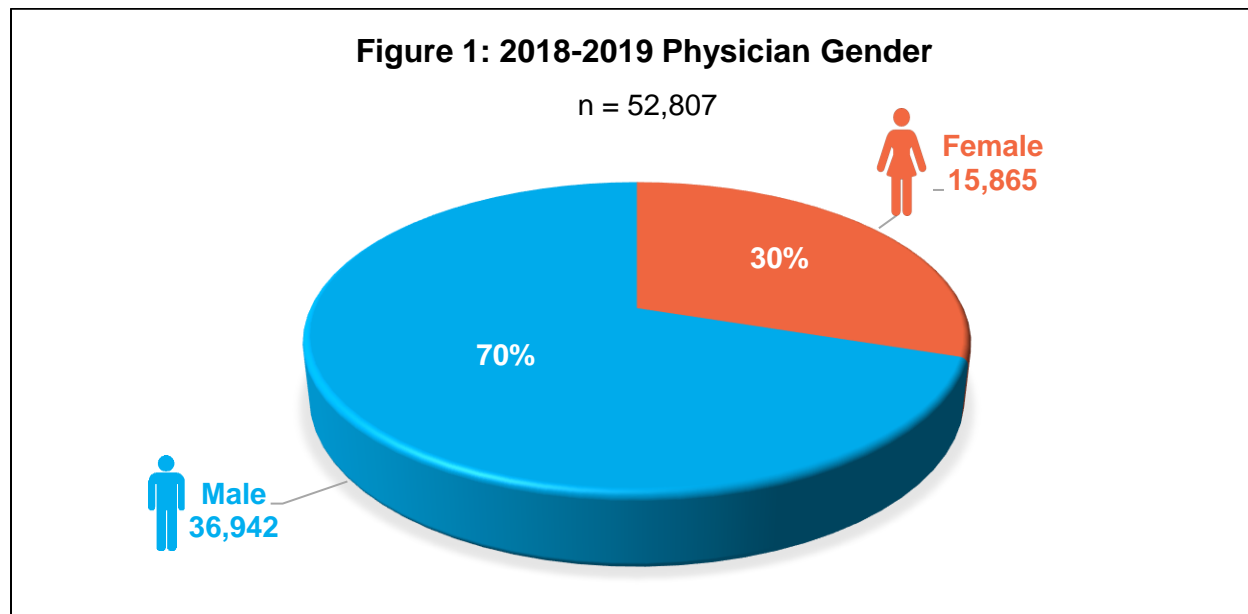
The gender ratio of actively practicing physicians in Florida is approaching the state population average. In April 2010, the U.S. Census Bureau reported Florida's population was 51.1% female, which is the same percentage for its 2018 estimated population.[7] The male-to-female ratio of physicians in the 2009–2010 survey cohort was 3.2:1. The ratio for the 2018–2019 cohort changed to 2.3:1. The *Association of American Medical Colleges' 2017 State Physician Workforce Data Report* states 29.4% of Florida's active physicians are female, which ranks Florida 39th in the country. The nationwide average percentage of female physicians is 33.8%.[8, 9, 10]

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[7] The 2018 Florida gender percentages are published on the United States Census Bureau's QuickFacts webpage (www.census.gov/quickfacts/fact/table/fl/PST045217).

[8] This figure was found on pages 20 and 21 of the 2017 State Physician Workforce Data Book (www.aamc.org/data/workforce/reports/484392/2017-state-physician-workforce-data-report.html).

[9] The percentage is slightly higher than the numbers in this report because it includes all physicians, not just those renewing their licenses.

[10] The Association of American Medical Colleges' State Physician Workforce Data Report is published biennially, with the 2019 report expected in November or December of 2019.

As shown in Figure 2, the percentage of female physicians has steadily increased from 23.6% in 2009–2010 to 30.0% in 2018–2019.

Figure 2: Ten-Year Trend of Physicians by Gender 2009-2010 to 2018-2019

Year	Male	Female
2009-10	76.4%	23.6%
2010-11	75.4%	24.6%
2011-12	74.6%	25.4%
2012-13	74.2%	25.8%
2013-14	73.3%	26.7%
2014-15	72.8%	27.2%
2015-16	71.8%	28.2%
2016-17	71.1%	28.9%
2017-18	70.4%	29.6%
2018-19	70.0%	30.0%
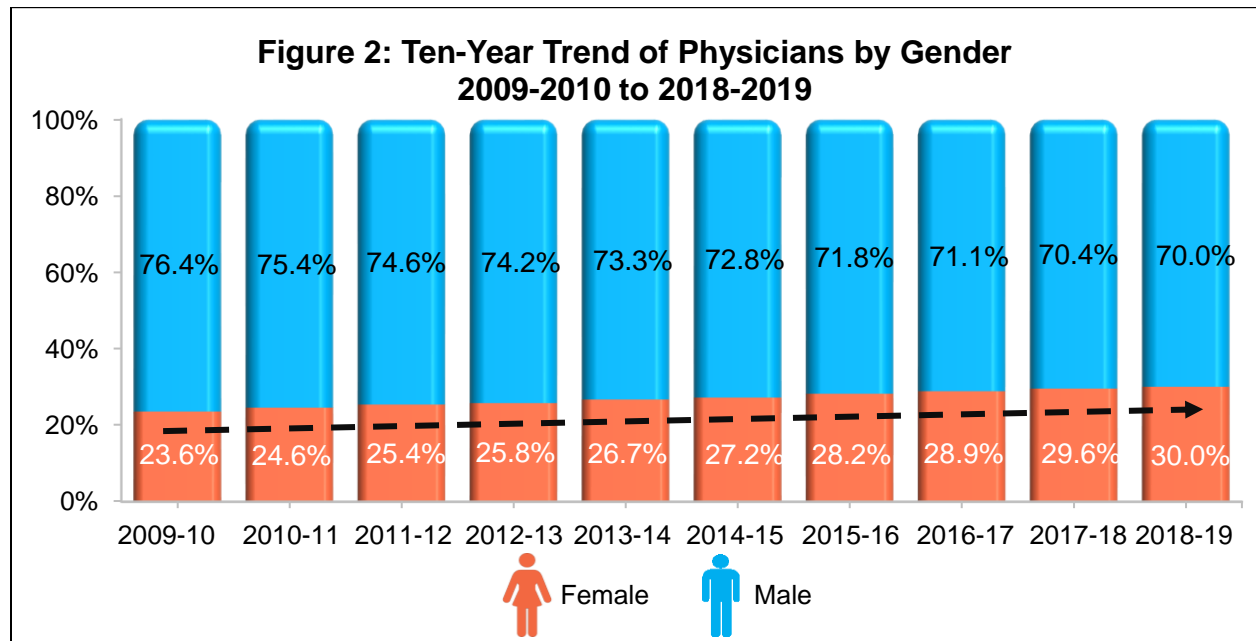
Ethnicity

As shown in Figure 3, just over half of Florida's physician workforce is White, 17.4% is Hispanic, 13% is Asian, and 5.5% is African American.

Figure 3: Physicians by Ethnicity
n = 52,936

Ethnicity	Count	Percent
White	29,965	56.6%
Hispanic	9,230	17.4%
Asian	6,901	13.0%
African American	2,905	5.5%
Other	2,730	5.2%
Not Provided	1,147	2.2%
Native American	58	0.1%
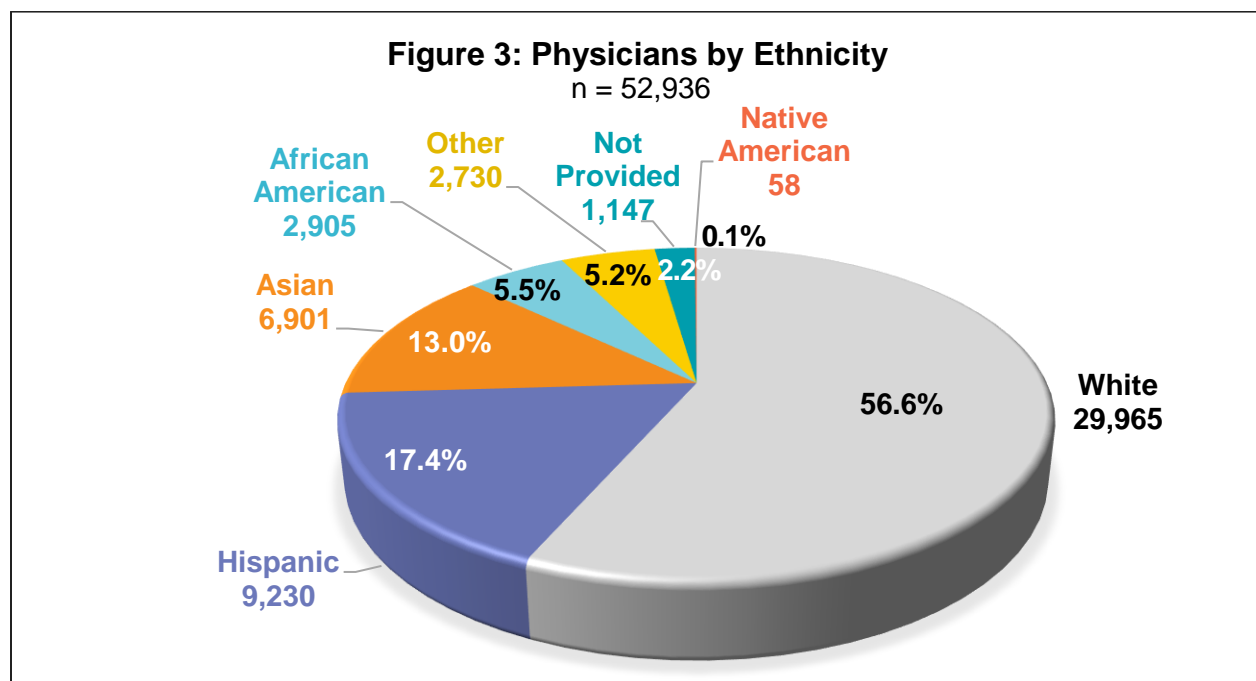
The percentage of minority physicians in Florida has been increasing since 2009–2010 (see Figure 4). In the 2009–2010 cohort, minority physicians comprised 37.1% of all physicians. In the 2018–2019 cohort, minority physicians increased to 43.4%.

Figure 4: Ten-Year Trend of Physicians by Ethnicity as a Percentage of Practicing 2009-2010 to 2018-2019

Year	White	Hispanic	Asian	African American	All Others[1]
2009-2010	62.9%	14.6%	10.9%	4.4%	7.2%
2010-2011	61.9%	15.0%	11.4%	4.6%	7.1%
2011-2012	61.3%	15.3%	11.9%	4.7%	6.8%
2012-2013	60.8%	15.8%	11.9%	4.9%	6.6%
2013-2014	60.3%	16.0%	11.7%	5.0%	7.0%
2014-2015	59.9%	16.3%	12.2%	5.0%	6.6%
2015-2016	59.1%	16.6%	12.5%	5.1%	6.7%
2016-2017	58.4%	16.9%	12.6%	5.3%	6.8%
2017-2018	57.5%	17.2%	12.9%	5.4%	7.0%
2018-2019	56.6%	17.4%	13.0%	5.5%	7.5%

[1] The category "All Others" includes those who selected Native American, Other or did not provide an ethnicity.

Since the 2009–2010 cohort:

- the number of African American physicians has increased 60.3% (from 1,812 to 2,905);

- the number of Hispanic physicians has increased 53.4% (from 6,015 to 9,230);

- the number of Asian physicians has increased 54.1% (from 4,479 to 6,901);

- the number of Native American physicians has increased 45% (from 40 to 58)

- the number of White physicians has increased 15.4% (from 25,955 to 29,965).

Age

The average age of practicing physicians is 54. The two youngest physicians renewing a license were 28 years old. The oldest was 91.[11] The percentage of physicians working past typical retirement age (65 or older) is 19.2%. In addition, 35.0% (18,548) of practicing physicians are age 60 and older, and 26.6% (14,087) are between age 50 and 59. Figure 5 shows gender distribution by age group.

Figure 5: 2018-2019 Physicians by Gender and Age Group
n = 52,932

Age Group	Male	Female
Under 40	3,530	3,290
40-49	8,142	5,240
50-59	9,899	4,175
60-69	10,014	2,503
70-79	4,345	579
Over 80	1,012	78

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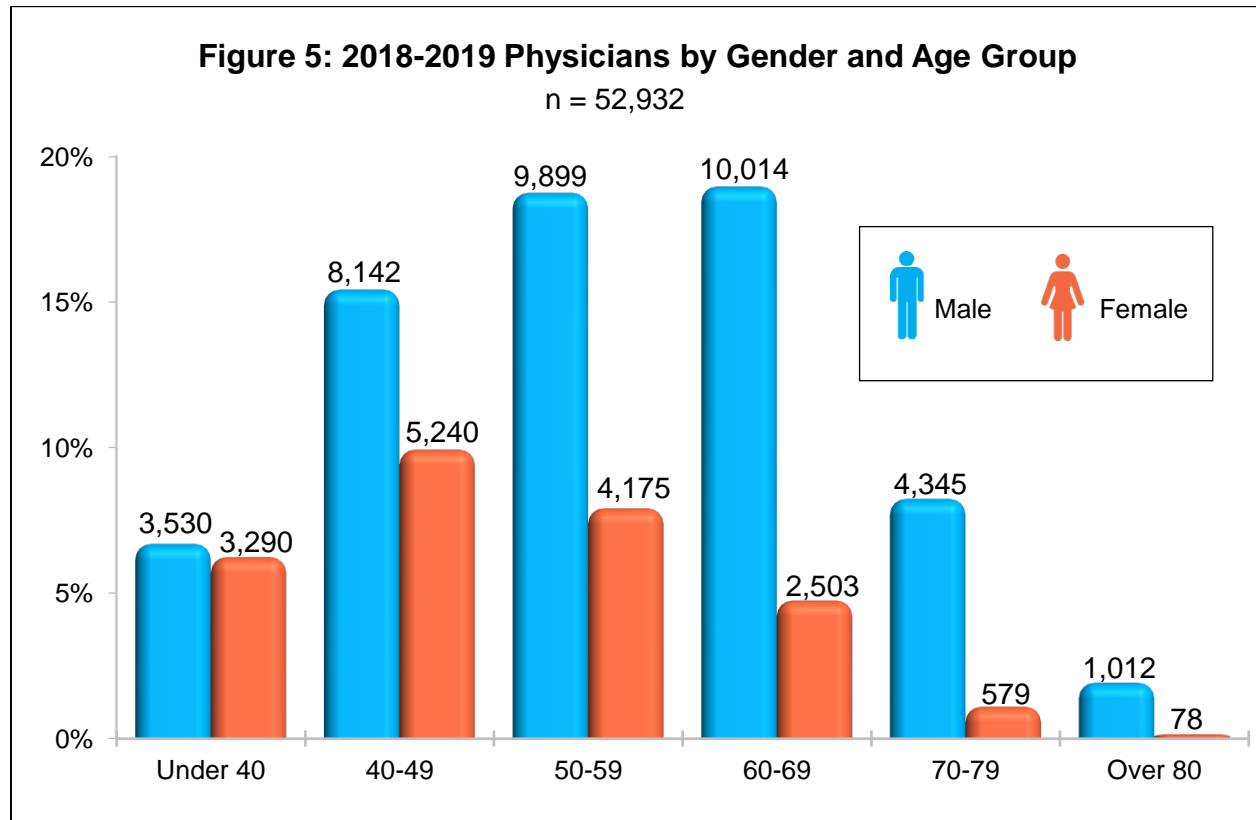
[11] There were 60 physicians age 90 and older who renewed their license.

For age groups by gender, Figure 6 shows 75.9% of male physicians are between the ages of 40 and 69, while 80.1% of females are under age 60.

Figure 6: 2018-2019 Physicians by Gender in Each Age Group

Male (n = 36,942): Under 40: 3,530; 40-49: 8,142; 50-59: 9,899; 60-69: 10,014; 70-79: 4,345; Over 80: 1,012

Female (n = 15,865): Under 40: 3,290; 40-49: 5,240; 50-59: 4,175; 60-69: 2,503; 70-79: 579; Over 80: 78

Legend: Under 40, 40-49, 50-59, 60-69, 70-79, Over 80
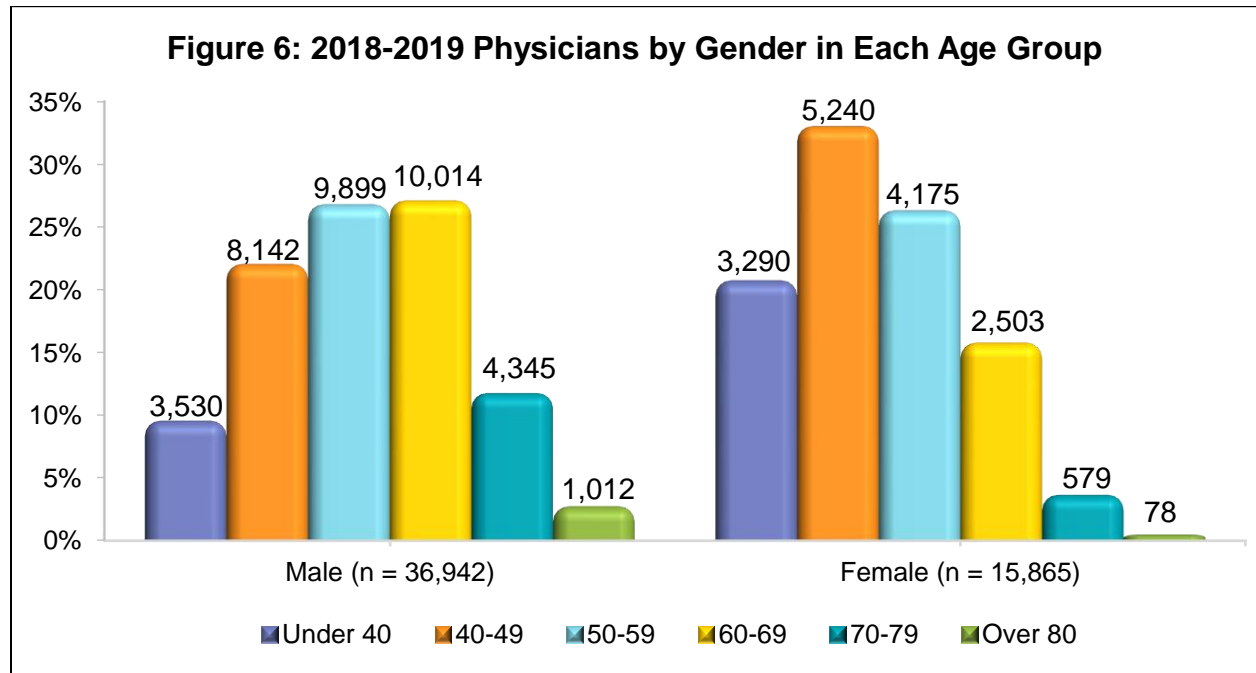
Approximately 49% of physicians under age 40 are female and 51.7% are male. This distribution is similar to the total population of Florida. The percentage of female physicians under age 40 has increased 3% from 2012–2013 to 2018–2019 (see Figure 7).

Figure 7: Seven-Year Trend of Physicians Under Age 40 by Gender

Male Physicians:
2012-2013: 54.7%; 2013-2014: 53.4%; 2014-2015: 52.7%; 2015-2016: 51.9%; 2016-2017: 51.2%; 2017-2018: 51.3%; 2018-2019: 51.8%

Female Physicians:
2012-2013: 45.3%; 2013-2014: 46.6%; 2014-2015: 47.3%; 2015-2016: 48.1%; 2016-2017: 48.8%; 2017-2018: 48.7%; 2018-2019: 48.2%
3% Increase
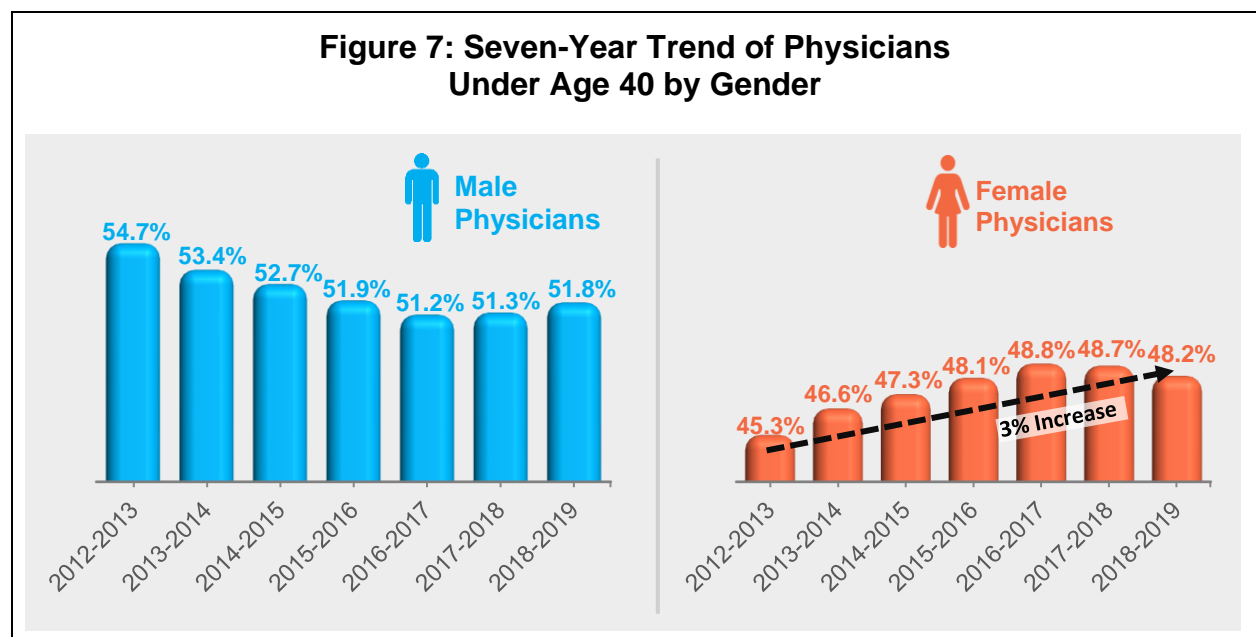
Physician Workforce Practice Characteristics

Primary Specialty

Figure 8 shows the distribution of physicians by 21 specialties at the physician's primary office location. The top three specialty groups—internal medicine, family medicine, and pediatrics—compose just over 50% of the total physician workforce. See Appendix D for information regarding physician specialty by county.

Figure 8: 2018-2019 Physicians by Primary Specialty		
Primary Specialty	**Number**	**Percentage**
Internal Medicine	14,153	27.9%
Family Medicine	7,314	14.4%
Pediatrics	4,081	8.0%
Surgery	3,408	6.7%
Anesthesiology	3,384	6.7%
Emergency Medicine	3,142	6.2%
Radiology	2,584	5.1%
Obstetrics & Gynecology	2,280	4.5%
Psychiatry	2,192	4.3%
Orthopedic Medicine	1,466	2.9%
Ophthalmology	1,284	2.5%
Neurology	1,256	2.5%
Dermatology	1,069	2.1%
Pathology	878	1.7%
Otolaryngology	657	1.3%
Urology	582	1.1%
Physical Medicine & Rehabilitation	568	1.1%
Preventive Medicine	301	0.6%
Medical Genetics	55	0.1%
Nuclear Medicine	44	0.1%
Proctology	4	0.0%
TOTAL	**50,702[1]**	**100%**

[1] This table does not include the 2,234 physicians who did not answer this question.

Primary care physicians are defined as those practicing in the areas of general internal medicine, family medicine, and general pediatrics.[12] Primary care physicians make up just over one-third of the active physician workforce (34.9% or 17,673). Approximately 80% of primary care physicians specialize in general internal medicine or family medicine. Approximately 16% specialize in general pediatrics (see Figure 9).

Figure 9: 2018-2019 Primary Care Physicians

n = 17,673

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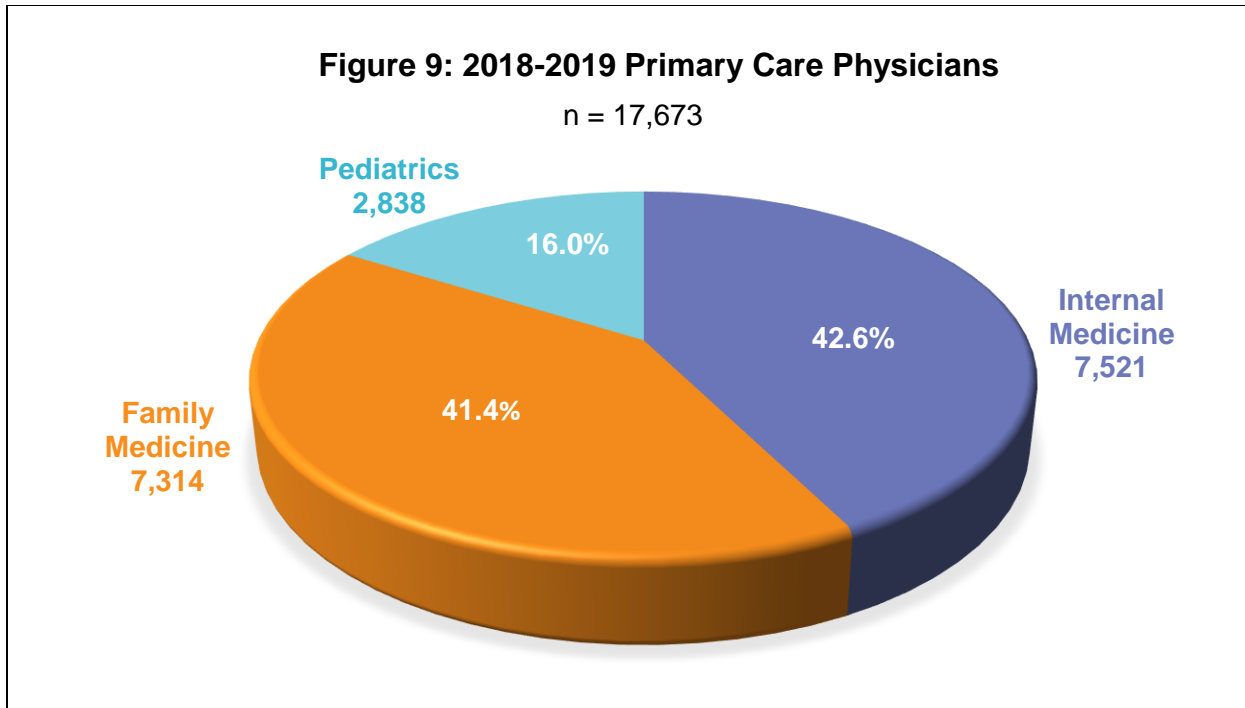
[12] Results for general internal medicine are based on respondents who selected 2 of the 22 internal medicine subspecialty codes (0500-0501). Family medicine includes all subspecialty codes (0400–0406). Pediatrics includes subspecialty codes (1400-1401). See Appendix C, page 61, for a list of specialty and subspecialty choice codes.

When specialties are analyzed by gender and compared to the total composition (30% female, 70% male), the percentage of practicing female physicians exceeds 30% for eight specialties (see Figure 10). More females than males practice pediatrics (54.8%) and medical genetics (52.7%). Males comprise the greatest percentage of proctologists (100%), urologists (96%), and orthopedic specialists (94.9%).

Figure 10: 2018-2019 Physicians by Specialty and Gender

Specialty	Female	Male
Anesthesiology	23.8%	76.2%
Dermatology	39.3%	60.7%
Emergency Medicine	27.9%	72.1%
Family Medicine	37.1%	62.9%
Internal Medicine	27.3%	72.7%
Medical Genetics	52.7%	47.3%
Neurology	24.6%	75.4%
Nuclear Medicine	18.2%	81.8%
Obstetrics & Gynecology	47.0%	53.0%
Ophthalmology	20.3%	79.7%
Orthopedic Medicine	5.1%	94.9%
Otolaryngology	15.2%	84.8%
Pathology	38.7%	61.3%
Pediatrics	54.8%	45.2%
Physical Medicine & Rehabilitation	28.5%	71.5%
Preventive Medicine	36.9%	63.1%
Proctology	0.0%	100.0%
Psychiatry	38.1%	61.9%
Radiology	20.6%	79.4%
Surgery	12.9%	87.1%
Urology	4.0%	96.0%

Female   Male

Female Statewide Average = 30%   Male Statewide Average = 70%

Practice Setting

The three most common practice settings for physicians are single specialty group practice, hospital, and solo practice (see Figure 11).

Figure 11: 2018-2019 Physicians by Practice Setting

Practice Setting	Count
Ambulatory Surgery Center	363
County Health Department	123
Faculty Practice Plan	361
Federally Qualified Health Center	481
HMO/Managed Care Organization	258
Hospital	11,902
Medical School	731
Multi-specialty Group Practice	7,661
Nursing Home/Extended Care Facility	157
Other	3,377
Single Specialty Group Practice	13,820
Solo Practice	9,817
Urgent Care Center	760
Volunteer Free Clinic	233
Did not answer	3,421

Setting in Both Surveys   Setting in Prior Survey Only   Setting in Revised Survey Only

The revised survey changed some of the practice settings. All five of the hospital categories were combined into one category, so the prior data was combined as well. The descriptor of "office" in three settings was removed. In addition, four settings were discontinued (yellow) and three new settings were added (green).

Practice Hours

The workforce survey asked physicians to report the average number of patients they see per week.[13] As shown in Figure 12, just over two-thirds of physicians reported seeing between 1 and 99 patients per week, and just over 26% reported seeing between 100 and 199 patients. For physicians who reported seeing an average number of patients between one and 299, the average was 72.

Figure 12: 2018-2019 Average Number of Patients per Week at Primary Practice Location

Zero Patients 1,087 — 2.2%
>300 Patients 864 — 1.7%
200 to 299 Patients 1,320 — 2.6%
100 to 199 Patients 13,401 — 26.7%
1 to 99 Patients 33,496 — 66.8%
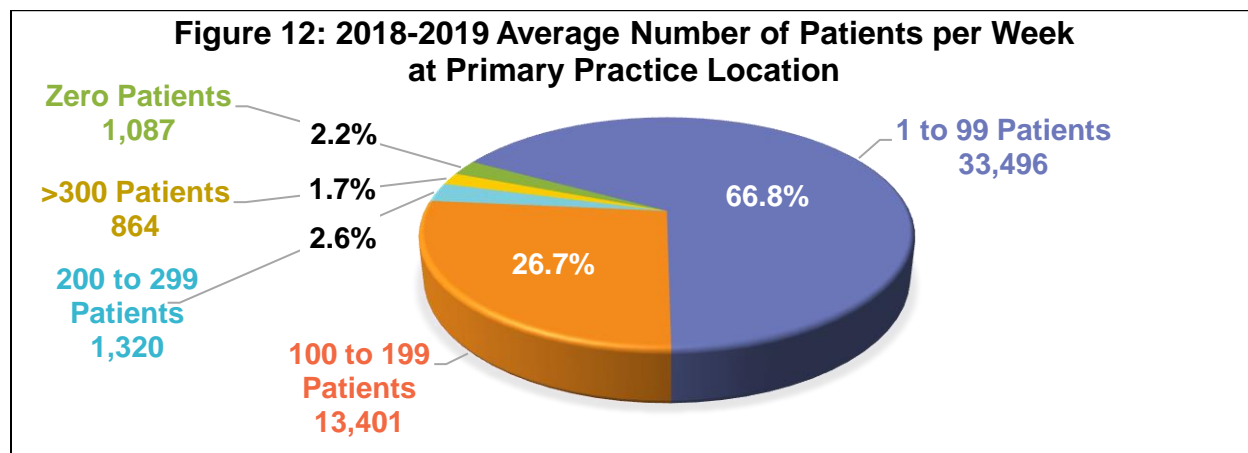
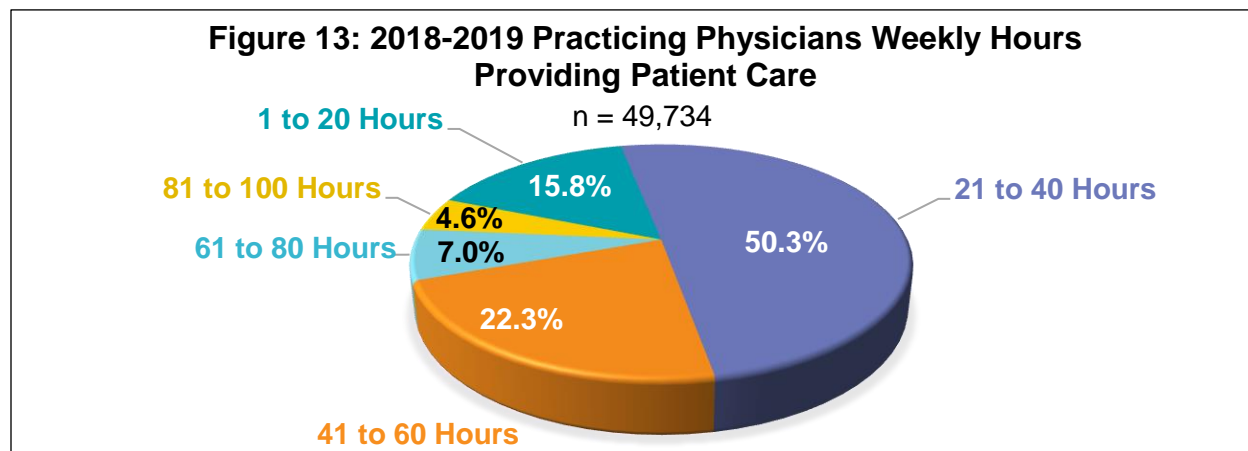As shown in Figure 13, most physicians spend 60 hours or less per week on direct patient care (88.4% or 43,941). Physicians who reported spending between one and 100 hours per week on patient care provide an average 41 hours of direct patient care per week.

Figure 13: 2018-2019 Practicing Physicians Weekly Hours Providing Patient Care

n = 49,734

1 to 20 Hours — 15.8%
81 to 100 Hours — 4.6%
61 to 80 Hours — 7.0%
41 to 60 Hours — 22.3%
21 to 40 Hours — 50.3%

Almost 93% of physicians providing direct patient care reported spending between one and 20 hours on administrative matters, and 5.8% reported spending between 21 to 40 hours on administrative matters. Just under 96% of physicians providing direct patient care reported spending between one to 20 hours on research and teaching, while 3.7% reported spending between 21 to 40 hours on research and teaching.

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[13] Physicians who did not respond are not included. These physicians responded with percentages, zero, or the number of patients per week could not be quantified.
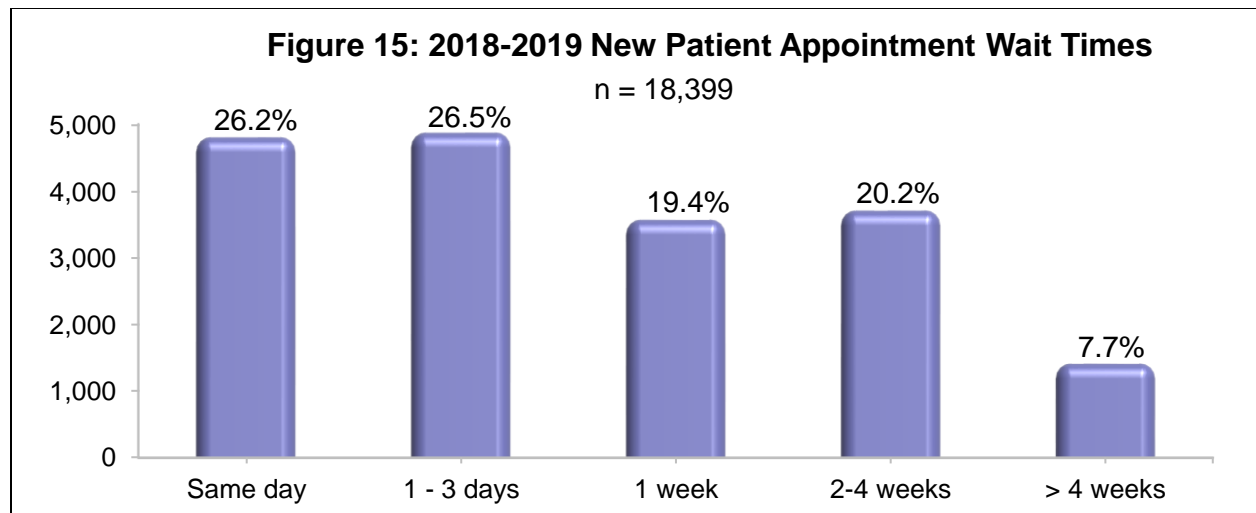
Additional Practice Characteristics

The revised survey asks new questions about physician practice location and employment. It asks physicians what year they started practicing at their current location. The answers ranged from 1945 to 2019, with almost 10% (2,259) responding they started practicing at their current location in 2017. Physicians were asked about practice ownership. Over half of the physicians reported they are employees, as shown in Figure 14.

Figure 14: 2018-2019 Physician Employment Ownership

n = 23,435

- Full or Part Owner 8,511 — 36.3%
- Independent Contractor 2,636 — 11.3%
- Employee 12,288 — 52.4%
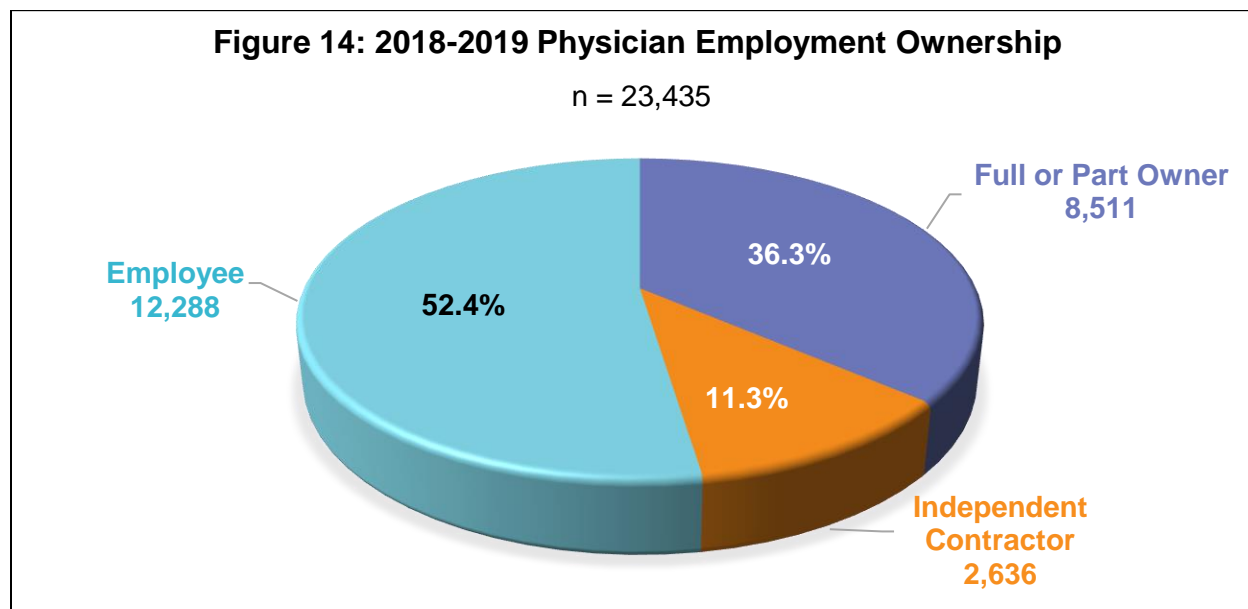
Physicians who reported being employed by a hospital were asked if they were employed directly by the hospital or if the practice was owned by a hospital. Of the 2,936 physicians who responded, over half (57.7%) of them reported they were employed directly by a hospital, 21.2% responded their practice is owned by a hospital, and 21.1% did not know. Of the 649 physicians who reported they were independent contractors who worked in a hospital, 42.8% contract directly with the hospital, 16.0% contract with a practice owned by the hospital, and the remaining 41.1% did not know. Over two-thirds of the physicians whose practice is owned by a hospital reported they work in a group plan: 53.0% in a multi-specialty group practice, and 35.9% in a single specialty group practice.

Of physicians who reported working for a faculty practice plan, almost three-quarters (72%) work in a multi-specialty group, with the remaining 28% working in a single specialty practice. There were 3,573 physicians who reported they did not work for a hospital, faculty practice plan, or as a sole practitioner. Of these, 65.3% reported their practice is wholly owned by one or more physicians in the practice.

Physicians were asked "If you are taking new patients, what is the typical wait time for a new patient appointment?" Just over three-quarters (77.6%) responded they are taking new patients and noted the wait time for those new patient appointments (see Figure 15). Slightly under one-quarter (22.4%) responded they are not taking new patients or they did not respond.

Figure 15: 2018-2019 New Patient Appointment Wait Times

n = 18,399

Category	Percentage
Same day	26.2%
1 - 3 days	26.5%
1 week	19.4%
2-4 weeks	20.2%
> 4 weeks	7.7%

Over one-quarter (28.8%) of the physicians reported actively recruiting for a new physician in the responding physician's specialty. Of those actively recruiting, almost 40% reported they have been recruiting for over a year, as shown in Figure 16. The top three factors physicians believe are limiting their recruitment efforts are finding adequately qualified candidates in their specialty (34.6%), meeting salary/financial requirements for new hires (28.5%) and recruiting to their locations (18.1%).

Figure 16: 2018-2019 New Physician Recruitment Time

n = 6,578

Category	Value	Percentage
0 - 3 Months	1,455	22.1%
3 - 6 Months	1,358	20.6%
6 - 12 Months	1,215	18.5%
> 12 Months	2,550	38.8%
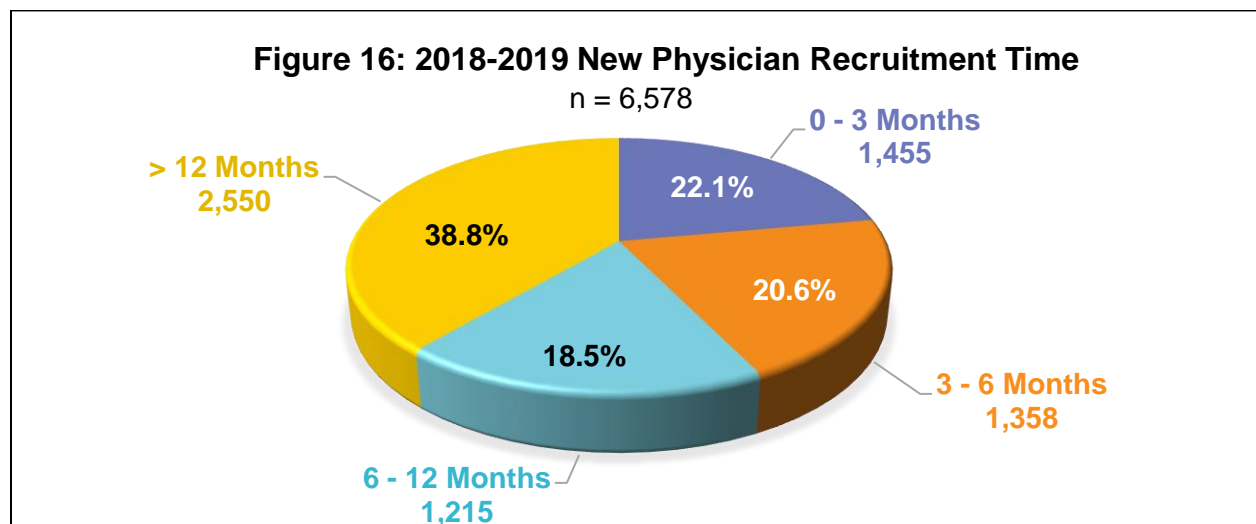
Medicare Patients

In 2009, the Centers for Medicare and Medicaid Services reported 3 million Floridians were enrolled in Medicare Part A or B. According to the Medicare Enrollment Dashboard, as of May 2019, the number of Floridians on Medicare has increased to almost 4.5 million.[14] Of the physicians who responded to the new question asking what percentage of their practice included patients on Medicare, slightly over 65% (12,147) responded between 25% and 75% of their practice is composed of Medicare beneficiaries, and 16% of the physicians do not take patients on Medicare(see Figure 17).[15]

Figure 17: 2018-2019 Medicare Patients as a Percentage of Practice

n = 22,947

Category	Percentage
1% - 25%	23.0%
26% - 50%	35.2%
51% - 75%	30.6%
76%-100%	11.3%
Other, please specify	3.5%
I do not take patients on Medicare	16.0%

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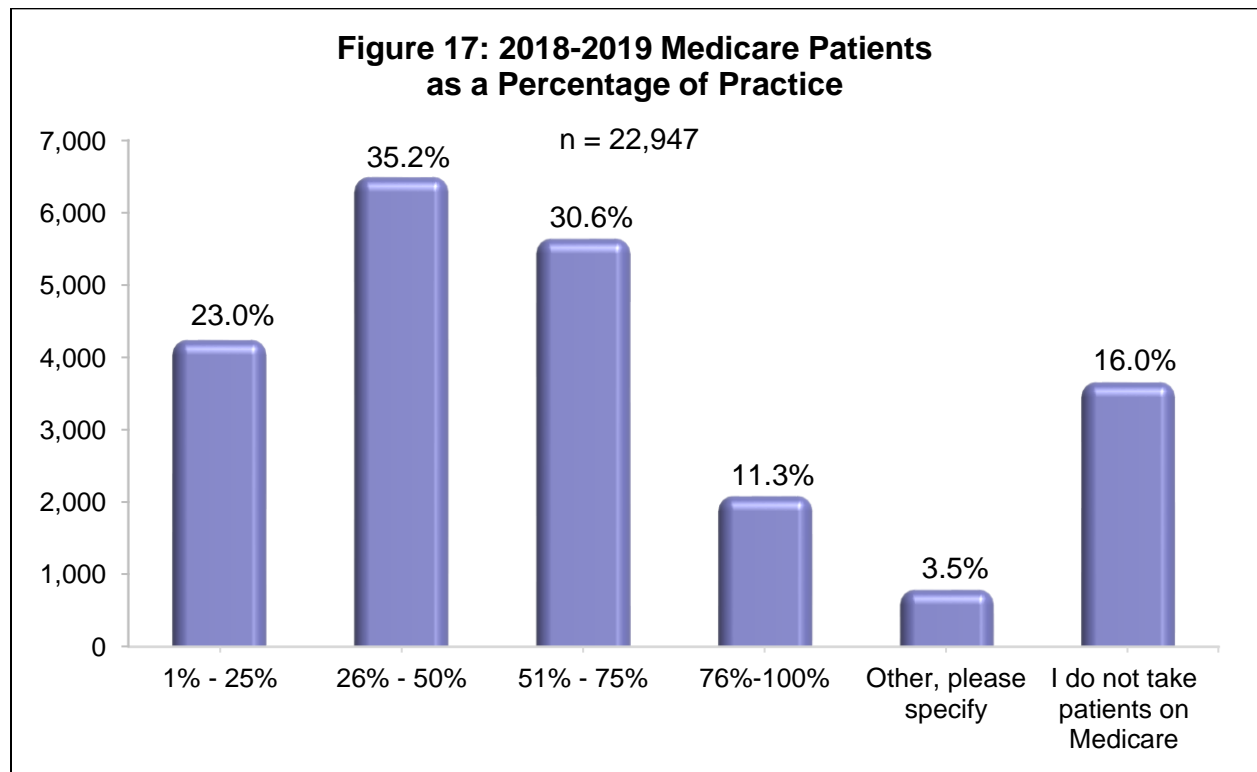
[14] This information is published on the Centers for Medicare and Medicaid Services' Medicare Enrollment Dashboard on their website (www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/Dashboard.html).

[15] This question was not on the prior survey, so only the physicians completing their survey after October 18, 2018 answered this question. This is 45.2% of the cohort.

Figure 18 shows the reasons physicians do not see patients on Medicare, with the most common reason being either their patients or the services they provide are not eligible for Medicare reimbursement. Most pediatricians responded that their patients were not eligible for Medicare. Some services not covered by Medicare include cosmetic surgery, eye exams for glasses/contacts, and alternative medicine.

Figure 18: 2018-2019 Reasons Physicians Do Not Accept Medicare

n = 3,420

Reason	Count
Billing Requirements	202
Cash Only	72
Concerned About Fraud Issues	28
Low Compensation	280
Medically Underserved (No Insurance)	124
Miscellaneous Other Reasons/None Given	423
Patient/Services Not Eligible	1,447
Practice at Full Capacity	146
Too Much Paperwork	271
Works for Federal Government	427

Physicians were asked if they accept **new** patients on Medicare and 91.4% responded they are (see Figure 19). When compared to the 2017–2018 cohort, just over 10% more physicians reported accepting new patients on Medicare (81.2% vs 91.4%).

**Figure 19: 2018-2019 Physicians Accepting
<u>New</u> Medicare Patients**

n = 46,559
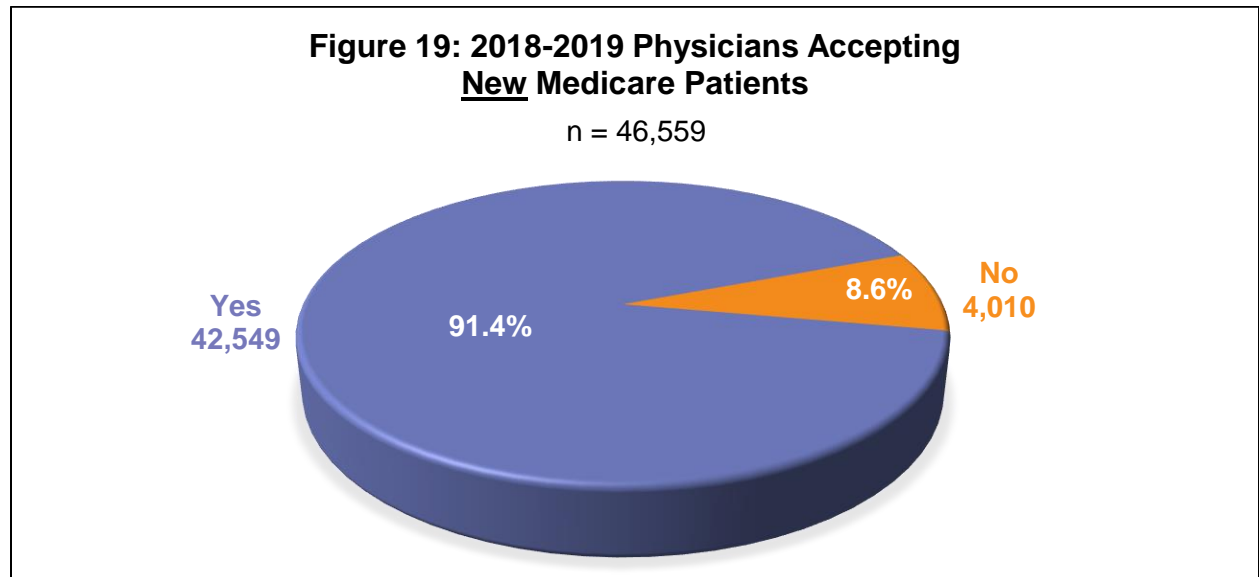
Physicians could select the main reason for not accepting new patients on Medicare. The most frequently selected reason was that their practice is at full capacity (see Figure 20).

**Figure 20: 2018-2019 Reasons Physicians Are Not Accepting
<u>New</u> Medicare Patients**

n = 4,010
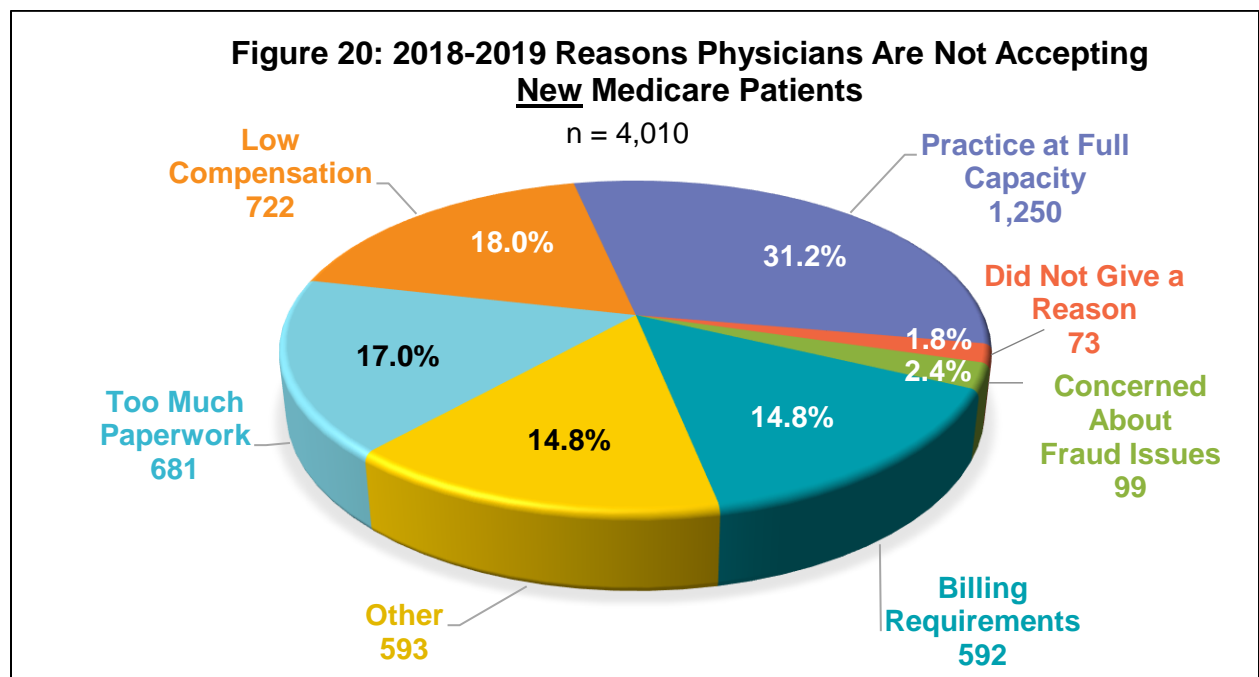
Of the physicians who see patients on Medicare, when asked if they limit their practice in any way for these patients, the majority (96.8%) stated they do not. For the small percentage who reported limiting their practice; the main reasons were "Limit Number of New Medicare Patients" (44.5%) and "Other" (53.0%). The most common reasons physicians chose "Other" were: limited to certain Medicare Advantage/HMO plans, limited to specific services, limited to patients transitioning to Medicare from private plans, and limited to fee-for-service Medicare.

Medicaid Patients

Of the physicians who responded to the new question asking what percentage of their practice includes patients on Medicaid, over 68% (15,661) responded they see patients on Medicaid (see Figure 21).[16] Of the physicians who have patients on Medicaid, just over half (53.5%) reported patients on Medicaid comprise less than 25% of their patient panel or they do not take patients on Medicaid.

Figure 21: 2018-2019 Medicaid Patients as a Percentage of Practice

n = 22,845

- 1% - 25%: 36.6%
- 26% - 50%: 18.5%
- 51% - 75%: 9.1%
- 76%-100%: 4.3%
- Other, please specify: 3.3%
- I do not take patients on Medicaid: 28.1%

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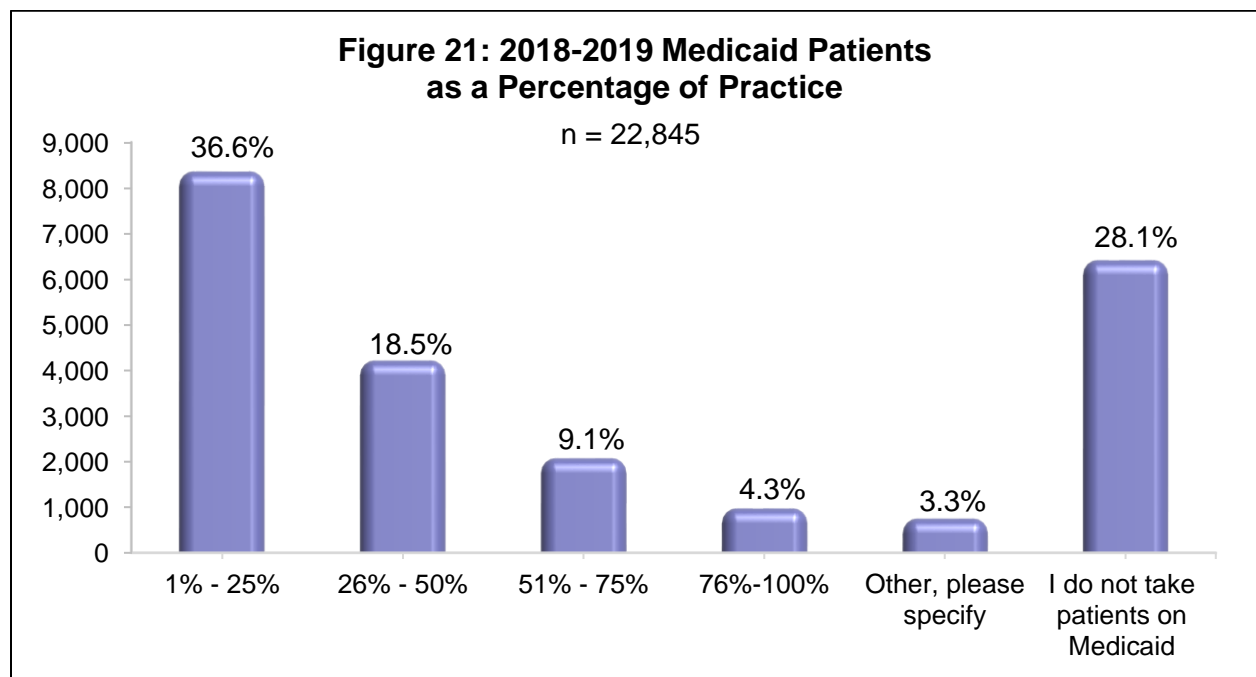
[16] This question was not on the prior survey, so only the physicians completing their survey after October 18, 2018 answered this question. This is 45.2% of the cohort.

Figure 22 shows the reasons physicians do not take patients on Medicaid, with the most common reason being low compensation (45.2%).

Figure 22: 2018-2019 Reasons Physicians Do Not Accept Medicaid

n = 6,010

Reason	Count
Billing Requirements	364
Cash Only	107
Concerned About Fraud Issues	50
Low Compensation	2,714
Medically Underserved (No Insurance)	105
Miscellaneous Other Reasons/None Given	688
Not My Decision	291
Patient/Services Not Eligible	258
Practice at Full Capacity	464
Too Much Paperwork	552
Works for Federal Government	417

The percentage of Florida physicians who reported accepting new patients on Medicaid was 76.3% (see Figure 23). Compared to the 2017–2018 cohort, almost 15% more physicians are accepting new patients on Medicaid (62.5% vs. 76.3%).

Figure 23: 2018-2019 Physicians Accepting New Medicaid Patients

n = 43,597

No
10,332
23.7%

76.3%

Yes
33,265
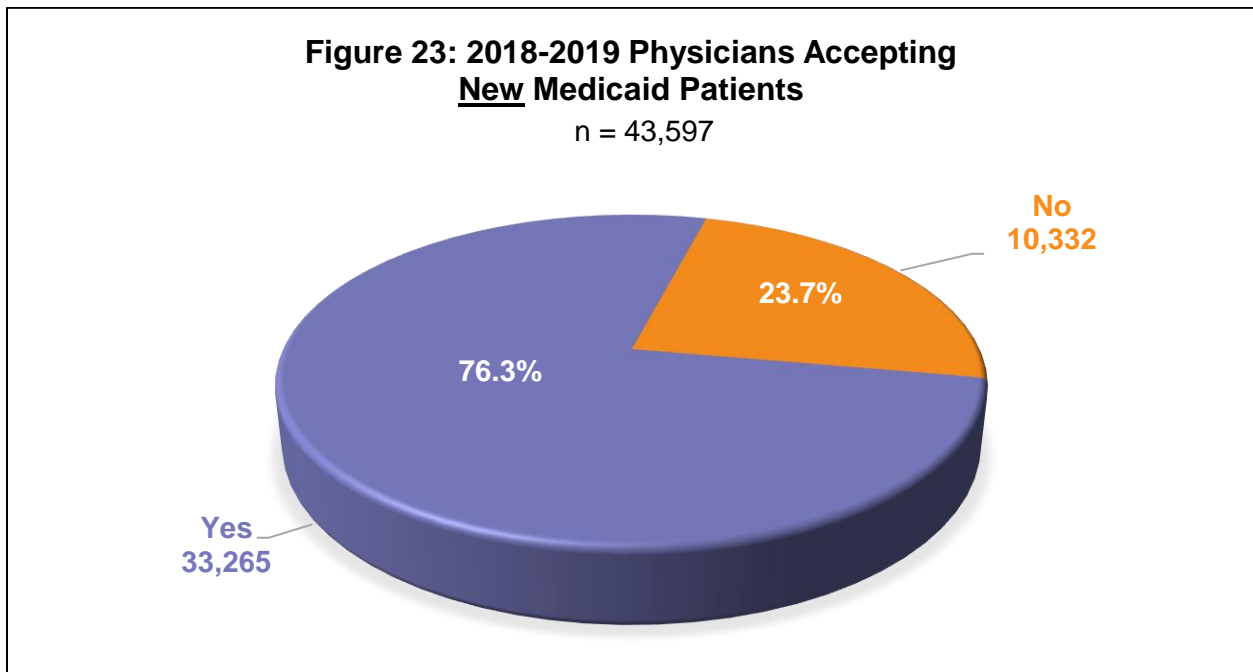
The most common reason given for not accepting new patients on Medicaid was because of low compensation (54.2%) (see Figure 24).

Figure 24: 2018-2019 Reasons Physicians Are Not Accepting New Medicaid Patients

n = 46,559

Category	Count	Percent
Low Compensation	5,534	54.2%
Practice at Full Capacity	1,852	18.1%
Too Much Paperwork	1,001	9.8%
Billing Requirements	984	9.6%
Other	695	6.8%
Concerned About Fraud Issues	150	1.5%
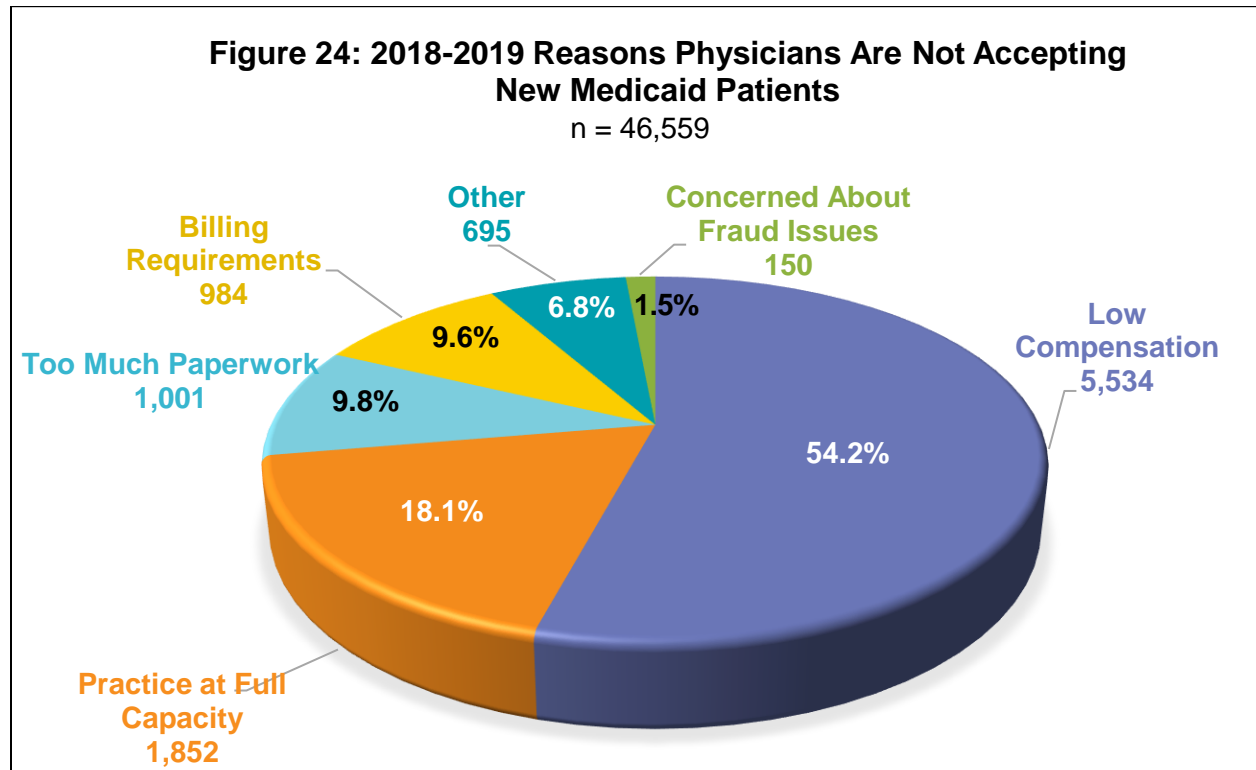
Of the physicians who see patients on Medicaid, when asked if they limit their practice in any way for patients on Medicaid, the majority (90.1%) stated they do not. For the small percentage who reported they limit their practice; the main reasons were "Limit number of new Medicaid patients" (51.9%) and "Other" (45.0%). The most common reasons physicians chose "Other" were: limited to Medicaid as secondary insurance, limited to certain Medicaid HMO plans, limited to specific services, limited to fee-for-service Medicaid, and limited to referrals from ER or other physicians.

Physicians Planning to Retire

The 2018–2019 survey responses revealed 12.5% (6,633) of practicing physicians reported they are planning to retire within the next five years; which is 4.1% fewer physicians than in the last report cohort (16.6 % and 8,333).[17, 18] The average age of physicians planning to retire is 66. The five specialties with the highest number of physicians indicating their intention to retire in the next five years are internal medicine (1,560), family medicine (1,035), anesthesiology (516), pediatrics (3,442), and surgery (406). Figure 25 shows for each specialty, the percentage of physicians in that specialty who are planning to retire in the next five years. Preventive medicine has the highest percentage at 23.3% and physical medicine and rehabilitation has the lowest at 7.2%.

Figure 25: 2018-2019 Percentage of Physicians in Each Specialty Who Are Planning on Retiring

Specialty	Count	Percentage
Anesthesiology	516	15.2%
Dermatology	137	12.8%
Emergency Medicine	396	11.6%
Family Medicine	1,035	14.2%
Internal Medicine	1,560	11.0%
Medical Genetics	4	7.3%
Neurology	138	11.0%
Nuclear Medicine	8	18.2%
Obstetrics & Gynecology	293	10.3%
Ophthalmology	156	12.1%
Orthopedic Medicine	180	12.3%
Otolaryngology	73	11.1%
Pathology	144	16.4%
Pediatrics	442	10.8%
Physical Medicine & Rehabilitation	41	7.2%
Preventive Medicine	70	23.3%
Psychiatry	345	15.7%
Radiology	343	13.3%
Surgery	406	11.9%
Urology	95	16.3%

[17] Appendix E shows the counties in which these physicians are currently located.

[18] To calculate these figures, the prior survey question response to "Do you plan to retire in the next five years?" was "yes", the response to the revised survey question of "Do you plan to stop providing direct patient care in the next five years" was "yes", and the answer to the "why" question was "Planned retirement date approaching."

Physicians Planning to Relocate

In the 2018–2019 survey cohort, approximately 5.0% (2,607) of physicians responded that they plan to relocate out of Florida in the next five years. As shown in Figure 26, the top three reasons for relocating are: "Family" (30.3%), "Compensation" (18.5%), and "Looking for a Change" (17.7%). Of the 2,607 physicians indicating their intention to relocate out of state in the next five years, 2,482 also specified their specialty. The four specialties with the highest reported percentages of those planning on moving are internal medicine (24.0%), emergency medicine (12.9%), family medicine (12.7%), and anesthesiology (9.3%).

Figure 26: 2018-2019 Reasons Physicians Are Planning To Relocate Out of Florida

n = 2,607
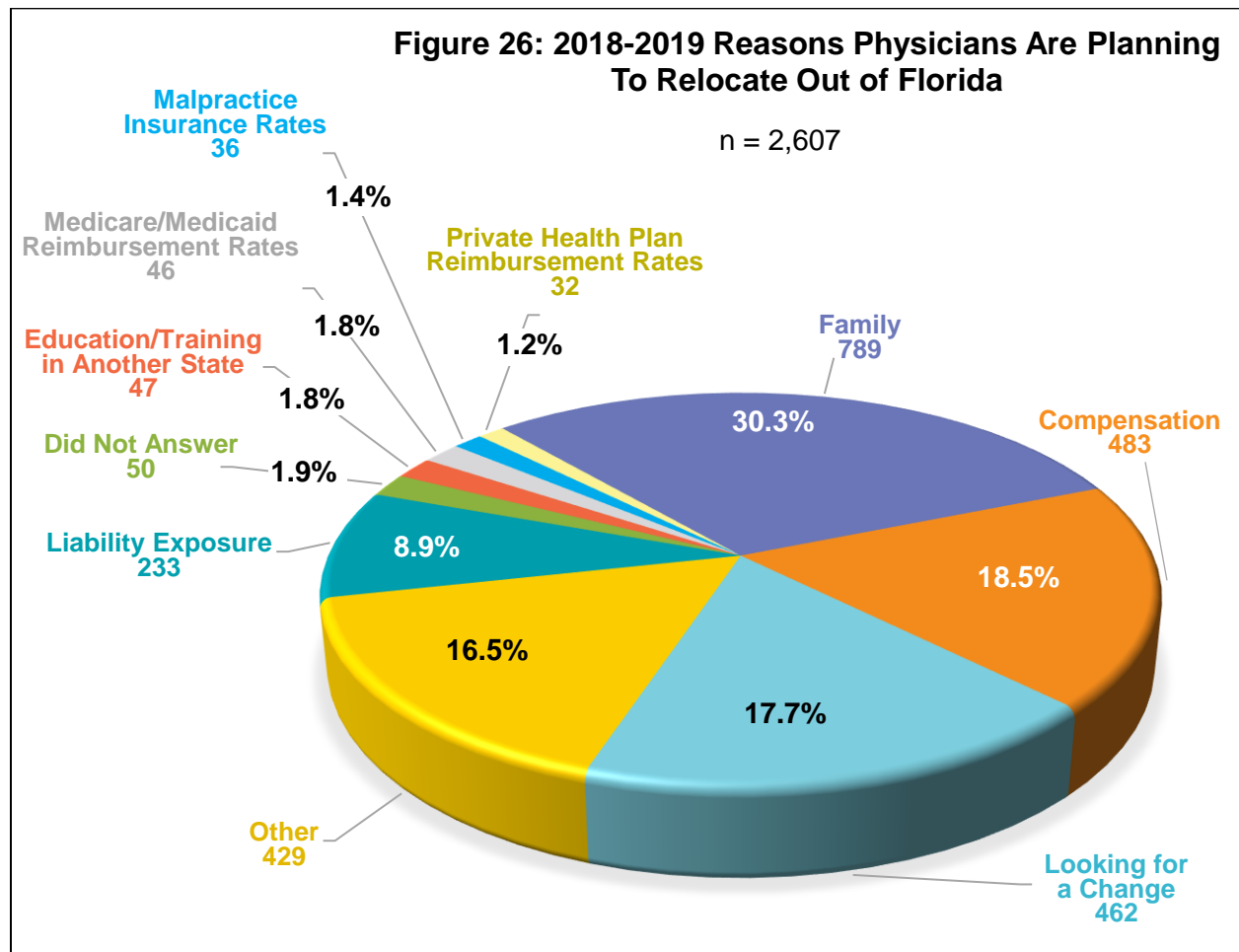
Physicians were asked a new survey question about whether or not they relocated to Florida in the last five years; 17.5% reported they had. Of these, just over half stated it was for employment opportunities or employment after finishing their education, as shown in Figure 27.

Figure 27: 2018-2019 Reasons Physicians Relocated to Florida

n = 5,049

Category	Value	Percent
Employment/Education	2,642	52.3%
Family	1,799	35.6%
Compensation	326	6.5%
Weather	138	2.7%
Quality of Life/Lifestyle	95	1.9%
Other	49	1.0%
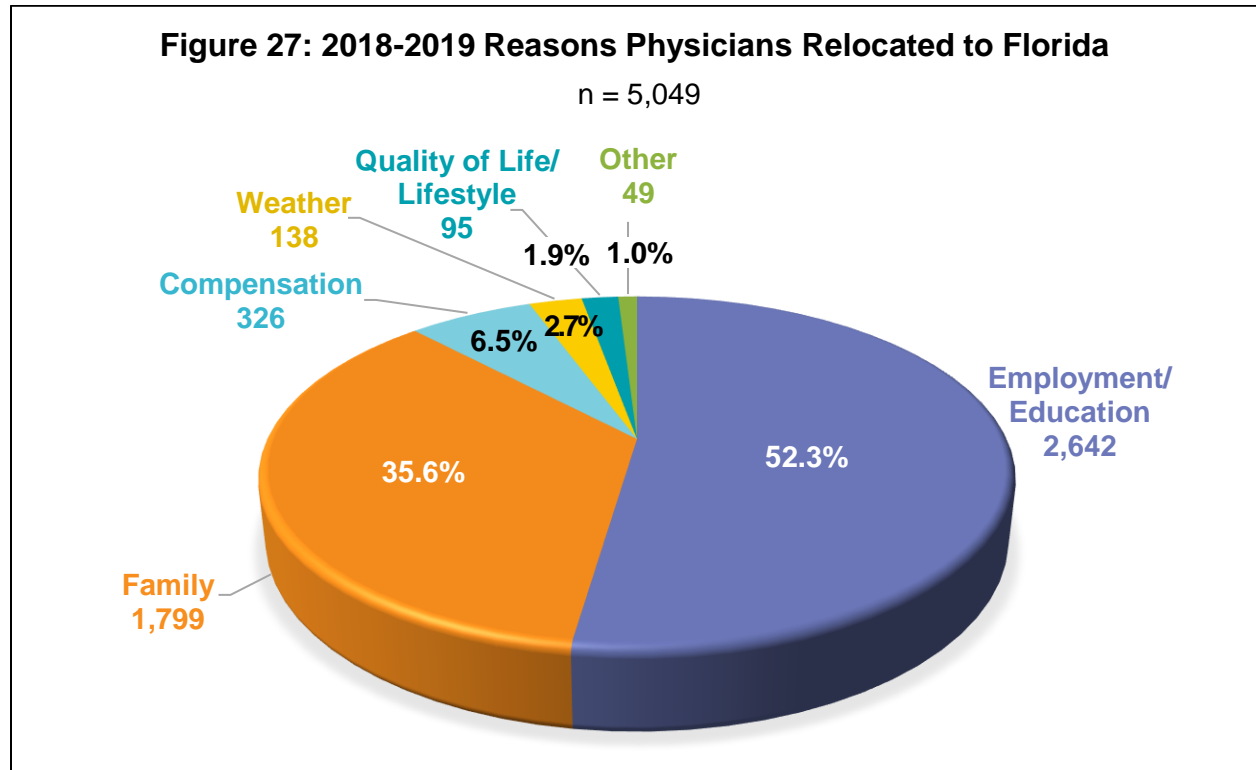
Of the physicians who reported they are planning to move to Florida, just over half reported that they planned to move to Florida in three to four years (see Figure 28).

Figure 28: 2018-2019 Timeframe in Which Physicians Plan to Relocate to Florida

n = 5,168

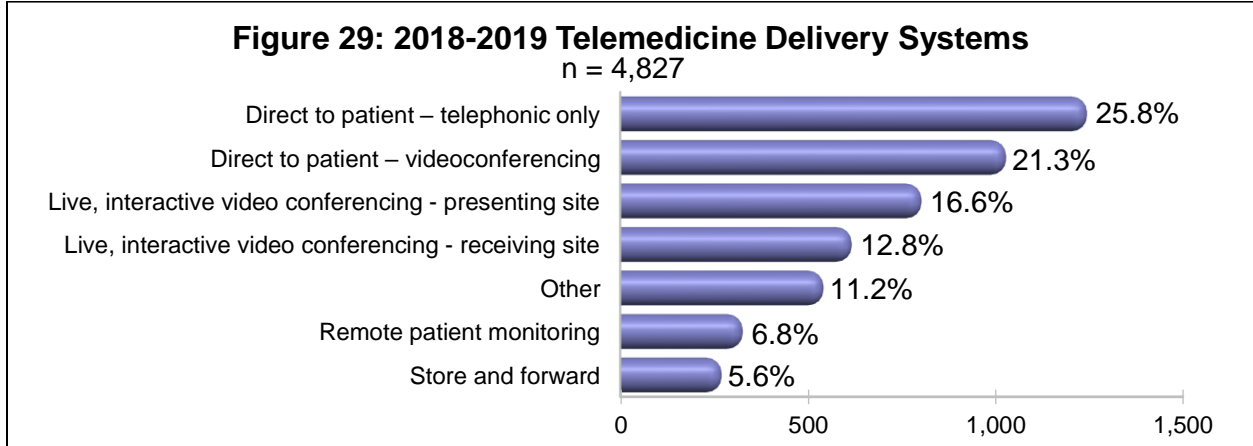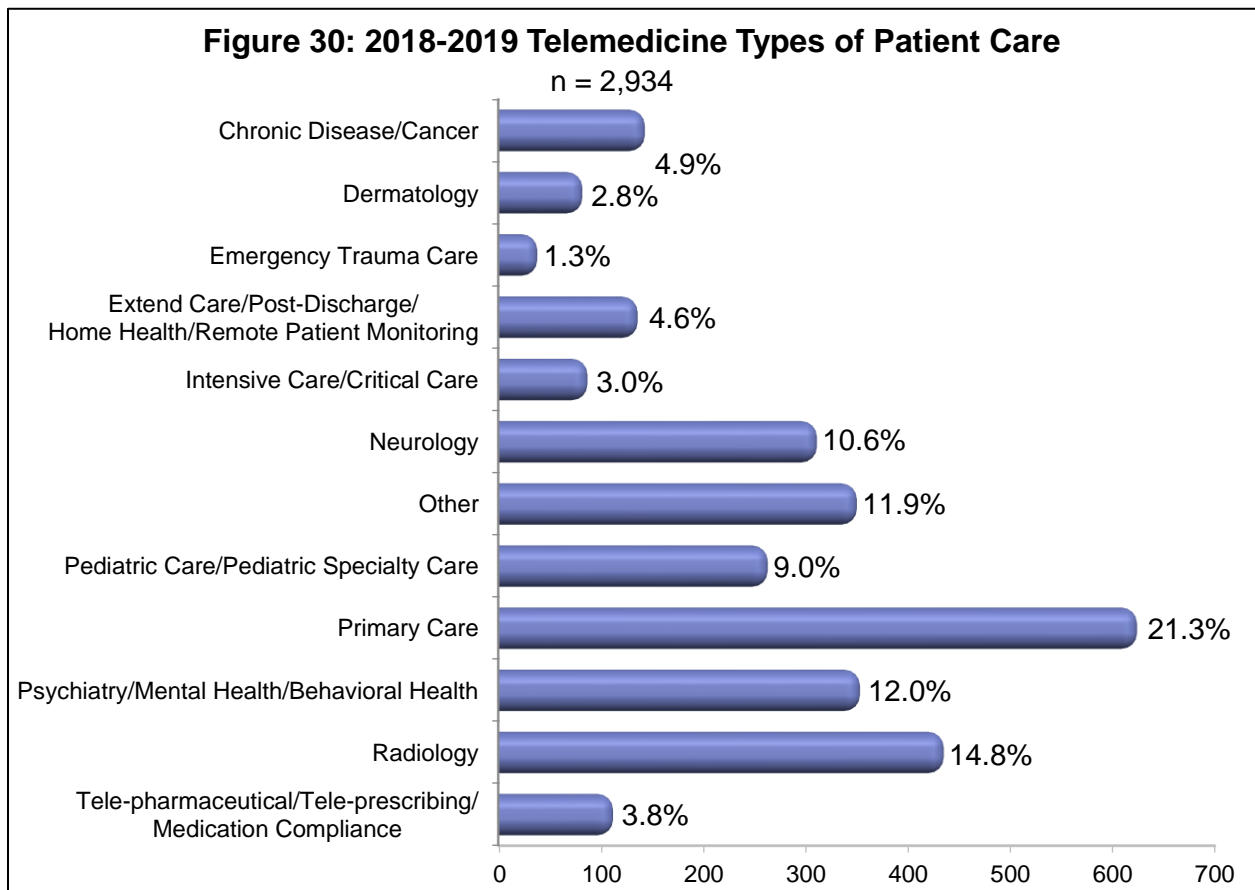| Timeframe	Percent
In 1 to 2 Years	44.2%
In 3 to 4 Years	52.0%
In Greater Than 4 Years	3.7%
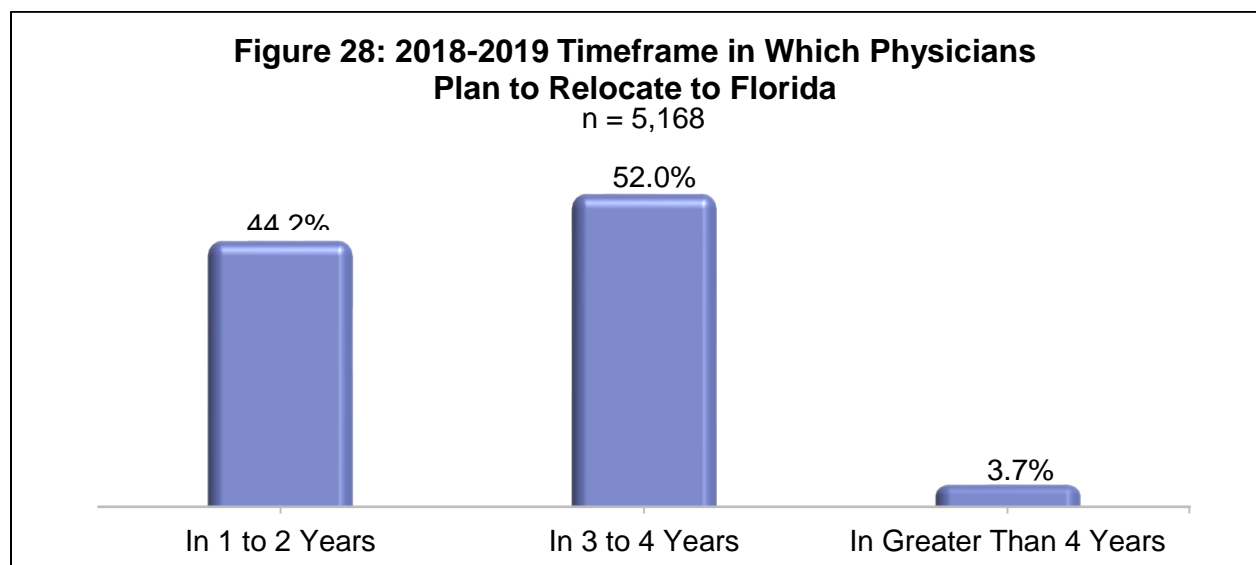
Telemedicine

Of the physicians who took the revised survey, 14.7% reported using telemedicine in their practice. Figure 29 shows the different types of telemedicine delivery systems used, with direct telephone contact with patients as the most common method.

Figure 29: 2018-2019 Telemedicine Delivery Systems
n = 4,827

Delivery System	Percentage
Direct to patient – telephonic only	25.8%
Direct to patient – videoconferencing	21.3%
Live, interactive video conferencing - presenting site	16.6%
Live, interactive video conferencing - receiving site	12.8%
Other	11.2%
Remote patient monitoring	6.8%
Store and forward	5.6%

Physicians who use telemedicine were asked what types of patients they serve in their private practice or group practice. As shown in Figure 30, The most common patient type was primary care (21.3%), followed by radiology (14.8%) and psychiatry/mental health/behavioral health (12.0%).

Figure 30: 2018-2019 Telemedicine Types of Patient Care
n = 2,934

Type of Patient Care	Percentage
Chronic Disease/Cancer	4.9%
Dermatology	2.8%
Emergency Trauma Care	1.3%
Extend Care/Post-Discharge/Home Health/Remote Patient Monitoring	4.6%
Intensive Care/Critical Care	3.0%
Neurology	10.6%
Other	11.9%
Pediatric Care/Pediatric Specialty Care	9.0%
Primary Care	21.3%
Psychiatry/Mental Health/Behavioral Health	12.0%
Radiology	14.8%
Tele-pharmaceutical/Tele-prescribing/Medication Compliance	3.8%

Critical Care Medicine Specialty Question

There were 589 physicians who reported their primary specialty was critical care medicine; 431 (or 73.2%) responded to the specialty question. Physicians were asked to indicate all categories of patients they see and could select more than one patient location. Just over 80% see patients in the ICU (see Figure 31).

Figure 31: Critical Care Physicians by All Patient's Location
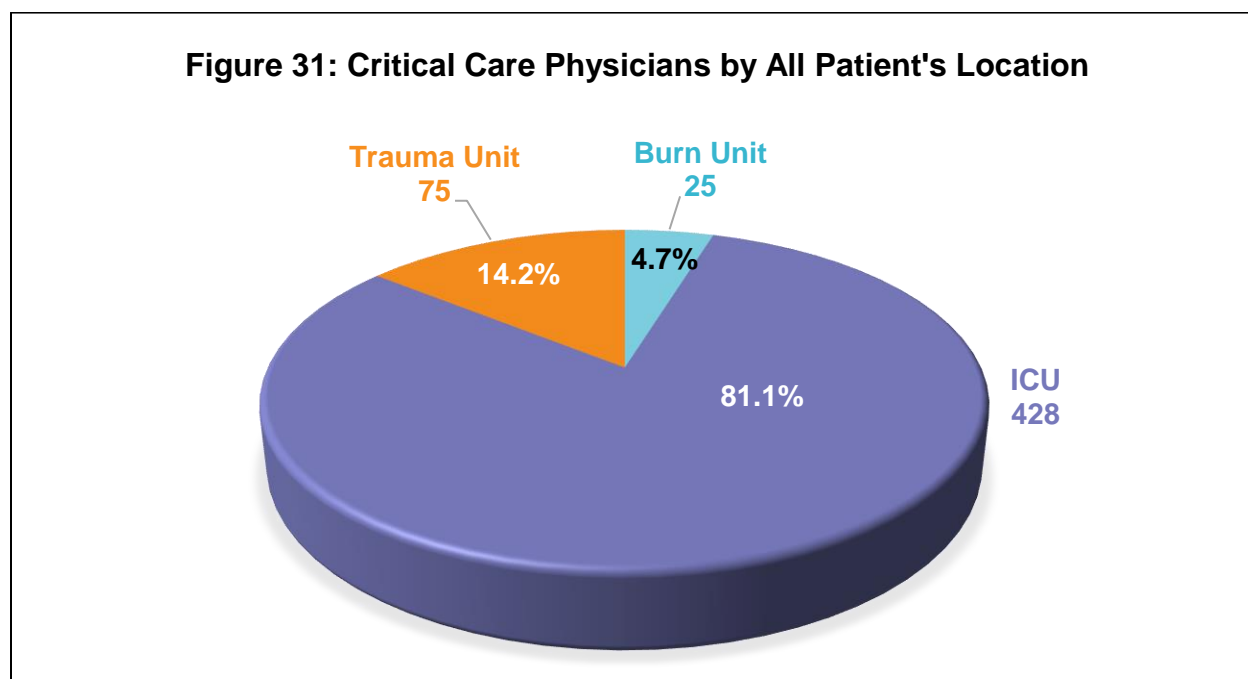
Since physicians could select more than one location, the location information provided by each physician was analyzed to see where each specific physician sees patients. Of the 431 physicians who responded, 428 (99.3%) see patients in an ICU, either alone or in combination with other locations, as shown in Figure 32.

Figure 32: Category of Patients by Location Selections		
Patient Location	**Number of Physicians**	**Percentage of Physicians**
ICU Only	352	81.7%
ICU & Trauma Unit	51	11.8%
Burn Unit, ICU, and Trauma Unit	21	4.9%
Burn Unit & ICU	4	0.9%
Trauma Unit Only	3	0.7%
TOTAL	**431**	**100.0%**

Emergency Medicine Specialty Question

There were 3,142 physicians who reported their primary specialty was emergency medicine; 2,623 (83.5%) responded to the specialty question. Physicians were asked to indicate all categories of patients they see and could select more than one patient type. The responses were equally distributed across six specialties (see Figure 33).

Figure 33: Emergency Medicine Physicians by All Patient Types
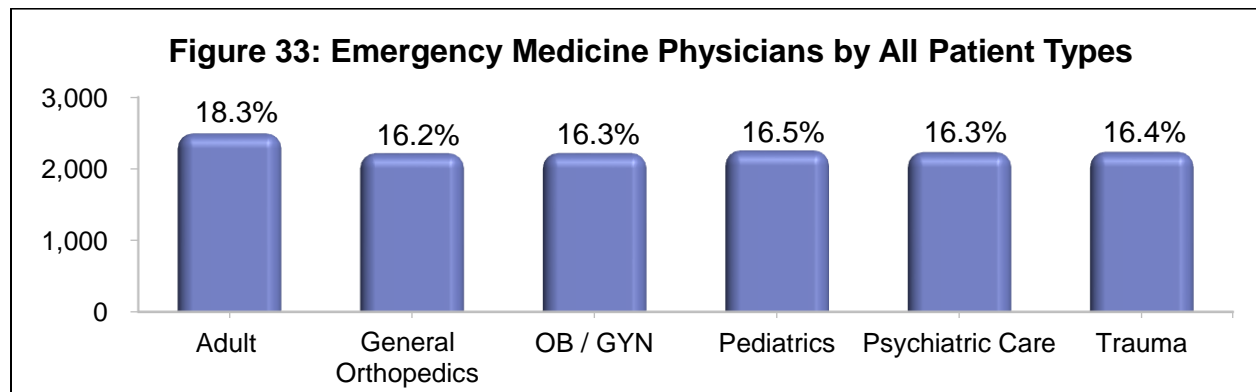
The patient types were analyzed by physicians to determine the distribution across the six types, and approximately 70% (1,841) of physicians saw all six types of patients. The remaining 30% of responses were separated into 42 different configurations based on physician responses. Most of these configurations represent less than 1% of the total.

Obstetrics and Gynecology Specialty Questions

There were 2,280 physicians who reported their primary specialty was obstetrics & gynecology (OB/GYN); 1,309 (57.4%) responded to the specialty questions.

The first specialty question is "Do you deliver babies?" As shown in Figure 34, 61.5% of those who responded reported delivering babies as part of their practice in the 2018–2019 cohort.

Figure 34: 2018-2019 OB/GYNs Who Deliver Babies
n = 1,279
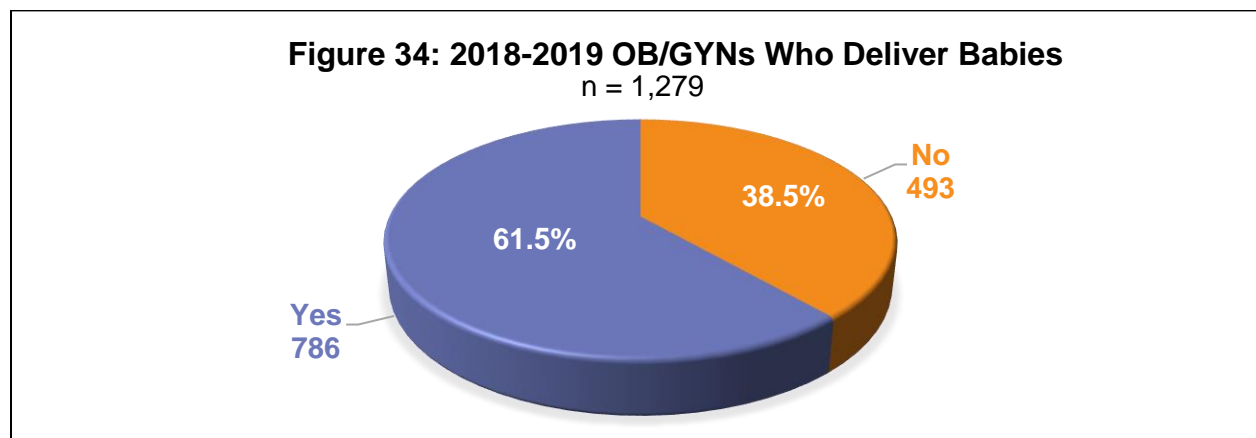
Figure 35 shows the number of obstetricians in Florida who perform cesarean sections (C-sections) within each specified range. Of the 780 physicians who report performing C-sections, 91.4% (713) responded they perform an average of between 1 and 10 C-sections per month. The percentage of physicians performing between 1 and 10 C-sections per month has remained consistent over the past five cohorts, averaging just over 60%. For the last five survey cohorts, on average, less than 10% of physicians are performing more than ten C-sections per month.

Figure 35: 2018-2019 Physician C-Sections Performed per Month
n = 780
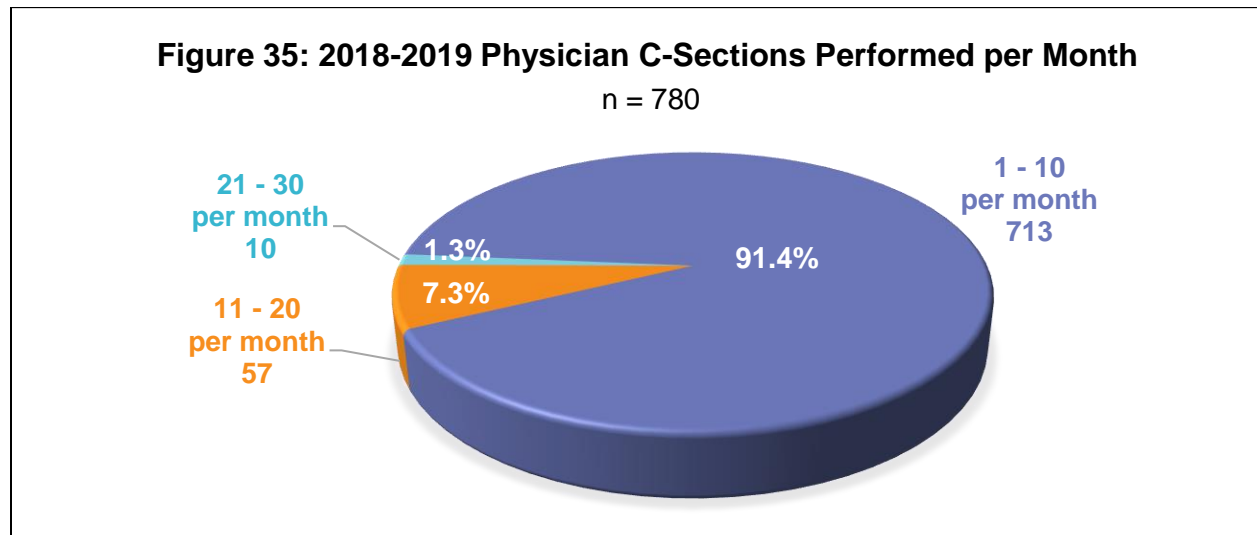
The next specialty question is "Are you planning to discontinue obstetric care in the next two years?" As shown in Figure 36, only 19.3% plan to discontinue obstetric care in the next two years.

Figure 36: 2018-2019 OB/GYNs Planning to Discontinue Obstetric Care
n = 2,083
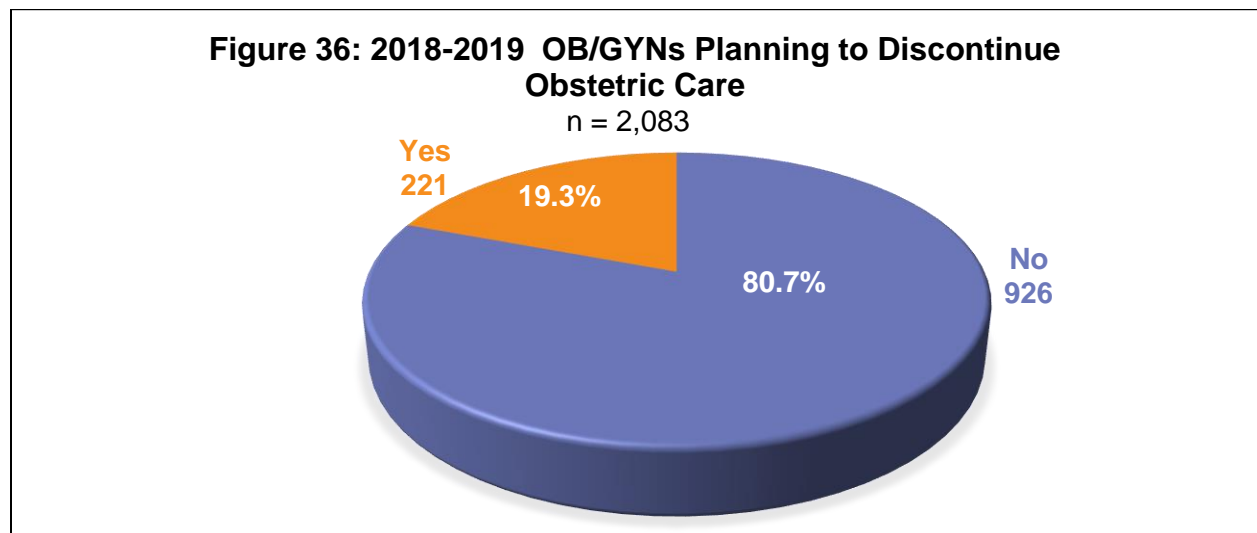
Figure 37 shows the reasons given by the 221 physicians who reported they were discontinuing obstetric care.   Physicians could select multiple reasons. The most frequently selected reason was "Liability Exposure," followed by "Retired" and "Medical Malpractice Litigation."

Figure 37: 2018-2019 Physicians Discontinuing Obstetric Care Reasons
n = 274

Reason	Percentage
Planning to Move Out of State	2.6%
Do Not Maintain a Full-Time Residence in Florida	2.6%
Private Health Plan Reimbursement Rates	6.6%
Government Reimbursement Rates	10.2%
Cost of Professional Insurance	15.7%
Medical Malpractice Litigation	16.8%
Retired	20.4%
Liability Exposure	25.2%
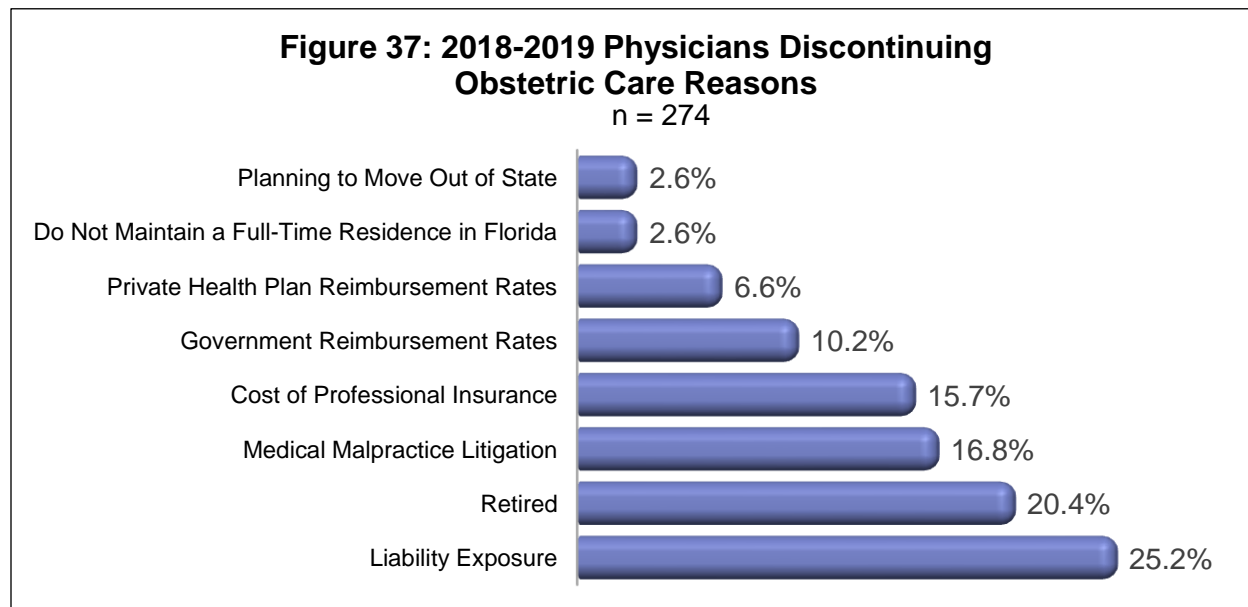
Radiology Specialty Questions

There were 2,584 physicians who reported their primary specialty was radiology; 2,114 (81.8%) answered the specialty questions. As shown in Figure 38, just under 40% indicated practicing in a hospital and just under one quarter (22.1%) indicated practicing at a stand-alone imaging center.

Figure 38: 2018-2019 Radiology Practice Settings
n = 3,321 (Duplicate Count)

Practice Setting	Count	Percentage
Hospital	1,247	37.6%
Stand Alone Imaging Center	733	22.1%
Hospital-Based Imaging Center	473	14.2%
Off-Site Radiology	436	13.1%
Multispecialty Group Imaging Center	219	6.6%
Other	213	6.4%
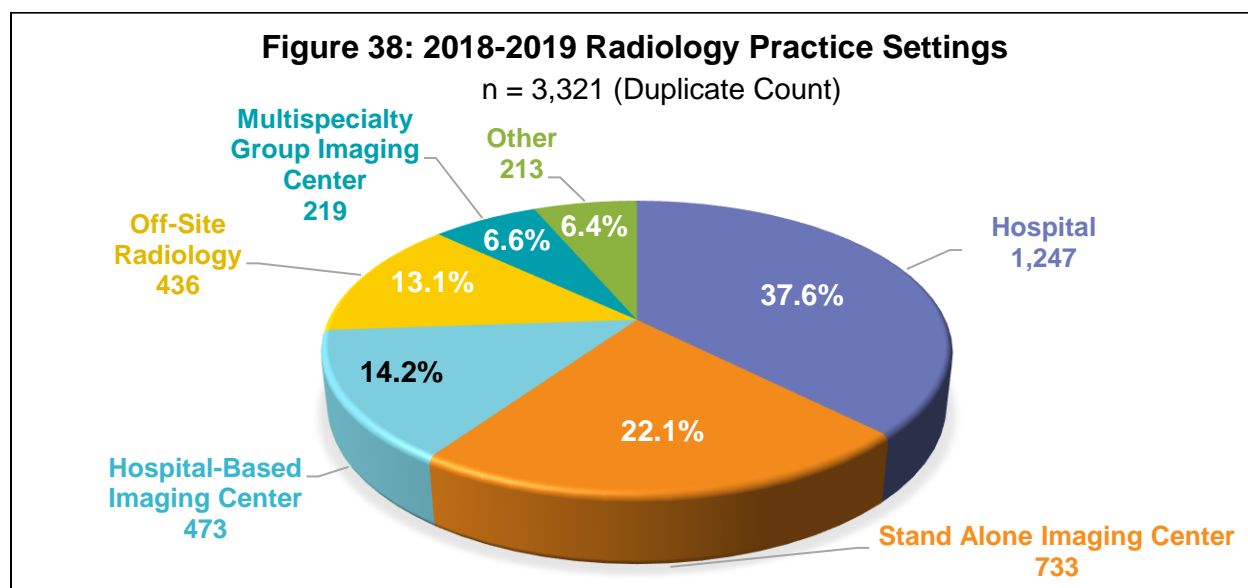
Radiologists selected all of the different types of patients they see. Figure 39 shows the patient types and percentages based on the 2,114 physicians who responded. Of these physicians, 70% reported they saw general radiology patients, 46.6% neuroradiology patients, and 46.2% GI radiology patients.

Figure 39: 2018-2019 Radiology Patient Types

n = 8,747

Patient Type	Percentage
Cardiothoracic Radiology	32.1%
General Radiology	70.0%
GI Radiology	46.2%
GU Radiology	45.6%
Interventional Radiology	27.0%
Mammography	36.6%
Musculoskeletal Radiology	41.2%
Neuroradiology	46.6%
Nuclear Medicine	35.2%
Pediatric Radiology	33.3%
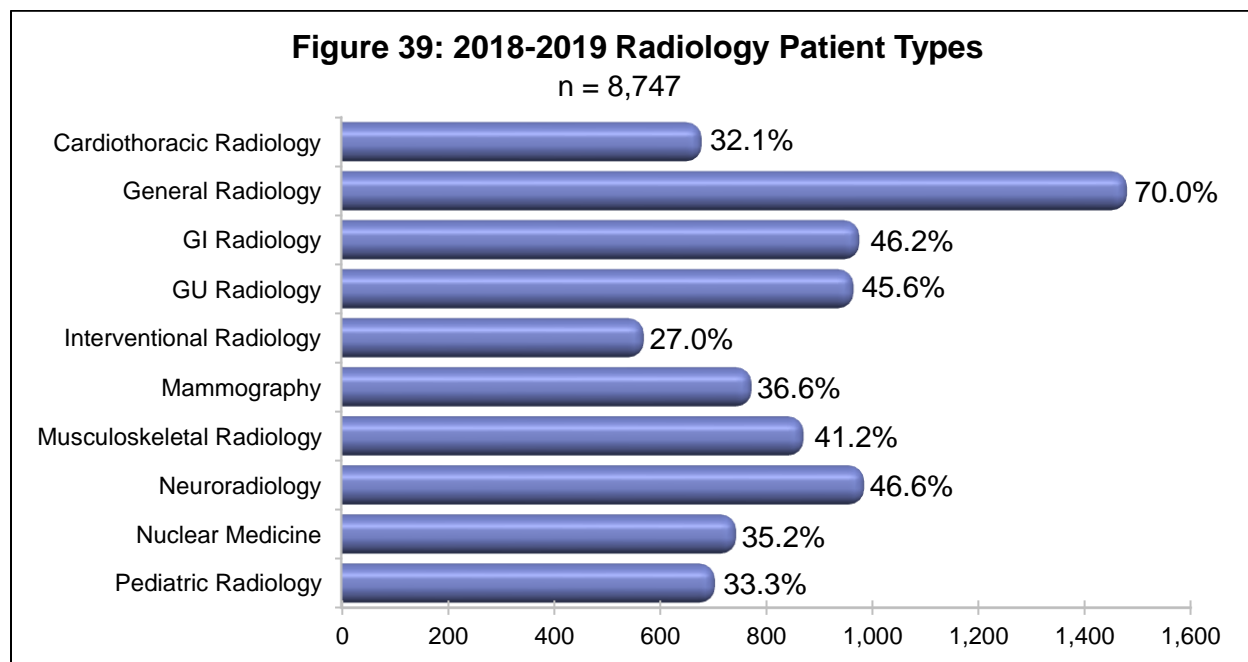
As shown in Figure 40, in four of the five questions, over half of the 792 physicians who indicated mammography as part of their practice reported they perform the specified procedure.

Figure 40: 2018-2019 Mammography and Related Radiological Procedures

If you indicated that mammography is part of your practice (n=792), do you:

Question	Does Not Perform This Procedure	Performs This Procedure
Read screening mammograms? n = 1,151	415	736
Read diagnostic mammograms and sonograms? n = 1,135	380	755
Read breast MRI's? n = 1,126	662	464
Read MRI guided core biopsies? n = 1,110	791	319
Perform ultrasound & stereotactic guided core biopsies? n = 1,116	562	554

Physicians Not Actively Practicing/Not Providing Direct Patient Care in Florida

A total of 18,246 physicians are licensed but not actively practicing/not providing direct patient care in Florida. This represents 25.2% of the physicians who renewed their licenses in the 2018–2019 cohort.[19] Understanding the reasons physicians did not practice or provide direct patient care in Florida in the last 12 months is useful when considering physician attraction and retention initiatives. As shown in Figure 41, 40.7% of physicians responded that they are "Planning to move to Florida" as the main reason they have a Florida license but do not practice medicine in Florida.

Figure 41: 2018-2019 Reasons Licensed Physicians Are Not Actively Practicing Medicine

n = 16,098

Reason	Percentage
My primary role is in administration, academic, or another non-patient care activity	4.0%
Never practiced medicine in Florida	6.4%
Liability Exposure	3.9%
I am licensed and actively practicing in another state	17.4%
I don't currently reside in Florida but I'm planning to move to Florida	40.7%
Medicare/Medicaid Reimbursement Rates	1.1%
I don't reside in Florida	11.2%
Malpractice Insurance Rates	2.0%
Private Health Plan Reimbursement Rates	1.0%
Retired	12.5%

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[19] See definition on page 3.

Department Programs to Support Physician Workforce Development

The Department administers three programs that support the physician workforce in Florida: The State Primary Care Office, the Office of Rural Health, and the Office of Volunteer Health Services.

The State Primary Care Office

The goal of the State Primary Care Office is to attract and retain physicians to work in Health Professional Shortage Areas (HPSAs). Florida has 397 HPSAs: 134 are primary care, 57 are mental health, 109 are dental, and 97 are at 38 of the state correctional institutions (33 are primary care, 31 are mental health, and 33 are dental). As of July 22, 2019, there are 646 approved National Health Service Corps (NHSC) sites, with 221 of those sites having program participants. There are 378 participants in NHSC programs: 80 physicians (21.2%) who participate in the NHSC loan repayment program in medically underserved areas in Florida, and 8 physicians who are NHSC Scholars. Since the inception of the State Conrad 30 Waiver Program in 1994, more than 80%, or nearly 500 physicians, continue to practice in Florida. In addition, approximately 127 National Interest Waiver foreign physicians practice in Florida; these physicians are required to practice in underserved areas for five years.

The Office of Rural Health

The Department's Office of Rural Health provides statewide assistance on rural health issues and assists in developing and sustaining systems of care in rural communities. The office operates the National Rural Recruitment and Retention Network (3RNet) for the state of Florida. 3RNet is a national, federally supported web-based program, that assists states in matching health professionals with available practice or job opportunities in both urban and rural Health Professional Shortage Areas (HPSAs). Facilities utilizing 3RNet include county health departments, federally qualified health centers, rural hospitals, behavioral health centers, and rural health clinics. From November 2018 through the present, there have been 1,602 location views and 2,187 opportunity views. 3RNet currently has 434 active candidates and 32 active opportunities in Florida. The Office of Rural Health also supports Project ECHO in Florida. Project ECHO is a guided practice model that increases workforce capacity to provide best-practice specialty care and reduce health disparities. Project ECHO is led by expert teams that use videoconferencing to conduct virtual clinics with community providers. With Project ECHO, primary care doctors, nurses, and other clinicians learn to provide specialty care to patients in their own communities. Florida's Project ECHO hub hosted its first session, focused on palliative care, during the fall of 2019. Visit http://floridaruralhealth.org/echo for more information.

The Volunteer Health Care Provider Program

The Volunteer Health Care Provider Program improves access to medical care for uninsured and underserved low-income residents by allowing licensed health care professionals to become agents of the state. In exchange for the professional services they donate to financially eligible clients referred by the Department's agents and employees, participating medical professionals are protected by state sovereign immunity. There are currently 14,438 health care professionals serving in the Volunteer Health Care Provider Program.

Physician Workforce Advisory Council 2019 Recommendations

Completed Recommendations

1. **Implement the changes to the Physician Licensure Survey as proposed by the Physician Workforce Advisory Council.** The Department proposed several changes to the physician licensure renewal survey based on the recommendations of the Council. The survey changes were intended to provide more focused and specific data regarding specialty types and practice patterns of Florida's physician workforce. The Department completed the updates using the new survey questions and the survey was made available in the system on October 18, 2018. To date, 45.2% of the state's physicians have completed the new survey.

2. **Establish and maintain a database of all physicians practicing under the visa waiver programs in the state and monitor the long-term licensure status and practice locations of these physicians to determine the retention of these physicians in the state's health professional shortage areas.** The Department's Primary Care Office maintains a database of all physicians who have previously participated in the Conrad 30 and National Interest Waiver programs or who are currently active in the programs. Physicians practicing under the Unites States Citizen and Immigration Services programs are required to provide care to Florida's medically underserved for obligated periods of time. Currently there are 90 physicians in the Conrad 30 program and over 145 physicians in the National Interest Waiver program who are practicing in health professional shortage areas. The Department has determined over 80% of physicians who have served in these programs continue to practice medicine in Florida. The primary care office has added a field to the physician practice status report asking if the physicians intend to stay with their employers. These data are collected annually.

3. **Identify Volunteer Health Services Program clinics that could serve as rotation sites for medical students and primary care residents to provide experience working with underserved populations and supplement the physician workforce in key areas of the state.** The Department's Primary Care Office has managed a legislative appropriation to the Alachua County Organization for Rural Needs, Inc. for the past five years. The appropriation funds the training of University of Florida health care student clinicians, including medical students, as they participate in clinical rotations at various free clinics in the rural areas of Alachua, Gilchrist, Putnam, and Duval counties.

Funding for this appropriation ended June 30, 2019. Over the past five years of this funding over 10,000 health professions students completed clinical rotations in various health care clinics located in Alachua and surrounding rural counties, providing care to the medically underserved. In addition, a number of county health departments provide training opportunities for medical students and residents in clinics.

4. **Develop student diversity pipeline best practices, based on successful measures in practice throughout the state and nation, for use as a resource by Florida medical schools when implementing, improving, or measuring the impact of their pipeline programs.** Florida's nine medical schools have provided feedback about their pipeline programs to the Department and the Physician Workforce Advisory Council. Florida's medical schools have pipeline programs which target students in elementary school, middle school, high school, college, and at the post-graduate levels. Pipeline program activities for students prior to college include coaching and inspiring disadvantaged and/or minority students to go to college with skills, knowledge, and interests in math and science. The pipeline programs for the college and graduate levels also target disadvantaged and minority students with math and science majors to prepare for and pursue application for entrance to medical school. Pipeline activities include participation in community health fairs, summer programs, mentoring, shadowing in the clinical setting, academic coaching, field trips, international medical mission trips, and research projects. Florida's medical schools report their pipeline programs to be successful and essential to the goal of creating socioeconomic and gender diversity in the physician workforce of the future. The 2017 Medical School Pipeline report is located on the Physician Workforce webpage at www.FloridaHealth.gov.

5. **Collaborate with the Council of Florida Medical School Deans to develop and maintain a comprehensive database of current Graduate Medical Education (GME) residency positions in Florida with the goal of describing the current and projected areas of need that can be addressed by creating or expanding GME programs.** The Council of Florida Medical School Deans formed the GME Working Group in 2016 to collaborate on GME-related issues across the state, including workforce issues, physician wellness, research, and faculty development. The plan is to continue with this effort, and to add the data from the National Resident Matching Program (NRMP) regarding categorical positions in the residency match process each year. The Working Group determined that in 2018-2019 there were 6,713 residency slots in the state, which is 879 more than in 2016-2017.

6. **Share the Florida Telehealth Advisory Council 2017 Report, Expanding Florida's Use and Accessibility of Telehealth, with state licensing and regulatory boards, the Council of Florida Medical School Deans, as well as other relevant stakeholders.** The Telehealth Advisory Council Report from 2017 included an analysis of current uses of telehealth in Florida as well as recommendations for expanding the use of telehealth to increase access to health care for more Floridians. The revised Physician Workforce Survey includes questions regarding telehealth.

Ongoing Recommendations

7. **Enhance collaboration with the Health Resources and Services Administration (HRSA) through continued promotion of the National Health Service Corps (NHSC) Loan Repayment Program via partnerships with the Florida Association of Community Health Centers, rural hospital outpatient practices, federally qualified health centers, community health centers, and the colleges of medicine.**
    The Department continually provides ongoing technical assistance to clinicians and practice sites interested in the program. The Primary Care Office works collaboratively with the Florida Association of Community Health Centers, the Office of Rural Health, and the Volunteer Health Services Program to promote the National Health Service Corps to eligible clinics and clinicians. The Primary Care Office monitors the quarterly field strength report provided by the Health Resources and Services Administration to determine the current status of the NHSC in Florida; and to identify participants in their final year of service and send email reminders to them about recertification processes. The Primary Care Office also sends email reminders to NHSC sites about upcoming recertification application time frames. These email reminders support certification sustainability to both clinician participants and clinic sites. The Primary Care Office partners with the Office of Rural Health to inform and encourage rural health clinics and rural hospitals with primary care outpatient services about the recruitment and retention benefits of the National Health Service Corps program.

8. **Seek technical assistance from HRSA to determine action steps that will enhance applicants' success in being awarded loan repayment status as part of the NHSC Loan Repayment Program.** The Primary Care Office provides technical assistance during each NHSC loan repayment and site designation application cycle. The Primary Care Office works collaboratively with the federal regional coordinators during application periods and provides guidance and support to individual applicants to

achieve successful site designation and loan repayment awards. There are over 550 National Health Service Corps sites in Florida. Currently there are 94 primary care physicians serving through the loan repayment program.

9. **Evaluate models which forecast physician and subspecialty needs in Florida.** Seek assistance with finding, evaluating, and testing simulation models which will help predict Florida physician workforce needs in the future, and thus guide policy recommendations to the Legislature.

10. **Periodically update the Council's Strategic Plan.** Remove accomplished objectives, update objectives in process, and evaluate need for new objectives based upon the Council's charter and the needs of the citizens of Florida.

New Recommendations

11. **Determine how to best review the impact of the new GME programs.** Develop metrics to assess the impact of the new GME programs on the physician workforce.

12. **Develop steps the Department can take to help with the recruitment and retention of the best residents and fellows for Florida's training programs.** Develop common messaging to let allopathic and osteopathic students know about training opportunities in Florida and why they should have their training in Florida.

13. **Pursue the development of a statewide emergency telemedicine portal for patients during a declared emergency.** Such a portal would be useful in the event medical advice is needed, a person's physician cannot be reached, or the patient cannot be physically present. This could also be used to provide subspecialty advice to physicians (e.g. stroke telemedicine programs).

14. **The Council recommends the Florida Board of Medicine and Board of Osteopathic Medicine accept the revised questions regarding mental health into the original licensure process.** The revised questions will address the issues regarding mental health among physicians while also allowing more physicians to practice medicine in Florida.

15. **The Council recommends the Florida Legislature create a state-level student loan reimbursement program to assist physicians who can fill specific gaps in location and subspecialty in Florida.**

16. Review Accreditation Council for Graduate Medical Education (ACGME) and board curriculum requirements to determine if they meet the needs of graduates to enable them to serve their patients. For example, GME residents entering primary care medicine need to have sufficient training in Pre-exposure prophylaxis (or PrEP), medication-assisted treatment (MAT), recognition of human trafficking, and recognition and treatment of mental health disorders.

Conclusion

The Florida Department of Health renews its commitment to review and assess current and future physician workforce needs in Florida. Physician workforce assessment and planning in this state has resulted in new information for policymakers on clinical practice, geographic location, and scope of practice for Florida physicians. The continuing refinement, evaluation, and reporting of this information will assist in the state's effort to meet current and future physician workforce needs.

Key information from this report for policy consideration includes:

- During the last ten-year period, the number of active and practicing physicians increased just over 28%, from 41,274 as reported in 2009–2010 to 52,936 in 2018–2019. During this same time, the population of Florida increased over 13%, from 18.8 million to 21.3 million.

- Physicians are generally concentrated in populous counties and within large, urban population centers. Physicians working in rural areas are more likely to be primary care providers. Survey results indicated that 98% of physicians work in urban counties while 2% work in Florida's 30 rural counties. See Appendix A for details.

- Gender and ethnic diversity of Florida's physician workforce has increased since 2009–2010. The percentage of female physicians has increased from 23.6% in 2009–2010 to 30% in 2018–2019, and the percentage of Hispanic, Asian, African American, and Native American physicians has increased 6.3%.

- Physicians continue to specialize, with more physicians practicing in specialties than in primary care. However, the percentage of primary care physicians in 2018–2019 (34.9%) has increased slightly from what it was in 2012–2013 (33.4%).

- Each year physicians report if they are planning to retire. The percentage of physicians who reported that they are planning to retire within the next five years was increasing from 13.2% in 2012–2013 to 16.6% in 2017–2018, but in 2018–2019 it decreased to 12.5%.

Appendix A: Physician Workforce per Capita by County, 2018–2019

This map illustrates a per capita distribution of practicing physicians at the county level. Miami-Dade, Broward, and Palm Beach Counties combined have almost one-third (32.2%) of all practicing physicians in Florida. Miami-Dade County alone has 14.4% of all practicing physicians. Even though these are the three most populous counties, when looking at the per capita distribution of physicians, Alachua (63.2), Seminole (45.2), Sarasota (42.1), Duval (33.5), and Escambia (30.9) counties have the highest per capita rate. There are 23 counties (34.3%) whose per capita rate is less than 10.

Physicians Per 10,000 Population

- 1 – 10
- 10.1 – 25
- 25.1 – 50
- >50
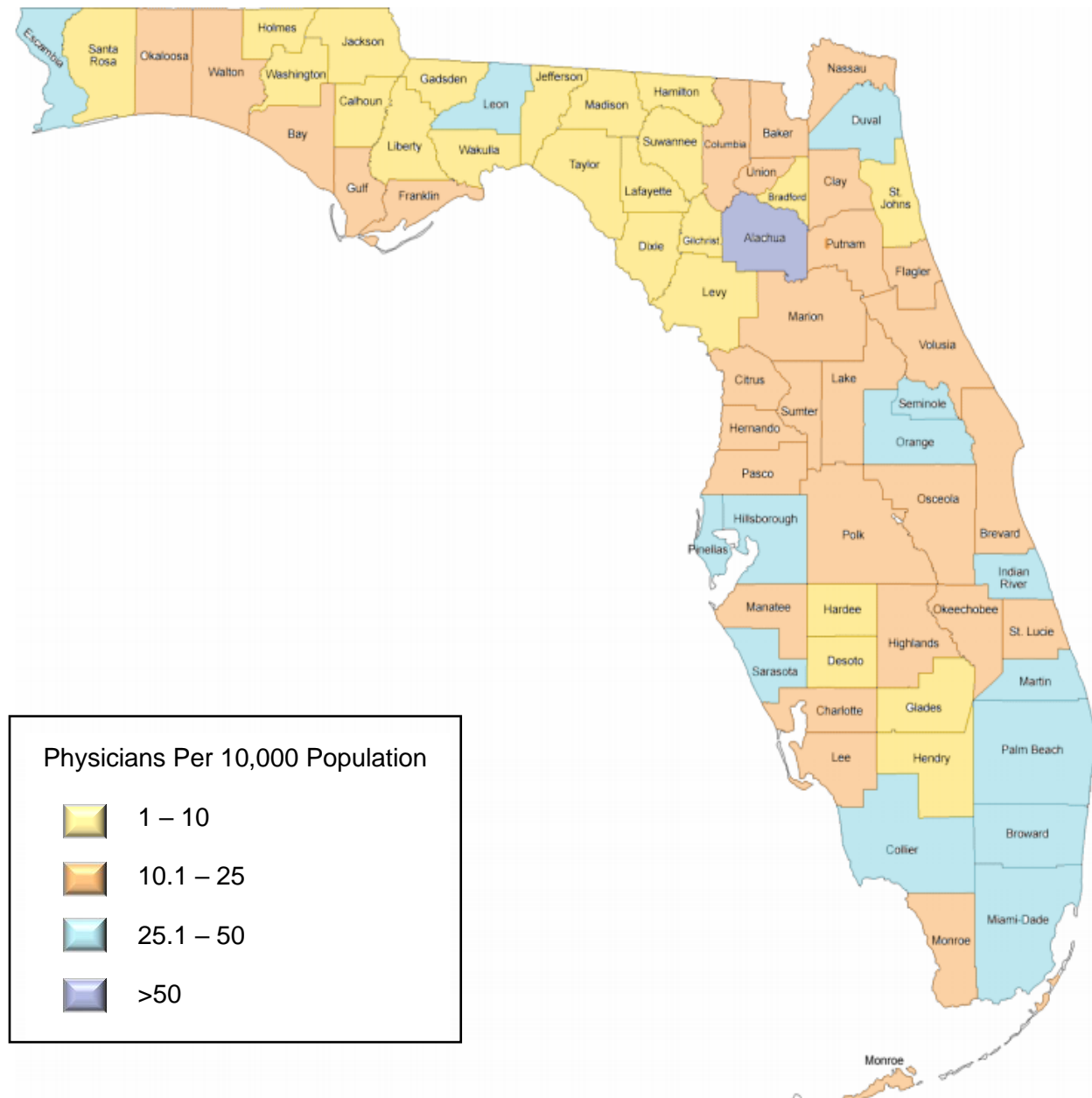
Appendix B: Change in Practicing Physicians by County

Figures B-1 and B-2 show a history of practicing physicians by county for the last six report cohorts.

Figure B-1: Number of Practicing Physicians by County by Year

County	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019
Alachua	1,370	1,426	1,443	1,429	1,615	1,666
Baker	42	38	37	39	46	40
Bay	380	380	395	400	424	418
Bradford	23	21	24	25	21	20
Brevard	1,240	1,231	1,260	1,254	1,333	1,377
Broward	4,209	4,269	4,346	4,342	4,767	4,878
Calhoun	9	9	8	8	11	10
Charlotte	348	338	348	332	361	376
Citrus	238	249	245	225	258	259
Clay	283	285	315	322	349	368
Collier	823	819	829	835	954	998
Columbia	136	139	144	137	142	143
Desoto	31	31	27	25	25	26
Dixie	10	12	11	15	13	5
Duval	2,707	2,762	2,828	2,851	3,093	3,199
Escambia	841	878	885	881	952	981
Flagler	121	129	139	139	150	144
Franklin	15	14	10	8	12	13
Gadsden	40	40	39	35	34	29
Gilchrist	8	8	5	7	6	5
Glades	8	7	7	8	6	5
Gulf	16	18	15	13	19	21
Hamilton	7	7	5	4	3	6
Hardee	13	13	14	12	9	10
Hendry	23	24	25	25	33	30
Hernando	300	300	313	324	334	325
Highlands	190	197	195	189	195	194
Hillsborough	3,356	3,470	3,611	3,696	4,041	4,167
Holmes	16	16	13	11	16	16
Indian River	369	371	379	370	425	430
Jackson	60	57	52	47	52	49
Jefferson	6	8	8	6	7	5
Lafayette	4	4	2	2	3	1
Lake	618	642	684	671	704	705
Lee	1,254	1,275	1,336	1,332	1,483	1,506
Leon	661	632	656	667	750	764
Levy	15	15	15	15	14	13
Liberty	0	1	2	1	2	2
Madison	10	8	9	8	9	10

County	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019
Manatee	592	591	611	631	689	693
Marion	593	618	601	598	680	684
Martin	358	367	388	398	443	443
Miami-Dade	6,535	6,648	6,697	6,726	7,313	7,407
Monroe	171	180	180	181	187	186
Nassau	85	83	80	76	76	87
Okaloosa	412	414	419	430	460	454
Okeechobee	57	56	49	58	61	55
Orange	2,808	2,844	2,977	3,079	3,473	3,660
Osceola	454	477	515	530	650	625
Palm Beach	3,710	3,804	3,919	3,901	4,262	4,241
Pasco	820	824	828	835	923	922
Pinellas	2,555	2,568	2,620	2,613	2,874	2,878
Polk	941	945	975	1,001	1,121	1,090
Putnam	107	97	84	88	98	97
Santa Rosa	174	165	172	171	193	195
Sarasota	1,074	1,092	1,119	1,126	1,267	1,284
Seminole	666	660	687	712	774	793
St. Johns	327	339	347	338	385	400
St. Lucie	414	426	428	410	447	474
Sumter	123	126	148	161	188	187
Suwannee	22	17	22	28	25	25
Taylor	16	17	20	22	18	16
Union	14	13	22	25	26	26
Volusia	1,015	1,051	1,049	1,040	1,140	1,122
Wakulla	9	10	9	8	9	7
Walton	87	91	89	89	94	92
Washington	18	19	12	10	14	13
State Totals	**43,957**	**44,685**	**45,746**	**45,995**	**50,561**	**51,370**[20]

[20] This total does not include the 1,566 physicians who did not report their county.

Figure B-2: Percentage Increase or Decrease by County

County	2013-2014 to 2014-2015	2014-2015 to 2015-2016	2015-2016 to 2016-2017	2016-2017 to 2017-2018	2017-2018 to 2018-2019	2013-2014 to 2018-2019
Alachua	4.1%	1.2%	-1.0%	13.0%	3.2%	21.6%
Baker	-9.5%	-2.6%	5.4%	17.9%	-13.0%	-4.8%
Bay	0.0%	3.9%	1.3%	6.0%	-1.4%	10.0%
Bradford	-8.7%	14.3%	4.2%	-16.0%	-4.8%	-13.0%
Brevard	-0.7%	2.4%	-0.5%	6.3%	3.3%	11.0%
Broward	1.4%	1.8%	-0.1%	9.8%	2.3%	15.9%
Calhoun	0.0%	-11.1%	0.0%	37.5%	-9.1%	11.1%
Charlotte	-2.9%	3.0%	-4.6%	8.7%	4.2%	8.0%
Citrus	4.6%	-1.6%	-8.2%	14.7%	0.4%	8.8%
Clay	0.7%	10.5%	2.2%	8.4%	5.4%	30.0%
Collier	-0.5%	1.2%	0.7%	14.3%	4.6%	21.3%
Columbia	2.2%	3.6%	-4.9%	3.6%	0.7%	5.1%
Desoto	0.0%	-12.9%	-7.4%	0.0%	4.0%	-16.1%
Dixie	20.0%	-8.3%	36.4%	-13.3%	-61.5%	-50.0%
Duval	2.0%	2.4%	0.8%	8.5%	3.4%	18.2%
Escambia	4.4%	0.8%	-0.5%	8.1%	3.0%	16.6%
Flagler	6.6%	7.8%	0.0%	7.9%	-4.0%	19.0%
Franklin	-6.7%	-28.6%	-20.0%	50.0%	8.3%	-13.3%
Gadsden	0.0%	-2.5%	-10.3%	-2.9%	-14.7%	-27.5%
Gilchrist	0.0%	-37.5%	40.0%	-14.3%	-16.7%	-37.5%
Glades	-12.5%	0.0%	14.3%	-25.0%	-16.7%	-37.5%
Gulf	12.5%	-16.7%	-13.3%	46.2%	10.5%	31.3%
Hamilton	0.0%	-28.6%	-20.0%	-25.0%	100.0%	-14.3%
Hardee	0.0%	7.7%	-14.3%	-25.0%	11.1%	-23.1%
Hendry	4.3%	4.2%	0.0%	32.0%	-9.1%	30.4%
Hernando	0.0%	4.3%	3.5%	3.1%	-2.7%	8.3%
Highlands	3.7%	-1.0%	-3.1%	3.2%	-0.5%	2.1%
Hillsborough	3.4%	4.1%	2.4%	9.3%	3.1%	24.2%
Holmes	0.0%	-18.8%	-15.4%	45.5%	0.0%	0.0%
Indian River	0.5%	2.2%	-2.4%	14.9%	1.2%	16.5%
Jackson	-5.0%	-8.8%	-9.6%	10.6%	-5.8%	-18.3%
Jefferson	33.3%	0.0%	-25.0%	16.7%	-28.6%	-16.7%
Lafayette	0.0%	-50.0%	0.0%	50.0%	-66.7%	-75.0%
Lake	3.9%	6.5%	-1.9%	4.9%	0.1%	14.1%
Lee	1.7%	4.8%	-0.3%	11.3%	1.6%	20.1%
Leon	-4.4%	3.8%	1.7%	12.4%	1.9%	15.6%
Levy	0.0%	0.0%	0.0%	-6.7%	-7.1%	-13.3%
Liberty	100.0%	100.0%	-50.0%	100.0%	0.0%	200.0%
Madison	-20.0%	12.5%	-11.1%	12.5%	11.1%	0.0%
Manatee	-0.2%	3.4%	3.3%	9.2%	0.6%	17.1%
Marion	4.2%	-2.8%	-0.5%	13.7%	0.6%	15.3%
Martin	2.5%	5.7%	2.6%	11.3%	0.0%	23.7%
Miami-Dade	1.7%	0.7%	0.4%	8.7%	1.3%	13.3%
Monroe	5.3%	0.0%	0.6%	3.3%	-0.5%	8.8%

County	2013-2014 to 2014-2015	2014-2015 to 2015-2016	2015-2016 to 2016-2017	2016-2017 to 2017-2018	2017-2018 to 2018-2019	2013-2014 to 2018-2019
Nassau	-2.4%	-3.6%	-5.0%	0.0%	14.5%	2.4%
Okaloosa	0.5%	1.2%	2.6%	7.0%	-1.3%	10.2%
Okeechobee	-1.8%	-12.5%	18.4%	5.2%	-9.8%	-3.5%
Orange	1.3%	4.7%	3.4%	12.8%	5.4%	30.3%
Osceola	5.1%	8.0%	2.9%	22.6%	-3.8%	37.7%
Palm Beach	2.5%	3.0%	-0.5%	9.3%	-0.5%	14.3%
Pasco	0.5%	0.5%	0.8%	10.5%	-0.1%	12.4%
Pinellas	0.5%	2.0%	-0.3%	10.0%	0.1%	12.6%
Polk	0.4%	3.2%	2.7%	12.0%	-2.8%	15.8%
Putnam	-9.3%	-13.4%	4.8%	11.4%	-1.0%	-9.3%
Santa Rosa	-5.2%	4.2%	-0.6%	12.9%	1.0%	12.1%
Sarasota	1.7%	2.5%	0.6%	12.5%	1.3%	19.6%
Seminole	-0.9%	4.1%	3.6%	8.7%	2.5%	19.1%
St. Johns	3.7%	2.4%	-2.6%	13.9%	3.9%	22.3%
St. Lucie	2.9%	0.5%	-4.2%	9.0%	6.0%	14.5%
Sumter	2.4%	17.5%	8.8%	16.8%	-0.5%	52.0%
Suwannee	-22.7%	29.4%	27.3%	-10.7%	0.0%	13.6%
Taylor	6.3%	17.6%	10.0%	-18.2%	-11.1%	0.0%
Union	-7.1%	69.2%	13.6%	4.0%	0.0%	85.7%
Volusia	3.5%	-0.2%	-0.9%	9.6%	-1.6%	10.5%
Wakulla	11.1%	-10.0%	-11.1%	12.5%	-22.2%	-22.2%
Walton	4.6%	-2.2%	0.0%	5.6%	-2.1%	5.7%
Washington	5.6%	-36.8%	-16.7%	40.0%	-7.1%	-27.8%
Statewide	**1.7%**	**2.4%**	**0.5%**	**9.9%**	**1.6%**	**16.9%**

Appendix C: Revised Physician Workforce Survey

PHYSICIAN WORKFORCE SURVEY

Assessing Florida's current and future physician workforce is important. Section 381.4018, Florida Statutes requires that the Department of Health evaluate the geographic distribution and specialty mix of active Florida physicians through this survey. Your responses will be instrumental in shaping Florida's healthcare policies. Thank you for your time and effort in completing the questions below.

License Number: _____ **Name:** _____

☐ D.O.   ☐ M.D.   (Please check one)

1. Are you currently enrolled in an internship, residency, or fellowship program?
   - Yes
   - No

If you answered Yes to Question 1, complete questions 1.1 and 1.2 and then **STOP**.

   1.1 Program Specialty? (Enter code from list provided) _____

   1.2 Post-Graduate Year? (PGY-1 through PGY-7) _____

2. What is your primary specialty?_____(Enter code from list provided) Are you board certified in this specialty?   - Yes
                                                       - No

3. List any additional specialties and indicate if you are board certified in the additional specialty(ies): (Enter code from list provided)
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

4. In the last 12 months, how much time was spent in direct patient care in Florida?
   - Did not provide direct patient care in Florida in the last 12 months (Go to Question 5)
   - 1% – 25%
   - 26% - 50%
   - 51% - 75%
   - 76% - 100%

Complete Question 5 if you answered Question 4 "Did not provide patient care in Florida in the last 12 months." Otherwise skip to Question 6.

PHYSICIAN WORKFORCE SURVEY

5. The main reason you answered Question 4 "Did not provide direct patient care in Florida in the last 12 months" is (choose only one):
   - ⬭ Never practiced medicine in Florida
   - ⬭ Retired
   - ⬭ My primary role is in administration, academic, or another non-patient care activity
   - ⬭ Expensive malpractice insurance rates
   - ⬭ Liability exposure
   - ⬭ Low Medicare/Medicaid reimbursement rates
   - ⬭ Low private health plan reimbursement rates
   - ⬭ I don't reside in Florida
   - ⬭ I don't currently reside in Florida but I'm planning to move to Florida:
     - ◯ In 1 – 2 years
     - ◯ In 3 – 4 years
     - ◯ In greater than 4 years
   - ⬭ I am licensed and actively practicing in another state. Please list the states that you hold licenses in:

   _____

6. Did you relocate to Florida within the past 5 years?
   - ⬭ Yes (Answer Question 6.1 and 6.2)
   - ⬭ No (Skip to question 7)

   6.1 Are you now providing direct patient care in Florida?
   - ◯ Yes
   - ◯ No

   6.2 What are the reasons you relocated to Florida?
   - ◯ Compensation
   - ◯ Family
   - ◯ New employment opportunity
   - ◯ Other, please explain:

Please answer the following questions regarding your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA (i.e., the practice in which you spend the majority of your time).

7. In what year did you begin practicing in your current main medical practice?*

8. County (Enter code from list provided) _____

9. ZIP Code _____

PHYSICIAN WORKFORCE SURVEY

10. Are you a full or part owner of your main medical practice?* (choose only one)
   ⬭ Yes, I am a full or part owner
   ⬭ No, I am an employee
   ⬭ No, I am an independent contractor

11. Which of the following <u>best </u>describes your main medical practice?* (choose only one)
   ⬭ Solo practice
   ⬭ Single specialty group practice
   ⬭ Multi-specialty group practice
   ⬭ Faculty practice plan
   ⬭ Hospital [Do not show if you answered "Yes, I am a full or part owner" in Question 10]
   ⬭ Ambulatory surgery center
   ⬭ Urgent care facility
   ⬭ HMO/managed care organization [Do not show if you answered "Yes, I am a full or part owner" in Question 10]
   ⬭ Medical school
   ⬭ Other (please specify):
   .

If you selected "No, I am an employee" in Question 10 and "Hospital" in Question 11, answer Question 12, otherwise continue to instructions for Question 13.

12. Are you employed <u>directly </u>by a hospital or are you employed by a practice that is owned by a hospital?* (choose only one):
   ⬭ Directly by a hospital
   ⬭ A practice that is owned by a hospital
   ⬭ Don't know
If you selected "No, I am an independent contractor" in Question 10 and "Hospital" in Question 11, answer Question 13, otherwise continue to instructions for Question 14.

13. Is your contract <u>directly </u>with a hospital, or with a practice that is owned by a hospital?*
   ⬭ Directly with a hospital
   ⬭ A practice that is owned by a hospital
   ⬭ Don't know

If you selected "Directly by a hospital" or "Don't know" in Question 12 <u>OR</u> "Directly with a hospital" or "Don't know" in Question 13, skip to Question 18.

PHYSICIAN WORKFORCE SURVEY

If you selected "A practice that is owned by a hospital" in Question 12 or "A practice that is owned by a hospital" in Question 13, answer Question 14, otherwise continue to instructions for Question 15.

14. Which of the following best describes that practice?* (choose only one)
    ◯ Single specialty group practice
    ◯ Multi-specialty group practice
    ◯ Faculty practice plan
    ◯ Ambulatory surgical center
    ◯ Urgent care facility
    ◯ Other (please specify):
    .

If you selected "Faculty practice plan" in Question 11 or "Faculty practice plan" in Question 14, answer Question 15, otherwise continue to instructions for Question 16.

15. Is that faculty practice plan single or multi-specialty?*
    ◯ Single specialty
    ◯ Multi-specialty

If you selected "Single Specialty", "Multi-Specialty", "Ambulatory Surgical Center", "Urgent Care Facility", or "Other" in Question 11, answer Question 16, otherwise skip to instructions for Question 17.

16. Which of the following best describes the ownership of your practice?* (choose only one)
    ◯ Wholly owned by one or more physicians in the practice
    ◯ Wholly owned by an HMO/Managed care organization [Do not show if you answered "Yes, I am a full or part owner" in Question 10]
    ◯ Jointly owned between physicians in the practice and a hospital or hospital system
    ◯ Wholly owned by a hospital or hospital system [Do not show if you answered "Yes, I am a full or part owner" in Question 10]
    ◯ Wholly owned by a not-for-profit foundation
    ◯ Other: (please specify)
    .

If you selected "Solo practice" in Question 11, skip to Question 18, otherwise answer Question 17.

17. Including yourself, how many physicians are in your practice? Please include all of your practice locations/sites in your answer. _____

PHYSICIAN WORKFORCE SURVEY

Of your total hours worked at your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA in a week, how many hours do you spend on:

18. Patient Care _____
19. Administrative Matters ____
20. Research & Teaching _____
21. Other _____

22. What percentage of your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA is:

    Inpatient (includes emergency centers attached to hospitals):
    _____%

    Outpatient (includes nursing homes, urgent care centers, free-standing emergency centers, etc.):
    _____%
    Total should equal 100%

23. How many patients on average do you see per week in your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA? _

24. If you are taking new patients, what is the typical wait time for a new patient appointment in your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA? (choose only one)
    - ◯ Same day
    - ◯ 1-3 days
    - ◯ 1 week
    - ◯ 2-4 weeks
    - ◯ > 4 weeks
    - ◯ N/A (not taking new patients)

HOSPITAL CARE QUESTIONS

If you selected "Hospital" in Question 11 OR you provide any hospital services or on-call duties, answer Questions 25 through 29, otherwise skip to Question 30.

25. At how many individual hospitals do you provide on-call emergency room coverage?

26. On average over the past year, how many total days per month do you take emergency calls?
    _____

27. At which type of verified trauma center do you take trauma calls or attend to trauma patients? (choose only one)
    - ◯ Do not take trauma calls
    - ◯ Level I
    - ◯ Level II
    - ◯ Pediatric

PHYSICIAN WORKFORCE SURVEY

28. If you are decreasing your on-call days, what is the main reason? (choose only one)
    - ⬯ Retiring
    - ⬯ Lifestyle considerations
    - ⬯ Liability exposure
    - ⬯ Private health plan reimbursement rates
    - ⬯ Medicare/Medicaid reimbursement rates
    - ⬯ Compensation
    - ⬯ Malpractice insurance rates
    - ⬯ Work in an urgent care clinic
    - ⬯ N/A (not decreasing on-call days)
    - ⬯ Other

29. Do you primarily provide patient care as:

Hospitalist	⬯ Yes	⬯ No
Intensivist	⬯ Yes	⬯ No
Laborist	⬯ Yes	⬯ No
None of the above	⬯	

Medicare/Medicaid Participation

30. What percentage of your practice includes patients on Medicare?
    - ⬯ I do not take patients on Medicare (Answer Question 31, otherwise skip to Question 32)
    - ⬯ 1% – 25%
    - ⬯ 26% - 50%
    - ⬯ 51% - 75%
    - ⬯ 76% - 100%
    - ⬯ Other, please specify:

31. What is the main reason you do not take patients on Medicare? (Answer and then skip to Question 34)
    - ⬯ Low compensation
    - ⬯ Billing requirements
    - ⬯ Too much paperwork
    - ⬯ Practice at full capacity
    - ⬯ Concerned about fraud issues
    - ⬯ Other, please describe: _____

PHYSICIAN WORKFORCE SURVEY

32. Do you accept new patients on Medicare into your practice
    ○ Yes
    ○ No

    If No, what is the main reason you are NOT currently accepting new patients on Medicare in your practice?
    ○ Low compensation
    ○ Billing requirements
    ○ Too much paperwork
    ○ Practice at full capacity
    ○ Concerned about fraud issues
    ○ Other, please describe: _____

33. Do you limit your practice in any way for patients on Medicare?
    ○ Yes
    ○ No

    If yes, how? (choose only one)
    ○ Limit number of new Medicare patients
    ○ I am dismissing current Medicare patients
    ○ Other, please describe: _____

34. What percentage of your practice includes patients on Medicaid or Medicaid HMO plans?
    ○ I do not accept patients on Medicaid. (Answer Question 35, otherwise skip to Question 36)
    ○ 1% – 25%
    ○ 26% - 50%
    ○ 51% - 75%
    ○ 76% - 100%
    ○ Other, please specify: _____

35. What is the main reason you do not accept patients on Medicaid? (Answer and then skip to Question 38)
    ○ Low compensation
    ○ Billing requirements
    ○ Too much paperwork
    ○ Practice at full capacity
    ○ Concerned about fraud issues
    ○ Other, please describe: _____

PHYSICIAN WORKFORCE SURVEY

36. Do you accept new patients on Medicaid into your practice?
    ○ Yes
    ○ No

    If No, what is the main reason you are NOT currently accepting new patients on Medicaid in your practice (choose only one)?
        ○ Low compensation
        ○ Billing requirements
        ○ Too much paperwork
        ○ Practice at full capacity
        ○ Concerned about fraud issues
        ○ Other, please describe: _____

37. Do you limit your practice in any way for patients on Medicaid or Medicaid HMO plans?
    ○ Yes
    ○ No

    If Yes, how? (choose only one)
        ○ Limit number of new Medicaid patients
        ○ I am dismissing current Medicaid patients
        ○ Other, please describe: _____

Planned Changes in Practice

38. Do you plan to stop providing direct patient care in Florida sometime within the next 5 years?
    ○ Yes
    ○ No (Skip to Question 40)
    ○ N/A (Skip to Question 40)

39. If Yes, your main reason for stopping providing direct patient care is (choose only one)
    ○ Planned retirement date approaching
    ○ Compensation
    ○ Family
    ○ Liability exposure
    ○ Private health plan reimbursement rates
    ○ Medicare/Medicaid reimbursement rates
    ○ Malpractice insurance rates
    ○ Plan to practice medicine in other states via tele-medicine
    ○ Other, please describe: _____

40. Do you plan to move to work in another state in the next 5 years?
    ○ Yes
    ○ No (skip to Question 42)

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PHYSICIAN WORKFORCE SURVEY

41. If Yes, the main reason for moving to work in another state is (choose only one)
    ○ Family
    ○ Compensation
    ○ Liability exposure
    ○ Malpractice insurance rates
    ○ Private health plan reimbursement rates
    ○ Medicare/Medicaid reimbursement rates
    ○ Looking for a change
    ○ Education/training in another state
    ○ Other, please describe: _____

42. Do you plan to change your specialty in the next 5 years?
    ○ Yes
    ○ No (skip to Question 44)

43. If Yes, the main reason for changing your specialty is (choose only one)
    ○ Compensation
    ○ Family
    ○ Liability exposure
    ○ Malpractice insurance rates
    ○ Medicare/Medicaid reimbursement rates
    ○ Private health plan reimbursement rates
    ○ Other, please describe

44. What type of telemedicine delivery system do you use in your private office or group practice setting? Select all that apply.
    ○ None (I do not provide telemedicine services) (Skip to Question 46)
    ○ Live, interactive video conferencing - presenting site
    ○ Live, interactive video conferencing - receiving site
    ○ Store and forward
    ○ Remote patient monitoring
    ○ Direct to patient – videoconferencing
    ○ Direct to patient – telephonic only
    ○ Other, please describe _____

PHYSICIAN WORKFORCE SURVEY

45. For what types of patient care do you utilize telemedicine in your private office or group practice setting? Select all that apply.
    - ⬭ None (I do not provide telemedicine services)
    - ⬭ Radiology
    - ⬭ Neurology
    - ⬭ Psychiatry/Mental Health/Behavioral Health
    - ⬭ Dermatology
    - ⬭ Intensive Care/Critical Care
    - ⬭ Primary Care
    - ⬭ Pediatric Care/Pediatric Specialty Care
    - ⬭ Extend Care/Post-Discharge/Home Health/Remote Patient Monitoring
    - ⬭ Emergency Trauma Care
    - ⬭ Tele-pharmaceutical/Tele-prescribing/Medication Compliance
    - ⬭ Chronic Disease/Cancer
    - ⬭ Other, please describe _____

46. Are you/your employer actively recruiting for a new physician in your specialty?
    - ⬭ Yes
    - ⬭ No (Skip to Question 49)

47. If yes to Question 46, how long have you been recruiting?
    - ⬭ 0-3 months
    - ⬭ 3-6 months
    - ⬭ 6-12 months
    - ⬭ > 12 months

48. If yes to Question 46, select the most important factor limiting your recruitment:
    - ⬭ Salary/financial requirements for new hire
    - ⬭ Recruiting to my location
    - ⬭ Finding adequately qualified candidate in my specialty
    - ⬭ Finding any candidate in my specialty
    - ⬭ Unwillingness of insurance networks to credential a new associate
    - ⬭ Communication skills in English
    - ⬭ Florida professional liability climate
    - ⬭ Other, please describe _____

PHYSICIAN WORKFORCE SURVEY

49. Is your CURRENT MAIN MEDICAL PRACTICE located in a designated Health Professional Shortage Area (HPSA)? *[Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons.]* https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx
    - ⬭ Yes
    - ⬭ No (Skip to Attestation and Specialty questions)
    - ⬭ Unsure (Skip to Attestation and Specialty questions)

50. With your CURRENT MAIN MEDICAL PRACTICE located in a HPSA, are you familiar with Federal and state programs available to help recruit physicians to work in a HPSA?
    - ⬭ Yes (If Yes, indicate which programs you are familiar with)
        - o National Health Service Corps scholarship and loan repayment
        - o Nurse Corps loan repayment
        - o Rural health clinic certification
        - o Florida Area of Critical Need facility designation
        - o Medicare bonus payments for practices in Geographic HPSAs
        - o None of the above
        - o All of the above
        - o Other (please designate): _____
    - ⬭ No
    - ⬭ Unsure

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Attestation Statement

The attestation of the physician named on Survey Page 1 is required by Florida law, confirming that: "The information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information."

Signature:_____   Date: _____

PHYSICIAN WORKFORCE SURVEY
Specialty Questions

Please review the following list of specialties and answer the questions associated with your primary specialty (Question 2) at your primary practice location. If you have indicated a specialty without associated questions, please stop here. Thank you for completing the survey.

CRITICAL CARE MEDICINE
51. Indicate which category of patient you see: (Select all that apply)
   - ICU
   - Trauma Unit
   - Burn Unit
   - N/A

OB-GYN
52. Do you deliver babies?
   - Yes
   - No

53. How many routine deliveries do you perform per month?
   - None
   - 1 - 10 per month
   - 11 - 20 per month
   - 21 - 30 per month
   - 31 or more per month

54. How many high-risk deliveries do you perform per month?
   - None
   - 1 - 10 per month
   - 11 - 20 per month
   - 21 - 30 per month
   - 31 or more per month

55. How many C-sections do you perform per month?
   - None
   - 1 - 10 per month
   - 11 - 20 per month
   - 21 - 30 per month
   - 31 or more per month

56. How many unassigned/drop-in deliveries do you perform per month for patients having minimal or no "known" prenatal care?
   - None
   - 1 - 10 per month
   - 11 - 20 per month
   - 21 - 30 per month
   - 31 or more per month

PHYSICIAN WORKFORCE SURVEY

57. How many delivery assists or consultative services do you perform per month?
- ○ None
- ○ 1 - 10 per month
- ○ 11 - 20 per month
- ○ 21 - 30 per month
- ○ 31 or more per month

58. Are you planning to discontinue doing obstetric care for any reason in the next two years?
- ○ Yes
- ○ No

Answer if "Yes" selected in Question 58, otherwise skip to Question 60.

59. Check all reasons that apply:
- ○ Retiring
- ○ High medical malpractice litigation
- ○ Government reimbursement rates
- ○ Planning to move out of state
- ○ Cost of professional insurance
- ○ Liability exposure
- ○ Private health plan reimbursement rates
- ○ Do not maintain a full-time residence in Florida
- ○ Other (please specify) _____

60. Are you protected by the NICA program?
- ○ Yes
- ○ No

Answer if "No" selected in Question 60.

61. What is the most important reason (pick only one)
- ○ Too costly
- ○ I don't know anything about the program
- ○ Inadequate Protection
- ○ Other (please specify) _____

RADIOLOGY

62. Do you see a particular category of patients? (Choose all that apply)
- ○ Mammography
- ○ GI Radiology
- ○ Neuroradiology
- ○ GU Radiology
- ○ Pediatric Radiology
- ○ General Radiology
- ○ Nuclear Medicine
- ○ Cardiothoracic Radiology
- ○ Musculoskeletal Radiology
- ○ Interventional Radiology
- ○ N/A

PHYSICIAN WORKFORCE SURVEY

Answer Questions 61-65 if "Mammography" was selected in Question 62, otherwise skip to Question 68.

  Do you:

 63. Read screening mammograms?
   ◯ Yes
   ◯ No
 64. Read diagnostic mammograms and sonograms?
   ◯ Yes
   ◯ No
 65. Read breast MRI's?
   ◯ Yes
   ◯ No
 66. Perform MRI guided core biopsies?
   ◯ Yes
   ◯ No
 67. Perform ultrasound and stereotactic guided core biopsies?
   ◯ Yes
   ◯ No

Answer Question 68 if "Mammography" was not selected in Question 62, otherwise skip to Question 69.
 68. Please choose the most important reason why you do not see mammography
      patients.
   ◯ Mammography is not performed in my practice setting
   ◯ Other members of my practice/organization perform this function
   ◯ Low private health plan reimbursement rates
   ◯ Low government reimbursement rates
   ◯ High cost of professional insurance
   ◯ Liability exposure
   ◯ Other (please specify) _____

 69. Do you consider yourself a pediatric radiologist?
   ◯ Yes
   ◯ No

Answer if "Yes" was selected in Question 69, otherwise skip to 71.
 70. Do you practice (check all that apply):
   ◯ Musculoskeletal
   ◯ Nuclear Medicine
   ◯ General
   ◯ Neuroradiology
   ◯ Interventional Radiology

PHYSICIAN WORKFORCE SURVEY

71. Identify your type of work location (check all that apply):
    - ○ Hospital
    - ○ Stand-alone imaging center
    - ○ Hospital-based imaging center
    - ○ Off-site (Internet-Based) radiology
    - ○ Multispecialty group imaging center
    - ○ Other (please specify) _____

72. Are you a radiation oncologist?
    - ○ Yes
    - ○ No

Answer if "Yes" was selected in Question 72.
73. Check the circles if you see patients in the following categories or with the conditions listed (check all that apply):
    - ○ Adult
    - ○ Pediatrics
    - ○ HDR Implants
    - ○ IMRT
    - ○ Brachytherapy (LDR)
    - ○ SRS/SRT (defined as 1-5 fractions, each fraction greater than or equal to 800cGY)
    - ○ All of the above
    - ○ N/A

EMERGENCY MEDICINE
74. Choose the patients you see in the following categories (check all that apply):
    - ○ Adult
    - ○ Pediatrics
    - ○ OB / GYN
    - ○ Trauma
    - ○ Psychiatric Care
    - ○ General Orthopedics
    - ○ N/A

*** END OF SURVEY ***

PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

1 Anesthesiology
0100 Adult General
0101 Pediatric General
0102 Addiction Medicine
0103 Critical Care Medicine
0104 Hospice & Palliative Medicine
0105 Pain Medicine

2 Dermatology
0200 Dermatology, General
0201 Dermatological Immunology
0202 Dermatopathology
0203 MOHS Micrographic Surgery
0204 Pediatric Dermatology

3 Emergency Medicine
0300 Emergency Medicine, General
0301 Emergency Medical Services
0302 Hospice & Palliative Medicine
0303 Medical Toxicology
0304 Pediatric Emergency Medicine
0305 Sports Medicine
0306 Undersea & Hyperbaric Medicine

4 Family Medicine
0400 Family Medicine, General
0401 Addiction Medicine
0402 Adolescent Medicine
0403 Geriatric Medicine
0404 HIV Medicine
0405 Hospice & Palliative Medicine
0406 Hospitalist
0407 Sleep Medicine
0408 Sports Medicine

5 Internal Medicine
0500 Internal Medicine, General
0501 Addiction Medicine
0502 Allergy & Immunology
0503 Advanced Heart Failure & Transplant Cardiology
0504 Cardiology
0505 Clinical Cardiac Electrophysiology
0506 Critical Care Medicine
0507 Endocrinology
0508 Gastroenterology
0509 Geriatric Medicine

0510 Hematology
0511 Hematology & Oncology
0512 HIV Medicine
0513 Hospice & Palliative Medicine
0514 Hospitalist
0515 Infectious Disease
0516 Intensivist
0517 Interventional Cardiology
0518 Oncology
0519 Nephrology
0520 Pulmonary Disease
0521 Rheumatology
0522 Sleep Medicine
0523 Sports Medicine
0524 Transplant Hepatology
0524 Undersea & Hyperbaric Medicine

6 Medical Genetics
0600 Medical Genetics, General
0601 Clinical Biochemical Genetics
0602 Clinical Cytogenetics
0603 Clinical Molecular Genetics
0604 Medical Biochemical Genetics
0605 Molecular Genetic Pathology

7 Neurology
0700 Neurology, General
0701 Addiction Medicine
0702 Clinical Neurophysiology
0703 Epilepsy
0704 Hospice & Palliative Medicine
0705 Neurodevelopmental Disabilities
0706 Neuromuscular Medicine
0707 Pain Medicine
0708 Pediatric Neurology
0709 Sleep Medicine
0710 Vascular Neurology

8 Nuclear Medicine
0800 Nuclear Medicine, General
0801 Nuclear Cardiology
0802 Nuclear Imaging & Therapy
0803 Nuclear Radiology
0804 In Vivo & In Vitro Nuclear Medicine

PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

9 Obstetrics & Gynecology
0900 Obstetrics & Gynecology, General
0901 Critical Care Medicine
0902 Gynecologic Oncology
0903 Hospice & Palliative Medicine
0904 Laborist
0905 Maternal & Fetal Medicine
0906 Reproductive Endocrinology
0907 Urogynecology

10 Ophthalmology
1000 Ophthalmology, General

11 Orthopedic Medicine
1100 Orthopedic Medicine, General
1101 Hand Surgery
1102 Orthopedic Sports Medicine
1103 Orthopedic Surgery

12 Otolaryngology
1200 Otolaryngology, General
1201 Neurotology
1202 Pediatric Otolaryngology
1203 Facial Plastic Surgery
1204 Otolaryngic Allergy
1205 Sleep Medicine

13 Pathology
1300 Pathology, General
1301 Anatomic Pathology
1302 Blood Banking & Transfusion Medicine
1303 Chemical Pathology
1304 Clinical Pathology
1305 Cytopathology
1306 Dermatopathology
1307 Hematologic Pathology
1308 Immunopathology
1309 Medical Microbiology
1310 Molecular Genetic Pathology
1311 Neuropathology
1312 Pediatric Pathology

14 Pediatrics
1400 Pediatrics, General
1401 Adolescent Medicine
1402 Child Abuse Pediatrics
1403 Developmental & Behavioral Pediatrics

1404 Hospice & Palliative Medicine
1405 Neonatal & Perinatal Medicine
1406 Neurodevelopmental Disabilities
1407 Pediatric Allergy & Immunology
1408 Pediatric Cardiology
1409 Pediatric Critical Care Medicine
1410 Pediatric Dermatology
1411 Pediatric Emergency Medicine
1412 Pediatric Endocrinology
1413 Pediatric Gastroenterology
1414 Pediatric Hematology & Oncology
1415 Pediatric Infectious Diseases
1416 Pediatric Nephrology
1417 Pediatric Neurology
1418 Pediatric Otolaryngology
1419 Pediatric Pathology
1420 Pediatric Pulmonology
1421 Pediatric Radiology
1422 Pediatric Rehabilitation Medicine
1423 Pediatric Rheumatology
1424 Pediatric Transplant Hepatology
1425 Pediatric Urology
1426 Sleep Medicine
1427 Sports Medicine

15 Physical Medicine & Rehabilitation
1500 Physical Medicine & Rehabilitation, General
1501 Hospice & Palliative Medicine
1502 Neuromuscular Medicine
1503 Pain Medicine
1504 Pediatric Rehabilitation Medicine
1505 Spinal Cord Injury Medicine
1506 Sports Medicine

16 Preventive Medicine
1600 Preventive Medicine, General
1601 Aerospace Medicine
1602 Environmental Medicine
1603 Medical Toxicology
1604 Public Health
1605 Occupational Medicine
1606 Sports Medicine
1607 Undersea & Hyperbaric Medicine

17 Proctology
1700 Proctology, General

PHYSICIAN WORKFORCE SURVEY
Appendix A: List of Specialties

18 Psychiatry
  1800 Psychiatry, General
  1801 Addiction Medicine
  1802 Adolescent Psychiatry
  1803 Forensic Psychiatry
  1804 Geriatric Psychiatry
  1805 Hospice & Palliative Care
  1806 Pain Medicine
  1807 Pediatric Psychiatry
  1808 Psychosomatic Medicine
  1809 Sleep Medicine

19 Radiology
  1900 Radiology, General
  1901 Body Imaging
  1902 Diagnostic Radiology
  1903 Diagnostic Roentgenology
  1904 Diagnostic Ultrasound
  1905 Hospice & Palliative Medicine
  1906 Neuroradiology
  1907 Nuclear Radiology
  1908 Pediatric Radiology
  1909 Radiation Oncology
  1910 Radiation Therapy
  1911 Roentgenology
  1912 Vascular & Interventional Radiology

20 Surgery
  2000 Surgery, General
  2001 Colon & Rectal Surgery
  2002 Congenital Cardiac Surgery
  2003 Hand Surgery
  2004 Neurological Surgery
  2005 Orthopedic Surgery
  2006 Pediatric Surgery
  2007 Plastic & Reconstructive Surgery
  2008 Surgical Critical Care
  2009 Thoracic Surgery
  2010 Urological Surgery
  2011 Vascular Surgery

21 Urology
  2100 Urology, General
  2101 Pediatric Urology

PHYSICIAN WORKFORCE SURVEY
Appendix B: List of Florida Counties

11	Alachua	34	Hamilton	57	Okeechobee
12	Baker	35	Hardee	58	Orange
13	Bay	36	Hendry	59	Osceola
14	Bradford	37	Hernando	60	Palm Beach
15	Brevard	38	Highlands	61	Pasco
16	Broward	39	Hillsborough	62	Pinellas
17	Calhoun	40	Holmes	63	Polk
18	Charlotte	41	Indian River	64	Putnam
19	Citrus	42	Jackson	65	St. Johns
20	Clay	43	Jefferson	66	St. Lucie
21	Collier	44	Lafayette	67	Santa Rosa
22	Columbia	45	Lake	68	Sarasota
23	Dade	46	Lee	69	Seminole
24	Desoto	47	Leon	70	Sumter
25	Dixie	48	Levy	71	Suwannee
26	Duval	49	Liberty	72	Taylor
27	Escambia	50	Madison	73	Union
28	Flagler	51	Manatee	74	Volusia
29	Franklin	52	Marion	75	Wakulla
30	Gadsden	53	Martin	76	Walton
31	Gilchrist	54	Monroe	77	Washington
32	Glades	55	Nassau	78	Unknown
33	Gulf	56	Okaloosa	79	Out of State

Appendix D: Specialty Group Counts by County, 2018–2019

This table represents a count of physicians by county and specialty.

Specialty	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay
Anesthesiology	139	2	22	0	94	358	0	23	17	29
Dermatology	19	1	5	0	32	116	0	9	7	6
Emergency Medicine	81	4	34	5	88	310	1	19	16	18
Family Medicine	183	10	56	3	190	554	4	51	53	80
Internal Medicine	420	8	108	2	391	1329	3	103	74	93
Medical Genetics	7	0	0	0	1	5	0	0	0	0
Neurology	58	0	15	1	43	107	0	8	5	9
Nuclear Medicine	2	0	1	0	1	3	0	1	0	0
Obstetrics & Gynecology	49	0	17	2	55	268	1	7	8	16
Ophthalmology	35	0	8	0	36	117	0	12	7	5
Orthopedic Medicine	30	0	13	0	37	152	0	16	8	10
Otolaryngology	23	0	7	0	22	44	1	5	3	5
Pathology	54	0	6	0	19	81	0	10	4	2
Pediatrics	154	0	27	1	82	387	0	13	6	33
Physical Medicine & Rehabilitation	12	0	2	0	20	64	0	1	2	3
Preventive Medicine	4	0	3	1	16	27	0	0	0	1
Proctology	0	0	0	0	0	1	0	0	0	0
Psychiatry	96	12	17	2	50	172	0	19	7	9
Radiology	94	0	19	1	70	239	0	20	14	7
Surgery	116	2	36	1	72	331	0	34	17	24
Urology	18	1	8	0	17	52	0	5	4	4
TOTAL	1,594	40	404	19	1,336	4,717	10	356	252	354

Specialty	Collier	Columbia	Desoto	Dixie	Duval	Escambia	Flagler	Franklin	Gadsden	Gilchrist
Anesthesiology	45	12	2	0	234	71	11	1	1	0
Dermatology	27	1	1	0	41	21	2	0	0	0
Emergency Medicine	66	10	3	0	238	61	10	4	1	0
Family Medicine	125	29	4	4	431	123	33	6	11	3
Internal Medicine	297	42	6	1	846	234	42	0	6	0
Medical Genetics	0	0	0	0	4	0	0	0	0	0
Neurology	25	0	0	0	91	23	4	0	0	0
Nuclear Medicine	1	0	0	0	2	0	0	0	0	0
Obstetrics & Gynecology	38	5	2	0	151	50	6	1	0	0
Ophthalmology	34	3	0	0	67	25	2	0	1	0
Orthopedic Medicine	24	2	0	0	81	30	8	0	0	0
Otolaryngology	25	0	0	0	40	16	3	0	0	0
Pathology	16	1	0	0	56	16	0	0	0	0
Pediatrics	55	10	4	0	273	89	3	0	0	1
Physical Medicine & Rehabilitation	17	1	0	0	36	11	1	0	0	0
Preventive Medicine	5	1	0	0	16	14	0	0	0	0
Proctology	0	0	0	0	1	0	0	0	0	0
Psychiatry	39	8	0	0	95	39	3	0	9	0
Radiology	43	6	1	0	155	42	6	0	0	0
Surgery	58	5	0	0	198	80	6	0	0	0
Urology	14	2	0	0	30	12	2	0	0	0
TOTAL	**954**	**138**	**23**	**5**	**3,086**	**957**	**142**	**12**	**29**	**4**

Specialty	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River
Anesthesiology	0	0	2	0	1	18	12	272	0	33
Dermatology	0	0	0	0	0	6	4	73	0	12
Emergency Medicine	1	5	0	1	3	20	19	232	0	30
Family Medicine	2	5	0	3	11	54	23	436	9	51
Internal Medicine	1	3	2	4	2	111	62	1118	3	122
Medical Genetics	0	0	0	0	0	0	0	7	0	0
Neurology	0	0	0	0	1	5	3	94	0	8
Nuclear Medicine	0	0	0	0	0	0	0	7	0	0
Obstetrics & Gynecology	1	0	0	0	1	16	7	191	0	15
Ophthalmology	0	0	0	0	0	9	4	89	0	15
Orthopedic Medicine	0	1	0	0	1	6	6	108	0	15
Otolaryngology	0	0	0	0	0	3	1	52	0	6
Pathology	0	0	0	0	0	5	5	120	0	4
Pediatrics	0	1	0	2	4	19	10	313	0	23
Physical Medicine & Rehabilitation	0	0	0	0	0	7	1	58	0	4
Preventive Medicine	0	0	1	0	0	1	1	36	0	4
Proctology	0	0	0	0	0	0	0	1	0	0
Psychiatry	0	1	0	0	0	13	3	197	0	17
Radiology	0	1	0	0	2	7	12	225	1	24
Surgery	0	3	1	0	2	18	12	331	3	22
Urology	0	0	0	0	0	5	2	29	0	4
TOTAL	**5**	**20**	**6**	**10**	**28**	**323**	**187**	**3,989**	**16**	**409**

Specialty	Jackson	Jefferson	Lafayette	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee
Anesthesiology	0	0	0	48	88	48	0	0	0	37
Dermatology	0	0	0	11	37	18	0	0	0	15
Emergency Medicine	2	0	0	36	72	39	0	0	1	47
Family Medicine	12	2	0	118	216	147	7	1	5	131
Internal Medicine	13	2	1	222	413	157	3	0	1	191
Medical Genetics	1	0	0	0	0	1	0	0	0	1
Neurology	0	0	0	14	47	14	0	0	0	13
Nuclear Medicine	0	0	0	0	2	0	0	0	0	0
Obstetrics & Gynecology	2	0	0	22	65	32	0	0	0	31
Ophthalmology	2	0	0	23	54	18	0	0	1	26
Orthopedic Medicine	1	0	0	25	52	20	0	0	0	18
Otolaryngology	1	0	0	9	20	10	0	0	0	12
Pathology	0	0	0	20	26	11	0	0	0	5
Pediatrics	4	0	0	35	108	46	2	0	0	35
Physical Medicine & Rehabilitation	0	0	0	7	20	5	0	0	0	5
Preventive Medicine	0	0	0	3	4	9	0	1	0	3
Proctology	0	0	0	0	0	0	0	0	0	0
Psychiatry	1	1	0	23	58	46	1	0	1	28
Radiology	4	0	0	32	58	56	0	0	1	22
Surgery	2	0	0	20	97	51	0	0	0	47
Urology	0	0	0	9	19	10	0	0	0	7
TOTAL	**45**	**5**	**1**	**677**	**1,456**	**738**	**13**	**2**	**10**	**674**

Specialty	Marion	Martin	Miami-Dade	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach
Anesthesiology	48	35	457	11	4	38	3	224	21	288
Dermatology	14	14	135	4	1	6	0	42	8	149
Emergency Medicine	40	32	340	24	8	43	3	209	61	215
Family Medicine	127	38	951	32	20	75	10	507	128	401
Internal Medicine	200	125	2029	46	27	91	16	865	163	1216
Medical Genetics	0	0	13	0	0	0	0	8	1	0
Neurology	11	16	188	4	3	9	1	77	9	110
Nuclear Medicine	0	0	13	0	0	0	0	4	0	2
Obstetrics & Gynecology	16	14	319	7	2	19	2	214	33	179
Ophthalmology	20	12	173	2	1	10	1	59	3	132
Orthopedic Medicine	11	11	168	8	2	22	1	96	15	159
Otolaryngology	5	5	91	2	3	7	0	36	8	72
Pathology	8	6	110	4	1	3	4	55	4	58
Pediatrics	30	14	738	9	4	27	6	474	48	299
Physical Medicine & Rehabilitation	11	4	75	2	0	2	0	36	7	39
Preventive Medicine	2	3	31	0	1	4	0	21	5	29
Proctology	0	0	1	0	0	0	0	0	0	0
Psychiatry	20	23	380	8	3	16	0	136	21	181
Radiology	33	32	337	4	1	18	3	201	10	214
Surgery	44	29	486	12	3	38	3	238	51	265
Urology	9	9	80	5	1	8	1	39	6	48
TOTAL	**649**	**422**	**7,115**	**184**	**85**	**436**	**54**	**3,541**	**602**	**4,056**

Specialty	Pasco	Pinellas	Polk	Putnam	St. Johns	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter
Anesthesiology	55	165	68	2	18	26	14	67	32	2
Dermatology	14	64	20	0	11	6	0	38	19	11
Emergency Medicine	62	182	83	10	27	35	15	67	51	7
Family Medicine	152	421	165	18	98	73	58	182	176	45
Internal Medicine	319	778	294	25	89	115	35	369	195	71
Medical Genetics	0	3	1	0	1	0	0	0	0	0
Neurology	15	62	19	0	9	14	3	32	17	4
Nuclear Medicine	0	4	1	0	0	0	0	0	0	0
Obstetrics & Gynecology	28	110	47	4	11	22	9	58	42	4
Ophthalmology	23	88	34	2	9	8	0	42	21	2
Orthopedic Medicine	25	91	27	5	9	17	14	52	11	5
Otolaryngology	7	35	12	1	6	9	0	18	9	1
Pathology	10	50	15	1	8	8	1	13	5	2
Pediatrics	51	236	70	10	28	37	19	48	63	3
Physical Medicine & Rehabilitation	8	33	7	1	5	8	5	20	10	1
Preventive Medicine	2	16	4	0	2	2	1	6	7	2
Proctology	0	0	0	0	0	0	0	0	0	0
Psychiatry	33	118	44	1	14	19	4	54	32	4
Radiology	31	126	62	7	19	21	2	60	24	13
Surgery	52	166	60	4	23	36	9	95	49	4
Urology	12	34	14	0	3	4	0	20	9	4
TOTAL	**899**	**2,782**	**1,047**	**91**	**390**	**460**	**189**	**1,241**	**772**	**185**

Specialty	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	Unknown	Out of State	TOTAL
Anesthesiology	0	1	0	65	0	6	0	4	17	3,291
Dermatology	0	0	0	17	0	4	0	0	7	1,048
Emergency Medicine	3	0	0	80	0	10	5	2	18	3,109
Family Medicine	12	10	10	251	5	20	7	1	42	7,221
Internal Medicine	5	1	5	289	1	18	0	8	51	13,882
Medical Genetics	0	0	0	0	0	0	0	0	0	54
Neurology	0	0	0	24	0	1	0	2	16	1,234
Nuclear Medicine	0	0	0	0	0	0	0	0	0	44
Obstetrics & Gynecology	0	0	0	35	0	5	0	0	8	2,247
Ophthalmology	0	0	0	32	0	0	0	0	6	1,273
Orthopedic Medicine	0	0	0	31	0	2	0	0	10	1,456
Otolaryngology	0	0	0	10	0	3	0	0	2	650
Pathology	0	0	1	14	0	0	0	0	22	864
Pediatrics	3	3	2	46	0	9	0	2	16	4,035
Physical Medicine & Rehabilitation	0	0	0	10	0	0	0	0	1	562
Preventive Medicine	0	0	1	1	0	2	0	0	5	298
Proctology	0	0	0	0	0	0	0	0	0	4
Psychiatry	2	0	4	37	0	5	0	0	17	2,143
Radiology	0	0	1	58	0	1	0	5	69	2,514
Surgery	0	1	0	69	0	3	1	0	16	3,346
Urology	0	0	0	13	0	0	0	0	3	576
TOTAL	25	16	24	1,082	6	89	13	24	326	49,851

Appendix E: Physicians Planning to Retire in the Next Five Years

Of the 52,936 practicing physicians, 12.5% (6,633) said that they were planning on retiring in the next five years. This map illustrates the percentage of practicing physicians in each county who reported that they are planning on retiring.