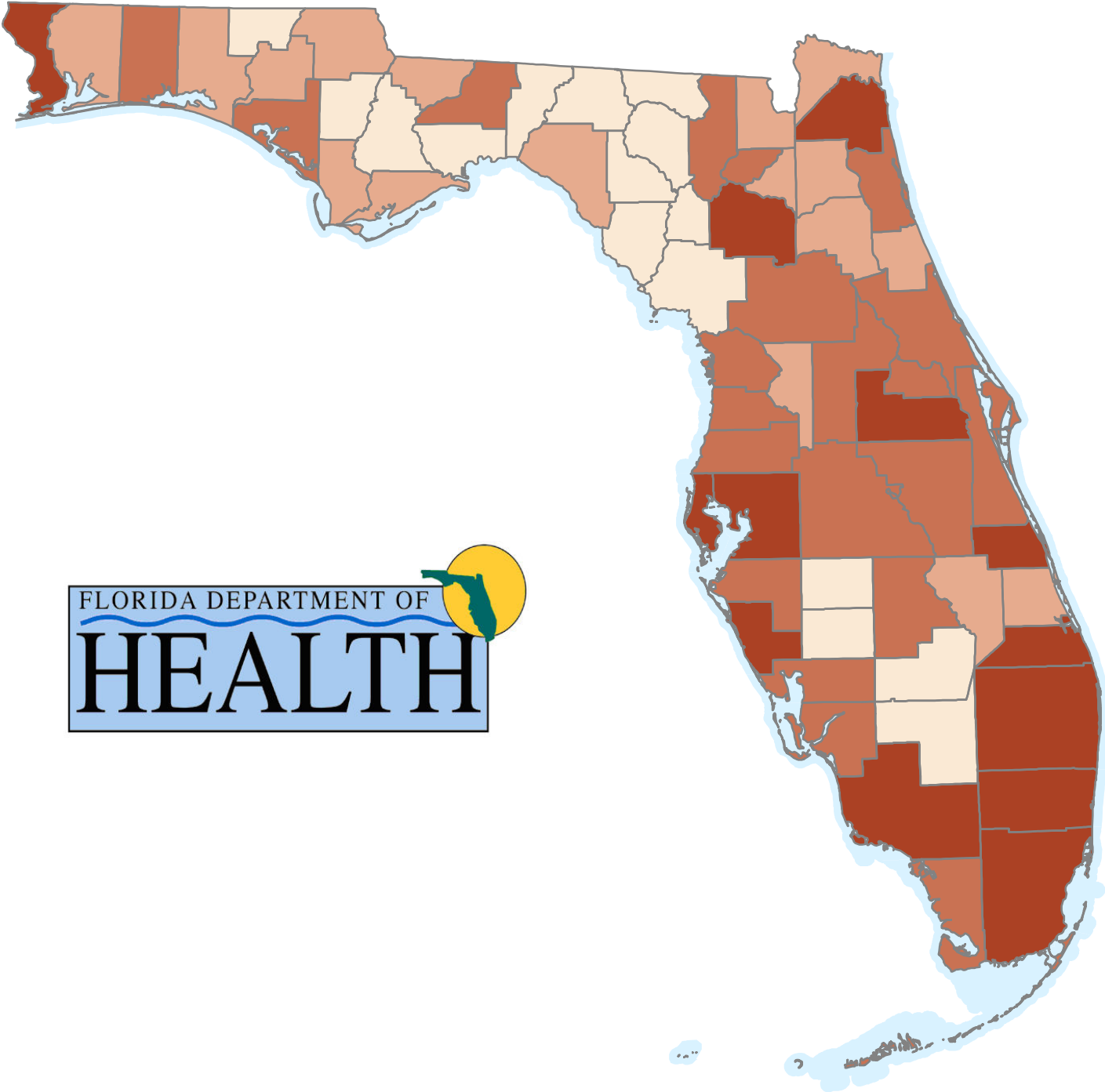


Physician Workforce Annual Report 2012



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Table of Contents

Acknowledgements-----	i
Introduction-----	1
Demographics of the Physician Workforce-----	2
Physician Workforce Specialty Counts by County-----	3
Florida’s Physician Workforce, Distribution by County and Regions -----	12
Practice Characteristics of the Physician Workforce-----	17
Florida’s Retiring Physicians, by County -----	19
Planned Destinations of Relocating Physicians-----	20
Changes in Scope of Practice by County-----	21
Obstetrics and Gynecology Specialty Question Analysis-----	22
Physicians Performing Deliveries-----	23
Radiology Specialty Question Analysis-----	24
Concluding Comments -----	25
Appendix A: Physician Workforce Advisory Council and 2012 Physician Workforce Strategic Plan -----	A-1
Appendix B: Physician Workforce Report Methodology-----	B-1
Appendix C: Proposed Methodology for Defining Areas of Need-----	C-1

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John H. Armstrong, M.D. State Surgeon General & Council Chairman	
<i>Graduate Medical Education Work Group</i>	
1. One individual representing a statutory teaching hospital as defined in s. 408.07 and recommended by the Safety Net Hospital Alliance.	Mathis Becker, M.D.
2. An individual recommended by the Florida Academy of Family Physicians.	Sandra Argenio, M.D.
3. Two individuals who are program directors of accredited graduate medical education programs, one representing a program accredited by the Accreditation Council for Graduate Medical Education and one representing a program accredited by the American Osteopathic Association. The GME director of a Florida medical school may also serve.	Diane Davey, M.D. Mark Gabay, D.O.
4. 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.	Michael Epstein, M.D.
5. The Chancellor of the State University System or his or her designee.	R.E. LeMon, Ph.D.
<i>Physician Attraction, Retention, and Retraining Work Group</i>	
6. One individual representing a family practice teaching hospital as defined in s. 395.805 and recommended by the Council of Family Medicine and Community Teaching Hospitals.	Edwin Prevatte, M.D.
7. Two individuals recommended by the Florida Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.	Karl Altenburger, M.D. Ed Homan, M.D.
8. A designee from the department who is a physician licensed under chapter 458 or chapter 459 and recommended by the State Surgeon General.	Joanna Drowos, D.O.
9. A layperson member as determined by the State Surgeon General.	Jan Gorrie, J.D.
10. Two individuals recommended by the Council of Florida Medical School Deans, one representing a college of allopathic medicine and one representing a college of osteopathic medicine.	Jim Howell, M.D. Robert Watson, M.D.
11. Two individuals recommended by the Florida Osteopathic Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.	Paul Seltzer, D.O. Nicole Sirchio, D.O.
<i>Medical Education and the Applicant Pipeline Work Group</i>	
12. An individual recommended by the Florida Alliance for Health Professions Diversity.	Alma Littles, M.D.
13. 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.	Les Beitsch, M.D., J.D.
14. 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).	Anita Riels

The Physician Workforce Advisory Council, established by Legislature in 2010, and strategic planning work groups, defined by the Department in 2012.

Introduction

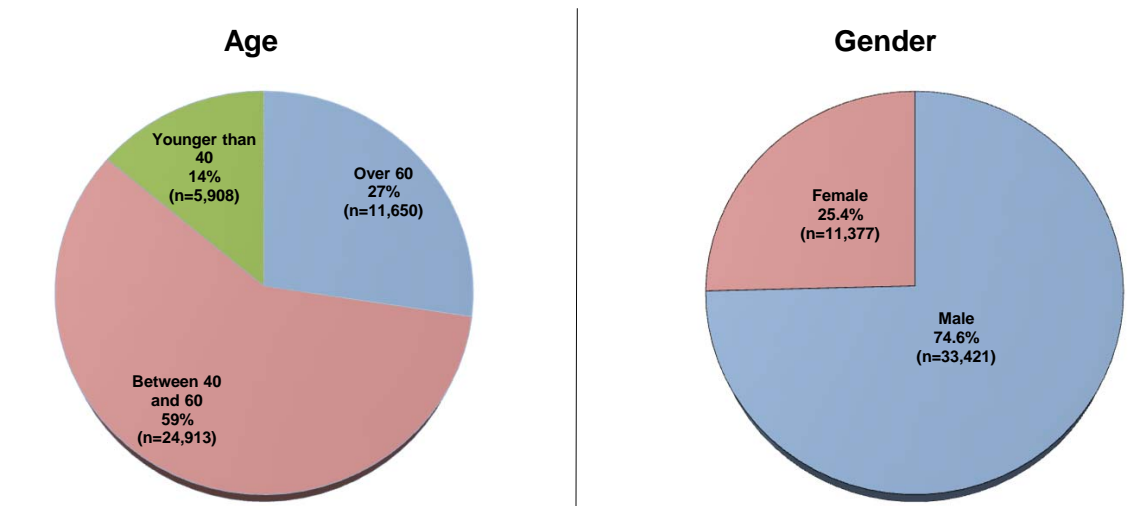
The Florida Department of Health presents the 2012 Physician Workforce Annual Report, established in section 381.4018, Florida Statutes. Pursuant to sections 381.4018, 458.3192, and 459.0082, Florida Statutes, the Department is responsible for assessing the state's current and future physician workforce needs and preparing an annual report on the physician workforce in the state of Florida. This report is provided annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The Physician Workforce Survey is a mandatory component of the medical license renewal process. The Department gathers a complete snapshot of the state's physician workforce by combining survey responses from the two most recent renewal cycles with licensure and profile database information provided by the Department's Division of Medical Quality Assurance (MQA).

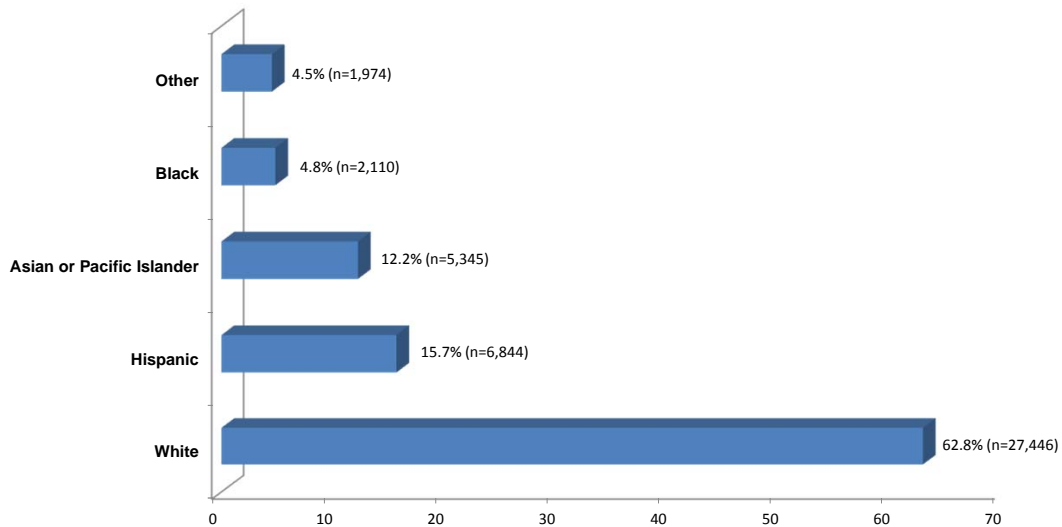
This report details a summary analysis of the 2011 and 2012 Physician Workforce Surveys. A total of 60,923 physicians responded to the surveys and 44,804 (73.5%) were placed into the Department's licensed, practicing group. These respondents were then sorted according to self-reported primary specialty (see table below). The Department collapsed the 157 unique specialties into 16 main specialty groups, shown below, for reporting purposes. While survey participation is mandatory, total response counts vary by survey question.

Family Medicine	6131
Medical Specialist	6017
Surgical Specialist	5389
Internal Medicine	5288
Anesthesiology	2417
Pediatrics	2352
Emergency Medicine	2201
Psychiatry	1938
OB-GYN	1884
Radiology	1797
Pediatric Subspecialist	1100
General Surgery	1052
Dermatology	962
Neurology	916
Pathology	870
Other	566
Total Licensed, Practicing Physicians:	44,804

Demographics of the Physician Workforce Licensed, Practicing Physicians



Ethnicity



Demographic data is drawn from the initial license applications and is stored in the Department's licensure database. These data are linked by license numbers to the survey respondents for 2011 and 2012.

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Alachua County, 743 total

Family Medicine	112
Anesthesiology	97
Internal Medicine	93
Medical Specialist	82
Surgical Specialist	79
Psychiatry	62
Pediatrics	36
Radiology	35
Emergency Medicine	30
Pathology	23
OB GYN	22
Neurology	17
General Surgery	17
Pediatric Subspecialist	17
Dermatology	13
Other	8

Baker County, 31 total

Family Medicine	13
Psychiatry	11
Emergency Medicine	3
Internal Medicine	2
Neurology	1
Pediatrics	1

Bay County, 264 total

Surgical Specialist	43
Family Medicine	40
Medical Specialist	38
Internal Medicine	28
Emergency Medicine	19
Psychiatry	18
Anesthesiology	17
OB GYN	16
Pediatrics	9
General Surgery	9
Neurology	9
Other	5
Pathology	4
Radiology	4
Dermatology	4
Pediatric Subspecialist	1

Bradford County, 20 total

Family Medicine	10
Emergency Medicine	4
Pediatrics	2
Internal Medicine	2
Medical Specialist	1
OB GYN	1

Specialty Group	Count
------------------------	--------------

Brevard County, 920 total

Internal Medicine	150
Family Medicine	146
Medical Specialist	129
Surgical Specialist	93
Anesthesiology	59
Emergency Medicine	56
Radiology	44
Psychiatry	42
Pediatrics	41
OB GYN	39
General Surgery	35
Neurology	24
Dermatology	21
Other	21
Pathology	16
Pediatric Subspecialist	4

Broward County, 3644 total

Medical Specialist	506
Family Medicine	481
Surgical Specialist	459
Internal Medicine	452
Anesthesiology	292
Emergency Medicine	234
Pediatrics	222
OB GYN	206
Radiology	148
Psychiatry	148
Pediatric Subspecialist	124
Dermatology	99
Pathology	83
General Surgery	81
Neurology	70
Other	39

Calhoun County, 6 total

Family Medicine	3
Internal Medicine	2
Emergency Medicine	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Charlotte County, 300 total

Family Medicine	47
Medical Specialist	46
Surgical Specialist	45
Internal Medicine	44
Emergency Medicine	18
Psychiatry	17
Radiology	15
Pediatrics	14
Anesthesiology	12
Neurology	10
OB GYN	9
General Surgery	7
Dermatology	6
Pathology	5
Other	4
Pediatric Subspecialist	1

Citrus County, 200 total

Family Medicine	45
Medical Specialist	38
Surgical Specialist	26
Internal Medicine	21
Anesthesiology	15
Emergency Medicine	10
Psychiatry	8
Radiology	6
Pediatrics	6
OB GYN	6
General Surgery	6
Neurology	4
Dermatology	3
Pathology	3
Other	2
Pediatric Subspecialist	1

Clay County, 213 total

Family Medicine	48
Medical Specialist	33
Surgical Specialist	27
Internal Medicine	25
Anesthesiology	20
Pediatrics	13
OB GYN	12
General Surgery	7
Emergency Medicine	6
Neurology	5
Psychiatry	5
Dermatology	4
Radiology	3
Pathology	3
Other	2

Specialty Group	Count
------------------------	--------------

Collier County, 688 total

Medical Specialist	109
Internal Medicine	99
Surgical Specialist	99
Family Medicine	90
Emergency Medicine	44
Pediatrics	37
OB GYN	36
Dermatology	35
Psychiatry	30
Radiology	30
Neurology	23
Anesthesiology	21
Pathology	11
Other	10
General Surgery	10
Pediatric Subspecialist	4

Columbia County, 102 total

Family Medicine	20
Internal Medicine	16
Medical Specialist	15
Emergency Medicine	10
Pediatrics	8
Surgical Specialist	7
Anesthesiology	6
Psychiatry	5
OB GYN	4
General Surgery	3
Radiology	3
Other	2
Neurology	2
Dermatology	1

DeSoto County, 21 total

Family Medicine	5
Internal Medicine	4
OB GYN	3
Emergency Medicine	2
Medical Specialist	2
Pediatrics	2
Psychiatry	2
General Surgery	1

Dixie County, 5 total

Family Medicine	4
Internal Medicine	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Duval County, 2280 total

Family Medicine	333
Medical Specialist	379
Surgical Specialist	260
Internal Medicine	231
Anesthesiology	162
Emergency Medicine	155
Pediatrics	133
Radiology	114
OB GYN	100
Pediatric Subspecialist	92
Neurology	69
General Surgery	68
Psychiatry	67
Other	41
Dermatology	40
Pathology	36

Escambia County, 661 total

Family Medicine	111
Medical Specialist	95
Surgical Specialist	88
Internal Medicine	69
Anesthesiology	53
Emergency Medicine	35
Pediatrics	34
Psychiatry	32
OB GYN	30
Pediatric Subspecialist	24
Radiology	22
General Surgery	18
Pathology	16
Neurology	13
Other	11
Dermatology	10

Flagler County, 98 total

Family Medicine	35
Medical Specialist	16
Surgical Specialist	10
Internal Medicine	6
Emergency Medicine	6
Anesthesiology	5
General Surgery	5
OB GYN	4
Radiology	4
Neurology	3
Psychiatry	2
Pediatrics	1
Dermatology	1

Specialty Group	Count
------------------------	--------------

Franklin County, 9 total

Family Medicine	4
OB GYN	2
Medical Specialist	1
Internal Medicine	1
Emergency Medicine	1

Gadsden County, 44 total

Family Medicine	18
Psychiatry	9
Internal Medicine	6
Surgical Specialist	1
Pediatrics	1

Gilchrist County, 8 total

Family Medicine	5
Pediatrics	3

Glades County, 3 total

Family Medicine	3
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Gulf County, 11 total

Family Medicine	5
Emergency Medicine	4
Pediatrics	2

Hamilton County, 5 total

Family Medicine	3
Internal Medicine	1
Emergency Medicine	1

Hardee County, 7 total

Family Medicine	3
Internal Medicine	1
Pediatrics	1
Emergency Medicine	1
Psychiatry	1

Hillsborough County, 2762 total

Family Medicine	309
Medical Specialist	402
Internal Medicine	386
Surgical Specialist	325
Anesthesiology	170
Pediatrics	168
Psychiatry	157
OB GYN	141
Emergency Medicine	132
Radiology	131
General Surgery	92
Pediatric Subspecialist	87
Pathology	86
Other	60
Neurology	59
Dermatology	57

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Hendry County, 17 total

Family Medicine	7
Pediatrics	3
Internal Medicine	2
General Surgery	2
Surgical Specialist	1
Emergency Medicine	1
OB GYN	1

Hernando County, 238 total

Family Medicine	45
Internal Medicine	47
Medical Specialist	37
Surgical Specialist	27
Pediatrics	13
Emergency Medicine	12
OB GYN	10
Psychiatry	9
Pathology	8
Anesthesiology	7
General Surgery	7
Radiology	6
Dermatology	5
Neurology	4
Other	1

Highlands County, 140 total

Family Medicine	19
Medical Specialist	26
Internal Medicine	19
Surgical Specialist	19
Anesthesiology	13
Pediatrics	9
OB GYN	8
Radiology	5
General Surgery	5
Pathology	5
Emergency Medicine	4
Neurology	4
Psychiatry	2
Dermatology	1
Other	1

Jefferson County, 9 total

Family Medicine	4
Internal Medicine	2
Psychiatry	2
Radiology	1

Lafayette County, 2 total

Family Medicine	2
-----------------	---

Specialty Group	Count
------------------------	--------------

Holmes County, 9 total

Family Medicine	6
Internal Medicine	2
General Surgery	1

Indian River County, 288 total

Family Medicine	33
Surgical Specialist	55
Internal Medicine	44
Medical Specialist	43
Anesthesiology	22
Psychiatry	15
OB GYN	15
Pediatrics	14
Emergency Medicine	14
Radiology	10
Neurology	8
Dermatology	6
General Surgery	5
Other	3
Pathology	1

Jackson County, 42 total

Family Medicine	10
Internal Medicine	8
Emergency Medicine	4
OB GYN	4
Surgical Specialist	3
Pediatrics	3
Psychiatry	3
Medical Specialist	2
Radiology	2
Other	2
General Surgery	1

Leon County, 492 total

Family Medicine	116
Surgical Specialist	67
Medical Specialist	52
Internal Medicine	49
Anesthesiology	30
Psychiatry	28
OB GYN	26
Pediatrics	25
Emergency Medicine	23
Radiology	17
Dermatology	14
Pathology	12
General Surgery	9
Neurology	9
Other	8
Pediatric Subspecialist	7

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Lake County, 450 total

Family Medicine	74
Internal Medicine	76
Medical Specialist	68
Surgical Specialist	53
Pediatrics	32
Radiology	28
Anesthesiology	26
OB GYN	24
Emergency Medicine	19
Pathology	13
Psychiatry	12
General Surgery	9
Dermatology	6
Neurology	5
Other	5

Lee County, 1025 total

Family Medicine	150
Surgical Specialist	170
Internal Medicine	162
Medical Specialist	137
Pediatrics	53
Emergency Medicine	50
Psychiatry	48
Anesthesiology	45
OB GYN	43
Radiology	35
Pediatric Subspecialist	30
General Surgery	26
Dermatology	26
Pathology	20
Neurology	16
Other	14

Specialty Group	Count
------------------------	--------------

Levy County, 11 total

Family Medicine	6
Internal Medicine	2
Pediatrics	2
Emergency Medicine	1

Liberty County, 1 total

Psychiatry	1
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Madison County, 7 total

Family Medicine	6
Emergency Medicine	1

Miami-Dade County, 5594 total

Family Medicine	828
Medical Specialist	804
Internal Medicine	778
Surgical Specialist	684
Pediatrics	402
Anesthesiology	321
Psychiatry	315
Pediatric Subspecialist	268
OB GYN	229
Emergency Medicine	215
Radiology	191
General Surgery	141
Dermatology	133
Neurology	131
Pathology	101
Other	53

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Manatee County, 487 total

Family Medicine	91
Medical Specialist	85
Surgical Specialist	66
Internal Medicine	44
Pediatrics	32
Anesthesiology	28
OB GYN	28
Emergency Medicine	26
Psychiatry	19
Radiology	16
Dermatology	13
Pathology	11
General Surgery	10
Neurology	9
Other	6
Pediatric Subspecialist	3

Marion County, 464 total

Family Medicine	78
Medical Specialist	94
Internal Medicine	77
Surgical Specialist	54
Emergency Medicine	30
Psychiatry	24
Anesthesiology	20
OB GYN	17
Pediatrics	16
General Surgery	14
Dermatology	10
Neurology	10
Radiology	8
Pathology	6
Other	6

Martin County, 286 total

Family Medicine	39
Surgical Specialist	46
Medical Specialist	32
Emergency Medicine	31
Internal Medicine	29
OB GYN	19
Anesthesiology	18
Radiology	13
Pediatrics	12
General Surgery	12
Psychiatry	11
Dermatology	10
Neurology	7
Other	6
Pathology	1

Specialty Group	Count
------------------------	--------------

Monroe County, 141 total

Family Medicine	27
Internal Medicine	22
Surgical Specialist	15
Emergency Medicine	15
Medical Specialist	12
Anesthesiology	10
Psychiatry	7
OB GYN	7
Pediatrics	6
Radiology	4
General Surgery	4
Dermatology	4
Neurology	4
Pathology	2
Other	2
Pediatric Subspecialist	0

Nassau County, 62 total

Family Medicine	16
Medical Specialist	8
Internal Medicine	7
Pediatrics	7
Anesthesiology	6
Emergency Medicine	5
Surgical Specialist	4
OB GYN	4
Psychiatry	2
Radiology	1
General Surgery	1
Other	1

Osceola County, 348 total

Family Medicine	60
Medical Specialist	66
Internal Medicine	59
Surgical Specialist	34
Pediatrics	29
OB GYN	28
Emergency Medicine	14
General Surgery	14
Anesthesiology	13
Psychiatry	11
Neurology	7
Dermatology	4
Pathology	4
Radiology	3
Pediatric Subspecialist	1
Other	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Okaloosa County, 306 total

Family Medicine	58
Surgical Specialist	44
Medical Specialist	31
Internal Medicine	25
Anesthesiology	25
Emergency Medicine	21
General Surgery	19
OB GYN	18
Pediatrics	17
Psychiatry	15
Radiology	13
Dermatology	7
Neurology	5
Pathology	3
Other	3
Pediatric Subspecialist	2

Okeechobee County, 39 total

Family Medicine	8
Internal Medicine	9
Medical Specialist	6
Surgical Specialist	5
Pediatrics	5
Emergency Medicine	1
OB GYN	1
General Surgery	1
Neurology	1
Pathology	1
Other	1

Orange County, 2281 total

Family Medicine	345
Medical Specialist	306
Surgical Specialist	263
Internal Medicine	247
Pediatrics	168
Emergency Medicine	167
Anesthesiology	142
Pediatric Subspecialist	131
OB GYN	119
Radiology	99
Psychiatry	96
Pathology	60
General Surgery	53
Neurology	39
Dermatology	25
Other	21

Specialty Group	Count
------------------------	--------------

Palm Beach County, 3011 total

Family Medicine	303
Medical Specialist	502
Internal Medicine	456
Surgical Specialist	455
Anesthesiology	173
Pediatrics	157
Psychiatry	157
OB GYN	153
Emergency Medicine	133
Dermatology	122
Radiology	115
Neurology	69
General Surgery	67
Pediatric Subspecialist	55
Pathology	47
Other	47

Pasco County, 696 total

Family Medicine	142
Internal Medicine	120
Medical Specialist	112
Surgical Specialist	64
Anesthesiology	45
Pediatrics	41
Psychiatry	35
Emergency Medicine	28
OB GYN	25
Radiology	20
General Surgery	19
Dermatology	14
Neurology	11
Pathology	10
Other	10

Santa Rosa County, 145 total

Family Medicine	44
Surgical Specialist	17
Pediatrics	16
Internal Medicine	14
Anesthesiology	11
Emergency Medicine	9
OB GYN	9
Medical Specialist	6
Radiology	6
Pediatric Subspecialist	4
Psychiatry	3
General Surgery	3
Neurology	1
Pathology	1
Other	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

Pinellas County, 2219 total

Family Medicine	328
Internal Medicine	337
Medical Specialist	327
Surgical Specialist	317
Emergency Medicine	140
Pediatrics	116
Anesthesiology	104
Radiology	89
Pediatric Subspecialist	86
OB GYN	84
Psychiatry	79
Pathology	54
Neurology	43
General Surgery	42
Dermatology	40
Other	33

Polk County, 746 total

Family Medicine	99
Internal Medicine	128
Surgical Specialist	113
Medical Specialist	110
Pediatrics	54
Radiology	38
OB GYN	37
Anesthesiology	33
Psychiatry	31
Emergency Medicine	30
General Surgery	21
Neurology	14
Dermatology	13
Pathology	11
Other	8
Pediatric Subspecialist	6

Putnam County, 69 total

Family Medicine	16
Internal Medicine	13
Surgical Specialist	9
Medical Specialist	7
Pediatrics	5
Emergency Medicine	4
OB GYN	4
Radiology	3
General Surgery	3
Anesthesiology	1
Dermatology	1
Neurology	1
Pathology	1
Other	1
Psychiatry	0
Pediatric Subspecialist	0

Specialty Group	Count
------------------------	--------------

Sarasota County, 904 total

Family Medicine	121
Surgical Specialist	155
Medical Specialist	149
Internal Medicine	130
Anesthesiology	55
Radiology	44
OB GYN	40
Dermatology	38
Emergency Medicine	36
Pediatrics	35
Psychiatry	34
General Surgery	19
Neurology	19
Pathology	15
Other	14

Seminole County, 562 total

Family Medicine	141
Internal Medicine	94
Medical Specialist	68
Surgical Specialist	52
Pediatrics	44
Psychiatry	29
OB GYN	29
Emergency Medicine	25
General Surgery	17
Anesthesiology	16
Dermatology	14
Neurology	9
Radiology	8
Other	7
Pathology	5
Pediatric Subspecialist	4

Sumter County, 101 total

Family Medicine	25
Medical Specialist	21
Internal Medicine	20
Surgical Specialist	7
Emergency Medicine	6
Psychiatry	5
OB GYN	3
Dermatology	3
Other	3
Radiology	2
Anesthesiology	1
Pediatrics	1
Pediatric Subspecialist	1
General Surgery	1
Neurology	1
Pathology	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Physician Workforce Specialty Counts by County

Specialty Group	Count
------------------------	--------------

St. Johns County, 300 total

Family Medicine	61
Internal Medicine	43
Medical Specialist	38
Surgical Specialist	29
Pediatrics	25
Emergency Medicine	22
Psychiatry	15
Anesthesiology	14
Radiology	12
OB GYN	10
General Surgery	9
Pathology	9
Dermatology	6
Neurology	3
Other	3
Pediatric Subspecialist	1

St. Lucie County, 324 total

Family Medicine	61
Surgical Specialist	51
Medical Specialist	45
Internal Medicine	36
Pediatrics	24
Psychiatry	18
Anesthesiology	14
Emergency Medicine	14
OB GYN	14
Neurology	14
Radiology	9
Dermatology	8
General Surgery	6
Pathology	6
Other	3
Pediatric Subspecialist	1

Volusia County, 803 total

Family Medicine	172
Medical Specialist	121
Surgical Specialist	98
Internal Medicine	84
Emergency Medicine	63
Anesthesiology	43
Radiology	43
Pediatrics	30
Psychiatry	30
General Surgery	26
OB GYN	25
Neurology	21
Dermatology	17
Pathology	15
Other	10
Pediatric Subspecialist	5

Specialty Group	Count
------------------------	--------------

Suwannee County, 18 total

Family Medicine	9
Internal Medicine	3
Emergency Medicine	2
Psychiatry	2
Pediatrics	1
Other	1

Taylor County, 15 total

Family Medicine	7
Internal Medicine	4
Anesthesiology	1
Pediatrics	1
Emergency Medicine	1
General Surgery	1

Union County, 23 total

Family Medicine	13
Psychiatry	6
Internal Medicine	4

Wakulla County, 9 total

Family Medicine	7
Internal Medicine	1
Surgical Specialist	1

Walton County, 54 total

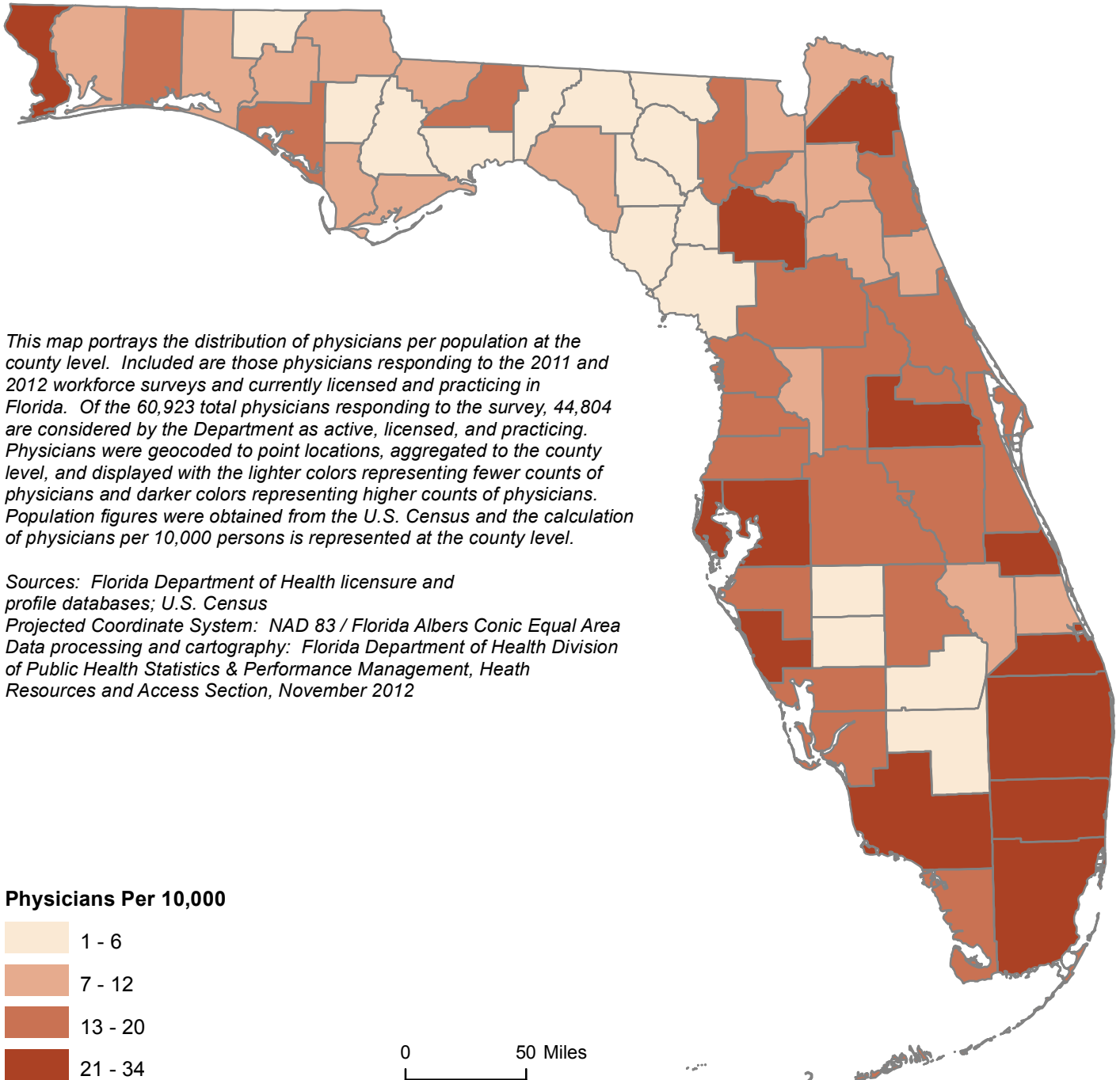
Family Medicine	15
Emergency Medicine	10
Internal Medicine	5
Medical Specialist	4
Surgical Specialist	4
OB GYN	3
Radiology	3
General Surgery	2
Dermatology	2
Neurology	2
Anesthesiology	1
Pediatrics	1
Psychiatry	1
Other	1

Washington County, 17 total

Family Medicine	8
Emergency Medicine	4
Psychiatry	2
Surgical Specialist	1
Anesthesiology	1
General Surgery	1

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

Florida's Physician Workforce



This map portrays the distribution of physicians per population at the county level. Included are those physicians responding to the 2011 and 2012 workforce surveys and currently licensed and practicing in Florida. Of the 60,923 total physicians responding to the survey, 44,804 are considered by the Department as active, licensed, and practicing. Physicians were geocoded to point locations, aggregated to the county level, and displayed with the lighter colors representing fewer counts of physicians and darker colors representing higher counts of physicians. Population figures were obtained from the U.S. Census and the calculation of physicians per 10,000 persons is represented at the county level.

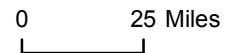
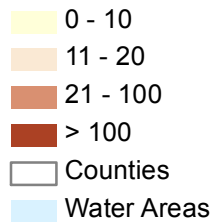
*Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance Management, Health Resources and Access Section, November 2012*

Region 1: Distribution of the Physician Workforce

This map portrays the distribution of physicians per population in Region 1. There are 2,234 active physicians in Region 1, or 4.99% of the state's 44,804 total active, licensed, and practicing physicians.



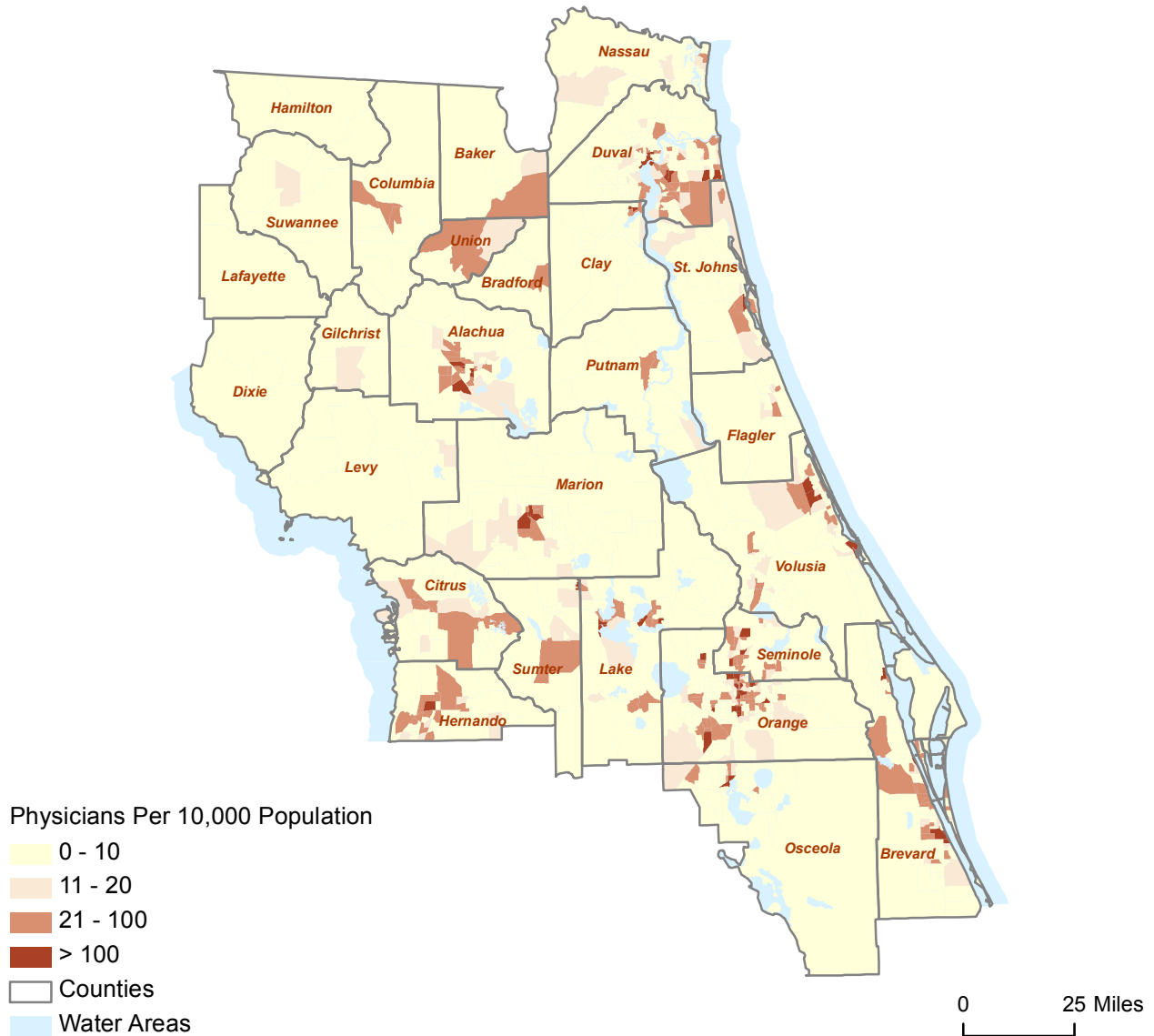
Physicians Per 10,000 Population



Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance
 Management, Health Resources and Access Section, November 2012

Region 2: Distribution of the Physician Workforce

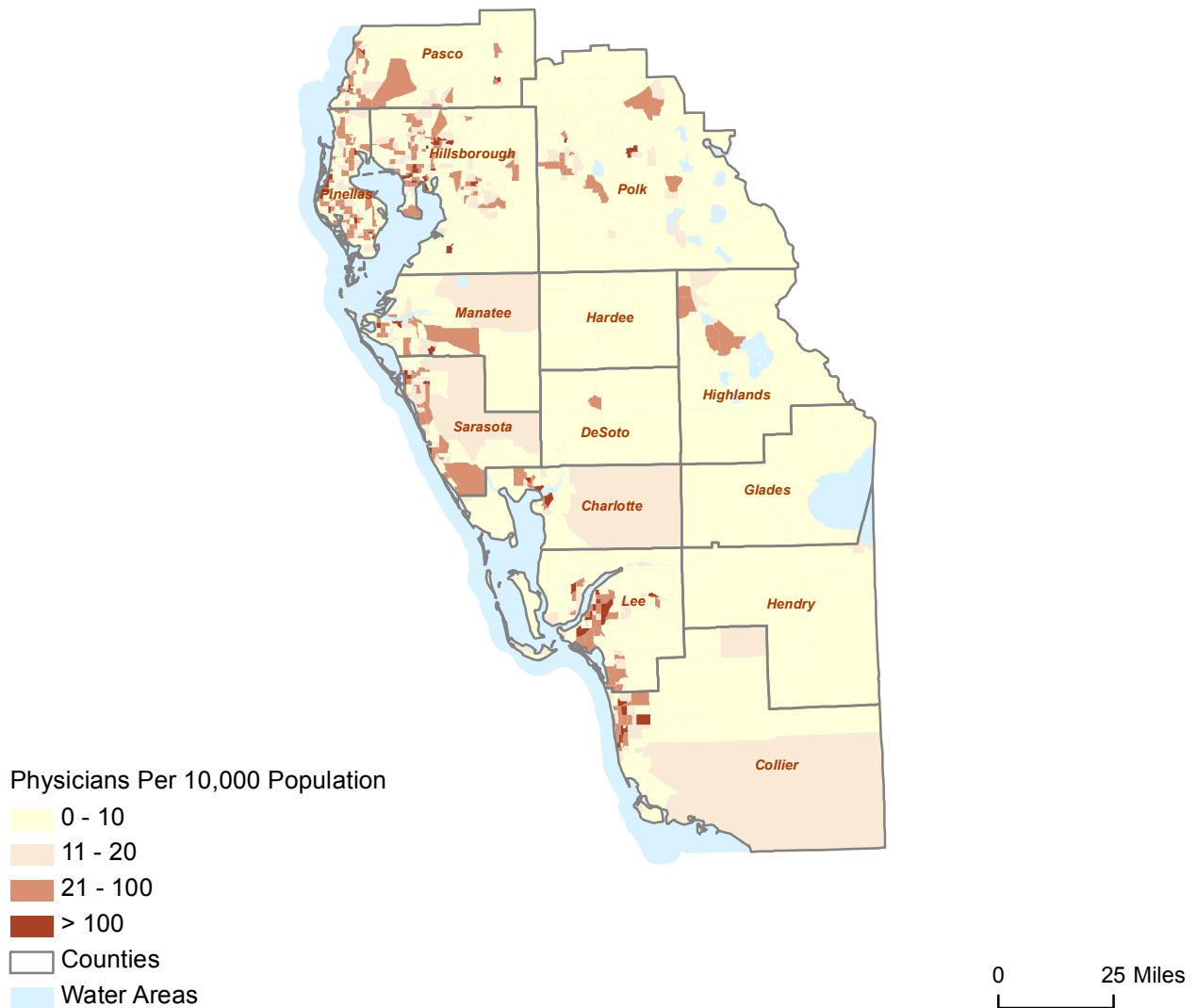
This map portrays the distribution of physicians per population in Region 2. There are 11,306 active physicians in Region 2, or 25.23% of the state's 44,804 total active, licensed, and practicing physicians.



Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance
 Management, Health Resources and Access Section, November 2012

Region 3: Distribution of the Physician Workforce

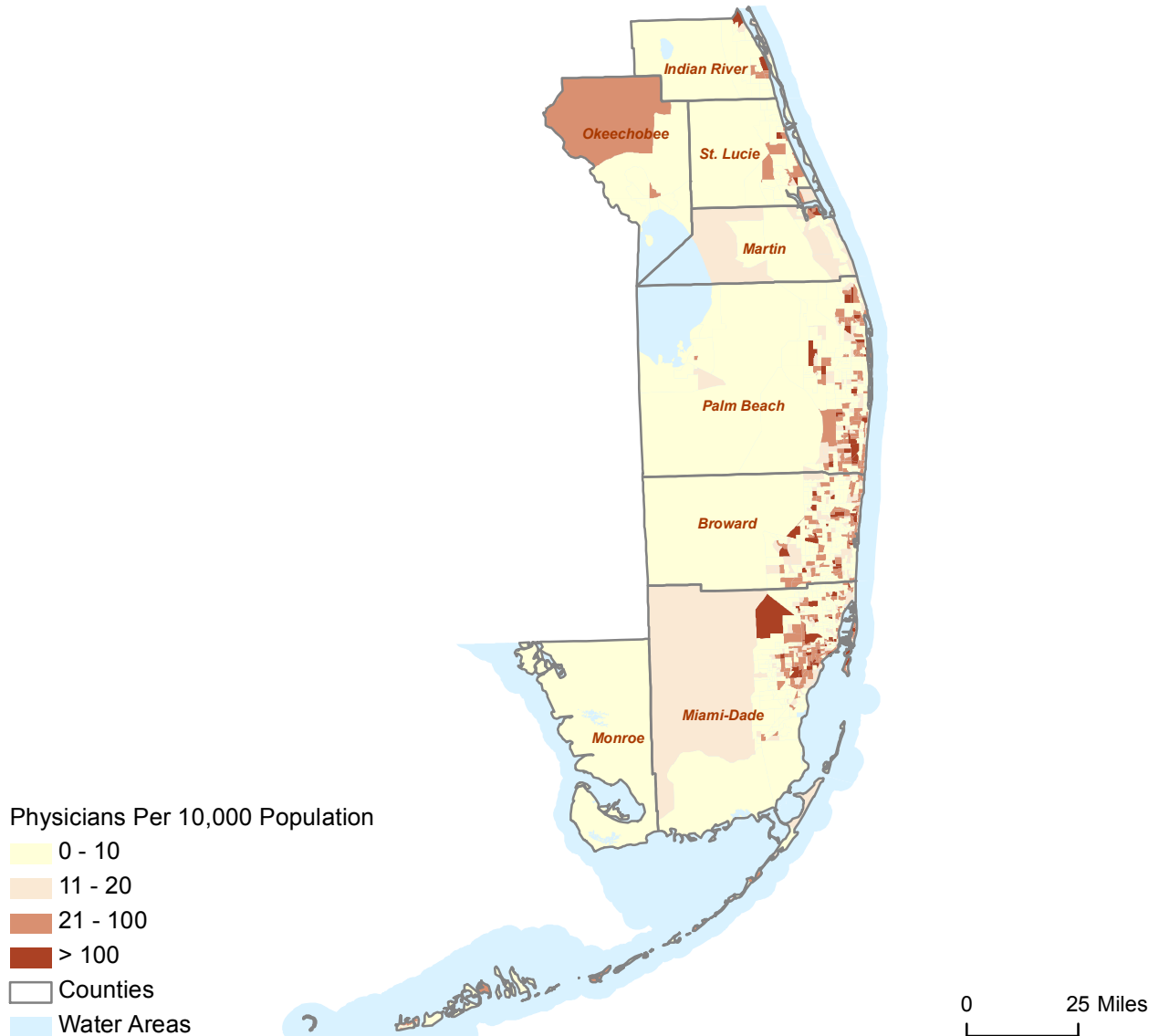
This map portrays the distribution of physicians per population in Region 3. There are 11,003 active physicians in Region 3, or 24.56% of the state's 44,804 total active, licensed, and practicing physicians.



*Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance
 Management, Health Resources and Access Section, November 2012*

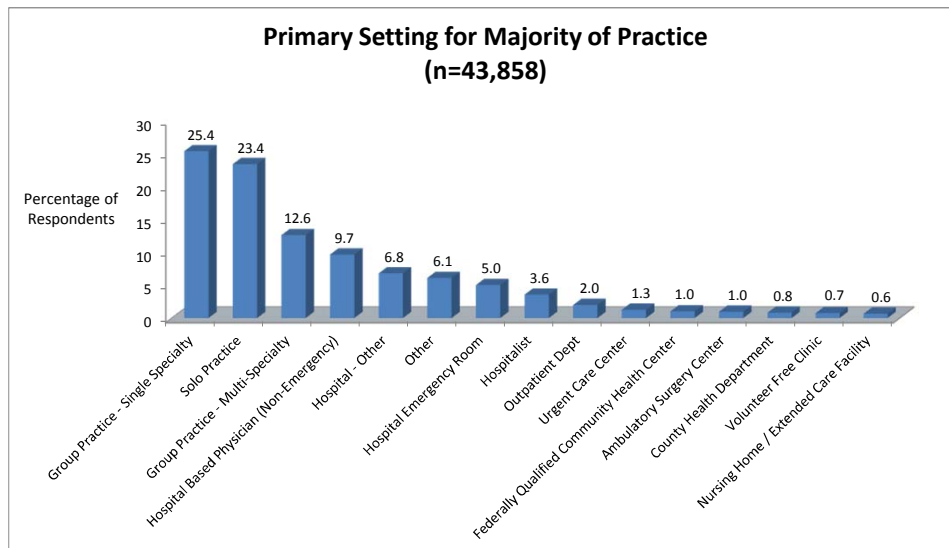
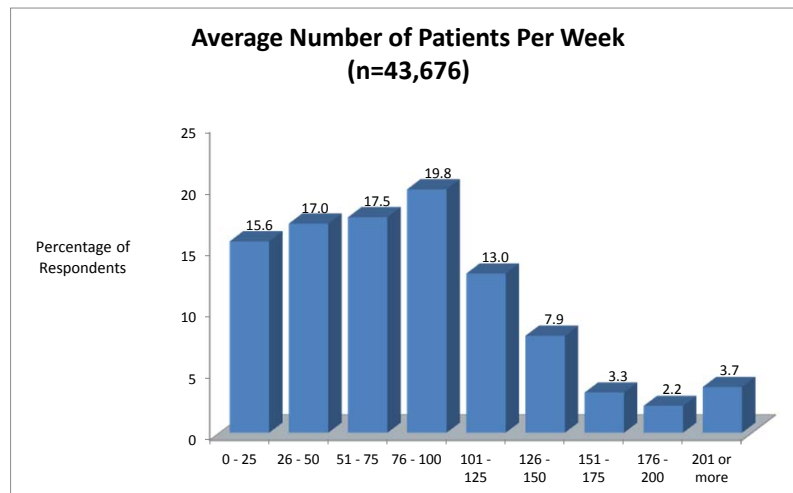
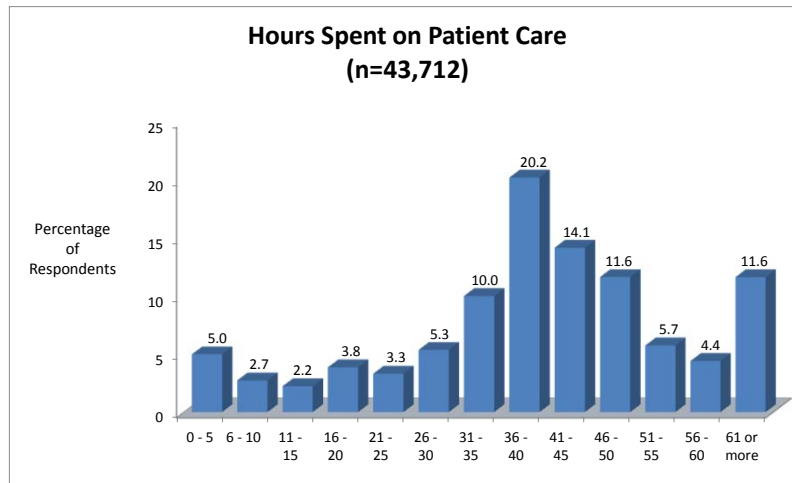
Region 4: Distribution of the Physician Workforce

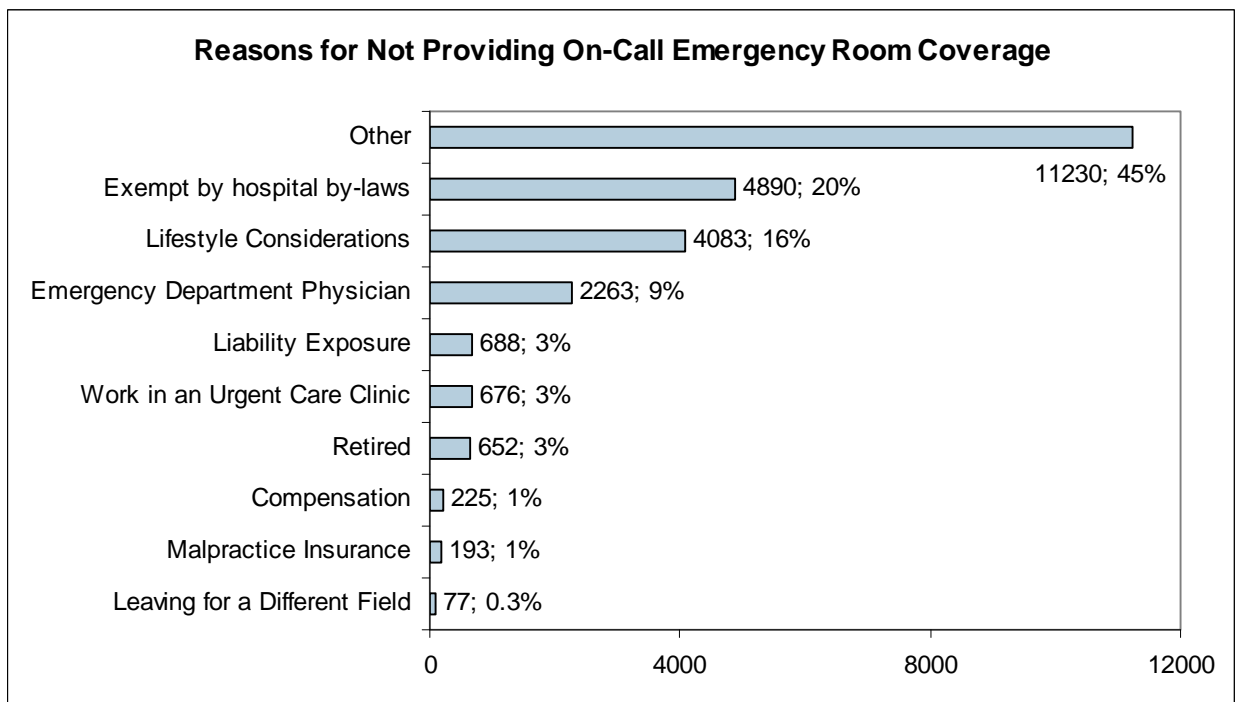
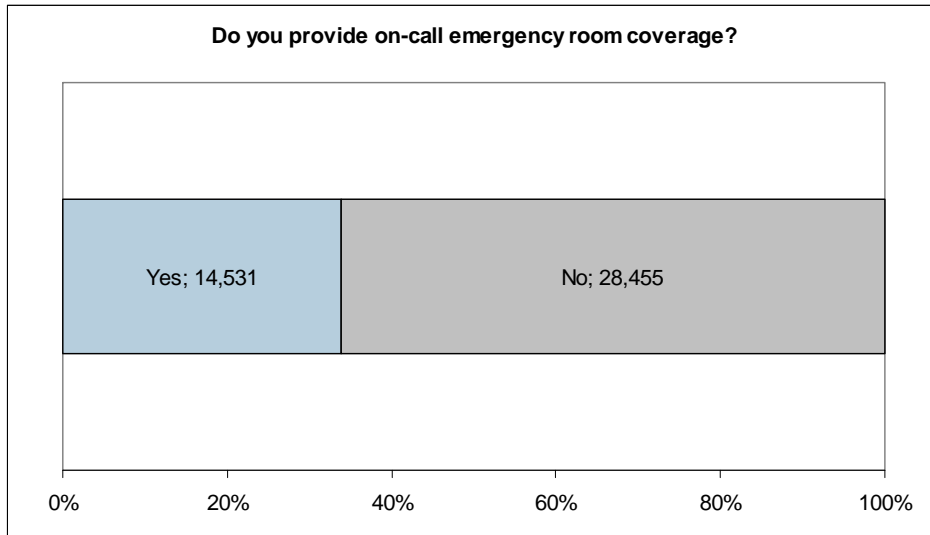
This map portrays the distribution of physicians per population in Region 4. There are 14,669 active physicians in Region 4, or 32.74% of the state's 44,804 total active, licensed, and practicing physicians.



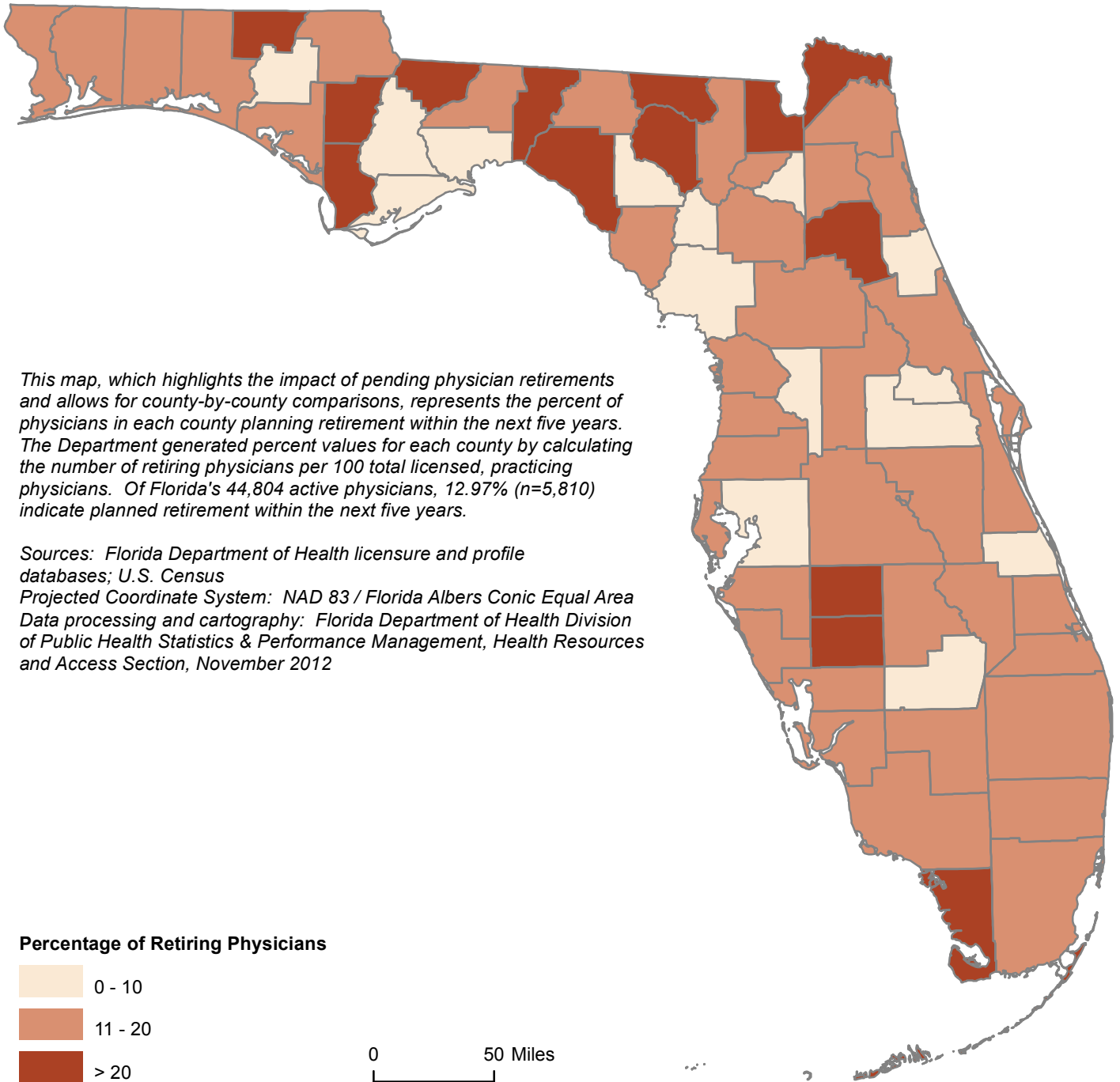
Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance
 Management, Health Resources and Access Section, November 2012

Practice Characteristics of the Physician Workforce Licensed, Practicing Physicians





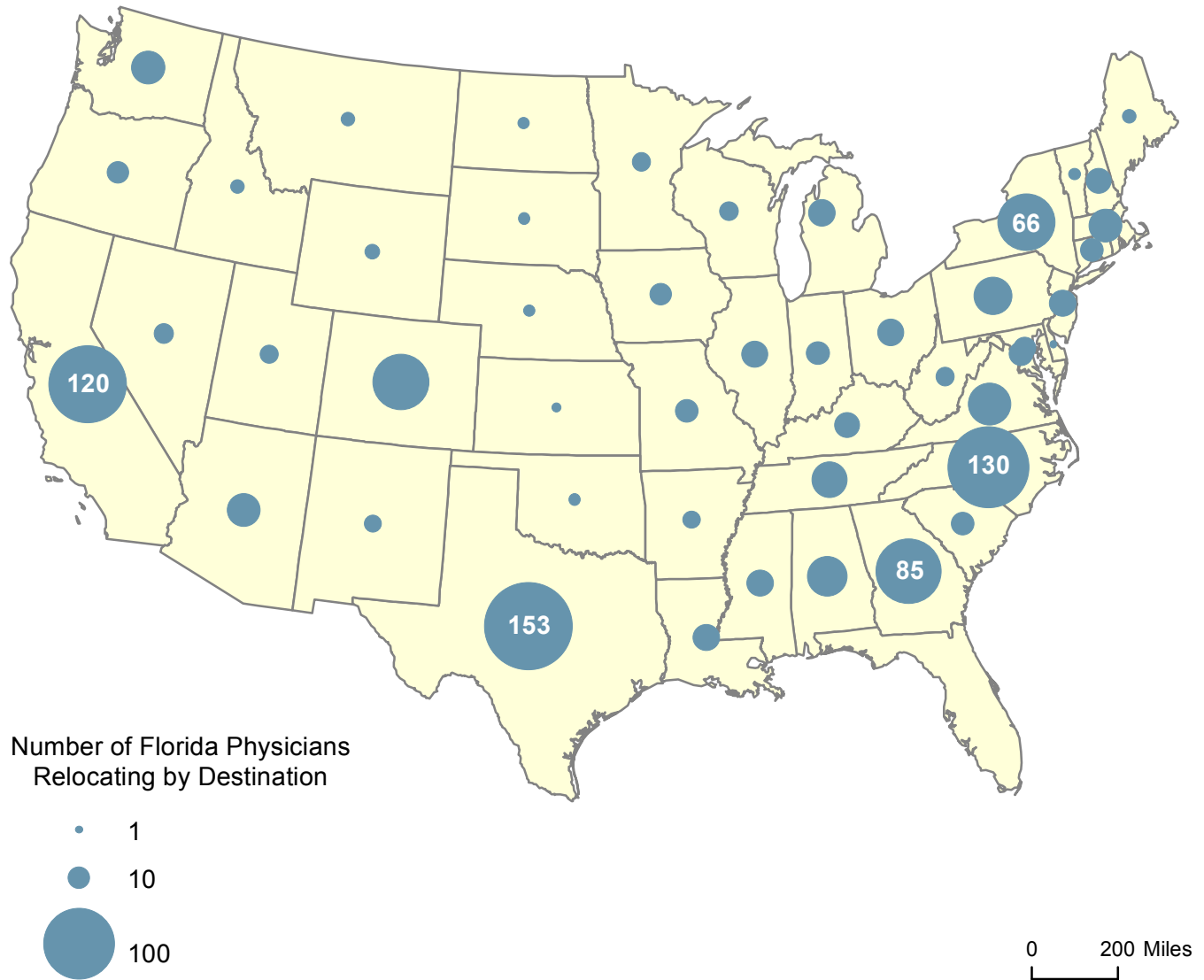
Florida's Retiring Physicians



This map, which highlights the impact of pending physician retirements and allows for county-by-county comparisons, represents the percent of physicians in each county planning retirement within the next five years. The Department generated percent values for each county by calculating the number of retiring physicians per 100 total licensed, practicing physicians. Of Florida's 44,804 active physicians, 12.97% (n=5,810) indicate planned retirement within the next five years.

*Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance Management, Health Resources and Access Section, November 2012*

Planned Destinations of Active, Licensed Physicians Reporting Impending Out-of-State Move



This map represents the planned destinations of Florida physicians indicating they will move to practice in another state within the next five years. The symbols are displayed as proportional circles with larger circles representing higher counts of physicians planning to relocate to that particular state. While 3.94% (n=1,767) of Florida's 44,804 licensed, practicing physicians report a pending out-of-state move, only 2.88% (n=1,290) specify a planned destination.

*Sources: Florida Department of Health licensure and profile databases; U.S. Census Projected Coordinate System: North America Albers Equal Area Conic
Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance Management, Health Resources and Access Section, November 2012*

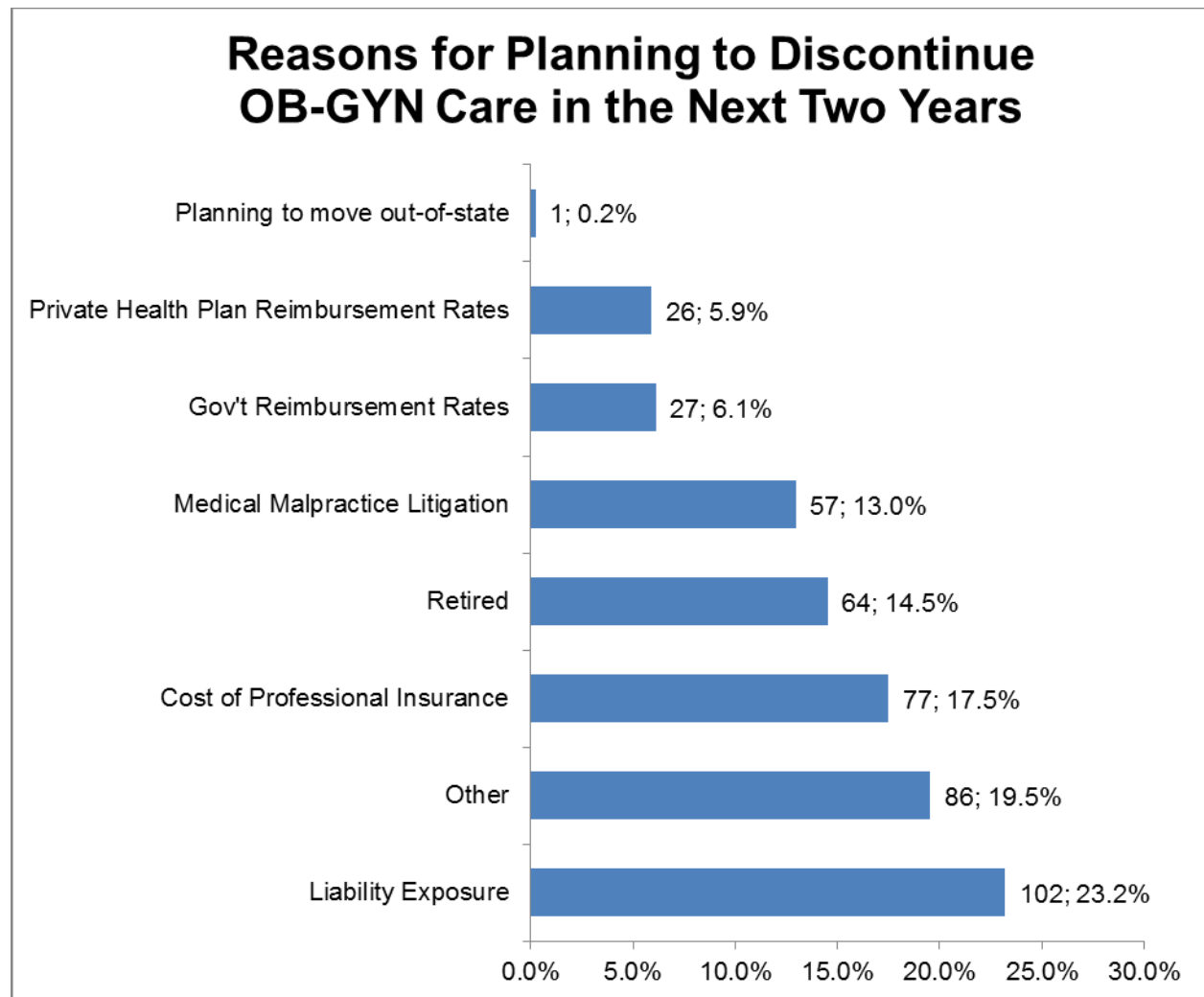
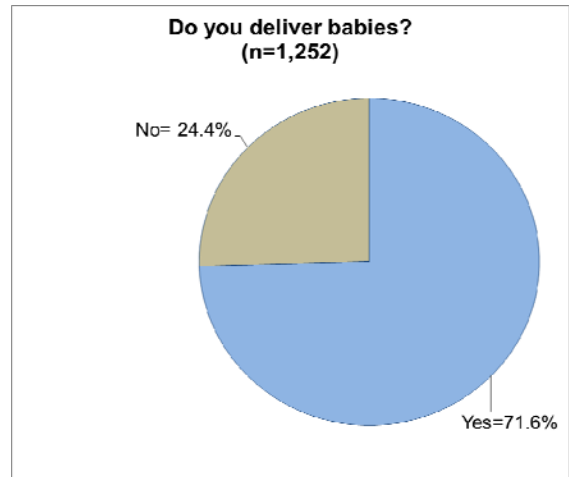
Changes in Scope of Practice by County

County	Physicians Planning to Relocate in the Next 5 Years		Physicians Planning to Retire in the Next 5 Years	
	Count	Percentage	Count	Percentage
Alachua	30	3.7%	100	12.2%
Baker	2	5.9%	11	32.4%
Bay	16	5.7%	36	12.8%
Bradford	1	4.5%	3	13.6%
Brevard	34	3.4%	135	13.6%
Broward	158	3.9%	424	10.6%
Calhoun	0	0.0%	2	28.6%
Charlotte	15	4.5%	51	15.4%
Citrus	9	4.1%	35	15.9%
Clay	15	6.5%	33	14.3%
Collier	21	2.8%	121	16.4%
Columbia	8	6.9%	19	16.4%
DeSoto	1	4.3%	5	21.7%
Dixie	0	0.0%	1	20.0%
Duval	87	3.5%	274	11.0%
Escambia	35	4.9%	97	13.7%
Flagler	4	3.8%	8	7.5%
Franklin	1	10.0%	1	10.0%
Gadsden	2	5.6%	17	47.2%
Gilchrist	2	25.0%	0	0.0%
Glades	0	0.0%	0	0.0%
Gulf	2	16.7%	3	25.0%
Hamilton	0	0.0%	3	50.0%
Hardee	0	0.0%	2	25.0%
Hendry	1	5.3%	3	15.8%
Hernando	7	2.6%	47	17.5%
Highlands	10	6.7%	21	14.1%
Hillsborough	92	3.0%	302	9.9%
Holmes	0	0.0%	2	22.2%
Indian River	9	2.8%	32	10.0%
Jackson	1	2.2%	10	21.7%
Jefferson	0	0.0%	3	33.3%
Lafayette	0	0.0%	0	0.0%
Lake	21	4.3%	50	10.2%
Lee	50	4.4%	128	11.3%
Leon	26	5.0%	69	13.2%
Levy	1	7.7%	1	7.7%
Liberty	0	0.0%	0	0.0%
Madison	0	0.0%	1	12.5%
Manatee	13	2.5%	62	12.0%
Marion	11	2.1%	66	12.8%
Martin	13	4.2%	60	19.2%
Miami-Dade	202	3.3%	716	11.7%
Monroe	6	4.1%	39	26.4%
Nassau	5	7.1%	16	22.9%
Okaloosa	26	8.1%	45	14.0%
Okeechobee	2	5.0%	7	17.5%
Orange	78	3.1%	239	9.6%
Osceola	19	5.2%	44	12.1%
Palm Beach	104	3.1%	378	11.3%
Pasco	29	3.8%	90	11.8%
Pinellas	78	3.2%	306	12.5%
Polk	27	3.3%	105	12.9%
Putnam	4	5.2%	16	20.8%
Santa Rosa	14	8.8%	23	14.5%
Sarasota	35	3.5%	160	16.1%
Seminole	19	3.1%	60	9.7%
St. Johns	11	3.4%	46	14.3%
St. Lucie	18	5.1%	41	11.5%
Sumter	3	2.8%	5	4.7%
Suwannee	3	16.7%	4	22.2%
Taylor	4	25.0%	4	25.0%
Union	2	7.7%	5	19.2%
Volusia	34	4.0%	104	12.1%
Wakulla	0	0.0%	1	10.0%
Walton	3	5.1%	9	15.3%
Washington	0	0.0%	1	5.6%

Sources: DOH licensure and profile databases; DOH 2011-2012 Physician Workforce Surveys

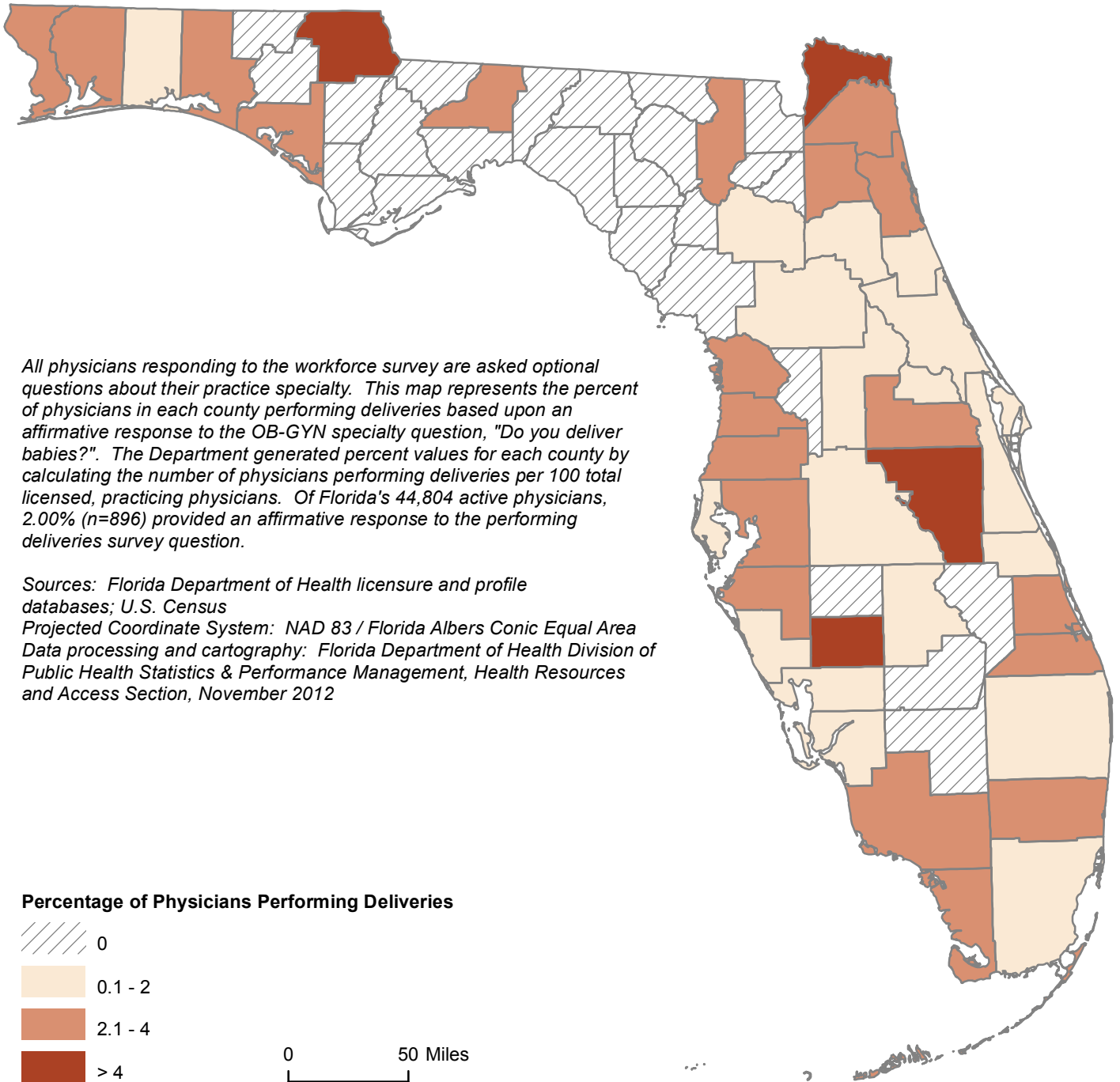
Obstetrics and Gynecology Specialty Question Analysis

All respondents to the 2011-2012 Physician Workforce Surveys indicating a primary specialty or sub-specialty of obstetrics and gynecology were asked optional specialty specific questions. The Department placed 1,884 respondents into the OB-GYN specialty group. The following figures provide information on the number of responses for a selection of the OB-GYN specialty questions.



N=440 responses; more than one reason could be selected.

Physicians Performing Deliveries

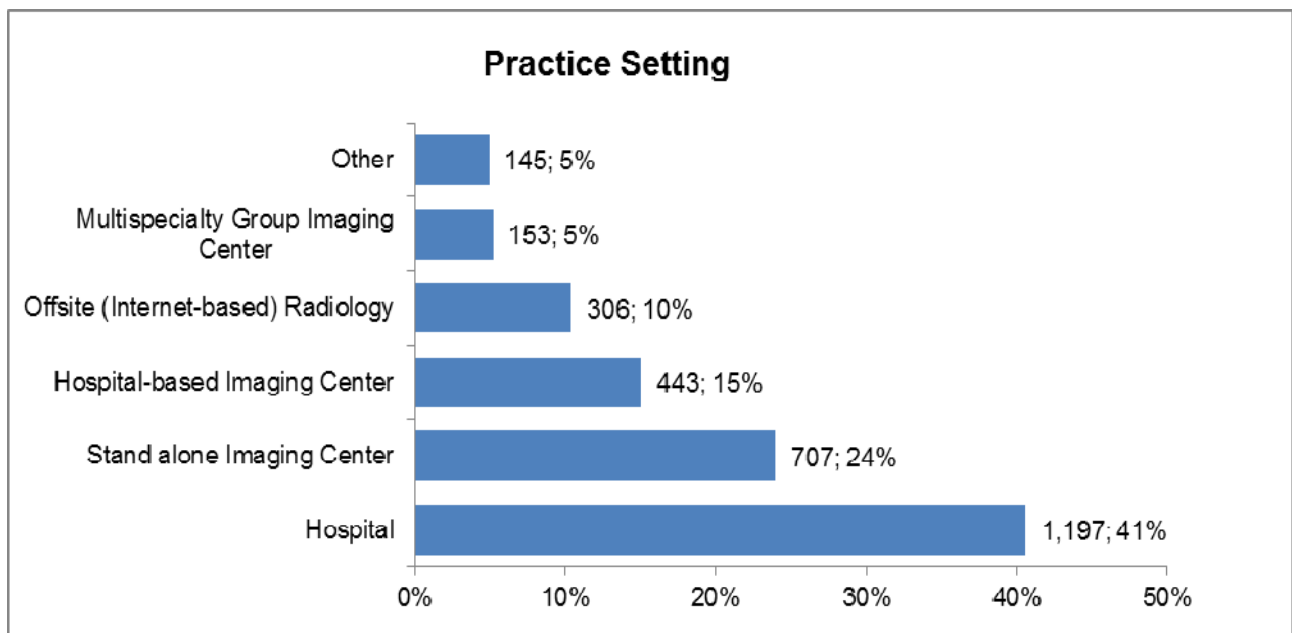
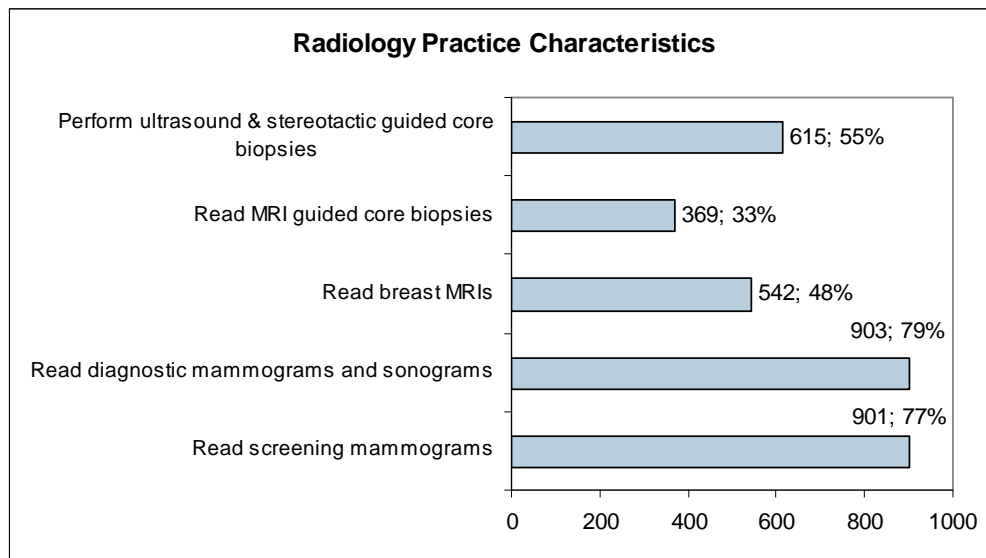


All physicians responding to the workforce survey are asked optional questions about their practice specialty. This map represents the percent of physicians in each county performing deliveries based upon an affirmative response to the OB-GYN specialty question, "Do you deliver babies?". The Department generated percent values for each county by calculating the number of physicians performing deliveries per 100 total licensed, practicing physicians. Of Florida's 44,804 active physicians, 2.00% (n=896) provided an affirmative response to the performing deliveries survey question.

Sources: Florida Department of Health licensure and profile databases; U.S. Census
 Projected Coordinate System: NAD 83 / Florida Albers Conic Equal Area
 Data processing and cartography: Florida Department of Health Division of Public Health Statistics & Performance Management, Health Resources and Access Section, November 2012

Radiology Specialty Question Analysis

All respondents to the 2011-2012 Physician Workforce Surveys indicating a primary specialty or sub-specialty of radiology were asked optional specialty specific questions. The Department placed 1,797 respondents into the radiology specialty group. The following figures provide information on the number of responses for a selection of the radiology specialty questions.



Concluding Remarks

The Florida Department of Health renews its commitment to review, assess, and critique health care access for all Floridians and will continue to support the efforts of the Physician Workforce Advisory Council. With the completion of the inaugural Physician Workforce Assessment and Development Strategic Plan, the Department and Advisory Council can work towards policy implementation that will strengthen the physician workforce into the future. The Department will continue to refine the collection, processing, analysis, and reporting of data to assist in the state's effort to meet current and future physician workforce needs.

APPENDIX A:
PHYSICIAN WORKFORCE
ADVISORY COUNCIL
&
2012 PHYSICIAN WORKFORCE
ASSESSMENT AND DEVELOPMENT
STRATEGIC PLAN

Physician Workforce Advisory Council

The Physician Workforce Advisory Council (Advisory Council) is a 19-member body established by the Legislature in 2010 that works to advise the State Surgeon General and the Department on matters concerning current and future physician workforce needs in the state.

The duties of the council include the following:

1. review survey materials and survey-response-data reporting
2. annually review the number, location, cost, and reimbursement of graduate medical education programs and positions
3. provide recommendations to the Department regarding the survey completed by physicians licensed under chapters 458 and 459, Florida Statutes
4. assist the Department in preparing the annual report to the Legislature pursuant to sections 458.3192 and 459.0082, Florida Statutes
5. assist the Department in preparing an initial strategic plan, conduct ongoing strategic planning, and provide ongoing advice on implementing the strategic planning recommendations
6. monitor the physician workforce and make recommendations to ensure the appropriate specialty mix and distribution of quality physicians, particularly those practicing in primary care
7. monitor graduate medical education programs and make recommendations regarding the state's current and future physician workforce needs

The Department and the Advisory Council are together charged with a collaborative and ongoing strategic planning effort meant to evolve with Florida's ever-changing healthcare needs. The Florida Legislature and stakeholders throughout the medical community recognize that comprehensive physician workforce assessment and development planning is essential due to the expense and length of time required to educate and train new physicians. The Department's ultimate goal in working with the Advisory Council is to model optimal physician distribution by location and specialty and to create policies that influence the education, training, attraction, and retention of physicians. In 2011, the Advisory Council developed the set of initial strategies for the Physician Workforce Assessment and Development Strategic Plan. This effort continued in 2012 after the Advisory Council formed three subcommittees, one for each factor influencing the physician workforce, and developed measurable objectives and progress measures for each of the initial strategies. Together, these strategies, objectives, and progress measures make up the Department's inaugural strategic plan, with an objective of strengthening the state's physician workforce assessment and development capabilities.

2012 Physician Workforce Assessment and Development Strategic Plan

Overview:

Pursuant to section 381.4018, Florida Statutes, The Florida Department of Health (Department) and the Physician Workforce Advisory Council (Advisory Council) present this inaugural plan to strengthen the state's physician workforce assessment and development capabilities. The Department's ultimate goal in working with the Advisory Council is to model optimal physician distribution by location and specialty, and create policies that influence the education, training, attraction, and retention of physicians. The strategies proposed here, presented in three distinct focus areas, lay the groundwork required in pursuit of that goal.

Physician development entails more than a decade of costly post-secondary education and training. Florida has added Undergraduate Medical Education (UGME) capacity by opening new medical schools but lags in creating the corresponding **Graduate Medical Education (GME)** opportunities. Planned expansion of training programs, particularly first-year residencies, will channel more medical school graduates toward in-state practice within areas and specialties of need. Preventing the annual export of qualified GME candidates to other states is the crucial first step toward shaping the physician workforce of the future.

The state can look to Physician **Attraction, Retention, and Retraining** for agile solutions to immediate or localized shortages. Florida shapes a stronger physician workforce today by: reviving existing incentive programs; targeting specific types of non-practicing physicians for incentives or retraining opportunities; and improving Florida's practice climate to reduce physician departures.

A coordinated approach to **Medical Education and the Applicant Pipeline** ensures a diverse workforce more likely to spread throughout areas of need, regardless of incentive programs. Focused outreach by medical schools to students in medically underserved populations and communities will impact applicant diversity in a way that is consistently measurable throughout the state.

The Department and Advisory Council will annually review implementation of the following strategies in each of these three focus areas.

Focus Area 1: Graduate Medical Education

Strategies:

1. Continue to develop the physician workforce and GME databases for the analysis and reporting of the numbers, specialties, and locations of Florida's physicians.

Activities

- Enhance the physician workforce database by continually evaluating the survey questions to maximize data quality.
- Create and maintain a stable and comprehensive GME database to detail each Florida program by specialty, number of positions, residency year, and location.
- Monitor the supply of first-year residency positions relative to the number of Florida's allopathic and osteopathic medical school graduates.
- Define and coordinate data collection and dissemination policies specific to physician workforce and GME.

Progress Measures

By November 1, 2012, annually:

- Measure and reduce the time required for data collection, processing, and analysis
 - Measure and improve physician workforce and GME data accuracy
 - Measure the changes in the number of Florida medical school graduates and the number of beginning GME positions with a key measure being retention of in-state medical school graduates in Florida's GME programs
2. Develop new need-based GME programs and positions as identified by the physician workforce database, explore federal-state and state-community partnerships, and establish funding for Florida's existing GME Innovations Program (381.0403(4), F.S.).

Activities

- Reestablish the Community Hospital Education Council (CHEC) to oversee the Community Hospital Education Program (CHEP) and GME Innovations, to promote new GME initiatives (381.0403(4), F.S.), and to explore activities that will facilitate the creation of new primary care programs and positions.
- Establish a GME Community Development Program to develop a resource guide for start-up programs, facilitate funding and cost studies, and promote cooperation within Florida's GME community.
- Consider the development of fast track three-year medical school degree programs that are linked to specific Florida primary care residency positions.
- Plan, develop, and implement a forecast model, drawing upon the physician workforce and GME databases, to identify current and projected areas of need that can be bolstered by creating or expanding GME programs.

Progress Measures

By September 1, 2013:

- Monitor progress towards funding and reinvigorating the CHEC
- Monitor progress in the legislature of creating a GME Community Development Program

- o Increase the number of programs participating in CHEP and GME Innovations
 - o Monitor the development of any fast track three-year medical school degree programs and prepare to measure a concomitant increase in primary care GME positions and the impact on retention of primary care physicians in Florida
 - o Monitor the change in GME programs and positions serving rural and underserved areas
 - o Measure the percent increase in statewide PGY-1 positions
 - o Measure the percent of vacant PGY-1 positions in Florida
3. Analyze current funding sources and costs of GME program types and determine future growth initiatives with constant and predictable funding sources.

Activities

- Coordinate with the sponsoring institutions of Florida GME programs to study the direct and indirect training costs per resident by specialty.
- Document all current sources of funding for GME in Florida, including Medicaid and VA funding, and identify possible new sources of funding or a redistribution of funding.
- Document Florida's existing GME partnerships and consortiums and promote new opportunities for collaboration.

Progress Measures

By September 1, 2013:

- o Track the number of community GME programs and positions
- o Identify the percent change in funding of all Florida GME with a focus on new private, state, or federal funding sources
- o Identify the number of consortiums or relationships to expand GME opportunities

Focus Area 2: Physician Attraction, Retention, and Retraining

Strategies:

4. Submit to the State Surgeon General a proposal to pilot a statewide physician assessment and remediation program--an expansion of Florida Comprehensive Assessment, Remediation, and Education Services (CARES)--to facilitate the safe return to the workforce of any physician who: has been out of direct patient practice for more than two years; and last practiced with a license in good standing.

Activities

- Develop eligibility criteria based on temporary licensure rules and procedures currently followed by the state medical boards and the Department's Division of Medical Quality Assurance (MQA).
- Recommend strategies to reach potential candidates for workforce re-entry, as identified via application of the eligibility criteria to MQA licensure data.
- Work with the Council of Florida Medical School Deans, the State University System of Florida Board of Governors, and other statewide organizations to report on the

feasibility of annually pooling accredited residency positions for use by physicians determined in need of remediation.

- Employ data from Florida CARES and other similar programs, such as the UC San Diego Physician Assessment and Clinical Education (PACE) Program, to estimate costs for assessment and remediation and identify potential funding sources for each component.

Progress Measures

By June 1, 2013:

- Adopt assessment and remediation eligibility criteria, identify pool of potential candidates for workforce re-entry, and locate available accredited training positions

By September 1, 2013:

- Submit a physician assessment and remediation proposal to the State Surgeon General

5. Institute state-level incentives to complement successful federal recruitment and retention programs like the National Health Service Corps, enabling the State Surgeon General to specify Florida's unique areas of need by geography or specialty mix.

Activities

- Demonstrate full utilization of federal attraction and retention incentive programs specifically focused on the practice of primary care in areas of need.
- Develop a method for determining Florida's unique set of needs for use by the State Surgeon General when implementing targeted incentives.
- Pursue grant funding or request a legislative appropriation to implement a localized recruitment and retention program based on successful programs administered federally or in other states.

Progress Measures

By January 1, 2013:

- Report on all federal incentive programs administered in Florida
- Adopt a method to identify Florida's unique physician workforce needs

By June 1, 2013:

- Identify all possible funding sources for state-level incentive programs

By [DATE to be determined]:

- Begin accepting applications for state-level incentive programs

6. Provide the expertise and support of the Advisory Council to the sponsor of any tort reform proposal before the Florida Legislature via the Department's Office of Legislative Planning.

Activities

- Establish a sub-committee of the Advisory Council to annually review proposed Florida Senate and House bills to identify measures addressing tort reform.
- Provide to the Department's Office of Legislative Planning physician workforce survey data concerning any such measure and the support and expertise of select Advisory Council members.
- Produce an annual analysis of all Florida Physician Workforce Survey results pertaining to malpractice insurance rates, liability exposure, or cost of professional insurance, tracking trends wherever possible.

Progress Measures*By December 1, 2012, annually:*

- o Convene an advisory council sub-committee to review proposed legislation
- o Produce a malpractice and liability data fact sheet

7. Perform a cost-benefit analysis of fast track UGME programs designed to attract students to specialize in primary care.

Activities

- Quantify the effect on the physician workforce specialty mix resulting from implementation of fast track UME programs in other states, including Pennsylvania, Texas, and Louisiana.
- Contact medical schools currently developing or deploying fast track programs and survey program directors to better understand all associated costs.
- Request from the State University System of Florida Board of Governors or the Council of Florida Medical School Deans an assessment of the overall impact to a medical school offering fast track UME programs of varying scopes, as well as the capacity of Florida's GME to train an influx of new primary care physicians.

Progress Measures*By June 1, 2013:*

- o Report on fast track UME programs in other states and complete an impact assessment specific to Florida medical schools

By September 1, 2013:

- o Recommend whether or not to pursue fast track UME in Florida

8. Provide ongoing support to the Professionals Resource Network Inc. (PRN) in its mission of safely returning physicians to the workforce.

Activities

- Coordinate the synthesis of data from the Department's Division of Medical Quality Assurance, the Florida Boards of Medicine and Osteopathic Medicine, and PRN for the State Surgeon General's use when advocating for the program.

Progress Measures*By December 1, 2012, annually:*

- o Provide data analysis concerning proposed legislation referring to PRN, including estimated state revenue enhancements based on the number of physicians retained and returned to practice, to the Department's Office of Legislative Planning
- o Report changes in the recidivism rate among practicing PRN clients

Focus Area 3: Medical Education and the Applicant Pipeline

Strategies:

9. Define the population groups that are under-represented in the medical education pipeline and identify the geographic areas most likely to produce medical school applicants from diverse backgrounds.

Activities

- Quantify current pipeline diversity levels using medical school applicant data and the Association of American Medical Colleges (AAMC) Roadmap to Diversity criteria.
- Link medical school application points of origin to Health Professional Shortage Areas (HPSAs) to measure diversity levels among applicants from medically underserved areas.
- Map the locations of middle and high schools located in medically underserved areas within a certain distance of each Florida medical school.

Progress Measures

By January 1, 2013:

- Identify applicant data source and AAMC criteria to incorporate in the methodology for scoring diversity in the medical education pipeline
- Identify spatial data sources to analyze in the identification of potential diversity “hot spots”
- Develop cartographic method to most effectively visualize areas and population segments of interest

By July 1, 2013, annually:

- Produce a medical education pipeline fact sheet based on methods for diversity measurement, spatial analysis, and cartography

10. Develop 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.

Activities

- Submit a request on behalf of the State Surgeon General to all medical school deans to identify existing pipeline programs at each of Florida’s medical schools.
- Identify current pipeline programs operating in other states that may serve as best practice models for Florida.
- Guided by the Advisory Council, define best practices for all medical school pipeline programs to consider, including standard measurements of effort and results.
- Support adoption of best practices by Florida medical schools in their policies and programs meant to increase diversity in the applicant pool, leading ultimately to a more diverse physician workforce.

Progress Measures

By December 1, 2012:

- Provide reports to the Advisory Council on the pipeline programs at each of the Florida medical schools and the current efforts operating in other states

By March 1, 2013:

- Identify and publish best practices, measureable whenever possible, to be demonstrated by Florida medical schools in their pipeline programs, which may assist the state in meeting its goal of diversifying the practicing physician workforce

By August 1, 2014:

- Identify changes in admission policies at each medical school that include recruitment of students from underserved backgrounds
- Measure changes in the number of programs at each medical school that address recruitment and retention of students from underserved backgrounds

By January 1, 2015:

- Identify the progress of each medical school in interviewing a larger number of students from underserved backgrounds compared to current levels
- Measure the progress of each medical school in increasing admission, retention, and graduation rates of students from underserved backgrounds compared to current levels

By Approximately January 1, 2020:

- Upon data availability, begin to track the numbers of students from underserved backgrounds who remain in-state for residency and practice and compare these to graduates who were not admitted from pipeline programs

APPENDIX B:
PHYSICIAN WORKFORCE REPORT
METHODOLOGY

Physician Workforce Report Methodology

All medical doctors are required by law to complete the Physician Workforce Survey biennially at license renewal. The survey targets currently practicing and renewing physicians. Newly licensed physicians are not analyzed by the results of the survey. While results are collected from all respondents, only responses from active, licensed physicians practicing in Florida are included in this report. The first survey question asks, "Do you practice medicine at anytime during the year in Florida?" All physicians answering "no" to this question are assigned to the licensed, non-practicing group. The physicians providing an affirmative response require two further checks using the respondent's self-reported practice address. All survey respondents matching a current practice location in the Department's profile database that indicates "FL" as the state and also indicates a known Florida zip code are retained and placed into the active, licensed group. Respondents failing either check were moved to the licensed, non-practicing group. The Department initially eliminated only those respondents indicating another state in their self-reported practice address but found that an unacceptable number of out-of-state and out-of-country physicians had mistakenly reported their state as "FL". The zip code check was added to identify this segment of respondents.

Respondents are also asked in the survey to indicate participation in a residency, internship, or fellowship. An affirmative response to this question sorted physicians into a residents, interns, and fellows group. Newly licensed physicians, not captured in the survey, are unreported.

Finally, respondents are checked against the Department's licensure database. Physicians with a license status prohibiting practice and those with licenses that were inactive, retired, delinquent, or suspended, were removed from the finished result set.

The records included in this final result set of licensed, practicing physicians are then sorted according to self-reported primary specialty. The Department collapsed the 157 unique specialties into 16 main specialty groups for reporting purposes. It is important to note that some Florida physicians practice in multiple medical fields. To prevent double counting, the Department only considers primary specialty when sorting physicians into the specialty groups, but the Physician Workforce Survey respondents are encouraged to answer additional questions for as many as five specialty groups. This accounts for apparent inconsistencies when breaking down the responses to each set of specialty questions. Further, not all survey or specialty questions are answered by physicians. The total number of responses by question may not be the same throughout the report.

APPENDIX C:
PROPOSED METHODOLOGY
FOR DEFINING AREAS OF NEED

Proposed Methodology for Defining Physician Workforce Areas of Need Using Federal HPSA Severity Scores

The Florida Department of Health (Department) has worked closely with the Florida Physician Workforce Advisory Council (Advisory Council) to draft the state's inaugural Physician Workforce Assessment and Development Strategic Plan. Based on review of Florida Statutes and the priorities of the Advisory Council in the planning process, it became clear to Department staff that defining Areas of Need would be a cornerstone task upon implementation of the plan.

The question of need is intricate as it relates to physician workforce issues, concerning both areas of geography and medical specialty. Area of need analysis prescribed by the strategic plan will impact policy initiatives in primary care access, graduate medical education (GME), incentives for physician recruitment and retention, and undergraduate medical education (UGME) pipeline development. The Department proposes basing its areas of need definition on a subset of primary care shortage areas specified by the U.S. Health Resources and Services Administration (HRSA).

Health Professional Shortage Areas (HPSAs) are assessed individually as one or more contiguous U.S. census tracts, entire counties, or special population groups. The shortage areas are scored for severity on a 1-to-26 scale and are re-evaluated every four years. Criteria for HPSA designation and scoring includes population-to-provider ratio, distance and travel time to sources of care, and population demographics concerning income and age. Figure 1 demonstrates Florida's broad HPSA coverage.

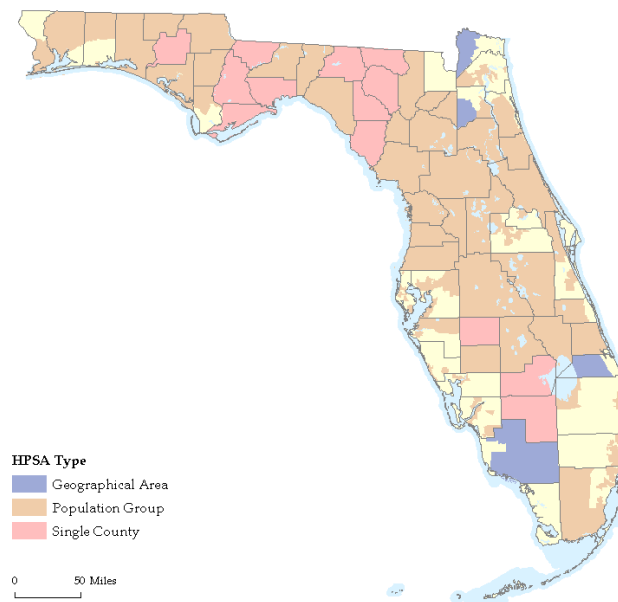


Figure 1: Florida Primary Care HPSAs by Type

HPSA Score Analysis

To identify areas with the most significant health shortages, the Department first considered the HPSA score threshold already in use by the National Health Service Corps of 14 or greater. Internal review of the resulting subset, however, led the Department to generate a threshold more specific to Florida, based on the HPSA score statistics shown in Figure 2.

Count	122
Minimum	4
Maximum	19
Mean	13.139344
Standard Deviation:	3.229768

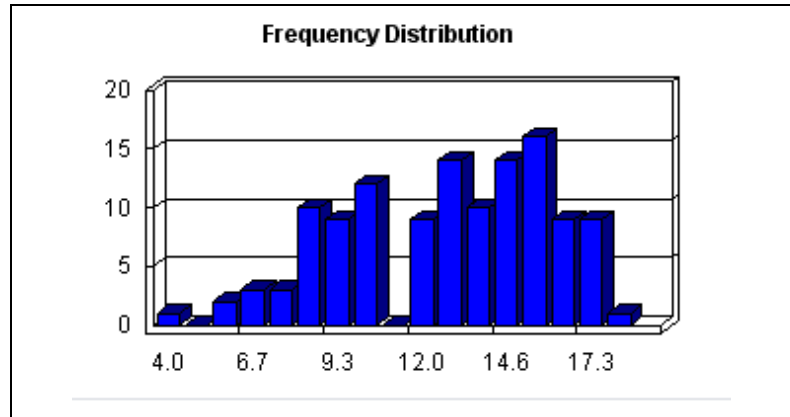


Figure 2: Florida HPSA Score Statistics

The approximate mean score of 13.139 and standard deviation of 3.230 indicate a suitable area of need score of 16; using the score of 16 or more includes all HPSAs with scores of at least one standard deviation above the mean. Department staff applied two common Geographic Information Systems (GIS) classification methods to determine the most restrictive area of need definition. Figures 3 and 4 show the results of a four-class, natural breaks classification that puts the score threshold at 16 or greater and the subsequent areas of need.

Conclusion

The Department proposes defining areas of need for physician workforce assessment and development as HPSAs with scores of 16 or greater. The Department will focus on these areas when conducting in depth physician workforce analysis and implementing strategic planning policy initiatives.

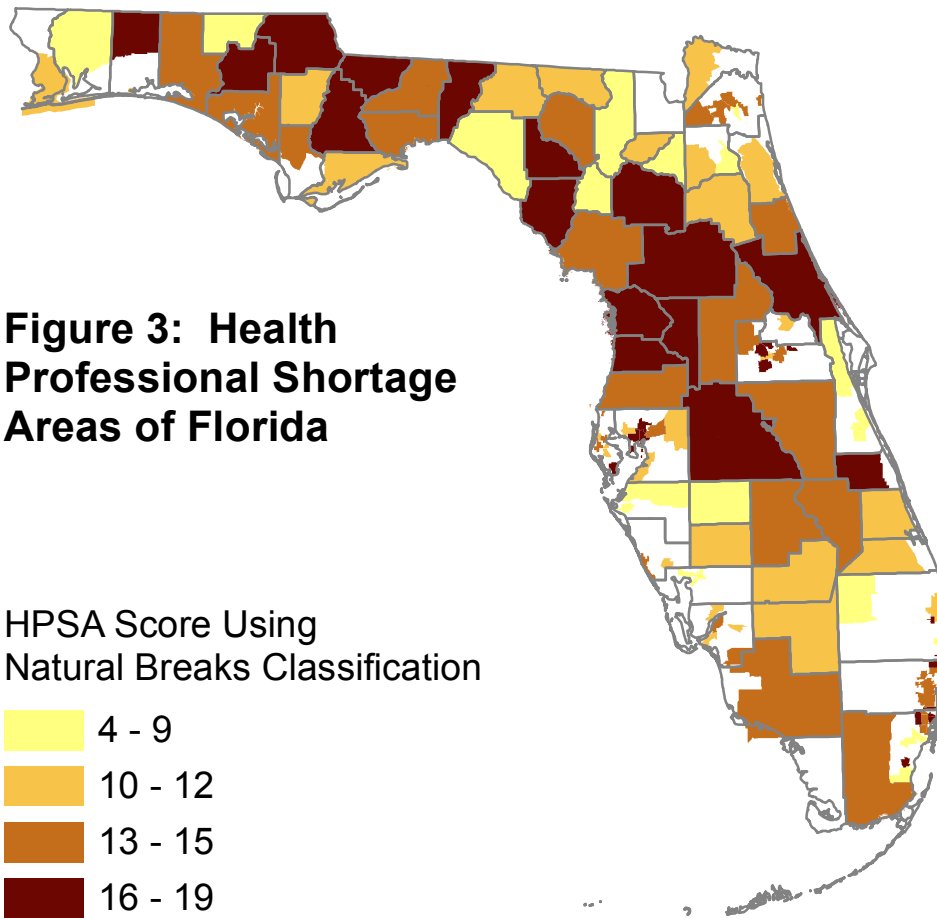


Figure 3: Health Professional Shortage Areas of Florida

HPSA Score Using Natural Breaks Classification

- 4 - 9
- 10 - 12
- 13 - 15
- 16 - 19

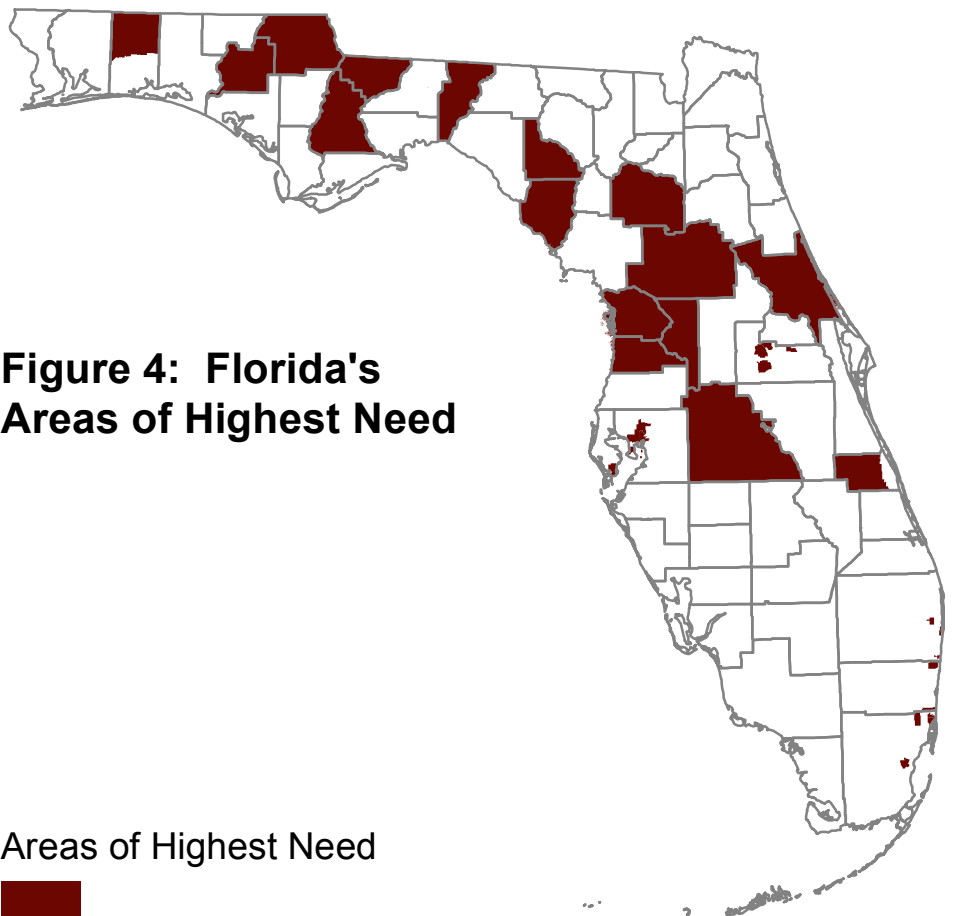


Figure 4: Florida's Areas of Highest Need

Areas of Highest Need