

Acknowledgments

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Executive Summary

The Bowen Center for Health Workforce Research and Policy (Bowen Center) has a rich history of collecting, analyzing and disseminating health workforce data and research for the State of Indiana. These efforts are important to informing health workforce policy and planning initiatives throughout the State. The physician workforce has long been regarded as the backbone of the health care system, making the collection and dissemination of timely data on supply and distribution critical to informing these initiatives.

The 2017 Indiana Physician Licensure Survey Data Report presents key information collected from the physician licensure survey administered by the Indiana Professional Licensing Agency during the biennial license renewal cycle. As of November 2017, 27,473 physicians renewed their Indiana medical license. Of these, 11,085 self-identified as actively practicing in medicine and had a license address located within the State of Indiana.

Demographically, the majority of Indiana's physician workforce is male, white and non-Hispanic. Data demonstrate demographic shifts are occurring among Indiana physicians as a larger percentage of female physicians are in younger age groups as compared to male physicians. This is expected as more female physicians are entering this workforce. Data on the practice characteristics, specialty and geographic distribution, of Indiana physicians suggest trends similar to those observed nationally. The majority of Indiana's physician workforce is concentrated in populous, urban areas, and over 60% of physicians report a specialty other than a primary care (Family Medicine/General Practice, General Internal Medicine, General Pediatrics and Obstetrics and Gynecology) or psychiatric (Adult/Child Psychiatry) specialty.

Additional details on the demographic and practice characteristics of Indiana's physician workforce are described and presented in this report. In addition to providing information on the overall physician workforce, this report also contains sub-sections specifically dedicated to primary care physicians and psychiatrists. The 2017 Indiana Physician Licensure Survey Data Report is a snapshot of Indiana's physician workforce and offers key information that can be used to determine the best practices for improving health care for Indiana residents.

Section I: Background Information

The 2017 Physician Licensure Survey Data Report presents key information and data collected from the physician re-licensure survey administered by the Indiana Professional Licensing Agency (IPLA) during the 2017 license renewal cycle. This report includes data on Indiana's physician workforce which may be used to promote meaningful policy discussion and inform evidence-based health workforce policy development.

The data in this report are broken into three sections, including: [1] the total physician workforce, [2] primary care physicians and [3] psychiatrists. Each section contains information on demographic, educational, and professional characteristics as well as workforce supply and geographic distribution of physician survey respondents.

Methods

Survey Administration

Indiana's physician re-licensure survey was adapted from the Physician Minimum Data Set (MDS) created by the Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis. HRSA has established MDS tools for many licensed health professionals in order to facilitate the establishment of national databases with consistent core data elements covering demographic, education, credentialing, and practice characteristics of the health professions. Indiana's physician re-licensure survey was administered by the IPLA during the biennial licensure renewal period.

Dataset Construction

The data used for this report were extracted from the physician license file and the physician survey data file provided by the IPLA through the Indiana State Department of Health (ISDH). The license file contains administrative data such as license status, issue date, expiration date, license number, and date of birth. These data are used for sample selection criteria and to generate descriptive tables. The survey data file contains the demographic, educational and professional characteristics self-reported by physicians during completion of the web-based license renewal process.

The survey file underwent standardized data cleaning and coding procedures developed by the Bowen Center. The license file was then merged with the formatted survey file by unique license number to generate a Physician Master File. This merged master file was then transferred to the department of Biostatistics to be imported into the Indiana Health Professions Database.

License address data were accessed by the Polis Center for address cleaning and geocoding. This process involves standardizing addresses using 360Science software and geocoding using address locator software. These procedures returned the geographical coordinates of the license address as well as the county federal information processing standards (FIPS) code and census block ID. These values are then returned to the Indiana Health Professions Database to be used for data reporting.

Sample selection criteria were applied to the 2017 physician dataset in order to determine the sample of physicians who are actively practicing medicine in Indiana. Therefore, the following criteria were applied:

1. Physician renewed license online in 2017
2. Physician holds active, valid to practice while under review or probationary license
3. Physician responded to the 2017 re-licensure survey
4. Physician reported actively working in medicine
5. Physician reported an Indiana licensure address

2017 Indiana Physician Licensure

All physicians who did not meet these criteria were excluded from the survey sample for this data report. Figure 1.1 provides a flow chart of physicians who met the criteria for inclusion into the study sample. The final sample includes 11,085 physicians who held an active, valid to practice while under review or probationary license to practice medicine in Indiana, reported actively working in medicine, and provided an Indiana licensure address.

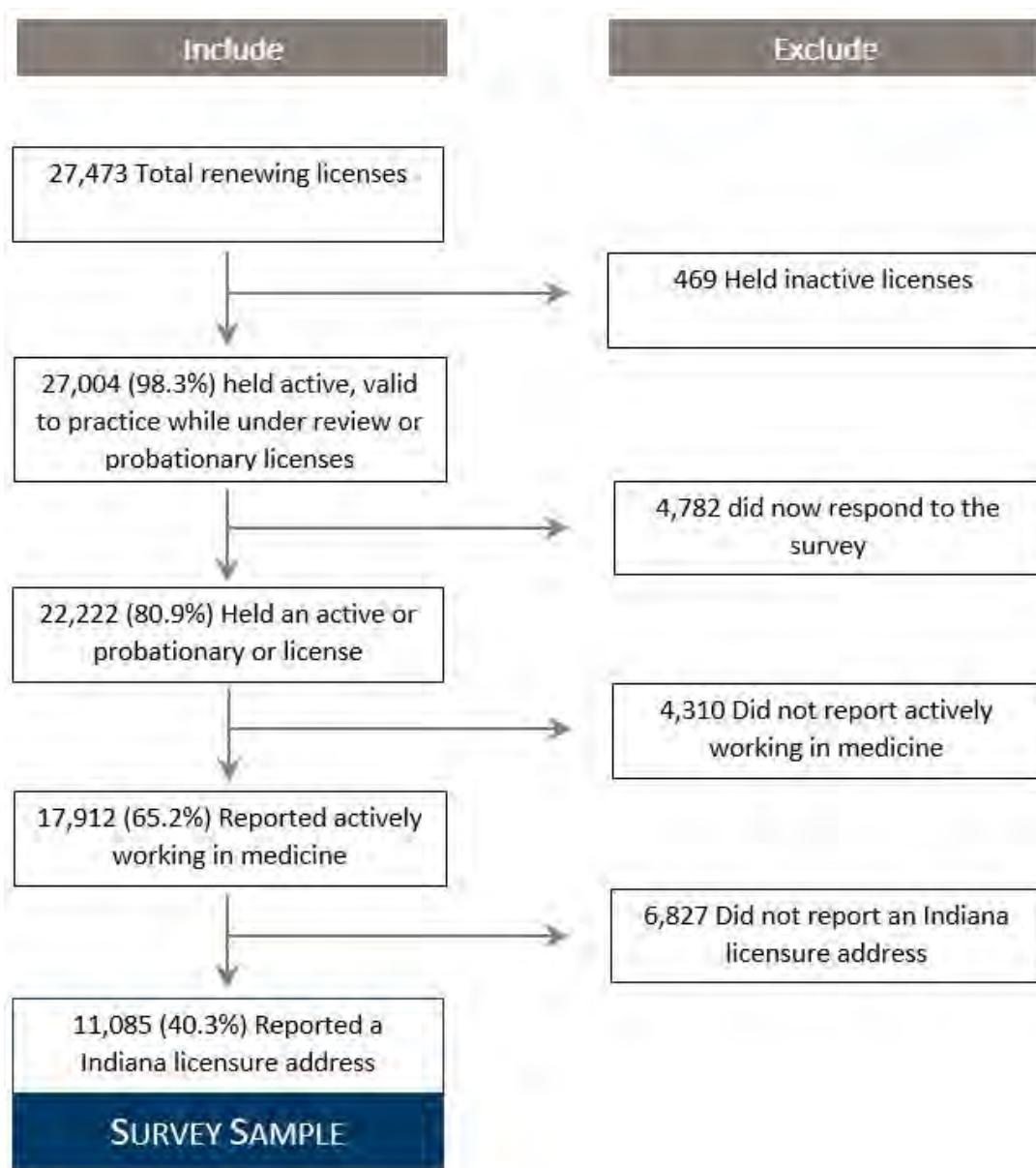


Figure 1.1: 2017 Physician Survey Sample Selection Criteria

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FTE Assignment

A full-time equivalent (FTE) was assigned to each individual based upon the survey response indicating average number of hours per week spent in direct patient care. To accurately map the distribution of the PA workforce throughout Indiana, FTEs were assigned to each individual practitioner. Geographic information system (GIS) maps present the distribution of the PA workforce by FTE in this report. Table 1.1 outlines the FTE assignment to each hourly category.

Table 1.1: FTE Assignment Based on Reported Hours per Week in Patient Care

Reported Hours per Week in Patient Care	Assigned FTE
0	0
1 – 4	0.1
5 – 8	0.2
9 – 12	0.3
13 – 16	0.4
17 – 20	0.5
21 – 24	0.6
25 – 28	0.7
29 – 32	0.8
33 – 36	0.9
37 – 40	1
41 or more	1

Rurality

County rurality was determined by population. If a county had a population of at least 50,000 it was designated as “urban”. If the county population was less than 50,000 the county was designated as “rural”.

Limitations

The analyses and data presented in this report have several key limitations that should be taken into account when utilizing and interpreting these data. The information in this report was gathered as self-reported responses to a voluntary survey. As is the case with all survey research, it is likely there is some level of response bias. In this case, it is possible that responses to a question do not reflect the absolute, practice characteristics of a provider. Although these self-reported data may not be considered absolute, they provide a best estimate of provider’s practice characteristics and should only be used to inform policy discussion.

Additionally, the data presented in this report only represent a sample of the entire physician workforce. Due to missing data and the voluntary nature of the survey, many physicians are not represented in the final sample of this report. Although only a sample is present in the data, use of licensure address rather than practice address allowed for the generation of a greater sample size. Moreover, we feel confident that use of licensure address for determining county location is a good indicator of where the physician is practicing.

Lastly, the physician re-licensure survey has been updated several times over the years in order to meet the needs of the State of Indiana. Due to changes in the methodology for administration of the survey, trend analyses on these data are not presented in this report.

Supplemental Data Tables

The primary purpose of the 2017 Physician Licensure Survey Data Report is to provide a snapshot of key information pertaining to the physician workforce in Indiana. This report only presents highlights of the 2017 physician survey data. Additional data tables are available online through the Bowen Center website.

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Section II: Total Physician Workforce

This section provides an overview of the total Indiana physician workforce survey sample. In 2017, 11,085 physicians were actively licensed in Indiana, reported actively practicing in Medicine and had a valid license address.

Demographics

The average age of the physician workforce is 50.5 years, though female physicians – having 33.8% between the ages of 35 and 44 – are slightly younger than their male counterparts with an average age of 46.3 (compared to 52.2). Overall, the physician workforce demonstrates a lack of diversity as a large majority are non-Hispanic (95.2%) and white (72.7%). Asian physicians make up the largest minority at 13.7%. Table 2.1 provides more details on the demographic characteristics of the physician workforce.

Table 2.1: Physician Demographic Characteristics

	Female		Male		Non-Respondents		Total	
Mean Age	46.3		52.2		58.5		50.5	
	N	%	N	%	N	%	N	%
Age Groups								
Under 35	548	15.6	644	8.7	8	4.1	1,200	10.8
35-44	1,185	33.8	1,660	22.5	6	3.0	2,851	25.7
45-54	900	25.7	1,821	24.7	41	20.8	2,762	24.9
55-64	658	18.8	2,039	27.6	85	43.1	2,782	25.1
65 and Over	166	4.7	1,146	15.5	45	22.8	1,357	12.2
Non-Respondents	45	1.3	76	1.0	12	6.1	133	1.2
Total	3,502	100.0	7,386	100.0	197	100.0	11,085	100.0
Ethnicity								
Hispanic or Latino	121	3.5	178	2.4	5	2.5	304	2.7
Not Hispanic or Latino	3,324	94.9	7,043	95.4	187	94.9	10,554	95.2
Non-Respondents	57	1.6	165	2.2	5	2.5	227	2.0
Total	3,502	100.0	7,386	100.0	197	100.0	11,085	100.0
Race								
White	2,468	70.5	5,448	73.8	145	73.6	8,061	72.7
American Indian or Alaska Native	3	0.1	10	0.1	0	0.0	13	0.1
Native Hawaiian/Pacific Islander	8	0.2	16	0.2	0	0.0	24	0.2
Black or African American	221	6.3	259	3.5	8	4.1	488	4.4
Asian	523	14.9	975	13.2	26	13.2	1,524	13.7
Other	175	5.0	414	5.6	11	5.6	600	5.4
Multiracial	41	1.2	93	1.3	3	1.5	137	1.2
Non-Respondent	63	1.8	171	2.3	4	2.0	238	2.1
Total	3,502	100.0	7,386	100.0	197	100.0	11,085	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Gender was not provided for every respondent by Indiana Professional Licensing Agency (IPLA). Age was calculated as the difference between the respondent's date of birth and the date of survey completion.

Educational Characteristics

Table 2.2 demonstrates a strong retention of physicians in Indiana, as 38.6% completed their medical education in Indiana and 42.9% completed their residency in the state. The second largest group of Indiana physicians completed either their medical education (21.6%) or residency (28.8%) in a non-contiguous U.S. state.

Table 2.2: Physician Education and Training Characteristics

Location of Training Program	Medical School		Residency	
	N	%	N	%
Indiana	4,274	38.6	4,751	42.9
Contiguous State	2,094	18.9	2,730	24.6
Other US State	2,396	21.6	3,188	28.8
Another Country	2,111	19.0	136	1.2
Non-Respondents	210	1.9	280	2.5
Total	11,085	100.0	11,085	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Professional Characteristics

Table 2.3 provides details on practice characteristics. Majority (81.1%) of physicians reported only one practice location. Professionally, the greatest percentage (19.9%) of physicians practice in an inpatient hospital setting, followed by a single specialty group office/clinic at 15.7% and multi-specialty office/clinic at 14.8%.

Table 2.3: Physician Practice Setting and Locations

Primary Practice Type	N	%
Federal Government Hospital	109	1
Federal/State/Community Health Center(s)	266	2.4
Home Health Setting	11	0.1
Hospice Care	13	0.1
Hospital - Emergency Department	708	6.4
Hospital - Inpatient	2,208	19.9
Local Health Department	12	0.1
Medical School	280	2.5
Nursing Home or Extended Care Facility	37	0.3
Office/Clinic - Multi Specialty Group	1,636	14.8
Office/Clinic - Partnership	962	8.7
Office/Clinic - Single Specialty Group	1,738	15.7
Office/Clinic - Solo Practice	1,062	9.6
Other	383	3.5
Research Laboratory	22	0.2
Telemedicine	10	0.1
Volunteer in a Free Clinic	15	0.1
Hospital – Ambulatory Care/Outpatient	1,106	10
Non-Respondents	507	4.6
Total	11,085	100
Number of practice locations	N	%
One	8,995	81.1
Two	1,691	15.3
Three	399	3.6
Non-Respondents	0	0
Total	11,085	100

Source: Indiana Physician Re-Licensure Survey, 2017

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The largest percentage of physicians (17.1%) reported a specialty in Family Medicine/General Practice, followed by 10.5% reporting a specialty in general Internal Medicine (Table 2.4). However, as displayed in figure 2.1, majority (57.1%) of physicians have a specialty that is not considered a primary care or psychiatric specialty.

Table 2.4: Physician Specialty

Specialty	N	%
Adolescent Medicine	22	0.2
Allergy and Immunology	40	0.4
Anesthesiology	889	8.0
Cardiology	348	3.1
Child Psychiatry	39	0.4
Colon and Rectal Surgery	17	0.2
Critical Care Medicine	88	0.8
Dermatology	117	1.1
Emergency Medicine	736	6.6
Endocrinology	90	0.8
Family Medicine/General Practice	1,899	17.1
Gastroenterology	218	2.0
Geriatric Medicine	78	0.7
Gynecology Only	65	0.6
Hematology and Oncology	170	1.5
Infectious Diseases	76	0.7
Internal Medicine (General)	1,161	10.5
Nephrology	149	1.3
Neurological Surgery	32	0.3
Neurology	166	1.5
Obstetrics and Gynecology	422	3.8
Occupational Medicine	77	0.7
Ophthalmology	216	1.9
Orthopedic Surgery	293	2.6
Other Specialties	366	3.3
Other Surgical Specialties	18	0.2
Otolaryngology	128	1.2
Pathology	202	1.8
Pediatrics (General)	593	5.3
Pediatrics Subspecialties	367	3.3
Physical Medicine and Rehabilitation	103	0.9
Plastic Surgery	87	0.8
Preventive Medicine/Public Health	19	0.2
Psychiatry	394	3.6
Pulmonology	135	1.2
Radiation Oncology	65	0.6
Radiology	349	3.1
Rheumatology	67	0.6
Surgery (General)	337	3.0
Thoracic Surgery	61	0.6
Urology	98	0.9
Vascular Surgery	41	0.4
Non-Respondents	266	2.4
Total	11,085	100.0

Physician Specialty Breakdown by Major Specialty Class

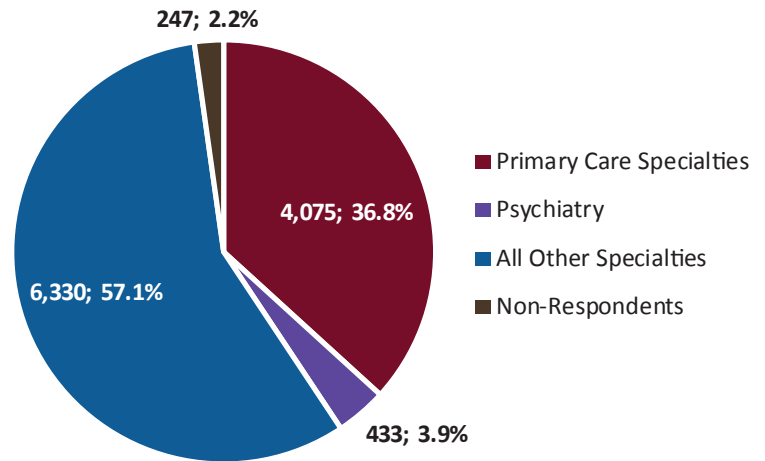


Figure 2.1

Notes: Primary care specialties include Family Medicine/General Practice, Internal Medicine (General), Obstetrics and Gynecology and Pediatrics (General); Psychiatry includes General Psychiatry and Child Psychiatry.

Source: Indiana Physician Re-Licensure Survey, 2017

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Regarding patient population served, 57.2% of physicians reported not offering a sliding fee scale at their primary practice location. On the other hand, 84.3% of physicians reported serving Medicaid patients at their primary practice location, though only 10.6% reported Medicaid patients accounting for more than 50% of their patient panel. Over three-fourths (75.9%) of physicians reported accepting new Indiana Medicaid patients at any of their practice locations, indicating the potential for increased access to care for Medicaid recipients. Tables 2.5 and 2.6 provides more details on the patient population.

Table 2.5: Patient Population, Primary Practice Location

Sliding Scale Patient Population, Primary Practice Location	N	%
I do not offer a sliding fee scale	6,340	57.2
Sliding fee patients account for 0% - 5% of my practice	1,464	13.2
Sliding fee patients account for 6% - 10% of my practice	804	7.3
Sliding fee patients account for 11% - 20% of my practice	433	3.9
Sliding fee patients account for 21% - 30% of my practice	245	2.2
Sliding fee patients account for 31% - 50% of my practice	160	1.4
Sliding fee patients account for greater than 50% of my practice	163	1.5
Non-Respondents	1,476	13.3
Total	11,085	100.0
Medicaid Patient Population, Primary Practice Location	N	%
I do not accept Indiana Medicaid	740	6.7
Indiana Medicaid accounts for 0% - 5% of my practice	1,501	13.5
Indiana Medicaid accounts for 6% - 10% of my practice	1,616	14.6
Indiana Medicaid accounts for 11% - 20% of my practice	1,795	16.2
Indiana Medicaid accounts for 21% - 30% of my practice	1,779	16.0
Indiana Medicaid accounts for 31% - 50% of my practice	1,480	13.4
Indiana Medicaid accounts for greater than 50% of my practice	1,175	10.6
Non-Respondents	999	9.0
Total	11,085	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Sliding Fee Scale and Medicaid Patient Populations was not provided by every respondent. Not every respondent had a primary practice address in Indiana.

Table 2.6: Physicians Accepting New Indiana Medicaid Patients

	N	%
Accepting new Indiana Medicaid patients	8,412	75.9
Not accepting new Indiana Medicaid patients	1,683	15.2
Non-Respondents	990	8.9
Total	11,085	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Physicians accepting new Indiana Medicaid patients, any practice location.

Workforce Capacity

When examining average hours in patient care, over half reported working full-time. Nearly one-third (32.7%) of physicians reported working an average of 41 or more hours per week, followed by 19.6% reporting working 37-40 hours per week and 9.3% reporting working 33-36 hours per week. Table 2.7 provides more details on physicians' reported hours per week in patient care.

Table 2.7: Average Hours/Week in Patient Care at Primary Practice

Average hours/week in patient care	N	%
0 hours per week	265	2.4
1-4 hours per week	244	2.2
5-8 hours per week	260	2.3
9-12 hours per week	340	3.1
13-16 hours per week	278	2.5
17-20 hours per week	554	5.0
21-24 hours per week	519	4.7
25-28 hours per week	517	4.7
29-32 hours per week	675	6.1
33-36 hours per week	1,035	9.3
37-40 hours per week	2,174	19.6
41 or more hours per week	3,620	32.7
Non-Respondents	604	5.4
Total	11,085	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Calculating population-to-provider FTE (PPR) ratios is useful for measuring workforce capacity, a key indicator of access to care. In Indiana, twenty-one counties have low PPRs (below 1,000:1), indicating high workforce capacity. Seventeen of these counties are designated as urban.

The highest PPRs were found in Newton County (12,779:1), Crawford County (10,591:1) and Switzerland County (10,500:1). Both Crawford and Switzerland Counties are rural and consistently have had little to no workforce capacity in their service area in the past three years. Tables 2.8 and 2.9 on the following page provides more details on physician workforce distribution and capacity in Indiana. Map 2.1 provides details on the geographic distribution of physician workforce capacity in Indiana.

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Table 2.8: Indiana Physician Workforce Capacity by County

County	Rurality	Population to Provider Ratio	County	Rurality	Population to Provider Ratio
Adams	Rural	7,217	LaPorte	Urban	1,547
Allen	Urban	712	Lawrence	Rural	1,924
Bartholomew	Urban	777	Madison	Urban	1,111
Benton	Rural	NULL	Marion	Urban	459
Blackford	Rural	1,862	Marshall	Rural	1,524
Boone	Urban	211	Martin	Rural	10,262
Brown	Urban	4,415	Miami	Rural	1,616
Carroll	Urban	10,007	Monroe	Urban	599
Cass	Rural	1,253	Montgomery	Rural	3,635
Clark	Urban	1,047	Morgan	Urban	4,180
Clay	Urban	4,043	Newton	Urban	12,779
Clinton	Rural	3,862	Noble	Rural	2,780
Crawford	Rural	10,591	Ohio	Urban	6,033
Daviess	Rural	1,929	Orange	Rural	2,293
Dearborn	Urban	908	Owen	Rural	6,622
Decatur	Rural	1,929	Parke	Rural	4,276
DeKalb	Rural	1,601	Perry	Rural	1,448
Delaware	Urban	739	Pike	Rural	7,048
Dubois	Rural	609	Porter	Urban	1,000
Elkhart	Urban	1,378	Posey	Urban	5,113
Fayette	Rural	2,031	Pulaski	Rural	1,465
Floyd	Urban	702	Putnam	Urban	2,788
Fountain	Rural	33,776	Randolph	Rural	3,764
Franklin	Urban	1,581	Ripley	Rural	5,960
Fulton	Rural	1,543	Rush	Rural	2,574
Gibson	Urban	2,229	St. Joseph	Urban	732
Grant	Rural	2,487	Scott	Rural	2,142
Greene	Urban	3,125	Shelby	Urban	1,181
Hamilton	Urban	259	Spencer	Rural	4,345
Hancock	Urban	1,137	Starke	Rural	3,255
Harrison	Urban	1,366	Steuben	Rural	1,925
Hendricks	Urban	696	Sullivan	Urban	7,539
Henry	Rural	3,751	Switzerland	Rural	10,500
Howard	Urban	915	Tippecanoe	Urban	654
Huntington	Rural	1,981	Tipton	Urban	3,893
Jackson	Rural	976	Union	Rural	7,299
Jasper	Urban	8,362	Vanderburgh	Urban	556
Jay	Rural	1,932	Vermillion	Urban	2,172
Jefferson	Rural	836	Vigo	Urban	1,073
Jennings	Rural	4,534	Wabash	Rural	2,022
Johnson	Urban	976	Warren	Rural	8,367
Knox	Rural	1,540	Warrick	Urban	323
Kosciusko	Rural	1,776	Washington	Urban	4,364
LaGrange	Rural	2,058	Wayne	Rural	688
Lake	Urban	961	Wells	Urban	4,556
			White	Rural	2,974
			Whitley	Urban	1,579

Source: Indiana Physician Re-Licensure Survey, 2017

Table 2.9: Indiana Physician Workforce Capacity by Rurality

Rurality	Population to Provider Ratio
Rural	2,002.7
Urban	677.1
Total	817.8

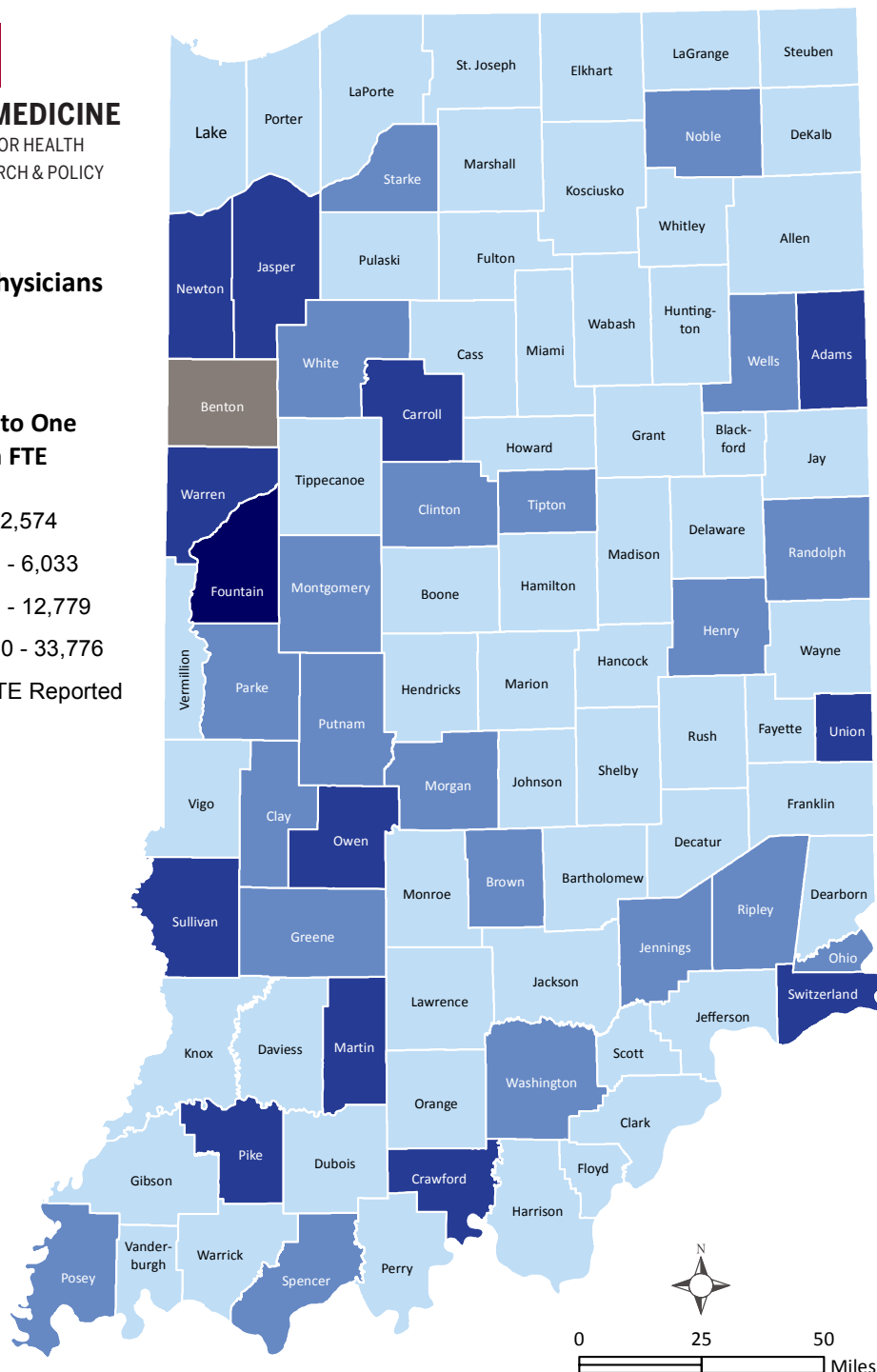
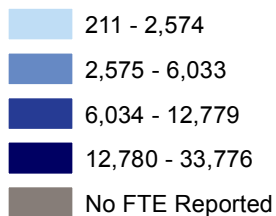
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SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

All Indiana Physicians

Population to One Physician FTE



Source: Indiana Physician Re-Licensure Survey, 2017; American Community Survey, 2015 5-year Estimate

Map 2.1 Geographic distribution of total Indiana Physician workforce capacity

Section III: Primary Care Physician Workforce

This section presents demographic and professional characteristics of primary care physicians, who are essential to access to basic health care. Primary care specialties are defined as Family Medicine/General Practice, Internal Medicine (General), Obstetrics and Gynecology and Pediatrics (General). These specialties are consistent with HRSA's definition of primary care specialties.

In 2017, 4,075 physicians in the survey sample were identified as having a primary care specialty. When considering the total Indiana physician workforce sample, PCPs make up 36.8% of all specialties, with Family Medicine/General Practice being the most common specialty and Obstetrics and Gynecology being the least common (Figure 3.1). When looking specifically at the PCP workforce sample, Family Medicine/General Practice specialties accounts for nearly half of PCPs (46.6%), followed by Internal Medicine (General) at 28.5%. On the other hand Obstetrics and Gynecology account for only 10.4% of the PCP workforce (Figure 3.2).

Figure 3.1 Proportion of Indiana Physicians in Primary Care Specialties

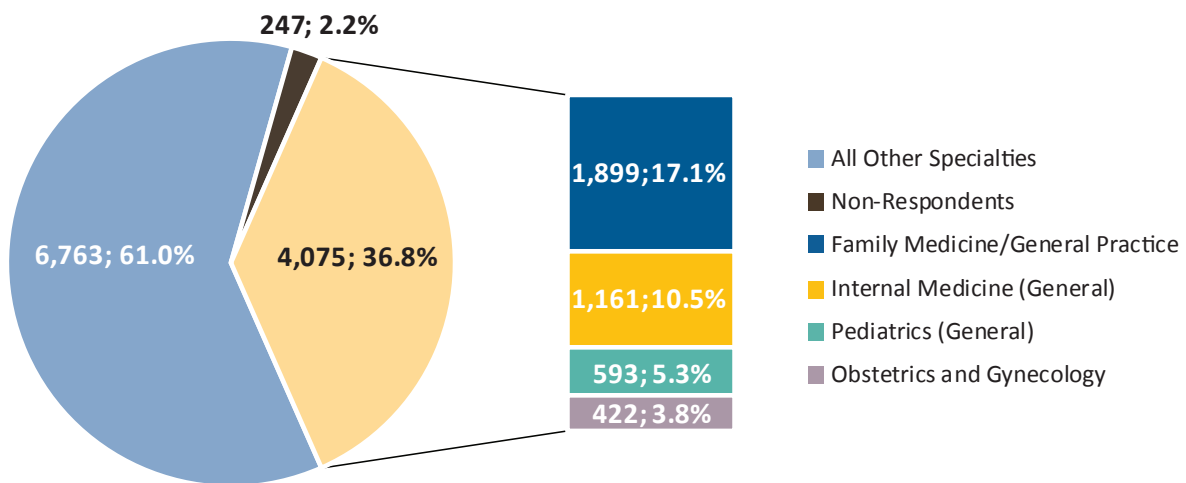
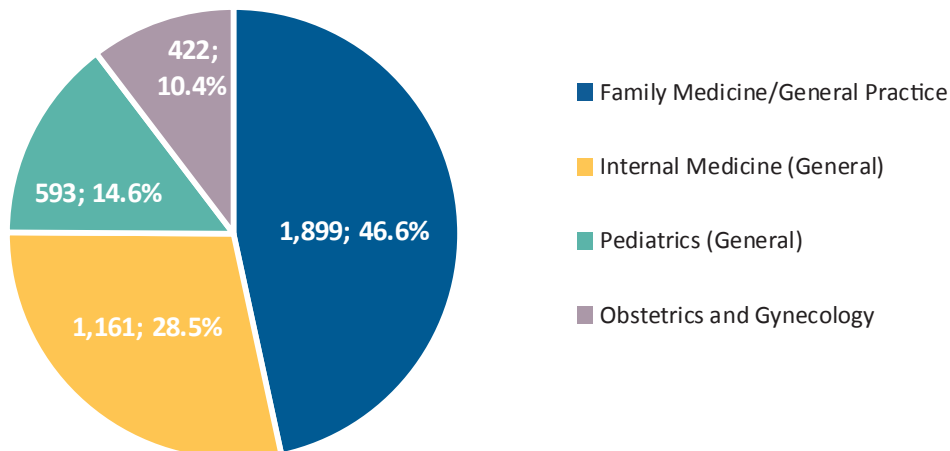


Figure 3.2 Distribution of Specialties among Primary Care Physicians



2017 Indiana Physician Licensure

Demographics

Primary care physicians have demographic characteristics that are similar to the total Indiana physician workforce. Majority are white (72.2%) and non-Hispanic (96.2%). The largest percentage of non-White physicians self-identified as Asian (13.4%). Female PCPs showed slightly greater diversity than their male counterparts, with 28.9% self-identifying as non-White while 24.1% of male PCPs self-identify as non-White.

The average age of the total PCP workforce is 49.7 years. However, when observing average age by gender, female PCPs were found to be younger than their male counterparts (45.9 years vs. 52.5). This is to be expected when considering that the largest percentage (35.4%) of female PCPs were between ages 35 and 44 while the largest percentage (26.8%) of male PCPs were between ages 55 and 64. Table 3.1 provides more information on demographics of the PCP workforce.

Table 3.1: Primary Care Physician Demographic Characteristics

	Female		Male		Non-Respondents		Total	
Mean Age	45.9		52.5		57.9		49.8	
	N	%	N	%	N	%	N	%
Age Groups								
Under 35	260	15.3	222	9.6	1	1.4	483	11.9
35 - 44	607	35.8	470	20.4	4	5.6	1,081	26.5
45 - 54	454	26.8	582	25.2	15	21.1	1,051	25.8
55 - 64	277	16.3	617	26.7	34	47.9	928	22.8
65 and Older	75	4.4	394	17.1	12	16.9	481	11.8
Non-Respondents	23	1.4	23	1.0	5	7.0	51	1.3
Total	1,696	100.0	2,308	100.0	71	100.0	4,075	100.0
Ethnicity								
Hispanic or Latino	65	3.8	59	2.6	0	0.0	124	3.0
Not Hispanic or Latino	1,618	95.4	2,231	96.7	71	100.0	3,920	96.2
Non-Respondent	13	0.8	18	0.8	0	0.0	31	0.8
Total	1,696	100.0	2,308	100.0	71	100.0	4,075	100.0
Race								
White	1,188	70.0	1,722	74.6	53	74.6	2,963	72.7
American Indian or Alaska Native	1	0.1	3	0.1	0	0.0	4	0.1
Native Hawaiian/Pacific Islander	4	0.2	6	0.3	0	0.0	10	0.2
Black or African American	128	7.5	107	4.6	6	8.5	241	5.9
Asian	243	14.3	295	12.8	10	14.1	548	13.4
Other	94	5.5	112	4.9	1	1.4	207	5.1
Multiracial	22	1.3	32	1.4	1	1.4	55	1.3
Non-Respondents	16	0.9	31	1.3	0	0.0	47	1.2
Total	1,696	100.0	2,308	100.0	71	100.0	4,075	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Gender was not provided for every respondent by Indiana Professional Licensing Agency (IPLA). Age was calculated as the difference between the respondent's date of birth and the date of survey completion.

Education and Training

As with the total physician sample, a large portion of PCPs completed either their medical education (42.2%) or their residency (53.5%) in Indiana. The second largest percentage completed their education in another country (21.2%) while 23.5% completed their training in another state not contiguous to Indiana. Table 3.2 on the following page provides more information on education and training.

Table 3.2: Primary Care Education and Training Characteristics

Location of Training Program	Medical School		Residency	
	N	%	N	%
Indiana	1,719	42.2	2,179	53.5
Contiguous State	723	17.7	851	20.9
Other US State	755	18.5	959	23.5
Another Country	862	21.2	39	1.0
Non-Respondents	16	0.4	47	1.2
Total	4,075	100.0	4,075	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Professional Characteristics

Similar to the total physician workforce, the large majority (87.4%) of PCPs reported only one practice location. The highest percentage of these physicians (19.9%) reported practicing in a single specialty office/clinic, followed by 19% reporting working in a multi-specialty office/clinic and 15.2% working in an inpatient hospital setting. Table 3.3 provides more information on the PCPs' practice setting characteristics.

Table 3.3: Practice Settings and Locations

Primary Practice Type	N	%
Federal Government Hospital	28	0.7
Federal/State/Community Health Center(s)	184	4.5
Home Health Setting	4	0.1
Hospice Care	2	0
Hospital - Emergency Department	14	0.3
Hospital - Inpatient	620	15.2
Local Health Department	4	0.1
Medical School	35	0.9
Nursing Home or Extended Care Facility	13	0.3
Office/Clinic - Multi Specialty Group	773	19
Office/Clinic - Partnership	512	12.6
Office/Clinic - Single Specialty Group	809	19.9
Office/Clinic - Solo Practice	506	12.4
Other	150	3.7
Research Laboratory	3	0.1
Telemedicine	4	0.1
Volunteer in a Free Clinic	9	0.2
Hospital – Ambulatory Care/Outpatient	320	7.9
Non-Respondents	85	2.1
Total	4,075	100
Number of practice locations	N	%
One	3,563	87.4
Two	452	11.1
Three	60	1.5
Total	4,075	100

Source: Indiana Physician Re-Licensure Survey, 2017

Table 3.4 on the following page provides information on the patient population served by primary care physicians. The majority (56.2%) of PCPs reported not offering a sliding fee scale at their primary practice location. On the other hand, 86.9% of these physicians reported serving Medicaid patients at their primary practice location and 72.7% reported accepting new patients at any of their practices (Table 3.5).

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Table 3.4: Patient Population, Primary Practice Location

Sliding Scale Patient Population, Primary Practice Location	N	%
I do not offer a sliding fee scale	2,230	54.7
Sliding fee patients account for 0% - 5% of my practice	730	17.9
Sliding fee patients account for 6% - 10% of my practice	406	10.0
Sliding fee patients account for 11% - 20% of my practice	176	4.3
Sliding fee patients account for 21% - 30% of my practice	84	2.1
Sliding fee patients account for 31% - 50% of my practice	54	1.3
Sliding fee patients account for greater than 50% of my practice	66	1.6
Non-Respondents	329	8.1
Total	4,075	100.0

Medicaid Patient Population, Primary Practice Location	N	%
I do not accept Indiana Medicaid	326	8.0
Indiana Medicaid accounts for 0% - 5% of my practice	628	15.4
Indiana Medicaid accounts for 6% - 10% of my practice	590	14.5
Indiana Medicaid accounts for 11% - 20% of my practice	643	15.8
Indiana Medicaid accounts for 21% - 30% of my practice	573	14.1
Indiana Medicaid accounts for 31% - 50% of my practice	584	14.3
Indiana Medicaid accounts for greater than 50% of my practice	530	13.0
Non-Respondents	201	4.9
Total	4,075	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Sliding Fee Scale and Medicaid Patient Populations was not provided by every respondent. Not every respondent had a primary practice address in Indiana.

Table 3.5: Physicians Accepting New Indiana Medicaid Patients

	N	%
Accepting new Indiana Medicaid patients	2,932	72.0
Not accepting new Indiana Medicaid patients	931	22.8
Non-Respondents	212	5.2
Total	4,075	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Physicians accepting new Indiana Medicaid patients, any practice location.

Workforce Capacity

Over half of PCPs reported practicing full-time in direct patient care. The largest percentage (31.9%) of primary care physicians reported spending 41 or more hours per week in direct patient care, followed by 24.6% who reported spending 37 – 40 hours per week in direct patient care. Table 3.6 provides more information with regards to average hours per week in direct patient care at primary practice.

Table 3.6: Average Hours/Week in Patient Care

Average hours/week in patient care	N	%
0 hours per week	70	1.7
1-4 hours per week	95	2.3
5-8 hours per week	89	2.2
9-12 hours per week	80	2.0
13-16 hours per week	84	2.1
17-20 hours per week	169	4.1
21-24 hours per week	183	4.5
25-28 hours per week	210	5.2
29-32 hours per week	257	6.3
33-36 hours per week	511	12.5
37-40 hours per week	1,022	25.1
41 or more hours per week	1,204	29.5
Non-Respondents	101	2.5
Total	4,075	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Data Report

Table 3.7 provides information about PCP workforce capacity and geographic distribution. Warrick and Hamilton Counties, both designated as urban, have the lowest primary care PPR (763:1 and 767:1, respectively), indicating high workforce capacity in these service areas. On the other hand, Newton County had the highest primary PPR of 140,570:1 while Benton County had no reported PCP FTE in the 2017 survey sample.

Table 3.7: Primary Care Physician Workforce Capacity by County

County	Rurality	Population to Provider Ratio	County	Rurality	Population to Provider Ratio
Adams	Rural	9,116	LaPorte	Urban	3,134
Allen	Urban	1,864	Lawrence	Rural	4,018
Bartholomew	Urban	1,977	Madison	Urban	2,182
Benton	Rural	—	Marion	Urban	1,517
Blackford	Rural	2,446	Marshall	Rural	2,068
Boone	Urban	915	Martin	Rural	10,262
Brown	Urban	6,823	Miami	Rural	2,480
Carroll	Urban	10,007	Monroe	Urban	1,636
Cass	Rural	2,582	Montgomery	Rural	5,697
Clark	Urban	3,026	Morgan	Urban	6,804
Clay	Urban	8,608	Newton	Urban	140,570
Clinton	Rural	4,378	Noble	Rural	4,485
Crawford	Rural	10,591	Ohio	Urban	6,033
Daviess	Rural	3,561	Orange	Rural	5,057
Dearborn	Urban	2,159	Owen	Rural	6,622
Decatur	Rural	2,186	Parke	Rural	5,702
DeKalb	Rural	2,199	Perry	Rural	2,488
Delaware	Urban	1,457	Pike	Rural	7,048
Dubois	Rural	1,608	Porter	Urban	2,699
Elkhart	Urban	3,257	Posey	Urban	5,113
Fayette	Rural	2,450	Pulaski	Rural	2,211
Floyd	Urban	2,187	Putnam	Urban	4,482
Fountain	Rural	33,776	Randolph	Rural	4,829
Franklin	Urban	2,389	Ripley	Rural	8,670
Fulton	Rural	2,183	Rush	Rural	4,356
Gibson	Urban	3,237	St. Joseph	Urban	1,765
Grant	Rural	9,842	Scott	Rural	2,900
Greene	Urban	4,207	Shelby	Urban	2,583
Hamilton	Urban	767	Spencer	Rural	4,345
Hancock	Urban	1,722	Starke	Rural	5,638
Harrison	Urban	2,064	Steuben	Rural	3,461
Hendricks	Urban	1,411	Sullivan	Urban	21,111
Henry	Rural	6,067	Switzerland	Rural	10,500
Howard	Urban	1,942	Tippecanoe	Urban	1,636
Huntington	Rural	2,474	Tipton	Urban	5,989
Jackson	Rural	2,240	Union	Rural	7,299
Jasper	Urban	13,379	Vanderburgh	Urban	1,420
Jay	Rural	2,656	Vermillion	Urban	3,374
Jefferson	Rural	1,897	Vigo	Urban	2,466
Jennings	Rural	4,847	Wabash	Rural	2,838
Johnson	Urban	2,251	Warren	Rural	8,367
Knox	Rural	3,731	Warrick	Urban	763
Kosciusko	Rural	2,909	Washington	Urban	10,742
LaGrange	Rural	2,739	Wayne	Rural	1,849
Lake	Urban	2,480	Wells	Urban	5,559
			White	Rural	3,010
			Whitley	Urban	2,330

Source: Indiana Physician Re-Licensure Survey, 2017

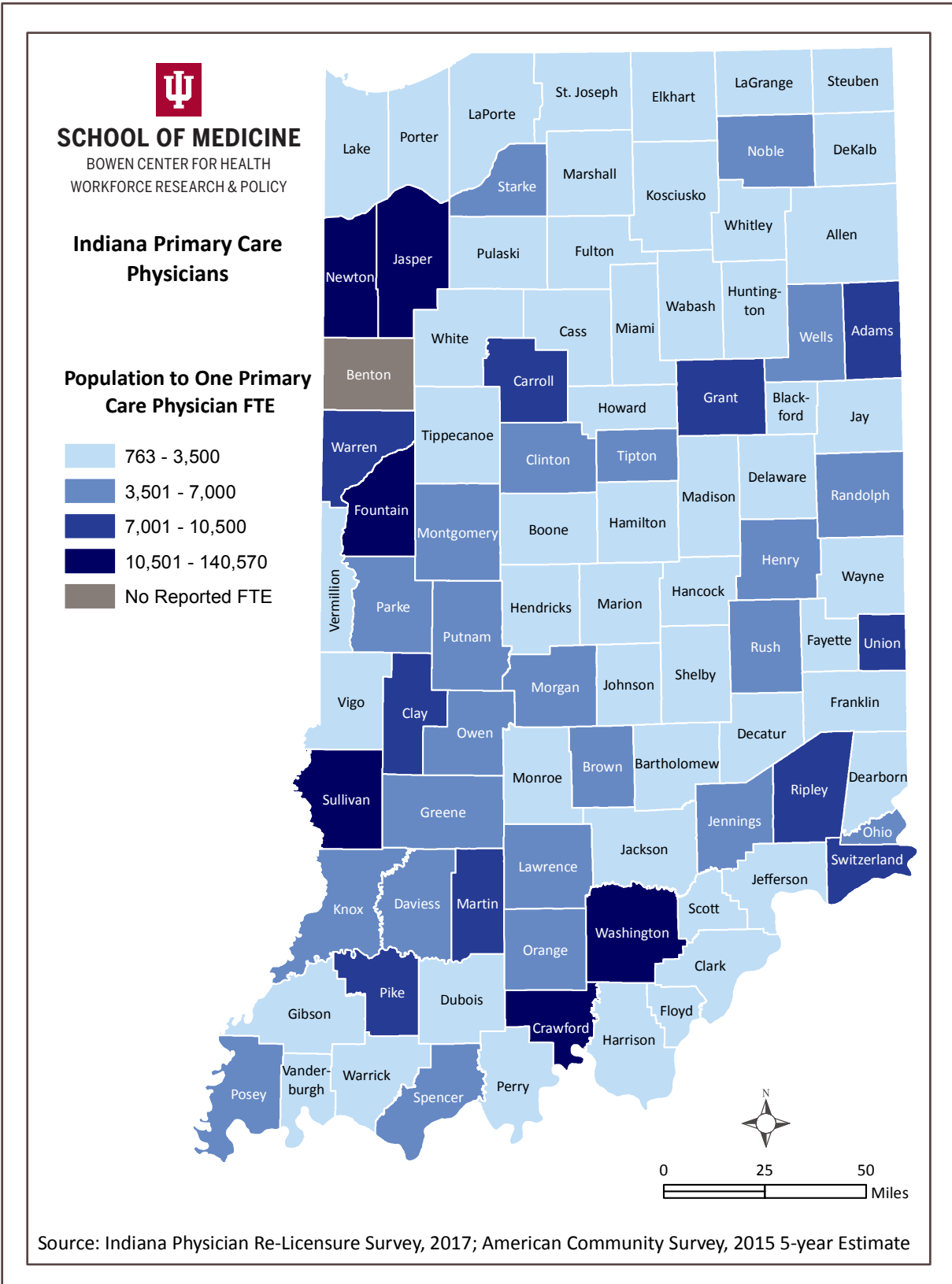
Table 3.8: Primary Care Physician Workforce Capacity by Rurality

Rurality	Population to Provider Ratio
Urban	1,812.7
Rural	3,355.4
Total	2,058.7

Source: Indiana Physician Re-Licensure Survey, 2017; American Community Survey 5-year Population Data, 2015

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Map 3.1 displays to the geographic distribution of primary care physician workforce capacity. As with the total physician workforce high primary care physician workforce capacity can be found in many counties throughout the state. However, other counties such as Newton, Sullivan, Fountain and Benton have little to no primary care physician workforce capacity.



Map 3.1 Geographic distribution of Primary Care Physician workforce capacity

Section IV: Psychiatry Workforce

This section provides an overview of psychiatrists from the 2017 physicians workforce, which include physicians who reported a specialty in Psychiatry and Child Psychiatry (N=433). In Indiana, Psychiatrists are an essential part of the behavioral health workforce, especially when identifying federal mental health professional shortage area designations. Despite this, psychiatrists make up just under 4% of the total physicians workforce (Figure 4.1). Further examination of psychiatrists show that a very small percentage (9%) of these physicians report having a specialty in Child Psychiatry (Figure 4.2).

Figure 4.1: Proportion of Indiana Physicians Practicing in Psychiatry

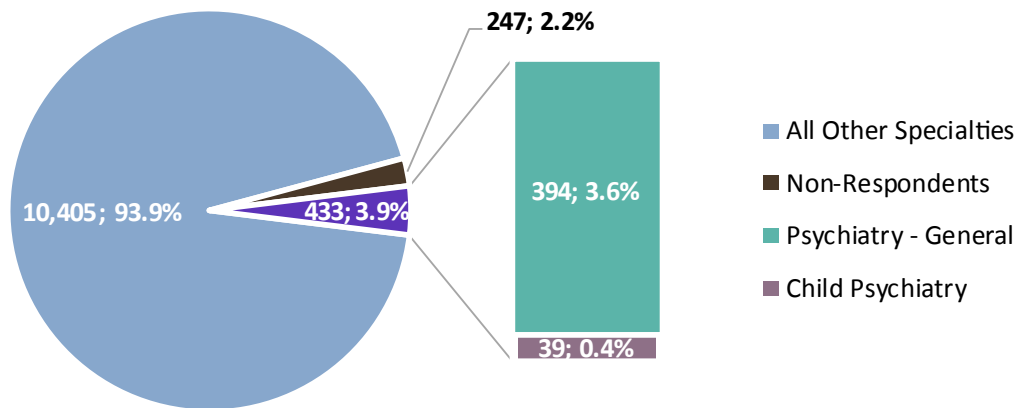
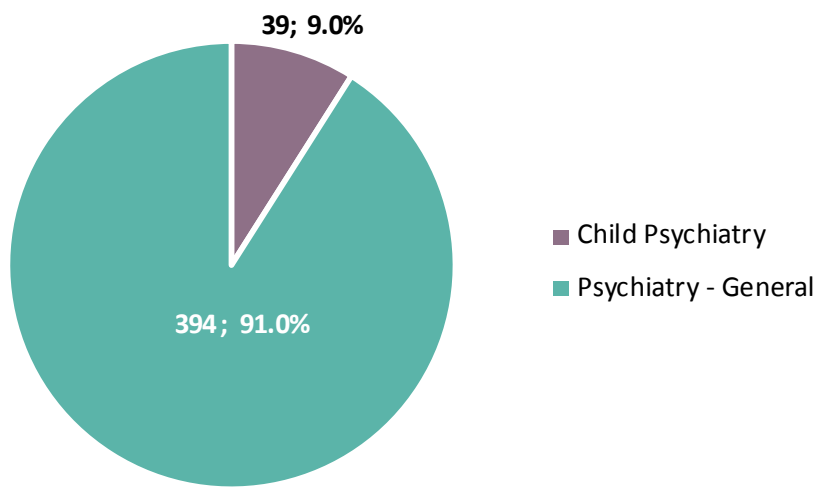


Figure 4.2: Specialty Breakdown for Psychiatrists



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Demographics

Psychiatrists are slightly older than the total physician workforce, having an overall average age of 54.1 (compared to 50.5 in the total physician sample). This is supported by the fact that nearly one-third (32.1%) of psychiatrists are between ages 55 and 64. Similar to the total physician workforce, psychiatrists are mostly non-Hispanic (96.8%) and White (69.3%). However, psychiatrists show slightly greater racial diversity than the total physician workforce, with 29.8% self-identifying as non-White (compared to 25%). Table 4.2 provides more detail on the demographic characteristics of psychiatrists.

Table 4.1: Psychiatrist Demographic Characteristics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Mean Age	51.7		55.4		59.8		54.1	
Age Groups								
Under 35	14	8.2	13	5.1	1	12.5	28	6.5
35 - 44	31	18.2	51	20.0	0	0.0	82	18.9
45 - 54	48	28.2	48	18.8	0	0.0	96	22.2
55 - 64	61	35.9	74	29.0	4	50.0	139	32.1
65 and Older	14	8.2	68	26.7	3	37.5	85	19.6
Non-Respondents	2	1.2	1	0.4	0	0.0	3	0.7
Total	170	100.0	255	100.0	8	100.0	433	100.0
Ethnicity								
Hispanic or Latino	5	2.9	7	2.7	0	0.0	12	2.8
Not Hispanic or Latino	165	97.1	246	96.5	8	100.0	419	96.8
Non-Respondent	0	0.0	2	0.8	0	0.0	2	0.5
Total	170	100.0	255	100.0	8	100.0	433	100.0
Race								
White	122	71.8	175	68.6	3	37.5	300	69.3
Native Hawaiian/Pacific Islander	2	1.2	1	0.4	0	0.0	3	0.7
Black or African American	12	7.1	9	3.5	0	0.0	21	4.8
Asian	24	14.1	47	18.4	2	25.0	73	16.9
Other	9	5.3	16	6.3	3	37.5	28	6.5
Multiracial	1	0.6	3	1.2	0	0.0	4	0.9
Non-Respondents	0	0.0	4	1.6	0	0.0	4	0.9
Total	170	100.0	255	100.0	8	100.0	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Gender was not provided for every respondent by Indiana Professional Licensing Agency (IPLA). Age was calculated as the difference between the respondent's date of birth and the date of survey completion.

Education and Training

Similar to the total physician workforce, the largest percentage of psychiatrists have completed their medical education (34.2%) and residency (39.3%) in Indiana. The second largest percentage completed their medical education (23.6%) and residency (37.9%) in another state.

Table 4.2: Psychiatrist Education and Training Characteristics

Location of Training Program	Medical School		Residency	
	N	%	N	%
Indiana	148	34.2	170	39.3
Contiguous State	68	15.7	97	22.4
Other US State	102	23.6	164	37.9
Non-Respondents	2	0.5	2	0.5
Total	433	100.0	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Professional Characteristics

The highest percentage (22.4%) of psychiatrists reported practicing in an inpatient hospital setting, followed by 17.8% reported practicing in a single specialty group office/clinic and 14.1% reported practicing in a solo practice office/clinic. Table 4.3 provides more information in regards to practice setting.

Table 4.3: Practice Settings and Locations

Primary Practice Type	N	%
Federal Government Hospital	61	14.1
Federal/State/Community Health Center(s)	10	2.3
Home Health Setting	77	17.8
Hospice Care	44	10.2
Hospital - Emergency Department	1	0.2
Hospital - Inpatient	97	22.4
Local Health Department	7	1.6
Nursing Home or Extended Care Facility	8	1.8
Office/Clinic - Multi Specialty Group	1	0.2
Office/Clinic - Solo Practice	51	11.8
Research Laboratory	1	0.2
Volunteer in a Free Clinic	21	4.8
Hospital – Ambulatory Care/Outpatient	41	9.5
Non-Respondents	13	3.0
Total	433	100
One	333	76.9
Two	78	18
Three	22	5.1
Total	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Table 4.4 provides detail on the patient populations served at psychiatrists' primary practice. As with the total physicians workforce and primary care physicians, nearly half (49%) of psychiatrists reported not offering a sliding fee scale to their patients. On the other hand, 81.5% reported serving Medicaid patients, and 30.5% reported Indiana Medicaid patients accounting for more than 50% of their patient panel. Additionally, 67.9% reported accepting new Medicaid patients at any of their practice locations as noted in (Table 4.5) on the following page.

Table 4.4: Patient Population, Primary Practice Location

Sliding Scale Patient Population, Primary Practice Location	N	%
I do not offer a sliding fee scale	212	49.0
Sliding fee patients account for 0% - 5% of my practice	52	12.0
Sliding fee patients account for 6% - 10% of my practice	43	9.9
Sliding fee patients account for 11% - 20% of my practice	38	8.8
Sliding fee patients account for 21% - 30% of my practice	12	2.8
Sliding fee patients account for 31% - 50% of my practice	10	2.3
Sliding fee patients account for greater than 50% of my practice	18	4.2
Non-Respondents	48	11.1
Total	433	100.0
Medicaid Patient Population, Primary Practice Location	N	%
I do not accept Indiana Medicaid	53	12.2
Indiana Medicaid accounts for 0% - 5% of my practice	65	15.0
Indiana Medicaid accounts for 6% - 10% of my practice	25	5.8
Indiana Medicaid accounts for 11% - 20% of my practice	21	4.8
Indiana Medicaid accounts for 21% - 30% of my practice	43	9.9
Indiana Medicaid accounts for 31% - 50% of my practice	67	15.5
Indiana Medicaid accounts for greater than 50% of my practice	132	30.5
Non-Respondents	27	6.2
Total	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Data on Sliding Fee Scale and Medicaid Patient Populations was not provided by every respondent. Not every respondent had a primary practice address in Indiana.

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Table 4.5: Psychiatrists Accepting New Indiana Medicaid Patients

	N	%
Accepting new Indiana Medicaid patients	294	67.9
Not accepting new Indiana Medicaid patients	109	25.2
Non-Respondents	30	6.9
Total	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

Notes: Physicians accepting new Indiana Medicaid patients, any practice location.

Workforce Capacity

Just under half (49.9%) of psychiatrists reported practicing 33 hours or more in direct patient care, a considerably lower percentage than the total physicians workforce (61.6%) and primary care physicians (67.1%). This could further indicate limited access to psychiatric care for Hoosier residents.

Table 4.6: Average Hours/Week in Patient Care at Primary Practice

Average hours/week in patient care	N	%
0 hours per week	5	1.2
1-4 hours per week	11	2.5
5-8 hours per week	12	2.8
9-12 hours per week	19	4.4
13-16 hours per week	18	4.2
17-20 hours per week	39	9.0
21-24 hours per week	29	6.7
25-28 hours per week	23	5.3
29-32 hours per week	46	10.6
33-36 hours per week	55	12.7
37-40 hours per week	87	20.1
41 or more hours per week	74	17.1
Non-Respondents	15	3.5
Total	433	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

With the small number of psychiatrists practicing in Indiana, it should be no surprise that 60% of counties in the state have no reported psychiatrists FTE. Moreover, psychiatrist capacity data presented in tables 4.7 and 4.8 on the following page show that around 70% of counties without any psychiatrist FTE are also rural, indicating a maldistribution of psychiatrists.

Data Report

Table 4.7: Psychiatrist Workforce Capacity by County

County	Rurality	Population to Provider Ratio	County	Rurality	Population to Provider Ratio
Adams	Rural	—	LaPorte	Urban	34,775
Allen	Urban	15,081	Lawrence	Rural	50,904
Bartholomew	Urban	22,710	Madison	Urban	50,107
Benton	Rural	—	Marion	Urban	10,923
Blackford	Rural	—	Marshall	Rural	24,716
Boone	Urban	15,515	Martin	Rural	—
Brown	Urban	—	Miami	Rural	—
Carroll	Urban	—	Monroe	Urban	11,039
Cass	Rural	11,659	Montgomery	Rural	38,172
Clark	Urban	14,892	Morgan	Urban	—
Clay	Urban	—	Newton	Urban	—
Clinton	Rural	—	Noble	Rural	—
Crawford	Rural	—	Ohio	Urban	—
Daviess	Rural	—	Orange	Rural	—
Dearborn	Urban	38,214	Owen	Rural	—
Decatur	Rural	—	Parke	Rural	—
DeKalb	Rural	—	Perry	Rural	—
Delaware	Urban	36,667	Pike	Rural	—
Dubois	Rural	42,291	Porter	Urban	26,439
Elkhart	Urban	17,918	Posey	Urban	—
Fayette	Rural	—	Pulaski	Rural	—
Floyd	Urban	31,625	Putnam	Urban	—
Fountain	Rural	—	Randolph	Rural	—
Franklin	Urban	—	Ripley	Rural	—
Fulton	Rural	—	Rush	Rural	—
Gibson	Urban	—	St. Joseph	Urban	15,358
Grant	Rural	24,605	Scott	Rural	—
Greene	Urban	—	Shelby	Urban	44,441
Hamilton	Urban	8,217	Spencer	Rural	—
Hancock	Urban	47,552	Starke	Rural	—
Harrison	Urban	—	Steuben	Rural	42,833
Hendricks	Urban	17,239	Sullivan	Urban	26,388
Henry	Rural	—	Switzerland	Rural	—
Howard	Urban	41,382	Tippecanoe	Urban	17,916
Huntington	Rural	—	Tipton	Urban	—
Jackson	Rural	—	Union	Rural	—
Jasper	Urban	—	Vanderburgh	Urban	12,767
Jay	Rural	—	Vermillion	Urban	15,860
Jefferson	Rural	14,110	Vigo	Urban	17,748
Jennings	Rural	—	Wabash	Rural	—
Johnson	Urban	63,323	Warren	Rural	—
Knox	Rural	—	Warrick	Urban	8,590
Kosciusko	Rural	—	Washington	Urban	27,930
LaGrange	Rural	—	Wayne	Rural	12,567
Lake	Urban	23,634	Wells	Urban	—
			White	Rural	—
			Whitley	Urban	—

Source: Indiana Physician Re-Licensure Survey, 2017 Notes: Population to provider ratio cannot be calculated for counties with no Psychiatrist FTE

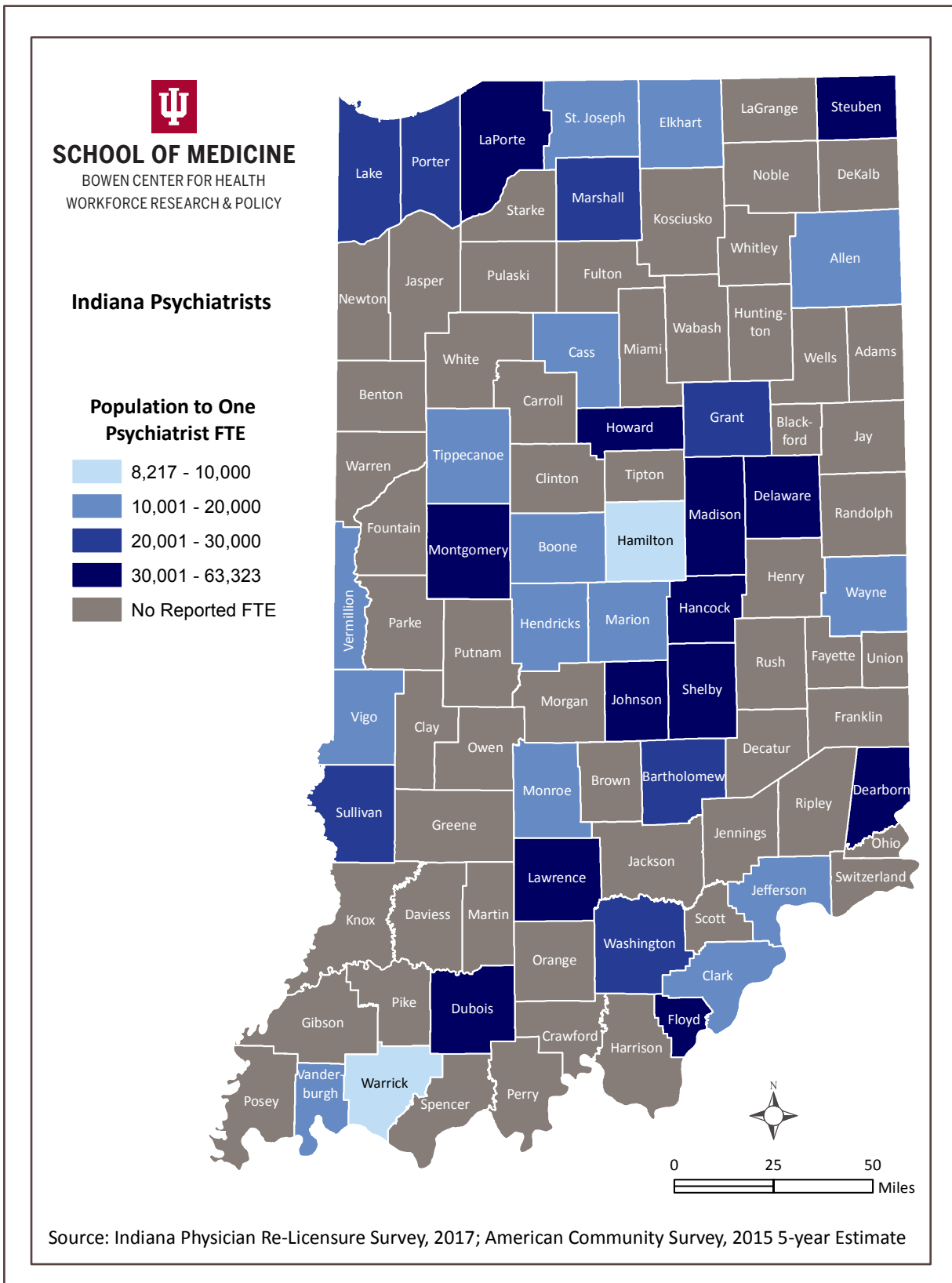
Table 4.8: Counties with no Psychiatrist Workforce Capacity by Rurality

Rurality	N	%
Rural	39	70.9
Urban	16	29.1
Total	55	100.0

Source: Indiana Physician Re-Licensure Survey, 2017

2017 Indiana Physician Licensure

Map 4.1 below displays the geographic distribution of psychiatrist workforce capacity. As is evident by this map, many counties in Indiana are without any psychiatrist FTE. Moreover, several counties (such as Steuben, Howard, Montgomery, Madison, Hancock, Shelby, Lawrence and Dubois) have a high PPR.



Map 4.1 Geographic distribution of Psychiatrist workforce capacity

Closing Summary

This report provides descriptive data on the 2017 Indiana Physician workforce. There have been minor changes to data management processes, primarily with regards to geocoding license address. However, data presented here is comparable to that presented in the 2015 report.

Though the 2017 Indiana Physician Workforce Survey Sample has increased in comparison to the 2015 sample (11,085 versus 10,057), many similarities remain. Overall, the average age of the workforce has remained consistent, and the distribution race and ethnicity has changed very little. There were a greater number of female physicians in 2017, though they still account for around 30% of the total workforce. Distribution of specialties has also seen very little change, with primary care physicians accounting for close to 37% of the total Indiana physician workforce and psychiatrists accounting for just under 4%. Regarding workforce capacity, the psychiatrist workforce still lacks capacity in many – primarily rural – counties throughout the state which could indicate limited access to psychiatric care for many Hoosier residents.

In regards to changes, an increasing number of actively practicing physicians have been trained in Indiana, indicating greater retention of Indiana providers. A slightly higher proportion of physicians indicated not offering a sliding fee scale while, though more indicated offering care to Medicaid recipients. These changes are also true when examining primary care physicians and psychiatrists separately.

Much of the data presented in the 2017 Physician Licensure Survey Data Report can inform policies and initiatives aimed at improving access to health care for Indiana residents. The Bowen Center aims to provide its stakeholders with timely and accessible information on Indiana's health workforce. Further inquiries into these workforce data tables can be answered by contacting the Bowen Center at 317-278-0316.