Committee on Pediatric Workforce State Pediatrician Workforce Survey

The AAP Committee on Pediatric Workforce (COPW) over a year ago launched the State Physician Workforce Survey through AAP chapters. In addition to learning more about workforce issues at the local level, the COPW hoped to identify state and regional trends that can be compared with national trends to get a better understanding of specific issues as well as the pediatrician workforce overall. The COPW has reviewed and assembled the most relevant and robust responses for your chapter. We hope these results will provide valuable information that can assist you in your efforts to advocate for the pediatric physician workforce and help ensure that children in your communities have access to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

Hours Spent in Direct Patient Care

In a typical work week, Connecticut respondents spent over 80% of their time in direct patient care. Nearly 60% said that the number of patient care hours had remained the same over the past 3 years. Approximately 15% had decreased their patient care hours, while just under 30% had increased the number of hours devoted to direct patient care.

Location of Residency Training

The majority of the state’s physicians completed their residency training out of state.

- Connecticut
- Massachusetts
- Pennsylvania
- New York
- Other

Distribution of Workforce

- Rural
- Suburban
- Urban, not inner city
- Urban, inner city

0% 50% 100%

Location of Medical School

The majority of the state’s physicians completed their medical education out of state.

- Connecticut
- Massachusetts
- Pennsylvania
- New Jersey
- New York
- Other

Typical Waiting Time for a Non-Emergency Appointment

Approximately 43% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 15% said that the wait time would be 1-2 days, and less than 10% said that the wait time could be 3-6 days. Approximately 70% of respondents reported that the wait time had remained about the same over the past 3 years, while just over 10% said it was shorter and just under 10% said the wait time was now longer than it had been 3 years ago. For new patients, wait times were longer. Only about 30% of practices reported that a new patient could be seen on the same day, and nearly 10% reported that a new patient could be seen in 1-2 days. Approximately 10% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type

Over 90% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 20. Almost 50% of respondents are in a single specialty group practice. The next highest categories were hospital outpatient ambulatory site and multispecialty group practice. Each was reported by approximately 18% of respondents.

Part-time or Reduced Hours?

Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year

Approximately 22% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 35% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 15% rated wait times as “very good” or “excellent,” and about 55% rated wait times as “poor” or “fair.”

Effect of Technology (e.g., Use of Optimized EHR) on Practice

Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options, such as changing their work hours, seeing more patients, or hiring additional staff. Close to 35% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 40% said they would be “very likely” or “somewhat likely” to see more patients. Just over 15% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 30% reported that they would hire more support staff.

Workload Capacity with Respect to Patient Panel

Additional Resources:

AAP Child Health Mapping Project.
Providing national and state-specific data on pediatric health care delivery.
http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx

Association of American Medical Colleges, Center for Workforce Studies. 2013 State Physician Workforce Data Book
A biennial report on physician supply, medical school enrollment, and GME for each state, the District of Columbia, and Puerto Rico.

Current data available about the physician workforce across specialties in a series of figures and tables.
https://members.aamc.org/eweb/upload/14-086%20Specialty%20Databook%202014_711.pdf
American Academy of Pediatrics
Maine Chapter

Committee on Pediatric Workforce State Pediatrician Workforce Survey

The AAP Committee on Pediatric Workforce (COPW) over a year ago launched the State Physician Workforce Survey through AAP chapters. In addition to learning more about workforce issues at the local level, the COPW hoped to identify state and regional trends that can be compared with national trends to get a better understanding of specific issues as well as the pediatrician workforce overall. The COPW has reviewed and assembled the most relevant and robust responses for your chapter. We hope these results will provide valuable information that can assist you in your efforts to advocate for the pediatric physician workforce and help ensure that children in your communities have access to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

Hours Spent in Direct Patient Care

In a typical work week, Maine respondents spent over 75% of their time in direct patient care. Nearly 45% said that the number of patient care hours had remained the same over the past 3 years. Approximately 40% had decreased their patient care hours, while just under 25% had increased the number of hours devoted to direct patient care.

Location of Residency Training

The majority of the state's physicians completed their residency training out of state.

- Maine
- Massachusetts
- Ohio
- Colorado
- New York
- Other

Location of Medical School

The majority of the state's physicians completed their medical education out of state.

- Maine
- Massachusetts
- Vermont
- New York
- Other

Typical Waiting Time for a Non-Emergency Appointment

Approximately 35% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 15% said that the wait time would be 1-2 days, and less than 20% said that the wait time could be 3-6 days. Approximately 48% of respondents reported that wait times had remained about the same over the past 3 years, while just under 25% said they were shorter and just over 10% said wait times were now longer than they had been 3 years ago. For new patients, wait times were longer. Only about 22% of practices reported that a new patient could be seen on the same day, and nearly 15% reported that a new patient could be seen in 1-2 days. Approximately 15% reported that wait times for new patients were longer than they had been 3 years ago.

Distribution of Workforce

- Rural
- Suburban
- Urban, not inner city
- Urban, inner city

0% 50% 100%
**Practice Type**

Over 95% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 20. Almost 38% of respondents are in a hospital outpatient/ambulatory site. The next highest categories were hospital inpatient and single specialty group practice site. Each was reported by approximately 25% of respondents.

**Effect of Technology (e.g., Use of Optimized EHR) on Practice**

Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options, such as changing their work hours, seeing more patients, or hiring additional staff. Close to 50% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 55% said they would be “very likely” or “somewhat likely” to hire more support staff.

**Retire if Affordable?**

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**Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year**

Approximately 50% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 18% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 25% rated wait times as “very good” or “excellent,” and about 55% rated wait times as “poor” or “fair.”

**Workload Capacity with Respect to Patient Panel**

- Closed to New Patients
- Too Large
- About Right
- Increase “a little”
- Increase “a lot”
- Do not have or control panel

**Part-time or Reduced Hours?**

- No
- Yes

Additional Resources:

- AAP Child Health Mapping Project. Providing national and state-specific data on pediatric health care delivery. [http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx](http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx)


Committee on Pediatric Workforce State Pediatrician Workforce Survey

The AAP Committee on Pediatric Workforce (COPW) over a year ago launched the State Physician Workforce Survey through AAP chapters. In addition to learning more about workforce issues at the local level, the COPW hoped to identify state and regional trends that can be compared with national trends to get a better understanding of specific issues as well as the pediatrician workforce overall. The COPW has reviewed and assembled the most relevant and robust responses for your chapter. We hope these results will provide valuable information that can assist you in your efforts to advocate for the pediatric physician workforce and help ensure that children in your communities have access to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

Hours Spent in Direct Patient Care

In a typical work week, Massachusetts respondents spent over 70% of their time in direct patient care. Nearly 55% said that the number of patient care hours had remained the same over the past 3 years. Approximately 25% had decreased their patient care hours, while just under 25% had increased the number of hours devoted to direct patient care.

Location of Medical School

The majority of the state’s physicians completed their medical education out of state.

- Massachusetts
- Illinois
- Pennsylvania
- Connecticut
- New York
- Other

Typical Waiting Time for a Non-Emergency Appointment

Approximately 30% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 18% said that the wait time would be 1-2 days, and less than 15% said that the wait time could be 3-6 days. Approximately 57% of the respondents reported that the wait time had remained about the same over the past 3 years, while just under 20% said it was shorter and just under 15% said the wait time was now longer than it had been 3 years ago. For new patients, the wait times were longer. Only about 18% of practices reported that a new patient could be seen on the same day, and nearly 17% reported that a new patient could be seen in 1-2 days. Approximately 15% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type

Over 90% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 30. Almost 45% of the respondents are in a single specialty group practice. The next highest categories were hospital inpatient and hospital outpatient/ambulatory site. Each was reported by approximately 19% of respondents.

Experiences Referring Patients to Medical Sub-specialists/Surgical Specialists over the Past Year

Approximately 15% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 25% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just over 25% rated wait times as “very good” or “excellent,” and about 38% rated wait times as “poor” or “fair.”

Effect of Technology (e.g., Use of Optimized EHR) on Practice

Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options, such as changing their work hours, seeing more patients, or hiring additional staff. Close to 40% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours and approximately 40% said they would be “very likely” or “somewhat likely” to see more patients. Just over 15% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 35% reported that they would hire more support staff.

Additional Resources:
AAP Child Health Mapping Project.
Providing national and state-specific data on pediatric health care delivery.
http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx

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Current data available about the physician workforce across specialties in a series of figures and tables.
https://members.aamc.org/eweb/upload/14-086%20Specialty%20Databook%202014_711.pdf
American Academy of Pediatrics
New Hampshire Chapter

Committee on Pediatric Workforce State Pediatrician Workforce Survey

The AAP Committee on Pediatric Workforce (COPW) over a year ago launched the State Physician Workforce Survey through AAP chapters. In addition to learning more about workforce issues at the local level, the COPW hoped to identify state and regional trends that can be compared with national trends to get a better understanding of specific issues as well as the pediatrician workforce overall. The COPW has reviewed and assembled the most relevant and robust responses for your chapter. We hope these results will provide valuable information that can assist you in your efforts to advocate for the pediatric physician workforce and help ensure that children in your communities have access to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

Hours Spent in Direct Patient Care

In a typical work week, New Hampshire respondents spent over 75% of their time in direct patient care. Nearly 60% said that the number of patient care hours had remained the same over the past 3 years. Approximately 35% had decreased their patient care hours, while just under 15% had increased the number of hours devoted to direct patient care.

Location of Medical School

The majority of the state's physicians completed their medical education out of state.

Location of Residency Training

The majority of the state's physicians completed their residency training out of state.

Distribution of Workforce

Typical Waiting Time for a Non-Emergency Appointment

Approximately 28% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 10% said that the wait time would be 1-2 days, and less than 20% said that the wait time could be 3-6 days. Approximately 60% of the respondents reported that the wait time had remained about the same over the past 3 years, while just over 10% said it was shorter and just under 15% said the wait time was now longer than it had been 3 years ago. For new patients, the wait times were longer. Only about 17% of practices reported that a new patient could be seen on the same day, and nearly 20% reported that a new patient could be seen in 1-2 days. Approximately 18% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type
Over 95% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 20. Almost 43% of the respondents are in a multispecialty group practice. The next highest categories were single specialty group practice and hospital outpatient/ambulatory site. Each was reported by approximately 25% of respondents.

Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year
Approximately 30% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 40% of the respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just over 10% rated wait times as “very good” or “excellent,” and about 50% rated wait times as “poor” or “fair.”

Effect of Technology (e.g., Use of Optimized EHR) on Practice
Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options such as changing their work hours, seeing more patients, or hiring additional staff. Close to 35% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 55% said they would be “very likely” or “somewhat likely” to see more patients. Just under 23% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 25% reported that they would hire more support staff.

Additional Resources:
AAP Child Health Mapping Project.
Providing national and state-specific data on pediatric health care delivery.
http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx

Association of American Medical Colleges, Center for Workforce Studies. 2013 State Physician Workforce Data Book
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Current data available about the physician workforce across specialties in a series of figures and tables.
https://members.aamc.org/eweb/upload/14-086%20Specialty%20DataBook%202014_711.pdf
American Academy of Pediatrics
Rhode Island Chapter

Committee on Pediatric Workforce State Pediatrician Workforce Survey

The AAP Committee on Pediatric Workforce (COPW) over a year ago launched the State Physician Workforce Survey through AAP chapters. In addition to learning more about workforce issues at the local level, the COPW hoped to identify state and regional trends that can be compared with national trends to get a better understanding of specific issues as well as the pediatrician workforce overall. The COPW has reviewed and assembled the most relevant and robust responses for your chapter. We hope these results will provide valuable information that can assist you in your efforts to advocate for the pediatric physician workforce and help ensure that children in your communities have access to pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

Hours Spent in Direct Patient Care

In a typical work week, Rhode Island respondents spent over 68% of their time in direct patient care. Nearly 65% said that the number of patient care hours had remained the same over the past 3 years. Approximately 23% had decreased their patient care hours, while just under 23% had increased the number of hours devoted to direct patient care.

Location of Medical School

The majority of the state’s physicians completed their medical education out of state.

Location of Residency Training

The majority of the state’s physicians completed their residency training out of state.

Distribution of Workforce

Typical Waiting Time for a Non-Emergency Appointment

Approximately 28% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 10% said that the wait time would be 1-2 days, and less than 28% said that the wait time could be 3-6 days. Approximately 70% of respondents reported that the wait time had remained about the same over the past 3 years, while just under 12% said it was shorter and just under 12% said the wait time was now longer than it had been 3 years ago. For new patients, wait times were longer. Only about 10% of practices reported that a new patient could be seen on the same day, and nearly 10% reported that a new patient could be seen in 1-2 days. Approximately 18% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type

Over 95% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 20. Almost 35% of respondents are in a single specialty group practice. The next highest categories were hospital outpatient/ambulatory site, reported by just under 30% of respondents, and self-employed solo practice, reported by just under 15%.

Effect of Technology (e.g., Use of Optimized EHR) on Practice

Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options, such as changing their work hours, seeing more patients, or hiring additional staff. Close to 35% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 45% said they would be “very likely” or “somewhat likely” to see more patients. Just under 15% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 35% reported that they would hire more support staff.

Additional Resources:
AAP Child Health Mapping Project.
Providing national and state-specific data on pediatric health care delivery.
http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx

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A biennial report on physician supply, medical school enrollment, and GME for each state, the District of Columbia, and Puerto Rico.

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**Hours Spent in Direct Patient Care**

In a typical work week, Vermont respondents spent over 75% of their time in direct patient care. Nearly 55% said that the number of patient care hours had remained the same over the past 3 years. Approximately 35% had decreased their patient care hours, while just under 20% had increased the number of hours devoted to direct patient care.

**Location of Medical School**

The majority of the state's physicians completed their medical education out of state.

- Vermont
- Massachusetts
- Pennsylvania
- New York
- Other

**Location of Residency Training**

The majority of the state's physicians completed their residency training out of state.

- Vermont
- Massachusetts
- New Hampshire
- Washington
- Ohio
- Washington
- Other

**Typical Waiting Time for a Non-Emergency Appointment**

Approximately 35% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 10% said that the wait time would be 1-2 days, and less than 10% said that the wait time could be 3-6 days. Approximately 80% of the respondents reported that the wait time had remained about the same over the past 3 years, while just under 10% said it was shorter and just over 10% said the wait time was now longer than it had been 3 years ago. For new patients, the wait times were longer. Only about 20% of practices reported that a new patient could be seen on the same day, and nearly 20% reported that a new patient could be seen in 1-2 days. Approximately 23% reported that the wait time for new patients was longer than it had been 3 years ago.
**Practice Type**

Over 93% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just under 23. Almost 35% of the respondents are in a single specialty group practice. The next highest categories were hospital outpatient ambulatory site, reported by approximately 25% of respondents, followed by multispecialty group practice and hospital inpatient; each was reported by approximately 15% of respondents.

**Effect of Technology (e.g., Use of Optimized EHR) on Practice**

Survey participants were asked to consider what changes they might make if a new office system, such as the use of optimized electronic health records, increased their practice efficiency. They were given a range of options, such as changing their work hours, seeing more patients, or hiring additional staff. Close to 40% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 45% said they would be “very likely” or “somewhat likely” to see more patients. Just over 10% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 30% reported that they would hire more support staff.

**Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year**

Approximately 20% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 35% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 20% rated wait times as “very good” or “excellent,” and about 48% rated wait times as “poor” or “fair.”

**Additional Resources:**

AAP Child Health Mapping Project. Providing national and state-specific data on pediatric health care delivery. [http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx](http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx)
