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, Indiana respondents spent over 75% 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 10% had decreased their patient care hours, while just under 28% had increased the number of hours devoted to direct patient care.

Typical Waiting Time for a Non-Emergency Appointment

Approximately 32% 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 15% said that the wait time could be 3-6 days. Approximately 55% of the respondents reported that the wait time had remained about the same over the past 3 years, while just under 15% 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 20% of practices reported that a new patient could be seen on the same day, and nearly 13% reported that a new patient could be seen in 1-2 days. Approximately 25% 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 25% of the respondents are in a single specialty group practice. The next highest categories were hospital inpatient and multispecialty group practice. Each was reported by approximately 25% of respondents.

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

Approximately 35% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 28% 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 60% 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 over 25% 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.

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

Michigan

Committee on Pediatric Workforce State Pediatrician Workforce Survey

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Hours Spent in Direct Patient Care

In a typical work week, Michigan 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 15% had decreased their patient care hours, while just under 23% had increased the number of hours devoted to direct patient care.

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 28% 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 56% of the respondents reported that the wait time had remained about the same over the past 3 years, while just over 15% 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, the wait times were longer. Only about 20% of practices reported that a new patient could be seen on the same day, and nearly 25% reported that a new patient could be seen in 1-2 days. Approximately 16% reported that the wait time for new patients was longer than it had been 3 years ago.

Location of Medical School

Distribution of Workforce

Location of Residency Training
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 35% 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 16% of respondents.

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

Approximately 26% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 30% 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 60% 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 23% 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 30% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 45% 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
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
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**Hours Spent in Direct Patient Care**

In a typical work week, Ohio 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 over 20% had increased the number of hours devoted to direct patient care.

**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 20% 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 53% of the respondents reported that the wait time had remained about the same over the past 3 years, while just over 15% 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, the wait times were longer. Only about 20% 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 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 22. Almost 35% 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 20% and 35% of respondents respectively.

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

Approximately 15% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 25% of the respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 30% rated wait times as “very good” or “excellent,” and about 40% 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 43% 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.

Additional Resources:

AAP Child Health Mapping Project.
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http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx

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