American Academy of Pediatrics
Alaska 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, respondents from Alaska spent over 76% 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 30% 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.

- Alaska
- Colorado
- Illinois
- North Carolina
- Ohio
- Tennessee

Location of Residency Training

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

- Alaska
- California
- Illinois
- New York
- Ohio
- Tennessee

Distribution of Workforce

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

Typical Waiting Time for a Non-Emergency Appointment

Approximately 45% 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 25% said that the wait time could be 3-6 days. Approximately 55% of respondents reported that the wait time had remained about the same over the past 3 years, while just under 25% said it was shorter and just under 20% said the wait time was now longer than it had been 3 years ago. For new patients, wait times were longer. Only about 25% 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 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 23. Almost 28% of the respondents are in a single specialty group practice. The next highest categories were multispecialty group practice and self-employed solo practice. Each was reported by approximately 21% 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 60% 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 20% reported that they would hire more support staff.

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

Approximately 55% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 65% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 7% rated wait times as “very good” or “excellent,” and about 60% 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

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
Arizona 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, 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 23% had decreased their patient care hours, while just under 20% had increased the number of hours devoted to direct patient care.

Typical Waiting Time for a Non-Emergency Appointment

Approximately 40% of Arizona 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 50% 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 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 25% reported that a new patient could be seen in 1-2 days. Approximately 20% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type

Over 95% of the Arizona 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 half 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 10% 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 40% 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 33% reported that they would hire more support staff.

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

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

Workload Capacity with Respect to Patient Panel

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

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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American Academy of Pediatrics
Colorado Chapter

Committee on Pediatric Workforce State Pediatrician Workforce Survey

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Hours Spent in Direct Patient Care

In a typical work week, Colorado respondents spent over 65% of their time in direct patient care. Nearly 58% said that the number of patient care hours had remained the same over the past 3 years. Approximately 28% 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.

Location of Residency Training

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

Typical Waiting Time for a Non-Emergency Appointment

Approximately 38% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 25% 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 50% of the respondents reported that the wait time had remained about the same over the past 3 years, while just over 25% 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 25% 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 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 over 15. Almost 35% of the respondents are in a single specialty group practice. The next highest categories were hospital inpatient and group practice multispecialty; each was reported by approximately 20% of respondents.

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 20% 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 35% 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 42% said they would be “very likely” or “somewhat likely” to see more patients. Just under 35% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 38% 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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American Academy of Pediatrics
Hawaii Chapter

Committee on Pediatric Workforce State Pediatrician Workforce Survey
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Hours Spent in Direct Patient Care
In a typical work week, respondents of Hawaii spent over 75% of their time in direct patient care. Nearly 58% 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 28% 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
Hawaii
California
New York
Other

Typical Waiting Time for a Non-Emergency Appointment
Approximately 50% 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 68% of 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, wait times were longer. Only about 28% of practices reported that a new patient could be seen on the same day, and nearly 23% reported that a new patient could be seen in 1-2 days. Approximately 22% 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 28% of respondents are in a multispecialty group practice. The next highest categories were self-employed solo practice and hospital inpatient. Each was reported by approximately 18% of respondents.

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

Approximately 40% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 48% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 10% rated wait times as “very good” or “excellent,” and about 80% 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 45% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 35% said they would be “very likely” or “somewhat likely” to see more patients. Just under 20% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 22% reported that they would hire more support staff.

Additional Resources:
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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
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**Hours Spent in Direct Patient Care**

In a typical work week, Idaho respondents spent over 85% 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 10% 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.

- Idaho
- Washington
- California
- Utah
- Missouri
- Other

**Location of Medical School**

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

- Idaho
- California
- Utah
- Missouri
- Washington

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

Approximately 45% 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 55% of respondents reported that the wait time for new patients was longer than it had been 3 years ago. For new patients the wait times were longer. Only about 30% 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 35% 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 18. Almost 45% of the 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.

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 50% 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 35% reported that they would hire more support staff.

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

Approximately 35% 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 under 25% rated wait times as “very good” or “excellent,” and about 50% 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

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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American Academy of Pediatrics
Montana 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, respondents from Montana spent over 85% 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 33% 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 30% 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 20% said that the wait time could be 3-6 days. Approximately 48% of 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 over 5% said the wait time was now longer than it had been 3 years ago. For new patients, wait times were longer. Only about 25% 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 10% 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 28% of the respondents are in a multispecialty group practice. The next highest categories were hospital inpatient and single specialty group practice. Each was reported by approximately 22% 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 53% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 53% said they would be “very likely” or “somewhat likely” to see more patients. Just over 20% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 38% 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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American Academy of Pediatrics  
Nevada 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, Nevada respondents spent over 80% 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 15% had decreased their patient care hours, while just under 38% 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.

Location of Medical School

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

Typical Waiting Time for a Non-Emergency Appointment

Approximately 40% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 25% 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 55% of 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 30% 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 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 18. Almost 40% of respondents are in a single specialty group practice. The next highest categories were hospital inpatient, reported by approximately 30% of respondents, and multispecialty group practice, reported by approximately 10% of respondents.

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

Approximately 65% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 20% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 3% rated wait times as “very good” or “excellent,” and about 68% 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 55% 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 under 10% 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:**

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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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**Hours Spent in Direct Patient Care**

In a typical work week, respondents from New Mexico 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 20% had decreased their patient care hours, while just under 30% 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. The pie chart shows the distribution of medical schools attended by New Mexico pediatricians.

**Location of Residency Training**

The majority of the state’s physicians completed their residency training out of state. The pie chart shows the distribution of residency training locations by state.

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

Approximately 45% 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 20% said that the wait time could be 3-6 days. Approximately 65% of 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 25% 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 15% reported that the wait time for new patients was longer than it had been 3 years ago.

**Distribution of Workforce**

The pie chart shows the distribution of the pediatrician workforce in New Mexico by location: rural, suburban, urban, not inner city, and urban, inner city.
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 21. Almost 28% 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 hospital inpatient and Indian Health Service. 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 30% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 48% said they would be “very likely” or “somewhat likely” to see more patients. Just over 20% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 20% reported that they would hire more support staff.

Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year
Approximately 85% of respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 15% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 5% rated wait times as “very good” or “excellent,” and about 93% rated wait times as “poor” or “fair.”
American Academy of Pediatrics
Oregon 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, Oregon 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 20% 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.

Location of Medical School

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

Distribution of Workforce

Typical Waiting Time for a Non-Emergency Appointment

Approximately 25% of respondents said that they could see an established patient for a non-emergency appointment the same day. About 30% 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 under 20% said it was shorter and just under 20% said the wait time was now longer than it had been 3 years ago. For new patients, the wait times were longer. Only about 22% 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 20% reported that the wait time for new patients was longer than it had been 3 years ago.
Practice Type

Over 80% of respondents said that they are currently in clinical practice, and the average number of years that they have been in practice is just over 20. Almost 45% of the respondents are in a single specialty group practice. The next highest categories were group practice multispecialty and hospital outpatient/ambulatory site. Each was reported by approximately 20% of respondents.

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

Approximately 40% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 20% of the respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 10% rated wait times as “very good” or “excellent,” and about 65% 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 55% 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 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
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
Utah 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, Utah respondents spent over 75% of their time in direct patient care. Nearly 58% 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 28% 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. The pie chart shows the distribution of where residency training was completed:
- Utah
- Texas
- California
- Arizona
- Pennsylvania
- Other

Location of Medical School

The majority of the state’s physicians completed their medical education out of state. The pie chart shows the distribution of where medical school was completed:
- Utah
- Virginia
- New York
- Missouri
- Texas
- Other

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 22% 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 60% of 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 10% said the wait time was now longer than it had been 3 years ago. For new patients, wait times were longer. Only about 20% of practices reported that a new patient could be seen on the same day, and nearly 30% 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 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 20. Almost 40% of the 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 22% 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 working hours, seeing more patients, or hiring additional staff. Close to 37% 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 22% 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 25% of the respondents rated the current number of pediatric medical subspecialists/surgical specialists in their area as “fair” or “poor.” Nearly 20% 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 60% 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

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
Washington 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, respondents from Washington 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 20% 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.

Typical Waiting Time for a Non-Emergency Appointment

Approximately 40% 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 would 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 16% 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 30% 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 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 33% of the 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 20% 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 45% 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 20% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 32% 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.
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American Academy of Pediatrics
Wyoming 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, Wyoming respondents spent over 85% of their time in direct patient care. Nearly 75% said that the number of patient care hours had remained the same over the past 3 years. Approximately 30% had decreased their patient care hours, while just under 3% 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.

Location of Medical School

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

Typical Waiting Time for a Non-Emergency Appointment

Approximately 55% 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 25% said that the wait time could be 3-6 days. Approximately 80% of respondents reported that the wait time had remained about the same over the past 3 years, while just under 3% said it was shorter and just over 12% said the wait time was now longer than it had been 3 years ago. For new patients, the wait times were longer. Only about 45% 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 3% 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 28% of respondents are in a single specialty group practice. The next highest categories were self-employed solo practice and multispecialty group practice. Each was reported by approximately 20% of respondents.

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 20% 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 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 40% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 68% 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 40% 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.

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