American Academy of Pediatrics
Illinois 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, Illinois respondents spent over 70% of their time in direct patient care. Nearly 53% 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 30% had increased the number of hours devoted to direct patient care.

Location of Residency Training

Location of Medical School

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 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 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 over 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 15% 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 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 30% of the respondents are in a single specialty group practice. The next highest categories were hospital outpatient/ambulatory site and hospital inpatient. 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 40% 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 over 35% 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 30% 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 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

[Chart showing distribution of responses to questions about workload capacity]

Additional Resources:

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


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, Iowa respondents spent almost 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 35% had increased the number of hours devoted to direct patient care.

**Location of Residency Training**

- Iowa
- Missouri
- Nebraska
- North Carolina
- Texas
- Wisconsin
- Other

**Location of Medical School**

- Iowa
- Texas
- Nebraska
- Other

**Distribution of Workforce**

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

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

Approximately 48% 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 60% 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 under 5% 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 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 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 33% of the respondents are in a multispecialty group practice. The next highest categories were hospital outpatient ambulatory site and hospital inpatient. Each was reported by approximately 17% 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 38% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 52% 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 20% reported that they would hire more support staff.

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 30% of the 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.”

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
American Academy of Pediatrics
Kansas 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, Kansas respondents spent over 70% 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 20% 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

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 13% 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 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 22% of practices reported that a new patient could be seen on the same day, and nearly 22% 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.

Typical Waiting Time for a Non-Emergency Appointment

Location of Residency Training

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

Distribution of Workforce

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.
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 30% of the respondents are in hospital inpatient sites. The next highest categories were group practice-single specialty and hospital outpatient/ambulatory 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 37% 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 25% 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
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, Minnesota 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 23% had increased the number of hours devoted to direct patient care.

Location of Residency Training

Distribution of Workforce

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 50% 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 7% 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 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 under 19. Almost 45% of the respondents are in a multispecialty group practice. The next highest categories were hospital outpatient ambulatory site and single specialty 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 42% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 58% 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 40% reported that they would hire more support staff.

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

Approximately 10% 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 30% rated wait times as “very good” or “excellent,” and about 42% 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
Missouri 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, Missouri respondents spent over 70% of their time in direct patient care. Nearly 63% 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

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 38% 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 10% said that the wait time could be 3-6 days. Approximately 45% 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 over 7% said the wait time was now longer than it 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 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 under 33. Almost 38% of the respondents are in a hospital outpatient/ambulatory site. The next highest categories were hospital inpatient and single specialty group practice. 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 40% 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 over 15% reported that they would be “very likely” or “somewhat likely” to hire nurse practitioners, and approximately 28% reported that they would hire more support staff.

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

Approximately 25% 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 20% rated wait times as “very good” or “excellent,” and about 50% 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.

https://members.aamc.org/eweb/upload/14-086%20Specialty%20Databook%202014.pdf
American Academy of Pediatrics
Nebraska 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, Nebraska 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 15% had decreased their patient care hours, while just under 35% had increased the number of hours devoted to direct patient care.

Location of Medical School

![Location of Medical School Chart]

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 5% 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 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 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 22% reported that the wait time for new patients was longer than it had been 3 years ago.

Distribution of Workforce

![Distribution of Workforce Chart]
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 22. Almost 45% of the respondents are in a single specialty group practice. The next highest categories were multispecialty group practice, reported by approximately 25% of respondents, followed by hospital inpatient and hospital outpatient/ambulatory. Each was reported by approximately 15% of respondents.

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

Approximately 25% 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 43% 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 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

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
DEDICATED TO THE HEALTH OF ALL CHILDREN™
American Academy of Pediatrics  
North Dakota 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, North Dakota 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 30% 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.

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 30% said that the wait time would be 1-2 days, and less than 22% said that the wait time could be 3-6 days. Approximately 73% of respondents reported that wait times had remained about the same over the past 3 years, while just under 3% said they were shorter and just over 15% said wait times were now longer than they 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 22% reported that a new patient could be seen in 1-2 days. Approximately 22% reported that wait times for new patients were longer than they 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 85% of respondents are in a multispecialty group practice. The next highest categories were hospital inpatient and freestanding ambulatory clinic/urgent care. Each was reported by approximately 10% of respondents.

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 10% 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 90% 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 48% of respondents reported that they would be “very likely” or “somewhat likely” to reduce their hours, and approximately 60% 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 22% 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
Hours Spent in Direct Patient Care

In a typical work week, respondents from South Dakota spent over 70% 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 38% 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. The pie chart shows the distribution of residency training locations with South Dakota, Ohio, Wisconsin, Nebraska, and Other categories.

Distribution of Workforce

The chart illustrates the distribution of the workforce across different locations: Rural, Suburban, Urban, not inner city, and Urban, inner city. The percentages are shown on the x-axis.

Location of Medical School

The majority of the state’s physicians completed their medical education out of state. The pie chart indicates that South Dakota, Iowa, North Dakota, Ohio, and Minnesota are the main locations for medical school completion.

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 30% 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 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 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 25% 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 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 55% of respondents are in a multispecialty group practice. The next highest categories were hospital outpatient ambulatory site and hospital inpatient. Each was reported by approximately 18% of respondents.

Experiences Referring Patients to Medical Subspecialists/Surgical Specialists over the Past Year
Approximately 32% 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 32% rated wait times as “very good” or “excellent,” and about 32% 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 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 15% 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.

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%20Database%202014_711.pdf
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, Wisconsin respondents spent over 70% 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 22% 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.
- Wisconsin
- Illinois
- New York
- Minnesota
- Missouri
- Other

**Location of Residency Training**

The majority of the state's physicians completed their residency training out of state.
- Wisconsin
- New York
- California
- Michigan
- Illinois
- Other

**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 20% said that the wait time would be 1-2 days, and less than 12% 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 under 20% 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 30% of practices reported that a new patient could be seen on the same day, and nearly 22% 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 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 45% 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 18% of respondents.

**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 22% of respondents rated the current number as “good,” and the remainder rated the current number as “very good” or “excellent.” However, just under 35% 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 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 18% 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](http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Mapping-Health-Care-Delivery-for-Americas-Children.aspx)
