

FLORIDA'S PHYSICIAN WORKFORCE ADEQUACY & GRADUATE MEDICAL EDUCATION PROGRAMS



Pediatric Workforce Issues

Briefing To:

FACH Planning Meeting

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Arnold Palmer Children's Hospital, Orlando, FL

Presented by:

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Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035

2021 Update to Projections of Supply and Demand

Prepared for the Safety Net Hospital Alliance of Florida and
the Florida Hospital Association

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Executive Summary

To support workforce planning efforts and help ensure an adequate supply of healthcare providers in the future, The Safety Net Hospital Alliance of Florida and the Florida Hospital Association engaged IHS Markit to develop projections of future supply and demand for physicians, advanced practice registered nurses (APRNs), registered nurses (RNs), and licensed practical nurses (LPNs) in Florida. This report focuses on the physician workforce and projects supply and demand for physicians from 2019 through 2035. A companion report presents findings on the RN and LPN workforces. Less information is available on APRN supply and demand, but workforce projections for APRNs also are presented. This report updates a previous report (the “2015 Report”) on the physician workforce prepared by IHS Markit. That study projected physician supply and demand starting in 2013, using the most current data available at that time. For this report, the baseline for data and modeling assumptions has been updated to 2019. The base year workforce adequacy can serve as a benchmark for Florida’s progress towards addressing the workforce needs identified in the 2015 Report, while projected future adequacy provides insight into what resources may be needed in the future.

Using 2019 as a base year for modeling implies that the data sources used to derive physician workforce decisions and patient healthcare use patterns are pre-COVID-19. While the pandemic has had a large short-term impact on the population, demand for physician services, and the physician workforce, the ongoing nature of the pandemic and lags in data becoming available to researchers limits the degree to which long-term impacts on the physician workforce can be identified. This will likely be an area of ongoing research over the next several years. The pandemic has also increased awareness of the disparities that members of certain communities face in accessing high-quality care within the healthcare system. Given the heightened emphasis on this issue, a Reduced Barriers demand scenario was included in this report to provide an understanding of potential implications for the provider workforce demand assuming certain barriers to accessing healthcare services are removed for members of historically underserved populations.

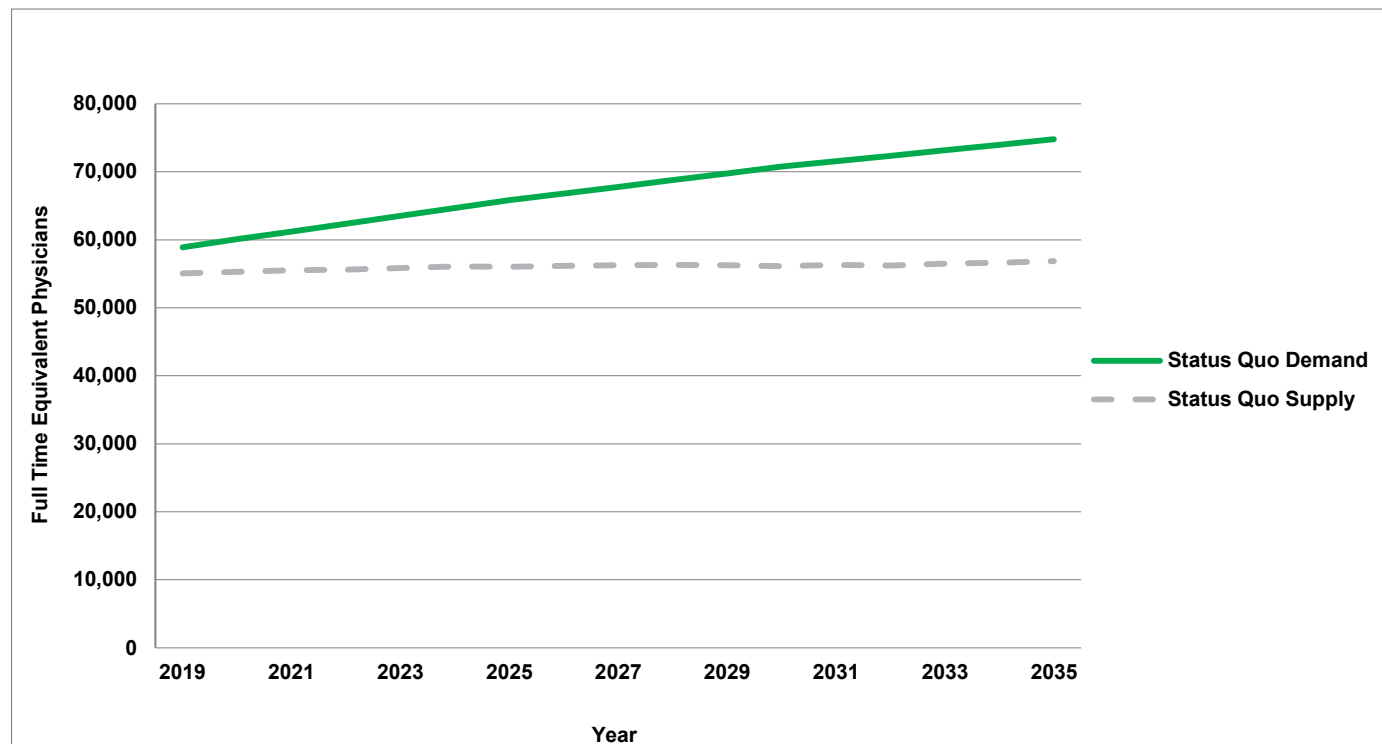
Physician supply and demand are expressed as full-time equivalents (FTEs), with an FTE defined as the estimated average hours worked by physicians working at least 8 hours per week. Hours worked per week varies by specialty, thus FTE definitions are slightly different across the specialties modeled. The Status Quo supply scenario models the continuation of base year numbers of new physicians trained and labor force participation patterns accounting for changing demographics of the physician workforce. The Status Quo demand scenario extrapolates national patterns of care use and delivery to Florida’s current and projected future population accounting for demographics and prevalence of disease prevalence, health risk factors such as obesity and smoking, medical insurance coverage, household income levels, and metropolitan/nonmetropolitan residence location. Physician specialties were categorized into three specialty groupings: 1) traditional primary care, which includes family practice, general internal medicine, geriatric medicine, and pediatric medicine; 2) total primary care, which includes the four traditional primary care specialties plus emergency medicine, general surgery, and obstetrics & gynecology; and 3) non-primary care specialties, which includes the remaining 29 specialties modeled.

Key findings from the study include:

- Physician supply in 2019 was 55,083 FTEs and is projected to grow 3% (1,776 FTEs) and reach 56,859 FTEs by 2035. Supply growth varies by specialty, with supply for total primary care and traditional primary care physicians projected to increase by 3% and 4%, respectively, while non-primary care physician supply is projected to grow by 6%.
- Physician demand in 2019 is estimated at 58,918 FTEs, with demand projected to increase by 27% (15,866 FTEs), reaching 74,784 FTE physicians by 2035. This rapid increase in demand is driven largely

by population growth of 21%. The remaining 6% growth in demand is attributed to changing demographics, particularly population aging, under this modeled Status Quo scenario. The population age 65-74 is projected to increase by 32% and the population ages 75 and older is projected to increase by 74% over the projection period. This projected increase results in the population age 65 and above, which represents 20% of the state population in 2019, making up 26% of the state population by 2035. Consequently, demand growth is particularly high for specialties that predominately treat older patients.

- Estimated 2019 physician supply was approximately 3,835 FTEs lower than estimated demand, suggesting that supply in Florida was adequate to meet 93% of estimated demand relative to national averages. Supply adequacy varies by physician specialty. If current trends continue, projected 2035 supply and demand suggest a shortfall of about 17,924 FTE physicians (Exhibit ES-1) with supply sufficient to meet 77% of projected demand. Like with base year estimates, the projected shortfall varies by specialty and Florida Medicaid region.
 - **Primary Care Specialties:** Estimated demand for traditional primary care physicians in 2019 exceeded supply by 1,977 FTEs (an 88% estimated adequacy), driven by an estimated shortfall of 2,412 FTEs in family medicine with Florida having more general internists and pediatricians and fewer geriatricians relative to levels expected based on national averages. Total primary care had an estimate shortfall of 2,185 FTEs in 2019, a 91% estimated adequacy. Projected into the future, adequacy is expected to worsen across primary care specialties, with projected 2035 shortfalls totaling 7,872 FTEs (74% adequacy) for total primary care specialties, and 5,974 FTEs (72% adequacy) for traditional primary care specialties.
 - **Non-Primary Care Specialties:** Estimates for 2019 suggest that demand for non-primary care physicians exceeded supply by 1,650 FTEs, which translates to an adequacy of 95%. Supply appears more than adequate relative to the national average for radiology (134% adequacy; +869 FTEs), pathology (132% adequacy, +388 FTEs), and neurology (121% adequacy; +218 FTEs). Higher than national average supply of dermatologists (135% adequacy, +293 FTEs) could be due to higher levels of sun exposure in Florida which is not captured in the workforce model. Specialties where supply was substantially below levels based on estimated demand for services include: vascular surgery (69% adequacy, -113 FTEs), physical medicine and rehabilitation (70% adequacy; -316 FTEs), hematology and oncology (75% adequacy; -409 FTEs), and psychiatry (75% adequacy, -728 FTEs). Hospital medicine (69% adequacy; -794 FTEs) is also lower than expected, but this disparity might simply reflect data challenges with identifying hospitalists in licensure files. Projected to 2035, adequacy for the non-primary care specialty category is expected to decline to an overall 77% adequacy.

ES-1. Projected Total Supply and Demand for Physicians, 2019-2035

- Adequacy of Florida's physician supply varies across the state's 11 Medicaid Regions. Demand is calculated based on where the population resides. In Regions 10 and 11, for example, 2019 supply exceeds projected demand by 448 FTEs (109% adequacy) and 2,123 FTEs (137% adequacy) respectively. On a total FTE basis, Region 3 (-1,558 FTEs, 73% adequacy) and Region 8 (-1,412 FTEs, 76% adequacy) face the largest base year shortfall. Region 2 faces the largest shortage on a relative basis (-603 FTEs, 69% adequacy). Projected demand exceeds supply in 2035 in all but Region 11, suggesting that many people in Florida might need to travel substantial distances to receive care.
- Alternative supply scenarios were modeled to provide sensitivity analysis for estimates and assumptions regarding physician workforce participation (more or fewer hours worked per week, early or delayed retirement, increased and decreased numbers of annual new entrants). These modeled supply scenarios did not materially change the projected 2035 physician shortfall.
- A hypothetical demand scenario addressing healthcare utilization equity modeled the implications if barriers to accessing care were reduced for populations that traditionally have faced such barriers (i.e., people who are uninsured, residing in non-metropolitan areas, and racial and ethnic minority populations). If barriers to accessing healthcare services could be reduced, demand for physicians would rise and by 2035 there would be a shortfall of approximately 26,026 FTE physicians, which includes a shortfall of 10,594 FTEs in total primary care specialties and 15,432 FTEs in non-primary care specialties.
- Estimated 2019 supply of APRNs in Florida was 29,311 FTEs. This number is projected to nearly double over the projection period, reaching 57,780 FTEs (28,469 FTE or 97% growth) by 2035. While the 31% 2019-2035 projected APRN demand growth is well above the 21% rate of projected population growth, it

is significantly below the projected supply growth. In 2019 the supply of APRNs was an estimated 6,446 FTEs below the level that would be expected based on national average levels of care use and delivery. Due to the rapid growth in APRN supply, by 2035 there will be an estimated 10,765 FTEs beyond what is needed to maintain current national average physician-to-APRN staffing ratios.

This study updates key components of the workforce models compared to the 2015 Report. Key differences in model inputs and projections include the following:

- The 2015 Report projected that, starting from a 2013 supply of 42,610 FTEs, if the current (as of 2013) number of physicians entering Florida's workforce each year (2,230) remained unchanged, FTE physician supply would reach nearly 47,000 by 2019. This updated study found that the number of new entrants to Florida's workforce has been increasing over time, with about 2,324 now entering the workforce each year, and actual FTE supply in 2019 was 55,083. Thus, while 2013-2019 supply in the 2015 Report was projected to grow by about 4,400 FTEs absent policy intervention, actual supply growth over the time period was about 12,473 FTEs.
- Florida's population grew faster than the population projections used for the 2015 Report. Extrapolating a 2013 national average level of care (care use and delivery) to Florida's *projected* population in 2019 (20.9 million), the 2015 Report projected demand for 53,710 FTE physicians in 2019. Extrapolating a 2019 national average level of care to the *actual* population in 2019 (21.5 million), this updated study estimates demand for 58,918 FTEs. The higher population counts and updated national average level of care each contributed to the 5,208 FTE increase in estimated 2019 demand between the 2015 Report and this updated report. Another contributing factor is that the *actual* 2013-2019 projected growth in the population age 65-74 and 75 and older (31% and 27%, respectively) was larger than the *projected* 2013-2019 growth for the age cohorts (25% and 15%, respectively) used in the 2015 Report.
- Although the 2015 Report and this updated study use different benchmarks to estimate demand for physicians in Florida (i.e., 2013 national average versus 2019 national average level of care), the updated estimate of a shortfall of physicians in Florida (3,835 FTEs) is smaller than what was projected for 2019 in the 2015 Report (5,933 FTEs). The supply adequacy updates vary by Medicaid region.

Exhibit 22. Physician Supply Minus Demand by Specialty and Medicaid Region, 2035

Medicaid Region												
Specialty	1	2	3	4	5	6	7	8	9	10	11	Total
Primary Care	-207	-426	-1,198	-861	-566	-1,061	-752	-1,218	-1,259	-485	158	-7,872
Traditional Primary Care	-186	-229	-803	-672	-413	-892	-505	-1,014	-989	-364	92	-5,974
Family Medicine	-146	-125	-533	-391	-280	-635	-465	-536	-561	-344	-372	-4,387
General Internal Medicine	-26	-68	-167	-154	-144	-110	-35	-262	-294	55	325	-881
Pediatric Medicine	10	-22	-11	-41	86	-68	25	-95	-39	-38	146	-46
Geriatric Medicine	-24	-14	-91	-86	-76	-79	-29	-121	-96	-38	-6	-660
Emergency Medicine	-51	-80	-250	-127	-104	-144	-208	-163	-181	-100	-109	-1,519
General Surgery	24	-45	-57	9	-11	40	36	-38	-15	3	170	117
Obstetrics & Gynecology	6	-72	-88	-70	-37	-65	-75	-2	-73	-23	4	-497
Non-Primary Care	-200	-636	-1,842	-1,196	-1,048	-1,333	-1,190	-1,858	-1,430	-313	994	-10,052
Allergy & Immunology	2	-10	-13	-17	10	9	-10	-2	1	-5	27	-7
Anesthesiology	7	-49	-162	-53	-55	-129	-37	-191	-131	42	105	-654
Cardiology	1	-32	-198	-51	-65	-80	-47	-120	-134	-21	114	-632
Colorectal Surgery	-1	-2	-15	-12	-1	-6	-9	-12	-3	-2	-8	-70
Dermatology	-1	-7	-3	4	15	-10	-14	-37	50	20	50	67
Endocrinology	-13	-20	-29	-38	-17	-49	-42	-43	-32	14	22	-247
Gastroenterology	-24	-15	-41	4	-28	-19	-24	-26	-56	-30	58	-202
Hematology & Oncology	-6	-24	-107	-22	-50	-31	-67	-118	-91	-17	96	-437
Hospital Medicine	-49	-83	-190	-160	-90	-167	-173	-227	-174	-90	-30	-1,434
Infectious Diseases	-23	-30	-98	-101	-61	-54	-65	-91	-106	-75	-33	-737
Neonatology	-5	-1	-12	1	-12	-21	1	-17	-24	-4	7	-87
Nephrology	-13	-34	-33	-54	-46	-79	-76	-57	-51	-18	-53	-514
Neurological Surgery	22	-1	-1	-5	-22	-31	-22	-11	-18	-12	-12	-112
Neurology	-1	-5	16	39	-14	-22	-10	45	-7	13	117	170
Ophthalmology	-24	18	-65	-20	-7	35	-38	-20	10	7	49	-55
Orthopedic Surgery	7	-17	-91	-66	-45	-60	-59	-14	-3	25	113	-209
Other Specialties	-65	-80	-224	-232	-173	-258	-293	-269	-224	-167	-175	-2,160
Otolaryngology	25	-7	-29	14	3	11	10	-22	10	1	63	79
Pathology	31	-22	17	43	-9	78	0	-11	-10	15	95	228
Physical Medicine & Rehabilitation	7	-14	-48	-65	-65	-47	-44	-41	-67	-58	-39	-481
Plastic Surgery	-21	-18	-58	-32	-29	-66	-32	-57	-32	18	81	-247
Psychiatry	-39	-60	-109	-218	-118	-177	-220	-101	-62	-100	-26	-1,230
Pulmonology & Critical Care	-18	-37	-109	-66	-59	-121	-12	-124	-104	-27	29	-648
Radiation Oncology	-10	-19	-44	-33	-23	-19	3	-36	-40	-6	22	-204
Radiology	15	-20	-55	54	-35	104	167	-114	-28	248	307	644
Rheumatology	1	-7	-31	-21	6	-35	4	-29	5	-16	9	-114
Thoracic Surgery	7	-12	-17	-10	-12	-19	-5	-29	-22	-18	12	-124
Urology	-4	-24	-60	-53	-17	-59	-71	-66	-65	-43	4	-459
Vascular Surgery	-10	-3	-32	-25	-31	-12	-6	-19	-23	-6	-8	-176
Florida Total	-407	-1,062	-3,040	-2,056	-1,614	-2,394	-1,941	-3,076	-2,688	-798	1,152	-17,924

Source: IHS Markit

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Exhibit 23. Physician Gap ÷ Supply by Specialty and Medicaid Region, 2035

Medicaid Region												
Specialty	1	2	3	4	5	6	7	8	9	10	11	Total
Primary Care	-23%	-77%	-68%	-34%	-32%	-36%	-23%	-66%	-63%	-25%	5%	-34%
Traditional Primary Care	-33%	-55%	-63%	-40%	-33%	-46%	-22%	-86%	-76%	-28%	4%	-39%
Family Medicine	-87%	-77%	-158%	-76%	-82%	-126%	-73%	-136%	-168%	-117%	-65%	-103%
General Internal Medicine	-12%	-47%	-28%	-21%	-26%	-12%	-4%	-46%	-51%	9%	33%	-13%
Pediatric Medicine	6%	-25%	-4%	-10%	26%	-14%	4%	-51%	-11%	-12%	24%	-1%
Geriatric Medicine	-142%	-73%	-208%	-329%	-395%	-139%	-34%	-403%	-217%	-122%	-9%	-151%
Emergency Medicine	-48%	-116%	-153%	-38%	-53%	-34%	-57%	-68%	-67%	-38%	-32%	-55%
General Surgery	24%	-145%	-32%	4%	-7%	13%	12%	-19%	-7%	2%	48%	5%
Obstetrics & Gynecology	5%	-203%	-59%	-29%	-24%	-20%	-20%	-1%	-35%	-9%	1%	-20%
Non-Primary Care	-15%	-86%	-69%	-32%	-42%	-31%	-27%	-66%	-42%	-10%	20%	-30%
Allergy & Immunology	17%	NA	-86%	-87%	32%	22%	-35%	-10%	3%	-25%	59%	-3%
Anesthesiology	5%	-63%	-71%	-15%	-23%	-36%	-8%	-89%	-46%	12%	23%	-21%
Cardiology	1%	-51%	-121%	-17%	-31%	-24%	-14%	-49%	-52%	-10%	28%	-24%
Colorectal Surgery	-9%	-33%	-196%	-104%	-4%	-27%	-48%	-87%	-12%	-12%	-37%	-43%
Dermatology	-4%	-32%	-3%	3%	12%	-8%	-12%	-43%	29%	23%	38%	6%
Endocrinology	-71%	-394%	-53%	-69%	-38%	-73%	-56%	-144%	-56%	17%	22%	-42%
Gastroenterology	-81%	-51%	-38%	3%	-34%	-11%	-15%	-19%	-53%	-34%	29%	-16%
Hematology & Oncology	-8%	-62%	-89%	-11%	-43%	-14%	-38%	-83%	-58%	-12%	37%	-26%
Hospital Medicine	-68%	-250%	-112%	-76%	-54%	-60%	-69%	-160%	-82%	-51%	-11%	-72%
Infectious Diseases	-157%	-499%	-260%	-409%	-214%	-67%	-91%	-290%	-222%	-253%	-60%	-172%
Neonatology	-43%	-9%	-61%	1%	-78%	-48%	2%	-110%	-125%	-9%	11%	-24%
Nephrology	-48%	-280%	-38%	-72%	-136%	-83%	-83%	-98%	-64%	-21%	-47%	-68%
Neurological Surgery	64%	-14%	-3%	-7%	-52%	-67%	-40%	-33%	-38%	-35%	-25%	-25%
Neurology	-2%	-15%	11%	21%	-15%	-14%	-6%	26%	-5%	11%	49%	11%
Ophthalmology	-66%	26%	-56%	-12%	-5%	14%	-22%	-11%	5%	5%	23%	-3%
Orthopedic Surgery	8%	-33%	-74%	-40%	-38%	-31%	-32%	-7%	-1%	15%	43%	-12%
Other Specialties	-135%	-384%	-229%	-188%	-215%	-159%	-241%	-411%	-177%	-199%	-132%	-203%
Otolaryngology	44%	-33%	-51%	14%	4%	10%	10%	-32%	10%	2%	53%	9%
Pathology	35%	-66%	9%	20%	-8%	27%	0%	-7%	-6%	11%	39%	12%
Physical Medicine & Rehabilitation	18%	-120%	-82%	-74%	-129%	-41%	-33%	-67%	-84%	-77%	-31%	-58%
Plastic Surgery	-122%	-192%	-180%	-50%	-66%	-126%	-47%	-112%	-58%	29%	56%	-41%
Psychiatry	-48%	-164%	-62%	-117%	-74%	-63%	-88%	-64%	-25%	-63%	-8%	-60%
Pulmonology & Critical Care	-40%	-179%	-129%	-51%	-76%	-112%	-6%	-153%	-105%	-24%	15%	-56%
Radiation Oncology	-65%	-693%	-131%	-76%	-67%	-28%	4%	-67%	-88%	-11%	28%	-40%
Radiology	13%	-28%	-21%	13%	-14%	21%	32%	-48%	-9%	58%	59%	18%
Rheumatology	4%	-63%	-112%	-54%	13%	-94%	5%	-94%	8%	-54%	14%	-26%
Thoracic Surgery	31%	-340%	-52%	-25%	-53%	-51%	-10%	-124%	-73%	-94%	24%	-38%
Urology	-13%	-367%	-109%	-91%	-26%	-85%	-152%	-93%	-111%	-151%	5%	-80%
Vascular Surgery	-124%	-18%	-130%	-102%	-691%	-24%	-13%	-49%	-78%	-25%	-22%	-57%
Florida Total	-18%	-83%	-69%	-33%	-38%	-33%	-25%	-66%	-49%	-16%	14%	-32%

Source: IHS Markit

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Florida Statewide & Regional Physician Workforce Analysis: 2019-2035

Commissioned by the Safety Net Hospital Alliance of Florida

<http://safetynetsflorida.org>

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<https://www.globaldata.com/reports/florida-statewide-and-regional-physician-workforce-analysis-2019-to-2035/>

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Teaching Hospitals

Broward Health

Jackson Health System

Mount Sinai
Medical Center

Orlando Health

Tampa General Hospital

UF Health Jacksonville

UF Health Shands Hospital

Public Hospitals

Halifax Health

Lee Health

Memorial Healthcare System

Sarasota Memorial
Health Care System

Children's Hospitals

Johns Hopkins All Children's Hospital

Nicklaus Children's Hospital

Regional Perinatal Intensive Care Center

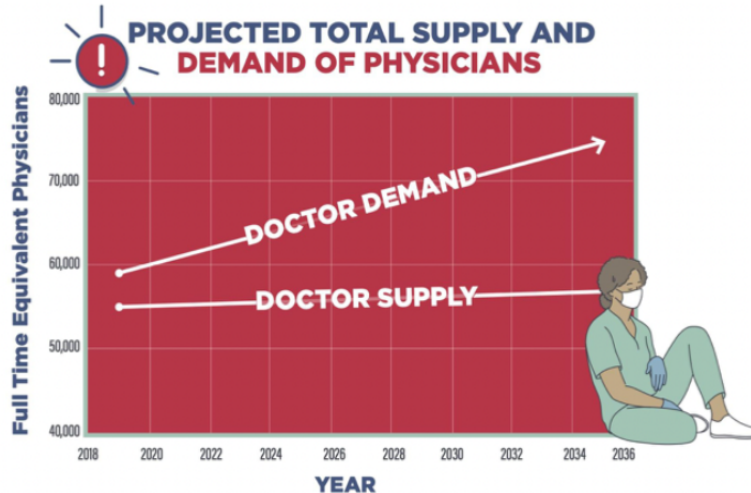
Ascension Florida &

Sacred Heart Health System

Justin Senior
Chief Executive Officer

Melinda Kennedy
President &
Chief Operations Officer

Florida Must Significantly Increase Its Investment in Physician Training to Address Looming Healthcare Workforce Crisis



Increasing GME Funds is Essential to Addressing Looming Healthcare Workforce Crisis

- ★ Increasing the state's current investment for the Graduate Medical Education (GME) program, **from the current investment of \$38 million general revenue (GR) to \$114 million GR by adding an additional \$76 million in GR funding**, is critical to addressing the emerging healthcare workforce crisis. GME is a state-funded program that began in 2013 to educate and train physicians in partnership with Florida hospitals.
- ★ An additional \$76 million in state general revenue will leverage nearly **\$300 million in total funds** when combined with federal money in the GME program.
- ★ Florida's GME program increased medical residency FTE (full-time equivalent) slots by **80% since the program began** in 2013. The program also added 12,473 new physicians actively practicing in the state since 2013.
- ★ Between 2011 to 2018, Florida **added more** medical residency FTE slots **than any other state**.
- ★ Florida hospitals are well-positioned to dramatically increase GME training with this workforce investment.

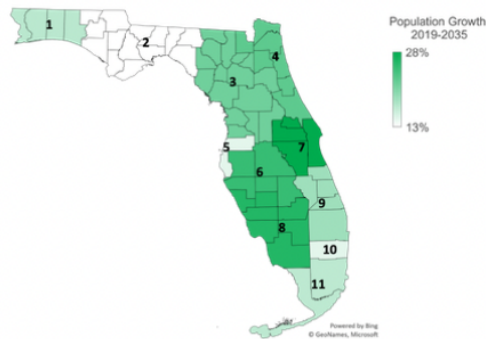
Florida's Growth is Straining its Healthcare Workforce

- ★ GlobalData research concluded that Florida will experience a shortfall of 17,924 physicians by 2035.
- ★ Experts are especially concerned by the projected growth of seniors (those over 65-years-old), because they rely overwhelmingly on specialty physicians (dermatologists, oncologists, urologists, etc.). The availability of primary and specialty care physicians will run out for around a quarter of the state's population 2035.

<https://www.globaldata.com/reports/florida-statewide-and-regional-physician-workforce-analysis-2019-to-2035/>

Florida Population in 2019 was 21.2 Million, Will Surpass 25.4 Million by 2035

Projected Florida 2019-2035 Population Growth, by Medicaid Region



Investing State Funds to Support Healthcare Workforce Will Generate Huge Returns

- ★ Florida's physician workforce generates **more than \$113 billion** in total economic activity each year. Physicians practicing in Florida generate nearly **\$4 billion** in yearly state and local tax revenue.
- ★ Every physician that the state GME program trains/retains generates **\$2.5 million** in local economic activity every year.
- ★ Florida is ranked **fifth in the nation** in keeping its newly-trained doctors in-state to practice. Currently, 73 Florida hospitals participate in the GME program, up from just 43 when it began.
- ★ Florida has risen to 32nd in the national rankings of state physician production (up from 42nd in 2013), but it still ranks in the bottom half of the US for per capita residents trained.

Florida Medicaid GME Residency Program FTE Count for Reimbursement SFY 21/22

Value represents Hospital Total (all premises with same Medicaid ID)		Total Medicaid FTE	Per Resident FTE	Payment
Hospital	FACH Children's Hospital	A	B	C = A x B
Orlando Health	Arnold Palmer Hospital for Children, Orlando (Orlando Health)	250.0	\$17,239	\$4,310,267
Baptist Hospital - Miami	Baptist Children's Hospital, Miami	-		\$0
Tampa General Hospital	Children's Medical Center at Tampa General Hospital	286.8	\$15,793	\$4,529,748
AdventHealth Orlando	Florida Hospital for Children, Orlando (AdventHealth Orlando)	185.8	\$17,264	\$3,207,479
Lee Health	Golisano Children's Hospital of Southwest Florida, Ft. Myers (LMT)	24.0	\$26,768	\$642,432
Jackson Memorial Hospital	Holtz Children's Hospital at UM/Jackson Memorial Medical Center	582.8	\$15,993	\$9,320,880
Memorial Health	Joe DiMaggio Children's Hospital, Hollywood (Memorial Health)	62.7	\$21,916	\$1,373,476
Nemours	Nemours	49.1	\$19,252	\$945,081
St. Mary's Medical Center	Palm Beach Children's Hospital at St. Mary's Medical Center	11.1	\$33,858	\$374,131
Broward Health	Salah Foundation Children's Hospital, Broward Health	128.8	\$16,442	\$2,118,387
Shriner's Hospital for Children	Shriner's Hospitals for Children, Tampa	-	\$0	\$0
St. Joseph's Hospital	St. Joseph's Children's Hospital, Tampa	-	\$0	\$0
Ascension Sacred Heart	The Studer Family Children's Hospital at Sacred Heart (Pensacola)	52.6	\$18,237	\$959,996
UF Health Shands	UF Health Shands Children's Hospital, Gainesville	551.4	\$15,338	\$8,457,833
Wolfson's / Baptist Jacksonville	Wolfson Children's Hospital, Jacksonville	54.1	\$15,913	\$860,416
Totals / Unweighted Avg		2,239.2	\$16,715	\$37,100,126
Free Standing Children's Hospitals				
Johns Hopkins All Children's Hospital	Johns Hopkins All Children's Hospital, St. Petersburg	59.0	\$23,451	\$1,384,547
Nicklaus Children's Hospital	Nicklaus Children's Hospital	118.6	\$18,978	\$2,250,791
Total Free Standing / Unweighted Avg		177.6	\$21,215	\$3,635,338
Total Statewide Average		6,180.9	\$15,629	\$96,600,602

Florida Graduate Medical Education (GME) Milestones

State Fiscal Year (SFY)		GME Program / Policy & Funding (in Millions)	State General Revenue	Local IGTs	Federal Match	Total Funding	MRP FTEs & New Slots
2013-2014	July	FL Medicaid Residency Program (MRP) Enacted & Appropriated (Recurring GR)	\$33.1	\$0.0	\$46.9	\$80.0	3,896
	August	First Year (Yr) MRP Self-Reporting of Resident Count					
2014-2015	July	MRP Appropriation	\$32.4	\$0.0	\$47.6	\$80.0	3,951
	July	MRP FTE Count Audit Requirement added to law (NEW)					
	August	Second Yr MRP Self-Reporting of Resident Count					
2015-2016	July	MRP Appropriation	\$31.6	\$0.0	\$48.4	\$80.0	4,373
	July	Start Up Bonus & Retention Enacted & Appropriated (NEW) \$100M					
	July	MRP IRIS Code Reporting of FTE added to law (NEW)					
	August	Third Yr MRP Self-Reporting of Resident Count (using standardized IRIS Codes)					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$2.6	\$4.0	\$6.6	66
	March	Audit of Yr 1 MRP FTE					
	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$36.9	\$56.5	\$93.4	
Total GME Program Funding SFY 2015-16			\$31.6	\$39.5	\$108.9	\$180.0	4,439
2016-2017	July	MRP Appropriation	\$31.2	\$0.0	\$48.8	\$80.0	4,632
	July	Start Up Bonus & Retention Appropriated \$100M					
	August	Fourth Yr MRP Self-Reporting of Resident Count (using standardized IRIS Codes)					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$12.2	\$19.1	\$31.3	313
	March	Audit of Yr 2 MRP FTE					
	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$26.8	\$41.9	\$68.7	
Total GME Program Funding SFY 2016-17			\$31.2	\$39.0	\$109.8	\$180.0	4,945
2017-2018	July	MRP Appropriation (\$17.3M (NEW) added, funded by recurring GR)	\$37.3	\$0.0	\$60.0	\$97.3	5,022
	July	Start Up Bonus & Retention Appropriated \$100M					
	August	Fifth Yr MRP Self-Reporting of Resident Count					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$15.5	\$24.9	\$40.4	404
	March	Audit of Yr 3 MRP FTE					
	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$22.9	\$36.7	\$59.6	
Total GME Program Funding SFY 2017-18			\$37.3	\$38.4	\$121.6	\$197.3	5,426
2018-2019	July	MRP Appropriation	\$37.8	\$0.0	\$59.5	\$97.3	5,434
	July	Start Up Bonus & Retention Appropriated \$100M					
	July	Critical Need Areas: Region 8 (Primary Care), Declining Specialties, (IGT Funded)	\$0.0	\$17.5	\$27.5	\$45.0	
	August	Sixth Yr MRP Self-Reporting of Resident Count					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$9.7	\$15.2	\$24.9	249
	March	Audit of Yr 4 MRP FTE					
2019-2020	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$29.2	\$45.9	\$75.1	
	Total GME Program Funding SFY 2018-19		\$37.8	\$56.4	\$148.0	\$242.3	5,683
	July	MRP Appropriation	\$31.7	\$0.0	\$65.6	\$97.3	5,506
	July	Start Up Bonus & Retention Appropriated \$100M					
	July	Critical Need Areas: Region 8 (Primary Care), Declining Specialties, (IGT Funded)	\$0.0	\$16.1	\$33.3	\$49.4	
	August	Seventh Yr MRP Self-Reporting of Resident Count					
2020-2021	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$7.4	\$15.2	\$22.6	226
	March	Audit of Yr 5 MRP FTE					
	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$25.2	\$52.2	\$77.4	
	Total GME Program Funding SFY 2019-20		\$31.7	\$48.7	\$166.2	\$246.7	5,732
	July	MRP Appropriation	\$31.0	\$0.0	\$66.3	\$97.3	6,198
	July	Start Up Bonus & Retention Appropriated \$100M					
2021-22	July	Critical Need Areas: Region 8 (Primary Care), Declining Specialties, (IGT Funded)	\$0.0	\$22.4	\$48.0	\$70.4	
	August	Eighth Yr MRP Self-Reporting of Resident Count					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$9.1	\$19.6	\$28.7	287
	March	Audit of Yr 6 MRP FTE					
	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$22.7	\$48.6	\$71.3	
	Total GME Program Funding SFY 2020-21		\$31.0	\$54.3	\$182.5	\$267.7	6,485
2021-22	July	MRP Appropriation	\$31.9	\$0.0	\$65.4	\$97.3	6,181
	July	Start Up Bonus & Retention Appropriated \$100M					
	July	Critical Need Areas: Region 8 (Primary Care), Declining Specialties, (IGT Funded)	\$0.0	\$26.9	\$55.3	\$82.2	
	August	Ninth Yr MRP Self-Reporting of Resident Count					
	March	Start Up Bonus Applications Due / Approved (IGT funded)	\$0.0	\$7.8	\$16.1	\$23.9	239
	March	Audit of Yr 7 MRP FTE					
2021-22	April	Retention Funds Distributed for Shortage Specialty Slots (IGT funded)	\$0.0	\$24.9	\$51.2	\$76.1	
	Total GME Program Funding SFY 2021-22		\$31.9	\$59.7	\$187.9	\$279.5	6,420
	Total Funding to Date		\$298.0	\$335.9	\$1,119.5	\$1,753.4	
	Total New Slots Funded since SFY 2015/16						1,784
		Increase in MRP FTEs since Program from SFY 2013/14 to SFY 2021/22					2,285