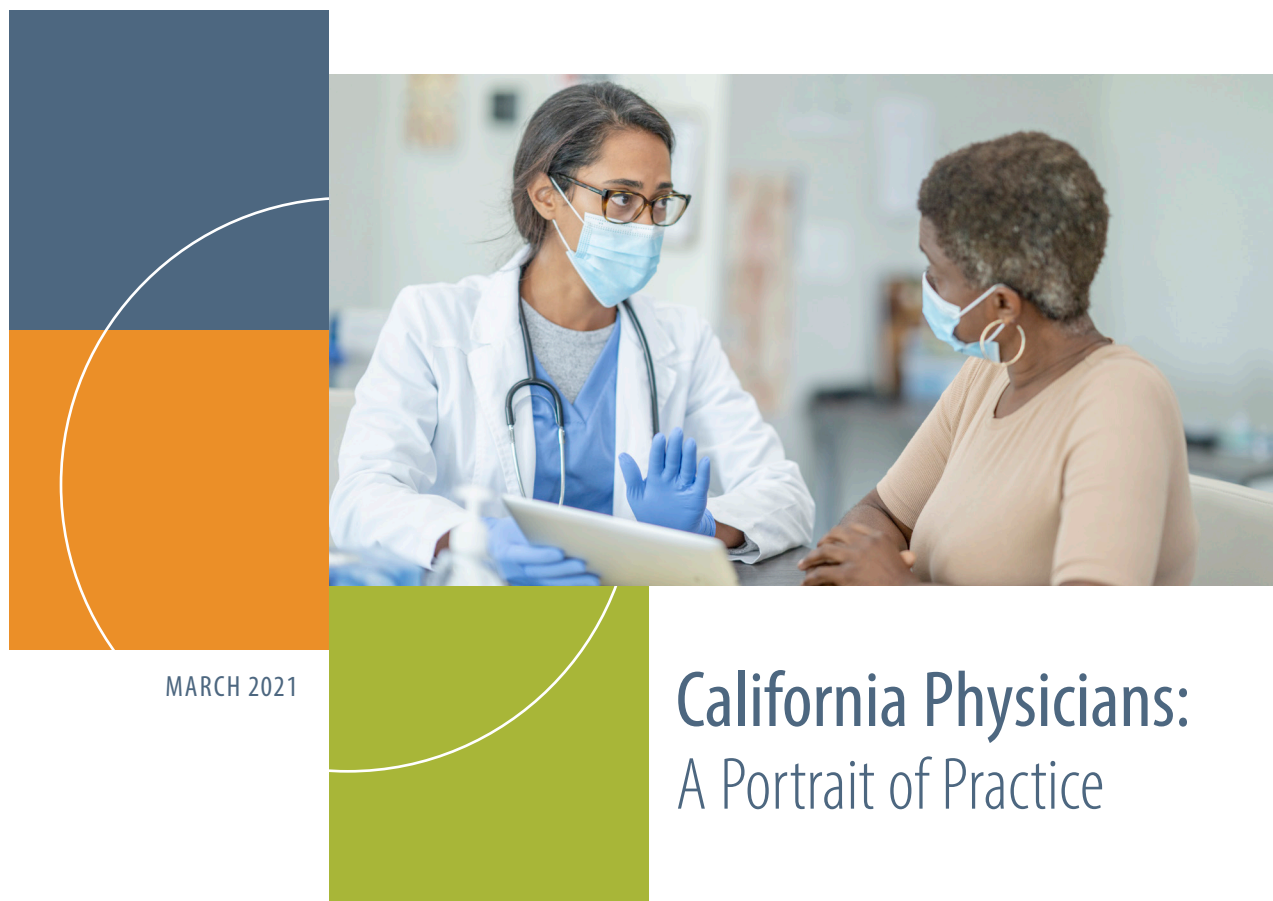


CALIFORNIA Health Care Almanac



MARCH 2021

California Physicians: A Portrait of Practice

Executive Summary

Although the number of active physicians increased by 21% between 2006 and 2018, and exceeded the 10% population growth, many areas in California face substantial shortages of primary care providers and specialists. *California Physicians: A Portrait of Practice* presents detailed information about the supply, distribution, and demographic characteristics of the state’s physicians and provides important context for understanding the challenges of caring for people during a public health emergency like COVID-19, as well as the complexity of caring for an aging and increasingly racially/ethnically diverse population.*

KEY FINDINGS INCLUDE:

- The supply of licensed physicians does not adequately reflect their availability to provide care. Less than half of California’s physicians provided patient care 40 or more hours per week.
- Physician supply varied by region. Out of nine regions in the state, only four regions (Greater Bay Area, Orange County, Sacramento Area, San Diego Area) had the recommended supply of primary care physicians (PCPs). The Inland Empire and San Joaquin Valley had the lowest supply of PCPs and specialists.
- Over one-third of California’s physicians were over 60. Physicians over 50 work fewer hours per week on patient care than their younger counterparts.
- The Latinx population is underrepresented among physicians. Latinx people represented 39% of California’s population, but only 6% of the state’s physicians and 8% of the state’s medical school graduates.
- Physicians were less likely to accept uninsured patients than patients with any type of insurance, including Medi-Cal.
- California ranked first in the nation in the percentages of both medical students and residents who remain in the state to practice.
- Twenty-eight percent of physicians (39% of PCPs and 23% of specialists) attended an international medical school.

*Data presented were collected prior to the onset of the COVID-19 pandemic. Some findings, most notably the amount of time spent providing care via telemedicine, may have changed since the pandemic began.

CONTENTS

Supply..... 3

Hours Worked..... 11

Demographics..... 14

Practice Organization..... 19

Education and Training..... 22

Income..... 27

Medical Groups..... 30

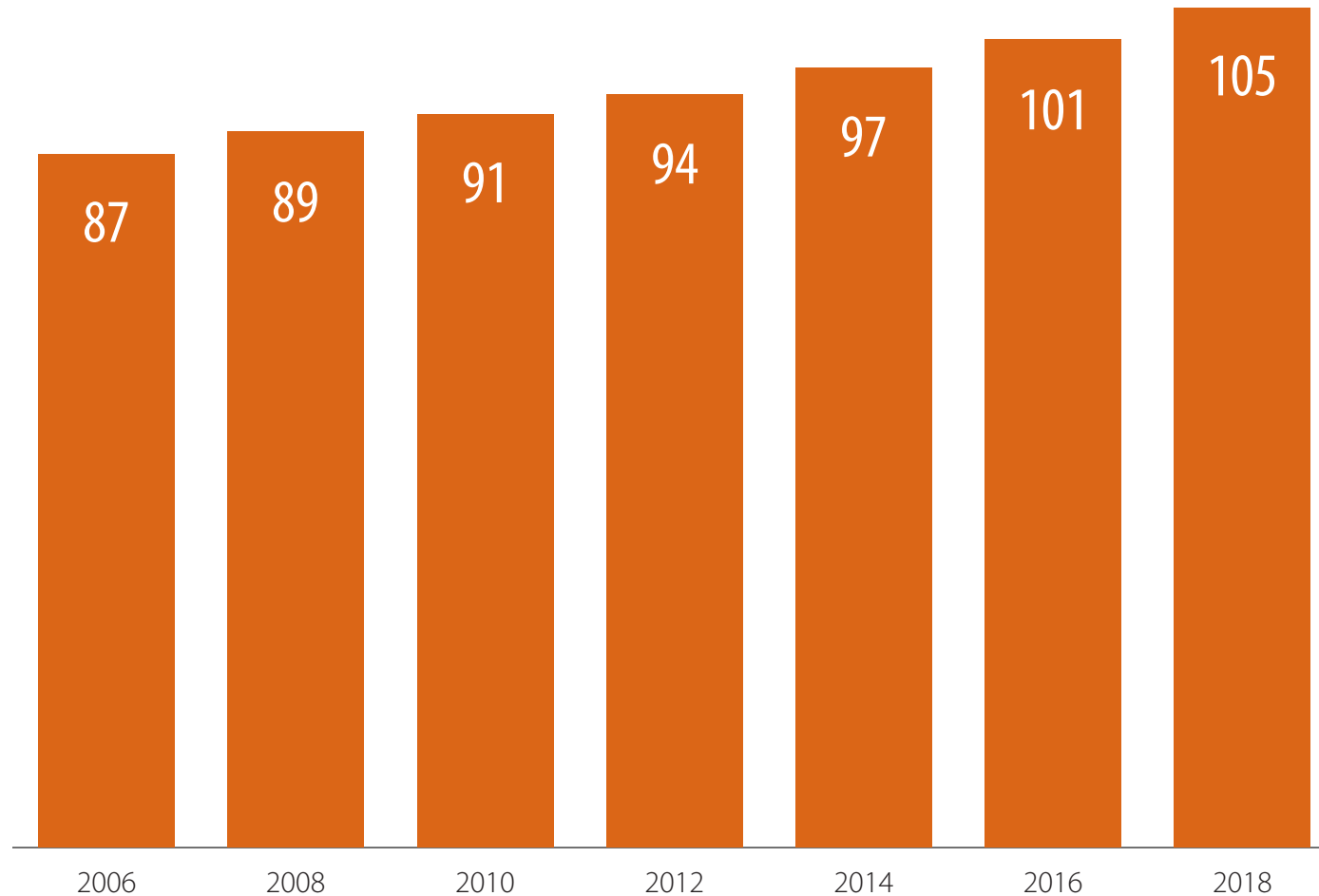
Quality of Care..... 32

Appendices..... 33

Active Physicians

California, 2006 to 2018, Selected Years

NUMBER OF PHYSICIANS (IN THOUSANDS)



Note: Data include MDs who indicated they worked 20 or more hours per week, except residents, fellows, and MDs who are retired, semiretired, working part-time, temporarily not in practice, or not active for other reasons.

Sources: *State Physician Workforce Data Report* (2007, 2009, 2011, 2013, 2015, 2017, and 2019), Assn. of American Medical Colleges.

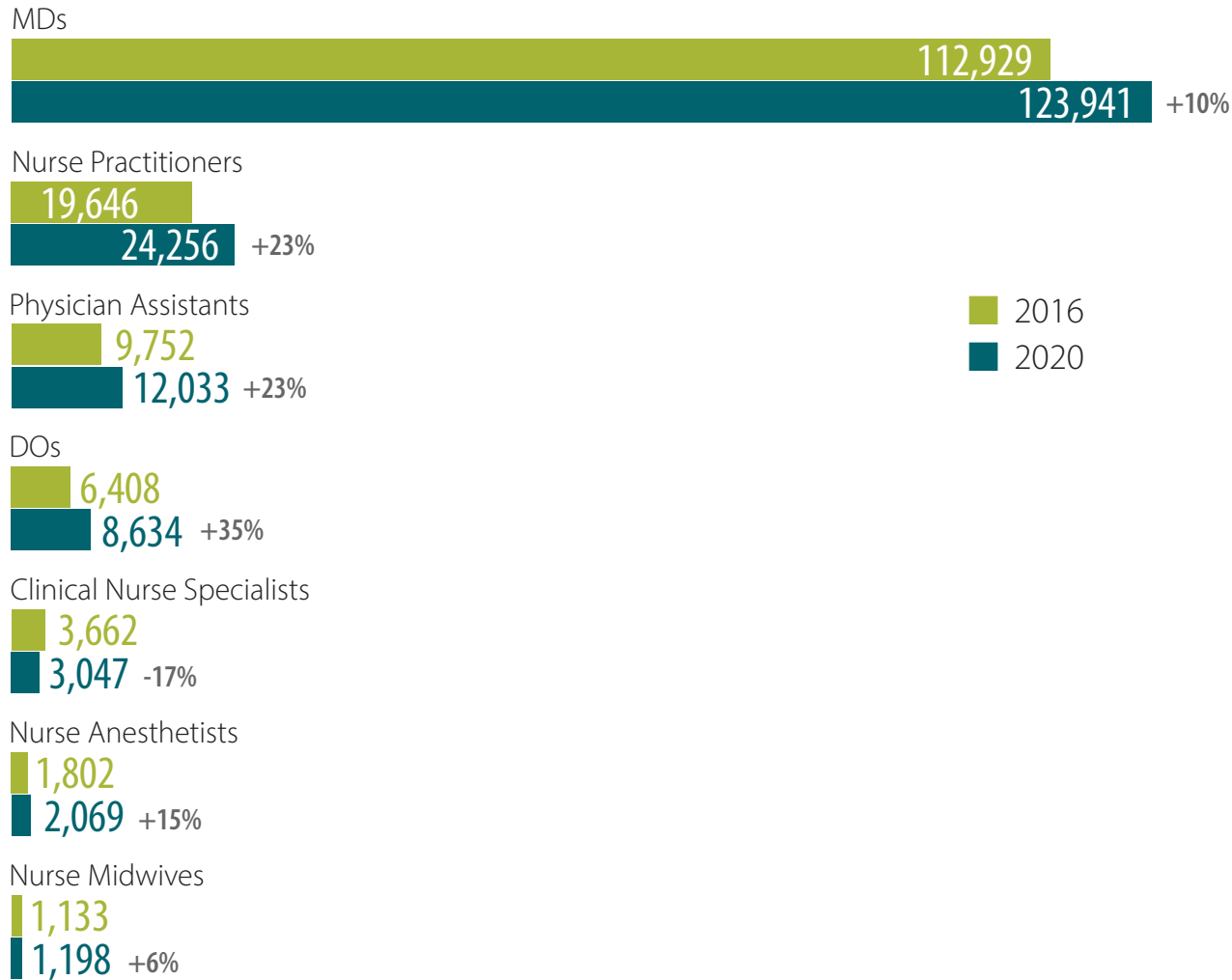
Physicians

Supply

The number of active physicians (MDs) practicing in California has grown steadily, increasing 21% from 2006 to 2018. During this time, growth in the state's supply of physicians exceeded population growth, which increased by 10% (not shown).

Supply of Select Providers

California, 2016 and 2020



Notes: *DO* is doctor of osteopathic medicine. Data include all providers with an active California license and a California address. The Agency for Healthcare Research and Quality (AHRQ) has estimated that 52% of nurse practitioners and 43% of physician assistants are primary care practitioners. See *Primary Care Workforce Facts and Stats No.2: The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States* (PDF), AHRQ, October 2011.

Sources: Survey of Licensees (private tabulation), California Dept. of Consumer Affairs (DCA), 2016; and *DCA Annual Licensing Statistics*, DCA, 2020.

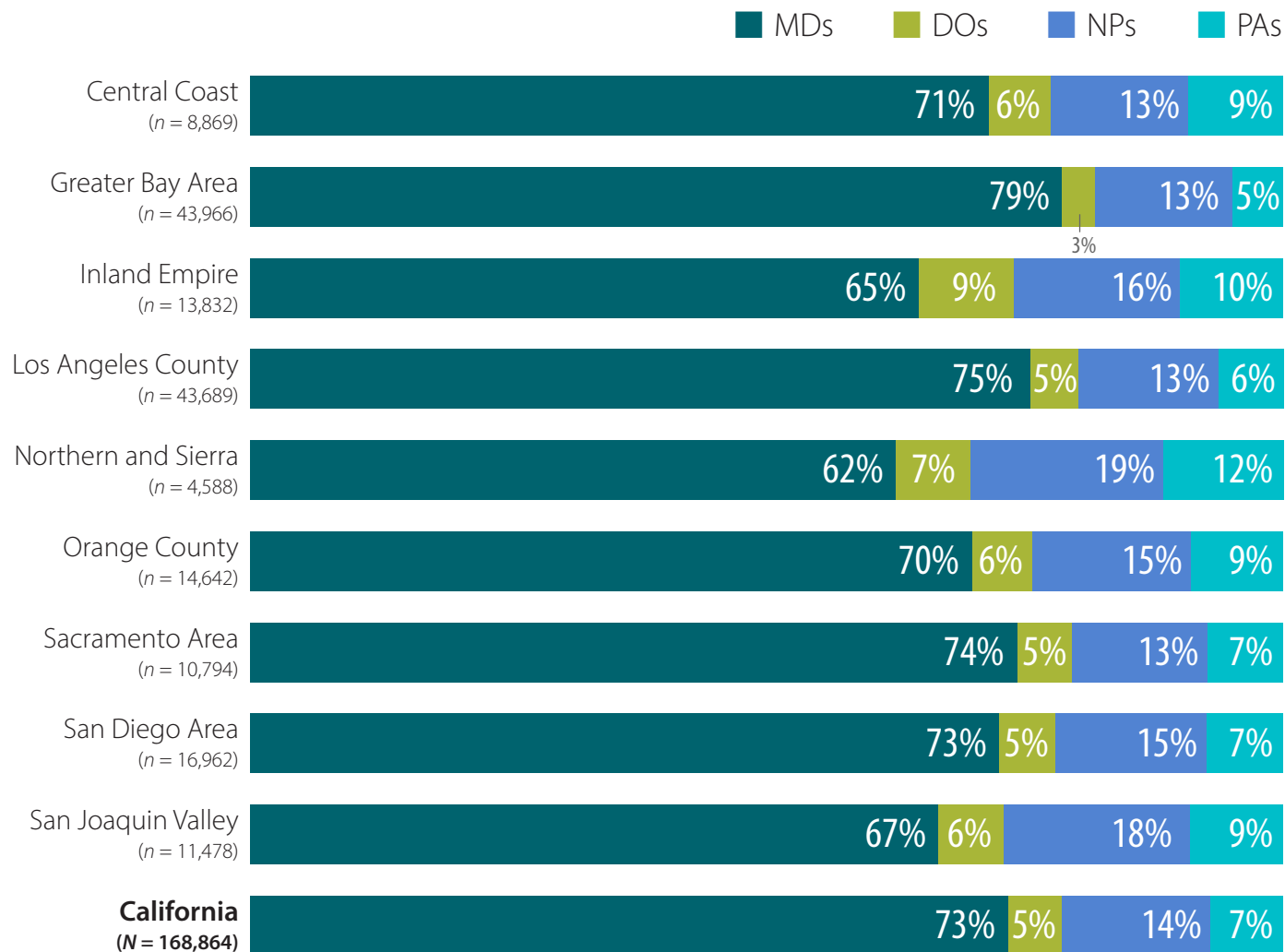
Physicians

Supply

Supplies of physicians, physician assistants, and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. Doctors of osteopathic medicine (DOs) had the highest rate of growth while MDs had the largest increase in the number of professionals.

Health Care Providers, by Type and Region

California, 2020



Physicians

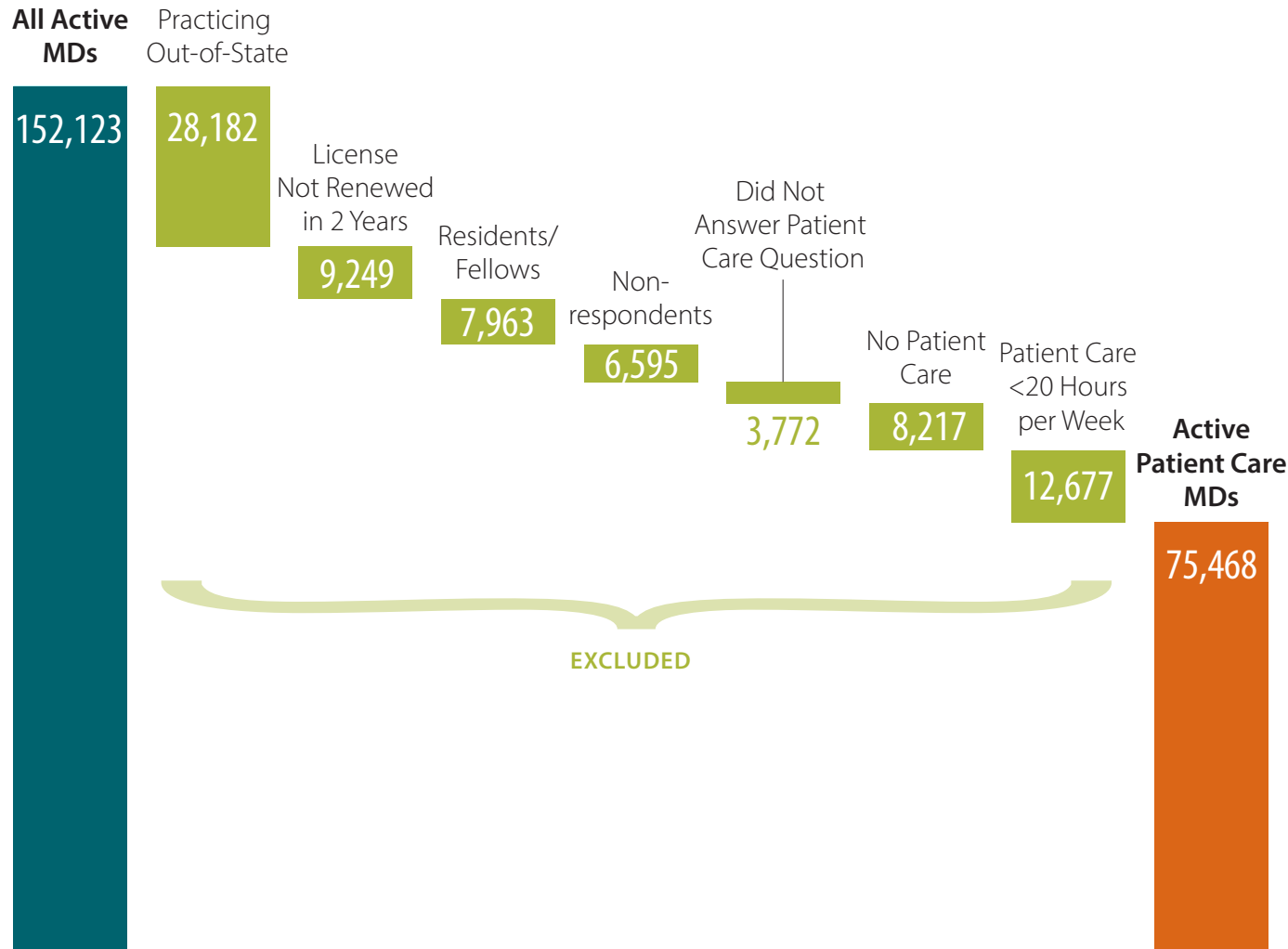
Supply

Medical care can be obtained from physicians (MDs and DOs), nurse practitioners, and physician assistants. In 2020, MDs and DOs composed 78% of these health care providers in California. In the Northern and Sierra region, they composed 69% of health care providers.

Notes: *DO* is doctor of osteopathic medicine. *NP* is nurse practitioner. *PA* is physician assistant. Data include all providers with an active California license and a California address. The total number of MDs in California includes 44 physicians who could not be allocated to a region because a valid zip code was not provided. Segments may not add to 100% due to rounding. See Appendix A for a list of counties within each region.

Sources: Survey of Licensees (private tabulation), California Dept. of Consumer Affairs (DCA), 2016; and *DCA Annual Licensing Statistics*, DCA, 2020.

Estimating the Number of Active Patient Care Physicians California, 2020



Physicians

Supply

Counting physicians in California is not clear-cut. Many physicians with active California licenses are not considered “active patient care physicians” because they do not practice in California, did not renew their licenses during the last biannual renewal cycle, are residents or fellows, did not respond to the medical board's mandatory survey, or do not provide patient care.

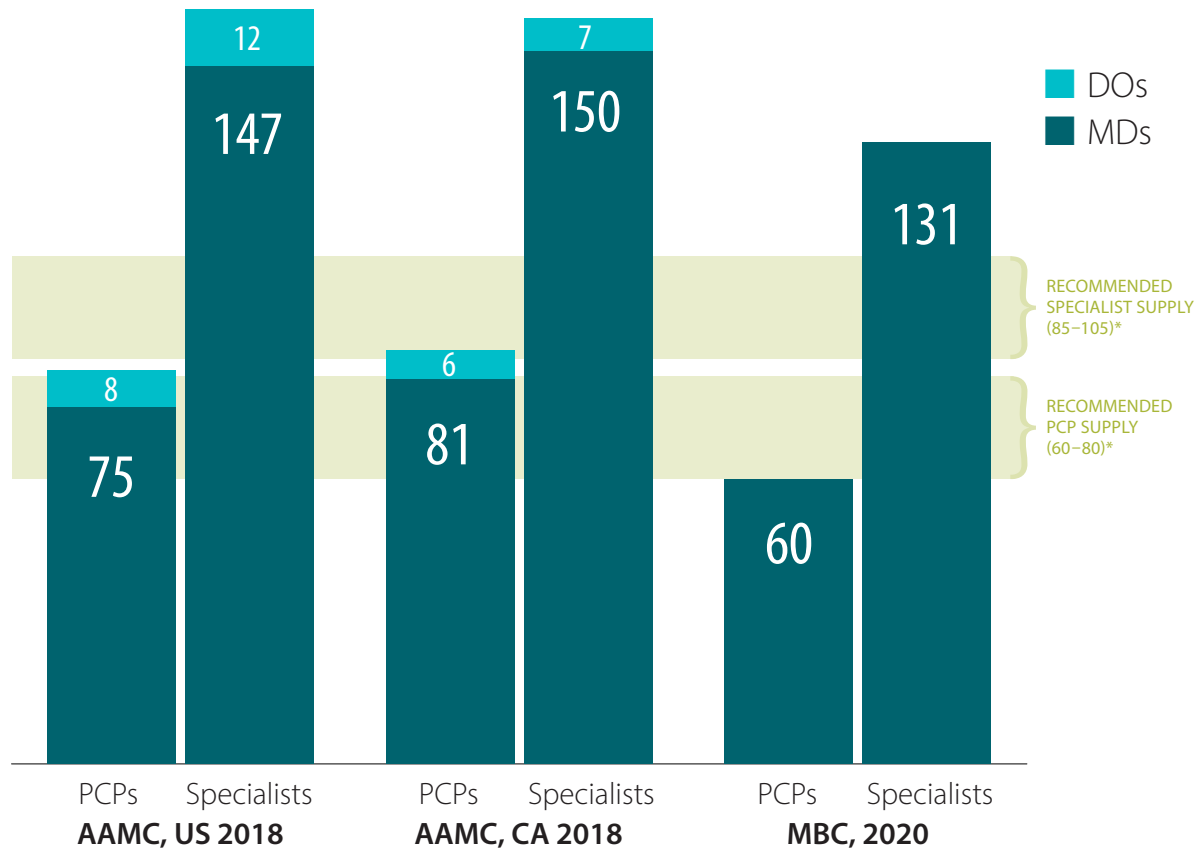
Notes: The Medical Board of California surveys MDs when they obtain or renew their licenses. *Nonrespondents* include MDs who did not complete the survey and those who did not respond to questions about hours worked. Physicians who did not renew their licenses between February 2018 and January 2020 are excluded.

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.

Primary Care Physicians and Specialists

California vs. United States, 2018 and 2020

NUMBER PER 100,000 POPULATION



*The Council on Graduate Medical Education (COGME), part of the US Department of Health and Human Services, studies physician workforce trends and needs. COGME ratios include DOs and are shown as ranges in the chart above. MBC data do not include DOs.

Notes: *PCP* is primary care physician. The Assn. of American Medical Colleges (AAMC) data include those physicians who self-reported their type of practice as "direct patient care." For the AAMC data, the number of specialists per 100,000 was estimated by subtracting the ratio of active patient care primary care physicians per 100,000 population from the ratio of all active patient care physicians per 100,000 population. The Medical Board of California (MBC) data include MDs who renewed their license between February 2018 and January 2020, answered the question on MBC's survey regarding their specialty, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the MBC survey or did not answer questions about specialty). Of the 75,468 active patient care physicians in California, 163 (0.2%) did not report their specialty or board certification.

Sources: *2019 State Physician Workforce Data Report*, Assn. of American Medical Colleges, November 2019, tables 1.2, 1.4; Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019* (NC-EST2019-ASR6H), US Census Bureau, June 2020.

Physicians

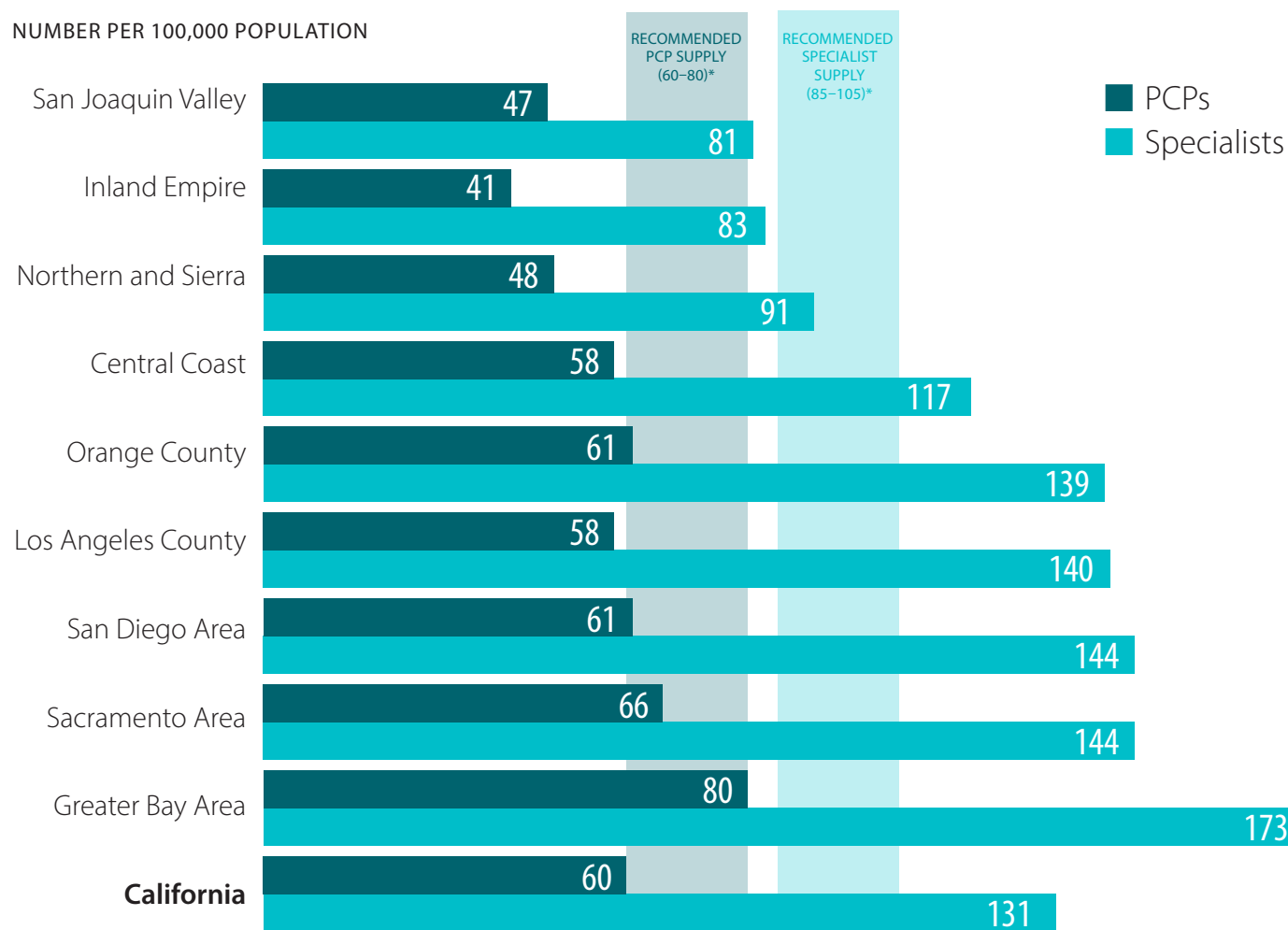
Supply

Based on data collected by the Association of American Medical Colleges in 2018 and by the Medical Board of California (MBC) in 2020, California's supply of primary care physicians (PCPs) and specialists met the minimum per capita ratios recommended by the Council on Graduate Medical Education. According to MBC data, the supply of PCPs in California just barely met the minimum recommended supply.

Primary Care Physicians and Specialists, by Region

California, 2020

NUMBER PER 100,000 POPULATION



*The Council on Graduate Medical Education (COGME), part of the US Department of Health and Human Services, studies physician workforce trends and needs. COGME ratios include DOs and are shown as ranges in the chart above.

Notes: PCP is primary care physician. Data include MDs who renewed their license between February 2018 and January 2020, answered the question on the Medical Board of California (MBC) survey regarding their specialty, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the MBC survey or did not answer questions about specialty). Of the 75,468 active patient care physicians in California, 163 (0.2%) did not report their specialty or board certification. There were 19 physicians who did not provide geographic information.

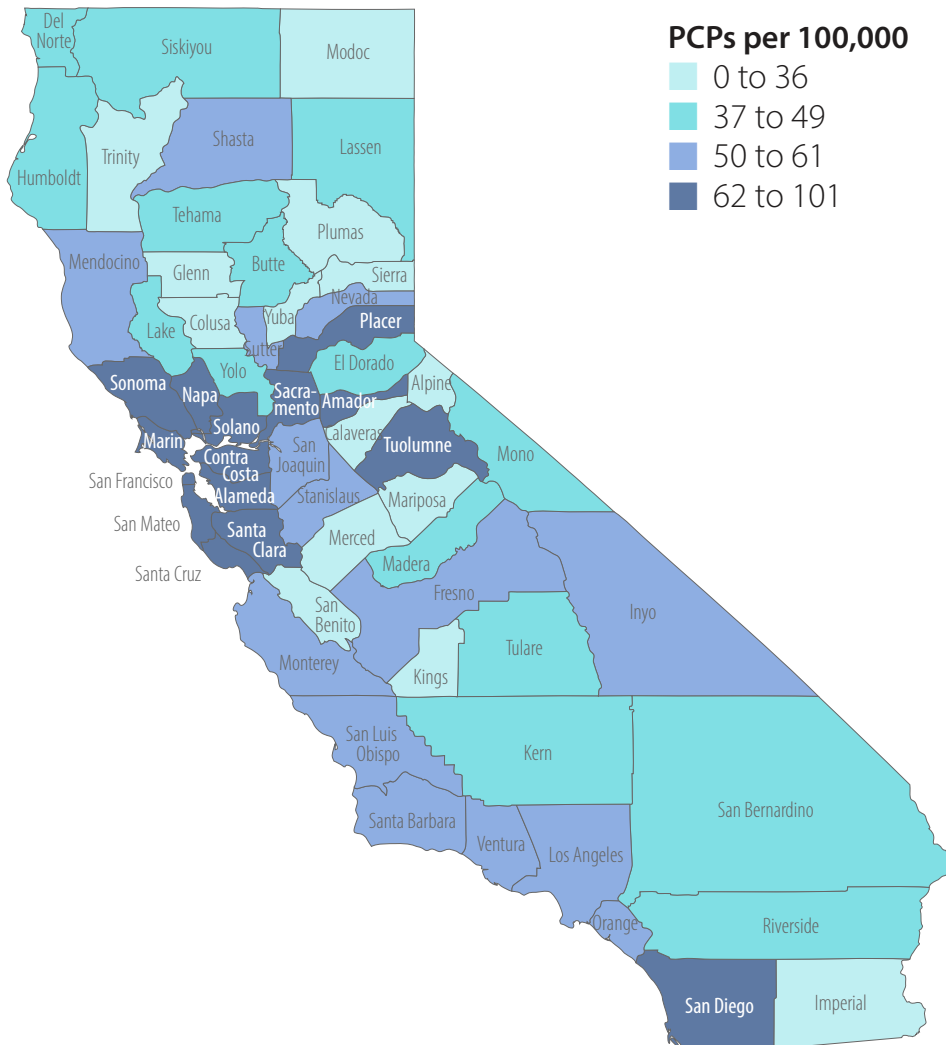
Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019* (NC-EST2019-ASR6H), US Census Bureau, June 2020.

Physicians

Supply

Physician supply varied by region. Out of nine regions, five regions fell short of the recommended supply of PCPs, and two regions were below the recommended supply of specialists. The Inland Empire and San Joaquin Valley regions had the lowest ratios (number per 100,000 population) of both PCPs and specialists of all regions in the state.

Primary Care Physicians per 100,000 Population, by County California, 2020



Physicians

Supply

PCPs were concentrated in urban counties along the California coast. Many rural and inland counties had low ratios of PCPs per 100,000 population.

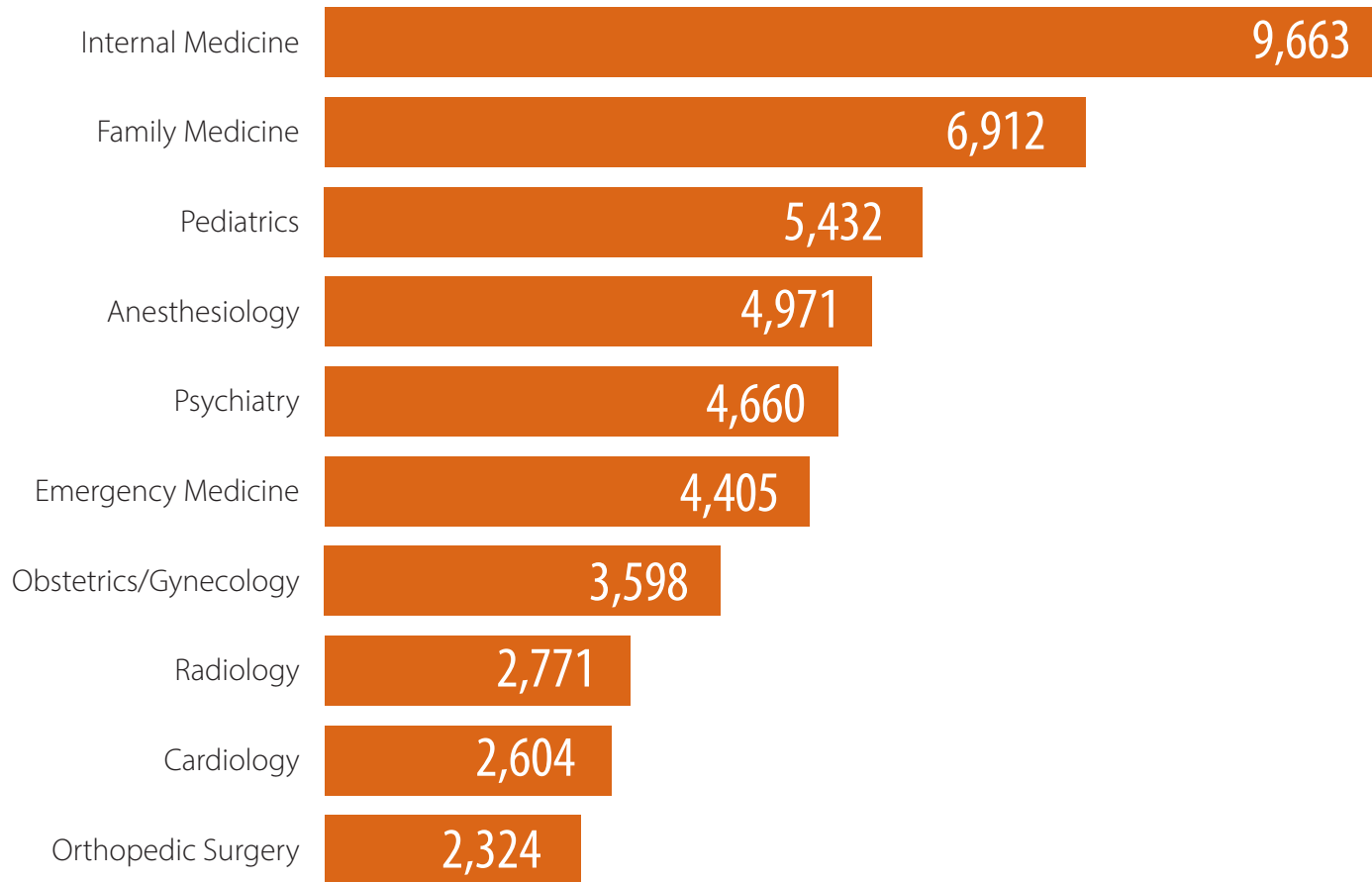
Notes: PCP is primary care physician. Data include PCPs who renewed their license between February 2018 and January 2020, answered the question on the Medical Board of California survey regarding their specialty, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the survey or did not answer questions about specialty).

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019* (NC-EST2019-ASR6H, SC-EST2019-ASR6H-06), US Census Bureau.

Top Ten Specialties

California, 2020

NUMBER OF ACTIVE PATIENT CARE PHYSICIANS



Notes: Data include MDs who renewed their license between February 2018 and January 2020, answered the question on the Medical Board of California survey regarding their specialty, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the survey or did not answer questions about specialty). Physician self-reported primary, secondary, and board certification specialties were used to determine the specialty. Physicians whose primary specialty was internal medicine and who listed a secondary specialty (e.g., cardiology) were assigned to the secondary specialty. Similarly, pediatricians with a subspecialty were assigned to the secondary specialty. Of the 75,468 active patient care physicians in California, 163 (0.2%) did not respond to the question on the survey regarding their specialty.

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.

Physicians

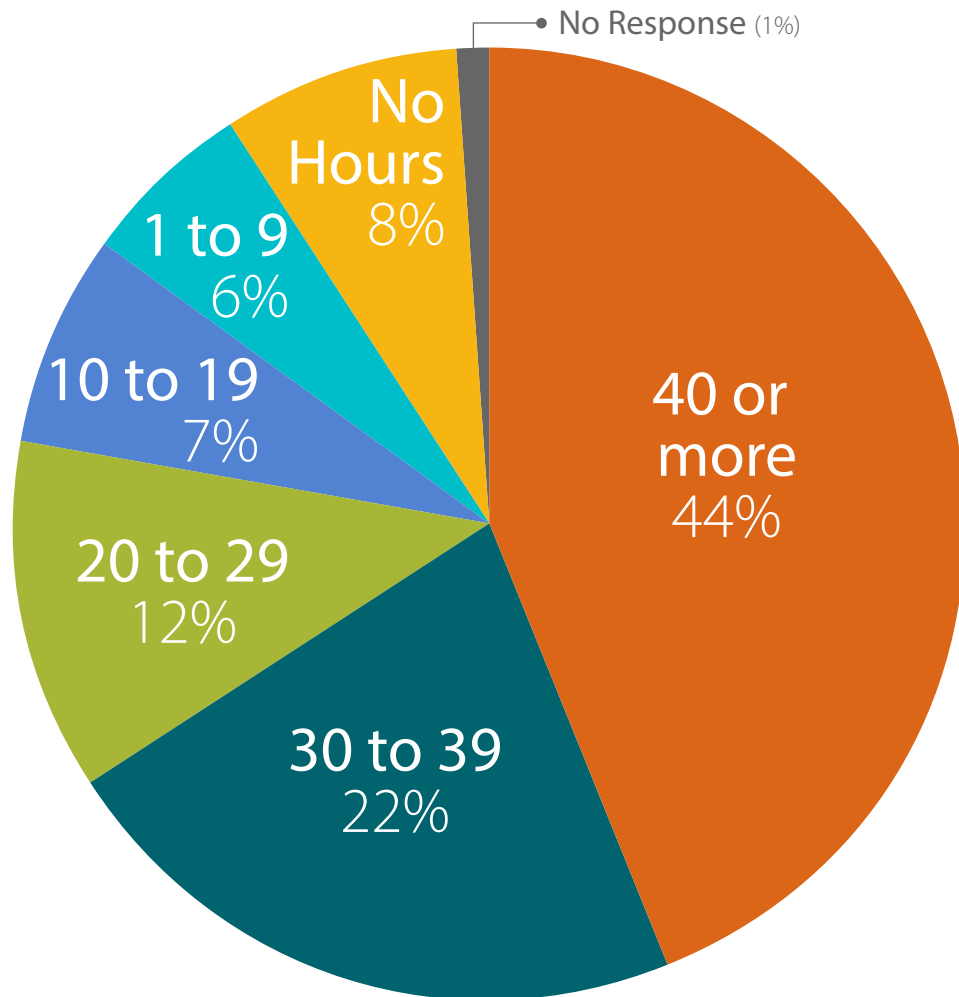
Supply

The three largest specialties in California were primary care specialties. Among physicians who reported their specialty, internal medicine, family medicine, and pediatrics together represented 29% of all active patient care physicians in the state.

Patient Care Hours Worked

California, 2020

AVERAGE WEEKLY HOURS



Notes: Data include MDs who renewed their license between February 2018 and January 2020, had a California address, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the the Medical Board of California survey). In 2020, 1% of physicians who responded to the survey did not answer the question about patient care hours. Segments may not total 100% due to rounding.

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.

Physicians

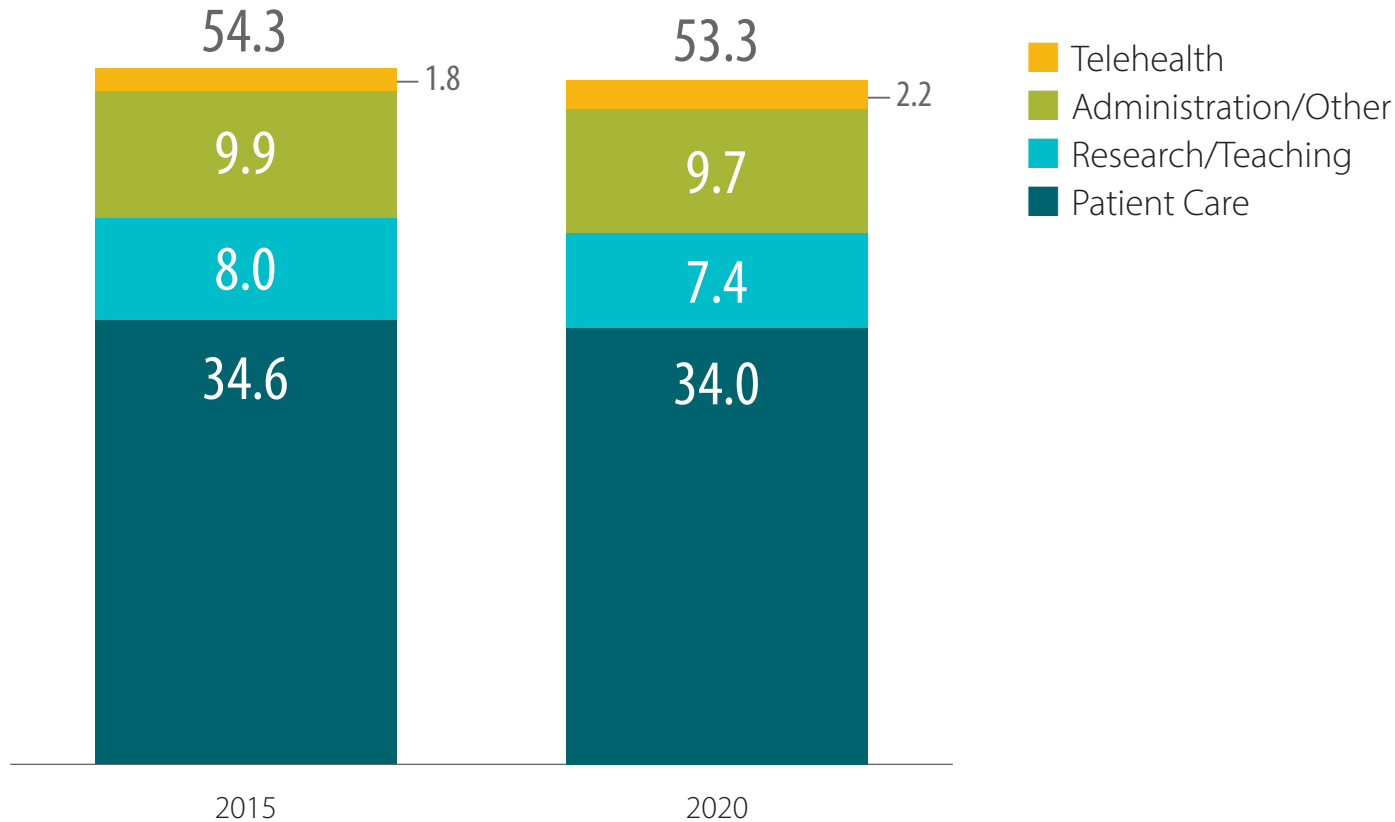
Hours Worked

The total number of physicians with active licenses does not accurately reflect the availability of physicians to provide care. Less than half of California physicians devoted 40 hours or more per week to patient care. Eight percent of active physicians did not provide patient care. Physicians also spent time on other professional activities, such as administration, research, and teaching.

Physician Hours Worked, by Activity

California, 2015 and 2020

AVERAGE WEEKLY HOURS



Physicians

Hours Worked

The hours worked per week by physicians has stayed constant over the past five years. The average physician's workweek was 53 hours in 2020. Of those hours, 34 were spent on patient care.

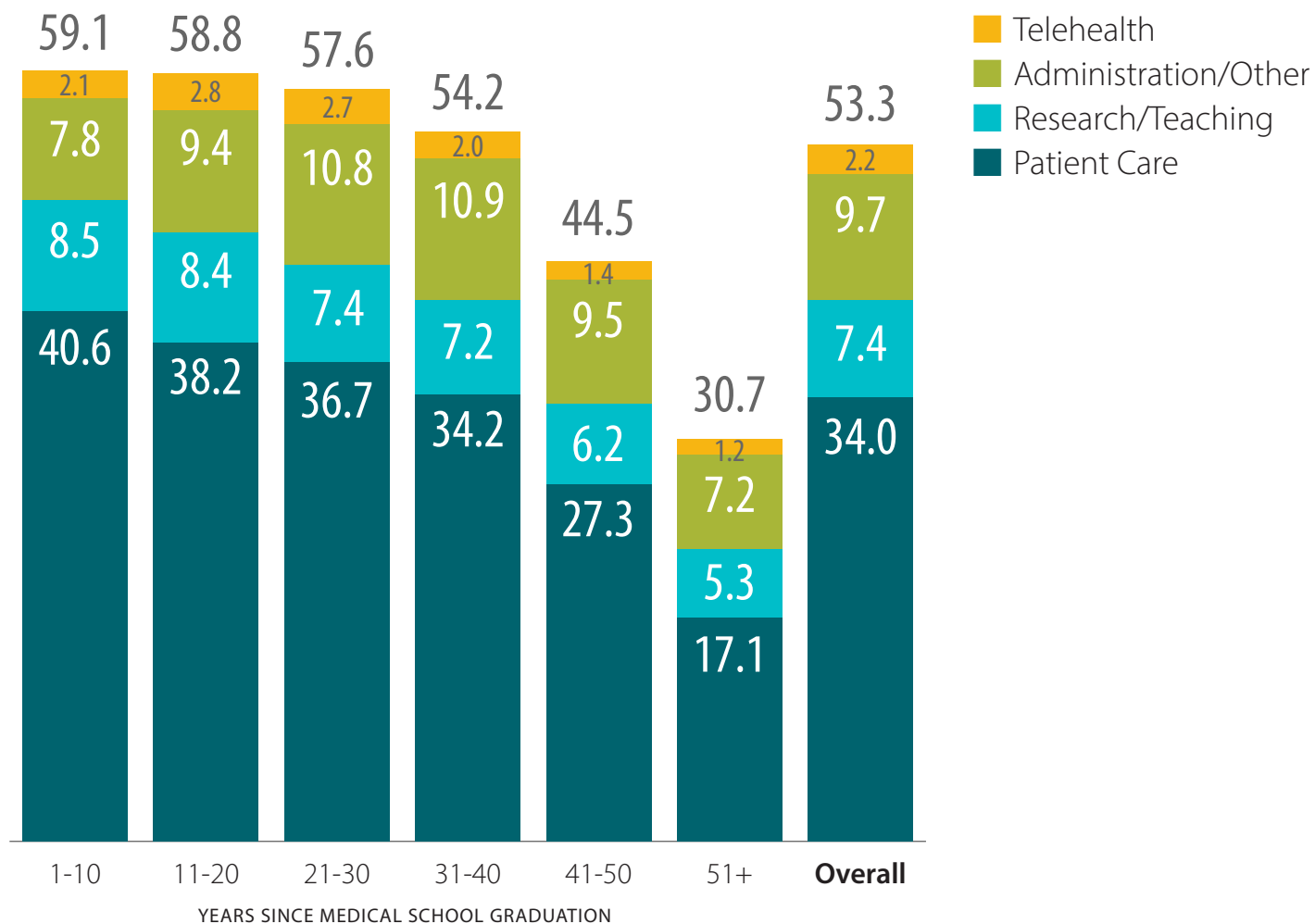
Notes: Data include MDs who renewed their license between February 2018 and January 2020, had a California address, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the the Medical Board of California survey or did not answer questions about hours worked). Data were collected before the COVID-19 pandemic and therefore do not reflect the number of hours physicians devoted to telemedicine during the COVID-19 pandemic.

Source: Survey of Licensees (private tabulation), Medical Board of California, 2015 and 2020.

Physician Hours Worked, by Activity and Years Since Graduation

California, 2020

AVERAGE WEEKLY HOURS



Physicians Hours Worked

Later in their careers, physicians work fewer hours per week and dedicate less time to providing patient care.

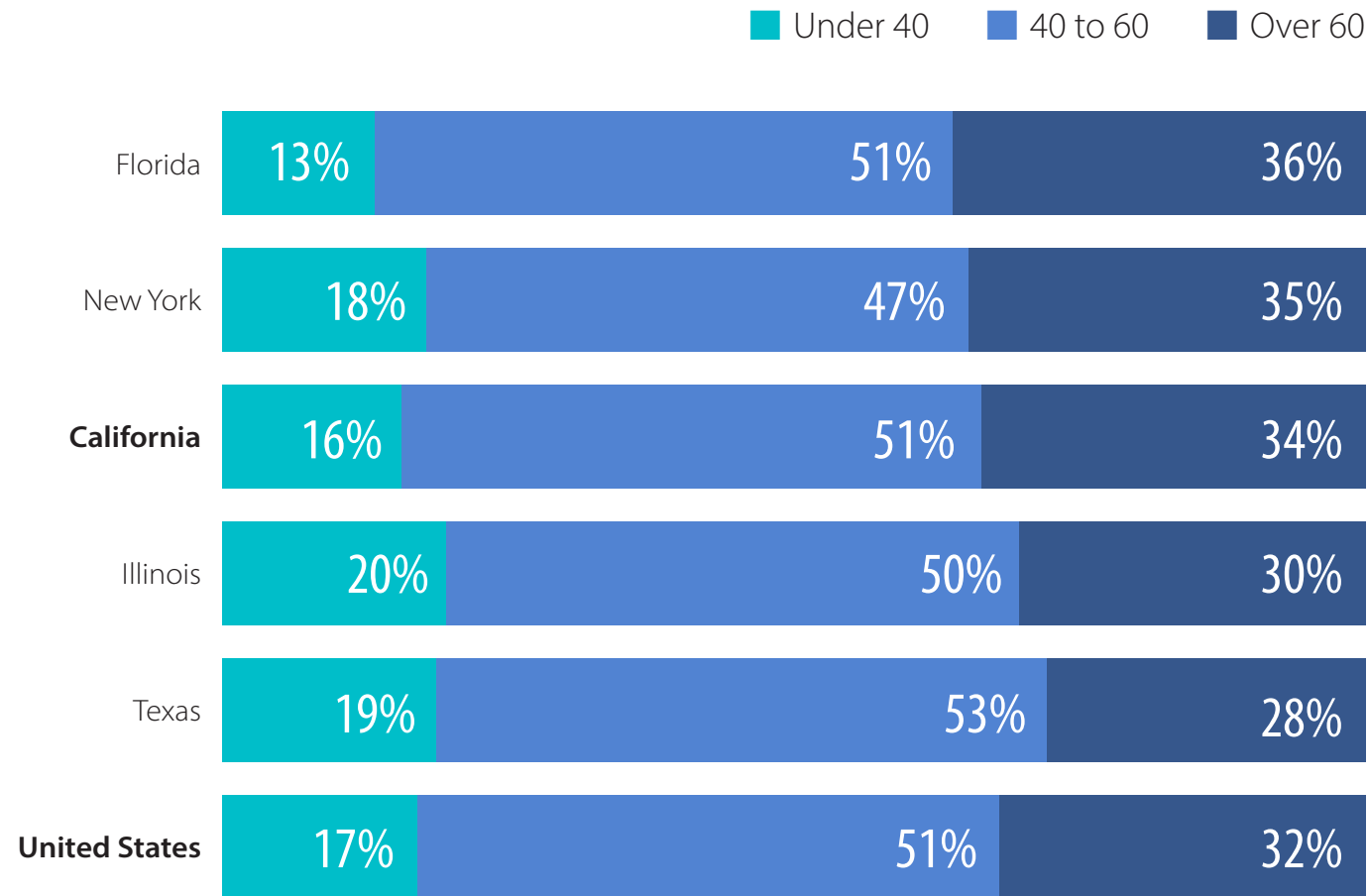
Notes: Data include MDs who renewed their license between February 2018 and January 2020 and had a California address, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey or did not answer questions about hours worked). Data were collected before the COVID-19 pandemic and therefore do not reflect the number of hours physicians devoted to telehealth during the COVID-19 pandemic.

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.

Age of Physicians

Select States vs. United States, 2018

PERCENTAGE OF TOTAL PHYSICIANS



Note: Data include all active MDs and doctors of osteopathic medicine (DOs). Segments may not total 100% due to rounding.

Source: 2019 State Physician Workforce Data Report, Assn. of American Medical Colleges, 2019, table 1.9.

Physicians

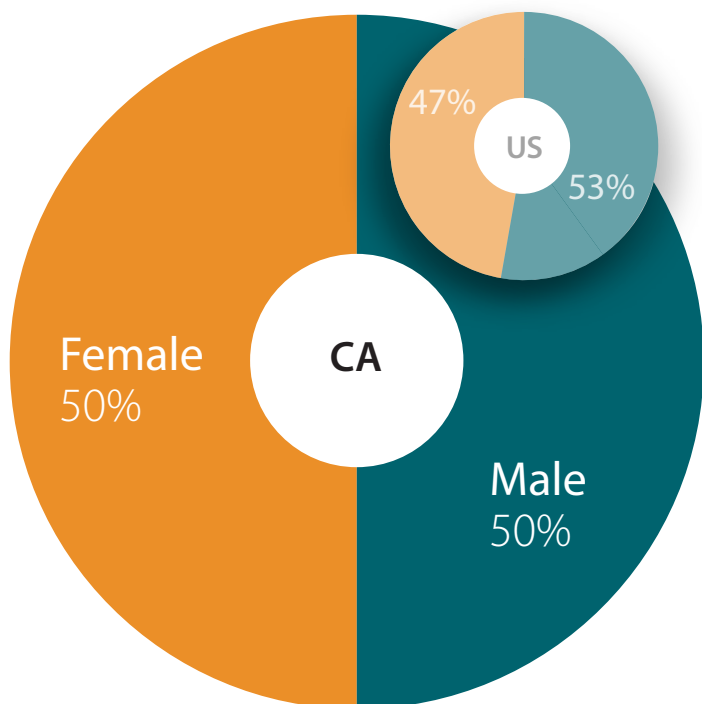
Demographics

Like many states, a large percentage of California's physicians are over 60. One-third of physicians in California were in this age group in 2018.

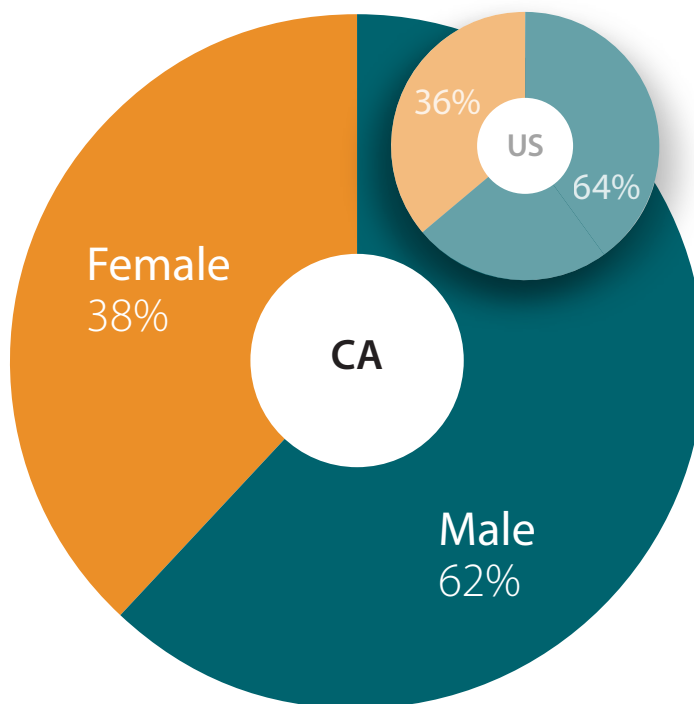
Gender of Medical School Graduates and Physicians

California vs. United States, 2018

Medical School Graduates



Active Physicians



The proportion of males and females among California medical school graduates were equal in 2018. The share of female graduates has grown significantly, from 9% in 1966 (not shown) to 50% in 2018. Males still represented the majority of physicians in California and nationwide, largely due to the gender gap in medical school graduates in the past.

Notes: Data include active MDs and doctors of osteopathic medicine (DOs). Segments may not add to 100% due to rounding.

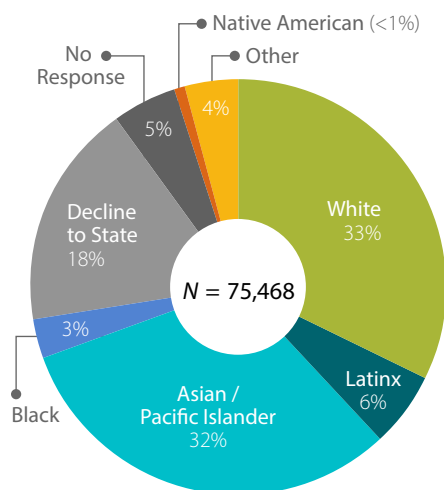
Sources: 2019 State Physician Workforce Data Report, Assn. of American Medical Colleges (AAMC), 2019, table 1.7; and B-2.2: Total Graduates by US Medical School, Sex, and Year, 2014-2015 Through 2018-2019, AAMC, October 16, 2019.

Race/Ethnicity of Medical School Graduates, Physicians, and Population

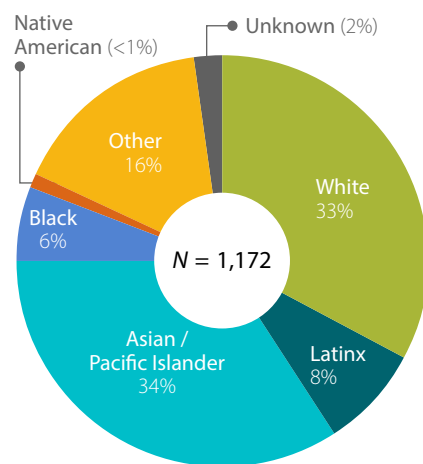
California, 2019 and 2020

The racial/ethnic breakdown of California physicians is not representative of the state's diverse population. Latinx people represented 39% of the population but 6% of active patient care physicians and 8% of medical school graduates. Studies have found that minority patients in race/ethnic concordant provider relationships are more likely to use needed health services, are less likely to postpone or delay seeking care, and report greater satisfaction and better patient-provider communication.*

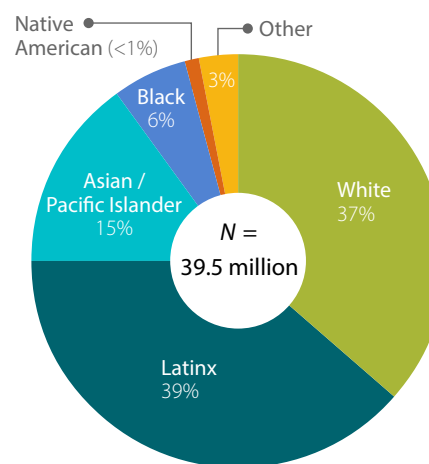
Active Patient Care MDs, 2020



California Medical School Graduates (MD), 2019



Total California Population, 2019



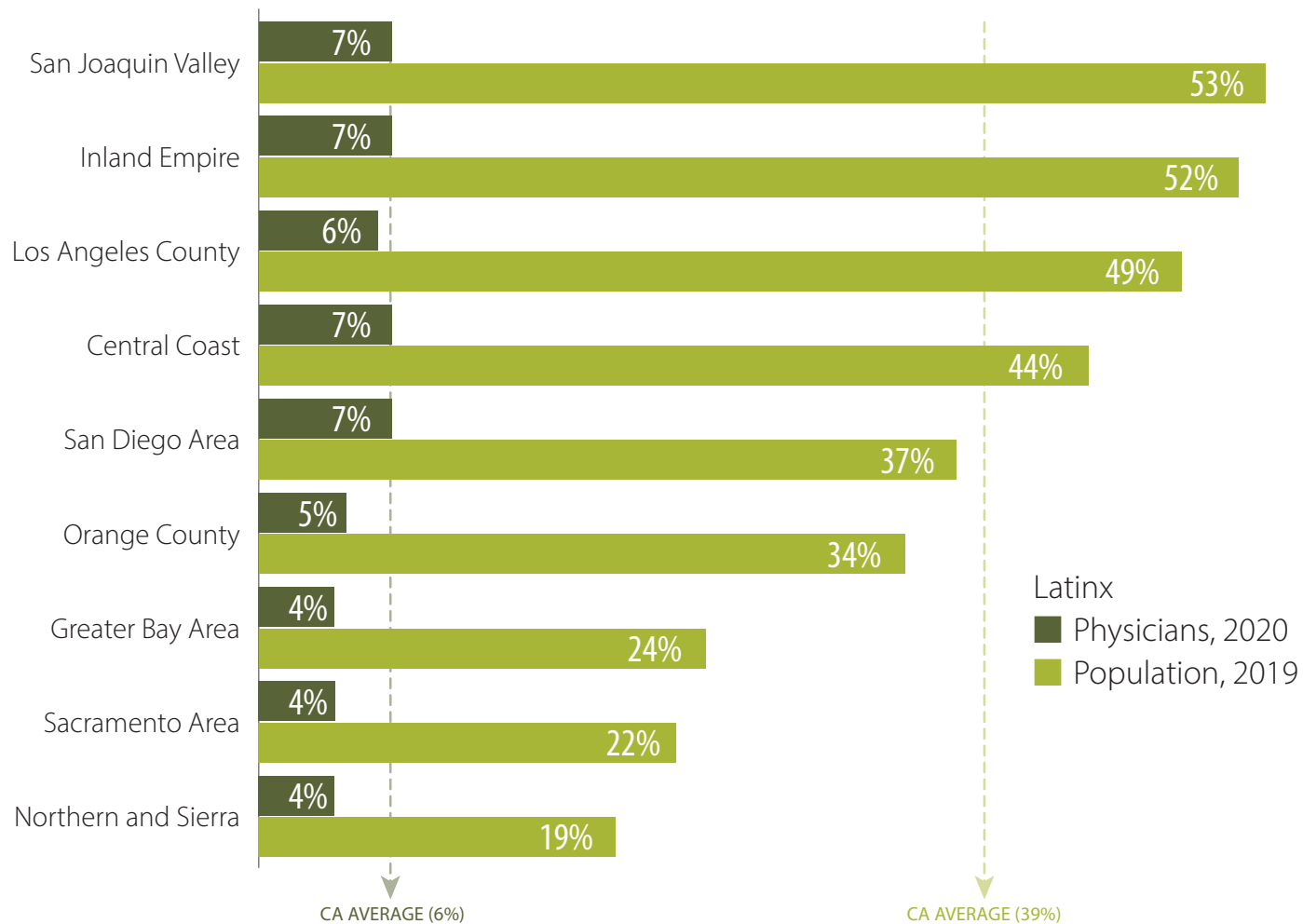
Notes: Data include all MDs who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey). *Other* includes those of two or more races, and those of unknown race/ethnicity. The Association of American Medical Colleges uses *American Indian and Alaska Native*, *Black or African American*, and *Hispanic, Latino, or of Spanish Origin*. The Census Bureau uses *Black or African American*, *American Indian and Alaska Native*, and *Hispanic*. Segments may not add to 100% due to rounding.

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2020; B-6.1: *Total Graduates by U.S. Medical School and Race/Ethnicity (Alone), 2018-2019*, Assn. of American Medical Colleges, October 16, 2019; and *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for California: April 1, 2010 to July 1, 2019* (SC-EST2019-SR11H-06), US Census Bureau, June 2020.

*Ana H. Traylor et al., "The Predictors of Patient-Physician Race and Ethnic Concordance: A Medical Facility Fixed-Effects Approach," *Health Services Research* 45, no. 3 (June 2010): 792-805, doi:10.1111/j.1475-6773.2010.01086.x.

Latinx Physicians and Population, by Region

California



Physicians

Demographics

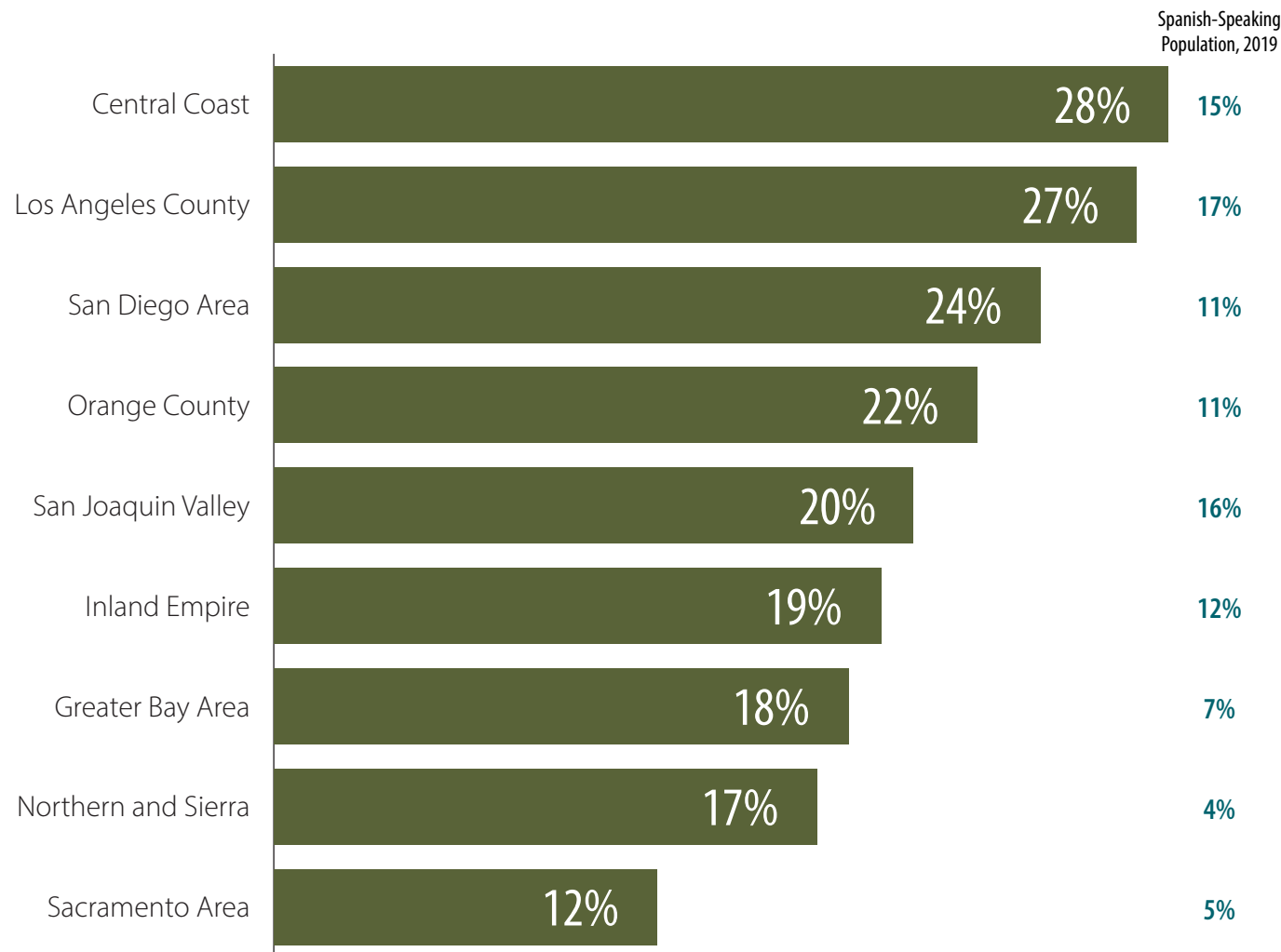
Latinx physicians were underrepresented in all regions of California, particularly in regions with the highest proportion of Latinx population: the Inland Empire, Los Angeles, and the San Joaquin Valley.

Note: Data include all MDs who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey).

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for California: April 1, 2010 to July 1, 2019* (SC-EST2019-SR11H-06), US Census Bureau, June 2020.

Spanish-Speaking Physicians, by Region

California, 2020



Notes: Data include MDs who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey or did not answer questions about specialty). *Spanish-speaking population* includes all people 5 and older who are Spanish speakers and speak English "less than very well."

Sources: Survey of Licensees (private tabulation), Medical Board of California, January 2020; and 2019 ACS 1-Year Estimates, US Census Bureau, n.d., table S1601.

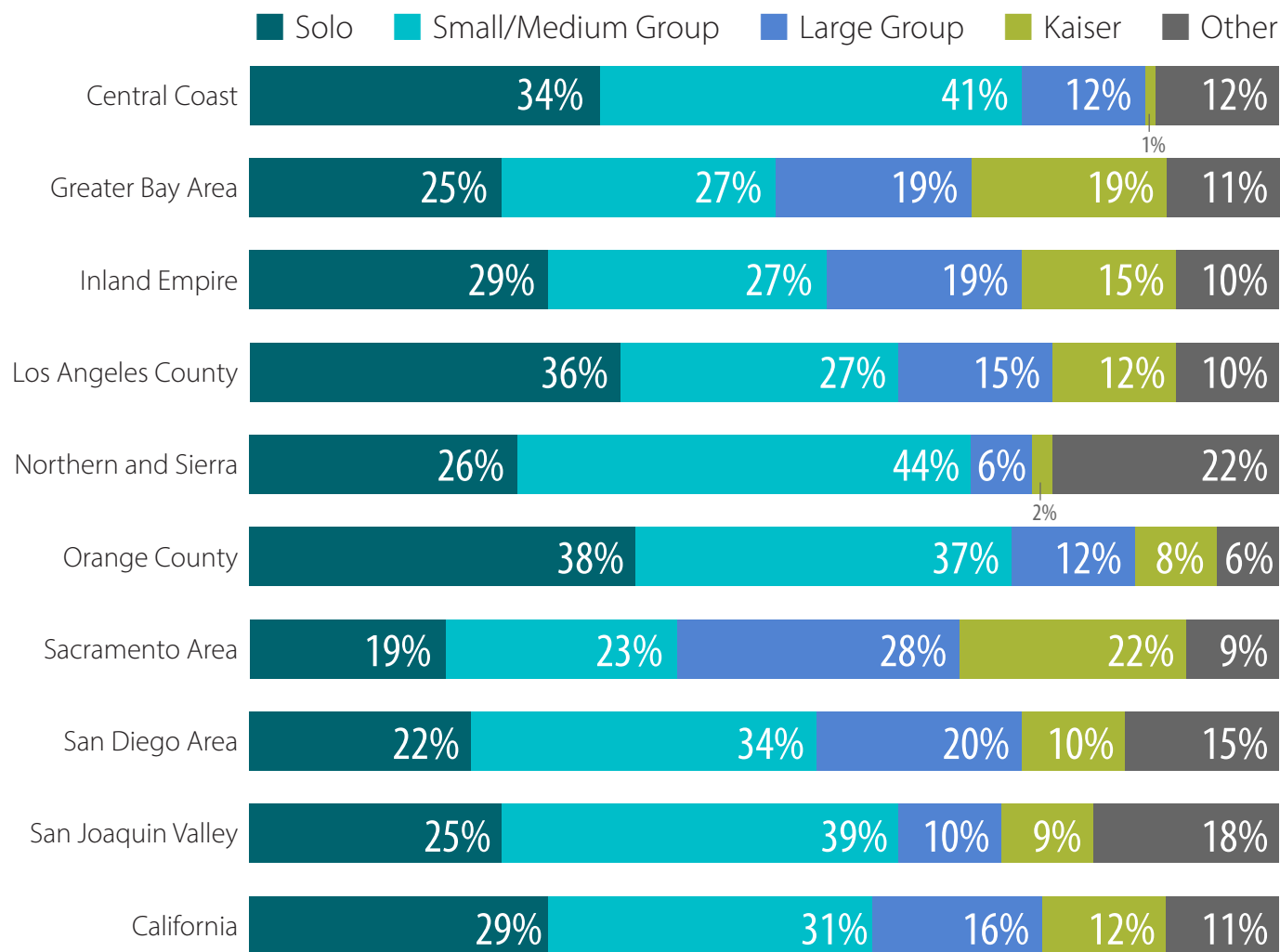
Physicians

Demographics

In six of the nine regions of California, over 10% of the population primarily spoke Spanish. In all nine regions, the percentage of physicians who reported that they speak Spanish exceeded the percentage of the population that primarily spoke Spanish.

Physicians, by Practice Setting and Region

California, 2015



Notes: Data include MDs with active California licenses, California addresses, and who provided at least 20 hours of patient care per week and are based on a supplemental survey that elicited responses from 8% (approximately 5,200) of the active patient care physicians whose licenses were due for renewal between March and December 2015. Percentages are of those physicians who reported a practice type. *Small/medium group practice* consists of practices with no more than 49 physicians, excluding Kaiser Permanente. *Other* includes community clinics, public clinics, rural clinics, military facilities, Department of Veterans Affairs medical centers, and other settings. One percent of respondents to the supplemental survey did not provide a practice setting. Segments may not total 100% due to rounding.

Source: Voluntary Supplemental Survey (private tabulation), Medical Board of California, 2015.

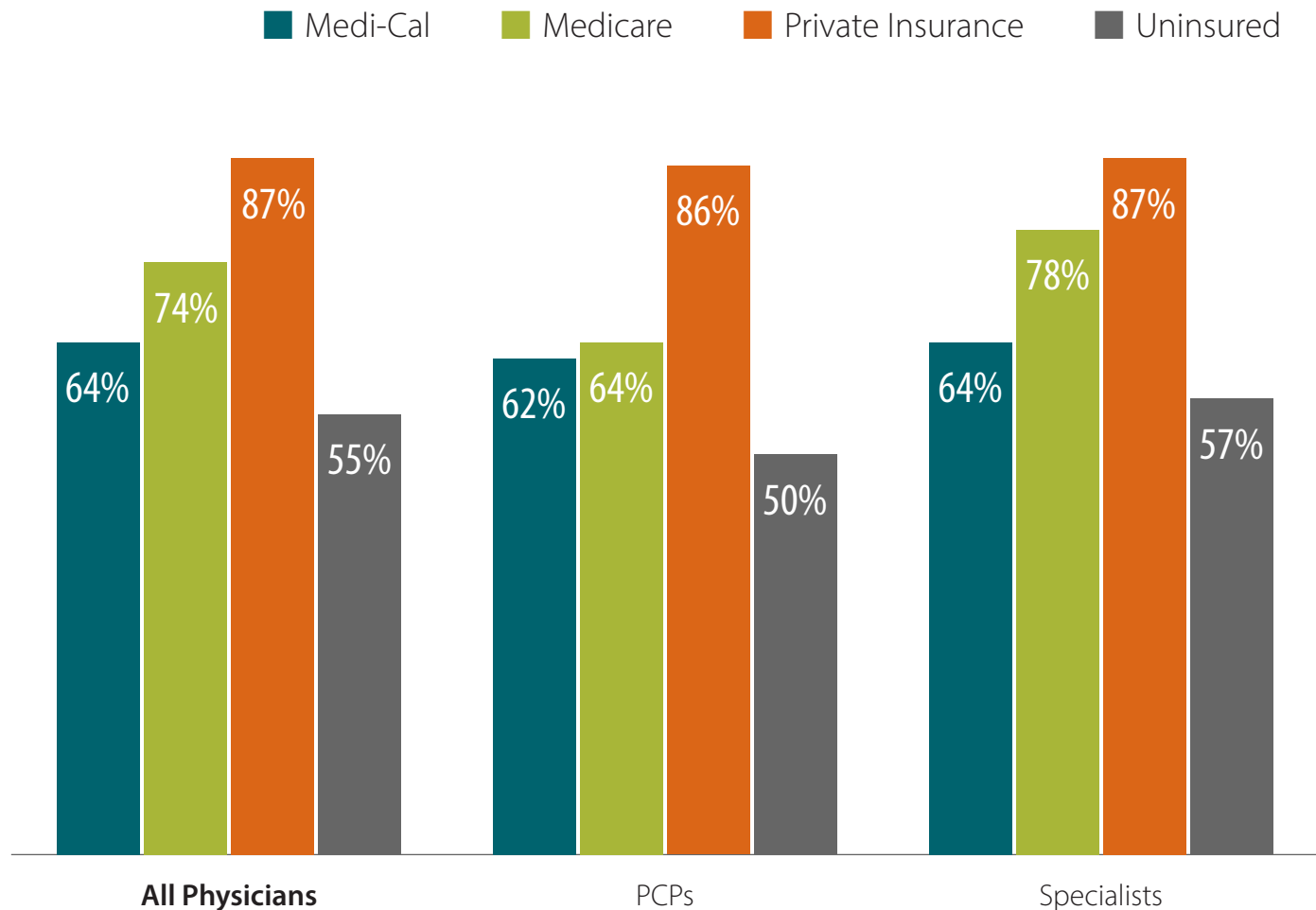
Physicians

Practice Organization

Most California physicians practice in a group setting. The Kaiser Permanente medical groups, the largest group practices in the state, accounted for over 10% of physicians in four of the nine regions. Solo practices were most prevalent in the Central Coast and in Orange and Los Angeles Counties.

Physicians with Patients in Practice, by Coverage Type

California, 2015



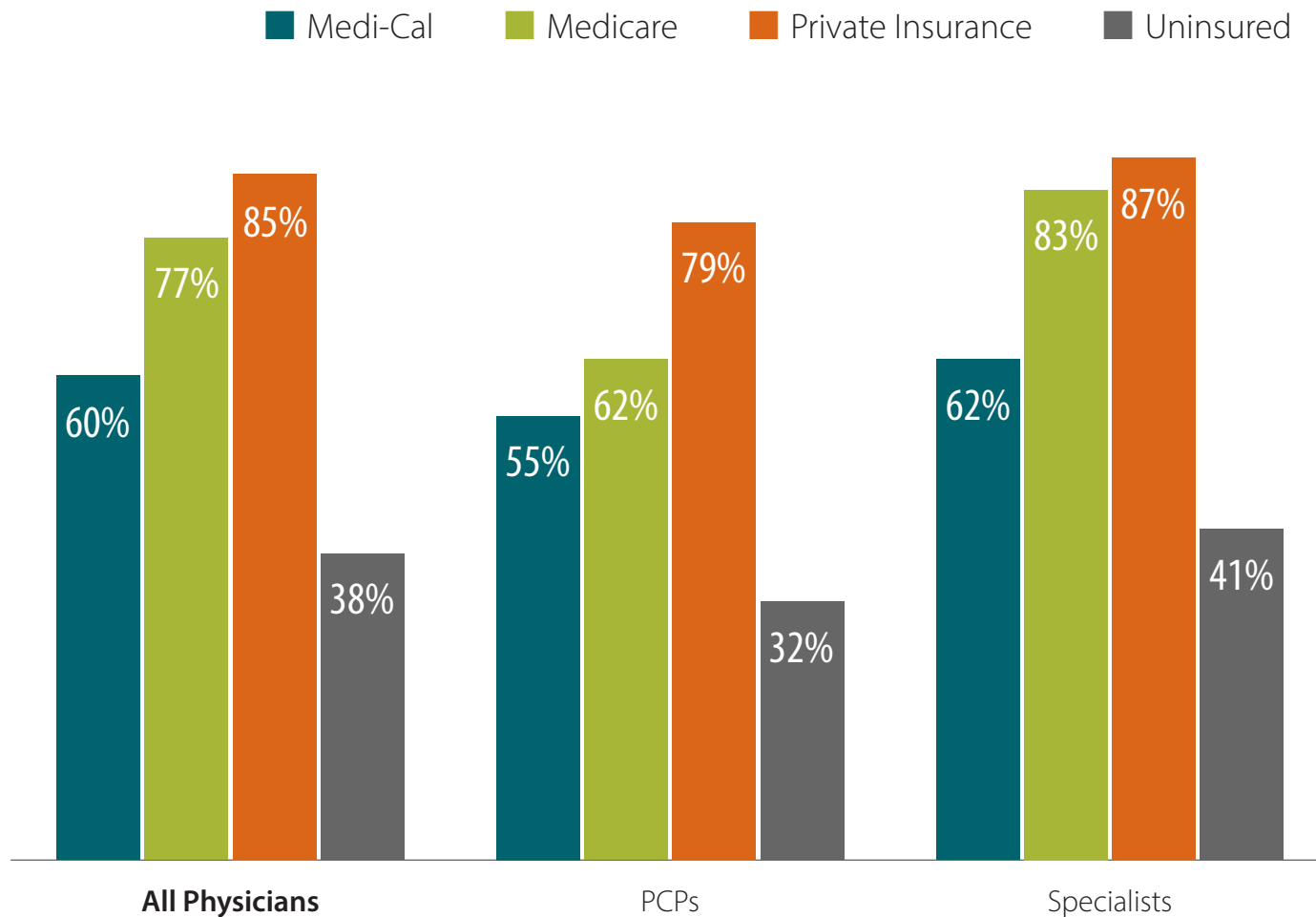
PCPs and specialists were less likely to have patients who were uninsured than patients with any type of health insurance. About 60% of PCPs and specialists had Medi-Cal patients in 2015.

Notes: *PCP* is primary care physician. Data are based on a supplemental survey that elicited responses from 8% of MDs with active California licenses, California addresses, and who provided at least 20 hours of patient care per week whose licenses were due for renewal between March and December 2015. Physicians who reported having any patients in a payer category were included in the reported percentage. All differences are statistically significant at $p < .05$ except for the difference between Medi-Cal and Medicare for primary care physicians.

Source: Voluntary Supplemental Survey (private tabulation), Medical Board of California, 2015.

Physicians Accepting New Patients, by Payer

California, 2015



Physicians

Practice Organization

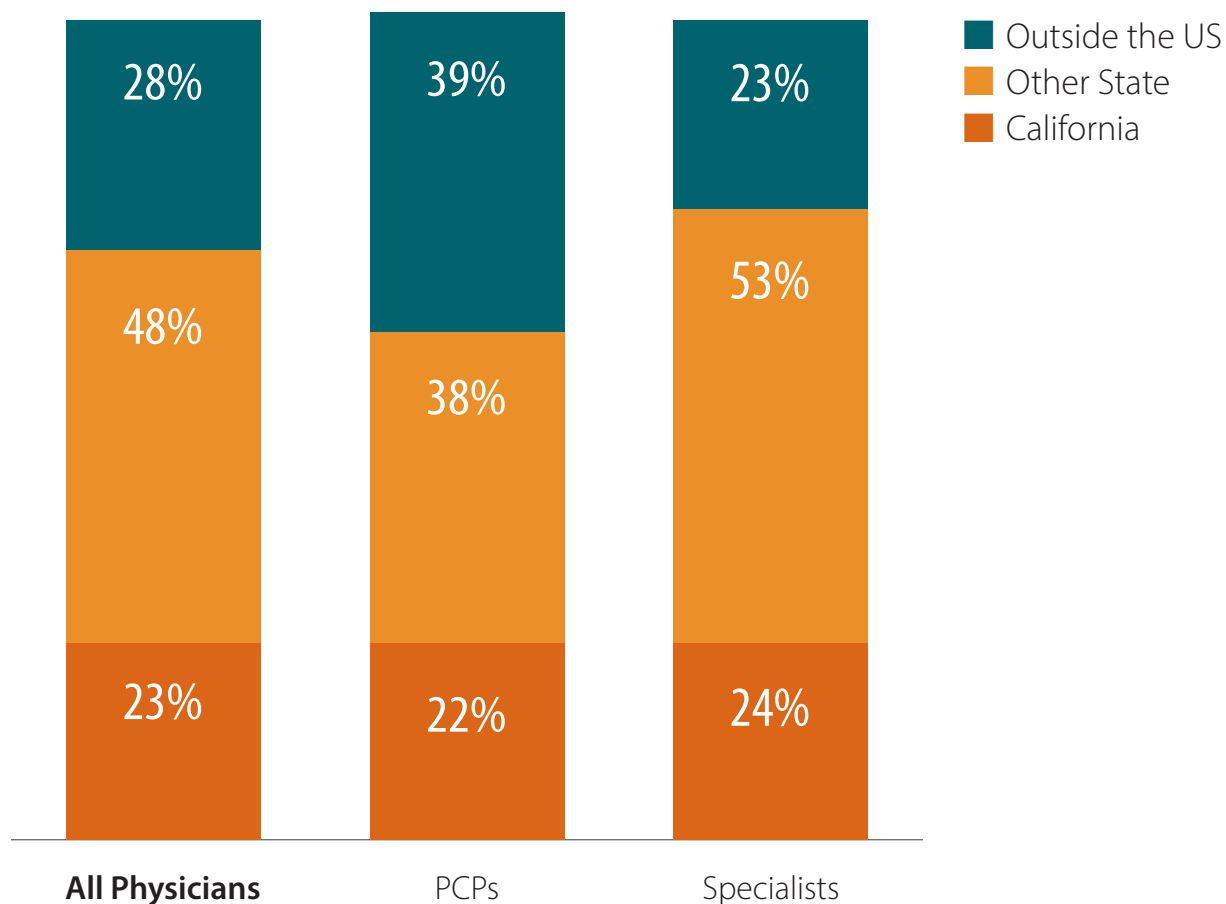
In 2015, physicians were less likely to accept patients without health insurance than patients with insurance. Physicians of all types were less likely to accept Medi-Cal compared with other types of insurance.

Notes: Data are based on a supplemental survey that elicited responses from 8% of MDs with active California licenses, California addresses, and who provided at least 20 hours of patient care per week whose licenses were due for renewal between March and December 2015. Physicians who reported accepting any new patients in a payer category were included in the reported percentage. All differences across insurance types are statistically significant at $p < .05$.

Source: Voluntary Supplemental Survey (private tabulation), Medical Board of California, 2015.

Physicians, by Medical School Location and Specialty

California, 2020



Physicians

Education and Training

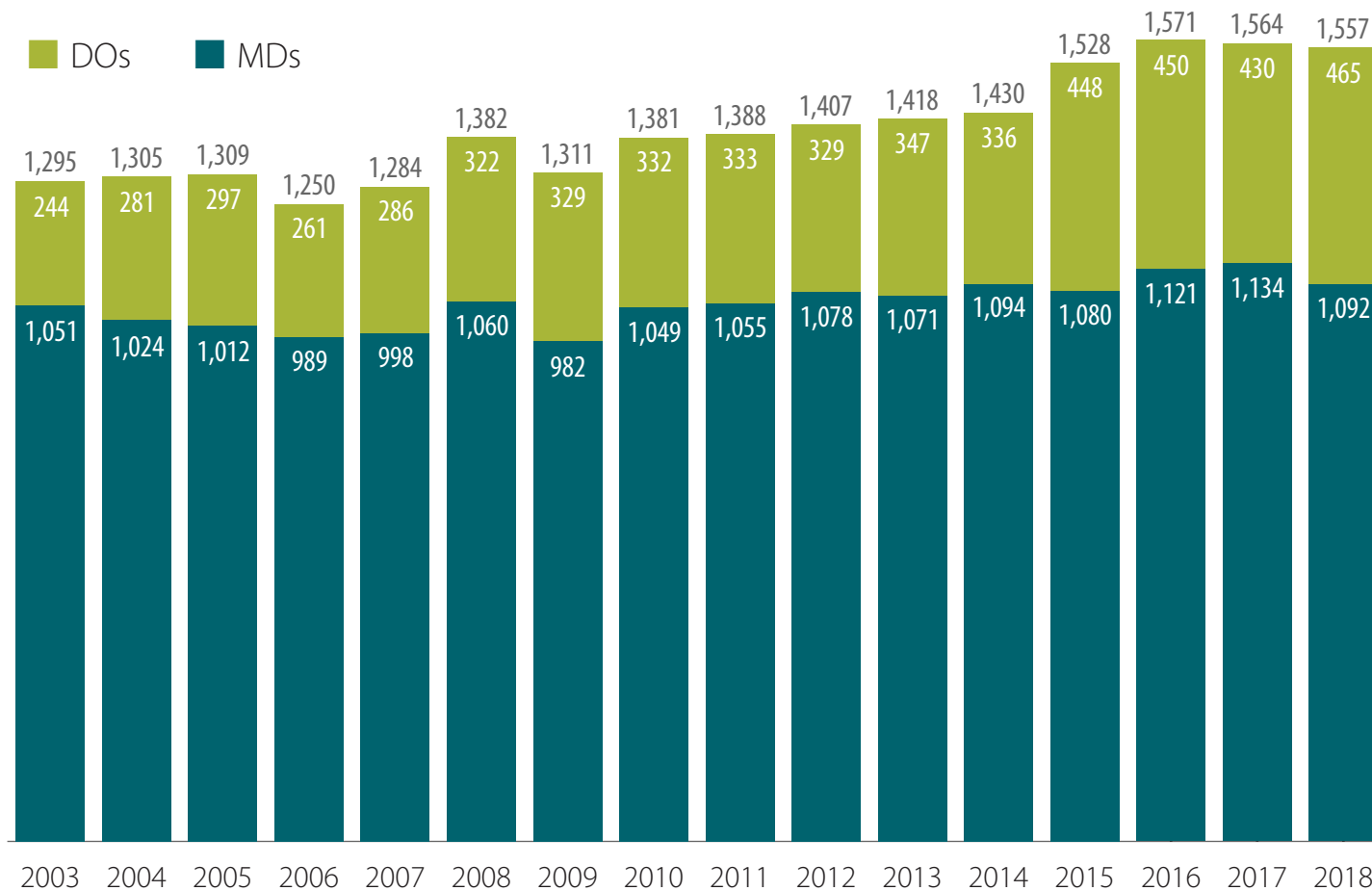
About one-quarter of California's physicians attended medical school in the state. Nearly 40% of the state's primary care physicians graduated from a medical school outside the US.

Notes: Data include MDs who renewed their license between February 2018 and January 2020, had a California address, and provided patient care at least 20 hours per week, and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey or did not answer questions about specialty). Medical school location could not be determined for 58 physicians. Among physicians whose medical school location could be determined, 163 did not report their specialty. Segments may not total 100% due to rounding.

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.

Medical School Graduates, by Degree

California, 2003 to 2018



Physicians

Education and Training

The number of graduates from California's MD-granting universities grew by 4% between 2003 and 2018. During the same time, doctor of osteopathic medicine (DO) graduates increased by 91%. The number of medical school graduates will likely increase because three medical schools have opened since 2018, two of which grant the MD degree and one of which grants the DO degree.

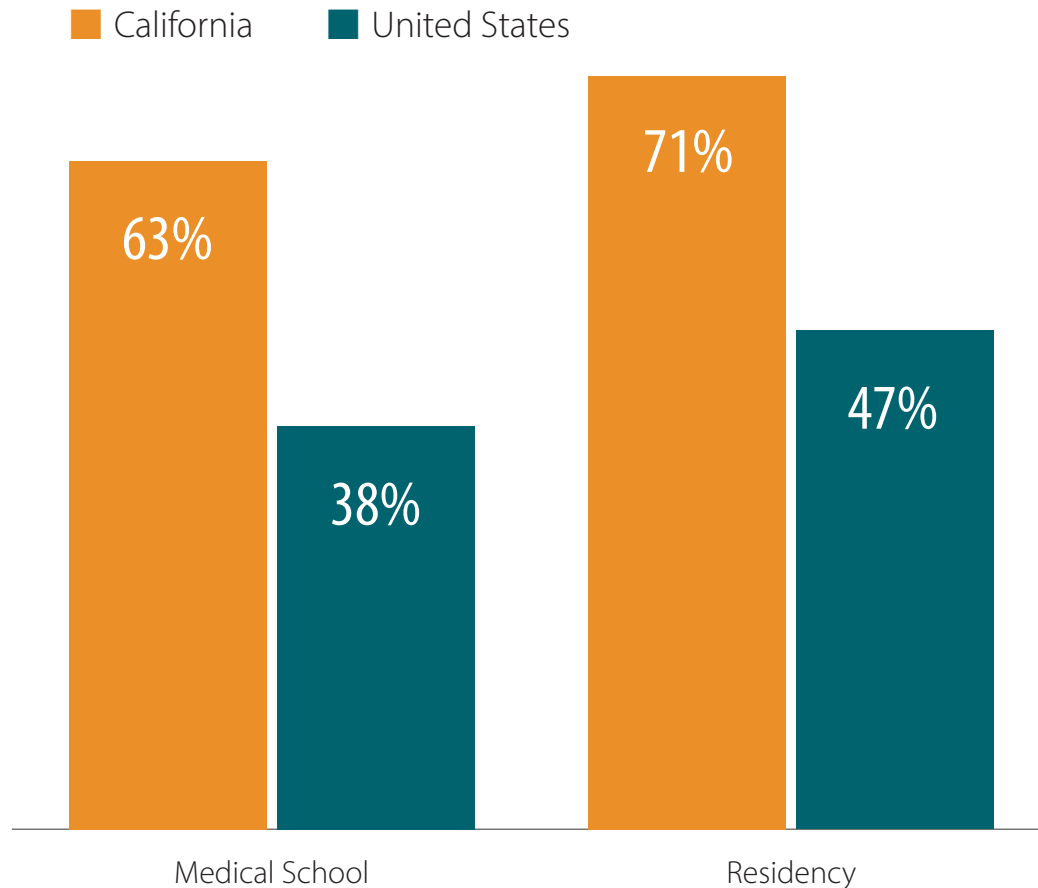
Note: Data include graduates of allopathic (MD) and osteopathic (DO) medical schools.

Sources: *Graduates by Osteopathic Medical College and Gender 2000-18*, American Assn. of Colleges of Osteopathic Medicine, February 11, 2015; *B-2.2: Total Graduates by U.S. Medical School, Sex, and Year, 2010-2011 Through 2014-2015*, Assn. of American Medical Colleges (AAMC), accessed June 16, 2020; and *B-2.2: Total Graduates by U.S. Medical School, Sex, and Year, 2014-2015 Through 2018-2019*, AAMC, October 16, 2019.

Retention of Medical Students and Residents

California vs. United States, 2018

PERCENTAGE OF PHYSICIANS PRACTICING IN SAME STATE WHERE EDUCATED



Note: Data include graduates of allopathic (MD) and osteopathic (DO) medical schools.

Source: 2019 State Physician Workforce Data Report, Assn. of American Medical Colleges, 2019, tables 4.1, 4.3.

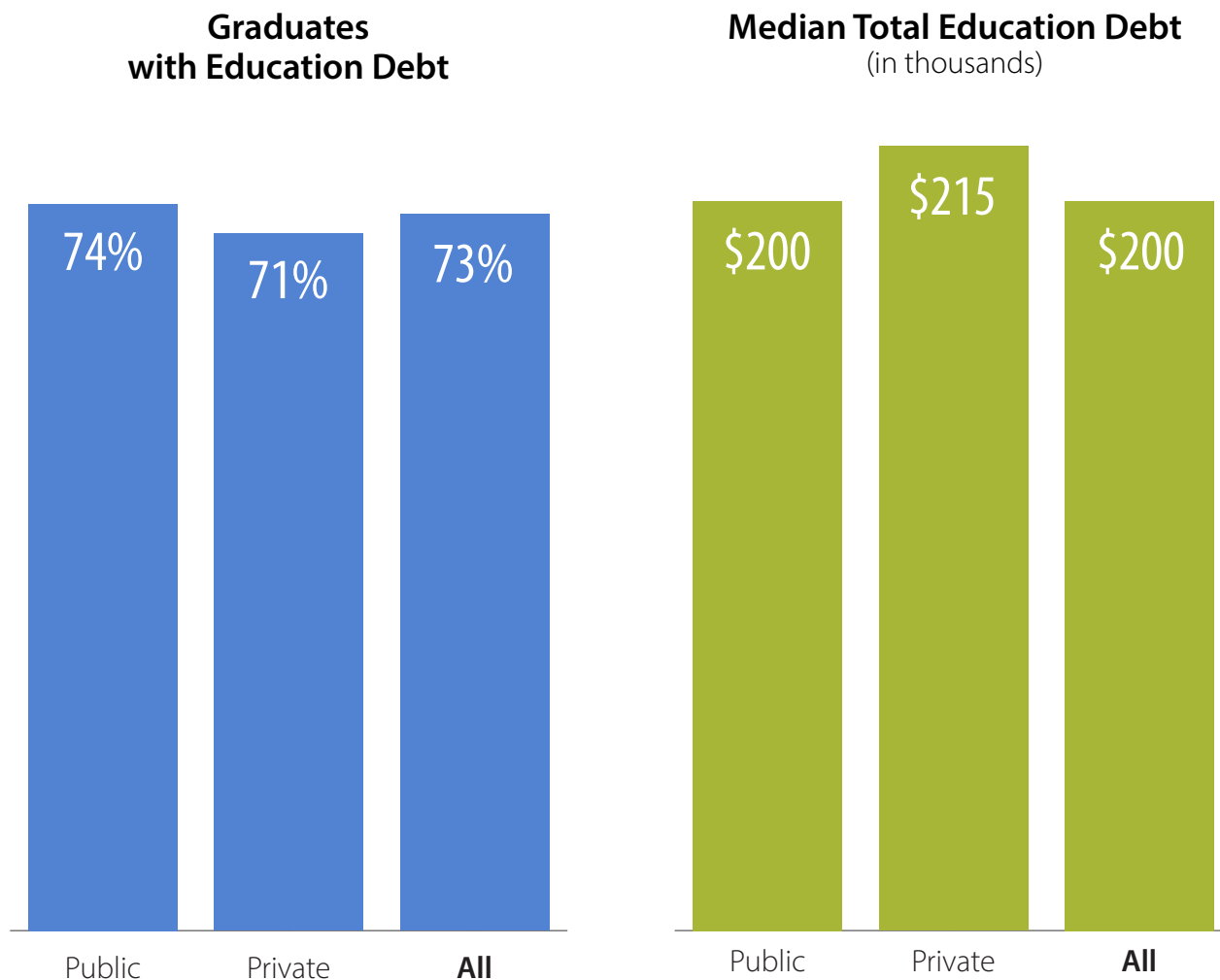
Physicians

Education and Training

California retains a relatively high proportion of physicians who completed medical school or residency in the state. In 2018, California ranked first in the nation for the percentages of both medical students and residents who remain in the state to practice.

Medical Student Education Debt

United States, 2019



Note: Education debt include both premedical and medical education debt.

Source: *Medical Student Education: Debt, Costs, and Loan Repayment Fact Card* (PDF), Assn. of American Medical Colleges, October 2019.

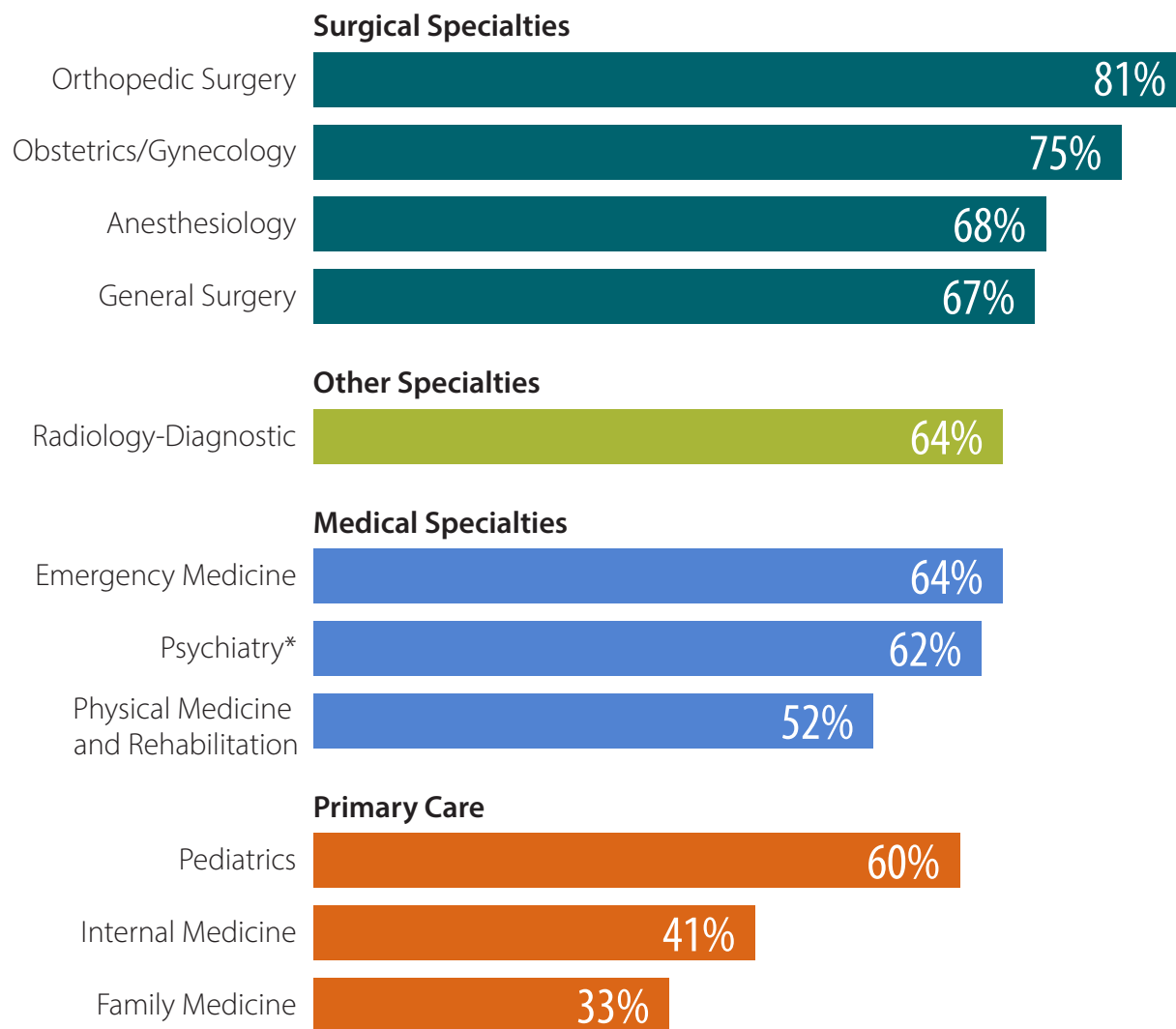
Physicians

Education and Training

Over 70% of all medical school graduates had education debt in 2019. A higher proportion of public medical school graduates had debt than private medical school graduates. However, the median educational debt for graduates of private medical schools was \$15,000 higher than for graduates of public medical schools.

Medical School Specialty Choices Compared to Available Slots United States, 2020

PERCENTAGE OF SENIORS RANKING THIS SPECIALTY ONLY OR FIRST COMPARED TO AVAILABLE SLOTS



*Includes family medicine / psychiatry, internal medicine / psychiatry, pediatrics/psychiatry/child, and psychiatry.

Source: *Results and Data: 2020 Main Residency Match*, National Resident Matching Program, May 2020.

Physicians

Education and Training

Orthopedic surgery and obstetrics/gynecology were the most popular specialties among US medical school seniors ranking residency choices in 2020. Seniors choosing internal medicine and family medicine as their first or only choice filled just 41% and 33% of the available slots, respectively.

Employed Physician Earnings, Selected Specialties

California, 2015 to 2019, Selected Years

	AVERAGE ANNUAL INCOME (REAL)			% CHANGE 2015 TO 2019
	2015	2017	2019	
Primary Care				
Family and General Practitioners	\$ 198,380	\$ 190,626	\$ 188,801	-5%
Internists, General	\$ 199,200	\$ 193,483	\$ 197,335	-1%
Pediatricians, General	\$ 197,800	\$ 177,616	\$ 185,969	-6%
Specialists				
Anesthesiologists	\$ 264,040	\$ 275,824	N/A	N/A
Obstetricians/Gynecologists	\$ 209,100	\$ 214,860	\$ 219,826	5%
Psychiatrists	\$ 250,090	\$ 252,222	\$ 220,011	-12%
Surgeons	\$ 238,440	\$ 222,848	\$ 230,384	-3%
Consumer Price Index (2015 = \$100,000 base)	\$ 100,000	\$ 102,913	\$ 107,690	8%

Physicians

Income

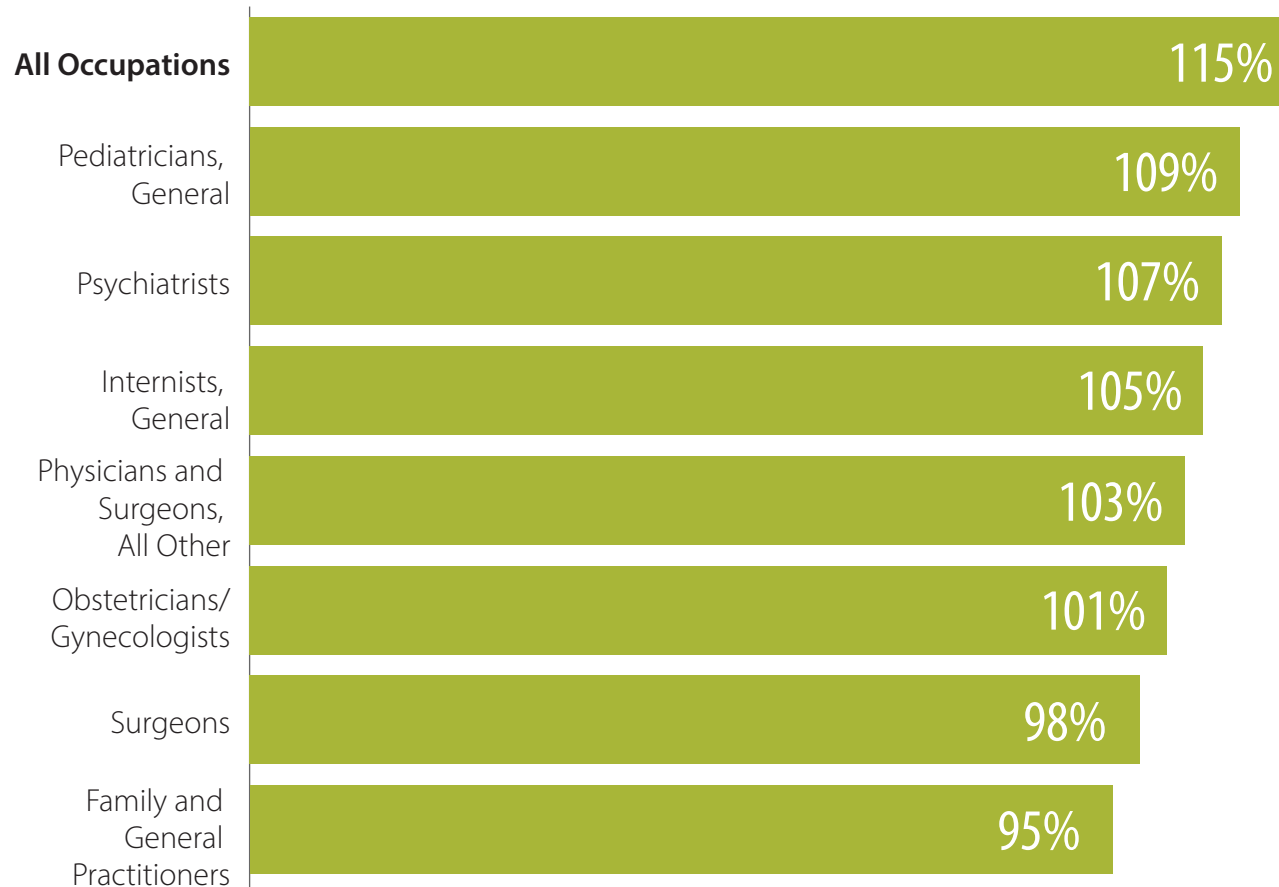
Since 2015, average incomes for physicians in most specialties have not kept pace with the increase in the Consumer Price Index. Among specialties listed, only obstetricians/gynecologists experienced an increase in real wages. Psychiatrists experienced the largest decrease (-12%).

Notes: Wages were adjusted for inflation using estimates of the change in the Consumer Price Index from May 2015 to May 2017 and from May 2015 to May 2019. Does not include self-employed or government-employed physicians. Does not include ancillary income from sources such as directorships or call coverage. The Bureau of Labor Statistics did not report an estimate of average income for anesthesiologists in California in 2019.

Source: "Occupational Employment Statistics," US Bureau of Labor Statistics, accessed May 6, 2020.

Employed Physician Earnings, Selected Specialties California, 2019

AVERAGE ANNUAL INCOME AS A PERCENTAGE OF NATIONAL AVERAGE



Note: The Bureau of Labor Statistics did not report an estimate of average income for anesthesiologists in California.

Source: "Occupational Employment Statistics," US Bureau of Labor Statistics, accessed April 22, 2020.

Physicians

Income

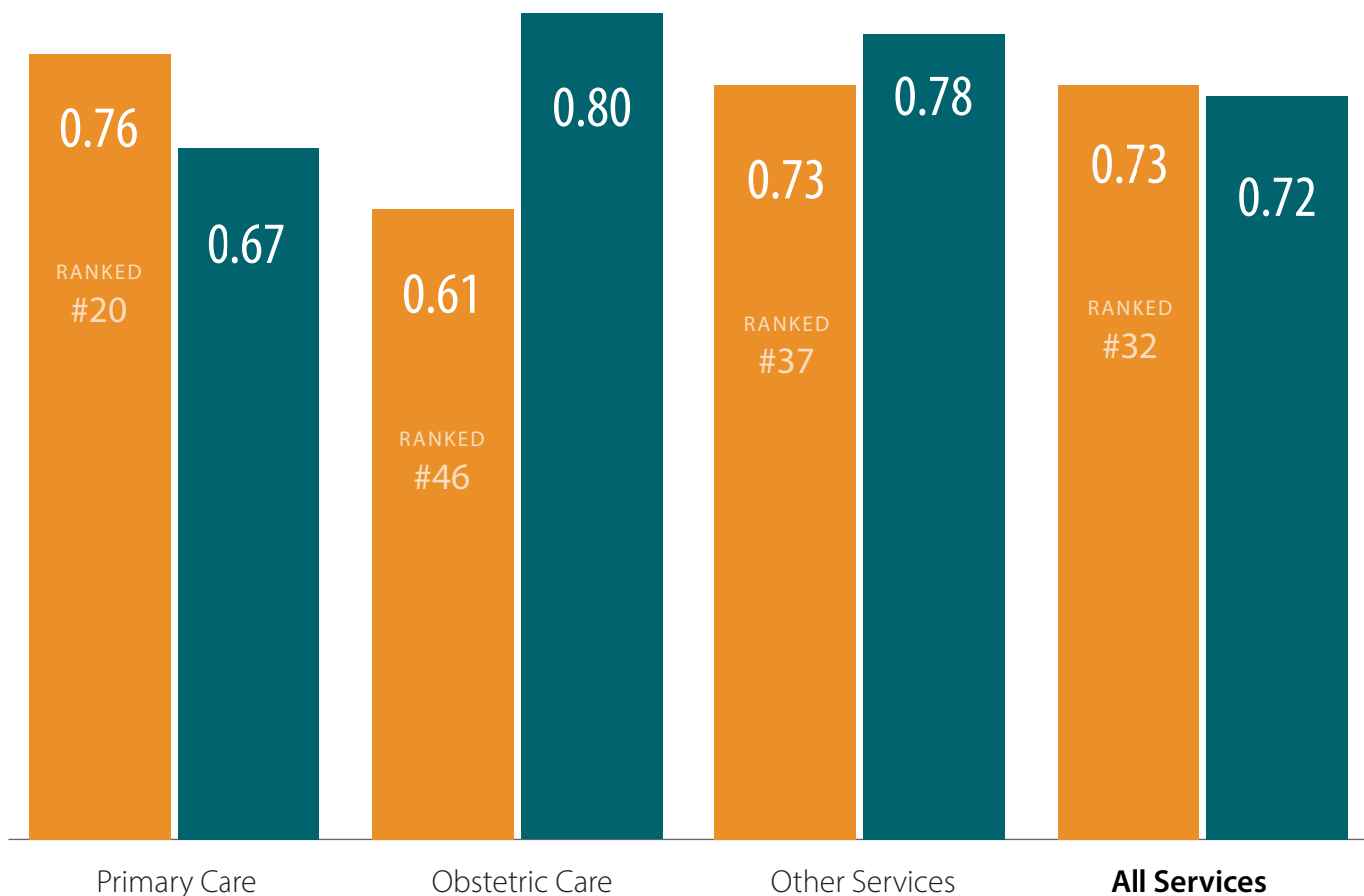
For the specialties shown, the average income for California physicians was near the national average for their specialties in 2019, despite California's higher cost of living.

Medicaid-Medicare Fee Index

California vs. United States, 2019

MEDICAID PHYSICIAN FEES RELATIVE TO MEDICARE

California United States



Physicians

Income

Medi-Cal, California's Medicaid program, paid physicians substantially less than Medicare and less than Medicaid programs in most other states. Overall, Medi-Cal paid physicians only 73% of what Medicare paid them. It ranked 46th among all states in the ratio of Medicaid fees to Medicare fees for obstetrical care.

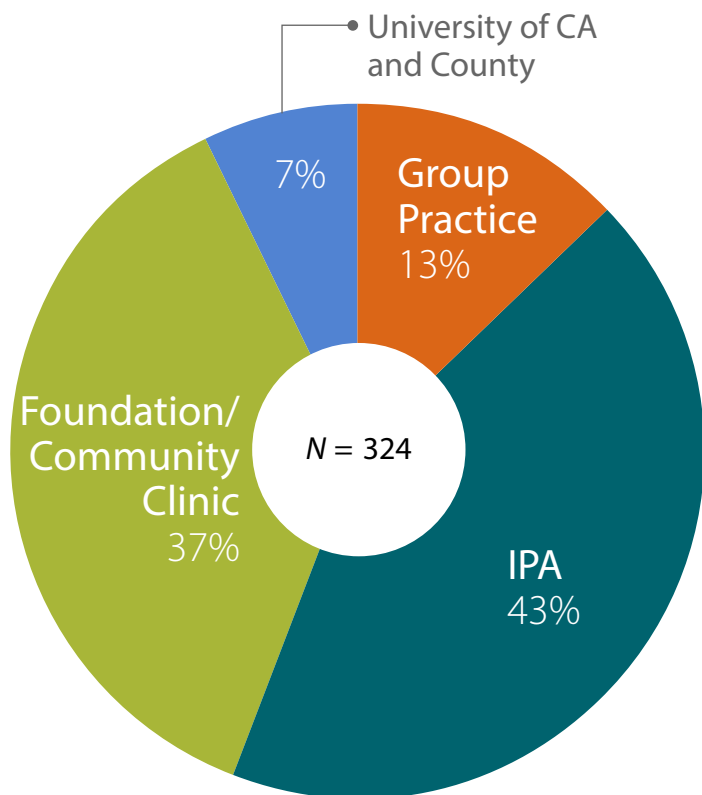
Notes: The *Medicaid-to-Medicare fee index* measures each state's physician fees relative to Medicare fees in each state. The Medicaid data are based on surveys sent by the Urban Institute to the 49 states and the District of Columbia that have a fee-for-service (FFS) component in their Medicaid programs (only Tennessee does not). These fees represent only those payments made under FFS Medicaid.

Source: Stephen Zuckerman, Laura Skopec, and Joshua Aarons, "Medicaid Physician Fees Remained Substantially Below Fees Paid by Medicare in 2019," *Health Affairs* 40, no. 2 (Feb. 2021): 343–48, doi:10.1377/hlthaff.2020.00611.

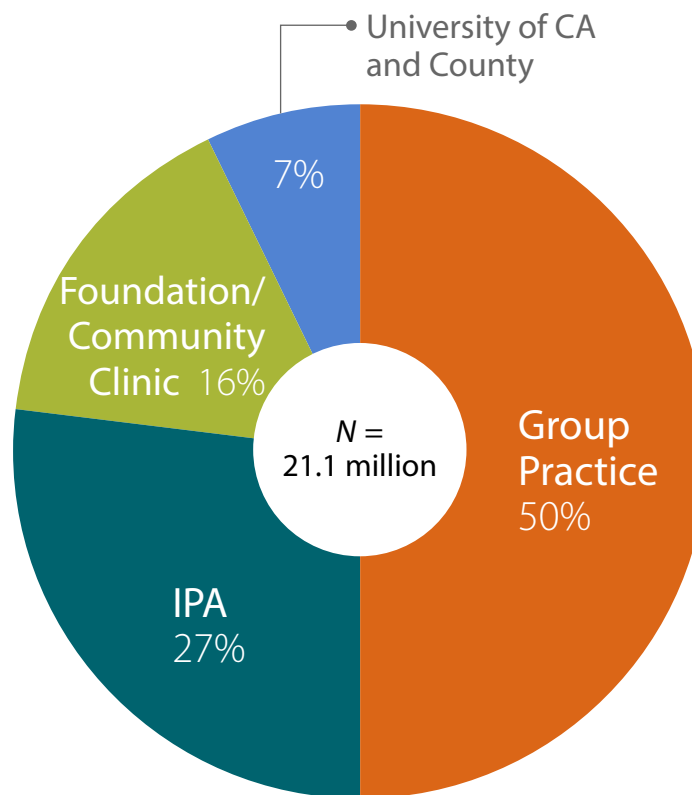
Medical Groups, by Type and HMO Enrollment

California, 2019

Prevalence of Group



HMO Enrollment



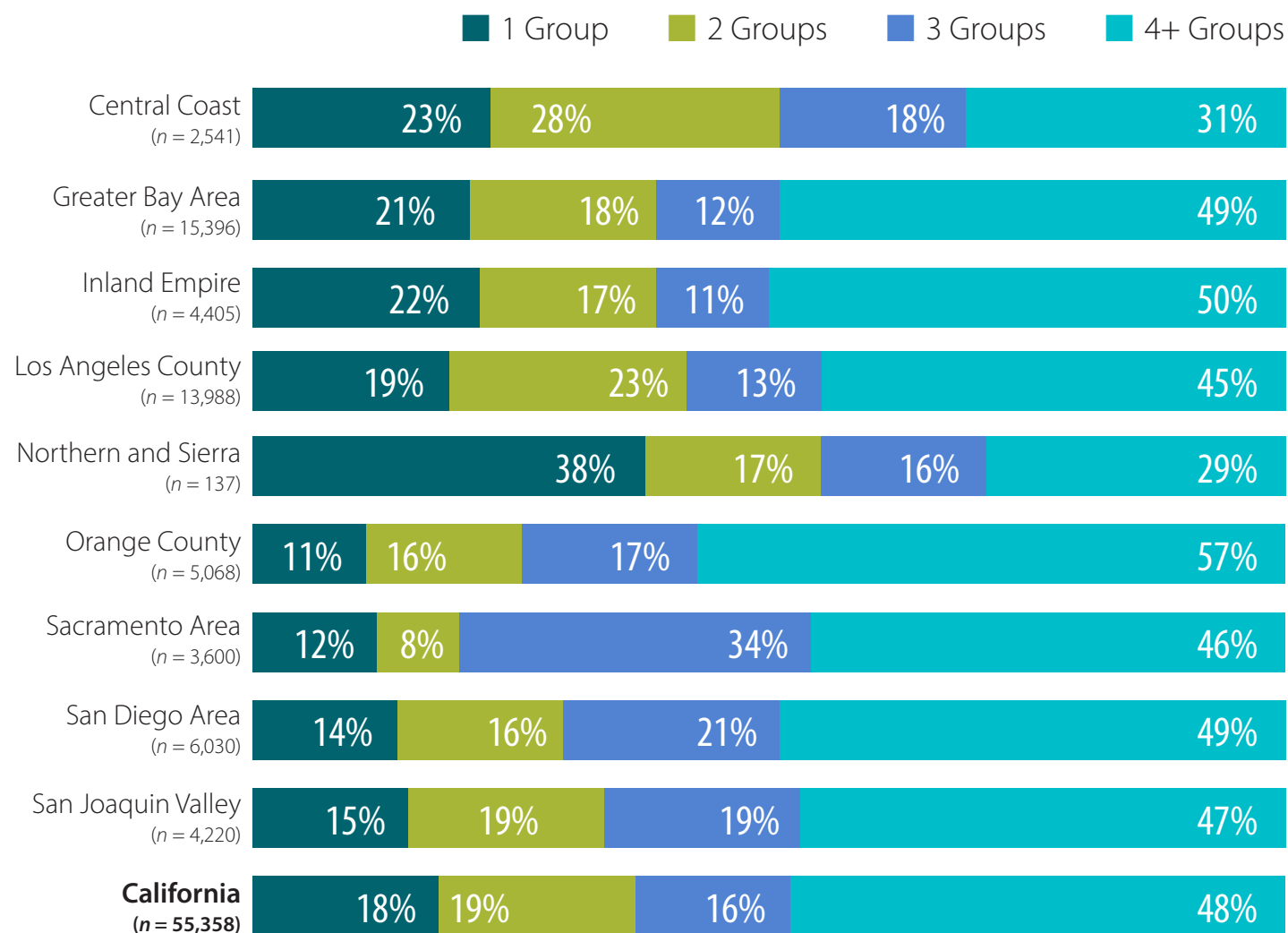
In 2019, over 300 medical groups provided care to 21 million Californians enrolled in HMOs.

While 43% of these medical groups were IPAs, they accounted for only 27% of enrollment. In contrast, group practices, which include the Permanente Medical Groups, represented only 13% of medical groups but 50% of enrollment.

Notes: *HMO* is health maintenance organization. *IPA* is independent practice association. Data include medical groups with at least six primary care physicians (PCPs) that accept contracts directly from HMOs. *Group practice* includes Kaiser Permanente Medical Groups. Physicians frequently participate in more than one IPA. See Appendix B for definitions of medical groups. Segments may not add to 100% due to rounding.

Source: #1 – *The Active California Medical Group Market* (as of Mar. 15, 2019), Cattaneo & Stroud, n.d.

Physician Participation in HMO Medical Groups, by Region California, 2018



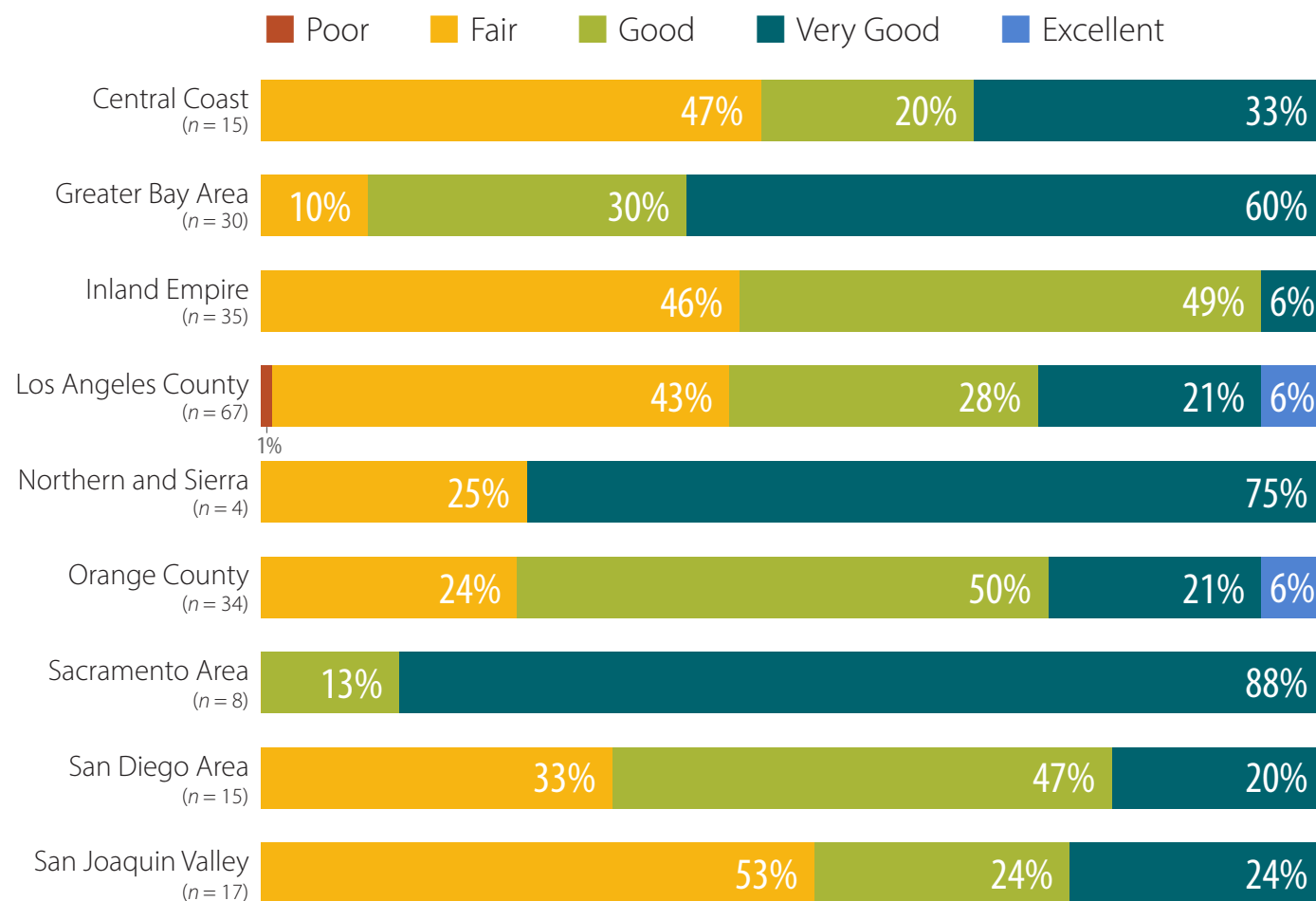
Physicians Medical Groups

Among California physicians who contract with HMOs, physicians in the Northern and Sierra region were less likely in 2018 to participate in multiple medical groups than those in other parts of the state.

Notes: *HMO* is health maintenance organization. Data include physicians who reported California licenses and valid medical groups. Excludes physicians in the Permanente Medical Group and physicians who work for the Department of Veterans Affairs, correctional facilities, and other entities that do not contract with HMOs. Segments may not add to 100% due to rounding. See Appendix A for a list of counties within each region.

Source: Public records request (private tabulation), Dept. of Managed Health Care, 2018.

Medical Groups Meeting National Standards of Care, by Region California, 2018



Physicians Quality of Care

Los Angeles County and Orange County were the only regions in 2018 with any medical groups whose quality of care was rated excellent. The quality of care provided by more than half of the medical groups in the San Joaquin Valley was rated fair.

Notes: Performance results are reported for physician organizations with commercial HMO health plan members. Each medical group's patient records are compared annually to a set of national standards for quality of care to ensure that medical groups are offering quality preventive care to members. Quality measures include immunizations for children, diabetes care, and cancer screening. Each group is awarded an aggregate quality score of excellent, very good, good, fair, or poor. Segments may not add to 100% due to rounding. Medical groups unwilling to report or who had too few patients to report were omitted from the analysis. See Appendix A for a list of counties within each region.

Source: "Medical Group Report Card for Commercial HMO Plan Members," Office of the Patient Advocate, accessed May 15, 2020.

Physicians

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

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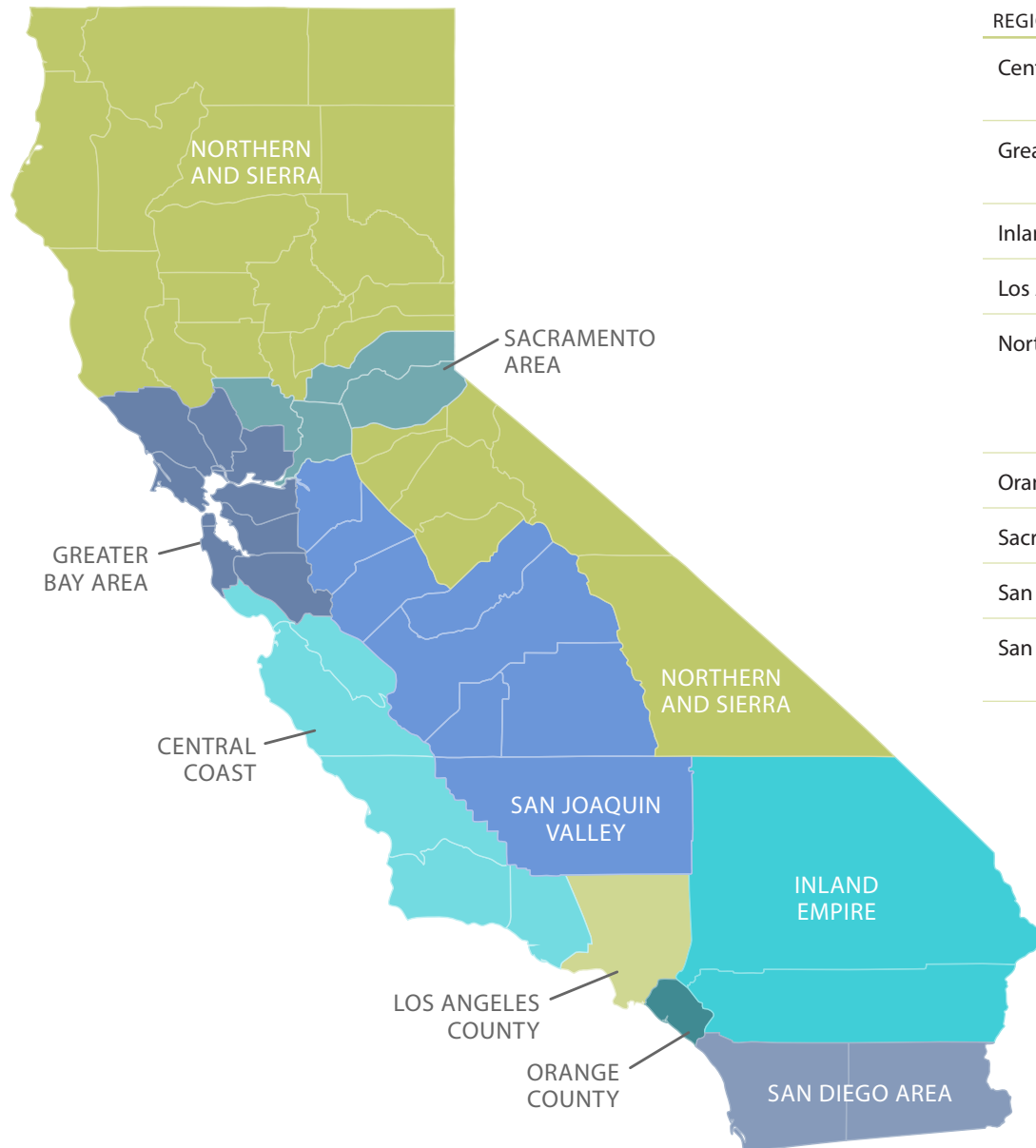
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Appendix A: California Counties Included in Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Appendix B: Definitions

Medical Groups

Medical groups are organized and managed differently:

- **Community clinic.** A clinic that operates under California Health and Safety Code 1204(a), which requires that it provide care to low-income and underserved populations, and charge fees based on patients' ability to pay. A community clinic is operated by a tax-exempt nonprofit corporation and is supported by either public or private donations and contributions.
- **County group.** A county-formed group of physicians that typically provides services through the county health department.
- **Foundation.** A type of group practice under California Health and Safety Code 1206(l), which stipulates that a medical foundation must operate a nonprofit, tax-exempt clinic, conducting research as well as providing patient care and health education. The foundation must have at least 40 physicians, at least 10 of whom have to be board-certified, and at least two-thirds of all physicians must practice on a full-time basis at the clinic. The physicians are independent contractors to the foundation, but the foundation owns the facilities, equipment, and supplies, and employs all nonphysician personnel.
- **Group practice.** A corporation, foundation, partnership, or other type of organization formed for the purpose of providing patient care. Group practices are more regulated than IPAs. To be recognized by the Center for Medicare & Medicaid Services as a group practice, the organization must direct the majority of its physicians' bills through the organization, pay for its own overhead, and follow other regulations specified under California Health and Safety Code 1206(l).
- **Independent practice association (IPA).** An association that contracts with independent physician practices so that they may work together as one when contracting with HMOs and other payers.
- **University of California Medical Center.** A medical group operated by the University of California as part of one of its medical schools.

Physicians

Physician classifications can differ between organizations. This report relies on two organizations for physician counts: the American Medical Association (AMA) and the Medical Board of California (MBC).

Active physicians are licensed physicians who are:

- Not retired, semiretired, working part-time, temporarily not in practice, or not active for other reasons and who work 20 or more hours per week (AMA)
- Currently licensed (MBC)

Active patient care physicians are active physicians who:

- Identify their major professional activity as direct patient care (AMA)
- Provide patient care at least 20 hours per week (MBC)

Primary care physicians (PCPs) are those physicians whose primary specialty is:

- Family medicine / general practice, internal medicine, or pediatrics, including the respective subspecialties (AMA)
- Family medicine, internal medicine, general pediatrics, or geriatrics and do not have a secondary specialty that suggests they may provide specialty care (MBC)

Specialists are those physicians whose primary specialty is not considered primary care. (MBC)

Appendix C: Physicians, by County, California

	NON-PRIMARY CARE	PRIMARY CARE	UN-KNOWN	TOTAL		NON-PRIMARY CARE	PRIMARY CARE	UN-KNOWN	TOTAL		NON-PRIMARY CARE	PRIMARY CARE	UN-KNOWN	TOTAL
Alameda	2,396	1,301	6	3,703	Mariposa	4	3	0	7	Santa Barbara	611	260	2	873
Alpine	0	0	0	0	Mendocino	77	49	1	127	Santa Clara	3,665	1,601	10	5,276
Amador	32	30	0	62	Merced	114	74	0	188	Santa Cruz	293	199	3	495
Butte	285	107	0	392	Modoc	7	2	0	9	Shasta	212	104	2	318
Calaveras	15	13	0	28	Mono	28	6	0	34	Sierra	1	1	0	2
Colusa	8	3	0	11	Monterey	453	217	4	674	Siskiyou	34	20	0	54
Contra Costa	1,543	882	8	2,433	Napa	217	97	0	314	Solano	604	305	0	909
Del Norte	13	13	0	26	Nevada	107	55	0	162	Sonoma	671	367	2	1,040
El Dorado	144	80	1	225	Orange	4,408	1,928	13	6,349	Stanislaus	586	332	2	920
Fresno	980	521	3	1,504	Placer	694	361	2	1,057	Sutter	93	56	0	149
Glenn	2	5	0	7	Plumas	20	6	0	26	Tehama	19	27	0	46
Humboldt	139	67	0	206	Riverside	1,771	940	9	2,720	Trinity	2	1	1	4
Imperial	101	48	1	150	Sacramento	2,380	1,012	3	3,395	Tulare	267	181	0	448
Inyo	23	11	0	34	San Benito	32	12	0	44	Tuolumne	63	39	2	104
Kern	633	363	0	996	San Bernardino	2,103	990	13	3,106	Ventura	984	519	3	1,506
Kings	69	53	1	123	San Diego	4,954	2,083	12	7,049	Yolo	178	109	2	289
Lake	43	24	0	67	San Francisco	2,539	894	10	3,443	Yuba	38	22	0	60
Lassen	21	13	0	34	San Joaquin	619	419	3	1,041	Unknown	11	8	0	19
Los Angeles	14,059	5,776	39	19,874	San Luis Obispo	382	150	1	533	Total	51,693	23,612	163	75,468
Madera	173	75	0	248	San Mateo	1,247	556	4	1,807					
Marin	526	222	0	748										

Notes: Data include MDs who renewed their license between February 2018 and January 2020, had a California address, provided patient care at least 20 hours per week and exclude residents, fellows, and nonrespondents (i.e., those MDs who did not respond to the Medical Board of California survey).

Source: Survey of Licensees (private tabulation), Medical Board of California, January 2020.