



# 2018-19 PHYSICIAN SUPPLY

Estimates for Washington State, Counties and  
Accountable Communities of Health

Office of Financial Management  
Health Care Research Center

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## 2018-19 Physician Supply: Estimates for Washington State, Counties and Accountable Communities of Health

### Executive Summary

The physician supply in Washington state is estimated to include 19,657 physicians in 2019.<sup>1</sup> This represents a net increase of 498 physicians from 2018. The state's physician rate has increased from 258 to 260 per 100,000 population. The physician rate increase suggests that the supply grew at a slightly faster pace than the general population growth.

The share of female physicians increased slightly from 38.1% in 2018 to 38.6% in 2019. The median age of physicians in 2019 remained the same as in 2018, at 49 years. The difference in median age between male and female physicians continued to be approximately six years, with male physicians' median age 51 years and female physicians' 45.

The net increase in physician supply in 2019 came entirely from specialists.<sup>2</sup> The supply of specialists increased by 545, from 12,456 to 13,001. At the same time, the supply of primary care physicians (PCP) declined by 48, from 6,703 to 6,655. Distribution of physicians in the 13 specialty groups analyzed in this report remained largely the same. Not counting the "Other Specialty" group, the Family Medicine/General Practice and Internal Medicine (General) groups continued to be the two largest, though both groups experienced a slight decrease. Together, these two groups accounted for 29% of the total physicians in 2019: 17% (or 3,274) in FM/GP and 12% (or 2,365) in IM(G). While most of the net physician increase came from the Other Specialty group, the proportionate increases in the Emergency Medicine and Hospitalist groups were the largest, at more than 7% each.

County distribution of physicians remained relatively similar in 2019 as in 2018. Approximately, 70% of the state's physician supply was in the five most populous counties represent 65% of the state's population: King, Pierce, Spokane, Snohomish and Clark. Most counties had an increase in their physician supply in 2019. The median age of physicians at the county level changed little but the range widened to 42-63 years in 2019, compared to 43-58 years in 2018. The percentage of female physicians also increased in most counties in 2019, though only five counties had a share that was higher than the share at the state level (38.6%). PCP rates increased in approximately half of the counties despite a slight decrease in the state rate. Chelan's rate of PCPs per 100,000 population increased from 176 in 2018 to 216 in 2019, the largest increase of all counties and the highest rates in both years. Chelan also had the largest increase in specialist rates in 2019 and the highest rate of specialists in both 2018 and 2019. Large disparities continued to exist in rates of the 13 specialty groups. While Chelan led in one specialty physician rate (Orthopedic Surgery) in 2018, it led in four in 2019 (FM/GP, Orthopedic Surgery, General Pediatrics and Other Specialty).

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<sup>1</sup> The physician supply includes both MDs and DOs.

<sup>2</sup> For this report, primary care physicians (PCP) refer to those practicing in the following four specialties: Family Medicine/General Practice, Geriatric Medicine, Internal Medicine (General) and Pediatrics (General). The remainder constitutes the specialist group.

Washington created nine Accountable Communities of Health (ACHs) to improve population health through coordination among providers. Each ACH consists of a county or group of counties. The rank order of physician supply (percentage of state total) at the ACH level remained unchanged in 2019 from that in 2018, with HealthierHere (King County) at the top. Disparities in overall physician rates in ACHs continued in 2019 with the rates ranging from 171 to 364 physicians per 100,000 population. There was no change in physician median age from 2018 to 2019 at the ACH level and the differences in physician median age among the ACHs were modest, with a range from 47 to 53 years. Seven of the nine ACHs had a slight increase in the percentage of female physicians, including HealthierHere, which had the highest rate of 43.2% in 2018 and an increase of 0.4 percentage point to 43.6%, the highest in 2019. HealthierHere's decline in PCP rates in 2019, along with PCP rate declines in Better Health Together and Cascade Pacific Action Alliance, though, is attributable to the state's PCP rate decline. All ACHs but one (Better Health Together) gained in specialist rates in 2019; however, the wide range of specialist rates (102 to 250 physicians per 100,000 population) continued. Although no ACH led in physician rates of all 13 specialties, HealthierHere led in eight in 2018 and seven in 2019. It was also the only ACH that had a physician rate higher than the state rate in all 13 specialties in both 2018 and 2019.

Detailed findings on physician supplies and physician characteristics are presented in Section 1 (State), Section 2 (County) and Section 3 (ACH). The Appendix includes a section on data sources and methods and tables of data used for this report.

## Section 1. State Physician Supply

### Key Findings

- *Overall physician supply.* The 2019 physician supply in Washington is estimated to have increased by 498 from the previous year to a total of 19,657 physicians. This growth resulted in raising the state's physician rate from 258 to 260 physicians per 100,000 population, suggesting that growth in physician supply slightly outpaced the general population growth.
- *Median age of physicians.* The median age of Washington's physicians remained unchanged from 2018 to 2019, at 49 years.
- *Share of female physicians.* The share of female physicians increased by half percentage point from 38.1% in 2018 to 38.6% in 2019.
- *Age difference between female and male physicians.* The difference in median age was six years between male physicians and female physician in both 2018 and 2019, with male physicians' median age at 51 years and female physicians at 45 years.
- *Physician supply by specialty.* The rank order of physician distribution by specialties was the same in 2018 and 2019. Other than the balance group of "Other Specialty" physicians, Family Medicine/General Practice and Internal Medicine (general) were the two largest specialty groups. Both groups experienced a slight decrease, though their percentages remained the same: FM/GP from 3,316 to 3,274 (17%) and IM(G) from 2,365 to 2,347 (12%). The remaining specialty groups accounted for less than 10% of the total physician supply in both years. Most of the state's net increase in physician supply in 2019 came from the Other Specialty group. This group's physicians increased by 327 (or 6.5%). Proportionately, however, the largest increase took place in the Emergency Medicine and Hospitalist groups, both by more than 7%.
- *Supplies of primary care physicians and specialist physicians.* The net increase in the state's physician supply came entirely from the specialist group. This group increased from 12,456 to 13,001 physicians, from 65% to 66% of the total. Its physician rate increased from 168 to 172 per 100,000 population. The primary care physician group experienced a net loss of 48 physicians decreasing from 6,703 to 6,655, dropping from 35% to 34% of the total. Its physician rate declined from 90 to 88 physicians per 100,000 population.
- *Physician supplies in counties.* Most counties gained physicians in 2019, compared to 2018. The distribution of physicians by counties remained relatively the same. King County accounted for 41.2% of the state's total physicians. The next four most populous counties (Pierce, Spokane, Snohomish and Clark), with each having a share of 6-8%, accounted for another combined 29% of the total. The remaining 30% of the state's total physician supply was distributed in the other 34 counties.
- *Physician supplies in Accountable Communities of Health.* The rank order of physician distribution by ACH was the same in 2018 and 2019. HealthierHere (King County) accounted for 41.2% of the state's total physician supply in 2019. North Sound accounted for another 13.7%. The remaining ACHs each accounted for 10% or less.

### Total Physician Supply

Physician supply in Washington continued to grow in 2019.<sup>3</sup> The number of physician licenses increased by 445 from 31,034 in 2018 to 31,488 (Figure 1). The number of licensed physicians providing patient care in Washington also increased, by 498, from 19,159 to 19,657. However, the ratio of direct patient care physicians to physician licenses in Washington remained at 62%. Washington's physician supply in 2019 grew at a slightly faster pace than the general population growth, as the number of physicians per 100,000 population increased from 258 to 260 over the previous year (Figure 2).

Figure 1. Physician Licenses and Physicians Providing Direct Patient Care, Washington State: 2018 and 2019

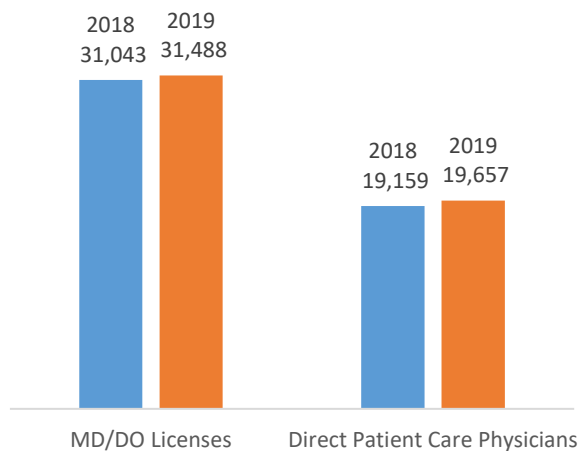
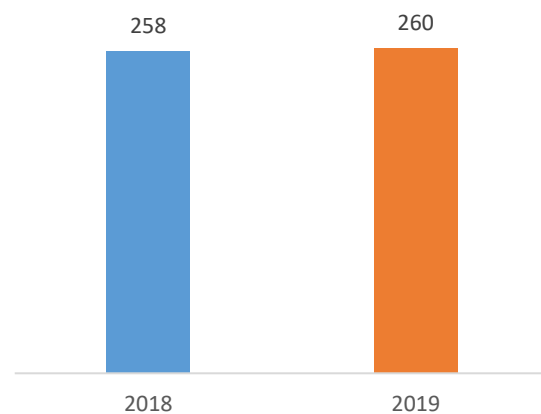


Figure 2. Total Practicing Physicians per 100,000 Population, Washington State: 2018 and 2019



### Physician Supply by Specialty

Of the 13 specialties accounting for the total physician supply in Washington, the rank order in terms of numbers of physicians did not change from 2018 to 2019. The “Other Specialty” group, which included all physicians not accounted for in the other 12 groups, had the largest number of physicians (5,385 or 27%) in 2019 (Figure 3). The second largest specialty, Family Medicine/General Practice, had 3,274 (17%) physicians in 2019, followed by the third largest specialty, Internal Medicine (General), representing 2,347 (12%) physicians in 2019. The specialties of Emergency Medicine, Anesthesiology, Radiology and OB/GYN each accounted for a little over 1,000 (5-7%) physicians. The remaining six specialties had fewer than 1,000 (3-5%) physicians each.

From 2018 to 2019, there was a net increase of 498 (2.6%) physicians (Table 1). Most of the 13 specialties gained physicians while the remaining few experienced a loss. The largest increase, 327 (6.5%), came from the “Other Specialty” group. The largest percentage increases, however, took place in the specialties of Emergency Medicine and Hospitalist. Emergency Medicine increased by 7.7% and the Hospitalist specialty increased by 7.4%. Orthopedic Surgery was the only specialty that experienced a significant decrease, losing 64 surgeons (9.4%).

<sup>3</sup> The DOH physician licenses include those issued for MDs and DOs.

Figure 3. Number, Percent and Rate (per 100,000) of Physicians by Specialty, Washington: 2018 and 2019

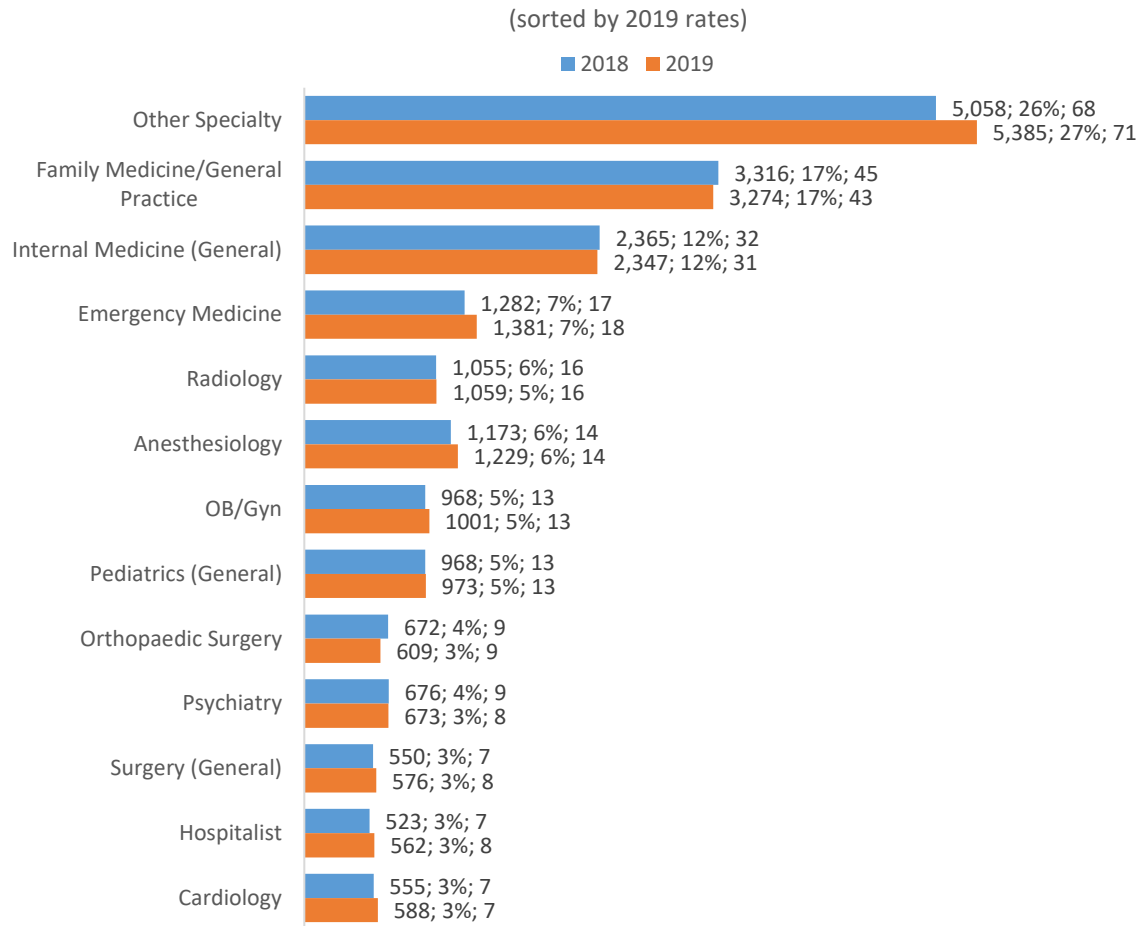


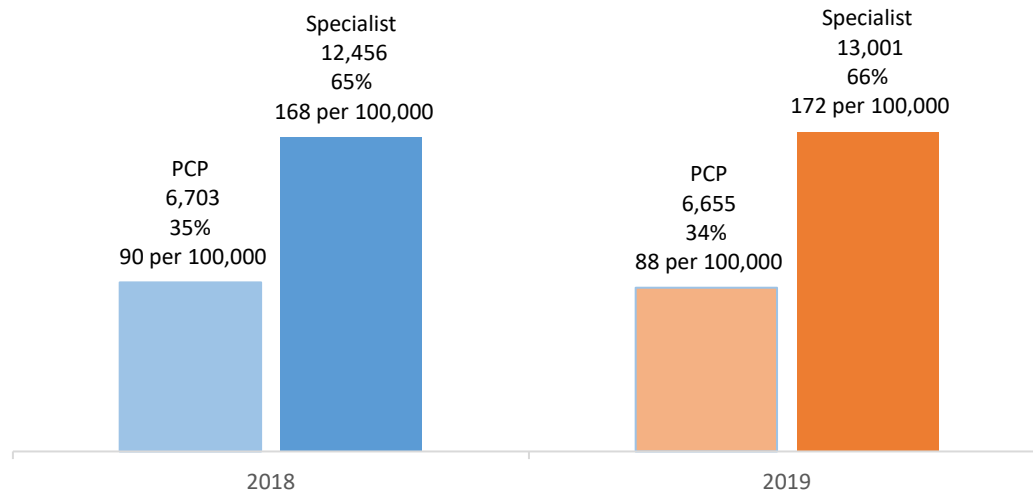
Table 1. Physician Supply Changes from 2018 to 2019 by Specialty: Washington

Primary Specialty	2018	2019	Change (N)	Change (%)
<i>Other Specialty</i>	5,058	5,385	327	6.5%
<i>Family Medicine/General Practice</i>	3,316	3,274	-42	-1.3%
<i>Internal Medicine (General)</i>	2,365	2,347	-17	-0.7%
<i>Emergency Medicine</i>	1,282	1,381	99	7.7%
<i>Anesthesiology</i>	1,173	1,229	56	4.8%
<i>Radiology</i>	1,055	1,059	3	0.3%
<i>OB/Gyn</i>	968	1,001	33	3.4%
<i>Pediatrics (General)</i>	968	973	5	0.6%
<i>Psychiatry</i>	676	673	-4	-0.5%
<i>Orthopedic Surgery</i>	672	609	-62	-9.3%
<i>Cardiology</i>	555	588	34	6.0%
<i>Surgery (General)</i>	550	576	26	4.7%
<i>Hospitalist</i>	523	562	39	7.4%
<b>Total</b>	<b>19,159</b>	<b>19,657</b>	<b>498</b>	<b>2.6%</b>

### Supplies of Primary Care Physicians and Specialists

In 2019, there was a loss of 48 PCPs over the previous year. The 6,655 PCPs in 2019 accounted for 34% of the total physicians. The net decrease of PCPs and net increase in total population in 2019 resulted in the reduction of rate from 90 to 88 PCPs per 100,000. In contrast, there was a net increase of 545 and a total of 13,001 specialists in 2019. This change increased the specialist rate from 168 to 172 physicians per 100,000 population.

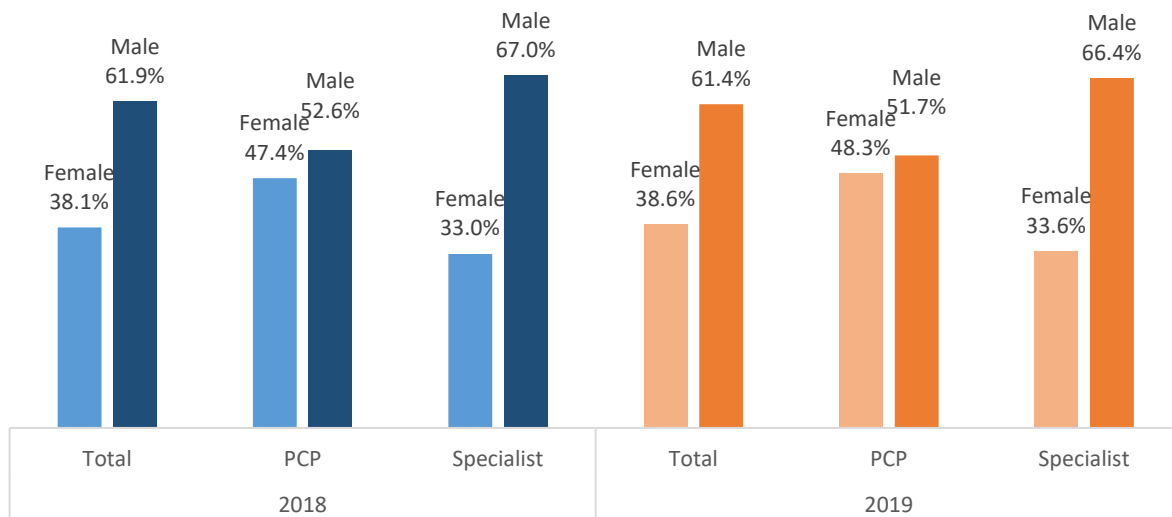
Figure 4. Number, Percent and Rate (per 100,000) of PCPs and Specialists, Washington: 2018 and 2019



### Physician Demographics

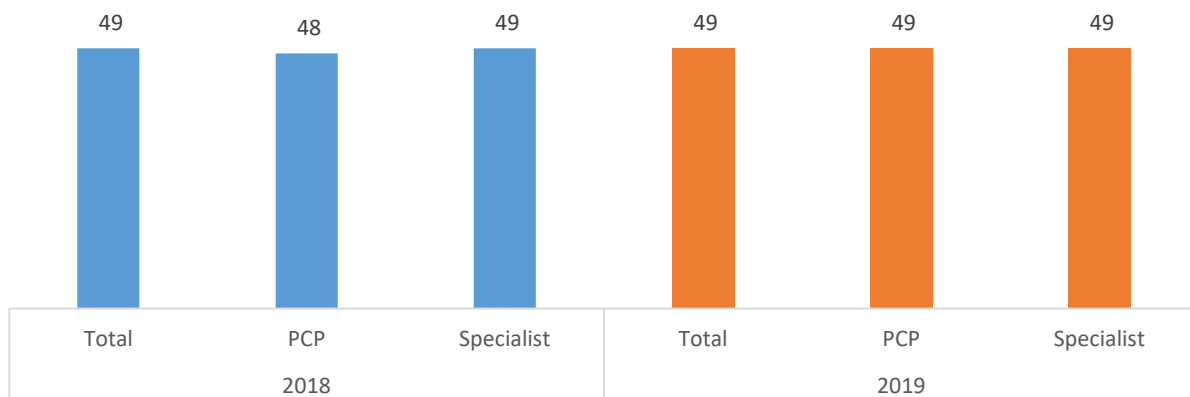
**Gender.** The share of female physicians among all, PCPs and specialists continued to expand in 2019. In total physicians, female physicians' share grew by half a percentage point from 38.1% in 2018 to 38.6% (Figure 5). Among PCPs, the share of female physicians increased nearly one percentage point from 47.4% to 48.3%. The increase of female physician share in specialists was 0.6 percentage point, from 33% to 33.6%.

Figure 5. Gender of Total Physicians, PCPs and Specialists (%), Washington: 2018 and 2019



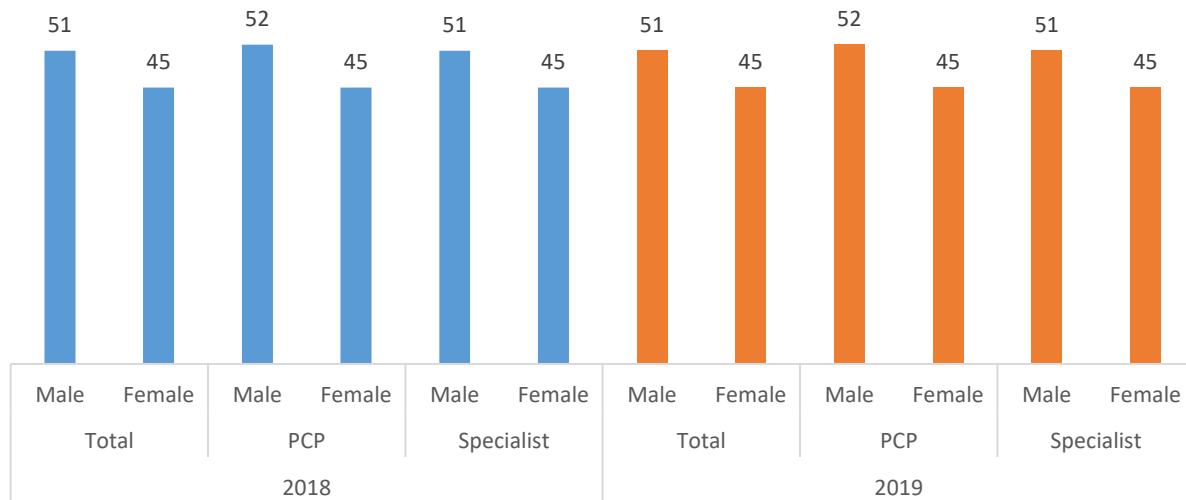
**Median age.** In 2019, Washington's physicians had a median age of 49 years, the same as in 2018 (Figure 6). The same is true for specialists, i.e. they had a median age of 49 in both 2018 and 2019. PCPs also had a median age of 49 years in 2019, increased from 48 in 2018.

Figure 6. Median age of Total Physicians, PCPs and Specialists: 2018 and 2019



**Median age of male and female physicians.** There was no change from 2018 to 2019 in the median age for male physicians in the total, PCP and specialist categories. Likewise, there was no change in the median age of female physicians. This means that female physicians continued to have a lower median age than males by about 6 years (Figure 7).

Figure 7. Median Age of Total Physicians, PCPs and Specialists by Gender, Washington: 2018 and 2019



### County Distribution of Physicians

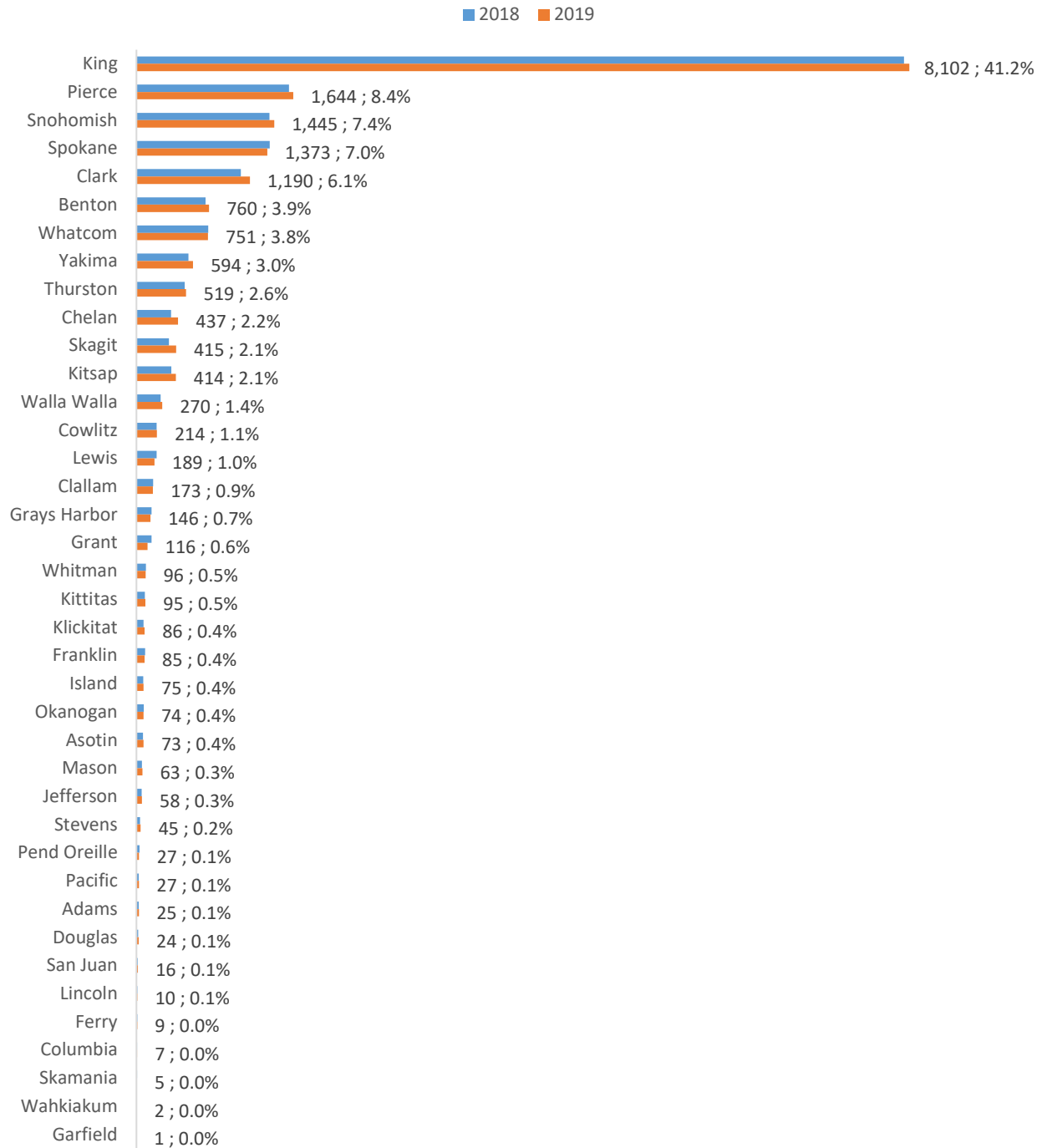
Most counties gained physicians in 2019. All 10 counties with the largest numbers of physicians in 2018 had more physicians in 2019. There was little change in the distribution of physicians by county from 2018 to 2019. King County, with 8,102 physicians in 2019 accounted for 41.2% of the state's total physicians (Figure 8). The other four large counties (Clark, Spokane, Snohomish and Pierce) each had between 1,190 to 1,644 physicians, or 6.1% to 8.4% of the state total. Thurston, Yakima, Whatcom and Benton each had a supply in 2019 ranging from 519 to 594, or 2.6% to 3.9%. The remaining counties each accounted for fewer than 500 physicians. At the bottom, five counties had fewer than 10 physicians each: Ferry, Columbia, Skamania, Wahkiakum and Garfield.

More data on county physician supplies are presented in [Section 2](#).

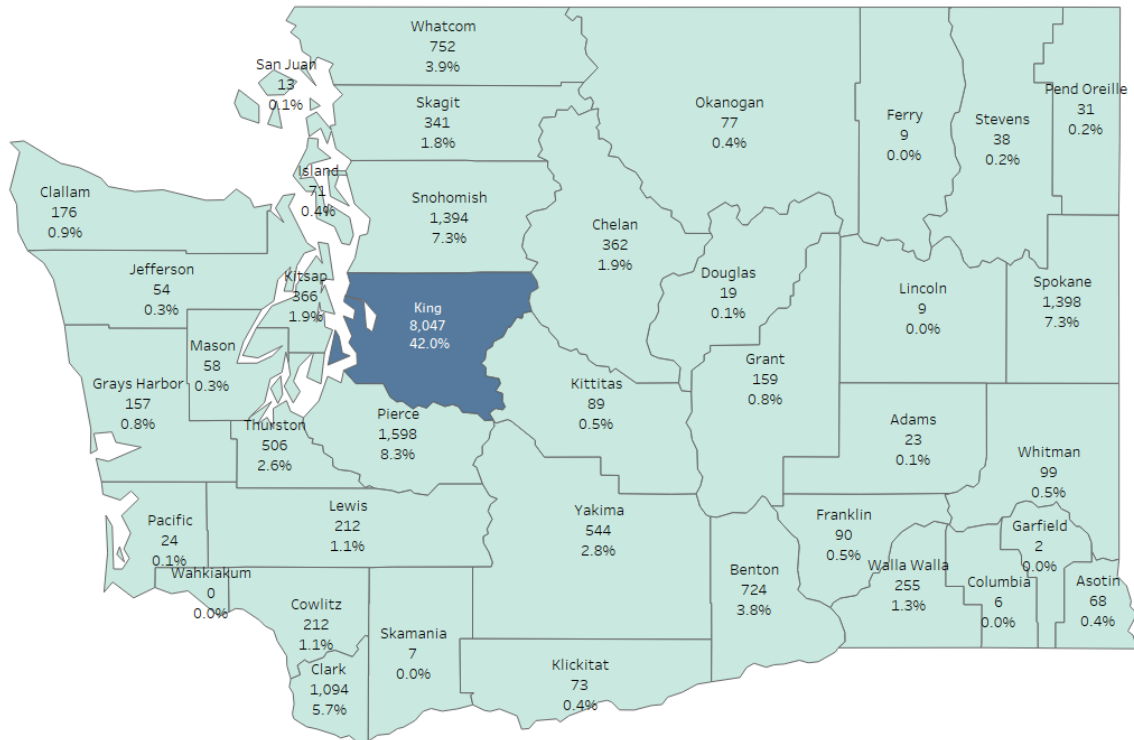


Figure 8. Number and Percent of Physicians by County in 2018 and 2019

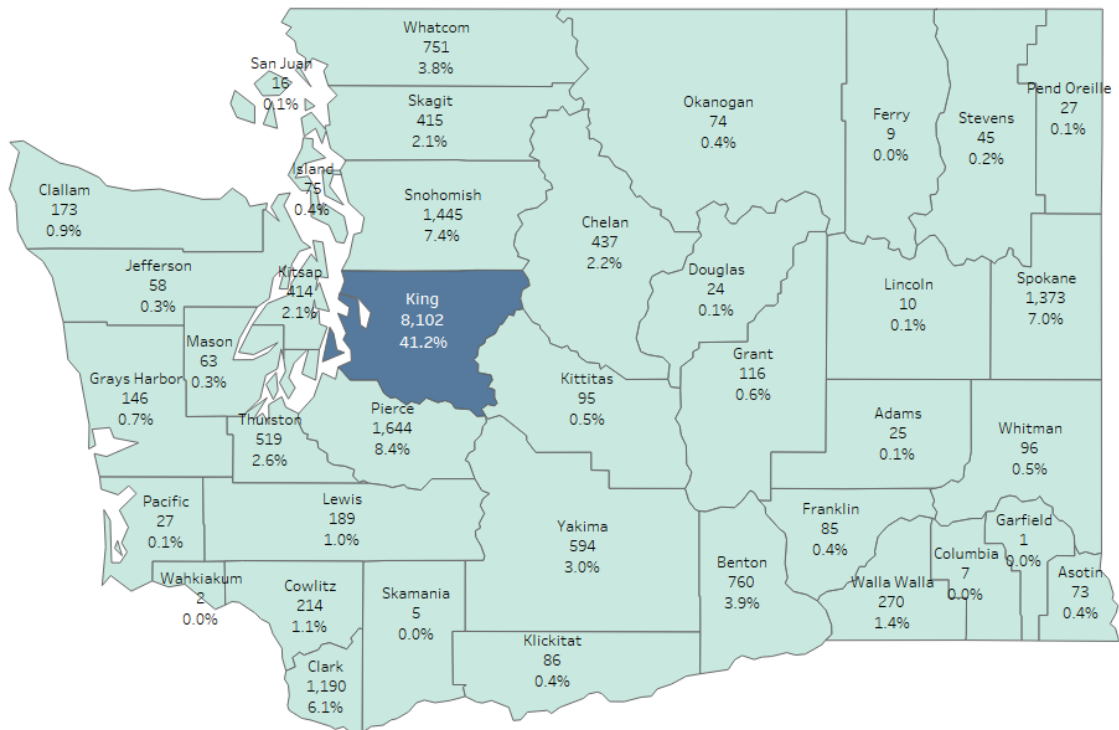
(sorted by 2019 distribution; numbers shown for 2019 only)



Map 1. Number and Percent of Physicians: Counties 2018



Map 2. Number and Percent of Physicians: Counties 2019



### ACH Distribution of Physicians

An Accountable Community of Health or ACH is a regional coalition consisting of representatives from a variety of sectors, working together to improve population health. Each ACH represents a county or a group of adjacent counties. These are the nine ACHs, with the counties in each:<sup>4</sup>

1. Better Health Together (Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens)
2. Cascade Pacific Action Alliance (Counties: Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston and Wahkiakum)
3. Elevate Health (Pierce)
4. Greater Columbia ACH (Asotin, Benton, Columbia, Garfield, Franklin, Kittitas, Walla Walla, Whitman and Yakima)
5. HealthierHere (King)
6. North Central ACH (Chelan, Douglas, Grant and Okanogan)
7. North Sound ACH (Island, San Juan, Skagit, Snohomish and Whatcom)
8. Olympic ACH (Clallam, Jefferson and Kitsap)
9. SWACH (Southwest Washington ACH) (Clark, Klickitat and Skamania)

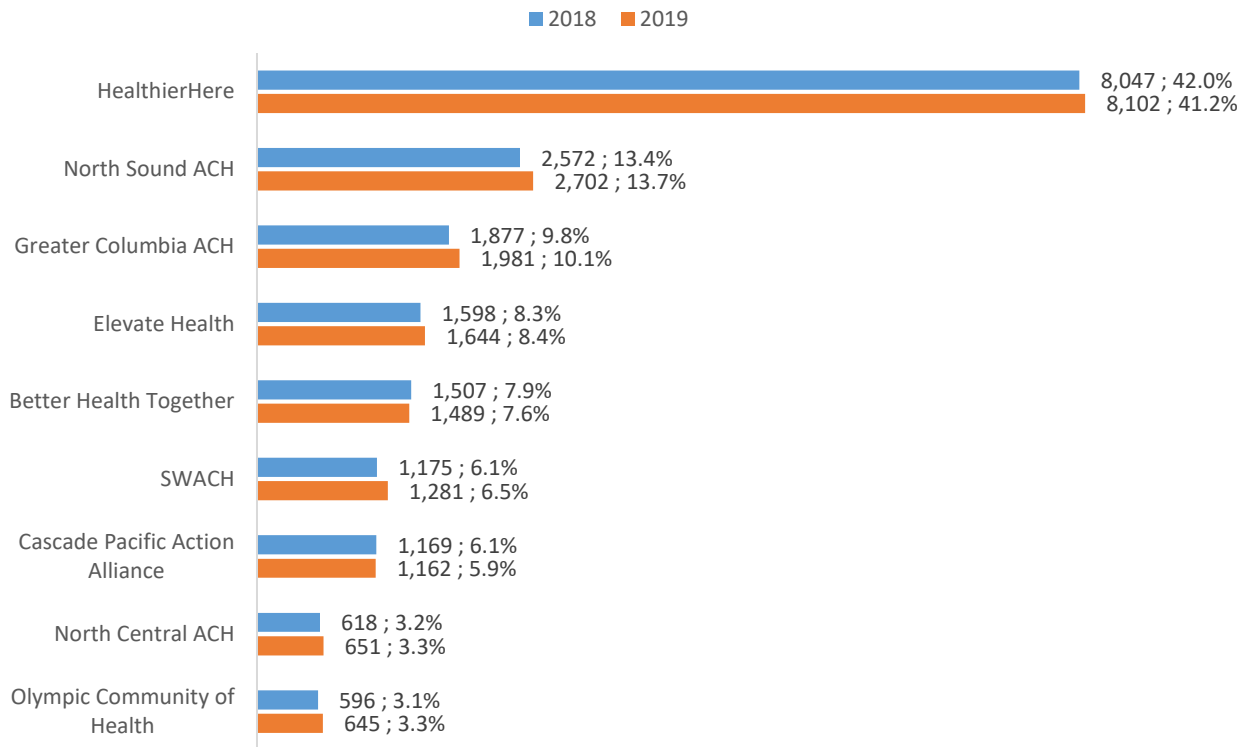
The ranking of the nine ACHs in terms of number of physicians did not change from 2018 to 2019. HealthierHere, with 8,102 physicians or 41.3% of the state's total, was far ahead of the other ACHs (Figure 9). The distant second was North Sound ACH, which had 2,702 physicians, or 13.7%. Cascade Pacific Action Alliance, SWACH, Better Health Together, Elevate Health and Greater Columbia ACH each had between 1,281 and 1,981 (5.9%-10.1%) physicians. The remaining two, North Central ACH and Olympic Community of Health, each had about 650 or 3.3% of the state's total physicians.

More data on ACH physician supplies are presented in [Section 3](#).

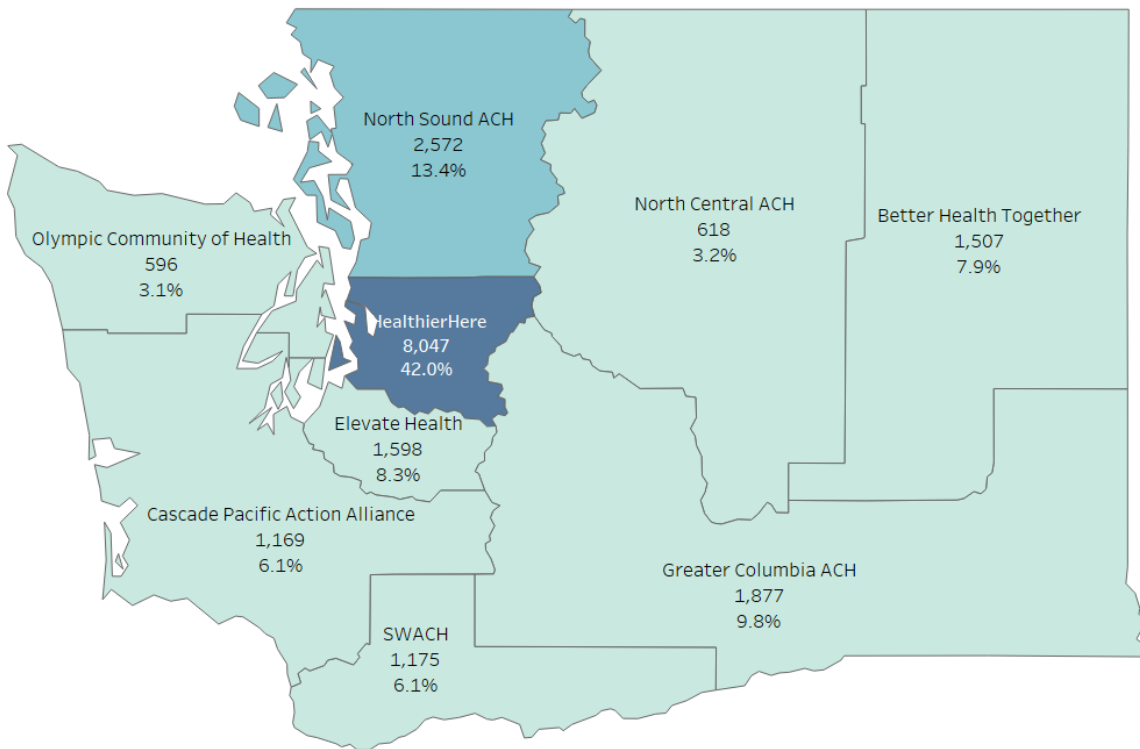
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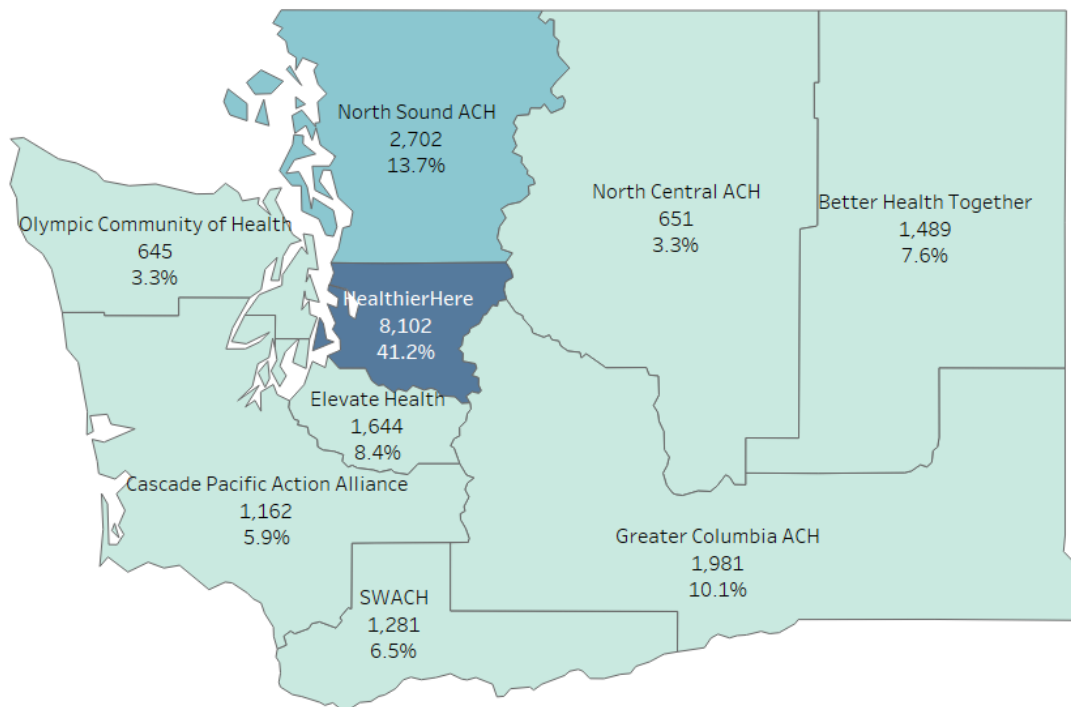
<sup>4</sup> See <https://www.hca.wa.gov/assets/program/achfactsheet.pdf>.

Figure 9. Number and Percent of Physicians by ACH: 2018 and 2019  
(sorted by 2019 distribution)



Map 3. Number and Percent of Physicians: ACH Regions, 2018



*Map 4. Number and Percent of Physicians: ACH Regions, 2019*

## Section 2. County Physician Supply

### Key Findings

- *Overall physician supply.* Most counties (36) had an increase in their overall physician rates in 2019, compared to 2018. Chelan's increase from 465 to 557 physicians per 100,000 population was the largest. The disparity in overall physician supply at the county level widened in 2019. The highest rate (Chelan at 465) was 10.1 times as high as the lowest rate (Douglas at 46) in 2018. In 2019, Chelan's highest rate of 557 was 12.7 times as high as the lowest rate of 44 in Skamania.
- *Median age.* In most counties, the median age of the physicians did not change or changed little from 2018 to 2019, although the range in median age widened: 43-58 years in 2018 and 42-63 in 2019. Columbia replaced San Juan as the county with the highest physician median age (63) in 2019.
- *Share of female physicians.* In 2019 five counties had a share of female physicians higher than the state's average share of 39%. Most counties, including four of those five, had an increase in their shares of female physicians. Proportionately, San Juan's increase from 17% to 35% was the largest. The largest decrease took place in Skamania, from 47% to 33%.
- *PCPs.* Despite a slight decrease in the state rate of primary care physicians in 2019, approximately half of the counties had an increase in their rates. The state rate decrease was mainly caused by the decrease in King (121 to 114 PCPs per 100,000 population) due to its large number of physicians. Chelan had the highest rates in both years, and its increase from 176 to 216 was the largest, resulting in a wider gap between the highest rate and the lowest rate: 8.8 times as high as the lowest in 2018 in Douglas and 10.3 times as high in 2019, also in Douglas.
- *Specialist physicians.* Rates of specialists increased in more than half of counties in 2019. The number of counties with a rate above the statewide rate also increased from seven to nine. Chelan's rates were largest in both 2018 and 2019. Its rate increase in 2019 to 341 from 289 physicians per 100,000 population was also the large.
- *Physician supply by specialty.* No county had the highest rates in all 13 physician specialty groups. Large disparities at the county level continued to exist in all 13 specialty groups. Chelan had the highest rates in four specialty groups in 2019. In 2018, it led in one specialty group. The counties that led in physician-to-population rates in the 13 groups and 2018 and 2019 are:

Specialty Group	Top Rate County in 2018	Top Rate in 2018	Top Rate County in 2019	Top Rate in 2019
Anesthesiology	Walla Walla	76	Walla Walla	78
Cardiology	Walla Walla	17	Klickitat	28
Emergency Medicine	Kittitas	75	Grays Harbor	77
Family Medicine/General Practice	Klickitat	108	Chelan	114
Hospitalist	Whatcom	37	Whatcom	42
Internal Medicine (General)	Whatcom	82	Whatcom	77
OB/GYN	Clark	23	Clark	23
Orthopedic Surgery	Chelan	20	Chelan	19
Pediatrics (General)	Benton	31	Chelan	31
Psychiatry	King	17	King	16
Radiology	Klickitat	135	Klickitat	142
Surgery (General)	Asotin	35	Pend Oreille	29
Other Specialty	King	114	Chelan	121

Tables 2 and 3 below provide a quick look at how each county compares to the state in its physician characteristics and physician supply in 2018 and 2019. Following these tables are detailed county physician data.

Table 2. At-A-Glance: County Physician Characteristics and Supplies in Comparison to Statewide Average, 2018

	County	State	Adams	Asotin	Benton	Chelan	Clallam	Clark	Columbia	Cowlitz	Douglas	Ferry	Franklin	Garfield	Grant	Grays Harbor	Island	Jefferson	King	Kitsap	Kittitas	Klickitat
Physician Characteristics	Median Age	49	+	+	=	=	+	-	+	+	-	-	+	+	=	-	+	+	-	+	+	+
	% Female	38	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	+	+	-	-	-
Physicians per 100,000 population	Overall	258	-	+	+	+	+	-	+	-	-	-	-	-	-	-	-	-	+	-	-	+
	PCP	90	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	+
	Specialist	168	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-
	Anesthesiology	16	-	-	+	+	+	+	-	-	-	-	-	-	-	-	-	-	+	-	-	+
	Cardiology	7	+	+	+	+	-	-	+	-	-	-	-	-	+	+	-	+	+	-	+	+
	Emergency Medicine	17	+	+	-	+	+	-	+	-	-	+	-	+	-	-	-	-	+	-	+	+
	Family Medicine/General Practice	45	-	+	+	-	-	-	-	-	-	+	-	-	-	+	-	-	+	-	-	-
	Hospitalist	7	-	+	-	+	-	+	-	-	-	-	-	-	-	-	-	+	+	-	-	-
	Internal Medicine (General)	32	-	+	-	+	-	+	-	-	-	-	-	-	-	-	-	+	+	-	-	-
	OB/GYN	13	-	+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	+	-	-	-
	Orthopedic Surgery	9	-	-	+	+	+	-	-	-	-	-	-	-	-	-	-	+	+	-	-	+
	Pediatrics (General)	13	-	-	+	+	+	-	-	-	-	-	-	-	-	-	-	+	+	-	-	+
	Psychiatry	9	-	+	+	+	-	+	+	-	-	-	-	-	-	-	-	-	+	-	-	-
	Radiology	14	-	-	-	+	-	-	+	-	-	-	-	-	-	-	-	-	+	-	-	-
	Surgery (General)	7	-	-	+	+	-	-	-	-	-	-	+	-	+	+	-	-	+	-	-	+
Other Specialties	68	-	+	+	+	+	-	-	+	-	-	-	-	-	+	+	+	+	-	+	+	

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Table 2. At-A-Glance: County Physician Characteristics and Supplies in Comparison to Statewide Average, 2018 (continued)

	County	State	Lewis	Lincoln	Mason	Okanogan	Pacific	Pend Oreille	Pierce	San Juan	Skagit	Skamania	Snohomish	Spokane	Stevens	Thurston	Wankiakum	Walla Walla	Whatcom	Whitman	Yakima	
Physician Characteristics	Median Age	49	▬	+	-	+	+	-	+	+	+	+	▬	▬	+	▬	+	+	-	-	+	
	% Female	38	-	+	-	-	-	-	-	-	-	+	+	-	-	-	-	-	-	-	-	-
Physicians per 100,000 population	Overall	258	+	-	-	-	-	-	-	-	+	-	-	+	-	-	-	+	+	-	-	
	PCP	90	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	+	+	-	-	
	Specialist	168	+	-	-	-	-	-	+	-	-	-	-	-	-	-	-	+	+	-	-	
	Anesthesiology	16	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	+	-	-	+	
	Cardiology	7	+	-	+	+	+	+	-	-	-	-	-	+	-	-	-	+	-	+	-	
	Emergency Medicine	17	+	+	-	-	-	+	-	-	+	-	-	+	-	-	-	+	+	+	-	
	Family Medicine/General Practice	45	+	-	-	-	-	-	-	-	-	-	-	-	+	-	-	+	+	-	-	
	Hospitalist	7																				
	Internal Medicine (General)	32	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	+	+	-	-
	OB/GYN	13	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	+
	Orthopedic Surgery	9																				
	Pediatrics (General)	13	-	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	-	-	+	-
	Psychiatry	9	+	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	+	-	-	-
	Radiology	14	-	-	-	-	-	-	-	-	+	+	-	-	+	-	-	-	-	+	+	-
	Surgery (General)	7	+	-	-	+	-	+	-	-	-	-	-	-	-	-	-	+	-	+	+	
Other Specialties	68	-	+	-	+	-	+	-	-	-	+	-	-	-	-	-	-	+	-	+	-	

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Table 3. At-A-Glance: County Physician Characteristics and Supplies in Comparison to Statewide Average, 2019

	County	State	Adams	Asotin	Benton	Chelan	Clallam	Clark	Columbia	Cowlitz	Douglas	Ferry	Franklin	Garfield	Grant	Grays Harbor	Island	Jefferson	King	Kitsap	Kittitas	Klickitat
Physician Characteristics	Median Age	49	+	+	=	=	+	-	+	-	+	-	+	+	-	-	+	+	-	+	+	+
	% Female	39	-	-	-	-	-	+	-	-	-	-	-	+	-	-	-	+	+	-	-	-
Physicians per 100,000 Population	Overall	260	-	+	+	+	+	-	+	-	-	-	-	-	-	-	-	+	+	-	-	+
	PCP	88	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	+
	Specialist	172	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-
	Anesthesiology	16	-	-	+	+	+	+	-	-	-	-	-	-	-	-	-	-	+	-	-	+
	Cardiology	8	+	-	+	+	-	-	+	-	-	-	-	-	+	+	-	+	+	-	+	+
	Emergency Medicine	18	+	+	-	+	+	-	+	-	-	+	-	-	-	-	-	+	+	-	+	+
	Family Medicine/General Practice	43	-	+	+	+	-	-	-	-	-	+	-	-	-	-	-	-	+	-	-	-
	Hospitalist	7	-	+	-	+	+	+	-	-	-	-	-	-	-	-	-	-	+	+	-	-
	Internal Medicine (General)	31	-	+	-	+	+	+	-	-	-	-	-	-	-	-	-	-	+	+	-	-
	OB/GYN	13	+	+	+	+	-	+	-	-	-	-	-	-	-	-	-	-	-	+	-	-
	Orthopedic Surgery	8	-	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	+	+	-	+
	Pediatrics (General)	13	-	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	+	+	-	+
	Psychiatry	9	-	+	+	+	-	+	+	-	-	-	-	-	-	-	-	-	-	+	-	-
	Radiology	14	-	-	-	+	-	-	+	-	-	-	-	-	-	-	-	-	+	+	-	-
	Surgery (General)	8	-	-	+	+	-	-	-	-	-	-	-	-	+	+	-	-	+	-	-	+
Other Specialties	71	-	+	+	+	+	-	-	+	-	-	-	-	-	-	-	-	+	+	-	+	

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Table 3. At-A-Glance: County Physician Characteristics and Supplies in Comparison to Statewide Average, 2019 (continued)

	County	State	Lewis	Lincoln	Mason	Okanogan	Pacific	Pend	Pierce	San Juan	Skagit	Skamania	Snohomish	Spokane	Stevens	Thurston	Wahkiaku	Walla Walla	Whatcom	Whitman	Yakima	
Physician Characteristics	Median Age	49	+	+	+	+	+	-		+	+	+		+			+	+	-	+		
	% Female	39	-	+	-	-	-	-	-	-	-	-	+	-	-	-	+	-	-	-	-	
Physicians per 100,000 population	Overall	260	+	-	-	-	-	-	-	-	+	-	-	-	-	-	-	+	+	-	-	
	PCP	88	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	+	+	-	-	
	Specialist	172	+	-	-	-	-	-	+	-	-	-	-	-	-	-	-	+	+	-	-	
	Anesthesiology	16	-	-	-	-	-	-	-	+	+	-	-	+	-	-	-	+	-	+	+	
	Cardiology	8	-	-	-	+	+	+	-	-	-	-	-	+	+	-	-	+	-	+	-	
	Emergency Medicine	18	+	+	-	-	-	+	-	-	+	-	-	-	-	-	-	+	+	+	+	
	Family Medicine/General Practice	43	+	-	-	-	-	-	-	-	+	-	-	-	+	-	-	-	+	-	-	
	Hospitalist	7	+	-	-	-	-	-	-	-	+	-	-	+	-	-	-	+	+	-	-	
	Internal Medicine (General)	31	+	-	-	-	-	-	-	-	+	-	-	+	-	-	-	+	+	-	-	
	OB/GYN	13	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	+
	Orthopedic Surgery	8	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	-	-	-	-	-
	Pediatrics (General)	13	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	-	-	-	-	-
	Psychiatry	9	+	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	+	-	-	+
	Radiology	14	-	-	-	-	-	-	-	-	+	-	-	+	-	-	-	-	+	-	-	-
	Surgery (General)	8	-	-	-	+	+	+	-	-	-	-	+	-	-	-	-	+	-	+	+	+
Other Specialties	71	-	+	-	+	-	+	-	-	-	+	-	-	-	-	-	-	+	+	+	-	

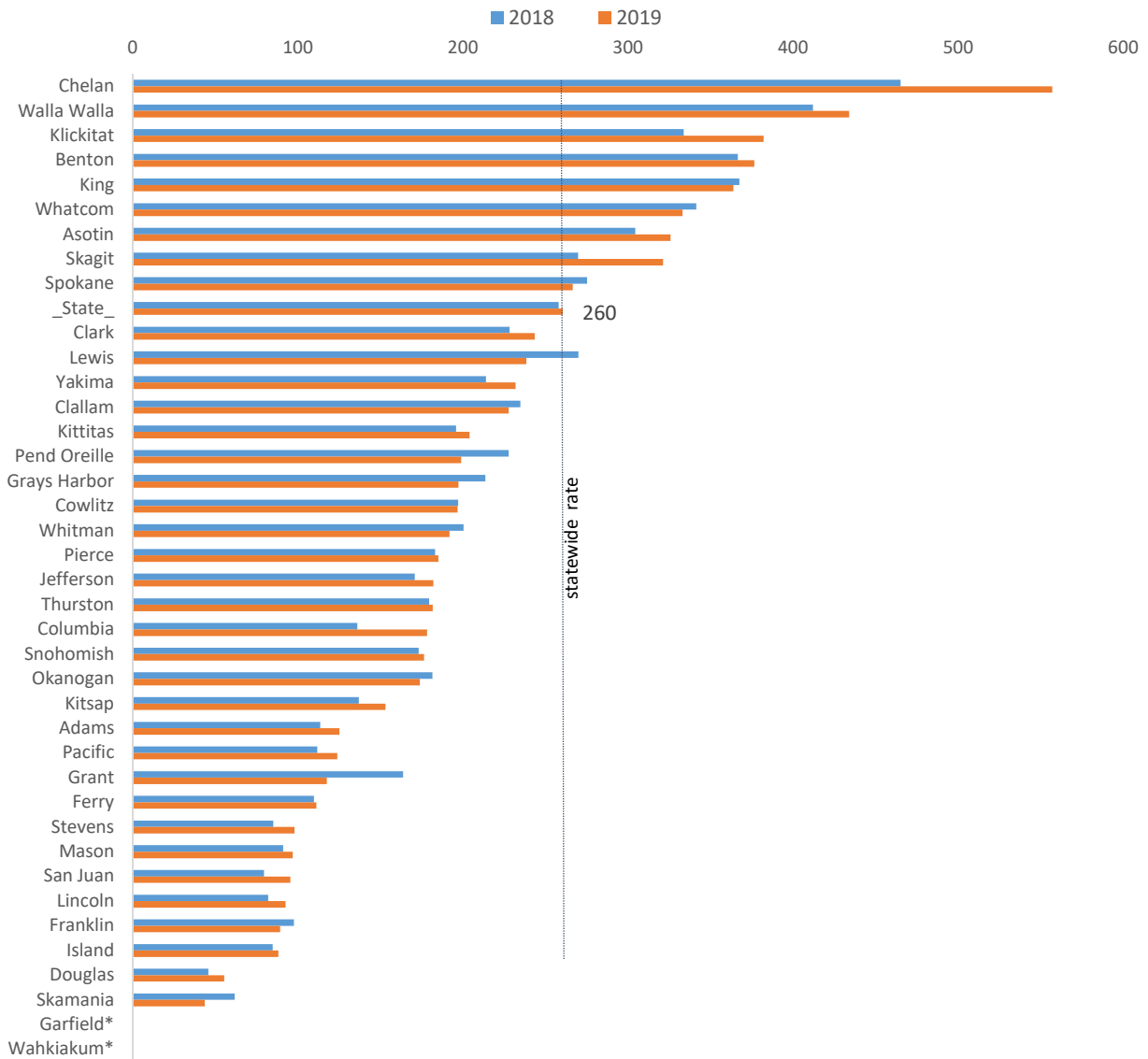
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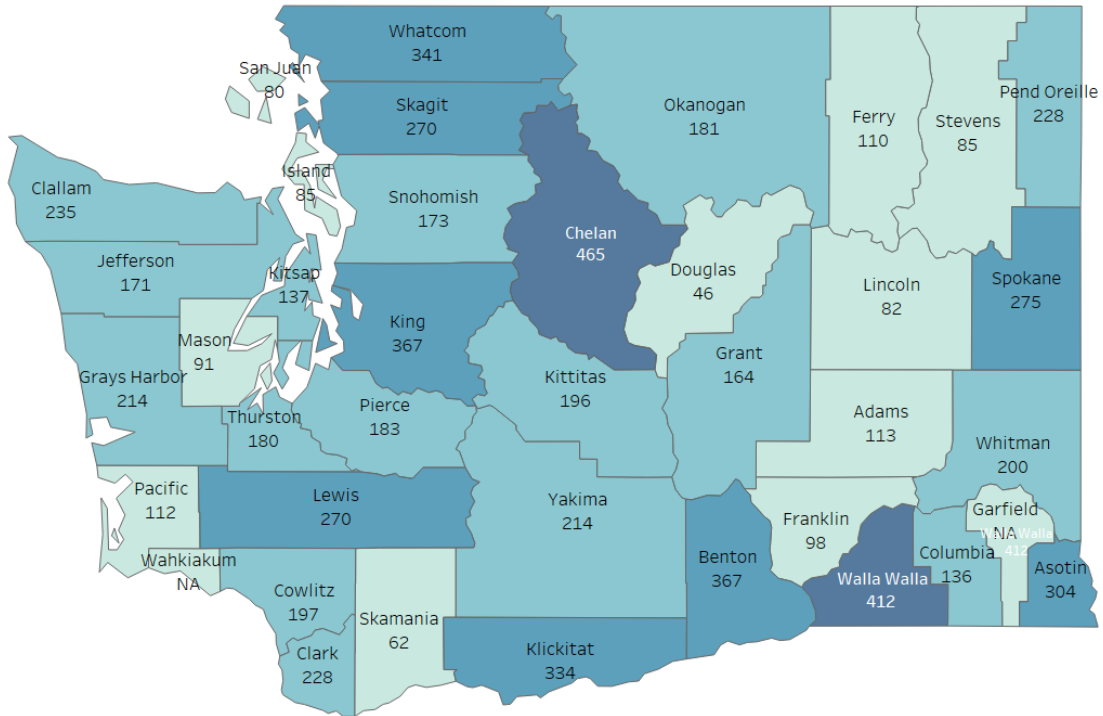
County – Overall Physicians

While the statewide overall physician-to-population rate changed from 258 to 260 physicians per 100,000 population from 2018 to 2019, some counties had greater gains while a few experienced a loss. Chelan’s rate increase was the largest from 465 to 557 physicians per 100,000 population. Other counties with notable rate increases include Klickitat (333 to 382), Skagit (270 to 321) and Columbia (136 to 178). Three counties experienced notable losses: Lewis (270 to 238), Pend Oreille (228 to 199) and Grant (164 to 118). In 2019, there were nine counties that have a physician-to-population ratio above the statewide rate. That number was ten in 2018. The gap between highest rate and lowest rate at the county level widened in 2019. In 2018, the highest rate of Chelan’s 465 physicians per 100,000 population was 10.1 times as high as the lowest rate of 46 in Douglas County. In 2019, Chelan’s rate of 557 was 12.7 times as high as Skamania’s rate of 44.

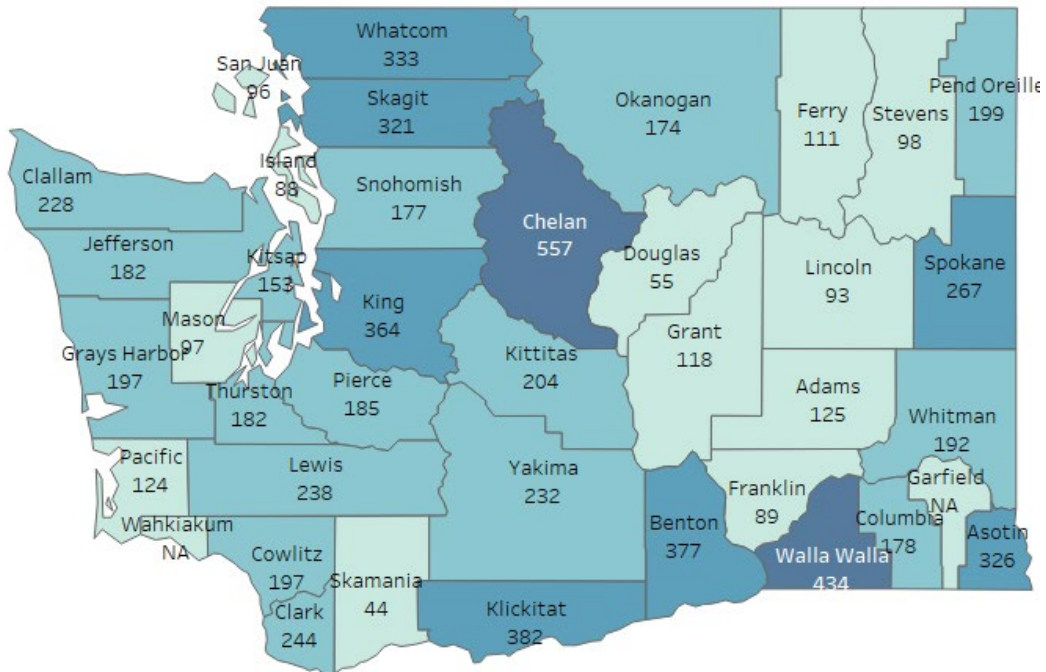
Figure 10. Overall Physician Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physician for rate calculation)



Map 5. Overall Physicians per 100,000 Population: Counties, 2018



Map 6. Overall Physicians per 100,000 Population: Counties, 2019

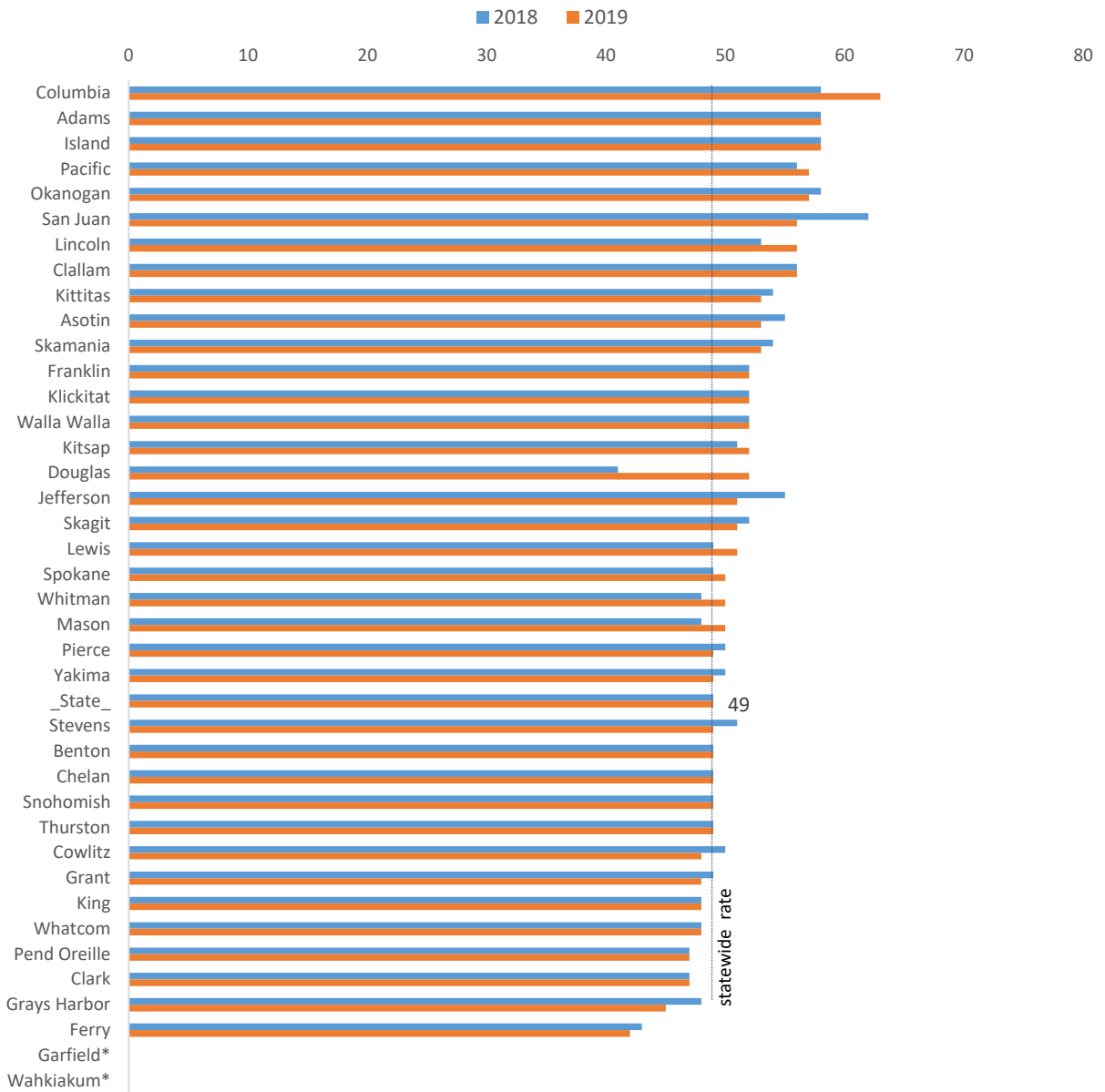


County – Age of Physicians

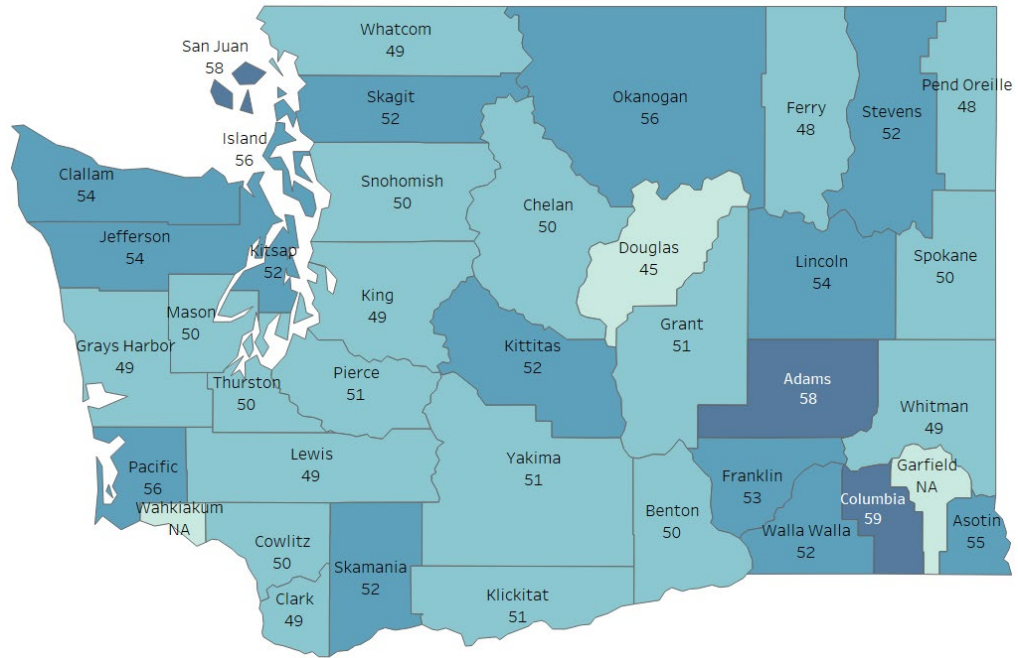
The median age of physicians in Washington did not change from 2018 to 2019, remaining at 49. For most counties, that was also true, with no or little change. However, the highest median age of 63 in San Juan in 2018 was replaced by Columbia’s physician median age of 63 (an increase from 58 in 2018). Douglas’ increase of 11 years from 41 to 52 from 2018 to 2019 was the largest, changing the county’s ranking from the lowest to a rank higher than most counties.

Figure 11. Physician Median Age by County, 2018 and 2019

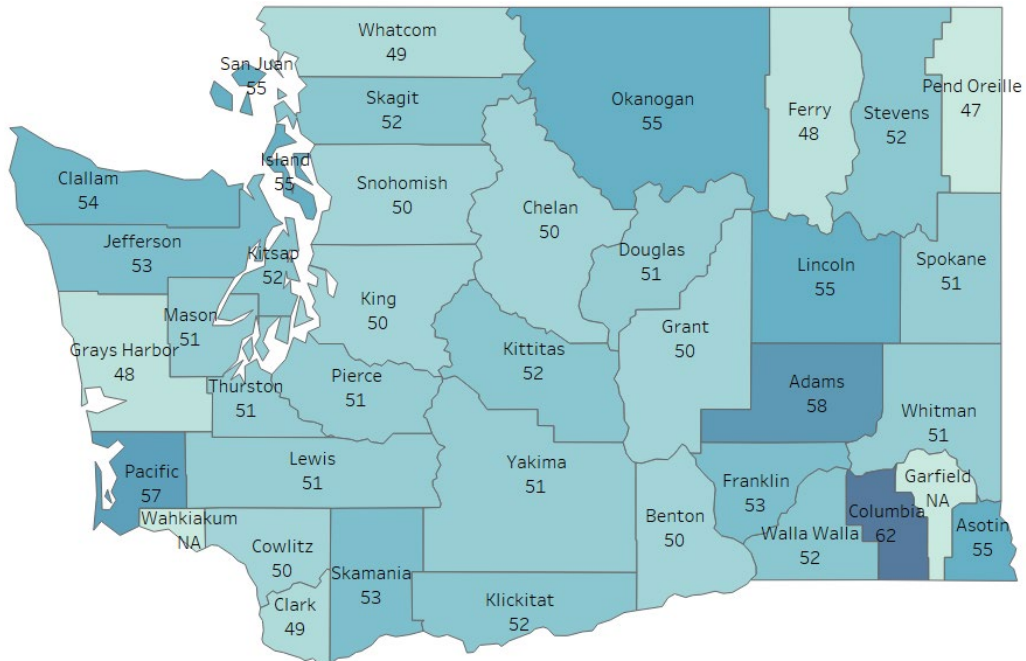
(sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 7. Median Age of Physicians: Counties, 2018



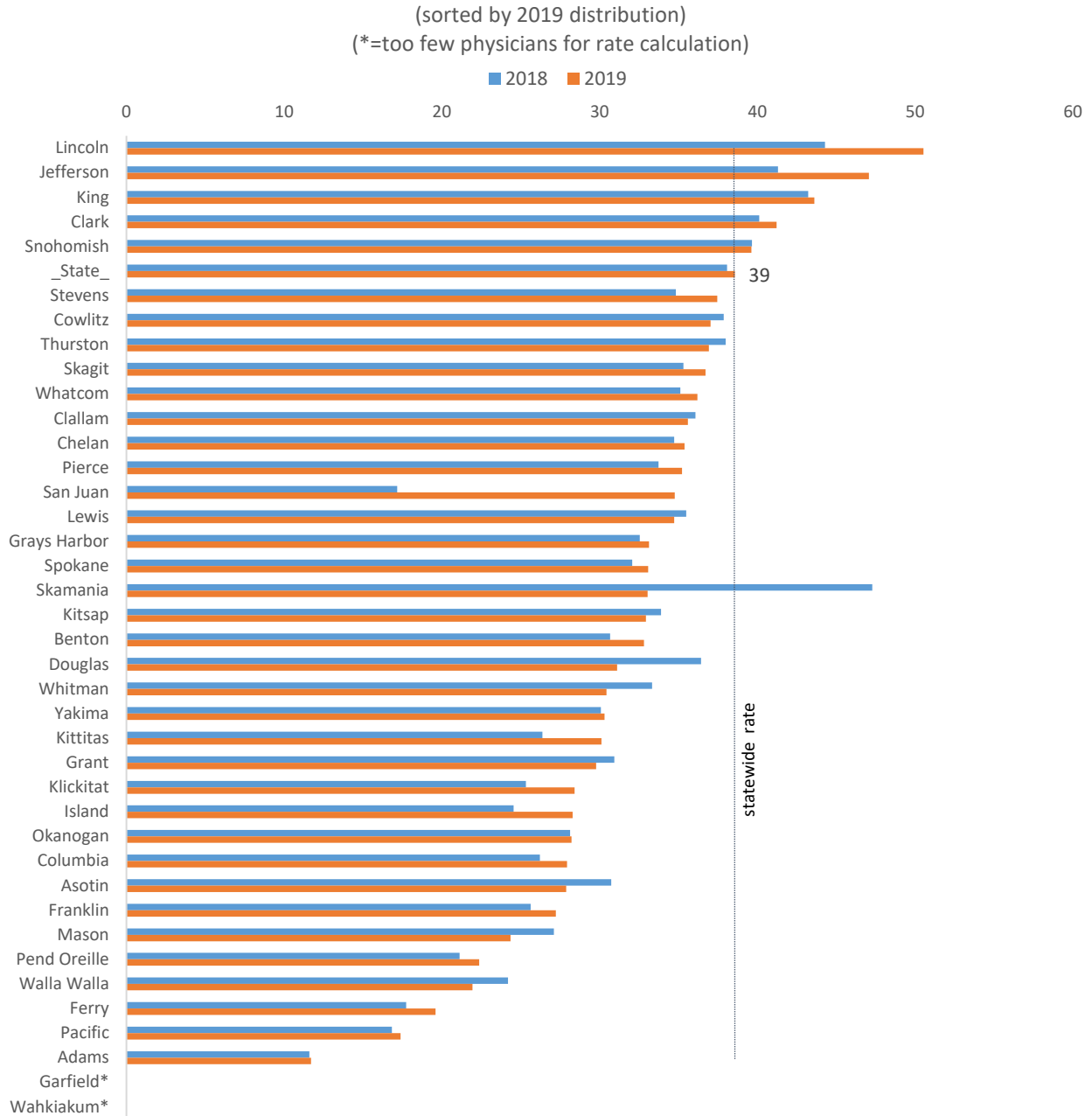
Map 8. Median Age of Physicians: Counties, 2019



County – Percentage of Female Physicians

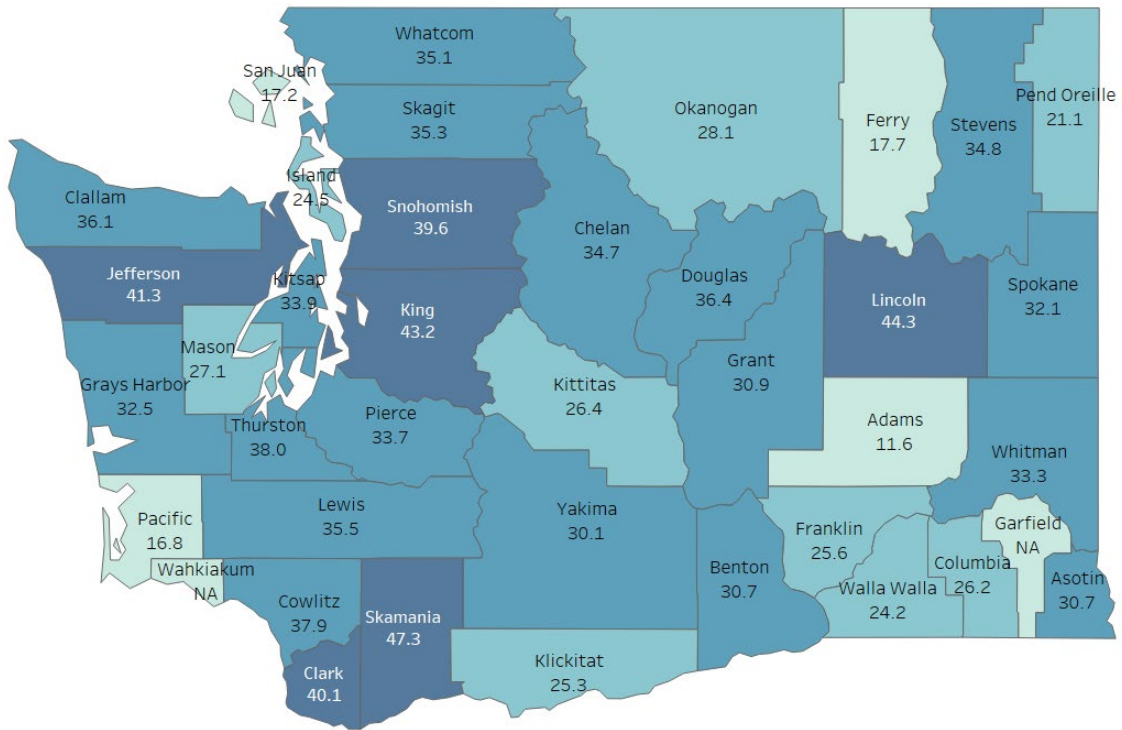
In 2019, there were only five counties with a percentage of female physicians above the state average of 39%: Lincoln, Jefferson, King, Clark and Snohomish. Other than Snohomish, these counties all had an increase in the percentage of female physicians from 2018 to 2019. Snohomish experienced no change. Most of the remaining counties also had an increase in their percentages of female physicians. San Juan’s increase was most notable, from 17% to 35%. Skamania had the largest change in the opposite direction, from 47% (the highest in 2018) to 33%.

Figure 12. Percentage of Female Physicians by County, 2018 and 2019

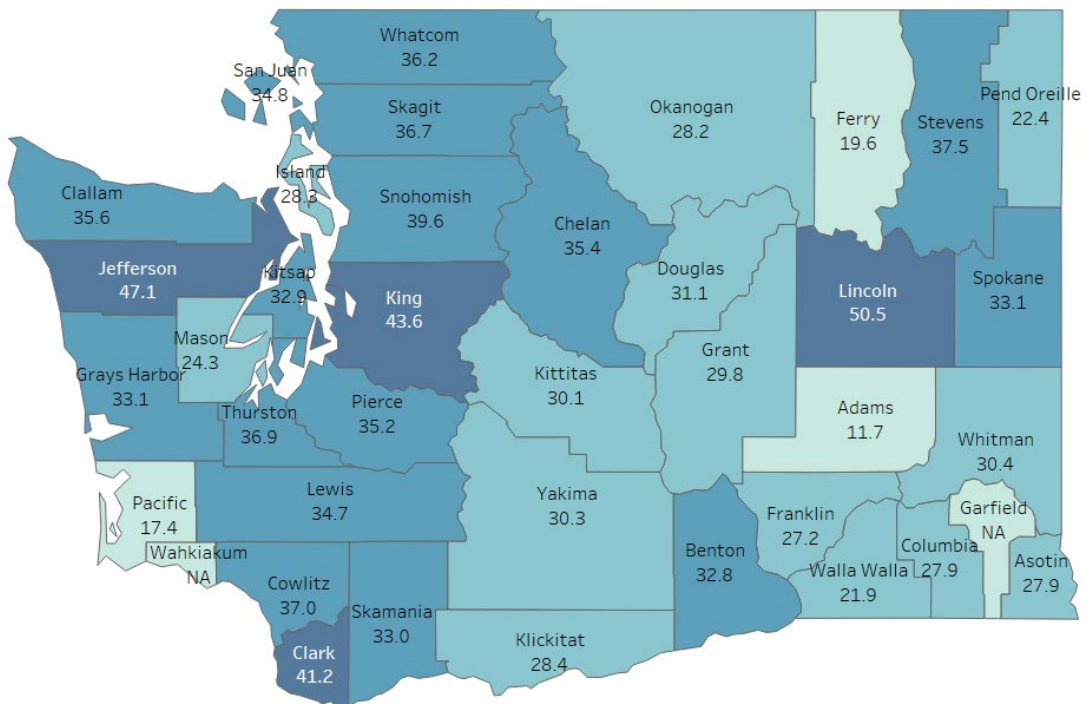




Map 9. Percentage of Female Physicians: Counties, 2018



Map 10. Percentage of Female Physicians: Counties, 2019

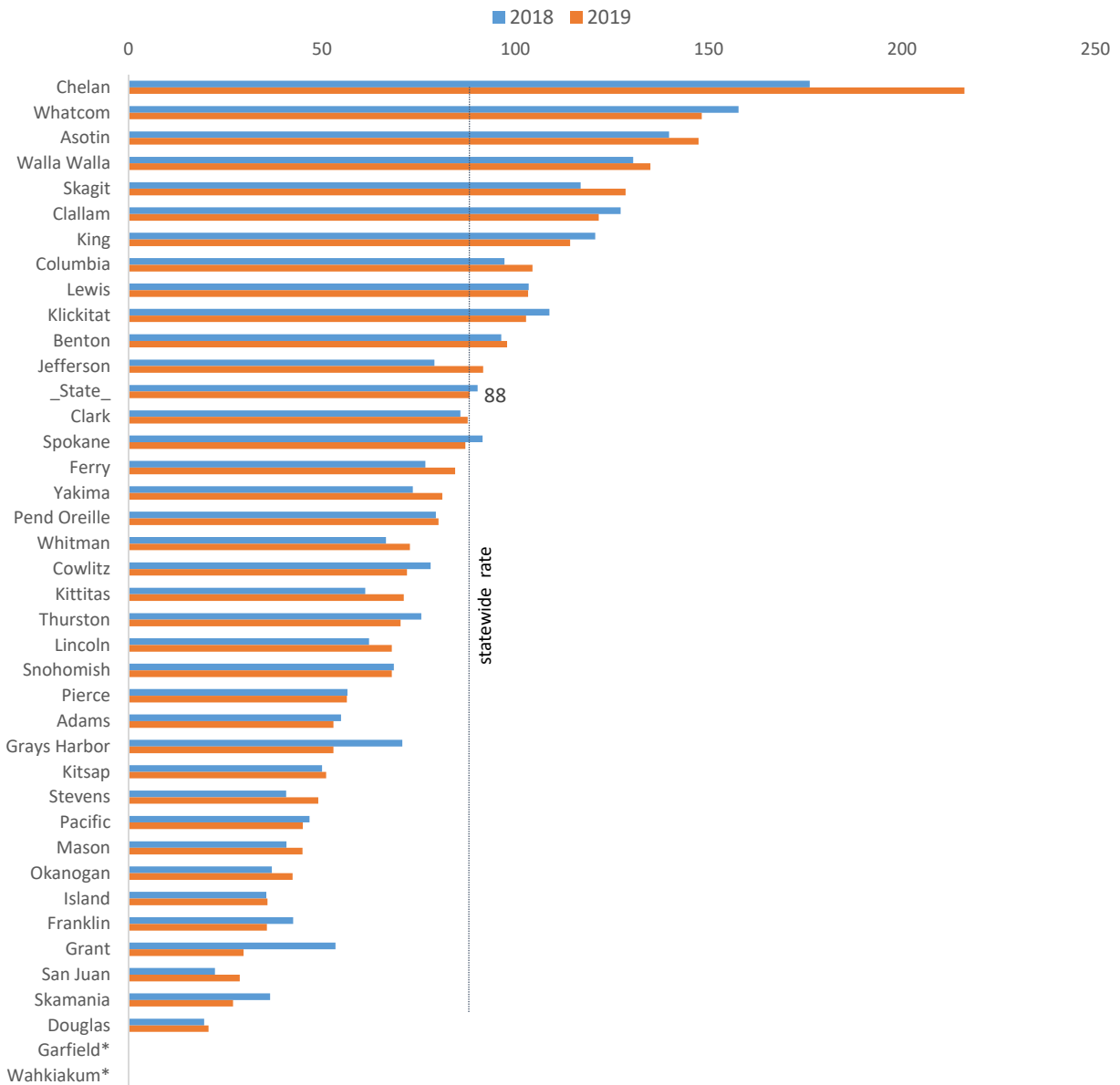


County – PCPs

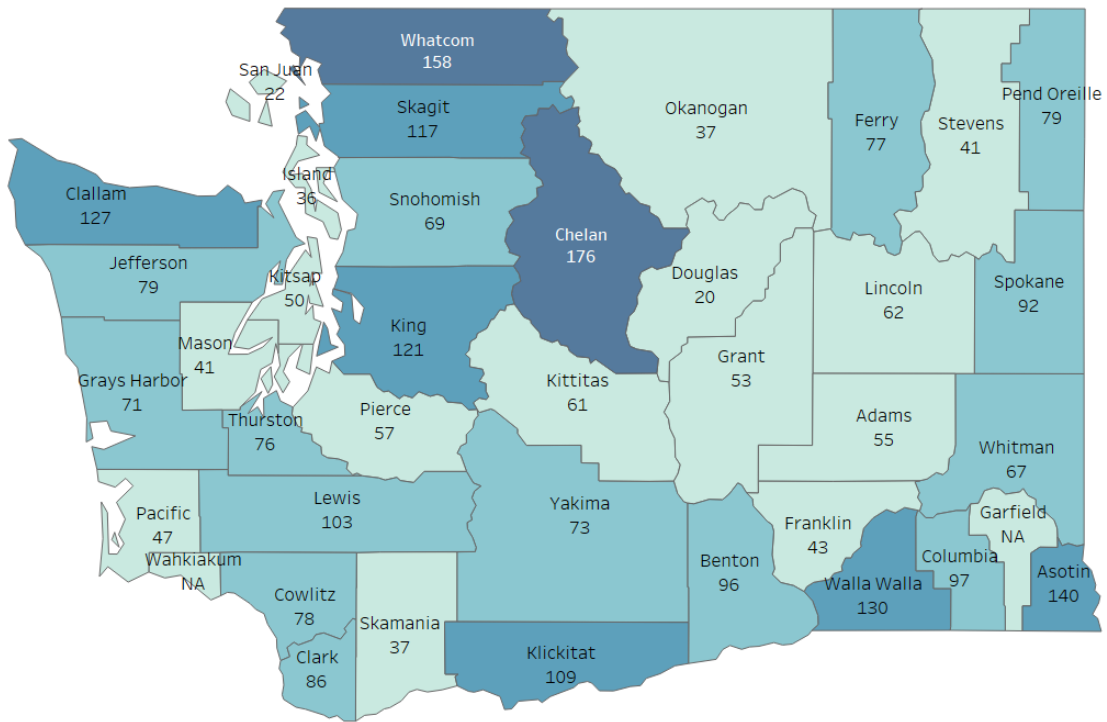
Approximately half of the counties saw an increase in their PCP rates from 2018 to 2019 despite a slight decrease in the statewide rate. Chelan expanded its lead over the other counties with its PCP rate increasing from 176 to 216 physicians per 100,000 population. Grays Harbor and Grant had the largest decreases in PCP rates, from 71 to 53 and 53 to 30, respectively. However, because of its large number of physicians, King’s decrease in its PCP rate from 121 to 114 was largely responsible for the decrease in the state average. The gap between the highest and lowest PCP rates increased as a result of Chelan’s large increase. Chelan had the highest rate and Douglas had the lowest rate in both years. Chelan’s rate was 8.8 times in 2018 and 10.3 times in 2019 as large as Douglas’ rates in those years.

Figure 13. PCP Rates (per 100,000) by County, 2018 and 2019

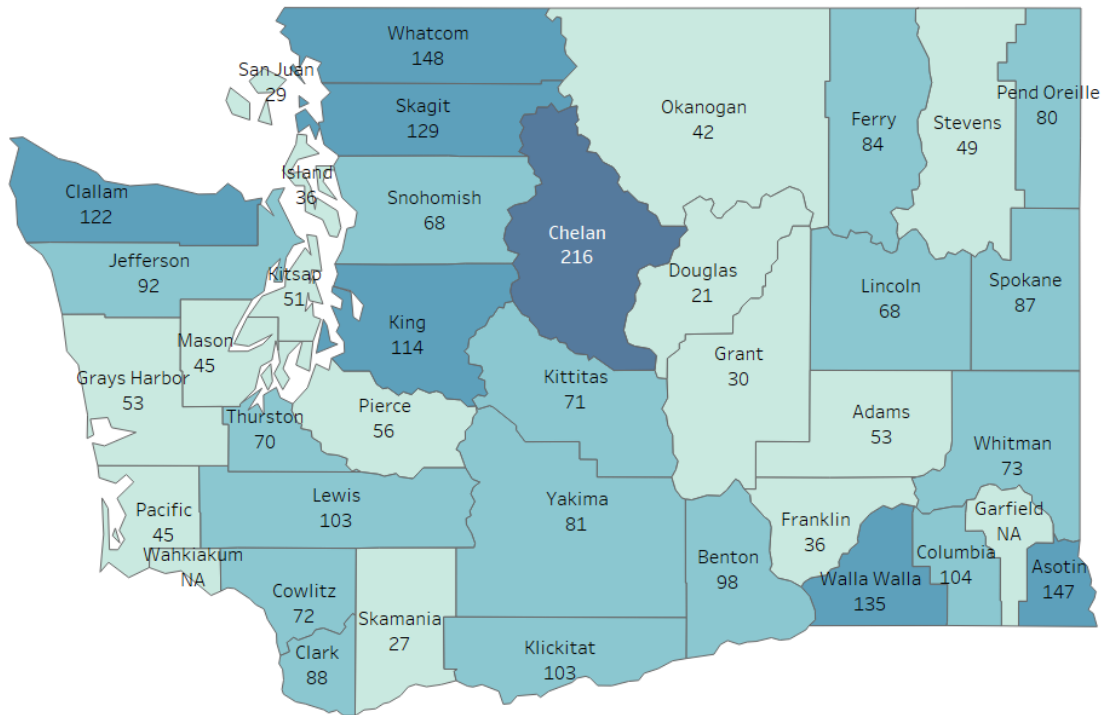
(sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 11. PCPs per 100,000 Population: Counties, 2018



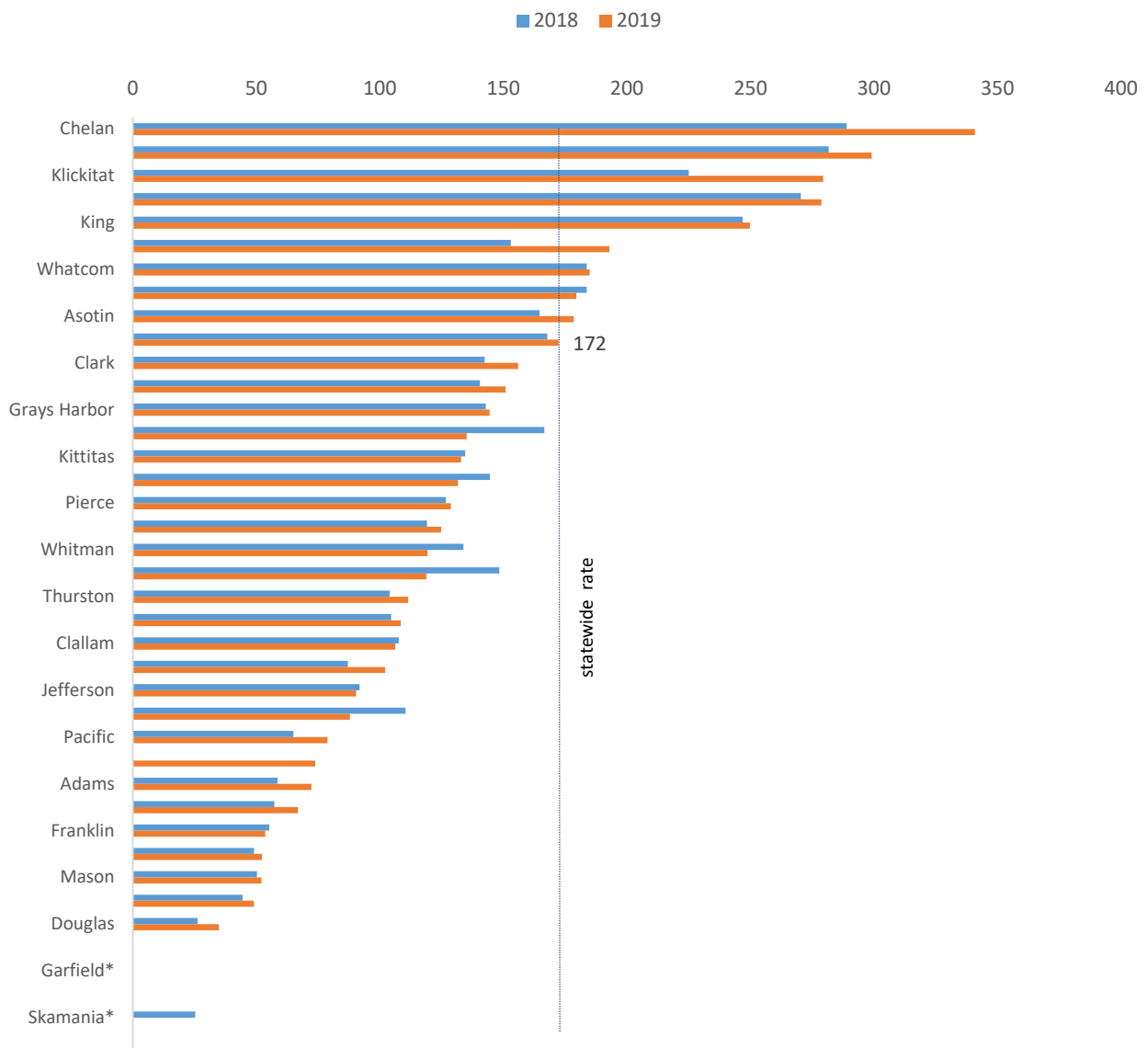
Map 12. PCPs per 100,000 Population: Counties, 2019



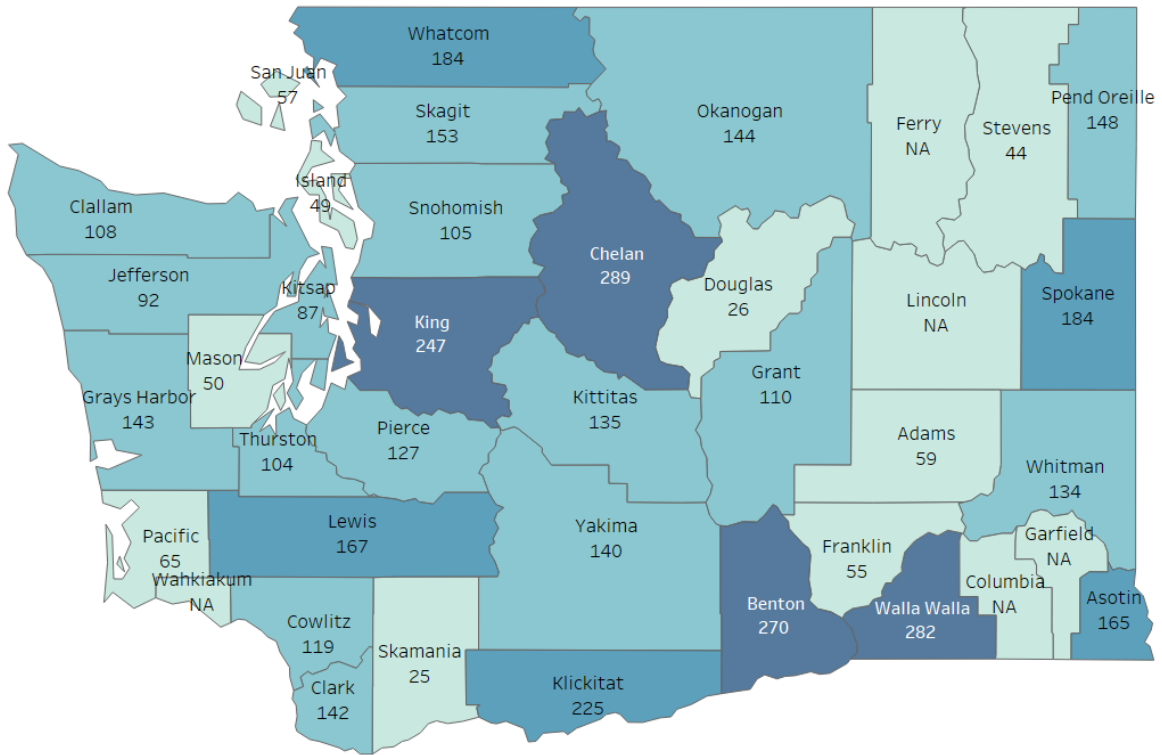
County – Specialists

More than half of the counties experienced an increase in their rates of specialists. The number of counties with a specialist rate higher than the state average also increased, from seven counties in 2018 to nine in 2019. Counties that experienced a large increase in 2019 include Chelan (289 to 341 physicians per 100,000 population), Klickitat (225 to 279) and Skagit (153 to 193). Chelan’s rates were also the largest in both years. The largest decreases in specialist rates took place in Lewis (167 to 135), Pend Oreille (148 to 119) and Grant (110 to 88).

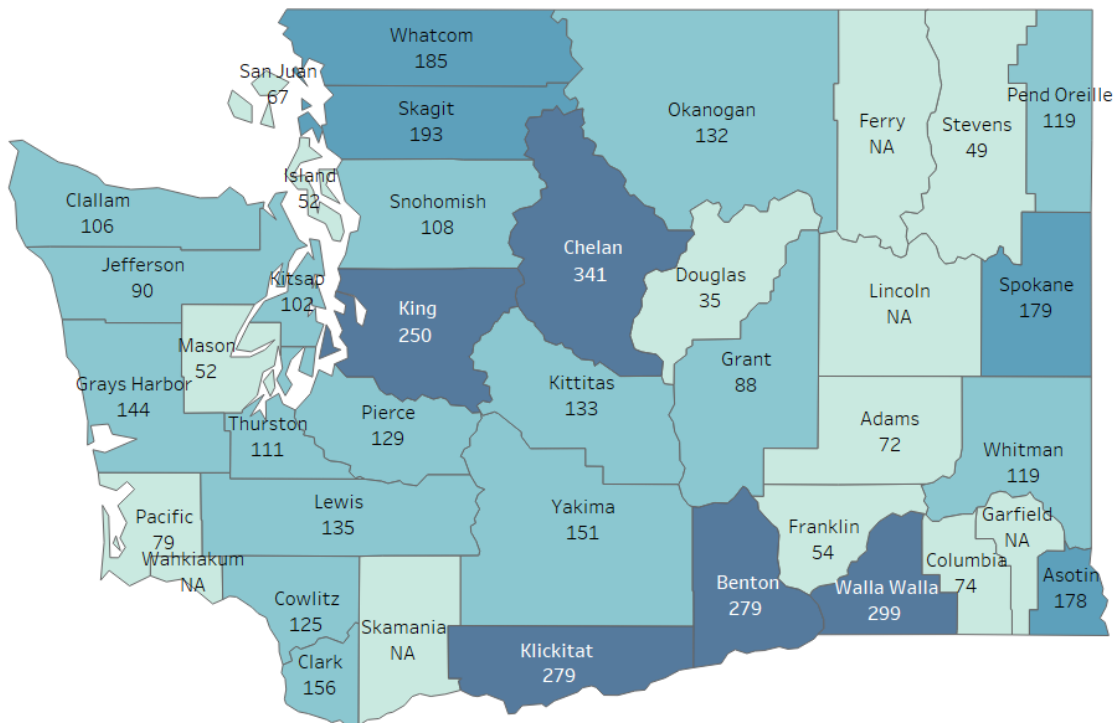
Figure 14. Specialist Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 13. Specialists per 100,000 Population: Counties, 2018



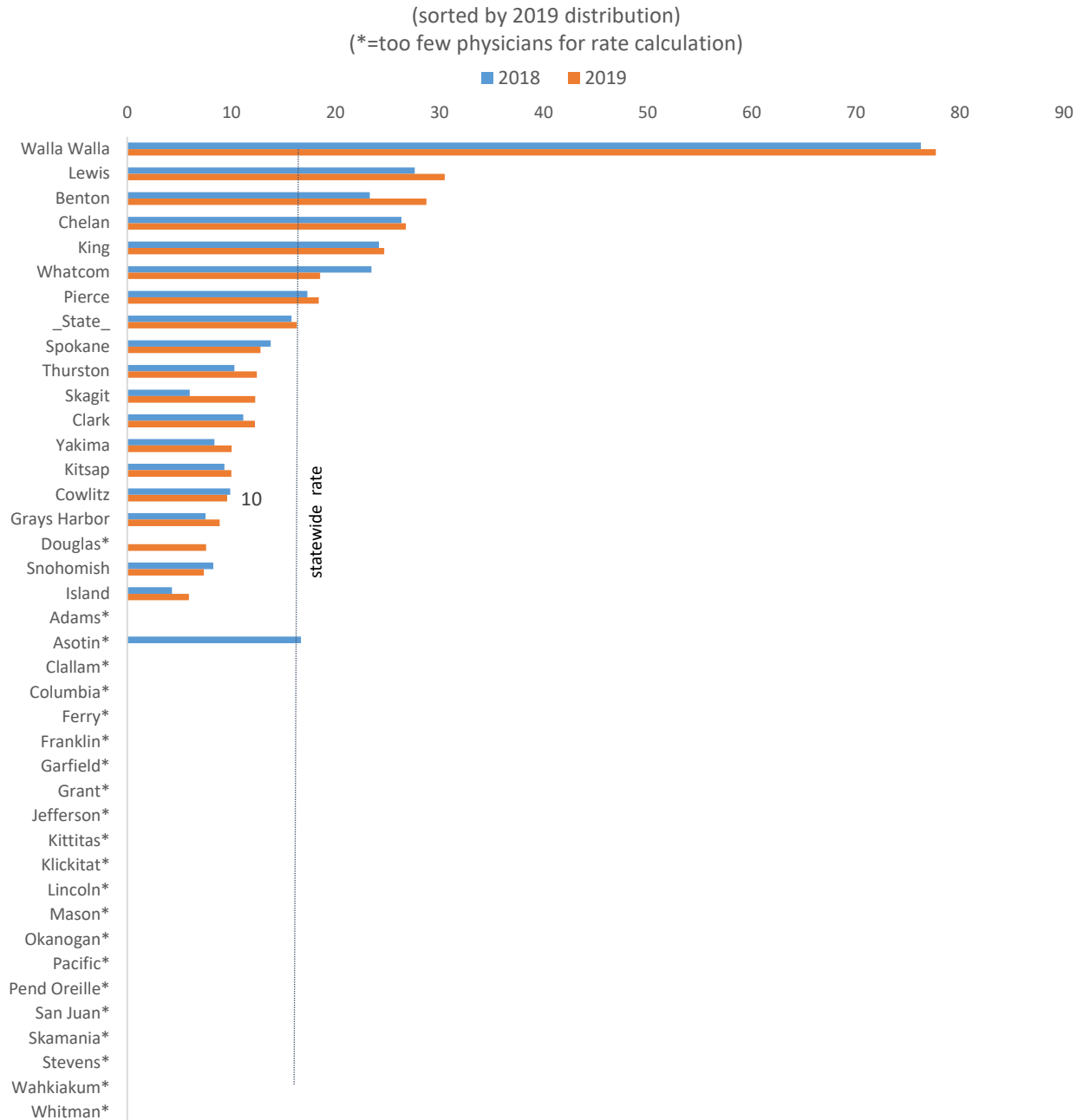
Map 14. Specialists per 100,000 Population: Counties, 2019



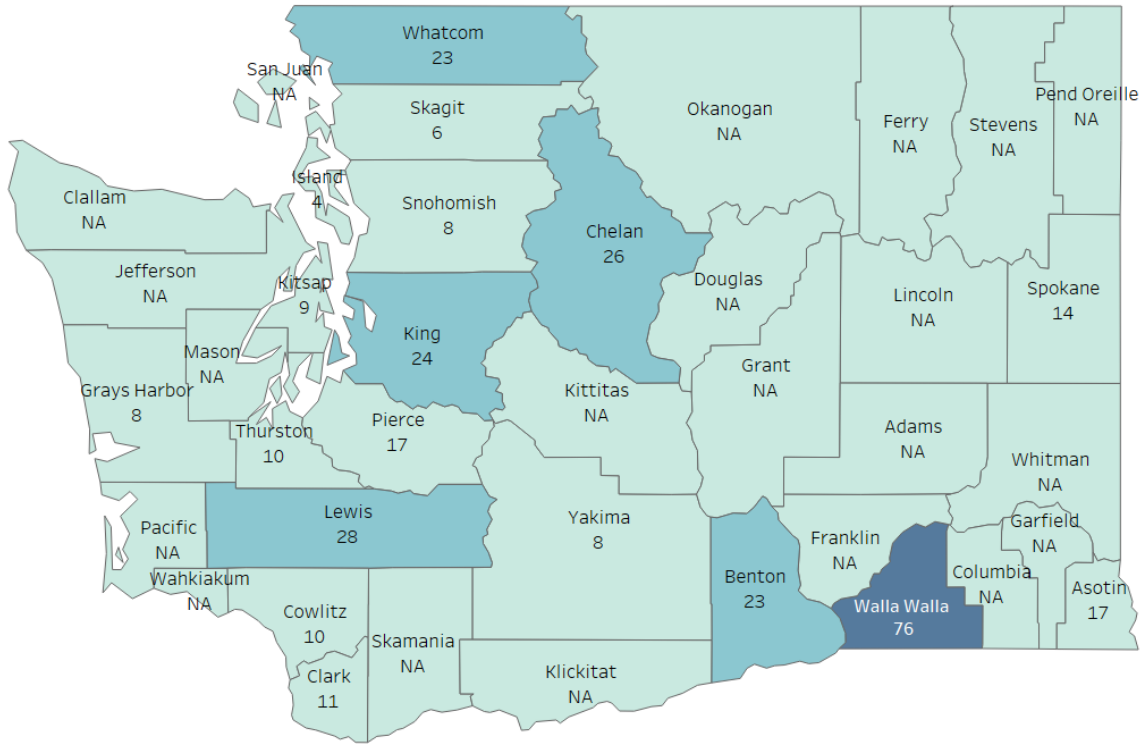
County – Anesthesiologists

In 2018 and 2019, approximately half of the counties had no anesthesiologists or too few for rate calculations. Among the 18 counties for which anesthesiologist rates were calculated for both years, 14 had an increase. Large increases took place in Benton (23 to 29 anesthesiologists per 100,000 population) and Skagit (6 to 12) while Whatcom had the largest decrease (23 to 19). In both years, however, Walla Walla had the highest rates of anesthesiologists (76 in 2018 and 78 in 2019) that were about 19 times as high in 2018 and 13 times as high in 2019 as the lowest rates in Island.

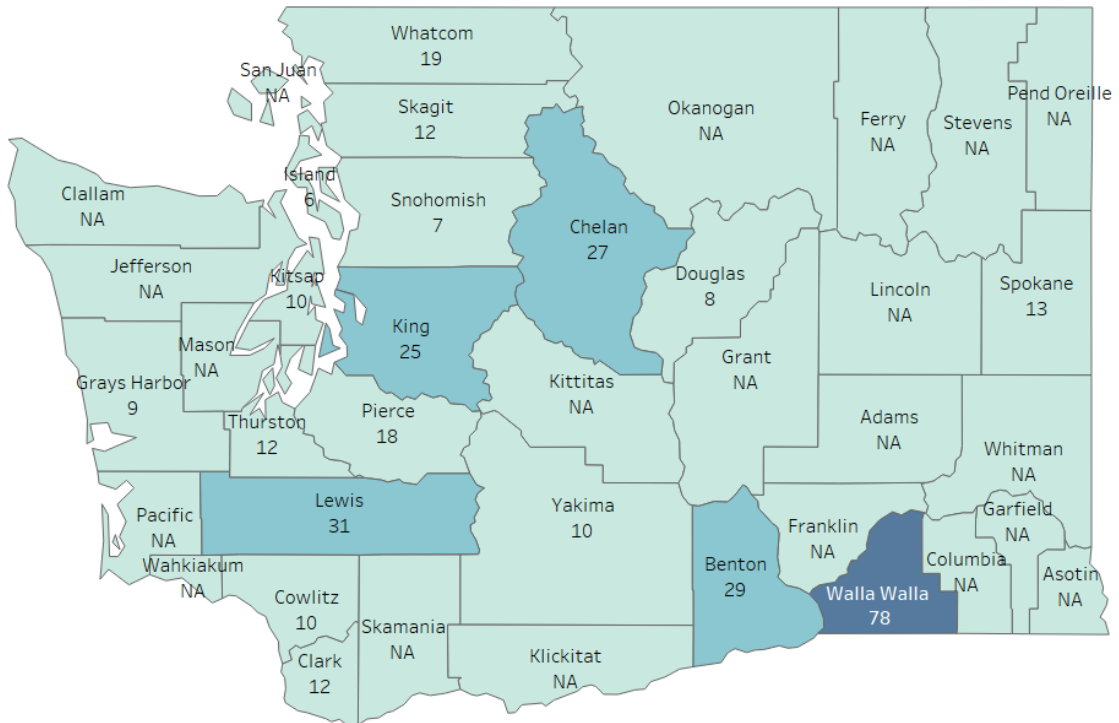
Figure 15. Anesthesiologist Rates (per 100,000) by County, 2018 and 2019



Map 15. Anesthesiologists per 100,000 Population: Counties, 2018



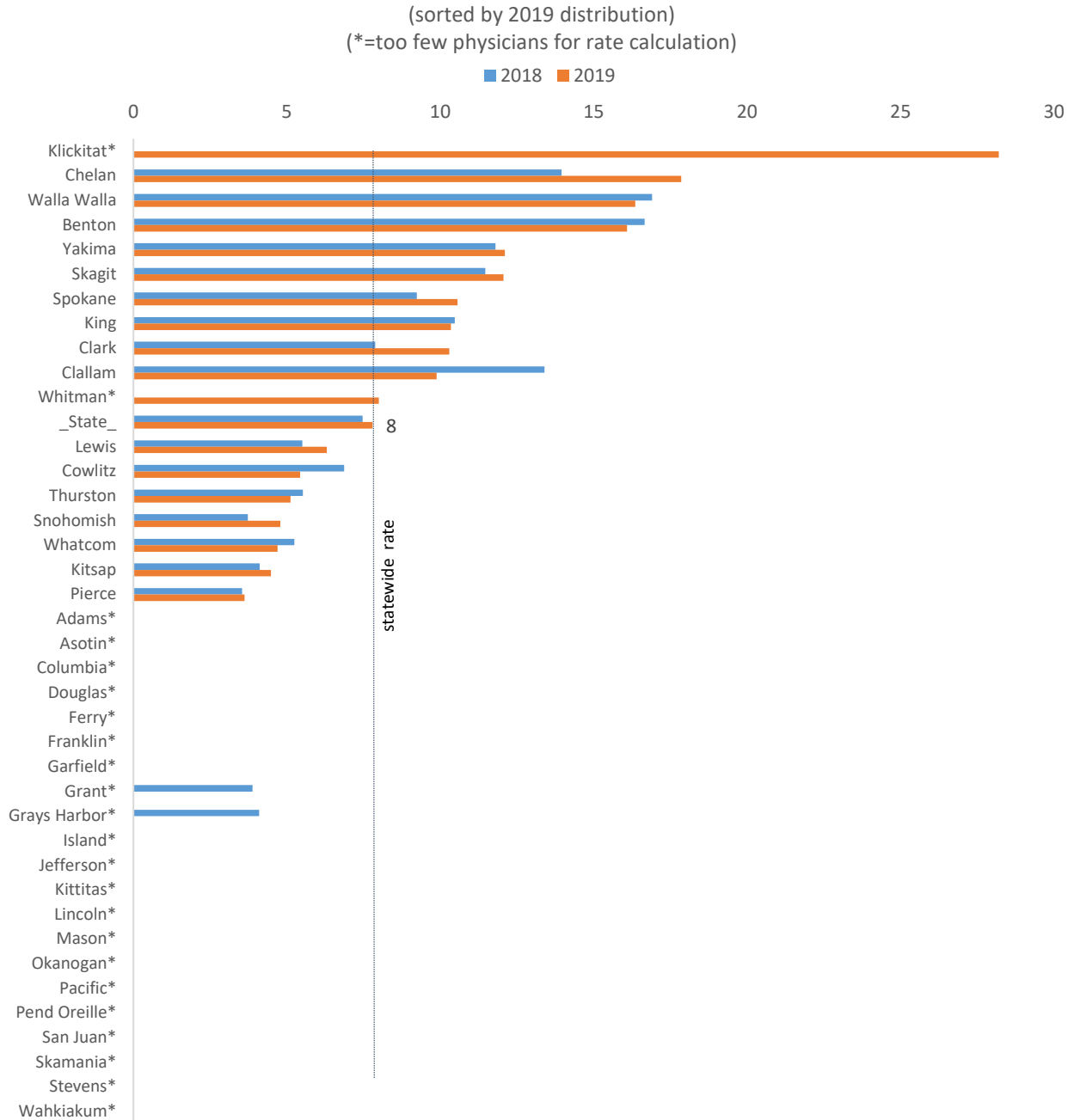
Map 16. Anesthesiologists per 100,000 Population: Counties, 2019



County – Cardiologists

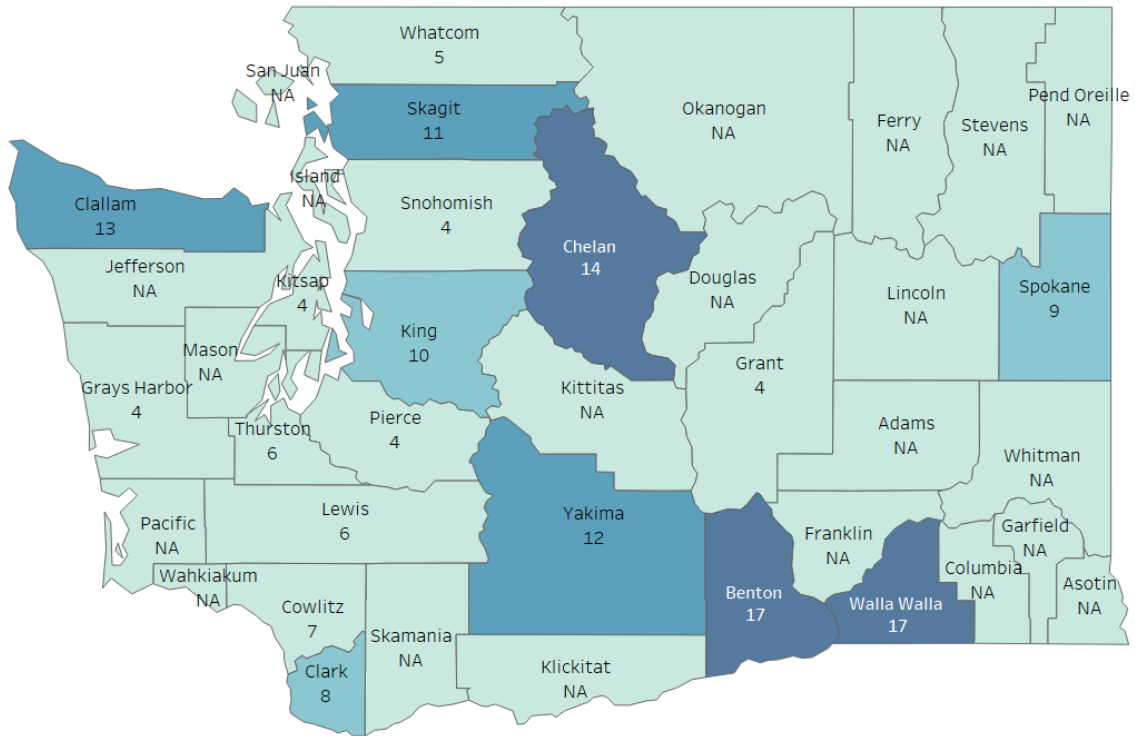
More than half of the counties in 2019 had either no cardiologists or too few for physician rate calculation. Two counties, Klickitat and Whitman, had enough physicians for rate calculation in 2019 but not in 2018. In contrast, two other counties had enough cardiologists for rate calculation in 2018 but not in 2019. Klickitat’s rate in 2019 was the highest at 298 cardiologists per 100,000 population. The distant second highest rate of 18 (14 in 2018) belonged to Chelan. Clark also saw a large increase in cardiologist rate, from 8 to 10. Clallam, on the other hand, decreased from 13 to 10.

Figure 16. Cardiologist Rates (per 100,000) by County, 2018 and 2019

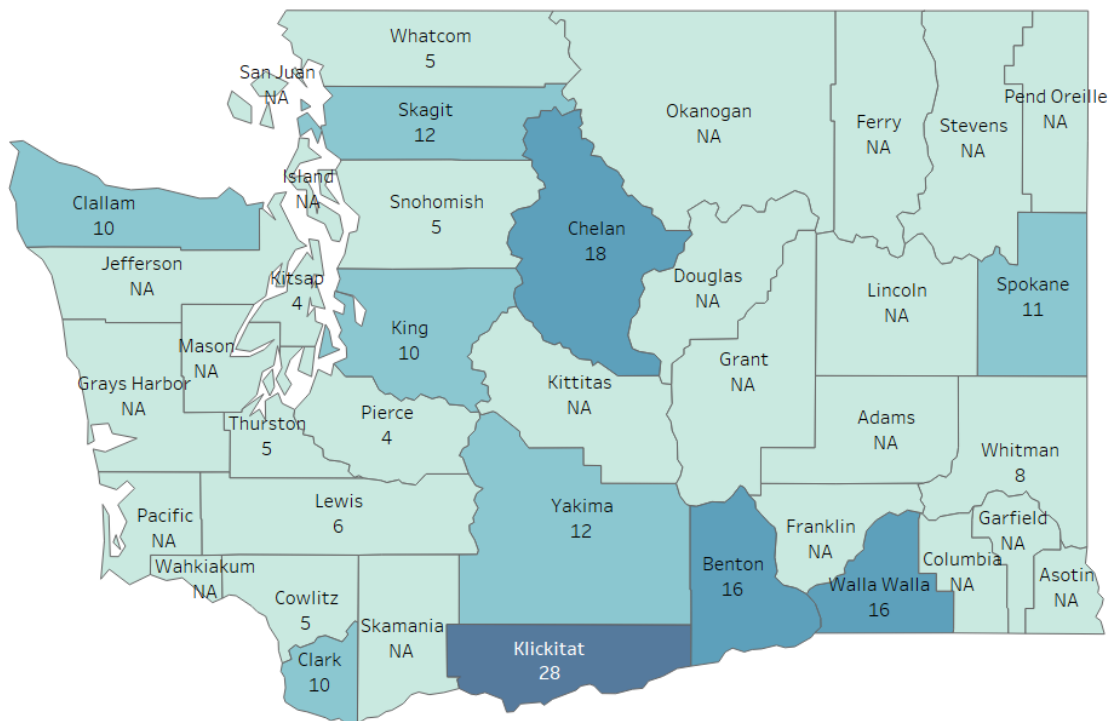




Map 17. Cardiologists per 100,000 Population: Counties, 2018



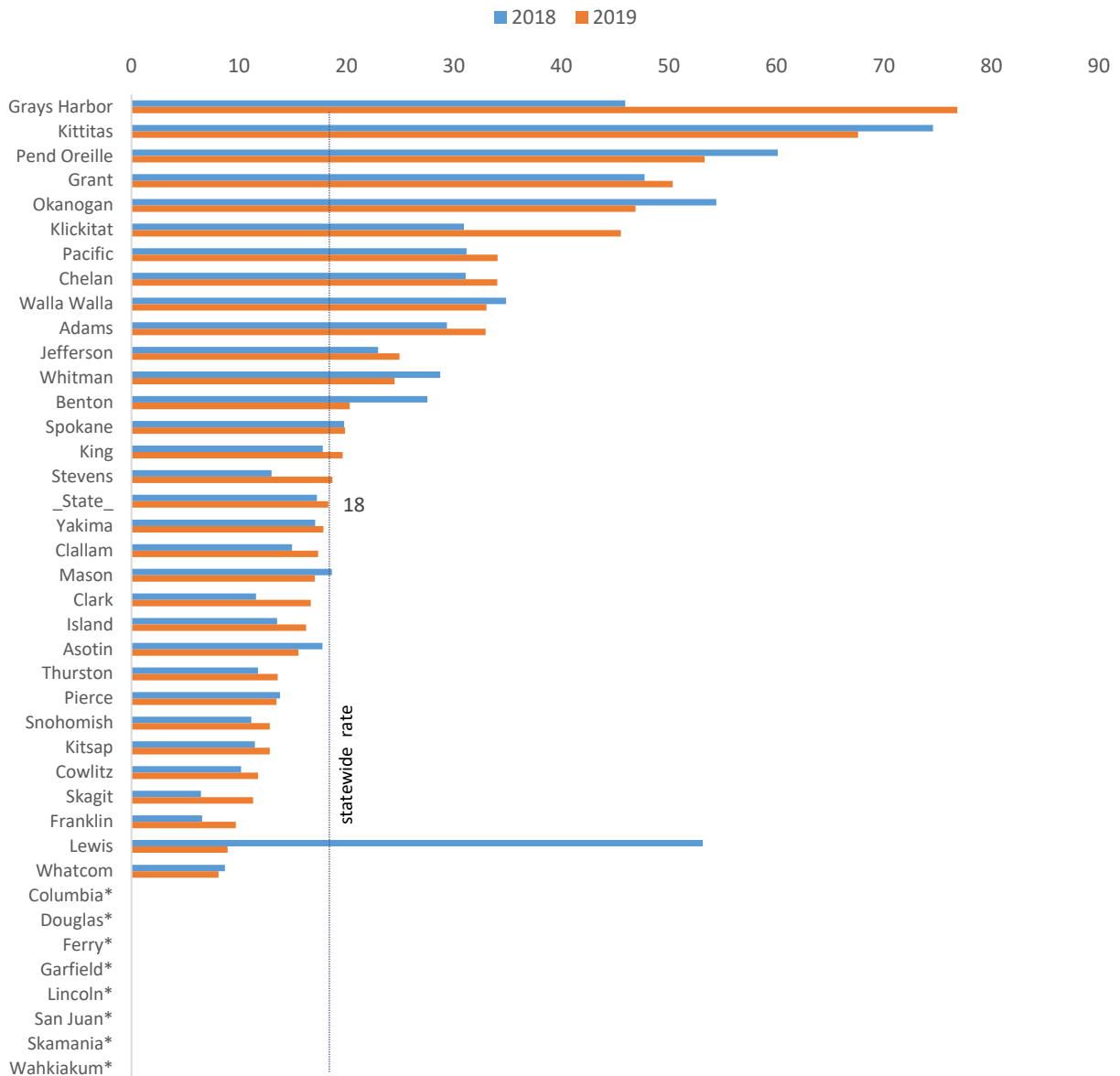
Map 18. Cardiologists per 100,000 Population: Counties, 2019



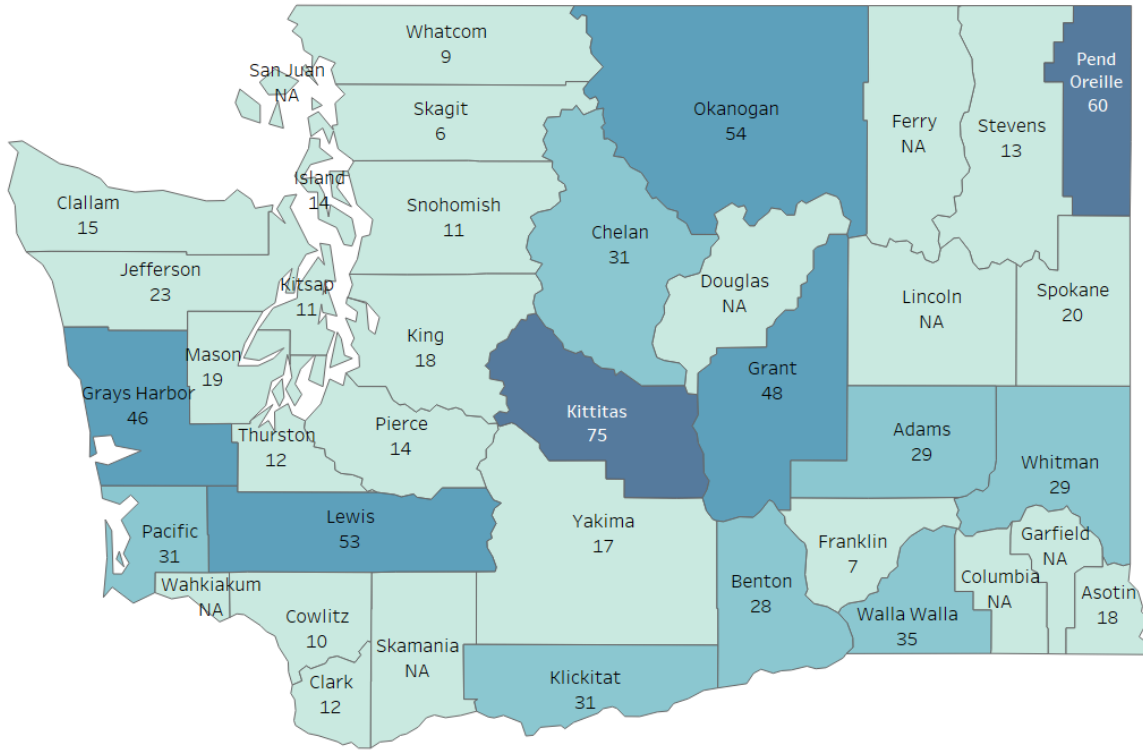
County – Emergency Medicine Physicians

Of the 39 counties in Washington, EM physician rates were available for 31 counties for both 2018 and 2019. More than half of the 31 counties had an increase in the EM physician rate. The increase in Grays Harbor was the largest, from 46 to 77 EM physicians per 100,000 population. The increase in Klickitat was quite large as well, from 31 to 46. Lewis County’s rates show a sharp decline from 2018 to 2019, decreasing from 53 to 9. However, the 2018 rate for Lewis may be the result of physicians being mis-coded as EM physicians in the source data provided by the insurance carriers, as its rate the year before and the year after are quite similar (10 and 9, respectively), but its 2018 rate was several times higher. Aside from Lewis, four other counties experienced relatively large decreases: Kittitas (75 to 68), Pend Oreille (60 to 53), Okanogan (54 to 47) and Benton (28 to 20).

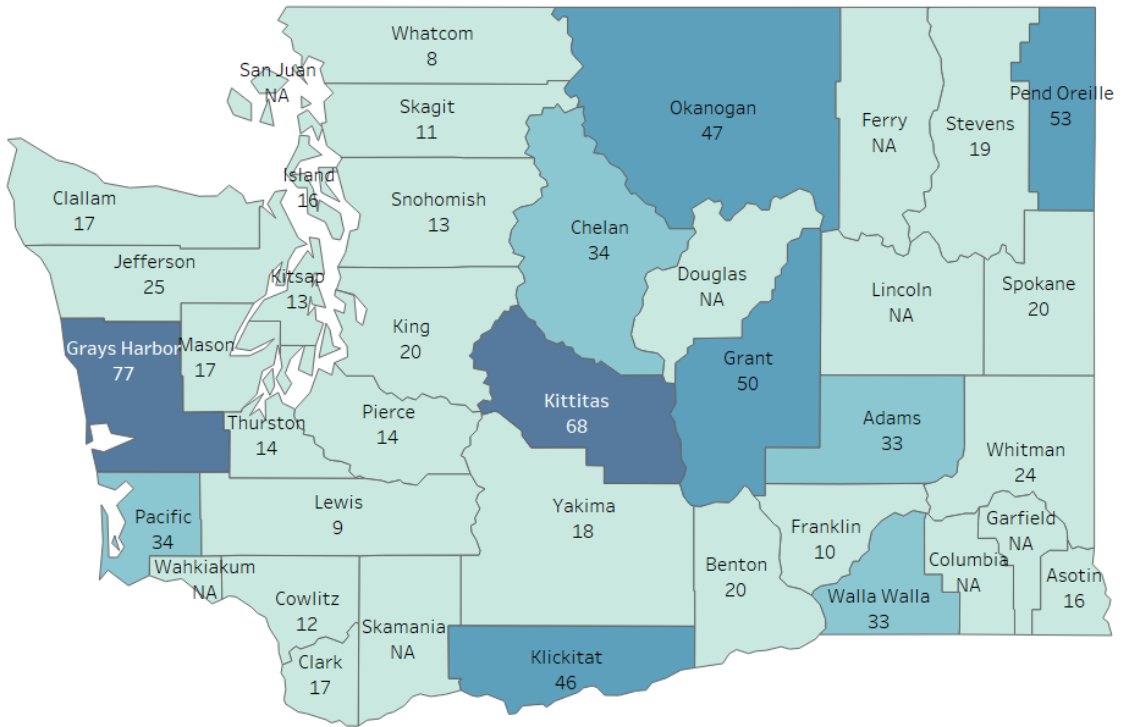
Figure 17. Emergency Medicine Physician Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 19. Emergency Medicine Physicians per 100,000 Population: Counties, 2018



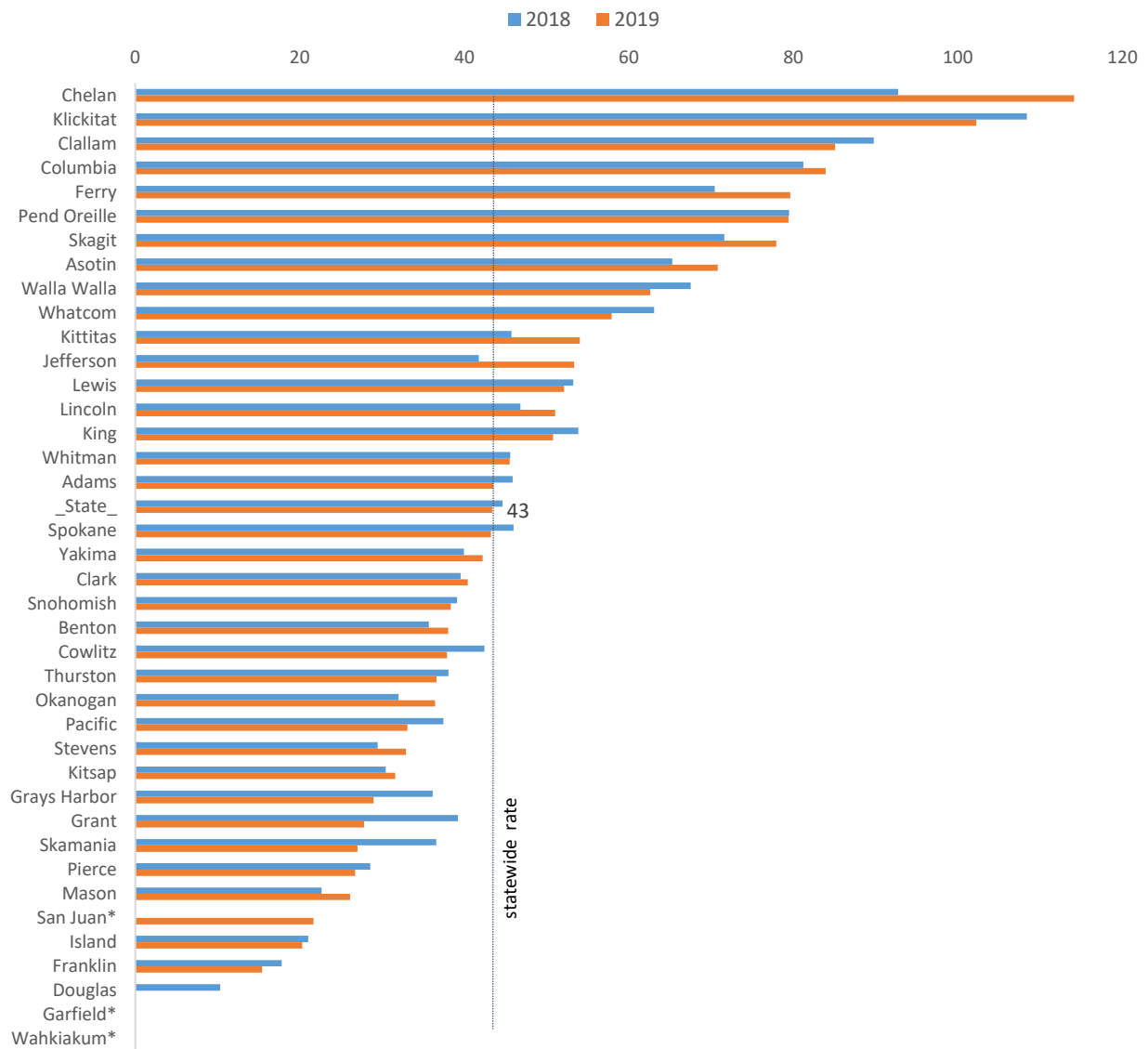
Map 20. Emergency Medicine Physicians per 100,000 Population: Counties, 2019



County – Family Medicine/General Practice Physicians

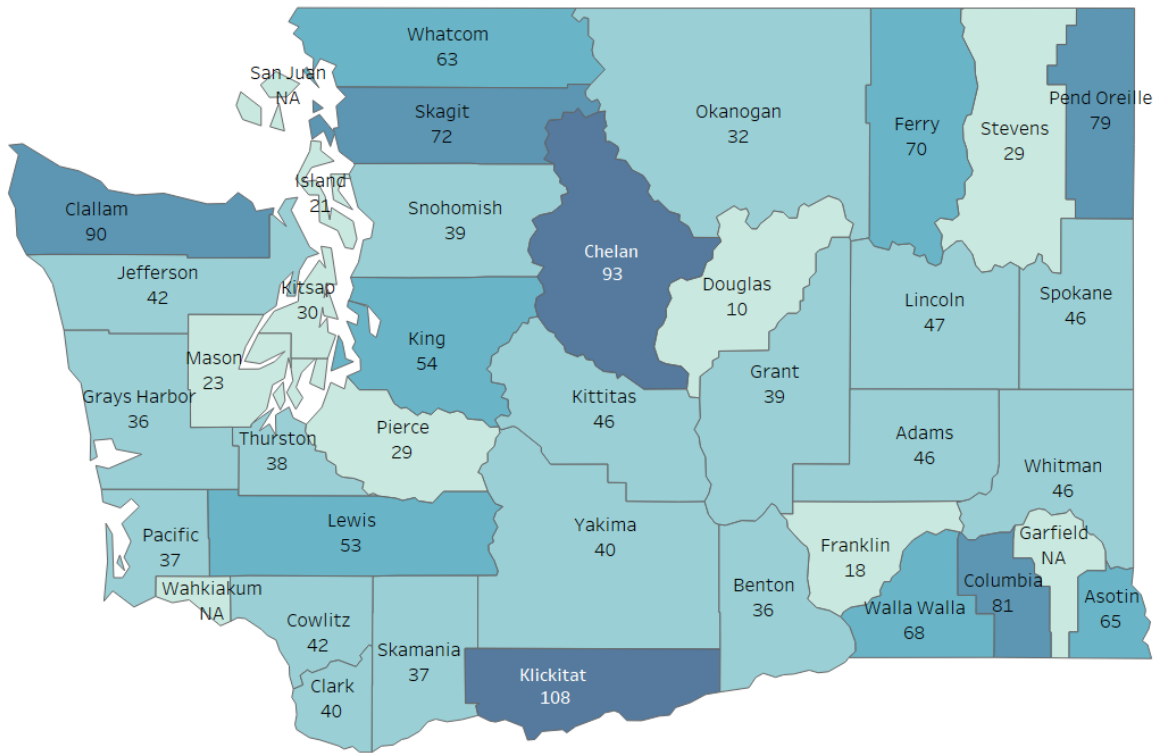
Washington’s FM/GP physician rate in 2019 was 43 per 100,000 population, slightly lower than its rate of 45 in 2018. However, there was a wide spread of rates among the counties. Chelan’s highest rate of 114 in 2019 was 7.6 times as high as the lowest rate of 15 in Franklin. Slightly more counties in 2019 had a FM/GP rate lower than the state rate. Also, slightly more counties experienced a decrease in their FM/GP rates in 2019. Counties that experienced relatively large decreases include Grays Harbor (36 to 29), Grant (39 to 28) and Skamania (37 to 27). Counties that saw relatively large increases include Chelan (93 to 114), Ferry (70 to 80), Kittitas (46 to 54) and Jefferson (42 to 53).

Figure 18. Family Medicine/General Practice Physician Rates (per 100,000) by County, 2018 and 2019  
(sorted by 2019 distribution)  
(\* = too few physicians for rate calculation)

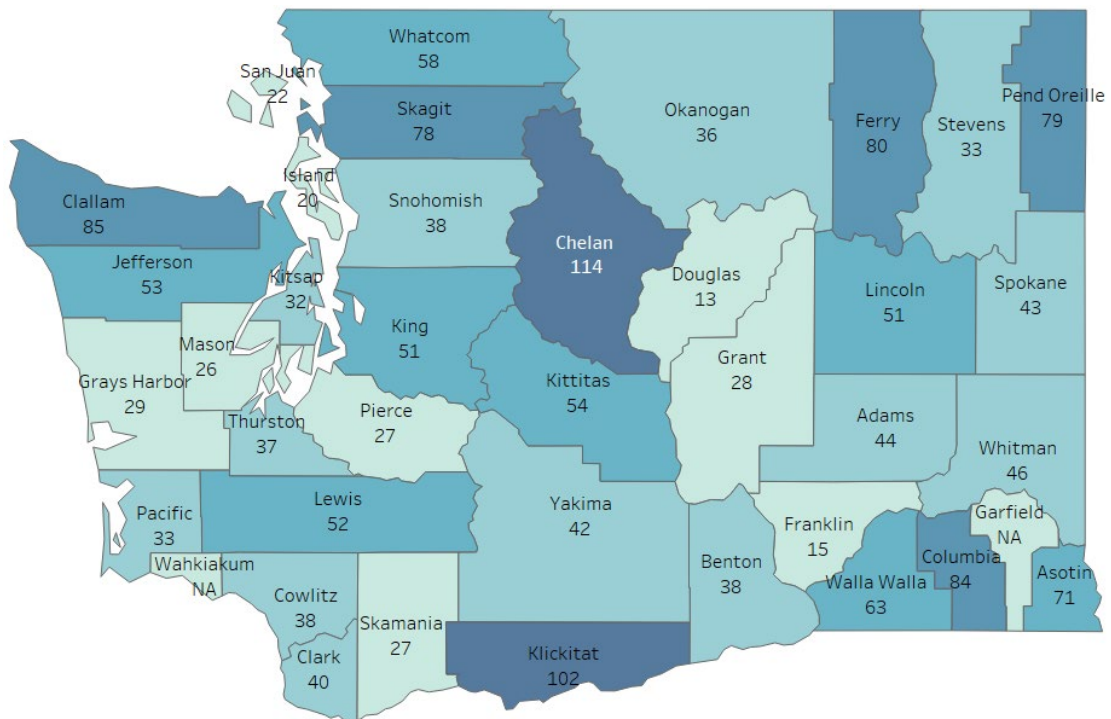


2018-19 Physician Supply

Map 21. Family Medicine/General Practice Physicians per 100,000 Population: Counties, 2018



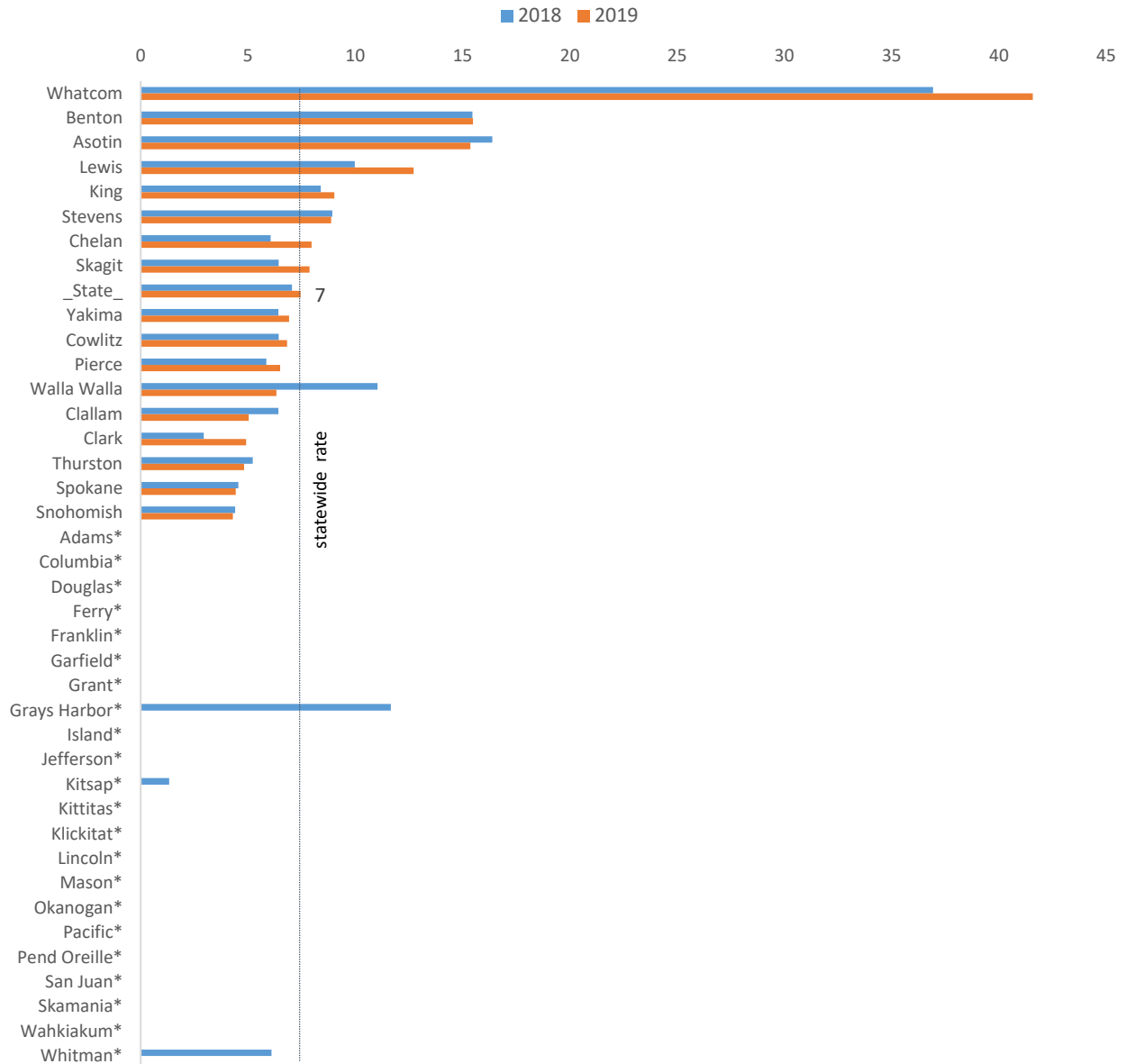
Map 22. Family Medicine/General Practice Physicians per 100,000 Population: Counties, 2019



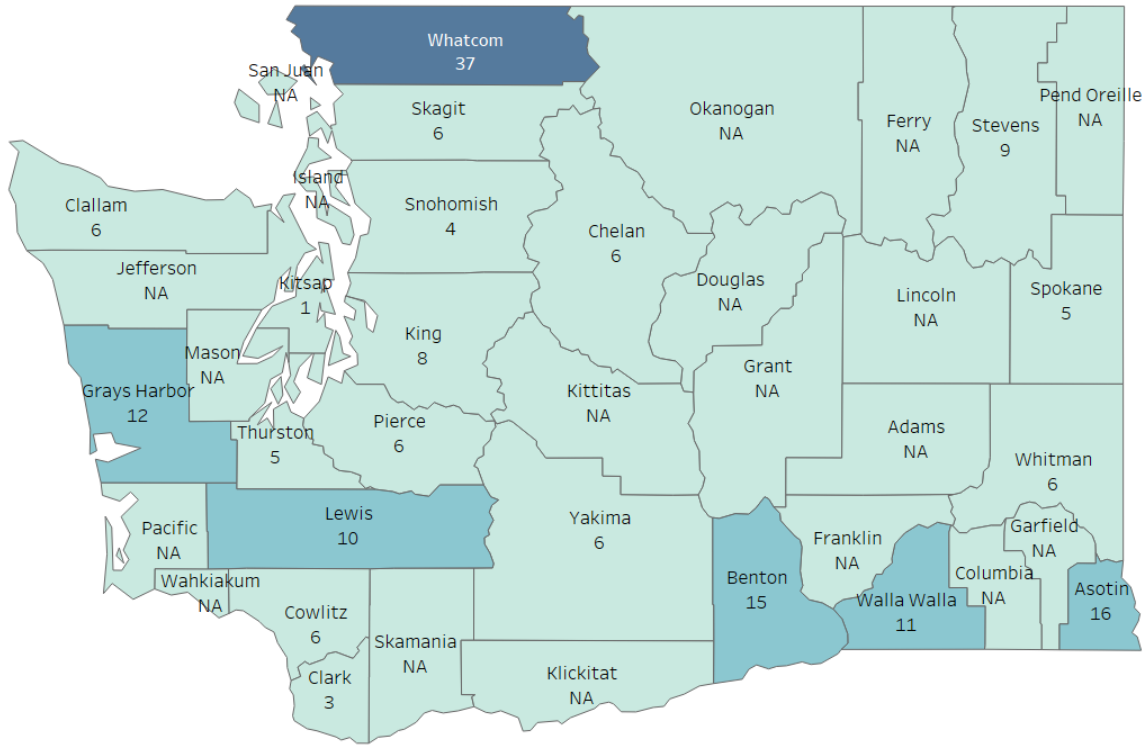
County – Hospitalists

Whatcom had the highest hospitalist rates of all counties in 2018 and 2019 – 37 and 42 hospitalists, respectively, per 100,000 population. Its rate in 2019 was six times as high as the state rate and 10.5 times as high as the lowest rate of four in Snohomish. However, 22 counties had either no hospitalists or too few for rate calculation in 2019. Walla Walla had a sizeable decrease in its hospitalist rate (11 to 6).

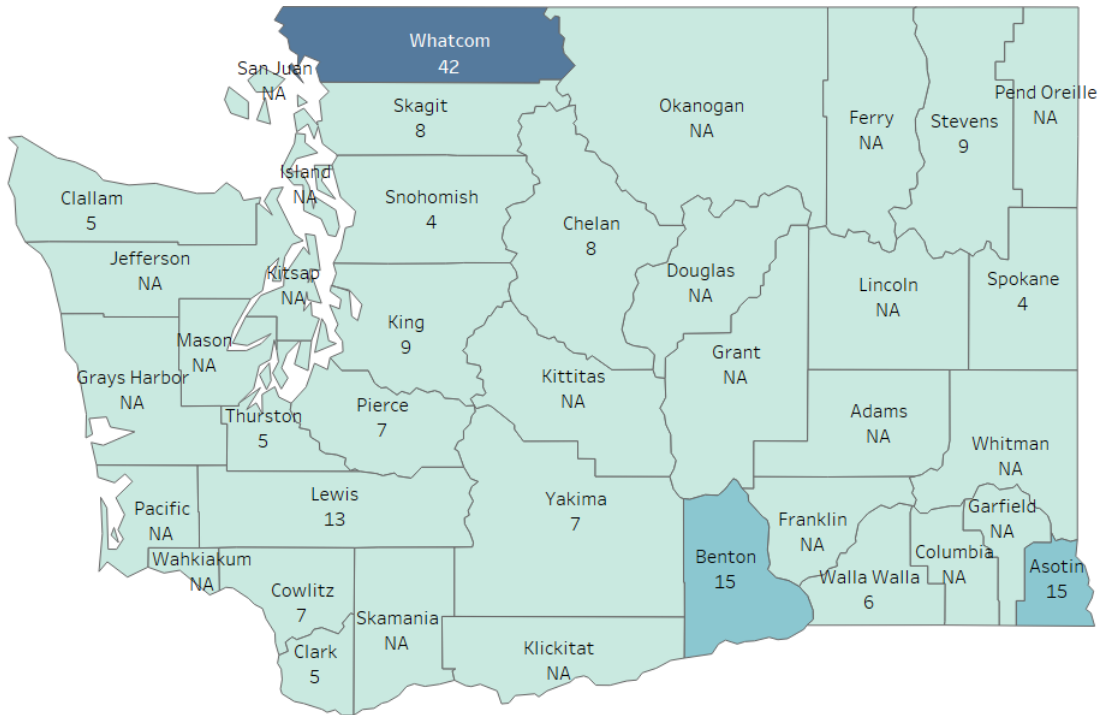
Figure 19. Hospitalist Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 23. Hospitalists per 100,000 Population: Counties, 2018



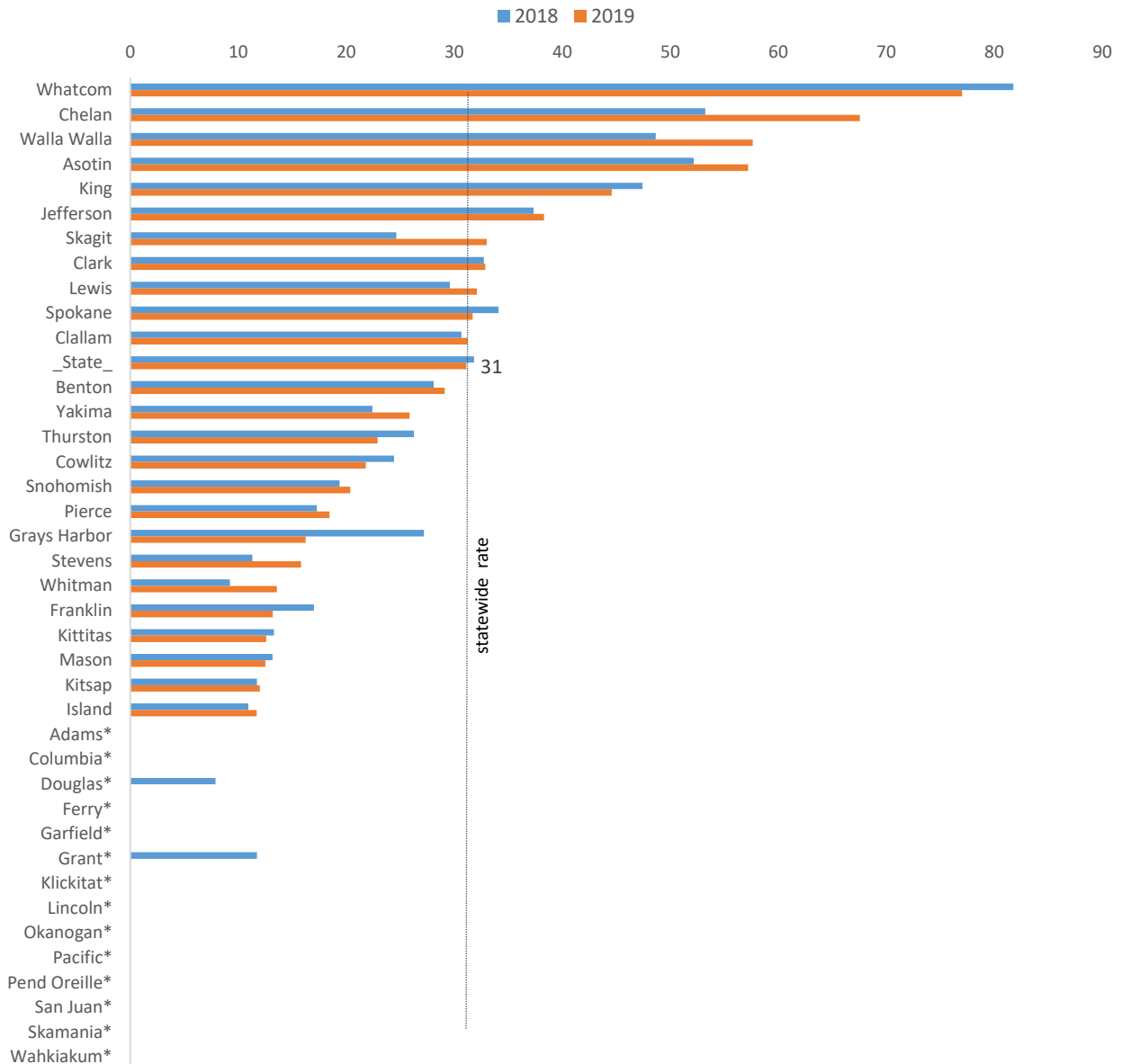
Map 24. Hospitalists per 100,000 Population: Counties, 2019



County – Internal Medicine (General) Physicians

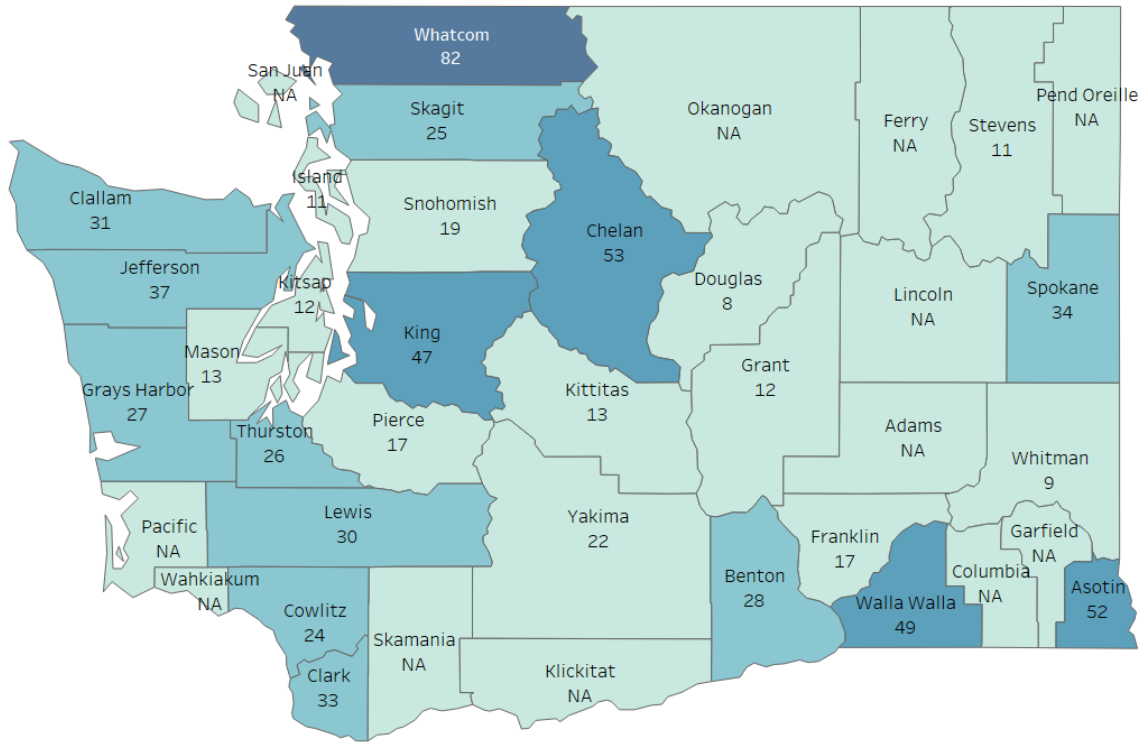
Whatcom’s rate of 77 IM physicians per 100,000 population in 2019 continued to be the highest despite a decline from its rate of 82, also the highest, in 2018. Three counties had sizeable increases in their IM rates: Chelan (53 to 68), Walla Walla (49 to 58) and Skagit (25 to 33). Grays Harbor had the largest decline, from 27 to 16. There were 14 counties that had no IM physicians or too few for rate calculation in 2019.

Figure 20. Internal Medicine (General) Physician Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)

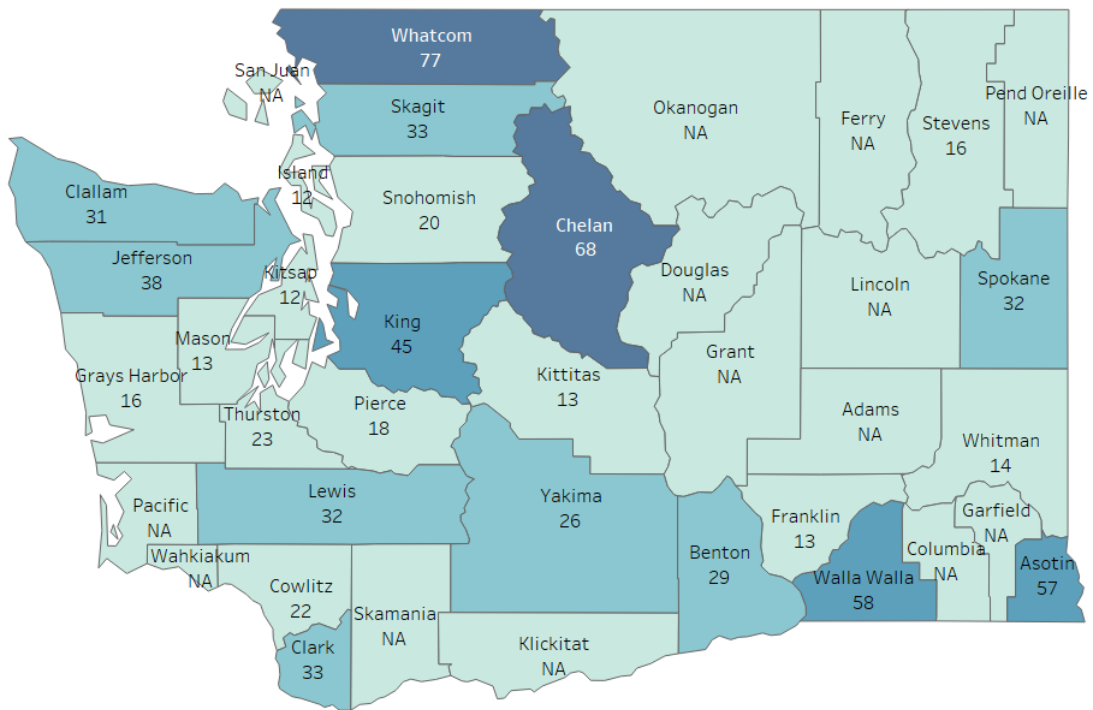




Map 25 Internal Medicine (General) Physicians per 100,000 Population: Counties, 2018



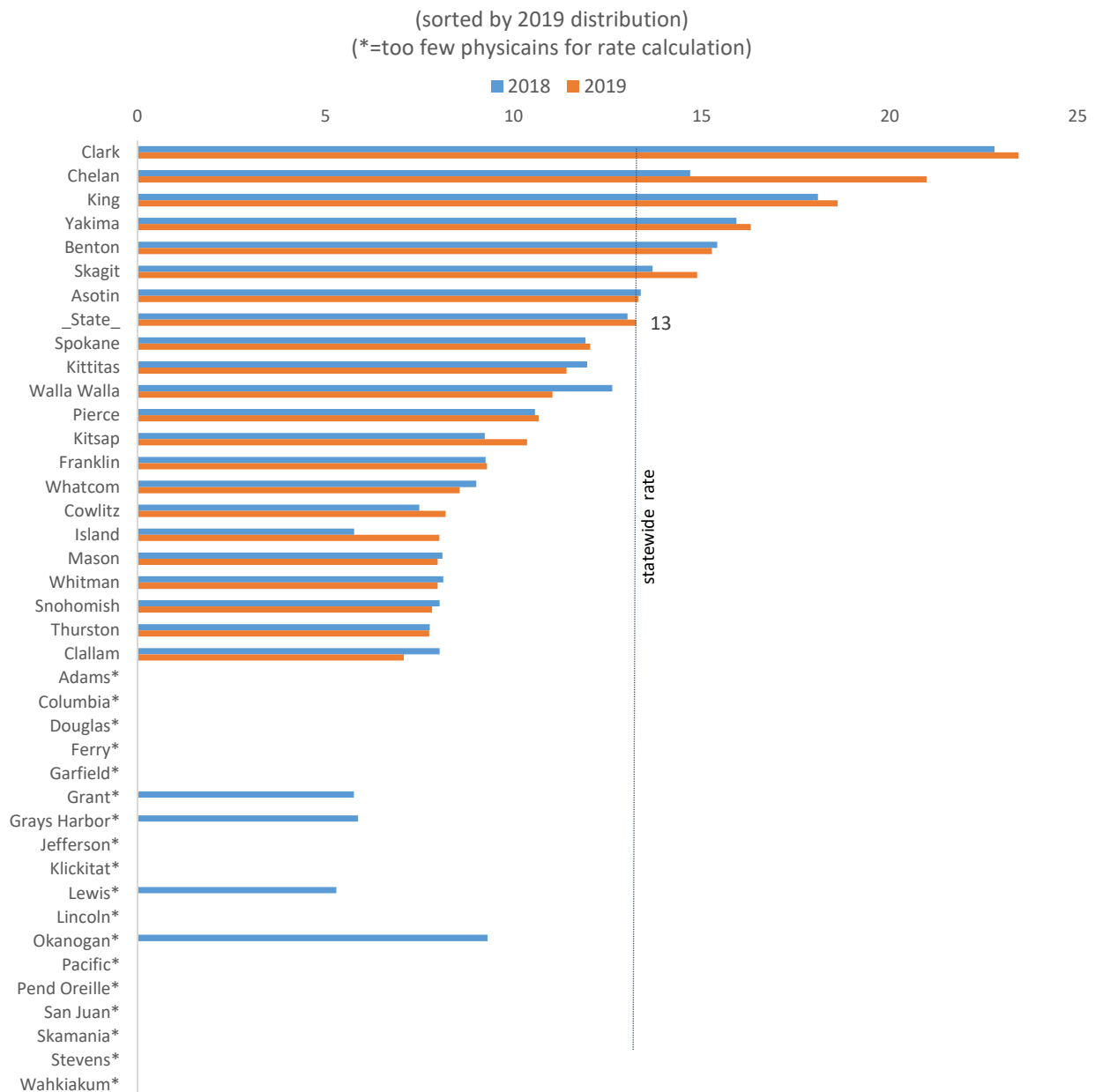
Map 26. Internal Medicine (General) Physicians per 100,000 Population: Counties, 2019



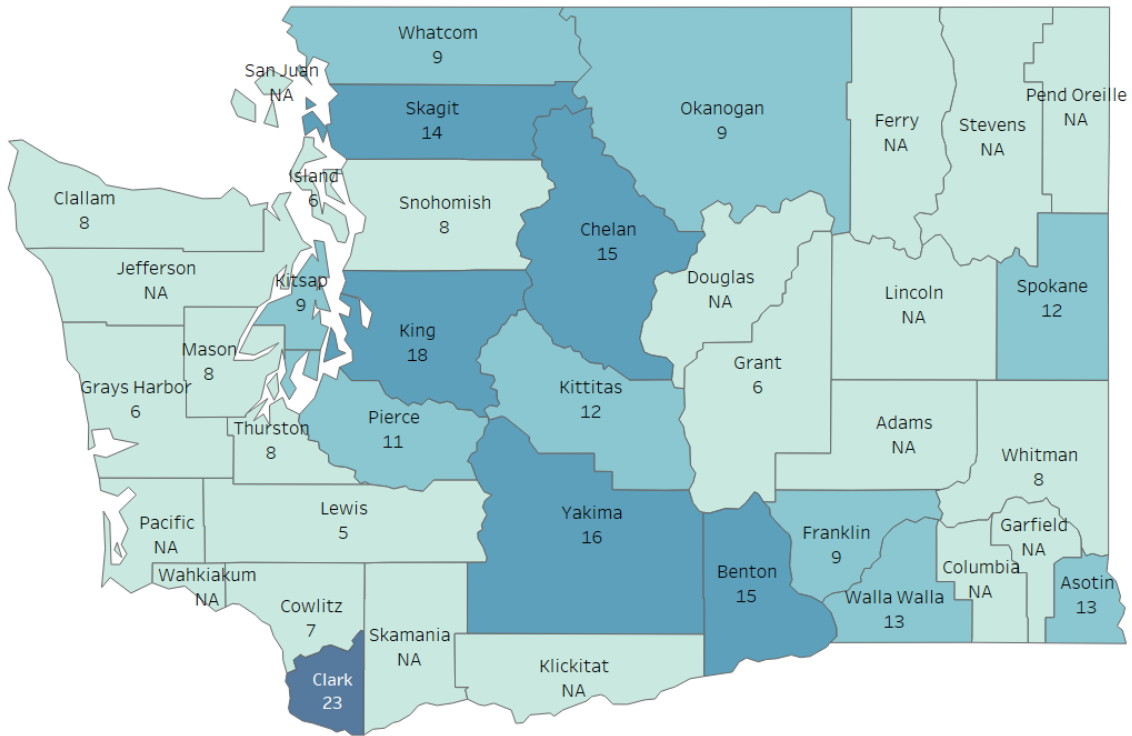
County – OB/GYNs

The state’s rate of OB/GYNs was about 13 physicians per 100,000 population in both 2018 and 2019. There were only six counties with OB/GYN rates that were above the state rate in both years. Clark had the highest rate with 23 per 100,000, also in both years. Clallam’s rate of seven in 2019 was the lowest. The largest increase of OB/GYN rate was in Chelan. Its rate increased from 15 to 21. Slightly less than half of the counties (18) had no OB/GYNs or too few for rate calculation in 2019.

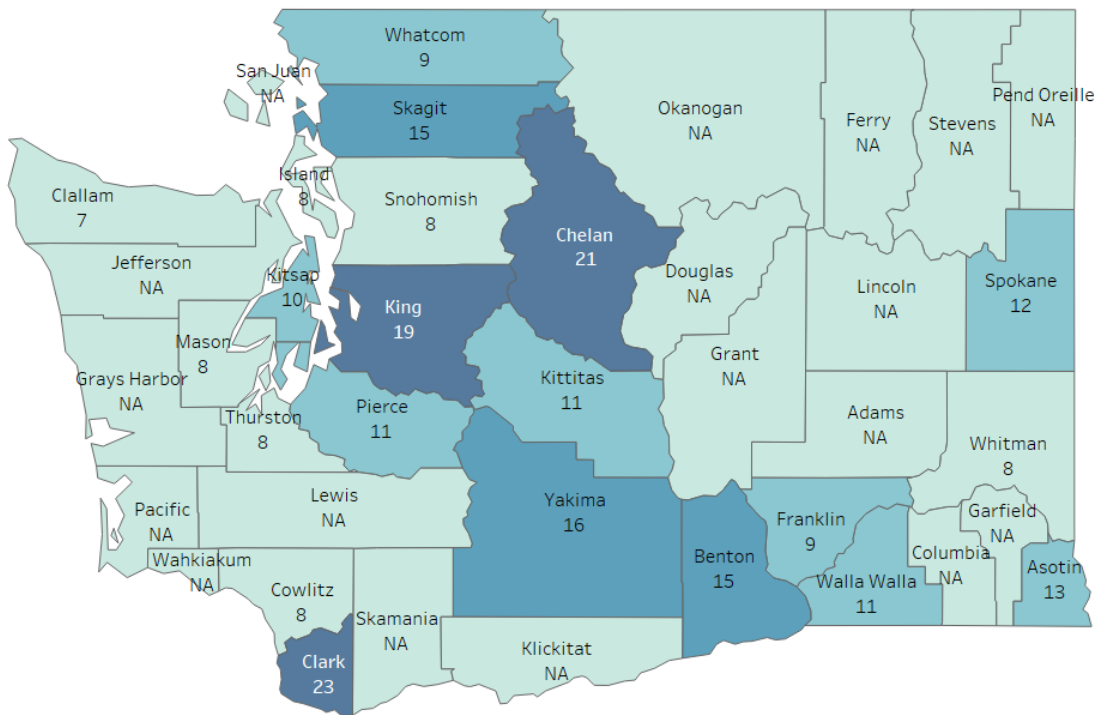
Figure 21. OB/GYN Rates (per 100,000) by County, 2018 and 2019



Map 27. OB/GYNs per 100,000 Population: Counties, 2018



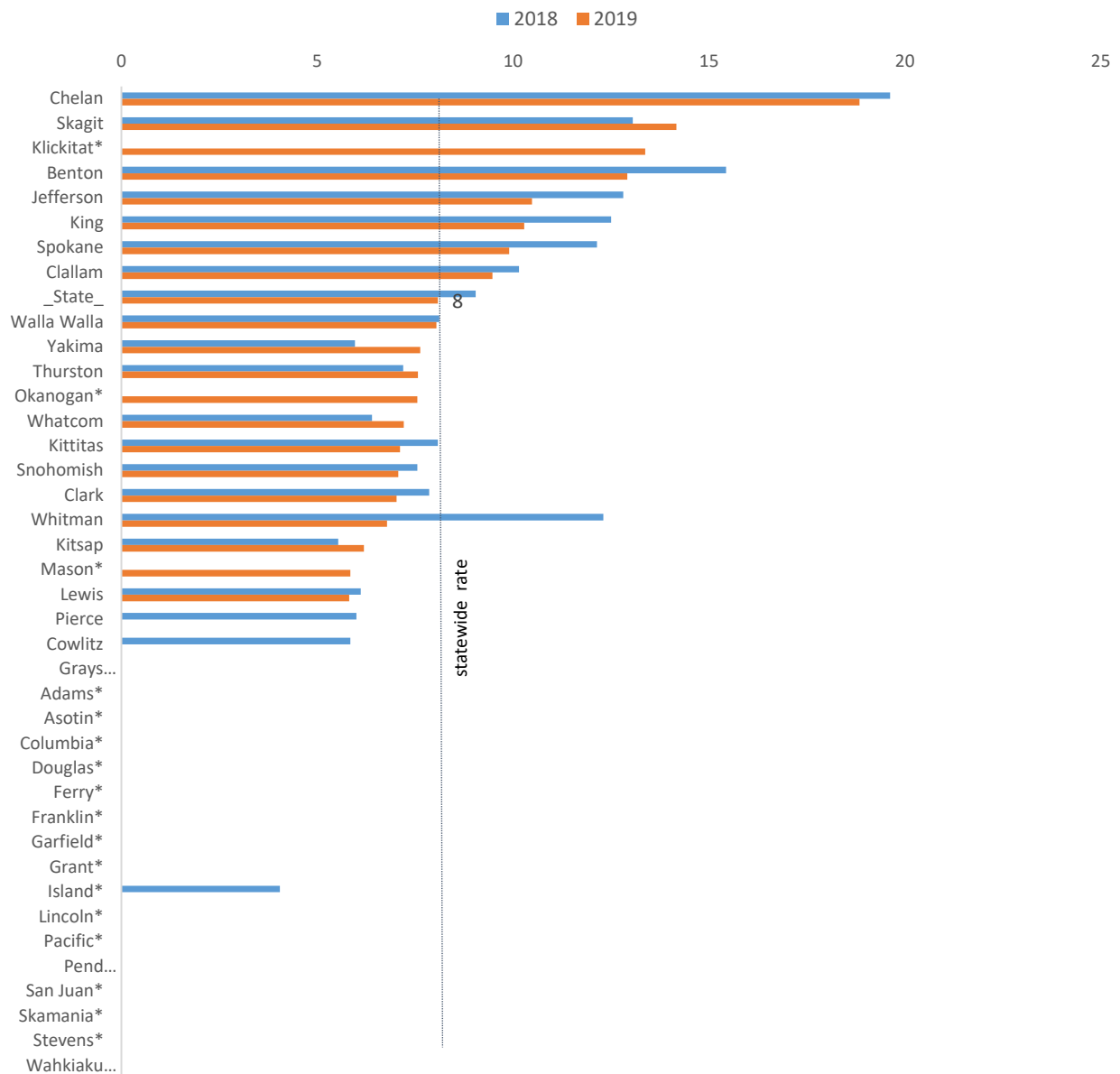
Map 28. OB/GYNs per 100,000 Population: Counties, 2019



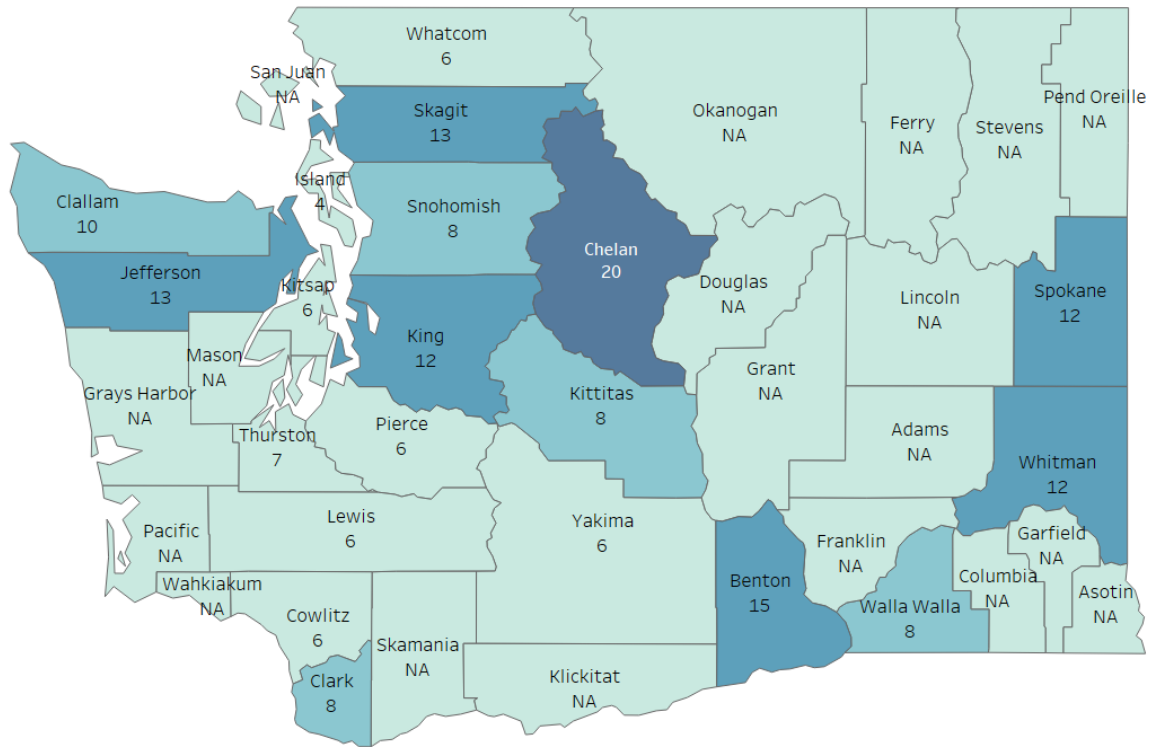
County – Orthopedic Surgeons

Washington’s orthopedic surgeon rate dropped slightly from nine to eight physicians per 100,000 population in 2019 over the previous year. The decline in orthopedic surgeon rates occurred in 13 of the 18 counties for which the rates were available. Whitman’s decline was the largest, from 12 to 7.

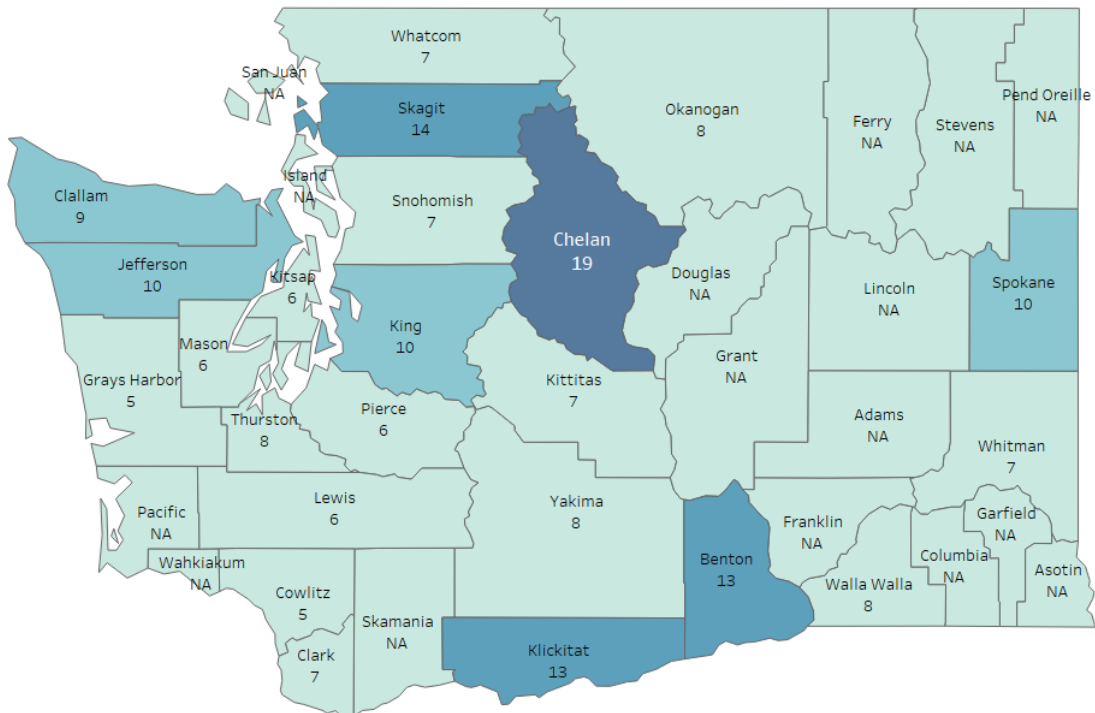
Figure 22. Orthopedic Surgeon Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 29. Orthopedic Surgeons per 100,000 Population: Counties, 2018



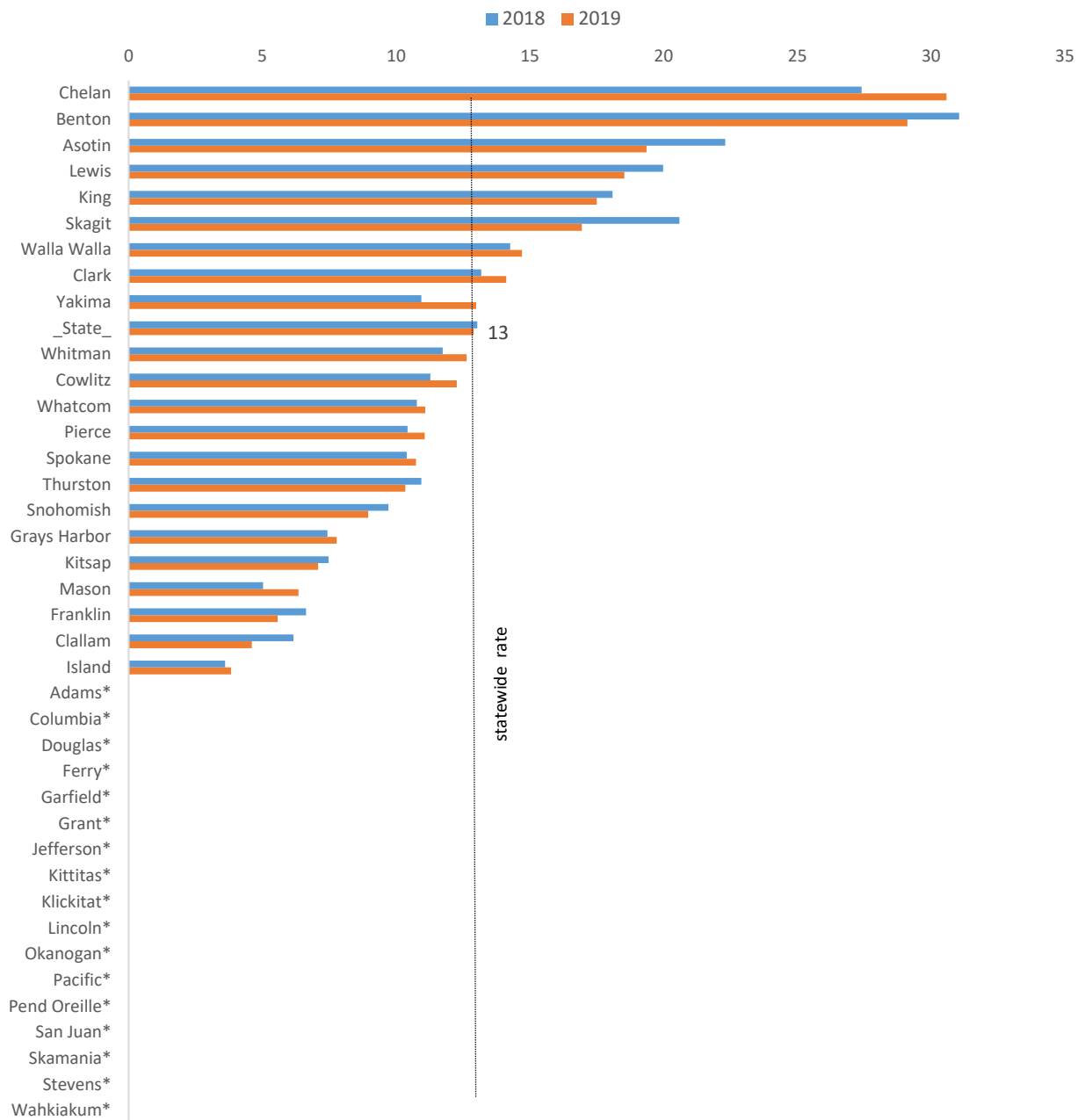
Map 30. Orthopedic Surgeons per 100,000 Population: Counties, 2019



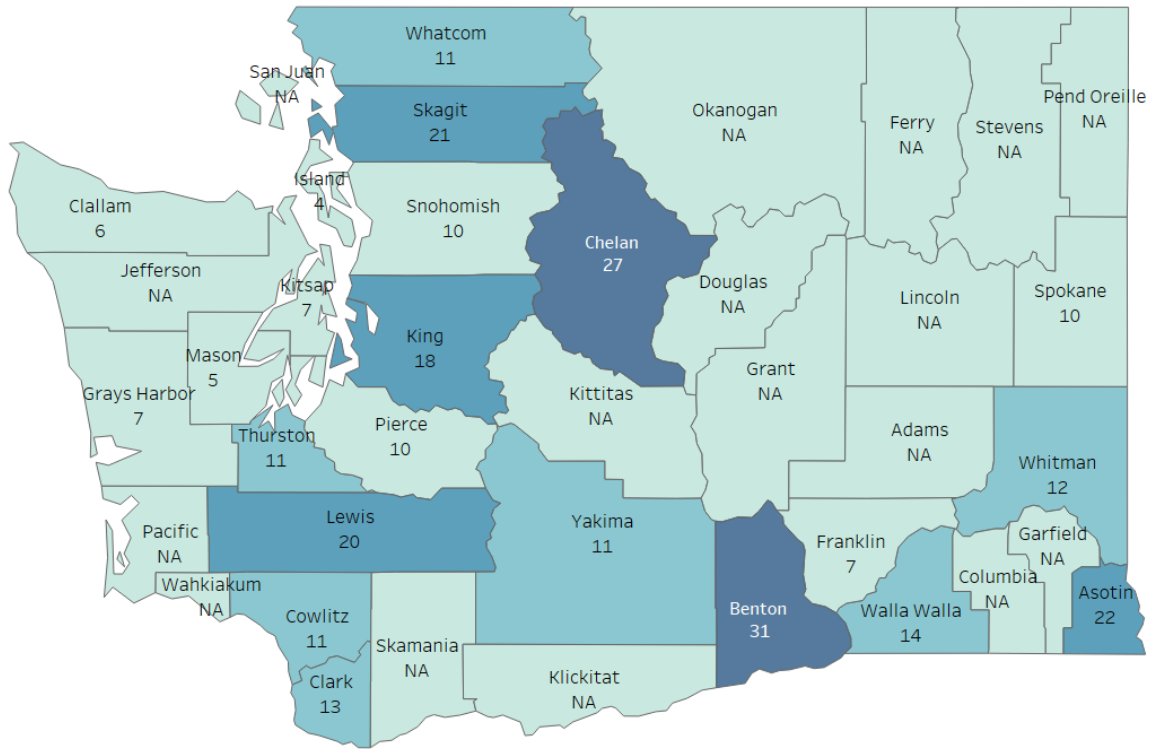
County – Pediatricians (General)

With a few exceptions, the rank order of general pediatrics physician rates in counties was the same in both 2018 and 2019. However, Chelan’s rate of 31 in 2019 was the highest while the highest rate in 2018 was also 31 but in Benton. Island had the lowest rate in both years, at four pediatricians per 100,000 population. Chelan’s change from 27 to 31 was the largest increase of the 12 counties that experienced an increase. Walla Walla’s change from 21 to 17 was the largest decline of 10 counties that saw a decline. In addition, there were 17 counties that had no pediatricians or too few for rate calculation.

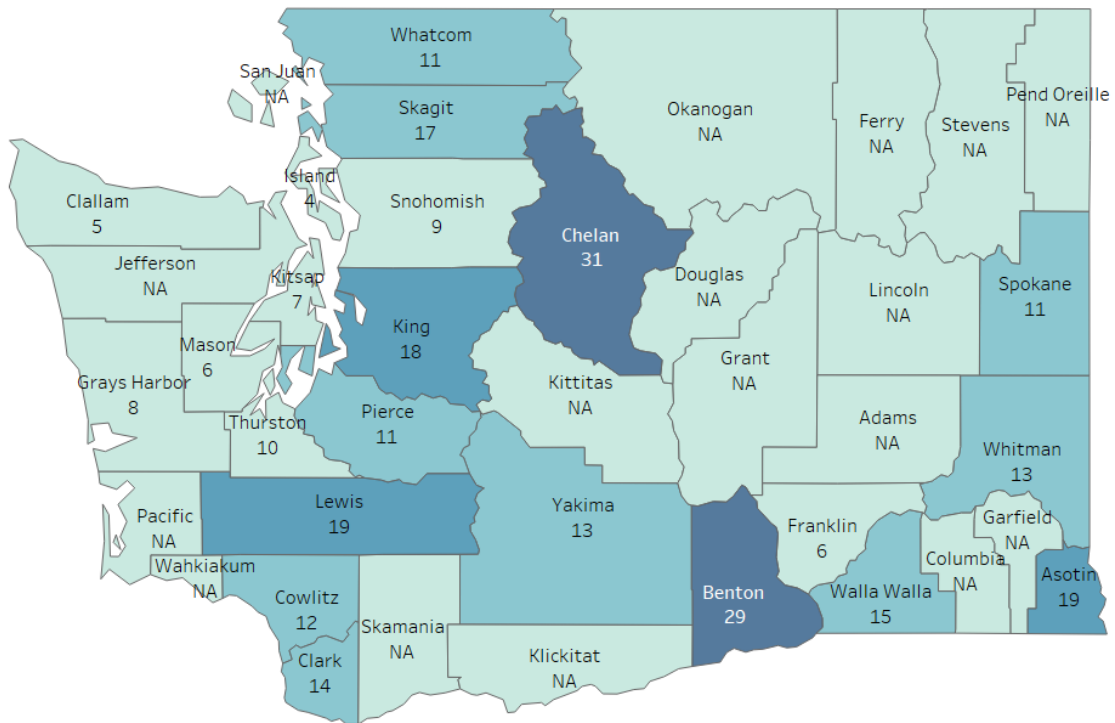
Figure 23. Pediatrician (General) Physician Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 31. Pediatricians (General) per 100,000 Population: Counties, 2018



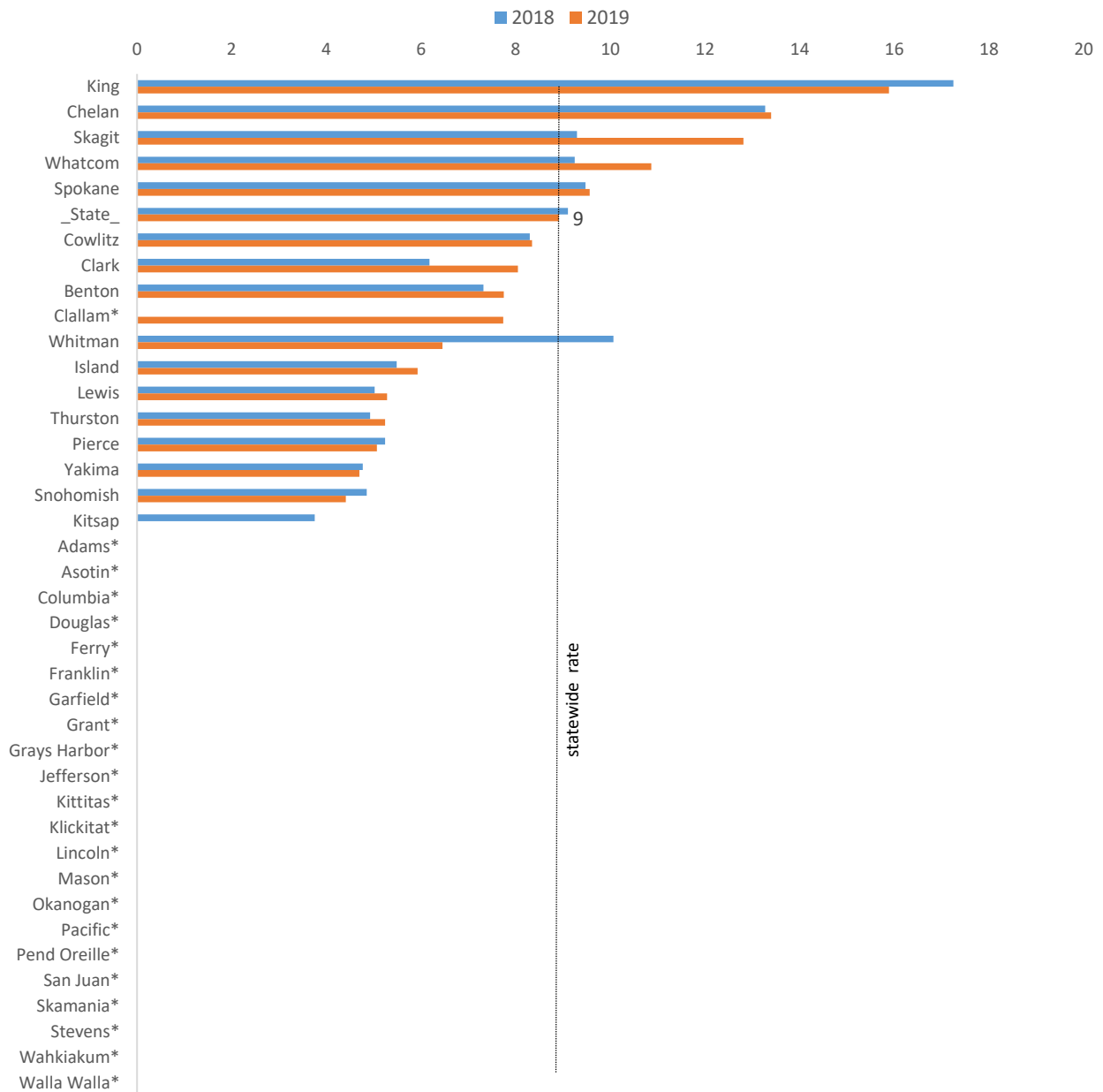
Map 32. Pediatricians (General) per 100,000 Population: Counties, 2019



County – Psychiatrists

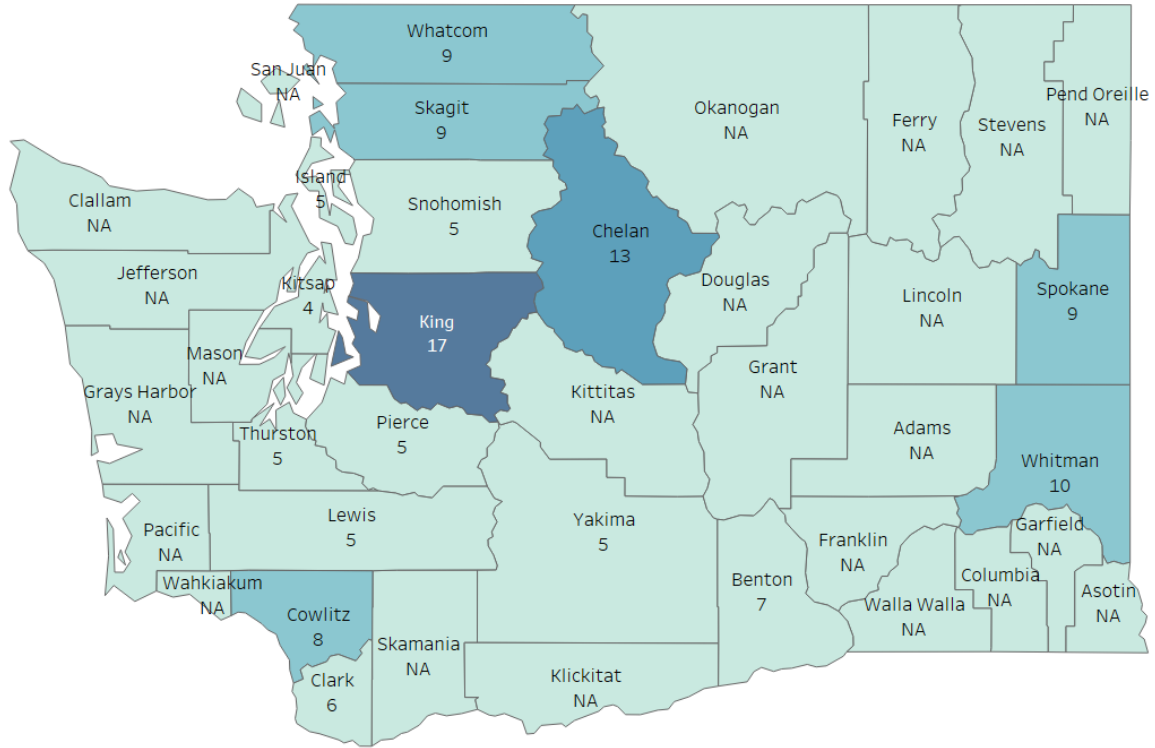
In both 2018 and 2019, more than half of the counties had no psychiatrists or too few for rate calculation. The state rate did not change, remaining at nine psychiatrists per 100,000 population. King’s rate of 16 in 2019 was still the highest even though it declined from 17 in 2018. Skagit had the largest increase, from 9 to 13, and was ranked third highest in 2019. Whitman, the third highest ranked in 2018, had the largest decline from 10 to 6 and was ranked the 11<sup>th</sup> in 2019.

Figure 24. Psychiatrist Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)

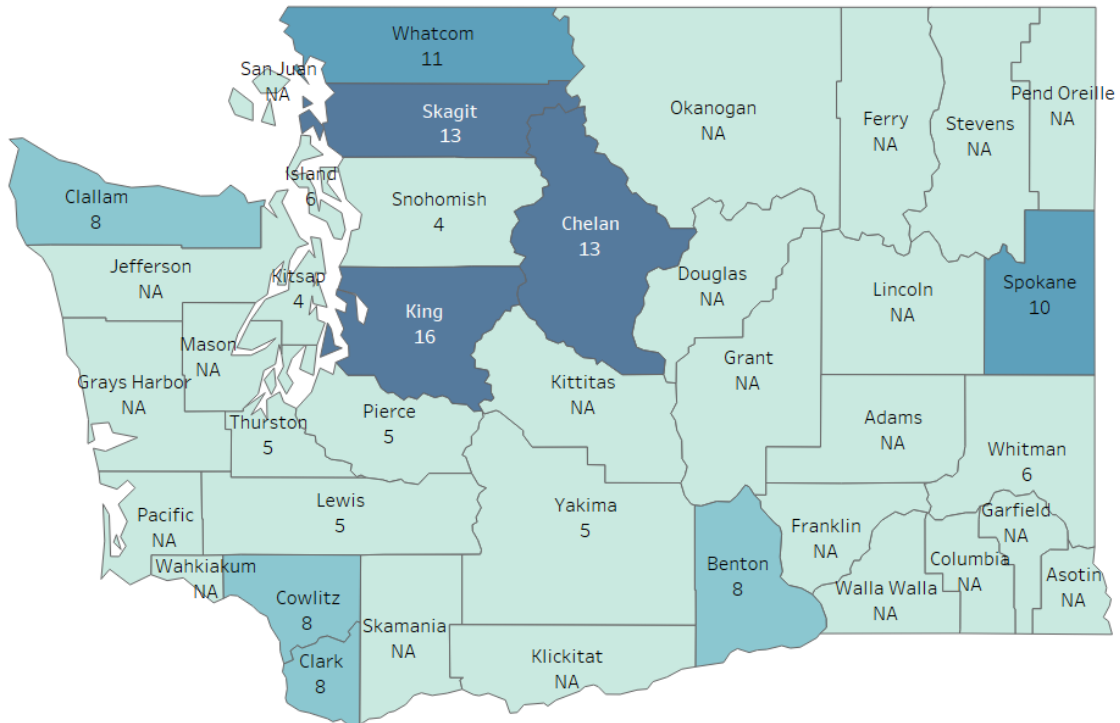




Map 33. Psychiatrists per 100,000 Population: Counties, 2018



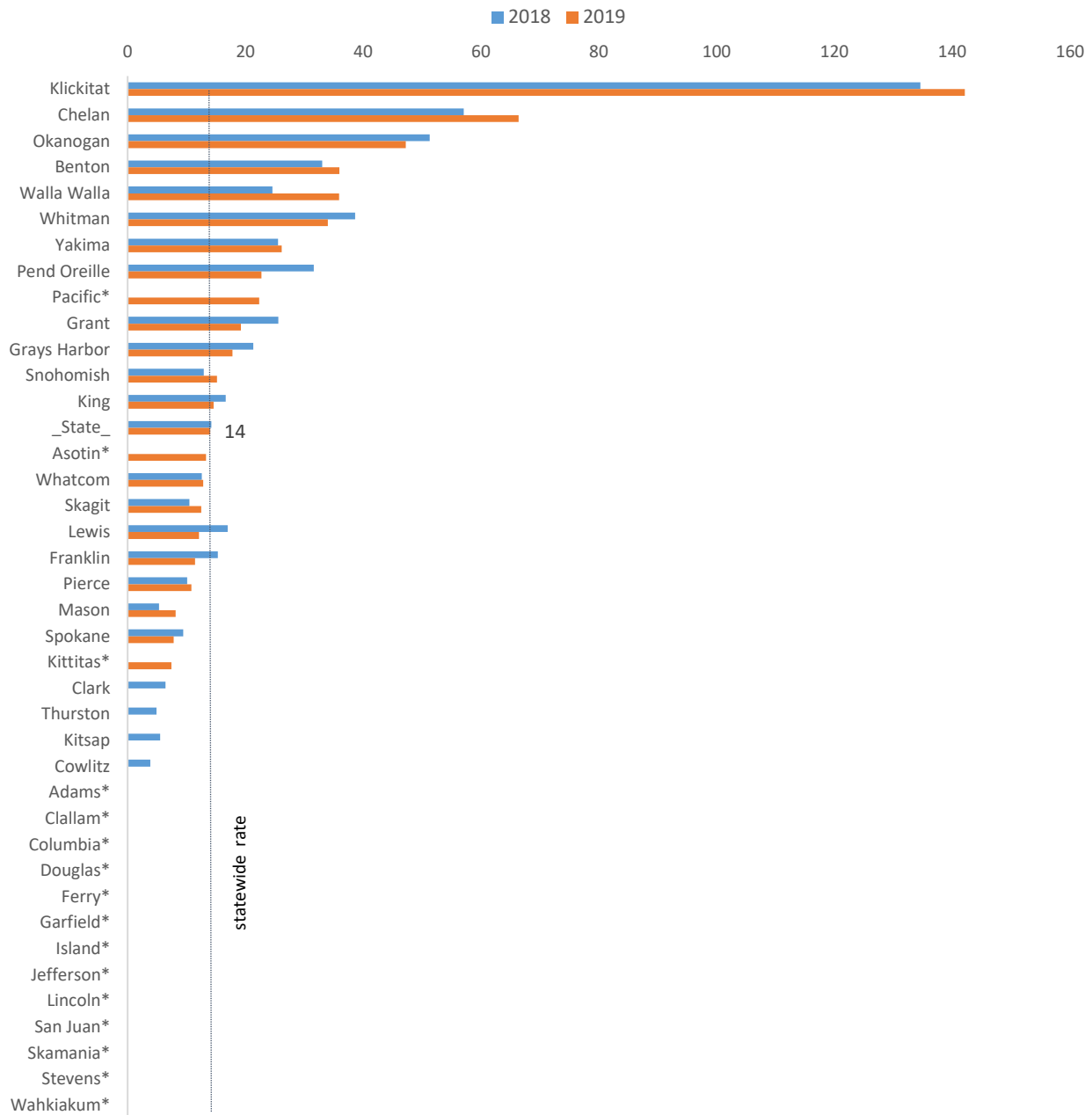
Map 34. Psychiatrists per 100,000 Population: Counties, 2019



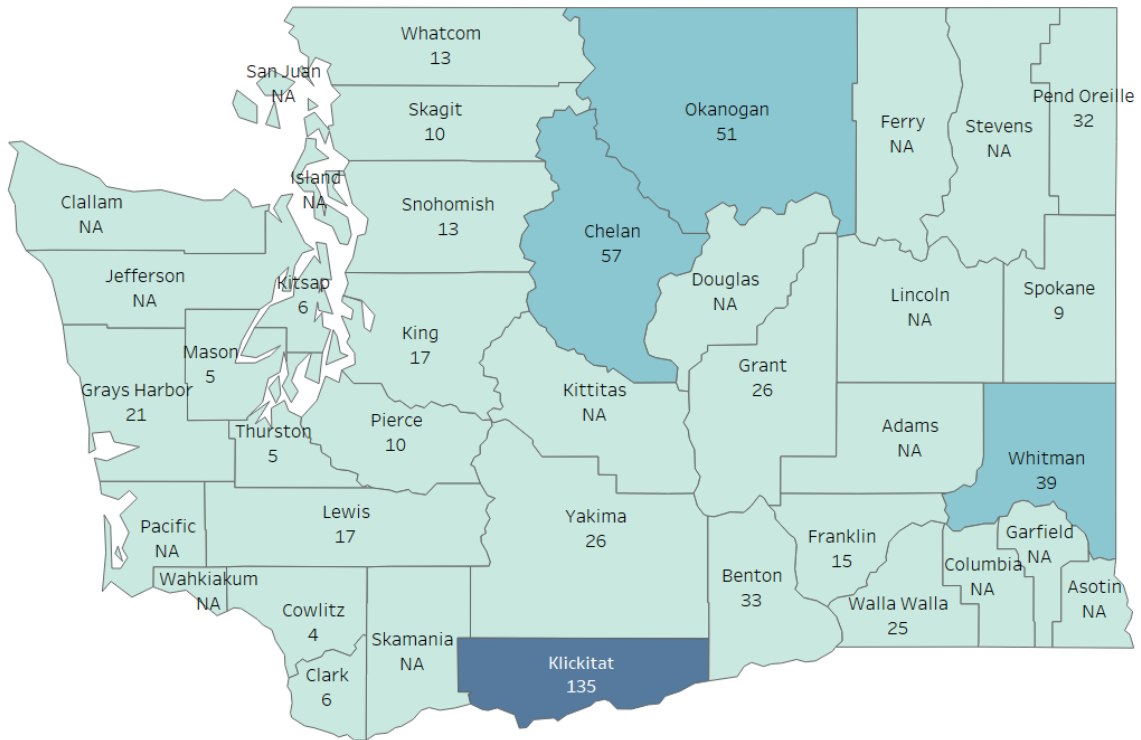
County – Radiologists

Klickitat had the highest rate of radiologists in 2018 and 2019, with an increase from 135 to 142 per 100,000 population. Its rate in 2019 was twice as high as the second highest rate of 66 in Chelan, 10 times as high as the state rate of 14 and 20 times as high as the lowest rate of seven in Kittitas. Chelan and Walla Walla had sizeable increases, from 57 to 66 and from 25 to 36, respectively. Pend Oreille’s decline from 32 to 23 was the largest decline. Of the 39 counties, 17 had no or too few radiologists for physician rate calculation for 2019.

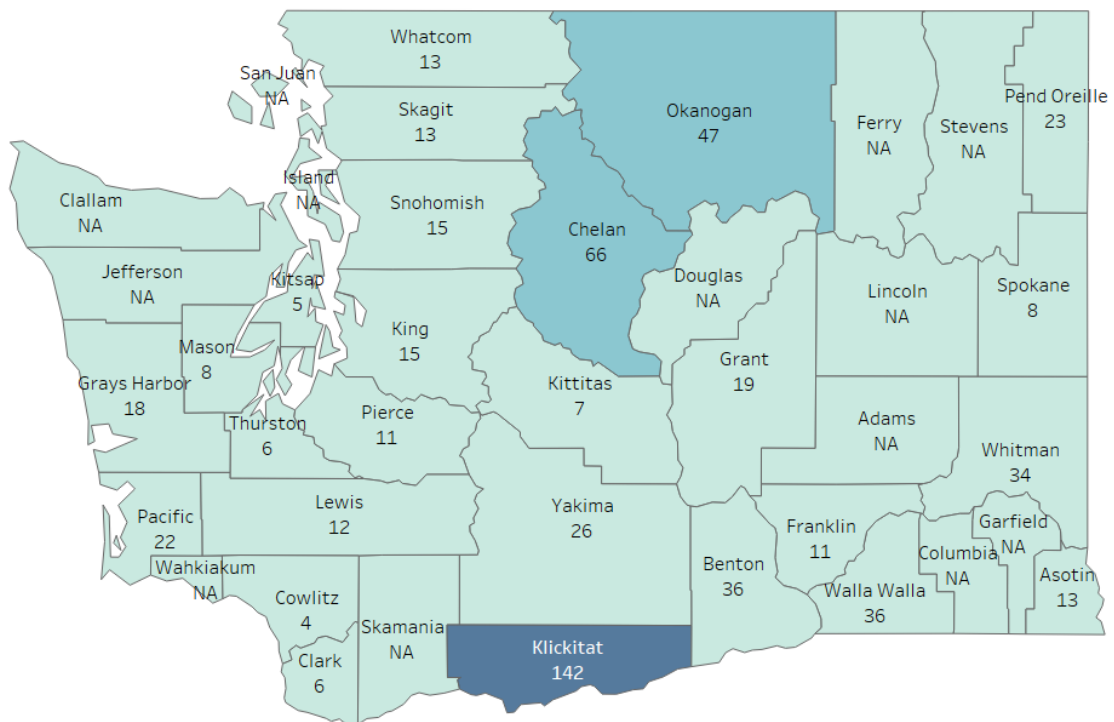
Figure 25. Radiologist Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 35. Radiologists per 100,000 Population: Counties, 2018



Map 36. Radiologists per 100,000 Population: Counties, 2019

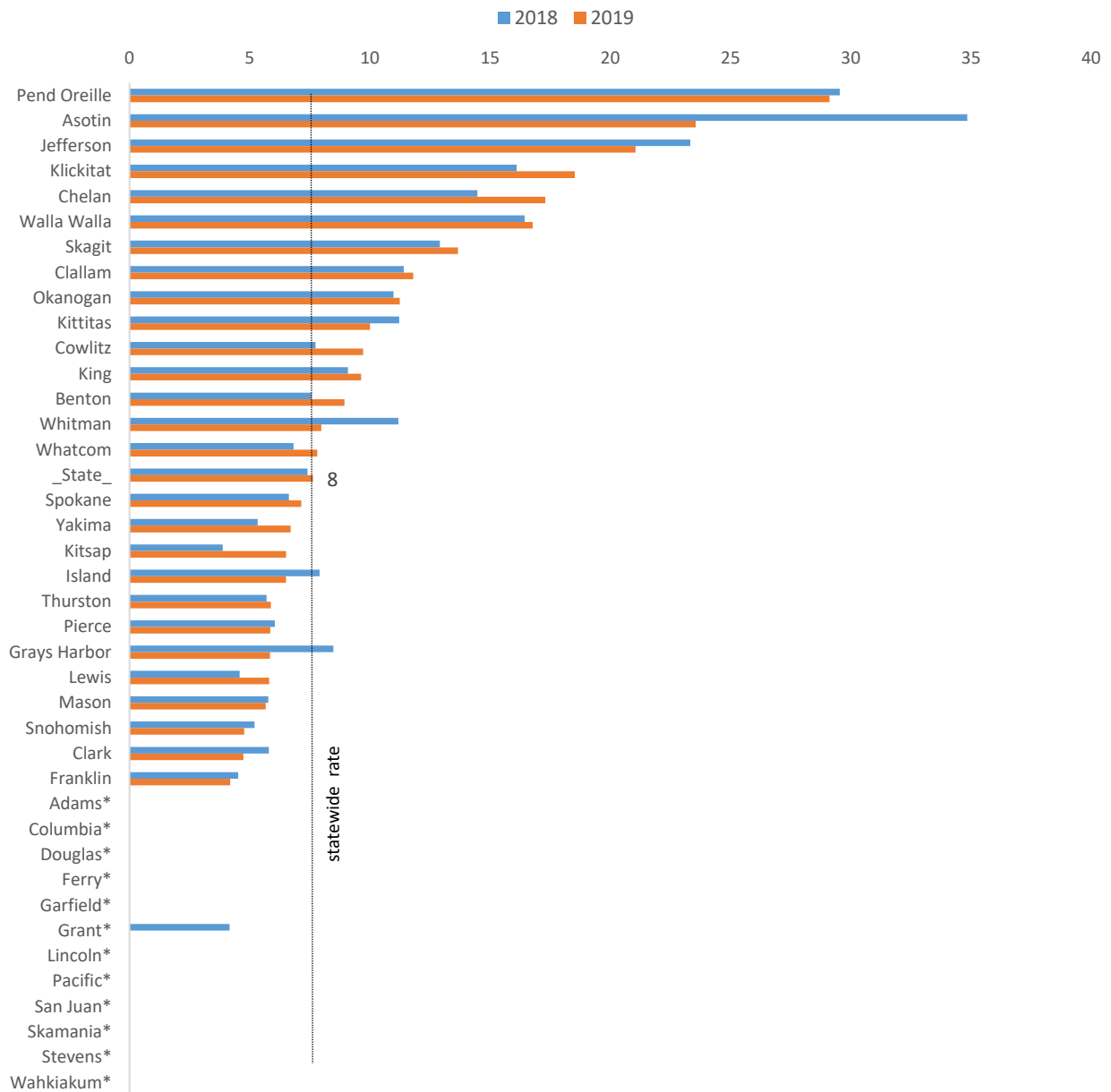


County – Surgeons (General)

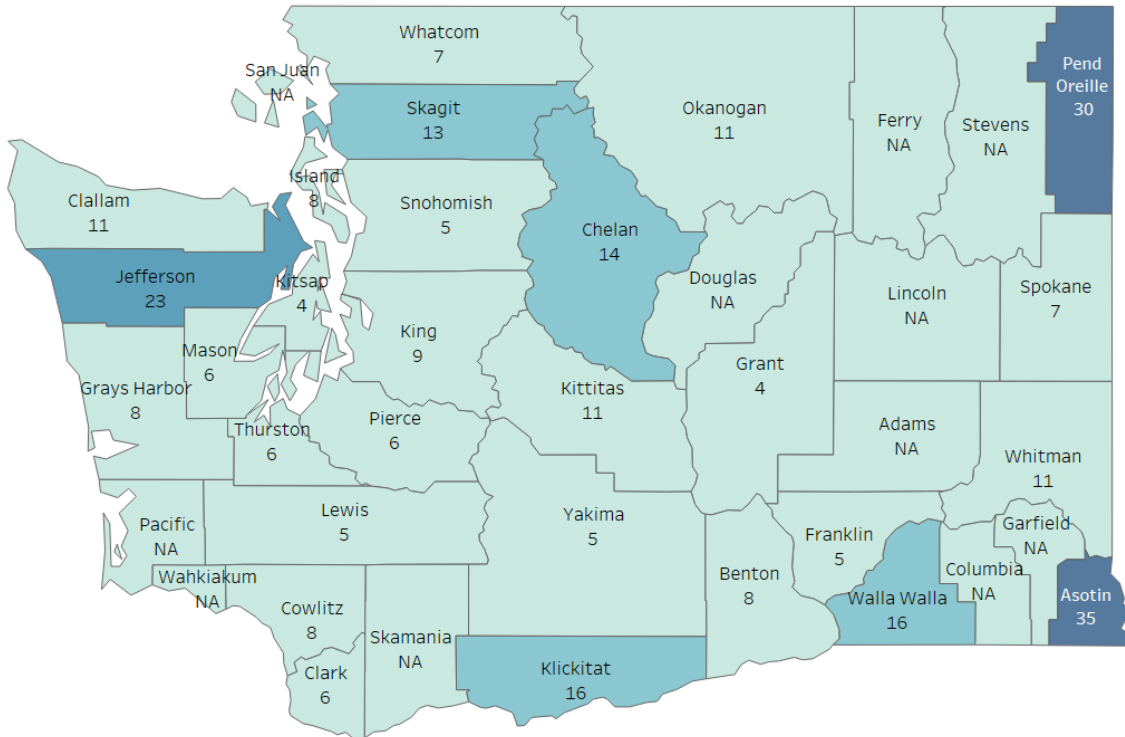
Approximately one third of the counties in 2019 had no or too few general surgeons for physician rate calculation. Among the remaining counties, general surgeon rates ranged from 29 to four per 100,000 population. The state rate was eight. Counties with the 10 highest rates of were all relatively small counties. This is true for both 2018 and 2019. Asotin had the largest decline in its rate, from 35 to 24. Whitman and Grays Harbor also experienced sizeable declines, from 11 to eight and from eight to six, respectively. Klickitat, Cowlitz and Kitsap, on the other hand, had relatively large increases: 16 to 19, 14 to 17 and 4 to 7, respectively.

Figure 26. Surgeon (General) Rates (per 100,000) by County, 2018 and 2019

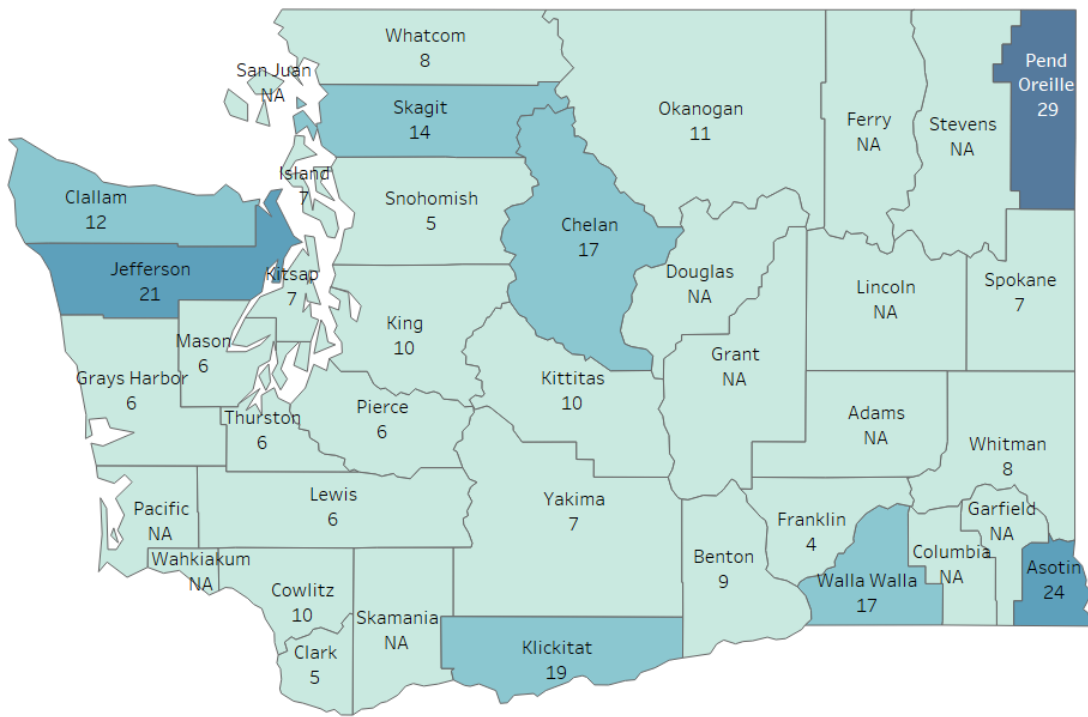
(sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 37. Surgeons (General) per 100,000 Population: Counties, 2018



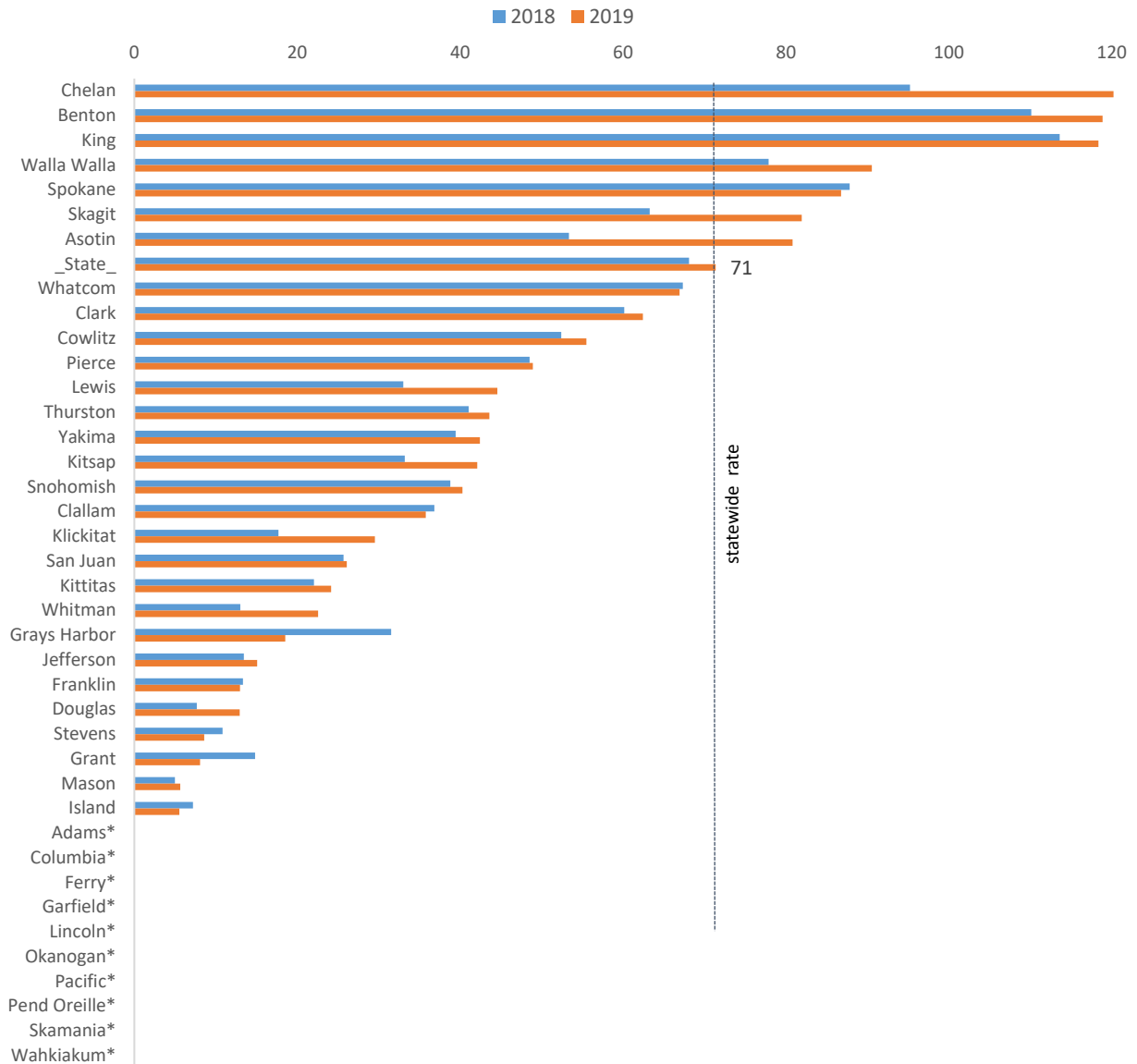
Map 38. Surgeons (General) per 100,000 Population: Counties, 2019



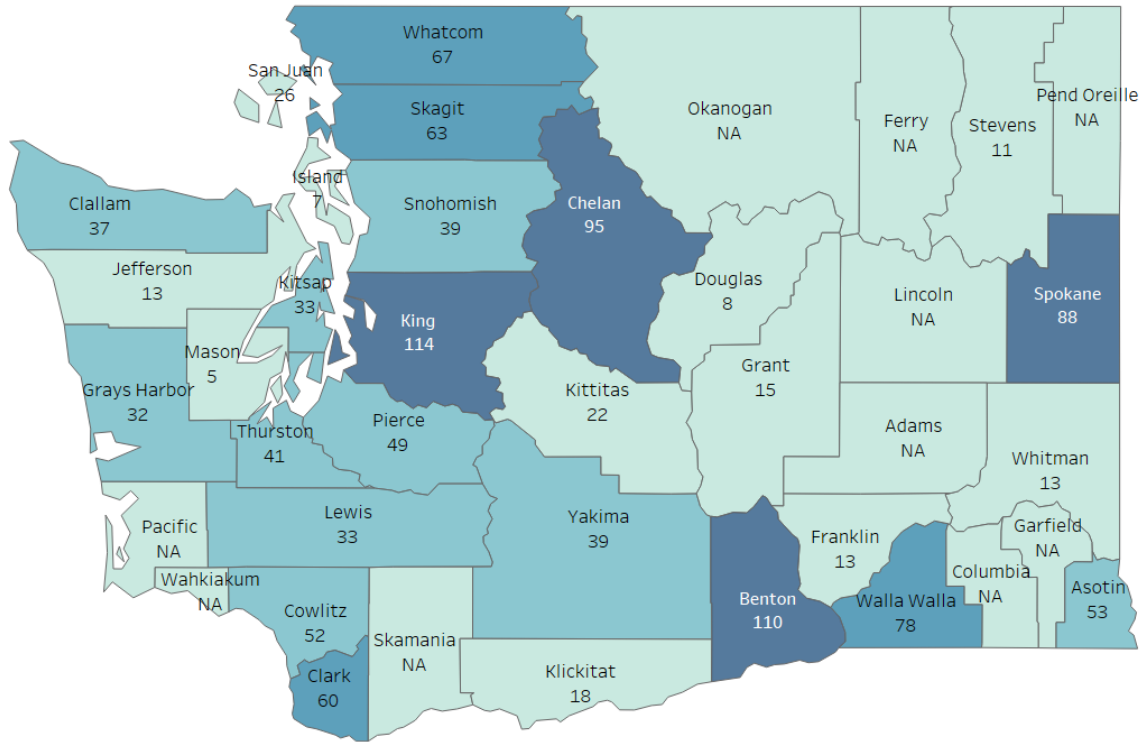
County – Other Specialty Physicians

The other specialty group includes specialties not covered in the county physician rates shown above, such as audiology, gastroenterology, pain medicine, urology and plastic surgery. This group’s state rate increased from 68 physicians in 2018 to 71 physicians in 2019 per 100,000 population. Approximately one fourth of the counties (10) had no or too few other specialty physicians for rate calculation for both 2018 and 2019. Among the remaining 29 counties, 22 had an increase in their other specialty physician rates. Chelan, Skagit and Asotin had the largest increases, from 95 to 121, 63 to 82 and 53 to 81, respectively. Grays Harbor had a relatively large decline its rate, from 32 to 19. There was a disparity in this physician group’s rates among the counties. Chelan’s highest rate of 121 in 2019 was 20 times as large as the lowest rate of six in Island.

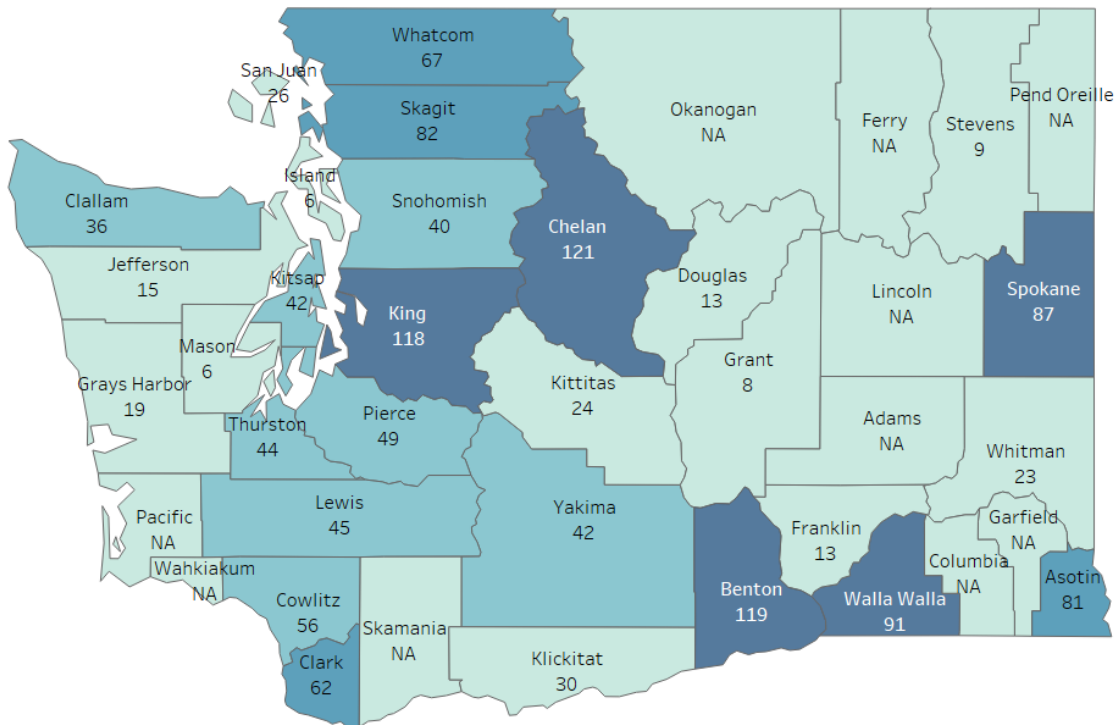
Figure 27. Other Specialty Physician Rates (per 100,000) by County, 2018 and 2019  
 (sorted by 2019 distribution)  
 (\*=too few physicians for rate calculation)



Map 39. Other Specialty Physicians per 100,000 Population: Counties, 2018



Map 40. Other Specialty Physicians per 100,000 Population: Counties, 2019



## Section 3. ACH Physician Supply

### Key Findings

- Overall physician supply.* HealthierHere continued to lead in overall physician rates among the ACHs in 2019, though with a slightly lower rate of 364 physicians per 100,000 population. Better Health Together and Cascade Pacific Action Alliance also had slight declines in their rates in 2019, but the remaining six ACHs had increases in their rates. The disparity in the overall physician rates among the ACHs continued in 2019 with rates ranging from HealthierHere's highest rate of 364 to Olympic Community of Health's lowest rate of 171.
- Median age.* In seven of the nine ACHs, there was no change in physician median age from 2018 to 2019. The changes were modest in the remaining two ACHs, with the median age declining from 50 to 49 years in both (North Central ACH and Elevate Health). Differences in physician median ages among the ACHs were minor, ranging from 47 years (SWACH) to 53 years (Olympic Community of Health) with the statewide average 49 years, in both 2018 and 2019.
- Percentage of female physicians.* Seven of the nine ACHs had slight increases in their female physician shares and the other two ACHs had slight decreases. HealthierHere and SWACH were the only two ACHs with a share of female physicians higher than the statewide share, in both 2018 and 2019. A large variation among the ACHs continued: HealthierHere's share of 43.2% in 2018 and 43.6% in 2019 were the highest and the Greater Columbia ACH's share of 29.3% in 2018 and 29.9% in 2019 were the lowest rates.
- PCPs.* The declines in PCP rates in HealthierHere (121 to 114), Better Health Together (86 to 83) and Cascade Pacific Action Alliance (74 to 69) were the main cause of the statewide decline from 90 to 88 PCPs per 100,000 population from 2018 to 2019. North Central ACH and Greater Columbia ACH each had a noticeable increase in their PCP rates, from 82 to 86 and from 81 to 85, respectively. The disparity in the PCP rates among the ACHs continued to be large, with HealthierHere's highest rates in 2018 and 2019 being about twice as high as the lowest rates in the adjacent Elevate Health (57 in 2018 and 56 in 2019).
- Specialists.* The wide range of specialist rates among the ACHs in 2018 continued in 2019, with the highest rate at 250 specialists per 100,000 in HealthierHere and the lowest rate at 102 in the Olympic Community of Health. Eight out the nine ACHs had an increase in their specialist rates. Better Health Together was the only ACH with a decrease, from 164 to 160 specialists per 100,000 population.
- Physician supply by specialty.* HealthierHere was the only ACH with physician rates above the statewide rates in all 13 specialties. Its rates were highest in eight of the 13 specialties in 2018 and in seven in 2019. North Central ACH continued to lead in Emergency Medicine physician rates and replaced HealthierHere to lead in Family Medicine/General Practice in 2019. SWACH continued to lead in OB/GYN rates and joined the Greater Columbia ACH in leading cardiologist rates in 2019. The ACHs that led in physician-to-population rates in each of the 13 specialty groups are (see table on the following page):



Specialty Group	Top Rate ACH in 2018	Top Rate in 2018	Top Rate ACH in 2019	Top Rate in 2019
Anesthesiology	HealthierHere	24	HealthierHere	25
Cardiology	Greater Columbia	11	SWACH and Greater Columbia	11
Emergency Medicine	North Central	36	North Central	37
Family Medicine/General Practice	HealthierHere	54	North Central	53
Hospitalist	North Sound	10	North Sound	11
Internal Medicine (General)	HealthierHere	47	HealthierHere	45
OB/GYN	SWACH	21	SWACH	22
Orthopedic Surgery	HealthierHere	12	HealthierHere	10
Pediatrics (General)	HealthierHere	18	HealthierHere	18
Psychiatry	HealthierHere	17	HealthierHere	16
Radiology	North Central	35	North Central	35
Surgery (General)	HealthierHere	9	HealthierHere	10
Other Specialties	HealthierHere	114	HealthierHere	118

Tables 4 and 5 below provide a quick look at how each ACH compares to the state, in 2018 and 2019, respectively, in its physician characteristics and supply. Detailed ACH physician data follow.

Table 4. At-A-Glance: ACH Physician Characteristics and Supplies in Comparison to Statewide Average, 2018

	Accountable Community of Health	State Average	Better Health Together	Cascade Pacific Action Alliance	Elevate Health	Greater Columbia ACH	HealthierHere	North Central ACH	North Sound ACH	Olympic Community of	SWACH
Physician Characteristics	Median Age	49	+		+	+	-	+		+	-
	% Female	38.1	-	-	-	-	+	-	-	-	+
Physicians per 100,000 population	Overall	258	-	-	-	-	+	-	-	-	-
	PCP	90	-	-	-	-	+	-	-	-	-
	Specialist	168	-	-	-	+	+	-	-	-	-
	ANESTHESIOLOGY	16	-	-	+	+	+	-	-	-	-
	CARDIOLOGY	7	+	-	-	+	+	-	-	-	+
	EMERGENCY MEDICINE	17	+	+	-	+	+	+	-	-	-
	FAMILY MEDICINE / GENERAL PRACTICE	45	+	-	-	-	+	+	+	-	-
	HOSPITALIST	7	-	-	-	+	+	-	+	-	-
	INTERNAL MEDICINE (GENERAL)	32	-	-	-	-	+	-	-	-	-
	OB/GYN	13	-	-	-	-	+	+	-	-	+
	ORTHOPAEDIC SURGERY	9	+	-	-	-	+	-	-	-	-
	PEDIATRICS (GENERAL)	13	-	-	-	-	+	+	-	-	-
	PSYCHIATRY	9	-	-	-	-	+	+	-	-	-
	RADIOLOGY	14	-	-	-	-	+	+	+	-	-
	SURGERY (GENERAL)	7	-	-	-	-	+	+	+	-	-
Other Specialty	68	+	-	-	-	-	+	-	-	-	

Symbols:

- +
  - 
  - ||
- Above state average  
Below state average  
Same as state average

Table 5. At-A-Glance: ACH Physician Characteristics and Supplies in Comparison to Statewide Average, 2019

	Accountable Community of Health	State Average	Better Health Together	Cascade Pacific Action Alliance	Elevate Health	Greater Columbia ACH	HealthierHere	North Central ACH	North Sound ACH	Olympic Community of	SWACH
Characteristics	Median Age	49	+		+		+	.			.
	% Female	38.6	.	.	.	.	.	+	.	.	+
Physicians per 100,000 population	Overall	260	.	.	.	.	+	+	.	.	.
	PCP	88	.	.	.	.	.	+	.	.	.
	Specialist	172	.	.	.	.	+	+	.	.	.
	ANESTHESIOLOGY	16	.	.	.	+	+	+	.	.	.
	CARDIOLOGY	8	+	.	.	.	+	+	.	.	+
	EMERGENCY MEDICINE	18	+	+	.	.	+	+	+	.	.
	FAMILY MEDICINE / GENERAL PRACTICE	43	+	.	+	.	.	+	+	+	.
	HOSPITALIST	7	.	.	.	.	+	+	.	+	.
	INTERNAL MEDICINE (GENERAL)	31	.	.	.	.	.	+	.	.	.
	OB/GYN	13	.	.	.	.	+	+	.	.	+
	ORTHOPAEDIC SURGERY	8	+	.	.	.	.	+	.	.	.
	PEDIATRICS (GENERAL)	13	.	.	.	.	+	+	.	.	+
	PSYCHIATRY	9	.	.	.	.	.	+	.	.	.
	RADIOLOGY	14	.	.	.	.	+	+	+	.	.
	SURGERY (GENERAL)	8	.	.	+	.	+	+	+	.	.
Other Specialty	71	+	.	.	.	.	.	+	.	.	

Symbols:

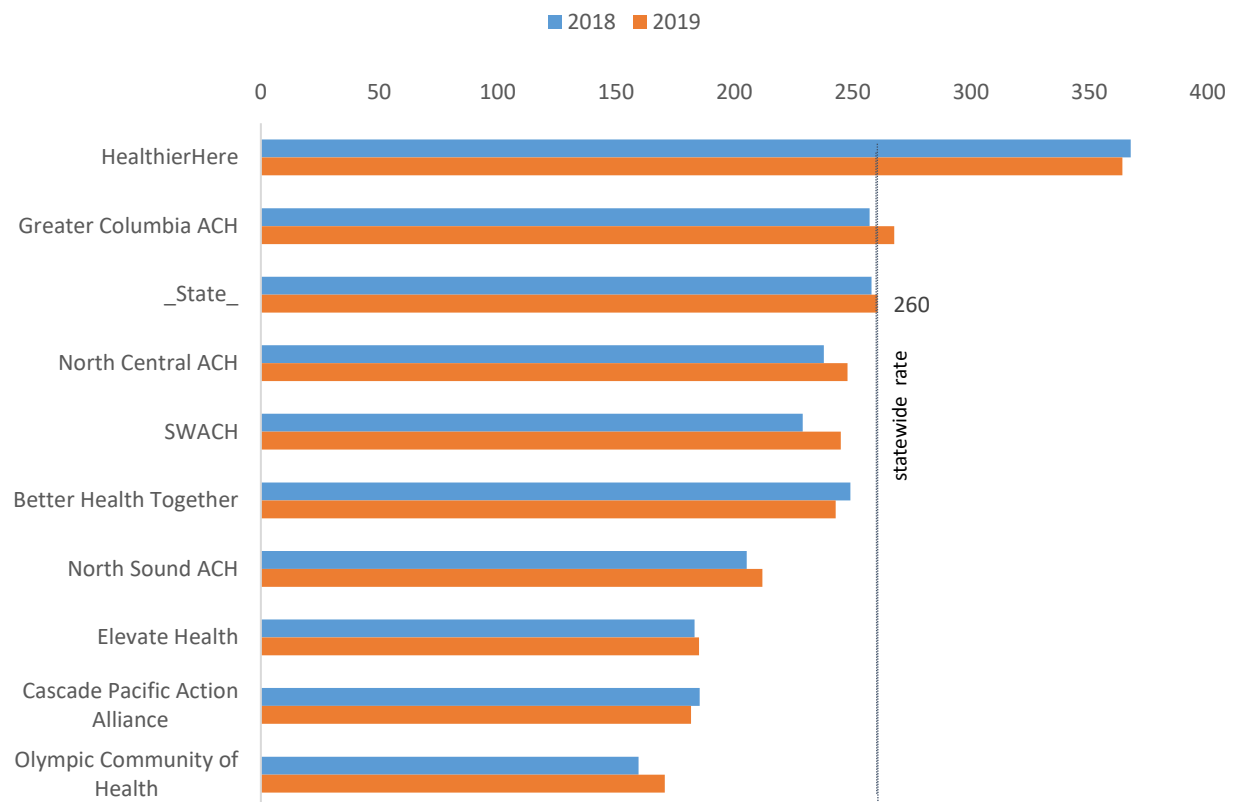
- +
  - .
  - ||
- Above state average  
Below state average  
Same as state average

### ACH – Overall Physicians

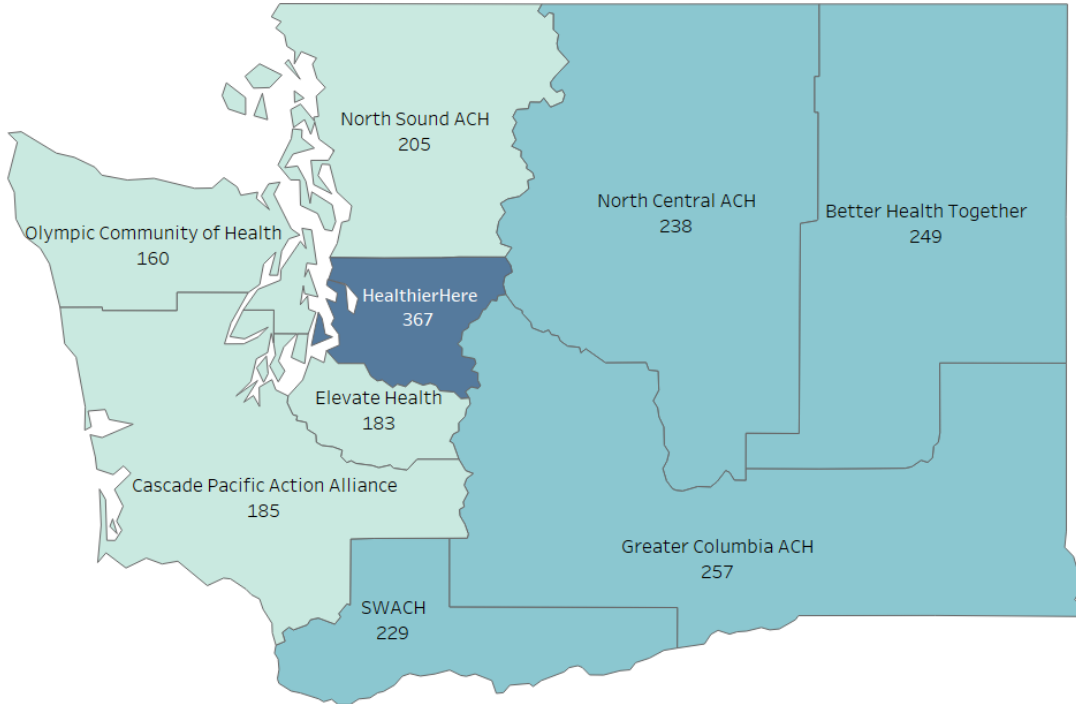
HealthierHere continued to lead other ACHs in overall physician rate in 2019. However, its rate of 367 physicians per 100,000 population in 2018 declined slightly to 364. Still, its 2019 rate is far higher than the second highest rate of 268 in the Greater Columbia ACH. The 2019 rates in the remaining ACHs were all below the state average of 260. The Olympic Community of Health had the lowest rate of 171. Its rate in 2018 was also the lowest of all ACHs. In addition to HealthierHere, two other ACHs experienced a decline in their overall physician rates: Better Health Together (from 249 to 243) and Cascade Pacific Action Alliance (185 to 182). The remaining six ACHs all had higher overall physician rates in 2019 than in 2018.

Figure 28. Overall Physician Rates (Per 100,000) by ACH, 2018 and 2019

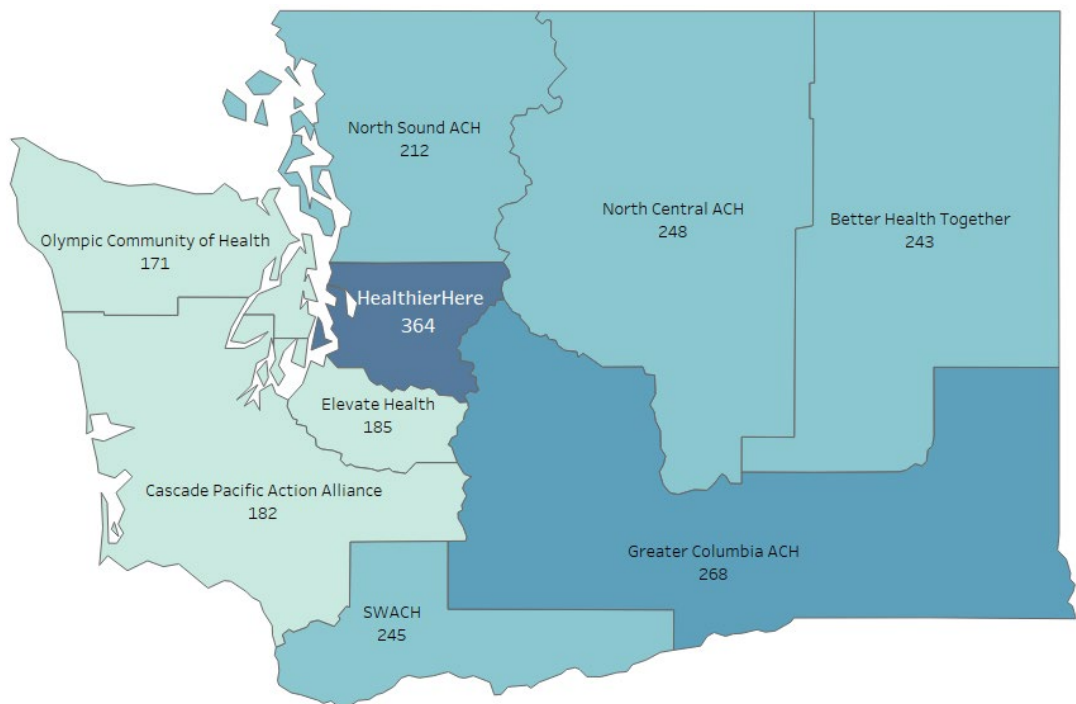
(sorted by 2019 distribution)



Map 41. Overall Physicians per 100,000 Population: ACHs, 2018



Map 42. Overall Physicians per 100,000 Population: ACHs, 2019

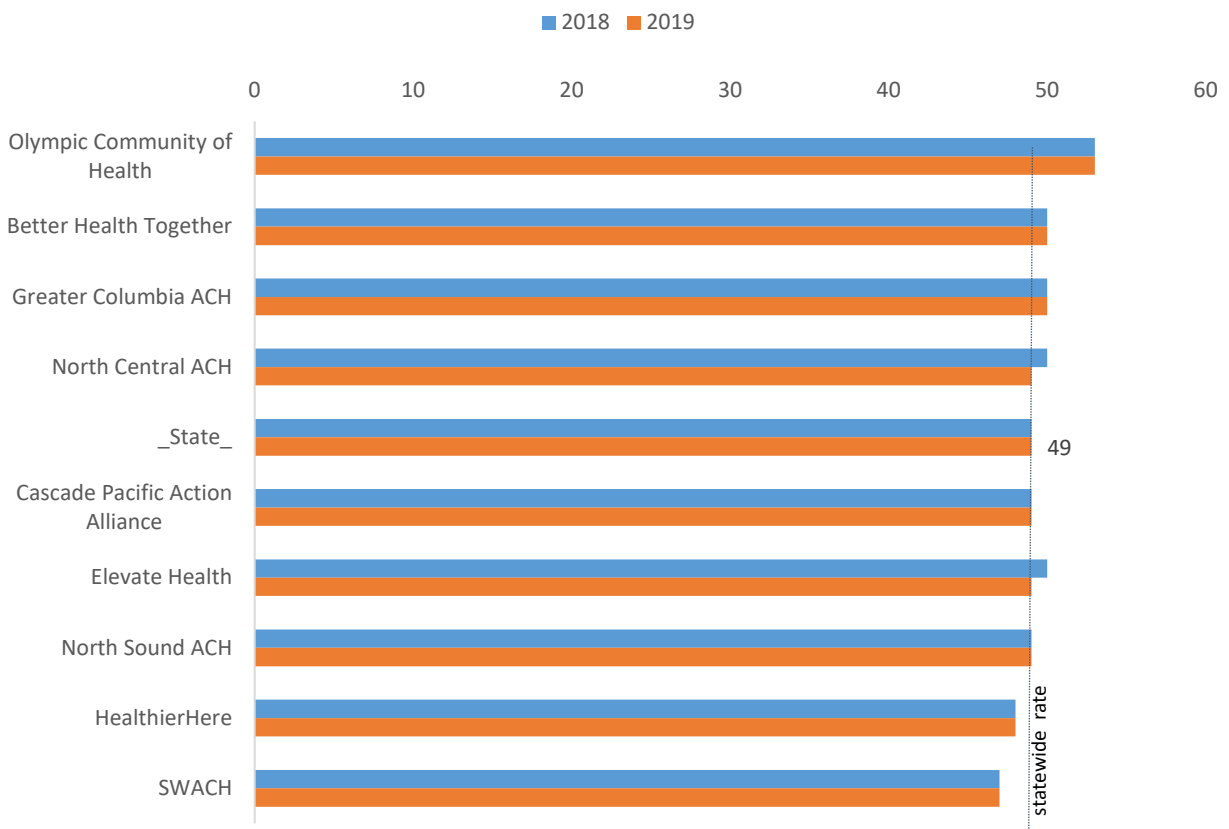


### ACH – Age of Physicians

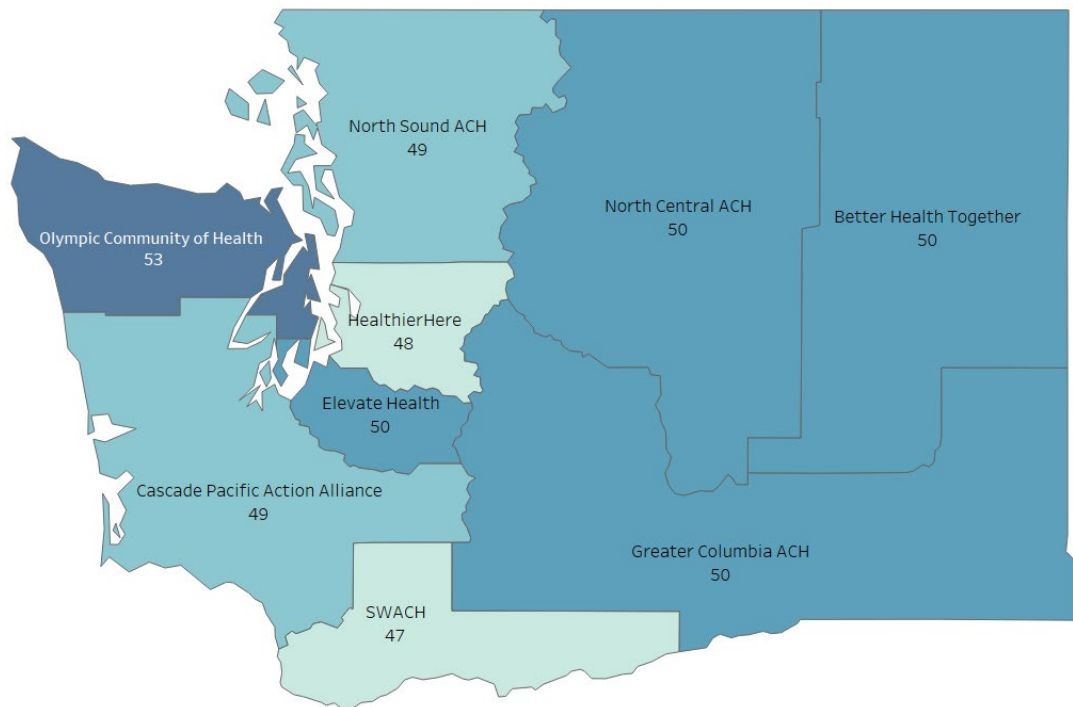
There was no change in the median ages of physicians in the seven of the nine ACHs from 2018 to 2019. Statewide, there was no change either, with the median remaining at 49 years. In the two ACHs that did have a change in their physician median age, the change was modest. In both North Central ACH and Elevate Health, the physician median age dropped from 50 to 49. The variation in the physician median age among the ACHs was also modest, ranging from 47 years in SWACH to 53 years in the Olympic Community of Health, in both 2018 and 2019.

Figure 29. Physician Median Age by ACH, 2018 and 2019

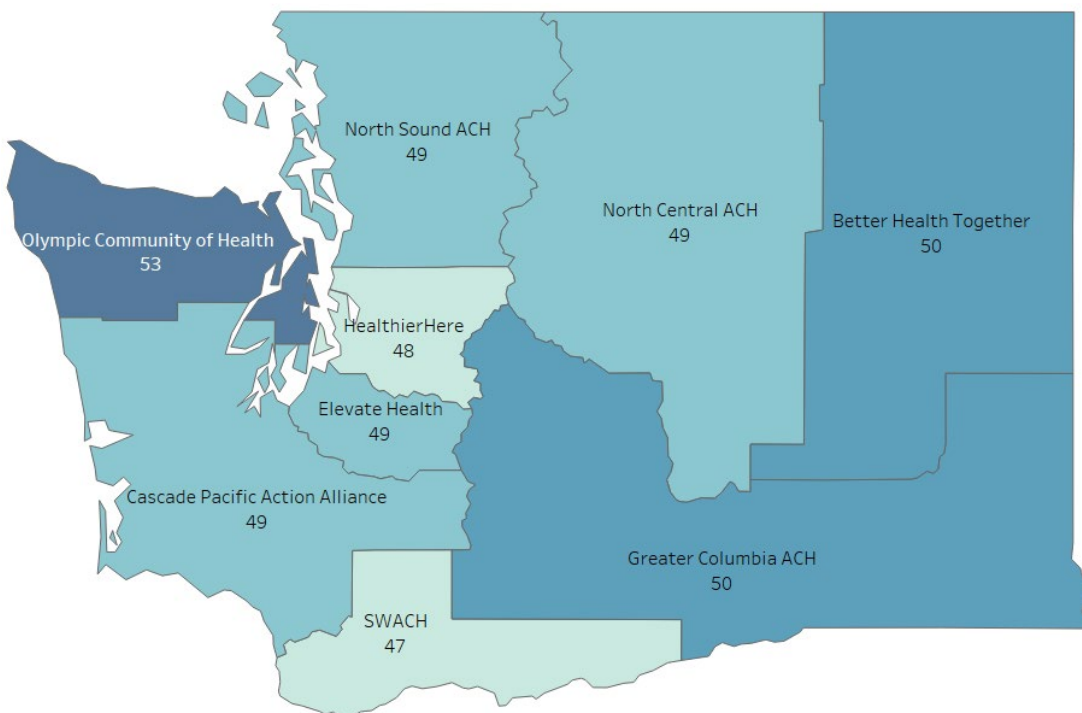
(sorted by 2019 distribution)



Map 43. Median Age of Physicians: ACHs, 2018



Map 44. Median Age of Physicians: ACHs, 2019

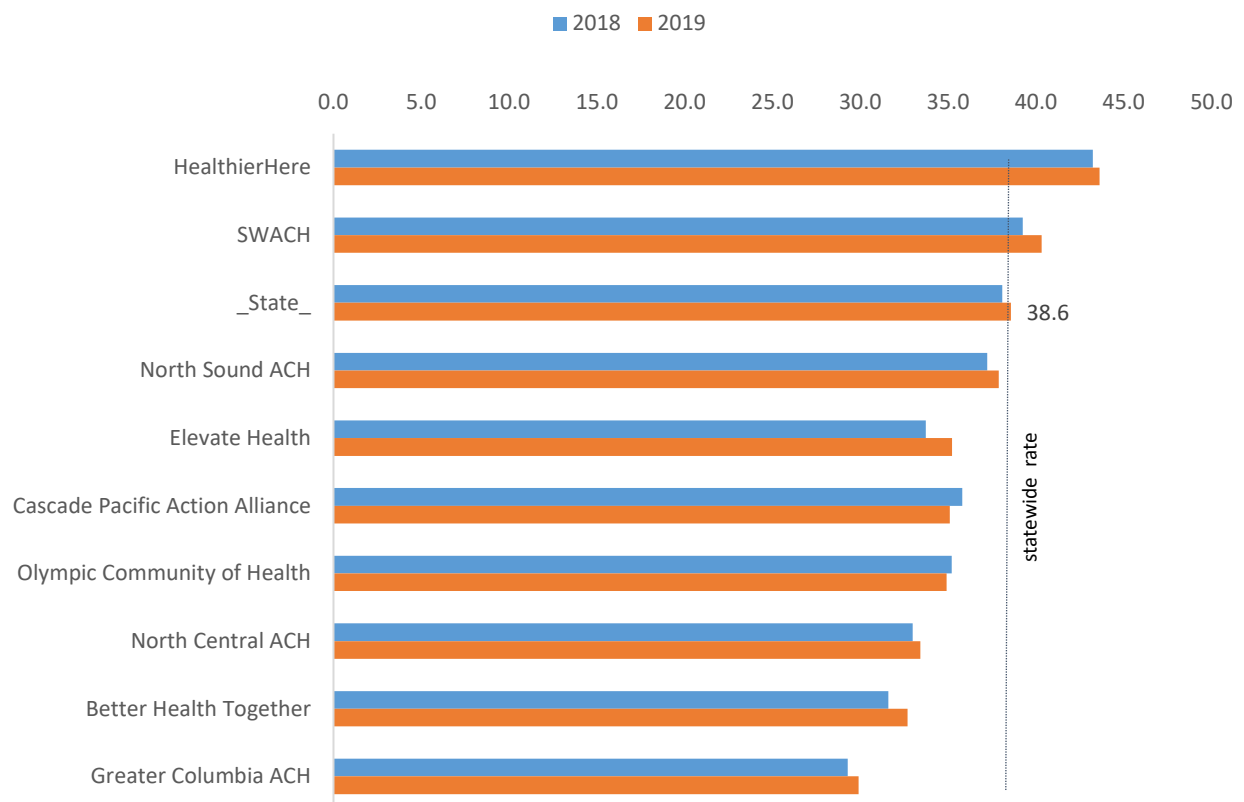


### ACH – Percentage of Female Physicians

The share of female physicians increased statewide and in seven of the nine ACHs in 2019. Statewide, the share increased by a half percent, from 38.1% to 38.6%. The share increases and decreases in the ACHs were all modest. Cascade Pacific Action Alliance and Olympic Community of Health were the two ACHs in which the share of female physicians declined slightly in 2019, from 35.8% to 35.1% and from 35.2% to 34.9%, respectively. The large variation in the shares of female physicians across the ACHs continued, from approximately 30% in the Greater Columbia ACH to 43% in HealthierHere, in both 2018 and 2019. HealthierHere and SWACH were the only two ACHs in which the share of female physicians was higher than the statewide share (in both years).

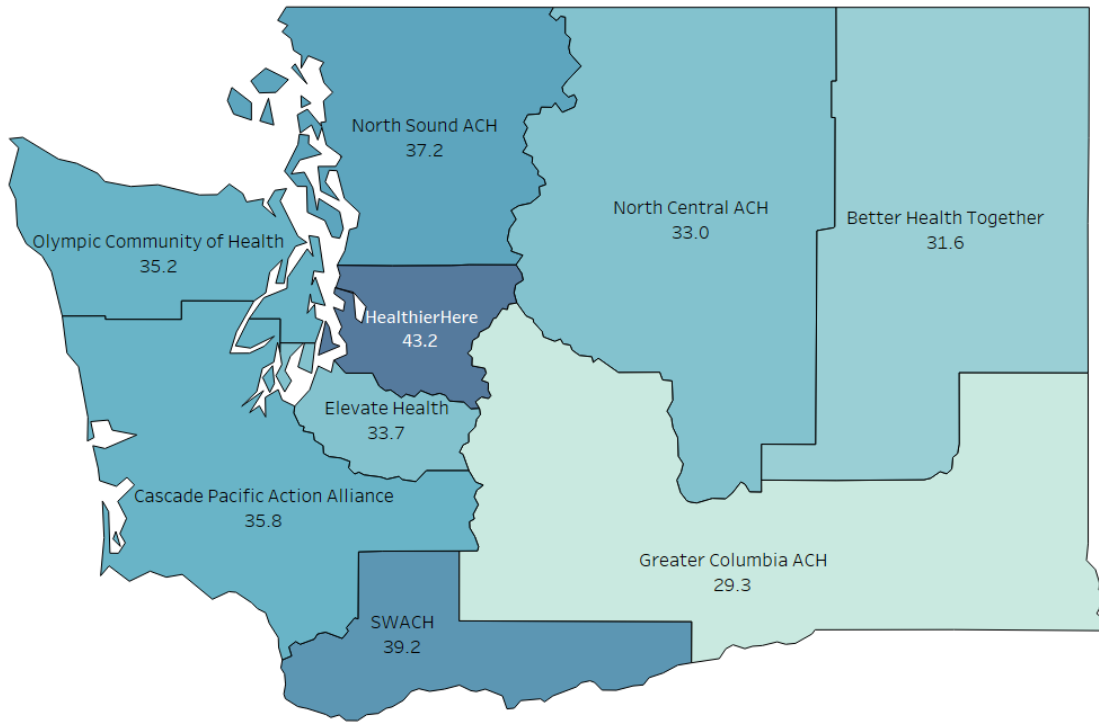
Figure 30. Percentage of Female Physicians by ACH, 2018 and 2019

(sorted by 2019 distribution)

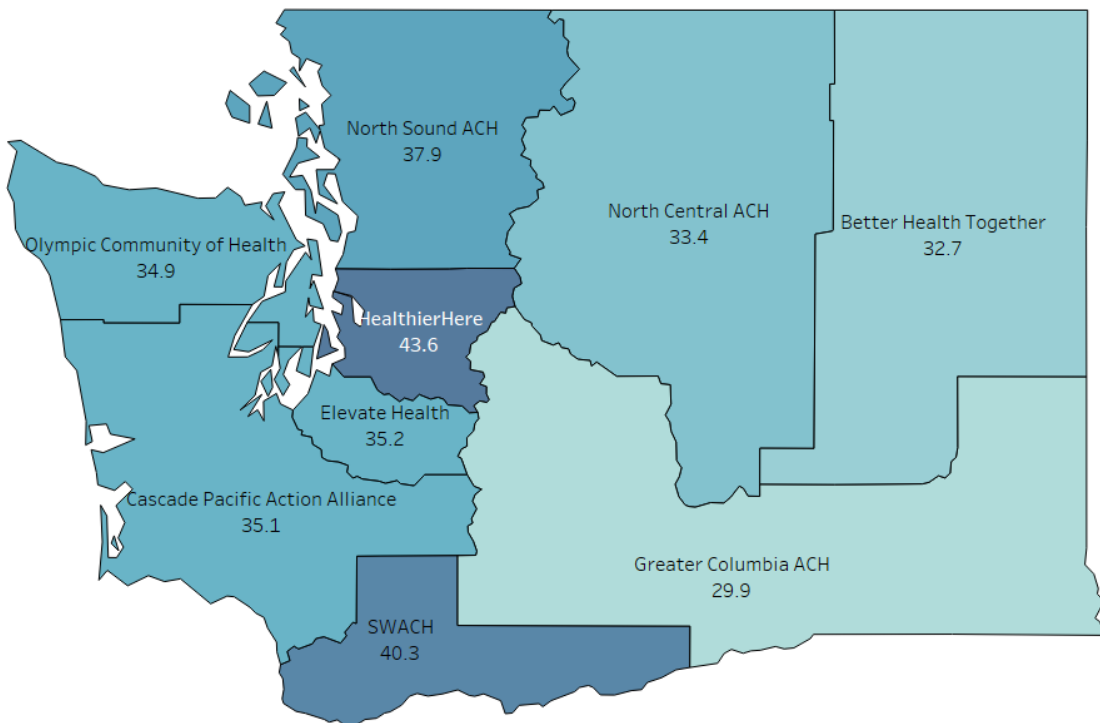




Map 45. Percentage of Female Physicians: ACHs, 2018



Map 46. Percentage of Female Physicians: ACHs, 2019

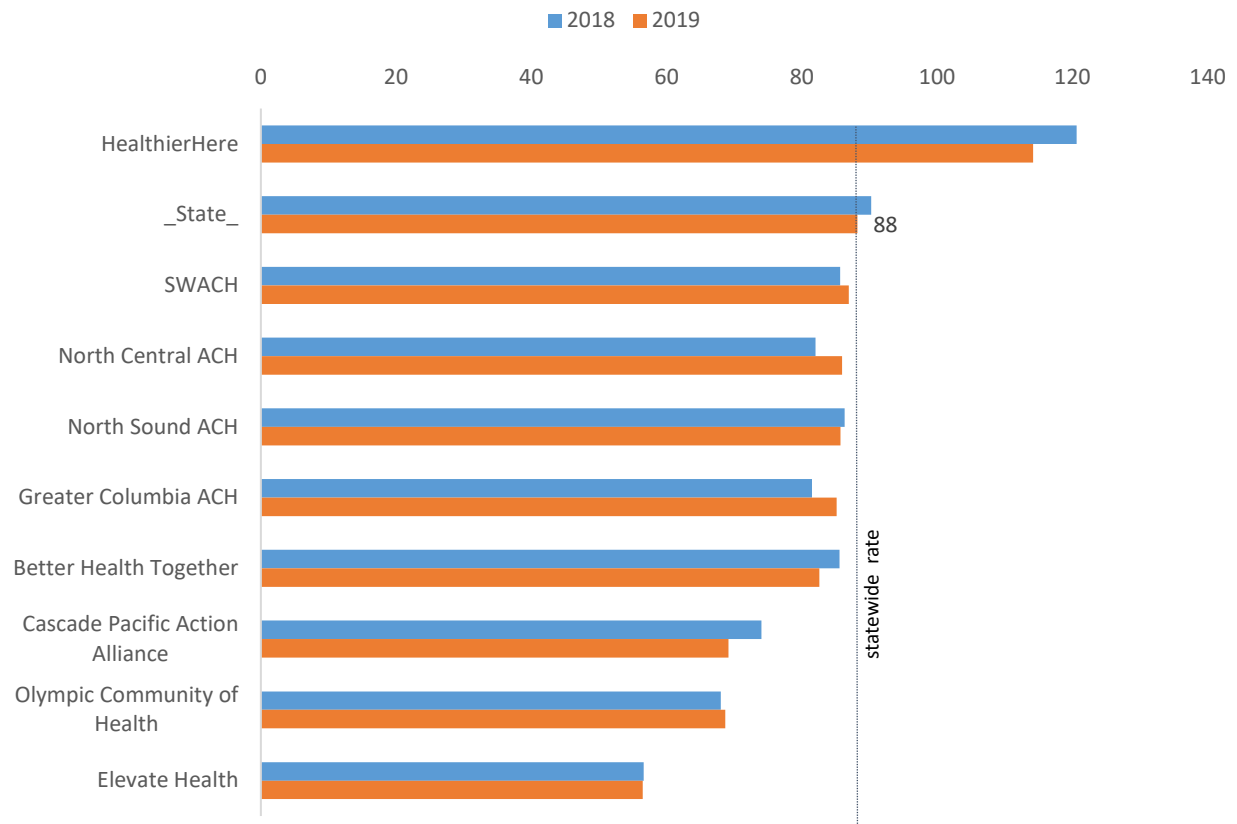


## ACH – PCPs

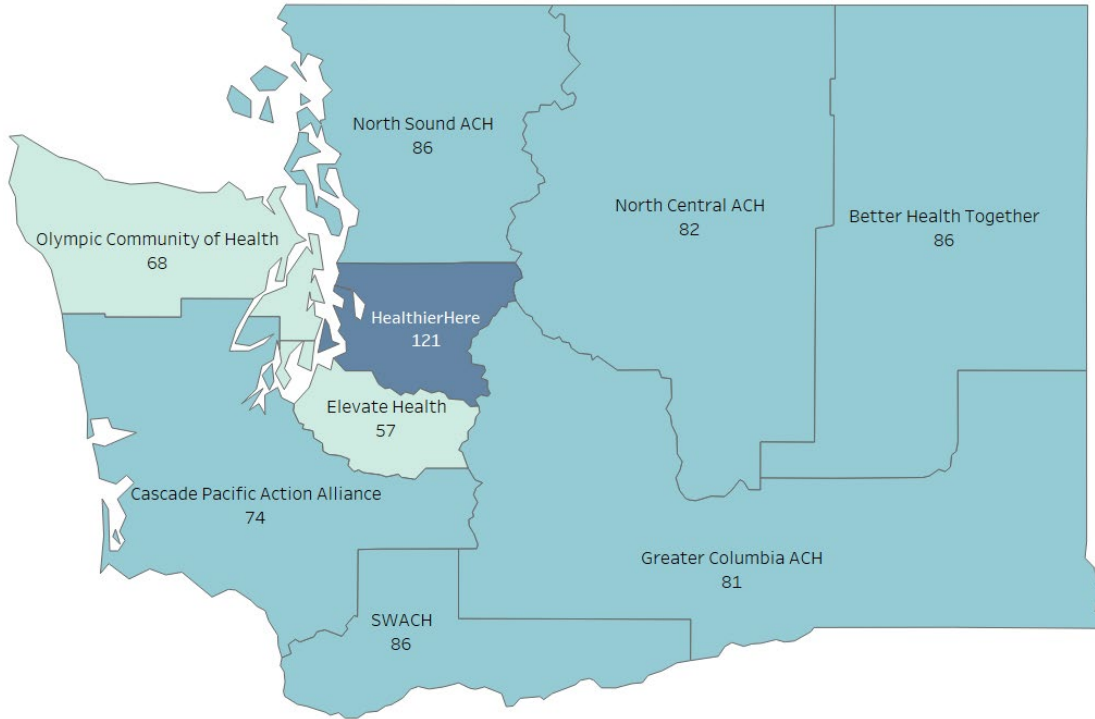
While the statewide PCP rate in 2019 was 88 physicians per 100,000 population, HealthierHere was the only ACH that had a PCP rate (114) higher than the statewide rate. The statewide rate and HealthierHere's rate in 2019 were both lower than their respective rates in 2018. Two other ACHs also had noticeably lower rates of PCPs in 2019: Better Health Together (86 to 83) and Cascade Pacific Action Alliance (74 to 69). Another two ACHs had noticeable increases in their rates of PCPs: North Central ACH (82 to 86) and Greater Columbia ACH (81 to 85). Large disparities in PCP rates persisted among ACHs. The adjacent ACHs HealthierHere and Elevate Health had the highest and lowest rates of all ACHs in both 2018 and 2019. Elevate Health's rates were less than half of the HealthierHere's rates: 57 vs. 121 in 2018 and 56 vs. 114 in 2019.

Figure 31. PCP Rates (per 100,000) by ACH, 2018 and 2019

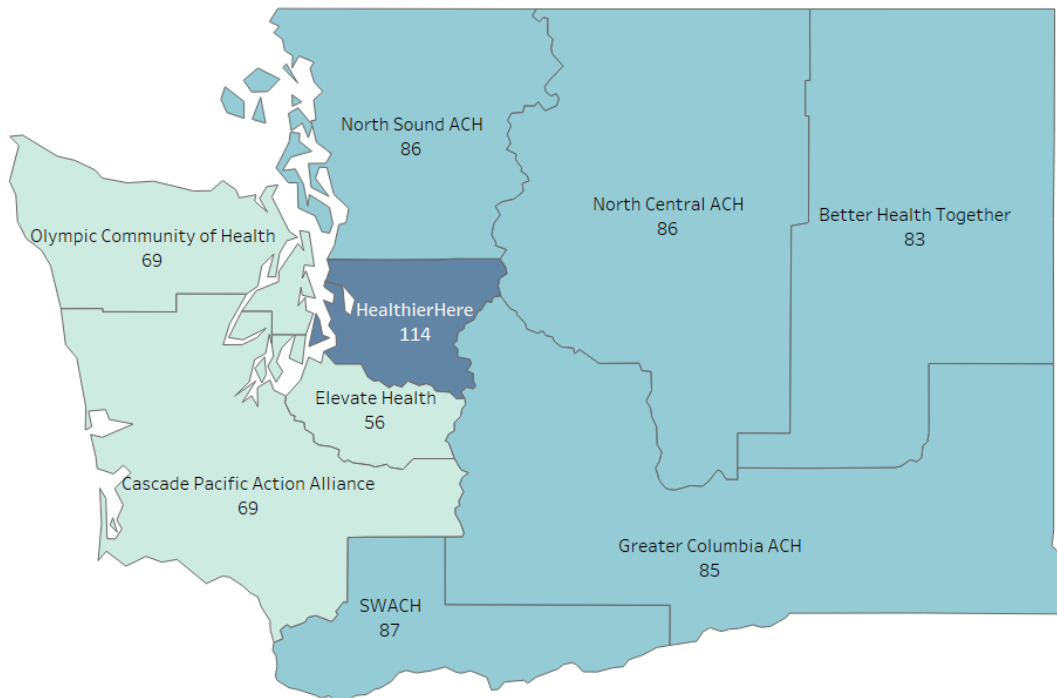
(sorted by 2019 distribution)



Map 47. PCPs per 100,000 Population: ACHs, 2018



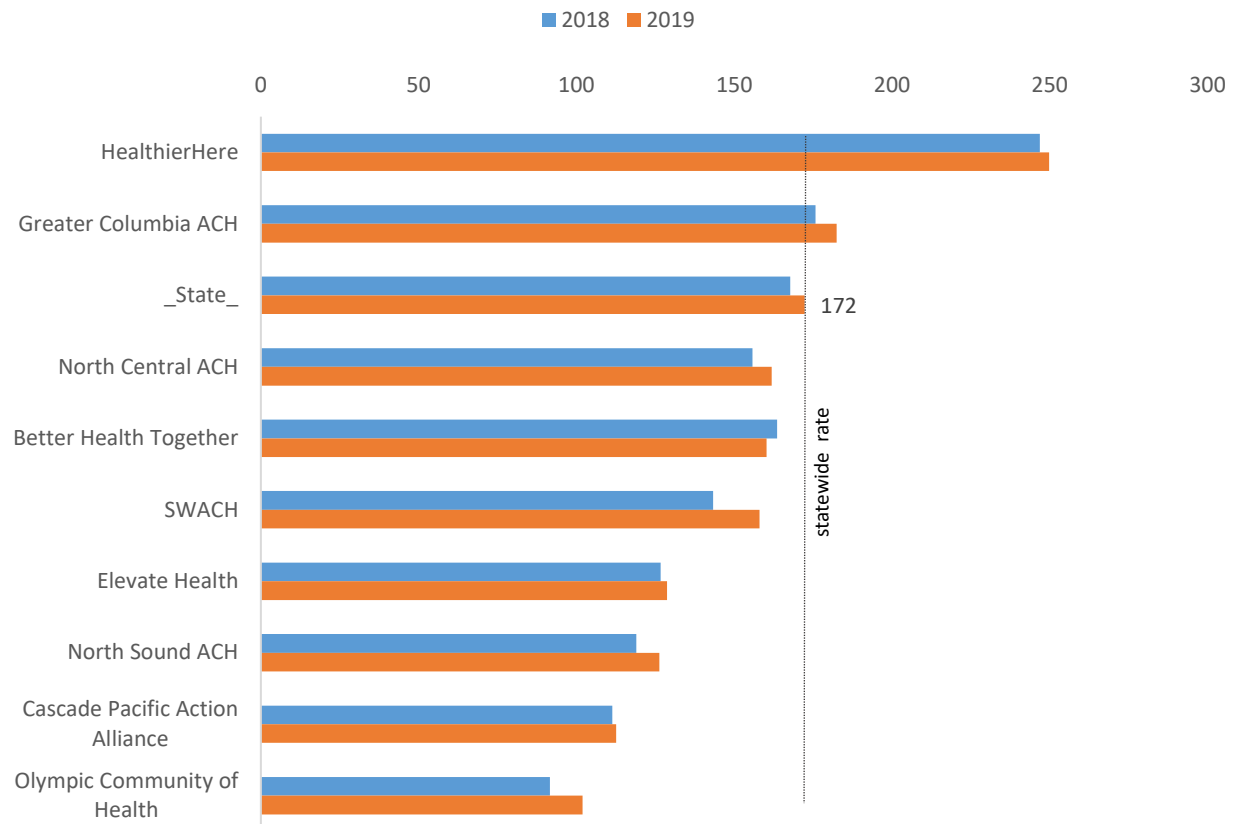
Map 48. PCPs per 100,000 Population: ACHs, 2019



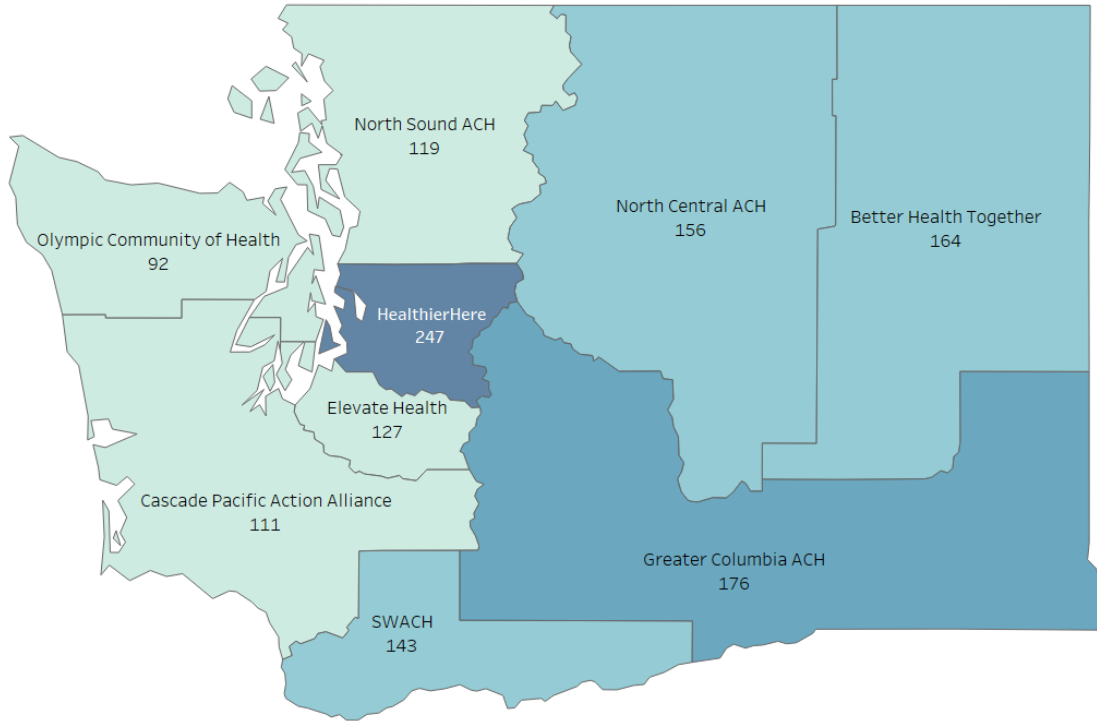
### ACH – Specialists

The specialist rates increased in 2019 statewide and in nearly all ACHs. Statewide, the rate increased from 168 specialists per 100,000 population in 2018 to 172. Better Health Together was the only ACH that experienced a decline in its specialist rate, from 164 to 160. The wide range of specialist rates among the ACHs remained about the same in 2019. HealthierHere again led all other ACHs with a rate of 250 (247 in 2018). The Olympic Community of Health had the lowest rate at 102 (92 in 2018).

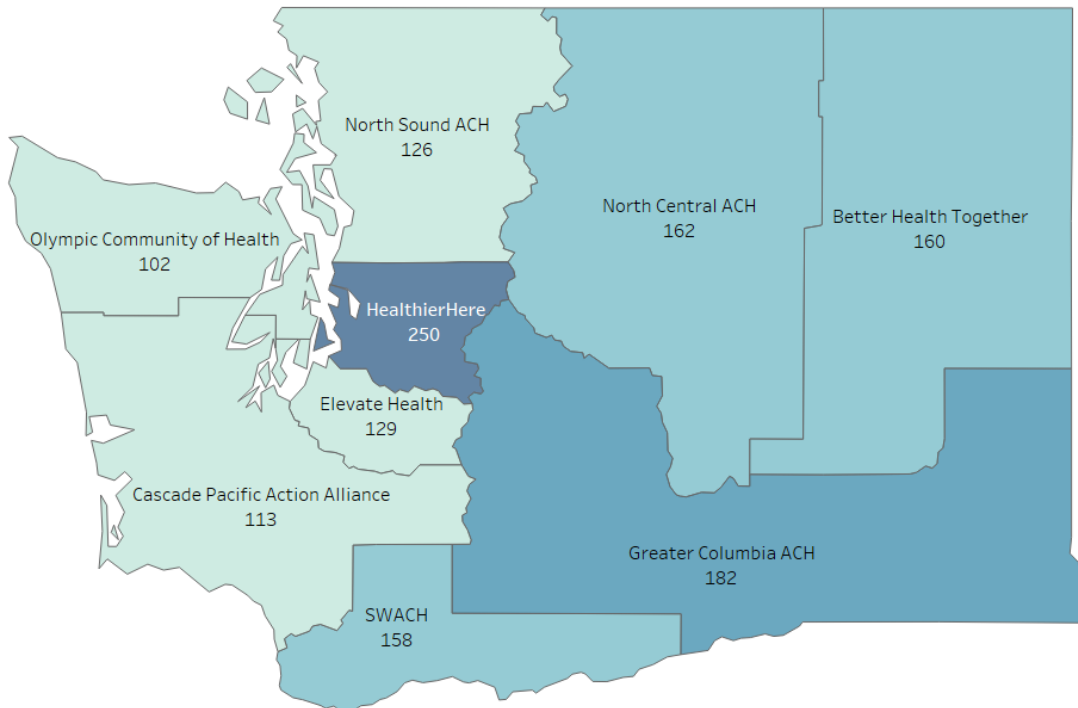
Figure 32. Specialist Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 49. Specialists per 100,000 Population: ACHs, 2018



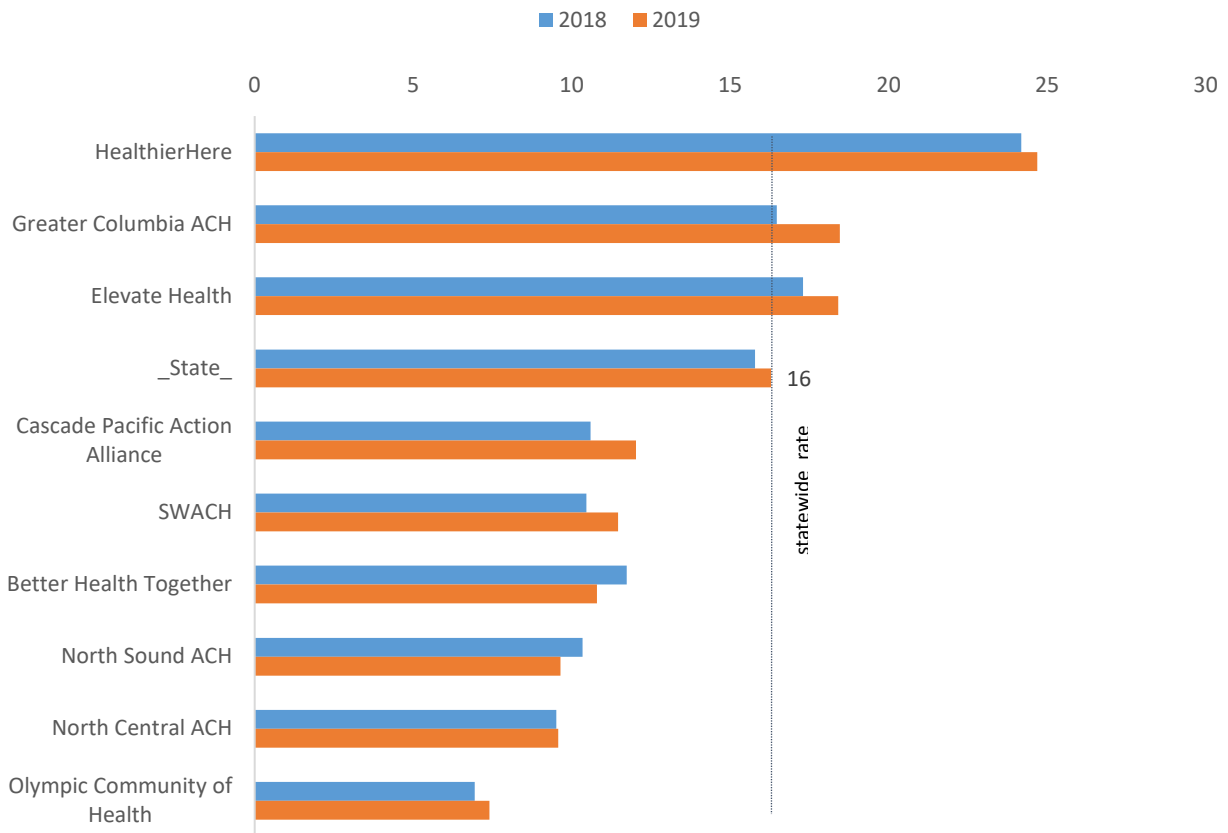
Map 50. Specialists per 100,000 Population: ACHs, 2019



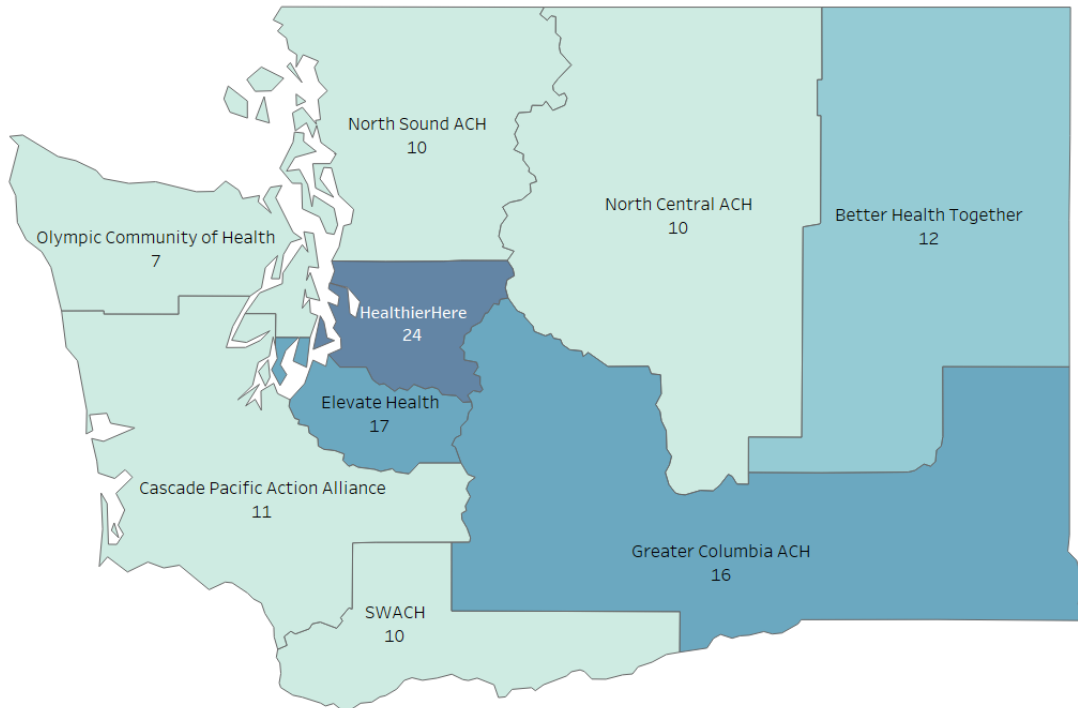
### ACH – Anesthesiologists

The rates of anesthesiologists increased in 2019 in all ACHs except for the three that form northern Washington – North Sound, North Central and Better Health Together. These three ACHs either had no change or a slight decline in their rates for anesthesiologists. With a slight increase from 24 anesthesiologists per 100,000 population in 2018 to 25 in 2019, HealthierHere continued its lead over the other ACHs. HealthierHere's rates in both years were twice as high as the rates in most of the other ACHs and more than three times as high as the lowest rate in the Olympic Community of Health, in both years.

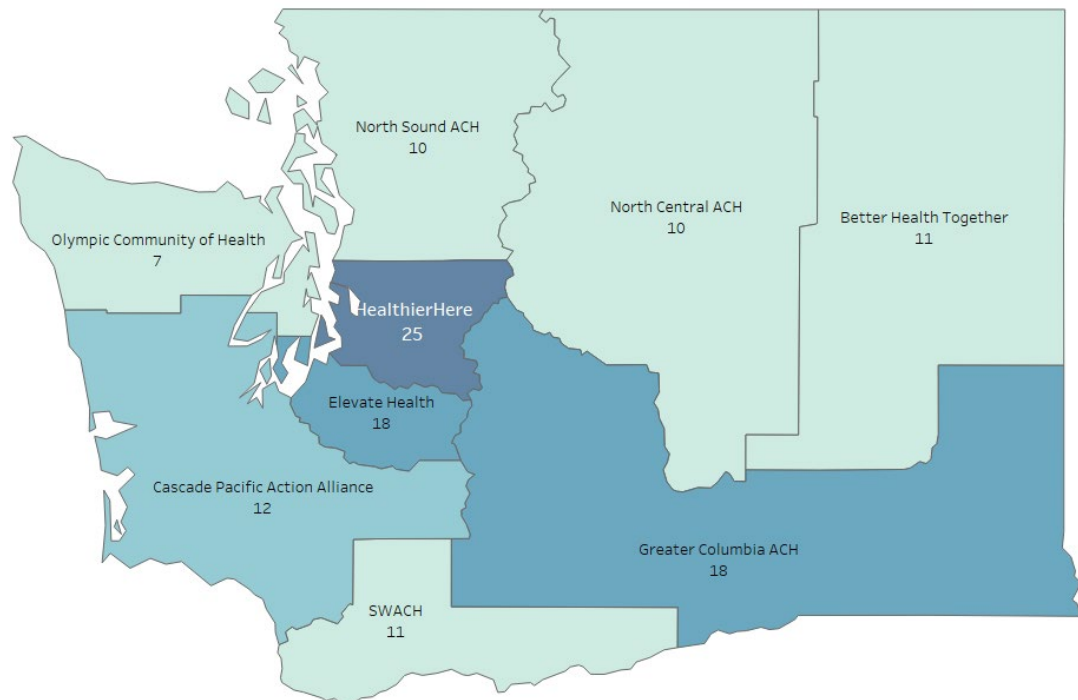
Figure 33. Anesthesiologist Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 51. Anesthesiologists per 100,000 Population: ACHs, 2018



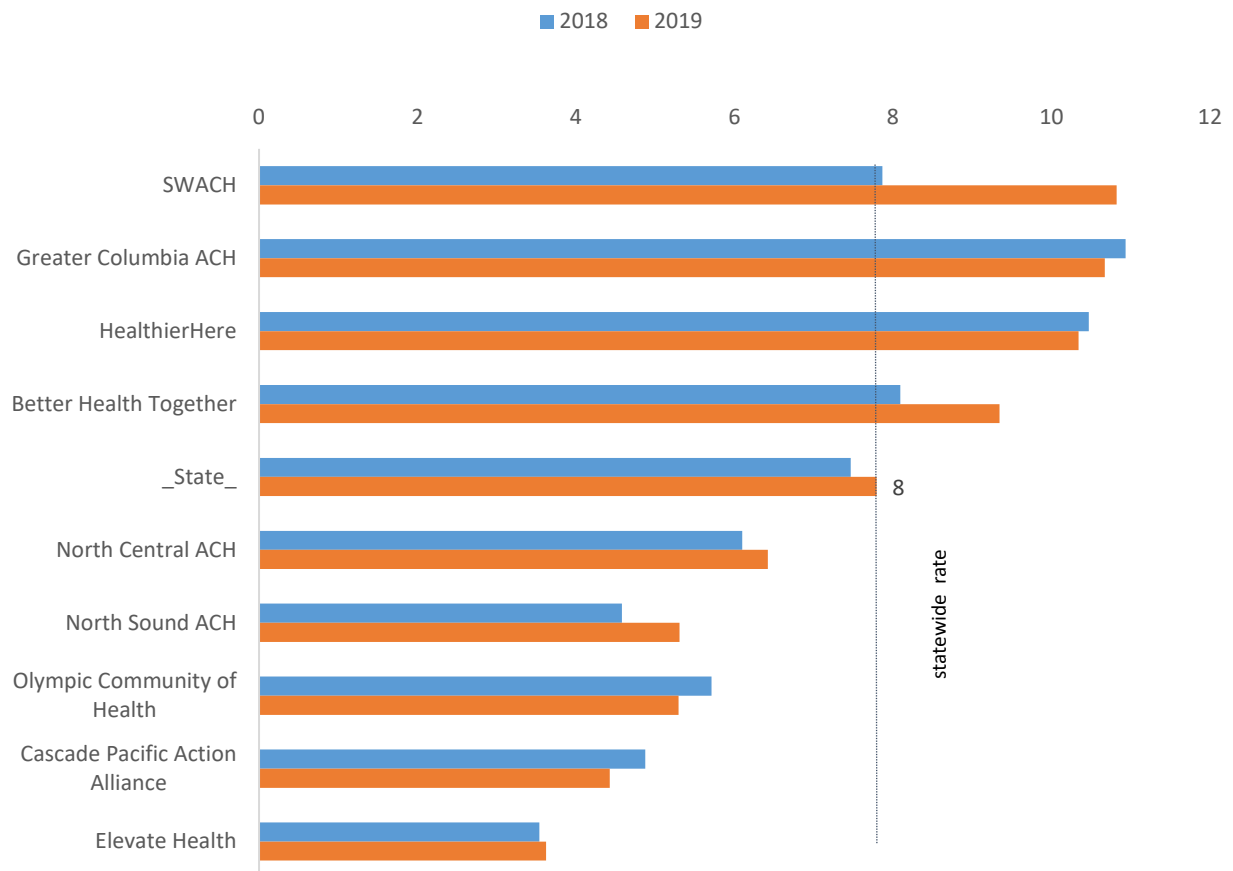
Map 52. Anesthesiologists per 100,000 Population: ACHs, 2019



### ACH – Cardiologists

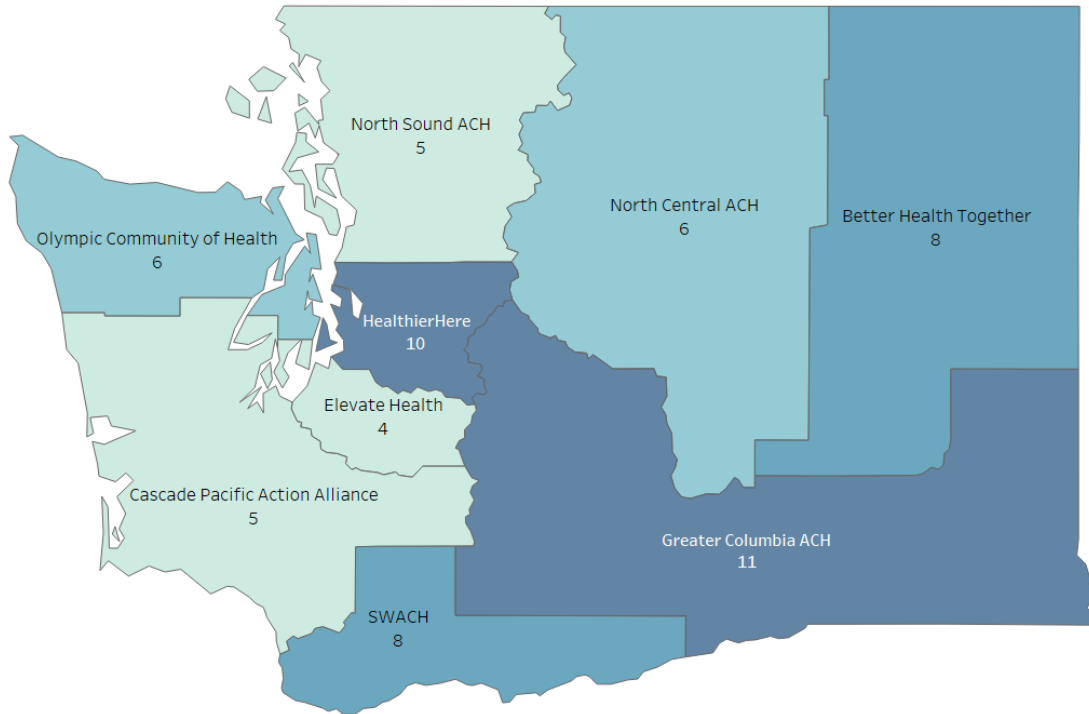
While the statewide increase in cardiologist rate from 2018 to 2019 was a modest one, from seven to eight physicians per 100,000 population, the increase from eight to 11 in SWACH was large. SWACH's rate in 2019 was the highest while its rate in 2018 was the fourth highest. Greater Columbia ACH's rate did not change, remaining at 11, but it was the highest in 2018 and tied for the highest in 2019. Five of the ACHs had cardiologist rates lower than the statewide average in both years. Elevate Health's rate of four cardiologists per 100,000 population was the lowest in both 2018 and 2019.

Figure 34. Cardiologist Rates by ACH, 2018 and 2019  
(sorted by 2019 distribution)

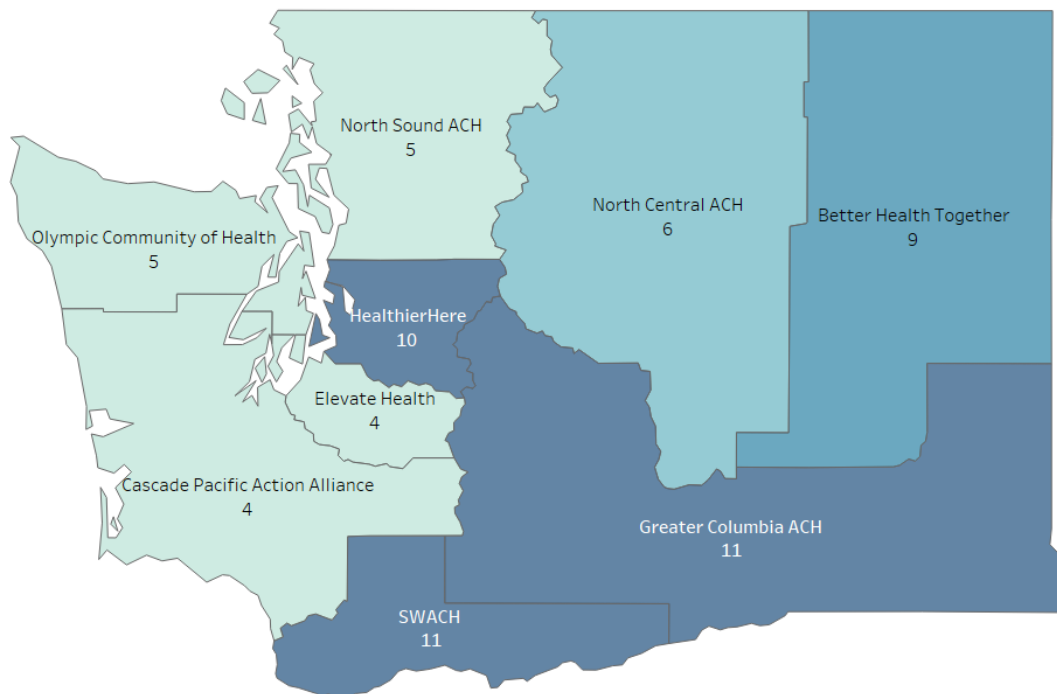




Map 53. Cardiologists per 100,000 Population: ACHs, 2018



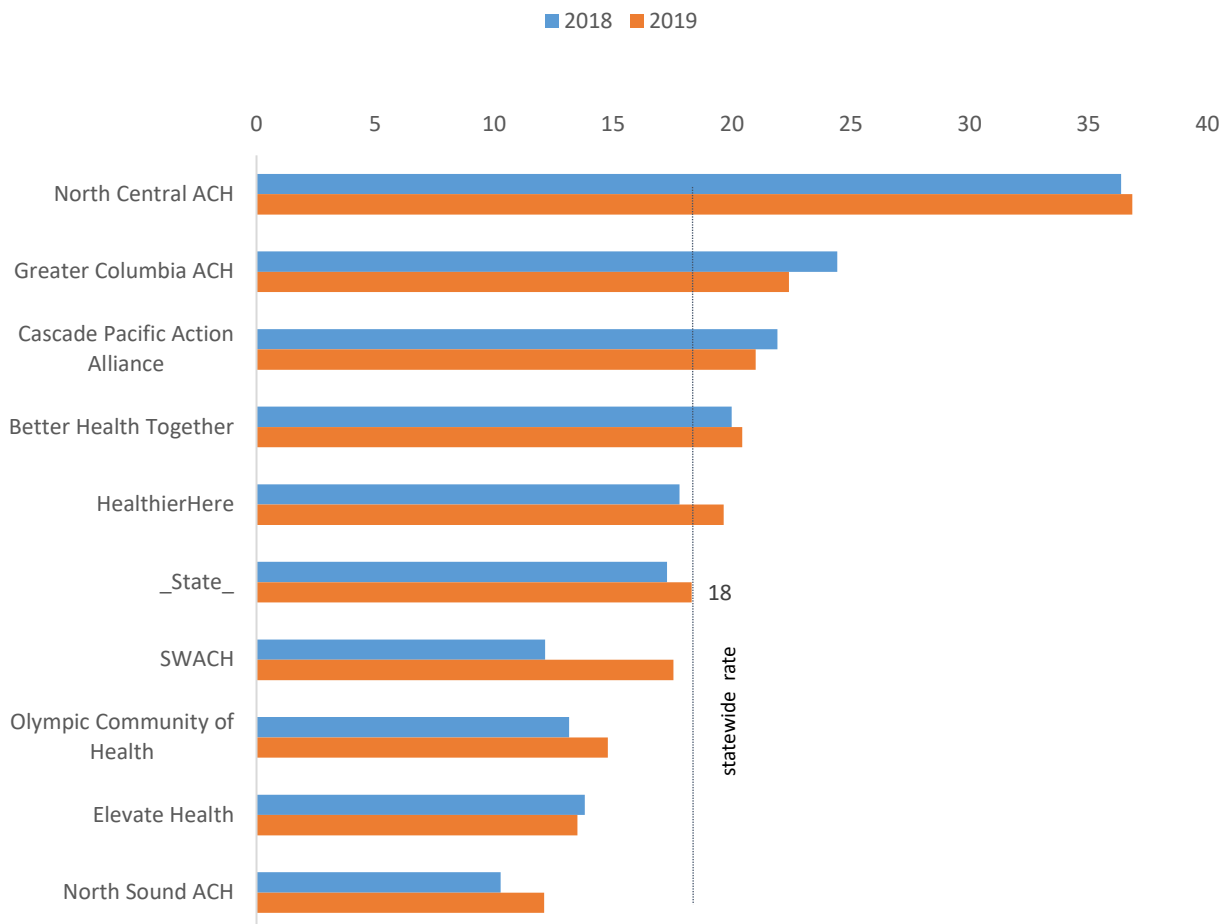
Map 54. Cardiologists per 100,000 Population: ACHs, 2019



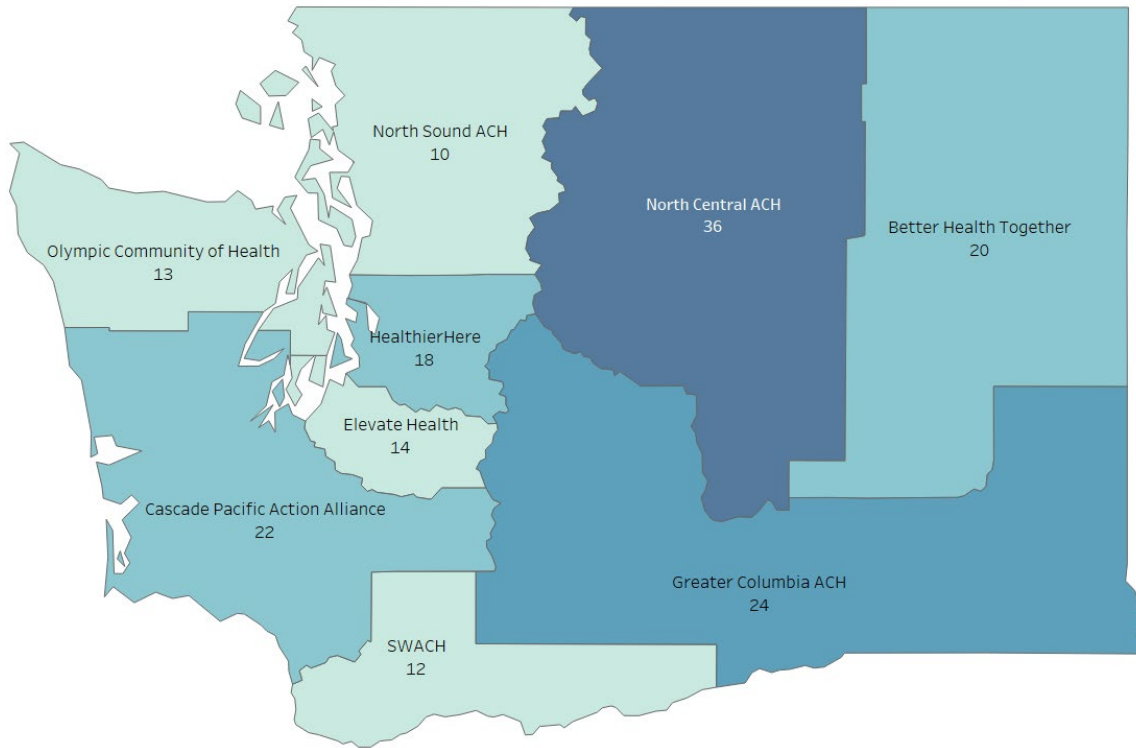
### ACH – Emergency Medicine Physicians

The top five rates of emergency medicine physicians at the ACH level was the same in 2018 and 2019: North Central ACH (the highest), Greater Columbia ACH, Cascade Pacific Action Alliance, Better Health Together and HealthierHere. Rates of these five ACHs were all above the statewide rates (17 in 2018 and 18 in 2019). There was a large disparity in the EM physician rates among the ACHs. The lowest rates in North Sound ACH, 10 in 2018 and 12 in 2019, were less than one third of highest rates of 36 in 2018 and 37 in 2019. While six ACHs had increases in their EM physician rates, the increase in SWACH was the largest, from 12 to 18.

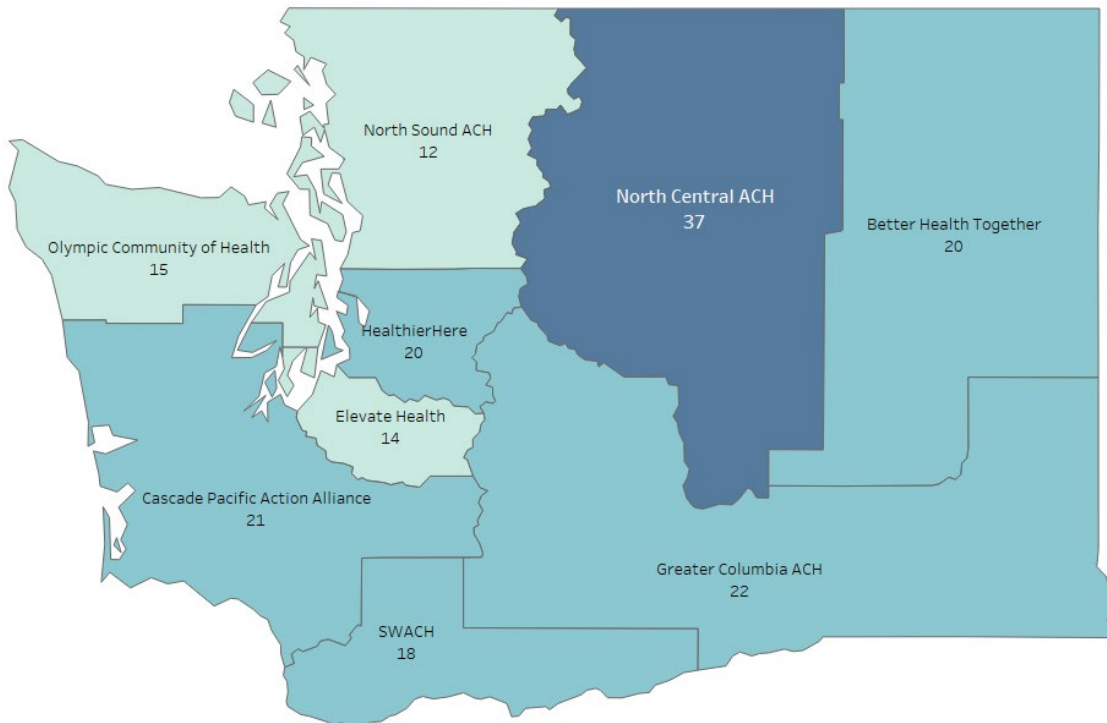
Figure 35. Emergency Medicine Physician Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 55. Emergency Medicine Physicians per 100,000 Population: ACHs, 2018



Map 56. Emergency Medicine Physicians per 100,000 Population: ACHs, 2019

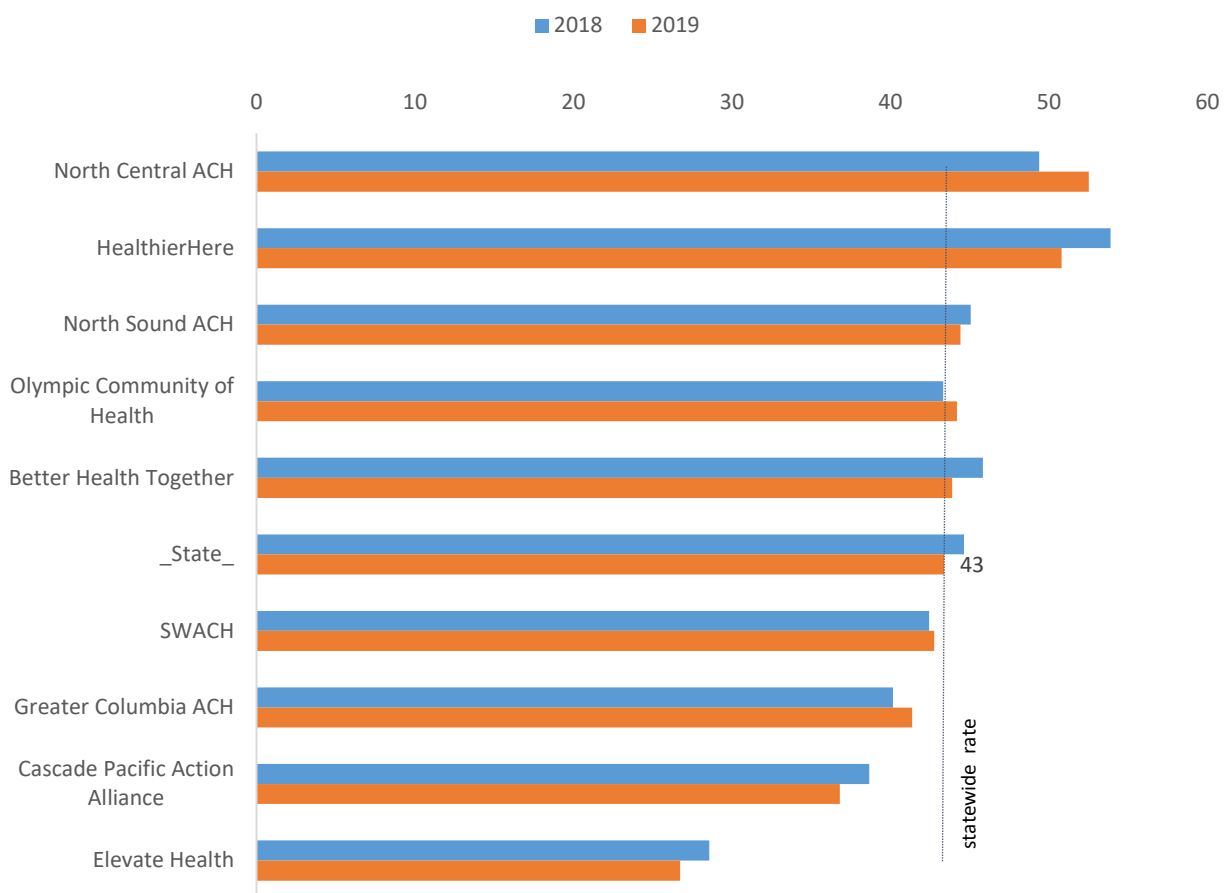


### ACH – Family Medicine/General Practice Physicians

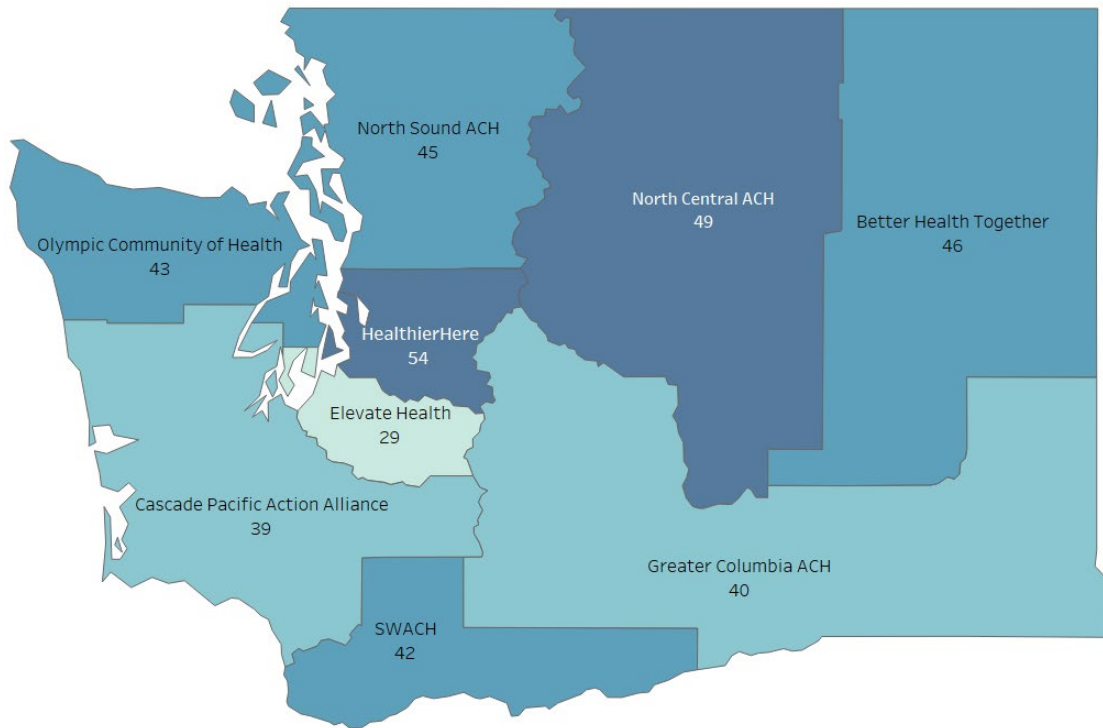
The statewide family medicine/general practice physician rate declined slightly from 45 to 43 per 100,000 population from 2018 to 2019. At the ACH level, changes were generally modest. Five ACHs had slight decreases and the other four had slight increases. HealthierHere and North Central ACH had the highest and second highest rates in 2018 (54 and 49, respectively). The decrease in HealthierHere and the increase in North Central ACH left the latter with the highest rate in 2019. Elevate Health had the lowest rates in both years (29 in 2018 and 27 in 2019). Its rates were significantly lower than even the second lowest rates in Cascade Pacific Action Alliance (39 in 2018 and 37 in 2019).

Figure 36. Family Medicine/General Practice Physician Rates (per 100,000) by ACH, 2018 and 2019

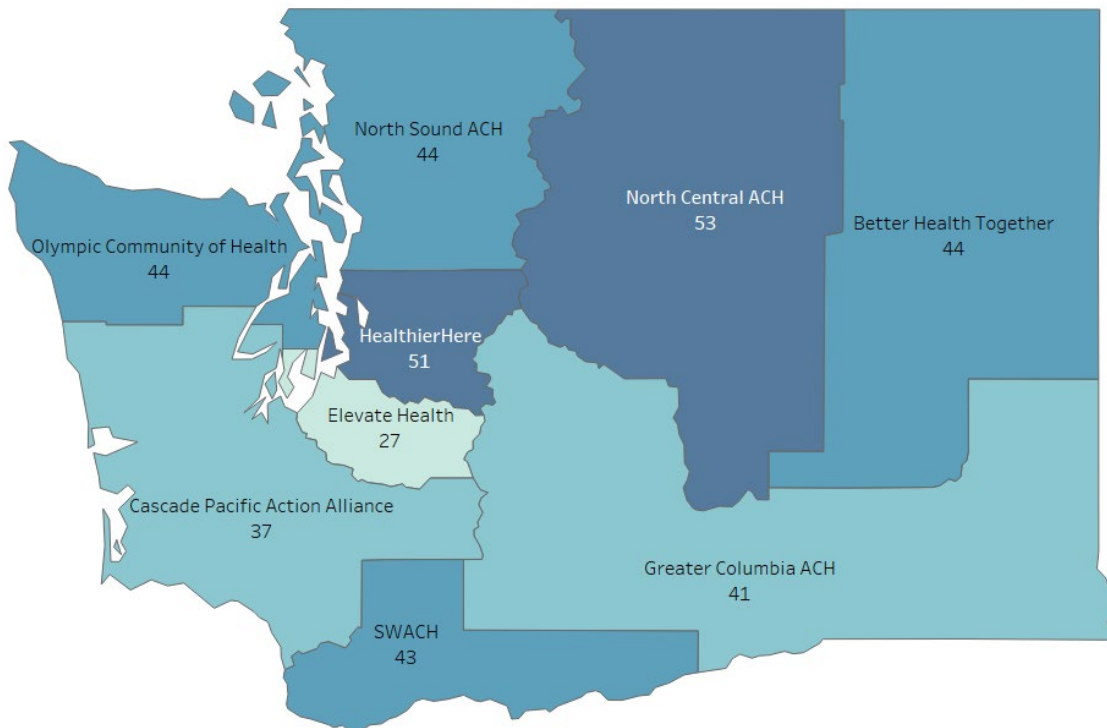
(sorted by 2019 distribution)



Map 57. Family Medicine/General Practice Physicians per 100,000 Population: ACHs, 2018



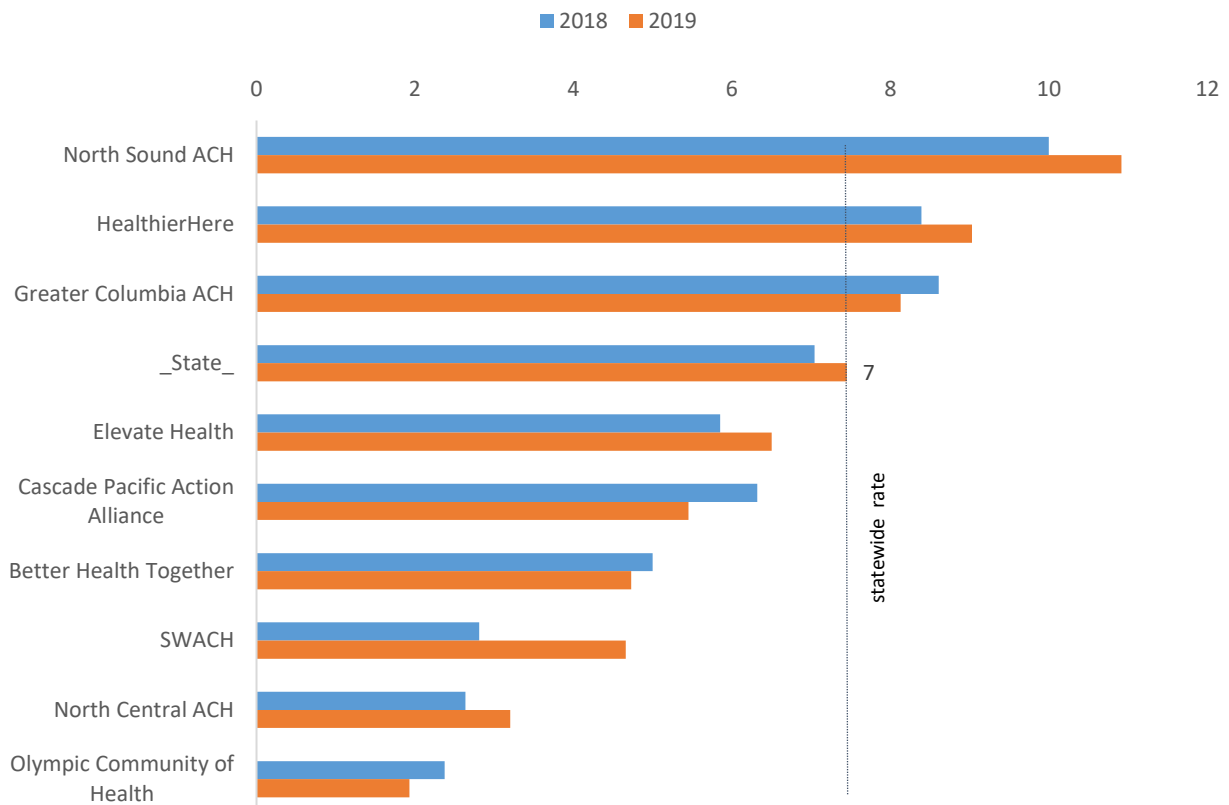
Map 58. Family Medicine/General Practice Physicians per 100,000 Population: ACHs, 2019



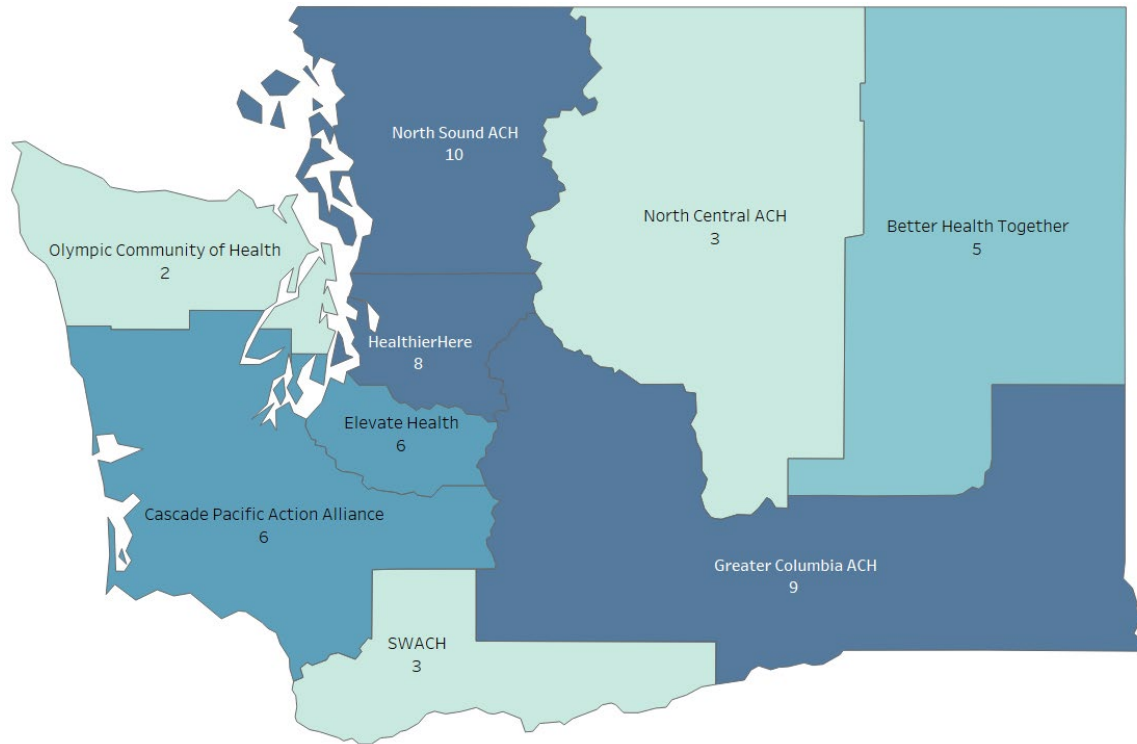
### ACH – Hospitalists

The statewide rates for hospitalists were approximately seven physicians per 100,000 population in 2018 and 2019. The rates at the ACH level were all below 10 in both years, with the exception of North Sound ACH, which had a rate of 10 in 2018 and 11 in 2019. These rates were about five times as high as the lowest rate in the Olympic Community of Health (2 in both years). Five of the nine ACHs had an increase in their hospitalist rates, but SWACH's increase was the largest, from three to five.

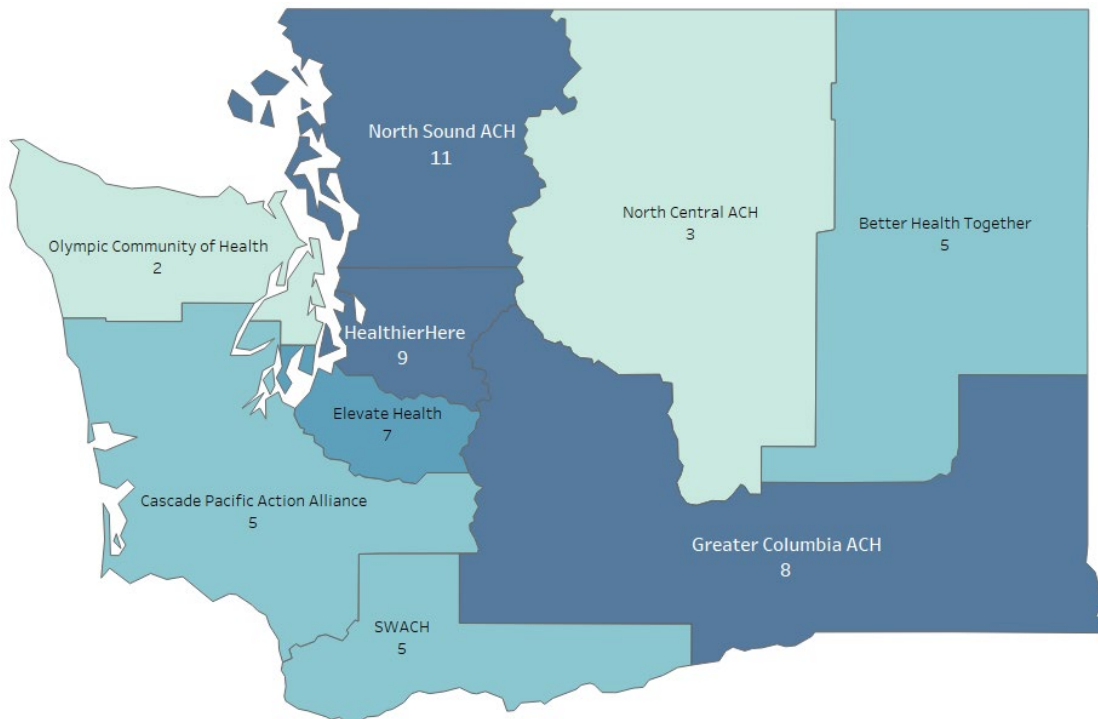
Figure 37. Hospitalist Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 59. Hospitalists per 100,000 Population: ACHs, 2018



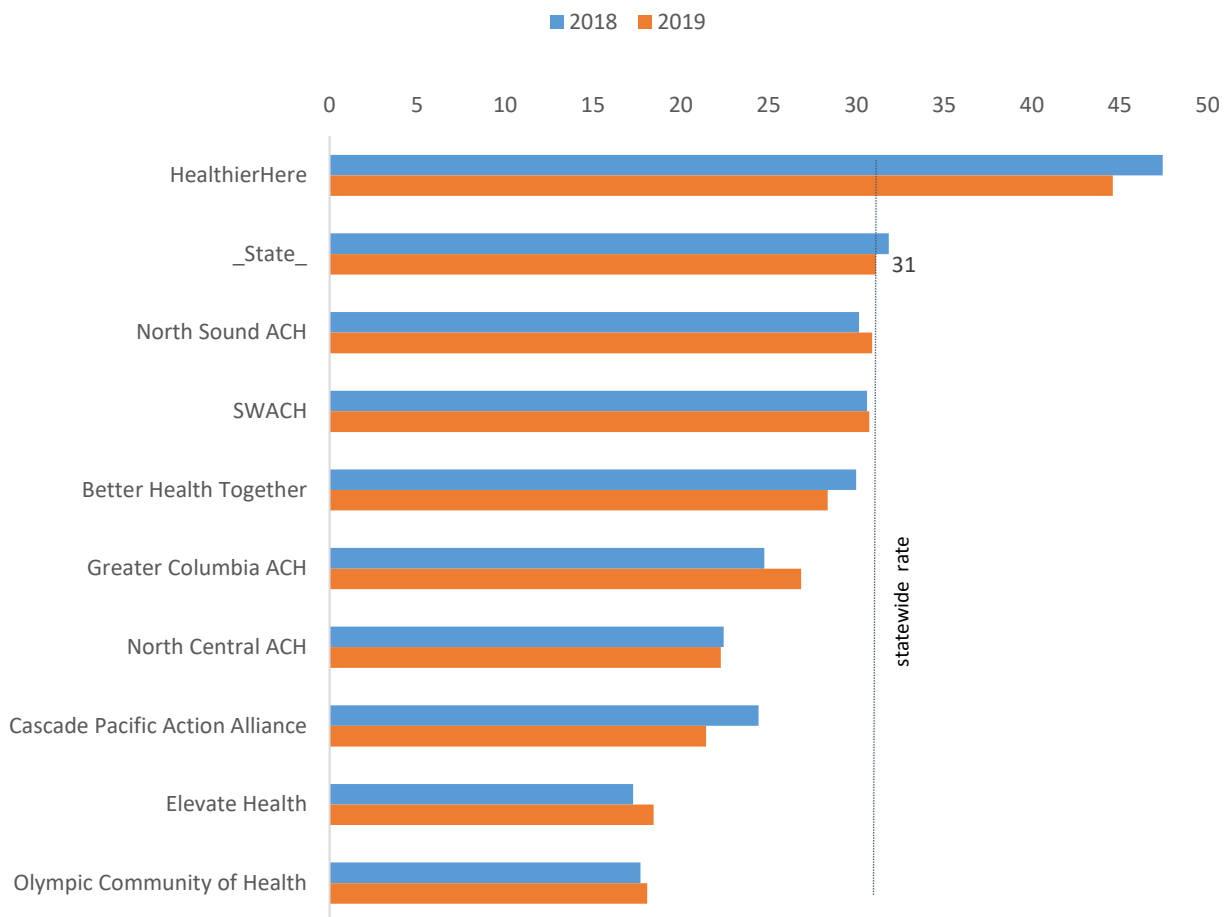
Map 60. Hospitalists per 100,000 Population: ACHs, 2019



### ACH – Internal Medicine (General) Physicians

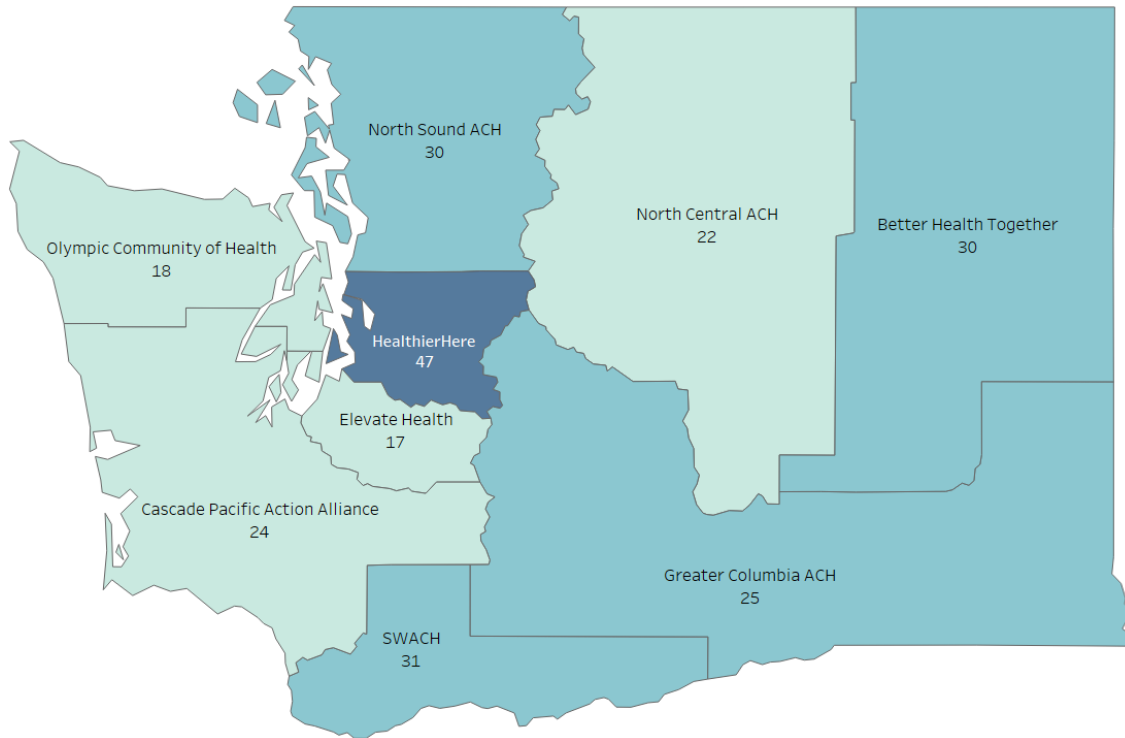
HealthierHere had the highest rates of general internal medicine physicians in both 2018 and 2019, though there was a slight decrease, from 47 to 45 per 100,000 population. HealthierHere's rate is almost 50 percent higher than the statewide rates of 32 in 2018 and 31 in 2019. All other ACH's rates were below the statewide rates, in both years. Olympic Community Health and Elevate Health had the lowest rates, at about 18 physicians per 100,000 population.

Figure 38. Internal Medicine (General) Physician Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)

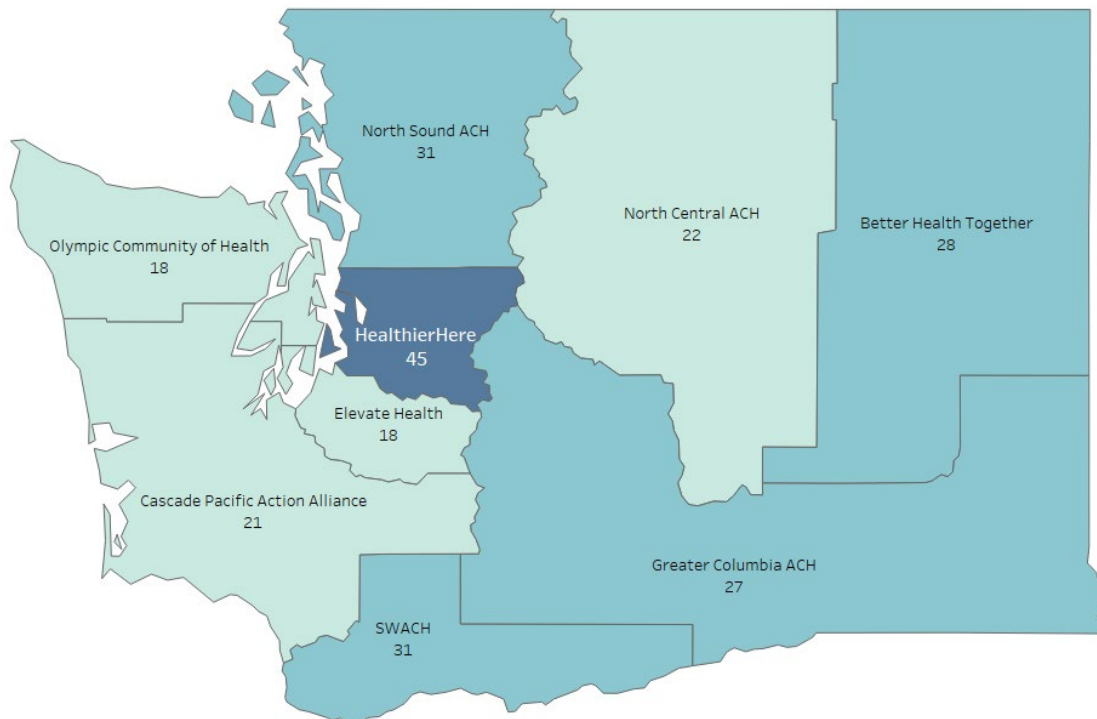




Map 61. Internal Medicine (General) Physicians per 100,000 Population: ACHs, 2018



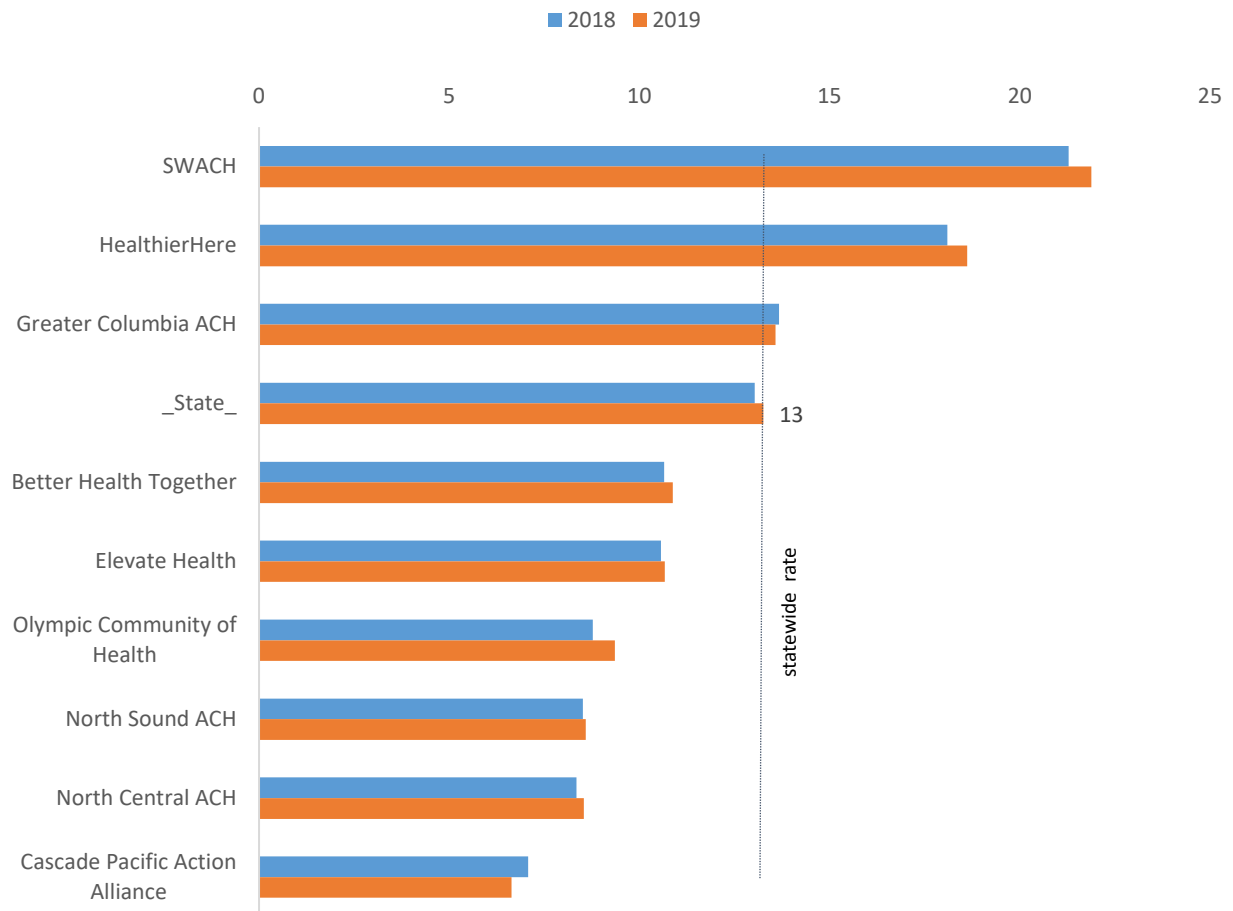
Map 62. Internal Medicine (General) Physicians per 100,000 Population: ACHs, 2019



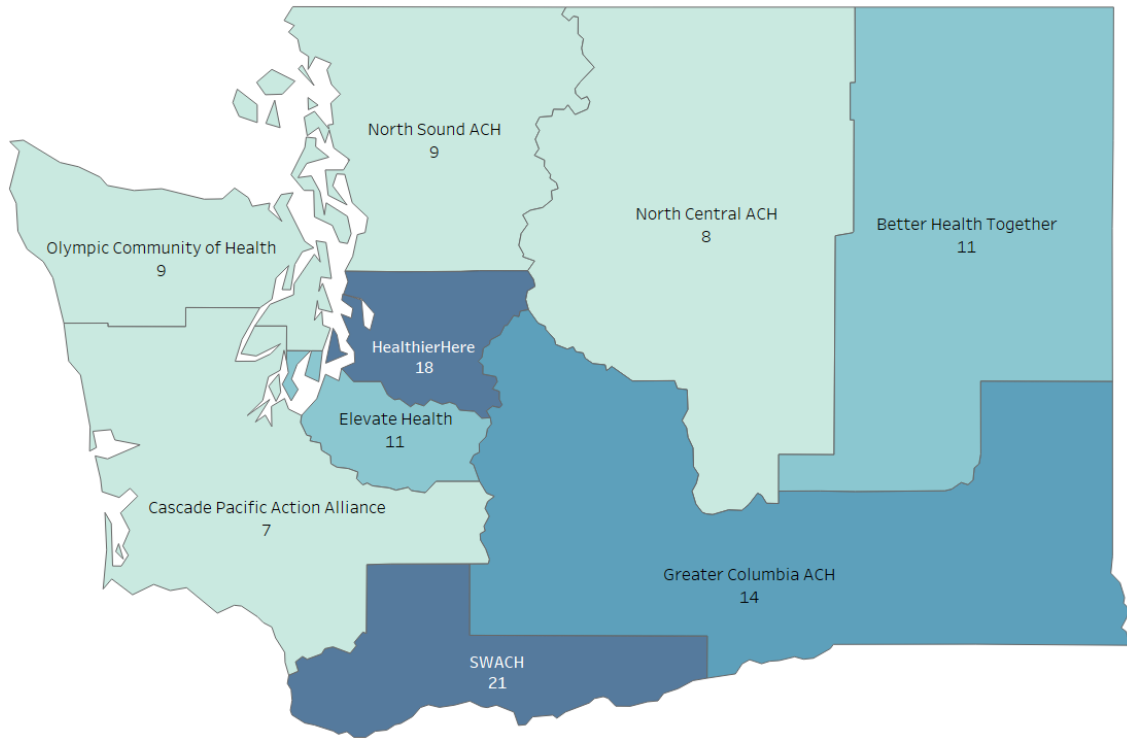
### ACH – OB/GYNs

SWACH's lead in the rate of OB/GYNs expanded a little in 2019. Its 2019 rate was 22 OB/GYNs per 100,000 population, compared to 21 in 2018. HealthierHere, which had the second highest rate in both years, also had a slight increase in its rate, from 18 to 19. The other ACHs had either even smaller changes or no changes at all. The rank order of the ACHs' OB/GYN rates did not change between 2018 and 2019. Cascade Pacific Action Alliance's rate of seven OB/GYNs per 100,000 population was the lowest of all ACHs in both years.

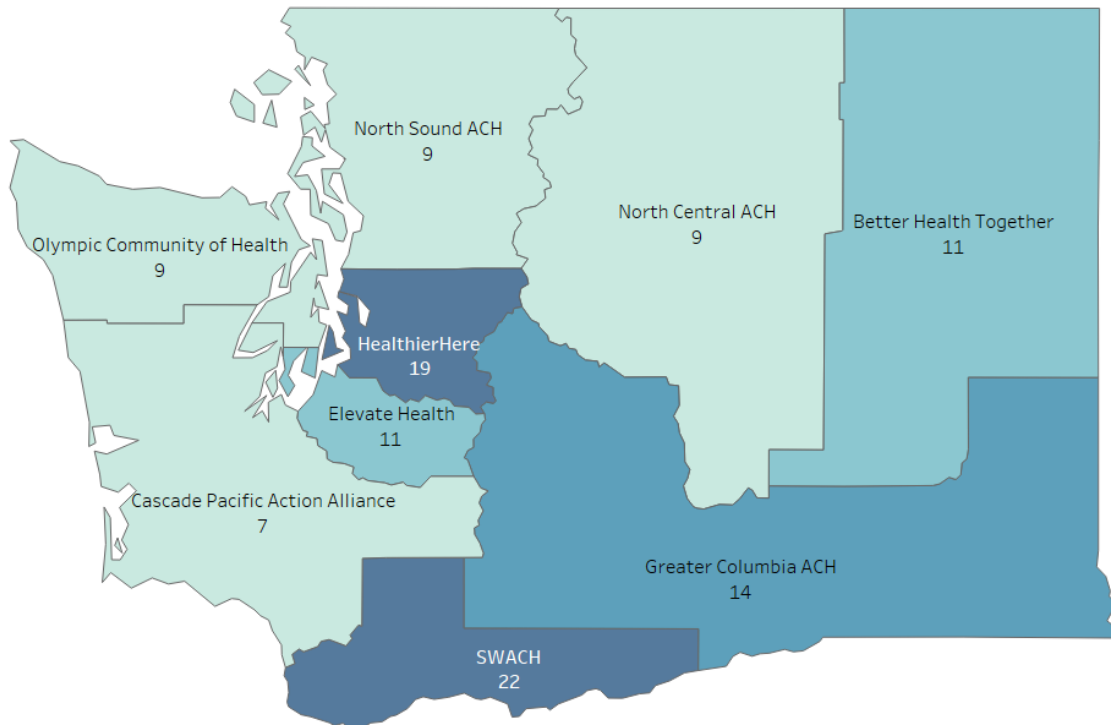
Figure 39. OB/GYN Rates (100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 63. OB/GYNs per 100,000 Population: ACHs, 2018



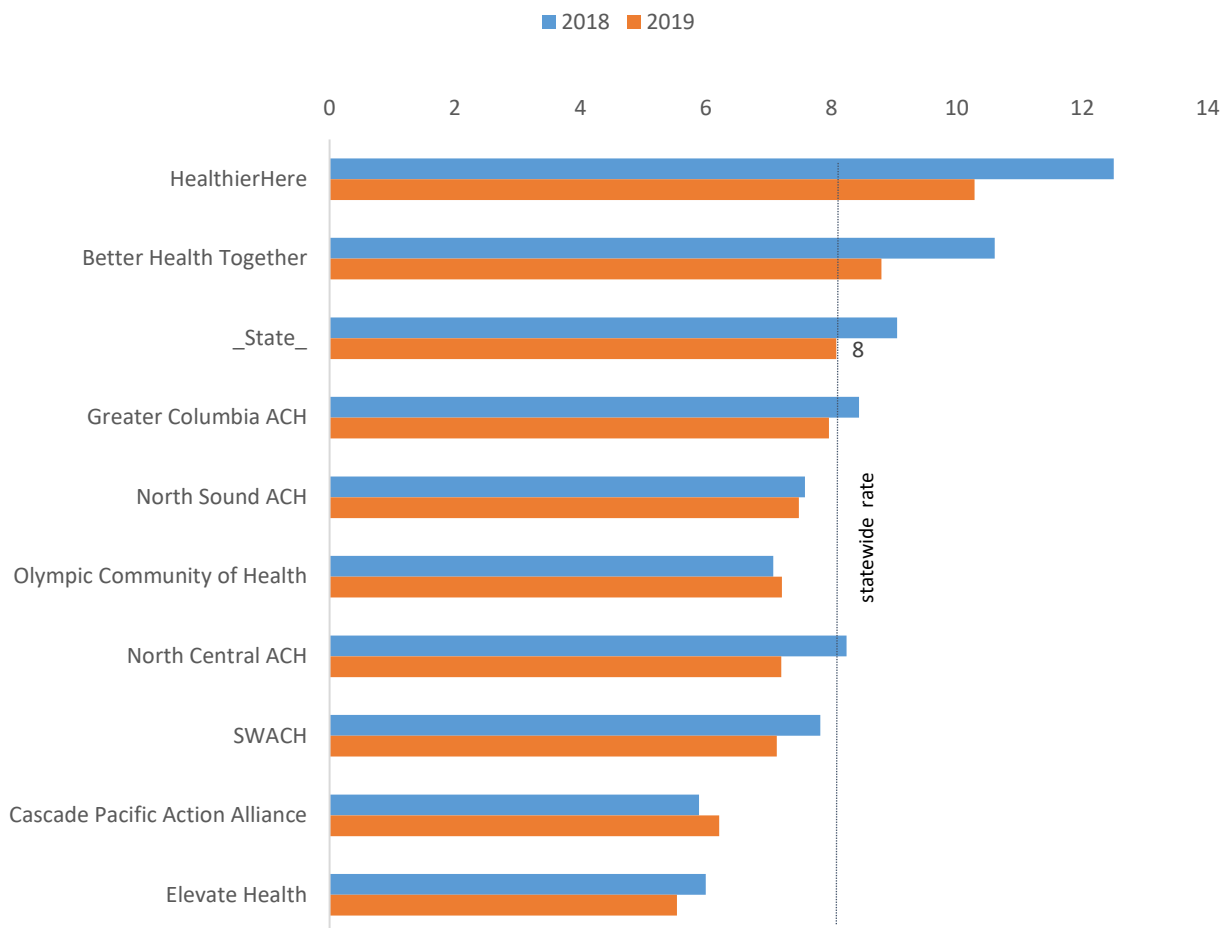
Map 64. OB/GYNs per 100,000 Population: ACHs, 2019



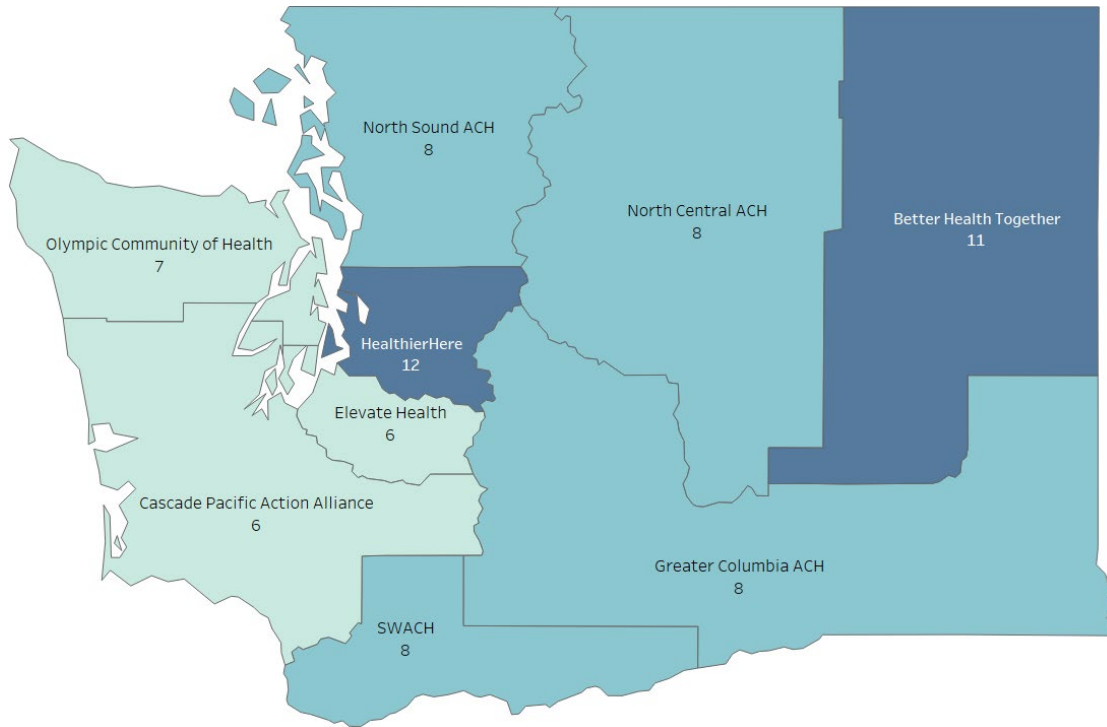
### ACH – Orthopedic Surgeons

The rates of orthopedic surgeons declined in most of the ACHs from 2018 to 2019, as did the statewide rate. Statewide, the rate declined slightly from nine surgeons to eight per 100,000 population. The two ACHs with the highest and second highest rates in 2018, HealthierHere and Better Health Together, both experienced a relatively large decline. HealthierHere's rate declined from 12 to 10 and Better Health Together's rate from 11 to 9. The rates of the other ACHs were all below the statewide rates in both years and their changes from 2018 to 2019 were relatively small.

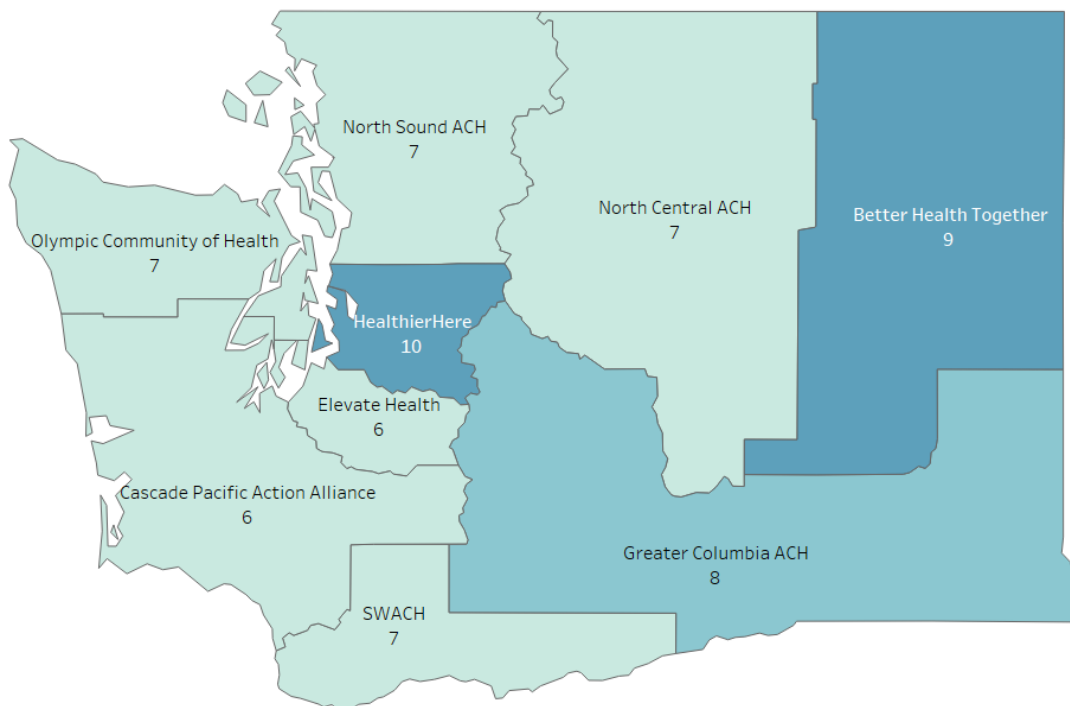
Figure 40. Orthopedic Surgeon Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 65. Orthopedic Surgeons per 100,000 Population: ACHs, 2018



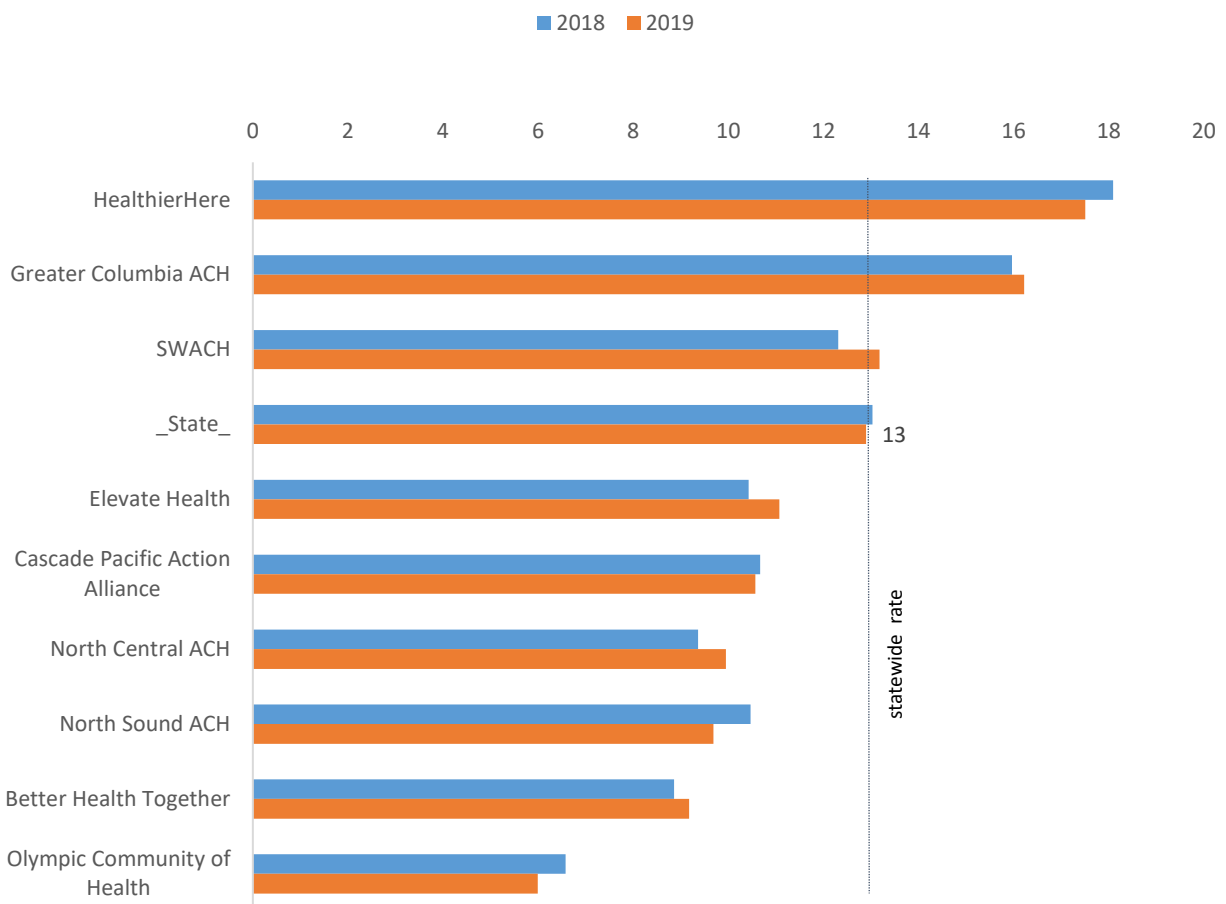
Map 66. Orthopedic Surgeons per 100,000 Population: ACHs, 2019



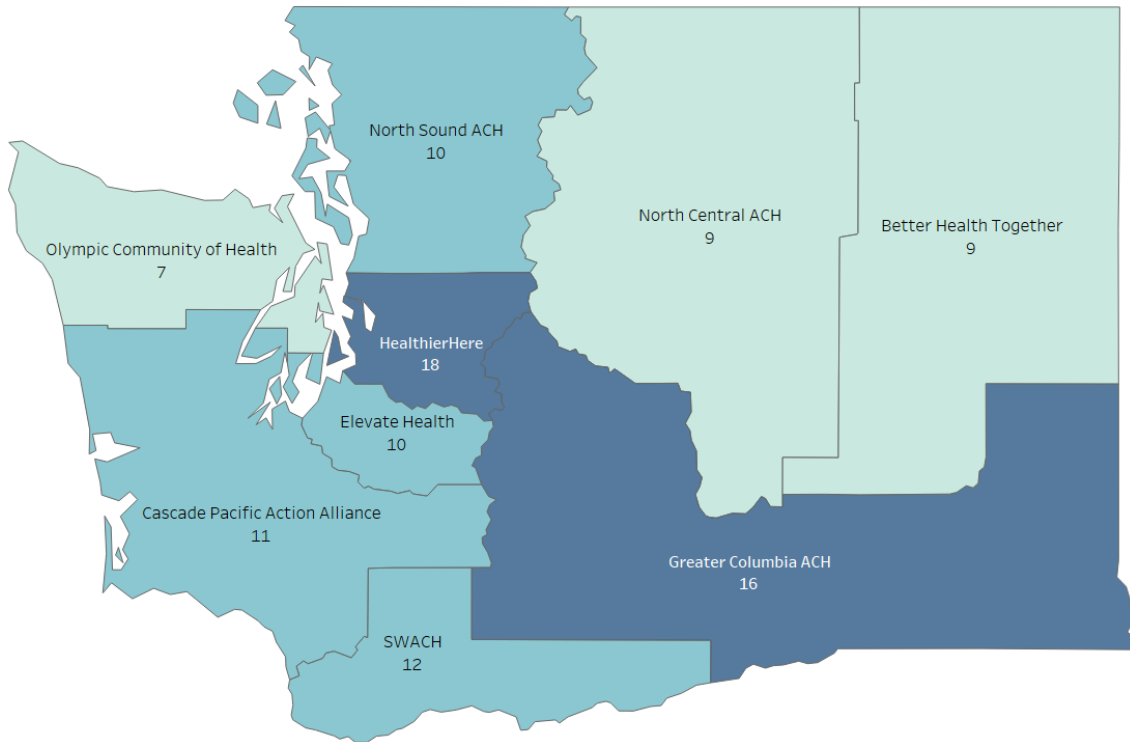
### ACH – Pediatricians (General)

There was little change from 2018 to 2019 in the ACHs' rates of pediatricians. No change, in either increase or decrease, exceeded one physician per 100,000 population. The highest rate and second highest rate remained in HealthierHere (18) and Greater Columbia ACH (16), respectively. The lowest rate and second lowest rate were found in the same two ACHs, Olympic Community of Health (7 in 2018 and 6 in 2019) and Better Health Together (9 in both years).

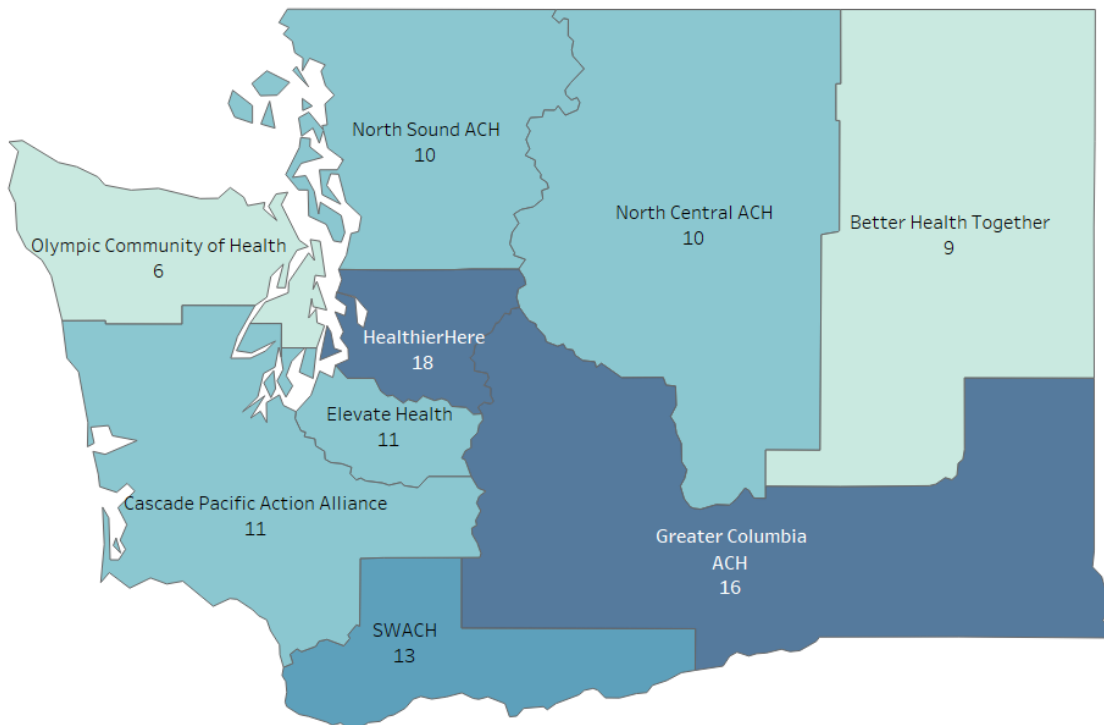
Figure 41. Pediatrician (General) Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 67. Pediatricians (General) per 100,000 Population: ACHs, 2018



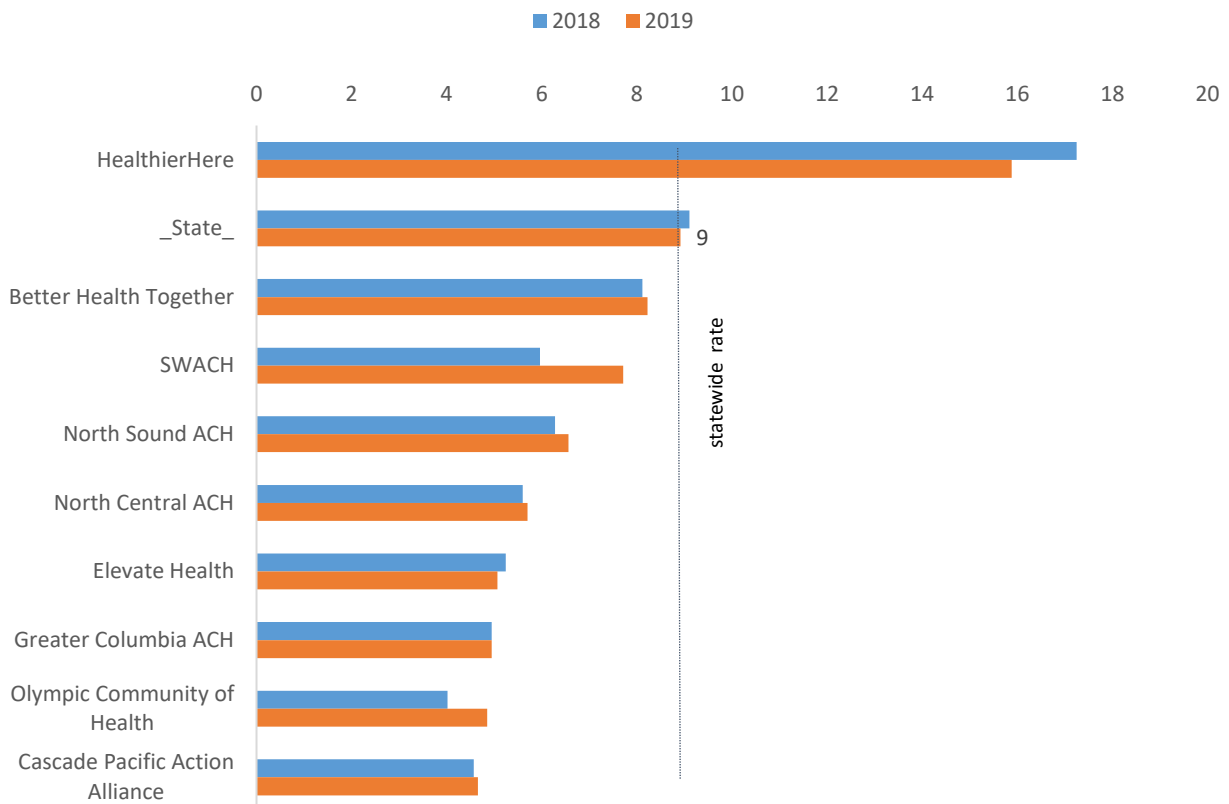
Map 68. Pediatricians (General) per 100,000 Population: ACHs, 2019



### ACH – Psychiatrists

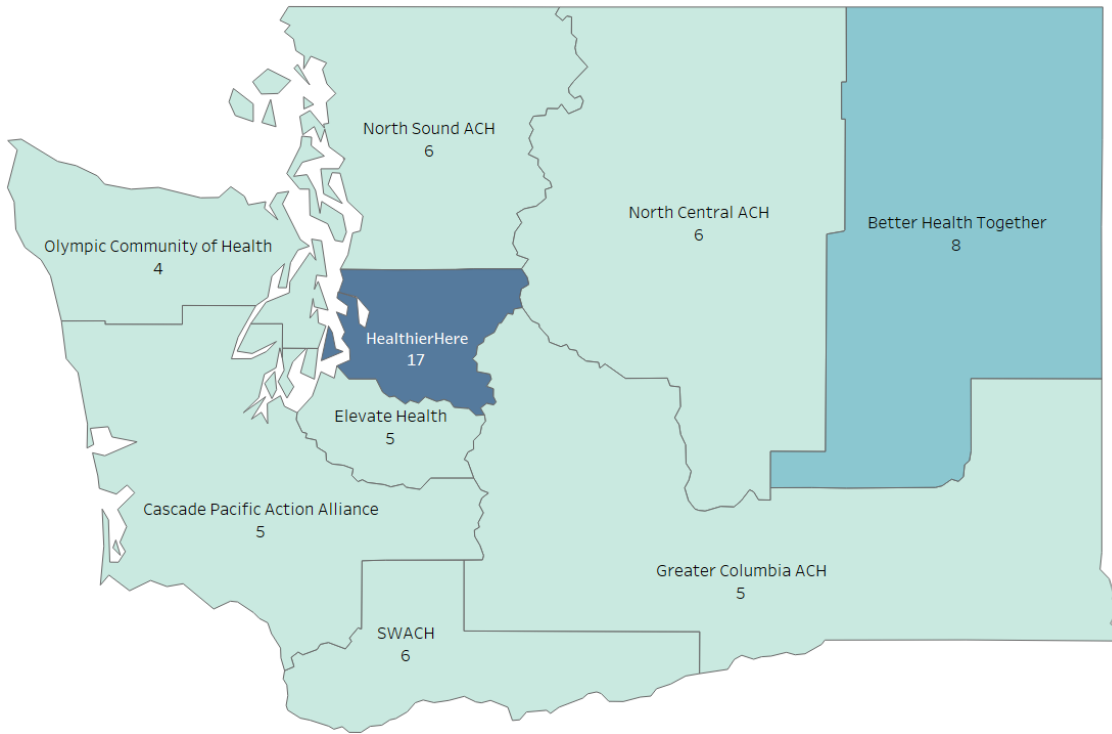
HealthierHere's psychiatrist rate was the only one higher than the statewide rate of nine psychiatrists per 100,000 population in both 2018 and 2019. At 17 in 2018 and 16 in 2019, HealthierHere's rate was about twice as high as the second highest rate in Better Health Together (8 in both 2018 and 2019). SWACH's increase from six to eight was the largest absolute change of all ACHs.

Figure 42. Psychiatrist Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)

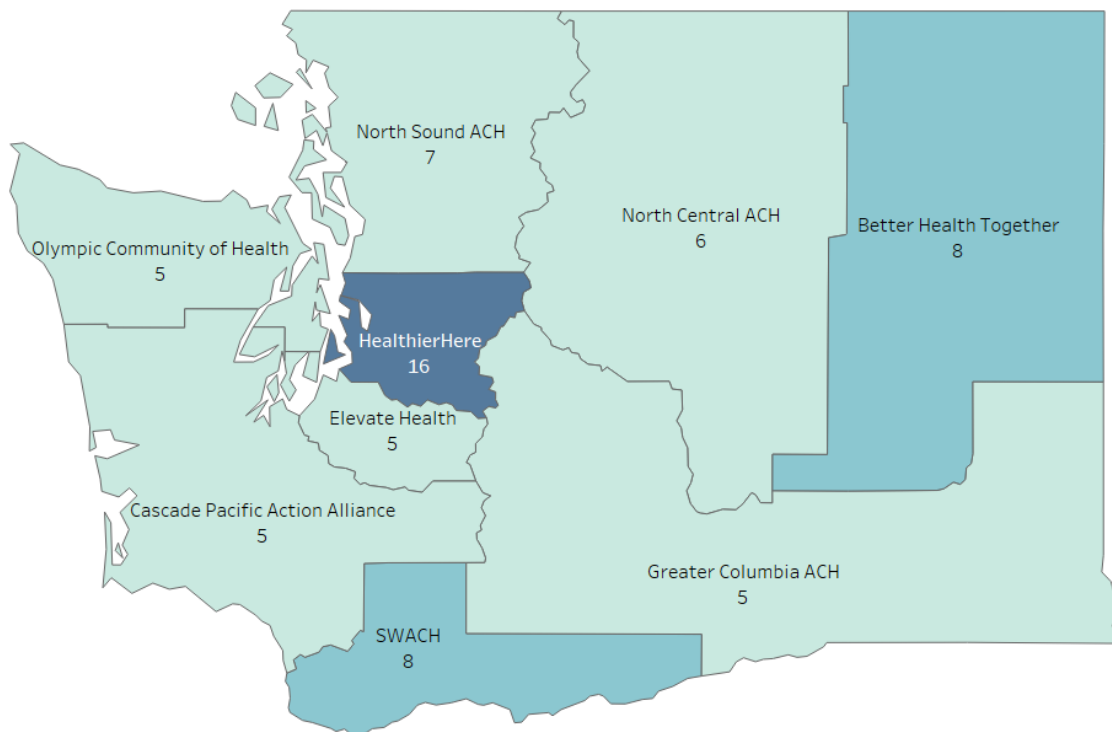




Map 69. Psychiatrists per 100,000 Population: ACHs, 2018



Map 70. Psychiatrists per 100,000 Population: ACHs, 2019

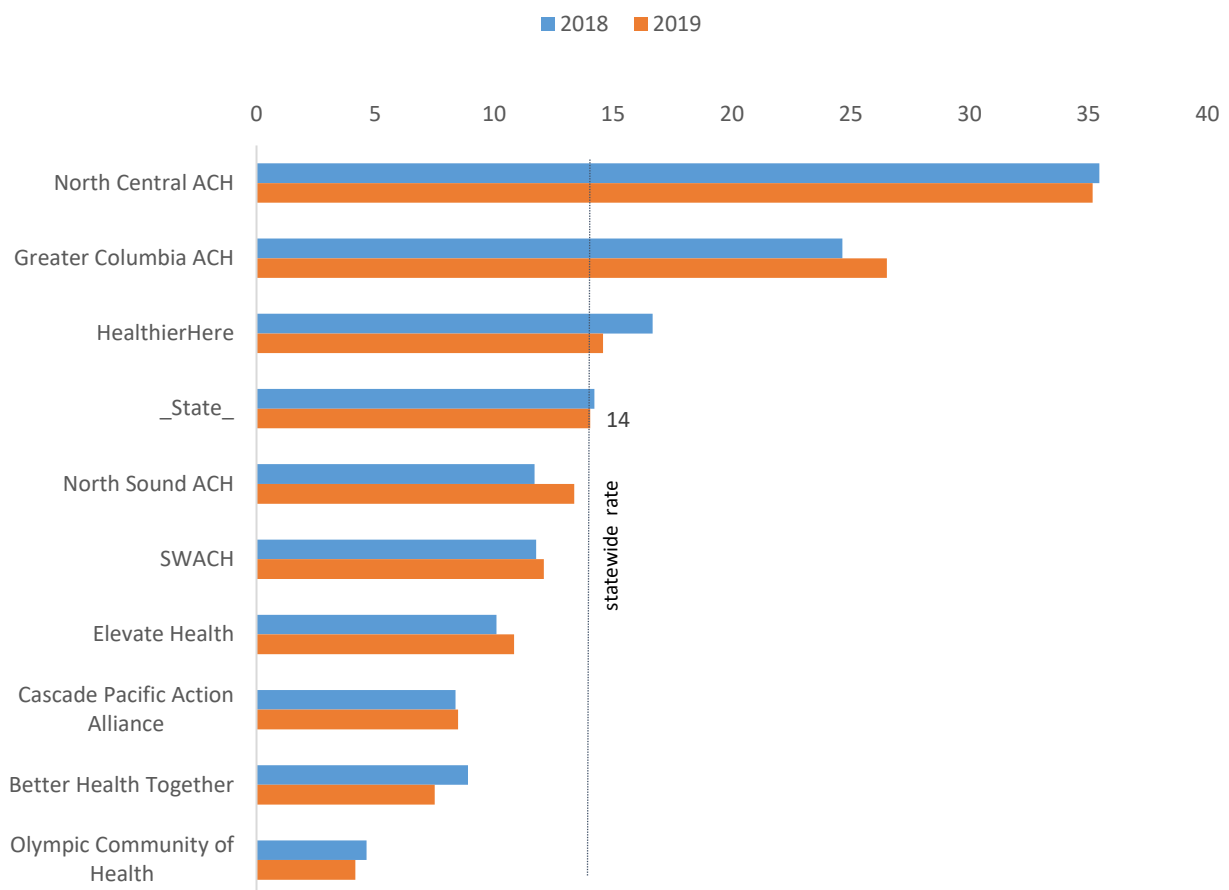


### ACH – Radiologists

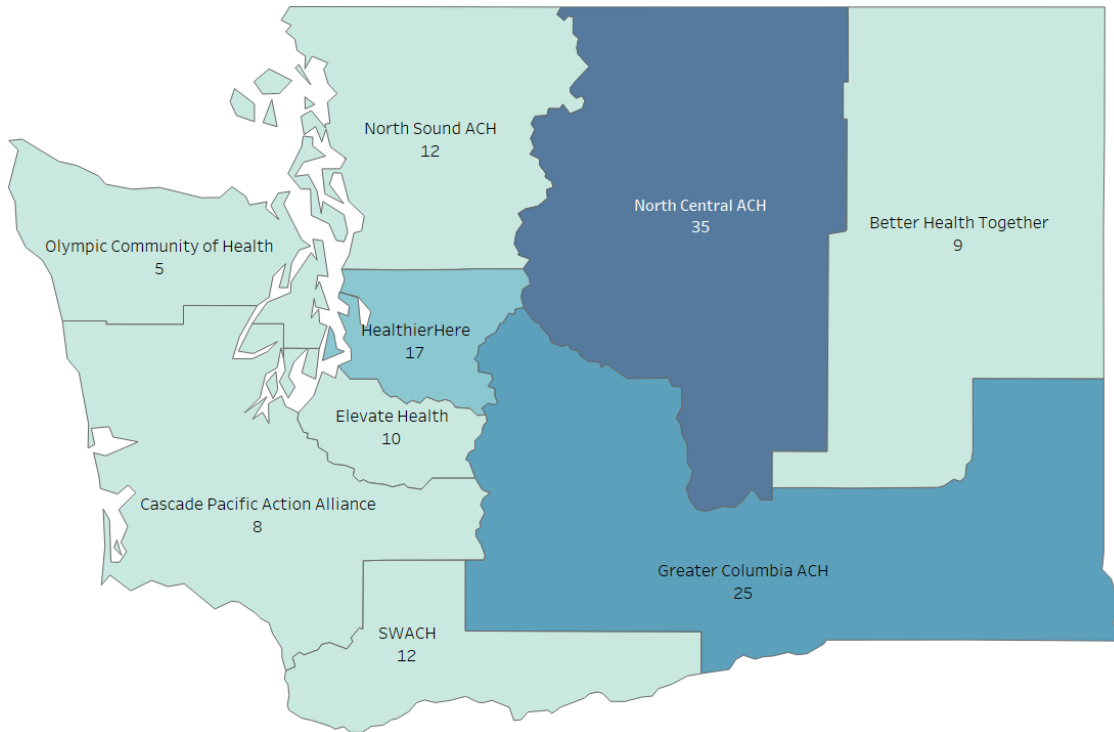
While the change in radiologist rates from 2018 to 2019 was unremarkable for the state and several ACHs, HealthierHere and Better Health Together each experienced a decline of two radiologists per 100,000 population. HealthierHere's rate changed from 17 to 15 and Better Health Together from nine to seven. Greater Columbia ACH had an increase in similar magnitude, from 25 to 27. The disparity in radiologist rates was the largest of the physician rates observed in this study at the ACH level. The highest rate of 35 radiologists per 100,000 population in North Central ACH (in both years) was seven times as high as the lowest rate of approximately five radiologists per 100,000 population in the Olympic Community of Health.

Figure 43. Radiologist Rates (per 100,000) by ACH, 2018 and 2019

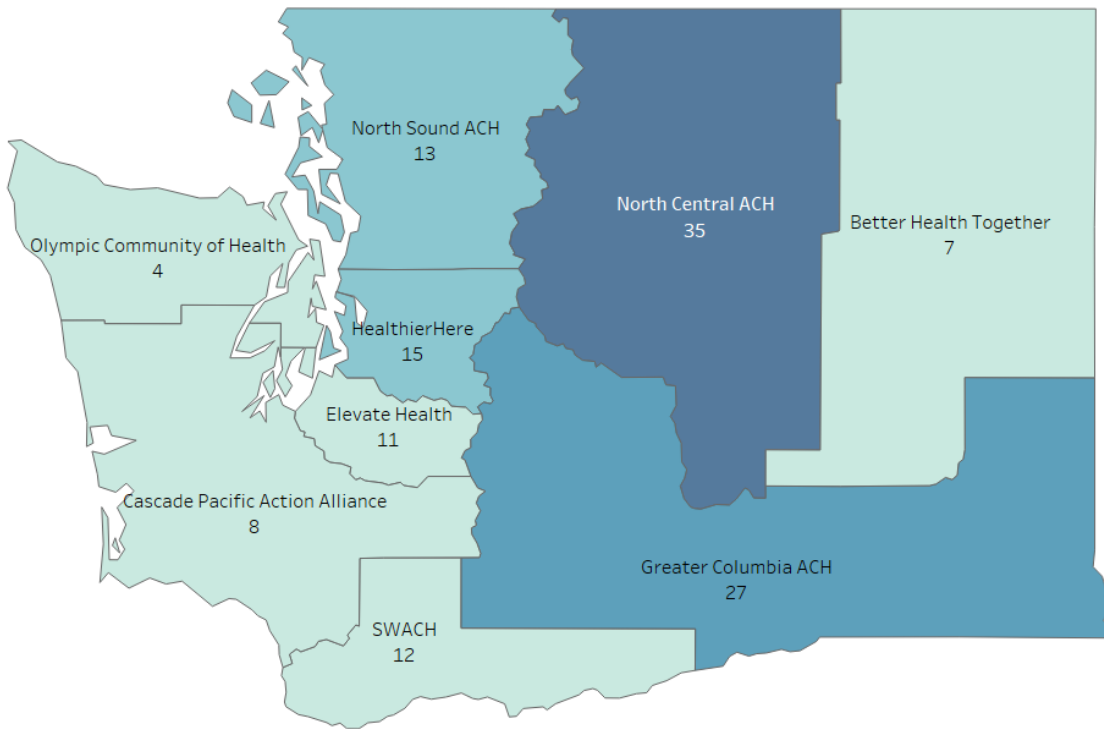
(sorted by 2019 distribution)



Map 71. Radiologists per 100,000 Population: ACHs, 2018



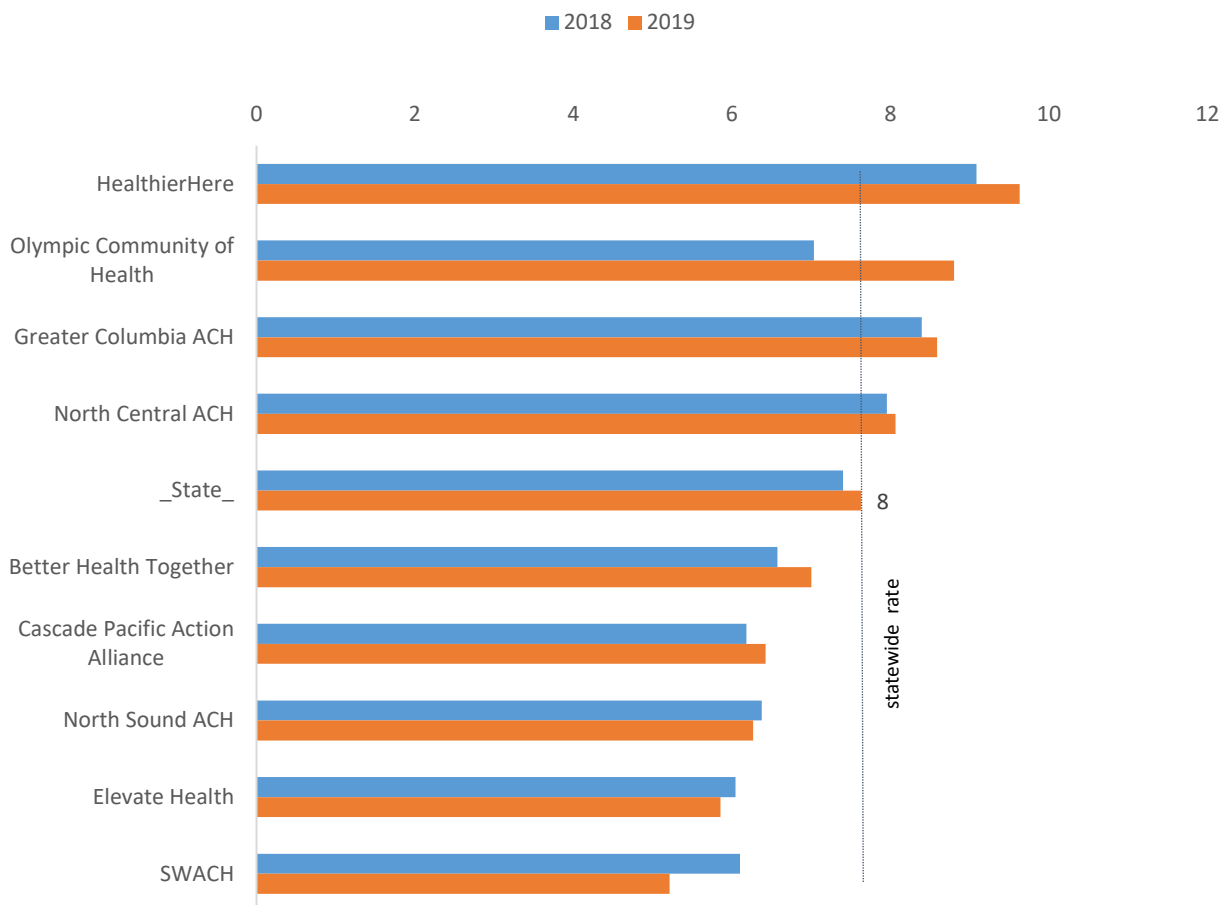
Map 72. Radiologists per 100,000 Population: ACHs, 2019



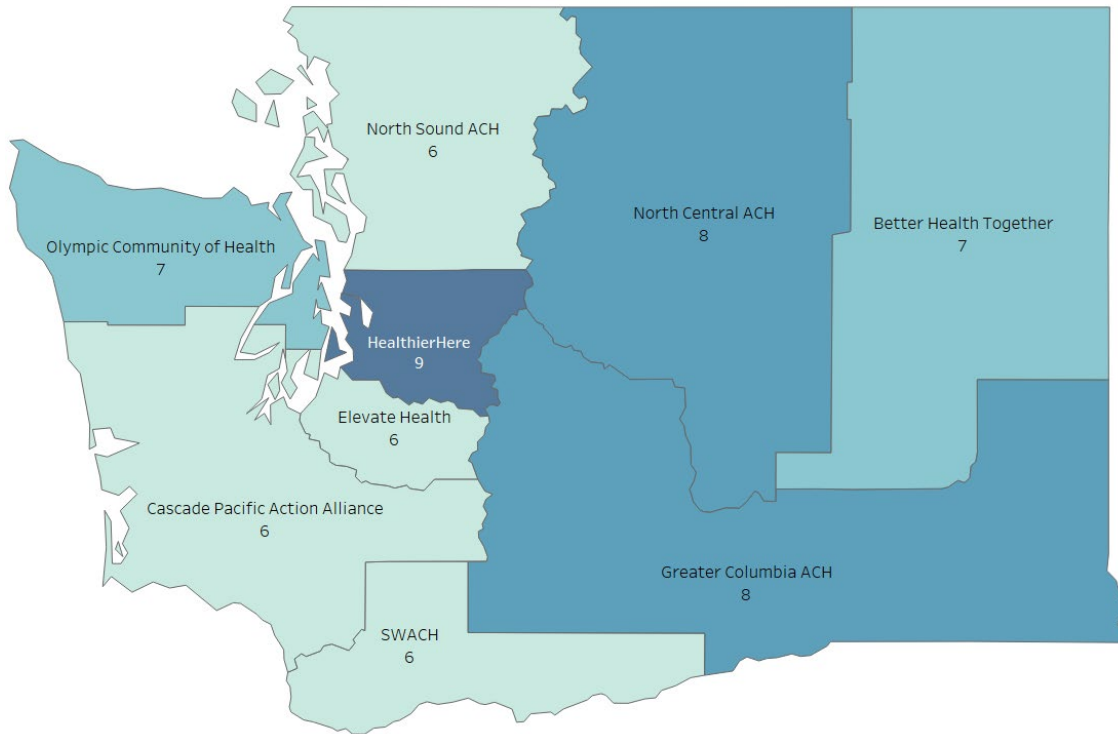
### ACH – Surgeons (General)

The rate of general surgeons at the ACH level is relatively small compared to other specialty physician rates shown in this report. The ACH disparity in general surgeon rates is also one of the smallest. The highest rate of 10 in HealthierHere in 2019 is about two times as high as the lowest rate of five in SWACH. In 2018, the highest and lowest rates also belonged to the same two ACHs, with HealthierHere's rate of nine about 1.5 times as high as SWACH's rate of six.

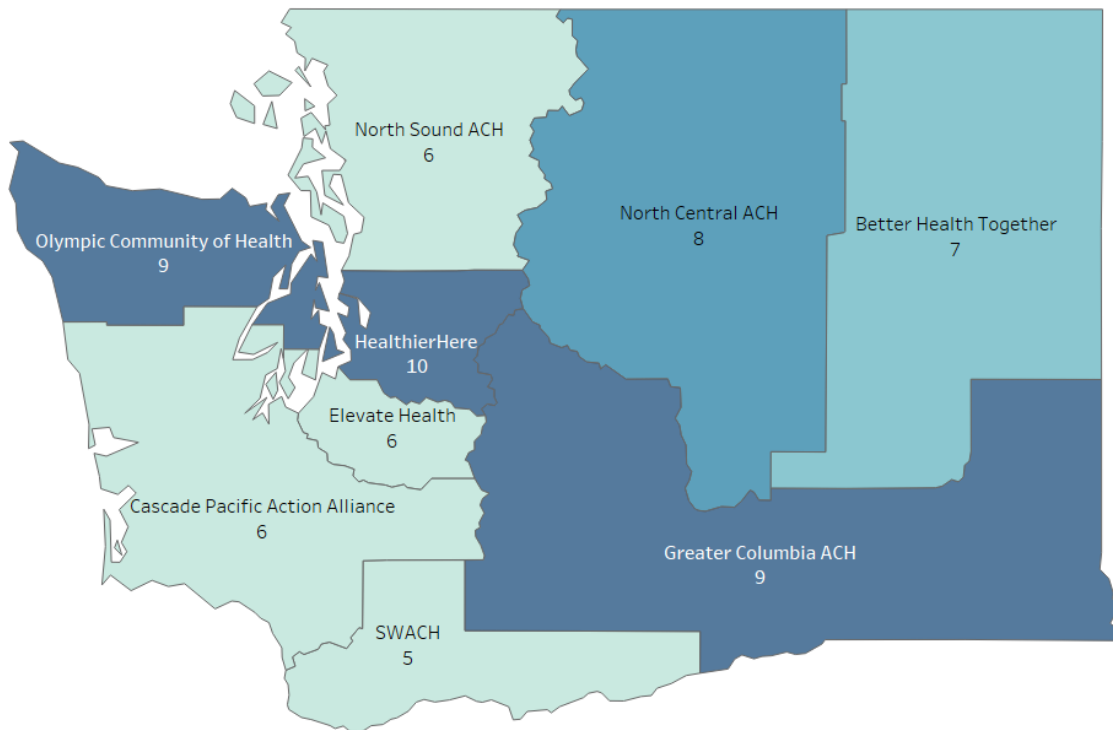
Figure 44. Surgeon (General) Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 73. Surgeons (General) per 100,000 Population: ACHs, 2018



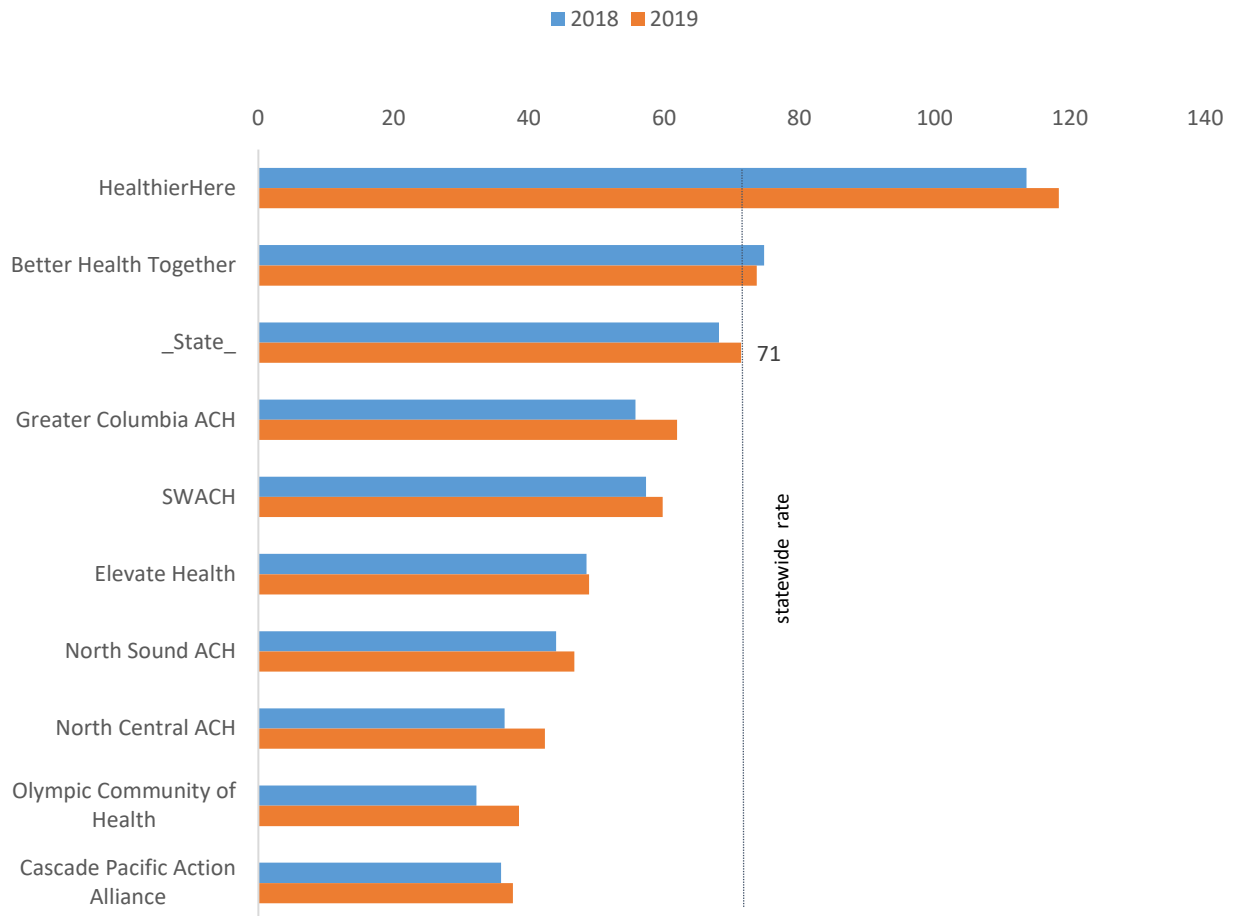
Map 74. Surgeons (General) per 100,000 Population: ACHs, 2019



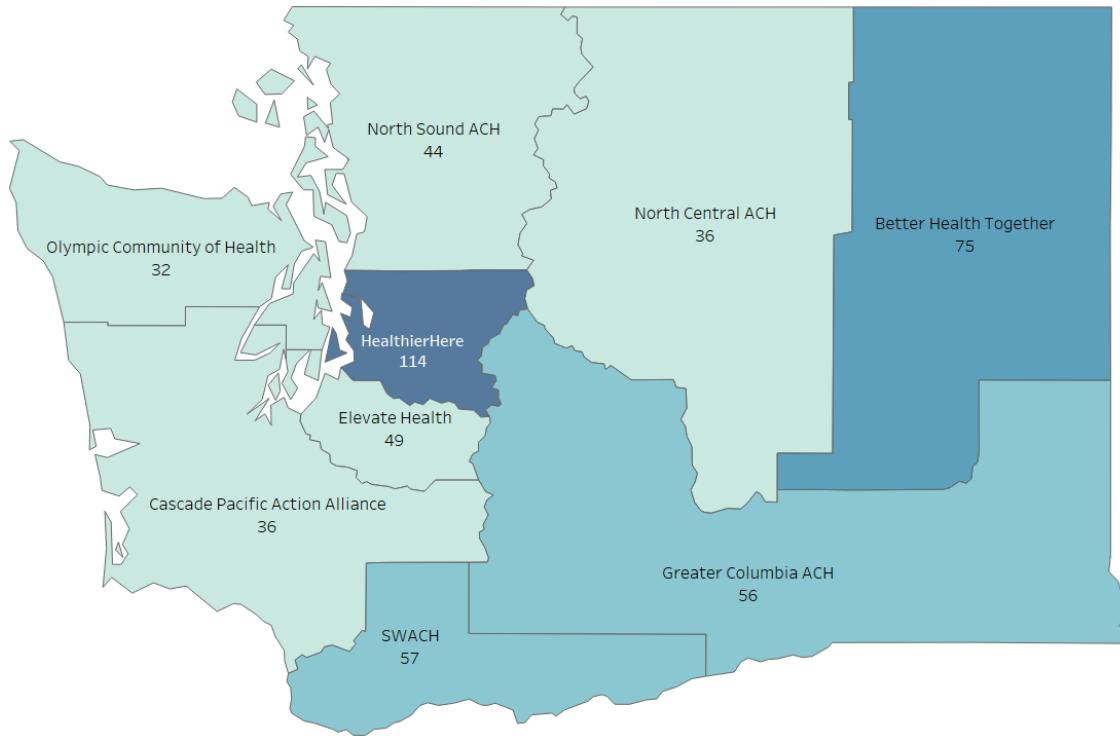
### ACH – Other Specialty Physicians

The other specialty group includes specialties not covered in the ACH physician rates shown above, such as audiology, gastroenterology, pain medicine, urology or plastic surgery. All but one ACH had an increase, though modest, in their rates of other specialty physicians. Better Health Together was the only ACH that had a decrease, although modest as well. The large disparity in the ACHs’ rates, however, continued to exist. HealthierHere’s highest rate of 118 physicians per 100,000 population in 2019 was more than three times the lowest rate of 38 in Cascade Pacific Action Alliance. Similarly, in 2018, HealthierHere’s rate (114) was more than three times as high as Cascade Pacific Action Alliance’s rate (36).

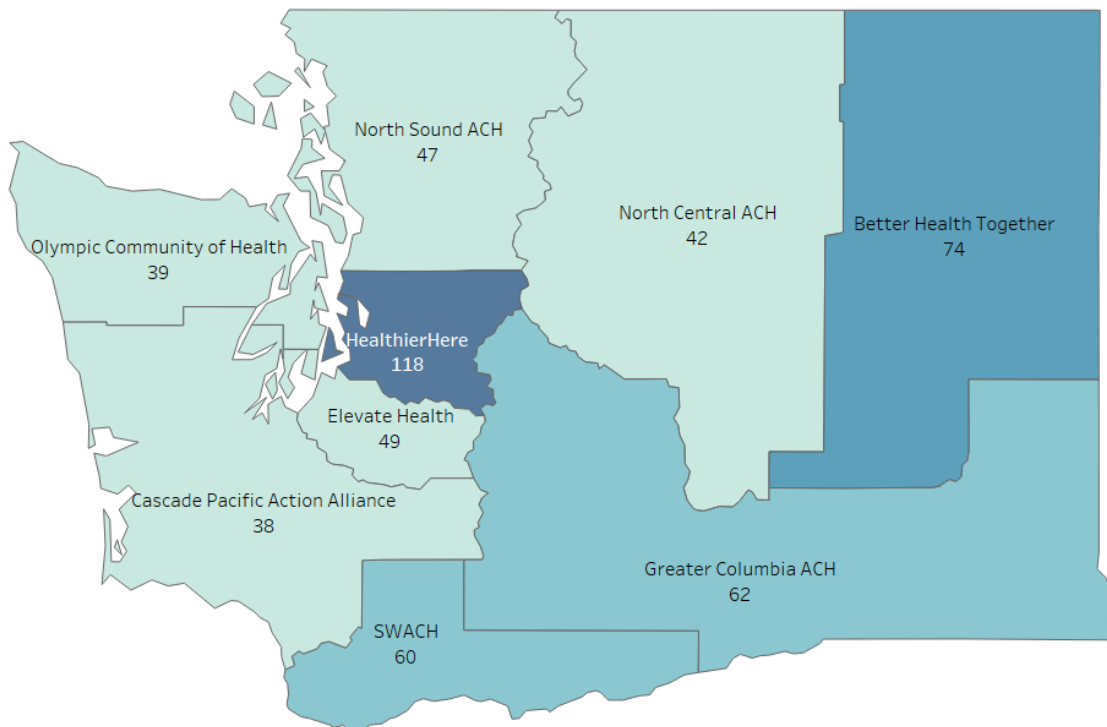
Figure 45. Other Specialty Physician Rates (per 100,000) by ACH, 2018 and 2019  
(sorted by 2019 distribution)



Map 75. Other Specialty Physicians per 100,000 Population: ACHs, 2018



Map 76. Other Specialty Physicians per 100,000 Population: ACHs, 2019



## Summary

Washington state gained 498 physicians in 2019 for a new total of 19,657 physicians. The growth in the state's physician supply was slightly greater than the general population growth, as the rate increased from 258 to 260 physicians per 100,000 population. The increase in the state's specialist physician supply accounted for the entire increase in the overall physician supply. The specialist supply increased by 545, from 12,456 to 13,001 physicians. Meanwhile, the primary care physician supply declined slightly, from 6,703 to 6,655 physicians. The rank order of the 13 physician specialty groups remained largely the same between 2018 and 2019. Family Medicine/General Practice and Internal Medicine (General) were the two largest specialty groups (not counting the "Other Specialty" group), accounting for 29% of total physician supply. In absolute terms, most of the state's physician supply increase came from the "Other Specialty" group. Proportionately, however, the largest increases, at more than 7%, took place in the Emergency Medicine and Hospitalist groups.

There were slightly more female physicians in 2019 than in 2018, with their share of the total supply changing from 38.1% to 38.6%. Female physicians' median age of 45 years was six years below the median age of male physicians, in both 2018 and 2019. The overall physician median age was 49 years, also in both 2018 and 2019.

At the county level, the physician supply distribution shows that approximately 70% of the state's physicians practiced in the five most populous counties: King, Pierce, Spokane, Snohomish and Clark. While there was a slight decline in the PCP rate at the state level (121 to 114 PCPs per 100,000 population), approximately half of the counties had slight increase in their PCP rates. A larger number of counties had an increase in their specialist rates. However, the large disparities in PCP and specialist rates observed in 2018 among the counties continued in 2019. Even larger disparities were found in the physician rates of the 13 specialty groups at the county level. Chelan County stood out with its PCP and specialist rates far higher than other counties. Its lead in physician rates in the 13 specialty groups also increased from one in 2018 (Orthopedic Surgery) to four in 2019 (FM/SP, Orthopedic Surgery, General Pediatrics and Other Specialty).

In the Accountable Communities of Health, the physician distribution remained largely the same between 2018 and 2019. HealthierHere had the largest share, with slightly more than 40% of the state's total physicians in both years. There were wide variations at the ACH level in some physician demographics and physician-to-population rates, although these variations were not as large as variations at the county level. The physician median age at the ACH level ranged from 47 to 54 years, though there was no change in physician median age from 2018 to 2019 within each ACH. The share of female physicians, ranging from 29.3% to 43.6%, increased slightly in most ACHs in 2019.

The ACHs' overall physician rates ranged from 171 to 364 physicians per 100,000 population in 2019. The decline of PCP rates in three ACHs, including HealthierHere, was large enough to cause the state PCP rate to decline. Of the nine ACHs, eight had an increase in their specialist rates in 2019. In the physician rates for the 13 specialty groups, HealthierHere stood out as the only ACH with a rate higher than the state rate in all 13 specialty groups and highest in most of the 13 specialty groups in both 2018 and 2019.



## Appendix

## Data Sources and Method

### Data Sources

*Network Access Report.* Health insurance companies conducting business in Washington are required by the state's Office of the Insurance Commissioner (OIC) to file a monthly Network Access Report (NAR). The purpose of these reports is for an insurer to demonstrate that it has an adequate supply of health care providers in its network(s) for the intended services. The report contains records of health care providers in contract with an insurance company's provider network. The information on individual providers includes name, credential, specialty, and practice location(s). Starting in 2017, Washington state's NARs discontinued the previous provider specialty categories and replaced them with Health Care Provider Taxonomy Codes Set issued by the National Uniform Claim Committee. The NARs are publicly available on OIC's website. This study used the public NARs.

*National Provider Identifier Registry.* The National Provider Identifier (NPI) registry is a database in the National Plan & Provider Enumeration System (NPPES) created by the federal Centers for Medicare and Medicaid Services (CMS). The NPI is a 10-digit unique number assigned only once to an individual or organizational provider in the U.S. Part of the NPI database is publicly available. The public information for individual NPIs includes a provider's name, NPI number, taxonomy and practice location. The public NPI data were used for this study.

*Provider License Database.* Health care providers are required to obtain a provider license with the Washington State Department of Health (DOH) in order to practice in the state. After initial licensing, providers must renew their licenses at certain intervals depending on the professions. For physicians, renewal is every two years. The provider license database includes information on the provider's name, age, sex, credential type, license start date, most recent renewal date and expiration date. A subset of the provider license information can be searched as public information on the department's website. However, for this study, we used an extract file from the license database.

### Method

#### *a. Processing the June Network Access Reports for 2018 and 2019*

The NARs for June 2018 and June 2019 were downloaded from OIC's website. Once all insurance companies' reports were collected, the reports were combined by year and each year's data were processed separately. The NARs are structured in such a way that there are five blocks of rows of data and, depending on the block, the column name and purpose may be different. For example, a column in the block for individual provider information may be the individual NPI number, but in the block for organization contract information it may be the organization NPI number. Therefore, the next step was to "rectangularize" the data records by transforming the blocks of data rows into blocks of data columns so that each row is a record for an individual provider. The final step was to remove non-physician records and retain only physician records.

#### *b. Matching physicians records from the Network Access Reports with records in the National Provider Identifier registry and the DOH provider license database*

Processed physician records from the Network Access Reports were then matched with the National Provider Identifier registry on the NPI numbers. The NPI is a unique identifier issued to health care providers. It is required for Medicare services, but is also used by health insurance carriers. Only records that matched on NPI between the two files were retained.

Next, the matched NAR-NPI records were matched with the DOH license database on the physician credential number. In this step, only matched records with non-expired licenses as of June of the selected year were retained.

*c. Recode of provider taxonomies and assignment of primary specialty*

The number of provider taxonomies in the NARs was too large for meaningful analyses. To reduce the number for reporting, a crosswalk file was constructed that convert's provider taxonomy into 13 provider specialty groups. The crosswalk was then applied to the NAR file to create the primary specialty field. A physician's primary specialty was determined by the first taxonomy code linked to that physician at a practice location. If different insurance companies had different first taxonomy codes for this physician at that particular location, the physician was assigned multiple primary specialties. The physician was also assigned multiple primary specialties if the physician had multiple practice locations and had different first taxonomies associated with those locations. The 13 specialty groups adopted for this report are as follows:

1. Anesthesiology
2. Cardiology
3. Emergency Medicine
4. Family Medicine/General Practice
5. Hospitalist
6. Internal Medicine (General)
7. OB/GYN
8. Orthopedic Surgery
9. Pediatrics (General)
10. Psychiatry
11. Radiology
12. Surgery (General)
13. Other Specialty

*d. Final record selection*

Because the NAR files contain physician records reported by all insurance carriers and each carrier's report may contain physician records for multiple plans, there are numerous duplicate records due to cross-carrier reporting and/or cross-plan reporting within a carrier's report. In the final record selection process, only one record was retained from the data field combination of NPI, primary specialty, practice geo-coordinates and practice name. In addition, a small number of records that had missing data on the state of the practice location, physician's last name or NPI were excluded from the final selection.

*d. Constructing physician record weights*

The processed NAR data included multiple records for some physicians who had multiple practice locations and/or more than one primary specialty. Physician supply analyses of this study required counting each physician as no more than one person. To meet this requirement while accounting for the fact that a physician may have multiple primary specialties and/or practice at multiple locations, we constructed data weights and applied the weights to the physician records. Below is a description of the weight construction.

*Initial weight.* Each physician was assigned the weight of 1 initially. If a physician was associated with more than one primary specialty, then the initial weight would be redistributed equally among the primary specialties. For example, if a physician had two primary specialties, each primary specialty would receive an initial weight of 0.5.

*ZIP Code level weight.* After the construction of initial weights, the next step was to redistribute initial weights to a physician's records for different ZIP Codes associated with a primary specialty. To construct the ZIP Code level weight, we first counted the number of ZIP Codes associated with a physician's primary specialty. We then summed up the populations of the associated ZIP Codes.<sup>5</sup> Then each ZIP Code's fraction of the total population from all associated ZIP Codes was calculated. These fractions were used to distribute the initial weight into ZIP Codes associated with a physician's primary specialty.

For example, suppose the initial weight for one of a physician's two primary specialties, say internal medicine (general), was 0.5. Further, suppose this specialty of the physician was associated with three ZIP Codes that accounted for 70%, 20% and 10% of the total population of the three ZIP Codes combined. The ZIP Code with 70% of the population would receive 70% of the initial weight for the primary specialty, thus, 0.35 (i.e.,  $0.5 \times 70\%$ ), the 20% ZIP Code would receive a weight of 0.1 and the 10-percent ZIP would receive a weight of 0.05.

In some cases, a physician's primary specialty was associated with multiple locations within a ZIP Code area. In that case, each location would receive an even share of the ZIP Code-level weight assigned previously. Extending the physician example above, suppose the physician's internal medicine (general) specialty was associated with three locations in the 70% ZIP Code area. Then the final weight for each location record for this ZIP Code associated with this physician's internal medicine (general) specialty would be 0.1167 ( $0.35/3$ ).

From this process, the sum of weights of all records associated with a physician should equal 1 and the sum of weights of all physicians should equal the unique count of physicians without the weights. The ZIP Code level weights can be used for analyses involving a single ZIP Code, clusters of ZIP codes and the state.

*County level weight.* For county-level analyses, an additional step was necessary to further distribute the physician record weight at the ZIP Code-level for ZIP Codes that cross county boundaries. Similar to the approach used in constructing ZIP Code-level weight, a county's fraction of such a ZIP Code's weight was determined by the county's fraction of the population for that ZIP Code in relation to the total population of the ZIP Code. Using the same physician example from above, suppose the 20% ZIP Code is associated with two counties and County A's population fraction of the ZIP Code's total population is 70% and County B's fraction is 30%. Then the ZIP Code-level physician record weight of 0.1 is redistributed into 0.07 ( $0.1 \times 0.7$ ) to County A and 0.03 ( $0.1 \times 0.3$ ) to County B. For ZIP Codes whose areas are within the boundary of a single county, the ZIP Code-level weights were then copied over to the county-level weight.

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<sup>5</sup> Some ZIP Codes in the original Network Access Reports do not have associated population data. These are either institution ZIP Codes (e.g., campus ZIP Code for universities) or mailbox ZIP Codes. Online ZIP Code maps were used to choose a substitute ZIP Code. The substitute ZIP Code is one that either encircles or shares the longest borderline with the ZIP Code in question.

From this process, the sum of weights of all records associated with a physician should sum to 1 and the sum of weights of all physicians should equal the unique count of physicians without weights. The county-level weights can be used for analyses for counties, regions consisting of counties and the state.

#### *e. Definition of terms*

**Physician count:** The weighting of physician records takes into consideration that a physician can have more than primary specialty and may practice at multiple locations. This weighting essentially assumes each physician identified in the NARs as working 100% full time equivalency (FTE). The physician's "FTE" is distributed into primary specialties and then to practice locations in different ZIP Code areas and into different counties when a ZIP Code area crosses county boundaries. Therefore, one physician FTE in a specific area can sometimes mean several physicians each contributing a fraction to the FTE. The physician count then is a sum of the total fractions.

**Primary specialty:** A primary specialty is the first provider taxonomy code of a physician listed under a health insurance carrier's plan for a practice location in the NAR.

**PCP/Specialist physicians:** A PCP is a physician who provides primary care. Primary care, in general, refers to "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."<sup>6</sup> Physicians whose practice is not mainly in primary care are specialists. Although what a physician does in his/her practice should be used to describe the physician as a PCP or specialist, in reality it is quite difficult to collect such information. Instead, analysts generally classify physicians practicing with certain specialties as PCPs, although not all analysts agree on the set of specialties. For this study, primary care specialties include the following: family medicine/general practice, geriatric medicine, internal medicine (general) and pediatrics (general).

**Physician rate:** A physician rate is calculated as the number of physicians for a given population size of a specific geographic area. The usual population size used is 100,000. Although physicians in certain specialties treat only specific groups of the population, such as physicians in pediatrics and OB/GYN, the physician rate calculation is still based on the overall population, not the population groups for whom those physicians provide care generally. For this study, the physician rate is calculated as number of physicians per 100,000 population for the state, counties and Accountable Communities of Health (each consisting of one or more counties).

#### *f. Limitations*

The Network Access Report is the main data source for physician supply estimates in this study. As such, data accuracy in NARs would affect the quality of the estimates. There are two possible sources of errors that may affect data accuracy in NARs and consequently estimates in this study, although neither type of error is expected to be large. One source is the omission of providers who are not affiliated with any insurance networks. Often these providers include some solo practitioners, some in small practice groups and those who work for the federal or state institutions exclusively (e.g., VA hospitals, military hospitals and state hospitals). This error would result in under-counting the physician supply. The other source of error would do the opposite – over-counting the physician supply. This type of error occurs when

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<sup>6</sup> Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, Editors. Primary Care: America's Health in a New Era. Committee on the Future of Primary Care, Division of Health Care Services. Institute of Medicine. National Academy Press. Washington, D.C. 1996: p. 31.

insurance companies failed to promptly remove records from NARs for providers who no longer practice in Washington (due to retirement or moving to another state, for example), although they maintain a Washington state license.

These two errors, because of their opposite effect, may have worked to reduce each other's impact, to a certain degree. Without a perfect census of the providers practicing in Washington, though, it is impossible to quantify these two errors precisely and their overall effect on physician supply estimates.

In addition to potential errors associated with the source data, another potential error may exist due to the weighting method used. Recall that when a physician has multiple primary specialties, the initial weight of 1 is distributed evenly to each primary specialty. With no weighting or splitting a physician's FTE, the analyst would have to choose a primary specialty arbitrarily to represent such a physician. While the weighting method used in this analysis improves the distribution of physician practice time across their primary specialties, it still lacks precision. Physicians may spend disproportionately more time in one primary specialty. Similarly, in the case of a physician who practiced in a specialty in more than one ZIP Code area, the initial weight was redistributed based on each ZIP Code area's population fraction of the combined population of all ZIP Code areas in question; or, in constructing county-level weight involving a ZIP Code area that crosses county boundaries, the ZIP Code-level weight was redistributed based on each county's population fraction of the ZIP Code area's total population. These ZIP Code-level and county-level weighting techniques no doubt improve the estimation of the physician distribution when compared with the situation in which the analyst has to arbitrarily choose which ZIP Code area and county to assign the physician. However, the precision resulting from these weighting schemes remains unknown.

Yet another issue, though not necessarily a source of error, is that this study's method does not take into consideration physicians in bordering states providing services to Washington residents. For example, Clark County sits across the Columbia River from the greater Portland area in Oregon. Some Clark residents use physician services in the Portland area. Therefore, the actual physician supply would be larger than estimated in this report if physicians in neighboring states serving Washington residents had been included.

## Data Tables

Table A1. Physician Counts, Characteristics and Rates: Washington, 2018 and 2019

	2018			2019		
	Total	Male	Female	Total	Male	Female
<u>Overall Count</u>						
All Physicians	19,159	11,865	7,293	19,657	12,075	7,582
<u>Characteristics</u>						
% Female	38.1%			38.6%		
Median Age	49	51	45	49	51	45
% Rural	5.9%	6.5%	4.9%	6.0%	6.6%	5.0%
% PCP	35.0%	29.7%	43.6%	33.9%	28.5%	42.4%
<u>Rates Per 100,000 Population</u>						
Other Specialty	68			71		
Family Medicine/General Practice	45			43		
Internal Medicine (General)	32			31		
Emergency Medicine	17			18		
Radiology	14			14		
Anesthesiology	16			16		
OB/GYN	13			13		
Pediatrics (General)	13			13		
Orthopedic Surgery	9			8		
Psychiatry	9			9		
Hospitalist	7			7		
Cardiology	7			8		
Surgery (General)	7			8		

Table A2. Total Physicians, Physician Characteristics and Rates of PCPs and Specialists: Counties, 2018

County	Count	Physician Characteristics			Physicians Per 100,000 Population		
		Median Age	% Female	% PCP	Overall	PCP	Specialist
State	19,159	50	38.1	35.0	258	90	168
Adams	23	58	11.6	48.4	113	55	59
Asotin	68	55	30.7	45.9	304	140	165
Benton	724	50	30.7	26.3	367	96	270
Chelan	362	50	34.7	37.9	465	176	289
Clallam	176	54	36.1	54.2	235	127	108
Clark	1,094	49	40.1	37.6	228	86	142
Columbia	6	59	26.2	71.4	136	97	*
Cowlitz	212	50	37.9	39.6	197	78	119
Douglas	19	45	36.4	42.7	46	20	26
Ferry	9	48	17.7	69.9	110	77	*
Franklin	90	53	25.6	43.5	98	43	55
Garfield	2	*	*	*	*	*	*
Grant	159	51	30.9	32.6	164	53	110
Grays Harbor	157	49	32.5	33.1	214	71	143
Island	71	56	24.5	42.1	85	36	49
Jefferson	54	54	41.3	46.3	171	79	92
King	8,047	49	43.2	32.8	367	121	247
Kitsap	366	52	33.9	36.5	137	50	87
Kittitas	89	52	26.4	31.3	196	61	135
Klickitat	73	51	25.3	32.6	334	109	225
Lewis	212	49	35.5	38.3	270	103	167
Lincoln	9	54	44.3	75.7	82	62	*
Mason	58	50	27.1	44.8	91	41	50
Okanogan	77	56	28.1	20.4	181	37	144
Pacific	24	56	16.8	41.8	112	47	65
Pend Oreille	31	48	21.1	34.9	228	79	148
Pierce	1,598	51	33.7	30.9	183	57	127
San Juan	13	58	17.2	28.0	80	22	57
Skagit	341	52	35.3	43.3	270	117	153
Skamania	7	52	47.3	59.2	62	37	25
Snohomish	1,394	50	39.6	39.6	173	69	105
Spokane	1,398	50	32.1	33.3	275	92	184
Stevens	38	52	34.8	47.9	85	41	44
Thurston	506	50	38.0	42.1	180	76	104
Wahkiakum	0	*	*	*	*	*	*
Walla Walla	255	52	24.2	31.7	412	130	282
Whatcom	752	49	35.1	46.2	341	158	184
Whitman	99	49	33.3	33.2	200	67	134
Yakima	544	51	30.1	34.4	214	73	140

PCP includes physicians in the following specialties: family medicine, general practice, geriatrics, internal medicine and pediatrics.

\* The underlining count of physicians is less than three.



Table A3. Total Physicians, Physician Characteristics and Rates of PCPs and Specialists: Counties, 2019

County	Count	Physician Characteristics			Physicians Per 100,000 Population		
		Median Age	% Female	% PCP	Overall	PCP	Specialist
State	19,657	50	38.6	33.9	260	88	172
Adams	25	58	11.7	42.3	125	53	72
Asotin	73	55	27.9	45.2	326	147	178
Benton	760	50	32.8	26.0	377	98	279
Chelan	437	50	35.4	38.8	557	216	341
Clallam	173	54	35.6	53.4	228	122	106
Clark	1,190	49	41.2	36.0	244	88	156
Columbia	7	62	27.9	58.6	178	104	74
Cowlitz	214	50	37.0	36.6	197	72	125
Douglas	24	51	31.1	37.4	55	21	35
Ferry	9	48	19.6	75.9	111	84	*
Franklin	85	53	27.2	40.1	89	36	54
Garfield	1	*	*	*	*	*	*
Grant	116	50	29.8	25.3	118	30	88
Grays Harbor	146	48	33.1	26.8	197	53	144
Island	75	55	28.3	40.7	88	36	52
Jefferson	58	53	47.1	50.4	182	92	90
King	8,102	50	43.6	31.4	364	114	250
Kitsap	414	52	32.9	33.3	153	51	102
Kittitas	95	52	30.1	34.9	204	71	133
Klickitat	86	52	28.4	26.9	382	103	279
Lewis	189	51	34.7	43.3	238	103	135
Lincoln	10	55	50.5	73.5	93	68	*
Mason	63	51	24.3	46.4	97	45	52
Okanogan	74	55	28.2	24.4	174	42	132
Pacific	27	57	17.4	36.4	124	45	79
Pend Oreille	27	47	22.4	40.3	199	80	119
Pierce	1,644	51	35.2	30.5	185	56	129
San Juan	16	55	34.8	30.1	96	29	67
Skagit	415	52	36.7	40.0	321	129	193
Skamania	5	53	33.0	62.0	44	27	*
Snohomish	1,445	50	39.6	38.6	177	68	108
Spokane	1,373	51	33.1	32.7	267	87	179
Stevens	45	52	37.5	50.0	98	49	49
Thurston	519	51	36.9	38.7	182	70	111
Wahkiakum	2	*	*	*	*	*	*
Walla Walla	270	52	21.9	31.1	434	135	299
Whatcom	751	49	36.2	44.5	333	148	185
Whitman	96	51	30.4	37.9	192	73	119
Yakima	594	51	30.3	35.0	232	81	151

PCP includes physicians in the following specialties: family medicine, general practice, geriatrics, internal medicine and pediatrics.

\* The underlining count of physicians is less than three.

Table A4. Number of Physicians by Specialty: Counties, 2018

County	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	1,173	555	1,282	3,316	523	2,365	968	672	968	676	1,055	550	5,058
Adams	0	0	6	9	1	1	2	0	1	1	1	1	0
Asotin	4	1	4	15	4	12	3	0	5	1	1	8	12
Benton	46	33	54	70	31	55	30	30	61	14	65	15	217
Chelan	20	11	24	72	5	41	11	15	21	10	44	11	74
Clallam	1	10	11	67	5	23	6	8	5	3	2	9	28
Clark	53	38	55	190	14	157	109	38	63	30	31	28	288
Columbia	0	0	1	3	0	0	0	0	1	1	0	0	0
Cowlitz	11	7	11	46	7	26	8	6	12	9	4	8	56
Douglas	2	1	1	4	0	3	1	0	1	1	1	1	3
Ferry	0	0	0	5	2	0	0	0	0	0	0	0	0
Franklin	2	2	6	16	1	16	9	1	6	1	14	4	12
Garfield	0	0	0	1	0	0	0	0	0	0	0	0	0
Grant	2	4	46	38	1	11	6	3	2	2	25	4	14
Grays Harbor	6	3	34	27	9	20	4	3	5	2	16	6	23
Island	4	1	11	18	0	9	5	3	3	5	0	7	6
Jefferson	0	0	7	13	1	12	2	4	0	2	1	7	4
King	530	229	390	1,180	184	1,039	396	274	396	378	365	199	2,488
Kitsap	25	11	31	81	4	31	25	15	20	10	15	10	89
Kittitas	0	1	34	21	1	6	5	4	1	0	0	5	10
Klickitat	0	3	7	24	0	0	0	3	0	0	30	4	4
Lewis	22	4	42	42	8	23	4	5	16	4	13	4	26
Lincoln	0	0	0	5	1	2	0	0	0	0	0	1	0
Mason	0	0	12	15	2	8	5	3	3	0	3	4	3
Okanogan	0	1	23	14	1	2	4	3	0	1	22	5	3
Pacific	0	0	7	8	0	2	1	0	0	0	2	1	2
Pend Oreille	1	0	8	11	0	0	1	1	0	0	4	4	1
Pierce	151	31	120	249	51	151	92	52	91	46	88	53	423
San Juan	0	1	0	2	0	1	0	0	0	3	1	0	4
Skagit	8	15	8	91	8	31	17	17	26	12	13	16	80
Skamania	0	0	0	4	0	0	0	0	0	1	0	0	2
Snohomish	67	30	90	315	35	156	65	61	78	39	104	42	312
Spokane	70	47	100	234	23	173	60	62	53	48	48	34	446
Stevens	0	2	6	13	4	5	2	1	0	0	0	0	5
Thurston	29	16	33	107	15	74	22	20	31	14	14	16	116
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0
Walla Walla	47	10	22	42	7	30	8	5	9	2	15	10	48
Whatcom	52	12	19	139	81	180	20	14	24	20	28	15	148
Whitman	0	3	14	22	3	5	4	6	6	5	19	6	6
Yakima	21	30	43	102	16	57	41	15	28	12	65	14	100

Table A5. Number of Physicians by Specialty: Counties, 2019

County	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	1,229	588	1,381	3,274	562	2,347	1,001	609	973	673	1,059	576	5,385
Adams	0	0	7	9	0	1	3	0	1	1	2	1	1
Asotin	2	1	4	16	3	13	3	0	4	1	3	5	18
Benton	58	32	41	77	31	59	31	26	59	16	73	18	240
Chelan	21	14	27	89	6	53	16	15	24	11	52	14	95
Clallam	1	8	13	65	4	24	5	7	4	6	1	9	27
Clark	60	50	81	197	24	161	114	34	69	39	31	23	305
Columbia	0	0	2	3	0	0	0	0	1	1	0	0	0
Cowlitz	10	6	13	41	7	24	9	6	13	9	5	11	60
Douglas	3	0	0	5	0	3	0	1	1	3	1	0	6
Ferry	0	0	0	6	1	0	0	0	0	0	0	0	0
Franklin	2	1	9	15	1	12	9	2	5	2	11	4	12
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0
Grant	0	1	50	27	2	1	3	0	1	1	19	2	8
Grays Harbor	7	2	57	21	3	12	2	4	6	1	13	4	14
Island	5	1	14	17	0	10	7	3	3	5	0	6	5
Jefferson	0	0	8	17	1	12	2	3	0	3	0	7	5
King	550	230	437	1,131	201	992	414	229	390	354	324	214	2,635
Kitsap	27	12	35	85	3	32	28	17	19	9	15	18	114
Kittitas	0	0	31	25	2	6	5	3	2	1	3	5	11
Klickitat	0	6	10	23	0	0	0	3	0	0	32	4	7
Lewis	24	5	7	41	10	26	3	5	15	4	10	5	35
Lincoln	0	0	0	6	1	2	0	1	0	0	0	1	0
Mason	0	0	11	17	1	8	5	4	4	0	5	4	4
Okanogan	1	1	20	16	1	3	3	3	0	0	20	5	3
Pacific	0	0	7	7	0	2	1	0	0	0	5	1	3
Pend Oreille	0	0	7	11	0	0	1	1	0	0	3	4	0
Pierce	164	32	120	237	58	164	95	49	98	45	96	52	434
San Juan	0	2	2	4	0	1	0	0	0	1	1	0	4
Skagit	16	16	15	101	10	43	19	18	22	17	16	18	106
Skamania	0	0	0	3	0	0	0	0	0	1	0	0	1
Snohomish	60	39	105	314	35	167	64	58	73	36	124	39	330
Spokane	66	54	102	223	23	163	62	51	55	49	40	37	447
Stevens	0	3	9	15	4	7	1	1	0	0	0	0	4
Thurston	36	15	39	105	14	65	22	22	30	15	17	17	125
Wahkiakum	0	0	0	2	0	0	0	0	0	0	0	0	0
Walla Walla	48	10	21	39	4	36	7	5	9	2	22	10	56
Whatcom	42	11	18	130	94	174	19	16	25	24	29	18	151
Whitman	0	4	12	23	1	7	4	3	6	3	17	4	11
Yakima	26	31	46	108	18	66	42	20	33	12	67	17	109

Table A6. Physicians per 100,000 Population by Specialty: Counties, 2018

County	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>_State_</u>	16	7	17	45	7	32	13	9	13	9	14	7	68
Adams	*	*	29	46	*	*	*	*	*	*	*	*	*
Asotin	17	*	18	65	16	52	13	*	22	*	*	35	53
Benton	23	17	28	36	15	28	15	15	31	7	33	8	110
Chelan	26	14	31	93	6	53	15	20	27	13	57	14	95
Clallam	*	13	15	90	6	31	8	10	6	*	*	11	37
Clark	11	8	12	40	3	33	23	8	13	6	6	6	60
Columbia	*	*	*	81	*	*	*	*	*	*	*	*	*
Cowlitz	10	7	10	42	6	24	7	6	11	8	4	8	52
Douglas	*	*	*	10	*	8	*	*	*	*	*	*	8
Ferry	*	*	*	70	*	*	*	*	*	*	*	*	*
Franklin	*	*	7	18	*	17	9	*	7	*	15	5	13
Garfield	*	*	*	*	*	*	*	*	*	*	*	*	*
Grant	*	4	48	39	*	12	6	*	*	*	26	4	15
Grays Harbor	8	4	46	36	12	27	6	*	7	*	21	8	32
Island	4	*	14	21	*	11	6	4	4	5	*	8	7
Jefferson	*	*	23	42	*	37	*	13	*	*	*	23	13
King	24	10	18	54	8	47	18	12	18	17	17	9	114
Kitsap	9	4	11	30	1	12	9	6	7	4	6	4	33
Kittitas	*	*	75	46	*	13	12	8	*	*	*	11	22
Klickitat	*	*	31	108	*	*	*	*	*	*	135	16	18
Lewis	28	6	53	53	10	30	5	6	20	5	17	5	33
Lincoln	*	*	*	47	*	*	*	*	*	*	*	*	*
Mason	*	*	19	23	*	13	8	*	5	*	5	6	5
Okanogan	*	*	54	32	*	*	9	*	*	*	51	11	*
Pacific	*	*	31	37	*	*	*	*	*	*	*	*	*
Pend Oreille	*	*	60	79	*	*	*	*	*	*	32	30	*
Pierce	17	4	14	29	6	17	11	6	10	5	10	6	49
San Juan	*	*	*	*	*	*	*	*	*	*	*	*	26
Skagit	6	11	6	72	6	25	14	13	21	9	10	13	63
Skamania	*	*	*	37	*	*	*	*	*	*	*	*	*
Snohomish	8	4	11	39	4	19	8	8	10	5	13	5	39
Spokane	14	9	20	46	5	34	12	12	10	9	9	7	88
Stevens	*	*	13	29	9	11	*	*	*	*	*	*	11
Thurston	10	6	12	38	5	26	8	7	11	5	5	6	41
Wahkiakum	*	*	*	*	*	*	*	*	*	*	*	*	*
Walla Walla	76	17	35	68	11	49	13	8	14	*	25	16	78
Whatcom	23	5	9	63	37	82	9	6	11	9	13	7	67
Whitman	*	*	29	46	6	9	8	12	12	10	39	11	13
Yakima	8	12	17	40	6	22	16	6	11	5	26	5	39

\* The underlining count of physicians is less than three.

Table A7. Physicians per 100,000 Population by Specialty: Counties, 2019

County	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	16	8	18	43	7	31	13	8	13	9	14	8	71
Adams	*	*	33	44	*	*	*	*	*	*	*	*	*
Asotin	*	*	16	71	15	57	13	*	19	*	13	24	81
Benton	29	16	20	38	15	29	15	13	29	8	36	9	119
Chelan	27	18	34	114	8	68	21	19	31	13	66	17	121
Clallam	*	10	17	85	5	31	7	9	5	8	*	12	36
Clark	12	10	17	40	5	33	23	7	14	8	6	5	62
Columbia	*	*	*	84	*	*	*	*	*	*	*	*	*
Cowlitz	10	5	12	38	7	22	8	5	12	8	4	10	56
Douglas	8	*	*	13	*	*	*	*	*	*	*	*	13
Ferry	*	*	*	80	*	*	*	*	*	*	*	*	*
Franklin	*	*	10	15	*	13	9	*	6	*	11	4	13
Garfield	*	*	*	*	*	*	*	*	*	*	*	*	*
Grant	*	*	50	28	*	*	*	*	*	*	19	*	8
Grays Harbor	9	*	77	29	*	16	*	5	8	*	18	6	19
Island	6	*	16	20	*	12	8	*	4	6	*	7	6
Jefferson	*	*	25	53	*	38	*	10	*	*	*	21	15
King	25	10	20	51	9	45	19	10	18	16	15	10	118
Kitsap	10	4	13	32	*	12	10	6	7	4	5	7	42
Kittitas	*	*	68	54	*	13	11	7	*	*	7	10	24
Klickitat	*	28	46	102	*	*	*	13	*	*	142	19	30
Lewis	31	6	9	52	13	32	*	6	19	5	12	6	45
Lincoln	*	*	*	51	*	*	*	*	*	*	*	*	*
Mason	*	*	17	26	*	13	8	6	6	*	8	6	6
Okanogan	*	*	47	36	*	*	*	8	*	*	47	11	*
Pacific	*	*	34	33	*	*	*	*	*	*	22	*	*
Pend Oreille	*	*	53	79	*	*	*	*	*	*	23	29	*
Pierce	18	4	14	27	7	18	11	6	11	5	11	6	49
San Juan	*	*	*	22	*	*	*	*	*	*	*	*	26
Skagit	12	12	11	78	8	33	15	14	17	13	13	14	82
Skamania	*	*	*	27	*	*	*	*	*	*	*	*	*
Snohomish	7	5	13	38	4	20	8	7	9	4	15	5	40
Spokane	13	11	20	43	4	32	12	10	11	10	8	7	87
Stevens	*	*	19	33	9	16	*	*	*	*	*	*	9
Thurston	12	5	14	37	5	23	8	8	10	5	6	6	44
Wahkiakum	*	*	*	*	*	*	*	*	*	*	*	*	*
Walla Walla	78	16	33	63	6	58	11	8	15	*	36	17	91
Whatcom	19	5	8	58	42	77	9	7	11	11	13	8	67
Whitman	*	8	24	46	*	14	8	7	13	6	34	8	23
Yakima	10	12	18	42	7	26	16	8	13	5	26	7	42

\* The underlining count of physicians is less than three.

*Table A8. Total Physicians, Physician Characteristics and Rates of PCPs and Specialists: ACHs, 2018*

ACH	Count	Physician Characteristics			Physicians Per 100,000 Population		
		Median Age	% Female	% PCP	Overall	PCP	Specialist
State	19,159	50	38.1	35.0	258	90	168
Better Health Together	1,507	50	31.6	34.3	249	86	164
Cascade Pacific Action Alliance	1,169	49	35.8	39.9	185	74	111
Elevate Health	1,598	50	33.7	30.9	183	57	127
Greater Columbia ACH	1,877	50	29.3	31.7	257	81	176
HealthierHere	8,047	48	43.2	32.8	367	121	247
North Central ACH	618	50	33.0	34.5	238	82	156
North Sound ACH	2,572	49	37.2	42.0	205	86	119
Olympic Community of Health	596	53	35.2	42.6	160	68	92
SWACH	1,175	47	39.2	37.4	229	86	143

PCP includes physicians in the following specialties: family medicine, general practice, geriatrics, internal medicine and

\* The underlining count of physicians is less than three.

*Table A9. Total Physicians, Physician Characteristics and Rates of PCPs and Specialists: ACHs, 2019*

ACH	Count	Physician Characteristics			Physicians Per 100,000 Population		
		Median Age	% Female	% PCP	Overall	PCP	Specialist
State	19,657	50	38.6	33.9	260	88	172
Better Health Together	1,489	50	32.7	34.0	243	83	160
Cascade Pacific Action Alliance	1,162	49	35.1	38.0	182	69	113
Elevate Health	1,644	49	35.2	30.5	185	56	129
Greater Columbia ACH	1,981	50	29.9	31.8	268	85	182
HealthierHere	8,102	48	43.6	31.4	364	114	250
North Central ACH	651	49	33.4	34.7	248	86	162
North Sound ACH	2,702	49	37.9	40.4	212	86	126
Olympic Community of Health	645	53	34.9	40.2	171	69	102
Southwest Washington ACH	1,281	47	40.3	35.5	245	87	158

PCP includes physicians in the following specialties: family medicine, general practice, geriatrics, internal medicine and

\* The underlining count of physicians is less than three.

Table A10. Number of Physicians by Specialty: ACHs, 2018

ACH	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	1,173	555	1,282	3,316	523	2,365	968	672	968	676	1,055	550	5,058
Better Health Together	71	49	121	277	30	181	64	64	54	49	54	40	452
Cascade Pacific Action Alliance	67	31	138	244	40	154	45	37	67	29	53	39	226
Elevate Health	151	31	120	249	51	151	92	52	91	46	88	53	423
Greater Columbia ACH	120	80	178	293	63	181	100	62	117	36	180	61	407
HealthierHere	530	229	390	1,180	184	1,039	396	274	396	378	365	199	2,488
North Central ACH	25	16	94	128	7	58	22	21	24	15	92	21	95
North Sound ACH	130	57	129	565	125	378	107	95	131	79	146	80	551
Olympic Community of Health	26	21	49	162	9	66	33	26	25	15	17	26	121
SWACH	54	40	62	218	14	157	109	40	63	31	60	31	294

Table A11. Number of Physicians by Specialty: ACHs, 2019

ACH	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	1,229	588	1,381	3,274	562	2,347	1,001	609	973	673	1,059	576	5,385
Better Health Together	66	57	125	269	29	174	67	54	56	50	46	43	452
Cascade Pacific Action Alliance	77	28	134	235	35	137	42	40	68	30	54	41	240
Elevate Health	164	32	120	237	58	164	95	49	98	45	96	52	434
Greater Columbia ACH	137	79	166	306	60	199	101	59	120	37	196	64	458
King County ACH	550	230	437	1,131	201	992	414	229	390	354	324	214	2,635
North Central ACH	25	17	97	138	8	59	22	19	26	15	92	21	111
North Sound ACH	123	68	154	566	139	394	110	95	124	84	170	80	596
Olympic Community of Health	28	20	56	167	7	68	35	27	23	18	16	33	146
Southwest Washington ACH	60	57	92	224	24	161	114	37	69	40	63	27	313

Table A12. Physicians per 100,000 Population by Specialty: ACHs, 2018

ACH	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	16	7	17	45	7	32	13	9	13	9	14	7	68
Better Health Together	12	8	20	46	5	30	11	11	9	8	9	7	75
Cascade Pacific Action Alliance	11	5	22	39	6	24	7	6	11	5	8	6	36
Elevate Health	17	4	14	29	6	17	11	6	10	5	10	6	49
Greater Columbia ACH	16	11	24	40	9	25	14	8	16	5	25	8	56
HealthierHere	24	10	18	54	8	47	18	12	18	17	17	9	114
North Central ACH	10	6	36	49	3	22	8	8	9	6	35	8	36
North Sound ACH	10	5	10	45	10	30	9	8	10	6	12	6	44
Olympic Community of Health	7	6	13	43	2	18	9	7	7	4	5	7	32
SWACH	10	8	12	42	3	31	21	8	12	6	12	6	57

Table A13. Physicians per 100,000 Population by Specialty: ACHs, 2019

ACH	Anesthesiology	Cardiology	Emergency Medicine	Family Medicine/General Practice	Hospitalist	Internal Medicine (General)	OB/GYN	Orthopaedic Surgery	Pediatrics (General)	Psychiatry	Radiology	Surgery (General)	Other Specialty
<u>State</u>	16	8	18	43	7	31	13	8	13	9	14	8	71
Better Health Together	11	9	20	44	5	28	11	9	9	8	7	7	74
Cascade Pacific Action Alliance	12	4	21	37	5	21	7	6	11	5	8	6	38
Elevate Health	18	4	14	27	7	18	11	6	11	5	11	6	49
Greater Columbia ACH	18	11	22	41	8	27	14	8	16	5	27	9	62
King County ACH	25	10	20	51	9	45	19	10	18	16	15	10	118
North Central ACH	10	6	37	53	3	22	9	7	10	6	35	8	42
North Sound ACH	10	5	12	44	11	31	9	7	10	7	13	6	47
Olympic Community of Health	7	5	15	44	2	18	9	7	6	5	4	9	39
Southwest Washington ACH	11	11	18	43	5	31	22	7	13	8	12	5	60

\* The underlining count of physicians is less than three.



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