THE PHYSICIANS FOUNDATION
Empowering Physicians
Improving Healthcare

2014 SURVEY OF AMERICA'S PHYSICIANS

Practice Patterns & Perspectives

An Examination of the Professional Morale, Practice Patterns, Career Plans, and Perspectives of Today's Physicians Based on Over 20,000 Survey Responses

Survey conducted on behalf of The Physicians Foundation by Merritt Hawkins | Completed September, 2014.

2014 SURVEY OF
AMERICA'S PHYSICIANS
Practice Patterns & Perspectives

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What is the state of the medical profession today?

What is the state of the medical profession today as revealed by physicians themselves?

Are physicians more or less pessimistic about the state of medicine and the healthcare system?

Are they working more or fewer hours?

Are they seeing more or fewer patients?

Are they independent practice owners or employees?

Are they at capacity, or do they have time to see more patients and assume more duties?

Do they plan to retire, work part-time, practice concierge medicine, seek hospital employment, continue as they are, or pursue some other option?

Do they continue to accept Medicare and Medicaid as a form of payment?

What grade do they give to the Affordable Care Act?

What effect has implementation of electronic medical records had on their practices?

How many are part of an Accountable Care Organization?

Do they believe there are enough physicians or do they believe more should be trained?

What recommendations and insights would they share with policy makers and the public about today's medical practice environment and the healthcare system?

And how do current physician attitudes and practice patterns affect what is most important to patients, i.e., timely access to care?

A Biennial Barometer Based on Over 20,000 Survey Responses

Every other year, The Physicians Foundation conducts a national survey of physicians to address these and related questions and to provide a **state of the union of the medical profession**.

This report summarizes the results of The Physicians Foundation's 2014 Survey of America's Physicians, one of the largest and most comprehensive physician surveys undertaken in the United States. Sent to over **650,000 physicians**, or approximately 80% of all physicians currently involved in active patient care, the survey includes:

Responses from over **20,000 physicians** in multiple specialties and in all 50 states.

Over one million data points derived from responses to over 35 questions, many of them featuring multi-response answers.

Selections from o**ver 13,000 written comments** by physicians on the current state of the medical profession and the healthcare system.

Responses aggregated by physician age, gender, practice type (primary care vs. specialists) and practice status (employed physicians vs. practice owners) for cross-referencing between different physician groups.

Comparisons of results of surveys conducted by The Physicians Foundation in 2012 and 2008, where relevant.

Unrivalled insights into the practice plans, practice patterns, satisfaction levels, concerns, and perspectives of today's rapidly evolving physician workforce.

A margin of error rate of .78% as determined by experts in research methodology and statistical inference at the University of Tennessee.

A Premier Resource

Offering extensive data, commentary, and analysis, The Physicians Foundations' *2014 Survey of America's Physicians* is the premier resource for policy makers, academics, healthcare executives, media members, the public, and physicians themselves seeking insights into the state of the medical profession today.

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Introduction:

To be a healthcare professional today is to feel the ground shifting under your feet.

In the two years since The Physicians Foundation last completed its *Survey of America's Physicians*, the healthcare system in the United States has seen more changes than in any comparable two-year period in recent memory.

Following are just a few:

- The enrollment of eight million people in insurance plans through the Affordable Care Act (ACA).
- The enrollment of an additional five million Americans in Medicaid.
- An unprecedented number of hospital and medical group consolidations.
- The explosive proliferation of urgent care centers, retail clinics, and other outpatient facilities.
- The release of billing data by Medicare on thousands of physicians.
- The continued rapid adoption of electronic medical records (EMR).
- The implementation of quality based tracking and reimbursement systems.
- The continued expansion of Accountable Care Organizations (ACOs).
- A growing physician shortage, dramatically highlighted this year by long lines at Veterans Administration facilities.

No group inside or outside of healthcare may be more impacted by these changes than physicians.

It is physicians who must accommodate the flood of patients newly insured through the ACA. It is physicians who must adjust to inverted business models that feature large integrated health systems rather than small private practices. It is physicians who must adapt to payment systems turned upside down in which value of services is rewarded instead of volume. It is physicians who must implement electronic medical records and a wide array of other medical and practice management technologies required by health reform.

And it is physicians who must maintain the highest standards of care as they manage over 1.3 billion patient encounters per year.*

The Physicians Foundations' *2014 Survey of America's Physicians*, the third in a now biennial series, was conducted to take the pulse of physicians and to offer a "check-up" of the medical profession during this transformative period.

Our goal was to provide a snapshot of physician morale levels, practice plans, practice patterns and professional perspectives in the year 2014 through one of the largest and most comprehensive physician surveys undertaken in the United States. Sent to over 650,000 physicians — or over 80% of all doctors in active patient care — the survey gives physicians the opportunity to reveal their thoughts on the medical profession and the healthcare system in their own words.

Because physicians remain central to the patient experience, we believe how they feel about their profession and how they elect to practice has significant and widespread implications for those working in, or seeking access to, the healthcare system. We encourage policy makers, analysts, academics, healthcare facility administrators, media members, the public and physicians themselves to review and comment on our findings.

Louis Goodman, Ph.D
President

Tim Norbeck
Chief Executive Officer

Walker Ray, M.D.
Research Committee Chair

Karl Altenburger, M.D.
Survey Task Force Chair

**Source: Center for Disease Control*

About The Physicians Foundation

The Physicians Foundation is a national, not-for-profit grant making organization dedicated to advancing the work of practicing physicians and to improving the quality of healthcare for all Americans. The Physicians Foundation is unique in its commitment to working with physicians nationwide to create a more efficient and equitable healthcare system. The Physicians Foundation pursues its mission through a variety of activities, including grant making and research. Since 2005, The Physicians Foundation has awarded more than $30 million in multi-year grants.

The Physicians Foundation was founded in 2003 through settlement of a class-action law suit brought by physicians and state medical associations against private third-party payers. Its Board of Directors is comprised of physician and medical society leaders from around the country. Additional information about The Physicians Foundation can be accessed at: **www.physiciansfoundation.org**.

Signatory Medical Societies of The Physicians Foundation include:

Alaska State Medical Association
California Medical Association
Connecticut State Medical Society
Denton County Medical Society (Texas)
El Paso County Medical Society (Colorado)
Florida Medical Association
Hawaii Medical Association
Louisiana Medical Association
Medical Association of Georgia
Medical Society of New Jersey
Medical Society of the State of New York
Nebraska Medical Association
New Hampshire Medical Society
North Carolina Medical Society
Northern Virginia Medical Societies
South Carolina Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Washington State Medical Association.

The Physicians Foundation Research Committee:

Walker Ray, MD, Chair
Karl Altenburger, MD
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Gerald McKenna, MD
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Among other research endeavors, The Physicians Foundation conducts a national Survey of America's Physicians. First conducted in 2008, the survey also was conducted in 2012 and now will be conducted on a biennial basis. Results from the 2008 and 2012 surveys are included in this report where relevant.

About Merritt Hawkins

Merritt Hawkins is the largest physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AHS), the leader in innovative healthcare workforce solutions. Founded in 1987, Merritt Hawkins has consulted with thousands of health care organizations nationwide on physician staffing and related issues.

Merritt Hawkins continuously produces data and analyses that are widely referenced throughout the healthcare industry. Notable Merritt Hawkins' surveys include its annual Review of Physician Recruiting Incentives; Survey of Final-Year Medical Residents; Survey of Physician Inpatient/Outpatient Revenue; and Survey of Physician Appointment Wait Times.

In addition to internal research, Merritt Hawkins conducts research for third parties and has completed four previous projects on behalf of The Physicians Foundation, including The Physicians' Perspective, A Survey of Medical Practice in 2008; In Their Own Words, 12,000 Physicians Reveal Their Thoughts on Medical Practice in America; Health Reform and the Decline of Physicians Private Practice, a white paper featuring the 2010 survey Physicians and Health Reform; and the 2012 Survey of America's Physicians; Practice Patterns and Perspectives.

Merritt Hawkins has completed two national surveys on behalf of The Indian Health Service as well as surveys for Trinity University's Department of Healthcare Administration and a major research project for the North Texas Regional Extension Center. In conjunction with Richard "Buz" Cooper, M.D. of the University of Pennsylvania/Wharton School, Merritt Hawkins developed the "Hospital-Specific Physician Requirement Model," a method for determining physician need by hospital service area.

Additional information about Merritt Hawkins and AMN Healthcare can be accessed at **www.merritthawkins.com** and at **www.amnhealthcare.com**.

Methodology

The Survey of America's Physicians was emailed to virtually every physician in the United States with an email address on record with the American Medical Association's Physician Master File, the largest physician database in the nation. Additional emails were sent to physicians on Merritt Hawkins' database and on the databases of several state medical societies. The emails were sent in increments of several thousand to over 100,000 from early March, 2014 through late June, 2014.

Emails were sent to approximately 650,000 unique physician addresses, or to over 81% of the 800,000 physicians in active patient care in the U.S. Approximately 640,000 emails were successfully delivered.

Total number of responses received to delivered emails was 20,088 for a response rate of 3.1%. Experts at the University of Tennessee (UTA) who specialize in survey research and methodology and statistical inference, assessed non-response bias and margin of error for all questions. According their analysis, the margin of error of the survey is less than 1%. It should be noted that responses to questions 9 and 28 were obtained in a supplementary survey with a smaller sample size than the remaining questions, and that the margin of error for these questions is higher than that of the other questions. A summary of UTA findings is included below.

The survey included 36 separate questions, with multiple responses possible on some questions. A fully completed survey could include over 60 data points, with total aggregate survey responses accounting for well over one million data points.

In terms of total outreach, number of responses, and number of individual data points, the 2014 Survey of America's Physicians is one of the largest and most comprehensive physician surveys ever undertaken in the United States.

Margin of Error Assessment

General Assessment:

"The overall margin of error for the entire survey is (μ ± 0.78%), indicating a very low sampling error for a survey of this type (i.e., less than 2% error). The error rate fluctuates across questions within the survey, but does not in any case exceed the recommended threshold for error typically applied, and so the results can be interpreted with confidence." ***(College of Business Administration University of Tennessee)***.

Summary – A Changing of The Guard

Physician attitudes toward the medical profession, like the healthcare system itself, are in a period of transition. The Physicians Foundation's 2014 Survey of America's Physicians reflects a mood among doctors that is still uncertain and sometimes dispirited, but which is evolving. Relative to the national surveys The Physicians Foundation conducted in 2012 and 2008, doctors are somewhat more positive in their outlook as their ranks change demographically and as their status rapidly shifts from that of independent practice owner to employee.

Though broadly speaking the 2014 survey presents a picture of the medical profession that has approached the edge of crisis, it also suggests that a **changing of the guard** may be taking place among physicians that could lead to a revised view of the profession among physicians as the healthcare system transitions into a new era.

The 2014 survey also indicates a continued pressure on physicians to keep up with demand for their services, as over 80% of doctors report being overextended or at full capacity. As a response to the physician shortage, over 72% of doctors believe that additional physicians should be trained and the current cap on funding for physician graduate medical education be lifted. However, many physicians plan to take steps that will reduce patient access to their services, such as retiring, working part-time, or seeking non-clinical jobs. Such steps would lead to the reduction of tens of thousands of physicians from the workforce, further compounding the physician shortage. Some physicians no longer see Medicare and Medicaid patients, or limit the number they see, though physicians also report that the majority of their patients now are enrolled in these two government insurance programs.

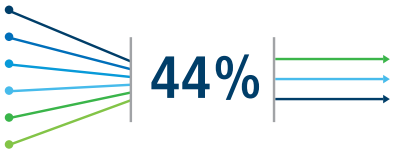
While some physicians have elected to participate in new delivery models such as Accountable Care Organizations (ACOs), and while most have adopted electronic medical records (EMR), many are dubious about the benefits of these models and systems and do not believe they will achieve cost or quality gains. Though one-third of physicians participate in state or federal exchanges/marketplaces established by the Affordable Care Act (ACA), close to the same number have no plans to do so. Almost half of physicians give the ACA a low to failing grade, while only one quarter give it a positive to excellent grade, though opinions of the ACA and many other topics vary among "new guard" and "old guard" physicians.

A detailed discussion of these and various other trends revealed by the survey is included in this report. Following is a list of the survey's key findings, as well as responses to the survey broken out by all respondents and by various physician types.

Key Findings

Key findings of the 2014 Survey of America's Physicians include:

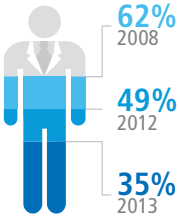
- **81% of physicians describe themselves as either overextended or at full capacity, up from 75%in 2012 and 76% in 2008. Only 19% say they have time to see more patients.**



- **44% of physicians plan to take one or more steps that would reduce patient access to their services, such as cutting back on patients seen, retiring, working part-time, closing their practice to new patients, or seeking a non-clinical job, leading to the potential loss of tens of thousands of full-time-equivalents (FTEs)**

- 72% of physicians believe there is a physician shortage, that more physicians should be trained, and the cap on funding for physician graduate medical education be lifted.

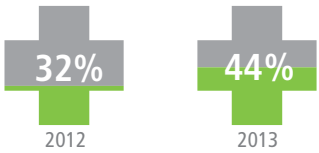
- **Only 35% of physicians describe themselves as independent practice owners, down from 49% in 2012 and 62% in 2008.**



- 53% of physicians describe themselves as hospital or medical group employees, up from 44% in 2012 and 38% in 2008.

- Only 17% of physicians indicate they are in solo practice, down from 25% in 2012.

- 29% of physicians would not choose medicine if they had their careers to do over, a decrease from 35% in 2012.

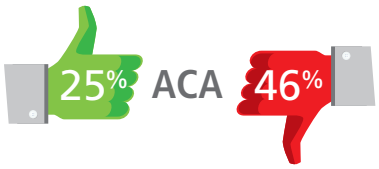


- **44% of physicians describe their morale and their feelings about the current state of the medical profession as positive, an increase from 32% in 2012.**

- 50% of physicians would recommend medicine as a career to their children or other young people, an increase from 42% in 2012 and 40% in 2008.

- 69% of physicians believe that their clinical autonomy is sometimes or often limited and their decisions compromised.

- 24% of physicians either do not see Medicare patients or limit the number of Medicare patients they see.



- **46% of physicians give the Affordable Care Act a D or F grade, while 25% give it an A or B.**

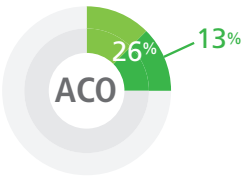
- 85% of physicians have adopted electronic medical records (EMR), up from 69% in 2012. However, 46% indicate EMR has detracted from their efficiency while only 24% say it has improved their efficiency.

- **7% of physicians now practice some form of direct pay/concierge medicine, while 13% indicate they are planning to transition in whole or in part to this type of practice. 17% of physicians 45 or younger indicate they will transition to direct pay/concierge practice.**

- 38% of physicians either do not see Medicaid patients or limit the number of Medicaid patients they see.

- Nevertheless, on average, more than 49% of patients physicians see are enrolled in Medicare or Medicaid.

- 33% of physicians currently participate in insurance products offered through their state/federal marketplace exchanges, while 28% said they have no plans to.



- **26% of physicians now participate in an Accountable Care Organization (ACO), though only 13% believe ACOs will enhance quality and decrease costs.**

- Physicians work an average of 53 hours a week, virtually the identical number of hours they reported working in 2012, but down from 57 hours in 2008.

- 50% of physicians indicate implementation of ICD-10 will cause severe administrative problems in their practices.

- **Physicians spend 20% of their time on non-clinical paperwork.**

- Physicians are not uniform in their perspectives. Younger physicians, female physicians, employed physicians and primary care physicians are somewhat more positive about the current medical practice environment than are older physicians, male physicians, medical specialists and practice owners, though the majority of almost all groups suffer from low morale and express doubts about the direction of the healthcare system.

- **39% of physicians indicate they will accelerate their retirement plans due to changes in the healthcare system.**

Following is a breakdown of questions asked by the survey and overall responses received, as well as questions and responses aggregated by various physician groups, including younger physicians, older physicians, private practice owners or partners, employed physicians, male physicians, female physicians, primary care physicians and specialists.

Questions Asked and Responses Received/ All Respondents

Following are questions asked by the *2014 Survey of America's Physicians* with responses received. Comparisons to responses obtained in previous national physician surveys conducted by The Physicians Foundation in 2012 and 2008 are included where relevant. Though the 2008 survey was national in scope it was weighted toward primary care physicians, so direct comparisons to the 2014 and 2012 surveys (including the demographics of survey respondents) are somewhat limited and are only occasionally referenced in this report.

1. In what state do you practice?

	2014	2012	All Physicians/U.S. (active patient care only)*
Texas	9.0%	8.7%	6.8%
New York	7.9%	9.1%	7.5%
California	7.4%	5.1%	11.9%
Illinois	5.5%	4.4%	4.1%
Florida	4.6%	8.1%	6.2%
Pennsylvania	4.3%	6.2%	4.6%
Washington	3.5%	2.4%	2.1%
Minnesota	3.3%	1.0%	1.8%
Ohio	3.3%	2.6%	3.7%
Georgia	3.2%	1.7%	3.2%
Michigan	3.0%	6.4%	3.0%
South Carolina	2.8%	5.3%	2.8%
North Carolina	2.8%	3.4%	2.6%
Massachusetts	2.9%	1.7%	3.3%
New Jersey	2.2%	2.4%	1.3%
Virginia	2.3%	2.8%	2.6%
Maryland	2.1%	1.4%	2.5%
Louisiana	1.9%	0.9%	1.8%
Indiana	1.8%	1.3%	1.4%
Wisconsin	1.8%	1.2%	1.8%
Colorado	1.7%	1.0%	1.9%
Arizona	1.6%	1.3%	1.7%
Missouri	1.6%	2.2%	1.8%
Arkansas	1.5%	2.6%	0.7%
Tennessee	1.5%	1.7%	2.0%
Connecticut	1.3%	1.0%	1.4%
Oregon	1.1%	0.7%	1.2%

	2014	2012	All Physicians/U.S. (active patient care only)*
Kentucky	1.0%	0.7%	1.3%
Alabama	0.9%	0.8%	1.2%
Iowa	0.9%	0.6%	0.8%
Oklahoma	0.8%	0.7%	0.5%
Hawaii	0.8%	0.5%	1.0%
Rhode Island	0.7%	0.3%	0.4%
New Mexico	0.7%	0.5%	0.8%
Maine	0.7%	0.4%	0.5%
Nebraska	0.7%	0.4%	0.6%
Utah	0.7%	0.5%	0.7%
Kansas	0.7%	0.4%	0.7%
Nevada	0.6%	0.6%	0.5%
Mississippi	0.6%	0.4%	0.7%
New Hampshire	0.6%	0.5%	0.5%
West Virginia	0.6%	0.2%	0.4%
Washington D.C.	0.6%	0.2%	0.5%
Delaware	0.4%	1.1%	0.3%
Idaho	0.3%	0.2%	0.4%
North Dakota	0.3%	0.2%	0.3%
Puerto Rico	0.3%	0.2%	0.2%
Montana	0.3%	0.8%	1.0%
Vermont	0.3%	0.2%	0.2%
South Dakota	0.2%	1.4%	0.2%
Alaska	0.2%	1.5%	0.2%
Wyoming	0.2%	0.2%	0.1%

**Source: AMA Physician Master File, 2014*

2. What is your medical specialty?

Primary Care	2014	2012	All Physicians*
Family Practice	14.6%	14.2%	12.4%
General Internal Medicine	12.0%	11.3%	13.1%
Pediatrics	10.6%	9.3%	7.1%
Total	37.2%	34.8%	32.6%

Surgical/ Medical/ Other	2014	2012	All Physicians*
Surgical Specialty	13.5%	13.6%	10.6%
Medical Specialty	33.6%	12.2%	47.8%
Ob/Gyn	6.2%	6.2%	5.0%
General Surgery	3.8%	4.4%	4.0%
Other	5.7%	28.8%	0.0%
Total	62.8%	65.2%	67.4%

**Source: AMA Physician Masterfile 2014*

3. What is your current professional status?

2014

	Survey Respondents	All Physicians*
Employed by a hospital	30.5%	
Practice owner/partner/ associate	34.6%	53%
Employed by a medical group	22.4%	47%**
Other	12.5%	N/A

2012

	Survey Respondents	All Physicians***
Employed by hospital, group, or other entity	43.7%	57%
Practice owner/ partner/associate	48.5%	43%
Other	7.8%	N/A

**Source: American Medical Association Physician Practice Benchmark Survey, 2012*

***Ibid, denotes employment by hospital, medical group or other entity.*

****Accenture. Clinical transformation, new business models for a new era in healthcare: September, 2012*

4. What is your age?

2014

	Survey Respondents	All Physicians*
35 or under	12.4%	6.1%
36-45	23.2%	26.8%
46-55	26.4%	28.1%
56-65	27.8%	25.8%
66 or older	10.2%	13.1%
Average	49.95	51.25

**Source: AMA Physician Masterfile 2014*

2012

	Survey Respondents	All Physicians*
20-29	0.9%	5.8%
30-39	12.9%	22.0%
40-49	21.0%	24.8%
50-59	34.4%	25.1%
60-69	24.1%	16.9%
70-79	5.8%	4.7%
80-89	0.9%	0.7%
90+	0.1%	0.0%
Average	53.98	49.22

**Source: AMA Physician Masterfile 2014*

5. What is your gender?

	2014	2012	All Physicians*
Male	66.7%	73.6%	67.0%
Female	33.3%	26.4%	33.0%

Source: AMA Physician Masterfile 2014

6. Is your practice:

2014

	Survey Respondents	All Physicians*
Solo	17.2%	20.0%
Small (2-10 physicians)	32.8%	38.9%
Medium (11-50 physicians)	21.6%	23.1%
Large (51 or more physicians)	28.4%	18.0%**

American Medical Association Physician Practice Benchmark Survey, 2012
Includes direct hospital employees

2012

	Survey Respondents	All Physicians*
Solo	24.9%	13.0%
2-5 physicians	26.2%	N/A
6-10 physicians	14.5%	N/A
11-30 physicians	14.5%	N/A
31-100 physicians	7.8%	N/A
100+ physicians	12.1%	N/A

Source: AMA Physician Master File, 2012

7. Are you a member of your (check all that apply):

	2014	2012	All Physicians
County medical society	40.8%	50.1%	N/A
State medical society	62.3%	63.6%	N/A
National specialty society	79.7%	70.4%	N/A
American Medical Association	25.9%	24.5%	15%*
American Osteopathic Association	7.3%	5.2%	N/A

Source: Associated Press, June 20, 2011. (Number does not include medical students or residents)

8. Which best describes your professional morale and your feelings about the current state of the medical profession?

	2014	2012
Very positive	8.8%	3.9%
Somewhat positive	35.6%	27.9%
Somewhat negative	37.1%	44.8%
Very negative	18.5%	23.4%

9. Which best describes how you feel about the future of the medical profession?

	2014*	2012
Very positive/ optimistic	10.2%	3.1%
Somewhat positive/ optimistic	38.7%	19.5%
Somewhat negative/ pessimistic	39.5%	45.9%
Very negative/ pessimistic	11.6%	31.5%

Responses to this question derived from a supplementary data set. Error rate is higher than that of the overall survey.

10. If you had your career to do over, would you choose to be a physician?

	2014	2012	2008
Yes, medicine is still rewarding	71.3%	66.5%	73.0%
No, the negatives outweigh the positives	28.7%	33.5%	27.0%

11. Would you recommend medicine as a career to your children or other young people?

	2014	2012	2008
Yes	49.8%	42.1%	40.19%
No	50.2%	57.9%	59.81%

12. Medicine and healthcare are changing in such a way that:

2014	
I will accelerate my retirement plans	38.7%
I will defer my retirement plans	18.6%
I will not change my retirement plans	42.7%

13. What two factors do you find most satisfying about medical practice?

	2014	2012	2008*
Patient relationships	78.6%	80.2%	78.17%
Intellectual stimulation	65.3%	69.7%	81.69%
Interaction with colleagues	22.0%	19.2%	56.18%
Financial rewards	15.2%	11.7%	22.60%
Prestige of medicine	12.2%	10.0%	34.86%
Other	3.6%	N/A	N/A

14. In the next one to three years, do you plan to (check all that apply):

	2014	2012	2008
Continue as I am	56.4%	49.8%	51.48%
Cut back on hours	18.2%	22.0%	20.26%
Seek a non-clinical job within healthcare	10.4%	9.9%	13.4%
Retire	9.4%	13.4%	10.95%
Work locum tenens	9.1%	6.4%	7.5%
Cut back on patients seen	7.8%	9.6%	N/A
Seek employment with a hospital	7.3%	5.6%	N/A
Work part-time	6.4%	6.5%	10.15%
Switch to a cash/ concierge practice	6.2%	6.8%	7.04%
Other	5.3%	5.5%	N/A
Close my practice to new patients	2.4%	4.0%	7.38%
Relocate to another practice/ community	N/A	10.9%	N/A

15. Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

	2014	2012
Mostly agree	9.3%	4.6%
Somewhat agree	27.8%	19.9%
Somewhat disagree	28.8%	32.8%
Mostly disagree	34.1%	42.7%

16. In your opinion, which factors are most likely to contribute to rising health costs? (check all that apply):

	2014
Defensive medicine	60.3%
Aging population	37.4%
State and federal insurance mandates	36.5%
Cost of pharmaceuticals	30.7%
Advances in technology/treatment	24.3%
End of life care	19.9%
Social conditions (poverty, drugs, violence, illegal immigration, etc.)	19.0%
Lack of pricing transparency	17.2%
Limited patient financial obligations	15.6%
Absence of free markets	15.2%
Fraud	9.5%
Fee-for-service reimbursement	6.6%
Other	6.2%
Price controls on fees and products	4.8%

17. Do you participate in an accountable care organization (ACO)?

	2014
Yes	26.4%
No	52.1%
Unsure	21.5%

18. Which best describes your feelings about ACOS?

	2014	2012
They are likely to enhance quality/ decrease cost	12.7%	9.0%
Quality/cost gains will not justify organizational cost/effort	19.2%	21.8%
Unlikely to increase quality/decrease cost	36.3%	40.6%
Unsure about structure or purpose of ACOs	31.8%	28.6%

19. Do you participate in any insurance products offered through the state/ federal marketplace exchanges?

	2014
Yes	33.3%
No, and I have no plans to	28.5%
No, but I am likely to	9.4%
Not sure	28.8%

20. Does the state/federal marketplace exchange in your state feature a restricted network of providers?

	2014
Yes	27.0%
No	9.7%
Unsure	63.3%

21. If yes, have you been restricted or excluded from participating in any insurance plan?

	2014
Yes	28.4%
No	47.9%
Unsure	23.6%

22. What is your position on concierge/ direct pay medicine?

	2014
I now practice some form of concierge/direct pay medicine	7.2%
I am planning to transition fully or in part to this model	13.3%
I have no plans to transition to this model	79.5%

23. With thousands of new codes to consider, what effect will ICD-10 have on your practice?* (check all that apply):

	2014
Create a severe administration problem	50.1%
Improve diagnosis/ quality of care	11.3%
Unnecessarily complicate coding	75.3%
Expose physicians to liability/penalties	38.3%

**Priming bias may be present in these responses*

24. In order to address the physician shortage, should congress lift the cap on federal funding and increase residency slots?

	2014
Yes, we need to train more physicians	72.2%
No, there is no need to train more physicians	27.8%

25. What overall grade would you give the Affordable Care Act (ACA) as a vehicle for healthcare reform?

	2014
A	3.7%
B	21.7%
C	28.8%
D	21.1%
F	24.7%

26. On average, how many hours do you work per week (include all clinical and non-clinical duties)?

	2014	2012	2008
0-20	3.4%	4.0%	3.33%
21-30	4.5%	4.5%	4.07%
31-40	12.0%	12.2%	11.05%
41-50	23.7%	21.9%	18.13%
51-60	24.0%	26.1%	25.36%
61-70	16.4%	15.3%	15.74%
71-80	9.5%	9.9%	12.70%
81 or >	6.5%	6.1%	9.64%
Average	52.83	52.93	56.93

27. Of these, how many hours do you work each week on NON-CLINICAL (paperwork) duties only?

	2014
0-5	30.5%
6-10	31.0%
11-15	14.4%
16-20	10.2%
21-25	5.7%
26 or more	8.2%
Average	10.58

28. On average, how many patients do you see per day (include both office and hospital encounters)?*

	2014	2012	2008
0-10	22.8%	19.5%	7.40%
11-20	35.7%	39.8%	31.71%
21-30	24.6%	26.8%	41.28%
31-40	11.4%	8.1%	13.68%
41-50	2.8%	2.6%	3.71%
51-60	1.4%	0.8%	0.99%
61 or more	1.3%	2.4%	1.23%
Average	19.5%	20.1%	23.43%

**Responses to this question based on a supplementary data set. Error rate is higher than that of the overall survey.*

29. Has your professional status changed in the last 12-18 months?

2014	
Yes, from owner/partner/associate to hospital employed	3.9%
Yes, from owner/partner/associate to group employed	3.4%
Yes, from group or hospital employed to owner/partner/associate	3.9%
No, my status has not changed	88.8%

30. Which of the following best describes your current practice

	2014	2012	2008
I am overextended and overworked	31.3%	22.7%	31.37%
I am at full capacity	49.8%	52.8%	44.92
I have time to see more patients and assume more duties	18.9%	24.5%	23.71%

31. What is your current position regarding Medicare and Medicaid patients?

2014		
	Medicare	Medicaid
See all of these patients	76.0%	61.9%
Limit number of these patients	11.2%	20.0%
Do not see these patients	12.8%	18.1%

32. What percent of your patients fall into the following categories?

2014	
Medicare	28.9%
Medicaid	20.4%
Commercial insurance/Private pay	38.1%
Self-pay/Cash	8.6%
Other	4.8%

33. Has your practice implemented Electronic Medical Records?

	2014	2012
Yes	85.2%	69.5%
No	14.8%	30.5%

34. If yes, how has EMR affected your practice? (check all that apply)

2014	
Improved quality of care	32.1%
Detracted from quality of care	24.1%
Improved efficiency	24.3%
Detracted from efficiency	45.8%
Improved patient interaction	4.6%
Detracted from patient interaction	47.1%
Has had little to no impact on the above	7.6%

35. Do you have significant concerns that EMR poses a risk to patient privacy?

	2014	2012
Yes	50.5%	47.4%
No	49.5%	52.6%

36. Which best describes your current level of clinical autonomy/ability to make the best decisions for your patients?

2014	
No limitations, I am free to make decisions I think are best	31.0%
Some limitations, my decisions are sometimes compromised	53.9%
Many limitations, my decisions often are compromised	15.1%

Survey Response Comparisons:

Responses By Age, Gender, Professional Status, and Primary Care Versus Specialty

A. RESPONSES BY AGE: 45 OR < 46 OR >

1. What is your medical specialty?

Primary Care:	45 or <	46 or >	All Respondents
Family Practice	14.2%	14.8%	14.6%
General Internal Medicine	13.6%	11.3%	12.0%
Pediatrics	11.5%	10.1%	10.6%
Total	39.3%	36.2%	37.2%

Surgical/ Medical/Other:	45 or <	46 or >	All Respondents
Surgical Specialty	12.4%	14.1%	13.5%
Medical Specialty	34.0%	33.3%	33.6%
Ob/Gyn	5.6%	6.6%	6.2%
General Surgery	3.4%	4.0%	3.8%
Other	5.3%	5.8%	5.7%
Total	60.7%	63.8%	62.8%

2. What is your current professional status?

	45 or <	46 or >	All Respondents
Practice owner partner/associate	22.4%	41.5%	34.6%
Employed by a hospital	40.7%	24.7%	30.5%
Employed by a medical group	25.0%	21.0%	22.4%
Other	11.9%	12.8%	12.5%

3. What is your gender?

	45 or <	46 or >	All Respondents
Male	58.1%	71.5%	66.7%
Female	41.9%	28.5%	33.3%

4. Are you a member of your:

	45 or <	46 or >	All Respondents
County Medical Society	28.2%	48.0%	40.8%
State Medical Society	56.7%	65.5%	62.3%
National Specialty Society	77.4%	81.0%	79.7%
American Medical Association	29.4%	23.8%	25.9%
American Osteopathic Association	8.5%	6.6%	7.3%

5. Which best describes your morale and your feelings about the current state of the medical profession?

	45 or <	46 or >	All Respondents
Very positive	10.5%	7.9%	8.8%
Somewhat positive	43.7%	31.0%	35.6%
Somewhat negative	34.4%	38.6%	37.1%
Very negative	11.4%	22.5%	18.5%

6. Which best describes how you feel about the future of the medical profession?

	45 or <	46 or >	All Respondents
Very positive	10.5%	10.2%	10.2%
Somewhat positive	44.5%	35.6%	38.7%
Somewhat negative	36.8%	40.9%	39.5%
Very negative	8.3%	13.4%	11.6%

7. If you had your career to do over, would you choose to be a physician?

	45 or <	46 or >	All Respondents
Yes, medicine is still rewarding	71.5%	71.3%	71.3%
No, the negatives outweigh the positives	28.5%	28.7%	28.7%

8. Would you recommend medicine as a career to your children or other young people?

	45 or <	46 or >	All Respondents
Yes	51.1%	49.2%	49.8%
No	48.9%	50.8%	50.2%

9. Medicine and healthcare are changing in such a way that:

	45 or <	46 or >	All Respondents
I will accelerate my retirement plans	33.7%	41.4%	38.7%
I will defer my retirement plans	19.5%	18.1%	18.6%
I will not change my retirement plans	46.8%	40.5%	42.7%

10. What two factors do you find MOST satisfying about medical practice?

	45 or <	46 or >	All Respondents
Patient relationships	74.8%	80.8%	78.6%
Intellectual stimulation	65.7%	65.0%	65.3%
Interaction with colleagues	22.7%	21.7%	22.0%
Financial rewards	17.6%	13.9%	15.2%
Prestige of medicine	15.7%	10.3%	12.2%
Other	2.7%	4.1%	3.6%

11. In the next one to three years, do you plan to (check all that apply):

	45 or <	46 or >	All Respondents
Continue as I am	64.8%	51.8%	56.4%
Cut back on hours	13.2%	20.9%	18.2%
Seek a non-clinical job within healthcare	12.1%	9.5%	10.4%
Seek employment with a hospital	11.3%	5.1%	7.3%
Work locum tenens	9.0%	9.1%	9.1%
Switch to a cash/ concierge practice	6.7%	5.9%	6.2%
Cut back on patients seen	5.9%	8.8%	7.8%
Other	5.8%	5.0%	5.3%
Work part-time	5.1%	7.2%	6.4%
Close my practice to new patients	1.7%	2.8%	2.4%
Retire	0.6%	14.3%	9.4%

12. Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs

	45 or <	46 or >	All Respondents
Mostly agree	11.7%	8.1%	9.3%
Somewhat agree	35.7%	23.4%	27.8%
Somewhat disagree	27.7%	29.3%	28.8%
Mostly disagree	24.9%	39.2%	34.1%

13. In your opinion, which factors are most likely to contribute to rising health costs?

	45 or <	46 or >	All Respondents
Defensive medicine	67.4%	56.4%	60.3%
State and federal insurance mandates	33.0%	38.4%	36.5%
Aging population	33.2%	39.7%	37.4%
Cost of pharmaceuticals	29.9%	31.2%	30.7%
Lack of pricing transparency	22.0%	14.5%	17.2%
End of life care	21.3%	19.2%	19.9%
Social conditions (poverty, drugs, violence, illegal immigration, etc.)	20.1%	18.4%	19.0%
Limited patient financial obligations	18.6%	14.0%	15.6%
Advances in technology/ treatment	17.5%	27.9%	24.3%
Absence of free markets	14.1%	15.8%	15.2%
Fraud	9.5%	9.5%	9.5%
Fee-for-service reimbursement	7.8%	5.9%	6.6%
Price controls on fees and products	6.4%	3.9%	4.8%
Other	5.1%	6.7%	6.2%
Physician fees	2.0%	1.1%	1.4%

14. Do you participate in an Accountable Care Organization (ACO)?

	45 or <	46 or >	All Respondents
Yes	28.5%	25.4%	26.4%
No	41.0%	58.3%	52.1%
Unsure	30.5%	16.3%	21.5%

15. Which best describes your feelings about ACOs?

	45 or <	46 or >	All Respondents
They are likely to enhance quality/de-crease cost	14.1%	11.8%	12.7%
Quality/cost gains will not justify organizational cost/effort	18.2%	19.7%	19.2%
Unlikely to increase quality/ decrease cost	28.5%	40.7%	36.3%
Unsure about structure or purpose of ACOs	39.2%	27.8%	31.8%

16. Do you participate in any insurance products offered through the state/federal marketplace exchanges?

	45 or <	46 or >	All Respondents
Yes	29.0%	35.6%	33.3%
No, and I have no plans to	26.7%	29.6%	28.5%
No, but I am likely to	8.4%	10.0%	9.4%
Not sure	35.9%	24.8%	28.8%

17. Does the state/federal marketplace exchange in your state feature a restricted network of providers?

	45 or <	46 or >	All Respondents
Yes	23.4%	28.9%	27.0%
No	8.4%	10.6%	9.7%
Unsure	68.2%	60.5%	63.3%

18. If yes, have you been restricted or excluded from participating in any insurance plan?

	45 or <	46 or >	All Respondents
Yes	29.7%	28.0%	28.4%
No	43.0%	50.1%	47.9%
Unsure	27.3%	21.9%	23.6%

19. What is your position on concierge/direct pay medicine?

	45 or <	46 or >	All Respondents
I now practice some form of concierge/direct pay medicine	6.5%	7.6%	7.2%
I am planning to transition fully or in part to this model	17.0%	11.3%	13.3%
I have no plans to transition to this model	76.5%	81.1%	79.5%

20. With thousands of new codes to consider, what effect will ICD-10 have on your practice?

	45 or <	46 or >	All Respondents
Create a severe administration problem	46.7%	52.0%	50.1%
Improve diagnosis/ quality of care	13.8%	10.0%	11.3%
Unnecessarily complicate coding	74.3%	75.9%	75.3%
Expose physicians to liability/ penalties	36.7%	39.2%	38.3%

21. In order to address the physician shortage, should Congress lift the cap on federal funding and increase residency slots?

	45 or <	46 or >	All Respondents
Yes, we need to train more physicians	69.7%	73.6%	72.2%
No, there is no need to train more physicians	30.3%	26.4%	27.8%

22. What overall grade would you give the Affordable Care Act as a vehicle for healthcare reform?

	45 or <	46 or >	All Respondents
A	4.1%	3.4%	3.7%
B	25.8%	19.5%	21.7%
C	33.1%	26.3%	28.8%
D	19.0%	22.3%	21.1%
F	18.0%	28.5%	24.7%

23. On average, how many hours do you work per week (include all clinical and non-clinical duties)?

	45 or <	46 or >	All Respondents
0-20	1.0%	4.6%	3.4%
21-30	2.8%	5.6%	4.5%
31-40	10.9%	12.7%	12.0%
41-50	23.7%	23.7%	23.7%
51-60	23.5%	24.3%	24.0%
61-70	17.9%	15.6%	16.4%
71-80	12.4%	7.8%	9.5%
81 or more	7.8%	5.7%	6.5%
Average	55.75	51.17	52.83

24. Of these, how many hours do you work each week on NON-CLINICAL (paperwork) duties only?

	45 or <	46 or >	All Respondents
0-5	30.4%	30.6%	30.5%
6-10	29.6%	31.6%	31.0%
11-15	15.4%	13.8%	14.4%
16-20	10.7%	10.0%	10.2%
21-25	6.2%	5.6%	5.7%
26 or more	7.7%	8.4%	8.2%
Average	10.64	10.53	10.58

25. On average, how many patients do you see per day (include both office and hospital encounters)?

	45 or <	46 or >	All Respondents
0-10	16.2%	26.8%	22.8%
11-20	43.0%	31.8%	35.7%
21-30	23.7%	24.7%	24.6%
31-40	12.5%	10.7%	11.4%
41-50	2.5%	2.8%	2.8%
51-60	1.4%	1.5%	1.4%
61 or more	0.7%	1.7%	1.3%
Average	19.9%	19.2%	19.5%

26. Has your professional status changed in the last 12–18 months?

	45 or <	46 or >	All Respondents
Yes, from owner/ partner/associate to hospital employed	3.3%	4.2%	3.9%
Yes, from owner/ partner/associate to group employed	2.3%	4.0%	3.4%
Yes, from group or hospital employed to owner/partner/ associate	5.3%	3.1%	3.9%
No, my status has not changed	89.1%	88.7%	88.8%

27. Which of the following best describes your current practice?

	45 or <	46 or >	All Respondents
I am overextended and overworked	32.2%	30.7%	31.3%
I am at full capacity	50.6%	49.4%	49.8%
I have time to see more patients and assume more duties	17.2%	19.9%	18.9%

28. What is your current position regarding Medicare and Medicaid patients?

Medicare	45 or <	46 or >	All Respondents
See all of these patients	76.9%	75.5%	76.0%
Limit number of these patients	12.0%	10.8%	11.2%
Do not see these patients	11.1%	13.7%	12.8%

Medicaid	45 or <	46 or >	All
See all of these patients	68.9%	59.5%	61.9%
Limit number of these patients	18.5%	20.1%	20.0%
Do not see these patients	12.6%	20.4%	18.1%

29. What percent of your patients fall into the following categories?

	45 or <	46 or >	All Respondents
Medicare	28.5%	29.1%	28.9%
Medicaid	23.6%	18.6%	20.4%
Commercial insurance/ Private pay	36.2%	39.1%	38.1%
Self-pay/Cash	8.3%	8.8%	8.6%
Other	3.4	4.4%	4.8%

30. Has your practice implemented Electronic Medical Records?

	45 or <	46 or >	All Respondents
Yes	92.2%	81.4%	85.2%
No	7.8%	18.6%	14.8%

31. If yes, how has EMR affected your practice?

	45 or <	46 or >	All Respondents
Improved quality of care	41.7%	26.0%	32.1%
Detracted from quality of care	18.0%	28.0%	24.1%
Improved efficiency	30.9%	20.2%	24.3%
Detracted from efficiency	37.6%	51.1%	45.8%
Improved patient interaction	5.8%	3.8%	4.6%
Detracted from patient interaction	43.4%	49.4%	47.1%
Has had little to no impact on the above	7.4%	7.7%	7.6%

32. Do you have significant concerns that EMR poses a risk to patient privacy?

	45 or <	46 or >	All Respondents
Yes	36.3%	58.4%	50.5%
No	63.7%	41.6%	49.5%

33. Which best describes your current level of clinical autonomy/ability to make the best decisions for your patients?

	45 or <	46 or >	All Respondents
No limitations, I am free to make decisions I think are best	31.1%	30.9%	31.0%
Some limitations, my decisions are sometimes compromised	57.1%	52.2%	53.9%
Many limitations, my decisions often are compromised	11.8%	16.9%	15.1%

B. RESPONSES BY EMPLOYED PHYSICIANS VS. PRACTICE OWNERS

1. What is your medical specialty?

Primary Care:	Employed	Owner	All Respondents
Family Practice	15.2%	12.5%	14.6%
General Internal Medicine	14.1%	9.2%	12.0%
Pediatrics	11.2%	10.0%	10.6%
Total	40.5%	31.7%	37.2%

Surgical/ Medical/Other:	Employed	Owner	All Respondents
Surgical Specialty	11.5%	18.7%	13.5%
Medical Specialty	33.5%	31.3%	33.5%
Ob/Gyn	6.0%	7.2%	6.2%
General Surgery	3.8%	3.9%	3.8%
Other	4.7%	7.2%	5.7%
Total	59.3%	68.3%	62.8%

2. What is your current professional status?

	Employed	Owner	All Respondents
Practice owner/partner/ associate	0.0%	100%	34.6%
Employed by a hospital	57.6%	0.0%	30.4%
Employed by a medical group	42.4%	0.0%	22.4%
Other	0.0%	0.0%	12.5%

3. What is your gender?

	Employed	Owner	All Respondents
Male	63.5%	71.5%	66.7%
Female	36.5%	28.5%	33.3%

4. Are you a member of your:

	Employed	Owner	All Respondents
County Medical Society	31.8%	56.9%	40.8%
State Medical Society	56.7%	73.4%	62.3%
National Specialty Society	78.9%	80.0%	79.7%
American Medical Association	26.7%	24.5%	25.9%
American Osteopathic Association	7.2%	7.3%	7.3%

5. Which best describes your morale and your feelings about the current state of the medical profession?

	Employed	Owner	All Respondents
Very positive	9.9%	6.2%	8.8%
Somewhat positive	40.6%	26.9%	35.6%
Somewhat negative	35.2%	40.7%	37.1%
Very negative	14.3%	26.2%	18.5%

6. Which best describes how you feel about the future of the medical profession?

	Employed	Owner	All Respondents
Very positive	11.2%	7.0%	10.2%
Somewhat positive	42.0%	33.0%	38.7%
Somewhat negative	38.3%	43.5%	39.5%
Very negative	8.5%	16.5%	11.6%

7. If you had your career to do over, would you choose to be a physician?

	Employed	Owner	All Respondents
Yes, medicine is still rewarding	73.6%	67.5%	71.3%
No, the negatives outweigh the positives	26.4%	32.5%	28.7%

8. Would you recommend medicine as a career to your children or other young people?

	Employed	Owner	All Respondents
Yes	53.5%	42.3%	49.8%
No	46.5%	57.7%	50.2%

9. Medicine and healthcare are changing in such a way that:

	Employed	Owner	All Respondents
I will accelerate my retirement plans	35.8%	45.7%	38.6%
I will defer my retirement plans	19.2%	18.7%	18.6%
I will not change my retirement plans	45.0%	35.6%	42.7%

10. What two factors do you find MOST satisfying about medical practice?

	Employed	Owner	All Respondents
Patient relationships	76.3%	84.0%	78.6%
Intellectual stimulation	65.3%	64.0%	65.3%
Interaction with colleagues	23.2%	19.3%	22.0%
Financial rewards	16.3%	14.5%	15.2%
Prestige of medicine	13.7%	11.1%	12.2%
Other	2.8%	3.7%	3.6%

11. In the next one to three years, do you plan to (check all that apply):

	Employed	Owner	All Respondents
Continue as I am	60.3%	53.4%	56.4%
Cut back on hours	17.7%	20.5%	18.2%
Seek a non-clinical job within healthcare	11.0%	9.0%	10.4%
Work locum tenens	9.1%	7.0%	9.1%
Retire	7.2%	11.8%	9.4%
Cut back on patients seen	6.7%	10.5%	7.8%
Work part-time	6.0%	6.1%	6.4%
Seek employment with a hospital	5.9%	8.3%	7.3%
Switch to a cash/ concierge practice	4.5%	9.5%	6.2%
Other	4.5%	5.6%	5.3%
Close my practice to new patients	1.9%	3.9%	2.4%

12. Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs

	Employed	Owner	All Respondents
Mostly agree	13.1%	3.2%	9.3%
Somewhat agree	36.3%	13.5%	27.8%
Somewhat disagree	28.7%	27.9%	28.8%
Mostly disagree	21.9%	55.4%	34.1%

13. In your opinion, which factors are most likely to contribute to rising health costs?

	Employed	Owner	All Respondents
Defensive medicine	62.9%	57.9%	60.3%
Aging population	37.3%	37.5%	37.4%
State and federal insurance mandates	33.7%	43.5%	36.5%
Cost of pharmaceuticals	30.7%	30.2%	30.7%
Advances in technology/ treatment	23.7%	24.6%	24.3%
Social conditions (poverty, drugs, violence, illegal immigration, etc.)	20.5%	16.2%	19.0%
End of life care	19.9%	19.7%	19.9%
Lack of pricing transparency	18.3%	14.0%	17.2%
Limited patient financial obligations	15.9%	15.6%	15.6%
Absence of free markets	13.1%	19.2%	15.2%
Fraud	9.6%	9.3%	9.5%
Fee-for-service reimbursement	7.8%	3.5%	6.6%
Other	5.1%	6.4%	6.2%
Price controls on fees and products	4.8%	5.0%	4.8%
Physician fees	1.6%	1.1%	1.4%

14. Do you participate in an Accountable Care Organization (ACO)?

	Employed	Owner	All Respondents
Yes	32.2%	21.7%	26.4%
No	40.7%	67.0%	52.1%
Unsure	27.1%	11.3%	21.4%

15. Which best describes your feelings about ACOs?

	Employed	Owner	All Respondents
They are likely to enhance quality/ decrease cost	15.0%	7.8%	12.7%
Quality/cost gains will not justify organizational cost/effort	19.1%	20.8%	19.2%
Unlikely to increase quality/ decrease cost	31.2%	47.2%	36.3%
Unsure about structure or purpose of ACOs	34.7%	24.2%	31.8%

16. Do you participate in any insurance products offered through the state/federal marketplace exchanges?

	Employed	Owner	All Respondents
Yes	33.1%	34.5%	33.3%
No, and I have no plans to	24.0%	33.2%	28.5%
No, but I am likely to	8.9%	11.2%	9.4%
Not sure	34.0%	20.1%	28.8%

17. Does the state/federal marketplace exchange in your state feature a restricted network of providers?

	Employed	Owner	All Respondents
Yes	24.4%	33.2%	27.0%
No	9.3%	9.8%	9.7%
Unsure	66.3%	57.0%	63.3%

18. If yes, have you been restricted or excluded from participating in any insurance plan?

	Employed	Owner	All Respondents
Yes	26.2%	32.6%	28.4%
No	48.4%	47.0%	47.9%
Unsure	25.4%	20.4%	23.6%

19. What is your position on concierge/direct pay medicine?

	Employed	Owner	All Respondents
I now practice some form of concierge/direct pay medicine	4.3%	12.5%	7.2%
I am planning to transition fully or in part to this model	12.1%	15.3%	13.3%
I have no plans to transition to this model	83.6%	72.2%	79.5%

20. With thousands of new codes to consider, what effect will ICD-10 have on your practice?

	Employed	Owner	All Respondents
Create a severe administration problem	46.4%	57.4%	50.1%
Improve diagnosis/ quality of care	13.6%	6.6%	11.3%
Unnecessarily complicate coding	73.2%	80.1%	75.3%
Expose physicians to liability/ penalties	34.8%	45.6%	38.3%

21. In order to address the physician shortage, should Congress lift the cap on federal funding and increase residency slots?

	Employed	Owner	All Respondents
Yes, we need to train more physicians	73.4%	67.9%	72.2%
No, there is no need to train more physicians	26.6%	32.1%	27.8%

22. What overall grade would you give the Affordable Care Act as a vehicle for healthcare reform?

	Employed	Owner	All Respondents
A	4.5%	1.8%	3.7%
B	25.7%	13.1%	21.7%
C	31.2%	25.0%	28.8%
D	18.8%	26.1%	21.1%
F	19.8%	34.0%	24.7%

23. On average, how many hours do you work per week (include all clinical and non-clinical duties)?

	Employed	Owner	All Respondents
0-20	3.5%	2.5%	3.3%
21-30	4.0%	4.9%	4.5%
31-40	12.0%	12.3%	12.0%
41-50	24.7%	23.0%	23.7%
51-60	22.3%	25.6%	24.0%
61-70	16.7%	16.9%	16.4%
71-80	10.3%	8.1%	9.5%
81 or more	6.5%	6.6%	6.5%
Average	54.01	52.88	52.88

24. Of these, how many hours do you work each week on NON-CLINICAL (paperwork) duties only?

	Employed	Owner	All Respondents
0-5	30.0%	30.8%	30.0%
6-10	30.5%	34.5%	31.0%
11-15	14.6%	15.0%	14.4%
16-20	10.7%	9.4%	10.2%
21-25	6.0%	5.2%	5.7%
26 or more	8.8%	5.1%	8.2%
Average	10.63	9.79	10.58

25. On average, how many patients do you see per day (include both office and hospital encounters)?

	Employed	Owner	All Respondents
0-10	16.2%	23.2%	22.8%
11-20	41.0%	28.0%	35.7%
21-30	26.6%	26.1%	24.6%
31-40	10.1%	15.5%	11.4%
41-50	3.4%	3.3%	2.8%
51-60	0.8%	2.9%	1.4%
61 or more	1.0%	2.0%	1.3%
Average	20.0	21.7	19.5

26. Has your professional status changed in the last 12-18 months?

	Employed	Owner	All Respondents
Yes, from owner/partner/ associate to hospital employed	6.5%	0.6%	3.9%
Yes, from owner/ partner/ associate to group employed	5.1%	1.1%	3.4%
Yes, from group or hospital employed to owner/partner/ associate	1.4%	7.2%	3.9%
No, my status has not changed	87.0%	91.1%	88.8%

27. Which of the following best describes your current practice?

	Employed	Owner	All Respondents
I am overextended and overworked	32.6%	29.4%	31.3%
I am at full capacity	52.0%	47.0%	49.8%
I have time to see more patients and assume more duties	15.4%	23.6%	18.9%

28. What is your current position regarding Medicare and Medicaid patients?

Medicare	Employed	Owner	All Respondents
See all of these patients	80.9%	71.0%	76.0%
Limit number of these patients	9.2%	15.1%	11.2%
Do not see these patients	10.0%	13.9%	12.8%

Medicaid	Employed	Owner	All Respondent
See all of these patients	75.1%	42.9%	61.9%
Limit number of these patients	16.7%	28.0%	20.0%
Do not see these patients	10.0%	29.1%	18.1%

29. What percent of your patients fall into the following categories?

	Employed	Owner	All Respondents
Medicare	29.5%	29.7%	28.9%
Medicaid	24.3%	13.0%	20.4%
Commercial insurance/ Private pay	35.7%	45.1%	38.1%
Self-pay/Cash	7.3%	10.4%	8.5%
Other	3.2%	1.9%	4.8%

30. Has your practice implemented Electronic Medical Records?

	Employed	Owner	All Respondents
Yes	92.9%	73.5%	85.2%
No	7.1%	26.5%	14.8%

31. If yes, how has EMR affected your practice?

	Employed	Owner	All Respondents
Improved quality of care	36.1%	23.7%	32.1%
Detracted from quality of care	23.1%	26.9%	24.1%
Improved efficiency	25.3%	22.5%	24.3%
Detracted from efficiency	45.0%	48.3%	45.8%
Improved patient interaction	4.9%	4.2%	4.6%
Detracted from patient interaction	46.6%	48.0%	47.1%
Has had little to no impact on the above	6.2%	9.8%	7.6%

32. Do you have significant concerns that EMR poses a risk to patient privacy?

	Employed	Owner	All Respondents
Yes	44.5%	60.7%	50.5%
No	55.5%	39.3%	49.5%

33. Which best describes your current level of clinical autonomy/ability to make the best decisions for your patients?

	Employed	Owner	All Respondents
No limitations, I am free to make decisions I think are best	31.8%	29.4%	31.0%
Some limitations, my decisions are sometimes compromised	54.7%	53.2%	53.9%
Many limitations, my decisions often are compromised	13.5%	17.4%	15.1%

C. RESPONSES BY MALE PHYSICIANS VS. FEMALE PHYSICIANS:

1. What is your medical specialty?

Primary Care:	Male	Female	All Respondents
Family Practice	13.5%	16.9%	14.6%
General Internal Medicine	11.3%	13.5%	12.0%
Pediatrics	7.4%	17.2%	10.6%
Total	32.2%	47.6%	37.2%

Surgical/Medical/ Other:	Male	Female	All Respondents
Surgical Specialty	17.3%	5.8%	13.5%
Medical Specialty	34.9%	30.7%	33.6%
v/Gyn	4.7%	9.4%	6.2%
General Surgery	4.7%	2.0%	3.8%
Other	6.2%	4.5%	5.7%
Total	67.8%	52.4%	62.8%

2. What is your current professional status?

	Male	Female	All Respondents
Practice owner/ partner/ associate	38.5%	26.7%	34.6%
Employed by a hospital	29.4%	32.5%	30.5%
Employed by a medical group	20.7%	26.0%	22.4%
Other	11.4%	14.8%	12.5%

3. What is your gender?

	Male	Female	All Respondents
Male	67%	0.0%	66.7%
Female	0.0%	33.0%	33.3%

4. Are you a member of your:

	Male	Female	All Respondents
County Medical Society	44.7%	32.6%	40.8%
State Medical Society	64.6%	57.5%	62.3%
National Specialty Society	80.2%	78.6%	79.7%
American Medical Association	25.8%	25.9%	25.9%
American Osteopathic Association	7.4%	6.9%	7.3%

5. Which best describes your morale and your feelings about the current state of the medical profession?

	Male	Female	All Respondents
Very positive	9.1%	8.3%	8.8%
Somewhat positive	33.3%	40.3%	35.6%
Somewhat negative	36.9%	37.5%	37.1%
Very negative	20.8%	13.9%	18.5%

6. Which best describes how you feel about the future of the medical profession?

	Male	Female	All Respondents
Very positive	10.8%	9.5%	10.2%
Somewhat positive	35.0%	45.5%	38.7%
Somewhat negative	40.2%	37.3%	39.5%
Very negative	14.0%	7.7%	11.6%

7. If you had your career to do over, would you choose to be a physician?

	Male	Female	All Respondents
Yes, medicine is still rewarding	70.8%	72.4%	71.3%
No, the negatives outweigh the positives	29.2%	27.6%	28.7%

8. Would you recommend medicine as a career to your children or other young people?

	Male	Female	All Respondents
Yes	49.8%	49.9%	49.8%
No	50.2%	50.1%	50.2%

9. Medicine and healthcare are changing in such a way that:

	Male	Female	All Respondents
I will accelerate my retirement plans	39.0%	38.0%	38.7%
I will defer my retirement plans	18.8%	18.3%	18.6%
I will not change my retirement plans	42.2%	43.7%	42.7%

10. What two factors do you find MOST satisfying about medical practice?

	Male	Female	All Respondents
Patient relationships	77.7%	80.5%	78.6%
Intellectual stimulation	64.6%	66.7%	65.3%
Interaction with colleagues	21.5%	23.0%	22.0%
Financial rewards	16.2%	13.3%	15.2%
Prestige of medicine	13.1%	10.4%	12.2%
Other	3.8%	3.3%	3.6%

11. In the next one to three years, do you plan to (check all that apply):

	Male	Female	All Respondents
Continue as I am	56.8%	55.6%	56.4%
Cut back on hours	18.3%	18.1%	18.2%
Retire	11.2%	5.9%	9.4%
Seek a non-clinical job within healthcare	9.6%	12.1%	10.4%
Work locum tenens	8.5%	10.2%	9.1%
Cut back on patients seen	8.4%	6.5%	7.8%
Seek employment with a hospital	7.0%	8.0%	7.3%
Switch to a cash/ concierge practice	6.2%	6.2%	6.2%
Work part-time	5.7%	8.0%	6.4%
Other	4.8%	6.4%	5.3%
Close my practice to new patients	2.4%	2.5%	2.4%

12. Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs

	Male	Female	All Respondents
Mostly agree	8.5%	10.5%	9.3%
Somewhat agree	25.0%	33.4%	27.8%
Somewhat disagree	28.5%	29.8%	28.8%
Mostly disagree	38.0%	26.2%	34.1%

13. In your opinion, which factors are most likely to contribute to rising health costs?

	Male	Female	All Respondents
Defensive medicine	59.4%	62.2%	60.3%
Aging population	38.8%	34.4%	37.4%
State and federal insurance mandates	37.5%	34.5%	36.5%
Cost of pharmaceuticals	28.4%	35.4%	30.7%
Advances in technology/treatment	26.0%	20.7%	24.3%
End of life care	20.3%	19.2%	19.9%
Social conditions (poverty, drugs, violence, illegal immigration, etc.)	17.0%	23.0%	19.0%
Absence of free markets	16.9%	11.6%	15.2%
Lack of pricing transparency	16.4%	18.6%	17.2%
Limited patient financial obligations	15.6%	15.7%	15.6%
Fraud	9.5%	9.5%	9.5%
Fee-for-service reimbursement	6.4%	6.9%	6.6%
Other	6.0%	6.6%	6.2%
Price controls on fees and products	4.6%	5.2%	4.8%
Physician fees	1.5%	1.3%	1.4%

14. Do you participate in an Accountable Care Organization (ACO)?

	Male	Female	All Respondents
Yes	26.4%	26.5%	26.4%
No	55.7%	44.8%	52.1%
Unsure	17.9%	28.6%	21.4%

15. Which best describes your feelings about ACOs?

	Male	Female	All Respondents
They are likely to enhance quality/ decrease cost	12.3%	13.4%	12.7%
Quality/cost gains will not justify organizational cost/effort	20.0%	17.5%	19.2%
Unlikely to increase quality/ decrease cost	40.2%	28.4%	36.3%
Unsure about structure or purpose of ACOs	27.5%	40.7%	31.8%

16. Do you participate in any insurance products offered through the state/federal marketplace exchanges?

	Male	Female	All Respondents
Yes	34.6%	30.5%	33.3%
No, and I have no plans to	28.6%	28.5%	28.5%
No, but I am likely to	10.2%	7.7%	9.4%
Not sure	26.6%	33.2%	28.8%

17. Does the state/federal marketplace exchange in your state feature a restricted network of providers?

	Male	Female	All Respondents
Yes	28.2%	24.3%	27.0%
No	10.5%	8.5%	9.7%
Unsure	61.3%	67.2%	63.3%

18. If yes, have you been restricted or excluded from participating in any insurance plan?

	Male	Female	All Respondents
Yes	28.7%	27.9%	28.4%
No	48.2%	47.4%	47.9%
Unsure	23.1%	24.7%	23.6%

19. What is your position on concierge/direct pay medicine?

	Male	Female	All Respondents
I now practice some form of concierge/direct pay medicine	7.2%	7.2%	7.2%
I am planning to transition fully or in part to this model	13.3%	13.3%	13.3%
I have no plans to transition to this model	79.4%	79.6%	79.5%

20. With thousands of new codes to consider, what effect will ICD-10 have on your practice?

	Male	Female	All Respondents
Create a severe administration problem	53.3%	43.6%	50.1%
Improve diagnosis/ quality of care	10.4%	13.2%	11.3%
Unnecessarily complicate coding	75.8%	74.2%	75.3%
Expose physicians to liability/ penalties	40.1%	34.5%	38.3%

21. In order to address the physician shortage, should Congress lift the cap on federal funding and increase residency slots?

	Male	Female	All Respondents
Yes, we need to train more physicians	70.1%	76.6%	72.2%
No, there is no need to train more physicians	29.9%	23.4%	27.8%

22. What overall grade would you give the Affordable Care Act as a vehicle for healthcare reform?

	Male	Female	All Respondents
A	3.5%	4.1%	3.7%
B	19.3%	26.6%	21.7%
C	26.2%	34.2%	28.8%
D	22.8%	17.5%	21.1%
F	28.2%	17.6%	24.7%

23. On average, how many hours do you work per week (include all clinical and non-clinical duties)?

	Male	Female	All Respondents
0-20	3.1%	3.7%	3.4%
21-30	3.6%	6.6%	4.5%
31-40	10.2%	15.8%	12.0%
41-50	22.6%	26.1%	23.7%
51-60	25.8%	20.4%	24.0%
61-70	18.0%	13.3%	16.4%
71-80	10.0%	8.5%	9.5%
81 or more	6.8%	5.8%	6.5%
Average	54.12	50.28	52.83

24. Of these, how many hours do you work each week on NON-CLINICAL (paperwork) duties only?

	Male	Female	All Respondents
0-5	30.9%	29.8%	30.5%
6-10	31.8%	29.3%	31.0%
11-15	14.1%	15.0%	14.4%
16-20	9.8%	11.1%	10.2%
21-25	5.4%	6.6%	5.7%
26 or more	8.1%	8.3%	8.2%
Average	10.42	10.88	10.58

25. On average, how many patients do you see per day (include both office and hospital encounters)?

	Male	Female	All Respondents
0-10	22.9%	21.9%	22.8%
11-20	32.2%	42.1%	35.7%
21-30	24.8%	24.3%	24.6%
31-40	13.6%	7.6%	11.4%
41-50	2.4%	3.5%	2.8%
51-60	2.2%	0.3%	1.4%
61 or more	1.9%	0.3%	1.3%
Average	20.5	18.1%	19.5%

26. Has your professional status changed in the last 12-18 months?

	Male	Female	All Respondents
Yes, from owner/ partner/associate to hospital employed	4.2%	3.3%	3.9%
Yes, from owner/ partner/associate to group employed	3.5%	3.3%	3.4%
Yes, from group or hospital employed to owner/partner/ associate	3.6%	4.4%	3.9%
No, my status has not changed	88.7%	89.0%	88.8%

27. Which of the following best describes your current practice?

	Male	Female	All Respondents
I am overextended and overworked	29.5%	34.7%	31.3%
I am at full capacity	50.4%	48.8%	49.8%
I have time to see more patients and assume more duties	20.1%	16.5%	18.9%

28. What is your current position regarding Medicare and Medicaid patients?

Medicare	Male	Female	All Respondents
See all of these patients	78.9%	70.6%	76.0%
Limit number of these patients	10.4%	12.5%	11.2%
Do not see these patients	10.7%	16.9%	12.8%

Medicaid	Male	Female	All Respondent
See all of these patients	61.8%	63.6%	61.9%
Limit number of these patients	20.1%	19.7%	20.0%
Do not see these patients	18.1%	18.1%	18.1%

29. What percent of your patients fall into the following categories?

	Male	Female	All Respondents
Medicare	31.1%	23.9%	28.9%
Medicaid	18.7%	24.2%	20.4%
Commercial insurance/ Private pay	37.6%	39.1%	38.1%
Self-pay/Cash	8.5%	8.7%	8.6%
Other	4.0%	4.1%	4.8%

30. Has your practice implemented Electronic Medical Records?

	Male	Female	All Respondents
Yes	84.3%	88.4%	85.2%
No	15.7%	11.6%	14.8%

31. If yes, how has EMR affected your practice?

	Male	Female	All Respondents
Improved quality of care	29.9%	36.3%	32.1%
Detracted from quality of care	25.7%	20.9%	24.1%
Improved efficiency	22.5%	27.9%	24.3%
Detracted from efficiency	48.1%	41.4%	45.8%
Improved patient interaction	4.3%	5.1%	4.6%
Detracted from patient interaction	47.8%	45.7%	47.1%
Has had little to no impact on the above	8.0%	6.8%	7.6%

32. Do you have significant concerns that EMR poses a risk to patient privacy?

	Male	Female	All Respondents
Yes	52.7%	46.1%	50.5%
No	47.3%	53.9%	49.5%

33. Which best describes your current level of clinical autonomy/ability to make the best decisions for your patients?

	Male	Female	All Respondents
No limitations, I am free to make decisions I think are best	31.3%	30.3%	31.0%
Some limitations, my decisions are sometimes compromised	52.4%	57.0%	53.9%
Many limitations, my decisions often are compromised	16.3%	12.7%	15.1%

D. RESPONSES BY PRIMARY CARE VS. SPECIALIST PHYSICIANS

1. What is your medical specialty?

Primary Care:	PC	Specialists	All Respondents
Family Practice	39.2%	0.0%	14.6%
General Internal Medicine	32.5%	0.0%	12.0%
Pediatrics	28.4%	0.0%	10.6%
Total	100%	0.0%	37.2%

Surgical/Medical/ Other:	PC	Specialists	All Respondents
Surgical Specialty	0.0%	21.8%	13.5%
Medical Specialty	0.0%	62.1%	33.5%
Ob/Gyn	0.0%	10.0%	6.2%
General Surgery	0.0%	6.1%	3.8%
Other	0.0%	0.0%	5.7%
Total	0.0%	100%	62.8%

2. What is your current professional status?

	PC	Specialists	All Respondents
Practice owner/ partner/ associate	29.8%	37.4%	34.6%
Employed by a hospital	31.1%	30.4%	30.5%
Employed by a medical group	27.1%	19.5%	22.4%
Other	12.0%	12.7%	12.5%

3. What is your gender?

	PC	Specialists	All Respondents
Male	57.7%	72.6%	66.7%
Female	42.3%	27.4%	33.3%

4. Are you a member of your:

	PC	Specialists	All Respondents
County medical society	38.0%	42.9%	40.8%
State medical society	62.8%	62.2%	62.3%
National specialty society	69.8%	85.1%	79.7%
American Medical Association	26.8%	25.6%	25.9%
American Osteopathic Association	9.8%	5.9%	7.3%

5. Which best describes your morale and your feelings about the current state of the medical profession?

	PC	Specialists	All Respondents
Very positive	10.2%	7.8%	8.8%
Somewhat positive	40.0%	32.9%	35.6%
Somewhat negative	34.9%	38.5%	37.1%
Very negative	14.9%	20.8%	18.5%

6. Which best describes how you feel about the future of the medical profession?

	PC	Specialists	All Respondents
Very positive	10.2%	9.4%	10.2%
Somewhat positive	38.7%	38.0%	38.7%
Somewhat negative	39.5%	39.8%	39.5%
Very negative	11.6%	12.9%	11.6%

7. If you had your career to do over, would you choose to be a physician?

	PC	Specialists	All Respondents
Yes, medicine is still rewarding	74.2%	69.8%	71.3%
No, the negatives outweigh the positives	25.8%	30.2%	28.7%

8. Would you recommend medicine as a career to your children or other young people?

	PC	Specialists	All Respondents
Yes	53.8%	47.4%	49.8%
No	46.2%	52.6%	50.2%

9. Medicine and healthcare are changing in such a way that:

	PC	Specialists	All Respondents
I will accelerate my retirement plans	36.2%	40.1%	38.7%
I will defer my retirement plans	18.0%	19.1%	18.6%
I will not change my retirement plans	45.8%	40.8%	42.7%

10. What two factors do you find MOST satisfying about medical practice?

	PC	Specialists	All Respondents
Patient relationships	85.0%	76.0%	78.6%
Intellectual stimulation	64.1%	66.1%	65.3%
Interaction with colleagues	19.0%	23.3%	22.0%
Prestige of medicine	13.2%	11.6%	12.2%
Financial rewards	12.9%	16.2%	15.2%
Other	3.0%	4.1%	3.6%

11. In the next one to three years, do you plan to (check all that apply):

	PC	Specialists	All Respondents
Continue as I am	55.5%	56.7%	56.4%
Cut back on hours	17.9%	18.2%	18.2%
Seek a non-clinical job within healthcare	11.3%	10.0%	10.4%
Work locum tenens	9.0%	9.1%	9.1%
Retire	8.4%	10.0%	9.4%
Cut back on patients seen	8.2%	7.7%	7.8%
Switch to a cash/ concierge practice	7.3%	5.6%	6.2%
Work part-time	7.0%	5.9%	6.4%
Seek employment with a hospital	6.9%	7.7%	7.3%
Other	5.2%	5.3%	5.3%
Close my practice to new patients	4.0%	1.6%	2.4%

12. Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs

	PC	Specialists	All Respondents
Mostly agree	11.0%	8.4%	9.3%
Somewhat agree	31.2%	25.7%	27.8%
Somewhat disagree	28.6%	28.5%	28.8%
Mostly disagree	29.3%	37.3%	34.1%

13. In your opinion, which factors are most likely to contribute to rising health costs?

	PC	Specialists	All
Defensive medicine	59.9%	60.7%	60.3%
Aging population	36.8%	37.7%	37.4%
State and federal insurance mandates	36.5%	36.4%	36.5%
Cost of pharmaceuticals	32.2%	30.0%	30.7%
Advances in technology/ treatment	23.0%	25.1%	24.3%
Social conditions (poverty, drugs, violence, illegal immigration, etc.)	19.6%	18.3%	19.0%
Lack of pricing transparency	18.3%	16.7%	17.2%
Limited patient financial obligations	16.6%	15.2%	15.6%
End of life care	16.5%	21.8%	19.9%
Absence of free markets	13.9%	16.1%	15.2%
Fraud	10.2%	8.8%	9.5%
Fee-for-service reimbursement	7.9%	5.8%	6.6%
Other	5.7%	6.6%	6.2%
Price controls on fees and products	5.0%	4.7%	4.8%
Physician fees	1.7%	1.2%	1.4%

14. Do you participate in an Accountable Care Organization (ACO)?

	PC	Specialists	All Respondents
Yes	31.5%	23.5%	26.4%
No	47.2%	54.7%	52.1%
Unsure	21.3%	21.8%	21.5%

15. Which best describes your feelings about ACOs?

	PC	Specialists	All Respondents
They are likely to enhance quality/ decrease cost	16.1%	10.8%	12.7%
Quality/cost gains will not justify organizational cost/effort	20.6%	18.8%	19.2%
Unlikely to increase quality/ decrease cost	32.5%	38.4%	36.3%
Unsure about structure or purpose of ACOs	30.8%	32.0%	31.8%

16. Do you participate in any insurance products offered through the state/federal marketplace exchanges?

	PC	Specialists	All Respondents
Yes	38.1%	31.1%	33.3%
No, and I have no plans to	26.4%	29.3%	28.5%
No, but I am likely to	9.1%	9.6%	9.4%
Not sure	26.4%	30.0%	28.8%

17. Does the state/federal marketplace exchange in your state feature a restricted network of providers?

	PC	Specialists	All Respondents
Yes	27.0%	27.0%	27.0%
No	10.7%	9.5%	9.7%
Unsure	62.3%	63.5%	63.3%

18. If yes, have you been restricted or excluded from participating in any insurance plan?

	PC	Specialists	All Respondents
Yes	30.2%	27.7%	28.4%
No	48.4%	47.5%	47.9%
Unsure	21.4%	24.8%	23.6%

19. What is your position on concierge/direct pay medicine?

	PC	Specialists	All Respondents
I now practice some form of concierge/ direct pay medicine	6.0%	7.8%	7.2%
I am planning to transition fully or in part to this model	14.8%	12.5%	13.3%
I have no plans to transition to this model	79.2%	79.7%	79.5%

20. With thousands of new codes to consider, what effect will ICD-10 have on your practice?

	PC	Specialists	All Respondents
Create a severe administration problem	49.5%	51.6%	50.1%
Improve diagnosis/ quality of care	12.5%	10.3%	11.3%
Unnecessarily complicate coding	75.0%	75.8%	75.3%
Expose physicians to liability/ penalties	35.3%	40.5%	38.3%

21. In order to address the physician shortage, should Congress lift the cap on federal funding and increase residency slots?

	PC	Specialists	All Respondents
Yes, we need to train more physicians	77.5%	69.3%	72.2%
No, there is no need to train more physicians	22.5%	30.7%	27.8%

22. What overall grade would you give the Affordable Care Act as a vehicle for healthcare reform?

	PC	Specialists	All Respondents
A	4.4%	3.1%	3.7%
B	26.5%	19.3%	21.7%
C	29.9%	28.1%	28.8%
D	18.7%	22.5%	21.1%
F	20.5%	26.9%	24.7%

23. On average, how many hours do you work per week (include all clinical and non-clinical duties)?

	PC	Specialists	All Respondents
0-20	3.0%	3.3%	3.3%
21-30	5.1%	4.0%	4.5%
31-40	13.6%	10.7%	12.0%
41-50	26.0%	21.9%	23.7%
51-60	23.5%	24.5%	24.0%
61-70	14.4%	18.1%	16.4%
71-80	8.6%	10.2%	9.5%
81 or more	5.8%	7.3%	6.5%
Average	51.70	54.03	52.83

24. Of these, how many hours do you work each week on NON-CLINICAL (paperwork) duties only?

	PC	Specialists	All Respondents
0-5	26.5%	32.0%	30.5%
6-10	31.1%	31.1%	31.0%
11-15	15.2%	14.2%	14.4%
16-20	11.0%	9.9%	10.2%
21-25	6.3%	5.6%	5.7%
26 or more	9.9%	7.2%	8.2%
Average	11.33	10.22	10.58

25. On average, how many patients do you see per day (include both office and hospital encounters)?

	PC	Specialists	All Respondents
0-10	20.9%	23.5%	22.8%
11-20	40.8%	33.2%	35.7%
21-30	22.9%	25.5%	24.6%
31-40	10.9%	11.5%	11.4%
41-50	2.7%	2.9%	2.8%
51-60	1.1%	1.4%	1.4%
61 or more	0.7%	2.0%	1.3%
Average	19.1%	19.9%	19.5%

26. Has your professional status changed in the last 12-18 months?

	PC	Specialists	All Respondents
Yes, from owner/ partner/associate to hospital employed	3.0%	4.6%	3.9%
Yes, from owner/ partner/associate to group employed	3.5%	3.4%	3.4%
Yes, from group or hospital employed to owner/partner/ associate	3.5%	3.9%	3.9%
No, my status has not changed	90.0%	88.1%	88.8%

27. Which of the following best describes your current practice?

	PC	Specialists	All Respondents
I am overextended and overworked	34.8%	29.4%	31.2%
I am at full capacity	48.8%	50.2%	49.8%
I have time to see more patients and assume more duties	16.4%	20.4%	18.9%

28. What is your current position regarding Medicare and Medicaid patients?

Medicare	PC	Specialists	All Respondents
See all of these patients	65.9%	83.7%	76.0%
Limit number of these patients	12.9%	10.3%	11.2%
Do not see these patients	21.2%	8.4%	12.8%

Medicaid	PC	Specialists	All Respondent
See all of these patients	59.0%	64.6%	61.9%
Limit number of these patients	22.5%	18.0%	20.0%
Do not see these patients	18.5%	17.4%	18.1%

29. What percent of your patients fall into the following categories?

	PC	Specialists	All Respondents
Medicare	22.3%	33.4%	28.9%
Medicaid	28.3%	16.8%	20.4%
Commercial insurance/ Private pay	40.4%	35.8%	38.1%
Self-pay/Cash	6.5%	9.1%	8.6%
Other	2.5	4.9%	4.8%

30. Has your practice implemented Electronic Medical Records?

	PC	Specialists	All Respondents
Yes	88.1%	84.2%	85.2%
No	11.9%	15.8%	14.8%

31. If yes, how has EMR affected your practice?

	PC	Specialists	All Respondents
Improved quality of care	38.3%	28.6%	32.1%
Detracted from quality of care	22.3%	25.4%	24.1%
Improved efficiency	25.3%	23.4%	24.3%
Detracted from efficiency	46.5%	45.0%	45.8%
Improved patient interaction	5.6%	3.9%	4.6%
Detracted from patient interaction	50.3%	45.8%	47.1%
Has had little to no impact on the above	5.1%	9.0%	7.6%

32. Do you have significant concerns that EMR poses a risk to patient privacy?

	PC	Specialists	All Respondents
Yes	48.8%	51.3%	50.5%
No	51.2%	48.7%	49.5%

33. Which best describes your current level of clinical autonomy/ability to make the best decisions for your patients?

	PC	Specialists	All Respondents
No limitations, I am free to make decisions I think are best	29.9%	31.4%	31.0%
Some limitations, my decisions are sometimes compromised	53.8%	54.3%	53.9%
Many limitations, my decisions often are compromised	16.3%	14.3%	15.1%

2014 Survey of America's Physicians: Trends And Analysis

OVERVIEW:

America's physicians, once a demographically homogenous group, have become more diverse in recent years, as has the general population. Demographic changes in the physician workforce have been concurrent with changes in physician practice models, which have evolved from traditional full-time private practice to a multifarious range of practice styles. These include employment by hospitals and other entities, part-time practice, inpatient only practice, locum tenens, concierge and others.

Practice settings also have evolved, away from the traditional small private office to multi-hospital systems, consolidated medical groups, integrated entities such as ACOs, urgent care centers, free standing surgery centers, Federally Qualified Health Centers (FQHCs), retail clinics, free-standing emergency departments and a variety of others.

In addition, traditional physician payment models, once predominantly fee-for-service and volume-based, are moving toward models that attempt to reward performance and value.

The Physicians Foundation seeks to take the pulse of the nation's physician workforce during this period of unprecedented change through a widely distributed survey that was sent by email to over 80% of active patient care physicians in the United States, allowing the majority of physicians the opportunity to participate. Over 20,000 physicians elected to do so, providing a sufficient sample size to achieve a less than 1% error rate, as determined by experts in survey research methodology at the University of Tennessee.

Through its large sample size, the survey provides an overview of physician morale levels, practice plans, practice perspectives and related information on a national level. However, because physicians are not a monolithic group, the survey also examines these data points by distinct and often contrasting physician subsets, including older physicians, younger physicians, males, females, practice owners, employed physicians, primary care physicians and specialists.

Following is an analysis of the trends revealed by the survey, examining who responded, how various physician groups vary in their opinions, and what implications the survey holds for healthcare professionals, policy makers and the public.

The analysis begins with a look at who responded to the survey.

PART I: DESCRIPTION OF SURVEY RESPONDENTS: OLD GUARD VS. NEW GUARD

Responses received to the *2014 Survey of America's Physicians* reflect with a relatively high degree of accuracy the composition of physicians as a whole in the United States, with some moderate but potentially significant variations.

Geographic Distribution

Responses were received from physicians in all 50 states, the District of Columbia, and Puerto Rico. In 34 of the 52 geographic areas, responses to the survey were roughly commensurate to the number of physicians in these locations on a per capita basis. In 11 of the geographic areas, responses to the survey exceeded physicians in these locations on a per capita basis, with the highest per capita responses coming from Arkansas, Wyoming, Minnesota, Rhode Island and New Jersey. In seven of the geographic areas, responses to the survey were fewer than physicians in these locations on a per capita basis, with the fewest per capita responses coming from Idaho, Alaska, Florida, California, Montana, Hawaii and Maine. Texas generated the most numerical responses of any state, followed by New York, California, Illinois, and Florida, while Wyoming had the fewest numerical responses, followed by Alaska, South Dakota, Vermont and Montana, North Dakota and Idaho. The survey shows a wide variety of geographic responses representing physicians in all 50 states with some overrepresentation and underrepresentation mostly in states with a relatively small population of physicians.

In general, there is a reasonably close geographical correspondence between survey respondents and the overall physician population.

Primary Care and Specialties

Just over 37% of physicians responding to the survey identified themselves as being in one of three primary care areas: family medicine (14.6% of respondents), general internal medicine (12% of respondents) and pediatrics (10.6% of respondents). By contrast, in 2012, only 34.8% of survey responses came from primary care physicians.

Approximately 33% of all physicians practice in one of these three primary care areas, indicating that the 2014 survey is somewhat weighted toward primary care physicians relative to all physicians and relative to responses to the 2012 survey. This is an important consideration in that primary care physicians tend to exhibit a more positive perspective than do specialists (see Parts II, III, and IV below). The marginally higher participation of primary care physicians in the 2014 survey relative to the 2012 survey may be one reason attitudes reflected in the 2014 survey are generally more positive than those reflected in the 2012 survey. It should be noted that the 2008 survey was heavily weighted toward primary care physicians and is only occasionally alluded to in this analysis.

In addition, primary care physicians represent to some extent the "changing of the guard" among physicians referenced earlier in this report. While for much of the last 30 years interest in primary care among medical school graduates has steadily declined, that trend has recently abated. Medical school

graduates matching to family medicine residencies grew for the fifth consecutive year in 2014, and family medicine achieved a 96% residency fill rate *(American Academy of Family Practice News, March 21, 2014)*. In 2013, primary care residencies gained 1,502 more residency positions than in 2012 with a total of 11,762 applicants matched to primary care residencies *(USA Today, March 15, 2013)*.

As healthcare moves toward more team-based, preventive delivery models structured to care for large population groups (such as ACOs and other integrated delivery systems), a higher premium will be placed on primary care physicians as care coordinators, system gatekeepers and quality and cost managers. The ACA included only modest provisions to increase physician supply (see The Physicians Foundations' white paper *Health Reform and the Decline of Physician Private Practice, October, 2010*) but did provide for redistribution of unused Medicare-funded residency slots to facilities that agree to train more primary care physicians, potentially increasing the number of primary care doctors entering the workforce by several hundred per year.

The ACA also raised Medicare reimbursement for many primary care physicians who have seen their incomes rise in recent years (see Medical Group Management Association *2014 Physician Compensation and Production Survey, Merritt Hawkins 2014 Review of Physician Recruiting Incentives*). Emerging delivery models promoted by the ACA, including the patient centered medical home, will allow primary care physicians to further boost their incomes by coordinating care, implementing preventive care, and reaching quality goals *(Will Health Reform Bring New Role, Respect to Primary Care Physicians? Jay Hancock. Kaiser Health News. July 10, 2014)*.

This is not to suggest the supply crisis in primary care is over. Only about 50% of family medicine residency positions are filled by U.S. medical graduates and most medical graduates selecting internal medicine residencies go on to specialize. The Association of American Medical Colleges (AAMC) projects a shortfall of 65,000 primary care physicians by 2025 as demand for primary care will continue to outstrip supply.

However, increased medical graduate interest in primary care does indicate where the healthcare system is headed and underscores the relative rise in importance and influence of primary care doctors, who are the targets of aggressive recruiting across the country and are in greater demand than any other type of physicians. This trend is reflected in the type of physician recruiting assignments Merritt Hawkins has been contracted to complete over the last several years (see the following chart).

Merritt Hawkins Top 5 Recruiting Assignments, 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014
1	Family Medicine	Family Medicine	Family Medicine	Family Medicine	Family Medicine	Family Medicine	Family Medicine	Family Medicine
2	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine
3	Hospitalist	Hospitalist	Hospitalist	Psychiatry	Hospitalist	Psychiatry	Hospitalist	Hospitalist
4	Radiology	Obstetrics/ Gynecology	General Surgery	Hospitalist	Psychiatry	Hospitalist	Psychiatry	Psychiatry
5	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery	Emergency Medicine	Orthopedic Surgery	General Surgery	Emergency Medicine	Nurse Practitioner

As the numbers above indicate, primary care doctors (family physicians and internists) have been Merritt Hawkins' first and second most requested type of physician for eight consecutive years.

The remaining 63% of survey respondents indicated they practice in medical or surgical specialties, roughly equivalent to the 67% of physicians who are medical or surgical specialists in the general physician population. Specialists also remain in demand and will be in short supply as the AAMC projects a shortfall 65,000 specialists by 2025. Nevertheless, the arc of change in healthcare is bending away from specialists, whose reimbursement has been reduced in many instances by Medicare and other payers in recent years (and whose services are intended to be limited by integrated systems using global payment models, medical homes, and other mechanisms) and toward primary care physicians.

Whether this will be a permanent reversal of fortune is debatable, because an aging population and technological innovation will continue to drive the need for specialists. However, it is the prevailing trend on the ground today.

The increased participation of primary care physicians in the 2014 survey and their relatively positive perspective compared to specialists reflects this shift from a medical profession that once was largely driven by specialty doctors to one in which primary care physicians are experiencing rising influence

Gender

Approximately 67% of respondents to the 2014 survey were male, which is virtually the same percent of physicians in the general physician population who are male. Correspondingly, 33% of survey respondents were female, the same percent of physicians in the general population who are female. By contrast, in the 2012 survey, 74% of responses came from male physicians and only 26% came from female physicians.

As primary care physicians tend to be more positive in their perspectives than specialists, female physicians tend to be more positive

in their perspectives than male physicians (see Parts II, III, and IV below), and they also represent a changing of the guard in medicine. In 1981, women comprised only 12% of all doctors. The number of female physicians has increased by 400% since then, while overall the physician population has increased by only 35% *(Medical Marketing Systems/AMA Physician Master File)*.

The direction medicine is headed is made clear when it is considered that approximately 50% of medical students are female and that women are particularly prevalent in primary care, the area of medicine that is gaining influence (see chart below).

Percent of Residents Who are Female In Select Specialties:

Family Medicine	Internal Medicine	Pediatrics	OBGYN
54%	44%	73%	82%

The increased participation of female physicians in the 2014 survey mirrors their increased prevalence in medicine and also may accountant for the somewhat more positive perspective of physicians responding to the 2014 survey compared to 2012 survey respondents.

Older and Younger Physicians

Like the general population, the physician population is aging. Doctors 55 or older now comprise 42% of the physician workforce (or approximately 336,000 physicians). Nevertheless, the age of survey respondents in 2014 skewed younger than in 2012. The average age of survey respondents in 2014 was 50, compared to 54 in 2012, even though the overall physician population aged slightly in the intervening two years. About 12% of 2014 survey respondents are 35 years old or younger, compared to 6.1% of the general physician population who fall in that age range. In the 2012 survey, older physicians were somewhat overrepresented. The opposite is true of the 2014 survey.

Medicine soon will be faced with a wave of physician retirements as baby boom doctors begin to exit the field. The AAMC projects the physician deficit will spike from some 91,000 physicians in 2020 to 131,000 physicians in 2025 largely for this reason.

The younger physicians who take their place are likely to have different attitudes toward medicine and the healthcare system as a whole, and, in fact, both the 2012 and 2014 surveys indicate they have a relatively more positive perspective than do older physicians. The moderate overrepresentation of younger physicians in the 2014 survey offers a further indication of the changing of the guard in medicine and its implications.

Practice Status — Independent Versus Employed.

Perhaps the biggest change in survey respondents in 2014 relative to 2012 was in the category of practice status. In 2012, 48.5% of respondents identified themselves as practice owners or partners. In 2008, 62% did so. By contrast, in 2014, only about 35% said that they are practice owners or partners. In 2012, 44% of respondents indicated they

were employed by a hospital or a medical group. In 2014, that number increased to 53%. The remaining 12% said they were in some other type of practice status.

How the practice status of 2014 survey respondents compares to the overall physician population is hard to determine because physician practice patterns are changing rapidly. The consulting firm Accenture estimated in 2012 that 57% of all physicians are employed by a hospital, medical group or other entity *(Accenture. Clinical Transformation: New Business Models For a New Era in Healthcare, September, 2012)*.

However, data generated by the AMA through its *2012 Physician Practice Benchmark Survey* indicate that the majority of physicians (53%) remain in private practice, while 47% are employed, with significant variations among specialties (see chart following)

Independent Physicians By Specialty

Surgical subspecialties	71.9%
Anesthesiology	68.7%
Radiology	63.6%
Internal Medicine subspecialties	61.5%
Obstetrics/Gynecology	55.8%
Other	55.5%
Internal medicine	46%
Surgery	45.6%
Psychiatry	41.2%
Family Medicine	39.8%
Emergency Medicine	38.4%
Pediatrics	37.3%

Source: American Medical Association 2012 Practice Benchmark Survey

Regardless of which source is used, it is clear that the employed model is making large and swift inroads into private practice. This is particularly apparent among newly hired physicians. In its *2014 Review of Physician and Advanced Practitioner Recruiting Incentives*, Merritt Hawkins found that over 90% of newly hired physicians are joining practice settings that feature employment by a hospital, medical group, FQHC, academic medical center, or other entity. Less than ten percent of newly hired doctors are joining solo practices, partnerships or other settings that feature independent private practice, down from over 45% in 2004.

It also is apparent that younger physicians, female physicians and primary care physicians are more likely to be employed than are older physicians, male physicians and specialists (see chart below).

Employed Physicians by Type:

45 or <	65.7%
46 or >	25.7%
Female	58.5%
Male	50.1%
PC	58.2%
Specialist	49.9%

The increased participation of employed physicians in the 2014 survey further reflects shifts in the physician workforce, and may account for the more positive perspective of physicians responding to the 2014 survey, as employed physicians tend to be more upbeat in their attitudes than practice owners (see Parts II, III and IV).

Practice Size

As referenced earlier, the healthcare system is experiencing a period of consolidation in which large integrated systems are forming in order to treat major population groups in capitated reimbursement structures. According to a report by Irving Levin Associates *(2012 Healthcare Acquisitions Report)* there were 94 hospital mergers in 2012, compared to only 38 in 2003. Physicians also are seeking strength in numbers by joining hospitals or larger, consolidated medical groups, a trend reflected among 2014 survey respondents.

In 2014, only 17% of survey respondents said they were in solo practices, compared to 25% in 2012. Over 28% of 2014 survey respondents said they belong to groups of 51 or more, while the AMA's Practice Benchmark Survey indicates only 12% of all doctors are in large groups of this size (not including hospital employees). In general, a higher percent of 2014 survey respondents indicated they are in medium to large groups than AMA numbers suggest is true of the entire physician population. However, AMA data are two years old and the situation on the ground is changing rapidly. Responses to the 2014 Survey reflect the direction medicine is taking toward increasingly large medical groups.

Association Membership

Physicians have a variety of professional groups to choose from whose intent is to promote education and best practices and to advocate for member interests.

The 2014 survey indicates doctors most frequently join their national specialty society and their state medical society. Close to 80% of 2014 survey respondents said they are members of their national specialty society, up from 70% in 2012. Over 62% indicated they are members of their state medical society, down slightly from 64% in 2012. About 41% said they are members of their county medical society, down from 50% in 2012, while those claiming membership in the AMA rose slightly from 24.5% in 2012 to 26% in 2014.

Younger physicians appear to be less apt to join county and state medical societies than are older physicians (see chart below).

Medical Society Members

	45 or <	46 or >
County medical society	28.2%	48%
State medical society	56.7%	65.5%
National specialty society	77.4%	81%
American Medical Assn.	29.4%	23.8%
American Osteopathic Assn.	8.5%	6.6%

As suggested above, physicians are no longer a homogenous, monolithic group, and this is reflected in their choice of medical societies. In the early 1950s, about 75% of physicians were members of the AMA *(Canadian Medical Association Journal, August 9, 2011)*. Today, fewer than 25% are AMA members.

Respondents to the 2014 survey reflect how physicians now gravitate toward specialty or regional medical associations rather than national general interest and advocacy associations.

Part I: Conclusion

Through increased participation of primary care physicians, employed physicians, female physicians and younger physicians, The *Physicians Foundations' 2014 Survey of America's Physicians* reflects the shifting dynamics of the medical profession — a changing of the guard. Changes in physician demographics and practice status may account for the generally more positive perspective exhibited by physicians in the 2014 survey relative to 2012.

PART II: PHYSICIAN MORALE: A RELATIVE CHANGE FOR THE BETTER

In the Description of Survey Respondents above it was noted that physicians responding to the 2014 survey were more positive in their perspectives than physicians responding to the 2012 survey. It should be stressed that these positive feelings are only relative and not absolute. While the 2014 survey shows what may be an incipient change in physician attitudes for the better, many physicians today continue to express a low level of morale and significant misgivings about the state of their profession and the healthcare system.

Responses to several survey questions illustrate this point, including the following:

Which Best Describes Your Professional Morale and Your Feelings About the Current State of the Medical Profession?

	2014	2012
Somewhat or very positive	44.4%	31.8%

While the percent of respondents indicating positive feelings about the medical profession increased significantly in 2014 relative to 2012, the majority of physicians (55.6%) continue to describe their morale as somewhat to very negative.

However, as with many questions in the survey, responses vary based on physician type, as illustrated below:

Professional Morale By Physician Type

	Very/ somewhat positive	Very/ somewhat negative
45 or <	54.2%	45.8%
46 or >	38.9%	61.1%
male	42.4%	57.6%
female	48.6%	51.4%
employed	50.5%	49.5%
owner	33.1%	66.9%
PC	50.2%	49.8%
specialists	40.7%	59.3%

Responses to this question clearly show that each subgroup representing the new guard of medicine, including younger physicians, female physicians, employed physicians, and primary care physicians, expressed considerably higher levels of professional morale than did old guard physicians, including those over 45, male physicians, practice owners and specialists. This gap is apparent among employed physicians, 50.6% of whom described their morale as very or somewhat positive, and practice owners, only 33.1% of whom described their morale as very or somewhat positive. Similarly, 50.2% of primary care physicians described their morale as very or somewhat

positive compared to only 40.7% of specialists. And the majority of physicians 45 or younger (54.3%), who represent the future of medicine, described their morale as very or somewhat positive, compared to only 38.9% of physicians 46 or older.

This pattern is apparent in other questions reflecting physician morale, including the following:

Which Best Describes How You Feel About the Future Of the Medical Profession?

	2014	2012
Very/somewhat positive and optimistic	48.9%	22.6%

Though this data point is based on a supplementary survey sample size and is likely to include a wider margin of error than the overall survey, the divergence of opinion expressed by physicians in 2014 relative to 2012 is readily apparent. It is clear physicians surveyed in 2014 are considerably more positive and optimistic about the future of the medical profession than those surveyed in 2012, though it should be noted that the majority of physicians surveyed in 2014 (51.1%) indicated they are very or somewhat negative and pessimistic about the future of the medical profession.

Younger physicians, female physicians, employed physicians and primary care physicians are more optimistic about the future of the medical profession than are older physicians, male physicians, practice owners and specialists (see following chart).

Future of the Medical Profession by Physician Type:

	Very/somewhat positive and optimistic
45 or <	55%
46 or >	45.8%
male	45.8%
female	55.0%
employed	53.2%
owner	40.0%
PC	52.7%
specialists	47.4%

The relatively positive feelings expressed by younger physicians may be in part a result of the fact that most doctors under the age of 45 entered the profession when changes to physician practice structures and reimbursement already were underway. Many have always been employed and have no basis for comparing the employed practice model to the independent model.

A further question reflecting on physician morale is whether or not doctors would recommend medicine as a career to others (see below).

Would You Recommend Medicine As a Career to Your Children Or Other Young People?

	2014	2012	2008
Yes	49.8%	42.1%	40.19%
No	50.2%	57.9%	59.81%

While more physicians in 2014 indicated they would recommend medicine as a career to their children and to other young people than did so in 2014, virtually half of all

doctors would not do so, suggesting that professional dissatisfaction and pessimism among doctors remains rife.

However, physicians also differed somewhat on this question based on type, (see below).

Would Recommend Medicine By Physician Type

	Yes	No
45 or <	51.1%	48.6%
46 or >	49.2%	50.8%
male	49.8%	50.2%
female	49.9%	50.1%
employed	53.5%	53.5%
owner	42.3%	42.3%
PC	53.8%	46.2%
specialists	47.4%	52.6%

While there was virtually no difference of opinion among male and female doctors on this question, and little difference between younger and older doctors, there was considerable divergence between employed physicians and practice owners and between primary care physicians and specialists. Only 42.3% of practice owners would recommend medicine as a career to their children, compared to 53.5% of employed physicians, and only 47.4% of specialists would recommend medicine as a career compared to 53.8% of primary care physicians.

As referenced above, primary care physicians are experiencing increases in incomes and influence while many specialist physicians are seeing their incomes and influence eroded. This divergence is likely the main reason for the consistently more upbeat opinions expressed by primary care doctors relative to specialists in both the 2014 and 2012 surveys.

Similarly, private practice owners may feel they are in a less advantageous position than physicians employed by hospitals, medical groups and other entities. Practice owners must deal with the stress of running a business, including the struggle to secure reimbursement, while employed physicians are free of the responsibilities of business ownership and receive base salaries that typically are not contingent on collections. In addition, government regulations and changes to Medicare reimbursement are pushing various service lines toward hospitals and away from physician offices, to the detriment of private practice owners.

The question below also reflects on current level of physician morale.

If You Had Your Career To Do Over, Would You Choose to be a Physician?

	2014	2012
Yes	71.3%	66.5
No	28.7%	33.5%

Responses to this question are consistent with the pattern referenced above. More physicians indicated a positive attitude toward their profession in 2014 than did so in 2012 by responding that they would choose medicine if they had their careers to do over. Nevertheless, a significant number of physicians (close to 30%) indicated they feel they made the wrong career choice and would not choose medicine if they had it to do over.

Responses to this question also differed by physician type (see next page).

Career to Do Over by Physician Type

	Yes, a physician	No, not a physician
45 or <	71.5%	28.5%
46 or >	71.3%	28.7%
male	70.8%	29.2%
female	72.4%	27.6%
employed	73.6%	26.4%
owner	67.5%	32.5%
PC	74.2%	25.8%
specialists	69.8%	30.2%

Again, there was relatively little difference on this question among older and younger doctors and male and female doctors, but significant difference between employed physicians and practice owners and between primary doctors and specialists. While 73.6% of employed physicians said they would choose to be a physician again, only 67.5% of practice owners did so. Over 74% of primary physicians said they would choose to be a physician again, compared to 69.8% of specialists.

Clinical Autonomy and Causes of Physician Satisfaction

Though attitudes appear to be changing, why do so many physicians continue to express low levels of morale and question their choice of a career? Causes of physician dissatisfaction were explored in some detail in *The Physicians Foundations' 2012 Survey of America's Physicians* and have been elucidated in other physician surveys. Prominent among these causes are high levels of government regulation, the pressures imposed by potential malpractice liability, the struggle for reimbursement, the uncertainty caused by health reform, lack of personal time and the erosion of clinical autonomy.

Rather than belabor these issues, The Physicians Foundation chose in 2014 to focus on just one factor driving physician dissatisfaction — lack of clinical autonomy — as this issue has explicit bearing on quality of patient care. Physicians were asked the following:

Which Best Describes Your Current Level Of Clinical Autonomy/Ability to Make The Best Decisions for Your Patients?

No limitations, I am free to make decisions I think are best	31.0%
Some or many limitations, my decisions are sometimes or often compromised	69.0 %

As these responses indicate, less than one-third of physicians said they are free to make the best decisions for their patients, while 69% said their medical decisions are sometimes or often compromised.Responses to this question vary only marginally among various physician types (see below):

Lack of Clinical Autonomy By Physician Type

	Decisions sometimes/ Often compromised
45 or <	68.9%
46 or >	69.1%
male	68.7%
female	69.7%
employed	68.2%
owner	70.6%
PC	70.1%
specialists	68.6%

What may be most notable about responses to this question is that employed physicians indicated their clinical autonomy is slightly less limited than practice owners, by a margin of 68.2% to 70.6%. This contradicts the widely perceived notion that physicians sacrifice their clinical autonomy to become employees in exchange for security, while practice owners sacrifice security to preserve clinical autonomy. In fact, the survey suggests that many employed physicians and practice owners feel their clinical autonomy is limited, in close to equal numbers. This may in part be a result of more robust clinical analytics than existed in the past, which, by outlining treatment protocols for various medical conditions, have taken some of the subjectivity out of medicine.

The general feeling among physicians that their clinical decision making is limited and compromised conflicts directly with the aspect of medical practice that provides them with their greatest professional satisfaction — patient relationships. As in the 2012 and 2008 surveys, physicians in 2014 rated patient relationships as the most satisfying element of medical practice (see below):

What Two Factors Do You Find Most Satisfying About Medical Practice?

Patient relationships	78.6%
Intellectual stimulation	65.3%
Interaction with colleagues	22.0%
Financial rewards	15.2%
Prestige of medicine	12.2%

As these responses suggest, physicians rate patient relationships considerably higher as a cause of professional satisfaction than any other factor, including financial rewards, which were cited as a factor by only about 15% of physicians. When the quality of patient relationships declines, either through lack of clinical autonomy, liability concerns, a continuing struggle for reimbursement, lack of patient face-time, and other factors, physicians become demoralized. Perhaps the primary reason why many physicians continue to exhibit low morale is the erosion of the physician/patient relationship.

As with other survey questions, responses to this question vary by physician type (see chart on bottom of next page).

Notable among these responses is the high rating primary care physicians give to patient relationships as a source of satisfaction relative to specialists. Because primary care physicians follow patients over time, in contrast to specialists, whose patient encounters often are episodic, they may receive more emotional rewards from medicine than specialists, another reason for their relatively more positive perspectives. Also notable is the high rating practice owners give patient relationships relative to employed physicians. Due to a sense of ownership and patient continuity, which can be more prevalent in private practice than in employed settings, private practice doctors may experience more emotional rewards in medicine than do employed physicians, one of the few

instances in this survey in which practice owners appear to have a more positive posture than employed physicians.

Part II: Conclusion

Professional morale as reflected in the *2014 Survey of America's Physician* remains problematic for many doctors, though morale levels and outlook are more positive than those expressed by physicians in the 2012 survey. In 2012, survey results painted a picture of a medical profession on the verge of crisis and potential implosion, while the 2014 survey shows physicians walking back from the brink to some extent. This contrast appears to be the result of a changing of the guard in medicine, in which younger physicians, female physicians, employed physicians and primary care physicians are coming to the fore and bringing with them different viewpoints on medicine and the healthcare system. These viewpoints are explored in more detail throughout this report.

PART III: PRACTICE PLANS AND PATTERNS: A MATTER OF ACCESS

Though many physicians in both the 2012 and 2014 surveys expressed dissatisfaction with the current state of the medical profession, medicine still clearly has an appeal to young people. This is made evident by medical school applications and enrollment, both of which are at all-time highs. In 2013, total number of medical school applicants grew by 6.1% to 48,014, surpassing the previous record set in 1996 by 1,049 students. Recently, the number of year one students enrolled in allopathic medical schools exceeded 20,000 for the first time, while enrollment in osteopathic medical schools also has increased.

The chart below illustrates how interest in medical school enrollment has revived in recent years.

U.S. Medical School Enrollment, Year One (Allopathic Only)

2007/08	2008/09	2009/10	2011/12
15,634	16,893	18,143	20,663

Source: Association of American Medical Colleges

Causes of Satisfaction by Physician Type

	45 or <	46 or >	Employed	Owner	Male	Female	PC	Specialist
Patient relationships	74.8%	80.8%	76.3%	84%	77.7%	80.5%	85%	76%
Intellectual stimulation	65.7%	65.0%	65.3%	64%	64.6%	66.7%	64.1%	66.1%
Interaction with colleagues	22.7%	21.7%	23.2%	19.2%	21.5%	23.0%	19.0%	23.3%
Financial rewards	17.6%	13.9%	16.3%	14.5%	16.2%	13.3%	12.9%	16.2%
Prestige of medicine	15.7%	10.3%	13.7%	11.1%	13.1%	10.4%	13.2%	11.6%

Growth in medical school enrollment is in part a result of the creation of new medical schools and the expansion of existing ones. Since 2002, medical schools have increased the number of first year students by 21.6%. *(Association of American Medical Colleges, October 24, 2013)*. By the end of this decade, U.S. medical schools will be producing 27,000 graduates annually, 50% more than in 2000 *(Help Wanted! Journal of Oncology Practice. Richard Cooper, M.D. January 2014).*

Higher medical school enrollment, however, will not alleviate the physician shortage unless more residency training slots are created at the nation's teaching hospitals to accommodate the rising number of medical graduates. In 2013, 1,097 U.S. medical school seniors were unable to match to residency programs, up from 815 in 2012 *(Association of American Medical Colleges News April, 2003)*. The number of residency positions available nationwide is limited by the 1997 cap Congress placed on federal funding of graduate medical education (GME). Without an increase in such funding, which is largely provided through the Medicare program, the number of residency positions has increased only marginally since 1997 while the population has increased by tens of millions and has grown older.

There appears to be no momentum for removing the cap, as two acts introduced in 2013 aimed at increasing residency funding, the Resident Physician Shortage Reduction Act and the Training Tomorrow's Doctors Today Act, did not pass in the U.S. House of Representatives.

Meanwhile, more than 30 state medical or hospital organizations and more than 20 medical specialty societies have issued reports describing physician shortages and calling for remedies, as have the four major organizations representing education and practice in both allopathic and osteopathic medicine (*Unravelling the Physician Supply Dilemma, Richard A. Cooper, M.D., Center for the Future of the Healthcare Workforce, New York Institute of Technology*). The long physician appointment wait times at many Veteran Administration facilities that came to light in 2014 are one symptom of the physician shortage.

Long wait times to see a doctor are not limited to the VA, however. In 2014, Merritt Hawkins conducted a survey examining new patient physician appointments in 15 major metropolitan areas, almost all of them characterized by higher than national average physician-to-population ratios. The average wait time to see a family physician in the 15 markets was 19.5 days and extended to as long as 66 days (see chart below). The average wait time of 19.5 days to see a family doctor is longer in these markets than the target of 14 days the VA sets for its facilities in which they are directed to schedule primary care patient appointments.

Average New Patient Appointment Wait Times/Family Practice

Metro area	Average wait time in days
Boston	66
New York	26
Atlanta	24
Seattle	23
Philadelphia	21

Source: Merritt Hawkins 2014 Survey of Physician Appointment Wait Times

It should be noted that Boston, a city within a state that has achieved near universal medical insurance enrollment through a health reform plan very similar to the ACA, has the by far the longest average physician appointment wait times of the 15 cities examined in the survey. This is one signal of the effect expanded health insurance enrollment through the ACA may have on physician demand nationwide.

The Effect of Physician Practice Patterns on Patient Access

There are a variety of causes for the physician shortage in addition to the cap on residency position funding and the growing and aging population. Key among these is the way in which physicians choose to practice — the hours they work, number of patients they see, the types of patients they see, when they plan to retire, etc.

In addition to gauging physician demographic trends and morale levels, the *2014 Survey of America's Physicians* examines physician practice plans and patterns in order to determine what effect these will have on patient access to care. How physicians feel about the practice of medicine is of course important to physicians themselves. However, physician attitudes toward the medical profession also are important to the general public if these attitudes are leading to decisions which may limit patient access to medical services.

The 2014 survey indicates that is the case. When asked what they plan to do the next one to three years, survey respondents answered as follows:

In The Next One to Three Years, Do You Plan to (Check All That Apply)

Continue as I am	56.4%
Cut back on hours	18.2%
Seek a non-clinical job within healthcare	10.4%
Retire	9.4%
Work locum tenens	9.1%
Cut back on patients seen	7.8%
Seek employment with a hospital	7.3%
Work part-time	6.4%
Switch to a concierge practice	6.2%
Close practice to new patients	2.4%

The majority of physicians (56.4%) indicated they will continue practicing as they are. Over four in ten, however, said they will take one or more steps likely to reduce patient access to their services. Over 9% of physicians indicated they will retire in the next one to three years. Should they do so, approximately 72,000 physicians would be removed from the workforce. Over 10% said they will seek a non-clinical jobs within healthcare, an occurrence that would remove an additional 80,000 physicians from the workforce. Over 18% said they will cut back on hours while 7.8% said they will cut back on the number of patients they see. An additional 29.2% said they will adopt a style of practice (concierge, locum tenens, part-time, or hospital employed) likely to reduce their patient load.

In a separate question, physicians were asked if medicine and healthcare are changing in a way that will cause them to accelerate their retirement plans. Close

to 39% said yes. Even many younger physicians indicated changes to medicine and the healthcare system will cause them to speed up retirement (see chart below).

Will Accelerate Retirement By Physician Type

45 or <	46 or >	Employed	Owner
33.7%	41.4%	35.8%	45.7%

Male	Female	PC	Specialist
39.0%	38.0%	36.2%	40.1%

The survey suggests that many physicians, disaffected by the current medical practice environment, will either retire, cut-back, or adopt alternative practice styles, steps that would contribute to the reduction of physician supply at a time when physician shortages are prevalent and growing.

Again, it is not just older physicians who plan to take some of these steps, as the chart below indicates.

While considerably more younger physicians said they will continue practicing as they are than did older physicians, younger physicians indicated they are more likely to seek non-clinical jobs than are older physicians, are more likely to transition to concierge practice, and are just as likely to work locum tenens, all actions that would reduce patient access to their services.

Physician Plans in the Next Three Years by Physician Type

	45 or <	46 or >	Employed	Owner	Male	Female	PC	Specialist
Continue as I am	64.8%	51.8%	60.3%	53.4%	56.8%	55.6%	55.5%	56.7%
Cut back hours	13.2%	20.9%	17.7%	20.5%	18.3%	18.1%	17.9%	18.2%
Retire	0.6%	14.3%	7.2%	11.8%	11.2%	5.9%	8.4%	10.0%
Concierge	6.7%	5.9%	4.5%	9.5%	6.2%	6.2%	7.3%	5.6%
Locum tenens	9.0%	9.1%	9.1%	7.0%	8.5%	10.2%	9.0%	9.1%
Cut back patients	5.9%	8.8%	6.7%	10.5%	8.4%	6.5%	8.2%	7.7%
Seek non-clinical	12.1%	9.5%	11.0%	9.0%	9.6%	12.1%	11.3%	10.0%
Hospital employed	11.3%	5.1%	5.9%	8.3%	7.0%	8.0%	6.9%	7.7%
Part-time	5.1%	7.2%	6.0%	6.1%	5.7%	8.0%	7.0%	5.9%
Close practice	1.7%	2.8%	1.9%	3.9%	2.4%	2.5%	4.0%	1.6%

The Switch to Concierge

When asked what they plan to do in the next one to three years, about 6% of physicians said they will switch to a direct pay/concierge practice. When asked more specifically in separate question about their position on concierge practice, over 7% of physicians indicated they already are practicing in this manner, and more than 13% said they plan to transition in whole or in part to concierge/direct pay at some point. There are a wide variety of concierge/direct pay practice styles, but in general what they have in common is a contract for services between the physician and patient in which third party payers are partly or wholly eliminated.

Certain types of physicians are more likely to make the transition to concierge than others (see chart below):

Planning to Switch to Concierge In Whole or in Part by Physician Type

45 or <	46 or >	Employed	Owner
17%	11.3%	12.1%	15.3%

Male	Female	PC	Specialist
13.3%	13.3%	14.8%	12.5%

Seventeen percent of physicians 45 years old or younger indicated they plan to transition in whole or in part to concierge practice, suggesting that this style of medicine may become increasingly prevalent among the emerging generation of physicians. While concierge practice allows greater access to care to certain patients and may enhance the professional satisfaction of physicians, it can have a limiting effect on physician supply. Physicians converting to concierge medicine typically retain only a fraction of their patients (often around 25%), while the remainder must find another doctor. The widespread adoption of concierge medicine, particularly by primary care physicians, would further deplete the physician workforce by thousands of FTEs.

It should be conceded that physicians and others do not always take the steps they indicate that they will on surveys. Nevertheless, survey responses suggest that changing physician practice patterns and practice styles are likely to have a significant inhibiting effect of patient access to care in the near future, a further reason for policy makers to consider increasing physician supply.

Overextended or at Full Capacity

That the physician workforce can ill-afford the loss is underscored by physicians themselves. When asked to describe their practices, over 81% of physicians said that they are either at full capacity or are overextended and overworked, up from 75.5% in 2012. Only some 19% indicated they have the time to see more patients and assume more duties, down from 24.5% in 2012.

Survey respondents indicated that workloads vary by physician type (see chart below).

Overextended or at Full Capacity By Physician Type

45 or <	46 or >	Employed	Owner
82.8%	80.1%	82.6%	76.4%

Male	Female	PC	Specialist
79.9%	83.5%	83.6%	79.6%

Interestingly, all four types of physicians characterized in this survey as the "new guard" report having less capacity in their practices than do old guard physicians. Employed physicians have less capacity than practice owners, primary care physicians have less capacity than do specialists, female physicians have less capacity than males, and younger physicians have less capacity than do older physicians. Absorbing the increased demand for medical services driven by a more numerous, older, and more insured population will be difficult if even younger physicians and those whose numbers are expanding, such as employed and female physicians, already are at full capacity.

Most physicians responding to the survey sense that the physician workforce is strained. When asked if more physicians should be trained to address the physician shortage and if the cap on physician GME funding should be lifted, over 72% said yes. This is a particularly compelling number when it is considered that physicians may have a vested interest in keeping the physician workforce limited, as newly trained physicians may represent potential competition.

Access for Medicare and Medicaid Patients

The ranks of both Medicare and Medicaid patients are increasing rapidly. In 2011, over 75 million baby boomers began turning 65 and qualifying for Medicare, at a rate of about 11,000 per day (in the time it takes to read this report, about 450 seniors will qualify for Medicare). Over five million people recently were added to Medicaid rolls, a number that will increase if more states sign-on for Medicaid expansion through the ACA. Survey respondents indicated that about half of their patients (49.3%) now are composed of Medicare or Medicaid enrollees.

Whether or not the growing number of Medicare and Medicaid enrollees will have reasonable access to a physician is an open question. About one quarter of physicians responding to the survey now no longer see Medicare patients or limit the number they see, while 38.1% no longer see Medicaid patients or limit the number they see. By contrast, in 2012, only 8.6% of physicians said they had closed their practices to Medicare patients while 26.7% said they had closed their practices to Medicaid patients.

Those no longer seeing Medicare patients or limiting the number they see vary somewhat by physician type (see chart below):

Do Not See/Limit Medicare Patients by Physician Type

45 or <	46 or >	Employed	Owner
23.1%	24.5%	19.2%	29.0%

Male	Female	PC	Specialist
21.1%	29.4%	34.1%	18.7%

Notable here is the relatively high number of primary care physicians who do not see Medicare patients or limit the number they see (34.1%). More than one-third of primary care physicians have reduced access to Medicare patients, suggesting that many Medicare patients may have difficulty finding the "gatekeeper" physicians they need to obtain entry into the healthcare system.

Physicians no longer seeing Medicaid patients or limiting the number they see also vary by physician type (see chart below):

Do Not See/Limit Medicaid Patients by Physician Type

45 or <	46 or >	Employed	Owner
33.1%	40.5%	26.7%	57.1%

Male	Female	PC	Specialist
38.2%	37.8%	41.0%	35.4%

Over forty percent of primary care physicians indicated they do not see Medicaid patients or limit the number they see, calling into question the ability of a growing number of Medicaid patients to access the healthcare system through primary care gatekeepers.

It also should be noted that a high number of practice owners have limited access to Medicare and Medicaid patients relative to employed physicians. Medicaid and Medicare reimbursement can be significantly lower than private insurance (sometimes below a physician's cost of doing business) and consequently many practice owners have had to limit the number of Medicare and Medicaid patients they see. Because they are paid on salary, and often on relative value units (RVUs), which do not take into consideration patient insurance type, employed physicians may have more latitude to see Medicare and Medicaid patients than do practice owners. However, any losses taken on these patients accrue to the physician's employer. The median loss for employing a physician in 2012 was $176,463, which causes some observers to question the long-term financial sustainability of the employed physician model (*Making Physicians Pay Off. Modern Healthcare. February 22, 2014*).

Physician Hours and Patients Seen

Physicians were asked the number of hours they work per week. The average for all physicians was 52.83, virtually the same number of hours physicians reported working per week in 2012, but fewer than they reported working in 2008 (see chart).

Average Hours Worked Per Week

2014	2012	2008
52.83	52.93	56.93

That physician work hours in 2014 have remained stable relative to 2012 is a positive sign for physician supply and patient access, though it should be noted that the hours physicians reported they work a week declined by about 6% in 2014 compared to 2008. A six percent reduction in physician man-hours equates to the loss of approximately 48,000 FTEs over a six year period.

A breakout of physician hours worked per week by physician type yields some notable results (see chart).

Average Hours Worked Per Week By Physician Type

45 or <	46 or >	Employed	Owner
55.75	51.17	54.01	52.88

Male	Female	PC	Specialist
54.12	50.28	51.70	54.03

These numbers contradict the popularly perceived notion that older physicians work longer hours than younger physicians, that practice owners work longer hours than employed physicians, and that primary care doctors work longer hours than specialists. In fact, the survey suggests that the opposite is true. However, survey responses confirm that male physicians work longer hours than female physicians by a margin of 7.63%.

Given the shortage of physicians, it would be advantageous if doctors could devote a minimal amount of time to tasks not directly related to patient care. Unfortunately, this is not the case. The survey indicates that physicians spend 10.58 hours a week on non-clinical paperwork duties, or 20% of their total work hours (see chart below).

Hours Devoted to Non-Clinical Paperwork Per Week

2014	2012	2008
10.58	12.01	15.19

However, in a positive development, physician work hours spent on non-clinical duties decreased in 2014 relative to 2008 when physicians reported spending 15.19 hours, or 26% of their time, on non-clinical duties, and also decreased relative to 2012, when physicians reported spending 12.01 hours, or 22.6% of their time, on non-clinical duties. These numbers suggest administrative efficiency gains have been achieved, possibly through the increased or more strategic use of information technology, including EMR, through enhanced management techniques, or for other reasons.

As the chart below indicates, hours devoted to non-clinical duties vary by physician type.

Non-Clinical Paperwork Hours Per Week by Physician Type

45 or <	46 or >	Employed	Owner
10.64	10.53	10.63	9.79

Male	Female	PC	Specialist
10.42	10.88	11.33	10.22

Notable here is that employed physicians report working more hours per week on non-clinical duties than do practice owners. One of the presumed benefits of physician employment is that it frees doctors from the non-clinical duties of running a practice with which practice owners must contend, and therefore allows them to spend more time with patients. Both the 2014 and the 2012 surveys suggest this is not the case (see chart below)

Hours Spent on Non-Clinical Duties

	Employed Physicians	Practice Owners
2012	12.66	11.01
2014	10.63	9.79

The 2014 survey indicates that employed physicians spend 7.9% more time on non-clinical duties than do practice owners. The reason for this is not clear, but it can be conjectured that employed physicians often are part of large, bureaucratic organizations that generate high levels of paperwork pertaining to reimbursement, legal compliance and performance measurement. Practice

owners may be in a position to delegate more of this type of work to others and generally are not as obligated to track performance measures as are employed physicians.

Patients Seen Per Day

The average number of patients physicians report seeing per day has declined in each of the three years The Physicians Foundation has conducted this survey (see below).

Average Number of Patients Seen Per Day

2014	2012	2008
19.5	20.10	23.43

Between 2012 and 2014 , the average number of patients physicians reported seeing per day dropped by 3%. The decline from 2008 to 2014 was 16.8%. Average patients seen per day varies by physician type (see below).

Average Patients Seen Per Day By Physician Type

45 or <	46 or >	Employed	Owner
19.9	19.2	20	21.7

Male	Female	PC	Specialist
20.5	18.1	19.1	19.9

Male physicians see 13.3% more patients per day on average than females and practice owners see 8.5% more patients per day on average than do employed physicians. Employed physicians typically are paid salaries and their incomes may be less tied to the volume of physicians they see than are practice owners, who pay themselves after expenses are met. Perhaps for this reason, the survey suggests that practice owners are more productive in terms of patients seen per day than are employed doctors.

Female physicians are more likely to be employed than are male physicians (see Part I above) which may be one reason why female doctors see fewer patients per day on average than their male counterparts.

The Impact of ICD-10

While the hours physicians spend on paperwork have decreased over the last four years, physicians are facing the implementation of a new system of diagnostic coding that may reverse this trend. Current International Classification of Disease codes (ICD-9) are more than four decades old. When replaced by new, ICD-10 codes after October, 2015 the number of diagnostic codes from which physicians must select will increase from about 14,000 to roughly 69,000.

Physicians clearly are dubious about the administrative and clinical effect of the new coding system. When asked about the effect implementation of ICD-10 will have on their practices, 50.1% said it will create a severe administrative problem, while 75.3% said it will unnecessarily complicate coding. Only 11.3% said it will improve diagnosis/quality of care.

Part III: Conclusion

While the majority of physicians plan to continue practicing as they are, over 44% plan to make one or more changes, including retiring, cutting back on hours, seeking

non-clinical jobs or transitioning to alternative practice styles. The practical effect of these actions would be a reduction in the workforce of tens of thousands of physicians at a time when physician shortages are projected to increase. Over 80% of physicians indicate they already are overextended or are at full capacity, and therefore will be unable to accommodate the increased demand for services being generated by a growing, aging, and more highly insured population. Many physicians have reduced the access Medicare and Medicaid patients have to their services, and while physician work hours remain steady relative to 2012 they have declined by 6% compared to 2008. Number of patients seen has declined by approximately 17% since 2008. Though physicians are spending less time on non-clinical paperwork, the new ICD-10 coding system may increase their paperwork burden. These findings underscore the importance of enhancing the medical practice environment to keep physicians engaged in medicine and the need to increase the number of physicians being trained.

PART IV: HEALTH REFORM AND NEW DELIVERY MODELS: DUBIOUS ACCEPTANCE

Some 10 million healthcare professionals, thousands of hospital and medical group administrators, federal and state governments, insurance companies and the entire apparatus of the $3 trillion a year healthcare industry are involved in an historic experiment to determine if the U.S. healthcare system can be shifted from a model that is driven by volume of services performed to a model driven by the value of such services.

As was referenced above, physicians are at the center of this potential transformation. Through patient diagnoses, hospital admissions, drug prescriptions, tests, treatments, and procedures, physicians largely determine the quality and cost of healthcare. Though doctors receive only a fraction of dollars spent on healthcare (about 20%), by directing the care patients receive they control close to 90% of healthcare spending (Health Costs Absorb One Quarter of Economic Growth, *Boston University School of Health, Feb. 9, 2005*). And while there is no dollar value that can be placed on the care and alleviation of suffering that physicians provide, their economic contribution has been measured:

Physician Economic Impact

TOTAL ECONOMIC OUTPUT:
The combined economic output of patient care physicians in the United States is $1.6 trillion.

PER CAPITA ECONOMIC OUTPUT:
Each physician supports a per capita economic output of $2.2 million.

JOBS:
Each physician supports approximately 14 jobs.

WAGES AND BENEFITS:
Each physician supports a total of $1.1 million in wages and benefits.

TAX REVENUE:
Each physician supports $90,449 in local and state tax revenues.

Source: The National Economic Impact of Physicians, prepared for the American Medical Association by IMS Health, March, 2014.

Because of their key role as the drivers of healthcare quality, utilization and cost, physician participation in efforts to achieve value-based payment systems, team-based

care, system integration, wider access to services and the other objectives of healthcare reform is essential.

The *2014 Survey of America's Physicians* reflects the degree to which physicians have embraced elements of healthcare reform, such as Accountable Care Organizations (ACOs), state insurance exchanges, electronic medical records (EMR), hospital employment, and the Affordable Care Act itself.

Lingering Doubt and Uncertainty About ACOs

By caring for large population groups in systems integrating hospitals and physicians, and by accepting capitated, quality-based payments, ACOs represent the new model of healthcare delivery under a reformed system. More than half of the U.S. population lives in a communities served by an ACO, and the total number of patients in organizations with ACO arrangements with at least one payer (both Medicare or non-Medicare) is between 37 and 43 million, or 14% of the population *(Kaiser Health News, FAQ on ACOs, April 16, 2014)*. As of February, 2013, there were 259 Medicare ACOs, up from 154 the previous year.

Physicians in the 2014 survey were asked about their participation in ACOs.

Do You Participate in an Accountable Care Organization?

Yes……..26.4%
No……..52.1%
Unsure…..21.4%

Over one quarter of physicians surveyed (26.4%) indicated they participate in an ACO, equating to some 200,000 physicians in the overall physician workforce, suggesting this emerging delivery model has attracted a significant degree of physician participation. Some ACOs are even physician owned and led. However, as with other survey questions, responses to ACO participation vary by physician type. "New guard" physicians, including young, employed, female and primary care physicians, appear to be more likely to participate in an ACO than their "old guard" counterparts.

ACO Participation by Physician Type

45 or <	46 or >	Employed	Owner
28.5%	25.4%	32.2%	21.7%

Male	Female	PC	Specialist
26.4%	26.5%	31.5%	23.5%

Primary care physicians are the key gatekeepers in the ACO model, serving as care coordinators of an integrated clinical team, sometimes through patient centered medical homes which promote team-based, preventive care. They can be rewarded financially in this model for their role as care managers and for achieving positive patient outcomes. Not surprisingly, they report a higher level of ACO participation than do specialist physicians. More than 31% of primary care physicians indicated they participate in an ACO, compared to 23.5% of specialists. Younger physicians are somewhat more engaged with this model than older physicians while female and male physicians are equally as engaged.

Though over a quarter of physicians participate in an ACO, only about half that number are optimistic that ACOs will achieve their stated purpose of enhancing quality and reducing cost. Only 12.7% of physicians said ACOs are likely to achieve these goals, though again responses to this question vary by physician type (see chart below).

ACOs Will Enhance Quality/ Reduce Cost by Physician Type

45 or <	46 or >	Employed	Owner
14.1%	11.8%	15.0%	7.8%

Male	Female	PC	Specialist
12.3%	13.4%	16.1%	10.8%

Younger, employed, female and primary care physicians have a more positive outlook on ACOs than do older, male, specialist and private practice physicians, but no physician group appears sanguine about the prospects of this delivery model.

However, there is clearly still a great deal of uncertainty among physicians about ACOs. More than 21% of physicians said they were unsure about whether they participate in an ACO or not, while almost one-third (31.8%) said they are unsure about the structure and purpose of ACOs.

Hospital Employment of Physicians Not Endorsed

ACOs and other large, integrated systems operating as ACOs often employ physicians because they consider employment to be the best way to persuade doctors to adopt team-based care, to accept value-based reimbursement, to utilize treatment protocols and to otherwise shape their behavior. Even though many physicians have become hospital employees, the majority of physicians surveyed do not believe that hospital employment of physicians is necessarily a positive trend (though fewer had negative feelings in 2014 than in 2012 -- see chart below).

Disagree That Hospital Employment of Physicians is a Positive Trend

2014	2012
62.9%	75.6%

Following the pattern exhibited throughout the survey, the attitudes of "new guard" physicians on hospital employment of physicians differs from that of "old guard" doctors (see chart below).

Disagree Hospital Employment of Physicians is a Positive Trend by Physician Type

45 or <	46 or >	Employed	Owner
52.6%	68.5%	50.6%	83.3%

Male	Female	PC	Specialist
66.5%	56.0%	57.9%	65.8%

More than 83% of practice owners do not believe hospital employment of physicians is a positive trend, compared to only 50.6% of employed doctors. Close to 69% of older physicians do not believe hospital employment of physicians is a positive trend compared to only 52.6% of younger physicians. Male physicians are

more pessimistic about the employment model than females and specialists are more pessimistic than primary care physicians. However, it should be noted that while some types of doctors are less dubious about hospital employment of physicians than others, all types mostly disagree with the notion that hospital employment of physicians is likely to be a positive trend.

Lukewarm About EMR

The success of ACOs and other integrated systems depends on the strategic alignment of hospitals, medical groups, physicians and other clinical professionals, all of whom must be able to communicate on patient treatment plans and related matters. Electronic medical records are a key component of these emerging delivery models, and under the ACA all physicians must adopt EMR and participate in the Physician Quality Reporting System (PQRS) or face reductions in Medicare reimbursement.

The 2014 survey indicates that more than eight in ten physicians are in practices that have implemented EMR, up from less than 70% in 2012 (see chart below):

Has Your Practice Implemented EMR?

2014	2012
85.2%	69.5

Though most physicians have implemented EMR, many are dubious about its benefits. Only 32.1% say EMR has improved quality in their practices, while 45.8% say it has detracted from efficiency. However, opinions on EMR vary widely by physician type (see following chart):

EMR Has Improved Quality of Care by Physician Type.

45 or <	46 or >	Employed	Owner
41.7%	26%	36.1%	23.7%

Male	Female	PC	Specialist
29.9%	36.3%	38.3%	28.6%

The widest split on EMR is seen among younger and older physicians, with younger physicians being considerably more positive about the effects of EMR on quality than older doctors. Again, it should be noted that this is a relative difference, and that in general only a minority of physicians of all types report EMR has improved quality of care in their practices.

Patient privacy is seen as another potential down side of EMR. A slight majority of physicians (50.5%) indicated they have significant concerns that EMR poses a risk to patient privacy. Concerns about patient privacy are much less prevalent among physicians 45 or younger, only 36.3% of whom have significant concerns about patient privacy risks presented by EMR.

Who Participates in State Exchanges/Marketplaces?

ACOs and other integrated delivery models, and the near universal use of EMR, represent two of the mechanisms by which healthcare reform is to be implemented. An additional mechanism is represented by state insurance exchanges (also referred to as marketplaces) run either by state governments or by the federal government. These exchanges are being used to expand access to health insurance, a primary goal

of healthcare reform, and to date some eight million people have been enrolled in insurance plans through them.

Actual access to care will be limited, however, if physicians elect not to participate in the exchanges/marketplaces, or if they are restricted from doing so.

The 2014 survey indicates that more than one-third of physicians (33.3%) participate in an insurance product offered through their state exchange, while an additional 9.4% said they plan to. More than 28% indicated they have no plans to participate, while another 28% said they are unsure, highlighting the continued uncertainty among physicians regarding these new insurance markets.

Widespread uncertainty about the exchanges is further highlighted by the survey in a question regarding restrictive networks. Physicians were asked if exchanges in their state feature restrictive networks that exclude some doctors based on their billing patterns or for other reasons. More than 63% of physicians said they do not know, 27% said their state does feature restrictive networks, and 9.8% said their state does not feature restrictive networks.

Of those 27% who said their state features a restricted network, 28.4% said they have been restricted from participating in the state's exchange. It is difficult to determine from the survey how many physicians are being restricted from state exchanges, since more than 63% of doctors surveyed do not know if their state exchange features a restricted network. However, some 10% of respondents said their state does not feature a restricted network, while the majority of physicians (71.6%) in states that do feature such networks said they have not been restricted. The survey therefore suggests that relatively few physicians overall have been restricted from state marketplaces/ exchanges, but uncertainty among physicians surveyed about the exchanges prohibits a definitive conclusion on this subject.

Grading the ACA

Physicians were asked to grade the ACA as a vehicle for healthcare reform. Just over one-quarter of physicians (25.4%) gave the ACA a positive grade of A or B. Close to 46% gave the ACA a negative grade of D or F, while about 29% gave the ACA a neutral C grade.

New guard and old guard physicians differ on this question as they do throughout the survey (see chart below)

Positive Grade for the ACA by Physician Type

45 or <	46 or >	Employed	Owner
29.9%	22.9%	30.2%	14.9%

Male	Female	PC	Specialist
22.8%	30.7%	30.9%	22.4%

Continuing a pattern, younger, employed, female and primary care physicians exhibited a more positive attitude about the ACA than older, practice owner, male and specialist physicians. Further continuing a pattern, this positive attitude was only relative. The majority of physicians in all groups gave the ACA a C, D or F, while less than 31% of physicians in even the most positive groups gave the ACA an A or B.

Part IV: Conclusion

The 2014 Survey of America's Physicians indicates that physicians are participating in emerging delivery models such as ACOs and in new state insurance exchanges, both of which are mechanisms for achieving integrated, team-based, value-driven care as well as greater patient access to health insurance. Many physicians also have become employees and have implemented EMR, two additional mechanisms by which the goals of healthcare reformed are to be achieved.

Nevertheless, physicians continue to be dubious about the efficacy of emerging delivery models, EMR and the physician employment model, and are largely uncertain about state insurance exchanges. This skepticism extends to the Affordable Care Act itself, which only one in four physicians gives a positive grade.

PART V: PHYSICIANS ON THE RECORD: SELECTIONS FROM 13,000 WRITTEN COMMENTS

Responses to the 2014 Survey of America's Physicians reveal the varying attitudes physicians have toward specific aspects of their profession and the healthcare system as a whole and provide insight into physician practice plans and practice patterns.

The 2014 survey also invited physicians to provide more general commentary about the medical profession and the healthcare system in their own words.

When asked what statement they would make to policy makers and the public about the state of the medical profession and America's healthcare system, more than 13,000 physicians provided written answers.

Following are some selected comments representative of the various topics and attitudes physicians expressed.

"Continuing changes in documentation and endless redundant prior authorization forms make me feel as if medicine is becoming a mechanistic exercise with less and less art involved. This may be good, it may be bad, but it is not the profession I entered, so I am leaving. If I wanted a job filling out forms I would have gone into data entry, if I wanted to follow an algorithm for every clinical decision, I would have become a car mechanic or an electrician."

"Health reform would be better served by removing many thousands of pages of laws and bureaucrats rather than adding many thousands of pages of laws and bureaucrats."

"Increase access to healthcare for Americans by instituting a program for postgraduate medical students: requiring one to two years of practice in rural communities in return for reducing medical school loan debt."

"The system is broken and I am out of here as soon as I can. I am tired of being used, abused and lied to. Has anyone here woken up to the fact that we are always the last ones to be considered in the equation of change?"

"Let's increase free clinics at sites of need, and pay young physicians well to work and train in them. Giving everyone a Medicaid or Obamacare card while few doctors accept these insurances in not the solution."

"Put medical care back in the control of doctors. Let us police our own, order what we feel is needed and require that insurance pay for it if the doctor determines the need for it."

"Physicians are slowly being squeezed out of the ability to provide the care they think is best by reducing autonomy and reimbursements. Practices will become more and more a matter of how many patients can you run through the office in a day. This is bad for physicians, bad for patients, and will significantly harm the patient/physician relationship."

"The last year I have watched many local FPs retire or change practices, increasing my work immensely. Add the paperwork of the ACA and ICD-10 and I am at the point of joining them."

"U.S. citizens are no different than other nationals. They need low infant mortality, good prenatal care, universal vaccinations, wellness for young adults, fair pricing on pharmaceuticals, good post operative care and assistance for the elderly. The market model of healthcare is an aberration and heartless."

"We need a single payer system that provides better coordination of care, reduces overhead and management costs, reduces complexity of reimbursements, provides a single formulary. We also need federal tort reform to reduce the cost of medicine."

"I still enjoy the inside of the exam room….but hallways and workstations and meeting rooms all are negative parts of my day or evening and bring me no joy."

"Help me help you by reducing administrative burdens and malpractice threats and then doctors can show more sensitivity to costs of care."

"People should have catastrophic insurance with high deductibles. If people had to pay out of pocket they would no longer seek care for runny noses and rolled ankles. We have become a country of wimps, and the healthcare industry promotes this for its gain."

"The overwhelming cost of medical education, with the average debt for a U.S. graduate at $170,000, is exorbitant and embarrassing. The majority of the developed world has nominal or no charge for a medical education which allows physicians to practice general medicine without drowning in debt. If physicians started their professional life with less debt they would *be able to accept less salary and practice in underserved areas without feeling like indentured servants."*

"I am all for single payer, but hospital employment of physicians will do no good, especially in nonprofits."

"Allowing private insurance firms to offer plans across state lines would reduce the cost of health insurance."

"In many ways large and small, physicians are over-regulated and constrained, especially by insurance companies. Requirements for pre-authorization, preferred medication lists, and similar intrusions into the doctor/patient relationship are killing us."

"Compel not-for-profit hospitals to divest themselves of all their for-profit ownings and doings and/or make them pay taxes on all of it."

"I just saw an 83-year-old demented nursing home resident recovering from total hip arthroplasty. She is on statins and Namenda. Would she get any of this care in any other country? I think not. When we do finally make successful improvements in cost reduction her care will be compromised. This is the grandma in the wheelchair who will be thrown off the cliff."

"We need to take a good long look at the fact that hospitals in general are incentivized to provide more care, never less care. There is simply no incentive for hospitals to make an effort to educate people on how to appropriately use the healthcare system. You can see evidence of this everywhere. In my area there are billboards advertising 'online check-in" for ED visits. Most people who have time to stop and check-in online should be seen in a clinic setting."

"Everyone, and I do mean everyone, needs to have a little skin in the game. Even Medicaid patients should be charged a small co-pay in order to discourage them from using the system inappropriately."

"Rather than increasing Medicaid or spending millions on a poorly run website, the government should have set up government clinics for the indigent."

"Centralize EMR so they are accessible by any institution anywhere in the country."

"Given the current and worsening physician shortage, expedite the process for well trained and educated foreign physicians to obtain residencies, obtain medical licenses and working visas in the U.S."

"Increase residency training slots across all specialties, particularly primary care."

"Increase reimbursement rates for primary care physicians to draw more medical students to the field."

"Pay for all medical students who are accepted and have them complete obligatory service in underserved areas for two years after residency."

"Stop forcing us to practice defensive medicine. Alleviate some of the liability burden so I can use my clinical judgment more and expensive tests less."

"Increase funding and support for palliative care. Make sure people understand what hospice is and that for terminal patients spending the rest of their lives either in a hospital or in fear of being admitted to a hospital is not good."

"Understand dying. As Americans we do not 'leave well,' spiritually or financially."

"There needs to be a culture change. Patients who are terminally ill or plagued with many medical issues at the end of life should not be afraid of going the palliative care route."

"I think any successful health system will involve a two-tiered system like other successful national programs. The basics can be funded by the government, but if you are 83 and demented, you may not qualify for a hip replacement, unless your family has the money to pay for it."

"Trust doctors to do the job we are trained to do. Stop treating our profession as if we are all ex-cons who need constant monitoring lest we commit fraud or some other crime."

"RAC audits are insulting. It's classic Monday morning quarterbacking. After the patient is discharged from the hospital, nearly anyone could look at the chart and state how they could have done better."

"Why should a nurse who works for an insurance company have the authority to review an order a doctor (who actually knows the patient) wrote, and the nurse (who never met the patient) gets to decide if the test is medically necessary and if the insurance company will pay for it?"

"Having to say the magic phrase to get paid is beyond infuriating. 'I expect the hospital stay to cross two midnights.' Who even talks that way? But if I don't say it, no one gets paid."

"EMR charting is not safer. It is simply creating errors of an entirely new kind that are harder for the user to identify and fix. When the power goes out, we know nothing about our patients. To print four pages of typed notes for a 10 minute office visit is garbage."

"At some point, you will have succeeded in driving away the well educated doctors and in their place will be nurses and PAs and healthcare workers who read protocols, follow guidelines to the letter, and have no idea how to approach complex medical care in a person who is a unique individual. And when that happens to you or your loved one, you will be frustrated and pound your fists wondering why no one can help you. You will ask, 'where have all the doctors gone?'

"Doctors are angry because they sacrificed everything: their time, their families, their hobbies, their spirits, and their lives for their patients. We think about our patients, we care about them and worry about them. And at the same time, we feel like doctors are always vilified and treated like crooks. It's so demeaning and depressing."

"Spend a week with a physician."

"Establish a network of retirement age doctors who still want to work part-time."

"The decision to limit work hours of residents has led to a hand-off of problems and an attitude that puts the patient into second place. It has harmed medicine more than it has helped. Yes, I lived in the 129 hours a week work environment and this was problematic but the new rules have… created physicians who don't understand that medicine requires sacrifice."

"Get government OUT of healthcare."

"Single payer system is the only way to create universal access and keep costs down."

"I'm a Canadian physician practicing in the United States. The politicians and policy makers need to understand that government involvement in healthcare never works."

"Avoid single payer without a private alternative. And stop this silly talk about doing away with fee-for-service. It will only increase the movement of physicians becoming clock-watching salarymen."

"Eliminate fee-for-service and go to all value payments."

"Every other profession is paid per unit of productivity. Why are physicians being told fee-for-service is evil? If any given lawyer or plumber is better than another, they are allowed to charge a higher fee and no one thinks this is wrong. "

"Allow the free market to reign. Minimize regulations, not add more! Allow interstate insurance products."

"A major contributor to excessive cost of medical care is continuing to reward for volume of tests, procedures, and visits performed. Ultimately, reimbursement will have to resemble HMO panels of patients for which a provider is responsible coupled with measurements of quality."

"Repeal Obamacare."

"I prefer single payer: I realize this will never happen in the USA."

"A National Health Service providing basic medical care to all would be a vast improvement on the current scenario."

"If the country wants socialized medicine let that be for primary care so that everyone has access to care and so chronic illness can be prevented. Continue insurance for more serious cases and for specialty care."

"Return to free market, reduce state and federal involvement."

"A single payer system (Medicare for all) is the only viable solution."

"Allow healthcare insurance to be purchased on a national basis, permitting the market to control rates, advantages, enrollments to a given company. This could be no different than purchasing a care, state to state. Note that a Toyota in California costs the same as a Toyota in Texas."

"Do away with the Veterans Administration and assign all veterans to Medicaid-like insurance."

"We need more residency slots funded by the government in order to train more physicians. Period."

"Abandon ICD-10. This is an enormous cost to all providers everywhere and pointless at this time. It is hindering progress and limiting patient care across the board."

"Put the responsibility for the cost of healthcare back into the hands of patients by eliminating the middle man. Have the patient pay at the time of service, then seek reimbursement from their insurance providers."

"It should be nationally outlawed that integrated delivery networks charge higher routine fees and inflated facility fees for services that previously have been provided in the office of physicians whose practices they purchased and simply re-categorized as 'satellites' of the hospital."

"People don't play and exercise. We watch TV, play video games, stick our noses in our cell phones. People who make bad choices should have to face the consequences. IV drug and ETOH abusers get liver transplants? No. Smokers get lung transplants? No."

"Engagement and empowerment of patients who need to take responsibility for their actions and be responsible for their own health care through patient portals and other means of communication. We as physicians are consultants to their health, however, many blame us for the maladies they have which are generic or self-induced, most of which we cannot fix, but we treat and advise."

"Immediately cease cutting Medicare reimbursement. It's hard to find doctors who can afford to take it."

"Remember we went to medical school to learn how to take care of patients, not to improve our typing skills."

"Medicare should increase the RVU value for Evaluation and Management codes by 5% and cut everything else…some by as much as 40% such as Radiation Oncology Procedural Codes and codes for cataract surgery."

"Physicians should no longer contract with insurance companies for outpatient care. They should simply post their fees for transparency and consumers make informed choices."

"To my colleagues, in light of the many frustrations now faced within the profession, I suggest scheduling some personal time off for the purpose of reflection and rest. If you have lost your concern for people, consider volunteering elsewhere in the world in order to regain perspective and your original sense of priorities."

"I feel very negative and pessimistic about the future of medicine. I have been a family physician in a rural area of Maine for over 40 years and loved what I did. Many of my patients have been with me for all 40 of those years and they are not just patients, they are friends. I don't have to make notations about them in some computer system to indicate that I know them as individuals and to know their medical history. I know them and I usually know their entire family. I know their medical history because over the years I have lived it with them. Unfortunately the insurance companies and the government are now dictating how I care for my patients. "Cookbook medicine" is becoming more the norm. The patient tells you their symptoms, you make a diagnosis, best practices guidelines tell you what to do for them and that's that. Medicare requires me to ask every patient over the age of 65, every year, if they have fallen during that year. I have to do this even for my nursing home patients with severe Alzheimer's disease that don't even know their own names let alone if they have fallen in the past year but I must document their answer. I have to ask yearly if patients who are in their 80s or 90s and have never smoked a cigarette in their life if they smoke and document their answer, It is a colossal waste of time. I no longer love what I do. I have not yet retired because I am loyal to my patients. I don't want to abandon them to the failing system of medical care that is taking shape. Pay is based on quality measures. Patients that do not stop smoking or who do not lose weight will bring down those numbers and reduce the amount you are paid. I am already aware of doctors who are dumping their noncompliant patients from their practice so that their numbers look good and that is only going to happen more often.

Apparently the folks who dreamed up pay for performance didn't think of that. For those reasons and many more I hold out no hope for real quality medical care in the future"

Part V: Conclusion

The over 13,000 comments included in the *2014 Survey of America's Physicians* offer unprecedented insight into the concerns and perspectives of today's physicians and represent an invaluable resource to policy makers, academics or others tracking trends in the medical profession.

More information about physician comments and results of the 2014 survey aggregated by state also are available upon request.

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