THE PHYSICIANS' FOUNDATION

The Physicians' Perspective: Medical Practice in 2008

Survey Summary & Analysis

Survey conducted on behalf of The Physicians' Foundation by Merritt Hawkins & Associates

THE PHYSICIANS' FOUNDATION

Survey:

The Physicians' Perspective

- **Some 12,000 physicians, most of them in primary care, share their perspectives on current medical practice conditions in the United States.**
- **Over 800,000 data points and thousands of written comments reveal the concerns, practice patterns and future plans of America's doctors.**

*"Something has got to be done, and urgently, to assist physicians, especially primary care physicians. The whole thing has spun out of control. I plan to retire early even though **I still love seeing patients**. The process has just become too burdensome."*

> Family physician, Texas

"Universal healthcare will not succeed if there are no doctors to see patients."

> Internist, California

"I love what I do, but it's getting much harder to afford this love. I hope someone really smart can figure out what we should do."

> Family physician, New York

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About Us

The Physicians' Foundation seeks to advance the work of practicing physicians and to improve the quality of health care for all Americans. The Foundation is unique in its commitment to working with physicians nationwide to create a more efficient and equitable health-care system. The Physicians' Foundation pursues its mission through a variety of activities including grantmaking and research. Since 2005, the Foundation has awarded more than $22 million in multi-year grants. The Physicians' Foundation was founded in 2003 through settlement of a class-action lawsuit between physicians, medical societies, and third-party payors. Additional information about The Physicians' Foundation is available online at www.physiciansfoundation.org.

Principal advisors for The Physicians' Foundation on this survey were: Lou Goodman, PhD, PF President, Walker Ray, MD, PF Vice President, and Tim Norbeck, PF Executive Director.

For further information about The Physicians' Foundation or this survey, contact our office at (617) 399-0417.

Merritt Hawkins & Associates

Merritt Hawkins & Associates is the leading physician search and consulting firm in the United States and a division of AMN Healthcare, the largest healthcare staffing company in the nation. Founded in 1987, Merritt Hawkins & Associates has conducted over 30,000 physician search assignments and has produced numerous surveys, articles, books and presentations examining medical staffing trends in America.

Lead author of this survey and Advising consultants for Merritt Hawkins & Associates were Mark Smith, President - MHA, Phillip Miller, Vice President Communications - MHA and Kurt Mosley, Vice President Business Development - MHA. Design and layout by Steve Schaumburg, Director Marketing & Brand Strategy - MHA and Stephanie Godwin, Manager Business Development - MHA.

Executive Summary

Healthcare is an issue of vital concern to most Americans, and has been in the public conversation nearly every day for years. At a time when both major political parties are calling for expanded healthcare access and a new Presidential administration and Congress are preparing to address the issue, one crucial viewpoint has been largely overlooked: that of the physicians themselves.

How do physicians across the country see the medical practice environment? How do they feel about the state of their profession, and that of the industry at large? What plans do they have for the future of their individual practices? Do they believe there are enough of them to handle an influx of more patients?

The Physicians' Foundation determined to answer these questions, and many more, through one of the largest and most comprehensive physician surveys ever conducted in the United States. Its goal was to give physicians a voice, so that their thoughts, ideas and concerns might be better understood by policy makers, employers, insurance companies and the public at large.

Through responses provided by approximately 12,000 physicians nationwide that included more than 800,000 data points – as well as through written comments by more than 4,000 physicians – the survey offers a unique and valuable insight into the practices and mindsets of today's doctors.

The results paint a grim picture that could have drastic implications for the nation's healthcare debate:

- **An overwhelming majority of physicians – 78% – believe there is a shortage of primary care doctors in the United States today.**
- **49% of physicians – more than 150,000 doctors nationwide – said that over the next three years they plan to reduce the number of patients they see or stop practicing entirely.**
- **94% said the time they devote to non-clinical paperwork in the last three years has increased, and 63% said that the same paperwork has caused them to spend less time per patient.**
- **82% of doctors said their practices would be "unsustainable" if proposed cuts to Medicare reimbursement were made.**
- **60% of doctors would not recommend medicine as a career to young people.**

Combine these statistics with recent studies showing that medical schools are graduating fewer and fewer students who will choose to become primary care doctors – and the future for both physicians and their patients seems uncertain at best.

In the years ahead, the condition of America's primary care doctors as a profession will greatly affect the viability of our nation's healthcare system. A positive and functional system of practices and doctors will ensure a motivated workforce as well as encourage a new generation of quality physicians, while widespread physician disincentive could jeopardize the quality of our medical workforce as well as the number of physicians available to see patients.

In the words of one physician who responded to the survey, "something has got to be done, and urgently, to assist physicians, especially primary care physicians" in order to maintain the viability of the medical profession and to ensure timely and effective access to the doctors on whom so many depend.

Key Findings

The Doctor Shortage

- An overwhelming majority of physicians – 78% – believe there is a shortage of primary care doctors in the United States today
- 49% of physicians – more than 150,000 doctors nationwide – said that over the next three years they plan to reduce the number of patients they see or stop practicing entirely. In that same time frame:
  - 11%, or more than 35,000 doctors nationwide, said they plan to retire
  - 13% said they plan to seek a job in a non-clinical healthcare setting, which would remove them from active patient care
  - 20% said they will cut back on patients seen
  - 10% said they will work part-time
- 60% of doctors would not recommend medicine as a career to young people

Paperwork

- 63% of doctors said non-clinical paperwork has caused them to spend less time with their patients
- 94% said time they devote to non-clinical paperwork in the last three years has increased

Government

- "Declining reimbursement" rated highest on list of issues physicians identify as impediments to the delivery of patient care in their practices, followed by "demands on physician time"
  - 82% said their practices would be "unsustainable" if proposed cuts to Medicare reimbursement were made
  - 65% said Medicaid reimbursement is less than their cost of providing care and 36% said Medicare provides reimbursement that is less than their cost of providing care
  - Over 33% of physicians have closed their practices to Medicaid patients and 12% have closed their practices to Medicare patients

Finances

- Only 17% of physicians rated the financial position of their practices as "healthy and profitable"
- If they had the financial means, 45% of doctors would retire today

Morale

- "Patient relationships" rated highest on the list of things physicians find *satisfying* about medicine, while "reimbursement issues" and "managed care issues" rated the highest on the list of issues physicians find *unsatisfying* about medicine
- Only 6% of physicians described the professional morale of their colleagues as "positive." 42% of physicians said the professional morale of their colleagues is either "poor" or "very low"
- 78% of physicians said medicine is either "no longer rewarding" or "less rewarding"
- 76% of physicians said they are either at "full capacity" or "overextended and overworked"

**According to an independent analysis by Chad Autry PhD, Professor of Statistics at Texas Christian University, the margin of error for this survey is less than one percent. According to Professor Autry's report, "The overall margin of error for the entire survey is plus or minus 0.93%, indicating a very low sampling error for a survey of this type."*

Methodology

The Medical Practice in 2008 survey was mailed to virtually every primary care physician engaged in active medical practice in the United States. For the purposes of this survey, primary care physicians are defined as family physicians, general internists, pediatricians, and obstetrician/gynecologists. Surveys were mailed to approximately 270,000 primary care physicians, as well as to approximately 50,000 practicing physicians in non-primary care specialties who were selected at random through a national physician database provider.

Total number of responses received was 11,950 – a response rate of approximately four percent. Chad Autry, PhD, Professor of Statistics at Texas Christian University in Fort Worth, Texas, examined the survey methodology and results. According to his analysis, the margin of error of the survey is less than one percent. According to Professor Autry's report, "The overall margin of error for the entire survey is + or - 0.9390, indicating a very low sampling error for a survey of this type."

The survey included 48 separate questions printed on five pages, with multiple responses possible on some questions. A fully completed survey could include over 80 separate data points. Not all surveys were fully completed. Nevertheless, survey results include over 800,000 separate data points.

Some 60,000 pages of the survey were input into a Scantron 280i Clarity Scanner. The Scanner is capable of tabulating and correlating data to compare survey responses by various fields, including age, gender and state of respondents, as well as other fields. The Appendix to this report includes survey responses by respondent type, which includes categories for gender, age, specialty and practice owner/employee.

Sample Analysis Report

For "The Physicians' Foundation" Survey

Prepared for The Physicians' Foundation

August 25, 2008

REPORT CREATED BY:

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Summary:

This report represents a summary of the data provided by Merritt, Hawkins & Associates on behalf of The Physicians' Foundation to Dr. Chad W. Autry, for the purpose of assessment of sampling error and statistical summarization.

The full Summary is organized into seven sections, each summarizing a grouping of questions posed to the physician respondents for the Medical Practice in 2008 Survey, a research project sponsored by The Physicians' Foundation.

The full Summary can be requested through Tracy Little of The Physicians' Foundation at 617-399-0417, through Merritt Hawkins & Associates at 800-876-0500, or from the author at 817-257-6435.

Below is the General Assessment of the survey prepared by the author:

General Assessment

The overall margin of error for the entire survey is plus or minus 0.93%, indicating a very low sampling error for a survey of this type (less than 1% error). However, the error rate fluctuates according to individual questions and response items within the questions, and thus care should be exercised in interpreting these results. For some items, the margin of error is slightly greater than 1%; please refer to the appropriate tables in the full Summary of this report for information related to specific questions/items.

Analysis of Survey Responses

America's healthcare system is broken and in need of repair.

Overview of Survey

It has been widely observed by political leaders, healthcare organizations, policy analysts, the media, and the general public that America's healthcare system is broken and in need of repair. Both of the leading presidential candidates have resolved to make changes to the healthcare system that would increase access to healthcare services. While the proposition that the healthcare system should be reformed is widely accepted, a debate continues over two key questions:

1. What form should a revised health system take?
2. How will a revised system be paid for?

Conspicuously absent from this discussion is consideration of the nation's medical workforce. No healthcare system, no matter how well designed or financed, is viable without an adequate number of physicians ready, willing, and able to meet the needs of patients.

Does the United States have a medical workforce robust and motivated enough to make a revised healthcare system practical and effective? Indeed, are America's doctors in a position to provide quality care to patients even if the nation's healthcare system is not revised to expand access?

The Physicians' Foundation survey was conducted in the context of these questions. The survey examines how physicians feel about current medical practice conditions and gauges the state of their morale. It also examines the practice characteristics of doctors to determine the number of hours they work, number of patients they see, and related metrics.

The broader purpose of the survey, however, is not to indicate whether physicians are content or discontent, busy or idle. It is to suggest how the state of physician morale, and the position of today's doctors vis à vis the current medical practice environment, may affect access to physician services and, by extension, overall quality of care in the United States.

The following Analysis of survey results is presented with this context in mind.

Who Responded

The Physicians' Foundation survey was mailed to some 270,000 primary care physicians and approximately 50,000 surgical and diagnostic specialists. The survey was intended to focus on primary care physicians since, as coordinators of care for the whole patient, they provide the gateway to the healthcare system. In addition, it is perceived by the Foundation and a variety of other sources, including the American College of Physicians and the American Academy of Family Practice, that primary care physicians in particular are facing acute practice challenges in today's medical environment and that primary care as a practice style is in jeopardy.

Responses were received from physicians in all 50 States and the District of Columbia.

Responses were received from physicians in all 50 states and the District of Columbia. One quarter of responses came from physicians in one of three states: New York, California and Texas. Response rate by state was generally consistent with per capita population, with some exceptions, including Virginia and North Carolina, which appear to be disproportionately represented.

Family physicians accounted for the single largest category of respondents by medical specialty, representing over 27% of all respondents, followed by general internists at over 20%, pediatricians at over 17%, and OB/GYNs at over 8%. Responses from both pediatricians and OB/GYNs were proportionally higher than responses from either family physicians or general internists.

The majority of respondents (52.4%) were 51 years old or older, suggesting a somewhat disproportionately high response from older physicians (about 47% of all physicians are 51 or older, according to the AMA Physician Master File). Response from female physicians also was disproportionately high. Sixty-seven percent of responses were from male physicians, thirty-three percent from female physicians. Women now comprise approximately 27% of all doctors and slightly over 30% of all primary care doctors, toward which the survey is weighted. Responses also were somewhat disproportionate from physicians in small communities of 25,000 or fewer. Approximately 18% of responses were from physicians practicing in communities of 25,000 people or fewer. According to the National Rural Health Association, only 11% of U.S. physicians practice in rural areas. However, the definition of "rural area" is unclear and a final evaluation of this response category is pending further research. In addition, it should be considered that non-primary care physicians who were sent the survey were selected by size of practice. The survey was sent to non-primary care physicians in practices of three physicians or fewer. These smaller practices are likely to be located in smaller communities.

Thirty-four percent of responses came from physicians in solo practice, while the remainder came from physicians in group practices of five doctors or less (28.25%), group practices of six doctors or more (21.15%), hospital-based doctors (9.47%), and doctors in other settings. The majority of respondents (61.56%) are owners or partners in their practices while the remaining 38.44% are employed. It should be noted that the survey was weighted toward physicians in private, independent practices in order to gauge the continued viability of this traditional practice model.

Practice Plans

Physicians were asked what they planned to do in the next one to three years. A slim majority (51.48%) said they plan to continue practicing as they are. The remainder, however, said they plan to take one or a combination of steps that would eliminate or reduce the number of patients they see.

About 11% said they plan to retire in the next one to three years. Over 13% said they plan to seek a job in a non-clinical healthcare setting, which would remove them from active patient care. Over 10% said they would seek a job unrelated to healthcare. An exodus by over 30% of physicians from patient care in the next three years, should it actually occur, would lead to an unprecedented crisis in which access to physicians would be severely restricted. Even a much smaller exodus of doctors would exacerbate the growing shortage of physicians in the United States.

Over 7% of physicians said they plan to work as locum tenens in the next one to three years. Physicians practicing locum tenens rarely do so on a full-time basis, so it is likely that a movement of doctors from traditional practice to locum tenens would contribute to a reduction in physician access. An additional 7% of physicians said they plan to switch to "concierge/boutique" practices in the next one to three years. The movement of physicians to such practices, in which doctors contract directly with patients and remove third party payers from the equation, has significant implications for health care access. Primary care physicians who switch to boutique practices typically reduce their patient charts in order to provide more services and more time to patients who pre-pay an annual retainer. Other patients then must find new primary care doctors if they can. Should a growing number of physicians convert to concierge practice, the ability of patients to see a doctor will be further constrained.

Physicians rated "declining reimbursement" as the most significant impediment to patient care delivery.

Only 27.69% of primary care physicians said they would choose to be primary care doctors if they had their careers to do over. This response clearly illustrates how disaffected many physicians are with primary care practice and with medicine in general. Over one quarter (26.69%) of primary care doctors said they would choose not to be physicians if they could repeat their careers, while over 41% said they would choose to be surgical or diagnostic specialists rather than primary care physicians. These numbers have negative implications for the prospect of keeping primary care doctors in practice and for attracting new physicians to primary care. The pervasive opinion among physicians clearly is that primary care is not the place to be.

It also is discouraging to note that 60% of physicians would not recommend medicine as a career to their children or to other young people. Medical students traditionally have been inspired to join the medical profession by physician parents, relatives, or other physician role models. A demoralized physician workforce militates against recruitment into the profession and may quickly demoralize new entrants to the field.

In a related finding, only 22% of physicians said they now find the practice of medicine "highly rewarding." The remaining 78% said the practice of medicine is either "less rewarding" or "no longer rewarding."

Opinions, Perspectives, and Practice Plans

Physicians were asked questions about their views of the current medical practice environment. In addition, they were asked about their future practice plans.

A small minority (5.47%) said that they now find the practice of medicine "very satisfying." A larger number (28.68%) said they now find the practice of medicine "satisfying." The majority (65.86%) now find the practice of medicine either "less satisfying" or "unsatisfying."

"Patient relationships" ranked highest on the list of things physicians find satisfying about medicine, followed by "intellectual stimulation," "professional/collegial relationships" and "prestige of medicine." "Financial rewards" ranked last on the list of things physicians find most satisfying about medicine.

"Reimbursement issues" ranked highest on the list of things physicians find most unsatisfying about medicine, followed by "malpractice/defensive medicine pressures" and "Medicare/Medicaid/government regulations."

Less than one in five physicians (17.50%) rated their practices as "healthy and profitable." Almost half (47.91%) said their practices were "profitable, but low margins," while 22.39% said their practices were "break even." Just over 12% said their practices were "unprofitable." Sustaining a profit is essential to the growth and survival of any business, including a medical practice. That over 34% of physicians reported that their practices are not making a profit may be disturbing for anyone considering becoming a physician, but also should be disturbing to those concerned about access to physicians. Those physicians not earning a profit may be compelled to see more patients, making access to appointments more difficult and reducing time spent per patient.

Not coincidentally, physicians rated "declining reimbursement" as the most significant impediment to patient care delivery in today's practice environment by a large margin. Other factors, such as "difficulty with managed care organizations" and "demands on physician time" also were ranked as major impediments.

At Full Capacity

The majority of physicians (63.4%) work 51 hours or more per week while 38% work 61 or more hours a week. Over 90% said that the amount of time they spend on non-clinical paperwork has increased in the last three years. Over 60% spend at least 11 hours per week on non-clinical paperwork duties. Close to two-thirds (63%) said that the growing volume of non-clinical duties they face has caused them to spend less time per patient.

Over 60% of physicians said they see at least 21 patients a day and the majority (76.29%) said their practices are either at "full capacity" or that they are "overextended and overworked." Only 23.71% said that they "have time to see more patients and assume more duties." That fewer than one-quarter of physicians indicated they have excess capacity in their practices is disturbing in the face of a growing and aging population and in the light of a potentially reformed healthcare system that would (theoretically) enhance access to medical services.

In addition, only 36.77% of physicians said they "usually have time to fully communicate and treat all patients." The majority (63.23%) only "sometimes have time to fully communicate and treat all patients" or "do not have time to fully communicate and treat all patients." Over 70% see either a "moderate need" or an "urgent need" for more primary care physicians in their areas. Close to 90% said it is either "very difficult" or "moderately difficult" to recruit physicians to their practices, further suggesting that excess physician capacity is minimal.

60% of physicians would not recommend medicine as a career to their children or to other young people.

As a response to cost/reimbursement or time issues, 53% of physicians said they have had to close their practices to certain categories of patients. Over one-third (33.56%) have closed their practices to Medicaid patients, 30.41% have closed their practices to some "HMO/managed care patients," 25.75% have closed their practices to "certain managed care companies," 16.14% have closed their practices to indigent patients, 11.70% have closed their practices to Medicare patients and 5.22% have closed their practices to "new patients."

These numbers illustrate that medical coverage does not equate to medical access. Because of time and financial constraints, the survey indicates that many physicians are unable to see patients covered by government and private plans in which a significant part of the population is enrolled. Expanding coverage may only have the effect of creating longer lines to see physicians, as has happened in Massachusetts, since the advent of health reform in that state.

That physicians may have little choice in limiting their practices to some degree by payer type is demonstrated by the fact that some payers reimburse physicians at less than their cost of providing care. Over two-thirds (64.84%) of physicians said that Medicaid reimburses them at less than their cost of providing care. Over 43% said that "some HMO/PPO" plans reimburse them at less than their cost of providing care, and 36.10% said Medicare reimburses them at less than their cost of providing care

Over 60% of physicians spend at least 11 hours per week on non-clinical "paperwork" duties.

The survey suggests that, given many under-paying or non-paying patients, physicians are acting as a social-safety net. About 76% of physicians said they are providing $25,000 or more in uncompensated care a year, while over 39% said they are providing $50,000 or more in uncompensated care a year. Unsurprisingly, in light of those numbers only 15.76% of physicians said that incomes in their practices had increased in the last three years, while the remaining 84.24% said income was either "flat" or "decreasing."

Due to flat or declining reimbursement, 39.86% of physicians said they have been unable to provide their staffs with raises, 35.66% said they had been unable to purchase new equipment, and 34.54% said they have had to reduce the time they spend per patient. Of those who have not already installed electronic medical records, 77% said they do not have the money to do so. Inability to install EMR would reduce the effectiveness of any plan to control healthcare costs and to promote efficiency, access, and quality through enhanced information technology.

Professional Morale

Only 5.86% of physicians said that the professional morale of their colleagues is "positive," while about 42% of physicians rated the professional morale of their colleagues as "very low" or "poor." The majority (52.28%) said the professional morale of their colleagues is "mixed." A possible explanation for this ambiguity is that many physicians indicated that the patient care side of medicine remains satisfying while practice management issues are unsatisfying. Physicians rank their own morale as being somewhat higher than that of their colleagues. Over 22% said their own morale is "positive." However, over 30% said their morale was either "very low" or "poor," while 47.31% were in the ambiguous "mixed" category.

Physicians generally have been reluctant to indicate that there is a physician shortage. The survey indicates, however, that this reluctance may be dissipating. The majority of physicians (78%) said they believe there is a shortage of primary care physicians in the United States today, while 22% indicated they do not believe there is a shortage. This response was consistent for both primary care physicians only, who may have competitive reasons for indicating there is no primary care shortage, and for specialist physicians.

Physicians identified "fewer physicians choosing primary care" as the most important reason for the shortage of primary care doctors. This is an accurate statement, as the number of U.S. medical school graduates selecting family practice residencies has declined in recent years (only 49% of Year 1 family practice residents in 2007 were graduates of U.S. medical schools), as has the number of medical students choosing to practice general internal medicine.

Physicians ranked "practice closures due to rising cost/declining reimbursement" as the second most important reason for the primary care shortage, followed by "aging/growing population" and "physicians choosing early retirement." Again, the pattern of adverse practice conditions leading to reduced physician access is apparent.

Due to flat or declining reimbursement, 34.5% of physicians have had to reduce the time they spend per patient.

Put it in Writing

The survey asked physicians for their written comments regarding what they would tell policy makers and the public about current medical practice conditions in the United States. Some 4,000 physicians put their thoughts on paper, many writing at length and some even submitting essays or books, while others confined themselves to one-word editorials such as "Help!"

The great majority of letters indicated that physicians have deep misgivings about the practice of medicine today and the future of the profession. Many feel the profession has been devalued. Many are tired of doing battle with third parties that rob them of time, energy and empathy. Some were simply grateful for a venue through which they could express their opinions.

Combined, the letters underscore the contention that many physicians are at the breaking point and feel compelled to take steps that would reduce access to physician services. They are seeking solutions to their dilemma but are not optimistic that there are any to be found.

Conclusion

Medicine is a unique profession in that virtually everyone comes in contact with it at some point. At birth, in sickness, or near death, physicians play a role of vital importance in almost everyone's life.

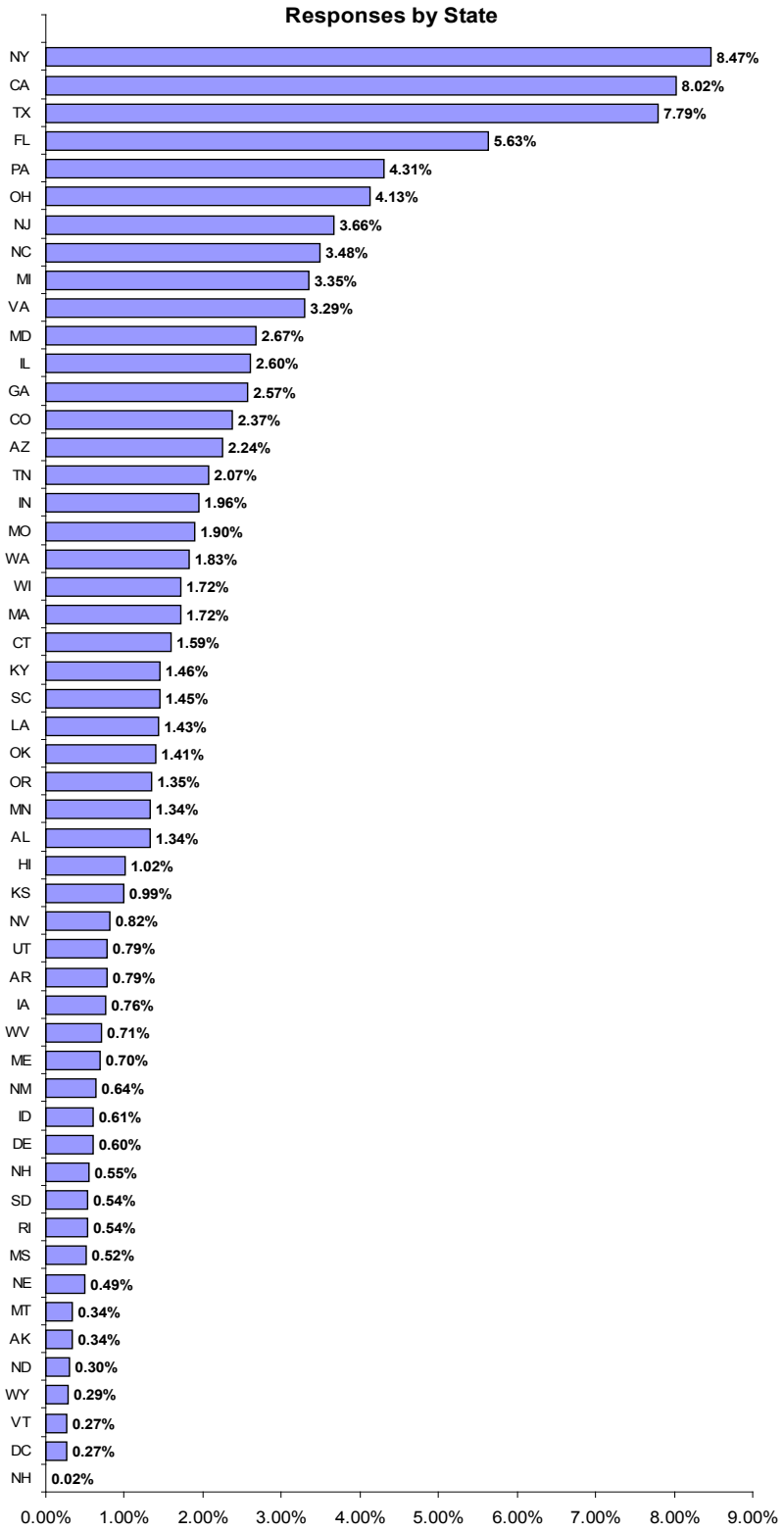
The Physicians' Foundation survey strongly suggests that this essential profession is becoming unviable for those who practice it. As a consequence, many physicians will pursue a path that reduces patient access to their practices, inhibiting both quality of care and any effort to extend a healthcare mandate to more Americans.

Responses to Questions

The Medical Practice in 2008 survey is divided into two parts. Part One focuses on the opinions, perspectives and practice plans of physicians surveyed. Part Two focuses on physician practice characteristics.

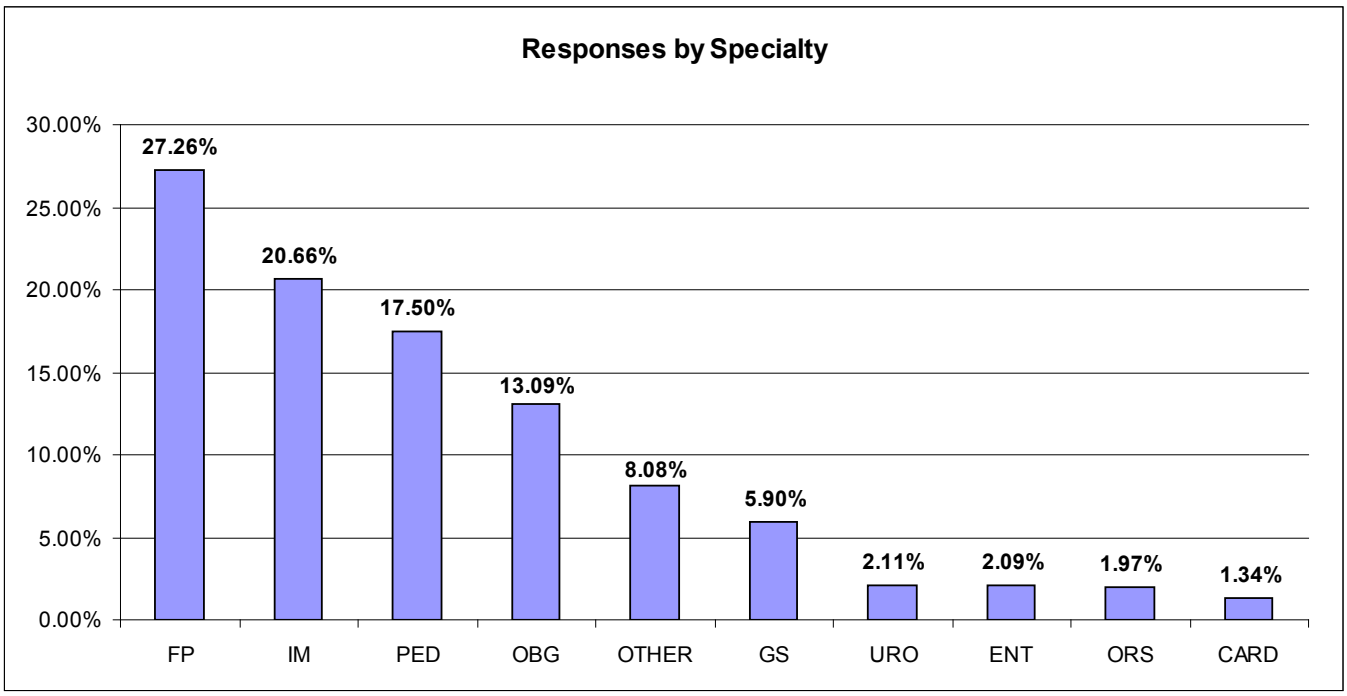
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

1. State in which you practice:

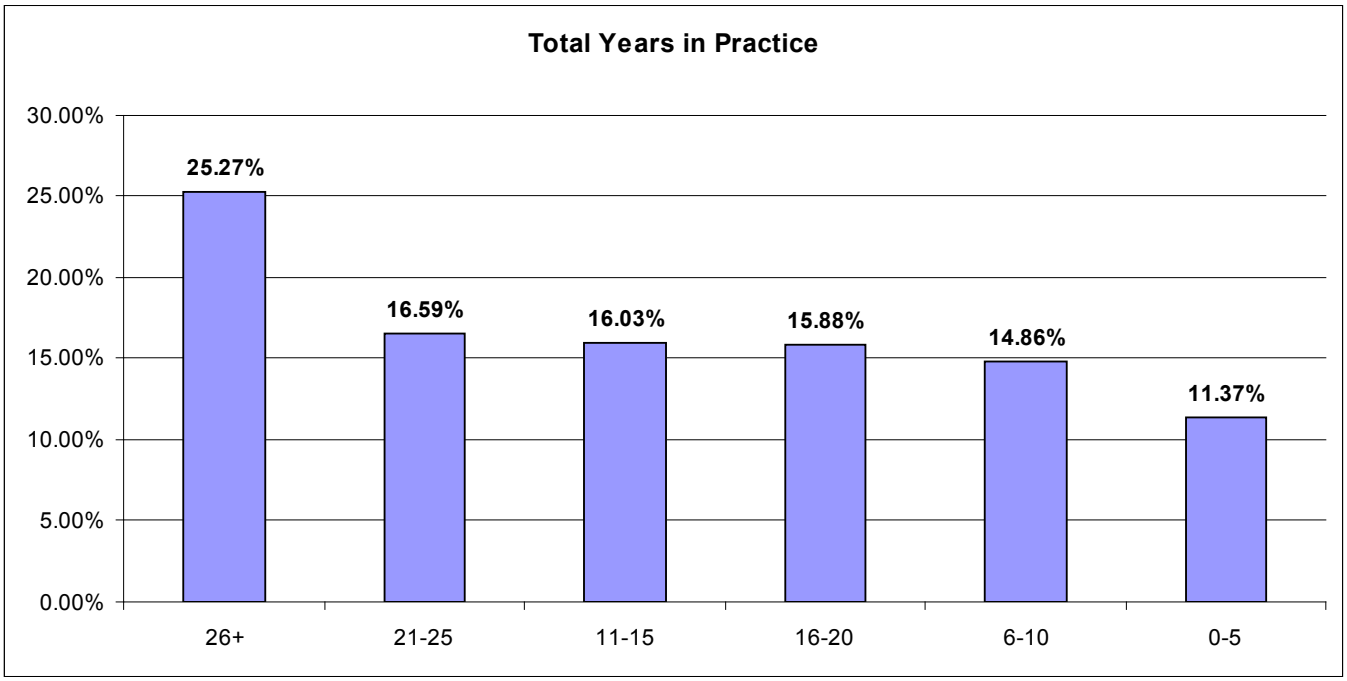


PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

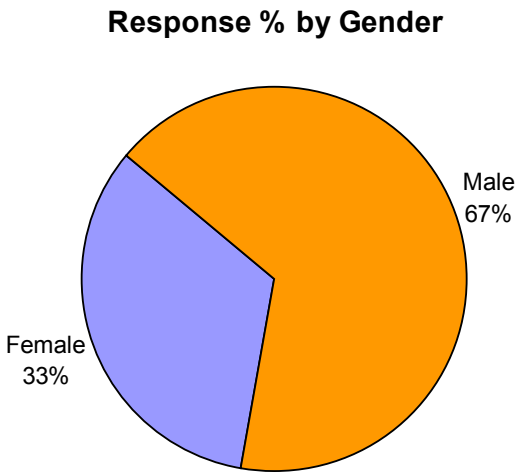
2. What is your medical specialty?



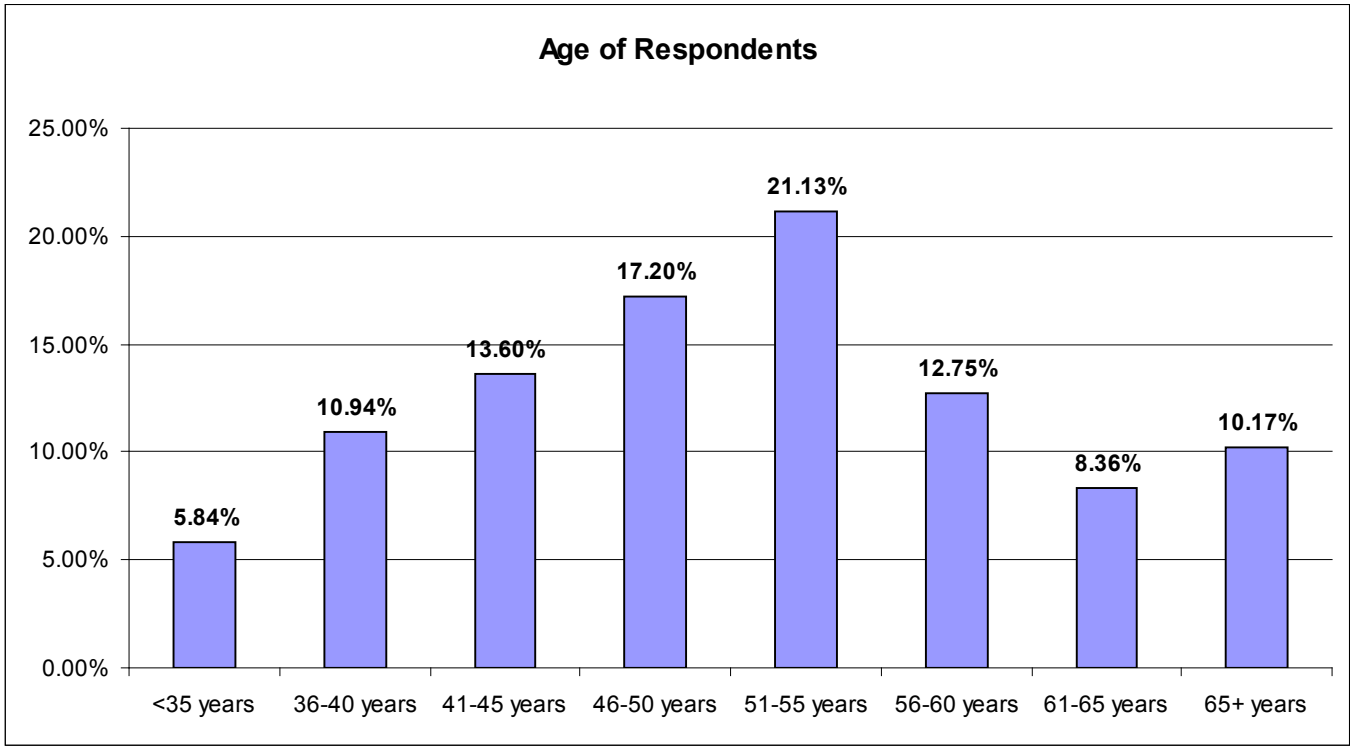
3. How many years you have been in medical practice (post residency/fellowship)?



4. What is your gender?

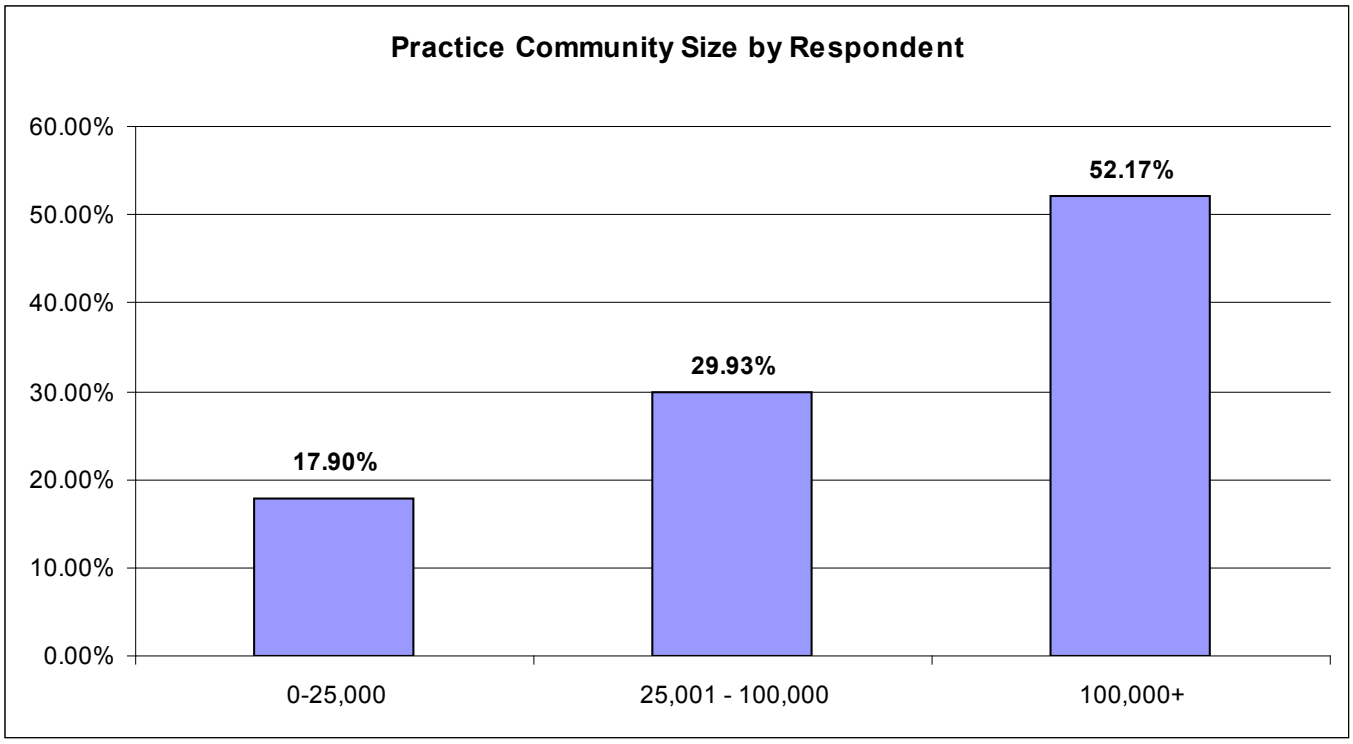


5. What is your age?

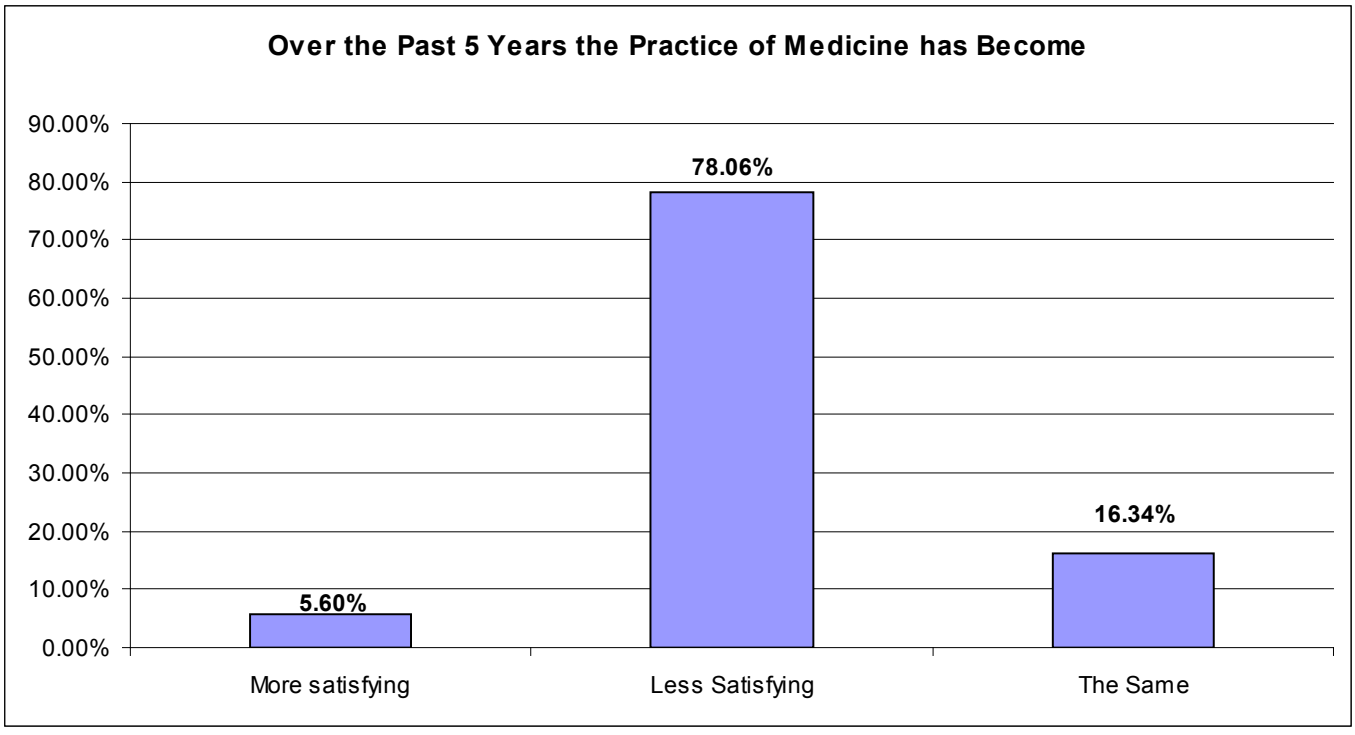


PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

6. What size community do you practice in?

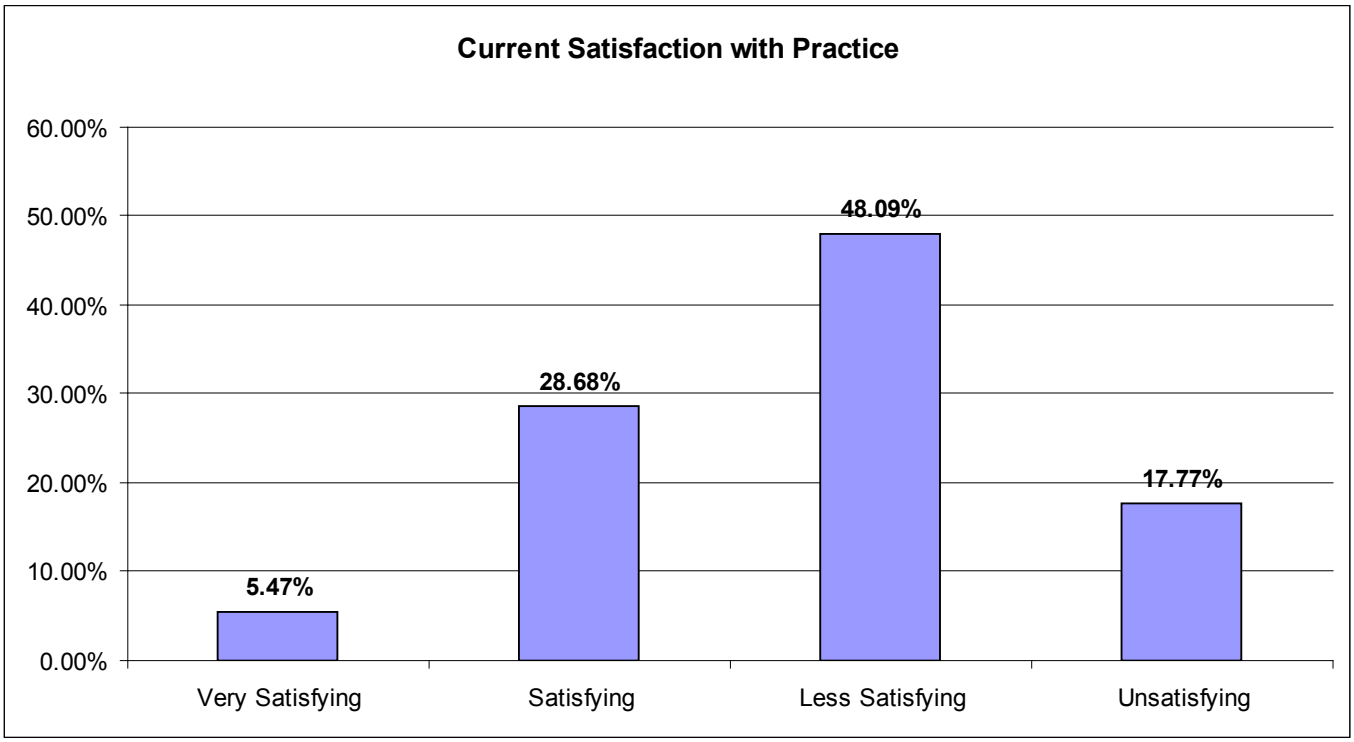


7. In the past five years the practice of medicine has become:



PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

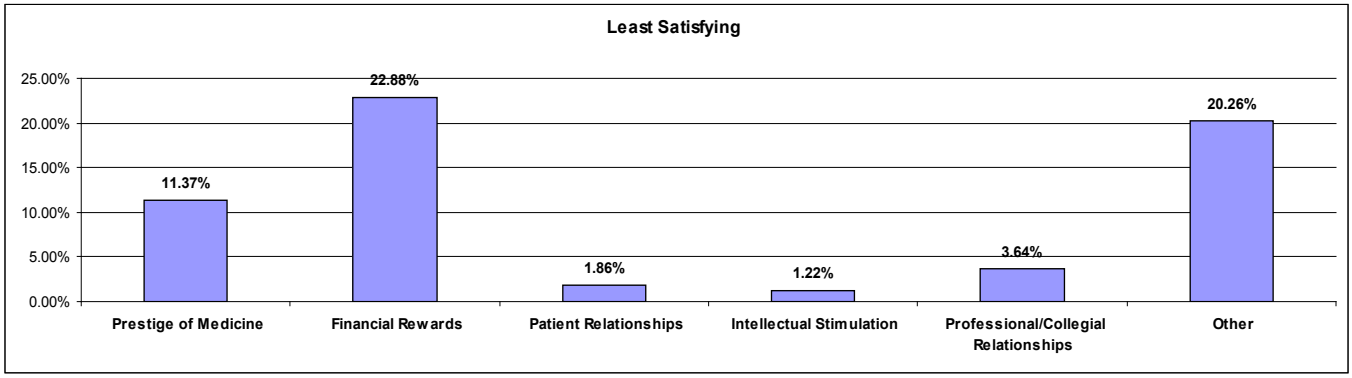
8. How do you now find the practice of medicine?

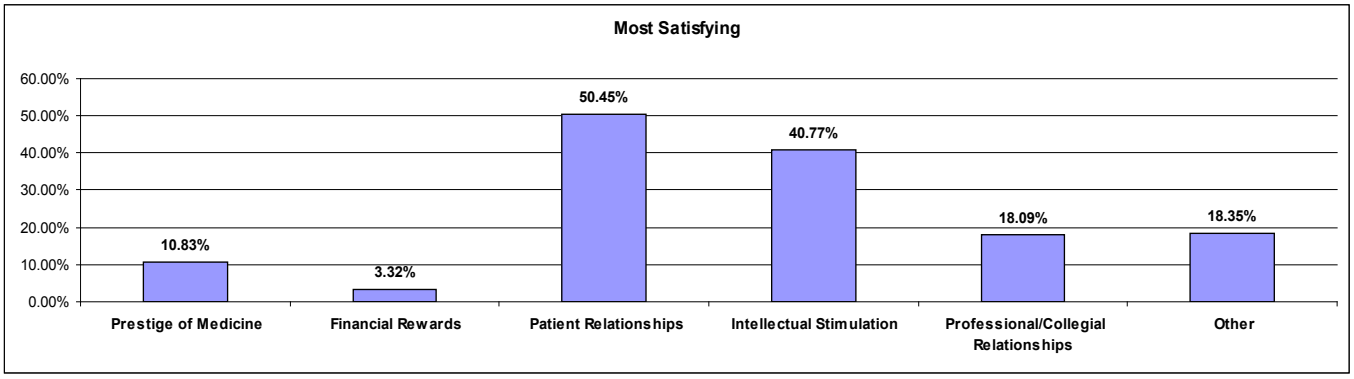


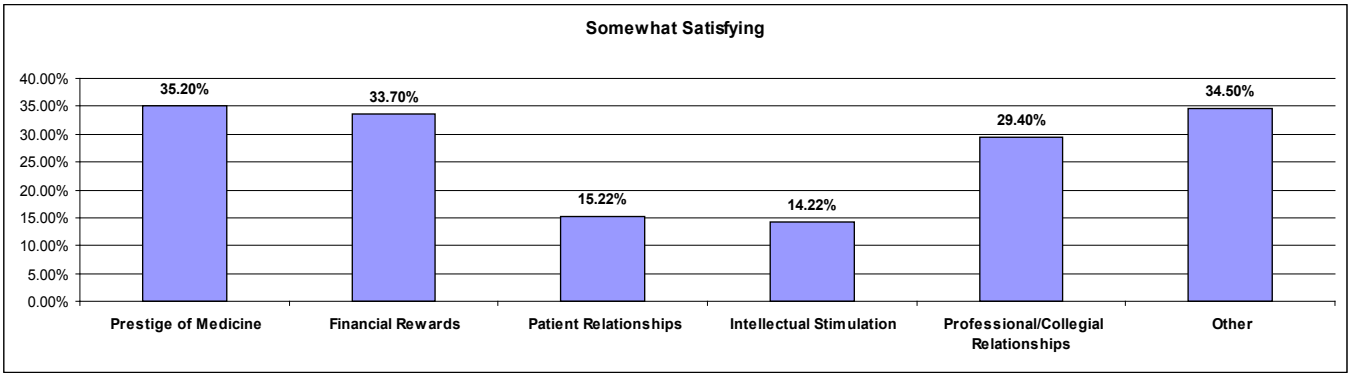
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

9. What do you find satisfying about medical practice?

	Most Satisfying		Somewhat Satisfying		Least Satisfying
	1	2	3	4	5
Prestige of Medicine Rating	10.83%	24.03%	35.20%	18.57%	11.37%
Financial Rewards Rating	3.32%	19.28%	33.70%	20.81%	22.88%
Patient Relationships Rating	50.45%	27.72%	15.22%	4.76%	1.86%
Intellectual Stimulation Rating	40.77%	40.92%	14.22%	2.87%	1.22%
Professional/Collegial Relationships Rating	18.09%	38.09%	29.40%	10.79%	3.64%
Other Rating	18.35%	18.66%	34.50%	8.23%	20.26%



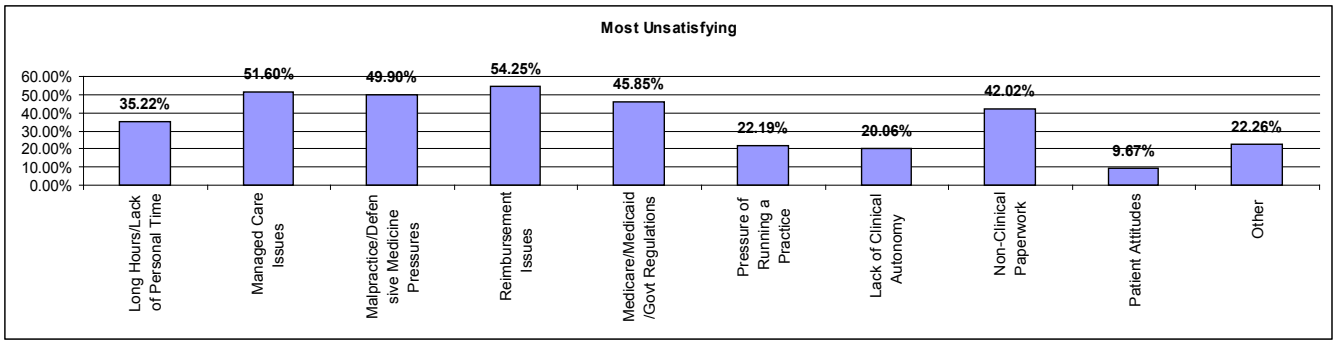


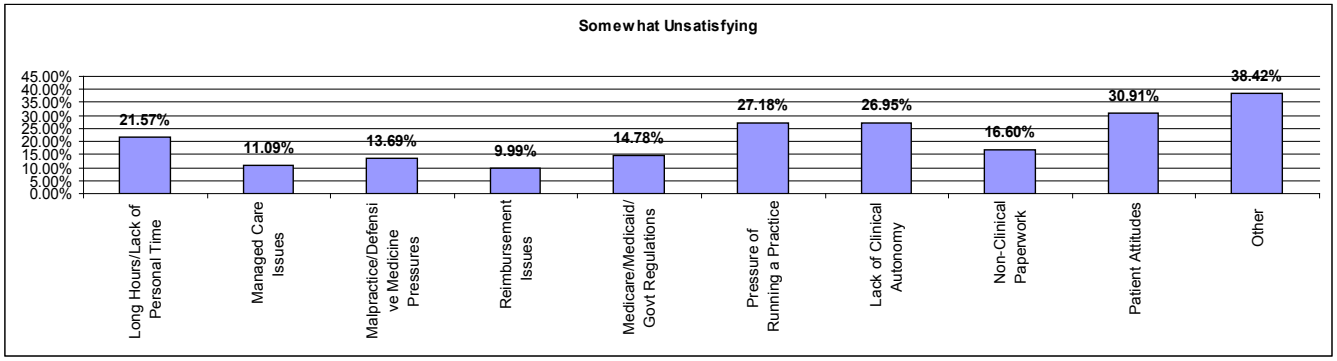


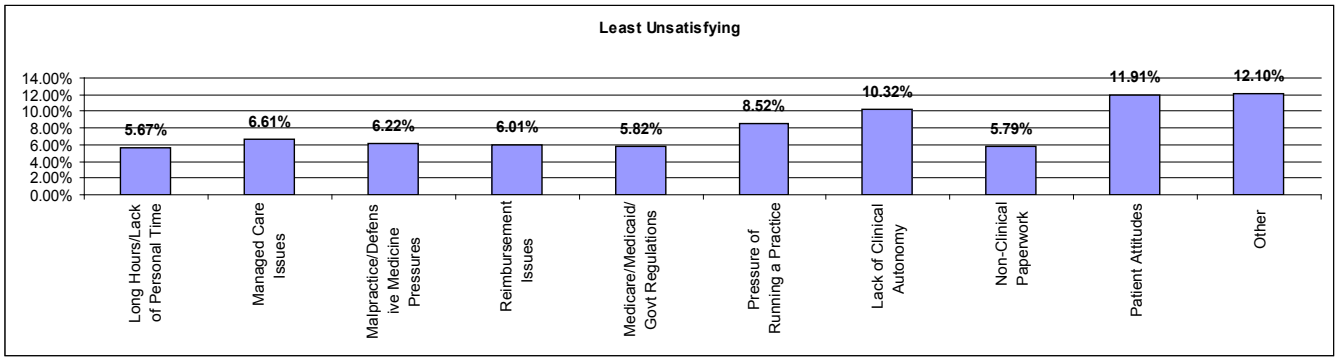
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

10. What do you find unsatisfying about medical practice?

	Most Unsatisfying		Somewhat Unsatisfying		Least Unsatisfying
	1	2	3	4	5
Long Hours/Lack of Personal Time Rating	35.22%	26.75%	21.57%	10.80%	5.67%
Managed Care Issues Rating	51.60%	25.53%	11.09%	5.16%	6.61%
Malpractice/Defensive Medicine Pressures Rating	49.90%	24.64%	13.69%	5.55%	6.22%
Reimbursement Issues Rating	54.24%	25.42%	9.99%	4.35%	6.01%
Medicare/Medicaid/Govt Regulations Rating	45.85%	27.93%	14.78%	5.62%	5.82%
Pressure of Running a Practice Rating	22.19%	27.69%	27.18%	14.43%	8.52%
Lack of Clinical Autonomy Rating	20.06%	25.20%	26.95%	17.46%	10.32%
Non-Clinical Paperwork Rating	42.02%	28.00%	16.60%	7.60%	5.79%
Patient Attitudes Rating	9.67%	25.79%	30.91%	21.72%	11.91%
Other Rating	22.26%	16.49%	38.42%	10.72%	12.10%

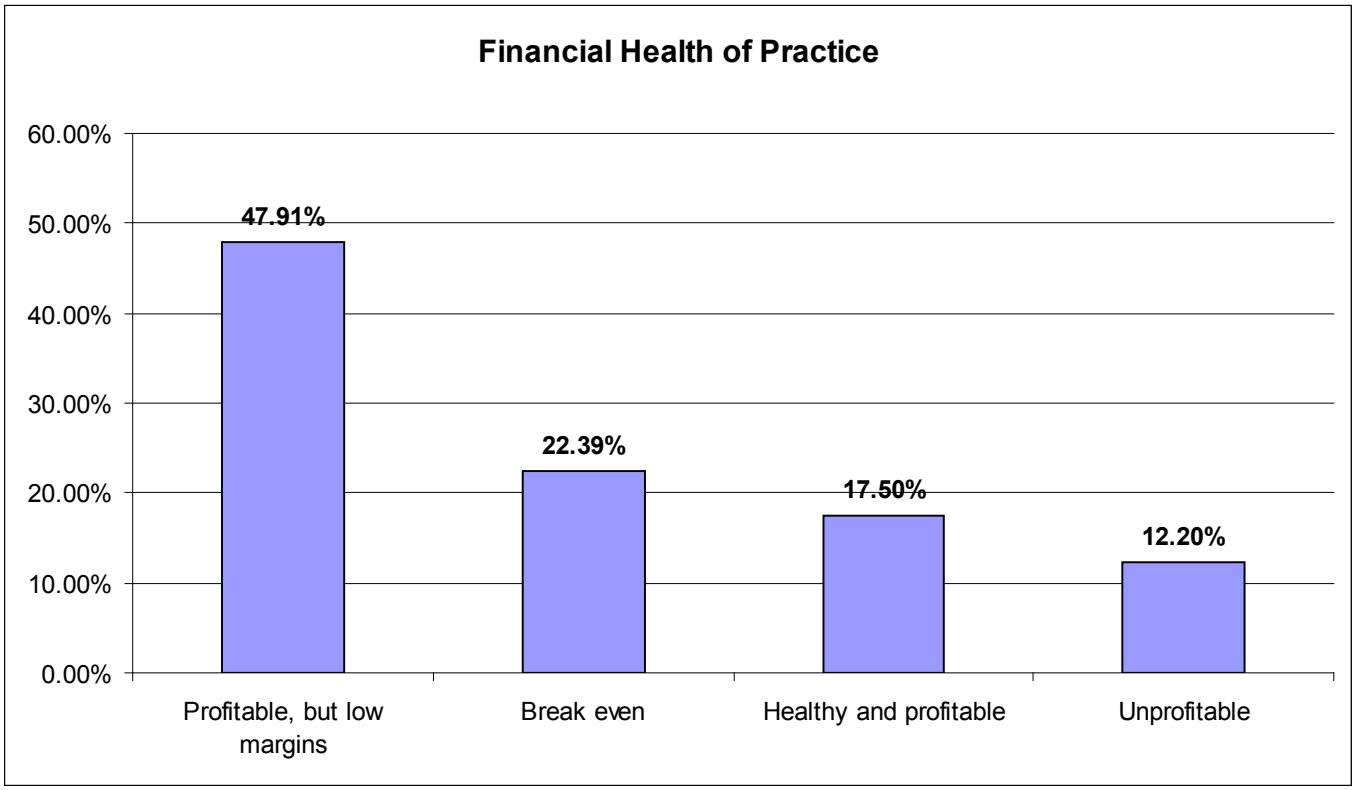






PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

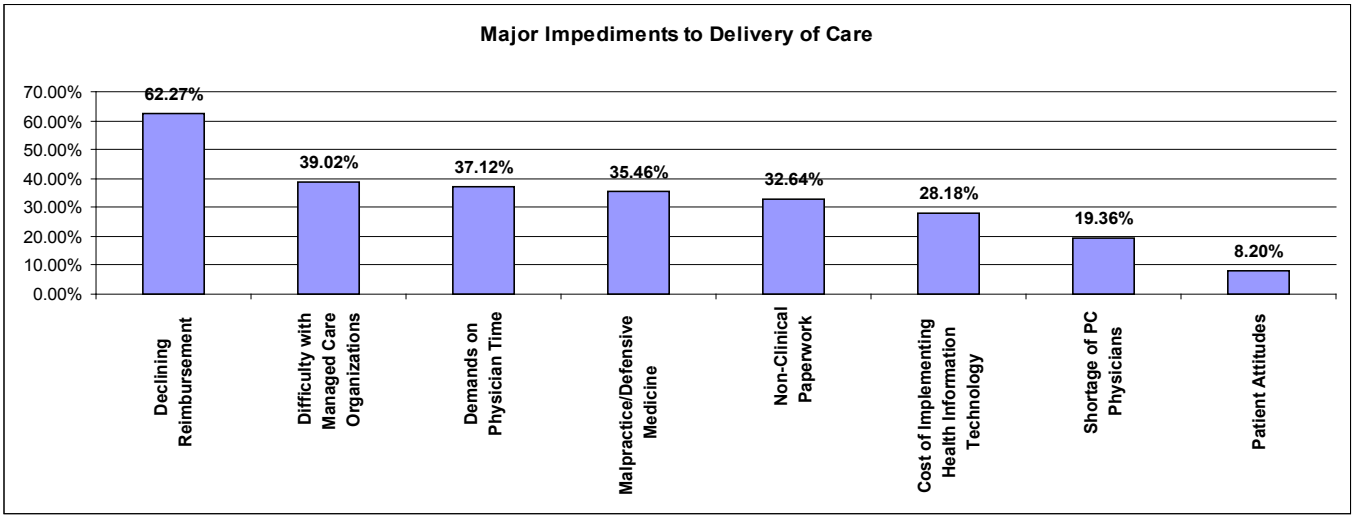
11. Assess the financial health of your practice:



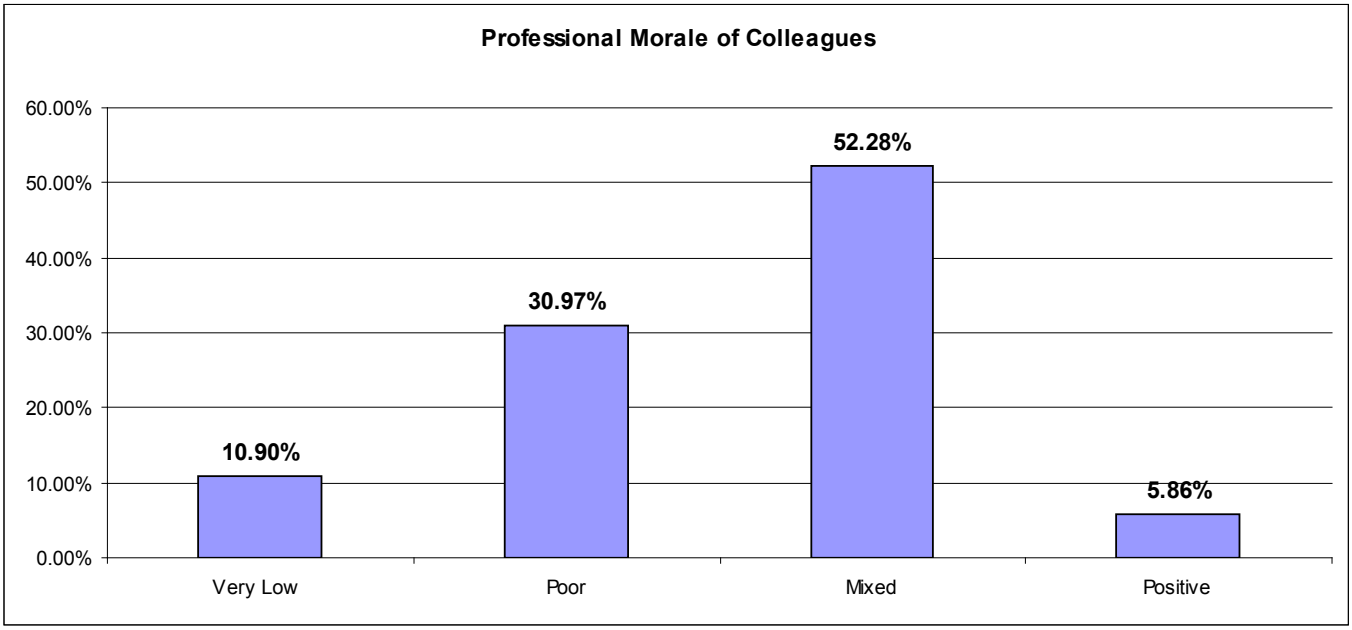
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

12. What do you see as impediments to the delivery of patient care in your practice environment?

	Major Impediment				Minor Impediment
	1	2	3	4	5
Difficulty with Managed Care Organizations	39.02%	32.89%	18.55%	6.13%	3.41%
Malpractice/Defensive Medicine	35.46%	31.47%	21.64%	8.28%	3.15%
Cost of Implementing Health Information Technology	28.18%	33.46%	24.51%	9.20%	4.65%
Non-Clinical Paperwork	32.64%	35.04%	23.22%	6.99%	2.10%
Demands on Physician Time	37.12%	35.46%	20.84%	5.41%	1.17%
Declining Reimbursement	62.27%	25.28%	8.55%	2.47%	1.43%
Shortage of PC Physicians	19.36%	21.73%	29.19%	17.06%	12.66%
Patient Attitudes	8.20%	22.38%	34.37%	21.62%	13.43%

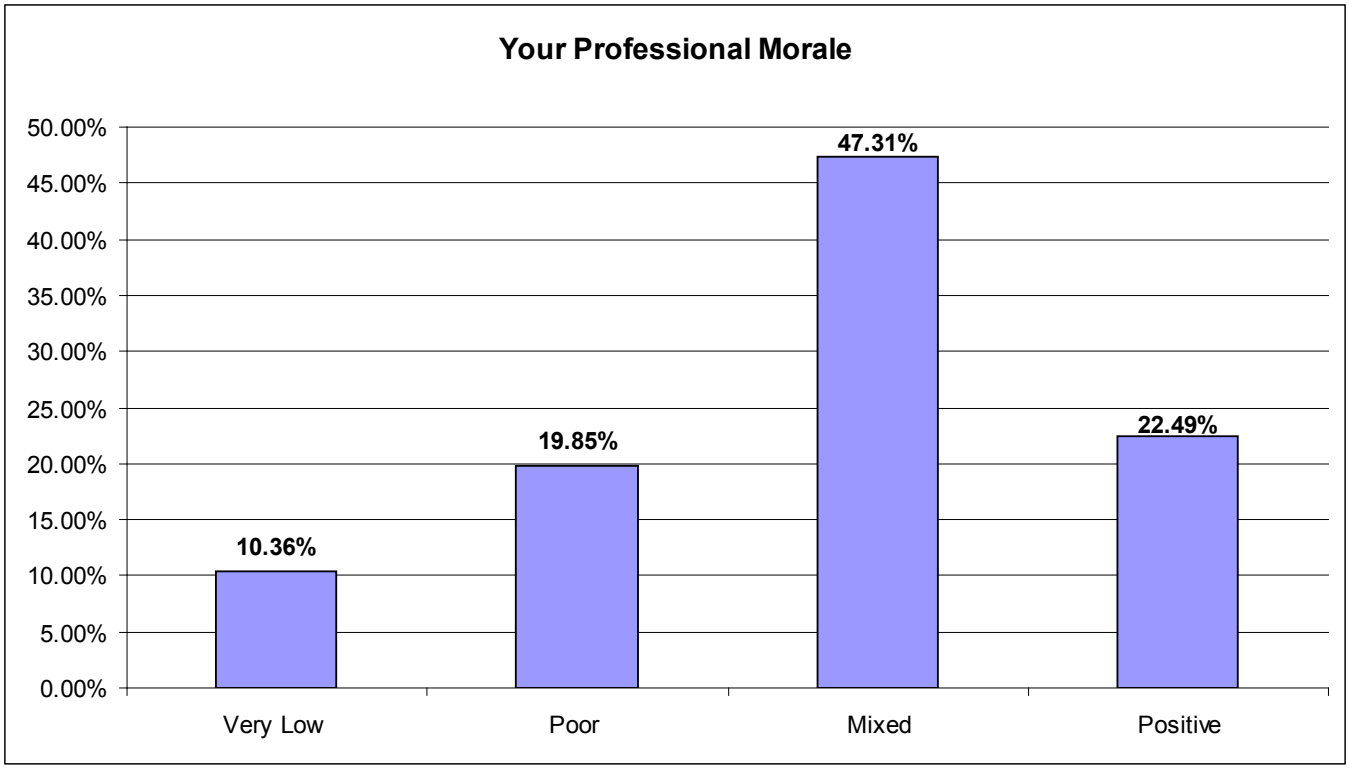


13. How would you describe the professional morale of physicians you know or with whom you work?



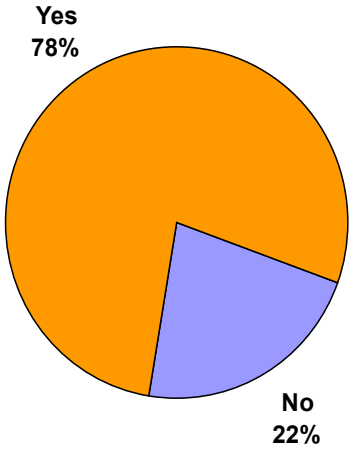
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

14. How would you describe YOUR OWN professional morale?

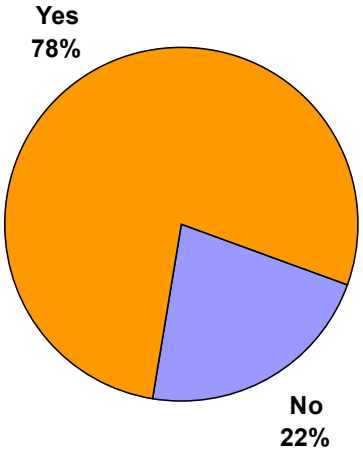


15. Do you believe there is a shortage of primary care physicians in the United States today?

All Respondents



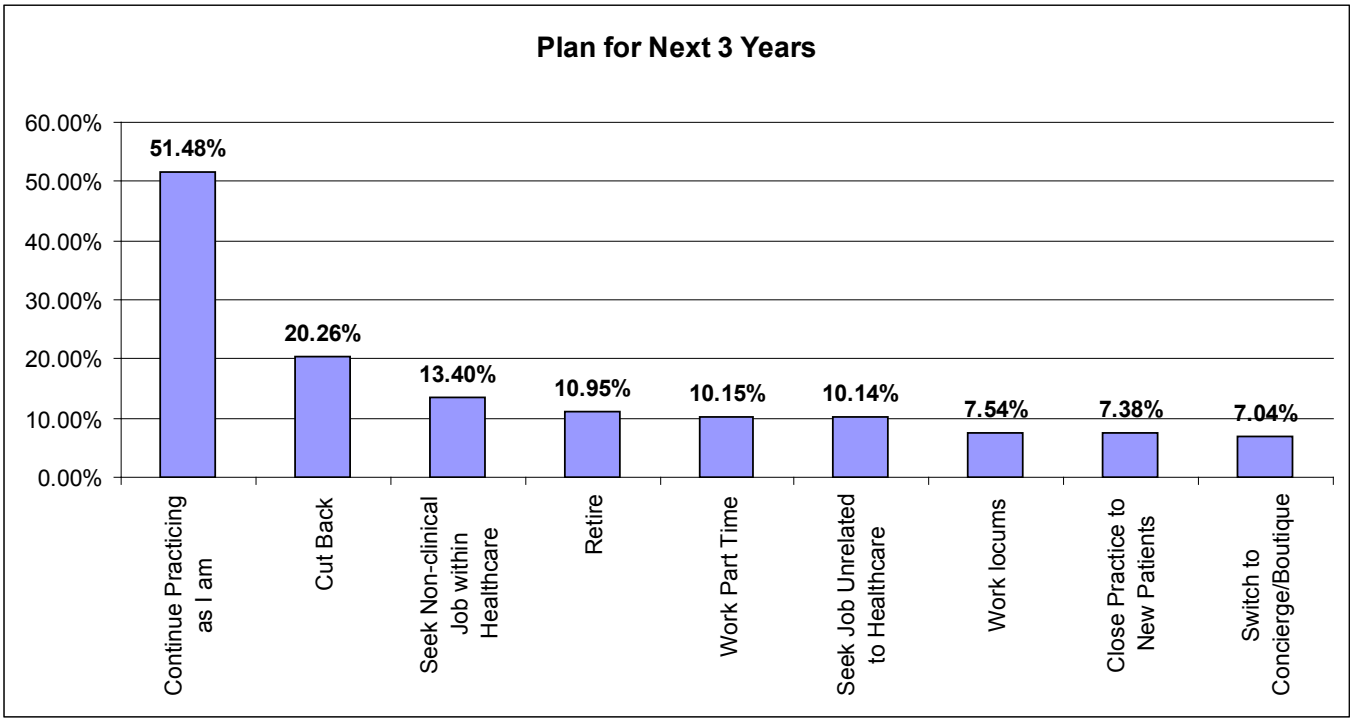
Primary Care Respondents Only



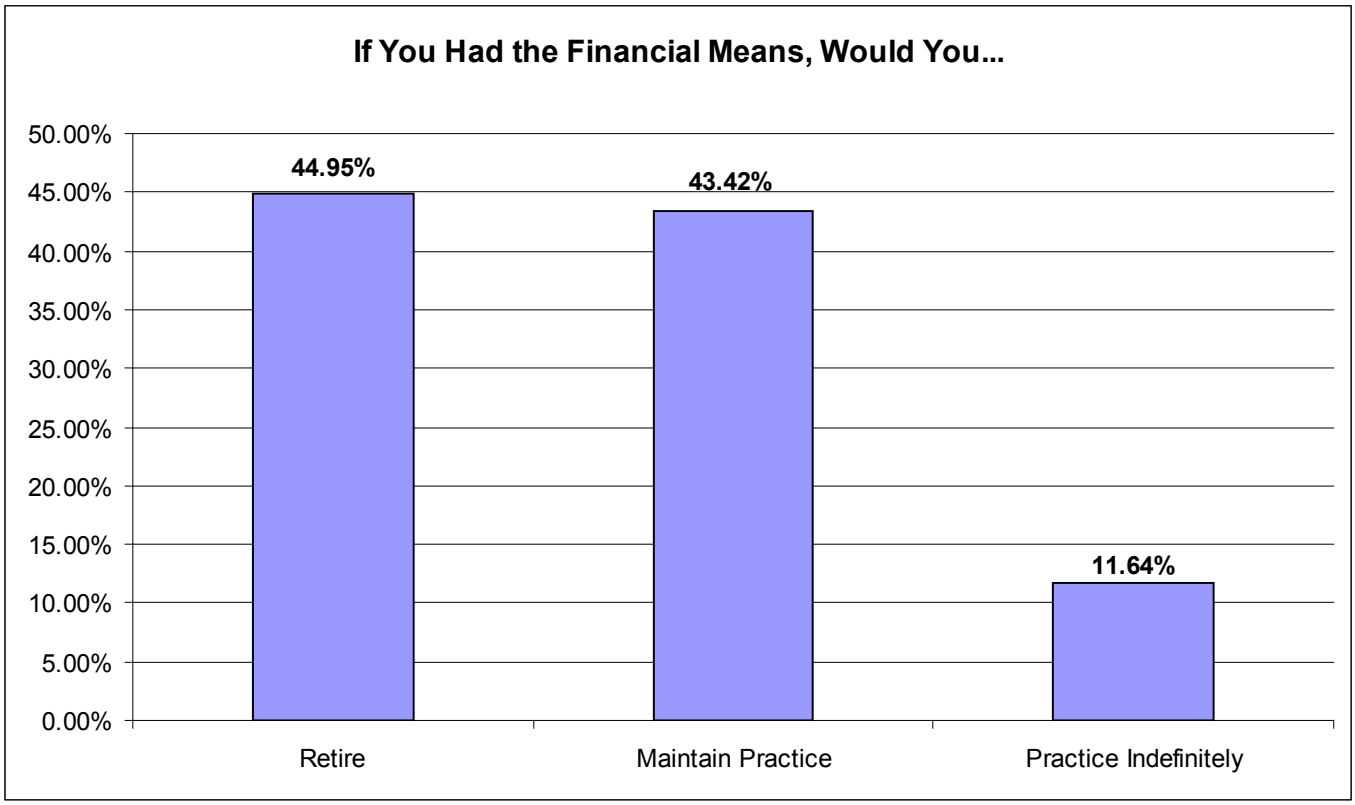
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

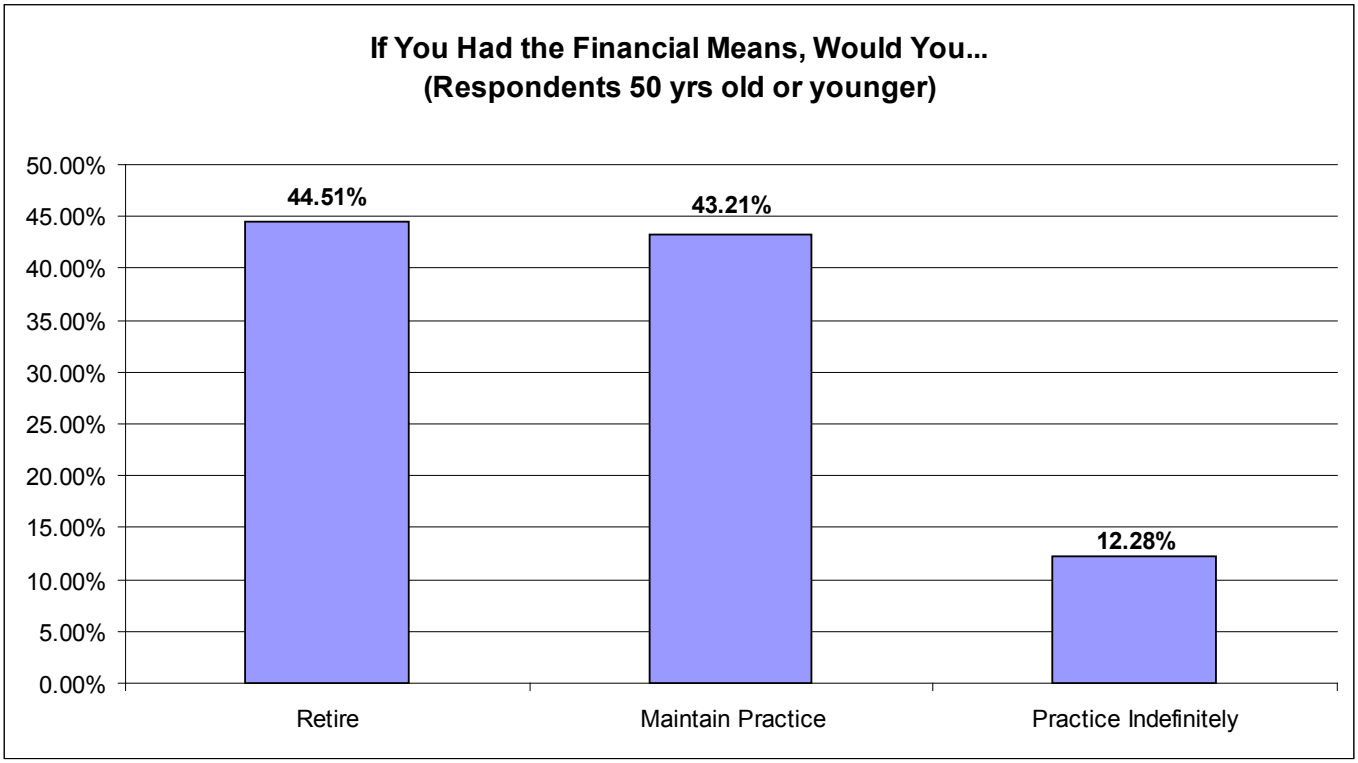
16. In the next 1-3 years, I plan to (check all that apply):

Close Practice to New Patients	7.38%
Cut Back	20.26%
Continue Practicing as I am	51.48%
Seek Non-clinical Job within Healthcare	13.40%
Retire	10.95%
Work Part Time	10.15%
Seek Job Unrelated to Healthcare	10.14%
Work locums	7.54%
Switch to Concierge/Boutique	7.04%

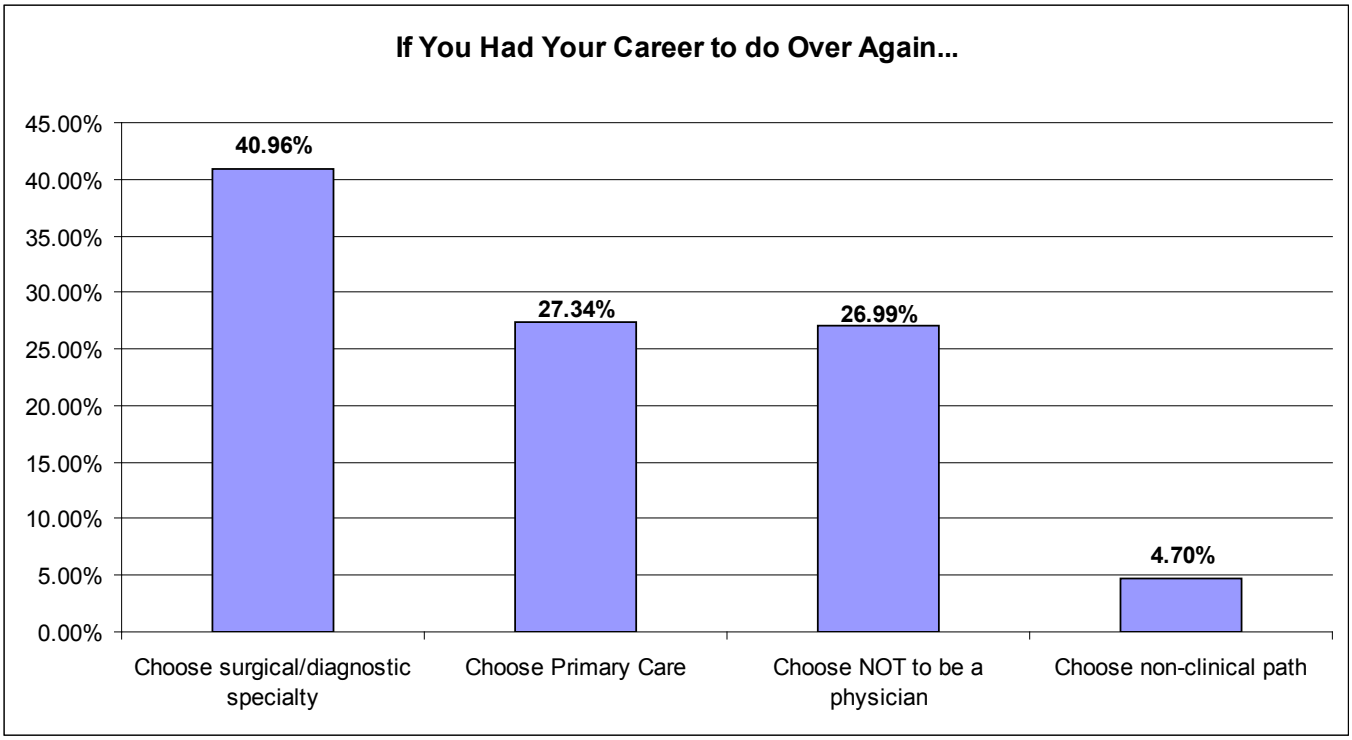


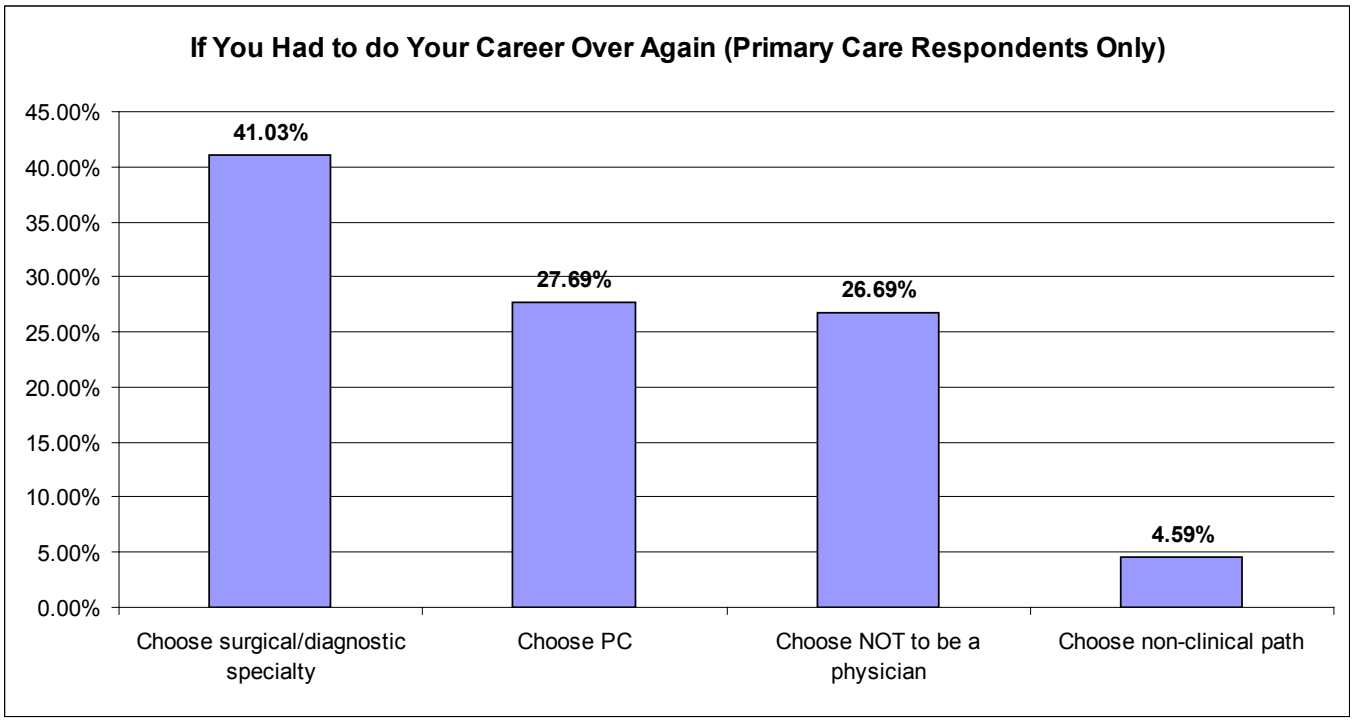
17. If you had the financial means to retire today would you, or would you maintain your practice for at least a few more years or even indefinitely?



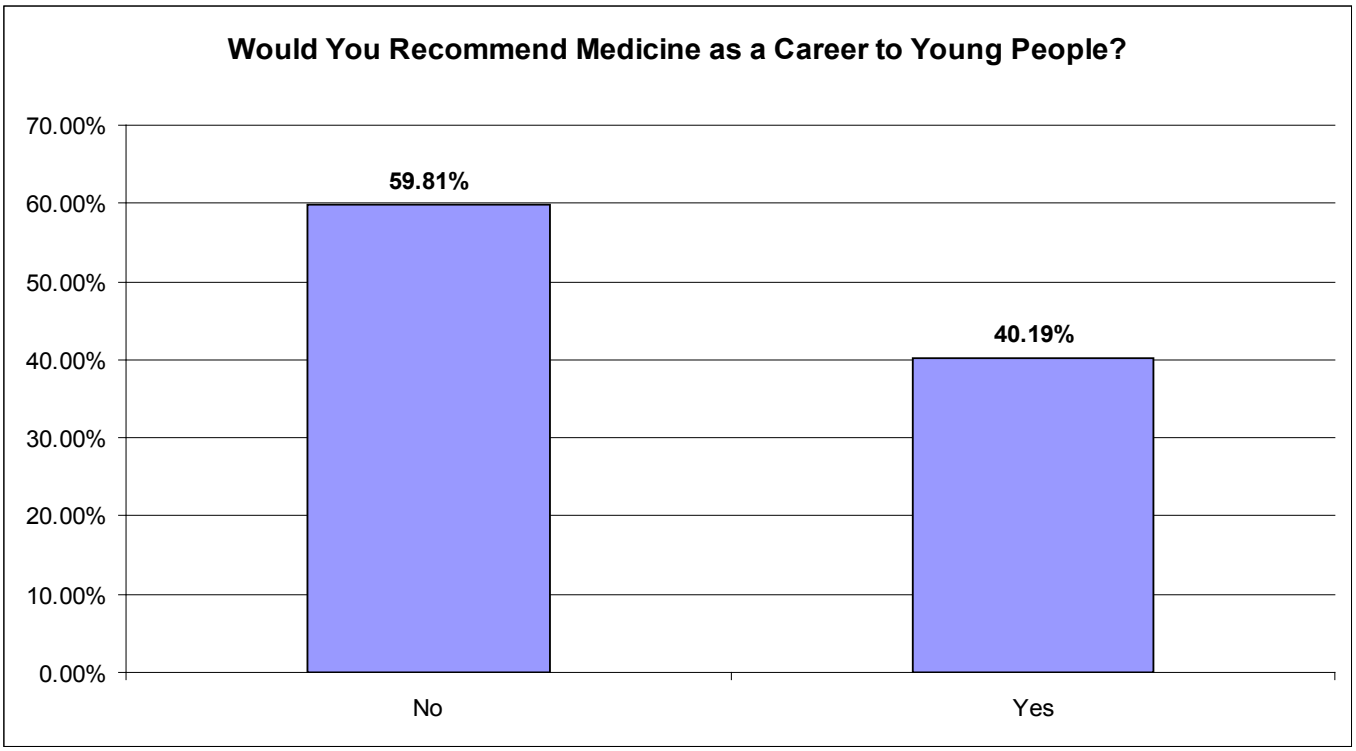


18. If you had your career to do over again, would you:

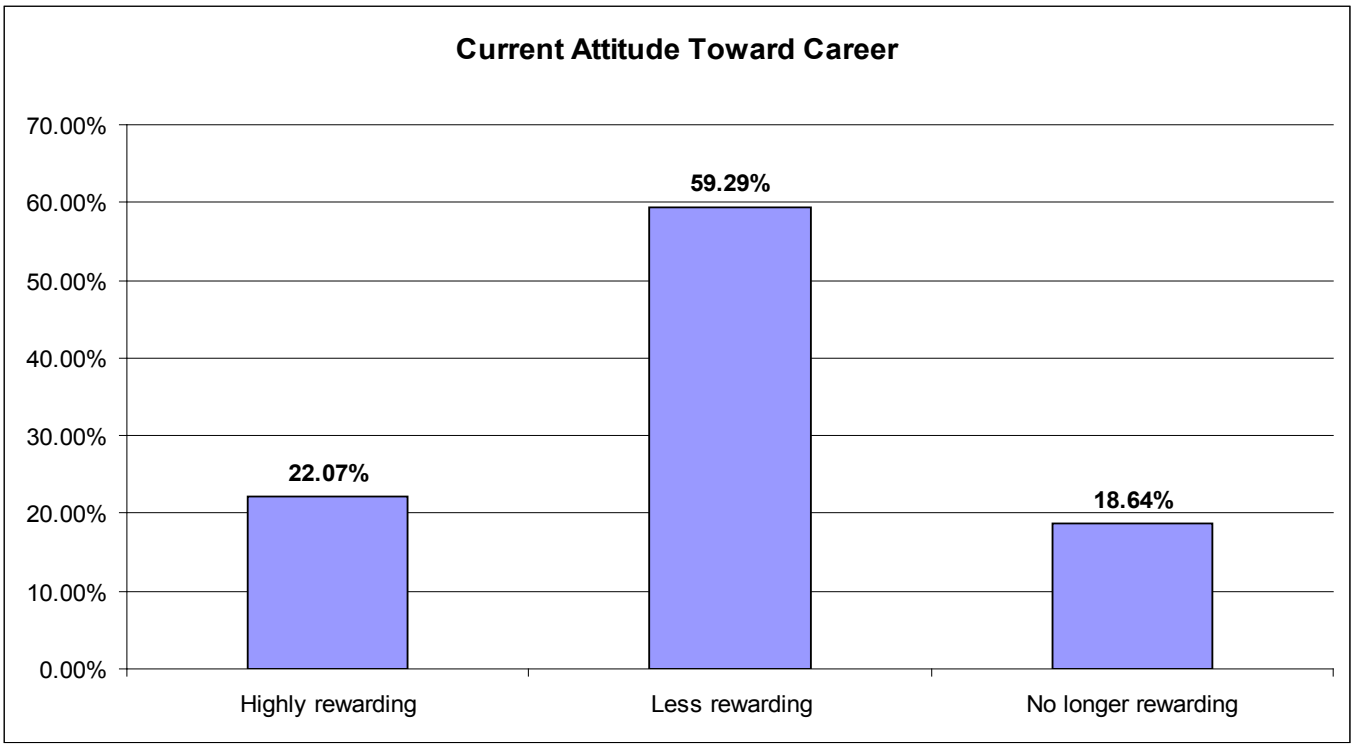




19. Based on what you know today, would you recommend medicine as a career to your children or to other young people?

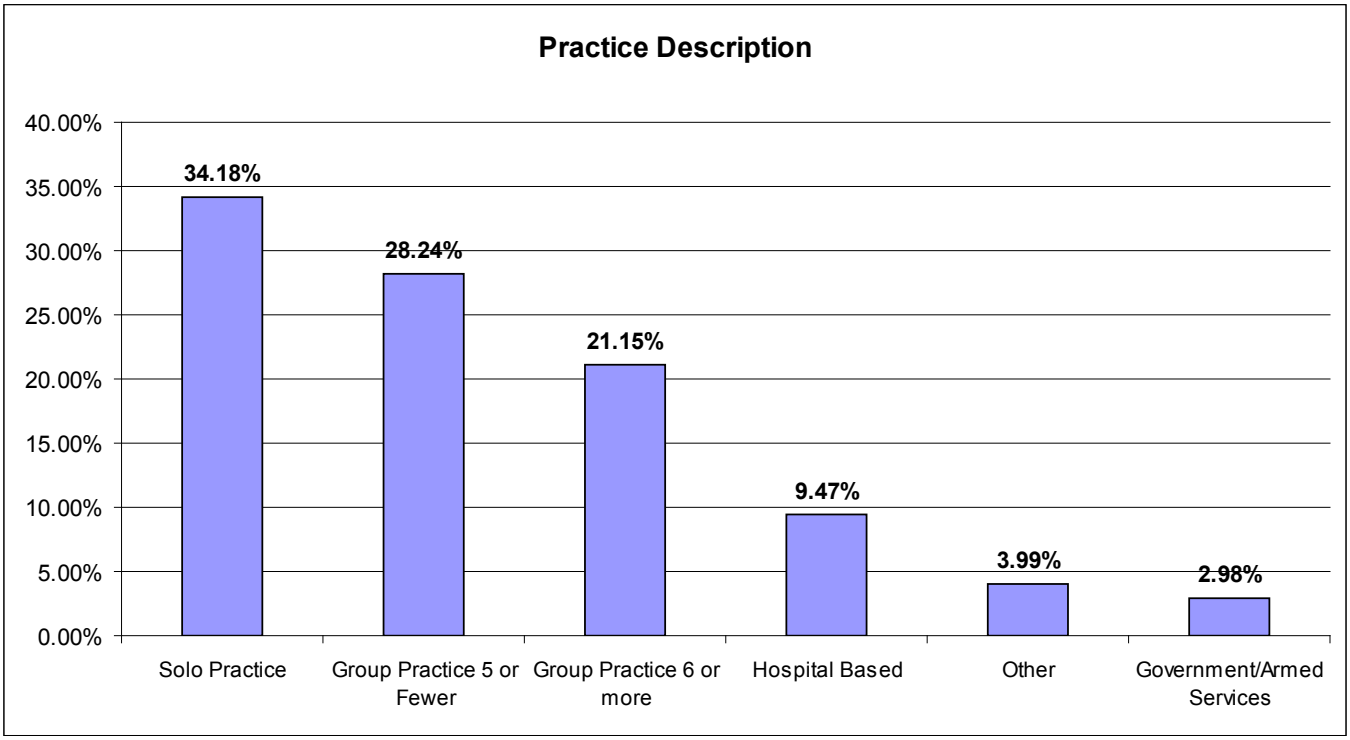


20. Which best describes your current attitude to your medical career:

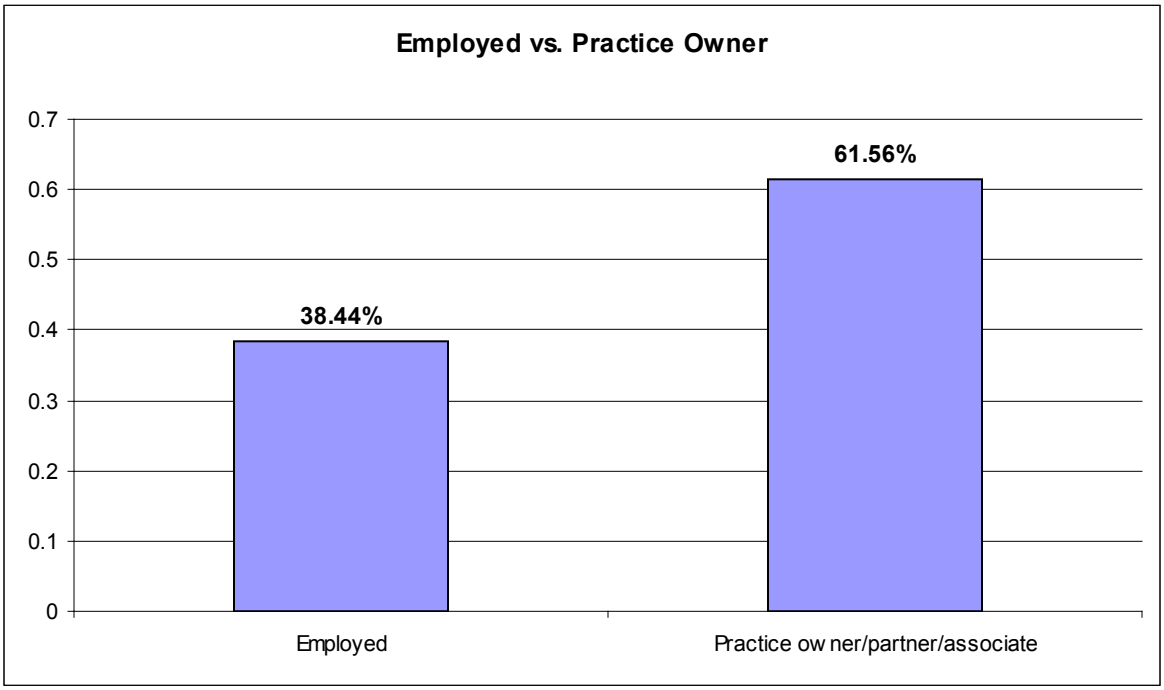


PART TWO: PRACTICE CHARACTERISTICS

1. Is your practice:

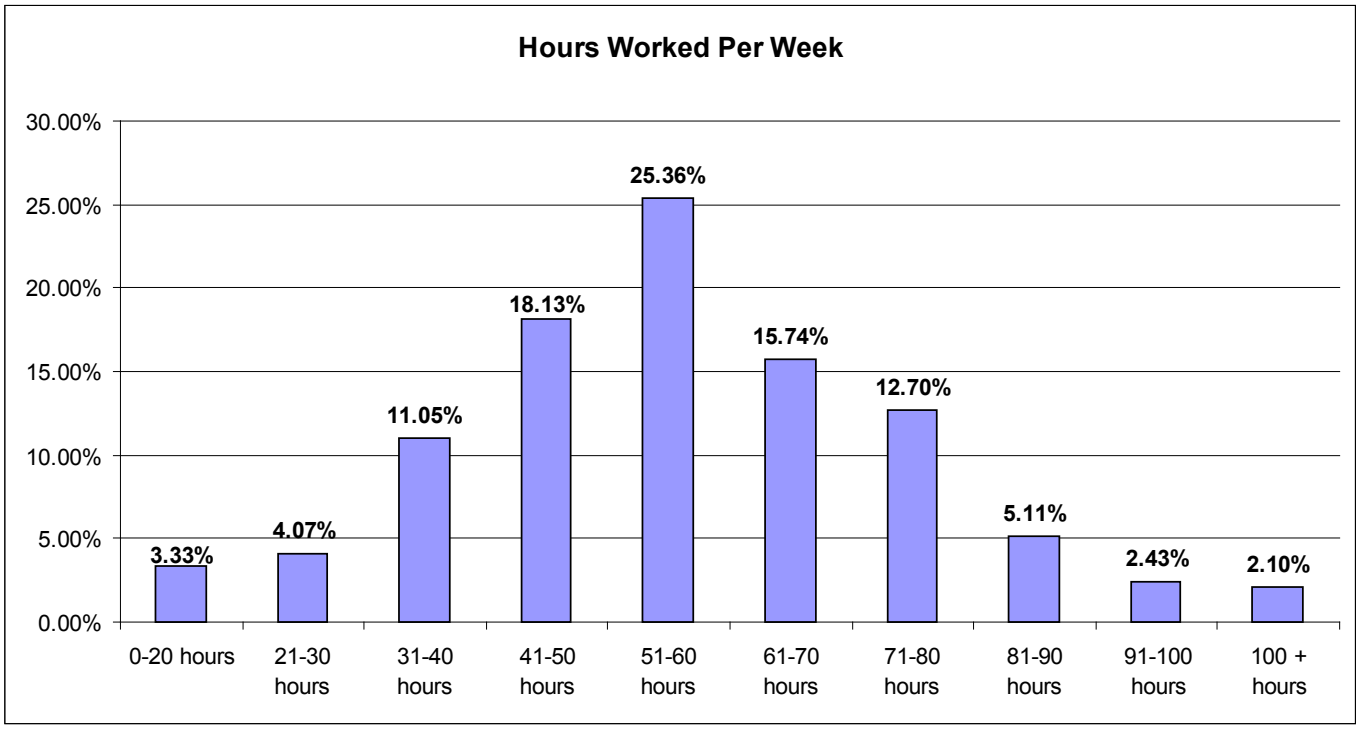


2. Are you:



PART TWO: PRACTICE CHARACTERISTICS

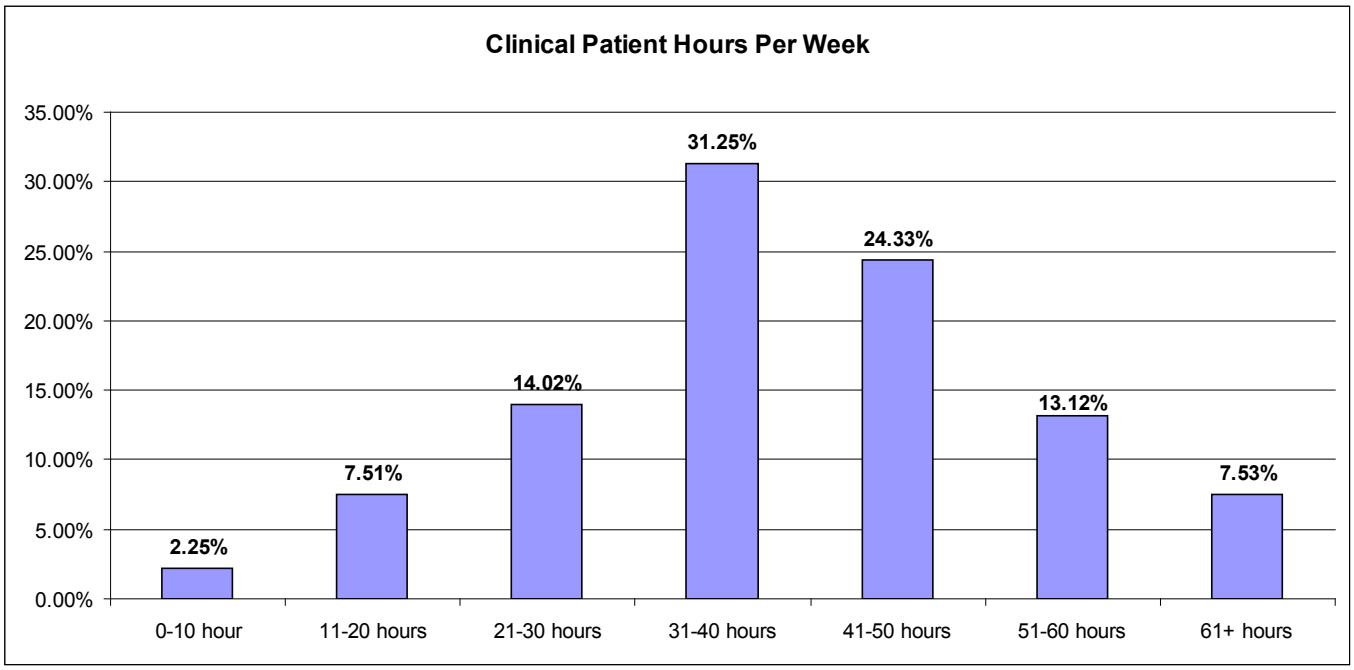
3. On average, how many hours do you work a week? Include time spent on clinical, administrative/business, compliance and all other duties related to your practice.



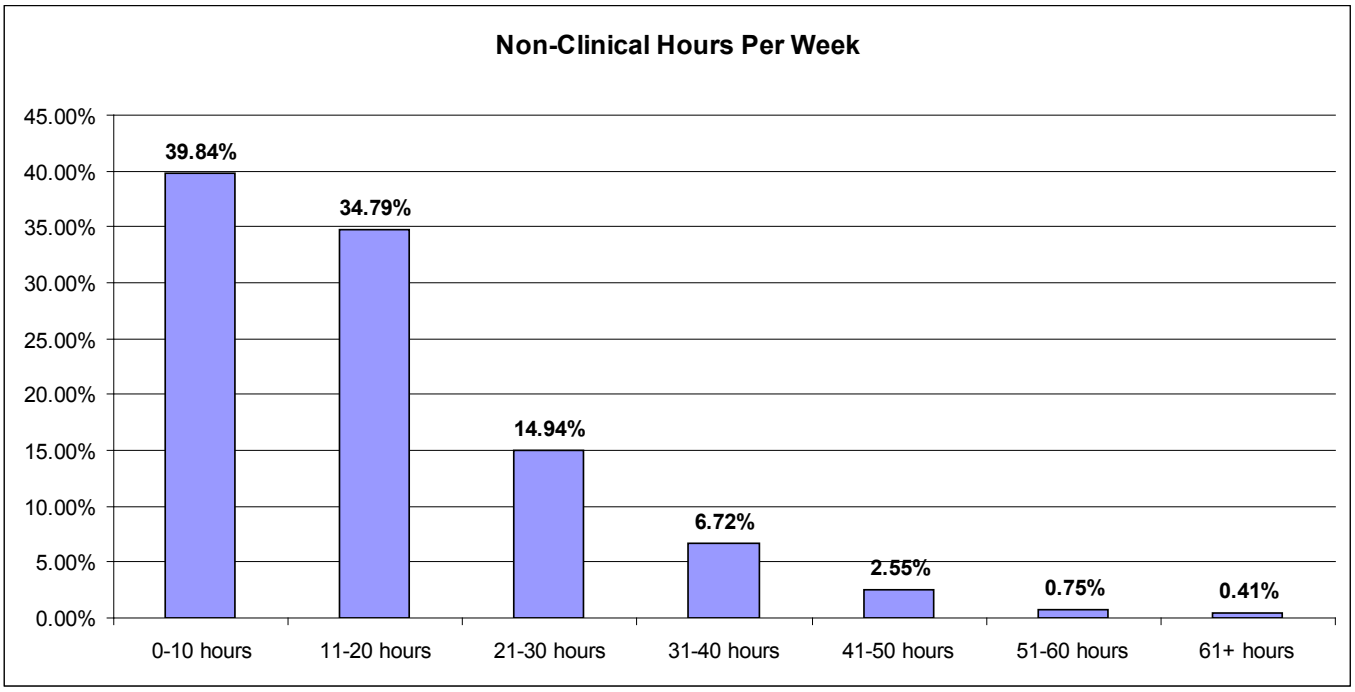
PART TWO: PRACTICE CHARACTERISTICS

4. Of the total work hours indicated above, on average how many hours a week do you spend on clinical/ patient care duties versus administrative/business and other non-clinical "paperwork" duties?

Clinical/patient care duties:

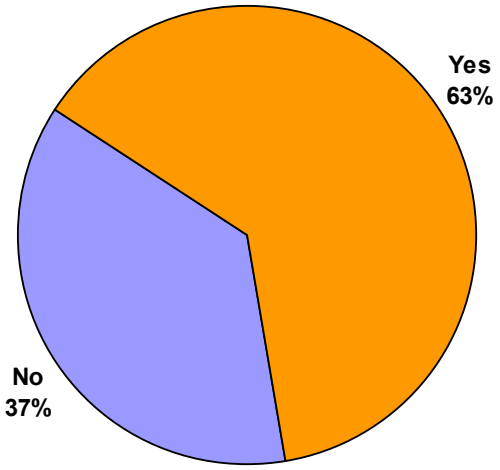


Non-clinical duties:

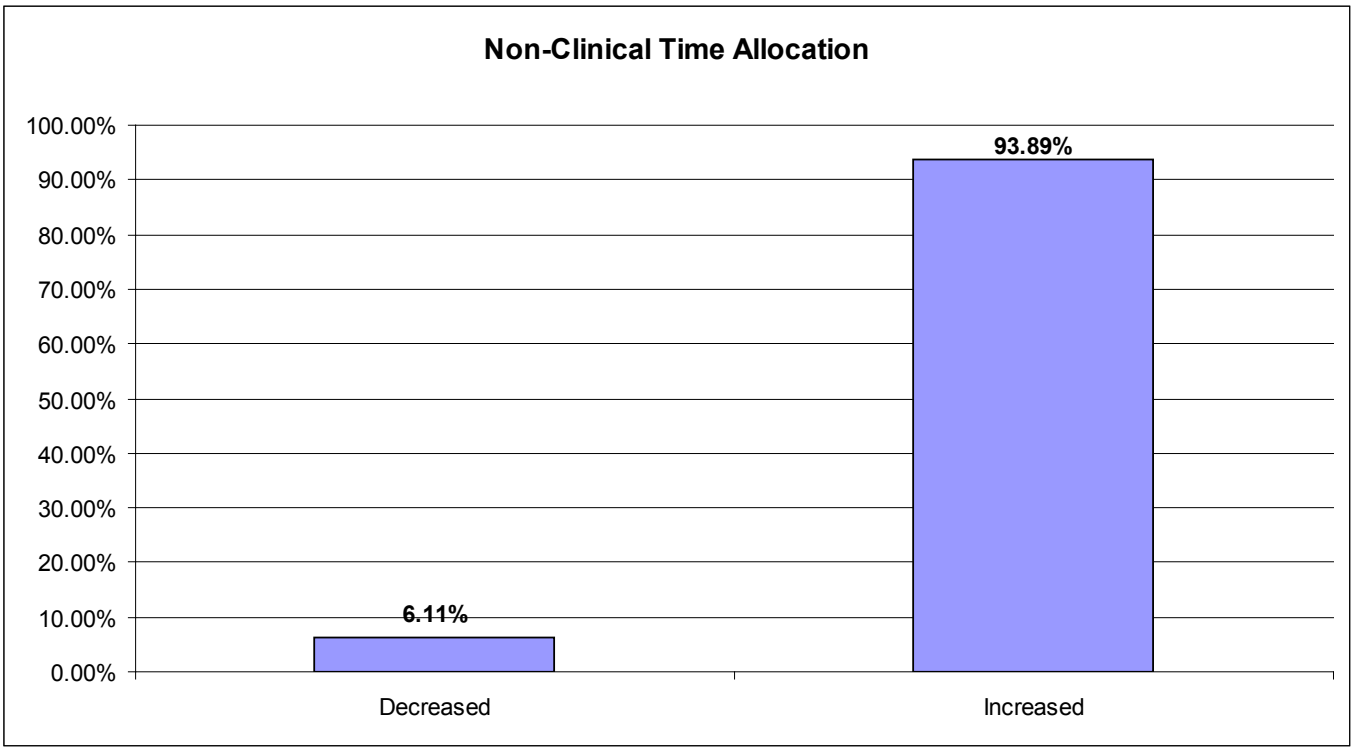


PART TWO: PRACTICE CHARACTERISTICS

5. In the past three years, has a growing volume of non-clinical duties caused you to spend less time per patient?

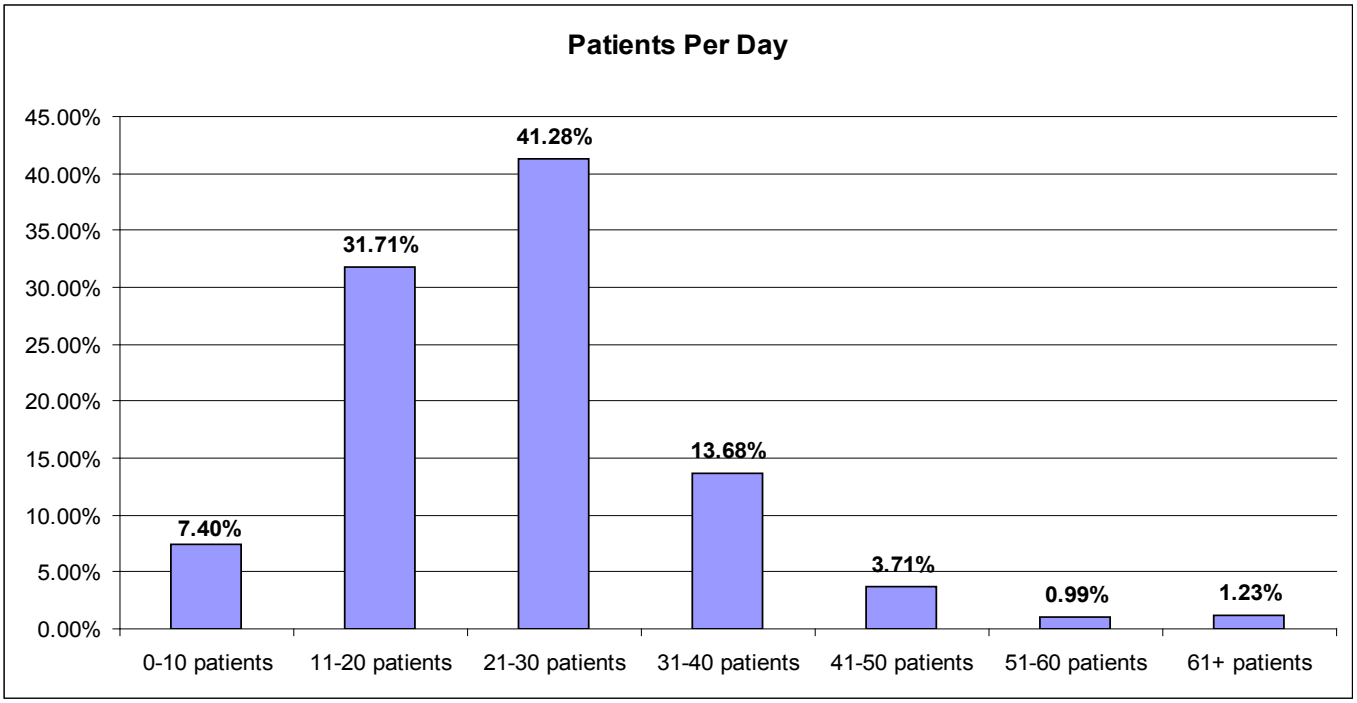


6. In the past three years has the time you allocate to non-clinical duties in your practice:

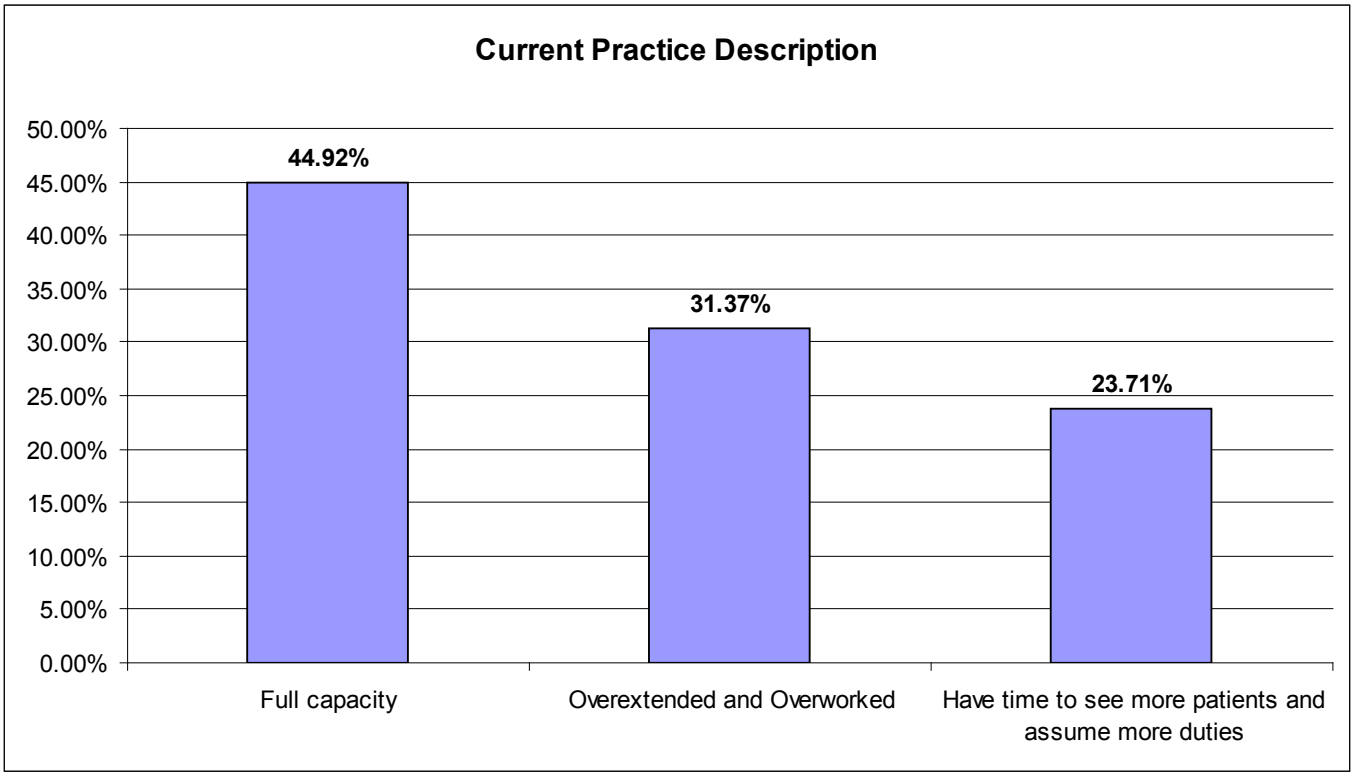


PART TWO: PRACTICE CHARACTERISTICS

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

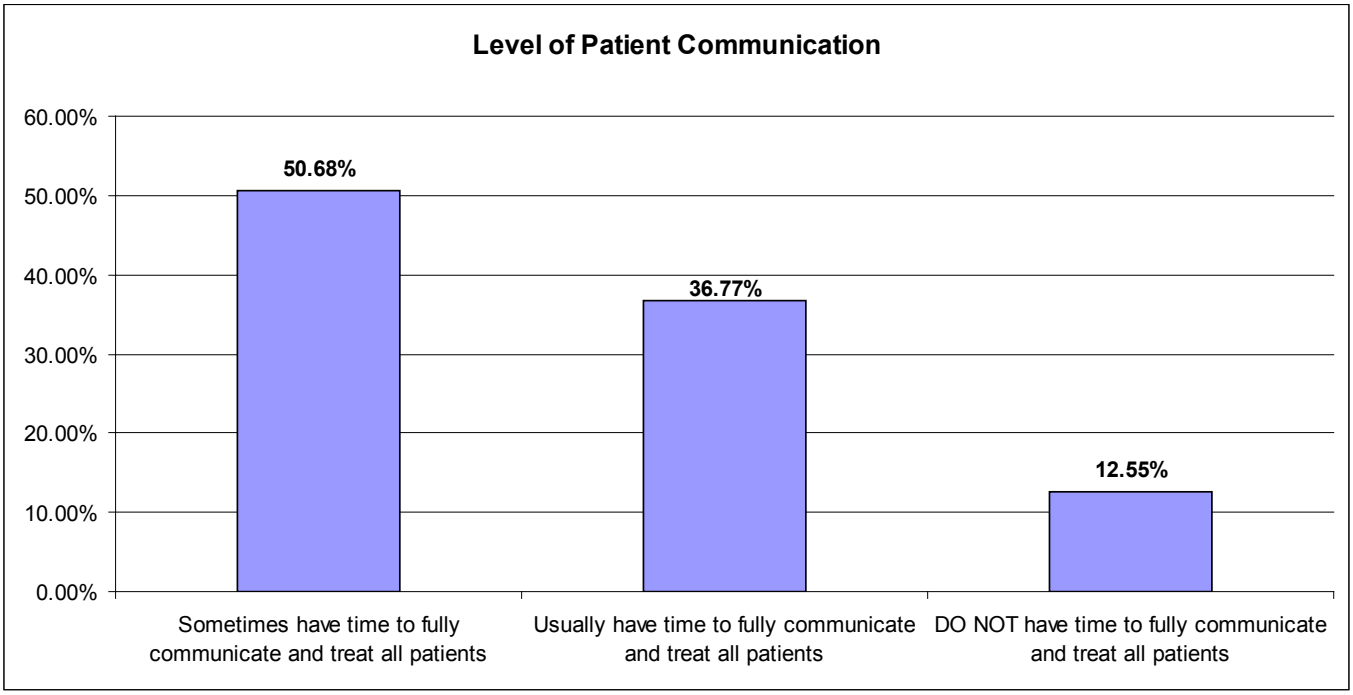


8. Which of the following most accurately describes your current practice?

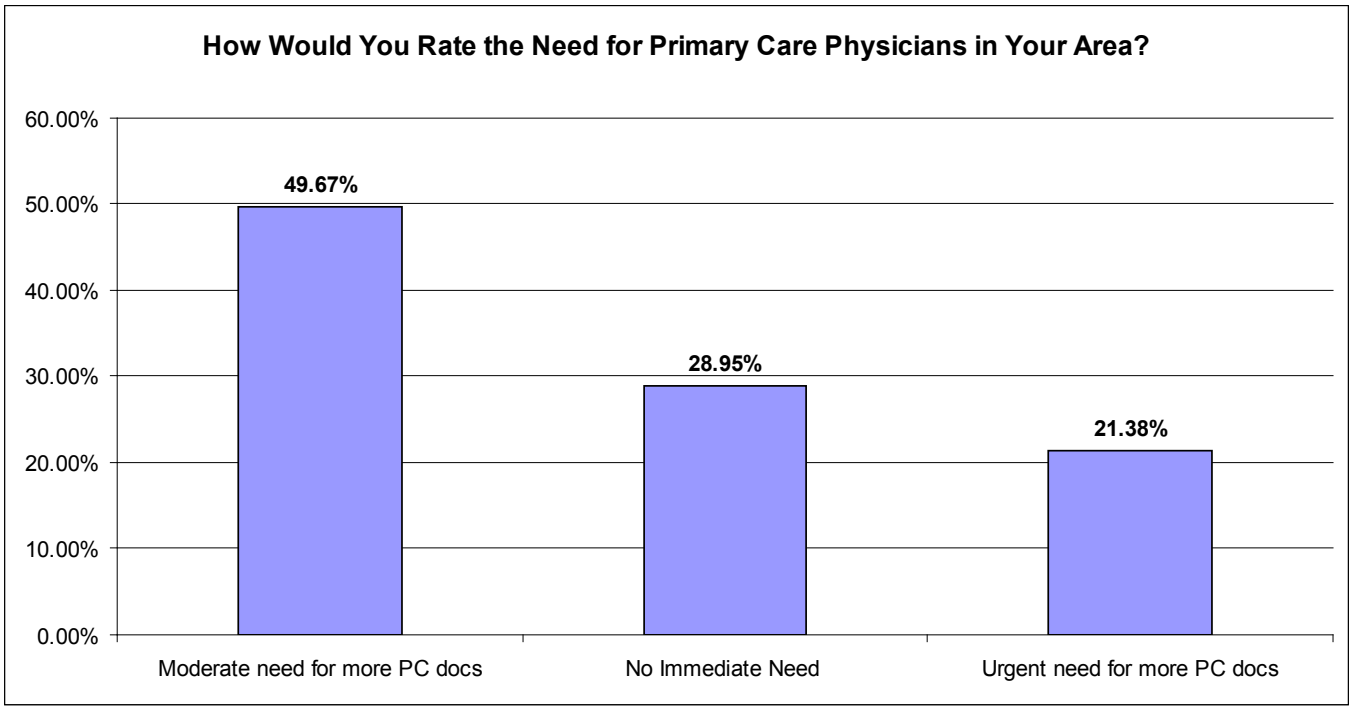


PART TWO: PRACTICE CHARACTERISTICS

9. Which best describes your current practice?

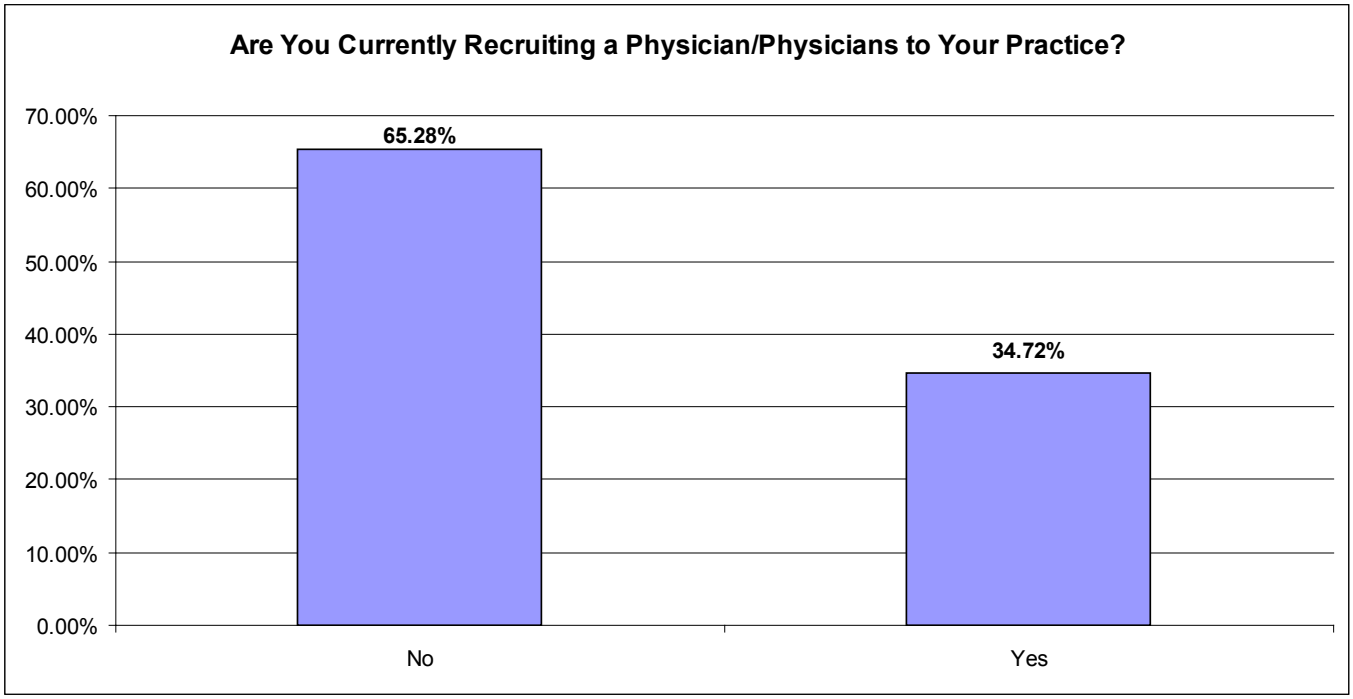


10. How would you rate the need for additional primary care physicians in your area?

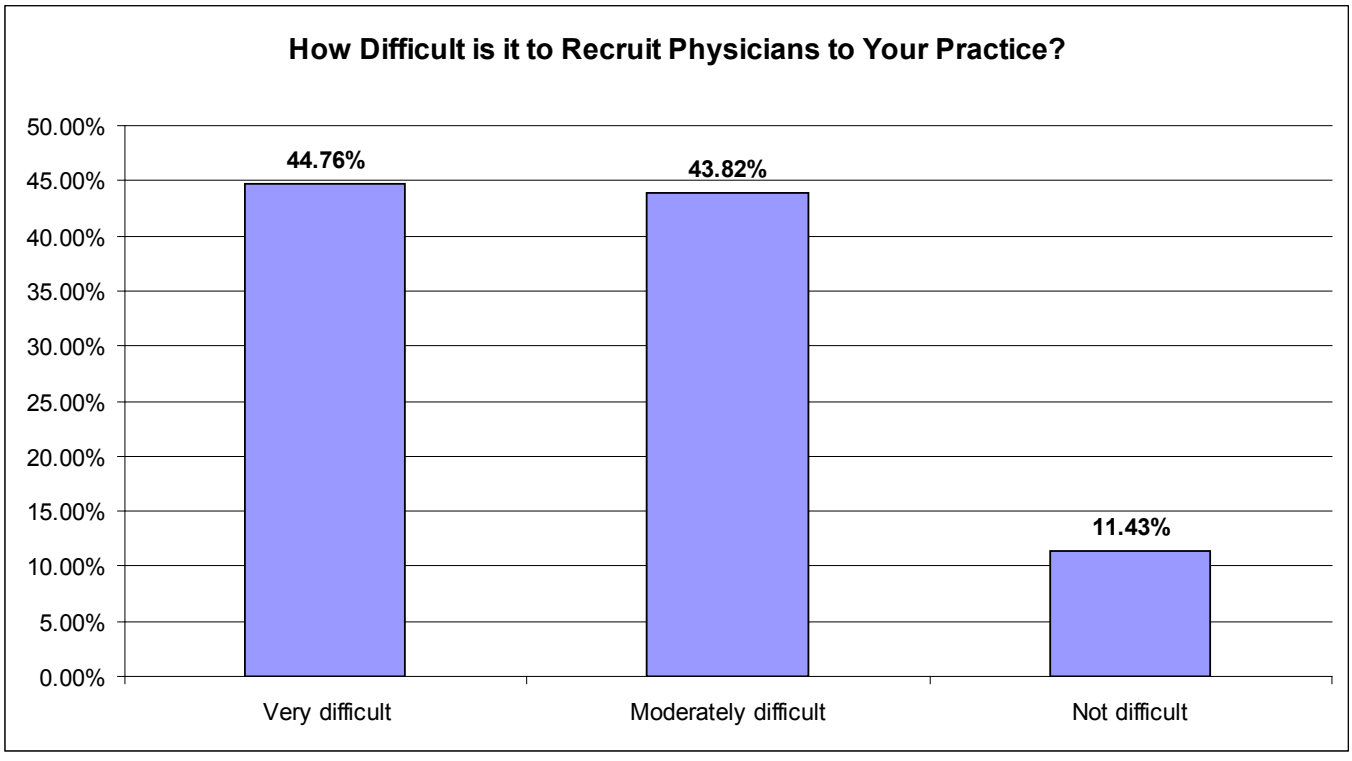


PART TWO: PRACTICE CHARACTERISTICS

11. Are you currently recruiting a physician/physicians to your practice?

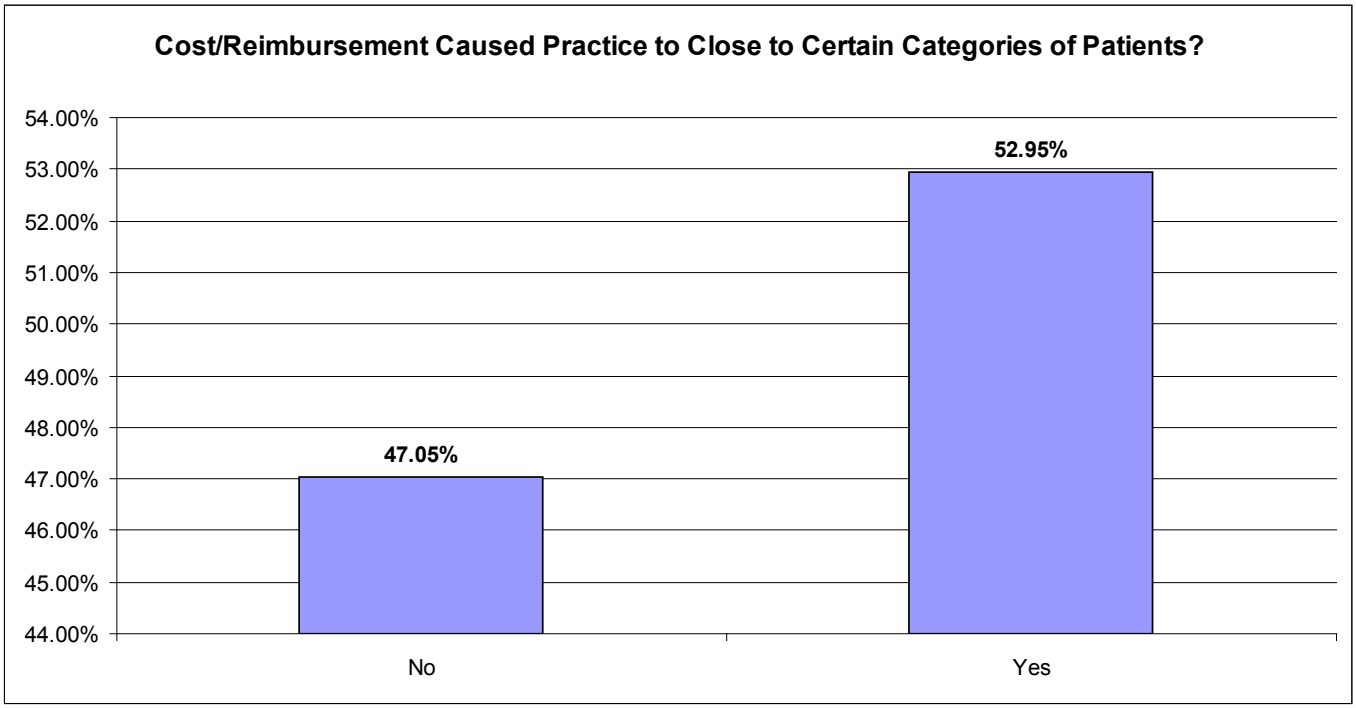


12. How difficult is it to recruit physicians to your practice?



PART TWO: PRACTICE CHARACTERISTICS

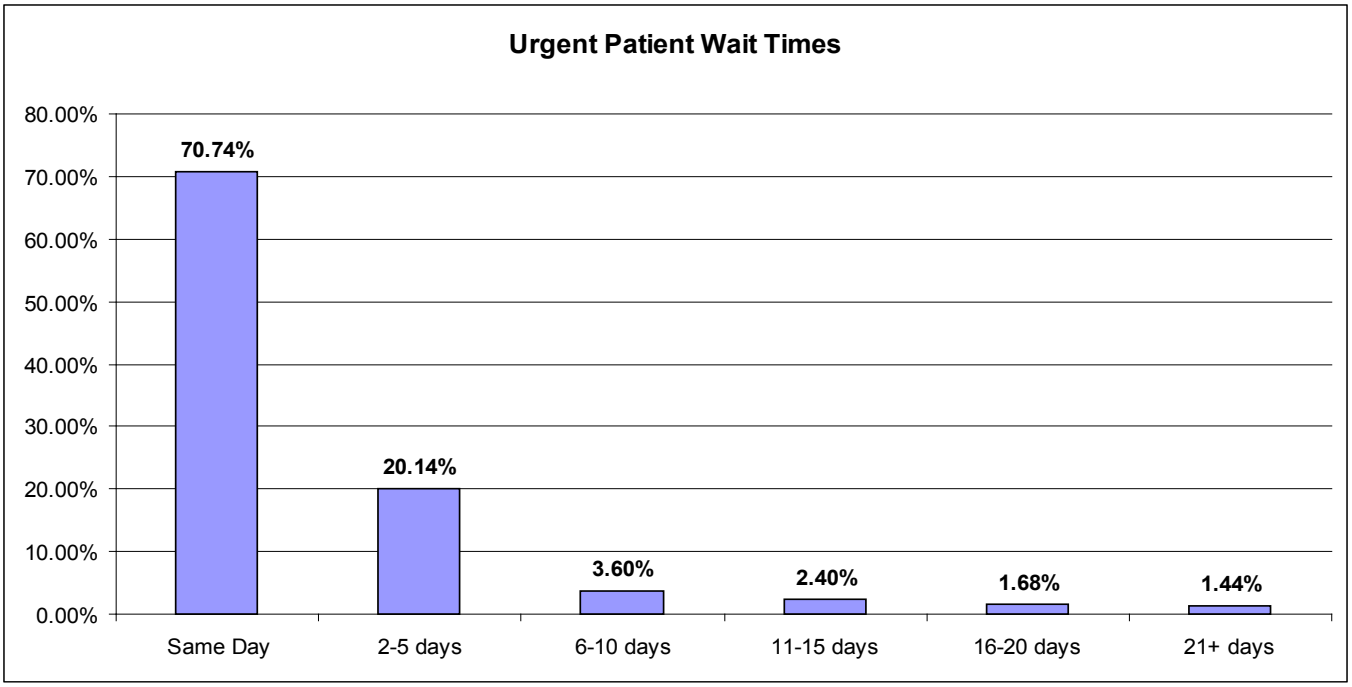
13. Have cost/reimbursement hassles or time issues in your practice compelled you to close your practice to any category of patient?



PART TWO: PRACTICE CHARACTERISTICS

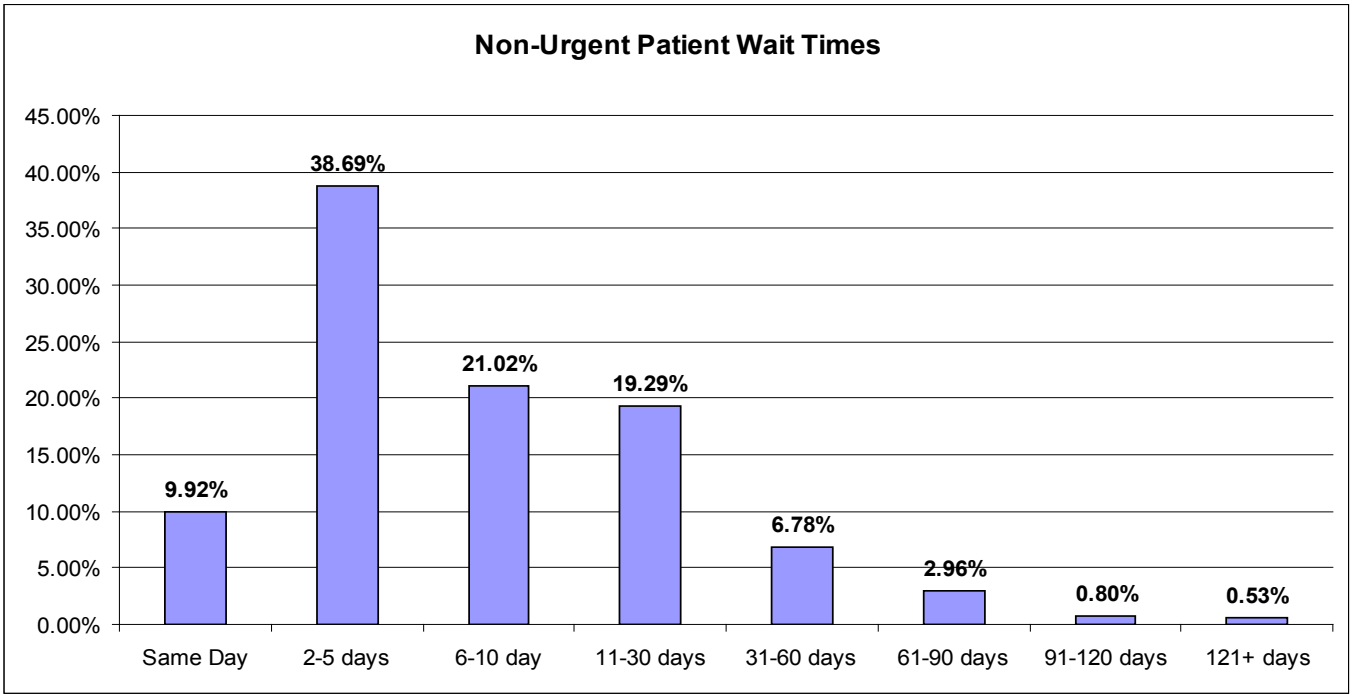
14. Typically, if a patient with an urgent problem contacts your office or is referred to you, how long would that patient wait until the first available appointment with you or your practice?

Urgent: (SAMPLING OF TOTAL RESPONDERS)



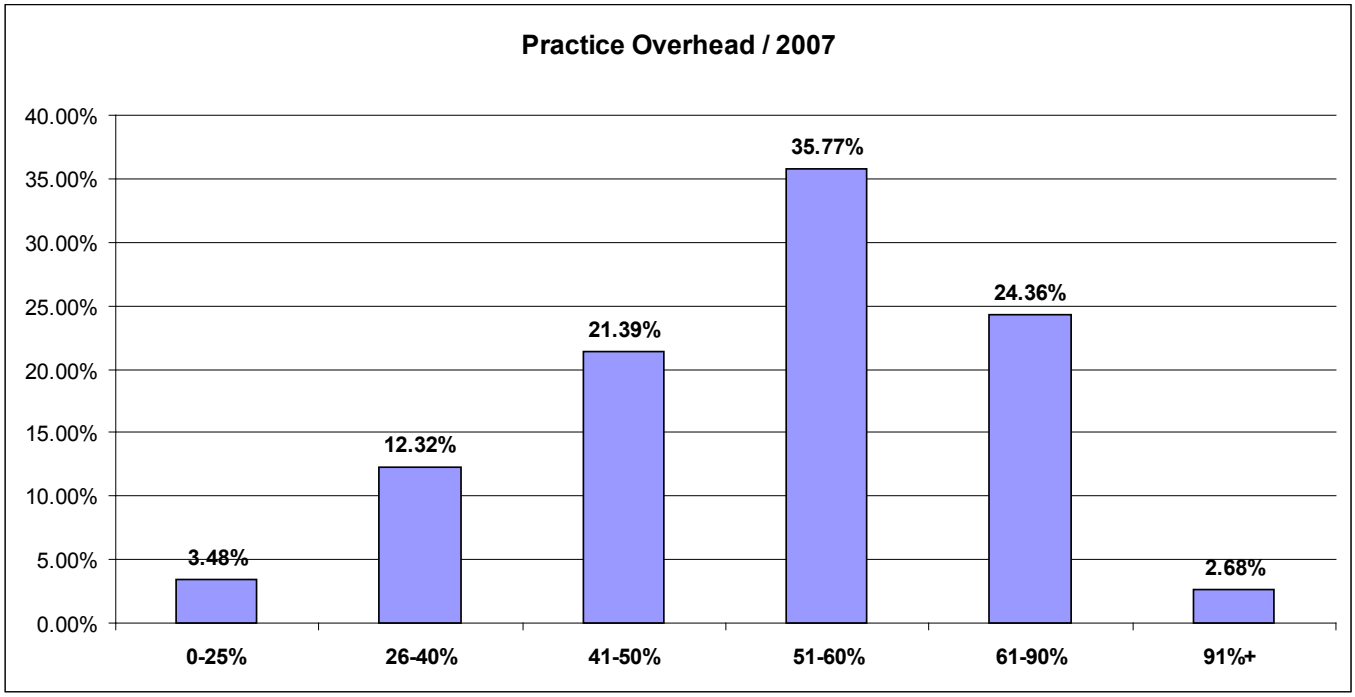
14a. Typically, if a patient with a non-urgent problem contacts your office or is referred to you, how long would that patient wait until the first available appointment with you or your practice?

Non-Urgent:

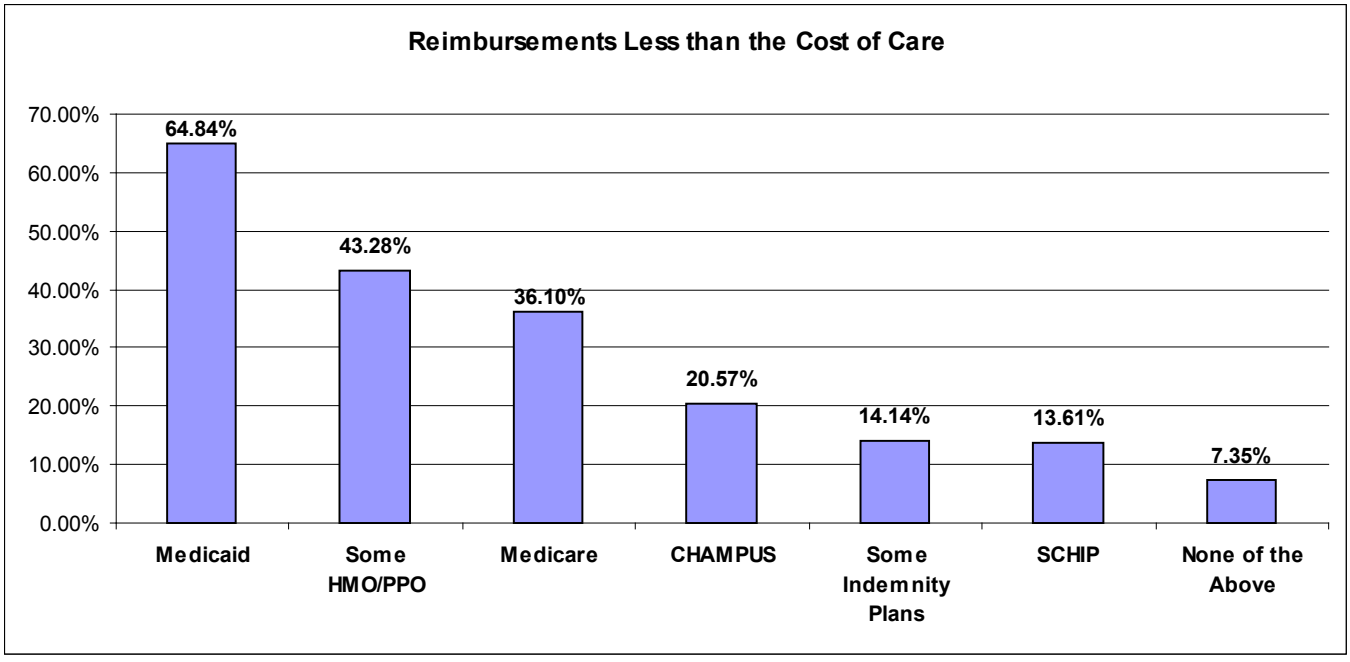


PART TWO: PRACTICE CHARACTERISTICS

15. What did overhead in your practice run as a percent of income in 2007?

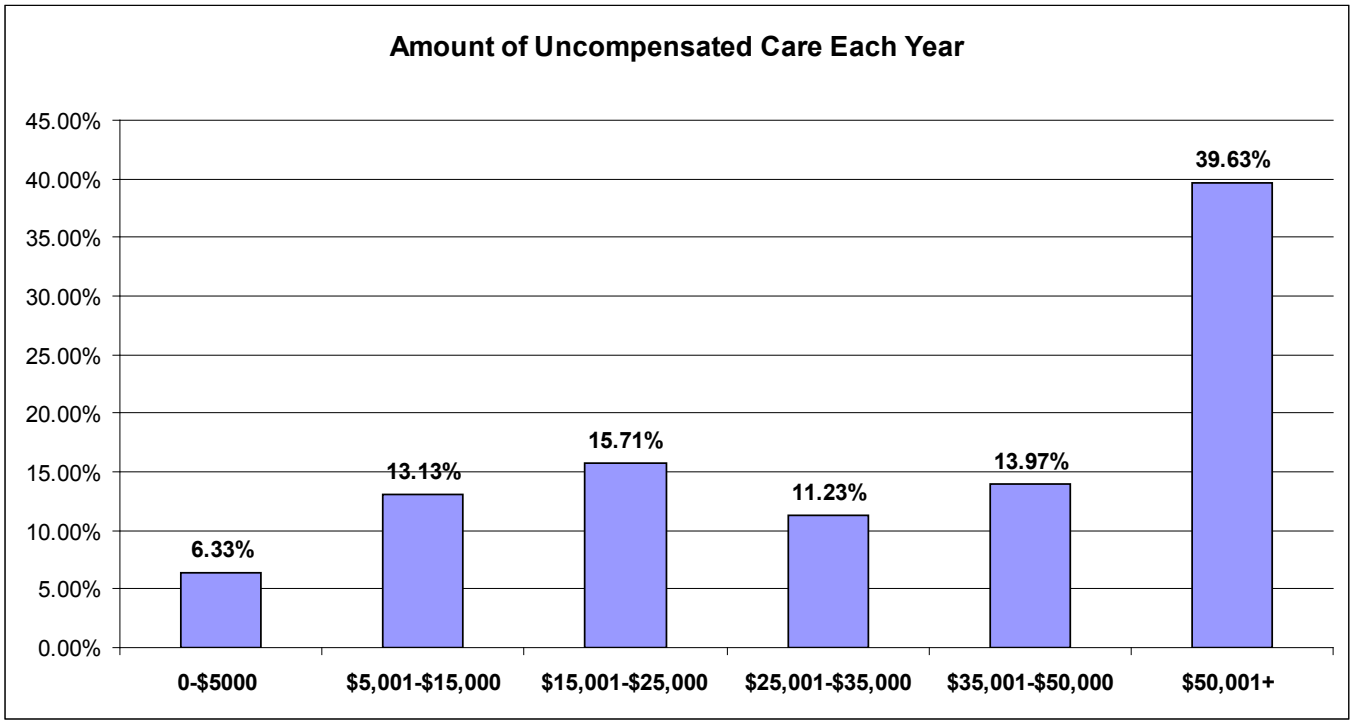


16. Which, if any, of the following payers provide reimbursement that is less than your cost of providing care? (check all that apply)

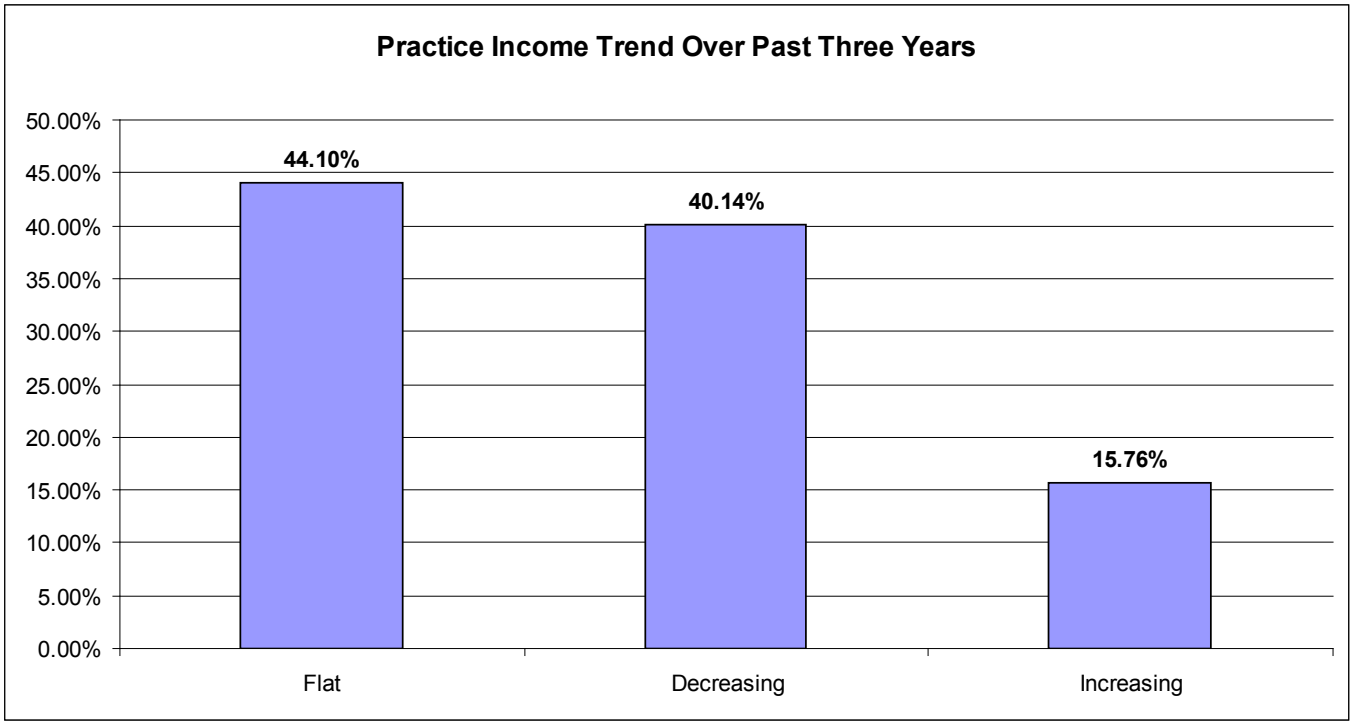


PART TWO: PRACTICE CHARACTERISTICS

17. Estimate the approximate dollar amount of uncompensated care you provide each year.

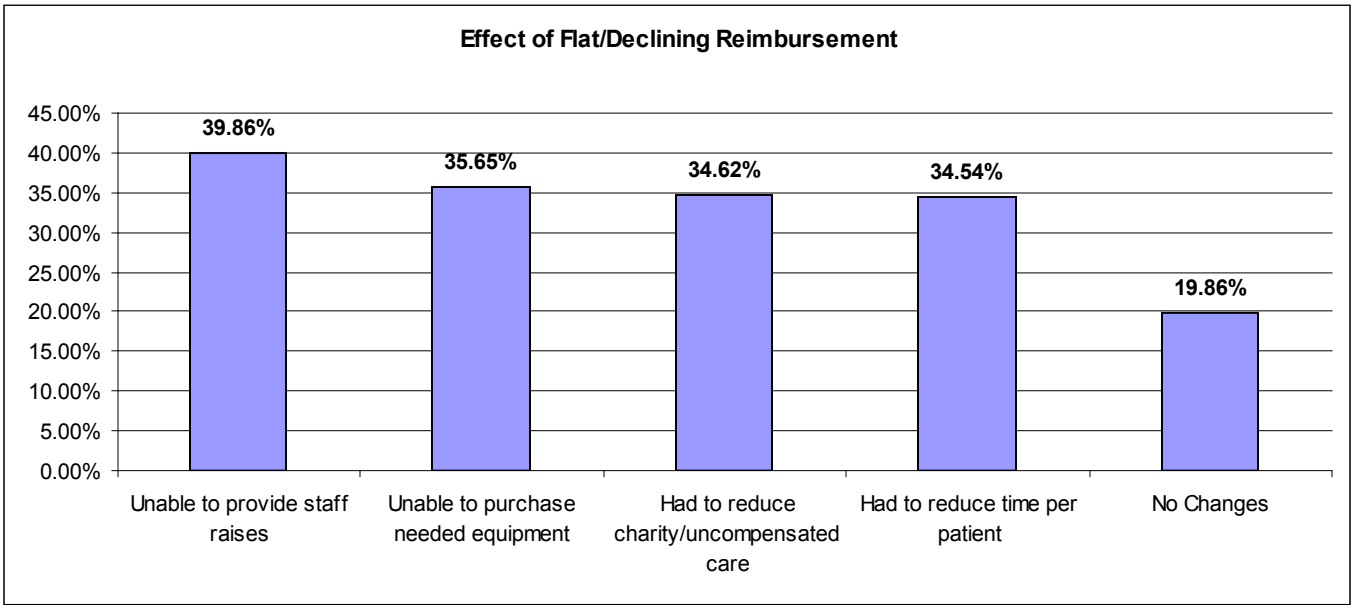


18. Describe income in your practice over the past three years.

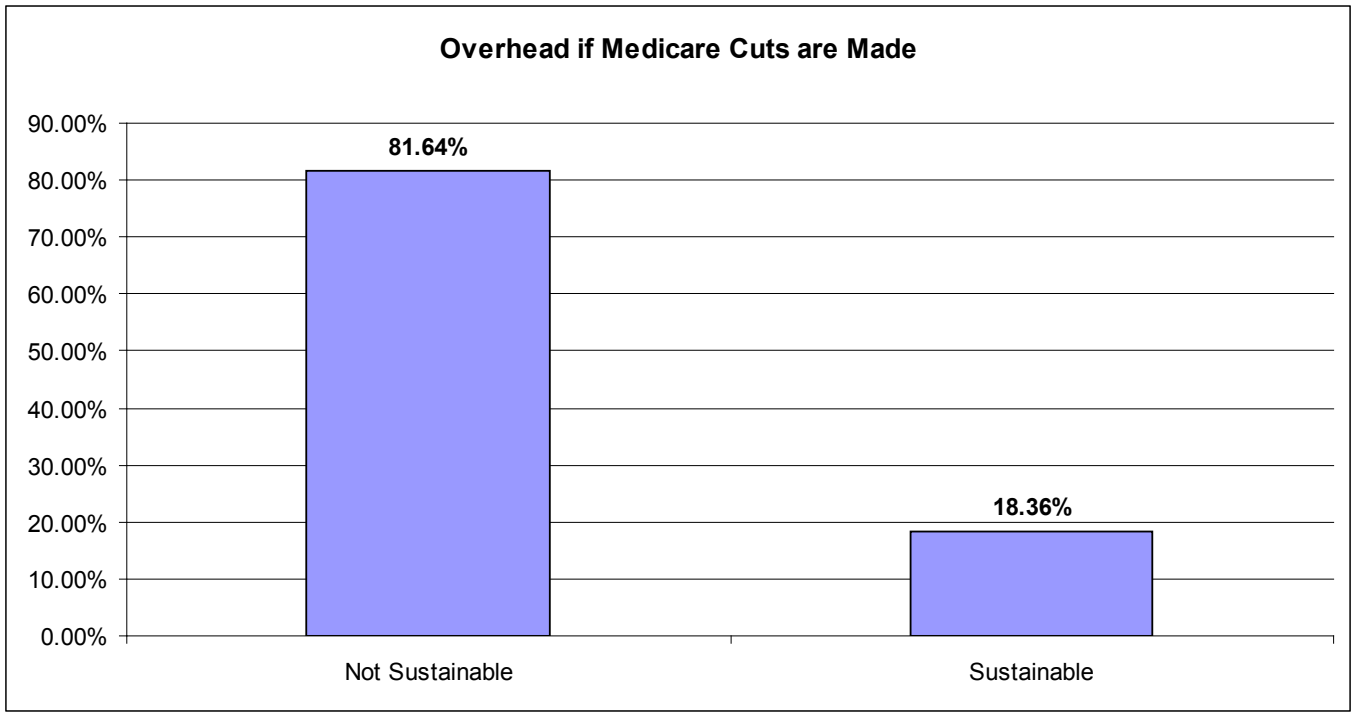


PART TWO: PRACTICE CHARACTERISTICS

19. Has flat or declining payer reimbursement affected your practice? (check all that apply)

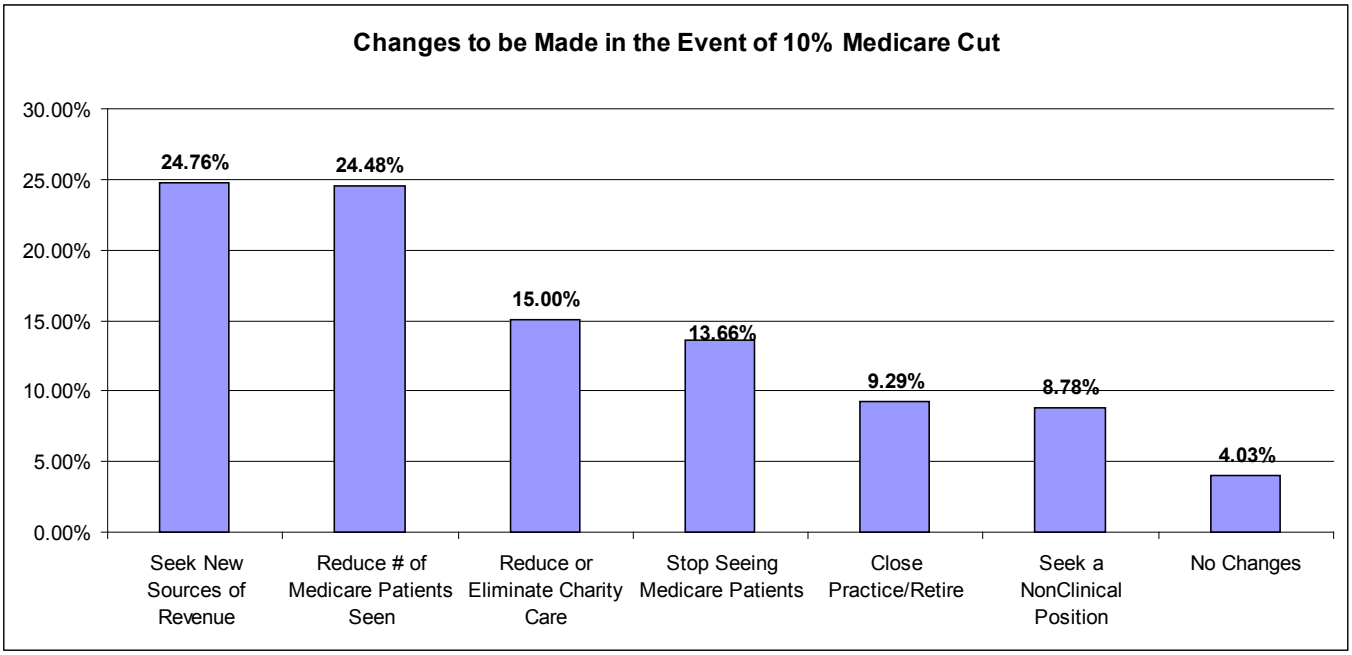


20. Assume a 10.6% cut in Medicare reimbursement becomes effective October 1, 2008, as has been proposed, and an additional 5% reduction is made in 2009. Under these conditions, which best describes overhead in your practice? (Responses do not include pediatricians who do not see Medicare patients)

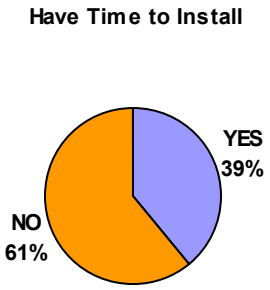


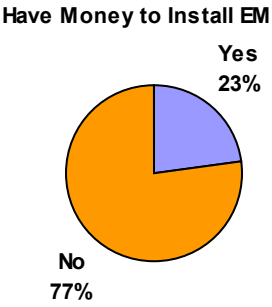
PART TWO: PRACTICE CHARACTERISTICS

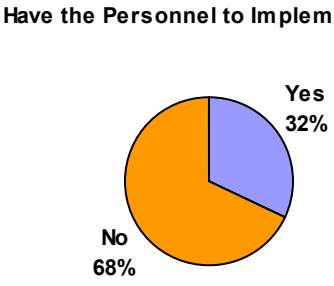
21. What changes will you make in your practice if Medicare reduces your fees by 10% or more? (check all that apply) (Does not include responses by pediatricians and/or those who do not see Medicare patients)

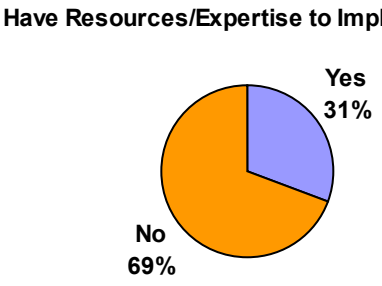


22. Do you have the time/money/personnel and/or resources to implement/install electronic medical records (EMR) into your practice? (Does not include those who indicated they already have implemented EMR)



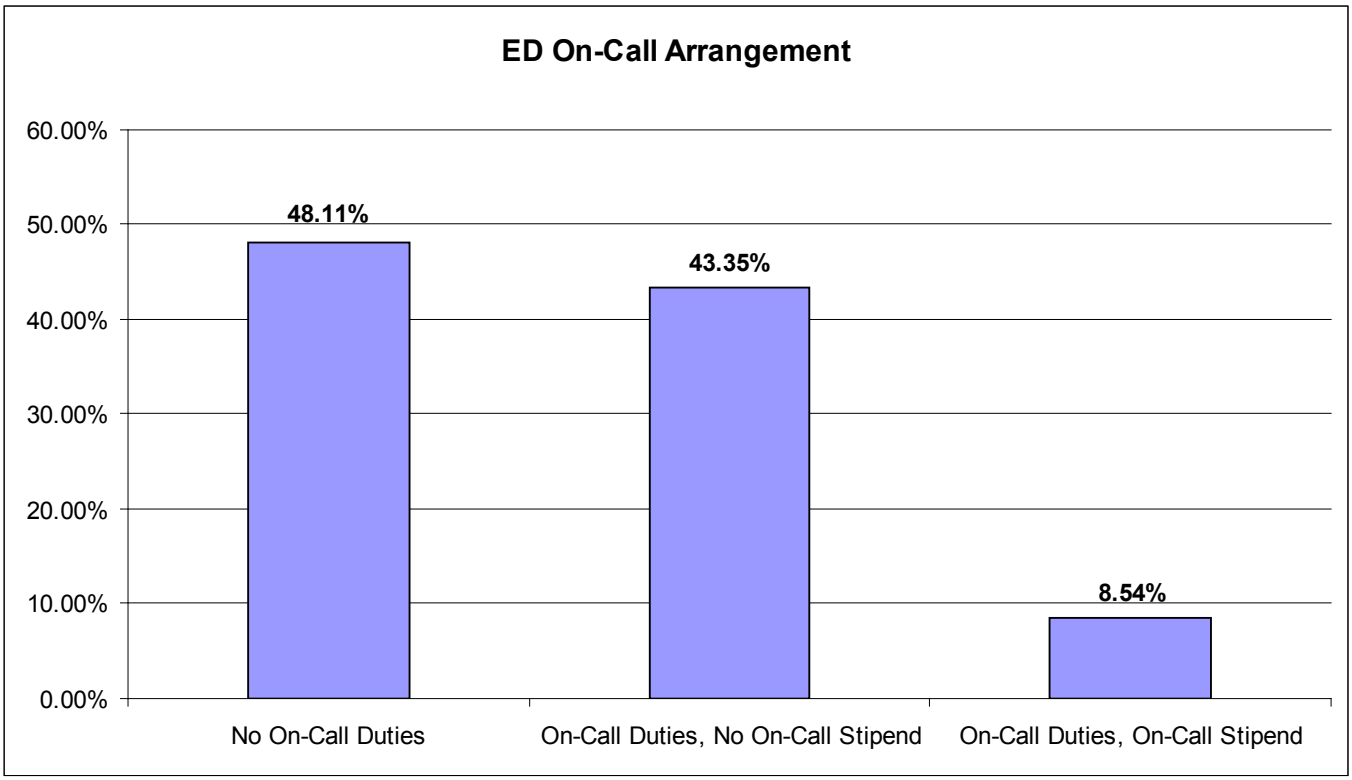




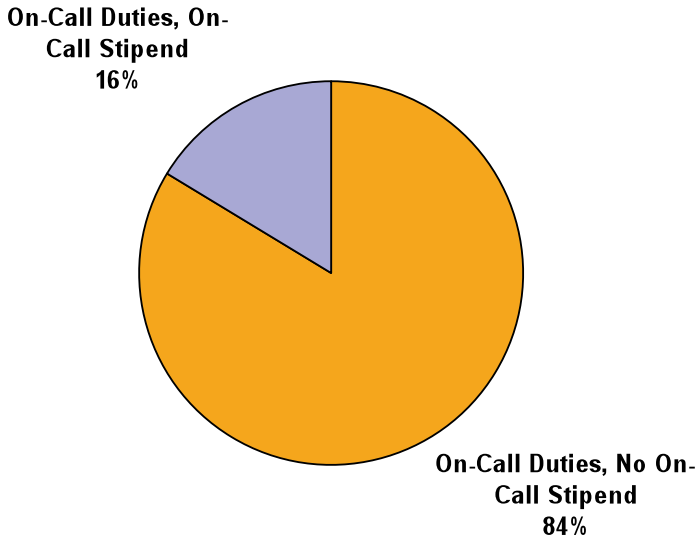


PART TWO: PRACTICE CHARACTERISTICS

23. Which of the following describes your current Emergency Department on-call arrangement?

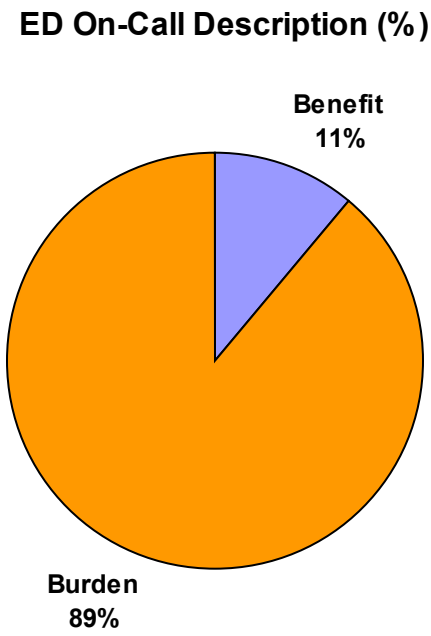


Of Those With On-Call Duties, % With Stipend and Without Stipend

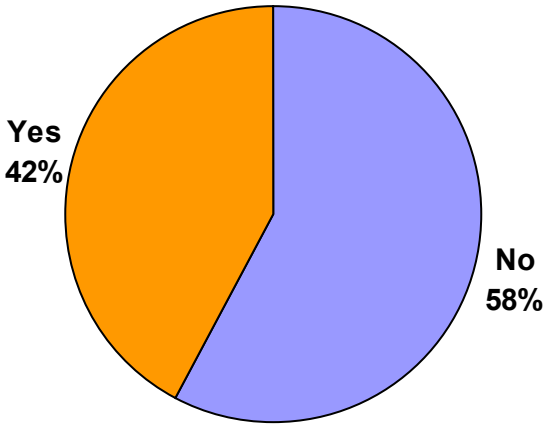


PART TWO: PRACTICE CHARACTERISTICS

24. Are Emergency Department call duties a benefit to your practice or a burden?
(includes only those with on-call duties):



25. Given the alternatives, do you believe the United States should adopt a single payer, Canadian-style health system?



Physicians: In Their Own Words

Many people – from government policy makers, to politicians, to members of the media – have commented on the state of medical practice in America today.

But what would physicians say about medical practice if given the opportunity?

The Physicians' Foundation for Health Systems Excellence provided physicians with the chance to voice their views through its survey. Thousands of physicians responded. Here is a sample of what they had to say.

"Thank you for this survey. Finally someone is asking the right questions."

"I have wanted to be a doctor since I was four years old. I am burned out. I am in debt."

"I have wanted to be a doctor since I was four years old. I love science, interacting with people on a deep level, and the art of medicine. I am an excellent, humane primary care physician. If anything, I spend too much time with patients. I also spend far too much time on demeaning tasks that do not require a medical degree. I am burned out. My income is so low (because I spend so much time with patients and therefore see less) that I am in debt. It is disgraceful and disgusting that doctors who save lives (and who bear that responsibility) are treated the way we are today."

"Most of my friends who are still in practice are unhappy and many say they would not go into medicine today. My major concern about medicine is the type and quality of those who are newly entering will be negatively impacted and I will need these physicians to take care of me when I am old."

"Increasing overhead and declining reimbursement make it very difficult. Medicine is a wonderful profession but a terrible business. Tort reform and getting the legal profession out of the medical profession is a must."

"Something has got to be done and urgently to assist physicians, especially primary care physicians, to incentivize medical students to go into Primary Care and help those of us who are burned out to find renewed joy in seeing patients. Malpractice practice, government regulations, EMRs, even our own medical associations all have their hand out wanting and expecting more time, money and effort just to maintain what we have. The whole thing has just spun out of control. The days of seeing patients as people and establishing relationships are done. I plan to retire early even though I still love seeing patients. The hassles are just too burdensome."

"I have been in practice for ten years now, the last five years as a private solo practice owner. I'm very disheartened, disappointed over the state of the practice of medicine! The combination of low reimbursements, managed care issues and patient attitudes over the last three years have made the practice of medicine almost unbearable. If not for a son who I'm working to put through college and a house mortgage I would quit medicine in a heartbeat! I'm beat, tired and under appreciated. Sometimes I cry myself to sleep – wondering why I got into all this. Am I paying myself this month? Do I have enough to pay this month's debt and lease?

"People care more about entertainment than healthcare. I have friends who complain about the price of medical care and prescriptions being too high and then spend $1,000 to see a basketball game or a Barbara Streisand concert in Vegas!"

"I would like to see universal health insurance but in my experience government-run programs usually make things worse."

"Incentives and rewards coupled with risk are dragging us ever deeper into a dysfunctional system. We must harness the efficiencies of true free market competition or risk the collapse of our system."

"I am not willing to reduce quality so I see fewer patients per day and my backlog is increasing."

"I am not willing to reduce quality so I see fewer patients per day and my backlog is increasing. I cannot hire new family practice docs though we are always trying to hire. I supplement my practice with excellent physician assistants and their reimbursement has been cut by 15% by Medicare and Blue Cross. I cannot continue seeing fewer patients for less money and adding more paperwork requirements. I've had one nervous breakdown and would rather not do that again!"

"I cannot begin to conceive that I will be able to recruit someone who practices as I do."

"Our current system is an embarrassment."

"The public does not realize what the future is for medical costs and Congress is unwilling to ration care. Much of medical costs are due to terminal care demanded by families because they do not see the cost."

"It is sad that the legal system makes it so easy to sue without any repercussions to the plaintiff. Law suits drain you no matter the outcome."

"I would invite each government policy maker to spend one day in a primary care office or community clinic to see the current chaos that is American medicine."

"Solo practice stinks. You have to be in a group to handle insurance companies and lawyers."

"The practice of medicine is an art which has been severely damaged by managed care over the last 20 years. The practice of this ancient art has been "de-professionalized." Physicians are treated like a commodity – like bedpans or linen – and patients are "zip-coded" to physicians and "capitated" like a cattle run. Your children and mine are inheriting inferior care and not a "healing art."

"The government cannot adequately fund the current programs. How in God's name are we going to afford a single payer system?"

"Good quality medicine costs money. Either pay for it or quit promising it to Americans."

"There are too many regulations, too many middlemen, too much paperwork, too little time to see patients leading to missed or delayed diagnosis, all of which is demoralizing to physicians because we can no longer put patient care first. Regulation requirements come first."

"I have opted out of Medicare and accept no insurance but Workers Comp. Patients file their own insurance claims. We see anyone willing to pay for services when they are received. I have not yet been able to make a living doing this, hence I also maintain my government day job."

"Managed care is a polite form of rape. It rapes physicians."

"Wake up! When your kids are older who will take care of them?"

"I am 81 years of age, blessed with excellent health in body and mind, love medical practice, remain "at the top of my game." I have worked in the U.K. and Canada before 42 years of working in the USA. My retirement portfolio has disappeared in trying to maintain my practice. Medical practice has been one of the greatest joys of my life, but has been a financial disaster."

"We can no longer balance the Medicare budget on the backs of providers."

"Our health care system is nearly broken. We can no longer balance the Medicare budget on the backs of providers."

"The practice of medicine has been degraded by insurance companies, lawyers and the government. We are no longer doctors – we are now health care "providers" equal to Nurse Practitioners or Physician Assistants. Every decision we make is questioned by insurance companies. Lawyers see us as "big pockets." Some patients walk into our office and tell us what they need based on commercials they have seen on TV and the Internet. Are we happy? What do you think?"

"I have nothing to say about medical practice today to policy makers. They would not listen to me."

"I do not see why anyone would go into medicine at this time and very much regret having chosen medicine as a profession. I would never recommend medicine as a profession to anyone."

"I just want to be able to treat my patients to the best of my ability with all the compassion and excellence they deserve. I want to provide a stable employment environment to my employees without them being overworked on a constant basis. I want to see a profitable practice that grows, expands and becomes successful over time, both financially and in terms of providing excellent care. We need policy makers to understand that they are creating a situation in which these goals will soon be impossible in the United States."

"I am frustrated by the current state of health care in the U.S. The government has taken the "profession" out of medicine by micro-managing every aspect. Reimbursements continue to fall while my overhead climbs while patient expectations and entitlement along with the malpractice climate has become a nightmare!"

"Insurance company executives get off making millions of dollars because of the profits that are earned at the expense of their enrolled patients!"

"Do not think that because there are ancillary practitioners willing to fill the primary care void that they will or can provide the same services as physicians. There are a lot of people who want to be doctors but who do not want to go to medical school."

"We are being micro-managed by every Tom, Dick, and Harry in the United States. Medicine has become impersonal, businesslike, and full of hassles."

"The cost of running a solo practice and the time needed to manage practice administration are killing me."

"The cost of running a solo practice and the time needed to manage practice administration are killing me."

"My practice has become more enjoyable because I have decreased my hours from 60 to 30 a week. I will probably continue at this pace for many more years."

"Continued downward pressure on physicians will inevitably drive young, intelligent, talented students into other careers – to the overall detriment of the health of the citizens of the United States."

"I left private office practice to become a hospitalist eight years ago. Before that, I had considered leaving medicine altogether."

"I have a large volume of patients that I cannot raise prices for. This continues to get worse. I am sure the government does not treat its other vendors and attorneys this way. I am not sure why we are singled out as a group. I have lived in this town for 21 years and am going to be done in by Uncle Sam."

"No money, no glory, lots of worries."

"We need to give up and go to a single-payer system that no one will like, but at least it would level the playing field."

"Medicine has become adversarial between doctors, hospitals, insurance companies and patients. It is no longer enjoyable and is unfixable in my opinion."

"I make close to the average American salary of $37,000 although I haven't had a vacation in six years and I'm on call 24/7."

"Malpractice fees and defensive medicine are the greatest burden in my practice Tort reform is the number one priority in my practice."

"Lawyers, who do not have the responsibilities that physicians have, are slowly killing the joy of practicing medicine. "

"Primary care physicians work the longest hours, are paid the lowest and are expected to do more each year with less reimbursement. The public will suffer when the vast majority of primary care doctors retire or quit medical practice. Pediatricians are expected to give vaccines when the cost exceeds reimbursement. If payments do not cover costs we will revert to Third World medicine."

"We are being overpowered by big business, big government and by lawyers. The little guy (who represents the bulk of medicine) has no chance for survival."

"Can you imagine what would happen if your plumber handed you a bill for $60 and you replied, "I think I'll just pay $32" ? In no other profession are services paid for in such an arbitrary fashion."

"Government based health programs such as Medicaid and SCHIP barely cover my overhead."

"Government based health programs such as Medicaid and SCHIP barely cover my overhead. I plan to quit as soon as I possibly can."

"We have been looking to recruit one to two physicians for a year now and there has been no interest. I am a busy internist but am paid very poorly ($84,000 before taxes) because that is all that is left after overhead is paid along with health insurance. I would NEVER do this again and it is killing both my husband and myself. I HATE my job!"

"The best science and technology students in college are avoiding medicine due to challenges and poor reimbursement."

"As soon as my kids are grown in six years I will become a concierge physician so I don't have to deal with insurance nor Medicare/Medicaid. Without third party payers and lawyers I could probably charge $50 per patient visit and make more money. I love being a doctor but I hate non-medical people trying to tell me what to do."

"Medical care has become like fast food to the general public which feels it is entitled to have it served 'fast and hot.' A one-payer system will enforce rationing which the entitled population does not understand and will not like. Our population has no sense of personal responsibility and it is ridiculous to place the responsibility on the physician."

"Most Americans are not aware of the major changes in medical care that have taken place in this country. Unfortunately, most of these changes have diminished the quality of care rendered. I see nothing to slow the continuing decline. Physician assistants and nurse practitioners continue to dumb down primary care. Most patients now don't even know what they are missing. I fear for my grandchildren."

"As a recently retired OB/GYN I am sorry to admit that the practice of medicine has deteriorated to a low level. I always spoke to my patients when they called for free during hours or immediately after. Now, you are lucky if you get to talk to a human! The reimbursement is ludicrous, which only shows that we as physicians are held hostage by the insurance companies. It is obvious that physicians lost the battle many years ago and caved into the insurance companies."

"Get the middleman, blood-sucking HMOs and PPOs out of health care!"

"In the current state of affairs in primary care, 'every little bit hurts.' I believe most primary care physicians are at the breaking point. There needs to be a grass roots effort to make everyone aware of this."

"I put everything I have into treating my patients. I'm about to lose my family for nothing. Just because I try to take good care of my patients – but it's just too much work and nothing in return. My children have suffered because of time without their dad"

"My advice to policy makers is wake up and deal with the primary care crisis before it's too late. When I graduated from medical school in 1983 I would not have believed it if someone told me you can't make a decent living as a primary care physician! Thorough, conscientious internists are a dying breed!"

"Medicine is about patients and professionals who provide direct patient care. Both are now suffering. The physician patient relationship has been undermined by lawyers and managed care. Their propaganda has contributed greatly to the progressive loss of our nation's soul."

"It is painful to sit on the phone for hours trying to get insurance companies to authorized or to approve required medications. It is infinitely more painful to hear from uninsured and ill-insured or uninsurable people about the devastation their lack of a safety net has wreaked on their lives. We need a tiered single-payer system like the one in Great Britain to eliminate these horrific experiences yet provide full service for those who can pay more."

"The tangible aspects of medicine such as surgeries or procedures are very well reimbursed. The non-tangible aspects (our knowledge) are not reimbursed well. Managing a diabetic patient for a whole year is reimbursed less than some simple, 15 minute procedure. Primary care is forced to manage the whole patient in 15 minutes or less. This is impossible. We are constantly under pressure to stay longer, see more patients, manage more – and all the while the threat of a law suit lurks. This leads to high burn-out, especially since our pay is decreasing."

"The cost of treating Medicaid patients does not cover overhead, yet the practice takes them because they have no where else to go."

"We now have socialized medicine, either through the government (Medicare/Medicaid) or through managed care companies. Their loyalty is not towards the patient but to the bottom line. They determine physician compensation and directly or indirectly how physicians practice medicine. We have record insurance company profits, yet premiums keep rising. Of taxes collected for Medicare, only 9% go to physician fees. Third parties and personal injury attorneys make most of medicine's profits."

"Medicare: back off. Your constant change of regulations drives me mad."

"I am working harder for less and less money and prestige. I am seeing more greed than ever in medicine, from malpractice, insurance companies, nursing homes, etc. Fortunately, I still get a fair amount of satisfaction from my profession."

"To pay malpractice would mean I would earn less than the person cleaning my office."

"The only 'organization' in America that would allow or accept pay for performance corruption is 'The House of Medicine.'"

"Weigh less, exercise more, quit smoking, quit drinking – that is how the cost of health care would be decreased. For all the education, responsibility and hours we put in what we are reimbursed is a disgrace. Hairdressers charge more than what we receive for office visits."

"The practice of obstetrics is almost suicidal. To pay malpractice would mean I would earn less than the person cleaning my office."

"We need to strike when it comes to providing care for person injury attorneys. No medical care for them at all until they agree to change the system to no-fault."

"Reimbursement cuts will mean fewer physicians. This will create a crisis for an aging population."

"Patients want more from us, we're getting paid less, the cost of practice continues to climb, and we have the constant worry of getting sued."

"We have reached a crisis in our area. Malpractice and overhead are so high that my former OB/GYN partners could not afford to keep their offices open and had to leave to seek salaried positions. Our county used to have 15 OB/GYNs 20 years ago when I came here and now there are seven and one more is about to give up OB. The six of us cannot care for our county. We are overwhelmed yet cannot find or afford a partner. Help!"

"The country demands quality care at a lower cost – which is not possible. Imagine telling Mercedes Benz to sell their cars at the price of a Hyundai. It's not possible. Medicine is becoming like a consumer product. You can't get quality at a cheap price. It doesn't happen."

"Patients need to be educated that they are the payers – not matter how it is spun. They pay for employer provided insurance through lower wages. They pay for government provided insurance by higher taxes. The concept of shared risk with insurance needs to be solidified with patients assuming direct costs of most care with insurance for catastrophic issues – not the prepaid plans they have now pushed by monopolistic insurance companies."

"We are drowning in a sea of regulation and paperwork."

"Thank you for the opportunity to express my view. We are drowning in a sea of regulation and paperwork."

"I have actually had to reduce the number of patients seen daily in order to accommodate all the other demands on my time. This was the only compromise I could find to maintain financial solvency. I am going to have to continue to move towards a larger group practice as opposed to solo. However, we are in a rural area without much to offer to attract new graduates. Medicine has become more work, more hassle, less prestige, less compensation year by year."

"We desperately need to be funding graduate medical education of physicians rather than looking to step down to providers who are nurses and physician assistants. No one can provide primary care like a well trained family practitioner and no one can provide a 'medical home' without a physician."

"Bean counters have taken over decision making in health care."

"For two decades, liability, paperwork, and frustration from dealing with third party payers have risen. Reimbursement has suffered a slow but persistent erosion. Many physicians are on the brink of quitting."

"Primary care practice is obviously being phased out to be replaced by "extenders" who are not nearly trained well enough to treat the full spectrum of patients that I do."

"Put us all in the Army and give us a rank from Second Lieutenant to Five Star General. Or pay me $150,000 a year and LEAVE ME ALONE without all the third party payers and interference."

"Reimbursement rates for Medicare/Medicaid/Blue Cross in our county are a sad joke. Unfortunately, they are also the major payers in our region. How can we ever recruit a new physician when they know our county would never be profitable for them? High indigent volumes makes hospital on-call care even more ridiculous. Believe me, plumbers and lawyers wouldn't work most of their time for free, and neither should physicians."

"We need more primary care physicians but students are choosing primary care less often. What is their incentive? Our hours are worse, our pay is less, our hassles are greater and we have a legal system that is out of control. I had to leave private practice because I couldn't make a living. As an employee, however, I have lost all of my autonomy."

"I resent that in order to support my family and pay off my student loans I must sacrifice my enjoyment of medicine in order to see more people in less time. It is not just a disservice to me, but to my patients. I should have become a specialist."

"Primary care medicine is the most vital to our healthcare system, and yet is the poorest reimbursed."

"Primary care medicine is the most vital to our healthcare system, and yet is the poorest reimbursed. This will need to change in the future."

"The ability of small practices to implement EMR is limited as technical experts are not affordable or even available in my rural area."

"The gift of medicine has become a curse. The art of medicine has been replaced by a script written by those who are not gifted but hired, elected or appointed to make statistics fit. Support the gifted with earned praise, monetary rewards and a non-encumbered practice of the art."

"We need politicians with the honesty, courage and conviction to cut out the insurance company's fraud and cheating and excessively high premiums and the outrageously and dishonestly low compensation to M.D.s in private practice."

"Physicians who have their own practice are more caring of their patients than those who work for 'the man.'"

"After nine years of training in a county hospital, after five years in the Air Force and after two years in V.A. hospital, I guarantee the worst way to do anything is by a government – any government! This is particularly true of trying to run medicine."

"Where are all the premium dollars going? Not to physicians, therapists, dentists or hospitals. I believe the American public is being preyed on by insurance companies. The insurance companies need to be regulated or physicians need the right to collectively bargain to achieve an equal footing for free market enterprise to work. The playing field currently is not level."

"Having spent time in the VA system, I shudder at the bureaucratic, inefficient quagmire we'd enter with totally government run medicine."

"What people expect from the healthcare system and what they are willing to pay for do not mesh. Either expectations need to decline (not likely) or the cost and value of healthcare needs to be recognized and paid for."

"Universal healthcare will not succeed if there are no doctors to see patients. And please, we are doctors, not "health care providers."

"Please help doctors do what they really want to do – which is take care of you! Do away with HMOs/PPOs that swindle the money in between doctors and patients."

"As fewer medical graduates pursue primary care, everyone will suffer."

"It amazes me how paralegals and plumbers make more money per hour than pediatricians. As fewer medical graduates pursue primary care, everyone will suffer."

"Level the playing field. Make all insurers cover the same benefits, so price comparisons could be made effectively. Preventive care should be covered. There should be no pre-existing conditions excluded, but premiums could be slightly higher for the medically complex patients."

"The key to good patient care is time. If you don't compensate adequately those of us in primary care so we can spend time with our patients then care will go down and expenses go up in the form of tests, referrals, and our mistakes (and therefore malpractice.)

"All the increased paperwork to document 'medical necessity' only punishes the honest doctor. Any physician willing to commit fraud would not hesitate to lie on paper. Paperwork does nothing to prevent fraud."

"Adopt a single payer British style system with alternative fee-for-service available. The Canadian system works because people can choose to come to the U.S. for fee-for-service care if they choose to go outside the national health system."

"Insurers should allow patients to see any willing provider. Government should make private insurance available to everyone. Medicaid/Medicare should be eliminated in favor of subsidized private insurance which would better police individual and provider abuse. Malpractice should be abolished in favor of arbitration panels."

"The Medicare system is effective in controlling costs. State Medicaid systems should be rolled over into Medicare and everyone should be provided with healthcare coverage through Medicare. We need to study the European and Canadian systems and implement a similar system."

"Pass a law. No one may be denied insurance or 'rated' on cost. Spread the risk through the population. Limit the profits of the insurance companies. 90% of all premiums MUST be returned to patients. Medicare is too bureaucratic and inflexible. Lose the Mickey Mouse rules. Pay primary care doctors more or the system will fall apart."

"The combination of a decrease in the number of primary care physicians, closure of community clinics and hospitals, decreasing reimbursements, increasing government regulations, and a significant increase in the number of complex patients all add up to an unsustainable system. Change will begin when politicians, insurance CEOs, and personal injury attorneys find that they personally can no longer find available medical care."

"Our healthcare systems is in a shambles. We must adopt a single payer system to make real progress."

"Help us help you. CEOs and upper level executives of health insurance companies are raping the system."

"The cost of a medical education is offensive and drastically limits what new grads can do because of the need to pay back 8 years of loans. In addition, the new grads are very shift-work oriented and do not work as a team, which will be detrimental to healthcare in the U.S."

"The Hippocratic Oath prevails and I enjoy my work as a pediatrician."

"EMR is absolutely a no-go for solo practice. Way, way too expensive!"

"The system is sick. Doctors must be allowed to organize."

"I am retired. I enjoyed the practice of medicine but was increasingly frustrated by the financial barriers to practicing good medicine and particularly to meeting the needs of the uninsured. My statement: We need a single payer system that provides universal coverage. The fact we don't is morally repugnant and indefensible."

"Medicine today is on life-support. Imperfect people want perfect results. Despite the preventive measures and education doctors provide, the attitude is 'give me a pill and cure all my ills – but I won't stop smoking, eating, or drinking to excess.'

"Put more control in the hands of the patient. Allow the patient to decide which doctors are worth investment of their own money. Doctors can still work without insurance companies, patients can seek care without an insurance companies but without patients and doctors insurance companies would cease to exist. Let's remove the parasite from the system. For those without funding, allow 'x' amount of coverage per year. When that's gone it's gone and the patient may have to revert to a substandard source of care. This country has lost a sense of personal responsibility."

"If I could spend less time worrying about how a lawyer will see each case I do and spend less money defending possible lawsuits the cost of medicine would drop, my income and satisfaction would improve and likely my patient outcomes would improve."

"Something has to change, and soon. Healthcare should be a right, not a luxury. Insurance companies must not dictate how medicine is practiced."

"Something has to change, and soon. Insurance companies must not dictate how medicine is practiced."

"There is going to be a real problem once Baby Boomers start to retire! It literally costs me to see Medicare patients. I am not accepting new Medicare patients but I am seeing my current patients as they age into Medicare. If I had it to do all over I would NEVER have gotten on the Medicare plan to begin with!"

"Physicians still struggle mightily to take care of their patients but fatigue and discouragement are taking their toll. New docs are jaded and older ones are tired of fighting the battle."

"The medical system is in a state of crisis. We need to invest in primary care. This is crucial. Our nation's welfare depends on getting this right."

"Doctors are sinking. We are the ones paying off students loans and overhead while insurance companies are reaping the benefits of our hard labor."

"Stop worrying about political sides and look at the overall need and benefit of the country. Your physician never asks you about your political affiliation if you need care."

"Unchain us! Regulations are so burdensome and so are multiple fee schedules/payors/differentials. Primary care docs are the most pivotal practitioners, but are also the most overworked and poorest paid. No wonder it's so hard to recruit! No wonder young people are avoiding primary care specialties."

"It is unfair to expect doctors to shoulder the burden of increasing healthcare costs. Decreasing reimbursement and increasing regulation amount to government sabotage of my struggling business. If the problem continues I will be forced to stop treating seniors who have Medicare. I enjoy treating all ages, but I must maintain a healthy practice."

"There is a gap between growing regulation and decreasing reimbursement that cannot be closed. This leads to more physicians who will retire early, change professions or become non-clinical."

"It is regrettable that physicians need to hire a billing firm to collect reduced fees and have to pay for it. There is something wrong with that picture."

"I believe there should be a single payer default system to basic level of care. "Perks" can be provided by employers or purchased. Health care should be a right in our society."

"Medicare has ruined the ability of physicians to care for the elderly. It's very time consuming and hard to make ends meet. Many physicians have opted out of Medicare for good reason."

"Many of us will retire/stop practicing over the next five years if this stress level continues."

"Regulations are becoming such a burden that they are taking time from actual patient care. I spend three to four minutes per patient visit checking to make sure documentation supports billing (particularly for Medicare.) Over the course of a day that is one hour or 5 to 6 more patients I could see."

"To young college students I would say - don't go into medicine."

"To young college students I would say – don't go into medicine."

"Legal regulations, medical liability, insurance costs and insurance company reimbursement abuses are so awful that at age 59 years and four months I retired. The public is not usually sympathetic to medical health care issues since the cost of health care to them is already very high and many believe that any complaints are due to doctor greed."

"I gave up obstetrics after 23 years out of concern that litigation might evaporate my retirement savings even though I never had a suit decided against me. I work as a clinical instructor to support by GYN practice and out this out of loyalty to my patients and my medical education. "

"Universal health care (but not the Canadian model) is very likely to happen in the next five years. As we have seen in Massachusetts, when this happens there will be an extreme shortage of primary care physicians."

"Practicing medicine used to be fun. Now it is a tiring profession. Doctors who treat the whole patient are forced to pack our schedules for less money than last year. We are like everyone – living paycheck to paycheck."

"I regret ever becoming a physician. This is the only business in the U.S. with giant conflicts of interest where insurance companies set their fees, my fees and malpractice fees and govern the who, what, how and when patients will receive medical care."

"The current medical system is outmoded and in desperate need of an overhaul. It treats patients and physician unfairly while insurance companies and managed care organization sustain exorbitant profit margins. Where's our Robin Hood?"

"Paperwork! Paperwork is killing us!"

"Stop trying to manipulate physicians and controlling everything we do. Let us practice medicine and don't undermine us at every turn, hemming us in and treating us like renegades who need to be brought under control. The patient is no longer the focus of medicine! The patient isn't of the LEAST CONCERN to payers and the government."

"Physicians know medicine best. Physicians love medicine most. Let physicians have the major voice in fixing the mess. They are not the main cause of the problems, but they can help fix them correctly!"

"As a young (33 years old) pediatrician, I feel trapped by my choice to become a physician. Declining reimbursement from payers (especially Medicaid) has forced my employer to cut physician salaries , in some cases by $40,000 annually. This also happened at my prior practice. I have no chance of achieving the income my colleagues were making five to ten years ago. Next year, I will have to see more patients to achieve the same salary I am currently paid. With $100,000 in student loans, I do not know how I will ever achieve financial security. Morale is low in general among physicians in our state. I would not choose medicine as a career again."

"There is still a stereotype of doctors making lots of money and having free time to golf. It's not true. I am the mother of two children ages one to four. My husband and I practice together. He is full-time (40+ hours per week) and I am part-time. We have to see patients every ten minutes to make overhead. Once I get the kids to bed I'm up until 11 pm every night paying bills, employees, taxes, doing CME and finishing the day's paperwork. Patients expect instant access and have no respect for my off duty family time. Unlike lawyers, I can't bill for all the after-hours calls and patients know they can get free medical care that way – no co-pays. Patients have no respect for our profession any longer, and that's the most disheartening thing."

"Whatever we decide on health care, I want Congress to have the same plan."

"HELP!"

"HELP!"

"I am doing well but I am working harder and harder. The job is still very satisfying because of the job it is. I think if I spent the same effort over the years in another field I'd be more successful and ahead, but I still like the intangibles of medicine."

"If costs continue to rise while reimbursements decline, there will be no way to keep medical practices open."

"If costs continue to rise while reimbursements decline, there will be no way to keep medical practices open."

"Managed care, malpractice insurance, poor reimbursement and overhead running at over 90% forced me to quit. I am no longer seeing patients."

"Most people seem to have enough money to pay for sports, entertainment, gambling and many other non-essential activities but tend to shirk their responsibilities when it involves financial outlay for the cost of health treatment. If patients want good health care delivery they will need to learn that it's not free."

"We are in a crisis. Primary care has fallen from 60% of physicians to 30%. Currently, only 18% of medical students choose primary care. Who is going to see all of the patients? We are in a crisis.""

"I have not had a real raise in salary since I started in 1991. I recently became a hospital employee in a probably short-term effort to at least keep income flat. This is not a situation anyone would describe as good for workforce retention. My 'retirement' will likely be an early change in careers."

"Primary care physicians are among the most highly educated, compassionate and hard-working individuals in society. These most productive and caring professionals are also highly undervalued. The pressure to perform under increasingly adverse circumstances will not encourage physicians now or in the future to continue practicing."

"A 10% cut to Medicare reimbursement will close doors of many medical offices to new Medicare patients and will make it very difficult for primary care offices to remain open. Since many primary care offices have 30%-50% Medicare and nursing home patients, cuts will significantly hurt the primary care group that Medicare needs most."

"The current model is NOT WORKING. Primary care docs are tired of the continuous pay cuts, reimbursement games, and endless paperwork. As we spend less and less time with our patients because we have to fill out 'prior authorization' forms for every third prescription we write, we become more distanced from the heart of it. There will be a serious healthcare crisis in this country when we walk away."

"Prestige and compensation are very far below what they were for physicians in the past and that is already impacting and will ultimately totally change the quality of physicians in terms of intelligence, character, etc. in the future."

"The American physician has become increasingly angry and frustrated. We have had to learn more about insurance than about medical care. What is particularly unfortunate is that it doesn't have to be that way. I have worked in New Zealand. Everyone was covered, no one when bankrupt for receiving medical care and most important to me, the DOCTORS WERE HAPPY. We have much to learn from our brethren overseas."

"As a pediatrician I still enjoy my job seeing patients and talking with patients' parents. But I don't like the fact that right now I'm a medical clerk."

"We are very quickly heading for a crisis."

"The current system is unacceptable for physicians and patients. The increasing Medicare population will have no one to care for them in one to five years due to declining reimbursement. We are very quickly heading for a crisis."

"I am strongly against a universal healthcare coverage plan. The bureaucracy will kill us. Keep the government away."

Appendix: Survey Responses

By Gender

MEDICAL PRACTICE IN 2008: SURVEY SUMMARY & ANALYSIS – Cross Tabs by GENDER

Table 1. Medial specialty by gender

Gender	Primary Care	Other	Totals
Male	64.95%	35.05%	100.00%
Female	72.66%	27.34%	100.00%

Table 2. Years in medical practice by gender

Gender	0-5	6-10	11-15	16-20	21-25	25+	Totals
Male	8.99%	11.53%	14.00%	15.38%	17.62%	32.48%	100.00%
Female	16.33%	21.26%	20.11%	16.90%	14.83%	10.58%	100.00%

Table 3. Age by gender

Gender	<35-50	50-66+	Totals
Male	35.70%	60.07%	95.77%
Female	63.66%	36.34%	100.00%

Table 4. Community size by gender

Gender	0-25,000	25,001-100,000	100,000+	Totals
Male	18.87%	29.63%	51.50%	100.00%
Female	15.89%	31.38%	52.73%	100.00%

Table 5. Satisfaction with medical practice, last 5 years, by gender

Gender	More satisfied	Less satisfied	The same	N/A	Totals
Male	5.63%	77.85%	15.97%	0.55%	100.00%
Female	5.35%	76.47%	16.53%	1.64%	100.00%

Table 6. Satisfaction with medical practice, current, by gender

Gender	Very satisfying	Satisfying	Less Satisfying	Unsatisfying	Totals
Male	5.81%	26.70%	48.72%	18.77%	100.00%
Female	4.83%	32.81%	46.13%	16.23%	100.00%

Table 7. Financial health of medical practice by gender

Gender	Healthy and profitable	Profitable but low margins	Break-even	Un-profitable	Totals
Male	18.35%	49.81%	20.97%	10.87%	100.00%
Female	15.75%	43.73%	25.30%	15.23%	100.00%

Table 8. Professional morale of known physicians by gender

Gender	Positive	Mixed	Poor	Very low	Totals
Male	6.12%	51.99%	30.97%	10.91%	100.00%
Female	5.69%	53.35%	30.20%	10.77%	100.00%

Table 9. Professional morale of responding physician by gender

Gender	Positive	Mixed	Poor	Very low	Totals
Male	22.37%	47.69%	19.70%	10.25%	100.00%
Female	23.20%	46.24%	20.11%	10.46%	100.00%

Table 10. Opinion on shortage of primary care physicians by gender

Gender	Yes, there is a shortage	No, there is no shortage	Totals
Male	78.25%	21.75%	100.00%
Female	77.65%	22.35%	100.00%

Table 11. Plan in the next three years by gender (multiple responses possible)

Gender	Retire	Cut back on hrs/ patients seen	Close practice to new patients	Work part-time (< 20 hrs/wk)	Seek non-clinical job within medicine/ healthcare	See job unrelated to medicine/ healthcare	Work locum tenens	Switch to concierge/ boutique practice	Continue practicing as I am
Male	8.14%	14.36%	5.49%	7.34%	9.52%	7.54%	5.36%	4.97%	37.27%
Female	7.60%	14.86%	5.07%	7.37%	9.58%	7.01%	5.61%	5.21%	37.70%

Table 12. Would retire if had financial means, by gender

Gender	Would retire	Would maintain practice/ few years	Would practice indefinitely	Totals
Male	45.23%	43.87%	10.90%	100.00%
Female	44.44%	42.52%	13.03%	100.00%

Table 13. How respondent would conduct career if could do over again, by gender

Gender	Choose primary care	Choose a medical specialty	Choose a non-clinical path	Choose not to be a physician	Totals
Male	27.01%	40.90%	4.69%	27.40%	100.00%
Female	28.36%	40.88%	4.85%	25.92%	100.00%

Table 14. Would recommend medicine as a career to children/young people, by gender

Gender	Yes, would recommend	No, would not recommend	Totals
Male	40.11%	59.89%	100.00%
Female	40.50%	59.50%	100.00%

Table 15. Attitude toward medical career, by gender

Gender	Medicine is highly rewarding	Medicine is less rewarding	Medicine is no longer rewarding	Totals
Male	21.56%	59.65%	18.78%	100.00%
Female	23.09%	58.63%	18.28%	100.00%

Table 16. Type of practice by gender

Gender	A solo practice	Hospital based	A small group practice	Government or Armed Services	A large group practice	Other	Totals
Male	34.98%	9.50%	28.04%	2.98%	20.40%	4.08%	100.00%
Female	31.78%	9.74%	29.30%	3.04%	22.10%	4.04%	100.00%

Table 17. Practice ownership status by gender

Gender	Employed	Practice owner	Totals
Male	38.35%	61.65%	100.00%
Female	39.21%	60.79%	100.00%

Table 18. Hours worked per week by gender

Gender	0-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61-70 hrs	71-80 hrs	81-90 hrs	91-100 hrs	Totals
Male	3.50%	4.24%	11.55%	18.35%	25.81%	16.09%	12.82%	5.07%	2.58%	100.00%
Female	3.23%	3.98%	10.91%	18.75%	26.33%	15.67%	13.01%	5.58%	2.54%	100.00%

Table 19. Hours spent on clinical/patient care per week, by gender

Gender	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs	Totals
Male	2.34%	7.55%	14.42%	30.68%	24.08%	13.36%	7.58%	100.00%
Female	2.00%	7.58%	13.41%	32.34%	24.88%	11.99%	7.80%	100.00%

Table 20. Hours spent on non-clinical/patient care per week, by gender

Gender	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs	Totals
Male	40.33%	34.54%	14.59%	6.78%	2.66%	0.72%	0.40%	100.00%
Female	39.01%	35.39%	15.50%	6.31%	2.47%	0.84%	0.47%	100.00%

Table 21. Growing volume of non-clinical duties have caused respondent to spend less time per patient, by gender

Gender	Yes	No	Totals
Male	63.69%	36.31%	100.00%
Female	62.41%	37.59%	100.00%

Table 22. Time allocated to non-clinical duties in the past 3 years, by gender

Gender	Increased	Decreased	Totals
Male	94.32%	5.68%	100.00%
Female	93.47%	6.53%	100.00%

Table 23. Number of patients seen per day, by gender

Gender	0-10	11-20	21-30	31-40	41-50	51-60	Totals
Male	7.47%	31.73%	41.93%	14.23%	3.53%	1.11%	100.00%
Female	7.96%	33.06%	41.16%	12.79%	4.15%	0.88%	100.00%

Table 24. Patient capacity by gender

Gender	I have time to see more patients	I am at full capacity	I am overextended and overwhelmed	Totals
Male	24.12%	44.10%	31.78%	100.00%
Female	22.55%	46.81%	30.64%	100.00%

Table 25. Patient time by gender

Gender	I usually have time to fully comm. with and treat all patients	I sometimes have time to fully comm. with and treat all patients	I usually do not have time to fully comm. with and treat all patients	Totals
Male	36.83%	50.54%	12.63%	100.00%
Female	36.49%	51.31%	12.20%	100.00%

Table 26. Opinion on need for additional primary care physicians by gender

Gender	No immediate need	Moderate need	Urgent need	Totals
Male	28.80%	49.83%	21.37%	100.00%
Female	28.78%	49.65%	21.57%	100.00%

Table 27. Currently recruiting a new physician, by gender

Gender	Yes	No	Totals
Male	34.95%	65.05%	100.00%
Female	34.69%	65.31%	100.00%

Table 28. Difficulty in recruiting new physicians, by gender

Gender	Very difficult	Moderately difficult	Not difficult	NA / DK	Totals
Male	33.15%	32.87%	8.84%	25.14%	100.00%
Female	34.59%	33.19%	8.27%	23.95%	100.00%

Table 29. Have closed practice to a patient category due to cost/reimbursement hassles, by gender

Gender	Yes	No	Totals
Male	52.96%	47.04%	100.00%
Female	51.90%	48.10%	100.00%

Table 30. Groups closing practice (if any), by gender

Gender	New patients	Medicaid patients	Medicare patients	Indigent patients	Some HMO/ Mgd care patients	Certain managed care firms	Self-pay patients	Other groups	Totals
Male	3.89%	25.82%	8.90%	12.35%	23.07%	19.71%	3.22%	3.03%	100.00%
Female	4.04%	25.04%	8.95%	12.49%	23.53%	19.89%	2.82%	3.24%	100.00%

Table 31. Time required to see urgent care patient, by gender

Gender	Same day	2-5 days	Totals
Male	76.04%	23.96%	100.00%
Female	74.16%	25.84%	100.00%

Table 32. Time required to see non-urgent care patient, by gender

Gender	Same day	2-5 days	6-10 days	11-30 days	31-60 days	61+ days	Totals
Male	10.19%	38.71%	21.41%	19.09%	6.52%	4.08%	100.00%
Female	9.78%	38.18%	20.06%	20.12%	7.03%	4.83%	100.00%

Table 33. Overhead as a percent of income, by gender

Gender	0-25%	26-40%	41-50%	51-60%	61-90%	91%+	DK	Totals
Male	2.57%	9.73%	17.23%	27.75%	18.64%	2.24%	21.84%	100.00%
Female	3.07%	9.74%	15.36%	27.65%	20.25%	1.87%	22.06%	100.00%

Table 34. Approximate amount of annual uncompensated care, by gender

Gender	$0-5000	$5001-15,000	$15,001-25,000	$25,001-35,000	$35,001-50,000	$50,001+	DK	Totals
Male	4.32%	9.37%	11.74%	7.76%	10.02%	28.81%	27.97%	100.00%
Female	4.83%	9.41%	10.85%	8.61%	10.18%	28.50%	27.64%	100.00%

Table 35. Income in practice during most recent three years, by gender

Gender	Increasing	Flat	Decreasing	Totals
Male	16.06%	44.42%	39.52%	100.00%
Female	15.57%	43.82%	40.61%	100.00%

Table 36. Impact of hypothetical 10.6% cut in Medicare reimbursement on practice, by Gender

Gender	Overhead would be sustainable over 1-5 yrs	Overhead would not be sustainable over 1-5 yrs	Pediatrician and/or do not see Medicare patients	Totals
Male	15.05%	65.48%	19.47%	100.00%
Female	14.52%	66.54%	18.94%	100.00%

Table 37. Have already implemented EMR, by gender

Gender	Yes	No	Totals
Male	27.18%	72.82%	100.00%
Female	27.77%	72.23%	100.00%

Table 38. Current emergency department on-call arrangement, by gender

Gender	No duties	Duties, on-call stipend	Duties, no on-call stipend	Totals
Male	48.11%	8.50%	43.39%	100.00%
Female	47.70%	8.70%	43.60%	100.00%

Table 39. Opinion of on-call arrangement, by gender

Gender	A burden	A benefit	NA	Totals
Male	48.03%	6.00%	45.97%	100.00%
Female	46.86%	5.59%	47.55%	100.00%

Table 40. Opinion of whether U.S. should adopt single-payer system, by gender

Gender	Yes	No	Totals
Male	42.41%	57.59%	100.00%
Female	41.84%	58.16%	100.00%

By Age

MEDICAL PRACTICE IN 2008: SURVEY SUMMARY & ANALYSIS – Cross Tabs by AGE

Table 1. Medial specialty by age

Age	Primary Care	Other
<35-50	68.41%	31.59%
51 - 66+	66.65%	33.35%

Table 2. Years in medical practice by age

Age	0-5	6-10	11-15	16-20	21-25	25+
<35-50	21.88%	27.09%	27.17%	19.61%	3.91%	0.34%
51 - 66+	0.67%	2.44%	5.15%	12.51%	29.21%	50.02%

Table 3. Community size by age

Age	0-25,000	25,001-100,000	100,000+
<35-50	16.13%	32.80%	51.06%
51 - 66+	19.53%	27.48%	53.00%

Table 4. Satisfaction with medical practice, last 5 years, by age

Age	More satisfied	Less satisfied	The same	N/A
<35-50	6.34%	73.89%	18.26%	1.51%
51 - 66+	5.03%	80.27%	14.29%	0.42%

Table 5. Satisfaction with medical practice, current, by age

Age	Very satisfying	Satisfying	Less satisfying	Unsatisfying
<35-50	4.98%	33.46%	46.33%	15.23%
51 - 66+	5.92%	24.47%	49.42%	20.19%

Table 6. Financial health of medical practice by age

Age	Healthy and profitable	Profitable but low margins	Break-even	Unprofitable
<35-50	19.13%	48.67%	21.11%	11.09%
51 - 66+	15.92%	46.96%	23.89%	13.23%

Table 7. Professional morale of known physicians by age

Age	Positive	Mixed	Poor	Very low
<35-50	5.74%	52.43%	30.98%	10.85%
51 - 66+	6.12%	51.89%	31.02%	10.97%

Table 8. Professional morale of responding physician by age

Age	Positive	Mixed	Poor	Very low
<35-50	22.90%	47.00%	20.35%	9.97%
51 - 66+	22.39%	47.72%	19.31%	10.57%

Table 9. Opinion on shortage of primary care physicians by age

Age	Yes, there is a shortage	No, there is no shortage
<35-50	78.54%	21.46%
51 - 66+	77.69%	22.31%

Table 10. Plan in the next three years by age (multiple responses possible)

Age	Retire	Cut back on hrs/ patients seen	Close practice to new patients	Work part-time (< 20 hrs/wk)	Seek non-clinical job within medicine/ healthcare	See job unrelated to medicine/ healthcare	Work locum tenens	Switch to concierge/ boutique practice	Continue practicing as I am
<35-50	7.34%	14.39%	5.28%	7.09%	9.38%	7.37%	5.59%	5.38%	38.17%
51 - 66+	8.36%	14.72%	5.42%	7.60%	9.84%	7.25%	5.23%	4.91%	36.68%

Table 11. Would retire if had financial means, by age

Age	Would retire	Would maintain practice/ few years	Would practice indefinitely
<35-50	44.51%	43.21%	12.28%
51 - 66+	45.36%	43.50%	11.14%

Table 12. How respondent would conduct career if could do over again, by age

Age	Choose primary care	Choose a medical specialty	Choose a non-clinical path	Choose not to be a physician
<35-50	28.42%	40.29%	4.41%	26.89%
51 - 66+	26.52%	41.50%	4.94%	27.04%

Table 13. Would recommend medicine as a career to children/young people, by age

Age	Yes, would recommend	No, would not recommend
<35-50	40.85%	59.15%
51 - 66+	39.77%	60.23%

Table 14. Attitude toward medical career, by age

Age	Medicine is highly rewarding	Medicine is less rewarding	Medicine is no longer rewarding
<35-50	22.44%	59.59%	17.97%
51 - 66+	21.70%	58.97%	19.33%

Table 15. Type of practice by age

Age	A solo practice	Hospital based	A small group practice	Government or Armed Services	A large group practice	Other
<35-50	33.13%	10.00%	28.17%	3.04%	21.49%	4.18%
51 - 66+	34.25%	9.16%	28.80%	2.96%	21.06%	3.76%

Table 16. Practice ownership status by age

Age	Employed	Practice owner
<35-50	39.33%	60.67%
51 - 66+	37.88%	62.12%

Table 17. Hours worked per week by age

Age	0-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61-70 hrs	71-80 hrs	81-90 hrs	91-100 hrs	100+ hrs
<35-50	3.32%	3.81%	11.34%	18.53%	26.18%	15.99%	13.21%	5.17%	2.45%	0.00%
51 - 66+	3.40%	4.55%	11.29%	18.48%	25.93%	15.94%	12.66%	5.14%	2.62%	0.00%

Table 18. Hours spent on clinical/patient care per week, by age

Age	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
<35-50	2.35%	7.27%	13.74%	31.83%	24.47%	12.63%	7.71%
51 - 66+	2.11%	7.66%	14.54%	30.59%	24.27%	13.26%	7.58%

Table 19. Hours spent on non-clinical/patient care per week, by age

Age	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
<35-50	39.24%	35.56%	14.92%	6.35%	2.79%	0.82%	0.31%
51 - 66+	40.54%	34.23%	14.87%	6.81%	2.36%	0.73%	0.46%

Table 20. Growing volume of non-clinical duties have caused respondent to spend less time per patient, by age

Age	Yes	No
<35-50	63.87%	36.13%
51 - 66+	62.59%	37.41%

Table 21. Time allocated to non-clinical duties in the past 3 years, by age

Age	Increased	Decreased
<35-50	93.99%	6.01%
51 - 66+	94.02%	5.98%

Table 22. Number of patients seen per day, by age

Age	0-10	11-20	21-30	31-40	41-50	51-60	61+
<35-50	7.87%	31.65%	42.26%	13.24%	4.08%	0.90%	0.00%
51 - 66+	7.49%	32.32%	41.31%	14.13%	3.58%	1.16%	0.00%

Table 23. Patient capacity by age

Age	I have time to see more patients	I am at full capacity	I am overextended and overwhelmed
<35-50	23.83%	45.49%	30.68%
51 - 66+	23.32%	44.86%	31.82%

Table 24. Patient time by age

Age	I usually have time to fully comm. with and treat all patients	I sometimes have time to fully comm. with and treat all patients	I usually do not have time to fully comm. with and treat all patients
<35-50	36.12%	51.55%	12.33%
51 - 66+	37.47%	49.85%	12.68%

Table 25. Opinion on need for additional primary care physicians by age

Age	No immediate need	Moderate need	Urgent need
<35-50	28.48%	49.90%	21.62%
51 - 66+	29.10%	49.77%	21.14%

Table 26. Currently recruiting a new physician, by age

Age	Yes	No
<35-50	36.52%	63.48%
51 - 66+	33.25%	66.75%

Table 27. Difficulty in recruiting new physicians, by age

Age	Very difficult	Moderately difficult	Not difficult	NA / DK
<35-50	33.76%	33.59%	8.84%	23.81%
51 - 66+	33.53%	32.29%	8.46%	25.72%

Table 28. Have closed practice to a patient category due to cost/reimbursement hassles, by age

Age	Yes	No
<35-50	52.14%	47.86%
51 - 66+	53.01%	46.99%

Table 29. Groups closing practice (if any), by age

Age	New patients	Medicaid patients	Medicare patients	Indigent patients	Some HMO/ Mgd care patients	Certain managed care firms	Self-pay patients	Other groups
<35-50	4.13%	25.01%	9.61%	12.67%	23.21%	19.39%	2.88%	3.09%
51 - 66+	3.90%	25.91%	8.37%	12.16%	23.14%	20.06%	3.25%	3.21%

Table 30. Time required to see urgent care patient, by age

Age	Same day	2-5 days	6-10 days	11-15 days	16-20 days	21+ days
<35-50	74.83%	25.17%	0.00%	0.00%	0.00%	0.00%
51 - 66+	75.92%	24.08%	0.00%	0.00%	0.00%	0.00%

Table 31. Time required to see non-urgent care patient, by age

Age	Same day	2-5 days	6-10 days	11-30 days	31-60 days	61+ days
<35-50	10.10%	38.82%	20.70%	19.07%	6.92%	4.38%
51 - 66+	10.11%	38.32%	21.06%	19.59%	6.54%	4.37%

Table 32. Overhead as a percent of income, by age

Age	0-25%	26-40%	41-50%	51-60%	61-90%	91%+	DK
<35-50	2.73%	9.76%	16.55%	28.06%	19.02%	2.03%	21.84%
51 - 66+	2.86%	9.49%	16.64%	27.71%	19.05%	2.26%	21.99%

Table 33. Payers that provide insufficient reimbursement, by age

Age	Medicare	Medicaid	SCHIP	CHAMPUS	Some indemnity plans	Some HMO/ PPO	None of these
<35-50	18.30%	31.99%	6.93%	10.27%	7.13%	21.58%	3.79%
51 - 66+	17.92%	32.76%	6.67%	10.21%	7.13%	21.65%	3.66%

Table 34. Approximate amount of annual uncompensated care, by age

Age	$0-5000	$5001-15,000	$15,001-25,000	$25,001-35,000	$35,001-50,000	$50,001+	DK
<35-50	4.77%	9.09%	11.16%	8.26%	9.84%	28.49%	28.40%
51 - 66+	4.44%	9.73%	11.80%	7.84%	10.09%	28.77%	27.34%

Table 35. Income in practice during most recent three years, by age

Age	Increasing	Flat	Decreasing
<35-50	15.39%	43.96%	40.65%
51 - 66+	16.00%	44.49%	39.51%

Table 36: Impact of flat/declining payer reimbursement on practice, by Age (multiple responses possible)

Age	Unable to provide staff with raises	Unable to purchase needed equipment	Have had to reduce time spent per patient	Have had to reduce charity/ unpaid care	No changes
<35-50	24.12%	21.90%	21.32%	20.97%	11.69%
51 - 66+	24.28%	21.49%	20.63%	21.18%	12.42%

Table 37. Impact of hypothetical 10.6% cut in Medicare reimbursement on practice, by age

Age	Overhead would be sustainable over 1-5 yrs	Overhead would not be sustainable over 1-5 yrs	Pediatrician and/or do not see Medicare patients
<35-50	14.53%	65.82%	19.65%
51 - 66+	15.26%	65.95%	18.80%

Table 38. Changes in practice if hypothetical Medicare reduction occurs, by age (multiple responses possible)

Age	No changes	Reduce number of patients seen	Stop seeing Medicare patients	Close practice/ retire	Seek new sources of revenue	Reduce/ eliminate charity care	Seek a non-clinical position
<35-50	10.59%	23.15%	12.62%	8.46%	22.98%	13.83%	8.38%
51 - 66+	10.27%	22.93%	12.89%	8.84%	23.16%	13.98%	7.92%

Table 39. Have already implemented EMR, by age

Age	Yes	No
<35-50	28.49%	71.51%
51 - 66+	26.56%	73.44%

Table 40: Have not implemented EMR, but have _____ to do so, by age

Age	…time	…money	…personnel	…resources/ expertise
<35-50	32.41%	18.60%	25.41%	23.58%
51 - 66+	32.23%	18.06%	25.56%	24.15%

Table 41. Current emergency department on-call arrangement, by age

Age	No duties	Duties, on-call stipend	Duties, no on-call stipend
<35-50	47.08%	8.97%	43.95%
51 - 66+	49.24%	7.99%	42.77%

Table 42. Opinion of on-call arrangement, by age

Gender	A burden	A benefit
<35-50	88.13%	11.87%
51 - 66+	89.34%	10.66%

Table 43. Opinion of whether U.S. should adopt single-payer system, by age

Gender	Yes	No
<35-50	42.64%	57.36%
51 - 66+	41.93%	58.07%

By Specialty

MEDICAL PRACTICE IN 2008: SURVEY SUMMARY & ANALYSIS – Cross Tabs by SPECIALTY

Table 1. Years in medical practice by specialty

Medical Specialty	0-5	6-10	11-15	16-20	21-25	25+
Primary Care	12.17%	15.59%	15.49%	15.27%	15.82%	25.66%
Other specialty	9.77%	13.24%	17.10%	17.48%	18.35%	24.05%

Table 2. Community size by specialty

Medical Specialty	0-25,000	25,001-100,000	100,000+
Primary Care	20.12%	29.74%	50.13%
Other specialty	12.96%	30.33%	56.71%

Table 3. Satisfaction with medical practice, last 5 years, by specialty

Medical Specialty	More satisfied	Less satisfied	The same	N/A
Primary Care	6.22%	75.32%	17.50%	0.95%
Other specialty	3.88%	81.96%	13.28%	0.88%

Table 4. Satisfaction with medical practice, current, by specialty

Medical Specialty	Very satisfying	Satisfying	Less Satisfying	Unsatisfying
Primary Care	5.90%	29.77%	47.62%	16.71%
Other specialty	4.59%	26.36%	49.03%	20.01%

Table 5. Financial health of medical practice by specialty

Medical Specialty	Healthy and profitable	Profitable but low margins	Break-even	Unprofitable
Primary Care	16.87%	47.27%	23.15%	12.71%
Other specialty	18.90%	49.71%	20.73%	10.66%

Table 6. Professional morale of known physicians by specialty

Medical Specialty	Positive	Mixed	Poor	Very low
Primary Care	5.85%	52.63%	30.97%	10.55%
Other specialty	6.11%	52.08%	30.82%	10.99%

Table 7. Professional morale of responding physician by specialty

Medical Specialty	Positive	Mixed	Poor	Very low
Primary Care	22.39%	47.54%	19.71%	10.36%
Other specialty	23.37%	46.81%	19.66%	8.63%

Table 8. Opinion on shortage of primary care physicians by specialty

Medical Specialty	Yes, there is a shortage	No, there is no shortage
Primary Care	78.21%	21.79%
Other specialty	78.51%	21.49%

Table 9. Plan in the next three years by specialty (multiple responses possible)

Medical Specialty	Retire	Cut back on hrs/ patients seen	Close practice to new patients	Work part-time (< 20 hrs/ wk)	Seek non-clinical job within medicine/ healthcare	See job unrelated to medicine/ healthcare	Work locum tenens	Switch to concierge/ boutique practice	Continue practicing as I am
Primary Care	8.20%	14.55%	5.33%	7.35%	9.44%	7.31%	5.43%	4.92%	37.48%
Other specialty	7.36%	14.37%	5.33%	7.05%	9.73%	7.39%	5.42%	5.42%	37.93%

Table 10. Would retire if had financial means, by specialty

Medical Specialty	Would retire	Would maintain practice/ few years	Would practice indefinitely
Primary Care	44.65%	43.64%	11.71%
Other specialty	45.34%	43.34%	11.32%

Table 11. How respondent would conduct career if could do over again, by specialty

Medical Specialty	Choose primary care	Choose a medical specialty	Choose a non-clinical path	Choose not to be a physician
Primary Care	27.57%	41.13%	4.57%	26.73%
Other specialty	27.03%	40.92%	5.03%	27.03%

Table 12. Would recommend medicine as a career to children/young people, by specialty

Medical Specialty	Yes, would recommend	No, would not recommend
Primary Care	40.05%	59.95%
Other specialty	40.38%	59.62%

Table 13. Attitude toward medical career, by specialty

Medical Specialty	Medicine is highly rewarding	Medicine is less rewarding	Medicine is no longer rewarding
Primary Care	22.03%	59.40%	18.58%
Other specialty	22.06%	59.55%	18.39%

Table 14. Type of practice by specialty

Medical Specialty	A solo practice	Hospital based	A small group practice	Government or Armed Services	A large group practice	Other
Primary Care	34.01%	9.78%	28.35%	2.84%	21.04%	3.99%
Other specialty	34.05%	9.27%	28.26%	3.21%	21.22%	3.99%

Table 15. Practice ownership status by specialty

Medical Specialty	Employed	Practice owner
Primary Care	38.77%	61.23%
Other specialty	37.92%	62.08%

Table 16. Hours worked per week by specialty

Medical Specialty	0-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61-70 hrs	71-80 hrs	81-90 hrs	91-100 hrs
Primary Care	3.34%	4.19%	11.15%	19.06%	25.54%	15.74%	13.34%	5.18%	2.44%
Other specialty	3.46%	4.04%	11.34%	17.45%	26.99%	16.84%	12.46%	4.92%	2.51%

Table 17. Hours spent on clinical/patient care per week, by specialty

Medical Specialty	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
Primary Care	2.25%	7.56%	14.31%	31.53%	24.04%	12.86%	7.44%
Other specialty	2.74%	7.84%	15.37%	34.61%	27.82%	14.51%	8.36%

Table 18. Hours spent on non-clinical/patient care per week, by specialty

Medical Specialty	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
Primary Care	39.68%	34.82%	15.33%	6.39%	2.59%	0.77%	0.41%
Other specialty	40.24%	34.48%	14.38%	7.27%	2.56%	0.74%	0.34%

Table 19. Growing volume of non-clinical duties have caused respondent to spend less time per patient, by specialty

Medical Specialty	Yes	No
Primary Care	62.74%	37.26%
Other specialty	63.32%	36.68%

Table 20. Time allocated to non-clinical duties in the past 3 years, by specialty

Medical Specialty	Increased	Decreased
Primary Care	94.20%	5.80%
Other specialty	93.46%	6.54%

Table 21. Number of patients seen per day, by specialty

Medical Specialty	0-10	11-20	21-30	31-40	41-50	51-60
Primary Care	7.67%	32.35%	41.05%	14.13%	3.89%	0.91%
Other specialty	7.11%	31.44%	42.86%	13.77%	3.59%	1.24%

Table 22. Patient capacity by specialty

Medical Specialty	I have time to see more patients	I am at full capacity	I am overextended and overwhelmed
Primary Care	24.40%	44.95%	30.65%
Other specialty	22.27%	45.18%	32.55%

Table 23. Patient time by specialty

Medical Specialty	I usually have time to fully comm. with and treat all patients	I sometimes have time to fully comm. with and treat all patients	I usually do not have time to fully comm. with and treat all patients
Primary Care	37.15%	50.06%	12.79%
Other specialty	35.74%	52.21%	12.05%

Table 24. Opinion on need for additional primary care physicians by specialty

Medical Specialty	No immediate need	Moderate need	Urgent need
Primary Care	28.71%	49.58%	21.70%
Other specialty	28.97%	50.02%	21.02%

Table 25. Currently recruiting a new physician, by specialty

Medical Specialty	Yes	No
Primary Care	34.03%	65.97%
Other specialty	36.08%	63.92%

Table 26. Difficulty in recruiting new physicians, by specialty

Medical Specialty	Very difficult	Moderately difficult	Not difficult	NA / DK
Primary Care	34.03%	32.57%	8.35%	25.04%
Other specialty	32.55%	33.41%	8.99%	25.05%

Table 27. Have closed practice to a patient category due to cost/reimbursement hassles, by specialty

Medical Specialty	Yes	No
Primary Care	52.40%	47.60%
Other specialty	54.09%	45.91%

Table 28. Groups closing practice (if any), by specialty

Medical Specialty	New patients	Medicaid patients	Medicare patients	Indigent patients	Some HMO/ Mgd care patients	Certain managed care firms	Self-pay patients	Other groups
Primary Care	3.83%	26.15%	8.71%	12.40%	23.21%	19.77%	2.98%	2.96%
Other specialty	4.13%	24.97%	9.18%	12.62%	22.92%	19.55%	3.26%	3.38%

Table 29. Time required to see urgent care patient, by specialty

Medical Specialty	Same day	2-5 days
Primary Care	75.44%	24.56%
Other specialty	74.87%	25.13%

Table 30. Time required to see non-urgent care patient, by specialty

Medical Specialty	Same day	2-5 days	6-10 days	11-30 days	31-60 days	61+ days	NA
Primary Care	10.60%	38.10%	20.95%	19.20%	6.78%	3.14%	0.73%
Other specialty	8.93%	39.51%	21.23%	19.58%	6.65%	2.59%	1.05%

Table 31. Overhead as a percent of income, by specialty

Medical Specialty	0-25%	26-40%	41-50%	51-60%	61-90%	91%+	DK
Primary Care	2.78%	9.89%	16.48%	28.20%	18.77%	2.18%	21.69%
Other specialty	2.75%	9.40%	17.04%	27.30%	19.82%	2.05%	21.64%

Table 32. Payers that provide insufficient reimbursement, by specialty

Medical Specialty	Medicare	Medicaid	SCHIP	CHAMPUS	Some indemnity plans	Some HMO/ PPO	None of these
Primary Care	17.87%	32.57%	6.68%	10.24%	7.12%	21.60%	3.94%
Other specialty	18.51%	32.31%	6.96%	10.40%	7.03%	21.61%	3.18%

Table 33. Approximate amount of annual uncompensated care, by specialty

Medical Specialty		$5001-15,000	$15,001-25,000	$25,001-35,000	$35,001-50,000	$50,001+	DK
Primary Care	4.51%	9.67%	11.07%	8.10%	10.22%	28.35%	28.08%
Other specialty	4.67%	9.15%	12.01%	8.06%	9.44%	29.98%	26.69%

Table 34. Income in practice during most recent three years, by specialty

Medical Specialty	Increasing	Flat	Decreasing
Primary Care	15.59%	44.04%	40.38%
Other specialty	16.09%	43.83%	40.08%

Table 35: Impact of flat/declining payer reimbursement on practice, by Specialty (multiple responses possible)

Medical Specialty	Unable to provide staff with raises	Unable to purchase needed equipment	Have had to reduce time spent per patient	Have had to reduce charity/ unpaid care	No changes
Primary Care	24.10%	21.66%	20.90%	21.16%	12.18%
Other specialty	24.26%	21.70%	21.49%	21.14%	11.40%

Table 36. Impact of hypothetical 10.6% cut in Medicare reimbursement on practice, by specialty

Medical Specialty	Overhead would be sustainable over 1-5 yrs	Overhead would not be sustainable over 1-5 yrs	Pediatrician and/or do not see Medicare patients
Primary Care	14.30%	65.92%	19.79%
Other specialty	16.26%	66.29%	17.45%

Table 37. Changes in practice if hypothetical Medicare reduction occurs, by specialty (multiple responses possible)

Medical Specialty	No changes	Reduce number of patients seen	Stop seeing Medicare patients	Close practice/ retire	Seek new sources of revenue	Reduce/ eliminate charity care	Seek a non-clinical position
Primary Care	10.58%	22.92%	12.52%	8.78%	23.01%	14.04%	8.17%
Other specialty	9.75%	23.20%	13.27%	8.71%	23.04%	13.91%	8.11%

Table 38. Have already implemented EMR, by specialty

Medical Specialty	Yes	No
Primary Care	28.29%	71.71%
Other specialty	26.14%	73.86%

Table 39: Have not implemented EMR, but have _____ to do so, by specialty

Medical Specialty	…time	…money	…personnel	…resources/ expertise
Primary Care	32.30%	18.76%	25.30%	23.64%
Other specialty	33.41%	17.17%	25.66%	23.76%

Table 40. Current emergency department on-call arrangement, by specialty

Medical Specialty	No duties	Duties, on-call stipend	Duties, no on-call stipend
Primary Care	49.28%	8.28%	42.44%
Other specialty	45.95%	9.11%	44.94%

Table 41. Opinion of on-call arrangement, by specialty

Medical Specialty	A burden	A benefit	NA
Primary Care	47.66%	5.88%	46.47%
Other specialty	47.23%	6.25%	46.52%

Table 42. Opinion of whether U.S. should adopt single-payer system, by specialty

Medical Specialty	Yes	No
Primary Care	41.59%	58.41%
Other specialty	43.12%	56.88%

By Practice Owner/Employee

MEDICAL PRACTICE IN 2008: SURVEY SUMMARY & ANALYSIS – Cross Tabs by PRACTICE OWNERSHIP STATUS

Table 1. Years in medical practice by practice ownership status

Ownership Status	0-5	6-10	11-15	16-20	21-25	25+
Employed	11.23%	15.04%	16.21%	16.97%	16.77%	23.79%
Practice owner	11.39%	15.12%	16.12%	14.95%	16.37%	26.04%

Table 2. Community size by practice ownership status

Ownership Status	0-25,000	25,001-100,000	100,000+
Employed	17.68%	29.09%	53.23%
Practice owner	18.07%	30.85%	51.08%

Table 3. Satisfaction with medical practice, last 5 years, by practice ownership status

Ownership Status	More satisfied	Less satisfied	The same
Employed	5.76%	78.06%	16.18%
Practice owner	5.43%	77.91%	16.66%

Table 4. Satisfaction with medical practice, current, by practice ownership status

Ownership Status	Very satisfying	Satisfying	Less Satisfying	Unsatisfying
Employed	6.04%	27.49%	47.72%	18.75%
Practice owner	5.16%	29.31%	48.71%	16.82%

Table 5. Financial health of medical practice by practice ownership status

Ownership Status	Healthy and profitable	Profitable but low margins	Break-even	Unprofitable
Employed	17.20%	47.46%	22.62%	12.73%
Practice owner	18.32%	47.79%	21.73%	12.16%

Table 6. Professional morale of known physicians by practice ownership status

Ownership Status	Positive	Mixed	Poor	Very low
Employed	5.93%	52.33%	30.56%	11.18%
Practice Owner	5.77%	52.08%	31.31%	10.84%

Table 7. Professional morale of responding physician by practice ownership status

Ownership Status	Positive	Mixed	Poor	Very low
Employed	22.72%	46.97%	20.18%	10.13%
Practice owner	22.22%	47.91%	19.41%	10.45%

Table 8. Opinion on shortage of primary care physicians by practice ownership status

Ownership Status	Yes, there is a shortage	No, there is no shortage
Employed	79.07%	20.93%
Practice owner	77.42%	22.58%

Table 9. Plan in the next three years by practice ownership status (multiple responses possible)

Ownership Status	Retire	Cut back on hrs/ patients seen	Close practice to new patients	Work part-time (< 20 hrs/ wk)	Seek non-clinical job within medicine/ healthcare	See job unrelated to medicine/ healthcare	Work locum tenens	Switch to concierge/ boutique practice	Continue practicing as I am
Employed	8.19%	14.40%	4.88%	7.70%	9.65%	7.53%	5.43%	5.15%	37.06%
Practice owner	7.78%	14.68%	5.41%	7.39%	9.69%	7.25%	5.31%	5.09%	37.41%

Table 10. Would retire if had financial means, by practice ownership status

Ownership Status	Would retire	Would maintain practice/ few years	Would practice indefinitely
Employed	45.19%	43.57%	11.25%
Practice owner	44.92%	42.81%	12.27%

Table 11. How respondent would conduct career if could do over again, by practice ownership status

Ownership Status	Choose primary care	Choose a surgical/ diagnostic medical specialty	Choose a non-clinical path	Choose not to be a physician
Employed	26.77%	41.24%	4.46%	27.53%
Practice owner	28.26%	40.38%	4.94%	26.43%

Table 12. Would recommend medicine as a career to children/young people, by practice ownership status

Ownership Status	Yes, would recommend	No, would not recommend
Employed	40.51%	59.49%
Practice owner	40.03%	59.97%

Table 13. Attitude toward medical career, by practice ownership status

Ownership Status	Medicine is highly rewarding	Medicine is less rewarding	Medicine is no longer rewarding
Employed	21.63%	59.74%	18.63%
Practice owner	22.34%	59.07%	18.59%

Table 14. Type of practice by practice ownership status

Ownership Status	A solo practice	Hospital based	A small group practice	Government or Armed Services	A large group practice	Other
Employed	4.96%	25.27%	22.14%	8.09%	29.68%	9.86%
Practice owner	50.34%	1.66%	30.59%	0.05%	16.44%	0.91%

Table 15. Hours worked per week by practice ownership status

Ownership Status	0-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61-70 hrs	71-80 hrs	81-90 hrs	91-100 hrs
Employed	3.94%	4.85%	14.13%	23.44%	25.77%	13.10%	9.49%	3.79%	1.49%
Practice owner	2.38%	3.17%	9.14%	15.41%	26.35%	18.72%	15.38%	6.20%	3.26%

Table 16. Hours spent on clinical/patient care per week, by practice ownership status

Ownership Status	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
Employed	3.13%	9.77%	17.79%	32.76%	21.14%	9.04%	6.36%
Practice owner	1.52%	5.42%	11.85%	30.77%	26.36%	15.84%	8.23%

Table 17. Hours spent on non-clinical/patient care per week, by practice ownership status

Ownership Status	0-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	41-50 hrs	51-60 hrs	61+ hrs
Employed	46.94%	30.61%	12.49%	6.27%	2.83%	0.58%	0.27%
Practice owner	35.11%	37.76%	16.29%	7.12%	2.39%	0.85%	0.47%

Table 18. Growing volume of non-clinical duties have caused respondent to spend less time per patient, by practice ownership status

Ownership Status	Yes	No
Employed	62.70%	37.30%
Practice owner	62.23%	37.77%

Table 19. Time allocated to non-clinical duties in the past 3 years, by practice ownership status

Ownership Status	Increased	Decreased
Employed	91.73%	8.27%
Practice owner	95.03%	4.97%

Table 20. Number of patients seen per day, by practice ownership status

Ownership Status	0-10	20-Nov	21-30	31-40	41-50	51-60	61+
Employed	7.82%	33.61%	41.06%	13.50%	2.78%	1.24%	0.00%
Practice owner	7.27%	32.00%	41.88%	13.88%	3.97%	1.00%	0.00%

Table 21. Patient capacity by practice ownership status

Ownership Status	I have time to see more patients	I am at full capacity	I am overextended and overwhelmed
Employed	20.36%	45.84%	33.80%
Practice owner	25.14%	44.28%	30.58%

Table 22. Patient time by practice ownership status

Ownership Status	I usually have time to fully comm. with and treat all patients	I sometimes have time to fully comm. with and treat all patients	I usually do not have time to fully comm. with and treat all patients
Employed	30.08%	54.02%	15.90%
Practice owner	40.95%	48.79%	10.27%

Table 23. Opinion on need for additional primary care physicians by practice ownership status

Ownership Status	No immediate need	Moderate need	Urgent need
Employed	21.05%	53.30%	25.65%
Practice owner	33.28%	47.90%	18.82%

Table 24. Currently recruiting a new physician, by practice ownership status

Ownership Status	Yes	No
Employed	45.85%	54.15%
Practice owner	29.18%	70.82%

Table 25. Difficulty in recruiting new physicians, by practice ownership status

Ownership Status	Very difficult	Moderately difficult	Not difficult	NA / DK
Employed	31.02%	40.38%	10.22%	18.38%
Practice owner	34.95%	29.04%	7.34%	28.67%

Table 26. Have closed practice to a patient category due to cost/reimbursement hassles, by practice ownership status

Ownership Status	Yes	No
Employed	52.36%	47.64%
Practice owner	53.08%	46.92%

Table 27. Groups closing practice (if any), by practice ownership status

Ownership Status	New patients	Medicaid patients	Medicare patients	Indigent patients	Some HMO/ Mgd care patients	Certain managed care firms	Self-pay patients	Other groups
Employed	3.92%	25.83%	9.12%	12.29%	23.14%	19.69%	2.80%	3.22%
Practice owner	4.07%	25.57%	8.67%	12.28%	23.59%	19.51%	3.12%	3.20%

Table 28. Time required to see urgent care patient, by practice ownership status

Ownership Status	Same day	2-5 days
Employed	75.60%	24.40%
Practice owner	75.78%	24.22%

Table 29. Time required to see non-urgent care patient, by practice ownership status

Ownership Status	Same day	2-5 days	6-10 days	11-30 days	31-60 days	61+ days	NA
Employed	9.81%	37.81%	21.51%	19.34%	7.20%	3.15%	1.18%
Practice owner	10.42%	39.73%	20.68%	19.47%	6.33%	2.68%	0.70%

Table 30. Overhead as a percent of income, by practice ownership status

Ownership Status	0-25%	26-40%	41-50%	51-60%	61-90%	91%+	DK
Employed	2.72%	9.41%	16.01%	27.94%	19.39%	1.71%	22.83%
Practice owner	2.97%	9.77%	16.67%	27.59%	19.54%	2.27%	21.20%

Table 31. Payers that provide insufficient reimbursement, by practice ownership status

Ownership Status	Medicare	Medicaid	SCHIP	CHAMPUS	Some indemnity plans	Some HMO/ PPO	None of these
Employed	17.93%	32.49%	6.87%	10.12%	7.06%	21.85%	3.68%
Practice owner	18.14%	32.17%	6.64%	10.34%	7.13%	21.73%	3.84%

Table 32. Approximate amount of annual uncompensated care, by practice ownership status

Ownership Status		$5001-15,000	$15,001-25,000	$25,001-35,000	$35,001-50,000	$50,001+	DK
Employed	4.20%	8.98%	11.56%	8.34%	8.85%	28.76%	29.30%
Practice owner	4.96%	9.25%	11.39%	7.81%	10.76%	28.81%	27.01%

Table 33. Income in practice during most recent three years, by practice ownership status

Ownership Status	Increasing	Flat	Decreasing
Employed	16.02%	43.72%	40.26%
Practice owner	15.71%	43.74%	40.55%

Table 34: Impact of flat/declining payer reimbursement on practice, by Practice ownership status (multiple responses possible)

Ownership Status	Unable to provide staff with raises	Unable to purchase needed equipment	Have had to reduce time spent per patient	Have had to reduce charity/ unpaid care	No changes
Employed	23.77%	21.64%	21.31%	21.25%	12.02%
Practice owner	24.79%	21.82%	20.50%	20.86%	12.04%

Table 35. Impact of hypothetical 10.6% cut in Medicare reimbursement on practice, by practice ownership status

Ownership Status	Overhead would be sustainable over 1-5 yrs	Overhead would not be sustainable over 1-5 yrs	Pediatrician and/or do not see Medicare patients
Employed	14.48%	65.86%	19.66%
Practice owner	14.88%	65.98%	19.14%

Table 36. Changes in practice if hypothetical Medicare reduction occurs, by practice ownership status (multiple responses possible)

Ownership Status	No changes	Reduce number of patients seen	Stop seeing Medicare patients	Close practice/ retire	Seek new sources of revenue	Reduce/ eliminate charity care	Seek a non-clinical position
Employed	10.49%	23.64%	12.83%	8.15%	23.27%	14.08%	7.53%
Practice owner	10.43%	22.57%	12.57%	9.04%	23.10%	13.88%	8.40%

Table 37. Have already implemented EMR, by practice ownership status

Ownership Status	Yes	No
Employed	27.89%	72.11%
Practice owner	27.29%	72.71%

Table 38: Have not implemented EMR, but have _____ to do so, by practice ownership status

Ownership Status	…time	…money	…personnel	…resources/ expertise
Employed	32.64%	18.19%	25.55%	23.62%
Practice owner	32.41%	18.57%	25.56%	23.47%

Table 39. Current emergency department on-call arrangement, by practice ownership status

Ownership Status	No duties	Duties, on-call stipend	Duties, no on-call stipend
Employed	47.95%	8.64%	43.41%
Practice owner	48.68%	8.88%	42.45%

Table 40. Opinion of on-call arrangement, by practice ownership status

Ownership Status	A burden	A benefit	NA
Employed	47.17%	5.99%	46.84%
Practice owner	47.53%	5.94%	46.54%

Table 41. Opinion of whether U.S. should adopt single-payer system, by practice ownership status

Ownership Status	Yes	No
Employed	42.73%	57.27%
Practice owner	41.49%	58.51%