A SURVEY OF AMERICA'S PHYSICIANS: PRACTICE PATTERNS AND PERSPECTIVES

An Examination of the Professional Morale, Practice Patterns, Career Plans, and Healthcare Perspectives of Today's Physicians, Aggregated by Age, Gender, Primary Care/Specialists, and Practice Owners/Employees

Survey conducted on behalf of The Physicians Foundation by Merritt Hawkins | Completed September, 2012. Copyright 2012, The Physicians Foundation

THE PHYSICIANS FOUNDATION
A SURVEY OF AMERICA'S PHYSICIANS

WHAT IS INCLUDED IN THIS REPORT?

This report summarizes the results of one of the largest and most comprehensive physician surveys ever undertaken in the United States. The survey was sent by email to over 630,000 physicians (approximately 84 percent of all physicians in active patient care), or to virtually every physician with an email address on file with the nation's largest physician database.

IT INCLUDES

Responses from 13,575 physicians revealing:

- current morale levels of today's doctors
- their perspective on healthcare reform and its effects on their practices
- physician practice patterns and metrics
- the career plans of today's doctors
- what they believe is detracting from effective healthcare delivery
- how delivery can be enhanced

and many other issues impacting patient care and the quality of the medical practice environment.

- Over one million data points derived from responses to 48 questions, many of them featuring multi-response answers.
- Selections from some 8,000 written comments on the current state of the healthcare system by physicians reflecting a wide range opinions and recommendations.
- A detailed analysis underscoring survey implications for policy makers and patients
- Responses aggregated by physician age, gender, practice type (primary care vs. specialists) and practice status (employed physicians vs. practice owners) for cross-referencing between different physician groups.

KEY QUESTIONS ADDRESSED

What do physicians think about the current state of the medical profession?
How satisfied are they in their careers?
What changes will they make in their practices?
Will they continue to see Medicare and Medicaid patients?
What do they think of ACOs and other emerging delivery models?
How many patients do they see?
How many hours do they work?
What do they think about health reform?

A Survey of America's Physicians provides answers to these and other questions directly impacting quality and access to patient care in the United States.

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INTRODUCTION

A QUESTION OF CONTEXT

Each year, physicians in America conduct over 1.2 billion patient visits, treating illnesses ranging from the minor to the life-threatening.*

Though they are ably aided in their efforts by nurses, therapists, and a host of other qualified healthcare professionals, physicians remain at the center of the healthcare system. It is primarily physicians who diagnose patients, admit them to the hospital, order tests, perform procedures, and supervise treatments. Physicians typically are the first people we see coming into the world and among the last we see leaving it.

How physicians practice – and what they think about their profession – is therefore of profound importance to both the quality of care patients receive and the access to care they are able to obtain.

With *A Survey of America's Physicians*, The Physicians Foundation has endeavored to provide a "state of the union" of the medical profession. Our goal was to reveal a snapshot of what physicians are thinking in the year 2012: about the practice of medicine, about their career plans, and about the current state of the healthcare system. The survey was sent to over 630,000 physicians – or over 80 percent of physicians in active patient care -- and represents The Physicians Foundation's effort to provide as many physicians as possible with a voice.

The survey was conducted in the context of one of the most transformative eras in the history of modern healthcare. Health reform – considered as both the Patient Protection and Affordable Care Act (PPACA) and ongoing market forces – is changing how healthcare is paid for and how it is delivered. An epic experiment is in progress to determine if access to healthcare can be expanded while quality of care is simultaneously improved and costs curtailed.

Physicians are at the vortex of these changes. How physicians are organized, how they are evaluated, how they are reimbursed, and how they interact with patients are all subject to partial or complete modification. It is a challenging and uncertain time to be a doctor.

The results of the survey reflect this uncertainty and should be taken in the context of current events. As the course of healthcare reform becomes clearer, attitudes and perspectives may change. However, we believe the survey reveals what doctors are thinking today and is relevant to healthcare professionals, policy makers, media members, and to anyone who has been seen by a physician or who will be.

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**Source: Ambulatory Medical Care Utilization Estimates, Center for Disease Control. www.cdc.gov/nchs/data/series/sr_13/sr13_16*

ABOUT THE PHYSICIANS FOUNDATION

The Physicians Foundation is a nonprofit 501(c)(3) organization that seeks to advance the work of practicing physicians and help facilitate the delivery of healthcare to their patients. As the U.S. healthcare system continues to evolve, The Physicians Foundation is steadfast in its determination to strengthen the physician-patient relationship and assist physicians in sustaining their medical practices in a difficult practice environment.

The Foundation participates in the national healthcare discussion by providing the perspective of practicing physicians on the many issues facing them today. This includes identifying how The Patient Protection and Affordable Care Act and other aspects of health system reform impact physicians, and what should be re-assessed or changed in order to achieve the following goals:

- Provide physicians with the leadership skills necessary to drive healthcare excellence
- Offer physicians resources to succeed in today's challenging healthcare environment
- Understand evolving practice trends to help physicians continue to deliver quality care to their patients
- Meet the current and future needs of all patients by assessing the supply of physicians

The Physicians Foundation pursues its mission through a variety of activities including grantmaking, research, white papers and policy studies. The Foundation provides grants to nonprofit organizations, universities, healthcare systems and medical society foundations that support its objectives and, since 2005, has awarded numerous multi-year grants totaling more than $28 million.

The Physicians Foundation also examines critical issues affecting the current and future healthcare system by periodically surveying physicians and patients, and studying the impact on them of government healthcare policies. The Foundation believes that as America evaluates significant changes in healthcare, the perspectives of practicing physicians and their patients must be well-understood and addressed.

For more information, please visit www.PhysiciansFoundation.org

SIGNATORY MEDICAL SOCIETIES OF THE PHYSICIANS FOUNDATION INCLUDE:

Alaska State Medical Association
California Medical Association
Connecticut State Medical Society
Denton County Medical Society (Texas)
El Paso County Medical Society (Colorado)
Florida Medical Association
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Medical Association of Georgia
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Nebraska Medical Association
New Hampshire Medical Society
North Carolina Medical Society
South Carolina Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Washington State Medical Association

ABOUT MERRITT HAWKINS

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

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

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

METHODOLOGY

The Survey of America's Physicians was emailed to virtually every physician in the United States with an email address on record with the American Medical Association's Physician Master File, the largest physician database in the nation. Additional emails were sent to physicians on Merritt Hawkins' database and on the databases of various state medical societies. The emails were sent in increments of several thousand to over 100,000 from late March, 2012 to early June, 2012, with survey links closed as of June 8, 2012.

Emails were sent to approximately 630,000 individual physician email addresses, or to some 84 percent of the approximately 750,000 physicians in active patient care in the U.S. Approximately 600,000 emails were successfully delivered. The survey was configured so that it could not be taken twice from any one computer.

Total number of responses received was 13,575. Experts at the University of Tennessee, who specialize in survey research methodology and statistical inference, assessed non-response bias and margin of error for all questions. A summary of their findings is included below. A complete copy of their findings is available upon request.

The survey included 48 separate questions with multiple responses possible on some questions. A fully completed survey could include over 100 data points, with total aggregate survey responses accounting for well over one million data points. This does not include additional data points that may be gleaned by disaggregating survey responses in various fields, including age, gender, specialty, and state.

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

Over half of physicians surveyed have reached a tipping point and plan to make changes to their practices. Many intend to take one or more steps likely to reduce patient access to their services, limiting physician availability at a time when doctors already are in short supply.

MARGIN OF ERROR ASSESSMENT

"The overall margin of error (MOE) for the entire survey is (u +/- 0.998%), with an unweighted mean error of (u +/- 0.969%), a standard deviation of 0.04%, and item-level errors ranging from 0.796% to 1.022%. We take the overall MOE as evidence of a "low to very low" sampling error for a survey such as this, which is seeing to draw opinions and beliefs (i.e., tapping psychometric constructs) from a large population. This MOE was calculated using the strictest of the conventionally employed confidence intervals for surveys of this type: 99%. Generally, an overall MOE at 99% confidence can be considered highly trustworthy at +/- 2% or less, and all questions within the current survey meet this criterion."

Source: University of Tennessee, Knoxville. Full report available upon request.

KEY FINDINGS

Responses to the survey combined with some 8,000 written comments submitted by physicians reflect a high level of disillusionment among doctors regarding the medical practice environment and the current state of the healthcare system. How physicians will respond to ongoing changes now transforming healthcare delivery varies. Many physicians plan to continue practicing the way they are, but over half of physicians surveyed have reached a tipping point and plan to make changes to their practices. Many intend to take one or more steps likely to reduce patient access to their services, limiting physician availability at a time when doctors already are in short supply.

Key findings of the survey include:

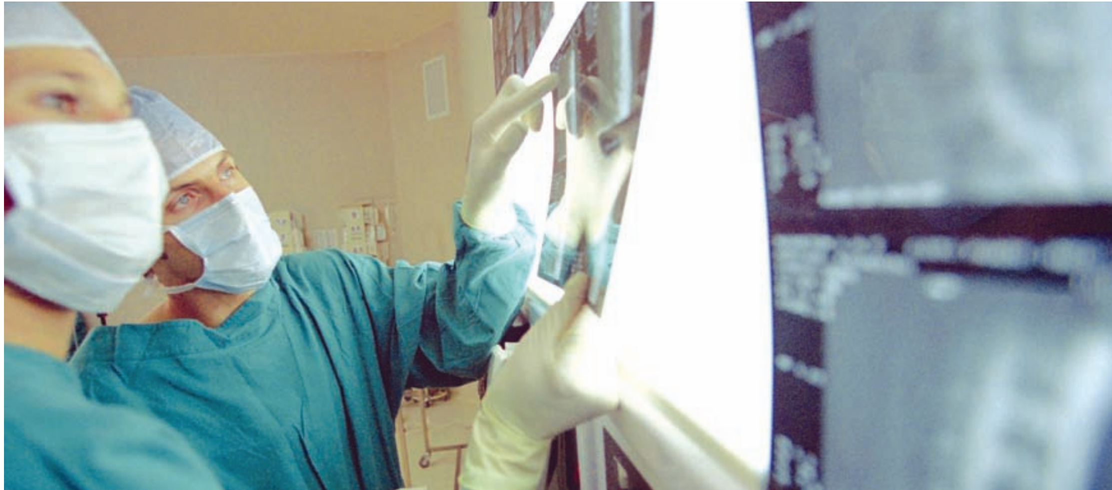
Over three quarters of physicians – 77.4 percent – are somewhat pessimistic or very pessimistic about the future of the medical profession.

Over 84 percent of physicians agree that the medical profession is in decline.

The majority of physicians – 57.9 percent -- would not recommend medicine as a career to their children or other young people.

Over one third of physicians would not choose medicine if they had their careers to do over.

Physicians are working 5.9% fewer hours than they did in 2008, **resulting in a loss of 44,250 full-time-equivalents (FTEs) from the physician workforce.**



Physicians are seeing 16.6% fewer patients per day than they did in 2008, **a decline that could lead to tens of millions of fewer patients seen per year.**

Physicians spend over 22 percent of their time on non-clinical paperwork, resulting in a loss of some 165,000 FTEs.

Over 60 percent of physicians would retire today if they had the means.

Physicians are not uniform in their opinions – younger physicians, female physicians, employed physicians and primary care physicians are generally more positive about their profession than older physicians, male physicians, practice owners and specialists.

Over 52 percent of physicians have limited the access Medicare patients have to their practices or are planning to do so.

Over 26 percent of physicians have closed their practices to Medicaid patients.

In the next one to three years, over 50 percent of physicians plan to cut back on patients, work part-time, switch to concierge medicine, retire or take other steps that would reduce patient access to their services.

Over 59 percent of physicians indicate passage of the Patient Protection and Affordable Care Act (i.e., "health reform") has made them less positive about the future of healthcare in America.

Over 82 percent of physicians believe doctors have little ability to change the healthcare system.

Close to 92 percent of physicians are unsure where the health system will be or how they will fit into it three to five years from now.

Over 62 percent of physicians said Accountable Care Organizations (ACOs) are either unlikely to increase healthcare quality and decrease costs or that that any quality/cost gains will not be worth the effort.

Physicians are divided on the efficacy of medical homes, and many (37.9 percent) remain uncertain about their structure and purpose.

Over 47 percent have significant concerns that EMR poses a risk to patient privacy

Over 62 percent of physicians estimate they provide $25,000 or more each year in uncompensated care.

Following is a breakdown of questions asked by the survey, responses received, and analyses and observations regarding survey results.

QUESTIONS ASKED AND RESPONSES RECEIVED

Responses to the Survey of America's Physicians are organized in six sections, including:

I. Description of Physician Respondents

II. Professional Satisfaction and Morale

III. Health System Trends

IV. Practice Patterns and Metrics

V. Physician Comments

VI. Responses by Categorical Groups

An analysis of responses is included in each section where appropriate. In 2008, The Physicians Foundation conducted a national survey of physicians that included a number of questions similar to those asked in 2012 (*see Medical Practice in 2008: The Physicians Perspective* www.physiciansfoundation.org). Reponses from the 2008 survey are included for comparison where possible.

PART ONE DESCRIPTION OF PHYSICIAN RESPONDENTS

Part I of the survey tracks physician respondents by age, gender, region and related factors. Comparisons are made where possible between those who responded to the survey and all physicians currently active in patient care in the United States.

1 IN WHAT STATE DO YOU PRACTICE?

State	Survey respondents	All Physicians/U.S. (active patient care only)*
New York	9.1%	8.3%
Texas	8.7%	6.6%
Florida	8.1%	5.8%
Massachusetts	6.4%	3.3%
Pennsylvania	6.2%	4.9%
North Carolina	5.3%	2.8%
California	5.1%	11.3%
Illinois	4.4%	4.3%
New Jersey	3.4%	3.3%
South Carolina	2.7%	1.3%
Arkansas	2.6%	.7%
Ohio	2.6%	4.0%
Washington	2.4%	2.0%
Virginia	2.4%	2.5%
Missouri	2.2%	1.9%
Michigan	1.7%	3.4%
Georgia	1.7%	2.5%
Tennessee	1.7%	2.0%
Alaska	1.5%	.2%
South Dakota	1.4%	.2%
Maryland	1.4%	2.5%
Arizona	1.3%	1.8%
Indiana	1.3%	1.7%
Wisconsin	1.2%	1.7%
Delaware	1.1%	.3%
Colorado	1.0%	1.6%
Minnesota	1.0%	1.8%
Connecticut	1.0%	1.5%
Louisiana	0.9%	1.4%
Alabama	0.8%	1.2%
Montana	0.8%	0.3%
Oklahoma	0.7%	0.9%
Kentucky	0.7%	1.2%
Oregon	0.7%	1.3%
Nebraska	0.6%	0.5%
Iowa	0.6%	0.8%
Hawaii	0.5%	0.5%
New Mexico	0.5%	0.6%
New Hampshire	0.5%	0.4%
Kansas	0.5%	0.8%
Maine	0.4%	0.5%
Mississippi	0.4%	0.7%
Nevada	0.4%	0.6%
Utah	0.4%	0.7%
Rhode Island	0.3%	0.5%
Vermont	0.2%	0.2%
Washington, D.C	0.2%	0.5%
Idaho	0.2%	0.3%
West Virginia	0.2%	0.6%
North Dakota	0.2%	0.2%
Puerto Rico	0.2%	1.0%
Wyoming	0.2%	0.1%

**Source: AMA Physician Master File, 2012*

2 WHAT IS YOUR MEDICAL SPECIALTY?

Primary Care	Survey Respondents	All Physicians*
Family Physician	14.2%	11.6%
General Internal Medicine	11.3%	13.6%
Pediatrics	9.3%	7%
Total	34.8%	32.2%

Surgical/Medical/Other	Survey Respondents	All Physicians*
Surgical Specialty	13.6%	18.8%
Medical Specialty	12.2%	35.0%
Ob/Gyn	6.2%	5.0%
General Surgery	4.4%	4.0%
Other	28.8%	5.0%
Total	65.2%	67.8%

Source: AMA Physician Master File, 2012

Physicians are working fewer hours on average and seeing fewer patients than four years ago. If these patterns continue, over 44,250 full-time-equivalent (FTE) physicians could be lost from the workforce in the next four years.

3 WHAT IS YOUR CURRENT PROFESSIONAL STATUS?

	Survey Respondents	All Physicians*
Employed by hospital, group or other entity	43.7%	57.0%
Practice owner/partner/associate	48.5%	43.0%
Other	7.8%	N/A

**Source: Accenture*

4 WHAT IS YOUR AGE?

	Survey Respondents	All Physicians*
20-29	0.9%	5.8%
30-39	12.9%	22%
40-49	21%	24.8%
50-59	34.4%	25.1%
60-69	24%	16.9%
70-79	5.8%	4.7%
80-89	0.9%	0.7%
90+	0.1%	0.0%

**Source: AMA Physician Master File, 2012*

5 WHAT IS YOUR GENDER?

	Survey Respondents	All Physicians*
Male	73.6%	67%
Female	26.4%	33%

**Source: AMA Physician Master File, 2012*

6 IN WHAT SIZE COMMUNITY DO YOU PRACTICE?

	Survey Respondents
50,000 or less	18.3%
50,001 to 100,000	15.5%
100,001 to 250,000	16.4%
250,001 to 500,000	15.8%
500,001 to 1 million	11.5%
1 million or more	22.5%

	All Physicians*
99,000 or less	9.6%
100,000 – 249,000	6.9%
250,000 – 1 million	15.7%
1 million or more	67.8%

Source: AMA Physician Master File, 2012

7 WHAT IS THE SIZE OF YOUR PRACTICE?

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

Source: AMA Physician Master File, 2012

8 ARE YOU A MEMBER OF YOUR:

	Survey Respondents	All Physicians
County medical society	50.1%	N/A
State medical society	63.6%	N/A
National specialty society	70.4%	N/A
American Medical Association	24.5%	15.0%*
American Osteopathic Association	5.2%	4.2%**

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

9 WHAT IS YOUR ETHNICITY?

	Survey Respondents	All Physicians*
African-American	1.9%	3.5%
Pacific Islander	7.5%	12.2%
Caucasian	84.7%	54.4%
Hispanic	4.1%	4.9%
Native American	0.1%	0.2%
Other	1.7%	1.3%
Unknown	0.0%	23.4%

Source: Physician Characteristics and Distribution in the US, 2010 Edition, American Medical Association

PART I: DESCRIPTION OF PHYSICIAN RESPONDENTS: SAMPLE ANALYSIS AND OBSERVATIONS

The Survey of America's Physicians was sent by email to over 80 percent of physicians in the United States, in order to allow as many physicians as possible to express their viewpoints to policy makers and the public.

Survey respondents were therefore necessarily self-selected. Those who elected to complete the survey reflect to some extent the characteristics of all practicing physicians in the United States, though in other respects they are different.

Survey respondents are located in all 50 states and Puerto Rico, representative of a broad geographic sample. However, the ten states from which the most responses were received accounted for 59.5 percent of all responses. These same states account for 52 percent of all practicing physicians, based on the AMA Master File, indicating a slight overrepresentation of these states within the sample.

In particular, Texas, Florida, Massachusetts, Pennsylvania, North Carolina, South Carolina, Delaware, Alaska, and Arkansas were overrepresented in the survey relative to total physicians in these states. This may be accounted for in part by the fact that state medical societies in several of these states elected to email the survey to their physician members, supplementing the email surveys sent by The Physicians Foundation.

Other states, including California, Ohio, Michigan, Georgia, Maryland, Colorado, Minnesota, Connecticut, Louisiana, and Oregon were underrepresented in the survey relative to total number of practicing physicians in these states. Most of the remaining states, including Illinois, New Jersey, Virginia, Missouri,

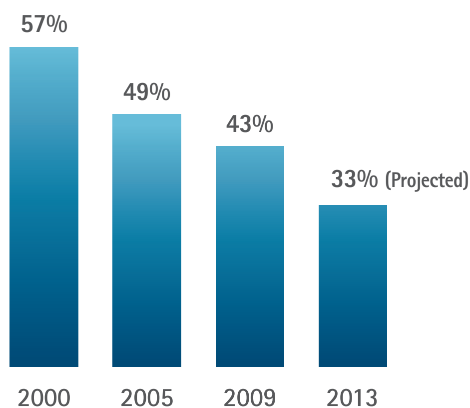
Tennessee, Alabama, Oklahoma, Nebraska, Iowa, Hawaii, New Mexico, New Hampshire, Maine, Nevada, Rhode Island, Vermont, Idaho and North Dakota were proportionately represented in the sample relative to the physician population in these states.

Physicians are generally separated into two professional categories, including those who are engaged in primary care, treating the whole patient on a largely cognitive basis, and those who are engaged in specialties and subspecialties, treating specific organs or body systems on a largely consultative and procedural basis. Primary care physicians in this survey are designated as those practicing family medicine, general internal medicine, or pediatrics. All other physicians are designated in this report as specialists.

Primary care respondents represented 34.8 percent of all respondents to the survey, consistent with their representation in the overall physician population -- 32.2 percent of which is composed of primary care physicians. Specialists represented the remaining 65.2 percent of respondents, a number proportionate to specialists in the overall physician population.

Historically, physicians in the United States have operated as independent owners or partners of their practices, typically running them as small businesses. In recent years, the independent practice model has been increasingly supplanted by the employment model, in which physicians are employed by hospitals or multi-physician medical groups. The chart below depicts this trend as tracked by the consulting firm Accenture:

INDEPENDENT PHYSICIANS AS A PERCENT OF TOTAL PHYSICIANS



Source: Adapting to a new model of physician employment. Accenture. August, 2011

Physicians are embracing employment for a variety of reasons, including the economic security employment offers and the relative absence of administrative and business ownership responsibilities it entails.

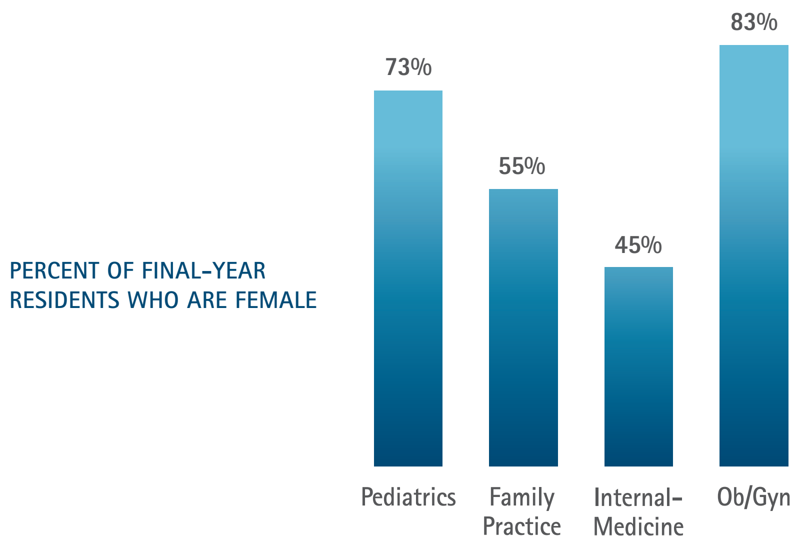
Over 48 percent of survey respondents identified themselves as practice owners, partners or associates. The practice status of physicians is fluid, and it is difficult to know how this number corresponds exactly to the overall physician population. However, available data suggests practice owners and partners

responded to the survey in slightly higher numbers than is reflected in the general physician population. It may be inferred that practice owners have relatively strong feelings about issues such as the benefits of practice autonomy and other aspects of the medical practice environment referenced in the survey and may have chosen to complete the survey for that reason. Indeed, a number of survey responses included in this report suggest that some practice owners do feel differently about the medical profession than other types of physicians.

Over 72 percent of all practicing physicians in the United States are 40 years old or older. By contrast, over 86 percent of physicians responding to this survey are 40 or older. The average age of all survey respondents is 54, whereas the average age of all AMA-listed physicians is 49.22. Therefore, survey respondents are on average about five years older than all physicians known to be currently in active practice.

Because of these discrepancies, aggregate survey responses may represent the viewpoints of older, more established physicians disproportionately. These physicians have seen the medical practice environment change dramatically during the course of their careers in ways some may not consider favorable (see Part II for an expanded discussion of this issue). By contrast, younger physicians who have grown up in the era of managed medicine may be less disaffected with the current healthcare system, or simply may not have practiced long enough to become disaffected. To assess this issue, this survey report includes comparisons of responses from older and younger physicians; in certain instances, variances of opinion between the two groups are observed.

Medicine was once a predominantly male profession, but the demographic make-up of physicians is rapidly changing. Between 1980 and 2009, the number of female physicians in the United States increased by 430 percent (see Physician Characteristics and Distribution, American Medical Association, 2011). Today, one-third of all practicing physicians are female, up from 10 percent in the 1970s. In 1965, seven percent of medical school graduates were women. Today, over 50 percent of new medical students are female, suggesting that females will represent the majority of all physicians within a generation. The ranks of primary care physicians and obstetrician/gynecologists, in particular, should consist more predominantly of female physicians in the near future, as the chart below indicates.



Source: AMA Physician Master File, 2012

Female physicians make up 26.4 percent of survey respondents, a number disproportionately lower than in the overall physician population by approximately seven percent. The relatively low number of female respondents is likely connected to the disproportionately high number of older respondents, as the great majority of older doctors are male. As responses to a variety of questions summarized in this report suggest, female physicians at times may differ from male physicians in their outlook toward the medical profession and other topics.

Only 16.5 percent of all physicians practice in communities of 250,000 or less, according to the American Medical Association's Physician Master File. By contrast, 50.2 percent of survey respondents indicated they live in communities of 250,000 or less. This disparity may in part be caused by how physicians classified their community size relative to the AMA classification. A physician respondent living in a suburban community may not have classified herself as living in the larger metropolitan area, whereas the AMA may place her within the larger metropolitan statistical area (MSA). Nevertheless, it is possible that physicians practicing in smaller communities are disproportionately represented in the survey.

Solo physicians, once common throughout the country, are now a vanishing breed. Of the 2,711 physician search assignments Merritt Hawkins represented in 2011/12, less than one percent offered a solo practice, down from 22 percent in 2004. The most recent data available from the AMA Physician Master File indicates 13 percent of all physicians are in solo practice today. By contrast, 24.9 percent of survey respondents indicated they are currently in solo practice. As referenced above in regard to independent practice owners, some solo physicians may have relatively stronger feelings regarding practice autonomy and other issues referenced in this survey versus others and may have chosen to complete the survey at least partially for that reason.

Physicians also are changing in regard to the professional associations of which they are members. In the early 1950s, about 75 percent of physicians were members of the American Medical Association (see American Medical Association Membership Woes Continue, Canadian Medical Association Journal, August 9, 2011.) Today, approximately 15 percent of practicing physicians are AMA members (see Associated Press, June 20, 2011). However, over 24 percent of survey respondents indicated they are AMA members, a higher number than in the overall physician population. Over five percent of survey respondents indicated they are members of the American Osteopathic Association (AOA), while just four percent of all physicians are members of the AOA.

The majority of survey respondents (84.7 percent) indicated they are Caucasian. As question nine above indicates, the AMA classifies 54.5 percent of physicians as Caucasian and classifies the ethnicity of 23.4 percent of physicians as unknown. Assuming all of the "unknown" physicians are Caucasian, at most some 77 percent of physicians can be classified as Caucasian. Caucasians are therefore disproportionately represented in the survey.

PART I - CONCLUSION

Survey respondents share some of the characteristics of the population of all practicing physicians but are different in several ways. The physicians sample is disproportionately older than the national population, with the sampled physicians plausibly experiencing profound changes in the medical practice environment during the course of their careers. The sample is also significantly more male and rural than the physician population, and is more likely than the population to operate a solo practice or be an AMA member. The aggregate survey responses therefore are most representative of those physicians in a position to compare medical practice dynamics today to those of ten, twenty or thirty years ago. However, the Addendum to the survey includes responses partitioned by physician age, gender, specialty (primary care vs. specialties), and work status (independent vs. employed), allowing for comparisons across groups.

PART TWO — PROFESSIONAL SATISFACTION/MORALE

Part II of the survey focuses on the professional career satisfaction and morale of today's physicians, their thoughts about the current state of the medical profession, and their career plans. As referenced above, comparisons are made where possible to responses to the physician survey The Physicians Foundation conducted in 2008.

1 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT THE CURRENT STATE OF THE MEDICAL PROFESSION?

Response	Percent
Very positive	3.9%
Somewhat positive	27.9%
Somewhat negative	44.8%
Very negative	23.4%

2 WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

Response	Percent
Very positive/optimistic	3.1%
Somewhat positive/optimistic	19.5%
Somewhat negative/pessimistic	45.9%
Very negative/pessimistic	31.5%

3 HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

Response	Percent
Very positive	1.8%
Somewhat positive	17.7%
Somewhat negative	55.8%
Very negative	24.6%

4 HOW WOULD YOU RATE YOUR OWN PROFESSIONAL MORALE?

Very positive	11%
Somewhat positive	30.7%
Somewhat negative	41%
Very negative	17.3%

5 SOME PHYSICIANS BELIEVE THAT THE MEDICAL PROFESSION IS IN DECLINE. DO YOU:

Mostly agree	41.6%
Somewhat agree	42.6%
Somewhat disagree	8.6%
Mostly disagree	7.2%

6 IF YOU MOSTLY OR SOMEWHAT AGREE, WHY IS THE PROFESSION IN DECLINE?

	Very Important	Somewhat Important	Unimportant
Too much regulation/paperwork	79.2%	19.3%	1.5%
Loss of clinical autonomy	64.5%	31.0%	4.5%
Erosion of physician/patient relationship	54.4%	37.8%	7.8%
Scope of practice encroachment	43.7%	40.6%	15.7%
Too many part-time doctors	6.9%	22.6%	70.5%
Money trumps patient care	45.9%	40.1%	14.0%
Physicians not compensated for quality	58.6%	33.7%	7.7%

7 TWO YEARS AGO, WHICH BEST DESCRIBED YOUR ATTITUDE TOWARD MEDICAL PRACTICE?

Very positive/satisfying	14.1%
Somewhat positive/satisfying	52.1%
Somewhat negative/unsatisfying	30.1%
Very negative/unsatisfying	3.7%

8 WHICH BEST DESCRIBES YOUR ATTITUDE TOWARD MEDICAL PRACTICE TODAY?

Very positive/satisfying	7.3%
Somewhat positive/satisfying	31.7%
Somewhat negative/unsatisfying	41.2%
Very negative/unsatisfying	19.8%

9 IF YOU HAD YOUR CAREER TO DO OVER, WOULD YOU CHOOSE TO BE A PHYSICIAN?

2012		2008	
Yes	66.5%	Yes	73%
No	33.5%	No	27%

10 WOULD YOU RECOMMEND MEDICINE AS A CAREER TO YOUR CHILDREN OR OTHER YOUNG PEOPLE?

2012		2008	
Yes	42.1%	Yes	40.2%
No	57.9%	No	59.8%

11 IF YOU HAD THE ABILITY, WOULD YOU RETIRE TODAY?

2012	
Yes	60.6%
No	39.4%

2008	
Yes	45%
No	55%

12 WHAT TWO FACTORS DO YOU FIND MOST SATISFYING ABOUT MEDICAL PRACTICE?

2012	
Patient relationships	80.2%
Prestige of medicine	10%
Intellectual stimulation	69.7%
Interaction with colleagues	19.2%
Financial rewards	11.7%

2008*	
Patient relationships	78.2%
Prestige of medicine	34.9%
Intellectual stimulation	81.7%
Interaction with colleagues	56.2%
Financial rewards	22.6%

**Question asked as: "What do you find most satisfying about medical practice?"*

13 WHAT TWO FACTORS DO YOU FIND LEAST SATISFYING ABOUT MEDICAL PRACTICE?

2012	
Long hours/lack of personal time	24.9%
Liability/defensive medicine pressures	40.3%
Reimbursement issues	27.3%
Lack of clinical autonomy	9.2%
Dealing with Medicare/Medicaid/government regulations	27.4%
Pressure of running a practice	5.6%
Non-clinical paperwork	18.1%
Uncertainty/changes of health reform	21.5%
Managed care	7.6%
EMR implementation	9.2%
Other	5.1%

14 IN THE NEXT ONE TO THREE YEARS, DO YOU PLAN TO (CHECK ALL THAT APPLY):

	2012	2008
Continue as I am	49.8%	51.48%
Cut back on hours	22.0%	20.3%
Retire	13.4%	11.0%
Switch to a cash/concierge practice	6.8%	7.0%
Relocate to another practice/community	10.9%	N/A
Cut back on patients seen	9.6%	N/A
Seek a non-clinical job within healthcare	9.9%	13.4%
Seek employment with a hospital	5.6%	N/A
Work part-time	6.5%	10.2%
Work locum tenens	6.4%	7.5%
Seek a non-healthcare job/business	6.4%	10.1%
Close my practice to new patients	4.0%	7.4%
Other	5.5%	N/A

PART II: PROFESSIONAL SATISFACTION AND MORALE: ANALYSIS AND OBSERVATIONS

For better or for worse, medical practice today is not what it used to be.

In some respects, the glass for physicians and patients is more than half full. Treatment options for patients, and the skills and resources physicians can bring to bear, are far superior to what was available 100, 50 or even ten years ago. In 1933, only four specialty examining boards existed. Today, physicians can be board certified in over 145 specialties and subspecialties (American Board of Medical Specialties, www.abms.org/About-ABMS/ABMS-History) and doctors now are capable of performing procedures once envisioned only in the annals of science fiction. For all its perceived and real faults, the healthcare system U.S. physicians operate in today is the most advanced in the world.

More problematic for physicians, as revealed in this survey, is the environment in which they must practice. Many of the doctors who responded to the survey are disillusioned with medical practice and pessimistic about the future of their profession. This may be in part because the survey was conducted at a time when a number of longstanding trends in medicine are coming to a head.

PRACTICE EROSION

Over the last half century or more, medicine has evolved from the province of solo and small group practitioners who contracted directly with patients, to an increasingly centralized profession in which treatment is paid for by third parties. Several decades ago, both Medicare and private insurance companies paid physicians retroactively for "usual, customary and reasonable charges," meaning doctors typically received what they invoiced. This system has been repeatedly modified since, in an effort to reduce costs and manage care, often creating a disconnect between the services physicians provide or believe is appropriate and the services for which they are compensated. This trend may reach a culmination on January 1, 2013, when physicians are due for a 30 percent reduction of their Medicare reimbursement under Medicare's Sustainable Growth Rate (SGR) formula.

These developments have coincided with a rapidly escalating level of regulatory compliance imposed on all employers, including physicians, through OSHA, EEOC and related government agencies. In addition, many government compliance requirements are imposed specifically on physicians by HIPAA, Medicare's quality assurance program, and related laws and regulations. Medical malpractice lawsuits, a rarity prior to the era of medical specialization, now are common, adding an additional layer of paper work, expense and stress to virtually every physician's day.

Nevertheless, the bar to professional entry for physicians keeps rising, with four years of college education, four years of medical school, and as many as seven years of residency training necessary for those who wish to sub-specialize. Medical education and training come at a high cost, as medical school graduates now carry an average of $156,456 in educational debt, according to the Association of American Medical Colleges (AAMC).

THE ADVENT OF HEALTH REFORM

Health reform arrived on the heels of both a slow erosion of physician autonomy and reimbursement and on a steady increase in physician regulatory responsibility and liability. Reform, considered as both the Patient Protection and Affordable Care Act (PPACA) and market forces, is predicated largely on a change in physician behaviors. Physicians are being asked or compelled to transition from a fee-for-service system in which volume of consults, treatments or procedures is rewarded, to one in which value -- as measured by quality and cost outcomes -- is the metric used to determine compensation.

That some such reform is needed to reduce costs and enhance quality of care has been widely acknowledged by health professionals, policy makers, and the public. Putting these reforms into effect, however, will require an upheaval in the way many physicians practice. New delivery models promoted by reform, such as Accountable Care Organizations (ACOs), may require physicians to join larger groups, more closely align with hospitals, and take on financial risk for managing patient care.

The medical home model, which is encouraged by reform, also may require fundamental practice restructuring, obliging physicians to sustain greater information technology and staffing costs while following difficult to implement treatment protocols. Some of the standards by which physicians will be evaluated and compensated, such as quality of care measures, are likely to be subjective and out of the physician's control.

Further, PPACA seeks to reduce Medicare fraud and overpayments as a cost savings measure. The new law requires physicians to follow more stringent deadlines for identifying Medicare overpayments, exposes

physicians to penalties for even unintentional violations of the law, and imposes a number of other compliance measures (for a further discussion on the impact of PPACA on physicians see the white paper Health Reform and the Decline of Physician Private Practice, The Physicians Foundation, 2010.)

A SNAPSHOT IN TIME

How physicians may ultimately adjust to these reforms – and how they will affect quality, cost and access to patient care -- remains to be seen. In time, many or at least some of these emerging delivery models and requirements may be embraced as beneficial by both patients and physicians.

For the present, however, the medical profession is in the midst of a tsunami of change, and change is frequently difficult. Part II of the survey reflects the physicians' perspective on the medical profession in this transformative and challenging era.

FLAGGING MORALE, PERVASIVE PESSIMISM

When asked which best describes their feelings about the current state of the medical profession, only 3.9 percent of physicians used the words "very positive," while 23.4 percent of physicians indicated their feelings are "very negative." The majority of physicians – 68.2 percent -- described their feelings as either "somewhat negative" or "very negative," while only 31.8 percent of physicians described their feelings as "somewhat positive" or "very positive."

Physicians were similarly downbeat about the future of the medical profession. Only 3.1 percent of physicians said they were "very positive/optimistic" about the future of the medical profession, while 31.5 percent indicated they were "very negative/pessimistic" about the future of the medical profession. Over three quarters of physicians (77.4 percent) described themselves as "somewhat negative/ pessimistic" or "very negative/pessimistic" about the future of the medical profession, while only 22.6 percent indicated they are "somewhat positive/optimistic" or "very positive/optimistic" about the future of the medical profession.

When asked about the morale of physicians they know, the great majority of physicians (80.6 percent) described it as either "somewhat negative" or "very negative." Physicians were somewhat more favorable about their own morale, though the majority (58.3 percent) also characterized it as "somewhat negative" or "very negative."

However, it should be noted that physicians 39 or younger are conspicuously less pessimistic about the medical profession and express higher levels of morale than physicians 40 or older, as the charts below indicate. In addition, female physicians express a lower level of pessimism and a higher level of morale than do male physicians, employed physicians express lower levels of pessimism and higher morale than do practice owners, and primary care physicians express lower levels of pessimism and higher levels of morale than do specialists.

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
State of the Medical Profession								
Very/somewhat positive	40.6%	30.2%	31%	35.5%	37.6%	26.1%	36.5%	29.7%
Somewhat/very negative	59.4%	69.8%	69%	64.5%	62.4%	72.9%	63.5%	70.3%
Future of Medical Profession								
Very/somewhat positive	26.6%	21.9%	21.5%	26.2%	27.7%	16.5%	28.8%	19.8%
Somewhat/very negative	73.4%	78.1%	78.5%	73.8%	72.3%	83.5%	71.2%	80.2%
Morale of Physicians You Know								
Very/somewhat positive	28%	17.8%	18.7%	22%	24%	14%	23.5%	17.5%
Somewhat/very negative	72%	82.2%	81.3%	78%	76%	86%	76.5%	82.5%
Your Morale								
Very/somewhat positive	53.9%	39.4%	40.5%	45.8%	47.7%	35.6%	47.1%	39.3%
Somewhat/very negative	46.1%	60.6%	59.5%	54.2%	52.3%	64.4%	52.9%	60.7%

Only 30.2 percent of physicians 40 or older indicated they feel “very or somewhat positive” about the state of the medical profession. By contrast, over 40 percent of physicians 39 or younger expressed positive feelings about the state of the medical profession. Only 31 percent of male physicians indicated they are “very or somewhat positive” about the state of the medical profession, compared to 35.5 percent of female physicians who expressed positive feelings.

Despite being relatively more positive than their older peers, the majority of younger physicians are nevertheless downbeat regarding the state of the medical profession, its future and the morale of physicians they know. However, the majority (53.9 percent) describe their own morale as positive, a stark contrast to older physicians, only 39.4 percent of whom describe their own morale as positive. The majority of female physicians, employed physicians, and primary care physicians, though less pessimistic than their male, practice owner and specialist peers, are nevertheless pessimistic about the medical profession and express low levels of morale.

Physician feelings about medical practice have trended downward compared to two years ago, the survey indicates. When asked to describe their attitude toward medical practice two years ago, 66.2 percent of physicians said it was “somewhat positive/satisfying” or “very positive/satisfying.” When asked to describe their attitude toward medical practice today, only 39 percent indicated it is either “somewhat positive/satisfying” or “very positive/satisfying.”

The great majority of physicians (84.2 percent) agree with that the medical profession is in decline. Only 7.2 percent “mostly disagree” with this statement. Younger and older physicians generally agree on this point, as the chart below indicates, as do male and female physicians. However, practice owners are more inclined to believe the medical profession is in decline than are employed physicians and specialists are more inclined to believe the medical profession is in decline than are primary care physicians.

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
The Medical Profession is in Decline								
Very/somewhat agree	83.8%	84.3%	84.4%	83.5%	81.5%	87.4%	81.5%	85.5%
Very/somewhat disagree	16.2%	15.7%	15.6%	16.5%	18.5%	12.6%	18.5%	14.5%

Of total respondents who agree the medical profession is in decline, the majority identify "too much regulation/paperwork" as the most important factor in the profession's decline, followed by "loss of clinical autonomy," "physicians not compensated for quality," and "erosion of the physician/patient relationship."

Though paperwork and bureaucracy are present in many working environments, there is no disputing that medicine is one of the most highly regulated of all professions, and that physicians must adhere to a vast array of laws and requirements imposed by the government and third party payers. While the U.S. tax code runs to some 75,000 pages, the Medicare regulatory code stipulating provisions by which physicians must abide is over 130,000 pages long (politicalcalculations.blogspot.com/20/0/03/growing-complexity-of-us-federal-tax.html). As the survey indicates, the majority of physicians also associate the decline of the medical profession with the growing burden of regulation imposed upon them.

In addition, physicians today often must obtain "pre-authorization" from third party payers before they can order tests or treatments for patients. Sometimes, payers will decline to reimburse for services physicians believe are necessary, further eroding the physician's autonomy over clinical decision making. The survey underscores that many physicians believe their powerlessness to use their training and judgment on their patients' behalf is a key contributor to the decline of their profession.

These conditions play into another factor physicians identified as an important contributor to the decline of the medical profession: the erosion of the physician/patient relationship. Many doctors view the intrusion of third parties into clinical decision making as corrosive to the bond between physician and patient.

As a result of the profession's decline, the majority of physicians (57.9 percent, down slightly from 59.8 percent in 2008) would not recommend medicine as a career to their children or to other young people, while over one-third (34.5 percent) would choose not to be physicians if they had their careers to do over, up from 27 percent in 2008. Employed physicians and primary care physicians are more likely to recommend medicine as a career than are other types of physicians, and would be more likely to choose medicine if they had their careers to do over. Medical practice owners are the least likely to recommend medicine as a career or to choose medicine if they had their careers to do over (see below).

Would You Recommend Medicine as a Career to Your Children?

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Yes	41.4%	42.2%	41.9%	42.8%	45.9%	37%	47.3%	39.6%
No	58.6%	57.8%	58.1%	57.2%	54.1%	63%	52.7%	60.3%

Would You Become a Physician Again?

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Yes	65.1%	66.7%	65.9%	67.8%	69.3%	63.1%	70.1%	64.7%
No	34.9%	33.3%	34.1%	32.2%	30.7%	36.9%	29.9%	35.3%

Many physicians surveyed are ready to retire. Over 60 percent said they would retire today if they had the ability to do so, up from 44.9 percent in 2008. As might be expected, younger physicians would be the least likely to retire today if they had the ability to do so, while medical practice owners would be the most likely (see chart below). Fewer female physicians said they would retire today if they could than did male physicians, and fewer primary care physicians said they would retire today than did specialists.

Would You Retire Today?

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Yes	46.9%	63%	61.6%	58%	56.8%	64.2%	57%	62.2%
No	53.1%	37%	38.4%	42%	43.2%	35.8%	43%	37.8%

A CLEAR PATTERN

The survey clearly shows a pattern of older physicians, practice owners, specialists and male physicians being more pessimistic about the medical profession and in general more negative about the current state the healthcare system than are younger physicians, employed physicians, female physicians and primary care physicians.

As referenced above, it is generally perceived that medical practice owners face the highest levels of administrative paperwork and reimbursement challenges in medicine, which may be one reason for their relative disaffection compared to employed physicians. Also as referenced above, older physicians have experienced significant changes in the medical practice environment over the years, which they may not view favorably, whereas younger physicians have "grown up" in today's evolving system and have no basis for comparison.

Historically, primary care physicians have not been perceived as being preeminent in the medical hierarchy, since their incomes are generally lower than specialist physicians and the constraints on their personal time are often higher (see Merritt Hawkins Survey of Primary Care Physicians, 2008).

However, emerging practice models such as Accountable Care Organizations (ACOs) and patient centered medical homes provide primary care physicians with a more central role in the delivery system as the coordinators of care and the "quarterbacks" of the clinical team. The Patient Protection and Affordable Care Act (PPACA) included a temporary ten percent increase in Medicare reimbursement to qualified primary care physicians, offering many primary care physicians a boost in income.

Primary care physicians may be feeling relatively more positive about the medical profession due to changes that appear to favor them. Female physicians are more likely to practice primary care than are

male physicians, which may explain to some extent their relatively more positive feelings about the medical profession. Female physicians also work fewer hours on average than male physicians, which also may contribute to their relatively positive attitude.

By contrast, Medicare has recently reduced reimbursement for a variety of services provided by cardiologists, oncologists and other medical specialists, many of whom may believe that cost cutting efforts are taking place at their expense and that ACOs, medical homes and other emerging delivery models may further dilute their clinical autonomy.

LIKES AND DISLIKES

The survey suggests that physicians are fairly unanimous regarding the factors that provide them with professional satisfaction. When asked to identify the two most satisfying aspects of medical practice, 80.2 percent of physicians indicated "patient relationships" as a factor, followed by 69.7 percent who cited "intellectual stimulation." Only 11.7 percent of physicians identified "financial rewards" as one of the two most satisfying aspects of medical practice.

Physicians identified "liability/defensive medicine" as the least satisfying aspect of medical practice, followed by "Medicare/Medicaid/government regulations," "reimbursement issues," and "uncertainty/changes of health reform." These factors and others cited in the survey tend to interfere with or distract doctors from patient relationships and therefore diminish their professional satisfaction.

SEEKING ALTERNATIVES

The survey asked physicians what they plan to do in the next one to three years. Close to half (49.8 percent) said they will continue practicing as they are. The remaining 50.2 percent, however, indicated they plan to take one or more steps that would be likely to reduce patient access to their practices, up from 48.5 percent in 2008.

Over 22 percent said they will cut back on their hours. This would continue a trend of physicians reducing their hours observed in a study published in the Journal of the American Medical Association (see chart below).

Average Physician Hours Worked Per Week	
1977 – 1996	55
1997 – 2008	51
Total FTEs lost	36,000

Source: Journal of the American Medical Association, 2010;303(8):747-753

The study referenced above tied the decrease in physician hours more closely to reductions in physician reimbursement taking place from 1996 onwards than to other factors, including physician gender and age. The implication is that as the long hours traditionally characteristic of medical practice become less rewarding, physicians are responding by adopting the relatively more regular hours of other professions. As a result, tens of thousands of physician full-time equivalents (FTEs) are being lost to the work force, contributing to the physician shortage. This trend also is observed in this report and is discussed in more detail in Part IV.

Over 13 percent of physicians indicated they plan to retire over the next one to three years, which will remove them from the medical workforce altogether. Close to ten percent of physicians plan to seek a non-clinical job within healthcare, which also would remove them from direct patient care. Over nine percent plan to cut back on patients seen, 6.5 percent plan to work part-time, and four percent plan to close their practices to new patients. All of these steps would limit patient access to physician services.

Close to seven percent plan to switch to concierge or cash only practices in which third party payers are eliminated. Physicians who switch to this model typically greatly reduce the number of patients they see in order to increase time available per patient. Over five percent plan to seek employment with a hospital. Physicians who transition from private practice (where their incomes often are directly tied to the number of patients they see) to hospital employment (where they receive a salary) may become less productive (See Part IV of the survey comparing patients seen per day by employed physicians versus practice owners). Four percent of physicians plan to close their practices to new patients.

As the graph below indicates, certain types of physicians are more likely to make particular changes to their practices than are others. A greater percent of female physicians plan to work part-time, while a higher percent of practice owners plan to open concierge practices.

What Do You Plan To Do in the Next One to Three Years?

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Continue as I am	56.6%	49.1%	50.3%	51.1%	53.3%	50.1%	51%	49.3%
Work part-time	4.6%	6.9%	5.9%	8.4%	6.5%	5.8%	7%	6.2%
Concierge	7.5%	6.8%	7.1%	6.4%	4.5%	9.6%	7.7%	6.4%

A MATTER OF ACCESS

Should physicians embrace these steps in even a limited way, the effect on patient access to care will be dramatic. The nation currently is in the midst of a growing physician shortage and can ill afford to lose doctors to retirement, voluntary cut-backs, or other practice modifications that are likely to reduce patient access to their services. The Association of American Medical Colleges (AAMC) estimates the U.S. already is in the midst of a physician shortage. By 2025, the shortage is projected to grow by between 140,000 and 214,000 physicians – a deficit of between 15 to 25 percent (see Shortage of Physicians, APNs, and PAs could double by 2025, American Medical News, July 27, 2012) Health reform is projected to add 32 million people to the ranks of the insured, greatly increasing demand for physicians.

PART II – CONCLUSION

How physicians feel about the practice of medicine has significant real world implications for America's patient population, particularly as it pertains to access to medical care. That doctors are dispirited is more than a matter of "professional grumbling," as a robust, engaged physician workforce is critical to meeting patient needs. Part II of the survey suggests that physicians are at a tipping point at which they will seek ways to further disengage from today's medical practice environment, reducing their hours, decreasing the number of patients they see, and accepting the status of salaried employees – trends that should be of urgent concern to both policy makers and the public.

PART THREE | HEALTH SYSTEM TRENDS

Part III of the survey examines how physicians feel about the current direction of the healthcare system, including the implications of healthcare reform.

1 HOW HAS PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA/HEALTH REFORM) AFFECTED YOUR FEELINGS ABOUT THE DIRECTION AND FUTURE OF HEALTHCARE IN AMERICA?

Response	%
I am more positive	18.5%
I am less positive	59.3%
My feelings have not changed	22.2%

2 MOST PHYSICIANS TODAY ARE FOCUSED ON THEIR DAILY RESPONSIBILITIES AND ARE UNSURE WHERE THE HEALTH SYSTEM WILL BE OR HOW THEY WILL FIT INTO IT THREE TO FIVE YEARS FROM NOW.

Response	%
Mostly agree	55.2%
Somewhat agree	36.5%
Somewhat disagree	5.6%
Mostly disagree	2.7%

3 PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO AFFECT CHANGE.

Response	%
Mostly agree	50.4%
Somewhat agree	31.7%
Somewhat disagree	12.7%
Mostly disagree	5.2%

4 HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS

Response	%
Mostly agree	4.6%
Somewhat agree	19.9%
Somewhat disagree	32.8%
Mostly disagree	42.7%

5 HOSPITAL EMPLOYMENT WILL ERODE THE PHYSICIAN/PATIENT RELATIONSHIP AND QUALITY OF CARE.

Mostly agree	38.5%
Somewhat agree	33.1%
Somewhat disagree	20.2%
Mostly disagree	8.2%

6 IN YOUR OPINION, TO WHAT DEGREE DO THE FOLLOWING FACTORS CONTRIBUTE TO RISING HEALTH COSTS?

	Major Cost Driver	Moderate Cost Driver	Minor Cost Driver
State and federal insurance Mandates	41.6%	37.6%	20.8%
Defensive medicine	69.1%	26.2%	4.7%
Fraud	18.8%	35.3%	45.9%
Advances in technology/Treatment	51.2%	40.1%	8.7%
Limited patient financial Obligations	39.0%	44.2%	16.8%
Absence of free markets	37.2%	35.6%	27.2%
Cost of pharmaceuticals	59.1%	34.9%	6%
Lack of pricing transparency	40.5%	40.5%	19%
Physician fees	3.8%	27.9%	68.3%
Price controls on fees and products	17.9%	41.6%	40.5%
Aging population	64.9%	29.4%	5.7%
Fee-for-service reimbursement	12.5%	35.7%	51.8%
Social conditions (poverty, drugs,Violence, illegal immigration, etc.)	43.5%	40.0%	16.5%
Relative Value Update Committee/RUC	17.3%	47.8%	34.9%

7 IS YOUR PRACTICE OR EMPLOYER ACTIVELY SEEKING DESIGNATION AS AN ACCOUNTABLE CARE ORGANIZATION (ACO)?

Response	Percent
Yes	21.9%
No	44.0%
Unsure	34.1%

Over 82 percent of physicians agreed with the statement, "Physicians have little influence on the direction of healthcare and have little ability to affect change." Only 5.2 percent "mostly disagreed" with the statement.

8 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT ACOS?

Response	Percent
They are likely to enhance quality/decrease cost	9.0%
Quality/cost gains will not justify organizational cost/effort	21.8%
Unlikely to increase quality/decrease cost	40.6%
Unsure about structure or purpose of ACOs	28.6%

9 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT MEDICAL HOMES?

Response	Percent
They are likely to increase quality/reduce costs	24.4%
They are unlikely to improve quality/reduce costs	37.7%
Unsure about structure/purpose of medical homes	37.9%

10 HOW WOULD YOU RATE THE FOLLOWING AS SOLUTIONS TO THE HEALTH SYSTEM'S COST AND ACCESS CHALLENGES?

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
Single payer/Canadian style system	19.3%	17%	15.4%	14.9%	33.4%
Wide spread adoption of ACOs	2.2%	8.2%	38.6%	26.4%	24.6%
Widespread adoption of medical homes	8.0%	15.6%	42.0%	19.4%	15.0%
Medicare voucher system	5.6%	18.5%	42.7%	17.1%	16.1%
Widespread adoption of health savings accounts	22.3%	33.4%	27.2%	9.8%	7.3%
Evidence based medicine	33.8%	36.2%	20.2%	6.6%	3.2%
Reduce the supply of physicians	2.2%	3.7%	20.4%	23.9%	49.8%
Increase the supply of physicians	21.9%	32.1%	34.6%	6.7%	4.7%
Electronic medical records	15.9%	25.6%	25.6%	18.0%	14.9%
More government regulation	2.0%	5.4%	12.9%	15.4%	64.3%
Less government regulation	49.8%	24.0%	17.0%	5.8%	3.4%

PART III: HEALTH SYSTEM TRENDS ANALYSIS AND OBSERVATIONS

Though physicians are at the heart of healthcare delivery, Part III of the survey suggests that the majority of physicians believe they have little ability to affect changes to the system or its overall direction.

Over 82 percent of physicians agreed with the statement, “Physicians have little influence on the direction of healthcare and have little ability to affect change.” Only 5.2 percent “mostly disagreed” with the statement. In general, older physicians feel more powerless to affect change than do younger physicians, males feel more powerless than females, practice owners more powerless than employed physicians and specialists more powerless than primary care physicians, repeating the pattern referenced above (see chart below).

PHYSICIANS HAVE LITTLE INFLUENCE TODAY

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Agree	78.3%	82.7%	82.8%	79.3%	80.3%	85.4%	79.3%	83.6%
Disagree	21.7%	17.3%	17.2%	20.7%	19.7%	14.6%	20.7%	16.4%

Close to 92 percent of physicians agreed with the statement, "Most physicians today are focused on their daily responsibilities and are unsure where the health system will be or how they will fit into it three to five years from now." Only 2.7 percent of physicians strongly disagreed with the statement.

As referenced above, fewer physicians today are part of a national, multi-specialty medical society, such as the AMA. Instead, physicians are increasingly Balkanized by region or by specialty, and there is no one organization representing the majority of doctors. This may contribute to their feelings of powerlessness when it comes to affecting change on a national level.

The majority of physicians also expressed pessimism about how the Patient Protection and Affordable Care Act (PPACA) will affect the future of healthcare in America. Over 59 percent said PPACA has made them less positive about the future of healthcare, compared to 18.5 percent who said PPACA has made them more positive. Though essentially the same percent of older and younger physicians indicated PPACA has made them more positive about the future of healthcare, female physicians, employed physicians and primary care physicians generally are more positive about PPACA than are male physicians, practice owners and medical specialists, repeating the pattern noted above.

Effect of PPACA on Healthcare

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
More positive	18.7%	18.4%	16.2%	24.7%	23.6%	12.2%	25.1%	15.3%
Less positive	53.7%	60.4%	63.3%	48.4%	52%	67.8%	50.4%	63.5%
No change	27.6%	21.2%	20.5%	26.9%	24.4%	20%	24.5%	21.2%

ACOs AND MEDICAL HOMES

Both PPACA and market trends encourage the formation of Accountable Care Organizations (ACOs) and patient centered medical homes (for additional information on ACOs and medical homes, including case studies, see the white paper Health Reform and the Decline of Physician Private Practice, The Physicians Foundation, 2010). Many physicians were dubious or uncertain about both of these delivery models.

Close to 22 percent of physicians said their practice or employer is activity seeking designation as an ACO. The remaining 78 percent said their practice or employer is either not seeking active designation as an ACO or they are not sure if they are doing so.

ACOs are intended to enhance quality of care and reduce costs through better physician/hospital alignment, aggressive use of information technology, and reimbursement that rewards providers for quality and managing risk. However, only nine percent of physicians said ACOs are likely to enhance quality and decrease costs. Over 62 percent said ACOs are either unlikely to increase quality and reduce costs or that any quality and cost gains achieved will not be worth the organizational expense and effort. A substantial minority of physicians surveyed (28.6 percent) are still unsure of the structure and purpose of ACOs.

Primary care physicians and employed physicians are the most likely to have positive feelings about the potential of ACOs to improve quality and reduce costs (see chart below). These types of physicians also are the most likely to have had exposure to ACOs, which often are based on the employed physician model and which depend on primary care physicians as the coordinators of care. Specialists are the least likely to be positive about ACOs, as some may believe ACOs will be used as a vehicle for reducing utilization of specialty services or of further managing specialty care.

Opinion of ACOs

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Likely to enhance quality/decrease costs	10%	8.9%	8.6%	10.4%	12.9%	5%	13.2%	7.1%

Medical homes are intended to provide patients with one point of contact for all their care, usually a primary care physician who coordinates care with specialists and who is responsible for ensuring patients receive timely and appropriate treatment as stipulated by treatment protocols. About one quarter of physicians (24.4 percent) said medical homes are likely to increase quality and reduce costs. However, a greater number (37.7 percent) said they are unlikely to improve quality or reduce costs. A plurality of physicians (37.9 percent) still are unsure about the structure and purpose of medical homes. Primary care physicians are significantly more positive about the potential of medical homes to improve quality and reduce costs than are physicians in other categories (see chart below).

Opinion of Medical Homes

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Like to increase quality/decrease costs	29%	23.7%	21.2%	34.6%	29.9%	18.4%	41.8%	16.2%

The medical home model is primary care driven, and primary care physicians are much more likely to have direct experience with medical homes than are specialists. Primary care physicians may believe medical homes will enhance their position in the medical hierarchy while specialist may feel they will have the opposite effect, reducing their clinical autonomy and adding layers of infrastructure and paperwork to their practices.

HOSPITAL EMPLOYMENT

By requiring greater physician/hospital alignment, ACOs are among a number of factors driving the increased employment of physicians by hospitals. Hospital employment may provide physicians with a stable income in the form of a salary and may relieve them of some of the administrative and liability burdens of private practice. Some physicians are embracing hospital employment for these reasons, though the survey suggests doctors see a downside to hospital employment.

Fewer than five percent of physicians "mostly agreed" with the statement, "hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs," while 42.7 percent of physicians "mostly disagreed" with the statement. Close to 72 percent of physicians agreed with the statement, "hospital employment will erode the physician/patient relationship and quality of care," while only some 28 percent disagreed with this statement. Traditionally, physicians have viewed themselves as the primary advocates for patients and may fear that as employees of a hospital, they will have less autonomy over clinical decision making.

Physicians who have directly experienced employment are more positive about hospital employment than are practice owners. However, even the majority of employed physicians (62.3 percent) do not rate hospital employment as a positive trend (see chart below). It should be noted that some of these employed physicians may be employed by medical groups and not by hospitals.

Employed Physicians vs. Practice Owners

	Employed	Owner
Somewhat/mostly agree hospital employment is a positive trend	37.7%	11.1%
Somewhat/mostly disagree hospital employment is a positive trend	62.3%	88.9%

COSTS DRIVERS AND SOLUTIONS

The U.S. now spends over three trillion dollars per year on healthcare, or 17 percent of gross domestic product (GDP), up from only 5.9 percent in 1965 and 10.2 percent in 1982 (see Kaiser Family Foundation, www.kff.org/insurance/snapwhot/oecd042111.cfm), with costs continuing to rise. Physicians were asked to what degree certain factors contribute to rising health costs.

"Defensive medicine" was the number one ranked factor, cited by 69.1 percent of physicians as a major cost driver. Defensive medicine generally is understood as the practice of ordering tests, prescribing drugs, or conducting procedures, partly or solely as a defense against potential malpractice lawsuits. The cost of defensive medicine is difficult to calculate, but a 2010 study estimates the cost at $45.6 billion a year (see Health Affairs, Sept. 2010, vol. 29, #9).

The survey suggests physicians believe defensive medicine is a far more important cost driver than is fee-for-service reimbursement, which many policy makers, academics and others indentify as a key driver of healthcare costs. Only 12.5 percent of physicians indicated that fee-for-service medicine, which rewards physicians based on volume of services provided, is a major healthcare cost driver. Only 3.8 percent of those surveyed rated "physician fees" as a major driver of healthcare costs.

The physicians' perspective on this issue may be colored by the fact that Medicare and private insurers have been putting downward pressure on physician reimbursement for years. It has been projected that physicians receive or control 87 percent of all spending on personal health in the United States (see Health Costs Absorb One Quarter of Economic Growth, Boston University School of Public Health, Feb. 9, 2005). As noted above, it is physicians who admit patients to the hospital, order tests, perform procedures and drive many of the healthcare decisions that result in direct and indirect healthcare spending. However, direct payments to physicians comprise only about 13 percent of all Medicare

spending (see Physician Services Payment System, MedPac, 2009, www.medpac.gov) and some 22 percent of all healthcare spending (www/cms.gov/statistics-data-and-systems/statistics-trends-and-reports/NationalHealthExpendData). These factors may contribute to the perception among physicians that doctor fees are not a key cause of accelerated healthcare spending.

Physicians identified an "aging population" as the second most important cost driver in healthcare. On average, older patients visit the physician three times as often per year as younger patients, as the chart below illustrates. Starting in 2011, some 75 million Baby Boomers began turning 65, becoming eligible for Medicare at a rate of one every eight seconds. Physicians will soon be expected to treat millions of additional Medicare patients, many of whom will require comparatively more physician time than younger patients.

Average Annual Physician Visits by Age	
66 and older	6.0
46–65	5.4
36–45	3.5
25–35	2.2
16–24	1.5
0–15	2.0
Per population	3.0

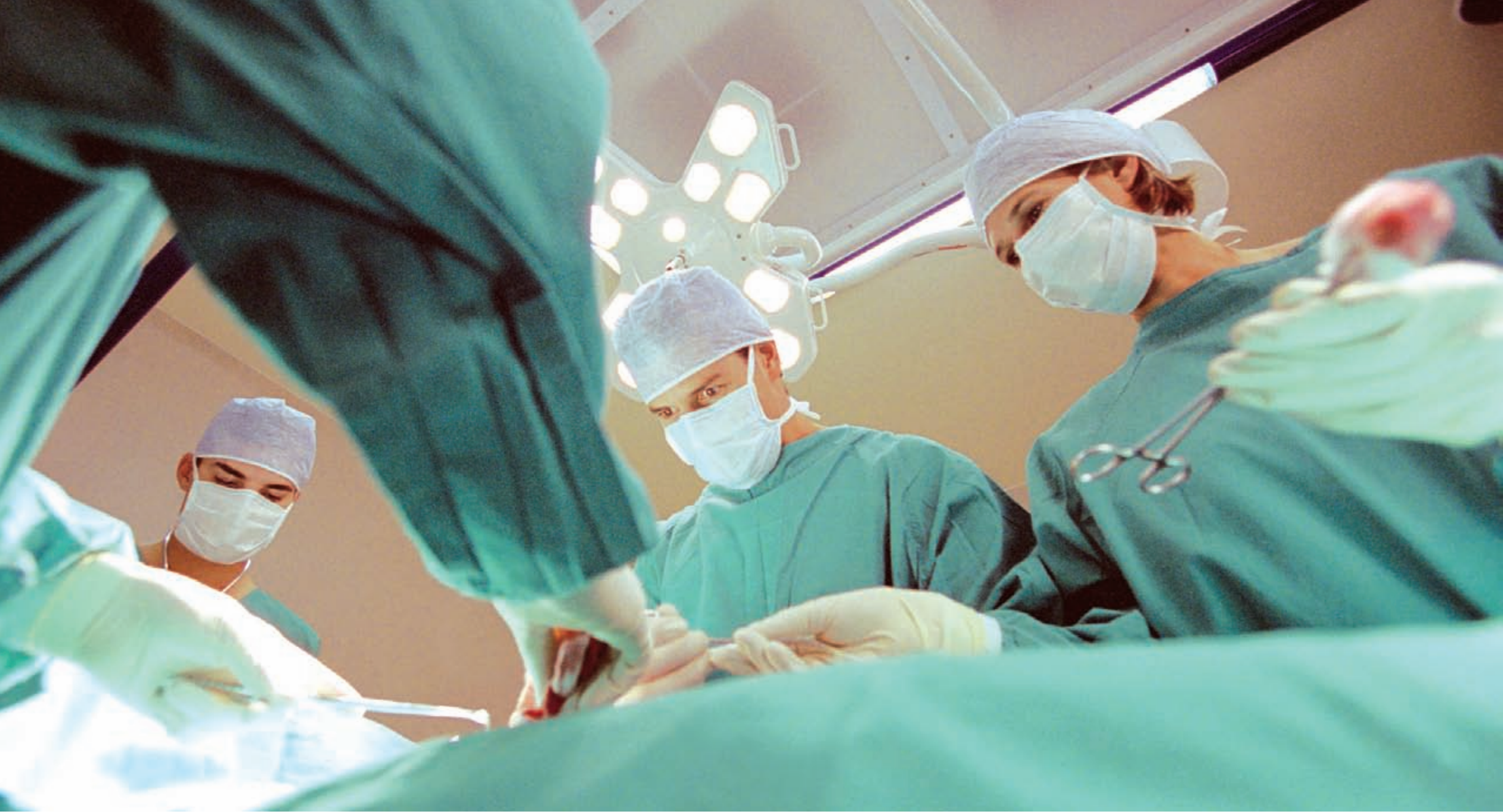
Source: National Ambulatory Medical Care Survey/Center for Disease Control

"Cost of pharmaceuticals," "advances in technology/treatment," and "social conditions" also were ranked by physicians as major drivers of healthcare costs.

Physicians were asked how they rate various factors as solutions to the health system's cost and access challenges. "Less government regulation" was rated as the most positive solution to cost and access challenges, followed by "evidence-based medicine" and "widespread adoption of health savings accounts." The high ranking given evidence-based medicine suggests many physicians would be in favor of more uniform treatment protocols if they are based on clinical evidence. Physicians have historically objected to treatment protocols imposed by third party payers for what they perceive as cost-related reasons.

"Increase the supply of physicians" was rated as the fourth most positive solution to health system cost and access challenges. This finding suggests that many physicians recognize that there is a shortage of doctors and, rather than opposing an increase in the number of physicians as a potential competitive threat, would welcome an increase.

Over one-third of physicians (36.3 percent) rated a "single payer/Canadian style system" as a "somewhat positive" or "very positive" solution to cost and access challenges, indicating physicians are not uniformly opposed to the single-payer model. However, a greater number (48.2 percent) rated a Canadian style system as a "somewhat negative" or "very negative" solution.



Employed physicians are more likely to be positive about a single payer system than are practice owners, while primary care physicians are more likely to be positive about a single payer system than are specialists (see chart below). Somewhat surprisingly, the survey suggests that many older physicians, who it may be inferred are generally not in favor of change, are slightly more inclined to feel positively about a single payer system than are younger doctors, while female physicians are considerably more likely to feel positively about a single payer system than are male physicians.

Canadian/Single Payer System

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Somewhat/very positive	35.6%	36.5%	33.8%	42.6%	42.4%	29.5%	44%	32.8%

Only 10.4 percent of physicians rated “widespread adoption of ACOs” as a positive solution to cost and access challenges, the lowest ranking besides “more government regulation.” This finding further underlines the lack of confidence many physicians have in the ACO model, which many policy makers and health professionals project as a key to cost reduction.

PART III – CONCLUSION

Health reform is driving changes to the healthcare system that are designed to reduce costs and enhance quality. Part III of the survey indicates that physicians generally are not optimistic about the emerging delivery models promoted by reform, such as ACOs and medical homes, yet feel powerless to affect change themselves. The success of ACOs and medical homes will largely depend on active physician acceptance and cooperation. Physicians participating in these models will be expected to significantly restructure how they practice and to accept new methods of performance evaluation and reimbursement. That the majority of physicians do not view ACOs and medical homes favorably, or do not understand their structure or purpose, underscores the as yet uncertain future of these models.

Part IV of the survey provides national benchmark data concerning various physician practice patterns and metrics, including hours worked per week, number of patients seen, payer mix, income trends and related factors. Comparisons are made to the physician survey The Physicians Foundation conducted in 2008 where appropriate.

1 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	2012	2008
0-20	4%	3.3%
21-30	4.5%	4%
31-40	12.2%	11%
41-50	21.9%	18.13%
51-60	26.1%	25.3%
61-70	15.3%	15.7%
71-80	9.9%	12.7%
81-90	3.9%	5.1%
91 – 100	1.6%	2.4%
101 or more	0.6%	2.1%

2 OF THESE, HOW MANY HOURS DO YOU WORK EACH WEEK ON NON-CLINICAL (PAPERWORK) DUTIES ONLY?

	2012	2008
0-10	58.0%	39.8%
11-20	26.1%	34.8%
21-30	9.3%	14.9%
31-40	3.7%	6.7%
41-50	1.5%	2.6%
51-60	0.9%	0.8%
61 or more	0.5%	0.4%

3 ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	2012	2008
0-10	19.5%	7.4%
11-20	39.8%	31.7%
21-30	26.8%	41.3%
31-40	8.1%	13.7%
41-50	2.6%	3.7%
51-60	0.8%	1.0%
61	2.4%	1.2%

4 WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT PRACTICE?

	2012	2008
I am overextended and overworked	22.6%	31.37%
I am at full capacity	52.8%	44.92%
I have time to see more patients and assume more duties	24.6%	23.71%

5 HAVE TIME OR COST CONSTRAINTS COMPELLED YOU TO CLOSE YOUR PRACTICE TO MEDICARE OR MEDICAID PATIENTS?

	2012	2008
Yes, Medicare	8.6%	6.2 %
Yes, Medicaid	26.7%	17.8%
No, I have not closed to either	64.7%	76.0%

6 ESTIMATE THE AMOUNT OF UNCOMPENSATED CARE YOU PERSONALLY (NOT YOUR ENTIRE GROUP) PROVIDE IN THE COURSE OF A YEAR:

	2012	2008
$0-$5000	14.6%	6.3%
$5001 - $15,000	10.6%	13.2%
$15,001 - $25,000	12.6%	15.7%
$25,001 - $35,000	6.5%	11.2%
$35,001 - $50,000	16.4%	14.0%
$50,001 o r more	39.3%	39.6%

7 WHAT PERCENT OF YOUR PATIENTS ARE:

Medicare	31.0%
Medicaid	17.9%
Private pay	29.7%
Indigent	8.0%
TriCare	4.0%
Other	9.4%

8 DESCRIBE YOUR INCOME FROM THE PRACTICE OF MEDICINE OVER THE LAST THREE YEARS:

	2012	2008
Flat	39.7%	44.1%
Declining	46.7%	40.1%
Increasing	13.6%	15.8%

9 AS A RESULT OF THE ONGOING PROBLEMS WITH MEDICARE FEE SCHEDULE UPDATES, WHAT ACTION HAVE YOU TAKEN OR ARE YOU PLANNING TO TAKE? (CHECK ALL THAT APPLY)

Action	Percent
Place new or additional limits on Medicare acceptance	22.9%
Accept no new Medicare patients	12.6%
Terminate existing Medicare patients	2.8%
Change status to non-participating	6.8%
Formally opt out of Medicare	6.9%
Place new or additional limits on Medicaid acceptance	22.2%
Reduce the amount of charity care I deliver	22.0%
Increase standard fees charged to other patients	15.5%
Delay information technology implementation	15.9%
Renegotiate or terminate some commercial health plan contracts	17.7%
Reduce staff compensation or benefits	27.0%

10 IF MEDICARE FEES DECREASE BY 10 PERCENT OR MORE, WHAT ACTIONS WILL YOU TAKE? (CHECK ALL THAT APPLY)

	2012	2008
Place new or additional limits on Medicare acceptance	28.3%	N/A
Accept no new Medicare patients	25.9%	13.7%
Terminate existing Medicare patients	9.5%	N/A
Change status to non-participating	11.6%	N/A
Formally opt out of Medicare	14.0%	N/A
Place new or additional limits on Medicaid acceptance	21.3%	N/A
Reduce the amount of charity care I deliver	22.3%	15.0%
Increase standard fees charged to other patients	17.8%	N/A
Delay information technology implementation	15.1%	N/A
Renegotiate or terminate some commercial health plan contracts	16.5%	N/A
Reduce staff compensation or benefits	26.5%	N/A

11 HAS YOUR PRACTICE IMPLEMENTED ELECTRONIC MEDICAL RECORDS?

Yes	69.5%
No	30.5%

12 IF YES, WHAT EFFECT HAS EMR HAD ON THE QUALITY OF PATIENT CARE IN YOUR PRACTICE?

No effect	12.9%
Has improved quality of care	32.9%
Not yet improved quality, but I anticipate it will	13.4%
Has not improved quality, and I do not anticipate it will	18.5%
May improve quality, but not worth the investment	7.9%
Decreased quality, but I anticipate it eventually will improve quality	4.0%
Decreased quality and I do not anticipate it will improve quality	10.4%

13 IF YOU HAVE NOT IMPLEMENTED EMR, WHY NOT?

	2012	2008*
No time to install EMR	19.3%	61.0%
Do not have the money to install EMR	33.6%	77.0%
Do not have the personnel to install EMR	20.2%	68.0%
Do not have the resources/expertise to install EMR	26.9%	69.0%

**Question posed differently in 2008*

14 DO YOU HAVE SIGNIFICANT CONCERNS THAT EMR POSES A RISK TO PATIENT PRIVACY?

Yes	47.4%
No	52.6%

PART IV: PRACTICE PATTERNS AND METRICS: ANALYSIS AND OBSERVATIONS

How physicians practice – the number of patients they see, the hours they work, the type of insurance they accept -- has a direct impact on patient access to medical services. Part IV of the survey indicates that the majority of physicians have reached the point where they are unable or unwilling to see more patients and may be obliged to reduce access to certain types of patients, a sobering development in light of the growing physician shortage.

HOURS AND PATIENTS SEEN

The majority of physicians surveyed (79.3 percent) work full-time schedules of 41 hours a week or more, while the remaining 20.7 percent work 40 hours a week or less. This represents an increase in the number of physicians working less than full schedules relative to 2008, when 18.4 percent of physicians surveyed worked 40 hours or fewer.

It is widely perceived that female physicians work fewer hours per week than male physicians, that employed physicians work fewer hours than independent physicians who own their practices, that younger physicians work fewer hours than older physicians, and that specialists work fewer hours per week than primary care physicians. The survey appears to confirm some of these perceptions, but contradicts others (see chart below).

Less Than 40 Hours Per Week

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
14.9%	21.8%	17.9%	27.4%	20.1%	18.4%	22.6%	19.9%

Over 27 percent of female physicians work 40 hours a week or less, compared to 17.9 percent of male physicians, confirming the perception that more female physicians work less than full time schedules than do male physicians. Over 20 percent of employed physicians work 40 hours a week or less, compared to 18.4 percent of practice owners, numbers that also confirm the general perception that employed physicians are more likely to work part-time schedules than are practice owners.

However, less than 15 percent of physicians age 40 or younger said they work 40 hours or fewer a week, compared to 21.8 percent of physicians 41 or older. This contradicts a commonly held perception that younger physicians are more likely to work part-time schedules than are older physicians. Close to 23 percent of primary care physicians work 40 hours a week or fewer, compared to 19.9 percent of specialists. This contradicts the perception that specialists, who often have relatively controllable schedules, are more likely to work less than 40 hour weeks than are primary care physicians. However, these numbers may be affected by the fact that female physicians, who worker fewer hours than male physicians, are concentrated in primary care

The chart below indicates the average number of hours worked per week by various physician groups.

Average Hours Per Week

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
56.3	52.2	53.7	50.7	53.1	54.1	51.1	53.9

As these numbers indicate, specialists work 5 percent more hours than do primary care physicians, male physicians work 6 percent more hours than do female physicians, younger doctors work 7.8 percent more hours than older physicians and practice owners work 2 percent more hours than do employed physicians.

The survey suggests fewer physicians today are working the extremely long hours often associated with private practice than did in 2008. In the 2012 survey, only 16 percent of physicians reported working 71 hours a week or more, while in 2008 over 22 percent of physicians said they worked 71 one hours or more a week.

On average, physicians surveyed in 2012 work an average of 52.93 hours per week, down from an average of 56.93 hours in 2008, a decline of 5.9 percent (see chart below).

	2012	2008	Decline
Average Hours Per Week	52.93	56.93	5.9

However, the survey also indicates the number of hours physicians spend on non-clinical (i.e., paperwork) duties have decreased relative to 2008. In 2008, some 40 percent of physicians said they spent 10 hours a week or less on non-clinical paperwork, while 60 percent said they spent 11 hours or more a week on non-clinical duties. In 2012, by contrast, 58 percent of physicians said they spent 10 hours or fewer on non-clinical paperwork, while 42 percent said they spent 11 hours or more.

On average, physicians in 2012 reported they spent 12.01 hours a week on non-clinical duties, or 22.6 percent of their total working hours. In 2008, by contrast physicians said they spent 15.19 hours a week on non-clinical paperwork, or 26 percent of their total working hours. Comparatively less administrative paperwork is one of the presumed characteristics of employed medical practice and is a reason many physicians are embracing the employed model. It could be inferred that a general decrease in the average non-clinical hours worked per week by physicians may be attributable to the increased number of doctors working as employees. However, the survey does not bear this out, as the chart below indicates.

	Employed Physicians	Practice Owners
Hours on Non-Clinical Paperwork Per Week	12.66	11.01

The survey indicates that employed physicians spend an average of 14.96 percent more hours per week on non-clinical paperwork than do practice owners. The reason for this is not clear, though it may be conjectured that the comparatively large, bureaucratic organizations that typically employ physicians generate even more paperwork for doctors than do the smaller practices in which practice owners typically work.

PATIENTS PER DAY

Physicians in the 2012 survey reported seeing fewer patients per day on average than those surveyed by The Physicians Foundation in 2008. Over 59 percent of physicians in 2012 said they see 20 patients or fewer per day in 2012, up from 39.11 percent in 2008. The average number of patients seen per day by physicians in 2012 was 20.01, down from 23.43 in 2008, a decline of 16.6%.

	2012	2008	Decline
Average Patients Seen Per day	20.10	23.43	16.6%

It is widely presumed that employed physicians, who are on fixed salaries, are not as motivated to see numerous patients as are independent physicians, whose incomes may be more directly tied to their patient volumes. Most employed physicians are provided with production bonuses that allow them to increase their incomes by meeting metrics that often are tied to patient volume (see Merritt Hawkins 2012 Review of Physician Recruiting Incentives). Nevertheless, the survey confirms that practice owners see significantly more patients per day than do employed physicians (see chart below).

Average Patients Seen Per Day

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
19	19.8	20.4	17.6	18.1	21.9	19.2	19.8

As these numbers indicate, employed physicians see 17.35 percent fewer patients per day than do practice owners. Female physicians see 13.7 percent fewer patients than do male physicians, primary care physicians see 3.0 percent fewer patients than do specialists, and physicians 40 or younger see 4.04 percent fewer patients per day than do patients 41 or older. Interestingly, while the survey suggests that younger physicians work relatively more hours per week than older physicians, older physicians see relatively more patients per day.

ACCESS AND INCOMES

Though they are working fewer hours and are seeing fewer patients per day relative to 2008 , the majority of physicians (75.4 percent) surveyed in 2012 said they are either “overextended and overworked” or are “at full capacity.” Only 24.6 percent said they “have time to see more patients and assume more duties.”

Physicians were asked to describe income in their practices over the last three years. Over 86 percent described their income as “flat or declining,” while only 13.6 percent described their income as “increasing.” Through Medicare reimbursement increases referenced above, and because of their enhanced role in medical homes and ACOs for which they are supposed to be rewarded, it may be inferred that incomes for primary care physicians are increasing. By contrast, due to continuing cuts to their reimbursement, it may be inferred that incomes for specialist physicians are decreasing.

The numbers in the chart below confirm that more primary care physicians indicated they have seen income increases over the last three years than have specialists, though the majority of both groups said their incomes were flat or declined. If incomes for primary care physicians are increasing, the survey suggests most primary care physicians have not yet noticed. As referenced above, many physicians are seeking employment in the expectation of a secure salary. The numbers below suggest that considerably more practice owners experienced income declines in the last three years than did employed physicians, confirming to some degree the perception that employment offers physicians a measure of economic security. Nevertheless, even the great majority of employed physicians indicated their incomes were flat or declined over the last three years.

Income Flat or Declining

	< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
Increasing	22.6%	11.9%	12.7%	16.3%	17.6%	10.5%	19.0%	11%
Flat	46.7%	38.5%	38.5%	43.8%	48.5%	31.2%	44.3%	37.6%
Declining	30.7%	49.6%	48.8%	39.9%	33.9%	58.3%	36.7%	51.4%

As a result of time and cost constraints, some physicians have had to close their practices to Medicare or Medicaid patients. Over one-third of physicians (35.3 percent) surveyed in 2012 have closed their practices to either Medicare or Medicaid patients, up from 24 percent in 2008, a 47% increase (see chart below).

	2012	2008	Increase
Closed Practice to Medicare/Medicaid	35.3%	24%	47%

Of the 35.3 percent of physicians above, 8.6 percent have closed their practices to Medicare patients, up from 6.2 percent in 2008, while 26.7 percent of physicians have closed their practices to Medicaid patients, up from 17.8 percent in 2008. Many physicians feel compelled to close their practices to Medicare and Medicaid patients because these payers often reimburse at rates less than the physician's cost of providing care.

Physicians were asked what actions they have taken or plan to take in response to problems with Medicare fee schedule updates. Fifty-two percent of physicians said they have or will take one or more steps that would limit the access Medicare patients have to their practices. These steps include "placing new or additional limits on Medicare acceptance," (22.9 percent), "accepting no new Medicare patients," (12.6 percent), "terminating existing Medicare patients," (2.8 percent), "changing their Medicare status to non-participating," (6.8 percent) or "formally opting out of Medicare" (6.9 percent).

Should Medicare fees decrease by ten percent or more, 89.3 percent of physicians said they will take one or more of the steps listed above.

Physicians surveyed indicated a reduction in Medicare fees also would affect the non-Medicare patients they see in their practices. Charity care and Medicaid patients would be particularly affected. Over 22 percent of physicians said they would “reduce the amount of charity care” they can deliver and 21 percent said they would “place new or additional limits on Medicaid patients.” The ripple effect would extend to non-patients, as 26.5 percent of physicians said Medicare cuts would cause them to “reduce staff compensation or benefits.”

Most physicians provide care for which they are not compensated, either because physicians elect not to submit an invoice for charitable reasons, because the patient could not or would not pay, or because reimbursement was denied by third party payers. Over 62 percent of physicians surveyed in 2012 estimated they provide $25,000 or more in uncompensated care in the course of a year, a number similar to that reported by physicians surveyed in 2008. In 2012, physicians reported they provided an average of $36,445 in uncompensated care per year, down from $37,698 in 2008, a decline of 3.3 percent. The survey suggests that as physician income remains flat or declines, physicians already may be reducing the amount of charity care they provide.

THE EFFECT ON THE PHYSICIAN WORKFORCE

That physicians are working relatively fewer hours, seeing relatively fewer patients, and are limiting access to their practices supports the inference of the JAMA study referenced in Part II above that physicians are recalibrating how they approach medical practice in response to changes to the practice environment.

These changes in physician practice patterns have profound implications for the future of the physician workforce. Should the average number of hours physicians work per week drop by 5.9 percent over the next four years, as they did over the last four years, **44,250 physician FTEs would be lost from the workforce** (assuming a total workforce of 750,000 physicians). Should 100,000 physicians transition from practice owner to employed status over the next four years, the survey indicates they will see over **91 million fewer patients per year**. As the medical profession becomes majority female, tens of thousands of additional FTEs will be lost. This will occur at a time when the population is both growing and aging, and when access to healthcare insurance is likely to be expanded, further fueling demand for physician services.

ELECTRONIC MEDICAL RECORDS

Emerging delivery models that are encouraged by health reform, such as ACOs and medical homes, are predicated to a large degree on the adoption by physicians of electronic medical records (EMR). EMR implementation is necessary in order to achieve greater alignment, coordination, and communication between primary care physicians, specialists, hospitals and others involved in patient care. Through the economic stimulus, money was allocated for physicians and hospitals to implement EMR provided they are “meaningful users” of these information technology systems.

Over 69 percent of physicians surveyed indicated they have implemented EMR into their practices. However, those who have done so are divided over the potential effects of EMR on the quality of patient care they can provide.

Over 46 percent of those who have implemented EMR indicated their system has either already improved quality of care in their practices or they anticipate that it will. An additional four percent indicated that EMR has decreased quality in their practices, but they anticipate it eventually will improve quality. However, over 31 percent said EMR has either had no effect on quality or has not improved quality of care in their practices and they do not anticipate that it will. Over ten percent said EMR has decreased quality

in their practices and they do not anticipate it will increase quality, while 7.9 percent said EMR may improve quality but will not be worth the investment.

The survey suggests there is a significant gap between older and younger physician attitudes toward EMR. Close to 63 percent of physicians 39 or younger expressed optimism about the ability of EMR to improve quality of care, compared to 47.5 percent of physicians 40 or older. Primary care physicians expressed more optimism about EMR than did specialists, employed physicians expressed more optimism than did practice owners, and female physicians expressed more optimism than did male physicians (see chart below).

EMR Has/Will Improve Quality (Physicians Who Have Implemented EMR Only)

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
62.8%	47.5%	47.4%	58.8%	57.3%	40.9%	59.2%	45.9%

In addition to concerns about quality, many physicians have reservations about EMR and patient privacy. Electronic medical records are envisioned as secure systems which will not reveal sensitive patient health information to hackers, commercial interests, or others with no right to it. Nevertheless, over 47 percent of physicians surveyed said they have "significant concerns" that EMR poses a risk to patient privacy.

In the same pattern observed above, younger physicians are less likely to be concerned about EMR and patient privacy than are older physicians, primary care physicians are less likely to be concerned than specialists, employed physicians less likely to be concerned than practice owners and female physicians are less likely to be concerned than male physicians.

Concerned EMR is a Significant Risk To Privacy

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
25%	51.5%	48.9%	41.9%	39.4%	55%	42.9%	49.6%

Of those physicians who have not implemented EMR, the majority (58 percent) cited lack of money as the principal reason, though time constraints, lack of expertise and lack of personnel also were cited as factors.

PART IV – CONCLUSION

The majority of physicians surveyed in 2012 reported that they are either at capacity or are overworked and overextended, suggesting there is little potential extra capacity in today's physician workforce. Practice style changes that physicians are adopting in response to today's medical practice environment could further strain the physician workforce, as physicians cut back on hours worked and patients seen while restricting access to their practices to certain types of patients, Medicaid and Medicare patients in particular. While the majority of physicians have implemented electronic medical records, close to half of those who have done so question the effect EMR will have on quality of care in their practices and close to half of all respondents have significant concerns about the effect EMR may have on patient privacy.

Part V of the survey includes written comments by physicians conveying their thoughts about the current state of the medical profession. Close to 8,000 of the 13,600 physicians who responded to the survey elected to include written comments after providing answers to 47 previous questions, underscoring the passion many physicians feel about the direction of their profession.

Some selected comments are provided below reflecting the general tone and content of many of the comments received.

PHYSICIAN SURVEY 2012: PHYSICIAN COMMENTS

Physicians were asked to respond to the question: "What would you say to policy makers and the public regarding the current state of the medical profession?" Following is a small sample of the 8,000 written comments received, including statements reflecting physician concerns, physician recommendations for change, and physician opinions regarding EMR.

PHYSICIANS: IN THEIR OWN WORDS

1. The state of the medical profession today is a disaster. With all of the regulation and documentation required of physicians and nurses, less and less time is spent with the patients. The patients are literally dying to have their questions and concerns answered by their doctor. I believe that there is a need for a universal system to cover only the basics. This would include immunizations, catastrophic disease (cancer, trauma, etc.). Everything else should be privatized.

2. There is a shortage of primary care physicians currently. This will be even more acutely be felt if too much is asked for them to do as far as regulation is concerned. A majority of them are close to retirement and will just leave if more is expected of them that has little to do with actual patient care. The current trend to increase the regulations will push more of them into retirement.

3. Leave us alone. There was a time when I gave 20% of my time to indigent patients. Now I can't afford to see anybody without being paid. There was a time when drug companies happily supplied me with free samples for my patients who could not afford their products. That too is gone. Politicians do not and cannot understand medical practice. They need to keep their noses out.

4. It is still a very honorable profession that takes a lot of smarts, skills, and patience to be truly good at, and it needs to be respected as such.

5. I recently quit my job at a local mental health center where I served as the main geriatric psychiatrist. I was sick of dealing with Medicare part D plan formularies and prior authorizations, sick of being told how to practice, sick of being told I had only 15 minutes to see patients, and sick of being lumped in with "mental health" or "behavioral health" organizations" where I was treated like a counselor. I am now full time in my private practice. I see anyone and everyone. Some of my patients can't pay at all. I make A LOT less money. I am quickly burning out on private insurance formularies, being reimbursed the exact same

amount as someone who graduated last week, being told by insurance companies how much I will get paid and that my patients aren't allowed to make up the difference and having to fill out pages and pages of useless paperwork to BEG for visits with my patients or to use a medication that I have carefully thought out and think will help my patients. If it were not for the intellectual stimulation of psychiatry and the reward of seeing patients lives completely change when someone finally puts them on the right medication, I would walk out.

6. I was told once by a healthcare administrator, and have heard this "mantra" from several more: "Healthcare would be a great business if it weren't for patients and doctors...who keep interfering with the business." With the influx of non-health-care-MBA administrators into the role of managing and lording over the actual Healthcare providers who are providing the quality of care; and physicians, for the most part, being shut out, ignored or silenced regarding decision on healthcare policy and other associated issues and the fact that physicians do not get the importance of advocating for themselves, their patients and profession, the focus of healthcare has sadly and dramatically changed: It no longer is patient care or the quality of care that is important. It is all about the money. Alarmingly individuals who actually take care of patients have taken a "second seat" to MBAs whom are more concerned about their individual salaries.

7. I'm getting out ASAP.

8. Individual physicians need more autonomy less regulation. We could reduce costs if not obligated by and threatened by malpractice suits; various legislations and insurance limitations.

9. It has turned from a noble profession into a business where physicians are traded.

10. Medicine died. As long as we are not physicians but "healthcare providers" and there are no patients but "healthcare consumers," the situation will not get any better. As long as people with no medical training are dictating how we should practice medicine, none of us will get proper care. As long as people do not understand that you cannot put a price on a person's life and you cannot expect to make money out of sick people, the system will continue to deteriorate.

11. Our medical system has continued to erode in many ways over the past 20 years. Physicians are no longer doctors but "providers" Patients are no longer patients but "customers". If I had to do it all over again I would have gone to business school and be running some insurance scam-er, company and get my 6 figure salary with a BIG bonus. You can't tell me that anyone of those CEO's ever lost sleep at night because they had a patient in the ICU incubated with septic shock, cardiogenic shock after coding 3 times and still alive. What's that worth?

12. The profession has turned from a noble career into a business where entities use the brains of physicians to get rich quick!

13. Number one; over-involvement of government in medical practice: I no longer can order tests, establish a plan or prescribe medications without some approval or authorization from an unaccountable referral person or insurance/Medicare/Medicaid rep.

14. We are not training our replacements adequately. Clinical contact time with patients (by residents) has shrunk to nearly nothing. The residents don't know how to do a physical exam, they are not learning to think clinically, and are spending 80% plus of their "clinical" dealing with slow clunky computers, in the role of "Data Entry" clerks.

15. We are in the process of ruining the profession. Medicine is not a shift work job - it is a profession (even a calling, for some) of great importance to all of society. It is very discouraging that the best are being kept from learning and/or doing their best because of ill-conceived outside intervention (of many different sorts); the current situation is very, very sad.

16. I wish policy makers could spend a month in my office before they make the major mistakes they continue to make concerning healthcare initiatives. It would be a real eye opener. Unfortunately, no one seems to be interested in what the doctors are going thru, just what it costs.

17. We have basically developed a system that spends more money and time on the third party, rather than the physician and the patient.

18. Chronic diseases contribute to 70% of the healthcare costs in this country, and the obesity epidemic will continue to fuel this escalating problem. It is the elephant in the room that everyone is trying to ignore. Why???

19. Physicians train into their 30s, exit school and residency in hundreds of thousands of dollars in debt, and manage our most precious commodity...our health. They deserve to be reimbursed as the professionals that they truly are. It is truly demeaning to read a newspaper article about a football player who has received a multi-million dollar contract for 2-3 years of play, but a physician is considered overpaid if they generate an income of $200,000.

20. In the past 5 years, the best clinicians I know have sought non-clinical positions. I am worried for the profession.

21. Medical care should be between doctor and patient. Any time a third party gets involved, be it the government or private insurance, it compromises patient care.

22. Everybody can't have everything for nothing.

23. Have the government get out of our business, allow us to practice the skills we have learned because we really know what's best for the patients, not a non-healthcare provider at the end of the telephone.

24. In the end it is one doctor and one nurse caring for one patient so to the extent possible third parties should be kept out of patient care decisions.

25. Primary-care providers work hardest, have the most unrealistic expectations placed on them, are paid a fraction of what specialists earn... and diminishing numbers of graduates are choosing primary care. Look into which of these components could be changed, because Medical Home and ACO depend upon enough PCPs.

26. As long as profit is a major factor motivator of any group involved in the process of healthcare, the patient will always be second. We need to do better, by removing as much as possible the effect of profit on healthcare.

27. As long as trial attorneys continue to rampantly impinge on our ability to care for patients, we have no reason for optimism.

28. Physicians continue to enjoy treating patients, however, we still run a small business and find it increasingly difficult to make ends meet, which decreases our employees' salaries and benefits and decreases physicians' willingness to provide indigent care.

29. Doctors and patient should make the decisions - not the government, not the hospital, not the insurance company, not the medical societies or state board regulators.

30. Why are insurance companies allowed to make medical decisions? They recommend to patients changes in medication / treatments. They discern whether or not patients should receive certain therapies (ex: physical therapy). They are not trained, licensed, nor insured to provide these services.

So why are they allowed to continue to make medical decisions and foster medical care? This is what I do for a living. This is my training. This is why patients seeme and not the insurance representative.

31. The system is broken because we failed. We turned against each other instead of uniting together.

32. As government and insurance company interference became more dominant the patient/physician relationship deteriorated. Care is not better, it is much worse. As further intrusion into the patient/physician relationship occurs it will become much worse. Almost all physicians I know abhor the present system. It pits physicians against patient all because of money.

33. Thirty years from now it will be hard to recruit bright young people to the medical profession.

34. A big problem, ignored by our federal leaders, is the cost of medical education. Students finish with a high burden of debt. These students cannot be expected to pay back their loans comfortably if Congress continues to influence decreased reimbursements to physicians for the admirable job they do every day. If a student leaves med school with six figures of debt they expect a six figure salary. If physicians are expected to earn less than their education is going to have to be subsidized; there is no other way. Such a change will have to be gradual and supported by all state governments. Interestingly, no one in congress gripes about how much bankers and lawyers make each year; whose lives are they saving?

35. A healthcare system can be sustainable or comprehensive, but not both. It is time to try for sustainable.

36. A house of cards-very wobbly! I will say goodbye ASAP.

37. A major problem is the replacement of Internal Medicine physicians by mid-level staff (PA's and ARNP's). I believe this will be the final downfall of our profession.

38. A mechanic makes $80-$100 an hour. A physician makes less money but has lots of student loan debts, has to pay so many licenses, etc.

39. A mess and getting worse with too much regulations.

40. A once honorable, hard working profession is being assassinated by insurance inefficiency, federal mandates and a lack of voice.

41. A once personally rewarding profession, now with too many frustrating bureaucratic and legal entities placing roadblocks to cost effective care and enjoyment in a difficult job. The continued expansion of medical care options and requirements (choices in management) placed against time and economic constraints often adds to complexity but with less emotional and monetary reimbursement. Personal and family sacrifices are no longer worth the fading positive things once appreciated by both the MD and community.

42. Too many professionals have taken advantage of healthcare and use the pain, disease and suffering of others to make a profit (i.e. pharmaceutical companies, insurance companies, hospital administrators, lawyers). I think the best single thing that could help the state of medicine and health is to remove the money from medicine. I cannot, and will not come to, understanding how a health insurance executive can make millions of dollars, when a compassionate and competent Family Medicine doctor and his staff cannot keep their clinic open to take of care patients. Medicine has been hijacked by greed and profits. It was never intended to be a business, and cannot be looked at as one.

43. Access to healthcare is a major issue in our country. We need to find a way to incentivize providers of primary care. Without enough quality primary care providers, healthcare in this country will continue to suffer.

44. I see the future of Primary Care is in the hands of the NPs and PAs with a few general internists.

45. Quality is going to suffer because administrators run medicine, not the physicians. The administrators tell us how many patients we should see, what tests we can order, how much we will get paid. No one is looking out for the patients.

46. Actually, within one year I will probably close my practice. The local, state, and federal mandates and regulations have overwhelmed my ability to continue as a small businessman. I love being a doctor and I really don't know what I'll do next.

47. I look forward to a day when providing healthcare is more about patients being served by their doctors and other providers and less about bureaucracy and large corporations making money for their shareholders.

48. Administrative overhead & regulation is ruining the practice.

49. The multi-billion cost of insurance company overhead and the cost to physicians of billing and finding ways to game the insurance-based system is crushing.

50. I would like to be able to practice medicine and provide the best care for my patients without even knowing who the payer is or how payment would be made. In today's environment, that is impossible. What is best for the patient is always dependent on who the payer is.

51. After 12 years of training, it is ridiculous to be following protocols, which increase cost and do not change my care. I have lost much autonomy and feel like I'm just documenting what has occurred while I was on shift.

52. I worry every day about taking more (yes, I said more) personal loans out just to keep my practice going. Then why am I still doing this you ask? There really is no reward for continuing to practice other than knowing in my heart that I am doing a good job and patients are benefitting.

53. The government and insurance industry is pushing the medical profession further and further away from the committed solo practitioner. I understand the economics behind this but it is not good for the future of medicine. The "art" of being a physician will be lost and all we will have left is a few Norman Rockwell paintings.

54. My life has been destroyed, and as a consequence my happiness, patriotism, and professionalism have all been permanently damaged.

55. All aspects of American medical care are in decline and Americans will suffer for it. No matter the spin, there is no free meal-- you get what you pay for. Less qualified people are entering and practicing medicine and care will be provided by second tier providers and imported medical providers.

56. All doctors want to do is to practice medicine in peace.

57. Medicine is a noble profession but we are treated like slaves.

58. All laws and regulations are well intended; but, they serve to limit access to healthcare.

59. "Doctors are rich" is the false perception. No one jumps up and down to pay my $300,000 student loan. How about all the sacrifice I made? I wasn't blessed with a brilliant mind or a silver spoon. I had to work very hard, foregone many many sleepless nights, seen my children 3-4 times per year while away in med school and residency. Isn't all the sacrifice worth something? Shouldn't I be compensated somewhat? Yes, I am bitter.

60. All predictions of restrictions of patient care will come to fruition if the government takes over healthcare. This was predicted when Medicare came into being. The future is written. There is no hope.

61. The day will come when the practice of medicine will have no more appeal than digging ditches with an overseer standing over with a whip.

62. All the smart kids are not choosing medicine as a career.

63. We have a two tier medical care system--one for the rich and another for the poor. It is very sad.

64. Although I am fortunate enough to have the best possible profession, I would not recommend going into medicine to become a physician to anyone considering it. Why should we continue to place ourselves in great financial and personal risk in the absence of any foreseeable tort reform, the prospect of working more hours for less reward and giving up our personal lives as well? It is a tough sell to any but the most passionate.

65. Although I continue to enjoy the personal relationships that make medicine a rewarding profession for me, I am very concerned about the future of medicine. I am discouraged by the amount of documentation, paperwork, and data entry now required of physicians. The amount of time left for my patients is shrinking daily!

66. Although I still love clinical practice of medicine and relating with patients, I hate what medicine is becoming and the distain the government has for the profession that I do not know how long I can continue. I see it only getting worst.

67. Am not sure why any intelligent student would decide at the present time to pursue a career in Medicine. I am truly concerned about the quality of physician I will have as I age.

68. American medicine is being destroyed as we know it and will continue to decline.

69. American medicine is in decline despite significant advances in technology and expertise. We will not be able to afford the quality of care we are capable of producing.

70. American medicine lacks vigorous leadership in protecting medical care from a continuing assault by the federal and state government. As a result, we will see a decline in care, fewer physicians in practice, and the expanded use of non-physicians to deliver medical services. I never dreamed that this is where we would be in 2012.

71. American physicians of the future are going to be very different from those now in practice. Future doctors will consider medicine to be a job, not a profession. They will be employed by large organizations, keep regular hours, and leave at quitting time, whether or not a patient is in need of care. Because it is so expensive to get a medical education, compared with limited potential lifetime earnings, very few highly talented people will choose medicine, and instead will opt for business or law. These changes are partially in effect at this time, and will steadily worsen as baby boomers retire. As a result, the average intelligence of practicing doctors will decline, care will not be excellent, and research and innovation will slow to a crawl.

72. An increasing proportion of young doctors feel constrained by their occupation choice simply due to the level of debt they accrue for their training.

73. Care is a word that is used a lot, but actually there's little caring provided anymore with the evolving structure of what medicine is becoming. The Doctor- patient relationship is one of the most sacred relationships there is. From all sides, this is being eroded- under siege from external forces and mandates. What are we doing to medicine?

74. Approximately 50% of the costs of delivering medical care to people in America result from conditions that people knowingly cause to themselves. So why should we doctors (and hospitals, and insurance companies, and Medicare/Social Security) be blamed for these increasing costs…and why don't we even hear the barest/faintest hint of a whisper about accountable patients? When will personal responsibility, and appropriate rationing of care, both of which are very reasonable cost-controlling-influences, (possibly reducing expenditures by 50%), be introduced into the national debate? I believe we all must confront greedy patient-behaviors and demands, and introduce patient responsibility into the public and policy- making debates about the state of our national medical care system.

75. Are you kidding? It is abysmal and getting worse by the minute.

76. I see my future pay reducing substantially with what is going on in Washington today. If that occurs, I will leave medicine. I do not see, for the years of training required, liability, hours per week, etc that, given the future loss of physician compensation, there will be enough young, bright individuals interested in medicine.

77. As a heart surgeon who trains surgeons, I am very worried about the quality of trainees today because of reducing payments, reducing prestige, taking care of sicker patients and expecting better results, time commitment to training. In the past only the most talented and brightest became heart surgeons, now almost anyone can be. Quality will erode, malpractice will increase and there will be less access to even average quality of care.

78. As a minority physician from a poor family, I have worked very hard to be where I am. I was an excellent student and chief resident. I am considered an excellent physician. However, I regret choosing medicine. Today, I am heavily in debt (student loans), and don't own a house. Every day is constant struggle in my solo practice. I no longer believe in the American Dream. My friends that did not peruse higher education are very happy, without debt, and are doing better than I am.

79. I'm very discouraged about the state of the medical profession. Our educational costs are increasing each year meaning most of us start out with a significant amount of debt and our compensation keeps decreasing.

80. As a physician, I feel that society has broken the social contract expected for the training and service that I have received. While willing to perform the work, physicians have been continually devalued from every angle: Reimbursement declines, midlevel provider encroachment, insurance intrusion, and consumerism and government oversight have all led to a negative impact on clinical practice. The result has been a demoralizing experience. Sadly, no matter what actually occurs in the discussion of healthcare, is that physicians in clinical practice are left powerless to effectively work together and create a group impact that should shape and mold healthcare.

81. As a psychiatrist, I am subjected to all sorts of inspection and regulation by state and federal inspection teams in my practice in county community mental health(as an employee), and in my small private practice for one locked skilled nursing facility and one nursing home. The system has become dysfunctional and berserk. I am told what to do by inspectors, and I have no power whatsoever, to provide any feedback. The people inspecting me have no education or understanding at my level. All they have is political and authoritative and fiscal power. I consider them thugs. They have recently put me in a position where I have to fraudulently sign informed consent documents on each patient for psychotropic and med changes. I consider this and other issues a very deep and longstanding corruption of our government. There seems nothing I can do about this. I feel victimized and without any ability to retort, or change anything.

82. As a result of the increased demands placed on doctors today coupled with decreased compensation, the healthcare system in America is being eroded. America once had the best healthcare system, but it is now over regulated to the point that physicians make very little decisions.

83. As a young new doctor, I have only begun to earn a living at age 33. I have school loans equivalent to a first home mortgage and unless I work myself to death seeing volumes of (Medicare) patients (i.e. 25 per day due to pathetic reimbursement for my mental energy), I cannot even send my 4 year old to summer camp and I tell my wife to skip the fresh fruit this week.

84. As Americans we deserve better. We spend a lot of money on healthcare but do not get our money's worth; despite paying the most for healthcare of any country in the world we do not have the best outcomes in many areas. We have structured a system that focuses on doing as much as possible but not the best possible. We pay for tests and procedures but not physicians that help patients get healthy and stay healthy.

85. No other professional in the USA is mandated to provide services without being paid for it.

86. As doctor's incomes fall, fewer bright people will go in to the profession and quality will decline.

87. As government gets more involved in medicine and threatens cuts, especially Medicare, more and more physicians are saying goodbye to medicine. The result will be poorer healthcare, by far, a few years from now. Thankfully, I will be out of it, but will have to suffer as a consumer with the consequences of this short-sided reaction.

88. While we prioritize profit over the patient, we cannot make improvements in this country's healthcare. While we allow insurance companies to deny claims and reject the sickest patients so that they can pay more to their shareholders, we cannot say that we are serving our community. We need radical change.

89. As Physicians, we all are on your side. It is now and has always been our goal to improve the quality of medical care we deliver when you need it but also to guide you in a healthier lifestyle so that you and your families need fewer and fewer of our services. We want to you to be healthy, happy, successful, active people and will do what we can to help lead you to a healthier life. We are not the enemy.

90. Ask the practitioners where the problems are. The people making the rules do not understand the issues. We can tell you where the waste is. We can tell you the problems. Just ask. It feels like no one cares what the physicians think.

91. Should a "time machine" cast me back to 1957 (graduation from college) I have no idea what I would do to make a living. But, it would not be medicine.

92. During the week, I have to start around 6am and I don't finish until well after 7pm. I feel like all I do is work. I would never do this again. It's too much work and sacrifices from the get go with medical school and residency, plus a tremendous financial investment. I gave up the best years of my life and now I'm on an endless treadmill. This is depressing.

93. As a Medicaid provider, I yearly have to send back several thousand dollars to Medicaid Administrators because they "did a survey" and decided they had "overpaid" me. Either I pay them back between ten and twenty thousand dollars a year, or "they will do a full audit" instead of a "remote audit". Since they can arbitrarily decide how much they "overpaid", can you imagine what a "full audit" would produce? I have never been told how they arrived at the "overpaid" figure.

94. Restore the patient-physician relationship by removing the government as middleman. Reduce mandates to insurance companies so that policies tailored to the individual are possible. Insurance should not be through an employer, but rather between the insurance company and the insured, as in the case of home and auto insurance. "Routine maintenance" should not be part of health insurance; no more than oil changes or tire rotation is for auto insurance; that would make health insurance more affordable.

95. Free market or single payer, not in between.

96. PUSH FOR MEDICAL SAVINGS ACCOUNTS FOR MOST AND A SAFETY NET FOR THE NEEDY!

97. The younger generation feels that medical care is an entitlement. They should be made to pay for their care. There are so many who waste the resources of the ER's by going there for a headache that normal people would just take an aspirin for and go on but, because, of defensive medicine, the ER docs are forced to do an unnecessary expensive work-up because of all the lawyers out there and no tort reform.

98. "Reforming" medicine by having physicians employed by large hospital systems is NOT THE ANSWER. "Reforming" payment by paying large hospital systems rather than directly paying physicians for health services provided will be a huge error.

99. Make people responsible for much of the cost of their own health and illness. Increase the use of Osteopathic concepts of nutrition, exercise, hands on OMT, and self-directed healthcare.

100. Fix the Medicare system by flushing out corrupt practitioners and corrupt insurance companies. Stop the bureaucrats at the insurance companies and HMO from interfering with patient care.

101. Socialized medicine with a fair salary for physicians and mid-levels as in Great Britain. Optional supplementary insurance for those who can afford it to allow private hospitals to provide an upgrade in amenities, not better care. If meaningful use of the EMR was an expectation, why wasn't one basic platform decided upon that all EMR vendors had to use so that each program could interface with all others? What you have now is government spending (in the form of reimbursements) for multiple systems that in many cases don't even communicate with the local lab, radiology facility or hospital. Prior data just repopulates itself over and over and is often incorrect. Important data doesn't necessarily push forward. But the taxpayers are funding this with the mantra that the EMR is going to save millions of dollars. Not in my lifetime.

102. Federally fund EMTALA (with monies received from violations) If federal law mandates all-comers be seen in the ER, provide the remuneration to see those who are not legal and do not pay. Implement tort reform. Lawyers bringing frivolous lawsuits must suffer consequences for wasting our time that should be spent with patients, not in court. Allow insurance companies free market competition across state lines. Require those writing healthcare policy to have taken the Hippocratic oath!

103. Increase the patient's control of their own care - and their responsibility for their choices! Put cap on malpractice awards. Decrease liability costs for healthcare providers, employers and faith based/ charitable organizations that donate 10% or more to charity. Eliminate "retroactive" regulations. Eliminate government regulation of insurance coverage at the federal level. Reduce the cost of medical education or offer more scholarship/grant support/ loan forgiveness for physicians working in lower income areas and poorly represented subspecialties. Eliminate quotas in medical student selection based on gender, ethnicity.

104. Run medical liability and work comp in all states like work comp is run in Indiana and you will save 90% of your current expenditures: end the welfare system for lawyers.

105. The main drivers of healthcare costs are the fragmented, self-interested, commercial insurers; the technology & pharmaceutical industries; and the costs of defensive medicine. I recommend UNIVERSAL, SINGLE-PAYER, and NATIONAL HEALTHCARE. It presents the ethical solution, including all of us under the same big umbrella.

106. Make obesity, alcohol and cigarette use additional costs to insure - so patients would be more likely to take responsibility for their own health.

107. Any healthcare reform MUST include tort reform. Period.

108. Tort Reform. Tort Reform. Tort Reform!! (Tort Reform).

109. Put all doctors on salary. This would instantly solve the overutilization problem.

110. Applying free-market principles to health insurance (e.g., allowing insurance companies to compete for policy holders across state boundaries) will reduce costs and improve quality - this invariably occurs in every industry that is required to compete.

111. Create a Basic Health System for ALL (including alien immigrants which are absorbed into citizenship and pay appropriate taxes):
a. which is self-sustaining to maintain a healthy educational and work force; probably governed by the CDC.
b. paid for with appropriate taxation (such as basic education, basic police and fire departments).
c. uses generic drugs and devices

112. Fix liability issues. Best would be a European type system of loser pays. This should NOT be the patient; they do not have the resources.

113. All insurance companies and HMOs should be abolished. National healthcare, as in England, France, Germany, Australia, etc should be implemented. Two levels of care, a basic coverage, and a higher level based on family income, should be available, as in Australia (where both patients and doctors are quite happy with the system).

114. Health insurance should be modeled after car insurance: not for routine maintenance health insurance companies should be treated as utilities: private companies with strict oversight and regulation.

115. 30% of medical costs go to insurance companies; almost any not-for-profit entity could parse healthcare cheaper and perhaps more fairly. I think a government, or other one-payer, system could make healthcare more rational and fair.

116. A single payer government system will be a catastrophe. Just look at the efficiency and productivity of the US Postal service compared to UPS or Fed-Ex. Also, the brightest minds will no longer seek medicine as a profession if this type of system is mandated. Most physicians want autonomy, not complete government control.

117. A single payer system is the only answer to the problem of the uninsured and the rising cost of care. Eliminating the middle man (insurers) eliminates approximately 30% of the cost of US medical care. Allowing the government to negotiate drug prices for the whole country should also lower drug prices and the eventual total cost of care for the country.

118. A single payer system or Nationalized/mandatory insurance programs will hurt the medical care provided in the United States.

119. The medical profession has become a business. The doctor-patient professional relationship is faltering and respect for physicians has declined. No one respects the fact that physicians spend the best years of their lives in school and training only to arrive at the doctor's degree in debt for more money than the cost of a home and car. Patients think that searching Web MD is as good as going to medical school. Doctor's want to make up for their debt by getting high paying jobs, plus the cost of malpractice insurance is more than the yearly salary for the average American worker. The cost of medications and technology is phenomenal. Patients want convenience and feel everything is an emergency and it is their right to free care thus crowding the hospital emergency rooms. It is a difficult job to have right now and it is going to take a tremendous effort to correct all the problems existing in the system as it is

120. A single payer system would help alleviate many of the burdens our patients face when trying to obtain healthcare. As a collective society, how can we fail to see how the health of our nation and its citizens is important to economics and our overall wellbeing? More education needs to be geared to the

public about health, its economic effects and when to actually seek out health professionals. Many patients fail to take responsibility for their health, or the costs of their care.

121. A single payer health system is the worst possible solution to our current healthcare crisis.

122. Abolish Obamacare as soon as possible. Stop all the mandates from Washington i.e. EHR requirements and allow the physician to practice good medicine. Need tort reform for improvement of liability issues.

123. We need to have some system where the patient knows the cost of their care up front. No hidden fees and threats of bankruptcy after they have been treated. Hospitals are running up costs because no one knows what anything costs, not the doctors, patients, nurses or lab people. I think that we should get paid for each thing that we do, but just reduce the amount for each item. For instance, why should physicians do the work and then have Medicare tell us after the fact that they don't think we should get paid for that? You can't get away with that at the supermarket.

124. Adopt the Canadian or British systems. Simply tax citizens a nominal fee for the anticipated premiums LESS the grossly exaggerated mark-up in price the current Healthcare administrators are obviously charging, implement the current Medicare system for everyone WITHOUT donut holes/ restrictions/pre-existing illness exclusions/and pre-authorizations for medications the physician recommends, and implement real tort reform. Let the trial lawyers and current healthcare executives and pharmaceutical giants understand that they have financially ruined the small businesses simply for their own selfish profiteering and let Congress know they are in dereliction of duty by accepting campaign financing from these groups.

125. Affordable Health Act [OmabaCare] will prove to be a great plus to lower and middle class families. Just as Social security and Medicare / MediAid have greatly improved the lives of most Americans.

126. Al government employees without exception should participate in the same quality medical plan. This includes the President of the United States, his family, and everyone down the chain including all politicians from Congress, representatives, delegates, the Supreme Court, the armed services in all its variety and disciplines, the Veterans Administration, and all branches of government without exception; etc. There should be no differentiation. Now that would be fair .. and boy would 'they' fix the system fast. Unfortunately Congress makes its own rules...like insider trading was illegal for everybody - except Congress - until it became public knowledge.

127. All physicians should be on salary. No physician should earn more than twice what any other physician earns. There should be loan forgiveness for those practicing primary care. These simple changes would solve many of the problems we face today.

128. Allow the patient and physician relationship to evolve in an environment of trust. Implement TORT reform and remove the government from the examination room.

129. America has the best medicine in the world. Leave it to doctors and the patients. You will see wonderful results.

130. Everyone needs to take a hard look at pricing. Why do things cost what they do? Can negotiating better pricing (like prescription drugs) lower costs overall? Why do hospitals charge what they do? There should be a set price for all at any given facility and there should be transparency of those costs. Having different discounts available to differing health plans is cumbersome and unfair to patients. Also, why should medicine be for profit? A shareholder should not profit from a cancer patient's premiums.

131. Medical care & medical decisions should be made by physicians & other medical persons, not lawyers, not insurance companies, not prescription plans, and not politicians. It may not be as "cost-efficient" but it allows innovation when appropriate, and patients & providers were much happier.

132. Adequate basic medical care should be available to all not just to those fortunate enough to have insurance. The US needs to look at systems of healthcare which work in other countries and stop fooling ourselves that we have the best medical system in the world which is not true for the majority though it may be for a few. Physicians also need to educate themselves on what works in other countries and stop scaremongering and complaining. We are a profession who are highly regarded in the community and in general have interesting, worthwhile jobs. We change people's lives every day and are able to contribute positively in ways that others never can. I deal with many indigent and underprivileged patients - I learn from them and do my best to help them. Every day is a new challenge and I feel privileged go be able to work in this great profession

133. Admit that healthcare is expensive. Admit that everyone needs healthcare. Admit that healthcare is failing because the first two statements have not been accepted and dealt with appropriately. Admit that 50% of healthcare expenses occur in the last 6 months of life and deal with that appropriately too. Admit that private insurance companies have become a significant barrier to good healthcare and that not everyone can afford healthcare. Deal with all these realities and maybe the system will evolve in a meaningful, comprehensive, positive fashion.

134. All people need access to healthcare and we need to get a handle on poverty, obesity, and violence.

135. At a time of wonderful strides in knowledge, we are spending less time in listening to patients and in addressing their concerns. The best thing about private practice used to be having a doctor in your corner against the world. Increasing costs coupled with electronic medical records have tripled the amount of time it takes to help a patient, granted that we have a better looking record of it. Current medical record software is designed for billing rather than efficient patient care, and is starting to make it impossible to figure out what is happening because of the sheer bulk of megabytes. Quality improvement efforts are confined to that which can be measured, and often consists of checking off boxes in patient charts. Organized medicine, even the subspecialty groups, has been afraid to protest the banality of these efforts. I have loved my life in medicine, but finishing my chart notes at ten PM every night before supper is making it a lot easier to consider retirement.

136. "I'm from the Government and I'm here to help you." Despite the hopes of many that this could be true, it is not. The idea that physicians can see more patients in less time and not decrease the quality of healthcare is not true. The idea that changing paperwork performed by medical office staff into computer work performed by physicians will improve the quality of healthcare is not true unless fewer patients are seen by each physician in a day.

137. EMR is biggest waste of time and money. Until all doctors are on the SAME electronic network it's a complete waste of time and money. There are so many different EMRs that are NOT compatible with one another. This is how government gets it all wrong. Make EMRS compatible with one another. Doctors' fees are NOT the problem. Insurance companies are printing money. They are monstrous in how they deal with patients and doctors. Do not let insurance companies dictate what is usual and customary. Respect the Fairhealth settlement. Government is naive and refuses to wade into the problems and simply cherry picks the easy issues like doctor fees as a problem when it's not remotely close. We are losing the best and the brightest and this will continue. The sacrifice to be a doctor is too long and hard to compromise a doctor's ability to own a home, put his kids through college and maybe go on a vacation or two.

138. 1) The value of the clinicians' experience and intuition is being grossly underestimated.

2) The value of EMR is being grossly overestimated.

3) The billions of dollars being allocated to developing EMR will not improve quality of medical care, and it will not increase access to medical care.

4) The overhead costs of insurance industry and government interventions are enormous and grossly underestimated. These costs will eventually "break the back" of American taxpayers, and will result in reduction of quality and/or availability of medical care, for the majority of Americans.

139. Have a company like Apple to make a Standardized User friendly EMR.

140. Electronic charts are a scam. Computers are good for collecting black & white information (e.g. billing & data). There still are no studies demonstrating quality or costs improvements simply by using a computer(evidence based rating D).

141. Stop the mandatory institution of electronic medical records. They simply do not work for certain specialties (such as my own, dermatology.) In addition, this is going to hasten the retirement of many excellent clinicians who simply do not want to deal with this nonsense.

142. EMRs are a scam and need a serious study to determine if they can meet the goals that are highly touted. The cost is formidable for a small office and cannot be recouped. EMRs will increase errors, increase utilization, decrease communication, lower the quality of patient care and ultimately be a moderate disaster.

143. EMR is time consuming and is less effective than just jotting important notes into a paper chart. I spend less time listening to, and examining the patient as opposed to charting in the EMR. In the emergency room all of the physicians spend their time in a dark room charting on the EMR than they do with the patients. Most of their time is spent documenting the time needed to submit a level 5 consult as opposed to actually earning it.

144. Benefits of an EMR are overstated. There is much potential, but no system I have seen approaches this. This is a sad commentary considering the powerful programs used in other businesses. Support for EMRs is poor and the systems do not seem to have been designed with any significant physician input.

145. I am a sole practitioner with one full time nurse and one part-time employee. It would be a significant financial hardship (actually, financial impossibility) for me to begin using electronic prescriptions and /or EMR. Not only the equipment and software costs, I simply do not have the revenue to hire someone nor the time to enter patient data, demographics, etc into a system of that kind nor the revenues to hire an IT person to manage and maintain it.

146. A national EMR (inclusive of all specialties) should have been developed before implementation of multiple disparate systems.

147. EMR is useful for research and patient info access but a pain for docs to input data at the expense of patient care time.

148. EMR will NOT SAVE MONEY because it is an efficiency killer in clinic, and because the systems do not talk to each other.

149. We are inundated with so many rules, seeing a patient is a chore rather than a pleasure. My patient numbers have been cut by 20% due to paper regulations and EMR has made it worse. I have been on EMR for 8 years and it is not new to me. We focus more on the paperwork than the patient. This is due to regulation and not due to a true desire to establish good relationships.

150. In order to do more with less resources, please simplify. I cannot afford a 15 minute phone call to pre-approve a commonly used medicine or extensive paperwork to obtain a wheelchair for a crippled Medicare patient. Please seek medical input from folks that actually see patients daily before adding to the administrative load

PART SIX	ADDENDUM: SURVEY RESPONSES BY AGE, GENDER, EMPLOYED/PRACTICE OWNER AND PRIMARY CARE/SPECIALTIES

The Addendum includes responses to the survey aggregated by age, gender, employed status vs. private practice owner, and primary care physicians vs. all other physicians. Comparisons are made within these groups and to all survey respondents.

PART I: RESPONSES BY AGE - PHYSICIANS YOUNGER THAN 40 COMPARED TO 40 AND OLDER AND TO ALL RESPONDENTS

1 WHAT IS YOUR MEDICAL SPECIALTY?

	< 40	40 >	All Respondents
Family Physician	13.8%	14.2%	14.2%
General Internal Medicine	10.5%	10.9%	11.3%
Pediatrics	13.7%	8.9%	9.3%
Total	38.0%	34.0%	34.8%
Surgical/Medical/Other			
Surgical Specialty	11.9%	14.3%	13.6%
Medical Specialty	13.2%	12.0%	12.2%
Ob/Gyn	4.3%	6.6%	6.2%
General Surgery	2.9%	4.6%	4 .4%
Other	29.6%	28.5%	28.8%
Total	61.9%	66.0%	65.2%

2 WHAT IS YOUR CURRENT PROFESSIONAL STATUS?

	< 40	40 >	All Respondents
Employed by hospital, group or other entity	62%	40.2%	43.7%
Practice owner/partner/associate	28.8%	52.3%	48.5%
Other	9.2%	7.5%	7.8%

3 WHAT IS YOUR GENDER?

	< 40	40 >	All Respondents
Male	60.1%	76.2%	73.6%
Female	39.9%	23.8%	26.4%

4 IN WHAT SIZE COMMUNITY DO YOU PRACTICE?

	< 40	40 >	All Respondents
50,000 or less	13.1%	19.3%	18.3%
50,001 to 100,000	13.6%	16.0%	15.5%
100,001 to 250,000	17.6%	16.2%	16.4%
250,001 to 500,000	17.1%	15.6%	15.8%
500,001 to 1 million	13.6%	11.1%	11.5%
1 million or more	25.1%	21.9%	22.5%

5 ARE YOU A MEMBER OF YOUR:

	< 40	40 >	All Respondents
County medical society	32.9%	53.9%	50.1%
State medical society	58.6%	65.2%	63.6%
National special society	71.8%	70.8%	70.4%
American Medical Association	25.5%	24.6%	24.5%
American Osteopathic Association	4.1%	5.3%	5.2%

6 WHAT IS YOUR ETHNICITY?

	< 40	40 >	All Respondents
African-American	3.5%	1.5%	1.9%
Asian/Pacific Islander	14.5%	6.3%	7.5%
Caucasian	73.1%	86.8%	84.7%
Hispanic	5.9%	3.8%	4.1%
Native American	0.1%	0.1%	0 .1%
Other	2.9%	1.5%	1.7%

7 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT THE CURRENT STATE OF THE MEDICAL PROFESSION?

	< 40	40 >	All Respondents
Very positive	3.5%%	4%	3.9%
Somewhat positive	37.1%	26.1%	27.9%
Somewhat negative	43.5%	45.1%	44.8%
Very negative	15.9%	24.8%	23.4%

8 WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

	< 40	40 >	All Respondents
Very positive/optimistic	2.4%	3.2%	3.1%
Somewhat positive/optimistic	24.2%	18.8%	19.5%
Somewhat negative/pessimistic	47.3%	45.5%	45.9%
Very negative/pessimistic	26.1%	32.5%	31.5%

9 HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

	< 40	40 >	All Respondents
Very positive	2.6%	1.6%	1.8%
Somewhat positive	25.4%	16.2%	17.7%
Somewhat negative	55.5%	56.0%	55.9%
Very negative	16.6%	26.3%	24.7%

10 HOW WOULD YOU RATE YOUR OWN PROFESSIONAL MORALE?

	< 40	40 >	All Respondents
Very positive	11.9%	10.8%	11%
Somewhat positive	42%	28.6%	30.7%
Somewhat negative	35.2%	42.1%	41%
Very negative	10.9%	18.5%	17.3%

11 SOME PHYSICIANS BELIEVE THAT THE MEDICAL PROFESSION IS IN DECLINE. DO YOU:

	< 40	40 >	All Respondents
Mostly agree	35.3%	42.9%	41.6%
Somewhat agree	48.5%	41.4%	42.6%
Somewhat disagree	11.6%	8.0%	8.6%
Mostly disagree	4.6%	7.7%	7.2%

12 IF YOU MOSTLY OR SOMEWHAT AGREE, WHY IS THE PROFESSION IN DECLINE?

	Very Important		Somewhat Important		Unimportant	
	< 40	All	40 >	All	40 <	All
Too much regulation/paperwork	77.6%	79.2%	20.6%	19.3%	1.8%	1.5%
Loss of clinical autonomy	56.6%	64.6%	37.2%	31%	6.1%	4.5%
Erosion of physician/patient relationship	46.4%	54.4%	42.2%	37.8%	11.4%	7.8%
Scope of practice encroachment	37.8%	43.7%	45%	40.6%	17.2%	15.7%
Too many part-time doctors	4.5%	6.8 %	17%	22.6%	78.6%	70.5%
Money trumps patient care	41.7%	45.9%	41.5%	40.1%	16.8%	14%
Physicians not compensated for quality	59.3%	58.6%	32.8%	33.7%	7.9%	7.7%

	Very Important		Somewhat Important		Unimportant	
	40 >	All	40 >	All	40 >	All
Too much regulation/paperwork	79.5%	79.2%	19.1%	19.4%	1.4%	1.5%
Loss of clinical autonomy	66.0%	64.5%	29.8%	31%	4.2%	4.5%
Erosion of physician/patient relationship	55.9%	54.4%	36.9%	37.7%	7.2%	7.8%
Scope of practice encroachment	44.6%	43.7%	39.7%	40.6%	15.5%	15.7%
Too many part-time doctors	7.4%	6.9%	23.6%	22.6%	69%	70.5%
Money trumps patient care	46.7%	45.9%	39.8%	40.1%	13.5%	14%
Physicians not compensated for quality	58.4%	58.6%	34%	33.7%	7.6%	7.7%

13 TWO YEARS AGO, WHICH BEST DESCRIBED YOUR ATTITUDE TOWARD MEDICAL PRACTICE?

	< 40	40 >	All Respondents
Very positive/satisfying	19.8%	13.1%	14.1%
Somewhat positive/satisfying	59.4%	50.6%	52.1%
Somewhat negative/unsatisfying	19%	32.2%	30.1%
Very negative/unsatisfying	1.8%	4.1%	3.7%

14 WHICH BEST DESCRIBES YOUR ATTITUDE TOWARD MEDICAL PRACTICE TODAY?

	< 40	40 >	All Respondents
Very positive/satisfying	7.2%	7.4%	7.3%
Somewhat positive/satisfying	41.8%	29.6%	31.7%
Somewhat negative/unsatisfying	38.1%	41.9%	41.2%
Very negative/unsatisfying	12.9%	21.1%	19.8%

15 IF YOU HAD YOUR CAREER TO DO OVER, WOULD YOU CHOOSE TO BE A PHYSICIAN?

	< 40	40 >	All Respondents
Yes	65.1%	66.7%	66.5%
No	34.9%	33.3%	33.5%

16 WOULD YOU RECOMMEND MEDICINE AS A CAREER TO YOUR CHILDREN OR OTHER YOUNG PEOPLE?

	< 40	40 >	All Respondents
Yes	41.4%	42.2%	42.1%
No	58.6%	57.8%	57.9%

17 IF YOU HAD THE ABILITY, WOULD YOU RETIRE TODAY?

	< 40	40 >	All Respondents
Yes	46.9%	63%	60.6%
No	53.1%	37%	39.4%

18 WHAT TWO FACTORS DO YOU FIND MOST SATISFYING ABOUT MEDICAL PRACTICE?

	< 40	40 >	All Respondents
Patient relationships	75.2%	81.9%	80.2%
Prestige of medicine	12.3%	9.5%	10.0%
Intellectual stimulation	69.7%	70.4%	69.7%
Interaction with colleagues	21.4%	18.9%	19.2%
Financial rewards	14.8%	11.3%	11.7%

19 WHAT TWO FACTORS DO YOU FIND LEAST SATISFYING ABOUT MEDICAL PRACTICE?

	< 40	40 >	All Respondents
Long hours/lack of personal time	31.6%	23.9%	24.9%
Liability/defensive medicine pressures	52.0%	38.5%	40.3%
Reimbursement issues	27.6%	27.5%	27.3%
Lack of clinical autonomy	6.0%	9.8%	9.2%
Dealing with Medicare/Medicaid/government regulations	22.9%	28.6%	27.4%
Pressure of running a practice	2.8%	6.2%	5.6%
Non-clinical paperwork	20.8%	17.8%	18.1%
Uncertainty/changes of health reform	21.5%	21.6%	21.5%
Managed care	5.2%	8.0%	7.6%
EMR implementation	3.8%	10.4%	9.2%
Other	4.4%	5.3%	5.1%

20 IN THE NEXT ONE TO THREE YEARS, DO YOU PLAN TO (CHECK ALL THAT APPLY):

	< 40	40 >	All Respondents
Continue as I am	56.6%	49.1%	49.8%
Cut back on hours	14.7%	25.5%	22.0%
Retire	0.6%	15.7%	13.4%
Switch to a cash/concierge practice	7.5%	6.8%	6.8%
Relocate to another practice/community	22.5%	8.9%	10.9%
Cut back on patients seen	6.5%	10.2%	9.6%
Seek a non-clinical job within healthcare	11.0%	9.8%	9.9%
Seek employment with a hospital	7.8%	5.2%	5.6%
Work part-time	4.6%	6.9%	6.5%
Close my practice to new patients	2.6%	4.3%	4.0%
Seek job/business unrelated to healthcare	8.2%	6.3%	6.4%
Work locum tenens	5.8%	6.7%	6.4%
Other	4.8%	5.7%	5.5%

21 HOW HAS PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA/HEALTH REFORM) AFFECTED YOUR FEELINGS ABOUT THE DIRECTION AND FUTURE OF HEALTHCARE IN AMERICA?

	< 40	40 >	All Respondents
I am more positive	18.7%	18.4%	18.5%
I am less positive	53.7%	60.4%	59.3%
My feelings have not changed	27.6%	21.2%	22.2%

22 MOST PHYSICIANS TODAY ARE FOCUSED ON THEIR DAILY RESPONSIBILITIES AND UNSURE WHERE THE HEALTH SYSTEM WILL BE OR HOW THEY WILL FIT INTO IT THREE TO FIVE YEARS FROM NOW.

	< 40	40 >	All Respondents
Mostly agree	50.3%	56.3%	55.2%
Somewhat agree	41.6%	35.4%	36.5%
Somewhat disagree	6.2%	5.5%	5.6%
Mostly disagree	1.9%	2.8%	2.7%

23 PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO EFFECT CHANGE.

	< 40	40 >	All Respondents
Mostly agree	42.6%	51.9%	50.4%
Somewhat agree	35.6%	30.9%	31.7%
Somewhat disagree	16.5%	12%	12.7%
Mostly disagree	5.3%	5.2%	5.2%

less than 15 percent of physicians age 40 or younger said they work 40 hours or fewer a week, compared to 21.8 percent of physicians 41 or older. This contradicts a commonly held perception that younger physicians are more likely to work part-time schedules than are older physicians.

24 HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS

	< 40	40 >	All Respondents
Mostly agree	5.8%	4.3%	4.6%
Somewhat agree	27.3%	18.5%	19.9%
Somewhat disagree	35.1%	32.4%	32.8%
Mostly disagree	31.8%	44.8%	42.7%

25 HOSPITAL EMPLOYMENT WILL ERODE THE PHYSICIAN/PATIENT RELATIONSHIP AND QUALITY OF CARE.

	< 40	40 >	All Respondents
Mostly agree	28.5%	40.4%	38.5%
Somewhat agree	35.2%	32.7%	33.1%
Somewhat disagree	28.0%	18.8%	20.2%
Mostly disagree	8.3%	8.1%	8.2%

26 IN YOUR OPINION, TO WHAT DEGREE DO THE FOLLOWING FACTORS CONTRIBUTE TO RISING HEALTH COSTS

	Major Cost Driver		Moderate Cost Driver		Minor Cost Driver	
	< 40	All	< 40	All	< 40	All
State and federal insurance mandates	35.7%	41.6%	41.2%	37.6%	23.1%	20.8%
Defensive medicine	77.1%	69.1%	20.2%	26.2%	2.7%	4.8%
Fraud	20.1%	18.8%	36.3%	35.3%	43.6%	45.9%
Advances in technology/treatment	41.1%	51.2%	45.7%	40.1%	13.2%	8.7%
Limited patient financial obligations	42.9%	39%	41.2%	44.2%	15.9%	16.8%
Absence of free markets	37.1%	37.2%	37.4%	35.6%	25.5%	27.2%
Cost of pharmaceuticals	53.7%	59.1%	39%	34.9%	7.3%	6%
Lack of pricing transparency	43.4%	40.5%	39.7%	40.5%	16.9%	19%
Physician fees	2.7%	3.8%	25.6%	27.9%	71.7%	68.3%
Price controls on fees and products	15.4%	17.9%	48%	41.6%	36.6%	40.5%
Aging population	61.6%	64.9%	31.8%	29.4%	6.6%	5.7%
Fee-for-service reimbursement	13.5%	12.5%	39.1%	35.7%	47.4%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	42.4%	43.5%	39.4%	40%	18.2%	16.5%
Relative Value Update Committee/RUC	14.4%	17.3%	52.8%	47.8%	32.8%	34.9%
	40 >	All	40 >	All	40 >	All
State and federal insurance mandates	42.6%	41.6%	36.9%	37.6%	20.5%	20.9%
Defensive medicine	67.6%	69.1%	27.3%	26.2%	5.1%	4.8%
Fraud	18.5%	18.8%	35.1%	35.3%	46.4%	45.9%
Advances in technology/treatment	53.3%	51.2%	38.9%	40.1%	7.8%	8.7%
Limited patient financial obligations	38.3%	39%	44.7%	44.2%	17%	16.8%
Absence of free markets	37.3%	37.2%	35.2%	35.5%	27.5%	27.2%
Cost of pharmaceuticals	60.1%	59.1%	34.1%	34.9%	5.8%	6%
Lack of pricing transparency	39.9%	40.5%	40.7%	40.6%	19.4%	19%
Physician fees	4.0%	3.8%	28.2%	27.9%	67.8%	68.3%
Price controls on fees and products	18.3%	17.9%	40.4%	41.6%	41.3%	40.5%
Aging population	65.6%	64.9%	28.8%	29.4%	5.6%	5.7%
Fee-for-service reimbursement	12.3%	12.5%	35.1%	35.7%	52.6%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	43.7%	43.5%	40.1%	40%	16.2%	16.5%
Relative Value Update Committee/RUC	17.8%	17.3%	46.8%	47.8%	35.4%	34.9%

27 IS YOUR PRACTICE OR EMPLOYER ACTIVELY SEEKING DESIGNATION AS AN ACCOUNTABLE CARE ORGANIZATION (ACO)?

	< 40	40 >	All Respondents
Yes	21.8%	22%	21.9%
No	26.5%	47.4%	44%
Unsure	51.7%	30.6%	34.1%

28 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT ACOS?

	< 40	40 >	All Respondents
They are likely to enhance quality/decrease cost	10%	8.9%	9%
Quality/cost gains will not justify organizational cost/effort	16.7%	22.8%	21.8%
Unlikely to increase quality/decrease cost	31.3%	42.3%	40.6%
Unsure about structure or purpose of ACOs	42%	26%	28.6%

29 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT MEDICAL HOMES?

	< 40	40 >	All Respondents
They are likely to increase quality/reduce costs	29%	23.7%	24.4%
They are unlikely to improve quality/reduce costs	30.4%	38.9%	37.7%
Unsure about structure/purpose of medical homes	40.6%	37.4%	37.9%

30 HOW WOULD YOU RATE THE FOLLOWING AS SOLUTIONS TO THE HEALTH SYSTEM'S COST AND ACCESS CHALLENGES?

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Younger than 40 only				
Singlepayer/Canadian style system	16.6%	19%	19.5%	15.6%	29.3%
Wide spread adoption of ACOs	2.6%	8.9%	50.1%	21.9%	16.5%
Widespread adoption of medical homes	9.4%	19.3%	46.1%	15.4%	9.8%
Medicare voucher system	3.8%	16.0%	49.8%	17.5%	12.9%
Widespread adoption of health savings accounts	17.6%	33.0%	33.7%	9.7%	6%
Evidence based medicine	45.2%	36.8%	13.7%	3.0%	1.3%
Reduce the supply of physicians	2.5%	4.4%	19.5%	25.2%	48.4%
Increase the supply of physicians	24.2%	30.3%	34.0%	7.4%	4.1%
Electronic medical records	27.2%	34.3%	22.7%	9.4%	6.4%
More government regulation	2.7%	7.7%	18.3%	18.6%	52.7%
Less government regulation	41.4%	24.8%	22.9%	7.5%	3.4%

31 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	< 40	40 >	All Respondents
0-20	0.8%	4.6%	4%
21-30	2.3%	4.9%	4.5%
31-40	11.8%	12.3%	12.2%
41-50	24.2%	21.5%	21.9%
51-60	24.0%	26.4%	26.1%
61-70	15.8%	15.0%	15.3%
71-80	13.7%	9.2%	9.9%
81-90	5.1%	3.8%	3.9%
91 – 100	1.8%	1.6%	1.6%
101 or more	0.5%	0.7%	0.6%

32 OF THESE, HOW MANY HOURS DO YOU WORK EACH WEEK ON NON-CLINICAL (PAPERWORK) DUTIES ONLY?

	< 40	40 >	All Respondents
0-10	56.8%	58.2%	58%
11-20	25.6%	26.1%	26.1%
21-30	10.6%	9.0%	9.3%
31-40	4.4%	3.5%	3.7%
41-50	1.5%	1.6%	1.5%
51-60	0.8%	1.0%	0.9%
61 or more	0.3%	0.6%	0.5%

33 ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	< 40	40 >	All Respondents
0-10	19.3%	19.7%	19.5%
11-20	44.3%	38.8%	39.8%
21-30	23.2%	27.4%	26.8%
31-40	8.3%	8.1%	8.1%
41-50	2.3%	2.7%	2.6%
51-60	0.8%	0.8%	0.8%
61 or more	1.8%	2.5%	2.4%

34 WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT PRACTICE?

	< 40	40 >	All Respondents
I am overextended and overworked	24.5%	22.3%	22.7%
I am at full capacity	53.6%	52.6%	52.7%
I have time to see more patients and assume more duties	21.9%	25.1%	24.6%

35 HAVE TIME OR COST CONSTRAINTS COMPELLED YOU TO CLOSE YOUR PRACTICE TO MEDICARE OR MEDICAID PATIENTS?

	< 40	40 >	All Respondents
Yes, Medicare	6%	9.1%	8.6%
Yes, Medicaid	17.8%	28.3%	26.7%
No, I have not closed to either	76.2%	62.6%	64.7%

36 ESTIMATE THE AMOUNT OF UNCOMPENSATED CARE YOU PERSONALLY (NOT YOUR ENTIRE GROUP) PROVIDE IN THE COURSE OF A YEAR:

	< 40	40 >	All Respondents
$0-$5000	12.6%	14.9%	14.6%
$5001 - $15,000	9.8%	10.7%	10.6%
$15,001 - $25,000	10.7%	12.9%	12.6%
$25,001 - $35,000	4.5%	6.8%	6.5%
$35,001 - $50,000	17.9%	16.2%	16.4%
$50,001 o r more	44.5%	38.5%	39.3%

37 WHAT PERCENT OF YOUR PATIENTS ARE:

	< 40	40 >	All Respondents
Medicare	27.7%	31%	31%
Medicaid	23.9%	16.9%	17.9%
Private pay	27.7%	29.9%	29.7%
Indigent	9.7%	7.7%	8%
TriCare	5.2%	3.9%	4%
Other	5.8%	10.6%	9.4%

38 DESCRIBE YOUR INCOME FROM THE PRACTICE OF MEDICINE OVER THE LAST THREE YEARS

	< 40	40 >	All Respondents
Flat	46.7%	38.5%	39.7%
Declining	30.7%	49.6%	46.7%
Increasing	22.6%	11.9%	13.6%

it should be noted that physicians 39 or younger are conspicuously less pessimistic about the medical profession and express higher levels of morale than physicians 40 or older.

39 AS A RESULT OF THE ONGOING PROBLEMS WITH MEDICARE FEE SCHEDULE UPDATES, WHAT ACTION HAVE YOU TAKEN OR ARE YOU PLANNING TO TAKE? (CHECK ALL THAT APPLY)

	< 40	40 >	All Respondents
Place new or additional limits on Medicare acceptance	22.4%	23.2%	22.9%
Accept no new Medicare patients	11.4%	12.9%	12.6%
Terminate existing Medicare patients	3.1%	2.8%	2.8%
Change status to non-participating	5.9%	7%	6.8%
Formally opt out of Medicare	5.8%	7.2%	6.9%
Place new or additional limits on Medicaid acceptance	20.7%	22.6%	22.2%
Reduce the amount of charity care I deliver	22.6%	22.2%	22%
Increase standard fees charged to other patients	12.6%	16.3%	15.5%
Delay information technology implementation	8.2%	17.5%	15.9%
Renegotiate or terminate some commercial health plan contracts	13.8%	18.7%	17.7%
Reduce staff compensation or benefits	22.4%	28.3%	27%

40 IF MEDICARE FEES DECREASE BY 10 PERCENT OR MORE, WHAT ACTIONS WILL YOU TAKE?

	< 40	40 >	All Respondents
Place new or additional limits on Medicare acceptance	27.4%	28.8%	28.3%
Accept no new Medicare patients	24.6%	26.4%	25.9%
Terminate existing Medicare patients	10.8%	9.4%	9.5%
Change status to non-participating	10.5%	11.9%	11.6%
Formally opt out of Medicare	13.8%	14.2%	14%
Place new or additional limits on Medicaid acceptance	20.3%	21.7%	21.3%
Reduce the amount of charity care I deliver	20.8%	22.8%	22.3%
Increase standard fees charged to other patients	15.5%	18.5%	17.8%
Delay information technology implementation	9.4%	16.3%	15.1%
Renegotiate or terminate some commercial health plan contracts	14.8%	17.0%	16.5%
Reduce staff compensation or benefits	22.6%	27.5%	26.5%

41 HAS YOUR PRACTICE IMPLEMENTED ELECTRONIC MEDICAL RECORDS?

	< 40	40 >	All Respondents
Yes	82.5%	67.2%	69.5%
No	17.5%	32.8%	30.5%

42 IF YES, WHAT EFFECT HAS EMR HAD ON THE QUALITY OF PATIENT CARE IN YOUR PRACTICE?

	< 40	40 >	All Respondents
No effect	10.4%	13.5%	12.9%
Has improved quality of care	43.8%	30.5%	32.9%
Not yet improved quality, but I anticipate it will	15.4%	13%	13.4%
Has not improved quality, and I do not anticipate it will	13.4%	19.6%	18.5%
May improve quality, but not worth the investment	6.6%	8.2%	7.9%
Decreased quality, but I anticipate it eventually will improve quality	3.6%	4.0%	4%
Decreased quality and I do not anticipate it will improve quality	6.8%	11.2%	10.4%

43 IF YOU HAVE NOT IMPLEMENTED EMR, WHY NOT? (CHECK ALL THAT APPLY)

	< 40	40 >	All Respondents
No time to install EMR	22.4%	19.1%	19.3%
Do not have the money to install EMR	36.4%	33.3%	33.6%
Do not have the personnel to install EMR	16.4%	20.5%	20.2%
Do not have the resources/expertise to install EMR	24.8%	27.1%	26.9%

44 DO YOU HAVE SIGNIFICANT CONCERNS THAT EMR POSES A RISK TO PATIENT PRIVACY?

	< 40	40 >	All Respondents
Yes	25%	51.5%	47.4%
No	75%	48.5%	52.6%

PART II: RESPONSES BY EMPLOYED PHYSICIANS VS. PRACTICE OWNERS AND ALL RESPONDENTS

1 WHAT IS YOUR MEDICAL SPECIALTY?

	Employed	Owner	All Respondents
Family Physician	16%	11.3%	14.2%
General Internal Medicine	11.8%	9.3%	11.3%
Pediatrics	10.7%	7.6%	9.3%
Total	38.5%	28.2%	34.8%
Surgical/Medical/Other			
Surgical Specialty	10.1%	16.1%	13.6%
Medical Specialty	13.0%	11.6%	12.2%
Ob/Gyn	5.7%	6.4%	6.2%
General Surgery	4.5%	4.0%	4 .4%
Other	28.2%	33.7%	28.8%
Total	61.5%	71.9%	65.2%

2 WHAT IS YOUR CURRENT PROFESSIONAL STATUS?

	Employed	Owner	All Respondents
Employed by hospital, group or other entity	100%	0%	43.7%
Practice owner/partner/associate	0%	100%	48.5%
Other	0%	0%	7.8%

3 WHAT IS YOUR GENDER?

	Employed	Owner	All Respondents
Male	67.5%	79.7%	73.6%
Female	32.5%	20.3%	26.4%

4 IN WHAT SIZE COMMUNITY DO YOU PRACTICE?

	Employed	Owner	All Respondents
50,000 or less	18.8%	17.4%	18.3%
50,001 to 100,000	14.3%	17%	15.5%
100,001 to 250,000	15.7%	17.3%	16.4%
250,001 to 500,000	15.0%	16.7%	15.8%
500,001 to 1 million	12.3%	10.7%	11.5%
1 million or more	23.9%	20.9%	22.5%

5 ARE YOU A MEMBER OF YOUR:

	Employed	Owner	All Respondents
County medical society	38.2%	63.3%	50.1%
State medical society	56.2%	73.2%	63.6%
National special society	67.7%	73.2%	70.4%
American Medical Association	23.4%	25.6%	24.5%
American Osteopathic Association	6%	4.5%	5.2%

Should 100,000 physicians transition from practice owner to employed status over the next four years, the survey indicates they will see over 91 million fewer patients per year.

6 WHAT IS YOUR ETHNICITY?

	Employed	Owner	All Respondents
African-American	2.2%	1.3%	1.9%
Asian/Pacific Islander	8.9%	6.6%	7.5%
Caucasian	83.0%	86.6%	84.7%
Hispanic	4.3%	3.8%	4.1%
Native American	0.0%	0.1%	0 .1%
Other	1.6%	1.6%	1.7%

7 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT THE CURRENT STATE OF THE MEDICAL PROFESSION?

	Employed	Owner	All Respondents
Very positive	4%	3.3%	3.9%
Somewhat positive	33.6%	22.8%	27.9%
Somewhat negative	44%	46%	44.8%
Very negative	18.4%	27.9%	23.4%

8 WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

	Employed	Owner	All Respondents
Very positive/optimistic	3.6%	2.3%	3.1%
Somewhat positive/optimistic	24.1%	14.2%	19.5%
Somewhat negative/pessimistic	46.5%	45.6%	45.9%
Very negative/pessimistic	25.8%	37.9%	31.5%

9 HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

	Employed	Owner	All Respondents
Very positive	2.1%	1.2%	1.8%
Somewhat positive	21.9%	12.8%	17.7%
Somewhat negative	57.3%	54.8%	55.9%
Very negative	18.7%	31.2%	24.7%

10 HOW WOULD YOU RATE YOUR OWN PROFESSIONAL MORALE?

	Employed	Owner	All Respondents
Very positive	12%	9%	11%
Somewhat positive	35.7%	26.6%	30.8%
Somewhat negative	38.6%	44.1%	41%
Very negative	13.7%	20.3%	17.3%

11 SOME PHYSICIANS BELIEVE THAT THE MEDICAL PROFESSION IS IN DECLINE. DO YOU:

	Employed	Owner	All Respondents
Mostly agree	35.4%	47.8%	41.6%
Somewhat agree	46.1%	39.5%	42.6%
Somewhat disagree	10.7%	6.5%	8.6%
Mostly disagree	7.8%	6.2%	7.2%

12 IF YOU MOSTLY OR SOMEWHAT AGREE, WHY IS THE PROFESSION IN DECLINE?

	Very Important		Somewhat Important		Unimportant	
	Employed	All	Employed	All	Employed	All
Too much regulation/paperwork	77.4%	79.2%	20.9%	19.3%	1.7%	1.5%
Loss of clinical autonomy	59.6%	64.5%	34.7%	31%	5.7%	4.5%
Erosion of physician/patient relationship	52.5%	54.4%	39%	37.8%	8.7%	7.8%
Scope of practice encroachment	38.8%	43.7%	43.8%	40.6%	17.4%	15.7%
Too many part-time doctors	5.8%	6.9%	20.5%	22.6%	73.7%	70.5%
Money trumps patient care	47.4%	45.9%	39.2%	40.1%	13.4%	14%
Physicians not compensated for quality	56.6%	58.6%	35.7%	33.7%	7.7%	7.7%

	Very Important		Somewhat Important		Unimportant	
	Owner	All	Owner	All	Owner	All
Too much regulation/paperwork	82.2%	79.2%	16.9%	19.4%	0.9%	1.5%
Loss of clinical autonomy	68.8%	64.5%	28%	31%	3.2%	4.5%
Erosion of physician/patient relationship	55.5%	54.4%	37.1%	37.7%	7.4%	7.8%
Scope of practice encroachment	47.6%	43.7%	38.3%	40.6%	14%	15.7%
Too many part-time doctors	7.8%	6.9%	24.9%	22.6%	67.3%	70.5%
Money trumps patient care	43.7%	45.9%	41.1%	40.1%	15.2%	14%
Physicians not compensated for quality	60.5%	58.6%	31.9%	33.7%	7.5%	7.7%

13 TWO YEARS AGO, WHICH BEST DESCRIBED YOUR ATTITUDE TOWARD MEDICAL PRACTICE?

	Employed	Owner	All Respondents
Very positive/satisfying	14.7%	13.2%	14.1%
Somewhat positive/satisfying	54.6%	51.2%	52.1%
Somewhat negative/unsatisfying	27.6%	31.8%	30.1%
Very negative/unsatisfying	3.1%	3.8%	3.7%

14 WHICH BEST DESCRIBES YOUR ATTITUDE TOWARD MEDICAL PRACTICE TODAY?

	Employed	Owner	All Respondents
Very positive/satisfying	8.2%	6.2%	7.3%
Somewhat positive/satisfying	35.8%	27.7%	31.7%
Somewhat negative/unsatisfying	40.4%	42.4%	41.2%
Very negative/unsatisfying	15.6%	23.7%	19.8%

15 IF YOU HAD YOUR CAREER TO DO OVER, WOULD YOU CHOOSE TO BE A PHYSICIAN?

	Employed	Owner	All Respondents
Yes	69.3%	63.1%	66.5%
No	30.7%	36.9%	34.5%

16 WOULD YOU RECOMMEND MEDICINE AS A CAREER TO YOUR CHILDREN OR OTHER YOUNG PEOPLE?

	Employed	Owner	All Respondents
Yes	45.9%	37%	42.1%
No	54.1%	63%	57.9%

17 IF YOU HAD THE ABILITY, WOULD YOU RETIRE TODAY?

	Employed	Owner	All Respondents
Yes	56.8%	64.2%	60.6%
No	43.2%	35.8%	39.4%

18 WHAT TWO FACTORS DO YOU FIND MOST SATISFYING ABOUT MEDICAL PRACTICE?

	Employed	Owner	All Respondents
Patient relationships	78.2%	84.3%	80.2%
Prestige of medicine	9.6%	10.5%	10%
Intellectual stimulation	71.1%	69.6%	69.7%
Interaction with colleagues	21.5%	16.9%	19.2%
Financial rewards	12.4%	11.4%	11.7%

19 WHAT TWO FACTORS DO YOU FIND LEAST SATISFYING ABOUT MEDICAL PRACTICE?

	Employed	Owner	All Respondents
Long hours/lack of personal time	31.8%	18.9%	24.9%
Liability/defensive medicine pressures	44.5%	37%	40.3%
Reimbursement issues	19.9%	35.5%	27.3%
Lack of clinical autonomy	10.2%	7.9%	9.2%
Dealing with Medicare/Medicaid/government regulations	25.3%	30.6%	27.4%
Pressure of running a practice	1.8%	9.4%	5.6%
Non-clinical paperwork	22.5%	14%	18.1%
Uncertainty/changes of health reform	19.4%	24.1%	21.5%
Managed care	6.6%	8.2%	7.6%
EMR implementation	9.5%	9.5%	9.2%

20 IN THE NEXT ONE TO THREE YEARS, DO YOU PLAN TO (CHECK ALL THAT APPLY):

	Employed	Owner	All Respondents
Continue as I am	53.3%	50.1%	49.8%
Cut back on hours	20.9%	25%	22%
Retire	10.6%	13.7%	13.4%
Switch to a cash/concierge practice	4.5%	9.6%	6.8%
Relocate to another practice/community	15.2%	6.9%	10.9%
Cut back on patients seen	7.5%	12.5%	9.6%
Seek a non-clinical job within healthcare	11.6%	8.5%	9.9%
Seek employment with a hospital	3.9%	6.9%	5.6%
Work part-time	6.5%	5.8%	6.5%
Close my practice to new patients	3.1%	5.4%	4%
Seek job/business unrelated to healthcare	5.8%	7.0%	6.9%
Work locum tenens	6.8%	5.2%	6.4%

21 HOW HAS PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA/HEALTH REFORM) AFFECTED YOUR FEELINGS ABOUT THE DIRECTION AND FUTURE OF HEALTHCARE IN AMERICA?

	Employed	Owner	All Respondents
I am more positive	23.6%	12.2%	18.5%
I am less positive	52%	67.8%	59.3%
My feelings have not changed	24.4%	20%	22.2%

22 MOST PHYSICIANS TODAY ARE FOCUSED ON THEIR DAILY RESPONSIBILITIES AND UNSURE WHERE THE HEALTH SYSTEM WILL BE OR HOW THEY WILL FIT INTO IT THREE TO FIVE YEARS FROM NOW.

	Employed	Owner	All Respondents
Mostly agree	50.3%	60.5%	55.2%
Somewhat agree	40.8%	31.7%	36.5%
Somewhat disagree	6.5%	4.7%	5.6%
Mostly disagree	2.4%	3.1%	2.7%

23 PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO EFFECT CHANGE.

	Employed	Owner	All Respondents
Mostly agree	45.5%	55.8%	50.4%
Somewhat agree	34.3%	29.6%	31.7%
Somewhat disagree	14.7%	10.2%	12.7%
Mostly disagree	5.5%	4.4%	5.2%

24 HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS

	Employed	Owner	All Respondents
Mostly agree	7.2%	1.9%	4.6%
Somewhat agree	30.5%	9.2%	19.9%
Somewhat disagree	36.8%	29.2%	32.8%
Mostly disagree	25.5%	59.7%	42.7%

25 HOSPITAL EMPLOYMENT WILL ERODE THE PHYSICIAN/PATIENT RELATIONSHIP AND QUALITY OF CARE.

	Employed	Owner	All Respondents
Mostly agree	24.1%	52.9%	38.5%
Somewhat agree	33.6%	32%	33.1%
Somewhat disagree	30.3%	10.7%	20.2%
Mostly disagree	12%	4.4%	8.2%

26 IN YOUR OPINION, TO WHAT DEGREE DO THE FOLLOWING FACTORS CONTRIBUTE TO RISING HEALTH COSTS

	Major Cost Driver		Moderate Cost Driver		Minor Cost Driver	
	Employed	All	Employed	All	Employed	All
State and federal insurance mandates	38.4%	41.6%	37.7%	37.6%	23.9%	20.8%
Defensive medicine	70.6%	69.1%	24.8%	26.2%	4.6%	4.7%
Fraud	19.3%	18.8%	36.7%	35.3%	44%	45.9%
Advances in technology/treatment	50.7%	51.2%	40.8%	40.1%	8.5%	8.7%
Limited patient financial obligations	38.2%	39%	44.5%	44.2%	17.3%	16.8%
Absence of free markets	32.3%	37.2%	36.4%	35.6%	31.2%	27.2%
Cost of pharmaceuticals	58.3%	59.1%	35.7%	34.9%	6%	6%
Lack of pricing transparency	42.9%	40.5%	40.4%	40.5%	16.7%	19%
Physician fees	4%	3.8%	30.8%	27.9%	65.2%	68.3%
Price controls on fees and products	15.9%	17.9%	41.7%	41.6%	42.4%	40.5%
Aging population	64.6%	64.9%	29.8%	29.4%	5.6%	5.7%
Fee-for-service reimbursement	15.3%	12.5%	40%	35.7%	44.7%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	46.1%	43.5%	38.8%	40%	15.1%	16.5%
Relative Value Update Committee/RUC	15.9%	17.3%	48.6%	47.8%	35.5%	34.9%
	Owner	All	Owner	All	Owner	All
State and federal insurance mandates	45%	41.6%	37.8%	37.6%	17.2%	20.9%
Defensive medicine	68.3%	69.1%	27.2%	26.2%	4.5%	4.8%
Fraud	17.7%	18.8%	34.2%	35.3%	48.1%	45.9%
Advances in technology/treatment	51.7%	51.2%	39.4%	40.1%	8.9%	8.7%
Limited patient financial obligations	40.8%	39%	43.8%	44.2%	15.4%	16.8%
Absence of free markets	42.5%	37.2%	34.8%	35.5%	22.7%	27.2%
Cost of pharmaceuticals	59.2%	59.1%	34.6%	34.9%	6.2%	6%
Lack of pricing transparency	37.5%	40.5%	41.3%	40.6%	21.2%	19%
Physician fees	2.8%	3.8%	23.9%	27.9%	73.3%	68.3%
Price controls on fees and products	20.1%	17.9%	41.6%	41.6%	38.3%	40.5%
Aging population	66.0%	64.9%	28.4%	29.4%	5.6%	5.7%
Fee-for-service reimbursement	8.7%	12.5%	32%	35.7%	59.3%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	40.8%	43.5%	41.4%	40%	17.8%	16.5%
Relative Value Update Committee/RUC	18.4%	17.3%	47.6%	47.8%	34%	34.9%

27 IS YOUR PRACTICE OR EMPLOYER ACTIVELY SEEKING DESIGNATION AS AN ACCOUNTABLE CARE ORGANIZATION (ACO)?

	Employed	Owner	All Respondents
Yes	33%	13.4%	21.9%
No	19.5%	67.4%	44%
Unsure	47.5%	19.2%	34.1%

28 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT ACOS?

	Employed	Owner	All Respondents
They are likely to enhance quality/decrease cost	12.9%	5%	9%
Quality/cost gains will not justify organizational cost/effort	21.8%	22.7%	21.8%
Unlikely to increase quality/decrease cost	32.5%	49.5%	40.6%
Unsure about structure or purpose of ACOs	32.8%	22.8%	28.6%

29 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT MEDICAL HOMES?

	Employed	Owner	All Respondents
They are likely to increase quality/reduce costs	29.9%	18.4%	24.4%
They are unlikely to improve quality/reduce costs	34.6%	42.3%	37.7%
Unsure about structure/purpose of medical homes	35.5%	39.3%	37.9%

Physicians who have directly experienced employment are more positive about hospital employment than are practice owners. However, even the majority of employed physicians do not rate hospital employment as a positive trend.

30 HOW WOULD YOU RATE THE FOLLOWING AS SOLUTIONS TO THE HEALTH SYSTEM'S COST AND ACCESS CHALLENGES?

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Employed Only				
Singlepayer/Canadian style system	23.1%	19.3%	16.5%	14.3%	26.8%
Wide spread adoption of ACOs	3.3%	11.3%	45.8%	23.6%	16%
Widespread adoption of medical homes	10.1%	19.4%	43.4%	17.2%	9.9%
Medicare voucher system	4.8%	17.8%	44.9%	16.9%	15.6%
Widespread adoption of health savings accounts	18.5%	31.8%	30.4%	10.9%	8.4%
Evidence based medicine	38.3%	36.8%	17.2%	5.6%	2.1%
Reduce the supply of physicians	2%	3.3%	18.4%	24.4%	51.9%
Increase the supply of physicians	24.1%	33.7%	31.9%	6.4%	3.9%
Electronic medical records	20.3%	30.2%	24.7%	15.0%	9.8%
More government regulation	2.3%	7.3%	16.3%	18.0%	56.1%
Less government regulation	43.3%	24.1%	20.7%	7.6%	4.3%

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Owner only				
Singlepayer/Canadian style system	14.7%	14.8%	14.4%	15.4%	40.7%
Wide spread adoption of ACOs	1%	4.9%	30.5%	29.7%	33.9%
Widespread adoption of medical homes	5.4%	11.7%	40.3%	22.0%	20.6%
Medicare voucher system	6.3%	19.4%	41.4%	16.6%	16.3%
Widespread adoption of health savings accounts	26.4%	35.2%	24.2%	8.3%	5.9%
Evidence based medicine	29.8%	35.4%	23.1%	7.5%	4.2%
Reduce the supply of physicians	2.3%	3.9%	22.9%	23.5%	47.4%
Increase the supply of physicians	19%	30.5%	38%	6.9%	5.5%
Electronic medical records	11.1%	20.6%	26.5%	21.6%	20.2%
More government regulation	1.4%	3.3%	8.8%	13%	73.5%
Less government regulation	56.9%	24.2%	13.0%	3.6%	2.3%

31 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	Employed	Owner	All Respondents
0-20	2.5%	4.6%	4%
21-30	4.7%	4.9%	4.5%
31-40	12.9%	12.3%	12.2%
41-50	23.0%	21.5%	21.9%
51-60	26.5%	26.4%	26.1%
61-70	14.6%	15%	15.3%
71-80	9.9%	9.3%	9.9%
81-90	3.9%	3.7%	3.9%
91 – 100	1.5%	1.6%	1.6%
101 or more	0.5%	0.7%	0.6%

32 OF THESE, HOW MANY HOURS DO YOU WORK EACH WEEK ON NON-CLINICAL (PAPERWORK) DUTIES ONLY?

	Employed	Owner	All Respondents
0-10	55.3%	60.5%	58%
11-20	26.3%	26.7%	26.1%
21-30	10.5%	8.3%	9.3%
31-40	4.4%	2.7%	3.7%
41-50	1.9%	0.8%	1.5%
51-60	1.1%	0.5%	0.9%
61 or more	0.5 %	0.5%	0.5%

33 ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	Employed	Owner	All Respondents
0-10	20.8%	14.4%	19.5%
11-20	45.1%	36.1%	39.8%
21-30	24.7%	30.5%	26.8%
31-40	5.5%	11.1%	8.1%
41-50	1.7%	3.8%	2.6%
51-60	0.4%	1.1%	0.8%
61 or more	1.8%	3.0%	2.4%

Traditionally, physicians have viewed themselves as the primary advocates for patients and may fear that as employees of a hospital, they will have less autonomy over clinical decision making.

34 WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT PRACTICE?

	Employed	Owner	All Respondents
I am overextended and overworked	25.1%	20.8%	22.7%
I am at full capacity	54.3%	52 %	52.7%
I have time to see more patients and assume more duties	20.6%	27.2%	24.6%

35 HAVE TIME OR COST CONSTRAINTS COMPELLED YOU TO CLOSE YOUR PRACTICE TO MEDICARE OR MEDICAID PATIENTS?

	Employed	Owner	All Respondents
Yes, Medicare	4.9%	11.7%	8.6%
Yes, Medicaid	13.9%	38.8%	26.7%
No, I have not closed to either	81.2%	49.5%	64.7%

36 ESTIMATE THE AMOUNT OF UNCOMPENSATED CARE YOU PERSONALLY (NOT YOUR ENTIRE GROUP) PROVIDE IN THE COURSE OF A YEAR:

	Employed	Owner	All Respondents
$0-$5000	17.1%	10.6%	14.6%
$5001 - $15,000	9.2%	11.6%	10.6%
$15,001 - $25,000	11.3%	14.5%	12.6%
$25,001 - $35,000	5.9%	7.1%	6.5%
$35,001 - $50,000	16.2%	17.1%	16.4%
$50,001 o r more	40.3%	39.1%	39.3%

37 WHAT PERCENT OF YOUR PATIENTS ARE:

	Employed	Owner	All Respondents
Medicare	29.3%	31.3%	31%
Medicaid	24.6%	12.4%	17.9%
Private pay	25.3%	33.6%	29.7%
Indigent	10%	5.7%	8%
TriCare	4.1%	3.6%	4%
Other	6.7%	13.4%	9.4%

38 DESCRIBE YOUR INCOME FROM THE PRACTICE OF MEDICINE OVER THE LAST THREE YEARS:

	Employed	Owner	All Respondents
Flat	48.6%	31.2%	39.7%
Declining	33.8%	58.3%	46.7%
Increasing	17.6%	10.5%	13.6%

39 AS A RESULT OF THE ONGOING PROBLEMS WITH MEDICARE FEE SCHEDULE UPDATES, WHAT ACTION HAVE YOU TAKEN OR ARE YOU PLANNING TO TAKE? (CHECK ALL THAT APPLY)

	Employed	Owner	All Respondents
Place new or additional limits on Medicare acceptance	16.7%	30.4%	22.9%
Accept no new Medicare patients	9.5%	15.8%	12.6%
Terminate existing Medicare patients	2.1%	3.5%	2.8%
Change status to non-participating	4.3%	9.1%	6.8%
Formally opt out of Medicare	4.1%	9.5%	6.9%
Place new or additional limits on Medicaid acceptance	16.6%	28.9%	22.2%
Reduce the amount of charity care I deliver	18.2%	27.4%	22%
Increase standard fees charged to other patients	12.1%	20%	15.5%
Delay information technology implementation	8.7%	23.6%	15.9%
Renegotiate or terminate some commercial health plan contracts	12.2%	24.1%	17.7%
Reduce staff compensation or benefits	19.9%	36.5%	27%

40 IF MEDICARE FEES DECREASE BY 10 PERCENT OR MORE, WHAT ACTIONS WILL YOU TAKE? (CHECK ALL THAT APPLY)

	Employed	Owner	All Respondents
Place new or additional limits on Medicare acceptance	22.8%	35.7%	28.3%
Accept no new Medicare patients	19.7%	33.2%	25.9%
Terminate existing Medicare patients	7.0%	12.3%	9.5%
Change status to non-participating	8.3%	15.1%	11.6%
Formally opt out of Medicare	10.1%	17.9%	14%
Place new or additional limits on Medicaid acceptance	17.5%	26.6%	21.3%
Reduce the amount of charity care I deliver	18.7%	27.4%	22.3%
Increase standard fees charged to other patients	14.3%	22.6%	17.8%
Delay information technology implementation	8.8%	22.0%	15.1%
Renegotiate or terminate some commercial health plan contracts	12.3%	21.9%	16.5%
Reduce staff compensation or benefits	20.3%	35.1%	26.5%

41 HAS YOUR PRACTICE IMPLEMENTED ELECTRONIC MEDICAL RECORDS?

	Employed	Owner	All Respondents
Yes	81.8%	59.1%	69.5%
No	18.2%	40.9%	30.5%

42 IF YES, WHAT EFFECT HAS EMR HAD ON THE QUALITY OF PATIENT CARE IN YOUR PRACTICE?

	Employed	Owner	All Respondents
No effect	9.5%	16.7%	12.9%
Has improved quality of care	37.4%	27.1%	32.9%
Not yet improved quality, but I anticipate it will	15.2%	10.7%	13.4%
Has not improved quality, and I do not anticipate it will	16.4%	21.9%	18.5%
May improve quality, but not worth the investment	7.3%	8.7%	7.9%
Decreased quality, but I anticipate it eventually will improve quality	4.7%	3.1%	4%
Decreased quality and I do not anticipate it will improve quality	9.5%	11.8%	10.4%

43 IF YOU HAVE NOT IMPLEMENTED EMR, WHY NOT? (CHECK ALL THAT APPLY)

	Employed	Owner	All Respondents
No time to install EMR	18.8%	19.7%	19.3%
Do not have the money to install EMR	34.9%	33.1%	33.6%
Do not have the personnel to install EMR	18.1%	21%	20.2%
Do not have the resources/expertise to install EMR	28.2%	26.1%	26.9%

44 DO YOU HAVE SIGNIFICANT CONCERNS THAT EMR POSES A RISK TO PATIENT PRIVACY?

	Employed	Owner	All Respondents
Yes	39.4%	55%	47.4%
No	60.6%	45%	52.6%

PART III: RESPONSES BY MALE PHYSICIANS VS. FEMALE PHYSICIANS AND ALL RESPONDENTS

1 WHAT IS YOUR MEDICAL SPECIALTY?

	Male	Female	All Respondents
Family Physician	13.4%	16.3%	14.2%
General Internal Medicine	10.3%	12.1%	11.3%
Pediatrics	6.5%	17.6%	9.3%
Total	30.2%	46.0%	34.8%
Surgical/Medical/Other			
Surgical Specialty	16.6%	5.5%	13.6%
Medical Specialty	13.2%	9.5%	12.2%
Ob/Gyn	5.2%	9.1%	6.2%
General Surgery	5.1%	2.1%	4 .4%
Other	29.8%	27.8%	28.8%
Total	69.8%	54.0%	65.2%

2 WHAT IS YOUR CURRENT PROFESSIONAL STATUS?

	Male	Female	All Respondents
Employed by hospital, group or other entity	40%	53.5%	43.7%
Practice owner/partner/associate	52.5%	37.2%	48.5%
Other	7.5%	9.3%	7.8%

3 WHAT IS YOUR GENDER?

	Male	Female	All Respondents
Male	100%	0%	73.6%
Female	0%	100%	26.4%

4 IN WHAT SIZE COMMUNITY DO YOU PRACTICE?

	Male	Female	All Respondents
50,000 or less	18.6%	17.7%	18.3%
50,001 to 100,000	15.6%	15.2%	15.5%
100,001 to 250,000	17%	14.8%	16.4%
250,001 to 500,000	15.3%	17.4%	15.8%
500,001 to 1 million	11.1%	12.6%	11.5%
1 million or more	22.4%	22.3%	22.5%

5 ARE YOU A MEMBER OF YOUR:

	Male	Female	All Respondents
County medical society	54%	40.7%	50.1%
State medical society	65.9%	60.4%	63.6%
National special society	71.9%	68.8%	70.4%
American Medical Association	25.1%	23.6%	24.5%
American Osteopathic Association	5.2%	5.6%	5.2%

6 WHAT IS YOUR ETHNICITY?

	Male	Female	All Respondents
African-American	1.1%	4.3%	1.9%
Asian/Pacific Islander	7.2%	9%	7.5%
Caucasian	86%	80.1%	84.7%
Hispanic	3.9%	4.9%	4.1%
Native American	0.1%	0.2%	0 .1%
Other	1.7%	1.5%	1.7%

7 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT THE CURRENT STATE OF THE MEDICAL PROFESSION?

	Male	Female	All Respondents
Very positive	4.2%	3.1%	3.9%
Somewhat positive	26.7%	32%	27.9%
Somewhat negative	44.7%	45.6%	44.8%
Very negative	24.4%	19.3%	23.4%

8 WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

	Male	Female	All Respondents
Very positive/optimistic	3.3%	2.6%	3.1%
Somewhat positive/optimistic	18.2%	23.6%	19.5%
Somewhat negative/pessimistic	44.7%	49.1%	45.9%
Very negative/pessimistic	33.8%	24.7	31.5%

9 HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

	Male	Female	All Respondents
Very positive	1.6%	2.1%	1.8%
Somewhat positive	17%	19.9%	17.7%
Somewhat negative	55.2%	57.8%	55.9%
Very negative	26.2%	20.2%	24.7%

10 HOW WOULD YOU RATE YOUR OWN PROFESSIONAL MORALE?

	Male	Female	All Respondents
Very positive	10.8%	11.1%	11%
Somewhat positive	29.7%	34.7%	30.8%
Somewhat negative	41.1%	40.6%	41%
Very negative	18.4%	13.6%	17.3%

11 SOME PHYSICIANS BELIEVE THAT THE MEDICAL PROFESSION IS IN DECLINE. DO YOU:

	Male	Female	All Respondents
Mostly agree	43.3%	35.2%	41.6%
Somewhat agree	41.2%	48.2%	42.6%
Somewhat disagree	8.3%	10.1%	8.6%
Mostly disagree	7.2%	6.5%	7.2%

12 IF YOU MOSTLY OR SOMEWHAT AGREE, WHY IS THE PROFESSION IN DECLINE?

	Very Important		Somewhat Important		Unimportant	
	Male	All	Male	All	Male	All
Too much regulation/paperwork	80.2%	79.2%	18.4%	19.3%	1.4%	1.5%
Loss of clinical autonomy	64.8%	64.5%	30.8%	31%	4.4%	4.5%
Erosion of physician/patient relationship	53.9%	54.4%	38.5%	37.8%	7.6%	7.8%
Scope of practice encroachment	44.3%	43.7%	40.4%	40.6%	15.3%	15.7%
Too many part-time doctors	7.7%	6.9%	24.5%	22.6%	67.8%	70.5%
Money trumps patient care	44.4%	45.9%	40.8%	40.1%	14.8%	14%
Physicians not compensated for quality	56.8%	58.6%	35.1%	33.7%	8.2%	7.7%

	Very Important		Somewhat Important		Unimportant	
	Female	All	Female	All	Female	All
Too much regulation/paperwork	76.1%	79.2%	22.2%	19.4%	1.7%	1.5%
Loss of clinical autonomy	63.1%	64.5%	32.6%	31%	4.3%	4.5%
Erosion of physician/patient relationship	54.8%	54.4%	36.6%	37.7%	8.6%	7.8%
Scope of practice encroachment	41.6%	43.7%	41.9%	40.6%	16.5%	15.7%
Too many part-time doctors	4.6%	6.9%	17%	22.6%	78.3%	70.5%
Money trumps patient care	49.2%	45.9%	38.7%	40.1%	12%	14%
Physicians not compensated for quality	63.2%	58.6%	30.5%	33.7%	6.3%	7.7%

13 TWO YEARS AGO, WHICH BEST DESCRIBED YOUR ATTITUDE TOWARD MEDICAL PRACTICE?

	Male	Female	All Respondents
Very positive/satisfying	13.2%	17%	14.1%
Somewhat positive/satisfying	51.7%	52.9%	52.1%
Somewhat negative/unsatisfying	31.5%	26.5%	30.1%
Very negative/unsatisfying	3.6%	3.6%	3.7%

14 WHICH BEST DESCRIBES YOUR ATTITUDE TOWARD MEDICAL PRACTICE TODAY?

	Male	Female	All Respondents
Very positive/satisfying	7.3%	7.2%	7.3%
Somewhat positive/satisfying	30%	36.4%	31.7%
Somewhat negative/unsatisfying	41.5%	41%	41.2%
Very negative/unsatisfying	21.2%	15.4%	19.8%

15 IF YOU HAD YOUR CAREER TO DO OVER, WOULD YOU CHOOSE TO BE A PHYSICIAN?

	Male	Female	All Respondents
Yes	65.9%	67.8%	66.5%
No	34.1%	32.2%	33.5%

16 WOULD YOU RECOMMEND MEDICINE AS A CAREER TO YOUR CHILDREN OR OTHER YOUNG PEOPLE?

	Male	Female	All Respondents
Yes	41.9%	42.8%	42.1%
No	58.1%	57.2%	57.9%

17 IF YOU HAD THE ABILITY, WOULD YOU RETIRE TODAY?

	Male	Female	All Respondents
Yes	61.6%	58%	60.6%
No	38.4%	42%	39.4%

18 WHAT TWO FACTORS DO YOU FIND MOST SATISFYING ABOUT MEDICAL PRACTICE?

	Male	Female	All Respondents
Patient relationships	79.9%	83.6%	80.2%
Prestige of medicine	11.2%	6.9%	10%
Intellectual stimulation	69.3%	73.2%	69.7%
Interaction with colleagues	19%	19.5%	19.2%
Financial rewards	12.9%	9.1%	11.7%

Over 27 percent of female physicians work 40 hours a week or less, compared to 17.9 percent of male physicians, confirming the perception that more female physicians work less than full time schedules than do male physicians.

19 WHAT TWO FACTORS DO YOU FIND LEAST SATISFYING ABOUT MEDICAL PRACTICE?

	Male	Female	All Respondents
Long hours/lack of personal time	22.9%	32.3%	24.9%
Liability/defensive medicine pressures	40.2%	42.1%	40.3%
Reimbursement issues	28.3%	25.5%	27.3%
Lack of clinical autonomy	9%	9.6%	9.2%
Dealing with Medicare/Medicaid/government regulations	29.8%	21.7%	27.4%
Pressure of running a practice	5.7%	5.8%	5.6%
Non-clinical paperwork	17.2%	20.7%	18.1%
Uncertainty/changes of health reform	23.3%	17.4%	21.5%
Managed care	7.9%	6.4%	7.6%
EMR implementation	9.3%	8.9%	9.2%
Other	4.5%	6.9%	5.1%

20 IN THE NEXT ONE TO THREE YEARS, DO YOU PLAN TO (CHECK ALL THAT APPLY):

	Male	Female	All Respondents
Continue as I am	48%	51.1%	49.8%
Cut back on hours	22.4%	21.1%	22%
Retire	15.2%	7.%	13.4%
Switch to a cash/concierge practice	7.1%	6.4%	6.8%
Relocate to another practice/community	10.5%	13.1%	10.9%
Cut back on patients seen	10.2%	7.9%	9.6%
Seek a non-clinical job within healthcare	9.5%	11.9%	9.9%
Seek employment with a hospital	5.5%	6.2%	5.6%
Work part-time	5.9%	8.4%	6.5%
Close my practice to new patients	6.8%	4.4%	4%
Seek job/business unrelated to healthcare	6.8%	6.2%	6.9%
Work locum tenens	6.5%	7.1%	6.4%
Other	5.2%	6.9%	5.5%

21 HOW HAS PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA/HEALTH REFORM) AFFECTED YOUR FEELINGS ABOUT THE DIRECTION AND FUTURE OF HEALTHCARE IN AMERICA?

	Male	Female	All Respondents
I am more positive	16.2%	24.7%	18.5%
I am less positive	63.3%	48.4%	59.3%
My feelings have not changed	20.5%	26.9%	22.2%

22 MOST PHYSICIANS TODAY ARE FOCUSED ON THEIR DAILY RESPONSIBILITIES AND UNSURE WHERE THE HEALTH SYSTEM WILL BE OR HOW THEY WILL FIT INTO IT THREE TO FIVE YEARS FROM NOW.

	Male	Female	All Respondents
Mostly agree	56.3%	51.5%	55.2%
Somewhat agree	35.3%	40.7%	36.5%
Somewhat disagree	5.6%	5.7%	5.6%
Mostly disagree	2.8%	2.1%	2.7%

23 PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO EFFECT CHANGE.

	Male	Female	All Respondents
Mostly agree	52.2%	43.6%	50.4%
Somewhat agree	30.6%	35.7%	31.7%
Somewhat disagree	12%	15.5%	12.7%
Mostly disagree	5.2%	5.2%	5.2%

24 HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS

	Male	Female	All Respondents
Mostly agree	4.2%	5.7%	4.6%
Somewhat agree	18%	25.1%	19.9%
Somewhat disagree	31.8%	36.5%	32.8%
Mostly disagree	46%	32.7%	42.7%

25 HOSPITAL EMPLOYMENT WILL ERODE THE PHYSICIAN/PATIENT RELATIONSHIP AND QUALITY OF CARE.

	Male	Female	All Respondents
Mostly agree	41.6%	29.1%	38.5%
Somewhat agree	32.3%	35.6%	33.1%
Somewhat disagree	18.2%	26.2%	20.2%
Mostly disagree	7.9%	9.1%	8.2%

26 IN YOUR OPINION, TO WHAT DEGREE DO THE FOLLOWING FACTORS CONTRIBUTE TO RISING HEALTH COSTS

	Major Cost Driver		Moderate Cost Driver		Minor Cost Driver	
	Male	All	Male	All	Male	All
State and federal insurance mandates	42.4%	41.6%	37.2%	37.6%	20.4%	20.8%
Defensive medicine	67.8%	69.1%	26.7%	26.2%	5.5%	4.7%
Fraud	18.1%	18.8%	34.2%	35.3%	47.7%	45.9%
Advances in technology/treatment	52.1%	51.2%	39.5%	40.1%	8.4%	8.7%
Limited patient financial obligations	40%	39%	44.1%	44.2%	15.9%	16.8%
Absence of free markets	38.9%	37.2%	35.2%	35.6%	25.9%	27.2%
Cost of pharmaceuticals	57.3%	59.1%	36.1%	34.9%	6.6%	6%
Lack of pricing transparency	38.9%	40.5%	41.4%	40.5%	19.7%	19%
Physician fees	3.8%	3.8%	26.6%	27.9%	69.6%	68.3%
Price controls on fees and products	18.2%	17.9%	40.7%	41.6%	41.1%	40.5%
Aging population	65.4%	64.9%	28.9%	29.4%	5.7%	5.7%
Fee-for-service reimbursement	11.8%	12.5%	34.3%	35.7%	53.9%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	41.4%	43.5%	40.7%	40%	17.9%	16.5%
Relative Value Update Committee/RUC	17.4%	17.3%	46.7%	47.8%	35.9%	34.9%
	Female	All	Female	All	Female	All
State and federal insurance mandates	38.8%	41.6%	38.6%	37.6%	22.6%	20.9%
Defensive medicine	72.8%	69.1%	24.2%	26.2%	3%	4.8%
Fraud	20.5%	18.8%	38.5%	35.3%	41%	45.9%
Advances in technology/treatment	48.5%	51.2%	41.6%	40.1%	9.9%	8.7%
Limited patient financial obligations	36.7%	39%	44.2%	44.2%	19.1%	16.8%
Absence of free markets	32.8%	37.2%	36.7%	35.5%	30.5%	27.2%
Cost of pharmaceuticals	63.8%	59.1%	31.7%	34.9%	4.5%	6%
Lack of pricing transparency	44.6%	40.5%	38.5%	40.6%	16.9%	19%
Physician fees	3.6%	3.8%	30.5%	27.9%	65.9%	68.3%
Price controls on fees and products	16.8%	17.9%	44.3%	41.6%	38.9%	40.5%
Aging population	63%	64.9%	31.2%	29.4%	5.8%	5.7%
Fee-for-service reimbursement	14%	12.5%	39.6%	35.7%	46.4%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	48.2%	43.5%	39%	40%	12.8%	16.5%
Relative Value Update Committee/RUC	17.2%	17.3%	50.8%	47.8%	32%	34.9%

27 IS YOUR PRACTICE OR EMPLOYER ACTIVELY SEEKING DESIGNATION AS AN ACCOUNTABLE CARE ORGANIZATION (ACO)?

	Male	Female	All Respondents
Yes	21.6%	23.2%	21.9%
No	47.4%	34.1%	44%
Unsure	31%	42.7%	34.1%

28 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT ACOS?

	Male	Female	All Respondents
They are likely to enhance quality/decrease cost	8.6%	10.4%	9%
Quality/cost gains will not justify organizational cost/effort	21.9%	21.6%	21.8%
Unlikely to increase quality/decrease cost	44.4%	30%	40.6%
Unsure about structure or purpose of ACOs	25.1%	38%	28.6%

Medicine was once a predominantly male profession, but the demographic make-up of physicians is rapidly changing. Between 1980 and 2009, the number of female physicians in the United States increased by 430 percent

29 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT MEDICAL HOMES?

	Male	Female	All Respondents
They are likely to increase quality/reduce costs	21.2%	34.6%	24.4%
They are unlikely to improve quality/reduce costs	40%	30.9%	37.7%
Unsure about structure/purpose of medical homes	38.8%	34.5%	37.9%

30 HOW WOULD YOU RATE THE FOLLOWING AS SOLUTIONS TO THE HEALTH SYSTEM'S COST AND ACCESS CHALLENGES?

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Male Only				
Singlepayer/Canadian style system	17.8%	16%	14.2%	14.9%	37.1%
Wide spread adoption of ACOs	2.1%	7.6%	35.1%	27.7%	27.5%
Widespread adoption of medical homes	6.5%	13.9%	41.4%	21.2%	17%
Medicare voucher system	6.2%	19.6%	40.8%	17.1%	16.3%
Widespread adoption of health savings accounts	23.8%	33.5%	26.3%	9.4%	7%
Evidence based medicine	32.7%	36.1%	21%	6.8%	3.4%
Reduce the supply of physicians	2.7%	4.1%	21.5%	24.2%	47.5%
Increase the supply of physicians	20.5%	31.3%	35.5%	7.2%	5.5%
Electronic medical records	13.9%	24.7%	25.9%	19.3%	16.2%
More government regulation	1.8%	4.2%	10.8%	14.4%	68.8%
Less government regulation	53.7%	23.8%	14.5%	4.9%	3.1%

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Female only				
Singlepayer/Canadian style system	22.6%	20%	18.8%	15.2%	23.4%
Wide spread adoption of ACOs	2.5%	10.3%	48%	23%	16.2%
Widespread adoption of medical homes	12.6%	20.6%	43.1%	14.5%	9.2%
Medicare voucher system	3.6%	14.6%	49%	17.6%	15.2%
Widespread adoption of health savings accounts	18.2%	32.7%	30.1%	11%	8%
Evidence based medicine	38%	36.9%	17.5%	5.3%	2.3%
Reduce the supply of physicians	0.8%	2.4%	16.4%	23.4%	57%
Increase the supply of physicians	26.1%	34.8%	31.7%	5%	2.4%
Electronic medical records	22%	28.3%	24.8%	14.7%	10.2%
More government regulation	2.2%	8.8%	18.5%	18.5%	52%
Less government regulation	38.9%	24.6%	24%	8.3%	4.2%

31 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	Male	Female	All Respondents
0-20	3.8%	3.8%	4%
21-30	3.4%	7.1%	4.5%
31-40	10.7%	16.6%	12.2%
41-50	21.8%	22.5%	21.9%
51-60	27.4%	22.3%	26.1%
61-70	16.2%	12.8%	15.3%
71-80	10.4%	8.8%	9.9%
81-90	4.1%	3.6%	3.9%
91 – 100	1.5%	1.8%	1.6%
101 or more	0.7%	0.7%	0.6%

32 OF THESE, HOW MANY HOURS DO YOU WORK EACH WEEK ON NON-CLINICAL (PAPERWORK) DUTIES ONLY?

	Male	Female	All Respondents
0-10	58.8%	55.1%	58%
11-20	26%	26.2%	26.1%
21-30	8.9%	10.4%	9.3%
31-40	3.4%	4.8%	3.7%
41-50	1.4%	1.9%	1.5%
51-60	0.9%	1.2%	0.9%
61 or more	0.6 %	0.4%	0.5%

33 ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	Male	Female	All Respondents
0-10	18.4%	22.4%	19.5%
11-20	38.1%	44.5%	39.8%
21-30	27.9%	24.3%	26.8%
31-40	8.9%	5.6%	8.1%
41-50	3.1%	1.5%	2.6%
51-60	0.9%	0.5%	0.8%
61 or more	2.7%	1.2%	2.4%

In 1965, seven percent of medical school graduates were women. Today, over 50 percent of new medical students are female, suggesting that females will represent the majority of all physicians within a generation.

34 WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT PRACTICE?

	Male	Female	All Respondents
I am overextended and overworked	21.4%	27%	22.7%
I am at full capacity	53.5%	51.1 %	52.7%
I have time to see more patients and assume more duties	25.1%	21.9%	24.6%

35 HAVE TIME OR COST CONSTRAINTS COMPELLED YOU TO CLOSE YOUR PRACTICE TO MEDICARE OR MEDICAID PATIENTS?

	Male	Female	All Respondents
Yes, Medicare	8.3%	9.4%	8.6%
Yes, Medicaid	27.3%	24.6%	26.7%
No, I have not closed to either	64.4%	66%	64.7%

36 ESTIMATE THE AMOUNT OF UNCOMPENSATED CARE YOU PERSONALLY (NOT YOUR ENTIRE GROUP) PROVIDE IN THE COURSE OF A YEAR:

	Male	Female	All Respondents
$0-$5000	12.6%	20.6%	14.6%
$5001 - $15,000	9.6%	13.8%	10.6%
$15,001 - $25,000	12.2%	13.7%	12.6%
$25,001 - $35,000	6.8%	5.8%	6.5%
$35,001 - $50,000	16.6%	15.6%	16.4%
$50,001 o r more	42.3%	30.6%	39.3%

37 WHAT PERCENT OF YOUR PATIENTS ARE:

	Male	Female	All Respondents
Medicare	32.3%	24.5%	31%
Medicaid	16.1%	23.3%	17.9%
Private pay	28.7%	31.7%	29.7%
Indigent	7.6%	8.5%	8%
TriCare	4.1%	4%	4%
Other	11.2%	8%	9.4%

38 DESCRIBE YOUR INCOME FROM THE PRACTICE OF MEDICINE OVER THE LAST THREE YEARS:

	Male	Female	All Respondents
Flat	38.5%	43.8%	39.7%
Declining	48.8%	39.9%	46.7%
Increasing	12.7%	16.3%	13.6%

39 AS A RESULT OF THE ONGOING PROBLEMS WITH MEDICARE FEE SCHEDULE UPDATES, WHAT ACTION HAVE YOU TAKEN OR ARE YOU PLANNING TO TAKE? (CHECK ALL THAT APPLY)

	Male	Female	All Respondents
Place new or additional limits on Medicare acceptance	25.1%	17.7%	22.9%
Accept no new Medicare patients	13.2%	11.3%	12.6%
Terminate existing Medicare patients	3.3%	1.9%	2.8%
Change status to non-participating	7.4%	5.5%	6.8%
Formally opt out of Medicare	7.3%	5.9%	6.9%
Place new or additional limits on Medicaid acceptance	24.2%	17.8%	22.2%
Reduce the amount of charity care I deliver	24.4%	16.5%	22%
Increase standard fees charged to other patients	17.4%	10.9%	15.5%
Delay information technology implementation	17.3%	11.8%	15.9%
Renegotiate or terminate some commercial health plan contracts	19%	15.1%	17.7%
Reduce staff compensation or benefits	29.1%	23%	27%

40 IF MEDICARE FEES DECREASE BY 10 PERCENT OR MORE, WHAT ACTIONS WILL YOU TAKE? (CHECK ALL THAT APPLY)

	Male	Female	All Respondents
Place new or additional limits on Medicare acceptance	28.3%	22%	28.3%
Accept no new Medicare patients	28%	21.4%	25.9%
Terminate existing Medicare patients	11%	6.9%	9.5%
Change status to non-participating	12.6%	9.4%	11.6%
Formally opt out of Medicare	15.6%	10.5%	14%
Place new or additional limits on Medicaid acceptance	23.3%	16.9%	21.3%
Reduce the amount of charity care I deliver	25%	15.8%	22.3%
Increase standard fees charged to other patients	20.3%	11.9%	17.8%
Delay information technology implementation	16.7%	10.8%	15.1%
Renegotiate or terminate some commercial health plan contracts	17.8%	13.6%	16.5%
Reduce staff compensation or benefits	29.2%	20.9%	26.5%

41 HAS YOUR PRACTICE IMPLEMENTED ELECTRONIC MEDICAL RECORDS?

	Male	Female	All Respondents
Yes	68.5%	73.3%	69.5%
No	31.5%	26.7%	30.5%

42 IF YES, WHAT EFFECT HAS EMR HAD ON THE QUALITY OF PATIENT CARE IN YOUR PRACTICE?

	Male	Female	All Respondents
No effect	13.7%	10.2%	12.9%
Has improved quality of care	30.4%	40.2%	32.9%
Not yet improved quality, but I anticipate it will	13.2%	14.2%	13.4%
Has not improved quality, and I do not anticipate it will	19.3%	16.1%	18.5%
May improve quality, but not worth the investment	8.3%	7.1%	7.9%
Decreased quality, but I anticipate it eventually will improve quality	3.8%	4.4%	4%
Decreased quality and I do not anticipate it will improve quality	11.3%	7.8%	10.4%

43 IF YOU HAVE NOT IMPLEMENTED EMR, WHY NOT? (CHECK ALL THAT APPLY)

	Male	Female	All Respondents
No time to install EMR	19.6%	18.8%	19.3%
Do not have the money to install EMR	32.9%	36.2%	33.6%
Do not have the personnel to install EMR	20.3%	19.9%	20.2%
Do not have the resources/expertise to install EMR	27.2%	25%	26.9%

44 DO YOU HAVE SIGNIFICANT CONCERNS THAT EMR POSES A RISK TO PATIENT PRIVACY?

	Male	Female	All Respondents
Yes	48.9%	41.9%	47.4%
No	51.1%	58.1%	52.6%

PART IV: RESPONSES BY PRIMARY CARE PHYSICIANS VS. SPECIALISTS AND ALL RESPONDENTS

1 WHAT IS YOUR MEDICAL SPECIALTY?

Primary Care		All Respondents
Family Physician	41.2%	14.2%
General Internal Medicine	31.6%	11.3%
Pediatrics	27.2%	9.3%
Total	100%	34.8%
Surgical/Medical/Other		
Surgical Specialty	20.8%	13.6%
Medical Specialty	18.7%	12.2%
Ob/Gyn	9.5%	6.2%
General Surgery	6.6%	4 .4%
Other	44.4%	28.8%
Total	100%	65.2%

2 WHAT IS YOUR CURRENT PROFESSIONAL STATUS?

	PC	Specialists	All Respondents
Employed by hospital, group or other entity	49.1%	40.8%	43.7%
Practice owner/partner/associate	43%	51.1%	48.5%
Other	7.9%	8.1%	7.8%

3 WHAT IS YOUR GENDER?

	PC	Specialists	All Respondents
Male	64.6%	77.8%	73.6%
Female	35.4%	22.2%	26.4%

4 IN WHAT SIZE COMMUNITY DO YOU PRACTICE?

	PC	Specialists	All Respondents
50,000 or less	27.1%	14.2%	18.3%
50,001 to 100,000	16.9%	14.9%	15.5%
100,001 to 250,000	15.4%	16.8%	16.4%
250,001 to 500,000	14.2%	16.6%	15.8%
500,001 to 1 million	9%	12.7%	11.5%
1 million or more	17.4%	24.8%	22.5%

Physicians were asked to describe income in their practices over the last three years. Over 86 percent described their income as "flat or declining," while only 13.6 percent described their income as "increasing."

5 ARE YOU A MEMBER OF YOUR:

	PC	Specialists	All Respondents
County medical society	46.7%	51.7%	50.1%
State medical society	62.2%	64.3%	63.6%
National special society	60.3%	75%	70.4%
American Medical Association	23.1%	25.2%	24.5%
American Osteopathic Association	7.5%	4.2%	5.2%

6 WHAT IS YOUR ETHNICITY?

	PC	Specialists	All Respondents
African-American	2.7%	1.5%	1.9%
Asian/Pacific Islander	7.9%	7.4%	7.5%
Caucasian	82.4%	85.8%	84.7%
Hispanic	4.9%	3.7%	4.1%
Native American	0.1%	0.1%	0 .1%
Other	2%	1.5%	1.7%

7 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT THE CURRENT STATE OF THE MEDICAL PROFESSION?

	PC	Specialists	All Respondents
Very positive	4.5%	3.6%	3.9%
Somewhat positive	32%	26.1%	27.9%
Somewhat negative	43.4%	45.5%	44.8%
Very negative	20.1%	24.8%	23.4%

8 WHICH BEST DESCRIBES HOW YOU FEEL ABOUT THE FUTURE OF THE MEDICAL PROFESSION?

	PC	Specialists	All Respondents
Very positive/optimistic	4.1%	2.7%	3.1%
Somewhat positive/optimistic	24.7%	17.1%	19.5%
Somewhat negative/pessimistic	46.5%	45.5%	45.9%
Very negative/pessimistic	24.7%	34.7%	31.5%

9 HOW WOULD YOU RATE THE PROFESSIONAL MORALE OF PHYSICIANS YOU KNOW?

	PC	Specialists	All Respondents
Very positive	2%	1.7%	1.8%
Somewhat positive	21.5%	15.8%	17.7%
Somewhat negative	56.3%	55.7%	55.9%
Very negative	20.2%	26.8%	24.7%

10 HOW WOULD YOU RATE YOUR OWN PROFESSIONAL MORALE?

	PC	Specialists	All Respondents
Very positive	12.5%	10.3%	11%
Somewhat positive	34.6%	29%	30.8%
Somewhat negative	38%	42.4%	41%
Very negative	14.9%	18.3%	17.3%

11 SOME PHYSICIANS BELIEVE THAT THE MEDICAL PROFESSION IS IN DECLINE. DO YOU:

	PC	Specialists	All Respondents
Mostly agree	43.3%	35.2%	41.6%
Somewhat agree	41.2%	48.2%	42.6%
Somewhat disagree	8.3%	10.1%	8.6%
Mostly disagree	7.2%	6.5%	7.2%

12 IF YOU MOSTLY OR SOMEWHAT AGREE, WHY IS THE PROFESSION IN DECLINE?

	Very Important		Somewhat Important		Unimportant	
	PC	All	PC	All	PC	All
Too much regulation/paperwork	80.2%	79.2%	18.5%	19.3%	1.3%	1.5%
Loss of clinical autonomy	63.1%	64.5%	31.5%	31%	5.4%	4.5%
Erosion of physician/patient relationship	54.7%	54.4%	36.6%	37.8%	8.7%	7.8%
Scope of practice encroachment	41.8%	43.7%	41.5%	40.6%	16.7%	15.7%
Too many part-time doctors	6.9%	6.9%	22.6%	22.6%	70.5%	70.5%
Money trumps patient care	49.6%	45.9%	38.2%	40.1%	12.2%	14%
Physicians not compensated for quality	61.5%	58.6%	31.3%	33.7%	7.2%	7.7%

	Very Important		Somewhat Important		Unimportant	
	Other	All	Other	All	Other	All
Too much regulation/paperwork	78.7%	79.2%	19.8%	19.4%	1.5%	1.5%
Loss of clinical autonomy	65.2%	64.5%	30.8%	31%	4%	4.5%
Erosion of physician/patient relationship	54.3%	54.4%	38.3%	37.7%	7.4%	7.8%
Scope of practice encroachment	44.5%	43.7%	40.2%	40.6%	15.3%	15.7%
Too many part-time doctors	6.9%	6.9%	22.6%	22.6%	70.5%	70.5%
Money trumps patient care	44.3%	45.9%	40.9%	40.1%	14.8%	14%
Physicians not compensated for quality	57.3%	58.6%	34.8%	33.7%	7.9%	7.7%

13 TWO YEARS AGO, WHICH BEST DESCRIBED YOUR ATTITUDE TOWARD MEDICAL PRACTICE?

	PC	Specialists	All Respondents
Very positive/satisfying	16%	13.3%	14.1%
Somewhat positive/satisfying	52.6%	51.8%	52.1%
Somewhat negative/unsatisfying	27.3%	31.4%	30.1%
Very negative/unsatisfying	4.1%	3.5%	3.7%

14 WHICH BEST DESCRIBES YOUR ATTITUDE TOWARD MEDICAL PRACTICE TODAY?

	PC	Specialists	All Respondents
Very positive/satisfying	8.7%	6.7%	7.3%
Somewhat positive/satisfying	35.7%	29.7%	31.7%
Somewhat negative/unsatisfying	38.5%	42.5%	41.2%
Very negative/unsatisfying	17.1%	21.1%	19.8%

15 IF YOU HAD YOUR CAREER TO DO OVER, WOULD YOU CHOOSE TO BE A PHYSICIAN?

	PC	Specialists	All Respondents
Yes	70.1%	64.8%	66.5%
No	29.9%	35.2%	33.5%

16 WOULD YOU RECOMMEND MEDICINE AS A CAREER TO YOUR CHILDREN OR OTHER YOUNG PEOPLE?

	PC	Specialists	All Respondents
Yes	47.3%	39.6%	42.1%
No	52.7%	60.4%	57.9%

17 IF YOU HAD THE ABILITY, WOULD YOU RETIRE TODAY?

	PC	Specialists	All Respondents
Yes	57%	62.2%	60.6%
No	43%	37.8%	39.4%

18 WHAT TWO FACTORS DO YOU FIND MOST SATISFYING ABOUT MEDICAL PRACTICE?

	PC	Specialists	All Respondents
Patient relationships	88.9%	76.2%	80.2%
Prestige of medicine	10.5%	9.7%	10%
Intellectual stimulation	69.5%	69.8%	69.7%
Interaction with colleagues	15.3%	20.9%	19.2%
Financial rewards	9%	13%	11.7%

19 WHAT TWO FACTORS DO YOU FIND LEAST SATISFYING ABOUT MEDICAL PRACTICE?

	PC	Specialists	All Respondents
Long hours/lack of personal time	29.2%	22.9%	24.9%
Liability/defensive medicine pressures	36.1%	42.3%	40.3%
Reimbursement issues	24.5%	28.6%	27.3%
Lack of clinical autonomy	9.8%	8.9%	9.2%
Dealing with Medicare/Medicaid/government regulations	25.1%	28.5%	27.4%
Pressure of running a practice	6.4%	5.3%	5.6%
Non-clinical paperwork	26.2%	14.3%	18.1%
Uncertainty/changes of health reform	16.1%	24%	21.5%
Managed care	7.6%	7.5%	7.6%
EMR implementation	11.6%	8.1%	9.2%
Other	4.8%	5.2%	5.1%

20 IN THE NEXT ONE TO THREE YEARS, DO YOU PLAN TO (CHECK ALL THAT APPLY):

	PC	Specialists	All Respondents
Continue as I am	49.3%	51%	49.8%
Cut back on hours	22.5%	20.8%	22%
Retire	14%	12.1%	13.4%
Switch to a cash/concierge practice	6.4%	7.7%	6.8%
Relocate to another practice/community	10.7%	11.3%	10.9%
Cut back on patients seen	9.5%	9.8%	9.6%
Seek a non-clinical job within healthcare	9.6%	10.5%	9.9%
Seek employment with a hospital	6.2%	4.4%	5.6%
Work part-time	6.2%	7%	6.5%
Close my practice to new patients	2.3%	7.5%	4.0%
Seek job/business unrelated to healthcare	6.7%	6.1%	6.9%
Work locum tenens	6.9%	5.7%	6.4%
Other	5.3%	5.9%	5.5%

21 HOW HAS PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA/HEALTH REFORM) AFFECTED YOUR FEELINGS ABOUT THE DIRECTION AND FUTURE OF HEALTHCARE IN AMERICA?

	PC	Specialists	All Respondents
I am more positive	25.1%	15.3%	18.5%
I am less positive	50.4%	63.5%	59.3%
My feelings have not changed	24.5%	21.2%	22.2%

22 MOST PHYSICIANS TODAY ARE FOCUSED ON THEIR DAILY RESPONSIBILITIES AND UNSURE WHERE THE HEALTH SYSTEM WILL BE OR HOW THEY WILL FIT INTO IT THREE TO FIVE YEARS FROM NOW.

	PC	Specialists	All Respondents
Mostly agree	51.9%	56.7%	55.2%
Somewhat agree	39.2%	35.2%	36.5%
Somewhat disagree	6.1%	5.4%	5.6%
Mostly disagree	2.8%	2.7%	2.7%

23 PHYSICIANS HAVE LITTLE INFLUENCE ON THE DIRECTION OF HEALTHCARE AND HAVE LITTLE ABILITY TO EFFECT CHANGE.

	PC	Specialists	All Respondents
Mostly agree	46.5%	52.2%	50.4%
Somewhat agree	32.8%	31.3%	31.7%
Somewhat disagree	14.2%	12%	12.7%
Mostly disagree	6.5%	4.5%	5.2%

24 HOSPITAL EMPLOYMENT OF PHYSICIANS IS A POSITIVE TREND LIKELY TO ENHANCE QUALITY OF CARE AND DECREASE COSTS:

	PC	Specialists	All Respondents
Mostly agree	5.5%	4.1%	4.6%
Somewhat agree	22.1%	18.9%	19.9%
Somewhat disagree	34.6%	32.1%	32.8%
Mostly disagree	37.8%	44.9%	42.7%

25 HOSPITAL EMPLOYMENT WILL ERODE THE PHYSICIAN/PATIENT RELATIONSHIP AND QUALITY OF CARE.

	PC	Specialists	All Respondents
Mostly agree	34.6%	40.3%	38.5%
Somewhat agree	33.4%	33%	33.1%
Somewhat disagree	22.9%	19%	20.2%
Mostly disagree	9.1%	7.7%	8.2%

26 IN YOUR OPINION, TO WHAT DEGREE DO THE FOLLOWING FACTORS CONTRIBUTE TO RISING HEALTH COSTS

	Major Cost Driver		Moderate Cost Driver		Minor Cost Driver	
	PC	All	PC	All	PC	All
State and federal insurance mandates	38.7%	41.6%	37.6%	37.6%	23.7%	20.8%
Defensive medicine	67.6%	69.1%	27.5%	26.2%	4.9%	4.7%
Fraud	18.7%	18.8%	36.6%	35.3%	44.7%	45.9%
Advances in technology/treatment	51.6%	51.2%	39.8%	40.1%	8.6%	8.7%
Limited patient financial obligations	38.1%	39%	44%	44.2%	17.9%	16.8%
Absence of free markets	34%	37.2%	35.1%	35.6%	30.9%	27.2%
Cost of pharmaceuticals	60.5%	59.1%	33.1%	34.9%	6.4%	6%
Lack of pricing transparency	42.3%	40.5%	39.5%	40.5%	18.2%	19%
Physician fees	5%	3.8%	32.8%	27.9%	62.2%	68.3%
Price controls on fees and products	17.4%	17.9%	41.1%	41.6%	41.5%	40.5%
Aging population	65.2%	64.9%	29%	29.4%	5.8%	5.7%
Fee-for-service reimbursement	16.3%	12.5%	37.4%	35.7%	46.3%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	42.9%	43.5%	40.4%	40%	16.7%	16.5%
Relative Value Update Committee/RUC	18.6%	17.3%	47.9%	47.8%	33.5%	34.9%
	Other	All	Other	All	Other	All
State and federal insurance mandates	42.9%	41.6%	37.5%	37.6%	19.6%	20.8%
Defensive medicine	69.8%	69.1%	25.5%	26.2%	4.7%	4.7%
Fraud	18.8%	18.8%	34.8%	35.3%	46.4%	45.9%
Advances in technology/treatment	51%	51.2%	40.2%	40.1%	8.8%	8.7%
Limited patient financial obligations	39.4%	39%	44.2%	44.2%	16.4%	16.8%
Absence of free markets	38.8%	37.2%	35.8%	35.5%	25.4%	27.2%
Cost of pharmaceuticals	58.4%	59.1%	35.7%	34.9%	5.9%	6%
Lack of pricing transparency	39.6%	40.5%	41.1%	40.6%	19.3%	19%
Physician fees	3.3%	3.8%	25.6%	27.9%	71.1%	68.3%
Price controls on fees and products	18.2%	17.9%	41.8%	41.6%	40%	40.5%
Aging population	64.7%	64.9%	29.5%	29.4%	5.7%	5.7%
Fee-for-service reimbursement	10.7%	12.5%	35%	35.7%	54.3%	51.8%
Social conditions (poverty, drugs, Violence, illegal immigration, etc.)	43.8%	43.5%	39.8%	40%	16.4%	16.5%
Relative Value Update Committee/RUC	16.7%	17.3%	47.7%	47.8%	35.6%	34.9%

27 IS YOUR PRACTICE OR EMPLOYER ACTIVELY SEEKING DESIGNATION AS AN ACCOUNTABLE CARE ORGANIZATION (ACO)?

	PC	Specialists	All Respondents
Yes	26.3%	19.8%	21.9%
No	40.9%	45.4%	44%
Unsure	32.8%	34.8%	34.1%

28 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT ACOS?

	PC	Specialists	All Respondents
They are likely to enhance quality/decrease cost	13.2%	7.1%	9%
Quality/cost gains will not justify organizational cost/effort	22.4%	21.4%	21.8%
Unlikely to increase quality/decrease cost	35%	43.3%	40.6%
Unsure about structure or purpose of ACOs	29.4%	28.2%	28.6%

29 WHICH BEST DESCRIBES YOUR FEELINGS ABOUT MEDICAL HOMES?

	PC	Specialists	All Respondents
They are likely to increase quality/reduce costs	41.8%	16.2%	24.4%
They are unlikely to improve quality/reduce costs	37.8%	37.6%	37.7%
Unsure about structure/purpose of medical homes	20.4%	46.2%	37.9%

30 HOW WOULD YOU RATE THE FOLLOWING AS SOLUTIONS TO THE HEALTH SYSTEM'S COST AND ACCESS CHALLENGES?

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	PC Only				
Singlepayer/Canadian style system	25.3%	18.7%	16.1%	13.3%	26.6%
Wide spread adoption of ACOs	3.6%	11.6%	40.5%	24.2%	20.1%
Widespread adoption of medical homes	17.4%	24.4%	32.5%	15.5%	10.2%
Medicare voucher system	4.8%	16.1%	46%	16.6%	16.5%
Widespread adoption of health savings accounts	18.1%	30.2%	30.5%	12.3%	8.9%
Evidence based medicine	37.1%	35.2%	19.2%	5.7%	2.8%
Reduce the supply of physicians	1.3%	2.7%	18.5%	23.5%	54%
Increase the supply of physicians	27.1%	34.3%	29.9%	5.2%	3.5%
Electronic medical records	18%	27.9%	24.8%	16.9%	12.4%
More government regulation	2.8%	7.3%	16%	17.3%	56.6%
Less government regulation	43.9%	23.8%	20.7%	7.1%	4.5%

	Very Positive	Somewhat Positive	Neither Positive or Negative	Somewhat Negative	Very Negative
	Specialists Only				
Singlepayer/Canadian style system	16.5%	16.3%	15.1%	15.5%	36.6%
Wide spread adoption of ACOs	1.6%	6.6%	37.7%	27.3%	26.8%
Widespread adoption of medical homes	3.5%	11.4%	46.5%	21.3%	17.3%
Medicare voucher system	6%	19.6%	41.2%	17.3%	15.9%
Widespread adoption of health savings accounts	24.2%	34.9%	25.6%	8.7%	6.6%
Evidence based medicine	32.3%	36.7%	20.7%	7%	3.3%
Reduce the supply of physicians	2.7%	4.2%	21.3%	24%	47.8%
Increase the supply of physicians	19.4%	31.1%	36.9%	7.3%	5.3%
Electronic medical records	15%	24.5%	26%	18.5%	16%
More government regulation	1.6%	4.6%	11.4%	14.5%	67.9%
Less government regulation	52.5%	24.1%	15.3%	5.2%	2.9%

31 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	PC	Specialists	All Respondents
0-20	4%	4%	4%
21-30	5.2%	4.2%	4.5%
31-40	13.4%	11.7%	12.2%
41-50	24.7%	20.5%	21.9%
51-60	26.2%	26%	26.1%
61-70	13.7%	15.9%	15.3%
71-80	8.2%	10.7%	9.9%
81-90	3%	4.4%	3.9%
91 – 100	1.2%	1.7%	1.6%
101 or more	0.4%	0.9%	0.6%

32 OF THESE, HOW MANY HOURS DO YOU WORK EACH WEEK ON NON-CLINICAL (PAPERWORK) DUTIES ONLY?

	PC	Specialists	All Respondents
0-10	54.8%	59.4%	58%
11-20	27.2%	25.5%	26.1%
21-30	10.4%	8.7%	9.3%
31-40	4.3%	3.4%	3.7%
41-50	1.8%	1.4%	1.5%
51-60	0.9%	1%	0.9%
61 or more	0.6 %	0.6%	0.5%

33 ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	PC	Specialists	All Respondents
0-10	13%	22.6%	19.5%
11-20	44.3%	37.6%	39.8%
21-30	33.2%	23.7%	26.8%
31-40	7.2%	8.5%	8.1%
41-50	1.5%	3.1%	2.6%
51-60	0.2%	1%	0.8%
61 or more	0.6%	3.5%	2.4%

Over 13 percent of physicians indicated they plan to retire over the next one to three years, which will remove them from the medical workforce altogether.

34 WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT PRACTICE?

	PC	Specialists	All Respondents
I am overextended and overworked	24.7%	21.8%	22.7%
I am at full capacity	52.7%	52.8 %	52.7%
I have time to see more patients and assume more duties	22.6%	25.4%	24.6%

35 HAVE TIME OR COST CONSTRAINTS COMPELLED YOU TO CLOSE YOUR PRACTICE TO MEDICARE OR MEDICAID PATIENTS?

	PC	Specialists	All Respondents
Yes, Medicare	11%	7.5%	8.6%
Yes, Medicaid	31.2%	24.5%	26.7%
No, I have not closed to either	57.8%	68%	64.7%

36 ESTIMATE THE AMOUNT OF UNCOMPENSATED CARE YOU PERSONALLY (NOT YOUR ENTIRE GROUP) PROVIDE IN THE COURSE OF A YEAR:

	PC	Specialists	All Respondents
$0-$5000	19.5%	12.4%	14.6%
$5001 - $15,000	14.5%	8.9%	10.6%
$15,001 - $25,000	16.3%	10.8%	12.6%
$25,001 - $35,000	8.1%	5.8%	6.5%
$35,001 - $50,000	16.3%	16.5%	16.4%
$50,001 o r more	25.3%	45.6%	39.3%

37 WHAT PERCENT OF YOUR PATIENTS ARE:

	PC	Specialists	All Respondents
Medicare	25.9%	32.4%	31%
Medicaid	21.8%	15.9%	17.9%
Private pay	31.2%	28.4%	29.7%
Indigent	7.8%	8.2%	8%
TriCare	3.8%	4.1%	4%
Other	9.5%	11%	9.4%

38 DESCRIBE YOUR INCOME FROM THE PRACTICE OF MEDICINE OVER THE LAST THREE YEARS:

	PC	Specialists	All Respondents
Flat	44.3%	37.6%	39.7%
Declining	36.7%	51.4%	46.7%
Increasing	19%	11%	13.6%

39 AS A RESULT OF THE ONGOING PROBLEMS WITH MEDICARE FEE SCHEDULE UPDATES, WHAT ACTION HAVE YOU TAKEN OR ARE YOU PLANNING TO TAKE? (CHECK ALL THAT APPLY)

	PC	Specialists	All Respondents
Place new or additional limits on Medicare acceptance	21.9%	23.3%	22.9%
Accept no new Medicare patients	16.9%	10.6%	12.6%
Terminate existing Medicare patients	2.8%	2.8%	2.8%
Change status to non-participating	5.5%	7.4%	6.8%
Formally opt out of Medicare	5.7%	7.5%	6.9%
Place new or additional limits on Medicaid acceptance	22.4%	22%	22.2%
Reduce the amount of charity care I deliver	18.7%	23.6%	22%
Increase standard fees charged to other patients	14%	16.3%	15.5%
Delay information technology implementation	13.3%	17.1%	15.9%
Renegotiate or terminate some commercial health plan contracts	14.2%	19.3%	17.7%
Reduce staff compensation or benefits	20%	30.3%	27%

40 IF MEDICARE FEES DECREASE BY 10 PERCENT OR MORE, WHAT ACTIONS WILL YOU TAKE? (CHECK ALL THAT APPLY)

	PC	Specialists	All Respondents
Place new or additional limits on Medicare acceptance	24.9%	29.8%	28.3%
Accept no new Medicare patients	29.6%	24.2%	25.9%
Terminate existing Medicare patients	9.4%	9.6%	9.5%
Change status to non-participating	9.7%	12.5%	11.6%
Formally opt out of Medicare	11.9%	15%	14%
Place new or additional limits on Medicaid acceptance	21.1%	21.4%	21.3%
Reduce the amount of charity care I deliver	18.1%	24.2%	22.3%
Increase standard fees charged to other patients	15.7%	18.8%	17.8%
Delay information technology implementation	12.5%	16.2%	15.1%
Renegotiate or terminate some commercial health plan contracts	13.5%	17.9%	16.5%
Reduce staff compensation or benefits	20.4%	29.3%	26.5%

41 HAS YOUR PRACTICE IMPLEMENTED ELECTRONIC MEDICAL RECORDS?

	PC	Specialists	All Respondents
Yes	72.9%	67.9%	69.5%
No	27.1%	32.1%	30.5%

42 IF YES, WHAT EFFECT HAS EMR HAD ON THE QUALITY OF PATIENT CARE IN YOUR PRACTICE?

	PC	Specialists	All Respondents
No effect	9.8%	14.5%	12.9%
Has improved quality of care	39.5%	29.6%	32.9%
Not yet improved quality, but I anticipate it will	15.3%	12.5%	13.4%
Has not improved quality, and I do not anticipate it will	14.5%	20.5%	18.5%
May improve quality, but not worth the investment	8%	7.8%	7.9%
Decreased quality, but I anticipate it eventually will improve quality	4.4%	3.8%	4%
Decreased quality and I do not anticipate it will improve quality	8.5%	11.3%	10.4%

43 IF YOU HAVE NOT IMPLEMENTED EMR, WHY NOT? (CHECK ALL THAT APPLY)

	PC	Specialists	All Respondents
No time to install EMR	20.1%	19%	19.3%
Do not have the money to install EMR	35%	33%	33.6%
Do not have the personnel to install EMR	20.1%	20.2%	20.2%
Do not have the resources/expertise to install EMR	24.8%	27.8%	26.9%

44 DO YOU HAVE SIGNIFICANT CONCERNS THAT EMR POSES A RISK TO PATIENT PRIVACY?

	PC	Specialists	All Respondents
Yes	42.9%	49.6%	47.4%
No	57.1%	50.4%	52.6%

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