

The Physicians' Perspective: Medical Practice in 2008



Survey Summary & Analysis



Survey:

The Physicians' Perspective

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



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

> Family Practice, Texas



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

> Internist, California



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

> Family Practice, New York

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Executive Summary

How do you feel about the current state of the medical profession? How do you feel about the future of the medical profession? How do you feel about the current state of the medical profession? How do you feel about the future of the medical profession?

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The Physicians' Foundation determined to answer these questions, and many more, through one of the largest and most comprehensive physician surveys ever conducted in the United States. It is a study of the current state of the medical profession, and the future of the medical profession.

The survey included 12,000 physicians nationwide, and 800,000 patients nationwide. The survey also included 4,000 patients nationwide, and 800,000 patients nationwide.

The following are the key findings of the survey:

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

Comments that were received from physicians and patients are included in the full report.

Interviews with physicians and patients are included in the full report. The survey also included interviews with patients and physicians. The survey also included interviews with patients and physicians.

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Key Findings

The Doctor Shortage

- An estimated 78% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.
- 49% of respondents believe that the current number of doctors is insufficient to meet the needs of the community. In addition, 11% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.
- 13% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.
- 20% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.
- 10% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.
- 60% of respondents believe that the current number of doctors is insufficient to meet the needs of the community.

Paperwork

- 63% of respondents believe that the current amount of paperwork is too much.
- 94% of respondents believe that the current amount of paperwork is too much.

Government

- 82% of respondents believe that the current government policies are not working.
- 65% of respondents believe that the current government policies are not working.
- 36% of respondents believe that the current government policies are not working.
- 33% of respondents believe that the current government policies are not working.
- 12% of respondents believe that the current government policies are not working.

Finances

- 17% of respondents believe that the current financial situation is not working.
- 45% of respondents believe that the current financial situation is not working.

Morale

- 6% of respondents believe that the current morale is not working.
- 42% of respondents believe that the current morale is not working.
- 78% of respondents believe that the current morale is not working.
- 76% of respondents believe that the current morale is not working.

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

Methodology

The March 2008 Panel Study of Income Dynamics (PSID) is a nationally representative longitudinal survey of the United States. The PSID is a household-level survey that tracks the lives of individuals and families over time. The PSID is a multi-generational survey that tracks the lives of individuals and families over time. The PSID is a multi-generational survey that tracks the lives of individuals and families over time. The PSID is a multi-generational survey that tracks the lives of individuals and families over time.

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For "The Physicians' Foundation" Survey

Physicians' Foundation

August 25, 2008

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Summary:

The following information was obtained from the survey conducted by the Physicians' Foundation in Dallas, Texas, and is intended to provide information to the Texas Tech University community regarding the survey results.

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Best of all, the survey results are as follows:

General Assessment

The following information was obtained from the survey conducted by the Physicians' Foundation in Dallas, Texas, and is intended to provide information to the Texas Tech University community regarding the survey results.

Overview of Survey

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

Response rate from physicians in all 50 states and the District of Columbia. On average, 75% of physicians in all 50 states and the District of Columbia responded to the survey. Response rates were highest in New York (85%), California (82%), and Texas (80%). Response rates were lowest in Nevada (65%) and North Carolina (68%).

Family physicians (27%), general internists (20%), and obstetrician/gynecologists (17%) were the most common specialties. Response rates were highest among family physicians (85%) and lowest among obstetrician/gynecologists (65%).

Thirty-two percent (32%) of physicians were employed by a hospital (52.4%), 51% were employed by a private practice (47% of those were solo practitioners), 11% were employed by an academic medical center (AMC), and 10% were employed by a government agency (Maternal and Child Health). Response rates were highest among solo practitioners (85%) and lowest among those employed by a government agency (65%). Women (77%) were more likely than men (27%) to be employed by a hospital. Thirty percent (30%) of physicians were employed by a hospital, 27% by a private practice, 11% by an academic medical center, and 18% by a government agency. Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000). Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000). Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000).

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Practice Plans

Physicians were most likely to be employed by a hospital (52.4%), followed by private practice (47%), academic medical center (11%), and government agency (10%). Response rates were highest among solo practitioners (85%) and lowest among those employed by a government agency (65%).

Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000). Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000). Annual income was highest among those employed by a hospital (median \$25,000) and lowest among those employed by a government agency (median \$11,000).

Of 7% of respondents, 7% of respondents reported that they were not satisfied with the amount of reimbursement they received for their services. Physicians reported that the amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

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

Only 27.69% of physicians reported that they were not satisfied with the amount of reimbursement they received for their services. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

It is important to note that 60% of physicians reported that they were not satisfied with the amount of reimbursement they received for their services. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

In addition, 22% of physicians reported that they were not satisfied with the amount of reimbursement they received for their services. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

Opinions, Perspectives, and Practice Plans

Physicians reported that the amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

A majority (5.47%) of physicians reported that they were not satisfied with the amount of reimbursement they received for their services. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

Patients are not satisfied with the amount of reimbursement they received for their services. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

Reimbursement is not sufficient to cover the costs of providing patient care. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage. The amount of reimbursement they received for their services was not sufficient to cover their costs and to provide a reasonable living wage.

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

That is, an average of 11.5 hours per week on non-clinical duties. At least 64.84% of physicians spend at least 10 hours per week on non-clinical duties, and 43% of physicians spend at least 15 hours per week on non-clinical duties.

The majority of physicians (76%) spend at least \$25,000 per year on non-clinical duties, and 39% spend at least \$50,000 per year on non-clinical duties. Unsurprisingly, 15.76% of physicians spend at least an hour per week on non-clinical duties, and 84.24% spend at least 10 hours per week on non-clinical duties.

Doctors spend an average of 39.86% of their time on non-clinical duties, and 35.66% of physicians spend at least 30% of their time on non-clinical duties. Of those who spend at least 30% of their time on non-clinical duties, 77% spend at least 1 hour per week on non-clinical duties, and 22% spend at least 10 hours per week on non-clinical duties. The majority of physicians (77%) spend at least 1 hour per week on non-clinical duties, and 47.31% spend at least 10 hours per week on non-clinical duties.

Professional Morale

Only 5.86% of physicians are satisfied with their professional morale, and 42% of physicians are dissatisfied with their professional morale. The majority (52.28%) of physicians are dissatisfied with their professional morale. A significant number of physicians (22%) are dissatisfied with their professional morale, and 30% of physicians are dissatisfied with their professional morale. The majority of physicians (47.31%) are dissatisfied with their professional morale.

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

Put it in Writing

The American Medical Association has reported that the average physician in the United States spends 4,000 minutes per patient per year. This is a significant increase from the 3,000 minutes spent per patient per year in 1990. The increase is due to a number of factors, including the increasing complexity of medical care and the increasing time spent on administrative tasks.

At the same time, the amount of time spent on patient care has decreased. This is due to a number of factors, including the increasing time spent on administrative tasks and the increasing complexity of medical care. The result is that physicians are spending less time with their patients and more time on administrative tasks.

Consequently, the amount of time spent on patient care has decreased. This is due to a number of factors, including the increasing time spent on administrative tasks and the increasing complexity of medical care. The result is that physicians are spending less time with their patients and more time on administrative tasks.

Conclusion

Men are not afraid of death, but they are afraid of the pain of death. At the same time, they are afraid of the pain of life.

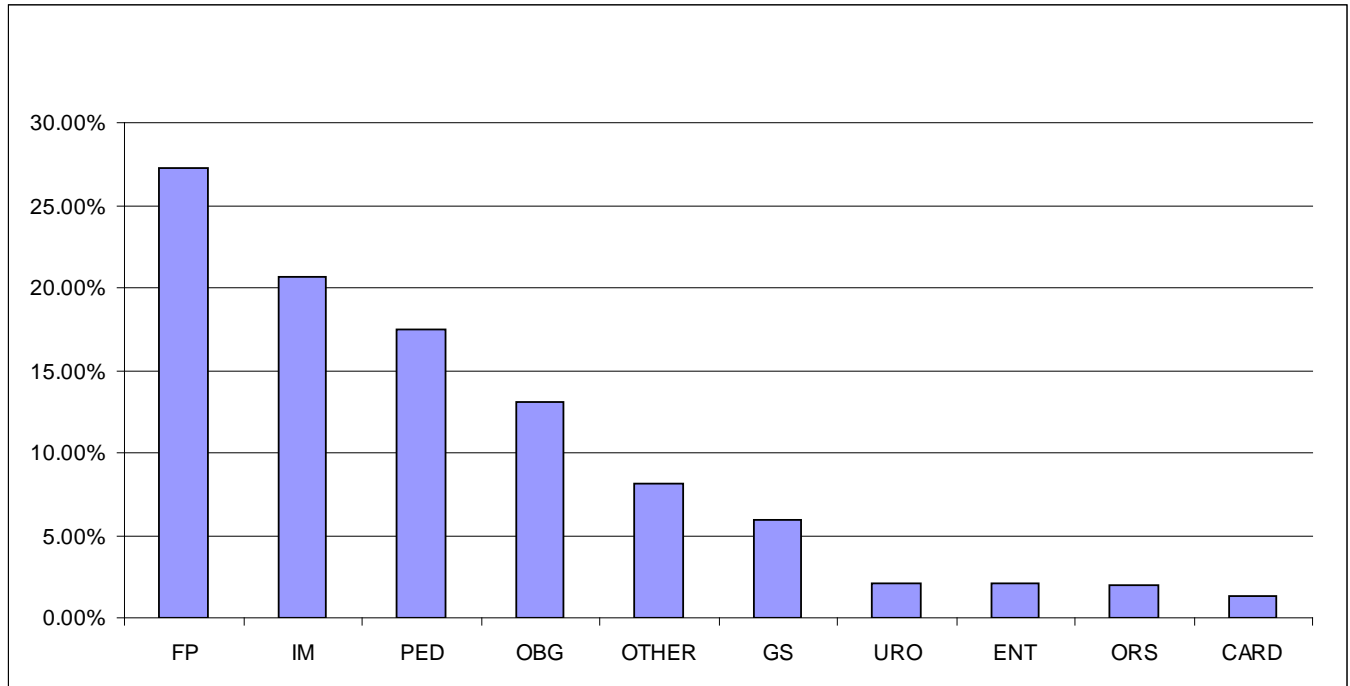
The pain of death is not the same as the pain of life. The pain of death is a sharp, sudden pain, while the pain of life is a slow, steady pain. The pain of death is a pain that you can see, while the pain of life is a pain that you can feel.

Responses to Questions

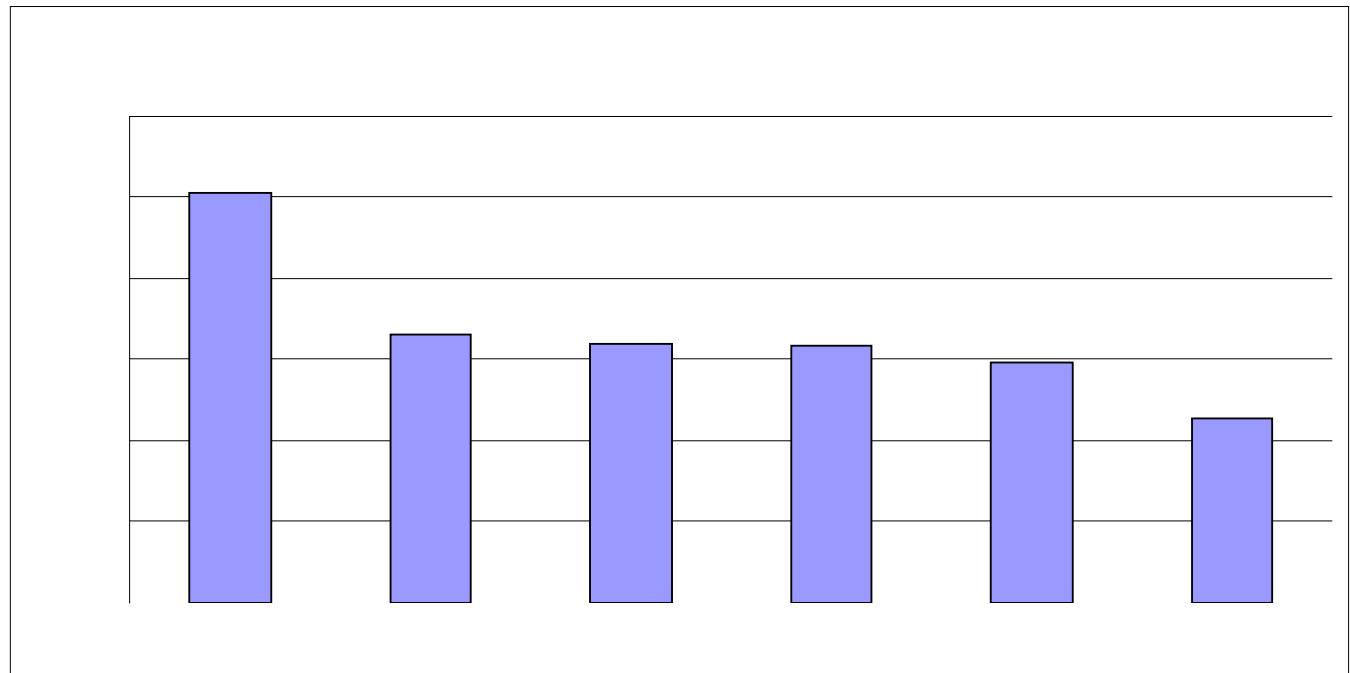
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PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

2. What is your medical specialty?

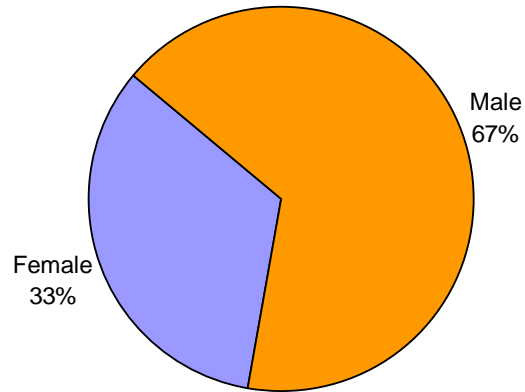


3. How many years you have been in medical practice (post residency/fellowship)?

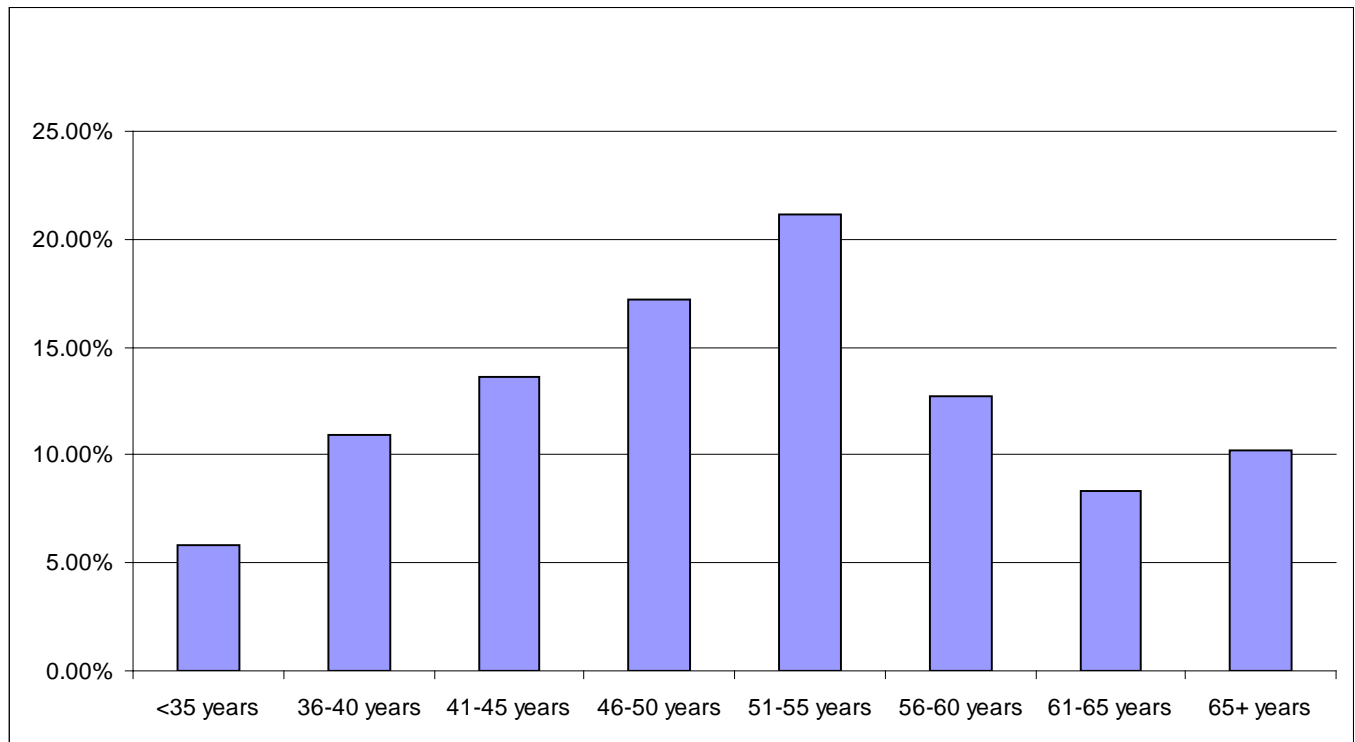


PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

4. What is your gender?

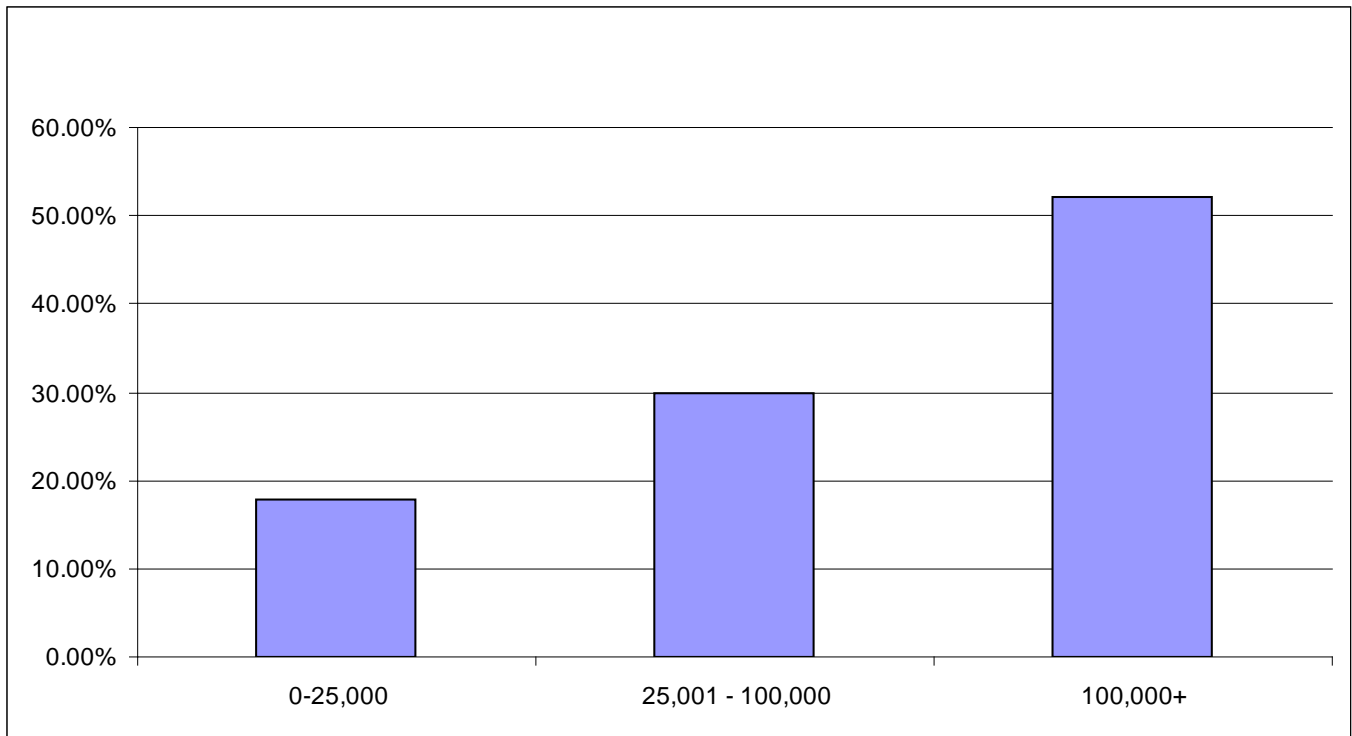


5. What is your age?

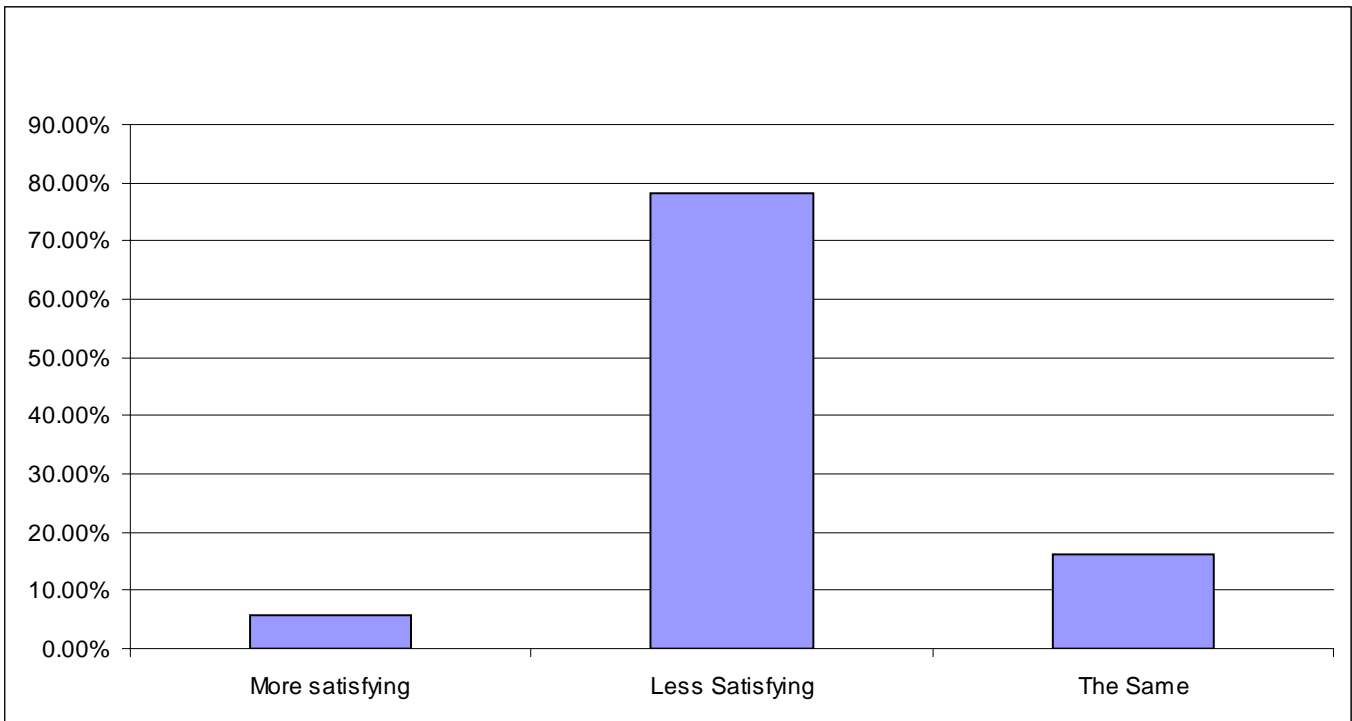


PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

6. What size community do you practice in?

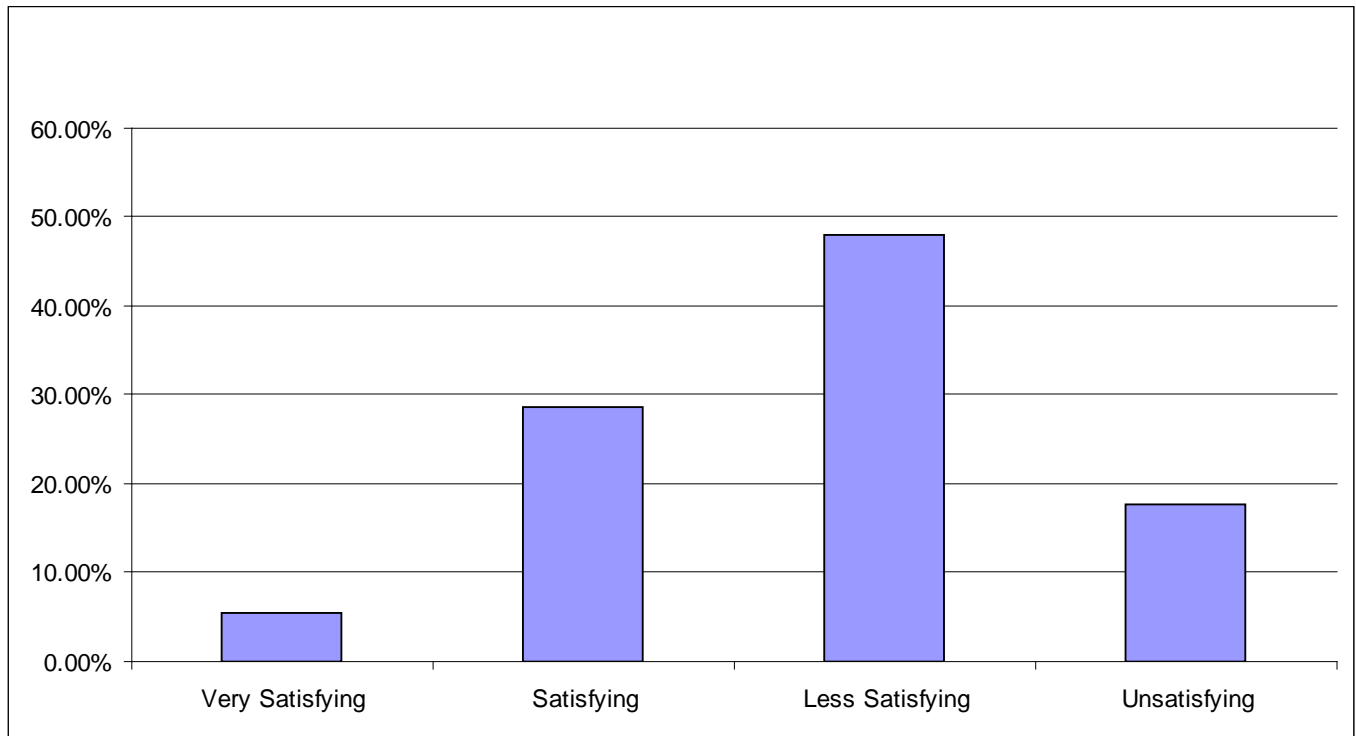


7. In the past five years the practice of medicine has become:



PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

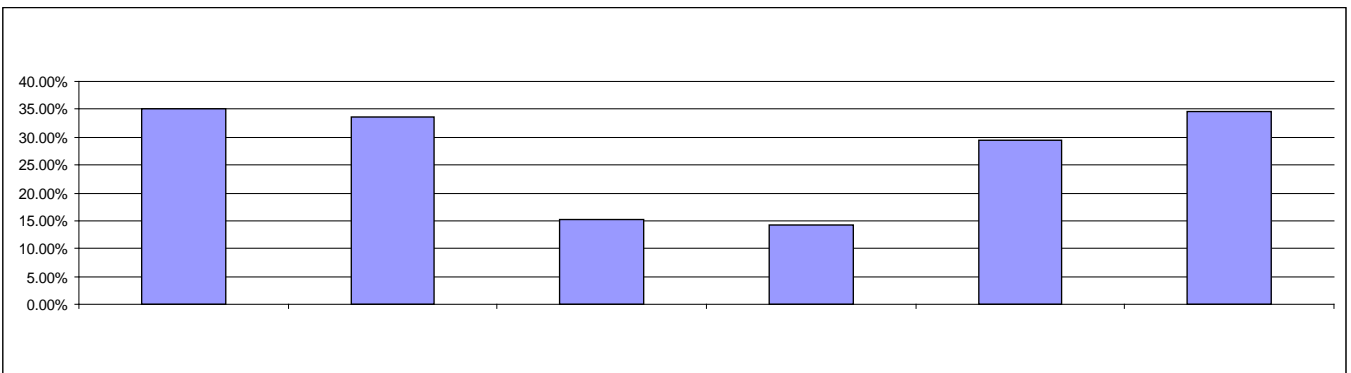
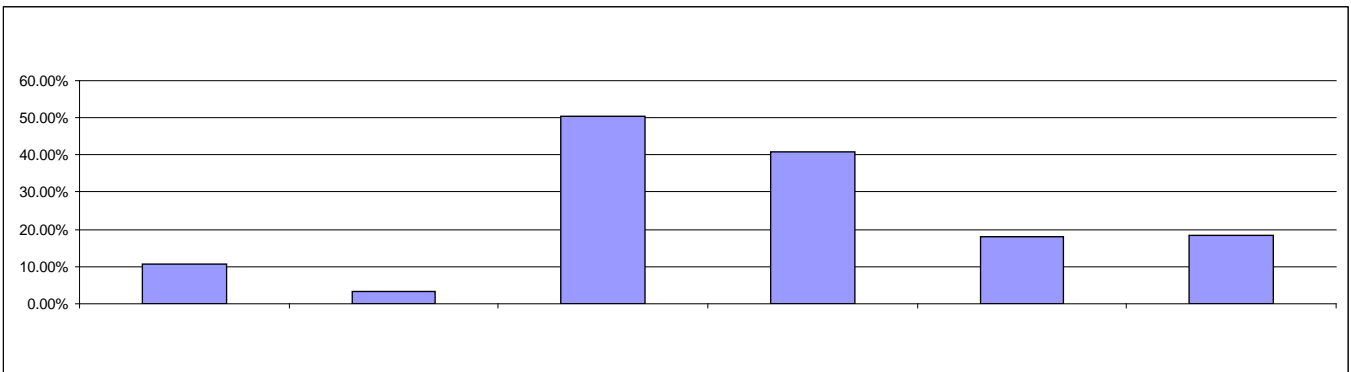
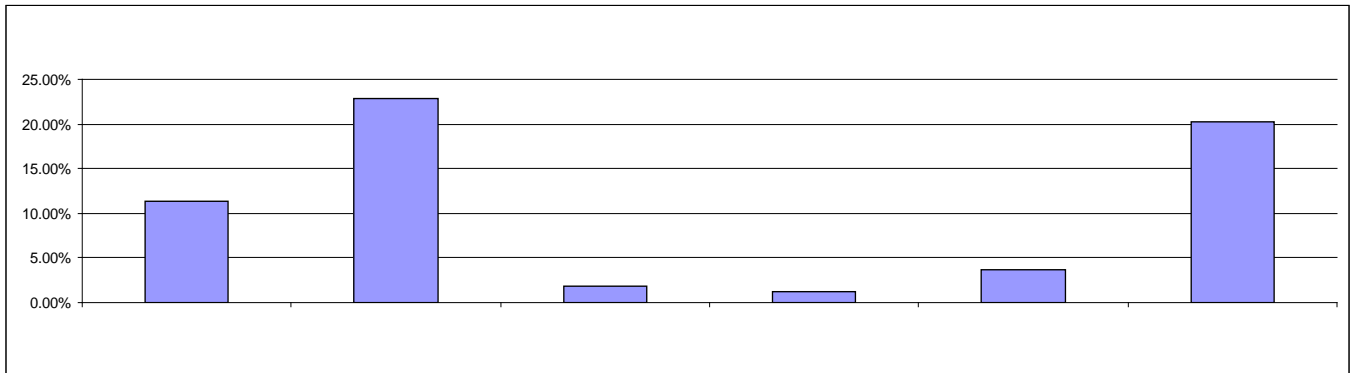
8. How do you now find the practice of medicine?



PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

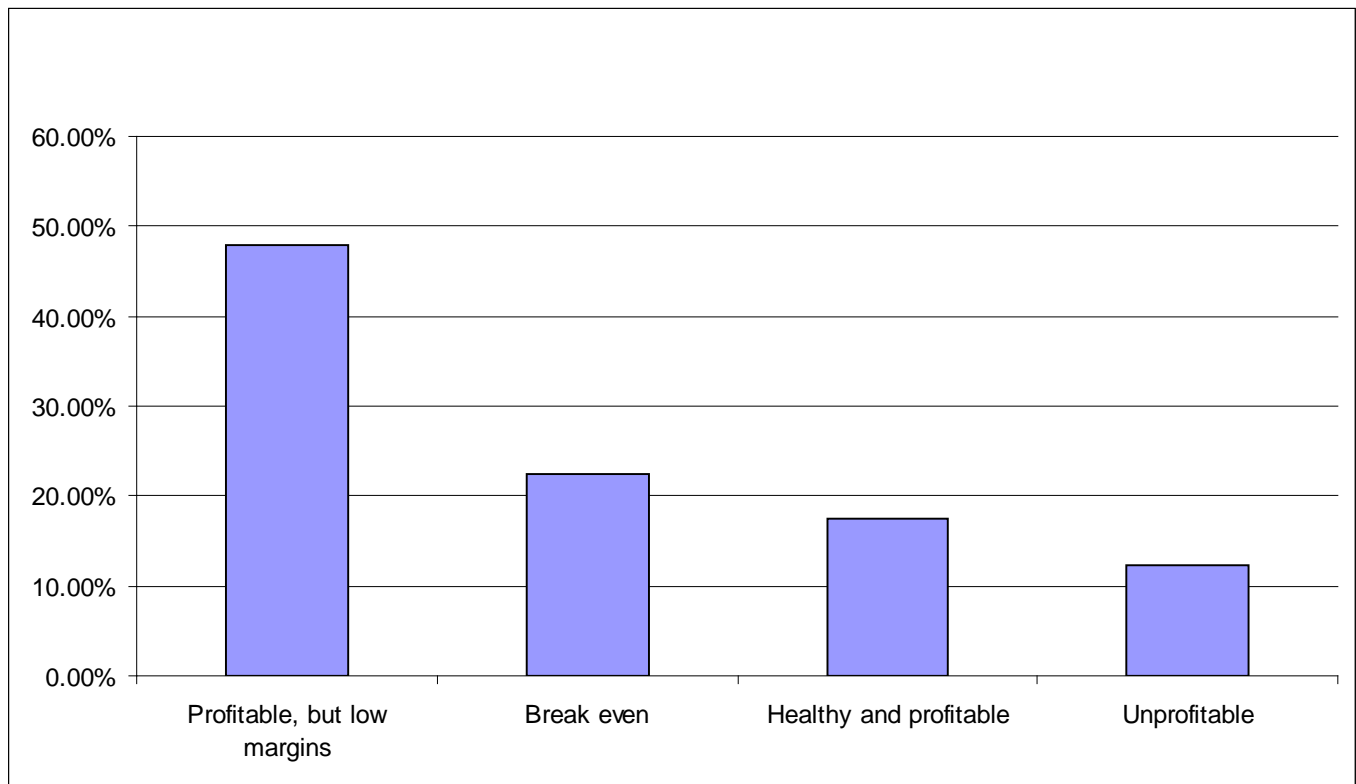
9. What do you find satisfying about medical practice?

| | Most Satisfying | | Somewhat Satisfying | | Least Satisfying |
|--------------------------------|-----------------|--------|---------------------|--------|------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Participation Ratio | 10.83% | 24.03% | 35.20% | 18.57% | 11.37% |
| Financial Reward Ratio | 3.32% | 19.28% | 33.70% | 20.81% | 22.88% |
| Patient Ratio | 50.45% | 27.72% | 15.22% | 4.76% | 1.86% |
| Intellectual Stimulation Ratio | 40.77% | 40.92% | 14.22% | 2.87% | 1.22% |
| Professional/Care Ratio | 18.09% | 38.09% | 29.40% | 10.79% | 3.64% |
| Other Ratio | 18.35% | 18.66% | 34.50% | 8.23% | 20.26% |



PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

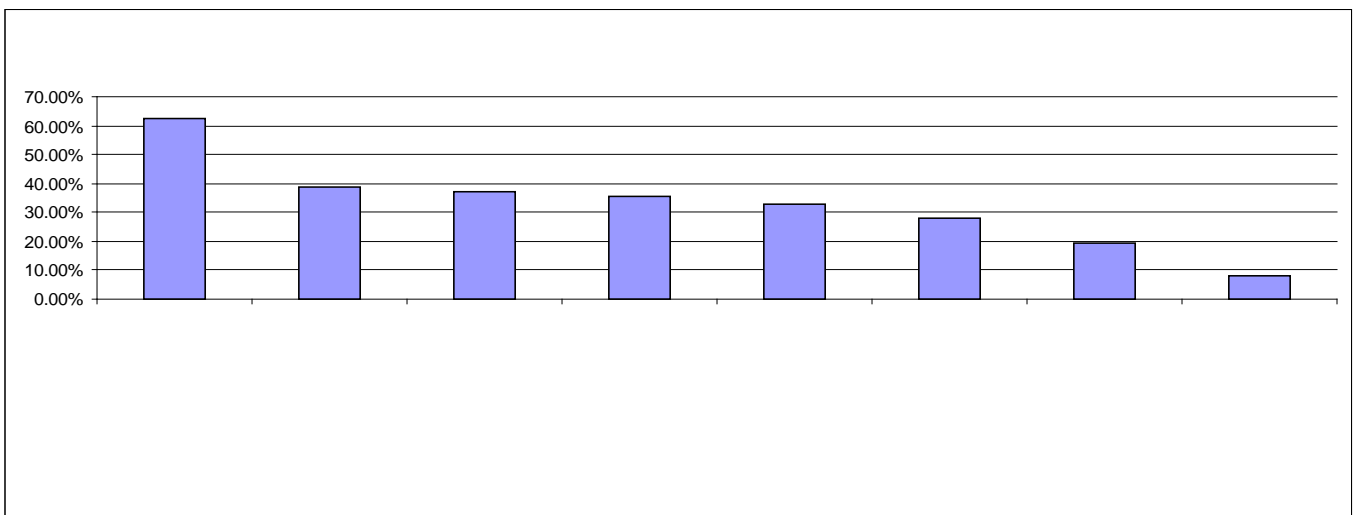
11. Assess the financial health of your practice:



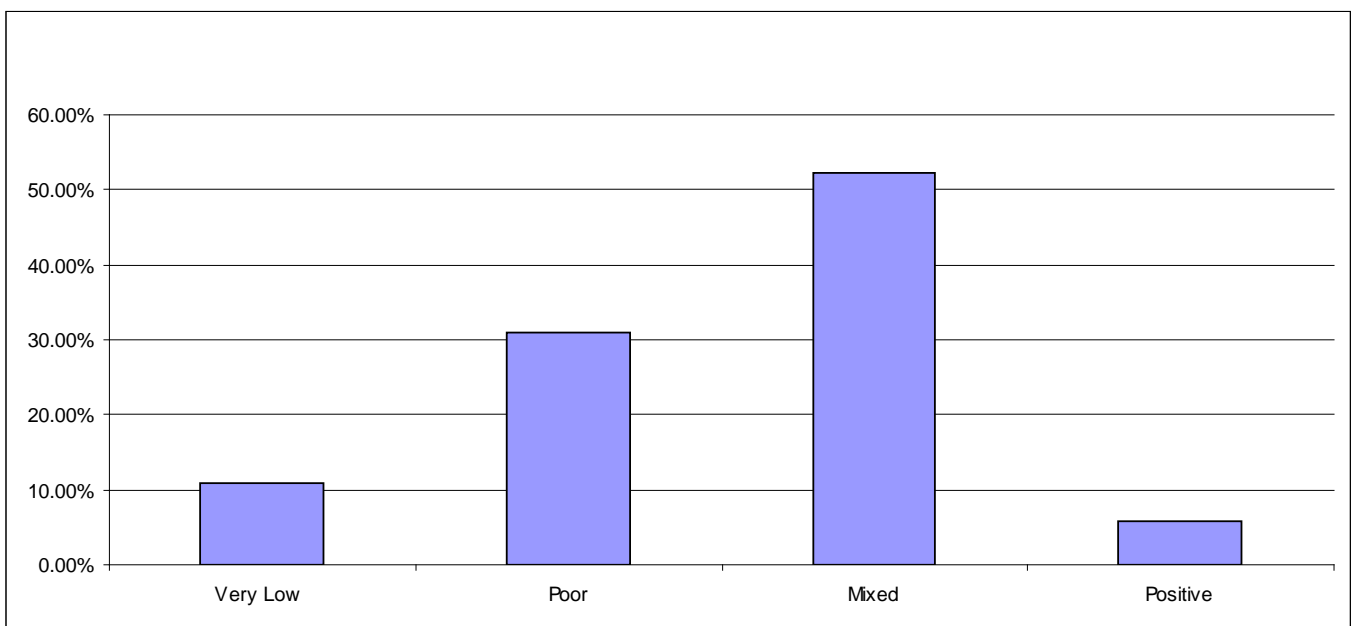
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLANS

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

| | Major Impediment | | | Minor Impediment | |
|--|------------------|--------|--------|------------------|--------|
| | 1 | 2 | 3 | 4 | 5 |
| Deficient Management Capabilities | 39.02% | 32.89% | 18.55% | 6.13% | 3.41% |
| Management/Financial Issues | 35.46% | 31.47% | 21.64% | 8.28% | 3.15% |
| Conflicting Management/Health Information Technology | 28.18% | 33.46% | 24.51% | 9.20% | 4.65% |
| Non-Competitive Pay | 32.64% | 35.04% | 23.22% | 6.99% | 2.10% |
| Disruption of Practice Team | 37.12% | 35.46% | 20.84% | 5.41% | 1.17% |
| Disruption of Revenue | 62.27% | 25.28% | 8.55% | 2.47% | 1.43% |
| Staff/PCP Issues | 19.36% | 21.73% | 29.19% | 17.06% | 12.66% |
| Patient Attitude | 8.20% | 22.38% | 34.37% | 21.62% | 13.43% |



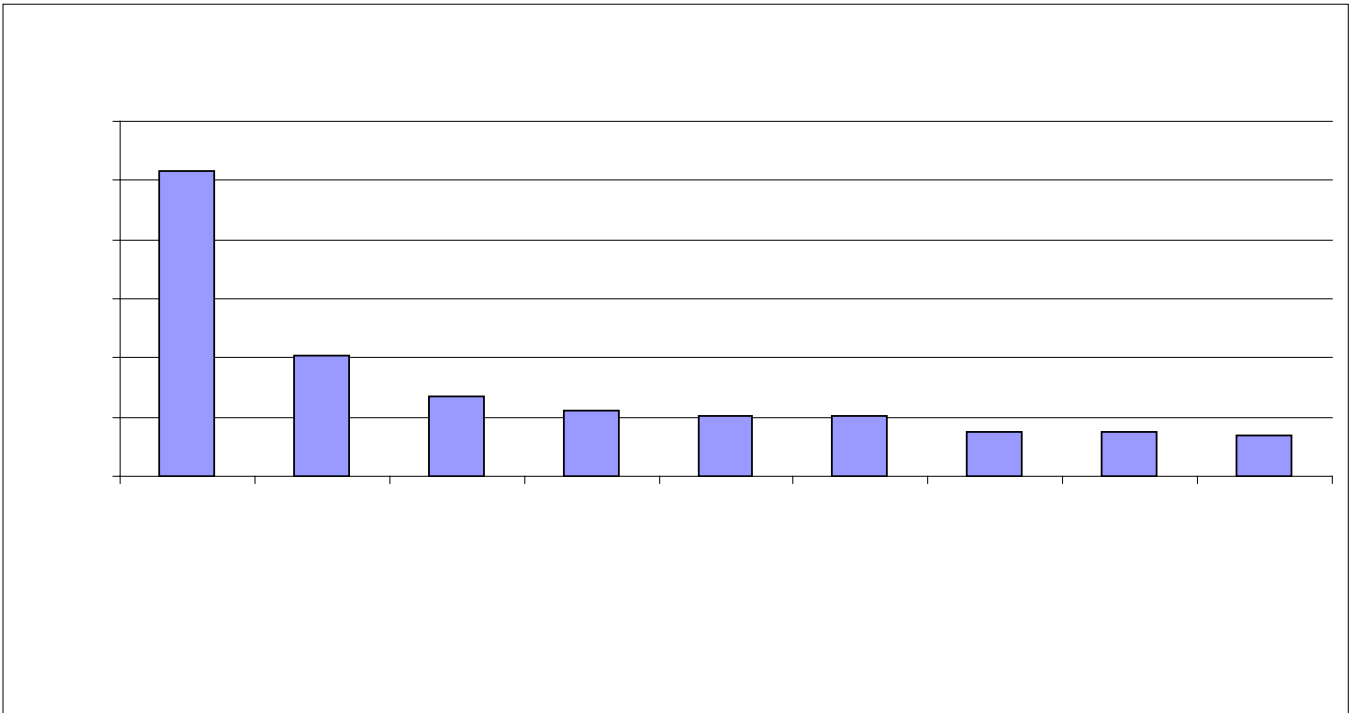
13. How would you describe the professional morale of physicians you know or with whom you work?



PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

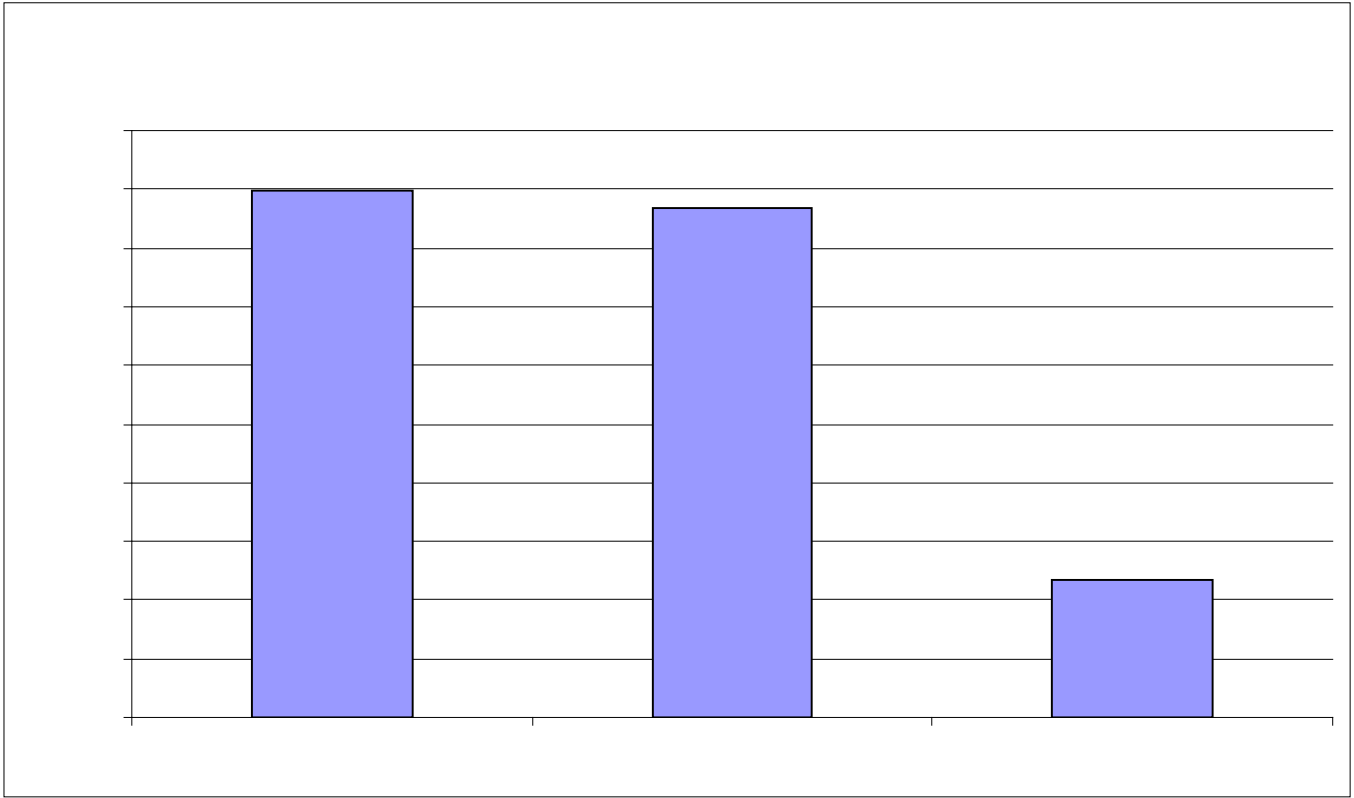
16. In the next 1-3 years, I plan to (check all that apply):

| | |
|------------------------|--------|
| C Pat t N Pat nt | 7.38% |
| C tBa | 20.26% |
| C ntn Pat n a lam | 51.48% |
| S N n n a J t n H at a | 13.40% |
| R t | 10.95% |
| W Pat Tm | 10.15% |
| S J Un at t H at a | 10.14% |
| W m | 7.54% |
| S t t C n /B t | 7.04% |



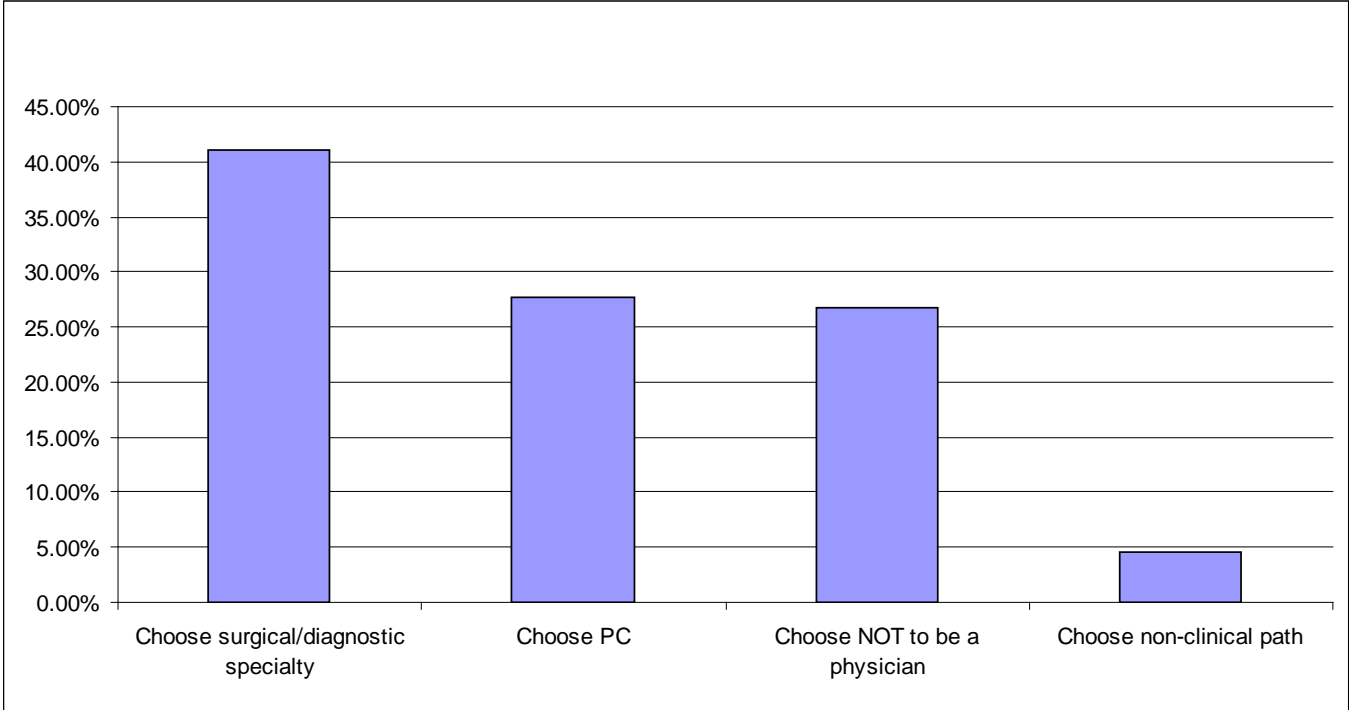
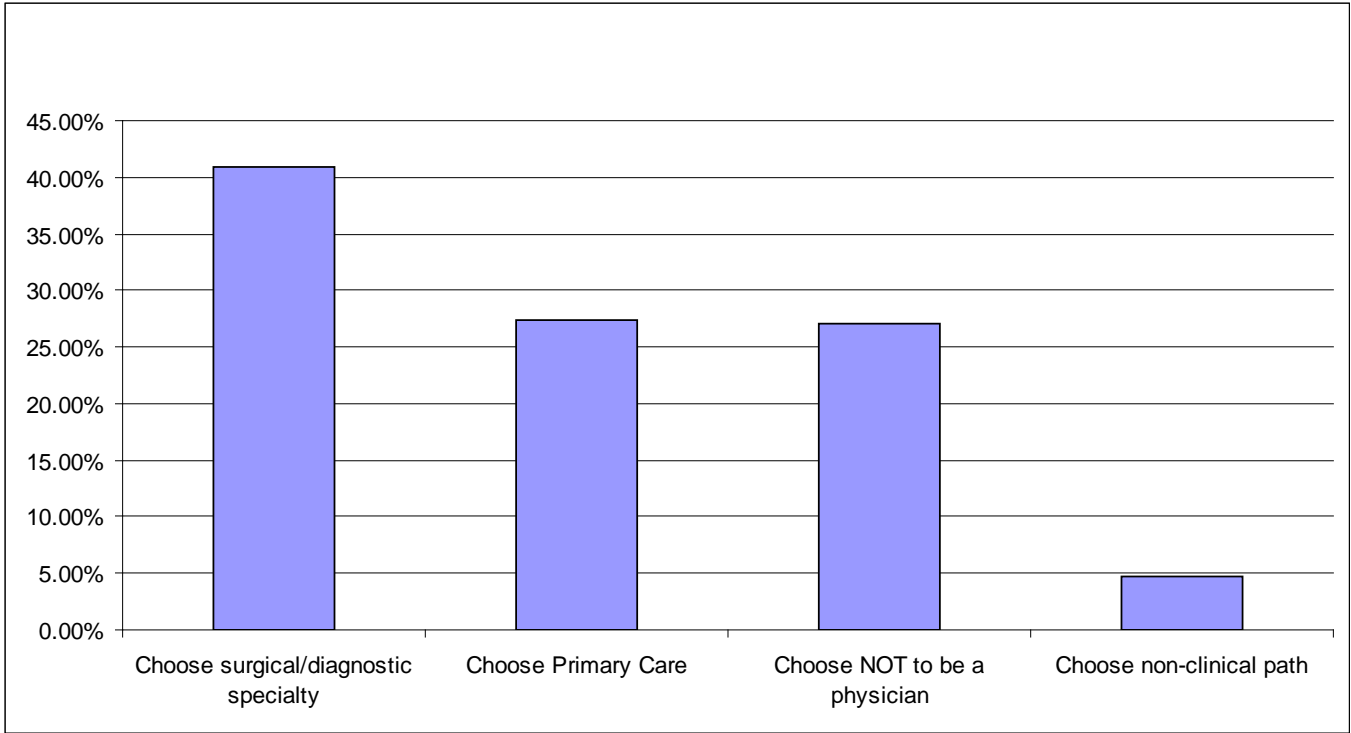
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

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



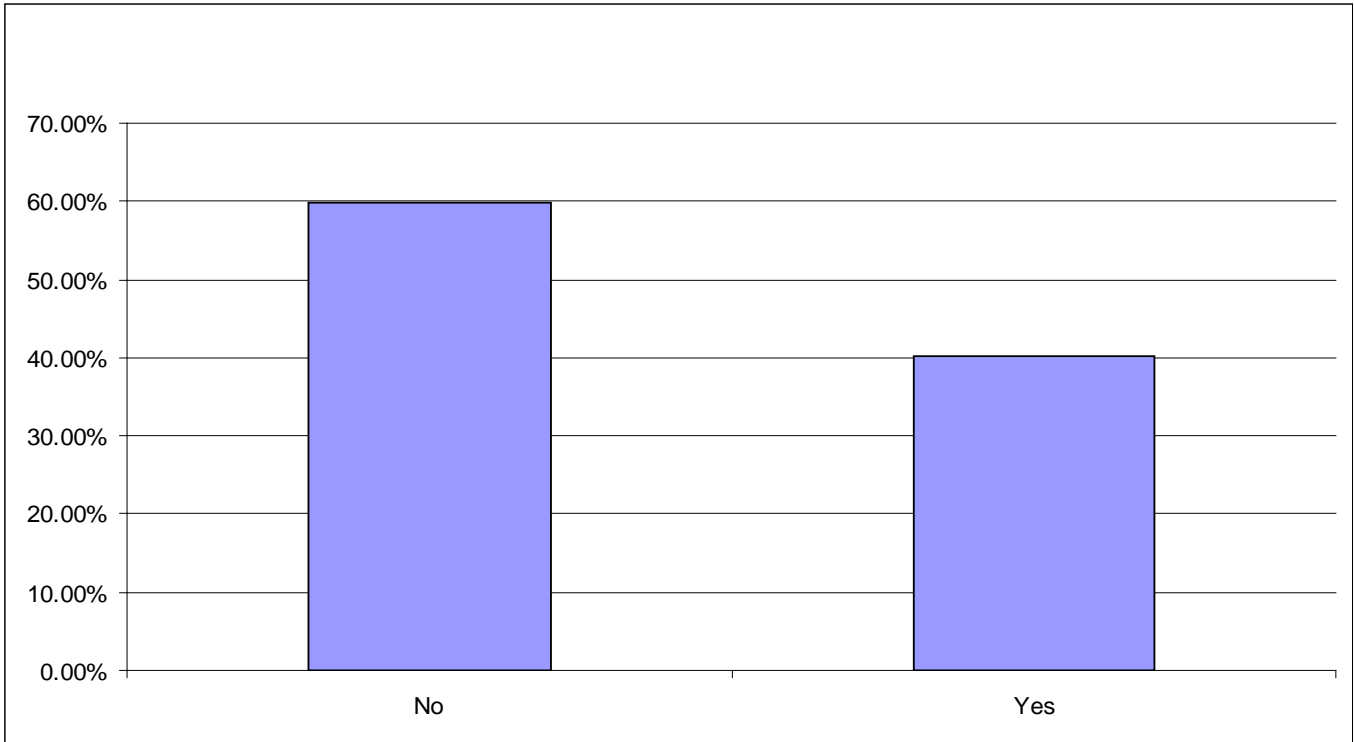
PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

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

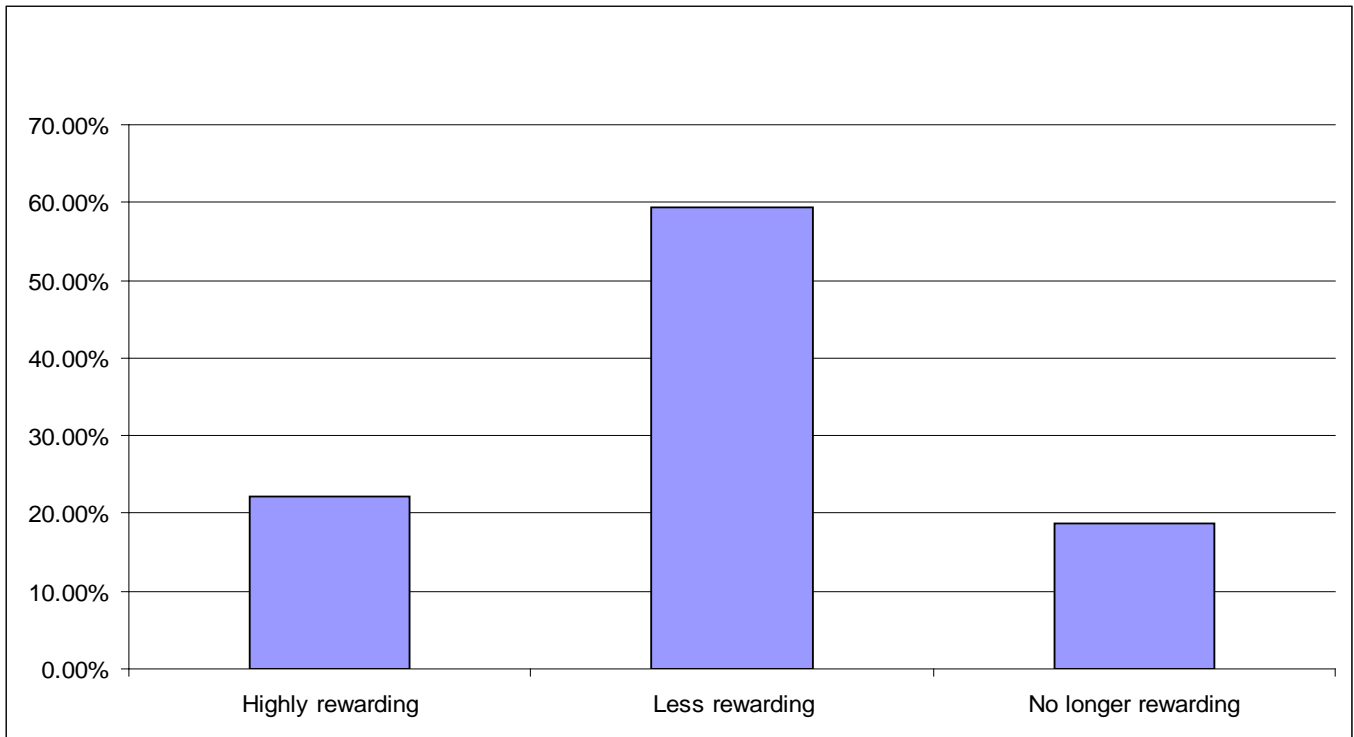


PART ONE: OPINIONS, PERSPECTIVES, AND PRACTICE PLAN

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

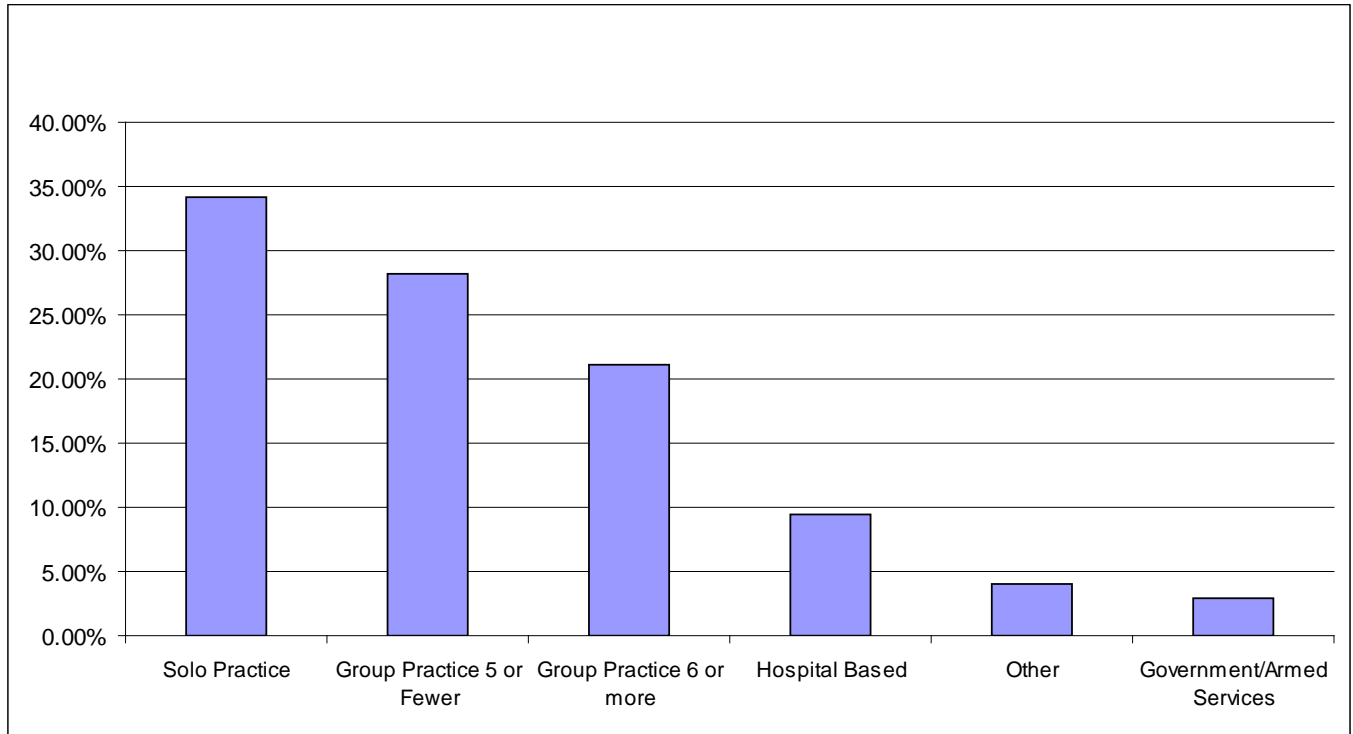


20. Which best describes your current attitude to your medical career:

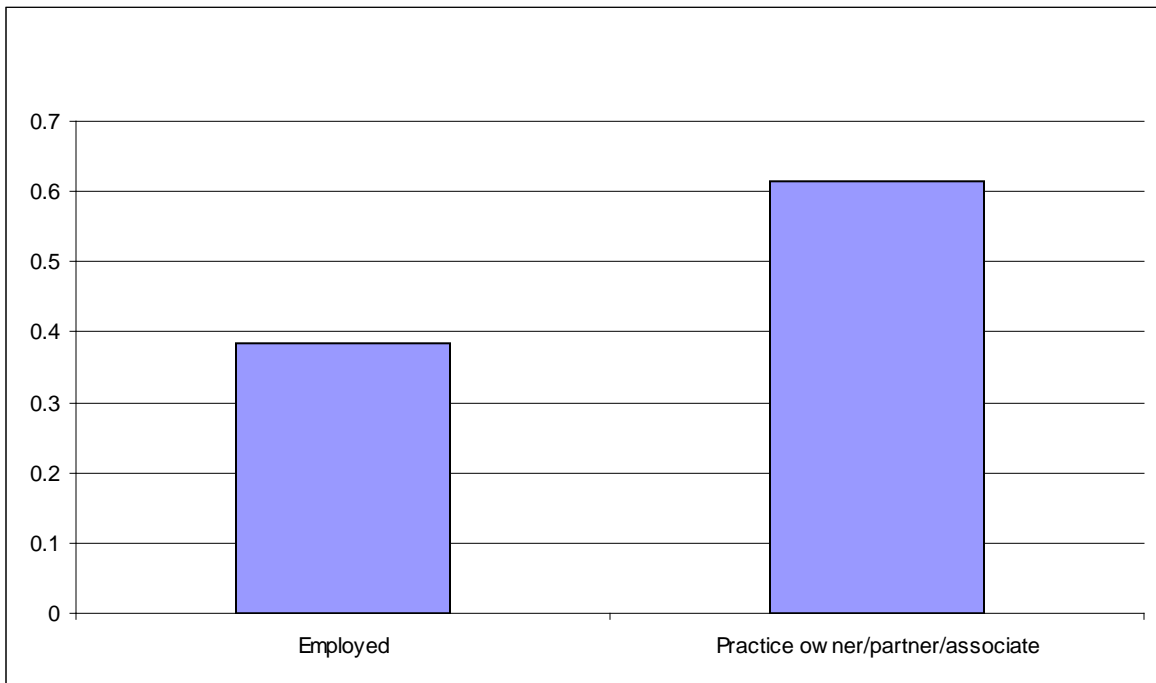


PART TWO: PRACTICE CHARACTERISTICS

1. Is your practice:

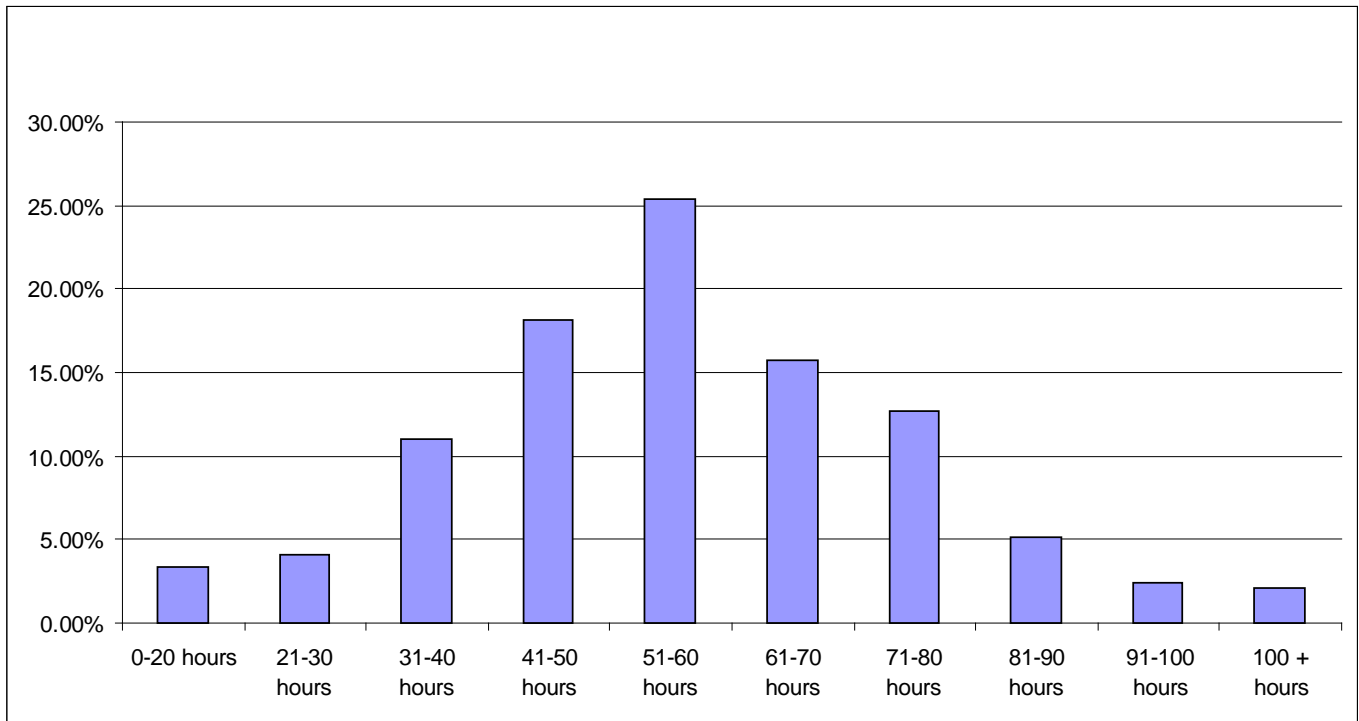


2. Are you:



PART TWO: PRACTICE CHARACTERISTICS

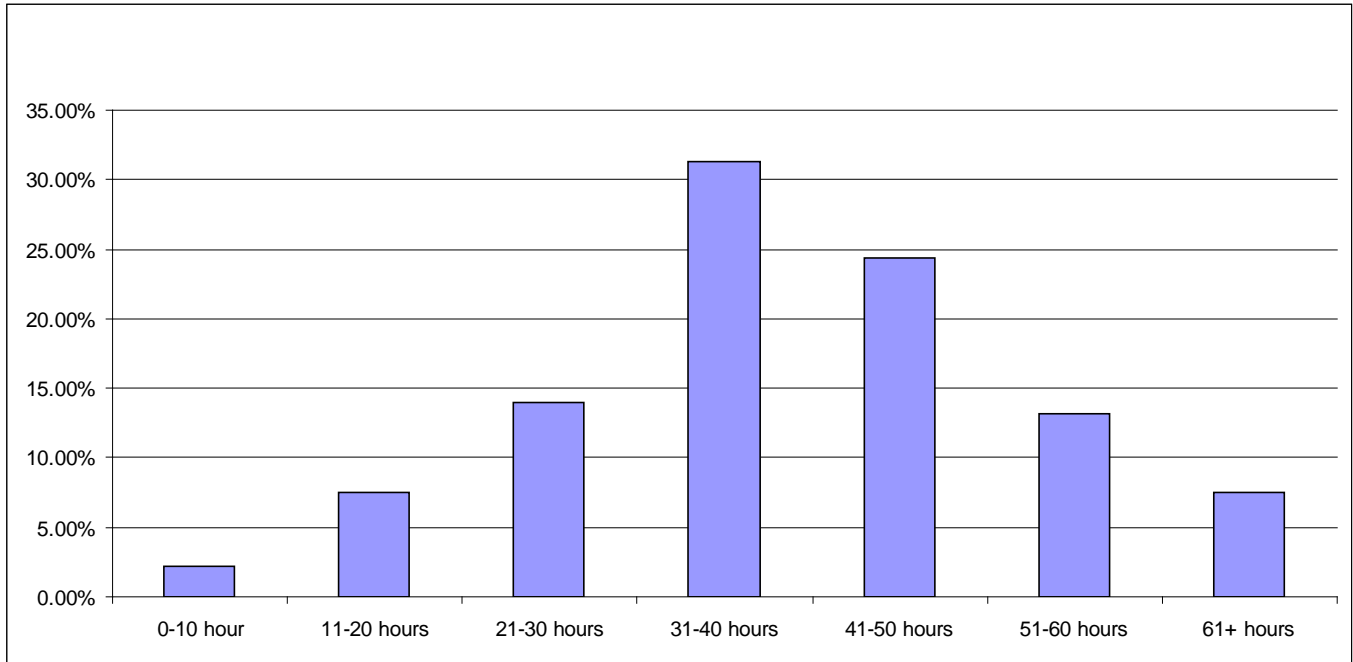
3. On average, how many hours do you work a week? Include time spent on clinical, administrative/business, compliance and all other duties related to your practice.



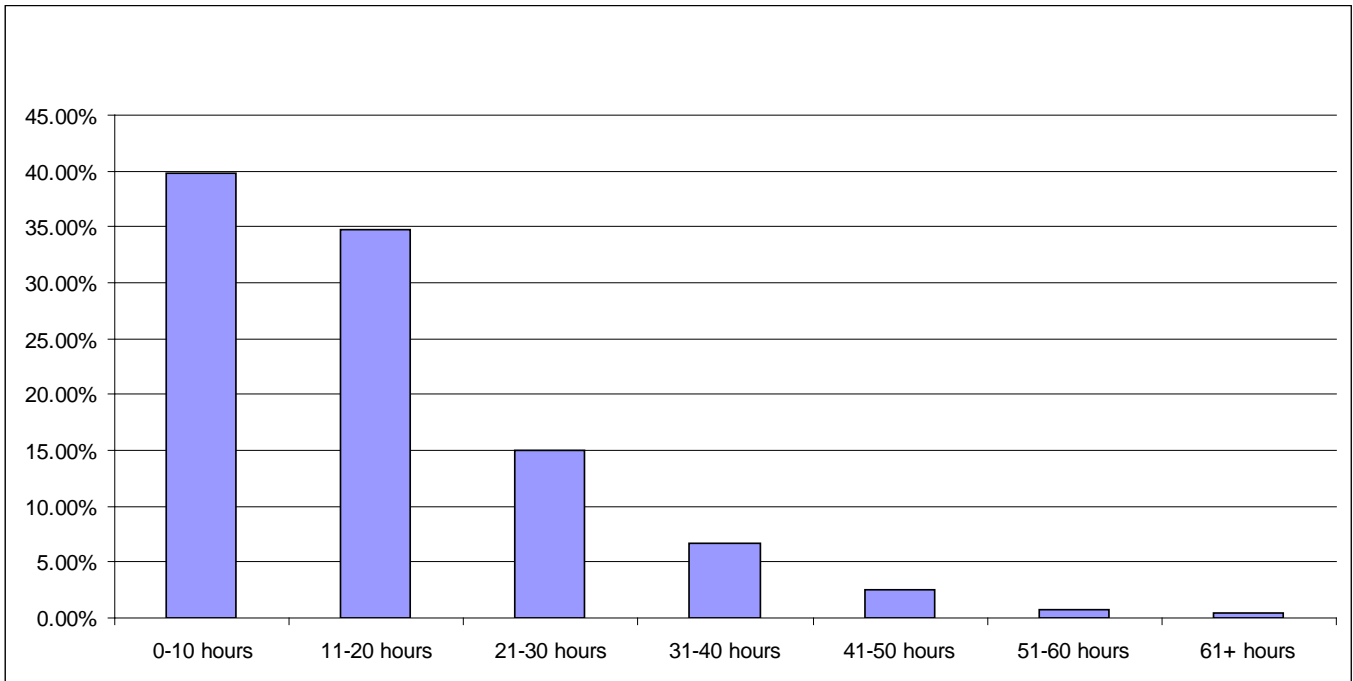
PART TWO: PRACTICE CHARACTERISTICS

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

Clinical/patient care duties:

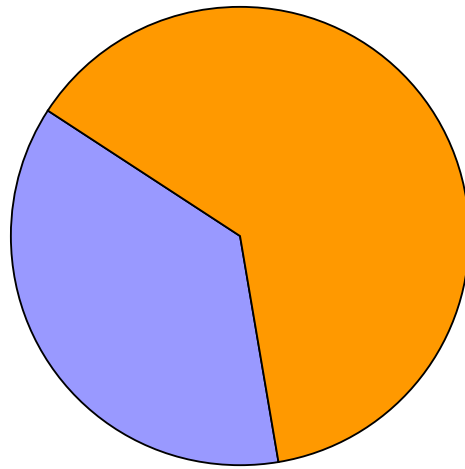


Non-clinical duties:

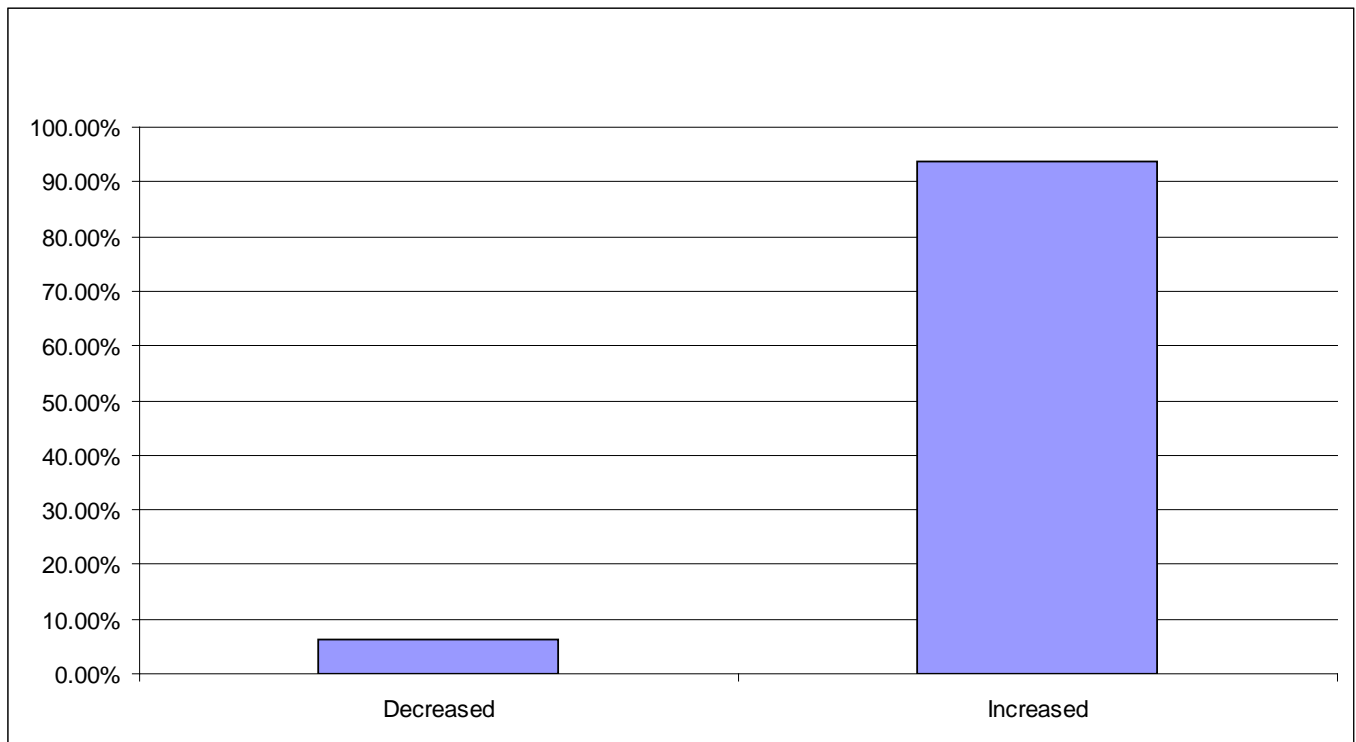


PART TWO: PRACTICE CHARACTERISTICS

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

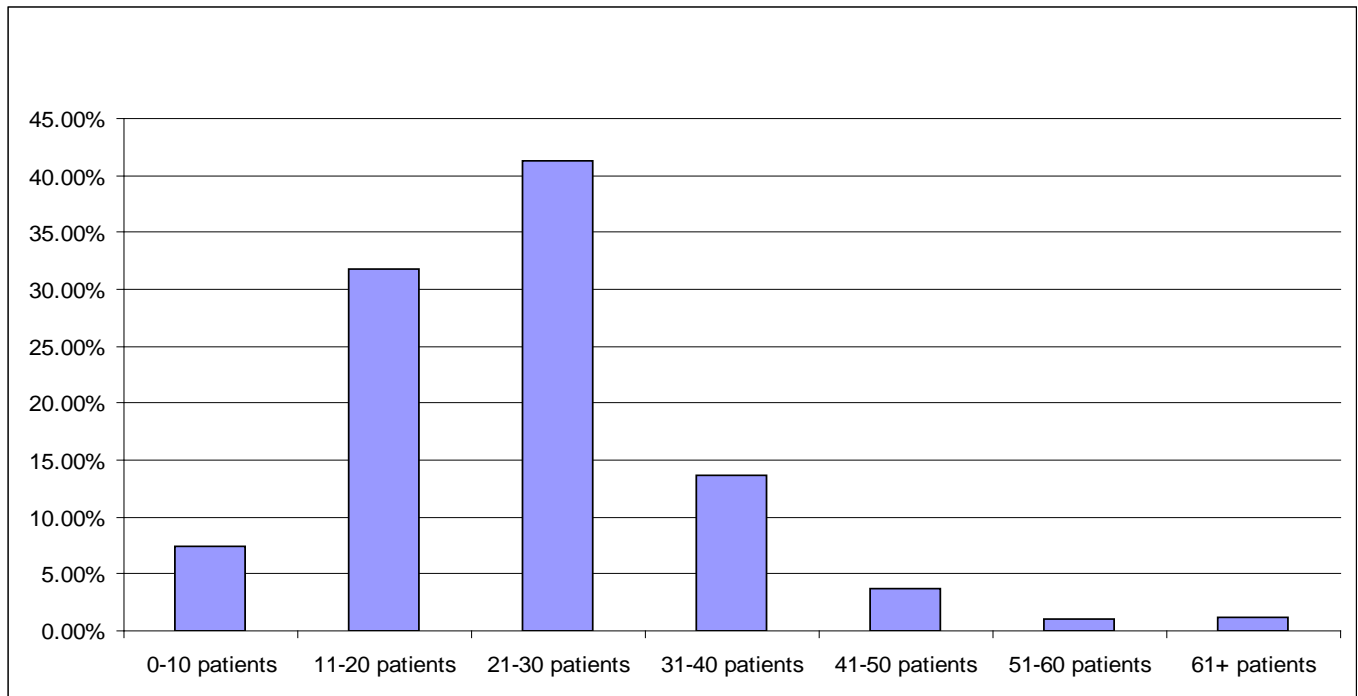


6. In the past three years has the time you allocate to non-clinical duties in your practice:

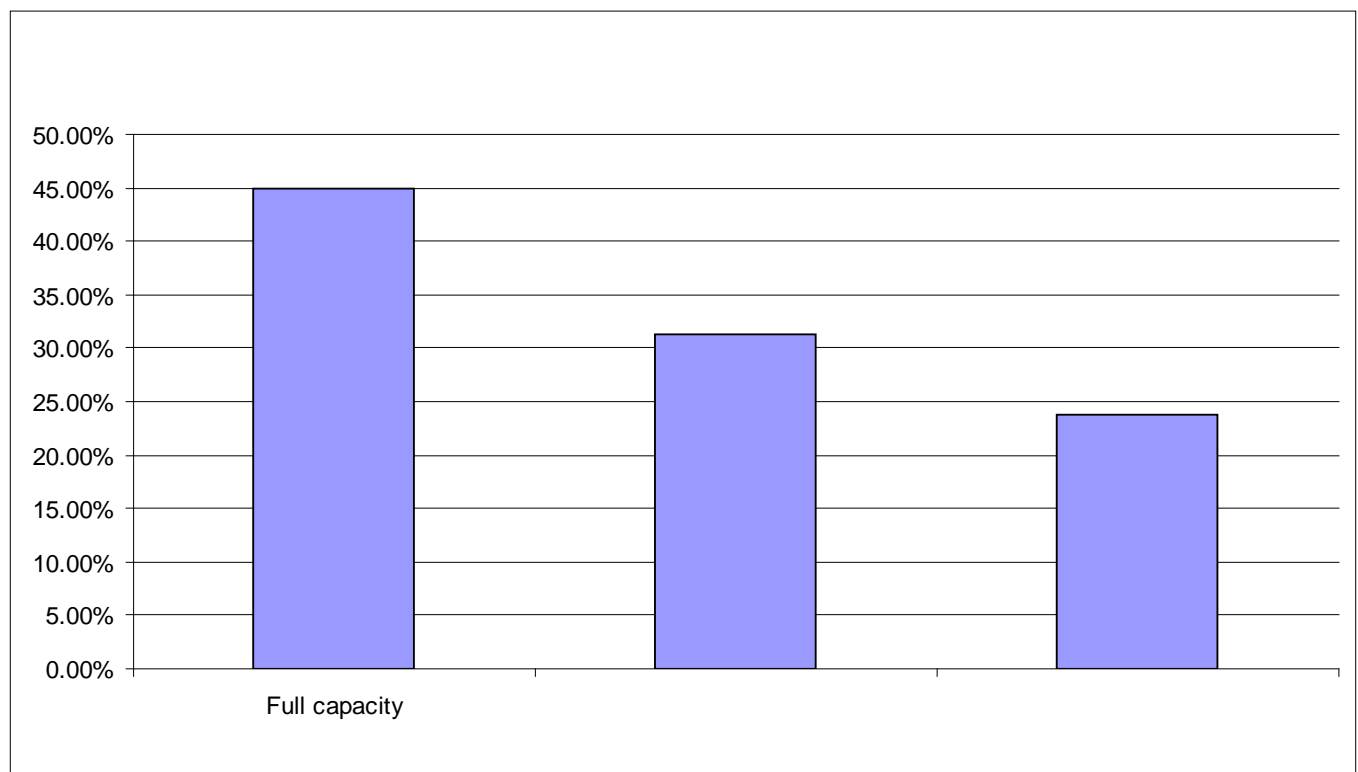


PART TWO: PRACTICE CHARACTERISTICS

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

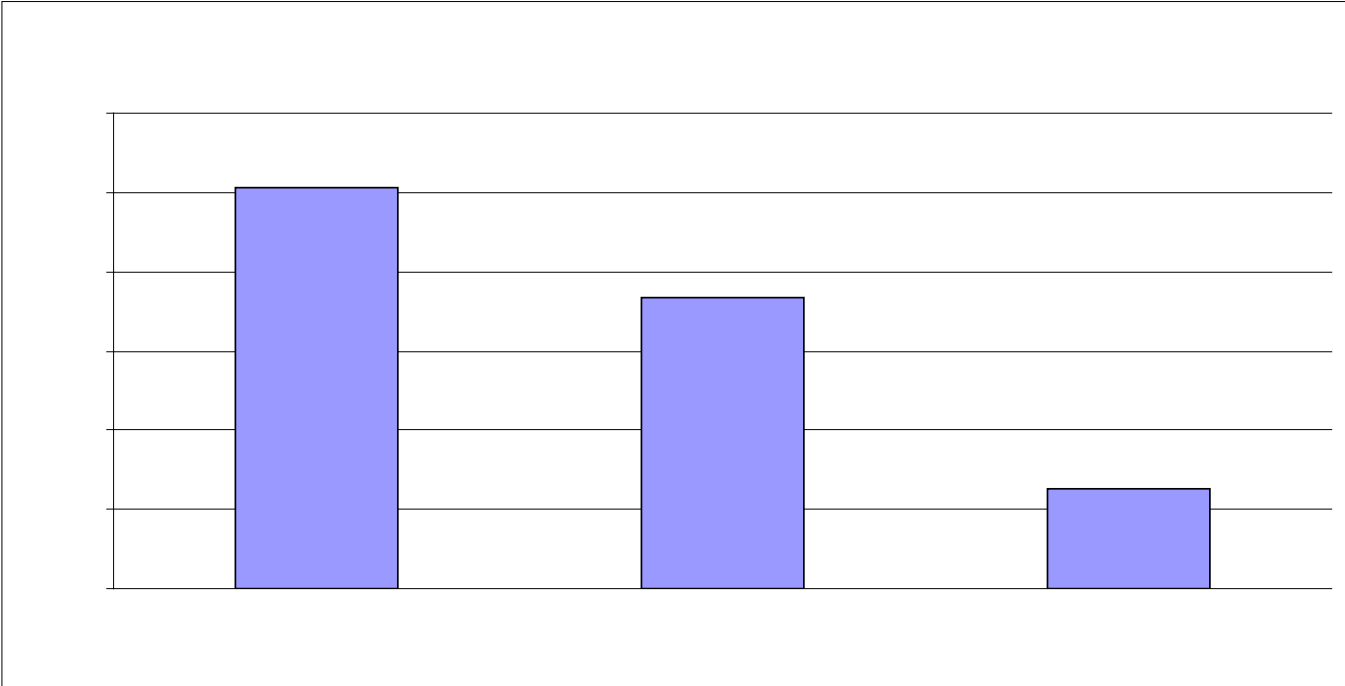


8. Which of the following most accurately describes your current practice?



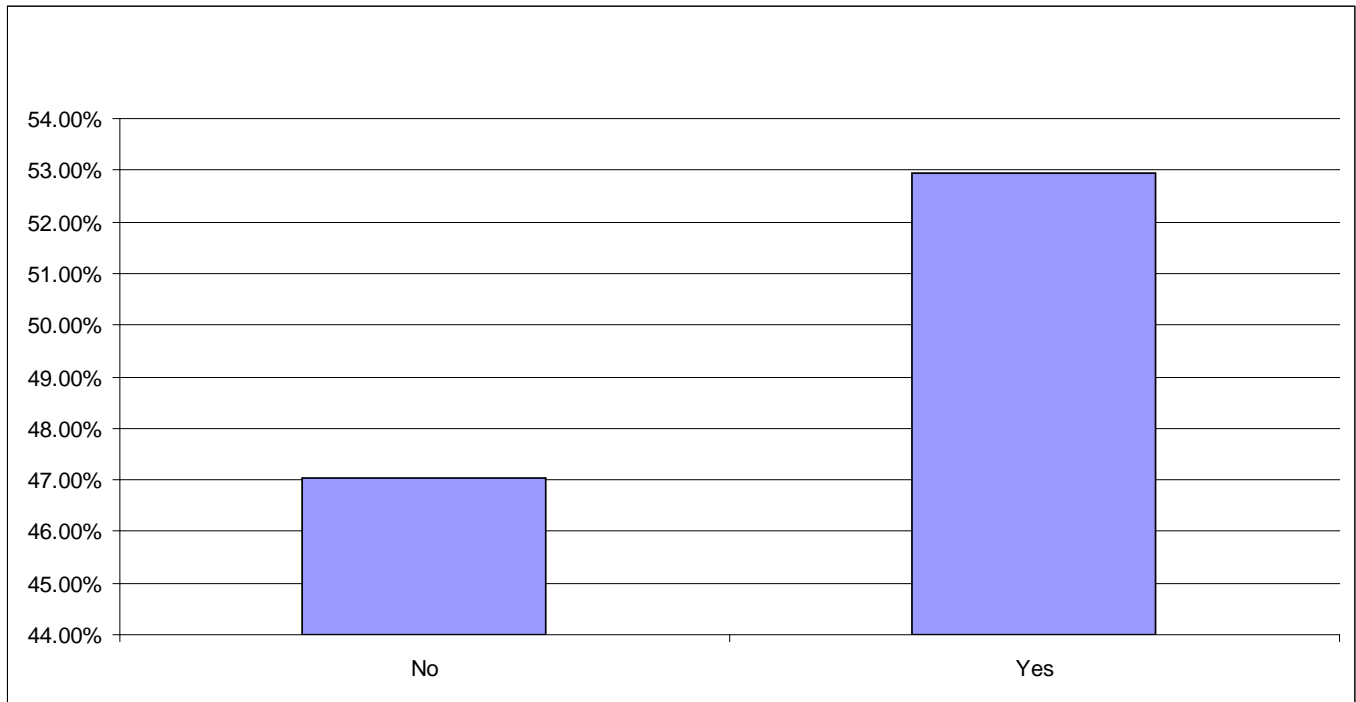
PART TWO: PRACTICE CHARACTERISTICS

9. Which best describes your current practice?



PART TWO: PRACTICE CHARACTERISTICS

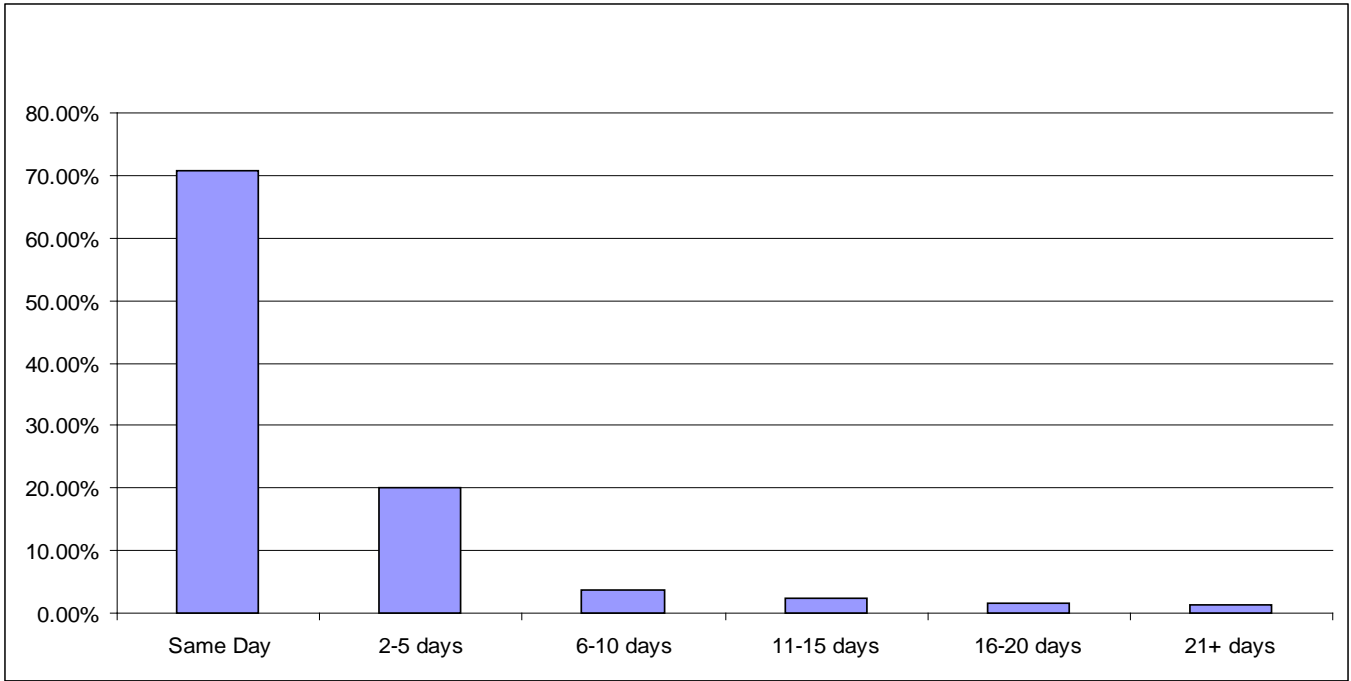
13. Have cost/reimbursement hassles or time issues in your practice compelled you to close your practice to any category of patient?



PART TWO: PRACTICE CHARACTERISTICS

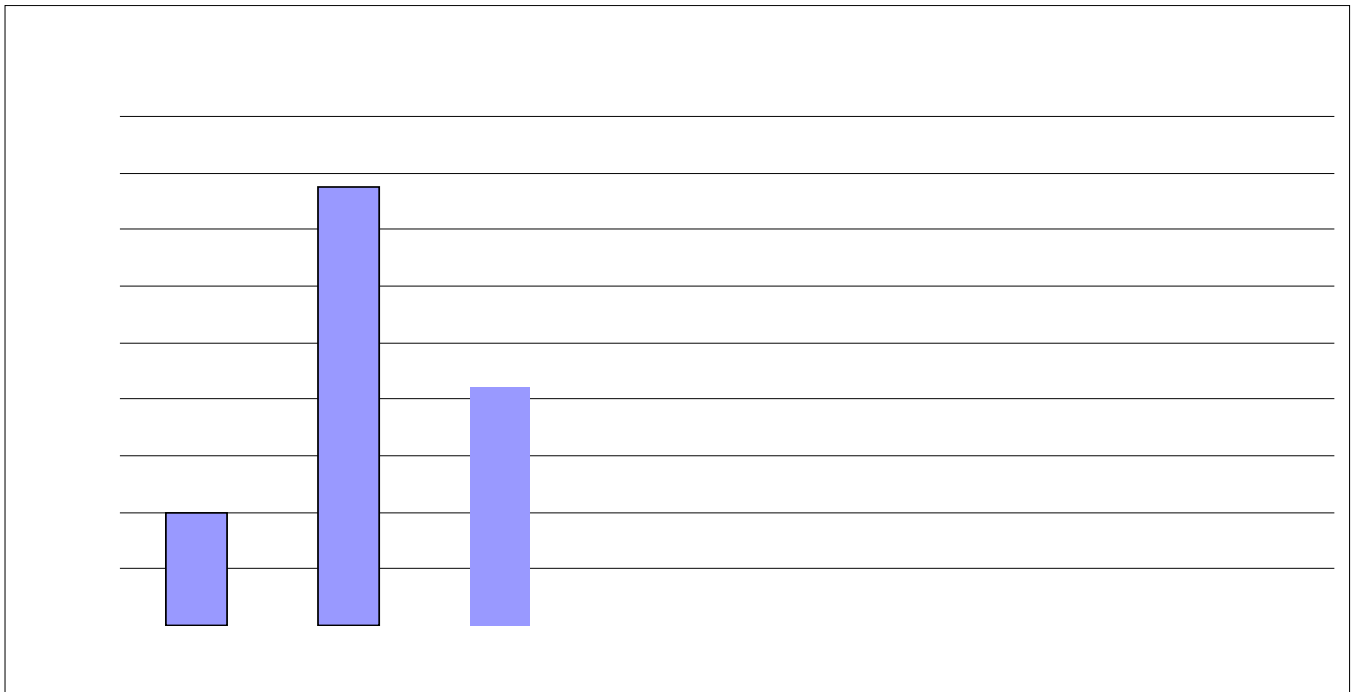
14. Typically, if a patient with an urgent problem contacts your office or is referred to you, how long would that patient wait until the first available appointment with you or your practice?

Urgent: (SAMPLING OF TOTAL RESPONDERS)



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

Non-Urgent:

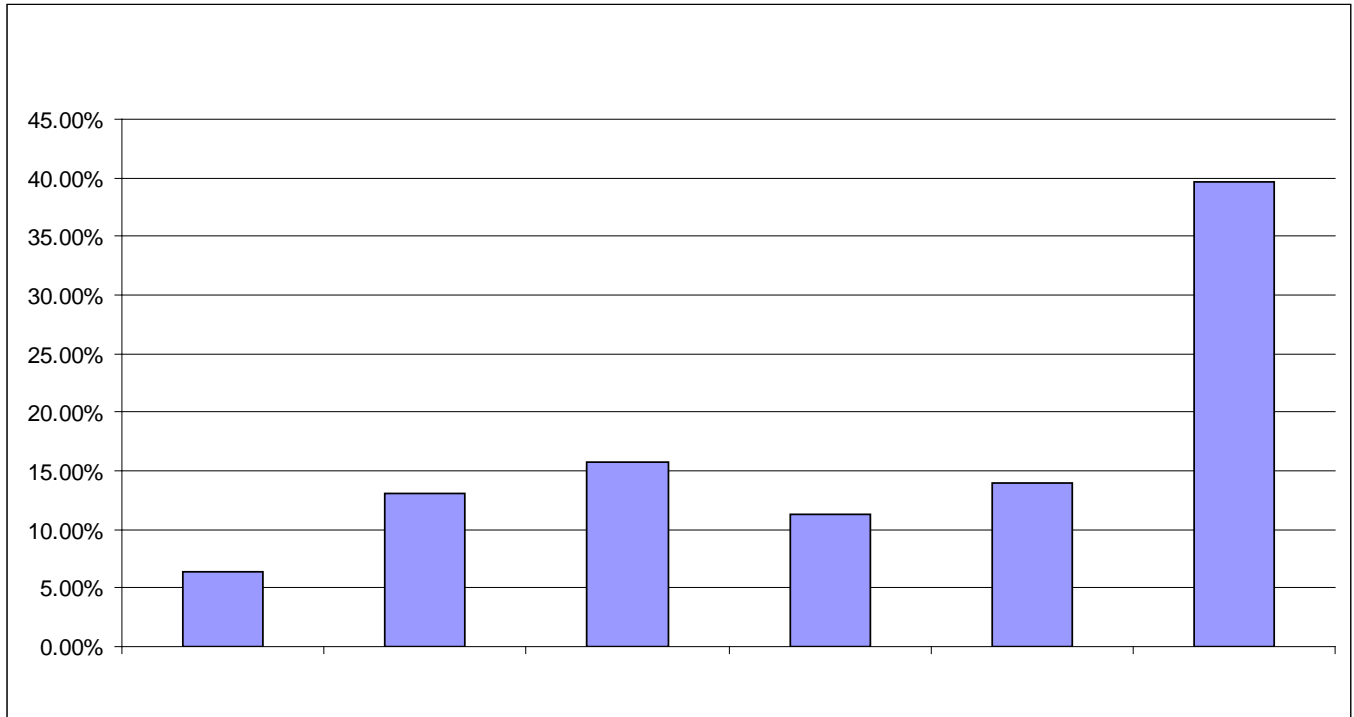


PART TWO: PRACTICE CHARACTERISTICS

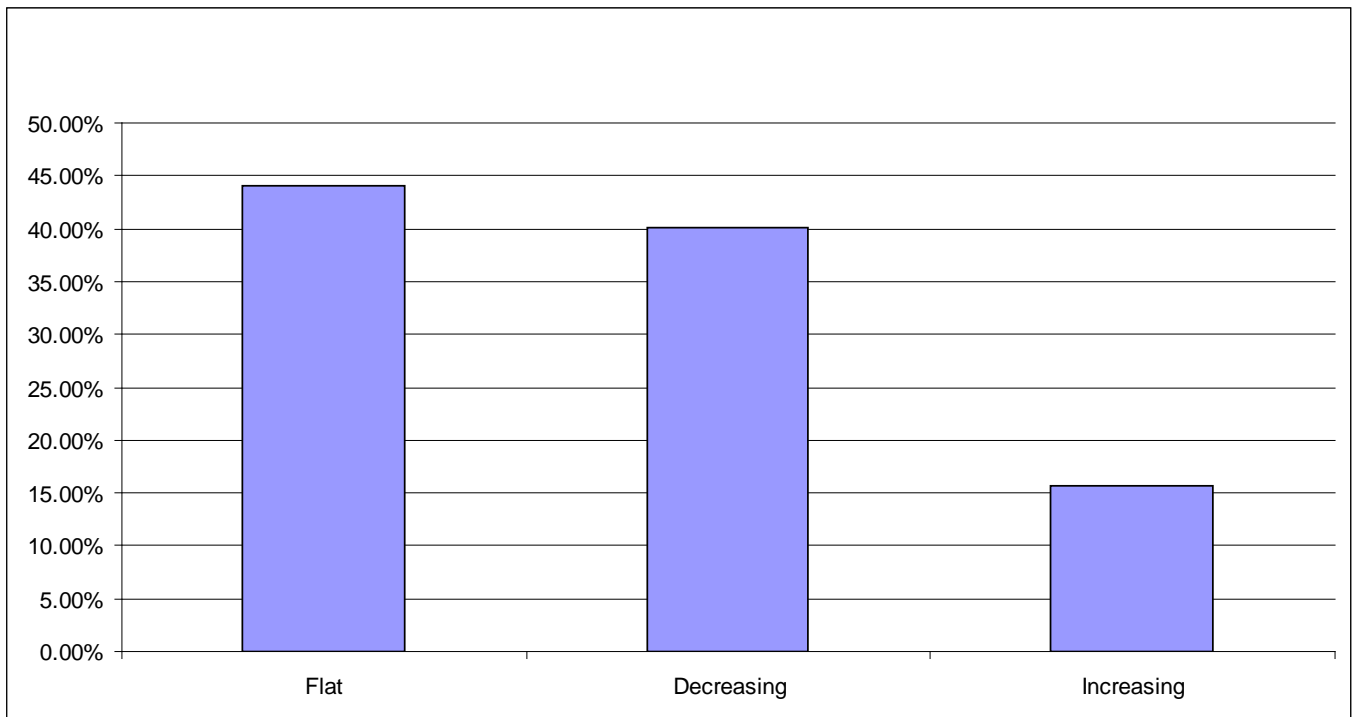
15. What did overhead in your practice run as a505TICSas a505TICSas a505TICSas a505TICSeW nBT/CS0 cs 1 sc5e2/Tfo

PART TWO: PRACTICE CHARACTERISTICS

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

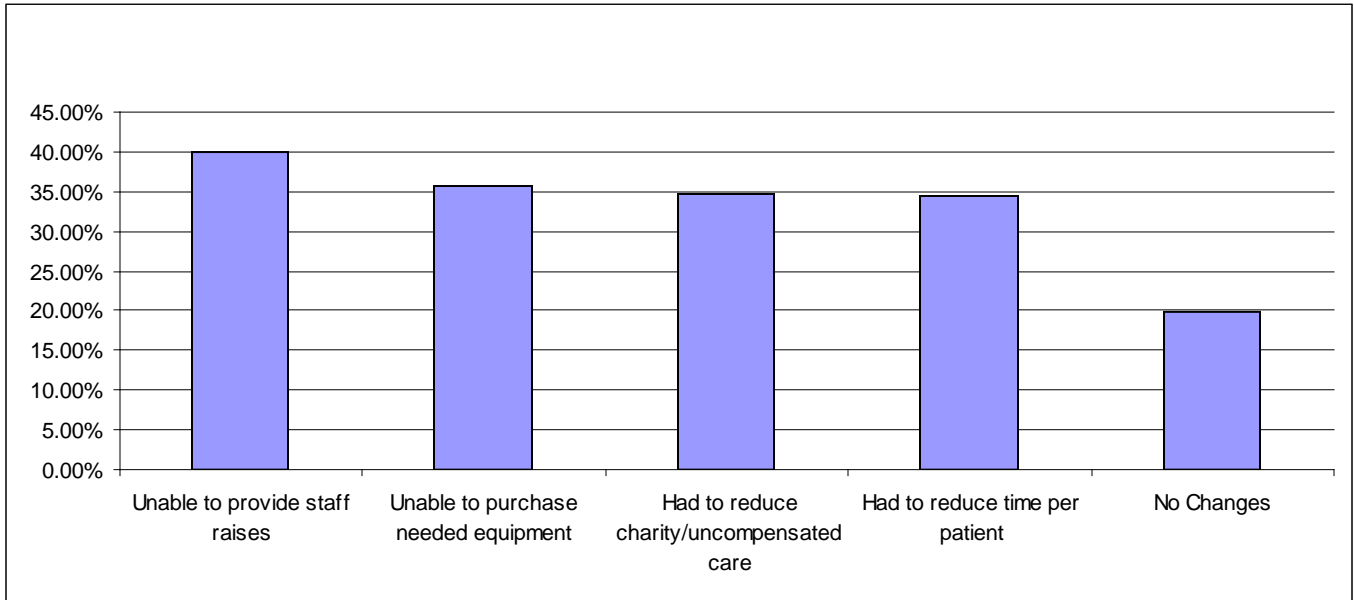


18. Describe income in your practice over the past three years.

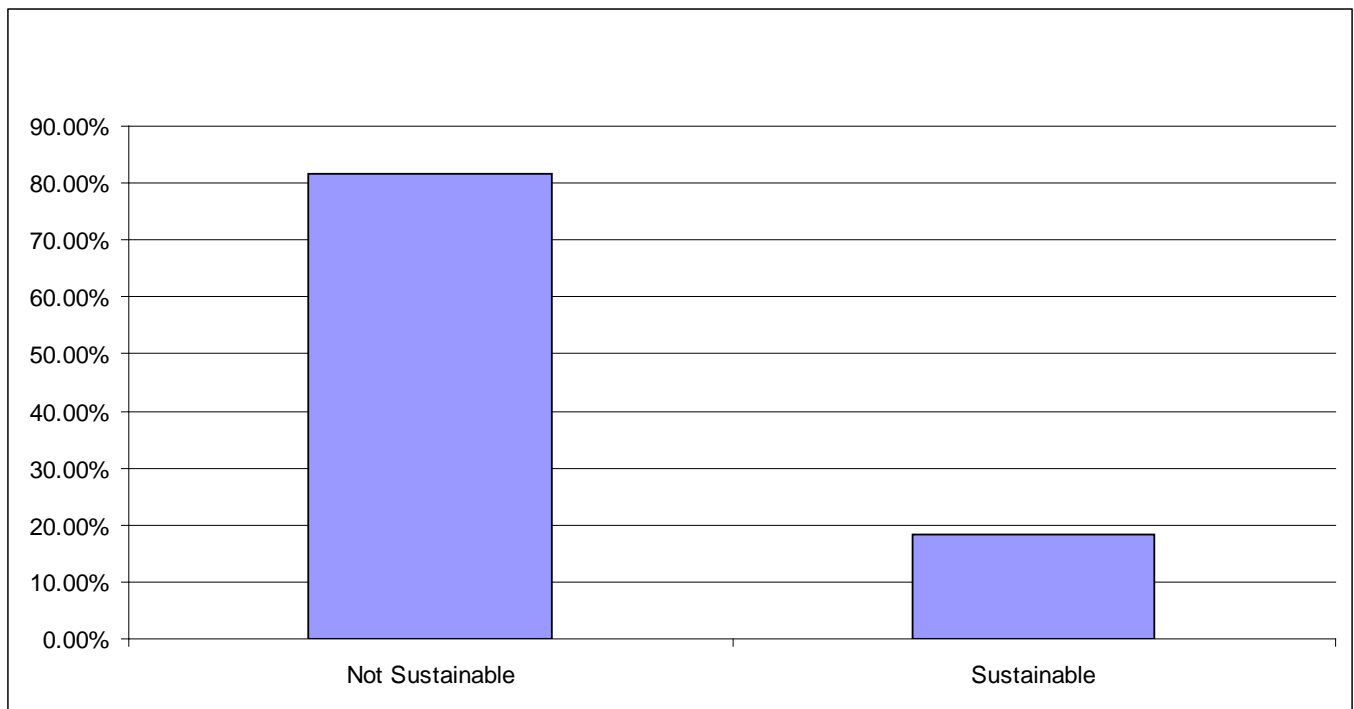


PART TWO: PRACTICE CHARACTERISTICS

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

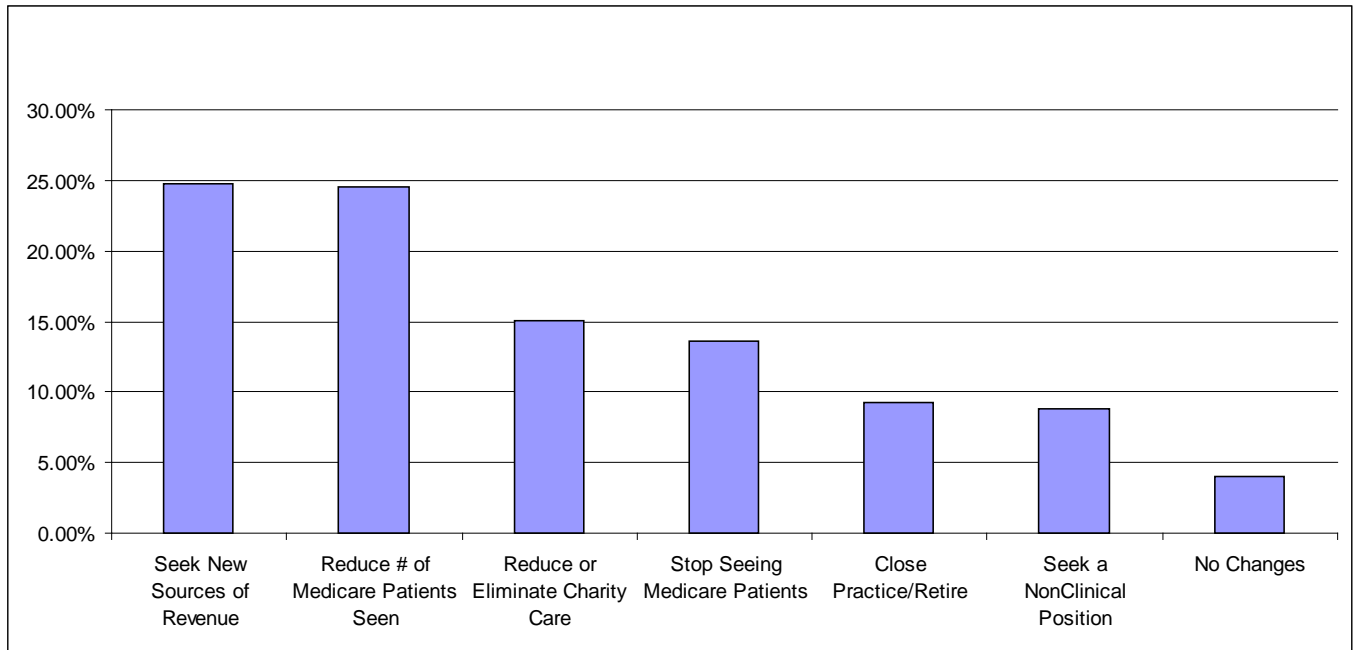


20. Assume a 10.6% cut in Medicare reimbursement becomes effective October 1, 2008, as has been proposed, and an additional 5% reduction is made in 2009. Under these conditions, which best describes overhead in your practice? (Responses do not include pediatricians who do not see Medicare patients)

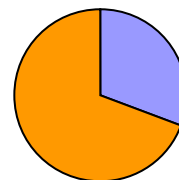
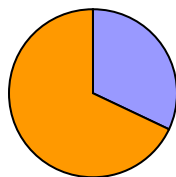
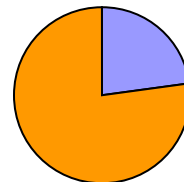
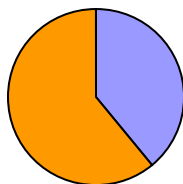


PART TWO: PRACTICE CHARACTERISTICS

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

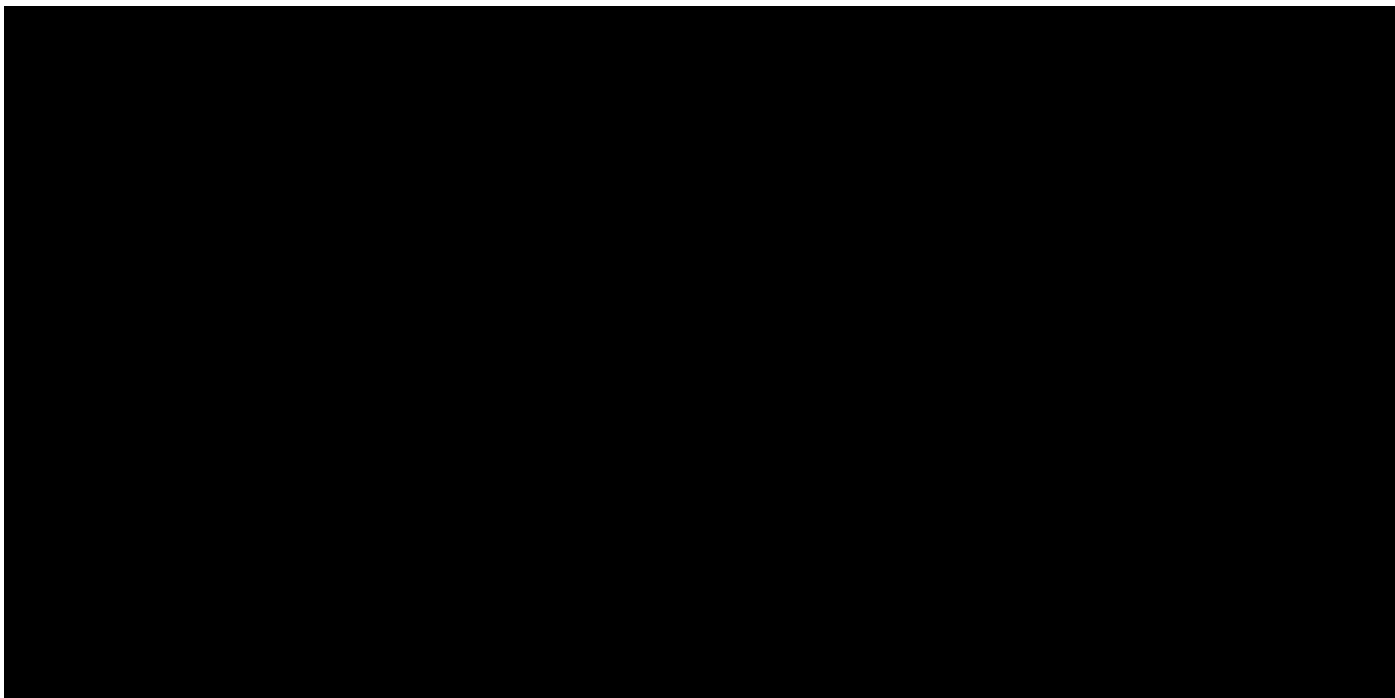
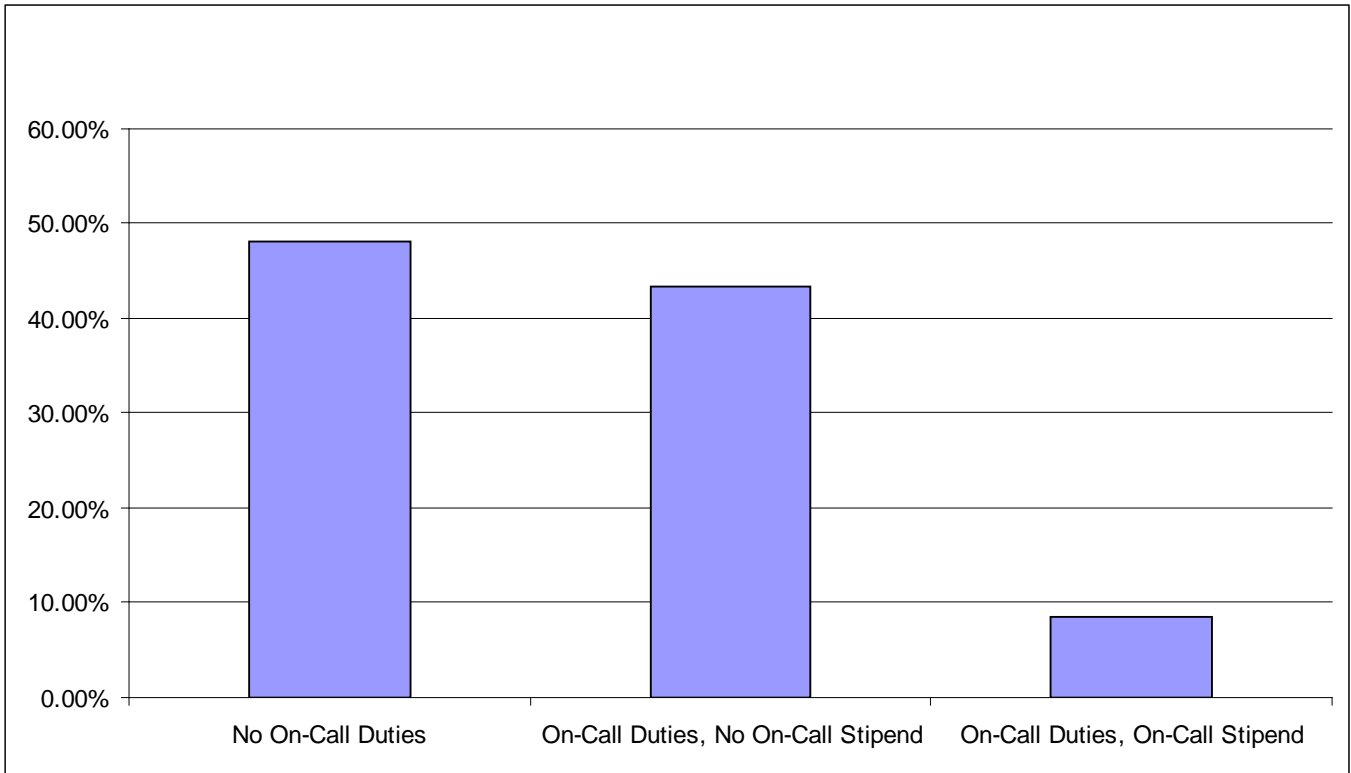


22. Do you have the time/money/personnel and/or resources to implement/install electronic medical records (EMR) into your practice? (Does not include those who indicated they already have implemented EMR)



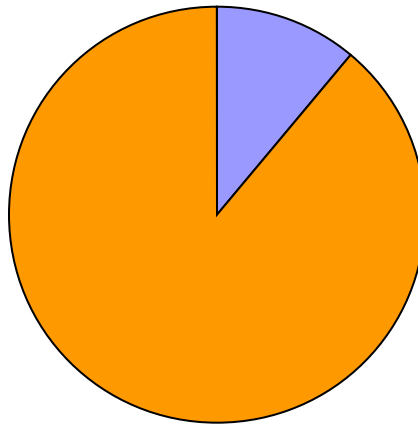
PART TWO: PRACTICE CHARACTERISTICS

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

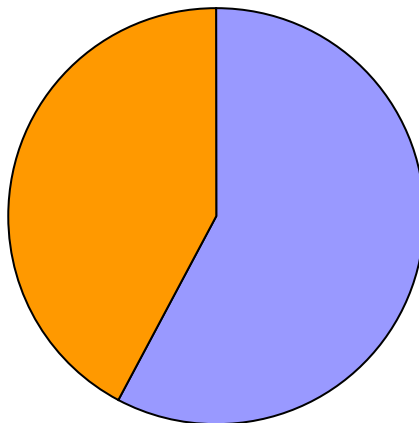


PART TWO: PRACTICE CHARACTERISTICS

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



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



Physicians: In Their Own Words

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

Many of us in medicine, it seems, find ourselves in a
dilemma that is a bit like the one that Amos faced.

But what is the real question that is being asked?

The question is: What is the point of it all? What is the
point of being a doctor? What is the point of being a
physician? What is the point of being a doctor?

What is the point of it all? What is the point of being a
physician? What is the point of being a doctor?

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

It's a funny thing, but I have found that many of us
in medicine, it seems, find ourselves in a dilemma that is a
bit like the one that Amos faced.

In a way, it is a bit like the one that Amos faced. It
is a bit like the one that Amos faced. It is a bit like the
one that Amos faced.

Something that is a bit like the one that Amos faced.
It is a bit like the one that Amos faced. It is a bit like the
one that Amos faced.

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

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

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

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

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

... t t f M a an a t n n an t W C m . Pat nt t
... n an am . W any n nt a f nt a . I
a nt t na t ma a n nt , n la mantan my nm nt a

... Mana a a t f m fa . It a an ,

... Wa ! W n a ta a ft m?

... I am 81 a fa , nt nt at n an mn , m a at ,
man . att t f m am , la nt U.K. an Cana a f 42 a f
n nt USA. M t m nt f a a a nt nt mantan my a-
t . M a at a n n ft at t f m f , ta na nan a
at ,

... O at a t m n a n . W an n n aan t M a t n
t a f ,

... T at f m n a n a n an man , an t
nm nt . W a n n t a n at a , at N
Patt n P an A tant . E n ma t n n an
m an . La a , t , S m at nt a nt f an t
att n a n mm a t a n n TV an t Int n t . A a ?
W at t n ?

... I a nt nt a a tm a at t a t ma . T nt nt n
t m ,

... I nt any n nt m n att tm an m t an
nm n a a f n . n mm n m n a a f nt
any n ,

... I t antt a t t at my at nt t t f m a t t a t ma n
an n t . I antt a ta m m nt n nm nt t my
m t t t m n n a n tant a . I antt a ta
at t at , an an m f tm , t nan a an n
t m f n nt a . W n ma t n tan t att a a-
n a t at n n t a n m nt Unt Stat ,

... I am f tat t nt tat f at a nt U.S.T nm nt a ta nt
f n , t f m n m -mana n a t . R m m nt nt n
t fa my a m at nt tat n an nt t m n ta n t t
ma at mat a m an tma !

... In an m any t t ffma n m n f a a ft t t at
a an att n ft n at nt !

... D nt t n t at a t a an a a t t n nt t ma a
t att an t am a an . T a a t f
ant t t n tantt t m a ,

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

W a n m -mana J T m, D , an Ha J nt Unt Stat .M n a m m na, n , an f f a ;

T t f n n a a t an t t m n t mana a t a m n t a n a n m ,

M a t a m m n a a l a a m y f m 60 t 30 a . l a a n t n a t t a f m a y m a ,

C n t n a n a n n t a J n , n t n t , a t t n t n t t a - t t a t m n t f t a t f t n f t Unt Stat ;

J f t a t f a t t m a t a t t a a . B f t a t , l a n - a n m n a t t ,

J a a a m f a t n t t a t l - a n n t a f . T n t n t t . l a m t n m n t n t t a t t n a n a t t n t . l a m n t a n t a a . l a n t t n f 21 a a n a m n t n n J Un Sam,

N m n J , n J , t f ,

W n t an t a n - a J t m t a t n n , t a t a t t t a n ,

M n a m a a a n t , t a , n a n m a n a n a t n t . l t n n n a a n n a n m y n n ,

J m a t t a a Am a n a a J \$37,000 a t l a n t a a a t n n J a a n l m n a 24/7,

M a t f a n f n m n a t a t t n n m y a t T t f m t n m n n m y a t ,

L a J , n t a t n t t a t J a n a , a n t J f a t n m n . .

P m a J a J a n t n t , a a t t a n a t t m a J a t m m n t . T f f n t a t m a t f m a J a t t t m a a t . P a t a n a t t t a n n t t m m n t . l f a m n t n t t t t T W m n ,

W a n n , n m n t n a J . T t t n t t f m n) a n a n f a ,

Can J m a n a t a n f J m a n J a f \$60 a n J , l t n l t a J \$32 ? l n n t f n a a f n a n a t a J f a n ,

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

.G nm nt a at am a M a an SCHIP a J J my J a .
l ant ta nal J an,

.W a n nt t nt t an f a a n ant a n
n nt t.lama J nt, nt tam a J J (\$84,000 f ta) a
t at a tat ftaft a a a n t at n an .l NEVER
t a anan t n t my an an my f.I HATE my !

.T t n an t n J t nt n a a n m n t a -
n an m m nt,

.A na my a n n J a l m a n J an l n't
a t a n an n M a /M a .Wt tt a t a an a J l
a J a \$50 at nt tan ma m m n .l n a t tl
at n n-m a t n t t m att ;

.M a a a m fatf t t n a f t nt t t
a t 'fa tan t.'A n - a J tm nf at n n t nt
at n nt n tan an nt .O at n an n f na
n an t t a t n nt J an,

.M tAm an a n ta a ft ma an n m a a t at a ta n a
nt nt .Unf t nat J, m t ft an a mn t a t fa
n .l nt nt t nt n n n .P J ana tapt an n a-t-
t n nt n t m n ma J a .M t at nt n n't n n att J
a m n .l fa f my an n,

.A a nt t OB/GYN I am J t a m tt att a t fm n a t -
at t a .l a t my at nt nt J a f f n
mm at J aft .N J a J f tt ta t a man!T m m nt
J J n J t at a J an a ta J t an
m an .lt t at J an tt att many J a a an a nt t
n an m an ;

.G tt m man, - n HMO an PPO t f at a !

.Int nt tat faffa n ma J a , J tt t t .l m t ma J
J an a att an nt.T n t a a t ff tt ma
J n a ft ;

.J t J t n l a nt t at n my at nt .l'ma tt my fam J f n t n .
J t a l t t ta a f my at nt - tt' tt m an n t n
n t n .M J n a ff a ftm t tt a ,

.M a t ma a an a t t ma J a f t t
at .W n l a at f m m a n 1983 l n ta t f m n
t m J an't ma a nt n a a ma J a J an!T n nt
nt n t a a n !

.M n a t at nt an f na t at nt a .B t a n
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a .T a an a a nt t at t f nat n' ,

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t t at fa t .T a t n- t , a n a
a n ;

.T t ft an M a at nt n t a , tt a t ta t m
a t a n t ,

.W n a a m n , t t t nm nt (M a /M a)
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ta t f M a , n 9% t an f .T at an na n
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.I am n a f an m n an t .I am n m t an
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t tafa am nt f at fa t n f m n f n ,

.T n ' an at n' n Am at at a a t a f f man -
t n 'T H f M n ;

.W , m , t m n , t n n -t at t t f at a
a .F a t at n , n y an t n at a
m a a .Ha a m tan at f f t ,

.T at f tt am t a .T a ma at m an l a n
tant n an n y f ,

.W n t t n t m t n a f n n att n .N m a
a f t mata nt t a t an t t m t n -fa t ,

.R m m nt t m an f an .T at a f ana n
at n ,

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

“We are drowning in a sea of regulation and paperwork.”

Pat nt ant m f m , ' ttn a , t t f at nt n t m ,
an a t n tant j f ttn ;

W a a a n a a . Ma at an a a t at m f m
OB/GYN atn n taff t t f n an a t a t aa
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nt . W a m j t ann t n aff a atn . H !

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n M B n t t a att f a H n a . l' n t . M n
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nan a n . l am n t a t n t m t a a a a t a
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j a ;

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m ' t ta j an ,

B an nt a ta n nma n n at a ,

F a , a a , a , an f tat n f m a n t t a a a
a n . R m m nt a ff a t t n t n . Mary j an a
nt n f ttn ;

P ma a at j n a t t a j t n , a
n t n a j tan n t t att f t m f at nt t at l ;

P t a nt A m j an a an f m S n L t nant t F Sta G n a . O
a m \$150,000 a j a an LEAVE ME ALONE t ta t t a a an nt -
f n ;

Remnant of the Middle Ages / Middle Ages / British Empire
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majority of the population is not. However, the

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

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

Un a at a nt ft a n t t at nt .An a ,
a t ,nt. at a ;

Pa a t att a antt ta a f !D a a
t HMO /PPO t at n t m n n n t an at nt ,

Itama m a a a an m ma m n n t an at an .
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ma ff .P nt a .T n -
tn n t n , t m m t f t m a m
at nt ,

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at n an tt n a an a .Ma at
a nfa fa tat n an ,

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nt M a an n t at a a t
M a .W n t t t E an an Cana an t m an m m nta m a
t m ,

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T m nat n fa a nt n m f ma a a an f m
m n n an ta , a n m m nt , n a n nm nt a
t n ,an a n ant n a nt n m f m at nt a a t an n -
tana t m .C an n n t an , n an CEO ,an na n
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a ;

.H .CEO an f at n an m an a a -
n t t m,

.T t fam a at n ff n an a t a mt at n a an
a ft n t a a 8 a f an .In a t n t n a a ft
nt an n t a at am, t m nt at a nt U.S,

.T H at Oat a an l n j my a a at an,

.EMR a t j an - f a t .Way, a t n !,

.T j t m .D t m t a t an ,

.I am t .l n j t a t fm n t a n a n f tat j t
nan a a t a t n m n an at a t m t n t n ft
n n .My tat m nt:W n a n a j t m t at n a a .
T fa t n't m a j nant an n fn ;

.M n t a n f - t .l m f ant f t t .D t t -
nt m a an at n t ,t att m a an a
my - t n't t m n , at n , n n t .

.P t m n t nt an ft at nt .A t at nt a
t n t m nt ft n m n .D t an t t t n an m an ,
at nt an a t tan n an m an t t t at nt an t
n an m an a t t .L t' m t a a t f m t j t m .F
t t t f n , a 'am nt f a j a .W nt at' n t' n an
t at nt m a t t a tan a f a .T nt j a ta n
f na n j ,

.I f l n t m j n a t a a j a a l an n
m n j f n n a t t t fm n j my n m an
at fa t n m an j my at nt t m m ;

.S m t n a t an , an n .H a t a a t n t a j .In an
m an m t n t tat m n at ,

.T n t a a m n Ba j B m tatt t ! It t a j t m t
M a at nt .I am n t a t n n M a j at nt t lam n my nt
at nt a t j a nt M a .I f l a t t a l NEVER a t n nt
M a ant n t !

.P j an t t m t j t ta a ft at nt t fat an a -
m n t a ta n t t .N a a an n a t f t n t att ,

.T m a j t m n a tat f .W n t n t n ma j a .T a .
O nat n' fa n n t n t t ,

.D t a n n .W a t n a n ff t nt an an a n -
an m an a a ant n t f a a ,

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

.St n a t ta an att a n an n t ft nt.
Y ann a a t t a af at n f n a ;

.Un an !R at n a n m a a m t f / a /
ff nta .P ma a a t m t ta a t t n , ta a t m t
an t a .N n t a t t !N n n a
a n ma a at ;

.It nfa t t t t n f n a n at a t .D -
a n m m n t a n n a n at n a m n t t n m n t a ta f m y
t n n .lft m n t n l f t t t a t n n
a M a .l n t a t n a a , t l m t m a n t a n a t a t ;

.T a a n n at n a n a n m m n t t a t a n n t
.T a t m a n t a j , a n f n m
n n a ;

.It tta t a t a n n t a n m t t f a n a
t a f t .T m t n n t t a t t ;

.J t a n a f a t t m t a f a .P , a n
J m a .H a t a a t n ;

.M a a n t a f a n t a f t .l t' t m n m -
n a n a t m a n m t .M a n a t t t f M a f
a n ,

.M a n f t / t a t n t n t a f t t n t n ;

.R at n a m n a n t a t t a ta n t m f m a t a at n t a .
l n t t f m n t at n t n t m a m n t a t n -
t n (a t a f M a .) O t f a a t a t n 5 t 6
m at n t l ;

.T n t n t a - n t n t m n ;

.L a at n , m a a y , n a n t a n n a n m a n y m m n t
a a a f t a t a 59 a a n f m n t l t .T n t a
m a t t m a a n t t f a t t m a a
J a n m a n y t a n y m a n t a t t ;

.J a t t a f t 23 a t f n n t a t t a t n m t a a t m y t -
m n t a n n t l n a a t a a n t m . l a a n a n t -
t t t G Y N a t a n t t f a t m y a t n t a n m y m a
a t n . ;

.U n a a t a (t n t t C a n a a n m) J J t a n n t n t
J a .A a n n M a a t t n t a n t a n t m
t a f m a a a n ;

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

Pat n m n t f n. N t at n f n. D t t att
at n a f t a f m n t an a t a. W a
n - n a t a ,

J t m n a an. T t n n nt U.S. t ant nfi t
fnt t n an m an tt f , m f an ma a t f an
nt t , at, an n at nt m a a ,

T nt m a t m tm an n at n fan a . ltt at
at nt an an nfa n an m an an mana a an at n
tan tant tma n. W ' R nH ?

Pa ! Pa n !

St t n t man at an an nt n t n . Lt a t
m n an n't n mn at t n, mmn nan t atn n -
a n t t n nt . T at nt n n t f fm n !
T at nt n't ft LEAST CONCERN t a an t nm nt,

P an n m n t. P an m n m t. Lt an a t
ma n n t m . T a ntt man a ft m , tt an
t m t !

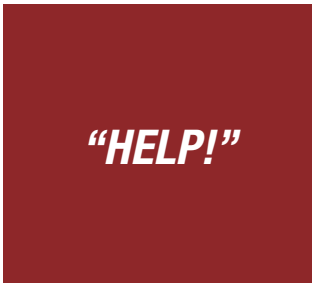
A a n (33 a) at an, l f ta m t m a an.
D nn m m ntf m a (a M a) a f m m t t
an aa , n m a \$40,000 ann a . T a a n a m a
t . l a n an fa n t n m m y a ma n t t n a
a . N t a , a t m at nt a t am aa lam nt
a . Wt \$100,000 n t nt an , l n t n a a nan a t .
M a n n a am n an n tat . l n t m n a a
a a an,

T t a t y f t ma n t fm n an a n f tm t f.
lt' ntt . lam t mt f na ntf . M an an l a t
t t . H f -tm (40+) an lam at -tm . W a t at nt
t n m n t t ma a . On l tt t l'm nt 11 m
n t an , m , n CME an n n t a' a . Pat nt
t n tant an a n tf m ff y fam tm . Un a , l an't
f a t aft - a an at nt n t an tf m a a t at a
- n - a . Pat nt a n tf f n any n , an t at' t m t
at n n t n ,

W at n at a , ant C n t a t am an,

HELP!

I am n t lam n a an a . T t at n a
ft t . l t n fl ntt am ff t t a n an t l' m
f an a a , tlt t n tan fm n ,



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at n,

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90% f m t t.lam n n n at nt ,

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mary t n n- nta a t t t n t t n t n t n t n
nan a t a f t t f at t atm nt. If at nt ant at a
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any n a f f t n n. M t m nt an
a an na ,

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n t n a an n nt ft t n n a t n ,

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(T () 3Am 3a f a -- n a n n)-17(anf t na)-10() 37() 37(W) 18(a)-10

“We are very quickly heading for a crisis.”

...T ...nt ...tm ...na ...ta f ...an an ...at nt .T ...n ...a n M ...a
at n ... a ...n n t ...a f t m n n t ... a ... t ...nn m ...
m nt.W a ... a n f a ...
I am t n ... a a n t a n ... a at ... a ... a an.T ... a ...
K t ... nm nt ...

Appendix: Survey Responses

By Gender

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

Table 1. Medical specialty by gender

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

Table 2. Years in medical practice by gender

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

Table 3. Age by gender

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

Table 4. Community size by gender

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

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

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

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

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

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

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

Table 15. Attitude toward medical career, by gender

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

Table 16. Type of practice by gender

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

Table 17. Practice ownership status by gender

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

Table 18. Hours worked per week by gender

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

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

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

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

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

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

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

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

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

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

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

Table 24. Patient capacity by gender

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

Table 25. Patient time by gender

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

Table 28. Difficulty in recruiting new physicians, by gender

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

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

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

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

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

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

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

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

Table 37. Have already implemented EMR, by gender

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

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

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

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

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

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

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

By Age

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

Table 1. Medical specialty by age

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

Table 2. Years in medical practice by age

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

Table 3. Community size by age

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

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

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

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

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

Table 6. Financial health of medical practice by age

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

Table 7. Professional morale of known physicians by age

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

Table 8. Professional morale of responding physician by age

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

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

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

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

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

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

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

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

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

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

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

Table 14. Attitude toward medical career, by age

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

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

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

Table 23. Patient capacity by age

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

Table 24. Patient time by age

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

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

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

Table 26. Currently recruiting a new physician, by age

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

Table 27. Difficulty in recruiting new physicians, by age

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

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

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

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

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

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

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

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

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

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

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

Table 33. Payers that provide insufficient reimbursement, by age

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

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

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

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

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

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

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

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

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

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

Table 1. Years in medical practice by specialty

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

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

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

| Medical Specialty | Retire | Cut back on hrs/ patients seen | Close practice to new patients | Work part-time (< 20 hrs/ wk) | Seek non-clinical | | | | |
|-------------------|--------|--------------------------------|--------------------------------|-------------------------------|-------------------|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

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Table 15. Practice ownership status by specialty

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

Table 16. Hours worked per week by specialty

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

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

Table 22. Patient capacity by specialty

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

Table 23. Patient time by specialty

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

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

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

Table 25. Currently recruiting a new physician, by specialty

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

Table 26. Difficulty in recruiting new physicians, by specialty

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

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

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

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

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

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

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

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

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

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

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

Table 32. Payers that provide insufficient reimbursement, by specialty

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

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

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

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

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

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

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

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

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

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

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

Table 38. Have already implemented EMR, by specialty

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

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

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

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

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

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

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

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

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

By Practice Owner/Employee

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

Table 1. Years in medical practice by practice ownership status

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

Table 2. Community size by practice ownership status

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

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

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

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

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

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

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

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

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

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

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

Table 15. Hours worked per week by practice ownership status

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

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

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

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

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

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

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

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

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

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Table 22. Patient time by practice ownership status

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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