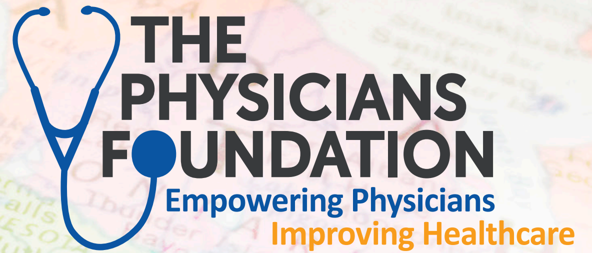


2016 SURVEY OF

AMERICA'S PHYSICIANS

Practice Patterns & Perspectives

An Examination of the Professional Morale, Practice Patterns, Career Plans, and 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, 2016. Copyright 2016, The Physicians Foundation
www.physiciansfoundation.org

2016 Survey of America's Physicians

Based on 17,236 physician responses

WHAT DO PHYSICIANS HAVE TO SAY ABOUT THE STATE OF THE MEDICAL PROFESSION – AND WHAT DO THEIR INSIGHTS MEAN TO HEALTHCARE PROFESSIONALS, POLICY MAKERS, AND THE PUBLIC?

Every other year, The Physicians Foundation, with the assistance of Merritt Hawkins, conducts a nationwide survey to answer this critical question, as well as many others regarding who physicians are and how they practice.

This report includes responses from 17,236 physicians, who, in over **one million data points** and over 10,000 written comments, reveal key insights into:

- The state of physician morale. How many physicians would recommend medicine as a career, or choose to be physicians again?
- The practice plans of today's physicians. **How many will retire?** Work part-time? Seek employment with a hospital? Switch to a "concierge" practice?
- Physician practice models. **How many are independent?** Employed? In solo practice? In large groups?
- Physician practice patterns. How many patients do physicians see? How many hours do they work?
- Physician payment models. **How many are paid on "value?"** How many are in ACOs or medical homes? What do they know about the Medicare Access and CHIP Reauthorization Act (MACRA)?
- Medicare and Medicaid acceptance rates. How many physicians still see Medicare and Medicaid patients?
- **The effect of ICD-10.** Have the new codes enhanced or detracted from efficiency and patient care?
- The Accountable Care Act. What grade do physicians give the ACA?
- Differences among physicians. How do physician perspectives differ by age, gender, practice status, and specialty?
- **Patient access.** How do physician practice patterns affect the ability of patients to access care?

With an error rate of +/- 0.766%, and with comparisons to data from surveys conducted by The Physicians Foundation in 2012 and 2014, the *2016 Survey of America's Physicians* is ***the source*** of insight and analysis into the perspectives, practice plans and practice patterns of today's physicians.

Table of Contents

Introduction.......... 3

About The Physicians Foundation.......... 4

About Merritt Hawkins.......... 5

Methodology.......... 6

Margin of Error Assessment.......... 6

Key Findings.......... 7

Questions Asked and Responses Received/All Respondents.......... 9

Trends and Analysis.......... 18

Overview: A Profession in Transition.......... 18

Part I: Survey of Respondents: More Employed Physicians, Bigger Groups.......... 18

Part II: Physician Morale: The Impact on Patient Access.......... 23

Part III: Practice Plans and Patterns: A Retreat from Clinical Roles.......... 29

Part IV: Health Reform and New Delivery Models: Volume, Value, and the ACA.......... 36

Part V: Conclusion.......... 42

Part VI: Physicians on the Record: Selections from 10,170 Written Comments.......... 42

Part VII: Survey Response Comparisons by Physician Type.......... 51

A. Physicians 45 and Younger/46 and Older.......... 51

B. Employed Physicians and Practice Owners.......... 58

C. Male Physicians and Female Physicians.......... 66

D. Primary Care Physicians and Specialists.......... 74

Introduction

An old Chinese saying, thought by many to be a malediction, states, “May you live in interesting times.”

Without a doubt, these are interesting times for America’s physicians.

Changes in healthcare -- clinical, administrative, and financial -- are taking place at a whirlwind pace, leaving many physicians anxious about the present and uncertain about the future.

In the last year alone, physicians have had to process or respond to a profound series of new or ongoing events, including:

- Expansion of health insurance coverage through the Affordable Care Act (ACA) to include 20 million people.
- Passage of the **Medicare Access and CHIP Reauthorization Act (MACRA)**, which will completely revamp how physicians are paid by Medicare, further moving payments from “volume” to “value.”
- Implementation of ICD-10, raising the number of disease classification codes physicians use from 14,000 to 68,000.
- An ongoing physician shortage, projected by the Association of Medical Colleges (AAMC) to create a deficit of up to 90,400 physicians by 2025.
- The “corporatization” of healthcare, including over $400 billion in merger activity in 2015 and approximately 100 hospital/health system consolidations

Any one of these events or trends would make for a landmark year in healthcare. The fact that they are occurring simultaneously, on top of many other changes wrought by the ACA and market forces, makes for turbulent times for physicians and virtually all other healthcare professionals.

The Physicians Foundation’s *Survey of America’s Physicians* is conducted on a biennial basis to “take the pulse” of the nation’s doctors in this era of transformational change. Our goal is to provide a portrait of America’s physicians: their morale levels, practice plans, practice patterns, and their perspectives on the medical profession today. This goal is accomplished through one of the largest physician surveys conducted in the United States. Received by approximately 630,000 physicians – or 79% of all practicing doctors – the survey allows physicians to reveal their thoughts on the medical profession both through an extensive questionnaire and in their own words.

Because physicians remain the key drivers of healthcare quality, access, and cost, we believe how they practice and how they view their own profession is of critical importance to health professionals, policy makers, media members, and to the public. We encourage all of these parties and others to review results of the survey and comment on its findings.

Walker Ray, M.D.
President

Tim Norbeck
Chief Executive Officer

Gary Price, M.D.
Member of the Board
Survey Committee

Russell Libby, M.D.
Member of the Board
Survey Committee

Palmer Jones
Member of the Board
Survey Committee

**Source: HealthLeaders, January 15, 2016.*

About the Physicians Foundation

The Physicians Foundation is a national, not-for-profit grant making organization dedicated to advancing the work of practicing physicians and to improving the quality of healthcare for all Americans. The Physicians Foundation is unique in its commitment to working with physicians nationwide to create a more efficient and equitable healthcare system. The Physicians Foundation pursues its mission through a variety of activities, including grant making and research. Since 2005, The Physicians Foundation has awarded more than $40 million in multi-year grants.

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

Among other research endeavors, The Physicians Foundation conducts a national Survey of America's Physicians. First conducted in 2008, the survey also was conducted in 2012 and 2014, and now is conducted on a biennial basis. Results from the 2012 and 2014 surveys are included in this report where relevant. Results from the 2008 survey are omitted as this survey focused on primary care physicians and as many of the questions have changed since it was conducted.

Signatory Medical Societies of The Physicians Foundation include:

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

About Merritt Hawkins

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

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

In addition to internal research, Merritt Hawkins conducts research for third parties and has completed five previous projects on behalf of *The Physicians Foundation, including The Physicians' Perspective, A Survey of Medical Practice in 2008; In Their Own Words, 12,000 Physicians Reveal Their Thoughts on Medical Practice in America; Health Reform and the Decline of Physicians Private Practice*, a white paper featuring the 2010 survey *Physicians and Health Reform; the 2012 Survey of America's Physicians; Practice Patterns and Perspectives;* and the *2014 Survey of America's Physicians; Practice Plans and Perspectives*.

Merritt Hawkins has completed two national surveys on behalf of The Indian Health Service as well as surveys for Trinity University's Department of Healthcare Administration, the American Academy of Physicians Assistants, the Association of Academic Surgical Administrators, the Association of Managers of Gynecology and Obstetrics, and the North Texas Regional Extension Center/Office of the National Coordinator of Health Information Technology.

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

Methodology

The *Survey of America's Physicians* was emailed to virtually every physician in the United States with an email address on record with the American Medical Association's Physician Master File, the largest physician database in the nation. Additional emails were sent to physicians on Merritt Hawkins' database and on the databases of several state medical societies. The emails were sent in increments of several thousand to over 100,000 from early April, 2016 through mid-June, 2016.

Emails were received by approximately 630,000 physicians, or 79% of the approximately 800,000 physicians in active patient care in the U.S. .

Total number of completed surveys was 17,236, for a response rate of 2.8%. Experts at the University of Tennessee (UTA) who specialize in survey research and methodology and statistical inference, assessed non-response bias and margin of error for all questions. According their analysis, the margin of error of the survey is +/- 0.766%. A summary of UTA findings is included below.

The survey included 39 separate questions, with multiple responses possible on some questions. A fully completed survey could include over 60 data points, with total aggregate survey responses accounting for over one million data points. The survey also includes written comments from 10,170 physicians running to 442,232 words regarding how they feel about the current state of the medical profession.

In terms of total outreach, number of responses, and number of individual data points, the *2016 Survey of America's Physicians* is one of the largest and most comprehensive physician surveys ever undertaken in the United States.

Margin of Error Assessment

The following remarks are excerpted from the survey Margin of Error (MOE) statement provided by experts in survey research and methodology at the University of Tennessee:

GENERAL ASSESSMENT

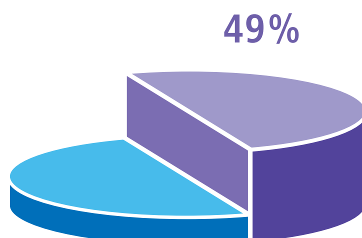
"The overall margin of error for the entire survey is (μ ± 0.766%), indicating a very minor sampling error for a survey of this type. There is roughly a 1 in 131 chance that a random physician not selected to participate in the survey will give responses that fall systematically outside the distribution of the sample frame. However, this error rate fluctuates according to individual questions and response items within the questions, especially those where multiple responses are allowed, and thus care should be exercised in interpreting these particular results. For some multiple response items, the MOE is slightly greater than 1%, but this error rate is no cause for alarm. Though the standard precautionary advice pertaining to non-response and extreme response biases applies in the case of this survey, there is little reason to doubt the validity of the results of this survey. As a result, this survey is usable to support fairly strong assertions about the subjects addressed therein." **College of Business Administration, University of Tennessee.**

Key Findings:

PHYSICIAN PRACTICE PATTERNS ARE LIMITING PATIENT ACCESS TO CARE. MOST PHYSICIANS NOT ENGAGED IN THE LEVERS OF HEALTHCARE REFORM.

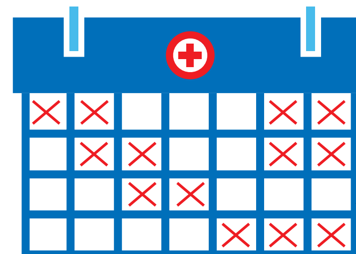
Key findings of the *2016 Survey of America's Physicians* suggest a continued struggle among physicians to maintain morale levels, adapt to changing delivery and payment models, and to provide patients with reasonable access to care. Key findings include:

- 54% of physicians rate their morale as somewhat or very negative.
- Only 37% describe their feelings about the future of the medical profession as positive.



- **49% often or always experience feelings of burn-out.**
- 49% would not recommend medicine as a career to their children.
- Physicians spend 21% of their time on non-clinical paperwork, the equivalent of 168,000 physician FTEs not engaged in clinical activities.
- Only 14% of physicians have the time they need to provide the highest standards of care.

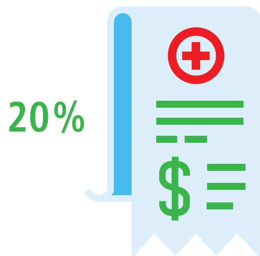
- **80% of physicians are overextended or at capacity, with no time to see additional patients.**
- 72% indicate that external factors such as third party authorizations significantly detract from the quality of care they are able to provide.
- 27% do not see Medicare patients, or limit the number they see.
- Employed physicians see 19% fewer patients than practice owners
- 20% of physicians practice in groups of 101 doctors or more, up from 12% in 2012.
- 17% of physicians are in solo practice, down from 25% in 2012.



- **48% of physicians plan to cut-back on hours, retire, take a non-clinical job, switch to "concierge" medicine, or take other steps limiting patient access to their practices.**
- Only 43% have their compensation tied to quality or value.

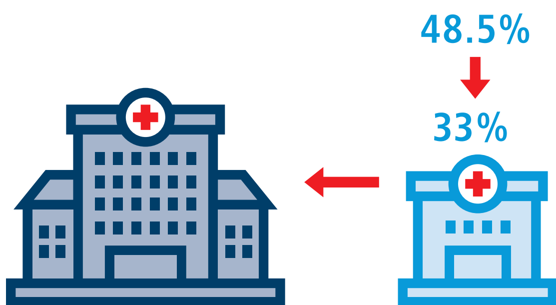
- Only 44% of physicians believe hospital employment of doctors is a positive trend.

- Only 43% participate in insurance products offered through state/federal exchanges.



- **Only 20% are familiar with the Medicare Access and CHIP Reauthorization Act (MACRA).**

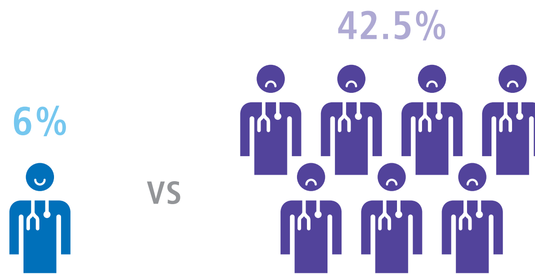
- Only 11% of physicians say electronic health records (EHRs) have improved patient interaction, while 60% say they have detracted from patient interaction.



- **Only 33% of physicians identify as independent practice owners or partners, down from 48.5% in 2012.**

- 55% of physicians participate in the Physician Quality Reporting System (PQRS), 36% participate in an ACO, and 75% participate in patient satisfaction surveys.

- 71% of physicians describe "patient relationships" as the most satisfying aspect of medical practice, while 58% say "regulatory/paperwork burdens" is the least satisfying.



- **Only 6% indicate ICD-10 has improved efficiency in their practices, while 42.5% say it has detracted from efficiency.**

**Source: AMA Physician Master File, 2016*

It should be noted that physicians are not uniform in their perspectives. Younger physicians, female physicians, employed physicians and primary care physicians are notably more positive about the current medical practice environment than are older physicians, male physicians, medical specialists and practice owners, though the majority of almost all types of physicians suffer from low morale and express doubts about the direction of the healthcare system.

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

Questions Asked and Responses Received/All Respondents

Following are questions asked by the *2016 Survey of America's Physicians* with responses received. Comparisons to responses obtained in previous national physician surveys conducted by The Physicians Foundation in 2014 and 2012 are included where relevant.

1. In what state do you practice?

	2016	2014	2012	All Physicians/U.S. (active patient care only)*
Texas	12.0%	9.0%	8.7%	6.9%
California	7.9%	7.4%	5.1%	11.8%
North Carolina	7.7%	2.8%	3.4%	2.9%
New York	5.8%	7.9%	9.1%	7.8%
Washington	5.8%	3.5%	2.4%	2.1%
Florida	5.0%	4.6%	8.1%	6.1%
Pennsylvania	3.7%	4.3%	6.2%	4.6%
Ohio	3.2%	3.3%	2.6%	3.8%
Georgia	3.0%	3.2%	1.7%	2.6%
Illinois	3.0%	5.5%	4.4%	4.0%
Minnesota	2.9%	3.3%	1.0%	1.8%
Massachusetts	2.5%	2.8%	1.7%	3.2%
Michigan	2.2%	3.0%	6.4%	3.2%
Virginia	2.0%	2.2%	2.8%	2.6%
New Jersey	1.9%	2.2%	2.4%	3.2%
Maryland	1.8%	2.1%	1.4%	2.6%
Colorado	1.7%	1.7%	1.0%	1.7%
Indiana	1.7%	1.8%	1.3%	1.7%
Wisconsin	1.7%	1.8%	1.2%	1.7%
Arizona	1.6%	1.6%	1.3%	1.9%
Missouri	1.5%	1.6%	2.2%	1.8%
Connecticut	1.4%	1.3%	1.0%	1.4%
Louisiana	1.3%	1.9%	0.9%	1.4%
South Carolina	1.3%	2.8%	5.3%	1.3%
Tennessee	1.3%	1.5%	1.7%	2.0%
Kentucky	1.1%	1.0%	0.7%	1.2%

	2016	2014	2012	All Physicians/U.S. (active patient care only)*
Oregon	1.1%	1.1%	0.7%	1.3%
Arkansas	0.9%	1.5%	2.6%	0.7%
Oklahoma	0.9%	0.8%	0.7%	0.9%
Utah	0.9%	0.7%	0.5%	0.7%
Iowa	0.8%	0.9%	0.6%	0.8%
Maine	0.8%	0.7%	0.4%	0.5%
New Mexico	0.8%	0.7%	0.5%	0.6%
Alabama	0.7%	0.9%	0.8%	1.2%
Kansas	0.7%	0.7%	0.4%	0.8%
Delaware	0.6%	0.4%	1.1%	0.3%
Hawaii	0.6%	0.8%	0.5%	0.5%
Mississippi	0.6%	0.6%	0.4%	0.6%
Nebraska	0.6%	0.7%	0.4%	0.5%
Nevada	0.6%	0.6%	0.6%	0.6%
New Hampshire	0.6%	0.6%	0.5%	0.5%
Rhode Island	0.6%	0.7%	0.3%	0.4%
North Dakota	0.5%	0.3%	0.2%	0.2%
Idaho	0.4%	0.3%	0.2%	0.4%
Montana	0.4%	0.3%	0.8%	0.3%
Washington D.C.	0.4%	0.6%	0.2%	0.5%
West Virginia	0.4%	0.6%	0.2%	0.5%
Alaska	0.3%	0.2%	1.5%	0.2%
Vermont	0.3%	0.3%	0.2%	0.2%
South Dakota	0.2%	0.2%	1.4%	0.2%
Wyoming	0.2%	0.2%	0.2%	0.1%

Source: AMA Physician Master File, 2016

2. What is Your Medical Specialty?

Primary Care	2016	2014	2012	All Physicians*
Family Practice	14.0%	14.6%	14.2%	12.1%
General Internal Medicine	11.1%	12.0%	11.3%	13.3%
Pediatrics	11.8%	10.6%	9.3%	7.0%
Total	36.9%	37.2%	34.8%	32.4%

Surgical/ Medical/Other	2016	2014	2012	All Physicians*
Surgical Specialty	5.5%	13.5%	13.6%	5.3%
Surgical Sub-Specialties	5.9%	N/A	N/A	3.5%
Medical Specialty	42.4%	33.5%	12.2%	51.2%
Ob/Gyn	5.1%	6.2%	6.2%	4.7%
General Surgery	3.0%	3.8%	4.4%	2.9%
Other	1.2%	5.7%	28.8%	0.0%
Total	63.1%	62.7%	65.2%	67.6%

Source: AMA Physician Master File, 2016

3. What is Your Current Professional Status?

2016	Survey Respondents	All Physicians*
Practice owner/ partner/associate	32.7%	50.8%
Employed by a hospital	34.6%	N/A
Employed by a medical group	23.3%	43.0%**
Other	9.4%	N/A

**Policy Research Perspectives. American Medical Association. 2015 based on 2014 data.*
***Denotes employment by hospital, group or other entity*

2014	Survey Respondents	All Physicians*
Practice owner/ partner/associate	34.6%	53%
Employed by a hospital	30.4%	N/A
Employed by a medical group	22.4%	47%**
Other	12.5%	N/A

2012	Survey Respondents	All Physicians***
Practice owner/ partner/associate	48.5%	43%
Employed by hospital, group, or other entity	43.7%	57%
Other	7.8%	N/A

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

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

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

4. What is your age?

2016	Survey Respondents	All Physicians*
35 or under	13.9%	8.6%
36-45	22.3%	24.6%
46-55	23.6%	26.1%
56-65	27.1%	25.5%
66 or older	13.1%	15.1%
Average	50.32	51.25

2014	Survey Respondents	All Physicians*
35 or under	12.4%	6.1%
36-45	23.2%	26.8%
46-55	26.4%	28.1%
56-65	27.8%	25.8%
66 or older	10.1%	13.1%
Average	49.95	51.25

2012	Survey Respondents	All Physicians*
20-29	0.9%	5.8%
30-39	12.9%	22.0%
40-49	21.0%	24.8%
50-59	34.4%	25.1%
60-69	24.1%	16.9%
70-79	5.8%	4.7%
80-89	0.9%	0.7%
90+	0.1%	0.0%
Average	53.98	49.22

**Source: AMA Physician Master File, 2016*

5. What is your gender?

	2016	2014	2012	All Physicians*
Male	64.2%	66.7%	73.6%	66.3%
Female	35.8%	33.3%	26.4%	33.7%

**Source: AMA Physician Master File, 2016*

6. Is your practice:

2016	Survey Respondents	All Physicians*
Solo	16.8%	18.6%
2-5 physicians	21.4%	22.3% (2-4 physicians)
6-10 physicians	13.5%	19.8% (5-10)
11-30 physicians	16.0%	12.1% (11-24)
31-100 physicians	12.4%	6.3% (25-49)
101 or more physicians	19.9%	13.5% (50+)

**Policy Research Perspectives. America Medical Association. 2015 based on 2014 data. Does not include "direct hospital employees."*

2014	Survey Respondents	All Physicians*
Solo	17.2%	20.0%
Small (2-10 physicians)	32.8%	38.9%
Medium (11-50 physicians)	21.6%	23.1%
Large (51 or more physicians)	28.4%	12.2%
		5.8% (hospital based)

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

2012	Survey Respondents	All Physicians*
Solo	24.9%	13.0%
2-5 physicians	26.2%	N/A
6-10 physicians	14.5%	N/A
11-30 physicians	14.5%	N/A
31-100 physicians	7.8%	N/A
100+ physicians	12.1%	N/A

**Source: AMA Physician Master File, 2016*

7. Are you a member of your:

	2016	2014	2012	All Physicians
County medical society	41.2%	40.8%	50.1%	N/A
State medical society	61.4%	62.3%	63.6%	N/A
National specialty society	78.5%	79.7%	70.4%	N/A
American Medical Association	26.4%	25.9%	24.5%	20%*
American Osteopathic Association	8.0%	7.3%	5.2%	N/A

**Approximate. Number does not include medical students or residents*

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

	2016	2014	2012
Very positive/ optimistic	8.6%	8.8%	3.9%
Somewhat positive/ optimistic	37.5%	35.6%	27.9%
Somewhat negative/ pessimistic	36.0%	37.1%	44.8%
Very negative/ pessimistic	17.9%	18.5%	23.4%

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

	2016	2014	2012
Very positive/ optimistic	6.8%	10.2%	3.1%
Somewhat positive/ optimistic	30.4%	38.7%	19.5%
Somewhat negative/ pessimistic	41.4%	39.5%	45.9%
Very negative/ pessimistic	21.4%	11.6%	31.5%

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

	2016	2014	2012
Yes, medicine is still rewarding	71.7%	71.3%	66.5%
No, the negatives outweigh the positives	28.3%	28.7%	34.5%

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

	2016	2014	2012	2008
Yes	50.8%	49.8%	42.1%	40.19%
No	49.2%	50.2%	57.9%	59.81%

12. Due to changes taking place in healthcare, do you plan to accelerate your retirement?

	2016	2014	2012
Yes	46.8%	N/A	N/A
No	53.2%	N/A	N/A

13. What TWO factors do you find MOST satisfying about medical practice?

	2016	2014	2012	2008*
Patient relationships	73.8%	78.6%	80.2%	78.17%
Intellectual stimulation	58.7%	65.3%	69.7%	81.69%
Interaction with colleagues	19.7%	22.0%	19.2%	56.18%
Social/ community impact	19.2%	N/A	N/A	N/A
Financial rewards	16.1%	15.2%	11.7%	22.60%
Prestige of medicine	10.2%	12.2%	10.0%	34.86%

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

14. What TWO factors do you find LEAST satisfying about medical practice?

	2016
Regulatory/paperwork burdens	58.3%
Erosion of clinical autonomy	31.8%
Inefficient EHR design/interoperability	26.8%
Professional liability concerns	23.5%
The commoditization of medicine	23.4%
Lack of time with patients	15.3%
Maintenance of certification (MOC) requirements	13.3%
Online misinformation directed at patients	6.5%

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

	2016	2014	2012
Continue as I am	52.2%	56.4%	49.8%
Cut back on hours	21.4%	18.2%	22.0%
Retire	14.4%	9.4%	13.4%
Switch to a cash/ concierge practice	8.8%	6.2%	6.8%
Work locum tenens	11.5%	9.1%	N/A
Cut back on patients seen	7.5%	7.8%	9.6%
Seek a non-clinical job within healthcare	13.5%	10.4%	9.9%
Seek employment with a hospital	6.3%	7.3%	5.6%
Work part-time	9.8%	6.4%	6.5%

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

	2016	2014	2012
Mostly agree	8.1%	9.3%	4.6%
Somewhat agree	25.7%	27.8%	19.9%
Somewhat disagree	29.2%	28.8%	32.9%
Mostly disagree	37.0%	34.1%	42.7%

17. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

	2016	2014	2012
Very unfamiliar	33.4%	N/A	N/A
Somewhat unfamiliar	22.9%	N/A	N/A
Neither familiar nor unfamiliar	23.8%	N/A	N/A
Somewhat familiar	14.0%	N/A	N/A
Very familiar	5.9%	N/A	N/A

18. Do you participate in any of the following value/quality reporting systems or practice models?

2016	Yes	No	Unsure
Physician Quality Reporting System (PQRS)	55.3%	28.4%	16.3%
Meaningful Use	63.5%	26.0%	10.5%
Patient Satisfaction Surveys	74.7%	20.3%	5.0%
Patient-Centered Medical Home	27.5%	58.3%	14.2%
Accountable Care Organization (ACO)	36.4%	45.0%	18.6%
Bundled Payments	30.8%	42.9%	26.3%
Any other Alternative Payment Models (APMs)	15.1%	45.6%	39.3%

19. Which best describes your feelings about ACOs?

	2016	2015	2014
They are likely to enhance quality/decrease cost	10.9%	12.7%	9.0%
Quality/cost gains will not justify organizational cost/effort	22.3%	19.2%	21.7%
Unlikely to increase quality/decrease cost	38.7%	36.3%	40.6%
Unsure about structure or purpose of ACOs	28.1%	31.8%	28.6%

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

	2016	2014	2012
Yes	42.6%	33.3%	N/A
No, and I have no plans to	25.1%	28.5%	N/A
No, but I am likely to	4.3%	9.4%	N/A
Not sure	28.0%	28.8%	N/A

21. Have you been restricted or excluded from participating in state/federal/private marketplace exchanges?

	2016	2014	2012
Yes	5.3%	28.4%	N/A
No	73.9%	47.9%	N/A
Unsure	20.8%	23.6%	N/A

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

	2016	2014
I now practice some form of concierge/direct pay medicine	6.6%	7.2%
I am planning to transition fully to this model	4.5%	13.3%*
I am planning to transition in part to this model	11.9%	N/A
I have no plans to transition to this model	77.0%	79.5%

**Planning to transition to concierce fully or in part*

23. How has ICD-10 affected your practice?

2016	Efficiency	Revenues	Patient Care
Increased/ Improved	5.8%	6.0%	5.0%
Little to no impact	51.7%	69.9%	67.1%
Reduced/ detracted from	42.5%	24.1%	27.9%

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

	2016	2014
A	3.2%	3.7%
B	20.1%	21.7%
C	28.4%	28.8%
D	22.1%	21.1%
F	26.2%	24.7%

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

	2016	2014	2012
0-20	3.8%	3.3%	4.0%
21-30	4.7%	4.5%	4.5%
31-40	11.5%	12.0%	12.2%
41-50	23.3%	23.7%	21.9%
51-60	25.6%	24.0%	26.1%
61-70	16.5%	16.4%	15.3%
71-80	8.6%	9.5%	9.9%
81 or >	6.0%	6.5%	6.1%
Average	52.63	52.83	52.93

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

	2016	2014	2012
0-5	24.8%	30.5%	N/A
6-10	30.6%	31.0%	N/A
11-15	18.4%	14.4%	N/A
16-20	11.9%	10.2%	N/A
21-25	6.1%	5.8%	N/A
26 or more	8.2%	8.2%	N/A
Average	11.29	10.58	N/A

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

	2016	2014	2012
0-10	17.0%	22.8%	19.5%
11-20	39.0%	35.7%	39.8%
21-30	28.1%	24.6%	26.8%
31-40	8.8%	11.4%	8.1%
41-50	3.2%	2.8%	2.6%
51-60	1.4%	1.4%	0.8%
61 or more	2.5%	1.3%	2.4%
Average	20.6	19.5	20.1

28. Which of the following best describes your current practice

	2016	2014	2012
I am overextended and overworked	28.2%	31.2%	22.7%
I am at full capacity	52.4%	49.8%	52.8%
I have time to see more patients and assume more duties	19.4%	18.9%	24.6%

29. Which best describes the time you are able to spend with patients?

	2016
My time with patients is always limited	15.6%
My time with patients is often limited	32.9%
My time with patients is sometimes limited	37.6%
I generally have all the time I need to provide the highest standards of care	13.9%

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

	Medicare 2016	Medicaid 2016	Medicare 2014	Medicaid 2014
See all of these patients	73.1%	63.7%	76.0%	61.9%
Limit number of these patients	13.2%	20.3%	11.2%	20.0%
Do not see these patients	13.7%	16.0%	12.8%	18.1%

31. How has EHR affected your practice?

2016	Quality of Care	Efficiency	Interaction
Increased/ Improved	28.9%	25.3%	10.9%
Little to no impact	38.2%	20.3%	29.3%
Reduced/ detracted from	32.9%	54.4%	59.8%

32. To what extent do you have feelings of professional burnout in your medical career?

	2016	2014	2012
No such feelings	10.7%	N/A	N/A
Rarely have these feelings	15.3%	N/A	N/A
Sometimes have these feelings	25.4%	N/A	N/A
Often have these feelings	31.4%	N/A	N/A
Always have these feelings (significant burnout)	17.2%	N/A	N/A

33. How much ability do physicians have to significantly influence the healthcare system?

	2016	2014	2012
Very little	29.0%	N/A	N/A
Little	30.2%	N/A	N/A
Somewhat	23.6%	N/A	N/A
A good deal	11.9%	N/A	N/A
A great deal	5.3%	N/A	N/A

34. To what degree is patient care in your practice adversely impacted by external factors such as third party authorizations, treatment protocols, EHR design, etc.?

	2016	2014	2012
Not at all	2.3%	N/A	N/A
Little	8.0%	N/A	N/A
Somewhat	17.6%	N/A	N/A
A good deal	33.4%	N/A	N/A
A great degree	38.7%	N/A	N/A

35. Is any of your compensation tied to quality metrics such as patient satisfaction, following treatment guidelines, compliance, "citizenship", error rates, etc.?

	2016
Yes	42.8%
No	45.1%
Unsure	12.1%

36. What percent of your TOTAL compensation is tied to such metrics?

	2016
0-10	51.3%
11-20	25.9%
21-30	9.7%
31-40	5.0%
41-50	3.8%
51 or more	4.3%

37. CMS has announced that 30% of Medicare payments to physicians must be tied to quality/ value by the end of 2016. Will your practice be able to meet this requirement?

	2016
Yes	31.5%
No	18.2%
Unsure	50.3%

38. Experts have tied healthcare costs to poverty. What impact do you believe poverty has on healthcare costs?

	2016
Not at all	5.8%
Little	8.3%
Some	18.0%
Large impact	29.0%
Extreme impact	38.9%

39. Maintenance of Certification (MOC), as required by my specialty board, accurately assesses my clinical abilities.

	2016
Completely disagree	44.7%
Disagree	23.9%
Neither agree nor disagree	19.8%
Agree	8.4%
Completely agree	3.2%

Following is an analysis of overall survey responses, including the implications of the survey for healthcare professionals, policy makers and the public. Survey responses aggregated by different types of physicians are included in Section VII of this report.

2016 Survey of America's Physicians: Trends And Analysis

OVERVIEW: A PROFESSION IN TRANSITION

Once personified by a young, well-groomed male in a white lab coat – i.e., "Dr. Kildare" – physicians no longer fit a homogenous personal profile or practice in a uniform manner. The days of a physician emerging from residency, "hanging out a shingle," and operating a small, private practice are long over.

America's physicians, like the general population, have become more demographically diverse in recent years. They also are practicing in an increasingly wide variety of settings. These include traditional private practices, but also embrace multi-hospital systems, academic centers, large, integrated medical groups, urgent care centers, retail clinics, Federally Qualified Health Centers, free-standing emergency departments, ambulatory surgery centers, Veterans Administration facilities, concierge practices, insurance companies, major employers and others.

Practice styles also are evolving. Though physicians continue to practice traditional, full-time, inpatient and outpatient medicine, many doctors are choosing alternative practice styles, such as part-time practice, inpatient only positions, administrative-only positions, and temporary (locum tenens) work.

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

The Physicians Foundation seeks to take the pulse of the nation's physician workforce during this period of unprecedented change through a widely distributed email survey that was received by 79% of active patient care physicians in the United States, allowing the majority of physicians the opportunity to participate. Over 17,200 physicians elected to do so, providing a sufficient sample size to achieve an error rate of +/- 0.766%, as determined by experts in survey research methodology at the University of Tennessee.

Through its large sample size, the survey provides an overview of physician morale levels, practice plans, practice perspectives and related information on a national level. However, because physicians are not a monolithic group, the survey also examines these data points by distinct and often contrasting physician subsets, including older physicians, younger physicians, males, females, practice owners, employed physicians, primary care physicians and specialists. **In addition, survey results are available for physician responses in all 50 states.**

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

The analysis begins with a look at who responded to the survey and how these responses highlight changes in physician practice patterns and demographics.

PART I: SURVEY RESPONDENTS: BIGGER GROUPS, MORE EMPLOYEES

Physicians who responded to the *2016 Survey of America's Physicians* reflect with a relatively high degree of accuracy the composition of practicing physicians as a whole in the United States, with some variations.

Responses were received from physicians in all 50 states and the District of Columbia, with some states such as North Carolina, Washington and Texas overrepresented and others such as California and New York underrepresented.

Survey respondents by specialty generally mirror the overall physician population. Approximately 37% of survey respondents are primary care physicians (defined as family medicine, internal medicine, pediatrics) while 32.4% of all physicians are in primary care. About 63% of survey respondents are in specialty medicine, compared to 67.6% of all doctors. The survey therefore is slightly weighted toward primary care physicians, who responded at a somewhat higher rate than specialists.

For the purposes of this survey, primary care physicians are considered to part of the "new guard" in medicine, because the healthcare system is evolving toward management of care by primary-care led clinical teams, and because primary care physicians tend to be younger on average than medical specialists.

The average age of survey respondents is 50.32 years, while the average age of all physicians in 51.25. Survey respondents are therefore somewhat younger than all physicians. Responses were particularly high for physicians in the 35 or younger cohort, who represented 13.9% of all respondents though they represent slightly less than 9% of all physicians. Physicians 45 or younger are considered to be part of the new guard in medicine in this survey.

The gender of survey respondents also generally matches that of physicians as a whole. 35.8% of respondents are female (up from 26.4% in 2012) while 33.7% of all physicians are female, indicating females are overrepresented in the survey by a small margin. The number of female physicians has greatly increased in recent years. In 1981, females comprised only 12% of all physicians and were grossly underrepresented in medical schools. Today, approximately 50% of medical students are female. Female physicians are particularly concentrated in primary care and obstetrics and represent the future of these practice areas (see chart below):

Percent of Medical Residents Who Are Female in Select Specialties

Family medicine	Internal Medicine	Pediatrics	OBGYN
54.7%	42.9%	72.7%	82.9%

Source: American Medical Association Physician Master File. 2016

Because they are rapidly growing in number, are concentrated in primary care, and are generally younger than male physicians, female physicians are considered part of the new guard in medicine in this survey.

From Private Practice to Employment

The *2016 Survey of America's Physicians* includes responses from similar surveys conducted by The Physicians Foundation in 2014 and 2012. These responses clearly demonstrate the evolution of medical practice away from the traditional private, independent practice model and toward the employed model, as the numbers below indicate.

Physicians Identifying As Independent Practice Owners or Partners

2016	2014	2012
32.7%	34.6%	48.5%

Physicians Identifying as Hospital or Medical Group Employees

2016	2014	2012
57.9%	52.8%	43.7%

It is difficult to determine how survey respondents identifying as independent or employed differ from all physicians. Based on 2014 data, the AMA indicates that 50.3% of physicians remain independent, whereas other sources, such as this survey (which is based on 2016 data) and the consulting firm Accenture, put the number at approximately 33% (*Many U.S. Doctors Will Leave Private Practice for Hospital Employment*. www.accenture.com. July 29, 2015). However, all sources indicate the number of independent physicians is declining and the number of employed physicians is increasing. For this reason, employed physicians are considered part of the new guard in medicine in this survey.

Many physicians are transitioning from private practice to employed settings with hospitals or other facilities in order to find a safe harbor from an uncertain and challenging medical practice environment. Employment provides the security of an assured income at a time when physician reimbursement models are in flux and private practice physicians are unsure of how they will be paid or whether they can cover private practice expenses. Employment also is thought to lessen the regulatory and compliance burden private practice physicians face, while providing them with the financial support and technical expertise needed to implement mandated use of information technology.

The population health management model, often implemented through accountable care organizations (ACOs) or other integrated systems, further drives the physician employment trend. Under this model, large healthcare organizations provide coordinated care for entire population groups, typically within a defined global budget. Physicians participating in these organizations may be financially rewarded for hitting quality of care benchmarks and for achieving cost savings. Specifically, it is primary care physicians who coordinate patient care by managing a multi-disciplinary team of clinicians in the population health model. They are responsible for allocating resources and integrating medical specialists into treatment plans as appropriate.

This model is seen as the bridge from fee-for-service medicine to fee-for-value. However, just as physicians are at the center of the fee-for-service paradigm, in which doctors direct how the healthcare dollar is spent through the volume of hospital admissions, tests, treatments and procedures they generate, physicians also determine how the healthcare dollar is spent in emerging value-based models, through care coordination and management.

These emerging models require close cooperation and communication between various stakeholders, including hospitals, primary care physicians, medical specialists, nurse practitioners, physician assistants, pharmacists, therapists, social workers, labs and others that historically have operated in silos in the U.S. healthcare system. Achieving this level of cooperation is difficult, though not impossible, unless the physician employment model is adopted.

However, some private practice physicians are able to keep their independent status through partnerships and collaborations while participating in population health management and other large group contracts offered by government or private payers. In 2015, the Texas Medical Association (TMA) and Blue Shield of Texas announced formation of TMA PracticeEdge, a program enabling physicians to provide coordinated, collaborative care and to perform like an ACO without being employed by a larger entity. These types of programs may allow some independent-minded physicians to maintain their private practice status.

The *2016 Survey of America's Physicians* indicates that employment is more prevalent among younger, female and primary care physicians (the new guard) than it is among older, male, specialist physicians (see chart below):

Employed Physicians By Type

	2016	2014
45 or <	70.1%	65.7%
46 or >	50.9%	25.7%
Female	64.6%	58.5%
Male	54.2%	50.1%
Primary care	63.2%	58.2%
Specialists	54.9%	49.9%

In Merritt Hawkins' *2015 Survey of Final-Year Medical Residents,* 70% of newly trained physicians expressed a preference for an employed setting in their first practice situation, further underscoring the fact that few younger doctors today have a predilection for independent, private practice. For this and the reasons stated above, the physician employment model is likely to proliferate as it becomes accepted as the standard by younger doctors.

How do Physicians View Hospital Employment?

Interestingly, most physicians, even many who are themselves employed by hospitals, do not believe hospital employment of physicians is a positive trend (see chart below).

Do Not Agree That Hospital Employment of Physicians is a Positive Trend Likely to Enhance Quality of Care and Decrease Costs

2016	2014	2012
66.2%	62.9%	75.6%

Hospital Employed Physicians Who Do Not Agree Hospital Employment of Physicians is a Positive Trend

2016	2014
49.9%	44.7%

These numbers suggest that many physicians are dubious about the employed practice model even though they have chosen to participate in it, perhaps fearing that employment by hospitals will lead to a loss of clinical and administrative autonomy.

"Corporatization" and the Decline of Solo and Small Group Practice

A corollary to the physician employment trend is the proliferation of group practice mergers and the formation of increasingly large group practices. Physicians are forming into larger groups for the same reasons they are seeking employment: financial security, compliance and IT expertise, and the ability to compete for large population health management contracts.

The chart below reflects the relative growth of large medical group practices and the decline of solo and small practices over the past four years as tracked by the *2016 Survey of America's Physicians*.

Medical Practices by Number of Physicians

	2016	2012
Solo	16.8%	24.9%
2-5 physicians	21.4%	26.2%
31-100 physicians	12.4%	7.8%
101 or more physicians	19.9%	12.1%

As these numbers indicate, about one-third of physicians surveyed (32.3%) practice in groups of 31 physicians or more, compared to 19.9% in 2012, while 19.9% practice in groups of 101 physicians or more, up from 12.1% in 2012.

Some physician group practices now have reached the scope and scale of hospital systems, with which they may be indistinguishable. The chart below shows the largest medical groups in the U.S. and the number of physicians they employ:

Largest U.S. Medical Groups

1. Kaiser Permanente Medical Group/ 7,304 physicians
2. Cleveland Clinic/1,999 physicians
3. Mercy Clinic/1,735 physicians
4. Aurora Medical Group/1,193 physicians
5. North Shore Long Island Jewish Group/ 1,155 physicians

Source: SK&A's 50 Largest U.S. Medical Groups, January, 2015

Whether working for a hospital, a physician-owned group, an urgent care center, or other facility, physicians today are increasingly likely to be a part of corporatized healthcare system.

Medical Society Membership

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

The 2016 survey indicates doctors most frequently join their national specialty society and their state medical society. 78.5% of 2016 survey respondents said they are members of their national specialty society, down from 79.7% in 2014 but up from 70.4% in 2012. Over 61% indicated they are members of their state medical society, roughly the same as in 2014 and down slightly from 2012. About 41% said they are members of their county medical society, about the same as in 2014 but down from 63.6% in 2012. 26.4% claim membership in the AMA, up from slightly from 25.9% in 2014 and 24.5% in 2012.

Younger physicians appear less apt to be society "joiners" than do older physicians, a trend that may be tied to the fact that a higher percentage of younger physicians are employees than are older physicians. Employed physicians may feel less need for the informational and practice support services provided by medical societies than practice owners.

Medical Society Members by Age

	45 or <	46 or >
County medical society	28.5%	48.4%
State medical society	57.4%	23.8%
National specialty society	73.8%	6.7%
American Medical Assn.	31.0%	23.8%
American Osteopathic Assn.	10.1%	6.7%

The exception is cross sectional national societies like the AMA and AOA. The 2016 survey suggests that younger physicians appear to join the AMA and AOA in greater numbers than do older physicians. Nevertheless, the AMA is not the monolithic organization it used to be. In the early 1950s, about 75% of physicians were members of the AMA (*Canadian Medical Association Journal, August 9, 2011*). Now the number is much smaller, underscoring the fact that today's physicians are organizationally fragmented.

PART II: PHYSICIAN MORALE: THE IMPACT ON PATIENT ACCESS

The *Survey of America's Physicians* has consistently indicated in each of the years it has been conducted that the professional morale of physicians is problematic. The majority of physicians surveyed describe their morale as somewhat or very negative. An even greater number indicate they are somewhat or very pessimistic about the future of their profession. About half would not recommend medicine as a career to young people and close to one-third would not choose to be physicians if they had their careers to do over.

While these results may be dispiriting to physicians and would-be physicians, they have larger implications beyond the boundaries of the medical profession. Though the number and importance of other clinicians such as nurse practitioners and physician assistants has grown in recent years, physicians remain at the center of the healthcare system as managers or "quarterbacks" of the clinical team. Through the tests and treatments they order, prescriptions they write, procedures they perform and hospital admissions and discharges they order, they personally provide a massive volume of care and generate or supervise much of the care provided by other clinicians.

Physicians also continue to play a pivotal role in healthcare economics. According to the Boston University School of Public Health, physicians receive or direct 87% of all personal spending on healthcare.

Some of this activity is generated through direct physician/patient encounters. On average, each American sees a physician approximately four times a year in office-based and other settings (see following chart):

Physician/Patient Encounters/U.S.

Physician office visits:	928.6 million
Hospital outpatient visits:	125.7 million
Emergency Department visits:	136.3 million
Inpatient surgical procedures:	51.4 million
Total encounters:	1.24 billion

Source: Centers for Disease Control and Prevention

The total combined economic output of patient care physicians in the United States is $1.6 trillion, and each physician generates a per capita economic output of $2.2 million while supporting 14 jobs (*National Economic Impact of Physicians. American Medical Association/IMS. March, 2014*). According to Merritt Hawkins' *2016 Survey of Physician Inpatient/Outpatient Revenue*, physicians on average generate $1.56 million in revenue annually for their affiliated hospitals.

While the economic impact of physicians can be measured, the impact they have on patient quality of life cannot, since no dollar value can be placed on a life saved or enhanced.

Because of the comparatively high degree of responsibility they hold, which often rises to the level of life or death, the potential repercussions of a physician having a "bad day" are arguably higher than the bad days experienced by the great majority of other types of professionals. It is clearly preferable from the patient care perspective that physicians be professionally satisfied and engaged.

It also is preferable from the patient access perspective. **The primary public policy and healthcare concern attached to low physician morale is the prospect of physicians modifying their practice styles in ways that reduce patient access, or the prospect that physicians will abandon patient care roles**

or leave medicine altogether. These possibilities are examined below, after a closer look at current physician morale levels as revealed in the 2016 survey.

Burn-Out and Concerns for the Future

Responses to several survey questions illustrate the continued poor professional morale of many physicians and their reservations about the medical profession. These questions include:

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

	2016	2014	2012
Somewhat or very positive	46.1%	44.4%	31.8%
Somewhat or very negative	53.9%	55.6%	68.2%

It is encouraging to note that the number of physicians indicating their morale is somewhat or very positive has increased since 2012 by a significant margin. However, those who indicate their morale is somewhat or very negative continue to be in the majority.

As with many questions in the survey, responses vary based on physician type, as the following chart illustrates:

Professional Morale by Physician Type

	Very/somewhat positive	Very/somewhat negative
45 or <	57.0%	43.0%
46 or >	39.9%	60.1%
Male	45.1%	54.9%
Female	47.9%	52.1%
Employed	51.6%	48.4%
Owner	37.3%	62.7%
PC	50.5%	49.5%
Specialists	43.5%	56.5%

Responses to this question clearly show that each subgroup representing the "new guard" of medicine, including younger physicians, female physicians, employed physicians, and primary care physicians, express higher levels of professional morale than "old guard" physicians, including those 46 or older, male physicians, practice owners and specialists.

Primary care physicians are experiencing increases in incomes and influence in new, value-based delivery models, at the potential expense of specialist physicians, whose influence is being eroded, explaining the contrasting perspectives of these groups. Similarly, private practice owners may feel they are in a less advantageous position than physicians employed by hospitals, medical groups and other entities due to their greater financial exposure and practice management responsibilities, hence their comparatively more negative feelings.

Younger physicians have no prior experience of the healthcare system with which to compare current practice conditions, explaining their relatively positive outlook compared to older doctors. Female physicians generally are younger than male physicians, which may partly explain their relatively positive responses, and they are more heavily concentrated in primary care than are male doctors, also contributing to their comparatively more positive mindset.

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

	2016	2014	2012
Very/somewhat positive	37.2%	44.4%	31.8%
Very/somewhat negative	62.8%	55.6%	68.2%

Here the number of physicians indicating they are very or somewhat optimistic about the future declined relative to 2014, though it remained higher than 2012, possibly indicating that recent events, such as

the advent of new physician payment systems under MACRA, have rekindled physician concerns about what is to come.

Positive/Optimistic About the Future by Physician Type

	Very/somewhat optimistic	Very/somewhat pessimistic
45 or <	45.9%	54.1%
46 or >	32.2%	67.8%
Male	35.8%	64.2%
Female	39.7%	60.3%
Employed	42.4%	67.6%
Owner	27.6%	72.4%
PC	42.5%	57.5%
Specialists	33.9%	67.1%

As referenced above, younger, female, employed and primary care doctors generally have more positive feelings about medicine than their counterparts, and in this case employed physicians are considerably more optimistic about the future of medicine than are practice owners, while physicians 45 and younger are considerably more optimistic about the future than those 46 or older.

Would You Recommend Medicine as a Career to Your Children or Other Young People?

	2016	2014	2012
Yes	50.8%	49.8%	42.1%
No	49.2%	50.2%	57.9%

The trend since 2012 is a growing number of physicians indicating they would recommend medicine as a career, though approximately half would not, a number essentially unchanged since 2014. There is a smaller disparity among various types of physicians responding to this question than to other questions, as the following numbers indicate.

Would Recommend Medicine as a Career by Physician Type

	Yes	No
45 or <	50.8%	49.2%
46 or >	50.8%	49.2%
Male	51.7%	48.3%
Female	49.3%	50.7%
Employed	53.4%	46.6%
Owner	45.5%	54.5%
PC	54.0%	46.0%
Specialists	48.9%	51.1%

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

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

	2016	2014	2012
Yes	71.7%	71.3%	66.5%
No	28.3%	28.7%	33.5%

These numbers are virtually unchanged since 2014, though up from 2012. Interestingly, more physicians 45 or younger said they would not choose medicine as a career if they had it to do over than did physicians 46 or older, and more female physicians than male indicated they would not choose medicine as a career again (see following chart):

Career to Do Over by Physician Type

	Yes, a physician	No, not a physician
45 or <	69.1%	30.9%
46 or >	73.3%	26.7%
Male	72.1%	27.9%
Female	70.9%	29.1%
Employed	73.1%	26.9%
Owner	69.3%	30.7%
PC	72.6%	27.4%
Specialists	71.4%	28.6%

The second thoughts that young physicians are having about their choice of a career suggest that even some physicians who grew up in the current system are disillusioned with medicine.

The 2016 survey included for the first time a question on physician burn-out (see below):

To What Extent do You Have Feelings of Professional Burnout in Your Medical Career?

	2016	2014	2012
Often or always	48.6%	N/A	N/A

Close to one-half of physicians report frequent or constant feelings of professional burnout, while only about 11% report no such feelings. Following the pattern noted above, fewer younger physicians, employed physicians and primary care physicians report feelings of burnout than do their counterparts. However, more female physicians than male report feelings of frequent or constant burnout (see following chart).

Feelings of Professional Burnout by Physician Type

	Often or always
45 or <	44.4%
46 or >	51.0%
Male	47.3%
Female	51.0%
Employed	48.3%
Owner	50.2%
PC	47.5%
Specialists	49.2%

What Are the Causes of Physician Dissatisfaction?

Given these responses, the question arises as to what is causing many physicians to report feelings of burnout, low morale and pessimism about the future? The answer is revealed through responses to several survey questions, including:

What Two Factors do You Find Least Satisfying About Medical Practice?

The factor cited most frequently by physicians as being least satisfying is "regulatory/paperwork burdens" followed by "erosion of clinical autonomy." As is referenced several times in this report, physicians spend 21% of their time engaged in non-clinical paperwork. Given a workforce of approximately 800,000 physicians in active patient care, this equates to 168,000 physician FTEs engaged in non-patient care activities.

Medicine is one of the most highly regulated if not the most highly regulated profession in the United States, with Medicare compliance rules and regulations alone running into the tens of thousands of pages. In a recent example, MACRA, the new law revamping Medicare payments to physicians, is 932 pages long.

Physician compliance and paperwork burdens are being exacerbated by emerging reimbursement methods. New value-based payment models, such as the one mandated by MACRA, require physicians to track the "quality measures" they have taken in treating patients. A study published in the March, 2016 issue of *Health Affairs* indicates that physicians and their staffs spend 785.2 hours annually tracking and reporting quality measures for Medicare, Medicaid, and private insurers, at a cost of $15.5 billion. Physicians personally spend about 5% of their time on these efforts (disclosure: funding for the *Health Affairs* study was provided by The Physicians Foundation).

Because of rising regulatory burdens and the growing demand for their services (which is discussed below), the great majority of physicians responding to the survey indicate they are at capacity or are overextended.

Which of the Following Best Describes Your Current Practice?

	2016	2014	2012
Overextended/at full capacity	80.6%	80.1%	75.4%
Able to see more patients	19.4%	18.9%	24.6%

The great majority of all physician types indicate they are at capacity or are overextended (see below):

Overextended/at Full Capacity by Physician Type

45 or <	81.8%
46 or >	80.0%
Male	79.2%
Female	83.2%
Employed	83.4%
Owner	76.8%
PC	81.2%
Specialists	80.3%

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

Given that most physicians are at or over capacity, it is not surprising that few feel they have the time to provide the highest quality of care (see below):

Which Best Describes the Time You Are Able to Spend With Patients?

	2016	2014	2012
I have all the time I need to provide the highest quality of care	13.9%	N/A	N/A
My time is often or always limited	48.5%	N/A	N/A

Loss of Clinical Autonomy

The second factor after "regulatory/paperwork burdens" physicians find least satisfying about medicine is "erosion of clinical autonomy." Physicians spend four years in college, four years in medical school, and three to seven years or more in residency or fellowship training in order to practice in their chosen specialty. They then often find that their ability to make what they believe are the best decisions for their patients is obstructed or undercut by bureaucratic requirements or third parties who are non-physicians (see following chart):

To What Degree is Patient Care in Your Practice Adversely Impacted by External Factors Such as Third Party Authorizations, Treatment Protocols, EHR Design, etc.?

	2016	2014	2012
Little or not at all	10.3%	N/A	N/A
Much/a great deal	72.1%	N/A	N/A

Close to three-fourths of physicians (72.1%) indicate that third party factors adversely affect patient care in their practices, with some variations by physician type (see below):

To What Degree is Patient Care Adversely Impacted by External Factors by Physician Type

	Little or not at all	Much/great deal
45 or <	12.7%	65.2%
46 or >	9.1%	76.0%
Male	10.0%	73.6%
Female	11.1%	69.4%
Employed	10.5%	70.5%
Owner	9.9%	76.0%
PC	12.3%	69.3%
Specialists	9.3%	73.8%

While new guard physicians feel patient care is less adversely affected by third parties than do old guard physicians, two-thirds or more of all physician types indicate that patient care is very adversely affected by external factors.

Physicians also do not feel that their skills are judged accurately. In particular, a substantial majority do not believe that Maintenance of Certification (MOC) tests, as required by their specialty boards to remain certified in their specialties, accurately reflect their clinical abilities (see following chart):

MOC Accurately Assesses My Clinical Abilities:

	2016	2014	2012
Completely disagree	44.7%	N/A	N/A
Disagree	23.9%	N/A	N/A

Contributing to the low morale and feelings of burn-out that many physicians express is the perception among doctors that they have little influence over the direction that the healthcare system is taking (see below):

How Much Ability do Physicians Have to Significantly Influence the Healthcare System?

	2016	2014	2012
Little/very little	59.2%	N/A	N/A

Though physicians bear the greatest responsibility for implementing new delivery and payment models and for maintaining quality of patient care, the majority believe they have little input or influence over how the healthcare system is structured, a frustration point expressed in many of the written comments physicians contributed to the survey.

What Two Factors do you Find Most Satisfying About Medical Practice?

In each of the national physician surveys The Physicians Foundation has conducted, doctors have made it clear that their primary source of professional satisfaction is derived from patient relationships. In the 2016 survey, "patient relationships" were identified as a primary source of professional satisfaction by 73.8% of respondents, followed by "intellectual stimulation," which was cited as a primary source of professional satisfaction by 58.7% of physicians.

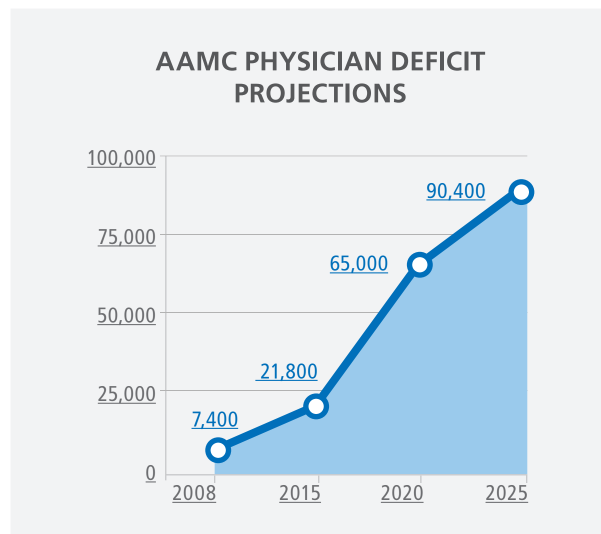
Patient relationships far exceed other sources of professional satisfaction cited by doctors, such as the "prestige of medicine," "intellectual stimulation," "interaction with colleagues," and "financial rewards," the latter being cited by only 16.1% of physicians as one of their top two sources of professional satisfaction.

When the quality of patient relationships declines, either through lack of clinical autonomy, liability concerns, a continuing struggle for reimbursement, lack of patient face-time, and other factors, the primary source of physician satisfaction is undermined. Clearly, the fundamental reason why many physicians continue to exhibit low morale is the erosion of the physician/patient relationship.

PART III: PHYSICIAN PRACTICE PLANS: A RETREAT FROM CLINICAL ROLES

The rapid evolution of the U.S. healthcare system is taking place in the context of a physician shortage that is projected by the Association of American Medical Colleges (AAMC) to become more severe over the next ten years. By 2025, the AAMC projects a deficit of up to 90,400 physicians (see below):

The Physician Shortage



Source: Association of American Medical Colleges. March, 2015

In addition, more than 30 state medical or hospital organizations and more than 20 medical specialty societies have issued reports describing physician shortages and calling for remedies, as have the four major organizations representing education and practice in both allopathic and osteopathic medicine (*Unravelling the Physician Supply Dilemma, Richard A. Cooper, M.D., Center for the Future of the Healthcare Workforce, New York Institute of Technology)*. In June 2014, The Robert Graham Center released a report projecting a deficit of 52,000 primary care physicians by 2025 (*USA Today, June 30, 2014*).

The long physician appointment wait times at many Veteran Administration facilities that came to light in 2014 are one symptom of the physician shortage, as are physician appointment wait times tracked by Merritt Hawkins *Survey of Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates* (see below):

Average Days to Schedule a New Patient Appointment With a Family Physician By Select Metropolitan Areas

Boston	66 days
New York	26 days
Atlanta	24 days
Seattle	23 days
Philadelphia	21 days
Los Angeles	20 days

Source: Merritt Hawkins 2014 Survey of Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates.

There are a variety of causes for the physician shortage, including increased demand for physician services driven by population growth and population aging. From 1987 to 2007, the U.S. population grew by 24%, going from 242 million to 302 million in 20 years, while the number of physicians grew by just 8% (*American Medical News, March 29, 2010*).

Since then, the number of U.S. medical graduates has expanded by approximately 30%, but the number of residency positions has not kept pace. As a result, 8,640 medical school graduates, including hundreds of U.S. allopathic graduates, did not match in 2016 (*www.statnews.com2016/03/2017*). In 2015, 20.7% of U.S. osteopathic medical school graduates did not match, 46.9% of U.S. citizen international medical graduates (IMGs) did not match and 50.6% of non-U.S. citizen IMGs did not match (*Skeptical Scalpel, March 24, 2015*). Completing medical school, even in a U.S. allopathic program, is no longer a sure ticket to becoming a physician, and an insufficient number of residency positions is a key factor inhibiting physician supply.

The Effect of Physician Practice Patterns on Patient Access

Another key factor affecting physician supply is the way in which physicians choose to practice – the hours they work, number of patients they see, the types of patients they see, when they plan to retire, etc.

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

The 2016 survey indicates that is the case. When asked what they plan to do the next one to three years, survey respondents answered as follows:

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

	2016	2014	2012
Continue as I am	52.2%	56.4%	49.8%
Cut back on hours	21.4%	18.2%	22.0%
Retire	14.4%	9.4%	13.3%
Switch to a concierge practice	8.8%	6.2%	6.8%
Work locum tenens	11.5%	9.1%	N/A
Cut back on patients seen	7.5%	7.8%	9.6%
Seek a non-clinical job within healthcare	13.5%	10.4%	9.9%
Seek employment with a hospital	6.3%	7.3%	5.6%
Work part-time	9.8%	6.4%	6.5%

The majority of physicians (52.2%) indicated they will continue practicing as they are, down from 56.4% in 2014 and up from 49.8% in 2012. Close to half, however, said they will take one or more steps likely to reduce patient access to physicians. 14.4% of physicians indicated they will retire in the next one to three years, up from 9.4% in 2012. Should they do so, approximately 115,000 physicians would be removed from the workforce. During that same three year period, about 81,000 physicians will complete residency and enter the workforce, creating a historically anomalous circumstance in which more physicians will be exiting the workforce than entering.

13.5% of physicians said they will seek a non-clinical job within healthcare, up from 10.4% in 2014 and up from 9.9% in 2012. Typically, non-clinical jobs taken by physicians include administrative, research or quality control positions at health systems, pharmaceutical companies, academic centers, insurance companies and other entities. The fact that a growing number of physicians indicate they will seek a non-clinical position is a particularly strong signal that many physicians are seeking alternatives to traditional patient care roles.

The migration of 13.5% of physicians into non-clinical roles would remove an additional 108,000 doctors from the clinical workforce.

21.4% of physicians said they will cut back on hours, up from 18.2% in 2014, while down slightly from 22% in 2012. An additional 7.5% said they will cut back on the number of patients they see, down from 7.8% in 2014. It is difficult to quantify the number of FTEs this would remove from the workforce, but any such cutbacks are likely to have a negative effect on patient access at a time when many patients already have difficulty scheduling physician appointments.

11.5% of physicians surveyed said they would "work locum tenens," up from 9.1% in 2014. Locum tenens is a practice in which physicians take temporary assignments that can last from a few days to a year or more. This practice style typically is adopted by older physicians seeking to semi-retire. While locum tenens keeps older physicians in the clinical workforce, these physicians usually see fewer patients in the course of a year than do physicians in full-time practice.

8.8% of physicians responding to the survey indicate they will switch to a concierge or direct pay practice in the next one to three years, up from 6.2% in 2014 and 6.8% in 2012. Physicians transitioning from traditional private practice to concierge medicine usually maintain only about 25% of their patients. In a typical scenario, a family medicine physician will see about 4,000 patients a year, which will decline to about 600 patients once he or she transitions to a direct pay practice. The concierge option is one of the few ways physicians today can maintain a solo or independent practice, and many physicians have reported that this style of medicine enhances the care they are able to provide and hence their professional satisfaction. However, the widespread adoption of concierge medicine would have a negative effect on patient access to physicians.

9.8% of physicians indicate they will switch to a part-time practice in the next one to three years, up from 6.4% in 2014 and 6.5% in 2012. Part-time practice has particular appeal to younger physicians in their child-rearing years and to older physicians seeking to semi-retire. Assuming these physicians decline from one FTE to .5 FTE, and additional 39,000 physicians would be removed from the workforce.

Physician practice plans over the next three years vary by physician type, as the chart below indicates.

Physician Plans in the Next Three Years by Physician Type

	45 or <	46 or >	Employed	Owner	Male	Female	PC	Specialist
Continue as I am	62.0%	46.9%	56.6%	49.0%	52.4%	49.0%	52.1%	52.6%
Cut back hours	18.1%	23.1%	20.7%	24.4%	21.9%	24.4%	21.2%	21.4%
Retire	2.8%	20.8%	11.2%	16.0%	9.7%	16.0%	13.2%	14.9%
Concierge	11.2%	7.5%	6.5%	13.3%	9.8%	13.3%	12.0%	6.9%
Locum tenens	12.8%	10.8%	11.3%	9.7%	12.3%	9.7%	12.4%	11.0%
Cut back patients	5.0%	8.9%	5.6%	11.9%	6.5%	11.9%	8.1%	7.2%
Seek non-clinical	15.2%	12.6%	14.9%	11.1%	15.1%	11.1%	13.9%	13.3%
Hospital employed	9.7%	4.4%	5.4%	6.5%	7.2%	6.5%	5.9%	6.6%
Part-time	7.4%	11.1%	9.3%	9.5%	12.0%	9.5%	9.7%	9.7%

For the most part, younger physicians indicate they plan to convert to alternative practice models such as concierge, hospital employment, non-clinical and even locum tenens at higher rates than older physicians, the exception being part-time practice. All of these choices would have the effect of reducing physician FTEs. Interestingly, a higher percent of male physicians indicate they will work part-time over the next one to three years than do female physicians. Due largely to their child rearing duties, female physicians are thought to be more likely to work part-time than male physicians.

Physicians are accelerating their retirement plans

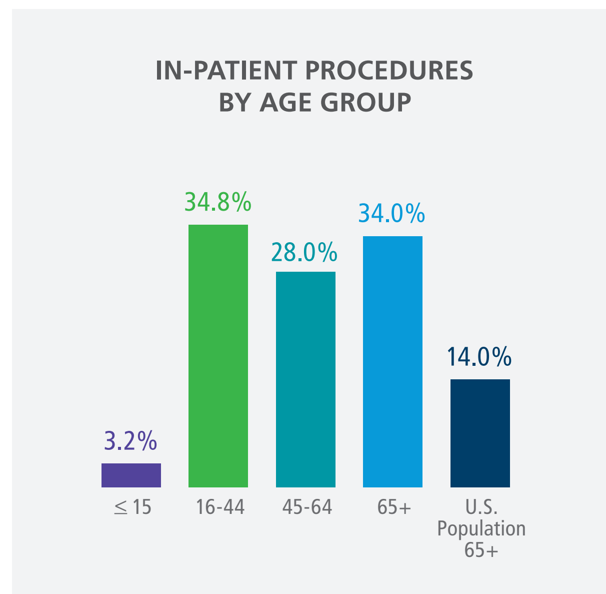
In a separate question, physicians were asked if medicine and healthcare are changing in a way that will cause them to accelerate their retirement plans. 46.8% said yes. Even many younger physicians indicated changes to medicine and the healthcare system will cause them to speed up retirement (see chart below):

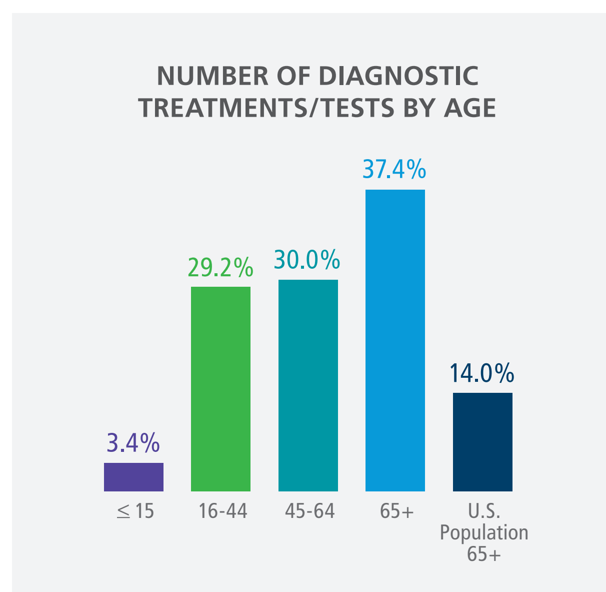
Will Accelerate Retirement by Physician Type Due to Changes Taking Place in Healthcare

45 or <	41.2%
46 or >	50.0%
Male	47.7%
Female	45.2%
Employed	42.1%
Owner	54.2%
PC	44.2%
Specialists	48.2%

The survey indicates specialist physicians are particularly inclined to accelerate their retirement plans, which is a concern given that many specialists are at or approaching retirement age. For example, approximately 75% of pulmonologists are 55 or older, as are 67% of oncologists, 60% of psychiatrists, 55% of cardiologists and 53% of orthopedic surgeons (*Physician Master File. American Medical Association, 2016*).

The retirement of a large number of specialists will coincide with the rapid aging of the population as over 10,000 baby boomers turn 65 every day and will do so until 2029 (*PewResearchCenter, December 29, 2010*). The 65 and older cohort represents 14% of the population but utilizes the healthcare system at a proportionately much higher rate (see charts below):





Source: Centers for Disease Control and Prevention

It is specialist physicians who treat the ailing or declining hearts, lungs, bones, joints and other systems of elderly patients, and given current population trends the healthcare system can ill afford for these doctors to accelerate their retirement plans. On the contrary, it is important that experienced physicians remain in the workforce for as long as they can be effective and productive. Healthcare policy planners and the public should note that the AAMC, in projecting a deficit of up to 90,400 physicians by 2025, calculates that the U.S. will have approximately 66,000 too few specialists.

Survey Responses Versus Workforce Reality

It should be conceded that physicians and others do not always take the steps they indicate that they will on surveys. If, in fact, over 14% of America's physicians retire in the next one to three years, while over 13% take non-clinical jobs, 11.5% work locum tenens, 10% become part-time, and 9% switch to concierge medicine, the result would be the elimination of some 300,000 physician FTEs. This would be profoundly detrimental to the healthcare system and such an eventuality is not anticipated.

Nevertheless, survey responses suggest that changing physician practice patterns and practice styles, driven in many cases by low physician morale and professional dissatisfaction, will have a significant inhibiting effect of patient access to care in the near future, and likely are having such an impact already.

Access for Medicare and Medicaid Patients

Over 55 million patients are enrolled in Medicare today and over 70 million are enrolled in Medicaid and CHIP (*Kaiser Family Foundation. Kff.org/medicare/state-indicator/total-medicare-beneficiaries*). The ranks of both Medicare and Medicaid enrollees are growing rapidly due to population aging and the expansion of Medicaid eligibility through the ACA.

Whether or not the growing number of Medicare and Medicaid enrollees will have continued access to a physician is an open question. 26.9% of physicians responding to the survey now no longer see Medicare patients or limit the number they see, up from 24% in 2014, and over 36% no longer see Medicaid patients or limit the number they see, down slightly from 38% in 2014.

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

Do Not See/Limit Medicare Patients by Physician Type

45 or <	26.5%
46 or >	30.4%
Male	24.2%
Female	31.9%
Employed	23.2%
Owner	33.1%
PC	39.0%
Specialists	19.5%

Notable here is the relatively high number of primary care physicians who do not see Medicare patients or limit the number they see (39%, up from 32.9% in 2012). Almost one in four primary care physicians have eliminated or reduced access to Medicare patients, suggesting that many Medicare patients may have difficulty finding the "gatekeeper" physicians they need to obtain entry into the healthcare system.

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

Do Not See/Limit Medicaid Patients by Physician Type

45 or <	30.4%
46 or >	39.6%
Male	37.4%
Female	34.2%
Employed	25.3%
Owner	55.9%
PC	41.1%
Specialists	33.4%

Over 41% of primary care physicians indicated they do not see Medicaid patients or limit the number they see, calling into question the ability of a growing number of Medicaid patients to access the healthcare system through primary care gatekeepers.

It also should be noted that a high number of practice owners have limited access to Medicare and Medicaid patients relative to employed physicians. Medicaid and Medicare reimbursement can be significantly lower than private insurance (sometimes below a physician's cost of doing business) and consequently many practice owners have had to limit the number of Medicare and Medicaid patients they see. Because they are paid on salary, and often on relative value units (RVUs), which do not take into consideration patient insurance type, employed physicians may have more latitude to see Medicare and Medicaid patients than do practice owners.

Participation in State/Federal Insurance Exchanges

The 2016 *Survey of America's Physicians* indicates that while the majority of physicians continue to see Medicare and Medicaid patients, the majority do not participate in state/federal insurance exchanges mandated by the ACA, or are not sure if they do. Approximately 43% of physicians indicate they participate in a state/federal exchange, up from 33.3% in 2014, while 4.3% indicate they do not but are likely to. The remaining 53% do not participate and have no plans to or are unsure whether or not they participate.

Only 5.3% indicate they have been excluded from participating in the exchanges, down substantially from 28.8% in 2012. The 2016 survey suggests that physician participation in the exchanges is increasing while exclusions are decreasing, a positive development for patient access. Nevertheless, many physicians do not participate in the exchanges or are still uncertain about their participation in this key component of healthcare reform.

Physician Hours and Patients Seen

Physicians were asked the number of hours they work per week. The average for all physicians was 52.63, virtually the same number of hours physicians reported working per week in 2014 and in 2012 (see below).

Average Hours Worked Per Week (All Clinical and Non-Clinical Duties)

2016	2014	2012
52.63	52.83	52.93

That physician work hours in 2016 declined only slightly relative to 2014 and 2012 is a positive sign for physician supply and patient access.

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

Average Hours Worked Per Week by Physician Type

45 or <	55.37
46 or >	51.10
Male	53.27
Female	51.53
Employed	53.39
Owner	53.25
PC	51.62
Specialists	53.36

These numbers contradict the widely perceived notion that older physicians work longer hours than younger physicians, that practice owners work longer hours than employed physicians, and that primary care doctors work longer hours than specialists. In fact, the survey suggests that the opposite is true. However, survey responses confirm that male physicians work longer hours than female physicians by a margin of 3.38%, down from 7.68% in 2014.

Given the shortage of physicians, it would be advantageous from a patient access perspective if doctors could devote a minimal amount of time to tasks not directly related to clinical care. Unfortunately, this is not the case. The survey indicates that physicians spend 11.29 hours a week on non-clinical paperwork duties, or 21% of their total work hours, up from 10.58 hours in 2014, a 6.71% increase, and down from 12.01 in 2012.

Hours Devoted to Non-Clinical Paperwork Per Week

2016	2014	2012
11.29	10.58	12.01

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

Non-Clinical Paperwork Hours Per Week by Physician Type

45 or <	11.65
46 or >	11.10
Male	10.93
Female	11.95
Employed	11.79
Owner	10.64
PC	12.05
Specialists	10.87

Notable here is that employed physicians report working 10.81% more hours per week on non-clinical duties than do practice owners. One of the presumed benefits of physician employment is that it frees doctors from the non-clinical duties of running a practice with which practice owners must contend, and therefore allows them to spend more time with patients. The 2016, 2014 and the 2012 surveys all suggest this is not the case (see chart below):

Hours Spent on Non-Clinical Duties

	Employed Physicians	Practice Owners
2012	12.66	11.01
2014	10.63	9.79
2016	11.79	10.64

The reason for this is not clear, but it can be conjectured that employed physicians often are part of large, bureaucratic organizations that generate high levels of paperwork pertaining to reimbursement, legal compliance and performance measurement. Practice owners may be in a position to delegate more of this type of work to others and generally are not as obligated to track performance measures as are employed physicians.

Number of Patients Seen

Physicians responding to the 2016 survey see an average of 20.6 patients per day, up from 19.5 in 2014 and 20.1 in 2012. It is encouraging that physicians are maintaining productivity levels given current physician shortages and given changing reimbursement patterns which are intended to reward value-related activities over volume-based activities, including number of patients seen.

However, it should be noted that employed physicians, who are proliferating in number, are considerably less productive than are practice owners, seeing 19.3% fewer patients per day. Female physicians, who also are proliferating in number, see 9.2% fewer patients per day than do males (see below):

Number of Patients Seen Per Day by Physician Type

45 or <	20.9
46 or >	20.5
Male	21.3
Female	19.5
Employed	19.6
Owner	23.4
PC	20.8
Specialists	20.6

As the employed model expands, and as women supplant men in the physician workforce, the effect on physician productivity will be significant. A physician workforce now seeing over 900 million office-based visits per year will see tens of millions fewer patients when a higher percentage of doctors will be employed, increasing the time it takes patients to schedule physician appointments and in general reducing patient access to medical services.

These findings underscore the importance of enhancing the medical practice environment to keep physicians engaged in clinical medicine rather than retiring, cutting back on services, seeking non-clinical roles or otherwise reducing patient access. The survey suggests that the two prerequisites for enhancing medical practice conditions are the reduction of the regulatory/compliance and administrative burden on physicians and the preservation of their clinical autonomy.

It also will be necessary to expand the number of residency positions to accommodate more medical school graduates, thereby increasing the number of physicians entering the workforce.

PART IV: HEALTH REFORM AND NEW DELIVERY MODELS: VOLUME, VALUE, AND THE ACA

The healthcare system in the United States is in the midst of an unprecedented experiment. Hospitals, medical groups, physicians, third party payers, employers, the federal government and other stakeholders are seeking to determine if a system driven by volume of activities and payments can be transformed into one driven by value.

As was referenced earlier in this report, physicians are at the heart of this effort due to the central role they play in determining patient treatments and how the healthcare dollar is spent. Healthcare reform therefore is at its essence an exercise in physician behavior modification. Can physicians be persuaded or compelled to abandon the fee-for-service model and embrace the fee-for-value model?

The *2016 Survey of America's Physicians* indicates that in practical terms, **the majority of physicians remain in a fee-for-service world and are not sufficiently engaged in or supportive of the**

mechanisms of healthcare reform to achieve its stated aims. For example, the majority of physicians surveyed do not have any of their compensation tied to fee-for-value payments, or are unsure if they do.

When asked if any of their compensation is tied to value/quality-based metrics such as patient satisfaction, adherence to treatment protocols, etc., the plurality of physicians (45.1%) said no, 42.8% said yes, and 12.1% were unsure. However, there is some variation based on physician type (see below):

Compensation Tied to Value/Quality by Physician Type

45 or <	43.9%
46 or >	42.1%
Male	42.5%
Female	43.5%
Employed	49.8%
Owner	35.9%
PC	48.8%
Specialists	39.4%

As was referenced earlier in this report, the employed model promotes the system integration necessary to implement fee-for-value payments, and it is therefore unsurprising that a considerably greater number of employed physicians indicate they receive value-based payments than do practice owners. The employment of primary care physicians, who coordinate patient care under fee-for-value systems, is more prevalent than the employment of specialists, so it also is unsurprising that a greater number of primary care doctors indicated they receive value-based payments than did specialists. The fact that over 12% of all respondents are unsure whether they receive value-based payments underscores the continued novelty of these payment models in the eyes of many physicians.

While the majority of physicians do not receive value-based compensation, or are not sure if they do, the majority of those who do (51.3%) have 10% or less of their total compensation tied to value/quality, while only 13.1% had 30% or more of their total compensation tied to value. It is debatable whether 10% of compensation or less is enough to persuade physicians to embrace the fee-for-value model, but the exact percentage that would elicit this change is likely to vary by physician and at this point is difficult to calculate.

Even for those physicians who do receive value-based compensation, the great majority (77.2%) have 20% or less of their compensation tied to value and therefore 79% or more of their compensation is still tied to fee-for-service. There is some variation based on physician type. Counterintuitively, a greater percent of practice owners have 30% or more of their compensation tied to value than do employed physicians (see below):

Total Compensation Tied to Value By Physician Type

	10% or less	30% or more
45 or <	51.2%	12.6%
46 or >	51.3%	13.5%
Male	52.6%	12.6%
Female	48.9%	14.0%
Employed	52.7%	11.7%
Owner	49.5%	15.6%
PC	47.0%	14.5%
Specialists	54.5%	12.2%

The Centers for Medicare and Medicaid Services (CMS) announced this year that it has met its goal for 2016 of tying 30% of physician Medicare payments to quality/value. However, when asked if their practices would be able to meet this standard, 18.2% of survey

respondents said no while half (50.3%) were unsure, further underscoring physician uncertainty about evolving reimbursement models.

What is MACRA?

A fundamental shift in physician reimbursement is soon to be implemented through the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA replaces Medicare's previous physician reimbursement system, known as the Sustainable Growth Rate formula (SGR). Under MACRA, physicians who wish to bill Medicare will need to participate in either the Merit-Based Incentive Payment System (MIPS) or an Alternative Payment Model (APM).

MIPS includes physician fee-for-service payments but also will pay participating physicians based on a score they will receive from zero to 100. Those who achieve a high score in areas including quality enhancement, cost effectiveness, and meaningful use of information technology will receive a bonus, while those with low scores will have their Medicare payments reduced. Physicians who participate in an APM (an ACO-like organization) will receive bonuses and additional compensation for achieving cost efficiency goals (for more information on MACRA/MIPS and APMs, see the Merritt Hawkins white paper *Physician and Hospital Reimbursement, From Lodge Medicine to MIPS*).

The new reimbursement system is likely to be followed by private payers and will represent a highly significant change to which many physicians will have to adjust.

The 2016 *Survey of America's Physicians* indicates that the majority of physicians do not see this change coming. 56.3% of physicians indicate that they are very or somewhat unfamiliar with MACRA, while only 19.9% indicate they are very or somewhat familiar. Familiarity with MACRA varies by physician type (see below):

Familiarity with MACRA By Physician Type

	Very/somewhat Unfamiliar	Very/somewhat Familiar
45 or <	61.8%	15.5%
46 or >	53.2%	22.4%
Male	53.6%	22.3%
Female	61.0%	15.8%
Employed	61.8%	15.5%
Owner	57.5%	18.5%
PC	55.0%	20.6%
Specialists	57.2%	19.5%

Practice owners, who will have more direct control over how they will participate in the new payment systems, indicate a higher familiarity with MACRA than do employed physicians.

ACO and Other Value-Based Reimbursement and Practice Model Participation

There are various methods by which physicians can participate in value/quality reimbursement-based practice models. These include Medicare's Physician Quality Reporting System (PQRS), participation in a patient-centered medical home, an ACO, a bundled payment program and other methods. The majority of survey respondents (55.3%) participate in PQRS, 36.4% participate in an ACO, 30.8% participate in a bundled payment program and 27.5% participate in a medical home. Participation rates vary by physician type (see following):

Participation in Quality/Value Based Models/ Reimbursement by Physician Type

	PQRS	ACO	Bundled Payments	Medical Home
45 or <	54.7%	39.3%	33.9%	32.8%
46 or >	55.6%	34.6%	29.0%	24.3%
Male	58.0%	35.9%	31.2%	24.6%
Female	50.4%	37.2%	30.3%	32.7%
Employed	55.1%	40.5%	33.4%	33.2%
Owner	61.4%	33.6%	29.2%	19.5%
PC	51.2%	43.1%	29.2%	48.2%
Specialists	57.9%	32.5%	31.9%	15.1%

As value-based models become virtually mandatory through payment systems such as MIPS and APMs, physician participation rates in ACOs/APMs, bundled payments and medical homes are likely to greatly increase (Note: PQRS is folded into payment systems mandated by MACRA and will be replaced by them).

Two quality reporting mechanisms in which the majority of physicians already participate include meaningful use of information technology and patient satisfaction surveys. Three out of four physicians (74.7%) responding to the survey participate in physician satisfaction surveys while 63.5% participate in meaningful use. Participation rates vary by physician type (see below):

Participation in Patient Satisfaction Surveys and Meaningful Use by Physician Type

	Patient satisfaction surveys	Meaningful use
45 or <	78.3%	68.7%
46 or >	72.7%	60.4%
Male	74.4%	62.7%
Female	75.5%	64.9%
Employed	84.0%	69.6%
Owner	61.9%	58.9%
PC	76.7%	67.8%
Specialists	73.8%	61.3%

As might be expected, more employed physicians, who are more likely to be part of organizations paying on value, participate in patient satisfaction surveys and meaningful use than practice owners. Many physicians who added written comments to the survey express the belief that patient satisfaction is not a valid method for assessing physician competence, and that such a rating method encourages doctors to tell patients what they want to hear rather than what they need to hear.

ICD-10 and EHR: Physicians Have Not Bought-In

Additional mechanisms for implementing health reform include the new ICD-10 system for classifying the illnesses, injuries and other conditions physicians see. In October of 2015, the number of diagnostic codes used by physicians increased from about 14,000 under ICD-9 to 68,000 under ICD-10. Among other potential advantages, these codes are intended to allow physicians to be more efficient, to bill more precisely and to improve patient care.

The 2016 survey indicates the great majority of physicians have not realized these benefits. Only 5.8% indicate ICD-10 has improved efficiency in their practices, only 6.0% say ICD-10 has improved revenues and only 5.0% say it has improved patient care. The majority indicate that ICD-10 has had little to no impact in these three areas while one quarter or more say it has detracted from all three.

Opinions of electronic health records (EHR), which have been in place longer than ICD-10, are similarly unenthusiastic. Only 28.9% of physicians indicate EHR has improved quality of care in their practices, while the remaining 71.1% say it has had little or no impact or detracted from quality of care. 25.3% say EHR has improved efficiency, while the remaining 74.7% say it has had little or no impact, or has detracted from efficiency. Only 10.9% indicate EHR has improved

patient interaction, while the remaining 89.1% say it has had little or no impact or has detracted from patient interaction.

Physician opinions of EHR have not improved appreciably since the survey was conducted in 2012 and 2014 and have declined in some respects. In 2014, 47.1% of physicians said EHR detracted from patient interaction, a number that increased to 59.8% in 2016. Responses vary by physician type (see below):

Assessment of EHR by physician Type

	45 or <	46 or >	Male	Female	Employed	Owner	PC	Specialist
Improved quality	39.8%	22.8%	26.2%	33.8%	33.6%	22.0%	38.2%	23.5%
Detracted from quality	22.3%	38.9%	34.6%	29.8%	29.3%	38.5%	28.0%	35.7%
Improved efficiency	36.6%	19.0%	23.5%	28.6%	28.2%	21.1%	30.9%	22.1%
Detracted from efficiency	42.4%	61.2%	55.5%	52.3%	52.9%	57.4%	51.7%	56.1%
Improved patient interaction	17.4%	7.2%	10.1%	12.3%	11.6%	9.9%	15.7%	8.1%
Detracted from patient interaction	51.8%	64.2%	60.3%	58.7%	59.7%	60.5%	59.3%	60.2%

There is a clear generational difference in the way physicians rate the effect of EHR, with physicians 45 or younger generally more positive about its impact on quality, efficiency and patient interaction than physicians 46 or older. However, even many younger physicians indicate EHR has detracted from efficiency in their practices, while the majority (51.8%) indicate it has detracted from patient interaction. Only 17.4% say it has improved patient interaction.

A Dubious View of ACOs

Physicians responding to the 2016 survey expressed doubt about the efficacy and purpose of Accountable Care Organizations (ACOs), of which there are now 585 covering between 15% to 17% of the population, according to an examination of Department of Health and Human Services (HHS) data conducted by consulting firm Oliver Wyman. ACOs are seen as the model for healthcare delivery in the era of health reform. In the ACO model, large, integrated organizations typically comprised of hospitals, physicians, advanced practitioners, and a wide range of other healthcare professionals and community health advocates, provide care to population groups that may include both Medicare and privately insured patients. Quality guidelines must be adhered to while care is provided within a global budget in which all stakeholders share. Emphasizing prevention and population health management, ACOs are intended to enhance quality of care while reducing costs.

However, only 10.9% of physicians responding to the survey agree that ACOs are likely to enhance quality and decrease costs, down from 12.7% in 2014, while 38.7% indicate ACOs are unlikely to increase quality or decrease cost, up from 36.3% in 2014. Physician assessments of ACOs have not changed appreciably since the 2012 survey. Though physicians have had more time to evaluate the ACO model, they are not

more positive about it, and many remain uncertain as to what ACOs do. 28.1% of physicians say they are unsure about the structure and purpose of ACOs, down only slightly from 31.8% in 2014, and almost the same as 28.6% in 2012.

Even many physicians who participate in ACOs have doubts and uncertainties about them (see below):

Physician Assessment of ACOs by Those Who Participate in an ACO

Likely to enhance quality/decrease cost	18.5%
Unlikely to enhance quality/decrease cost	37.5%
Unsure about structure or purpose of ACOs	15.9%

Implementation of the ACO models depends on physician understanding and integration. The 2016 survey suggests that these goals have yet to be achieved and that physician integration will continue to be a challenge for those charged with ACO implementation.

ACA Grades Decline

Physicians were asked to grade the ACA as a vehicle for healthcare reform. Less than one-quarter of physicians (23.3%) gave the ACA a positive grade of A or B, down from 25.4% in 2014, the first time this question was asked. 48.3% gave the ACA a negative grade of D or F, up from 45.8% in 2014, while about 28.4% gave the ACA a neutral C grade, down from 28.8% in 2014. These numbers indicate that the ACA has failed to gain the endorsement of most physicians over time, though opinions of the ACA vary by physician type (see following):

	A or B
45 or <	28.9%
46 or >	20.1%
Male	20.6%
Female	28.2%
Employed	27.9%
Owner	15.0%
PC	28.6%
Specialists	20.2%

Continuing a pattern, younger, employed, female and primary care physicians exhibit a more positive attitude about the ACA than older, practice owner, male and specialist physicians. Further continuing a pattern, this positive attitude was only relative. The majority of physicians in all groups gave the ACA a C, D or F, while fewer than 30% of physicians in even the most positive groups gave the ACA an A or B.

The Impact of Poverty

Physicians were asked for the first time in the 2016 survey to indicate what impact poverty has on healthcare costs. A majority (67.9%) indicate poverty has either a great impact or an extreme impact on healthcare costs, while 14.1% believe it has little or no impact. There is a belief in some policy making and academic circles that variations in physician practice styles largely account for geographic fluctuations in healthcare costs (healthcare fraud also is cited as a factor). It has been observed that if all physicians practiced as efficiently as those in areas with low healthcare costs, and fraud reduced, a massive amount of wasteful spending (as much as 30% of all healthcare spending) could be eliminated *(Health Affairs Policy Brief, December, 2012)*.

This view has been challenged by the late Richard "Buz" Cooper, M.D. of the University of Pennsylvania, who achieved national prominence as a healthcare policy analyst. Dr. Cooper has argued in papers and in his forthcoming book (*Poverty and the Myths of Health Care Reform*. Johns Hopkins University Press) that poverty is the primary driver of healthcare spending (Disclosure: The Physicians Foundation provided funding for Dr. Cooper's research). The 2016 survey suggests that the majority of physicians are likely to agree with this premise.

V. CONCLUSION

The *2016 Survey of America's Physicians: Practice Patterns and Perspectives* reveals a physician workforce that continues to be dispirited about the current state of the medical profession and apprehensive about its future, due primarily to the large regulatory burden physicians face and the perceived erosion of their clinical autonomy.

The concern from the public's perspective is that physicians, as a consequence of poor morale or related reasons, will choose to practice medicine in ways that reduce patient access to their services. The survey indicates that many physicians will take such steps, by retiring, seeking non-clinical positions, switching to concierge medicine or otherwise altering their practice styles. In addition, a growing number of physicians are seeking employment with hospitals or other healthcare facilities. The survey indicates that employed physicians are considerably less productive in terms of patients seen than are practice owners. **The effect of various physician career choices and practice patterns will be the exacerbation of a growing physician shortage and reduced access by the public to medical services.**

Further, the survey indicates that many physicians are not participating in, are unaware of, or are dubious about the key mechanisms designed to implement healthcare reform. The majority do not have their compensation tied to quality metrics, or are unaware if they do, and most are unfamiliar with MACRA, a federal law mandating a new, quality-based Medicare reimbursement system for physicians. Most do not believe accountable care organizations (ACOs) will achieve quality enhancement and cost reduction; the majority see ICD-10 as either an impediment to efficiency and quality of care or as a non-factor; and the majority indicate electronic health records (EHR) detract from efficiency and patient interaction. Most physicians give the Accountable Care Act (ACA) a poor or failing grade.

The survey strongly indicates that considerably more physician support and participation will be required to achieve the goals of healthcare reform and to transform the healthcare system from one based on volume to one based on value. However, it should be noted that physician morale levels, practice plans, practice patterns and personal perspectives vary by physician type, as has been noted throughout the survey.

PART VI: PHYSICIANS ON THE RECORD: SELECTIONS FROM 10,170 WRITTEN COMMENTS

Responses to the 39 questions asked by the *2016 Survey of America's Physicians* reveal the varying attitudes physicians have toward specific aspects of their profession and the healthcare system as a whole and provide insight into physician practice plans and practice patterns.

The 2016 survey also invited physicians to provide more general commentary about the medical profession and the healthcare system in their own words.

When asked what statement they would make to policy makers and the public about the state of the medical profession and America's healthcare system, 10,170 physicians provided written answers, which ran to 442,232 words, or more than twice the number of words in the novel *Moby Dick*, reflecting the strong desire of many physicians to express themselves on this topic and have their voices heard.

A number of key words were used repeatedly by physicians, reflecting their priorities or concerns (see below):

Select Word Use in Written Physician Comments

Terms Used	Number of Times Referenced
Patients	6,587
Regulations/regulatory	1,132
Single payer/universal payer	995
Paperwork/bureaucracy/red tape	844
Retire/quit	357
Autonomy	283
Tort reform	278
Burnout	261
Interference	208
Frustrate/frustrated	133
Shortage	121

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

1. *"This would be the greatest profession in the world only if the government would not be involved."*

2. *"We should increase the number of residents in all fields. We should mandate that hospitals and other health care facilities share information with each other regarding mutual patients in a timely manner without requirement for patient release of information."*

3. *"Medicine may be a business, but it is a delicate business of caring for human beings at their most vulnerable. Compassionate, evidence-based, patient-centered care matters more than keeping track of metrics and patient satisfaction scores."*

4. *"I'm grateful that as a physician I can help my patients get better and return to their normal state. I'm proud to be a physician and love what I do every day. I like to chat with patients and learn how they perceive the world from their vantage point at that moment of vulnerability."*

5. *"It is critical that we have actively practicing physicians from different specialties and different types of practices that help to write our healthcare laws. When medical bureaucrats who have not practiced medicine in years, or worse non-medical individuals, make decisions about healthcare policy both the physician and patients suffer."*

6. *"My comments here and in general fall on deaf ears. Healthcare delivery needs to be a free flowing process devoid of external influences that interrupts good care. The process has become so corrupt that none of us can truly practice medicine."*

7. *"There is just way too much administration in medicine. Despite all the rules and regulations, poor people don't have access to good medical care in the outpatient setting resulting in overuse of ER's and hospitals. People who can afford good insurance have to contend with increasing bureaucracy to get what they are paying a tremendous amount of money for."*

8. *"Medical school was my path to caring for people with disabilities and their families. I feel my work has been important to these families and to me."*

9. *"Medicine is not a commodity like soybeans or widgets. Administration needs to be in the business of making it easier, not harder, for clinicians to treat patients."*

10. "Physicians are being overworked, under-supported and made to jump through unnecessary and burdensome hoops to obtain and maintain their certification. All of this detracts from patient care and makes physicians less able to comply with the administrative burdens of the system. These issues are forcing older physicians out of practice and discouraging intelligent young people from entering medicine or completing their medical education once they see the state of healthcare and the way that physicians are treated in this country. If this keeps up, we will have less and less doctors to care for the growing number of patients in the country. A systematic change needs to occur to offer physicians more support for the work that they do and to lighten or eliminate the administrative burden that is forced upon doctors and takes them away from patient care."

11. "Go ahead and keep looking over our shoulders, paying us less, and asking us to work more. Good luck when we all quit."

12. "There continue to be ongoing needs to make healthcare more available to 100% of the population, while reducing healthcare costs and improving both quality and efficiency of care. However, it is not optimal to attempt to accomplish these laudable goals by disempowering physicians, and placing undue regulatory and paperwork burdens on physicians, which primarily results in less time to directly care for patients."

13. "I suspect that the system could be improved by a single payer system that offers different formulary coverage on an opt-in basis, in which individuals could choose to augment their care by paying a bit more to have more choices. It is frustrating when therapeutic decisions are over-ruled by an insurance company that does not know the patient as well as the provider does."

14. "Profit motive is far exceeding health care motive. The erosion of the doctor patient relationship as it moves to a system client relationship erodes quality and professional satisfaction. It is far more expensive and less satisfying."

15. "The practice of medicine is a privilege and a gift that I am fortunate to be paid to perform."

16. "More coverage for obesity treatments is needed to help decrease the cost of care for these conditions. Obesity treatment takes weekly intervention over many months and follow up for 2 years after weight loss. Covering these visits is needed to help patients achieve their goals."

17. "My interaction with the patient in the exam room has been lost and replaced with lots of data entry on my part. I click away staring at the screen and barely have time to make eye contact with my patient. This is the greatest loss in my opinion."

18. "You must provide more monetary incentives for Primary Care Providers so that their numbers increase to provide patient care. If you do not increase Primary Care, you will continue to spend increased healthcare dollars in the Emergency room where patient currently come to access primary care. This is not cost efficient. This is not sustainable and creates an unsafe environment for patients with true emergencies!"

19. "Medicine is in a state of decline due to insurance companies and government control over the system. Getting back to a system where patients pay for non-catastrophic care and insurance only available for real catastrophes would cut out the middleman that is responsible for so much of the increase in cost."

20. “One patient at a time, we become population statistics and change the healthcare system. Never forget the patient. Without them, there is no system, and we are all patients at one time or another.”

21. “The use of quality for reimbursement is dangerous. This will entice providers to seek and care for only the healthiest patients. Those patients that are the sickest and will therefore have the worst quality outcome measures but in need of the most care will be left at the wayside.”

22 “The medical profession in America is the best career/calling for a person to embrace.”

23. “We need to make sure that everyone has access to medical care. They need to realize that in the end, folks who don’t have medical insurance end up costing us more because they enter the health care system with significantly more severe disease due to lack of preventative care.”

24. “The emergency department is misused. Patients have difficulty seeing their primary care doctor and instead go to the ER for issues that should be handled in clinic.”

25. “Pick one EMR for the entire country and create one central depository for all health care information for all patients.”

26. “The ACA is the beginning of reform. Instead of destroying it please work to make it better and take care of some of the bad parts. It was watered down in efforts to pass it; now make it have some teeth especially with third party payers.”

27. “You have backed us into a corner and you’ll miss us when we are gone .”

28. “You have taken the most important voice in medicine, the physician, out of the national discussion by forcing the physician to be so busy with extra patients that no time is left to address national concerns.”

29. “The humanism of doctor/patient relationship is becoming completely corporate and bureaucractic. Numbers matter more than people. Sadly, physicians are so beaten into submission by their respective hospital employers that we continue to be forced to increase our volume to make ends meet.”

30. “Concentrate on health care and not sick care.”

31. “Stop tying patient satisfaction scores to hospital and doctor reimbursements and evaluations. Many studies have shown that the most satisfied patients are the heaviest users of the healthcare system and actually have worse outcomes.”

32. “Please discuss quality reforms and requirements and MOC rules with clinicians before implementing them. They and the EHR (which is largely nonfunctional) have largely ruined the personal life of many physicians and imposed unrealistic impossible time demands that force MDs to spend more time treating their computers than their patients.”

33. “Let doctors be doctors and eliminate insurance, government, and regulatory intrusions.”

34. “Medicine has been taken away from the doctors and patients. Doctors rank below hospital administrators and insurance companies in controlling the doctor patient relationship today.”

35. “We are no longer doctors, we are providers. We only stand out when a disgruntled patient is looking for someone to sue.”

36. *"Insurance companies and governmental agencies should have absolutely no role in determining the markers of "quality." Once these are decided by Physician Organizations, those non-medical entities can compile and report data which may then be acted upon."*

37. *"After a combined total of more than 20 years of schooling and training to complete a medical degree, it is insulting and misguided to EXCLUDE physicians from controlling their own decision making regarding the care of their patients."*

38 *"The privilege of being a physician has been prostituted by the business of healthcare."*

39. *"Becoming a physician and being a doctor is among the greatest of joys. Working in medicine is the greatest of disappointments."*

40. *"We are being assessed using the wrong metrics. It is important to measure quality, but the measures chosen do not always accurately reflect good patient care."*

41. *"Excessive and onerous paperwork demands to fulfill needs perceived necessary by nonmedical bureaucrats and time-consuming insurance paperwork decrease the availability of physicians."*

42. *"Death by a thousand cuts. Every month there is 'just one more little thing' or 'it will only take a couple of minutes to comply'. These one more little things now take up most of my time."*

43. *"You have really screwed up a great profession. Treating doctors like hourly factory workers. Denigrating an honorable group, referring to doctors as health care providers, and believing you can replace physicians."*

44. *"Who will care for complex patients with progressively deteriorating conditions when compensation is based on outcome? Who will care for patients with unpleasant personalities when compensation is based on patient satisfaction surveys?"*

45. *"Please decrease paperwork for clinicians. Last week I had to re-credential for hospital privileges, complete my re-enrollment paperwork for Medicaid for the 6th time (keeps getting sent back for minor changes that should be able to be corrected over the phone), send in my report for Meaningful Use, and check into the American Board of Pediatrics to check my MOC progress. Some of this is necessary, much of it is excessive and detracts from time I could be taking care of patients."*

46. *"Please reduce the burdens of paperwork, authorizations, referrals, medications restrictions, EMR requirements. The patient/physician relation has been damaged with all these demands. The job satisfaction is markedly reduced."*

47. *"Every minute of physician time spent doing something other than caring for a patient is time that directly decreases the quality provided to that patient. We need to start looking at the unintended consequences of seemingly sensible legislation and allow those who have spent over 12 years devoting their life to the care of patients decide what is best."*

48. *"Doctors do not have any true voice or impact on costs of medical care. Our respect is declining, our decision making is regulated by insurance companies. No WAY would my kids want to do medicine seeing how my work life is."*

49. *"No one wants to own their patients anymore. They work a shift then its someone else's problem."*

50. *"Bite the bullet and go with single payer!!!!"*

51. "A single payer system would enormously simplify the lives of physicians, but there also needs to be less government nonsensical regulations."

52. "If no changes are made, you will no longer see the best people going into medicine and outcomes will suffer greatly as physicians today retire early or just quit practicing medicine."

53. "There is undue pressure on the doctor to do about 20 things besides see the patient at each visit. I see the doctors now who hate to go to work because of the drudgery of EHR and prescribing restrictions."

54. "I am in a practice that I think is better than average at letting me have time with patients, I am still overextended, burnt out, and working way late to do all of the paperwork that comes from seeing enough patients to keep the doors open."

55. "I went to school for and love the practice of medicine, but I am drowning as a paperwork monkey. HELP."

56. "Most of my colleagues report exhaustion, poor morale and are looking forward to quitting/retirement. Unionization is beginning to look attractive."

57. "Medicine is THE most over-regulated, over-scrutinized, frustrating "business" in America now, even more so than the nuclear power industry! Those of us on the front line, seeing and touching and interacting with the patient, must abide by some high school graduate's interpretation of a cook book at the end of a phone call telling me what is best for my patient. It is utterly asinine and, frankly, detrimental--even dangerous--for the patient."

58 "My input really doesn't count for much of anything. I fill out tons of paperwork...really for nothing. Ordering equipment for patients is beyond a nightmare. I still don't understand the hoops I need to jump through! Which date when?"

59. "Would you go for a job that requires at least 11 years of postgraduate work, sometimes at 80-120 hours per week, only to be told by someone with 1 year of training in secretary work what you can and cannot prescribe? Someone who cannot even spell the names of the medications you talk about?"

60. "Doctors are becoming 9-5 employees and won't be available beyond those hours in the near future."

61. "Decrease the effect of patient satisfaction on pay. I work in an ED, it is busy and people are unhappy. It's not a hotel and shouldn't be."

62. "Single payer system and a single national EHR that really allows data to follow the patients is needed. Greedy corporations will never make our system function as it should."

63. "I'm getting sick of medicine as a business. You are making medicine so economically challenging that it is impossible to sustain a private practice."

64. "Medical profession is not a job, it is a lifestyle and the policies and regulations so far have made this lifestyle a big burden and nightmare for many physicians. This has been getting progressively worse for the last 10 years. People that do not have any idea about patient care dictate us how to follow cook book medicine guidelines."

65. "I retired early because of the status of 3rd party interference in my practice and now perform voluntary medical care to several community medical clinics."

66. "All the policy changes and new requirements take a lot of time away from caring for my patients. The outcome is that I have much less time to take care of their needs so that I can meet all the demands of the new mandates."

67. "Eventually, private practice owners will be forced to close, and payers will then be spending more for the same services to be offered in the pricy hospital setting. I can only assume that in this will lead to more restrictions and fewer patients receiving the needed care."

68. "Medicine should not be a for-profit enterprise, and that includes for insurers. Each person deserves compassionate care and a meaningful relationship with a primary care provider."

69. "There is a run-away amount of regulation, rule making and insurance guidelines to even think of being compliant AND having time to see the patient. It's time to simplify or go on strike."

70. "Our efforts must be focused on educating the patient before they even get to the doctor. We must do a much better job of teaching patients to develop healthy lifestyles if we hope to impact their long-term health."

71. "There is a shortage of physicians. Why is everything being done to make doctors retire quicker with all of these new fee plans?"

72. "The insurance companies and the government are more interested in making the chart healthy than the patient. They are also more interested that I make the patient happy than provide good medical care."

73. "Great and honorable career."

74. "As a new physician, and I'm sure like generations before me, I chose medicine to help heal and care for people. But our system tries to beat that out of us."

75. "Rural areas will be without physicians in 10 years if changes are not made to provide incentives for practicing in a rural area."

76. "We are drowning in red tape and paperwork."

77. "Doctors need their autonomy back. Patients deserve for their physicians to have a say in the type and quality of healthcare they receive. These decisions should not be determined by non-medical individuals."

78. "Physicians are professionals, driven by ethics and ideals, perfectionism, sense of personal accomplishment. When we are treated like data entry clerks or just cogs in the machine, we become demoralized, angry and inefficient."

79. "You have no interest in what I have to say in spite of being chief of staff of two major hospitals, advisor in my specialty to a major hospital chain, and various high end consultant status appointments---AND THAT IS THE SHAME OF IT."

80. "As a young child I dreamed of becoming a doctor. I dedicated my life to that goal. In medical school I studied the art and practice of medicine. I feel all that work has been wasted. I have become a provider forced to provide healthcare."

81. "Doctors are demoralized and burnt out. Medicolegal concerns, time constraints, patient as a 'consumer' all lead to physician dissatisfaction and increasing healthcare costs."

82. "Future patients will suffer greatly from the bureaucratic decisions that are impacting medicine & doctors. Good doctors are looking towards retiring or moving away from clinical medicine due to the current expense, restraints, and unproven efforts to change medicine for the better."

83. "We need to get back to our roots of helping people become healthier and working together as a team of physicians to accomplish this goal."

84. *"I would retire but others depend on my income so I cannot. Healthcare quality has diminished and the current trends indicate to me this will continue."*

85. *"In medicine we are expected to use evidence to guide our actions, but as I look at almost every policy and regulation put forth by the government and CMS, I see almost a total lack of evidenced based policy. In fact, in regards to patient satisfaction scores, the evidence is quite clear that they work in an opposite direction to outcomes. "*

86. *"While the ACA has been a step forward, the fact that we are still dealing with insurance companies who are syphoning off a significant amount of the revenue while limiting access to patients, particularly low income patients, is shameful. There are so many ACO's and MCO's, each with their own rules. The effect has been to confuse patients, interfere with the medical home and increase our costs as we have our nurses spending a significant amount of time with prior authorizations, and other paperwork."*

87. *"Medical care in the US is in grave danger. We desperately need additional primary care providers who are the best and brightest to provide the bulk of care to patients. Instead, the brightest are siphoned off."*

88. *"Anything that imposes rules and protocols on how physicians practice medicine detracts from the art of medicine and hinders our ability to provide compassionate and high quality care individualized to each patient's unique condition."*

89. *"The profession as I knew it no longer exists."*

90. *"Becoming a doctor is the biggest mistake anybody can make. I have strongly encouraged all of my children to pursue other careers. The vast majority of the physicians I know have done the same."*

91. *"Let physicians spend more time with their patients."*

92. *"The most influential people in making decisions about healthcare are politicians and corporate medicine CEOs. The least influential people are physicians and patients. Is this the medicine you want?"*

93. *"The best thing that can be done to improve healthcare is to put more physicians in leadership positions, such as CEOs of hospitals and healthcare systems and political positions such as Secretary of Health and Human Services and state and local equivalents."*

94. *"Our profession and our medical providers are extremely stressed with multiple pressures placed on them every day. There are high rates of burnout, alcohol and drug abuse, and depression in medical providers. These are the effect of the multiple stresses, and are the reasons why many providers discourage others from joining this profession."*

95. *"Where there is a shortage, cost will go up and quality will go down."*

96. *"We have to continue to find a way to reward the right behaviors, work towards all having insurance as a right, and the impact of the social aspects of medicine more."*

97. *"We need to shift focus toward emphasizing preventive care and population medicine, and start reimbursing for these efforts. We need to improve practice efficiency by promoting team-based integrated models that maximize each team member practicing at the top of their scope of practice, with the physician as the leader-- this needs to be taught in health professional education."*

98. *"I do not feel like a doctor any more after 25 years. My day is spent dealing with intrusive government, insurance and 3rd party payer mandates and regulations. I spend countless hours as a provider of computer data entry for billing and coding."*

99. “Doctors are now inundated with paperwork and regulations. We like seeing patients and spending time with them. Please allow us to do our jobs!”

100. “Physicians are frustrated with new rules and regulations that take them away from patient care and more towards administrative work. It is scary to think of what will happen in the next five years with mergers of hospital organizations. I feel the solo practitioner and small group practice will be eaten up by large conglomerates. We will lose autonomy and the doctor patient relationship will be changed.”

The 10,170 written comments included in the 2016 Survey of America’s Physicians offer unprecedented insight into the concerns and perspectives of today’s physicians and represent an invaluable resource to policy makers, academics or others tracking how physicians perceive the medical profession and the healthcare system. A full text of the comments is available upon request.

In addition, results of the 2016 survey aggregated by state also are available upon request.

The 2016 Survey of America’s Physicians concludes with survey responses aggregated by physician type, including physicians 45 or younger, physicians 46 or older, male and female physicians, practice owners and employed physicians, primary care physicians and specialists.

PART VII: SURVEY RESPONSE COMPARISONS BY PHYSICIAN TYPE

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

1. What is Your Medical Specialty?

Primary Care	45 or <	46 or >	All Respondents
Family Practice	13.6%	14.2%	14.0%
General Internal Medicine	12.9%	10.1%	11.1%
Pediatrics	14.9%	10.0%	11.8%
Total	41.4%	34.4%	36.9%

Surgical/ Medical/Other	45 or <	46 or >	All Respondents
Surgical Specialty	4.8%	5.9%	5.5%
Surgical Sub-Specialties	5.7%	6.0%	5.9%
Medical Specialty	40.4%	43.6%	42.4%
Ob/Gyn	4.0%	5.7%	5.1%
General Surgery	2.8%	3.1%	3.0%
Other	1.0%	1.3%	1.2%
Total	58.6%	65.6%	63.1%

2. What is Your Current Professional Status?

	45 of <	46 or >	All Respondents
Practice owner/ partner/associate	22.4%	38.7%	32.7%
Employed by a hospital	44.7%	28.9%	34.6%
Employed by a medical group	25.4%	22.0%	23.3%
Other	7.5%	10.4%	9.4%

3. What is your gender?

	45 or <	46 or >	All Respondents
Male	55.0%	69.5%	64.2%
Female	45.0%	30.5%	35.8%

4. Are you a member of your:

	45 or <	46 or >	All Respondents
County medical society	28.5%	48.4%	41.2%
State medical society	57.4%	63.7%	61.4%
National specialty society	73.8%	81.1%	78.5%
American Medical Association	31.0%	23.8%	26.4%
American Osteopathic Association	10.1%	6.7%	8.0%

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

	45 or <	46 or >	All Respondents
Very positive/ optimistic	11.5%	6.9%	8.6%
Somewhat positive/ optimistic	45.5%	33.0%	37.5%
Somewhat negative/ pessimistic	32.2%	38.1%	36.0%
Very negative/ pessimistic	10.8%	22.0%	17.9%

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

	45 or <	46 or >	All Respondents
Very positive/ optimistic	8.8%	5.6%	6.8%
Somewhat positive/optimistic	37.1%	26.6%	30.4%
Somewhat negative/ pessimistic	38.8%	42.9%	41.4%
Very negative/ pessimistic	15.3%	24.9%	21.4%

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

	45 or <	46 or >	All Respondents
Yes, medicine is still rewarding	69.1%	73.3%	71.7%
No, the negatives outweigh the positives	30.9%	26.7%	28.4%

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

	45 or <	46 or >	All Respondents
Yes	50.8%	50.8%	50.8%
No	49.2%	49.2%	49.2%

9. Due to changes taking place in healthcare, do you plan to accelerate your retirement?

	45 or <	46 or >	All Respondents
Yes	41.2%	50.0%	46.8%
No	58.8%	50.0%	53.2%

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

	45 or <	46 or >	All Respondents
Patient relationships	67.5%	77.4%	73.8%
Prestige of medicine	12.7%	8.8%	10.2%
Intellectual stimulation	56.5%	60.0%	58.7%
Interaction with colleagues	20.6%	19.2%	19.7%
Financial rewards	18.4%	14.7%	16.1%
Social/ community impact	21.3%	18.0%	19.2%

11. What TWO factors do you find LEAST satisfying about medical practice?

	45 or <	46 or >	All Respondents
Erosion of clinical autonomy	27.5%	34.2%	31.8%
Professional liability concerns	31.6%	18.9%	23.5%
Regulatory/ paperwork burdens	59.9%	57.4%	58.3%
Lack of time with patients	19.6%	12.9%	15.3%
Inefficient EHR design/ interoperability	18.0%	31.8%	26.8%
Maintenance of certification (MOC) requirements	13.3%	13.3%	13.3%
The commoditization of medicine	20.6%	25.0%	23.4%
Online misinformation directed at patients	7.8%	5.7%	6.5%

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

	45 or <	46 or >	All Respondents
Continue as I am	62.0%	46.9%	52.2%
Cut back on hours	18.1%	23.1%	21.4%
Retire	2.8%	20.8%	14.4%
Switch to a cash/concierge practice	11.2%	7.5%	8.8%
Work locum tenens	12.8%	10.8%	11.5%
Cut back on patients seen	5.0%	8.9%	7.5%
Seek a non-clinical job within healthcare	15.2%	12.6%	13.5%
Seek employment with a hospital	9.7%	4.4%	6.3%
Work part-time	7.4%	11.1%	9.8%

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

	45 or <	46 or >	All Respondents
Mostly agree	10.8%	6.5%	8.1%
Somewhat agree	34.1%	21.3%	25.7%
Somewhat disagree	28.9%	29.4%	29.2%
Mostly disagree	26.2%	42.9%	37.0%

14. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

	45 or <	46 or >	All Respondents
Very unfamiliar	37.5%	31.1%	33.4%
Somewhat unfamiliar	24.3%	22.1%	22.9%
Neither familiar nor unfamiliar	22.7%	24.4%	23.8%
Somewhat familiar	11.8%	15.2%	14.0%
Very familiar	3.7%	7.2%	5.9%

15. Do you participate in any of the following value/quality reporting systems or practice models?

	45 or <			46 or >			All Respondents		
	Yes	No	Unsure	Yes	No	Unsure	Yes	No	Unsure
Physician Quality Reporting System (PQRS)	54.7%	23.2%	22.1%	55.6%	31.5%	12.9%	55.3%	28.4%	16.3%
Meaningful Use	68.7%	18.1%	13.2%	60.4%	30.7%	8.9%	63.5%	26.0%	10.5%
Patient Satisfaction Surveys	78.3%	15.1%	6.6%	72.7%	23.2%	4.1%	74.7%	20.3%	5.0%
Patient-Centered Medical Home	32.8%	47.4%	19.7%	24.3%	64.8%	10.9%	27.5%	58.3%	14.2%
Accountable Care Organization (ACO)	39.3%	34.0%	26.7%	34.6%	51.5%	13.9%	36.4%	45.0%	18.6%
Bundled Payments	33.9%	30.7%	35.4%	29.0%	50.1%	20.9%	30.8%	42.9%	26.3%
Any other Alternative Payment Models (APMs)	17.8%	33.1%	49.1%	13.4%	53.2%	33.4%	15.1%	45.6%	39.3%

16. Which best describes your feelings about ACOs?

	45 or <	46 or >	All Respondents
They are likely to enhance quality/ decrease cost	12.8%	9.9%	10.9%
Quality/cost gains will not justify organizational cost/effort	19.9%	23.5%	22.3%
Unlikely to increase quality/ decrease cost	30.1%	43.7%	38.7%
Unsure about structure or purpose of ACOs	37.3%	22.8%	28.1%

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

	45 or <	46 or >	All Respondents
Yes	36.7%	45.9%	42.6%
No, and I have no plans to	22.4%	26.6%	25.1%
No, but I am likely to	5.6%	3.6%	4.3%
Not sure	35.3%	23.9%	28.0%

18. Have you been restricted or excluded from participating in state/federal/private marketplace exchanges?

	45 or <	46 or >	All Respondents
Yes	5.5%	5.1%	5.3%
No	64.9%	78.9%	73.9%
Unsure	29.6%	16.0%	20.8%

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

	45 or <	46 or >	All Respondents
I now practice some form of concierge/ direct pay medicine	6.2%	6.8%	6.6%
I am planning to transition fully to this model	6.1%	3.5%	4.5%
I am planning to transition in part to this model	15.7%	9.9%	11.9%
I have no plans to transition to this model	72.1%	79.8%	77.0%

20. How has ICD-10 affected your practice?

	45 or <			46 or >			All Respondents		
	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care
Increased/ Improved	9.7%	9.7%	8.6%	3.7%	4.0%	3.1%	5.8%	6.0%	5.0%
Little to no impact	53.8%	71.8%	68.7%	50.6%	68.8%	66.3%	51.7%	69.9%	67.1%
Reduced/Detracted from	36.5%	18.5%	22.7%	45.7%	27.2%	30.6%	42.5%	24.1%	27.9%

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

	45 or <	46 or >	All Respondents
A	4.0%	2.7%	3.2%
B	24.9%	17.4%	20.1%
C	34.2%	25.3%	28.4%
D	18.8%	23.9%	22.1%
F	18.1%	30.7%	26.2%

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

	45 or >	46 or >	All Respondents
0-20	1.0%	5.3%	3.8%
21-30	3.0%	5.6%	4.7%
31-40	11.1%	11.8%	11.5%
41-50	23.6%	23.1%	23.3%
51-60	24.2%	26.3%	25.6%
61-70	18.5%	15.5%	16.5%
71-80	11.8%	6.8%	8.6%
81 or >	6.8%	5.6%	6.0%
Average	55.37	51.10	52.63

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

	45 or >	46 or >	All Respondents
0-5	22.6%	25.9%	24.8%
6-10	30.2%	30.9%	30.6%
11-15	19.4%	18.0%	18.4%
16-20	13.2%	11.2%	11.9%
21-25	6.3%	5.9%	6.1%
26 or more	8.3%	8.1%	8.2%
Average	11.65	11.10	11.29

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

	45 or >	46 or >	All Respondents
0-10	15.0%	18.1%	17.0%
11-20	41.7%	37.5%	39.0%
21-30	27.3%	28.5%	28.1%
31-40	8.3%	9.1%	8.8%
41-50	3.3%	3.2%	3.2%
51-60	1.8%	1.2%	1.4%
61 or more	2.6%	2.4%	2.5%
Average	20.9	20.5	20.6

25. Which of the following best describes your current practice

	45 or <	46 or >	All Respondents
I am overextended and overworked	27.8%	28.4%	28.2%
I am at full capacity	54.0%	51.6%	52.4%
I have time to see more patients and assume more duties	18.2%	20.0%	19.4%

26. Which best describes the time you are able to spend with patients?

	45 or <	46 or >	All Respondents
My time with patients is always limited	15.8%	15.5%	15.6%
My time with patients is often limited	34.7%	31.9%	32.9%
My time with patients is sometimes limited	39.5%	36.5%	37.6%
I generally have all the time I need to provide the highest standards of care	10.0%	16.1%	13.9%

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

	45 or >		46 or >		All Respondents	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	73.5%	69.6%	72.9%	60.4%	73.1%	63.7%
Limit number of these patients	14.9%	20.3%	12.2%	20.4%	13.2%	20.3%
Do not see these patients	11.6%	10.1%	14.9%	19.2%	13.7%	16.0%

28. How has EHR affected your practice?

	45 or >			46 or >			All Respondents		
	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction
Increased/ Improved	39.8%	36.6%	17.4%	22.8%	19.0%	7.2%	28.9%	25.3%	10.9%
Little to no impact	37.9%	21.2%	30.8%	38.3%	19.8%	28.6%	38.2%	20.3%	29.3%
Reduced/ Detracted from	22.3%	42.2%	51.8%	38.9%	61.2%	64.2%	32.9%	54.4%	59.8%

29. To what extent do you have feelings of professional burnout in your medical career?

	45 or >	46 or >	All Respondents
No such feelings	9.5%	11.4%	10.7%
Rarely have these feelings	17.7%	13.9%	15.3%
Sometimes have these feelings	28.4%	23.7%	25.4%
Often have these feelings	30.9%	31.7%	31.4%
Always have these feelings (significant burnout)	13.5%	19.3%	17.2%

30. How much ability do physicians have to significantly influence the healthcare system?

	45 or >	46 or >	All Respondents
Very little	21.8%	33.2%	29.0%
Little	29.7%	30.5%	30.2%
Somewhat	29.2%	20.4%	23.6%
Much	13.8%	10.8%	11.9%
A great deal	5.5%	5.1%	5.3%

31. To what degree is patient care in your practice adversely impacted by external factors such as third party authorizations, treatment protocols, EHR design, etc.?

	45 or >	46 or >	All Respondents
Not at all	2.5%	2.3%	2.3%
Little	10.2%	6.8%	8.0%
Somewhat	22.1%	14.9%	17.6%
Much	35.5%	32.2%	33.4%
To a great degree	29.7%	43.8%	38.7%

32. Is any of your compensation tied to quality metrics such as patient satisfaction, following treatment guidelines, compliance, "citizenship", error rates, etc.?

	45 or >	46 or >	All Respondents
Yes	43.9%	42.1%	42.8%
No	42.3%	46.8%	45.1%
Unsure	13.8%	11.1%	12.1%

33. What percent of your TOTAL compensation is tied to such metrics?

	45 or >	46 or >	All Respondents
0-10	51.2%	51.3%	51.3%
11-20	26.3%	25.8%	25.9%
21-30	9.9%	9.4%	9.7%
31-40	5.0%	5.0%	5.0%
41-50	4.6%	3.4%	3.8%
51 or more	3.0%	5.1%	4.3%

34. CMS has announced that 30% of Medicare payments to physicians must be tied to quality/ value by the end of 2016. Will your practice be able to meet this requirement?

	45 or >	46 or >	All Respondents
Yes	31.3%	31.5%	31.5%
No	13.5%	20.9%	18.2%
Unsure	55.2%	47.6%	50.3%

35. Experts have tied healthcare costs to poverty. What impact do you believe poverty has on healthcare costs?

	45 or >	46 or >	All Respondents
Not at all	5.1%	6.1%	5.8%
Little	8.0%	8.5%	8.3%
Some	19.0%	17.4%	18.0%
Large impact	29.5%	28.6%	29.0%
Extreme impact	38.4%	39.2%	38.9%

36. Maintenance of Certification (MOC), as required by my specialty board, accurately assesses my clinical abilities.

	45 or >	46 or >	All Respondents
Completely disagree	40.0%	47.3%	44.7%
Disagree	24.2%	23.8%	23.9%
Neither agree nor disagree	23.0%	18.1%	19.8%
Agree	9.5%	7.8%	8.4%
Completely agree	3.3%	3.0%	3.2%

B. RESPONSES BY EMPLOYED PHYSICIANS VS. PRACTICE OWNERS

1. What is Your Medical Specialty?

Primary Care	Employed	Owner	All Respondents
Family Practice	14.9%	12.3%	14.0%
General Internal Medicine	12.5%	9.5%	11.1%
Pediatrics	13.0%	10.4%	11.8%
Total	40.3%	32.3%	36.9%

Surgical/ Medical/Other	Employed	Owner	All Respondents
Surgical Specialty	4.3%	7.8%	5.5%
Surgical Sub-Specialties	5.0%	7.5%	5.9%
Medical Specialty	41.8%	42.5%	42.4%
Ob/Gyn	4.7%	5.7%	5.1%
General Surgery	2.9%	2.9%	3.0%
Other	0.9%	1.3%	1.2%
Total	59.7%	67.7%	63.1%

2. What is Your Current Professional Status?

	Employed	Owner	All Respondents
Practice owner/partner/ associate	0.0%	100.0%	32.7%
Employed by a hospital	59.8%	0.0%	34.6%
Employed by a medical group	40.2%	0.0%	23.3%
Other	0.0%	0.0%	9.4%

3. What is your gender?

	Employed	Owner	All Respondents
Male	60.1%	71.9%	64.2%
Female	39.9%	28.1%	35.8%

4. Are you a member of your:

	Employed	Owner	All Respondents
County medical society	32.3%	56.6%	41.2%
State medical society	55.8%	71.8%	61.4%
National specialty society	79.0%	78.5%	78.5%
American Medical Association	26.8%	25.3%	26.4%
American Osteopathic Association	8.0%	7.8%	8.0%

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

	Employed	Owner	All Respondents
Very positive	9.6%	7.1%	8.6%
Somewhat positive	42.0%	30.2%	37.5%
Somewhat negative	34.7%	38.2%	36.0%
Very negative	13.7%	24.5%	17.9%

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

	Employed	Owner	All Respondents
Very positive/ optimistic	7.5%	5.3%	6.8%
Somewhat positive/ optimistic	34.9%	22.3%	30.4%
Somewhat negative/ pessimistic	40.9%	42.5%	41.4%
Very negative/ pessimistic	16.7%	29.9%	21.4%

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

	Employed	Owner	All Respondents
Yes, medicine is still rewarding	73.1%	69.3%	71.7%
No, the negatives outweigh the positives	26.9%	30.7%	28.3%

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

	Employed	Owner	All Respondents
Yes	53.4%	45.5%	50.8%
No	46.6%	54.5%	49.2%

9. Due to changes taking place in healthcare, do you plan to accelerate your retirement?

	Employed	Owner	All Respondents
Yes	42.1%	54.2%	46.8%
No	57.9%	45.8%	53.2%

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

	Employed	Owner	All Respondents
Patient relationships	71.4%	78.2%	73.8%
Prestige of medicine	10.3%	10.4%	10.2%
Intellectual stimulation	59.6%	56.7%	58.7%
Interaction with colleagues	20.8%	17.6%	19.7%
Financial rewards	16.1%	16.3%	16.1%
Social/ community impact	19.8%	17.9%	19.2%

11. What TWO factors do you find LEAST satisfying about medical practice?

	Employed	Owner	All Respondents
Erosion of clinical autonomy	28.9%	36.3%	31.8%
Professional liability concerns	24.2%	21.7%	23.5%
Regulatory/ paperwork burdens	56.8%	61.6%	58.3%
Lack of time with patients	17.5%	10.4%	15.3%
Inefficient EHR design/ interoperability	27.4%	26.0%	26.8%
Maintenance of certification (MOC) requirements	14.1%	13.1%	13.3%
The commoditization of medicine	22.8%	24.2%	23.4%
Online misinformation directed at patients	7.2%	5.3%	6.5%

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

	Employed	Owner	All Respondents
Continue as I am	56.6%	49.0%	52.2%
Cut back on hours	20.7%	24.4%	21.4%
Retire	11.2%	16.0%	14.4%
Switch to a cash/ concierge practice	6.5%	13.3%	8.8%
Work locum tenens	11.3%	9.7%	11.5%
Cut back on patients seen	5.6%	11.9%	7.5%
Seek a non-clinical job within healthcare	14.9%	11.1%	13.5%
Seek employment with a hospital	5.4%	6.5%	6.3%
Work part-time	9.3%	9.5%	9.8%

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

	Employed	Owner	All Respondents
Mostly agree	10.9%	3.4%	8.1%
Somewhat agree	33.8%	12.1%	25.7%
Somewhat disagree	31.7%	24.4%	29.2%
Mostly disagree	23.6%	60.1%	37.0%

14. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

	Employed	Owner	All Respondents
Very unfamiliar	37.5%	34.3%	33.4%
Somewhat unfamiliar	24.3%	23.2%	22.9%
Neither familiar nor unfamiliar	22.7%	24.0%	23.8%
Somewhat familiar	11.8%	13.5%	14.0%
Very familiar	3.7%	5.0%	5.9%

15. Do you participate in any of the following value/quality reporting systems or practice models?

	Employed			Owner			All Respondents		
	Yes	No	Unsure	Yes	No	Unsure	Yes	No	Unsure
Physician Quality Reporting System (PQRS)	55.1%	24.2%	20.7%	61.4%	31.4%	7.2%	55.3%	28.4%	16.3%
Meaningful Use	69.6%	18.5%	11.9%	58.9%	35.3%	5.8%	63.5%	26.0%	10.5%
Patient Satisfaction Surveys	84.0%	11.0%	5.0%	61.9%	34.4%	3.7%	74.7%	20.3%	5.0%
Patient-Centered Medical Home	33.2%	49.3%	17.5%	19.5%	72.7%	7.8%	27.5%	58.3%	14.2%
Accountable Care Organization (ACO)	40.5%	36.3%	23.2%	33.6%	57.3%	9.1%	36.4%	45.0%	18.6%
Bundled Payments	33.4%	33.5%	33.1%	29.2%	57.1%	13.7%	30.8%	42.9%	26.3%
Any other Alternative Payment Models (APMs)	14.8%	35.8%	49.4%	16.6%	61.2%	22.2%	15.1%	45.6%	39.3%

16. Which best describes your feelings about ACOs?

	Employed	Owner	All Respondents
They are likely to enhance quality/ decrease cost	12.8%	7.6%	10.9%
Quality/cost gains will not justify organizational cost/effort	22.0%	24.3%	22.3%
Unlikely to increase quality/ decrease cost	34.2%	47.7%	38.7%
Unsure about structure or purpose of ACOs	31.0%	20.4%	28.1%

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

	Employed	Owner	All Respondents
Yes	41.0%	49.2%	42.6%
No, and I have no plans to	22.2%	28.0%	25.1%
No, but I am likely to	4.3%	4.3%	4.3%
Not sure	32.5%	18.5%	28.0%

18. Have you been restricted or excluded from participating in state/federal/private marketplace exchanges?

	Employed	Owner	All Respondents
Yes	3.6%	8.7%	5.3%
No	72.7%	76.3%	73.9%
Unsure	23.7%	15.0%	20.8%

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

	Employed	Owner	All Respondents
I now practice some form of concierge/direct pay medicine	3.4%	12.4%	6.6%
I am planning to transition fully to this model	4.3%	4.9%	4.5%
I am planning to transition in part to this model	10.2%	14.9%	11.9%
I have no plans to transition to this model	82.1%	67.8%	77.0%

20. How has ICD-10 affected your practice?

	Employed			Owner			All Respondents		
	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care
Increased/Improved	5.8%	5.9%	4.6%	6.3%	6.4%	6.0%	5.8%	6.0%	5.0%
Little to no impact	53.7%	73.8%	69.9%	47.6%	63.2%	62.4%	51.7%	69.9%	67.1%
Reduced/Detracted from	40.5%	20.3%	25.5 %	46.1%	30.4%	31.6%	42.5%	24.1%	27.9%

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

	Employed	Owner	All Respondents
A	3.4%	2.7%	3.2%
B	24.5%	12.3%	20.1%
C	30.9%	23.6%	28.4%
D	20.3%	25.5%	22.1%
F	20.9%	35.9%	26.2%

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

	Employed	Owner	All Respondents
0-20	2.1%	2.1%	3.8%
21-30	4.1%	5.0%	4.7%
31-40	11.2%	12.3%	11.5%
41-50	25.2%	21.5%	23.3%
51-60	26.0%	27.6%	25.6%
61-70	16.6%	17.1%	16.5%
71-80	8.9%	8.1%	8.6%
81 or >	5.9%	6.3%	6.0%
Average	53.39	53.25	52.63

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

	Employed	Owner	All Respondents
0-5	23.0%	25.3%	24.8%
6-10	29.8%	33.0%	30.6%
11-15	18.7%	19.7%	18.4%
16-20	12.7%	10.9%	11.9%
21-25	6.4%	5.2%	6.1%
26 or more	9.4%	5.9%	8.2%
Average	11.79	10.64	11.29

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

	Employed	Owner	All Respondents
0-10	16.2%	13.7%	17.0%
11-20	43.9%	31.8%	39.0%
21-30	27.4%	31.6%	28.1%
31-40	7.3%	12.4%	8.8%
41-50	2.4%	4.8%	3.2%
51-60	1.2%	1.9%	1.4%
61 or more	1.6%	3.8%	2.5%
Average	19.6	23.4	20.6

25. Which of the following best describes your current practice

	Employed	Owner	All Respondents
I am overextended and overworked	29.3%	26.9%	28.2%
I am at full capacity	54.1%	49.9%	52.4%
I have time to see more patients and assume more duties	16.6%	23.2%	19.4%

26. Which best describes the time you are able to spend with patients?

	Employed	Owner	All Respondents
My time with patients is always limited	14.8%	16.0%	15.6%
My time with patients is often limited	34.5%	29.6%	32.9%
My time with patients is sometimes limited	38.6%	37.3%	37.6%
I generally have all the time I need to provide the highest standards of care	12.1%	17.1%	13.9%

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

	Employed		Owner		All Respondents	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	76.8%	74.7%	66.9%	44.1%	73.1%	63.7%
Limit number of these patients	10.3%	15.9%	18.7%	29.0%	13.2%	20.3%
Do not see these patients	12.9%	9.4%	14.4%	26.9%	13.7%	16.0%

28. How has EHR affected your practice?

	Employed			Owner			All Respondents		
	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction
Increased/ Improved	33.6%	28.2%	11.6%	22.0%	21.1%	9.9%	28.9%	25.3%	10.9%
Little to no impact	37.1%	18.9%	28.7%	39.5%	21.5%	29.6%	38.2%	20.3%	29.3%
Reduced/ Detracted from	29.3%	52.9%	59.7%	38.5%	57.4%	60.5%	32.9%	54.4%	59.8%

29. To what extent do you have feelings of professional burnout in your medical career?

	Employed	Owner	All Respondents
No such feelings	9.3%	12.3%	10.7%
Rarely have these feelings	15.5%	14.7%	15.3%
Sometimes have these feelings	26.9%	22.8%	25.4%
Often have these feelings	32.5%	30.8%	31.4%
Always have these feelings (significant burnout)	15.8%	19.4%	17.2%

30. How much ability do physicians have to significantly influence the healthcare system?

	Employed	Owner	All Respondents
Very little	25.6%	36.2%	29.0%
Little	30.1%	29.8%	30.2%
Somewhat	25.6%	19.7%	23.6%
Much	13.2%	9.7%	11.9%
A great deal	5.5%	4.6%	5.3%

31. To what degree is patient care in your practice adversely impacted by external factors such as third party authorizations, treatment protocols, EHR design, etc.?

	Employed	Owner	All Respondents
Not at all	2.0%	2.5%	2.3%
Little	8.5%	7.4%	8.0%
Somewhat	19.0%	14.1%	17.6%
Much	35.1%	30.5%	33.4%
To a great degree	35.4%	45.5%	38.7%

32. Is any of your compensation tied to quality metrics such as patient satisfaction, following treatment guidelines, compliance, "citizenship", error rates, etc.?

	Employed	Owner	All Respondents
Yes	49.8%	35.9%	42.8%
No	38.9%	51.9%	45.1%
Unsure	11.3%	12.2%	12.1%

33. What percent of your TOTAL compensation is tied to such metrics?

	Employed	Owner	All Respondents
0-10	52.7%	49.5%	51.3%
11-20	26.8%	23.6%	25.9%
21-30	8.8%	11.3%	9.7%
31-40	4.5%	6.1%	5.0%
41-50	3.2%	5.2%	3.8%
51 or more	4.0%	4.3%	4.3%

34. CMS has announced that 30% of Medicare payments to physicians must be tied to quality/value by the end of 2016. Will your practice be able to meet this requirement?

	Employed	Owner	All Respondents
Yes	34.4%	30.0%	31.5%
No	12.9%	27.8%	18.2%
Unsure	52.7%	42.2%	50.3%

35. Experts have tied healthcare costs to poverty. What impact do you believe poverty has on healthcare costs?

	Employed	Owner	All Respondents
Not at all	4.2%	8.7%	5.8%
Little	6.7%	11.0%	8.3%
Some	17.4%	19.7%	18.0%
Large impact	29.7%	27.7%	29.0%
Extreme impact	42.0%	32.9%	38.9%

36. Maintenance of Certification (MOC), as required by my specialty board, accurately assesses my clinical abilities.

	Employed	Owner	All Respondents
Completely disagree	43.2%	49.6%	44.7%
Disagree	24.0%	23.2%	23.9%
Neither agree nor disagree	20.4%	17.5%	19.8%
Agree	9.1%	7.0%	8.4%
Completely agree	3.3%	2.7%	3.2%

C. RESPONSES BY MALE PHYSICIANS VS. FEMALE PHYSICIANS:

1. What is Your Medical Specialty?

Primary Care	Male	Female	All Respondents
Family Practice	14.9%	16.2%	14.0%
General Internal Medicine	12.5%	11.6%	11.1%
Pediatrics	13.0%	18.1%	11.8%
Total	31.7%	46.0%	36.9%

Surgical/ Medical/Other	Male	Female	All Respondents
Surgical Specialty	7.2%	2.6%	5.5%
Surgical Sub-Specialties	7.6%	2.9%	5.9%
Medical Specialty	45.0%	37.9%	42.4%
Ob/Gyn	3.8%	7.5%	5.1%
General Surgery	3.6%	1.9%	3.0%
Other	1.2%	1.2%	1.2%
Total	68.3%	54.0%	63.1%

2. What is Your Current Professional Status?

	Male	Female	All Respondents
Practice owner/partner/ associate	36.7%	25.7%	32.7%
Employed by a hospital	32.8%	37.9%	34.6%
Employed by a medical group	21.4%	26.7%	23.3%
Other	9.1%	9.7%	9.4%

3. What is your gender?

	Male	Female	All Respondents
Male	100.0%	0.0%	64.2%
Female	0.0%	100.0%	35.8%

4. Are you a member of your:

	Male	Female	All Respondents
County medical society	44.8%	34.5%	41.2%
State medical society	63.3%	58.1%	61.4%
National specialty society	79.0%	77.7%	78.5%
American Medical Association	26.5%	26.3%	26.4%
American Osteopathic Association	7.7%	8.5%	8.0%

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

	Male	Female	All Respondents
Very positive	9.1%	7.6%	8.6%
Somewhat positive	36.0%	40.3%	37.5%
Somewhat negative	35.4%	36.9%	36.0%
Very negative	19.5%	15.2%	17.9%

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

	Male	Female	All Respondents
Very positive/ optimistic	7.0%	6.4%	6.8%
Somewhat positive/ optimistic	28.8%	33.3%	30.4%
Somewhat negative/ pessimistic	40.7%	42.9%	41.4%
Very negative/ pessimistic	23.5%	17.4%	21.4%

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

	Male	Female	All Respondents
Yes, medicine is still rewarding	72.1%	70.9%	71.7%
No, the negatives outweigh the positives	27.9%	29.1%	28.3%

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

	Male	Female	All Respondents
Yes	51.7%	49.3%	50.8%
No	48.3%	50.7%	49.2%

9. Due to changes taking place in healthcare, do you plan to accelerate your retirement?

	Male	Female	All Respondents
Yes	47.7%	45.2%	46.8%
No	52.3%	54.8%	53.2%

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

	Male	Female	All Respondents
Patient relationships	72.3%	76.4%	73.8%
Prestige of medicine	11.3%	8.3%	10.2%
Intellectual stimulation	58.8%	58.7%	58.7%
Interaction with colleagues	19.9%	19.4%	19.7%
Financial rewards	17.3%	13.8%	16.1%
Social/ community impact	18.1%	21.1%	19.2%

11. What TWO factors do you find LEAST satisfying about medical practice?

	Male	Female	All Respondents
Erosion of clinical autonomy	33.6%	28.5%	31.8%
Professional liability concerns	23.2%	24.0%	23.5%
Regulatory/ paperwork burdens	58.9%	57.2%	58.3%
Lack of time with patients	12.5%	20.2%	15.3%
Inefficient EHR design/ interoperability	27.7%	25.1%	26.8%
Maintenance of certification (MOC) requirements	13.3%	13.3%	13.3%
The commoditization of medicine	24.2%	22.0%	23.4%
Online misinformation directed at patients	5.5%	8.2%	6.5%

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

	Male	Female	All Respondents
Continue as I am	52.4%	49.0%	52.2%
Cut back on hours	21.9%	24.4%	21.4%
Retire	9.7%	16.0%	14.4%
Switch to a cash/ concierge practice	9.8%	13.3%	8.8%
Work locum tenens	12.3%	9.7%	11.5%
Cut back on patients seen	6.5%	11.9%	7.5%
Seek a non-clinical job within healthcare	15.1%	11.1%	13.5%
Seek employment with a hospital	7.2%	6.5%	6.3%
Work part-time	12.0%	9.5%	9.8%

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

	Male	Female	All Respondents
Mostly agree	7.1%	9.8%	8.1%
Somewhat agree	23.8%	29.7%	25.7%
Somewhat disagree	27.8%	31.4%	29.2%
Mostly disagree	41.3%	29.1%	37.0%

14. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

	Male	Female	All Respondents
Very unfamiliar	31.0%	37.9%	33.4%
Somewhat unfamiliar	22.6%	23.1%	22.9%
Neither familiar nor unfamiliar	24.1%	23.2%	23.8%
Somewhat familiar	15.4%	11.6%	14.0%
Very familiar	6.9%	4.2%	5.9%

15. Do you participate in any of the following value/quality reporting systems or practice models?

	Male			Female			All Respondents		
	Yes	No	Unsure	Yes	No	Unsure	Yes	No	Unsure
Physician Quality Reporting System (PQRS)	58.0%	28.8%	13.2%	50.4%	27.8%	21.8%	55.3%	28.4%	16.3%
Meaningful Use	62.7%	27.6%	9.7%	64.9%	23.2%	11.9%	63.5%	26.0%	10.5%
Patient Satisfaction Surveys	74.4%	20.9%	4.7%	75.5%	18.9%	5.6%	74.7%	20.3%	5.0%
Patient-Centered Medical Home	24.6%	62.0%	13.4%	32.7%	51.8%	15.5%	27.5%	58.3%	14.2%
Accountable Care Organization (ACO)	35.9%	48.9%	15.2%	37.2%	37.8%	25.0%	36.4%	45.0%	18.6%
Bundled Payments	31.2%	47.3%	21.5%	30.3%	34.9%	34.8%	30.8%	42.9%	26.3%
Any other Alternative Payment Models (APMs)	15.5%	50.2%	34.3%	14.3%	37.3%	48.4%	15.1%	45.6%	39.3%

16. Which best describes your feelings about ACOs?

	Male	Female	All Respondents
They are likely to enhance quality/ decrease cost	11.0%	10.9%	10.9%
Quality/cost gains will not justify organizational cost/effort	24.1%	18.8%	22.3%
Unlikely to increase quality/ decrease cost	42.5%	31.9%	38.7%
Unsure about structure or purpose of ACOs	22.4%	38.4%	28.1%

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

	Male	Female	All Respondents
Yes	45.2%	38.0%	42.6%
No, and I have no plans to	25.5%	24.4%	25.1%
No, but I am likely to	4.3%	4.3%	4.3%
Not sure	25.0%	33.3%	28.0%

18. Have you been restricted or excluded from participating in state/federal/private marketplace exchanges?

	Male	Female	All Respondents
Yes	5.3%	5.1%	5.3%
No	77.4%	67.7%	73.9%
Unsure	17.3%	27.2%	20.8%

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

	Male	Female	All Respondents
I now practice some form of concierge/direct pay medicine	6.5%	6.7%	6.6%
I am planning to transition fully to this model	4.7%	4.0%	4.5%
I am planning to transition in part to this model	12.0%	11.8%	11.9%
I have no plans to transition to this model	76.8%	77.5%	77.0%

20. How has ICD-10 affected your practice?

	Male			Female			All Respondents		
	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care
Increased/ Improved	5.4%	5.4%	4.7%	6.7%	7.1%	5.7%	5.8%	6.0%	5.0%
Little to no impact	50.8%	68.9%	66.1%	53.2%	71.8%	69.1%	51.7%	69.9%	67.1%
Reduced/ Detracted from	43.8%	25.7%	29.2%	40.1%	21.1%	25.2%	42.5%	24.1%	27.9%

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

	Male	Female	All Respondents
A	3.0%	3.5%	3.2%
B	17.6%	24.7%	20.1%
C	25.8%	33.4%	28.4%
D	23.5%	19.3%	22.1%
F	30.1%	19.1%	26.2%

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

	Male	Female	All Respondents
0-20	4.0%	3.4%	3.8%
21-30	3.8%	6.3%	4.7%
31-40	10.0%	14.3%	11.5%
41-50	22.8%	24.1%	23.3%
51-60	27.1%	22.7%	25.6%
61-70	17.8%	14.3%	16.5%
71-80	8.6%	8.6%	8.6%
81 or >	5.9%	6.3%	6.0%
Average	53.27	51.53	52.63

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

	Male	Female	All Respondents
0-5	26.5%	21.7%	24.8%
6-10	30.9%	30.1%	30.6%
11-15	18.2%	18.9%	18.4%
16-20	11.3%	12.8%	11.9%
21-25	5.4%	7.3%	6.1%
26 or more	7.7%	9.2%	8.2%
Average	10.93	11.95	11.29

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

	Male	Female	All Respondents
0-10	16.5%	17.8%	17.0%
11-20	37.2%	42.5%	39.0%
21-30	28.5%	27.3%	28.1%
31-40	9.9%	6.9%	8.8%
41-50	3.5%	2.6%	3.2%
51-60	1.6%	1.0%	1.4%
61 or more	2.8%	1.9%	2.5%
Average	21.3	19.5	20.6

25. Which of the following best describes your current practice

	Male	Female	All Respondents
I am overextended and overworked	26.1%	31.9%	28.2%
I am at full capacity	53.1%	51.3%	52.4%
I have time to see more patients and assume more duties	20.8%	16.8%	19.4%

26. Which best describes the time you are able to spend with patients?

	Male	Female	All Respondents
My time with patients is always limited	14.9%	16.6%	15.6%
My time with patients is often limited	32.4%	33.9%	32.9%
My time with patients is sometimes limited	37.2%	38.4%	37.6%
I generally have all the time I need to provide the highest standards of care	15.5%	11.1%	13.9%

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

	Male		Female		All Respondents	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	75.8%	62.6%	68.1%	65.8%	73.1%	63.7%
Limit number of these patients	13.0%	21.0%	13.4%	19.2%	13.2%	20.3%
Do not see these patients	11.2%	16.4%	18.5%	15.0%	13.7%	16.0%

28. How has EHR affected your practice?

	Male			Female			All Respondents		
	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction
Increased/ Improved	26.2%	23.5%	10.1%	33.8%	28.6%	12.3%	28.9%	25.3%	10.9%
Little to no impact	39.2%	21.0%	29.6%	36.4%	19.1%	29.0%	38.2%	20.3%	29.3%
Reduced/ Detracted from	34.6%	55.5%	60.3%	29.8%	52.3%	58.7%	32.9%	54.4%	59.8%

29. To what extent do you have feelings of professional burnout in your medical career?

	Male	Female	All Respondents
No such feelings	12.1%	8.4%	10.7%
Rarely have these feelings	15.8%	14.1%	15.3%
Sometimes have these feelings	24.8%	26.5%	25.4%
Often have these feelings	30.8%	32.3%	31.4%
Always have these feelings (significant burnout)	16.5%	18.7%	17.2%

30. How much ability do physicians have to significantly influence the healthcare system?

	Male	Female	All Respondents
Very little	30.7%	26.1%	29.0%
Little	30.4%	29.9%	30.2%
Somewhat	21.8%	26.8%	23.6%
Much	11.8%	12.0%	11.9%
A great deal	5.3%	5.2%	5.3%

31. To what degree is patient care in your practice adversely impacted by external factors such as third party authorizations, treatment protocols, EHR design, etc.?

	Male	Female	All Respondents
Not at all	2.3%	2.4%	2.3%
Little	7.7%	8.7%	8.0%
Somewhat	16.4%	19.5%	17.6%
Much	33.1%	33.8%	33.4%
To a great degree	40.5%	35.6%	38.7%

32. Is any of your compensation tied to quality metrics such as patient satisfaction, following treatment guidelines, compliance, "citizenship", error rates, etc.?

	Male	Female	All Respondents
Yes	42.5%	43.5%	42.8%
No	46.4%	42.9%	45.1%
Unsure	11.1%	13.6%	12.1%

33. What percent of your TOTAL compensation is tied to such metrics?

	Male	Female	All Respondents
0-10	52.6%	48.9%	51.3%
11-20	25.6%	26.7%	25.9%
21-30	9.2%	10.4%	9.7%
31-40	5.0%	5.0%	5.0%
41-50	3.7%	4.1%	3.8%
51 or more	3.9%	4.9%	4.3%

34. CMS has announced that 30% of Medicare payments to physicians must be tied to quality/value by the end of 2016. Will your practice be able to meet this requirement?

	Male	Female	All Respondents
Yes	33.4%	28.0%	31.5%
No	19.9%	15.2%	18.2%
Unsure	46.7%	56.8%	50.3%

35. Experts have tied healthcare costs to poverty. What impact do you believe poverty has on healthcare costs?

	Male	Female	All Respondents
Not at all	6.4%	4.5%	5.8%
Little	8.9%	7.2%	8.3%
Some	18.1%	17.7%	18.0%
Large impact	29.6%	27.9%	29.0%
Extreme impact	37.0%	42.7%	38.9%

36. Maintenance of Certification (MOC), as required by my specialty board, accurately assesses my clinical abilities.

	Male	Female	All Respondents
Completely disagree	46.3%	41.9%	44.7%
Disagree	23.9%	24.0%	23.9%
Neither agree nor disagree	18.7%	21.8%	19.8%
Agree	8.0%	9.1%	8.4%
Completely agree	3.1%	3.2%	3.2%

D. RESPONSES BY PRIMARY CARE VS. SPECIALIST PHYSICIANS

1. What is Your Medical Specialty?

Primary Care	PC	Specialists	All Respondents
Family Practice	37.8%	0.0%	14.0%
General Internal Medicine	30.2%	0.0%	11.1%
Pediatrics	32.0%	0.0%	11.8%
Total	100.0%	0.0%	36.9%

Surgical/ Medical/Other	PC	Specialists	All Respondents
Surgical Specialty	0.0%	8.9%	5.5%
Surgical Sub-Specialties	0.0%	9.6%	5.9%
Medical Specialty	0.0%	68.5%	42.4%
Ob/Gyn	0.0%	8.2%	5.1%
General Surgery	0.0%	4.8%	3.0%
Other	0.0%	0.0%	1.2%
Total	0.0%	100.0%	63.1%

2. What is Your Current Professional Status?

	PC	Specialists	All Respondents
Practice owner/partner/ associate	28.7%	35.2%	32.7%
Employed by a hospital	35.2%	34.4%	34.6%
Employed by a medical group	28.0%	20.5%	23.3%
Other	8.1%	9.9%	9.4%

3. What is your gender?

	PC	Specialists	All Respondents
Male	55.3%	69.5%	64.2%
Female	44.7%	30.5%	35.8%

4. Are you a member of your:

	PC	Specialists	All Respondents
County medical society	40.7%	41.5%	41.2%
State medical society	62.0%	61.1%	61.4%
National specialty society	66.8%	85.4%	78.5%
American Medical Association	28.5%	25.2%	26.4%
American Osteopathic Association	12.4%	5.5%	8.0%

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

	PC	Specialists	All Respondents
Very positive	10.6%	7.3%	8.6%
Somewhat positive	39.9%	36.2%	37.5%
Somewhat negative	33.2%	37.6%	36.0%
Very negative	16.3%	18.9%	17.9%

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

	PC	Specialists	All Respondents
Very positive/ optimistic	8.7%	5.6%	6.8%
Somewhat positive/ optimistic	33.8%	28.3%	30.4%
Somewhat negative/ pessimistic	38.2%	43.5%	41.4%
Very negative/ pessimistic	19.3%	22.6%	21.4%

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

	PC	Specialists	All Respondents
Yes, medicine is still rewarding	72.6%	71.4%	71.7%
No, the negatives outweigh the positives	27.4%	28.6%	28.3%

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

	PC	Specialists	All Respondents
Yes	54.0%	48.9%	50.8%
No	46.0%	51.1%	49.2%

9. Due to changes taking place in healthcare, do you plan to accelerate your retirement?

	PC	Specialists	All Respondents
Yes	44.2%	48.2%	46.8%
No	55.8%	51.8%	53.2%

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

	PC	Specialists	All Respondents
Patient relationships	78.9%	70.8%	73.8%
Prestige of medicine	11.4%	9.5%	10.2%
Intellectual stimulation	53.5%	61.8%	58.7%
Interaction with colleagues	15.6%	22.1%	19.7%
Financial rewards	14.0%	17.4%	16.1%
Social/ community impact	23.2%	16.6%	19.2%

11. What TWO factors do you find LEAST satisfying about medical practice?

	PC	Specialists	All Respondents
Erosion of clinical autonomy	28.1%	34.0%	31.8%
Professional liability concerns	20.1%	25.3%	23.5%
Regulatory/ paperwork burdens	59.7%	57.7%	58.3%
Lack of time with patients	22.5%	11.1%	15.3%
Inefficient EHR design/ interoperability	27.5%	26.5%	26.8%
Maintenance of certification (MOC) requirements	14.9%	12.3%	13.3%
The commoditization of medicine	18.2%	26.3%	23.4%
Online misinformation directed at patients	7.0%	6.1%	6.5%

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

	PC	Specialists	All Respondents
Continue as I am	52.1%	52.6%	52.2%
Cut back on hours	21.2%	21.4%	21.4%
Retire	13.2%	14.9%	14.4%
Switch to a cash/ concierge practice	12.0%	6.9%	8.8%
Work locum tenens	12.4%	11.0%	11.5%
Cut back on patients seen	8.1%	7.2%	7.5%
Seek a non-clinical job within healthcare	13.9%	13.3%	13.5%
Seek employment with a hospital	5.9%	6.6%	6.3%
Work part-time	9.7%	9.7%	9.8%

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

	PC	Specialists	All Respondents
Mostly agree	10.9%	6.4%	8.1%
Somewhat agree	29.2%	23.8%	25.7%
Somewhat disagree	28.9%	29.4%	29.2%
Mostly disagree	31.0%	40.4%	37.0%

14. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

	PC	Specialists	All Respondents
Very unfamiliar	31.7%	34.5%	33.4%
Somewhat unfamiliar	23.3%	22.7%	22.9%
Neither familiar nor unfamiliar	24.4%	23.3%	23.8%
Somewhat familiar	14.5%	13.7%	14.0%
Very familiar	6.1%	5.8%	5.9%

15. Do you participate in any of the following value/quality reporting systems or practice models?

	PC			Specialists			All Respondents		
	Yes	No	Unsure	Yes	No	Unsure	Yes	No	Unsure
Physician Quality Reporting System (PQRS)	51.2%	30.2%	18.6%	57.9%	27.2%	14.9%	55.3%	28.4%	16.3%
Meaningful Use	67.8%	24.3%	7.9%	61.3%	26.8%	11.9%	63.5%	26.0%	10.5%
Patient Satisfaction Surveys	76.7%	18.8%	4.5%	73.8%	20.9%	5.3%	74.7%	20.3%	5.0%
Patient-Centered Medical Home	48.2%	42.2%	9.6%	15.1%	68.1%	16.8%	27.5%	58.3%	14.2%
Accountable Care Organization (ACO)	43.1%	38.9%	18.0%	32.5%	48.5%	19.0%	36.4%	45.0%	18.6%
Bundled Payments	29.2%	40.4%	30.4%	31.9%	44.3%	23.8%	30.8%	42.9%	26.3%
Any other Alternative Payment Models (APMs)	19.7%	40.3%	40.0%	12.4%	48.7%	38.9%	15.1%	45.6%	39.3%

16. Which best describes your feelings about ACOs?

	PC	Specialists	All Respondents
They are likely to enhance quality/ decrease cost	15.0%	8.6%	10.9%
Quality/cost gains will not justify organizational cost/effort	22.8%	21.9%	22.3%
Unlikely to increase quality/ decrease cost	33.0%	42.2%	38.7%
Unsure about structure or purpose of ACOs	29.2%	27.3%	28.1%

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

	PC	Specialists	All Respondents
Yes	43.6%	42.1%	42.6%
No, and I have no plans to	24.1%	25.6%	25.1%
No, but I am likely to	5.2%	3.8%	4.3%
Not sure	27.1%	28.5%	28.0%

18. Have you been restricted or excluded from participating in state/federal/private marketplace exchanges?

	PC	Specialists	All Respondents
Yes	6.5%	4.6%	5.3%
No	72.0%	75.0%	73.9%
Unsure	21.5%	20.4%	20.8%

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

	PC	Specialists	All Respondents
I now practice some form of concierge/direct pay medicine	6.7%	6.5%	6.6%
I am planning to transition fully to this model	5.9%	3.6%	4.5%
I am planning to transition in part to this model	13.3%	11.1%	11.9%
I have no plans to transition to this model	74.1%	78.8%	77.0%

20. How has ICD-10 affected your practice?

	PC			Specialists			All Respondents		
	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care	Efficiency	Revenues	Patient Care
Increased/Improved	10.4%	11.1%	9.6%	3.2%	3.1%	2.4%	5.8%	6.0%	5.0%
Little to no impact	49.9%	69.2%	64.7%	52.7%	70.4%	68.7%	51.7%	69.9%	67.1%
Reduced/Detracted from	39.7%	19.7%	25.7%	44.1%	26.5%	28.9%	42.5%	24.1%	27.9%

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

	PC	Specialists	All Respondents
A	4.5%	2.4%	3.2%
B	24.1%	17.8%	20.1%
C	31.0%	27.0%	28.4%
D	19.2%	23.8%	22.1%
F	21.2%	29.0%	26.2%

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

	PC	Specialists	All Respondents
0-20	3.5%	3.8%	3.8%
21-30	4.9%	4.5%	4.7%
31-40	13.6%	10.2%	11.5%
41-50	26.2%	21.7%	23.3%
51-60	23.2%	27.0%	25.6%
61-70	14.8%	17.6%	16.5%
71-80	8.3%	8.8%	8.6%
81 or >	5.5%	6.4%	6.0%
Average	51.62	53.36	52.63

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

	PC	Specialists	All Respondents
0-5	21.3%	26.7%	24.8%
6-10	30.0%	31.0%	30.6%
11-15	19.2%	18.2%	18.4%
16-20	13.0%	11.2%	11.9%
21-25	6.8%	5.6%	6.1%
26 or more	9.7%	7.3%	8.2%
Average	12.05	10.87	11.29

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

	PC	Specialists	All Respondents
0-10	11.6%	20.0%	17.0%
11-20	43.2%	36.6%	39.0%
21-30	31.9%	25.9%	28.1%
31-40	7.6%	9.6%	8.8%
41-50	2.5%	3.6%	3.2%
51-60	1.5%	1.4%	1.4%
61 or more	1.7%	2.9%	2.5%
Average	20.8	20.6	20.6

25. Which of the following best describes your current practice

	PC	Specialists	All Respondents
I am overextended and overworked	29.0%	27.6%	28.2%
I am at full capacity	52.2%	52.7%	52.4%
I have time to see more patients and assume more duties	18.8%	19.7%	19.4%

26. Which best describes the time you are able to spend with patients?

	PC	Specialists	All Respondents
My time with patients is always limited	16.7%	14.8%	15.6%
My time with patients is often limited	34.7%	31.9%	32.9%
My time with patients is sometimes limited	37.5%	37.7%	37.6%
I generally have all the time I need to provide the highest standards of care	11.1%	15.6%	13.9%

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

	PC		Specialists		All Respondents	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	61.0%	58.9%	80.5%	66.6%	73.1%	63.7%
Limit number of these patients	16.8%	24.8%	11.0%	17.8%	13.2%	20.3%
Do not see these patients	22.2%	16.3%	8.5%	15.6%	13.7%	16.0%

28. How has EHR affected your practice?

	PC			Specialists			All Respondents		
	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction	Quality of Care	Efficiency	Interaction
Increased/Improved	38.2%	30.9%	15.7%	23.5%	22.1%	8.1%	28.9%	25.3%	10.9%
Little to no impact	33.8%	17.4%	25.0%	40.8%	21.8%	31.7%	38.2%	20.3%	29.3%
Reduced/Detracted from	28.0%	51.7%	59.3%	35.7%	56.1%	60.2%	32.9%	54.4%	59.8%

29. To what extent do you have feelings of professional burnout in your medical career?

	PC	Specialists	All Respondents
No such feelings	11.3%	10.4%	10.7%
Rarely have these feelings	16.2%	14.8%	15.3%
Sometimes have these feelings	25.0%	25.6%	25.4%
Often have these feelings	30.6%	31.8%	31.4%
Always have these feelings (significant burnout)	16.9%	17.4%	17.2%

30. How much ability do physicians have to significantly influence the healthcare system?

	PC	Specialists	All Respondents
Very little	25.6%	31.0%	29.0%
Little	28.6%	31.3%	30.2%
Somewhat	26.3%	22.0%	23.6%
Much	13.6%	10.9%	11.9%
A great deal	5.9%	4.8%	5.3%

31. To what degree is patient care in your practice adversely impacted by external factors such as third party authorizations, treatment protocols, EHR design, etc.?

	PC	Specialists	All Respondents
Not at all	3.0%	1.9%	2.3%
Little	9.3%	7.4%	8.0%
Somewhat	18.4%	16.9%	17.6%
Much	32.4%	34.1%	33.4%
To a great degree	36.9%	39.7%	38.7%

32. Is any of your compensation tied to quality metrics such as patient satisfaction, following treatment guidelines, compliance, "citizenship", error rates, etc.?

	PC	Specialists	All Respondents
Yes	48.8%	39.4%	42.8%
No	39.8%	48.3%	45.1%
Unsure	11.4%	12.3%	12.1%

33. What percent of your TOTAL compensation is tied to such metrics?

	PC	Specialists	All Respondents
0-10	47.0%	54.5%	51.3%
11-20	26.7%	25.3%	25.9%
21-30	11.8%	8.0%	9.7%
31-40	5.1%	4.9%	5.0%
41-50	5.1%	3.0%	3.8%
51 or more	4.3%	4.3%	4.3%

34. CMS has announced that 30% of Medicare payments to physicians must be tied to quality/value by the end of 2016. Will your practice be able to meet this requirement?

	PC	Specialists	All Respondents
Yes	30.9%	31.9%	31.5%
No	16.4%	19.3%	18.2%
Unsure	52.7%	48.8%	50.3%

35. Experts have tied healthcare costs to poverty. What impact do you believe poverty has on healthcare costs?

	PC	Specialists	All Respondents
Not at all	6.3%	5.4%	5.8%
Little	8.2%	8.4%	8.3%
Some	16.4%	18.8%	18.0%
Large impact	29.7%	28.7%	29.0%
Extreme impact	39.4%	38.7%	38.9%

36. Maintenance of Certification (MOC), as required by my specialty board, accurately assesses my clinical abilities.

	PC	Specialists	All Respondents
Completely disagree	45.6%	44.2%	44.7%
Disagree	23.8%	24.1%	23.9%
Neither agree nor disagree	19.1%	20.1%	19.8%
Agree	8.5%	8.4%	8.4%
Completely agree	3.0%	3.2%	3.2%

For further information about this survey, The Physicians Foundation, or Merritt Hawkins, contact:

The Physicians Foundation
Tim Norbeck
tnorbeck@comcast.net

Merritt Hawkins
Phillip Miller
phil.miller@amnhealthcare.com
800-876-0500

Survey conducted on behalf of The Physicians Foundation by Merritt Hawkins.
Completed September, 2016. Copyright 2016, The Physicians Foundation
www.physiciansfoundation.org