

— 2018 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
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2018 SURVEY OF AMERICA'S PHYSICIANS

A BIENNIAL "STATE OF THE UNION"

What do physicians think about the current state of the medical profession?

What do they think about the healthcare system as a whole?

How are their practice patterns, career plans and attitudes evolving?

And how does the physicians' perspective impact ***the access to care*** that millions of patients receive every day?

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

The result is a unique resource that offers an abundant wealth of details, including:

- Percent of physicians who are employed vs. in private practice.
- Average number of patients physicians see per day.
- Average number of hours they spend seeing patients.
- Average number of hours they spend on paperwork.
- Percent who see Medicare and Medicaid patients.
- Percent in solo practice vs. large groups.
- Percent who practice telemedicine.
- Percent who have full practices and are unable to see new patients.

- Percent who practice concierge/direct pay medicine.
- Percent who plan to retire.
- Percent who plan to seek a non-clinical job.
- Percent who report feelings of burnout.
- Percent who would not choose medicine as a career again.
- Percent who have patients facing a social situation such as poverty
- Percent of physician patients who are non-compliant
- Percent who are paid on quality/value.
- Percent who are prescribing fewer pain medications – and dozens of other data points and insights.

Based on responses from 8,774 physicians, as well as 2,472 written comments, and with an error rate of +/- 1.057%, the *2018 Survey of America's Physicians* is ***the source*** of insight and analysis into the perspectives, practice plans and practice patterns of today's physicians.



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INTRODUCTION: THE POWER OF ONE BILLION

Physicians in the United States today **handle over one billion patient encounters a year** in office, emergency room, hospital, urgent care, retail and other settings.*

One billion is a large number. Start counting now and in 33 years you will reach a figure with a one and nine zeroes behind it.

A lot happens during these encounters, from the mundane to the momentous, from the comic to the tragic.

Throughout the entire spectrum of healthcare, from birth to death, physicians play a pivotal role. Despite the proliferation and importance of many other types of clinicians, physicians remain the indispensable caregivers on whose shoulders the preponderance of patient care continues to rest. Through the diagnoses they make, the tests they order, the patients they admit, the procedures they perform and the treatment plans they develop, physicians are the primary providers or catalysts of healthcare delivery in the United States.

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.

The Physicians Foundation's *Survey of America's Physicians* is conducted on a biennial basis to "take the pulse" of the nation's doctors. 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 more than 700,000 physicians – or 88% 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.

We believe the survey offers insights and data that will be of interest to healthcare professionals, policy makers, academics, media members and to anyone who has seen a physician or is likely to do so. We encourage all those with a stake in healthcare delivery to read and to reference the survey, and to comment on its findings.

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*Source: Centers for Disease Control and Prevention

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 uniquely positioned to work 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 \$49 million in multi-year grants.

The Physicians Foundation was founded in 2003 through the settlement of a class-action lawsuit 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, 2014 and 2016 and now is conducted on a biennial basis. Results from the 2012, 2014 and 2016 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 survey 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: AMN), 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 health care 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 six 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 in Private Practice*, a white paper featuring the 2010 survey *Physicians and Health Reform*; the 2012, 2014 and 2016 *Surveys of America's Physicians: Practice Patterns and Perspectives*.

Merritt Hawkins has completed two national surveys on behalf of The Indian Health Service as well as surveys and analysis for Trinity University's Department of Healthcare Administration, The American Academy of Physicians Assistants, The Maryland State Medical Society, The Society for Vascular Surgery, 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 in Merritt Hawkins' database and in the databases of several state medical societies. The emails were sent from early April, 2018 through early June, 2018.

Total number of surveys received was 8,774. 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 to their analysis, the margin of error of the survey is +/- 1.057%. A summary of UTA findings is included below.

The survey included 38 separate questions, with multiple responses possible on some questions. A fully completed survey could include more than 50 data points, with total aggregate survey responses accounting for some 500,000 data points. The survey also includes written comments from 2,472 physicians totaling 52,662 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 *2018 Survey of America's Physicians* is one of the largest and most comprehensive physician surveys undertaken in the United States.

MARGIN OF ERROR ASSESSMENT

The following remarks are excerpted from the survey *Sample Error Analysis Report on 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 ($\mu \pm 1.057\%$), indicating only a minor sampling error for a survey of this type. There is roughly a 1 in 95 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 1.5%, but this level of error rate is no cause for alarm – it is typical for a survey such as this one. 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. June 19, 2018.**

KEY FINDINGS:

FEWER INDEPENDENT PHYSICIANS, FEWER DRUG PRESCRIPTIONS, MORE QUALITY PAYMENTS, TELEMEDICINE, THE IMPACT OF POVERTY, STRUGGLES WITH BURNOUT AND MORALE

The 2018 Survey of America's Physicians reveals an evolving medical profession that continues to struggle with issues of burnout and low morale. Key findings include:

- Only 31% of physicians identify as independent practice owners or partners, down from 33% in 2016 and down from 48.5% in 2012.

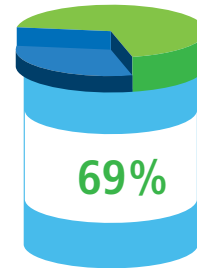


- **Physicians are working fewer hours and are seeing fewer patients.**
- Employed physicians work more hours yet see fewer patients than practice owners.

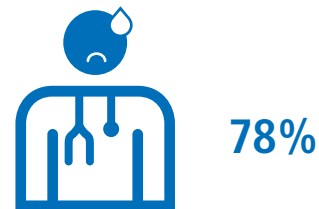


- **80% of physicians are at full capacity or are overextended.**

- 62% are pessimistic about the future of medicine.



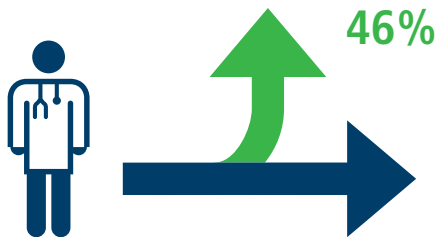
- **69% are prescribing fewer pain medications in light of the opioid crisis.**
- 55% describe their morale as somewhat or very negative, a number consistent with findings in previous years.



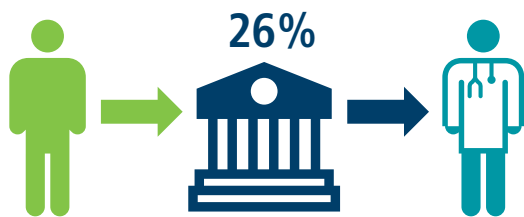
- **78% sometimes, often or always experience feelings of burnout.**



- **23% of physician time is spent on non-clinical paperwork.**

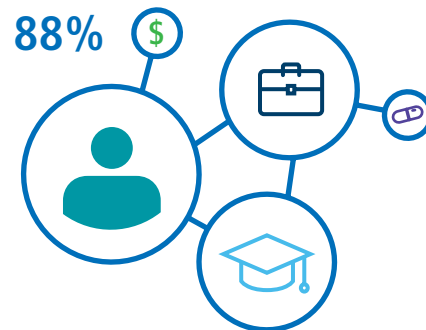


- **46% plan to change career paths.**
- 17% plan to retire (up from 14% in 2016) while 12% plan to find a non-clinical job or position.
- 18.5% now practice some form of telemedicine.
- 31% of physicians' patients do not consistently adhere to their treatment plans.



- **26% of physicians favor a single payer health system, 35.5% favor single payer with a private insurance option, and 27% favor a market-driven system.**
- 22% of physicians do not see Medicare patients or limit the number they see.
- 32% of physicians do not see Medicaid patients or limit the number they see.
- 47% of physicians have their compensation tied to quality/value, but only 18% believe quality/value payments will improve care or reduce costs.

- 49% would not recommend medicine as a career to their children



- **88% of physicians indicate that some, many or all of their patients have a social situation (poverty, unemployment, etc.) that poses a serious impediment to their health. Only 1% of physicians indicate that none of their patients have a social situation that poses a serious impediment to their health.**
- 46% of physicians indicate relations between physicians and hospitals are somewhat or mostly negative.
- Physicians indicate patient relationships are their greatest source of professional satisfaction, while electronic health records (EHR) are their greatest source of professional dissatisfaction.

Following is a breakdown of questions asked by the survey and overall responses received. Part VIII 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 2018 Survey of America's Physicians with responses received. Comparisons to responses obtained in previous national physician surveys conducted by The Physicians Foundation in 2016, 2014 and 2012 are included where relevant.

1. In what state do you practice?

	2018	2016	2014	2012	All Physicians/ U.S. (active patient care only)*
Texas	9.5%	12.0%	9.0%	8.7%	7.2%
California	7.8%	7.9%	7.4%	5.1%	12.0%
New York	5.6%	0.5%	0.3%	0.2%	7.3%
Florida	5.3%	5.0%	4.6%	8.1%	6.5%
Indiana	4.3%	0.8%	0.9%	0.6%	1.7%
Pennsylvania	4.2%	3.7%	4.3%	6.2%	4.4%
North Carolina	3.9%	0.6%	0.7%	0.4%	2.9%
Illinois	3.0%	1.7%	1.8%	1.3%	3.9%
Georgia	3.0%	3.0%	3.2%	1.7%	2.7%
Mississippi	2.9%	1.5%	1.6%	2.2%	0.6%
Tennessee	2.9%	1.3%	1.5%	1.7%	1.9%
Louisiana	2.8%	1.3%	1.9%	0.9%	1.4%
Massachusetts	2.7%	0.8%	0.7%	0.4%	3.0%
Ohio	2.6%	3.2%	3.3%	2.6%	3.7%
Michigan	2.5%	2.2%	3.0%	6.4%	3.2%
New Jersey	2.4%	0.8%	0.7%	0.5%	3.2%
Washington	2.4%	5.8%	3.5%	2.4%	2.2%
Virginia	2.3%	0.3%	0.3%	0.2%	2.6%
Connecticut	2.2%	1.4%	1.3%	1.0%	1.4%
Minnesota	2.1%	2.9%	3.3%	1.0%	1.8%
Maryland	1.7%	1.8%	2.1%	1.4%	2.4%
Arizona	1.5%	0.9%	1.5%	2.6%	2.0%
Missouri	1.6%	0.6%	0.6%	0.4%	1.8%
Colorado	1.4%	1.7%	1.7%	1.0%	1.8%
Nebraska	1.4%	0.6%	0.6%	0.5%	0.5%
Wisconsin	1.2%	0.4%	0.6%	0.2%	1.7%

	2018	2016	2014	2012	All Physicians/ U.S. (active patient care only)*
Vermont	1.2%	2.0%	2.2%	2.8%	0.2%
South Carolina	1.1%	1.3%	2.8%	5.3%	1.3%
Nevada	1.1%	7.7%	2.8%	3.4%	0.7%
Oregon	1.0%	1.1%	1.1%	0.7%	1.4%
Utah	1.0%	0.9%	0.7%	0.5%	0.8%
Kentucky	1.0%	1.1%	1.0%	0.7%	1.2%
Oklahoma	1.0%	0.9%	0.8%	0.7%	0.9%
Alabama	0.9%	0.3%	0.2%	1.5%	1.2%
Iowa	0.9%	0.4%	0.3%	0.2%	0.7%
New Mexico	0.9%	5.8%	7.9%	9.1%	0.5%
Kansas	0.8%	0.7%	0.7%	0.4%	0.8%
Arkansas	0.8%	1.6%	1.6%	1.3%	0.7%
West Virginia	0.6%	1.7%	1.8%	1.2%	0.5%
New Hampshire	0.6%	1.9%	2.2%	2.4%	0.5%
Delaware	0.5%	0.6%	0.4%	1.1%	0.3%
Hawaii	0.5%	0.6%	0.8%	0.5%	0.5%
Idaho	0.4%	3.0%	5.5%	4.4%	0.4%
Montana	0.4%	0.4%	0.3%	0.8%	0.3%
Maine	0.4%	2.5%	2.8%	1.7%	0.5%
Washington DC	0.4%	0.4%	0.6%	0.2%	0.4%
Rhode Island	0.4%	0.6%	0.7%	0.3%	0.4%
South Dakota	0.2%	0.2%	0.2%	1.4%	0.2%
North Dakota	0.2%	0.6%	0.6%	0.6%	0.2%
Puerto Rico	0.2%	0.0%	0.0%	0.0%	1.0%
Alaska	0.2%	0.7%	0.9%	0.8%	0.2%
Wyoming	0.2%	0.2%	0.2%	0.2%	0.1%

*Source: AMA Physician Master File, 2018

2. What is your medical specialty?

Primary Care	2018	2016	2014	2012	All Physicians*
Family Practice	15.9%	14.0%	14.6%	14.2%	12.4%
General Internal Medicine	11.3%	11.1%	12.0%	11.3%	12.8%
Pediatrics	9.7%	11.8%	10.6%	9.3%	6.9%
Total	36.9%	36.9%	37.2%	34.8%	32.1%

Source: AMA Physician Master File, 2018

Surgical/Medical/Other	2018	2016	2014	2012	All Physicians
Emergency Medicine	5.8%	N/A	N/A	N/A	5.0%
Psychiatry	5.6%	N/A	N/A	N/A	4.0%
Obstetrics/Gynecology	5.4%	N/A	N/A	N/A	4.8%
Radiology	4.5%	N/A	N/A	N/A	2.8%
General Surgery	4.0%	N/A	N/A	N/A	2.8%
All others	37.8%	N/A	N/A	N/A	48.5%
Total	63.1%	63.1%	62.8%	65.2%	67.9%

3. What is your current professional status?

2018	Survey Respondents	All Physicians ¹
Practice owner/partner/associate	31.4%	47.1%
Other	19.5%	5.9 ²
Employed by a hospital	19.1%	47.1% ³
Employed by a hospital-owned medical group	17.4%	N/A
Employed by a physician-owned medical group	12.6%	N/A

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% ³
Other	12.5%	N/A

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% ³
Other	9.4%	N/A

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

¹Policy Research Perspectives. American Medical Association. 2017 based on 2016 data.

²Ibid, denotes "Independent Contractor"

³Ibid, denotes employment by hospital, group or other entity

4. What is your age?

2018	Survey Respondents	All Physicians*
35 or under	11.2%	5.8%
36-45	19.8%	25.8%
46-55	22.9%	26.8%
56-65	29.0%	25.5%
66 or older	17.0%	16.0%
Average	52.33	52.04

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, 2018

5. What is your gender?

	2018	2016	2014	2012	All Physicians*
Male	66.1%	64.2%	66.7%	73.6%	65.4%
Female	33.9%	35.8%	33.3%	26.4%	34.6%

*Source: AMA Physician Master File, 2018

6. Is your practice:

2018	Survey Respondents	All Physicians*
Solo	17.9%	16.5%
2-5 physicians	23.3%	N/A
6-10 physicians	14.7%	19.9 (5-10 physicians)
11-30 physicians	16.6%	11.3(11-24)
31-100 physicians	11.1%	N/A
101 or more physicians	16.4%	N/A

*Source: Policy Research Perspectives. American Medical Association. 2017 based on 2016 data

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+)

*Source: Policy Research Perspectives. American Medical Association. 2017 based on 2016 data

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%

*Source: American Medical Association

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: American Medical Association

7. Are you a member of your:

	2018	2016	2014	2012	All Physicians
County medical society	40.6%	41.2%	40.8%	50.1%	N/A
State medical society	63.2%	61.4%	62.3%	63.6%	N/A
National specialty society	79.4%	78.5%	79.7%	70.4%	N/A
American Medical Association	26.3%	26.4%	25.9%	24.5%	18%*
American Osteopathic Association	6.6%	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?

	2018	2016	2014	2012
Very positive	7.0%	8.6%	8.8%	3.9%
Somewhat positive	37.7%	37.5%	35.6%	27.9%
Somewhat negative	37.4%	36.0%	37.1%	44.8%
Very negative	17.9%	17.9%	18.5%	23.4%

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

	2018	2016	2014	2012
Very positive/optimistic	6.2%	6.8%	10.2%	3.1%
Somewhat positive/optimistic	32.2%	30.4%	38.7%	19.5%
Somewhat negative/pessimistic	42.4%	41.4%	39.5%	45.9%
Very negative/pessimistic	19.2%	21.4%	11.6%	31.5%

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

	2018	2016	2014	2012
Yes, medicine is still rewarding	72.6%	71.7%	71.3%	66.5%
No, the negatives outweigh the positives	27.4%	28.3%	28.7%	34.5%

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

	2018	2016	2014	2012
Yes	51.3%	50.8%	49.8%	42.1%
No	48.7%	49.2%	50.2%	57.9%

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

	2018	2016	2014	2012
Patient/physician relationships	78.7%	73.8%	78.6%	80.2%
Intellectual stimulation	55.1%	58.7%	65.3%	69.7%
Social and community impact/contributions	21.0%	19.2%	N/A	N/A
Income/compensation	18.9%	16.1%	15.2%	11.7%
Professional relationships with colleagues	14.3%	19.7%	22.0%	19.2%
Professional stature of medicine	9.8%	10.2%	12.2%	10.0%

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

	2018	2016
Loss of clinical autonomy	37.0%	31.8%
Professional liability/malpractice	30.2%	23.5%
Regulatory/insurance requirements	37.6%	58.3%
Amount of time with patients	12.4%	15.3%
EHR design/interoperability	39.2%	26.8%
Income/compensation	12.1%	N/A

14. How often do you have feelings of professional burnout in your medical career?

	2018	2016
No such feelings	5.7%	10.7%
Rarely have these feelings	16.6%	15.3%
Sometimes have these feelings	37.7%	25.4%
Often have these feelings	31.0%	31.4%
Always have these feelings	9.1%	17.2%

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

	2018	2016
Very little	32.0%	29.0%
Little	30.5%	30.2%
Somewhat	27.0%	23.6%
A good deal	8.0%	11.9%
A great deal	2.5%	5.3%

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

	2018	2016	2014	2012
Continue as I am	54.2%	52.2%	56.4%	49.8%
Cut back on hours	22.3%	21.4%	18.2%	22.0%
Retire	17.4%	14.4%	9.4%	13.4%
Transition to concierge/direct care practice	4.5%	8.8%	6.2%	6.8%
Work locum tenens	8.4%	11.5%	9.1%	N/A
Find a non-clinical job or position	12.4%	N/A	N/A	N/A
Become employed by a hospital	4.3%	6.3%	7.3%	5.6%
Work part-time (20 hours a week or less)	8.5%	9.8%	6.4%	6.5%
Sell my practice to a hospital/health system/corporate entity	2.2%	N/A	N/A	N/A
Merge with another physician or group(s)	2.8%	N/A	N/A	N/A

17. To what extent do you agree or disagree with the following statement? Hospital employment of physicians is likely to enhance quality of care and decrease costs.

	2018	2016	2014	2012
Strongly agree	2.7%	8.1%	9.3%	4.6%
Agree	10.6%	25.7%	27.8%	19.9%
Neither agree nor disagree	29.2%	N/A	N/A	N/A
Disagree	29.6%	29.2%	28.8%	32.9%
Strongly disagree	27.9%	37.0%	34.1%	42.7%

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

	2018	2016	2014	2012
0-20	4.9%	3.8%	3.3%	4.0%
21-30	5.0%	4.7%	4.5%	4.5%
31-40	11.7%	11.5%	12.0%	12.2%
41-50	24.1%	23.3%	23.7%	21.9%
51-60	26.1%	25.6%	24.0%	26.1%
61-70	15.7%	16.5%	16.4%	15.3%
71-80	7.8%	8.6%	9.5%	9.9%
81 or >	4.7%	6.0%	6.5%	6.1%
Average	51.40	52.63	52.83	52.93

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

	2018	2016	2014
0-5	25.0%	24.8%	30.5%
6-10	28.6%	30.6%	31.0%
11-15	18.8%	18.4%	14.4%
16-20	12.3%	11.9%	10.2%
21-25	6.1%	6.1%	5.8%
26 or more	9.2%	8.2%	8.2%
Average	11.37	11.29	10.58

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

	2018	2016	2014	2012
0-10	18.1%	17.0%	22.8%	19.5%
11-20	40.0%	39.0%	35.7%	39.8%
21-30	27.6%	28.1%	24.6%	26.8%
31-40	8.6%	8.8%	11.4%	8.1%
41-50	2.6%	3.2%	2.8%	2.6%
51-60	1.3%	1.4%	1.4%	0.8%
61 or more	1.8%	2.5%	1.3%	2.4%
Average	20.2	20.6	19.5	20.1

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

	2018	2016	2014	2012
I am overextended and overworked	23.9%	28.2%	31.2%	22.7%
I am at full capacity	55.6%	52.4%	49.8%	52.8%
I have time to see more patients and assume more duties	20.5%	19.4%	18.9%	24.6%

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

	2018		2016		2014	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	78.0%	68.4%	73.1%	63.7%	76.0%	61.9%
Limit number of these patients	7.8%	15.3%	13.2%	20.3%	11.2%	20.0%
Do not see these patients	14.2%	16.3%	13.7%	16.0%	12.8%	18.1%

23. How has EHR affected your practice?

2018	Improved	Little to No Impact	Reduced/Detracted From
Quality of care	28.6%	35.6%	35.8%
Efficiency	25.2%	18.8%	56.0%
Patient Interaction	7.9%	26.4%	65.7%
Cost of care	9.9%	47.3%	42.8%

2016	Increased/Improved	Little to No Impact	Reduced/Detracted From
Quality of care	28.9%	38.2%	32.9%
Efficiency	25.3%	20.3%	29.3%
Interaction	32.9%	54.4%	59.8%

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

24. Is any of your compensation tied to “value-based metrics” such as patient satisfaction, EHR use, cost control, readmission rates, etc.?

	2018	2016
Yes	47.1%	42.8%
No	39.5%	45.1%
Unsure	13.4%	12.1%

25. If yes, what percent of your TOTAL compensation is tied to “value-based” metrics?

	2018	2016
0-10	41.9%	51.3%
11-20	22.4%	25.9%
21-30	8.4%	9.7%
31-40	2.5%	5.0%
41-50	1.8%	3.8%
51 or more	4.2%	4.3%
Unsure	18.8%	N/A
Average	14.2%	14.8%

26. To what extent do you agree or disagree with the following statement? Value-based compensation is likely to improve quality of care and reduce costs.

	2018
Strongly agree	2.9%
Agree	15.1%
Neither agree nor disagree	25.2%
Disagree	33.1%
Strongly disagree	23.7%

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

	2018	2016
Strongly agree	1.9%	3.2%
Agree	11.8%	8.4%
Neither agree nor disagree	18.0%	19.8%
Disagree	32.6%	23.9%
Strongly disagree	35.7%	44.7%

28. Which best describes your status relative to concierge and/or direct pay medicine?

	2018
I now practice some form of concierge and/or direct pay medicine	6.6%
I am planning to transition fully to this model	2.4%
I am planning to transition in part to this model	9.9%
I have no plans to transition to this model	81.1%

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

	2018	2016
Not at all	2.6%	2.3%
Little	8.8%	8.0%
Somewhat	26.6%	17.6%
A good deal	33.0%	33.4%
A great degree	29.0%	38.7%

30. Do you now practice some form of telemedicine?

	2018
Yes	18.5%
No	81.5%

31. If yes, what percent of your patient encounters occur through telemedicine?

	2018
0 – 10%	73.8%
11-25%	15.8%
26-40%	4.8%
41-60%	1.3%
61% or more	4.3%
Average	10.4%

32. What do you think is the best direction for the U.S. healthcare system?

	2018
Maintain the current system	4.5%
Move to a single payer system	26.2%
Move to a two-tiered system (single payer and private insurance)	35.5%
Move to a market-driven system featuring a Health Savings Account and catastrophic policies	27.2%
Other	6.6%

33. How many of your patients are affected by a social situation (poverty, unemployment, lack of education, drug addiction, etc.) that poses a serious impediment to their health?

	2018
All	4.73%
Many	51.70%
Some	31.44%
Few	11.07%
None	1.06%

34. Has your approach to prescribing pain medication in your practice changed as a result of the opioid crisis?

	2018
I now prescribe fewer pain medications	69.1%
I prescribe the same number of pain medications	30.9%

35. Approximately what percent of your patients do not consistently adhere to your treatment plans?

	2018
0-10%	12.7%
11-20%	21.3%
21-30%	24.3%
31-40%	15.1%
41-50%	9.9%
51-60%	7.1%
61-70%	4.7%
71-80%	3.3%
81-90%	1.2%
91-100%	0.4%
Average	30.9%

36. On the whole, how would you describe the current state of relations between physicians and hospitals, many of which now employ physicians?

	2018
Mostly positive and cooperative	6.1%
Somewhat positive and cooperative	25.6%
Neither positive nor negative	21.8%
Somewhat negative and adversarial	34.4%
Mostly negative and adversarial	12.0%

37. If you could make a statement to the public and policy makers about the state of the medical profession today and how health care delivery can be improved, what would you say?

Written responses to this question were provided by 2,472 physicians. A sample of these responses is included in Part VI of this report. All written responses are available upon request.

RESPONSES BY PHYSICIAN TYPE

Survey responses are aggregated by different types of physicians, including:

- physicians 45 or younger
- physicians 46 or older
- male physicians
- female physicians
- employed physicians
- private practice owners
- primary care physicians
- specialist physicians

Aggregated responses, with comparisons to overall responses, are included in Part VIII of the electronic version of this report. They are not included in the print version of the report, but are available upon request.

Following is an analysis of survey responses, including the implications of the survey for health care professionals, policy makers and the public.

2018 SURVEY OF AMERICA'S PHYSICIANS: TRENDS AND ANALYSIS

OVERVIEW: THE STAKES ARE RISING

Between 2006 and 2016, the number of applicants to U.S. medical schools rose from 39,108 to 53,042, an increase of 35%. Of the 53,042 who applied for the 2016/17 school year, only 21,030 (about 40%) matriculated (*U.S. News*, Oct. 31, 2017). After reaching an all-time high, medical school applications decreased slightly to 51,680 in 2017/18, but the number of people seeking a medical career remains high by historical standards.

Clearly, medicine still has a strong appeal to many young people, for good reason. For those able to complete four years of college, four years of medical school and three to ten years of training, medicine offers significant attractions.

What attracts most physicians to medicine is the unique nature of the physician/patient relationship, a fact confirmed by this survey. The majority of physicians submit to the grueling and expensive grind that is medical education and training primarily in order to play a positive role in the lives of other human beings.

And that is the root of the dichotomy seen in the medical profession today.

While doctors enjoy secure employment, many of them are experiencing career dissatisfaction, a fact also confirmed by this survey. Reports of high rates of physician burnout and even abnormally high rates of physician suicide are becoming common. Indeed, physicians have the highest rate of suicide of any profession, more than twice that of the general population (*Medscape*, May 7, 2018).

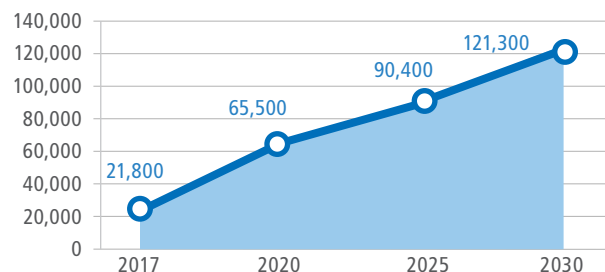
The Survey of America's Physicians suggests that one cause of this trend is the fact that many physicians believe that their ability to do what they are trained to do, and what attracted them to medicine initially (that is, care for patients) is being circumscribed by external forces. These external forces may include excessive bureaucracy and regulations, but may also include societal problems facing their patients, such as poverty, over which physicians have little control.

There are, of course, many other attendant pressures to practicing medicine, a high level of responsibility and personal time constraints among them. But it is the inability of physicians to be physicians that is the primary driver of their professional dissatisfaction.

WHY IT MATTERS

How physicians feel about their profession, and how they respond to these feelings, has important implications for healthcare delivery in the United States. The shortage of physicians is projected to escalate in response to an aging population and other factors. The Association of American Medical Colleges (AAMC) recently forecasted a deficit of up to 121,300 physicians by 2030 (see following chart):

**Projections of Physician Deficits
Through 2030**



Source: *The Complexities of Physician Supply and Demand*. Association of American Medical Colleges. April 11, 2018.

Doctor shortages already are being felt, even in larger communities where physicians are relatively abundant. In its 2017 *Survey of Physician Appointment Wait Times*, Merritt Hawkins found that the time it takes to schedule a doctor's appointment in 15 major metropolitan areas increased by 30% from 2014 to 2017. Physician appointment wait times are even more prolonged in mid-sized communities of approximately 100,000 people, where there are fewer physicians per capita than in larger cities (see chart below):

Average Time in Days to Schedule a New Patient Appointment/Family Medicine

Mid-Sized Communities	Average Time in Days
Yakima, WA	153
Albany, NY	122
Evansville, IN	76
Cedar Rapids, IA	75
Manchester, NH	72

Source: Merritt Hawkins 2017 *Survey of Physician Appointment Wait Times*

An aging population and a variety of societal factors are driving up demand for physicians. Consider:

- By 2030, the population 65 and older will grow by 55% (*U.S. Census Bureau*).
- People 65 and older represent 14% of the population but account for 34% of inpatient procedures and 37.4% of diagnostic tests and treatments. Older people see a physician at three times the rate of younger people (*Centers for Disease Control and Prevention/CDC*).
- More than 70% of adults in the U.S. have at least one of the following unhealthy behaviors: Smoking, excessive drinking, insufficient sleep, physical inactivity and obesity. 12% of the country

has three of these unhealthy behaviors. (*America's Health Rankings, United Health Foundation*).

- 57% of today's children will be obese by the time they reach 35 (*New England Journal of Medicine/USA Today, November 11, 2017*).
- 63,600 Americans died from drug overdoses in 2016, more than the 41,070 who died of breast cancer (*CDC*).
- The suicide rate in the U.S. increased by 24% from 1999 to 2014 and suicide is now the 10th leading cause of death in the U.S. (*CDC*).
- 43 million Americans live in poverty. Poverty has been closely associated with high rates of diabetes, inflammatory disease, low birth weights, obesity, mental illness and lifespans 10 to 15 years lower than those of wealthy Americans (*US News, April 20, 2016*).

A MATTER OF ACCESS AND QUALITY

Clearly, the nation is reaching a juncture where it is particularly important for physicians to be highly engaged and committed to their profession. The number of patients they see, the number of hours they work, their choice of a practice setting, their rates of retirement and in general, the ways in which they practice, will increasingly influence the access to care and the quality of care Americans receive.

TAKING THE PULSE

The Physicians Foundation seeks to take the pulse of the nation's physician workforce during this pivotal period through a widely distributed email survey that was received by 88% of active patient care physicians in the United States, allowing the majority of physicians the opportunity to participate. Close to 9,000 physicians elected to do so, providing a

sufficient sample size to achieve an error rate of +/- 1.057% 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 metrics, personal perspectives and related information on a national level and suggests ways in which they may impact care access and quality.

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 by state.

Following is an analysis of the trends revealed by the survey, examining who responded, how different types of physicians vary in their opinions and practice patterns, 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: PHYSICIAN CHARACTERISTICS: NUMBER OF EMPLOYED PHYSICIANS GROWING

Physicians who responded to the *2018 Survey of America's Physicians* reflect with a high degree of accuracy the composition of practicing physicians as a whole in the United States, and provide insight into current physician characteristics.

Responses were received from physicians in all 50 states, the District of Columbia and Puerto Rico, underscoring the survey's national scope.

Several states are somewhat overrepresented in the survey, including Texas, Indiana, North Carolina, Mississippi, Tennessee, Louisiana, Connecticut, Nebraska and Utah. Other states are somewhat underrepresented, including as California, New York, Florida, Ohio, Michigan and Maryland.

Approximately 37% of survey respondents are primary care physicians (defined as family medicine, internal medicine, pediatrics) while 32% of all physicians are in primary care, according to the American Medical Association's Physician Master File.

About 63% of survey respondents are in specialty medicine, compared to 68% of all doctors. The survey therefore is slightly weighted toward primary care physicians, who responded at a somewhat higher rate than specialists.

The average age of survey respondents is 52.33 years, while the average age of all physicians is 52.04, according to AMA data. Survey respondents are therefore virtually the same age on average as are all physicians. Responses from physicians in the 35 or younger cohort are somewhat overrepresented. These physicians represent 11.2% of all respondents though they represent only 5.8% of all physicians, according to AMA data.

The gender of survey respondents also generally matches that of physicians as a whole. 33.9% of survey respondents are female while 34.6% of all physicians are female, indicating females are overrepresented in the survey by a very 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. 2018

PRIVATE PRACTICE VS. EMPLOYMENT

Responses to the 2018 Survey of America's Physicians demonstrate the continued movement of physicians toward employment and away from independent private practice (see chart below):

Physicians Identifying As Independent Practice Owners or Partners

2018	2016	2014	2012
31.4%	32.7%	34.6%	48.5%

Physicians Identifying as Hospital or Medical Group Employees

2018	2016	2014	2012
49.1%	57.9%	52.8%	43.7%

It is difficult to determine how the number of survey respondents identifying as independent practice owners differs from the percent of all physicians who are independent practice owners.

Based on 2016 data, the AMA indicates that 47.1% of physicians remain independent, the lowest number the AMA has recorded (*Policy Research Perspectives: Updated Data on Physician Practice Arrangements. American Medical Association. 2017*).

The consulting firm Accenture has put the number of independent physicians at approximately 33% (*Many U.S. Doctors Will Leave Private Practice for Hospital Employment. www.accenture.com. July 29, 2015*). The number included in this survey (31.4%) is the most recent data, and based on thousands of annual interactions with physicians and physician groups, is consistent with what Merritt Hawkins sees in today's market.

WHO PAYS PHYSICIANS?

A new category was added in 2018 to the survey question asking physicians to identify their practice status. Physicians could indicate they are "employed by a hospital," "employed by a hospital-owned medical group" or "employed by a physician-owned medical group." In past surveys, the option was limited to "employed by a medical group," with the type of group not specified.

The revised categories to this question reflect the shifting nature of physician practice status in today's evolving healthcare system. Physician/hospital joint ventures and the specifics of physician/hospital contracts may blur the lines between employment and private practice.

Approximately 19% of survey respondents indicated they are employed by a hospital, while another 17.4% indicated they are employed by a hospital-owned medical group. The survey therefore indicates that more than 36% of physicians receive their compensation directly or indirectly from a hospital.

More than 12% of physicians indicated they are employed by a physician-owned medical group. While these physicians are not practice owners or partners, they receive their compensation from other physicians who own the practices by which they are employed.

Fewer than one-third of physicians (31.4%) indicated they are practice owners or partners, the lowest percent recorded in this survey since it was first conducted in 2012. These physicians are essentially business owners who pay themselves after they have met payroll, rent, equipment and other standard business expenses, just as other business owners do.

These distinctions are important, because who pays physicians may affect their practice patterns and behaviors. Physicians who pay themselves, for example, may be motivated to work longer hours and see more patients than those who receive a check (see Part III below). Physicians paid by a hospital, whether directly or indirectly, may alter their practice patterns to align with the goals and interests of the hospital, ceding some of their clinical autonomy for the security and manageable schedule associated with employment. Physicians employed by a physician-owned group may have their practices patterns influenced or determined for them by the owners of the group.

**INDEPENDENT PRACTICE:
OLDER VS. YOUNGER PHYSICIANS**

The 2018 survey indicates that over twice the number of physicians 46 or older are in independent practice than are physicians 45 or younger (see following chart):

**Independent Practice Owners/Partners
by Physicians Type**

Physician Type	Percentage
45 or <	17.7%
46 or >	37.6%
Female	23.6%
Male	35.4%
PC	22.7%
Specialist	34.1%

Younger doctors are significantly more likely to be employed by a hospital or hospital-owned group than are older physicians. The 2018 survey indicates that 53.1% of physicians 45 or younger are employed by a hospital or hospital owned group, compared to 28.9% of physicians 46 or older. Merritt Hawkins' *2017 Survey of Final-Year Medical Residents* indicates that only 9% of physicians in their last year of training would prefer an independent practice setting such as a partnership or a solo practice.

These data suggest that the independent practice model is under pressure in a healthcare system increasingly dominated by large, integrated organizations, whether hospital systems, large medical groups, corporations or insurance companies. All of these entities typically implement the employed physician model to achieve the standardized physician compensation formulas, electronic health records, quality measures and treatment guidelines necessary in an era of global, quality-based payments and population health management.

Physicians seeking to keep their independent status often must do so through partnerships and collaborations in order to participate in

population health management and other large group contracts offered by government or private payers. The Texas Medical Association (TMA) and Blue Shield of Texas now offer TMA PracticeEdge, a program enabling physicians to provide coordinated, collaborative care without being employed by a larger entity. These types of programs may allow some independent-minded physicians to maintain their private practice status.

DOUBTS ABOUT HOSPITAL EMPLOYMENT OF PHYSICIANS

The 2018 survey indicates that most physicians do not believe hospital employment of doctors 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

2018	2016	2014	2012
57.5%	66.2%	62.9%	75.6%

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

Hospital Employed Physicians Who Do Not Agree Hospital Employment of Physicians is a Positive Trend Likely to Enhance Quality of Care and Reduce Costs

2018*	2016**	2014**
34.6%	49.9%	44.7%

*Hospital employed physicians only, does not include physicians employed by a medical group

**Includes physicians employed by a hospital or medical group

Physician opinions on this topic vary by age. Of those 45 and younger, 42.7% do not think hospital employment of physicians will result in the dual benefits of enhanced quality and reduced cost, compared to 64.1% of those 46 or older. Relatively few physicians in either age category indicate they believe hospital employment of physicians is a positive trend. Only 19.8% of physicians 45 or younger agree that hospital employment of physicians is a positive trend as do only 10.5% of physicians 46 or older, with a substantial number (37.6% of younger physicians, 24.5% of older physicians) neither agreeing nor disagreeing.

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.

STATE OF PHYSICIAN/ HOSPITAL RELATIONS

Historically, the interests of hospitals and physicians have not always aligned and the relationship between physicians and hospitals can be a contentious one. The 2018 survey suggests that despite the widespread integration of hospitals and physician practices, friction between the two parties remains prevalent.

The 2018 survey included for the first time a question asking physicians to comment on the current state of relations between physicians and hospitals. Significantly more physicians (46.4%) indicate that the relationship is somewhat or mostly negative than indicate it is somewhat or mostly positive (31.7%).

Opinions on this subject vary by physician type (see chart on page 26):

State of Relations Between Physicians and Hospitals, By Physician Type

	Somewhat/ mostly positive	Somewhat/ mostly negative
45 or <	39.3%	37.1%
46 or >	28.4%	50.6%
Male	30.5%	42.4%
Female	34.2%	42.4%
Employed	39.6%	38.7%
Owner	21.5%	58.6%
PC	36.4%	40.3%
Specialists	29.6%	49.1%

Employed physicians are the most likely to indicate that physician/hospital relations are positive, as are younger physicians, who are more likely to be employed by a hospital or other entity than are older physicians. Nevertheless, the number of employed physicians who rate the physician/hospital relationship as negative (38.7%) is virtually the same as the number who rate the relationship as positive (39.6%). Younger physicians also are almost evenly split, with 39.3% rating the relationship as positive and 37.1% rating the relationship as negative. Private practice owners and older physicians view the physician/hospital relationship much less favorably than do employed physicians or younger physicians.

Emerging delivery models characterized by global payments and the management of large population groups are built around the principle of physician/hospital alignment and cooperation. The 2018 survey suggests that the longstanding gap between physicians and hospitals has yet to be bridged.

A GROWING NUMBER OF “OTHER” PRACTICE SETTINGS

A significant number of physicians responding to the 2018 survey (19.1%) described their practice status

as “other.” This is the highest percentage marking the “other” category recorded by the survey and underscores the evolving state of physician sites of practice. The types of entities employing physicians are rapidly expanding beyond traditional hospital and medical group settings. Some physicians are taking on administrative roles and many are working in a proliferating number of settings, including urgent care centers, community health centers, retail clinics, telemedicine companies, insurance companies and other entities. Many of these are outpatient settings and operate on a business model built on patient access and convenience.

STRENGTH IN NUMBERS?

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.

Some group practices today are virtually indistinguishable from large hospital systems and employ thousands of physicians (see chart below):

Largest U.S. Medical Groups

Medical Group	Number of Physicians
Kaiser Permanente Medical Group	7,948
Cleveland Clinic	2,138
Mayo/Jacksonville	1,776
Mercy Clinic	1,674
North Shore/Long Island Jewish Medical Group	1,380

Source: SK&A's 50 Largest Medical Groups, January, 2016

However, the 2018 survey suggests that the movement toward larger medical groups may have stalled over the last two years (see chart below):

Medical Practices By Number of Physicians

Number of Physicians	2018	2016	2014	2012
Solo	17.9%	16.8%	17.2%	24.9%
2-5	23.3%	21.4%	N/A	26.2%
6-10	14.7%	13.5%	N/A	14.5%
11-30	16.6%	16.0%	N/A	14.5%
31-100	11.1%	12.4%	N/A	7.8%
101 or more	16.4%	19.9%	N/A	12.1%

Data from the 2018 survey indicate that fewer physicians are in practices of 100 physicians or more than were in 2016, though the number remains greater than it was in 2012. By contrast, slightly more physicians indicated they are in solo practice in 2018 than did in 2016, though the number is still smaller than it was in 2012.

In Merritt Hawkins' *2017 Survey of Final-Year Medical Residents*, only 1% of physicians in their final year of training indicated they would prefer a solo practice. Solo practice is considered an unfavorable practice model for most young physicians due to the time constraints, administrative burdens and financial uncertainty it imposes. These challenges can be alleviated, however, when physicians adopt the concierge or direct pay model of practice, in which third party payers are removed. The emergence of this style of practice may account for the increase in physicians who indicate they are in solo practice (see Part III on page 35).

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 2018 survey indicates doctors most frequently join their national specialty society and their state medical society. 79.4% of 2018 survey respondents said they are members of their national specialty society, up from 76.5% in 2016 and up from 70.4% in 2012. More than 63% indicated they are members of their state medical society, up from 61.4% in 2016 and virtually the same as 2012 (63.6%). More than six and a half percent of survey respondents indicate they are members of the American Osteopathic Association, down from 8.0% in 2016 but up from 5.2% in 2012. Eight percent of all physicians are osteopathic doctors (DOs) while the remaining 92% are allopathic (MDs), according to AMA data.

Younger physicians appear less apt to join their county or state medical society than do older physicians, though both seem equally inclined to join their national medical society (see chart below):

Medical Society Members By Age

	45 or <	46 or >
County medical society	26.3%	47.2%
State medical society	57.9%	65.5%
National specialty society	79.1%	79.6%
American Medical Assn. (AMA)	31.4%	23.9%
American Osteopathic Assn. (AOA)	8.6%	5.7%

Approximately one third of physicians (31.4%) are members of the AMA. The 2018 survey suggests that younger physicians appear to join the AMA and AOA in greater numbers than do older physicians.

PART II: PHYSICIAN MORALE AND BURNOUT: A CONTINUING CHALLENGE

Since it was first conducted in 2012, *The Survey of America's Physicians* has revealed a physician workforce characterized by low levels of professional morale and high levels of pessimism about the future of the medical profession. These findings have important public health policy implications that have been highlighted in each of the reports summarizing survey results.

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.

There are also economic implications attached to the prospect of physicians reducing their clinical roles in response to low morale or high rates of burn-out. To a significant degree, physicians are the engines of healthcare economics driving this robust sector of the economy.

The extent of the economic contributions physicians make to healthcare is quantified by the January, 2018, AMA-sponsored study *The National Economic Impact of Physicians*. This study estimates the total economic impact of office-based physicians in active patient care in the U.S., using as barometers physician output, jobs, wages and benefits and state and local tax revenue. Highlights of physician economic contributions from the study include:

Total economic output: The combined economic output of office-based physicians in the United States is \$2.3 trillion based on 2015 data, up from \$1.6 trillion in 2012.

Per capita economic output: Each physician supports a per capita economic output of \$3.1 million based on 2015 data, up from \$2.2 million in 2012.

Jobs: On average, each physician supports about 17 jobs based on 2015 data, up from 14 jobs in 2012.

Wages and benefits: On average, each physician paid a total of \$1.4 million in wages and benefits based on 2015 data, up from \$1.1 million in wages and benefits in 2012.

Tax revenues: On average, each physician supports \$126,129 in local and state tax revenues, based on 2015 data, up from \$90,449 based in 2012.

Source: American Medical Association. The National Economic Impact of Physicians. January, 2018

In addition, physicians generate an average of \$1.5 million a year in net revenue to their affiliated hospitals, according to Merritt Hawkins' *2016 Survey of Physician Inpatient/Outpatient Revenue*.

Physician professional satisfaction and engagement therefore are matters of public concern from a quality of care, access to care, and economic perspective.

A TROUBLING PATTERN

The *Survey of America's Physicians* has consistently indicated in each of the prior years it has been conducted that the professional morale of physicians is problematic. The same pattern emerges in the 2018 survey, as suggested by the responses to the questions on page 29.

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

	Somewhat or very positive	Somewhat or very negative
2018	44.7%	55.3%
2016	46.1%	53.9%
2014	44.4%	55.6%
2012	31.8%	68.2%

Like the prior three surveys The Physicians Foundation has conducted, the 2018 Survey shows that the number of physicians indicating that their morale and their feelings about the current state of the medical profession are negative is greater than the number who express positive feelings about their profession. While negative feelings appeared to peak in 2012, over the last five years the number of physicians who have expressed negative feelings about their morale and about the medical profession has remained consistent at about 55%.

As with many questions in the survey, responses vary based on physician type (see chart below):

Professional Morale by Physician Type

	Very/somewhat positive	Very/somewhat negative
45 or <	57.4%	42.6%
46 or >	39.0%	61.0%
Male	45.3%	54.7%
Female	43.8%	56.2%
Employed	51.5%	49.5%
Owner	36.7%	63.3%
PC	46.3%	53.7%
Specialists	44.0%	56.0%

Responses to this question indicate a marked variance between employed physicians and practice owners. A small majority of the of the former group (51.5%) express positive feelings about their morale and the current state of the medical profession, while only 36.7% of the latter group express positive feelings. There also is a marked variance between younger and older physicians. 57.4% of physicians 45 or younger express positive feelings about their morale and about the medical profession, while only 39% of physicians 46 or older express such feelings.

This pattern is observed both throughout many of the questions in this survey and longitudinally throughout the years the survey has been conducted. Younger physicians and employed physicians are generally more positive and optimistic about medicine and their own morale than are older, private practice physicians.

The experience of younger physicians may be qualitatively different from that of older physicians. Younger physicians have been educated and trained in the era of electronic health records and value-based payment models and may not find these and other characteristics of contemporary medical practice to be as irksome as do older physicians. Or, they simply may not have been exposed to the stresses of medical practice as long as older physicians and are not yet as affected by them.

Employed physicians may have a higher level of professional morale and optimism than practice owners because they do not have to contend with the challenges of running a medical practice.

However, significant numbers of all types of physicians, including younger physicians at the front end of their careers and employed physicians, express negative feelings about their morale and the current state of the medical profession. It is not necessarily a positive comment to note that only 42.6% of younger physicians express negative feelings about their morale and their profession.

By contrast, in a national study, the majority of American workers (79%) indicate they are somewhat or very satisfied with their jobs. Only 15% indicate they are somewhat or very dissatisfied (*The State of American Jobs*. Pew Research Center. October 6, 2016).

How physicians feel today may be influenced by their perceived prospects for the future. The majority of physicians are pessimistic about the future of their profession (see chart below):

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

	Very/somewhat optimistic	Very/somewhat pessimistic
2018	38.4%	61.6%
2016	37.2%	62.8%
2014	44.4%	55.6%
2012	31.8%	68.2%

With one exception (2014) the *Survey of America's Physicians* has indicated over time that more than 60% of physicians are pessimistic about the future of the medical profession, while less than 40% are optimistic. Opinions on this topic also vary by physician type (see following chart):

Positive/Optimistic About the Future of Physician Type

	Very/somewhat optimistic	Very/somewhat pessimistic
45 or <	49.6%	50.4%
46 or >	33.5%	66.5%
Male	38.4%	61.6%
Female	38.4%	61.6%
Employed	43.1%	56.9%
Owner	30.2%	69.8%
PC	42.2%	57.8%
Specialists	36.7%	63.3%

Again, the greatest variance among physician types is between younger and older physicians and employed physicians and practice owners, with younger physicians and employed physicians expressing more optimism than older physicians and practice owners. However, even among the most optimistic cohort (younger physicians) the majority (50.4%) are pessimistic about the future of the medical profession, as are the majority of employed physicians (56.9%). Close to 70% of older physicians express pessimism about the future of the medical profession.

Primary care physicians also tend to respond to questions about morale and career satisfaction more positively than do specialists. This may be due in part to the fact that primary care physicians more typically fall into the positive cohorts of younger physicians and employed physicians than do specialists.

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

	2018	2016	2014	2012
Yes	51.3%	50.8%	49.8%	42.1%
No	48.7%	49.2%	50.2%	57.9%

The 2018 survey shows an uptick over time in the number of physicians who would recommend medicine as a career to their children or other young people, rising from only 42.1% in 2012 to 51.3% in 2018. Nevertheless, close to half of 2018 respondents (48.7%) would not recommend medicine as a career to others, with variances by physician type (see chart below):

Would Recommend Medicine as a Career by Physician Type

	Yes	No
45 or <	51.8%	48.2%
46 or >	51.1%	48.9%
Male	53.0%	47.0%
Female	48.2%	51.8%
Employed	53.4%	46.6%
Owner	54.9%	45.1%
PC	54.6%	45.4%
Specialists	49.7%	50.3%

Notable here is that male physicians are more likely to recommend medicine as a career to their children or other young people than are female physicians, a finding also observed in previous years the survey was conducted. Female physicians may feel the stress of family and career obligations more acutely than do male physicians, and a variety of data show that female doctors are not compensated at the same level as males, two

factors potentially contributing to the comparatively low number of female physicians who would recommend medicine as a career.

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

	2018	2016	2014	2012
Yes	72.6%	71.7%	71.3%	66.5%
No	27.4%	28.3%	28.7%	33.5%

The number of physicians who indicate they would choose medicine as a career again has increased longitudinally, from a low of 66.5% in 2012 to a high of 72.6% in 2018. However, more than 27% of physicians continue to indicate they would not choose medicine as a career if they had a do-over, a sobering number considering the 11 or more years of post-secondary education and training they have completed to become physicians and the expense of a medical education. Responses to this question vary somewhat by physician type (see chart below):

Career to Do Over by Physician Type

	Yes, a physician	No, not a physician
45 or <	70.9%	29.1%
46 or >	73.4%	26.6%
Male	73.4%	26.6%
Female	71.9%	28.1%
Employed	73.4%	26.6%
Owner	70.2%	29.8%
PC	75.3%	24.7%
Specialists	71.3%	28.7%

As has been observed in previous years the survey was conducted, a larger number of younger physicians (29.1%) indicate they would not choose

medicine as a career again than do older physicians (26.6%). Though otherwise relatively optimistic and positive in their responses, younger physicians may be less positive than older doctors about their choice of a career because they have more recently been confronted by the realities of medical practice, which may not meet their expectations. In time, they may gain more perspective on their selection of a career and feel less inclined to regret their choice.

The 2018 survey includes a question asking physicians about their experience with burnout, which was first asked in 2016 (see below):

How often do you have feelings of professional burnout in your medical career?

	2018	2016	2014	2012
Sometimes/often/always	77.8%	74.0%	N/A	N/A
Never/rarely	22.3%	26.0%	N/A	N/A

The number of physicians reporting sometimes, often or always feeling burned out increased from 74% in 2016 to 77.8% in 2018, suggesting that feelings of burnout are an ongoing condition for many physicians. Feelings of burnout vary by physician type (see chart below):

Feelings of Professional Burnout by Physician Type

	Sometimes/often/always
45 or <	81.0%
46 or >	76.3%
Male	74.1%
Female	84.8%
Employed	80.1%
Owner	76.5%
PC	78.8%
Specialists	77.2%

As the numbers above indicate, female physicians report the highest rate of burn-out by physician type, possibly, as referenced above, due to their frequent dual roles as professionals and mothers. Employed physicians report higher rates of burnout than do practice owners, suggesting employment may not be the haven from practice related stress it often is thought to be, though, in general, employed physicians display a more positive attitude about medicine than do practice owners. Interestingly, physicians 45 and younger report higher rates of burnout than do those 46 or older.

WHAT ARE THE CAUSES OF PHYSICIAN DISSATISFACTION?

Given the responses referenced above, 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 2018 survey identifies three primary pain points physicians feel regarding medical practice. The first is “electronic health record (EHR) design and interoperability,” which 39.2% of physicians identified as one of the two factors they find least satisfying about medicine. Physicians are increasingly obliged to document patient encounters through EHRs as the healthcare system moves toward quality-based payments and their attendant “paperwork” requirements.

A study published in the March 2016 issue of *Health Affairs* indicates that physicians now spend \$15 billion a year documenting quality measures and that primary care physicians spend an average of 3.9 hours per week on documenting quality measures

(disclosure: funding for this study was provided by The Physicians Foundation). This is in addition to all of the other “paperwork” requirements physicians must follow in order to be reimbursed, order tests, obtain treatment authorizations, admit patients and generally perform their duties. In total, these “paperwork” requirements account for almost one quarter of physician time (see Part III on page 35).

When EHRs are poorly designed or are not user friendly, the frustrations inherent to paperwork duties are magnified. The 2018 survey asked physicians to indicate how EHR has affected their practice in a variety of categories. The majority of physicians indicate EHR has had a negative effect in two key areas (see chart below):

How has EHR affected your practice?

	Reduced/Detracted From
Efficiency	56.0%
Patient interaction	65.7%

Though EHRs are intended to increase practice efficiency, most physicians (56%) indicate they have the opposite effect. About two-thirds of physicians (65.7%) indicate EHR has hit them at their most sensitive point by detracting from patient interaction, the aspect of medicine they find most satisfying.

A second, related pain point is “regulatory and insurance requirements” which 37.7% of physicians cited as one of the two factors they find least satisfying about medicine. Medicine is one of the most highly regulated if not the most highly regulated professions in the United States, with Medicare compliance rules and regulations alone running into the tens of thousands of pages. These requirements, now often implemented through EHRs, also detract from the physician/patient relationship.

The third primary pain point physicians cite as being a least satisfying aspect of medical practice is “loss of clinical autonomy.”

Physicians spend four years in college, four years in medical school and three to ten years 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 chart below):

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

	2018	2016	2014	2012
Little or not at all	11.4%	10.3%	N/A	N/A
A good deal/a great deal	66.0%	72.1%	N/A	N/A

Two-thirds of physicians (66.0%) indicate that third party factors adversely affect patient care in their practices. Though down from 72.1% in 2016, this remains a significant number of physicians who believe that the patient care for which they are responsible is adversely affected in a serious manner by factors beyond their control.

In addition to these pain points, many physicians 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

	2018	2016	2014	2012
Disagree	32.6%	44.7%	N/A	N/A
Strongly disagree	35.7%	23.9%	N/A	N/A

More than 68% of physicians responding to the 2018 survey do not believe that the criteria on which they are judged to maintain board certification, which is a critical component of sustaining their livelihoods and reputations, is valid. This is a continual source of frustration as MOC tests must be taken periodically over the course of a physician’s career.

Another factor contributing to the low morale and feelings of burnout that many physicians express is the perception among doctors that they have little influence over the direction that the healthcare system is taking (see chart below):

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

	2018	2016	2014	2012
Little/very little	62.5%	59.2%	N/A	N/A

Though physicians bear the greatest responsibility for implementing new delivery and payment models and for maintaining the quality of patient care, the majority believe they have little input or influence over how the healthcare system is structured, a frustration expressed in many of the written comments physicians contributed to the survey. Based on responses to the 2018 survey, this feeling of powerlessness to affect change among physicians is growing over time.

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 2018 survey, the “patient/physician relationship” was identified as a primary source of professional satisfaction by 78.7% of respondents.

Patient relationships far exceed other sources of professional satisfaction cited by doctors, such as the “professional stature of medicine,” “intellectual stimulation,” “professional relationships with colleagues,” and “income/compensation,” the latter being cited by only 18.9% of physicians as one of their top two sources of professional satisfaction. Physicians of all types put the highest value on physician/patient relationships, though there are variances by physician type (see chart below):

Physician/Patient Relationships As a Most Satisfying Factor by Physician Type

	Physician/Patient Relationships
45 or <	72.3%
46 or >	81.5%
Male	77.3%
Female	81.3%
Employed	75.9%
Owner	83.4%
PC	85.1%
Specialists	75.6%

It is notable that practice owners put an even higher premium on patient/physician relationships than do employed physicians. There may be

more of a sense of “patient ownership” among physicians who own their practices than among physicians who are employed by hospitals or large medical groups, in which patient encounters can be more transactional and less personal. The decline of the private practice model brings with it a more corporatized approach to healthcare that is prevalent throughout the economy as corporate entities replace private business owners in retail, hospitality and service sectors.

A FUNDAMENTAL DISCONNECT

As the responses above indicate, there is a fundamental disconnect in medicine today between what provides physicians with the most professional satisfaction and what third parties require them to do. A variety of external factors including EHR implementation and use, excessive documentation requirements, liability concerns and others are eroding the physician/patient relationship.

In addition, many physicians today are challenged by the societal pressures facing their patients, such as poverty, drug abuse and others, over which physicians have little to no control (see Part IV on page 38).

As a result, physicians continue to express feelings of burnout and low morale.

PART III: PHYSICIAN PRACTICE PLANS: A DECLINING NUMBER OF FTEs

As was referenced above, the U.S. is experiencing a physician shortage and will face a deficit of up to 121,300 too few doctors by 2030, according to the Association of American Medical Colleges (AAMC). A study published in the June 20, 2018 edition of the *New England Journal of Medicine* projects that the number of full-time equivalent physicians will

grow by just over 1% per year as retirements are only marginally offset by new entries.

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).

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 short years, while the number of physicians grew by just 8% (*American Medical News*, March 29, 2010). The U.S. population will grow to 383 million by 2040, according to the University of Virginia Demographics Research Group. People 65 and older, as referenced above, utilize healthcare services at a much higher rate than younger people, and more than 10,000 people in the U.S. turn 65 every day. Despite the expansion of U.S. medical schools, the number of residency positions remains limited by the cap the federal government placed on funding for graduate medical education (GME) in 1997.

THE IMPACT OF PHYSICIAN PRACTICE PATTERNS

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.

Since the survey was first conducted in 2012, it has consistently indicated that a significant number of physicians plan to alter their practice patterns. When asked what they plan to do in the next one to three years, physicians provided varying answers (see chart below).

The majority of physicians (54.2%) responding to the 2018 survey indicate they will continue practicing as they are, approximately the same number as in 2016 and 2014 and up from 49.8%

in 2012. The remaining 45.8% indicate they will alter their practice patterns in one or more of nine different ways, ranging from retiring to merging with another physician or medical group.

All of these options, with the possible exception of a practice merger, are likely to reduce overall physician FTEs should physicians choose to pursue them.

More than 17% of physicians indicate they plan to retire in the next one to three years, the highest number recorded by the survey. Should they do so, approximately 136,000 physicians would be removed from the workforce, given a total workforce of approximately 800,000 physicians in active patient care. During that same three year period, about 85,000 physicians will complete residency and enter the workforce, potentially leaving 51,000 vacancies. Though physicians may not retire at a rate of approximately 6% over the next three years, 32% of physicians are 60 or older and a wave of physician retirements can be anticipated.

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

	2018	2016	2014	2012
Continue as I am	54.2%	52.2%	56.4%	49.8%
Cut back on hours	22.3%	21.4%	18.2%	22.0%
Retire	17.4%	14.4%	9.4%	13.3%
Transition to concierge/direct care	4.5%	8.8%	6.2%	6.8%
Work locum tenens	8.4%	11.5%	9.1%	N/A
Find a non-clinical job or position	12.4%	13.5%*	10.4%*	9.9%*
Sell my practice to a hospital/health system	2.2%	N/A	N/A	N/A
Become employed by a hospital	4.3%	6.3%	7.3%	5.6%
Work part-time	8.5%	9.8%	6.4%	6.5%
Merge with another physician/group	2.8%	N/A	N/A	26.2%

*In previous years, "Seek a non-clinical job within healthcare."

More than 12% of physicians indicate they will seek a non-clinical job in the next one to three years. Non-clinical jobs taken by physicians often include research, quality control, or administrative positions within healthcare, or new jobs and careers apart from healthcare. Whether working within healthcare or apart, these physicians would no longer be seeing patients. Should physicians leave clinical roles at this rate, and additional 96,000 physicians would be removed from the workforce.

Almost one-quarter of physicians (22.3%) indicate they will cut back on hours during the next one to three years, the highest number recorded since the inception of the survey in 2012. 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.

An additional 8.5% of physicians indicate they will move to a part-time practice working 20 hours or fewer. Assuming they are in full-time practice

now, this would deplete the physician workforce by approximately 34,000 FTEs.

More than 8% of physicians indicate they will work as locum tenens over the next one to three years. 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.

4.5% of physicians responding to the survey indicate they will switch to a concierge or direct pay practice in the next one to three years. Physicians transitioning from traditional private practice to concierge/direct pay medicine usually maintain only about 25% of their patients. The migration of physicians to concierge/direct pay in these numbers would remove approximately 9,000 physicians from the workforce.

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

2018 Physician Plans in the Next Three Years by Physician Type

	45 or <	46 or >	Male	Female	Employed	Owner	PC	Specialist
Continue as I am	69.3%	47.5%	53.2%	56.0%	58.2%	53.0%	54.8%	53.9%
Cut back on hours	17.6%	24.5%	22.4%	22.3%	22.1%	24.2%	22.4%	22.3%
Retire	1.1%	24.6%	10.5%	12.8%	12.8%	19.4%	15.3%	18.4%
Concierge/direct pay	5.9%	3.9%	3.8%	4.1%	4.1%	5.1%	7.0%	3.3%
Locum tenens	9.9%	7.8%	8.3%	9.4%	9.4%	5.0%	8.9%	8.2%
Non-clinical job	13.8%	11.7%	11.1%	14.7%	13.0%	9.9%	12.8%	12.1
Employed by hospital	8.4%	2.5%	4.3%	4.5%	4.5%	4.1%	4.7%	4.1%
Part-time	6.4%	9.5%	7.4%	8.1%	8.1%	7.0%	8.9%	8.4%
Sell practice	1.3%	2.7%	2.6%	0.4%	0.4%	6.3%	2.1%	2.3%
Merge	4.1%	2.2%	2.8%	2.2%	2.2%	4.2%	2.1%	3.2%

Almost one-quarter (24.5%) of physicians 46 or older indicate they plan to retire in the next one to three years, supporting the projection of a wave of imminent physician retirements. Approximately 10% of older doctors indicate they will work part-time in the next one to three years.

While the majority of younger physicians (69.3%) indicate they will continue practicing as they are, 17.6% plan to cut back their hours, 13.8% will seek a non-clinical job, 9.9% will work locum tenens and 6.4% indicate they will work part-time. Though still in the early stages of their careers, the survey indicates that many younger physicians will not be practicing as full-time equivalents in the future, and may not be doing so now.

The practical effect of evolving physician practice patterns is a reconfiguring of the physician workforce. The traditional pattern of physicians practicing full-time as practice owners has been supplanted by a model in which physicians are working in a variety of styles – full-time, part-time, locum tenens, concierge/direct pay – in a variety of settings in which they are almost always employed.

In addition, a significant number of physicians indicate they plan to remove themselves from clinical roles altogether. Total net physician FTEs are consequently more fluid today than they have been in the past and can be expected to decline even as the gross number of physicians continues to increase, if only marginally.

Physicians today are seeking alternatives to traditional medical practice, partly in response to their dissatisfaction with the current medical practice environment. Many of these choices are reducing overall FTEs and are leading directly to longer wait times and less access for patients.

PART IV: PHYSICIAN PRACTICE METRICS: FEWER HOURS, MORE PAPERWORK

The *Survey of America's Physicians* tracks various physician practice metrics, providing benchmarks for the average number of patients physicians see, hours they work, types of patients they see and related practice specifics. These metrics are reviewed below.

DECLINING WORK HOURS

Physicians were asked the number of hours they work per week. The average for all physicians is 51.4, the lowest number recorded since the survey was first completed in 2012 (see chart below):

2018 Average Hours Worked Per Week (All Clinical and Non-Clinical Duties)

2018	2016	2014	2012
51.4	52.63	52.83	52.93

The number of hours physicians work per week has consistently declined each year the survey has been conducted, with a 2.4% decrease from 2016 to 2018. The 2.4% decline in hours worked over the last two years may appear minor but it has a significant effect on the physician workforce, equating to the loss of 19,200 FTEs and to tens of millions of fewer patients seen per year, a contributing factor to protracted physician appointment wait times.

The hours physicians work vary by physician type, as indicated in the chart on page 39:

2018 Average Hours Worked Per Week by Physician Type

	Average Hours Worked per Week
45 or <	54.73
46 or >	49.89
Male	51.89
Female	50.46
Employed	53.73
Owner	51.96
PC	50.64
Specialists	51.76

The greatest variance in hours worked per week is between older and younger physicians. This is counterintuitive as it is commonly perceived that older physicians put in more hours than do younger ones. Nevertheless, the 2018 survey indicates that physicians 45 or younger work 9.7% more hours than do physicians 46 and older. A similar pattern has been observed in previous years the survey was conducted. Younger physicians may work longer hours in order to build their practices, because they have not yet learned to be as efficient as older physicians or to delegate duties to other personnel, or for other reasons.

The 2018 survey indicates that male physicians work 2.9% more hours per week than do female physicians.

In a somewhat counterintuitive metric, the 2018 survey indicates employed physicians work 3.4% more hours per week than do private practice owners. It is generally perceived that one of the attractions of employment for physicians is limited work hours and that one of the drawbacks of private practice is comparatively unlimited work hours. The 2018 survey suggests that physician employers may require more hours of physicians

than private practice physicians require of themselves, or that the private practice model is inherently more efficient than the employed model.

The survey further indicates that specialist physicians work 2.2% more hours per week than do primary care physicians. This finding is also somewhat counterintuitive, as specialist physicians are commonly thought to have more structured office hours than primary care doctors. However, specialists often conduct inpatient work, which fewer primary care physicians are required to do today because of the increased use of hospitalists, and this may explain the variance in work hours.

MORE PHYSICIAN TIME CONSUMED BY PAPERWORK

While physicians are working fewer hours per week, they are devoting a greater percentage of their time to non-clinical paperwork, usually defined as time spent completing reimbursement related forms, complying with regulations and other duties not including direct patient care (see chart below).

Hours Devoted to Non-Clinical Paperwork Per Week

2018	2016	2014	2012
11.37	11.29	10.58	12.01

The 2018 survey indicates physicians spend an average of 11.37 hours per week on non-clinical paperwork, up from 11.29 hours in 2016 and from 10.58 hours in 2014, and down from 12.01 hours in 2012. This equates to 23% of their total work hours.

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

2018 Non-Clinical Paperwork Hours Per Week by Physician Type

	Non-Clinical Paperwork Hours per Week
45 or <	11.77
46 or >	11.1
Male	10.92
Female	12.24
Employed	11.61
Owner	10.78
PC	12.1
Specialists	11.01

Of note is the variance between female and male physicians. Female physicians spend 12.1% more time on non-clinical paperwork than do male physicians. It is difficult to determine the reason for this variance. Female physicians may simply be more conscientious or scrupulous about documentation and related paperwork requirements than male physicians, or they may work in settings that require relatively more paperwork than male physicians. More female physicians work in employed settings than do male physicians, and employed physicians spend more time on paperwork than do private practice doctors (see below). Other factors may come into play, such as a differences in the types of patients seen by male and female physicians.

Physicians 46 or younger spend 6.0% more time on non-clinical paperwork than those 46 or older. As may be the case with female physicians, younger physicians may be more scrupulous about paperwork than older physicians, or they may work in settings that require relatively more paperwork than older physicians (younger physicians, like

female physicians, are more likely to work in employed settings than are older physicians). As referenced above, differences in patients seen also may affect the relative amount of time younger and older physicians spend on paperwork.

Primary care physicians spend 9.9% more time on non-clinical paperwork than do specialists. Primary care physicians are more likely to be female, and female physicians devote the most time to paperwork of the various types of doctors tracked in this survey. Primary care physicians also are more likely to work in employed settings than are specialists.

Employed physicians report working 7.7% 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 *Survey of America's Physicians* has consistently indicated that this is not the case (see chart below)

Hours Spent On Non-Clinical Duties/ Employed Physicians vs. Practice Owners

	Employed Physicians	Practice Owners
2012	12.66	11.01
2014	10.63	9.79
2016	11.79	10.64
2018	11.61	10.78

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.

AVERAGE NUMBER OF PATIENTS SEEN

Physicians responding to the 2018 survey see an average of 20.2 patients per day, down from 20.6 in 2016, but up from 19.5 in 2014 and 20.1 in 2012. Despite a 2.4% drop in hours worked from 2016 to 2018, physician productivity in terms of average number of patients seen decreased by only 1.9% in the same period. However, given that physicians see close to one billion patients a year in office-based settings, a 1.9% decline equates to close to two million fewer patients seen.

It should be noted that the types of physicians who are growing in number, including younger physicians, female physicians and employed physicians, see fewer patients than those types of physicians who are declining in number or who can be expected to leave the workforce, including older physicians, male physicians and practice owners (see chart below):

2018 Number of Patients Seen Per Day By Physician Type

	Number of Patients Seen per Day
45 or <	19.8
46 or >	20.4
Male	21.0
Female	18.7
Employed	20.1
Owner	22.8
PC	19.7
Specialists	20.5

The largest variance in physician type is between male and female physicians and between employed physicians and practice owners. Male physicians see 12.3% more patients on average than do female physicians, which is somewhat consistent with the fact that they work 2.8% more hours.

By contrast, employed physicians see 11.8% fewer patients than practice owners even though they work 3.4% more hours. It may be that employed settings require more paperwork or other duties that limit physician/patient time than do independent practice settings, or that independent practice owners may have more motivation to see a large number of patients than do employed doctors. Practice owners generally are compensated based on the volume of patients they see while employed doctors are less likely to have their compensation tied directly to patient volume.

Physicians 45 or younger see 3% fewer patients than physicians 46 or older, even though younger physicians work 9.7% more hours than do older ones. Younger physicians may be less efficient than older doctors and they are more likely to work in employed settings than are older physicians. Specialist physicians work 2.2% more hours than do primary care physicians and see 4.1% more patients. Specialist physicians are more likely to work in private practice settings than are primary care physicians and therefore may be motivated to work longer hours and see more patients.

As younger physicians, female physicians and employed physicians supplant older physicians, male physicians and practice owners, overall physician FTEs can be expected to decline.

MOST PHYSICIANS ARE OVEREXTENDED OR AT CAPACITY

Physicians were asked to describe the state of their practice in terms of their workload and ability to see additional patients. Four in five indicate they have no time or ability to increase the number of patients they see (see chart below):

Physicians Overextended/ At Capacity vs. Can See More Patients

	2018	2016	2014	2012
Overextended/ at capacity	79.5%	80.6%	80.1%	75.4%
Able to see more patients	20.5%	19.4%	18.9%	24.6%

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

2018 Overextended/at Full Capacity by Physician Type

	Overextended/at Full Capacity
45 or <	82.6%
46 or >	78.2%
Male	77.9%
Female	82.6%
Employed	83.2%
Owner	74.9%
PC	80.2%
Specialists	79.2%

Of note is the fact that practice owners are less likely to indicate they are at capacity or are overextended than are employed physicians, even

though practice owners see more patients than do employed physicians. This further speaks to the financial incentives and the “patient ownership” issues facing private practice owners.

More physicians 45 or younger (82.6%) indicate they are at capacity or are overextended than do physicians 46 or more (78.2%). More female physicians (82.6%) indicate they are at capacity or are overextended than do male physicians (77.9%), and more primary care physicians (80.2%) indicate they are at capacity or are overextended than do specialist physicians. As referenced above, younger physicians, female physicians and primary care physicians are more likely to be employed than are older physicians, male physicians and physician specialists.

THE EFFECT OF NPs AND PAs

Only about 20% of all physicians indicate they have the ability to see more patients, though the number is higher for independent practice owners (25%). Despite the fact that the number of advanced practice clinicians such as NPs and PAs joining the workforce has increased significantly in recent years, the *Survey of America’s Physicians* suggests they have not decreased the number of physicians indicating they are at capacity or are overextended. In 2012, 75.4% of physicians indicated they were at capacity or overextended, a number that expanded in the subsequent years and remains at about 80%. Without the growing contributions of NPs and PAs, it is possible that the number of physicians reporting they are unable to see more patients would have increased beyond 80%. To date, however, the great majority of doctors continue to report full practices even though they have been joined in the workforce by tens of thousands of NPs and PAs.

WHO IS SEEING MEDICARE AND MEDICAID PATIENTS?

More than 55 million patients are enrolled in Medicare today and approximately 74 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 reasonable access to a physician is an open question. Twenty-two percent of physicians responding to the 2018 survey now no longer see Medicare patients or limit the number they see, though this is down from 26.9% in 2016 and down from 24% in 2014. More than 31% do not see Medicaid patients or limit the number they see, down from 36% in 2016 and down from 38% in 2014.

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

2018 Do Not See/Limit Medicare Patients by Physician Type

	Do Not See/Limit Medicare Patients
45 or <	20.2%
46 or >	20.1%
Male	19.5%
Female	26.8%
Employed	16.8%
Owner	28.3%
PC	32.0%
Specialists	17.2%

As has been noted in past years, a significant number of primary care physicians in 2018 indicate they do not see Medicare patients or limit the number they see, suggesting that some Medicare patients may have difficulty finding the “gatekeeper” physicians they need to obtain entry into the healthcare system.

Practice owners are considerably more likely to limit the number of Medicare patients they see than are employed physicians. Because they do not receive a paycheck but are only paid after they meet expenses, practice owners often are induced to limit lower paying patients on whom they may lose money, including Medicare patients in some instances.

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

2018 Do Not See/Limit Medicaid Patients by Physician Type

	Do Not See/Limit Medicaid Patients
45 or <	21.6%
46 or >	36.0%
Male	33.1%
Female	28.8%
Employed	20.1%
Owner	52.7%
PC	35.6%
Specialists	29.7%

More than 35% of primary care physicians indicate they do not see Medicaid patients or limit the number they see, potentially inhibiting the access a growing number of Medicaid patients have to an office-based physician.

More than 52% of private practice owners do not see Medicaid patients or limit the number they see, for the same reasons they limit Medicare patients. Medicaid often pays physicians less than their cost of providing care and private practice owners generally can only afford to see a few such patients.

Because they are paid a salary, and often are paid on relative value units (RVUs), which do not take into consideration patient insurance type, employed physicians may not face the same financial constraints that cause practice owners to limit the number of Medicare and Medicaid patients they see.

HOW MANY PHYSICIANS ARE PAID ON “VALUE?”

In recent years there has been a concerted effort in the healthcare industry to move from volume-based payment models, which compensate physicians and hospitals based the number of services they provide and the number of patients they see, to value-based models which pay healthcare providers based on a variety of quality measures that include patient satisfaction, treatment outcomes, lower hospital readmission rates and others.

The movement has been stimulated by the government through legislation such as the Affordable Care Act (ACA) and through government payment models such as the Medicare Access and CHIP Reauthorization Act (MACRA), which revises how Medicare reimburses physicians, putting more weight on value-based metrics.

The intent of value-based payments is to reduce healthcare costs thought to derive from the fee-for-service payment system and to enhance the quality of care patients receive.

Because physicians determine so much of what happens in healthcare, their participation in quality-based compensation models is considered to be critical to the transformation of healthcare payments from volume to value.

However, the *2018 Survey of America’s Physicians* indicates that physician participation in value-based compensation models remains limited. Less than half of physicians surveyed (47.1%) indicate that any of their compensation is tied to value-based metrics such as patient satisfaction, readmission rates, or others. Though this number is up from 42.8% in 2016, it suggests that the movement from volume to value remains more aspirational than actual where physician compensation is concerned. More than 13% of physicians are not sure if they are paid on value.

Participation in value-based payment models varies by physician type (see chart below).

Payments Tied to Value by Physician Type

	Payments Tied to Value
45 or <	55.1%
46 or >	45.8%
Male	46.3%
Female	48.8%
Employed	54.6%
Owner	41.2%
PC	55.0%
Specialists	43.4%

The greatest variance in physician types is between employed physicians, 54.6% of whom indicate they are paid on value, and practice owners, 41.2% of whom indicate they are paid on value. Employment, particularly by large

healthcare systems and/or accountable care organizations (ACOs), is seen as the means for standardizing physician compensation and implementing value-based compensation models. Nevertheless, the survey shows that a substantial number of employed physicians (about 45%) are not paid on value or do not know if they are. A greater number of younger physicians, female physicians and primary care physicians indicate there are paid on value than do older physicians, male physicians and specialists. Members of the former group are more likely to be employed than members of the latter.

Those physicians who are paid on value were asked to indicate how much of their total compensation is tied to value-based payments. The average for physicians responding to this question is 14.2%. How much of a physician's income should be tied to value is an open question among healthcare facility administrators, group practice managers and others who track physician compensation trends. In Merritt Hawkins' experience, the threshold needed to influence physician behaviors (i.e., improve patient satisfaction, track quality measures, etc.) is 10%. The 2018 survey indicates that while the average for all physicians is 14.2%, for a substantial number (41.9%) it is 10% or less.

MOST PHYSICIANS NOT BUYING INTO VALUE-BASED PAYMENTS

Physicians were asked if they believe that value based payments are likely to improve quality of care and reduce costs. The majority of physicians (56.8%) either disagree or strongly disagree that this is the case, while only 18% either agree or strongly agree that it is.

Many physicians, including some the 2,472 who provided written comments to this survey, do not agree that physician value or quality can be accurately or fairly measured. High patient satisfaction scores, for example, may merely reflect that a physician is compliant to the wishes of his or her patients, while not necessarily acting in their best interests. Favorable treatment outcomes may be easier to achieve with healthy patients and harder to achieve with sicker patients, discouraging physicians from seeing more problematic patients.

In addition, value-based payments may reduce quality of care by reducing access to care. Physicians paid entirely on quality may elect to see a limited number of patients, both because they are not paid to see a high volume of patients and because they can better achieve quality outcomes by focusing on just a few.

As a result, physician compensation models are in continuous flux, as employers seek compensation structures that will reward physicians adequately for achieving quality measures while also keeping them productive and seeing patients. The ideal physician compensation formula has proven elusive, and some healthcare systems, most prominently Geisinger Health System, have abandoned value-based models of compensation altogether and are paying physicians straight salaries.

Views on the efficacy of value-based compensation vary by physician type (see chart on page 46).

Do Not Agree Value-Based Payments Will Improve Quality and Reduce Costs by Physician Type

	Do Not Agree on Value-Based Payment
45 or <	50.4%
46 or >	59.7%
Male	56.4%
Female	57.5%
Employed	52.6%
Owner	66.6%
PC	52.6%
Specialists	68.8%

The variances above follow the pattern noted previously, with physicians who are more likely to be employed (younger, female, primary care) expressing less negativity about value-based payments than those likely to be in private practice (older, male, specialist). However, the majority of all physician types indicate they do not believe value-based payments are likely to achieve their intended purpose of lowering costs and enhancing quality.

PHYSICIANS EMBRACING TELEMEDICINE

The 2018 survey asked physicians to indicate if they now practice some form of telemedicine. 2018 is the first year this question was asked.

The American Telemedicine Association (ATA) defines telemedicine/telehealth as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.” The means of delivery for this health information varies based on the technology used, but ultimately includes one key component - the separation of physicians and patients via distance.

The evolution of telehealth consequently follows closely the advent and rapid advancement of electronic communication and now can be accomplished by standard telephone, mobile devices, television and computer screens.

Medicare, Medicaid and private insurers reimburse physicians for telemedicine services based on a variety of parameters that are expected to expand.

More than 18% of physicians responding to the survey indicate they now practice some form telemedicine. Participation in telemedicine varies by physician type (see chart below):

Participation In Telemedicine by Physician Type

	Participation in Telemedicine
45 or <	21.1%
46 or >	17.2%
Male	18.2%
Female	19.0%
Employed	20.0%
Owner	15.5%
PC	16.7%
Specialists	19.3%

Physicians 45 or younger indicate they are practicing some form of this emerging delivery model at a higher rate than are physicians 46 or older, an unsurprising instance of younger people embracing communications technology more fully than older people.

Of those physicians who do practice telemedicine, about three quarters (73.8%) indicate that telemedicine patient encounters make up 10% or fewer of their overall encounters, while 5.6% of physicians indicate telemedicine encounters

make up 41% or more of their total encounters. The average for all physicians practicing some form of telemedicine is 10.4%.

HOW MANY PHYSICIANS ARE PRACTICING CONCIERGE/DIRECT PAY MEDICINE?

Physicians were asked to describe their practice status relative to the concierge and/or direct pay model of medicine. This is a practice model that can take various forms but typically involves direct contracting with patients for medical services, excluding third party payers or in conjunction with third party payers.

A relatively small number of physicians (6.6%) indicate that they now practice some form of concierge/direct pay medicine, the same number as in 2016, though down from 7.2% in 2014. More than 12% of physicians indicate they plan to transition to this model fully or in part, while the remaining 81.1% have are not practicing concierge/direct pay and have no plans to transition to this model.

The number of physicians currently practicing some form of concierge/direct pay medicine varies by type (see chart below):

Now Practicing Some Form of Concierge/ Direct Pay Medicine by Physician Type

	Practicing Concierge/Direct Pay
45 or <	4.7%
46 or >	7.5%
Male	6.8%
Female	6.4%
Employed	3.0%
Owner	14.1%
PC	5.9%
Specialists	7.0%

Concierge/direct pay clearly appeals most to private practice owners, 14.1% of whom indicate they are practicing some form of this model. By reducing or eliminating third party payers, private practice owners can limit overhead in their practices, no longer requiring large staffs to process third party payments. They also can regain clinical autonomy while spending more time per patient. Concierge/ direct pay represents a path by which practice owners can remain independent and enjoy the rewards of the physician/patient relationship. As referenced earlier in this report, however, physicians who transition fully to the concierge/ direct pay model typically reduce their patient basis significantly, thereby reducing net physician FTEs.

FEWER PHYSICIANS PRESCRIBING PAIN MEDICATIONS

In 2001, the Joint Commission introduced its Pain Management Standards, which promoted the idea that pain is the fifth vital sign, along with temperature, blood pressure, heart rate and respiratory rate. Physicians were widely enjoined to take more consideration of pain and to manage it more aggressively. Various pharmaceutical companies concurrently accelerated their efforts to market pain management drugs to physicians. Combined with a confluence of various sociological and economic challenges in many regions of the country, the result is an opioid crisis that is taking tens of thousands of lives each year.

A new question was added to the 2018 *Survey of America's Physicians* asking doctors if they have changed their approach to prescribing pain medication as a result of the opioid crisis. The majority (69.1%) indicate they now prescribe fewer pain medications, while 30.9% indicate they prescribe the same number of pain medications.

Responses vary by physician type (see chart below):

Prescribing Fewer Pain Medications by Physician Type

	Prescribing Fewer Pain Medications
45 or <	74.3%
46 or >	66.8%
Male	68.1%
Female	71.4%
Employed	72.2%
Owner	63.5%
PC	77.4%
Specialists	64.5%

The majority of all physician types report they now prescribe fewer pain medications, including 77.4% of primary care physicians. Primary care physicians, who diagnosis patients and help manage their care, may be adopting ways to help patients short of prescribing pain medicine. Specialists may be more likely to treat patients in the aftermath of a procedure that requires pain medicine than are primary care doctors, and therefore may be less likely to alter their prescribing patterns.

THE PREVALENCE OF SOCIALLY-BASED HEALTH DETERMINANTS

In recent years, hospitals, physicians and healthcare policy makers have placed a growing emphasis on the social determinants of health as a cause for increased costs and poor outcomes. These include factors such as poverty and its attendant unemployment, low levels of education, poor diet and drug addiction, all of which influence patient choices and behaviors, often compromising the health of entire population groups. The population health management model is defined as the health outcomes of a group of individuals,

including the distribution of such outcomes within the group. In this model, healthcare providers go beyond the maladies presented by particular patients to address their underlying causes. It is an emerging strategy being used to integrate the social determinants of health into the traditional, individual approach to patient care. It is an approach that aims to improve the health of an entire human population.

A new question was added to the 2018 *Survey of America's Physicians* asking doctors to indicate how many of their patients are affected by a social situation such as poverty, unemployment, lack of education or drug addiction that poses a serious impediment to their health.

The great majority of physicians (87.9%) indicate that some, many or all of their patients are affected by a social condition that presents a serious impediment to their health. The majority (56.43%) indicate that all or many of their patients are affected by such a condition. Only 1.06% of physicians indicate that none of their patients are affected by a social condition causing a serious detriment to their health. It is sobering to consider the extent to which physicians indicate that poverty, lack of education and other social disorders are affecting their patients. As referenced above, low levels of physician morale and high burnout are attached to feelings of powerlessness and lack of control, which may result when physicians are unable to materially help patients due to their life circumstances.

These findings support the assertion that much of the poor health in the United States and the relatively high cost of healthcare here compared to other countries is derived not from inefficiency or waste in the healthcare system but from social factors, poverty in particular. This assertion was compellingly articulated by the late Richard "Buz"

Cooper, M.D., of the University of Pennsylvania in his book *Poverty and the Myths of Healthcare Reform* (Disclosure: funding for Dr. Cooper’s research was provided by The Physicians Foundation).

Responses to this question vary by physician type (see chart below):

Patients Affected by a Social Situation Posing a Serious Health Impediment by Physician Type

	Some/many/all	None/few
45 or <	92.9%	7.1%
46 or >	85.6%	14.4%
Male	86.8%	13.2%
Female	89.9%	10.1%
Employed	91.6%	8.4%
Owner	78.9%	21.1%
PC	88.3%	11.7%
Specialists	87.8%	12.2%

Notable is that a considerably larger number of employed physicians (91.6%) report that some, many or all of their patients are affected by a social situation such as poverty that poses a serious health risk than do practice owners (78.9%). As referenced above, practice owners, like other business owners, pay themselves after paying expenses and often cannot sustain a practice seeing too many patients who are unable to pay or whose insurance pays them below their costs. Employed physicians, who typically receive a paycheck regardless of patient type, may be better able to see patients who are poor or low-paying than are practice owners. Nevertheless, almost 80% of practice owners indicate some, many or all of their patients are affected by a social situation posing a serious impediment to their health while only 21.1% indicate that few or none are.

NON-ADHERENCE TO TREATMENT PLANS

A new question was added to the 2018 *Survey of America’s Physicians* asking doctors to indicate what percent of their patients do not consistently adhere to their treatment plans. The average for all physicians is 30.9%.

In some cases, patients may be unable to adhere to treatment plans, which may include diet improvements, exercise and other lifestyle choices, due to their social circumstances, including poverty and others referenced above. Some patients simply choose not to follow their physician’s advice. This can be a particular source of frustration for physicians who are paid on value, as it is difficult to achieve positive outcomes when patients cannot or will not follow their doctor’s recommendations.

Answers to this question vary by physician type (see chart below):

Patients Who Do Not Adhere to Treatment Plan by Physician Type

	Patients Who Do Not Adhere to Treatment Plan
45 or <	32.3%
46 or >	29.9%
Male	30.6%
Female	31.5%
Employed	31.3%
Owner	28.8%
PC	31.4%
Specialists	30.6%

Physicians 45 and under indicate a higher rate of patient non-compliance than do those 46 and over, which may be a result of patients giving more credence to older physicians than to their

younger counterparts. In general, however, there is relatively little variation among various types of physicians regarding patient non-adherence to treatment plans.

PART V: IN THEIR OWN WORDS

SELECTIONS FROM 2,472 WRITTEN COMMENTS

Responses to the *2018 Survey of America's Physicians* reveal the varying attitudes physicians have toward their profession and provide insight into their practice plans and practice patterns.

The 2018 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 today and how America's healthcare system can be improved, 2,472 physicians provided written answers, which ran to 52,662 words, as long as a short novel, reflecting the desire of physicians to express themselves on this topic and have their voices heard.

The thousands of written comments included in the *2018 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.**

Following is a selection of written comments reflecting the wide range of views physicians express about medicine and the state of healthcare in America today.

"Stop passing regulations in the name of 'quality.' The idea of quality and what it represents has to be scrutinized and narrowed. Every good idea cannot become a metric of 'quality.'"

"There are no primary care physicians in my community that will even see Medicare or Medicaid patients. They simply can't afford the loss as it costs more to see them than these insurances cover."

"Stop shifting clerical duties to physicians. Who came up with the idea that data entry clerical skills and clinical medicine skills strongly correlate or collocate?"

"Meaningful use and other metrics are not meaningful and are destroying the medical profession. The idea that they are improving patient care is a bureaucratic fantasy."

"I do more paper care than patient care."

"I'm still paying off loans and over-extended financially. No end in sight. I work to pay the bills. Feeling sad to be burning out after only 11 years in practice."

"Physicians are the cornerstone of our healthcare system, and yet they have less power to influence that system than many other players such as hospitals and insurance companies."

"The promulgation of regulations and often conflicting rules have made medicine difficult to practice and often dangerous. More time is spent trying to comply with rules and documentation than is spent at the bedside or thinking about how to take care of medical problems or reading and learning."

“Medicine has been tabulated into a computer program by bureaucracies and no one is THINKING! Thinking is apparently dangerous so the safest thing is a check box algorithm. The world of medicine has gone absolutely mad...”

“The years of continual assault on and the dumbing down of the practice of medicine have had devastating results which we as a society are now paying the price through poor access to quality affordable care.”

“Time to simplify—consider single payer with a private option.”

“I’ve told my partners, if I could only see patients, and not have to worry about all the outside BS, I’d practice until I was 70. Now, I’ll probably quit at 55.”

“Stop demanding more and paying less for the same amount of work. You are driving all the smart people out of the profession and 50 years from now a bunch of C+ students will be the physicians of the future.”

“Employing physicians breaks the fundamental physician/patient relationship when you are given a patient because of who you work for, not how good you are!”

“We are no longer in the business of healthcare delivery. We are in the business of “measures” delivery. We are judged by numerics and so that’s what we now strive to deliver, in the most defensive way possible.”

“Wake up! The system is failing, more extreme in poverty areas but all Americans will ultimately be affected.”

“I recommend even stronger regulations and restrictions on prescription opioids. It is decimating not only the patient’s lives but those affected by a family member who is addicted. I reduced my prescribing significantly well before the rules tightened because I could see this impact on patients.”

“When I look at the amount of paperwork and middle people involved with my scheduling and seeing a sick child promptly I am amazed that anyone can get to a doctor, regardless of insurance type.”

“I find the most frustrating aspect of practicing medicine today the fact that everyone seems to be more than happy to give themselves AUTHORITY, but no one wants the burden of RESPONSIBILITY. Everyone from politicians, to insurance companies to pharmacists seem totally comfortable believing that they are qualified to say a treatment, test or procedure a physician orders is “medically unnecessary”. However, every time I ask one of these people what I should do instead, the response is, “Well, you’re the physician.”

“Many of the administrative hurdles that are meant to measure care and improve it, actually reduce time with patients and measure data that have not been clinically shown to improve care (and in some cases worsen care). Many of my senior partners retired in their 70s, but I don’t see myself working past 60 with the current state of medicine.”

“If a specialist believes that a therapeutic approach to managing a patient is the correct one, it is ridiculous that an uneducated person unable even to pronounce the disease state or medication prescribed is refusing to allow a medication to be prescribed.”

"Future progress in medicine is dependent on physicians having the independence to explore, investigate, experiment and innovate. Policy and regulation cannot mandate this, nor will it achieve this. Excellence must come from within the profession; knowledge and skills acquired must be passed from generation to generation."

"I am no longer a professional, I am an employee and treated with less respect and consideration than previously."

"Retiring completely in one month. Mostly because of burnout. I find it stressful to adequately treat my patients and keep up with all insurance red tape and government regulations."

"The absurd focus on patient satisfaction is a detriment to quality of care - yes, while the patient may want or desire a certain answer/ treatment/course of action that may not be the best option for them. They won't be happy about it, but it is the best option. My cancer patients don't like getting the news that they are dying, and their parents more so, and they sometimes transfer their anger to me and have low patient satisfaction - that doesn't change my message."

"Many of my peers in medicine have stopped or limited their practices. Why? The human connection, essential to care and healing, has become more and more limited."

"We should have a 2-tiered system; private insurance available for purchase and cover everyone else with a national health service paid for by a national sales tax that goes up or down based on utilization."

"Hospital employment of physicians is not the cure all. Just like any free market of business, a physician who has more autonomy will be more productive."

"I could not in good conscience recommend medicine to a young person. It isn't a profession anymore, it's a business enterprise. If I had wanted to be a businessman, I'd have taken a less demanding path."

"As a physician in her late 40's, I have unfortunately seen the practice of medicine evolve from caring for the patient to caring for the administrator. The focus is on ticking off boxes rather than improving the health of the individual or community."

"At least half the patients I see would not need to see me if they were not overweight."

VI. CONCLUSION:

The *2018 Survey of America's Physicians: Practice Patterns and Perspectives* reveals a physician workforce that continues to evolve.

The majority of physicians today identify as employees of hospitals or medical groups rather than private practice owners.

On average, they are working fewer hours and seeing fewer patients.

They spend about one-quarter of their time on non-clinical paperwork.

Some are embracing emerging practice models such as telemedicine and concierge/direct pay.

Despite the move away from fee-for-service medicine, most physicians are not paid on value.

Most report that all or many of their patients face a social condition that presents a serious impediment to their health.

The majority report poor morale and almost all report some feelings of burnout.

Many plan to make a change in the next one to three years, such as retire or seek a non-clinical job, which will reduce the number of overall physician FTEs.

Since 2012 and every two years thereafter, The Survey of America's Physicians has indicated that physicians are altering their practice patterns in ways likely to inhibit patient access to their services, due in part to their dissatisfaction with the prevailing medical practice environment. These findings are being borne out by an escalating physician shortage and lengthening physician appointment wait times.

As the patient population continues to grow and to age, and as societal problems such as poverty and drug abuse pose mounting healthcare challenges, it is vital that physicians remain engaged and committed to the practice of medicine. Physician satisfaction and physician practice patterns are matters of public health and should be considered as a part of any comprehensive policy to ensure patient access to timely, quality care.

PART VII: ADDENDUM:
SURVEY RESPONSE COMPARISONS
BY PHYSICIAN TYPE

The electronic version of the *2018 Survey of America's Physicians* includes 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 (see following charts).

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

1. What is your current professional status?

	45 or <	46 or >	All Respondents
Practice owner/ partner/associate	17.7%	37.6%	31.4%
Employed by a hospital	31.7%	13.4%	19.1%
Employed by a hospital-owned medical group	21.5%	15.5%	17.4%
Employed by a physician-owned medical group	14.8%	11.5%	12.6%
Other	14.3%	22.0%	19.6%

2. What is your gender?

	45 or <	46 or >	All Respondents
Male	54.9%	71.2%	66.1%
Female	45.1%	28.8%	33.9%

3. Are you a member of your:

	45 or <	46 or >	All Respondents
County medical society	26.3%	47.2%	40.6%
State medical society	57.9%	65.5%	63.2%
National specialty society	79.1%	79.6%	79.4%
American Medical Association	31.4%	23.9%	26.3%
America Osteopathic Association	8.6%	5.7%	6.6%

4. 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	9.2%	5.9%	7.1%
Somewhat positive	48.2%	33.1%	37.7%
Somewhat negative	33.6%	39.1%	37.4%
Very negative	9.0%	21.9%	17.9%

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

	45 or <	46 or >	All Respondents
Very positive/ optimistic	8.8%	5.1%	6.2%
Somewhat positive/ optimistic	40.8%	28.4%	32.2%
Somewhat negative/ pessimistic	39.1%	43.8%	42.4%
Very negative/ pessimistic	11.3%	22.7%	19.2%

6. 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	70.9%	73.4%	72.6%
No, the negatives outweigh the positives	29.1%	26.6%	27.4%

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

	45 or <	46 or >	All Respondents
Yes	51.8%	51.1%	51.3%
No	48.2%	48.9%	48.7%

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

	45 or <	46 or >	All Respondents
Patient relationships	72.3%	81.5%	78.7%
Intellectual stimulation	54.5%	55.4%	55.1%
Social and community impact/contributions	23.5%	19.9%	21.0%
Income/compensation	22.6%	17.2%	18.9%
Professional relationships with colleagues	13.7%	14.6%	14.3%
Professional stature of medicine	11.8%	9.0%	9.8%

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

	45 or <	46 or >	All Respondents
Loss of clinical autonomy	30.8%	39.8%	37.0%
Professional liability/malpractice	41.4%	25.2%	30.2%
Regulatory/insurance requirements	68.3%	67.5%	37.7%
Amount of time with patients	16.9%	10.3%	12.4%
EHR design/interoperability	27.9%	44.3%	39.2%
Income/compensation	13.3%	11.6%	12.1%

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

	45 or <	46 or >	All Respondents
No such feelings	5.0%	6.0%	5.7%
Rarely have these feelings	16.2%	16.8%	16.6%
Sometimes have these feelings	37.7%	37.7%	37.7%
Often have these feelings	31.5%	30.7%	31.0%
Always have these feelings (significant burnout)	9.6%	8.8%	9.1%

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

	45 or <	46 or >	All Respondents
Very little	23.2%	35.9%	32.0%
Little	31.4%	30.1%	30.5%
Somewhat	33.3%	24.0%	27.0%
A good deal	9.6%	7.5%	8.1%
A great deal	2.5%	2.5%	2.5%

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	69.3%	47.5%	54.2%
Cut back on hours	17.6%	24.5%	22.3%
Retire	1.1%	24.6%	17.4%
Transition to a concierge and/or direct patient care practice	5.9%	3.9%	4.5%
Work locum tenens	9.9%	7.8%	8.4%
Find a non-clinical job or position	13.8%	11.7%	12.4%
Become employed by a hospital	8.4%	2.5%	4.3%
Work part-time (20 hours a week or less)	6.4%	9.5%	8.5%
Sell my practice to a hospital, health system, corporate entity	1.3%	2.7%	2.2%
Merge with another physician group(s)	4.1%	2.2%	2.8%

13. To what extent do you agree or disagree with the following statement? Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

	45 or <	46 or >	All Respondents
Strongly agree	4.4%	2.1%	2.7%
Agree	15.4%	8.7%	10.6%
Neither agree nor disagree	37.5%	24.8%	29.2%
Disagree	24.9%	31.9%	29.6%
Strongly disagree	17.8%	32.5%	27.9%

14. 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	.9%	6.7%	4.9%
21-30	2.9%	5.9%	5.0%
31-40	10.9%	12.0%	11.6%
41-50	25.4%	23.5%	24.1%
51-60	26.3%	26.0%	26.1%
61-70	18.3%	14.6%	15.7%
71-80	9.6%	7.0%	7.8%
81 or >	5.7%	4.3%	4.7%
Average	54.73	49.89	51.40

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

	45 or <	46 or >	All Respondents
0-5	22.8%	25.9%	25.0%
6-10	27.6%	29.1%	28.6%
11-15	19.9%	18.3%	18.8%
16-20	13.8%	11.7%	12.3%
21-25	6.9%	5.7%	6.1%
26 or more	9.0%	9.3%	9.2%
Average	11.77	11.19	11.37

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

	45 or <	46 or >	All Respondents
0-10	14.9%	19.5%	18.1%
11-20	46.7%	37.0%	40.0%
21-30	26.5%	28.2%	27.7%
31-40	7.3%	9.2%	8.6%
41-50	1.9%	2.8%	2.6%
51-60	1.0%	1.4%	1.3%
61 or more	1.7%	1.9%	1.8%
Average	19.8	20.4	20.2

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

	45 or <	46 or >	All Respondents
I am overextended and overworked	25.7%	23.1%	23.9%
I am at full capacity	56.9%	55.1%	55.6%
I have time to see more patients and assume more duties	17.4%	21.8%	20.5%

18. 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	79.8%	77.9%	77.2%	64.1%	78.0%	68.4%
Limit number of these patients	7.4%	12.8%	8.0%	16.4%	7.8%	15.3%
Do not see these patients	12.8%	9.3%	14.8%	19.6%	14.2%	16.3%

19. How has EHR affected your practice?

	45 or <			46 or >			All Respondents		
	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from
Quality of care	41.9%	35.6%	22.6%	22.6%	35.6%	41.8%	28.6%	35.6%	35.8%
Efficiency	37.0%	22.4%	40.6%	19.3%	17.3%	62.9%	25.2%	18.9%	56.0%
Patient interaction	12.6%	29.1%	58.3%	5.8%	25.2%	69.1%	7.9%	26.4%	65.7%
Cost of care	17.3%	55.7%	27.0%	6.5%	43.4%	50.1%	9.9%	47.3%	42.8%

20. Is any of your compensation tied to “value-based metrics” such as patient satisfaction, EHR use, cost control, readmission rates, etc.?

	45 or <	46 or >	All Respondents
Yes	51.1%	45.8%	47.1%
No	34.9%	41.5%	39.5%
Unsure	14.0%	12.7%	13.4%

21. What percent of your TOTAL compensation is tied to “value-based” metrics?

	45 or <	46 or >	All Respondents
0-10	39.3%	43.2%	41.9%
11-20	20.1%	23.5%	22.4%
21-30	8.3%	8.4%	8.4%
31-40	1.8%	2.9%	2.5%
41-50	1.2%	2.0%	1.8%
51 or more	2.3%	5.2%	4.2%
Unsure	27.0%	14.8%	18.8%
Average	26.0	21.6	23.0

22. To what extent do you agree or disagree with the following statement? Value-based compensation is likely to improve quality of care and reduce costs.

	45 or <	46 or >	All Respondents
Strongly agree	3.8%	2.5%	2.9%
Agree	19.6%	13.1%	15.1%
Neither agree nor disagree	26.2%	24.7%	25.2%
Disagree	31.0%	34.1%	33.1%
Strongly disagree	19.4%	25.6%	23.7%

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

	45 or <	46 or >	All Respondents
Strongly agree	2.3%	1.7%	1.9%
Agree	15.1%	10.3%	11.8%
Neither agree nor disagree	20.3%	17.0%	18.0%
Disagree	32.4%	32.7%	32.6%
Strongly disagree	29.9%	38.3%	35.7%

24. Which best describes your status relative to concierge and/or direct pay medicine?

	45 or <	46 or >	All Respondents
I now practice some form of concierge and/or direct pay medicine	4.7%	7.5%	6.6%
I am planning to transition fully to this model	3.7%	1.8%	2.4%
I am planning to transition in part to this model	12.4%	8.8%	9.9%
I have no plans to transition to this model	79.2%	82.0%	81.1%

25. How many of your patients are affected by a social situation (poverty, unemployment, lack of education, drug addiction, etc.) that poses a serious impediment to their health?

	45 or <	46 or >	All Respondents
All	6.4%	4.0%	4.73%
Many	58.3%	48.7%	51.7%
Some	28.2%	32.9%	31.4%
Few	6.6%	14.4%	11.1%
None	.5%	1.3%	1.1%

26. 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	2.0%	2.9%	2.6%
Little	11.4%	7.6%	8.8%
Somewhat	34.2%	23.2%	26.6%
A good deal	32.7%	33.2%	33.0%
A great degree	19.7%	33.1%	29.0%

27. Do you now practice some form of telemedicine?

	45 or <	46 or >	All Respondents
Yes	21.1%	17.2%	18.5%
No	78.9%	82.8%	81.5%

28. If yes, what percent of your patient encounters occur through telemedicine?

	45 or <	46 or >	All Respondents
0 – 10%	71.5%	75.0%	73.8%
11-25%	17.4%	15.2%	15.9%
26-40%	7.0%	3.5%	4.8%
41-60%	0.7%	1.6%	1.3%
61% or more	3.4%	4.7%	4.3%
Average	10.3	10.4	10.4

29. What do you think is the best direction for the U.S. healthcare system?

	45 or <	46 or >	All Respondents
Maintain the current system	6.2%	3.8%	4.5%
Move to single payer insurance	29.3%	24.8%	26.2%
Move to a two-tiered system (single payer and private insurance)	38.9%	33.9%	35.5%
Move to a market-driven system featuring a Health Savings Account and catastrophic policies	19.8%	30.5%	27.2%
Other	5.8%	7.0%	6.6%

30. Has your approach to prescribing pain medication in your practice changed as a result of the opioid crisis?

	45 or <	46 or >	All Respondents
I now prescribe fewer pain medications	74.3%	66.8%	69.1%
I prescribe the same number of pain medications	25.6%	33.2%	30.9%

31. Approximately what percent of your patients DO NOT consistently adhere to your treatment plans?

	45 or <	46 or >	All Respondents
0-10%	9.7%	14.0%	12.7%
11-20%	19.5%	22.1%	21.3%
21-30%	24.6%	24.1%	24.3%
31-40%	15.9%	14.7%	15.1%
41-50%	10.0%	9.9%	9.9%
51-60%	9.2%	6.2%	7.1%
61-70%	5.2%	4.5%	4.7%
71-80%	4.2%	2.9%	3.3%
81-90%	1.6%	1.0%	1.2%
91-100%	0.2%	.5%	0.4%
Average	33.2%	29.9%	30.9%

32. On the whole, how would you describe the current state of relations between physicians and hospitals, many of which now employ physicians?

	45 or <	46 or >	All Respondents
Mostly positive and cooperative	6.7%	5.9%	6.1%
Somewhat positive and cooperative	32.6%	22.5%	25.6%
Neither positive nor negative	23.6%	21.0%	21.8%
Somewhat negative and adversarial	30.0%	36.4%	34.4%
Mostly negative and adversarial	7.1%	14.2%	12.0%

B. RESPONSES BY EMPLOYED PHYSICIANS VS. PRACTICE OWNERS

1. What is Your Current Professional Status?

	Employed	Owner	All Respondents
Practice owner/partner/associate	0%	100%	31.4%
Employed by a hospital	39.0%	0%	19.1%
Employed by a hospital-owned medical group	35.4%	0%	17.4%
Employed by a physician-owned medical group	25.6%	0%	12.6%
Other	0%	0%	19.6%

2. What is your gender?

	Employed	Owner	All Respondents
Male	62.4%	74.7%	66.1%
Female	37.6%	25.3%	33.9%

3. Are you a member of your:

	Employed	Owner	All Respondents
County medical society	31.6%	57.0%	40.6%
State medical society	57.5%	74.2%	63.2%
National specialty society	79.9%	79.3%	79.4%
American Medical Association	28.2%	23.0%	26.3%
American Osteopathic Association	6.9%	5.5%	6.6%

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

	Employed	Owner	All Respondents
Very positive	8.3%	5.0%	7.1%
Somewhat positive	43.2%	31.7%	37.7%
Somewhat negative	36.1%	38.9%	37.4%
Very negative	13.3%	24.4%	17.9%

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

	Employed	Owner	All Respondents
Very positive/optimistic	7.1%	4.23%	6.2%
Somewhat positive/optimistic	36.0%	26.0%	32.2%
Somewhat negative/pessimistic	42.0%	43.3%	42.4%
Very negative/pessimistic	14.9%	26.5%	19.2%

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

	Employed	Owner	All Respondents
Yes, medicine is still rewarding	73.4%	70.2%	72.6%
No, the negatives outweigh the positives	26.6%	29.8%	27.4%

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

	Employed	Owner	All Respondents
Yes	53.4%	54.9%	51.3%
No	46.6%	45.1%	48.7%

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

	Employed	Owner	All Respondents
Patient relationships	75.9%	83.4%	78.7%
Intellectual stimulation	55.5%	54.5%	55.1%
Social and community impact/contributions	20.6%	20.4%	21.0%
Income/compensation	20.5%	16.8%	18.9%
Professional relationships with colleagues	14.9%	12.9%	14.3%
Professional stature of medicine	10.4%	9.5%	9.8%

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

	Employed	Owner	All Respondents
Loss of clinical autonomy	36.5%	36.8%	37.0%
Professional liability/malpractice	33.1%	27.4%	30.2%
Regulatory/insurance requirements	65.3%	74.0%	37.7%
Amount of time with patients	14.6%	6.2%	12.4%
EHR design/interoperability	38.0%	39.2%	39.2%
Income/compensation	11.2%	15.1%	12.1%

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

	Employed	Owner	All Respondents
No such feelings	4.2%	6.5%	5.7%
Rarely have these feelings	15.7%	17.0%	16.6%
Sometimes have these feelings	39.2%	37.0%	37.7%
Often have these feelings	31.9%	30.1%	31.0%
Always have these feelings (significant burnout)	9.0%	9.4%	9.1%

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

	Employed	Owner	All Respondents
Very little	28.6%	38.0%	32.0%
Little	31.4%	30.8%	30.5%
Somewhat	29.1%	22.9%	27.0%
A good deal	8.9%	5.6%	8.1%
A great deal	2.0%	2.7%	2.5%

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

	Employed	Owner	All Respondents
Continue as I am	58.2%	53.0%	54.2%
Cut back on hours	22.1%	24.2%	22.3%
Retire	12.8%	19.4%	17.4%
Transition to a concierge and/or direct patient care practice	4.1%	5.1%	4.5%
Work locum tenens	9.4%	5.0%	8.4%
Find a non-clinical job or position	13.0%	9.9%	12.4%
Become employed by a hospital	4.5%	4.1%	4.3%
Work part-time (20 hours a week or less)	8.1%	7.9%	8.5%
Sell my practice to a hospital, health system, corporate entity	0.4%	6.3%	2.2%
Merge with another physician group(s)	2.2%	4.2%	2.8%

13. To what extent do you agree or disagree with the following statement? Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

	Employed	Owner	All Respondents
Strongly agree	3.7%	1.0%	2.7%
Agree	15.6%	3.6%	10.6%
Neither agree nor disagree	36.1%	15.6%	29.2%
Disagree	26.9%	32.0%	29.6%
Strongly disagree	17.7%	47.8%	27.9%

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

	Employed	Owner	All Respondents
0-20	2.2%	3.3%	4.9%
21-30	4.1%	5.3%	5.0%
31-40	10.7%	12.2%	11.6%
41-50	25.2%	23.4%	24.1%
51-60	27.0%	27.6%	26.1%
61-70	17.1%	15.7%	15.7%
71-80	8.4%	8.0%	7.8%
81 or >	5.3%	4.5%	4.7%
Average	53.37	51.96	51.40

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

	Employed	Owner	All Respondents
0-5	23.2%	25.1%	25.0%
6-10	28.4%	31.9%	28.6%
11-15	19.7%	19.1%	18.8%
16-20	13.3%	11.7%	12.3%
21-25	6.5%	5.2%	6.1%
26 or more	8.8%	7.0%	9.2%
Average	11.61	10.78	11.37

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

	Employed	Owner	All Respondents
0-10	13.6%	15.9%	18.1%
11-20	45.9%	31.3%	40.0%
21-30	28.3%	31.3%	27.7%
31-40	7.5%	12.5%	8.6%
41-50	2.2%	3.9%	2.6%
51-60	1.1%	2.2%	1.3%
61 or more	1.4%	2.9%	1.8%
Average	20.1	22.8	20.2

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

	Employed	Owner	All Respondents
I am overextended and overworked	26.2%	21.0%	23.9%
I am at full capacity	57.0%	53.9%	55.6%
I have time to see more patients and assume more duties	16.8%	25.1%	20.5%

18. What is your current position regarding Medicare and Medicaid patient?

	Employed		Owner		All Respondents	
	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid
See all of these patients	83.2%	79.9%	71.7%	47.3%	78.0%	68.4%
Limit number of these patients	6.1%	12.5%	12.1%	24.4%	7.8%	15.3%
Do not see these patients	10.7%	7.6%	16.2%	28.3%	14.2%	16.3%

19. How has EHR affected your practice?

	Employed			Owner			All Respondents		
	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from
Quality of care	34.2%	34.7%	31.1%	19.6%	36.8%	43.6%	28.6%	35.6%	35.8%
Efficiency	29.6%	18.1%	52.3%	19.7%	20.5%	59.8%	25.2%	18.9%	56.0%
Patient interaction	9.2%	25.7%	65.1%	5.9%	27.7%	66.4%	7.9%	26.4%	65.7%
Cost of care	12.2%	52.6%	35.2%	6.4%	36.2%	57.4%	9.9%	47.3%	42.8%

20. Is any of your compensation tied to “value-based metrics” such as patient satisfaction, EHR use, cost control, readmission rates, etc.?

	Employed	Owner	All Respondents
Yes	54.6%	41.2%	47.1%
No	31.6%	47.3%	39.5%
Unsure	13.8%	11.5%	13.4%

21. What percent of your TOTAL compensation is tied to “value-based” metrics?

	Employed	Owner	All Respondents
0-10	40.4%	46.8%	41.9%
11-20	25.0%	18.8%	22.4%
21-30	8.2%	9.6%	8.4%
31-40	2.3%	3.2%	2.5%
41-50	1.7%	1.8%	1.8%
51 or more	3.7%	3.8%	4.2%
Unsure	18.7%	16.0%	18.8%
Average	14.1%	13.8%	14.2%

22. To what extent do you agree or disagree with the following statement? Value-based compensation is likely to improve quality of care and reduce costs.

	Employed	Owner	All Respondents
Strongly agree	3.3%	2.4%	2.9%
Agree	17.1%	10.3%	15.1%
Neither agree nor disagree	27.1%	20.7%	25.2%
Disagree	32.4%	34.5%	33.1%
Strongly disagree	20.1%	32.1%	23.7%

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

	Employed	Owner	All Respondents
Strongly agree	1.9%	1.6%	1.9%
Agree	13.5%	9.2%	11.8%
Neither agree nor disagree	18.5%	16.4%	18.0%
Disagree	33.6%	30.4%	32.6%
Strongly disagree	32.5%	42.4%	35.7%

24. Which best describes your status relative to concierge and/or direct pay medicine?

	Employed	Owner	All Respondents
I now practice some form of concierge and/or direct pay medicine	3.0%	14.1%	6.6%
I am planning to transition fully to this model	2.6%	1.8%	2.4%
I am planning to transition in part to this model	9.6%	11.4%	9.9%
I have no plans to transition to this model	84.8%	72.7%	81.1%

25. How many of your patients are affected by a social situation (poverty, unemployment, lack of education, drug addiction, etc.) that poses a serious impediment to their health?

	Employed	Owner	All Respondents
All	4.7%	2.1%	4.7%
Many	57.5%	38.3%	51.7%
Some	29.4%	38.5%	31.4%
Few	7.9%	19.1%	11.1%
None	0.5%	2.0%	1.1%

26. 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%	1.9%	2.6%
Little	9.2%	8.5%	8.8%
Somewhat	29.8%	21.9%	26.6%
A good deal	34.0%	32.1%	33.0%
A great degree	25.0%	35.6%	29.0%

27. Do you now practice some form of telemedicine?

	Employed	Owner	All Respondents
Yes	20.0%	15.5%	18.5%
No	80.0%	84.5%	81.5%

28. If yes, what percent of your patient encounters occur through telemedicine?

	Employed	Owner	All Respondents
0 – 10%	75.6%	68.6%	73.8%
11-25%	16.5%	17.7%	15.9%
26-40%	4.2%	6.6%	4.8%
41-60%	1.0%	1.5%	1.3%
61% or more	2.7%	5.6%	4.3%
Average	9.4%	11.7%	10.4%

29. What do you think is the best direction for the U.S. healthcare system?

	Employed	Owner	All Respondents
Maintain the current system	5.1%	5.0%	4.5%
Move to single payer insurance	29.3%	18.1%	26.2%
Move to a two-tiered system (single payer and private insurance)	37.2%	33.0%	35.5%
Move to a market-driven system featuring a Health Savings Account and catastrophic policies	22.7%	36.6%	27.2%
Other	5.7%	7.3%	6.6%

30. Has your approach to prescribing pain medication in your practice changed as a result of the opioid crisis?

	Employed	Owner	All Respondents
I now prescribe fewer pain medications	72.2%	63.5%	69.1%
I prescribe the same number of pain medications	27.8%	36.5%	30.9%

31. Approximately what percent of your patients DO NOT consistently adhere to your treatment plans?

	Employed	Owner	All Respondents
0-10%	10.9%	16.1%	12.7%
11-20%	21.3%	23.5%	21.3%
21-30%	25.1%	23.5%	24.3%
31-40%	15.6%	13.3%	15.1%
41-50%	9.6%	9.7%	9.9%
51-60%	7.8%	5.4%	7.1%
61-70%	5.1%	4.1%	4.7%
71-80%	3.2%	2.6%	3.3%
81-90%	1.0%	1.5%	1.2%
91-100%	0.4%	0.3%	0.4%
Average	31.5%	28.8%	30.9%

32. On the whole, how would you describe the current state of relations between physicians and hospitals, many of which now employ physicians?

	Employed	Owner	All Respondents
Mostly positive and cooperative	8.2%	3.5%	6.1%
Somewhat positive and cooperative	31.4%	18.0%	25.6%
Neither positive nor negative	21.7%	19.9%	21.8%
Somewhat negative and adversarial	30.3%	40.2%	34.4%
Mostly negative and adversarial	8.4%	18.4%	12.0%

C. RESPONSES BY MALE PHYSICIANS VS. FEMALE PHYSICIANS:

1. What is your current professional status?

	Male	Female	All Respondents
Practice owner/partner/associate	35.4%	23.6%	31.4%
Employed by a hospital	17.6%	22.0%	19.1%
Employed by a hospital-owned medical group	16.7%	18.6%	17.4%
Employed by a physician-owned medical group	12.0%	13.7%	12.6%
Other	18.3%	22.1%	19.6%

2. What is your gender?

	All Respondents
Male	66.1%
Female	33.9%

3. Are you a member of your:

	Male	Female	All Respondents
County medical society	45.7%	30.7%	40.6%
State medical society	66.0%	57.6%	63.2%
National specialty society	79.6%	79.0%	79.4%
American Medical Association	27.2%	24.5%	26.3%
American Osteopathic Association	6.3%	7.1%	6.6%

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

	Male	Female	All Respondents
Very positive	8.1%	5.1%	7.1%
Somewhat positive	37.2%	38.7%	37.7%
Somewhat negative	35.8%	40.3%	37.4%
Very negative	18.9%	15.9%	17.9%

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

	Male	Female	All Respondents
Very positive/optimistic	7.0%	4.7%	6.2%
Somewhat positive/optimistic	31.4%	33.7%	32.2%
Somewhat negative/pessimistic	40.8%	45.5%	42.4%
Very negative/pessimistic	20.8%	16.1%	19.2%

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

	Male	Female	All Respondents
Yes, medicine is still rewarding	73.4%	71.1%	72.6%
No, the negatives outweigh the positives	26.6%	28.9%	27.4%

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

	Male	Female	All Respondents
Yes	53.0%	48.2%	51.3%
No	47.0%	51.8%	48.7%

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

	Male	Female	All Respondents
Patient relationships	77.3%	81.3%	78.7%
Intellectual stimulation	54.5%	56.3%	55.1%
Social and community impact/contributions	19.5%	23.9%	21.0%
Income/compensation	21.0%	14.8%	18.9%
Professional relationships with colleagues	14.3%	14.4%	14.3%
Professional stature of medicine	11.2%	7.2%	9.8%

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

	Male	Female	All Respondents
Loss of clinical autonomy	38.6%	34.1%	37.0%
Professional liability/malpractice	29.9%	30.7%	30.2%
Regulatory/insurance requirements	68.4%	66.5%	37.7%
Amount of time with patients	9.6%	17.8%	12.4%
EHR design/interoperability	40.8%	36.2%	39.2%
Income/compensation	11.4%	13.6%	12.1%

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

	Male	Female	All Respondents
No such feelings	7.4%	2.4%	5.7%
Rarely have these feelings	18.5%	12.8%	16.6%
Sometimes have these feelings	36.6%	39.8%	37.7%
Often have these feelings	28.6%	35.5%	31.0%
Always have these feelings (significant burnout)	8.9%	9.5%	9.1%

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

	Male	Female	All Respondents
Very little	33.2%	29.5%	32.0%
Little	29.8%	31.8%	30.5%
Somewhat	25.7%	29.4%	27.0%
A good deal	8.7%	7.0%	8.1%
A great deal	2.6%	2.3%	2.5%

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

	Male	Female	All Respondents
Continue as I am	53.2%	56.0%	54.2%
Cut back on hours	22.4%	22.3%	22.3%
Retire	20.5%	11.4%	17.4%
Transition to a concierge and/or direct patient care practice	3.8%	5.8%	4.5%
Work locum tenens	8.3%	8.7%	8.4%
Find a non-clinical job or position	11.1%	14.7%	12.4%
Become employed by a hospital	4.3%	4.3%	4.3%
Work part-time (20 hours a week or less)	7.4%	10.7%	8.5%
Sell my practice to a hospital, health system, corporate entity	2.6%	1.6%	2.2%
Merge with another physician group(s)	2.8%	2.7%	2.8%

13. To what extent do you agree or disagree with the following statement? Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

	Male	Female	All Respondents
Strongly agree	2.6%	2.9%	2.7%
Agree	10.2%	11.4%	10.6%
Neither agree nor disagree	26.1%	35.1%	29.2%
Disagree	29.9%	29.1%	29.6%
Strongly disagree	31.2%	21.5%	27.9%

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

	Male	Female	All Respondents
0-20	5.3%	4.1%	4.9%
21-30	4.5%	5.9%	5.0%
31-40	10.1%	14.6%	11.6%
41-50	23.3%	25.7%	24.1%
51-60	27.6%	23.2%	26.1%
61-70	16.2%	14.9%	15.7%
71-80	8.2%	7.1%	7.8%
81 or >	4.8%	4.6%	4.7%
Average	51.89	50.46	51.40

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

	Male	Female	All Respondents
0-5	26.8%	21.5%	25.0%
6-10	29.3%	27.3%	28.6%
11-15	18.7%	18.9%	18.8%
16-20	11.5%	13.9%	12.3%
21-25	5.4%	7.3%	6.1%
26 or more	8.3%	11.1%	9.2%
Average	10.92	12.24	11.37

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

	Male	Female	All Respondents
0-10	17.9%	18.4%	18.1%
11-20	37.3%	45.1%	40.0%
21-30	28.2%	26.8%	27.7%
31-40	9.7%	6.4%	8.6%
41-50	3.0%	1.7%	2.6%
51-60	1.6%	0.7%	1.3%
61 or more	2.3%	0.9%	1.8%
Average	21.0	18.7	20.2

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

	Male	Female	All Respondents
I am overextended and overworked	21.5%	28.5%	23.9%
I am at full capacity	56.4%	54.1%	55.6%
I have time to see more patients and assume more duties	22.1%	17.5%	20.5%

18. 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	80.6%	67.0%	73.1%	71.2%	78.0%	68.4%
Limit number of these patients	8.0%	16.5%	7.5%	12.9%	7.8%	15.3%
Do not see these patients	11.5%	16.6%	19.3%	15.9%	14.2%	16.3%

19. How has EHR affected your practice?

	Male			Female			All Respondents		
	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from
Quality of care	27.0%	35.5%	37.5%	31.7%	35.6%	32.7%	28.6%	35.6%	35.8%
Efficiency	24.7%	19.1%	56.2%	26.0%	18.5%	55.5%	25.2%	18.9%	56.0%
Patient interaction	7.6%	26.2%	66.2%	8.4%	26.8%	64.8%	7.9%	26.4%	65.7%
Cost of care	9.2%	44.6%	46.2%	11.3%	52.4%	36.3%	9.9%	47.3%	42.8%

20. Is any of your compensation tied to “value-based metrics” such as patient satisfaction, EHR use, cost control, readmission rates, etc.?

	Male	Female	All Respondents
Yes	46.3%	48.8%	47.1%
No	41.0%	36.4%	39.5%
Unsure	12.7%	14.8%	13.4%

21. What percent of your TOTAL compensation is tied to “value-based” metrics?

	Male	Female	All Respondents
0-10	45.8%	34.7%	41.9%
11-20	22.8%	21.4%	22.4%
21-30	8.6%	8.1%	8.4%
31-40	2.1%	3.3%	2.5%
41-50	1.6%	2.1%	1.8%
51 or more	4.0%	4.7%	4.2%
Unsure	15.1%	25.7%	18.8%
Average	13.6%	15.6%	14.2%

22. To what extent do you agree or disagree with the following statement? Value-based compensation is likely to improve quality of care and reduce costs.

	Male	Female	All Respondents
Strongly agree	3.2%	2.4%	2.9%
Agree	15.5%	14.6%	15.1%
Neither agree nor disagree	24.9%	25.6%	25.2%
Disagree	31.8%	35.6%	33.1%
Strongly disagree	24.6%	21.8%	23.7%

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

	Male	Female	All Respondents
Strongly agree	1.9%	1.8%	1.9%
Agree	12.0%	11.3%	11.8%
Neither agree nor disagree	17.3%	19.3%	18.0%
Disagree	31.2%	35.4%	32.6%
Strongly disagree	37.6%	32.2%	35.7%

24. Which best describes your status relative to concierge and/or direct pay medicine?

	Male	Female	All Respondents
I now practice some form of concierge and/or direct pay medicine	6.7%	6.4%	6.6%
I am planning to transition fully to this model	2.3%	2.5%	2.4%
I am planning to transition in part to this model	9.7%	10.2%	9.9%
I have no plans to transition to this model	81.3%	80.7%	81.1%

25. How many of your patients are affected by a social situation (poverty, unemployment, lack of education, drug addiction, etc.) that poses a serious impediment to their health?

	Male	Female	All Respondents
All	3.6%	6.9%	4.7%
Many	49.0%	56.8%	51.7%
Some	34.2%	26.2%	31.4%
Few	12.1%	9.1%	11.1%
None	1.1%	1.0%	1.1%

26. 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	2.7%	2.3%	2.6%
Little	8.7%	9.0%	8.8%
Somewhat	26.1%	27.6%	26.6%
A good deal	32.6%	33.8%	33.0%
A great degree	29.9%	27.3%	29.0%

27. Do you now practice some form of telemedicine?

	Male	Female	All Respondents
Yes	18.2%	19.0%	18.5%
No	81.8%	81.0%	81.5%

28. If yes, what percent of your patient encounters occur through telemedicine?

	Male	Female	All Respondents
0 – 10%	74.7%	72.0%	73.8%
11-25%	14.6%	18.2%	15.9%
26-40%	4.7%	4.9%	4.8%
41-60%	1.1%	1.6%	1.3%
61% or more	4.9%	3.3%	4.3%
Average	10.5%	10.2%	10.4%

29. What do you think is the best direction for the U.S. healthcare system?

	Male	Female	All Respondents
Maintain the current system	4.8%	4.0%	4.5%
Move to single payer insurance	23.1%	32.3%	26.2%
Move to a two-tiered system (single payer and private insurance)	35.1%	36.1%	35.5%
Move to a market-driven system featuring a Health Savings Account and catastrophic policies	31.3%	19.2%	27.2%
Other	5.8%	8.4%	6.6%

30. Has your approach to prescribing pain medication in your practice changed as a result of the opioid crisis?

	Male	Female	All Respondents
I now prescribe fewer pain medications	68.1%	71.4%	69.1%
I prescribe the same number of pain medications	31.9%	28.6%	30.9%

31. Approximately what percent of your patients DO NOT consistently adhere to your treatment plans?

	Male	Female	All Respondents
0-10%	13.0%	12.1%	12.7%
11-20%	21.2%	21.4%	21.3%
21-30%	24.7%	23.6%	24.3%
31-40%	14.9%	15.5%	15.1%
41-50%	10.4%	9.0%	9.9%
51-60%	6.8%	7.8%	7.1%
61-70%	4.3%	5.5%	4.7%
71-80%	3.2%	3.6%	3.3%
81-90%	1.1%	1.2%	1.2%
91-100%	0.4%	0.4%	0.4%
Average	30.6%	31.5%	30.9%

32. On the whole, how would you describe the current state of relations between physicians and hospitals, many of which now employ physicians?

	Male	Female	All Respondents
Mostly positive and cooperative	6.1%	6.1%	6.1%
Somewhat positive and cooperative	24.4%	28.1%	25.6%
Neither positive nor negative	20.9%	23.5%	21.8%
Somewhat negative and adversarial	35.4%	32.5%	34.4%
Mostly negative and adversarial	13.2%	9.9%	12.0%

D. RESPONSES BY PRIMARY CARE VS. SPECIALIST PHYSICIANS:

1. What is your current professional status?

	PC	Specialists	All Respondents
Practice owner/partner/associate	25.7%	34.1%	31.4%
Employed by a hospital	18.1%	19.6%	19.1%
Employed by a hospital-owned medical group	21.7%	15.3%	17.4%
Employed by a physician-owned medical group	12.6%	12.5%	12.6%
Other	21.9%	18.5%	19.6%

2. What is your gender?

	PC	Specialists	All Respondents
Male	55.4%	71.3%	66.1%
Female	44.6%	28.7%	33.9%

3. Are you a member of your:

	PC	Specialists	All Respondents
County medical society	37.0%	42.2%	40.6%
State medical society	63.4%	63.1%	63.2%
National specialty society	71.4%	83.1%	79.4%
American Medical Association	27.7%	25.7%	26.3%
American Osteopathic Association	9.2%	5.4%	6.6%

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

	PC	Specialists	All Respondents
Very positive	7.1%	7.0%	7.1%
Somewhat positive	39.2%	37.0%	37.7%
Somewhat negative	37.6%	37.3%	37.4%
Very negative	16.1%	18.7%	17.9%

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

	PC	Specialists	All Respondents
Very positive/optimistic	6.3%	6.2%	6.2%
Somewhat positive/optimistic	35.9%	30.5%	32.2%
Somewhat negative/pessimistic	41.4%	42.8%	42.4%
Very negative/pessimistic	16.4%	20.5%	19.2%

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

	PC	Specialists	All Respondents
Yes, medicine is still rewarding	75.3%	71.3%	72.6%
No, the negatives outweigh the positives	24.7%	28.7%	27.4%

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

	PC	Specialists	All Respondents
Yes	54.6%	49.7%	51.3%
No	45.4%	50.3%	48.7%

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

	PC	Specialists	All Respondents
Patient relationships	85.1%	75.6%	78.7%
Intellectual stimulation	50.7%	57.2%	55.1%
Social and community impact/contributions	25.9%	18.6%	21.0%
Income/compensation	16.3%	20.1%	18.9%
Professional relationships with colleagues	11.6%	15.6%	14.3%
Professional stature of medicine	8.3%	10.6%	9.8%

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

	PC	Specialists	All Respondents
Loss of clinical autonomy	35.5%	37.8%	37.0%
Professional liability/malpractice	24.2%	33.0%	30.2%
Regulatory/insurance requirements	69.2%	67.0%	37.7%
Amount of time with patients	18.5%	9.5%	12.4%
EHR design/interoperability	39.6%	39.0%	39.2%
Income/compensation	11.9%	12.3%	12.1%

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

	PC	Specialists	All Respondents
No such feelings	5.0%	6.0%	5.7%
Rarely have these feelings	16.2%	16.8%	16.6%
Sometimes have these feelings	37.7%	37.7%	37.7%
Often have these feelings	31.5%	30.7%	31.0%
Always have these feelings (significant burnout)	9.6%	8.8%	9.1%

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

	PC	Specialists	All Respondents
Very little	29.4%	33.2%	32.0%
Little	29.3%	31.1%	30.5%
Somewhat	29.2%	25.8%	27.0%
A good deal	9.6%	7.4%	8.1%
A great deal	2.5%	2.5%	2.5%

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

	PC	Specialists	All Respondents
Continue as I am	54.8%	53.9%	54.2%
Cut back on hours	22.3%	22.4%	22.3%
Retire	15.3%	18.4%	17.4%
Transition to a concierge and/or direct patient care practice	7.0%	3.3%	4.5%
Work locum tenens	8.9%	8.2%	8.4%
Find a non-clinical job or position	12.8%	12.1%	12.4%
Become employed by a hospital	4.7%	4.1%	4.3%
Work part-time (20 hours a week or less)	8.9%	8.4%	8.5%
Sell my practice to a hospital, health system, corporate entity	2.1%	2.3%	2.2%
Merge with another physician group(s)	2.1%	3.2%	2.8%

13. To what extent do you agree or disagree with the following statement? Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

	PC	Specialists	All Respondents
Strongly agree	2.7%	2.7%	2.7%
Agree	11.3%	10.3%	10.6%
Neither agree nor disagree	32.1%	27.9%	29.2%
Disagree	29.2%	29.8%	29.6%
Strongly disagree	24.8%	29.3%	27.9%

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

	PC	Specialists	All Respondents
0-20	4.5%	5.1%	4.9%
21-30	5.3%	4.8%	5.0%
31-40	12.6%	11.2%	11.6%
41-50	27.4%	22.6%	24.1%
51-60	23.9%	27.1%	26.1%
61-70	14.7%	16.2%	15.7%
71-80	7.5%	8.0%	7.8%
81 or >	4.2%	5.0%	4.7%
Average	50.64	51.76	51.40

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

	PC	Specialists	All Respondents
0-5	22.0%	26.4%	25.0%
6-10	27.6%	29.1%	28.6%
11-15	18.8%	18.8%	18.8%
16-20	13.3%	11.8%	12.3%
21-25	7.2%	5.5%	6.1%
26 or more	11.1%	8.4%	9.2%
Average	12.1	11.01	11.37

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

	PC	Specialists	All Respondents
0-10	12.4%	20.7%	18.1%
11-20	45.7%	37.2%	40.0%
21-30	32.2%	25.5%	27.7%
31-40	6.8%	9.4%	8.6%
41-50	2.0%	3.0%	2.6%
51-60	0.5%	1.7%	1.3%
61 or more	0.4%	2.5%	1.8%
Average	19.7	20.5	20.2

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

	PC	Specialists	All Respondents
I am overextended and overworked	26.0%	22.9%	23.9%
I am at full capacity	54.2%	56.3%	55.6%
I have time to see more patients and assume more duties	19.8%	20.8%	20.5%

18. 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	68.0%	64.4%	82.8%	70.3%	78.0%	68.4%
Limit number of these patients	8.9%	18.6%	7.3%	13.7%	7.8%	15.3%
Do not see these patients	23.1%	17.0%	9.9%	16.0%	14.2%	16.3%

19. How has EHR affected your practice?

	PC			Specialists			All Respondents		
	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from	Improved	Little to no impact	Reduced/ Detracted from
Quality of care	35.1%	34.1%	30.8%	25.5%	36.3%	38.2%	28.6%	35.6%	35.8%
Efficiency	28.0%	17.2%	54.8%	23.8%	19.7%	56.5%	25.2%	18.9%	56.0%
Patient interaction	8.3%	23.7%	68.0%	7.7%	27.7%	64.6%	7.9%	26.4%	65.7%
Cost of care	11.4%	48.4%	40.2%	9.2%	46.7%	44.1%	9.9%	47.3%	42.8%

20. Is any of your compensation tied to “value-based metrics” such as patient satisfaction, EHR use, cost control, readmission rates, etc.?

	PC	Specialists	All Respondents
Yes	55.0%	43.4%	47.1%
No	33.1%	42.5%	39.4%
Unsure	11.9%	14.2%	13.4%

21. What percent of your TOTAL compensation is tied to “value-based” metrics?

	PC	Specialists	All Respondents
0-10	39.4%	43.4%	41.9%
11-20	23.2%	22.0%	22.4%
21-30	8.6%	8.2%	8.4%
31-40	2.9%	2.3%	2.5%
41-50	2.0%	1.5%	1.8%
51 or more	4.6%	4.0%	4.2%
Unsure	19.3%	18.6%	18.8%
Average	14.9%	13.8%	14.2%

22. To what extent do you agree or disagree with the following statement? Value-based compensation is likely to improve quality of care and reduce costs.

	PC	Specialists	All Respondents
Strongly agree	3.6%	2.6%	2.9%
Agree	17.6%	13.9%	15.1%
Neither agree nor disagree	26.2%	24.7%	25.2%
Disagree	31.3%	34.0%	33.1%
Strongly disagree	21.3%	24.8%	23.7%

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

	PC	Specialists	All Respondents
Strongly agree	1.9%	1.8%	1.9%
Agree	12.2%	11.6%	11.8%
Neither agree nor disagree	18.1%	18.0%	18.0%
Disagree	33.3%	32.3%	32.6%
Strongly disagree	34.5%	36.3%	35.7%

24. Which best describes your status relative to concierge and/or direct pay medicine?

	PC	Specialists	All Respondents
I now practice some form of concierge and/or direct pay medicine	5.9%	7.0%	6.6%
I am planning to transition fully to this model	3.0%	2.1%	2.4%
I am planning to transition in part to this model	12.3%	8.7%	9.9%
I have no plans to transition to this model	78.8%	82.2%	81.1%

25. How many of your patients are affected by a social situation (poverty, unemployment, lack of education, drug addiction, etc.) that poses a serious impediment to their health?

	PC	Specialists	All Respondents
All	6.2%	4.0%	4.7%
Many	53.2%	51.0%	51.7%
Some	29.0%	32.6%	31.4%
Few	10.9%	11.2%	11.1%
None	0.9%	1.2%	1.1%

26. 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	2.2%	2.8%	2.6%
Little	8.5%	8.9%	8.8%
Somewhat	25.4%	27.2%	26.6%
A good deal	34.7%	32.2%	33.0%
A great degree	29.2%	28.9%	29.0%

27. Do you now practice some form of telemedicine?

	PC	Specialists	All Respondents
Yes	16.7%	19.3%	18.5%
No	83.3%	80.7%	81.5%

28. If yes, what percent of your patient encounters occur through telemedicine?

	PC	Specialists	All Respondents
0 – 10%	74.5%	73.5%	73.8%
11-25%	19.9%	14.2%	15.9%
26-40%	3.0%	5.5%	4.8%
41-60%	0.4%	1.6%	1.3%
61% or more	2.2%	5.2%	4.3%
Average	9.0%	11.0%	10.4%

29. What do you think is the best direction for the U.S. healthcare system?

	PC	Specialists	All Respondents
Maintain the current system	4.0%	4.7%	4.5%
Move to single payer insurance	31.4%	23.7%	26.2%
Move to a two-tiered system (single payer and private insurance)	33.8%	36.3%	35.5%
Move to a market-driven system featuring a Health Savings Account and catastrophic policies	22.9%	29.2%	27.2%
Other	7.9%	6.1%	6.6%

30. Has your approach to prescribing pain medication in your practice changed as a result of the opioid crisis?

	PC	Specialists	All Respondents
I now prescribe fewer pain medications	77.4%	64.5%	69.1%
I prescribe the same number of pain medications	22.6%	35.5%	30.9%

31. Approximately what percentage of your patients DO NOT consistently adhere to your treatment plans?

	PC	Specialists	All Respondents
0-10%	10.5%	13.8%	12.7%
11-20%	20.9%	21.5%	21.3%
21-30%	25.1%	23.8%	24.3%
31-40%	16.7%	14.4%	15.1%
41-50%	10.0%	9.9%	9.9%
51-60%	8.0%	6.7%	7.1%
61-70%	4.6%	4.8%	4.7%
71-80%	3.0%	3.5%	3.3%
81-90%	0.9%	1.3%	1.2%
91-100%	0.3%	0.4%	0.4%
Average	31.4%	30.6%	30.9%

32. On the whole, how would you describe the current state of relations between physicians and hospitals, many of which now employ physicians?

	PC	Specialists	All Respondents
Mostly positive and cooperative	7.7%	5.4%	6.1%
Somewhat positive and cooperative	28.7%	24.2%	25.6%
Neither positive nor negative	23.3%	21.0%	21.8%
Somewhat negative and adversarial	31.1%	36.0%	34.4%
Mostly negative and adversarial	9.2%	13.4%	12.0%

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



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