

2022 SURVEY OF AMERICA'S PHYSICIANS

Part One of Three:
Examining How the Social Drivers
of Health Affect the Nation's
Physicians and their Patients

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PART ONE OF THREE:

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INTRODUCTION: HEALTH CARE MUST GO BEYOND CLINICAL CARE

Physicians have long experienced the impact of the social drivers of health (SDOH). They recognize that the conditions in which people are born, grow, live, work and age have a major influence on patient health and the cost of health care in America. This includes factors like food insecurity, housing instability, transportation problems, utilities difficulties and interpersonal safety.

Even before the COVID-19 pandemic, these factors, such as access to healthy food, safe housing and other social drivers of health, [drove 70% of health outcomes](#). Now, patients, who are returning to physicians' offices and hospitals for routine checkups, deferred elective procedures, prescription refills and more, are presenting with conditions made worse by lost jobs and the struggle to afford food, transportation or rent.

Physicians know that reducing total cost of care and achieving health equity are only achievable by addressing SDOH. Despite the well-documented impact of SDOH on health outcomes and costs of care, our current health care system does not operate in a way that includes addressing them. Therefore, to assess how SDOH affect physicians and their patients, The Physicians Foundation determined to conduct the first part of its *2022 Survey of America's Physicians* on this topic.

This survey was conducted exclusively online among United States physicians and was designed to last no more than 10 minutes.

We believe the survey will be of interest to health care professionals, policy makers, academics, media members and anyone concerned by how SDOH impact today's physicians and their patients. We encourage all of those who have a stake in our health care system and improving health outcomes to reference this survey and comment on its findings.

Gary Price, M.D.
President

Robert Seligson
Chief Executive Office

KEY FINDINGS:

Part One of The Physicians Foundation's 2022 *Survey of America's Physicians* focuses on how SDOH affect physicians and their patients. The survey was conducted from February 3 through 11, 2022, and the data presented is based on 1,502 responses. Complete methodology is available on page 23.

Key findings of the survey include:



Nearly all physicians indicated their patients' health outcomes are affected by at least one SDOH.

- **23%** reported their entire patient population
- **54%** reported many of their patients
- **18%** reported some of their patients
- **5%** reported few of their patients
- **1%** reported none of their patients

Financial instability and transportation are the top two SDOH experienced by physicians' patients.

- **34%** reported financial instability
- **24%** reported transportation problems

Regarding physicians' time and ability to address patients' SDOH:

- Six in 10 physicians (61%) feel they have little to no time and ability to effectively address their patients' SDOH
- However, a majority of physicians (87%) want greater time and ability in the future

The majority of physicians identified "limited time during patient visits to address SDOH" (89%) and "insufficient workforce to navigate patients to community SDOH resources" (84%) as the greatest challenges impacting their time and ability to address SDOH.

- Community resources not available, inadequate or difficult to access" (77%), "inadequate information about availability/access to community resources" (77%), "lack of reimbursement for screening for or addressing SDOH" (73%) and "existing payer reporting requirements taking time away from being able to address patients' SDOH" (73%) were also identified as top challenges

When it comes to SDOH impact on physician mental health:

- Eight in 10 physicians (83%) believe that addressing patients' SDOH contributes to physician burnout rates
- Six in 10 physicians (63%) report they often have feelings of burnout when trying to address their patients' SDOH
- Six in 10 physicians (68%) also report managing patients' SDOH has a major impact on physician mental health and wellbeing



More than half of physicians report SDOH challenges cause them to experience stress or frustration on a daily or weekly basis, including:

- **71%** identified limited time during patient visit to discuss SDOH
- **64%** identified insufficient workforce to navigate patients to community resources to address SDOH
- **63%** identified existing payer reporting requirements taking time away from being able to address patients' SDOH
- **57%** identified lack of reimbursement for screening for or addressing SDOH
- **57%** identified community resources unavailable, inadequate or difficult to access

Eight in 10 physicians (80%) believe that the United States cannot improve health outcomes or reduce health care costs without addressing SDOH.

The following top five strategies are considered important by about eight in ten physicians to support them and other physicians in addressing patients' SDOH:

- Investing in community capacity to address patients' SDOH
- Investing in the technological and human capacity to connect patients with community resources they need to be healthy
- Screening patients to identify social needs
- Significantly reducing existing payer reporting requirements and other administrative burdens to provide the necessary time to address SDOH
- Creating financial incentives for physician-directed efforts to address SDOH

Multiple policy steps were identified by physicians as important to improve health outcomes and ensure high-quality, cost-efficient care for all:

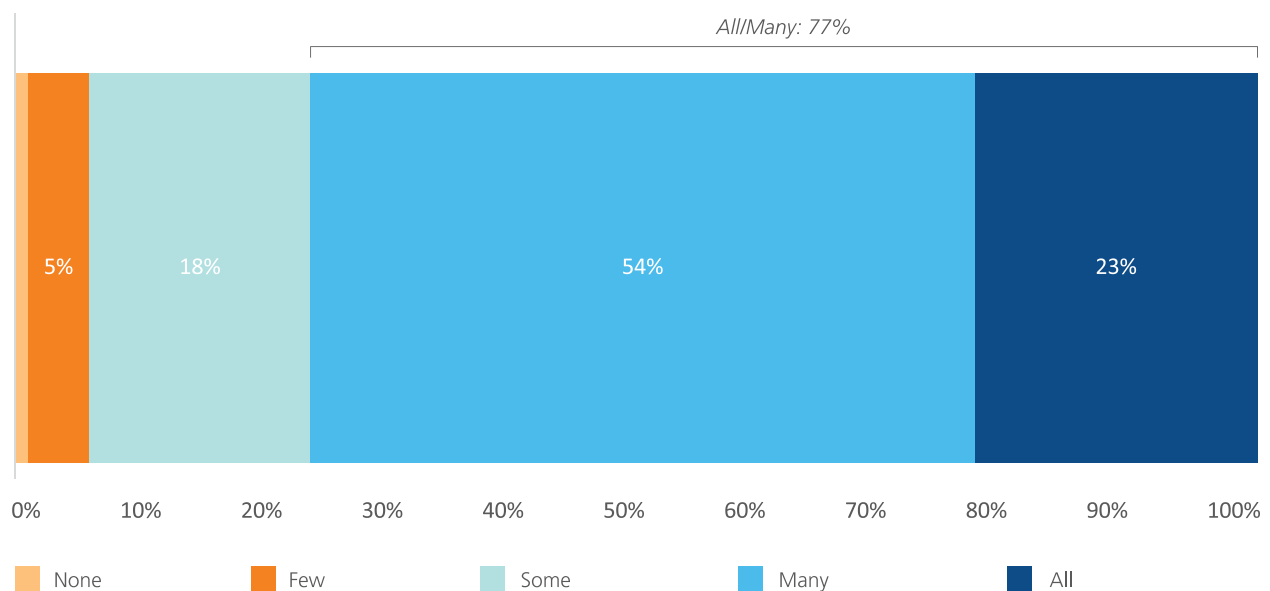
- **86%** identified reimbursing physician-directed efforts to address SDOH
- **84%** identified incentivizing payors to invest in availability and quality of community resources to address patients' SDOH
- **81%** identified providing greater flexibility for Medicare Advantage to reimburse for addressing SDOH
- **75%** identified integrating SDOH into payment policy

QUESTIONS ASKED AND RESPONSES RECEIVED

Part One of The Physicians Foundation's 2022 *Survey of America's Physicians* focuses on how SDOH affect physicians and their patients.

Detailed questions asked and responses received include the following:

Q1: How many of your patients' health outcomes are affected by at least one SDOH?



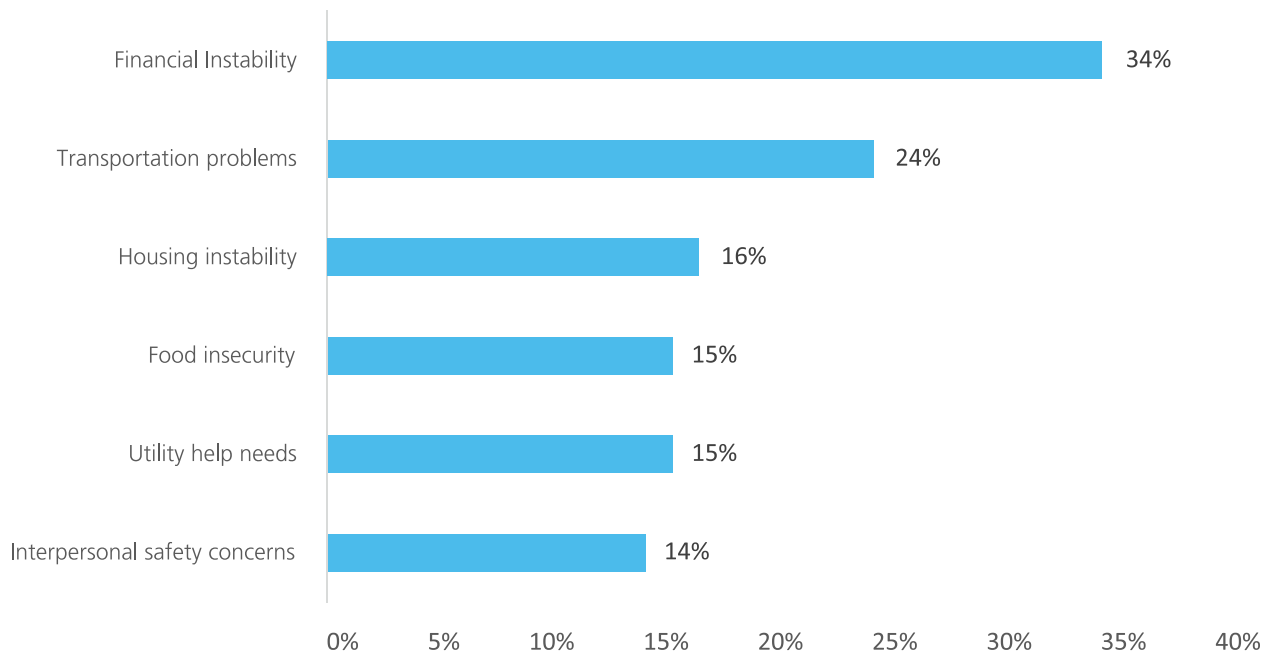
Majority of physicians (77%) surveyed indicated “all” or “many” of their patients’ health outcomes are affected by at least one SDOH. More so, nearly one-quarter (23%) of physicians reported their entire patient population is affected.

A slightly larger percentage of physicians who identify as primary care (81%) and employed (81%) reported having a larger proportion of patients with health outcomes affected by at least one SDOH. Physicians 45 years old or younger (85%) and female physicians (83%) were more likely to have patients with health outcomes affected by at least one SDOH. Also, Black and Asian physicians as well as urban and rural physicians were more likely to have patients with health outcomes affected by at least one SDOH.

**Reported Average Proportion of Patients with Health Outcomes
Affected by at Least One SDOH**

	2022		
		Male Physicians	74%
Primary Care Physicians	81%	Asian Physicians	81%
Specialist Physicians	75%	Black Physicians	89%
Employed Physicians	81%	Hispanic Physicians	82%
Independent Physicians	68%	White Physicians	75%
Physicians ≤45 Years Old	85%	Rural Physicians	81%
Physicians 46+ Years Old	70%	Suburban Physicians	73%
Female Physicians	83%	Urban Physicians	81%

Q2: Approximately what proportion of your patient population do you believe experiences each of the following SDOH?



On average, physicians estimate one-third (34%) of their patients experience financial instability and nearly one-quarter (24%) experience with transportation problems. Additionally, approximately 15% of patients experience housing instability, food insecurity, utility help needs and interpersonal safety concerns.

For the two most frequently reported SDOH, physicians of color (Asian, Black and Hispanic) reported a higher percent of patients experiencing

SDOH than their white physician colleagues. Physicians ≤45 years old (38%) reported a higher percent than physicians 46+ years old (31%). Female physicians (36%) reported a higher number than male physicians (32%). Physicians in urban (38%) and rural (36%) areas reported more than suburban physicians (30%).

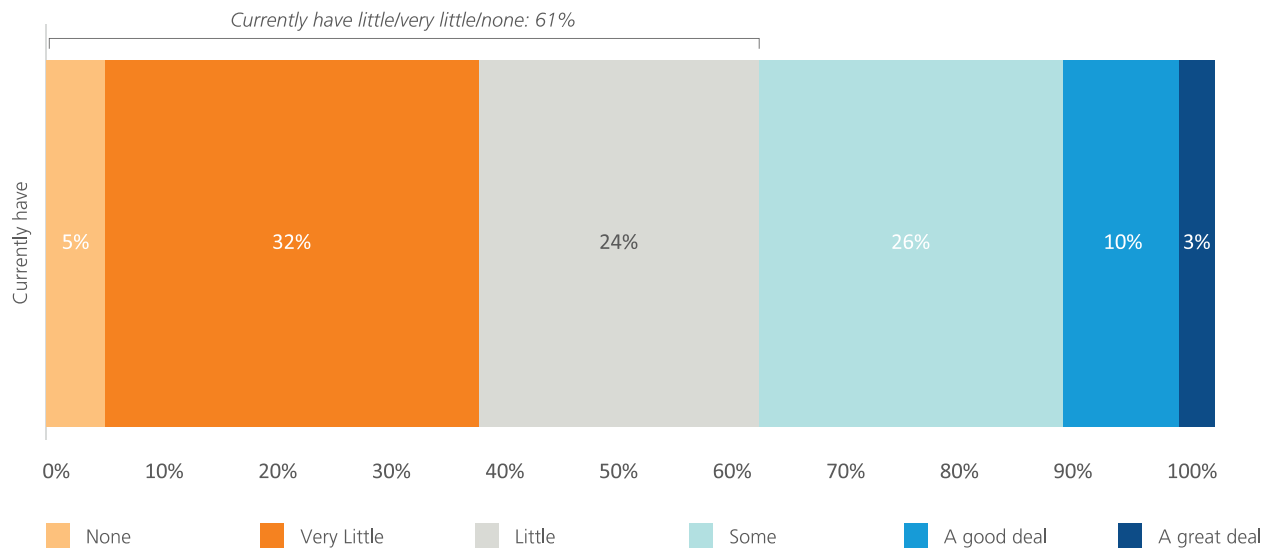
Physicians' Average Proportion of Patient Population Experiencing Financial Instability

	2022
Employed Physicians	35%
Independent Physicians	29%
Physicians ≤45 Years Old	38%
Physicians 46+ Years Old	31%
Female Physicians	36%
Male Physicians	32%
Asian Physicians	37%
Black Physicians	41%
Hispanic Physicians	40%
White Physicians	32%
Rural Physicians	36%
Suburban Physicians	30%
Urban Physicians	38%

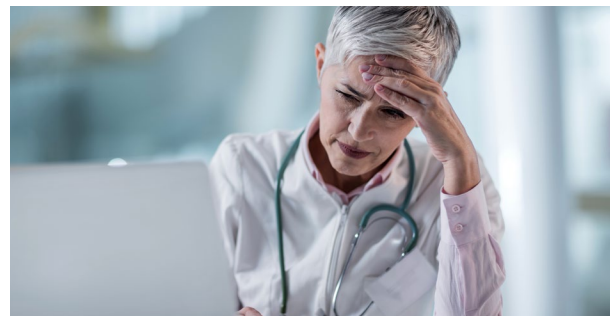
Physicians' Average Proportion of Patient Population Experiencing Transportation Problems

	2022
Employed Physicians	26%
Independent Physicians	18%
Physicians ≤45 Years Old	29%
Physicians 46+ Years Old	20%
Female Physicians	28%
Male Physicians	22%
Asian Physicians	27%
Black Physicians	29%
Hispanic Physicians	28%
White Physicians	22%
Rural Physicians	26%
Suburban Physicians	20%
Urban Physicians	28%

Q3: How much time and ability do you, as a physician, CURRENTLY have to effectively address your patients' SDOH?



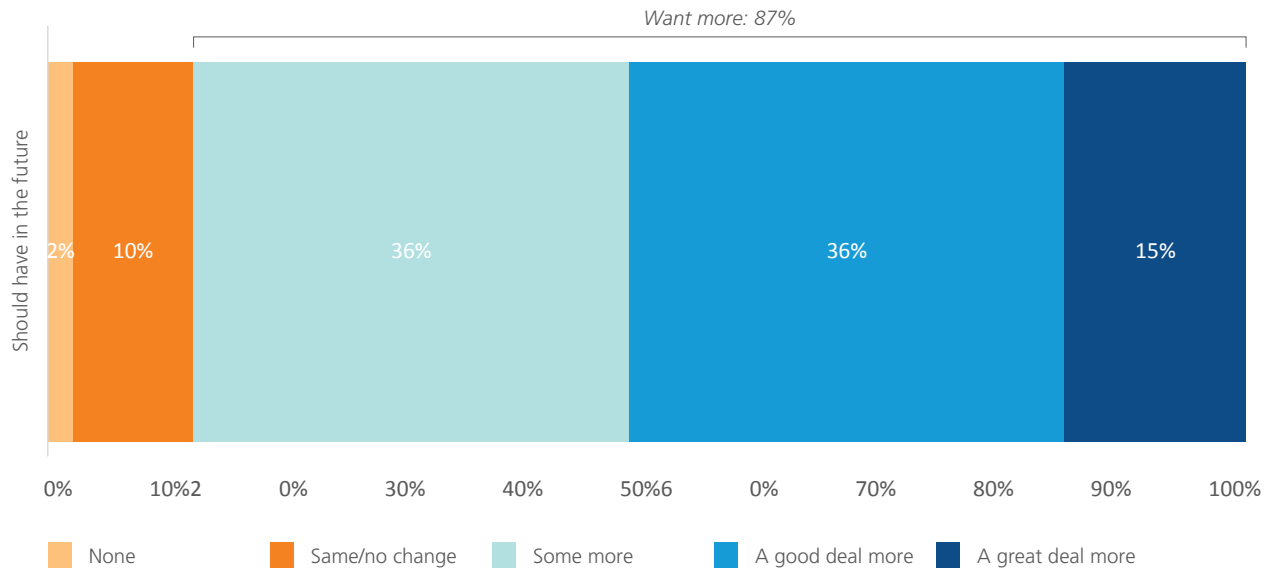
Six in 10 (61%) physicians reported that they have little to no time and ability to effectively address their patients' SDOH. About one-third of physicians (36%) reported having some or a good deal of time and ability to effectively address their patients' SDOH. Only 3% of physicians reported having a great deal of time and ability to effectively address their patients' SDOH.



Proportion of Physicians Having Little to No Time and Ability

	2022
Primary Care Physicians	54%
Specialist Physicians	64%
Employed Physicians	63%
Independent Physicians	57%

Q4: How much time and ability should physicians have in the FUTURE to effectively address patients' SDOH?



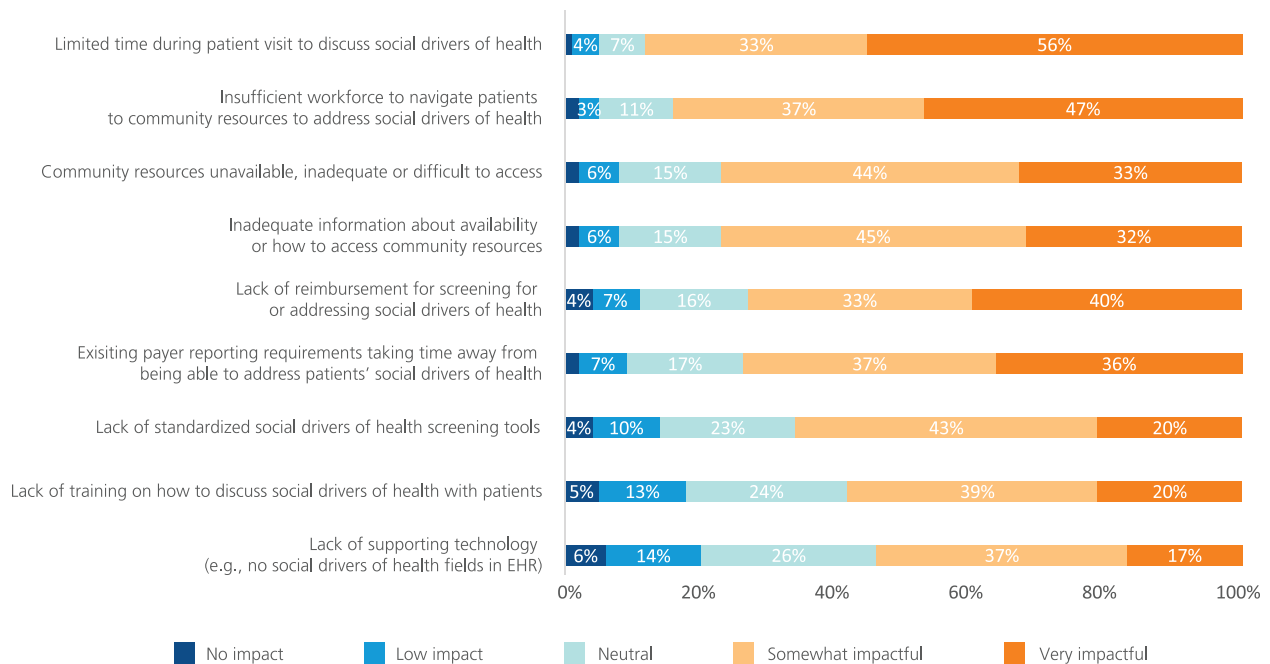
Nearly nine in 10 physicians (87%) reported they would like greater time and ability to effectively address their patients' SDOH in the future, with half of physicians (51%) indicating they want a good or great deal more time and ability.

Female physicians (91%) indicated they are significantly more likely than male physicians (86%) to want more time and ability in the future. Additionally, Asian physicians (92%) are significantly more likely than white physicians (88%) to want more time and ability in the future. Physicians living in urban areas (90%) are also more likely than suburban physicians (86%) to want more time and ability in the future.

Proportion of Physicians Who Want More Time and Ability

	2022
Employed Physicians	89%
Independent Physicians	84%
Female Physicians	91%
Male Physicians	86%
Asian Physicians	92%
White Physicians	88%
Suburban Physicians	86%
Urban Physicians	90%

Q5: Please rate the impact of each of the following, if any, on your time and ability to address your patients' SDOH.



Multiple challenges are identified as impacting physicians' time and ability to address their patients' SDOH. The majority of physicians indicated limited time (89%) and insufficient workforce (84%) as impactful to their time and ability to address patients' SDOH. At least three-quarters of physicians (77%) also reported access to community resources and inadequate information as impactful challenges to their time and ability to address patients' SDOH.

For these top four challenges, significantly more female physicians reported being impacted than male physicians.

Proportion of Physicians Feeling Impact of Challenges on Time and Ability to Address Patients' SDOH by Gender

	Female Physicians	Male Physicians
Limited time during patient visits	93%	87%
Insufficient workforce	91%	81%
Community resources unavailable/inadequate/difficult to access	85%	73%
Inadequate information about community resources	84%	74%

Additionally, Asian physicians are significantly more likely to report limited time (92%), insufficient workforce (88%) and access to community resources (83%) challenges compared to their white physician colleagues. Hispanic physicians are significantly more likely to report access to community resources (86%) and inadequate information about community resources (86%) compared to their white physician colleagues.



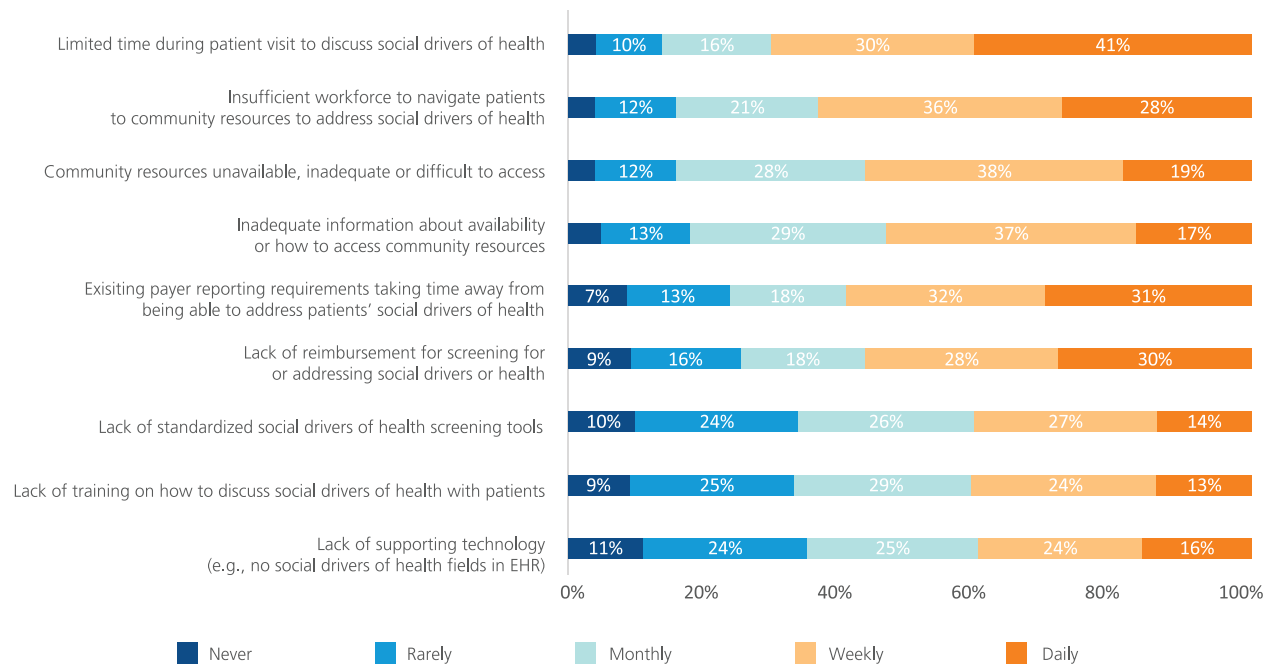
Proportion of Physicians Feeling Impact of Challenges on Time and Ability to Address Patients’ SDOH by Race/Ethnicity

	Asian Physicians	Hispanic Physicians	White Physicians
Limited time during patient visits	92%	89%	88%
Insufficient workforce	88%	86%	83%
Community resources unavailable/inadequate/difficult to access	83%	86%	76%
Inadequate information about community resources	81%	86%	75%



Primary care physicians (81%) are significantly more likely than specialist physicians (75%) to report access to community resources being impactful. Employed physicians (90%) are significantly more likely than independent physicians (85%) to report limited time during patient visits as being impactful. Physicians in urban areas (80%) are significantly more likely than suburban physicians (74%) to report issues with access to community resources as being impactful.

Q6: How often do you experience feelings of stress or frustration caused by each of the following, if at all?



More than half of physicians report the following SDOH challenges cause them to experience stress or frustration on a daily or weekly basis, with limited time during patient visits to discuss SDOH (71%) being the top challenge followed by insufficient workforce (64%) and existing payer reporting requirements (63%). More than half of physicians also reported lack of reimbursement for screening for or addressing SDOH (57%), access to community resources (57%) and inadequate information about availability/how to access resources (55%) causing them to experience stress or frustration on a daily or weekly basis.

On a weekly basis, primary care physicians are significantly more likely to report limited time (70%), insufficient workforce (70%) and existing payer reporting requirements (67%) than specialist physicians.

Proportion of Physicians Who Experience Feelings of Stress or Frustration At Least Weekly by Specialty

	Primary Care Physicians	Specialist Physicians
Limited time during patient visits	75%	69%
Insufficient workforce	70%	62%
Existing payer reporting requirements	67%	60%

Employed physicians (66%) are significantly more likely to report insufficient workforce, while independent physicians (69%) are more likely to report existing payer reporting requirements causing stress or frustration on at least a weekly basis.

Proportion of Physicians Who Experience Feelings of Stress or Frustration at Least Weekly by Practice

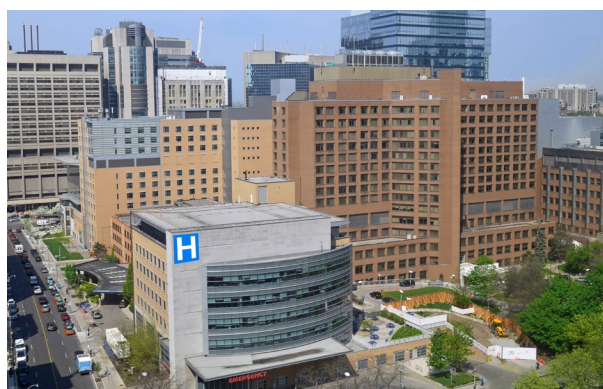
	Employed Physicians	Independent Physicians
Insufficient workforce	66%	60%
Existing payer reporting requirements	60%	69%

Female physicians are more likely than male physicians, and Asian physicians are more likely than white physicians, to report feelings of stress and frustration on at least a weekly basis due to these three challenges.



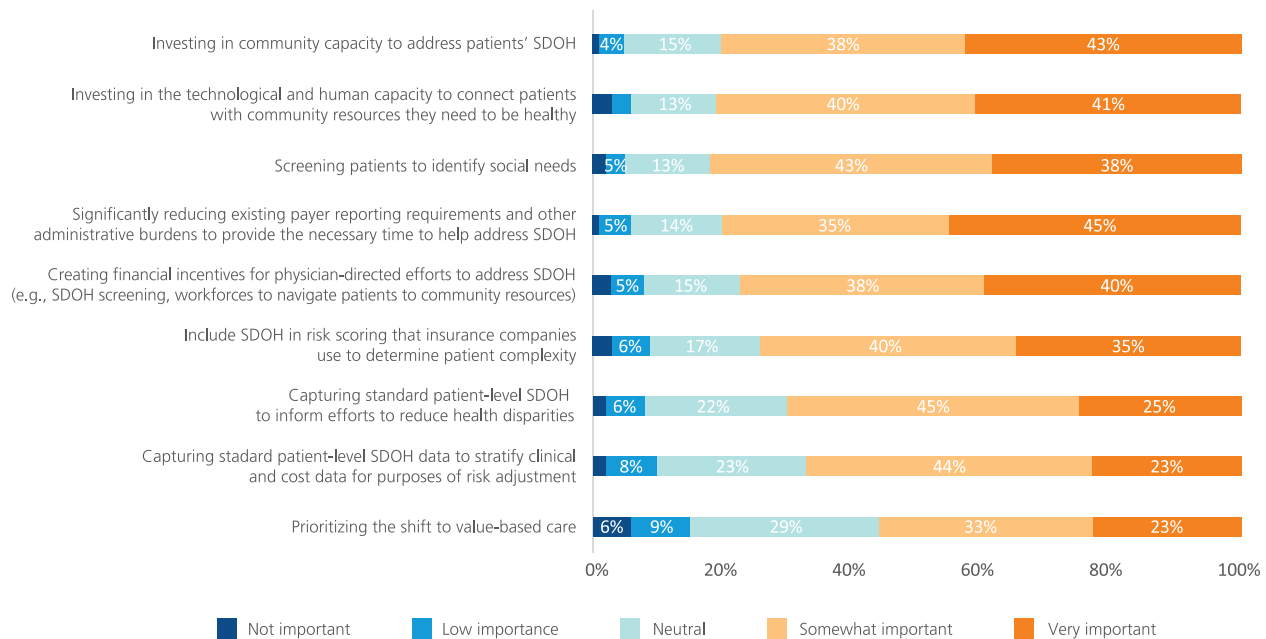
Proportion of Physicians Who Experience Feelings of Stress or Frustration at Least Weekly by Gender and Race/Ethnicity

	Female Physicians	Male Physicians	Asian Physicians	White Physicians
Limited time during patient visits	78%	67%	78%	70%
Insufficient workforce	74%	59%	70%	64%
Existing payer reporting requirements	66%	61%	68%	61%



On at least a weekly basis, physicians in urban areas (74%) are more likely than suburban physicians (69%) to report feelings of stress and frustration due to limited time during a patient visit, while physicians 46+ years old (65%) are more likely than physicians ≤45 years old (60%) to report existing payer reporting requirements.

Q7: Please rate how important the following strategies would be to support you and other physicians in addressing patients' SDOH.



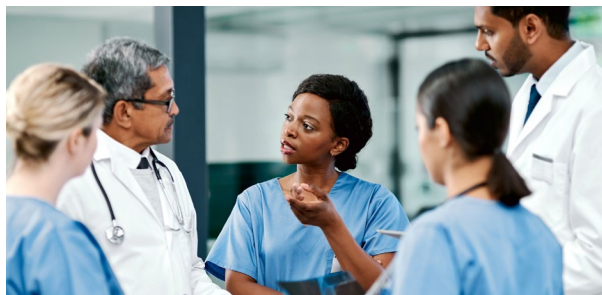
Investing in community capacity (81%), investing in technological and human capacity (81%) and screening patients (81%) are the top three strategies physicians identified as the most important to support themselves and other physicians in addressing patients' SDOH. More than three-fourths of physicians also reported significantly reducing existing payer reporting requirements (80%), creating financial incentives for physician-directed

efforts to address SDOH (78%) and including SDOH in risk scoring (75%) as important strategies.

Primary care physicians are significantly more likely than specialist physicians to place higher levels of importance on the top three strategies. Employed physicians are significantly more likely than independent physicians to report investing in community capacity and technological/human capacity as important.

Strategies with Most Physicians Assigning "Somewhat/Very Important" Ratings by Specialty and Practice

	Primary Care Physicians	Specialist Physicians	Employed Physicians	Independent Physicians
Investing in community capacity	85%	78%	83%	74%
Investing in technological and human capacity	85%	80%	83%	78%
Screening patients	85%	78%	82%	78%



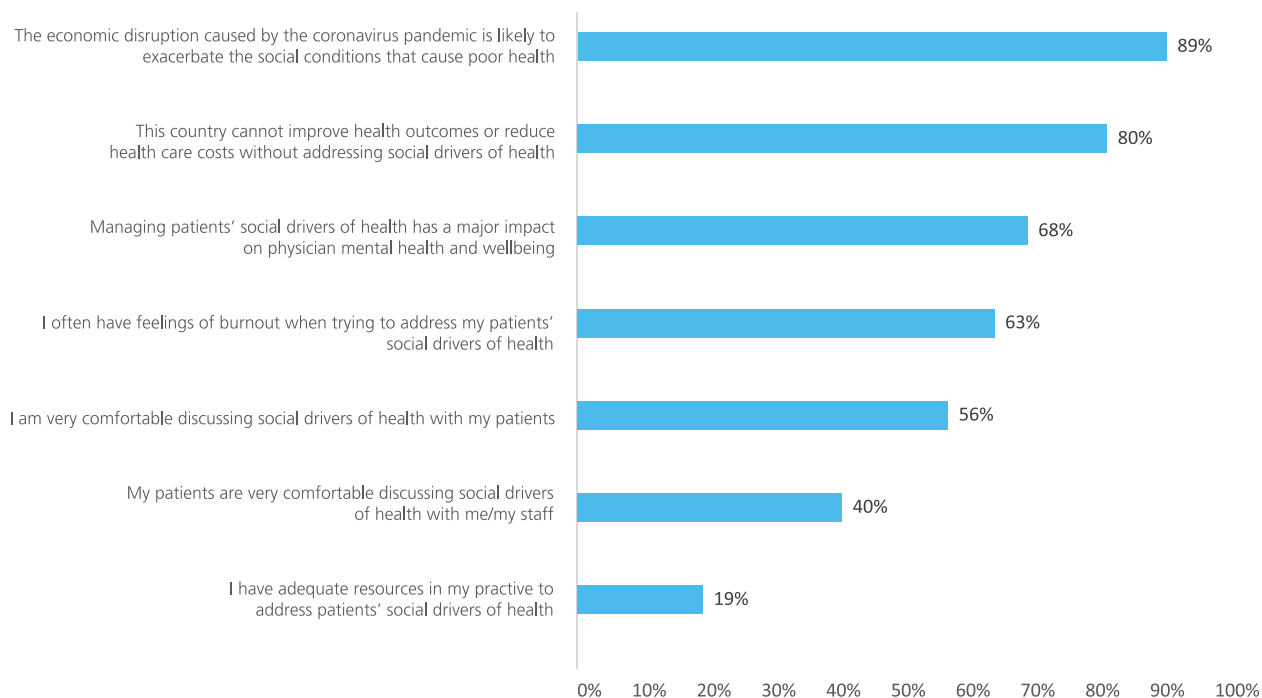
There are also significant differences by race/ethnicity, with Asian, Black and/or Hispanic physicians placing higher importance on the top three strategies than their white physician colleagues.

Strategies with Most Physicians Assigning “Somewhat/Very Important” Ratings by Race/Ethnicity

	Asian	Black	Hispanic	White
Investing in community capacity	85%	89%	86%	79%
Investing in technological and human capacity	82%	94%	86%	81%
Screening patients	83%	91%	89%	80%

Q8: Please rate your level of agreement with each of the following statements.

Top-2 Box Ratings [Strongly/Somewhat Agree]



Nearly nine in 10 physicians (89%) agreed the economic disruption caused by the pandemic is likely to exacerbate social conditions that cause poor health. Black physicians (98%) and physicians in urban areas (91%) are significantly more likely to agree that the economic disruption caused by COVID-19 is likely to exacerbate the social conditions that cause poor health.

Agree Pandemic Exacerbating SDOH

	2022
Asian Physicians	91%
Black Physicians	98%
White Physicians	89%
Suburban Physicians	88%
Urban Physicians	91%

Eight in 10 physicians also agreed that this country cannot improve health outcomes or reduce health care costs without addressing SDOH. However, employed physicians (82%), physicians ≤45 years old (83%), female physicians (87%) and physicians in urban areas (83%) are more likely to agree.

Agree Must Address SDOH to Improve Outcomes

	2022
Employed Physicians	82%
Independent Physicians	75%
Physicians ≤45 Years Old	83%
Physicians 46+ Years Old	78%

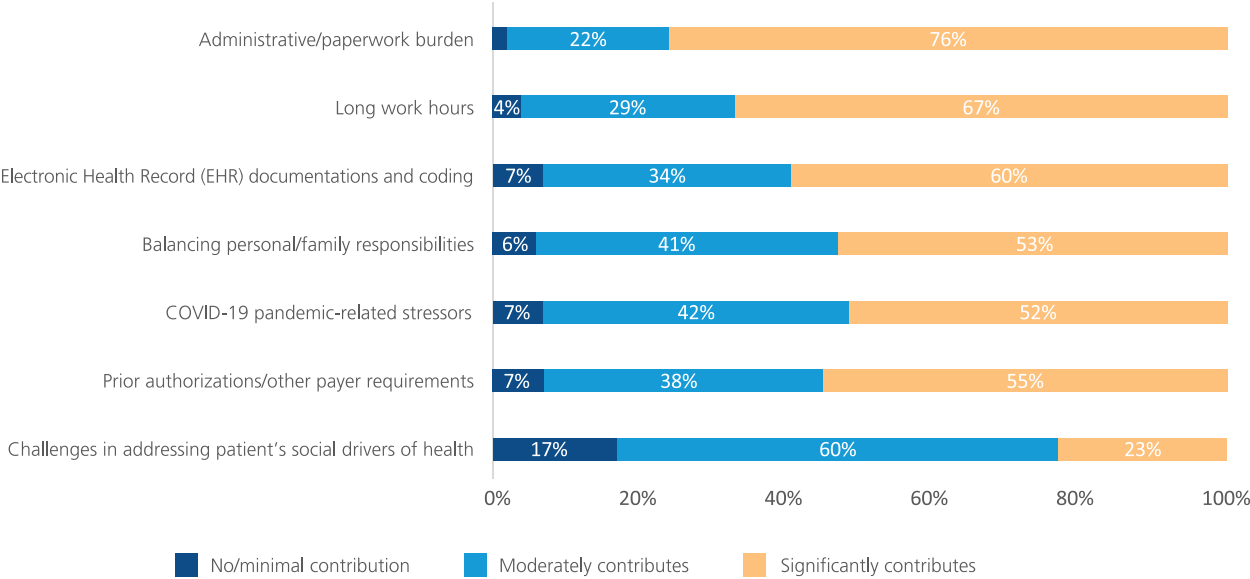
Female Physicians	87%
Male Physicians	77%
Suburban Physicians	78%
Urban Physicians	83%

When it comes to physicians' mental health, at least six in 10 physicians reported managing patients' SDOH has a major impact on physician mental health and wellbeing (68%) and having feelings of burnout themselves when trying to address their patients' SDOH (63%). Additionally, this same number of physicians (63%) reported not having adequate resources in their practice to address patients' SDOH.

Primary care physicians (72%), employed physicians (70%), physicians ≤45 years old (73%) and female physicians (76%) are more likely to agree managing patient's SDOH has a major impact on physician mental health and wellbeing. Asian physicians (78%) are also more likely than white physicians (64%) to agree managing patients' SDOH has a major impact on physician mental health and wellbeing, while physicians in urban areas (72%) are more likely than suburban physicians (64%).

Employed physicians (66%), physicians ≤45 years old (70%) and female physicians (72%) are also more likely to report often having feelings of burnout when trying to address their patients' SDOH. Additionally, Asian physicians (74%) are more likely than white physicians (61%) to report often having feelings of burnout when trying to address their patients' SDOH.

Q9: How would you characterize each of the following in terms of contributing to physician burnout rates?

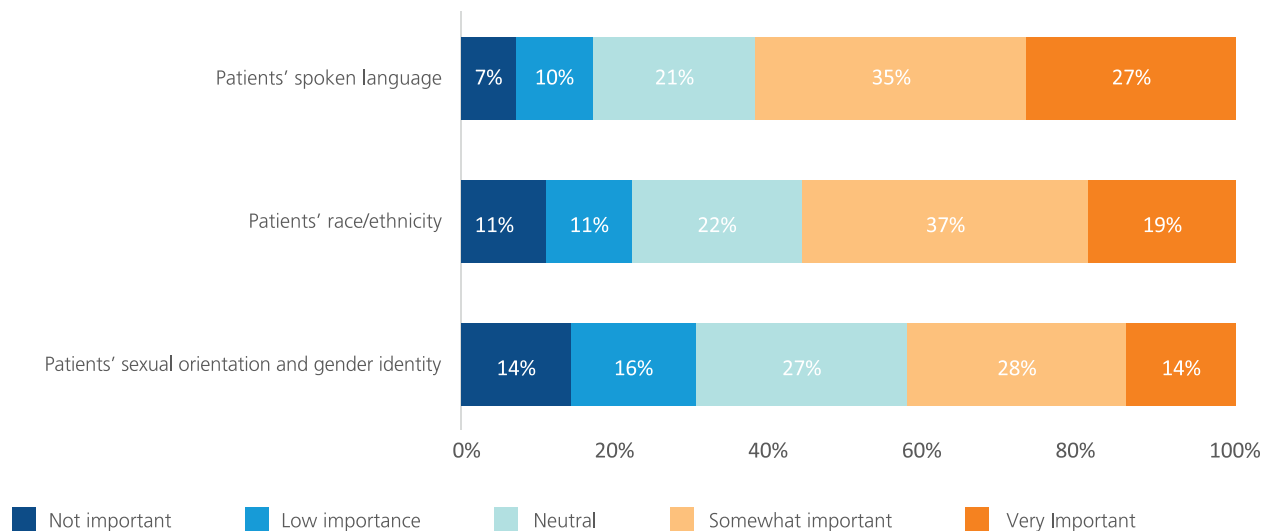


Physician burnout is a complex challenge and according to physicians surveyed, multiple factors were identified as moderately/significantly contributing to physician burnout rates—from administrative burdens (98%) to prior authorization requirements (93%). However, eight in 10 physicians (83%) reported challenges in addressing patients’ SDOH contribute to physician burnout rates. Physicians ≤45 years old (26%) and female physicians (30%) are more likely to report that challenges in addressing patients’ SDOH contribute to physician burnout rates. Additionally, Asian physicians (30%) compared to white physicians (20%) are more likely to report addressing patients’ SDOH moderately/significantly contributes to physician burnout rates.

Proportion of Physicians who Believe Addressing Patients’ SDOH Moderately/Significantly Contributes to Burnout Rates by Age, Gender and Race/Ethnicity

	2022
Physicians ≤45 Years Old	87%
Physicians 46+ Years Old	79%
Female Physicians	88%
Male Physicians	80%
Asian Physicians	89%
White Physicians	81%

Q10: In your opinion, how important is it to stratify health care data by each of the following?



More than half of physicians believe it's important to stratify health care data by patients' spoken language (62%) and race/ethnicity (56%). Additionally, four in 10 physicians (42%) of physicians believe it's important to stratify health care data by patients' sexual orientation and gender identity. Physicians of color reported more importance on stratifying data by patients' demographics than their white physician colleagues.

Importance of Stratifying Patient Data by Race/Ethnicity

	Asian, Black and Hispanic Physicians	White Physicians
Patients' spoken language	70%	60%
Patients' race/ethnicity	68%	54%
Patients' sexual orientation/gender identity	51%	41%

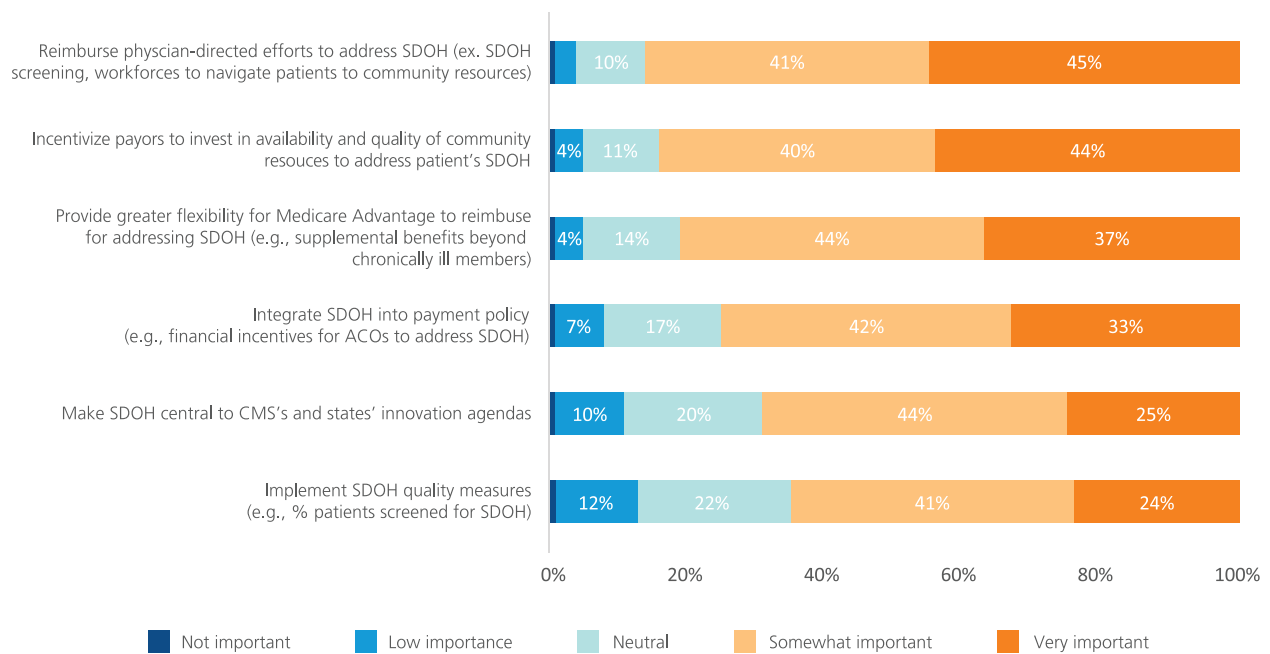


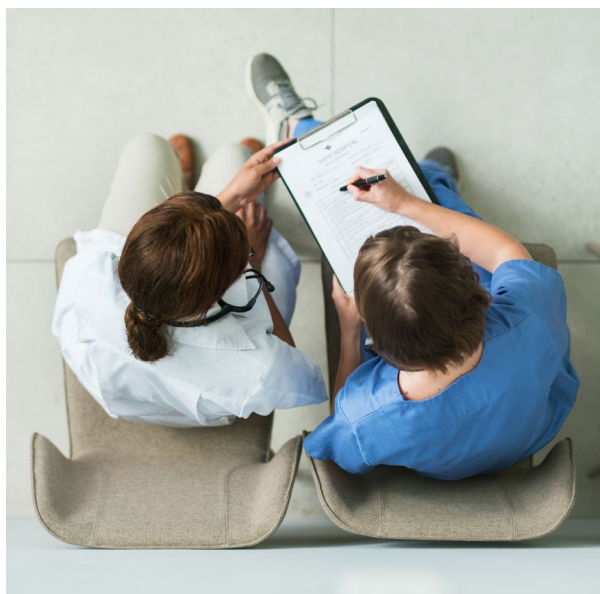
Employed physicians, female physicians and physicians ≤45 years old also reported more importance on stratifying data by patients' demographics.

Importance of Stratifying Patient Data

	Employed Physicians	Independent Physicians	Female Physicians	Male Physicians	Physicians ≤45 years old	Physicians 46+ years old
Patients' spoken language	66%	53%	72%	57%	67%	59%
Patients' race/ethnicity	60%	46%	64%	53%	61%	52%
Patients' sexual orientation/gender identity	46%	33%	53%	36%	49%	37%

Q11: If the goal is to improve health outcomes and ensure high-quality, cost-efficient care for all, how important are each of the following policy steps?





Multiple policy steps were identified as important by at least eight in 10 physicians to improve health outcomes and ensure high-quality, cost-efficient care for all—reimbursing physician-directed efforts to address SDOH (86%), incentivizing payors to invest in availability and quality of community resources to address patients’ SDOH (84%) and providing greater flexibility for Medicare Advantage to reimburse for addressing SDOH (81%). Additionally, three-fourths (75%) of physicians reported integrating SDOH into payment policy as important to improve outcomes.

For the top three policy strategies, significantly more primary care physicians and female physicians reported their importance to improving outcomes.

Important Policy Strategies

	Primary Care Physicians	Specialists Physicians	Female Physicians	Male Physicians
Reimburse physicians	89%	84%	91%	83%
Incentivize payors	87%	83%	87%	83%
Provide greater flexibility for Medicare Advantage	83%	79%	86%	78%



CONCLUSION

The Physicians Foundation's *2022 Survey of America's Physicians* indicates that physicians recognize SDOH as inextricably linked to our health care system. This was true before the pandemic, and COVID-19 has intensified SDOH's impact on patients' health outcomes with almost nine in 10 physicians reporting that the economic disruption caused by the coronavirus pandemic is likely to exacerbate the social conditions that cause poor health.

With more than three-quarters of physicians indicating that all or many of their patients' health outcomes are affected by at least one SDOH, we know that these factors are affecting physicians' practice and delivery of care to their patients. And physicians want to be able to do something about it: nine in 10 physicians would like a greater ability to effectively address patients' SDOH in the future.

However, six in 10 physicians feel they have little to no ability or have adequate resources to effectively address patients' SDOH. Limited time during patient visits, an insufficient workforce to navigate patients to community resources and lack of community

resources are challenges having a great impact on physicians' time and ability to address SDOH.

The impact of these challenges on physicians' time and ability goes beyond patient outcomes. Being able to address patients' SDOH also affects physician mental health and wellbeing, with eight in 10 physicians agreeing that addressing patients' SDOH contributes to burnout rates. Individually, six in 10 physicians reported they often have feelings of burnout when trying to address their patients' SDOH.

To minimize SDOH's effects on physician burnout and improve patient outcomes, change is needed. Eighty percent of physicians believe that the United States cannot improve health outcomes or reduce health care costs without addressing SDOH.

Investing in community capacity, investing in technological and human capacity to connect patients with resources, screening patients to identify social needs, reducing existing payer requirements and creating financial incentives for physician-directed efforts are just a few of the ways physicians can be supported in addressing patients' SDOH.

Policy action is also necessary. Physicians are held responsible for patients’ health through quality measures and financial rewards or penalties that focus almost entirely on clinical care, not including SDOH. To change this, physicians identified reimbursement of physician-directed efforts to address SDOH, incentivizing payors to invest in SDOH community resources, providing greater flexibility for Medicare Advantage to reimburse addressing SDOH and integrating SDOH into payment policy as important for improving health outcomes and providing high-quality, cost-efficient care for all.

As we continue building broad-based understanding of SDOH and their implications for patients and physicians, it is critical that physician and patient voices remain central to the discourse and decision-making. It is through addressing SDOH that we can improve patient outcomes for everyone and ensure that the physician workforce is well supported and financially recognized for its partnership with patients.

METHODOLOGY

The 2022 survey was sent by email to a list of physicians derived from Medscape’s proprietary database. Medscape leveraged their proprietary distribution of percentage of primary care physicians vs. specialist physicians to set quotas for this study. The survey was fielded from February 3 through February 11, 2022, and the data presented is based on 1,502 responses. For detailed demographic breakdown of respondents, see page 25. For the purposes of this survey report, responses addressing gender demographics are identified using the binary terms male and female.

Responses by Physician Type

Practice	2022
Primary Care	33%
Specialty	67%

Thirty-three percent of physicians who responded to the survey practice primary care, defined in this survey as family medicine, general practice, internal medicine or pediatrics, while the remaining 67% identified as a practicing physician in one of the following specialties: addiction medicine, allergy/immunology, cardiology, dermatology, endocrinology/diabetes, gastroenterology, gynecology oncology, HIV/aids specialist, infectious disease, interventional cardiology, intensive care/critical care, medical oncology, nephrology, neurology, ob/gyn, oncology/hematology, orthopedics/orthopedic surgery, otolaryngology/ent, pain management/pain medicine, pathology, pediatrics, pediatrics sub-specialty, radiation oncology, rheumatology, surgeon or urology.

Responses by Gender

Gender	2022
Female	36%
Male	61%
Other/Prefer not to answer	3%

Sixty-one percent of physicians who responded to the survey are male, 36% are female and 3% indicated they are other or preferred to not designate a gender.

Responses by Race/Ethnicity

Race/Ethnicity	2022
Asian	21%
Black	3%
Hispanic	4%
White	63%
Other/Prefer not to answer	9%

Sixty-three percent of physicians who responded to the survey are white, 21% are Asian, 3% are Black and 4% are Hispanic. Nine percent of respondents indicated they are other or chose not to disclose their race/ethnicity. The representation in the survey is relative with active physicians demographic breakdown; according to American Association of Medical Colleges, 56% of physicians are white, 14% are Asian, 5% are Black and 5.8% are Hispanic.

Responses by Geography

Geography	2022
Rural	8%
Suburban	49%
Urban	43%

Forty-three percent of physicians who responded to the survey practice in an urban area, 49% practice in a suburban area and 8% practice in a rural area.

Responses by Practice Status

Practice Status	2022
Independent	27%
Employed by hospital	47%
Employed by physician-owned	20%
Other	6%

Twenty-seven percent of physicians who responded to the survey are independently employed (practice owner or partner), 47% are employed by a hospital or hospital-owned media group and 20% are employed by a physician-owned medical group.

Responses by Age

Age	2022
18-35 years old	15%
36-45 years old	29%
46-55	24%
55-65	21%
66+	11%

The ages of survey respondents generally correspond to the ages of all physicians.

DEMOGRAPHIC BREAKDOWN

	Total	PCPs (A)	Specialist (B)	Independent (C)	Employed (D)	≤45 Yrs. Old (E)	46+ Yrs. Old (F)	Male (G)	Female (H)
Base	(n=1502)	(n=500)	(n=1002)	(n=409)	(n=1093)	(n=668)	(n=834)	(n=917)	(n=537)
Specialty									
PCPs	33%	100%	–	32%	34%	31%	35%	29%	40% ^G
Specialists	67%	–	100%	68%	66%	69%	65%	71% ^H	60%
Practice Type									
Independent	27%	26%	27%	100%	–	14%	38% ^E	31% ^H	20%
Employed by hospital	47%	44%	48%	–	64%	62% ^F	34%	44%	51% ^G
Employed by physician-owned	20%	21%	20%	–	28%	20%	21%	20%	22%
Age									
18–35 Yrs. Old	15%	15%	16%	3%	20% ^C	34%	–	14%	18% ^G
36–45 Yrs. Old	29%	27%	30%	19%	33% ^C	66%	–	26%	32% ^G
46–55 Yrs. Old	24%	28% ^B	22%	31% ^D	22%	–	44%	22%	28% ^G
56–65 Yrs. Old	21%	19%	22%	32% ^D	17%	–	38%	24%	16%
66+ Yrs. Old	11%	11%	10%	15% ^D	9%	–	19%	14%	5%
Race/Ethnicity									
White	63%	60%	64%	68% ^D	61%	56%	68%	68% ^H	60%
Black	3%	3%	3%	3%	3%	3%	3%	3%	4%
Asian	21%	23%	19%	14%	23% ^C	25% ^F	17%	19%	26% ^G
Hispanic	4%	4%	4%	4%	4%	4%	3%	4%	4%
Geography									
Urban	43%	34%	47% ^A	30%	47% ^C	51% ^F	36%	43%	43%
Suburban	49%	54% ^B	46%	60% ^D	45%	42%	54% ^E	49%	49%
Rural	9%	12% ^B	7%	10%	8%	7%	10% ^E	9%	9%
Gender									
Male	61%	53%	65% ^A	70% ^D	58%	56%	66% ^E	100%	–
Female	36%	43% ^B	32%	26%	39% ^D	41% ^F	32%	–	100%

Responses totals for “other/declined” for race/ethnicity and gender have been excluded from the table.

MARGIN OF ERROR ASSESSMENT

The sample for this study of N=1502 represents the Medscape online population with a margin of error of $\pm 2.529\%$, at a 95% confidence level. The survey used a point estimate (a statistic) of 50%, given a binomial distribution.

ABOUT THE PHYSICIANS FOUNDATION

The Physicians Foundation is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. As the U.S. health care system continues to evolve, The Physicians Foundation is steadfast in strengthening the physician-patient relationship, supporting medical practices' sustainability and helping physicians navigate the changing health care system. The Physicians Foundation pursues its mission through research, education and innovative grant making that improves physician wellbeing, strengthens physician leadership, addresses social drivers of health and lifts physician perspectives.

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- Connecticut State Medical Society
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- New Hampshire Medical Society
- North Carolina Medical Society
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