

The 2011 National Physicians Survey

Frustration and Dismay
in a Time of Change

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About HCPlexus

HCPlexus provides products and resources to health care practitioners to make their jobs easier, faster, and more profitable while improving patient outcomes. These management tools were designed to meet HCPs' daily needs and provide solutions at the point of care. Our commitment is to follow in the footsteps of our iconic brand, The Little Blue Book™, which has been the physician's most valuable daily resource at the point of care for 22 years. Recent additions such as TLBB Mobile and TLBB Online have built on this passionate and loyal following by leveraging our data, with added functionalities made possible by a digital platform. By providing value to the HCP, our products deliver high-impact, high-ROI campaigns directly to physicians for marketers and agencies.

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Introduction

As the publisher of The Little Blue Book, HCPlexus has forged relationships with hundreds of thousands of physicians. The Little Blue Book (TLBB) is best known as the go-to resource for physician-to-physician referrals and consultations.

To further understand physicians' needs and critical perspectives on the rapidly changing landscape of health care, HCPlexus developed the National Physicians Survey (NPS). Working together with Thomson Reuters, one of the most trusted names in news and information, HCPlexus is seeking to provide insight into physicians' views on the issues that will be affecting all of us in the coming years.

HCPlexus conducted this nationwide study of physicians' opinions during the month of September 2010. Results were compiled in October, and follow-up information was gathered directly from physicians in December 2010 and January 2011.

Physicians were asked to respond to a series of questions: the quality of health care in the near future in light of the Patient Protection and Affordable Care Act (PPACA), the impact of Electronic Medical Records (EMR), and the specific consequences both physicians and patients may encounter because of the PPACA – also known as the Health Care Reform Act of 2010 (HCRA) legislation.

This report is based on the responses of 2,958 physicians that include primary care doctors and specialists from every state in the US (and the District of Columbia). The questionnaire was faxed to their offices with the invitation to “express your opinion about the future of health care in this country.”

To provide a view into how the physician response compares to consumer perceptions, HCPlexus also partnered with Thomson Reuters to add key findings from their research. The report includes relevant highlights from the Thomson Reuters Consumer Healthcare Index and PULSE healthcare consumer survey. In May 2010, these research tools measured consumer satisfaction, expectations and perceptions regarding the impact of healthcare reform.

The first part of this report summarizes the physicians' answers to questions about the future of health care. The second part summarizes findings based on the physician specialties represented in this survey.

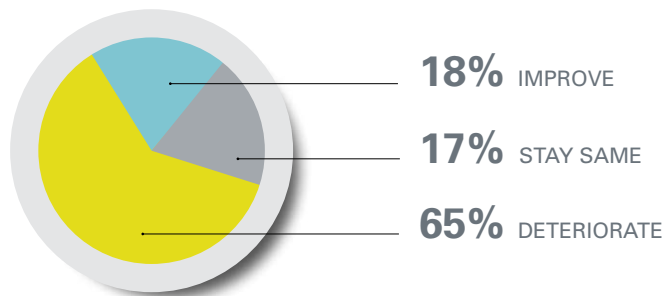
D.B., ENT; CA >

In California the quality of healthcare has been gradually declining for some time. Due to increased regulations, reporting standards and intentional and unethical insurance challenges we have less time to spend with patients. The increased scrutiny increases the aura of anxiety in addition to falling payment schedules and increasing overhead...We just don't have the funds to support universal care as laudable as that might be and the end result will be a deterioration of health care quality.

Health Care in the US in the Next 5 Years

We explored how physicians' perceptions on health care may evolve in the near term in the US.

During the next 5 years, the quality of health care in this country will:



An overwhelming majority of physician respondents, 65%, believe that the quality of health care in the country will deteriorate. Reasons given range from political perspectives of individual physicians, to anger directed at insurance companies and a lack of accurate planning in the reform act. The inclusion of several exclamation points in the responses indicate the strong feelings many physicians have regarding the negative effects they expect from the PPACA.

Seventeen percent of physicians believe the quality of health care will stay the same during the next five years.

Only 18% of respondents believe the quality of health care will improve in this country. The few comments from this group demonstrate a struggle between optimistic and pessimistic views – almost providing a caveat to their positive response.

D.P., SURGERY; AZ >

It is likely that with increased demand for general surgeons, rising overhead costs and decreasing reimbursement, there will be many of us simply retiring or finding other opportunities rather than accept the risks of surgical practice and below minimum wage benefits.

It should be noted that only a very small percentage of physicians did not answer the question with one of the provided answers, but instead suggested an answer of "unsure," "unknown," or "don't know". Clearly, nearly every physician has a point of view on this issue.

L.M., PLASTIC SURGERY; LA >

I think it is inevitable because the PCPs will simply not have the time or resources to manage all the extra work. I would think though, that the ancillary practitioners would work under supervision initially and then, like most systems that allow sub-standards, we would move to independent semi-trained "doctors".

M.K., ORTHOPAEDIC SURGEON; IL >

I believe that specialists feel that the PCP's will allocate the majority of their time to the patients with commercial insurance or sources that have higher re-imbursements and leave the lower level payors for their PA's and Nurse Practitioners to manage the majority of the time. These patients also have a history of being less likely to take an active role in their own care and have more "self inflicted problems", i.e. smoking, obesity etc.

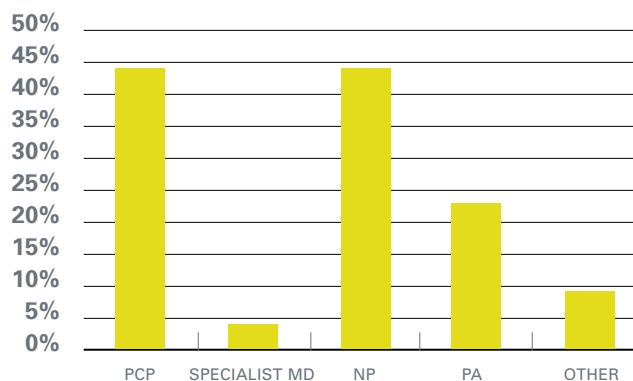
A comparison of the physician response to the Thomson Reuters research on consumer opinions reveals some interesting contrasts. Like the physician group, a minority of consumer respondents believe that healthcare reform will improve the quality of overall population health. The group of optimistic healthcare consumers is larger than the physician minority, with close to 30% of consumers believing that healthcare will improve, compared to 18% of physicians.

Health Care Reform – **Attending to Patients**

Much discussion about the PPACA centers around the type of treatment patients will receive. Will patients have as much personal interaction with their physicians? Will everyone be known as a number? How will physicians manage their practices in an effective and cost-efficient manner under the new regulations?

We asked physicians the critical question: who is going to treat the currently uninsured Americans who will have access to health insurance provided for in the PPACA? Respondents indicated that Nurse Practitioners will see as many patients as Primary Care Physicians, with 44% voting for each.

The 32 million Americans receiving health coverage under the Health Care Reform Act of 2010 mostly will be treated by:



Respondents were allowed to select more than one answer.

47 respondents also agreed on a write-in answer, indicating that ER physicians will see significantly increased traffic based on the PPACA.

S.M., FAMILY PRACTICE; CA >

Because many specialists are clueless about the long-standing close relationships between Primary Care Physicians and their patients. Unless reimbursement is reduced significantly, this relationship will continue.

R.A., FAMILY PRACTICE; CT >

Specialists will push for this to happen. They make their money predominantly by doing procedures. The physician extenders can take care of the majority of the problems seen in the office.

B.D., INTERNAL MEDICINE; OH >

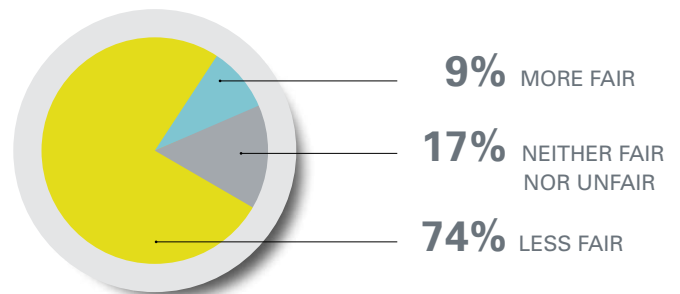
....Specialists tend to devalue the role of generalists. The model they would like to see operative is one where "PCPs" update shot records and screening protocols...be responsible for completing FMLA paperwork, signing home health care orders, taking off-hour calls, and other uncompensated work. They would limit their medical care to self-limited conditions like colds and minor trauma... Generalists see a model where they manage all aspects of the patient care. They actively treat all their patients' conditions to the degree that their training and experience allows them meet the standard of care. They determine not only when a consult or referral is needed but also when it is not and when routine specialty follow-up no longer adds significantly to the patients care.

These are competing visions....The first model prevails in major American metro areas with teaching hospitals. The second prevails in most western democracies....Frankly I'm not sure which will prevail under health care reform. I believe that a comparative analysis would clearly show improved patient satisfaction improved outcomes and most of all reduced cost with a greater role for generalists but I'm not optimistic that reason will win out over the lobbying power of the specialists.

Health Care Reform – Physician Reimbursement

It is probably not a surprise to learn that the majority of physicians believe that under PPACA, the process for physician reimbursement will become less fair for them.

The impact of the Health Care Reform Act of 2010 will result in physician reimbursement becoming:



74% of physicians believe the PPACA will result in less fair physician reimbursement. What clearly surfaces in the comments about this topic is the growing frustration with non-physician providers' compensation.

L.L., GENERAL PRACTICE; CO >

I'm sure I speak for most of my physician colleagues when I say that our reimbursement is already woefully unfairWe make decisions on a daily basis that are vital to the health and welfare of our patients, many times even in life and death situations. We work ridiculous hours, are expected to be available 24 hours on call and to answer questions and solve problems for free over the phone, this after spending the whole decade of our 20's (and many of us into our 30's) in training making little or no income, all the while building up huge student loans. That, in a nutshell, is why things are unfair now, and are likely to become less fair in the future. The American public does not value our services unless they are desperately needed, and even then assume that they will have to pay little or nothing.

Physicians voice the concern that Nurse Practitioners and Physician Assistants, though not as well trained or as educated, are compensated similarly to primary care physicians. An additional point of contention for physicians is the burden they bear of educational loans long into their practicing years, while NPs and PAs do not.

Health Care Reform – Patient Impact

The Health Care Reform Act of 2010 has a dual impact on patients and physicians. Therefore, physicians were asked about their opinions regarding the PPACA's impact on patient care.

D.S., INTERNAL MEDICINE; CA >

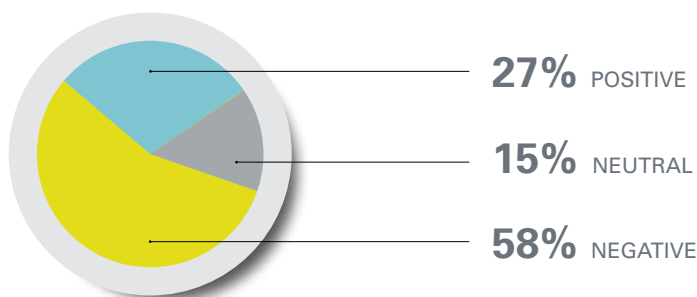
It will have a negative impact because the 30M newly insured will not be able to find a primary care physician. There is already a shortage, and nobody is interested in primary care anymore. There is too much uncompensated work, and it keeps increasing. ER's will be even more impacted than they are now, due to lack of access to primary care. The very presence of these patients will negatively impact the care of other ER patients.

It is unlikely the reimbursement for care of these millions of souls will be very good, so physicians with already full practices will have no interest in taking on any of them.

While the physicians express almost universally negative opinions about the impact on their reimbursements, their views on the impact on patient care are much more mixed, but still predominantly negative.

Feedback verbatim was lengthy and detailed – citing reasons that stemmed from planned changes for certain populations, to frustrations with inappropriate expectations from the patient population at large.

Overall, the impact of the Health Care Reform Act of 2010 for patients:

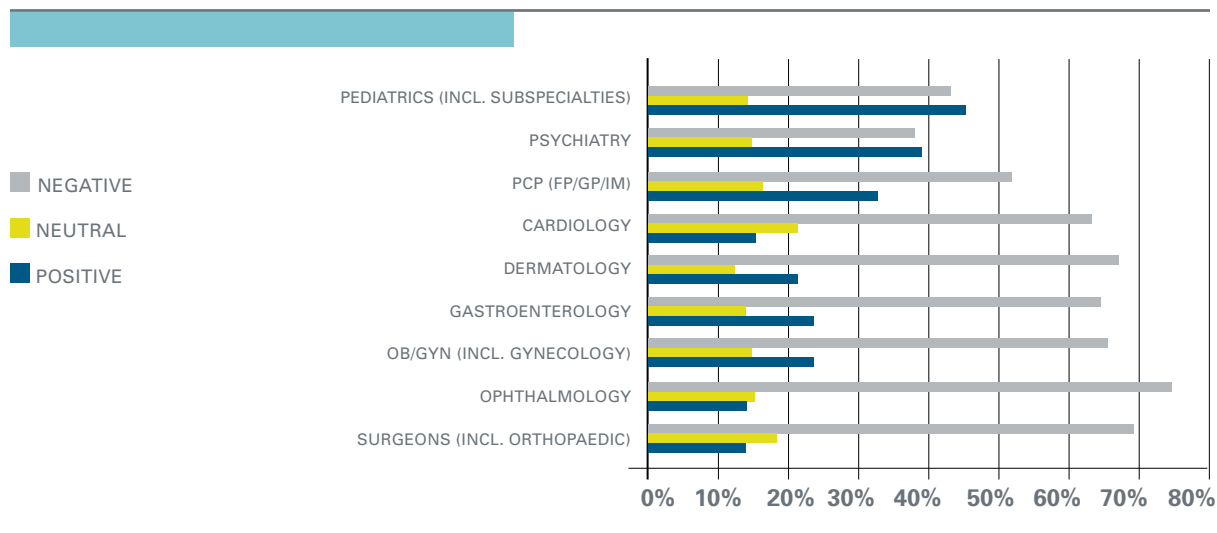


Amid the significant pessimistic outlook, Pediatricians and Psychiatrists were the most optimistic of the group, with 45% and 48% respectively believing that PPACA will have a positive effect on patients.

Surgeons and Ophthalmologists were the naysayers of the group, with the highest numbers of both the least positive and most negative responses.

J.U., FAMILY PRACTICE; CA >

The government cannot manage healthcare better than private industry. Medicare is bankrupt. Medi-Cal (Medicaid) is a joke. As PCPs see more patients with chronic diseases we will watch our reimbursement fall. This will require us out of necessity to spend less time with each patient. ... Let private industry fix this health care issue, not the government. Patients and providers will suffer in the long run.



How does this compare to consumer perceptions? The Thomson Reuters research found that more than 50% of consumers believe that healthcare reform will increase costs. For consumers there is an inverse relationship between expectations regarding impact of healthcare reform and consumer confidence in their ability to access, use and pay for healthcare in the short term.

The consumer group with the lowest income, who are most impacted by the present economic conditions, are most optimistic regarding the impact healthcare reform will have. Healthcare reforms have not kicked in for them yet, but they see a light at the end of the tunnel. At the same time, they are not optimistic about their current and near term (3 months) ability to access, use and pay for healthcare services, as evidenced by the low sentiment scores.

A.A., PEDIATRICS; KY >

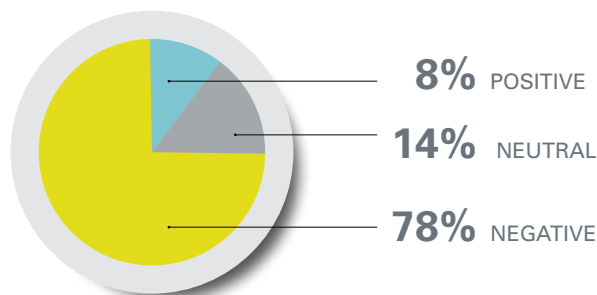
We see a lot of patients who have (Medicaid). At times the parents and some adults have to be seen. ... There are situations that instead of seeing the adult parent, the children are referred as surrogates because they have Medicaid. We also see a lot of patients with complex medical problems that can easily bankrupt the family. The health care bill may help alleviate many of these problems.

The consumer group with higher incomes have greater confidence in their current position and the near term future, as evidenced by higher sentiment scores. However, they see only the negative aspects of healthcare reform – higher cost without improvement in quality. And the higher the income group, with the exception of the highest, the lower the expectation of improvement in health.

Health Care Reform – Physician Impact

If the responses from physicians to the question about the effect of PPACA on their reimbursement were negative – the response to the question about how PPACA would impact them as physicians overall were even more negative.

Overall, the impact of the Health Care reform Act of 2010 for physicians:



Verbatim feedback clued us into the fuel that seems to be fanning the fires of apprehension and frustration.

B.K., PEDIATRICS; IL >

The system is close to being broke and the reform act is not going to fix it. Like most docs I wish I had an answer. I believe we will have two systems private and public sometime in my career. Enjoy.

A.S., INTERNAL MEDICINE; VA >

It will shift more of the financial risk to physicians—ACO's, etc. Also, there is no inclusion of patient accountability in the Act. Basically, it places providers responsible for noncompliant patient populations. Being in a rural underserved area with a population who has poor education and even poorer health literacy really places me at a disadvantage from that standpoint. I think primary care physicians are already practically nonentities in hospital's/insurer's minds, and divvying up bundled payments is only to our detriment.

K.W., PEDIATRICS; TX >

As a society we are angry if a pregnant woman is sent home from a hospital ER to deliver in her car because she has no money. If someone is in a car wreck we require the hospital to fix that patient whether the patient can pay or not. No other profession is expected to work for free. There is a chance with this legislation that we will be closer to making sure everyone has health insurance. The majority party in my state is now trying to discontinue Medicaid and Chips so that I can treat everyone for free. I'll take my chances with Obamacare rather than no care. Physicians that care for the poor or chronically ill have always fared better with Democratic policies than Republican. Always!

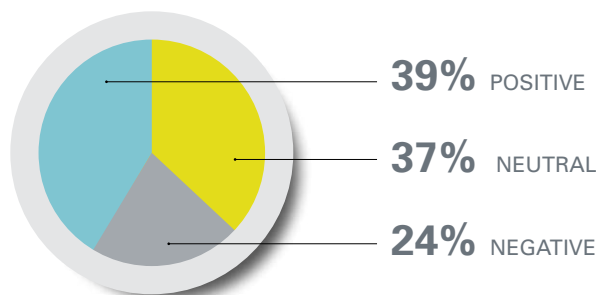
C.G., OB/GYN; CO >

How can one predict the real impact of some law coming out of Washington? I may be the rare left-of-middle physician, but I believe that more people having insurance is a good thing. More people with insurance means that there will be more potential patients for physicians. This is the main way that the law is good for physicians....I have been in practice for over 20 years. In that time I have seen insurance companies raising their rates every year while the reimbursements have remain stagnant, or worse. ...The insurance companies have reached the perfect balance of high premiums (increasing their income) and high deductibles and co-pays so that no one can use their insurance except in an emergency (yielding high profits)....I do not hate insurance companies. In fact, I would work for one in a minute, because I bet that if their employees work harder they can move up in the company and make more money every year. Unfortunately, in the current system, physicians are forced to work harder to make the same money they made last year, all the time knowing that their task is sisyphian...to answer your question more fully,...the bill will hopefully be a catalyst for more changes. We need legislation to give the government the power to negotiate prices in the Medicare Drug program and we need to work on tort reform.

Impact of EMR on Patient Care

Electronic Medical Records (EMR) are being incorporated into many practices around the country. Both physicians and the public can identify positives and negatives about EMR – including privacy and security issues and how it affects the doctor-patient relationship. How do physicians really feel about EMR?

The impact of electronic medical records (EMR) on quality of quality of patient care will be:



On the subject of EMR, responses were split rather evenly. 39% of responding physicians believe EMR systems will have a positive impact on patient care.

On a less positive note, an almost equal amount of respondents (37%) believe EMR will have a neutral to no effect on patient care.

A.T., DERMATOLOGIST; CO >

We have had EMR in place for 3 years and would never go back to paper charts. We have 2 offices and EMR makes it easier to keep track of patients at both sites. I love that I can access their charts at home when I am on call as well.

Only 24% of respondents believe EMR will have a negative effect on patient care.

J.P., DERMATOLOGIST; AZ >

I feel that it (EMR) interferes with the patient-doctor interaction. You cannot record your patient's answer and still maintain eye contact and watch the patient's body language as you proceed with the interview.

Accountable Care Organization participation

An Accountable Care Organization (ACO) is a group of healthcare providers who accept accountability to manage patient care across multiple care settings. The primary focus of an ACO is improving the overall health and care experience of its patients, while managing the total cost of care. Prototypes include Kaiser Permanente health plans, the Mayo Clinic and the Cleveland Clinic.

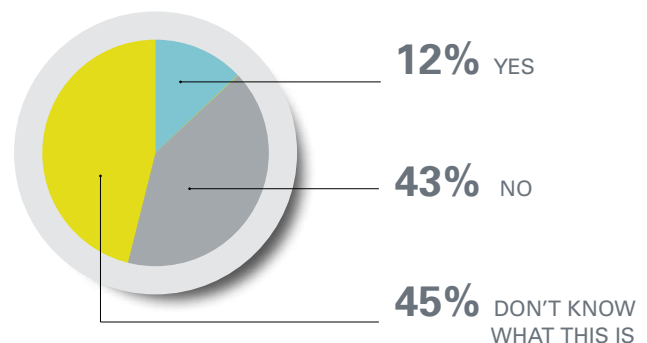
45% of all respondents indicated they did not know what an ACO is. Physicians clearly have lower awareness of ACOs versus the broader implications of PPACA for reimbursement and patient care quality, based on their evident and strong opinions.

A.S., OB/GYN; OH >

It seems like it would be another layer of bureaucracy to an already overcrowded system of "managed" care. There would probably be a cost associated with it over and above the current costs of care (more administrators mean either more cost, or less payment to physicians). I guess I don't see the value in it for me. There may be value for patients if it reduces their cost and doesn't affect their care; I don't know if it could do that, though.

Only 12% of the responding physicians in the National Physicians Survey indicated they are actively in discussions to form an ACO. No physician category or specialty had more than 17% of respondents that said "yes".

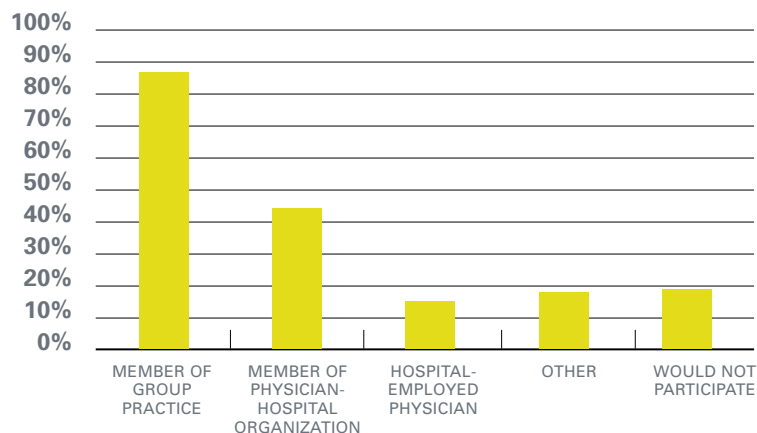
Are you involved in discussions to form an Accountable Care Organization (ACO)?



ACOs can take a number of forms, and physicians may participate in different ways. They may be a member of a Group Practice, a Physician-Hospital organization, or may be a Hospital-Employed physician.

604 respondents indicated they were in such discussions, and we asked them what their plans were. A vast majority (86%) indicated that they would be doing so as part of a Group Practice.

If you answered “yes” are you likely to participate in an Accountable Care Organization as a:



W.S., FAAP; HI >

I am not going to participate with any ACO...I'm a solo practice pediatrician in a rural and very poor area (80% of my patients are on Medicaid). We have a Kaiser Permanente here but they do not participate with Medicaid due to its poor reimbursement. Like many large institutions, I would not have the freedom to do what I want or need to do if I were a member. I know my families well and...can write off the visit if I know that they are in a desperate situation. I've been paid with fresh fish, freshly baked cookies, sushi, banana bread...etc, and I always find these types of payments are much more rewarding. This is the joy of solo practice.

Physician Responses by Specialty

As this is one of the largest surveys of physicians ever conducted in this country, we are able to compare responses from different physician specialties, as well as from physicians working alone to those working in practices with over 20 doctors.

The study revealed significant differences and similarities between the answers from different groups of physicians. Only in a few cases, where the number of physicians in this sample as well as in the US overall, is very small, are we unable to draw firm conclusions based on this study.

Specialties Reviewed

Primary Care

PCP (FP/GP/IM)

Pediatricians

OB/GYN

Medical Specialists

Cardiology

Dermatology

Gastroenterology

Ophthalmology

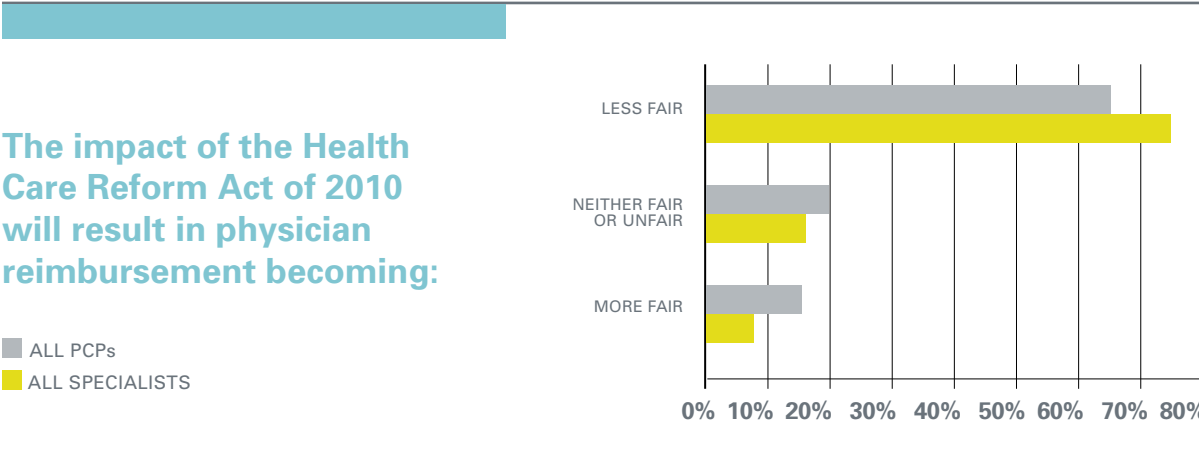
Psychiatry

Surgical Specialists

All surgeons

Orthopaedic surgeons

908 physicians who participated in the National Physicians Survey fall under the category of PCP (which includes Family Practice, General Practice, and Internal Medicine).



While PCPs were not the most resoundingly positive of our respondents, their responses were more positive on a few questions than the majority of specialists. PCPs represent a significant portion of the survey’s total respondents.

F.I., FAAFP; NJ >

“Specialists ... believe that primary care (Family Medicine, general Internal Medicine, etc) will die out as more and more doctors pick specialty medicine which is where the money is (based on the way the government and insurance companies pay). I hope they are wrong, but unless there is some sort of payment reform where prevention of disease is worth more than fixing diseases or stalling death, they may be right in sounding the death knell for primary care.”

Most insightful and profound were the number of responses we received from PCPs, many of which speak to what seems like a daily emotional struggle.

E.C., FAMILY PRACTICE; CA >

“...my personal opinion: Virtually all Primary Care (PC) Physicians and Specialists know the fact that, while PC Physicians have much more clinical training and confidence in their practice comparing to PA and NP, patients in general are more comfortable and trust their PC physicians much more than their PA and NP. Therefore (many) specialty referrals are deemed unnecessary and contained in the presence of PC Physicians. There is an obvious conflict of interest, which are mutually exclusive and self-serving. The obvious end result is PC Physicians will be better gatekeepers to conserve our limited resources and cut back on all medical expenses.”

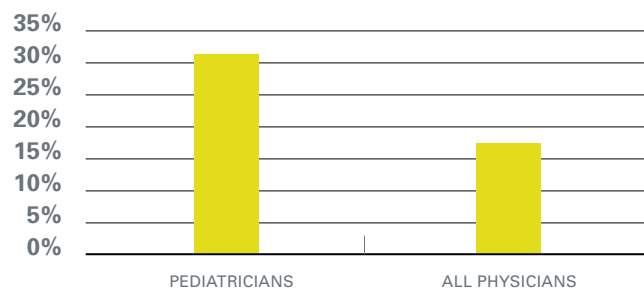
Primary Care Profile: **Pediatricians**

Pediatricians | Active US: 38,213 | Respondents: 245

Pediatricians were among the most positive respondents to the survey overall. 245 Pediatricians participated.

In response to the question on the quality of health care in the US in the next five years, Pediatricians were the most optimistic group by far – with 31% responding that the quality of health care would improve in the US in the next five years – a significantly higher positive reaction than physicians in general.

Believe that the quality of health care in the US will improve in the next 5 years:



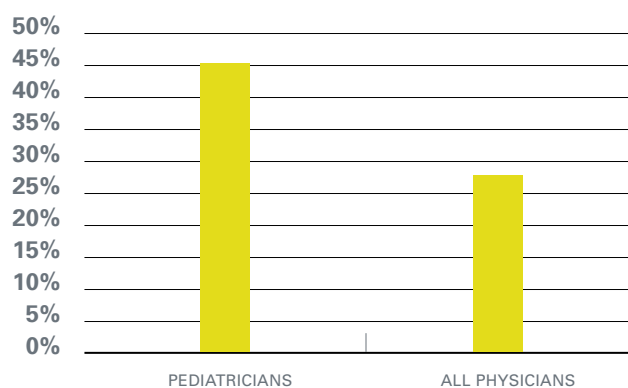
Pediatricians also had one of the more positive responses to the introduction of EMR with regard to its effect on patient care.

While pediatricians shared their colleagues' angst over the negative effect of PPACA on reimbursements and their practice in general, they had a much more positive view overall than all physicians on the impact of PPACA on their patients.

H.N., PEDIATRICS; CA >

...full coverage for all Well Child checks, no prior conditions insurance nightmares, great preventive care for children, who can't advocate for themselves...what more can a pediatrician ask for?"

Believe that overall, the impact of the Health Care Reform Act of 2010 will be “positive” for patients:



Pediatricians were close to the bottom of the list for specialties in discussions to form an ACO (Accountable Care Organization). Only 10% were engaged in a discussion, and 45% of pediatricians were not familiar with the concept of an ACO.

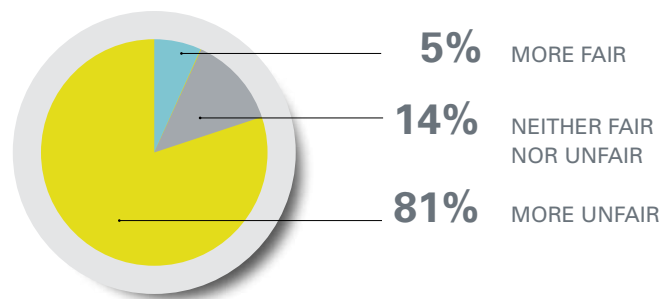
Primary Care Profile: **OB/GYN**

OB/GYN | Active US: 23,865 | Respondents: 157

With 157 OB/GYNs responding to the National Physicians Survey, there is some indication that rather than “behaving” as a specialty physician, OB/GYNs may tend to respond more like primary care physicians.

For the most part, OB/GYNs were not far off from where all physicians landed on most questions, but skewed a bit more negatively when asked about physician reimbursement based on PPACA.

The impact of the Health Care Reform Act of 2010 will result in physician reimbursement becoming:



M.F., FACOG; TX >

... the overall cost to have the government “run” healthcare, with as inefficient as the current government run programs are today (Medicare and Medicaid), will likely bankrupt our existing system and overall patient care will decline in order to have more “cost-effective measures” - we will have guidelines and standards that have nothing to do with medical ethics but the “bottom line” - those who are young and healthy enough to work and pay back into the system will be treated and those who can’t or won’t will not because they are individual “sink-holes”.

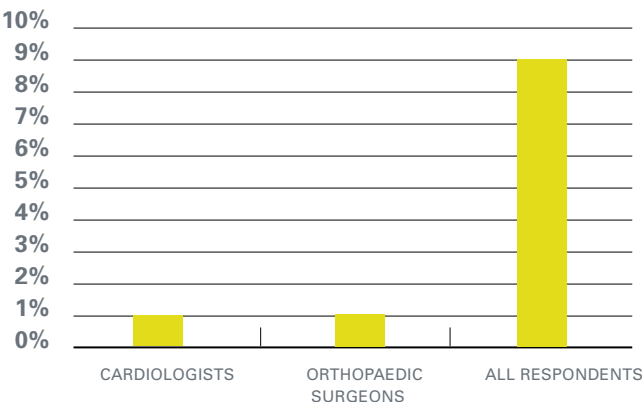
Medical Specialist Profile: **Cardiologists**

Cardiologists | Active US: 18,199 | Respondents: 74

Seventy-four Cardiologists participated in the National Physicians Survey. General feedback throughout the survey was skewed more negatively when compared to physicians as a whole, but there were some exceptions.

Cardiologists had a similar perspective on Health Care Reform, and how it would affect both patients and physicians, to most of their colleagues – pessimistic and rather negative. As a group, they tied with Orthopaedic Surgeons with the least positive response on physician reimbursement.

The impact of the Health Care Reform Act of 2010 will result in physician reimbursement becoming “more fair”:



While Cardiologists were on par with all physicians with regard to the percentage of respondents that were in discussions to form an ACO, those participating ranked significantly higher in the area of participating as a member of a physician-hospital organization, which is not surprising based on their area of specialty.

D.H., CARDIOLOGIST; NJ >

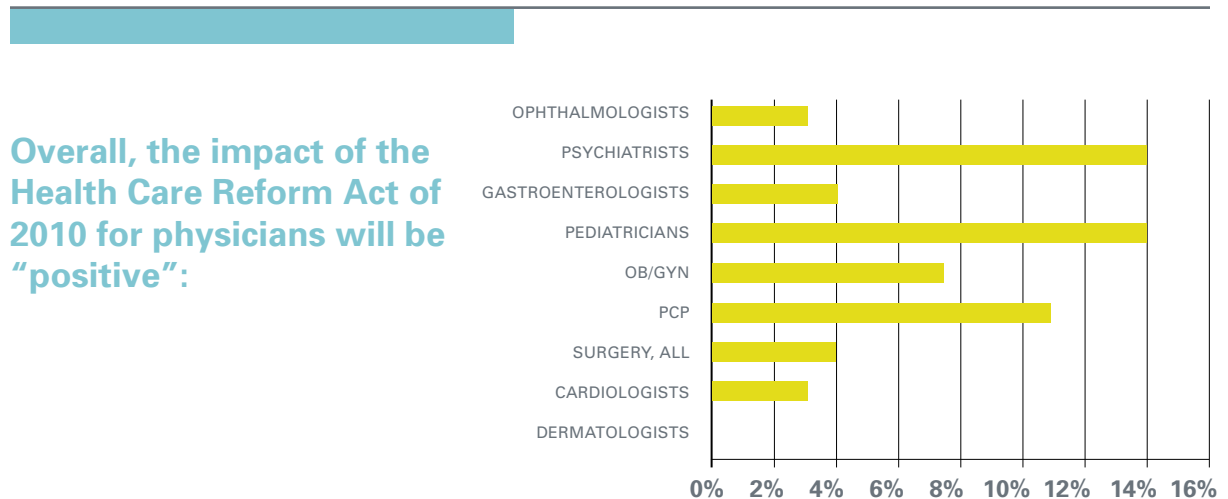
...For better or for worse, the buck stops with me, a cardiologist. I get paid for what I do, and sued if I am wrong. It is an enormous responsibility...especially considering the increase in cardiovascular disease in the last 10 years. PCPs will be motivated to do all they can from a payment perspective, but the system continually punishes the specialists like myself.

Medical Specialist Profile: Dermatologists

Dermatologists | Active US: 8,259 | Respondents: 73

The National Physicians Survey included responses from seventy-three Dermatologists. Overall, responses consistently leaned toward the negative – much like the cumulative responses of all physicians.

However, Dermatologists were notable insofar as not a single one felt PPACA would have a positive impact on physicians.



Dermatologists were the least involved in discussions around forming an ACO – with only 4% of their specialty's response acknowledging they were participating in ACO discussions. However, as a whole, Dermatologists were not any different from other physicians with regard to knowledge of what an ACO is.

Medical Specialist Profile: **Gastroenterologists**

Gastroenterologists | Active US: 10,396 | Respondents: 71

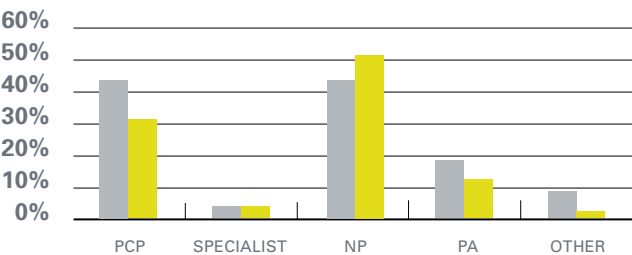
The National Physicians Survey included the opinions of 71 Gastroenterologists.

In the survey, Gastroenterologists were the strongest supporters of EMR, with 81% believing electronic medical records will have a positive or at least neutral effect on quality of patient care.

With regard to who will be taking care of patients the most often under PPACA, 51% of Gastroenterologists believe Nurse Practitioners will be seeing the most patients. They also thought fewer patients would be seeing PCPs than their colleagues who responded.

The 32 million Americans receiving health care coverage under HCRA 2010 will be mostly treated by:

■ ALL PHYSICIANS
■ GASTROENTEROLOGISTS



Gastroenterologists were also the specialty most likely to be in discussions to join an ACO, with 16% responding affirmatively. Over 50% of those in discussions will be doing so as a member of a Group Practice.

Medical Specialist Profile: **Ophthalmology**

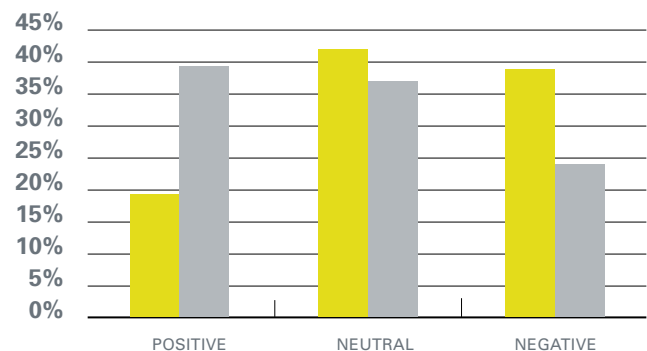
Ophthalmology | Active US: 14,351 | Respondents: 81

The National Physicians Survey included eighty-one Ophthalmologists. In general, their responses were consistently more negative to every question than those of all physicians combined.

While not the most negative responders in the survey, Ophthalmologists were far more negative on one particular question. When asked about the impact of EMR (Electronic Medical Records) on quality of patient care, they were the only specialty that varied in any significance from the rest of the respondents, with only 19% indicating that they would have a positive effect on patient care.

The impact of electronic medical records (EMR) on quality of patient care will be:

■ OPTHALMOLOGISTS
■ ALL RESPONDENTS



Medical Specialist Profile: **Psychiatry**

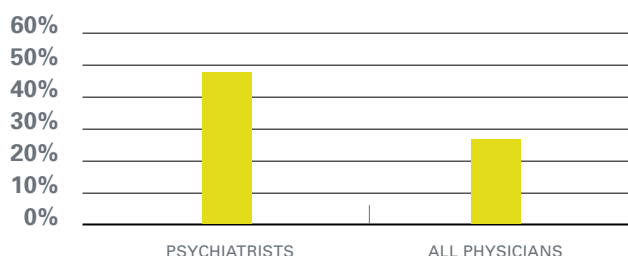
Psychiatry | Active US: 16,978 | Respondents: 88

Eighty-eight Psychiatrists participated in the National Physicians Survey. It is fair to say that they were some of the most positive respondents, with many of their answers tracking somewhat more positive than the average responses from all physicians.

After Pediatricians, Psychiatrists were the most optimistic about the state of health care in the US in the near future, and equal in their enthusiasm about the impact of EMR on the quality of patient care.

Psychiatrists responded most positively out of all physicians with regard to the impact of PPACA on patient care.

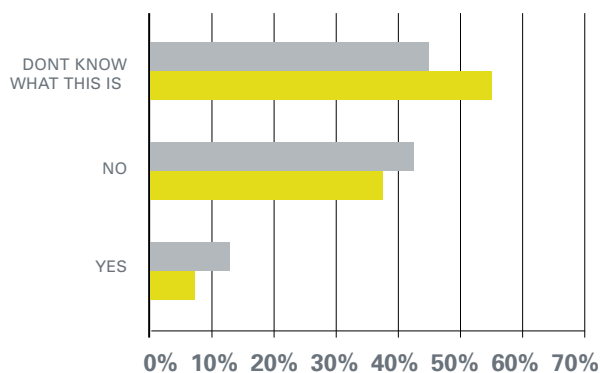
Believes that overall, the impact of the Health Care Reform Act of 2010 will be "positive" for patients:



As may be expected, Psychiatrists were among the lowest positive responders when asked if they were involved in discussions to form an ACO. They also had the second-highest percentage of respondents that were not familiar with the concept of an Accountable Care Organization.

Are you involved in discussions to form an Accountable Care Organization (ACO)?

■ ALL PHYSICIANS
■ PSYCHIATRISTS



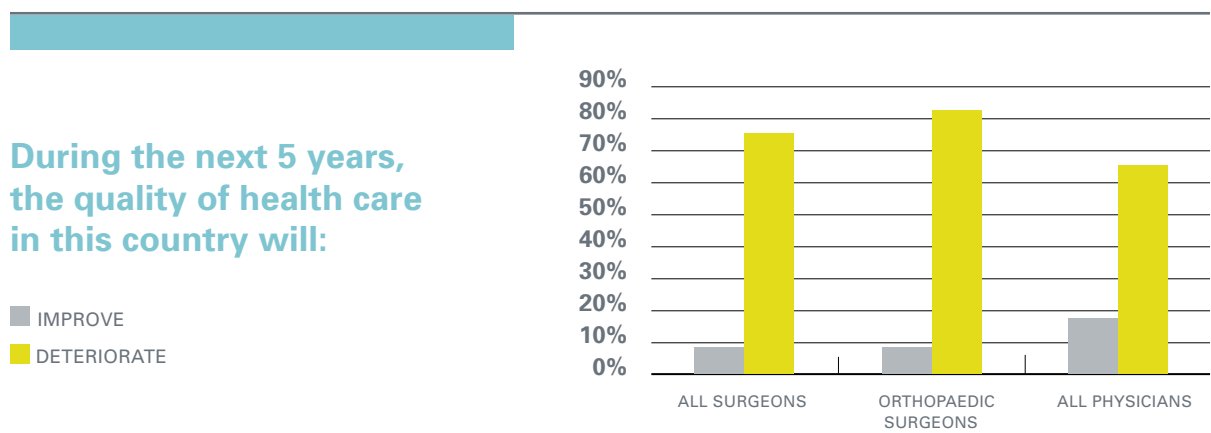
Surgical Specialist Profile: Surgeons

All Surgeons | Active US: 46,335 | Respondents: 276

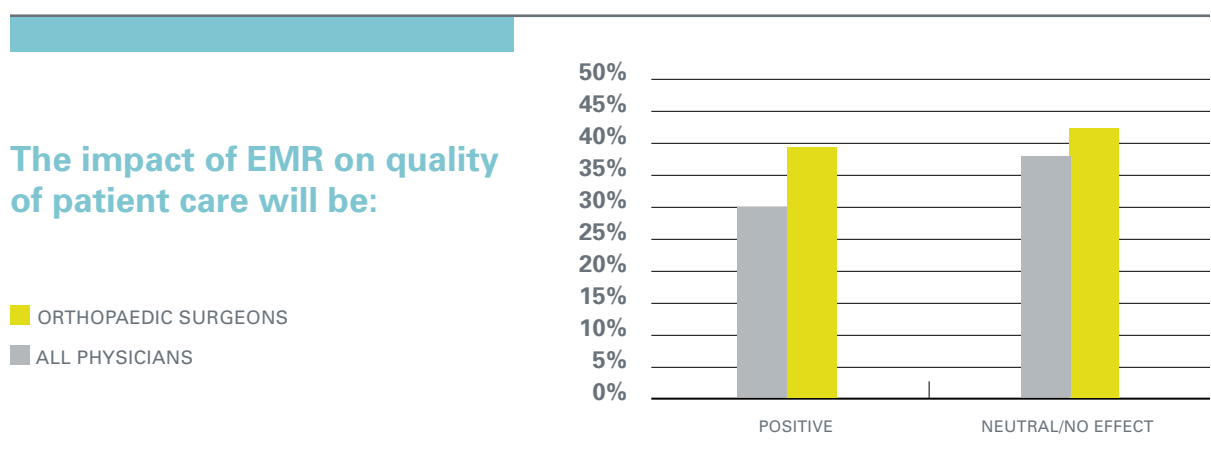
Orthopaedic Surgeons | Active US: 17,525 | Respondents: 110

276 Surgeons participated in the National Physicians Survey. Of that group, 110 were Orthopaedic Surgeons.

Surgeon responses trended more negatively than all physicians in general, and Orthopaedic Surgeons' responses trended even more negatively than non-Orthopaedic Surgeons. Probably the most indicative of the overall sense for Surgeons are their expectations of the near future.

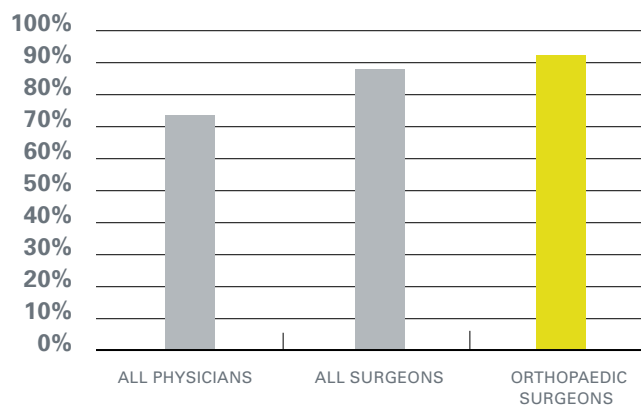


Orthopaedic Surgeons had the most divergent responses among physicians on the topic of EMR with the least positive, yet the most neutral responses, when asked about how EMR will affect the quality of patient care.



It could be construed that Surgeons were the most negative of the negative respondents on the survey. Of the one hot button that was shared across all physicians – impact of the PPACA on physician reimbursement – Surgeons, particularly Orthopaedic Surgeons, took the most negative view with 92% stating “less fair”.

Believe that the impact of the Health Care Reform Act of 2010 will result in physician reimbursement becoming “less fair”:



Specialties with Lower Response Bases

There were a number of specialties, unlike the preceding mentions, that did not have a significant enough base of respondents to draw conclusions around that specialty.

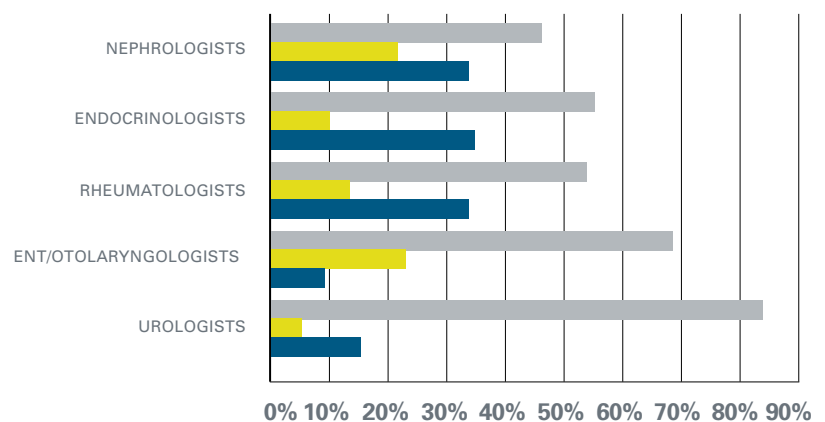
60	Urologists
51	Podiatrists/Podiatric Medicine
45	ENT/Otolaryngologists
43	Neurologists
35	Physical Medicine & Rehabilitation
31	Allergy/Asthma/Immunology
30	Hematologists/Oncologists
30	Rheumatologists
31	Pulmonary Disease
32	Endocrinologists
27	Diagnostic Radiologists/Radiation Oncologists
25	Nephrologists
24	Emergency Medicine

A great amount of other specialties had less than 20 respondents, not indicated here.

With that said, these physicians are just as important to understanding physicians' perspectives as those specialties that had a greater degree of participation.

Overall, the impact of the Health Care Reform Act of 2010 for patients:

■ NEGATIVE
 ■ NEUTRAL
 ■ POSITIVE



Physician Responses Based on Practice Size

In a handful of instances on the survey, there emerged a possible trend based on the practice size of the physician responding.

Practice sizes were defined as the following:

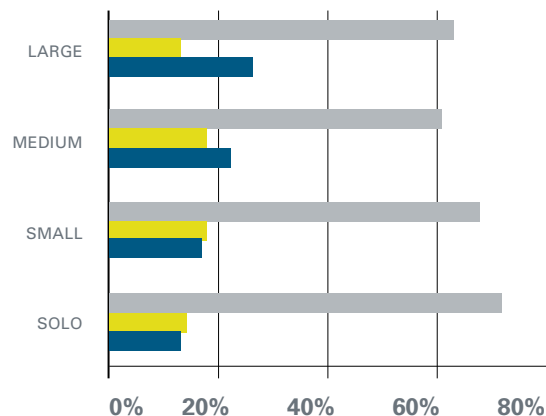
- Solo:** Individual Practice
- Small:** Practices with 2 to 5 Physicians
- Medium:** Practices with 6 to 20 Physicians
- Large:** Practices with 21 Physicians or More

Generally, physicians in large practices seemed to have a more positive outlook overall than their colleagues in smaller or solo practices. This could be due to any number of reasons – do they feel as if they shoulder a greater burden as independents? Does being part of a “team” help to assuage fears with regard to upcoming changes to the health care system?

When asked for their overall predictions on the state of health care in the near future, physicians had a mild, inverse trend of both positive and negative responses as practice size increased. As noted above, solo practitioners were more negative, while those physicians in larger practices were more positive.

**During the next 5 years,
the quality of health care
in this country will:**

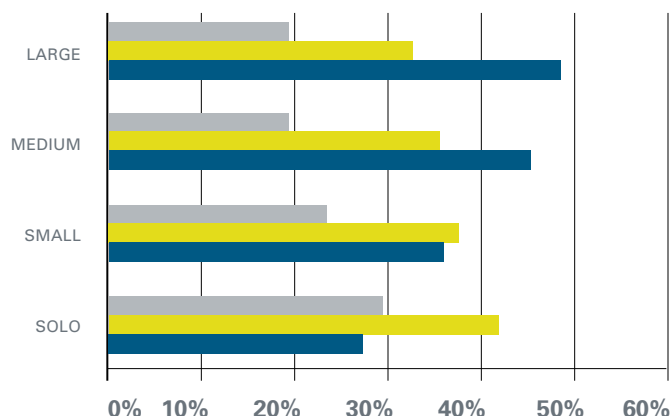
- DETERIORATE
- STAY SAME
- IMPROVE



The responses that showed the greatest difference in opinion based on practice size were those regarding the impact of EMR on patient care. Solo practitioners had a significantly more negative view on the impact of EMR.

The impact of electronic medical records (EMR) on quality of patient care will be:

■ NEGATIVE
 ■ NEUTRAL
 ■ POSITIVE

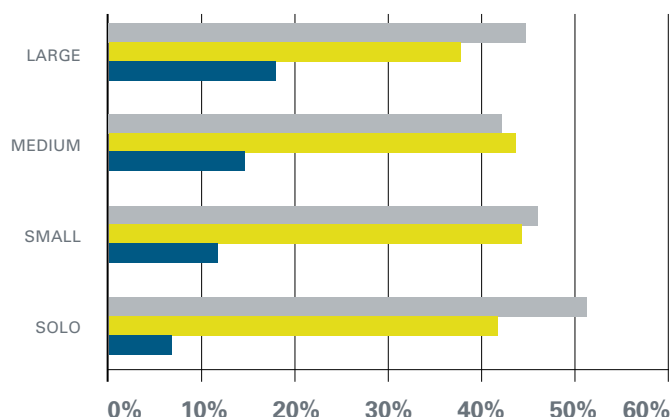


On a related note, when asking physicians who agreed to let us follow-up on the survey for additional comments, solo practitioners were far more interested in being re-contacted by phone, while those in the larger practices were more partial to email. This was a graduated trend based on practice size.

As might be expected, physicians in larger practices were more apt to respond that they were in discussion to form an ACO.

Are you involved in discussions to form an Accountable Care Organization (ACO)?

■ DON'T KNOW WHAT THIS IS
 ■ NO
 ■ YES



Reactions to the overall impact of the PPACA on both patients and physicians were statistically consistent across practice size. With regard to how the PPACA would affect physician reimbursement, solo practitioners responded just slightly more negatively than those in practices, with negativity decreasing as practice size increased.

Summary

The results of the 2011 Thomson Reuters-HCPlexus National Physicians Survey convey a general negative sentiment among physicians regarding health care reform. 65% believe that the quality of health care in the country will deteriorate and 57% believed that the impact on patients will be negative. The sentiment is considerably more negative than those found in our Thomson Reuters' consumer survey results.

The smaller the practice setting and the more procedurally based the practitioner, the more negative the response. Health care reform is promoting greater coordination of care and bundled payments so it is easy to understand why solo practitioners who receive the majority of their compensation through procedural reimbursement would be most concerned about the imminent changes.

The response to EMR's was similar. Those practitioners who care for patients longitudinally and are less procedurally oriented were more positive about their use. Those that care for patients more episodically express fewer benefits from utilizing an electronic medical record.

The physician responders believed that there would be an increased use of mid-level practitioners to meet the increased demands on primary care and that compensation would be less fair in the future. Primary care providers expressed concern that hospital and specialty run care systems would not recognize their value. Specialists see their income and autonomy waning as health systems organize.

Perhaps the most striking result of this survey was the lack of understanding of Accountable Care Organizations. This lack of awareness should indicate a need to educate the practicing physician base with some urgency. Our survey indicated that only 12% were in active discussions to participate in an ACO and that 45% did not know the term.

Commentary

The 2011 Thomson Reuters - HCPlexus National Physicians Survey was conducted during a time of transition in the healthcare landscape, probing physicians for their opinions on how the outcomes will affect their patients as well as their practice, their profession, and their compensation.

The primarily negative reaction to the PPACA signals an unsettled physician population – be it Primary Care Physicians or specialists – with many feeling that either they or their colleagues may soon be disenfranchised.

It is clear that many physicians feel strongly that the proposed future state is counter to what they believe is the best way to serve patients and support the practice of medicine. Without discounting their issues regarding appropriate compensation based on the gravitas of their role, it is evident that physicians are genuinely concerned for the future health of their patients and their ability to serve them in a way that they would want. Any efforts to reform health care delivery would benefit from the input of the front line providers of care.

If PPACA survives judicial and legislative challenges, and thus creates another 30 million insured patients – who will take care of them? How will legislative and private market forces impact Primary Care and specialist physicians in their efforts to manage the increased volume and quality of patient care? The answer to these questions will become more clear over the coming months and years.

Our present survey suggests that greater attention should be paid to understanding the present opinions of the health care provider constituency before proceeding down a path of reform. Without the physicians supporting change it will be difficult to accomplish.

Limitations of the Survey

This survey was conducted through a fax–response methodology and was therefore not sampled randomly or through a representative matching process. Therefore we recognize that the cohort of respondents could represent some bias. For example, all respondents were physicians providing direct care of patients and did not include doctors in other roles, such as administration or research. Additionally, the cross section of primary providers and specialists who responded may differ somewhat from the prevalence rates expressed in national data, although the response base was determined to include physicians from all 50 states plus the District of Columbia, and statistically significant cohorts of most major specialties.

Appendix: The Emotional Response

The quantitative results of the survey may not have fully captured the emotional response many physicians expressed to us. For this reason we have included a sampling of responses to demonstrate the depth of feeling this survey engendered.

Negative perspectives on health care in the next five years...

"This is from my perspective as a member of a dying breed" (Primary Care MD)

"I don't have a crystal ball to predict what will happen which probably won't be the same as what I wish should happen"

The 32 million Americans receiving health coverage under the Health Care Reform Act of 2010 mostly will be treated by....

"Whoever is cheapest"

"THE EMERGENCY ROOM"

"They won't get treated. But the insurance companies will be happy"

"monkeys"

"lawyers & politicians"

"Faith Healers"

"Government drones"

"Government bureaucrats" "Government administrators"

"Walmart"

"Witch doctors" "God knows!"

"Members of Congress"

"Foreign medical graduates on visa"

"ER Physicians" (many responses)

U.S. Actively-Practicing Physician Universe

#	SPECIALTY
	Primary Care
120,606	PCP (FP/GP/IM)
38,213	Pediatricians
25,207	OB/GYN & Gynecology
	Medical specialties
3,213	Allergy, Asthma & Immunity
18,199	Cardiologists
8,259	Dermatologists
6,936	ENT/Otolaryngologists
3,757	Endocrinologists
11,279	Emergency Medicine
10,396	Gastroenterologists
8,498	Hematologists/Oncologists & Oncologists
5,068	Nephrologists
9,094	Neurologists
14,351	Ophthalmologists
4,612	Physical Medicine & Rehabilitation
8,453	Podiatrists/Podiatric Medicine
16,978	Psychiatrists
6,431	Pulmonary Disease
17,820	Diagnostic Radiologists/Radiation Oncologists
3,291	Rheumatologists
7,838	Urologists
42,761	Other medical specialties
	Surgical specialties
13,929	General surgery
17,525	Orthopaedic surgery
14,481	Other surgical specialties

As of January 18, 2011

PRACTICE SIZE

PHYSICIANS

21 + PHYSICIANS	920	58,422
6-20 PHYSICIANS	12,614	110,406
2-5 PHYSICIANS	55,556	159,432
SOLO	108,991	108,991

TOTAL PRACTICES: 178,081

TOTAL PHYSICIANS: 437,251

Source: HCPlexus Physician Masterfile, January 2011.

www.HCPlexus.com/Survey

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