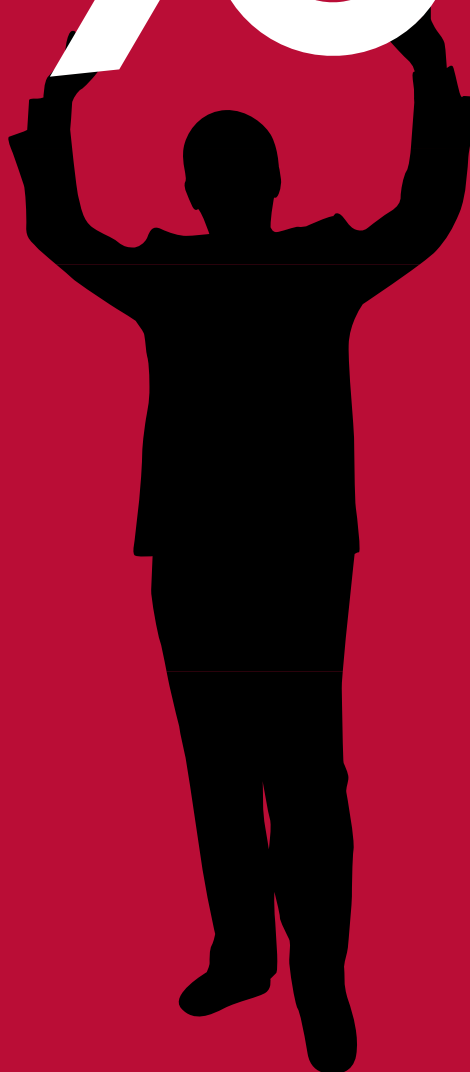
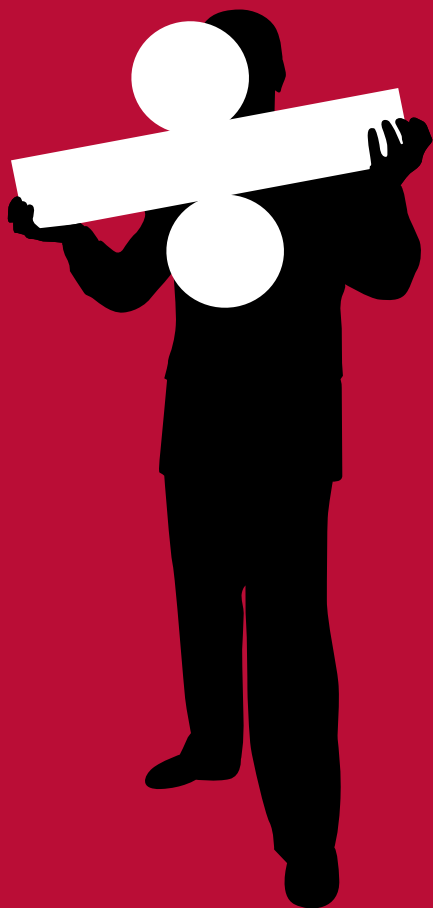


INDUSTRY  SURVEY  
HEALTHLEADERS MEDIA 2009

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# PHYSICIAN LEADERS



## PHYSICIAN LEADERS

# Physicians are frustrated, but adapting

That our survey of physician leaders would turn up some dissatisfaction with the healthcare system isn't all that surprising. After all, who isn't a little dissatisfied with healthcare these days? But it's the gap between physicians other healthcare leaders that suggests a much greater depth to physicians' discontent.

### NUMBER GRUNGING

# 11

### PERCENT

Plan to implement concierge services as a financial strategy.

# 43

### PERCENT

Cite work-life balance as most important to career satisfaction.

Not that they were unhappy with their own jobs. In fact, most of our readers were satisfied with their careers, including roughly 85% of physician leaders. But when we tried to measure satisfaction with the overall healthcare system with a question about whether the respondent would encourage his or her child to enter the field, differences started to emerge. The split was about 80/20 for most healthcare leaders—80% said yes, they would encourage a child to follow in their footsteps, and 20% said no. Nearly 40% of physician leaders, however, fell into the latter category.

“The significant number of physicians who wouldn't recommend their children to enter this field was very discouraging,” says Erin Tracy, MD, MPH, an OB/GYN at Massachusetts General Hospital. “Physician burnout and lack of satisfaction are two incredibly important issues for the profession to address.”

Addressing physician frustration requires first understanding it, and physicians are far from a monolithic group. We saw stark differences in physician opinion by age and gender, for instance. As expected, work-life balance plays a role in physician dissatisfaction and was cited as being most important to career satisfaction overall. However, this sentiment came primarily from mid-career physicians—more

than half of doctors 46-55 rated work-life balance as most important. Younger physicians, on the other hand, were more likely to cite autonomy to make decisions, and physicians over 56 ranked being respected by peers and patients higher than their younger colleagues. Similarly, female physicians were slightly more likely to value work-life balance; male physicians, compensation.

Even when it comes to basic perceptions about the healthcare system, there were some pretty significant age and gender differences. Younger physician leaders were less likely than their older counterparts to encourage a child to enter a career in healthcare, and female physicians were more likely than males.

### A look at solutions

So what solutions to healthcare's problems do our readers see on the horizon? When we asked what they would do if granted one wish to improve healthcare, most physicians didn't wish for better reimbursement or an alleviation of shortages, although there was some of that. The most common answer was some form of universal coverage. Although they differed on the method—another question found an even split between support of government-funded and government-



## PHYSICIAN LEADERS

mandated insurance—covering the uninsured seemed to be a top priority for big-picture change.

### Quality

When it comes to quality, our physician readers said having more time to spend with each patient and improving communication between doctors and hospitals were two of the most effective ways to improve care. System-wide quality improvement efforts that reward or punish physicians—such as pay for performance, withholding payment for never events, and improving transparency—received relatively little support.

“THE SIGNIFICANT NUMBER OF PHYSICIANS WHO WOULDN’T RECOMMEND THEIR CHILDREN TO ENTER THIS FIELD WAS VERY DISCOURAGING.”

- ERIN TRACY, MD

### Management

The most challenging aspects of practicing medicine, according to our results, are recruiting and retaining physicians and billing and collections. But the specific challenge an organization faces in recruiting doctors depends in part on its location. Forty-four percent of urban organizations say meeting physicians’ compensation expectations is the biggest challenge in recruiting physicians, compared to only 26% in rural organizations, which tend to have trouble drawing physicians who

don’t find the location appealing.

Looking ahead to physician shortages that will likely make recruitment even more difficult, nearly 37% of our readers think reforming the healthcare reimbursement system is the best way to improve care as shortages intensify. Many also are looking to operational changes for answers, as 27% think help from nonphysician providers is the best way to improve care—although physicians in health systems were much more likely to pick this solution than physicians in hospital-owned or private practice settings—and 23% believe the answer is better collaboration between physicians and hospitals. A small number (14%) of physicians at private or physician-owned practices said increasing medical school enrollment is key.

Physician generational differences also appear to be making practicing more difficult. Only a minority of respondents (22%) claim generational differences between physicians have no effect on practice operations. Roughly 45% have noticed that older and younger generations have different priorities, although they are still able to work together and perform at similar levels. However, 22% say generational differences are negatively affecting recruitment, productivity, and the practice culture. It’s worth noting that older physicians—as well as male physicians—were more likely to cite generational conflicts than their peers.

### Finances

When we asked about the best way to improve relationships between physicians and payers, more than half said increasing reimbursement rates was the answer. The other popular responses—speeding



## PHYSICIAN LEADERS

up claims processing and giving doctors more autonomy over care—were equally physician-centric.

In the short term, physician leaders are doing what they can to deal with the financial environment—more than half predict either negative or no financial growth in the next year. The most popular financial strategy for coping is adding ancillary services, which more than half plan on doing in the next three years. Others are looking for new opportunities through mergers with another facility or by entering into a joint venture.

### **A look ahead**

The dissatisfaction with the healthcare system we see in this year's survey could either worsen or fade in subsequent years. It depends largely on whether the environment improves and whether physicians can adapt if it doesn't.

Although physicians are forging ahead with new financial strategies to help them survive in today's environment, a sizeable minority is dissatisfied enough to stop accepting new Medicare and Medicaid patients (12%) or stop taking call (16%). If overall physician frustration with the healthcare system continues to grow, we may see more of these strategies in subsequent surveys.

—ELYAS BAHKTIARI

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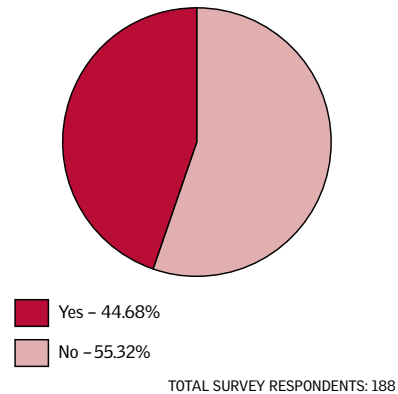
## PHYSICIAN LEADERS

### 1. Which best describes your healthcare organization?

Choice	Response Percent
Large hospital or health system (More than 500 beds)	16.40 %
Academic medical center	5.29 %
Midsized hospital (200-500 beds)	15.87 %
Small hospital (Fewer than 200 beds)	22.22 %
Critical-access hospital (No more than 25 beds)	12.17 %
Multispecialty group practice	8.47 %
Single-specialty group practice	12.70 %
Ambulatory or outpatient center	2.65 %
Physician-owned specialty hospital	1.06 %
Health insurance plan	2.65 %
Disease management/wellness plan provider	0.53 %

TOTAL SURVEY RESPONDENTS: 189

### 2. Is your healthcare organization in a rural area?



### 3. Rank your organization's Top 3 priorities for the next 3 years.

Choice	Priority 1	Priority 2	Priority 3	Total Selected	Percent Selected
Quality/patient safety	98	17	17	132	70%
Construction/capital improvements	15	19	10	44	23%
New clinical products/services	0	13	8	21	11%
Revenue cycle	15	18	7	40	21%
Physician recruitment and retention	20	33	18	71	38%
Nurse/staff recruitment and retention	1	11	15	27	14%
Reimbursement	14	17	16	47	25%
Leadership development	1	2	7	10	5%
Transparency	0	1	3	4	2%
Consumer satisfaction	8	16	28	52	28%
Employee satisfaction	0	3	7	10	5%
Technology system/equipment	4	11	19	34	18%
Physician staff ventures/realignment	3	9	13	25	13%
Cost reduction	7	14	16	37	20%
Other	1	3	1	5	3%

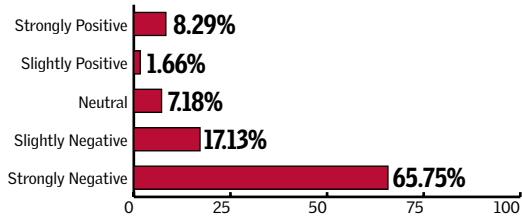
TOTAL SURVEY RESPONDENTS: 188



## PHYSICIAN LEADERS

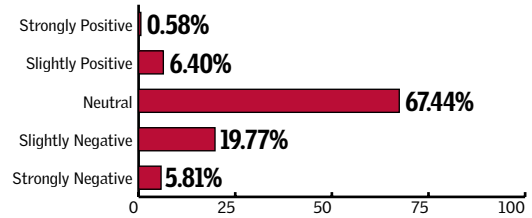
### 4. How will the following healthcare trends impact your organization in the next 3 years?

#### Reimbursement cuts



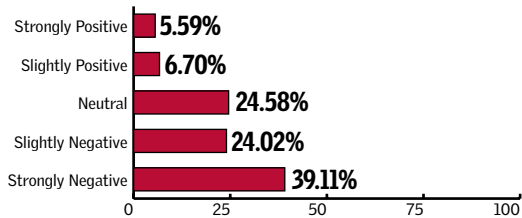
TOTAL SURVEY RESPONDENTS: 181

#### Retail clinics



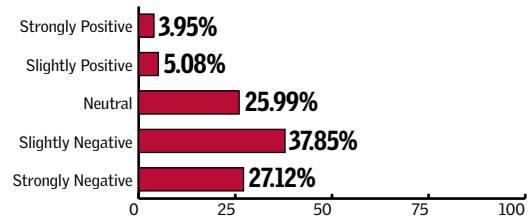
TOTAL SURVEY RESPONDENTS: 178

#### Physician shortage



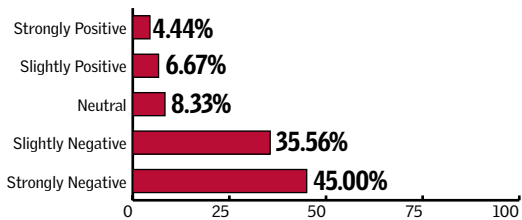
TOTAL SURVEY RESPONDENTS: 179

#### Nurse shortage



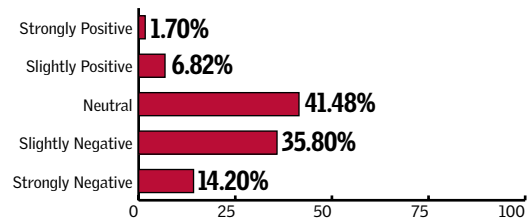
TOTAL SURVEY RESPONDENTS: 177

#### Uncompensated care



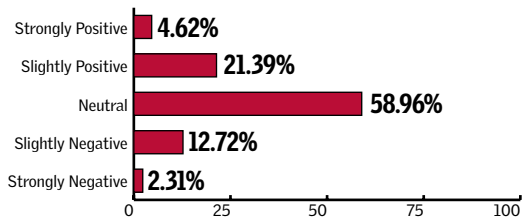
TOTAL SURVEY RESPONDENTS: 180

#### Malpractice concerns



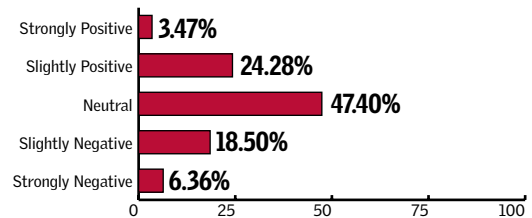
TOTAL SURVEY RESPONDENTS: 176

#### Consumer-directed healthcare



TOTAL SURVEY RESPONDENTS: 173

#### Pay for performance



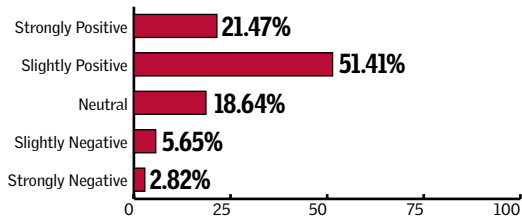
TOTAL SURVEY RESPONDENTS: 173



## PHYSICIAN LEADERS

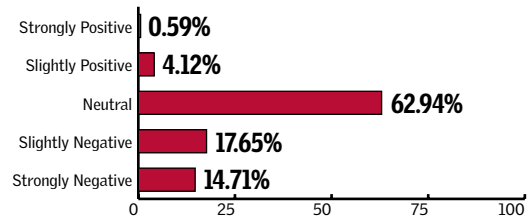
### 4. How will the following healthcare trends impact your organization in the next 3 years? (cont.)

#### Quality improvement initiatives



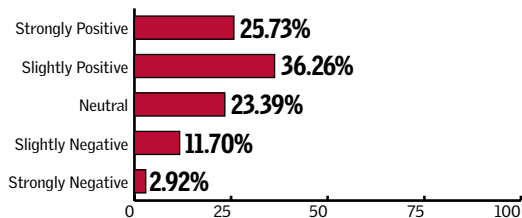
TOTAL SURVEY RESPONDENTS: 177

#### Organized labor



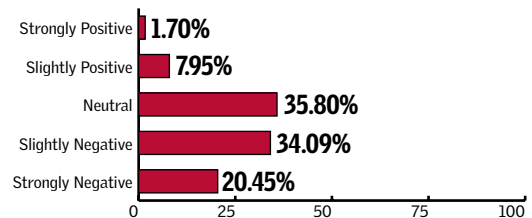
TOTAL SURVEY RESPONDENTS: 170

#### Use of EMR/CPOE



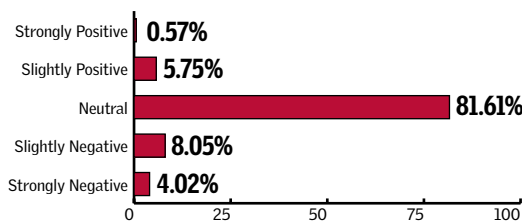
TOTAL SURVEY RESPONDENTS: 171

#### Increased regulatory scrutiny



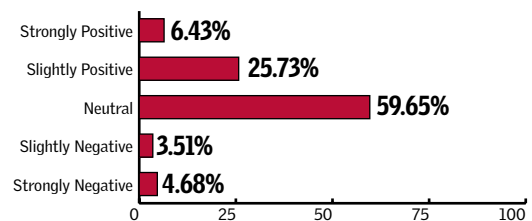
TOTAL SURVEY RESPONDENTS: 176

#### Global medical travel



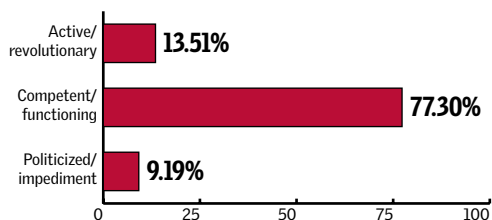
TOTAL SURVEY RESPONDENTS: 174

#### Medical home



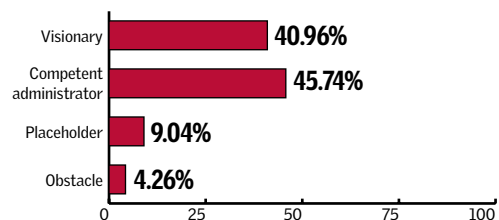
TOTAL SURVEY RESPONDENTS: 171

### 5. Which term best describes your organization's board of directors?



TOTAL SURVEY RESPONDENTS: 185

### 6. Which term best describes your organization's CEO?



TOTAL SURVEY RESPONDENTS: 188



## PHYSICIAN LEADERS

### 7. You have been granted one wish to fix healthcare. What is it?

	Percentage
A: Consumer-focused, market solution. (Examples include more direct patient responsibility for own health and payment.)	10.18
B: Government-directed solution (excluding universal single payer). (Examples include: Better Medicaid funding; better leadership; regulation of insurance; regulation of drug and equipment makers; funding technology; tighter control of handouts.)	4.19
C: Universal health insurance/healthcare (funding not specified).	19.16
D: Universal single-payer (government-funded). (Examples include government-run or independent non-profit entity.)	13.17
E: Health-focused solution. (Examples include focus on preventive medicine, patient care, safety, quality, evidence-based medicine, no needless death/injury, better physicians, better patient-focused teamwork.)	2.40
F: Industry reforms. (Examples include focus on improved operational/delivery efficiency, reduction of waste and unnecessary tests, eliminate complexity of compliance, cutting costs, eliminating fraud and Stark abuses, addressing costly end-of-life issues.)	0.60
G: Tort/Malpractice reform. (Includes elimination of defensive medicine and associated costs.)	5.99
H: Insurance reform. (Includes lower costs, company accountability, reducing restrictions and rules.)	3.59
I: Uncompensated care solution. (Examples include better federal reimbursement, elimination of EMTALA.)	2.40
J: Reimbursement solution. (Examples include government and insurance company focus, such as Medicare fee schedule reform, adequate reimbursement, simplification, pay-for-performance, fee-for-service, episode of care, no contracts.)	12.57
K: Fundamental system reform. (Examples include complete overhaul, alignment of interests among stakeholders, increased collaboration, total change of thinking.)	6.59
L: Provider autonomy. (Examples include independence for physicians, medical staff, healthcare providers and managers; less payer interference.)	1.20
M: Technology solution. (Examples include EMR, interoperability, national patient database, HIT, standardized data requests.)	1.80
N: Reduced regulation. (Examples include getting government out of healthcare, deregulation, fewer reporting requirements.)	6.59
O: Easy access. (Examples include easier access to healthcare services, without specifying method.)	1.80
P: Staff increase. (Examples include more physicians, nurses, staff.)	1.20
Q: More money. (Examples include more money, lower costs, without specifying method.)	1.20
R: Leadership solution. (Examples include better healthcare leaders to solve problems, more effective board governance.)	0.00
S: Transparency. (Examples include clinical and cost data.)	0.00
T: Compensation. (Examples include better pay for providers, not including payer reimbursement issues.)	0.00
U: Community and Rural assistance. (Examples include government aid for capital projects, better reimbursement for community and rural facilities.)	0.00
V: Revenue cycle solutions. (Examples include simplification of billing and coding.)	0.00
W: Physician retention/recruitment. (Examples include need to find solutions to attract and retain physicians.)	0.00
X: Physician-owned ventures. (Examples include call to eliminate such entities.)	0.00
Y: Other. (Examples include hybrid healthcare models, such as universal government coverage for basic/preventive care with private insurance for the rest; mandatory coverage for children; more rural facilities; unimpeded physician relations; stop hospitals from restricting ASC use, etc.)	5.39

#### Selected wishes

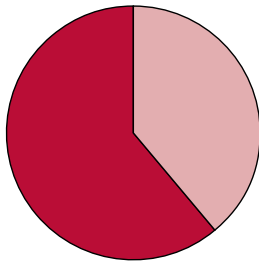
1. Make people responsible for their own health. Live healthy or pay for your care. Don't expect society/taxpayers to pay for the individual's bad health choices (e.g., obesity, smoking, drugs).
2. Bulldoze what we have and totally redesign the delivery system to reflect the realities of patient demand, not the reflections of CEO ego. We don't need a hospital on every corner. Let supply equal demand.
3. Cap malpractice awards. Get rid of insurance middlemen.
4. A smooth process with educated and aligned doctors, staff, and consumers to receive the right care, at the right time, in the right location, from the right provider!
5. Require that all care be part of clinical trials.

TOTAL SURVEY RESPONDENTS: 174



## PHYSICIAN LEADERS

### 8. Would you encourage your child to enter a career in the healthcare industry?



Yes - 60.96%  
No - 39.04%

TOTAL SURVEY RESPONDENTS: 187

Why?	Percentage Yes	Percentage No
A: Poor work/life balance, hours	0.00	6.85
B: Poor compensation/reimbursement; low ROI	0.00	24.66
C: Malpractice, litigation concerns	0.00	2.74
D: Rewarding personally, professionally; doing good, serving others	49.56	0.00
E: Rewarding financially	5.30	0.00
F: Children are in healthcare	2.65	1.37
G: Practical choice; good long-term demand	29.20	0.00
H: System broken; too many conflicts, problems	0.00	20.55
I: Lack of independence	0.00	6.85
J: High stress level	0.00	9.59
K: Declining satisfaction; altruism gives way to greed	0.00	6.85
L: Lack of leadership	0.85	1.37
M: Too much regulation, interference	0.00	15.07
N: Better opportunities outside healthcare	0.00	2.74
O: Not really Yes or No; it's up to them	1.77	0.00
P: Uncertain future; unstable industry	0.00	6.85
Q: Did Not Elaborate	19.47	19.18
R: Other	1.77	4.11

#### Selected Yes comments

1. Still the most rewarding career of all.
2. We are in a period of fundamental change, which makes healthcare challenging, exciting, and risky; if my children enjoy that type of environment, healthcare is the place to be.
- 3 You can make a very positive impact on individuals and our society itself, and serve a good higher than yourself.
4. Always will be work; can't be outsourced.
5. Spiritual and intellectual reward.

#### Selected No comments

1. Too much cost and education for limited return. High-stress productivity mode of work with far less professional satisfaction than in previous years. Lack of independence. We are all becoming part of 'the Borg'!!
2. Terrible hours with inadequate reimbursement. Altruism is giving way to greed--from Pharma to insurance to physician-owned facilities (conflict of interest).
3. Life's too short.
4. All work, no play, mediocre pay.
5. It's a beleaguered industry that forces us to compromise, trading quality for dollars.

TOTAL SURVEY RESPONDENTS: 187



## PHYSICIAN LEADERS

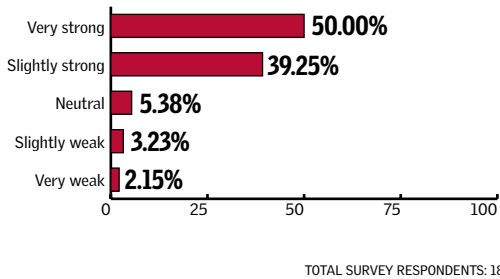
### 9. In your opinion, which model offers the best hope for healthcare?

Choice	Response Percent
Government-funded universal healthcare	26.63 %
Government-mandated universal health insurance	25.54 %
Consumer-directed healthcare	28.80 %
Employer-sponsored healthcare	7.61 %
Other	11.41 %

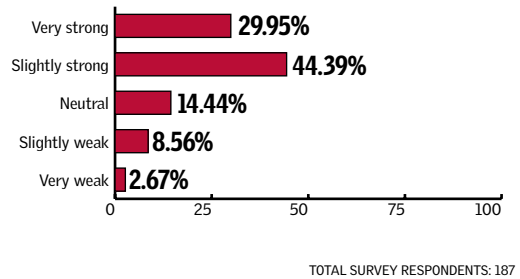
TOTAL SURVEY RESPONDENTS: 184

### 10. How would you rate the current quality/status of these aspects of your organization?

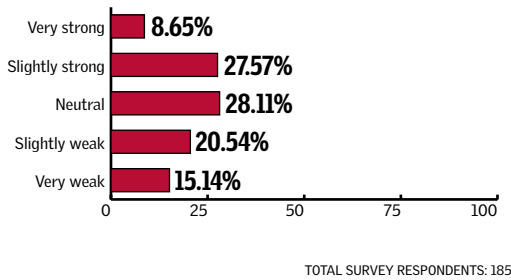
#### Medical quality



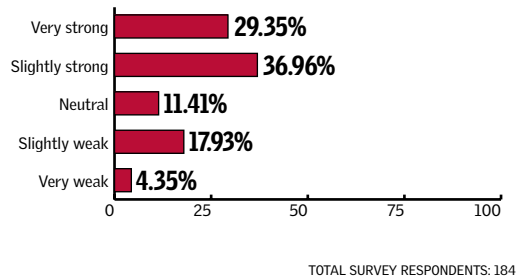
#### Patient experience



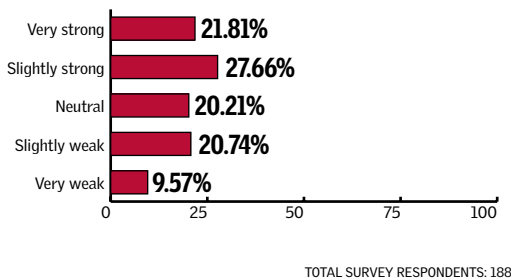
#### Marketing



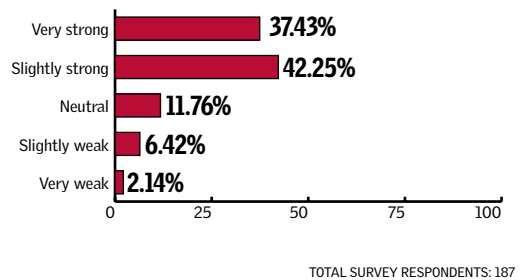
#### Fiscal management



#### Information technology



#### Physician staff

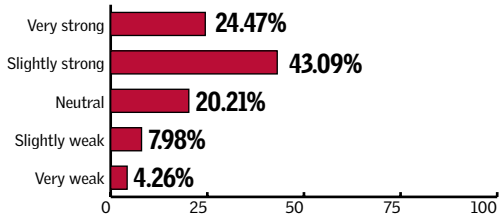




## PHYSICIAN LEADERS

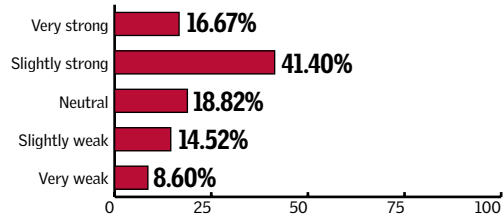
### 10. How would you rate the current quality/status of these aspects of your organization? (cont.)

#### Nursing staff



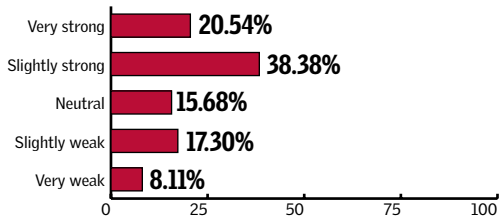
TOTAL SURVEY RESPONDENTS: 188

#### Workplace culture/morale



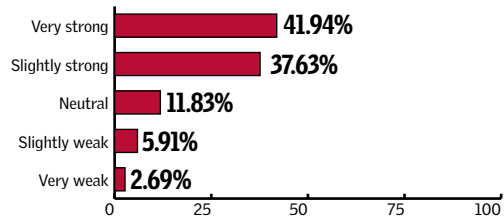
TOTAL SURVEY RESPONDENTS: 186

#### Long-term planning



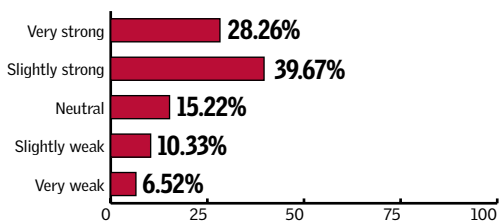
TOTAL SURVEY RESPONDENTS: 185

#### Dedication to mission

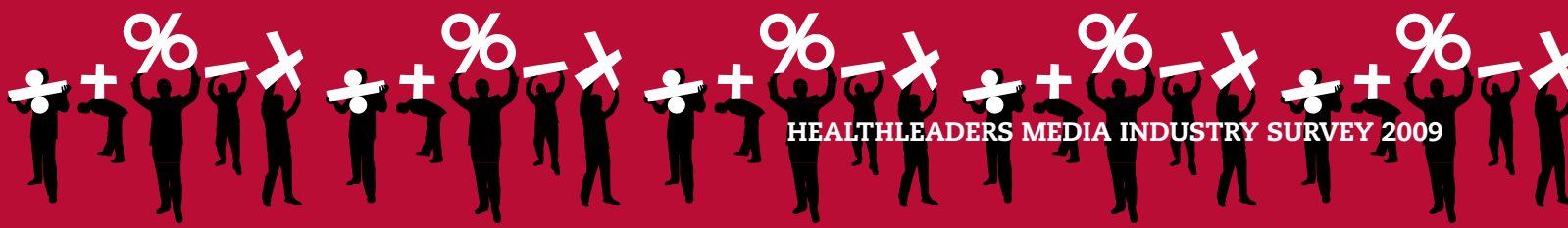


TOTAL SURVEY RESPONDENTS: 186

#### Prospects for growth



TOTAL SURVEY RESPONDENTS: 184



## PHYSICIAN LEADERS

### 11. Rank in order the Top 3 biggest drivers of healthcare costs.

Choice	Driver 1	Driver 2	Driver 3	Total Selected	Percent Selected
Government laws and mandates	49	19	16	84	47%
Medical devices	13	11	15	39	22%
Clinical technology	23	36	13	72	40%
Noncompliant patients	5	12	10	27	15%
Physician inefficiency	4	9	11	24	13%
Hospital errors	1	3	3	7	4%
Malpractice litigation	22	25	15	62	34%
Health plan overhead	23	18	20	61	34%
Pharmaceuticals	13	19	28	60	33%
Labor costs	18	15	23	56	31%
Duplication of services	5	11	24	40	22%

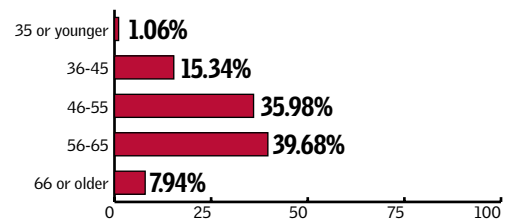
TOTAL SURVEY RESPONDENTS: 180

### 12. In your opinion, which service line today has the greatest potential to produce strong revenue growth within the next 3 years?

Choice	Response Percent
Cardiology	15.98 %
Gastroenterology	4.14 %
General surgery	0.59 %
Gerontology	8.28 %
Imaging	15.98 %
Intensive care	1.78 %
Neuroscience	9.47 %
Oncology	5.92 %
Orthopedics	15.98 %
Urology	0.00 %
Vascular	2.96 %
Wellness/Bariatric	7.69 %
Women's health	5.33 %
Other	5.92 %

TOTAL SURVEY RESPONDENTS: 169

### 13. Please indicate your age range.

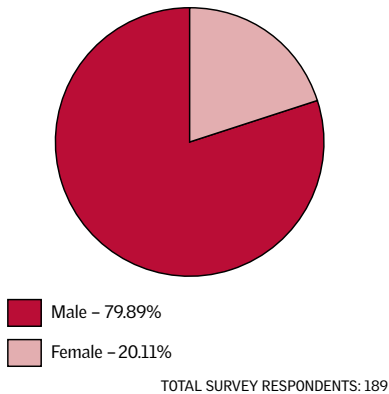


TOTAL SURVEY RESPONDENTS: 189

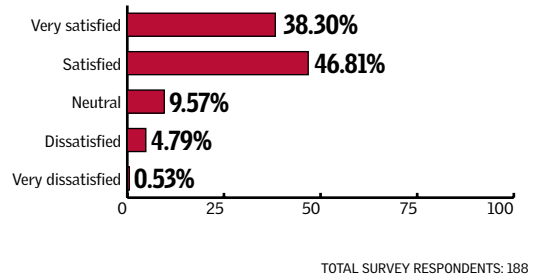


## PHYSICIAN LEADERS

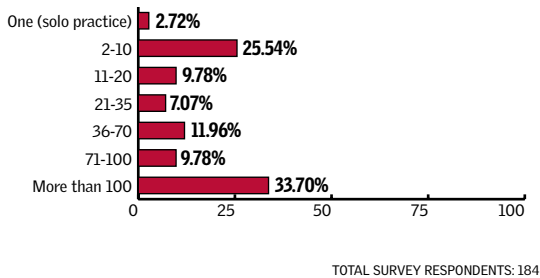
### 14. What is your gender?



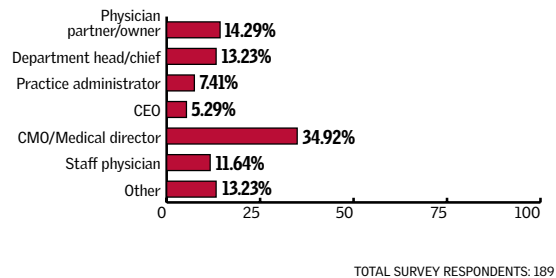
### 15. Describe your overall job satisfaction.



### 16. How many FTE physicians practice at your facility?



### 17. Which best describes your job title?



### 18. Which best describes the owners of your practice?

Choice	Response Percent
Physicians	38.30 %
Hospital	28.19 %
Health system	14.36 %
Insurance company or managed care organization	1.06 %
University or medical school	3.72 %
Management services organization or physician practice management company	2.13 %
Other	12.23 %

TOTAL SURVEY RESPONDENTS: 188

### 19. Which of the following characteristics describe the relationship between your medical staff and hospital? (Select all that apply.)

Choice	Response Percent
Self-governed medical staff accountable to the board	65.59 %
Service line management model	8.06 %
Physician executive management model	6.99 %
Physicians are employed	27.42 %
Communication is handled by physician councils	5.38 %
Physician services are contracted	12.37 %
All or most of med staff is from a single group practice	12.37 %
Other	6.99 %

TOTAL SURVEY RESPONDENTS: 186



## PHYSICIAN LEADERS

### 20. What specialties do you offer? (Select all that apply.)

Choice	Response Percent
Anesthesiology	62.70 %
Cardiology	61.08 %
Dermatology	42.16 %
Emergency medicine	69.19 %
Family practice	76.22 %
Gastroenterology	56.22 %
General surgery	74.05 %
Hospitalist	57.30 %
Internal medicine	69.19 %
Neurology	52.43 %
OB/GYN	62.70 %
Oncology	55.14 %
Orthopedic surgery	68.11 %
Otolaryngology	55.14 %
Pediatrics	60.00 %
Radiology	63.78 %
Urology	60.00 %
Other	27.57 %

TOTAL SURVEY RESPONDENTS: 185

### 21. (For physicians only) Please list your specialty:

Variety of responses, including pediatrics, emergency, administrative, family, etc.

### 22. Rank in order, from 1 to 5, the effectiveness of the following methods to improve physicians' quality of care. (1=Least effective, 5=Most effective.)

Choice	Count of 1	Count of 2	Count of 3	Count of 4	Count of 5	Didn't Answer	Total
Paying physicians based on quality measures (P4P)	26	14	14	7	12	53	126
Withholding payment for "never events"	17	7	2	1	2	97	126
Transparency/public reporting	9	21	11	12	11	62	126
Having more time to spend with each patient	15	13	11	18	32	37	126
Using technology such as EMRs and e-prescribing	16	23	21	26	10	30	126
Better treatment guidelines or protocols	15	19	30	23	14	25	126
Increased focus on preventive care and patient education	11	17	15	22	19	42	126
Improved communication and coordination among physicians and hospitals	17	12	22	17	26	32	126

TOTAL SURVEY RESPONDENTS: 126



## PHYSICIAN LEADERS

**23. Rank in order, from 1 to 5, the following challenges of running a medical practice. (1=Least challenging, 5=Most challenging.)**

Choice	Count of 1	Count of 2	Count of 3	Count of 4	Count of 5	Didn't Answer	Total
Marketing the practice.	17	14	7	9	9	71	127
Developing a physician compensation plan.	15	12	18	12	10	60	127
Complying with healthcare regulations (Stark, HIPAA, etc.).	11	16	28	20	13	39	127
Managing office staff.	13	18	16	12	18	50	127
Recruiting and retaining physicians.	18	11	13	15	30	40	127
Billing and collections.	20	20	16	28	26	17	127
Ensuring accurate coding.	10	25	18	13	6	55	127
Working with physicians.	21	11	10	16	15	54	127
Other.	2	0	1	2	0	122	127

TOTAL SURVEY RESPONDENTS: 127

**24. In the next 3 years, which one of the following could bring about the most improved payer relationships with physicians?**

Choice	Response Percent
Increase reimbursement rates	50.92 %
Increase data exchange	1.84 %
Speed up processing, fixing, and paying of claims	19.63 %
Compensate physicians based on performance on certain health measures	6.75 %
Give physicians more autonomy over patient care	17.79 %
Nothing could improve the relationship	3.07 %

TOTAL SURVEY RESPONDENTS: 163

**25. Which of the following is the best way to improve care as the shortage of physicians intensifies?**

Choice	Response Percent
Help from nonphysician providers	26.51 %
Utilizing locum tenens physicians	0.00 %
Increasing medical school enrollment	9.04 %
Increasing the number of international medical graduate physicians	0.00 %
Better collaboration between physicians, hospitals, and other providers	23.49 %
Reforming the healthcare reimbursement system	36.75 %
New technologies that simplify procedures and allow remote care	4.22 %

TOTAL SURVEY RESPONDENTS: 166

**26. Which of the following financial strategies do you plan on implementing in the next 3 years? (Select all that apply.)**

Choice	Response Percent
Add an ancillary service	56.52 %
Merge with another facility	15.22 %
Sell to a hospital or health system	5.07 %
Enter into a joint venture with a hospital or health system	30.43 %
Drop malpractice insurance	2.17 %
Stop accepting new Medicare/Medicaid patients	12.32 %
Offer concierge services	10.87 %
Stop taking call	15.94 %

TOTAL SURVEY RESPONDENTS: 138

**27. How many physicians do you plan on recruiting in the next year?**

Choice	Response Percent
None	12.50 %
1	21.20 %
2-5	33.15 %
6-10	13.04 %
11-15	4.89 %
16-20	6.52 %
21-40	4.35 %
40+	4.35 %

TOTAL SURVEY RESPONDENTS: 184



## PHYSICIAN LEADERS

### 28. What is your facility's biggest challenge in recruiting physicians?

Choice	Response Percent
Meeting physicians' compensation expectations	38.82 %
Finding qualified candidates	26.47 %
Offering flexible work schedules	4.71 %
Our location isn't appealing to physicians	21.76 %
Other	8.24 %

TOTAL SURVEY RESPONDENTS: 170

### 29. Which of the following most accurately describes your estimated financial growth in the next year?

Choice	Response Percent
Stagnant—We will show little or no growth	45.70 %
In the black—We expect moderate to substantial growth	43.01 %
In the red—We will lose money	11.29 %

TOTAL SURVEY RESPONDENTS: 186

### 30. How does the generational makeup of your physicians affect your practice operations?

Choice	Response Percent
Not at all: Physicians of all ages work together and are productive	22.70 %
Somewhat: Older and younger physicians have different priorities, but still perform at similar levels	44.86 %
Substantially: Generational differences are negatively affecting recruitment, physician productivity, and practice culture	22.16 %
N/A: All/most of our physicians are from the same generation	10.27 %

TOTAL SURVEY RESPONDENTS: 185

### 31. What percentage of physicians work part-time or reduced hours at your facility?

Choice	Response Percent
None	17.39 %
1-5%	15.76 %
6-10%	29.89 %
11-15%	5.98 %
16-20%	15.76 %
21-30%	4.35 %
31-40%	6.52 %
More than 40%	4.35 %

TOTAL SURVEY RESPONDENTS: 184

### 32. Do you currently have an EMR system?

Choice	Response Percent
Yes	49.46 %
No, but we plan on implementing one within the next 3 years.	36.96 %
No	13.59 %

TOTAL SURVEY RESPONDENTS: 184

### 32.1. If you do not plan to adopt EMR within the next 3 years, please tell us why not? (Select all that apply.)

Choice	Response Percent
Implementation is too expensive	66.67 %
Physicians are resistant to new technology	25.00 %
It isn't necessary	20.83 %
Lack of uniform standards or compatibility issues	25.00 %
We plan on implementing at a later date	33.33 %

TOTAL SURVEY RESPONDENTS: 24



## PHYSICIAN LEADERS

### 33. What best describes your facility's physician compensation model?

Choice	Response Percent
Productivity-based: You are rewarded primarily for individual efforts based on RVUs, gross charges, or another productivity measure	35.20 %
Equal-sharing: Most of the revenue generated at your practice is divided among the physicians in the group	7.82 %
Hybrid: A portion of revenue is shared equally and a portion is tied to productivity	13.41 %
Salaried: You work for a predetermined annual salary, with or without a small productivity bonus	36.87 %
Other	6.70 %

TOTAL SURVEY RESPONDENTS: 179

### 34. Which of the following is most important to your career satisfaction?

Choice	Response Percent
Adequate income	16.87 %
Autonomy (i.e., freedom to make clinical or practice management decisions)	18.07 %
Being valued/respected by patients	8.43 %
Being valued/respected by administrators	1.20 %
Being valued/respected by physicians	12.65 %
Work-life balance	42.77 %

TOTAL SURVEY RESPONDENTS: 166