

HealthLeaders ^{Media} | Intelligence

Physician Leaders Report



WWW.HEALTHLEADERSMEDIA.COM/INTELLIGENCE

powered by

HEALTHLEADERS MEDIA
Council
Access. Insight. Analysis.



About This Survey

The *HealthLeaders Media Industry Survey 2012* was conducted by the HealthLeaders Media Intelligence Unit. In October 2011, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience.

The study is based on four concurrent surveys: Senior Leaders, Finance Leaders, Physician Leaders, and Nurse Leaders. In addition, data has been extracted and reports created based on CEO title, community and rural status, and service lines. The surveys included some common questions for all respondents and some questions directed at leaders in specific segments.

A total of 1,070 completed surveys are included in the overall survey analysis. The margin of error for a sample size of 1,070 is +/- 3.0 percentage points at the 95% confidence interval. A detailed breakout of completed surveys by report is listed below. Percentage totals do not always add up to 100% due to rounding.

Report	Number of Completed Surveys	Sampling Variance at the 95% Confidence Interval
Overall Cross-Sector Report	1,070	+/- 3.0%
Senior Leaders Report	468	+/- 4.5%
Finance Leaders Report	117	+/- 9.1%
Physician Leaders Report	136	+/- 8.4%
Nurse Leaders Report	296	+/- 5.7%
CEO Report	117	+/- 9.1%
Community & Rural Leaders Report	468	+/- 4.5%
Service Lines Report	1,017	+/- 3.1%



Join an exclusive community of industry leaders.

The HealthLeaders Media Council.

- Have a voice
- Be the first to access industry intelligence
- Use peer insight to benchmark your organization
- Shape the future of the industry

Join today at
HealthLeadersMediaCouncil.com

HEALTHLEADERS MEDIA
Council
Access. Insight. Analysis.



In Search of the Team Player

Often seen as self-styled Lone Rangers out to save healthcare with their clinical know-how, physicians must do a better job becoming involved in partnerships to overcome turf wars and ego-driven barriers to coordinate care and improve patient outcomes.

OF PHYSICIAN LEADERS SURVEYED

53

PERCENT

Say the healthcare industry is on the wrong track

63

PERCENT

Say their organization will be part of an ACO within five years

18

PERCENT

Rate both their physician staff and nursing staff as very strong

58

PERCENT

Say they have ordered a test or procedure for primarily defensive medicine reasons

Improving relationships within hospital systems is critical, with the need clearly reflected in the *HealthLeaders Media Industry Survey 2012*, says Michael J. Dacey, MD, FACP, senior vice president for medical affairs and chief medical officer for the 359-bed Kent Hospital in Warwick, RI.

“Many hospitals now have millions of dollars each year at stake on quality and patient satisfaction measures,” he says. “In many cases, a hospital’s entire profit margin and then some will be accounted for by successful performance on these measures. In order to succeed with these, hospitals and doctors must work together.”

It may not be easy.

The industry survey reveals that 10% of physicians blame themselves for the “healthcare industry mess,” although three times that number—30%—see physicians as the ones who will save healthcare. And 13% say that physician disrespect and abuse of nurses is prevalent at their organization.

“It has become increasingly apparent that doctors have to work with other people and share the care of patients with other professions, whether they are nutritionists, pharmacists, or nurse

practitioners,” Dacey says. “You’ve got to be more collaborative, work as a team. There’s a different mind-set.”

Of physician leaders in healthcare organizations nationwide, 36% said the government was “most to blame for the healthcare industry mess.” Another 23% blamed health plans, and 10% blamed physicians themselves.

Physicians should be blaming themselves for a big part of the healthcare morass. “We order too much, [practice] too much defensive medicine, keep patients in hospitals too long,” says Douglas Garland, MD, medical director of the MemorialCare Joint Replacement Center, part of 1,006-bed MemorialCare Health System in Long Beach, CA.

“We truly care about people and good outcomes, but not in rationing care, which doctors must learn to do. We made our bed and now we must sleep in it.”

Patients need to learn, too, Garland says. “They want their own doc, not a doc in the box; they want the latest and the best,” says Garland, also cochair of the orthopedics, neuroscience, and rehabilitation program for the 420-bed Long Beach Memorial Medical Center.

And who’s going to save the healthcare industry? Well, the doctors say the



doctors, that's who. In the survey, 30% said that physicians would save health-care, far outdistancing the other stakeholders, such as the government (13%) and hospitals (13%).

"So much for humility," Dacey comments. "The real answer, of course, is all of the above working together," he says.

"Most doctors believe that very few administrators understand physicians and the problems they face," Dacey says. "And most administrators at both hospitals and insurance companies would say the same thing about doctors. And both groups are correct."

Relations between physicians and nurses are particularly important as systems move toward multidisciplinary approaches and use of nurse navigators with physicians for specialized care within service lines.

The survey results indicated mixed attitudes about physicians related to their nursing colleagues. While 48% said increasing scope of care for nurses would improve the quality of care, 26% said it would worsen.

When asked how pervasive physician abuse or disrespect of nurses is at individual organizations, 13% said it was common, while 88% said it was uncommon.

"I think it's an underreported thing, no question," says Dacey. "The truth is almost always the doc is not willing to listen to the nurse's input. The nurse may be right or wrong, but why won't [the doctor] listen? A lot of it is ego. I'm sure if you talked to the nurses, they

"It has become increasingly apparent that doctors have to work with other people and share the care of patients with other professions, whether they are nutritionists, pharmacists, or nurse practitioners. You've got to be more collaborative, work as a team. There's a different mind-set."

would switch those percentages, and 88% would say it's common." Indeed, nurse leaders do see it differently, with 42% saying that physician abuse or disrespect of nurses is common.

Dacey says, however, that more nurses are becoming assertive related to those issues, and physicians can "lose privileges and get sanctioned" by a medical board.

Physician and nurse relations are often dependent on where they work in the hospital, Dacey says. While ICUs or emergency departments may generate team concepts, a physician working on a medical floor "may feel that I'm going to be there for 20 minutes, and I don't have to take the heat" and start being abusive, Dacey says.

"Of course," he adds, "any disrespect should not be tolerated. Nurses are our partners."



Physicians say they believe that health-care can't solve its own problems, with 60% saying there is too much self-interest among stakeholders.

“There is a lack of alignment amongst physicians, hospitals, insurance companies,” Dacey says. “Each has traditionally had its own set of interests that were at odds with one another.”

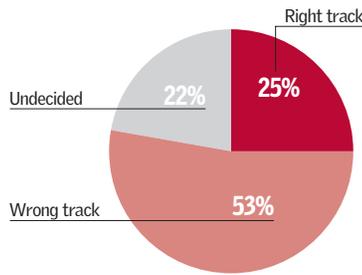
Referring to job satisfaction, 24% of physicians said they were very satisfied and 49% satisfied, while 12% said they were dissatisfied and 1% very dissatisfied.

“Obviously, we would like more of our colleagues to be very satisfied,” Dacey says. “I'm surprised that the numbers are not worse. It speaks to the real benefits of being able to make a difference in people's lives that even overcomes the paperwork, malpractice, and others from job satisfaction.”

—JOE CANTLUPE

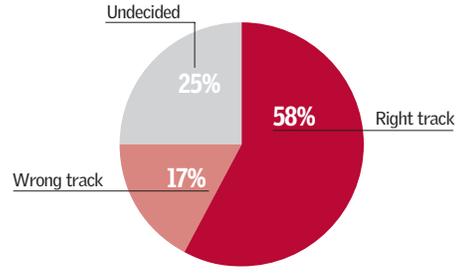


1. Overall, how do you assess the current state of the healthcare industry?



Base: 136

2. Overall, how do you assess the current state of your own organization?



Base: 136

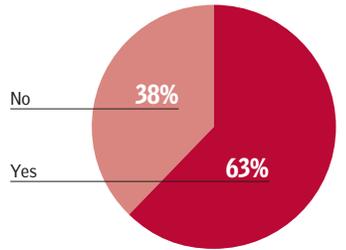
3. Rank your organization's top three priorities for the next three years.

	1st Rank choice	2nd Rank choice	3rd Rank choice	Combined Top 3	Rank
Clinical quality, safety	27%	10%	21%	58%	1
Patient experience and satisfaction	21%	16%	7%	44%	2
Cost reduction, process improvement	11%	14%	17%	42%	3
Payment reform, reimbursement (VBP, accountable care)	13%	15%	12%	40%	4
Physician-hospital alignment	13%	13%	9%	35%	5
Technology (IT, EMR, clinical technology)	6%	17%	11%	34%	6
Leadership, organizational development	3%	3%	5%	11%	7
Regulatory issues (PPACA, ICD-10, HIPAA, HITECH, Stark, Antitrust, etc.)	1%	4%	6%	10%	8
Revenue cycle	1%	4%	4%	10%	9
Service lines	1%	3%	5%	9%	10
Strategic marketing	1%	1%	3%	5%	11
Capital (access, planning, projects, M&A, philanthropy)	1%	1%	1%	3%	12

Base: 136

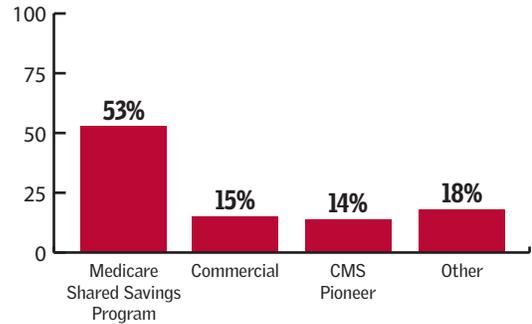


4. Will your organization be part of an accountable care organization within the next three to five years?



Base: 136

5. Which ACO model will you be a part of?



Base: 85
(Among organizations that will be part of an ACO within the next three to five years.)

6. Regarding clinical quality improvement, which of the following areas represents the single greatest strategic challenge for your organization?



Base: 136

7. Rank your organization's top three drivers of healthcare costs.

	1st Rank choice	2nd Rank choice	3rd Rank choice	Combined Top 3	Rank
Government laws and mandates	26%	15%	13%	54%	1
Labor costs	29%	10%	10%	49%	2
Information technology	10%	18%	8%	37%	3
Overutilization of services	13%	10%	12%	35%	4
Clinical technology	10%	13%	10%	32%	5
Physician inefficiency	2%	7%	11%	21%	6
Patient lack of responsibility	4%	7%	7%	17%	7
Health plan overhead	3%	5%	8%	16%	8
Pharmaceuticals	1%	6%	9%	16%	9
Supply chain variation, including medical devices	1%	3%	6%	10%	10
Malpractice insurance, litigation	1%	4%	3%	8%	11
Hospital errors	0%	1%	4%	5%	12

Base: 136

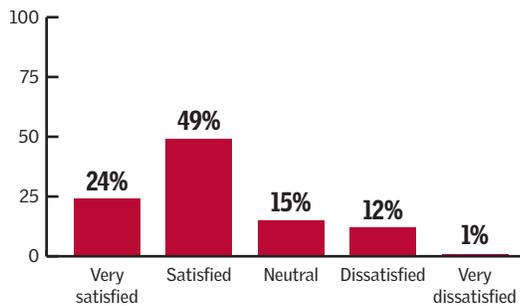


8. How would you rate the current quality/status of these aspects of your organization?

	Very strong	Strong	Neutral	Weak	Very weak
Dedication to mission	40%	42%	12%	4%	1%
Medical quality	27%	51%	18%	1%	1%
Patient safety	26%	54%	15%	4%	1%
Fiscal management	22%	49%	17%	9%	3%
Physician staff	18%	49%	23%	9%	1%
Nursing staff	18%	48%	23%	10%	1%
Patient experience	15%	44%	24%	13%	4%
Prospects for growth	15%	39%	26%	17%	3%
Construction/capital improvements	14%	43%	27%	8%	8%
Process improvement	10%	44%	34%	9%	4%
Care coordination	10%	37%	29%	21%	3%
Physician recruitment and retention	8%	32%	33%	20%	7%
Strategic planning	6%	47%	30%	13%	4%
Dealing with uncompensated care	4%	32%	41%	17%	6%
Reducing variability	3%	26%	48%	20%	3%

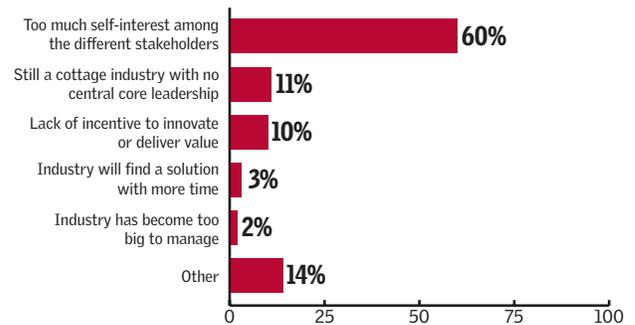
Base: 136

9. Describe your overall job satisfaction.



Base: 136

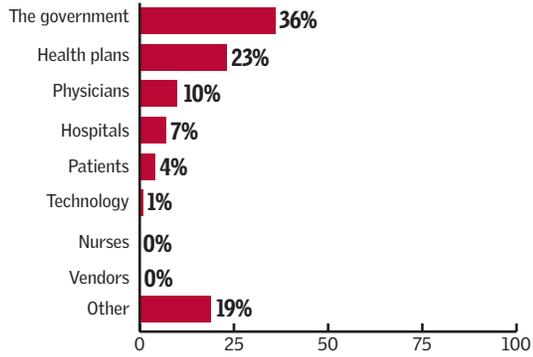
10. Why can't the healthcare industry solve its own problems?



Base: 136

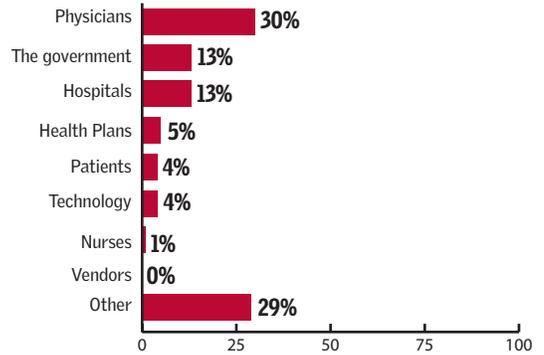


11. Who's most to blame for the healthcare industry mess?



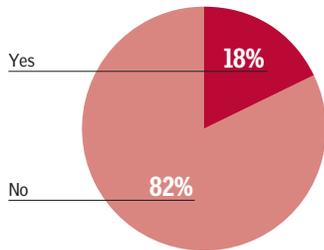
Base: 136

12. Who's going to save the healthcare industry?



Base: 136

13. Is your organization cutting back on high-level, high-price technology for any service lines?



Base: 136



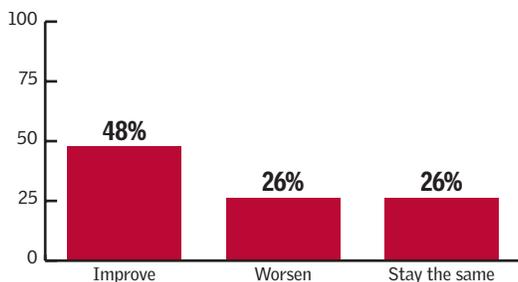
14. Please rate the following service lines for revenue growth potential within your organization in the next three to five years.

	Grow 6% or more	Grow 1%-5%	Remain flat	Decline 1%-5%	Decline 6% or more	NA
Cancer/oncology	29%	40%	15%	1%	1%	14%
Geriatrics	26%	49%	14%	1%	0%	10%
Hospitalists	24%	47%	20%	1%	1%	7%
Orthopedics	23%	46%	15%	3%	0%	13%
Emergency medicine	23%	43%	21%	4%	0%	10%
Primary care	21%	44%	22%	5%	0%	7%
Heart (cardiology, cardiovascular, pulmonary medicine, vascular surgery)	16%	46%	24%	2%	1%	12%
Pain management	15%	37%	30%	4%	1%	13%
Wellness	15%	35%	32%	4%	1%	13%
General surgery	14%	38%	29%	6%	1%	13%
Women's health, OB/GYN	13%	41%	25%	5%	3%	13%
Intensive care	13%	39%	33%	3%	1%	12%
Imaging/radiology	8%	45%	30%	7%	1%	9%
Neurosurgery	8%	28%	27%	7%	2%	27%
Spine	7%	32%	33%	6%	1%	21%
Pediatrics	6%	24%	35%	15%	3%	18%
Physical medicine and rehabilitation	4%	38%	35%	7%	1%	15%
Psychiatry	4%	29%	35%	9%	1%	22%
Sports medicine	4%	26%	40%	8%	1%	20%
Sleep	4%	23%	43%	10%	1%	19%
Transplant center	2%	16%	17%	4%	1%	59%

Base: 136

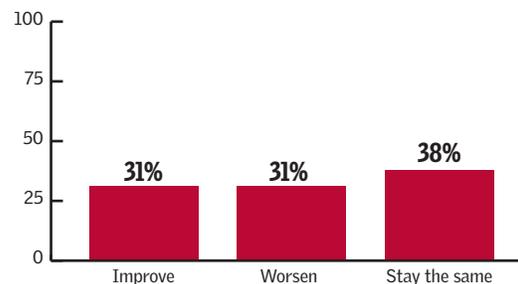
15. How would your organization be affected by increasing the scope of care for nurses?

Quality of care



Base: 136

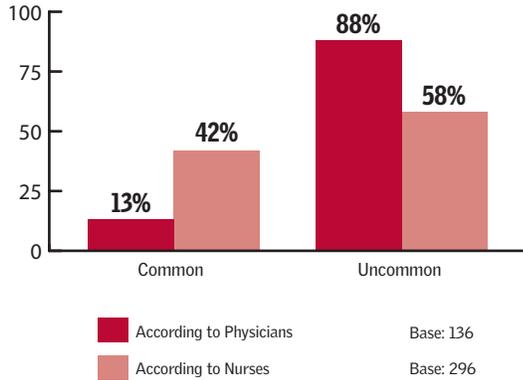
Reimbursement



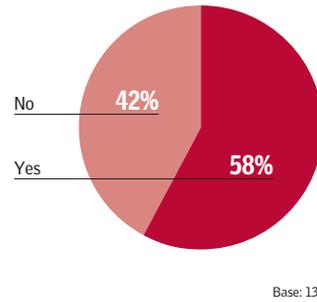
Base: 136



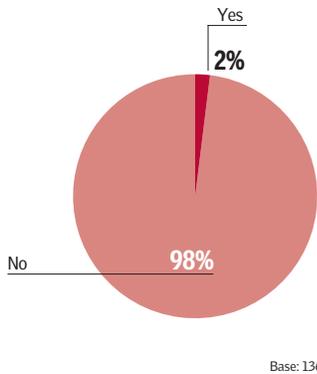
16. How pervasive is physician abuse or disrespect of nurses at your organization?



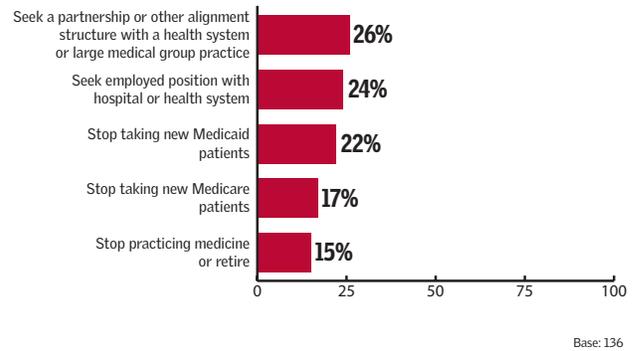
17. In the past year, have you ordered a test or procedure for primarily defensive medicine reasons?



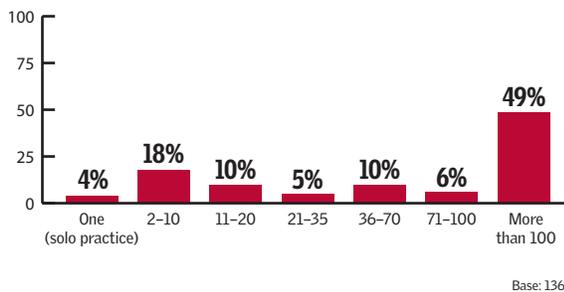
18. In the past year, have you ordered a test or procedure for primarily revenue-related reasons?



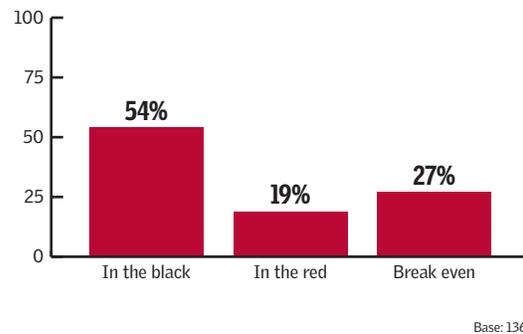
19. How will you respond to low Medicare/Medicaid reimbursements?



20. How many FTE physicians practice at your facility?

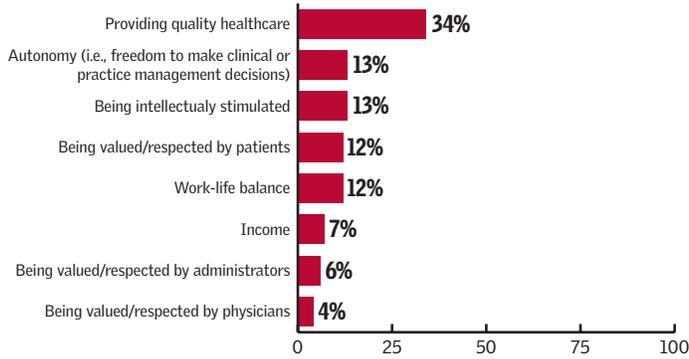


21. Which of the following most accurately describes your projected financial situation in the next year?



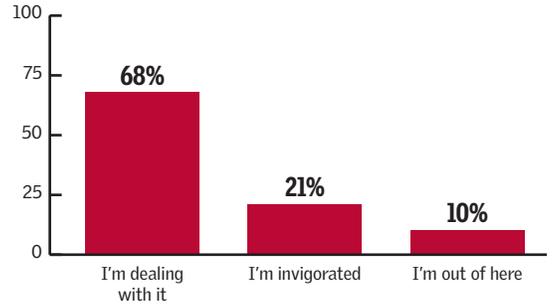


22. Which of the following is most important to your career satisfaction?



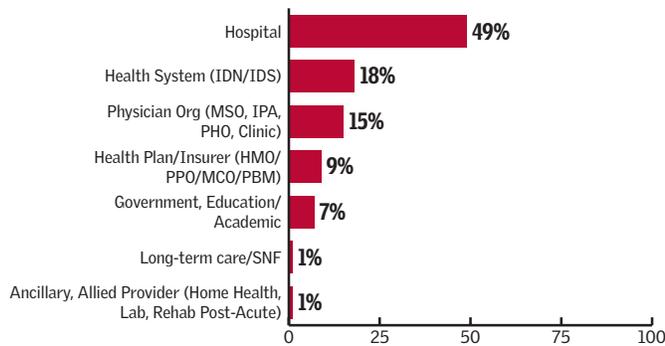
Base: 136

23. How are the current major changes in healthcare affecting your desire to practice medicine?



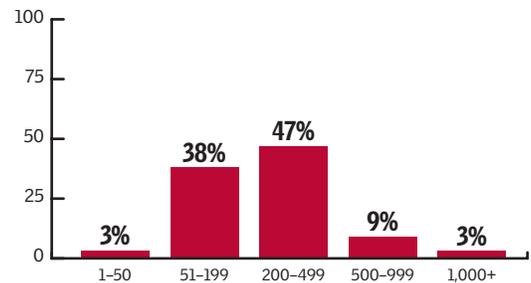
Base: 136

24. Which of the following best describes your place of employment?



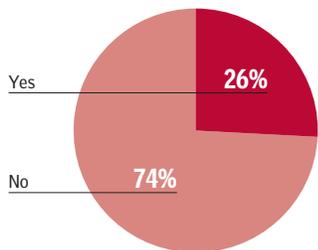
Base: 136

25. Which best classifies your place of employment by the number of beds?



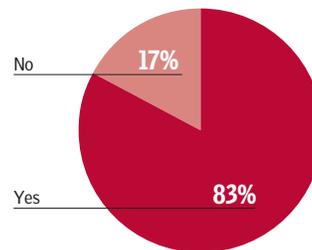
Base: 66 (Among hospitals)

26. Is your healthcare organization in a rural area?



Base: 136

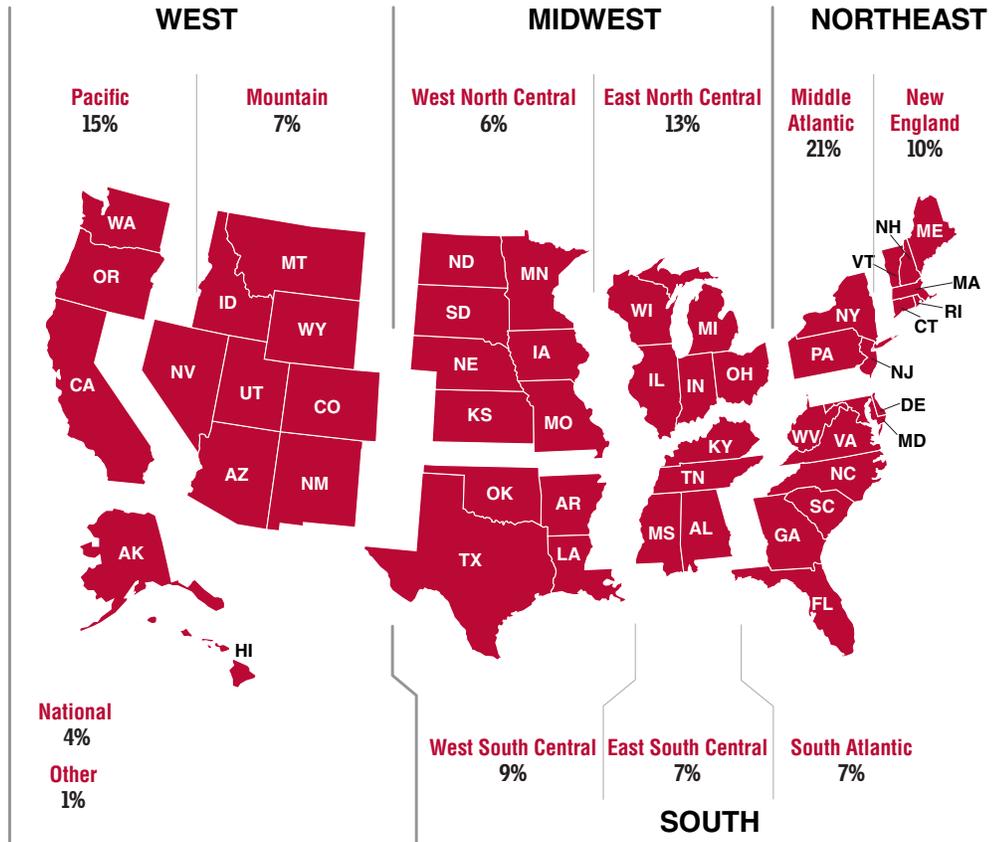
27. Is your hospital a community hospital?



Base: 66 (Among hospitals)



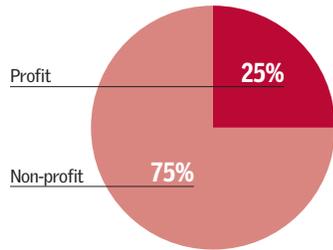
28. What best describes your primary market area?



Base: 136

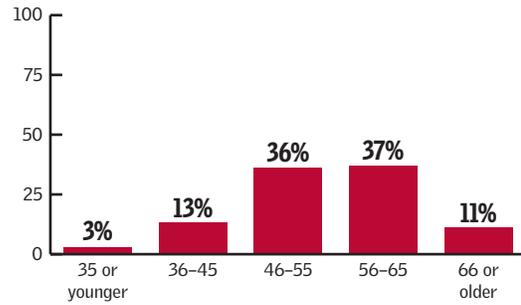


29. Which best describes your type of organization?



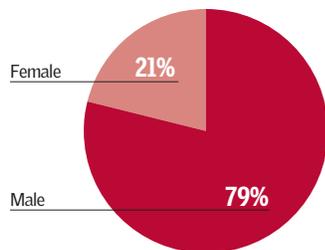
Base: 136

30. Please indicate your age range.



Base: 136

31. What is your gender?



Base: 136