

Prepared
By

COOPER
R E S E A R C H

Cooper Research, Inc.
8150 Corporate Park Drive
Cincinnati, OH 45242
513-489-8838

***Greater Cincinnati
Physician Practice Survey***

- *REPORT* -
for

Academy of Medicine of Cincinnati



CRI #02-2590

May 2003

GREATER CINCINNATI PHYSICIAN PRACTICE SURVEY

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Note: Hundreds of written, often detailed comments were provided by the respondents to both surveys. Samples of these comments are quoted in this report. An example is as follows:

“I know of no other profession where it is the standard . . . to constantly oversee, critique, adjust, and threaten our work and our careers.”



GREATER CINCINNATI PHYSICIAN PRACTICE SURVEY

INTRODUCTION

Project Background Information

In the past several years, the climate of the health care industry in Greater Cincinnati, Ohio has been in a state of flux with a growing level of unrest and dissatisfaction within the physician community. The turmoil is presumed to be the result of economic issues, particularly as they relate to health insurance. It has progressed to the point that some physicians have decided to leave the area in search of a place to practice medicine that is more favorable to them economically. To examine these issues, the Academy of Medicine of Cincinnati and Cooper Research partnered together to conduct surveys of the physicians and practice administrators in the Greater Cincinnati area.

Major Objectives

The primary objectives of these studies were (1) to gather opinions and attitudes from physicians and practice administrators in the Greater Cincinnati area and (2) to obtain a definitive measure of what they think about their practices, their futures, and changes occurring within the local health care system.

Methodology

Cooper Research, a national independent health care marketing research company, interviewed Cincinnati area physicians via a mail survey. Of the approximately 2,900 questionnaires mailed out, 1,000 usable surveys were completed (34% return rate). In addition, 95 practice administrators responded, from a mailing of 249 (38% return rate).

The questionnaires were mailed on April 7, 2003. Returns were accepted through May 5, 2003. Copies of the questionnaires are included in the appendix of this report.

Interpretation of Data

The margin of error for this study is +/- 3% at the 95% confidence level.

When means were calculated, "Don't Know" answers were removed from the bases.

In some cases, percentages may add to slightly more or less than 100% as a result of rounding. Percentages may also add to more than 100% due to the acceptance of more than one answer from a respondent to a particular question, or to less than 100% as a result of "Don't Know" answers.



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EXECUTIVE SUMMARY

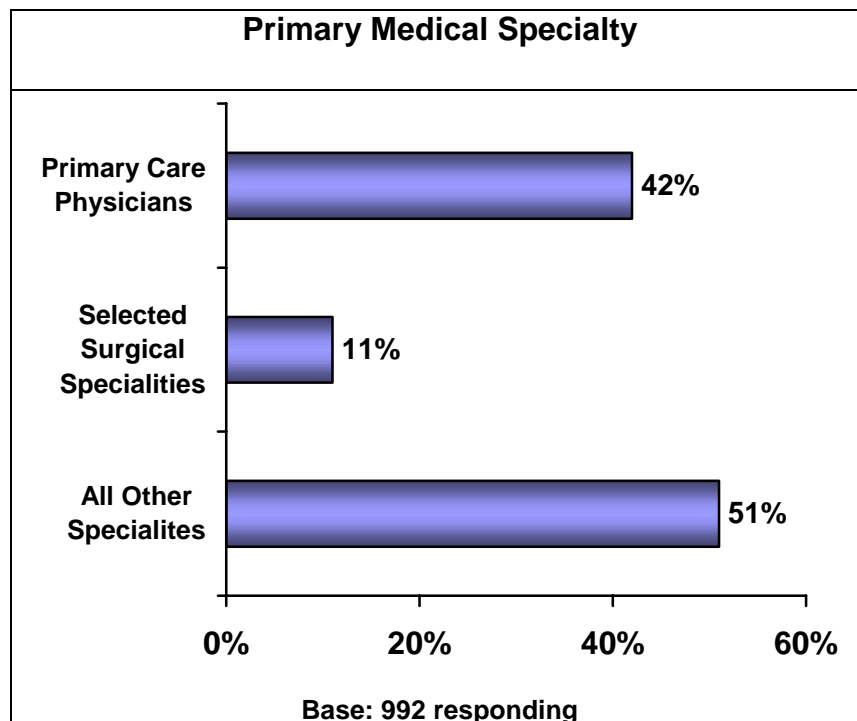
Key Findings: Physicians

STUDY PARTICIPANTS

For this study, physicians were classified into three groups:

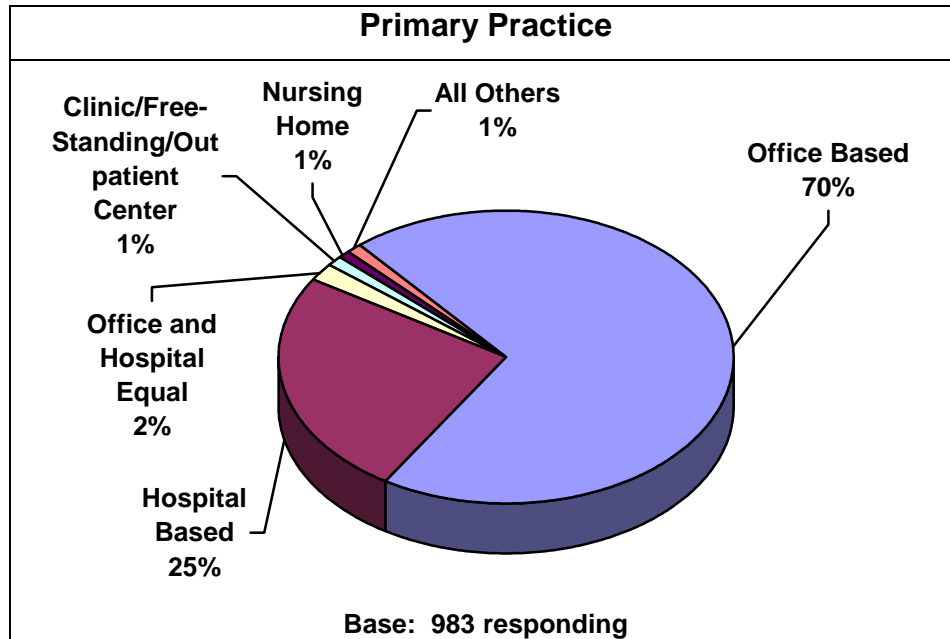
- Primary care physicians - internal medicine, family/general practice, pediatrics, and obstetrics/gynecology
- Selected surgical specialties - general surgery, orthopedics, cardio/thoracic surgery, neurosurgery, and vascular surgery
- All other specialties - specialists who do not fall into one of the above groups (Note: the specialties represented are listed in Appendix 1 of this report.)

Please note that the total sum of specialties (1,022) is higher than the number of total respondents for the question (992). This is the result of some physicians reporting more than one primary specialty.



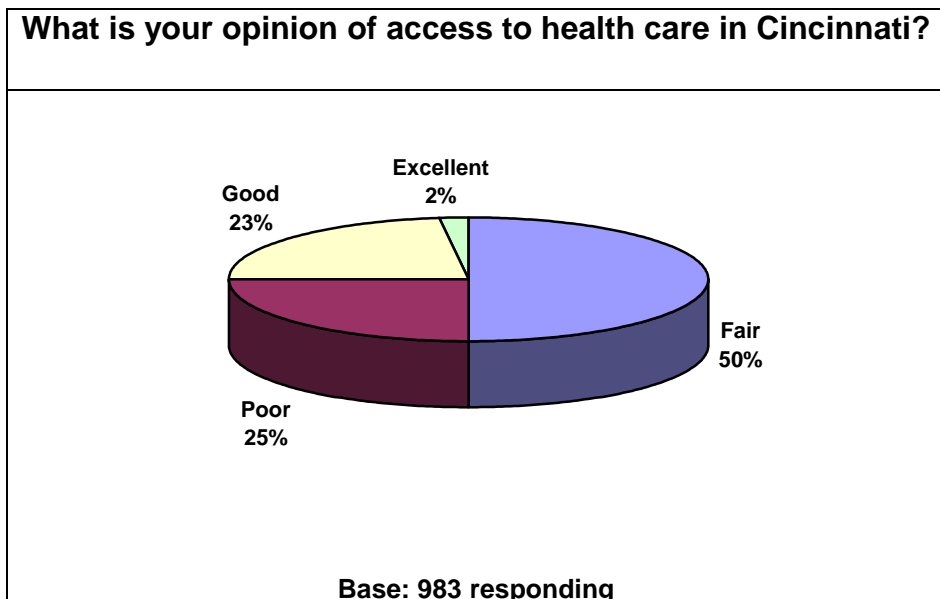
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- As expected, the vast majority (70%) of physicians are office-based.



ACCESS TO HEALTH CARE

- The following graph displays the physicians' opinions about access to health care in Cincinnati. In this survey, access is defined as the patient's ability to schedule treatment or a doctor's appointment in a reasonable amount of time. Three-fourths of the physicians rate local access to health care as "fair" or "poor." This is a much worse rating than given by consumers in last year's Business Courier/Cooper study (July 26, 2002) in which nearly 42% of consumers reported access to health care as fair or poor.



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- Two-thirds (66%) of all physicians say it is more difficult to make a referral for timely care than 5 years ago.
- Sixty-eight percent (68%) of PCPs report that it is more difficult to make a referral than 5 years ago. Consumers agree – in last year’s Business Courier/Cooper study, over 65% of consumers believe that getting an appointment with a specialist is more difficult.
- Eighty-three percent (83%) of selected surgical specialists report that it is more difficult to make a referral than 5 years ago.

“The health care system in Cincinnati is a disaster. If I weren’t a lifetime Cincinnati resident I’d move to Indiana or somewhere else. Trying to get patients into cardiology, neurosurgery, orthopedics or dermatology has become increasingly difficult. I don’t see it improving anytime soon.”

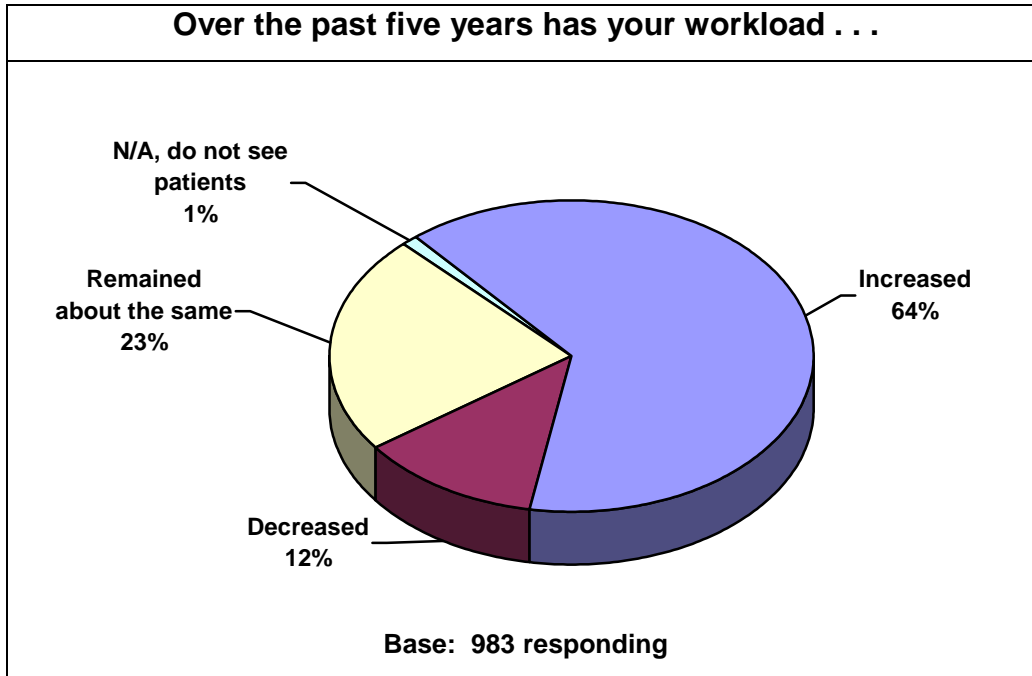
“I have seen a progressive decrease in medical services in the last seven to eight years in Cincinnati. Specialists are doing less high risk procedures and are less likely to recommend a procedure that might require additional procedures later no matter how necessary.”



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CURRENT WORKLOAD / ENVIRONMENT

- Almost two-thirds of the physicians in Greater Cincinnati report that their patient workload has increased over the past 5 years.



“Our patient loads have increased dramatically with other physicians leaving the area, but our salaries are significantly lower despite the increased workload.”

- Among physicians who reported an increase in patient load in the last 5 years, the average increase is 24%.
- Among physicians who reported an increase in diagnostic activity in the last 2 years, the average increase is 22%.

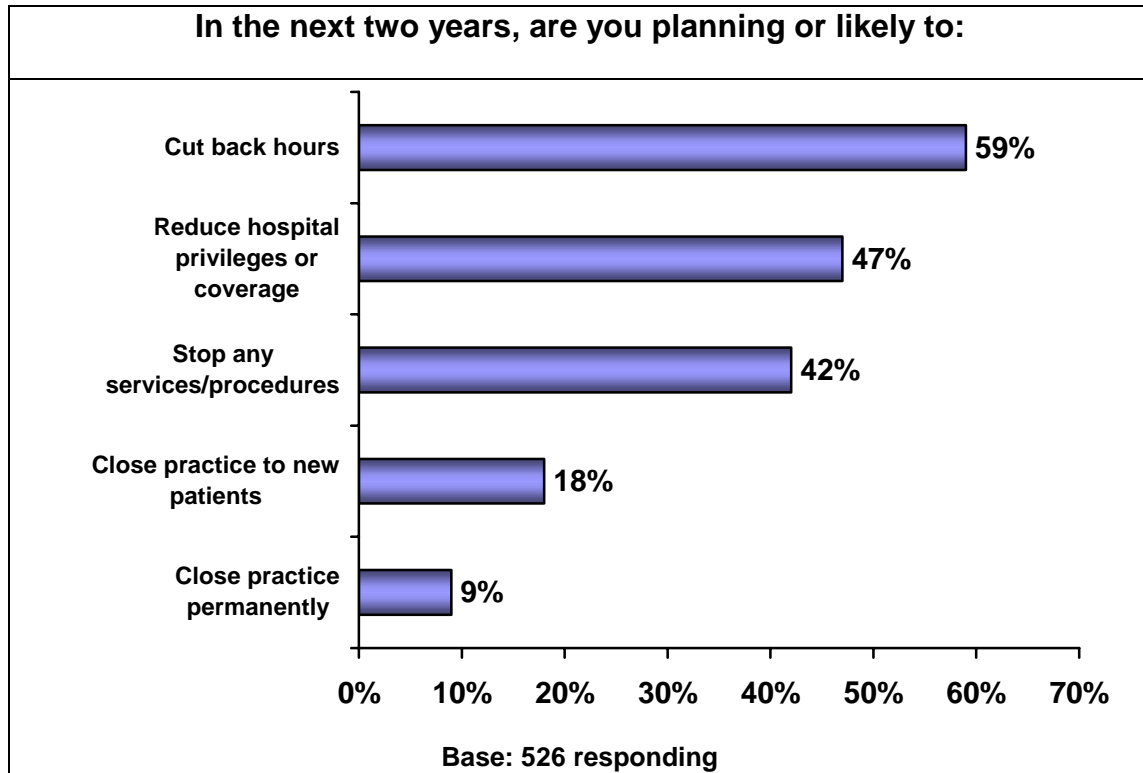
“I still basically like being a doctor. I do not like having to work harder and jump through more hoops as I get older to make less money. If I were the primary breadwinner this would be extremely stressful. I am mostly worried that there will be no good doctors left to take care of me when I am older.”

“I am tired of working harder and more hours for less pay.”



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- Physicians are dealing with the increased workload in different ways. The surveyed physicians were asked whether in the next 2 years they plan to cut back their hours, stop performing any services/procedures, reduce hospital privileges or coverage, close their practice to new patients, or close their practice permanently. Nearly 60% of physicians say they plan to cut back hours. Additionally, a significant number plan to reduce hospital privileges or coverage or stop some services/procedures completely.



"I have recently left my three days a week job in pediatric practice to work just one evening a week moonlighting at [area hospital]. I have three small children and a husband that travels. Honestly, the income I was making in pediatrics part-time hardly covered the cost of childcare, and when you add the stress of call, patient care, legal issues and personal stress I determined it's just not worth it anymore. I now stay home with my children."

Reasons for cutting back hours:	
<i>Lifestyle</i>	67%
<i>Burnout</i>	42%
<i>Decreased Revenues</i>	31%



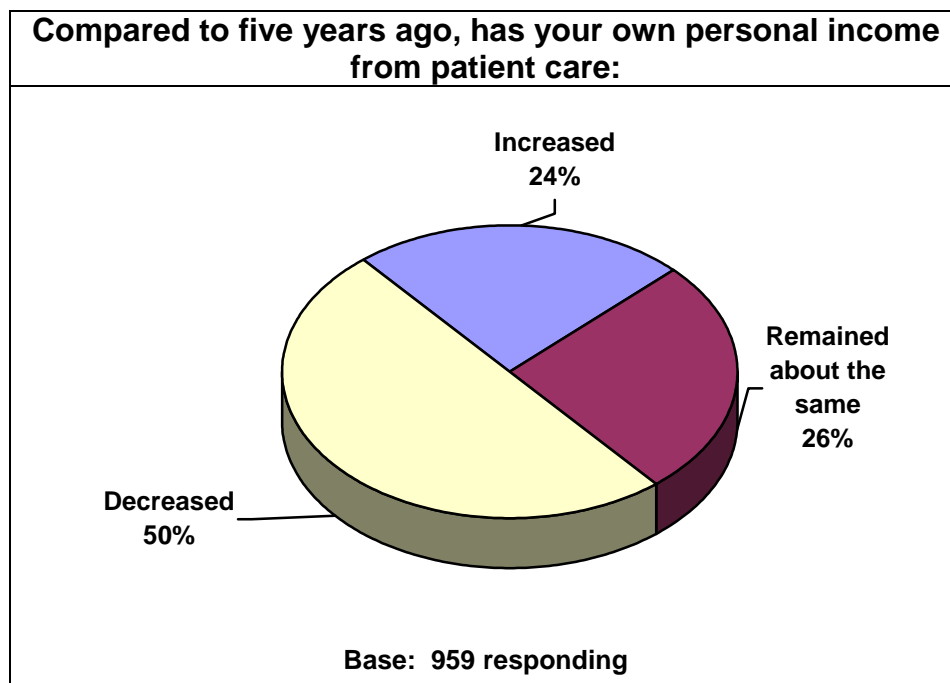
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- Sixty-one percent of the surgeons indicate they will be reducing hospital privileges or coverage.

“This community is at a critical crossroads with respect to timely availability to medical care especially as it pertains to medical surgical subspecialties. The flight of physician talent and experience in early retirement or movement out of the state will take decades to recapture.”

PERSONAL / LIFESTYLE

- Regarding personal income, half of the physicians reported they are making less money than they were five years ago from patient care.



“A lot of attention is being focused on tort reform, which is important. But unless something is done to rescue physician reimbursement there won't be any doctors to sue. This is the problem that eclipses all others in this particular market.”



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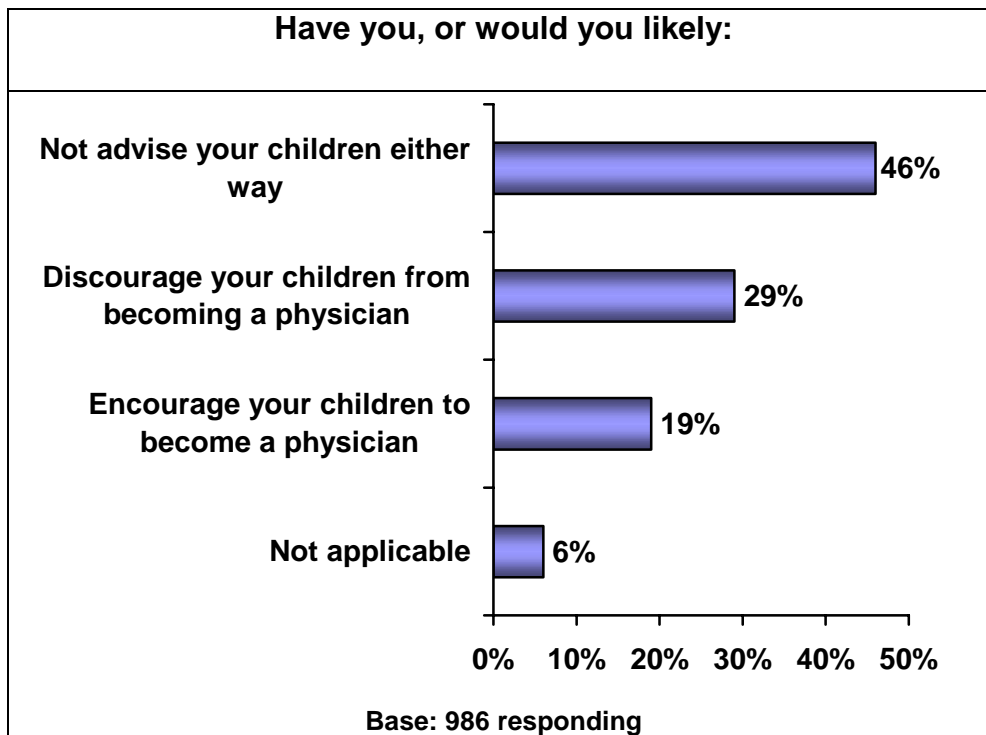
- As seen below, the changes that have occurred in recent years have caused some physicians to reconsider their plans for retirement. Almost half of those who responded to this question plan to retire earlier than they had originally anticipated and over one-quarter plan to retire later than expected.

Considering how your practice has changed in the past 5 years, do you expect to . . . ?	
Retire earlier than once thought	49%
Retire later than once thought	28%
Retire about the same time as once thought	22%

"I'm 40. I hope to be retired from medicine by 50 - sooner if possible."

"I don't expect it to be easy, but the intrusions on what we do can be unbearable at times. That's why I'll retire early if I can afford to, or change careers."

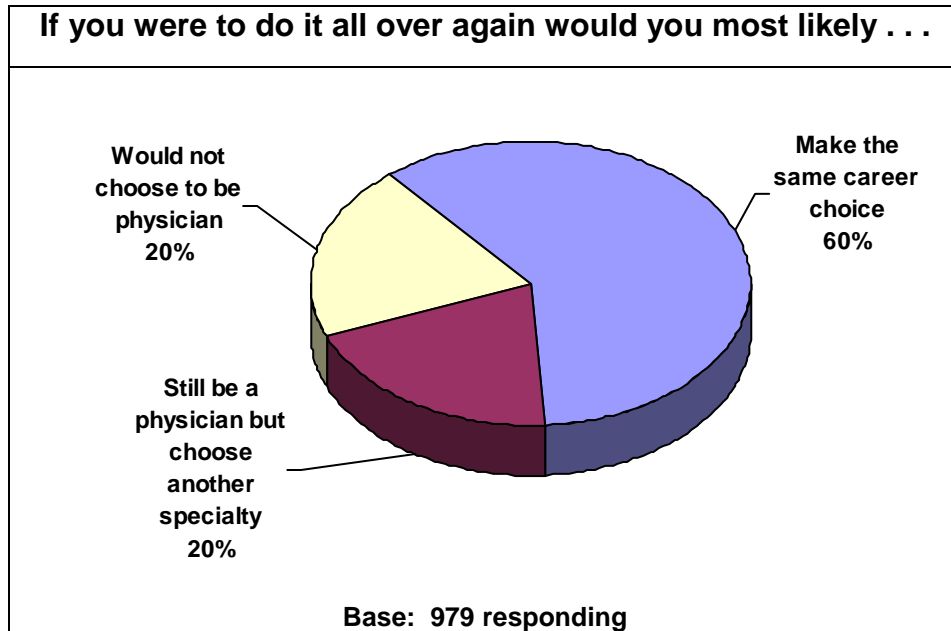
- More doctors would discourage their children from becoming physicians (29%) than would encourage them (19%).



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"I would advise my children to give some very long and hard thought to becoming an MD - very difficult for decreasing respect in society and difficult lifestyle."

- Medicine is still rewarding for the majority, but 40% of respondents either would not choose medicine again or would choose another specialty.

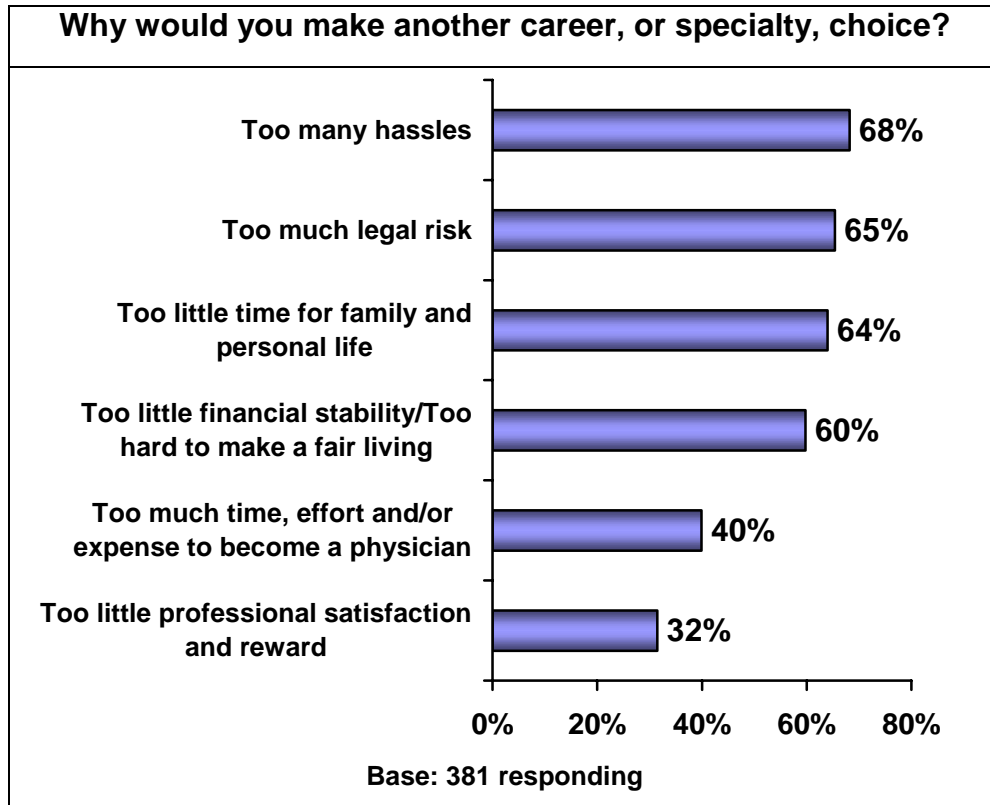


"For the first time in my career, I would welcome a job outside of patient care if it became available."



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- The top reasons why physicians would not become a physician again or would choose a different specialty are too many hassles, too much legal risk, too little time for family and personal life, and too little financial stability.



"I love my career choice but I have significantly sacrificed my family/personal life desires. I would do a subspecialty that allowed a little more free time."

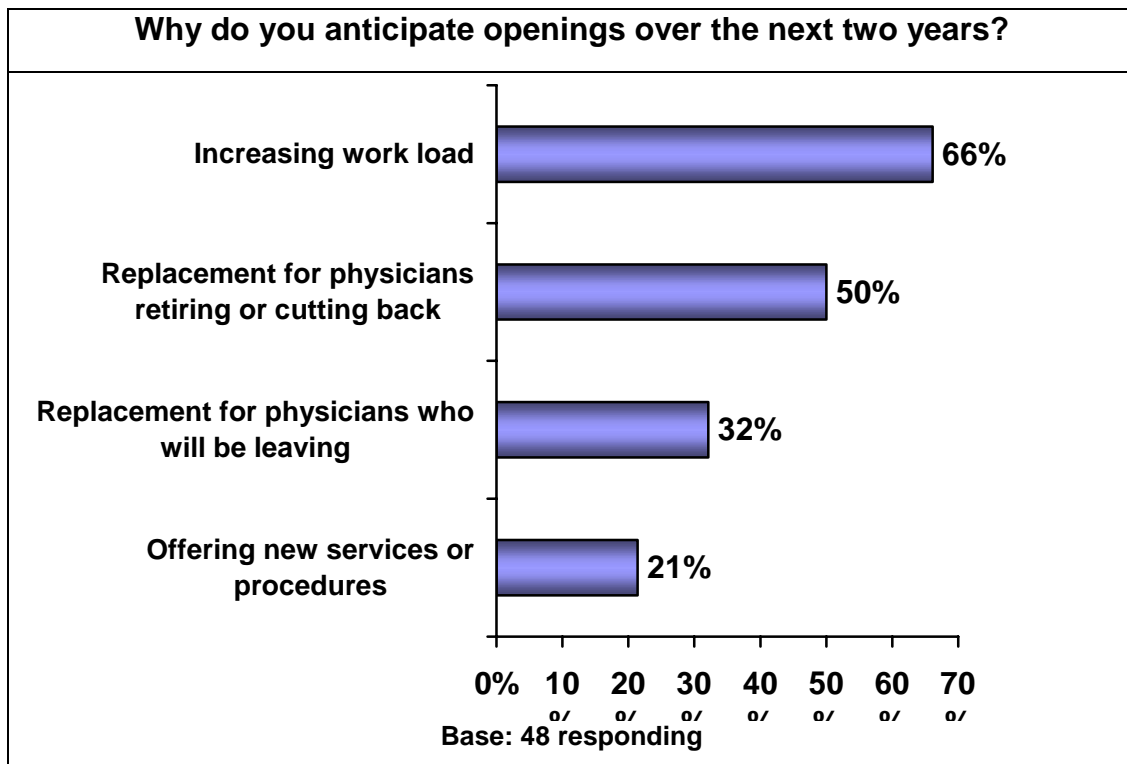
"It has saddened me and others as well to see one of the preeminent medical cities in the country decimated in little more than a decade. The lack of foresight and quite possibly greed that has driven down reimbursement to abysmal levels is nothing short of shocking. The political, corporate and medical leadership had better commit themselves financially and otherwise to drastic change to even hope to stem the tide. The future quantity and quality of physicians in the Greater Cincinnati region is at tremendous risk."



Key Findings: Practice Administrators

DIFFICULTY IN STAFFING

- 43% of physician practices have openings.
- 59% anticipate openings within the next 2 years.
- Respondents anticipate their practices will have physician openings during the next 2 years primarily due to increased workload. Half of the practices expect to have openings to replace physicians retiring or cutting back; another 32% expect to have openings vacated by physicians who will be leaving.



- 79% percent of all practices have added, attempted to add, or filled a physician opening within the past 5 years.



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“This practice stopped offering OB due to rising malpractice premiums - although we have had no claims! We had considered adding an MD while still providing OB but most graduate MD's are led to believe they will make more than we could afford - so they go elsewhere.”

- It took an average of 14 months to fill a position.
- 28% report that a search has been stopped completely because no one could be found to fill the position.
- 21% report that a less qualified person was hired.

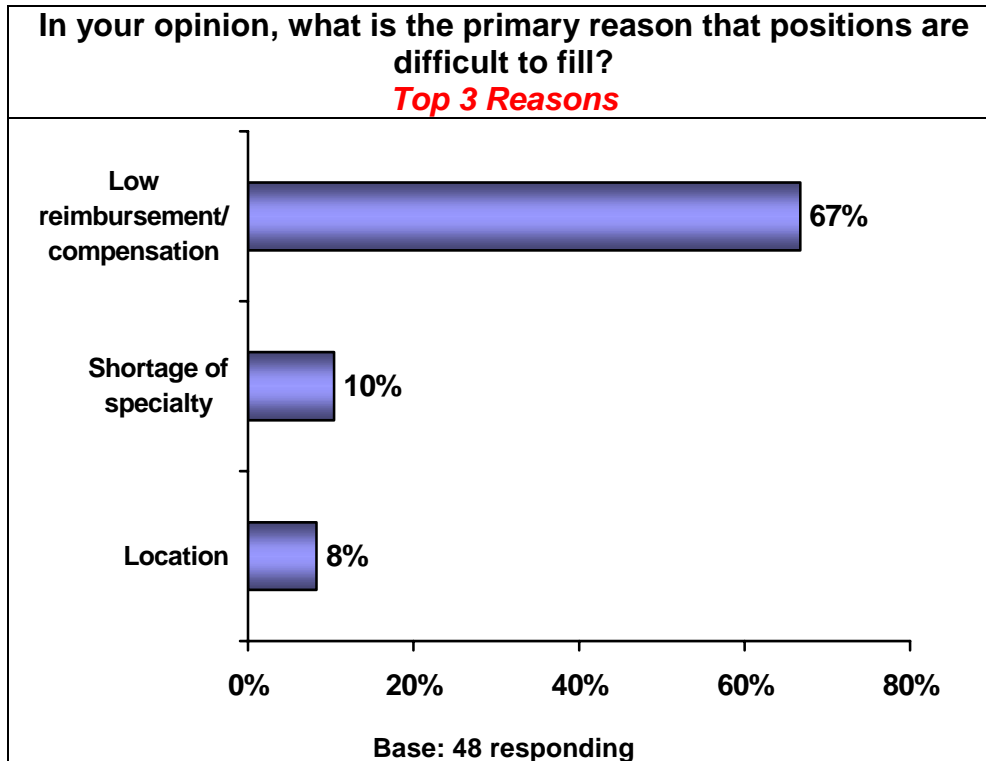
”1. Physician recruitment remains difficult in this market. 2. Groups need to resist the temptation of hiring unqualified persons. 3. We have lost 3 physicians to other markets for better reimbursements. 4. We have seen candidates become much less interested once they understand reimbursement.”

“One of the problems that is not covered in the recent controversies is that when doctors are recruited to Cincinnati, now they may not be the caliber that they once were. We have hired someone who a few years ago we would not have looked at - because of less qualifications - but have to hire as the only thing that will come to Cincinnati. I have noticed several new docs that I don't believe are top quality. Again, these groups are hiring the best that will come, but because of the decreased pay and increased hassles here, the average quality of new docs is going down. And once we get a bad doc here, they're stuck here because no one else wants them! Nobody likes to talk about this because the implications that we don't like the new docs or that we've made a bad decision, but at times Cincinnati has been desperate. From discussions with docs from other areas, not only do we get paid less in Cincinnati, but the hassles are greater to get that money.”

- Practice administrators cite low reimbursement/compensation as the overwhelming primary reason for the difficulty in filling physician openings during the past 5 years.



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“New physician starting salaries have dramatically increased. Malpractice rates increase without reason. Office supplies go up slightly every year. Employees’ salaries increase each year between 2-4%. Health insurance premiums increase 20-30% each year. Managed care/insurance profits increase. Yet we are hit with reduced reimbursement every year.”

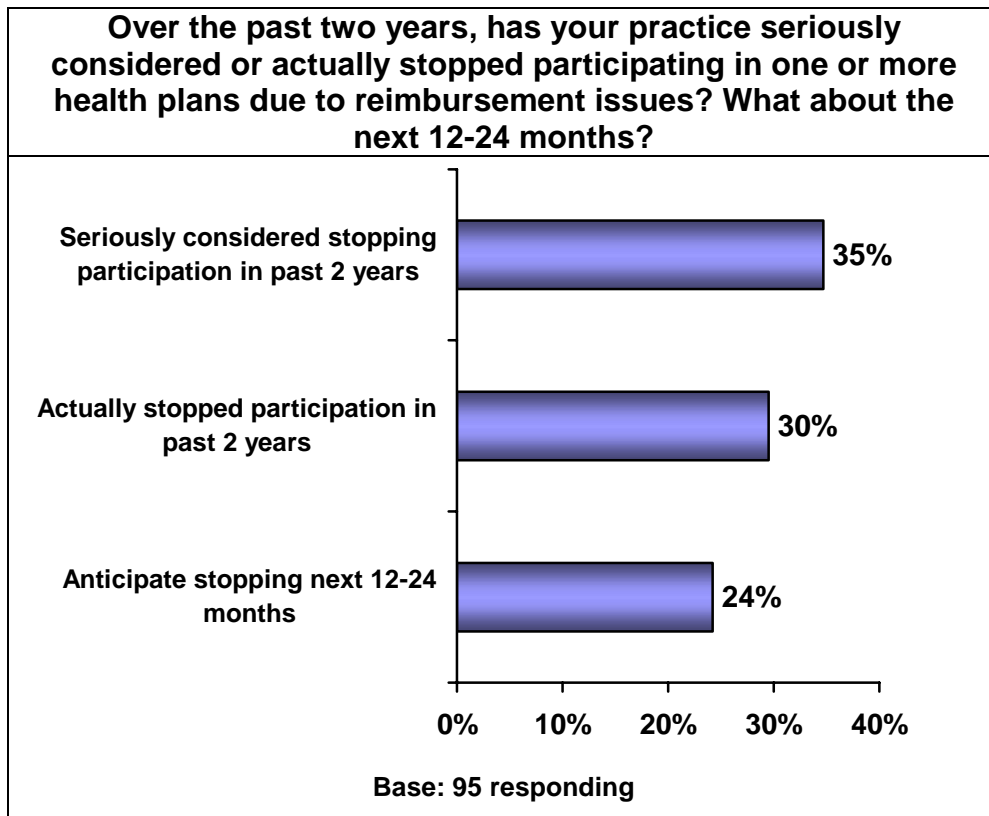
“We must fix physician reimbursement in the market.”



GREATER CINCINNATI PHYSICIAN PRACTICE SURVEY

HEALTH PLAN PARTICIPATION

- Just under one-third (30%) of practices report they have actually stopped participation in at least one health insurance plan, while another 35% say they have seriously considered it.
- About one-quarter (24%) anticipate that they will stop participation in the next 12-24 months.



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KEY DEMOGRAPHICS: PHYSICIANS

Age	Total	PCPS	Selected Surgical	All Others
	A	B	C	D
	(990)	(415)	(104)	(496)
<i>Under 35</i>	7%	9% ^C	3%	7%
<i>35-45</i>	34%	37% ^D	30%	31%
<i>46-55</i>	36%	34%	38%	36%
<i>56-65</i>	17%	12%	23% ^B	21% ^B
<i>65 or Over</i>	6%	7%	7%	6%

Years in practice, post-residency	Total	PCPS	Selected Surgical	All Others
	A	B	C	D
	(987)	(414)	(103)	(496)
<i>Less than 5 years</i>	11%	12%	14%	10%
<i>5 to 15 years</i>	36%	39%	33%	34%
<i>16 to 30 years</i>	43%	39%	43%	45%
<i>Over 30 years</i>	10%	10%	11%	12%

Academy Member	Total	PCPS	Selected Surgical	All Others
	A	B	C	D
	(984)	(411)	(103)	(495)
<i>Yes</i>	66%	59%	87% ^{BD}	68% ^B
<i>No</i>	34%	41% ^{CD}	13%	32% ^C

Gender	Total	PCPS	Selected Surgical	All Others
	A	B	C	D
	(984)	(414)	(104)	(491)
<i>Male</i>	77%	67%	92% ^{BD}	83% ^B
<i>Female</i>	23%	33% ^{CD}	8%	17% ^C



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APPENDIX 1: SPECIALTIES

Primary Care Physicians	Selected Surgical Specialties	All Other Specialties
General Internal Medicine	Cardio/Thoracic Surgery	Psychiatry
Pediatrics	General Surgery	Radiology
OB/GYN	Neurosurgery	Ophthalmology
Family/General Practice	Orthopedics	Emergency Medicine
	Vascular/Vascular Surgery	Anesthesiology
		Otolaryngology
		Cardiology
		Dermatology
		Pathology
		Gastroenterology
		Urology
		Physical Medicine & Rehabilitation
		Allergy
		Plastic and Reconstructive Surgery
		Pulmonary Disease
		Endocrinology
		Geriatrics
		Rheumatology
		Misc. Pediatric Specialty
		Neurology
		Infectious Disease
		Occupational Medicine
		Pain Management



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APPENDIX 2: SELECTED VERBATIMS

"Although I would choose being a physician I have gone to law school and am now practicing both part-time. This is a decision that I have elected to follow 5-10 years earlier than I had planned when I started law school 5 years ago. Law is more attractive in light of hassles of medicine: stress, decrease reimbursement, increase excessive workload, and increase malpractice expenses plus risk!"

"Cincinnati is suffering. Despite the presence of talented and committed physicians many citizens cannot access the care they need. Doctors are leaving town in droves. If physician reimbursement doesn't improve, the health of the community will decline even more due to the lack of caregivers. Other MD's say to me "What good is a busy practice where you can see hundreds of patients if you only collect \$5 for a visit?" Until the nation can implement a thoughtful and compassionate single payer system, something must be done to increase physician reimbursement in Cincinnati, even just to levels of nearby communities like Dayton, Indianapolis and Lexington."

"I am strongly considering relocating to another city. I have had it with Cincinnati."

"After trying for two years we were finally able to hire two new radiologists to join our excellent practice. We doubled our starting offer, decreased the time to partner and lucked out to find three local Radiology graduates who both had spouses committed to Cincinnati. The out-of-town graduates laugh in my face when I try to persuade them to come to Cincinnati. They most often cite two reasons: 1. Poor reimbursement compared to similar cities. 2. Race riots."

"I am seriously concerned about the lack of neurosurgeons in Cincinnati. This is one area where our city is going to lose. We have a neurosurgeon in our group and he only does spinal surgery. I shudder to think what will happen in the future if they continue leaving town as they have." (*Practice Administrator*)

"I will be relocating to Florida to practice within the next 6 months. The average compensation for PCP's is 40% higher in places where I have been recruited. There are fewer hassles and the physicians are happier. There is better weather, a lot of beaches, and no Bengals or Reds to depress me. I have lived my whole life in Cincinnati but it is time to leave. Before the titanic sinks completely and the life rafts are gone."

"Everybody understands the problems we face in Cincinnati: #1. Skyrocketing malpractice premiums. #2. Poor reimbursement and control of market by 3-4 companies (Choice Care/Humana - Anthem - UHC). #3 Inability to recruit new quality physicians. Everybody knows this already - Thank you."

"In the last 5 years, due to declining reimbursement in the Cincinnati market, the ability to recruit and retain good quality physicians has decreased. In my own group, we have lost physicians to practices in other Ohio communities for better reimbursement. We have only been able to recruit physicians with a pre-existing tie to Cincinnati, i.e. family, or physicians who were already settled here in different practices. And then, only by offering them a better salary/benefit package relative to their experience/expertise compared to established group members with similar experience/expertise in order to be nationally and locally competitive. Physicians looking for new associates in almost every specialty have told me similar stories."

"More difficult for African American physicians. No stability in this field. Seeking avenues to leave this field ASAP and may leave this area very soon. It is sad; my services are much needed."



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“A steady decline in reimbursement. Administrative issues regarding claims and demands of payers and demands of patients. Cincinnati is known as a place not to practice specialty Orthopedics; many of the city's top Ortho docs are 60+. What do you have when the docs who are the leaders retire, and who will want to train or practice in Cincinnati?” (*Practice Administrator*)

“This job is extremely stressful and requires a great deal of skill and knowledge. The payment for our services in today's economy is inadequate. As a result, services which require the most time for the least remuneration are being avoid by physicians – i.e. ER on call services, cancer surgery, etc. At one time a plastic surgeon would come to the ER to sew up your lacerated face, now it is done by a physician's assistant. If the results are less than adequate, the plastic surgeon can re-do in 5-12 months. Is this better care?”

“In regards to question #14: I have not cut back anything, instead I have had to nearly double the time spent in the office seeing patients to make the same amount of money. In July I will move to bigger office so that all my fulltime doctors and myself can work a full day more per week just to hopefully cover my increased costs. Malpractice is up 300% in 5 years with minimal increase in insurance reimbursement.”

“Encourage lawyers to accept a fee schedule based on Medicare percentages.”

“I am not sure I see a purpose or a direction of this survey. It seems to be very general and vague. What is it's point? Seems like it will generate vague answers. Why don't you ask more pointed question, which require some hard answers? On Q.14 what about having to work harder and longer just to maintain current earnings?! This seems like an overall waste of time and effort.”

“There has been a dramatic increase in practice expense i.e. malpractice premiums; group health insurance; staff salary and urgent care. However, reimbursement rates have not kept pace. Physicians in our practice are cutting back because they are burnt out and disillusioned with the practice of medicine. Note: we are an all female OB/GYN practice.” (*Practice Administrator*)

“I still experience satisfaction from healing patients, but decreased reimbursement, e.g. from Medicare, and increasing overhead are making it hard to just break even. Being sued is my worst fear, since now, one may then be uninsurable. My malpractice rates increased 40% last year and I've never had a claim. I am overwhelmed by HIPAA and although we have done what I think we are supposed to do to comply, an auditor could probably come to my office and find problems. I don't expect it to be easy, but the intrusions on what we do can be unbearable at times. That's why I'll retire early if I can afford to or change careers.”

“In the Emergency Department we are experiencing severe overcrowding problems. As many primary care physicians are curtailing the types of patients they see we are seeing more and more financially strapped individuals, with many medical problems compromising care. The designed function of the Emergency Dept is treating emergencies. Emergency Medicine in this town is in severe trouble. QESI our group is having major problems retaining and attracting physicians. Our reimbursement plummets and the workload soars! Thanks.”

“As an emergency physician I have seen more patients using the ED as their safety net for healthcare access. Reimbursement is stagnant, volume is increasing, diversions are common and the uninsured provide no compensation. Many physicians are burned out, melancholy and dejected by the declining quality of health care in Cincinnati. The employer groups have strangled care and there is no reward from insurers/employers for good quality care.”

“Medicine is in crisis. If not improved, the quality and safety of the patient will suffer. I am daily afraid for my patients' well being. They cannot afford appropriate health care; they come in poorly cared for; the hospitals are under-staffed; equipment is out of date or poorly maintained; and I could go on and on. Is it going to take people dying to get a change? Get the lawyers out of medicine as well as 'Big Brother', the government.”



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"The Academy of Medicine needs to lead physicians en masse out of managed care, i.e. January 2004 all physicians in Cincinnati drop all insurance companies at the same time."

"The Academy should be more active in organizing physicians regarding malpractice rates and reimbursement complaints. You are our political voice and for years it hasn't spoken very loudly. We need to be more aggressive educating the politicians and the public about our concerns. My biggest concern is the exodus of quality physicians from the area."

"The Academy of Medicine works hard to supply help to membership, but too little too late. They apparently passed in the 80's to become a significant force on behalf of physicians. The Academy is no longer a usable agent for physicians. We have no effective voice and are demeaned by business and insurance companies and patients. Our wage as physicians is the lowest it has ever been and will no doubt decline further. Patient expectations are for perfection for 'no charge'. They are told by politicians, media and insurance companies it is their right to expect all excellent services and they do not have to be accountable. This is today's society, what a shame!"

"Thank you to the Academy for all of the work you've done."

"Please help us!"

"I would rejoin the Academy if it would actively work for a universal national health insurance policy. The US is the only remaining industrialized country without national health insurance. It is in the national short and long term interest to have universal health insurance. I have visited Canadian colleagues and have studied their system. Although not perfect it is far more efficient and fair than our hodge-podge."

"I fear the practice of medicine is slowly and surely changing from an independent contractor in the private sector to a civil service post in the government."

"Physicians whine too much and this survey would appear to be designed to increase the whining."

"Medicine has been rewarding to me. Changes are inevitable. I feel we physicians have brought certain unfortunate changes upon ourselves by over pricing service and lack of considerate and sympathetic care."

