

THE FUTURE OF HEALTHCARE

A National Survey of Physicians—2018

THE FUTURE OF HEALTHCARE

What Doctors Are Saying

For more than 40 years, The Doctors Company has been fiercely committed to advancing, protecting, and rewarding the practice of good medicine. Key to that pledge is partnering with members to improve the practice environment and respond to emerging challenges with innovative solutions.

The company's position as the nation's largest physician-owned medical malpractice insurer enables it to draw on a community of 79,000 members. This timely report—developed in response to physicians' concerns about how healthcare industry changes are impacting their ability to provide quality care and causing burnout—was compiled from the observations of more than 3,400 doctors. It conveys a unique perspective on doctors' attitudes, perceptions, and intent regarding major components of healthcare reform, and demonstrates that the industry continues to face uncertainty.

To learn more about The Doctors Company, please visit thedoctors.com.

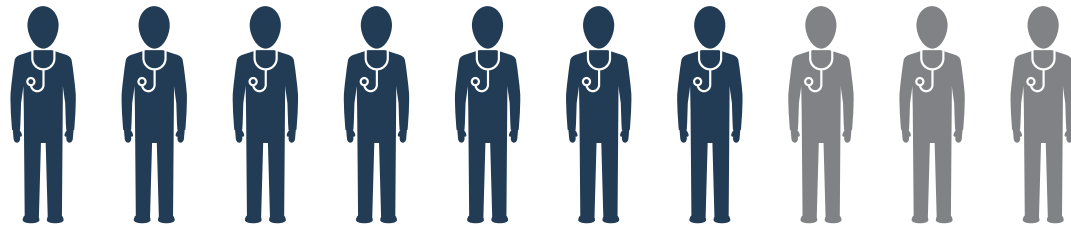
This report was created in partnership with Modern Healthcare Custom Media and is available online at thedoctors.com/future.

The research in this report is unique to The Doctors Company. Send reprint requests to press@thedoctors.com.

ABOUT THE DOCTORS COMPANY

Founded by doctors for doctors in 1976, The Doctors Company (thedoctors.com) is relentlessly committed to advancing, protecting, and rewarding the practice of good medicine. The Doctors Company is the nation's largest physician-owned medical malpractice insurer, with 79,000 members, over \$4.8 billion in assets, and an A rating from both A.M. Best Company and Fitch Ratings.

SEVEN OUT OF 10 PHYSICIANS ARE UNWILLING TO RECOMMEND HEALTHCARE AS A PROFESSION.



Comments clearly show that doctors are disheartened by changes.

“If I had to start today I would choose another field of endeavor.”

—primary care physician, California

“None of my children and none of my friends’ children have chosen medicine as a career.”

—surgeon, North Carolina

“I am the child of two physicians. Knowing what I do now, my wife and I, both physicians, would discourage our children from pursuing medicine.”

—nonsurgical specialist, Georgia

REPORT SUMMARY: The 2018 Future of Healthcare report has uncovered a complex picture of the attitudes of physicians nationwide toward the important issues facing the industry. Doctors have reported feeling so disenchanted with the practice of medicine that the vast majority have said they would be unwilling to recommend the profession to future generations. Many others are contemplating retirement, including one third of those under 50. Though the rate of change within practice models may have slowed in recent years, the adoption of EHRs and new reimbursement models are viewed by many physicians as a hindrance to the most important reason they practice medicine—providing quality patient care.

Twenty-six percent of doctors are likely to recommend the medical profession to their children or other family members, given the current state of the business of medicine.

Though most positive comments came with caveats, doctors say those difficulties are outweighed by the rewards of being a doctor and the need for medical care.

“There is no other life I would choose regardless of compensation or regulation.”

—surgeon, California

“I’m positive, as I love what I do and did not go into it for the income. It’s so flawed with every aspect being plundered by all parties, yet the need is ongoing.”

—surgeon, Florida

“I think that the commitment of young doctors to the profession is outstanding and hopefully they can impact the documentation burden in a positive way through new eyes.”

—primary care physician, Colorado

KEY RESPONSE VARIATIONS

Among physicians unwilling to recommend healthcare as a profession:

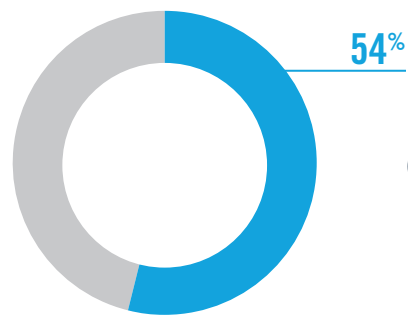
- ▶ States range from 69% in both **Michigan** and **Oregon** to 80% in both **Florida** and **Illinois**.
- ▶ Specialties range from **primary care** at 71% to **surgical specialists** at 77%.
- ▶ Age groups range from **over 70** at 64% to **41 to 50** at 79%.

KEY RESPONSE VARIATIONS

Among physicians willing to recommend healthcare as a profession:

- ▶ States range from 20% in both **Florida** and **Illinois** to 31% in both **Michigan** and **Oregon**.
- ▶ Specialties range from **surgical specialists** at 23% to **primary care** at 29%.
- ▶ Age groups range from **41 to 50** at 21% to **over 70** at 36%.

CHANGES TO THE PRACTICE OF MEDICINE MAY BE SPEEDING UP RETIREMENT FOR MANY DOCTORS.



Over half of physician respondents **plan to retire within the next five years.**

Doctors are considering retirement as they feel the pressure of declining reimbursement, increased administrative burden, and industry consolidation.

But male physicians are more likely to retire than female physicians. The study finds that proportionately far fewer females say they will retire in the next five years (48% vs. 56%). Given that women are more likely to report they are primary care physicians (44% vs. 29%) and men are much more likely to report being surgical specialists (42% vs. 28%), the burdens leading doctors to retire may be felt less on the PCP level. The average age for men who took the survey was 62 years old, while the average age for women was 55 years old.

Older physicians share the sentiment that today's doctors have too many obstacles to success, and that the art of being a physician has been lost:

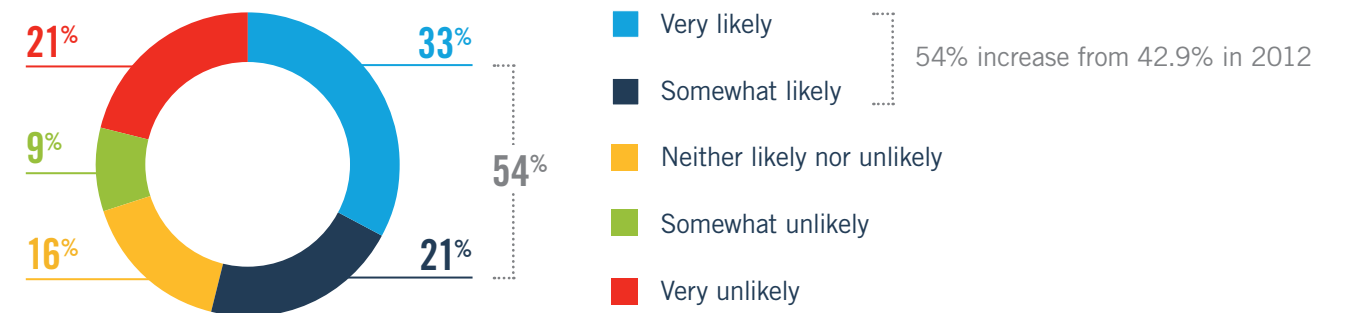
"It will only get worse with more regulation, shift to employees, loss of autonomy, worsening documentation. Glad I am at retirement age and will soon quit."
—surgeon, California

"I'm 52 and tired. If I won the lotto, I would quit. I am overworked and unappreciated."
—primary care physician, California

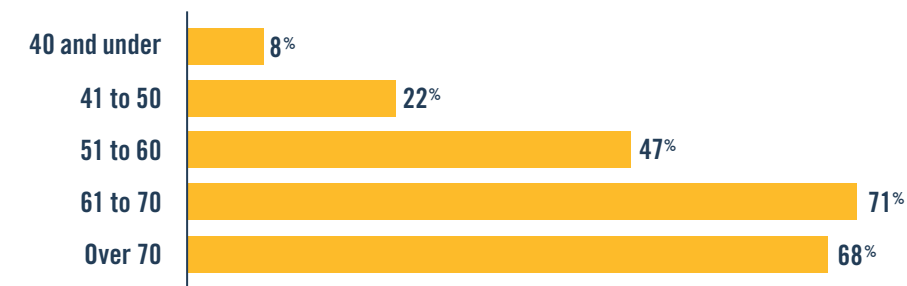
"It's a trainwreck. I pray for retirement."
—surgeon, Vermont

"I'll be glad when I'm able to retire."
—nonsurgical specialist, California

Q: Are changes in healthcare likely to lead you to retire over the next five years?



Very likely or somewhat likely to retire in the next five years:



KEY RESPONSE VARIATIONS

- Among physicians who contemplate retiring in the next five years:
- ▶ States range from 45% in **Georgia** to 59% in **Michigan**.
 - ▶ Specialties range from **primary care** and **nonsurgical specialists** both at 54% to **surgical specialists** at 55%.
 - ▶ Age groups range from **40 and under** at 8% and **61 to 70** at 71%.

EHRs AND REGULATIONS ARE THE TOP CAUSES OF BURNOUT.

Physicians are concerned that increasing bureaucratic and regulatory demands are leading toward dissatisfaction among their colleagues:

“We love what we do—but we are sick of the mental, physical, financial and emotional abuse... the future of our profession is at stake and we need to restore the dignity back to the physician-patient relationship.”
—surgeon, Ohio

“‘Commoditization’ of the physician has contributed to burnout and dehumanized the practice of medicine.”
—nonsurgical specialist, New York

“Taking relationship out of the patient encounter negatively affects quality of care delivered and drives physician burnout.”
—nonsurgical specialist, Oregon

“We give up time with family, friends and hobbies for this profession, and I no longer feel it’s worth it! Life is too short for this!”
—nonsurgical specialist, California

“It’s not ‘burnout’—it’s the healthy response to a history of abuse and trauma during training, and continued abuse and trauma of working within the conventional health care system.”
—primary care physician, Wyoming

“Physician burnout is increasing as reimbursement is decreasing along with increasing work load from every direction.”
—primary care physician, California

“The path of the practice of medicine has become overregulated with unreasonable non-medical demands on the doctor, [including] the EHR plus regulations that have nothing to do with medical care. The automation of fast food medicine has rescinded the joys of medical care.”
—nonsurgical specialist, California

“The mounting burdens of the modern healthcare delivery system are taking a toll on physicians by contributing to the growing problem of work-induced burnout and emotional fatigue.”
—David O. Barbe, MD, MHA,
former president of the
American Medical Association

EHRs HAVE A NEGATIVE IMPACT ON THE PRACTICE AND ON THE PHYSICIAN-PATIENT RELATIONSHIP.

54%
OF DOCTORS BELIEVE EHRs HAVE HAD A NEGATIVE IMPACT ON THE **PHYSICIAN-PATIENT RELATIONSHIP.**

Doctors are concerned that EHRs are burdensome and distracting during patient interaction. One doctor suggested that the software causes major frustration to patients and physicians alike:

“Good eye-to-eye patient care is dying. Computers have decreased the physician-patient relationship. Doctors can’t type and have good patient observation and attention simultaneously.”
—surgeon, California

KEY RESPONSE VARIATIONS

Among those who believe EHRs have a negative impact on the physician-patient relationship:

- ▶ States range from 47% in **Texas** to 60% in both **Florida** and **Michigan**.
- ▶ Specialties range from **primary care** at 51% to **surgical specialists** at 57%.
- ▶ Age groups range from **40 and under** at 46% to **51 to 60** at 57%.

61%
OF DOCTORS BELIEVE EHRs HAVE A NEGATIVE IMPACT ON **EFFICIENCY AND PRODUCTIVITY.**

Many comments suggest that doctors are frustrated with the functionality, reliability and lack of interoperability within their EHRs:

“EHR is a complete waste of time. To ask a physician to function as a scribe is inefficient.”
—surgeon, California

KEY RESPONSE VARIATIONS

Among those who believe EHRs have a negative impact on efficiency and productivity:

- ▶ States range from 54% in **Texas** to 65% in **Florida**.
- ▶ Specialties range from **nonsurgical specialists** at 57% to **surgical specialists** at 63%.
- ▶ Age groups range from **40 and under** at 31% to **61 to 70** at 66%.

61%
OF DOCTORS BELIEVE EHRs HAVE A NEGATIVE IMPACT ON **WORKFLOW.**

Doctors are very concerned about the burden of documentation requirements. Many comments suggested that EHR requirements are a major cause of burnout:

“EHR and documentation burden will make physicians get out of profession.”
—primary care physician, California

KEY RESPONSE VARIATIONS

Among those who believe EHRs have a negative impact on workflow:

- ▶ States range from 54% in **Texas** to 70% in **Michigan**.
- ▶ Specialties range from **nonsurgical specialists** at 57% to **surgical specialists** at 64%.
- ▶ Age groups range from **40 and under** at 46% to **51 to 60** at 57%.

86%
OF DOCTORS REPORTED A NEUTRAL OR NEGATIVE EXPERIENCE WITH EHR **VENDOR SERVICE.**

Only 14% of doctors reported a positive experience with EHR vendors, with the rest split on whether service has been neutral or negative. Comments about EHR vendors were mostly negative:

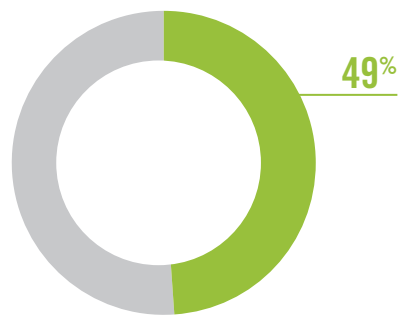
“EHR implementation has had a mostly negative impact on healthcare because of badly designed EHRs which are cumbersome and user unfriendly.”
—nonsurgical specialist, Texas

KEY RESPONSE VARIATIONS

Among those who reported a neutral or negative experience with EHR vendor service:

- ▶ States range from 78% in **New Mexico** to 91% in **Michigan**.
- ▶ Specialties range from **primary care** at 83% to **nonsurgical specialists** at 88%.
- ▶ Age groups range from **40 and under** at 72% to **61 to 70** at 89%.

DOCTORS HAVE MIXED FEELINGS ABOUT HOW VALUE-BASED CARE WILL AFFECT PATIENTS.



Nearly half of the doctors surveyed believe value-based care and reimbursement will have a negative impact on **overall patient care**.

“The EHR was supposed to improve care, but it has done the opposite; value-based care will likely also.”
—surgeon, Ohio

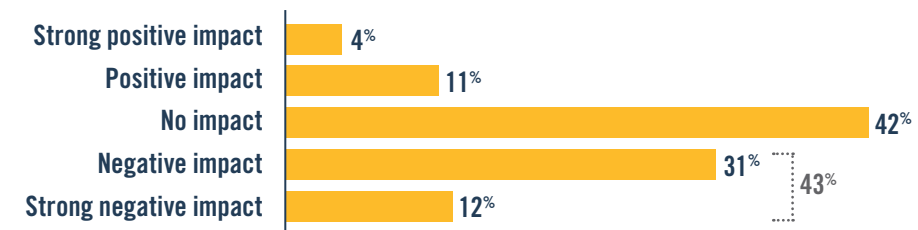
“Value-based care and reimbursement is a false assurance of good medical care.”
—surgeon, California

KEY RESPONSE VARIATIONS

Among those who believe value-based care will have a negative impact on overall patient care:

- ▶ States range from 45% in **California** to 53% in both **New Mexico** and **Virginia**.
- ▶ Specialties range from **primary care** at 42% to **nonsurgical specialists** at 53%.
- ▶ Age groups range from **40 and under** and **over 70** both at 43% to **41 to 50** at 54%.

Q: How will value-based care and reimbursement (pay for performance) impact your relationship with patients over the next five years?



Many doctors worry that pay-for-performance reimbursement doesn't take into account the nuances of the doctor-patient relationship, and puts a focus on population-level data instead of individual outcomes.

“I think value-based care may help reduce the huge volume of unnecessary spine surgery, which is a big concern of mine.”
—surgeon, California

“Pay for performance is all about supplying data and not about patient care and true performance.”
—nonsurgical specialist, Michigan

KEY RESPONSE VARIATIONS

Among those who believe value-based care will have a negative impact on the relationship with patients:

- ▶ States range from 40% in **New Mexico** to 51% in **Illinois**.
- ▶ Specialties range from **primary care** at 37% to **nonsurgical specialists** at 47%.
- ▶ Age groups range from **over 70** at 36% to **41 to 50** and **51 to 60** both at 46%.

MANY DOCTORS BELIEVE VALUE-BASED CARE AND PAY FOR PERFORMANCE ARE BAD FOR BUSINESS.

61%
OF DOCTORS BELIEVE VALUE-BASED CARE AND REIMBURSEMENT WILL HAVE A NEGATIVE IMPACT ON THEIR PRACTICE.

While comments from doctors acknowledged that this paradigm shift puts a positive emphasis on quality improvement, many are concerned that it will be particularly difficult for independent practitioners to keep up.

“It makes sense overall, but if the rewards are insufficient for complying and repaying the years of sacrifice made while training, practicing medicine would not be worth the stress.”
—surgeon, New York

“Value-based care is a good concept, but I suspect that it will drive independent practices out of business which is overall a negative step for the medical industry.”
—primary care physician, New Mexico

“I strongly suspect that as the industry shifts more towards ‘value-based care’ and ‘pay-for-performance’ models we will see a significant portion of the population finds themselves unable to find PCPs.”
—primary care physician, Oregon

“Value based care is deprofessionalizing medicine.”
—primary care physician, Virginia

KEY RESPONSE VARIATIONS

Among those who believe value-based care will have a negative impact on their practice:

- ▶ States range from 57% in **California** to 69% in **Illinois**.
- ▶ Specialties range from **primary care** at 55% to **nonsurgical specialists** at 65%.
- ▶ Age groups range from **over 70** at 50% to **51 to 60** at 66%.

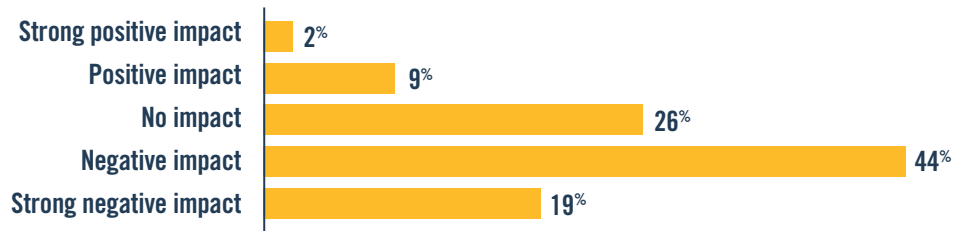
63%
OF DOCTORS BELIEVE VALUE-BASED CARE AND REIMBURSEMENT WILL HAVE A NEGATIVE IMPACT ON THEIR EARNINGS.

KEY SENTIMENTS ON EARNINGS INCLUDE:

- ▶ Pay for performance adds an additional stressor to already-declining reimbursement.
- ▶ Physicians are spending more on services or partnerships to keep their quality metrics high.
- ▶ Documentation and data collection required under value-based care is resulting in additional costs and a strain on resources.
- ▶ Some doctors feel that value-based care is pressuring them to succumb to industry consolidation and lose their independence.
- ▶ Several respondents expressed concern that a lack of clear metrics means doctors won't be compensated fairly for their performance.

“I am afraid that we don't have adequate metrics to be able to accurately measure pay for performance and as a result it will be one more tool for payers to further tighten reimbursement for physicians.”
—nonsurgical specialist, Idaho

How do you expect the shift to value-based care and reimbursement to impact your earnings over the next five years?



KEY RESPONSE VARIATIONS

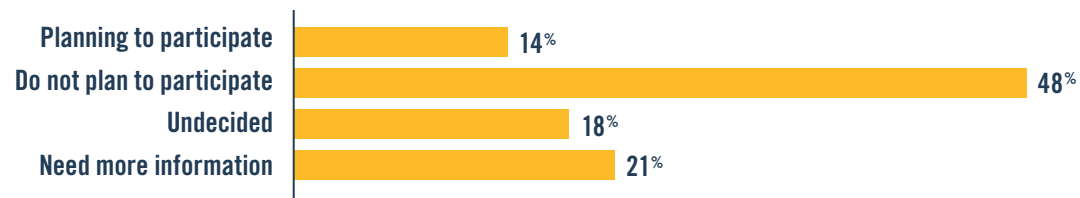
Among those who believe value-based care will have a negative impact on their earnings:

- ▶ States range from 60% in **California** to 69% in both **Virginia** and **Illinois**.
- ▶ Specialties range from **primary care** at 56% to **surgical specialists** at 67%.
- ▶ Age groups range from both **40 and under** and **over 70** at 56% to **51 to 60** at 66%.

PHYSICIANS ARE MIXED ON BUNDLED PAYMENTS.

Besides value-based care, another compensation change doctors are facing is bundled payments. Bundled payment programs generally provide a single, comprehensive payment that covers all the services involved in a patient’s episode of care, according to the American Hospital Association. However, physicians appear hesitant when it comes to participation.

Please share your plans regarding **bundled payments** over the next five years.



Doctors appear mixed on bundled payments, with 48% not planning to participate and 52% either planning to participate, undecided, or needing more information.

Though bundled payments have been mandated for health systems providing joint replacement in certain metropolitan areas, recent moves by the Centers for Medicare and Medicaid Services have halted bundled payment programs in other environments.

KEY RESPONSE VARIATIONS

Among those planning to participate in bundled payment programs:

- ▶ States range from 8% in both **Florida** and **Virginia** to 18% in **Oregon**.
- ▶ Specialties range from **nonsurgical specialists** and **primary care** both at 12% to **surgical specialists** at 16%.
- ▶ Age groups range from **over 70** at 7% to **41 to 50** at 17%.

PHYSICIANS CONCERNED ABOUT THE IMPACT OF BUNDLED PAYMENTS ON PATIENTS.

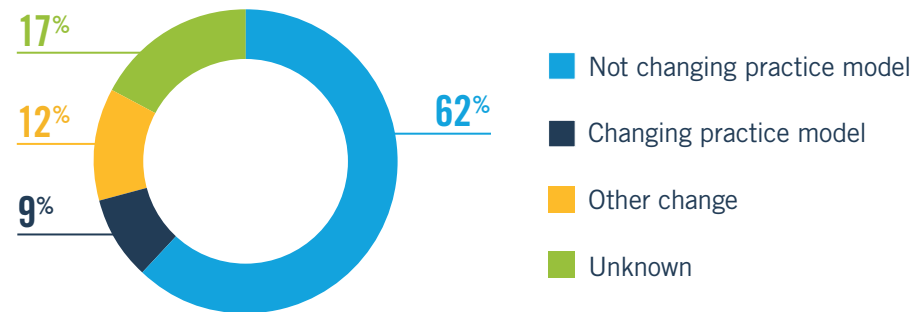
Negative comments about bundled payments mainly surround the impact they have on patient care:

“The ever-increasing regulations such as bundled payments and quality payment programs take total focus off the needs of the patient and transfer focus to meeting the guidelines of these programs. What happened to patient care?”
—surgical specialist, Arkansas

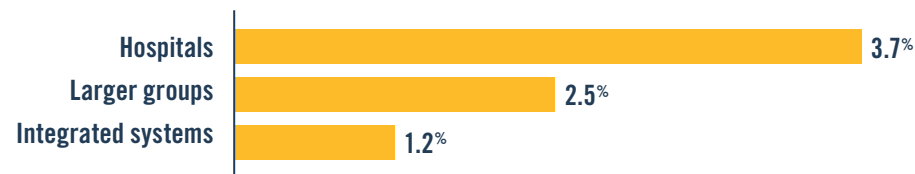
“Bundled and ACO-type revenues in my opinion are over-hyped and only help large systems like HMOs and university practices.”
—primary care physician, New Mexico

THE SHIFT TO CHANGE PRACTICE MODELS IS SUBSIDING.

Even though physicians are disenchanted about practice conditions, they're not necessarily moving to a different practice model. While 14% of doctors said they plan to change practice models in our 2012 survey, only 9% said they plan to make a change in 2018. More doctors are indicating that they're making other changes—12% indicated **other** for their future situation in 2018, compared to 6% in 2012. Doctors choosing this option may include practicing part-time, leaving medicine for a different career, or retiring.



SOLO DOCTORS AND SMALL GROUPS MIGRATING TO:



CHANGING PRACTICE MODELS

Where Doctors Are Moving:

CHANGE DESCRIPTION	PERCENT
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SOLO TO:

Other	11.5%
Small group	7.4%
Hospital	4.3%
Large group	1.3%
Integrated system	0.8%

SMALL GROUP TO:

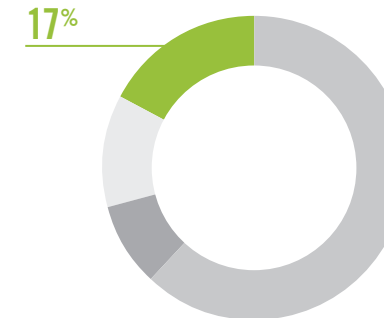
Other	9.4%
Large group	3.6%
Hospital	3.0%
Solo	1.9%
Integrated system	1.5%

LARGE GROUP TO:

Hospital	3.5%
Integrated System	2.3%
Solo	1.2%

HOSPITAL TO OTHER:

11.7%



Although 21% of physicians are contemplating some kind of change, 17% expressed **uncertainty about the future**.

Doctors in this category are unable or unwilling to provide an answer about altering their practice plans. Comments reflect uncertainty about the future:

"I honestly do not know.
If I can get out of medicine, I will."
—nonsurgical specialist, Oregon

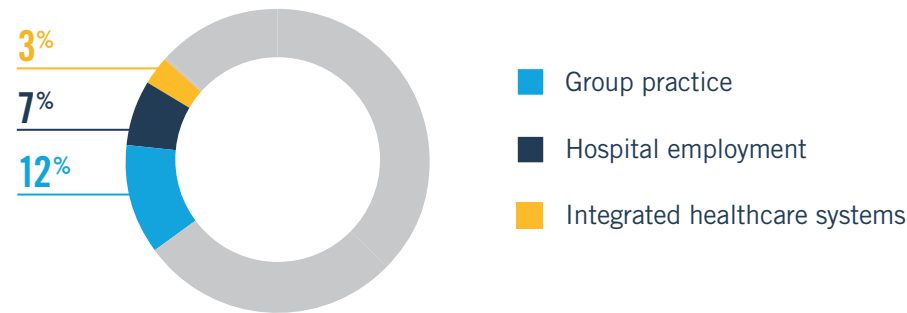
"Unclear. I hope to be in the same situation."
—primary care physician, Oregon

KEY RESPONSE VARIATIONS

Among those who did not select a future practice model:

- ▶ States range from **Georgia, Illinois, and New Mexico**, all at less than 1%, to **California** at 4%.
- ▶ Specialties range from **nonsurgical specialists** at 3% to **primary care** at 7%.
- ▶ Age groups range from **40 and under** at less than 1% to **61 to 70** at 6%.

Nearly a quarter of doctors expect to work within larger business models that continue to grow in the industry, including large group practices (12%), hospital employment (7%), and integrated healthcare systems (3%). That may be out of necessity rather than desire, as comments about industry consolidation were overly negative:



“Medicine will be another job, not a career. Physicians will become salaried employees of large medical groups and corporations rather than patient advocates.”
—surgeon, California

“There’s a continued move towards very large group mixed specialties/mega clinics with continued loss of physician autonomy.”
—surgeon, Washington

“Physicians are becoming balanced employees of large organizations as the norm. There’s a decline in creativity and innovation by physicians.”
—nonsurgical specialist, California

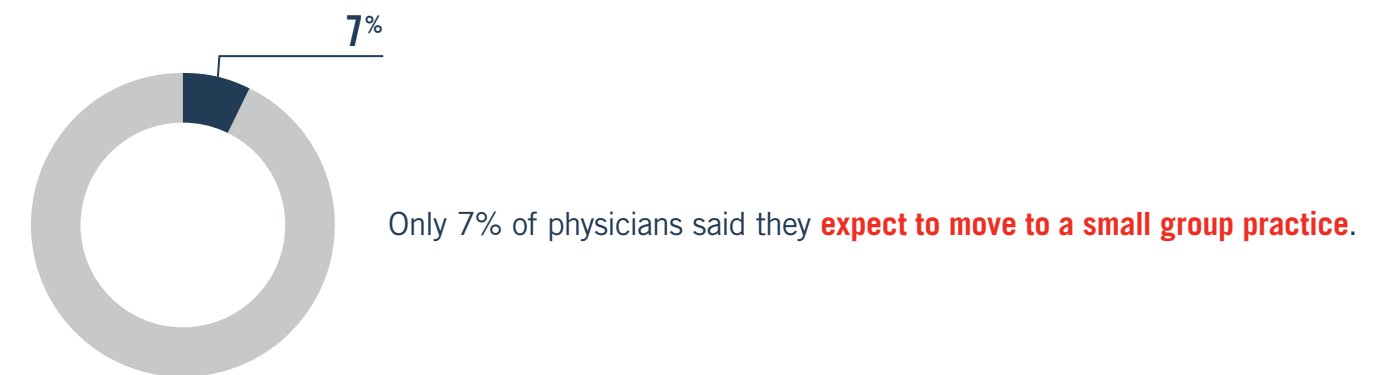
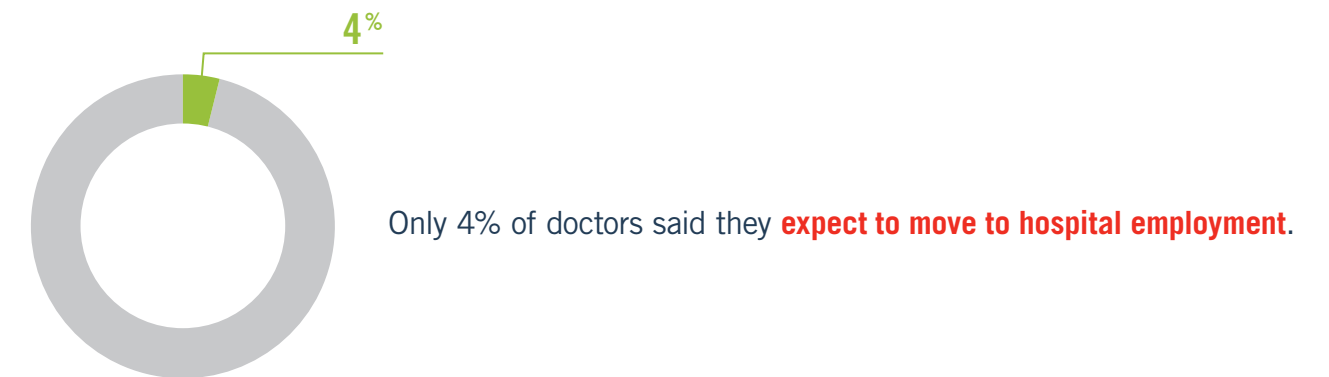
KEY RESPONSE VARIATIONS

Among those who expect to work in larger business models:

- ▶ States range from 10% in **Michigan** to 29% in **Ohio**.
- ▶ Specialties range from 18% of **primary care** to 24% of **surgical specialists**.
- ▶ Age groups range from **over 70** at 9% to **40 and under** at 30%.

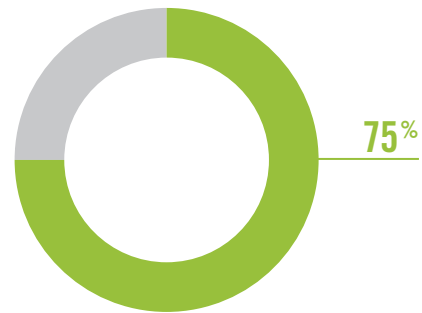
FEWER SOLO PRACTITIONERS ARE MOVING TO A SMALL GROUP PRACTICE.

While the aftermath of the Affordable Care Act may have initially pressured solo practitioners to shift to larger business models, our survey shows that migration is now somewhat minimal.



THE VAST MAJORITY OF SOLO PRACTITIONERS PLAN TO STAY INDEPENDENT.

Private practices are increasingly being acquired by health systems that want to better control the continuum of care, and some medical groups are merging to create larger practices to drive efficiency, cost savings, and better technology. Nonetheless, three quarters of the solo practitioners who took this survey told us they don't expect to be a part of that industry shift, but rather expect to remain independent.



Though industry changes may make it difficult, seventy-five percent of solo practitioners say they **plan to stay independent**.

KEY RESPONSE VARIATIONS

Among solo practitioners who plan to remain independent:

- ▶ States range from **Oregon** at 28% to **Illinois** at 47%.
- ▶ Specialties range from **surgical specialists** at 36% to **primary care** at 41%.
- ▶ Age groups range from **40 and under** at 21% to **over 70** at 48%.

While many are staying put in their current practice model, physicians expressed concern about how industry changes will impact the future of individual and small group practices:

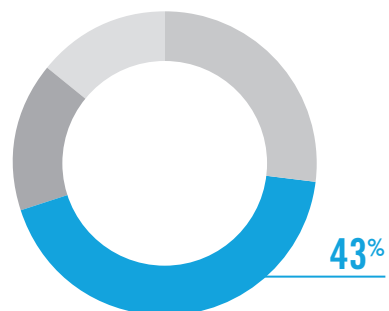
“In five years, there will be no doctors in solo practice.”
—surgeon, Georgia

“I am worried solo practitioners are being squeezed out and forced to join larger corporations to survive in today's practice environment, which will negatively affect how patients are treated.”
—nonsurgical specialist, Utah

“The individual practice will go down due to large hospital corporations taking all the market.”
—primary care physician, California

“Large hospital groups buying out private practice small groups/individuals will eventually eliminate the personal touch of primary care.”
—primary care physician, California

PHYSICIANS ARE MIXED ON THE BENEFITS OF ACOs.



Forty-three percent of doctors are **not planning to participate in ACOs**.

Doctors are mixed on the benefits of ACOs, with 43 percent saying they do not plan to participate, and 57 percent saying they plan to participate, are undecided, or need more information. When surveyed, 27% of doctors said they were planning to participate.

Accountable care organizations are groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high-quality care to the Medicare patients they serve.

—Centers for Medicare and Medicaid Services

KEY RESPONSE VARIATIONS

Among those who are not planning to participate in ACOs:

- ▶ States range from 32% in **Michigan** to 52% in **New Mexico**.
- ▶ Specialties range from **primary care** at 41% to **nonsurgical specialists** at 46%.
- ▶ Age groups range from **40 and under** at 24% to **over 70** at 57%.

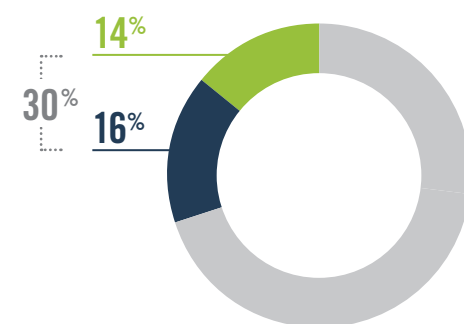
Older doctors were much more likely to indicate that they do not plan to participate in ACOs. Though not many doctors commented on ACOs, the following two comments were particularly pessimistic:

“I think ACOs spark unethical behavior by restricting referrals to specialists and healthcare providers who play by your rules and save you money.”

—primary care physician, Michigan

“There has been a loss of independent physician influence on patient care. The treatment of MDs by ACOs is, at present, demeaning.”

—nonsurgical specialist, California



Roughly thirty percent of doctors are either **undecided or need more information regarding ACO participation**.

KEY RESPONSE VARIATIONS

Among those who are either undecided or need more information regarding ACO participation:

- ▶ States range from 29% in **Oregon** to 36% in **Virginia**.
- ▶ Specialties range from **primary care** at 26% to **surgical specialists** at 33%.
- ▶ Age groups range from **over 70** at 26% to **40 and under** at 48%.

OVER HALF OF PHYSICIANS DON'T PLAN TO PARTICIPATE IN PATIENT-CENTERED MEDICAL HOMES (PCMHs).

56%
INDICATED THEY DO NOT
PLAN TO PARTICIPATE
IN PCMHs.

Doctors' comments reflected their concern that PCMHs and other alternative delivery models are a tool used by payers to control the practice of medicine:

"Practicing medicine has taken a back seat to jumping through hoops for insurance companies, Meaningful Use, PCMH requirements, formulary changes, prior authorizations and pay for performance."
—primary care physician, Virginia

"I don't need insurers telling me how to do my job, but I am forced to work with middle management companies in order to qualify for PGIP and PCMH."
—primary care physician, Michigan

KEY RESPONSE VARIATIONS

	LOW	HIGH
Michigan	35%	Florida, Virginia 64%
Primary care	46%	Nonsurgical specialists 63%
Females	53%	Males 57%
Ages 40 and under	44%	Over 70 65%

15%
OF DOCTORS
PLAN TO PARTICIPATE
IN PCMHs.

Very few doctors told us they plan to participate in PCMHs. Primary care physicians were the most likely to participate (30%) and planned participation was the highest among doctors in Oregon (31%) and Michigan (41%).

KEY RESPONSE VARIATIONS

	LOW	HIGH
Florida, Georgia	8%	Michigan 41%
Surgical specialists	7%	Primary care 30%
Males	14%	Females 18%
Over 70	7%	Ages 40 and under 21%

29%
OF DOCTORS ARE EITHER
UNDECIDED OR NEED MORE
INFORMATION REGARDING
PCMH PARTICIPATION.

Doctors seem to be more confident in their thoughts on PCMHs, similar to other alternative delivery models that we asked about.

KEY RESPONSE VARIATIONS

	LOW	HIGH
Oregon	19%	Illinois 38%
Primary care	24%	Surgical specialists 33%
No variation in gender, with males and females at 29%		
Ages 61 to 70	27%	Ages 40 and under 35%

PHYSICIANS ARE SPLIT ON PARTICIPATION IN INDEPENDENT PHYSICIAN ASSOCIATIONS (IPAs).

30%
OF DOCTORS
PLAN TO PARTICIPATE
IN IPAs.

Some doctors join IPAs to aggregate their business volume, in hopes of negotiating better contracts. One doctor told us he'd like to work with an IPA to ensure his practice is covered by insurers:

“We have a small one-doc, one-nurse rural clinic in Idaho. Very different to keep it covered. Need a larger IPA to adopt our little clinic and keep it operating.”
—primary care physician, Idaho

KEY RESPONSE VARIATIONS			
	LOW		HIGH
Florida	21%	Oregon	51%
Nonsurgical specialists	24%	Primary care	37%
Females	27%	Males	30%
Over 70	26%	Ages 41 to 50	32%
		Ages 51 to 60	32%

36%
OF DOCTORS DO NOT
PLAN TO PARTICIPATE
IN IPAs.

Negative comments about IPAs mostly concerned their impact on reimbursement and their control over physicians:

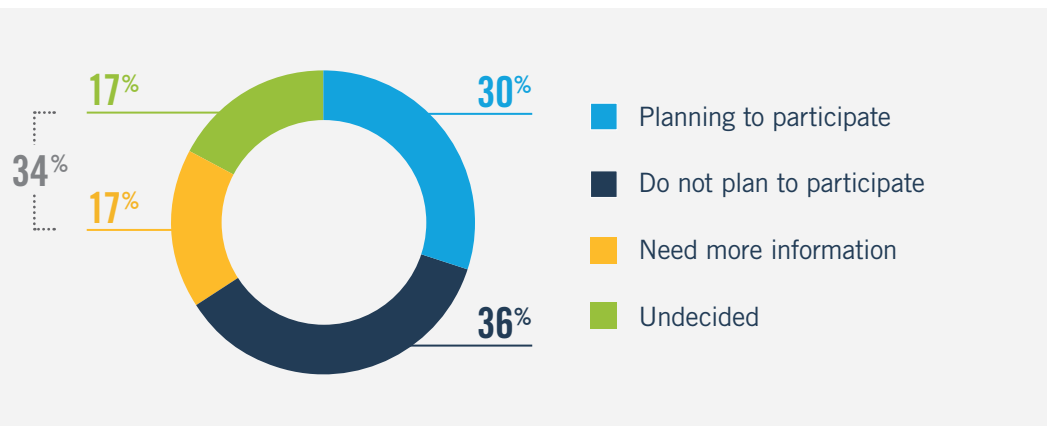
“The IPAs hinder delivery of timely and competent care.”
—surgical specialist, California

“Poorly trained physicians from US, poor medical care in general. Sorry to say, but trend started with HMO, IPA.”
—nonsurgical specialist, California

“IPAs, HMOs making all sorts of excuses not to pay the services from the practitioner.”
—surgical specialist, California

KEY RESPONSE VARIATIONS			
	LOW		HIGH
Georgia	24%	Florida	42%
Primary care	34%	Nonsurgical specialists	40%
Females	34%	Males	37%
Ages 40 and under	25%	Over 70	45%

34%
OF DOCTORS ARE EITHER
UNDECIDED OR NEED MORE
INFORMATION REGARDING
IPA PARTICIPATION.

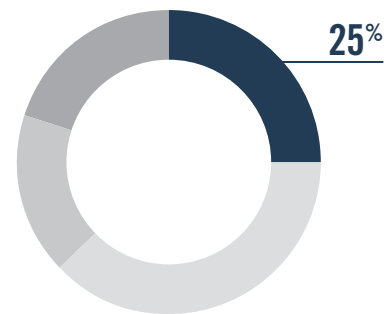


KEY RESPONSE VARIATIONS			
	LOW		HIGH
Oregon	23%	Illinois	43%
Primary care	28%	Surgical specialists	37%
		Nonsurgical specialists	37%
Males	33%	Females	39%
Over 70	28%	40 and under	47%

An independent physician association is a business entity organized and owned by a network of independent physician practices for the purpose of reducing overhead or pursuing business ventures such as contracts with employers, accountable care organizations, and/or managed care organizations.
—American Academy of Family Physicians

PHYSICIANS HAVE MIXED FEELINGS ABOUT CLINICALLY INTEGRATED PHYSICIAN NETWORKS.

Like many emerging delivery models, clinically integrated networks (CINs) are still evolving. Our results suggest that doctors haven't come to a consensus on whether the benefits of joining a CIN outweigh the risks.



Twenty-five percent of doctors are **planning to participate in a CIN.**

KEY RESPONSE VARIATIONS

- ▶ States range from 13% in **New Mexico** and 38% **Georgia**.
- ▶ Age groups range from **over 70** at 14% to **41 to 50** at 30%.

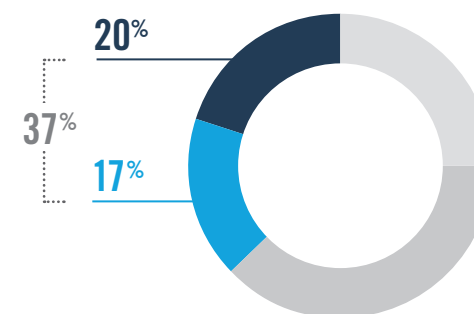
Clinical integration is a term used to describe certain types of collaborations among otherwise independent healthcare providers to improve quality and contain costs.
—Federal Trade Commission



Thirty-eight percent of doctors indicated they **do not plan to participate in a CIN.**

KEY RESPONSE VARIATIONS

- ▶ States range from 26% in **Georgia** and 50% in **New Mexico**.
- ▶ Age groups range from **40 and under** at 22% to **over 70** at 53%.



Thirty-seven percent of doctors are either **undecided or need more information regarding participation in CINs.**

KEY RESPONSE VARIATIONS

- ▶ States range from 34% in **California, Michigan, and Oregon** to 44% in **Virginia**.
- ▶ Age groups range from **over 70** at 33% to **40 and under** at 52%.

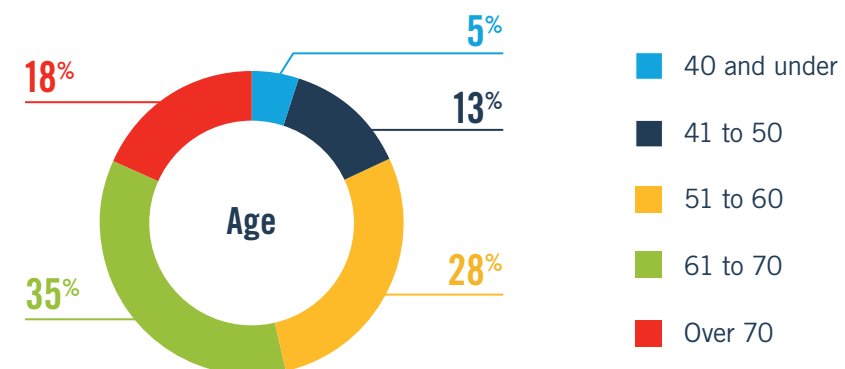
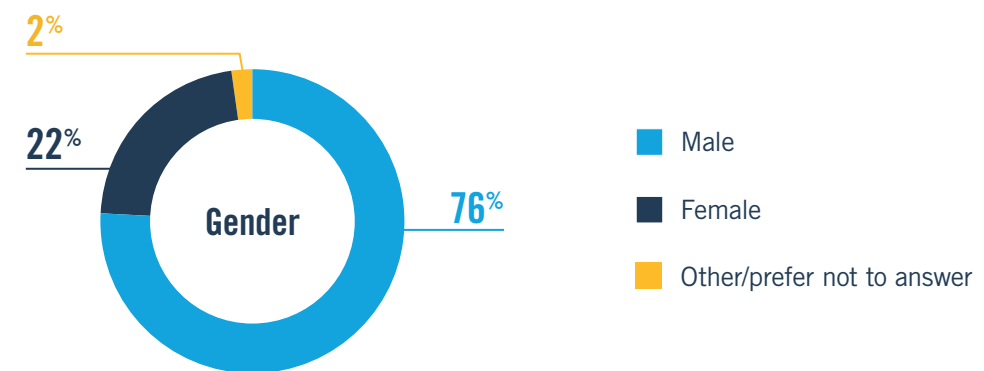
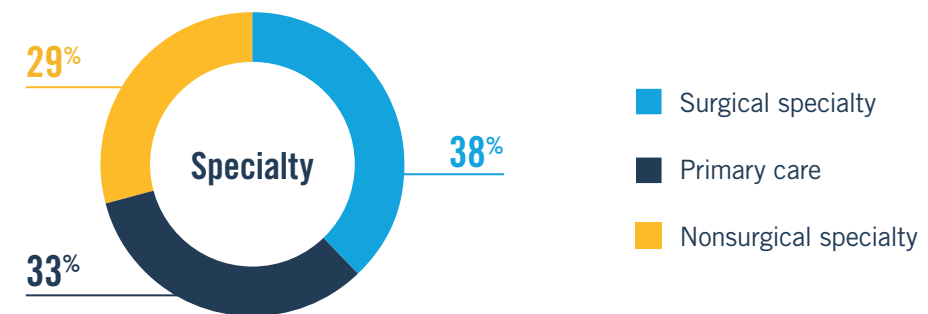
SURVEY METHODOLOGY AND DEMOGRAPHICS

The Doctors Company's unique vantage point as the nation's largest physician-owned medical malpractice insurer affords it the ability to identify critical trends in all specialties in every region of the country. No other insurer has attained this distinction. The company draws on that unparalleled perspective to analyze emerging issues facing the profession.

THIS REPORT IS BASED ON 3,412 SURVEYS RETURNED BY DOCTORS NATIONWIDE:

- \$0** Respondents were not compensated for their participation.
- 3,412** The survey involved a wide number of medical specialties insured by The Doctors Company, including primary care doctors, surgical specialists, inpatient medical specialists, and diagnosticians.
- 49** Doctors from 49 states and the District of Columbia responded.
- 2,200** In addition to multiple choice questions, the survey invited doctors to comment on their concerns about the future of healthcare. Over half of all respondents felt strongly enough to take the time to voice an opinion. Survey results included more than 2,200 individual comments.

SURVEY FEEDBACK WAS STRONG ACROSS ALL DEMOGRAPHICS:



TOP 10 STATES

- 1 CALIFORNIA
- 2 FLORIDA
- 3 TEXAS
- 4 OHIO
- 5 OREGON
- 6 MICHIGAN
- 7 VIRGINIA
- 8 NEW MEXICO
- 9 GEORGIA
- 10 ILLINOIS

Notes

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To learn more about The Doctors Company, please visit thedoctors.com.

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