



# Physician perspectives about health care reform and the future of the medical profession

December 2011

Deloitte Center  
for Health Solutions



# Executive summary

# Introduction

The Deloitte Center for Health Solutions (DCHS) surveyed a nationally representative random sample of U.S. physicians to understand their attitudes toward health reform and how it may impact the future practice of medicine. The findings from this survey are included in this report.

# Executive summary

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- Most U.S. physicians believe health reform will increase access to government insurance programs but not reduce costs. Long term impacts on the system include fewer uninsured, increased ER wait times, and a change in incentives to providers.
  - Most are pessimistic about the future of medicine as a result of health reform and think would-be physicians will consider other options.
  - Most physicians, especially surgeons, think health reform will hurt their incomes.
  - Most physicians indicated an increased demand for physician services by newly insured consumers and the exit of physicians to administrative roles in health plans, hospitals, and other settings are likely as a result of health reform. Expanded scope of practice to mid-level service providers could reduce the quality of care provided to primary care patients.
  - Physicians believe evidence-based medicine improves quality of care but achieving physician adherence difficult.
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# Executive summary (cont.)

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- Most physicians believe payment reforms (e.g., bundled payments, performance-based incentives) will reduce their incomes and increase their administrative costs for needed infrastructure and quality measurement.
  - Most physicians support tort reform: opinions about two major options vary little (separate medical court system with binding arbitration and a victims' fund vs. caps on pain and suffering for non-economic damages).
  - Many physicians consider a practice in a large integrated health system or concierge medicine practice a viable alternative to private practice.
  - Overall, physicians are split as to whether health reform is a good start or a step in the wrong direction. More than half hope to retire before they have to change the way they practice today.
  - Provisions of the Affordable Care Act of 2010 (ACA) that change the face of medicine, such as implementing comparative effectiveness research, are considered by practitioners to pose considerable implementation challenges.
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# Implications

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- Physicians are not inclined to support changes in the health system that threaten their clinical autonomy and income potential, so policy-makers and industry leaders should consider addressing these issues directly.

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- Physicians recognize that private practice is decreasingly a career choice/option for most due to increased administrative complexity and regulatory compliance. Therefore, they are likely to affiliate with a “trusted partner” that provides income security, administrative support, and clinical autonomy within reason.

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- Physicians recognize the value of health information technology (HIT) in managing patient care but fear loss of autonomy and increased costs. Therefore, indirect costs for not implementing HIT in work flow should be a major emphasis of discussion/support as “meaningful use” is addressed.

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- Increased demand for primary care, exit of physicians to administrative roles, and reduced quality of care from mid-level practitioners may compound physician workforce shortages.

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- Evidence-based medicine is intellectually accepted as the “gold standard” by most physicians, but a concern to physicians if applied incorrectly. Policy-makers should consider a “tools, not rules” approach as evidence is applied to physicians’ credentialing, performance reviews, and public reporting of outcomes and safety.

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# Key questions for stakeholders

Sector	Strategic questions
<b>Medical device, pharmaceutical, biotechnology manufacturers</b>	<ul style="list-style-type: none"><li>• How will safety, efficacy, and effectiveness of diagnostics and therapeutics be integrated into medical practices in new settings and in context of comparative effectiveness?</li><li>• Given physician consolidation in integrated systems/alliances with plans/hospitals, how will new technologies (innovation) become accessible?</li><li>• What are optimal channels for influencing adoption and use?</li></ul>
<b>Policymakers</b>	<ul style="list-style-type: none"><li>• How should government modify training, licensing, scope of practice and credentialing of medical professionals to align with evidence-based care?</li><li>• How should policy-makers expand access to primary care services to improve population-based health and reduce costs and access issues?</li><li>• How should interstate credentialing and provider oversight be modified to integrate information technologies that facilitate distance medicine, telemetry, medical tourism, retail health, and wireless platforms used by consumers for self care?</li></ul>
<b>Employers</b>	<ul style="list-style-type: none"><li>• Might employers derive more value from the health system by contracting directly with physicians for appropriate care and lower costs?</li><li>• How should employers influence local delivery systems to accelerate physician adherence to evidence-based practices, use of information technology, improved service and reduced costs?</li></ul>

# Key questions for stakeholders (cont.)

Sector	Strategic questions
<b>Hospital systems</b>	<ul style="list-style-type: none"><li>• What differentiates the hospital as the preferred partner for desirable physicians?</li><li>• How should capital and clinical priorities change to accommodate physician-hospital alignment?</li></ul>
<b>Health insurance plans</b>	<ul style="list-style-type: none"><li>• How should plans design coverage and payment incentives to reward high-value physician performance?</li><li>• Should plans align with physicians and hospitals, or with physicians alone?</li></ul>
<b>Physicians</b>	<ul style="list-style-type: none"><li>• How should partners be assessed?</li><li>• How should necessary regulatory and industry requirements be addressed administratively?</li><li>• Can “I” function in a “we” culture?</li></ul>



# Objectives and methodology

# Study objectives

- March 23, 2010, President Obama signed the ACA into law which is expected to transform the current U.S. health system as it currently stands.
- In an effort to improve health care quality and reduce costs, the ACA contains a number of provisions that directly impact U.S. physicians and the future practice of medicine.
- The Deloitte Center for Health Solutions surveyed a nationally representative random sample of U.S. physicians to understand their attitudes toward health reform and how it may impact the future practice of medicine.

# Methodology

- The sample of primary care physicians and specialists was obtained from the American Medical Association's (AMA) master file of physicians.
- Invitation letters describing the nature of the survey and an incentive (available upon completion) were mailed to physicians via USPS. Those interested in participating were directed to a website where the survey could be completed online.
- The survey was administered from secure servers and was accessible to all potential respondents until the response quota was reached. At that time, the site was disabled and a notice placed on the site informing potential respondents that the study had been completed.
- The interviews, conducted from July 28 – August 5, 2011, took an average of 30 minutes to complete.

## Methodology (cont.)

- 501 physicians completed the survey. Survey administration and data collection were undertaken by a third-party professional market research vendor in accordance with industry standards and codes of conduct. The information obtained and validated by the vendor's quality control process was not further validated by the Deloitte Center for Health Solutions.
- Data were weighted by years in practice in combination with gender, region, and specialty to reflect the national distribution of physicians in the AMA master file.
- Data is depicted in tables and charts on slides or is otherwise held on file at the Deloitte Center for Health Solutions.
- The views expressed in this study are those of the survey respondents and not those of Deloitte.

# Methodology: sample

	PCPs	Surgical specialists	Non-surgical specialists	Other*	TOTAL
<b>Total # of completed surveys</b>	146	140	196	19	<b>501</b>
<b>Total invitation letters mailed</b>					
# of letters mailed	3,284	5,244	7,337	672	<b>16,537</b>
# of post office-returns	125	221	287	53	<b>686</b>
<b>Additional information:</b>					
# of surveys completed over quotas	16	117	215	4	<b>352</b>
# of incomplete surveys	2	6	13	0	<b>21</b>

**Note:** “Other” includes physicians who did not self-identify into one of the other pre-designated categories.

\* Group size was too small and therefore ineligible for significance testing

# Methodology: demographics of the sample

	%
<b>Gender</b>	
Male	69
Female	31
<b>Age</b>	
25-39	28
40-49	23
50-59	21
60+	28
<b>Region</b>	
Northeast	25
South	22
Midwest	31
West	22

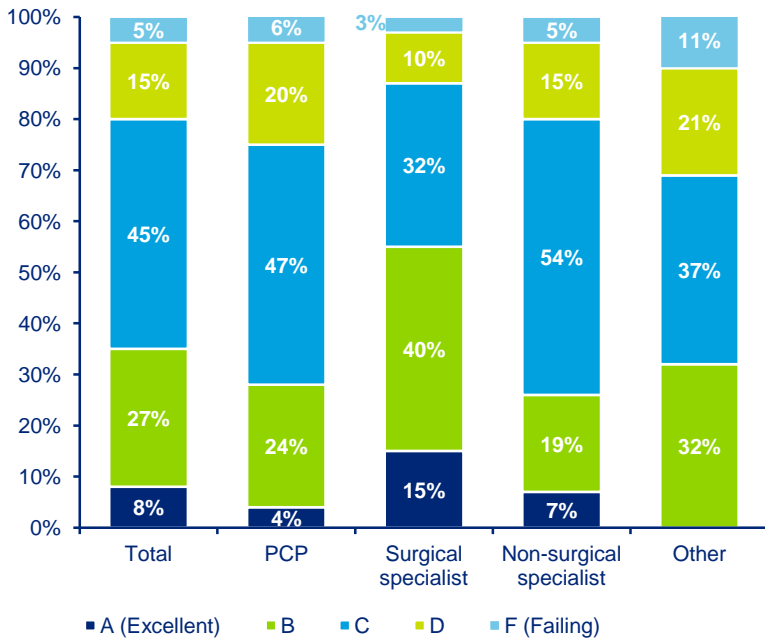
	%
<b>Years in practice*</b>	
10 or less	35
11-20	23
21-30	19
30 or more	22
<b>Type of practice</b>	
Solo practice	27
Single-specialty independent partnership or group	36
Multi-specialty independent partnership or group	10
Medical group/academic faculty practice plan affiliated with health system/hospital	27

\* Numbers may not add to 100 due to rounding

# Physician perspectives about health reform

# U.S. health system: at or below average according to most physicians

60% of all physicians rated the U.S. health system a C/D; 35% rated it A/B



	A (Excellent)	B	C	D	F (Failing)
<b>Total</b>	<b>8%</b>	<b>27%</b>	<b>45%</b>	<b>15%</b>	<b>5%</b>
Male	8%	30%	41%	16%	5%
Female	8%	21%	54%	14%	4%
25-39 years old	7%	22%	52%	16%	2%
40-49 years old	6%	30%	47%	10%	6%
50-59 years old	6%	29%	46%	16%	3%
60+ years old	13%	27%	35%	17%	8%
PCP	4%	24%	47%	20%	6%
Surgical specialist	15%	40%	32%	10%	3%
Non-surgical specialist	7%	19%	54%	15%	5%
Other		32%	37%	21%	11%
10 or less years in practice	7%	22%	53%	16%	3%
11-20 years in practice	5%	30%	45%	12%	7%
21-30 years in practice	7%	33%	39%	19%	2%
31 or more years in practice	14%	27%	37%	14%	8%
≤ 10 years since residency	7%	19%	55%	16%	3%
11-20 years since residency	5%	38%	40%	11%	6%
21-30 years since residency	6%	29%	41%	21%	4%
≥ 31 years since residency	15%	28%	36%	14%	8%
Northeast	3%	26%	51%	14%	5%
South	8%	30%	43%	17%	2%
Midwest	12%	32%	38%	12%	7%
West	9%	18%	48%	19%	5%

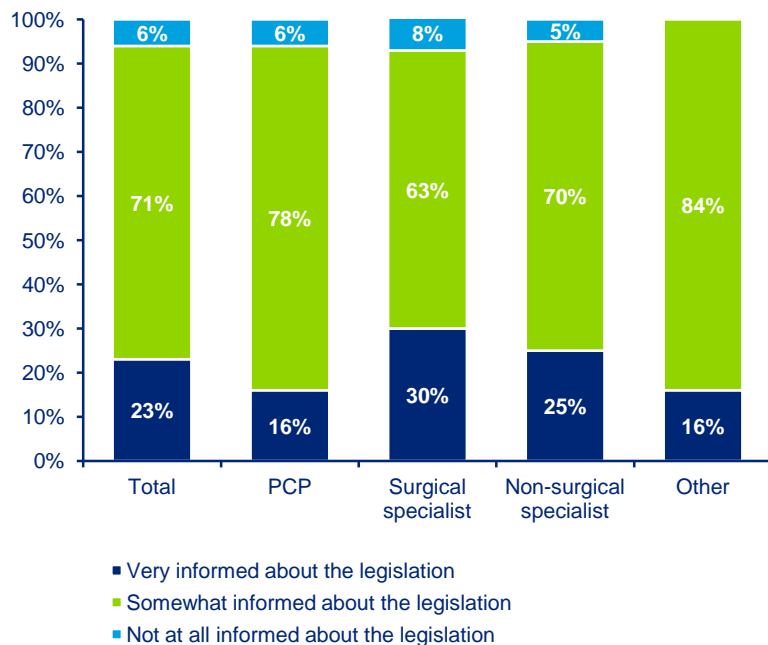
- Significantly more surgical specialists (56%) gave the U.S. health system an A/B rating compared to non-surgical specialists or PCPs (26% and 27%).\*
- Younger physicians (those in practice for 10 years or less) were significantly more likely to rate the health system a C/D compared to older physicians (those in practice for 31+ years).
- Physicians in the northeast and the west were also significantly more likely to rate the system a C/D compared to physicians in the midwest (66% and 68% vs. 49%).\*

\* Data in statement slightly differs from data in table due to weighting.



# Awareness of ACA: most physicians say they are “somewhat informed” about the Affordable Care Act

Most physicians (71%) are somewhat informed about the ACA while less than 25% are very informed

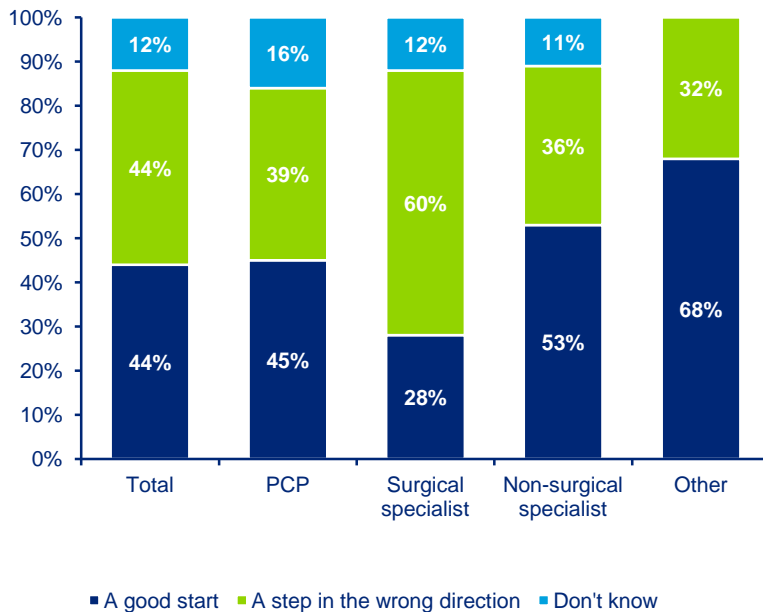


	Very informed about the legislation	Somewhat informed about the legislation	Not at all informed about the legislation
<b>Total</b>	<b>23%</b>	<b>71%</b>	<b>6%</b>
Male	29%	65%	6%
Female	11%	83%	6%
25-39 years old	15%	76%	9%
40-49 years old	14%	82%	3%
50-59 years old	24%	69%	6%
60+ years old	38%	56%	6%
PCP	16%	78%	6%
Surgical specialist	30%	63%	8%
Non-surgical specialist	25%	70%	5%
Other	16%	84%	0%
10 or less years in practice	14%	77%	8%
11-20 years in practice	16%	78%	6%
21-30 years in practice	32%	66%	2%
31 or more years in practice	38%	56%	6%
≤ 10 years since residency	15%	76%	9%
11-20 years since residency	14%	81%	5%
21-30 years since residency	33%	65%	2%
≥ 31 years since residency	38%	56%	6%
Northeast	24%	72%	4%
South	21%	75%	4%
Midwest	26%	70%	5%
West	22%	65%	12%

- Women physicians are significantly more likely to be somewhat informed about the health reform legislation compared to men physicians (83% vs. 65%), who are significantly more likely to be very informed compared to women (29% vs. 11%).
- Physicians under 50 are almost half as likely to be very informed compared to those over 60+ (15% and 14% vs.38%).
- Of all physician types, more surgical specialists (30%) are very informed about the legislation.
- Physicians in the west are significantly more likely to be not at all informed about the legislation compared to physicians in the northeast (12% vs. 4%).

# Overall opinion about health reform: physicians are split

44% of all physicians feel the ACA is a good start, while an equal proportion feels it is a step in the wrong direction; 12% don't know

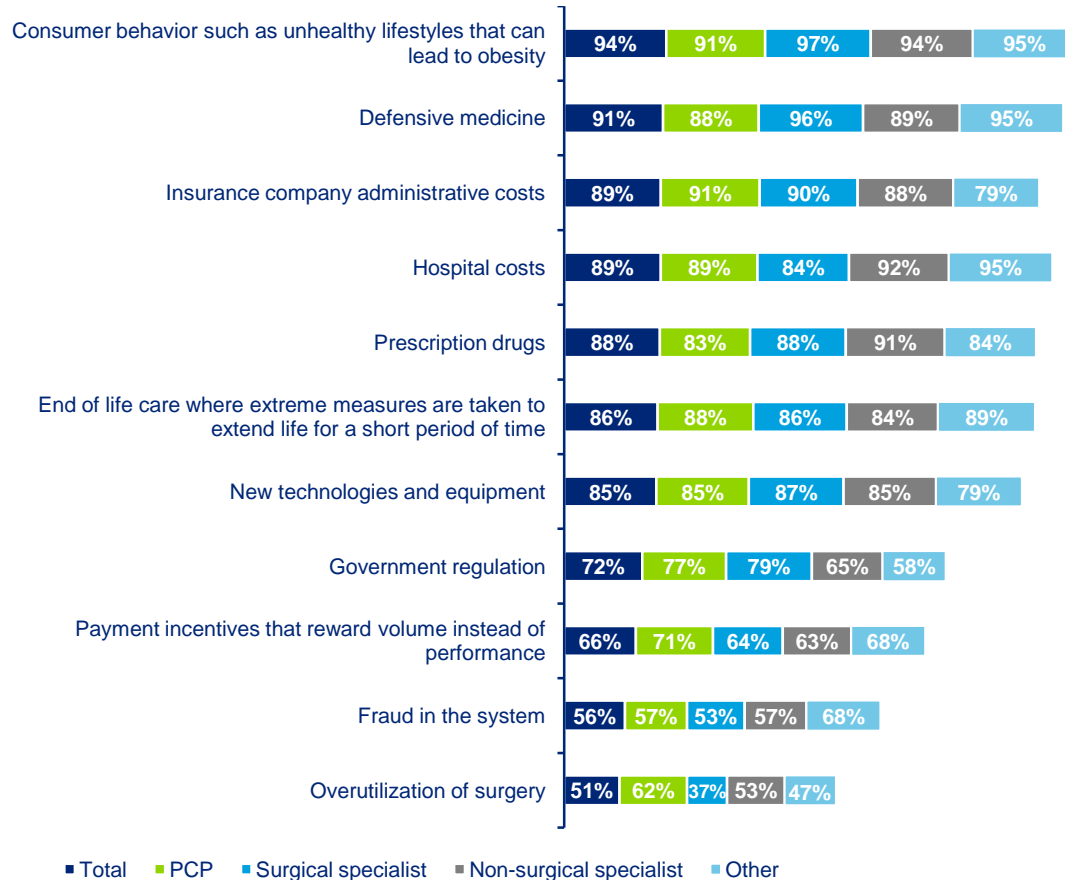


	A good start	A step in the wrong direction	Don't know
<b>Total</b>	<b>44%</b>	<b>44%</b>	<b>12%</b>
Male	43%	47%	10%
Female	46%	37%	17%
25-39 years old	47%	36%	17%
40-49 years old	44%	35%	21%
50-59 years old	35%	59%	7%
60+ years old	48%	48%	4%
PCP	45%	39%	16%
Surgical specialist	28%	60%	12%
Non-surgical specialist	53%	36%	11%
Other	68%	32%	
10 or less years in practice	45%	35%	20%
11-20 years in practice	41%	45%	13%
21-30 years in practice	41%	53%	6%
31 or more years in practice	48%	48%	4%
≤ 10 years since residency	46%	34%	20%
11-20 years since residency	40%	46%	14%
21-30 years since residency	36%	58%	6%
≥ 31 years since residency	49%	47%	4%
Northeast	43%	42%	15%
South	36%	54%	10%
Midwest	42%	44%	13%
West	54%	35%	11%

- PCPs and non-surgical specialists were significantly more likely to say it is a good start compared to surgical specialists.
- Physicians 50 years old and older were more likely to say it is a step in the wrong direction compared to physicians less than 50 years old.
- Physicians in the south were significantly more likely to indicate health reform is a step in the wrong direction compared to those in the west (54% vs. 35%).

# Health cost drivers: unhealthy consumer lifestyles and defensive medicine, major factors per physicians

9 out of 10 physicians believe that consumers' unhealthy lifestyles and defensive medicine have influenced overall health care costs

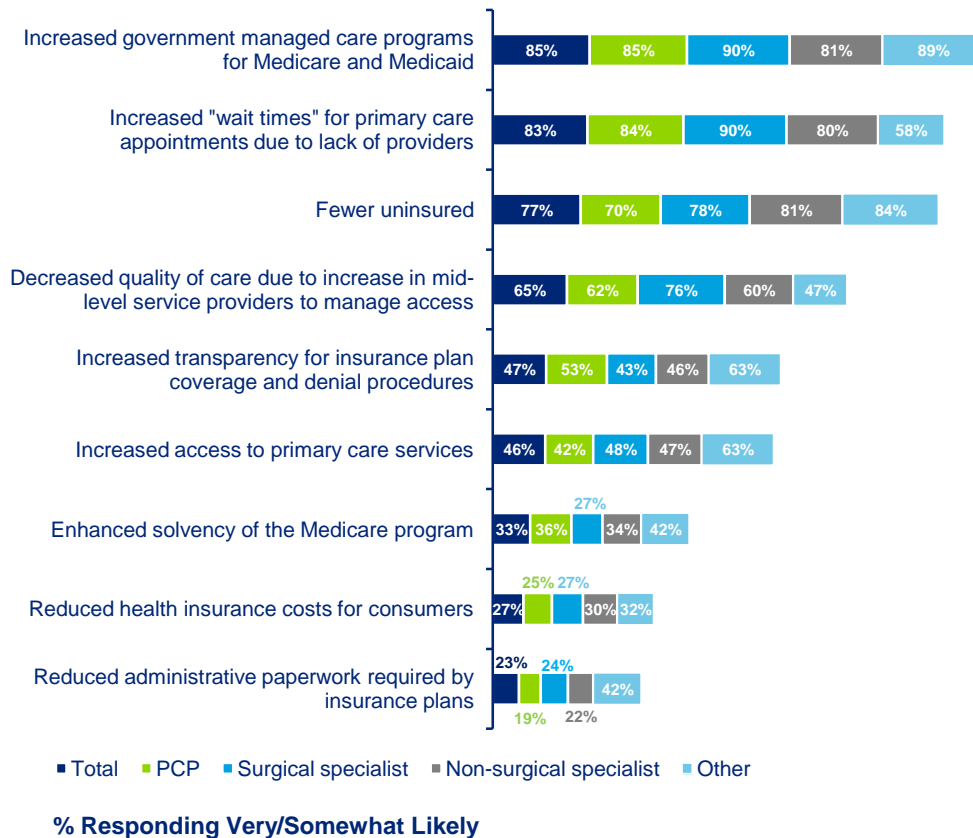


- Significantly more physicians in the northeast (97%) feel hospital costs are key driver of overall health care system costs, compared to those located in the midwest or west (85% and 81%, respectively). Physicians over 50 were also significantly more likely to agree with this compared to those 25-39 (94% vs. 80%).
- About half of all physicians agreed fraud in the system (56%) and overutilization of surgery (51%) have a lot or some influence on health care costs.
- Significantly fewer surgeons (37%) versus PCPs (62%) and non-surgical specialists (53%) felt overutilization of surgery is a key driver of health care costs.
- Significantly more surgeons versus non-surgical specialists (79% vs. 65%) felt that government regulation is a key driver of health care costs.
- 2 out of 3 physicians feel payment incentives that reward volume instead of performance contribute to high costs of health care.
- New technologies and equipment as well as prescription drugs are other key cost drivers, according to nearly 9 out of 10 physicians.

% Responding A Lot/Some Influence

# Results of ACA: physicians expect increased enrollment in Medicare/Medicaid insurance programs and increased demand for primary care services

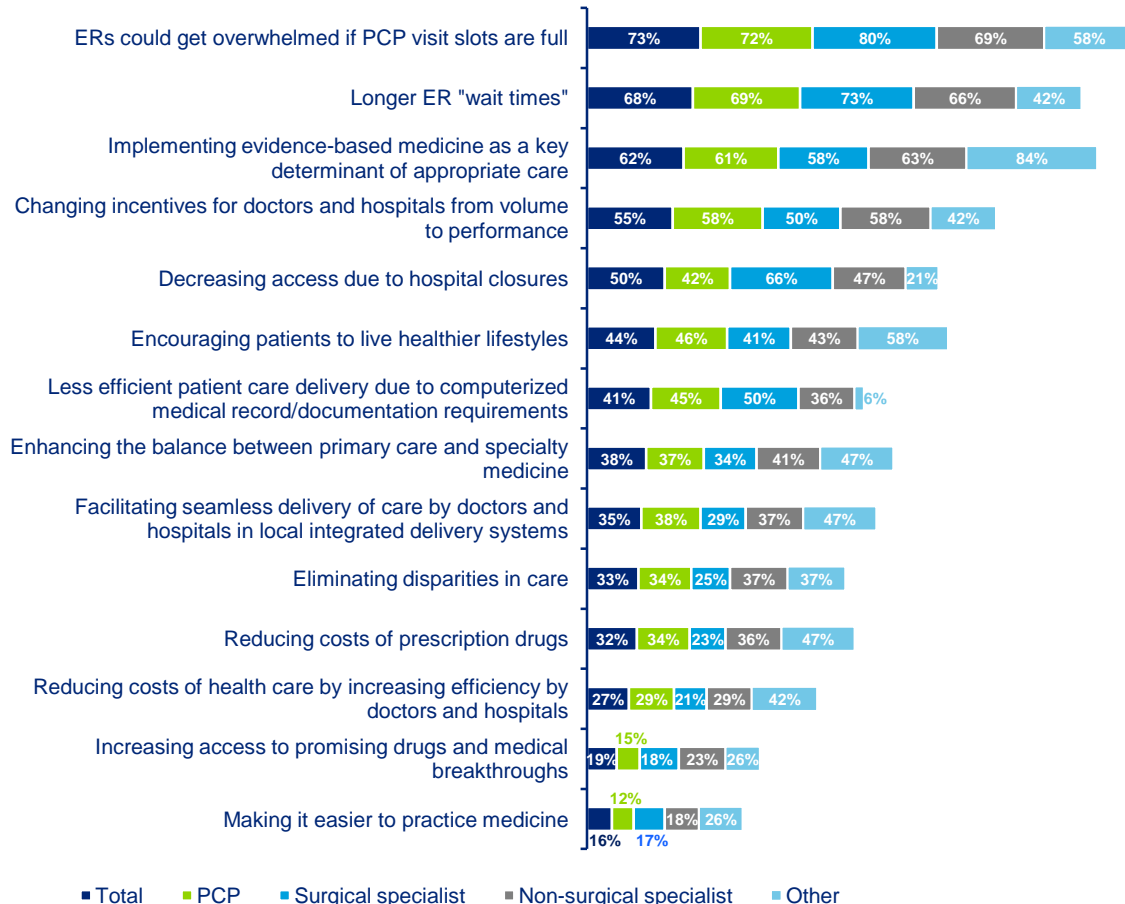
8 out of 10 physicians believe that increased Medicaid and Medicare managed care programs and increased "wait times" are likely changes as a result of the health reform bill



- Most physicians anticipate increased government managed care programs for Medicare and Medicaid (85%) and increased "wait times" for primary care appointments due to lack of providers (83%) will be the most likely changes as a result of the ACA.
- Around one quarter of physicians feel the least likely outcomes due to health insurance reforms include reduced administrative paperwork required by insurance plans (23%) and reduced health insurance costs for consumers (27%).
- Two thirds of physicians (65%) believe decreased quality of care due to increased mid-level service providers to manage access is very or somewhat likely; significantly more surgical specialists (76%) believe this to be a very or somewhat likely outcome compared to non-surgical specialists or PCPs.
- One third (33%) of all physicians believe enhanced solvency of the Medicare program is very or somewhat likely.
- Significantly less physicians in the south (12%) and midwest (13%) believe reduced administrative paperwork will be likely compared to physicians in the northeast (34%) and west (33%).

# Results of ACA: physicians think emergency rooms will be overwhelmed by the newly insured

Nearly three quarters of physicians (73%) believe there is a high likelihood ERs could be overwhelmed if PCP visit slots are full due to changes in the health care reform law



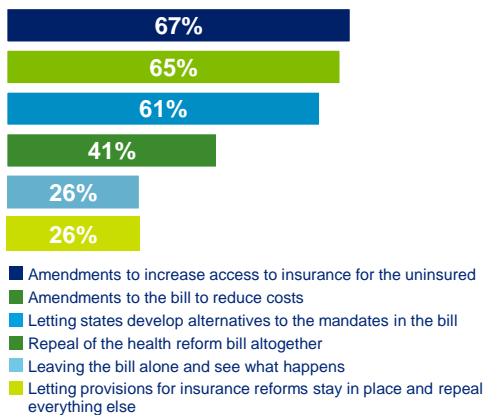
- Longer ER "wait times" are also a likely consequence of the health reform bill, as reported by nearly 7 of 10 physicians.
- Half of respondents believe there will be decreased access to health care due to hospital closures resulting from health reform. Significantly more surgical specialists believe this is very or somewhat likely compared to non-surgical specialists or PCPs.
- 4 out of 10 physicians (41%) feel less efficient patient care delivery due to computerized medical record/documentation requirements is very or somewhat likely.
- Only 33% of physicians feel health reform is likely to eliminate disparities in health care.
- Even fewer (27%) feel health reform is likely to reduce costs of health care by increasing efficiency of doctors and hospitals.
- Significantly fewer physicians aged 40-49 (44%) believe implementing evidence-based medicine as a key determinant of appropriate care is likely, compared to physicians younger than 40 (68%) and those aged 50-59 (66%) and 60+ (76%).
- Significantly more physicians in practice for 31+ years (72%) believe it is likely incentives for doctors will change from volume to performance compared to physicians in practice for less than 31 years (55%, 48%, and 45%).

% Responding Very/Somewhat Likely

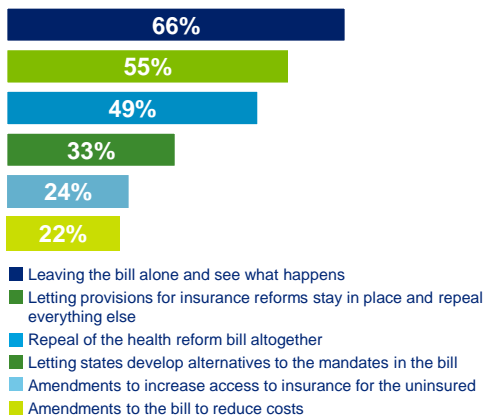
# Changes to ACA preferred by physicians: amendments to increase access to insurance for uninsured and state autonomy in implementing reforms most preferred

2 out of 3 physicians (more non-surgical specialists) support amendments to increase access to insurance for the uninsured and to reduce costs; letting states develop alternatives to the mandates in the bill is supported by 6 out of 10 physicians

% Total Responding Yes



% Total Responding No



% responding Yes

	Amendments to increase access to insurance for the uninsured	Amendments to the bill to reduce costs	Letting states develop alternatives to the mandates in the bill	Repeal of the health reform bill altogether	Leaving the bill alone and seeing what happens	Letting provisions for insurance reforms stay in place and repeal everything else
<b>Total</b>	<b>67%</b>	<b>65%</b>	<b>61%</b>	<b>41%</b>	<b>26%</b>	<b>26%</b>
PCP	64%	59%	58%	38%	27%	22%
Surgical Specialist	62%	64%	72%	57%	13%	27%
Non-Surgical Specialist	73%	71%	56%	34%	34%	28%
Other	68%	58%	42%	21%	37%	21%

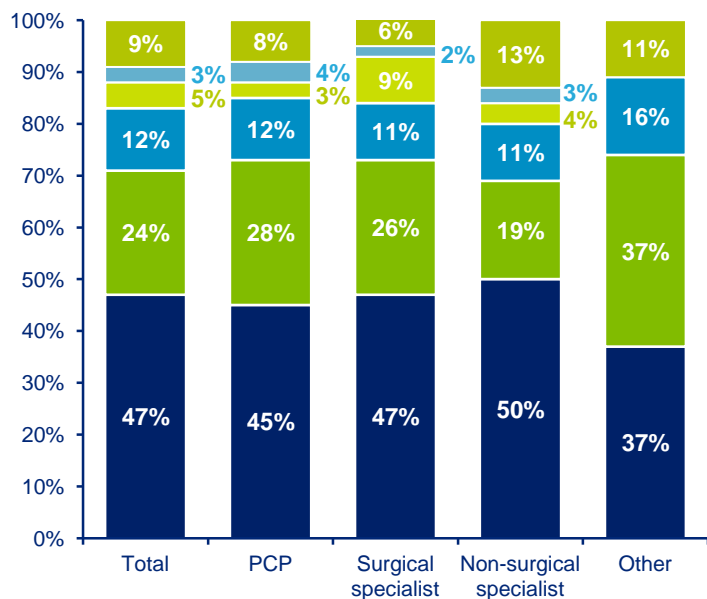
% responding No

	Amendments to increase access to insurance for the uninsured	Amendments to the bill to reduce costs	Letting states develop alternatives to the mandates in the bill	Repeal all of the health reform bill altogether	Leaving the bill alone and see what happens	Letting provisions for insurance reforms stay in place and repeal everything else
<b>Total</b>	<b>24%</b>	<b>22%</b>	<b>33%</b>	<b>49%</b>	<b>66%</b>	<b>55%</b>
PCP	20%	24%	31%	50%	59%	51%
Surgical Specialist	35%	26%	26%	35%	83%	62%
Non-Surgical Specialist	17%	17%	38%	57%	60%	51%
Other	26%	26%	53%	79%	37%	63%

- Surgical specialists are more likely than non-surgical specialists (72% vs. 56%) to support letting states develop alternatives to the mandates in the health reform bill. Physicians in practice for 31+ years are significantly less likely (45%) to support letting states develop alternatives to the mandates compared to physicians in practice for less than 31 years. (63-67%).
- Significantly more female physicians (73%) support amendments to reduce costs compared to male physicians (61%).
- Surgical specialists are more likely than non-surgical specialists and PCPs to support repeal of the health reform bill altogether (57% vs. 34% and 38%).
- Surgical specialists are significantly less likely than non-surgical specialists and PCPs (13% vs. 34% and 27%, respectively) to support leaving the bill alone and seeing what happens.

# Perception of insurance administrative costs: physicians think up to 10% appropriate

Nearly half of all physicians indicate that up to 10% of health insurance premiums is a reasonable proportion to be paid for overhead operational costs



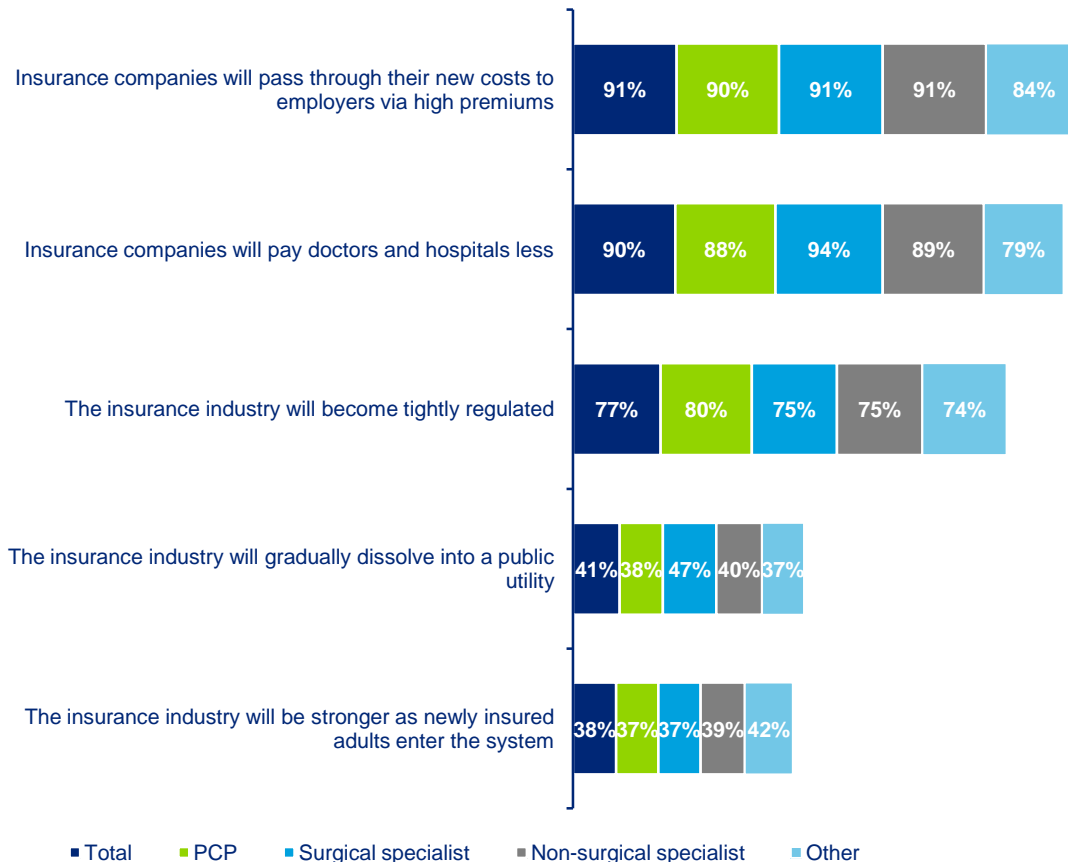
- Up to 10% of total premiums
- Between 10% and 15% of total premiums
- Between 15% and 20% of total premiums
- Between 20% and 25% of total premiums
- More than 25% of total premiums
- Don't know

	Up to 10% of total premiums	Between 10% and 15% of total premiums	Between 15% and 20% of total premiums	Between 20% and 25% of total premiums	More than 25% of total premiums	Don't know
<b>Total</b>	<b>47%</b>	<b>24%</b>	<b>12%</b>	<b>5%</b>	<b>3%</b>	<b>9%</b>
Male	50%	25%	10%	5%	2%	8%
Female	41%	23%	14%	6%	5%	12%
25-39 years old	50%	29%	11%	4%	4%	3%
40-49 years old	35%	23%	16%	10%	6%	10%
50-59 years old	45%	26%	11%	7%	1%	12%
60+ years old	57%	19%	9%		1%	14%
PCP	45%	28%	12%	3%	4%	8%
Surgical specialist	47%	26%	11%	9%	2%	6%
Non-surgical specialist	50%	19%	11%	4%	3%	13%
Other	37%	37%	16%			11%
10 or less years in practice	43%	26%	16%	4%	3%	9%
11-20 years in practice	43%	26%	8%	8%	7%	8%
21-30 years in practice	53%	21%	10%	7%	1%	7%
31 or more years in practice	54%	22%	10%			14%
≤ 10 years since residency	44%	25%	15%	4%	3%	9%
11-20 years since residency	40%	24%	11%	12%	6%	6%
21-30 years since residency	51%	28%	7%	4%	1%	9%
≥ 31 years since residency	56%	20%	10%			14%
Northeast	50%	27%	8%	5%	2%	8%
South	37%	30%	16%	4%	6%	7%
Midwest	56%	17%	10%	7%	2%	9%
West	42%	25%	13%	3%	3%	14%

- Nearly 1 in 4 physicians indicate that between 10% and 15% of health insurance premiums is a reasonable proportion to be paid for overhead operational costs.
- Nearly 4 out of 10 "other" physicians report between 10% and 15% of total premiums is a reasonable proportion to be paid for overhead operational costs.
- Significantly more 25-39 year old (50%) and 60+ year old physicians (57%) feel up to 10% of total premiums is reasonable compared to only 35% of 40-49 year old physicians.

# Perception of insurance plan response to ACA: higher premiums to employers, lower payments to providers

9 out of 10 physicians agree it is likely insurance companies will pass on new costs to employers via higher premiums and that doctors and hospitals will be paid less



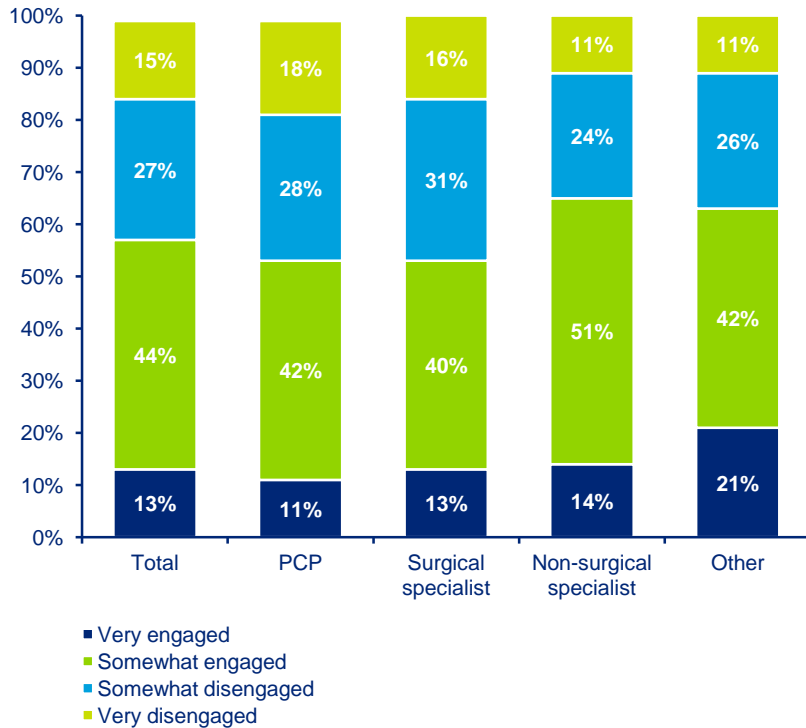
- Nearly 8 out of 10 physicians believe the insurance industry will become more tightly regulated as a result of health reform.
- 4 out of every 10 physicians believe the insurance industry will gradually dissolve into a public utility while an equal proportion believe the insurance industry will be stronger as newly insured adults enter the system.
- Significantly more 50-59 year old physicians (98%) believe it is likely insurance companies will pass through their new cost to employers compared to 25-39 year old (86%) and 60+ year old physicians (88%).
- Nearly twice as many 60+ year old physicians feel the insurance industry will be stronger as newly insured adults enter the system compared to 40-49 year olds (50% vs. 27%).

% Responding Very/Somewhat Likely



# Physician voice in health reform: most feel inadequate input in process

13% of physicians felt very engaged in the health reform debate and 44% felt somewhat engaged

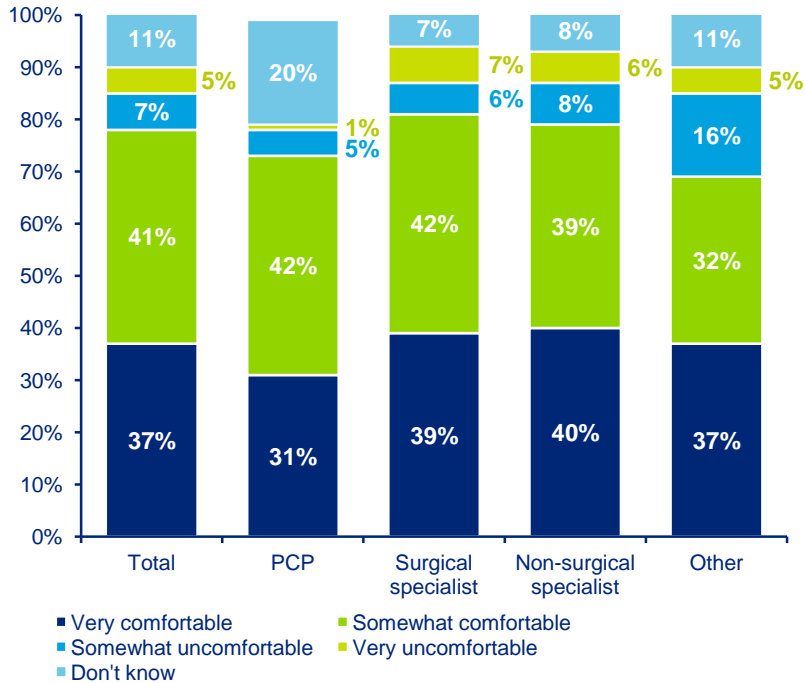


	Very engaged	Somewhat engaged	Somewhat disengaged	Very disengaged
<b>Total</b>	<b>13%</b>	<b>44%</b>	<b>27%</b>	<b>15%</b>
Male	13%	44%	27%	16%
Female	13%	46%	28%	12%
25-39 years old	10%	50%	30%	10%
40-49 years old	12%	47%	29%	13%
50-59 years old	17%	37%	31%	13%
60+ years old	15%	43%	21%	22%
PCP	11%	42%	28%	18%
Surgical specialist	13%	40%	31%	16%
Non-surgical specialist	14%	51%	24%	11%
Other	21%	42%	26%	11%
10 or less years in practice	13%	49%	29%	9%
11-20 years in practice	9%	43%	32%	16%
21-30 years in practice	17%	41%	27%	13%
31 or more years in practice	14%	42%	22%	23%
≤ 10 years since residency	12%	47%	31%	10%
11-20 years since residency	13%	43%	30%	14%
21-30 years since residency	13%	43%	27%	14%
≥ 31 years since residency	15%	43%	20%	23%
Northeast	15%	44%	25%	14%
South	12%	53%	24%	11%
Midwest	9%	41%	29%	21%
West	18%	41%	32%	10%

- Significantly more physicians in practice for 31+ years feel they were very disengaged in the health reform debate compared to those in practice for 10 years or less (23% vs. 9%).

# Tort reform: separate medical court system with victims fund preferred by physicians

78% of physicians say they would be comfortable if the model for liability reform involved a separate medical court system with binding arbitration and victims' fund

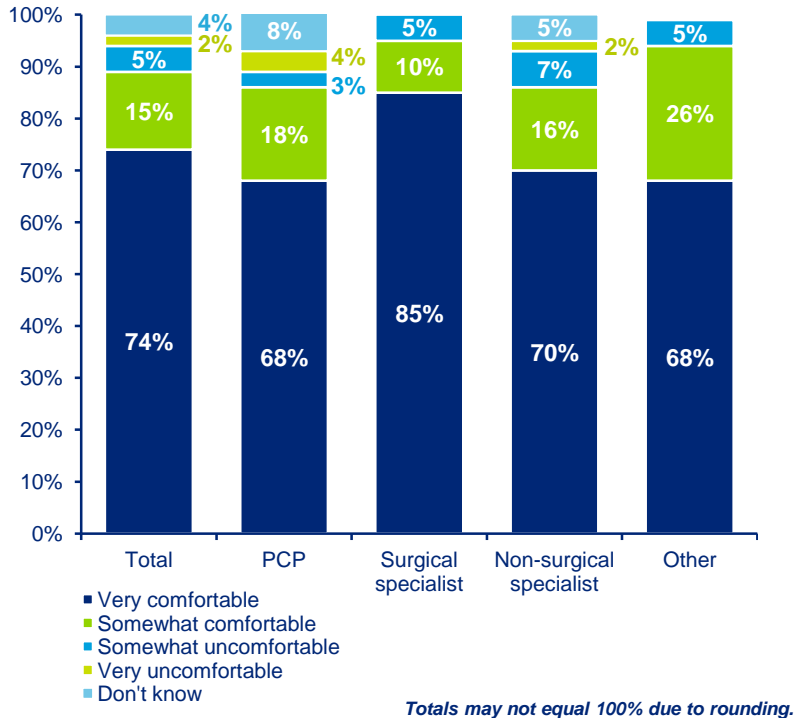


	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable	Don't know
<b>Total</b>	<b>37%</b>	<b>41%</b>	<b>7%</b>	<b>5%</b>	<b>11%</b>
Male	42%	37%	8%	4%	9%
Female	26%	49%	4%	6%	15%
25-39 years old	29%	41%	6%	5%	20%
40-49 years old	28%	45%	9%	6%	12%
50-59 years old	42%	40%	2%	4%	11%
60+ years old	48%	37%	9%	4%	2%
PCP	31%	42%	5%	1%	20%
Surgical specialist	39%	42%	6%	7%	7%
Non-surgical specialist	40%	39%	8%	6%	8%
Other	37%	32%	16%	5%	11%
10 or less years in practice	29%	41%	7%	4%	20%
11-20 years in practice	33%	43%	6%	6%	12%
21-30 years in practice	46%	38%	4%	5%	6%
31 or more years in practice	46%	40%	9%	4%	1%
≤ 10 years since residency	30%	39%	7%	5%	19%
11-20 years since residency	30%	49%	6%	4%	11%
21-30 years since residency	42%	39%	3%	6%	10%
≥ 31 years since residency	49%	36%	10%	4%	1%
Northeast	38%	42%	6%	3%	12%
South	33%	37%	9%	6%	15%
Midwest	37%	41%	6%	6%	9%
West	40%	42%	6%	3%	9%

- PCPs are nearly twice as likely as other physician types to report they don't know how comfortable they would be with this model.
- Older physicians (60+ years) and those in practice for longer (21+ years) were significantly more likely to be very comfortable with this model compared to those younger than 60 years and in practice for less than 21 years.
- Nearly twice as many male physicians are very comfortable with this model compared to female physicians (42% vs. 26%).

# Tort reform: physicians favor caps on pain and suffering for non-economic damages

Nearly 3 out of 4 physicians (8 out of 10 surgical specialists) are very comfortable with caps for pain and suffering for non-economic damages

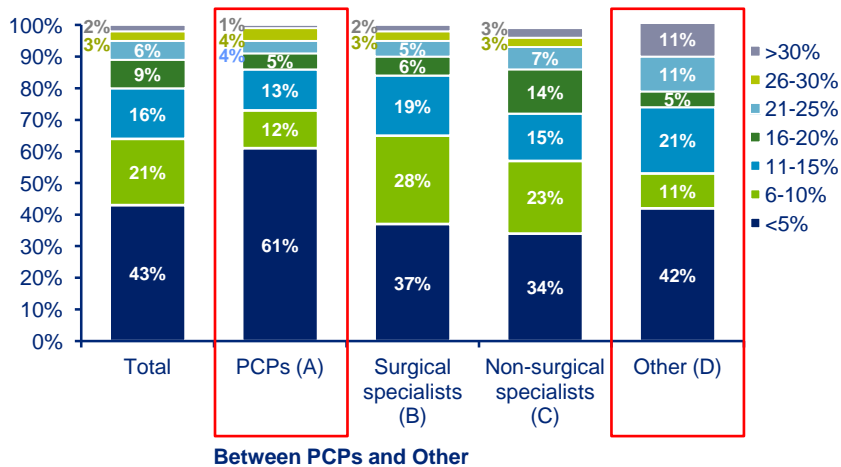
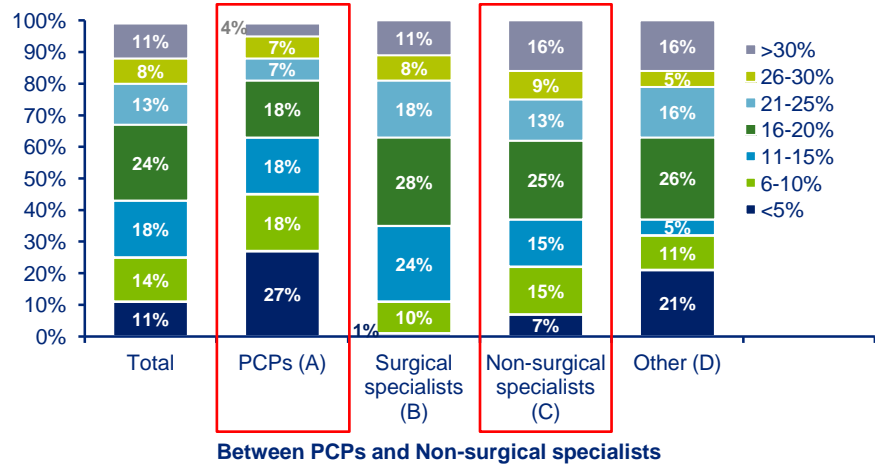
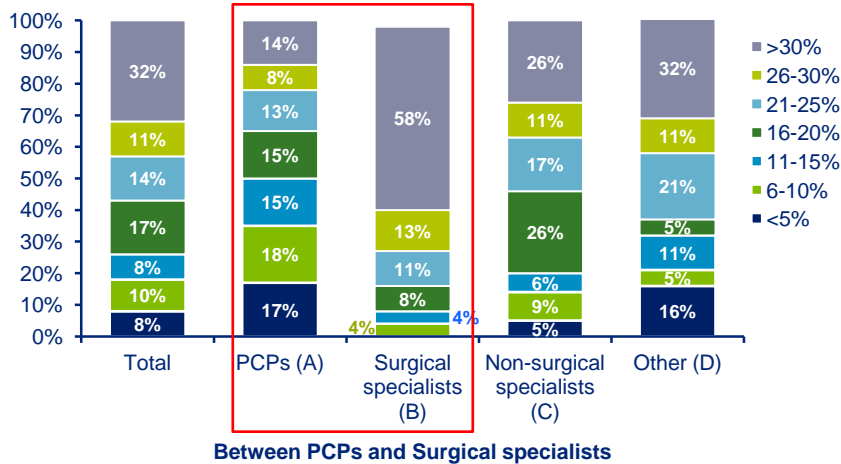


	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable	Don't know
Total	74%	15%	5%	2%	4%
Male	77%	13%	6%	2%	2%
Female	67%	20%	2%	2%	9%
25-39 years old	70%	17%	2%	4%	7%
40-49 years old	67%	23%	9%	0%	2%
50-59 years old	83%	9%	3%	2%	4%
60+ years old	77%	12%	6%	1%	4%
PCP	68%	18%	3%	4%	8%
Surgical specialist	85%	10%	5%	0%	0%
Non-surgical specialist	70%	16%	7%	2%	5%
Other	68%	26%	5%	0%	0%
10 or less years in practice	69%	19%	4%	2%	6%
11-20 years in practice	72%	16%	6%	2%	5%
21-30 years in practice	80%	12%	5%	1%	1%
31 or more years in practice	78%	11%	6%	2%	4%
≤ 10 years since residency	69%	19%	3%	3%	6%
11-20 years since residency	74%	15%	7%	0%	3%
21-30 years since residency	78%	14%	3%	1%	3%
≥ 31 years since residency	78%	10%	7%	2%	4%
Northeast	74%	13%	5%	4%	4%
South	74%	20%	2%	1%	3%
Midwest	78%	13%	6%	2%	1%
West	68%	15%	7%	0%	10%

- Surgical specialists are more likely than non-surgical specialists and PCPs to be very comfortable with caps for pain and suffering for non-economic damages.
- Significantly more physicians in the west don't know if they would be comfortable with caps for pain and suffering for non-economic damages, compared to those in the midwest (10% vs. 1%).

# Compensation of physicians: specialists expect 30% higher pay than PCPs; PCPs think the difference should be less

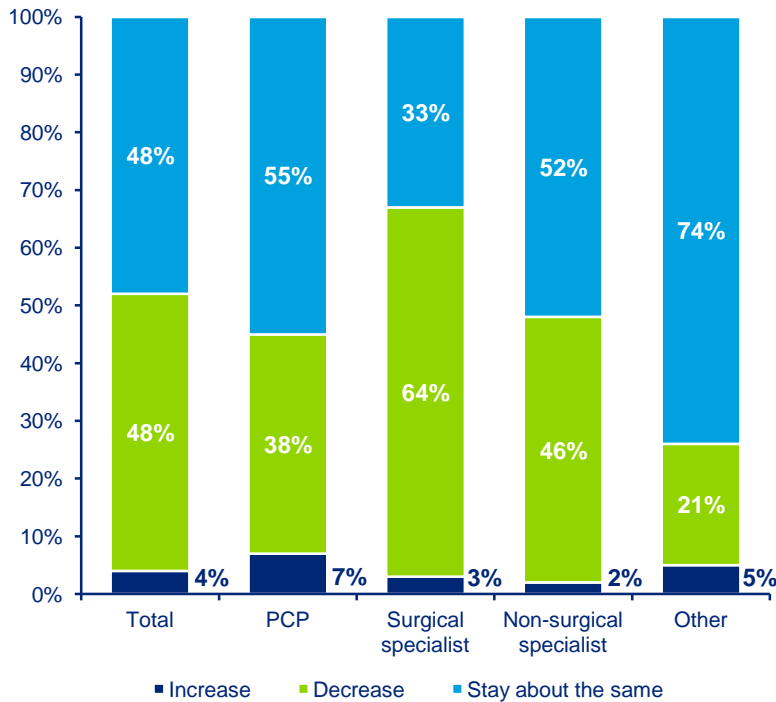
6 out of 10 surgeons believe they should get paid at least 30% more than PCPs; 1 out of 4 non-surgical specialists believe the difference between their income and PCPs should be 16-20%



- One out of four non-surgical specialists feel the difference in net personal income for non-surgical specialists and PCPs should be greater than 25%, compared to only 11% of PCPs.
- Over one quarter of PCPs feel the difference in net personal income between PCPs and non-surgical specialists should be less than 5% compared to only 7% of non-surgical specialists.
- Compared to 42% of "other" physicians, 61% of PCPs feel the difference in net personal income should be less than 5%;
- Female surgical specialists are nearly twice as likely as male surgical specialists to report the difference in income between PCPs and surgeons should be 16-20% (25% vs. 13%).
- Non-surgical specialists in the west are significantly more likely to feel their income should be 16-20% higher than PCPs, compared to physicians located in the northeast, midwest and south (37% vs. 17%, 21%, and 22%).
- Compared to non-surgical specialists over 60 years (8%), those under 60 (ranging between 23-28%) are significantly more likely to feel their income should be 25% greater or more compared to PCPs.

# Expectations about income: most think their income will decrease or be flat

Only 4% of all physicians surveyed believe their income will increase next year as a result of health reform; nearly half believe their income will decrease



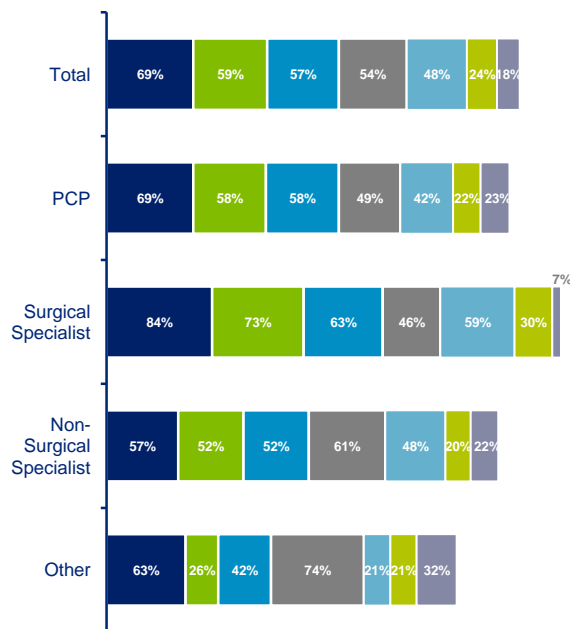
	Increase	Decrease	Stay about the same
<b>Total</b>	<b>4%</b>	<b>48%</b>	<b>48%</b>
Male	4%	49%	47%
Female	3%	46%	51%
25-39 years old	2%	46%	52%
40-49 years old	3%	52%	45%
50-59 years old	4%	57%	39%
60+ years old	6%	41%	53%
PCP	7%	38%	55%
Surgical specialist	3%	64%	33%
Non-surgical specialist	2%	46%	52%
Other	5%	21%	74%
10 or less years in practice	2%	50%	48%
11-20 years in practice	5%	51%	44%
21-30 years in practice	6%	57%	37%
31 or more years in practice	5%	34%	61%
≤ 10 years since residency	2%	48%	50%
11-20 years since residency	5%	51%	44%
21-30 years since residency	6%	54%	40%
≥ 31 years since residency	5%	40%	55%
Northeast	5%	48%	46%
South		49%	51%
Midwest	5%	51%	44%
West	5%	43%	51%

- Surgical specialists are more likely than PCPs or non-surgical specialists to believe that their net income will decrease as a result of health care reform (64% vs. 38% and 46%).
- Almost 2 out of 3 physicians in practice for 31+ years feel their income will stay the same, more than those in practice for less than 31 years.

# Physician perspectives on the future of medicine

# Impact of health reform on the future of medical profession: most pessimistic

Almost 7 out of 10 physicians believe the best and brightest who might have considered medicine as a career will think otherwise as a result of health reform



	Yes: Think the best and the brightest who might have considered medicine as a career will think otherwise	Yes: Think physicians currently practicing will retire	Yes: Think the practice of medicine is in jeopardy	Yes: Think physicians currently practicing will stay in practice	Yes: Think physicians currently practicing will scale back practice hours	Yes: Wish you had chosen another profession	Yes: Feel excited about the future of medicine
<b>Total</b>	<b>69%</b>	<b>59%</b>	<b>57%</b>	<b>54%</b>	<b>48%</b>	<b>24%</b>	<b>18%</b>
PCP	69%	58%	58%	49%	42%	22%	23%
Surgical Specialist	84%	73%	63%	46%	59%	30%	7%
Non-Surgical Specialist	57%	52%	52%	61%	48%	20%	22%
Other	63%	26%	42%	74%	21%	21%	32%

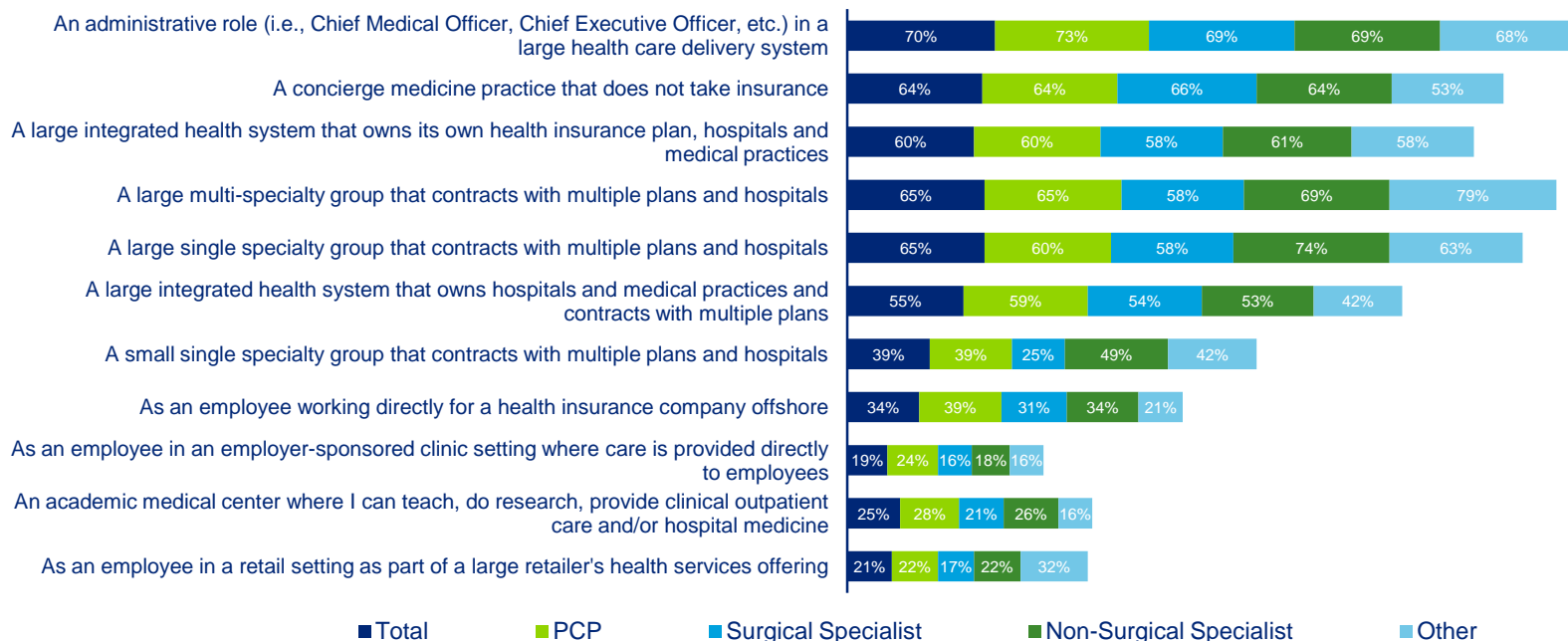
	No: Think the best and the brightest who might have considered medicine as a career will think otherwise	No: Think physicians currently practicing will retire	No: Think the practice of medicine is in jeopardy	No: Think physicians currently practicing will stay in practice	No: Think physicians currently practicing will scale back practice hours	No: Wish you had chosen another profession	No: Feel excited about the future of medicine
<b>Total</b>	<b>25%</b>	<b>32%</b>	<b>39%</b>	<b>34%</b>	<b>43%</b>	<b>70%</b>	<b>73%</b>
PCP	26%	31%	39%	34%	49%	70%	69%
Surgical specialist	14%	20%	33%	43%	33%	65%	87%
Non-Surgical specialist	33%	37%	42%	27%	45%	73%	66%
Other	26%	74%	58%	26%	68%	79%	58%

- Yes: Think the best and the brightest who might have considered medicine as a career will think otherwise
- Yes: Think physicians currently practicing will retire
- Yes: Think the practice of medicine is in jeopardy
- Yes: Think physicians currently practicing will stay in practice
- Yes: Think physicians currently practicing will scale back practice hours
- Yes: Wish you had chosen another profession
- Yes: Feel excited about the future of medicine

- Slightly more than 4 out of 5 surgical specialists (based on what they know about health care reform) think the best and the brightest who might have considered medicine as a career will think otherwise.
- Compared to non-surgical specialists and PCPs, surgeons are significantly more likely to believe the best and brightest who might have considered medicine as a career will think otherwise and also think physicians currently practicing will retire.
- 73% do not feel excited about the future of medicine and 24% wish they had chosen another profession.
- Surgical specialists are far less likely than non-surgical specialists and PCPs to feel excited about the future of medicine (7% vs. 22% and 23%).
- Significantly more (67%) younger physicians (aged 25-39) believe physicians currently practicing will stay in practice compared to those over the age of 39 (43-58%).

# “Ideal” practice settings: an administrative role in large health care delivery system and or a concierge practice

7 out of 10 physicians (especially PCPs) feel the practice setting with the greatest financial success potential would be in an administrative role in a large health care delivery system; 64% believe a concierge medicine practice that does not take insurance would also be successful

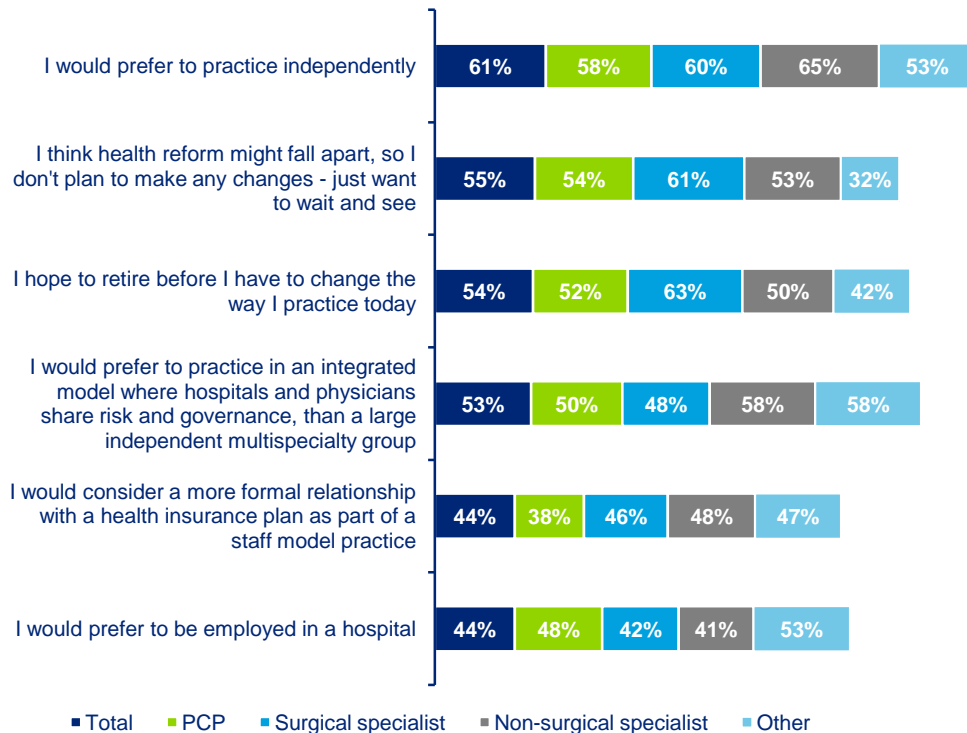


- Significantly fewer physicians aged 50-59 (58%) feel an administrative role in a large health care delivery system would be successful compared to physicians aged 25-39 (78%) and 40-49 (72%).
- PCPs are more likely than surgical specialists to indicate that the greatest financial success potential for new clinicians resides in a large multi-specialty group that contracts with multiple plans and hospitals (65% vs. 58%).
- Significantly more non-surgical specialists (74%) feel a large single specialty group that contracts with multiple plans and hospitals would be successful compared to PCPs (60%) and surgical specialists (58%).
- More physicians in the south (74%) feel a concierge medicine practice that does not take insurance would be successful, compared to physicians in the midwest and west (both 57%).
- Physicians in the south (15%) are almost half as likely to feel an academic medical center setting where they can teach and do research would be a successful practice setting in the future compared to physicians located in the midwest (31%) or west (29%).



# Practice setting in integrated delivery model systems: the majority prefer an independent practice

65% of non-surgical specialists would prefer to practice independently; 61% of surgeons think health reform might fall apart and don't plan to make any changes in how they practice

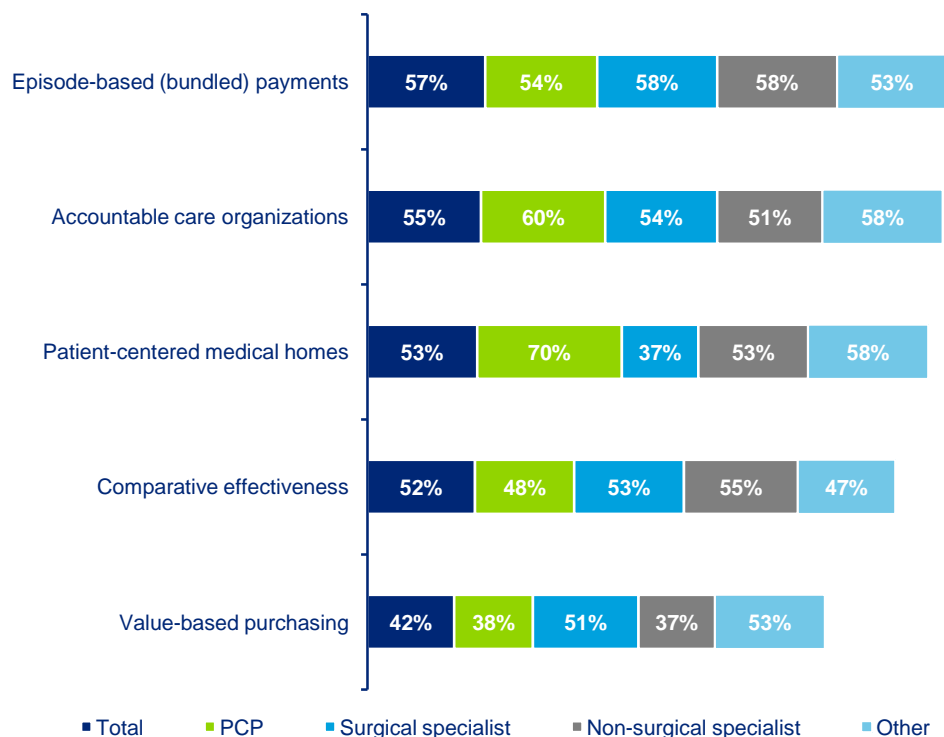


- Over half of physicians (55%) indicated they think health reform might fall apart and don't plan to make changes to the way they practice medicine.
- 54% of all physicians (63% of surgeons) hope to retire before making any changes to the way they practice medicine today.
- Significantly fewer physicians in the south (43%) compared to those in the northeast (59%) and west (67%) would prefer to practice in an integrated model where hospitals and physicians share risk and governance than a large independent multispecialty group.
- Significantly fewer physicians in the midwest (31%) would prefer to be employed in a hospital compared to those located in the northeast (57%) or west (52%).
- Compared to physicians aged 25-39, physicians over 40 are significantly more likely to hope they retire before they have to change the way they practice today (36% vs. 55-68%).
- Physicians in practice for 20 years or less are significantly more likely to believe health reform will fall apart before they have to make any changes to how they practice compared to physicians in practice for 21-30 years (~60% vs. 42%).

% Responding Strongly/Somewhat Agree

# ACA delivery system pilot programs/demonstrations: only half of physicians aware of ACOs, bundled payments, medical homes, and others

PCPs more familiar with accountable care organizations compared to specialists; specialists more familiar with episode-based payments compared to PCPs

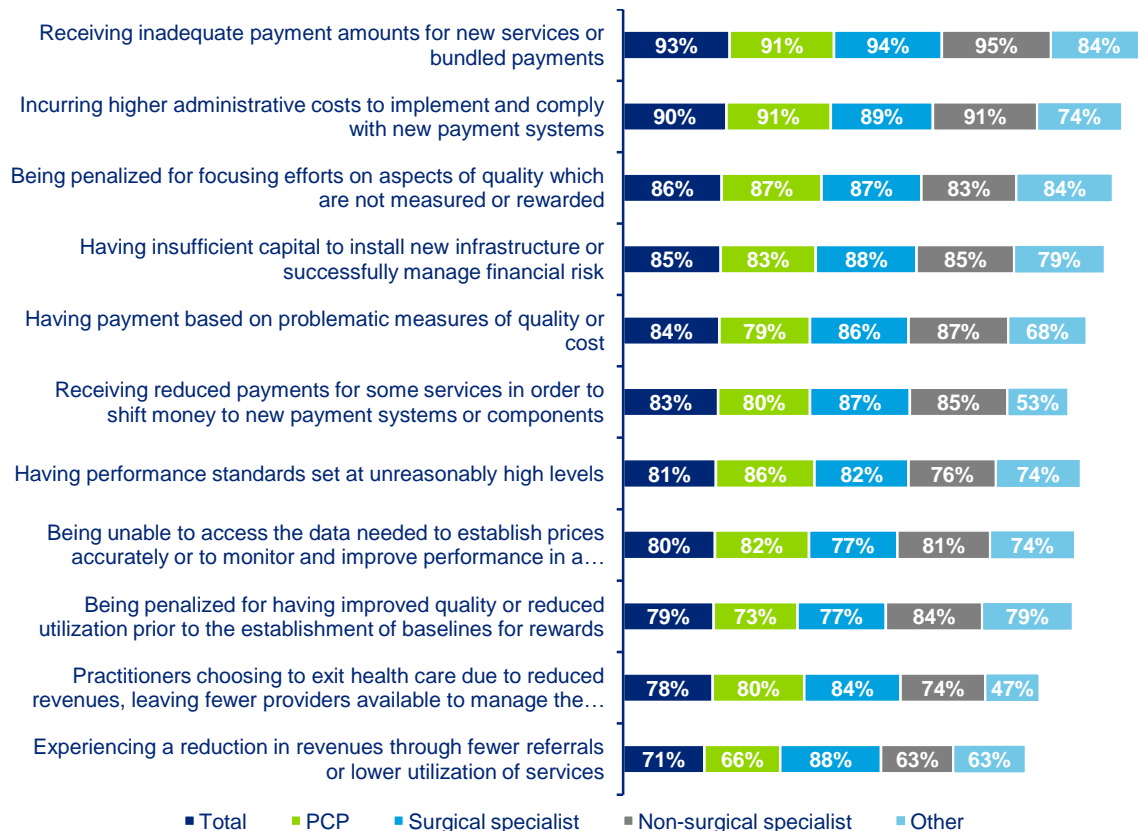


- Fewer physicians (42%) are familiar with value-based purchasing.
- PCPs are twice as likely as surgical specialists (and more likely than non-surgical specialists) to be familiar with patient-centered medical homes.
- Physicians in the northeast are significantly more likely to be familiar with patient-centered medical homes compared to those in the west (61% vs. 41%).
- Physicians in practice for longer (aged 60+) are significantly more familiar with value-based purchasing demonstrations compare to physicians aged 25-39 (51% vs. 33%).

% Responding Very/Somewhat Familiar

# Incentives and payment system reforms: shift from fee for service to value-based payments/performance based compensation exposes physicians to higher risk and lower income

9 out of 10 physicians fear the new payment systems mean receiving inadequate payments for new services or bundled payments and higher administrative costs to implement and comply with new payment systems

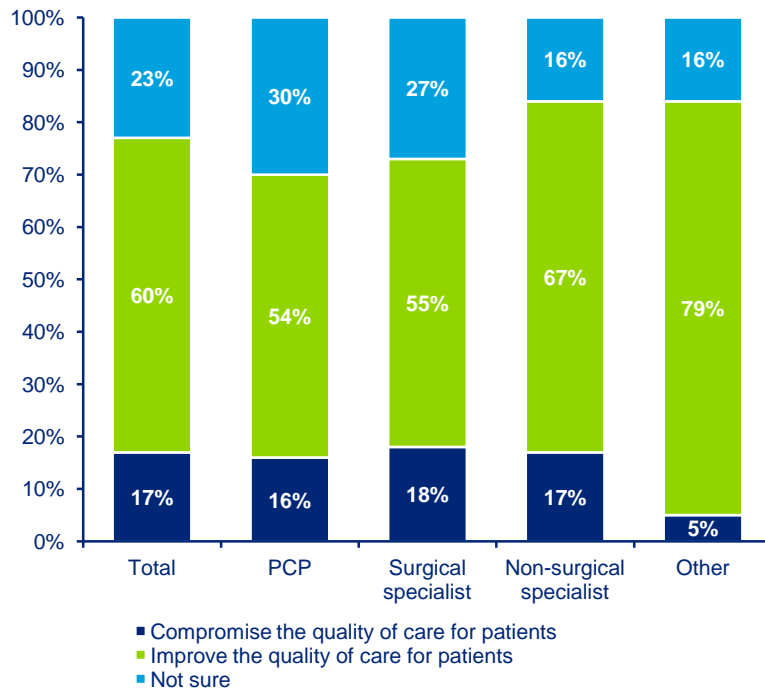


- Other key financial risks noted by physicians include being penalized for focusing efforts on aspects of quality which are not measured or rewarded, having insufficient capital to install new infrastructure or successfully manage financial risk and having payment based on problematic measures of quality or cost.
- PCPs are more likely than non-surgical specialists to indicate having performance standards set at unreasonably high levels is an important factor when considering whether to take on more financial risk.
- Physicians in the south (87%) and west (90%) are significantly more fearful of having insufficient capital to install new infrastructure or successfully manage financial risk compared to physicians in the northeast (77%).
- Non-surgical specialists are significantly more fearful of being penalized for having improved quality or reduced utilization prior to the establishment of baselines for rewards compared to PCPs (84% vs. 73%).
- Surgical specialists are significantly more fearful of experiencing a reduction in revenues through fewer referrals or lower utilization of services compared to PCPs and non-surgical specialists (88% vs. 66% and 63%); physicians in the northeast (80%) and south (76%) are also more fearful of this compared to physicians in the midwest (61%).

% Responding Very Important/Important

# Evidence-based medicine: physicians agree it will improve quality of care

6 out of 10 physicians (especially non-surgical specialists and other physicians) believe the transition toward evidence-based medicine as a national standard will improve the quality of care for patients; almost 2 out of 10 physicians feel it will compromise the quality of care

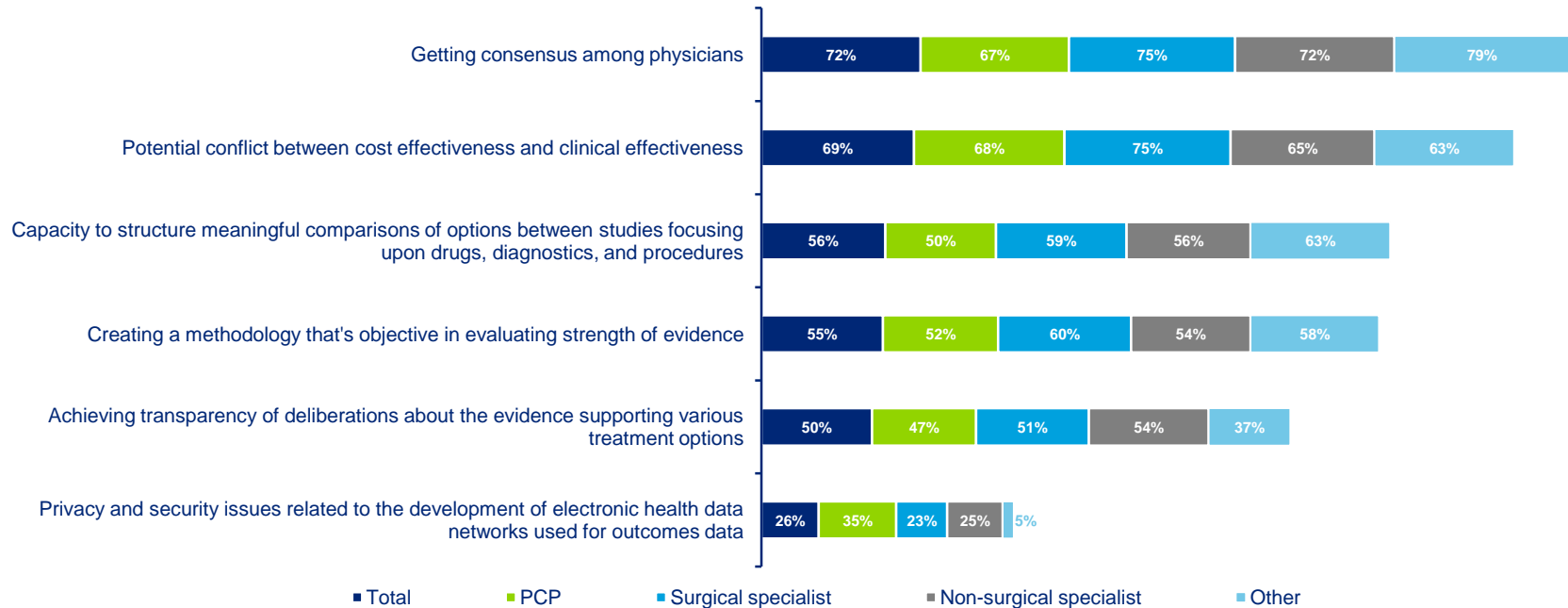


	Compromise the quality of care for patients	Improve the quality of care for patients	Not sure
<b>Total</b>	<b>17%</b>	<b>60%</b>	<b>23%</b>
Male	17%	61%	23%
Female	17%	59%	25%
25-39 years old	15%	73%	12%
40-49 years old	15%	49%	35%
50-59 years old	15%	56%	29%
60+ years old	21%	59%	20%
PCP	16%	54%	30%
Surgical specialist	18%	55%	27%
Non-surgical specialist	17%	67%	16%
Other	5%	79%	16%
10 or less years in practice	14%	68%	19%
11-20 years in practice	18%	53%	30%
21-30 years in practice	19%	52%	29%
31 or more years in practice	18%	63%	18%
≤ 10 years since residency	11%	71%	18%
11-20 years since residency	17%	51%	32%
21-30 years since residency	27%	47%	26%
≥ 31 years since residency	18%	63%	20%
Northeast	17%	68%	15%
South	17%	52%	31%
Midwest	14%	62%	25%
West	19%	58%	23%

- Younger physicians (age 25-39) are also significantly more likely than older physicians (age 40-49, age 50-59) to think the transition toward evidence-based medicine as a national standard will improve the quality of care for patients (73% vs. 49% and 56%).

# Comparative effectiveness research: achieving consensus among physicians will be a major challenge to implementation

Physicians believe implementing CER will also be made difficult by conflict between cost effectiveness and clinical effectiveness

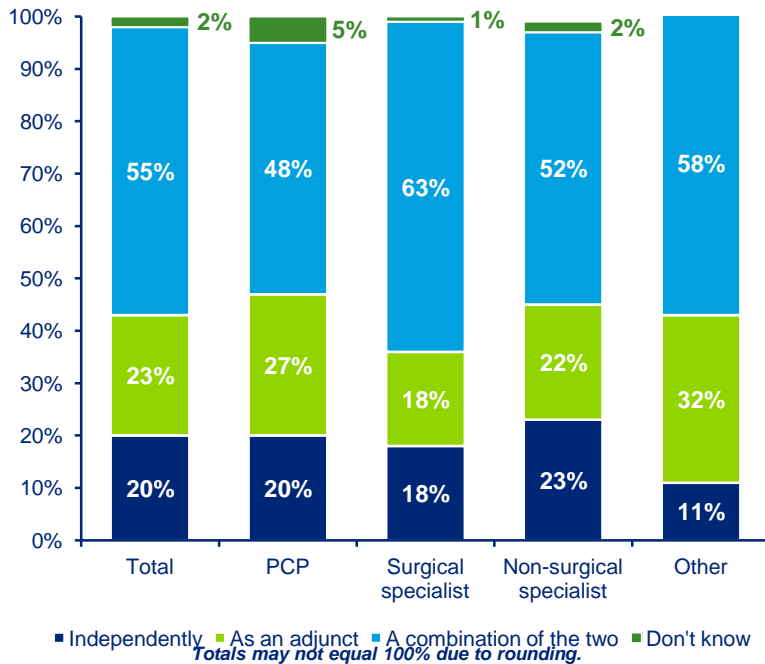


- Physicians aged 40-49 are significantly less likely to believe gaining consensus among physicians will be a key challenge, compared to all other physicians (58% vs. 74-77%).
- 7 out of 10 physicians believe that potential conflict between cost effectiveness and clinical effectiveness will also be one of the most difficult CER implementation factors.
- Ensuring methods of evaluating strength of evidence are objective is also an implementation factor that 55% of physicians feel will be difficult to implement; physicians in practice for 11+ years are more likely to agree with this compared to those in practice for 10 years or less (61-65% vs. 42%).

% Responding Very/Somewhat Likely

# Future of primary care: other medical professionals are not a substitute for primary care physicians

Over half of physicians (more surgical specialists) believe that other medical professionals (physician assistants, nurse practitioners) will deliver primary care both independently and as an adjunct to physician services



	Independently	As an adjunct	A combination of the two	Don't know
<b>Total</b>	<b>20%</b>	<b>23%</b>	<b>55%</b>	<b>2%</b>
Male	21%	22%	55%	1%
Female	19%	23%	53%	5%
25-39 years old	20%	28%	49%	3%
40-49 years old	18%	19%	60%	3%
50-59 years old	19%	22%	54%	5%
60+ years old	24%	21%	56%	
PCP	20%	27%	48%	5%
Surgical specialist	18%	18%	63%	1%
Non-surgical specialist	23%	22%	52%	2%
Other	11%	32%	58%	
10 or less years in practice	19%	29%	50%	3%
11-20 years in practice	24%	14%	60%	2%
21-30 years in practice	17%	22%	58%	3%
31 or more years in practice	23%	22%	54%	1%
≤ 10 years since residency	20%	25%	52%	3%
11-20 years since residency	21%	16%	61%	3%
21-30 years since residency	18%	28%	50%	4%
≥ 31 years since residency	23%	21%	56%	
Northeast	25%	20%	50%	5%
South	22%	17%	59%	2%
Midwest	18%	27%	54%	1%
West	17%	24%	57%	2%

- Physicians aged 40-49 are less likely to believe primary care would be delivered as an adjunct to physician services compared all other age groups; this finding is consistent for physicians in practice for 11-20 years compared to all other physicians.
- Physicians in the south are also less likely to believe primary care would be delivered as an adjunct to physician services compared to physicians located in the northeast, midwest, and west.

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## Acknowledgements

We wish to thank Jennifer Bohn, Anna Brewster, Isabel Ortiz, Elizabeth Stanley, and the many others who contributed their ideas and insights to this project.

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