

Deloitte 2013 Survey of U.S. Physicians Physician perspectives about health care reform and the future of the medical profession

Executive summary

Based on the results of the Deloitte 2013 Survey of U.S. Physicians,* most U.S. physicians are concerned about the future of the profession and consider many changes in the market to be a threat. Most believe that...

- The performance of the U.S. health care system is suboptimal, but the Affordable Care Act (ACA) is a good start to addressing issues of access and cost.
- The future of the medical profession may be in jeopardy as it loses clinical autonomy and compensation.
- Satisfaction with the profession is driven by patient relationships.
- Medical liability (malpractice) reform is a major concern to physicians.
- Health insurance exchanges (HIX) are unlikely to be ready for enrollment by the 2013 deadline.
- Physicians are likely to increasingly compete with mid-level professionals in primary care.
- Medicaid and Medicare reimbursements may be problematic, prompting many physicians to limit or close their practices to these enrollees.
- Physician-hospital integration expected to increase.

- Integrating comparative effectiveness research (CER) into clinical practices may require detailed communication of study methods and tailored results; increased access to clinical decision-support tools in electronic health records (EHRs); and financial incentives for adoption
- Clinical decision-support information technologies that reduce unnecessary services and increase clinician adherence to evidence-based practices are of interest to physicians.
- EHRs adoption by physicians expected to increase.
- Connectivity with consumers (patients) using online or mobile technologies and personal health records expected to become increasingly important to physicians.
- Incentives to address consumers' unhealthy lifestyles should be carefully designed to avoid unintended consequences of non-adherence by the most vulnerable consumer (patient) populations.

* **Background:** This Issue Brief presents key findings on physician perspectives about health care reform and the future of the medical profession from the Deloitte 2013 Survey of U.S. Physicians. For more information about the survey methodology, please see the appendix. An Issue Brief is available on physician perspectives about health information technology at www.deloitte.com/centerforhealthsolutions. The Deloitte 2011 Survey of U.S. Physicians can also be found at www.deloitte.com/centerforhealthsolutions.



Our view

Physicians recognize “the new normal” will necessitate major changes in the profession that require them to practice in different settings as part of a larger organization that uses technologies and team-based models for consumer (patient) care.

Transparency, data sharing, active engagement, and affirmation of the value of physicians by health care organizations is needed for effective business relationships.

Key findings

Physicians are pessimistic about the future of medicine. The majority worry about the profession’s erosion of clinical autonomy and income, and its inability to achieve medical liability reform

Nearly seven in 10 physicians are satisfied with practicing medicine.¹ Of all the types of physicians surveyed, primary

care providers (PCPs, 59 percent) were the least satisfied with practicing medicine compared with their specialist colleagues (63 percent of surgical specialists and 67 percent of non-surgical specialists). Satisfaction with the profession was higher in the younger age groups (aged 25-39, 80 percent) and among those with fewer years of experience (10 years or less, 73 percent).

As shown in Figure 1, among physicians currently satisfied with practicing medicine, four in 10 physicians rank patient relationships as the most important element of job satisfaction followed by protecting and promoting the health of individuals (three in 10) and intellectual stimulation (two in 10).² Solo physicians (61 percent) versus those in practices of two-nine physicians (36 percent) or 10+ physicians (31 percent), and female physicians (47 percent) compared with male physicians (33 percent), are significantly more likely to believe that patient relationships are most important for job satisfaction.

Figure 1. Most satisfying factor about practicing medicine (among physicians currently satisfied with practicing medicine), by medical specialty

	Total	PCP	Surgical Specialist	Non-surgical Specialist	Other
Patient relationships	37%	35%	41%	38%	28%
Protecting and promoting the health of individuals	32%	38%	33%	29%	31%
Intellectual stimulation	19%	16%	16%	19%	29%
Financial rewards	5%	3%	5%	5%	5%
Interacting with colleagues	3%	2%	4%	3%	1%
Prestige of medicine	2%	3%	1%	2%	6%
Leading a team of health professionals	1%	2%	1%	2%	0%
Running a business/administering a complex health care organization	1%	0%	0%	3%	0%

Note: rating of “1” when asked to rank in order of importance the top three factors most satisfying about practicing medicine

By medical specialty, the greatest elements of job dissatisfaction among physicians not currently satisfied with practicing medicine are:³

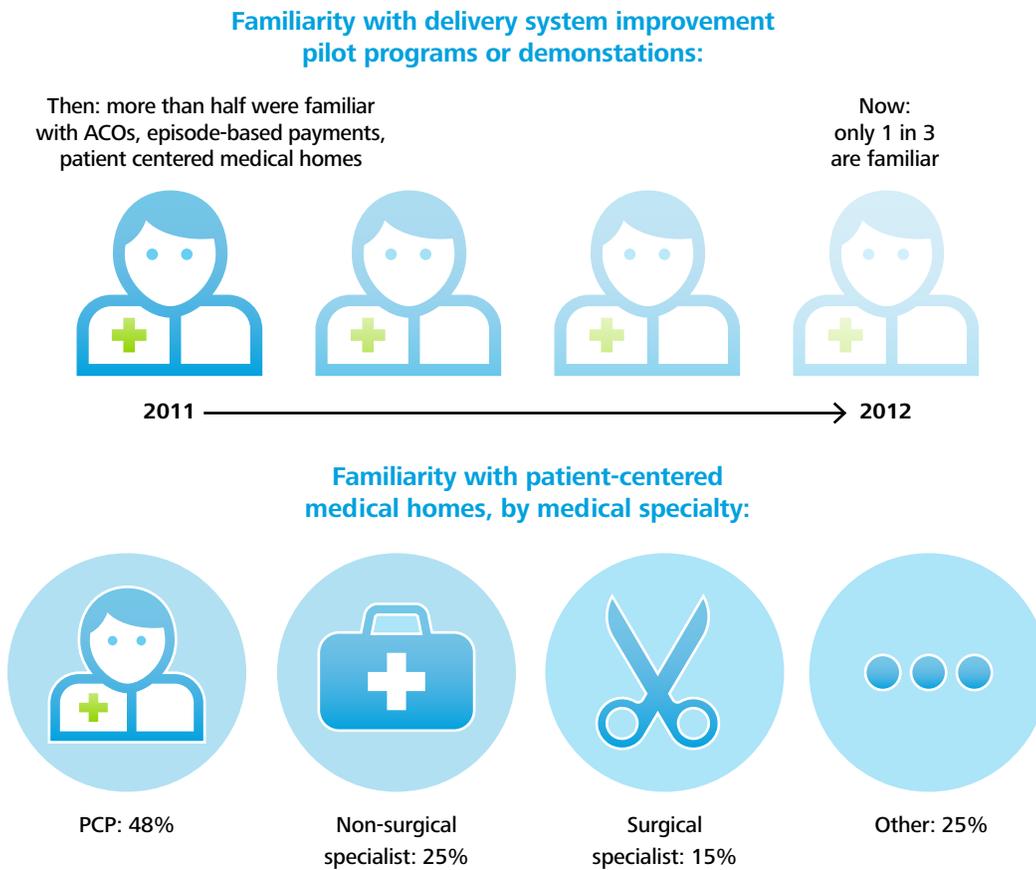
- Less time for each patient – PCPs (26 percent) and non-surgical specialists (21 percent)
- Long hours/work weeks – surgical specialists (20 percent)
- Dealing with Medicare/Medicaid/government regulations – other⁴ (22 percent)

Six in 10 physicians say that it is likely that many physicians will retire earlier than planned in the next one to three years.⁵ This perception is fairly uniform among all physicians, irrespective of age, gender, or medical specialty.

Most physicians are pessimistic about the future of medicine: Six in 10 physicians (57 percent) say that the practice of medicine is in jeopardy.⁶ Nearly three-quarters of physicians (higher among surgical specialists at 81 percent) think the best and brightest may not consider a career in medicine (slight increase from those who felt similarly in 2011 at 69 percent), while more than half believe that physicians will retire (62 percent) or scale back practice hours (55 percent) based on how the future of medicine is changing.⁶

Three in 10 physicians say they are familiar with health care delivery system improvement pilot programs and demonstration programs (Figure 2); two in 10 are familiar with value-based purchasing or comparative effectiveness.⁷

Figure 2. Familiarity with delivery system improvement initiatives



Physicians report that accountable care organizations (ACOs) will be successful to some extent in achieving improved quality (introduction of performance reporting and benchmarking, 37 percent; better identification and closer management of high-risk patients, 28 percent; and improved population health, 21 percent) and reduced costs (use of lower-cost treatment settings and providers, 21 percent).⁸ However, physicians currently working in ACOs diverge from those not in ACOs in their views on capitation, bundled payments, and Medicaid reimbursements (Figure 3).⁹ Three in 10 physicians currently working in ACOs chose to work in an ACO environment with high-quality, evidence-based care standards.¹⁰

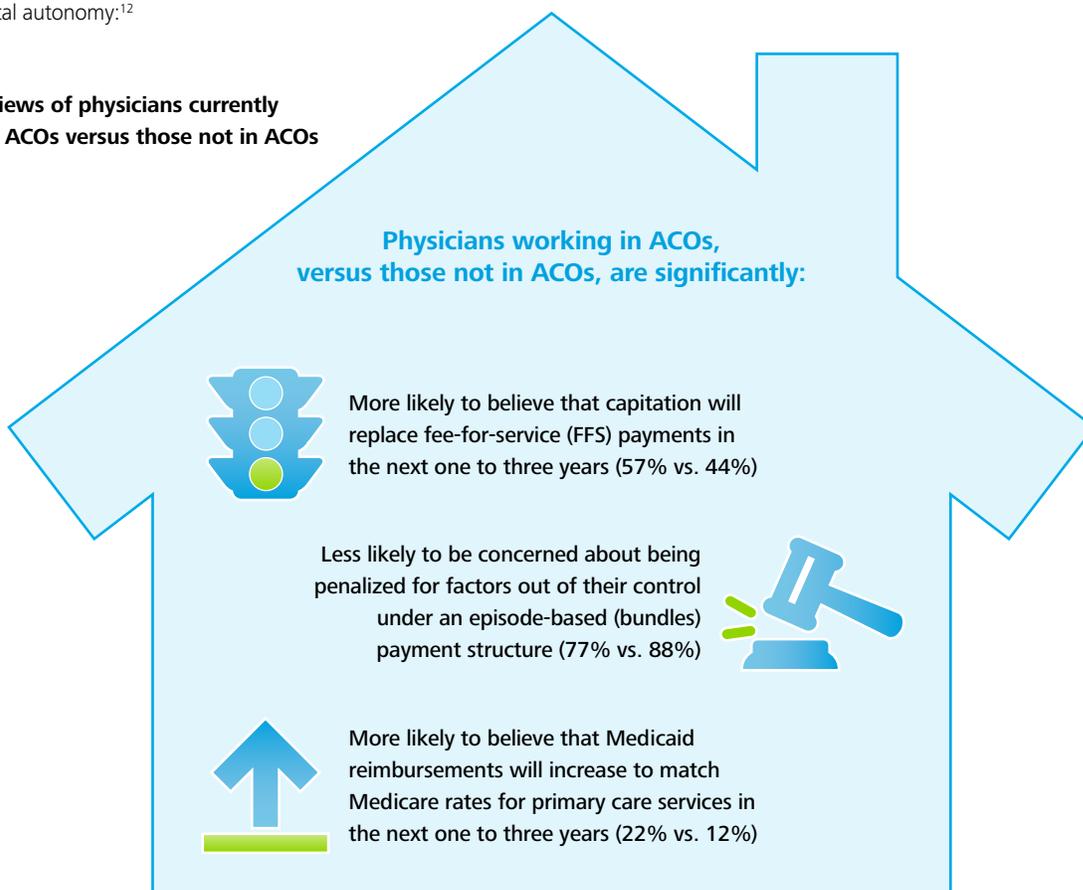
Eight in 10 physicians agree that the wave of the future in medicine over the next decade involves interdisciplinary teams and care coordinators.¹¹

Physicians identify the trade-offs between larger (e.g., large medical groups, health systems, hospitals, and health insurance plans) versus solo practices: Larger practices are perceived to be better placed to secure superior third-party payer contracts and offer the greatest financial success potential, whereas solo practices are perceived to offer greater clinical autonomy.¹²

- Larger work settings offer better conditions for contracting with third-party payers (89 percent of all physicians feel this way) whereas clinical autonomy was a valued feature of and more likely to be a feature of solo practices (81 percent of all physicians).
- Seven out of 10 physicians feel that the practice setting with the greatest financial success potential would be a large health delivery system as an administrator, 72 percent (70 percent in 2011) or a large multi-specialty group (contracts with multiple plans and hospitals), 70 percent (65 percent in 2011).

Four in 10 physicians report that their take-home pay decreased from 2011 to 2012;¹³ over half had a decrease of 10 percent or less.¹⁴ Among those physicians whose take home pay decreased by any amount in 2012, four in 10 believe that it was a result of the ACA.¹⁵ In 2011, nearly half (48 percent) of all physicians believed that their income would decrease in 2012 as a result of the ACA.

Figure 3. Views of physicians currently working in ACOs versus those not in ACOs



Half (51 percent) of all physicians think that physician incomes will fall dramatically in the next one to three years.⁵ Significantly more solo physicians (68 percent) are likely to believe that their incomes will fall than those in practices of two-nine physicians (51 percent) or 10+ physicians (44 percent). Nearly half (49 percent) of all physicians think that capitation will replace FFS payments in the next one to three years.⁵ Few (26 percent) physicians believe that the Sustainable Growth Rate (SGR) mechanism will be repealed in the next one to three years.⁵

Nine in 10 physicians report that their greatest concerns about financial viability under an episode-based (bundled) payment structure are receiving inadequate payment (no change from 2011 at 93 percent) and being penalized for factors out of their control.¹⁶ Surgical specialists compared to PCPs (90 percent versus 79 percent) are significantly more likely to be concerned about inadequate payments.

The majority (73 percent) of physicians do not work in a setting that provides gain-sharing or an incentives program; only three in 10 do so.¹⁷ PCPs (37 percent) are significantly more likely to participate in such a program than non-surgical (25 percent) or surgical specialists (23 percent).

Few (one in 10) physicians believe that liability (tort) reform will pass in Congress in the next one to three years.⁵ More physicians who are younger (aged 25-39, 16 percent and aged 40-49, 15 percent) versus older (aged 50-59, 9 percent and aged 60 and up, 11 percent) believe that such reform will pass. Among those significantly more likely to believe reform will occur are physicians who work in an ACO (19 percent) versus those who do not (9 percent).

Many physicians believe that the U.S. health care system is flawed and underperforming, and favor many elements of the ACA to address its problems

Physicians are critical of the performance of the U.S. health care system, with only 31 percent reporting a favorable grade of “A or B” (35 percent in 2011). Physicians who believe that defensive medicine has a major influence on overall health care system costs declined from 2011 (71 percent in 2012 versus 91 percent in 2011).¹⁸ With no change from 2011 in physicians’ views that the ACA is a good start (44 percent in 2012 and 2011), there is a six percent shift from the belief that the ACA is a step in the wrong direction (38 percent in 2012 and 44 percent in 2011) to don’t know (18 percent in 2012 and 12 percent in 2011) (Figure 4).¹⁹ Eight in 10 physicians think that the ACA will continue as planned.²⁰

Figure 4. Perceptions of the ACA in 2012 compared to 2011, by medical specialty

	A good start		A step in the wrong direction		Don't know	
	2012	2011	2012	2011	2012	2011
Total	44%	44%	38%	44%	18%	12%
PCP	45%	45%	32%	39%	23%	16%
Surgical specialist	38%	28%	48%	60%	14%	12%
Non-surgical specialist	47%	53%	34%	36%	19%	11%
Other	49%	68%	31%	32%	20%	0%

Only two in 10 physicians believe that health insurance exchanges (HIXs) will be implemented by the 2013 deadline for receiving enrollment applications (fairly uniform by region: 20 percent in the Northeast, 20 percent in the South, 22 percent in the Midwest, and 29 percent in the West) or that HIXs will force insurance companies out of business in the next one to three years.⁵

Physicians hold the following views on health care system changes in the next one to three years: Nearly eight in 10 believe that mid-level professionals will play a bigger role in direct primary care delivery and that insurers will aggressively negotiate to preserve margins; six in 10 say that many physicians will retire earlier than planned.⁵

Nine in 10 physicians believe that Medicaid reimbursements will not increase to match Medicare rates for primary care services in the next one to three years.⁵ If Medicare lowered payments or switched to vouchers, physicians would react.

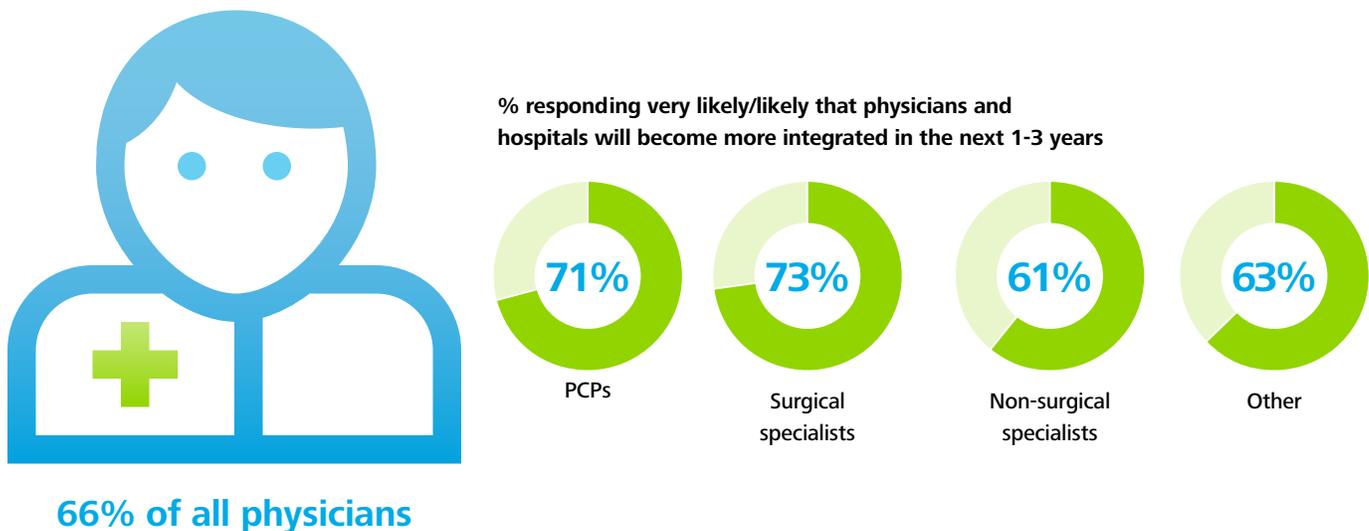
A quarter of physicians would place new or additional limits on the acceptance of Medicare patients if there were potential payment changes to the Medicare program, such as lower payments or a switch to vouchers.²¹

Most physicians foresee increased consolidation of physicians into larger organizations

Although most physicians have not consolidated or considered it, three in ten (31 percent) physicians report having done so in the past one to two years.²² Physicians consolidated in the past one to two years in order to gain or retain income security (29 percent of all physicians who had consolidated) or leverage negotiation power with payers (21 percent of all physicians who had consolidated).²³

About two-thirds of all physicians believe that physicians and hospitals will become more integrated in the next one to three years (Figure 5).⁵

Figure 5. Physicians believing that physicians and hospitals will become more integrated in the next 1-3 years, by medical specialty



Action is required in order to integrate comparative effectiveness research into patient care

Physicians are united in their views about the best ways to integrate comparative effectiveness research (CER)²⁴ into patient care.²⁵ Nine in 10 believe that study methods and approaches must be communicated in detail to allow clinicians to understand, interpret, and critique the research. Eight in 10 believe that results must be tailored to address the needs of physicians; access to clinical decision-support tools in electronic health records (EHRs) must increase; and financial incentives must be used to encourage the adoption of new evidence-based clinical practices.

Innovations in technology and evidence-based practices are closely watched; physicians are receptive, provided that evidence of safety and efficacy is readily accessible

Six in 10 physicians rank doctors as being the personnel with the greatest influence on medical technology purchasing decisions currently²⁶ and in the next three to five years.²⁷

Nearly half of all physicians believe that when operating under a bundled payment structure the most important evidence needed when purchasing medical technology beyond safety and efficacy is the potential reduction in instances of needed care.²⁸

Seven in 10 physicians believe that physician-led, peer review of new medical technologies (covering both efficacy and value) followed by use of evidence-based guidelines (six in 10 physicians) are the leading best practices in the selection and purchase of medical technologies.²⁹

High use and satisfaction, many benefits with electronic health record systems, but low use of consumer-support technologies

Two-thirds of physicians say they use EHRs that meet meaningful use stage one requirements.³⁰ Three in five physicians (fairly uniform among physicians by medical specialty) are satisfied³¹ with their EHR system. The majority of physicians report numerous benefits to using an EHR system:³²

- Faster and more accurate billing for services, 74 percent of all physicians
- Time saving through e-prescribing, 67 percent of all physicians
- Communication improvement and care coordination capabilities due to interoperability, 67 percent of all physicians

Seven in 10 (72 percent) physicians believe that in the next one to three years the majority (80 percent or more) of physicians will adopt EHRs certified for meaningful use.⁵

Nearly six in 10 (55 percent) physicians believe that the hospital-physician relationship will suffer as physician privileges are put at risk to comply with hospital standards for meaningful use.³³

Physicians report that at their primary work-setting:³⁴

- Physicians can communicate with patients using email or texts, 33 percent of all physicians
- Consumers can be directed to trusted health care websites, 26 percent of all physicians
- Consumers can schedule visits or access test results through a website, 24 percent of all physicians
- Consumers can request prescription refills through a website, 19 percent of all physicians

Most think incentives can be effective in changing consumer health if carefully implemented

Although there is a slight decrease from 2011, eight in 10 physicians believe that consumers' unhealthy lifestyles have a major influence on overall health care system costs (Figure 6).¹⁸ This perception is fairly uniform among all physicians, irrespective of age, gender, or medical specialty.

Figure 6. Perceptions about the influence* of consumer behavior on overall health care system costs in 2012 compared to 2011

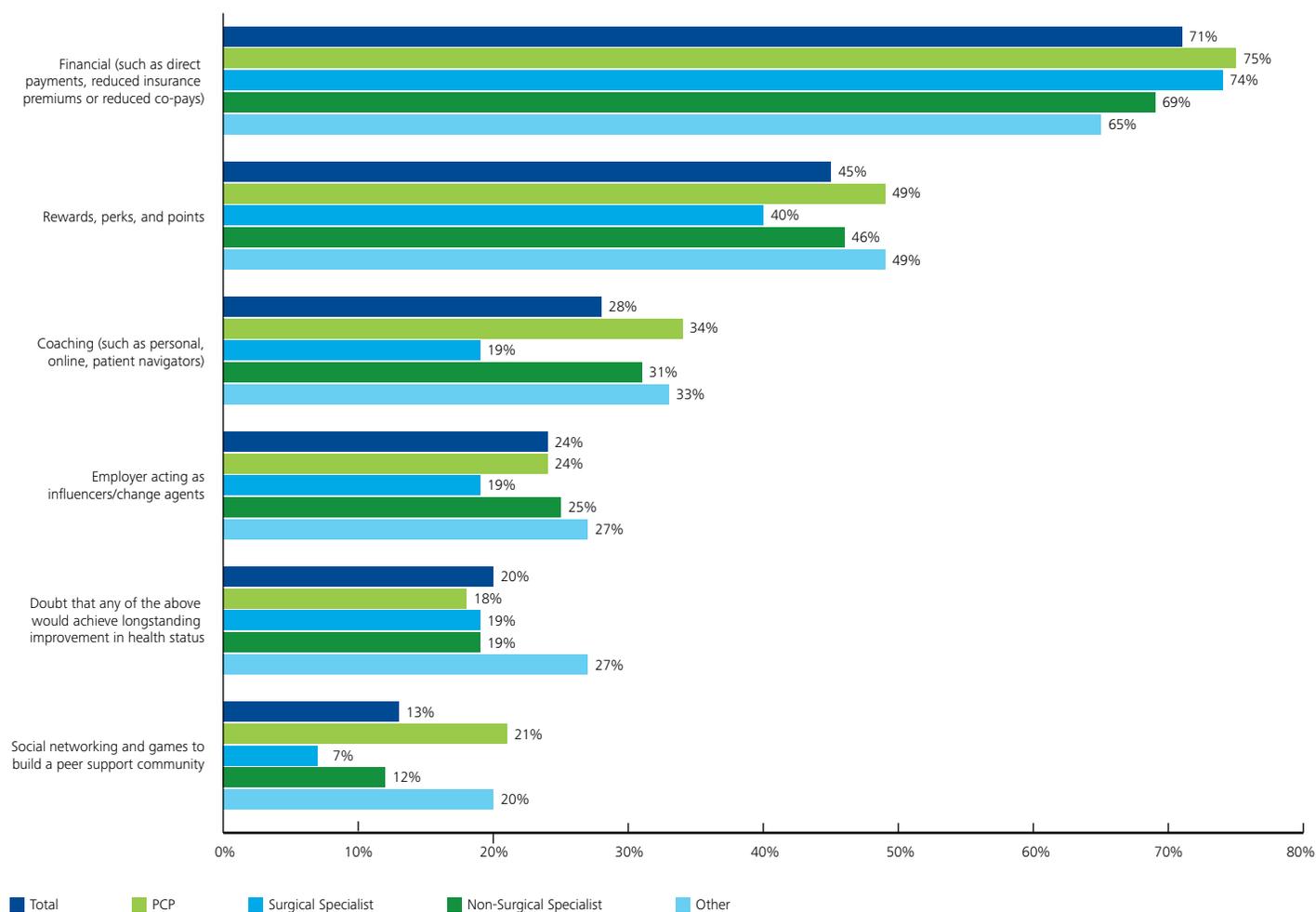


A majority of physicians (71 percent) believe that if consumer incentives were widely introduced, financial ones (e.g., direct payments, reduced insurance premiums or reduced co-pays) might work best with consumers in an attempt to motivate them to engage in healthy behaviors (Figure 7).³⁵

treatment compliance, but fewer (55 percent) physicians agree that incentives are sufficiently powerful to motivate consumers to address lifestyle issues and positively change behavior.³⁶ Seven in 10 (69 percent) physicians agree that consumer incentives based upon cost-sharing could be counterproductive, leading consumers to avoid or delay seeking necessary treatment.

Seven in 10 (70 percent) physicians agree that consumer incentives could be very helpful to achieve better

Figure 7. Perceptions about types of incentives that might work best with consumers, by medical specialty



Considerations

New relationships between physicians and hospitals, health insurance plans, retail pharmacies, employers, and medical device and drug manufacturers are emerging. A transparent business relationship built on mutual respect and trust, with incentives appropriately aligned, is key. There are clear elements of an effective relationship with and among physicians:

- Compensation commensurate with the training, experience, and effectiveness of the clinician, inclusive of performance-based bonuses based on team and individual goals.
- Integration of physicians in team-based models where clinical and financial decision-making is encouraged and clinical autonomy is balanced between managing inappropriate variation and adherence to evidence-based practices.
- Effective deployment of clinical and administrative information technologies (IT) that provide ongoing, real-time clinical and financial data that supports practice improvements linked to safety, outcomes, efficiency, and patient experiences. In concert with clinical and administrative IT, analytics that support process improvements for efficiency or clinical effectiveness, safety and outcome measurement, root cause analysis for error, ongoing reporting of inappropriate and appropriate variation in patient care, and consumer (patient) experiences.
- Inclusion of physicians in organizational leadership and provision of structured training and experience-based learning that facilitates understanding of the competitive, technological, and regulatory environment based on an objective fact-base. Report cards about individual and team performance should be carefully constructed using valid and reliable measures appropriately communicated to physicians in a “tools not rules” strategy.
- Access to support tools and resources that assist clinicians in assimilating into the organization.
- A stable organization with a clear vision and strategy for its future, adequate resources to withstand competitive and regulatory pressures, and leadership that capably executes a plan for innovation and growth.
- An organizational culture that reflects mutual respect for the profession and the entities with whom physicians affiliate or partner.

Appendix: About this research

Starting in 2011, the Deloitte Center for Health Solutions annually polls a nationally representative sample of the U.S. physician population to understand perspectives and attitudes about health care.

In 2012, a random sample of U.S. primary care and specialist physicians was selected from the American Medical Association's (AMA) master file of physicians. Invitation letters describing the nature of the survey and incentive were mailed to physicians via postal mail. Those

interested in participating were directed to a website where the web-based questionnaire was completed online. 613 physicians completed the survey. Data reflect the national distribution of physicians in the AMA master file by years in practice, gender, region, and medical specialty. The margin of error is +/- 3.89 percent at the .95 confidence level.

Survey sample composition

	PCPs	Surgical Specialist	Non-surgical Specialist	Other*	Total
Total # of completed surveys	146	142	197	128	613
Total invitation letters mailed					
# of letters mailed	3,245	5,183	7,256	4,788	20,472
# of post office-returns	56	114	143	198	511
Additional Information:					
# of surveys completed over quotas	7	133	225	64	429
# of incomplete surveys	12	9	15	20	56
# of ineligible surveys	5	12	10	11	38



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Survey questions and literature references presented in this brief

- 1 "Overall, how satisfied are you currently with practicing medicine?"
- 2 "What do you find most satisfying currently about practicing medicine? From the list below, please rank in order of importance the top three factors that you find most satisfying about practicing medicine."
- 3 "Why are you less than completely satisfied currently with practicing medicine? From the list below, please rank, in order of importance, the top three factors that you find least satisfying about currently practicing medicine."
- 4 When asked "what is your primary medical specialty," other physician type is comprised of Anatomic/Clinical Pathology, Occupational Medicine, Public Health and General Preventive Medicine, and Other (i.e., some other medical specialty not listed).
- 5 "In the next 1-3 years, how likely are the following to happen...?"
- 6 "Based on your understanding of how the future of medicine is changing, do you...?"
- 7 "There are several demonstration and pilot programs that focus on delivery model performance improvement. Please indicate your familiarity with each."
- 8 "In your view, to what extent will accountable care organizations (ACOs) be successful in achieving the following?"
- 9 "Traditional payment systems for health care are changing to episode-based (bundled) payment approaches which shift financial and/or performance risk from payers to providers. The AMA has identified the following challenges for physicians in new payment systems. Please indicate how important each of the following is when considering whether episode-based (bundled) payment approaches will be financially viable for physicians."
- 10 "Which of the following would make you to consider working in an accountable care organization (ACO)? From the list below, please rank in order of importance the top two factors that would lead you to consider working in an ACO."
- 11 "Based on your understanding of how medicine is changing, please indicate your level of agreement with the following statements about the future of medicine 10 years from now."
- 12 "Physicians are increasingly accepting employment in larger settings, such as with large medical groups, health systems, hospitals, and health insurance plans. Please indicate the extent to which you agree or disagree with the following statements."
- 13 "From 2011 to 2012, did your take home pay from your practice or work-setting...?"
- 14 Among physicians whose take home pay decreased, "you mentioned that your take home pay decreased from 2011-2012. By what percent did it change?"
- 15 Among physicians whose take home pay decreased, "to what degree do you believe the decrease in your take home pay was a direct result of changing practices in medical care delivery as a result of the Affordable Care Act (ACA)?"
- 16 "Traditional payment systems for health care are changing to episode-based (bundled) payment approaches which shift financial and/or performance risk from payers to providers. The AMA has identified the following challenges for physicians in new payment systems. Please indicate how important each of the following is when considering whether episode-based (bundled) payment approaches will be financially viable for physicians."
- 17 "Does your hospital have a gain-sharing/shared savings or incentives program in place where if physicians meet or exceed clinical quality metric scores, absolute performance standards, efficiency goals (such as increasing the use of generic and low-cost, name-brand prescription drugs), or patient satisfaction scores they share in some of the cost savings or receive bonus payments?"
- 18 "The costs of the health care system have increased at more than 6 percent annually in the last few years. Many factors drive those costs. Based on what you know, how much influence does each of the following have on overall health care system costs?"
- 19 "Based on what you know or have heard about the Affordable Care Act (ACA), is it...?"
- 20 "Do you expect implementation of the Affordable Care Act (ACA) will...?"
- 21 "Thinking about potential payment changes to the Medicare program (such as lower payments, a switch to vouchers, etc.), would you...?"
- 22 "Recent economic and regulatory changes have promoted a new wave of consolidation activity in the provider sector. In the past 1-2 years, have you or your practice consolidated with another practice or larger organization (e.g., health system) or considered doing so? If you work in more than one practice or setting, please answer for the place you consider your primary practice."
- 23 "From the list below, please rank in order of importance, the top three reasons that you considered when making or considering to make the decision to consolidate."
- 24 Comparative effectiveness research (CER) – "The generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or improve the delivery of care. The purpose of the research is to help consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels." (Keckley PH, et al. *Comparative Effectiveness Research in the United States: Update and implications*. Deloitte Center for Health Solutions. 2011).

- 25 “Comparative effectiveness research (CER) has been proposed as a way to understand the real-world, incremental value of specific health technologies (such as drugs, devices, and procedures) in differing patient populations. There are many sponsors of CER, from commercial health plans and pharmacy benefit managers to integrated delivery systems to the Patient-Centered Outcomes Research Institute (PCORI) created under the Affordable Care Act (ACA). Please indicate your level of agreement with the following statements about the best ways to accelerate the conduct, dissemination, adoption, and penetration of CER to change clinical practice and alter patient care.”
- 26 “Please rate each of the following categories of personnel in terms of their current influence on the medical technology purchasing decisions or selection of specific types of technologies (i.e., imaging) in your primary work-setting. Medical technologies include therapeutics, diagnostics, tools (including tools not in direct use, but for research; excludes HIT), durable medical equipment, consumer tools (such as bio-monitoring, mobile health applications, digital health tests). If you work in more than one practice or setting, please answer for the place you consider your primary practice.”
- 27 “Please rate each of the following categories of personnel in terms of their influence in the next 3-5 years on the medical technology purchasing decisions or selection of specific types of technologies (i.e., imaging) in your primary work-setting.”
- 28 “If your primary work-setting were operating under a bundled payment structure, how important would the following types of evidence be, beyond safety and efficacy, when deciding to purchase a new medical technology? Please rank in order of importance with “1” being least important and “6” being most important.”
- 29 “What do you consider to be the most effective practices for the selection and purchase of medical technologies in your primary work-setting? Please select the two factors that you consider most optimal when choosing and buying medical technologies.”
- 30 “Does your primary practice or work-setting have/use electronic health records (EHRs) that meet Meaningful Use (MU) Stage 1 requirements to manage clinical information about patients? Per the Health Information Technology for Economic and Clinical Health (HITECH) Act, providers and hospitals can qualify for Medicare or Medicaid incentive payments if they adopt and meaningfully use certified EHRs. Stage 1 required eligible providers including physicians, community hospitals, and critical access hospitals (CAHs) to collect data electronically and provide patients with electronic copies of their health information.”
- 31 “Overall, how satisfied or dissatisfied are you with your EHR system?”
- 32 “Thinking about your experience to date with your EHR system, please indicate your level of agreement with the following statements about using your EHR system.”
- 33 “Information technologies that facilitate sharing of clinical and administrative data across practices and between labs, hospitals, and other facilities, are a central focus of health system changes. Please indicate your level of agreement with the following statements about the potential effects of HIT.”
- 34 “At your primary work-setting, can...?”
- 35 “Consumer incentives have been suggested as a way to motivate individuals to engage in behaviors that may improve clinical outcomes, reduce unnecessary use of health care services, and reduce the overall cost of health care. If incentives were widely introduced into the health care sector, what types of incentives do you believe might work best with consumers?”
- 36 “Please indicate your level of agreement with the following statements about the use of consumer incentives.”

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