2010 Survey of Texas Physicians

Research Findings

TEXAS MEDICAL ASSOCIATION
Physicians Caring for Texans
# Table of Contents

**Executive Summary** ........................................................................................................... 4

**Summary of Findings** .......................................................................................................... 8

- Key Observations .................................................................................................................. 8
- Biggest Challenge (Part1Q1) ................................................................................................. 8
- Biggest Public Health Issue (Part8Q4) .................................................................................. 9

**Practice Viability** ............................................................................................................. 11

- Physician Income (Part1Q10) .............................................................................................. 11
- Slow Payment and Non-payment Cash Flow Problems (P1Q11) .................................... 12
- Response to Cash Flow Problems (P1Q12) ........................................................................ 13

**Patient Billing** .................................................................................................................. 14

- Fee Disclosure (P8Q11-12) ................................................................................................. 14
- Prompt Payment Discounts (P5Q15) .................................................................................... 15
- Patient Payments and Out-Of-Network Billing (P5Q16). ..................................................... 17

**Practice Description** ....................................................................................................... 18

- Type of Practice (P1Q2) ..................................................................................................... 18
- Group Size (P1Q3) .............................................................................................................. 18
- Legal Form of Practice (P1Q13) ......................................................................................... 19
- Franchise Tax Fees and Preparation (P6Q4-7) .................................................................... 19
- Current Electronic Medical Record (EMR) Status (P8Q15) ............................................... 19

**Physician Employment** ................................................................................................... 21

- Start of Medical Practice (P2Q2) ......................................................................................... 21
- Starting Ownership (P2Q3) ................................................................................................. 21
- Starting Employer (P2Q4-5) ............................................................................................... 23
- Starting Practice Location (P2Q6) ...................................................................................... 25
- Starting Practice Entrance Deciders (P2Q7) .................................................................... 27
- Time in Starting Practice Environment (P2Q8-9) ............................................................. 29
- Exit from Initial Practice Environment (P2Q10-11) .......................................................... 29
- Current Practice Ownership (P2Q12-13) .......................................................................... 34
- Current Practice Employer (P2Q14) .................................................................................. 35
- Satisfaction with Current Practice Environment (P2Q15) .................................................. 37
- Time in Current Practice Environment (P2Q16-17) .......................................................... 42

**Practice Revenues** ........................................................................................................... 43

- Sources of Practice Revenues (P1Q9) ................................................................................ 43
- High-deductible Health Plans (P6Q1) .................................................................................. 43
- Charity Care and Bad Debt (P6Q2-3) ................................................................................ 44

**Health Plans** .................................................................................................................... 45

- Managed Care Contracts (P5Q2) ......................................................................................... 45
- Tiered Network Members (P5Q17) ..................................................................................... 45
- Tiered Network Status (P5Q18-20) ................................................................................... 47
- Tiered Network Evaluation Criteria (P5Q21-22) ............................................................... 49
- Contract Status (P5Q3) ....................................................................................................... 50
- Physician Attempts to Join a Network (P5Q4) .................................................................. 52
- Outcome of Attempt to Join a Network (P5Q5) ............................................................... 53
- Health Plan Contract Negotiation (P5Q6) .......................................................................... 53
- Success in Negotiating Changes (P5Q7) ............................................................................ 54
- Outcome of Last Negotiation Effort (P5Q8) .................................................................... 55
- Contract Terminations (P5Q9-11) .................................................................................... 56
- Silent PPOs (P5Q12-14) .................................................................................................... 57
- Incorrect Listings in Health Plan Directories (P8Q13) ......................................................... 59
- Assignment of Benefits (P8Q14) ...................................................................................... 60

**Healthy Environment** ...................................................................................................... 61

**Access to Care** .................................................................................................................. 61

- Acceptance of New Patients (P1Q5-6) ............................................................................. 61
Medicare Fees ................................................................................................................. 68
Response to Medicare Fee Schedule (P1Q7) ................................................................. 68

Medicaid ......................................................................................................................... 69
Response to Medicaid fee schedule cuts (P1Q8) ............................................................ 69

Care Quality Impact - Payers ......................................................................................... 70
Adverse Impact to Quality of Care Due to Third-Party Payer Practices (P7Q1) ............ 70
Cause of Adverse Impact by Third-Party Payers (P7Q2) ................................................ 71

Physicians and Hospitals ............................................................................................... 72
Hospital Practice (P7Q3) ................................................................................................. 72
Type of Hospital (P7Q4-5) ............................................................................................. 73
Adverse Impact to Quality of Care Due to Hospital or Facility Practices (P7Q6-7) ....... 77
Adverse Quality of Care and Physician Employment (P8Q20) ....................................... 77
Hospitals and Call Coverage (P7Q8-9) .......................................................................... 78
Hospitals and Contracts (P7Q10) .................................................................................. 80
Physician-Owned Hospitals (P7Q11-16) ..................................................................... 81

One Voice – Legislative Issues ....................................................................................... 87
Legislative Priorities (P8Q1) .......................................................................................... 87
State Legislative Priorities (P8Q2) ................................................................................ 90
Federal Legislative Priorities (P8Q3) ............................................................................. 94
Public Health Legislative Priorities (P8Q5) ................................................................... 98
Efforts to Address High Health Care Costs and Utilization (P8Q7) ......................... 100
Scope of Practice Expansions (P8Q8-10) ..................................................................... 102
Health Information Exchanges (P8Q17-19) ................................................................. 102
Physician Supply (P1Q14) ........................................................................................... 104
Corporate Practice of Medicine (P1Q15) ..................................................................... 108
Practice Type Desirability (P2Q18) ............................................................................. 111
Accountable Care Organizations (P8Q24-25) ............................................................. 114

Health System Reform ................................................................................................. 115
Opinion of the New Health Reform Law (P4Q1) .......................................................... 115
Feelings Describing Health Reform Law (P4Q2) .......................................................... 118
Change in Reaction to the New Health Reform Law (P4Q3) ........................................ 121
Quality of Health Care under Reform (P4Q9) ............................................................... 122
Cost of Health Care under Reform (P4Q10) ................................................................. 123
Impact of Federal Health Care Reform Bill on EMR Adoption (P8Q16) ....................... 126
Practice Sales Due to the New Health Reform Law (P8Q26) ........................................ 127

Demographics ............................................................................................................. 129
Gender .............................................................................................................................. 129
Age ................................................................................................................................. 129
Specialty ......................................................................................................................... 129

Survey Methodology .................................................................................................. 130

APPENDIX - Survey instrument .................................................................................. 131
Every two years, the Texas Medical Association (TMA) conducts a survey of Texas physicians to identify emerging issues, track the impact of practice and economic changes, assess physician priorities, and develop data to support TMA advocacy efforts. For 2010, an eight-part survey was e-mailed monthly to physicians, residents, interns, and medical students. The following are highlights from the analysis:

**Biggest Challenge**
- In an open-ended question, physicians were asked what they see as the biggest challenge facing Texas physicians. The most frequently mentioned concern is low or declining reimbursement (33 percent). An additional 16 percent of physicians report the problem is not simply the revenue declines, but also the squeeze between decreasing payments and increasing operating expenses, sometimes severe enough to threaten the economic survival of their practices.
- Physicians (18 percent) expressed concerns regarding health system reform and its effect on their practice, reimbursement, and access for the newly insured. Eleven percent of physicians are concerned about third-party, especially government, interference in the practice of medicine.
- There continue to be concerns about uninsured patients, frequently paired with comments about the “underinsured,” including Medicare and Medicaid patients (5 percent).
- The liability concerns that figured heavily in survey results a few years ago continue to abate as an immediate concern for physicians (2 percent). However, physicians do have concerns that federal legislation may overturn Texas’ successful reforms. Protecting them remains a top legislative priority.

**Biggest Public Health Challenge**
- In an open-ended question, respondents were asked what they see as the biggest public health issue facing Texas today. The most frequently mentioned concerns of physicians are related to the uninsured and/or underinsured (32 percent) and the quality and availability of medical care for patients (14 percent).
- Another group of respondents (11 percent) expressed concerns regarding the Affordable Care Act (ACA), including expansions in Medicare and Medicaid and the lack of physicians to meet the growth in demand from newly insured patients. Access concerns were further compounded by increasing numbers of physicians declining Medicare and Medicaid patients due to inadequate reimbursement and concerns over future fee schedule cuts required by the sustainable growth rate formula.

**Access to Care**
- There continues to be an alarmingly low number of physicians who will accept all Medicaid patients (42 percent); access is further threatened by proposed cuts to Medicaid fees.
Fortunately, Medicare access has not been further damaged by the ongoing failure to resolve the sustainable growth rate formula. The percentage of physicians who report accepting all Medicare patients is approximately the same as it was in 2008 (66 percent in 2010, 64 percent in 2008). This is still significantly less than the 78 percent of physicians who reported accepting all Medicare patients in 2000.

In response to the ongoing problems with the Medicare fee schedule, approximately half of physicians are considering renegotiating or terminating some health plan contracts, and almost as many (42 percent) are considering changing to non-participating status or opting out of Medicare completely.

**Physician Employment**
- Currently, 66 percent of physicians are full or part owners of their main practice.
- Employed or contracted physicians are primarily employed by another physician or a physician group practice (40 percent).
- Approximately half (55 percent) of Texas physicians begin medical practice as an employee, primarily with another physician or physician group practice (60 percent). Half of these physicians (49 percent) later buy in to ownership of their initial practice environment.
- Physicians report the most desirable practice type for most new physicians is employment in an established physician practice with a subsequent option to buy in to ownership (47 percent). Employment by a hospital was reported to be the least desirable employment setting for most new physicians (45 percent).

**Practice Viability**
- A majority of physicians (61 percent) report their income from medical practice has decreased in the last two years.
- In the past year, 69 percent of physicians report cash flow problems due to slow payment, non-payment, or underpayment of claims by insurers or government payers. In response to these cash flow problems, a majority of physicians (51 percent) drew from personal funds to fund practice operations.
- On average, physicians report about 34 percent of practice revenues are derived from patients who are commercially insured: 22 percent from PPO in-network covered services, 7 percent from HMOs, 3 percent attributable to PPO out-of-network covered services, and 2 percent from commercial capitated.

**Health Plan Contracts**
- Physicians report they have a median of 3 HMO contracts and 10 PPO contracts.
- Fifty-four percent of physicians have attempted to negotiate the terms of health plan contracts in the last two years. Half of those who tried were sometimes, often, or always successful in getting some changes in a plan’s contract language or payment terms.
- Thirty percent of physicians report they have terminated a managed care contract in the last two years. The most frequently reported reason or reasons for contract termination were payment rate cuts imposed by the plan (55 percent).
followed by payment increases that were not adequate to cover practice expenses (53 percent).

- A large majority of physicians report they are contracted with each of five major payers: Aetna (81 percent), Blue Cross and Blue Shield (87 percent), CIGNA (78 percent), Humana (77 percent), and UnitedHealthcare (83 percent).

- In the past two years, 31 percent of physicians approached a plan with which they were not contracted in an attempt to join its network. Of those respondents, 47 percent received a contract. Twenty-seven percent received an offer, but it was unacceptable. Twenty-six percent of physicians did not receive a response from the plan.

**Damage to Care Quality**

- A majority of physicians (71 percent) report in the past year there has been at least one instance in their practice in which patient care quality was adversely impacted by the operating policies or utilization controls of a private-sector health plan. The most frequently reported causes of poor care quality from private-sector health plans included limited networks (83 percent), formulary limitations (80 percent), and coverage limitations or denials (73 percent).

- A large minority of physicians (40 percent) report in the past year there has been at least one specific case in their practice in which patient care was adversely affected by the operating policies or utilization controls of a hospital or surgical facility. The most frequently reported causes of poor care quality included inadequate facility staffing (66 percent), scheduling delays (57 percent), and inconsistent facility staffing (55 percent).

- Physicians (17 percent) have seen cases where physicians lost employment, contracts, or hospital privileges because of voiced concerns about hospital regulatory compliance or patient care quality.

**Legislative Issues**

- The top three legislative priorities, rated very important by three fourths of Texas physicians, are defending Texas’s liability reforms from efforts to nullify or overturn them (78 percent), and opposing government (76 percent) and commercial payer (75 percent) intrusion in medical decision-making. Also considered high priority by a majority of physicians are health plan hassles and prompt pay (65 percent) and opposing hospital management intrusion in medical decision-making (61 percent).

- The top state legislative priorities, rated very important by a majority of physicians, are opposing proposals requiring participating in Medicaid as a condition of licensure (71 percent), preventing non-physicians from practicing medicine (60 percent), reducing or eliminating taxes on physician practices (59 percent), and Medicaid fee increases (56 percent).

- The top federal legislative priorities, rated very important by a majority of physicians, are Medicare payment reform (80 percent), opposing proposals requiring participation in Medicare as a condition of licensure (72 percent), and revising or eliminating some or all provisions of the new health care reform law (67 percent).
• The top public health legislative priorities, rated somewhat or very important by three fourths of respondents, are increased funding to state and local public health systems (75 percent), increased funding for mental health services (74 percent), and increased Medicaid reimbursement to vaccinate patients (74 percent). Also considered high priority by a majority of physicians are obesity prevention (70 percent), smoke-free legislation (68 percent), reduction in air toxic emissions (61 percent), and increased funding for stem cell research (55 percent).

• Physicians support measures to address high health care costs or overutilization. The preferred measures, supported by at least three fourths of respondents, include ensuring adequate access to good primary care (88 percent), allowing high-deductible insurance with spending accounts like Health savings accounts (86 percent), and chart audits by properly qualified physicians, when needed to determine whether services were medically necessary (76 percent). Fee cuts to all physicians in a region or locality with high medical service use are almost universally opposed as a means of addressing high costs or alleged problems of overutilization of medical care.

• Physicians are opposed to legislative changes that would permit a physician to delegate prescription authority of Schedule II drugs (i.e., pain medication) to advanced practice nurses or physician assistants (79 percent and 80 percent respectively). Ninety-five percent of physicians oppose legislative changes that would allow physician assistants to employ their supervising physician.

• Physicians support the following measures to increase physician supply in rural areas: an education loan repayment program (87 percent), help with moving or start-up costs (84 percent), tax incentives (79 percent), and subsidies for medical liability insurance (70 percent). Also favored by a majority of respondents are license fee rebates (65 percent) and temporary stipends for housing (58 percent).

• The majority of physicians would like TMA to continue to oppose any further expansion of hospitals' ability to employ physicians (59 percent) and/or seek legislative or regulatory standards that would protect self-employed physicians in the community from unfair price competition from hospitals or other entities that employ physicians (54 percent).

Health System Reform

• Overall, respondents have an unfavorable view of reform (78 percent).

• Physicians describe their feelings as disappointed (82 percent), anxious (78 percent), confused (68 percent), and angry (66 percent).

• Physician reaction is somewhat split between those who feel more negative than their initial reaction to the health reform law (46 percent) and those whose feelings have not changed as they learn more about it (44 percent).

• Physicians believe, under the new health care reform plan, the quality of health care will get worse (68 percent) and the costs of health care will go up (79 percent).

• Few physicians (19 percent) are actively looking for an opportunity to sell their practice due to the new health reform law.
Summary of Findings

Key Observations

Concerns about declining fees, rising practice costs, and economic viability are among the top concerns for Texas physicians. As practices are squeezed more tightly between insurers and the increased costs associated with larger administrative burdens and staffing needs, they are unable to absorb the losses associated with government programs and the uninsured.

Many physicians find the future of their practices uncertain because of mounting financial losses. Physicians are concerned financial hardships are threatening both patient care quality and access to care. Concerns about the future are further exacerbated by passage of the ACA. Physicians are confused about the new legislation and how it will impact their practices and patients. Physicians are concerned about impending access to care and physician shortages, especially for patients insured by government programs as many physicians are limiting their practices to these patients as a result of fee schedule decreases.

Biggest Challenge (Part1Q1)

In the primary open-ended question, respondents were asked to identify the biggest challenge currently facing Texas physicians. The first-mentioned response was analyzed, showing physicians’ top concerns are related to the economic viability of their practices. These concerns are less dominant than they have been in previous years most likely due to increased concerns regarding health system reform and government interference in the practice of medicine.

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<tbody>
<tr>
<td>Low/declining payments</td>
<td>11%</td>
<td>15%</td>
<td>32%</td>
<td>28%</td>
<td>31%</td>
<td>43%</td>
<td>33%</td>
</tr>
<tr>
<td>Health system reform</td>
<td>9%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>2%</td>
<td>18%</td>
</tr>
<tr>
<td>Economic survival</td>
<td>5%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>9%</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Third-party interference</td>
<td>18%</td>
<td>2%</td>
<td>2%</td>
<td>6%</td>
<td>7%</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>Un/underinsured</td>
<td>N/A</td>
<td>3%</td>
<td>2%</td>
<td>6%</td>
<td>11%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Quality of care/access</td>
<td>7%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>7%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Physician supply</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Managed care/insurers</td>
<td>4%</td>
<td>44%</td>
<td>16%</td>
<td>9%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Liability/tort reform</td>
<td>13%</td>
<td>6%</td>
<td>25%</td>
<td>33%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
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<tr>
<td>Texas Medical Board</td>
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<tr>
<td>Other</td>
<td>11%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
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The most frequently mentioned concern relates to low or declining reimbursement rates or fee schedules (33 percent). Of these respondents, 11 percent specifically mention Medicare fee cuts and a lack of a permanent fix to the sustainable growth rate formula.
Another group of physicians (16 percent) report the problem is not simply revenue declines but the squeeze between decreasing payments and increasing practice operating expenses sometimes severe enough to threaten the economic survival of their practices.

This year federal health system reform factored heavily among physician concerns (18 percent). Although some expressed relief at the change, the majority of respondents are uncertain regarding new legislation and what it means for their patients and practices. Physicians expressed concern regarding the impact of the ACA on the economic viability of their practice as well as future access to care in relation to expansions in government insurance programs during a time when decreasing reimbursement has forced many to limit or no longer accept these patient populations.

Possibly related to concerns about health system reform, third-party interference (11 percent) played a much larger role in physician concerns than it has in years past. Physicians are concerned with the loss of medical decision-making autonomy to outside interests, especially government (5 percent). A concern regarding uninsured and "underinsured" patients is not as large as it has been in previous years. Quality of and access to care are a top concern for 4 percent of physicians. Quality and access concerns are often explained as a consequence of declining or non-existent physician payment. However, there is also fear that quality will go down in response to increasing pressures to control health care costs and access problems will result from newly insured patients and a shortage of physicians to care for them. Access concerns are further compounded by physicians closing their doors to patients insured by government programs as a result of fee decreases. Not surprisingly then, physician supply or lack thereof, is also a larger concern this year than it has been in years past (3 percent).

Insurance companies, with their intractable positions and disproportionate market power, are less of a concern for physicians this year than they have been in prior years (2 percent). There are continuing concerns about the liability climate (2 percent), especially the possibility it may be overturned as a result of federal law.

Other concerns expressed by physicians include: paperwork and other administrative burdens, high health care costs, physician morale, potential scope of practice expansions, and public health issues.

**Biggest Public Health Issue (Part8Q4)**

In the final e-mail survey, physicians were asked to identify the biggest public health issue facing Texas today. Once again, first mentioned responses were analyzed showing the top concern for 32 percent of respondents are the un- and underinsured. Medicare, Medicaid, and the working poor are often mentioned as members of the latter group. These concerns are often paired with comments about a lack of access to care for these patient groups. Some expressed concerns that the lack of access for these patients increases the use of emergency rooms causing overcrowding and increases in health care costs. An additional 14 percent of respondents report concerns about the lack of access to quality and timely health care for all patients. Access concerns were
sometimes paired with concerns about physician supply, particularly in some areas or specialties.

Eleven percent of respondents listed health system reform as the biggest public health issue facing Texas today, many with comments to repeal some or all of the provisions in the ACA. Ten percent of respondents report third-party, particularly government (7 percent), interference in medical decisions is leading to a loss of physician autonomy and driving up the costs of health care.

Nine percent of respondents listed preventable diseases, specifically obesity (7 percent), as the largest public health issue facing Texas today. Eight percent listed low reimbursement, particularly from Medicare and/or Medicaid (4 percent), as the largest public health issue. Physicians report reimbursement is not rising with overhead costs threatening the economic survival of their practice. Four percent of respondents expressed a concern over the costs of health care, either to the patient or to the nation. Two percent of respondents list teen pregnancy as the largest public health issue facing Texas today and 2 percent of respondents report concerns about the lack of personal responsibility for health care costs and/or for lifestyle choices.
Practice Viability

A large section of survey findings relate specifically to the economic and business issues that are faced by physician practices.

**Physician Income (Part1Q10)**

For a third biennial period, a majority of physicians (61 percent) report their income from medical practice has decreased in the last two years.

![Two Year Change in Personal Income from Medical Practice](chart)

Of bigger concern, a large minority of physician under the age of 40 (45 percent) and a majority of physicians age 40 to 49 (61 percent) report their income has decreased. This is alarming given that these are the prime earning years for these young physicians.

![Two Year Change in Personal Income from Medical Practice by Age](chart)
Physicians in surgical specialties (70 percent) are most likely to report their personal income from medical practice has decreased in the past two years.

There are no statistically significant differences by county in reported change in personal income from medical practice in the past two years.

**Slow Payment and Non-payment Cash Flow Problems (P1Q11)**

Almost three fourths (69 percent) of physicians report their practice has experienced cash flow problems due to slow payment, nonpayment, or underpayment of claims by insurer or government payers. This is small improvement from the 73 percent of respondents who reported cash flow problems in 2008. Physicians in surgical specialties are most likely to report cash flow problems (74 percent).
Response to Cash Flow Problems (P1Q12)

Fifty-one percent of respondents that reported cash flow problems, above, indicate they drew on personal funds in order to cover expenses. Thirty-three percent indicate they secured loans or lines of credit to cover practice expenses and/or terminated employees. Nearly one-fourth of respondents report terminating or renegotiating plan contracts (23 percent). Twenty percent reduced or terminated services to government payers and 19 percent report taking other actions such as decreasing staff pay and benefits and/or personal income and benefits. Five percent of physicians closed or sold their practice as a result of cash flow problems.

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<tbody>
<tr>
<td>Draw from personal funds</td>
<td>46</td>
<td>68</td>
<td>39</td>
<td>33</td>
<td>51</td>
</tr>
<tr>
<td>Secure commercial loans</td>
<td>33</td>
<td>46</td>
<td>32</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>Lay off employees</td>
<td></td>
<td></td>
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<td></td>
<td>33</td>
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<tr>
<td>Terminate/renegotiate plan contracts</td>
<td></td>
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<td></td>
<td>23</td>
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<tr>
<td>Reduce/terminate services to gov’t payers</td>
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<td>20</td>
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<tr>
<td>Close or sell a practice</td>
<td></td>
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<td></td>
<td></td>
<td>5</td>
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<tr>
<td>Other</td>
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<td>19</td>
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The percentage of physician practices that are financing current operations with debt continues to be a major concern. If those practices cannot improve profitability to cover the debt payments, they may be at risk of insolvency.
Patient Billing

Fee Disclosure (P8Q11-12)

When patients want information about fees for services, physicians give individual fees or cost ranges (74 percent).

Older physicians are most likely to give individual fees or cost ranges when patients ask.

Physicians in non-surgical specialties (79 percent) are most likely to disclose individual fees or cost ranges. A majority of surgical specialists also give patients individual fees.
or costs ranges (78 percent) and/or try to estimate the insurance payment and net patient liability in advance (54 percent).

**Selected Differences in Fee Disclosure by Physician Specialty**

<table>
<thead>
<tr>
<th>Action</th>
<th>Surgical specialty</th>
<th>Primary care</th>
<th>Pediatrics</th>
<th>Non-surgical specialty</th>
<th>Indirect access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give patients individual fees/cost ranges when they ask.</td>
<td>78%</td>
<td>70%</td>
<td>77%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Try to estimate the insurance payment and net patient liability in advance.</td>
<td>40%</td>
<td>24%</td>
<td>24%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>I never give out information about my fees.</td>
<td>7%</td>
<td>6%</td>
<td>11%</td>
<td>12%</td>
<td>18%</td>
</tr>
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Sixty-three percent of physicians report they would disclose fees more readily if they were certain it was not an anti-trust violation. There are no statistically significant differences between physicians of different ages, specialties, or counties in the concern about anti-trust violations.

**Prompt Payment Discounts (P5Q15)**

When patients are uninsured or seek care from physicians who do not have managed care contracts with their insurers, they are not eligible for contracted fee discounts. Seventy-two percent of physicians report they offer discounts to those patients when they pay promptly for the services they receive. This has increased from the 65 percent of physicians who offered such discounts in 2008.
Physicians in surgical specialties are most likely to offer a prompt pay discount (86 percent).
**Patient Payments and Out-Of-Network Billing (P5Q16)**

When patients have high deductibles or are using out-of-network services, physicians and patients need specific information to determine the patient's share of payment. Physicians were asked whether the necessary information is available from the health plan at the time of service or in advance. On average, 61 percent of physicians report the information is available sometimes or often. However, nearly a quarter of respondents (23 percent) report the information is rarely or never available.
Practice Description

**Type of Practice (P1Q2)**

No long-term trends in practice type are clear from survey data, although solo practitioners have been consistently below the 1990 high.

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<td></td>
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<tr>
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<td>Group practice owner</td>
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<td>Group practice employee</td>
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<tr>
<td>Partnership</td>
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<td>Resident/student/intern*</td>
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<tr>
<td>Teach/admin/research</td>
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<td>7</td>
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<td>Other</td>
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<td>5</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

*This year students and interns were surveyed.

**Group Size (P1Q3)**

Physicians who are in groups or partnerships were asked about the number of physicians in their practice. When analyzed with the percentage of physicians who report themselves as solo practitioners, more than half are in groups of one to three physicians (57 percent). A large majority (72 percent) practice in groups or partnerships with eight or fewer physicians. Only 11 percent are in the large groups with 50 or more physicians.

![Group Size Pie Chart]

- 1 to 3 physicians, 57%
- 4 to 8 physicians, 15%
- 9 to 49 physicians, 17%
- 50+ physicians, 11%
**Legal Form of Practice (P1Q13)**

The legal form of the physician practice is not necessarily predicted by the practice type. Solo practitioners, for example, may practice as sole proprietors, or may have legally formed a professional association. The legal form will determine whether the practice is subject to the state franchise tax. Although 34 percent of physicians are solo practitioners, only 15 percent are sole proprietors who are exempt from the margin tax. Very small percentages are in general partnerships (5 percent), which may be exempt. A large minority of Texas physicians are formed as professional associations (45 percent). Seventeen percent are in limited liability partnerships or corporations, subject to franchise taxes.

<table>
<thead>
<tr>
<th>Legal Form of Practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sole proprietor</td>
<td>15%</td>
</tr>
<tr>
<td>Professional association</td>
<td>45%</td>
</tr>
<tr>
<td>Partnership</td>
<td>5%</td>
</tr>
<tr>
<td>Limited liability corporation</td>
<td>9%</td>
</tr>
<tr>
<td>Limited liability partnership</td>
<td>8%</td>
</tr>
<tr>
<td>Nonprofit health corporation</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Franchise Tax Fees and Preparation (P6Q4-7)**

Forty-five percent of physicians report that they paid franchise taxes in 2009. Those who paid report an average (mean) tax liability of $4,611 per physician, but half of the physicians report tax liability of $2,125 or less (median). Respondents also report a median fee of $350 for franchise tax return preparation. There are no statistically significant differences by physician age, specialty, or county in franchise tax fees or preparation costs.

**Current Electronic Medical Record (EMR) Status (P8Q15)**

A majority of respondents (51 percent) currently use an EMR. An additional 30 percent want to or plan to implement an EMR. Only 19 percent report no plans to do so. Not surprisingly, older physicians are more likely to report no plans to implement an EMR.
There are no statistically significant differences between physicians in different specialties or different locations with regard to EMR adoption.
Physician Employment

Start of Medical Practice (P2Q2)

This is the first year respondents were asked in what year they started medical practice after residency. Respondents who did not identify themselves as a medical student, resident, or intern report starting medical practice, on average, in 1991. The majority of respondents (58 percent) started practice between the years of 1984 and 2003.

Starting Ownership (P2Q3)

Overall, physicians are most likely to start medical practice as an employee (55 percent). Older physicians and surgical specialists are more likely to have started practice as full or part owners.
Indirect access physicians are more likely to have started practice as an employee (60 percent) or contractor (24 percent).

Further analysis by the year in which physicians started practice shows that at one time physicians were more likely to start practice as owners. Since 1983, the percentage of physicians who start practice as an owner has steadily decreased while the percentage of physicians who start practice as an employee has increased.
Starting Employer (P2Q4-5)

Physicians who started practice as an employee or independent contractor were primarily employed or contracted by another physician or a physician group practice (60 percent).

Starting Employer or Contractor

- A physician group practice: 60%
- A medical school or faculty practice plan: 13%
- A NPHC: 10%
- A state or federal agency: 9%
- Other: 8%

Other includes medical school/faculty practice plans, urgent care facilities, ambulatory surgical centers, hospice, skilled nursing facilities, home health agencies, Rural Health Clinics, Federally Qualified Health Centers, and health plans.
A subsequent analysis of the percentage of physicians by the year in which physicians began medical practice after residency reveals the percentage of physicians who started as an employee of a physician or physician group practice has steadily increased.

Among physicians who started practice as an employee or contractor with a physician or a physician group practice, 49 percent later became an owner with no statistically significant differences by physician age, specialty, or county.
**Starting Practice Location (P2Q6)**

The majority of physicians (60 percent) started practice in large metropolitan areas. Indirect access physicians are most likely to report starting practice in a large metropolitan area (67 percent).
Physicians are most likely to still be practicing in the same type of area in which they started. For instance, 57 percent of physicians who practice in a rural county started practice in a rural area as well.

![Bar chart showing the starting practice location by current physician county.]

There were no statistically significant differences by physician age and their starting practice location.
Starting Practice Entrance Deciders (P2Q7)

Physicians were asked about the deciding factors in their decision to enter their starting practice environment. The majority report the following were very important:

- Personal control of clinical decisions (77 percent),
- Geographic location (64 percent),
- Opportunities for practice growth (61 percent), and
- And personal control of practice decisions (57 percent).

![Very Important Starting Practice Deciders](chart)
There are significant differences between physicians who start practice as an owner and the most important factors in their starting practice environment decision.

Starting owners are more likely to report personal control of clinical decisions (94 percent), personal control of practice decisions (89 percent), opportunities for practice growth (79 percent), and geographic location (72 percent) were very important in their starting practice decision.
**Time in Starting Practice Environment (P2Q8-9)**

Half of respondents are still practicing in the same type of environment they started in. Physicians who start as owners or buy in to ownership are most likely to still practice in the same type of environment (68 percent).

![Percentage of Physicians Still Practicing in Starting Environment](chart)

Physicians no longer practicing in the same type of environment stayed in their initial practice environment a mean of 7 years. Practice owners report staying an average of 11 years in their initial practice environment.

![Number of Years Physicians Stayed in Their Initial Practice Environment](chart)

**Exit from Initial Practice Environment (P2Q10-11)**

Few physicians (2 percent) stayed in their initial practice environment until retirement. When asked about the deciding factors in their decision to leave their initial practice
environment, a majority of physicians report personal control over clinical decisions (60 percent), personal control of practice decisions (59 percent), and opportunities for practice growth (58 percent) were the most important factors.

![Very Important Factors in Physicians’ Decision to Leave Starting Practice Environment](image-url)

- Personal control of clinical decisions: 60%
- Personal control of practice decisions: 59%
- Opportunities for practice growth: 58%
- Geographic location: 47%
- Profitability: 44%
- Work-life balance: 39%
- Amount of call and coverage duty: 30%
- Patient population characteristics: 26%
- Availability of facilities, equipment, other specialties: 26%
- Guaranteed income: 21%
- Reduced or limited management responsibility: 19%
- Leverage in health plan consulting: 19%
- Benefit package: 19%
- Physician mentors: 14%
- Investment required: 12%
- Subsidies for uncompensated care: 9%
Physicians in the youngest age group (under 40) are more likely to list profitability as a very important factor in their decision to leave their initial practice environment (60 percent).
There are a few differences by physician specialty in the important decision factors. Physicians in surgical specialties were more likely than other physicians to report opportunities for practice growth (66 percent) and geographic location (60 percent) were very important.

**Selected Differences in Very Important Factors in Decision to Leave Initial Practice Environment by Physician Specialty**

- **Geographic location**
  - Surgical specialty: 38%
  - Non-surgical specialty: 46%
  - Primary care: 43%
  - Pediatrics: 58%
  - Indirect access: 60%

- **Opportunities for practice growth**
  - Surgical specialty: 41%
  - Non-surgical specialty: 56%
  - Primary care: 55%
  - Pediatrics: 56%
  - Indirect access: 64%

Legend:
- Surgical specialty
- Non-surgical specialty
- Primary care
- Pediatrics
- Indirect access
Finally, physicians who were employees at the time they left their initial practice environment are more likely to report that personal control over practice decisions (66 percent) was a very important factor in their decision to leave the employment setting.
Current Practice Ownership (P2Q12-13)

Physicians who currently treat patients in an active medical practice are primarily full or part owners of their main practice (66 percent). There is not a statistically significant relationship between physicians who start as practice owners or employees and their likelihood of currently being an owner or employee. Older physicians are more likely to be full or part owners of their main practice. It is worth noting, however, that although older physicians are more likely to be practice owners, half of physicians in the youngest age group (under 40) are practice owners as well.

![Current Practice Ownership by Physician Age](chart1)

Physicians practicing in surgical specialties are most likely to be full or part owners of their main practice (78 percent) while physicians in indirect access specialties are less likely to report being practice owners (49 percent).

![Practice Ownership by Physician Specialty](chart2)
Physicians practicing in Tarrant County are most likely to be full or part practice owners (76 percent).

**Current Practice Employer (P2Q14)**

Physicians who identified themselves as employees or contractors were asked which of the following best describes their employer or the institution with which they have primary contract. Employed physicians are primarily practicing with a physician group practice (40 percent).
When analyzed with the percentage of physicians who identified themselves as practice owners, results show the majority of physicians are full or part owners of their main practice with the next largest percentage of physicians (14 percent) employed or contracted with a physician or a physician group practice.

![Current Physician Practice Owner or Employee Type](chart.png)
There is a statistically significant difference by age and the likelihood of being a practice owner or the employment environment. Although half of physicians under 40 are practice owners, they are more likely than other physicians to be employed by a physician or a physician group practice (28 percent).

![Current Practice Ownership or Employment Type by Physician Age](image)

**Satisfaction with Current Practice Environment (P2Q15)**

The majority of physicians are very satisfied with the following aspects of their current practice environment: personal control over clinical decisions (77 percent), geographic location (75 percent), personal control over practice decisions (65 percent), patient population characteristics (55 percent), availability of facilities, equipment, and other specialties (54 percent), and investment required (53 percent).
Very Satisfying Aspects of Practice Environment

- Personal control of clinical decisions: 77%
- Geographic location: 75%
- Personal control of practice decisions: 65%
- Patient population characteristics: 55%
- Availability of facilities, equipment, other specialties: 54%
- Investment required: 53%
- Amount of call and coverage duty: 49%
- Opportunities for practice growth: 48%
- Work-life balance: 46%
- Benefit package: 39%
- Profitability: 38%
- Physician mentors: 35%
- Guaranteed income: 35%
- Reduced or limited management responsibility: 31%
- Leverage in health plan contracting: 25%
- Subsidies for uncompensated care: 16%
There are statistically significant differences in physicians’ satisfaction with their current practice environment by age. Younger physicians are more likely to report being very satisfied with opportunities for practice growth. Physicians in the youngest age group (under 40) are more likely to be satisfied with their work-life balance (52 percent). Physicians age 50 to 59 are more likely to be satisfied with the availability of facilities, equipment, and other specialties (59 percent).
Practice owners are more likely to be very satisfied with personal control of practice decisions (83 percent), personal control of clinical decisions (88 percent), patient population characteristics (63 percent), and opportunities for practice growth (59 percent).
Physicians in pediatrics are most likely to report being very satisfied with their personal control of clinical decisions (84 percent) and practice decisions (73 percent).
Time in Current Practice Environment (P2Q16-17)

The majority of physicians who currently treat patients in an active medical practice will stay in their current practice environment until they retire from clinical practice (70 percent). Not surprisingly, older physicians are more likely to stay in their current practice environment until retirement.

Practice owners are more likely to report they will stay with their practice until retirement (76 percent).

Physicians who do not plan to stay in their current practice environment until they retire from clinical practice plan to leave in a median of 2 years. There are no statistically significant differences in the number of years physicians plan to leave by age, specialty, or ownership status.
Practice Revenues

Sources of Practice Revenues (P1Q9)

Physicians were asked to report their estimated revenue percentages by payer type. Thirty-eight percent of average physician revenues are derived from programs funded and regulated by state or federal government: 21 percent from Medicare, 8 percent from Medicaid, 4 percent from Medicare Advantage plans, 2 percent from workers’ compensation plans, 2 percent from CHIP, and 1 percent from Medicare capitated. This has decreased from the 47 percent of physicians who reported revenues derived from state and federal programs in 2008. Reported data indicate that revenues for PPO-covered patients constitute 25 percent of physician practice receipts, including services for patients provided out-of-network. This percentage has also decreased from the 35 percent of physicians who reported revenues from PPO-covered patients in 2008. The proportion of revenues from uninsured or self-pay patients is down from 12 percent in 2008 to 9 percent.

High-deductible Health Plans (P6Q1)

To monitor the trend toward consumer-directed health plans, physicians were asked the percentage of patients with these plan types. Physicians report a mean of 20 percent, (up from 11 percent in 2008) of their patients now have high-deductible health plans with spending accounts such as health reimbursement accounts (HRAs) or health savings accounts (HSAs). Thirty-nine percent (up from 32 percent in 2008) of patients
have high-deductible plans without spending accounts. Patients without spending accounts may have difficulty paying for services below the deductible.

**Charity Care and Bad Debt (P6Q2-3)**

Charity care is defined as medical care provided with prior knowledge that the patient will be unable to pay for services. Bad debt is the uncollectible debts over and above charity care. Physicians were asked to report the estimated value for each, per physician, in their practice last year. The mean amount of charity care reported per physician in 2009 is $38,551. Physicians in indirect access specialties reportedly delivered $81,157 in charity care in 2009.

The average amount of uncollectible debts per physician in 2009 was $69,042. Rural physicians reported $112,208 worth of uncollectible debts.
Health Plans

Managed Care Contracts (P5Q2)
The median number of PPO contracts reported by physicians in the sample is 10. The median number of HMO contracts reported is 3. The median number of Medicare Advantage plan contracts per physician is 1. The number of workers’ compensation network contracts is less than 1 and physicians report they have a median of less than 1 Medicaid Managed Care contracts.

Tiered Network Members (P5Q17)
A large minority of respondents (44 percent) are members of a plan that rates doctors based on cost or quality by assigning them to a “preferred” tier.
By specialty, physicians in primary care are more likely to be members of a preferred tier plan (54 percent).

![Percentage of Physicians Who Are Members of a Preferred Tier Plan by Specialty](image)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>44%</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>Primary care</td>
<td>54%</td>
<td>18%</td>
<td>28%</td>
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<tr>
<td>Pediatrics</td>
<td>47%</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>42%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>39%</td>
<td>38%</td>
<td>23%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>16%</td>
<td>40%</td>
<td>44%</td>
</tr>
</tbody>
</table>
**Tiered Network Status (P5Q18-20)**

Among physicians who are members of a preferred tier network, more than a third are in preferred tiers with one or more plans, but not in a preferred tier with other plans (37 percent). Twenty-two percent of physicians report that they are currently in the preferred tier for all plans. A similar percentage of respondents (19 percent) do not know their status. Physicians (13 percent) report they were rated high on quality measures with some plans, but not high on efficiency or cost measures. Nine percent of physicians were excluded from all preferred tier plans.

![Physician Status in Preferred Tier Networks](chart.png)
When asked about the information used to determine preferred-tier status:

- Half of physicians (51 percent, up from 43 percent in 2008) report the data was not available for them to review, and another 11 percent did not know whether the data was available.

- Half (53 percent, up from 43 percent in 2008) report the data was not accurate, and almost all the others (38 percent) did not know whether the data was accurate.

- The majority (67 percent, up from 56 percent in 2008) report the data was not meaningful, and an additional 27 percent did not know whether the data was meaningful.
When asked about preferred tier status changes from year to year, half report their status stayed the same. Seventeen report they were in the preferred tier one year, then deselected in a subsequent year. Eighteen percent of respondents report they were not in the preferred tier one year and then selected the next year.

<table>
<thead>
<tr>
<th>Change in Preferred Tier Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the preferred tier one year, deselected the next year</td>
</tr>
<tr>
<td>No change</td>
</tr>
<tr>
<td>Not in the preferred tier one year, selected the next year</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Twelve percent of respondents did not know if their status in any of the preferred-tier plans changed from one rating period to another, and 3 percent report they have not been in a plan with a preferred-tier for more than one rating period.

**Tiered Network Evaluation Criteria (P5Q21-22)**

An overwhelming majority of respondents (92 percent) were not aware of the evaluation criteria in advance of the data collection. Of those who were aware, 78 percent were notified by the plan. There are no statistically significant differences by physician age, specialty, or county and their likelihood of being aware of evaluation criteria in advance.
**Contract Status (P5Q3)**

Physicians were asked to report whether they were contracted with each of five major health care plans in 2009. A large majority of physicians report they were contracted with Aetna (81 percent, up 78 percent in 2007), Blue Cross and Blue Shield (87 percent, down from 89 percent in 2007), CIGNA (78 percent, up from 75 percent in 2007), Humana (77 percent, up from 75 percent in 2007), and UnitedHealthcare (83 percent, down from 83 percent in 2007).

![Bar chart showing physician contractual relationships with different health care plans.]
Physicians in pediatrics are most likely to be contracted with each one of the five major players.

![Percentage of Physicians Contracted with Health Plans by Specialty](chart)

- Aetna
- Blue Cross/Blue Shield
- Cigna
- Humana
- UnitedHealthcare
Physician Attempts to Join a Network (P5Q4)

Physicians were asked if they had approached a plan with which they were not contracted in an attempt to join their network in the past two years. Thirty-one percent of respondents report they had done so, and 12 percent did not know. Indirect access physicians were more likely to report they approached a plan in an attempt to join their network (42 percent).

![Graph showing Physician Attempts to Join a Network]

- **Total**: 31% Yes, 57% No, 12% Don't know
- **Indirect access**: 42% Yes, 38% No, 20% Don't know
- **Non-surgical specialty**: 34% Yes, 56% No, 10% Don't know
- **Pediatrics**: 22% Yes, 69% No, 14% Don't know
- **Primary care**: 25% Yes, 61% No, 14% Don't know
- **Surgical specialty**: 38% Yes, 55% No, 7% Don't know
**Outcome of Attempt to Join a Network (P5Q5)**

Among respondents who approached a plan in an attempt to join their network, 47 percent received a contract. Twenty-seven percent of physicians received an offer, but it was unacceptable. A similar group of respondents (26 percent) report they received no response from the plan.

There are no statistically significant differences among physicians by specialty and the response they received from a health plan when requesting to join their network.

**Health Plan Contract Negotiation (P5Q6)**

Physicians were asked about their experience in managed care contract negotiation. The majority (54 percent) report they have attempted to negotiate the terms of a health plan contract in the last two years.
There were no statistically significant differences by physician age, specialty, or county and attempts to negotiate the terms of any health plan contracts.

**Success in Negotiating Changes (P5Q7)**

Physicians who attempted contract negotiations were asked to report on the frequency of success of those efforts. Of the physicians who tried to negotiate contract terms in the past two years, half report they were sometimes (36 percent), often (11 percent), or always (3 percent) successful.

![Success Negotiating Contract Changes with a Plan](chart)

There was no difference by physician age, specialty, or county and success in negotiation changes with a health plan.
Outcome of Last Negotiation Effort (P5Q8)

In the majority of cases, contract changes were secured in payment (23 percent), contract terms (10 percent), or both (21 percent).
**Contract Terminations (P5Q9-11)**

Thirty percent of respondents terminated a plan contract in the past two years. Of those who had terminated a plan contract, more than half reported the reason(s) were payment rate cuts imposed by the plan (55 percent) and/or payments that had not increased enough to cover practice costs (53 percent). Payment problems such as claim denials, incorrect or late payment or bundling (45 percent) and administrative burdens imposed on the practice by the plan (40 percent) were also frequently cited.

![Reason for Contract Terminations](image)

- Payment rate cuts imposed by plan: 55%
- Payments that had not increased enough to cover practice costs: 53%
- Other payment problems such as claim denials, incorrect, or late payment, or bundling: 45%
- Administrative burden imposed on practice by plan: 40%
- Other: 16%
The majority of physicians who have terminated plan contracts report their notice did not result in a new or renewed contract negotiations (77 percent). Twenty-three percent of respondents report their termination notice resulted in new or renewed negotiations and a new contract with no lapse in coverage sometimes or every time.

**Termination Notice Resulted in New or Renewed Negotiations with New Contract and No Lapse Coverage**

- **Yes, every time, 2%**
- **Sometimes, 21%**
- **No, 77%**

**Silent PPOs (P5Q12-14)**

Twenty-two percent of physician practices have a method to detect unauthorized access to contracted discounts, as in a silent PPO.

**Physician Practices with a Method to Detect a Silent PPO**

- **Don't know, 28%**
- **Yes, 22%**
- **N/A - no contracts, 8%**
- **No, 42%**
Among those who have a method to detect it, half of respondents have discovered cases in which discounts have been taken by payers who were not authorized to do so.

The majority of physicians who detected unauthorized access to their contracted discounts were able to trace it (82 percent), primarily through internal audits (74 percent).
Incorrect Listings in Health Plan Directories (P8Q13)

A majority of physicians have detected cases where they were listed incorrectly in a health plan’s directory (57 percent). By specialty, pediatric and primary care physicians are more likely to report cases where they were listed as a participating provider when they were not participating (34 percent). Physicians in surgical specialties are more likely to detect cases where they were not listed when they were participating (40 percent).

<table>
<thead>
<tr>
<th>Physician Specialty</th>
<th>Listed as participating when I was not</th>
<th>Not listed when I was participating</th>
<th>Never detected errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>28%</td>
<td>29%</td>
<td>43%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>34%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Primary care</td>
<td>34%</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>33%</td>
<td>29%</td>
<td>39%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>22%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>11%</td>
<td>21%</td>
<td>69%</td>
</tr>
</tbody>
</table>
Assignment of Benefits (P8Q14)

Physicians have experienced either or both of the following problems with assignment of benefits:

- Payers refusing to honor assignment, resulting in plans paying patients instead of physicians (72 percent), and
- Payers’ asserting assignment of benefits imposes a prohibition on balance billing (62 percent).

There are no statistically significant differences between physician age, specialty, or county and their likelihood of experiencing problems with assignment of benefits.
Healthy Environment

Many questions in the survey investigate the current health care environment for patients and physicians.

Access to Care

**Acceptance of New Patients (P1Q5-6)**

Overall, 97 percent of physicians indicate their practice is accepting new patients, up from 93 percent in 2008. Physicians who are accepting new patients were asked about their specific policies towards new patients covered by various third-party payers. The results are reported as percentages of the physicians whose practices are not closed.

<table>
<thead>
<tr>
<th>Acceptance of New Patients by Payer Type</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accept</td>
<td>Decline</td>
</tr>
<tr>
<td>PPOs</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>81</td>
<td>4</td>
</tr>
<tr>
<td>Medicare</td>
<td>60</td>
<td>2</td>
</tr>
<tr>
<td>The military health care plan, Tricare</td>
<td>53</td>
<td>25</td>
</tr>
<tr>
<td>HMOs</td>
<td>54</td>
<td>20</td>
</tr>
<tr>
<td>Medicare Advantage plans</td>
<td>43</td>
<td>23</td>
</tr>
<tr>
<td>Medicaid</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>CHIP</td>
<td>34</td>
<td>53</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>23</td>
<td>65</td>
</tr>
</tbody>
</table>

**PPOs:** Patients covered by PPOs are almost universally accepted. There are no significant differences by physician specialty or county and their acceptance of PPO-covered patients. By age, younger physicians are more likely to accept all patients covered by PPOs.
Uninsured: Uninsured patients are the least likely to be completely excluded from physician practices, with only 3 percent of physicians reporting they accepted none. Physicians in rural counties are most likely to report accepting all uninsured or self-pay patients (84 percent).

<table>
<thead>
<tr>
<th>Physician County</th>
<th>Accept all</th>
<th>Accept none</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>67%</td>
<td>3%</td>
<td>30%</td>
</tr>
<tr>
<td>Bexar</td>
<td>72%</td>
<td>1%</td>
<td>27%</td>
</tr>
<tr>
<td>Dallas</td>
<td>66%</td>
<td>2%</td>
<td>32%</td>
</tr>
<tr>
<td>Harris</td>
<td>74%</td>
<td>3%</td>
<td>23%</td>
</tr>
<tr>
<td>Other metro counties</td>
<td>62%</td>
<td>3%</td>
<td>35%</td>
</tr>
<tr>
<td>Rural</td>
<td>84%</td>
<td>1%</td>
<td>15%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>62%</td>
<td>8%</td>
<td>31%</td>
</tr>
<tr>
<td>Travis</td>
<td>67%</td>
<td>8%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Medicare: Access has increased somewhat, but is still significantly reduced from the levels recorded in 2000. Since that year, the percentage of physicians who accept all new Medicare patients has dropped from 78 percent to 66 percent. There are no statistically significant differences by physician age or county and Medicare acceptance. By specialty, access to care for Medicare beneficiaries is best for the indirect access specialties (89 percent accept all).

<table>
<thead>
<tr>
<th>Physician County</th>
<th>Accept all</th>
<th>Accept none</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>66%</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>89%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>76%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>75%</td>
<td>6%</td>
<td>19%</td>
</tr>
<tr>
<td>Primary care</td>
<td>52%</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>20%</td>
<td>64%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Tricare: Access has improved, but is still poor. There are no statistically significant differences by physician age or county. By specialty, indirect access physicians are more likely to accept all Tricare-covered patients (87 percent).

HMOs: The erosion of access to care for HMO-covered patients has appeared to reverse itself with 59 percent of physicians reporting they accept all patients covered by HMOs in 2010. Physicians in Bexar County are even more likely to accept all HMO-covered patients (65 percent).
Medicare HMOs or Advantage: Patients covered by Medicare HMO or Advantage plans have much more limited access to care than patients covered by Medicare, as only 48 percent of physician practices accept all. There are no statistically significant differences by county and acceptance of Medicare HMO or Advantage plans. Physicians in indirect access specialties are more likely to accept all Medicare HMO or Advantage plans (82 percent).

Medicaid: Small decreases in Medicaid payments had not damaged access to care for Medicaid patients at the time of the survey. Physicians in rural counties are more likely to accept all Medicaid patients (58 percent) while access is poorest in Travis County (30 percent).

By specialty, access to care for Medicaid beneficiaries is poorest for primary care physicians (31 percent) and continues to be best for the indirect access specialties (77 percent).
percent accept all). However, this has decreased from the 90 percent of indirect access physician who accepted all in 2008.

**Physician Acceptance of Medicaid Patients by Specialty**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Accept all</th>
<th>Accept none</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>42%</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>77%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>46%</td>
<td>24%</td>
<td>30%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>38%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>36%</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>Primary care</td>
<td>31%</td>
<td>43%</td>
<td>26%</td>
</tr>
</tbody>
</table>

CHIP: Access has improved slightly for CHIP patients with 39 percent of physicians accepting all. Physicians in rural counties are more likely to accept all patients covered by CHIP (58 percent) while physician in Travis are least likely to do so (28 percent).

**Physician Acceptance of CHIP Plans by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Accept all</th>
<th>Accept none</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>39%</td>
<td>45%</td>
<td>16%</td>
</tr>
<tr>
<td>Bexar</td>
<td>47%</td>
<td>47%</td>
<td>7%</td>
</tr>
<tr>
<td>Dallas</td>
<td>36%</td>
<td>53%</td>
<td>11%</td>
</tr>
<tr>
<td>Harris</td>
<td>43%</td>
<td>42%</td>
<td>15%</td>
</tr>
<tr>
<td>Other metro counties</td>
<td>38%</td>
<td>44%</td>
<td>18%</td>
</tr>
<tr>
<td>Rural</td>
<td>56%</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>33%</td>
<td>54%</td>
<td>12%</td>
</tr>
<tr>
<td>Travis</td>
<td>28%</td>
<td>45%</td>
<td>27%</td>
</tr>
</tbody>
</table>

By specialty, access to care for CHIP patients is poorest for primary care physicians (29 percent).
Workers’ Compensation: Overall, access to care for injured workers has improved. The effect of new network plans on provider participation and the fee schedule improvements appear to have induced more physicians to resume serving injured workers. However, the percentage of physicians who accept all workers’ compensation plans, while improved from 23 percent in 2008 to 29 percent in 2010, is still low.

There are no statistically significant differences by county and acceptance of workers’ compensation patients. By specialty, indirect access physicians are more likely to accept all workers’ compensation patients (79 percent) while access to care for all the other specialties is very low.
Medicare Fees

Response to Medicare Fee Schedule (P1Q7)

The continuing failure to find a permanent resolution to the Medicare fee schedule is taking a toll, primarily in access to care. Although a significant portion of Texas physicians have already imposed new limits on their acceptance of new patients covered by Medicare (20 percent), they are far more likely to have added limits on Medicaid (32 percent). Of greater concern are the actions that physicians are considering if the problem remains unresolved, including terminating or renegotiating health plan contracts (50 percent), and changing Medicare status to non-participating, or opting out of Medicare altogether (42 percent).

![Physician Response to Problems with the Medicare Fee Schedule]

- New MEDICAID limits: 32% done, 9% considering, 29% will do, 29% will not do
- New Medicare limits: 20% done, 16% considering, 37% will do, 28% will not do
- Reduce charity: 17% done, 15% considering, 28% will do, 40% will not do
- Delay IT: 16% done, 16% considering, 25% will do, 44% will not do
- Accept no new Medicare patients: 14% done, 6% considering, 39% will do, 41% will not do
- Reduce staff compensation or benefits: 14% done, 12% considering, 36% will do, 38% will not do
- Renegotiate/terminate some contracts: 10% done, 19% considering, 50% will do, 21% will not do
- Increase fees: 7% done, 12% considering, 40% will do, 41% will not do
- Change status to Medicare nonpar: 6% done, 3% considering, 42% will do, 48% will not do
- Opt out: 5% done, 3% considering, 42% will do, 50% will not do
- Terminate existing Medicare patients: 4% done, 3% considering, 23% will do, 70% will not do

- **Have done**
- **Will do**
- **Considering**
- **Will not do**
Medicaid

*Response to Medicaid fee schedule cuts (P1Q8)*

When asked what actions they will take or consider as a result of proposed changes to the Medicaid fee schedule, physicians indicate they will impose new or additional limits on existing Medicaid patients (43 percent) and accept no new Medicaid patients (37 percent). Forty-eight percent of physicians are considering renegotiating or terminating some health plan contracts.

<table>
<thead>
<tr>
<th>Physician Response to Medicaid Fee Schedule Cuts</th>
<th>Will do</th>
<th>Considering</th>
<th>Will not do</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Medicaid limits</td>
<td>43%</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td>Accept no new Medicaid patients</td>
<td>37%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Reduce charity</td>
<td>28%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Delay IT</td>
<td>27%</td>
<td>29%</td>
<td>44%</td>
</tr>
<tr>
<td>Renegotiate/terminate some contracts</td>
<td>25%</td>
<td>48%</td>
<td>27%</td>
</tr>
<tr>
<td>Terminate existing Medicaid patients</td>
<td>23%</td>
<td>24%</td>
<td>53%</td>
</tr>
<tr>
<td>Reduce staff compensation or benefits</td>
<td>22%</td>
<td>37%</td>
<td>41%</td>
</tr>
<tr>
<td>Increase standard fees</td>
<td>20%</td>
<td>36%</td>
<td>45%</td>
</tr>
</tbody>
</table>

When asked what actions they will take or consider as a result of proposed changes to the Medicaid fee schedule, physicians indicate they will impose new or additional limits on existing Medicaid patients (43 percent) and accept no new Medicaid patients (37 percent). Forty-eight percent of physicians are considering renegotiating or terminating some health plan contracts.
Care Quality Impact - Payers

Adverse Impact to Quality of Care Due to Third-Party Payer Practices (P7Q1)

 Respondents were asked to report whether they had seen specific cases in which the quality of patient care was adversely affected by the policies of a managed care plan or government program.

A majority (71 percent) indicate in the past year there has been at least one instance in their practice in which patient care quality was adversely impacted by health plan policies and procedures. This number has increased significantly from the 56 percent of physicians who witnessed adverse quality of care due to health plan policies or controls in 2008. Physicians also report they have seen specific cases of damage to care quality caused by the payment policies of Medicare (61 percent), Medicaid (53 percent), and workers’ compensation plans (25 percent). These percentages are significantly larger than those reported in 2008 as well.
Cause of Adverse Impact by Third-Party Payers (P7Q2)

Physicians who saw care quality problems were asked to report the reason or reasons for the adverse impact. The most frequently identified cause varied by payer.

Managed Care:
The majority of respondents who witnessed quality problems in health plans report that problems had been caused by limited networks (83 percent), formulary limitations (80 percent), and coverage limitations or denials (73 percent). A little more than half of respondents (58 percent) report problems from treatment delays.

Medicare:
Medicare quality problems are most frequently attributed to inadequate access to primary care (67 percent) and formulary limitations (58 percent).

Medicaid:
Quality problems in Medicaid are most frequently attributed to inadequate access to primary care and specialists (70 percent and 68 percent respectively). A little more than half also report formulary limitations (56 percent) and treatment delays (55 percent).

Workers’ Compensation:
Few physicians report accepting workers’ compensation plans. Among those physicians who do and have seen specific cases of care quality problems, treatment delays were the most frequently listed reason (36 percent).
Physicians and Hospitals

Hospital Practice (P7Q3)

The overwhelming majority (90 percent) of respondents have practice privileges in a hospital. Almost all surgical specialists (98 percent) have practice privileges at a hospital.

Physicians in Harris County are most likely to have practice privileges at a hospital (94 percent).
**Type of Hospital (P7Q4-5)**

Among physicians with practice privileges at a hospital, the hospital in which they primarily practice is private, not-for-profit (45 percent) or private, for profit (44 percent).
When asked to think about the hospital in which they primarily practice, physicians agree hospital and medical staff work together to solve patient safety problems (61 percent).

### Physician Agreement Regarding Hospital Relationships

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and medical staff work together to solve patient safety problems.</td>
<td>7% 10% 21% 36% 25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely on-call coverage is generally available for all specialties.</td>
<td>13% 16% 21% 32% 18%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The working relationship between hospital and medical staff is cooperative.</td>
<td>10% 15% 26% 33% 16%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The hospital takes efforts to address physician concerns.</td>
<td>11% 17% 27% 30% 14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital and medical staff work together to solve economic problems.</td>
<td>16% 21% 28% 23% 13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When compared with physicians who primarily practice in other hospitals, those who practice in private, not-for-profit are less likely to agree timely on-call coverage is generally available for all specialties, the working relationship between hospital and medical staff is cooperative, the hospital makes efforts to address physician concerns, and hospital and medical staff work together to address economic problems.

**Physicians Who Primarily Practice in Private, Not-For-Profit Hospitals Agreement Regarding Hospital Relationships**

- Timely on-call coverage is generally available for all specialties.
  - Other: 43%
  - Private, not-for-profit: 55%

- The working relationship between hospital and medical staff is cooperative.
  - Other: 40%
  - Private, not-for-profit: 57%

- The hospital takes efforts to address physician concerns.
  - Other: 40%
  - Private, not-for-profit: 48%

- Hospital and medical staff work together to solve economic problems.
  - Other: 29%
  - Private, not-for-profit: 41%
Physicians who describe the hospital in which they primarily practice as owned partially or entirely by physicians are more likely to agree hospital and medical staff work together to solve patient safety problems and the working relationship between hospital and medical staff is cooperative (70 percent).

**Percentage of Physicians Practicing in Physician-Owned Hospitals in Agreement Regarding Hospital Relationships**

- Hospital and medical staff work together to solve patient safety problems: 60% owned by physicians, 70% other.
- Timely on-call coverage is generally available for all specialties: 48% owned by physicians, 65% other.
- The working relationship between hospital and medical staff is cooperative: 47% owned by physicians, 70% other.
- The hospital takes efforts to address physician concerns: 41% owned by physicians, 67% other.
- Hospital and medical staff work together to solve economic problems: 32% owned by physicians, 60% other.

= Other  ■ Owned by physicians
Adverse Impact to Quality of Care Due to Hospital or Facility Practices (P7Q6-7)

A large minority of physicians (40 percent) report witnessing specific cases in which the quality of patient care was adversely affected by the policies or operations of a hospital or surgical facility. Physicians who have seen damage to care quality are most likely to report inadequate facility staffing (66 percent), scheduling delays (57 percent), and inconsistent facility staffing (55 percent).

Adverse Quality of Care and Physician Employment (P8Q20)

Physicians (17 percent) report witnessing cases where physicians lost employment, contracts, or hospital privileges because of voiced concerns about hospital regulatory compliance or patient care quality. Physicians age 40 to 49 are more likely to report having seen such cases (21 percent).
There are no statistically significant differences by physician specialty or county and the likelihood of witnessing adverse cases due to voiced concerns about poor care quality.

**Hospitals and Call Coverage (P7Q8-9)**

Among physicians with practice privileges at a hospital, 66 percent are required to accept patients who report to the emergency room without a physician. Physicians in surgical specialties are most likely to report their practice privileges at a hospital require them to accept patients who report to the emergency room without a physician (79 percent).

Physicians practicing in Dallas and rural counties are most likely to report a requirement to accept all patients (79 percent).
Twenty-six percent of respondents are compensated in some manner by the hospital for caring for medically indigent patients. Physicians practicing in surgical specialties are more likely to be reimbursed for medically indigent care (39 percent).

Physicians practicing in Travis County (35 percent) are more likely to be reimbursed for the care of medically indigent patients.
For the hospital in which they primarily practice, physicians (56 percent) do not report hospital-imposed requirements that they participate as a provider in specific health plan or network contracts. A small group of physicians (16 percent) report there are requirements or incentives for them to participate in certain plans, and another 16 percent report they are strongly encouraged to do so. Physicians practicing in indirect access specialties are more likely to report requirements or incentives for participating in certain health plan or network contracts (31 percent) or strong encouragement to do so (22 percent).
Physician-Owned Hospitals (P7Q11-16)

A majority of respondents report there are specialty hospitals, ambulatory surgical centers (ASCs), or imaging centers in their area that are physician-owned (83 percent). Physicians in Tarrant County are most likely to report physician-owned facilities in their area (93 percent).
Physicians agree the physician-owned facilities in their community are a more convenient place for patients than other facilities offering comparable services (64 percent).

<table>
<thead>
<tr>
<th>Physician Agreement</th>
<th>Percentage Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facility is a more convenient place for patients than others in the community.</td>
<td>5% 7% 25% 25% 39%</td>
</tr>
<tr>
<td>The facility is a safer place for patients than others in the community.</td>
<td>8% 10% 32% 23% 26%</td>
</tr>
<tr>
<td>The facility is less expensive for patients than others in the community.</td>
<td>10% 11% 36% 16% 26%</td>
</tr>
</tbody>
</table>

Approximately half (49 percent) of physicians agree the facility is a safer place for patients than others in the community.
There are no statistically significant differences between physicians by age or county in the comparisons of physician-owned facilities with others in the community. Physicians practicing in surgical specialties are more likely to agree that physician-owned facilities are more convenient (79 percent), safer (67 percent), and less expensive (62 percent).
A large minority of physicians (46 percent) practice in a hospital, ASC, or other facility that is physician-owned. Physicians between the ages of 40 and 49 are most likely to practice in a physician-owned facility (56 percent).

Physicians in surgical specialties are most likely to report practicing in a physician-owned facility (70 percent). Pediatric physicians are least likely to report practicing in a hospital, ASC, or other physician-owned facility (7 percent).
Among physicians who practice in any physician-owned facility, 61 percent are owners or investors in the facility. Physicians age 40 to 49 are most likely to report ownership or investment in the facility (75 percent).

By specialty, physicians in surgical specialties are more likely to be owners or investors in the facilities they use (83 percent). Pediatric physicians are least likely to be owners or investors in a physician-owned facility in which they practice (33 percent).

There are no significant differences between physicians in different counties and their likelihood of practicing in or being an owner or investor in a hospital, ASC, or other facility that is physician-owned.
An overwhelming majority of physician owners report ownership in a facility has improved the efficiency of their practice (88 percent).

The Effect of Physician Ownership in a Facility on Business Position

- Improved the efficiency of my practice: 88%
- Negotiate better contracts with some plans: 12%
- Plans refuse to contract with my facility: 12%
- Plans refuse to contract for my services: 8%
- Lost staff privileges at another facility: 4%

There are no statistically significant differences by physician age, specialty, or county and the impact of ownership in a facility on business position.
One Voice – Legislative Issues

Legislative Priorities (P8Q1)

The top legislative priorities, rated very important by three-fourths of Texas physicians, are defending Texas’s liability reforms from efforts to nullify or overturn them (78 percent) and opposing government and commercial payer intrusion in medical decisions (76 percent and 75 percent respectively). Also considered high priority by a majority of physicians are health plan hassles and prompt pay (65 percent) and opposing hospital management intrusions in medical decisions (61 percent).

There are very few statistically significant differences in legislative priorities by physician age, specialty, or county.
Older physicians are more likely to rate opposing government intrusion in medical decisions as very important.

The Importance of Opposing Government Intrusion in Medical Decisions

<table>
<thead>
<tr>
<th>Physician Age</th>
<th>Not at all important</th>
<th>Somewhat unimportant</th>
<th>Somewhat important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4% 5% 15%</td>
<td>4%</td>
<td>76%</td>
<td>4%</td>
</tr>
<tr>
<td>Under 40</td>
<td>7% 7% 24%</td>
<td>63%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 49</td>
<td>3% 5% 16%</td>
<td>76%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 59</td>
<td>4% 5% 14%</td>
<td>77%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>4% 3% 11%</td>
<td>83%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Not at all important
- Somewhat unimportant
- Somewhat important
- Very important
By county, physicians in other metro counties are most likely to rate lawsuit abuse and tort reform (84 percent) and opposing government intrusion in medical decisions (85 percent) as very important.
State Legislative Priorities (P8Q2)

The top state legislative priorities, rated very important by the majority of respondents, are opposing requirements to participate in Medicaid as a condition of licensure (71 percent), preventing scope of practice expansion for non-physicians (60 percent), reducing or eliminating taxes on physician practices (59 percent), and Medicaid payment adequacy (56 percent).
Physicians age 50 to 59 are most likely to oppose proposals to participate in Medicaid as a condition of licensure (78 percent rate it very important). Older physicians are more likely to report it is very important to prevent limits on balance billing.

Selected Differences in State Legislative Priorities by Physician Age

- Texas Medical Board regulation
- Preparing limits on balance billing
- Opposing requirements to participate in Medicaid as a condition of licensure
Surgical specialists are more likely to oppose requirements to participate in Medicaid as a condition of licensure (80 percent) and rate the reduction or elimination of taxes on practices as very important (68 percent).

Pediatric physicians are more likely to rate Medicaid payment adequacy as very important (77 percent).
Physicians in Tarrant and other metro counties are most likely to oppose proposals that require physicians to participate in Medicaid as a condition of licensure (79 percent).

<table>
<thead>
<tr>
<th>County</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Somewhat unimportant</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tristar</td>
<td>13%</td>
<td>9%</td>
<td>13%</td>
<td>66%</td>
</tr>
<tr>
<td>Bexar</td>
<td>9%</td>
<td>7%</td>
<td>20%</td>
<td>64%</td>
</tr>
<tr>
<td>Dallas</td>
<td>11%</td>
<td>7%</td>
<td>12%</td>
<td>69%</td>
</tr>
<tr>
<td>Harris</td>
<td>12%</td>
<td>11%</td>
<td>15%</td>
<td>62%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>5%</td>
<td>12%</td>
<td>79%</td>
</tr>
<tr>
<td>Rural</td>
<td>8%</td>
<td>8%</td>
<td>16%</td>
<td>69%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>3%</td>
<td>9%</td>
<td>9%</td>
<td>79%</td>
</tr>
</tbody>
</table>
The top federal legislative priorities, rated very important by the majority of respondents, include Medicare payment adequacy (80 percent), opposing requirements to participate in Medicare as a condition of licensure (72 percent), and revising or eliminating some provisions of the new health care reform law (67 percent).

Federal Legislative Priorities (P8Q3)
There are some differences in federal legislative priorities by physician age. Older physicians are more likely to rate revising or eliminating some provisions of the new health care reform law as very important. Physicians in the older age group (60 years and older) are more likely than younger physicians to report antitrust protections are very important (51 percent).
Physicians in indirect access specialties are more likely to rate Medicare payment adequacy (84 percent) and opposing requirements to participate in Medicare as a condition of licensure (78 percent) as very important. Surgical specialists are more likely than others to rate revise or eliminate some provisions of the new health care reform law (80 percent) and restoring physicians’ rights to invest in health care facilities (50 percent) as very important.
Finally, physicians in Tarrant County are more likely than physicians in other counties to oppose requirements to participate in Medicare as a condition of licensure (81 percent) and physicians in other metro counties are more likely to rate revise or eliminate some provisions of the new health care law as very important (77 percent).

**Selected Differences in Federal Legislative Priorities by Physician County**

- **Opposing requirements to participate in Medicare as a condition of licensure**
  - Bexar: 63%
  - Dallas: 73%
  - Harris: 72%
  - Other: 72%
  - Rural: 78%
  - Tarrant: 81%
  - Travis: 74%

- **Revise or eliminate some provisions of the new health care reform law**
  - Bexar: 49%
  - Dallas: 63%
  - Harris: 63%
  - Other: 62%
  - Rural: 62%
  - Tarrant: 77%
  - Travis: 73%
Public Health Legislative Priorities (P8Q5)

The top public health issues, rated somewhat or very important by three-fourths of respondents, include increased funding to state and local public health systems (75 percent), increased funding for mental health services, and increased Medicaid reimbursement to vaccinate patients (74 percent). Also considered high priority by a majority of physicians is obesity prevention (70 percent), smoke-free legislation (67 percent), a reduction in air toxic emissions (61 percent), and increased funding for stem cell research in Texas (55 percent).
There are statistically significant differences by physician age and the rated importance of some public health issues. Physicians in the youngest age group (under 40) are more likely to support smoke-free legislation (75 percent rate it as somewhat or very important). Physicians in the oldest age group (60 and above) are more likely to support legislation to reduce air toxic emissions (68 percent) and funding for stem cell research in Texas (61 percent).

**Selected Differences in Support for Public Health Issues by Physician Age**

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Under 40</th>
<th>40 to 49</th>
<th>50 to 59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding for stem cell research in Texas</td>
<td>56%</td>
<td>49%</td>
<td>54%</td>
<td>61%</td>
</tr>
<tr>
<td>Legislation to reduce air toxic emissions</td>
<td>63%</td>
<td>57%</td>
<td>57%</td>
<td>68%</td>
</tr>
<tr>
<td>Smoke-free legislation</td>
<td>75%</td>
<td>71%</td>
<td>60%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Physicians practicing in Harris County are most likely to support smoke-free legislation (72 percent rate it as somewhat or very important). Physicians in Dallas County are more likely to rate increased funding for mental health services (83 percent), increased funding to state and local public health systems (81 percent), increased Medicaid reimbursement to vaccinate patients (79 percent), and support legislation to reduce air toxic emissions (72 percent) as somewhat or very important.
**Efforts to Address High Health Care Costs and Utilization (P8Q7)**

In order to address high costs or alleged problems of overutilization of medical care services, respondents support measures to ensure adequate access to good primary care (88 percent), allowing high-deductible insurance with spending accounts like HSAs (86 percent), chart audits by properly qualified physicians to determine whether services were medically necessary before any financial penalties are imposed (76 percent), and financial incentives for medical homes (53 percent).
Older physicians are more likely to support chart audits by properly qualified physicians to determine the medical necessity of services before any financial penalties are imposed.

Physicians in pediatrics followed by primary care are most likely to support measures to ensure adequate access to good primary care (94 percent and 92 percent respectively). Physicians in indirect access specialties are most likely to support high-deductible insurance with spending accounts like HSAs (93 percent).
**Scope of Practice Expansions (P8Q8-10)**

There is little support for legislative changes that would permit a physician to delegate prescription authority of Schedule II drugs (i.e., pain medication) to advanced practice nurses (21 percent) or physician assistants (20 percent). Even fewer physicians would support legislative changes that would allow physician assistants to employ their supervising physician (5 percent). There are no statistically significant differences between physician age, specialty, or location and support for these legislative changes.

**Health Information Exchanges (P8Q17-19)**

Overall, respondents (54 percent) believe it should not be assumed patients want to have their EMR data shared among health care providers as part of a health information exchange (HIE). Older physicians are more likely to believe patients should be assumed out of the HIE.

![Physician Opinion Regarding Shared EMR Data As Part of A Health Information Exchange](chart)

- It should be assumed patients opt in with the ability to opt out.
- It should be assumed patients are out unless they opt in.
Even if patients do opt in, physicians still have concerns about shared data from EMRs, primarily administrative burden (65 percent) and patient privacy (64 percent). A majority of physicians have concerns about their own privacy as well (51 percent).

Older physicians are most likely to have patient privacy concerns.
Physicians practicing in rural counties (80 percent) are most likely to have patient privacy concerns. There are no statistically significant differences by physician specialty and their concerns regarding shared EMR data.

Physicians (55 percent) believe it is the responsibility of the HIE, through written materials or other methods, to inform patients about shared data from EMRs.

There are no significant differences by physician age, specialty, or county and their belief in whose responsibility it is to inform patients about shared data from EMRs.

**Physician Supply (P1Q14)**

Respondents support the following measures to increase physician supply in rural areas: an education loan repayment program (87 percent), help with moving or start-up
costs (84 percent), tax incentives (79 percent), and subsidies for medical liability insurance (70 percent). Less so, but still favored by a majority of respondents, are license fee rebates (65 percent) and temporary stipends for housing (58 percent).
Younger physicians are more likely to support subsidies for medical liability insurance, license fee rebates, and direct employment by a hospital.

Percentage of Physicians Who Support Selected Measures to Increase Physicians in Rural Areas by Age

- **Subsidies for medical liability insurance**
  - Under 40: 70%
  - 40 to 49: 68%
  - 50 to 59: 67%
  - 60+: 78%

- **License fee rebate**
  - Under 40: 66%
  - 40 to 49: 61%
  - 50 to 59: 59%
  - 60+: 78%

- **Employment in a non-profit health corporation**
  - Under 40: 55%
  - 40 to 49: 49%
  - 50 to 59: 53%
  - 60+: 78%

- **Direct employment by a hospital**
  - Under 40: 29%
  - 40 to 49: 29%
  - 50 to 59: 24%
  - 60+: 24%
Although a minority, physicians in Bexar County (41 percent) are more likely than physicians practicing in other counties to support direct employment by a hospital (as opposed to contracting).
Texas has historically banned physicians from accepting employment by non-physicians. This provision is designed to prevent any possible compromise to the physician’s professional and ethical principles that could occur if he or she subjugated his or her judgment to that of the employer. Some hospitals argue they should be able to hire physicians directly, and in some states hospitals and health plans may hire physicians. The majority of respondents want TMA to continue to oppose any further expansion of hospitals’ ability to employ physicians (59 percent) and/or seek legislative or regulatory standards that would protect self-employed physicians in the community from unfair price competition from hospitals or other entities that employ physicians (54 percent).

**Physician Opinion Regarding the Corporate Practice of Medicine**

- Continue to oppose any further expansion of hospitals’ ability to employ physicians: 59%
- Seek legislative or regulatory standards that protect self-employed physicians in the community from unfair price competition by hospitals or other entities that employ physicians: 54%
- Support legislation that would allow rural hospitals to hire physicians with specific protections for the independence of medical decision making: 36%
- Encourage legislative or regulatory measures to facilitate formation of non-profit health corporations (formerly 5.01a’s) that can hire physicians: 31%
- Other: 4%
There are some statistically significant differences by physician age. Physicians age 60 and older are more likely to oppose any further expansion of hospital's ability to employ physicians (65 percent) and support legislative or regulatory standards that protect self-employed physicians in the community from unfair price competition from hospitals or other entities that employ physicians (61 percent).
Physicians in indirect access specialties are most likely to oppose any further expansion of hospitals’ ability to employ physicians (70 percent).

There are no statistically significant differences between physicians of different counties and their support for TMA policy towards corporate practice.
**Practice Type Desirability (P2Q18)**

When asked to rate the desirability of practice types for most new physicians, 75 percent rate employment in an established physician practice with a subsequent option to buy in to ownership as the first or second most desirable practice type.

---

**Desirability of Practice Types for Most New Physicians**

- **Employment in an established physician practice, with subsequent option to buy in to ownership**
  - 47%
  - 28%
  - 18%
  - 4%
  - 2%

- **Employment by a NPHC run by physicians**
  - 13%
  - 26%
  - 29%
  - 22%
  - 11%

- **Immediate buy-in to an established medical practice**
  - 11%
  - 24%
  - 29%
  - 24%
  - 12%

- **Solo practice**
  - 10%
  - 8%
  - 16%
  - 24%
  - 42%

- **Employment by a hospital**
  - 5%
  - 15%
  - 20%
  - 15%
  - 45%

= 1 (Most desirable) = 2 = 3 = 4 = 5 (Least desirable)
There are statistically significant differences between physicians’ rated desirability of different practice types and age.
By specialty, physicians in pediatrics are more likely than other physicians to rate employment by a non-profit health corporation run by physicians as number one or two in terms of desirability (51 percent). Physicians in indirect access specialties are more likely than other physicians to prefer immediate buy-in to an established medical practice (48 percent).

There are no statistically significant differences between physicians of different counties and desirability of practice types for most new physicians.
Accountable Care Organizations (P8Q24-25)

Few physicians (18 percent) are discussing or considering joining with other health care providers to form an accountable care organization (ACO). There are no statistically significant differences by age or county and physicians’ likelihood of joining with others in an ACO. Primary care physicians (24 percent) are more likely to be considering or discussing with others the formation of an ACO.

Physicians who are considering or discussing forming an ACO are most likely to join with other physicians (49 percent).

Potential Partners in an Accountable Care Organization

There are no statistically significant differences by physician age, specialty, or county and other health care providers physicians are discussing ACOs with or considering joining.
Health System Reform

Opinion of the New Health Reform Law (P4Q1)
Overall, respondents have an unfavorable view of reform (78 percent).
There is a significant relationship between physician specialty and opinion of the new health reform law with indirect access physicians most likely to have a very unfavorable opinion of the health reform law (70 percent).
Physicians in rural counties are most likely to have a very unfavorable opinion of the new health reform law (66 percent).

<table>
<thead>
<tr>
<th>County</th>
<th>Very unfavorable</th>
<th>Somewhat unfavorable</th>
<th>Somewhat favorable</th>
<th>Very favorable</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>59%</td>
<td>19%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Bexar</td>
<td>54%</td>
<td>15%</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>Dallas</td>
<td>55%</td>
<td>22%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Harris</td>
<td>56%</td>
<td>20%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>64%</td>
<td>16%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Rural</td>
<td>66%</td>
<td>20%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Tarrant</td>
<td>59%</td>
<td>26%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Travis</td>
<td>47%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

- Very unfavorable
- Somewhat unfavorable
- Somewhat favorable
- Very favorable
**Feelings Describing Health Reform Law (P4Q2)**

Respondents describe their feelings about the health reform law as disappointed (82 percent), anxious (78 percent), confused (68 percent), and angry (66 percent). Few respondents describe themselves as feeling pleased and/or relieved (15 percent and 14 percent respectively).
There are some statistically significant differences by physician age and their self-described feelings about the new health reform law. Older physicians are more likely to describe themselves as anxious and confused.

Selected Differences in Feelings About the Health Reform Law by Physician Age

- **Anxious**
  - Under 40: 82%
  - 40 to 49: 76%
  - 50 to 59: 73%
  - 60+: 85%

- **Confused**
  - Under 40: 66%
  - 40 to 49: 72%
  - 50 to 59: 75%
  - 60+: 63%
Physicians in surgical specialties are most likely to describe themselves as disappointed (91 percent) and angry (77 percent).

**Selected Differences in Feelings About the Health Reform Law by Physician Specialty**

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Surgical specialty</th>
<th>Primary care</th>
<th>Pediatrics</th>
<th>Non-surgical specialty</th>
<th>Indirect access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disappointed</td>
<td>91%</td>
<td>81%</td>
<td>63%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Angry</td>
<td>77%</td>
<td>71%</td>
<td>41%</td>
<td>70%</td>
<td>71%</td>
</tr>
</tbody>
</table>
**Change in Reaction to the New Health Reform Law (P4Q3)**

As physicians learn more about the new health reform law, physicians report they are more negative than initially (46 percent) or their feelings have not changed (44 percent). Physicians in surgical specialties are most likely to report they are more negative (52 percent) while physicians in primary care are most likely to report their feelings have not changed (50 percent).

![Change in Reaction to the New Health Reform Law](image)

- **Pediatrics**: 25% positive, 33% negative, 42% unchanged
- **Primary care**: 8% positive, 43% negative, 50% unchanged
- **Indirect access**: 9% positive, 47% negative, 44% unchanged
- **Non-surgical specialty**: 8% positive, 50% negative, 42% unchanged
- **Surgical specialty**: 9% positive, 52% negative, 40% unchanged
- **Total**: 9% positive, 46% negative, 44% unchanged

* I am more positive than I was initially.  
* I am more negative than I was initially.  
* My feelings have not changed.
**Quality of Health Care under Reform (P4Q9)**

Under the new health care reform plan, respondents believe the quality of health care will get worse (68 percent). Indirect access and surgical specialists are most likely to report the quality of health care will get worse (73 percent).

<table>
<thead>
<tr>
<th>Physician Survey</th>
<th>Better</th>
<th>Worse</th>
<th>Stay the same</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10%</td>
<td>68%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>8%</td>
<td>73%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>4%</td>
<td>73%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>9%</td>
<td>70%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary care</td>
<td>12%</td>
<td>66%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>22%</td>
<td>48%</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

0%  20%  40%  60%  80%  100%

- Better
- Worse
- Stay the same
- Not sure
Cost of Health Care under Reform (P4Q10)

Under the new health care reform plan, respondents (79 percent) report the cost of health care will go up. Older physicians are more likely to believe costs will go up.

Physician Opinion on the Cost of Health Care Under the New Reform Plan by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Go down</th>
<th>Go up</th>
<th>Stay the same</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5%</td>
<td>79%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Under 40</td>
<td>6%</td>
<td>72%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>6%</td>
<td>78%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>5%</td>
<td>79%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>60+</td>
<td>3%</td>
<td>83%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Physicians practicing in surgical and indirect access specialties are more likely than other physicians to report the cost of health care will go up (83 percent).
Physicians practicing in Tarrant County are most likely to report costs will increase under reform (87 percent).
Respondents (75 percent) report the passage of the federal health care reform bill did not have any impact on plans to adopt an EMR. Indirect access physicians are most likely to report the federal health care reform bill had no impact on their plans to adopt an EMR (88 percent).

There are no statistically significant differences by physician age or county and the impact of the federal health care reform bill on EMR adoption.
Practice Sales Due to the New Health Reform Law (P8Q26)

A small group of physicians (19 percent) are actively looking for an opportunity to sell their practice due to the new health reform law. Not surprisingly, older physicians are more likely to report actively looking for an opportunity to sell their practice.

Percentage of Physicians Who Will Sell Their Practice Due to the Health Reform Law by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Within the next two years</th>
<th>Within the next five years</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7%</td>
<td>12%</td>
<td>81%</td>
</tr>
<tr>
<td>Under 40</td>
<td>2%</td>
<td>8%</td>
<td>91%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>4%</td>
<td>7%</td>
<td>89%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>9%</td>
<td>14%</td>
<td>78%</td>
</tr>
<tr>
<td>60+</td>
<td>11%</td>
<td>16%</td>
<td>73%</td>
</tr>
</tbody>
</table>
There is a statistically significant difference by physician specialty and self-reported intent to sell. Physicians in pediatrics are unlikely to sell their practice (93 percent). Physicians in surgical specialties are more likely to report they are actively looking for an opportunity to sell their practice, although 70 percent of physicians maintain they will not sell their practice due to the health reform law.

<table>
<thead>
<tr>
<th>Physician Specialty</th>
<th>Percentage of Physicians With Intent to Sell Practice Due to Health Reform Law</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within the next two years</td>
</tr>
<tr>
<td>Total</td>
<td>7%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3%</td>
</tr>
<tr>
<td>Indirect access</td>
<td>5%</td>
</tr>
<tr>
<td>Non-surgical specialty</td>
<td>7%</td>
</tr>
<tr>
<td>Primary care</td>
<td>9%</td>
</tr>
<tr>
<td>Surgical specialty</td>
<td>9%</td>
</tr>
</tbody>
</table>
Demographics

Gender

The higher proportions of female physicians reported in the 2010 survey reflect the changing proportion of women physicians in the physician population.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>89</td>
<td>84</td>
<td>83</td>
<td>84</td>
<td>78</td>
<td>78</td>
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<td>75  69</td>
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<tr>
<td>Female</td>
<td>11</td>
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<td>16</td>
<td>22</td>
<td>22</td>
<td>25</td>
<td>20 31</td>
</tr>
</tbody>
</table>

Age

As has been true in prior surveys, younger physicians are slightly under-represented among survey respondents.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Under 40</td>
<td>18</td>
<td>30</td>
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<td>40-49</td>
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<tr>
<td>50-59</td>
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<td>23</td>
</tr>
<tr>
<td>60+</td>
<td>22</td>
<td>19</td>
</tr>
</tbody>
</table>

Specialty

A large number of discrete specialties are represented in the respondent sample. For analysis, most are aggregated into specialty groupings.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>Specialty</td>
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<td>9</td>
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<td>4</td>
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<td>8</td>
<td>8</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Ophthalmology</td>
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<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Orthopedic Surgery</td>
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<td>N/A</td>
<td>N/A</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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<td>Otolaryngology</td>
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<td>N/A</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Pathology</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Radiology</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other Surgical</td>
<td>10</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Other Non-Surgical</td>
<td>20</td>
<td>30</td>
<td>27</td>
<td>27</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>
Survey Methodology

Since 1990, TMA has conducted a biennial survey of a representative sample of Texas physicians focusing primarily on health care practice, and economic and legislative issues. The survey findings provide a cross-sectional snapshot and a longitudinal tracking of physician opinions on key health care issues and their experiences to support the association's policy development, political focus, and strategic planning process.

The 2010 Survey of Texas Physicians was conducted by TMA as a monthly e-mail survey. In total, the surveys contained 140 questions, many with multiple response items. Not all questions were answered by all respondents due to skip patterns and the monthly design. The survey included a mix of closed-ended response items, scalar response items, and a small number of open-ended response items. Many of the questions were structured for multiple choice or nominal scale responses.

Approximately 29,764 Texas physicians, residents, medical students, and interns were e-mailed a personalized link to the first part of the survey along with an announcement outlining the purpose of the survey. Reminders requesting participation were sent a week later. Links to the second survey were sent approximately one month later and so forth. By October, responses had been received from 3,587 physicians, residents, medical students, and interns, but not all respondents completed all items. This is the first year in a decade that surveys were sent to students and interns.

Data was analyzed using SPSS statistical software. Open-ended responses were assigned to categories for analysis. The margin of error for most segmented responses is 5 percent at the 95 percent confidence level.
APPENDIX - Survey Instrument

TMA 2010 Physician Survey – March

We need your help. Your ideas and experience provide us with the guidance and evidence we need to help steer and support TMA’s policy and legislative agenda in Congress and the rapidly approaching Texas legislative session.

We have broken our information needs into small monthly surveys, each of which should not take more than 5 to 10 minutes. You can expect to get about one a month for the rest of the year. We are offering special incentives to physicians who complete all the monthly surveys. The first 500 respondents will receive copies of the book “Switch...,” by Dan and Chip Heath, which includes four and a half hours of CME credit and a TMLT discount up to $1,000. Plus, Practice Management Education will waive the processing fee, a $50 value. Even better, any Texas physician who completes every survey will be entered into a drawing for one of five Apple iPads or Dell tablet PCs. As always, individual responses are confidential and only aggregate results will be reported. Thank you for your help!

1) In your opinion, what is the biggest challenge currently facing Texas physicians?
__________________________________________________________________________________
__________________________________________________________________________________

2) Which of the following best describes your primary form of medical practice?

☐ Group practice owner, co-owner, or shareholder
☐ Group practice employee
☐ Partnership
☐ Solo (Skip to question 4)
☐ Resident (Skip to question 4)
☐ Teaching, administration, or research (Skip to question 4)
☐ Resident (Skip to question 4)
☐ Student or intern (Skip to question 4)
☐ Other (please specify :__________________________________________) (Skip to question 4)

3) How many physicians are in your group or partnership? ________

4) Do you currently treat patients in an active medical practice?

☐ Yes
☐ No (Skip to 14)

5) Are you currently accepting any new patients?

☐ Yes
☐ No (Skip to question 7)

6) For patients covered by the following payers, does your practice currently (1) accept all new patients, (2) limit new patients that you will accept, or (3) accept no new patients?

<table>
<thead>
<tr>
<th>payer</th>
<th>Accept All</th>
<th>Limit</th>
<th>Accept None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medicare HMOs or Advantage plans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medicaid</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
7) **As a result of the ongoing problems with Medicare fee schedule updates, what actions are you taking, planning, or considering?**

<table>
<thead>
<tr>
<th>Action</th>
<th>Have Done</th>
<th>Will Do</th>
<th>Considering</th>
<th>Will Not Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place new or additional limits on Medicare acceptance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept no new Medicare patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminate existing Medicare patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change status to Medicare nonparticipating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formally opt out of Medicare and require direct payment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place new or additional limits on MEDICAID acceptance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce the amount of charity care that I deliver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase standard fees charged to other patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay information technology implementation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renegotiate or terminate some health plan contracts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce staff compensation or benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8) **If the state cuts MEDICAID fee schedules by 1 to 2%, what actions will you take or consider?**

<table>
<thead>
<tr>
<th>Action</th>
<th>Will Do</th>
<th>Considering</th>
<th>Will Not Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place new or additional limits on Medicaid acceptance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept no new Medicaid patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminate existing Medicaid patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce the amount of charity care that I deliver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase standard fees charged to other patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay information technology implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renegotiate or terminate some health plan contracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce staff compensation or benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9) **Approximately what percentage of your practice revenues are derived from each of the following payers?** (If you cannot estimate, you may leave this question blank, but please complete the survey.)

<table>
<thead>
<tr>
<th>Payer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td></td>
</tr>
<tr>
<td>Medicare HMOs or Advantage plans</td>
<td></td>
</tr>
<tr>
<td>Medicare capitated</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>CHIP</td>
<td></td>
</tr>
<tr>
<td>HMOs — in network</td>
<td></td>
</tr>
<tr>
<td>PPOs</td>
<td></td>
</tr>
</tbody>
</table>
PPO members out of network ________________________ %
Commercial capitated ________________________ %
Uninsured or self-pay patients ________________________ %
Workers’ compensation plans ________________________ %
Total ________________________ %

10) In the past two years, how has your personal income from medical practice changed?
○ Increased
○ Decreased
○ Stayed the same

11) In the past year, has your practice experienced cash-flow problems due to slow payment, nonpayment, or underpayment of claims by insurers or government payers?
○ Yes
○ No (Skip to question 13)
○ Don’t Know (Skip to question 13)

12) Did these cash-flow problems cause you to take any of the following actions? (Check all that apply.)
☐ Draw from personal funds to fund current practice operations
☐ Secure commercial loans to fund current practice operations
☐ Close or sell a practice
☐ Lay off employees
☐ Terminate or re-negotiate plan contracts
☐ Reduce or terminate services to government payers
☐ Other (please specify: _____________________________________________)

13) Which of the following best describes the legal form of your practice?
○ Sole proprietor
○ Professional association (PA)
○ Partnership
○ Limited liability corporation (LLC)
○ Limited liability partnership (LLP)
○ Nonprofit health corporation (formerly known as 5.01[a])
○ Other (please specify: _____________________________________________)

14) Do you support or oppose the following measures to increase physician supply in rural areas?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Support</th>
<th>Oppose</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>An education loan repayment program</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Temporary stipends for housing</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Subsidies for medical liability insurance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tax incentives</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>License fee rebates</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Employment in a nonprofit health corporation</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Direct employment by a hospital (as opposed to private contracting)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
15) Texas law prohibits nonphysicians from employing physicians directly. Some hospitals argue they should be able to hire physicians directly. In some other states, hospitals and health plans may hire physicians. What should TMA policy be? (Check all that apply.)

☐ Continue to oppose any further expansion of hospitals’ ability to employ physicians
☐ Support legislation that would allow rural hospitals to hire physicians with specific protections for the independence of medical decision-making
☐ Encourage legislative or regulatory measures to facilitate formation of non-profit health corporations (formerly 5.01a’s) that can hire physicians
☐ Seek legislative or regulatory standards that protect self-employed physicians in the community from unfair price competition by hospitals or other entities that employ physicians.
☐ Other (please specify: _____________________________)

Thank you for your help! Your answers will help TMA better represent you at the Texas Legislature, U.S. Congress, and administrative agencies whose decisions affect your practice. Watch for next group of questions next month.
TMA 2010 Physician Survey – April
This is the second survey in our series for 2010. Don’t forget that physicians that respond to all the surveys are eligible for a copy of the book *Switch: How to Change Things When Change is Hard* by Dan and Chip Heath with four and a half hours of CME credit and a TMLT discount up to $1,000. Plus, the CME processing fee, a $50 value, will be waived. Even better, every Texas physician who completes EVERY survey will be entered into a drawing for one of five Apple iPads or Dell tablet PCs.

1) Are you a medical student, resident or intern?
   ☑ Yes ([Skip to Question 18](#))
   ☐ No

2) In what year did you start medical practice after residency? ________

3) When you started practice, were you a full or part owner of your main practice?
   ☑ Yes ([Skip to Question 6](#))
   ☐ No, I was an employee
   ☐ No, I was an independent contractor
   ☐ Don’t know

4) When you started practice, which of the following best describes your employer or the institution with which you had a primary contract?
   ☑ A physician or a physician group practice
   ☑ A medical school or faculty practice plan ([Skip to Question 6](#))
   ☑ A teaching hospital or a Texas non-profit health corporation owned or controlled partly by a teaching hospital ([Skip to Question 6](#))
   ☑ A non-teaching hospital or a Texas non-profit health corporation owned or controlled partly by a non-teaching hospital ([Skip to Question 6](#))
   ☑ An urgent care facility ([Skip to Question 6](#))
   ☑ An ambulatory surgical center ([Skip to Question 6](#))
   ☑ A hospice, skilled nursing facility, or home health agency ([Skip to Question 6](#))
   ☑ A Rural Health Clinic or Federally Qualified Health Clinic ([Skip to Question 6](#))
   ☑ A state or federal agency ([Skip to Question 6](#))
   ☑ A health plan ([Skip to Question 6](#))
   ☑ Other (please specify: ________________________________)

5) If you started practice as a physician group employee, did you later become an owner?
   ☑ Yes
   ☐ No

6) Where was the practice?
   ☑ Large metropolitan area
   ☑ Small urban area
   ☑ Rural

7) What were the deciding factors in your decision to enter this practice environment?
<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaranteed income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profitability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit package (insurance, retirement, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced or limited management responsibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-life balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal control of practice decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal control of clinical decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician mentors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for practice growth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leverage in health plan contracting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of call and coverage duty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient population characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidies for uncompensated care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of facilities, equipment, other specialties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify: ________________________)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8) Are you still practicing in the same type of environment that you started in?
   - Yes (Skip to question 12)
   - No

9) How many years did you stay in your initial practice environment? ____

10) Did you retire?
    - Yes (Skip to question 18)
    - No

11) What were the deciding factors in your decision to leave this practice environment?
Availability of facilities, equipment, other specialties
Other (please specify: __________________)

12) Do you currently treat patients in an active medical practice?
- Yes
- No (Skip to Question 18)

13) In your current practice, are you a full or part owner of your main practice?
- Yes (Skip to Question 15)
- No, I am an employee
- No, I am an independent contractor
- Don't know

14) In your current practice, which of the following best describes your employer or the institution with which you have a primary contract?
- A physician or a physician group practice
- A medical school or faculty practice plan
- A teaching hospital or a Texas non-profit health corporation owned or controlled partly by a teaching hospital
- A non-teaching hospital or a Texas non-profit health corporation owned or controlled partly by a non-teaching hospital
- An urgent care facility
- An ambulatory surgical center
- A hospice, skilled nursing facility, or home health agency
- A Rural Health Clinic or Federally Qualified Health Clinic
- A state or federal agency
- A health plan
- Other (please specify: __________________)

15) How satisfied are you with the following aspects of your current practice environment?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Not satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment required</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Guaranteed income</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Profitability</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Benefit package (insurance, retirement, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reduced or limited management responsibility</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Work-life balance</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Personal control of practice decisions</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Personal control of clinical decisions</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Physician mentors</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities for practice growth</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Leverage in health plan contracting</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Amount of call and coverage duty</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Geographic location</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Patient population characteristics</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Subsidies for uncompensated care</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Availability of facilities, equipment, other specialties
Other (please specify: __________________)

16) Do you plan to stay in your current practice environment until you retire from clinical practice?
- Yes (Skip to question 18)
- No
- Don’t know

17) If you plan to leave, in about how many years? ____

18) Please rate the desirability, in your opinion, of the following practice types for most NEW physicians:

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>1 (Most desirable)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Least desirable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Immediate buy-in to an established medical practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Employment in an established physician practice, with a subsequent option to buy in to ownership</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Employment by a nonprofit health organization run by physicians</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Employment by a hospital</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

19) Please indicate your agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians should be independent or employed by other physicians.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>When physicians are employed by nonphysicians, the independence of their medical judgment is at risk.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The protection of physician independence is necessary to protect patients.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hospitals that hire physicians can engage in unfair price competition with other physicians in the community, possibly driving the independent physicians out of business.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Thank you for your help! Your answers will help TMA better represent you at the Texas Legislature, U.S. Congress, and administrative agencies whose decisions affect your practice. Watch for next group of questions next month.
TMA 2010 Physician Survey – May
Do you find what you need in *Texas Medicine* and *Action*, and on the TMA Web site? How could they be better? We value your opinions and hope you will take a few minutes to take following survey. Your answers will help us better meet your needs.

Note: These questions and answers are reported elsewhere.
TMA 2010 Physician Survey – June

This is the latest survey in TMA’s series for 2010. Don’t forget that physicians who respond to ALL of the surveys are eligible for a complimentary copy of Switch: How to Change Things When Change Is Hard by Dan and Chip Heath, including no charge to claim up to 4.5 AMA PRA Category I Credits, and a TMLT discount up to $1,000 for TMLT-insured physicians. Plus, every Texas physician who completes EVERY survey will be entered in a drawing to win one of five Apple iPads or Dell tablet PCs.

1) Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it?

- Very favorable
- Somewhat favorable
- Somewhat unfavorable
- Very unfavorable

2) Please tell me if each of the following does or does not describe your own feelings about the health reform law: (Random)

<table>
<thead>
<tr>
<th></th>
<th>Describes</th>
<th>Does not describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Confused</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pleased</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Angry</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disappointed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relieved</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3) As you learn more about the new health reform law, have your reactions changed?

- I am more positive than I was initially.
- I am more negative than I was initially.
- My feelings have not changed.

4) Omitted

5) Omitted

6) Omitted

7) Omitted

8) Omitted

9) Under the new health care reform plan, will the quality of health care get better, worse, or stay about the same?

- Better
- Worse
- Stay the Same
- Not Sure
10) Under the new health care reform plan, will the cost of health care go up, go down, or stay about the same?

- Go Up
- Go Down
- Stay the Same
- Not sure

11) Omitted

12) Omitted

13) Omitted

14) Omitted
TMA 2010 Physician Survey –July
This is the latest survey in TMA’s series for 2010. Don’t forget that physicians who respond to ALL of the surveys are eligible for a complimentary copy of Switch: How to Change Things When Change Is Hard by Dan and Chip Heath, including no charge to claim up to 4.5 AMA PRA Category I Credits™, and a TMLT discount up to $1,000 for TMLT-insured physicians. Plus, every Texas physician who completes EVERY survey will be entered in a drawing to win one of five Apple iPads or Dell tablet PCs.

As always, individual responses are confidential and only aggregate results will be reported.

Questions marked with an asterisk (*) are required.

The physician or the practice administrator can complete this section. Before starting, it will be helpful to collect the following data about your practice:
• The approximate number of health plan contracts

1) Is this section being completed by:
   ○ Physician
   ○ Practice administrator/manager
   ○ Other (please specify: ____________________________________________________________)

2) How many of the following do you have: (Please enter approximate numbers.)

   HMO contracts?
   ________________________________

   PPO contracts?
   ________________________________

   Workers’ comp contracts?
   ________________________________

   Medicare Advantage plan contracts?
   ________________________________

   Medicaid Managed Care contracts?
   ________________________________

3) In 2009, were you contracted with:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Cross/Blue Shield</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Humana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) In the past two years, have you approached a plan with which you are not contracted in an attempt to join their network?
   ○ Yes
   ○ No (Skip to question 6)
   ○ Don’t know (Skip to question 6)

5) If yes, how have they responded to your request?
   ○ No response
6) In the past two years, have you or your representative attempted to negotiate the terms of any health plan contracts?

- Yes
- No [Skip to question 9]
- Not applicable because I have no contracts [Skip to question 9]
- Don't know [Skip to question 9]

7) In the past two years, how often have you or your representative been successful in negotiating changes in a plan's contract language or payment terms?

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't know

8) In your most recent effort, what was the outcome of the attempt to get contract changes?

- Secured changes in contract payments
- Secured changes in contract terms
- Secured changes in both payments and contract terms
- No change in the contract
- Don't know

9) Have you terminated any health plan contracts in the past two years?

- Yes
- No [Skip to question 12]
- Not applicable — I have no contracts [Skip to question 12]
- Don't know [Skip to question 12]

10) If you have terminated health plan contracts, what were the reasons? (Check all that apply.)

- Payment rate cuts imposed by the plan
- Payments that had not increased enough to cover practice costs
- Other payment problems such as claim denials, incorrect or late payment, or bundling
- Administrative burden imposed on practice by plan
- Other (please specify: ____________________________)

11) If you have terminated health plan contracts, did your termination notice result in new or renewed contract negotiations that ultimately produced a new contract with no lapse in coverage?

- Yes, every time
- Yes, sometimes
12) In your practice, do you have a method to detect whether your contractual discounts have been accessed without your consent, as in a silent PPO?

- Yes
- No (Skip to question 15)
- Not applicable — I have no contracts (Skip to question 15)
- Don't know (Skip to question 15)

13) If you have a method to detect unauthorized access to your contracted discounts, have you ever actually detected such activity?

- Yes
- No
- Don't know

14) If you detected such activity, could you trace it (i.e., who was accessing your contracted discounts) and what method did you use (i.e., an outside service, periodic internal audit, other)?

___________________________________________________
________________________________________________________

15) Does your practice give out-of-network or uninsured patients a "prompt payment" discount if they pay in full for their services at the time of their visit or within some specific time frame?

- Yes
- No

16) When patients have some financial responsibility to pay for services (such as high deductibles or out-of-network payments), physicians and patients need specific information about the patient’s share of payment at the time of the service or in advance. How often is the necessary information available from the insurer?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Blue Cross/Blue Shield</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Cigna</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Humana</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

17) Are you a member of any plan that rates doctors based on cost or quality by assigning them to a "preferred" tier?

- Yes
- No (Skip to end)
- Don't know (Skip to end)

18) What is your status with preferred-tier networks?
145

○ Rated high on quality measures with some plans, but not rated high on efficiency or cost measures
○ In preferred tier for all plans
○ In preferred tier with one or more plans, not in preferred tier with other plans
○ Not selected for any preferred tiers
○ Don't know (Skip to end)

19) In general, was the information used to determine your preferred-tier status:

<table>
<thead>
<tr>
<th>Available for you to review?</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaningful?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20) Did your status in any of the preferred-tier plans change from one rating period to another?

○ Yes, I was not in the preferred tier one year, and then was selected for the preferred tier the next year.
○ Yes, I was in the preferred tier one year, and then was deselected the next year.
○ No, my status has not changed.
○ Not applicable because I have not been in a plan with preferred-tier for more than one rating period.
○ I don’t know

21) Were you aware of the evaluation criteria in advance of the data collection?

○ Yes
○ No (Skip to end)

22) If you were aware, was it because the plan notified you or because you found the information on the plan’s website without direction?

○ I was notified by the plan.
○ I was not notified but found the information on my own.
○ Other (please specify: ________________________________).
TMA 2010 Physician Survey – August

This is the sixth survey in our series for 2010 and may be forwarded to a practice administrator or manager for completion.

Physicians who respond to ALL the surveys are eligible for *Switch: How to Change Things When Change is Hard* by Chip and Dan Heath with four and a half hours of free CME credit and a TMLT discount up to $1,000. Plus, every Texas physician who completes EVERY survey will be entered in a drawing to win one of five Apple iPads or Dell tablet PCs.

All responses are confidential and only aggregated responses will be reported.

1) **Approximately** what percentage of your patients have high-deductible ($1,000 or more) health plans (if you do not know the approximate figures, leave the answers blank):

   With spending accounts like HRAs or HSAs? ___________________________ %

   Without spending accounts like HRAs or HSAs? ___________________________ %

2) "Charity care" is medical care provided with prior knowledge that the patient will be unable to pay for services. Last year, what was the approximate dollar value of the charity care that you delivered **personally**, or was the per-physician average amount delivered in your practice?

   $ ___________________________ (Enter approximate dollar amount)

3) Last year, what was the approximate dollar value of uncollectible debts, **over and above charity care**, attributable to medical services that you delivered **personally**, or were delivered per physician on average in your practice?

   $ ___________________________ (Enter approximate dollar amount)

4) Did your practice pay the Texas franchise tax (also known as business or margins tax) in 2009?*

   ○ Yes
   ○ No (Skip to question 12)

5) If yes, what was the total franchise tax liability per physician? $____

6) Did you pay a fee for franchise tax return preparation?*

   ○ Yes
   ○ No (Skip to question 14)

7) If yes, what was the total fee for franchise tax return preparations? $_____
TMA 2010 Physician Survey –September

This is the seventh survey in our series for 2010. Physicians who respond to ALL the surveys are eligible for *Switch: How to Change Things When Change is Hard* by Chip and Dan Heath with four and a half hours of free CME credit and a TMLT discount up to $1,000. Plus, every Texas physician who completes EVERY survey will be entered in a drawing to win one of five Apple iPads or Dell tablet PCs.

1) In the past year, has your practice experienced any specific cases in which the quality of patient care was adversely affected by the operating policies or utilization controls of a government program or private-sector health plan? (Check all that apply.)

☐ Medicare
☐ Medicaid
☐ Health plans
☐ Workers’ compensation

2) If you have seen damage to care quality, what were the causes? (Check all that apply.)

<table>
<thead>
<tr>
<th>Inadequate access to primary care</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Managed Care</th>
<th>Workers’ Comp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate specialist access</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delays in treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited or tiered formularies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denials or noncoverage for some procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited or tiered networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify: __________)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3) Do you have practice privileges at a hospital?*

☐ Yes
☐ No (Skip to question 12)

4) Which of the following describes the hospital in which you primarily practice? (Check all that apply).

☐ Academic medical center
☐ Public hospital
☐ Private, not-for-profit
☐ Private, for profit
☐ General hospital
☐ Limited service or specialty hospital
☐ Designated trauma facility
☐ Owned partially or entirely by physicians

5) Thinking about the hospital in which you primarily practice, please indicate your agreement with the following statements: [Randomize]

<table>
<thead>
<tr>
<th>Hospital and medical staff work together to solve patient</th>
<th>Strongly Disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>
Safety problems.

| Hospital and medical staff work together to solve economic problems. | ☐ | ☐ | ☐ | ☐ |
| The hospital takes efforts to address physician concerns. | ☐ | ☐ | ☐ | ☐ |
| The working relationship between hospital and medical staff is cooperative. | ☐ | ☐ | ☐ | ☐ |
| Timely on-call coverage is generally available for all specialties. | ☐ | ☐ | ☐ | ☐ |

6) In the past year, have there been any specific cases in your practice in which the quality of patient care was adversely affected by the policies or operations of a hospital or surgical facility?

- Yes
- No (Skip to question 9)

7) If you have seen damage to care quality, what were the causes? (Check all that apply.)

- Scheduling delays
- Delays in implementing physician orders
- Errors in implementing physician orders
- Inadequate facility staffing
- Inconsistent facility staffing
- Inconsistencies in surgical settings or equipment
- Inadequate call coverage
- Other (please specify: ______________________)

8) Do your medical staff privileges at any hospital require you to accept patients who report to the emergency room without a physician?

- Yes
- No

9) Does the hospital reimburse you in some fashion for being on call or responding to emergency call for medically indigent patients?

- Yes
- No

10) Does the hospital require you to participate as a provider in certain health plan or network contracts?

- Yes, there are requirements or incentives.
- There are no formal requirements or incentives, but hospital administrators strongly encourage it.
- No
- Don’t know

11) Are there specialty hospitals, ASCs, or imaging centers in your area that are physician-owned?

- Yes
- No (skip to question 17)
- Don’t know (skip to question 17)
12) Please indicate your agreement with each of the following statements regarding physician-owned facilities in your community in comparison to other facilities offering comparable services:

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The facility is a safer place for patients than others in the community.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The facility is a more convenient place for patients than others in the community.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The facility is less expensive for patients than others in the community.</td>
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<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

13) Do you practice in any hospital, ASC, or other facility that is physician-owned?

- Yes
- No (skip to question 18)
- Don’t know (skip to question 18)

14) Are you an owner or investor in the facility?

- Yes
- No (skip to question 18)

15) Omitted

16) How has ownership in a facility affected your business position (Check all that apply.)

- It has given me increased leverage to negotiate better contracts with some plans.
- It has caused some plans to refuse to contract with my facility.
- It has caused some plans to refuse to contract with me for my professional services.
- It has improved the efficiency of my practice.
- It has caused me to lose staff privileges at another facility.
- Other (please specify: ________________________________ )
TMA 2010 Physician Survey –October

This is the eighth survey in our series for 2010. Physicians who respond to ALL the surveys are eligible for *Switch: How to Change Things When Change is Hard* by Chip and Dan Heath with four and a half hours of free CME credit and a TMLT discount up to $1,000. Plus, every respondent who completes EVERY survey will be entered in a drawing to win one of five Apple iPads or Dell tablet PCs.

1) **What legislative, legal, and regulatory issues are most important to you as a physician?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not at all Important</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawsuit abuse and tort reform</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposing government intrusion in medical decisions</td>
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<tr>
<td>Opposing commercial payer intrusion in medical decisions</td>
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<tr>
<td>Opposing hospital management intrusion in medical decisions</td>
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<tr>
<td>Health plan hassles and prompt pay</td>
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<tr>
<td>Standardized health plan contracts</td>
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<td></td>
</tr>
<tr>
<td>Patient safety initiatives</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Texas Medical Board regulation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Whistle blower protections of physicians who report</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>damage to quality of care</td>
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</tr>
<tr>
<td>Other (please specify:______________________________________________)</td>
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</tr>
</tbody>
</table>

2) **Which state legislative, legal, and regulatory issues are most important to you as a physician?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not at all Important</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid payment adequacy</td>
<td></td>
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<td></td>
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<tr>
<td>Reducing or eliminating taxes on physician practices</td>
<td></td>
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<tr>
<td>Access to care for injured workers</td>
<td></td>
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<tr>
<td>Preventing limits on balance billing</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Preventing scope of practice expansion for non-physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Medical Board regulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposing requirements to participate in Medicaid as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>condition of licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify:______________________________________________)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3) **Which federal legislative, legal, and regulatory issues are most important to you as a physician?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not at all Important</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covering the uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare payment adequacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoring physicians' rights to invest in health care facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient safety initiatives</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Antitrust protections</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Implementation of health exchanges as required by the new reform law</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opposing requirements to participate in Medicare as a condition of licensure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Revise or eliminate some provisions of the new health care reform law</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify: __________________________)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

4) **What is the biggest public health issue facing Texas today?**

__________________________________________________________________________________________

5) **What public health issues are most important to you?**

<table>
<thead>
<tr>
<th>Support for certain measures of obesity prevention</th>
<th>Not at all Important</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Medicaid reimbursement to vaccinate patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support funding for stem cell research in Texas</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support smoke-free legislation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Increased funding for mental health services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Increase funding to state and local public health systems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support legislation to reduce toxic emissions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify: __________________________)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

6) **Omitted**

7) **To address high health-care cost or alleged problems of overutilization of medical care services, do you support or oppose the following measures?**

<table>
<thead>
<tr>
<th>Fee cuts to all physicians in a region or locality with high medical service use</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart audits by properly qualified physicians to determine whether services were medically necessary before any financial penalties are imposed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Encourage patients to make prudent spending decisions by allowing high-deductible insurance with spending accounts like Health Saving Accounts</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Measures to ensure adequate access to good primary care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Financial incentives for medical homes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Limits on the use of imaging equipment by physician specialty</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Payment based on reported clinical data used to assess quality of care</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

8) **Do you support legislative changes to permit a physician to delegate prescription authority of Schedule II drugs (i.e., pain medication) to physician assistants?**

☐ Yes
9) Do you support legislative changes to permit a physician to delegate prescription authority of Schedule II drugs (i.e., pain medication) to advanced practice nurses?

☐ Yes
☐ No

10) Do you support legislative changes to allow physician assistants to employ their supervising physicians?

☐ Yes
☐ No

11) When patients want information about the fees for your services, do you: (Check all that apply.)

☐ Publish a complete fee schedule on your website or in patient information materials.
☐ Publish your most-frequently billed fees on your website or in patient information materials.
☐ Give patients individual fees or cost ranges when they ask.
☐ Routinely give patients fee information when planning future tests or procedures.
☐ Try to estimate the insurance payment and net patient liability in advance.
☐ I never give out information about my fees.

12) If you were certain it was not an anti-trust violation, would you disclose fees more readily?

☐ Yes
☐ No

13) Have you detected cases where you are listed incorrectly in a health plan’s directory?

☐ Yes, I was listed as a participating provider when I was not participating.
☐ Yes, I was not listed when I was participating.
☐ No, I have never detected any errors.

14) Have you experienced any of the following problems with assignment of benefits? (Check all that apply.)

☐ Payers refusing to honor assignment, resulting in plans paying patients instead of physicians.
☐ Payers’ asserting that assignment of benefits imposes a prohibition on balance billing.

15) Which statement best describes the current electronic medical record (EMR) status of your practice?

☐ We do not plan to implement an EMR.
☐ We want to implement or plan to implement an EMR.
☐ We currently use an EMR.

16) Did the passage of the federal health care reform bill have any impact on your plans to adopt an EMR?

☐ Yes, it accelerated my plans.
153

☐ Yes, it delayed my plans.
☐ No, it did not impact my plans.

17) Should it be assumed that patients want to have their EMR data shared among health care providers as part of a health information exchange?

☐ Yes, it should be assumed patients opt-in with the ability to opt-out.
☐ No, it should be assumed patients are out unless they opt-in.

18) If patients do opt-in, do you still have concerns about shared data from EMRS? (Check all that apply.)

☐ Patient privacy concerns
☐ Physician privacy concerns
☐ Administrative burden concerns
☐ No concerns

19) Whose responsibility is it to inform patients about shared data from EMRs?

☐ Physicians and/or practice staff
☐ The health information exchange
☐ Other (please specify: ____________)

20) Have you seen cases where physicians lost employment, contracts, or hospital privileges because they raised issues about hospital regulatory compliance or patient care quality?

☐ Yes
☐ No

21) Omitted

22) Omitted

23) Omitted

24) Are you discussing or considering joining with other health care providers to form an ACO?*

☐ Yes
☐ No (Skip to question 26.)

25) If yes, what other health care providers are you discussing or considering joining?

☐ A hospital
☐ Other physicians
☐ Other (please specify: ____________)

26) Are you actively looking for an opportunity to sell your practice due to the new health reform law?

☐ No
☐ Yes, within the next two years
☐ Yes, within the next five years