

TMA 2014 Physician Survey

Research Findings



TEXAS MEDICAL
ASSOCIATION

Physicians Caring for Texans

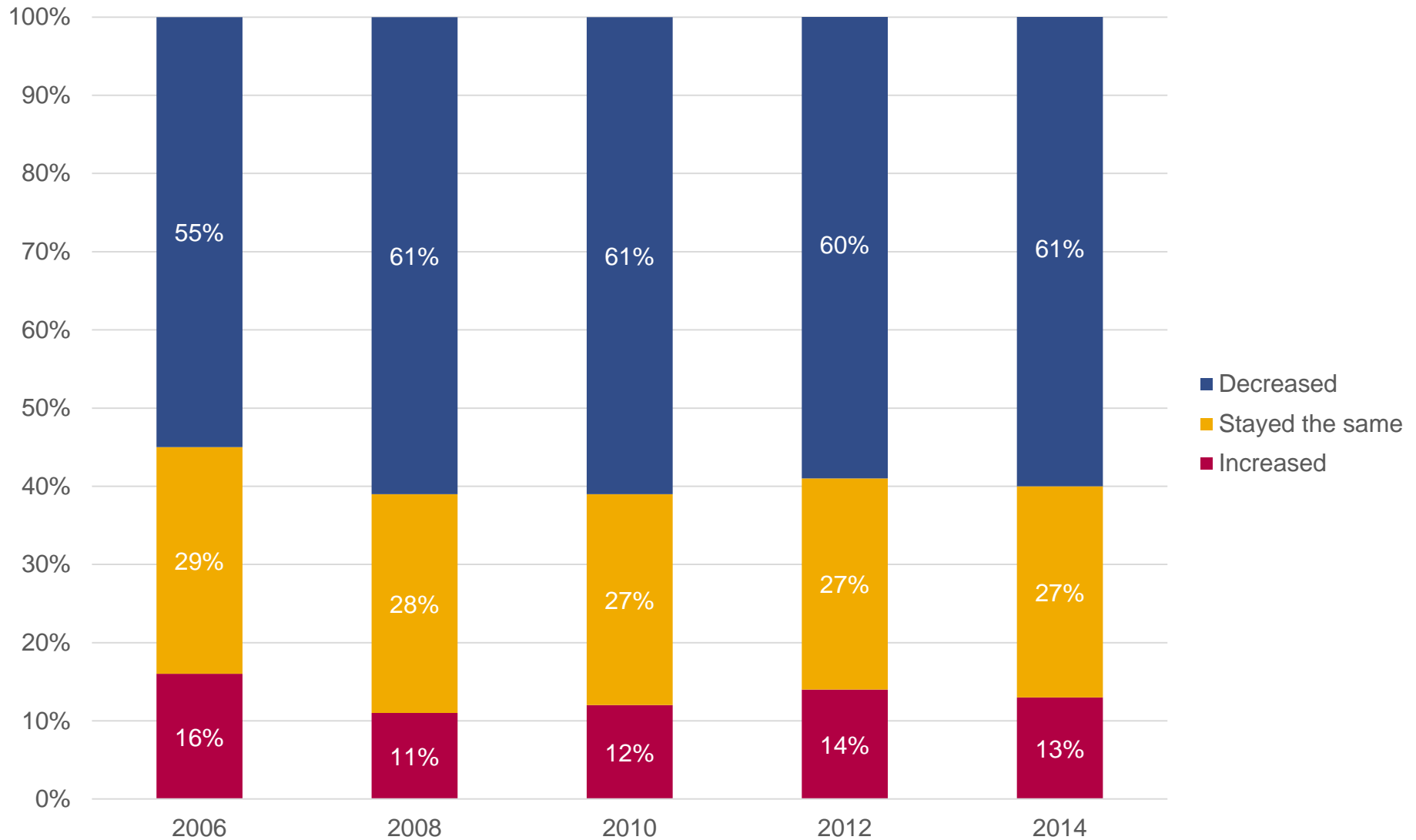
Biggest Challenge

	2000	2002	2004	2006	2008	2010	2012	2014
Low/Declining pay	15%	32%	28%	31%	43%	33%	38%	21%
Health system reform	<1%	3%	<1%	3%	2%	18%	11%	16%
Admin burden								12%
Third-party interference	2%	9%	6%	7%	5%	11%	15%	10%
Health info tech							2%	7%
Economic survival	<1%	3%	9%	13%	15%	16%	12%	7%
Corporate practice								6%
Quality/Access	4%	4%	4%	7%	2%	4%	4%	6%
Uninsured/Underinsured	3%	2%	6%	11%	10%	5%	5%	3%
Managed care/insurers	44%	16%	9%	9%	7%	2%	2%	3%
Scope							2%	1%
Supply	2%	2%	3%	3%	2%	3%	1%	1%
Liability	6%	25%	33%	5%	4%	2%	1%	1%
TX Med Board					2%	0%	1%	1%
Other	5%	3%	2%	6%	8%	5%	6%	6%

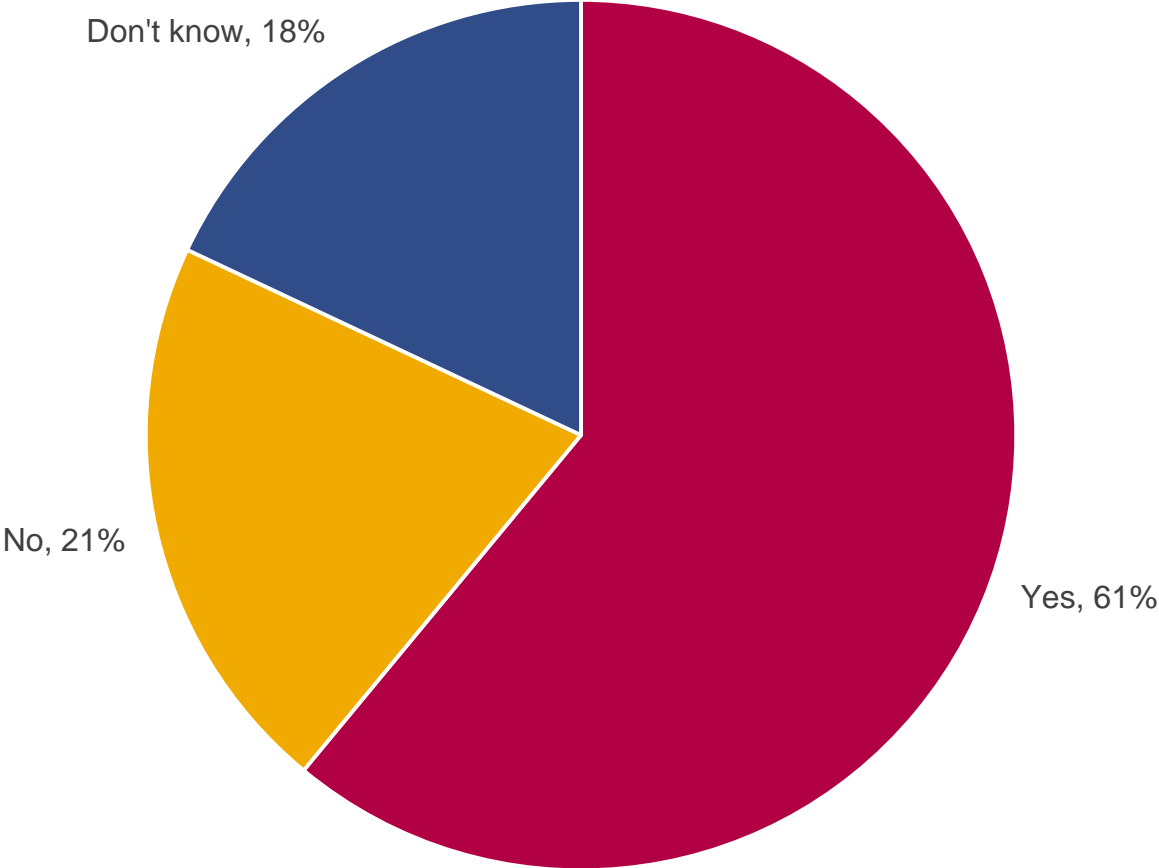
Practice Viability

- Findings specific to the economic and business issues faced by physician practices.

Two Year Change in Personal Income from Medical Practice



Cash Flow Problems Due to Slow Pay, Nonpay, or Underpayment of Claims by Insurers or Government Payers



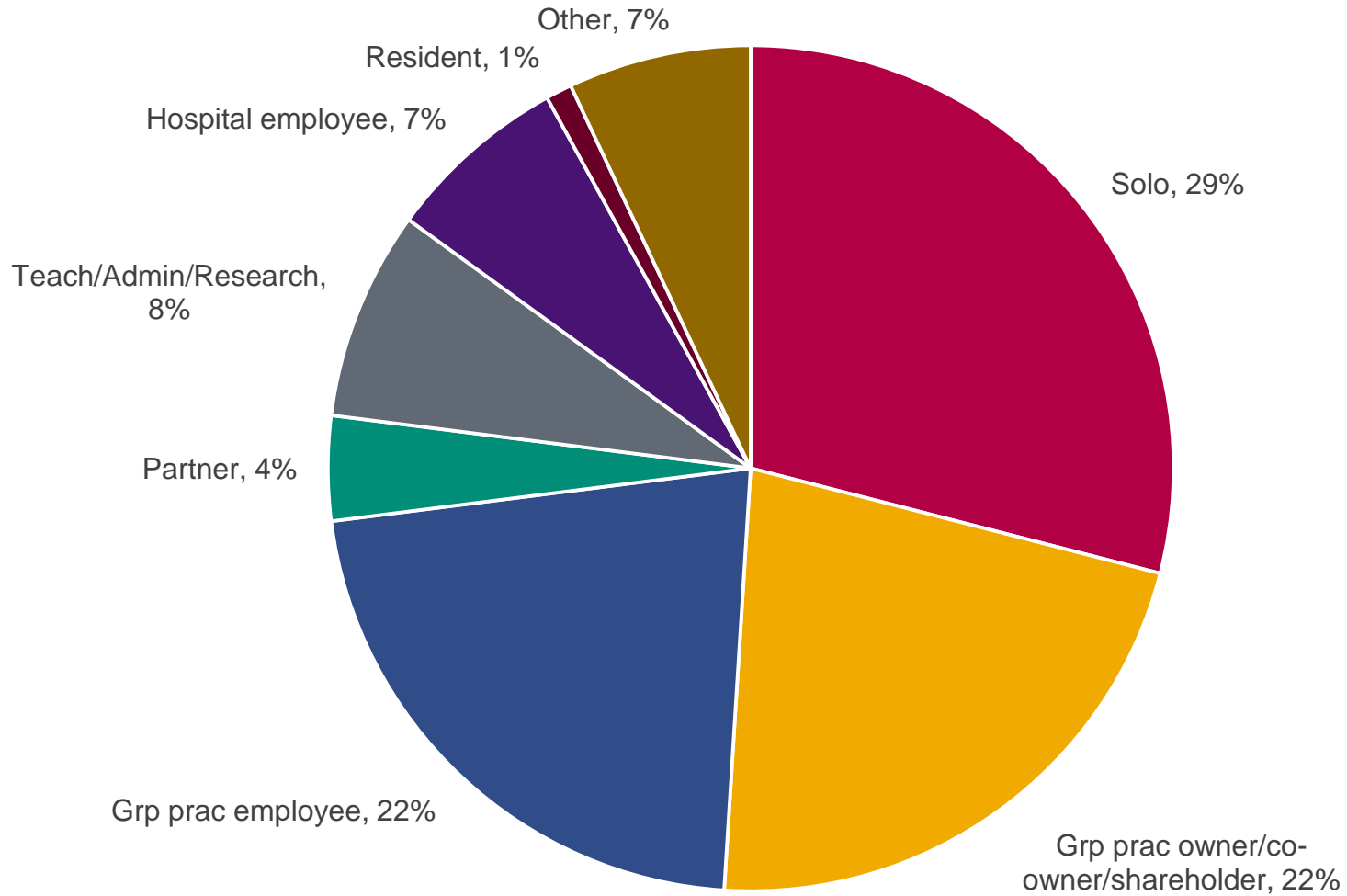
Response to Cash Flow Problems

	2002	2004	2006	2008	2010	2012	2014
	%	%	%	%	%	%	%
Reduce employees/hours/benefits					33	27	44
Draw from personal funds	46	68	39	33	51	52	40
Reduce services to gov't payers					20	28	27
Terminate/Renegotiate contracts					23	21	27
Secure commercial loans	33	46	32	22	33	26	23
Close/Sell practice					5	4	8
Other					19	17	14

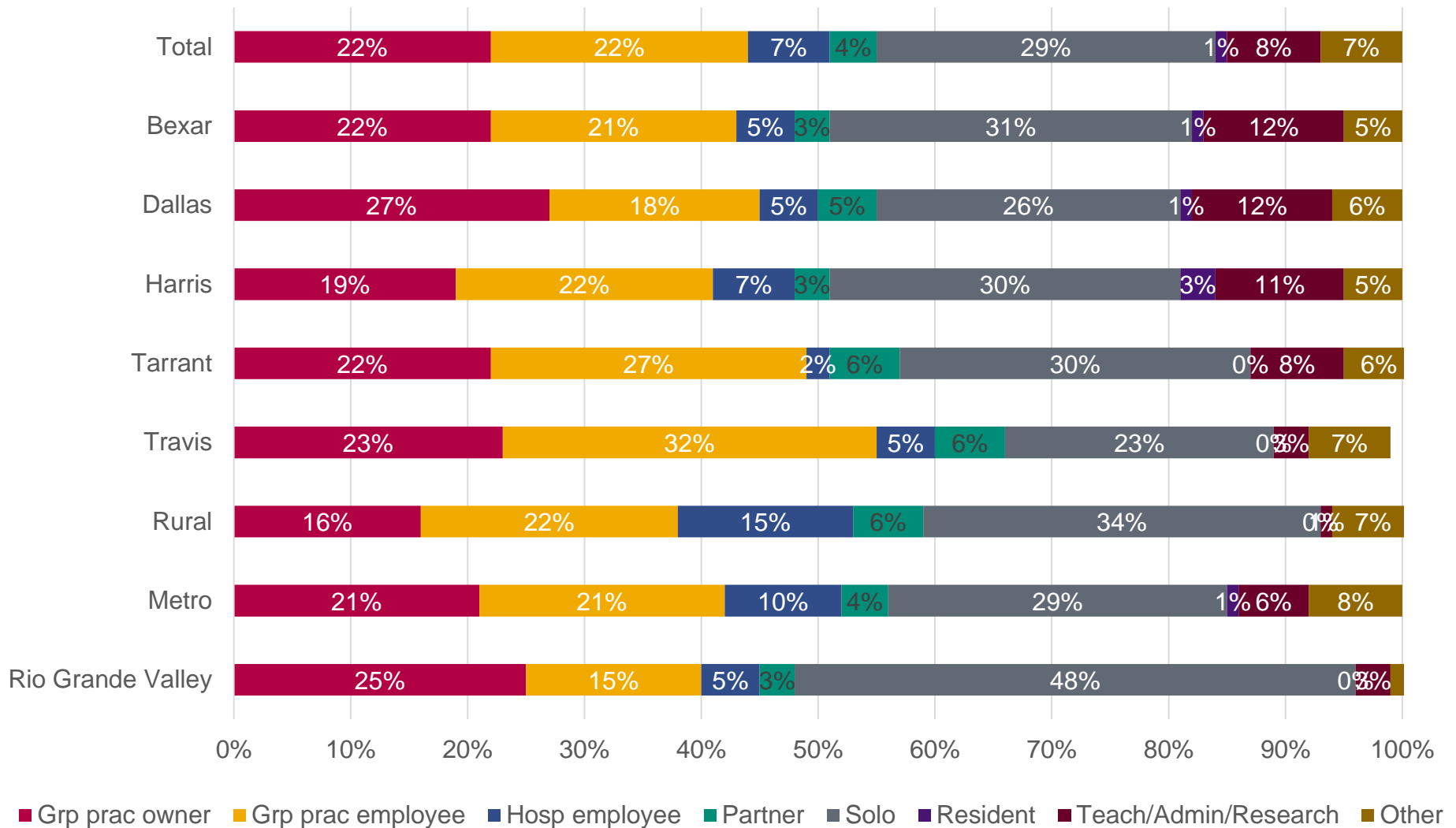
Type of Practice

	1990	2000	2002	2004	2006	2008	2010	2012	2014
Solo	50%	32%	42%	40%	44%	40%	34%	44%	29%
Grp practice owner, co-owner, or shareholder	24%	20%	28%	24%	25%	28%	28%	24%	22%
Grp practice employee		20%	13%	15%	13%	14%	18%	13%	22%
Partner	10%	9%	9%	11%	7%	9%	8%	5%	4%
Teach/Admin/Research		7%	5%	5%	7%	6%	7%	5%	8%
Hospital employee								4%	7%
Resident		7%		0.1%			1%	0.3%	1%
Other	16%	5%	4%	6%	4%	5%	5%	5%	7%

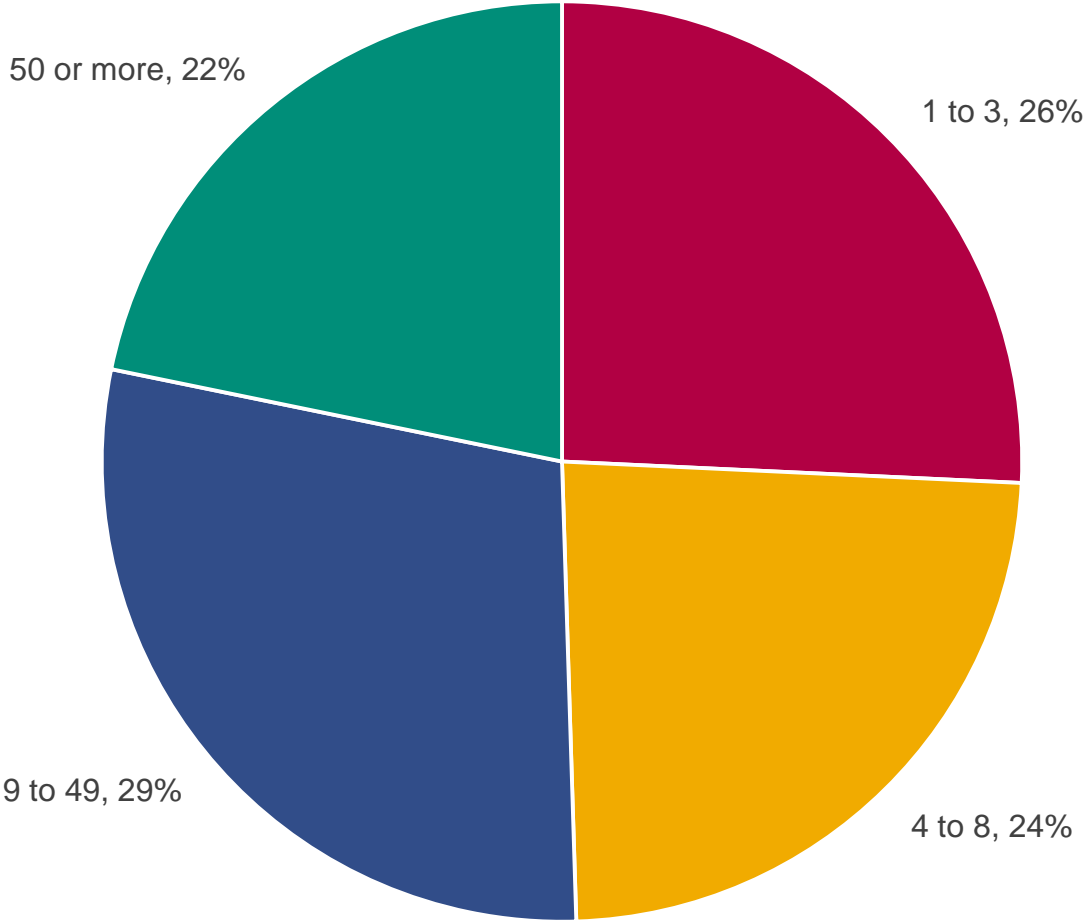
Type of Practice



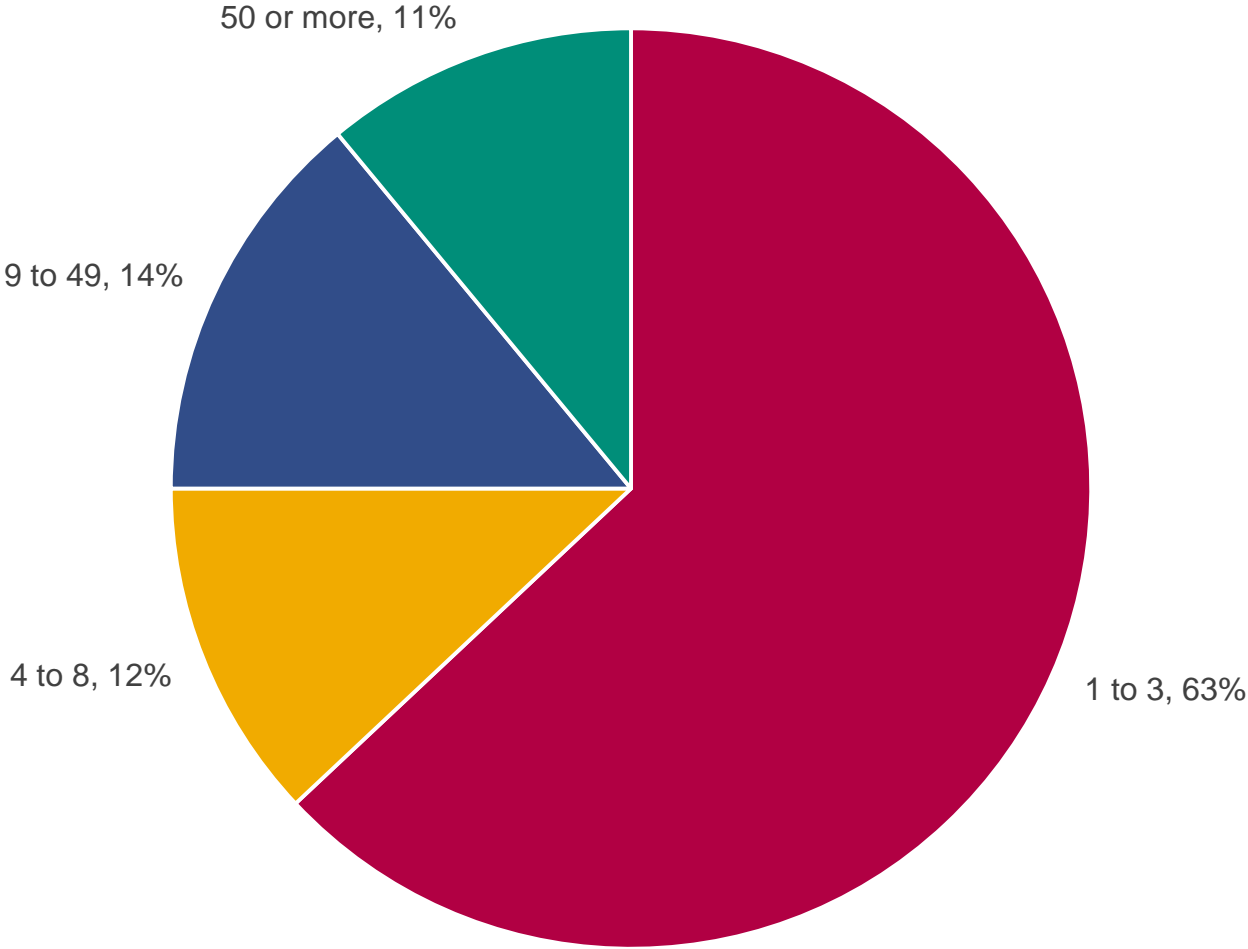
Type of Practice by Physician County



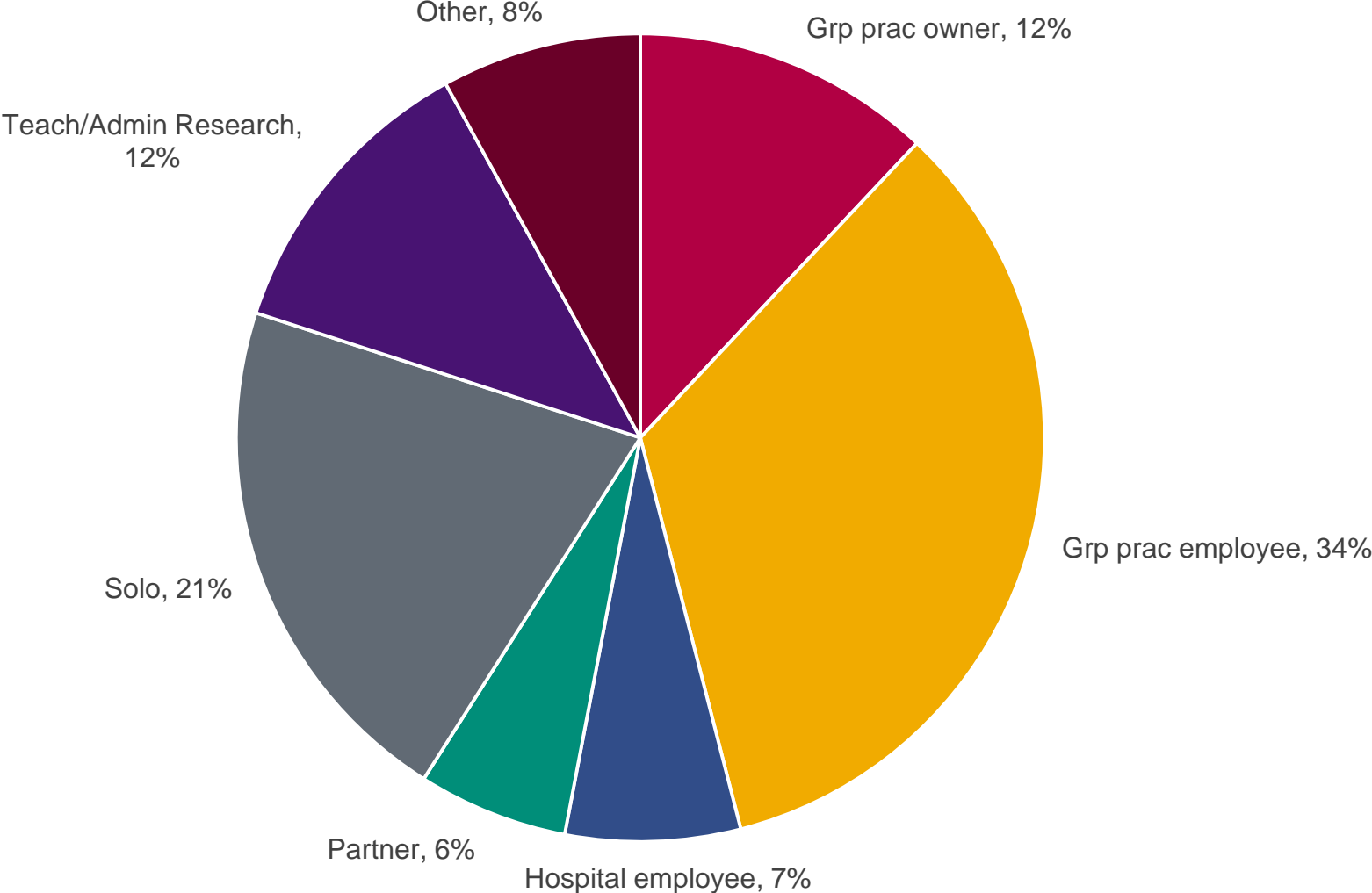
Group Size



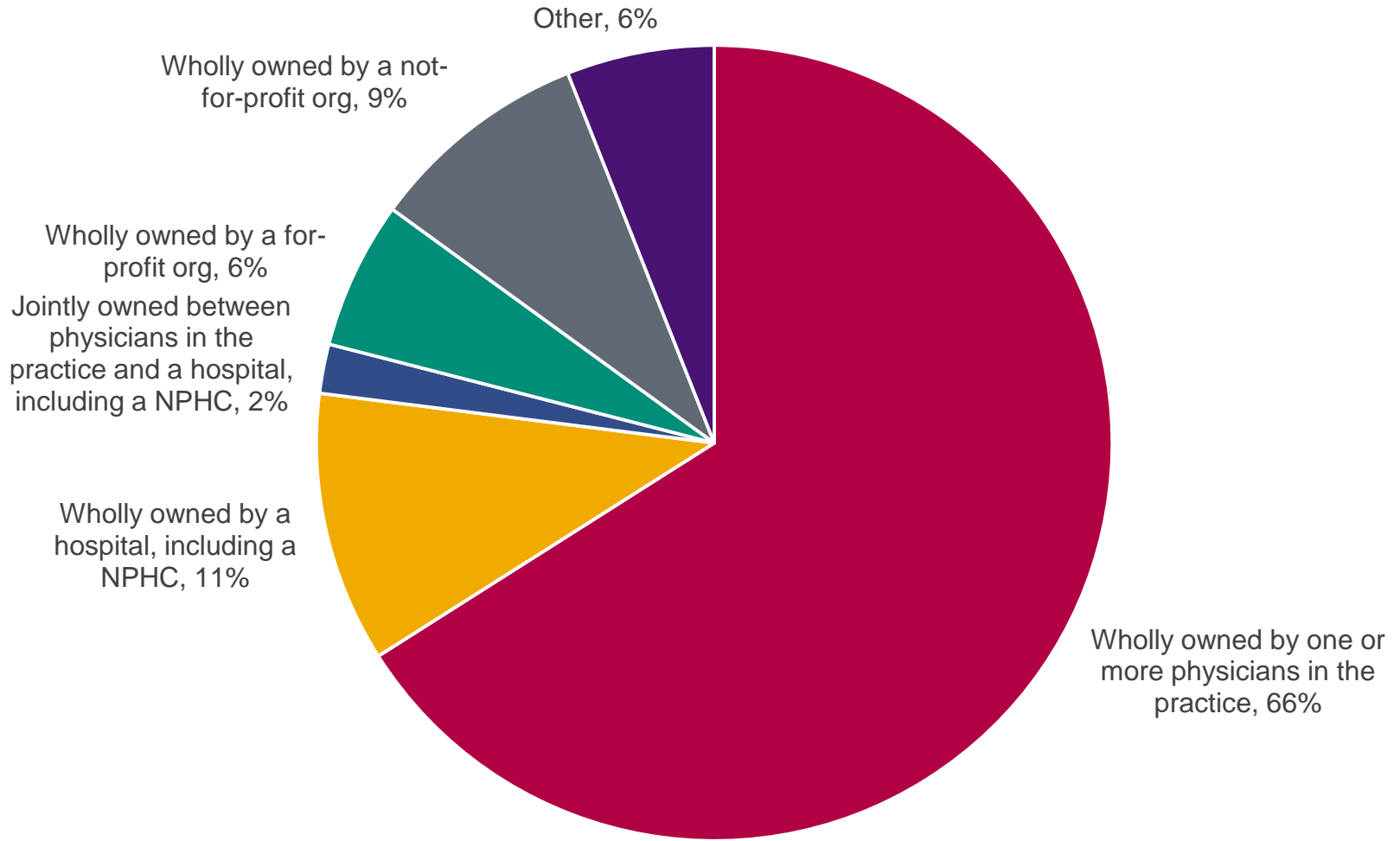
Practice Size



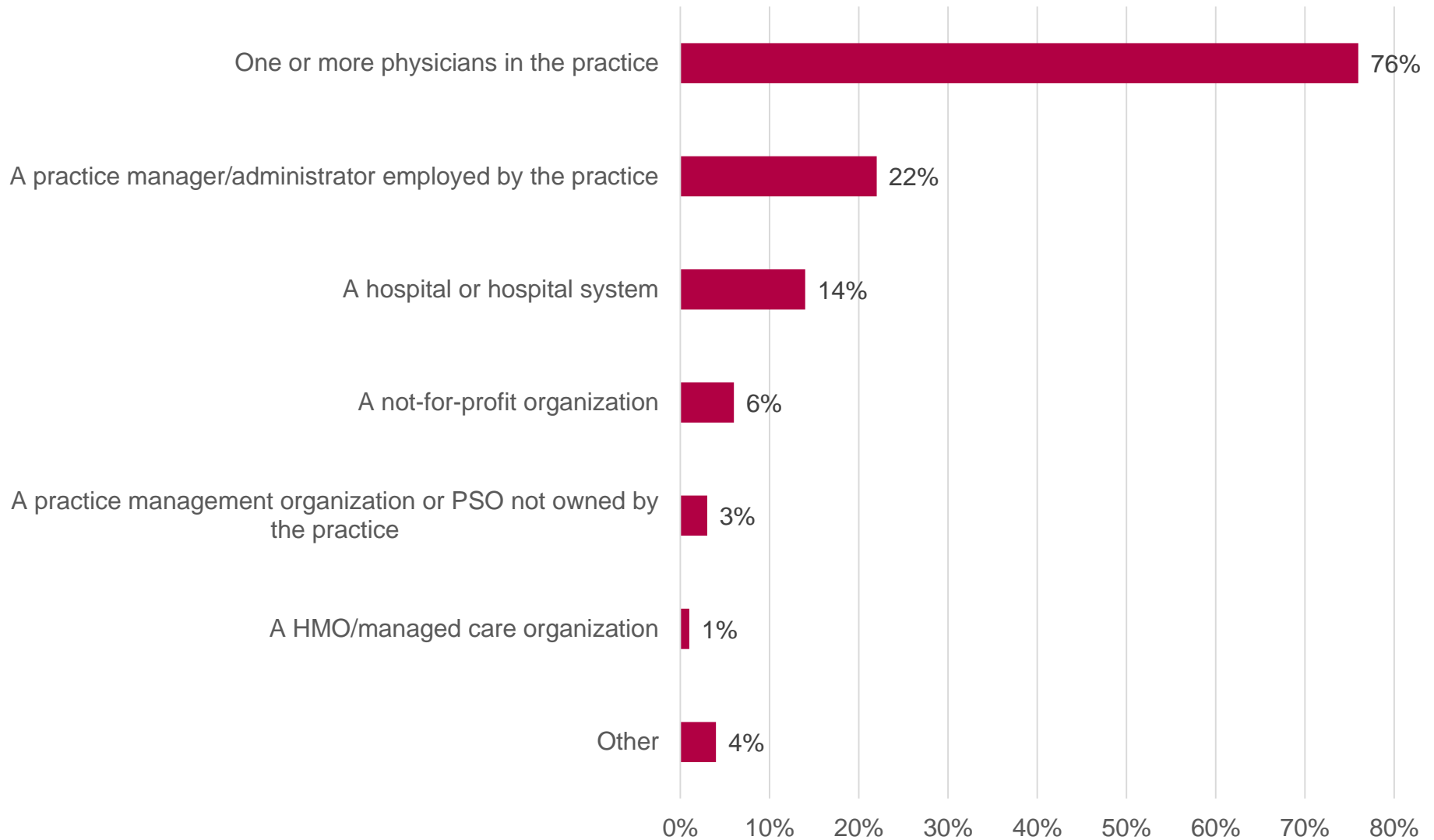
Starting Practice Type



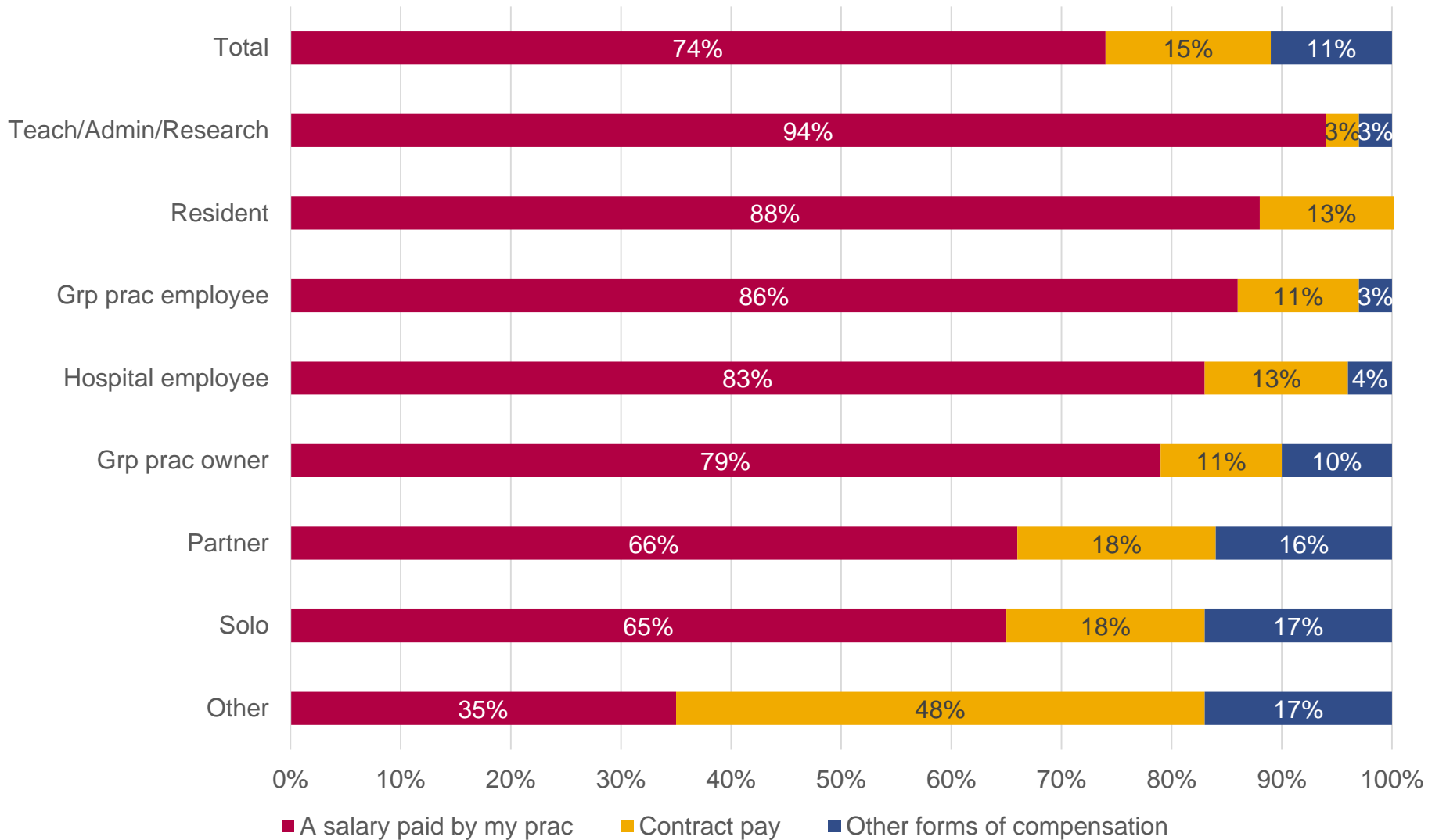
Current Practic Ownership



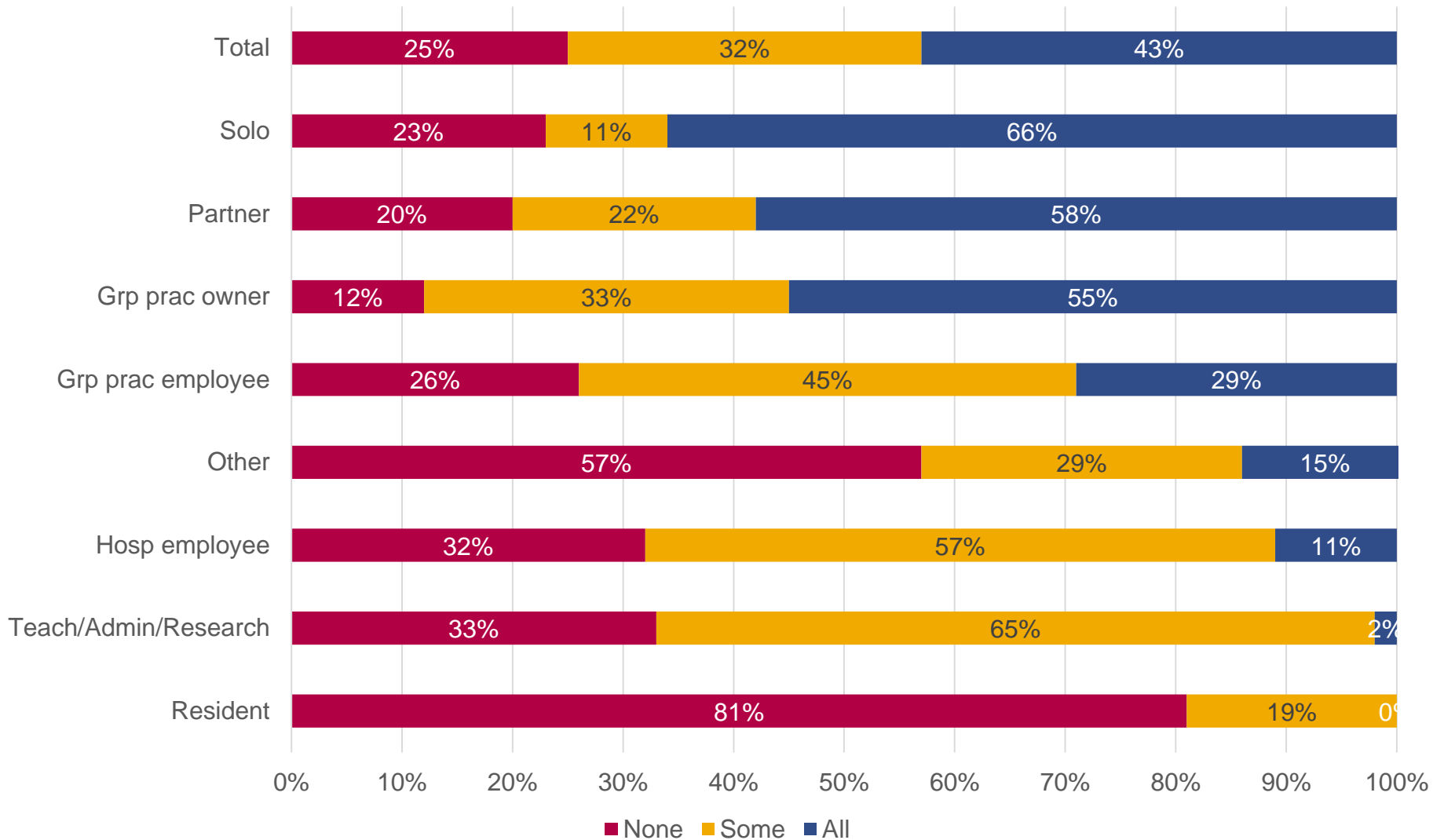
Practice Management Authority



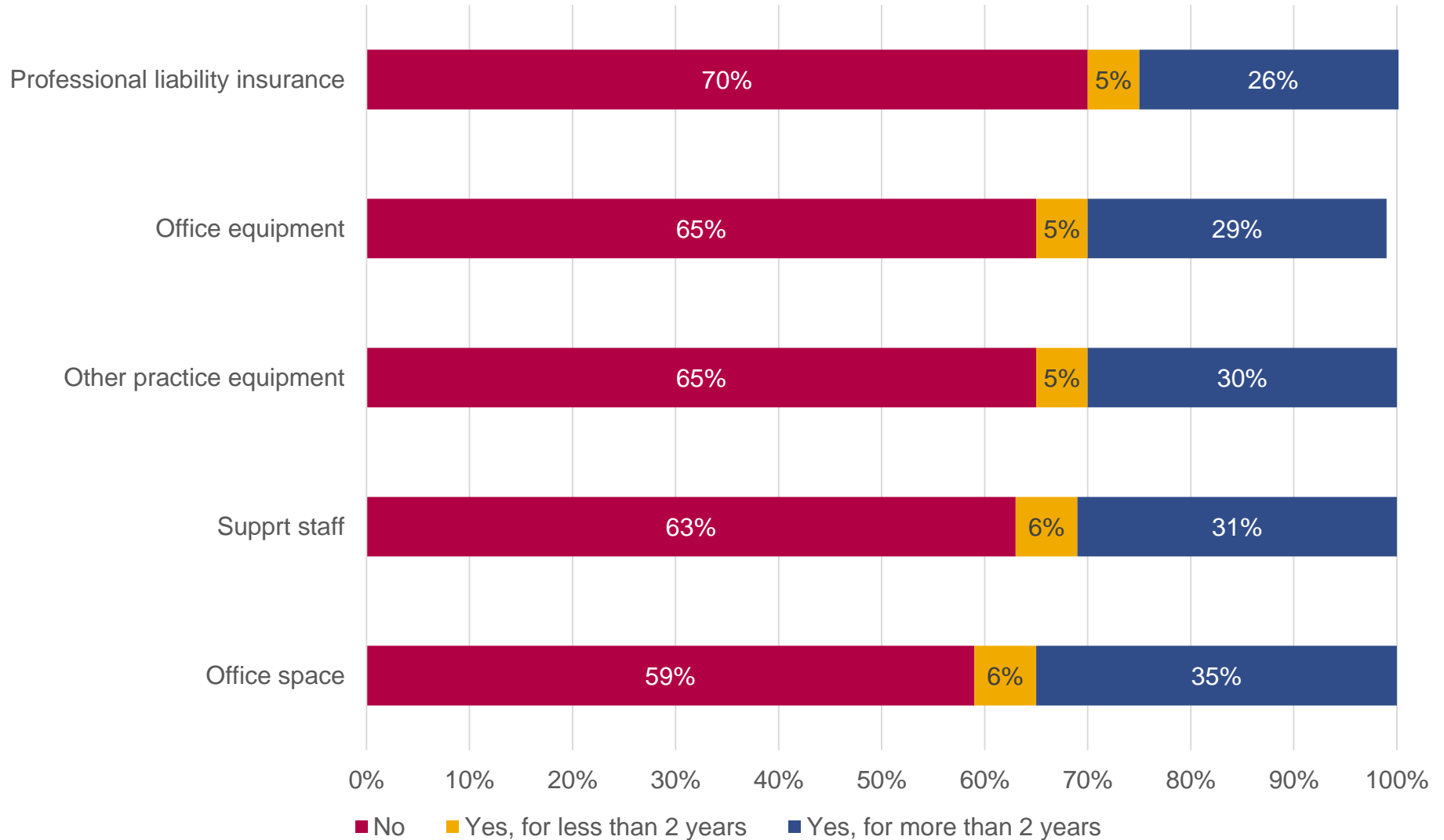
Physician Income by Practice Type



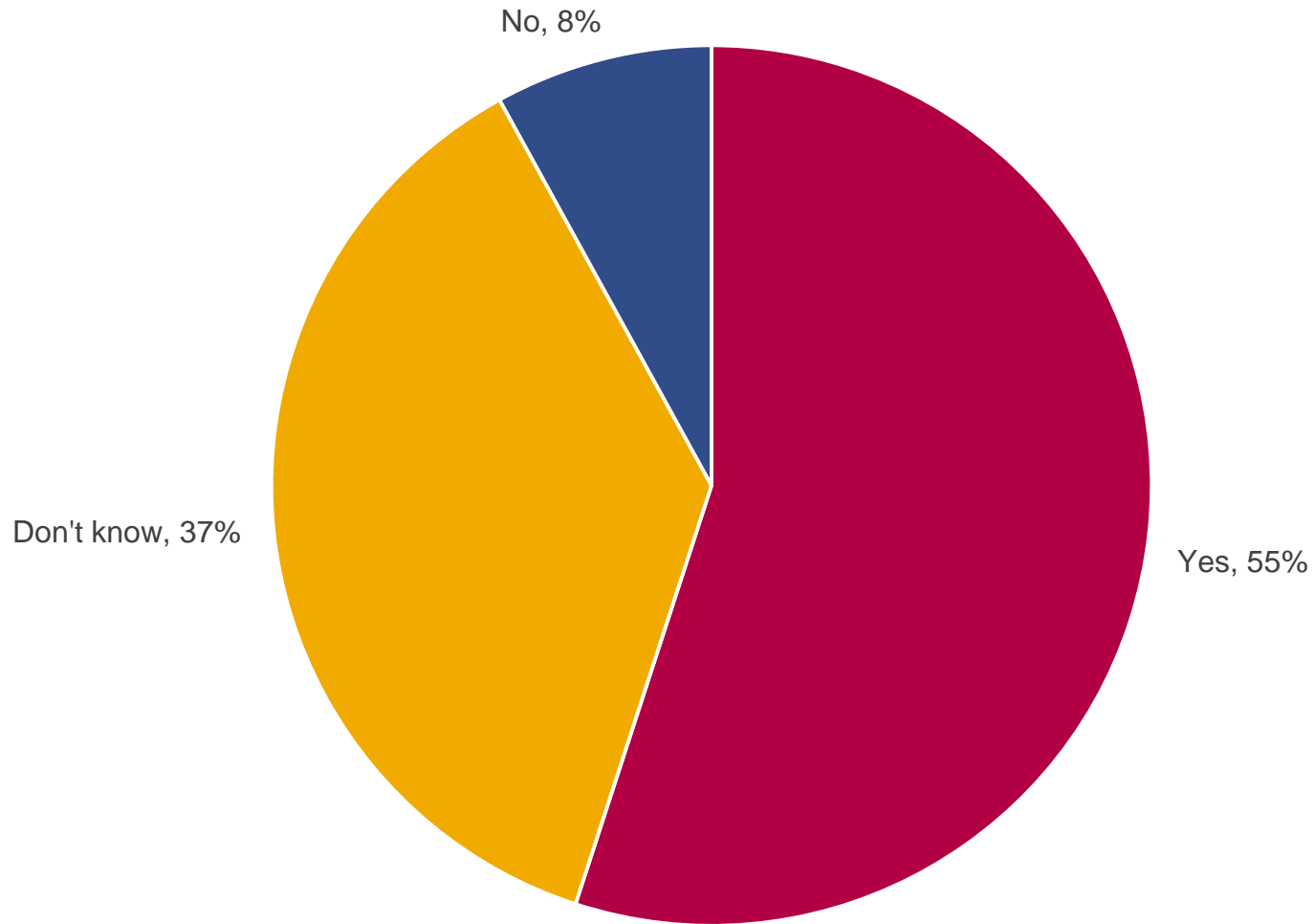
Physician Practice Type and Productivity-based Compensation



Hospital Investment in Physician Practice

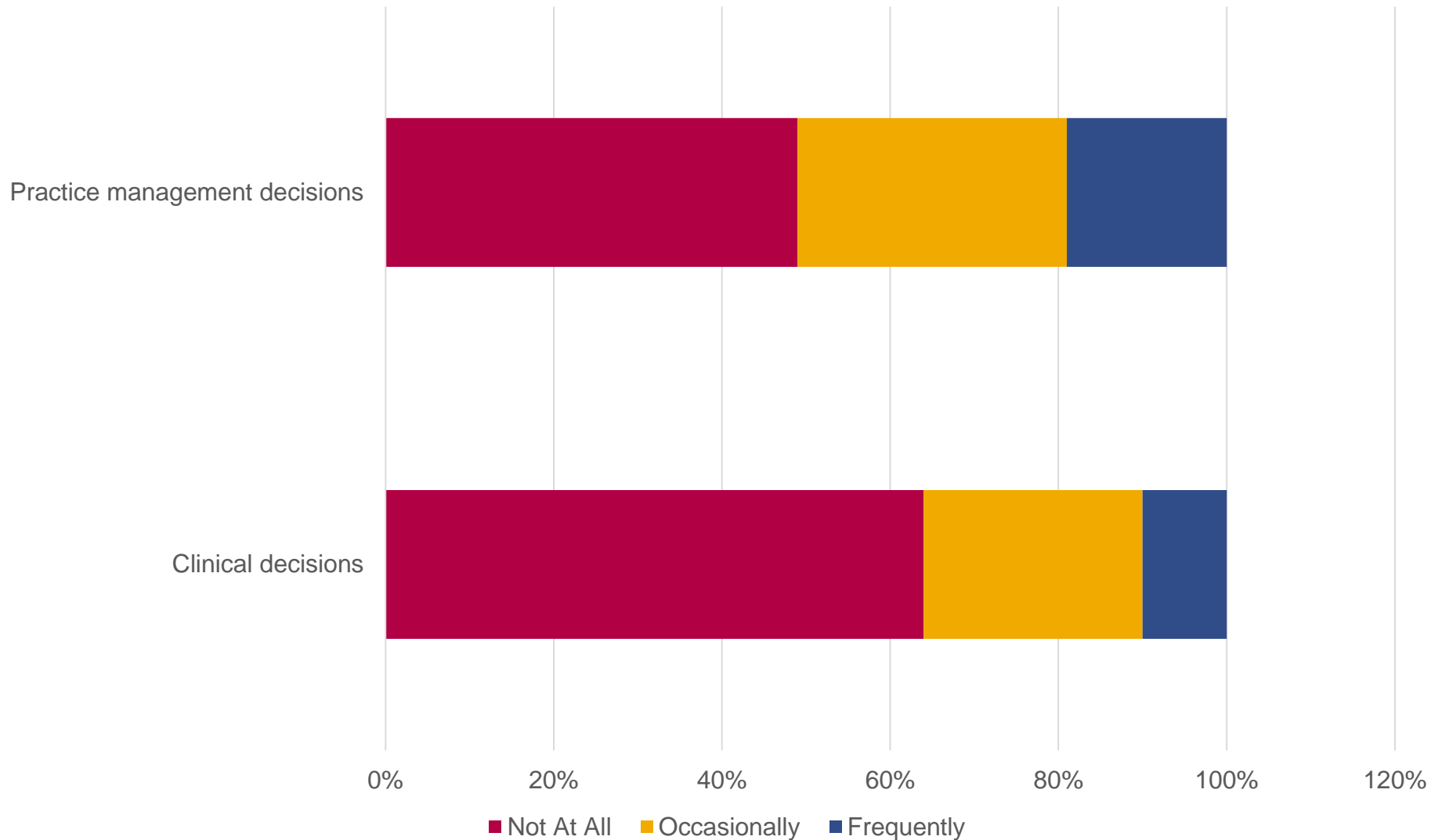


ACO Participation in the Medicare Shared Savings Program



Note: 18 percent practice in an ACO or clinical co-management arrangement.

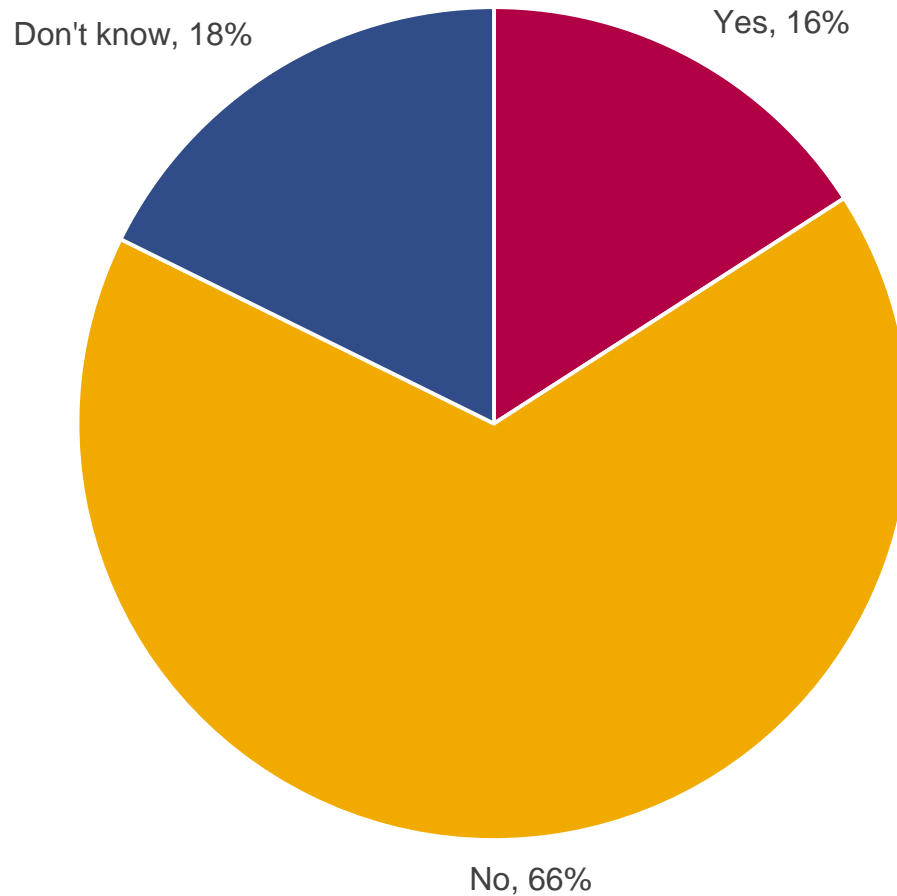
Physician Independence in Making Decisions



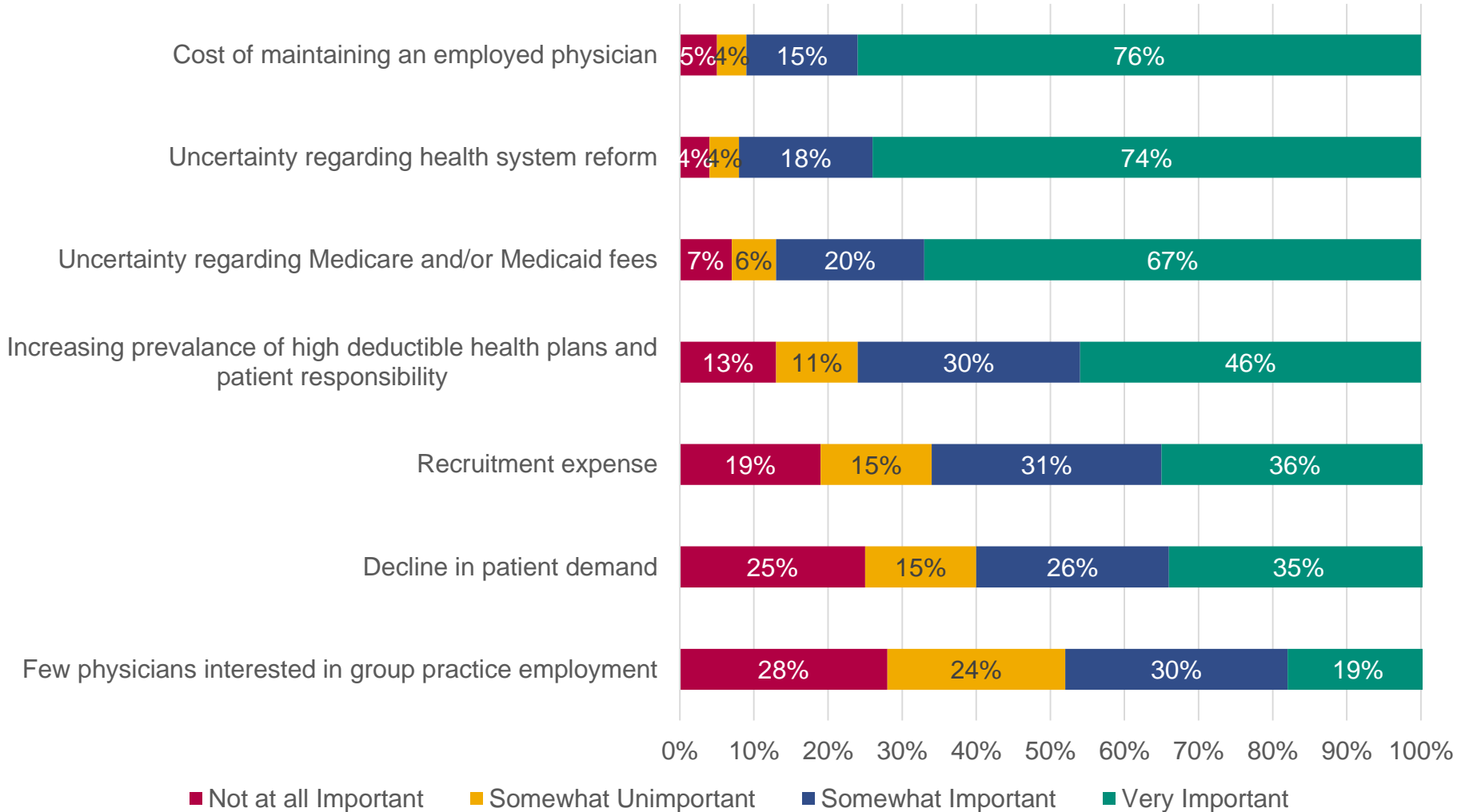
Note: 52 percent of physicians feel they are at risk of losing their independence in clinical decision-making and 98 percent agree if they lose their ability to make independent clinical decisions, it is bad for physicians and patients.

Percentage of Practices Planning to Hire a New Physician in the Next Year

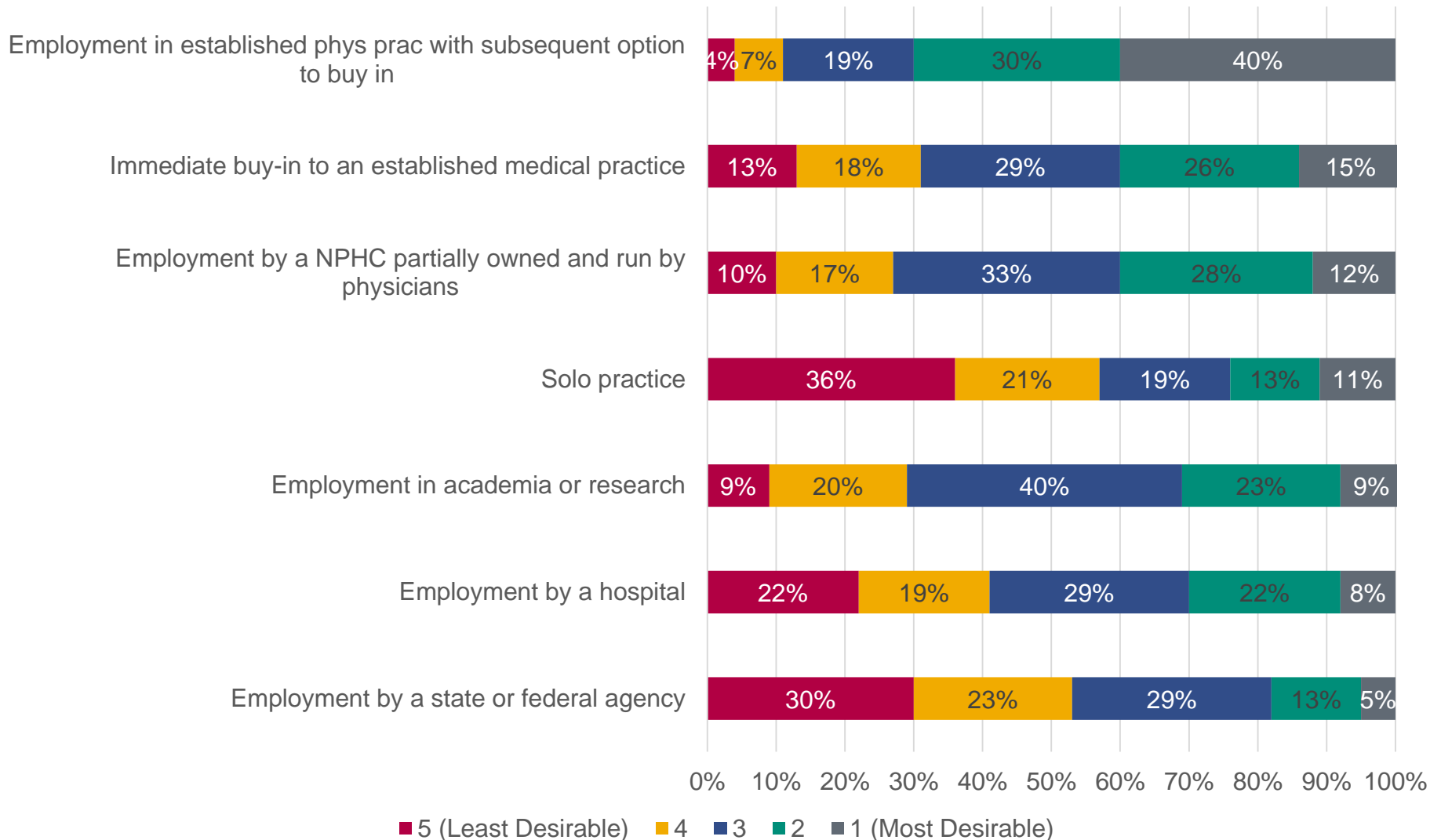
(Among the 55 percent of physicians whose practice has not hired in the past year.)



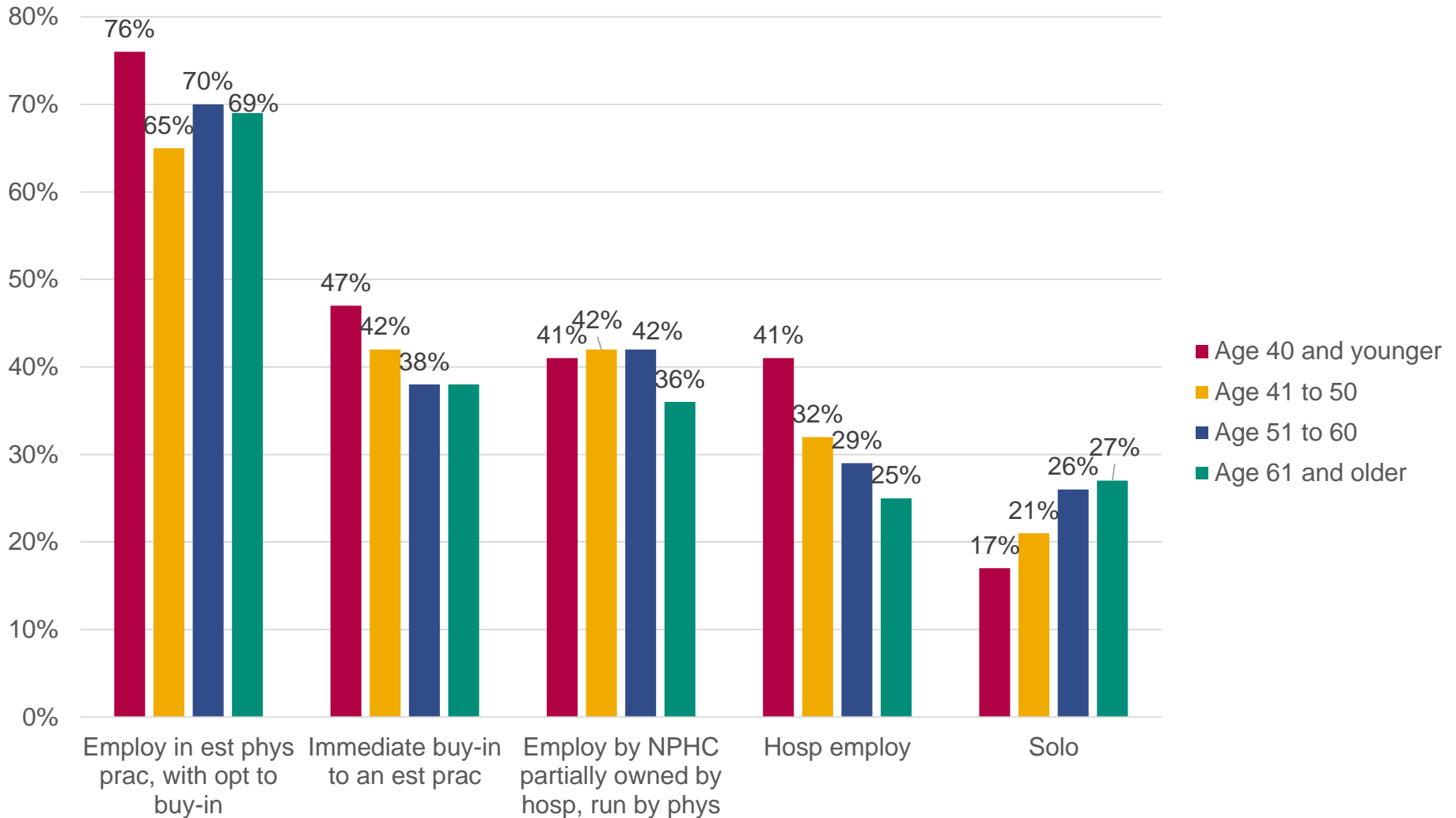
Economic Factors Important in Practice Decision Not to Hire a New Physician



Desirability of Practice Types for Most New Physicians

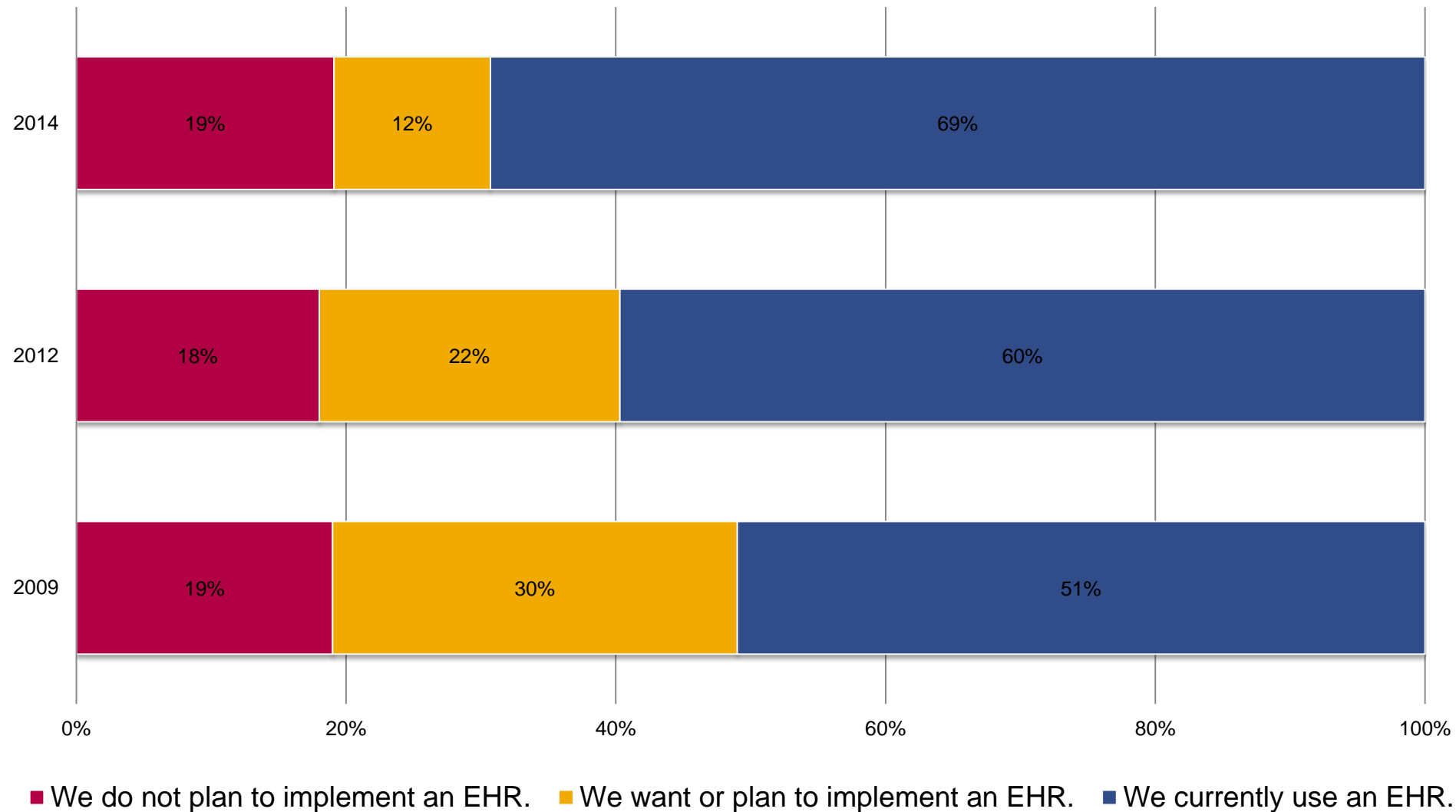


Physician Ratings of Desirability of Selected Practice Types for Most New Physicians by Age



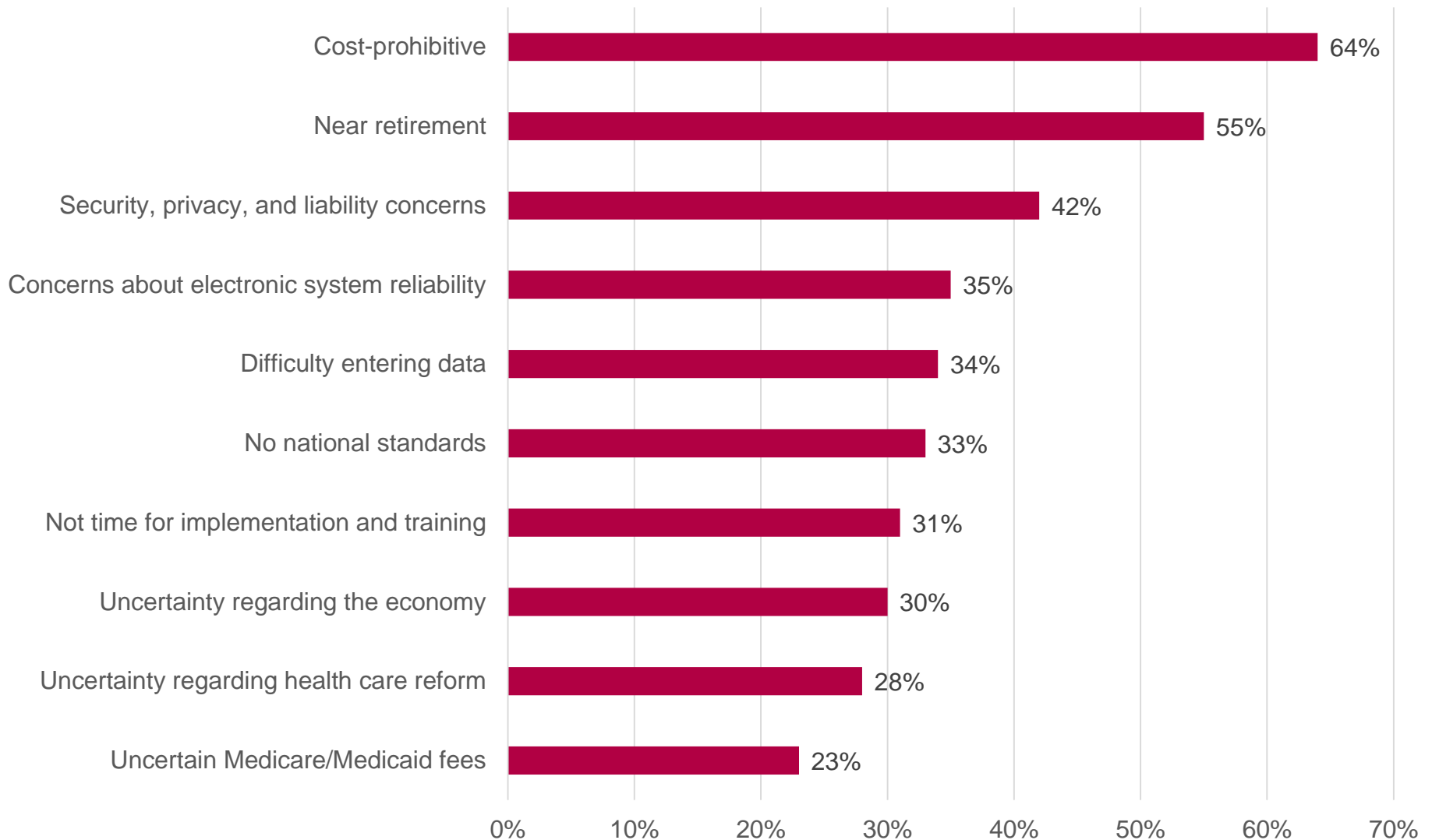
Electronic Health Records

EHR Status

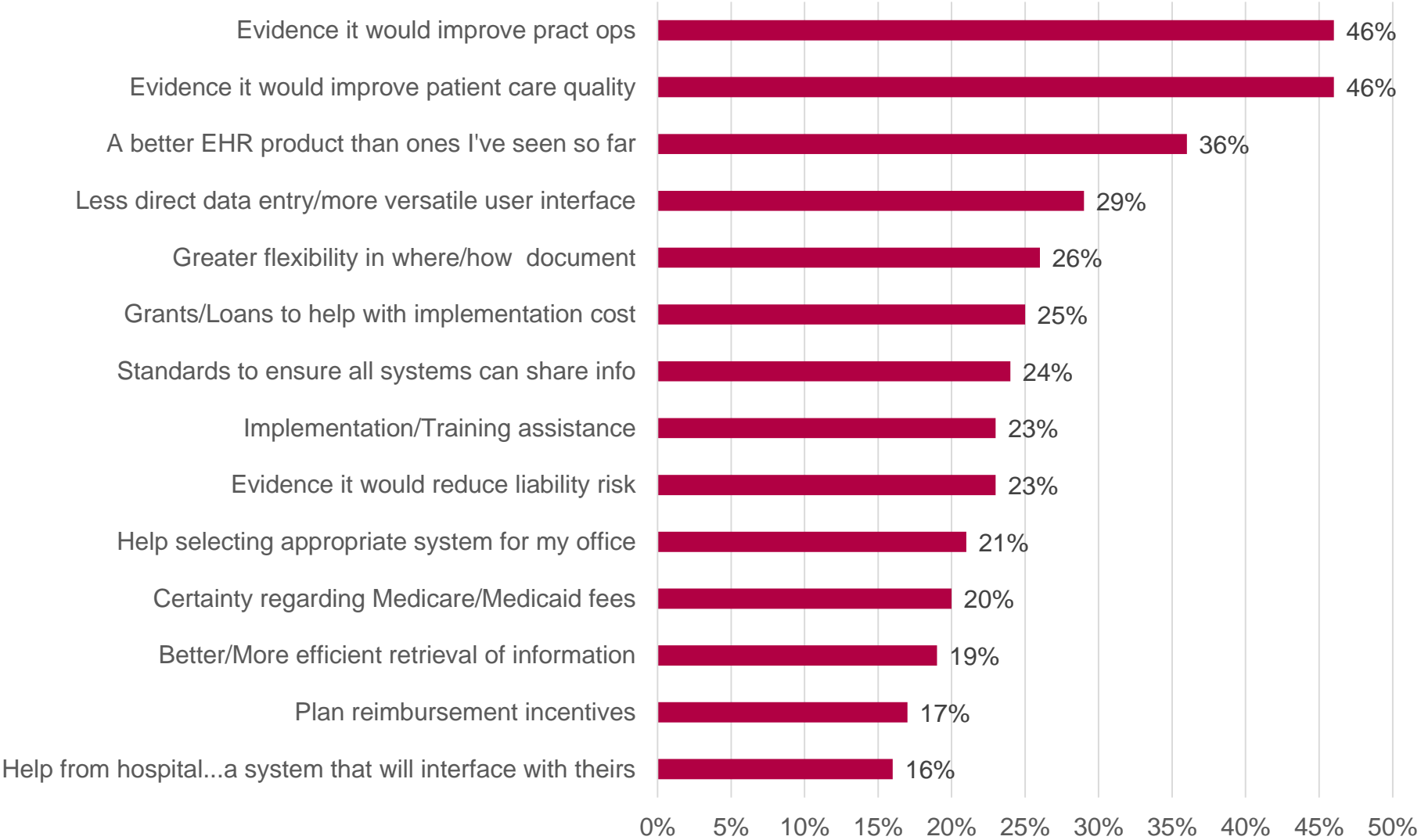


Practices with No Plans to Implement an EHR

Reasons Physicians Are Not Planning to Implement an EHR

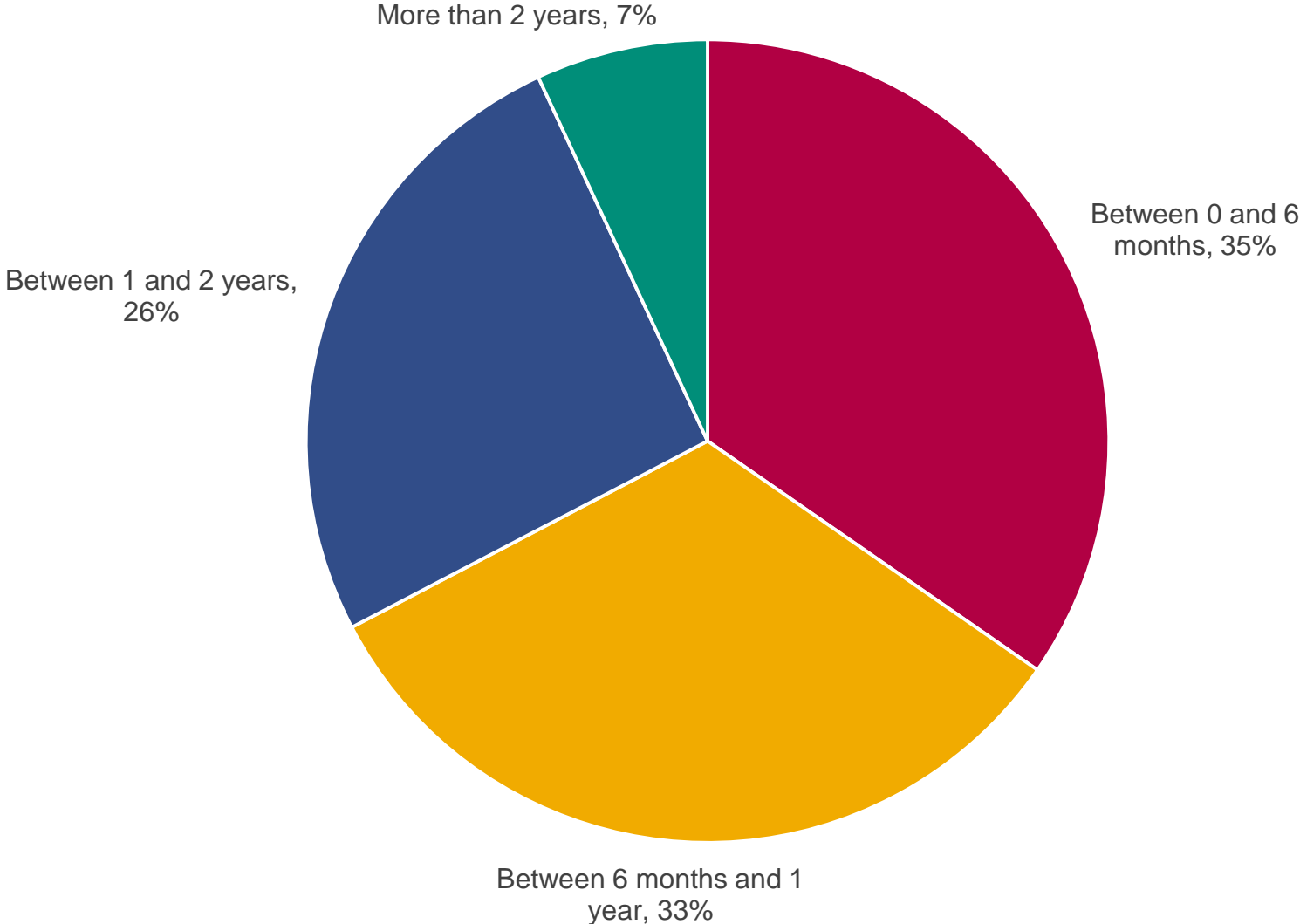


Incentives to Implement an EHR

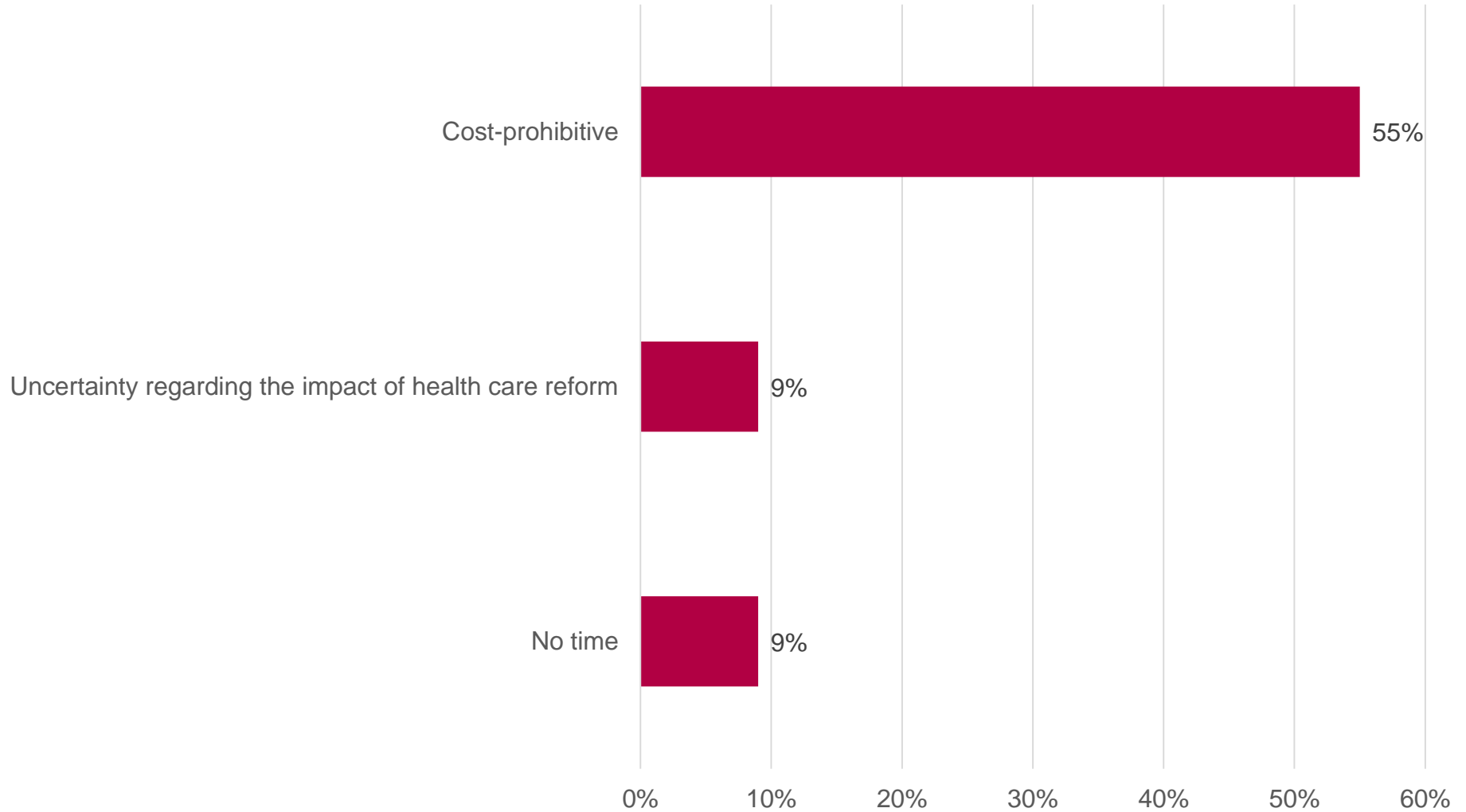


Practices with Plans to Implement an EHR

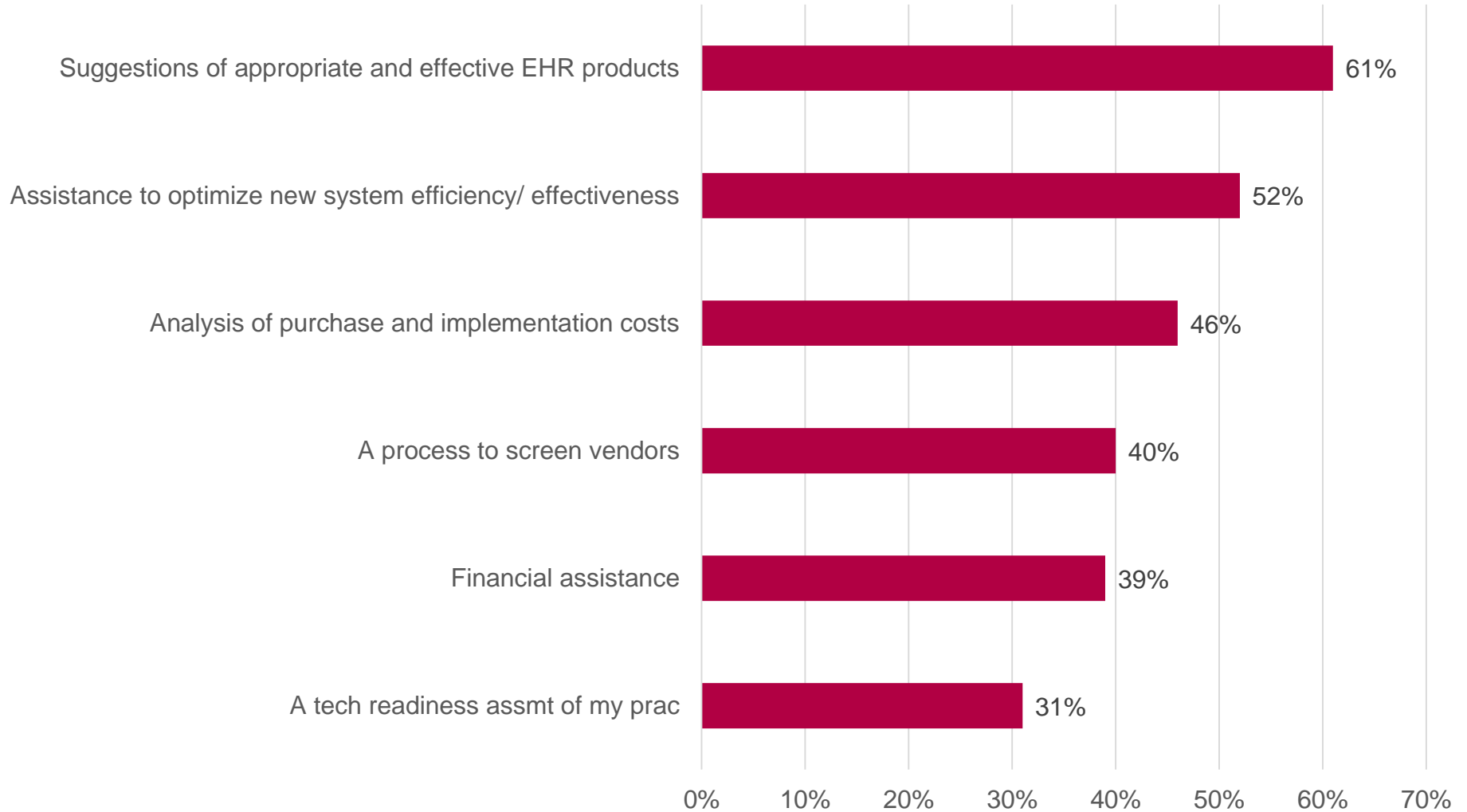
Time Physicians Anticipate Their Practice Will Implement an EHR



Reason It Will Take Some Practices More Than Two Years to Implement an EHR

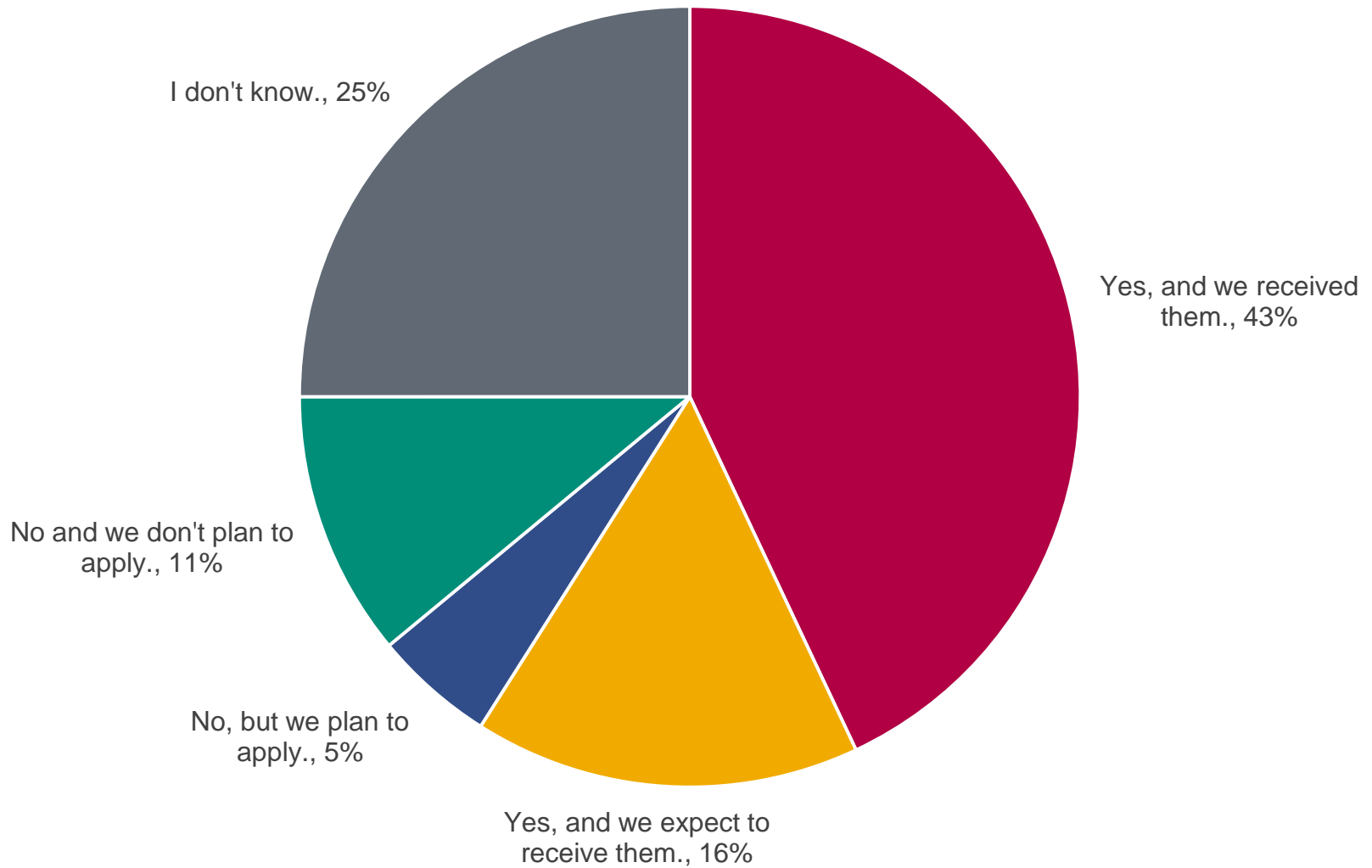


Helpful Services to Physician Practices With Plans to Implement an EHR

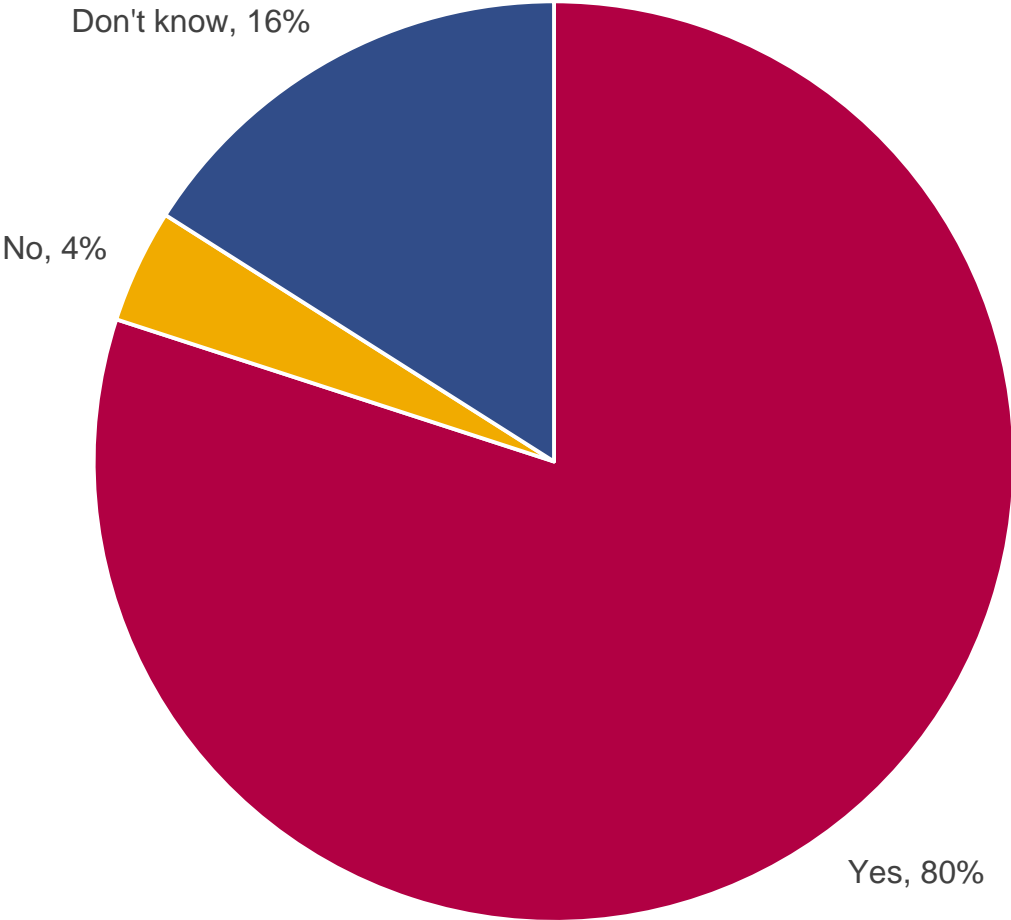


Practices Which Have Implemented an EHR

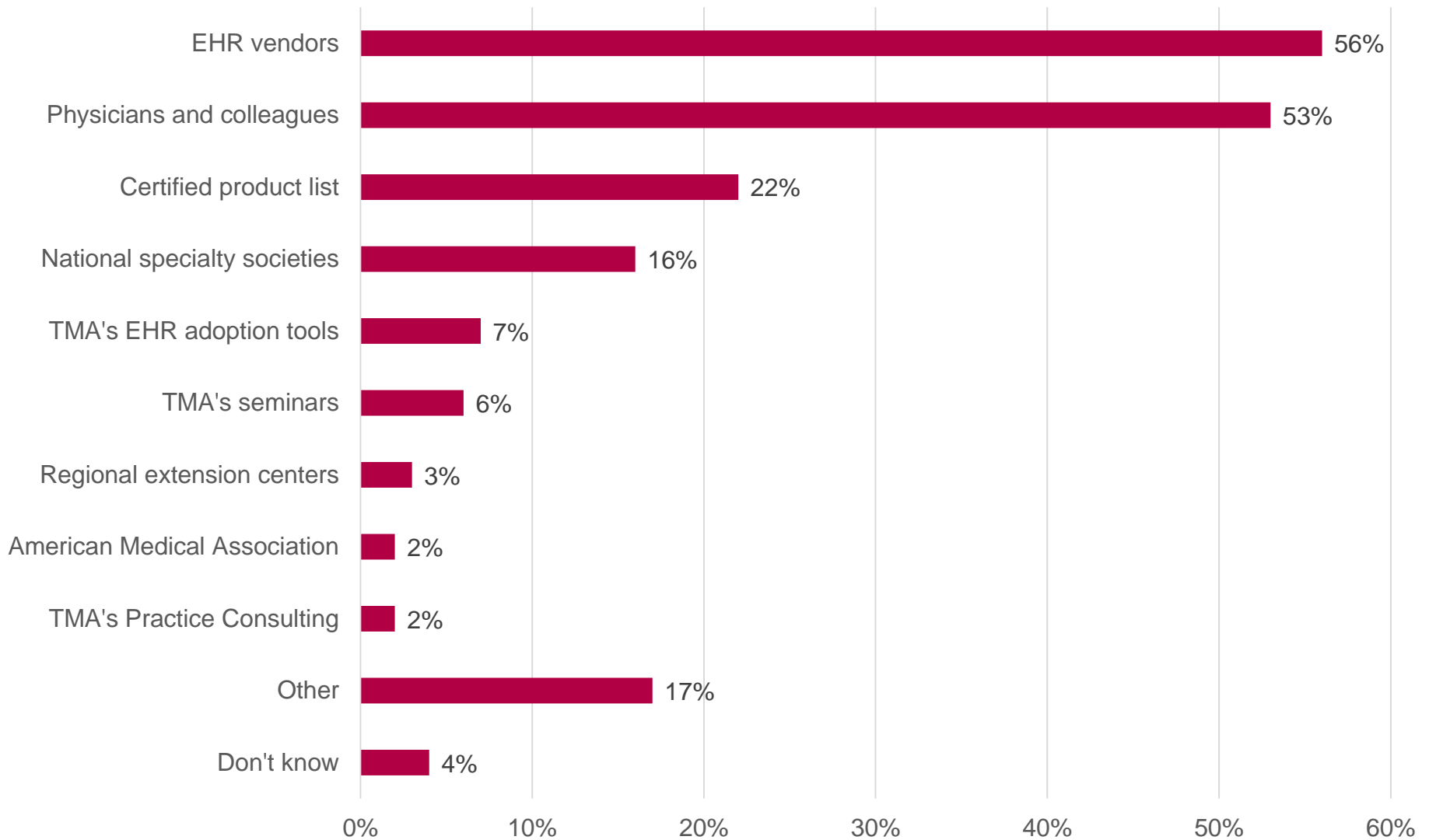
Practice Application for Stage 1 Meaningful Use Incentives



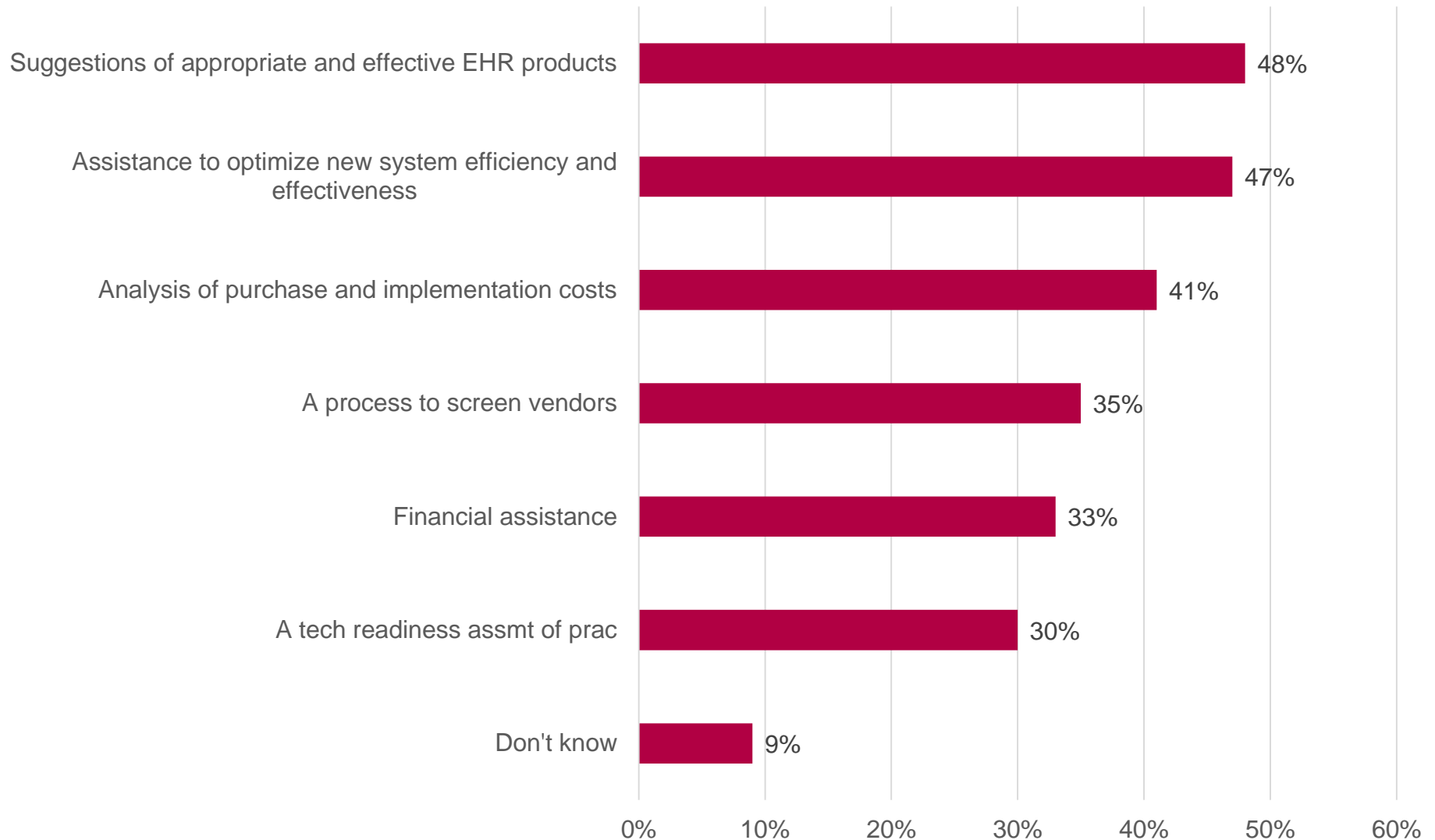
Practice Plans to Advance to Stage 2 Meaningful Use



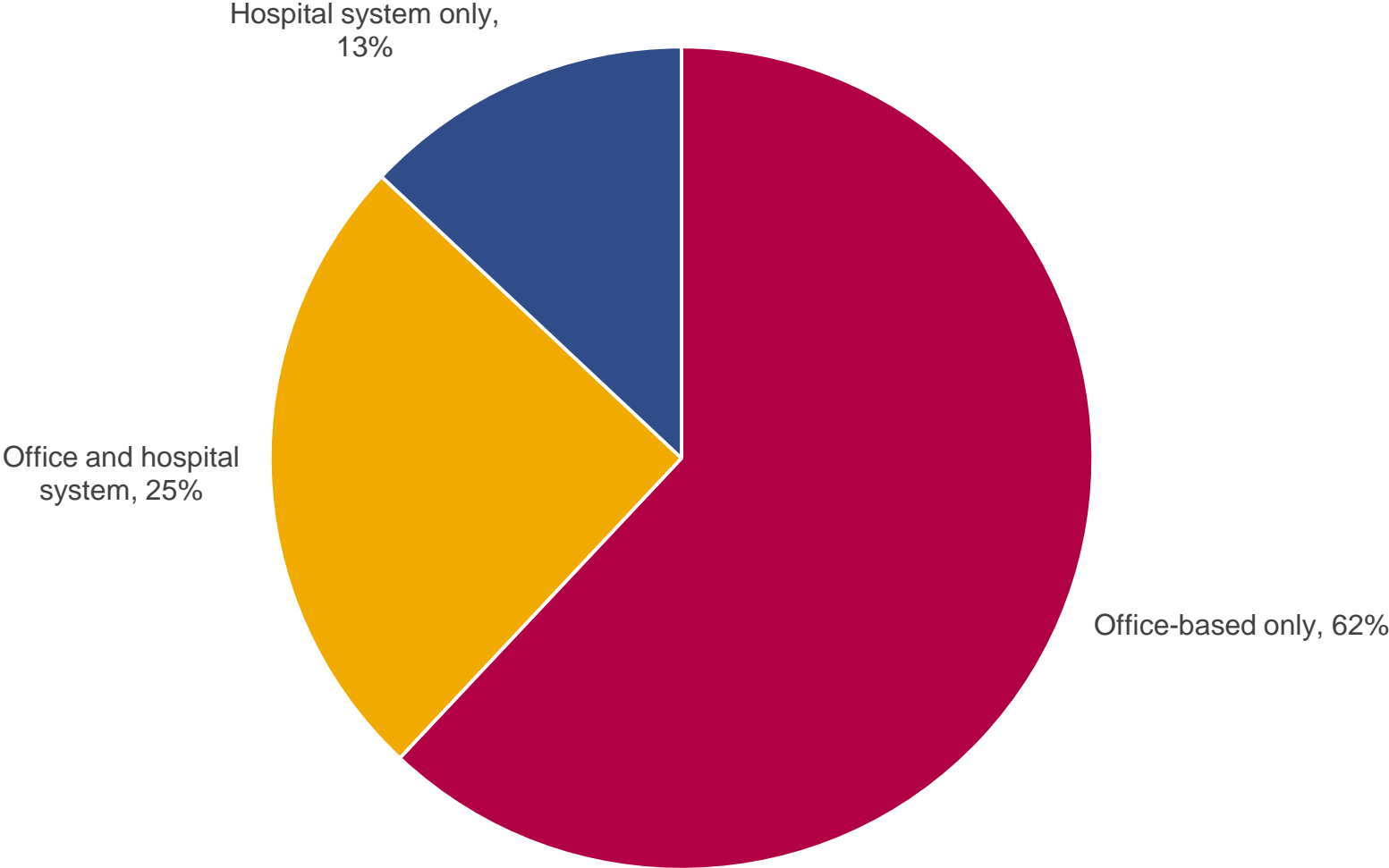
Resources Physician Practices Used to Make EHR Decision



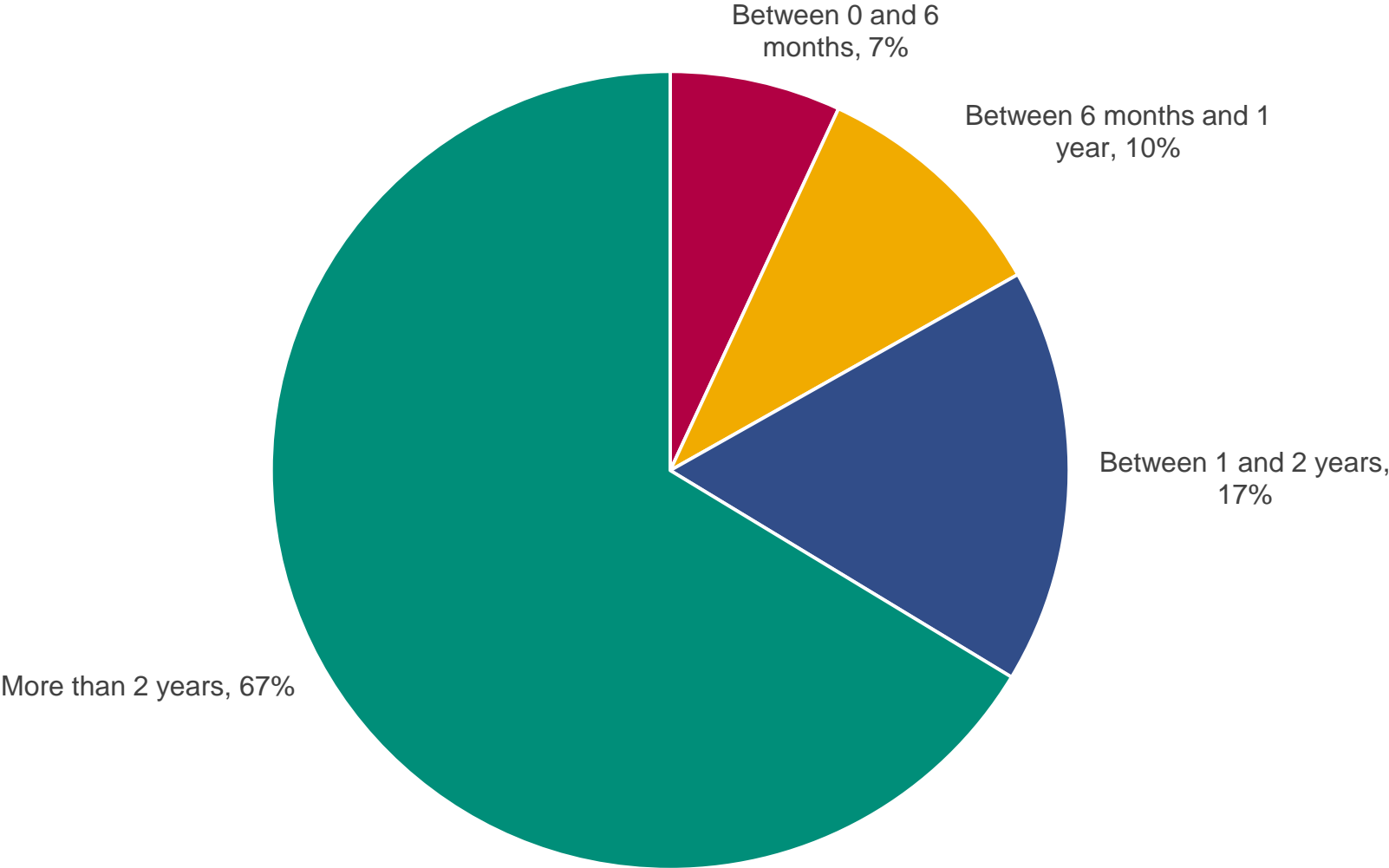
Types of Assistance Beneficial When Implementing an EHR



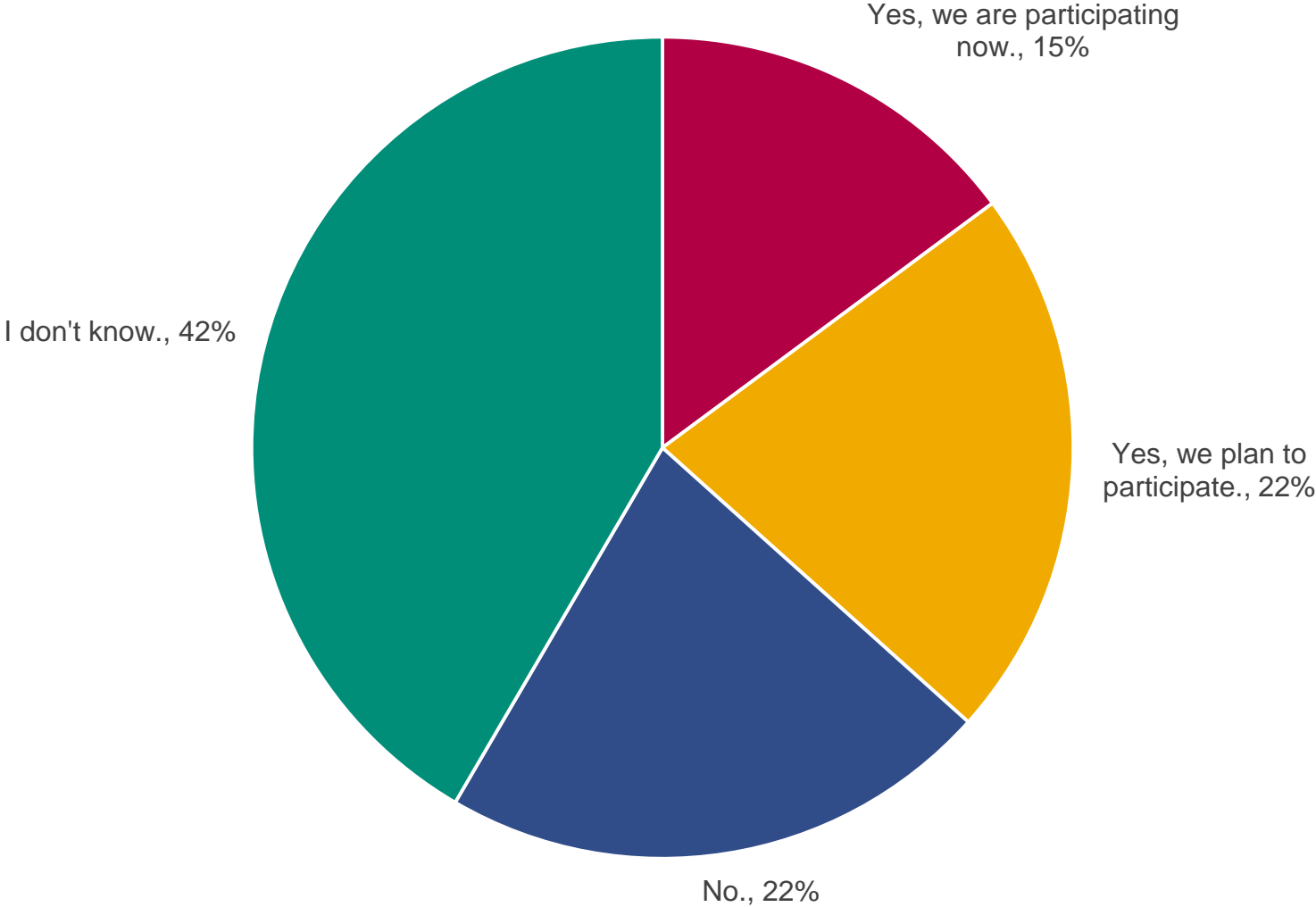
Type of EHR Used by Practice



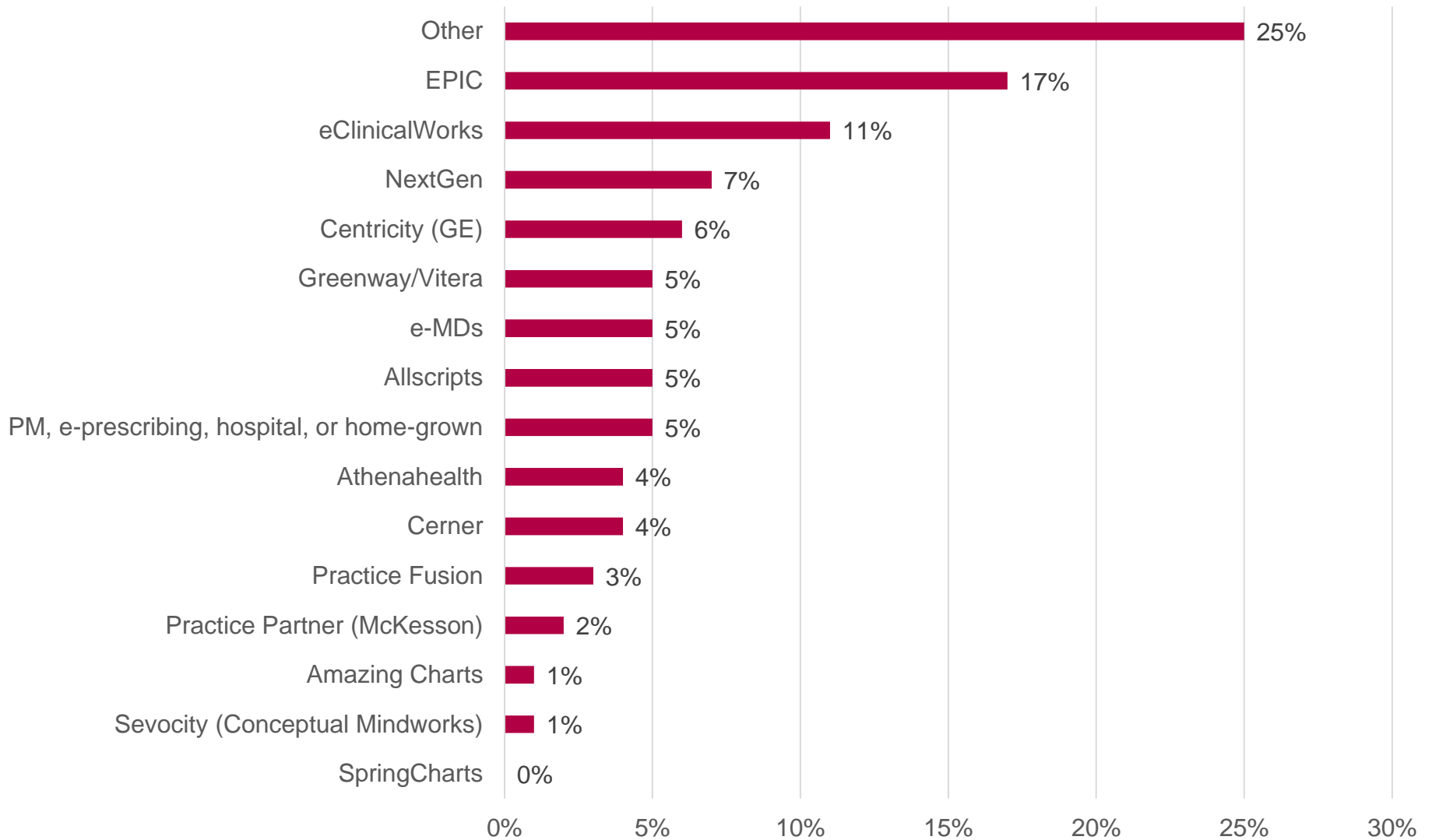
Length of Time EHR Has Been Implemented



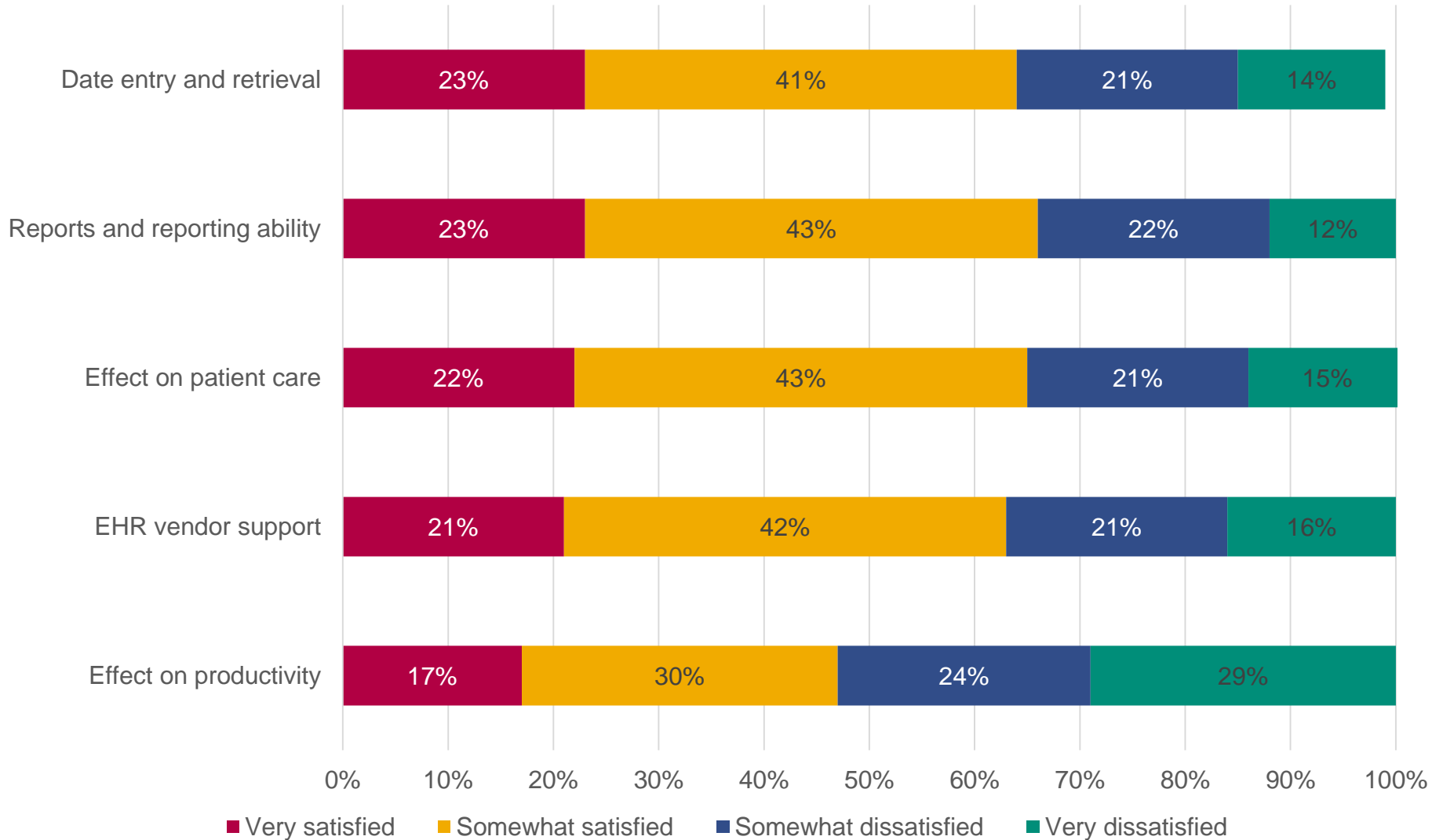
Physician Participation in a Health Insurance Exchange



EHR System In Use

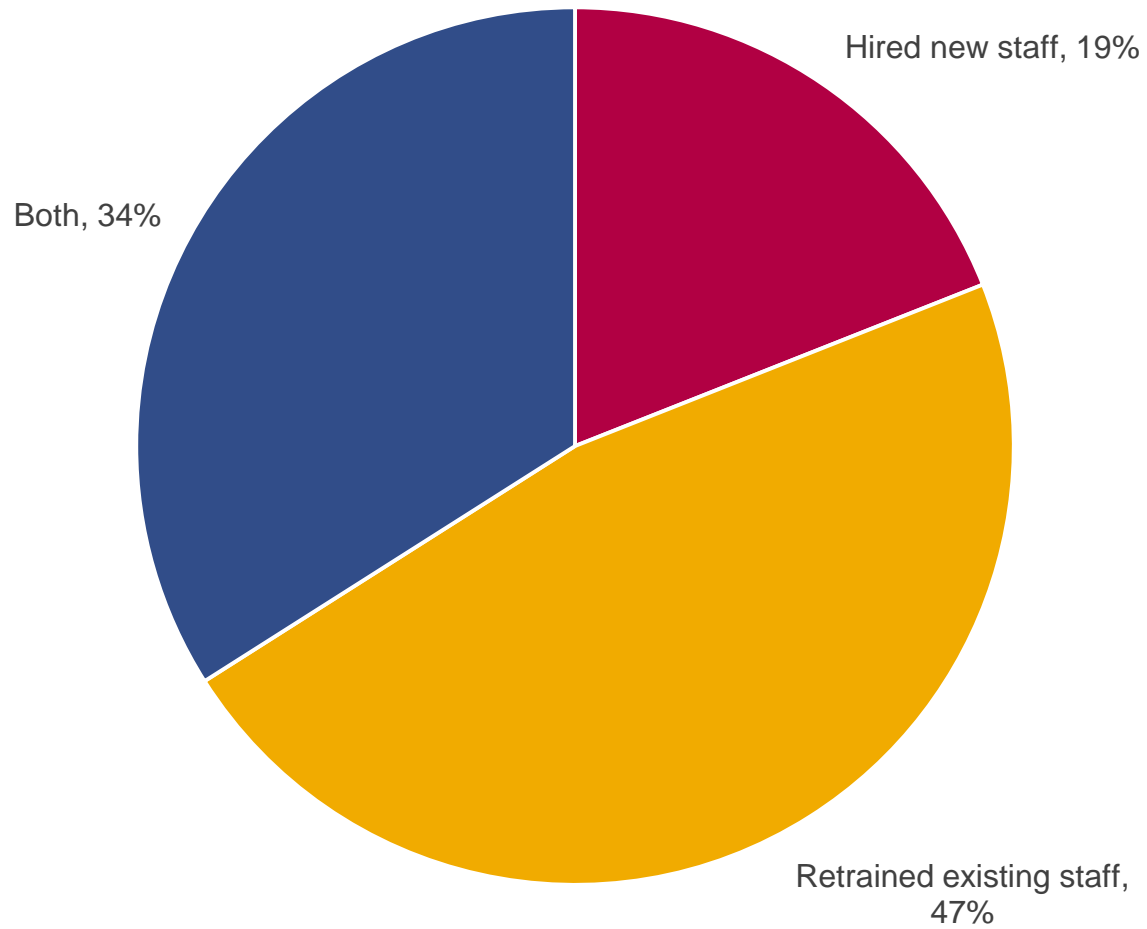


Physician Satisfaction with EHR

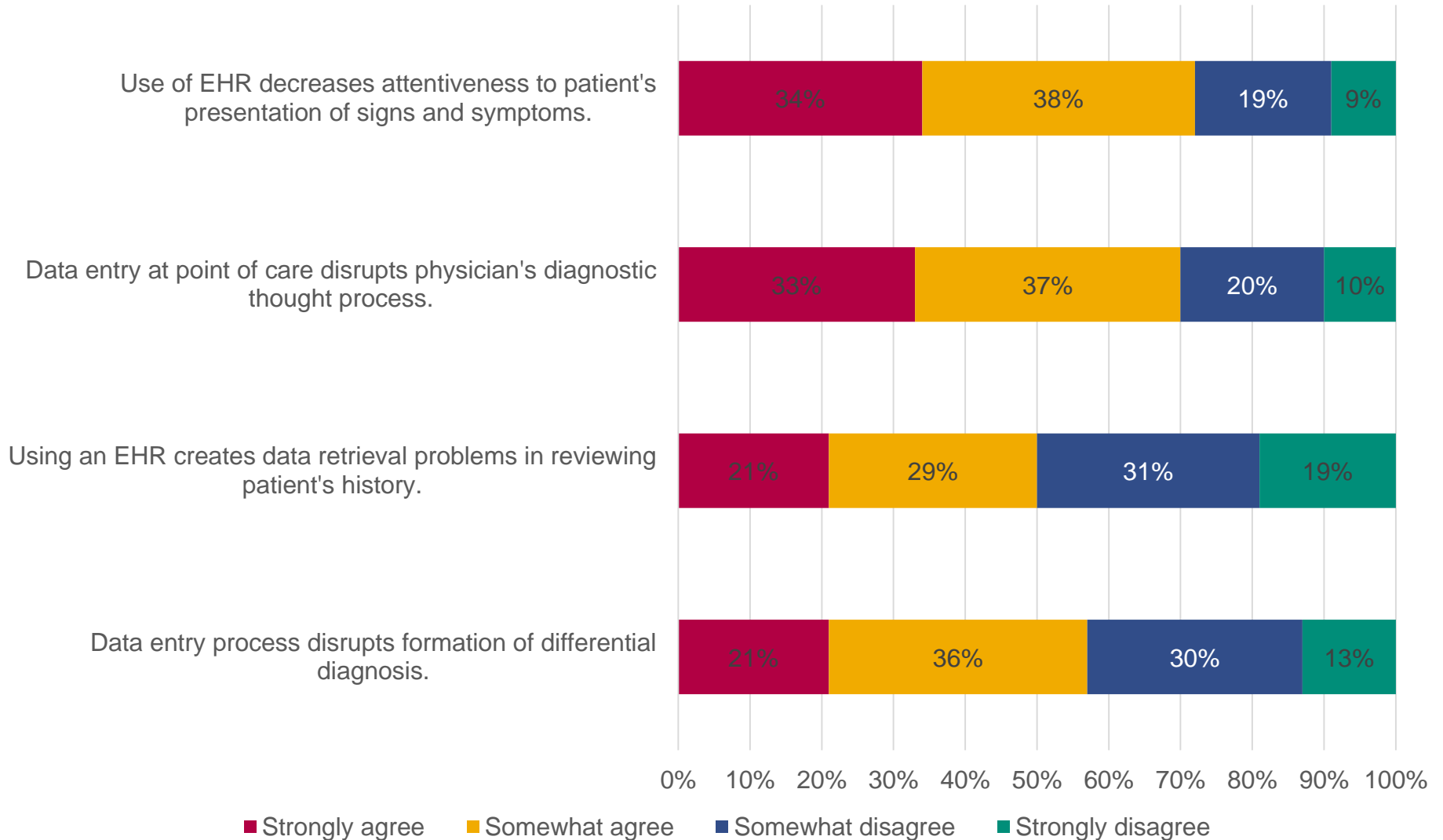


Practice Staff As Scribes

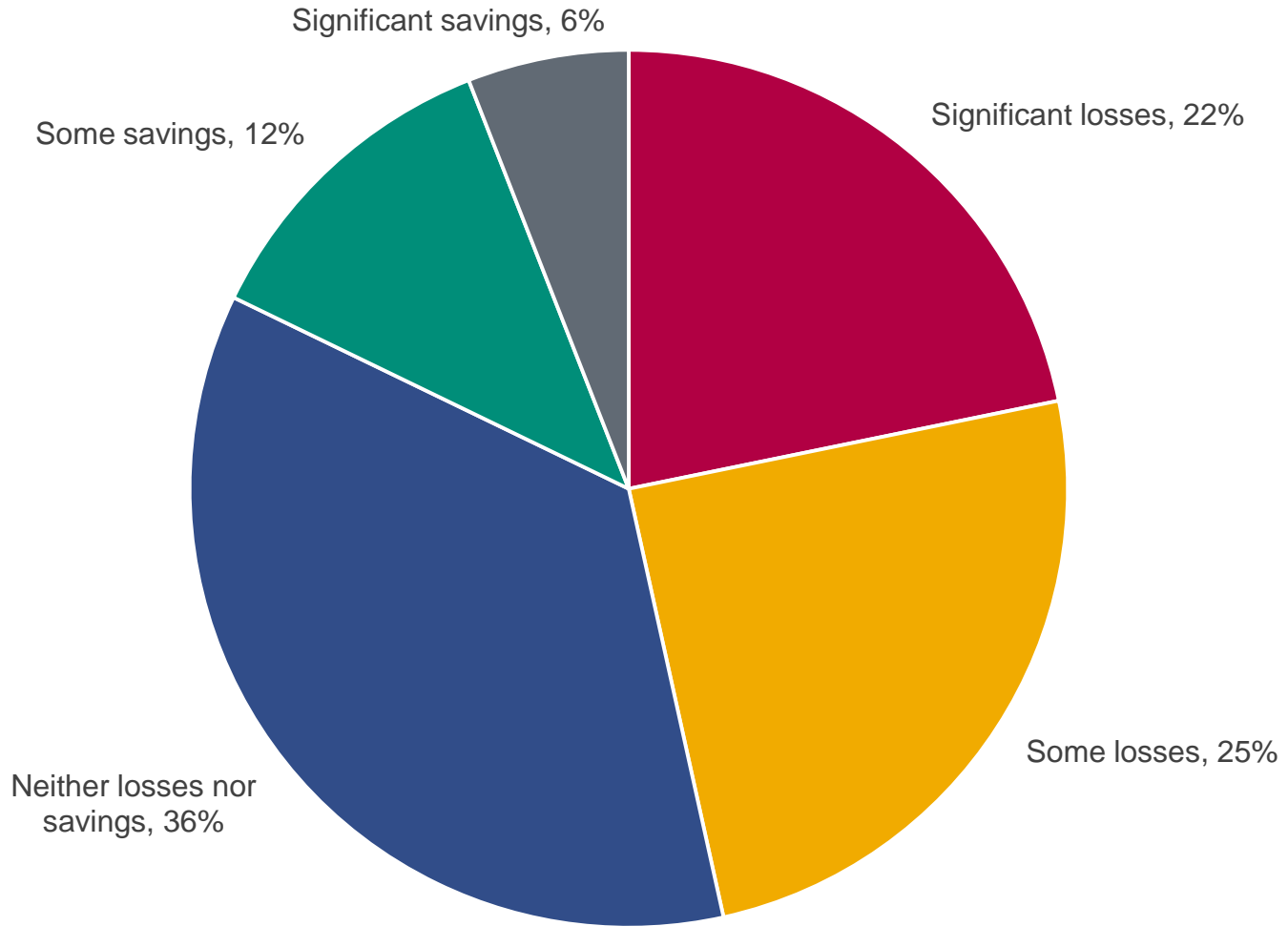
(Among 21 percent of practices which use scribes)



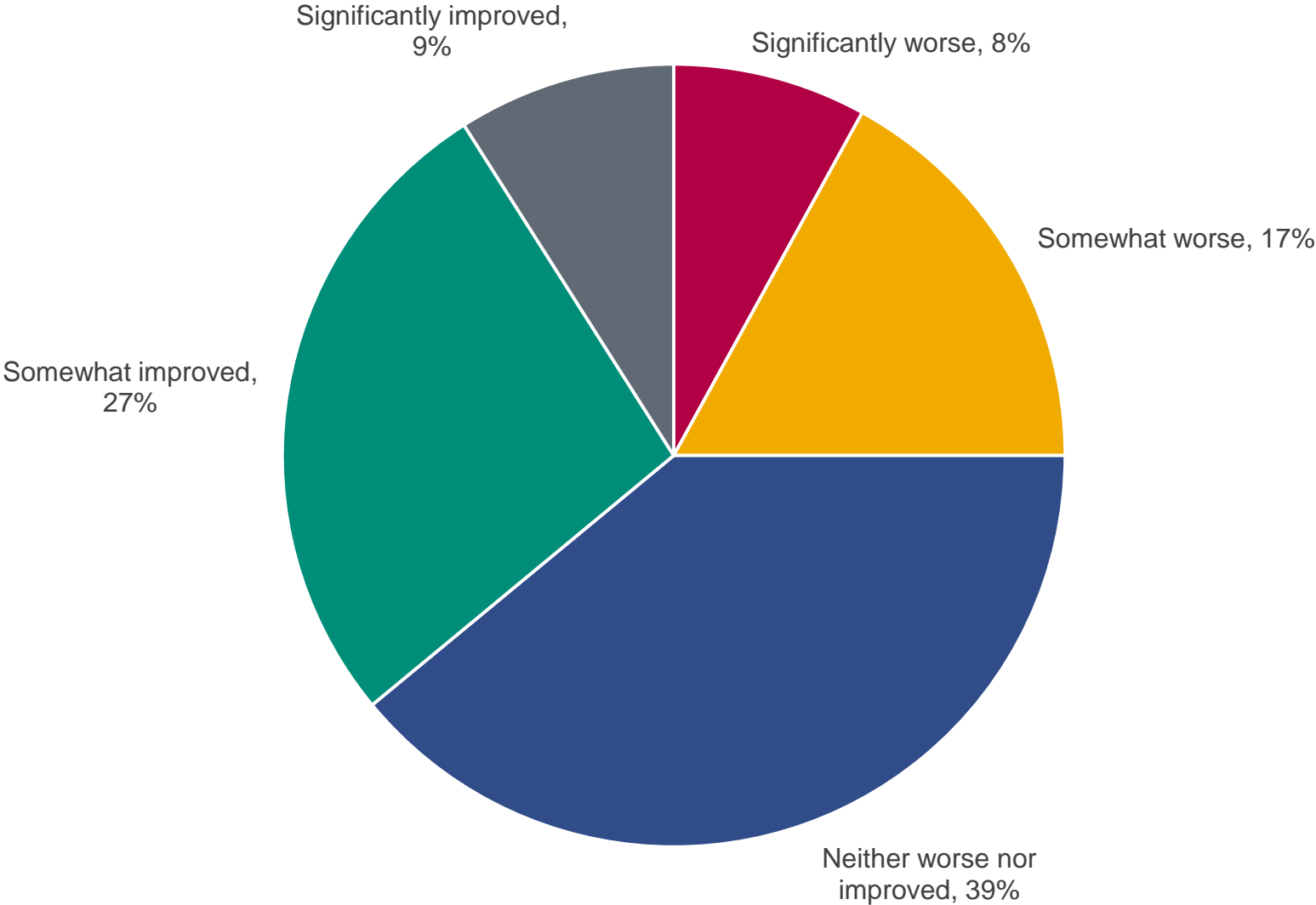
EHR Disruption to Patient Care



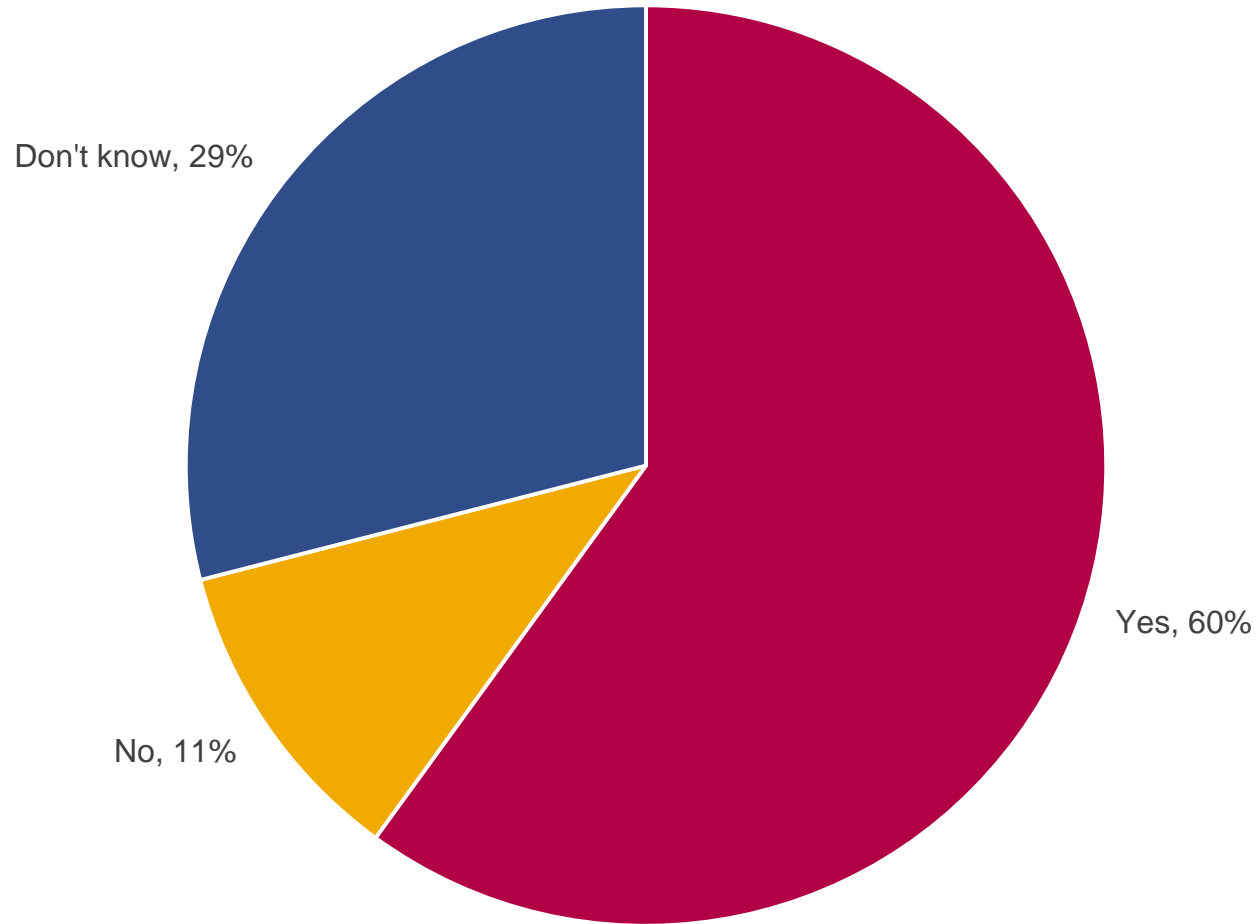
Extent to which EHR Has Saved Physician Money



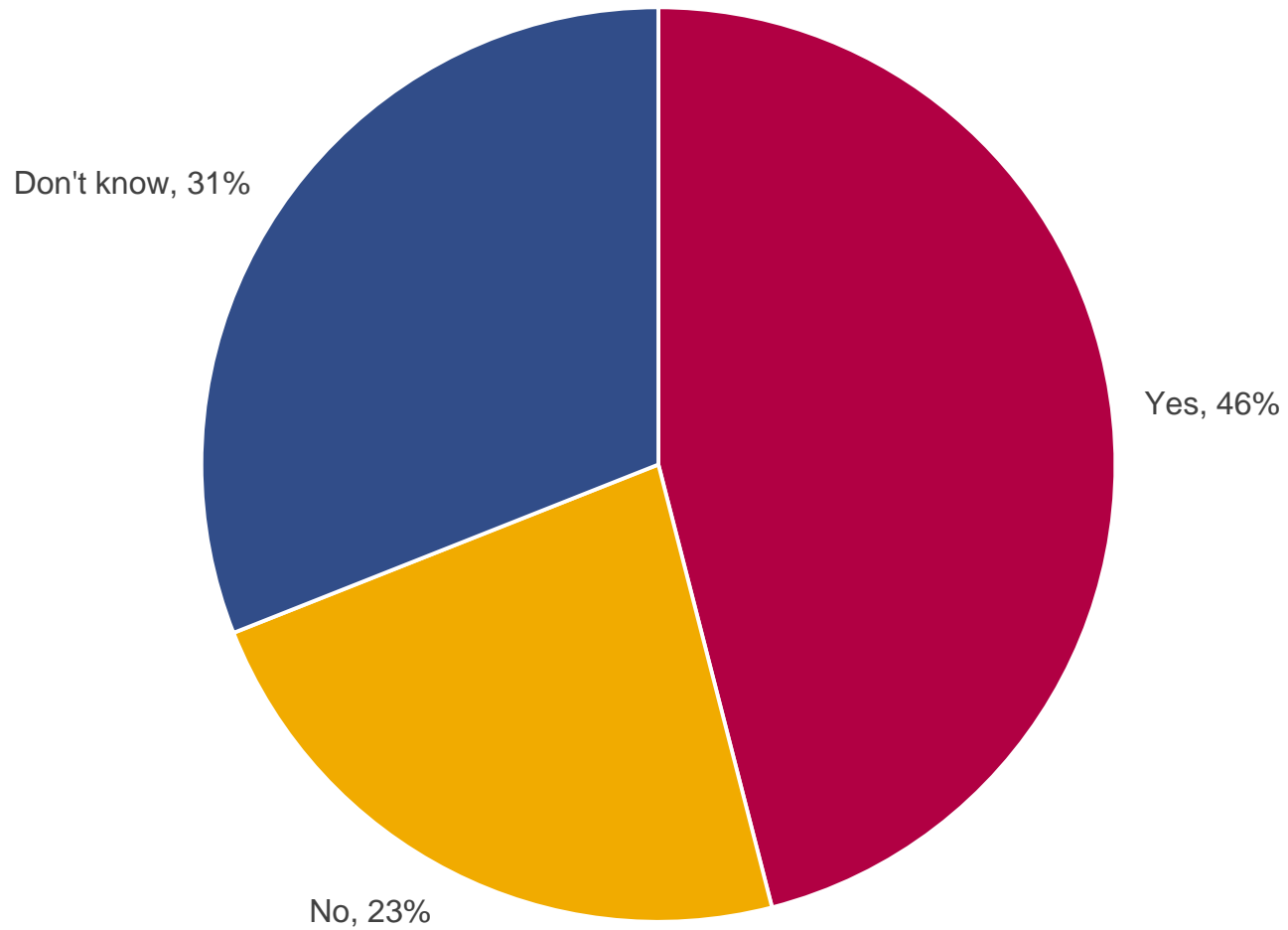
Extent to Which EHR Has Improved the Quality of Patient Care



Unanticipated Costs Related to EHR Implementation and Use



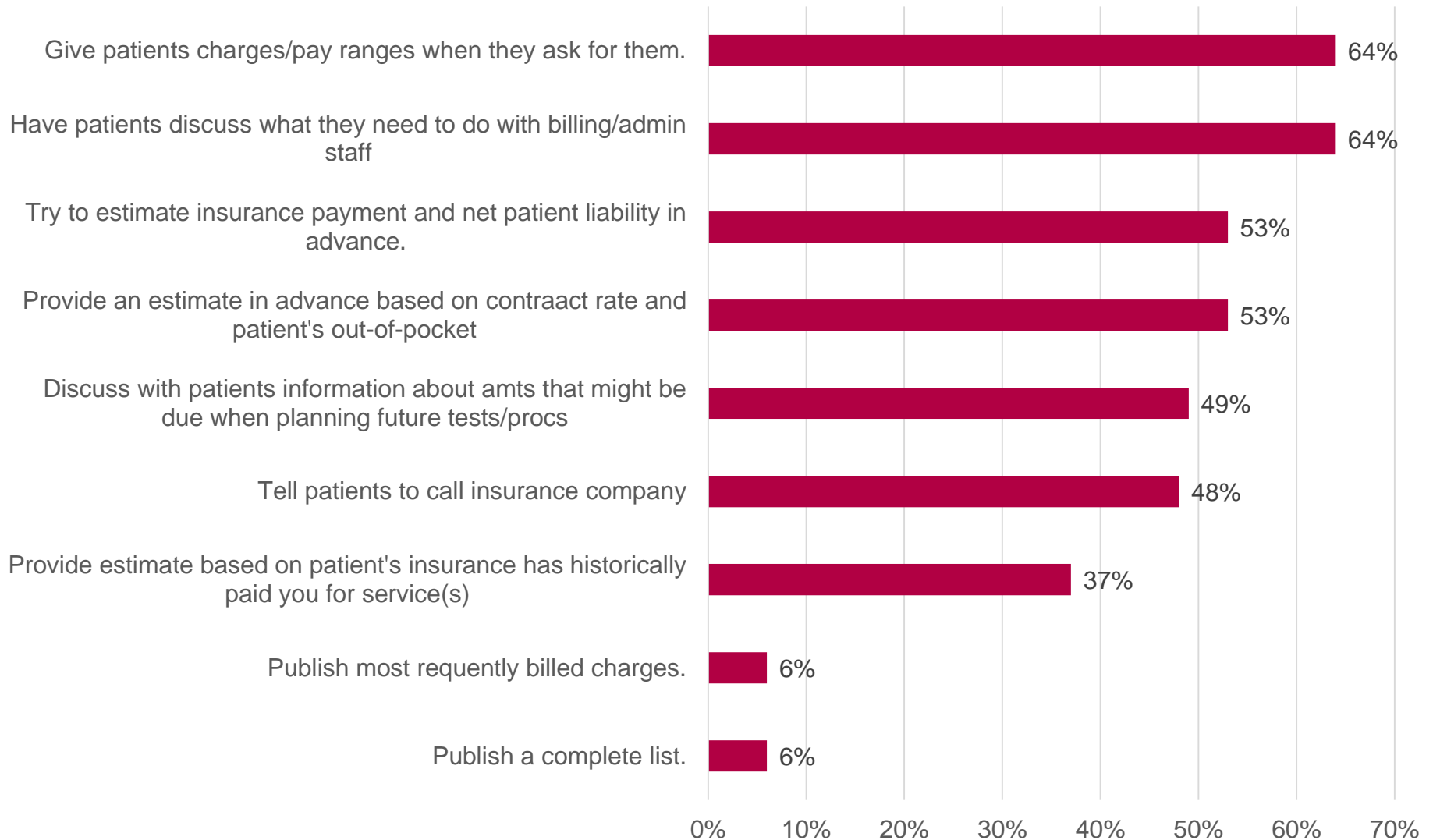
Physician Participation in Medicare's PQRS Program



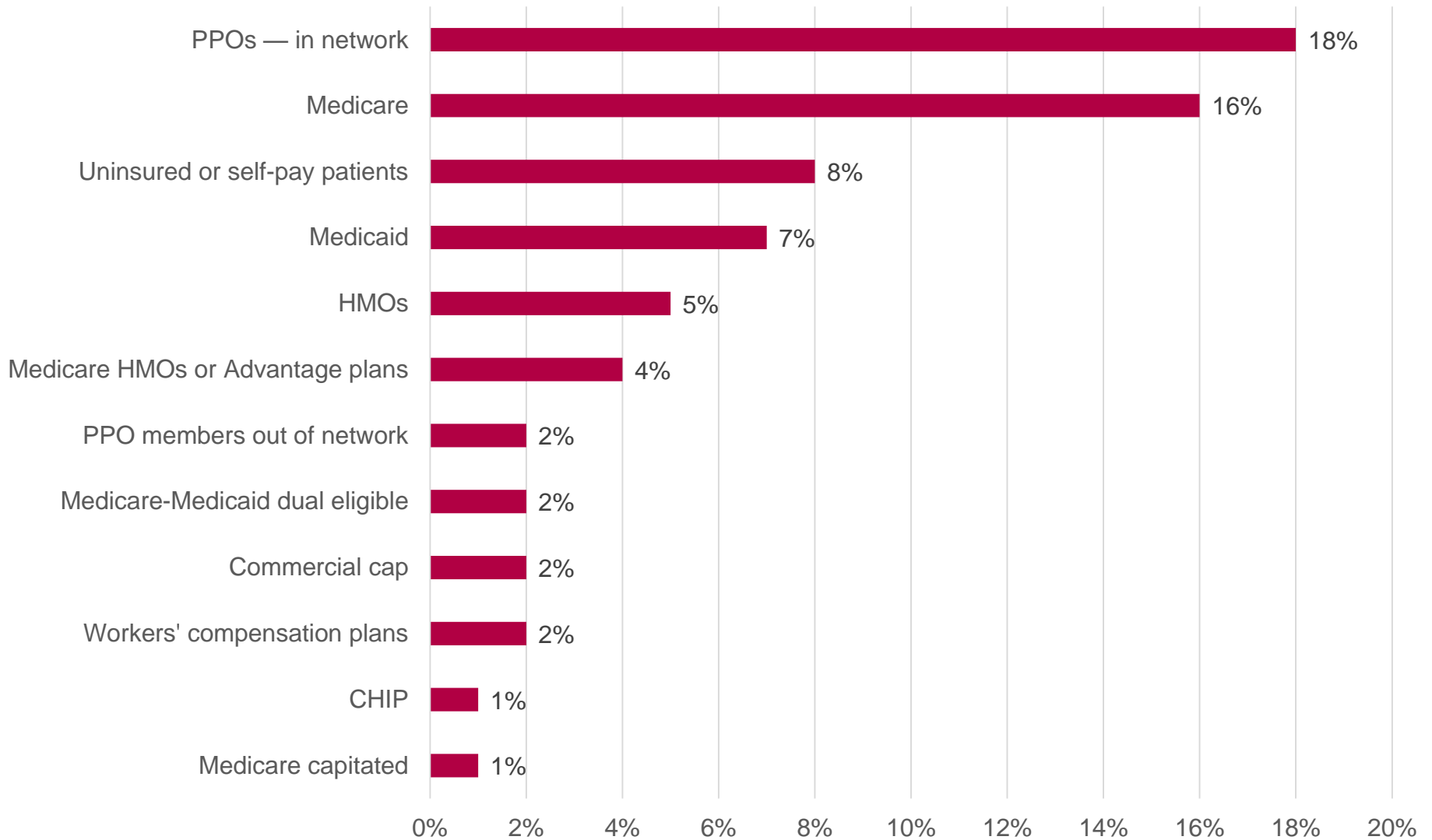
Patient Billing

- The majority of physicians offer discounts to uninsured patients when they pay promptly for the services they receive (63 percent).

Physician Fee Disclosure



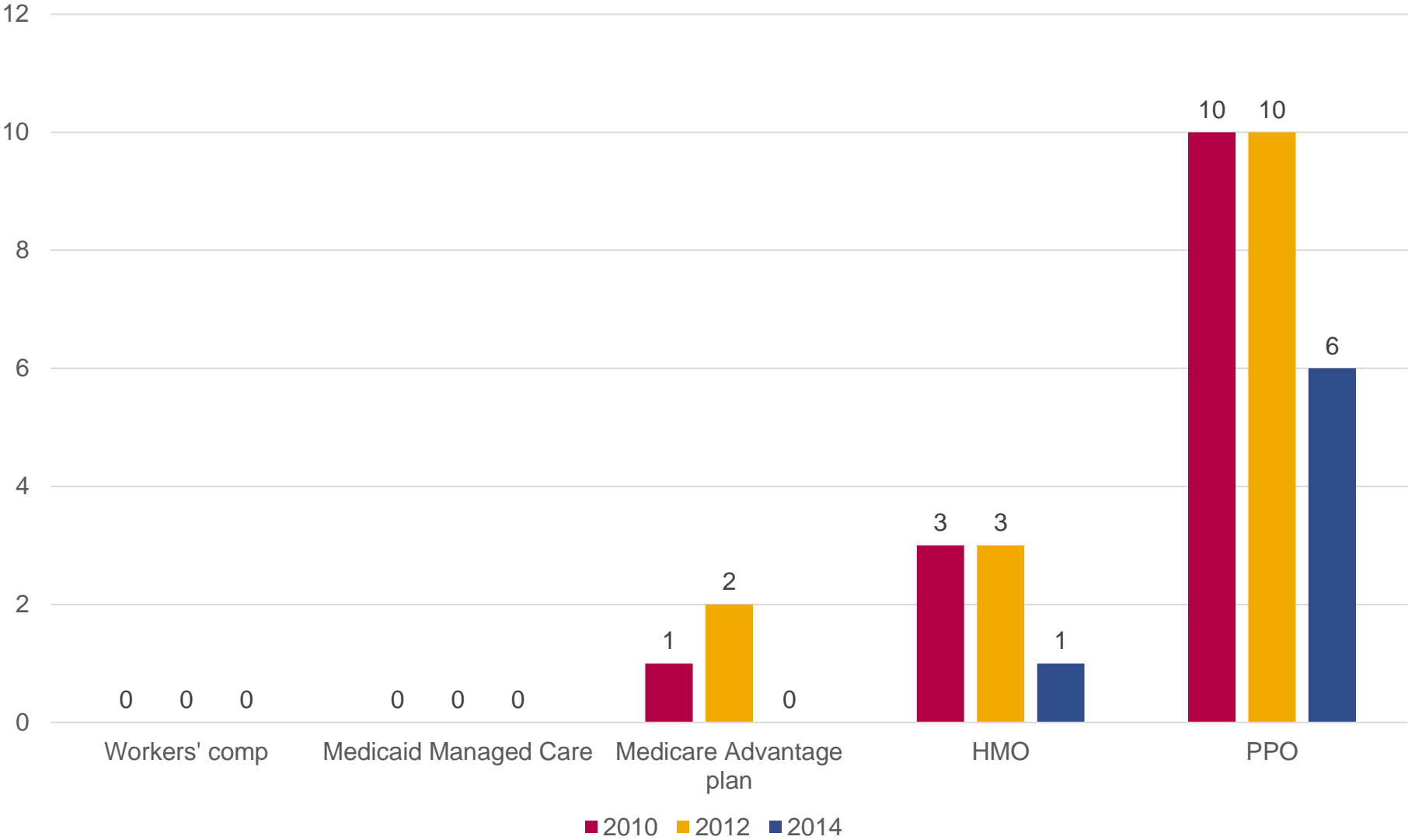
Practice Revenues by Payer



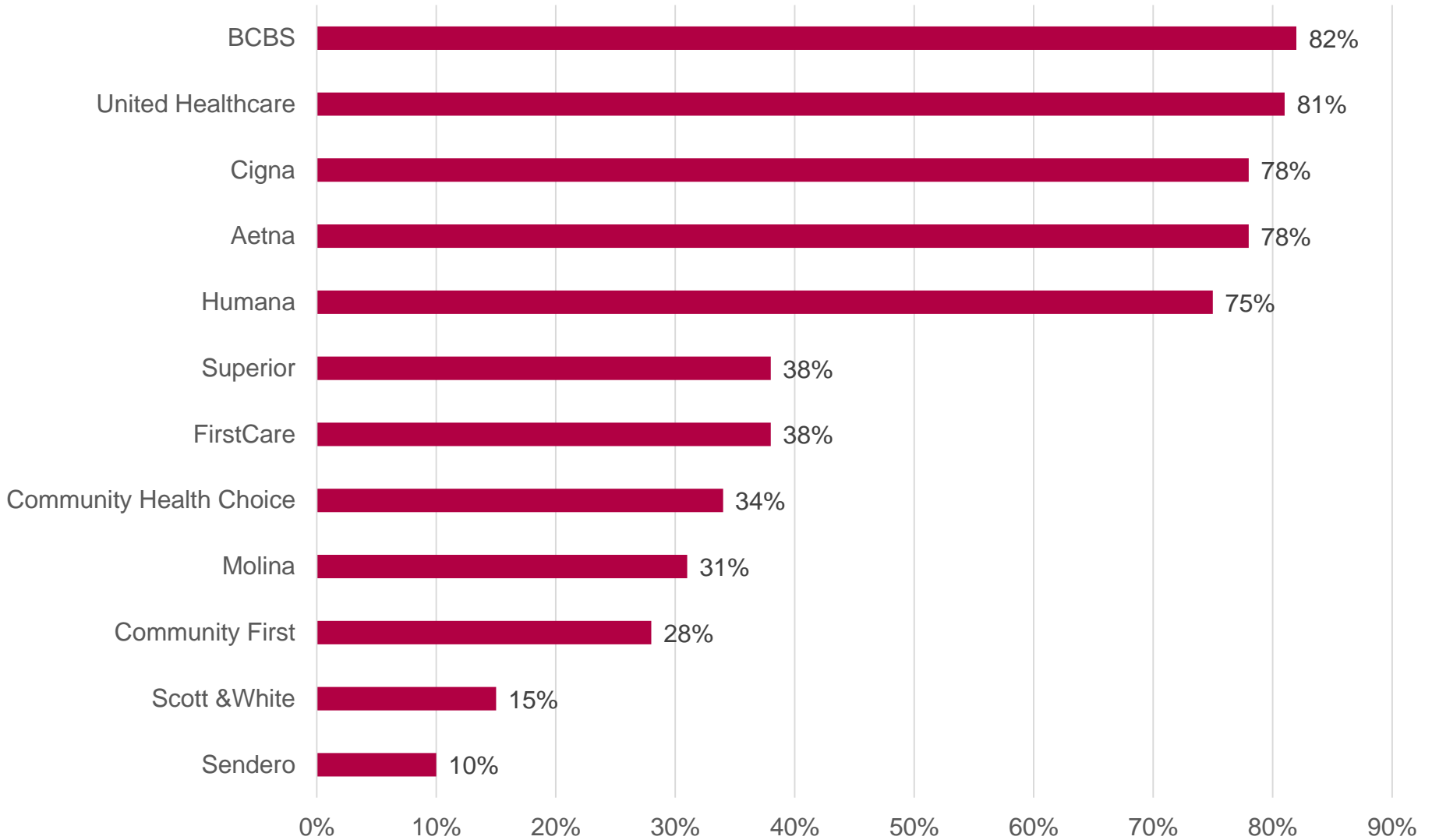
A horizontal header bar at the top of the page, divided into a teal section on the left and a maroon section on the right.

Health Plans

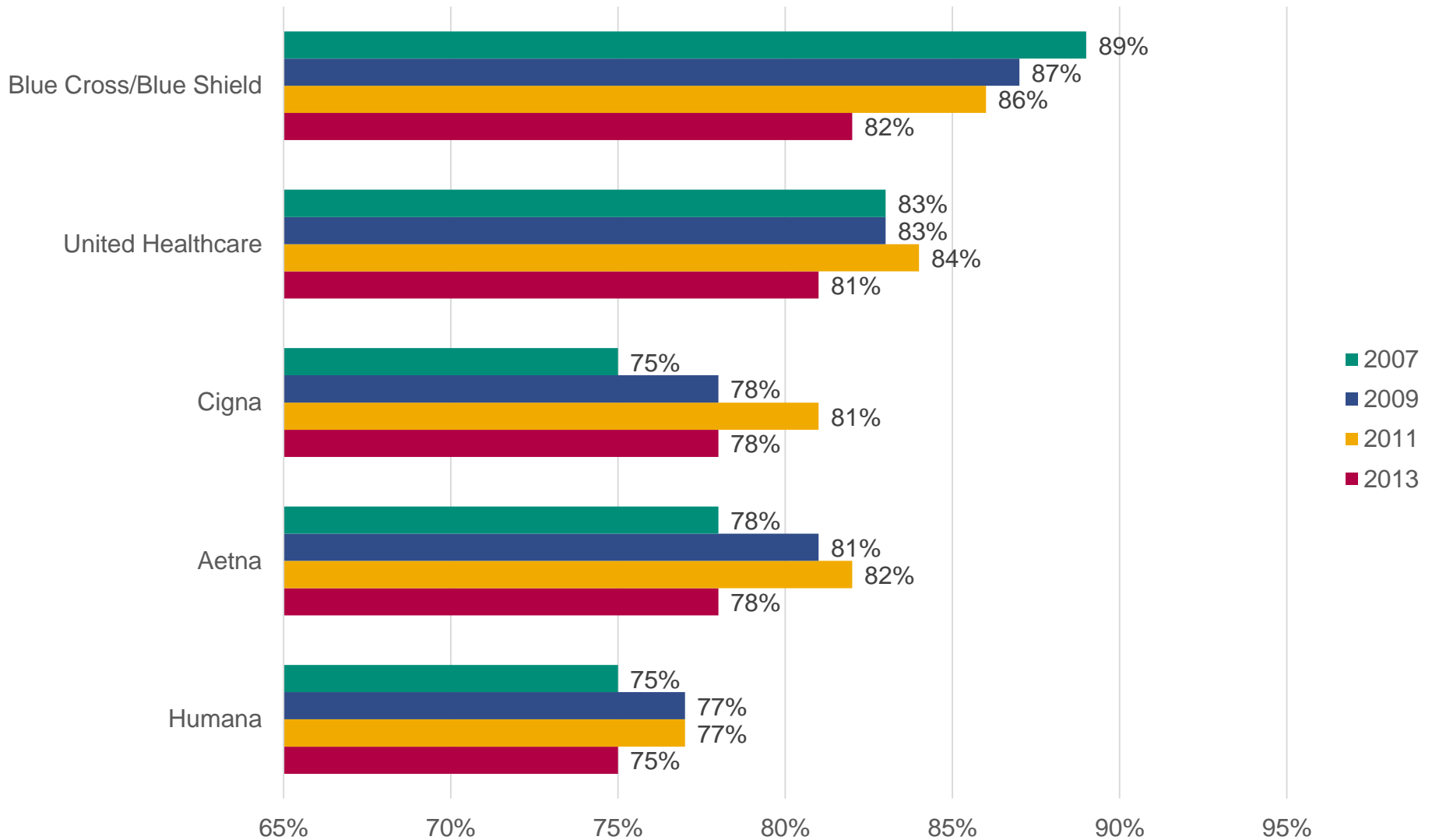
Median Number of Managed Care Contracts



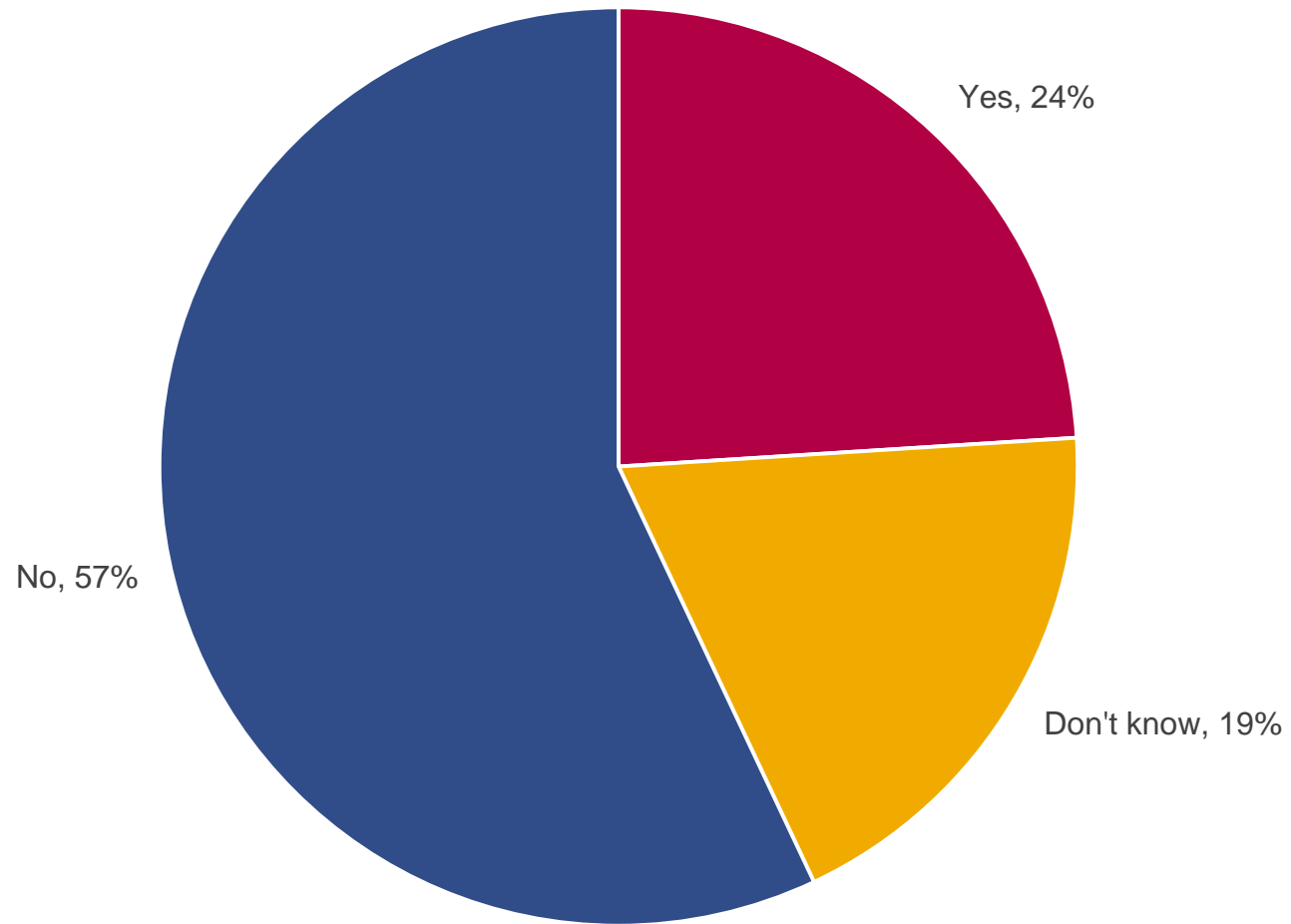
Physician Contractual Relationships



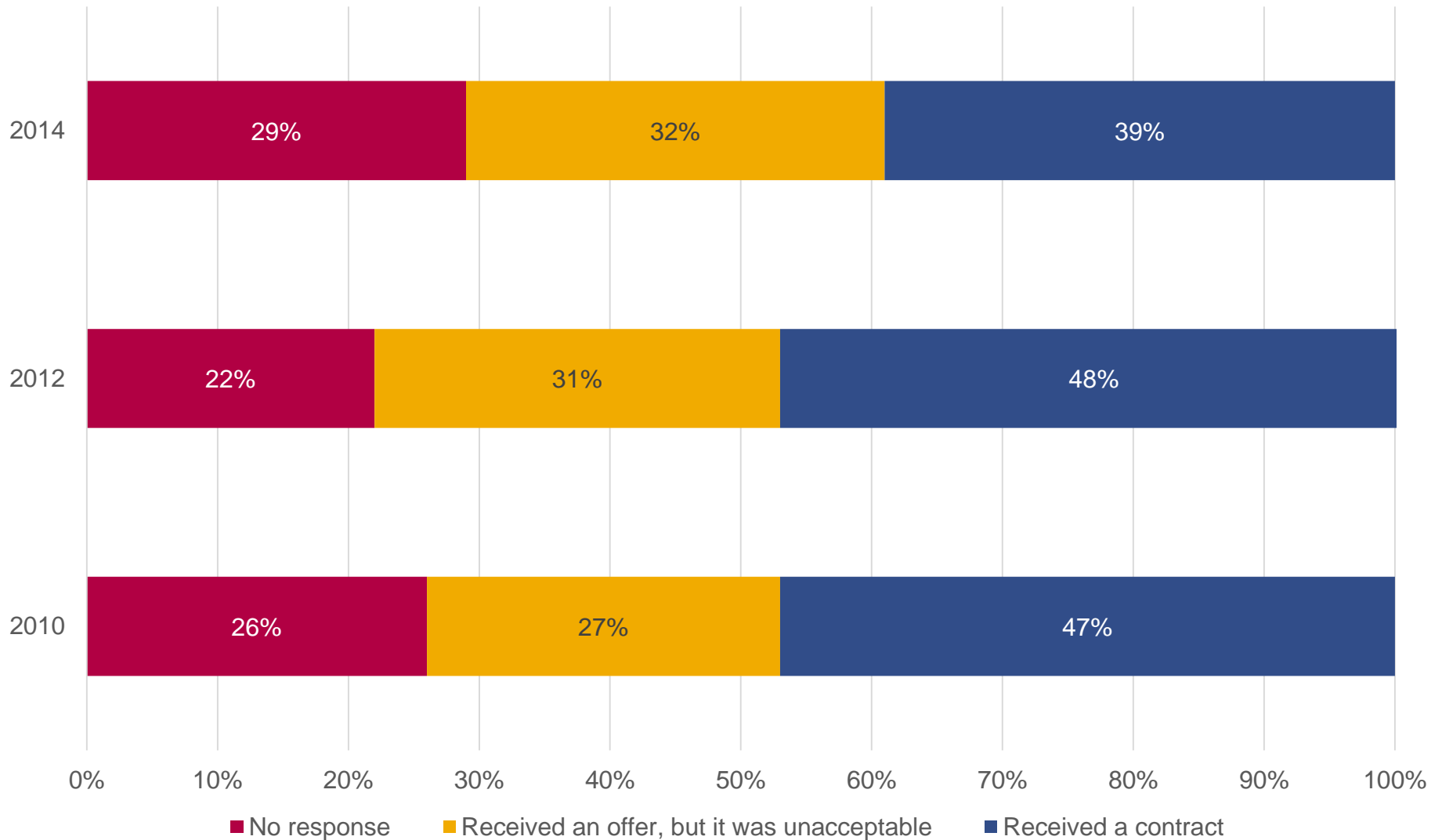
Percentage of Texas Physicians with Contracts with Payers



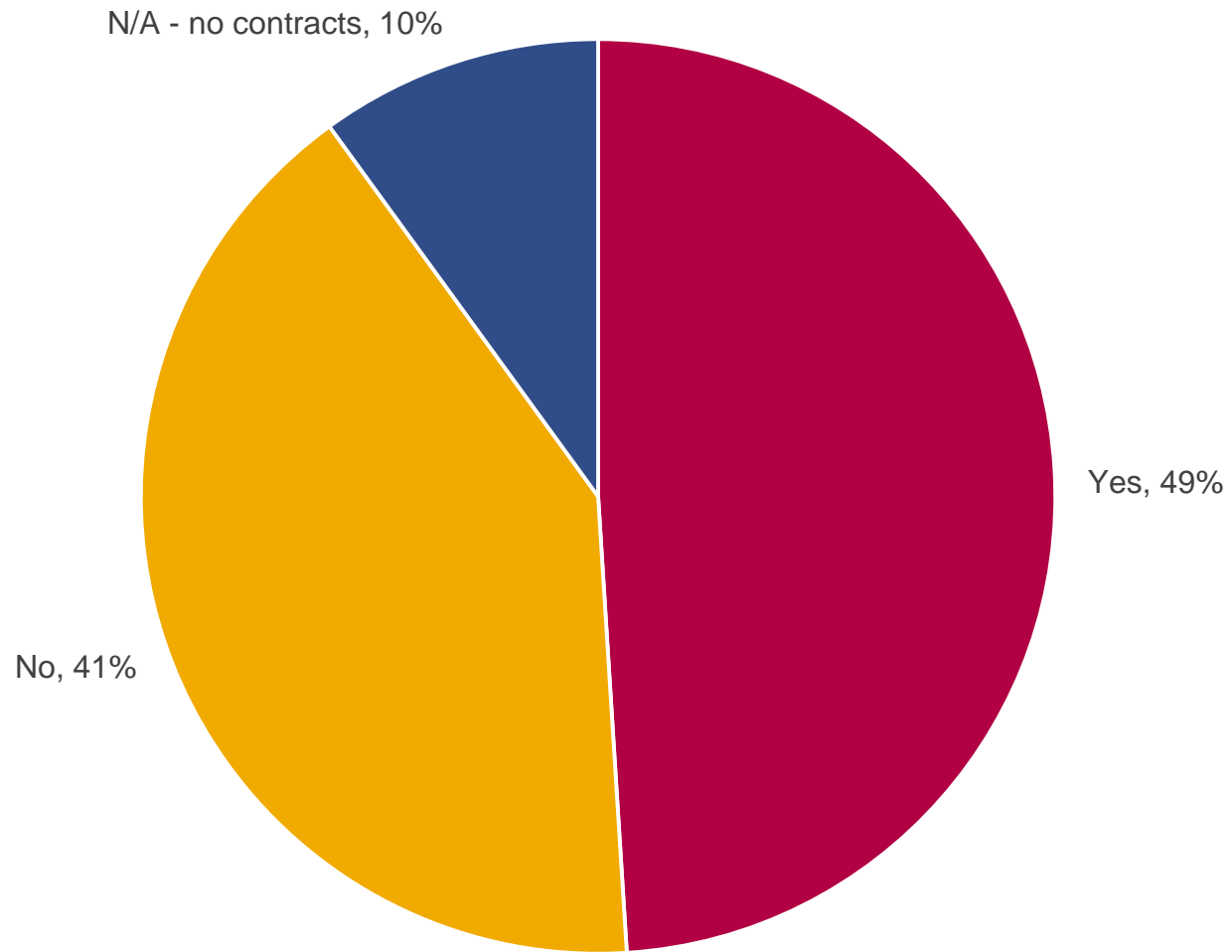
Attempts to Contract



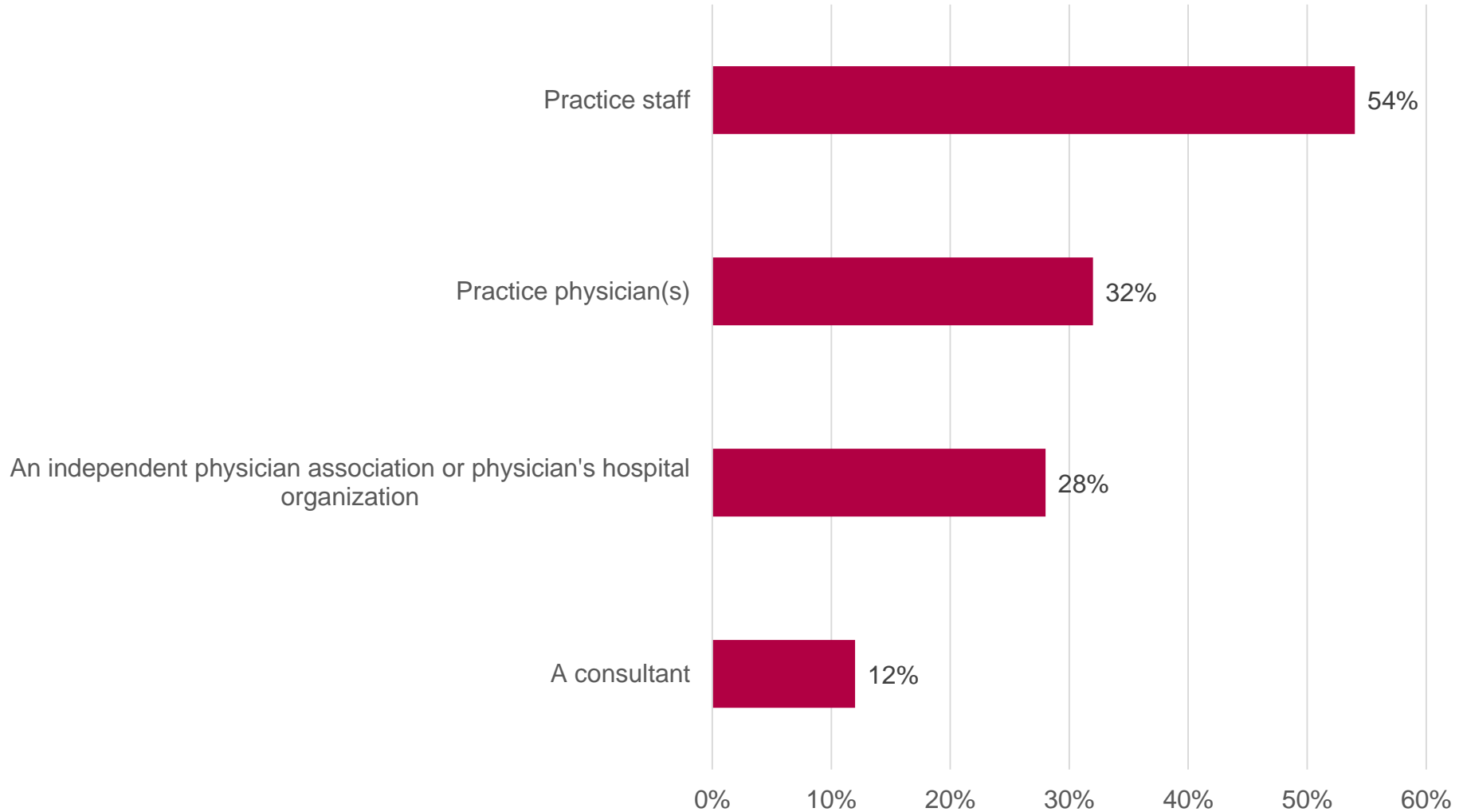
Plan Response to Requests to Join a Network



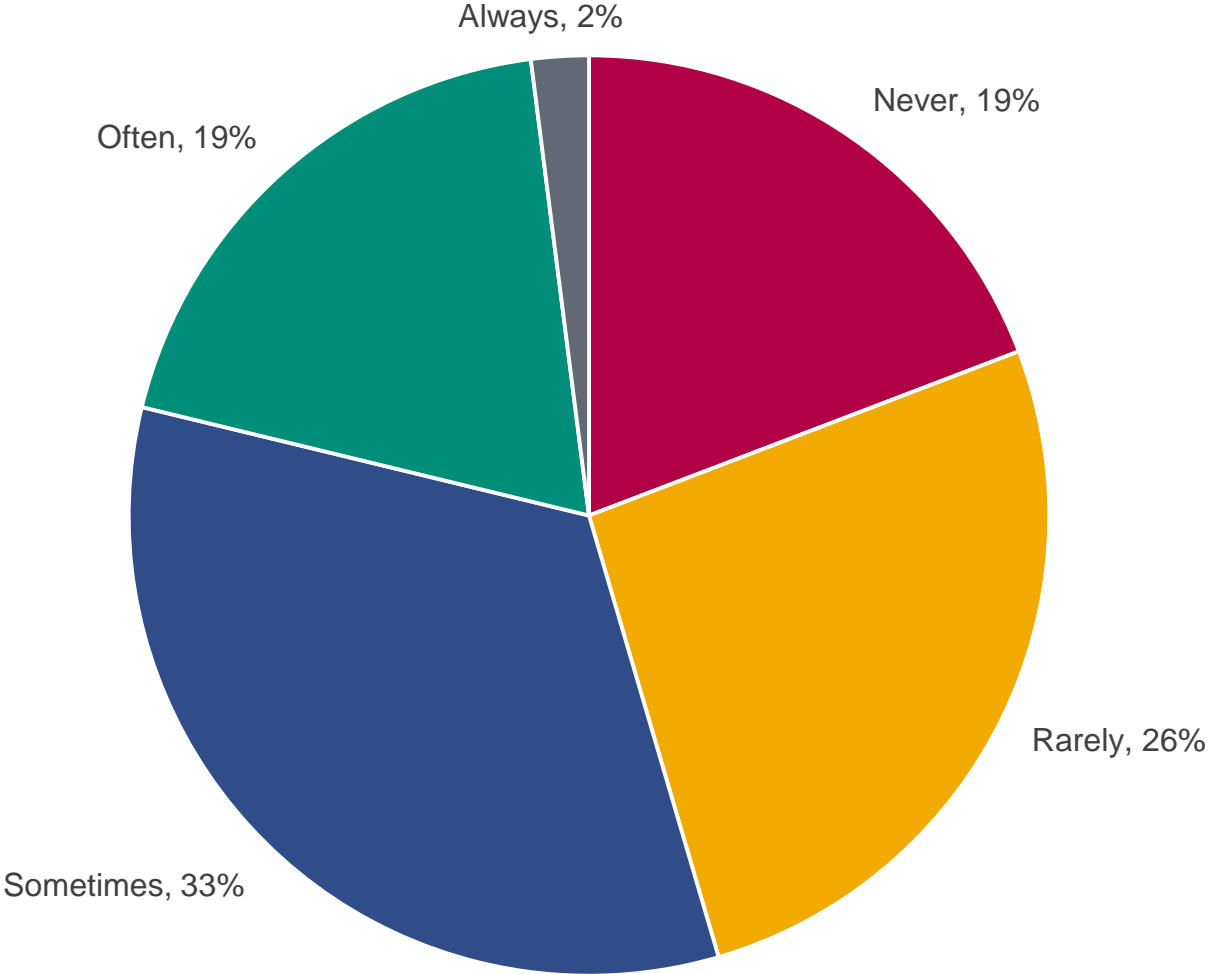
Attempts to Negotiate a Health Plan Contract



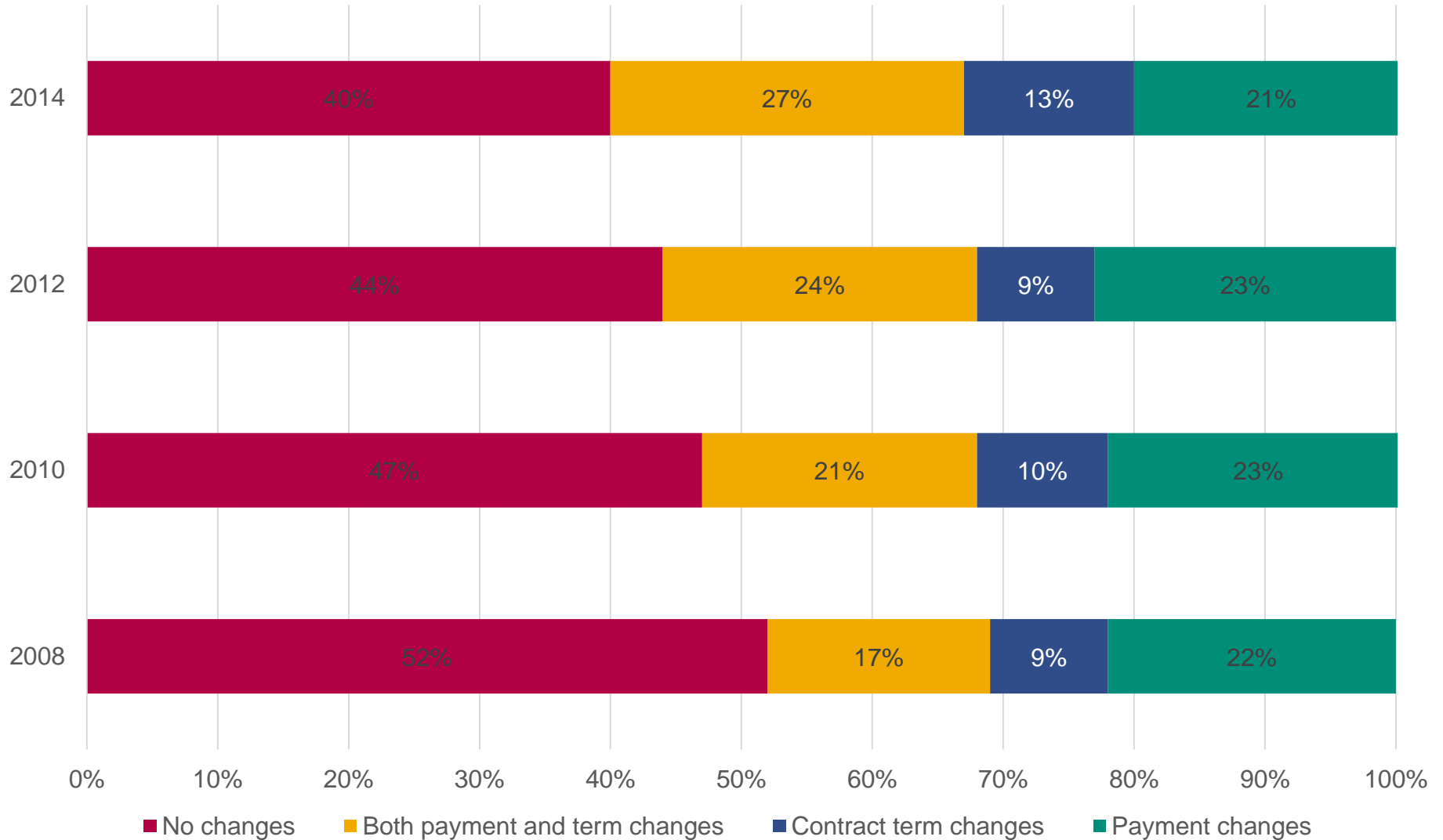
Attempts to Negotiate the Terms of a Health Plan Contract Mady By



Success Negotiation Contract Changes

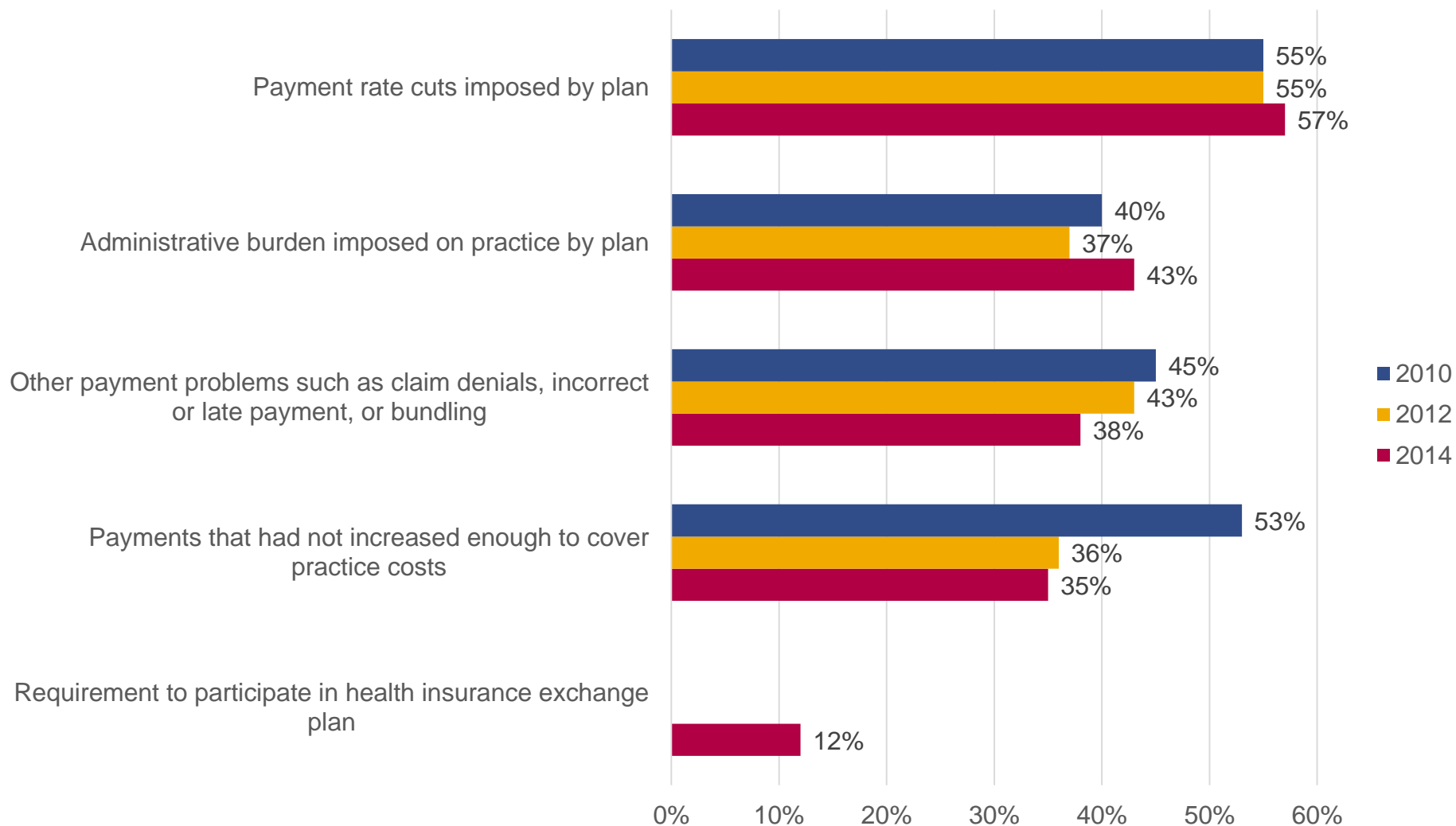


Outcome of Last Negotiation Effort

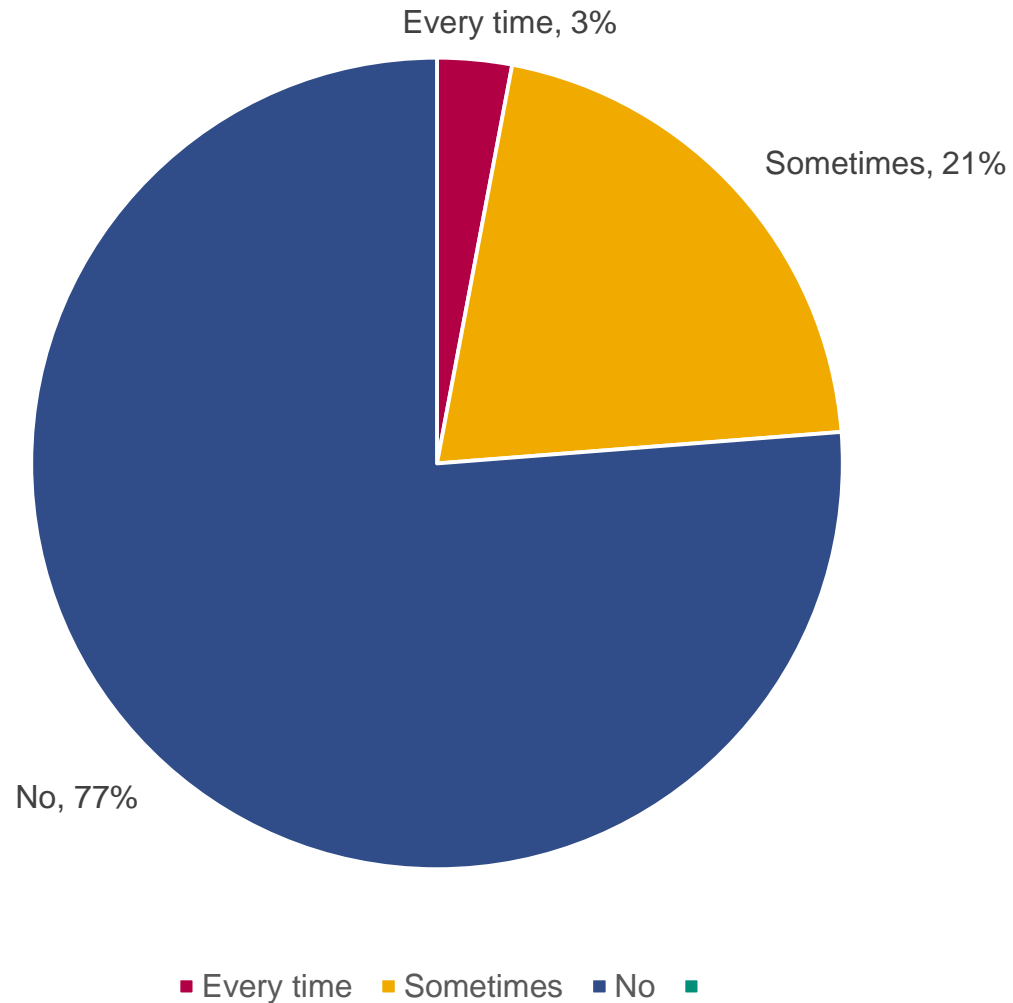


Reasons for Contract Terminations

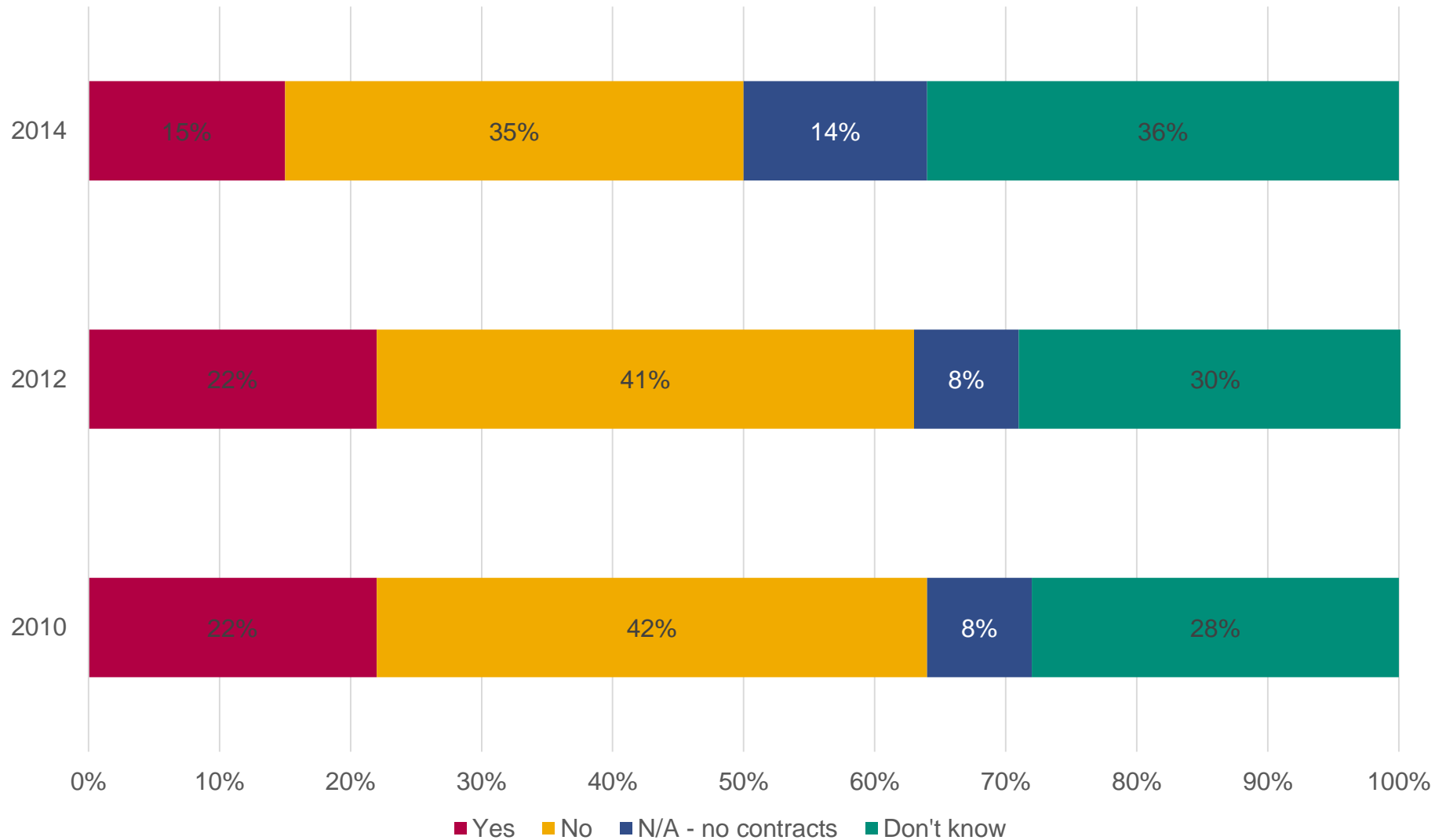
(Among 27 percent of who terminated a health plan contract in the past two years)



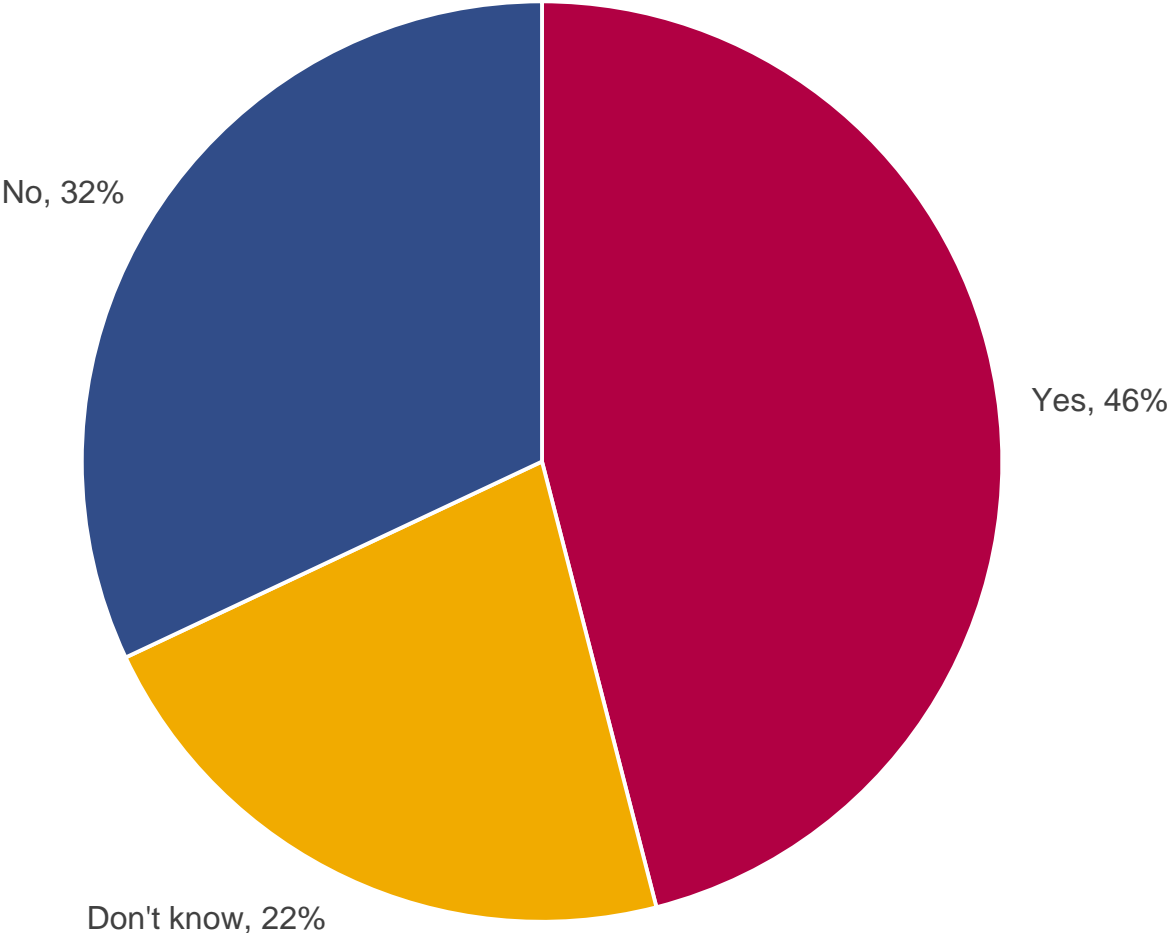
Termination Notice Resulted in Re/New Negotiations with Contract and No Lapse in Coverage



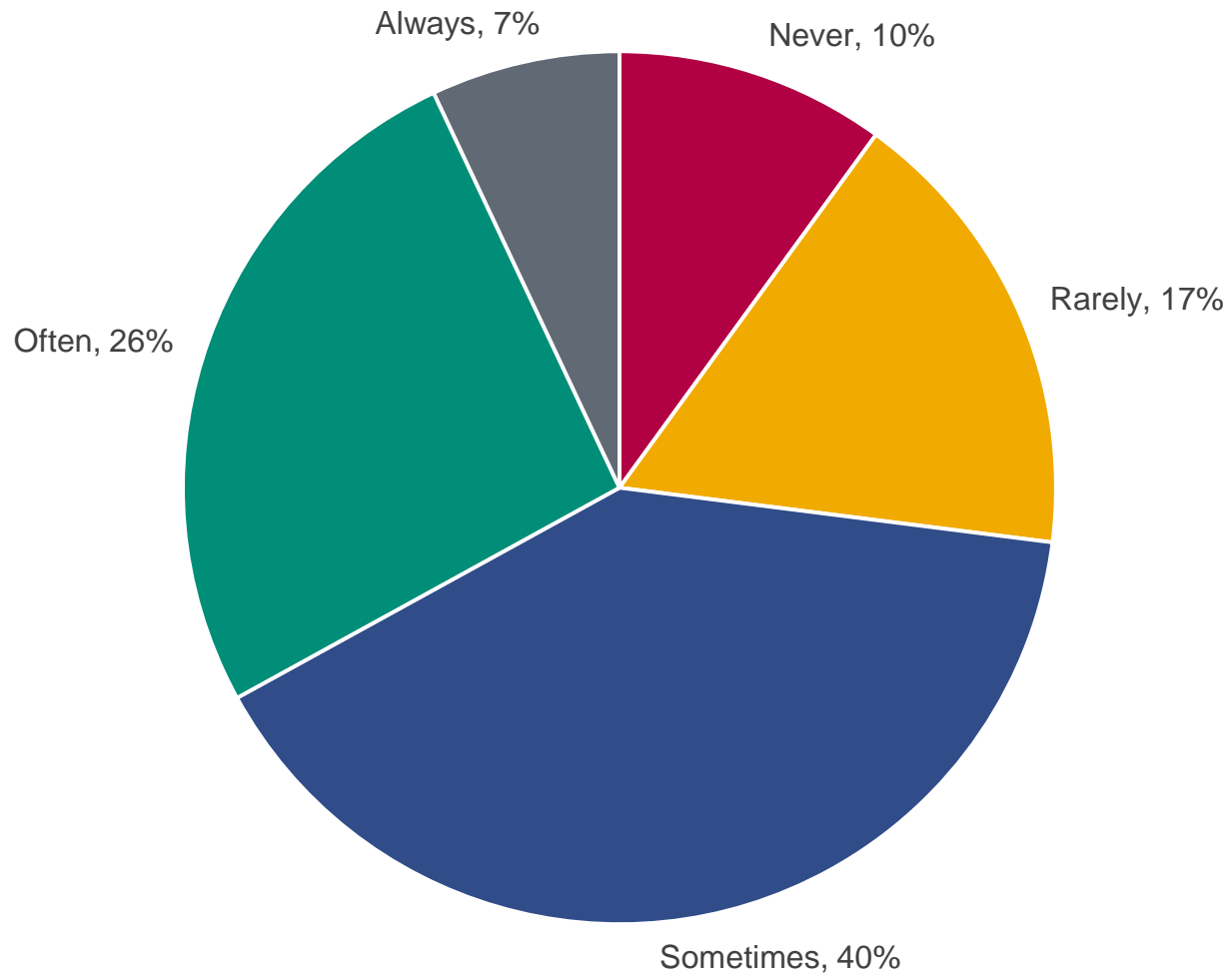
Physician Practices with a Method to Detect a Silent PPO



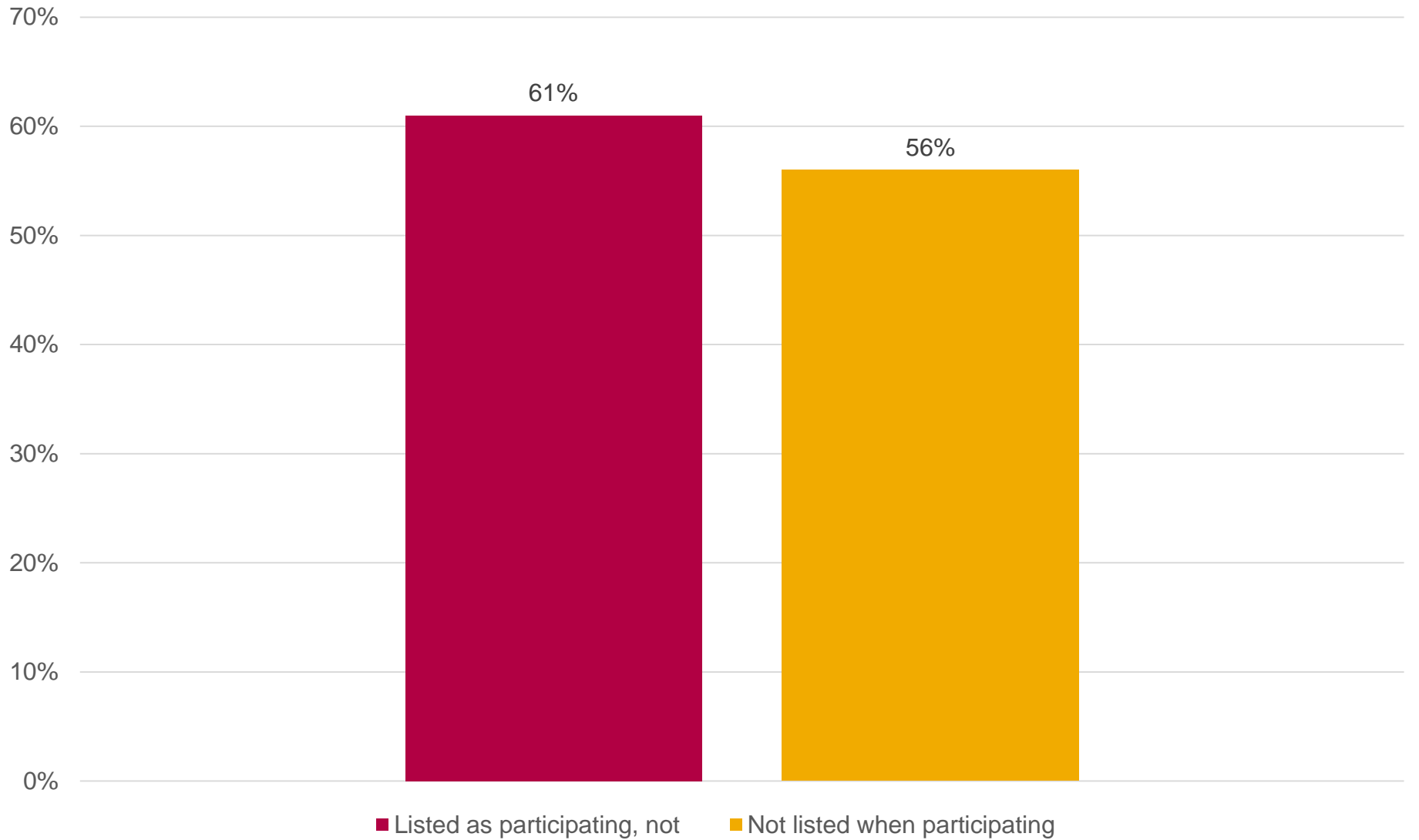
Physician Practices Which Have Detected Silent PPO Activity



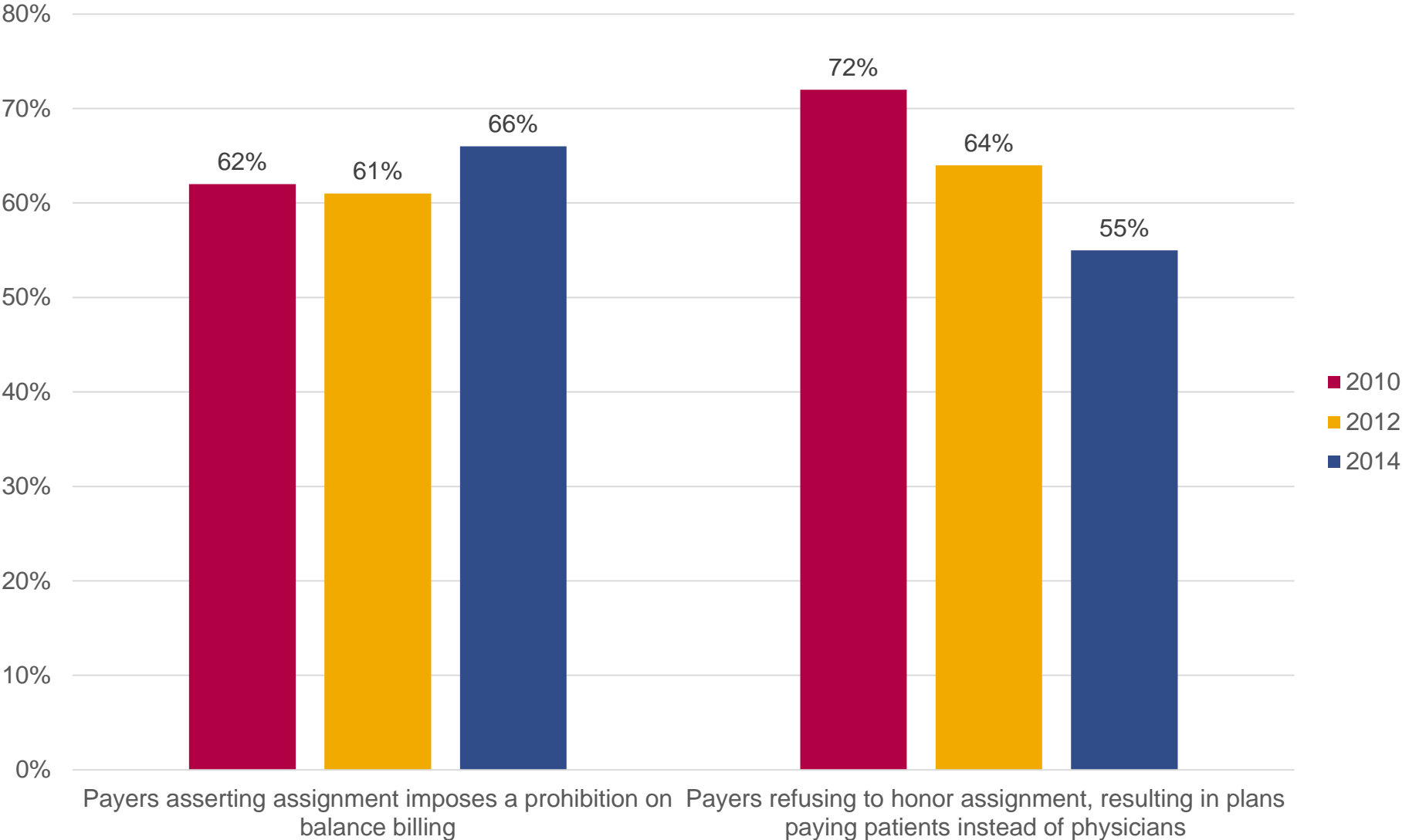
Frequency with Which Patient Payment Information is Available from Health Plan



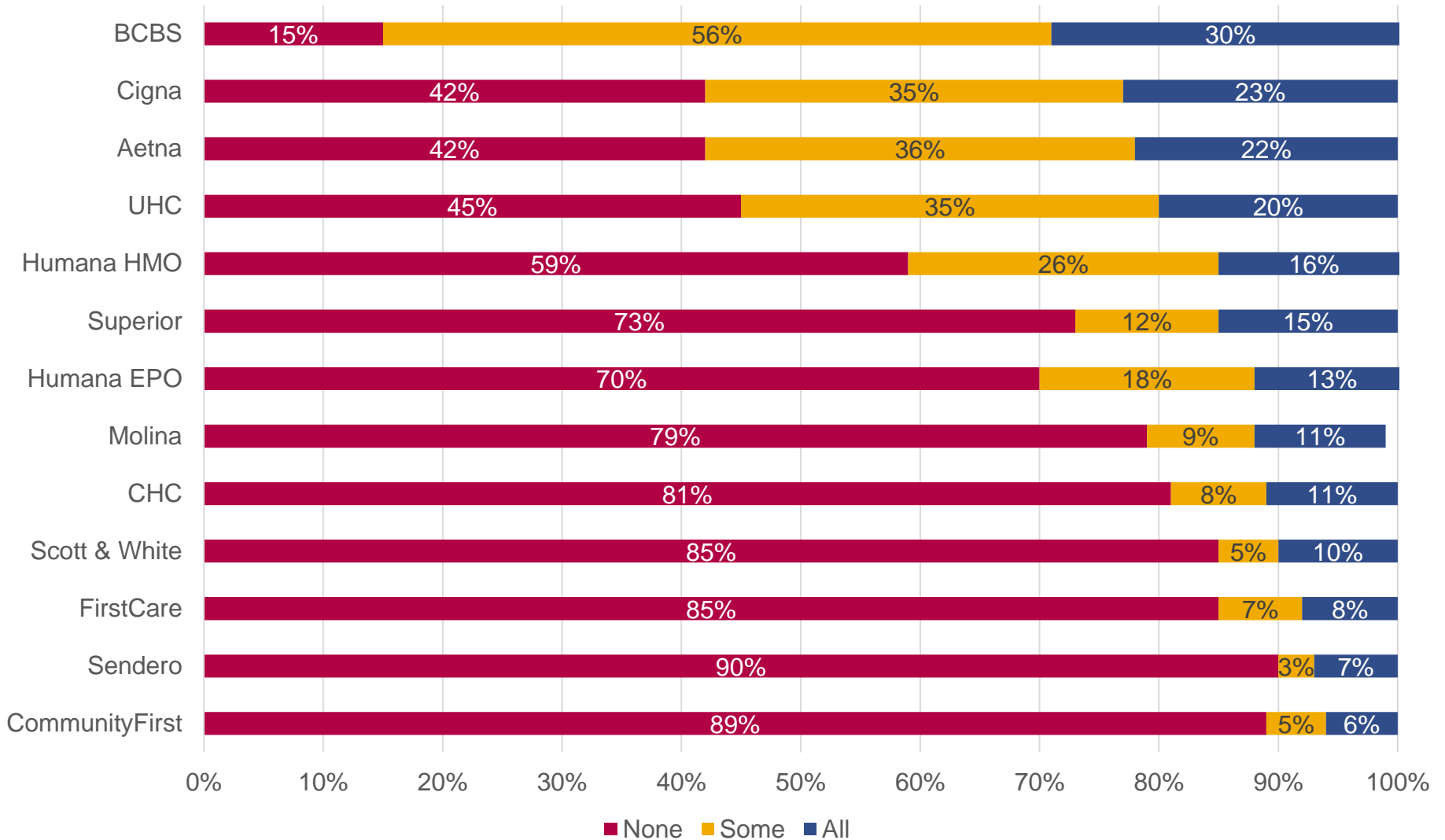
Incorrect Listings in a Health Plan Directory



Problems with Assignment of Benefits



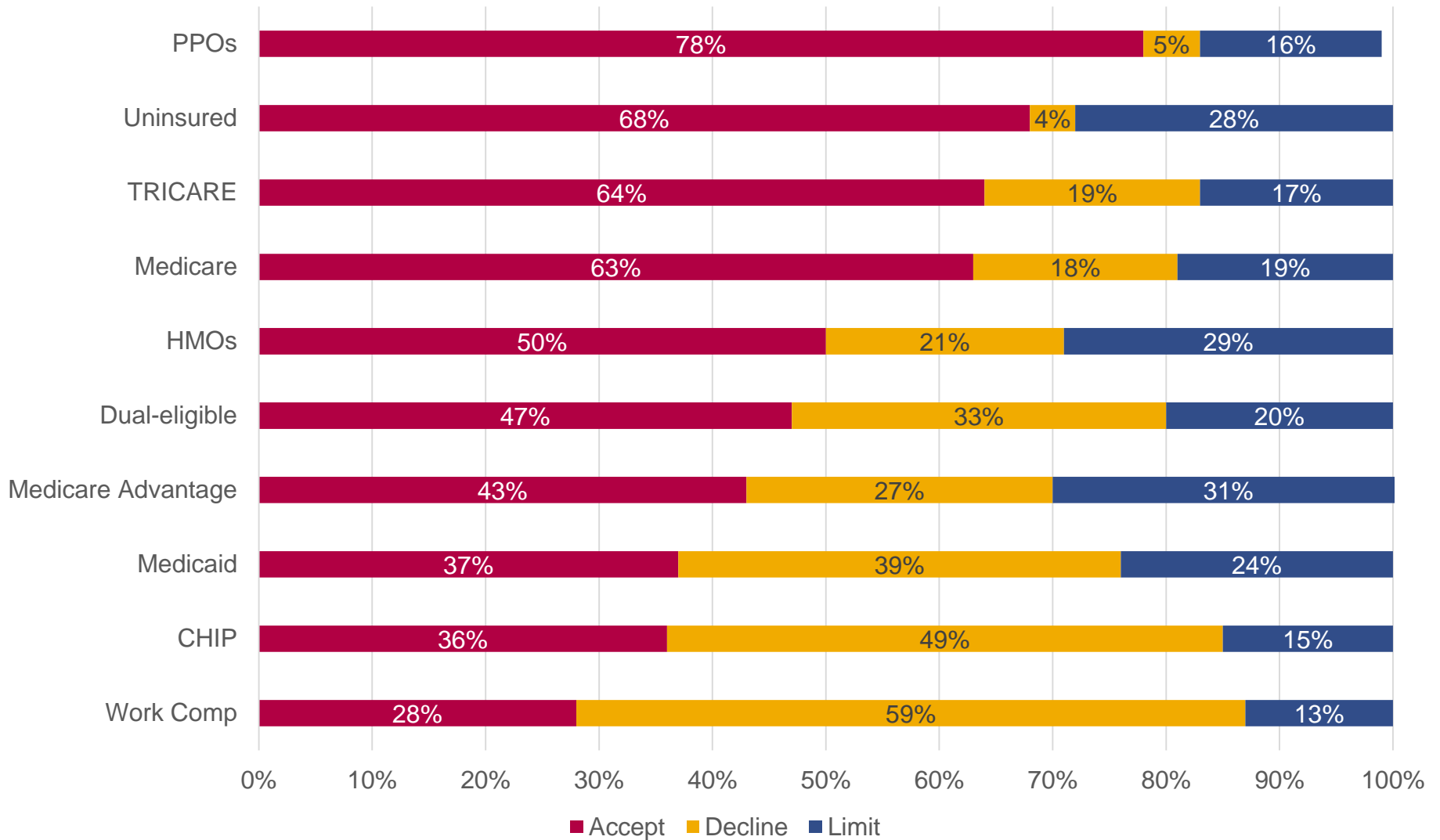
Acceptance of New Health Insurance Exchange Patients



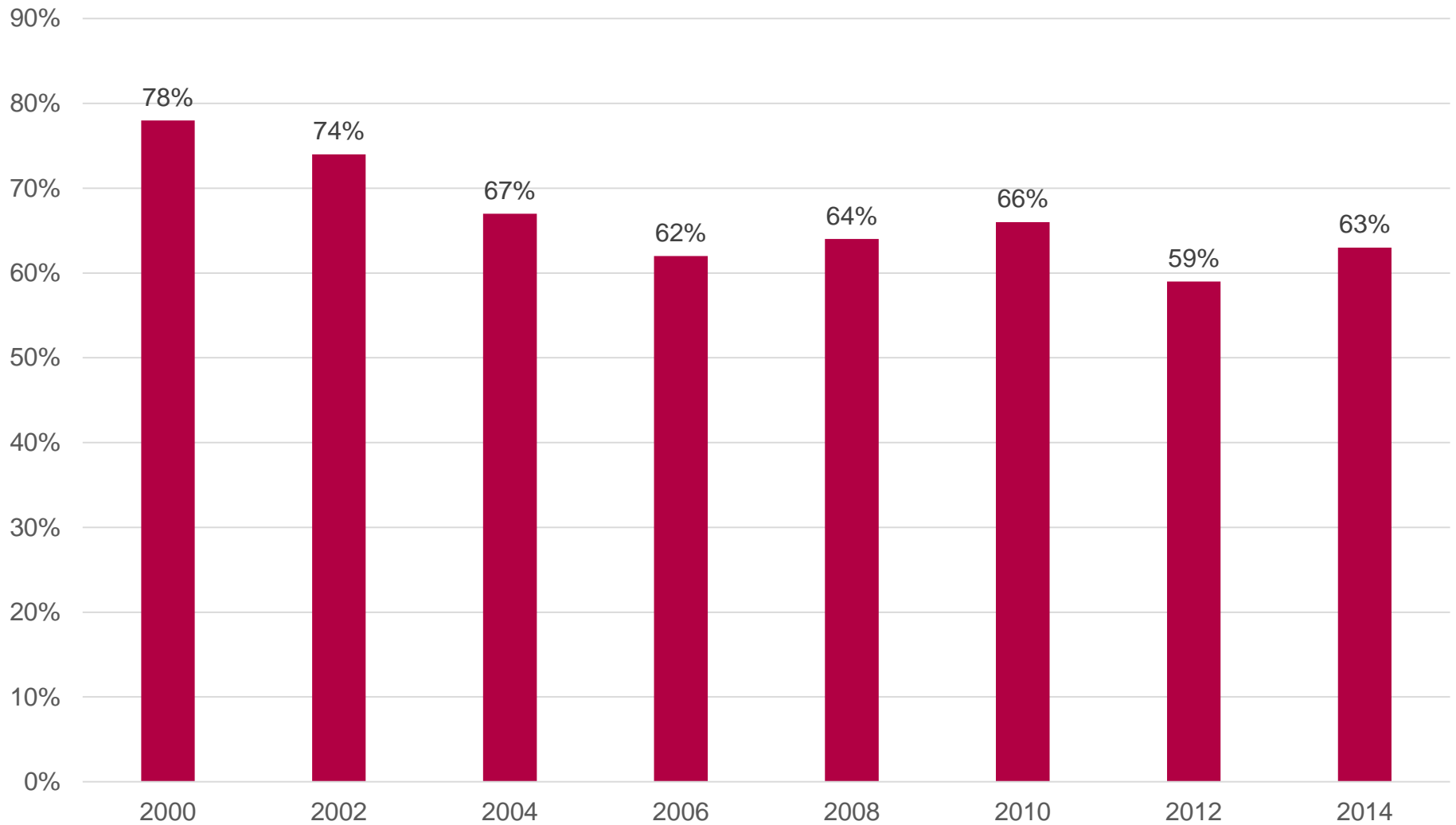
Healthy Environment

- Availability of Care

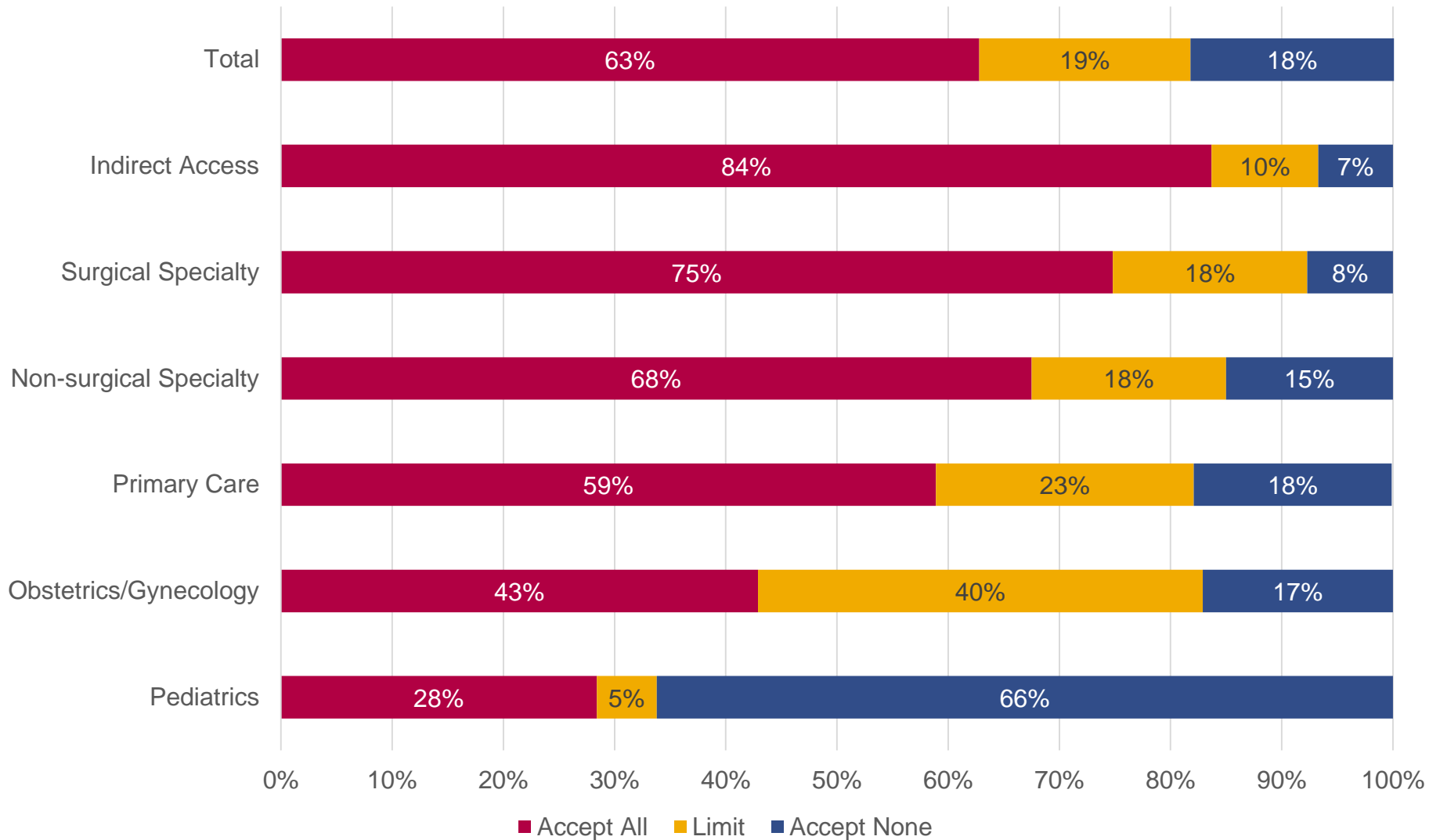
Acceptance of New Patients by Payer Type



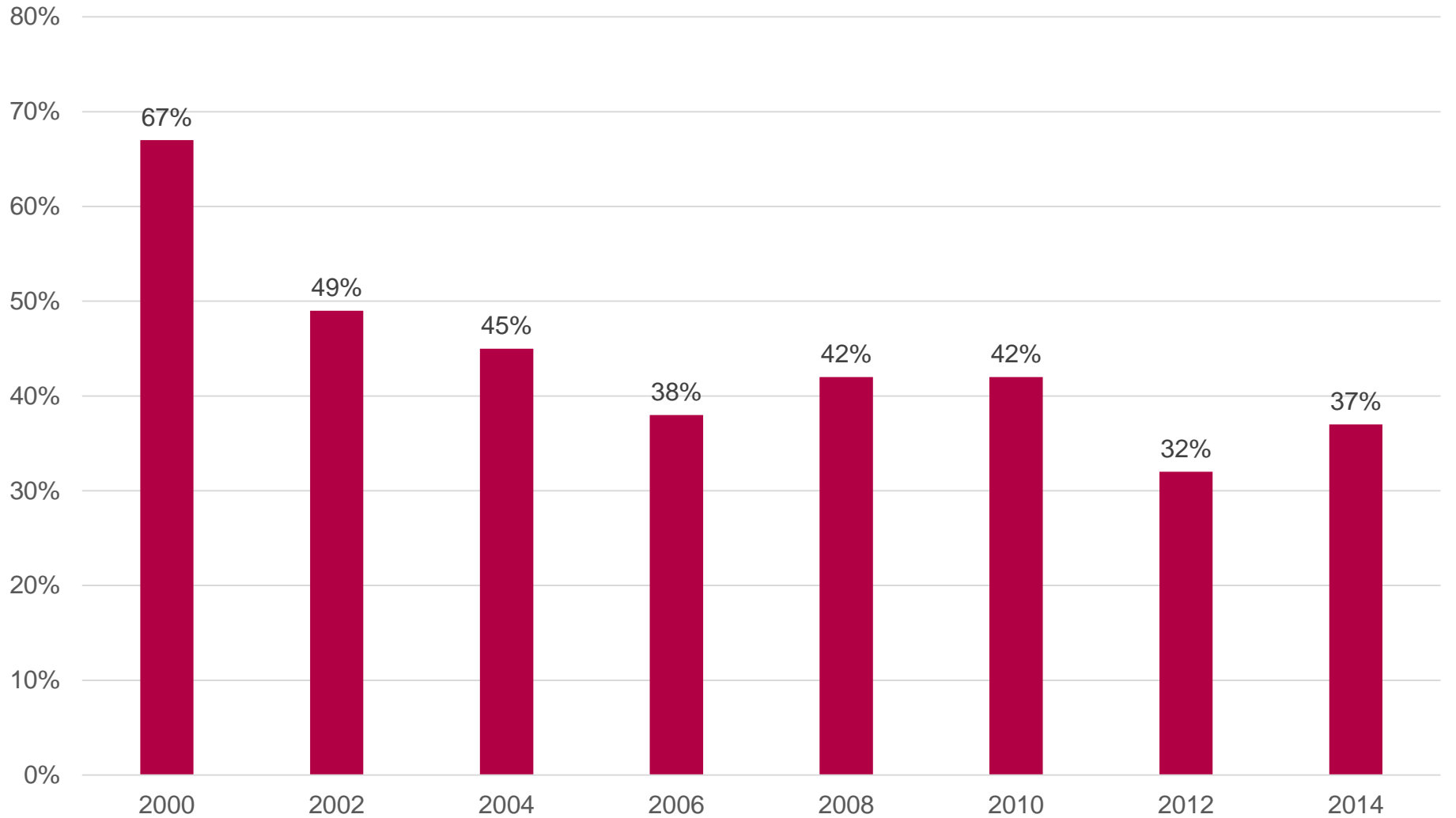
Percent of Texas Physicians Who Accept All New Medicare Patients



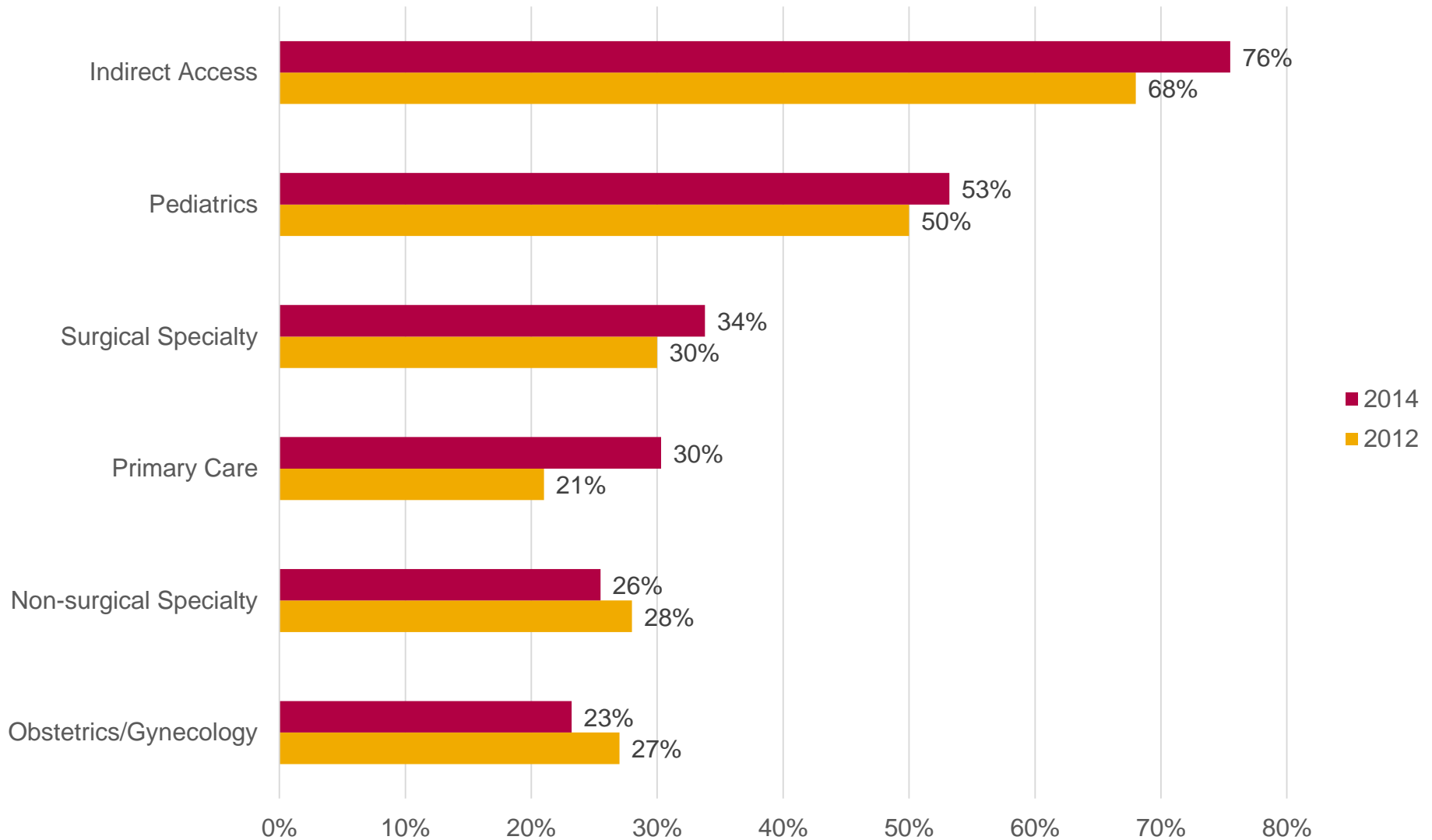
Acceptance of Medicare Patients by Physician Specialty



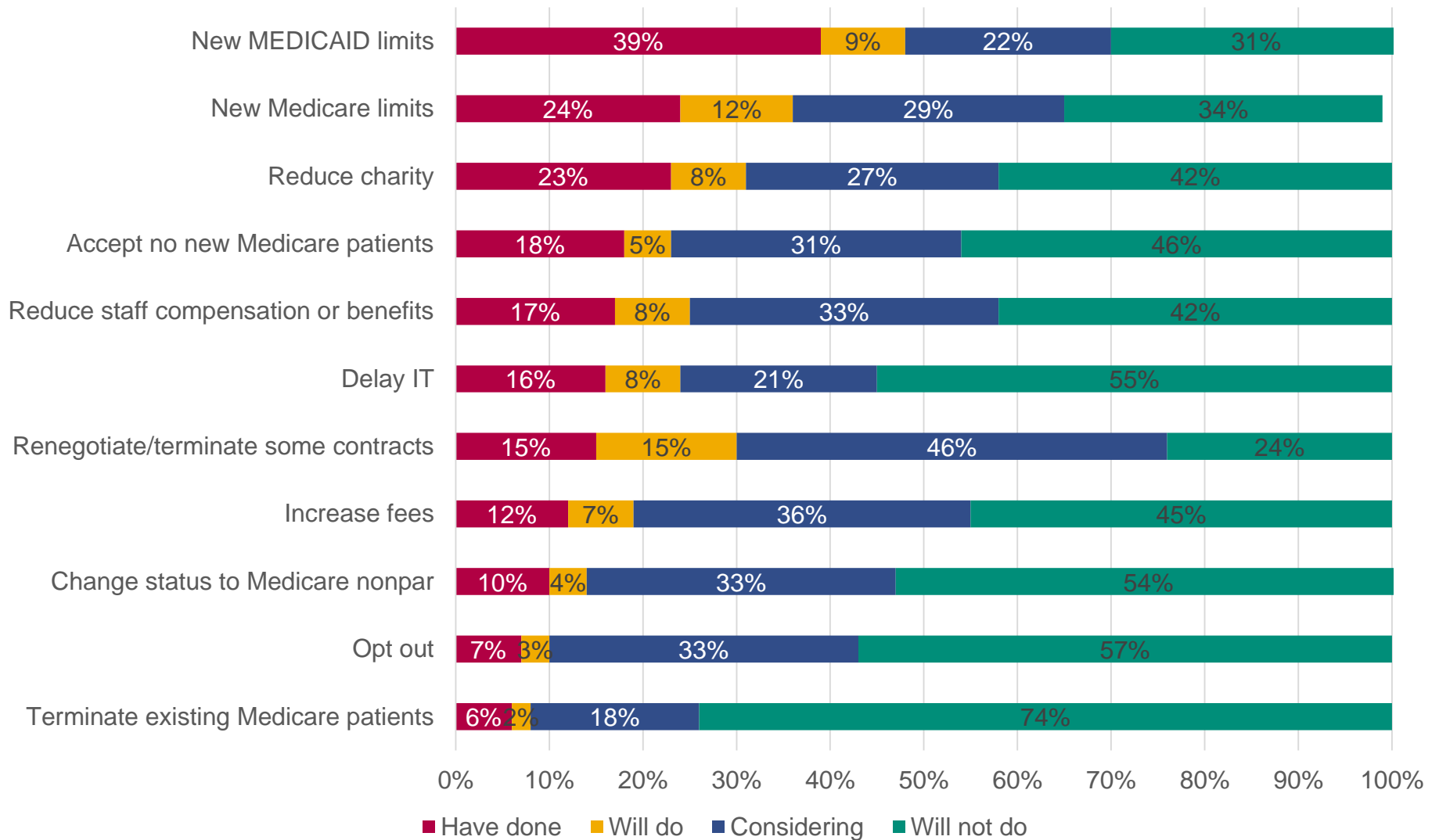
Percent of Texas Physicians Who Will Accept All New Medicaid Patients



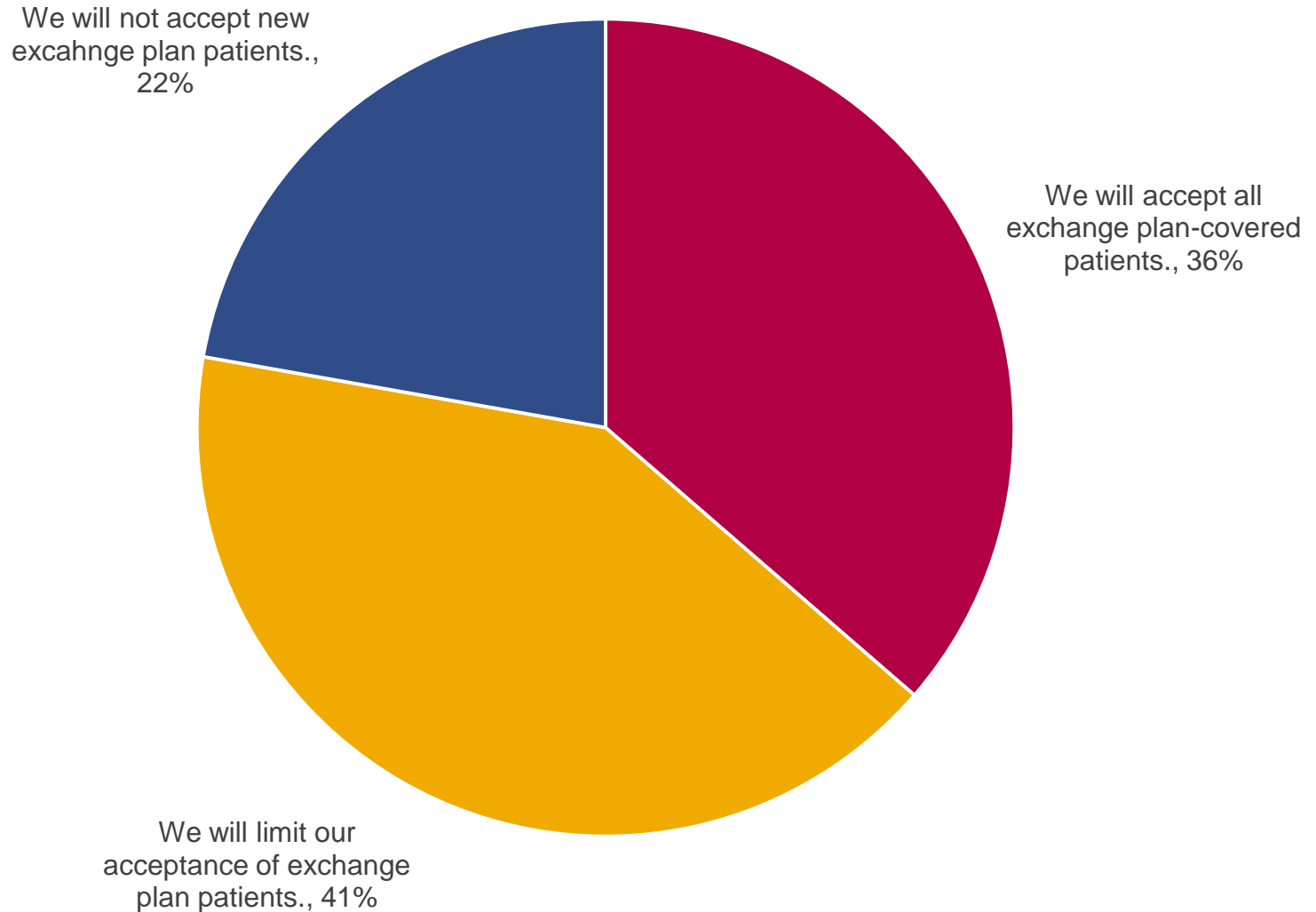
Acceptance of All New Medicaid Patients by Physician Specialty



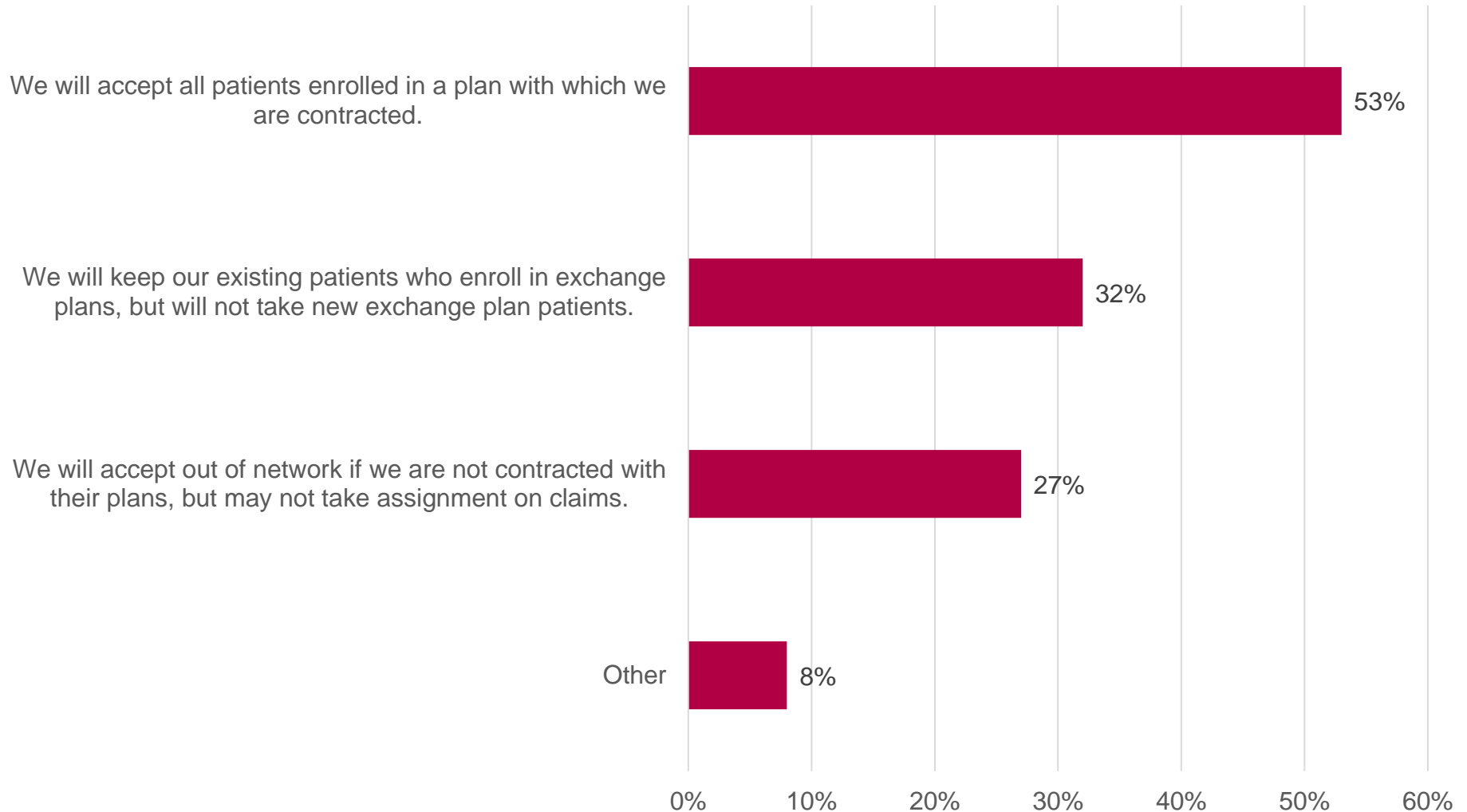
Physician Response to Problems with the Medicare Fee Schedule



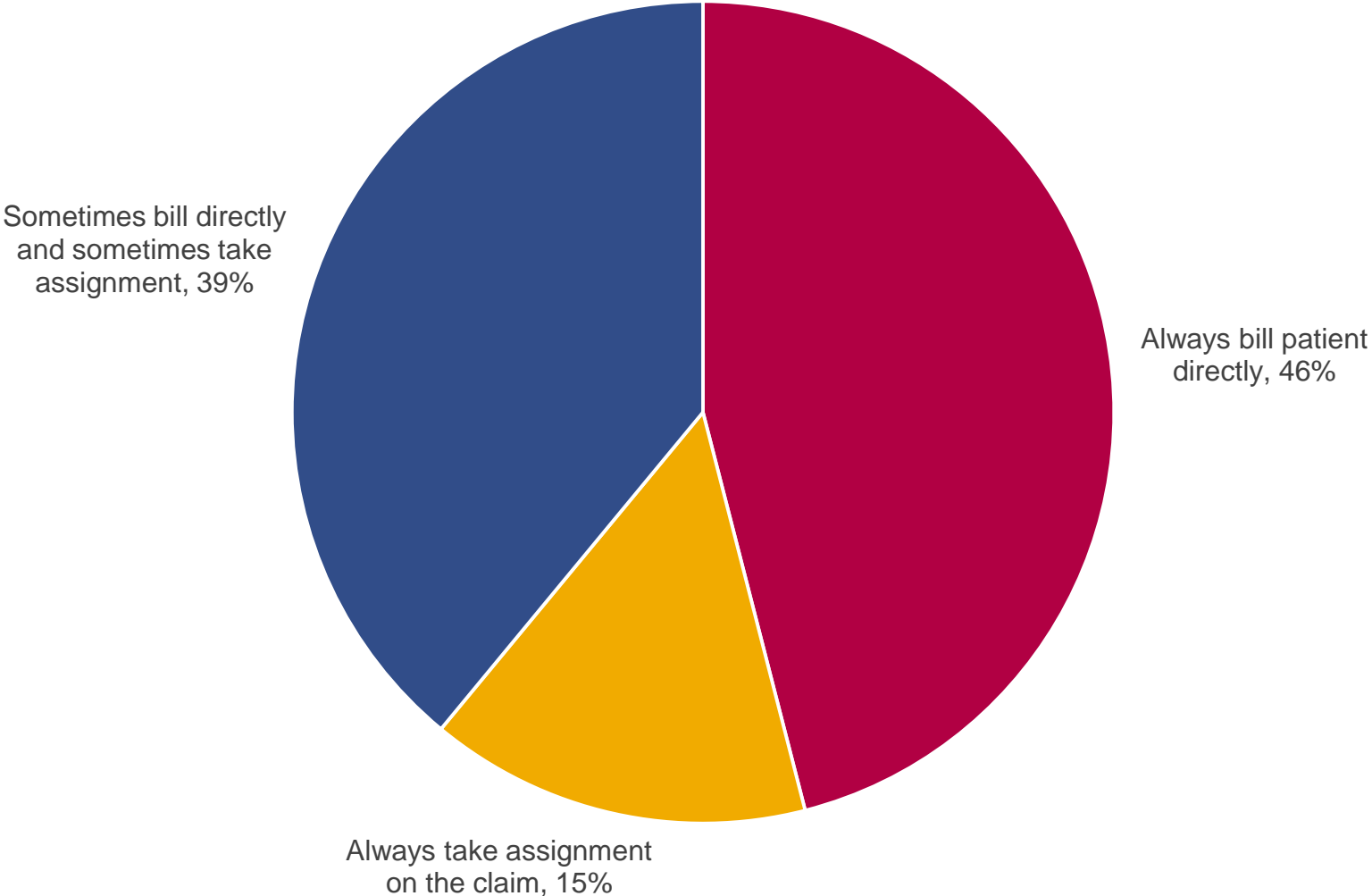
Acceptance of ACA Exchange Plan Patients



Types of Limits Practices Will Impose on Acceptance of ACA Exchange Plans



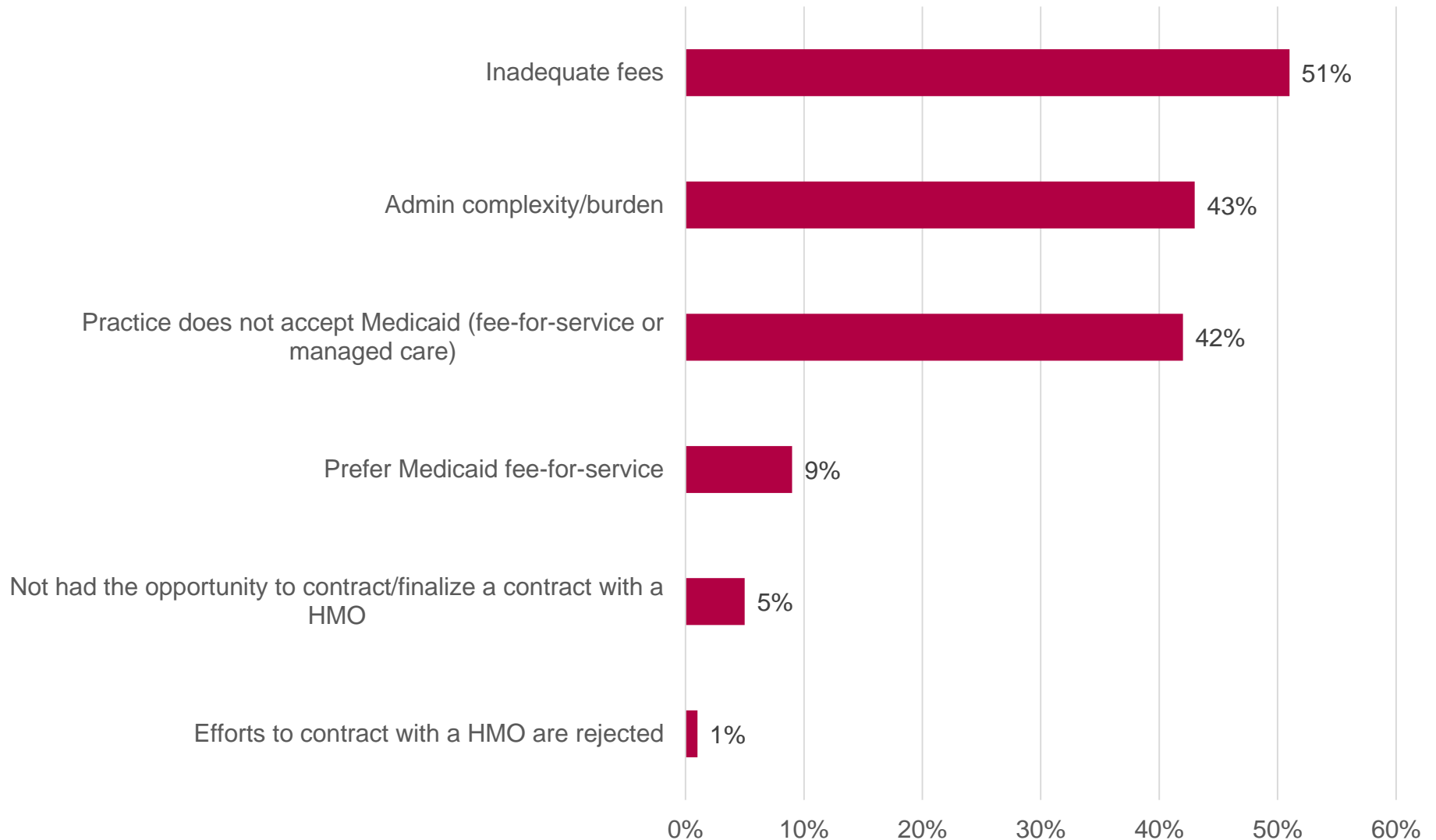
Billing ACA Exchange Patients Out of Network



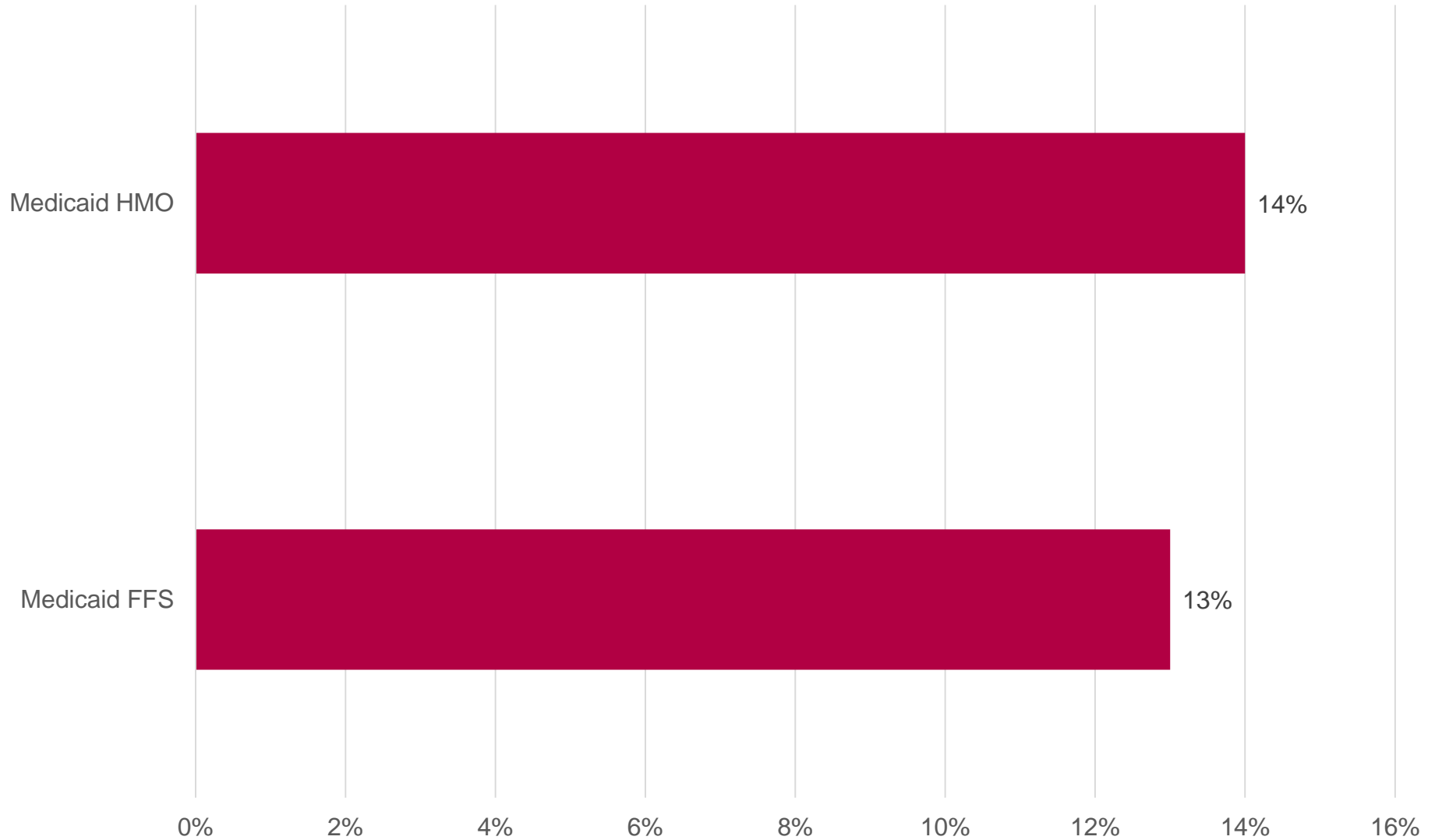
Medicaid Managed Care

- Forty-two percent of physicians treat Medicaid HMO patients

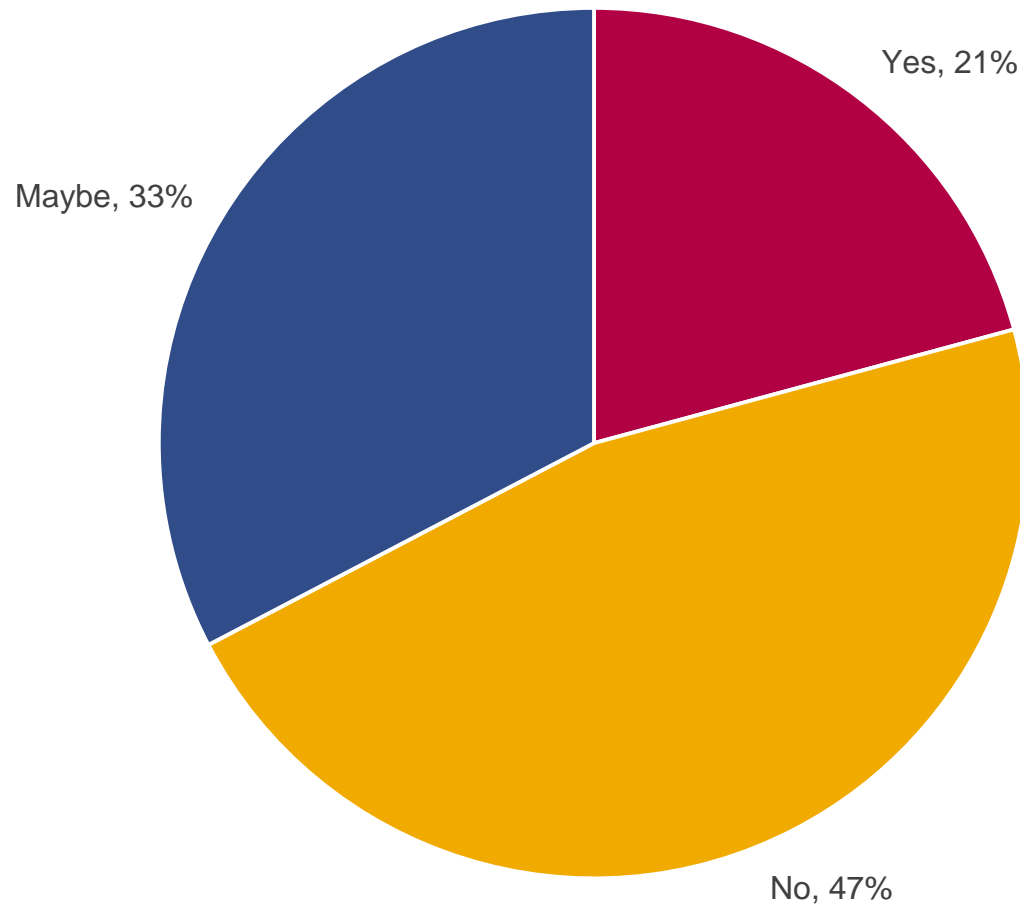
Reasons Physicians Do Not Treat Medicaid HMO Patients



Practice Patients by Payer

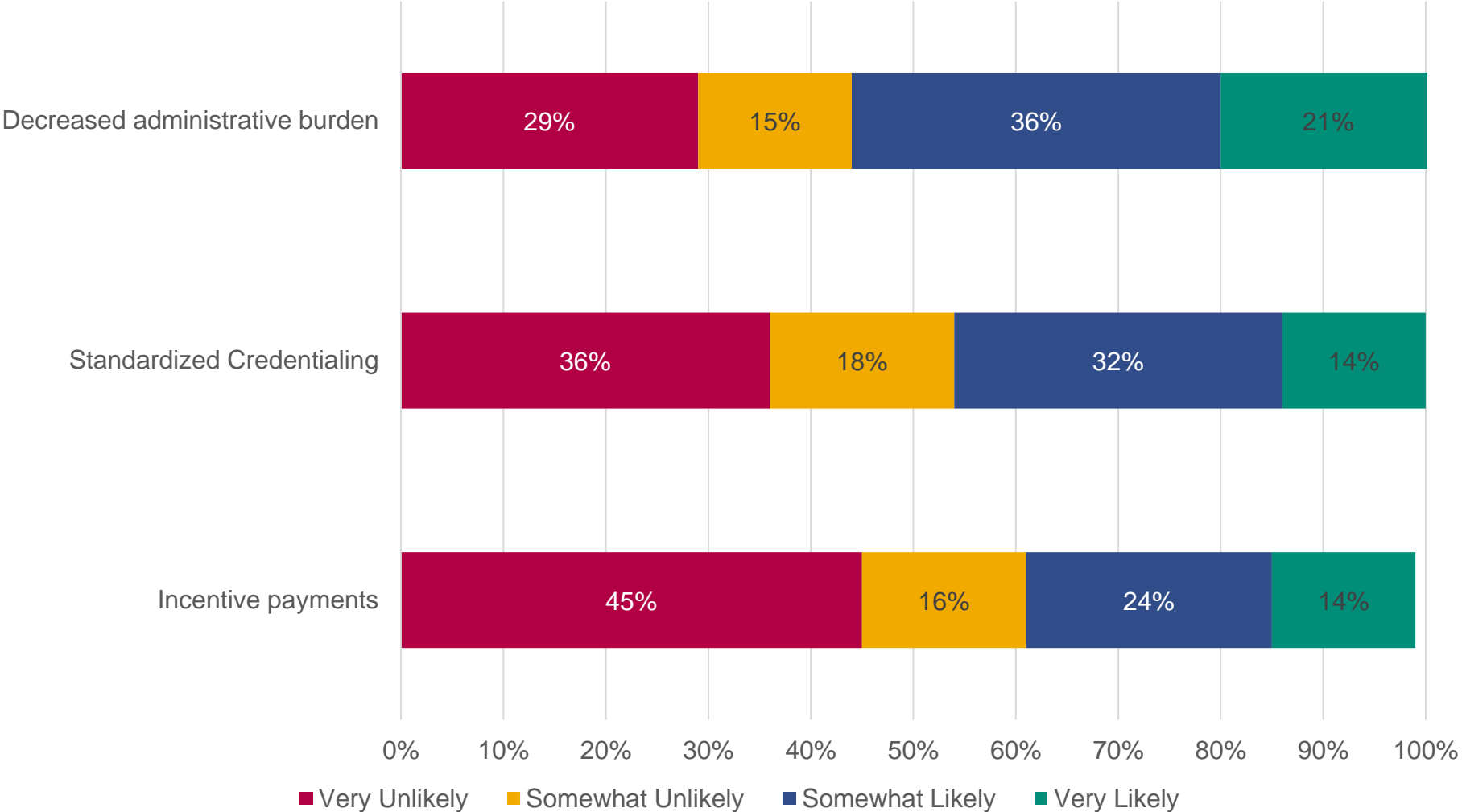


Percentage of Texas Physicians Who Would Accept More Medicaid HMO Patients if Rates Increased by 5 to 10 Percent

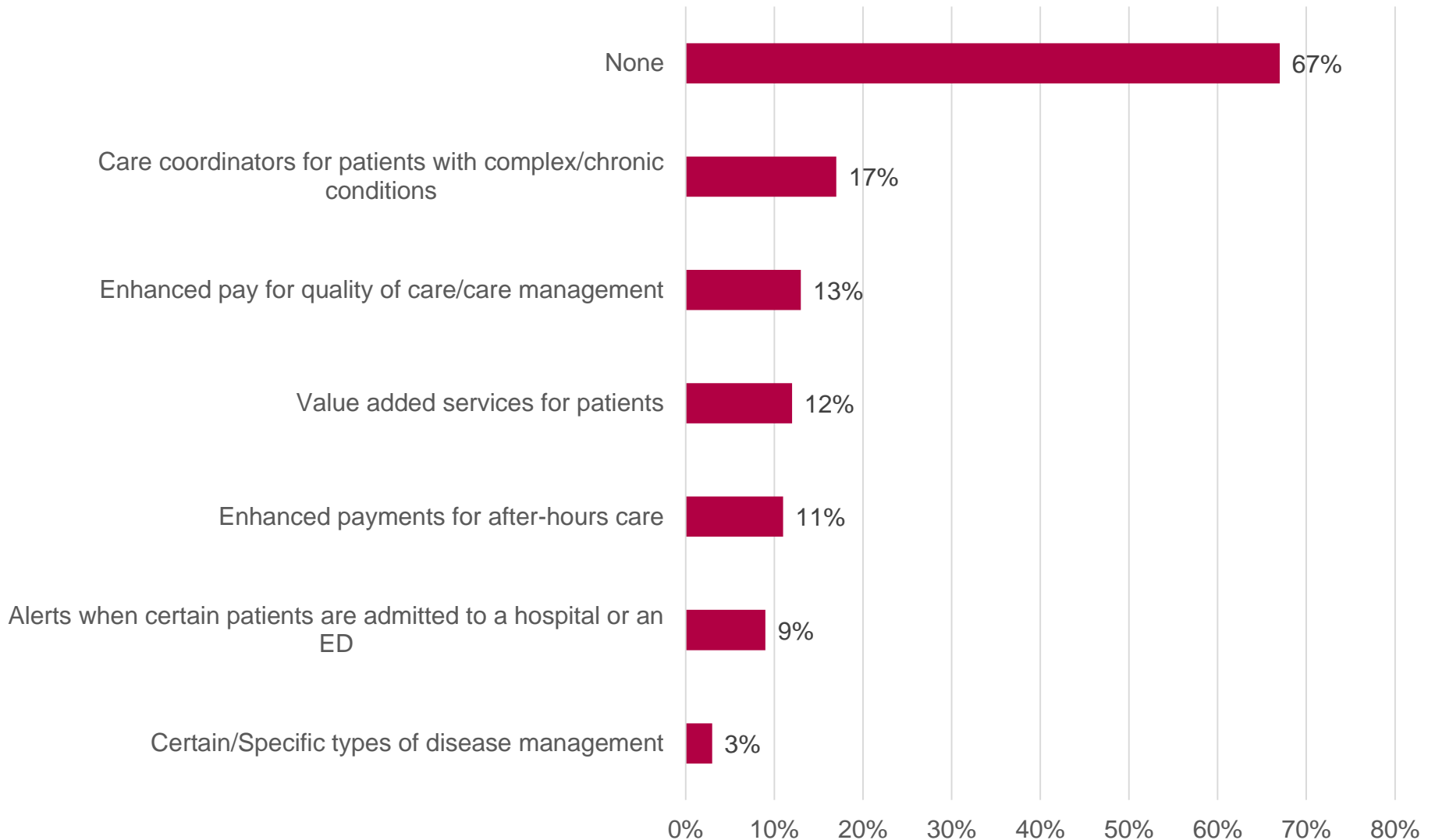


Note: Among physicians who might or would not accept more Medicaid HMO patients, eight percent would accept more Medicaid HMO patients if rates increased by ten percent or more.

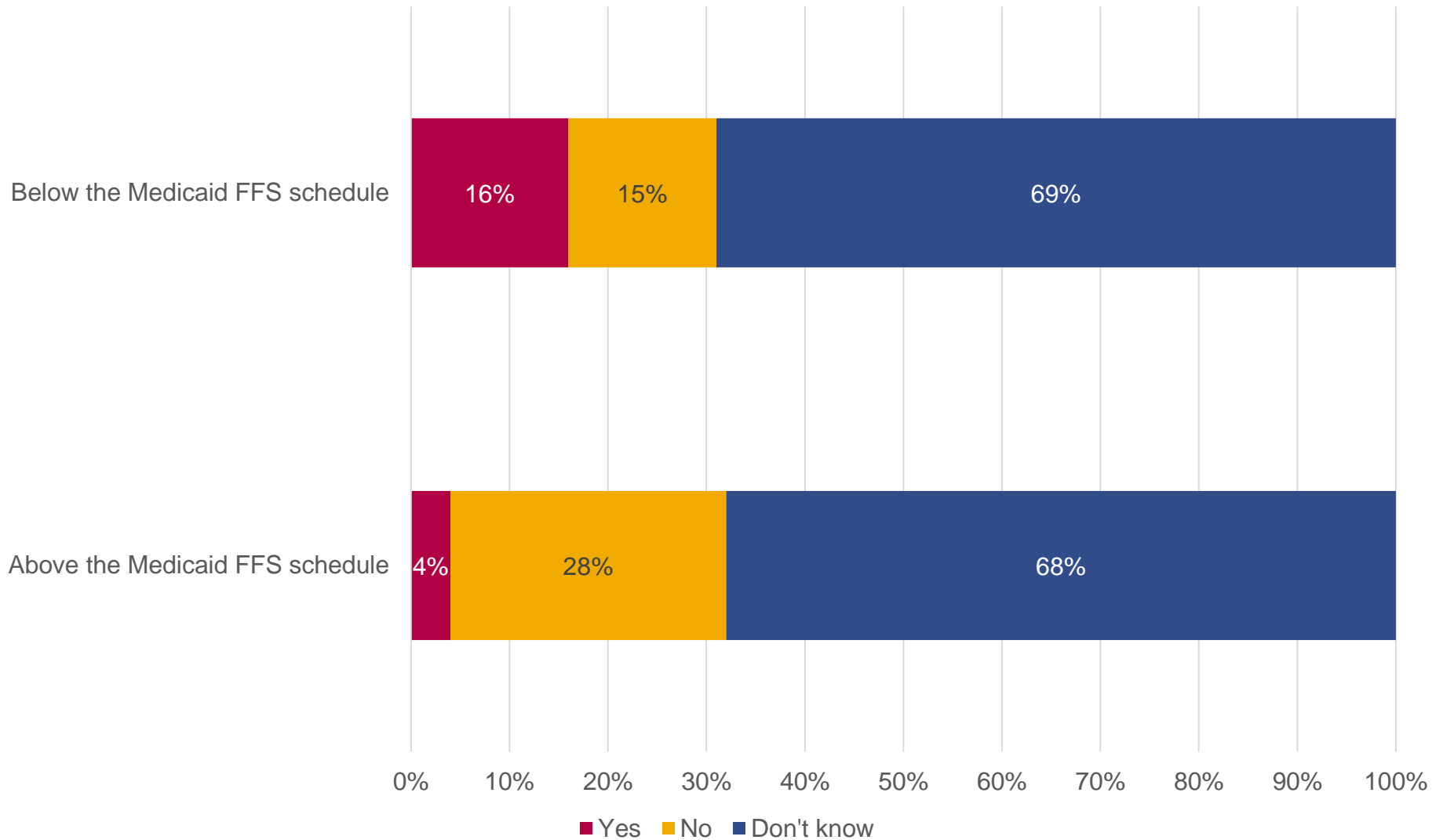
Percent of Texas Physicians Who Would Accept More Medicaid if the Program Was Reformed



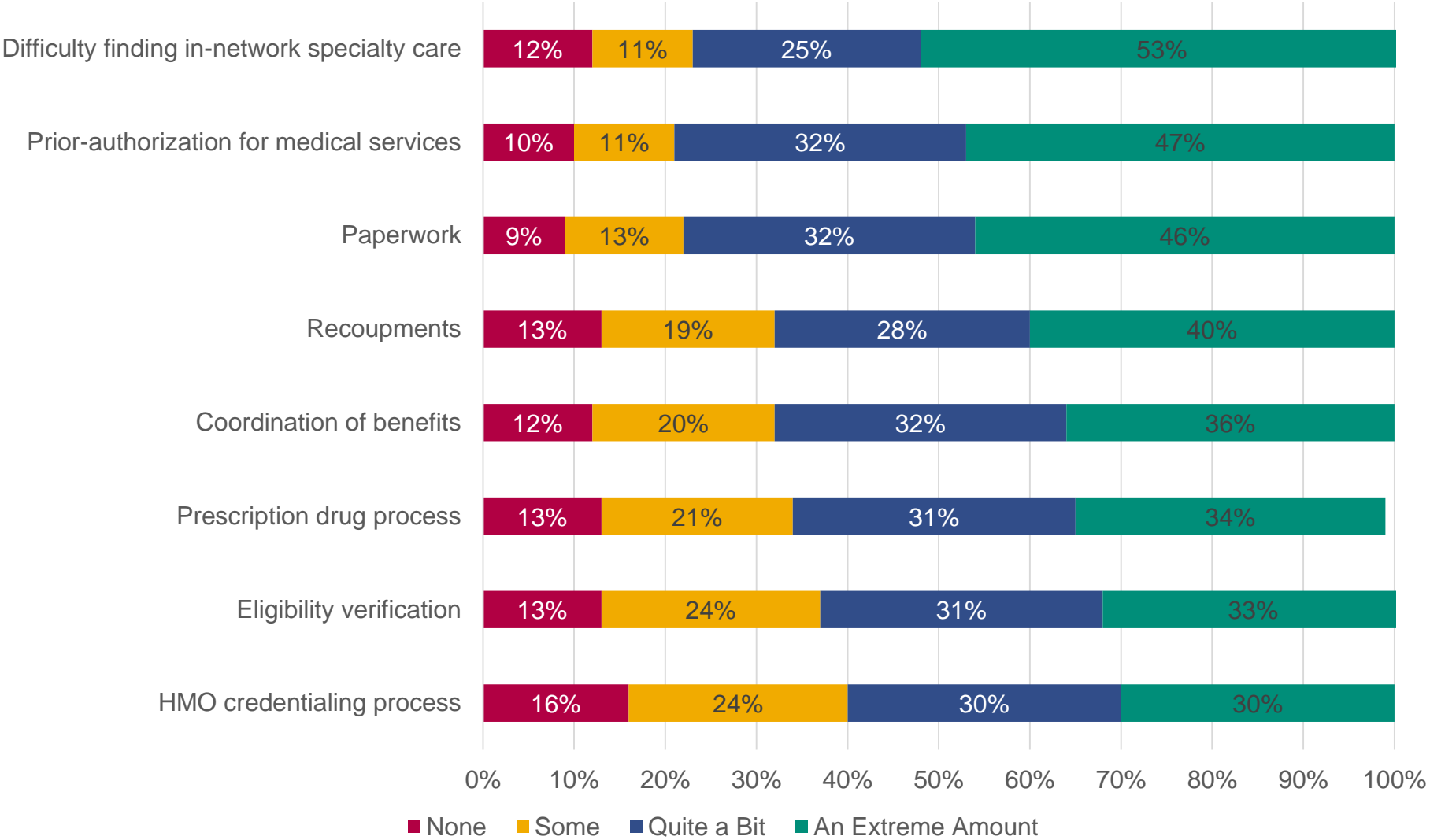
What Physicians Like About Medicaid HMOs



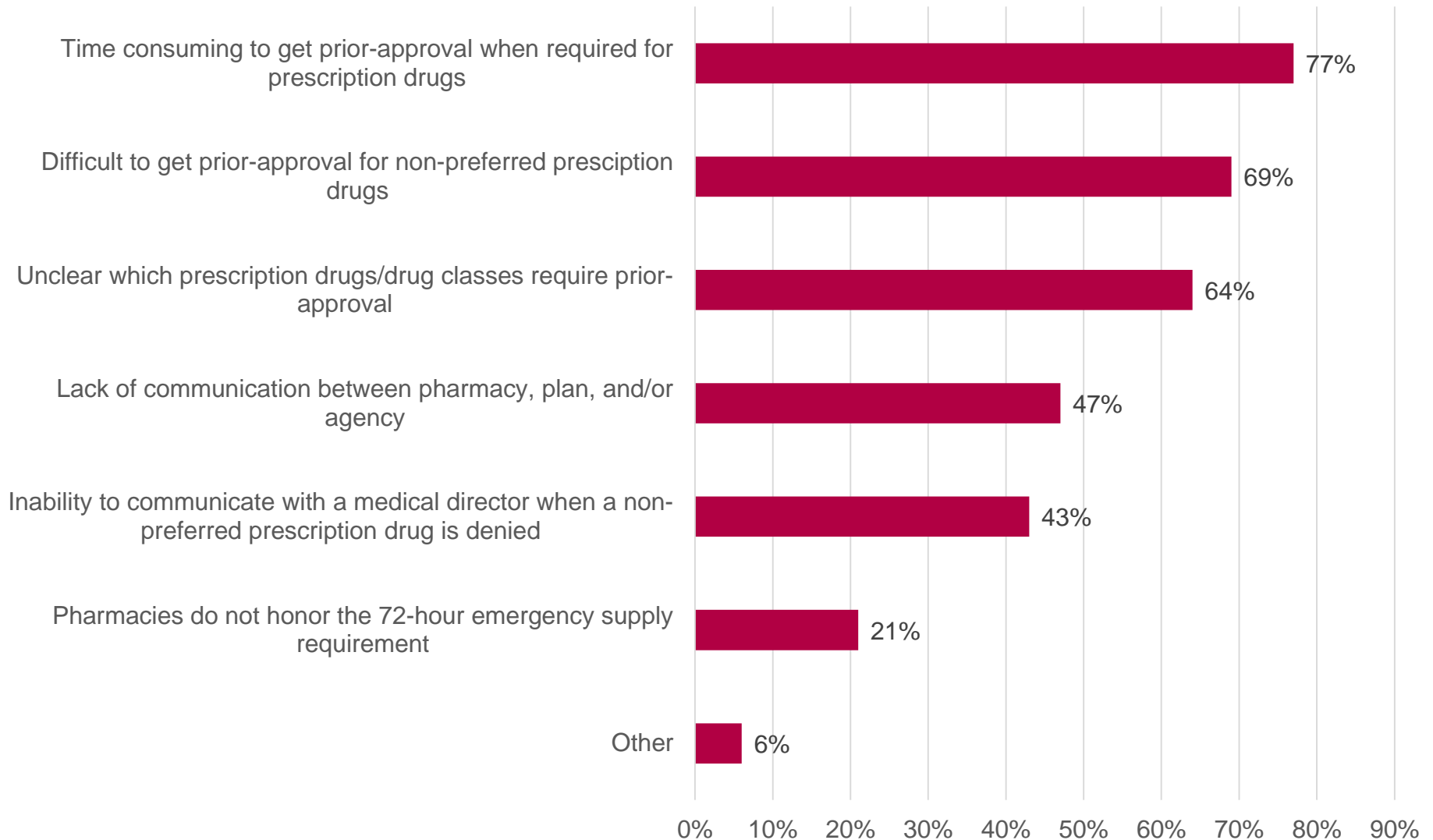
Medicaid HMOs Offer Physicians Fees



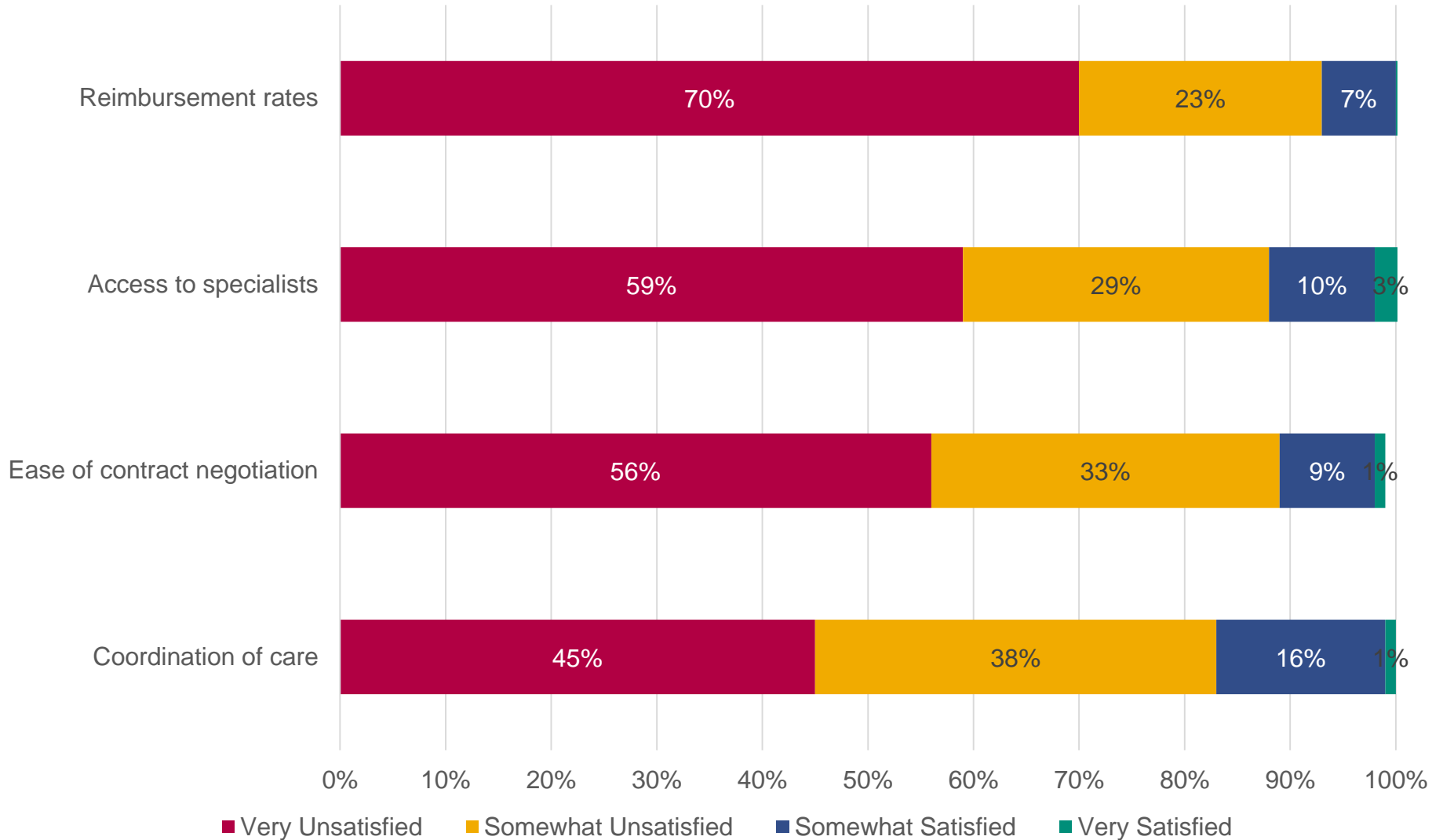
Administrative Burden in Medicaid HMOs



Problems Obtaining Prescription Drugs in Medicaid HMOs

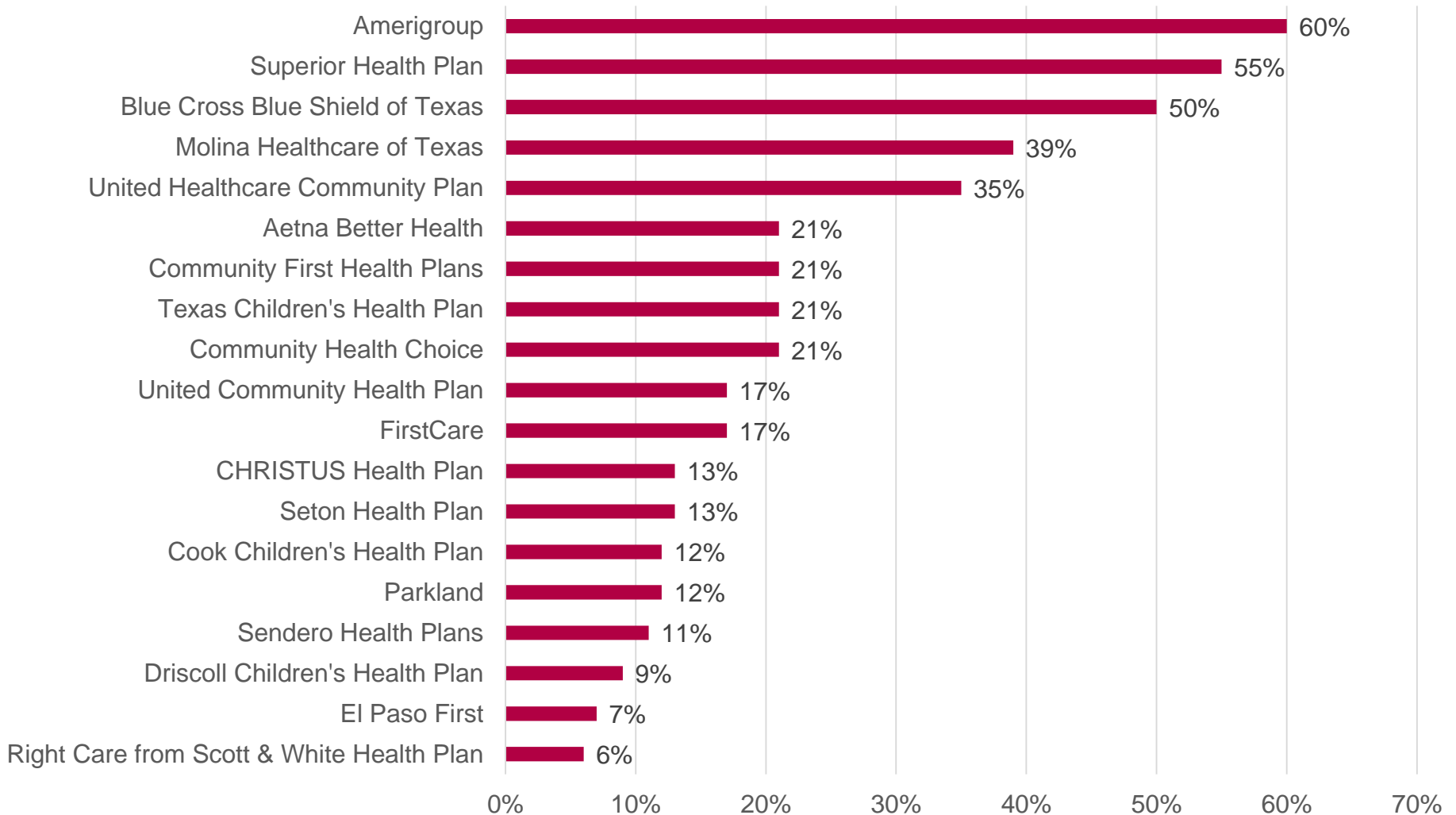


Physician Satisfaction with Medicaid HMOs



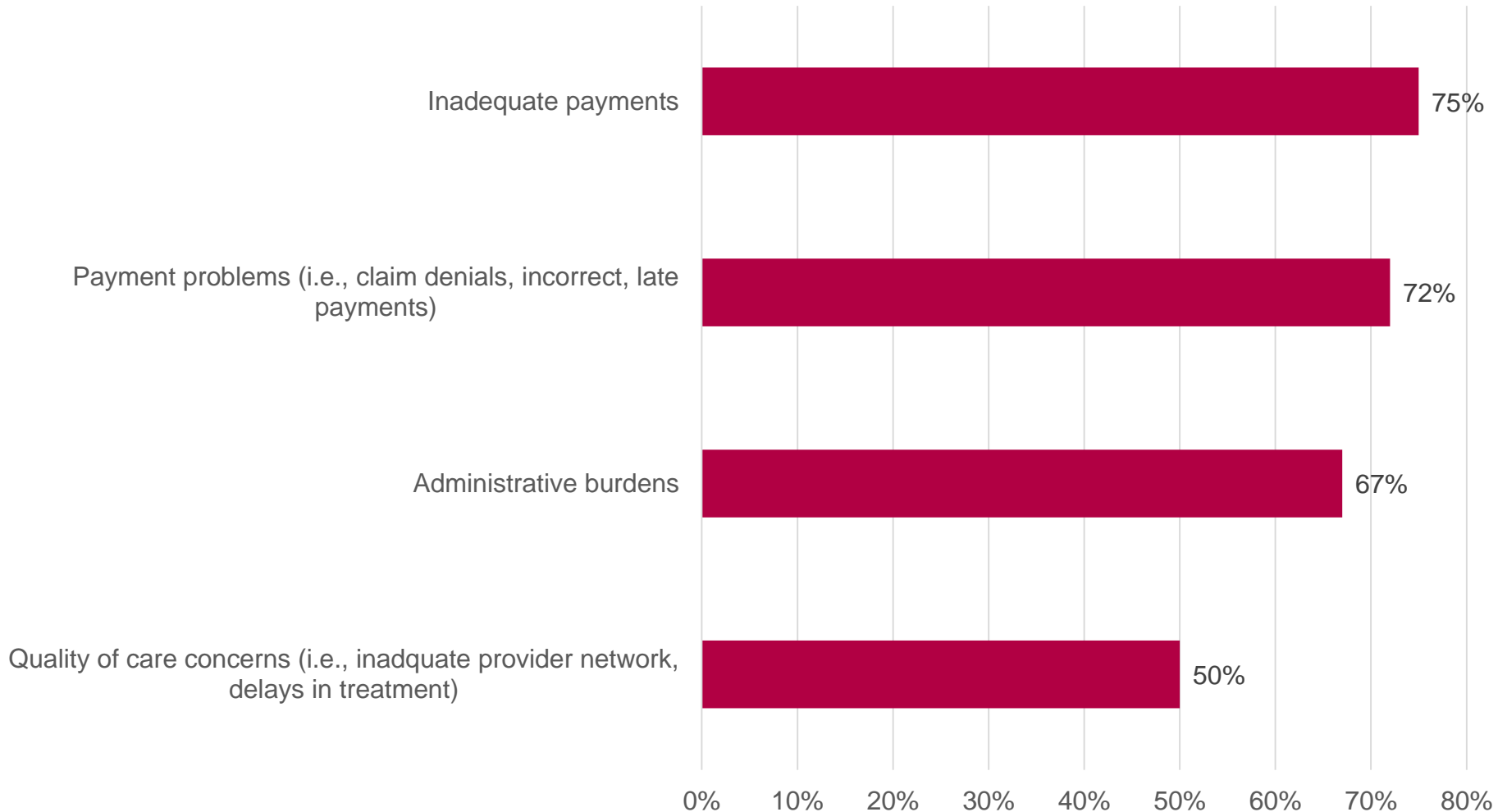
Physician Participation in STAR HMOs

(Among 23 percent of physicians who participate in a Medicaid STAR HMO)



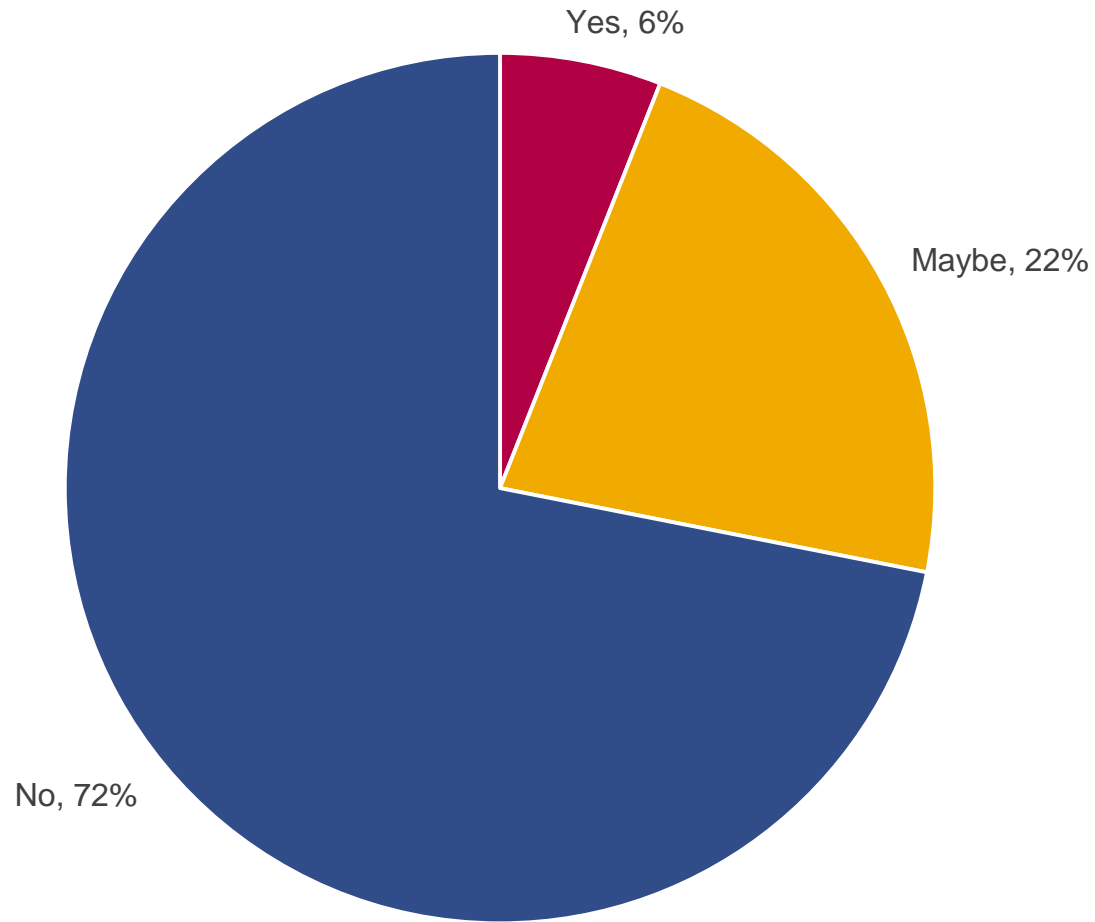
Physician Reasons for Medicaid HMO Contract Termination

(Among physicians who treat Medicaid STAR HMO patients, 25 percent plan to terminate one or more of their existing contracts)



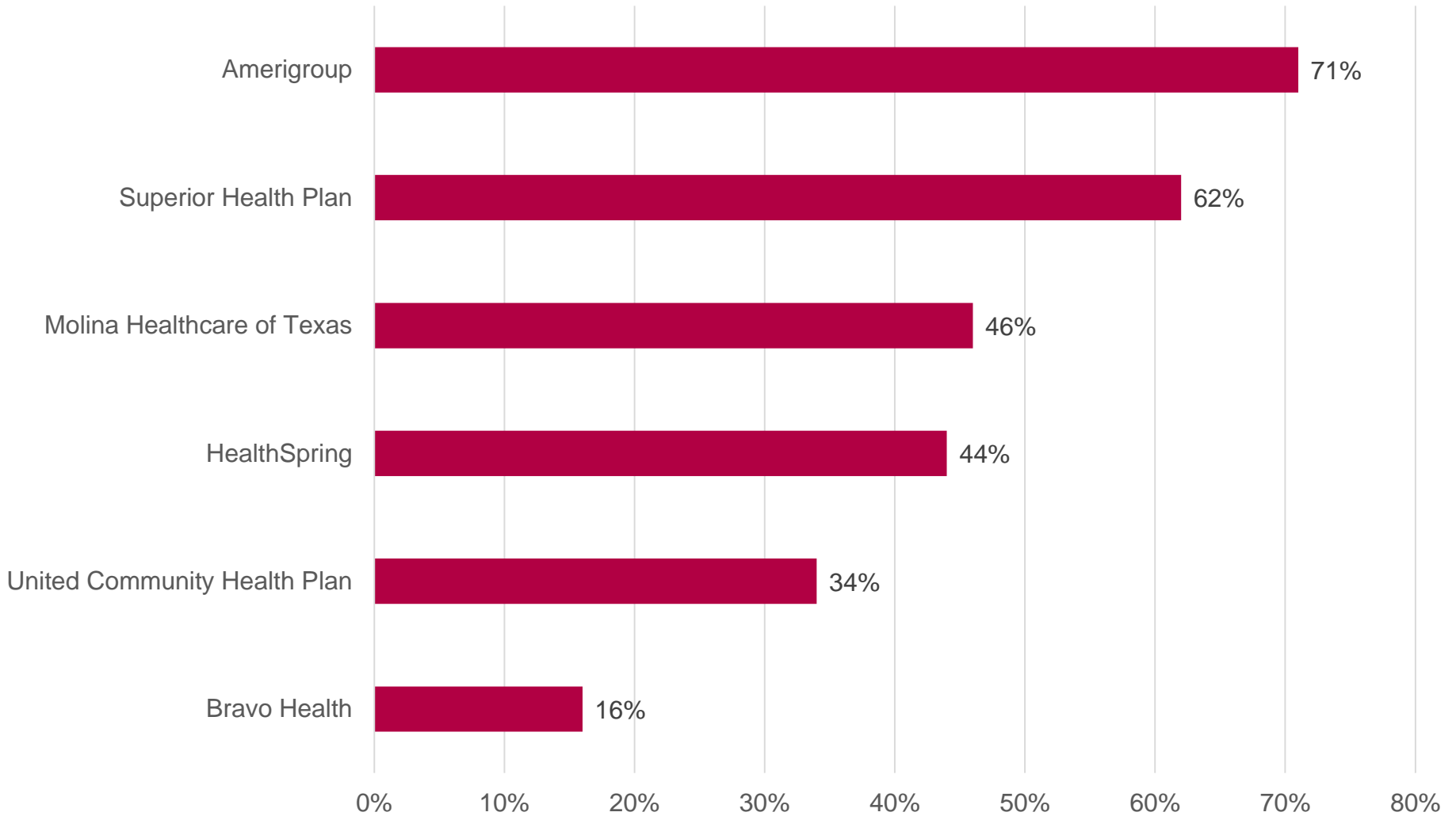
Note: Physicians who intend to terminate a contract specified Amerigroup, Community First, Molina, and Superior.

Physician Intent to Contract with Any Medicaid STAR HMOs in the next year



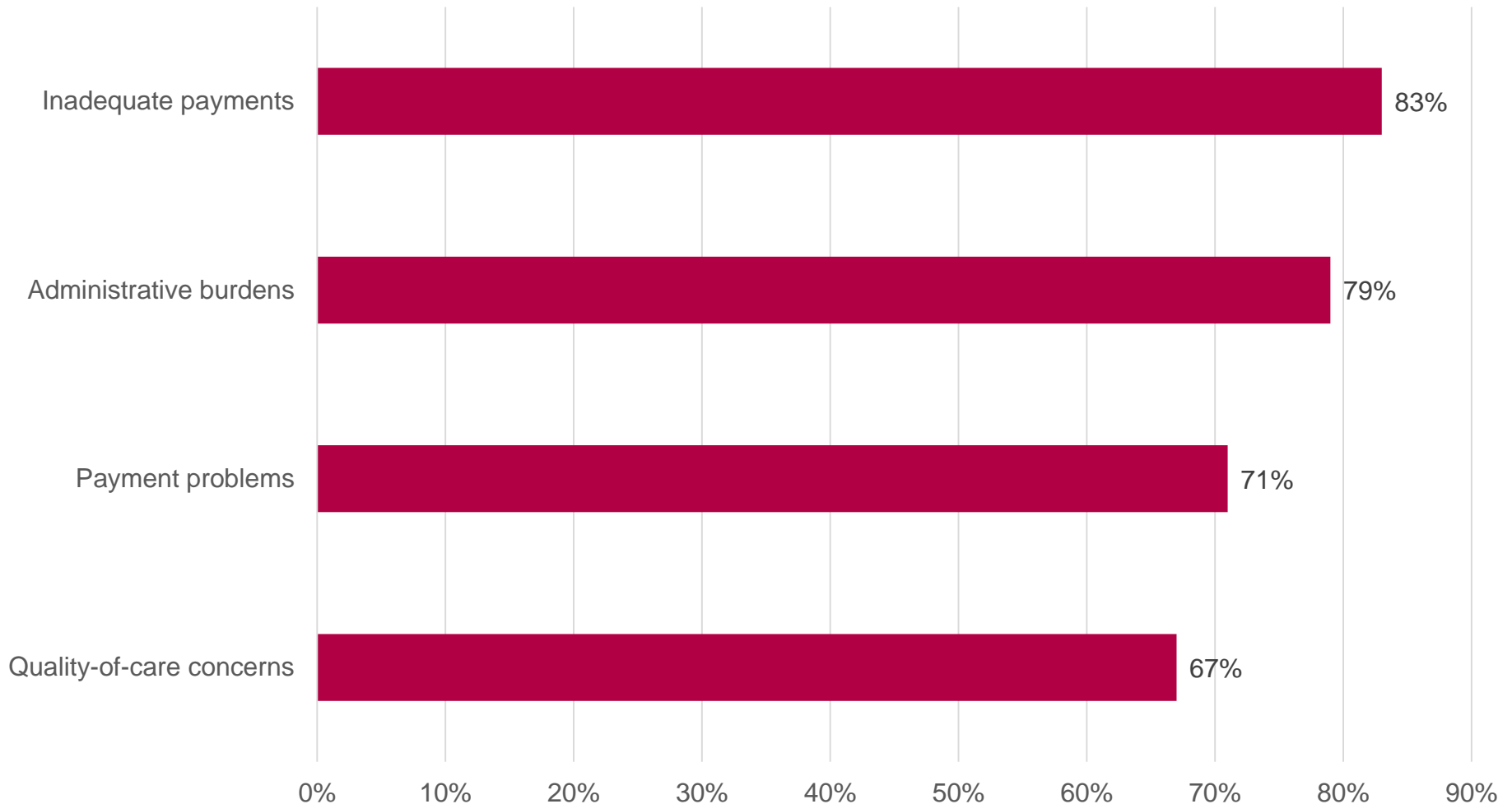
Physician Participation in Medicaid STAR+PLUS HMOs

(Among the 20 percent of physicians who treat STAR+PLUS HMO patients)



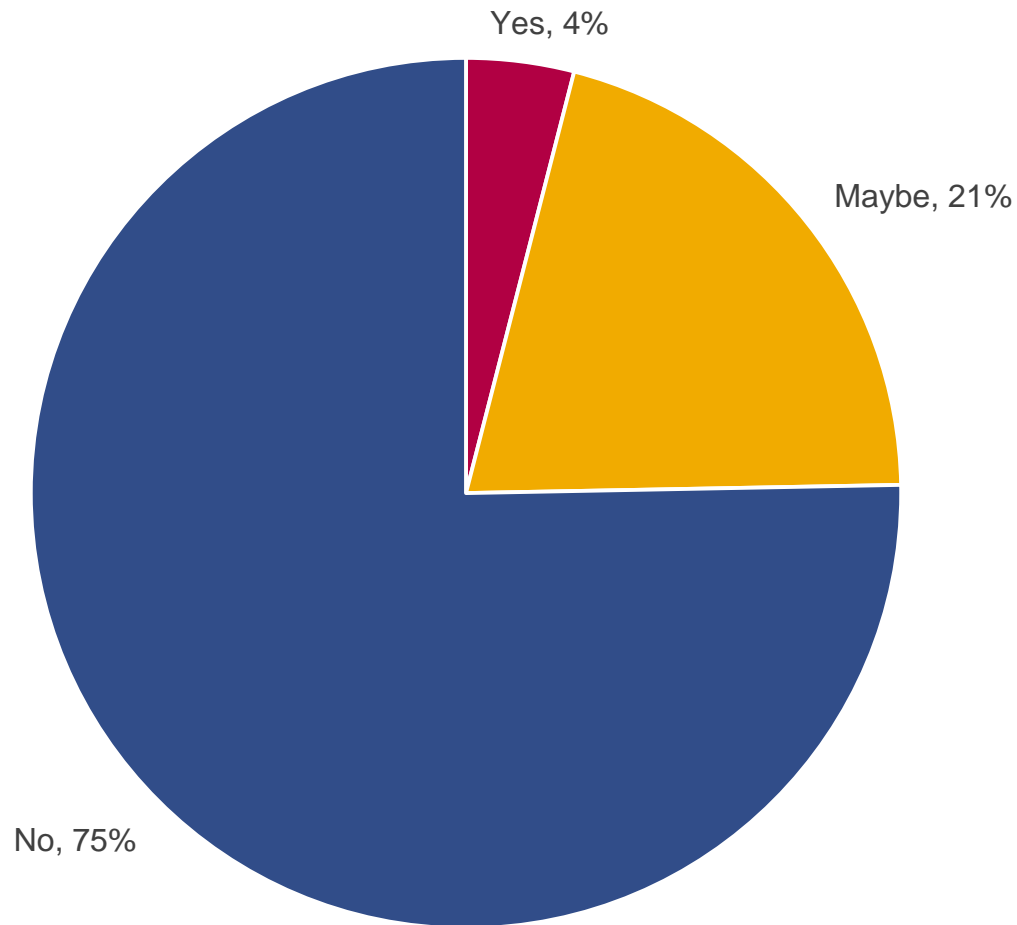
Reasons Physicians Intend To Terminate a Medicaid STAR+PLUS HMO Contract in the Next Year

(Among 28 percent who plan to terminate one or more of their existing contracts)



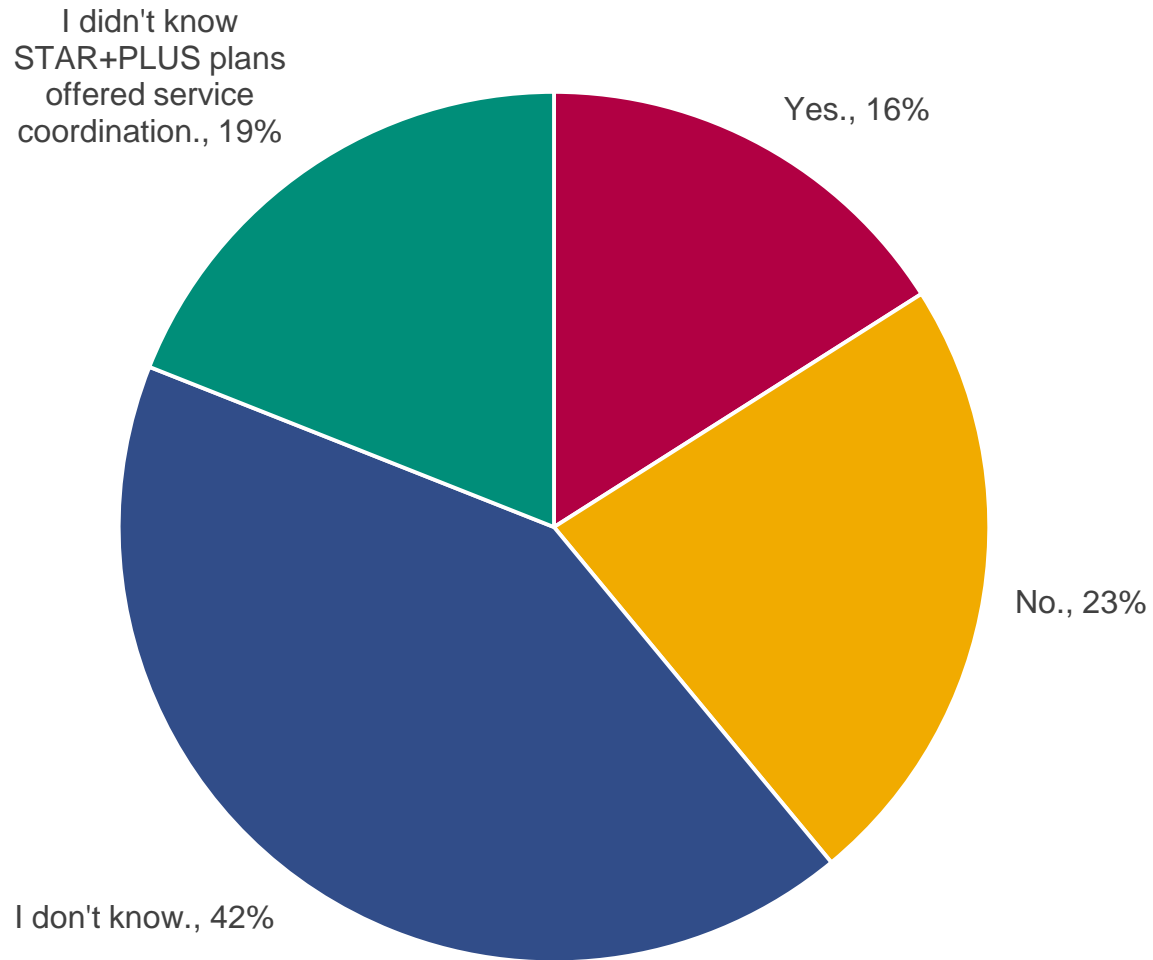
Note: Physicians who intend to terminate a Medicaid STAR+PLUS contract specify Amerigroup, Molina, and Superior.

Physician Intent to Contract with Any Medicaid STAR+PLUS HMOs in the Next Year

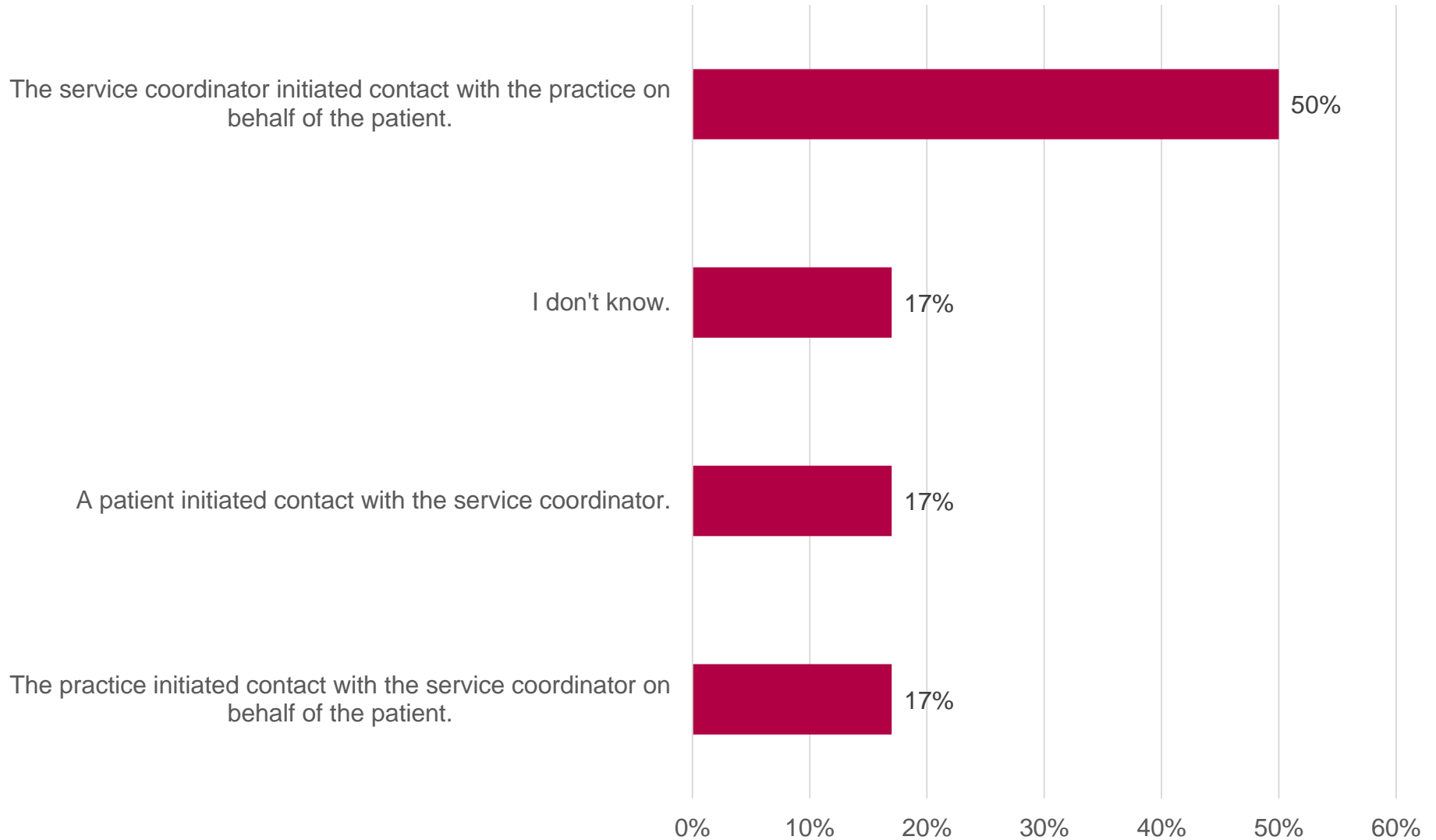


Note: Physicians who intend to contract with a Medicaid STAR+PLUS HMOs specify Amerigroup, Superior, or United.

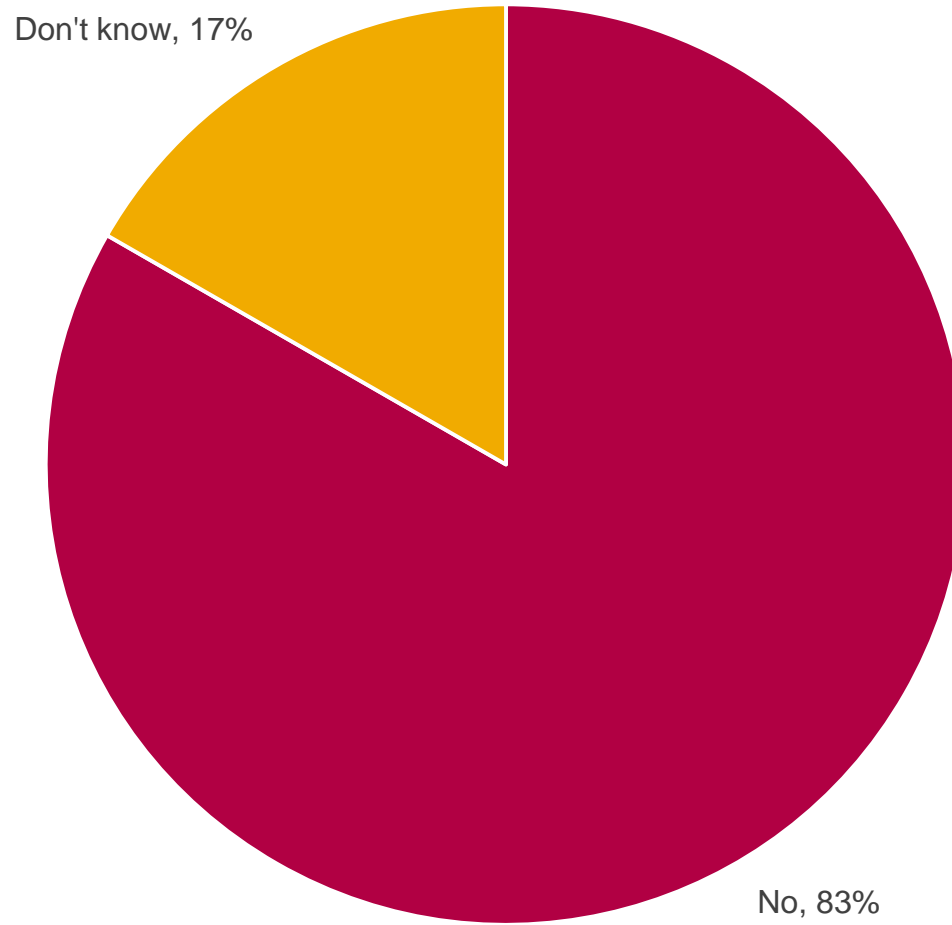
Percentage of Texas Physicians Whose Practice Has Used the STAR+PLUS Service Coordinators



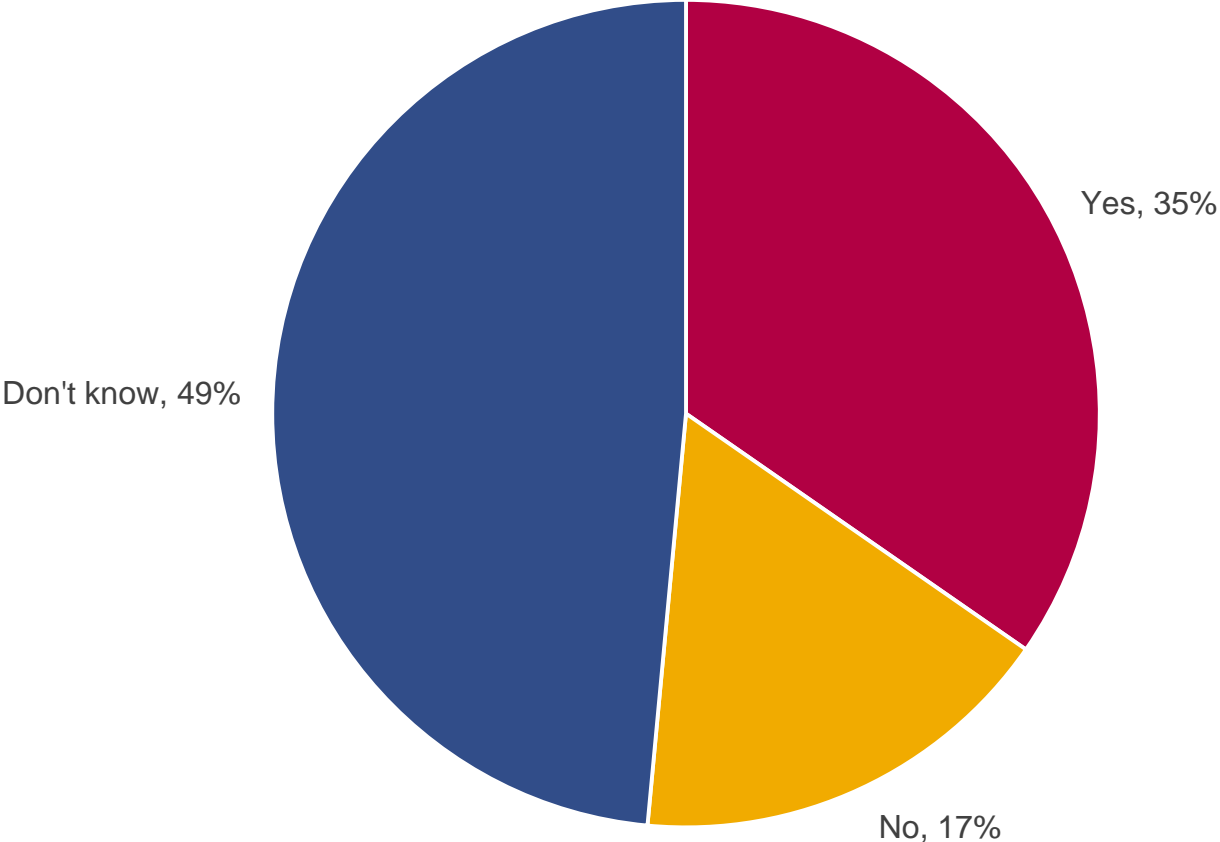
Use of Medicaid HMO Service Coordinators



Service Coordinators Improved Patient Care



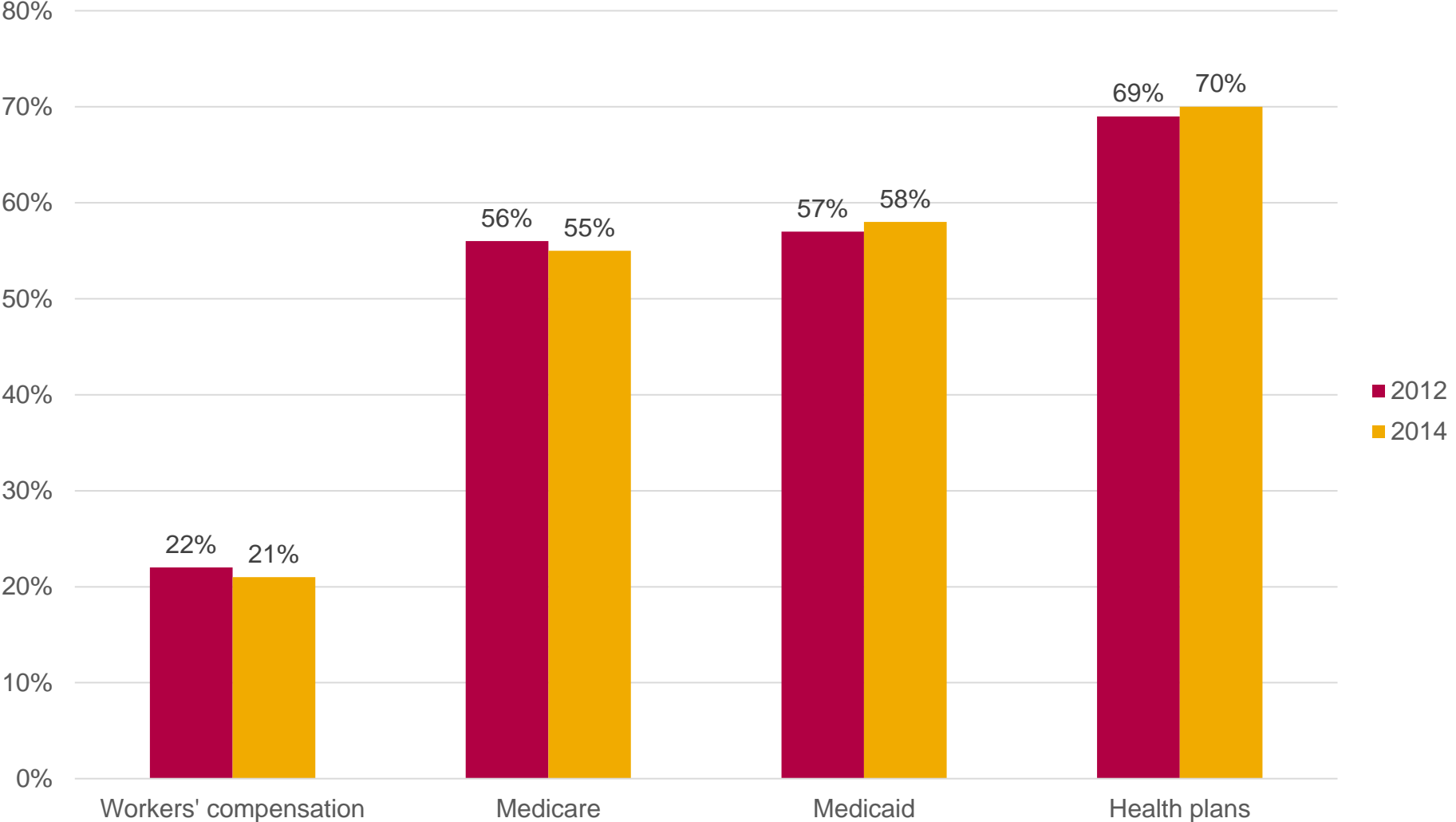
The ED Has Staff, Policies, Program in Place to Direct Patients to
Community Providers
(Among Physicians with Practice Privileges in an Emergency Department)



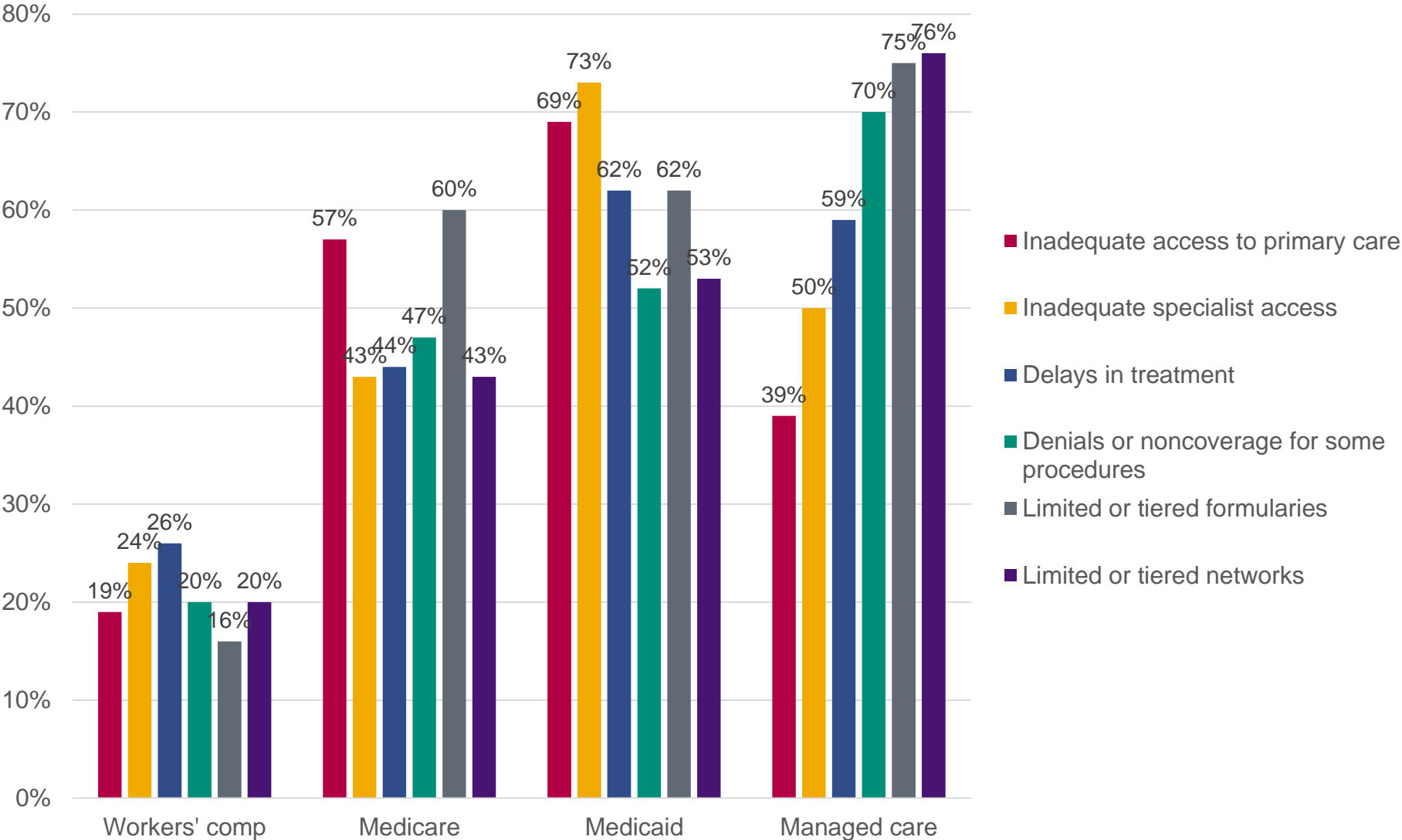
Care Quality Impact

- Payers

Specific Cases of Poor Care Quality Caused By Payer Policies or Controls



Causes of Poor Care Quality

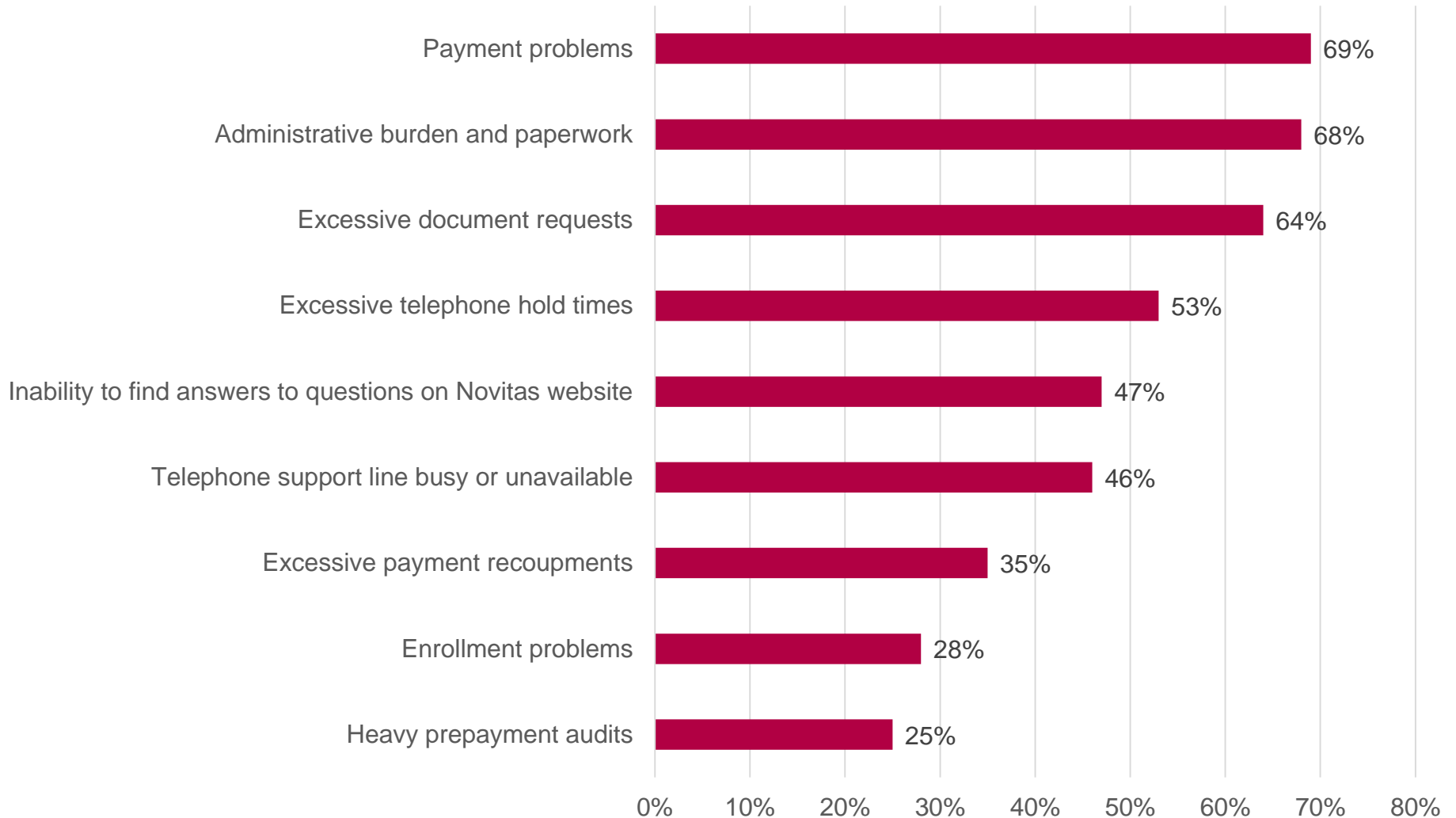


Care Quality Impact- Novitas

- Novitas Solutions Inc. took over from Trailblazer Enterprises as Texas' Medicare carrier in 2011.
- Texas physicians think the CMS should re-evaluate Novitas as the MAC (58 percent).

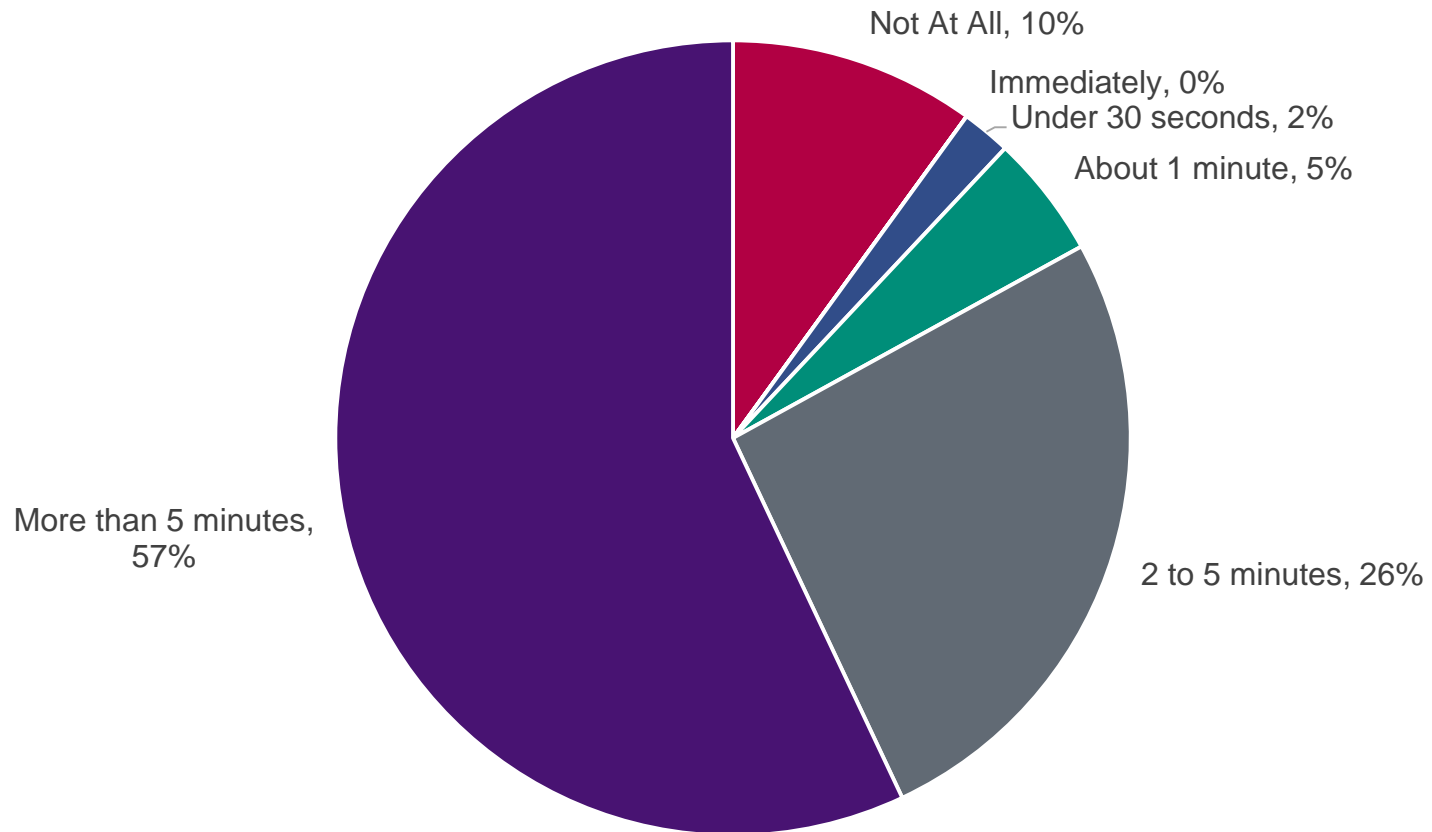
Causes of Problems with Novitas

(Among the 29 percent of respondents who experienced problems with Novitas.)

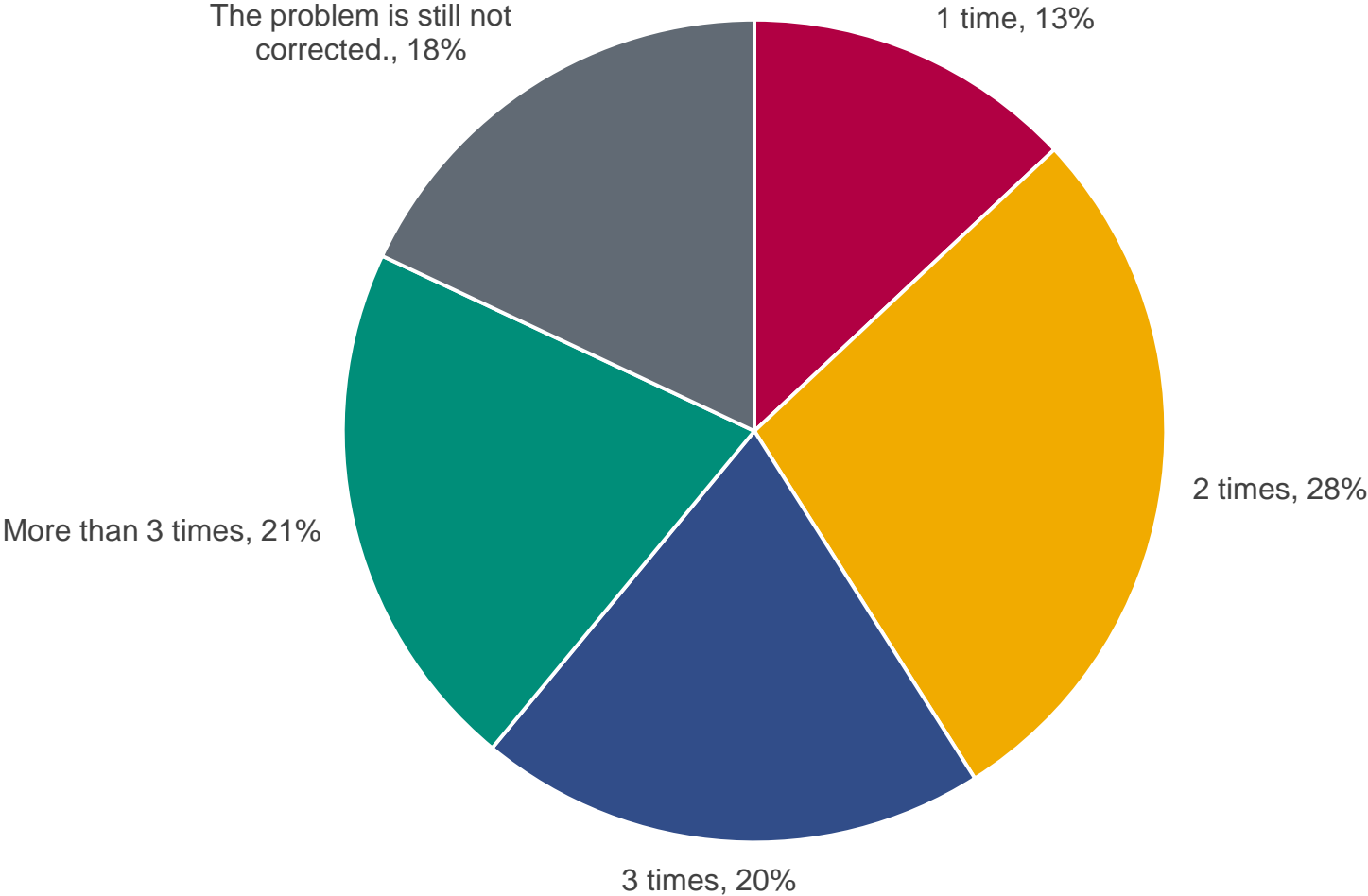


Length of Time to Get Through to Novitas Telephone Support In Most Recent Effort

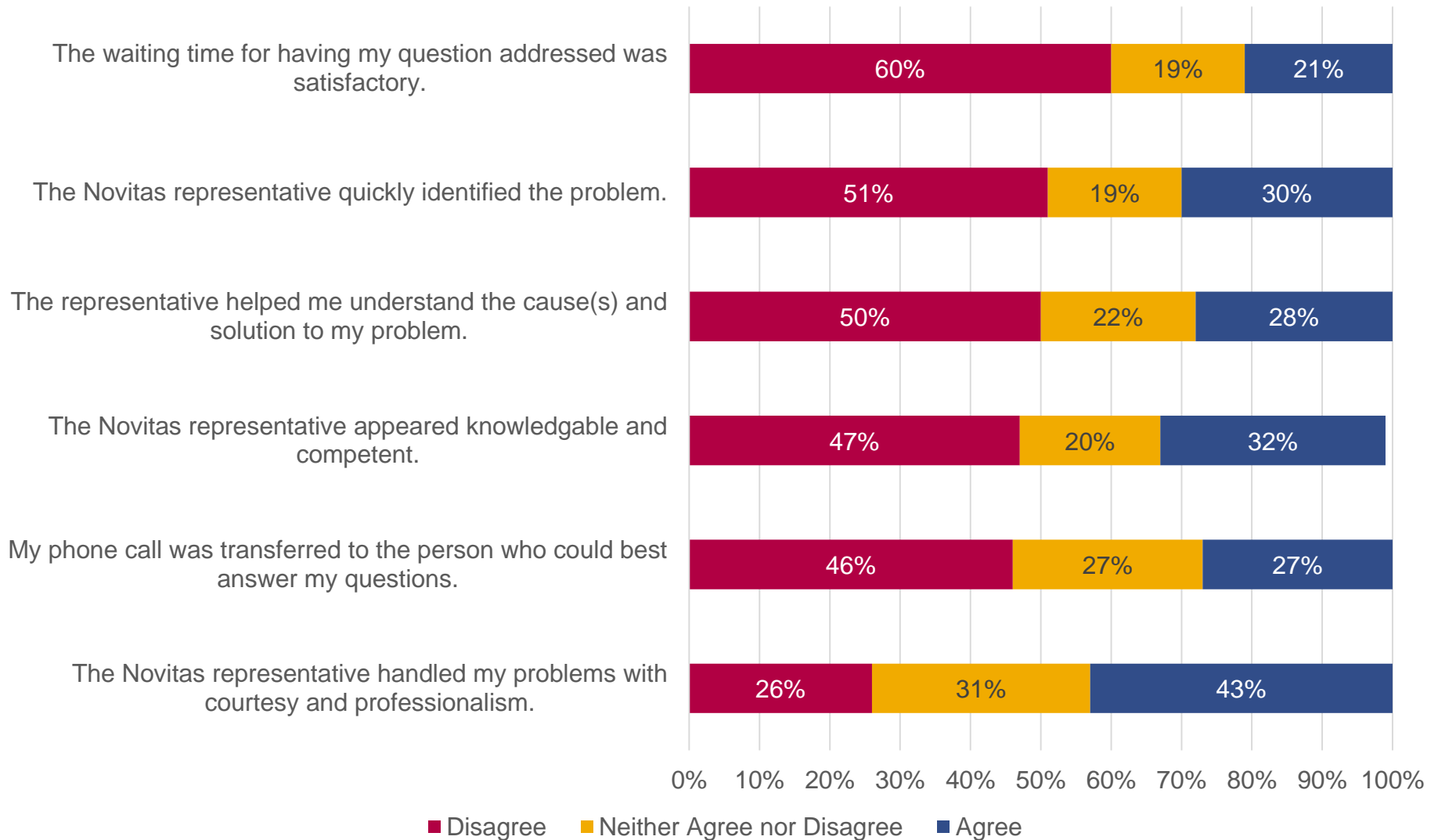
(Among the 27 percent of respondents who tried to contact customer support by telephone.)



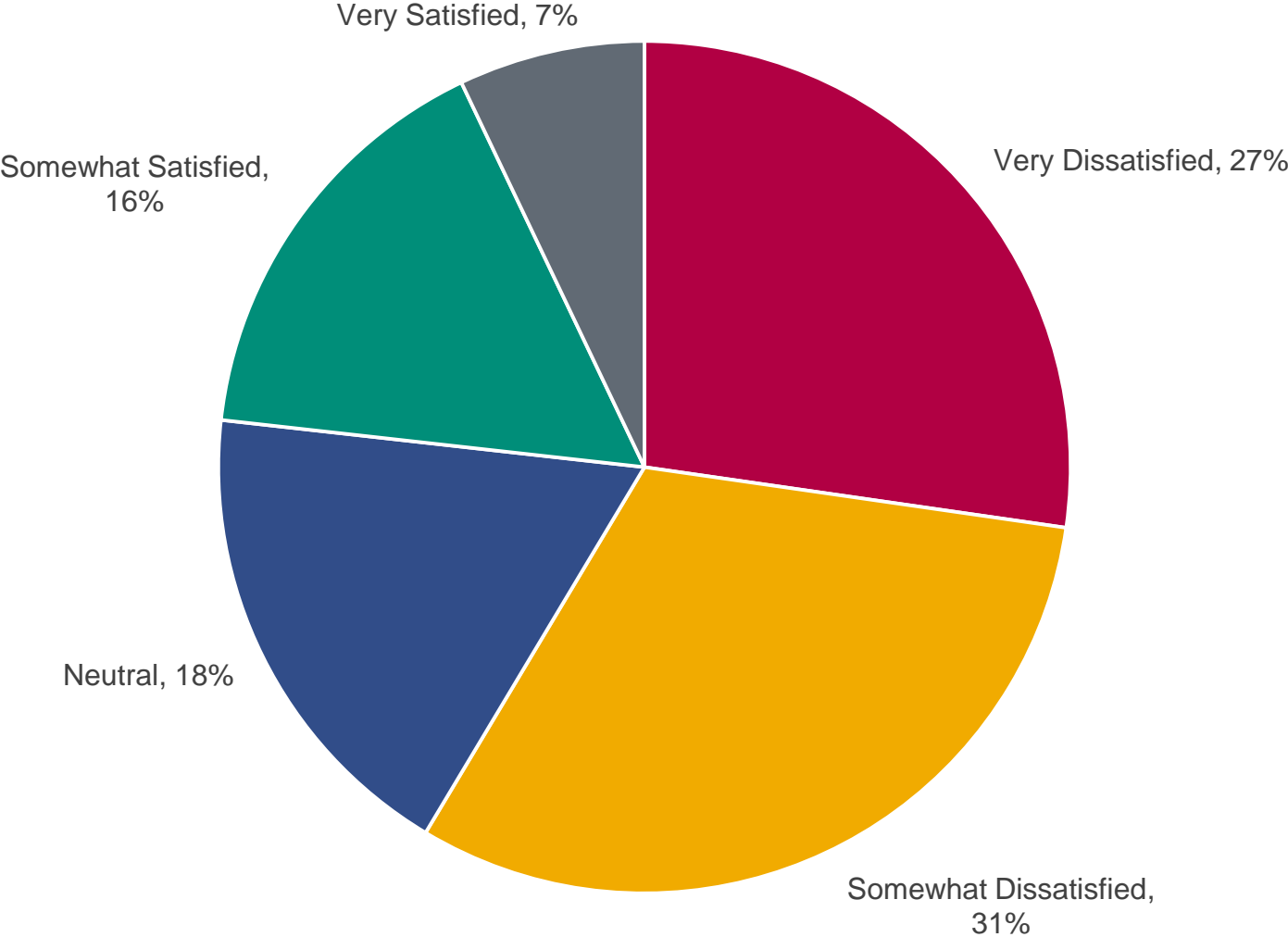
Number of Times Contact Novitas Customer Service Before Problem Resolved



The Novitas Representative

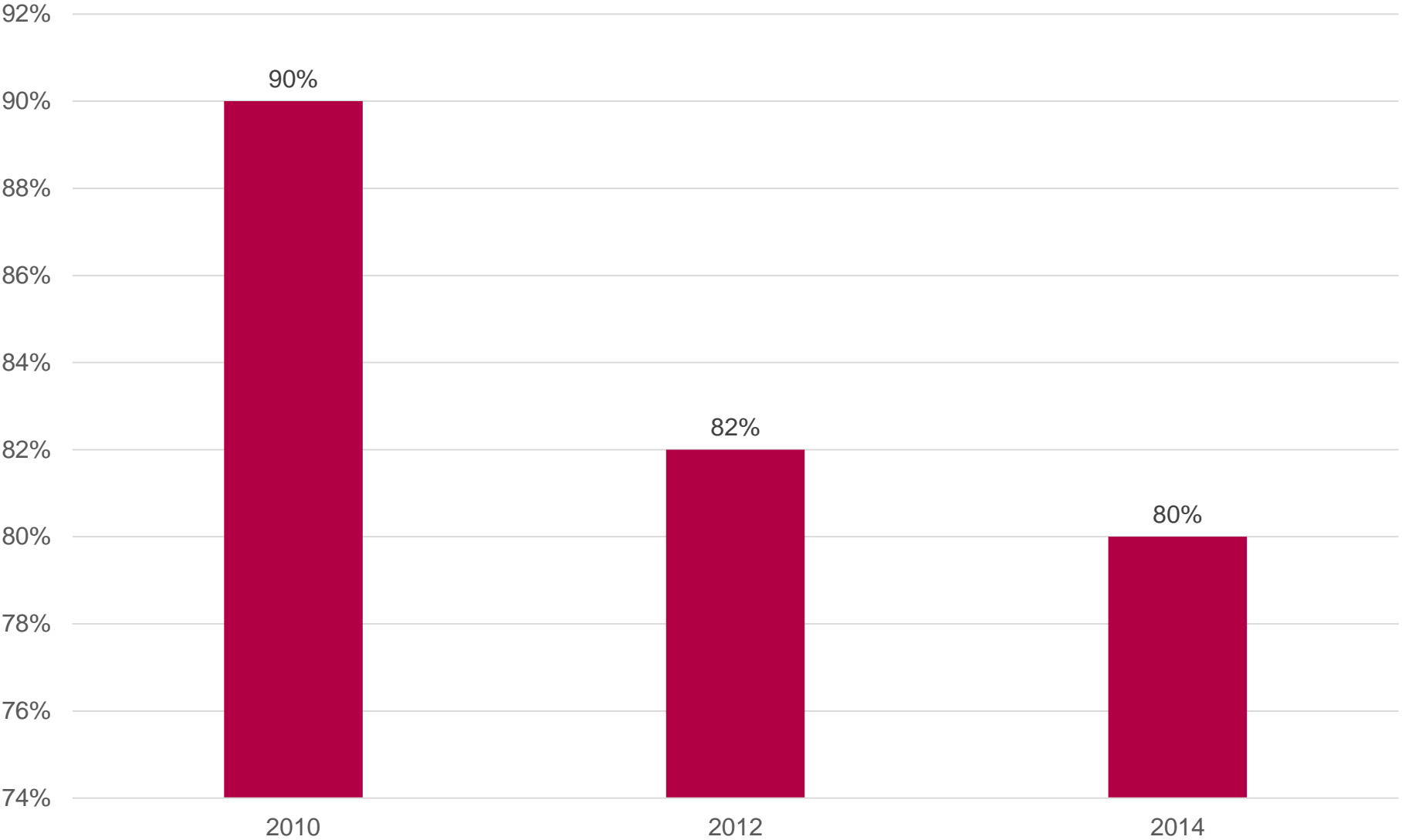


Percent of Texas Physicians Satisfied with Novitas Phone Support



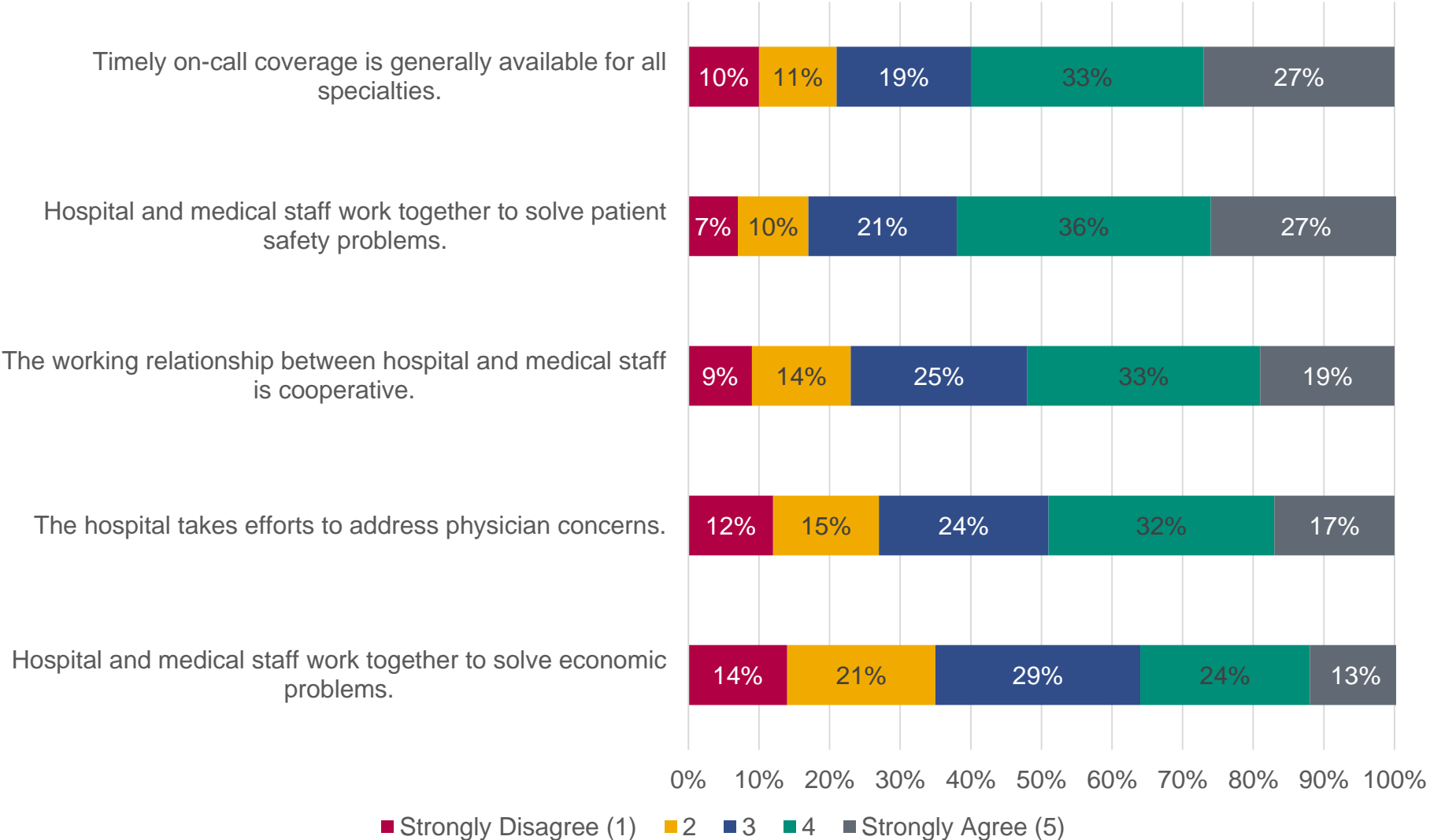
Physicians and Hospitals

Percent of Texas Physicians with Practice Privileges At a Hospital

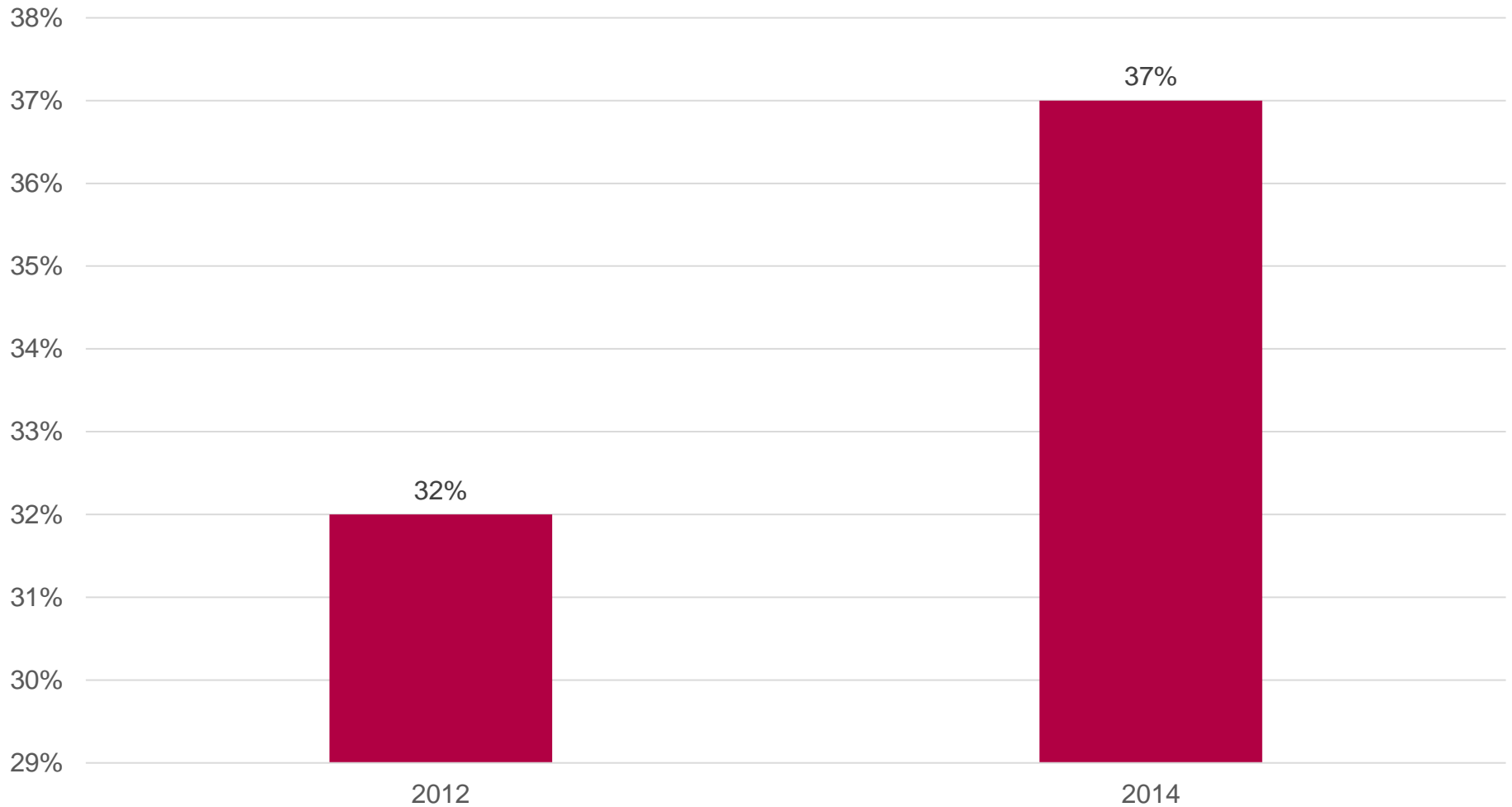


Ten percent of physicians' report the hospital in which they primarily practice is owned partially or entirely by physicians.

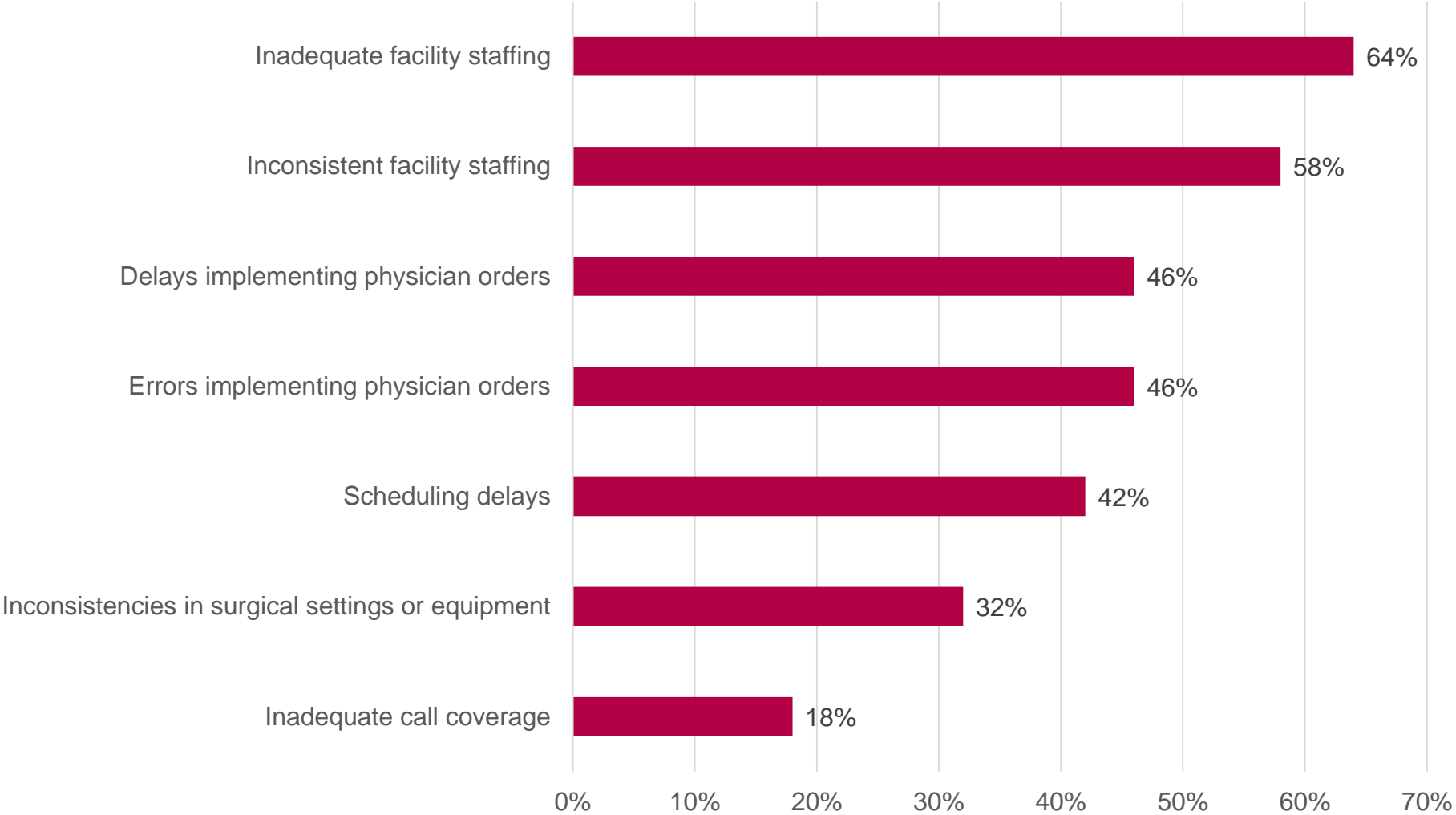
Physician Hospital Relationships



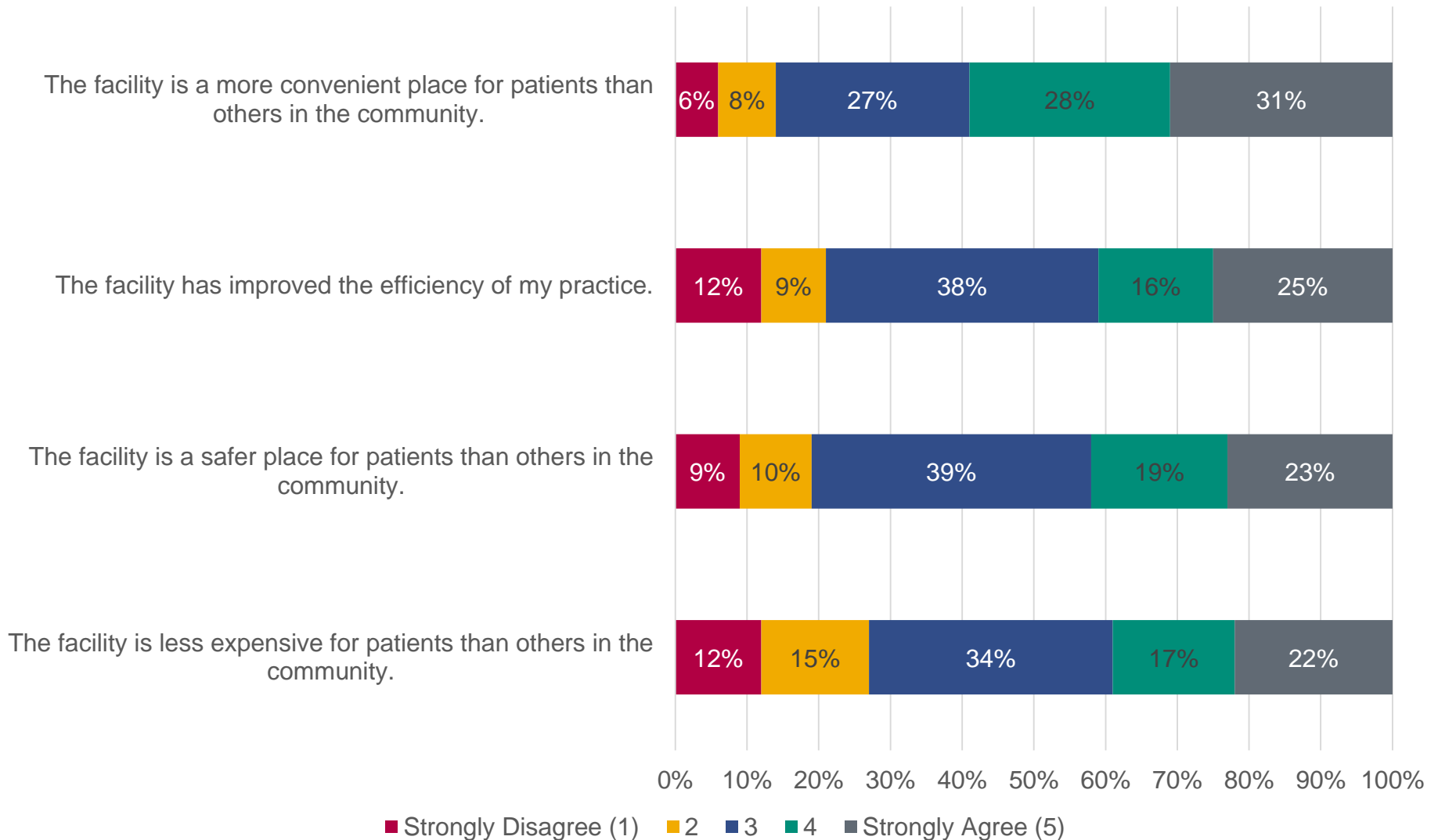
Percent of Texas Physicians Who Witnessed Specific Cases In Which Patient Care Was Adversely Affected by the Policies or Operations of a Hospital or Surgical Facility



Causes of Damage to Care Quality by a Hospital's Policies or Operations

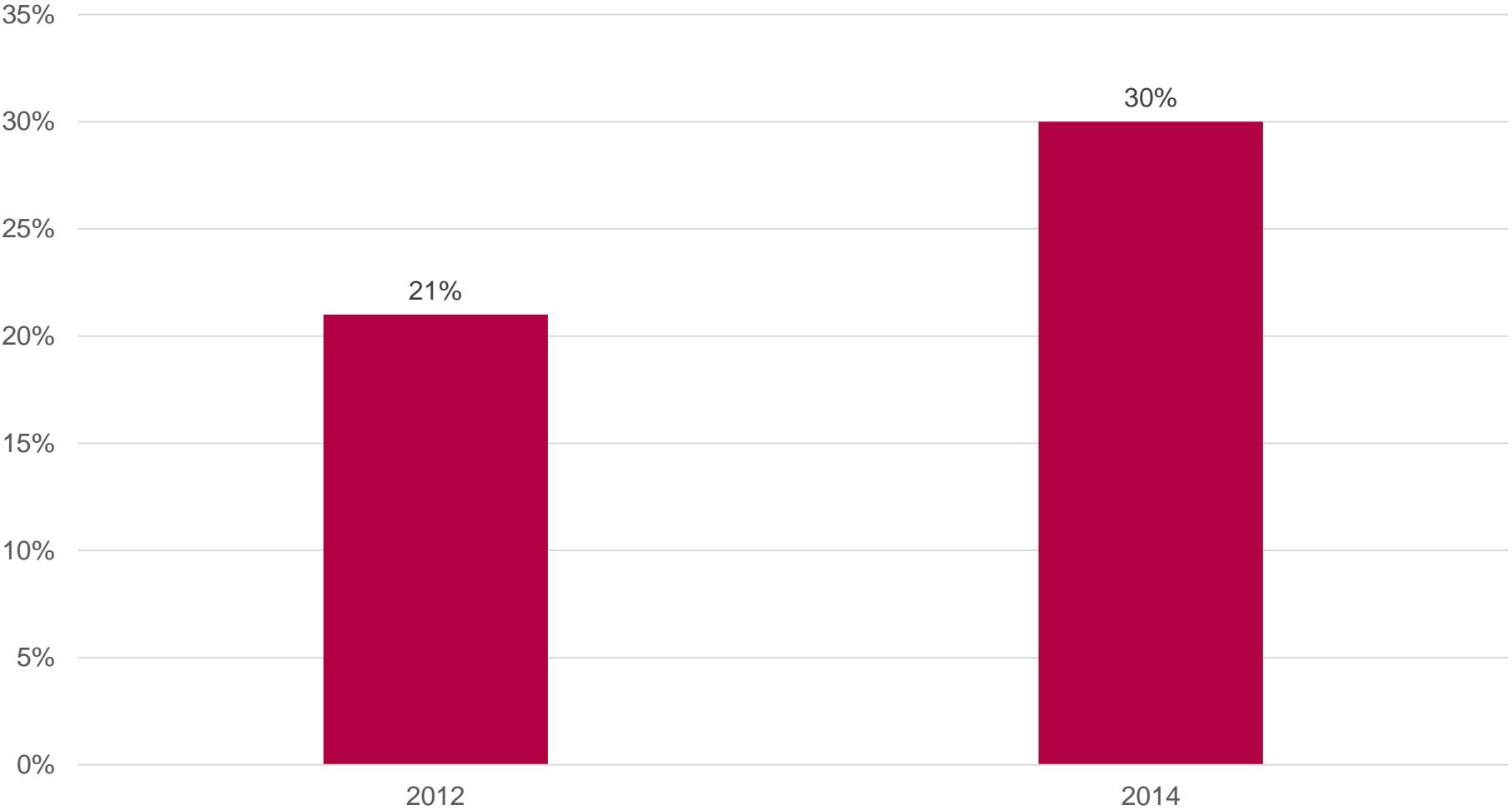


Physician-owned Hospitals



Note: Eighty percent of physicians report there are physician-owned specialty hospitals, ASCs, or imaging centers in their area. Among them, 31 percent practice in a physician-owned facility and 53 percent owners or investors in the facility.

Texas Physicians Who Have Seen Cases Where Physicians Lost Employ, Contracts, or Privileges for Raising Issues about Hospital Regulatory Compliance or Patient Care Quality

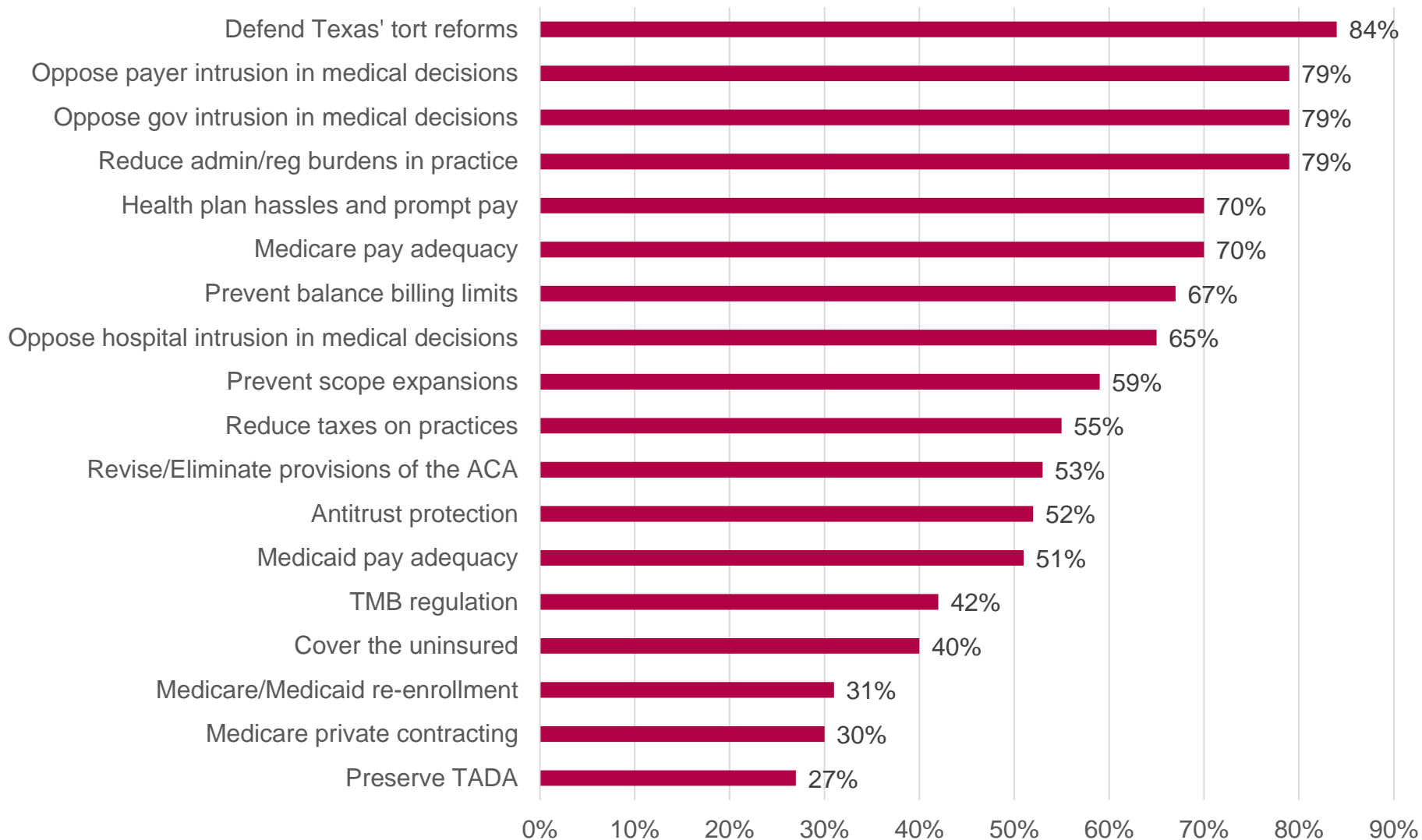


Thirty-eight percent of physicians are concerned it could happened to them.

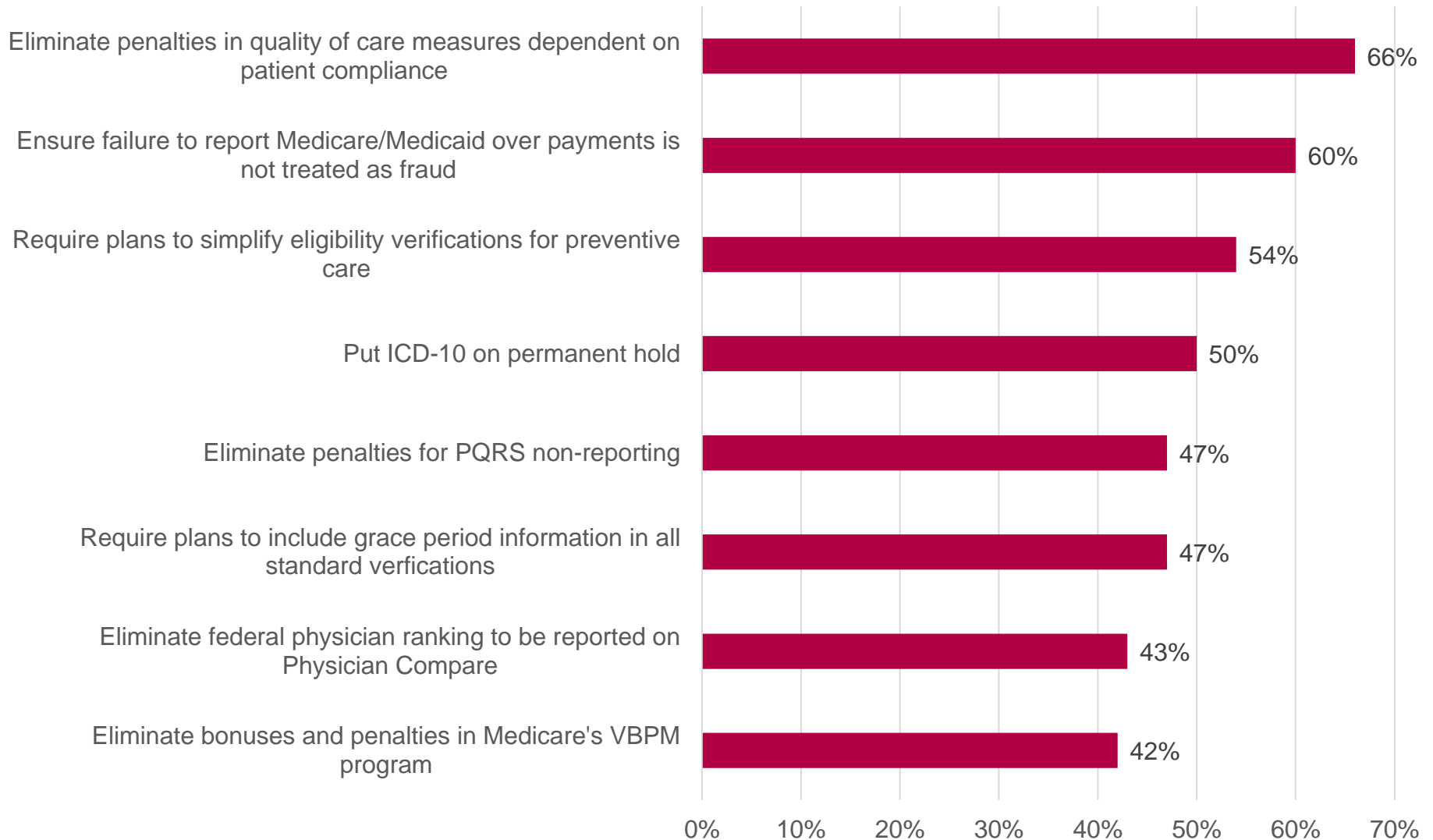
One Voice

- Legislative Issues

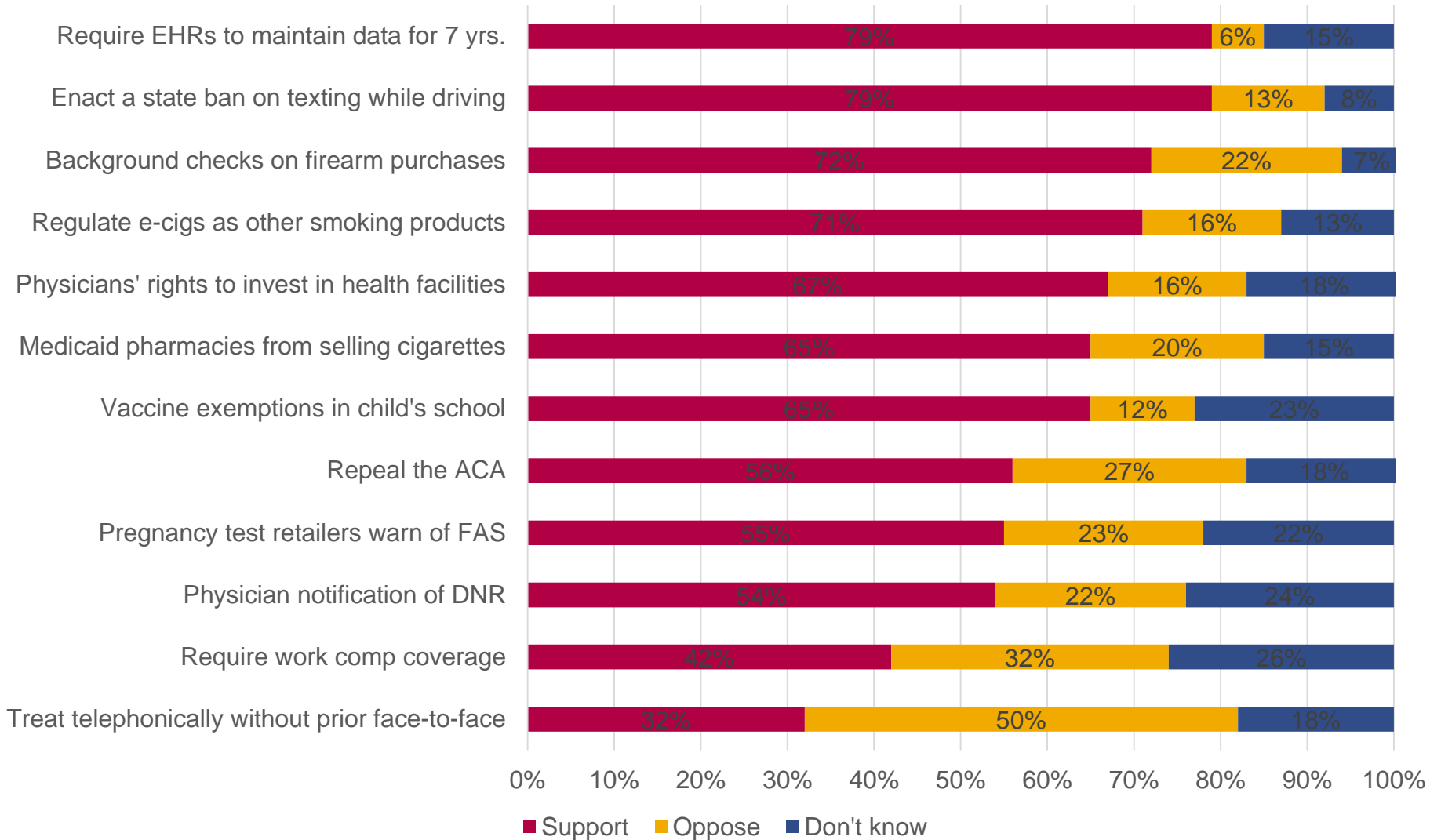
Legislative Priorities



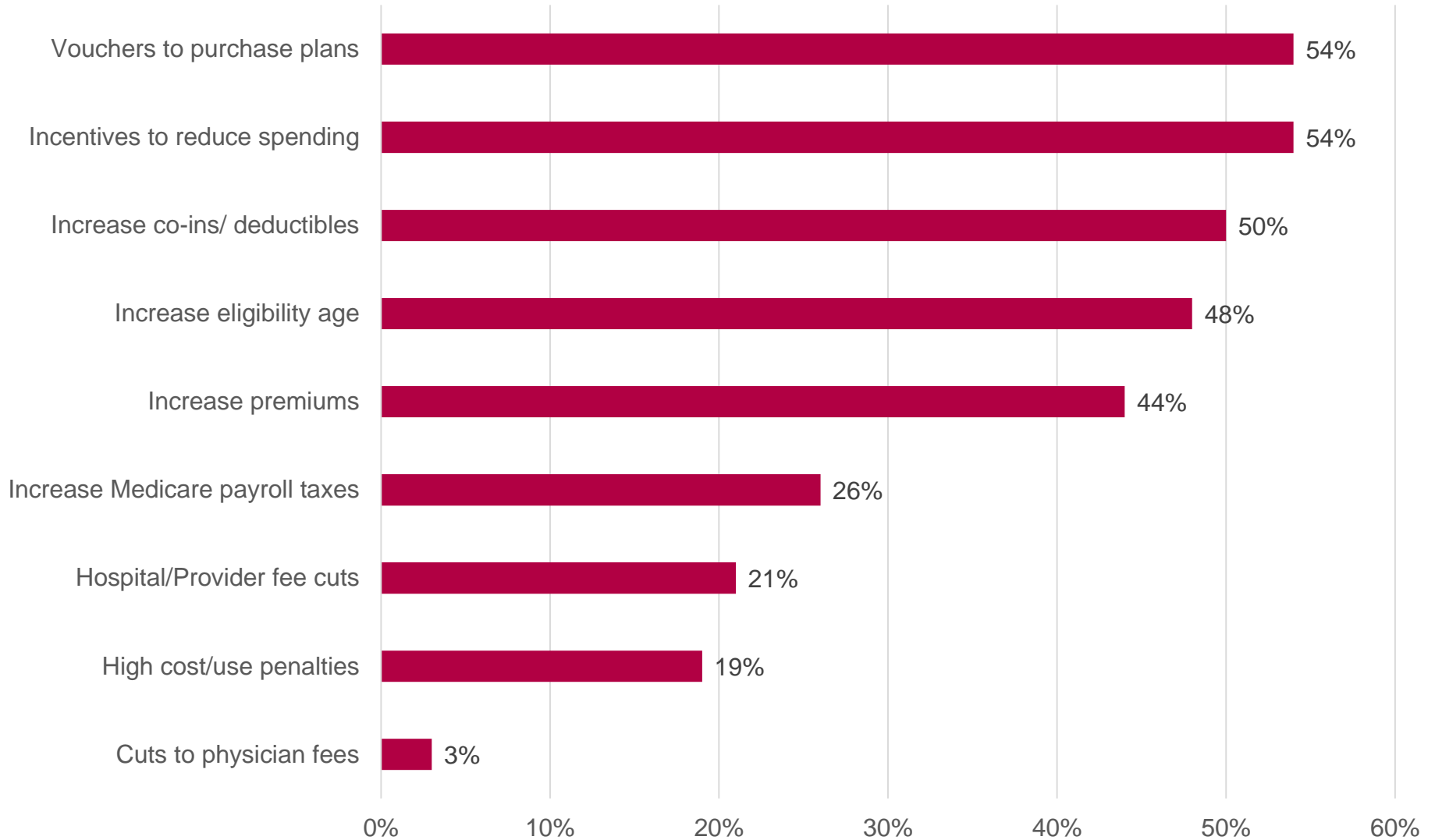
Federal Legislative Priorities



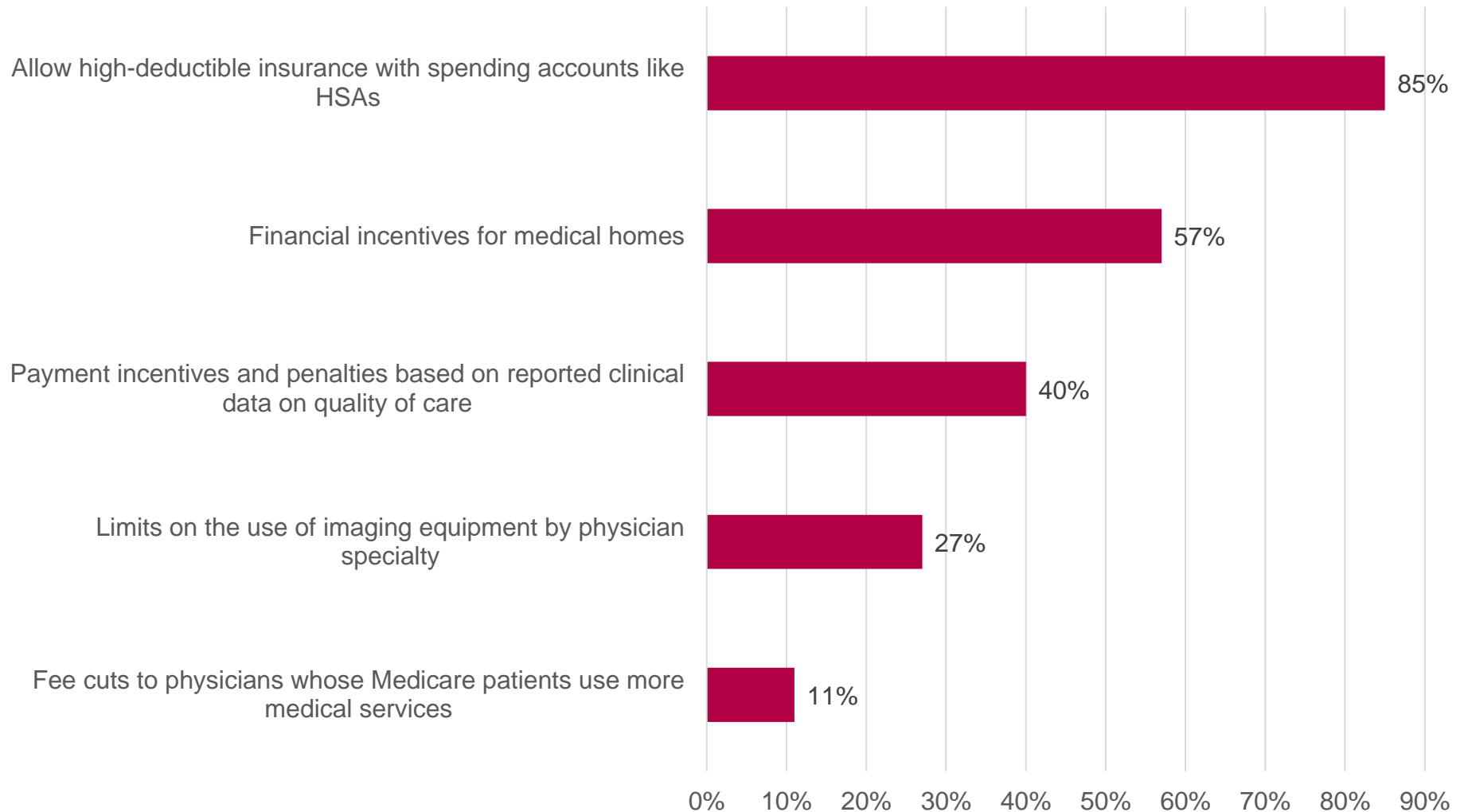
Support for Advocacy Positions



Support for Efforst to Address Medicare Solvency



Support for Efforts to Address High Health Care Cost and Utilization

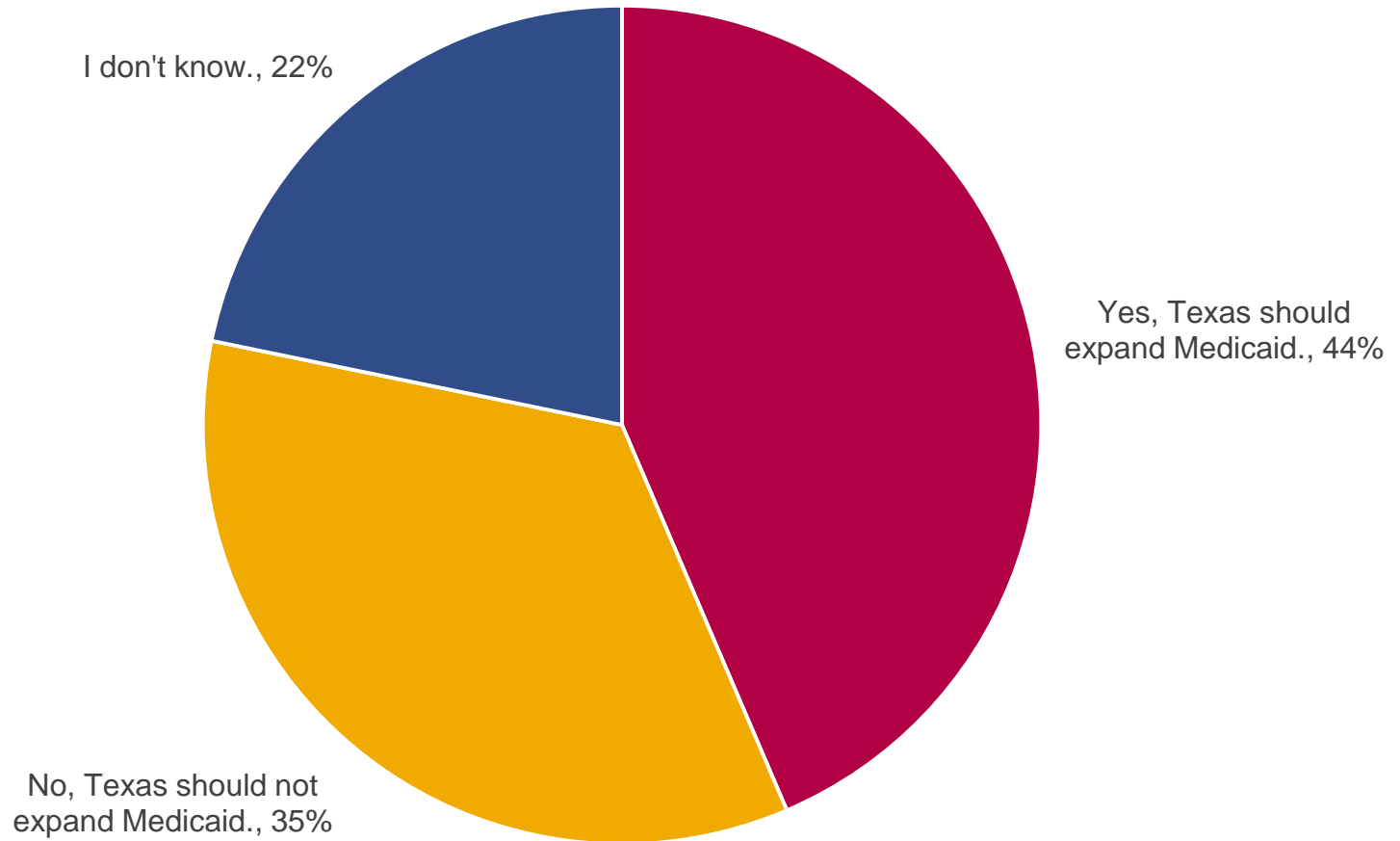


Support for Uninsured Initiatives

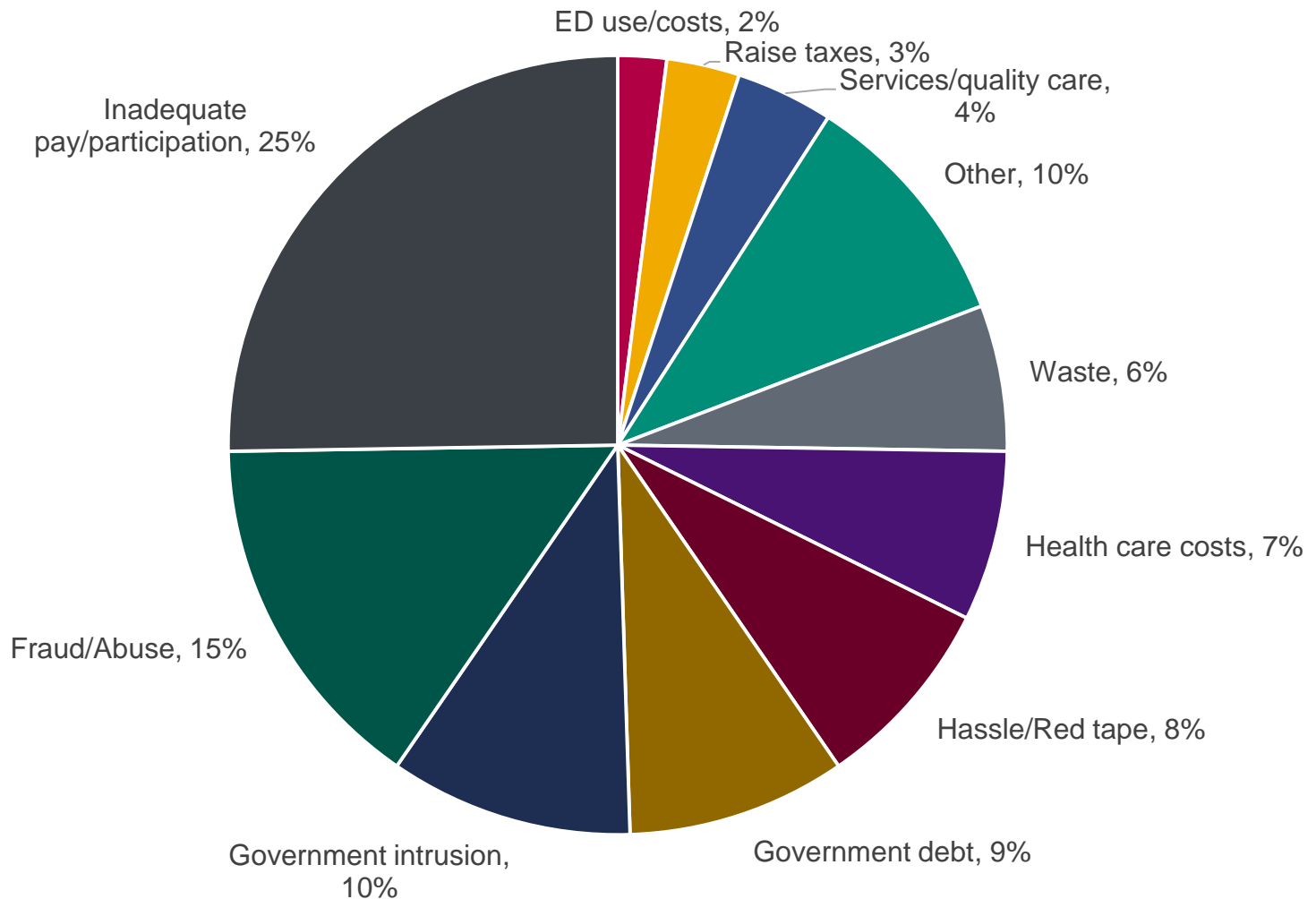
	2004	2006	2008	2012*	2014
Federal tax deduction for all medical expenses	85%	87%	92%	85%	87%
Funding/Tax credits for physician charity	N/A	88%	94%	81%	87%
Subsidies for high-risk pool premiums	N/A	N/A	N/A	76%	82%
Encourage eligibles to enroll in Medicaid/CHIP	N/A	82%	85%	74%	81%
More funding for outpatient charity clinics	78%	80%	82%	76%	81%
More direct funding for hospital charity care	N/A	81%	81%	75%	77%
Expand CHIP	N/A	N/A	70%	64%	76%
Vouchers/Tax credits for purchase of insurance	73%	77%	82%	73%	75%
Expand Medicaid	46%	57%	51%	44%	60%
Expand Medicare	44%	40%	36%	38%	53%
Individual mandate	N/A	55%	45%	36%	43%
Employer mandate	N/A	45%	35%	30%	38%
Federal single-payer insurance plan	38%	44%	32%	31%	34%

*This question was not asked in 2010.

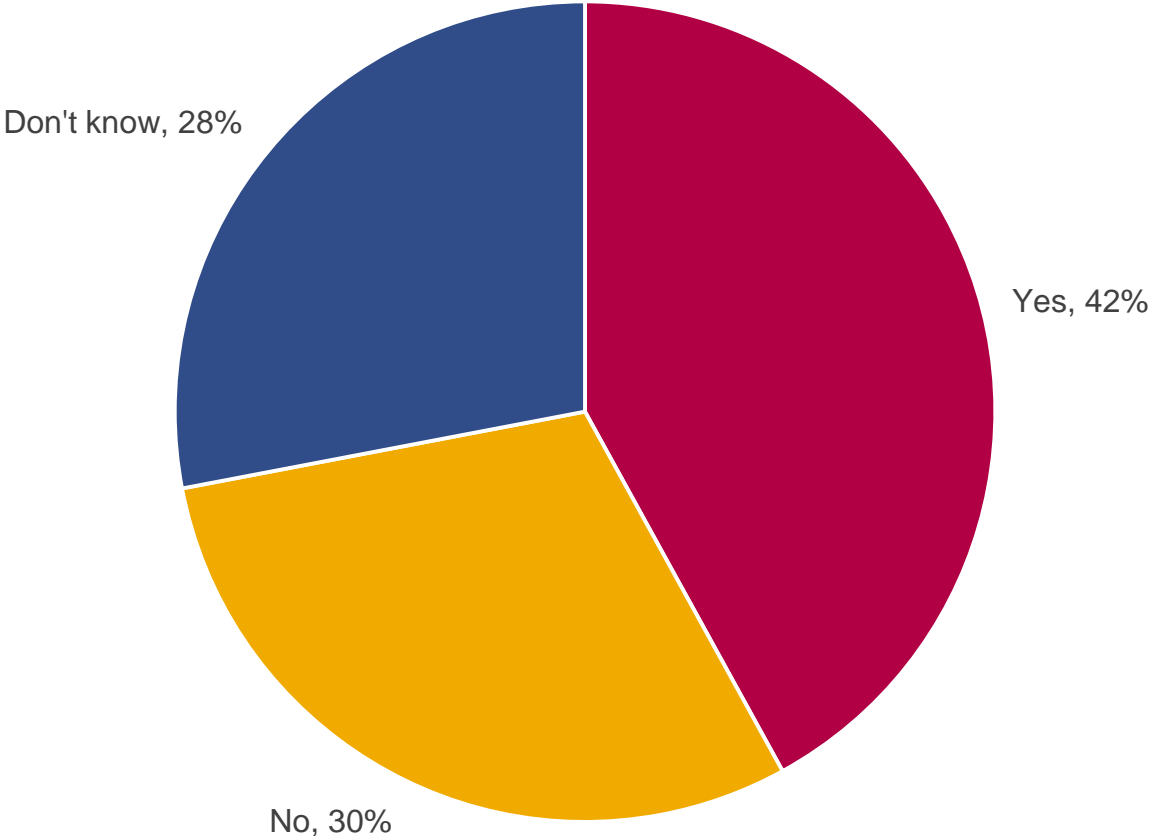
Physician Support for an Expansion of Medicaid to Cover Individuals Earning up to 133 Percent of Poverty



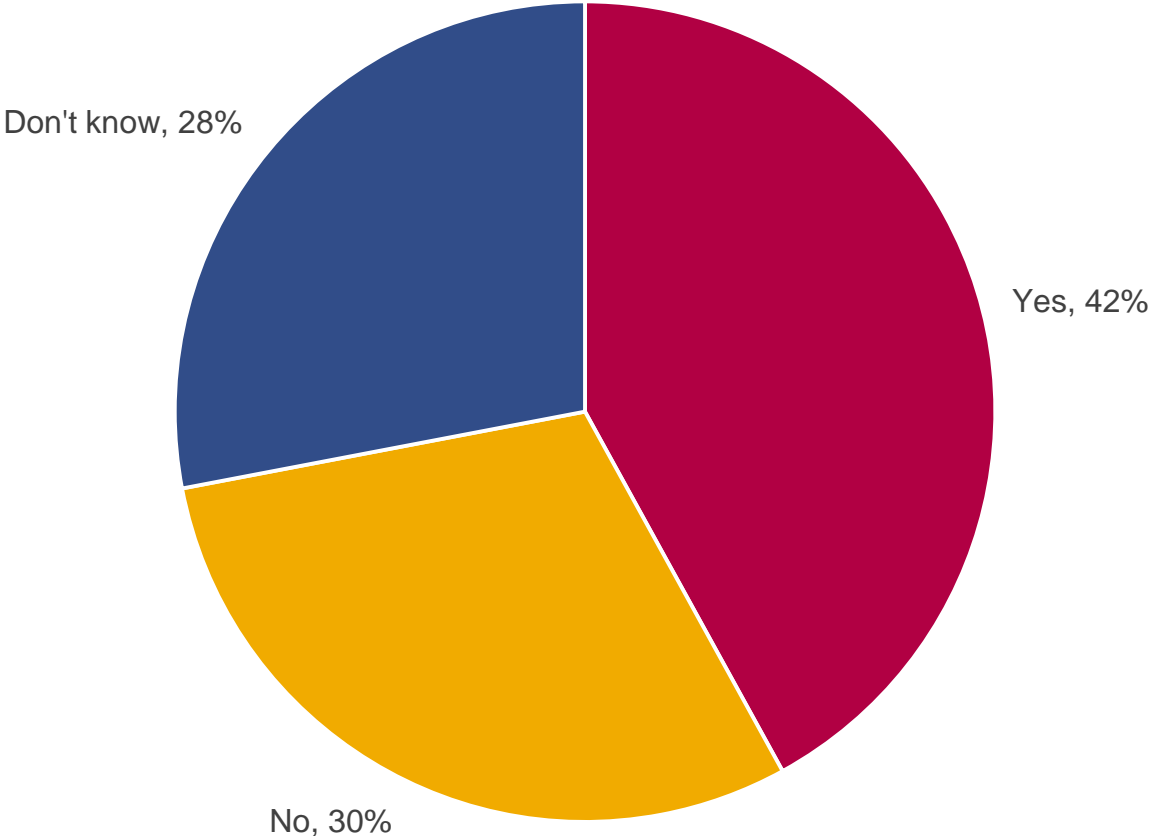
The Most Important Reason Texas Should Not Expand the Medicaid program



Support for Medicaid Expansion if the Program Was Reformed to Reduce Administrative Burden and Increase Physician Fees to Medicare Parity

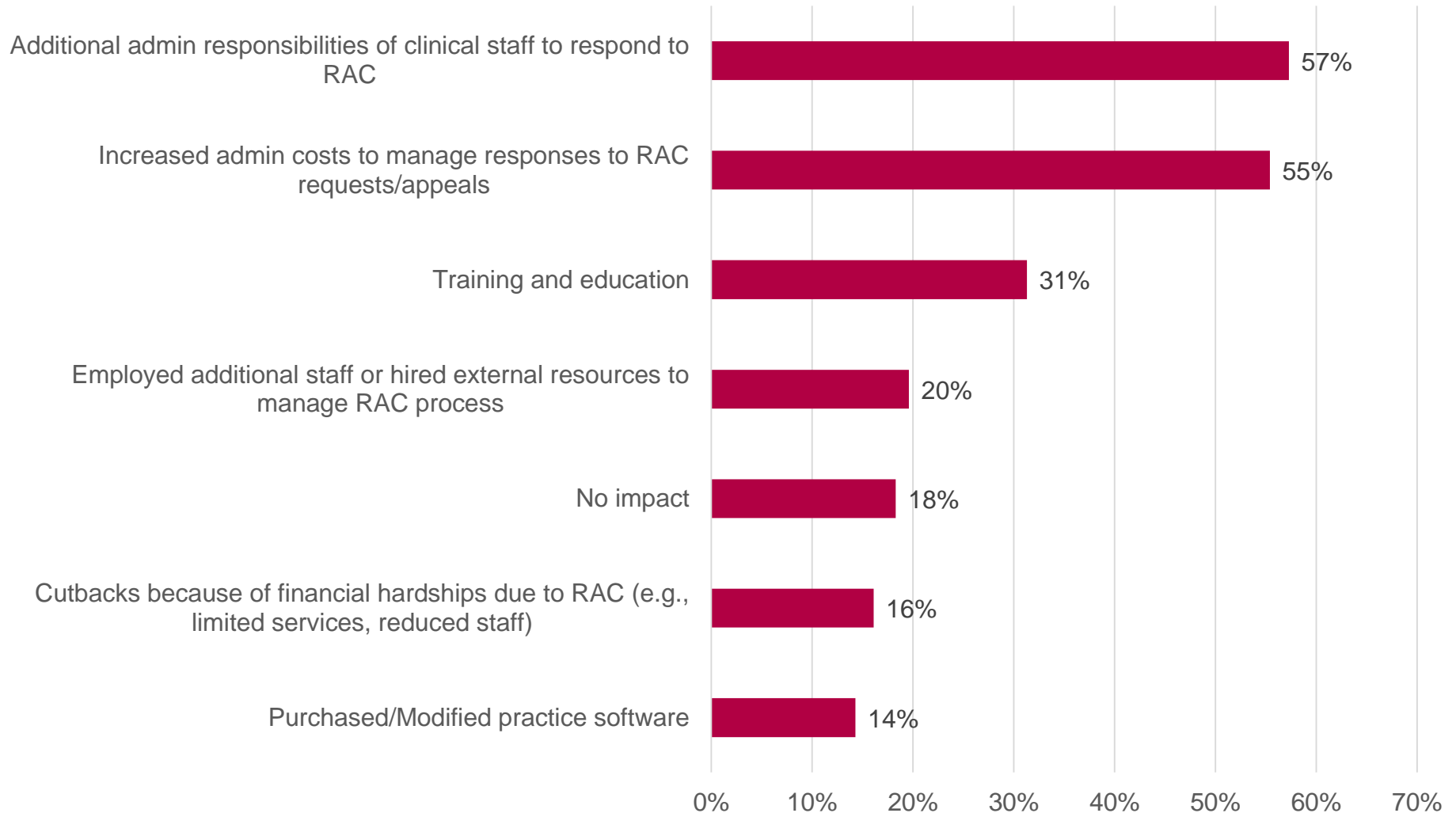


Support for Medicaid Expansion if the Program Was Reformed to Reduce Administrative Burden and Increase Physician Fees to Medicare Parity

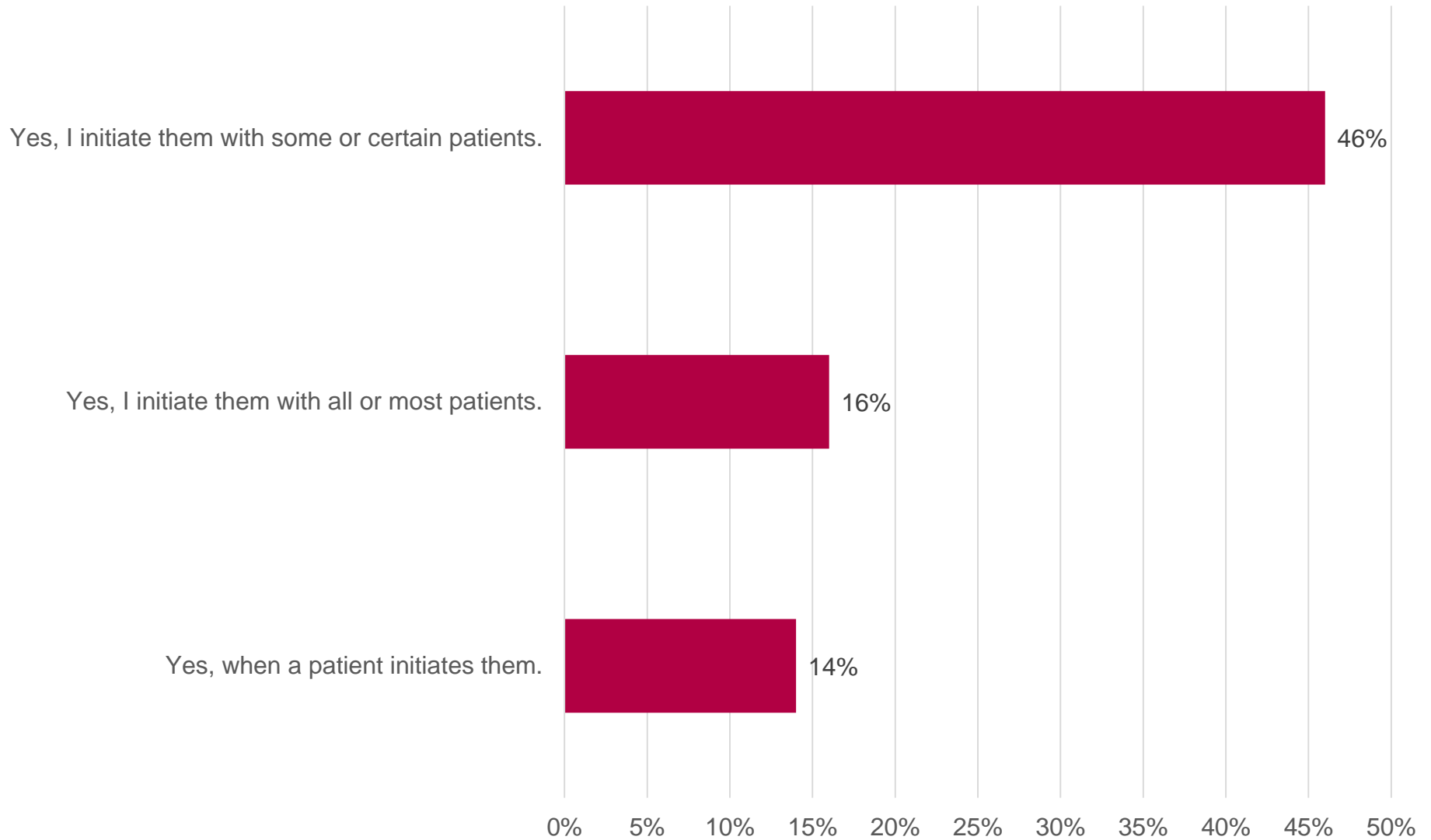


Impact of RAC on Practice

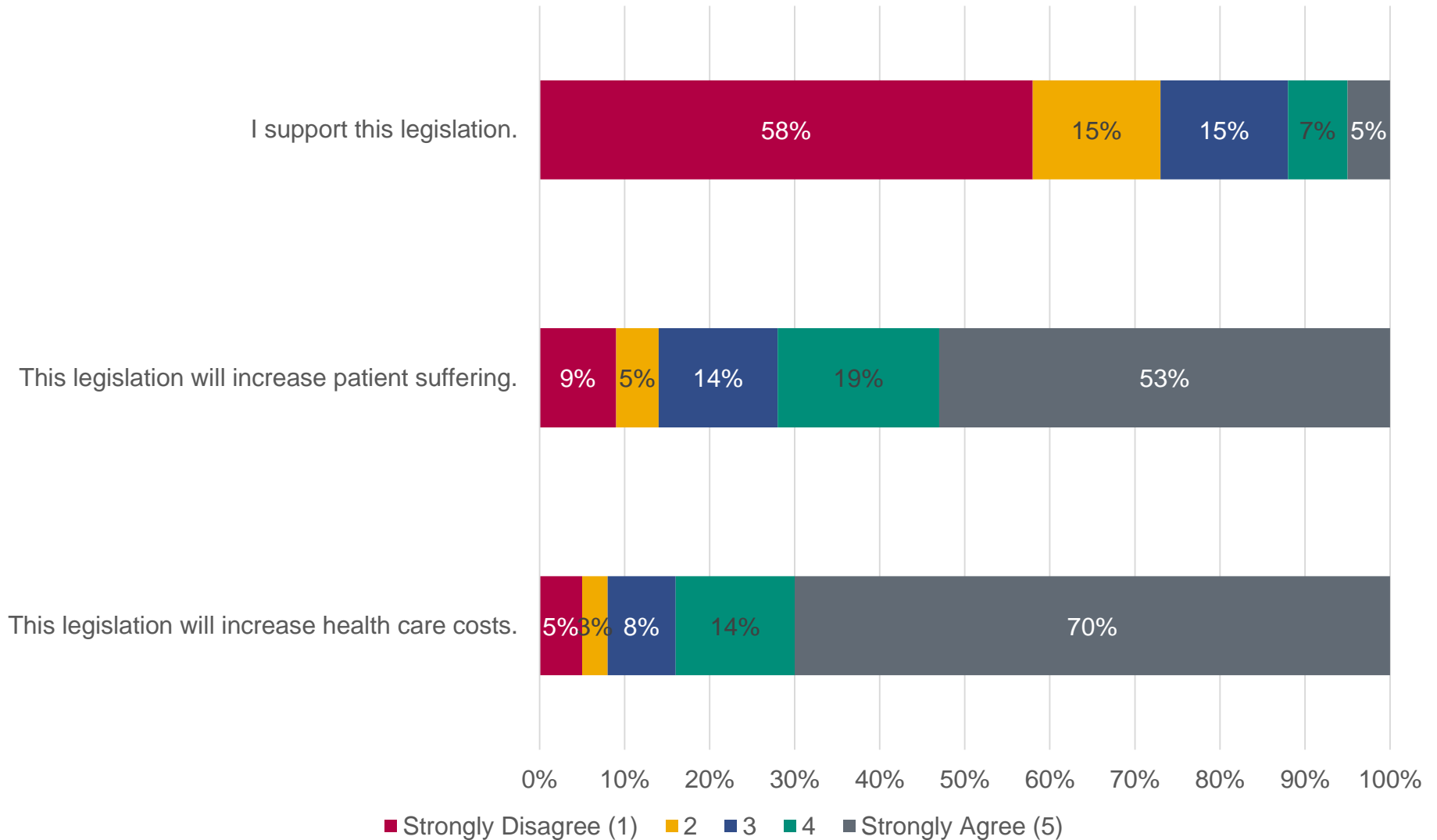
(Among 12percent of physicians report their practice has had a RAC review.)



End-of-Life Care Discussions With Patients

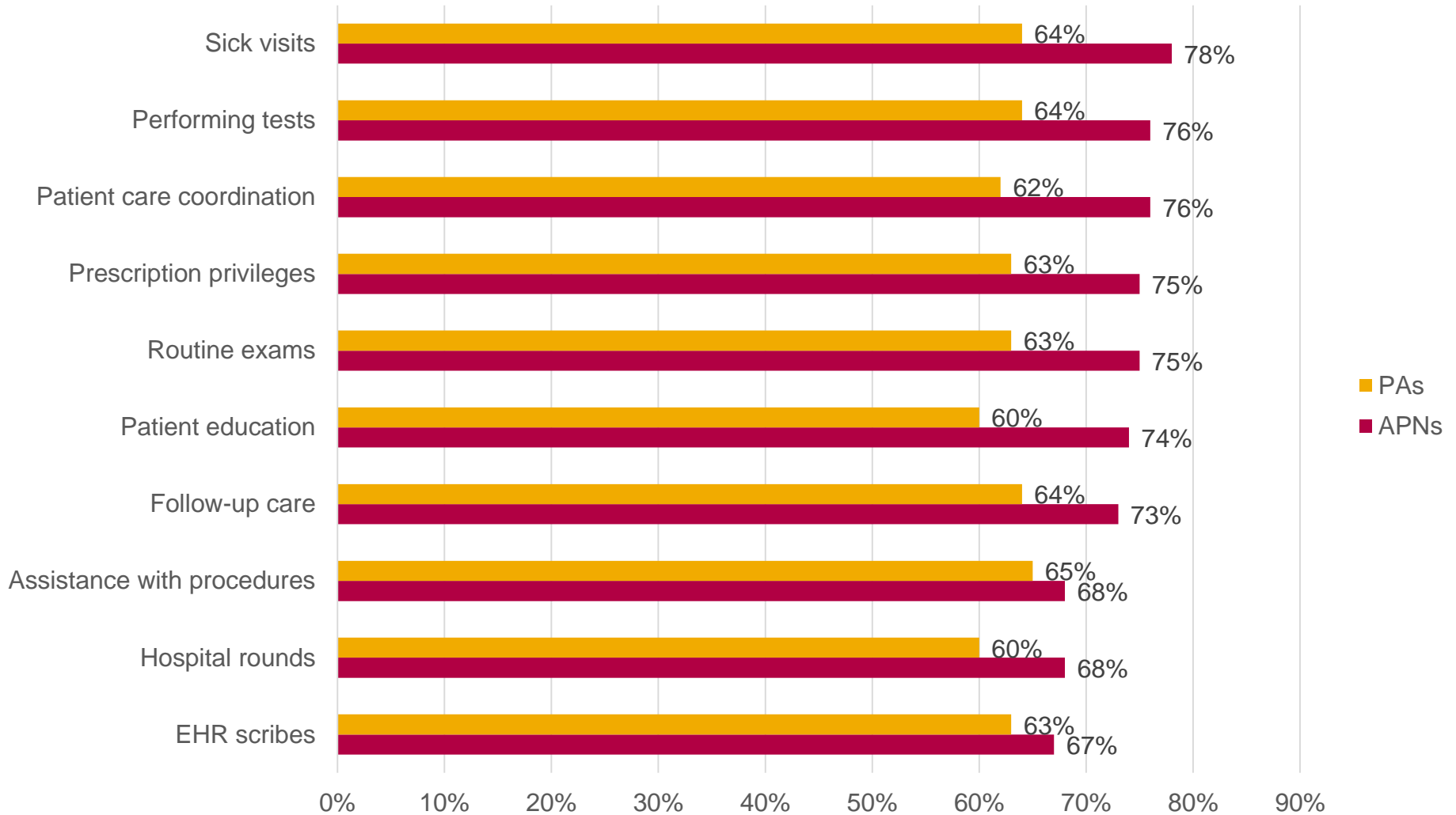


Physician Opinion Regarding Treat Until Transfer Legislation

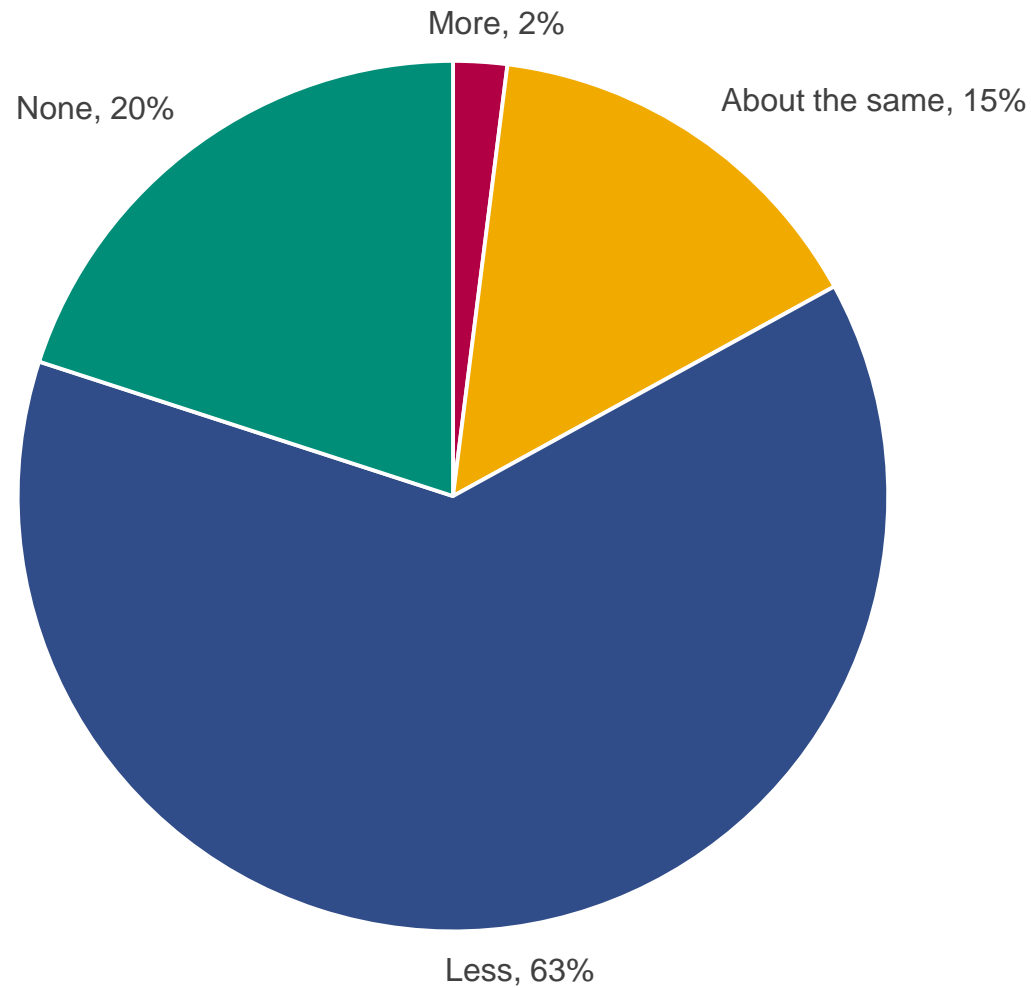


Practice Use of Mid-level Practitioners

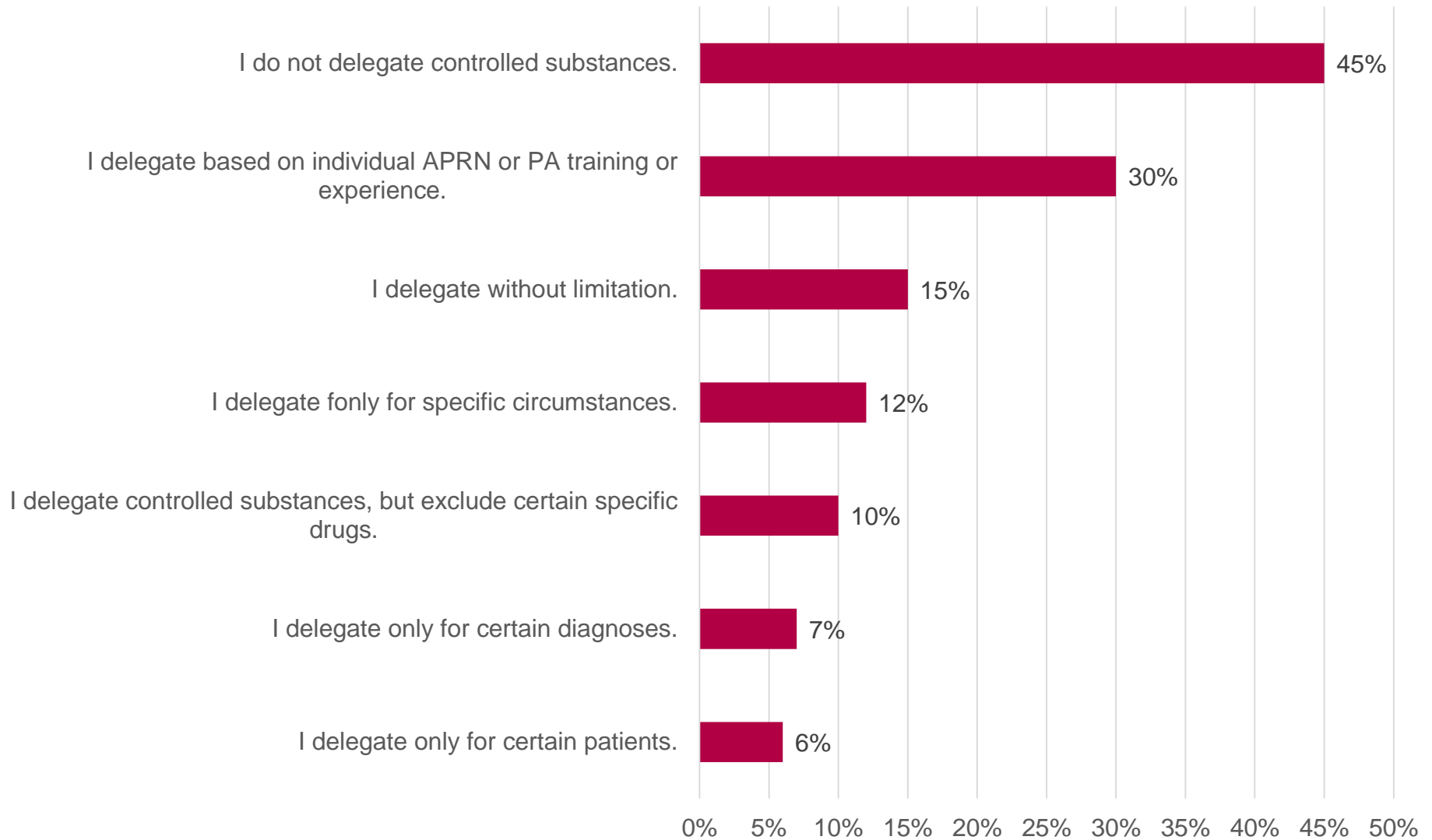
(Among 42percent of physicians whose practice uses mid-level practitioners.)



Mid-levels Responsible for More or Less Practice Management and Administrative Duties Than Physicians in Practice



Limitations on Prescription Privileges to APRNs and/or PAs



Demographics

- Male. 70%; Female, 30%
- 40 and younger, 18%; 41-50, 22%; 51-60, 27%; 61+, 33%
- Indirect Access, 16%; Primary Care, 30%; Pediatrics, 10%; Ob/Gyn, 7%; Surgical Specialty, 13%; Non-surgical Specialty, 24%
- Bexar, 9%; Dallas, 13%; Harris, 18%; Tarrant, 6%; Travis, 9%; Rural, 6%; Metro, 37%; Rio Grande Valley, 2%

Methodology

- 30,250 Texas physicians with email addresses in the TMA database were emailed a personalized link to the survey. Responses were received by 4,280.
- Survey content was comprehensive, covering a broad range of physician opinion and experience and not limited to specific issues.
- No published links allowed for uninvited responses.