TMA 2016 Physician Survey

Research Findings
Big Challenge

- Admin Burden, 17%
- Managed care/insurers, 8%
- Quality/Access to care, 7%
- ACA, 5%
- Corporate practice, 5%
- HIT, 4%
- Un/Underinsured, 4%
- Economic survival, 4%
- Balance billing/narrow networks, 3%
- Supply, 2%
- Scope, 2%
- Uncertain reimbursement, 2%
- Other, 9%
- Low/Declining pay, 19%
- Third-party interference, 10%
Practice Viability
Two-Year Change in Personal Income From Medical Practice

- Increased
- Stayed the same
- Decreased


- 2006: 16%
- 2008: 11%
- 2010: 12%
- 2012: 14%
- 2014: 13%
- 2016: 13%

Increased:
- 2006: 55%
- 2008: 61%
- 2010: 61%
- 2012: 60%
- 2014: 61%
- 2016: 54%
Two-Year Change in Personal Income From Medical Practice by Physician Age

- **Age 40 and younger**:
  - Decreased: 31%
  - Stayed the same: 45%
  - Increased: 25%

- **Age 41 to 50**:
  - Decreased: 49%
  - Stayed the same: 34%
  - Increased: 17%

- **Age 51 to 60**:
  - Decreased: 54%
  - Stayed the same: 32%
  - Increased: 14%

- **Age 61 and older**:
  - Decreased: 65%
  - Stayed the same: 29%
  - Increased: 6%
Cash Flow Problems Due to Slow, Nonpay, or Underpayment by Insurer or Government Payers

- Yes, 57%
- No, 21%
- Don't know, 22%
Response to Cash Flow Problems

- Reduce phys comp/benefits: 54%
- Reduce staff/house/benefits: 35%
- Draw from personal funds: 31%
- Terminate/Renegotiate plan contracts: 23%
- Reduce services to gov't payers: 19%
- Secure commercial loans: 17%
- Close/Sell practice: 9%
- Other: 7%
Solo, 26%
Grp prac employee, 24%

Grp prac owner, co-owner, shareholder, 22%
Parntership, 5%
Teaching/Admin/Research, 8%
Hospital employee, 8%
Independent Contractor, 2%
Resident, 1%
Other, 4%
Differences in Practice Type by Physician Age

- **Age 40 and younger**:
  - 33% Solo
  - 28% Grp prac owner
  - 22% Grp prac employee
  - 9% Other

- **Age 41 to 50**:
  - 28% Solo
  - 20% Grp prac owner
  - 22% Grp prac employee
  - 24% Other

- **Age 51 to 60**:
  - 28% Solo
  - 20% Grp prac owner
  - 24% Grp prac employee
  - 21% Other

- **Age 61 and older**:
  - 36% Solo
  - 32% Grp prac owner
  - 20% Grp prac employee
  - 21% Other
Differences in Practice Type by Physician Specialty

- Indirect Access
  - Other: 4%
  - Contractor: 5%
  - Hospital employee: 2%
  - T/R/A: 9%
  - Partner: 8%
  - Grp prac owner: 2%
  - Grp prac employee: 9%
  - Solo: 32%

- Pediatrics
  - Other: 3%
  - Contractor: 3%
  - Hospital employee: 11%
  - T/R/A: 9%
  - Partner: 9%
  - Grp prac owner: 3
  - Grp prac employee: 3%
  - Solo: 35%

- OB/GYN
  - Other: 2%
  - Contractor: 8%
  - Hospital employee: 11%
  - T/R/A: 3%
  - Partner: 3%
  - Grp prac owner: 6%
  - Grp prac employee: 6%
  - Solo: 20%

- Primary Care
  - Other: 5%
  - Contractor: 1%
  - Hospital employee: 9%
  - T/R/A: 6%
  - Partner: 4%
  - Grp prac owner: 10%
  - Grp prac employee: 4%
  - Solo: 22%

- Non-Surgical Specialty
  - Other: 1%
  - Contractor: 10%
  - Hospital employee: 6%
  - T/R/A: 4%
  - Partner: 4%
  - Grp prac owner: 10%
  - Grp prac employee: 6%
  - Solo: 18%

- Surgical Specialty
  - Other: 3%
  - Contractor: 4%
  - Hospital employee: 6%
  - T/R/A: 3%
  - Partner: 18%
  - Grp prac owner: 18%
  - Grp prac employee: 18%
  - Solo: 40%
Current Practice Ownership

- Owned by one or more physicians in the practice
- Owned by a hospital, including a nonprofit healthcare entity (NPHC)
- Owned by a for-profit
- Owned by a nonprofit
- Jointly owned between physicians in the practice and a hospital, including a NPHC
- Other

2014:
- Owned by one or more physicians in the practice: 65%
- Jointly owned between physicians in the practice and a hospital, including a NPHC: 6%
- Owned by a for-profit: 9%
- Owned by a nonprofit: 11%
- Other: 2%

2016:
- Owned by one or more physicians in the practice: 64%
- Jointly owned between physicians in the practice and a hospital, including a NPHC: 4%
- Owned by a for-profit: 9%
- Owned by a nonprofit: 16%
- Other: 3%
Practice Management Decision Authority

- One or more physicians in the practice: 57%
- A practice manager/administrator employed by the practice: 26%
- A hospital or hospital system: 14%
- A not-for-profit organization: 5%
- A practice management organization or PSO that is not owned by the practice: 4%
- Other: 3%
Physician Partners in an ACO or Other Clinical Co-management Arrangement

- A hospital: 63%
- Other physicians: 40%
- Other: 11%
ACO Participation in the Medicare Shared Savings Program

- Yes, 57%
- Don't know, 33%
- No, 10%
Physician Participation in Alternative Payment Models

- Yes, 11%
- No, 64%
- Don't know, 26%
Differences in Practice Type Impairing Independence in Making Clinical Decisions by Age

- **40 and younger**: 47% Not at All, 46% Occasionally, 8% Frequently
- **41 to 50**: 47% Not at All, 42% Occasionally, 12% Frequently
- **51 to 60**: 59% Not at All, 28% Occasionally, 14% Frequently
- **61 and older**: 55% Not at All, 30% Occasionally, 16% Frequently

Legend: Not at All, Occasionally, Frequently
Differences in Practice Type Impairing Independence in Making Practice Management Decisions by Practice Type

- T/R/A: 24% Not at All, 41% Occasionally, 35% Frequently
- Contractor: 33% Not at All, 33% Occasionally, 31% Frequently
- Grp prac employee: 28% Not at All, 41% Occasionally, 31% Frequently
- Partner: 50% Not at All, 20% Occasionally, 30% Frequently
- Hospital employee: 38% Not at All, 33% Occasionally, 29% Frequently
- Solo: 55% Not at All, 26% Occasionally, 18% Frequently
- Other: 39% Not at All, 46% Occasionally, 15% Frequently
- Grp prac owner: 50% Not at All, 36% Occasionally, 15% Frequently

Legend:
- Not at All
- Occasionally
- Frequently
Percent of Texas Physicians Who Feel at Risk for Losing Independence in Clinical Decisionmaking

- 2014: 52%
- 2016: 62%
Percentage of Texas Physicians Who Felt at Risk for Losing Independence in Clinical Decisionmaking by Practice Type

- Contractor: 83%
- Solo: 74%
- Partner: 70%
- Grp prac owner: 65%
- Grp prac employee: 59%
- Hospital employee: 50%
- T/R/A: 44%
- Other: 39%
Economic Factors Important in Practice Decision Not to Hire a New Physician

- **Cost of maintaining an employed physician**: 8% (Not at all Important), 3% (Somewhat Unimportant), 17% (Somewhat Important), 78% (Very Important)
- **Inadequate Medicare/Medicaid fees**: 5% (Not at all Important), 4% (Somewhat Unimportant), 17% (Somewhat Important), 74% (Very Important)
- **Increase in high-deductible health plans and patient out-of-pocket responsibility**: 5% (Not at all Important), 5% (Somewhat Unimportant), 31% (Somewhat Important), 59% (Very Important)
- **Uncertain future of the ACA**: 10% (Not at all Important), 13% (Somewhat Unimportant), 28% (Somewhat Important), 49% (Very Important)
- **Recruitment expense**: 16% (Not at all Important), 17% (Somewhat Unimportant), 31% (Somewhat Important), 37% (Very Important)

Legend:
- Not at all Important
- Somewhat Unimportant
- Somewhat Important
- Very Important
Percentage of Alternative Practice Types

- Concierge medicine: 4% (2012), 2% (2014), 3% (2016)
- Medicare opted-out: 6% (2012), 5% (2014), 6% (2016)
- All or mostly cash/self-pay: 10% (2012), 9% (2014), 8% (2016)
- Heavy Medicaid (i.e., population of 50 percent or greater): 10% (2012), 11% (2014), 17% (2016)
Desirability of Practice Types for Most New Physicians

- Employment in established phys prac with subsequent option to buy in: 4% (5), 8% (4), 23% (3), 31% (2), 34% (1)
- Solo practice: 14% (5), 17% (4), 33% (3), 25% (2), 12% (1)
- Immediate buy-in to an established medical practice: 8% (5), 15% (4), 33% (3), 33% (2), 11% (1)
- Employment by a NPHC partially owned by a hospital and run by physicians: 23% (5), 18% (4), 28% (3), 22% (2), 9% (1)
- Employment by a hospital: 9% (5), 19% (4), 39% (3), 25% (2), 8% (1)
- Employment in academia or research: 26% (5), 24% (4), 29% (3), 17% (2), 4% (1)

Legend:
- 5 (Least Desirable)
- 4
- 3
- 2
- 1 (Most Desirable)
Selected Differences in Desirability of Practice Types for Most New Physicians by Age
(*indicates difference is not statistically significant)

- Age 40 and younger
- Age 41 to 50
- Age 51 to 60
- Age 61 and older
Electronic Health Records
We currently use an EHR.
We want or plan to implement an EHR.
We do not plan to implement an EHR.
Reasons Physicians Are Not Planning to Implement an EHR

- Cost-prohibitive: 63%
- Near retirement: 49%
- Security, privacy, liability concerns: 44%
- Concerns about electronic system reliability: 42%
- No national standards: 34%
- No time for implementation and training: 34%
- Difficulty entering data: 33%
- Uncertain economy: 21%
- Uncertain Medicare fees: 18%
- Other: 24%
Incentives to Implement an EHR

- Evidence it would improve patient care quality: 43%
- Evidence it would improve prac ops: 40%
- Better EHR product: 34%
- Standards to ensure all systems can share info: 27%
- Less direct data entry/more versatile UI: 26%
- Grants/Loans to help with implementation cost: 24%
- Implementation/Training assistance: 22%
- Better/More efficient retrieval of info: 22%
- Greater flexibility in where/how to document: 17%
- Evidence it would reduce liability risk: 17%
- Help selecting appropriate system for my office: 17%
- Certain Medicare fees: 14%
- Plan reimbursement incentives: 13%
- Other: 10%
Other Technologies Physicians Use in Practice

- Electronic claims processing: 54%
- Practice management system: 35%
- E-prescribing: 22%
- Other: 8%
Length of Time to Adopt an EHR

- More than two years: 7% (2014), 14% (2016)
- Between one and two years: 26% (2014), 19% (2016)
- Between six months and one year: 33% (2014), 37% (2016)
- Between zero and six months: 35% (2014), 30% (2016)
Reasons It Will Take Physicians More Than Two Years to Implement an EHR

- Cost-prohibitive: 83%
- Uncertain Medicare Fees: 17%
- Uncertain economy: 17%
- No time: 17%
Helpful Services to Practices Who Want to or Plan to Implement an EHR

- Assistance to optimize new system efficiency/effectiveness: 54%
- Suggestions of appropriate/effective EHRs: 47%
- Analysis of purchase/implementation costs: 38%
- Process to screen vendors: 37%
- Financial assistance: 28%
- Other: 5%
Practices That Have Implemented an EHR
Reasons Physicians Are Not Participating in Health Information Exchanges

- Don't know enough about HIEs: 38%
- System not enabled to participate: 23%
- Security, privacy, liability concerns: 19%
- No help from local hospital: 18%
- EHR vendor interface fees cost-prohibitive: 17%
- Other: 13%
- Cost-prohibitive: 13%
- Not sure it will improve care: 13%
- Difficult to obtain external data: 11%
- Decreased productivity: 10%
Percentage of Texas Physicians E-Prescribing Controlled Substances (EPCS)

- Yes, 30%
- No, 59%
- N/A - I don't e-prescribe, 11%
The Reason Texas Physicians Don't Use E-Prescribing for Controlled Substance (EPCS)

- Not supported by system: 41%
- Don't prescribe controlled substance: 16%
- Upgrade is cost-prohibitive: 11%
- Not Interested: 9%
- Interferes with workflow: 4%
- Other: 18%
- Don't know: 1%
EHR System Satisfaction

- Very satisfied, 18%
- Very dissatisfied, 18%
- Somewhat satisfied, 21%
- Somewhat satisfied, 43%
Satisfaction by System
(Among systems with a larger sample size)

- athenahealth: 70%
- e-MDs: 69%
- EPIC: 68%
- eClinicalWorks: 66%
- Centricity (GE): 56%
- Allscripts: 54%
- Cerner: 50%
- NextGen: 37%
Percentage of Practices Using Scribes for Data Entry

- 21% in 2014
- 22% in 2016
Improved Patient Safety or Care due to EHR

- Better records, 27%
- Better prescription management, 13%
- Improved access to records, 18%
- Better patient management/care coordination, 19%
- Alerts/Reminders, 19%
- Other, 5%
Types of Damage to Patient Safety or Care Quality Due to the EHR

- Interference in physician/patient relationship, 22%
- Inaccurate or missing data, 40%
- Care delays/system unreliable, 15%
- Too much data, 9%
- Other, 6%
- Security/Privacy issues, 3%
- Poor documentation, 2%
- Errors in communication, 2%
Sixty percent of physicians used tools built in to their EHR to analyze quality metrics or other information about their patient population.
Functions Texas Physicians Use in Their EHR

- E-prescribing: 71%
- Lab orders: 67%
- Imaging orders: 54%
- Patient portals: 53%
- Patient management: 53%
- Quality reporting: 39%
- Care coordination: 33%
- Clinical decision support: 24%
- Public health reporting: 8%
- Other: 3%
Seventy-three percent of physicians had a patient portal.
Using an EHR creates data retrieval problems in reviewing patient's history.

Data entry at point of care disrupts physician's diagnostic thought process.

Data entry process disrupts formation of differential diagnosis.

Use of EHR decreases attentiveness to patient's presentation of signs and symptoms.
Practice Revenues
Practice Revenues Derived From Payers

- Medicare: 20%
- Blue Cross and Blue Shield: 16%
- Medicaid: 12%
- Uninsured/Self-pay: 12%
- United Healthcare: 11%
- Aetna: 9%
- Medicare HMO/Advantage: 5%
- Cigna: 5%
- Humana: 4%
- Dual eligible: 2%
- CHIP: 2%
- Workers' compensation: 2%
Mean Amount of Bad Debt by Physician Specialty

- Total: $156,170
- Indirect Access: $297,970
- Surgical Specialty: $297,970
- Non-Surgical Specialty: $98,246
- OB/GYN: $63,513
- Primary Care: $62,952
- Pediatrics: $48,398
Patient Billing
Charity care is defined as medical care provided with prior knowledge the patient will be unable to pay for services. The mean amount of charity care reported in 2015 was $76,620. Bad debt is the uncollectible debts over and above charity care.
Differences in Physician Contractual Relationships by Specialty

- All Other Specialties: 84%
- Indirect Access: 77%
Percent of Texas Physicians Who Feel They Must Contract With a Commercial Payer for Financial Viability

- BCBS: 56%
- UHC: 49%
- Aetna: 42%
- Cigna: 34%
- Humana: 32%
- Not sure: 27%
- None: 16%
Reasons Texas Physicians Feel They Must Contract With Commercial Payers

- They represent a significant percent of the payer mix.
- They represent a significant percent of the market.
- I need them to balance my pay mix.
- Patients are covered by these plans.
- I need to preserve my referral base.
Not applicable, 13%

Strongly agree, 2%

Somewhat agree, 8%

Neither agree nor disagree, 7%

Somewhat disagree, 17%

Strongly disagree, 53%
Percent of Texas Physicians Who Encountered Difficulty Finding In-Network Physicians and/or Formulary Limitations

- Aetna: 48%
- Anthem/Amerigroup: 41%
- BCBS: 50%
- Cigna/HealthSpring: 51%
- Humana: 49%
- UHC: 53%
Health Plan Contract Negotiation

- Yes, 52%
- No, 36%
- N/A - no contracts, 13%
Differences in Health Plan Contract Negotiation by Specialty

- **Total**
  - N/A: 13%
  - No: 36%
  - Yes: 52%

- **Indirect Access**
  - N/A: 11%
  - No: 21%
  - Yes: 68%

- **Pediatrics**
  - N/A: 4%
  - No: 33%
  - Yes: 63%

- **OB/GYN**
  - N/A: 10%
  - No: 32%
  - Yes: 59%

- **Non-Surgical Specialty**
  - N/A: 17%
  - No: 37%
  - Yes: 47%

- **Surgical Specialty**
  - N/A: 9%
  - No: 45%
  - Yes: 45%

- **Primary Care**
  - N/A: 14%
  - No: 42%
  - Yes: 45%
Reasons Physicians Did Not Attempt Health Plan Contract Negotiation

- Assumed unable
- My payer mix doesn't allow
- Unsuccessful past attempt
- Plan reps said nonnegotiable

<table>
<thead>
<tr>
<th>Reason</th>
<th>Aetna</th>
<th>BCBS</th>
<th>Cigna/HealthSpring</th>
<th>Humana</th>
<th>UHC</th>
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<td>Assumed unable</td>
<td>34%</td>
<td>34%</td>
<td>31%</td>
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<td>My payer mix doesn't allow</td>
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<td>30%</td>
<td>24%</td>
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<td>Unsuccessful past attempt</td>
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<td>30%</td>
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<tr>
<td>Plan reps said nonnegotiable</td>
<td>29%</td>
<td>28%</td>
<td>29%</td>
<td>33%</td>
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Physician Role in Health Plan Contract Negotiations

- **Primary decisionmaker**: 20%
- **One of a group of decisionmakers**: 12%
- **Aware and might give input, but do not participate in process**: 12%
- **Not involved**: 52%
- **Other**: 4%
Success Negotiating Health Plan Contract Changes

- Aetna: 39%
- BCBS: 41%
- Cigna: 39%
- Humana: 37%
- UHC: 40%
Success Negotiating Blue Cross/Blue Shield Contract Changes by Specialty

- **Total**: 41%
- **Indirect Access**: 59%
- **Primary Care**: 52%
- **Pediatrics**: 41%
- **Non-Surgical Specialty**: 32%
- **Surgical Specialty**: 31%
- **OB/GYN**: 24%
Outcome of Last Negotiation Effort

- **Aetna**
  - No changes: 23%
  - Both payment and term changes: 26%
  - Contract term changes: 13%
  - Payment changes: 37%

- **BCBS**
  - No changes: 27%
  - Both payment and term changes: 26%
  - Contract term changes: 10%
  - Payment changes: 37%

- **Cigna**
  - No changes: 32%
  - Both payment and term changes: 23%
  - Contract term changes: 15%
  - Payment changes: 31%

- **Humana**
  - No changes: 39%
  - Both payment and term changes: 23%
  - Contract term changes: 13%
  - Payment changes: 25%

- **UHC**
  - No changes: 33%
  - Both payment and term changes: 29%
  - Contract term changes: 10%
  - Payment changes: 29%
Twenty percent of respondents terminated a health plan contract in the past two years.
The Impact of Mergers on Contract Terms for Physicians

- **Aetna and Humana**
  - Much less favorable: 50%
  - Somewhat less favorable: 28%
  - No impact: 16%
  - Somewhat more favorable: 4%
  - Much more favorable: 1%

- **Anthem/Amerigroup and Cigna/HealthSpring**
  - Much less favorable: 51%
  - Somewhat less favorable: 28%
  - No impact: 17%
  - Somewhat more favorable: 3%
  - Much more favorable: 1%
Merging Insurers Argue Mergers are Necessary to Gain Efficiencies

- Not at all convincing, 70%
- Not very convincing, 24%
- Somewhat convincing, 5%
- Very convincing, 1%
Opponents argue these mergers will give those insurers even more influence over physicians' clinical and business practices with little or no recourse for physicians.

Opponents argue there is no evidence larger insurers are more likely to implement innovative payment/care management programs.
Physician Support for Regulators Allowing Health Plan Mergers to Proceed

Aetna and Humana

- Strongly oppose: 56%
- Somewhat oppose: 26%
- Neither support nor oppose: 15%
- Somewhat support: 3%
- Strongly support: 1%

Anthem/Amerigroup and Cigna/HealthSpring

- Strongly oppose: 56%
- Somewhat oppose: 25%
- Neither support nor oppose: 15%
- Somewhat support: 4%
- Strongly support: 1%
Median Number of Managed Care Contracts

- Workers' comp
- Medicaid managed care
- Medicare Advantage plan
- HMO
- PPO

<table>
<thead>
<tr>
<th>Year</th>
<th>Workers' comp</th>
<th>Medicaid managed care</th>
<th>Medicare Advantage plan</th>
<th>HMO</th>
<th>PPO</th>
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<td>3</td>
<td>2.5</td>
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<td>2014</td>
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<td>2016</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2.5</td>
<td>10</td>
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</table>
Attempts to Join a Network

2016:
- Yes: 29%
- Don't know: 29%
- No: 42%

2014:
- Yes: 19%
- Don't know: 24%
- No: 57%
Differences in Attempts to Join a Network by Specialty

- **Total**:
  - No: 42%
  - Don't know: 29%
  - Yes: 29%

- **Surgical Specialty**:
  - No: 42%
  - Don't know: 25%
  - Yes: 33%

- **Non-Surgical Specialty**:
  - No: 47%
  - Don't know: 22%
  - Yes: 31%

- **Indirect Access**:
  - No: 26%
  - Don't know: 46%
  - Yes: 28%

- **Primary Care**:
  - No: 43%
  - Don't know: 30%
  - Yes: 27%

- **OB/GYN**:
  - No: 51%
  - Don't know: 21%
  - Yes: 27%

- **Pediatrics**:
  - No: 38%
  - Don't know: 36%
  - Yes: 26%
Plan Response to Requests to Join Network

- 2016:
  - No response: 35%
  - Received an offer, but it was unacceptable: 32%
  - Received a contract: 33%

- 2014:
  - No response: 29%
  - Received an offer, but it was unacceptable: 32%
  - Received a contract: 39%

- 2012:
  - No response: 22%
  - Received an offer, but it was unacceptable: 31%
  - Received a contract: 48%

- 2010:
  - No response: 26%
  - Received an offer, but it was unacceptable: 27%
  - Received a contract: 47%
Among practices with a method to detect a silent PPO, 49 percent have detected such activity.
Incorrect Listings in a Health Plan Directory

I was not listed when I was participating. 60%

I was listed as participating when I was not. 56%
Payer asserting assignment imposes a prohibition on balance billing.
Payer refusing to honor assignment resulting in plan paying patients instead of physicians.

Problems With Assignment of Benefits

2010: 62%
2012: 61%
2014: 66%
2016: 60%
2010: 72%
2012: 64%
2014: 55%
2016: 66%
Healthy Environment
Acceptance of New Patients by Payer Type

<table>
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<tr>
<th>Payer Type</th>
<th>Limit</th>
<th>Decline</th>
<th>Accept</th>
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<tbody>
<tr>
<td>PPOs</td>
<td>12%</td>
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<td>Uninsured</td>
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<td>Medicare</td>
<td>18%</td>
<td>18%</td>
<td>65%</td>
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<td>The military health care plan, TRICARE</td>
<td>18%</td>
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<td>HMOs</td>
<td>29%</td>
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<td>56%</td>
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<td>Medicare-Medicaid dual-eligible</td>
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<td>Medicare Advantage plans</td>
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<td>Medicaid</td>
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<td>ACA exchange plans</td>
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<td>CHIP</td>
<td>14%</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Workers’ compensation</td>
<td>12%</td>
<td>55%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Acceptance of Medicare by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Accept None</th>
<th>Limit</th>
<th>Accept All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18%</td>
<td>18%</td>
<td>65%</td>
</tr>
<tr>
<td>Indirect Access</td>
<td>9%</td>
<td>7%</td>
<td>84%</td>
</tr>
<tr>
<td>Non-Surgical Specialty</td>
<td>13%</td>
<td>13%</td>
<td>74%</td>
</tr>
<tr>
<td>Surgical Specialty</td>
<td>6%</td>
<td>21%</td>
<td>73%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>17%</td>
<td>28%</td>
<td>55%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>27%</td>
<td>26%</td>
<td>47%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>67%</td>
<td>10%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Legend:
- Accept None
- Limit
- Accept All
Acceptance of All New Medicaid Patients by Physician Specialty

- **Indirect Access**
  - 2012: 76%
  - 2014: 78%

- **Pediatrics**
  - 2012: 50%
  - 2014: 50%

- **Non-Surgical Specialty**
  - 2014: 33%

- **Surgical Specialty**
  - 2014: 34%
  - 2016: 33%

- **OB/GYN**
  - 2016: 30%

- **Primary Care**
  - 2016: 30%
  - 2018: 29%
Acceptance of Medicare by Specialty

- **Total**: 18% Accept None, 18% Limit, 65% Accept All
- **Indirect Access**: 9% Accept None, 7% Limit, 84% Accept All
- **Non-Surgical Specialty**: 13% Accept None, 13% Limit, 74% Accept All
- **Surgical Specialty**: 6% Accept None, 21% Limit, 73% Accept All
- **Primary Care**: 17% Accept None, 28% Limit, 55% Accept All
- **OB/GYN**: 27% Accept None, 26% Limit, 47% Accept All
- **Pediatrics**: 67% Accept None, 10% Limit, 24% Accept All

Legend:
- Red: Accept None
- Orange: Limit
- Blue: Accept All
Acceptance of All New Medicaid Patients by Physician Specialty

- **Indirect Access**: 68% (2012), 76% (2014), 78% (2016)
- **Pediatrics**: 50% (2012), 53% (2014), 50% (2016)
- **Non-Surgical Specialty**: 28% (2012), 26% (2014), 33% (2016)
- **Surgical Specialty**: 30% (2012), 34% (2014), 33% (2016)
- **OB/GYN**: 27% (2012), 23% (2014), 30% (2016)
- **Primary Care**: 21% (2012), 30% (2014), 29% (2016)
Medicare Fees
Physician Participation in PQRS

- 2014: 49%
- 2015: 51%
- 2016: 52%
Challenges Physicians Experienced in the PQRS Program

- Difficult to keep up with complex requirements: 70%
- Difficult to keep up with annual changing requirements: 69%
- Too much time taken away from patient care: 65%
- Difficult to understand how to collect/submit data on quality measures through reporting methods: 58%
- Cost - fees to interface data with registry, electronic health record costs: 50%
- Required hiring new staff: 30%
- Other: 9%
- None: 7%
How Physicians Submit Data on Quality Measures to Medicare

- Electronic health record, 49%
- Qualified clinical data registry (QCDR), 11%
- Medicare Part B claims, 11%
- Registry, 10%
- HIT vendor, 12%
- Web interface, 7%
Percentage of Texas Physicians Whose Practice Experienced Data Submission Errors Made by Vendor

- Yes, 18%
- No, 15%
- Don't know, 68%
Percentage of Texas Physicians Refunded Fees Paid for Reporting Through Vendor

- None, 82%
- Some, 14%
- All, 3%
Percentage of Texas Physicians Penalized for Data Submission Errors Made by Vendor

- Yes, 35%
- No, 26%
- Don't know, 39%
Reasons Physicians Do Not Participate in PQRS

- Costs too much admin time: 59%
- No time to research and read CMS rules/reqs: 57%
- Too many changing rules/reqs: 57%
- Not enough staff to help with participation: 54%
- Costs too much in vendor fees: 37%
- Other: 27%
- No measures appropriate for my patients: 26%
- Don't know how to participate: 20%
Percentage of Texas Physicians Who Downloaded or Attempted to Download their Medicare QRUR

- I downloaded it, 5%
- I attempted to, but did not complete the process, 12%
- No, I did not download it, 83%
Percentage of Texas Physicians Who Reported Meaningful Use (MU)

- 2011: 25%
- 2012: 31%
- 2013: 39%
- 2014: 46%
- 2015: 46%
Percentage of Texas Physicians Reporting MU in 2016

- Yes, 41%
- No, 33%
- Don't know, 26%
Percentage of Texas Physicians Subject to the Value-Based Payment Modifier

- Yes, 12%
- No, 22%
- Don't know, 66%
Percentage of Texas Physician Receiving Incentive or Penalties from the Value-Based Payment Modifier

- Incentives, 22%
- Penalties, 25%
- Neither, 16%
- Don't know, 36%
Percentage of Texas Physicians Who Have Been Audited by CMS

- Don't know: 27%
- MU: 5%
- PQRS: 3%
- Appealed the results of the audit: 39%
- Made changes within practice: 16%
- Refunded money to CMS: 14%
- Changed HIT vendor: 4%
- None: 41%
Physician Participation in MIPS

- Yes, 32%
- No, 27%
- Don't know, 41%
Physician Interest in Joining a Virtual Group

- Yes, 19%
- No, 48%
- Don't know, 33%
Percentage of Primary Care Physicians Participating in or Who Will Participate in a Medical Home

- Yes, 21%
- No, 52%
- Don't know, 27%
Physician Response to Requirements of MIPS

- Limit Medicare patients: 26%
- Limit Medicaid patients: 23%
- Retrain existing staff: 19%
- Opt out of Medicare: 17%
- Retire: 17%
- Upgrade or expand practice tech: 17%
- Hire more admin staff: 15%
- Close practice: 10%
- Sell practice: 10%
- Hire more clinical staff: 10%
- Other: 6%
- Expand practice: 3%
- None of the above: 17%
Forty-five percent of physicians treated Medicaid MCO patients.
Percentage of Physicians Who Would Accept More Medicaid If Rates Increased by 5 to 10 Percent

- Yes, 20%
- Maybe, 35%
- No, 45%
Incentive payments

Improved care coordination for patients with chronic conditions

Standardized credentialing

Decreased administrative burden

Percent of Texas Physicians Who Would Accept More Medicaid Patients If Program Reformed

- Very Unlikely
- Somewhat Unlikely
- Somewhat Likely
- Very Likely
The Prescription Drug Process Has Been an Issue When Participating in Medicaid MCOs

- Yes, 37%
- No, 25%
- Don't know, 38%
Physician Problems Obtaining Prescription Drugs in the Medicaid Program

- Time-consuming to get prior approval when required for prescription drugs: 89%
- Difficult to get prior approval for nonpreferred prescription drugs: 76%
- Unclear which prescription drugs/drug class require prior approval: 74%
- Lack of communication between pharmacy, plan, and/or agency: 60%
- Inability to communicate with medical director when a nonpreferred prescription drug is denied: 49%
- Pharmacies do not honor 72-hour emergency supply requirement: 26%
- Other: 7%
Medicaid STAR HMOs primarily cover pregnant women and children. Twenty percent of physicians participated in a STAR HMO.
Percentage of Texas Physicians Who Plan to Terminate an Existing Medicaid STAR HMO Contract in the Next Year

- Yes, 9%
- No, 40%
- Don't know, 51%
Quality of care concerns (i.e., inadequate provider network, delays in treatment) 2014: 50%, 2016: 60%
Administrative burdens 2014: 67%, 2016: 67%
Inadequate payments 2014: 75%, 2016: 73%
Payment problems (e.g., claim denials, incorrect, late payments) 2014: 72%, 2016: 80%
The Medicaid STAR+PLUS HMOs primarily cover adults with disabilities and seniors. Twenty percent of physicians participated in a Medicaid STAR+PLUS HMO.
Percent of Texas Physicians Who Plan to Terminate a Medicaid STAR+PLUS HMO Contract in the Next Year

- Yes, 9%
- No, 35%
- Don't know, 57%
Quality of care concerns: 53%
Inadequate payments: 71%
Payment problems: 59%
Administrative burdens: 77%
Specific Cases of Poor Care Quality Caused by Payer Policies or Controls

- Workers' compensation: 22% (2012), 21% (2014), 17% (2016)
- Medicaid: 57% (2012), 58% (2014), 50% (2016)
- Medicare: 56% (2012), 55% (2014), 52% (2016)
- Health plans: 69% (2012), 70% (2014), 73% (2016)
Causes of Poor Care Quality

- Inadequate access to primary care
- Inadequate specialist access
- Delays in treatment
- Limited or tiered networks
- Denials or noncoverage for some procedures
- Limited or tiered formularies
Physicians and Hospitals
Percentage of Texas Physicians With Practice Privileges in a Hospital

- 2010: 90%
- 2012: 82%
- 2014: 80%
- 2016: 81%
Hospital and medical staff work together to solve patient safety problems.

Timely on-call coverage generally is available for all specialties.

The working relationship between hospital and medical staff is cooperative.

The hospital makes efforts to address physician concerns.

Hospital and medical staff work together to solve economic problems.
Causes of Poor Care Quality Due to Hospital or Facility Practices

- Inadequate facility staffing: 64%
- Inconsistent facility staffing: 54%
- Scheduling delays: 51%
- Delays implementing physician orders: 46%
- Errors implementing physician orders: 42%
- Inconsistencies in surgical settings or equipment: 33%
- Inadequate call coverage: 25%
Thirty-six percent of physicians witnessed specific cases in their practice in which the quality of patient care was adversely affected by the policies or operations of a hospital or surgical facility.
The facility is a more convenient place for patients than others in the community.

The facility has improved the efficiency of my practice.

The facility is a safer place for patients than others in the community.

The facility is less expensive for patients than others in the community.
One Voice – Legislative Issues
- Defend Texas’ tort reforms: 83%
- Oppose payer intrusion in medical decisions: 80%
- Oppose gov't intrusion in medical decisions: 78%
- Reduce admin burdens in practice: 76%
- Reduce reg burdens in practice: 76%
- Health plan hassles and prompt pay: 71%
- Oppose hospital intrusion in medical decisions: 64%
- Prevent scope expansions: 56%
- Medicaid pay adequacy: 52%
- Antitrust protection: 51%
- Preserve physicians' ability to balance bill: 51%
- Failure to report Medicaid overpay not fraud: 45%
- TMB regulation: 44%
- Cover the uninsured: 41%
- Preserve TADA: 30%
- Remove Medicaid reenrollment reqs: 27%
Federal Legislative Priorities

- Oppose gov't intrusion in medical decisions: 79%
- Reduce admin burdens in practice: 79%
- Oppose payer intrusion in medical decisions: 78%
- Reduce reg burdens in practice: 77%
- Medicare fee updates compensate prac cost: 76%
- Oppose hospital intrusion in medical decisions: 68%
- Medicare penalties dependent on patient compliance: 67%
- Simplify health plan eligibility for preventive care: 57%
- Failure to report Medicare overpay not fraud: 57%
- Prevent scope expansions: 57%
- Antitrust protection: 55%
- Revise/Eliminate the ACA: 52%
- Eliminate Medicare's MIPS: 46%
- Cover the uninsured: 41%
- Physician rights to invest in health care facilities: 35%
Public Health Legislative Priorities

- Clean water: 27% - 63%
- Vaccines: 29% - 60%
- Reduce obesity: 32% - 57%
- Clean air: 34% - 50%
- Reduce substance abuse: 37% - 47%
- Protect gun safety conversations: 31% - 43%
- Deal with emerging diseases: 43% - 42%
- Raise tobacco purchase age to 21: 30% - 36%
- Increase public health capacity: 43% - 36%
- Statewide smoking ban: 21% - 33%
- Concussion policy: 46% - 24%

Concussion policy
Statewide smoking ban
Increase public health capacity
Raise tobacco purchase age to 21
Deal with emerging diseases
Protect gun safety conversations
Reduce substance abuse
Clean air
Reduce obesity
Vaccines
Clean water
<table>
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<tbody>
<tr>
<td>Federal tax deduction for all medical expenses</td>
<td>85%</td>
<td>87%</td>
<td>92%</td>
<td>85%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>Funding or tax credits for physician charity care</td>
<td>88%</td>
<td>94%</td>
<td>81%</td>
<td>87%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>More funding for outpatient charity clinics</td>
<td>78%</td>
<td>80%</td>
<td>82%</td>
<td>76%</td>
<td>81%</td>
<td>80%</td>
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<tr>
<td>Subsidies for high-risk pool premiums</td>
<td></td>
<td></td>
<td>76%</td>
<td>82%</td>
<td>75%</td>
<td></td>
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<tr>
<td>Encourage eligible people to enroll in Medicaid or CHIP</td>
<td></td>
<td></td>
<td>82%</td>
<td>85%</td>
<td>74%</td>
<td>81%</td>
</tr>
<tr>
<td>Vouchers or tax credits for purchase of insurance</td>
<td>73%</td>
<td>77%</td>
<td>82%</td>
<td>73%</td>
<td>75%</td>
<td>74%</td>
</tr>
<tr>
<td>More direct funding for hospital charity care</td>
<td>81%</td>
<td>81%</td>
<td>75%</td>
<td>77%</td>
<td>72%</td>
<td></td>
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<tr>
<td>Expand CHIP</td>
<td></td>
<td></td>
<td>70%</td>
<td>64%</td>
<td>76%</td>
<td>67%</td>
</tr>
<tr>
<td>Expand Medicaid</td>
<td>46%</td>
<td>57%</td>
<td>51%</td>
<td>44%</td>
<td>60%</td>
<td>54%</td>
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<tr>
<td>Expand Medicare</td>
<td>44%</td>
<td>40%</td>
<td>36%</td>
<td>38%</td>
<td>53%</td>
<td>48%</td>
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<tr>
<td>Individual mandate</td>
<td>55%</td>
<td>45%</td>
<td>36%</td>
<td>43%</td>
<td>39%</td>
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<tr>
<td>Employer mandate</td>
<td>45%</td>
<td>35%</td>
<td>30%</td>
<td>38%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Federal single-payer health insurance plan</td>
<td>38%</td>
<td>44%</td>
<td>32%</td>
<td>31%</td>
<td>34%</td>
<td>36%</td>
</tr>
</tbody>
</table>
Scope of Practice
Limitations Physicians Place on Delegation of Prescription Privileges to APRNs or PAs

- I delegate based on APRN or PA experience and education. 38%
- I do not delegate controlled substances. 36%
- I delegate only specific drugs. 23%
- I delegate controlled substances, but exclude certain drugs. 9%

Thirty-nine percent of physicians delegated prescription privileges to APRNS and PAs. Few physicians (11 percent) believed midlevel practitioners (APRNs and PAs) should be permitted to diagnose patients and prescribe medicine independently.
Advance Directives
End-of-Life Care Discussions With Patients

- Yes, I initiate them with some or certain patients: 41%
- Yes, I initiate them with all or most patients: 14%
- Yes, when a patient initiates them: 8%
- Not applicable to my practice: 34%
Among them, 15 percent used a POLST or MOST form to document end-of-life conversations. Sixty-nine percent would support wider dissemination of the forms’ use.
Demographics

- Gender
  - Male, 67%; Female, 33%

- Age
  - 40 and younger, 19%; 41 to 50, 22%; 51 to 60, 27%; 61 and older, 32%

- Specialty
  - Obstetrics-Gynecology, 6%; Pediatrics, 9%; Surgical Specialty, 11%; Indirect Access, 18%; Primary Care, 27%; Nonsurgical Specialty, 29%

- Gender
  - Former, 7%; Nonmember, 13%; Member, 81%